

Environmental Scan, 2013

Abstract

In March 2013, the Ontario Harm Reduction Distribution Program (OHRDP) launched an environmental scan of the 36 core Needle Syringe Programs (NSPs) associated with public health units across Ontario. The purpose was to examine each site's capacity to implement the following 4 types of harm reduction programming: opioid overdose prevention; safer inhalation; safer injection; and safer steroid use. Each NSP indicated where each is in terms of program capacity to implement, or continue implementing, each of these harm reduction programs within the jurisdiction and geographic area that they serve. The information the environmental scan revealed will ultimately inform planning activities at the OHRDP.

Environmental Scan, 2013

Executive Summary

In March, 2013, the Ontario Harm Reduction Distribution Program (OHRDP) launched an environmental scan of the 36 core Needle Syringe Programs (NSPs) across Ontario. The purpose was to examine each site's capacity to implement the following 4 types of harm reduction programming:

1. Opioid Overdose Prevention
2. Safer Inhalation
3. Safer Injection
4. Safer Steroid Use

A few of the questions and responses were derived from results of the 2012 annual needle syringe program survey. Results of the environmental scan included the following:

- Only 2 of 36 NSPs have an opioid overdose prevention program (OOPP) established and operational; however, 2 more programs are about to begin operating. Another 9 are currently working on establishing an OOPP. 11 programs indicated that they intend to establish an OOPP in the future. This results in 24/36 NSPs (66%) who will offer an OOPP.
- Of the 12 who are not going to establish an OOPP, they explain that they will not due to
 - A limited number of staff available to implement an OOPP
 - Staff and Boards lacking related training and education
 - It not being a priority due to 1) low rates of overdose in the community surrounding the NSP, and 2) feeling that implementing an OOPP was unfeasible in some way.

Needle Syringe Programs (NSPs)

- One NSP is designated in every Public Health Unit jurisdiction within Ontario, resulting in a total of 36 core NSPs.
- There are approximately 200 satellite NSP sites which are supported by the 36 core programs.

- Approximately 1/3 of NSPs distribute safer inhalation equipment, despite the fact that almost every NSP reported that they see a need.
- Approximately 60% of NSPs indicate that requests coming from staff indicate that there is a need to distribute safer inhalation equipment. 80% of NSPs indicate that the need is demonstrated by requests coming from clients.
- Up-to-date training and recent research was identified as a need relating to safer injection, as was the need to train clients in opioid overdose prevention (i.e. administration of Naloxone).
- Approximately 50% of NSPs indicate that they require education and resources that are specific to steroid users for their staff and this clientele.

Methodology

36 NSP programs considered to be the primary clientele the OHRDP supports were surveyed using *Survey Monkey*[®]. A copy of the survey can be found in the appendix of this report.

Time period

The environmental scan was disseminated on March 6th, 2013. Programs were asked to submit responses no later than a week later; therefore, all responses pertain to the program capacity of each NSP as of mid-March, 2013.

Participation/Response Rate

Every core NSP participated in the environmental scan; therefore, the response rate was 100%. This was critical given that this environmental scan will be the first of many that will be conducted annually near the end of each fiscal year. Thus, this environmental scan served to provide a baseline for tracking progress that NSPs make in establishing harm reduction programs and will allow for comparisons of program capacity over time.

Cautions

NSPs were encouraged to consult satellite NSP sites; however, the results outlined in this report may represent only a few of the 200+ satellite sites that are located throughout the province.

Acronyms

NSP- Needle Syringe Program

OHRDP- Ontario Harm Reduction Distribution Program

OOPP- Opioid Overdose Prevention Program

Opioid Overdose Prevention

Death from drug-related overdose has been declared the third leading cause of accidental death in Ontario (OPDP Notice, 2012). One part of the OHRDP's response has been developing and disseminating materials related to opioid overdose prevention including a guidance document entitled Community-Based Naloxone Distribution which explains the context of opioid overdose in Ontario and provides resources to those wishing to respond. A How-To Manual that details steps involved in establishing an opioid overdose prevention program (OOPP) will be released by the OHRDP in April, 2013.

The following section pertains to where NSPs are in terms of establishing an OOPP. Where NSP's are not yet established, barriers and needs are highlighted.

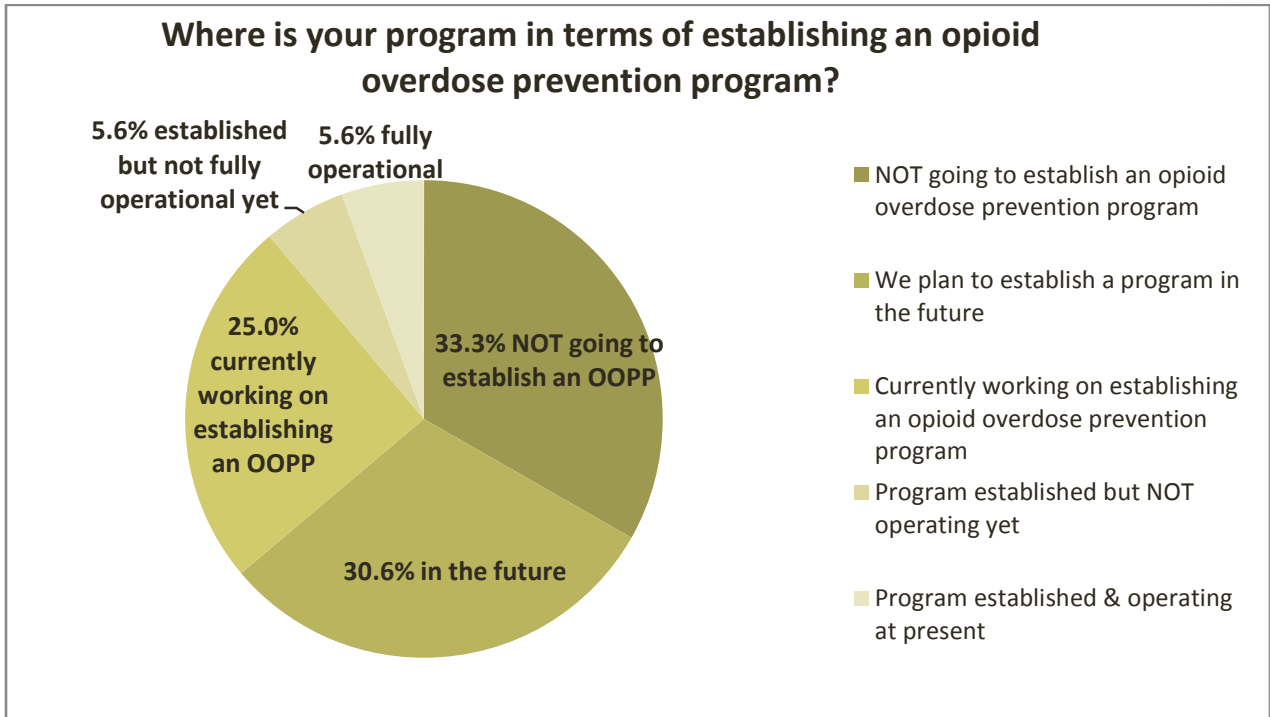


CHART 1 (SEE ACCOMPANYING TABLE 3 IN APPENDIX)

At present, 4 NSPs (11.2%) have established an OOPP; however, 2 are not yet fully operational. Over half (55.6%) indicated that they are either working on establishing an OOPP currently (25%; 9 sites), or, they plan on doing so in the future (30.6%; 11 sites). Just over a third (33.3%) of NSPs, (12/ 36 sites) indicated that they were not going to establish an OOPP.

