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# BCCDC Needs Assessment: Gender-Affirming Harm Reduction Supply Distribution

2019

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## Introduction

Harm reduction involves a range of services and strategies to empower and support people to be safer and healthier. One aspect of harm reduction (HR) is reducing the possibility of injury or infection from re-using or sharing injection supplies. Guided by evidence, the British Columbia Centre for Disease Control (BCCDC) promotes harm reduction as an integral component of the care continuum. Additionally, the BCCDC recognizes that gender diverse, transgender (trans), and Two-Spirit people often face disparate and inequitable access to gender-affirming healthcare services<sup>1,2</sup>, including services that support hormone therapy (HT). In an effort to improve services in this area, BCCDC Harm Reduction Services conducted a province-wide needs assessment looking into access to injection supplies for hormone therapy (HT).

*"Quite a few folks have difficulty affording supplies so a friend of mine would pass along supplies from the city to me and I would distribute them. Recently they've been out or had minimal supplies and it can be hit or miss, so the people here (5+ that I know of) that are lower income need to buy them now."*

- Anonymous respondent,  
Late 20s living rurally

The intent of the needs assessment was to engage with the wider community to identify what is needed in order to increase access to lower barrier services for no-cost supplies for intramuscular (IM) or subcutaneous (SC) injections. This included ways the BCCDC can improve access to harm reduction supplies and services for the gender diverse, trans, and Two-Spirit communities. In doing the needs assessment, we were able to identify barriers and enablers to accessing HT injection supplies at Harm Reduction Sites<sup>3</sup> (previously known as needle exchanges<sup>4</sup>) across the province. As well, this report is intended for any person or organization that distributes harm reduction supplies through the BCCDC Harm Reduction Supply Program. Survey findings have informed the recommendations and next steps (see Appendix A) and guided links to educational resources.

<sup>1</sup> Lindroth, M. (2016). 'Competent persons who can treat you with competence, as simple as that' – An interview study with transgender people on their experiences of meeting health care professionals. *Journal of Clinical Nursing*, 25, p. 3511-3521.

<sup>2</sup> Dean, M. A., Victor, E., & Grimes, L. G. (2016). Inhospitable healthcare spaces: Why diversity training on LGBTQIA issues is not enough. *Bioethical Inquiry*, 13, p. 557-570.

<sup>3</sup> Harm Reduction Sites distribute some no cost safer sex, safer smoking, and safer injection supplies. These sites are approved by the regional health authority in which they operate. To be eligible for enrollment sites must be community-based and not-for-profit, and are set up as either primary receiving sites (i.e. order supplies directly from the BCCDC) or as a satellite site. Satellite sites receive supplies from a larger primary site determined by the health authority. Staff at primary and satellite sites are responsible to provide services that are accountable and align with the Harm Reduction Best Practice Guidelines set out by the BCCDC.

<sup>4</sup> In addition to the term 'harm reduction site', it was requested by our focus group to also include the term 'needle exchange' throughout the report for ease in familiarity. This is the reason you will see this referenced throughout. It is important to note that although this is a more familiar term for some, we no longer use this terminology as it reflects a time when used needles had to be exchanged in order to access a new one. Based on more recent evidence we know that this is not an effective way to reduce injury or infection associated with injection practices. Despite semantics, more current options include harm reduction site or needle and syringe distribution program/service as a way to reflect best evidence and best practices in reducing harm.

## Background

The BCCDC is an agency of the Provincial Health Services Authority (PHSA) that focuses on preventing and minimizing the effects of communicable diseases. This includes working alongside provincial, regional and local partners to identify and develop evidence-based responses to varying public health and community needs. One aim for the Harm Reduction Services Team at the BCCDC is to advance health policy through generating evidence to reduce stigma and discrimination towards people who use substances. In the context of gender-affirming harm reduction injection supplies, our aim is to ensure access for any and all genders who qualify for lower barrier/no cost injection supplies through our Harm Reduction Supply Distribution Program.

