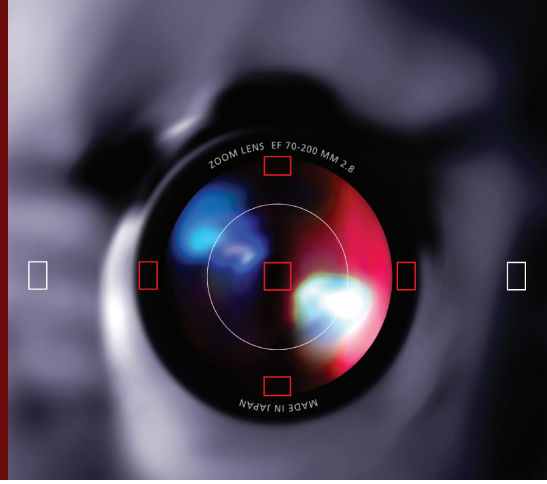
DURHAM REGION HEALTH DEPARTMENT

October 2016

SNAPSHOT on Harm Reduction Programming



HIGHLIGHTS

- Harm reduction is “policies, programs and practices that aim to reduce the negative health, social and economic consequences that may ensue from the use of legal and illegal psychoactive drugs, without necessarily reducing drug use”.
- Among patients who were active beneficiaries of the Ontario Public Drug Program, opioid prescribing rates in Durham Region increased between 2006-2010 and 2011-2013 in both younger beneficiaries ages 15 to 64 (107.3 to 146.2 per 100,000 beneficiaries; 36% increase) and beneficiaries ages 65 and older (13.0 to 13.9 per 1,000 beneficiaries; 7% increase).
- The number of emergency department visits per year in Durham Region for opioid prescription drug misuse increased from 228 visits in 2003 to 440 visits in 2015.
- Between 2005 and 2014 there was an average of 28 deaths in Durham Region residents each year due to drug toxicity.
- An average of 170 new cases of hepatitis C (a disease commonly associated with injection drug use) were identified each year between 2011 and 2015.
- In 2015, the Project X-Change needle exchange program reported 538,984 clean needles distributed and 473,564 needles collected; a substantial increase since 1997, when the program distributed 6,017 needles and received 6,254 (90 times as many needles distributed and 75 times as many needles received).
- In 2015, Project X-Change provided 9,929 counselling sessions representing more than 99% of all client contacts, more than double the number of sessions in 2005 when there were 4,435 counselling sessions representing 86% of client contacts.
- Harm reduction activities in Durham Region include the needle exchange program, opioid patch return program, naloxone distribution and support programs for sex trade workers.
- Many Durham Region community agencies are involved in harm reduction programming, including Durham Region Health Department, the AIDS Committee of Durham Region, the John Howard Society of Durham Region, Pinewood Centre of Lakeridge Health, Carea Community Health Centre, and the Positive Care Clinic of Lakeridge Health.

Durham Harm Reduction Coalition

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Overview

Harm reduction is “policies, programs and practices that aim to reduce the negative health, social and economic consequences that may ensue from the use of legal and illegal psychoactive drugs, without necessarily reducing drug use”[1]. Harm reduction strategies are a collection of activities and services aimed towards reducing personal, interpersonal, and societal consequences related to drug use.

The personal medical risks associated with drug use include overdose or acquiring blood-borne infections such as HIV or hepatitis C from sharing contaminated drug paraphernalia. In Canada, injection drug use accounts for 17% of all positive HIV reports. According to 2014 national HIV estimates, 20% of HIV-positive people whose infection was attributable to injection drug use remain undiagnosed. This represents an estimated 2,312 people in Canada. Among people who use injection drugs, 11% are living with HIV and 68% either have or have had hepatitis C [2]. Three percent (3%) of Canadians aged 15 years and older report experiencing harm due to their illicit drug use [3].

Community and interpersonal consequences occur when discarded contaminated needles infect community members, when criminal activity affects public safety, or when family relationships suffer as a result of drug use. In 2015, there were 1,405 reported or known violations of the Controlled Drugs and Substances Act[4], and in 2014, there were 17 community complaints of needles found in public spaces across Durham Region[5].

Harm reduction has been a controversial subject for some as drug use is illegal; however, the reality is that there are substance users all over Canada. One of the defining features of harm reduction is the focus on the prevention of harm, rather than the prevention of drug use itself, and the focus on people who continue to use drugs[6]. Providing access to sterile equipment and proper disposal methods helps decrease the risk of infectious diseases among substance users, their peers, and ultimately the general public.

Types of harm reduction programming include:
- Needle and syringe exchange programs (Project X-Change)
- Opioid patch return programs
- Naloxone distribution
- HIV pre-exposure prophylaxis
- Support programs for sex trade workers
- Safe injection site

Why do we need Harm Reduction?

Harm reduction is one of the most effective tools in addressing the health and social problems related to risky activities [7]. Harm reduction is based on working with the client 'where they are at', while respecting, honouring and supporting their ability to make decisions. One of these decisions may be to use drugs or to engage in other higher-risk behaviours. People become involved in substance use for many social, economic, physical health, mental health, and personal reasons. Drug problems occur along a continuum of risk, ranging from minimal to extreme. It may not be possible to stop someone from using drugs, but the risks associated with their drug use may be reduced using a harm reduction approach. A harm reduction philosophy allows service providers to maintain the same level of availability, quality of service and treatment that they provide to every client without discrimination.

One of the key roles of health and social service providers is to help people live healthier lives. Service providers can recognize that small improvements in a person's health can pave the path for further reductions of drug use and an improved lifestyle.

Harm reduction strategies can effectively reduce the physical, social, and economic consequences of injection drug use, including reducing the transmission of HIV and other blood-borne infections. Harm reduction strategies are also effective in minimizing issues related to other "risky" behaviours, such as other substance use, sexual behaviour, and smoking.

