Assessing the Comprehensiveness of HIV Prevention, Treatment and Care Services for People Who Inject Drugs in Northern BC

IDC Brown Bag Lunch Series

September 24, 2015

Outline

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- Part 2: Introduction to the Study
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  - Design – Four Phases
- Part 3: Methodology and Fieldwork
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Introduction

- Canada has had limited success in addressing HIV/AIDS among People Who Inject Drugs (PWID)
- Growing concern, particularly, in the northern regions of the western Canadian provinces
- Northern BC, in particular, is an area that has experienced a disproportionate number of new cases of HIV among PWID ~ 50% of all reported HIV cases since 1995
- The purpose of this study is to determine the Comprehensiveness of existing services for HIV prevention, treatment and care for PWID in northern BC

Northern British Columbia

- Northern Health Authority
- Three distinct Health Service Delivery Areas:
  - Northern Interior (light blue or grey)
  - Northwest (dark blue)
  - Northeast (white)
- The challenges associated with healthcare service delivery within such an enormous and diverse geographic area are multiple

HIV prevention, treatment and care for PWID in Canada

Leadership, policy and monitoring

- Federal, provincial, territorial and municipal governments

The provision of HIV prevention, treatment and care services for PWID

- Federal: federal prisons, military on duty, on reserve First Nations
- Provinces/territories: all citizens of province/territory, provincial prisons

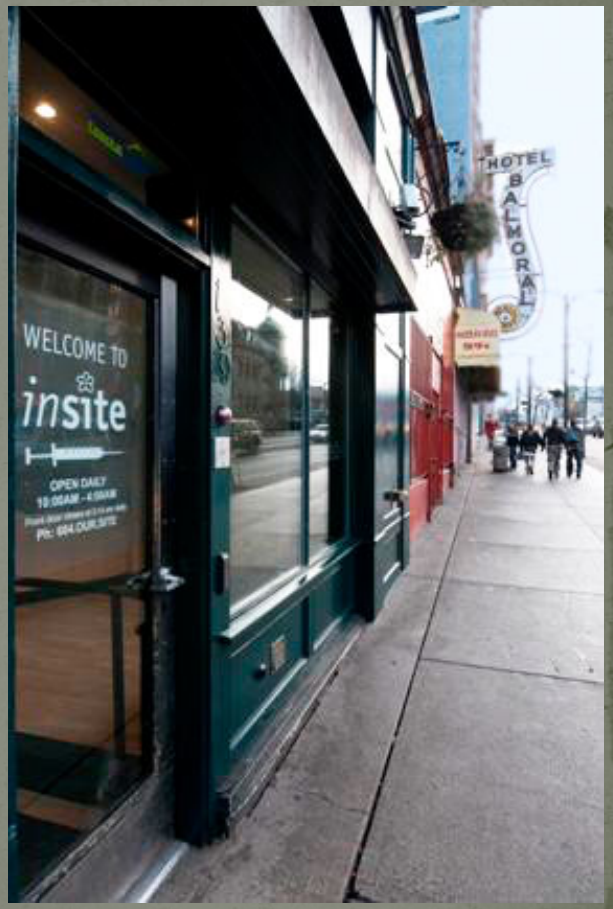

Photo source: http://supervisedinjection.uch.ca/

Aims and Objectives

- The project aims to answer the following questions:
  1. What is a suitable measure of comprehensiveness for HIV prevention, treatment and care services for PWID?
  2. How comprehensive are HIV prevention, treatment and care services for PWID in northern BC?
  3. How do those in northern BC who create, provide or access these services perceive service comprehensiveness?
  4. What are the recommendations for additional services, better integration of services, and/or stepping-up or scaling-down of existing services in the northern BC context?