At no cost to the individual, the harm reduction supply program distributes a variety of safer injection, safer sex and safer smoking supplies to prevent injury or infection from re-using or sharing these items. Each of the supplies offered through the program go through a rigorous testing and acceptability process to ensure that they meet evidence-based best practice guidelines and are safe for use. There are over 370 active harm reduction sites across the province, which can be found on the Toward the Heart Website.<sup>5</sup>

## Methods

A mixed approach was used to engage community and gather information for the Gender-Affirming Supply Distribution Needs Assessment Survey. With foundations in health equity frameworks<sup>6</sup>, priority was to include expertise of people with lived and living experience of hormone therapy (HT). This expertise was imperative to determining direction and meaningful outcomes from the project, and are laid out within this report.

Consultation and hiring of an external contractor guided the initial directions of the project. Soon after, an initial focus group was hosted to review three main items:

- needs assessment survey;
- project work plan;
- the accessibility and relevancy of future resource materials.

The above items were also discussed with partnering organizations and stakeholders to identify any gaps and possible opportunities that we didn't want to miss.

Participants in the focus group were engaged<sup>7</sup> and compensated<sup>8</sup> for their time based on BCCDC's Best Practices, and every effort was made to include a diverse group of people. Focus group and stakeholder feedback was compiled and incorporated into an online needs assessment survey that was distributed across the province. The survey link was shared through a snowball sampling technique amongst personal and professional networks and remained active for three weeks. This document represents the findings from that online survey.

<sup>5</sup> Toward the Heart harm reduction site finder - <https://towardtheheart.com/site-finder>

<sup>6</sup> EQUIP Health Care. (2017). Key Dimensions of Equity-Oriented Care: 10 Strategies to Guide Organizations in Enhancing Capacity for Equity-Oriented Health Care. Retrieved from [www.equiphealthcare.ca](http://www.equiphealthcare.ca)

<sup>7</sup> BCCDC: Peer Engagement Principles and Best Practices – <https://towardtheheart.com/resource/peer-engagement-principles-and-best-practices/open>

<sup>8</sup> BCCDC: Peer Payment Standards for Short-Term Engagements - <https://towardtheheart.com/resource/peer-payment-guide/open>

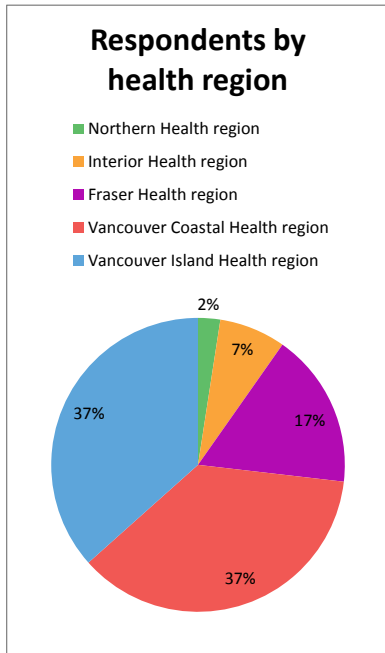


Figure 1: Respondents by Health Region

## Respondent Demographics

Over a period of approximately three weeks, we received responses from a total of 41 people from across the province. Of those respondents 15% self-identified as indigenous (First Nations, Inuit, or Métis), and 15% self-identified as black or a person of colour (BPOC), and with an average age of 29 years old.

As demonstrated in Figure 1, participants disclosed which BC health region they resided in: Northern (2%), Interior (7%), Vancouver Coastal (37%), Vancouver Island (37%), and Fraser (17%).

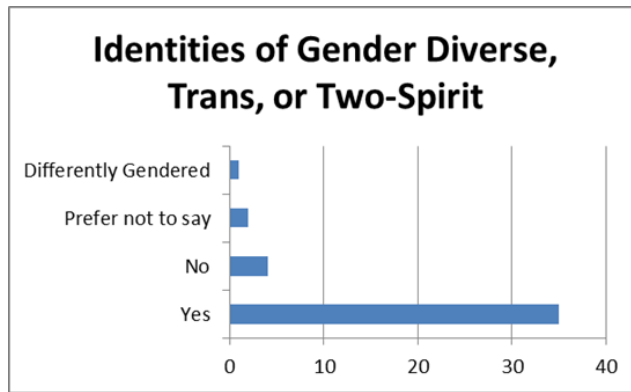


Figure 2: Respondent Identities

Figure 2 shows that the majority of respondents self-identified as gender diverse, trans, or Two-Spirit (85%). Of the remaining respondents, 9% did not identify within those terms, 4% preferred not to disclose, and 2% self-identified as differently gendered.

