



Western Aboriginal Harm Reduction Society peer-driven research helping to bridge knowledge gaps

Located in Vancouver's Downtown Eastside (DTES), on the unceded territories of the Coast Salish peoples, many have found welcome at the Western Aboriginal Harm Reduction Society (WAHRS), where groundbreaking research is helping to rewrite our understanding of substance use and addiction. Members are current or former illicit drug and/or illicit alcohol users from diverse Indigenous backgrounds. At WAHRS, members are given an opportunity to have their voices heard, empowered to fight for themselves and to educate policy makers, healthcare professionals, researchers, and others about members' strengths and challenges.

The group's membership includes over 300 individuals and falls under the umbrella of the Vancouver Area Network of Drug Users (VANDU), with over 3000 members. WAHRS members participate in weekly meetings, healing circles, and, during at least four months of the year, go out to the University of B.C. farm on Musqueam territory where they have a chance to connect with nature, help during harvest or work in the kitchen. An important part of empowering members is WAHRS' involvement in community protests and advocacy work.

WAHRS has worked since 2011 in partnership with researchers from the BC Centre for Excellence in HIV/AIDS (BC-CfE) Urban Health Research Initiative. The research aims to better understand members' experiences with access to healthcare, access to addictions treatment, involvement in

research, and HIV/AIDS. It is their culturally appropriate methods and meaningful participation in policy and program development that sets WAHRS and their research apart.

The BC-CfE had the pleasure of sitting down with the WAHRS board of directors for an interview recently.

BC-CfE – Why do you think this cultural sharing and research is important to do?

WAHRS – Our work is important because the research is done by WAHRS members. WAHRS Board Members decide on research questions, collect data, analyze results, and develop recommendations for change, with background help from BC-CfE researchers. WAHRS members all share similar experiences so our research talking circles are a safe, relaxed place where people can share stories that aren't usually heard. The research process was developed using indigenized ways, like the eagle feather and use of talking circles. Part of this process is bringing back findings from the research to our members so they know the results and see the impact of their participation.

BC-CfE – What else does WAHRS do that celebrates the organization?

WAHRS – We are very active within the community. One of the many ways is by getting involved in protests and advocacy work that deal with Indigenous issues. Idle No More and the DTES Murdered and Missing Women March are examples of efforts we actively support. Our members participate in a number of

initiatives such as the Mayor's Mental Health and Addiction Task Force, Aboriginal Healing and Wellness Centre, Sex Workers United Against Violence, and several others. We also write letters of support or recommendation for studies and advocacy initiatives.

BC-CfE – What recommendations came from the work done with the BC-CfE Urban Health Research Initiative?

WAHRS – Our findings show the huge amount of trauma, grief, pain and basic survival instincts experienced by members. We have developed a regular healing circle to help address this pain among our members. There is also a need for more addictions specialists and healthcare workers trained in addictions since our health needs are not being met by most healthcare professionals. We need healthcare that connects to our culture and the Creator. There still are gaps in the knowledge about HIV in our communities, but this continued research is helping to bridge those gaps. Under all our findings is people just want to be treated with dignity.

WAHRS ends their meetings by remembering friends and family they've lost to the war on drugs and war on the poor. Their research is dedicated to forever WAHRS members, including Cliff, Brian and Melwyn. You may want to pause and reflect now.

All our relations.

"Presentations are an opportunity to break down stereotypes and teach people. Education is key."
– WAHRS member.



» The scientific evidence suggests conventional drug policies have little to no impact on patterns of illicit drug use.

– Dr. Dan Werb, Director of the International Centre for Science in Drug Policy



Opioids: A national crisis needs a federal response



BC-CfE Research Associate, Pauline Voon

On March 7, Health Minister Jane Philpott received a letter from U.S. senators urging Canada to join forces in combatting prescription drug abuse. Four days later, a bipartisan bill supporting a national drug-addiction program sprinted through the U.S. Senate with a 94-1 vote, in an unprecedented display of unity that has rarely been seen between Republicans and Democrats in recent years.

On March 15, the U.S. Center for Disease Control and Prevention released a national Guideline for Prescribing Opioids for Chronic Pain. Then, on March 18, the U.S. Department of Health and Human Services unveiled a National Pain Strategy, the first federally co-ordinated plan to address chronic pain in America.

These major recent developments bring us to the question: When will Canada step up to the plate to address prescription-drug use, opioid addiction and chronic pain?

One in five Canadians suffer from chronic pain, which is more than the number with diabetes, heart disease and cancer combined. As a result, pain is one of the most common reasons for seeking medical care, resulting in a huge burden on our health system.

At the same time, there is now a general consensus that opioid medications – once considered the gold-standard treatment for pain – pose high risk for harms such as overdose and addiction, which outweigh their potential benefits. Now, due to overprescribing of opioid medications over the past decade and a half, we are seeing these exact consequences throughout Canada – to the extent that in several Canadian settings, more people are dying from opioid overdoses than from motor-vehicle accidents involving alcohol.

In 2012, health minister Leona Aglukkaq deferred federal responsibility for the opioid epidemic by listing strategies that “all clearly fall under provincial and territorial jurisdiction.” Clearly, that approach has failed.