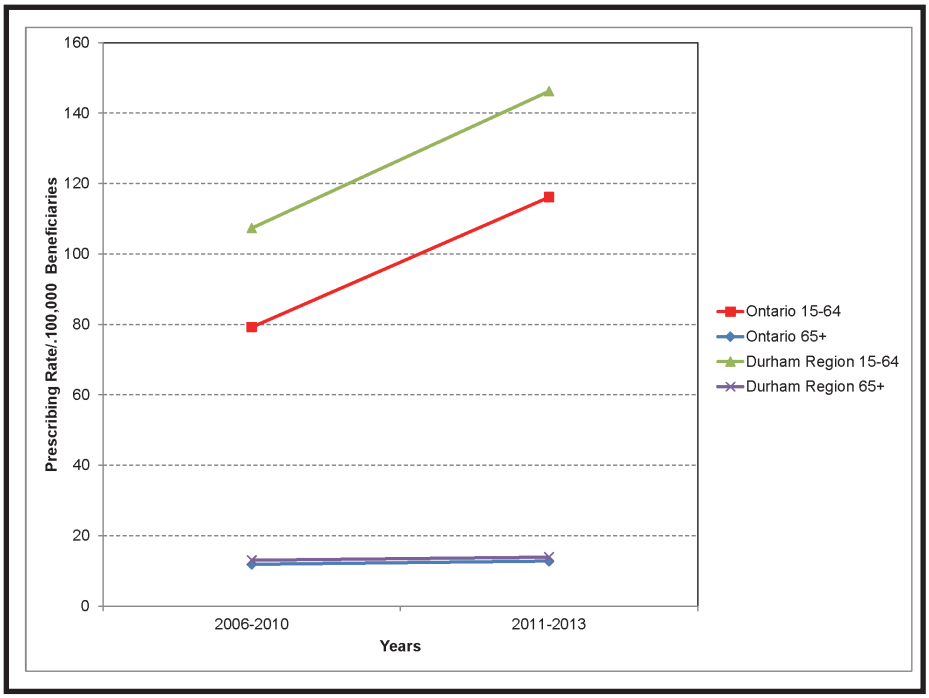
Prevalence of Drug Use

Although there is no specific data on injection drug use in Durham Region, results from the 2011/12 Canadian Community Health Survey show that 11.5% of Durham Region residents 12 years and older reported using an illicit drug in the past 12 months. Results from the Ontario Student Drug Use and Health Survey show that during the 2010-2011 school year, 4% of Durham Region secondary school students reported using cocaine in the last 12 months[8]. During the 2014-15 school year 13% of Durham Region students reported using prescription opioid pain relievers non-medically at least once in the past 12 months[9]. These include pain relief pills such as Percocet®, Percodan®, Tylenol #3®, Demerol®, OxyNeo®, OxyContin®, and Codeine®. Since 2008, the rates of non-medical use of opioid pain relief pills in Durham Region students significantly decreased (20% in 2008). The proportion of elementary students and secondary students who used OxyContin specifically, the proportion that used Attention Deficit/ Hyperactivity Disorder (ADHD) drugs and the proportion who reported using an illegal drug by injection or needle were unreliable and not releasable due to small numbers.

Use of opioids to treat chronic pain has risen significantly in recent years. Provincial studies have shown that rates of opioid prescribing are on the rise[10]. The increased prevalence of abuse, misuse, and addiction related to opioids has driven concerns regarding accidental opioid overdoses that may lead to hospitalization for toxicity, and sometimes death. Among patients who were active beneficiaries of the Ontario Public Drug Program, opioid prescribing rates in Durham Region increased between 2006-2010 and 2011-2013 in both younger beneficiaries ages 15 to 64 (107.3 to 146.2 per 100,000 beneficiaries; 36% increase) and older beneficiaries ages 65 and older (13.0 to 13.9 per 1,000 beneficiaries; 7% increase). Prescribing rates were higher in Durham Region than Ontario, especially among younger beneficiaries.

Why do we need Harm Reduction?

Figure 1: Annualized Opioid Prescribing Rates among Public Drug Plan Beneficiaries, Durham Region and Ontario, 2006-2010 to 2011-2013



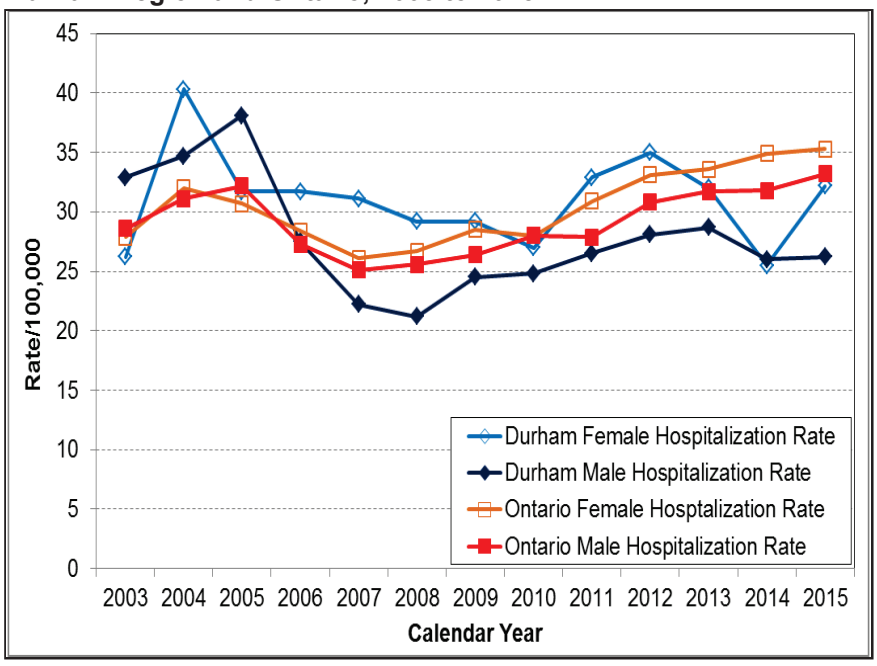
Data Source: Ontario Drug Benefit (ODB) claims database, 2006-2013, Ontario Drug Policy Research Network.

Health Consequences of Drug Use

Opioid Use

In Durham Region, data shows increases in hospitalizations and emergency department visits due to opioid misuse and deaths due to drug toxicity in the past several years. Between 2003 and 2015 there was an average of 190 hospitalizations each year of Durham Region residents for opioid prescription drug misuse. Hospitalizations varied somewhat year to year but rates have increased among Ontario and Durham Region males and females since 2007.

Figure 2: Hospitalizations for Prescription Drug Misuse - Opioids, Durham Region and Ontario, 2003 to 2015

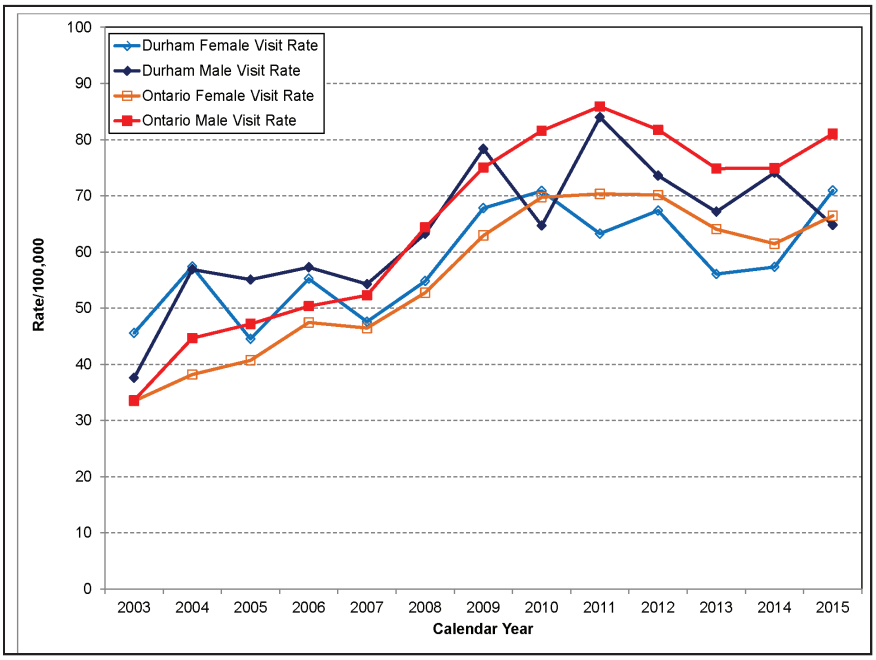


Data Source: Inpatient Discharges 2003-2015, Ontario Ministry of Health and Long-Term Care, IntelliHEALTH Ontario: Ontario Population Estimates 2003-2015, Ontario Ministry of Health and Long-Term Care.

Why do we need Harm Reduction?

