



Final Report

The Best Practice Recommendations for Needle Exchange Programs (NEPs) in Ontario: A Think Tank on Dissemination, Implementation and Next Steps

On June 5, 2006, the Ontario HIV Treatment Network (OHTN), in partnership with the Ontario Needle Exchange Coordinating Committee (ONECC), brought together over 60 people knowledgeable about HIV and harm reduction issues to launch and discuss the document *Ontario Needle Exchange Programs: Best Practice Recommendations*.

Key Recommendations from the Think Tank

- Evaluate the uptake and implementation of the *Best Practice* document recommendations by NEPs in Ontario.
- Assist NEPs with program advocacy by distributing copies of “The Sleeping Giant: A Day in the Life of a Needle Exchange Program” documentary to share with others.
- Encourage the Ontario Ministry of Health and Long Term Care to develop consistent standards and approaches for NEPs across all its departments and branches.
- Develop a multi-pronged advocacy approach to build capacity around NEP issues within Ontario’s law enforcement agencies.

Updates on the Think Tank Recommendations

Since the June 5 Think Tank, a number of recommendations have been acted on:

Working Group

A working group is being formed to continue to advocate for the recommendations in the *Best Practice* document and to follow up on the recommendations from Think Tank participants outlined in this Final Report. Two focus areas will be an evaluation of the uptake and implementation of the best practice recommendations by NEPs in Ontario and building capacity around NEP issues within Ontario’s law enforcement agencies. The working group will include some of the authors of the document, representatives from ONECC, and representatives from OHTN. The working group membership is under discussion and may also include Ministry of Health representation and a number of people who are current or former drug users.

Website

A website has been created that provides easy access to the *Ontario Needle Exchange Programs: Best Practice Recommendations* document and a brief on each section of the document. The website also provides access to the video and power point slides from all of the June 5 Think

Tank presentations, the “Sleeping Giant” documentary, and this Final Report. The number of times the *Best Practice* document is downloaded from the website will be tracked to aid in monitoring potential update. The website can be found at www.ohtn.on.ca/nep.html

Presentations

Workshops were held with the participation of representatives from each Needle Exchange Program from across Ontario. The document was presented to the Ontario Advisory Committee on HIV/AIDS, a body that provides advice on the development and delivery of HIV/AIDS prevention and treatment programs to the Ministry of Health and Long-Term Care, in order to gather input from those in a position to directly effect policy decisions. Two posters were accepted for presentation and an oral presentation was given in the Harm Reduction Networking Zone of the Global Village at the International AIDS Conference, August 2006. The “Sleeping Giant” video was also presented in the Harm Reduction Networking Zone. The *Best Practice* document was highlighted in the inaugural issue of the Ontario HIV Treatment Network’s *Compass Newsletter* in August 2006 which was widely distributed to OHTN stakeholders and through the NEP Working Group networks. At the Ontario Harm Reduction Distribution Program Annual Conference, March 2007, two of the NEP Working Group members gave a presentation designed to engage NEP managers in a discussion regarding the successes and challenges of implementing the recommendations outlined in the *Best Practice* document. The “Sleeping Giant” video has also been presented as an educational tool to students in various programs at the University of Toronto, Queen’s University and Atkinson Continued Education, York University. Presentations are on-going as opportunities arise.

Distribution of “Sleeping Giant” DVD

A DVD was mailed to each Think Tank participant. One thousand copies of the “Sleeping Giant” were distributed at the International AIDS Conference, August 2006 to delegates from Ontario, across Canada and internationally. Copies have been given to the Canadian HIV/AIDS Information Centre to be loaned out to interested parties as part of their library system. The distribution process is on-going as additional stakeholders express interest in the DVD.

Policy Implications

The recommendations from the *Best Practice* document were used as the evidence base to support a million dollar investment by the Hepatitis C Secretariat, Ontario Ministry of Health and Long-Term Care to provide needle exchange programs in Ontario with harm reduction supplies to distribute to their clients. The document was also used by the Ontario Medical Officer of Health, Dr. Sheela Basrur, to support a recommendation to all regional Medical Officers of Health in Ontario that they support the distribution of all injection-related equipment as recommended in the *Best Practice* document.