## Needs Assessment Findings

Findings have been categorized into three sub-sections, these include:

- Information on general hormone therapy (HT) (including self-injection practices and where service users, and service providers, can go to find educational resources);
- Current state in accessing lower barrier/no-cost injection supplies;
- Recommendations on how harm reduction sites can enhance their current spaces to feel safer and be more gender-affirming.

## Injectable Hormone Therapy

When asked about injectable HT more than two thirds of respondents (68%) disclosed past use. In terms of how people receive their injections, and as shown in figure 3, close to half of respondents have only ever self-injected (44%), some previously had assistance but now self-inject (7%), and some previously self-injected but no longer use injectable HT (7%) or now have assistance (5%).

Respondents reported learning to self-inject, from their family doctor (29%) or the internet (24%). When we asked where someone might go to look for more information on HT, people reported Trans Care BC (71%), the internet more broadly (68%), or trans-specific services (51%) as the top three places they would seek out (see figure 4).

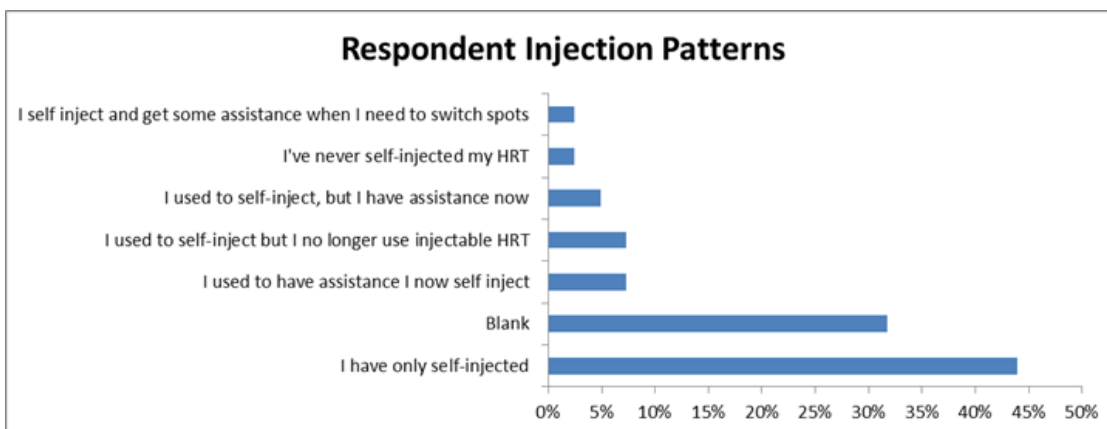


Figure 3: Respondent injection patterns

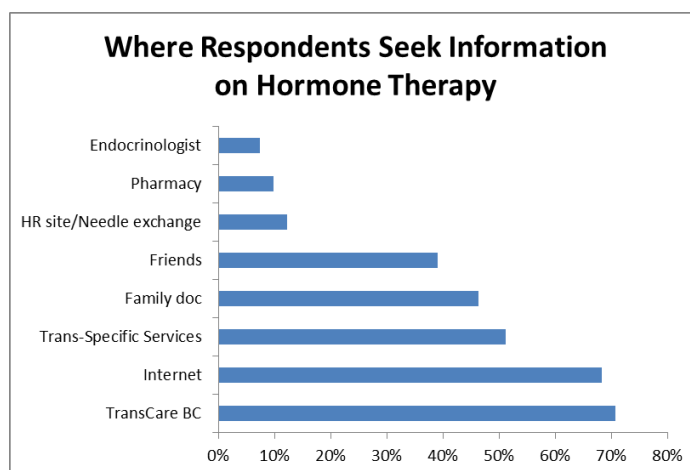


Figure 4: Where Respondents Seek Information on HT

## Access to Injection Supplies

Where people go to access their supplies varied significantly, primarily due to availability and consistency of availability of supplies; with 37% of participants accessing different locations each time. Despite qualifying for lower barrier/no-cost injection supplies through BCCDC HR Supply Program, more than half of respondents pay for supplies at a local pharmacy (54%), with another 20% accessing online, through their endocrinologist, non-trans specific services, or medical supply stores (see figure 5).

