Ontario Harm Reduction Conference
April 30 to May 2, 2017
Toronto, Ontario

Views expressed in the attached document do not necessarily represent those of the Ministry of Health and Long Term Care or those of Kingston Community Health Centres. If you have any questions related to the document, you are encouraged to contact the source.
Objectives

- Community context on substance use in London and Thunder Bay
- Rationale behind feasibility work (Why us?)
- Current Situation and History
- Overview of Study
- Results
- Next Steps
- Recommendations – Community Take-Aways
Why us?

London, ON

• RHAC independent of a community drug strategy
• Most populous in SWO
• Smaller city than Toronto and Ottawa

Thunder Bay, ON

• Drug Strategy recommendation
• Most populous in NWO
• Geographical considerations
  • Formerly two cities
What is the situation in London, ON?

• Higher rates of non-prescription opioid injecting (69%-76%) than national averages
• High rates of syringe borrowing (20%) and lending (27%) in previous 6 months
• High prevalence of HCV (79%) compared to national averages
• In 2015, London experienced an outbreak of new HIV diagnoses, with PWID accounting for 2/3 of diagnoses compared to 12% provincially
What is the situation in Thunder Bay, ON?

• Higher rate of problematic substance use in Northern Ontario compared to the provincial average

• 29 deaths due to drug toxicity and drug-and-alcohol toxicity in 2013

• High rates of injection drug use in public places (35%) and borrowing of syringes (19%) in the previous 6 months

• One of the busiest needle exchanges programs in the province with well over 3,800 contacts for services
Why us?

• Concerns with public injecting, drug related litter
• High rate of needle distribution comparative to other municipalities
• Recognized need to increase harm reduction services and address inequity of services for PWID
• Strengthen continuum of care for clients
• High rates of Hep C
• High rates of opioid prescribing, ORT, and overdose deaths
• Homelessness
Why do SIS Feasibility Research?

- to identify whether people who inject drugs (PWID) would use SIS
- to identify barriers (and facilitators) to using these services
- to identify design preferences

Importantly, feasibility research does predict future use of these services

Studies have conducted in large urban centres including Vancouver, Toronto, Ottawa and San Francisco

Less is known about whether such services would be acceptable and important in mid-sized cities.
Study Objectives

• To explore potential willingness to use SIS and SIS design preferences among local PWID in London and Thunder Bay

• To explore acceptability and feasibility of SIS among community stakeholders
Methods

PHASE 1: 200 PWID surveyed between March-April (London) and June-October (Thunder Bay), 2016

PHASE 2: Individual interviews with stakeholders from five sectors: health care, social services, government and municipal services, police and emergency services, and the business and community sectors

• Guided by local Advisory Committees

• Ethics approval from the University of Toronto and University of British Columbia
Phase 1: PWID Survey

• **Eligibility Criteria:**
  • Individuals 18 years or older who injected drugs in the past 6 months

• **Participant Recruitment:**
  • Potential participants were recruited through peer outreach efforts and word-of-month by two (TB) and three (London) peer research associates

• **Survey Instrument:**
  • Data collected on drug-using behaviour and related harms, health care access, willingness to use SIS and SIS design preferences
  • Developed in an iterative process in consultation with advisory group to ensure local trends/contexts would be captured and were considered
    • E.g., where people inject, what they inject, services they have accessed, where they would want SIS to be in their cities
  • Took approximately 45 min to complete
  • PWID received $25 to participate
Funding

• Study protocol peer-reviewed and funded via CIHR Centre for REACH in HIV/AIDS

• Approximately $90,000 awarded between two sites
### Sociodemographic characteristics, health care and social-structural exposure of study participants

#### London

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median age (range)</td>
<td>39 (21 to 66)</td>
</tr>
<tr>
<td>Gender identity</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>76 (38.2)</td>
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<tr>
<td>Male</td>
<td>123 (61.8)</td>
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<tr>
<td>Ethnicity</td>
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<tr>
<td>Indigenous (First Nations or Métis)</td>
<td>44 (22.3)</td>
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<tr>
<td>Racialized (Non-Indigenous)</td>
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<tr>
<td>White</td>
<td>146 (74.1)</td>
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<tr>
<td>Homeless or unstably housed</td>
<td>113 (56.8)</td>
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<tr>
<td>Recent incarceration</td>
<td>24 (12.1)</td>
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<tr>
<td>Recent sex work</td>
<td>38 (19.1)</td>
</tr>
<tr>
<td>Accessed addictions treatment</td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>112 (57.1)</td>
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<tr>
<td>Yes, more than 6 months ago</td>
<td>74 (37.8)</td>
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<tr>
<td>Yes, in the past 6 months</td>
<td>10 (5.1)</td>
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<tr>
<td>Difficulty accessing addictions treatment in past 6 months</td>
<td>15 (7.6)</td>
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<tr>
<td>Self-reported HIV status</td>
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<tr>
<td>Positive</td>
<td>18 (9.2)</td>
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<tr>
<td>Negative</td>
<td>163 (83.6)</td>
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<tr>
<td>Never tested/didn’t get results</td>
<td>14 (7.2)</td>
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<tr>
<td>Self-reported Hepatitis C status</td>
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<tr>
<td>Positive</td>
<td>106 (56.4)</td>
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<tr>
<td>Negative</td>
<td>73 (38.8)</td>
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<td>Never tested/didn’t get results</td>
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#### Thunder Bay

