

# Vancouver/Richmond Health Board

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John P. Kennedy  
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Chief Executive Officer

**THIS DOCUMENT IS EMBARGOED UNTIL 6:00 P.M., THURSDAY,  
OCTOBER 23, 1997**

## **Action Plan to Combat HIV/AIDS in the Downtown Eastside**

### **Media Backgrounder**

The Vancouver/Richmond Health Board passed a motion on September 23rd declaring the HIV/AIDS epidemic in the Downtown Eastside a public health emergency. The Board directed V/RHB staff to immediately develop a detailed action plan to respond to the problem, based on the report by Dr. Penny Parry as well as other reports including the Cain Report (September 1994) and the Area Medical Health Officer's Report to the Board (May 1996).

V/RHB staff consulted with community representatives and service providers to develop the action plan.

The immediate goal of the action plan is to reduce the spread of HIV/AIDS amongst street-involved injection drug users, who live in or spend time in the Downtown Eastside, and those with whom they come into close contact.

The plan recommends the allocation of the \$3 million fund as well as the approval of an additional \$700,000 from the V/RHB's annual budget. The money will be disbursed as follows: \$1.5 million for outreach service enhancement, \$1.0 million for substance abuse service enhancement, \$500,000 for community development and evaluation, \$500,000 for additional health services by V/RHB nursing staff in the Downtown Eastside, and \$200,000 for staff training and education.

### **Action Plan Highlights**

#### **Immediate actions**

The Action Plan details immediate actions in three key areas.

#### **Improving Access to Health Services**

- By November 1st, increase needle exchange sites from one fixed site and the mobile van service to five fixed sites and enhanced mobile coverage. The new needle exchange sites will be: Downtown South Community Health Centre;

Mount Pleasant Youth Clinic; Downtown Clinic; North Health Unit; Pine Clinic. Needles will be exchanged on a one-for-one basis, and bleach disinfectant and condoms will also be available.

- By December 1st, add 20 full-time outreach worker positions to the staff currently providing counselling, education and support at five Downtown Eastside locations.
- By December 1st, add 14 full-time positions to ten programs, which provide substance abuse services.
- By December 1st, expand community nursing services by eight full-time positions to provide more primary care as well as prevention services.
- By December 1st, extend service hours at eight drop-in centres and clinics: Lookout, the High Risk Project, Urban Native Health, Strathcona Mental Health Team, Vancouver Native Health, Downtown Eastside Youth Activities Society, Women's Information and Safe House, and Drug and Alcohol Mothers Support.

### **Improving Testing and Medical Protocols**

Improving testing and medical protocols is essential to early detection of HIV. Early detection will enable health professionals to treat HIV positive individuals more quickly to reduce their viral count and to counsel them on changing behaviors that put other people at risk. To provide leadership in this area and to ensure that the Board receives the best medical advice available, an Epidemiology Surveillance and Research Review Committee is being convened. The Committee will be chaired by Dr. Michael O'Shaughnessy, Executive Director of the Centre for Excellence in HIV/AIDS. The committee will examine the following areas:

- Review the testing protocols for HIV/AIDS. Currently, full blood tests are taken and analyzed. However, other provinces conduct HIV/AIDS blood tests by a finger-prick method, which allows for easier, more frequent testing and leads to earlier detection.
- Explore the advisability of making HIV/AIDS a reportable disease. This would enable the Health Board and other health professionals to track the disease more effectively.
- Establish protocols and guidelines for clinical trials as a means of improving the effectiveness of drug therapies.

### **Working in Collaboration with all Three Levels of Government, the Community, and Other Organizations**

- The Board Chair is currently engaged in talks with the Ministry for Children and Families for the transfer to the Vancouver/Richmond Health Board of all drug and alcohol related programs and funding currently administered by the Ministry for Children and Families for the Downtown Eastside.
- By November 1st, begin working with the Ministry of Health and the College of Physicians and Surgeons to establish a community-based methadone maintenance program.
- By November 1st, begin working with regional health boards to address the problems of injection drug use and HIV/AIDS throughout the Lower Mainland.

### **Longer term strategies to address the broader determinants of health**

- Work with BC Housing, other provincial ministries, and the City of Vancouver to develop housing for Downtown Eastside residents.
- Start immediately with a renewed sense of partnership to work with the City and the Ministry for Children and Families on creating additional detox and treatment programs.
- Begin working on social planning issues with City of Vancouver and the police department.
- By December 15th, develop a plan to distribute nutritious food to Downtown Eastside residents.
- By December 15th, develop a transportation plan for Downtown Eastside residents to access services outside of the area.
- Ensure HIV/AIDS education is included in the school health curriculum.

