Part 5: Harm Reduction

Introduction
Harm reduction principles are foundational to public health and community-based programming intended to meet the needs of injection drug users (1).

Harm reduction:
- Is an approach or strategy that aims to reduce the negative consequences of drug use, rather than to eliminate drug use (2).
- Can involve programs or policies that are designed to reduce drug-related harm without requiring abstinence or cessation of drug use (3).
- Promotes incremental improvements in the behaviors of injection drug users that are practical, achievable and ultimately lead to benefits for both users and communities.

Much variability exists in the types of activities, policies and programs that fit within a particular strategy; however, there are underlying conditions that must be met if these are to be classified as harm reduction strategies. These three conditions are: the setting of a primary goal to reduce harm rather than drug use, inclusion of strategies to reduce the harm for people who continue to use drugs, and employment of strategies aiming to demonstrate a net reduction in drug-related harm as an outcome (4). Additionally, the harm reduction approach offers a set of underlying principles to guide the development of policies or strategies aimed to reduce the harms associated with injection drug use.

**Harm reduction strategies should:**

- Provide a practical alternative focusing on the consequences of potentially harmful behaviours rather than on the morality of the behaviour (2) (meeting clients’ needs ‘where they are at’).
- Accept alternatives to abstinence (such as needle exchange or methadone programs) and promotes intentional efforts to reduce barriers to treatment options (2).
- Consider drug use as a health and social issue with diverse determinants of health (5).
- Respect the rights and dignity of people who inject drugs (5).
- Provide accessible, appropriate services that involve people who inject drugs in planning and decision making (5).
- Involve community and stakeholders (5).
In response to the rising incidence of blood-borne diseases such as HIV and the growing body of evidence demonstrating the effectiveness and utility of harm reduction, Health Canada released a comprehensive position paper in 2001. The document acknowledges that IDU is a serious health and social issue in Canada with costs estimated as high as $1.4 billion per year, the majority of which are related to health care, law enforcement and lost productivity. A call was made for immediate action in harm reduction strategies to address the “immediate risk factors for people who are injecting drugs as part of a continuum of addiction interventions”, to be complemented by strategies in prevention, research, outreach, and treatment and rehabilitation (5).

In line with the conditions and principles of harm reduction, a National Framework for Action to reduce the harms associated with alcohol and other drugs in Canada was released in 2005. The framework is founded on nine principles (6):

1. Problematic substance use is a health issue and needs to be given a high profile within the health system.
2. Problematic substance use is shaped by social and other factors, including socio-economic status, culture, gender, housing, education, geography, family, law and policies, stigma, and other issues.
3. Successful responses to reduce the harms associated with alcohol and other drugs and substances address health promotion, prevention, treatment, enforcement and harm reduction approaches.
4. Action is knowledge-based, informed by evidence and evaluated for results.
5. Human rights are respected.
6. Strong partnerships are the foundation for success.
7. Responsibility, ownership and accountability are understood and agreed upon by all.
8. Those most affected are meaningfully involved.
9. Reducing the harms associated with alcohol and other drugs and substances creates healthier, safer communities.
Best Practices in Harm Reduction

Research and evaluation of harm reduction strategies have identified components essential for the reduction of HIV and other blood-borne pathogens amongst injection drug users. Examples of research and best practice are incorporated into each of the recommendations found in this section.

Best practices in harm reduction include:

Comprehensive Services
- Research on effective harm reduction strategies demonstrates the need for comprehensive services that include education, provision of testing services in communities and other high-risk areas (such as correctional facilities), outreach, needle exchange programs, enforcement, treatment programs and evaluation of strategies (2, 7, 8).

Early intervention
- Harm reduction interventions need to occur prior to an HIV prevalence rate of 10% in a population—otherwise efforts can be overwhelmed by the risks of transmission (9).
- Harm reduction strategies have been shown to be most effective when seroprevalence of HIV is low, thereby demonstrating a need for early interventions (10).

Education
- The World Health Organization describes information, education and communication approaches as essential components of the response to HIV infections among injection drug users (11).
- Incorporation of both individual and community education efforts through outreach services has been demonstrated to reduce drug-related risks (9).
- Stigma and discrimination against both HIV and injection drug use can be reduced through public policies that include educational activities such as: conferences; advisory councils; social marketing; individual and community education; education for professionals working with populations affected by or at risk for HIV; and advocacy efforts or campaigns (12).
- Research has demonstrated that injection drug users with less than one year of IDU experience are at high risk of blood borne infections, including HIV and Hepatitis C (13).
- Educational strategies specifically targeting injection drug users should include messages about the elimination of needle sharing or the sharing of other injection drug equipment (cookers, filters, water) as well as vein maintenance (2).
Needle Distribution and Disposal

- Research shows that needle exchange programs are not associated with an increase in drug use (14, 15) or an increase in numbers of new injectors (16). Rather, such programs have been found to encourage injection drug users to seek treatment (17, 18) and promotes contact with health services that would otherwise be absent.

- Research suggests that needle exchange programs can be gateways into treatment services for persons suffering from drug-dependency and other high-risk persons who would otherwise not direct access these services (19).