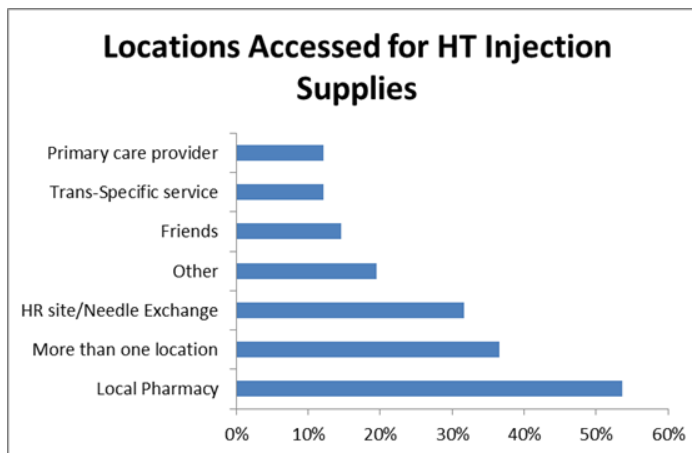


Figure 5: Locations accessed for HT injection supplies

There are a number of reasons someone might use a harm reduction site to access HT injection supplies. When asked, more than half (59%, n=24) of survey respondents reported ever trying to access a needle exchange or harm reduction site, and of those who have ever accessed an HR site, only 10% (n=4) continue to access those sites (see Figure 6).

Figure 7 shows the ease of accessing injectable HT supplies: 11% find it very difficult, 36% find it kind of difficult, 25% feel it is kind of easy, 14% either feel neutral (not that easy or difficult) about it or find it very easy.

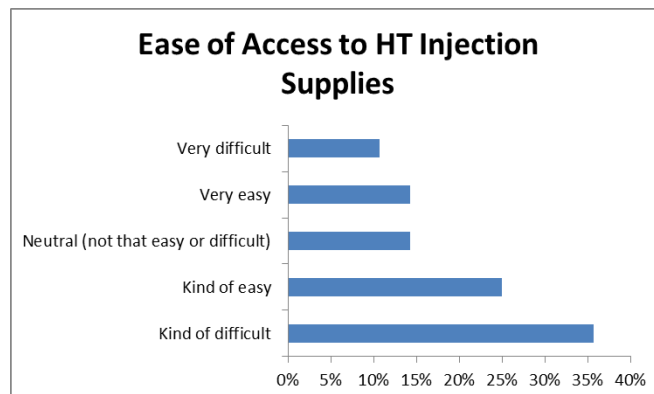


Figure 7: Ease of access to injectable HT Supplies

When asked to elaborate on the ease of accessing injection supplies, there were a few common themes. Free text responses delineated a dominant theme of the ongoing and urgent need for systems changes beyond harm reduction services. Survey participants felt healthcare systems still don't respect diverse genders as valid, and feel providers could continue learning to enhance how affirming and relevant their services are. In addition to service provider approach and knowledge, survey participants also felt gatekeeping strategies in pharmacies and HR sites reinforce barriers to the necessary provision of injection supplies. Examples of gatekeeping include pharmacies limiting the amount of supplies that can be distributed at one time or requiring clients to prove they have an injectable prescription; and needing to disclose drug use in order to access harm reduction sites/needle exchanges.

When trying to access HT injection supplies, being outed is of serious concern for many gender diverse, trans and Two-Spirit folks, especially when living in rural and remote communities. Also financial instability and cost, lack of social supports, fear of the unknown, and fear of judgement to obtain supplies all contribute to the difficulty in accessing injection supplies.

### Safer Harm Reduction Sites

Clients were asked whether they would feel comfortable accessing local harm reduction sites. Based on free text responses, although there were hesitations in accessing these sites because participants didn't want to take up space from people who use substances, societal and internalized stigma also played a role (e.g. not wanting to be labeled as someone who uses drugs). Despite this, 81% of respondents stated that if harm reduction sites carried the supplies they needed (and consistently carried those supplies) they would go there.