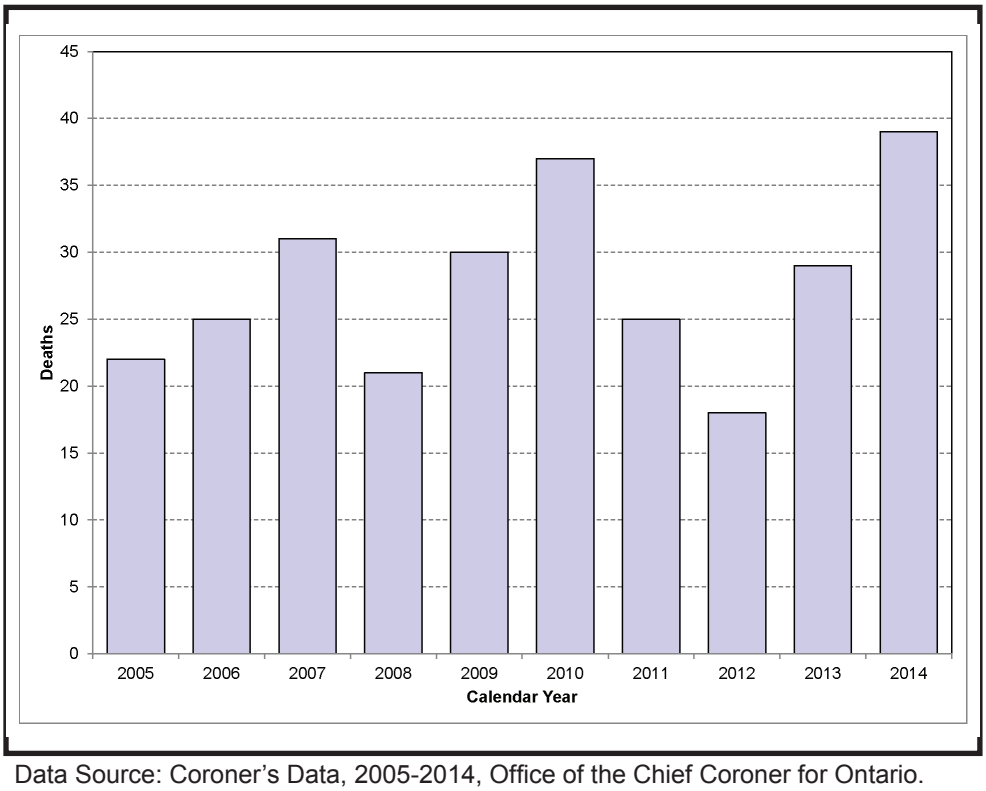
In the same time period there was an average of 370 emergency department visits each year in Durham Region residents for opioid prescription drug misuse. The rate of emergency department visits per year increased from 45.6/100,000 in 2003 (128 visits) to 70.9/100,000 in 2015 (242 visits) among Durham Region females, and increased from 37.6/100,000 in 2003 (100 visits) to 64.8/100,000 in 2015 (198 visits) among Durham Region males. Ontario emergency department visit rates showed similar increases over the same time period and were similar to Durham Region rates in most years.

Figure 3: Emergency Department Visits for Prescription Drug Misuse - Opioids, Durham Region and Ontario, 2003 to 2015



Data Source: Emergency Department Visits 2003-2015, Ontario Ministry of Health and Long-Term Care, IntelliHEALTH Ontario: Ontario Population Estimates 2003-2015, Ontario Ministry of Health and Long-Term Care.

Figure 4: Deaths Due to Drug Toxicity, Durham Region, 2005 to 2014



Data Source: Coroner's Data, 2005-2014, Office of the Chief Coroner for Ontario.

According to data from the Office of the Chief Coroner, between 2005 and 2014 there was an average of 28 deaths each year due to drug toxicity in Durham Region residents. The number of deaths has fluctuated from year to year in Durham Region with a peak of 39 deaths in 2014.

Why do we need Harm Reduction?

Incidence of Infectious Diseases

Injection drug use, defined as recreational/illicit drug use or steroids administered using a syringe and needle pierced through the skin into the body, is captured as a risk factor for a variety of reportable infectious diseases. These diseases include anthrax, botulism, invasive group A streptococcal disease, hepatitis B and C, human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS), malaria, meningitis (bacterial, viral and other), invasive meningococcal disease, invasive pneumococcal disease, and tetanus[11].

Many of these diseases are not common in Durham Region. Average counts are provided in Table 1.

Hepatitis C and HIV/AIDS are the diseases most commonly associated with injection drug use.

Table 1: Average Annual Count of Reportable Infectious Diseases with Injection Drug Use as a Potential Risk Factor, Durham Region, 2011-2015

Reportable Disease	Average Annual Count
Anthrax	0.0
Botulism	0.0
Group A Streptococcal Disease, Invasive	20.0
Hepatitis B	2.0
Hepatitis C	170.4
HIV/AIDS	10.4
Malaria	7.6
Meningitis, Bacterial	2.3
Meningitis, Viral	8.6
Meningitis, Other	0.2
Meningococcal Disease, Invasive	2.0
Streptococcus pneumonia, Invasive	49.8
Tetanus	0.2

Data Source: integrated Public Health Information System (iPHIS), Durham Region, 1991-2015, Extracted: April 2015.

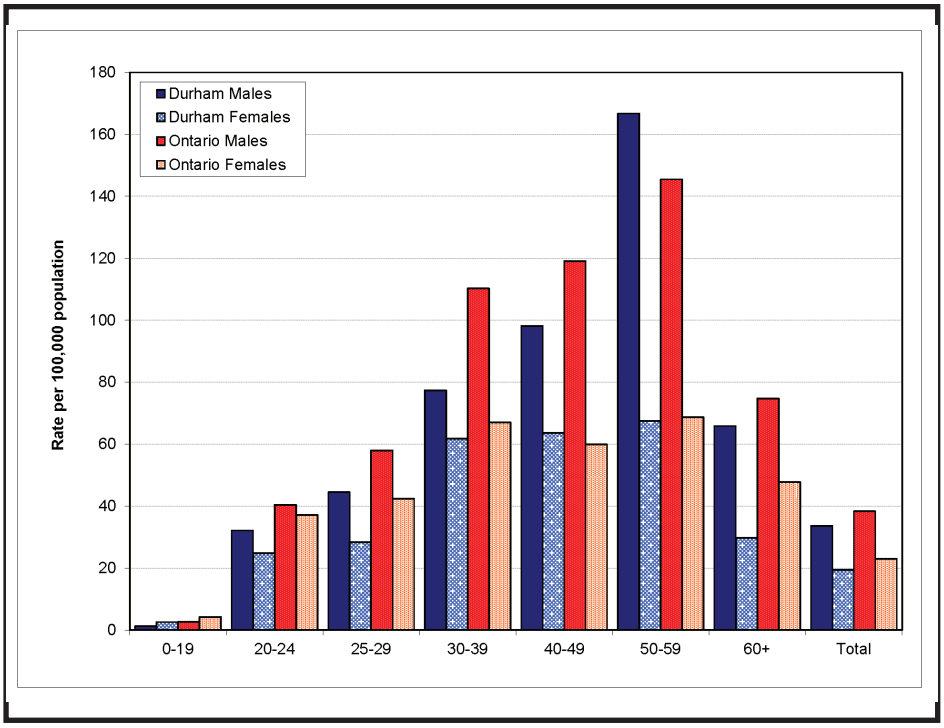
Hepatitis C

Hepatitis C is a virus which is carried in the blood and attacks the liver[12]. Most cases of hepatitis C are reported some months or years following infection since many cases are asymptomatic or have only mild illness with a slow onset of symptoms such as anorexia, vague abdominal discomfort, nausea and vomiting, and fatigue[13]. Hepatitis C is spread when the blood of an infected person gets into the bloodstream of another person, which can occur by using injection drugs and sharing drug-related equipment[12]. In Durham Region there was an average of 170 new cases of hepatitis C identified each year between 2011 and 2015. However, most cases of hepatitis C are diagnosed months or years following infection so higher or lower rates can be misleading.

Why do we need Harm Reduction?