- Needle exchange programs have been shown to reduce the prevalence of HIV amongst injection drug users in 81 cities in the United States (18). This reduction has been attributed to reduced needle sharing and other harm reduction strategies such as treatment referrals, education, and condom distribution.

- Mathematical modeling of HIV infection estimates that one-third of new HIV infections are prevented with needle exchange programs (17, 20).

- Needle exchange programs have been demonstrated to be highly cost effective approaches to reducing the harm associated with IDU. Research in Hamilton, Ontario estimated that twenty-four new cases of HIV were prevented over a five-year period, resulting in savings of $1.29 million in direct health care costs (21).

Community Outreach Services

- Outreach services have been shown to be effective in changing high-risk behaviours among people who use injection drugs and thereby contribute to reducing the incidence of new cases of HIV infection. Specifically, research most frequently reports reductions in five major risk behaviours: stopping injection use, reducing frequency of injection, reducing reuse of syringes, reducing reuse of other equipment such as cookers, cotton and water, and reducing crack use (22).

- Research also demonstrates that outreach services contribute to more frequent needle disinfection, entry into drug treatment programs and increased condom use.

- Outreach services have been associated with increases in voluntary HIV counseling and testing (10).

- Outreach has been identified as a common prevention strategy that contributes to low seroprevalence of HIV in cities where HIV has entered into IDU communities (10).

- Outreach services are associated with lower rates of new HIV infection among injection drug users (22, 23).
Harm Reduction Recommendations

The following recommendations have been developed from strategic planning, relevant reports and supporting literature. Each recommendation offers specific, concrete strategies for stakeholders to consider. Short-term strategies are those that build upon existing resources and infrastructure, whereas long-term strategies require additional support or funding for implementation. Following the presentation of strategies, a list of expected outcomes is provided. Stakeholders are encouraged to consider these outcomes as a foundation for monitoring and evaluation to incorporate in the development of action-plans.

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Recommendation H-1
Develop a clear definition of harm reduction and incorporate philosophy into each service provider’s policy of practice.

Background
Participants at the October 2005 stakeholders’ meeting stressed that both service providers and the community needed a clear definition of harm reduction to facilitate common understanding of the concept and its implications. Stakeholders felt that the definition should be evidence-based and reflective of current practice. Furthermore, this definition should be communicated broadly to injection drug users, service providers and the community. Stakeholders desired the definition to be accepted and incorporated into each service provider’s policy of practice. Finally, stakeholders agreed the definition should be consistent across all service providers and integrated into a continuum of care that is flexible to accommodate the needs of individual clients.

The Centre for Addiction and Mental Health (CAMH) provides an excellent example of a collaboratively developed, context based definition of Harm Reduction. Through a special ad hoc committee and drawing from experience and the literature, CAMH prepared a document to outline what the concept Harm Reduction meant to them as a team. Harm reduction is defined as “any policy or program designed to reduce drug-related harm without requiring the cessation of drug use” (p. 1) with interventions targeted at the individual, the family, community or society (3). This resource provides an overview of the process undertaken by CAMH to develop a common definition of Harm Reduction; reviews the historical contexts; relates Harm Reduction to treatment, prevention and enforcement; summarizes best practices; and provides a comprehensive bibliography.

Suggested strategies for this recommendation:
Short-term Strategies
1. Establish a working group under the harm reduction pillar with participants representing community, partner agencies and service providers.
2. Review the CAMH background paper, with attention to the process used to develop a common definition of Harm Reduction, and assess for its relevance to Saskatoon.
3. Create and carry out a process, adapted to meet the needs of the working group, to develop a common definition reflecting evidence-based principles of harm reduction and incorporating the group’s shared experiences.
4. Share this common definition with other members of the harm reduction pillar for validation.
5. Share the common definition with stakeholders in other pillars.
**Long-term Strategies**
1. Communicate common definition to community, service providers and partner agencies.
2. Encourage the adoption of this common definition into practice policies of service providers and partner agencies.

**Expected Outcomes**
1. A clear, concise definition of harm reduction based on evidence and reflecting stakeholders’ values is developed.
2. Definition is shared with and discussed by community partners and service providers.
3. Service providers and community partners (where applicable) incorporate the definition into their practice policies.

**Potential Lead Agency or Partner Agencies**
- Corrections Canada
- Métis Addictions Council of Saskatchewan
- Project Hope
- Saskatchewan Corrections & Public Safety
- Saskatoon Health Region—Mental Health & Addictions Services
- Saskatoon Health Region—Public Health Services (Street Health Program)
- Saskatoon Indian & Métis Friendship Centre
- Saskatoon Tribal Council
- Teen Challenge Saskatchewan
- White Buffalo Youth Lodge
Recommendation H-2
Develop an intensive education program about harm reduction that is tailored to IDUs, the community and service providers.

Background
Comprehensive educational campaigns are documented as an important component of best practices in harm reduction and have been effective in a number of Canadian cities (5, 24, 25), including Vancouver (26) and Toronto (27).

Research calls for educational interventions that range from discouraging initiation of IDU to discouraging injecting and sharing of needles amongst users. Education is required not only for injection drug users, but also for those who work with them, such as health care professionals, justice workers, social workers. Injection drug users need access to formal and informal learning opportunities about how to prevent the spread of blood-borne pathogens (28).

