| Government of Saskatchewan | SECTION: Population Health | | |
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| | DATE: Jan 26/16 | REVISIONS | |
| | APPROVED BY: | | |

**GUIDING PRINCIPLES:** Prevention and Risk Reduction Programs

Drug use practices that can lead to transmission of human immunodeficiency virus (HIV), hepatitis C (HCV), hepatitis B (HBV) and other harms are a critical public health issue. Evidence demonstrates that effective communicable disease prevention programming, where clients receive health-related services, prevention and education, counselling, linkages to addictions services, emergency support and access to clean supplies for using drugs, can reduce transmission of blood-borne infections and other harms.

The Ministry of Health provides annualized funding to some Regional Health Authorities (RHAs) for Prevention and Risk Reduction (PRR) Programming. Some regions work with community partners such as community-based organizations to deliver PRR programming.

**Prevention and Risk Reduction programs provide services under the following assumptions:**

- Minimize the harmful effects of drug use.
- Drug use is a complex, multi-faceted phenomenon that encompasses a continuum of behaviors.
- Non-judgmental, non-coercive, low barrier provision of services and resources is essential to people who use drugs and the communities in which they live in order to assist them in reducing harm.
- People who use drugs and those with a history of drug use should be involved in the creation of programs and policies designed to serve them.
- Poverty, mental health, addictions, discrimination, social isolation, past trauma, street involvement and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm.
- The client's right to confidentiality, privacy, dignity and respect is valued.
- Services are culturally safe; that is, the client's nationality, culture, age, sex, political and religious beliefs are respected.

**Scope:**

These guiding principles support provincial PRR strategies and services in order to meet the goals identified below.

Programming should be based on best practices to guide effective programming where possible. *The Best Practice Recommendations for Canadian Harm Reduction Programs, Parts 1 and 2 (Strike et al, 2013, 2015)* are the sources for these guiding principles and should be referred to and incorporated as much as possible in the delivery and development of programs in Saskatchewan.

**Purpose:**

The goals of PRR programs for people who use substances, their families, and communities are to:

- reduce the incidence and transmission of HIV infection and other blood borne-infections associated with injection drug use and sexual activity;
- reduce the sharing of substance use equipment (i.e. needles and syringes, etc);
- offer a variety of public health services and link clients to primary health, mental health and addictions, as well as various social services;
- educate about safer substance use and sexual health;
- develop relationships with individuals who use drugs and support them to engage in a plan to address their substance use;
- provide return and disposal options and educate clients in order to reduce the number of discarded supplies in the community;
- provide education on the importance of testing, treatment options, and prevention of blood borne pathogens transmission; and,
- provide education on overdose prevention, recognition and response.

Where possible, supplies and services should be offered in a variety of settings, some examples include outreach vans, community-based organizations, and public health offices.

**Procedures:**

The following are standard procedures for PRR programs and are based on best practices. Individual programs will adopt their own policies and procedures based on their availability of supplies and services.

<u>Needle & Syringe Programs (NSPs)</u>

1. Supplies:

Needles and syringes:

Sterile needles are provided to clients in the quantities requested without requiring clients to return used needles. The goal is to achieve a one-to-one exchange; however, best practices suggest not placing a limit on the number of needles provided per client as this may reduce program effectiveness (Strike et al, 2013). PRR program staff should use their discretion to provide the number of needles per client visit based on:

i) the type of drug(s) the client uses and frequency of injecting;

ii) the accessibility of PRR program site by client (e.g. distance from client's home to PRR program site, public transport route and hours of operation); and,
iii) the client accessing supplies for individuals other than themselves.

PRR programs should be exempt from any restrictions which prevent them from ordering non-safety engineered needles for PRR programs.

Clients should be provided with education on how to return and to properly dispose of used needles and syringes.

