

This summary of feedback was gathered from clients who use the services of the Needle Exchange Program and from community partners, who refer clients to the programme and support this service in the community. Two focus groups were held to gather feedback to inform improvements and ensure that services are client-centred. In addition a questionnaire was given to clients to complete and provide their feedback on the current program and ideas for how to improve access and support. The goal of the engagement was to understand how to provide services that are accessible, appropriate, safe, confidential and to provide clients with the best experience and outcome possible.

What we asked:

- *When you consider the times that you/your clients access the program, are the available hours long enough, are they convenient?*
- *Is the current location easy to get to? Are there other locations that might be better for you/your clients?*
- *When you consider the supplies you/your clients require, is it easy to access these supplies? Are there any barriers to accessing supplies?*
- *When you think of the health care providers you/your clients receive care and support from who do you feel is best to provide that care to you/your clients?*
- *Think about your/your clients experiences in accessing the program. What have been the most challenging experiences and why? What are the best experiences and why?*
- *Are there opportunities for the program that you want to suggest or any other comments?*

What we will do with the feedback:

Powell River Community Health will use the feedback we have collected to review our current needle exchange and harm reduction programs. We will look at how we can improve services for you, our clients, and the community as well. We would like to explore how we can better partner with you, our clients and our community partners, in how we plan our programs. Our goal is to make sure that our services meet your needs and that your voice is heard in the planning of our programs.

To be associated or even seen by some people going to the exchange or even the CRC, they attach a certain stigma or stereotype or guilt by association to it. Because I need the services, if I can, I will get someone else to go for me because, no matter how well I am doing, being seen or even in that area close by it is assumed I am not doing well.

Client of Needle Exchange Program

What we heard from clients

Location:

- The hospital site is generally easy to get to and works for some people
- The hospital provides relatively anonymous access for me
- More people would benefit from other sites in the community
- The current site is too far for some people to travel and transit to the hospital is not easy
- Consider the firehall, clinics or pharmacies e.g. Pharmasave
- Consider having outdoor sharps receptacles to allow people to drop off used needles
- a booth like a telephone booth with the glass blacked out as a drop and even pick up kiosk
- would be great to consider a mobile service or pop up clinics in various parts of the community
- There is a lack of services in the more rural parts of the community

Supplies

- Supplies can be difficult to access
- Need to have outreach services to increase access to supplies
- Medications are not always available
- Coverage for certain drugs e.g. Suboxone, is not always clear or easy to understand

Health Care Providers:

- After care and preventative counselling is needed to support clients
- Clients are currently experiencing judgemental attitudes from some staff; there seems to be an inconsistency in the training staff receive
- It is important to provide consistent and best practice to NEX clients
- Have outreach workers in pharmacies to facilitate needle exchange, get supplies, provide support and answer questions
- "I really appreciate the staff at NEX they are great"
- Emergency Department staff need to have education on how to support people who use injection drugs
- The attributes of staff who support people who use drugs should be: non-judgemental, understanding, helpful, have a holistic view of the person "see me as a person"



Client Experiences and thoughts :

- Need to have a program to help people get off of heroin and methadone
- Is there detox available in PR ?
- Planned detox needs to be discussed with GP and care team to arrange for housing and supports
- Tell the stories of people who are using drugs to effect change and educate staff and the community
- Focus on preventative education at early ages in the schools
- Need to have programs that keep children connected to their community and away from drug use
- “ I would welcome the chance to act in a peer role to support others in my community”
- We should establish a peer support roles in PR
- there are opportunities to grow and improve the program
- Need to address judgmental culture and shift this to acceptance and willingness to support clients
- Focus on the strengths of the program and maximize those strengths and continually seek to improve
- “I am so pleased the NEX program and team are available; I feel safe using these services”
- Hearing from our clients directly is so valuable to staff and the team will continue to gather input and seek to improve services

What we heard from clinicians and community partners.....