Stakeholders felt that it was important for communities to know that this approach is not only cost effective, but an important service to support individual injection drug users as they move through the various stages of behaviour change.

Several key issues have emerged from the IDU in Saskatoon: Developing a continuum of care report. The report affirms the role of community in educational advocacy and proposes the development of a multi-pronged community education campaign addressing issues in prevention, determinants of health, harm reduction and treatment/rehabilitation surrounding drug use. The report advocates for a strategy that focuses on providing balanced, accurate information to raise awareness of local resources and of the complexity of issues related to drug use. The strategy is envisioned as supportive, contributing to the reduction of stigma and mitigating shame that may be felt by communities where drug use is prevalent. Such a campaign would engage each of the four pillars.

The report identifies frontline service providers in health care and correctional facilities (as key contacts to IDU populations) and IDUs as target populations for the Harm Reduction component of this educational campaign. Enhanced education and training resources to improve their ability to provide care to IDUs in safe, supportive ways is suggested. Education directed at service providers should include strengthening awareness and understanding pathways to care; skills training on injection drugs, methamphetamines, and substance abuse; effective behaviour change strategies; and harm reduction. Education for IDU should include continuing promotion of harm reduction strategies, including safe injection practices and vein care.
Suggested strategies for this recommendation:

**Short-term Strategies**

1. Collaborate with working group under the other pillars to:
   a. Establish a team with representatives from each pillar to lead the development of a comprehensive, multi-pronged educational campaign.
   b. Review Canadian models of successful educational campaigns as components of comprehensive drug strategies.
   c. Review current media campaigns and educational programs for prevention and harm reduction around drug use and substance dependency in Saskatoon.
   d. Identify a potential model that can be adapted to meet Saskatoon’s needs.

2. Advocate for the reduction of community and professional stigma about harm reduction techniques by:
   a. Communicating the shared definition of harm reduction developed under Recommendation 2.1 across the SHR, including partner agencies and community organizations.
   b. Encouraging opportunities for service providers and the community to improve their understanding of the definition and goals of harm reduction.
   c. Setting an example for other service providers and communities through stakeholder commitment to and adoption of this definition in their policies.

3. Establish a community resource and service directory clearly mapping out what services are available, where they can be found and how they can be contacted (Currently being developed by Street Health).

4. Establish regular in-services to provide staff in appropriate settings (health care, community outreach, corrections) with current information and skills training on relevant issues such as: intravenous drugs, crystal meth, substance use, and effective behavior change.

**Expected Outcomes**

1. A collaborative working team involving representatives from each of the four pillars develops an action plan for a comprehensive, multi-pronged educational campaign.

2. Stigma against IDU and harm reduction is reduced, as demonstrated through on-going evaluation of the educational campaign.

3. A community resource directory is made available to service providers and community based organization, improving communication and collaboration within and between both.
4. Relevant in-services are made available on a regular basis to health care providers and to corrections workers.

**Strategies targeting:**

1. **Healthcare workers**
   Injection drug users come in contact with the health system through drop-in clinics, emergency rooms or other services. Physicians, nurses, pharmacists, psychologists, social workers and community workers therefore require continuing education about prevention, screening, assessment and management of substance dependency and injection drug use. Additionally, on-going education on preventing the spread of infectious disease is needed, ranging from standard precautions to harm reduction practices such as methadone maintenance.

**Short-term Strategies**

1. Provide in-services on the harm reduction continuum of care to health care providers that may be providing care for IDU clients in settings outside of the Street Health Program.

2. Provide in-services on issues relevant to substance dependency and injection drug use available to health care providers on a regular basis.

3. Incorporate basic education about prevention, screening, assessment and management of substance dependency and injection drug use into required orientation sessions for new staff.

**Long-term Strategies**

1. Advocate for the incorporation of special lectures and/or curriculum content relevant to substance dependency and injection drug use into professional health education programs.

2. Lobby professional associations to recognize in-services on substance dependency and injection drug use as part of their recommended programs for continuing competency.

**Expected Outcomes**

1. Relevant in-services are made available and evaluated for appropriateness on a regular basis to health care providers.

2. Orientation sessions prepare new staff to SHR with basic knowledge and skills in prevention, screening, assessment and management of substance dependency and injection drug use.

3. Education on harm reduction and management of substance dependency and injection drug use become regular recognized components of formal education and continuing competency.
2. Corrections workers
Globally, offenders placed in correctional institutions have higher rates of HIV infection than populations outside correctional institutions and are at higher risk of exposure to HIV (and other infectious diseases) because of “…overcrowding, poor nutrition, limited access to health care, continued illicit drug use and unsafe injecting practices, unprotected sex and tattooing” (p. 3) (29). Based on evidence and recognizing the principles of public health and human rights, the World Health Organization recommends the incorporation of harm reduction strategies in prison settings. Evidence has shown comprehensive harm reduction programs, including information and communication on HIV/AIDS; voluntary testing and counseling; distribution of condoms; exchange of needles and syringes; and substitution therapy to be effective in reducing both risk behaviour associated with injection drug use and risk of exposure to blood-borne diseases (29).

