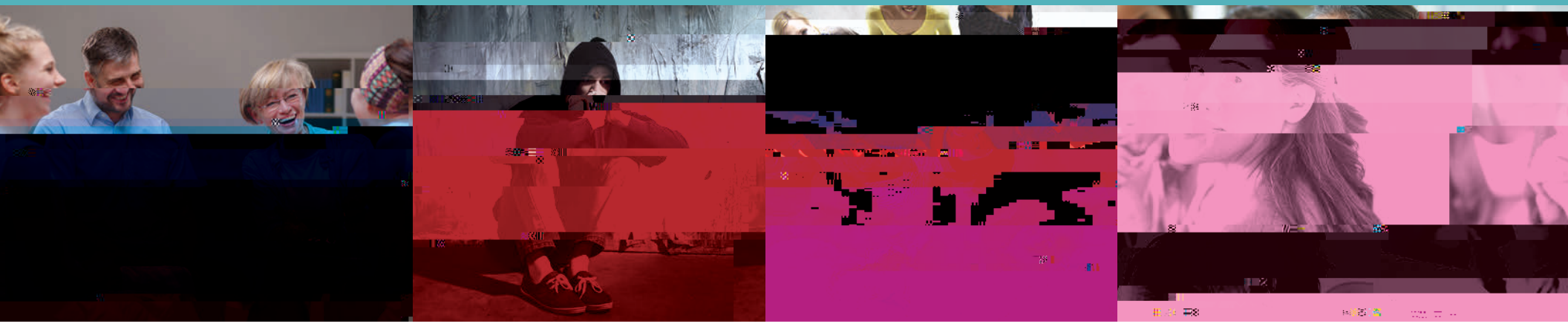
University of Victoria | Canadian Institute for Substance Use Research



, RN, Ph.D, , MD, MSc, FRCPC, , MTh

Peer engagement and peer-led services are a critical feature of an e f ective and e f cient response.

1. System Resilience and Community Capacity

We must ensure our systems have the capacity to meet needs and the resilience to adapt to changing needs in the face of challenges and crises, such as the current public health emergency. Communities must assess and e ectively mobilize the resources available to them.

Peer Capacity Building and Response

Central to overdose responses is the important role that peers (people with lived experience and past or current substance use) play in contributing to the design, development and delivery of acceptable and e ective overdose response strategies and harm reduction services. Peer engagement and peer-led services are a critical feature of an e ective and e cient response.

Meaningful involvement of peers has numerous bene□ts including:

- [illegible]
- [illegible]
- [illegible]
- [illegible]
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- [illegible]

Drug Policy Reform

The Global Commission on Narcotic Drugs has identi ed that prohibition and subsequent criminalization of substances is creating considerable harm including contributing to the spread of blood borne diseases and overdoses. Canada has long taken a prohibitionist approach to certain drugs, which has resulted in increased criminalization and stigma. Criminalization has disproportionately impacted those living in poverty and experiencing racism, sexism and other forms of discrimination. Both nationally and internationally there is a call for evidence-based, humanitarian policy and approaches to currently illegal drugs (see http://drugpolicy.ca). This means treating illicit drug use as a public health rather than a criminal issue. Countries such as Portugal have focused on decriminalization of all drugs for personal use and increasing access to treatment and harm reduction with considerable positive (and few, if any, negative) outcomes [3]. Other countries such as Uruguay have taken the approach of regulating drugs that have been illicit (see www.cpha.ca/uploads/policy/ips_2014-05-15_e.pdf).

These suggested questions might be useful in creating dialogue about drug policy reform.

