

## CITY OF HAMILTON

### **PUBLIC HEALTH SERVICES** *Clinical and Preventive Services*

<b>TO:</b> Mayor and Members Board of Health	<b>WARD(S) AFFECTED:</b> CITY WIDE
<b>COMMITTEE DATE:</b> September 26, 2011	
<b>SUBJECT/REPORT NO:</b> Harm Reduction Program - Street Health & Van Needle Exchange Situational Assessment (BOH11031) (City Wide)	
<b>SUBMITTED BY:</b> Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services Department	<b>PREPARED BY:</b> Dr. Julie Emili (905) 546-2424 ext. 4845
<b>SIGNATURE:</b>	Linda Blake-Evans (905) 546-2424 ext. 3286

### RECOMMENDATION

That the Board of Health endorse Public Health Services' implementation within current resources of the recommendations from the Harm Reduction Situational Assessment of Street Health and Van Needle Exchange services.

### EXECUTIVE SUMMARY

Ontario Public Health Standards require that boards of health ensure access to a variety of harm reduction program delivery models.

Harm reduction is any program or policy designed to reduce drug-related harm without requiring the cessation of drug use (Centre for Addiction and Mental Health, 2010). The approach of harm reduction does not promote the use of drugs, but recognizes that those who are using drugs will often continue to do so (Reid, 2002). Harm reduction is one component of a community wide response aimed at reducing the harms of substance use. The Four Pillars Drug Strategy, a comprehensive approach originally implemented in Vancouver, balances public order and public health in order to create a safer, healthier community. The "Four Pillars" are prevention, harm reduction,

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treatment, and enforcement and require collaboration amongst many different community agencies.

Since 1992, Public Health Services (PHS) Harm Reduction Program has been providing health services and needle exchange for persons who are street involved, homeless, living in poverty or have an addiction issue. Key services include:

- Mobile needle exchange outreach Monday to Friday, 8 pm to midnight (The Van)
- Fixed sites for needle exchange and safer injection supplies to reduce harm and blood borne infections i.e. alcohol swabs, filters, sharps containers. Current needle exchange fixed sites include Marchese Health Care, Elizabeth Fry Society, Hamilton AIDS Network, Hamilton Urban Core Community Health Centre, Aboriginal Health Centre, PHS sexual health clinics, health bus and Alcohol, Drug & Gambling Services
- Street Health Clinics operate Monday to Friday in various downtown locations in partnership with the Wesley Centre, Hamilton Urban Core Community Health Centre, Womankind Addiction Services, Notre Dame Youth Centre and Elizabeth Fry Society STARS program; and provide the following health services:
  - testing for HIV, hepatitis, sexually transmitted infections
  - vaccinations for hepatitis, flu, pneumonia
  - basic first aid
  - free condoms
  - referrals and addiction counselling
  - needle exchange services

A situational assessment was initiated with the Applied Research and Evaluation team in PHS to examine which services offered by the Harm Reduction Program best fit with public health's mandate, given the multitude of the needs in the street involved population and related social determinants of health. Key findings were that:

- Overall, services were comparable to other Street Health clinics in Canada and were seen as a valuable resource in our community;
- Outreach (providing services where clients are) was identified as the most effective way of reaching street involved populations;
- Need was identified for:
  1. expanded Street Health Clinic hours and locations
  2. increased access to needle exchange services after hours, and
  3. distribution of safer crack use kits

The situational assessment made both short term and long term recommendations. The short term recommendations focused on operational issues to improve the quality and awareness of the services offered. The long term recommendations focused on opportunities to collaborate with community partners and expansion of the harm reduction component of the services including increased hours and locations for needle exchange program fixed sites and distribution of safer inhalation kits.

***Alternatives for Consideration – See Page 9***

<b>FINANCIAL / STAFFING / LEGAL IMPLICATIONS</b> (for Recommendation(s) only)
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**Financial and Staffing:** All recommendations will be implemented within current resources.

**Legal:** Consultation was sought with City of Hamilton solicitor Colleen Robertshaw regarding this report who did not have any concerns from a legal perspective but recommended consultation with Police Services. The Chief of Police is aware of the proposed enhancement of the Harm Reduction Program and respects the role of harm reduction and will continue to pursue enforcement.

Other Public Health Units in Ontario i.e. Halton, Wellington-Dufferin-Guelph, Kingston, Toronto, Simcoe-Muskoka have been distributing safer crack kits and collecting used equipment without any legal issues.