Given the higher risks of exposure to blood-borne pathogens such as HIV, internal capacity to promote and provide harm reduction practices in correctional facilities is essential. Corrections workers need to be equipped with the knowledge and skills to deal with offenders who may engage in behaviors associated with a risk of exposure to blood-borne pathogens. Because corrections workers may come in contact with offenders’ blood or body fluids, they need continued training in Standard Precautions and about post-exposure prophylaxis. Education efforts can help corrections staff to understand why it is important to support harm reduction measures, such as the use of condoms for safe sex practices.

Short-term Strategies
1. Incorporate education and in-services about principles of harm reduction, substance dependency and injection drug use into public health services regularly offered in correctional facilities.
2. Incorporate education and in-services about Standard Precautions, post-exposure prophylaxis and risks related to blood-borne pathogens into public health services regularly offered in correctional facilities.

Long-term Strategies
1. Develop an interactive teaching kit or ‘train the trainer’ activity to provide corrections workers with education about IDU, risk related to blood-borne pathogens, Standard Precautions and post-exposure prophylaxis.
2. Develop an interactive teaching kit or ‘train the trainer’ activity to provide corrections workers with education about harm reduction, substance dependency and injection drug use.
3. Advocate and work collaboratively with corrections to facilitate movement towards the introduction of comprehensive harm reduction strategies, such as needle exchange and condom distribution, into correctional facilities.
Expected Outcomes
1. Relevant in-services are made available and evaluated for appropriateness on a regular basis to corrections workers.
2. Correctional workers are prepared with basic knowledge and skills in issues related to IDU, risk related to blood-borne pathogens, Standard Precautions and post-exposure prophylaxis.
3. Correctional workers develop skills to provide internal, regular training and educational support for new staff or to promote continued competency for experienced staff in issues related to IDU, risk related to blood-borne pathogens, Standard Precautions and post-exposure prophylaxis.
4. Awareness and understanding of harm reduction principles and practices improves and eventually become norms in correctional settings.
5. Correctional institutions adopt a comprehensive harm reduction strategy including practices supported by evidence and promoted by the World Health Organization.

3. Injection Drug Users
In 2005, IDUs participated in discussions to explore experiences and needs related to harm reductions. Participants felt that harm reduction and education materials need to be developed specifically for the drug using community and be culture and language appropriate.

A number of organizations in Canada have developed resources that could be adapted with permission for use in Saskatoon. These include:

- Pamphlets and educational materials for IDUs: Community AIDS Treatment Information Exchange (CATIE) (Toronto); the Centre for Addiction and Mental Health (CAMH) (Toronto); and the Harm Reduction Coalition (New York).

Short-term Strategies
1. Contribute to raising awareness among IDUs about how to reduce risks to themselves and others (users or not) by providing support and education around resisting the pressures to share needles. Education can be provided through the Health Works van and at fixed needle exchange sites.
2. Develop a working group to review current printed educational materials, including those presented above and those currently in use within the SHR and select those that are most relevant to Saskatoon.
3. Hold focus groups with IDUs/community members to review selected materials and receive feedback on:
   a. How materials might be best adapted to meet their needs.
   b. What material/content is missing.
   c. Where materials should be available.

4. Develop/adapt printed materials based on feedback received.

**Long-term Strategies**

1. Print new materials and distribute through service providers, community organizations and other locations identified by the focus groups.

**Expected Outcomes**

1. Printed educational materials are reviewed, adapted with participation of IDUs and community members and made available in appropriate, accessible locations.

**Potential Lead Agency or Partner Agencies**

- AIDS Saskatoon
- Corrections Canada
- IDU-user groups
- Persons Living with AIDS (PLWA)
- Saskatchewan Corrections & Public Safety
- Saskatoon Health Region—Public Health Services
- Saskatoon Health Region—St. Paul’s Hospital, Royal University Hospital, and City Hospital
- Saskatoon Tribal Council
Recommendation H-3
Expand outreach services through existing organizations.

Background
Outreach services are one way of reaching client groups who may be reluctant to access traditional services for a variety of social, economic and geographic reasons (30). Outreach involves providing information, support and facilitating access to or connecting with other agencies or services and can be provided on the street, in client homes or in other settings such as prisons, shelters and community agencies (30). These services are integral to harm reduction and have been shown to be effective in reaching IDUs and reducing risk-taking behaviour and HIV incidence (2, 22). Effective outreach programs often involve peers or are peer-led and typically run in conjunction with needle exchange programs (2).

Needle exchange programs are often part of outreach services and have been shown to effectively reduce the spread of HIV (18, 31) and other blood-borne diseases (19, 21). Interventions combining youth-centred, service-based care with street outreach, case management and collaboration with other services have been shown as beneficial approaches to meeting the healthcare needs of homeless youth (32). A recent comprehensive review of international literature called for the inclusion of needle exchange programs as an effective foundation for the establishment or expansion of such programs (33).