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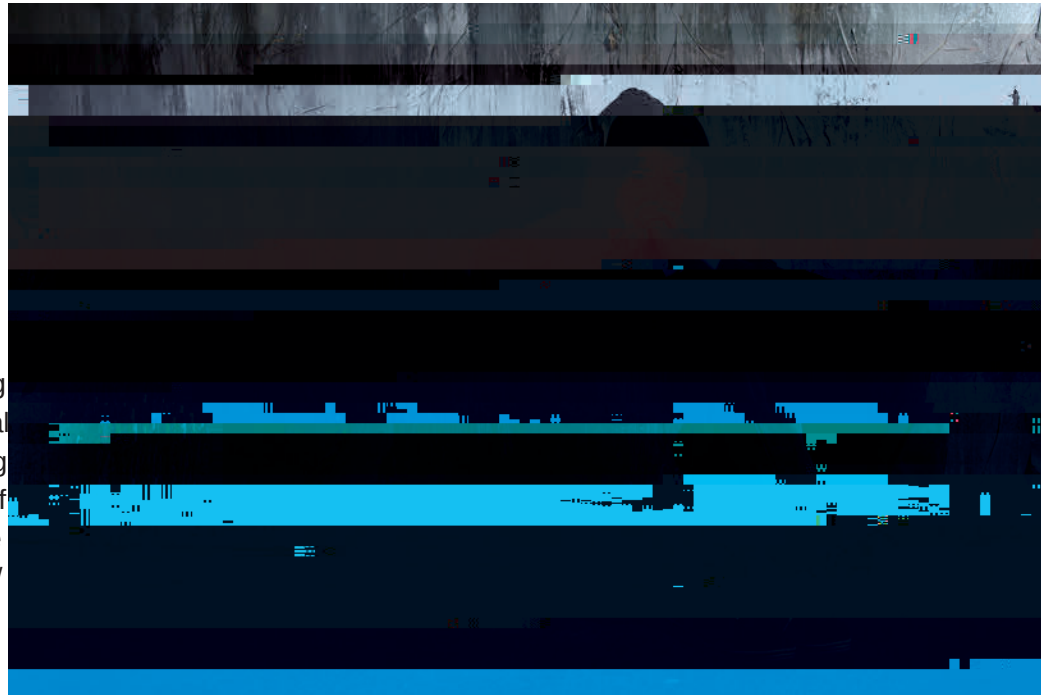

2. Addressing Social and Personal Stigma and Discrimination

In seeking to address overdose deaths, communities must increase awareness of, and develop strategies to address, social and personal stigma and discrimination associated with substance use and addiction.

In our Canadian context, with our history of prohibition and criminalization, illicit drug use is highly stigmatized and people who use illicit drugs often feel unsafe in accessing life saving interventions and health care services regardless of their socio-economic situation. Stigma of drug use is increased when combined with other forms of discrimination such as racism and gender bias. The key issue is to save lives not make moral judgments about substance use.

How we talk about substance use and addiction, to each other and in the media, matters. Disrupting stigmatizing language and ensuring the use of non-stigmatizing language requires vigilance and humility (see www.bccdc.ca/about/news-stories/news-releases/2017/language-matters). For example, calling all people who use drugs "addicts" is inaccurate and stigmatizing. Anyone who uses illicit drugs, regularly or occasionally, is at risk for an overdose. Not everyone who uses illicit drugs has an addiction. Promoting respectful and accurate dialogue on substance use in our communities is important (see www.uvic.ca/research/centres/carbc/assets/docs/community-guide.pdf).

In **addressing social and personal stigma and discrimination in your community**, you are encouraged to re ect individually and engage others in dialogue about these issues. Questions like the following may be useful in building understanding.

3. Health Promotion and Harm Reduction Interventions to Prevent Overdoses

Mobilizing communities to implement a broad range of health promotion and harm reduction interventions to prevent overdoses is an essential component of a comprehensive overdose response plan. Such a network of interventions helps people connect to information, services and each other, all of which contributes to increased resilience.

The importance of peer-delivered and peer-informed services cannot be overemphasized. Consistent with health equity and social justice, health promotion and harm reduction services should be culturally safe (as de ned by those who use the services) and should recognize past histories and life experiences that have been shaped by the current system of criminalizing

use, colonization, historical and ongoing trauma, and social exclusion (see http://www2.gov.bc.ca/assets/gov/overdose-awareness/fnha_ overdosedataand rstnationsinbc_preliminary ndings_ nalweb_july20.pdf).

Provision of overdose prevention services is stressful for those providing services, so it is important to provide services and supports for all providing overdose response services. Harm reduction workers, professional rst responders and peers, all have di erent access to resources and di erent needs for support (see http://towardtheheart.com/assets/naloxone/naloxone-sta -resiliency- nal_185.pdf). Community based peer and harm reduction workers, and families often have fewer systemic resources and supports.