<b>HISTORICAL BACKGROUND</b> (Chronology of events)
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Needle exchange programming started in 1992 with staff on foot followed by a mobile needle exchange van (The Van) after a recommendation by the Hamilton AIDS Prevention Task Force for HIV prevention. The Van operates Monday to Friday, 8 pm to midnight, responding to cell phone calls or texts from clients to arrange a meeting place for clean injection supplies and used needle disposal. Community volunteers are recruited and trained by The AIDS Network to accompany the staff person on the Van.

Other sites for needle exchange have been established in partnership with Marchese Pharmacy, Aboriginal Health Centre, Elizabeth Fry Society, Hamilton Urban Core Community Health Centre, The AIDS Network, Public Health Services clinics/health bus and Alcohol, Drug & Gambling Services.

In 2010, approximately 460,000 clean needles were distributed by the program with 81% returned. 9,000 client contacts were made with clients presenting multiple times for needle exchange services. The demand for clean injection supplies increases yearly.

The first Street Health clinic site was located at the Wesley Centre in 1993 as a result of a needs assessment that identified inadequate accessibility to health services among the urban poor and homeless. Since then, Street Health Clinic sites have been expanded to new sites in partnership with Good Shepherd's Notre Dame Youth Shelter, Womankind Addiction Program, Elizabeth Fry Society Sex Trade Alternatives & Resources Program and Hamilton Urban Core Community Health Centre. These agencies provide space free of charge for public health clinic hours.

<b>Street Health Clinic Site</b>	<b>Hours</b>
Wesley Centre	Mon & Thurs 1 pm – 4 pm Wed 9 am to 11:30 am Fri 9 am to 4 pm
Hamilton Urban Core Community Health Centre	Tues 5 pm– 8 pm
Good Shepherd Notre Dame Youth Shelter	Tues 12 pm – 2:30 pm
Womankind Addiction Service	Wed 10 am – 12 pm
Elizabeth Fry Society—Sex Trade and Alternatives & Resources Program	Tues 6 pm – 8 pm

All Street Health Clinics provide health services with public health nurses on a drop in basis\* including:

- testing for HIV, hepatitis, sexually transmitted infections
- vaccinations for hepatitis, flu, pneumonia
- basic first aid
- free condoms
- referrals and addiction counselling\*\*
- needle exchange services

\*Clinics at Notre Dame Youth Shelter, Elizabeth Fry Society and Womankind are limited to clients of those programs

\*\*Alcohol, Drug and Gambling staff member located at Wesley Centre and Urban Core clinics only

The Harm Reduction Program has 2.6 FTEs (2 public health nurses and part time Van outreach worker contracted from the AIDS Network) with 1 program manager who also manages the Sexual Health Program. There is a 1.0 FTE harm reduction outreach worker within the Mental Health/Street Outreach team who works closely with the Van and provides 1:1 case management and groups.

The majority of harm reduction services are provided within the downtown and east end where clients with addictions tend to live or congregate. Clients who utilize the Harm Reduction Program services are reflective of “Code Red’s” profile of poverty and poor health outcomes.

In 2006, PHS dedicated resources for program reviews in order to ensure programs and services are efficient and effective. The 2007 Ontario Public Health Standards (OPHS) requires completion of programs reviews, also called situational assessments.

## **POLICY IMPLICATIONS**

Ontario Public Health Standards (OPHS) direct public health units to ensure that priority populations have access to harm reduction services to reduce the transmission of sexually transmitted infections and blood-borne infections. The board of health shall ensure access to a variety of harm reduction program delivery models which shall include the provision of sterile needles and syringes and may include other evidence-informed harm reduction strategies in response to local surveillance. Current and proposed PHS Harm Reduction Program activities meet this mandate.

Public health programs have been shown to play a significant role in reducing risk of infections through education, treatment and harm reduction programs. The most prominent and controversial Canadian harm reduction program is Insite, a supervised injection site in Vancouver. Studies have shown that Insite decreased mortality from overdose, decreased needle sharing practices, increased uptake of addiction services, and decreased vehicle break-ins, thefts and injection in public places and injection-related litter. Insite operated under a constitutional exception to the Controlled Drugs and Substances Act that was not renewed in 2008. The Supreme Court is expected to release its decision on the future of Insite late 2011 or early 2012. There are no supervised injection sites in Ontario.