<table>
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<th>Characteristic</th>
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</thead>
<tbody>
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<td>Gender identity</td>
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<tr>
<td>Female</td>
<td>87 (43.5)</td>
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<tr>
<td>Male</td>
<td>113 (56.5)</td>
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<td>Ethnicity</td>
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<td>Indigenous (First Nations or Métis)</td>
<td>144 (72.0)</td>
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<tr>
<td>Racialized (Non-Indigenous)</td>
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<tr>
<td>White</td>
<td>53 (26.5)</td>
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<tr>
<td>Homeless or unstably housed</td>
<td>133 (66.5)</td>
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<tr>
<td>Recent incarceration</td>
<td>13 (6.5)</td>
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<td>Recent sex work</td>
<td>35 (17.5)</td>
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<td>Accessed addictions treatment</td>
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<tr>
<td>Never</td>
<td>57 (28.5)</td>
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<tr>
<td>Yes, more than 6 months ago</td>
<td>98 (49.0)</td>
</tr>
<tr>
<td>Yes, in the past 6 months</td>
<td>46 (23.0)</td>
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<tr>
<td>Difficulty accessing addictions treatment in past 6 months</td>
<td>51 (25.5)</td>
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<td>Self-reported HIV status</td>
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<tr>
<td>Positive</td>
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<tr>
<td>Negative</td>
<td>164 (82.0)</td>
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<td>23 (11.5)</td>
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<td>Positive</td>
<td>68 (34.0)</td>
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<tr>
<td>Negative</td>
<td>107 (53.5)</td>
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<td>Never tested/didn’t get results</td>
<td>24 (12.0)</td>
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</table>
Results: Injection Drug Use in London, ON

Frequency of injection drug use*

- Daily: 65%
- More than once a week: 18%
- Once a week: 8%
- One to three times per month: 8%
- Less than once a month: 8%

Top drugs injected*

- Crystal methamphetamine: 83%
- Hydromorphone: 79%
- Morphine: 64%
- Ritalin or buprenorphine: 54%

*Reported in the past 6 months
Results: Injection Drug Use in Thunder Bay, ON

Frequency of injection drug use*

- Daily: 30%
- More than once a week: 27%
- Once a week: 14%
- One to three times per month: 18%
- Less than once a month: 11%

Top drugs injected*

- Cocaine: 88%
- Morphine: 65%
- Hydromorphone: 50%
- Crack/Rock Cocaine: 46%

*Reported in the past 6 months
Results: Willingness to Use SIS

London
- Yes: 86%
- No: 7%
- Maybe: 7%

Thunder Bay
- Yes: 69%
- No: 21%
- Maybe: 11%
Conclusions

- Most PWID expressed willingness to use SIS
- Most community organization leads interviewed support SIS in principle
- Given the ongoing drug-related harms, SIS could help as one component in the continuum of services for PWID
Next Steps

• SIS Leadership team and Advisory Committee being coordinated or established
• Determine community agency interest in hosting a service
• RHAC publishing a position statement on SIS
• RHAC Hosting a debate between mayor supporting SIS and city councillor against
• Link with London/Thunder Bay established
• Site visits while here 😊
• Navigating exemption application
• Bill C-37
• Community Consultations supported by an independent firm
Recommendations – Community Take-Away

• Couldn’t do this on own
• Community collaboration
• Strong local coordination with researchers
• Developing key messages, media training
• This work can get “political”
Acknowledgements

• OiSIS study participants

• Research team:
  • Thomas Kerr, Sean B. Rourke, Jean Bacon, Sanjana Mitra, Beth Rachlis, Ayden Scheim, Geoff Bardwell, Zach Marshall, Bonnie Krysowaty

• Local advisory committees

• In London:
  • Andy MacLean, Elaine Hamm, Samantha Scott, Sharon Koivu, Jesse Helmer, Regional HIV/AIDS Connection, London CAREs, London InterCommunity Health Centre, London Police Service, Middlesex-London Health Unit

• In Thunder Bay:
  • Jasmine Cotnam, Marsha Ledger, Thunder Bay Drug Strategy, ElevateNWO, Shelter House, People Advocating for Change through Empowerment (PACE)

• CIHR Centre for REACH in HIV/AIDS


Thank you!

QUESTIONS??

Contact

Beth Rachlis – brachlis@ohtn.on.ca
Sonja Burke – sburke@hivaidscollection.ca
Cynthia Olsen – colsen@thunderbay.ca