(Caution: “In the future” was not clarified nor quantified in the survey, thus the timeframe in which NSPs intend on implementing an OOPP would have to be determined in individual cases).

The 34/36 NSPs that did not have an OOPP established and fully operating were asked to indicate the top 3 reasons why. Twelve options were offered:

Answer Options
In initial planning stages
Limited # of staff to implement
Staff requires training and education related to a Community-based Naloxone program
Do not see the need in establishing this program in our community
Low rates of overdose in our community
Concerns about expiration date of Naloxone
Having difficulty in obtaining a medical directive because there is no prescriber at the agency
Our Board has concerns regarding liability
Lack of support from local bodies of governances
Not a priority at present
Other

TABLE 1

- Responses to this question were mixed. The reason selected by the largest proportion of respondents (26.5%) was **“In initial planning stages”**. This corroborated the fact that 9 sites of the 36 indicated that they were currently working on establishing an OOPP.
- This response was followed by **‘Limited number of staff to implement’**, which was found to be the second reason why NSPs are not operating OOPPs (selected by 23.5%); however the same percentage of respondents also chose **“Not a priority at present”**.
- Thirdly, **“Staff requires training and education related to community-based Naloxone training”** was selected by the third largest proportion of NSPs (20.6%); however, **‘Other’** and **‘Limited number of staff to implement’** was also chosen by the same percentage of NSPs.
- Globally, when asked to indicate why NSPs did not have an OOPP established and operating at present, the response that was selected by the highest proportion of NSPs overall was **‘Limited number of staff to implement’**.

Top 3 reasons why NSPs do not have an opioid overdose prevention program operating at present

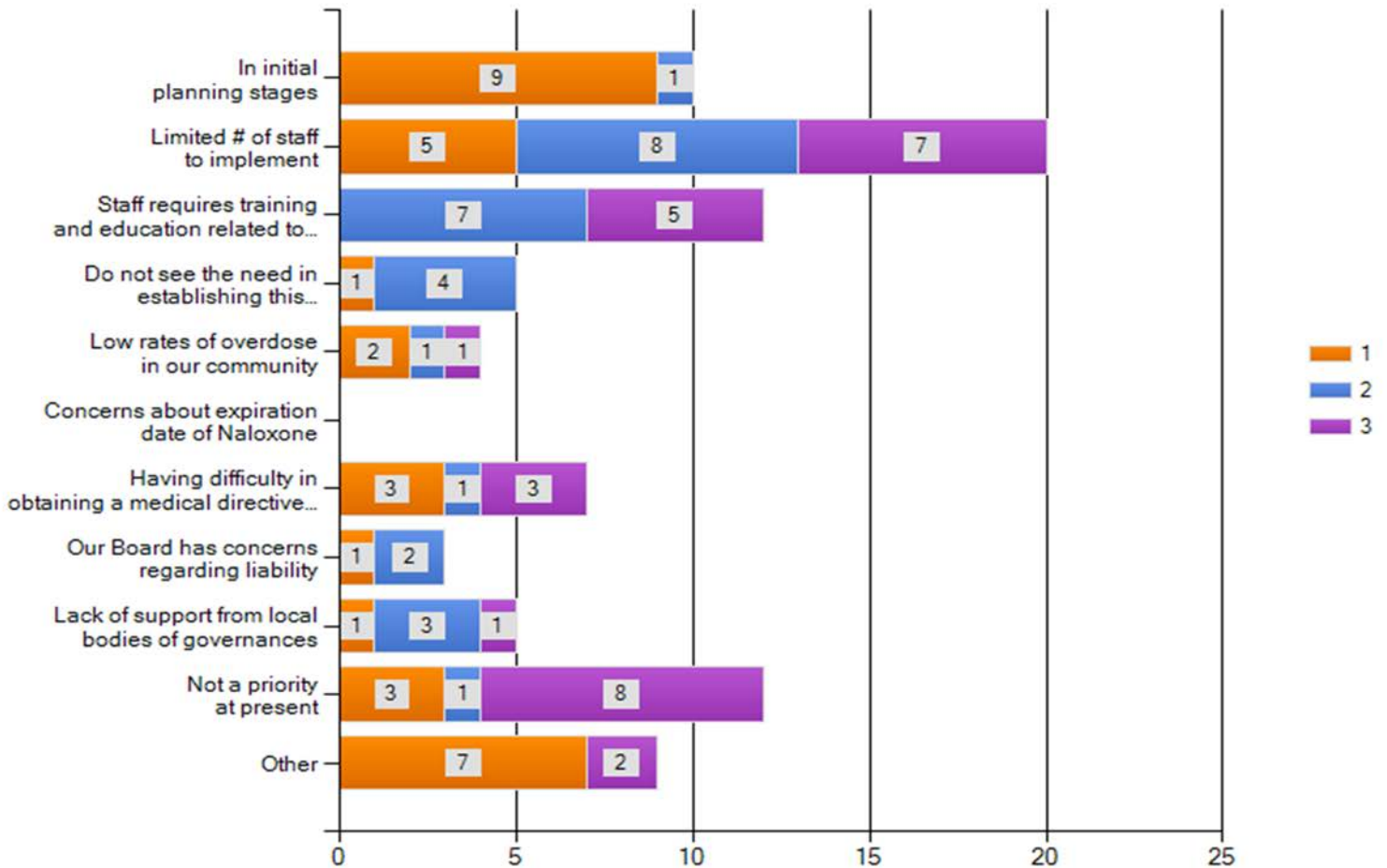


CHART 2

“Not a priority at present” & “Other” responses

- Overall, there were 12 NSPs in total that chose ‘Not a priority at present’ as one reason why they are not implementing an OOPP. When open-ended explanations were analyzed, 5 indicated that this was due to **low rates of overdose being seen in the community** and 4 more NSPs re-iterated that it was due to a limited number of staff.

- 10 NSPs chose “Other” as a response. When open ended explanations were analyzed, it was evident that many were giving OOPP consideration, but some were unsure about feasibility to implement an OOPP, what a needs assessment would indicate or if an OOPP was within their scope of practice.
- Two “Other” responses revolved around **difficulty obtaining a medical prescriber and/or medical directive for Naloxone.**
- These reasons indicate that there is some confusion about how adaptable and flexible an OOPP can be. This is discussed further in the ‘Where the OHRDP can help’ section of this report.

Staff needs for training clients and community members in opioid overdose prevention

Training, resources, time, medical directives and support (in that order) were indicated as top staff training needs related to establishing and implementing an OOPP.