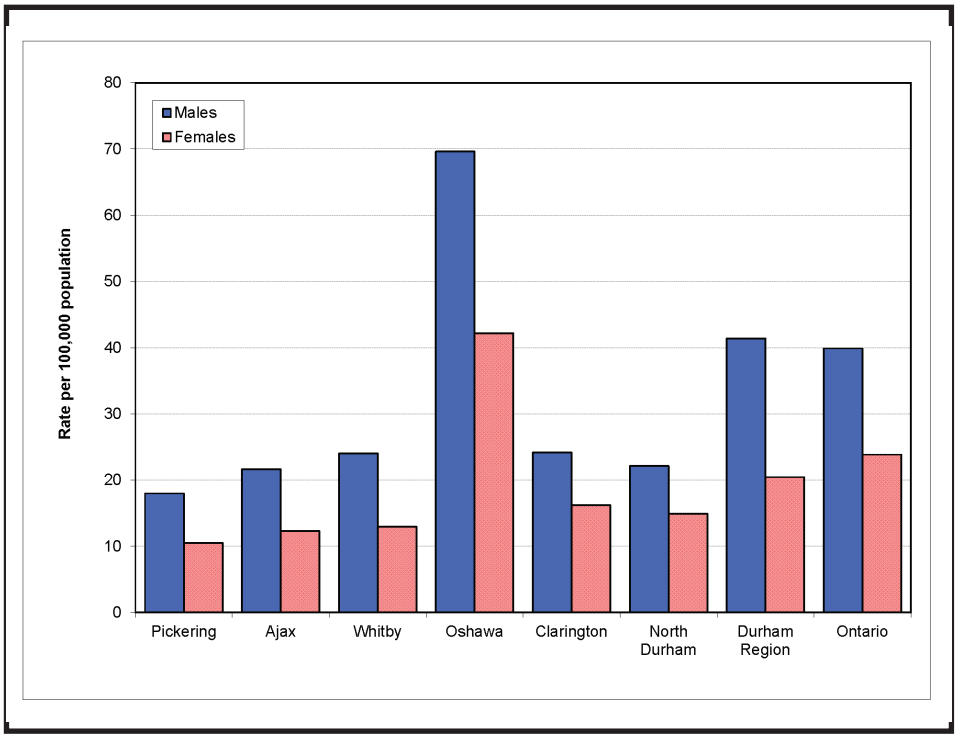
Figure 5 shows that overall rates are higher among males than females; this pattern is consistent across all age groups with the exception of children and youth under 20. Overall rates are higher in Ontario than Durham Region for both sexes. This pattern holds across all age groups with the exception of females 40-49 and males 50-59, where Durham Region rates are higher than Ontario. Incidence increases with age up to age 50 to 59 and then decreases among those 60 years and older.

Figure 5: Age-Specific Incidence Rate for Hepatitis C, Durham Region and Ontario by Age and Sex, 2011-2015 Combined



Data Source: integrated Public Health Information System (iPHIS), Durham Region, 1991-2015, Extracted: April 2015.

Figure 6: Crude Incidence Rates for Hepatitis C, Durham Region by Municipality and Ontario, 2010-2014 Combined



Data Source: integrated Public Health Information System (iPHIS), Durham Region, 1991-2015, Extracted: April 2015.

Figure 6 shows that the rate of hepatitis C infection is higher in Oshawa among both males and females than in other Durham Region municipalities, Durham Region as a whole and Ontario.

Between 2013 and 2015 injection drug use was the most common risk factor reported by 41% of hepatitis C cases in Durham Region. Other common risk factors included tattoos and piercings reported by 28% and inhalation drug use by 20%.

Why do we need Harm Reduction?

HIV/AIDS

AIDS (Acquired Immune Deficiency Syndrome) is a disease of the immune system caused by infection with the Human Immunodeficiency Virus (HIV) which slowly destroys the body's ability to fight illnesses[14]. By weakening the immune system, HIV causes other infections and diseases to attack the body. When people are first infected with HIV, they usually feel well and often do not know that they are infected. It can take up to 10 or more years before the person develops AIDS. Once infected, people are infected for life and can spread HIV to others. The only way to become infected with HIV is to get the virus into your blood. One of the ways that HIV is spread is by sharing contaminated needles and syringes. In Durham Region there were an average of 13 new cases of HIV/AIDS identified each year between 2011 and 2015. The majority of these cases (86%) occurred among males. Cases ranged in age from 17 to 77 with an average age of 41 years. The rate of HIV/AIDS was higher in Ontario (6.4/100,000) than Durham Region (2.5/100,000) during this time period. Between 2011 and 2015 injection drug use was reported as a risk factor by 3% of Durham Region HIV/AIDS cases however, no risk factors were reported for 32% of cases. Inhalation drug use was reported by 6% of cases.

Harm Reduction Programs

The Ontario Public Health Standards (OPHS) and Protocols establish the minimum requirements for fundamental public health programs and services to be delivered by Ontario's 36 boards of health, which include assessment and surveillance, health promotion and policy development, disease and injury prevention, and health protection. The OPHS and Protocols are published by the Minister of Health and Long-Term Care, pursuant to Section 7 of the Health Protection and Promotion Act, R.S.O. 1990, c. H.7.[15]

The OPHS for Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections (including HIV) mandates programs that local boards of health must deliver to prevent or reduce the burden of sexually transmitted infections and blood-borne infections, and to promote healthy sexuality. One of the requirements for this standard states that the board of health shall ensure access to a variety of harm reduction program delivery models, which shall include the provision of sterile needles and syringes and may include other evidence-informed harm reduction strategies in response to local surveillance. In Durham Region, this program standard is met through the operation of the Project X-Change program.

Project X-Change

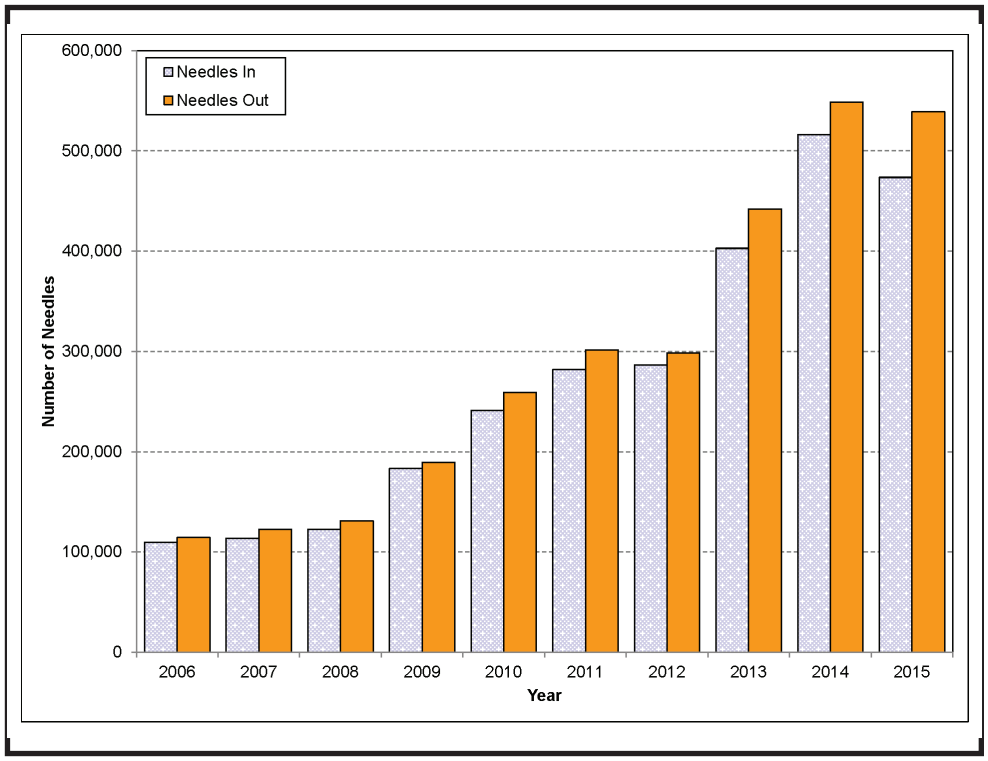
Project X-Change is a harm reduction program offered through John Howard Society of Durham Region and funded by the Durham Region Health Department (DRHD).