The following sections provide examples of health promotion and harm reduction interventions that should be readily available in your community. The list is suggestive rather than exhaustive.

Widespread Availability of Naloxone

The widespread availability of Naloxone and training in the administration of Naloxone is a key rst line emergency response that saves lives by temporarily reversing severe respiratory distress caused by opioid (heroine, methadone, fentanyl, morphine) overdose. Naloxone can be administered by anyone with training and is available without a prescription in BC. Training can be done

The following questions provide a checklist for **planning Naloxone availability in your community**.

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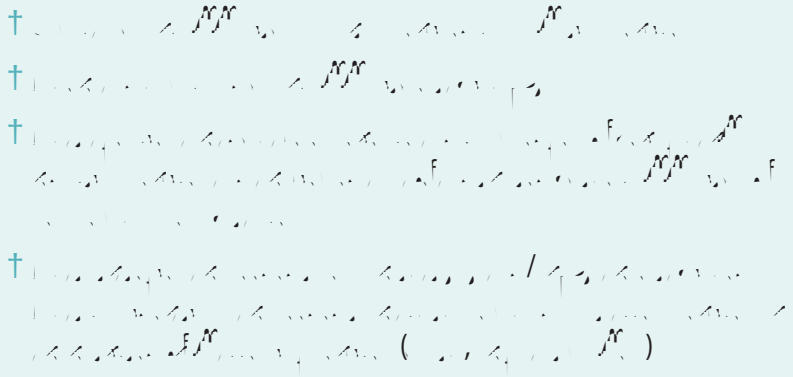
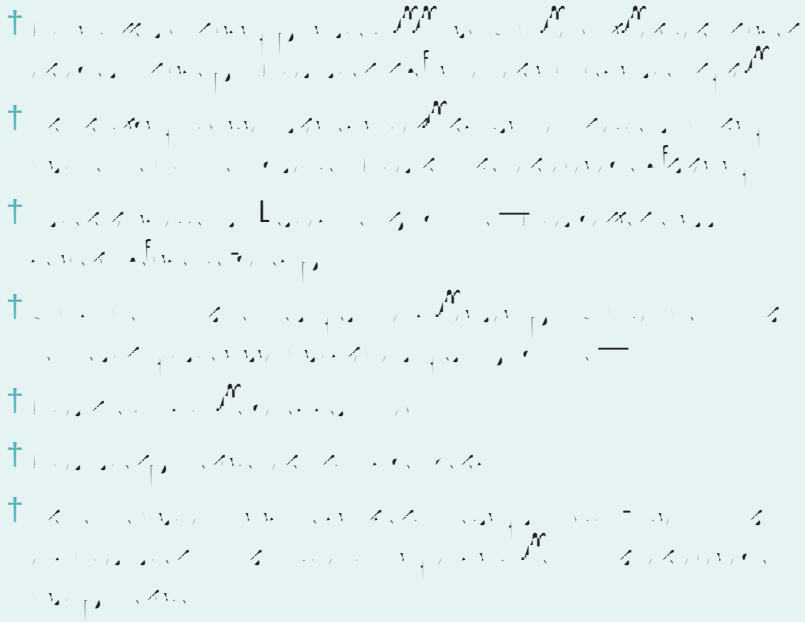
Supervised Consumption and Overdose Prevention Sites

Supervised consumption services (SCS) are e ective in preventing a broad range of harms including overdoses. SCS provide supervised injection and/ or inhalation with the full scope of primary nursing care, peer education and support, counselling, referrals t †.e ction and/
people thron þ

The following questions provide a checklist for **planning supervised consumption services in your community**.



The following questions provide a checklist for **planning OST services in your community.**



Accessible Tools and Resources that Support Empowerment

Essential to health promotion is helping people build their capacity to manage their own health and wellbeing. This means we need to do more than just provide services and supports delivered by others. It involves providing people with the training and tools to increase control of their own lives. Examples of useful self-management tools include Safer Injecting (http://www.heretohelp.bc.ca/sites/default/ les/safer-injecting-heroin-crack-and-crystal-meth.pdf), Toward the Heart (http://towardtheheart.com), You and Substance Use (http://www.heretohelp.bc.ca/sites/default/ les/you-and-substance-use-stu -to-think-about-and-ways-to-make-changes.pdf).

