Best practice recommendations for harm reduction programs 2013
History - Ontario BPs

- Released in 2006
- Funded by Health Canada
- Team – Ont. NSP managers & researchers
- Widely used throughout Ontario and Canada
- Widely cited in WHO documents
- Team won a national Kaiser Award for Leadership in Harm Reduction (2007)
Evaluation of BPs

- Evidence of impact on practice and policy across Ontario
- More NSPs distributing:
  - Needles with no ‘cap’; satellites more change
  - Cookers, filters, acidifiers, sterile water
  - Why – OHRDP and BPs
- More satellite NSPs distributing safer crack smoking equipment; not so for core NSPs
  - Why – opposition from MOHs, no funding

### How are BPs used?

<table>
<thead>
<tr>
<th>How programs used the <em>Best Practices</em></th>
<th>Core NEPs</th>
<th>Satellite NEPs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make planning decisions about program practices and policies</td>
<td>97% (30)</td>
<td>59% (32)</td>
</tr>
<tr>
<td>Make changes to program practices and policies</td>
<td>94% (29)</td>
<td>54% (29)</td>
</tr>
<tr>
<td>Advocate to change program practices and policies</td>
<td>97% (30)</td>
<td>46% (25)</td>
</tr>
<tr>
<td>Defend the program in the community</td>
<td>80% (24)</td>
<td>59% (32)</td>
</tr>
<tr>
<td>Explain the program to outsiders</td>
<td>87% (26)</td>
<td>67% (37)</td>
</tr>
<tr>
<td>Evaluate the program</td>
<td>63% (19)</td>
<td>42% (23)</td>
</tr>
<tr>
<td>Train with new staff</td>
<td>90% (27)</td>
<td>67% (36)</td>
</tr>
<tr>
<td>Train with staff at other agencies</td>
<td>80% (24)</td>
<td>47% (26)</td>
</tr>
</tbody>
</table>

*Strike et al., Guidelines for better harm reduction: evaluating implementation of best practice recommendations for needle and syringe programs. International Journal of Drug Policy 2011; 22(1):34-40*
BPs – moving forward

- Widely used in other provinces except BC
- BC is the only other province with a set of best practices – different format
- Now out of date – emerging evidence and new practices
- National priority setting meeting – identified need for national recommendations for smoking equipment
- Partners across Canada quickly emerged
New Canada-wide team

- Carol Strike, U of T
- Shaun Hopkins, TPH
- Carole Morissette, Santé Publique de Montréal
- Darlene Palmer, Cactus
- Darren Petersen, Community Member, Calgary
- Diane Nielsen, Harm Reduction Safeworks, Calgary
- Diane Heywood, Winnipeg RHA
- Fran Keough, SWAP AIDS Committee of Newfoundland
- Geoff Demel, Community, The Works
- Hemant Gohil, U of T

- Hugh Lampkin, Community, VANDU
- Jane Buxton, UBC
- Jenny Lebounga Vouma, Santé Publique de Montréal
- Laurel Challacombe, CATIE
- Lisa Lockie, SK Ministry of Health, Regina
- Lynne Leonard, U of Ottawa
- Nadia Zurba, OHRDP
- Peggy Millson, U of T
- Patricia Bacon, Blood Ties Four Directions Centre, Whitehorse
- Sara Young, Vancouver Coastal Health Authority
- Tara Marie Watson, U of T
Our goal is to improve the quality, consistency, and effectiveness of harm reduction programs that deliver prevention services to people who use drugs and are at risk for HIV and STBBI. in Ontario and Canada.