## **RELEVANT CONSULTATION**

Key informants were interviewed locally and across Canada to gather information needed for the situational assessment. Local key informants included: Wesley Centre director, clients who utilize the Wesley Street Health Clinic and Van Program, and a focus group of current needle exchange partners (Elizabeth Fry Society, Hamilton AIDS Network, Marchese Health Care). The Wesley Centre director acknowledged the excellent working relationship between the Street Health Clinic and Wesley and that Street Health Clinic services were valuable to their clients. Clients of the Van and Wesley Street Health Clinic were surveyed and found to highly value the services they received. Clients wanted more evening clinic hours and access to safer crack use supplies. Clients stated that having supportive and non-judgmental program staff were key to their involvement with the program.

The Hamilton AIDS Network and Alcohol, Drug and Gambling Services are ongoing community partners providing harm reduction services and are in support of expanded services. All current needle exchange partners are supportive of new initiatives.

Hamilton Police Services Drug and Vice officers and HEAT team were consulted informally and supported the principle of safer inhalation kits to prevent spread of infections. The Medical Officer of Health has discussed the issue with the Chief of

Police who is aware of the proposed enhancement of the Harm Reduction Program and respects the role of harm reduction and will continue to pursue enforcement.

Paul Johnson, Director of Neighbourhood Development Strategies was consulted and identified the need to support neighbourhoods in their concerns around discarded needles and crack houses.

Any implementation strategy will involve community consultation to ensure any concerns or issues identified by the community are addressed. A symposium will be planned with partner agencies that participate in needle exchange to support the development of new initiatives.

#### **ANALYSIS / RATIONALE FOR RECOMMENDATION**

(include Performance Measurement/Benchmarking Data, if applicable)

Local data from program staff and police in Hamilton indicates frequent use of opiates (injected) and crack cocaine (smoked) use locally with more heroin being used recently. Injection drug use and crack smoking are high risk for HIV and Hepatitis C transmission through sharing of equipment and unprotected sex.

Studies have recently identified crack smoking as a risk factor for HIV, Hepatitis C, and tuberculosis transmission in drug-user populations. These infectious diseases may be transmitted via the sharing of crack paraphernalia ('pipes'), through which contaminated blood particles are transmitted from one host to the other. Many crack smokers have burns or cuts on their lips, often remaining as open sores and taking long to heal. Most utilize makeshift crack pipes, typically assembled from metal (e.g. pop cans) and/or glass materials with sharp edges (Canadian Journal of Public Health, 2005).

In the Ontario Central West region, 12% of HIV diagnoses were in injection drug users in 2008 (Ontario HIV Epidemiologic Monitoring Unit, 2009) and approximately 78% of newly acquired Hepatitis C cases in Canada are estimated to be due to injection drug use (PHAC, 2009). The cost burden for Hepatitis C is high and estimated to be up to \$500 million in Canada per year (Fischer, Kalousek, Rehm et al, 2006). An economic study in Hamilton by Gold and Colleagues in 1997 estimated that 24 cases of HIV would be prevented by the needle exchange program over 5 years, saving \$1.3 million in lifetime HIV treatment costs.

#### **Situational Assessment:**

Data was collected and examined by PHS Applied Research and Evaluation staff from various sources including:

- Literature review of street health clinic practices
- Client surveys

- Key informant surveys of current needle exchange partners, other similar Canadian street health programs
- Audit data from Clinic charts and Van stops
- Feedback from Street Health Clinic staff and management

**Key Findings:**

- Literature suggests that effective service delivery models for health care services for street-involved population include the following components: a) outreach (providing services where clients are) to clients by staff on the street is the most effective mode of delivery to street-involved population, b) different modes of delivery can also help maximize accessibility for such hard to reach populations, and c) staff with respectful and non-judgmental attitude are essential in order to build trusting relationships with clients.
- Best practices for Needle Exchange Programs include providing: a) a comprehensive range of well coordinated and flexible services in collaboration with community partners, b) services available in multiple locations with varied hours of operation, c) community based outreach, and d) easily accessible sterile equipment.
- Client surveys, Needle Exchange partners and Street Health Clinic community partners all acknowledged that the services and staff from the Street Health Clinic are an extremely valuable resource within the community.
- The majority of participants from Street Health Clinic staff, community partners and other street health programs agreed that a “blended model” of both primary care and public health care is best suited for this clientele.
- Comparisons of street health services with other Canadian programs showed that these provided very similar services to Hamilton’s Street Health clinics. All interviewed street health programs provide basic first aid and wound care services.
- In general, staff and community partners agreed that expansion of the Street Health Clinic to other locations is needed, and in particular to operate clinics in evening hours.
- Needle Exchange partners felt that there could be more needle exchange sites in downtown core after hours and around East Hamilton, particularly after the closing of Wesley Centre for evening/night hours where clients could access clean supplies.
- An overwhelming majority of key informant participants supported the distribution of safer crack kits in Hamilton.

