

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

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MIDDLESEX-LONDON I-TRACK SURVEY OF PEOPLE WHO INJECT DRUGS

Recommendation

It is recommended that Report No. 119-13 re Middlesex-London I-Track Survey of People Who Inject Drugs be received for information.

Key Points

- I-Track is a survey of people who inject drugs that was developed by the Public Health Agency of Canada. It has been conducted in London and in other areas across the country.
- Among the 204 people who participated in the London survey, 79.1% tested positive for hepatitis C and 5.5% tested positive for HIV.
- Opioids were the type of drug most commonly injected in the London sample.
- Sharing of needles and other injection drug equipment were also prevalent in London.

What is the I-Track Survey?

I-Track is a survey of people who inject drugs that was developed by the Public Health Agency of Canada (PHAC). The survey occurs regularly in urban and semi-urban sites across Canada, and Middlesex-London participated for the first time in 2012. The Middlesex-London Health Unit and Regional HIV/AIDS Connection (RHAC) partnered with PHAC to administer this survey to local people who inject drugs. Participants were recruited via convenience sampling from the Counterpoint Needle Exchange Program at RHAC. The main goals of the I-Track survey are to provide information on injection drug use and sexual practices, and hepatitis C and HIV knowledge, testing behaviours and prevalence among people who use injection drugs. For more details on the survey methods and results, the full I-Track Report is provided in [Appendix A](#).

Why is This Information Important?

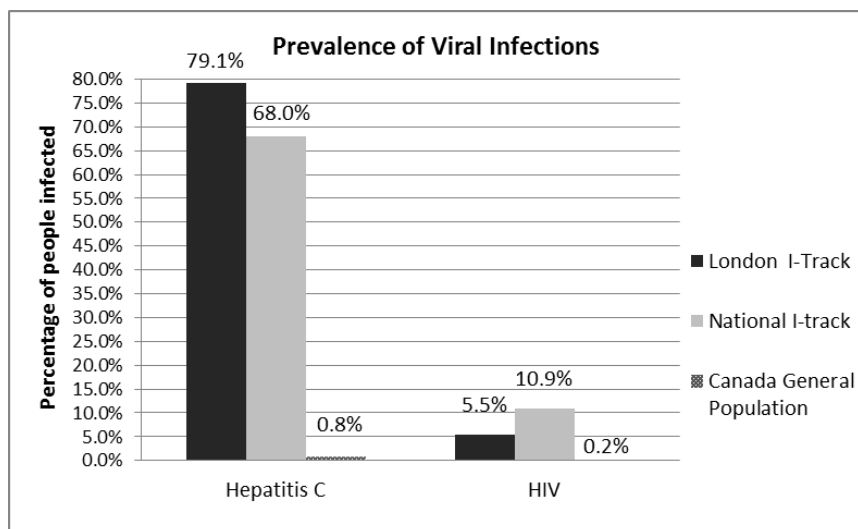
Injection drug use is a major risk factor for bloodborne infections such as hepatitis C and HIV, both of which have long-term, serious health consequences such as liver cancer and progression to AIDS respectively. These infections are much more prevalent in people who inject drugs. They represent significant public health risks since people who inject drugs may engage in high-risk activities like sharing injection equipment and having unprotected sex. Treatment for both infections is lengthy, costly and often difficult to complete, particularly for people who inject drugs. Awareness of infection is essential so that treatment can be started in order to improve health outcomes and prevent spread to others. However, many people are unaware of their infection status.

In Middlesex-London in 2010, the reported incidence rate of hepatitis C among the general population (53.4 per 100,000 population) is significantly higher than the rate in the province as a whole (33.1 cases per 100,000); while the reported incidence of HIV is lower in Middlesex-London (4.2 cases of HIV per 100,000) than the province's rate of 6.4 cases of HIV per 100,000. Additional harms associated with injection drug use include overdose and serious bacterial blood and heart infections.

What Were the Results of the Local I-Track Survey?

In Appendix A, detailed results of the survey are presented, comparing the London sample to the collective results from all jurisdictions (including London) that have participated in I-Track (the overall national sample). There were 204 participants in the local survey; 73.5% were males and 26.5% were females. The average age of respondents was 36 years. Many (56.9%) of respondents had an unstable housing situation and 43.8% of respondents had less than \$1000 income to live on each month. Opioids were the most common type of drug injected by the London sample, but use of multiple drugs was common.

Injection risk behaviours in the six months prior to the survey were also prevalent in the London sample; 19.6% of respondents borrowed needles and 26.6% lent needles to others in this time frame. This proportion is higher compared to the national sample.



Results of dried blood sample testing showed a very high lifetime prevalence of hepatitis C. Over three-quarters (79.1%) of the London sample tested positive for hepatitis C, which is higher than the 68.0% positive rate in the overall national sample. For HIV, 5.5% of respondents tested positive in the London sample, while 10.9% of the national sample tested positive. The majority of those who tested HIV positive in London (6 of 10 people) were unaware of their status.

Conclusion

These I-Track results demonstrate that there is an active local population of people who inject drugs with a high prevalence of hepatitis C and HIV. They inject opioid drugs most frequently. There appears to be a slightly higher prevalence of injection-associated risk behaviours, such as borrowing and lending of needles and other injection equipment, in London than compared to the national sample. Appropriate programs and services such as needle exchange and sexual health services should continue to be offered, and additional harm reduction initiatives, based on a comprehensive community drug strategy, could further reduce the health risk and improve the health of this highly vulnerable population.

Next Steps

The Health Unit is currently undertaking a more detailed health status report on local injection drug use which will be presented at a Board of Health meeting in 2014.

This report was prepared by Ms. Hilary Caldarelli and Ms. Alison Locker, Epidemiologists, Oral Health Communicable Disease and Sexual Health Services and Dr. Bryna Warshawsky, Associate Medical Officer of Health.

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This report addresses the following requirement(s) of the Ontario Public Health Standards: Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections (including HIV); Foundational Standard - Population Health Assessment and Surveillance Protocol.