Create and disseminate a set of user-friendly, evidence-based best practice recommendations.
Project goals

• Reduce transmission of HIV and STBBI
• Help programs make the case for investing in harm reduction programs.
• Inform decisions to direct scarce resources toward effective and efficient practice.
• Provide evaluation benchmarks for programs to use to evaluate their services.
• Identify targets for improvement at the individual program level and at the systems level.
Project process – CIHR funded

- Review existing best practice documents:
  - ON, BC, US, Scotland, emerging economies
  - Content and format
  - Strengths and weaknesses
  - Identify gaps and new issues to address
- Regional consultations
- Develop table of contents
- Develop project proposal
### Contents of BPs

<table>
<thead>
<tr>
<th>2006</th>
<th>2013</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEP effectiveness</td>
<td>no</td>
<td>AIDS Bureau</td>
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<tr>
<td>Start-up tasks</td>
<td>no</td>
<td>AIDS Bureau</td>
</tr>
<tr>
<td>Needle and syringe exchange</td>
<td>yes</td>
<td>AIDS Bureau</td>
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<tr>
<td>Handling/disposal</td>
<td>yes</td>
<td>AIDS Bureau</td>
</tr>
<tr>
<td>Dist. other injection equip.</td>
<td>yes</td>
<td>AIDS Bureau</td>
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<tr>
<td>Dist. of glass stems</td>
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<tr>
<td>Program delivery models</td>
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<td>AIDS Bureau</td>
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<tr>
<td>Safer injection education</td>
<td>yes</td>
<td>U of T</td>
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<tr>
<td>Safer smoking education</td>
<td>yes</td>
<td>U of T</td>
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<tr>
<td>Overdose prevention</td>
<td>yes</td>
<td>U of T</td>
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<tr>
<td>Referrals and counselling</td>
<td>no</td>
<td>U of T</td>
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<tr>
<td>MMT</td>
<td>no</td>
<td>U of T</td>
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<tr>
<td>First aid</td>
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<tr>
<td>Vaccination</td>
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<tr>
<td>Testing</td>
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<td>U of T</td>
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<tr>
<td>Relationships with police</td>
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<td>U of T</td>
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<tr>
<td>Program evaluation</td>
<td>no</td>
<td>U of T</td>
</tr>
</tbody>
</table>
Funding

- A challenge; numerous applications
- CIHR MPD Grant
- CIHR operating: score (4.2) fundable; not funded
- AIDS Bureau ~ 40%
- U of T – new faculty start-up funds
- Application to OHTN 2011
  - Fundable but not funded by identified as priority of the Board; no further action
Funding

- Remaining chapters and KTE

- LOI to OHTN 2012
  - Not funded
  - Budget too high for KTE (but most allocated to chapters and CATIE doing KTE)
  - Info not needed by ‘mature’ NSPs in Ontario
  - No connection to policy makers, public health

- CIHR 2012 application – results in March
Methods: narrative synthesis

• Systematic collection, quality assessment, and synthesis of multiple types of studies and research evidence (i.e., identify studies to include in the review, appraise each study, report results of the review)

• Develop an explanation of how an intervention or best practice works (e.g., how providing safer smoking equipment helps reduce hepatitis C transmission)
Methods: review and revise

• Team members representing research, practice, policy, and community
  • Content – complete?
  • Accessible? Sensible? Feasible?
  • Revise as necessary
Progress to date

- Completed 11 chapters
  - Reviewed, revised by team
- Availability
  - OHRDP website
Recommended best practice policies to facilitate use of a sterile needle and syringe for each injection and reduce transmission of HIV, hepatitis C (HCV), hepatitis B (HBV), and other pathogens.
Needle and syringe distribution

- Provide sterile needles in the quantities requested by clients without requiring clients to return used needles.

- Place no limit on the number of needles provided per client, per visit (one-for-one exchange is not recommended).

- Encourage clients to return and/or properly dispose of used needles and syringes.
Needle and syringe distribution

- Offer a variety of needle and syringe types by gauge, size, and brand that meet the needs of clients and educate clients about the proper use of different syringes.

- Educate clients about the risks of using non-sterile needles.

- Provide pre-packaged safer injection kits (needles/syringes, cookers, filters, ascorbic acid when required, sterile water for injection, alcohol swabs, and tourniquets) and also individual safer injection supplies concurrently.
Recommended best practice policies to facilitate use of a sterile cooker for each injection and reduce transmission of HIV, hepatitis C (HCV), and other pathogens.
Cooker distribution

- Provide individually pre-packaged, sterile cookers with flat bottoms for even heat distribution and heat-resistant handles in the quantities requested by clients with no limit on the number of cookers provided per client, per visit.

- Offer a sterile cooker with each needle provided.