**Recommendations:**

<b>Short Term Recommendations</b>	<b>Long Term Recommendations</b>
Develop a program logic model with clear goals and objectives, target population, and matched activities and outcomes	Explore opportunities to collaborate services with other partners
Continue to provide evening hour Street Health Clinic services	Collaborate with other teams within Public Health Services to make more services available to Street Health Clinic clients
Continue to provide appropriate first aid services for abscesses and skin problems	Explore opportunities to establish 24 hour NEP fixed sites in Hamilton
Ensure staff at the Street Health Clinic follow medical directives and policies & procedures for the services they provide	Distribute safer inhalation kits through current needle exchange sites and the Van
Increase the awareness of the Van services in the community	Consider contributing to research to address the current gap in research and evaluation in this area

The short term recommendations were operational in nature and have been implemented as part of the program's process of continuous quality improvement.

The long-term recommendations are planned to be addressed through:

1. Increased collaboration with community partners i.e. Shelter Health Network to provide enhanced Street Health Clinic services and hours.
2. Expansion of harm reduction services to include the distribution of safer crack use supplies to reduce the risk of Hepatitis C and HIV infection from shared equipment.
3. Consultation and collaboration with community partners and neighborhoods to support implementation of recommendations consistent with the Four Pillars Drug Strategy.

**Link to City Wide Initiatives:**

The Code Red Series in the Hamilton Spectator highlighted the significant differences in health outcomes between neighborhoods across the City. The Neighborhood Development Strategy responds to these concerns and aims to better integrate activities at the neighborhood level. Many of the poorest neighborhoods in Hamilton are affected by poverty, addictions and poor health outcomes and are the same neighborhoods that have the highest needs for Harm Reduction Program services. The Neighborhood Development Strategy will provide an opportunity to partner with these neighborhoods to implement the proposed changes in a way that meets the needs and concerns of the clients and the neighborhoods in which they live and use.



Harm Reduction Program staff come into frequent contact with high needs clients with program services provided in the downtown core. Public Health Services Social Determinants of Health workgroup will be working closely with the Harm Reduction Program to address needs identified in this population. Implementation of the review recommendations will result in improved services and health outcomes for vulnerable clients and a safer and healthier community for the City of Hamilton.

### **ALTERNATIVES FOR CONSIDERATION**

(include Financial, Staffing, Legal and Policy Implications and pros and cons for each alternative)

The Board of Health could decide to implement all, some or none of the recommendations arising from the program review, but this is not recommended for the following reasons:

1. The Harm Reduction Program constitutes an investment in prevention for citizens at risk of HIV/AIDS and Hepatitis C who would otherwise become infected through shared equipment and lack of information. Hepatitis C and HIV/AIDS are already at a high level in Ontario (listed in the top 10 infectious diseases) and likely will increase further without improved access to safer injection supplies or safer crack use kits.
2. Clients who inject or inhale street drugs would not otherwise interact or form trusting relationships with outreach staff, ADGS or public health nurses who can offer education and referrals for health and counselling services.
3. The situational assessment recommendations are in keeping with the findings of the Code Red Series and provide direction for collaboration with neighbourhoods through the Neighbourhood Development Strategy which will result in better service and outcomes for individuals and the community at large.

### **CORPORATE STRATEGIC PLAN (Linkage to Desired End Results)**

Focus Areas: 1. Skilled, Innovative and Respectful Organization, 2. Financial Sustainability, 3. Intergovernmental Relationships, 4. Growing Our Economy, 5. Social Development, 6. Environmental Stewardship, 7. Healthy Community

#### ***Skilled, Innovative & Respectful Organization***

- ♦ A culture of excellence

#### ***Intergovernmental Relationships***

- ♦ Maintain effective relationships with other public agencies

***Growing Our Economy***

- ◆ An improved customer service

***Social Development***

- ◆ Residents in need have access to adequate support services

***Environmental Stewardship***

- ◆ Aspiring to the highest environmental standards i.e. facilitates safe drug equipment disposal

***Healthy Community***

- ◆ Adequate access to food, water, shelter and income, safety, work, recreation and support for all (Human Services)

<b>APPENDICES / SCHEDULES</b>
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N/A