### **Additional funding through the Continuing Care Program**

Through the Continuing Care Program of the Vancouver/Richmond Health Board an additional \$950,000 will be directed to this area:

- \$700,000 to the Dr. Peter Foundation to fund 10 hospice beds. This commitment will provide physical and emotional care to individuals with AIDS in the last months and weeks of their lives;
- \$250,000 for additional home care service for the Downtown Eastside, including enhanced services for the new Portland Hotel.

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**FOR IMMEDIATE RELEASE:** Thursday, October 23, 1997, 8:00 p.m.

## **VANCOUVER/RICHMOND HEALTH BOARD ACTION PLAN TO COMBAT HIV/AIDS IN THE DOWNTOWN EASTSIDE**

The Vancouver/Richmond Health Board this evening took strong action to combat HIV/AIDS in the Downtown Eastside and approved the allocation of \$3.7 million to implement a new plan.

"Getting health services to the Downtown Eastside residents who need them – that's our number one priority," says Ron Yuen, past chair of the Health Board. Yuen presented the action plan to the board, which in September declared the epidemic a public health crisis and demanded action.

Vancouver has the highest known rate of HIV among injection drug users in the Western world. This is attributed to the intense geographical concentration of homeless people in the area as well as an increase in cocaine use as opposed to heroin use (cocaine users inject more frequently than do individuals using other drugs, increasing the risk of passing on the virus through needle sharing). These two factors are heightened by poor access to services for people most at risk for spreading HIV/AIDS.

Now that the board has approved the action plan, says Yuen, immediate steps will be taken to curb the epidemic, and longer term strategies will deal with the underlying causes of HIV/AIDS in the Downtown Eastside.

Specifically, as of November 1st, the Board will increase the number of needle exchange sites from one fixed site and the mobile van service to five fixed sites and enhanced mobile service. Needles will be exchanged on a one-for-one basis, and bleach disinfectant and condoms will also be available.

The plan states that community outreach services to the highest risk populations - women, youth, the mentally ill and Aboriginal people - must increase if the epidemic is to be curbed. To that end, 20 additional outreach workers will be hired to work at six existing programs; extended service hours will be offered at eight drop-in centres and health clinics; and 14 additional full time workers will be hired at ten existing programs to provide more substance abuse services. In addition, community nursing staff will increase by eight full-time positions.

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Another immediate strategy is to get expert medical advice on dealing with the disease, says Yuen. "To that end, the Board will establish an Epidemiology Surveillance and Research Review Committee, which will be chaired by Dr. Michael O'Shaughnessy, director of the B.C. Centre for Excellence in HIV/AIDS." Yuen says the committee's first priority will be to report back on changing the testing protocols for HIV/AIDS. "Testing for this disease is not done under ideal conditions because the people they are working with are often on the streets. The HIV/AIDS test needs to be easy to administer, efficient, and the results need to be available quickly."

Yuen says the epidemiology committee will also explore the reportability of HIV/AIDS, making it as easy as possible to track the disease.

Bud Osborn, a director of the Health Board who lives in the Downtown Eastside, also cites poverty as a contributing factor in the HIV/AIDS epidemic. "Income assistance rates have been cut back so much that people can barely afford even inadequate housing – and they certainly can't afford to move out of the area," he says.

There is very little incentive for people to change their lifestyle when they can't afford a place with a fridge and a hotplate, or even bedding and proper food, adds Osborn. He says that the Board's action plan includes working with the three levels of government and the community to address poverty and other determinants of health such as housing and transportation.

In addition to the \$3.7 million identified in the HIV/AIDS action plan, the health board will be allocating \$700,000 to fund ten beds at the Dr. Peter Foundation hospice, and \$250,000 to increase home care services in the Downtown Eastside, including at the Portland Hotel.

Since the board declared the HIV/AIDS epidemic a public health crisis last month, says Yuen, organizations and individuals have really come onsite. "I know that by working together within the board's framework, we'll have a positive impact in the Downtown Eastside very soon."

**To:** Vancouver/Richmond Health Board  
**From:** Ron Yuen, Past Chair  
**Date:** October 16, 1997  
**Agenda Topic:** HIV/AIDS Epidemic in the DTES - ACTION PLAN

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**Issue:** The V/RHB passed a motion declaring the HIV/AIDS epidemic in the Downtown Eastside a public health emergency following a report by Dr. Penny Parry at the September 25 meeting. The motion directs staff to respond by October 23 with a detailed action plan, including specific steps, outcomes, timelines and resources needed.

