Trauma- and Violence-Informed Care in Virtual Harm Reduction Communities

Public Health Association of BC Conference - November 21, 2023

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On behalf of the Dr. Peter Centre's Knowledge Translation and Evaluation Team



We gratefully and respectfully acknowledge that we gather today on the traditional and unceded lands of the Coast Salish Peoples, including the xwməθkwəy'əm (Musqueam), Skwx wú7mesh Úxwumixw (Squamish), and səl'ilw'əta? (Tsleil-Waututh) Nations.



Background & Context

- Context: COVID-19, toxic drug supply and policy crisis, grief, and loss within the sector
- Dr. Peter Centre Capacity building to scale up Supervised Consumption (SCS) / Overdose Prevention Services (OPS):
 - o Dr. Peter Centre started SCS in 2002
 - Informal support to orgs wanting to start
 SCS from 2002-15
 - In 2017: Funding from Canadian federal govt to support orgs starting SCS
 - Expanded in 2020 during COVID-19 for UPHNS
 - Federal funding renewed in 2022





Dr. Peter Centre Virtual Spaces

Communities of Practice

- National Harm Reduction
 Capacity Building for
 Frontline Service Providers
- Urgent Public Health
 Needs Sites HUB led by
 and for PWUD
- Indigenous Harm Reduction Capacity Building in partnership with CAAN
- Equitable Access to Vaccines for Frontline Agencies
- Trauma and Violence
 Informed Train-the-Trainer
 Program

Incubator Working Groups

Groups that drive innovation and are pushing the needle forward on topics identified by frontline agencies and PWUD as emerging areas of importance in the community

(e.g., accessibility of inhalation services, for women and gender-diverse populations, African, Caribbean, and Black populations, splitting and sharing of drugs at SCS/OPS)

Virtual Capacity Building Trainings

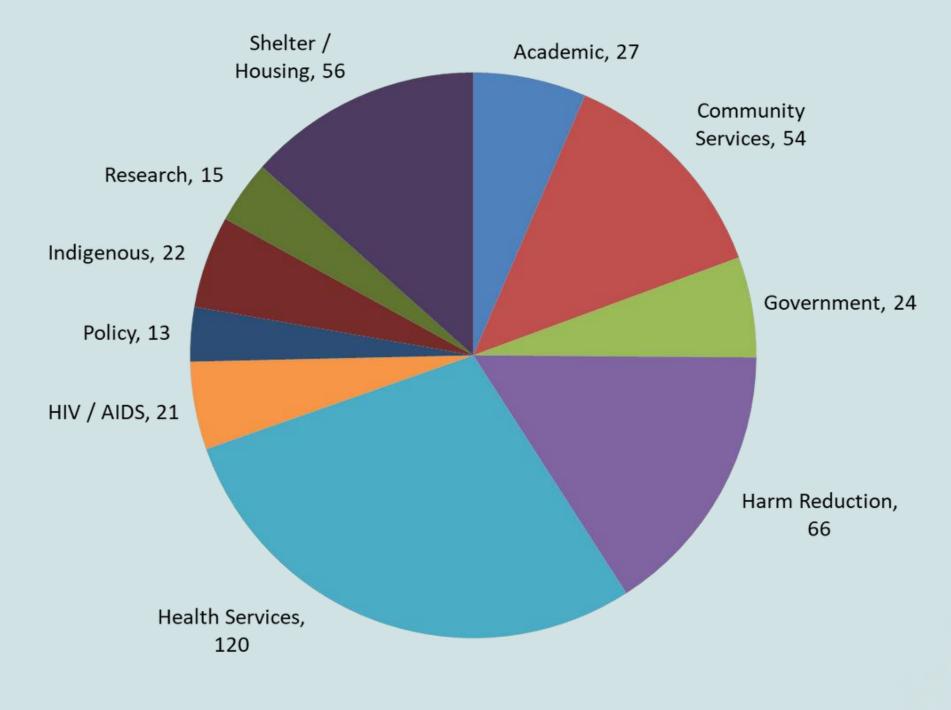
Virtual live and self-paced trainings on harm reduction, trauma- and violence-informed practice, Indigenous cultural safety, for harm reduction service providers

Recent addition: Mentorship Program

Led and shaped by and for PWUD and experiential workers who are interested in capacity building for policy & practice work and leadership roles