Needle Collection:

Standard precautions are to be practiced at all times to avoid exposure to blood and body fluids and regional policies should be enforced. In the event that a needle stick injury occurs, refer to the Saskatchewan Ministry of Health's *Guidelines for the Management Exposure to Blood and Body Fluids*, found here: http://www.ehealthsask.ca/services/manuals/Documents/hiv-provider-guidelines.pdf#search=exposure%20to%20blood%20and%20bodily%20fluids%20guidelines

A suggested procedure is to have clients deposit used syringes directly into the disposal container and ask them to advise staff of the number that are being returned. The number will be recorded. For larger containers of used syringes, an estimate will be made of the number. Program staff are not to attempt to count the number of needles in any containers.

Other injecting equipment such as sterile water, spoons, cookers, filters, alcohol swabs tourniquets, sharps containers, travel kits[1] and vitamin C are also offered. Some sites distribute condoms and other barriers, along with education on safer sexual practices.

2. Counselling:

Programs will provide information on risk reduction, and provide appropriate support and educational resources as necessary.

3. Referrals/Case Management:

At regular intervals, program staff should assess the client's level of social functioning and readiness for intervention in order to determine the type and level of interventions/referrals required. A list of counseling, referrals and services is included in the attached reporting form (Appendix A), i.e. mental health and addictions, social services, medical care, housing, etc. It is beneficial for PRR program staff to be involved in a case management process (whether formal or informal) to facilitate a holistic and client-centered approach is utilized.

[1] some programs offer eyeglass cases as travel kits for clients to safely transport their supplies in

4. Immunization:

Where applicable, clients will be offered immunizations as per the current publicly funded provincial program, as required. For information on the Saskatchewan Immunization program, go to:
http://www.ehealthsask.ca/services/manuals/Pages/SIM.aspx

5. Testing:

It is recommended that information about and testing for sexually transmitted infections and blood borne infections be provided to PRR program clients. Further information can be obtained from the Canadian Guidelines on Sexually Transmitted Infections: http://www.phac-aspc.gc.ca/std-mts/sti-its/cgsti-ldcits/section-2-eng.php#a1 (Public Health Agency of Canada) or at the Government of Saskatchewan's website: http://www.saskatchewan.ca/residents/health/accessing-health-care-services/sexually-transmitted-infections-services

6. Wound Care:

Services provided vary by site/health region. Refer to health region policies.

7. Service locations, types and times:

Programs should monitor and assess needs of clients through processes that seek client experience and feedback on a routine basis to improve access. Sites should be prepared to adjust service times to meet the needs of clients. If a mobile service is provided, routes should also be based on client need.

8. Incorporating Peers:

Where possible, it is essential that people with lived experience (also referred to as "peers") be included in program development, implementation, delivery and evaluation. Peer involvement improves programs' credibility and accessibility.

9. Community Engagement:

There is a need to balance broad concerns for public safety with the provision of services intended to improve the health and reduce the risk of disease transmission for those in our communities who are using drugs. It is recommended that regions that offer programming have ongoing meetings and communication with a variety of community groups and stakeholders in order to ensure open communication with regards to the purpose and intent of PRR programs. Examples of stakeholders include law enforcement, rural municipalities, community-based organizations, city officials.

Some regions have developed local Needle Safe Committees with a wide variety of stakeholders that meet regularly to discuss items such as community clean-ups, locations of needle drop boxes and actively problem solve any concerns identified in the community.

10. Quarterly meetings:

Staff and managers of prevention and risk reduction programs are encouraged to participate in quarterly conference calls with the Ministry of Health. The purpose of these calls is to address issues around service delivery and supplies, as well as to discuss best practices and other topics of interest.

11. Monitoring and Reporting Framework:

Non-identifying information is kept on clients who access PRR programming at each site. Records which contain client demographics, basic health information, date of contact with program, service provided and number of supplies provided/exchanged are included at the program level.

PRR programs are required to report annually on the de-identified statistics collected in each of the sites throughout the province. These data are due to the Ministry by June 30 each year and are rolled up into an annual report prepared by the Ministry of Health. See Appendix A for the reporting form.

Take Home Naloxone (THN) Programs

Individuals who have a history of using illicit opioids (illegal or diverted prescription) or who have been identified to be at risk of an opioid overdose may be eligible to obtain a THN kit. Prior to receiving a prescription from a physician or nurse practitioner, individuals must participate in training on overdose recognition and response (including Naloxone administration).