The Street Health Program has been offered through the Saskatoon Health Region since 1990 (34). The program aims to "maintain or reduce the prevalence of blood-borne pathogens (HIV, Hepatitis B & C), sexually transmitted infections and their health, social and economic consequences in Street Health clients which include inmates, street-involved individuals, sex trade workers and IDUs in Saskatoon" (p. 2) (35). These services are provided through the mobile outreach service, the Health Works van, the Sexual Health Clinic and corrections. Services provided in the Health Works van include: immunization for pneumonia, Hepatitis A and B, tetanus, and influenza; urine testing for Chlamydia, gonorrhea and pregnancy; blood screening for HIV, Hepatitis B and C, and syphilis; clean needles in exchange for used needles; distribution of biohazard containers, condoms and lubricant; provision of first aid; education on safer sex and IDU practices; counseling, crisis intervention and referral; and advocacy on behalf of clients for social issues (e.g. legal issues, housing, connecting to methadone clinic) (35). The Westside Community Clinic also provides a small volume of needle exchange services and acts as the exchange site of "last resort", only issuing a small quantity of needles until clients can reconnect with the Health Works van.

Through focus groups conducted with persons using injection drugs (as part of the At Risk project), IDUs in Saskatoon felt they did not have enough access to clean needles and recommended 24 hour access to needle exchange services.
as well as the expansion of fixed exchange sites to include doctors’ offices and pharmacies. Some participants felt that it was difficult to get clean needles at night and suggested a syringe dispenser to dispose of used ones and get clean ones (36).

The SHR-MHO Report of April 2006 (Investigation of an HIV Cluster among Injection Drug Users (IDUs) in Saskatoon, Saskatchewan) provides a number of specific recommendations for the expansion of harm reduction interventions aimed at reducing incidence of HIV. Furthermore, the report acknowledges the need for greater human resources in the Street Health Program and recommends improved recognition of the demands of working with IDU populations through the provision of greater workload flexibility.

The following recommendations are to be considered in conjunction with Recommendation H-4 (Community-based Harm Reduction).

**Strategies for this recommendation:**

**Short Term Strategies**

1. Expand outreach services through existing organizations (e.g. Street Health, Addictions) to provide greater accessibility to services and access to IDUs and their families and build supports for outreach workers to advocate for clients and enable them to provide more comprehensive care. Strategies for building these supports include adapting organizational policies (including budget/salary support) and job descriptions for outreach workers and nurses so that they, or their programs, can:
   a. Accompany clients to/from appointments.
   b. Connect with clients in their community to provide services, such as immunization, and education in supportive, comfortable environments.
   c. Facilitate or coordinate appropriate volunteers to help clients get to appointments.
   d. Establish greater coverage and expand service of mobile services (i.e. Health Works) in communities with identified needs.
   e. Intensify efforts in HIV surveillance with daytime community visits.
   f. Dedicate one FTE-public health nurse position to HIV contact tracing.
   g. Collaborate with other program areas to ensure immunizations, testing and Hepatitis C and HIV co-infections are addressed.
   h. Support clients who are waiting for test results and who receive HIV-positive results.
2. Adapt strategies used in Health Works outreach services to strive for data base registration of 100% of clients to facilitate better interaction with other programs and more responsive care (e.g. hepatitis B and A immunization).

3. Consider Needle Safe Saskatoon Annual Report and data from the Street Health Database in making decisions about changes to scheduled Health Works van stops.

4. Incorporate teaching about the HIV-related risks involved in sharing and preparing drugs for injection during needle exchange visits and other Health Works visits.

5. Offer adequate injection supplies to cover clients’ usage needs until the next available service from either the Health Works van or an accessible fixed needle exchange site.

6. Expand the number of settings providing condoms, including service providers (Infectious Disease Clinic, doctors’ offices, clinics, drug and alcohol treatment programs and all healthcare facilities); community-based organizations (EGADZ, Friendship Inn, others); social settings (bars, clubs, bathhouses and commercial sex avenues); schools; and correctional facilities.

7. Consult with staff involved in outreach programs to:
   - Assess their feelings around work-related stress.
   - Develop a strategy for recognizing the demands of working with IDU populations.
   - Collaboratively develop a plan to promote flexibility in workload, emphasizing the value of experienced staff and promoting staff retention.

**Long Term Strategies**

1. Consider incorporating client incentives (nutritional or financial) to facilitate follow-up with difficult-to-reach cases and contact.

2. Expand outreach services to include prevention activities, including the identification of at-risk youth and the provision of supportive services to prevent these youth from engaging in IDU.

3. Advocate for the introduction of needle exchange services as part of comprehensive harm reduction programming in correctional facilities, building upon Recommendation H-2 (Comprehensive Educational Campaign).

4. Conduct annual needs evaluation engaging members of the IDU community to ensure that outreach services are responsive to the dynamic needs of communities in which services are provided.

5. Establish new fixed needle exchange sites in response to needs identified by IDUs.
6. Increase *Health Works* outreach services to provide needle exchange and testing services on Saturdays, Sundays and Mondays.