Project X-Change has been operating in Durham Region since 1997. This program offers sterile needles, alcohol swabs, sterile water, and other equipment for safer drug use and safe disposal of products. The purpose of Project X-Change is to protect the general public and substance users from unsafe disposal of drug paraphernalia, to protect substance users by decreasing sharing of unsterile products, and to reduce infections and hospitalizations due to shared products.

In 2015, the program reported 538,984 clean needles distributed and 473,564 needles collected. The number of needles exchanged has increased substantially since 1997, when the program distributed 6,017 needles and received 6,254 (90 times as many needles distributed and 75 times as many needles received). In 2015, Project X-Change added the provision of safer inhalation equipment to its services. 10,452 glass stems, 23,305 brass screens and 16,638 mouth pieces were provided to clients throughout the year.

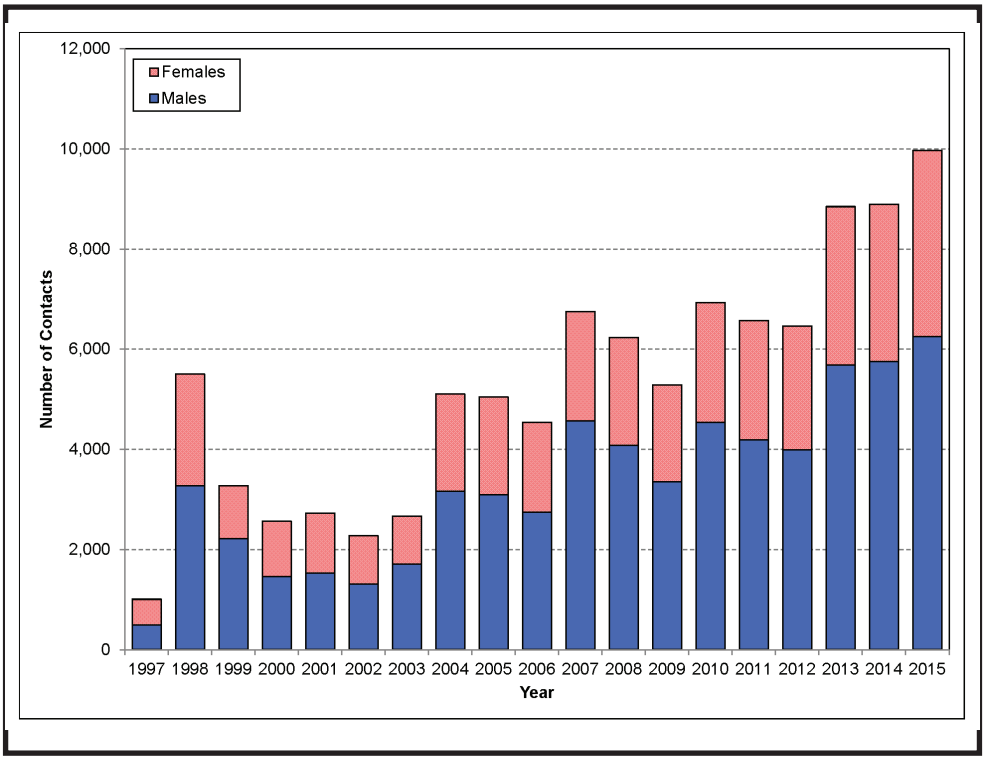
Harm Reduction Programs

Figure 7: Needle Exchanges at Project X-Change, 1997 to 2015



Data Source: Project X-Change, 1997-2015

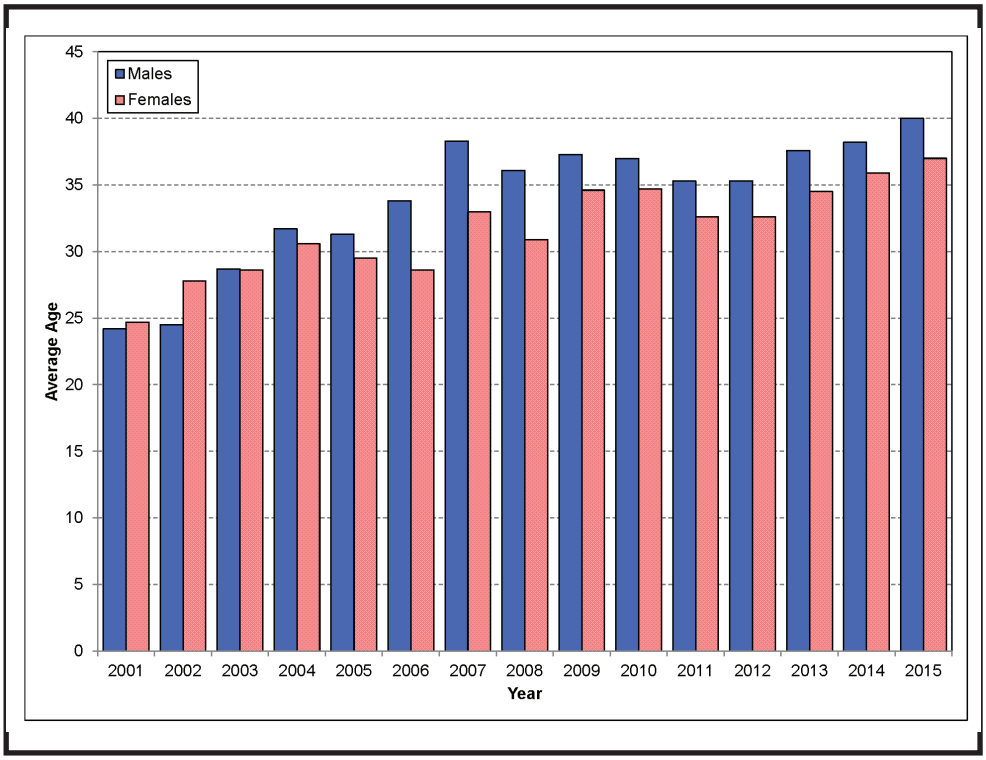
Figure 8: Contact Count by Sex at Project X-Change, 1997 to 2015



Data Source: Project X-Change, 1997-2015

The number of client contacts at Project X-Change varies year to year but has generally increased since 1997. In 2015 there were a total of 9,965 client contacts, an increase from the previous year when there were a total of 8,891 and a significant increase from 1997 when there were a total of 1,006. Most years there are almost twice as many male client contacts as female. In 2015 there were 6,250 male client contacts and 3,715 female client contacts for a male to female ratio of 1.7.