CHART 3

One NSP commented: *“There have been some excellent workshops made available and we would connect with health units that have already set up overdose prevention programs if and when we establish an overdose prevention program in our communities”.*

Agency needs relating to opioid overdose prevention

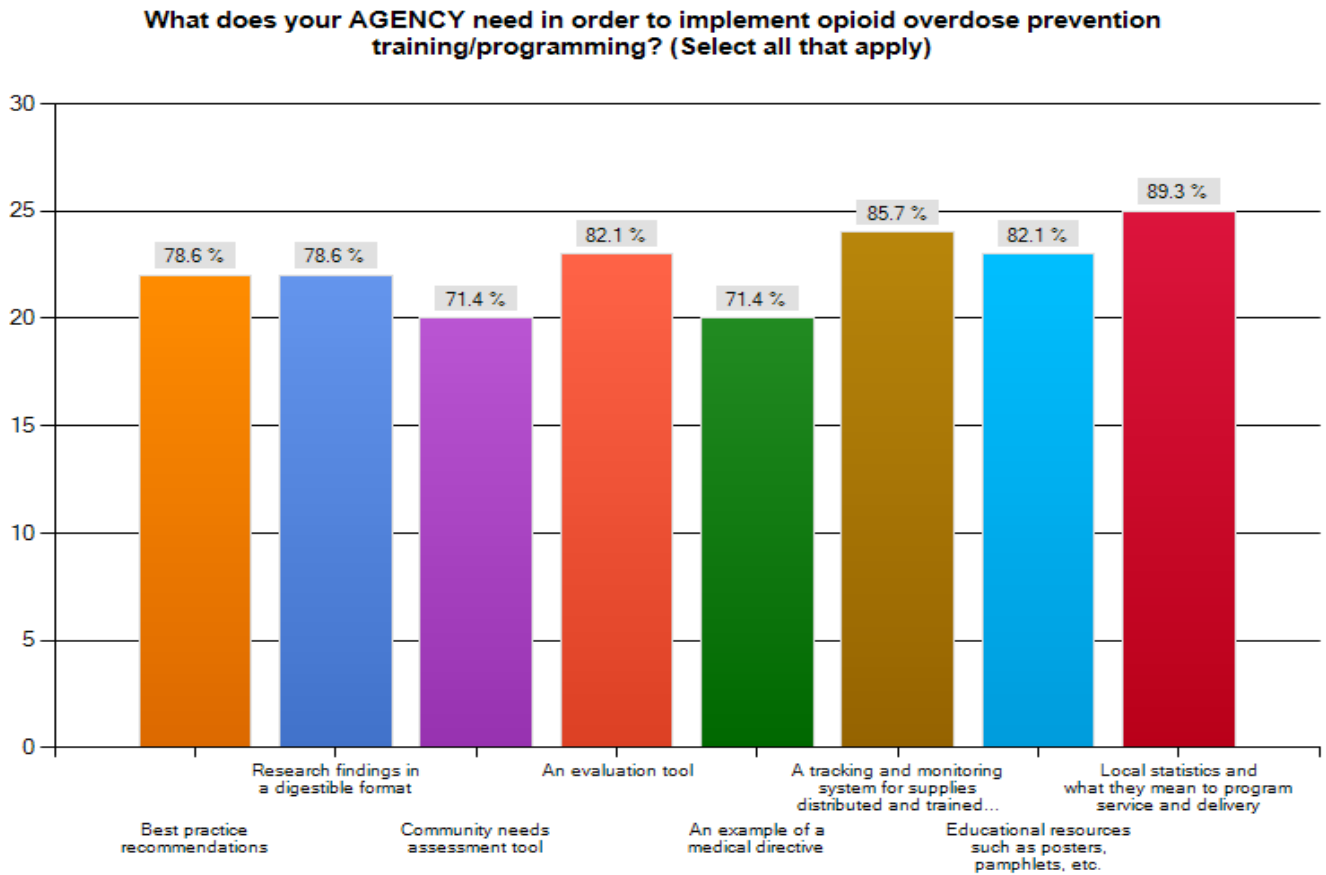


CHART 4

- Responses for this question were identified through results of the Annual NSP survey disseminated in 2012. Interestingly, all responses were selected by between approximately 72% - 90% of NSP's.
- **Local statistics and what they mean to service delivery** was identified as the number one item agencies need in order to establish an OOPP.
- This was followed closely by a **tracking and monitoring system for distributed supplies and trained community members.**
- Followed closely was a tie between **an evaluation tool & educational resources such as posters, pamphlets, etc.**

- When asked to indicate anything *else*, half of the responses indicated a need for more funding and/or staff.
- Throughout the OOPP section, a few NSPs reported a lack of support from local Medical Officers of Health in terms of challenges in obtaining support and/or medical directives required to distribute Naloxone.

Safer Inhalation

There is evidence to support the fact that those who engage in crack cocaine use suffer poorer health and social status when compared to other groups of people who use drugs (Fischer et al., 2006). Using crack has also been found to be an independent risk factor for contracting Hepatitis C (Macias et al., 2008). These facts point to a need to address crack using populations and implement targeted interventions.

NSPs were asked to select as many options as applicable when asked about indications that safer inhalation equipment is needed in their respective community. The following was indicated:

Which of the following indicates that safer inhalation equipment is needed in your community? (Check all that apply)		
Answer Options	Response Percent	Response Count
Staff comments/requests	57.6%	19
Client comments/requests	78.8%	26
Reports from community	36.4%	12
Local media coverage	3.0%	1
Reports from other community agencies	39.4%	13
No indications that safer inhalation equipment/programming is necessary	3.0%	1
We already distribute safer inhalation equipment	36.4%	12
Other (please specify)		8
	<i>answered question</i>	33
	<i>skipped question</i>	3

TABLE 2

- The majority (78.8% of respondents or 26/33 sites) indicated that **client comments/requests were the biggest indicator.**
- Over half (57.6% of respondents or 19/33 sites) indicated that **staff comments/requests were the second biggest indicator** of the need for this type of harm reduction programming.
- High proportions of staff requests could mirror or account for some requests that come from clients.
- Ranking third (39.4% of respondents or 13/33 sites) **was reports from other community agencies about** the need for safer inhalation equipment.
- Only 1 respondent indicated that they saw no need at all.
- Despite the almost universal agreement that there is a need to distribute safer inhalation equipment, only 36.4% of respondents (12/33 sites) distribute safer inhalation equipment.

NSPs were offered the option to provide other reasons as to why they felt there is a need to distribute safer inhalation equipment. Some of the responses were as follows:

“The safer inhalation equipment program is very limited as it is run solely on donations and is not supported or funded by Public Health”

“There is an increase in the amount of safer inhalation equipment going out through the NEP. Ordering of supplies has doubled in the past year”

“The need to stop the spread of blood borne diseases”

“Common sense”

Staff needs relating to Safer Inhalation

What information related to safer inhalation does your STAFF need? (Select all that apply)

