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YORK REGION HARM REDUCTION PROGRAM AND PHARMACY PILOT UPDATE

The Community and Health Services Committee recommends the adoption of the recommendation contained in the following report dated February 26, 2010, from the Commissioner of Community and Health Services for approval by the Board of Health.

1. RECOMMENDATION

It is recommended that:

1. The Commissioner of Community and Health Services be authorized to execute agreements with community partners and pharmacies for the delivery of a needle exchange program and other harm reduction activities to York Region residents.

2. PURPOSE

This report is prepared for Regional Council in order for it to carry out its legislative duties and responsibilities as the Board of Health under the *Health Protection and Promotion Act.* It outlines the public health mandate for harm reduction strategies under the Ontario Public Health Standards, summarizes findings from a 2009 pharmacy needle exchange pilot, and seeks authorization to enter into agreements as necessary to expand harm reduction services in York Region.

3. BACKGROUND

Harm reduction strategies minimize the negative consequences of hazardous activities

In general terms, harm reduction refers to policy and programming aimed at reducing the harmful effects of potentially risky behaviours. It involves a range of non-judgmental strategies that provide and enhance knowledge, skills, resources and supports so that individuals, their families, and communities can be safer and healthier. Some examples of harm reduction strategies include:

- Designated driving to reduce alcohol-related car accidents.
- Adding filters to cigarettes to reduce the number of toxins that enter the lung.
- Condom distribution to reduce the spread of sexually transmitted infections.
- Body piercing kits to reduce the spread of blood-borne diseases and infection.

The Ontario Public Health Standards mandate boards of health to engage community partners and priority populations in planning and implementing harm reduction strategies

The Ministry of Health and Long-Term Care's 2008 Ontario Public Health Standards mandate public health units to use harm reduction as one approach towards mitigating the negative consequences of drug use on individuals and communities. A drug harm reduction program consists of a set of practical strategies incorporating a spectrum of activities from safer use to managed use to abstinence.

Drug use is a complex and multi-faceted phenomenon, and drug-related harm is influenced by poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities. Therefore, according to the Standards, boards of health are to work with community partners and priority populations in planning, developing and implementing harm reduction strategies. This allows for a more coordinated response to community need and also helps ensure that public health programs complement the mandates of other partners that have responsibility for prevention initiatives, treatment services and enforcement activities.

The Ontario Public Health Standards require boards of health to ensure access to a variety of harm reduction program delivery models, which include the provision of sterile needles and syringes. These may also include, in response to local public health surveillance, other evidence-informed harm reduction strategies such as the provision of sterile drug-using equipment (currently funded through the Ontario Harm Reduction Distribution Program) as well as condoms, client-centered counselling, skill-building and education and referral to addictions treatment, health services and other social services.

A harm reduction approach to drugs lessens negative effects on individuals and communities by reducing the spread of blood-borne infections and decreasing the risk of drug-related fatalities

Public health drug harm reduction activities are conducted as one of several strategies under the Ontario Public Health Standards goal of preventing and reducing the burden of sexually transmitted infections and blood-borne infections.

Injection drug use in particular is associated with the transmission of blood-borne infections, as a result of re-use and sharing of contaminated needles and other injection equipment. According to a recent Ontario study, between 40% and 60% of participating injection drug users reported injecting with shared needles within the previous six months.

Infections commonly spread through injection drug use include HIV/AIDS and hepatitis C. A Public Health Agency of Canada study of risk characteristics among injection drug users in seven Canadian cities found that 66% were hepatitis C positive, and that 13% were HIV positive.

- HIV: Injection drug use accounts for almost 20% of all new HIV infections in Canada. HIV transmission associated with injection drug use affects drug users, their sexual partners and, through sexual and mother-to-child transmission, can spread to the larger non-drug using community.

- Hepatitis C: Hepatitis C, an infectious disease that attacks the liver, has emerged as a major public health concern in the last decade, and is now known to be more prevalent than HIV among persons who use shared needles to inject drugs. Currently there is no cure for or immunization against hepatitis C. National reviews have estimated that about 60% of all new hepatitis C infections in Canada are attributable to injection drug use.

International studies confirm that a harm reduction program that includes the provision of clean and sterile supplies to injection drug users helps to reduce the transmission and spread of HIV/AIDS, hepatitis C, and other blood-borne infections.

4. ANALYSIS AND OPTIONS

Best practice in drug harm reduction includes fixed and mobile site needle exchange programs

Needle exchange programs are an essential component of harm reduction. They provide injection drug users with access to sterile needles and injection supplies, testing for sexually transmitted infections, HIV, and hepatitis, education, as well as referrals to counselling, addictions treatment, and other health and social services. In addition, needle exchange programs are often the only contact injection drug users have with health and/or social service providers, and are thus a key point of entry into the health and social service systems. Studies have shown that needle exchange programs do not increase drug use, do not diminish motivation to reduce drug use, and do not increase the amount of used needles discarded in the community.

Needle exchange programs are usually delivered through two models: fixed sites and mobile sites. Fixed sites operate at consistent and predictable times and locations, and mobile sites move around the community, usually in a vehicle. The Ontario Needle Exchange Best Practice Guidelines (2006) recommend that both delivery models be implemented concurrently in order to ensure a broader range of access.