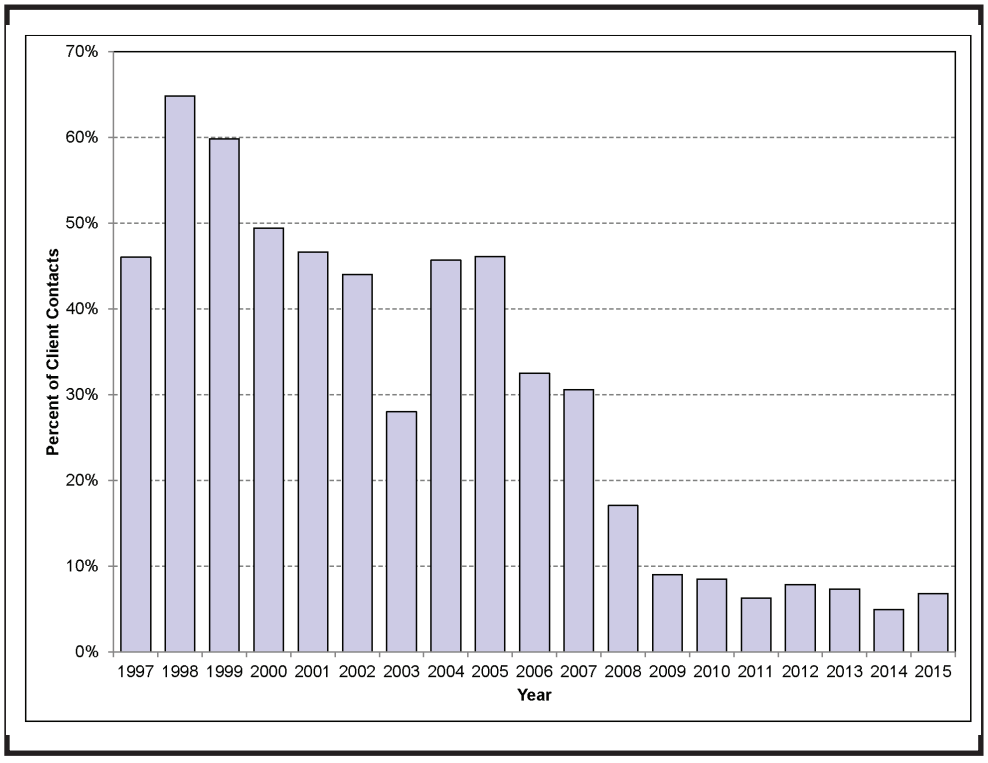
Figure 9: Average Age of Clients at Project X-Change, 2001 to 2015



Data Source: Project X-Change, 2001-2015

The average age of Project X-Change clients has increased since 1997. In 1997 the average age of male clients was 24 and the average age of female clients was 25. In comparison, in 2015 the average age of male clients was 40 and the average age of female clients was 37. The average age of females has remained consistent at two to five years younger than males.

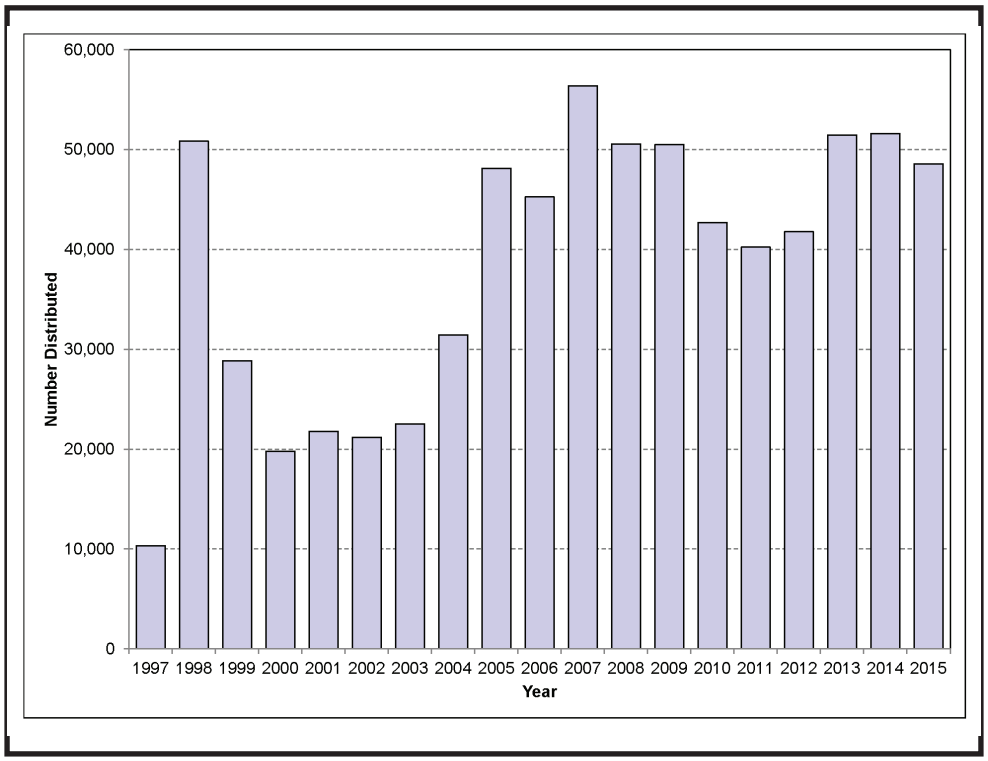
Figure 10: Percent of Client Contacts at Project X-Change That Are New Clients, 1997 to 2015



Data Source: Project X-Change, 1997-2015

In 2001 new clients made up 46% of all client contacts. This proportion gradually decreased over time with the percent of new clients remaining fairly stable between 2009 and 2015 at between 6 and 9%.

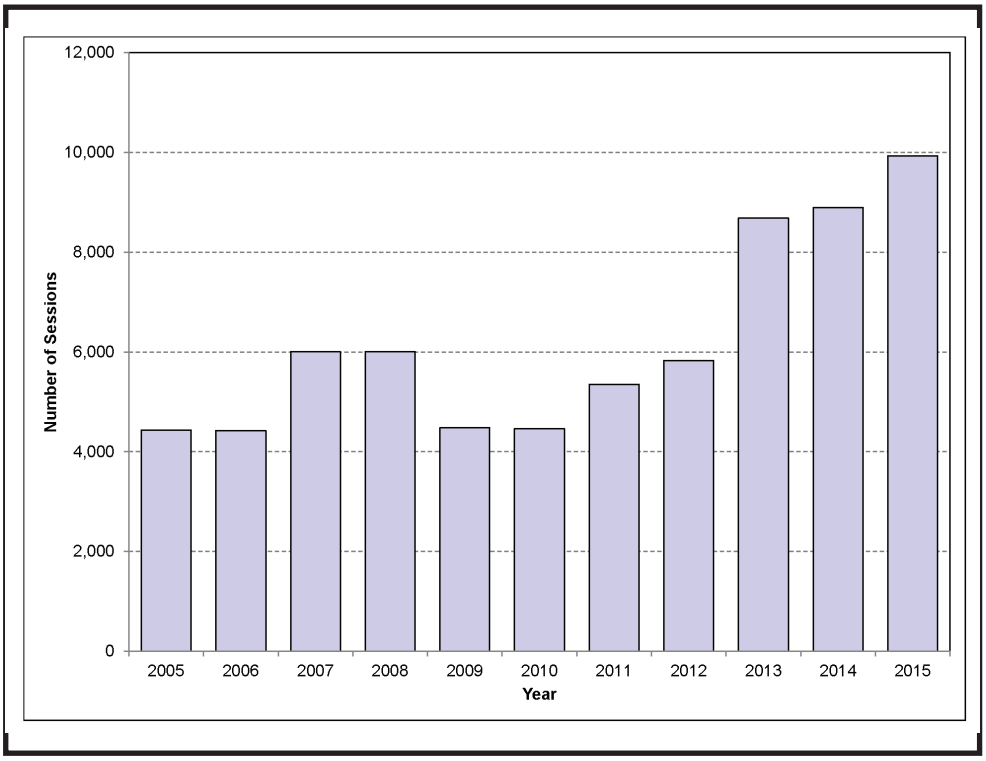
Figure 11: Condoms Distributed at Project X-Change, 1997 to 2015



Data Source: Project X-Change, 1997-2015

The number of condoms distributed by Project X-Change has fluctuated somewhat over time. In 1997, 10,326 condoms were distributed or approximately 10 per client. In 2015, 48,575 condoms were distributed or approximately 5 per client.