Since substance use is not just a personal choice but a social phenomenon, it is critical to increase public awareness of substance use, the risks for overdose, how to support people who use substances and how to recognize overdose signs and symptoms. General background is available at http://www.uvic.ca/research/centres/carbc/publications/h2h/index.php. The province of BC has developed a public awareness campaign related to overdose and that includes resources for parents (see www2.gov.bc.ca/gov/content/overdose).

Capacity building should start long before there is a potential problem. We can begin by helping children and adolescents develop the drug literacy competencies that will help them survive and thrive in our world in which psychoactive substances abound. This involves helping them be aware of, and manage, themselves, their relationships and their environments. This involves not only personal skills but also a sense of empathy and care for others that contribute to healthy communities. For a competency based approach to drug education in schools see www.iminds.ca.

In **assessing your community's capacity to empower individuals and groups** to increase control of their own wellbeing, you might nd questions like the following useful.

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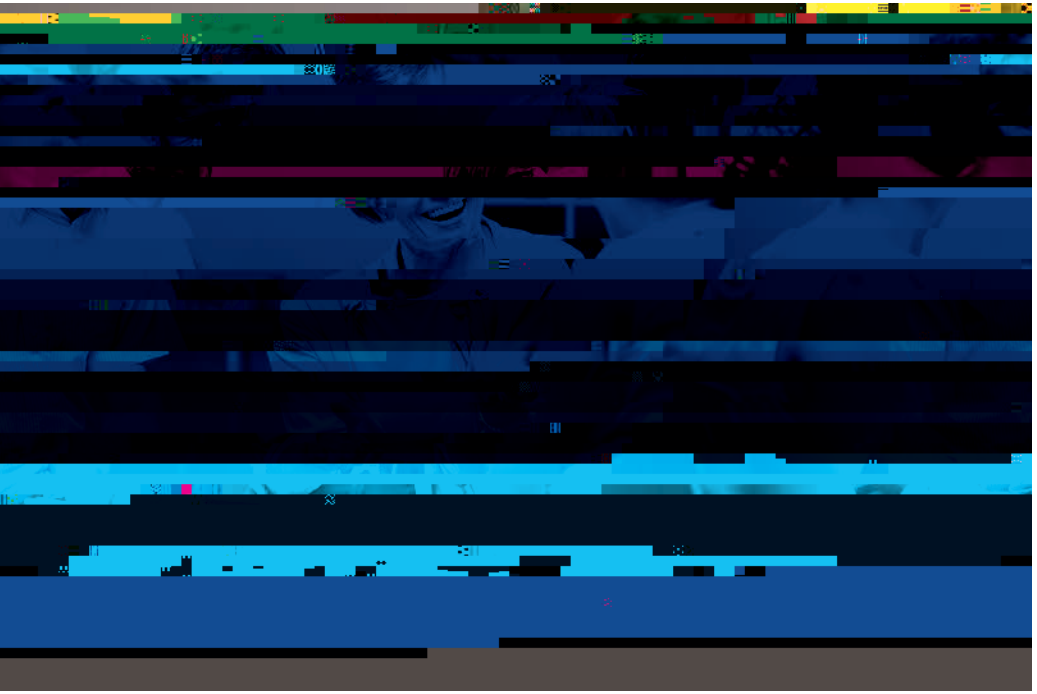

4. Pathways to Substance Use Services and Supports

The provision of key health promotion and harm reduction services like those outlined above can provide an opportunity to connect people to other health and social services such as counselling, treatment services, income supports, and housing. Building trust is foundational to e ective relationships that facilitate access to services and supports. Trust is facilitated by non-judgmenta acceptance of individuals and their choices related to substance use. Trust is a key component in health promotion and harm reduction approaches. Trust based relationships may be more readily developed when services are provided by peers and consistent providers rather than episodic care in emergency departments or drop-in services – however, all settings should be seen as an opportunity to build trust and form therapeutic relationships.

The following suggested questions might be useful as you **assess and plan service pathways in your community**.