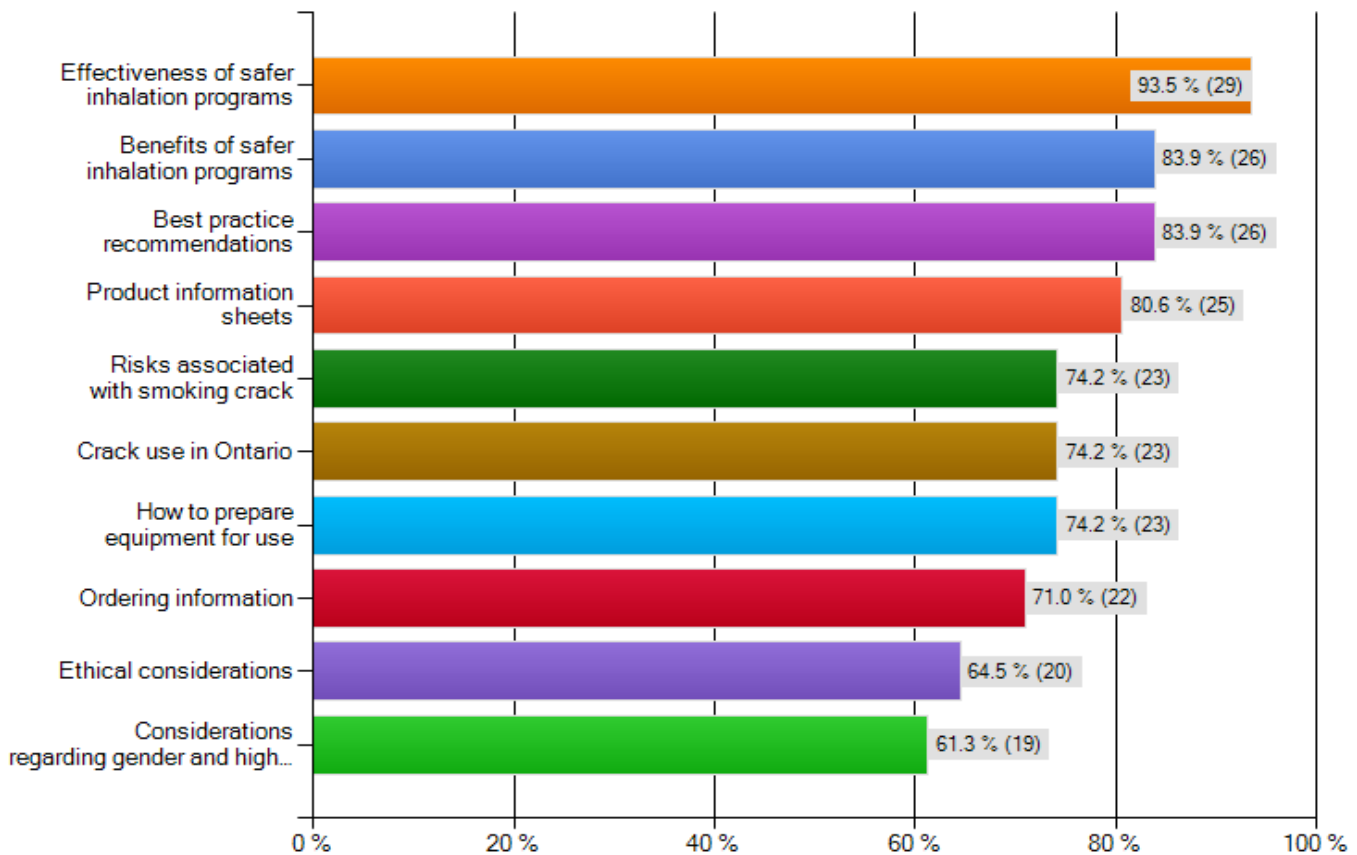


CHART 5

- An overwhelming majority of the NSPs indicated that **what their staff need the most is evidence/information of effectiveness of safer inhalation programs.**
- Tied for second were **'Benefits of safer inhalation programs' & 'Best practice recommendations'**.
- 80.6% of NSPs indicated that their **staff need product information sheets**
- 71.0% indicated that **staff need information on how to order supplies.**
- 74.4% indicated staff **need evidence/information about crack use in Ontario.**

Client needs relating to Safer Inhalation

What information regarding safer inhalation do your CLIENTS need? (Select all that apply)

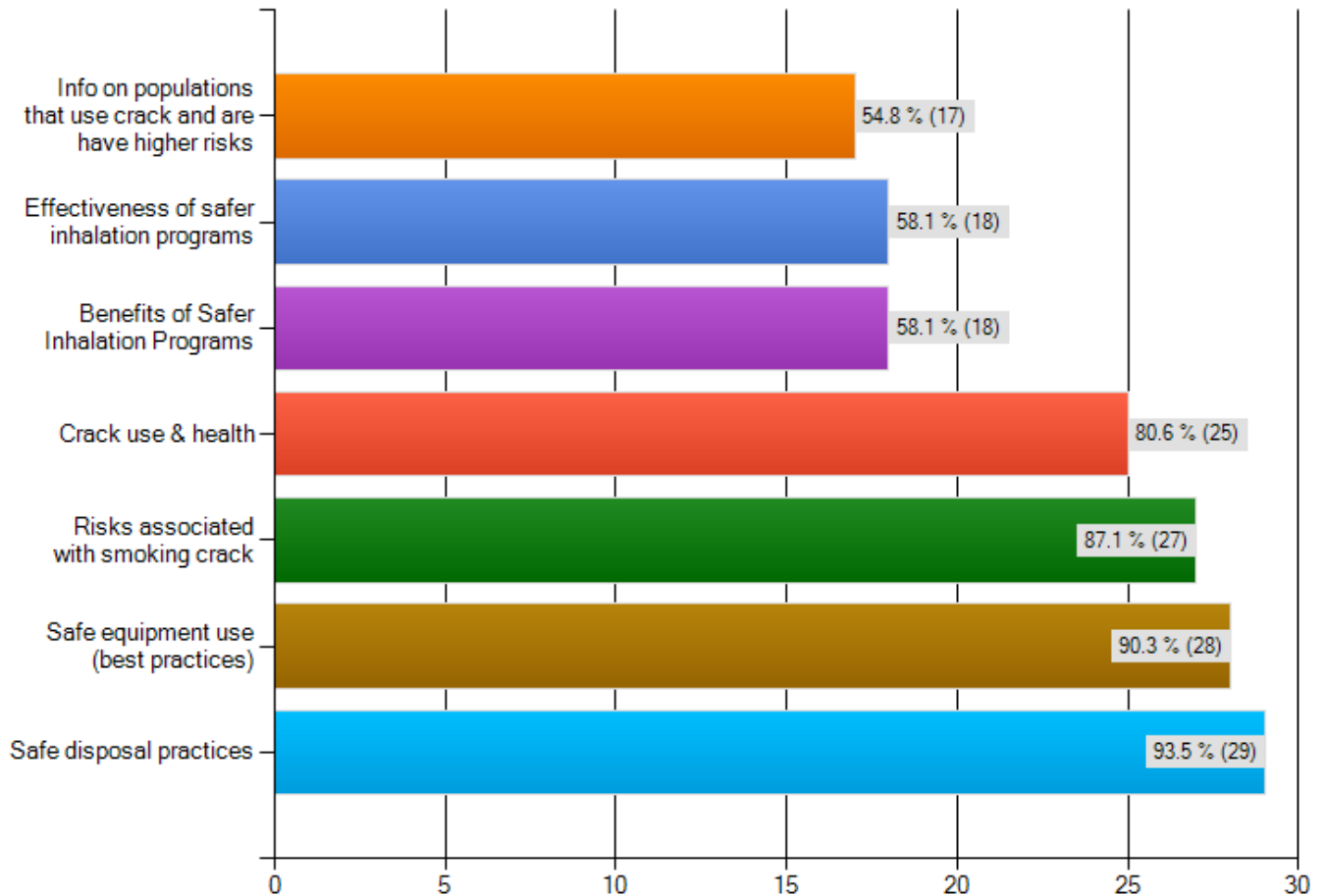


CHART 6

- An overwhelming majority of NSPs (93.5% of respondents) indicated that their **clients require information on safe disposal practices relating to safer inhalation equipment.**
- 90.3% of respondents indicate that their **clients require information on safe equipment use, or relevant best practices.**
- 87.1% of respondents indicate that **clients need information on risks associated with smoking crack.**
- Just over 80% of the NSPs who responded, indicated that **clients need information on crack use and their health.**

Safer Inhalation Supplies

What safer inhalation equipment does your program currently have available for distribution? (Check all that apply)

