

Needs Assessment to Action:

Enhancing our Collective Response to People who Use Drugs in Ottawa

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Presentation Overview

- **Background & Context**
 - OPH – 4 pillar approach to substance misuse
 - OPHS + HR Best Practices
- **Needs Assessment – Project Summary**
 - Design and methodology
 - Seven key areas for action
- **Successes for KTE**
- **Next steps**

4-Pillar Approach to Substance Misuse



Harm Reduction

- Ontario Public Health Standards
 - OPH + 15 partner NSPs distribute HR supplies
- Ontario Needle Exchange Programs: Best Practice Recommendations
 - Recommendations for design & delivery of HR services
 - Continual assessment of local need in relation to services
- Is Ottawa delivering HR services according to best practice recommendations - Ontario & BC^{1,2}?

Harm Reduction Needs Assessment

Despite 20 years distributing HR supplies in Ottawa, HIV and HCV are a continuing concern for people who use drugs.

Objectives:

- Identify HIV and HCV prevention needs of people who use drugs;
- Document current strengths and gaps in harm reduction services; and,
- Identify ways to enhance our collective community response to people who use drugs.

Needs Assessment - Project Summary



Design & Planning

Jun 2011-Oct 2011

- Consult stakeholders
- Ethics approval

Recruitment & Data Collection

Jan 2012-Nov 2012

- 98 Client surveys
- 32 KI interviews

Data Analysis

Jul 2012-Jun 2013

- SPSS
- NVivo

Dissemination & KTE

Mar 2013-Jun 2014

- Preliminary key findings shared with community partners
- CIHR Dissemination Events Grant
- *NA to Action* Advisory Committee to guide dissemination & KTE

7 Action Areas	Sample Questions
1. Enhance access to HR supplies	<ul style="list-style-type: none"> ➤ What new partners could have a role in expanding access? ➤ What would a SCF contribute to increasing access to HR?
2. Increase meaningful involvement of peers	<ul style="list-style-type: none"> ➤ What is the definition of “peer” (‘peer’ vs. lived experience)? ➤ What are successful “peer” engagement models?
3. Increase linkage of HR with prevention	<ul style="list-style-type: none"> ➤ How do we increase linkage with prevention? ➤ How can HR support prevention/early intervention efforts? ➤ What are successful prevention-HR models?
4. Enhance linkage of HR with housing and other social services	<ul style="list-style-type: none"> ➤ What is the role of agencies offering harm reduction services to link people with supportive housing/other services (e.g. mental health)?

7 Action Areas	Sample Questions
5. Strengthen integration of HR with treatment	<ul style="list-style-type: none">➤ What can be done to enhance integration of HR and treatment?➤ What more can be done by HR agencies to support people waiting for treatment?➤ What would a SCF contribute to increasing access to treatment?
6. Continue work to bridge mandates between HR and law enforcement	<ul style="list-style-type: none">➤ What currently being done to bridge mandates of HR and law enforcement?➤ What is working/not working?➤ Are there opportunities/successes that could be built on?
7. Enhance coordination among HR agencies	<ul style="list-style-type: none">➤ What is working/not working?➤ What would help to enhance coordination?

Key Successes for KTE

- √ Community involvement from outset – interest, commitment, buy-in from range of partners
- √ Successful CIHR application for dedicated KTE \$
- √ *Needs Assessment to Action* Advisory Committee:
 - How do we as a community move toward action?
 - What are the discussions and who needs to have them?
 - What is the best way to have these conversations?
 - Who will be accountable for action/monitoring progress?

Next Steps

- Continued role for Advisory Committee
- Finalize Report of Findings
- Plan Dissemination/KTE Event/s
- Community – implement action
- Monitor/evaluate action

Acknowledgments

- Participants – people who use HR services and service providers
- NSP agency partners
- Advisory committee members
- CIHR for dissemination resources

Thank you

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References

1. Strike et al. (2006). *Ontario Needle Exchange Programs: Best Practice Recommendations*.
2. Chandler (2008). *Best Practices for British Columbia's Harm Reduction Supply Distribution Program*.