Impact of the ‘Best Practice’ Document – Participant Comments

Many participants felt that the document would have immense impact. They said it was tangible, evidence-based, convincing and compelling. It is accessible in its layperson language

and appropriate in its scope. The document validates what front-line workers have been doing and advocating for years by providing supportive research data. It opens up new avenues for dialogue. It takes NEPs out of the “gray area” of whether or not they encourage drug use and shows that they do not.

Participants were hopeful that the document will create policy change. Previously advocates had to rely on ‘anecdotal evidence’ which wasn’t deemed appropriate to influence concrete policy change. They were also hopeful that the document would help to affect a new philosophy of care, and to encourage government agencies to collaborate beyond their traditional silos.

Some noted that the evidence around equipment was especially needed – especially for those in government and public health so that they have evidence to increase distribution levels of equipment. The document gives medical evidence that it is necessary to provide all equipment for drug use. The evidence about cost effectiveness will also be very helpful.

The document will be extremely helpful both for existing and new NEPs; it is an excellent resource for front-line service providers.

The document illustrates that NEPs encompass more than just exchanging needles; they provide access to health care and primary care. This is useful evidence that can be used to build upon and expand existing services. It highlighted the link between primary care and NEPs, outlining the necessity of helping clients access the medical system.

The document is timely in framing an overall aligning of Ontario stakeholders coming on-board with a shared commitment to a harm-reduction approach (i.e. the Ministry of Health and Long-Term Care’s Harm Reduction strategy, the Ontario Aboriginal HIV/AIDS Strategy, and the OHTN). This may also have a potential funding impact.

Framing NEPs as a health issue gives advocacy efforts leverage and legitimizes the harm reduction approach.

The practical information in the document about harm reduction practices will also be useful for people who use drugs.

The document will be beneficial for advocacy initiatives for the prison population.

The document’s recommendations will potentially influence and impact jurisdictions beyond Ontario and possibly even internationally.

Recommendations from Think Tank Participants

1. Building an Evaluation Framework

Participants provided a range of suggestions on evaluation benchmarks and tools to measure the impact of the document. Among the outcomes that they hoped could be achieved were:

- Increased funding for NEPs in Ontario
- New NEPs opened in each health unit (this could be measured by the number of programs that provide injection supplies)
- NEPs created in communities that have previously been hard to reach with services (e.g. Aboriginals, specific ethnic communities, youth, and small towns).
- The distribution of inhalation equipment will be increased (this could be measured by the number of programs that give out stems for crack pipes)
- Public health departments will allocate more staff to NEPs
- More nurses will be doing outreach
- Higher number of clients will come to, contact or phone NEPs
- Needles on the street will decrease, there will be less sharing of needles
- There will be decreased rates of overdoses, HIV, Hep C, and other harms.
- There will be a better understanding by the public of NEPs; marginalization of drug users will decrease (this could be measured by opinion polls)
- Physicians have higher opinions of NEPs
- The document will be adopted and used in other provinces and countries
- There will be savings in health care costs

Participants suggested some immediate quantitative measures of uptake of the document:

- Track the number of times the document is downloaded and by whom
 - Follow up with those who have downloaded it by providing an evaluation survey for those using the document
- Track the number of poster sessions presented
- Track the number of copies requested
 - assessment or analysis of the uptake can be done through clearinghouses

Participants also offered suggestions about which stakeholders should be considered in evaluation strategies. They suggested that evaluation planning groups would need to be small and coordinated by researchers. However, they noted that a number of stakeholder groups should be considered in the evaluation process:

- People who use drugs
- NEP staff members
- AIDS service organizations
- Other community agencies who provide needle exchange services
- All three levels of government (federal, provincial, municipal)
- Police and other law enforcement agencies

- Doctors
- Professional organizations representing various health care professions
- Public health units
- Canadian HIV/AIDS Legal Network and other non-profit organizations

2. Distribution of the Document

Participants suggested a wide array of strategies to ensure that the document and its key recommendations are received by the appropriate stakeholders.

People can take the document back to their own organizations and use it to move forward in their own work with their organizations, community police, municipal councils etc.