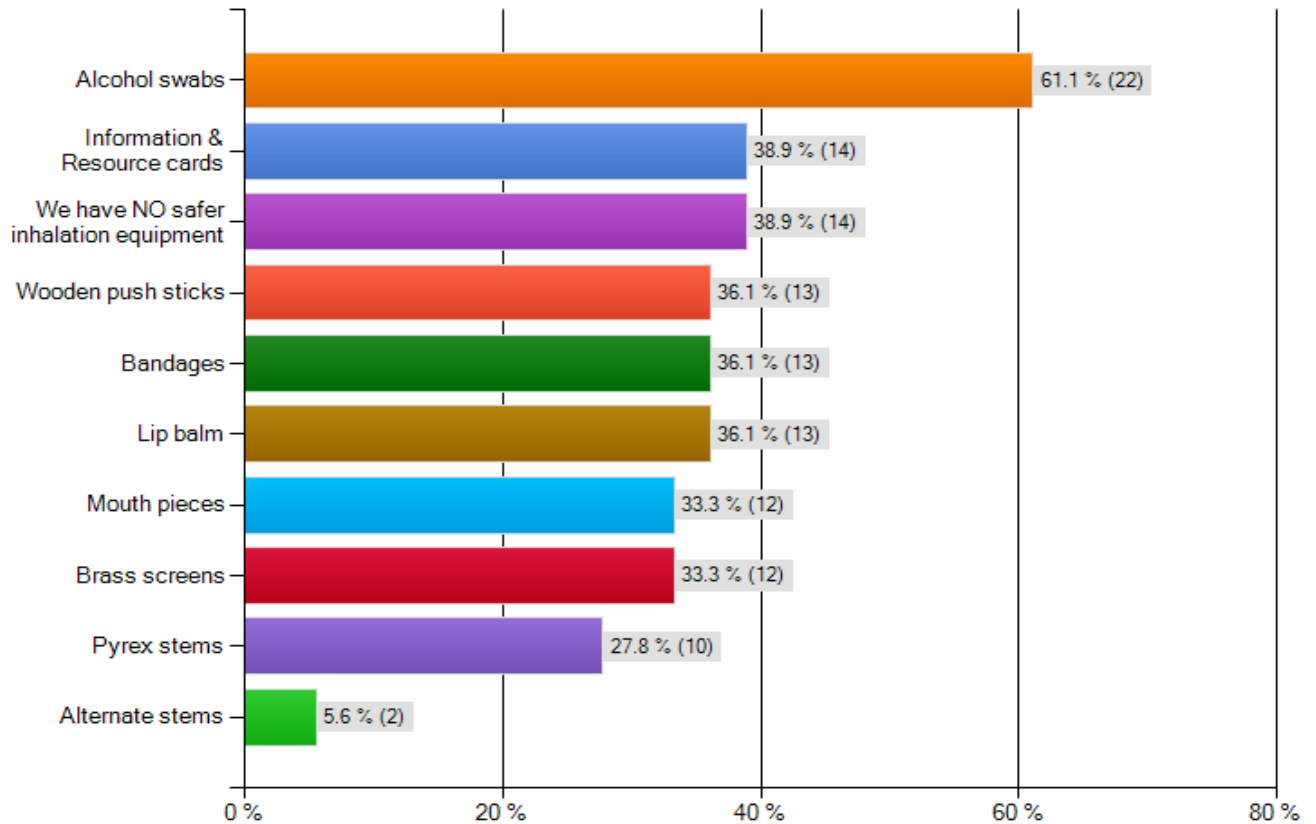


CHART 7 (SEE ACCOMPANYING TABLE 4 IN APPENDIX)

NSPs were asked which of 9 potential safer inhalation supplies each had to distribute.

- 61.1% had alcohol swabs
- 38.9% had information/resource cards to give clients
- 36.1% had wooden push sticks
- 36.1% had lip balm
- 36.1% had bandages
- 33.3% had mouthpieces
- 33.3% had brass screens
- 27.8% had Pyrex® stems and 5.6% had other stems

Surprisingly, in no case except alcohol swabs, did more than 40% of NSPs have any one piece of equipment to distribute for safer inhalation.

What are the barriers your agency faces in implementing safer inhalation programming? (Please indicate your TOP 3 reasons and check N/A for remaining responses)

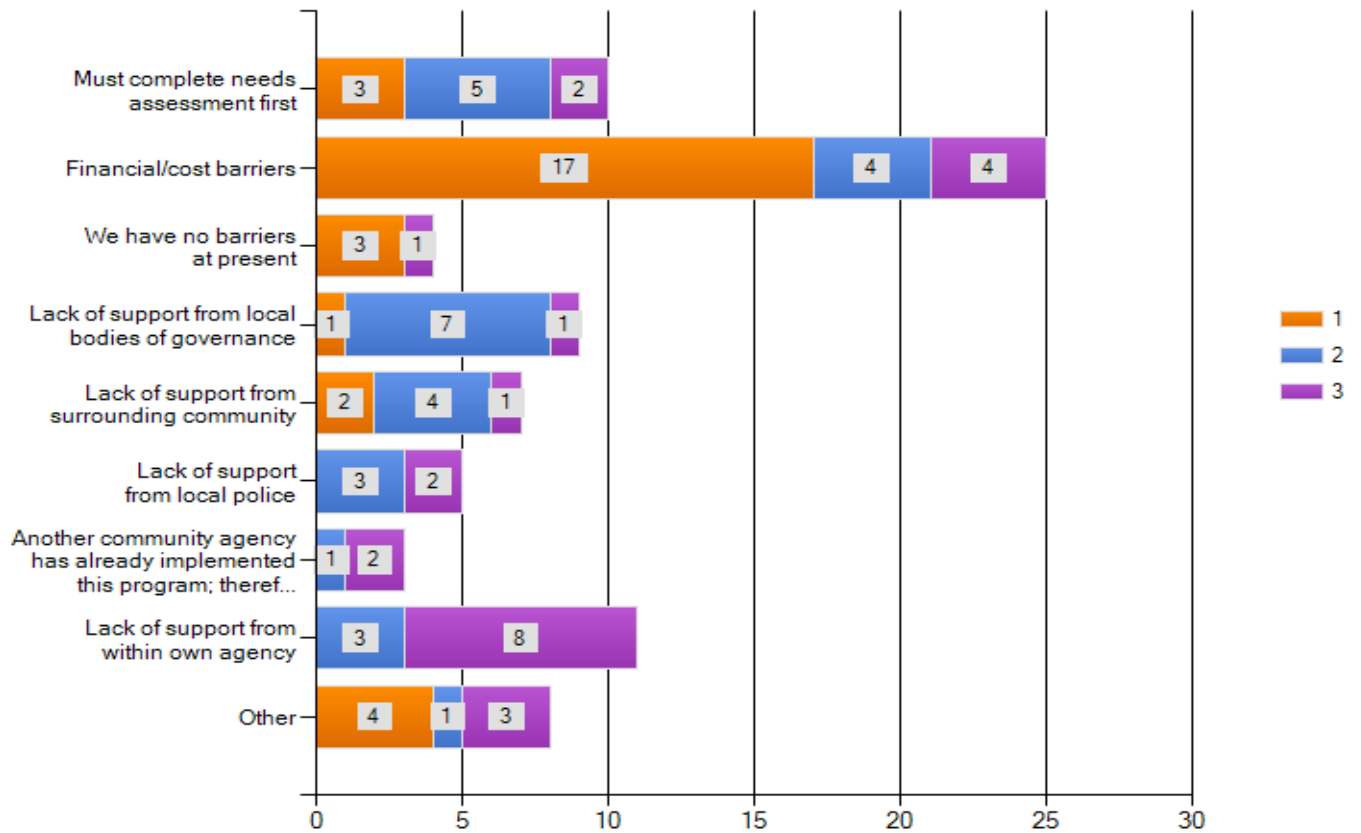


Chart 8

Regarding barriers to implementing safer inhalation programs:

- **‘Financial/costs’** was the top barrier that NSPs face in implementing safer inhalation programming.
- **Lack of support from local bodies of governance** was the second largest barrier NSPs face.
- **A lack of support from within own agency** ranked third.