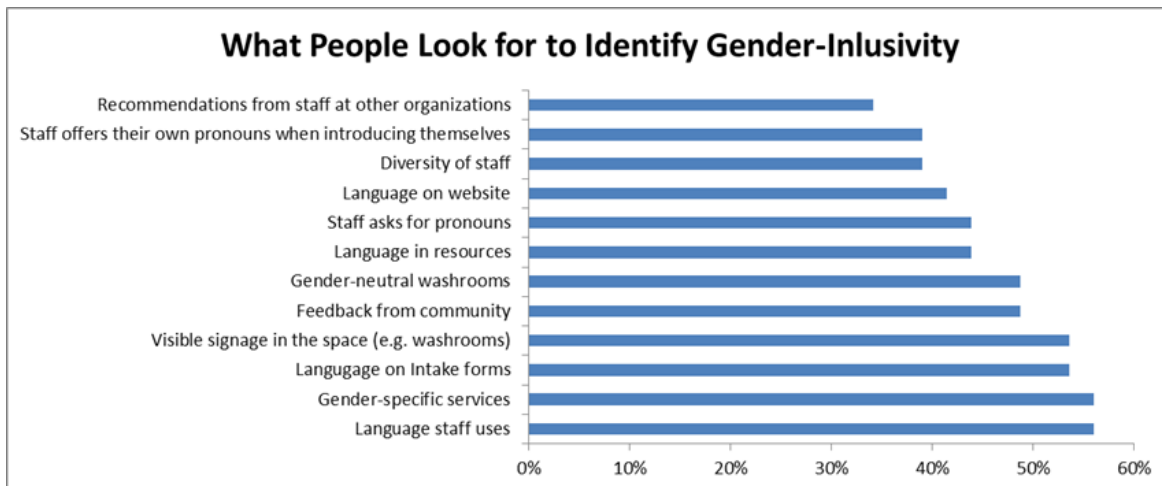


Figure 8: What people look for to identify gender inclusivity

When asked what clients would do if they had a negative experience while trying to get injection supplies, more than half (60%) reported they would stop accessing the service without making a



complaint. With this in mind, we wanted to identify what people specifically look for when accessing a space to identify gender inclusivity, and when asked the top three items relevant to HR sites were: language staff uses (56%), gender-specific services (e.g. supplies in stock, designated times or days for pick-up) (56%), and visible signage in the space (e.g. washrooms, resources, posters) (54%). See Figure 8.

In addition to what people may be looking for to identify inclusivity, survey participants were asked to provide examples of what may help or hinder someone accessing lower barrier harm reduction sites. Free text responses included:

- familiarity of navigating sites (e.g. past or present experience working/accessing these services)
- consistent availability and diversity of supplies in stock
- societal and internalized stigma specific to illicit substance use
- societal and internalized stigma specific to gender identity, including Two-Spirit
- where the service is located (e.g. proximity to home community)
- when staff continue to say/do things that cause harm despite having inclusive forms and signage
- staff competence and awareness of gender-diverse, trans, and Two-Spirit specific needs
- staff not taking the time to understand what a person may or may not need
- previous experiences of being refused services because they don't explicitly disclose using substances more generally, or don't appear to use substances
- when provided supplies, being given the wrong supplies or being told the site doesn't have supplies when they do
- amount of confidentiality the space physically provides
- having someone to accompany them
- information and knowledge around what supplies are needed
- consistency in staff helpfulness and friendliness
- amount of social interaction required to obtain supplies

## Discussion

Gender diverse, trans, and Two-Spirit clients are a diverse community with a broad range of personal and lived experiences. There is no one-size-fits-all solution to creating safer spaces for this client population, and we need to look at this work as a long-term goal, rather than a project with a distinct timeline.

Access to sterile injection supplies that reduce the possibility of injury or infection from sharing or re-using these items has been a priority in public health and safety for many years. This survey delineated two key recommendations in creating equity-based services for folks who qualify for lower barrier/no-cost injection supplies.

- (1) Sites should carry a consistent supply for intramuscular and subcutaneous injections (see Appendix B) based on community-specific needs.
- (2) There is a need to enhance efforts to create safer and inclusive spaces for all genders.

Findings from this assessment indicate limited access to lower barrier/no-cost injection supplies for HT. A nearly consistent trend among responses was a lack of access to safer HT injection supplies predominantly attributed to inconsistent availability and needing to access more than one location at any given time. In addition to reliable and consistent stock, location and hours of operation also played a role, especially for people living outside of urban centers. One participant reported community members having to pool resources to get supplies from the nearest city, which were distributed amongst community members once obtained. For many respondents, unavailability of appropriate supplies through harm reduction sites or needle exchanges often means paying out of pocket at local pharmacies, online, or medical supply stores. This is an unnecessary expense for populations qualifying for no-cost injection supplies through the Province of British Columbia.