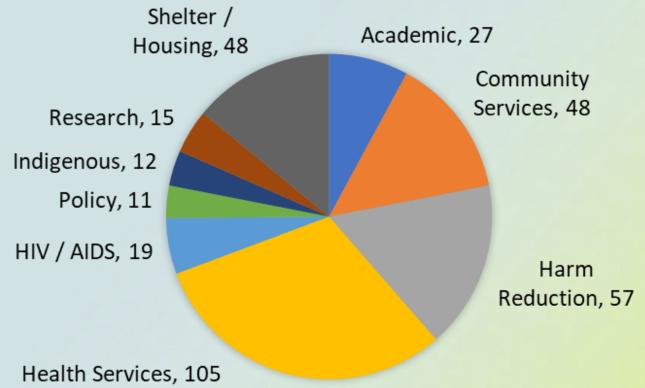


Dr. Peter Centre National Network: 418 Organizations

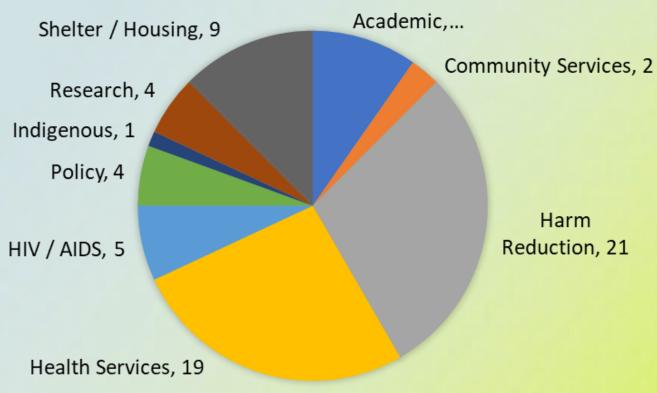




Community of Practice Calls – 342 Organizations Participated



Working Groups – 72 Organizations Participated



UPHNS HUB

Emerged in the Context of COVID-19

Responded to Health Canada's request to meet the urgent need for a rapid scale up of overdose prevention services in new settings such as emergency shelter and COVID-19 hotels.

Goals and Objectives

Create a dedicated space for the sharing of knowledge products and information to service providers and health care professionals to build their capacity for operating UPHNS/OPS/SCS.

Key Activities

- Community of Practice videocalls
- A website / national repository
- Key capacity building trainings
- Incubator Working Groups

The Drug Hub

National collective of harm reductionists, drug policy activists, and people who use(d) drugs. The goal is to translate evidence-based knowledge and experiences in a relatable and compassionate way to contribute to stigma reduction.





Participatory Design of Digital Resources led by PWLLE

- Participatory storytelling as a way of resisting the portrayal of people who use drugs in the mainstream media and news.
- The Drug HUB
 - Raise the voices of people who are and have been criminalized and marginalized because of their drug use and social locations/identities.
 - The Drug Hub editorial team is made up of people who use(d) drugs, students, researchers, and healthcare professionals who work with marginalized and criminalized communities.



Participatory Design of Digital Resources led by PWLLE

Bea's Story

 Graphically illustrated digital story video that sheds light on her experience and provides guidance and recommendations on policy and practice change to health and social service providers when providing care to Indigenous women living with HIV who have experienced gender-based violence.



- The Sky is the Limit
 - A rendition of and narrated by Matt Bonn's experience as a person who uses drugs, over time, in collaboration with CAPUD.





Project Evaluation Results

- 94% reported that they gained knowledge on UPHNS implementation, trauma-informed care and/or evidence-based STBBI interventions
- 89% reported that they gained skills on UPHNS implementation, trauma-informed care and/or evidence-based STBBI interventions
- 77% reported having used or intend to use the knowledge gained to enhance trauma-informed and culturally safe practices
- 69% reported having used or intend to use knowledge gained to implement
 SCS/OPS/UPHNS services
- 58% reported having made evidence-informed improvements to policies, programs, and practice



Lessons Learned

Description	Recommendations
Meaningful Engagement of PWLLE	"Nothing about us without us" is key to developing effective policy and practice solutions to the drug toxicity crisis, and enabling stigma reduction on a national level. Funding models need to be sustainable and supportive of the importance of leadership from PWLLE.
Gaps in Training for Harm Reduction Service Provision	Funding for projects that promote culturally safe and trauma-informed strategies in a overall wraparound service provision is absolutely needed. Customizable training and support is needed across organizations that provide harm reduction services nationally that are lef and shaped by PWLLE of substance use.



Lessons Learned

Description	Recommendations
Shift in political landscape in harm reduction that requires more creative solutions.	Process work is essential in doing this work in a good way. Prioritizing holding space and time for process work to happen.
Culturally safe and trauma- informed practice	Restorative processes: Collaboratively developed anti-oppression policy with PWUD Check-in mechanisms Grief, loss, and wellness supports for participants and facilitators; virtual rituals in shared spaces Somatic experiencing and Indigenous-led ceremony for grounding Improving accessibility: Zoom and community of practice guidelines for participation Simultaneous interpretation for Francophones



What's Next?

- When given the platform and safe space to widely share knowledge and expertise, innovation happens organically.
- Despite these efforts, the drug toxicity crisis has not slowed down, and if anything, has been exacerbated by COVID-19 and other intersecting systemic inequities.
- Ongoing need for comprehensive training and knowledge sharing that enable them to remain responsive to the realities of an ever-changing harm reduction landscape
- Slowly moving towards convening more in-person incubator gatherings.
 - Working to implement lessons learned from the virtual space to in-person gatherings



Thank you & acknowledgements

Thank you to everyone who participated in the work talked about in this presentation, including the DPC's Knowledge Translation and Evaluation Team, and our partners mentioned: Breakaway Community Services, Frontline Baddies, ThinkLink Graphics, Sarah Draws A Crowd, Aeryl Creative, Coop L'Argot

The projects discusses were made possible through financial contributions from Health Canada's Substance Use and Addictions Program (SUAP) as well as the Public Health Agency of Canada. The views expressed herein do not necessarily represent the views of the SUAP or the Public Health Agency of Canada or Health Canada.

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