7. Expand case management approaches to facilitate regular client follow-up with the *Health Works* van.

8. In conjunction with the Treatment & Recovery working group, consider establishing a clinic site where clients can access multiple services from one centralized and easily accessible location. Such services might include needle exchange, condom distribution, testing and counseling for HIV and other blood-borne pathogens or sexually transmitted infections, mental health and addictions counseling, methadone assisted recovery, spiritual and cultural care, and social services or other community supports (See Recommendation T-2).

**Expected Outcomes**

1. Needs evaluation demonstrates that IDUs identify and access more services, including daytime outreach services and referrals to other service areas.

2. Outreach services expand programming to include prevention strategies.

3. Outreach workers regularly engage in collaborative determination of what supports clients may need.

4. Evaluation using the Street Health database shows that the number of *Health Works* interactions with individuals registered in the database increases.


6. Epidemiologic surveillance of the incidence of new blood-borne diseases among clients registered with the Street Health database decreases over time.

7. Staff evaluations demonstrate outreach service providers feel fulfilled with their work and are satisfied with workload.

8. Staff retention in outreach services improves.
Potential Lead Agency or Partner Agencies
- AIDS Saskatoon
- Corrections Canada
- EGADZ Youth Centre
- Methadone Assisted Recovery Programs & Certified Physicians
- Métis Addictions Council of Saskatchewan
- Project Hope
- Saskatchewan Corrections & Public Safety
- Saskatoon City Police
- Saskatoon Health Region—Mental Health & Addictions Services
- Saskatoon Health Region—Public Health Services
- Saskatoon Health Region—Infectious Disease Control
- Saskatoon Tribal Council
Recommendation H-4
Advocate for increased community-based actors to increase access to harm reduction services.

Background
Studies exploring best practices in outreach services identify community-based access to harm reduction services as essential for reaching IDUs because they are often not in contact or do not feel supported or welcomed by mainstream health services (37-39). Creative approaches to outreach services have been employed in cities around the world. In Britain, for example, ex-users were recruited as outreach workers to provide education and referrals as well as distribute condoms and needles. The approach was found to be highly successful because the outreach workers were accepted by at-risk populations and were able to provide effective education and harm reduction services (40).

Further support for enhancing community-based access to harm reduction services is found in the Addley report (41). The report recommends the establishment of a new, flexible and community based provincial treatment model. The report calls for the expansion of outpatient and outreach services, particularly for youth, and suggests increasing the hours of operation for street-front, community based centres to include evenings and weekends. These community-based centres are envisioned as comprehensive and multi-disciplinary, offering clinical services, parenting education, counseling, crisis intervention and other social services.

A number of community youth programs aiming to reduce harm among IDUs and prevent IDU in high-risk persons are available in Saskatoon, including (among others) AIDS Saskatoon, EGADZ, My Home, and Youth Circles. As community-based access to harm reduction is expanded, efforts need to be made to ensure that services and strategies are flexible, culturally acceptable, accessible, age and gender appropriate, user-friendly, staffed by appropriate outreach personnel, and involve IDUs in the design, implementation and evaluation of programs (36).

Stakeholders at the October 2005 meeting felt that advocacy was needed to increase community-based access to harm reduction services (including HIV testing, needle exchange programs, information, direct services to IDU clients). The development of multiple, accessible sites within existing programs/organizations was suggested as one way to improve community-based services in harm reduction.

The following recommendations are to be considered in conjunction with Recommendation H-3 (Expansion of Outreach Services).
Strategies for this recommendation:

**Short Term Strategies**
In addition to those strategies suggested under Recommendations H-3 (Expand Outreach Services) and H-5 (Continue Needle Safe):

1. Facilitate opportunities for community development through community kitchens, peer groups or workshops on HIV prevention.
2. Collaborate with local food banks and food security programs to provide a non-perishable food item to clients seen in the *Health Works* van.
3. Consult with community members (for example, through focus groups) to brainstorm activities or services for which they would feel supported by peer-leaders.

**Long Term Strategies**
1. Expand needle exchange hours to provide service either (a) during more hours of the night or (b) 24 hours to respond to identified community needs.
2. Incorporate peer-leaders into harm reduction strategies through community development, volunteer programs or others.
3. Collaborate with existing multi-service centres, such as SWITCH (Student Wellness Initiative Towards Community Health) and other primary care clinics, to provide evening and weekend outreach services to youth that include clinical services, parenting education, counseling, crisis intervention and other social services.

**Expected Outcomes**
1. IDUs identify and participate in more opportunities for community development, mentoring and peer support through, for example, collective kitchens and HIV prevention workshops.
2. Follow-up evaluation shows that services are provided closer to communities that need them.
3. Collaborative efforts are undertaken to provide multiple services in locations that are welcoming, accepting and comfortable for community members.
Potential Lead Agency or Partner Agencies
- AIDS Saskatoon
- CHEP
- IDU-user groups
- Persons Living with AIDS (PLWA)
- Station 20 West
- SWITCH
- West Side Community Clinic
Recommendation H-5
Continue Needle Safe Saskatoon partnership.

Background
A community-based, collaborative needle disposal program was first piloted in Baltimore, Maryland under “Project Red Box” as an effort to improve public safety by reducing community exposure to used needles. The project evaluation showed promising results: fewer needles were found on the streets, people were satisfied that the project was resulting in fewer discarded needles in their neighborhoods, and collaboration between police and public health was enhanced (42). The program was expanded and has served as a model for other community-based needle disposal programs.