Figure 12: Counselling/Education Sessions Provided at Project X-Change, 2005 to 2015



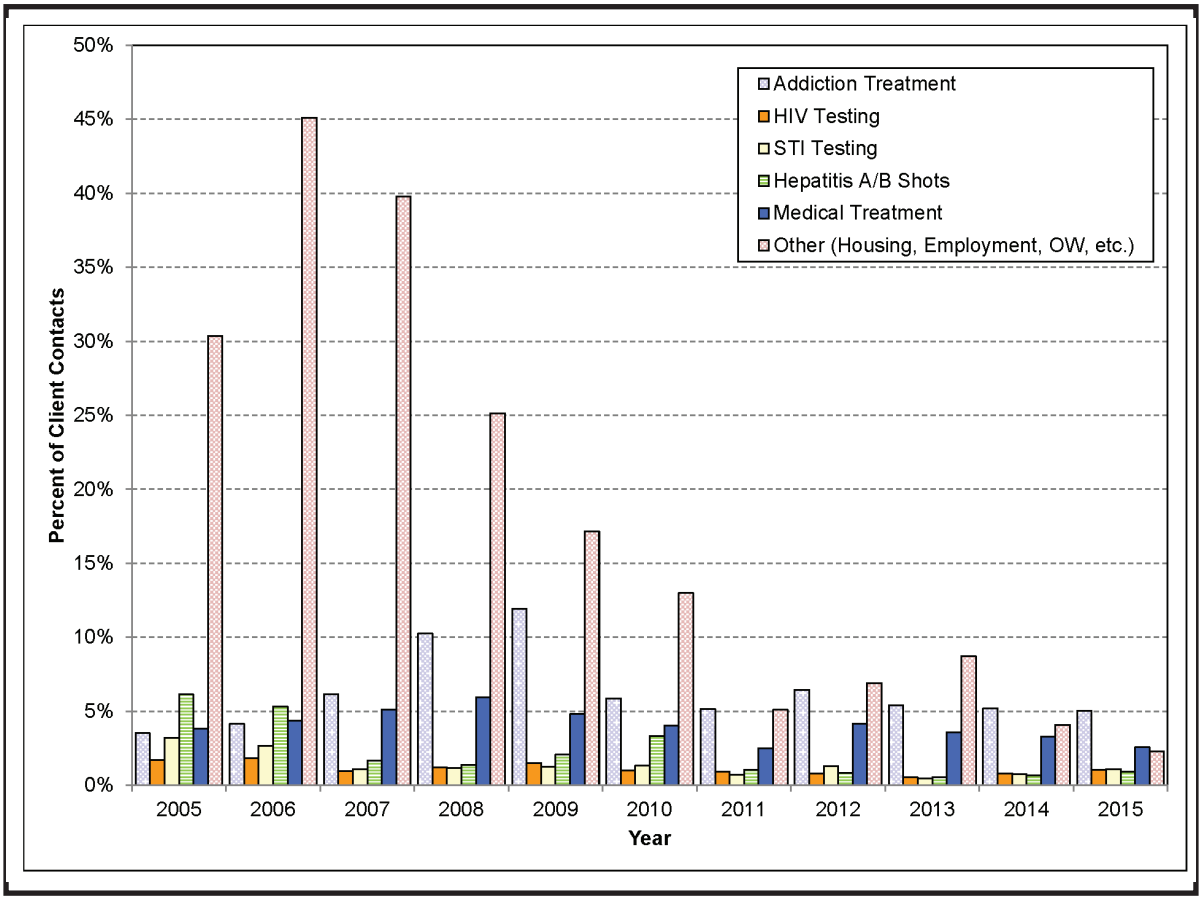
Data Source: Project X-Change, 1997-2015

The number of counselling sessions at Project X-Change increased in 2015 compared to previous years. In 2015 there were 9,929 counselling sessions representing more than 99% of all Project X-Change client contacts, more than double the number of sessions in 2005 when there were 4,435 counselling sessions representing 86% of client contacts.

Harm Reduction Programs

The most commonly provided referrals at Project X-Change are for addiction treatment. The number of referrals and percent of client contacts who received a referral for addiction treatment increased up to 2009 when 631 or 12% of clients received such a referral. Since then, between 300 and 500 referrals for addiction treatment were provided each year representing 5 to 6% of client contacts. Between 2005 and 2015 an average of 273 referrals were provided per year for medical treatment or 3.9% of client contacts. Referrals for HIV testing, testing for other sexually transmitted infections, and hepatitis A/B vaccines are less common in recent years with averages of 60-70 referrals each per year representing approximately 1% of client contacts. Referrals for other reasons including housing, employment or Ontario Works have decreased substantially since 2006 when there were over 2,000 referrals representing 45% of client contacts. In comparison, in 2015 there were 227 referrals for other reasons representing 2% of client contacts.

Figure 13: Percent of Client Contacts with Referrals Provided at Project X-Change, 2005 to 2015



Data Source: Project X-Change, 1997-2015

Opioid Patch Return Programs

Fentanyl and other strong opioid medications are made available to patients in the form of a patch which when applied to the skin releases medication slowly over several days. Fentanyl is a powerful opiate, much stronger than codeine, oxycodone, and hydromorphone.

Opiate patches not returned to a pharmacy after use can be used for illicit drug purposes. The opiate can be removed from the patch and inhaled or injected. The Durham Region opiate patch return program was launched in 2015, in response to increasing numbers of deaths due to fentanyl use in Durham Region. The opiate patch return program is a collaborative effort among DRHD, Durham Regional Police Service, Lakeridge Health Corporation, community pharmacists and physicians. The program requires patients to return all used opiate patches, and is aimed to decrease diversion and illicit use of fentanyl and other opiate patches.

With this program, patients need to return their used patches to the pharmacy before receiving new ones. For each used patch they return, patients will receive a new one. For example, if a patient returns 10 used patches, they will be given 10 new patches. If a patient brings in 8 used patches, they will get 8 new ones. Patients that find it difficult to return all their patches are encouraged to speak with their pharmacist.

Used patches are an environmental concern. They should not be put in the garbage or flushed down the toilet. If used patches are not disposed of correctly, they can end up in our environment where they pose a danger to children and animals. This also creates an opportunity for illegal reselling and distribution of used patches. When patches are returned to the pharmacy, the pharmacy staff can take the used patches and dispose of them in a safe and environmentally friendly way. More information about the patch return program can be found at durham.ca/fentanyl.

Legislation has recently been passed in Ontario that will soon require all pharmacies to implement patch exchange programs. Bill 33, Safeguarding our Communities Act (Patch for Patch Return Policy), was introduced in the Ontario legislature in 2014 and received Royal Assent in December 2015[16].

Naloxone Distribution

Naloxone is a prescription medication. It is an opiate antagonist, typically given via intramuscular (IM) injection. It's indicated use is in response to respiratory depression caused by opiate overdose. It reverses the effects of the opiate overdose by displacing opioids from their receptor sites. To be effective, Naloxone should be administered as soon as possible following an opioid overdose. When administered via IM injection, the onset of action of Naloxone is between 2-4 minutes. The duration of the Naloxone is up to 45 minutes, which allows time for the victim to be attended to by paramedics and transported to hospital. Naloxone is a very safe medication. The only known contraindication to receiving Naloxone is previous hypersensitivity or allergy.