“If the supplies were supplied through OHRDP we would probably be able to provide safer inhalation equipment”

Safer Injection

NSPs have been operating for various lengths of time previous to the OHRDP's inception in 2006- in fact, the longest running NSP in Ontario has been doing so for 24 years. The youngest NSP has operating for approximately 2 years.

Staff training needs

Not surprisingly, 46% of NSPs indicated that they had no staff training needs. An additional 16% did not respond to the question, which could indicate that those NSPs also did not have staff training needs to report. Of those who reported some staff training needs, specific, up-to-date training and research was requested. Some NSPs revealed that a training review would be welcome, as well as ongoing updates, best practices and recent research as it emerges.

Client education needs

34% of NSPs indicated that they had no client education needs. An additional 19% did not respond to the question perhaps indicating that 56% of NSPs did not have any client education needs relating to safer injection to report. Of those who did respond, interestingly, several referred to the need to train clients in opioid overdose prevention programs (i.e. injecting Naloxone). Educating clients about safer steroid use was mentioned as was having information to offer clients regarding vein health.

Barriers related to safer injection

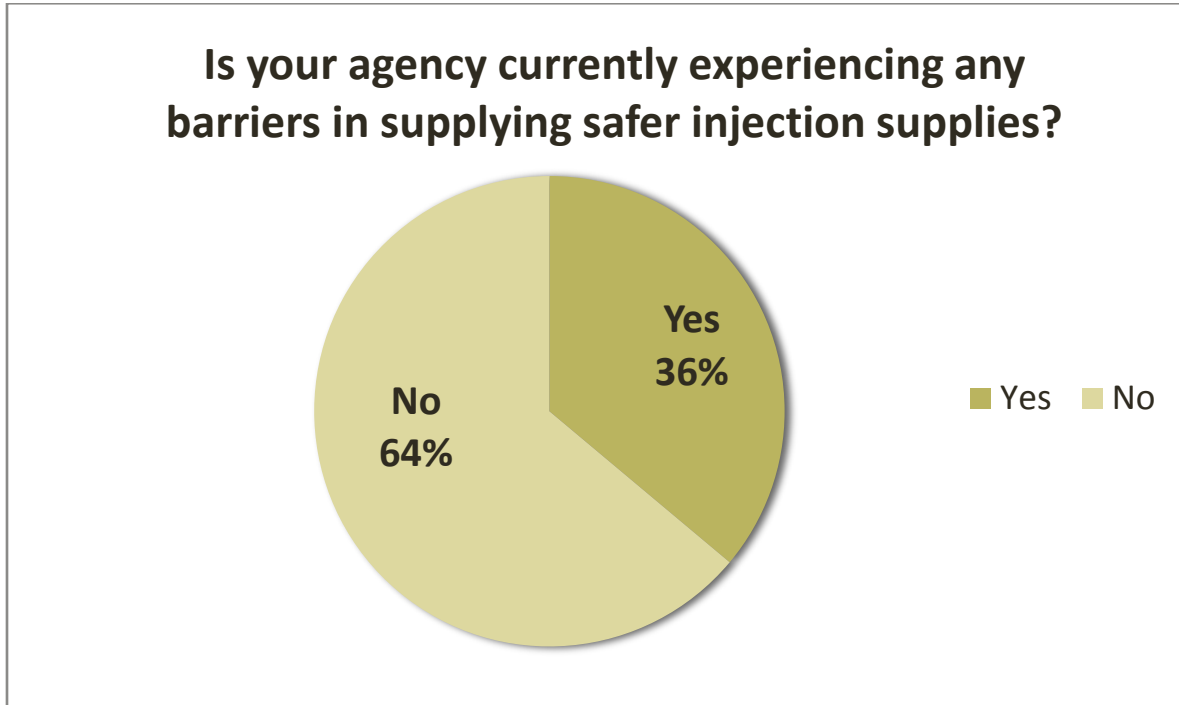


CHART 9

Of the 36% or 13 NSPs who reported existing barriers, what was indicated could be summed up as challenges in expanding overall access to services either due to limited funding , a limited number of staff, requiring extended hours of operation at various locations/satellites, or, having a large geographic area to serve.

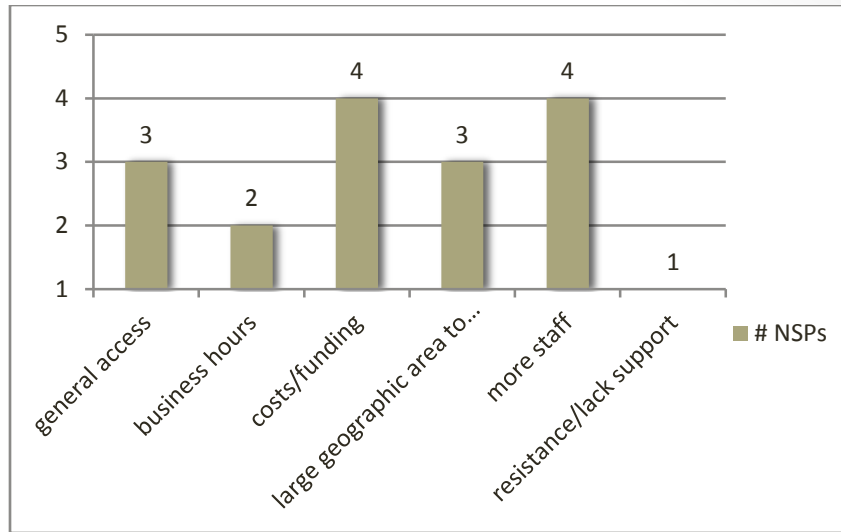


CHART 10: BARRIERS AGENCIES ARE EXPERIENCING IN SUPPLYING SAFER INJECTION SUPPLIES

Safer Steroid Use

There are indications that NSPs in Ontario should become user friendly for steroid users. Since 2002, needle exchange, specific to steroid use, has been increasing at the needle syringe program, *Exchange Works* at the Halton Health Department. In 2002, 7962 intramuscular needles for steroid use were distributed (Mandryk & McDougall). In 2011 that number had grown to just over 56,000, and by the next year, a grand total of 68,216 intramuscular needles were distributed to steroid users (Mandryk & McDougall). In 2012, a total of 328 steroid exchange contacts occurred and 300 exchanges were recorded (Mandryk & McDougall).

In Ottawa, recording services provided to steroid users began in 2007 at *Site Needle and Syringe Program* at Ottawa Public Health in response to a noticeable increased need for steroid resources and equipment. In 2012, a Performance Enhancing Drug special initiative began and 5 steroid resources were ordered from the United Kingdom. In 2012, 187 encounters with steroid users were recorded and 38,376 needles were distributed to people who inject performance enhancing drugs (Mandryk & McDougall).

Staff and client needs relating to safer steroid use

Q: What information regarding safer steroid use do your CLIENTS need?