Community-based needle disposal and clean-up programs have expanded, developing into coalitions engaging local and national organizations, businesses, government, pharmaceutical associations, diabetes associations and HIV/AIDS associations in New York (43) and, more broadly, in the United States (44) and partnerships between local health departments and communities (45). In Canada, a syringe recovery program was integrated into both Vancouver (46) and Toronto’s (27) comprehensive four-pillar drug strategies. As part of the Safedmonton strategy, safe needle disposal toolkits including disposal containers, posters, presentations and information on safe needle box locations and collection statistics have been developed for schools and community groups (47).

Needle Safe Saskatoon, established in 1999, offers a variety of harm reduction services, including needle recovery by collaborating agencies, a Street Patrol Project (April-October) to recover used needles in the community, strategically placed needle drop boxes, provision of landlord kits for safe needle disposal and a media campaign. The program is a successful collaborative venture between PHS, Saskatoon Fire and Protective Services, City Police and other community agencies. The community-based education campaign has successfully contributed to creating community support for needle drop boxes (48). Stakeholders at the October 2005 meeting felt that the Needle Safe Saskatoon program should be continued as an effective harm reduction strategy for both IDUs and the public.

Strategies for this Recommendation:
Short Term Strategies
1. Expand or maintain needle drop box coverage to include public locations most frequently reporting street needles in Saskatoon (According to Needle Safe Saskatoon Annual Reports).
2. Encourage 1:1 needle exchange in the Health Works van and at fixed needle exchange sites.
3. Enhance efforts to minimize needles discarded by IDU clients registered with the Street Health Program by increasing client teaching about needle exchange services to:
   - Emphasize that biohazard containers distributed must be returned for exchange through *Health Works* or at fixed sites.
   - Ensure that clients receive sufficient biohazard containers for both the needles exchanged and for needles anticipated in their homes.

4. Continue distributing “Needle Safety at Work” videos with kits.

5. Expand safe needle disposal toolkit program to include schools and community groups, drawing from available examples as models (e.g. Safedmonton).

6. Continue peer-led needle recovery program and consider incorporating activities with those suggested under Recommendation 2.4 (Expand Community-based Access).

7. Consider contribution of Saskatoon’s *Needle Safe* program to best practices literature through:
   - Publication of experiences.
   - And incorporation of research, potentially with collaboration with the relevant departments at the University of Saskatchewan (including potential linkages with graduate students).

**Long Term Strategies**

1. Collaborate with local pharmacies to provide biohazard containers and teaching about safe disposal when distributing medical needles.

2. Conduct regular self-evaluations of peer-led needle recovery program to examine goals and challenges and identify future directions.

3. Advocate for expansion of safe needle disposal options to rural settings.

4. Advocate for environmentally sound disposal of biohazardous materials collected through Needle Safe.

**Expected Outcomes**

1. Needle Safe continues, demonstrating expanded and strengthened services in annual reports.

2. Evaluation using the Street Health database shows that the number of *Health Works* interactions listing ‘needle disposal/exchange-counseling’ and ‘Street Health program overview’ as services provided increases.

3. Evaluation using the Street Health database shows that the number of *Health Works* clients with exchange rates of 100% increases.
4. Needle Analysis Annual Reports show a decline in the number of needle-stick injuries reported, particularly in public locations.

5. Collaboration with other key actors, including correctional facilities and pharmacies, is demonstrated through expanded services, teaching and a reduction in the number of loose medical needles returned through needle drop boxes.

6. Regular self-evaluations of peer-led needle recovery program are conducted.

**Potential Lead Agency or Partner Agencies**
- City of Saskatoon
- Riversdale Business Improvement District
- Saskatoon & District Chamber of Commerce
- Saskatoon City Police
- Saskatoon Fire & Protective Services
- Saskatoon Health Region—Public Health Services
- Saskatoon Needle Safe Partnership
Recommendation H-6
Expand harm reduction strategies beyond needle exchange to include the provision of a full range of drug and equipment and supplies for other drugs.

Background
In Canada, injection drug use is the most common mode of transmission of Hepatitis C virus (HCV) with an estimated 90% of IDUs becoming infected within 5 years of injection drug use (49). The prevalence of HCV infection among injection drug users has been reported at 30-98% (50). Studies demonstrate a significantly increased risk of HCV for IDUs sharing injection drug equipment, even when sterile needles are used (51, 52). Research in Halifax, Nova Scotia demonstrated a low level of awareness of the risks of sharing equipment, such as water and spoons, among drug-using populations (53). The effectiveness of HCV risk reduction through needle exchange alone is questioned by findings from another large-scale study conducted in Seattle (54). Each of these studies call for the incorporation of greater efforts to education IDUs about the risks of sharing equipment and several recommend the inclusion of paraphernalia (cookers, spoons, sterile water and cotton filters) into needle exchange programs.

In Canada, several needle exchange programs have successfully integrated the provision of comprehensive supplies including filters, water, tourniquets, and cookers into their exchange services. Examples of programs including such supplies into needle exchange programs are Regina, Vancouver and Toronto.