WHO Technical Guide (2012)

- *Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users*
- Comprehensive Package - Nine specific Interventions. Three most crucial to any system:
  1. needle and syringe programs (NSPs)
  2. opioid substitution therapy (OST) & other evidence-based drug dependence treatment
  3. HIV testing and counseling (HTC)

Four Phase Workplan

- **Phase 1:** Mapping of existing services in northern BC
- **Phase 2:** Adaptation of the WHO Guide to the local northern BC context with support of a Community Advisory Committee (CAC)
- **Phase 3:** key informant interviews
- **Phase 4:** Knowledge Translation with CAC
- Methodology:
  - Constructivist paradigm – individual experiences
  - Case study – northern BC

Phase I

- Mapping of existing services in northern BC based on the nine services listed in the WHO Guide
- Used Guide's key indicators to design 13 tables

Table 4. HIV Prevention, Treatment and Care for PWID in northern BC, BC, and Canada			
Services	Northern BC	BC	Canada
Needle and syringe programs (NSPs)	Yes	Yes	Yes
Opioid substitution therapy (OST) and other evidence-based drug dependence treatment	Yes	Yes	Yes
HIV Testing and counseling (HTC)	Yes	Yes	Yes
Antiretroviral Therapy (ART)	Yes	Yes	Yes
Prevention and treatment of Sexually transmitted infections (STIs)	Yes	Yes	Yes
Condom Programs for PWID and their sexual partners	Yes	Yes	Yes
Targeted information, education and communication (IEC) for PWID and their sexual partners	Yes	Yes	Yes
Prevention, vaccination, diagnosis and treatment for viral hepatitis	Yes	Yes	Yes
Prevention, diagnosis, and treatment of TB	Yes	Yes	Yes

Phase II

- Development of regionally relevant comprehensiveness indicators
- Creation of a Community Advisory Committee(CAC): decision-makers, service providers and service users
- Purpose of the CAC:
  - Assist in the adaptation of the Guide to the northern BC context
  - Pilot testing and guidance on interview questions

Phase III

- Assessment of northern BC specific services from the point of view of key informants and collected in interviews with three distinct populations:
  - Group A: Service Users (SU)
  - Group B: Service Providers (SP)/frontline staff
  - Group C: managers and decision-makers (DM)
- 3 Separate interview guides
- Questions included those related to:
  - Use/provision/design of services
  - Comprehensiveness: Access, Patient-centeredness, safety, etc.

Phase IV

- CAC Meeting/Focus Group
- Purpose
  - discuss the most appropriate and effective way translate the knowledge gained in this project to provide recommendations for improving HIV services for PWID in northern BC

Fieldwork

- Phase 1
  - Completed May-August, 2014
  - Literature searches and contacting regional reps
- Phase 2
  - Completed September-October, 2014
  - Individual meetings with CAC members
- Phase 3
  - Completed October-December, 2014
  - 52 interviews, travelled ~3500Kms
- Phase 4
  - Final CAC meeting March, 2015

Preliminary Findings

General

- Many SU were satisfied in general with the comprehensiveness of services in northern BC
- SU were older (Average age 47) and from the region
- Services were largely unavailable outside of major urban centres – primarily Prince George and Smithers
- Harm Reduction messaging was well received among service providers, but not all primary care
- SP filled a variety of roles and so limited amount of those that specialized in harm reduction or HIV services for PWID

Background

- Interviews:
  - Service Users (SU): 21
  - Service Providers (SP): 23
  - Decision-makers (DM): 8
- Average age of participants was 44.5
  - SU: 47
  - SP: 38.6
  - DM: 53.7
- SU Interviews: PLN (Smithers) and CINHS (PG)
- Majority of SPs were female
- DMs included a range of EDs, Managers, and directors throughout the region

WHO Guide Comprehensive Package

1. Needle and syringe programs (NSPs)?
2. Opioid substitution therapy (OST) and other evidence-based drug dependence treatment?
3. HIV Testing and counseling (HTC)?
4. Antiretroviral Therapy (ART)?
5. Prevention and treatment of Sexually Transmitted Infections (STIs)?
6. Condom Programs for people who inject drugs and their sexual partners?
7. Targeted information, education and communication (IEC) for people who inject drugs and their sexual partners?
8. Prevention, vaccination, diagnosis and treatment for viral hepatitis?
9. Prevention, diagnosis, and treatment of TB?