A: "What are they, how to use them, what needles to use, risks and how to reduce them"

Q: What information regarding safer steroid use does your STAFF need?

A: "Same as above"

32 NSPs indicated what information that their clients need in regard to safer steroid use. The following was indicated:

- 50% of responses pertained to information about risks in using steroids, land marking/proper injecting techniques and general education and resources related specifically to steroid use.
- Suggestions for general information included points made above, as well as information about safer steroid use practices, information about cycling, specific steroids that are used as well as side & long term effects of steroid use.
- Regarding staff needs, in many cases (54%) the information NSPs believed clients need was the same for staff including general education and evidence based knowledge specific to steroid use. That said, it was apparent that clients required more information than did staff.
- 9% (3 NSPs) reported no client or staff needs due to low numbers of steroid users at their site.

Some comments explained that steroid using clients are sometimes unaware of basic land marking, injection and drug preparation techniques; therefore, they can sometimes take more time than other clientele.

Among responses regarding both staff and client needs were also comments about a need for appropriately sized (larger) needles & syringes for steroid users.

**What does your agency need in order to implement safer steroid use programming?
(Check all that apply)**

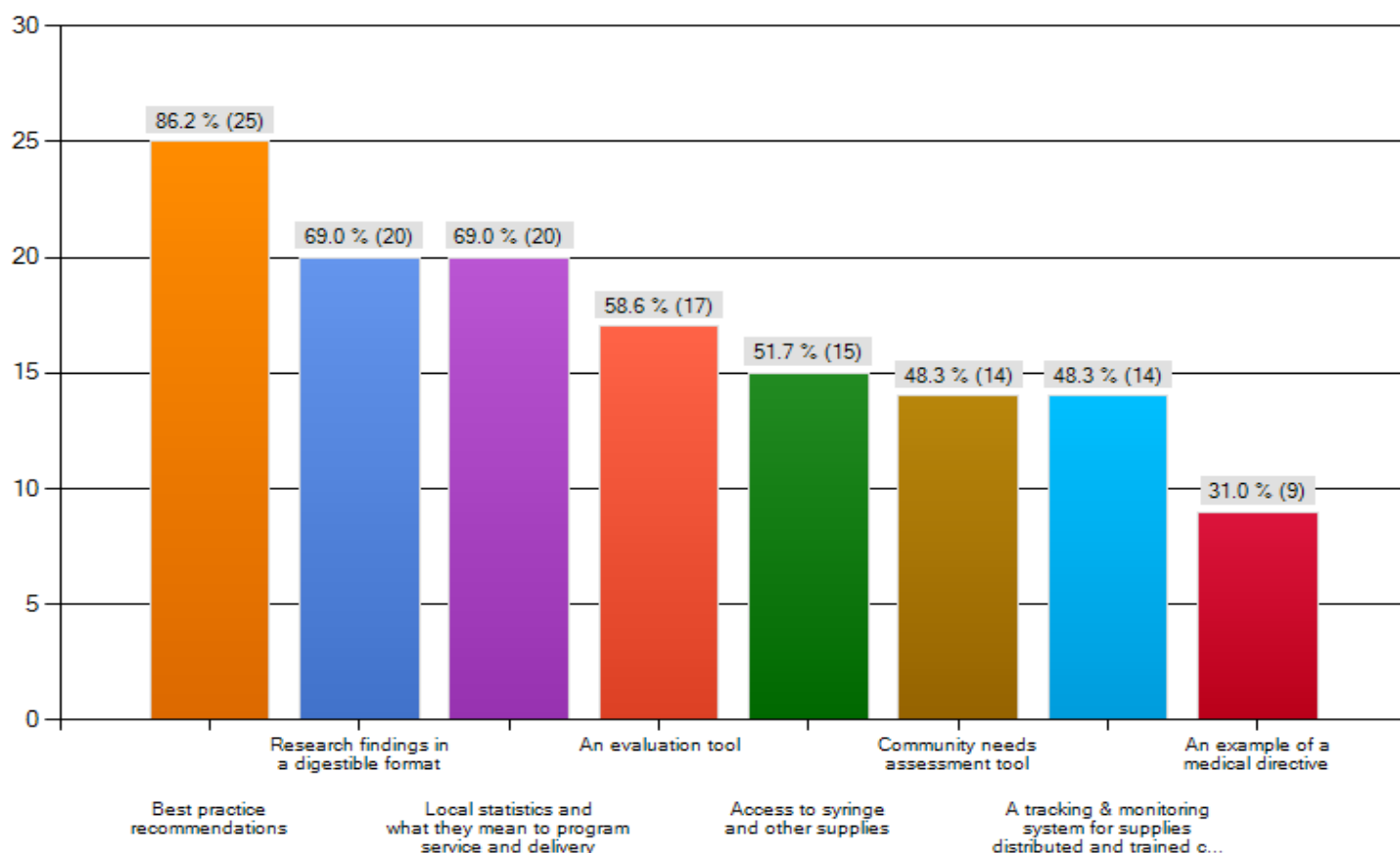


CHART 12

When asked what agency’s need to implement safer steroid use, the following was indicated:

- The majority (82% of respondents, or 25 NPSs) indicated that best practice recommendations for steroid use are needed.
- Research findings and local statistics were indicated by the second largest majority of NSPs (69% of respondents, or 20 NSPs).
- Over half (58.6% of respondents, or 17 NSPs) requested an evaluation tool relating to safer steroid use programming.
- Access to syringe and other, applicable supplies was requested by 51.7% of respondents, or 15 NSPs.

- A community needs assessment tool was requested by 48.3% of respondents, or 14 NSPs.
- A tracking and monitoring system for supplies distributed was requested by 48.3% of respondents, or 14 NSPs.

Where the OHRDP Can Help

Opioid Overdose Prevention Programming-

- 32 core NSPs have yet to establish a fully operational OOPP. While 24 indicate that they are working towards doing so either currently or in the future, 12 indicate that they are not.
- Excluding those who explain that they are not operating an OOPP because they are in the initial planning stages, the reasons why the NSPs are not establishing an OOPP are because of:
 - Limited number of staff
 - Staff require training
 - Not a priority (due to low rates of opioid overdose and limited staff)

NSPs identified that staff and client's need:

- Time
- Training
- Resources

NSPs identified that their agency needs are:

- Local statistics and what they mean to service delivery
- A tracking and monitoring system for distributed supplies and trained community members
- An evaluation tool
- Educational resources such as posters, pamphlets, etc.

Where the OHRDP can help:

- Providing a manual that simplifies how to set up an OOPP and clarifies barriers and confusion about how adaptable an OOPP can be. OOPPs need not only distribute Naloxone or cease to exist. Critical work can be done and achievements can happen by educating people about the risks and signs of an overdose.
- Broker knowledge and advice from OOPPs that are established and operating
- Continue to develop and disseminate training materials and useful resources for NSPs who identify the need to train and educate staff around community-based opioid overdose prevention
- Devise regional workshops to provide opportunities for knowledge exchange at a level where NSPs with the same barriers can share ideas
- Identify collaborating partners to implement regional workshops and other training opportunities
- Assist in accessing, interpreting and disseminating the statistics NSPs require to allow them to advocate for the establishment of OOPPs
- Develop and disseminate community assessment tools
- Develop and disseminate tracking and monitoring tools
- Develop and disseminate evaluation tools

Safer Inhalation

- An overwhelming majority of NSPs reported seeing the need for safer inhalation programming, though relatively very few are actually distributing the required equipment.

