

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

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## HARM REDUCTION CAMPAIGN

### Recommendation

*It is recommended that the Board of Health receive Report No. 041-19 re: “Harm Reduction Campaign” for information.*

### Key Points

- Between April 1, 2007, and March 30, 2017, people who inject drugs (PWID) (aged  $\geq 18$  years) made up 54.6% of first-episode infective endocarditis cases admitted to hospitals in London, Ontario.
- Local research studies published in the *Journal of Acquired Immune Deficiency Syndromes* (April 1, 2019) indicate that sharing the residue left in cookers after preparing Hydromorph Contin for injection can be linked to the transmission of HIV.
- The findings of the Harm Reduction Project Report indicate that PWID are aware of the harms associated with sharing or reusing injection drug preparation equipment and will try to minimize harm when presented with options on how to do so.

### Background

In June 2016, MLHU issued a public health alert related to rapidly increasing rates of HIV, Hepatitis C (HCV), invasive Group A Streptococcal (iGAS) disease, and infective endocarditis among people who inject drugs (PWID) (Board of Health Report Nos. [005-19](#) and [021-17](#), [Appendix A](#)). Original research by MLHU and partners has led to innovative responses to these issues, and substantially impacted these epidemics.

Between April 1, 2007, and March 30, 2017, PWID (aged  $\geq 18$  years) made up 54.6% of first-episode infectious endocarditis cases admitted to hospitals in London, Ontario. There are multiple factors thought to impact the rate of infectious endocarditis in PWID, including: specific drugs being more likely to support the breeding of bacteria that commonly cause infectious endocarditis such as *Staphylococcus aureus* (S. aureus); the reuse of injection drug preparation equipment; and the drug preparation methods used by PWID. Multiple factors impacting the rates of both infectious endocarditis and HIV among PWID were found to include:

- the availability of prescription Hydromorph Contin for illicit drug use;
- the residue of solubilized Hydromorph Contin, known as “wash,” in used cookers, and the perceived street value of that residue;
- the controlled-release substance present in Hydromorph Contin that has been shown to prolong the lifespan of bacteria and HIV;
- the reuse or sharing of cookers to resolubilize a “hydro” wash for subsequent injections; and
- the preparation method used when solubilizing a hydro wash in a previously used cooker. A key conclusion of the study was that bacterial and viral counts could be reduced by simply heating the hydro wash to a boil, thereby reducing the risk of infection from infectious endocarditis and HIV.

In June 2017, local research was released advising PWID and agencies that serve them about the harm reduction benefits of heating hydromorphone before injection. Local research studies published in the *Journal of Acquired Immune Deficiency Syndromes* indicate that sharing the residue left in cookers after preparing hydros for injection can be linked to the increased risk of transmission of HIV.

As a result of these studies, the researchers recommend that PWID should “cook” their wash. Although this message has been actively communicated to some portions of the population who inject Hydromorph Contin, there are others who may not be receiving this information. Recognizing that there may be knowledge deficits and unknown barriers to adopting the practice of “cooking” that have not been met by the communication to date, the Health Unit was asked to assess and implement a harm reduction campaign to address these gaps.

### **Cook Your Wash – Harm Reduction Campaign Project**

In September 2018, a project team was formed that included two Western student researchers engaged by Dr. Michael Silverman at St. Joseph’s Health Care, along with two program evaluators and the sexual health promoter from the Middlesex-London Health Unit. The purpose of the project was to identify potential barriers among PWID to heating the wash, and to establish the most effective methods for disseminating harm reduction information to the PWID population. Project study methods included focus group sessions comprised of PWID and key informant interviews with frontline staff from eleven community agencies that support PWID.

### **Key Project Findings**

The key findings of the project included ([Appendix A](#)):

- The three most consistent steps used to prepare hydros include crushing, dissolving, and cooking.
- Currently, the provincial program to provide injection drug preparation equipment does not include a pill crusher or a heat source.
- PWID are using in innovative ways to crush their drugs and/or to sustain a heat source.
- Other items such as a lighter are often repurposed as a crusher, which can introduce bacteria into the solute.
- PWID will typically use a lighter as a heat source when they cook.
- Significant barriers to cooking identified by PWID included the time it takes to cook when dope sick, negative peer influences, and environment (weather conditions/safety/public scrutiny).
- The Temporary Overdose Prevention Site (TOPS) and Consumption Treatment Services (CTS) eliminate environmental barriers such as the risk of being caught injecting in a public place.
- TOPS/CTS is only useful for those who know about it and are able to access services during hours of operation.
- PWID peer-to-peer word of mouth and one-to-one interactions with an outreach worker are considered the most trusted sources for information/education about harm reduction.

### **Next Steps**

The findings of the Harm Reduction Project Report indicate that PWID are aware of the harms associated with sharing or reusing injection drug preparation equipment and will try to employ techniques to minimize harm when doing so. The next steps to ensure the findings of the study and report are communicated to PWID will include: communicating project outcomes to senior leaders at community agencies supporting this project; using feedback from project study participants to inform a harm reduction campaign; developing key messaging to include with resources such as lighters, posters, fact sheets, and labels; offering education sessions to PWID peers and frontline staff to ensure information is consistent and shared among the PWID population as well as within and between agencies; and advocating for the inclusion of heat sources and/or pill crushers to the list of harm reduction items funded by the Ontario Harm Reduction Program.

This report was prepared by the Sexual Health Team, Environmental Health and Infectious Disease Division, and the Population Health Assessment and Surveillance Team.



Christopher Mackie, MD, MHSc, CCFP, FRCPC  
Medical Officer of Health/CEO