This report represents the immediate actions that must take place. There will be more initiatives developed over the next several months.

**Recommendation:** That the executive committee accept the action plan for responding to the epidemic of HIV among injection drug users in the Downtown Eastside.

**Background:** Vancouver has the highest known rate of HIV among the injection drug user in the Western World. Over the past two years several prominent reports made clear recommendations for action. These included the September 1994, Cain Report, Area Medical Health Officer's May 1996 Report to the Board, and most recently the report prepared by Dr. Penny Parry which contained recommendations for allocation of an annual three million dollar fund. Her report was submitted to both the V/RHB and the Minister of Health.

It is widely acknowledged that improved access to health and human services is not enough. In order to have a meaningful impact on the epidemic, strong measures must be taken to address the underlining causes of disease and disability. This plan was developed in consultation with community representatives, service providers, and V/RHB staff.

**Discussion:** The action plan covers five strategic areas:

1. Improve access to health services.
2. Enhance community response to the epidemic.
3. Strengthen community collaboration and accountability.
4. Address the basic determinants of health.
5. Advocate for intersectoral action for health

## 1. Improve access to health services.

- November 15, 1997** 1.1 Establish a V/RHB Epidemiology Surveillance and Research Review Committee to advise on the service and policy implications arising from the current research and data. Specific responsibilities will include:
- Monitoring the course of the epidemic in the Vancouver/Richmond region and the Lower Mainland
  - Addressing the reportability of HIV.
  - Amending testing protocols in Vancouver.
  - Establishing protocols for clinical trials to introduce observed therapies as a means of improving the effectiveness of the antiretroviral drugs.
  - Initiating discussions with the Ministry of Health and the College of Physicians and Surgeons to establish a more comprehensive methadone maintenance program in Vancouver.
- Strategic Care Plan:** 1.2 Coordinate and expand all community nursing services to provide better primary care, prevention and harm reduction services to the targeted high risk populations. A strategic plan will be in place by  
**November 19, 1997** November 19, 1997 for implementation to commence in early  
**Implementation:** December. It is expected that 8 additional FTEs (\$500,000 in V/RHB  
**December 1, 1997** funding) will be required to provide service to additional clients.
- December 1, 1997** 1.3 A Health Service Response Team will address the service improvements required in the Downtown Eastside. Specifically:
- Improved access to primary care including testing; identifying seroconverters at the earliest possible stage, and introducing counselling support and new combination therapies.
  - Increased access to needle exchange in appropriate sites throughout the DTES and V/RHB sites. Initial sites will include: Downtown South Community Health Centre, Mount Pleasant Youth Clinic, Downtown Clinic, North Unit, Pine Clinic.
  - Implementing with the hospital clusters the COUTH recommendations for chemical dependency and injection drug use.
  - Coordinating clinical trials to introduce observed therapies as a means of improving the effectiveness of the antiretroviral drugs.
  - Establish a medical care plan for IDUs with or at risk for HIV in the DTES, in order to ensure access to appropriate care and support. This will require additional sessionals equal to 6 FTEs, to be negotiated with the Alternative Payments Branch, Ministry of Health.
- Initiated:**  
**November 1, 1997**
- Initiated by:**  
**November 15, 1997**  
**January 1, 1998**
- November 15, 1997**
- April 1, 1998** 1.4 Ensure the alignment of AIDS service organizations contracts in Vancouver, consistent with this action plan and the developing Provincial AIDS Strategy.

## **2. Enhance community response to the epidemic.**

Increase community outreach to the highest risk populations: women, youth, the mentally ill, and Aboriginal people. Specifically, this strategy involves early identification of HIV status, planned interventions and continued support for the purposes of changing high risk behaviours. Implement these service contracts no later than November 30, 1997.

Not less than \$ 1.5 M be allocated to service enhancement for general outreach services.

**December 1, 1997**

- 2.1 General outreach services will increase by 20.0 full time equivalents (FTEs) of outreach workers to provide alternative opportunities to individuals other than street life.
- Lookout<sup>1</sup> will expand by 4 FTEs of workers to provide additional support for drop-in, community education, emergency support, treatment issues, clients with a dual diagnosis who are HIV positive.
  - MPA will expand by 1 FTE for outreach and advocacy with the mentally ill in the pre-trial court system.
  - DAMS will partner with the Downtown Eastside Women's Centre and expand by 2 FTEs for outreach for women at risk or who are already HIV positive.
  - DEYAS Detox will expand by 1 FTE to provide education and counselling services focusing on HIV/ AIDS for youth and the community.
  - DEYAS - Youth Outreach Program will expand by 2 FTEs dedicated to education and counselling services for youth with HIV/ AIDS.