The 2006 Medical Health Officer’s report, *Investigation of an HIV Cluster among Injection Drug Users in Saskatoon*, recommended the expansion of harm reduction strategies beyond needle exchange to include additional supplies including filters, water, and spoons (cookers). Furthermore, participants at the October 2005 Stakeholders’ meeting identified a need for services in equipment exchange other than needles (e.g. pipe exchange for crystal meth).

Strategies for this recommendation:

**Short Term Strategies**
1. Communicate with other needle exchange programs distributing injection drug equipment (cookers, cotton and water) to:
   a. Explore options available.
   b. Examine costs and benefits of different options.
   c. Learn from feedback, comments and experiences.
2. Prepare a plan and budget proposal for the incorporation of other injection drug equipment (cookers, cotton and water).
3. Continue to focus teaching opportunities in outreach services on the risks involved in sharing any drug paraphernalia.
4. Continue to focus teaching opportunities in outreach services on safe injection practices, including the use of filters (cotton).

5. Evaluate currently available educational materials on safe injecting practices.

**Long Term Strategies**

1. Expand Needle Safe to include the provision of other injection drug equipment such as cookers, cotton and water.

**Expected Outcomes**

1. Additional injection drug equipment is made available to clients accessing needle exchange services.

2. Evaluation using the Street Health database shows that the number of *Health Works* interactions listing 'safe injection drug use', 'HIV/AIDS-counseling', 'Hepatitis B/C-counseling', and 'vein maintenance' increases.

**Potential Lead Agency or Partner Agencies**

- IDU-User groups
- Saskatoon Health Region—Public Health Services (Street Health)
Recommendation H-7

Pending successful evaluation of Insite (Canada’s first supervised injection site) and federal approval for expansion of similar programs, consider a supervised injection site for Saskatoon.

Background

Evaluations of safe-injection facilities indicate that such facilities contribute to improved health and social function of clients; reduced deaths related to overdose; reduced HIV risk-related behaviours, public drug use, and unsafe disposal of syringes (55). A cross-sectional study conducted in Vancouver showed the need for collaboration and cooperation with police prior to the introduction of their first pilot of a safer injection site (55).

North America’s first supervised safer injection site was opened in Vancouver in September of 2003. The federal government approved the project as a three-year pilot, on the condition that on-going, rigorous scientific evaluation is incorporated into program planning (56). At this facility, clients are provided with clean injecting equipment, medical attention in the case of overdose and access or referral to primary health care and other services such as addiction treatment. Evaluation of this site demonstrates “substantial reduction in the starting of binge drug use” (p. 221) and reductions in syringe sharing among local injecting drug users (57). Reductions in public drug use, publicly discarded syringes and injection-related litter have also been found (58). The site has also been found to prevent some acute drug use complications, such as overdose and inflammation or abscesses in injection sites (56).

Stakeholders at the October 2005 meeting felt that, following extensive research and community consultation and education, supervised injection sites should be considered for Saskatoon. This may become a particularly important recommendation for consideration if evaluation of the Saskatoon Injection Drug Use Strategy demonstrates persistent unmet needs for IDUs.

Strategies for this recommendation:

Short-term Strategies

1. Consult with community members and other stakeholders to:
   a. Discuss the potential strengths and challenges of offering safe injection sites in Saskatoon.
   b. Consult with stakeholders from Vancouver’s safer injection site to learn from their model and explore the potential for implementation in other Canadian cities.
   c. Discuss potential locations that meet the community’s needs.
   d. Develop a proposal for the introduction of a pilot safe injection site in Saskatoon, with built-in, on-going evaluation and research that includes baseline and community responses.
   e. Secure funding for implementation of the pilot program.
f. In conjunction with Recommendation H-2 (Develop an intensive education program), develop a strategy for an active community awareness campaign that aims to create greater support and understanding for IDUs in the city of Saskatoon through providing education on: harm reduction, determinants of health contributing to substance abuse and the benefits of safer injection sites experienced by other communities (e.g. Vancouver).

**Long-term Strategies**

1. Conduct baseline evaluation of community needs around safer injection sites in Saskatoon.
2. Implement community awareness campaign.
3. Implement a pilot safer injection site in Saskatoon with built-in, on-going evaluation.
4. Respond to evaluation of pilot program for safer injection sites, expanding services and locations where appropriate and adjusting to community needs.

**Expected Outcomes**

1. Pilot program for safer injection site is initiated with the support of both the IDU community and the community as a whole.
2. On-going evaluation shows that community awareness and understanding of the role of safer injection sites in harm reduction and of determinants of health influencing substance abuse improves.
3. On-going evaluation is responded to with appropriate expansion of services to meet community needs.
4. Research evaluating the safer injection site is published in peer-reviewed journals.

**Potential Lead Agency or Partner Agencies**

- Saskatchewan Health
- Saskatoon Health Region—Public Health Services
- University of Saskatchewan
References


(3) Centre for Addiction & Mental Health. CAMH and Harm Reduction: A background paper on its meaning and applications for substance abuse. Toronto, ON: Centre for Addiction and Mental Health; 2002.