Individuals who are likely to witness an opioid overdose are encouraged to participate in overdose recognition and response training.

More information regarding the Saskatchewan Take Home Naloxone program can be found at **http://www.saskatchewan.ca/addictions**

**References:**

B.C. Centre for Disease Control (BCCDC) (2010). *Understanding Harm Reduction,* HealthLinkBC.

Marlatt, G. A. and Witkiewitz, K. (2010). *Update on Harm-Reduction Policy and Intervention Research.*

Strike, C, Hopkins S, Watson TM, et al. (2013). Best Practice Recommendations for Canadian Harm Reduction Programs that Provide Services to People Who Use Drugs and are at Risk for HIV, HCV, and Other Harms: Part 1. Toronto, ON: Working Group on Best Practice for Harm Reduction Programs in Canada.

Canadian AIDS Society/ The Canadian Harm Reduction Network (2008). *Learning from Each Other: Enhancing Community-Based Harm Reduction Programs and Practices in Canada*

**Suggested Readings:**

Strike, C, Hopkins S, Watson TM, et al. Best Practice Recommendations for Canadian Harm Reduction Programs that Provide Services to People Who Use Drugs and are at Risk for HIV, HCV, and Other Harms: Part 1. Toronto, ON: Working Group on Best Practice for Harm Reduction Programs in Canada. 2013.

## Appendix "A"
## Annual Reporting Sheet Template

| | Apr | May | Jun | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Mandatory Reporting** | | | | | | | | | | | | | |
| GENDER | | | | | | | | | | | | | |
| Male | | | | | | | | | | | | | |
| Female | | | | | | | | | | | | | |
| Other/Unknown | | | | | | | | | | | | | |
| **Total visits** | | | | | | | | | | | | | |
| **please indicate total number of visits (discrete clients can also be reported if tracked) | | | | | | | | | | | | | |
| AGE | | | | | | | | | | | | | |
| 10-14 years | | | | | | | | | | | | | |
| 15-19 | | | | | | | | | | | | | |
| 20-24 | | | | | | | | | | | | | |
| 25-29 | | | | | | | | | | | | | |
| 30-34 | | | | | | | | | | | | | |
| 35-39 | | | | | | | | | | | | | |
| 40-44 | | | | | | | | | | | | | |
| 45-49 | | | | | | | | | | | | | |
| 50-54 | | | | | | | | | | | | | |
| 55-59 | | | | | | | | | | | | | |
| 60+ | | | | | | | | | | | | | |
| NR | | | | | | | | | | | | | |
| **Total visits** | | | | | | | | | | | | | |
| **please indicate total number of visits (discrete clients can also be reported if tracked) | | | | | | | | | | | | | |
| ETHNICITY | | | | | | | | | | | | | |
| Aboriginal | | | | | | | | | | | | | |
| Non-Aboriginal | | | | | | | | | | | | | |
| Unknown | | | | | | | | | | | | | |
| **Total visits** | | | | | | | | | | | | | |
| **please indicate total number of visits (discrete clients can also be reported if tracked) | | | | | | | | | | | | | |

| | Apr | May | Jun | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Mandatory Reporting** | | | | | | | | | | | | | |
| REGION OF RESIDENCE | | | | | | | | | | | | | |
| | First Nation community? | | | | | | | | | | | | |
| | Yes | No | Unknown | | | | | | | | | | |
| Athabasca | | | | | | | | | | | | | |
| Cypress | | | | | | | | | | | | | |
| Five Hills | | | | | | | | | | | | | |
| Heartland | | | | | | | | | | | | | |
| Keewatin Yatthe | | | | | | | | | | | | | |
| Kelsey Trail | | | | | | | | | | | | | |
| Mamawetan Churchill River | | | | | | | | | | | | | |
| Prairie North | | | | | | | | | | | | | |
| Prince Albert Parkland | | | | | | | | | | | | | |
| Regina Qu'Appelle | | | | | | | | | | | | | |
| Saskatoon | | | | | | | | | | | | | |
| Sunrise | | | | | | | | | | | | | |
| Sun Country | | | | | | | | | | | | | |
| Unknown | | | | | | | | | | | | | |
| **please indicate total number of visits (discrete clients can also be reported if tracked) | | | | | | | | | | | | | |
| NEEDLE EXCHANGE | | | | | | | | | | | | | |
| **Needles Issued** | | | | | | | | | | | | | |
| **Needles Returned** | | | | | | | | | | | | | |
| Direct Client Return | | | | | | | | | | | | | |
| Drop Box Returns | | | | | | | | | | | | | |
| Community Returns/pickups | | | | | | | | | | | | | |
| **Total Needles Returned** | | | | | | | | | | | | | |
| **Exchange Rate (%)** | | | | | | | | | | | | | |

