Council Direction:

This report is provided in keeping with the Board of Health policy on communication between the Medical Officer of Health and the Board of Health, as outlined in Report PH06038.

Mandate:

Under the Mandatory Health Programs and Service Guidelines (MHPSG), 1997, the Ontario Ministry of Health and Long Term Care (MOHLTC) mandates that:

The board of health shall ensure that injection drug users can have access to sterile injection equipment by the provision of needle and syringe exchange programs as a harm reduction strategy to prevent transmission of HIV, hepatitis B, hepatitis C and other blood-borne infections and associated diseases in areas where drug use is recognized as a problem in the community. The strategy shall also include counselling and education and referral to primary health services and addiction/treatment services.

Background:

In Ontario, Needle Exchange Programs (NEPs) are designated as a mandatory public health program in areas where injection drug use is recognized as a problem in the community. Currently, 34 of 36 health units in Ontario offer NEPs.

The Van Needle Exchange Program in Hamilton began in 1992 after recommendation by the Hamilton AIDS Prevention Task Force for HIV prevention. The “Van” is an unmarked vehicle which drives through areas known to be frequented by drug users and sex trade workers. One staff member and a volunteer from The AIDS Network are
on duty Monday to Friday, 8 pm to midnight and are accessible by cell phone to clients wishing contact. The Van is staffed by Public Health Services and a variety of community outreach workers paid by their respective agencies such as Hamilton AIDS Network, Elizabeth Fry Society and Aboriginal Health Centre. 17 community volunteers are recruited and trained by The AIDS Network to accompany the staff person on the Van.

Other fixed sites for needle exchange have been established in co-operation with Marchese Pharmacy, Aboriginal Health Centre, Elizabeth Fry Society, Wesley Drop-In Centre, Hamilton Urban Core Community Health Centre, The AIDS Network, Public Health Services clinics and the Community Health Bus.

Public Health Services also operates a Street Health Centre located at the Wesley Centre which provides harm reduction supplies, health care and addiction counselling. The Street Health Centre was begun as a result of a needs assessment that identified inadequate accessibility to health services among the urban poor and homeless.

Local Evidence:
An economic study in Hamilton by Gold and colleagues in 1997 estimated that 24 cases of HIV would be prevented by the program over 5 years, saving $1.3 million in lifetime HIV treatment costs. A needs reassessment by Gold in 1999 revealed client satisfaction with services was high as well as the need to increase awareness in the IDU community about the services, to provide more addiction treatment information and to establish more fixed sites.

In 2004, clients of the NEP were interviewed to understand who we provide services to and to identify their health and social issues. Results showed that NEP clients:

46% started injecting drugs before age 20;

The most frequent drug used was opiates, followed by cocaine;

NEP clients suffer from a high burden of disease and low quality of life due to a wide range of health issues and social instability.

Staff Complement:
The Van Needle Exchange and Street Health Program is managed by the STD program manager and is staffed by 2 FTE public health nurses and 0.5 FTE Community Outreach Worker who is contracted through The AIDS Network. The total expenditure is $220,110.00 funded 75% Ministry and 25% municipal funding.

Services Provided:
The Van and Street Health Centre provide:

- Needle exchange and disposal
- Needle clean up as requested in public areas
- Safer injecting supplies such as sterile water, filters, ascorbic acid and filters which also prevent viral, fungal and bacterial infections in users
• Condom distribution
• Education and information
• Referrals and addiction counselling
• Testing for HIV, Hepatitis B & C, syphilis, TB, pregnancy
• Testing and treatment of STDs
• Health assessments & immunizations
• Warm clothing and cold alert checks for vulnerable clients living on the street

2006 Client contact rates:

<table>
<thead>
<tr>
<th></th>
<th>Number Of Clients Seen 2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Van / Mobile</td>
<td>1719</td>
</tr>
<tr>
<td>Street Health Centre</td>
<td>2492</td>
</tr>
<tr>
<td>Coalition Agencies*</td>
<td>6,357</td>
</tr>
</tbody>
</table>

*Coalition agencies are: Marchese Pharmacy, Aboriginal Health Centre, Elizabeth Fry Society, Wesley Drop-In Centre, Hamilton Urban Core Community Health Centre, Hamilton AIDS Network.

Impact and Effectiveness:

Needle Exchange Programs:

• Reduce unsafe drug use, unsafe sexual behaviours and transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C (HCV) among injection drug users (IDUs)
• Reduce the number of used needles discarded in the community
• Does not encourage injection drug use
• Are cost effective--the lifetime costs of providing treatment to IDUs living with HIV greatly exceeds the costs of providing NEP services. Research in Hamilton by Gold in 1997 estimated that locally, for each dollar spent on the NEP, four dollars are saved.
• Are often the only contact IDUs have with health or social service providers

Conclusion:

Hamilton’s needle exchange program offers an opportunity to promote and educate safer substance use and to offer counselling and access to health care for individuals at high risk. NEPs can reduce the transmission of syringe-borne viruses and avoid long
term health costs. Fixed and satellite sites and mobile services provide varied levels of accessibility which serve to better reach a population with unique health and social issues. Support from community agencies committed to providing outreach to high risk clients in conjunction with public health staff is integral to the success of our program.

Public Health Standards (draft 2007) and Ontario Needle Exchange Best Practice Recommendations, 2006 indicate a shift toward public health units distributing other harm reduction materials and equipment rather than simply needles and syringes to prevent blood-borne diseases. Currently some harm reduction equipment such as sterile water, filters, ascorbic acid are provided by the Hepatitis C Secretariat to health units. Future shifts in the drugs of choice and methods of use in our community may warrant examining which supplies for distribution to clients are needed to best prevent disease transmission in this high risk population.

A review of services provided and client needs is currently underway in 2007 to review and update our operational plan for this program. Public health staff working in the Van Needle Exchange program are highly dedicated to providing excellent service and disease prevention strategies to some of the most vulnerable and high risk clients in our city.

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Elizabeth Richardson, MD, MHSc, FRCPC
Medical Officer of Health
Public Health Services