Services accessed in the past – SU

Table	
Services	Total (N=21)
Needle and syringe programs (NSPs)	18
Opioid substitution therapy (OST) and other evidence-based drug dependence treatment	15
HIV Testing and counseling (HTC)* - *Some just tested without counseling*	18
Antiretroviral Therapy (ART)	6
Prevention and treatment of Sexually transmitted infections (STIs)	15
Condom Programs for PWID and their sexual partners	16
Targeted information, education and communication (IEC) for PWID and their sexual partners	20
Prevention, vaccination, diagnosis and treatment for viral hepatitis	16
Prevention, diagnosis, and treatment of TB	12

Effectiveness – SU

- **Which of these services best meets your needs? Why?**
  - "I'd have to say the needle exchange. I'm really grateful for the needle exchange cuz I've seen so many people there using rigs over and over again. Like when I was a real active junkie I would see people using their rigs over again, and I'd have like about two boxes in my backpack there and I'd be just giving them out."
- **Which of these services do not meet your needs? Why not?**
  - "Hmmm, I'd say opioid substitution. I think the methadone is ok, but I don't think it's…Well right now the methadone that they're using, I don't like it at all. I don't find it working for me."

Effectiveness – SP and DM

- **Of these, which do you see as being the most effective? Can you explain further?**
  - "I am having trouble deciding whether STI treatment is more important than NSPs. I find that accessibility is an issue here with NSPs because a find a lot of my clients do not want to go to the health unit to get supplies, because they feel stigmatized. I don't believe there is a secondary site. I wish we had one."

Access – SP

- **Do you feel that the services are accessible to your clients? Why or why not? If not, in your opinion, how can this be improved?**
  - "Accessibility is a loaded question, because we offer the services to everyone, but the reality with people spread out everywhere and have to travel long distances - many don't even own a car - to access the NSP, it is very difficult. Accessibility isn't just a matter of us being open and people knowing about us, it also has to do with their ability to get to you. That is always issue when you get into these large geographical areas where the service is only provided in one area."

Capacity – SP

- **Have you received all of the proper training to deliver the service? If not, what additional training do you require?**
  - That's a tough one. When I started here, it was myself and two other nurses. So we did our own research, we didn't really have any training module. We went over the training on the BCCDC website…Now anyone who is new we do one-on-one training. I think it would have been a lot better if we would have had someone from a previous site coming up and giving us more.

Safety – SU

- **Do you feel that you are provided adequate information in order to access services?**
  - No, and if you do, you just ask. There are a lot of people that will help nowadays. It's an open thing now, you know what I mean? It's not a hidden disease so there's a lot of people now it's their habit and they're coming out of the closet with it.

Patient-Centeredness – DM

- **Do you actively involve PWID in the planning and implementation of the services?**
  - No. We try. We are working on it. Peer engagement is the big focus right now for our harm reduction planning team. It is for BCCDC as well. We need to do it well and it hasn't been in the past and we might have actually done some harm by involving the peers in a way that didn't reflect what their needs were and how to best use the information that they brought. It's a big task.

Equity – DM

- **Have formalized referral pathway protocols for clients been established? If not, why not? If so, can you give an example?**
  - No. We would like to collect information on what referrals are happening so that we can determine where they are happening well and where they are not happening at all, so that we can make that a standard practice. Sort of like motivational interviewing: test the readiness, where are we at? and what's the quick message? I don't think we are doing that well and consistently.

Recommendations for HIV prevention, treatment, and care services for PWID in northern BC

Recommendation	Outcome/Impact Indicator
Collection of surveillance data (including referral pathways)	• Sufficient surveillance data to set targets
Increased community outreach	• Increased reach, i.e. access to marginalized and hard-to-reach populations • Increase education and prevention efforts
Increased collaboration with Aboriginal communities and FNHA	• Increased reach, i.e. access to marginalized and hard-to-reach populations • Increase education and prevention efforts • Increased collaboration
Recruitment of physicians to MMT program	• Increased enrollment to MMT program • Increased access to MMT service
Recruitment of secondary harm reduction supply distribution and collection sites	• Increased reach, i.e. access to marginalized and hard-to-reach populations • Increase education and prevention efforts • Increased access to harm reduction supplies
Recruitment of PWID to committees involved in the planning and implementation of HIV services	• Increased understanding of PWID needs and concerns • More appropriate design of services • More effective implementation • Increased reach, i.e. peer education
Provision of up-to-date, relevant education opportunities for frontline service providers	• Increased knowledge of how to best provide services to PWID • More location specific programming

Thank You

jamiereschny@unbc.ca