| | Apr | May | Jun | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | TOTALS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Optional Reporting** | | | | | | | | | | | | | |
| SUPPLIES (please place an "X" beside supplies that are provided by your site) | | | | | | | | | | | | | |
| Landlord/clean up kits | | | | | | | | | | | | | |
| Condoms | | | | | | | | | | | | | |
| Lubricant | | | | | | | | | | | | | |
| Alcohol swabs | | | | | | | | | | | | | |
| Tourniquets | | | | | | | | | | | | | |
| Spoons | | | | | | | | | | | | | |
| Sterile Water (10 ml) | | | | | | | | | | | | | |
| Sterile Water (3ml) | | | | | | | | | | | | | |
| Dental Pellets #2 | | | | | | | | | | | | | |
| Dental Pellets #3 | | | | | | | | | | | | | |
| Dental Pellets #4 | | | | | | | | | | | | | |
| Sharps Large (3.0 Gal) | | | | | | | | | | | | | |
| Sharps Medium Bucket (3 L) | | | | | | | | | | | | | |
| Sharps Small (1.4L) | | | | | | | | | | | | | |
| Syringes | | | | | | | | | | | | | |
| Vitamin C sachets | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| COUNSELING/EDUCATION (please place an "X" beside fields that are relevant to your site) | | | | | | | | | | | | | |
| Risk Reduction | | | | | | | | | | | | | |
| Vein Maintenance | | | | | | | | | | | | | |
| Addiction | | | | | | | | | | | | | |
| Hep A/B Immunization | | | | | | | | | | | | | |
| HIV | | | | | | | | | | | | | |
| Hepatitis B | | | | | | | | | | | | | |
| Hepatitis C | | | | | | | | | | | | | |
| STI | | | | | | | | | | | | | |
| Abuse | | | | | | | | | | | | | |
| Mental Health Issues | | | | | | | | | | | | | |
| Pregnancy | | | | | | | | | | | | | |
| Birth Control | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

| | Apr | May | Jun | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | TOTALS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Optional Reporting** | | | | | | | | | | | | | |
| REFERRALS (please place an "X" beside fields that are relevant to your site) | | | | | | | | | | | | | |
| Immunization Clinic | | | | | | | | | | | | | |
| ER/Medical/Dental | | | | | | | | | | | | | |
| Social Services | | | | | | | | | | | | | |
| Sexual Assault Services | | | | | | | | | | | | | |
| Family Service Bureau | | | | | | | | | | | | | |
| Teen Wellness Clinic | | | | | | | | | | | | | |
| Addictions Services | | | | | | | | | | | | | |
| Detox/Stabiliation unit | | | | | | | | | | | | | |
| Mental Health | | | | | | | | | | | | | |
| Salvation Army | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| NURSING SERVICES (please place an "X" beside fields that are relevant to your site) | | | | | | | | | | | | | |
| Hep B Testing | | | | | | | | | | | | | |
| Hep C Testing | | | | | | | | | | | | | |
| HIV Testing | | | | | | | | | | | | | |
| Immunication (specify) | | | | | | | | | | | | | |
| Abscess Care | | | | | | | | | | | | | |
| Vein Care | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Updated April 7, 2015

Annual reports due to the Ministry of Health by June 30 each year