Along with having spaces, signage or resources specific to gender diverse, trans, or Two-Spirit folks, non-specific items can be a flag for someone to identify whether or not the space feels comfortable. It's helpful to be aware of what about the physical space that will deter people from accessing those spaces. Sometimes it can be harder to identify these items but examples can include women's only hours that do not include trans women or resources that are directed towards one specific type of client; diversity is key. It might be helpful to remember that people who have experienced oppression and violence are on the lookout for signs that something bad might happen, to help them identify it before it happens. We know all of these folks face greater barriers when accessing services and it's important to be aware of that to ensure all people can benefit from harm reduction supply distribution services.

## Conclusion and Moving Forward

Further evaluation and inquiry is necessary for more fulsome and rigorous findings, but this is a good place to start. Each person's lived experience is so different and varied from the next, which is why it is important to get to know the people in your communities to determine what ways you can increase safety in your space. Sometimes it's not always about doing something more, rather looking at what you are already doing to make it better or to broaden who it's for.

As a result of the province-wide needs assessment, the Harm Reduction Services Team at the BCCDC plans to move forward by:

- Developing education resources on safer practices for intramuscular and subcutaneous injections
- Collaborating with relevant agencies and organizations to ensure the harm reduction supply distribution programs carries relevant supplies and resources for both subcutaneous and intramuscular injections
- Creating education materials and resource lists for staff on HT-related supplies and on how to enhance safer, more welcoming spaces for gender diverse, trans, and Two-Spirit folks in order to empower our Harm Reduction teams to be an informed resource for their clients

## Appendix A: Recommendations

**Carry supplies consistently:** A common complaint from participants was inconsistent availability of injection supplies. It is recommended that distribution sites get to know what people in their communities need for intramuscular or subcutaneous injections, and to carry those supplies consistently. It is also helpful, if you run out of supplies to know where to refer people (e.g. local pharmacy or health clinic) and when your next order is coming in.

**Carry relevant resources:** Some of these can include: what happens if you share injection supplies, how to self-inject, resources in shorter and longer versions or quick tips; and resources that normalize needle use and practices for calm and comfortable self-injection practices.

**Create safer environments<sup>9</sup>:** Trans Care BC has multiple tools for organizations and service providers to help create safer and inclusive spaces. While directed toward primary care, settings the Organizational Assessment Tool<sup>10</sup> includes ways to enhance ongoing services in a variety of settings. In addition that, hiring gender diverse, trans, and Two-Spirit people is a great way to create safer environments.

**If you make a mistake, apologize and move on<sup>11</sup>:** We all make mistakes eventually. If you use the wrong pronoun or say something wrong, just apologize, and move on to something else.

**If you are a prescriber of HT, write a prescription with injection supplies:** writing a prescription for all supplies (e.g. sharps container, syringes, needles, alcohol swabs, etc.), in addition to hormone therapy, increases access for those who are either able to purchase from a pharmacy, or will mitigate costs for those eligible for coverage. This is because these supplies are required to administer the medication you have prescribed.

**Kindness goes a long way:** Try not to say no, if someone asks for a box of supplies give it to them.

**Knowledge is power<sup>12,13</sup>:** There are great opportunities for education on creating trans-inclusive spaces. Set up staff and volunteers for success by offering Trans 101 training through Prism Services and integrating online modules<sup>14</sup> from Trans Care BC into general staff training. Consider making this a requirement to work in the space.

**Know where to refer people:** Sometimes people have questions we may not be able to answer and that's okay. What's helpful is to know where to go/where to send people to get the answers. Some things people may have questions about include: local gender diverse, trans, and Two-Spirit support groups for all ages; gushes after injection, how to make injections hurt less, or how to deal with/decrease the amount of scar tissue after injecting for so many years. Similar to substance use services, knowing inclusive and gender-affirming places to send people will help create safety and rapport with the people you are serving.

