

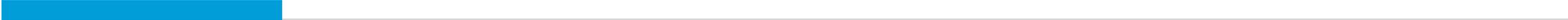


Harm Reduction and Sexual Health Program

Lindsay Nycholat, RN

Manager, Community-Based Mental Health Programs

Overview



- Why Harm Reduction?
- How We Started
- Early Successes and Challenges
- Opioid Agonist Therapy
- Partnership with AHS' Virtual Opioid Dependency Program
- Where We Are Now & What We've Learned

Why Harm Reduction?

- **Harm Reduction** refers to activities and practices that reduce the harms associated with substance use
- Evidence-based
- Plays a significant role in preventing drug related deaths
- Increases access to health care and supports
- Creates connection



Non-judgement, non-interference, care, respect, humility, and connection are Indigenous values. These values are also inherent in harm reduction.

To learn more go to: caan.ca/research/current-research/harm-reduction/

How We Started...

- In 2016, a State of Local Emergency (SOLE) was declared
- Recognized the need for a harm reduction strategy
- BCR signed for Stoney Health to include a harm reduction program
- Started handing out supplies and naloxone kits at the health center
- Stigma



... Learning as we go

- Moved to a satellite site
- Initially, open **1 afternoon** per week
- Due to high volume, the **Harm Reduction and Sexual Health Program** opened **5 afternoons** per week
- 2 part-time RN's
- Re-purposed an old Van for outreach



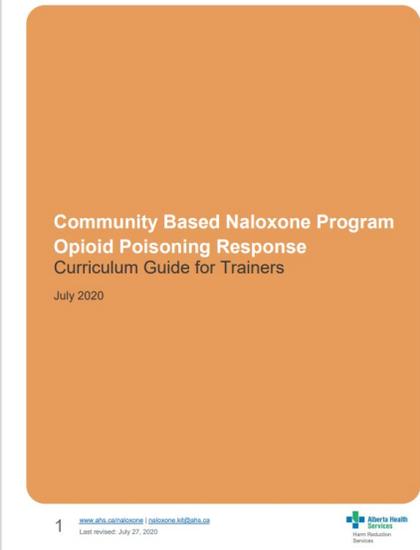
What We Offered

- Naloxone kits and training
- Safer substance use supplies- inhalation and injection
- Sharps return
- Safer sex supplies
- STBBI, HCV & HIV testing, treatment and support
- Opioid Agonist Therapy (OAT)
- Vaccines
- Education, support and referrals
- Mobile Van for outreach support



Early Successes

- Partnered with AHS Community Naloxone Program, *SafeWorks*, ECHO+, Drum and Sash
- *SafeWorks* presented to staff and community on Harm Reduction
- Nurses completed **FNIHB STBBI Test and Treat** training
- Increase in requests for detox, shelter and residential treatment
- Increase requests for Opioid treatment **in community**



Early Challenges

- Time
- Finding community members
- Identification and documentation
- Needle debris
- Space
- Stigma
- Fear that we share information with RCMP
- Increasing demand for **Opioid Agonist Therapy**
Suboxone, Sublocade and methadone



Opioid Agonist Therapy

Ongoing Challenges

- Lack of available or knowledgeable prescribers
- Need to start treatment **NOW**
- Methadone was becoming difficult to manage
- Lack of phone or transportation; unable to access pharmacy
- Time consuming to organize
- Clients wanted *Sublocade*, but not all pharmacies carried it



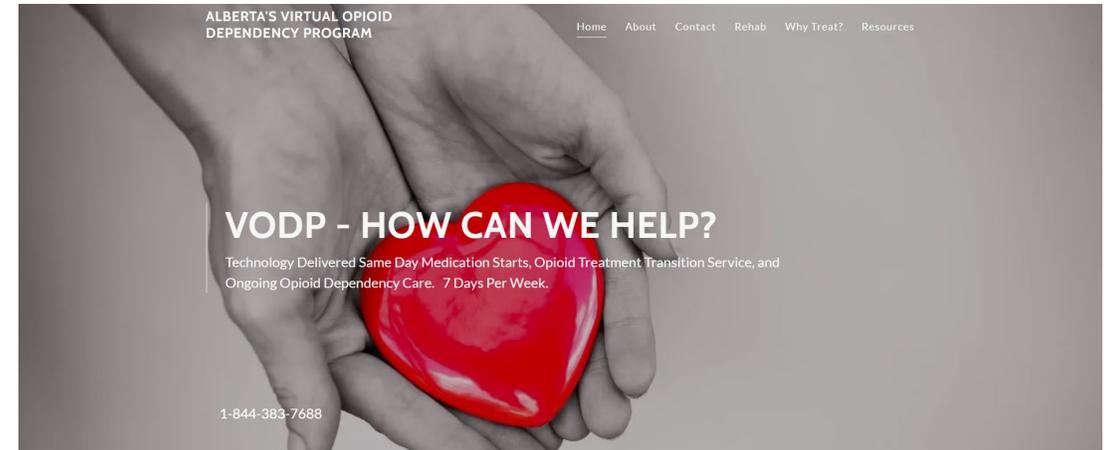
Opioid Agonist Therapy Problem Solving

- Contacted Clinical Specialist for *Sublocade*
- Contacted various OAT clinics & providers; charged service fees and not available as we needed
- Began calling **AHS's Virtual Opioid Dependency Program (VODP)** with clients
- VODP covered under AB Health, minimal wait and willing to meet clients where they are at
- VODP available province wide
- Hired an LPN



Requesting a Virtual Partnership...