- NSPs indicate that they are supplying what they can to the population in need of safer inhalation equipment, given the limited funding and support they currently face such as bandages and resource cards as approximately only 33% have the required items such as stems, mouthpieces and screens.
- The item that was distributed as part of safer inhalation programming by the highest proportion of NSPs (61.1%) was alcohol swabs, which are primarily ordered and distributed as part of safer injection supplies.
- 25 NSPs assigned 1st, 2nd, or 3rd to financial barriers as the largest one they face when trying to implement safer inhalation programming.

NSPs identified that staff need:

- Information about the effectiveness & benefits of safer inhalation programs
- Equipment ordering information
- Crack use in Ontario

NSPs identified that client's need:

- Information about safe disposal practices
- Best practices on equipment use
- Information about the impact crack use has on health

NSPs identified that agency's need:

- Support
- Funding
- Supplies

Where the OHRDP can help:

- Provide safer inhalation equipment, free of charge, to NSPs such as is the case with safer injection supplies such as cookers, sterile water, filters and tourniquets

that OHRDP makes available to supplement the needles and syringes that public health units distribute.

- Provide relevant literature reviews in formats that align with NSP capacity such as digestible policy briefs, summaries of relevant and current literature, etc.
- Obtain information/statistics about crack use in the province.

Safer Injection

- NSP's requested updated training and recent research related to safer injection

Where the OHRDP can help:

- Allocate research to offer NSPs
- Provide training modules, videos and webinars
- Utilize website as an avenue to offer training where necessary

Safer Steroid Use

- NSPs indicate that both staff and clients require information related to most aspects of steroid use, due to a lack of general knowledge about steroids

Where the OHRDP can help:

- Develop and disseminate best practices related to safer steroid use
- Pilot projects where steroid use is increasing

Staff, client and agency needs overall

All responses to questions pertaining to client, staff and agency needs included materials, resources, tools and educational opportunities that the OHRDP can provide. It is important to note that NSPs selected most responses that were offered regardless of the type of harm reduction programming. The OHRDP can follow up on all requests

NSPs made in the environmental scan regarding the staff training, client education and agency needs that were identified.

Given the fact that individual responses can be mapped to individual NSPs, the OHRDP can target support to where it is needed most, as well as mass distribute specific supports where the majority of NSPs have made requests.

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Appendix

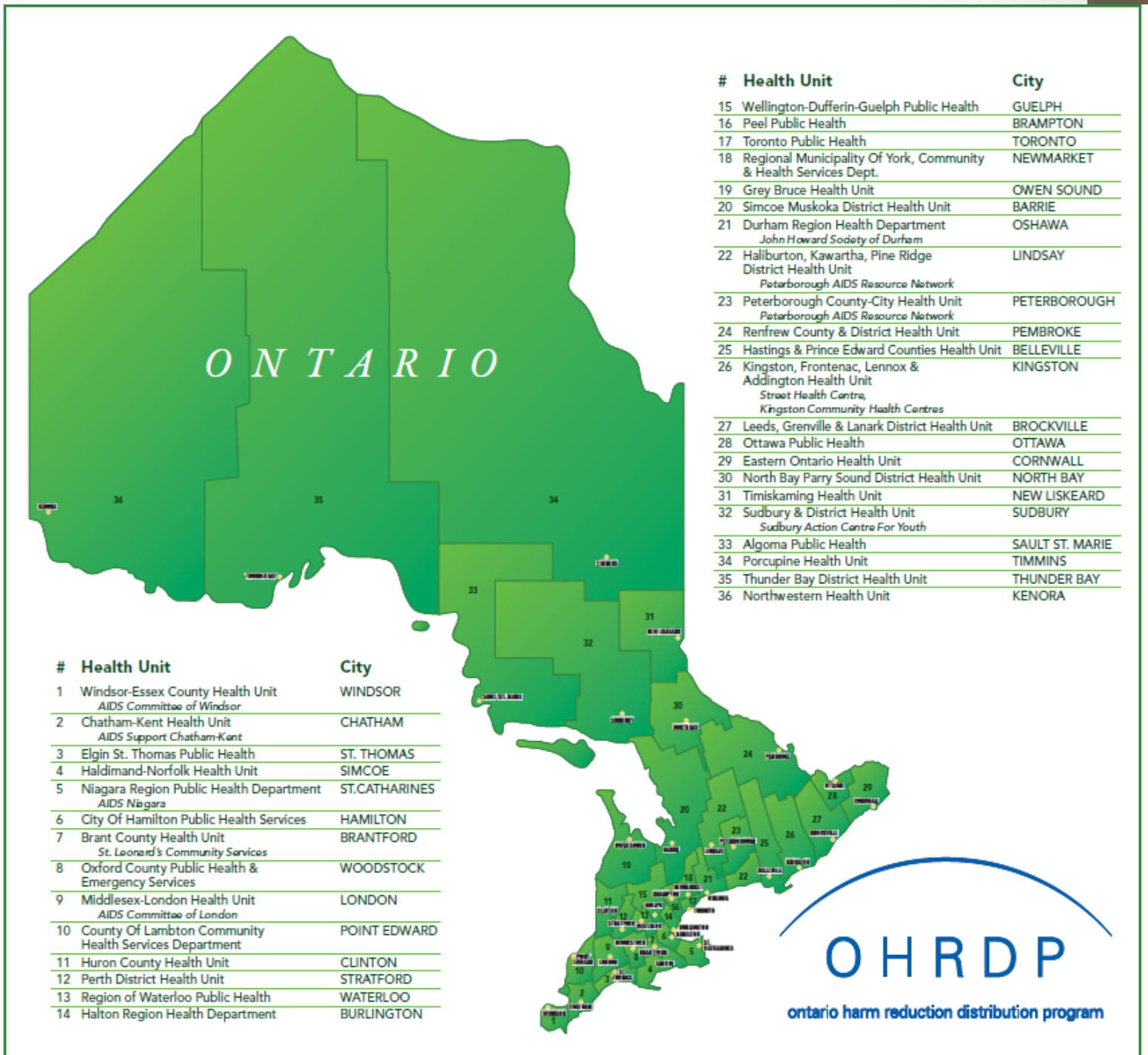


FIGURE 1: MAP OF 36 CORE NSPs IN ONTARIO

Appendix

Opioid Overdose Prevention Programming

Where is your program in terms of establishing an opioid overdose prevention program?

Answer Options	Response Percent	Response Count
NOT going to establish an opioid overdose prevention program	33.3%	12
We plan to establish a program in the future	30.6%	11
Currently working on establishing an opioid overdose prevention program	25.0%	9
Program established but NOT operating yet	5.6%	2
Program established & operating at present	5.6%	2
<i>answered question</i>		36
<i>skipped question</i>		0

TABLE 3

Appendix

Safer Inhalation Supplies

What safer inhalation equipment does your program currently have available for distribution? (Check all that apply)		
Answer Options	Response Percent	Response Count
Pyrex stems	27.8%	10
Alternate stems	5.6%	2
Mouth pieces	33.3%	12
Wooden push sticks	36.1%	13
Brass screens	33.3%	12
Alcohol swabs	61.1%	22
Bandages	36.1%	13
Information & Resource cards	38.9%	14
Lip balm	36.1%	13
We have NO safer inhalation equipment	38.9%	14
Other (please specify)		7
	<i>answered question</i>	36
	<i>skipped question</i>	0

TABLE 4