York Region offers mobile needle exchange services and has begun a fixed site needle exchange program to meet local need

It has been estimated that there are between 1,500 and 5,000 injection drug users in York Region. It is widely believed this estimate is conservative, since many injection drug

users hide their substance use. Results from a recent York Region survey indicated that 45% of injection drug users were hepatitis C positive.

York Region Public Health offers a mobile needle exchange program through the Street Outreach Program in partnership with Loft/Crosslinks Housing and Support Services. It provides counselling, addictions referrals, health teaching, testing, and provision of sterile injection supplies to the homeless population, as well as to those who are experiencing mental health challenges. The Street Outreach Program reaches only a minority of the estimated injection drug users in York Region. Non-street involved users comprise 80% of York Region's injection drug user population. In response to this need, Council authorized a pilot pharmacy-based fixed site needle exchange program in 2008, through the adoption of Clause No. 4 of Report No. 3 of the Health and Emergency Medical Services Committee.

Fixed site needle exchange pilot evaluation results suggest this type of service should be expanded in York Region

The fixed needle exchange pharmacy pilot began operating in February 2009 following a number of preparatory activities that included the training of pharmacy staff, the development of program protocols and the implementation of a promotion plan for the service. The pharmacy is located in the City of Vaughan, one of the high need areas of the Region determined by the number of requests to the Infectious Diseases Control Division.

An evaluation of the 11-month pilot was conducted and a summary of the findings include:

- Clients who accessed the pharmacy service were in their early twenties, not street involved and were regular pharmacy customers.
- Most clients lived in the immediate area and had access to a vehicle, since the pharmacy was not easily accessible by public transportation.
- A small number of clients accessed this service during the initial period. This is consistent with anecdotal reports from Peel Public Health, who disclosed that it took two years before they had their first client at a fixed-site needle exchange program. A total of 237 needles were distributed at the pharmacy pilot location.
- This pharmacy also provides needle exchange for diabetic clients and staff were familiar with the handling of used needles. In addition, given the number of services a pharmacy provides, there was anonymity for clients.
- The pilot was cost effective as services and supplies covered by public health were within the existing operational budget.

The evaluation indicates that pharmacies do provide an option as a fixed site for needle exchange. It therefore is the objective of Public Health to continue and expand this type of service to injection drug users.

Expansion of needle exchange program and other harm reduction activities in York Region will provide level of service comparable to peer health units and will help meet Ontario Best Practice Recommendations

An environmental scan was completed to compare the level of harm reduction services that York Region currently provides to services provided by other Ontario health units. All nearby health units offer needle exchange services through mobile sites and multiple fixed sites. As Table 1 demonstrates, York Region's level of harm reduction services is significantly below that of other health units with similar geographic size, populations and estimated number of injection drug users.

Table 1
A comparison of harm reduction services
provided by York Region and selected peer health units

Health unit	Population (2007)	Estimated no. of injection drug users	No. of fixed needle exchange sites	No. of needles distributed (2008)
York Region	975,906	1,500-5,000	1	6,127
Region of Peel	1,296,505	2,000-3,000	12	60,000
City of Ottawa	846,169	3,000-5,000	16	372,136

In order to meet Ontario Public Health Standards requirements and implement the Ontario Needle Exchange Programs: Best Practice Recommendations, the York Region Public Health Branch will expand harm reduction services with an emphasis on strengthening community action, developing personal skills, and creating supportive environments. Needle exchange services will likely be expanded to pharmacies in Newmarket, Georgina and Richmond Hill first, as these areas have the most requests for needle exchange through the Street Outreach van. The Public Health Branch will also enter into discussions to build partnerships with community organizations and agencies such as the Multi-Service Centre affiliated with Inn from the Cold in Newmarket and local community health centres. As mandated in the Ontario Public Health Standards, other harm reduction strategies may be implemented based on community need.

5. FINANCIAL IMPLICATIONS

All costs associated with the development of a comprehensive harm reduction program through partnerships with pharmacies and community organizations, including the expansion of fixed needle exchange sites in the community, will be managed within the approved operating budget for the York Region Public Health Branch. These costs are shared between the province and the Region at 75/25%.

Public Health Branch costs associated with the pharmacy pilot were minimal. The participating pharmacy was responsible for its own staffing, insurance, and other

overhead expenses. Public Health supplied the pharmacy with materials and supplies for distribution. Pharmacies do not receive counselling or dispensing fees for these materials.

6. LOCAL MUNICIPAL IMPACT

Through expansion of public health harm reduction services, injection drug users in York Region will be helped "where they are" and moved from there in small manageable steps to increasing levels of improved self-care, health, safety, and well-being. In conjunction with other services provided by the York Region Public Health Branch and partners, this will benefit the individual, their family and the community.

7. CONCLUSION

Boards of health in Ontario are mandated to provide a drug harm reduction program, including needle exchange, by working with community partners and priority populations in order to reduce the transmission of HIV, hepatitis C, and other blood-borne infections. York Region Community and Health Services Public Health Branch staff will engage in discussions with relevant agencies and stakeholders to develop evidence-based, cost-effective ways of increasing the level of harm reduction services in the community.

For more information on this report, please contact Dr. Karim Kurji, Medical Officer of Health at Ext. 4012.

The Senior Management Group has reviewed this report.