In addition, the document should be distributed widely to:

- *Ontario Medical Association:* Inform the OMA of the document's on-line availability and disseminate a formal letter including a link to the full document on OHTN's website to all physicians.
- *Ontario Pharmaceutical Association:* Inform the OPA of the document's availability and strategize for their endorsement. Also investigate to see if the OPA is still adhering to a resolution passed in the early 1990's regarding needle provision in pharmacies as an HIV prevention strategy.
- *Community Health Centres:* Also provide a presentation at the Annual General Meeting of CHC's in March 2007.
- *Educational Institutions:* Make the document available as a resource for professional curriculums including medicine, nursing, pharmacy, police and other related tracks, to help sensitize them to harm reduction and methadone programs.
- *Other relevant organizations:* Ministry of Corrections (provincial and federal levels), chiefs of police, AIDS service organizations, drug user groups, harm reduction coalitions, municipal governments, Liver Foundation (Hep C link), the Hepatitis C Working Group, local treatment agencies (i.e. mental health), shelters, health clinics without NEP/IDU experience, and medical officers of health.

Participants also suggested the following strategies for making the messages widely available:

- Provide access to the "Sleeping Giant" documentary.
- Provide power point slides outlining the document for service providers.
- Synthesize findings into more accessible, audience specific articles and fact sheets for medical, public health and other professional communities.
- Make an executive summary available along side the full-length PDF file. (The document does in fact include summaries of each section – these summaries are available on the OHTN website).
- Provide information about the document at the Harm Reduction Networking Zone and the Prison Networking Zone in the Global Village at the AIDS 2006 International Conference.

3. Moving Forward

Participants were enthusiastic about the recommendations in the document and optimistic that the document could create positive change. They agreed that ONECC has a role to play in advocating for these changes.

The following are some of their suggestions on how to move forward:

- Lobby for more funding (and more stable funding) and staff training for existing NEPs, new NEPs and satellite NEPs. Ensure funding is available across the province.
- Create a Community Advisory Committee at each NEP
- Sensitize providers working in relevant health care settings: the attitudes and hostilities of individual gate keepers can be a barrier in accessing services. This includes staff in pharmacies, hospitals and any local institutions housing NEPs.
- Create mandatory, explicit NEP guidelines for health units so that NEPs are consistent in Ontario. Ontario needs a similar document to the Vancouver “Four Pillars” document.
- Stronger wording is required from the government’s Public Health branch to ensure provision of needle exchanges services happens.
- Develop a multi-pronged advocacy approach with the police forces across the province. Work with regional police forces that are already allies and work with them to get other police forces on board. Also work with supportive police chiefs. Reach out to the Ontario Police Association and Correctional facilities. Lobby for a law enforcement manual which should be a mandatory part of police training. At minimum, police need to not oppose NEPs, even if they do not actively support them.
- Provide information to municipal councils to help them make informed decisions.
- Develop a strategy for getting information to the media. This can involve ONECC and individual service providers. The timing of media intervention depends on public climate, political climate, other reports recently released, current news in the media, etc.
- Ask the Ministry of Health (and specifically Chief Medical Officer of Health and Assistant Deputy Minister of Public Health Dr. Sheela Basrur) to endorse the document. This could lead to more health units taking action and increased funding. A training manual for Boards of Health could also be a result. All participants were encouraged to write Dr. Basrur directly and voice their individual support for her endorsement of the document.
- Lobby to integrate the document’s recommendations into the Ontario core mandatory public health guidelines. Ontario will be reviewing the guidelines in June, 2006. The recommendations made in the document could potentially influence and be tied into the HIV section of the core mandatory guidelines which will be reviewed by the Public Health sexual health and STI committees among others in the near future.

- Encourage the Ministry to develop consistent standards and approaches for NEPs across all its departments and branches; also involve the Ministry of Community and Social Services.
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Background on the *Best Practice Document*

Needle exchange programs (NEPs) have operated in Ontario since 1989, yet there remains great variation in program practices. Guidelines, standards, consensus or synthesis of scientific literature to help program managers and policy makers develop harm reduction programs have been lacking.

Ontario Needle Exchange Programs: Best Practice Recommendations, published in March 2006, is a thorough set of practice recommendations based on Canadian and international scientific evidence. Developed by a team of researchers in collaboration with Ontario NEP managers, the document outlines practices to help NEPs consolidate their gains and improve their services.

Over 700 scientific documents, web-based guides and other documents were reviewed, assessed for scientific merit and synthesized. Input from scientific experts and front-line NEP staff was used to create highest quality recommendations that are relevant to everyday NEP work.

The recommendations focus on all aspects of NEP practice: start-up tasks, equipment distribution, program delivery models, education, services, primary care, relationships with law enforcement and evaluation.