**December 1, 1997**

- 2.2 Extend service hours for relevant drop-in centres and health services delivery site in the DTES. Clinic and drop-in hours will be expanded in the following agencies:
- WISH will expand hours by 1-2 hours two evenings/week.
  - Lookout will expand hours in its emergency centre 7 days/week.
  - The High Risk Project will expand hours two evenings a week for its drop-in program.
  - Urban Native Health will expand hours of service to include evenings and weekends.
  - DAMS will expand its hours into the evenings.
  - DEYAS Youth Action Centre will expand by 4 FTEs to support its outreach/drop-in programs for youth at risk.
  - The Strathcona Mental Health Team will expand by 2 FTEs to support the seriously mentally ill, clients with a dual diagnosis, many who are HIV positive.
  - Vancouver Native Health will expand by 4 FTEs for evening and weekend clinic services.

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<sup>1</sup> Please see the glossary of terms for formal agency names.

Not less than \$ 1.0 M be allocated to service enhancement for substance abuse services.

**December 1, 1997**

- 2.3 Improve access to substance abuse services by moving to harm reduction approaches and greater availability of non-residential based detox, support, and recovery programs.
- Watari will expand by 2 FTEs, coordinate a counseling pool and dedicate one emergency bed for high risk youth.
  - Vancouver Native Health will expand by 2 FTEs to provide substance abuse counseling and support other agencies in doing so.
  - New Dawn New Day will use additional resources to continue to provide residential-based substance abuse support to women.
  - Lookout will expand by 1 FTE to provide substance abuse counselling and work with the outreach team in its emergency centre.
  - DEYAS Detox to expand by 2 FTEs for additional alcohol and drug counselling and to provide substance abuse outreach services and outreach services to WISH and pre-trial.
  - The Portland Hotel will expand by 1 FTE to provide individualized case management 10 hrs/day, seven days/week to residents.
  - The DTES Women's Centre to expand by 1 FTE to provide HIV/ AIDS counselling, outreach and advocacy services.
  - DAMS to expand staff by 1 FTE to enhance case management, one to one counseling, support groups, and lifeskills workshops.
  - The Street Project (formally ACES) will expand by 1 FTE to provide counseling services and therapy to clients. This position will provide service out of another DTES agency.
  - Enhance the methadone maintenance program by 3 FTEs to provide lifeskills counselling and improved access to methadone and supports.

**December 1, 1997**

- 2.4 Provide resources for alternative activities/supports related to substance abuse issues and HIV/ AIDS.
- The Carnegie Centre will put on two evening events and one all-day event for people and providers in the DTES community.
  - Vancouver Native Health will support a talking circle support group.
  - The High Risk Project to coordinate a multi-agency sweat lodge ceremony.
  - The DTES Women's Centre to provide child care for its clients.

### **3. Strengthen community collaboration and accountability**

**November 15, 1997**

Not less than \$500,000 be allocated to community development, enhanced coordination, self-help groups, and to support ongoing innovation and evaluation. The process for allocating this fund will be initiated in early November.

**Ongoing**

**October 31, 1997**

- Maintain an active liaison between CHC 2 and the action plan.
- Establishing a community coordinating committee to oversee the implementation of the community action plan.

- Ongoing • Establishing stronger links with City administration over issues of police and social planning.
- Ongoing • Ensure appropriate HIV harm reduction education is included in the School Health curriculum.

**4. Address the basic determinants of health**

- Ongoing • Establish an interministerial committee to develop Downtown Eastside housing options.
- Ongoing • Meet with the BC Housing Corporation on housing options.
- Ongoing • Work with the City to secure support for housing development.
- Ongoing • Establish a capital fundraising plan involving both the public and private sector.
- December 15, 1997 • Develop a plan to ensure the safe and equitable distribution of nutritious food for area residents in the Downtown Eastside.
- December 15, 1997 • Develop a transportation plan for the Downtown Eastside to assist residents to access services outside of the area.

**5. Advocate for intersectoral action for health**

- Ongoing • Advocate with the three levels of government to initiate major policy changes in the area of income security, decriminalization of drugs, civil rights and social justice is the prerogative of the V/RHB and is under development.
- November 1, 1997 • Initiate discussions with the regional health authorities in the Lower Mainland for the purposes of a comprehensive Lower Mainland approach to injection drug use and HIV.
- November 1, 1997 • Initiate discussions with the Ministry of Health and the College of Physicians and Surgeons in order to establish a community-based methadone maintenance program.