<sup>9</sup> Trans Care BC: 20 Care Strategies - [http://www.phsa.ca/transcarebc/Documents/HealthProf/20\\_Care\\_Strategies.pdf](http://www.phsa.ca/transcarebc/Documents/HealthProf/20_Care_Strategies.pdf)

<sup>10</sup> Trans Care BC: Organizational Assessment Tool -

[http://www.phsa.ca/transcarebc/Documents/HealthProf/Organizational\\_Assessment\\_Tool\\_Beta.pdf](http://www.phsa.ca/transcarebc/Documents/HealthProf/Organizational_Assessment_Tool_Beta.pdf)

<sup>11</sup> Trans Care BC: Making Mistakes: [http://www.phsa.ca/transcarebc/Documents/HealthProf/Making\\_Mistakes.pdf](http://www.phsa.ca/transcarebc/Documents/HealthProf/Making_Mistakes.pdf)

<sup>12</sup> Rainbow Health Ontario: Trans Health Guide - <https://www.rainbowhealthontario.ca/TransHealthGuide/>

<sup>13</sup> Fenway Institute: National LGBT Health Education Center - <https://www.lgbthealtheducation.org/lgbt-education/learning-modules/>

<sup>14</sup> Trans Care BC: Trans Intro online modules - <http://www.phsa.ca/transcarebc/health-professionals/education/trans-intro>

**Know where to inject:** In addition to IV injections, knowing the best injection sites for intramuscular and subcutaneous injections are helpful for people self-injecting in those locations.

**Know your supplies:** Have a general sense of the supplies people might need and how they're used; Like intravenous injections, intramuscular and subcutaneous injections require different supplies and different skills. For example, not everyone knows exactly what they need and why, the proper gauge and size of needle, or locations and depth of placement, etc.

**Prepare kits ahead of time:** This can be helpful especially when you know what people in your community are looking for. Because there are different ways to inject HT, kits may vary – get to know what people want and need in your specific community.

**Practice using gender neutral pronouns:** Use they|them|their when referring to someone who hasn't specifically told you what pronouns they use.

**Respect confidentiality:** Explore options for supply distribution that do not require people to "out" themselves, such as disclosing drug use or proof of prescription. Options can include self-serve options for people to take anonymously/not have to interact with anyone, or asking what gauge needle people require instead of asking what they need the needles for.

**Specifically mention gender diverse, trans, Two-Spirit People:** Signage in your physical space, your website, and/or the descriptions of your services are all great places to specifically mention the services/supplies available

**Spread the word:** To let people know your site exists and is a place where people can get HT injection supplies and resources. You can even make a sign that says hormone therapy injection supplies available here.

**Stand up and say something:** A key element in creating safer and inclusive spaces is for people to know you have their back and are prepared to support them in the event something happens. If someone is saying something racist or transphobic, stand up and say something!

**Use inclusive and affirming language and signage<sup>15</sup>:** Get educated about the language used in the LGBTQ2S+ community, be friendly, and be aware of your assumptions and judgements about people's pronouns/gender based on their appearance. Offer your own pronouns when you greet every client or include pronouns on name pins (if applicable). Label gender neutral washrooms if available, and for gendered washrooms add signage stating that gender diverse, trans, and Two-Spirit people are welcome. Explicitly mention that the staff are there to provide support – posters are helpful for this, and staff can point to the posters if someone else is being disrespectful.

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<sup>15</sup> Trans Care BC has two documents on inclusive language:

[http://www.phsa.ca/transcarebc/Documents/HealthProf/Gender\\_Inclusive\\_Language\\_Clinical.pdf](http://www.phsa.ca/transcarebc/Documents/HealthProf/Gender_Inclusive_Language_Clinical.pdf)

[http://www.phsa.ca/transcarebc/Documents/HealthProf/Gender\\_Inclusive\\_Language\\_General.pdf](http://www.phsa.ca/transcarebc/Documents/HealthProf/Gender_Inclusive_Language_General.pdf)

## Appendix B: Hormone Therapy Injection Supply Order List

All items required for intramuscular and subcutaneous injections are already included in BCCDC's Harm Reduction Program: Supply Requisition Form<sup>16</sup>

- Alcohol swabs
- Syringes without needles, 3cc
- Needle, disposable, 18g x 1½"
- Needle, disposable, 26g x ½"
- Needle, disposable, 27g x ½"
- Needle, disposable, 22g 1½"
- Needle, disposable, 22g x 1"
- Sharps collector
  - – Mini, 500mL – holds <10 needles; or
  - – 1 quart, 1L

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<sup>16</sup> BCCDC HR Supply Order Form <https://towardtheheart.com/resource/hr-req-form/open>