- Offer a variety of cookers that meet the needs of clients.

- Provide pre-packaged safer injection kits (needles/syringes, cookers, filters, ascorbic acid when required, sterile water for injection, alcohol swabs, and tourniquets) and also individual safer injection supplies concurrently.
Cooker distribution

- Dispose of used cookers and other injection equipment in accordance with local regulations for biomedical waste
- Educate clients about the risks associated with sharing and reuse of cookers and the correct single-person use of cookers
- Educate clients about the correct disposal of used cookers
- Provide multiple, convenient locations for safe disposal of used equipment
Recommended best practice policies to facilitate use of a sterile filter for each injection and reduce transmission of HIV, hepatitis C (HCV), hepatitis B (HBV), and other pathogens, and to prevent other health complications, such as deep vein thrombosis (DVT), from the non-use and/or reuse of filters.
Filter distribution

- Provide pre-packaged, sterile .22 μm filters that retain as little drug solution as possible in the quantities requested by clients with no limit on the number of filters provided per client, per visit.

- Offer a filter with each needle provided.

- Provide pre-packaged safer injection kits (needles/syringes, cookers, filters, ascorbic acid when required, sterile water for injection, alcohol swabs, and tourniquets) and also individual safer injection supplies concurrently.
Filter distribution

- Dispose of used filter and other injection equipment in accordance with local regulations for biomedical waste.

- Educate clients about the risks associated with not using filters, sharing filters, making ‘washes’ from filters, the risks of bacterial contamination and DVT if a new filter is not used, and the correct single-person use of filters.

- Educate clients about the correct disposal of used filters.

- Provide multiple, convenient locations for safe disposal of used equipment.
Recommended best practice policies to facilitate use of injection-grade sterile water for each injection and reduce transmission of HIV, hepatitis C (HCV), hepatitis B (HBV), and other pathogens, and to prevent bacterial infection from the use of non-sterile water and other fluids.
Sterile water distribution

- Provide single-use, 2 mL vials with twist-off caps of sterile water for injection in the quantities requested by clients with no limit on the number of vials provided per client, per visit. If 2 mL vials of sterile water for injection are not available, distribute the smallest size of vial available.

- Offer a sterile water vial with each needle provided.

- Provide pre-packaged safer injection kits (needles/syringes, cookers, filters, ascorbic acid when required, sterile water for injection, alcohol swabs, and tourniquets) and also individual safer injection supplies concurrently.
Sterile water distribution

- Dispose of empty water vials in accordance with local regulations for biomedical waste

- Educate clients about the HIV- and HCV-related risks associated with sharing mixing and rinse waters, the risks of using non-sterile water (such as tap, bottled, rain, puddle, and urinal water) and other fluids (such as saliva and urine), and the correct single-person use of mixing and rinse water

- Educate clients about the correct disposal of used water

- Provide multiple, convenient locations for safe disposal of used equipment
Ascorbic acid distribution

Recommended best practice policies to facilitate use of ascorbic acid to dissolve drugs (e.g., crack cocaine, some forms of heroin) and to reduce the risk of vein damage and bacterial and fungal infections associated with use of other types of acidifiers.
Ascorbic acid distribution

- Ask clients if ascorbic acid is required to dissolve the drug(s) to be injected

- If needed, provide single-use sachets of ascorbic acid in the quantities requested by clients with no limit on the number of sachets provided per client, per visit

- If needed, offer acidifiers with each needle provided

- Provide pre-packaged safer injection kits (needles/syringes, cookers, filters, ascorbic acid when required, sterile water for injection, alcohol swabs, and tourniquets) and also individual safer injection supplies concurrently
Ascorbic acid distribution

- Educate clients about the potential HIV- and HCV-related risks associated with sharing acidifiers, the risks of fungal infections associated with using spore-contaminated lemon juice, vinegar, and other acids like acetic acid, and the correct single-person use of acidifiers including instruction on how to determine the amount of acid that is needed to dissolve the drug of choice.

- Educate clients about the correct disposal of used acidifiers.