Location and Supplies:

- Supplies such as sharps containers are offered by pharmacists but not always accepted; people may not want to be seen walking out with the containers
- When coming to Safeway pharmacy people tend to come at low traffic hours when it is not so busy
- The pharmacy at Safeway is very accessible for people
- In the FN Band community needle use is not as prevalent as other drug use
- Other supplies such as crack pipes can also be accessed and these are not being used at the rate anticipated; is this indicative of lower than anticipated drug use or is it likely people are not aware they can access these supplies
- Fire Rescue gets calls for sharps pick up in community but these calls are very infrequent
- There is a need for education on how to responsibly dispose of sharps containers
- Currently Fire Rescue in conjunction with the Division of Family Practice coordinates a used needle drop off date when dentists, tattooists and anyone else can come and bring their used needles for disposal. FR then packages them up and ships them hazardous waste disposal
- When people need supplies it is often their peers who come and get supplies for them
- There is a need to increase access to supplies and to have them freely available at places like pharmacies. Understanding that pharmacies are businesses are there ways to work in partnership to ensure supplies can be given freely while at the same time promoting the business of the pharmacy.
- Pharmacies currently actively refer clients to NEX and other public health programs
- VCH public Health would welcome the opportunity to come to pharmacies and hand out free supplies
- The current site at the hospital may offer the anonymity people are seeking given the size of the community and relationships among residents
- Safety is an important factor when considering locations and a site that is not surveilled by police

Community Response and Support:

- Need community based sharps receptacles placed in easily accessible areas
- For overdose calls if it is determined that there is a potential for violence or risk then FR can not attend until Police arrive. This will delay response and the determination by the call centre does not always have the benefit of knowing the community and origin of call as FR does and the delay might be unwarranted
- Need to consider how to change practice related to police presence and the potential negative impact due to delays to treatment and intervention
- There is no set policy guiding this practice so opportunities to shift practice are possible so we can address how we respond to overdose or drug related calls
- We need to raise awareness of the issue and to build understanding in the community to shift from a judgmental to a compassionate culture
- Organizing public education events to grow awareness and understanding is an approach to consider
- Education of the community is needed to reduce the stigma and end isolation for members of our community who are drug users
- Currently it has been the experience that Alcoholics Anonymous is more accepting and welcoming to people who use drugs than Narcotics Anonymous
- Is the community ready to change?
- Observing an increase in drug use – is this as a result of our increasingly stress filled and complex society ?
- How can we mandate harm reduction training ?
- We need to include trauma informed education for staff, community partners and the broader community
- What are ways we can adapt current education opportunities to include education on drug use awareness, prevention and understanding
- Include outreach to the drug and alcohol counsellors in schools to enhance their training and capacity to educate children and parents
- Currently mental health/wellness is a priority for Powell River schools; maximize opportunities for broader education and skill/resilience building
- There is a current lack of knowledge related to overdose response. It is a crucial combination of Naloxone administration and rescue breathing. Neither can be done alone but only in combination can a life be saved.
- May want to consider distributing rescue breathing masks to the community
- Consider changing the name from Naloxone kits to Revival kits
- It is important for VCH to work in partnership with local pharmacies to ensure that our clients who use drugs are supported safely, appropriately and ethically to reduce their dependence on drugs and transition to detox and recovery
- It is important to use respectful language and attitudes when supporting people who use drugs. This language and behaviours need to be shared with the community through education
- More engagement should be done to understand the needs of clients
- Create tools and mechanisms to share the stories of people who use drugs in the community in order to shift perceptions and build understanding.

Feedback received from questionnaire:

A questionnaire was given to Needle Exchange clients asking them to provide feedback on the hours the clinic can be accessed, the location, access to supplies and asking them what they need to feel supported. This is the feedback we received:

- 88% of respondents stated the days and hours of the clinic work for them. Other responses asked for more days and longer hours.
- 83% of clients told us that the current location; at Powell River Hospital is easy to access but for some it is not as accessible especially if a person does not drive or have a vehicle.
- The majority of clients told us they feel the hospital location is safe, welcoming and allows for anonymity. However for some clients the site is too public, not offering them the anonymity they would like to have and even making them feel judged by people they encounter.
- Access to supplies was easy always or most of the time for over 90% of clients.
- When coming to the program most clients want to receive care and support from a public health care provider or nurse but half of the respondents told us that they would also like to get support from a peer; a person who has the same experiences related to drug use.
- The option of having a mobile service, that would pick up used needles and provide supplies, would be used all the time or most of the time by over 85% of clients.
- When clients come to the program they shared that they want to feel welcomed, able to ask questions, treated with respect and to be listened to.
- Clients told us that while living in the community they have felt they do not belong, have been treated disrespectfully by health professionals and sometimes even feel unsafe in their community.

The needle exchange is extremely important for harm reduction and safety

Client of Needle Exchange Program