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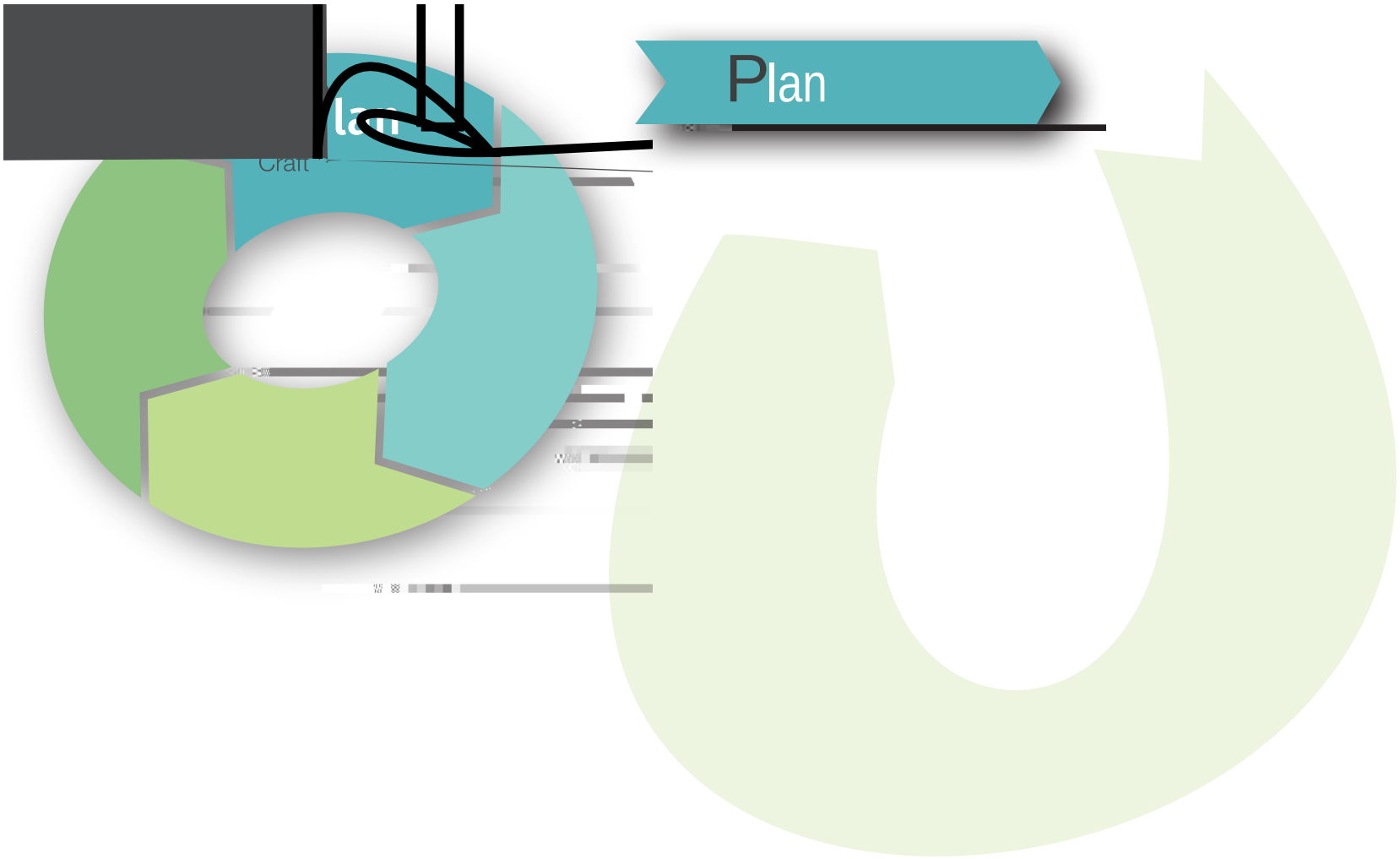
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CULTURAL SAFETY

SET A REGULAR CYCLE TO ASSESS

ACKNOWLEDGING TRAUMA AND TRAUMA INFORMED PRACTICE

Adjust

MAKE INCREMENTAL ADJUSTMENTS AS NEEDED

References

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