As provinces scramble to find their own solutions to these problems, the federal government and national professional health bodies have the power to take leadership in several key areas:

1. Improving education in pain and addiction. Only **one third** of Canadian medical schools provide mandatory

instruction in pain management, and veterinarians receive five times more hours of training in pain management than medical students in Canada. Worse yet, up to 95 per cent of primary-care physicians are unable to identify substance abuse. Despite these glaring problems, national health bodies, such as the College of Family Physicians, have recently rejected calls for mandatory training on opioid prescribing.

2. Improving access to overdose prevention. On March 22, Health Canada allowed naloxone, a lifesaving injectable antidote to opioid overdose, to be available without a prescription. This is a major step toward preventing overdose deaths. Now, Health Canada should fast-track more user-friendly formulations of naloxone such as auto-injectables and nasal sprays.

3. Improving access to addiction treatment. There are many treatments for opioid addiction. Unfortunately, even conventional treatments (e.g., methadone maintenance treatment) are often difficult to access. Meanwhile, newer treatments (e.g., buprenorphine/naloxone) are often not prescribed due to unnecessary restrictions by Health Canada and provincial regulatory bodies, despite these treatments being safer and more convenient.

4. Improving non-opioid alternatives for pain management. It is not enough to simply crack down on the number of opioids being prescribed without providing safe and effective alternatives for pain. Research has shown how individuals may resort to buying painkillers – or even heroin – off the street if they are denied pain medication from physicians.

We need multifaceted national pain and addiction strategies, such as those introduced by our neighbours to the south over the past month. Since 2011, there have been endorsements from more than 150 organizations for a Canadian Pain Strategy, but no progress has yet been made.

The time for national leadership is now.

Pauline Voon is a Registered nurse and research associate at the B.C. Centre for Excellence in HIV/AIDS, and doctoral student in the School of Population and Public Health at the University of British Columbia.

UPCOMING EVENT

“HIV Management: It’s Easier Than You Think!”

The BC Centre for Excellence in HIV/AIDS, in partnership with UBC CPD (Continuing Professional Development), is pleased to offer a workshop on HIV/AIDS primary care and management in Victoria on Thursday, May 6, 2016. The workshop will be delivered in an in-person interactive format with expert facilitators to maximize opportunities for group discussion, knowledge sharing, and questions. Presentations will be followed by case study discussions.

The goal of this session is for physicians to develop and build the confidence to provide primary care for HIV-positive patients.

Date: Friday, May 6, 2016 from 12:30-5 p.m

Location: Victoria General Hospital, Room 263, 1 Hospital Way, Victoria, BC V8Z 6R5

Free: Course materials provided and lunch available in Victoria

Credits: Up to 4.5 Mainpro-M1

Videoconference: Across Vancouver Island

Registration: <http://ubccpd.ca/course/hiv-management>

Space is limited. Early registration is advised.

*Online Registration ends Thursday, April 28, 2016 at 11:59 p.m.

For more information please contact education@cfenet.ubc.ca

BC-CfE research scientist helps SFU Public Policy student team win national championships

Simon Fraser University’s School of Public Policy team took home its second consecutive top prize last month at the prestigious National Public Administration and Policy Case Competition—hosted by the University of Ottawa’s Graduate School of Public and International Affairs.

Team members Eric Bing, Hope Caldi, Sarah Griffiths and Sandy Lee were coached by public policy professors Nancy Olewiler and Kora DeBeck, also a BC-CfE research scientist. Team SFU presented on how Ontario and Quebec governments could combine their efforts to deal with their aging populations and the resulting health care, labour market and economic pressures.

Read more at bit.ly/SFUPPWin.

LECTURES & EVENTS

What’s New in Addiction Medicine?

Does AA Work?: A Review of the Evidence for 12-Step Programs in the Treatment of Substance Use Disorders

Speaker: Dr. Kit Fairgrieve

Tuesday, April 26, 2016, 12–1PM

Hurlburt Auditorium (2nd floor), St. Paul’s Hospital

Spring HIV/Antiretroviral Update

Monday, April 25, 2016, 8:30 AM–5PM

Grand Ballroom-North Tower, Sheraton Wall Centre Hotel

HIV Care Rounds

PrEP

Speaker: Dr. Mark Hull

Thursday, April 21, 2016, 8–9AM

Conference Room 7, Providence Level 1, St. Paul’s Hospital

Primary Care Guidelines

Speakers: Dr. Silvia Guillemi, Dr. Rolando Barrios, Dr. Aida Sadr, Dr. Marianne Harris

Thursday, May 19, 2016, 8–9AM

Conference Room 7, Providence Level 1, St. Paul’s Hospital

For more information, contact us at

Education@cfenet.ubc.ca or visit our website at www.education.cfenet.ubc.ca

BC Centre for Excellence in HIV/AIDS

- > Improve the health of British Columbians with HIV through comprehensive research and treatment programs;
- > Develop cost-effective research and therapeutic protocols;
- > Provide educational support programs to health-care professionals;
- > Monitor the impact of HIV/AIDS on B.C. and conduct analyses of the effectiveness of HIV-related programs.

Physician Drug Hotline
1.800.665.7677

St. Paul’s Hospital Pharmacy Hotline
1.888.511.6222

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