- Provide multiple, convenient locations for safe disposal of used equipment.
Alcohol swab distribution

Recommended best practice policies to facilitate use of sterile alcohol swabs for each injection to reduce transmission of HIV, hepatitis C (HCV), and other pathogens, and to prevent bacterial infection from the reuse or non-use of swabs.
Alcohol swab distribution

- Provide single-use, individually pre-packaged, and sterile alcohol swabs in the quantities requested by clients with no limit on the number of swabs provided per client, per visit. If clients request large quantities of alcohol swabs, make efforts to ensure that the swabs are being used for injection and not for the consumption of the non-beverage alcohol in the swabs.

- Offer sterile alcohol swabs with each needle provided.

- Provide pre-packaged safer injection kits (needles/syringes, cookers, filters, ascorbic acid when required, sterile water for injection, alcohol swabs, and tourniquets) and also individual safer injection supplies concurrently.
Alcohol swab distribution

- Dispose of used alcohol swabs and other injection equipment in accordance with local regulations for biomedical waste

- Educate clients about the HIV- and HCV-related risks associated with sharing swabs, the risks of bacterial infection if the injection site is not cleaned with an alcohol swab prior to injection, and the correct single-person use of swabs

- Educate clients about the correct disposal of used swabs

- Provide multiple, convenient locations for safe disposal of used equipment
Recommended best practice policies to facilitate use of a clean tourniquet for each injection and reduce the potential for contamination of tourniquets with bacteria that can cause illness and abscesses (e.g., MRSA), and to reduce trauma to veins and blood circulation impairment.
A tourniquet is considered unclean and needs to be replaced when:

- There is visible blood and/or dirt
- It has ever been used by someone else
- There is a loss of elasticity
Tourniquet distribution

- Provide thin, pliable, easy-to-release, non-latex tourniquets with non-porous surfaces in the quantities requested by clients with no limit on the number of tourniquets provided per client, per visit

- Offer tourniquets with each needle provided

- Provide pre-packaged safer injection kits (needles/syringes, cookers, filters, ascorbic acid when required, sterile water for injection, alcohol swabs, and tourniquets) and also individual safer injection supplies concurrently
Tourniquet distribution

- Dispose of used tourniquets and other injection equipment in accordance with local regulations for biomedical waste.

- Educate clients about the risks of bacterial contamination and HIV- and HCV-related risks associated with the reuse of tourniquets, the risks of tissue and vein damage and blood circulation impairment if a clean, quick-release tourniquet is not used, and the correct single-person use of tourniquets.

- Educate clients about the correct disposal of used tourniquets.

- Provide multiple, convenient locations for safe disposal of used equipment.
Safer smoking equipment distribution

Recommended best practice policies to facilitate smoking with a pipe – stem, mouthpiece, and screen – made from materials that are non-hazardous to health and which have never been shared.
Safer smoking equipment distribution

- Equipment is considered unsafe and needs to be replaced when:
  - The pipe and/or the mouthpiece have been used by anyone else
  - The pipe is scratched, chipped or cracked
  - The mouthpiece is burnt
  - The screen shrinks and is loose in the stem
Safer smoking equipment distribution

- Provide safer smoking equipment - stems, mouthpieces, screens, and pushsticks - in the quantities requested by clients without requiring clients to return used equipment.

- Make available both pre-packaged kits and individual pieces of equipment.

- Integrate distribution of safer smoking equipment into existing harm reduction programs and services, including within needle syringe programs (NSPs).

- Provide safe disposal options, including personal sharps containers, and encourage clients to return and/or properly dispose of used or broken pipes.
Safer smoking equipment distribution

• Provide other harm reduction supplies, such as condoms and lubricant, in the quantities requested by clients with no limit on the number provided

• Educate clients about safer use of equipment, safer smoking practices, the risks of sharing smoking supplies and safer sex.

