

BACKGROUND

Needle Exchange Review in Saskatchewan – January, 2009

What this Review Found:

This review was asked to answer six questions. Excerpted responses included.

1. *What works to reduce the spread of blood-borne infections from injection drug use?*

Needle exchange is part of what works. So do stronger links to mental health and addictions treatment and more aggressive HIV testing, contact tracing and education.

2. *How do Saskatchewan programs compare to other programs in Canada?*

We distribute more needles than other provinces because powdered cocaine and morphine are the most commonly used injection drugs in Saskatchewan, which require frequent injection, as effects are short-lived, unlike heroin, which has a longer-lasting effect. Our two neighbouring provinces have shifted towards use of crack cocaine, which is usually smoked. As a result, they distribute many fewer needles for their population than in Saskatchewan.

3. *What can we do to reduce the risks of discarded needles?*

Injuries from discarded needles are rare and the risk of infection is extremely low. The solution is to make it as easy as possible to dispose of all needles safely and to continuously educate injection drug users on safe disposal practices.

4. *Do we distribute an appropriate number of needles, and do we get as many returned as possible?*

Saskatchewan does a good job in coverage of injection drug use with clean needles. The return rate of used needles could be increased, but the real issue is making it easier to safely dispose of used needles, for example more drop boxes in appropriate locations.

5. *Is there appropriate oversight to ensure program policies are followed?*

Needle exchange programs are well run by professional staff with many years of experience in working with people who have addictions issues. Doctors with specialized training provide medical oversight.

6. *What are community concerns and how can we better address them?*

Most informants we interviewed support or are neutral about harm reduction and needle exchange. The major concern heard is regarding discarded needles. This can be addressed by better biohazard disposal, public education about safe needle disposal, and organized needle clean up during periods such as spring thaw.

Recommendations of the Review:

1. A more aggressive and integrated approach to harm reduction among injection drug users.

Some key features of this approach include to:

- Extend existing best practices across the province, such as tracking users in a registry and partnering with community organizations for service delivery close to where injection drug users live.
- Provide a broad range of health care and social services to injection drug users on the street and in the communities where they live.
- Strengthen provincial strategic support in data collection, analysis and sharing of best practices and staff training.
- Expand injection drug user registration programs to all consenting users, using of a standardized electronic database, such as that developed by Saskatoon Health Region.

2. A community-based, province-wide approach to biohazard waste collection and disposal to address all biohazard wastes.

This will require:

- Waste collection systems that provide readily available access wherever needles and other biohazards are used;
- Public and user education on safe disposal and handling of biohazards;
- Waste pickup and disposal systems.

Quick Facts:

- There are needle exchange programs (fixed and mobile) in seven health regions.
- Injection drug use is high-risk behaviour for transmission of blood-borne infections. HIV and Hepatitis C are the most serious. For the most part they cannot be cured, are very expensive to treat, and shorten life.
- Needle exchange programs reduce the transmission of HIV by one-third. In Saskatchewan, this means an estimated annual savings in health care costs of \$4 million.
- Powdered cocaine and morphine currently are the most commonly used injection drugs. Injection drug users report they can use 20 or more needles per day for short periods. Yearly, the average user uses 1,000 or more needles.
- Saskatchewan has an estimated 5,000 injection drug users, concentrated in the poorest neighbourhoods of the three largest cities. If each user averages about 1,000 needles per year, this would mean an average of 5 million needles required per year. The needle exchange program distributes 3.8 million needles a year.
- The risk of infection from being stuck by a needle point is extremely low. In Saskatchewan, we were not able to identify any such needle sticks, ever, that had resulted in infection.
- Needle exchange provides an opportunity for establishing contact with injection drug users for health assessment, teaching and treatment.