This document is the first of its kind in Canada. While developed specifically for Ontario, the recommendations will be useful for other jurisdictions.

The document was authored by Strike C, Leonard L, Millson M, Anstice S, Berkeley N, and Medd E. with guidance from the Ontario Needle Exchange Coordinating Committee (ONECC). It is available on-line at www.ohtn.on.ca/nep.htm.

Background on the June 5 2006 Think Tank

The Think Tank was designed both to formally launch the document and to generate ideas and excitement for moving its recommendations forward. Guided by a planning committee including OHTN and ONECC representatives, the meeting objectives were to:

- launch *Ontario Needle Exchange Programs: Best Practice Recommendations* document
- begin to develop a strategy to ensure application of the recommendations
- offer networking and partnership building opportunities to further disseminate the recommendations
- discuss and identify necessary policy changes to further improve NEP practice
- identify a strategy for next steps in terms of research, advocacy and practice

The committee identified a range of participants from across Ontario who have expertise in HIV and harm reduction, including those from AIDS service organizations, Needle Exchange Programs, Public Health departments, law enforcement, provincial and federal government agencies, mental health agencies and academic institutions, as well as people who are current or former drug users. A number of experts from outside Ontario were also invited.

Sponsoring organizations for the Think Tank included the Centre for Addiction and Mental Health, the Canadian Institutes of Health Research, the Centre for Research on Inner City Health at St. Michael's Hospital, and the Ontario Harm Reduction Distribution Program.

The OHTN Strategic Plan to 2010 has a strong commitment to knowledge transfer and exchange. This includes building community-academic-policy partnerships to harness the expertise, energy and commitment needed to make a change.

Presentations at the Think Tank

Dr. Sean Rourke, Scientific and Executive Director of the OHTN, welcomed the participants. He noted that the *Best Practice* document was ground-breaking and encouraged participants to help ensure that its recommendations move forward to achieve maximum impact.

Senator Larry Campbell, former British Columbia Chief Coroner and former Mayor of Vancouver gave an inspiring keynote speech. He decried the foolishness of the United States' "war on drugs" approach which does not recognize drug use as a health issue. His anger at this approach was tempered by his optimism that it will not prevail in Canada because it too clearly violates common sense. He urged participants not to give in to despair but to keep advocating for change.

Scott, a service user and board member at the Kingston Community Health Centre, gave a moving account to remind us that people who use drugs are first and foremost people. He noted that many use drugs as self-medication in reaction to difficult life circumstances, often made more difficult by lack of services or supports. They neither deserve nor benefit from judgment. He offered useful illustrations of how well designed services can make a real difference in people's lives.

Ron Shore from the Ontario Needle Exchange Coordinating Committee, introduced the *Best Practice* document by noting that it would not have been possible to produce a few years ago. He said it is a reflection of the maturity of the harm reduction community and its services, and of growing government recognition for harm reduction approaches. He also said that the document is now possible in part because there is enough science published to back it up.

Dr. Carol Strike, Ms. Emily Medd and Dr. Peggy Millson, three of the co-authors of the *Best Practice* document, described the methodology behind the document and presented some of the key recommendations. In a question and answer period, audience participants praised the document as clear, comprehensive, and convincing. People expressed hope and

confidence that the document will be used by service providers and will influence policy makers to improve harm reduction services. Several participants from outside Ontario also praised the document and said it would have an impact well beyond the province's borders. One participant summed up the mood of the room when she said enthusiastically "Let's get going!" in terms of implementing the document.

After a networking lunch, participants were reminded of the real reason for all this work, with a short but powerful documentary entitled *The Sleeping Giant: A Day in the Life of a Needle Exchange Program*. The "Sleeping Giant" depicts the daily efforts of the Superior Points Harm Reduction Program in Thunder Bay to save lives with limited resources and challenging circumstances. Don Young, Superior Points' program manager, was presented with an Award of Recognition for his leadership and compassion.

All presentations and the "Sleeping Giant" documentary are available for viewing at www.ohtn.on.ca/nep.htm

Breakout Sessions consisting of four small groups tackled some of the opportunities and challenges in keeping momentum on the document's recommendations. Two groups took on the issue of "Facilitating Change" while two others discussed "Building an Evaluation Framework" for the document recommendations.

A web-based evaluation survey was sent out to all Think Tank participants. The respondents to date provided a very positive evaluation of both the document and the Think Tank.