- Nov. 29, 2021, contacted VODP and asked about possibility of a partnership
- Could our team “case manage” clients in the community?
- We could do the intake and then work directly with the doctor to initiate and maintain OAT
- By February 2022, we had formalized our partnership
- # of clients on treatment instantly doubled...then tripled... and so on
- VODP team up to date with opioid treatment and trends



Our VODP Process

- SHS nurse completes intake and Consent
- VODP Start Team doctor initiates OAT
- SHS team case manages and supports client
- Regularly meet with dedicated VODP doctor to maintain OAT and support client

Virtual Opioid Dependency Program (VODP) Process Stoney Health Services Partnership

Initiation of OAT

1. Client expresses an interest to start Opioid Agonist Therapy (OAT) with Stoney Health Services

Virtual Opioid Dependency Program (VODP) Treatment Agreement Overview with Client

Client Name: _____

I would like to review a few key points from our VODP Client Treatment Agreement. As complete

Virtual Opioid Dependency Program (VODP) Protocol Case Management

Extension of the Physician - What does this mean?

For safety reasons some clients in the VODP program require almost daily contact with us. Others who are more stable will need less than monthly contact. Client contact is dependent



Where We Are Today:

- New Trailer
- 2 RNs, 1 LPN, 1 NP, 1 SW
- Peer Support workers and Day Program next door
- NP doing OUD mentorship under VODP doctor
- Comfortably can support 100 clients on OAT
- Working closely with a psychiatrist to manage substance induced psychosis
- Significant decrease in fatal OD's, Increase in access to detox and treatment
- Decrease in syphilis infections, Increase in HCV cures
- Increased access for primary care and other services



Harm Reduction & Sexual Health Program

- Monday – Friday | Walk-In 12:30-4:00pm
- Naloxone kits and training
- Safer substance use supplies, information and education
- Opioid Agonist Therapy – initiation, maintenance and navigation
- Sharps returns
- Confidential screening, testing and treatment of STBBI's, HCV and HIV
- POCT testing for HCV and Syphilis
- Safer sex supplies
- Nurse Practitioner 4 days/week
- Social Worker
- Addiction Support and referrals
- Peer Support and Day Program (New)

What We've Learned

- Meet people where they are at; *Harm Reduction is about connection*
- Almost all OAT clients started as Harm Reduction clients. *Support, not Stigma*
- Positive feedback from clients on Sublocade
- There will be hiccups along the way, be open to learning
- Do what works for YOUR community



A Few Take Aways

- Develop Partnerships
- Be willing to navigate the unknown
- Use and incorporate technology
- Share experiences and knowledge
- Connect services, programs and providers
- Wrap around support- social and cultural
- Leverage funding

Is'niyes- Thank You

Resources from Presentation

CAAN:

[Home | CAAN](#)

CATIE:

[About CATIE | CATIE - Canada's source for HIV and hepatitis C information](#)

[CATIE Ordering Centre | Centre de distribution de CATIE](#)

AHS Community Naloxone Program:

[Community Based Naloxone Program | Alberta Health Services](#)

[Community Based Naloxone Site Registration \(albertahealthservices.ca\)](#)

SAFEworks:

[Sheldon M. Chumir Health Centre - Safeworks Harm Reduction Program | Alberta Health Services](#)

Other Harm Reduction Resources:

[Streetworks Needle Exchange | Alberta Health Services](#)

[Harm Reduction in Central Alberta | Turning Point \(turningpoint-ca.org\)](#)

[Northreach Society - Harm Reduction & HIV Support - Grande Prairie, AB](#)

Drum & Sash: [DRUM & SASH - Home \(drumandsash.ca\)](#)

ECHO+: [Home | ECHO | Cumming School of Medicine | University of Calgary \(ucalgary.ca\)](#)

**Dry Blood Spot testing available*

Resources from Presentation

FNIHB - ISC- AB- Nasal Narcan:

Maryum Hassen

Email: abmwu-ubm@sac-isc.gc.ca

[Addiction & Mental Health | Alberta Health Services](#)

FNIHB STBBI Test and Treat courses, check on: [OneHealth National Portal > Home](#)

For Point of Care Tests (POCT) and training, contact your ISC Public Health contact

[PACES | Alberta Health Services](#)

Sublocade (*buprenorphine extended-release injection*):

Nicole Wagner

Email: Nicole.wagner@indivior.com

Cell: 403-604-7548

Virtual Opioid Dependency Program: [Alberta's Virtual Opioid Dependency Program \(vodp.ca\)](#)

Tollfree for Opioid Support: 1-844-383-7688

To discuss partnerships:

Kelly Smith

Kelly.smith@ahs.ca

Program Manager

Cell: 403-391-1819

Stoney Health Services- *Community Based Mental-Wellness Programs*

Lindsay Nycholat

Email: lnycholat@stoneyhealthservices.ca

Cell: 403-813-9225