**Recommendation:** That the executive committee accept the action plan for responding to the epidemic of HIV among injection drug users in the Downtown Eastside. Specifically:

**Approve the allocation of the \$3M fund in the following ways:**

- Approve the allocation of \$1.5M for outreach service enhancement.
- Approve the allocation of \$1.0M for substance abuse service enhancement.
- Approve the allocation for \$500,000 for community development and coordination, innovation and evaluation.

**Approve the allocation of \$700,000 of V/RHB funds in the following ways:**

- Approve the allocation of \$500,000 for additional health services in the Downtown Eastside.
- Approve the allocation of \$200,000 for critical incidence training, education, and support.

## **GLOSSARY OF AGENCIES**

### **WISH - Women's Information and Safe House**

- A drop in centre for women prostitutes, offer a meal and sanctuary, respite during the night.

### **LOOKOUT - Lookout Emergency Aid Society**

- A long term and emergency shelter for the mentally ill and multi-diagnosed.
- Also operates the Living Room, a program that handles 600-800 mentally ill drop-ins/month. Clients are the seriously mentally ill.

### **PORTLAND HOTEL**

- A housing project for the "hard to house." Half of the residents are HIV positive, almost all are IV drug users, and many are dual diagnosis. They provide basic housing support with the two people on staff per shift.

### **HIGH RISK PROJECT**

- This program targets transgenders, transvestites, and transsexuals offering drop-in programs for HIV positive individuals.

### **NATIVE HEALTH - Vancouver Native Health Society**

- Provides services to Aboriginal people including drop-in and outreach services and a community health clinic.

### **MPA - Mental Patients Association Courtworker Project**

- A court services project with two outreach workers that runs out of the Hampton Hotel.

### **DAMS - Drug and Alcohol Mothers Support**

- A drop-in support group for women, healing- grief and loss counseling, outreach and advocacy. Most clients are at risk or are already HIV positive. Will be partnering with the Downtown Eastside Women's Centre.

### **SOS - Street Orientation Services**

- Provides service to refugee claimants, many of whom are Latin American and some Chinese. Funding for prevention and promotion activities. Seeing more HIV positive clients, use services such as DCHC and Native Health, but need a worker to go with the client to translate.

### **STRATHCONA MENTAL HEALTH TEAM**

- One of Greater Vancouver Mental Health's teams which treats the seriously mentally ill in the DTES. It is estimated that more than 250 of the clients are HIV positive.

### **DEYAS - The Downtown Eastside Youth Activities Society**

Runs three programs: YAC, Detox, Youth Outreach Program and the Needle Exchange.

- **YAC - Youth Action Centre**

YAC is a centre for high risk youth, it is an entry point. 90% of clients are IVDUs and it is not known how many are HIV positive.

- **DEYAS - Detox**

The detox serves the same population as YAC. Most of the clients are detoxing from drugs, however after the detox there is no program or services to move clients to and therefore the detox acts like a revolving door.

- **DEYAS - Youth Outreach Program**

The aim of the outreach program is to capture the youth before they become entrenched in life on the street. Many of the current clients are sex trade workers or new seroconverts.

- **DEYAS - Needle Exchange**

Provides needle exchange and harm reduction services in Vancouver.

### **WATARI**

- Provides substance abuse services for youth including residential detox services, counseling and supports.

### **CARNEGIE CENTRE**

- A community centre serving the Downtown Eastside.

### **DOWNTOWN EASTSIDE WOMEN'S CENTRE**

- Provides services to women who are at risk or who are HIV positive including stabilization, counselling, outreach, referrals, and advocacy.

### **STREET PROJECT (ACES) - AIDS Counseling Emergency Services**

- Offers professional counseling services in the Downtown Eastside for no fee to the client, with a mandate to provide long term services to street individuals only, often on a long term basis.

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John Tegenfeldt  
Chief Executive Officer

October 24, 1997

## HIV / AIDS Epidemic in the DTES ACTION PLAN

The attached document was presented at the October 23, 1997 meeting of the Vancouver/Richmond Health Board.

The Action Plan was approved as presented with the following exception:

“ 5. **Advocate for intersectoral action for health.**

**Ongoing** • Advocate with the three levels of government to initiate major policy changes in the area of income security, *decriminalization of drugs*, civil rights and social justice is the prerogative of the V/RHB and is under development.”

The Board has tabled “decriminalization of drugs” for further information and discussion at the November 27, 1997, meeting of the Board.

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