• Educate clients about the correct disposal of used safer smoking equipment

• Provide multiple, convenient locations for safe disposal of used equipment
Disposal and safer handling of used drug use equipment

Recommended best practice policies to facilitate disposal of all used injection equipment (i.e., needles/syringes, cookers, filters, swabs, tourniquets) and non-injection equipment (i.e., stems, mouthpieces, screens, other smoking and inhalation devices) in accordance with local, provincial/territorial, and federal regulations regarding disposal of biomedical waste and prevent needle-stick and/or sharps related injuries to staff members, clients, and others.
Disposal and safer handling of used drug use equipment

- Regular review and assessment of compliance with local, provincial/territorial and federal regulations regarding collection, storage, transportation and disposal of biomedical waste
- Educate clients and staff members on how to safely handle and dispose of used injection and non-injection equipment
- Encourage clients to return and/or properly dispose of used injection and non-injection equipment
- Provide clients with sharps containers in a variety of sizes
Disposal and safer handling of used drug use equipment

- Provide multiple, convenient locations for safe disposal of used equipment in rural and urban settings. Do not penalize or refuse to provide new equipment to clients who fail to return used drug equipment.

- Estimate the number of returned equipment; staff should not touch used equipment and neither staff nor clients should manually count used equipment.

- Encourage staff and clients to be vaccinated against HBV

- Provide access to safety devices for staff and procedures for first aid and post-exposure prophylaxis (PEP)
Recommended best practice policies to facilitate knowledge and application of drug consumption practices that reduce or eliminate the risk of transmission of HIV, hepatitis C (HCV), hepatitis B (HBV), and other pathogens, overdose, soft tissue injuries, and other drug consumption related harms.
Safer drug use education

• Provide educational interventions targeted toward reduction of injection-related risk behaviours (e.g., needle and other injection equipment reuse and sharing) associated with HIV and HCV transmission, overdose, soft tissue injuries, and other drug consumption related harms

• Provide educational interventions targeted toward reduction of crack cocaine smoking risk behaviours (e.g., pipe reuse and sharing) to reduce smoking-related harms, such as injuries to the mouth and lips, associated with HIV and HCV transmission

• Provide safer drug use education in a variety of formats including one-on-one education, workshops and group education, skills-building sessions, information pamphlets, instructional videos, demonstrations, and other formats as necessary
Safer drug use education

- Provide peer-delivered, brief interventions, and longer interventions to reach a broad range and diversity of clients
- Develop and evaluate programs to train peers to deliver safer drug use education
- Involve clients in the design and evaluation of educational materials and interventions to ensure message acceptability, relevance, and comprehension. Tailor education for the populations and contexts served by the program.
- Integrate evaluation of educational interventions into programming to ensure desired impact and to build evidence
Overdose prevention: education and naloxone distribution

Recommended best practice policies to facilitate knowledge and application of opioid overdose prevention strategies, and how to appropriately respond in the event of an overdose (including the use of naloxone if available)
Overdose prevention: education and naloxone distribution

- Educate clients about risks and signs of overdose
- Educate clients about overdose prevention techniques
- Provide first aid and CPR training to clients
- Educate clients about the information to provide when 911 is called
- Partner with multiple community stakeholders to prevent mortality from opioid overdose
- Assess feasibility and acceptability of a naloxone distribution program
Overdose prevention: education and naloxone distribution

- Where naloxone is available:
  - Ensure interested and eligible clients are trained on appropriate use of naloxone, and calling 911
  - Provide pre-packaged naloxone kits with clearly written instructions, and sterile intramuscular needles/syringes
  - Encourage clients to return or properly dispose of used needles and syringes
- Evaluate overdose prevention and response interventions to ensure desired impact and to build evidence
Next steps

- One last team meeting - overdose
- Create electronic format
  - Brief and extended versions
  - Post on OHRDP website
Next steps – pending CIHR funding

Additional chapters

1. Principles and values
2. Starting a new NSP – development tasks
3. Program models
4. Testing and vaccination
5. Referrals and counselling
6. Relationships with MMT and buprenorphine programs
7. Relationships with other agencies: law enforcement, municipal or town council, public health agencies, ASOs
8. Program monitoring and evaluation
9. Staffing and involvement of people who use drugs
Next steps – pending CIHR funding

- External review – experts representing community, practice, and research
- Revise as necessary
- Translate into French (question)
- Graphic design of each chapter
- Create interactive website
- Educational materials
Next steps – pending CIHR funding

- Regional webinars
- “Chat with the expert” moderated sessions
- Conference presentations