

## **GUIDELINES FOR NEEDLE DISTRIBUTION (2018)**

### **Summary**

An increased number of improperly discarded needles are posing a risk to businesses, patrons of businesses and residents in certain areas. The Chamber recommends amending service contracts with needle distributors to allow them to use professional judgement on how many needles to provide to each user.

### **Business Case**

Increased drug usage has led to a growing amount of drug debris in high traffic areas, such as the downtown core as well as the Tranquille commercial corridor in Kamloops. This is a health and safety hazard and discourages families and community members from enjoying quality of life in our parks and our private and public restrooms. This also damages the viability of local businesses as customers choose to avoid the areas to minimize exposure.

### **Background**

Over the past several months, government-funded needle distribution services have expanded throughout various municipalities. Services that were originally formed for needle exchange have become needle distribution services. These distribution services give out sharps to addicts for free and in whatever amount the user requests. Under the terms of the needle distribution contract between the service providers and Interior Health Authority (IHA), the needle distribution service cannot deny any clean needle request, regardless of the amount requested.

This model is problematic for several reasons. First, ongoing contact between users and agencies is imperative to the potential improvement of the user's situation. Increasing the number of contacts between users and needle providers provides more opportunity for aid and implementation of wrap-around services. Secondly, unrestricted access removes accountability for sharps management and disposal by users and jeopardizes the health and safety of others in the community.

### **THE CHAMBER RECOMMENDS**

That the Provincial Government:

1. Permit the needle distribution services to limit the number of needles to distribute per user. This would require changes to existing and future needle distribution contracts and funding; and
2. In each current and future needle distribution contract, include an appropriate amount of funding for trained FTEs who will do the following:
  - a. Monitor and police high needle debris areas;
  - b. Work with the user population to deter and detect cases of overdose. This would be done at the street level and not out of an office. A good example is the overdose prevention pilot project currently conducted by ASK Wellness;
  - c. Be a continuum of care entry point for street level users and encourage them to seek care; and
  - d. Integrate the Four Pillars Drug Strategy of enforcement, prevention, treatment and harm reduction as currently utilized by City of Vancouver.