

TO: Chair and Members of the Board of Health

FROM: Dr. Gayane Hovhannisyanyan, Acting Medical Officer of Health
Laura Di Cesare, Acting Chief Executive Officer

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ENHANCING HARM REDUCTION SERVICES TO INCREASE ACCESS TO CLEAN NEEDLES AND OTHER SUPPLIES

Recommendation

It is recommended that the Board of Health:

- 1) Receive Report No. 027-17 re: Enhancing Harm Reduction Services to Increase Access to Clean Needles and Other Supplies for information; and*
- 2) Endorse the Regional HIV/AIDS Connection (RHAC) funding submission to the AIDS Bureau, Ministry of Health and Long-Term Care (MOHLTC), to request additional support to enhance harm-reduction services and direct staff to forward the endorsement to the MOHLTC.*

Key Points

- London is currently experiencing an HIV epidemic among people who inject drugs (PWID). This population accounts for two-thirds of new HIV diagnoses in London-Middlesex, as compared to less than ten percent province-wide.
- The results of the Ontario Integrated Supervised Injection Services Feasibility Study (OiSiS) released in February 2017 revealed that there is a high rate of unsafe injection practices in London.
- Geo-spatial analysis of new Hepatitis C and HIV cases reveals unsafe injection practices are widespread in London and not clustered in a specific neighbourhood.

Background

The Regional HIV/AIDS Connection's (RHAC) Counterpoint Needle Syringe Program (CNSP) is funded by the Middlesex-London Health Unit (MLHU) and the AIDS Bureau of the Ministry of Health and Long-Term Care (MOHLTC). CNSP is acknowledged by the Ontario Harm Reduction Distribution Program as one of the largest needle exchange programs in Ontario, with over three million needles distributed in 2016. RHAC is the main site, with a centralized, fixed needle exchange program operating daily, with additional limited evening and weekend hours. There are currently four smaller, satellite sites in Middlesex-London, two of which are located within shelters. RHAC also operates a mobile van, which delivers about one million needles and other paraphernalia, and collects used needles throughout London.

Injection Drug Use

Injection drug use continues to be associated with severe health and social harms. At the individual level, injection drug use is strongly associated with high rates of infectious disease acquisition, soft tissue abscess and fatal and non-fatal overdose. PWID often experience significant barriers to primary and acute care systems. The OiSiS London, Ontario final report (February 2017) revealed high rates of syringe borrowing (19%) and lending (43%) in the previous six months among survey participants (n=199). The study also found that 65% of participants injected daily. The reported incidence of Hepatitis C in London is about 50% higher than the rest of the province. Using Hepatitis C acquisition as a proxy for unsafe injection practices, and through mapping of Hepatitis C and HIV cases, it becomes apparent that unsafe injection practices are widespread across London, and not clustered in specific neighbourhoods. In June 2016, MLHU declared a public health emergency due to the rise of HIV and other infectious diseases primarily affecting London's PWID population.

Enhancing Harm-Reduction Services

Harm reduction is a part of a larger, multi-pronged approach to reduce individual and social harms related to substance use, and is aimed at improving the health and well-being of injection drug users. For prevention measures to be effective, it is essential that services reach as many individuals as possible within at-risk populations. These services are best provided at multiple locations with varied hours of operation to reduce travel distance and increase access to harm-reduction services, which are the most important predictors of service utilization (WHO 2007). MLHU and RHAC will work closely and strategically to identify locations for small satellite sites and integrate them with existing services. MLHU and RHAC have worked collaboratively to develop and administer a survey to clients newly diagnosed with Hepatitis C, and to clients of harm-reduction services, to better understand where clients currently access their harm-reduction supplies. Clients were also asked if there were other locations they might use (e.g., pharmacies), and to identify possible barriers and what kinds of facilitation might be required to help access services at these sites. MLHU also conducted an environmental scan together with other health units that have enhanced harm-reduction services through satellite sites, including pharmacies, to understand the challenges and benefits of this approach. In response to the information compiled, MLHU and RHAC have worked together to identify potential resource needs for enhancing harm-reduction services. At MLHU's request, RHAC prepared a proposal (see [Appendix A](#)) that outlines the following steps to enhance harm-reduction services in London:

- 1) RHAC will review the mobile delivery of harm-reduction supplies with their staff to identify areas with the most need and/or current gaps based on staff perception. RHAC will also provide MLHU with needle and paraphernalia distribution density information, which will be used in conjunction with the survey and environmental scan results mentioned above, along with maps of new cases of Hepatitis C and HIV among London PWID, to prioritize neighbourhoods with unmet needs.
- 2) MLHU will identify a few candidate locations out of a list of more than seventy pharmacies that distribute naloxone and opioid maintenance medication, since these pharmacies are most likely to have a non-judgmental attitude toward PWID and to be receptive to having a Needle Syringe Program (NSP) on-site. The identified pharmacies will be approached for expression of interest by MLHU staff. A list of consenting pharmacies will be provided to RHAC for selection of a few that are located strategically with regard to their suitability from clients' perspectives. It is envisioned to begin with one or two select pharmacies, and then reevaluate and expand as needed.
- 3) MLHU and RHAC will continue to work with shelters and other organizations that serve high-risk populations in order to explore opportunities for enhancing harm-reduction services in London.

Conclusion/Next Steps

NSPs are an essential part of a comprehensive harm-reduction program to prevent the spread of HIV and other infectious diseases. MLHU is working collaboratively with RHAC and other stakeholders to enhance harm-reduction services in the community. Increasing availability of harm-reduction services will help to resolve unmet needs and decrease unsafe injection practices. Enhancing harm-reduction services by using pharmacies and shelters as NSP satellite sites will allow for more flexible hours and shorter travel distances for accessing these services. MLHU is asking the Board to endorse RHAC's proposal to enhance harm-reduction services in Middlesex-London and to send this endorsement to the MOHLTC.

This report was submitted by the Sexual Health Team, Environmental Health & Infectious Disease Division.



Dr. Gayane Hovhannisyanyan, MD, PhD, FRCPC
Acting Medical Officer of Health



Laura Di Cesare, CHRE
Acting Chief Executive Officer