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ESTABLISHING FIXED SITES FOR NEEDLE EXCHANGE PROGRAM: PHARMACY PILOT

The Health and Emergency Medical Services Committee recommends the adoption of the recommendations contained in the following report, April 1, 2008, from the Commissioner of Community and Health Services:

1. RECOMMENDATIONS

It is recommended that:

1. Council authorize the Commissioner of Community and Health Services to execute an agreement with a pharmacy as a pilot for a fixed site in the delivery of the needle exchange program, subject to review by Legal Services.

2. Staff be directed to report back to Council with the results of the pilot within one year.

2. PURPOSE

This report seeks authorization to enter into an agreement with a pharmacy as a pilot project to establish a fixed site for a needle exchange program.

3. BACKGROUND

Public Health Is mandated to provide a needle exchange program as part of a harm reduction strategy

The Ontario Ministry of Health and Long-Term Care's (MOHLTC) *Mandatory Health Programs and Services Guidelines* (December 1997) and the proposed *Ontario Public Health Standards* requires Boards of Health to ensure that injection drug users have access to sterile injection equipment through the provision of needle exchange programs. The Ministry identifies needle exchange programs as a harm reduction strategy to prevent the transmission of Human Immunodeficiency Virus (HIV), Hepatitis B, Hepatitis C, and other blood-borne infections and associated diseases.

Harm reduction, prevention, treatment and enforcement are the four approaches necessary to manage drug addiction. Needle exchange programs, a component of harm reduction, provide access to sterile needles, syringes, alcohol swabs, filters, and sterile water as well as links to counselling, education, and referrals to addictions treatment, health and other social services.

Thirty-four of 36 health units in Ontario have a needle exchange program.

Provision of both fixed and mobile needle exchange programs ensures access to service

Needle exchange can be delivered through two models: fixed sites and mobile units. Fixed sites operate at a consistent and predictable location and mobile sites include deliveries and persons roving either on foot or in a vehicle. One of the chief overarching principles of delivering public health services is ensuring access to services. The March 2006 *Ontario Needle Exchange Best Practices Guidelines* recommends that both delivery models (fixed and mobile) be implemented concurrently.

York Region's mobile site, the Street Outreach van, provides needle exchange amongst other services to homeless and seriously mentally ill individuals. The van reaches only 20% of the estimated 1,500 injection drug users in York Region, falling short of the mandated requirement to ensure access.

4. ANALYSIS AND OPTIONS

Pharmacies are well positioned to become fixed sites for needle exchange

The majority of York Region's injection drug use population are not homeless and are likely to access needle exchange services provided through the use of pharmacies as fixed sites. Advantages of utilizing pharmacies as fixed sites include:

- Extended hours of operation.
- Multiple locations in clients' neighbourhoods.
- Anonymity for clients who use pharmacies for other purposes.
- Onsite health professional.
- No additional public health staff resources required.

The pharmacy that will potentially participate in the pilot expressed interest through the Harm Reduction Coalition, a community stakeholder group. It is located in the City of Vaughan, in one of the high need areas in the Region, as determined by the number of requests to the Infectious Diseases Control Division. Services provided by the pharmacy will primarily include the distribution of sterile needles, syringes, alcohol swabs, filters, and sterile water, disposal of used needles and syringes, distribution of educational materials, and referrals of clients to the Infectious Diseases Control Division for counselling and referral to treatment facilities and other health and social services.

Evaluation of pilot project will focus on access to needle exchange program

It is expected that the use of pharmacies as fixed needle exchange sites will increase access to services, especially to the non-homeless injection drug use population. Ongoing evaluation of the pilot will assess the extent to which it has succeeded in meeting its objective of improving access.

Specifically, staff will be tracking:

- Number of clients served.
- Number of needles exchanged.
- Number of referrals made.
- Cost-effectiveness.
- Aspects of the project that work best and those that do not.

This information will be collected through log-in sheets filled out by pharmacy staff as well as through interviews with clients, pharmacy staff, and Infectious Diseases Control Division staff.

Evaluation results will help determine whether to expand fixed needle exchange sites into additional pharmacies and/or other locations, as well as the most suitable geographic locations for future fixed site programs.

5. FINANCIAL IMPLICATIONS

The pharmacy participating in the pilot will be responsible for its own staffing needs, insurance, and other overhead expenses. The Public Health Branch will supply the pharmacy with materials and supplies for distribution. Pharmacies do not receive counselling or dispensing fees for these materials. Public Health needle exchange program costs are cost-shared and will be accommodated in the proposed 2008 Public Health Budget.

6. LOCAL MUNICIPAL IMPACT

Piloting a fixed site for needle exchange will help increase access to service for residents of York Region.

7. CONCLUSION

Boards of Health in Ontario are mandated to provide needle exchange programs as a harm reduction strategy to prevent the transmission of blood-borne infections. In order to

ensure access to service, the *Ontario Needle Exchange Best Practices Guidelines* recommends that both fixed and mobile needle exchange delivery models be implemented concurrently. The Region currently only operates a mobile site, the Street Outreach van, which provides needle exchange amongst other services to homeless and seriously mentally ill individuals.

Staff recommend that York Region Community and Health Services establish a fixed site for needle exchange through a pharmacy pilot, as pharmacies are well positioned to provide services for the non-homeless injection drug use population. Ongoing evaluation of the pilot will assess the extent to which it has succeeded in meeting its objectives, and will help determine the location of future fixed sites. Establishing fixed sites will help improve access to harm reduction strategies in the Region.

For more information on this report, contact Dr. Karim Kurji, Medical Officer of Health and Director of Public Health Programs at Ext. 4012.

The Senior Management Group has reviewed this report.