Several community agencies are currently working towards implementing naloxone distribution programs across Durham Region. Naloxone is currently available in Durham Region for clients of the Carea Community Health Centre's Hepatitis C program. It is also available through the Project X-Change program at the John Howard Society of Durham Region.

In 2016, Health Canada announced that naloxone has been reclassified as an over the counter medication[17], and the Ontario Ministry of Health and Long-Term Care announced that they will make it available for free in pharmacies[18]. Distribution of naloxone has been shown to reverse opiate overdoses in the community, and allow time for users to access emergency medical response.

HIV Pre-Exposure Prophylaxis

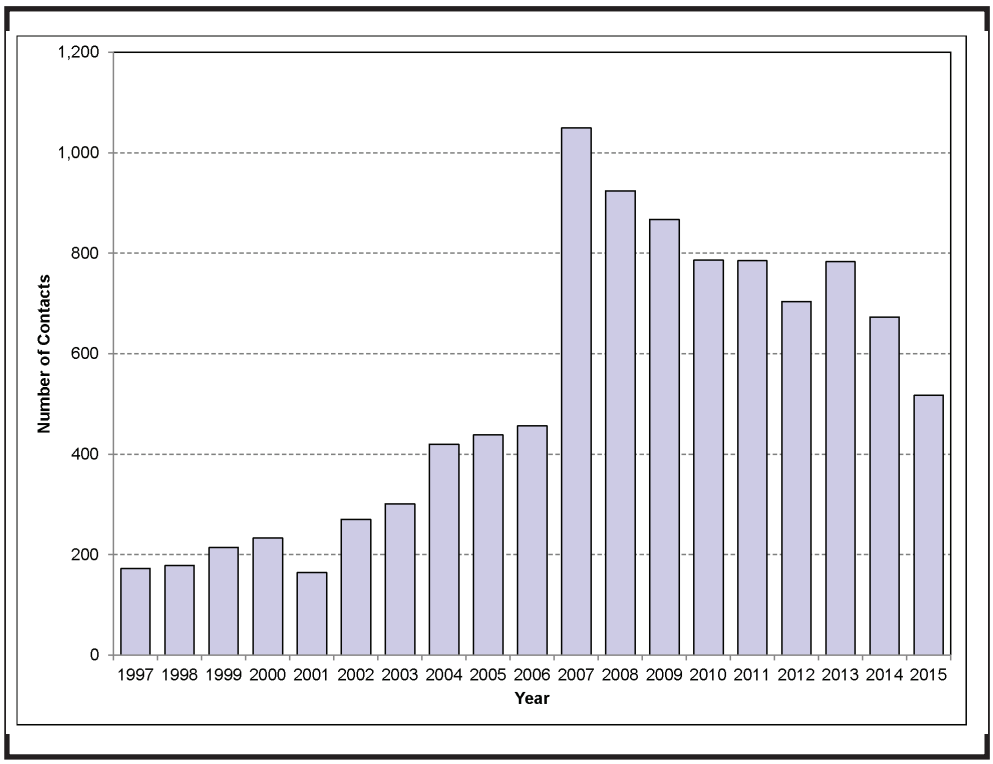
HIV pre-exposure prophylaxis (PrEP) is a medication that can be taken on an ongoing daily basis to prevent the user for acquiring HIV type 1. The use of PrEP should be used in conjunction with other HIV prevention methods. In Canada, PrEP was recently approved for use in March 2016 for prevention of HIV among men having sex with men, and heterosexual sero-discordant couples[19].

Although PrEP has not been approved for use among the injection drug population, risk for HIV transmission remains high with those who share drug paraphernalia. Literature and best practices support the use of PrEP among injection drug users. For instance, with the use of PrEP among injection drug users, HIV incidence has been shown to decline by 48.9% [20].

Support Programs for Sex Trade Workers

Women who use injection drugs and participate in survival street level sex work are considered to be at increased risk for sexual and drug-related harms, including HIV infection. The number of sex trade worker contacts at Project X-Change increased gradually between 1997 (172) and 2006 (456) and then rose substantially in 2007 (1,049), which can be attributed to the hiring of an additional outreach worker that year who was able to access this population. Since 2007, numbers have gradually decreased to 517 sex trade worker contacts in 2015. In Ontario, rates of human trafficking have increased in recent years[21]. Durham Region community programs promote health and offer support to sex trade workers to lead a healthy lifestyle and engage, if needed, in harm reduction programming.

Figure 14: Sex Trade Worker Contacts at Project X-Change, 1997 to 2015



Data Source: Project X-Change, 1997-2015

The Sex Trade Worker Support Circle of Durham Region

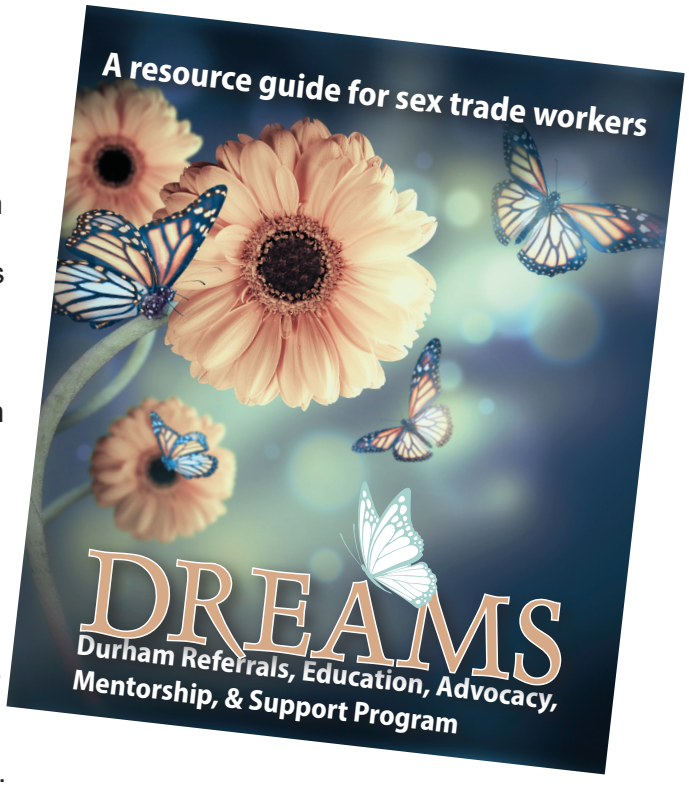
STWSC
Sex Trade Worker Support Circle of Durham Region

The Sex Trade Worker Support Circle is a committee made up of various community agencies and organizations servicing and supporting women working in sex work or directly affected by sex work in Durham Region. The support circle provides education in the community to increase awareness of health needs of sex workers, and provides education on effective strategies to engage sex workers in their health. The circle advises the Durham Referrals Education Advocacy Mentorship & Support (D.R.E.A.M.S.) program that offers a weekly drop-in program for sex workers. Various committee members attend the D.R.E.A.M.S. program to promote access to their services and offer education to those attending the D.R.E.A.M.S program.

Support Programs for Sex Trade Workers (cont'd.)

Durham Referrals Education Advocacy Mentorship & Support (D.R.E.A.M.S.) Program

This program offers support to women affected by, and involved in sex trade work across Durham Region. A weekly drop-in centre for sex workers every Friday from 2:00-5:00 pm is available. The drop-in services include: a nutritious meal, condoms, harm reduction supplies, clothing donations, access to showers, access to laundry, OW/ODSP application support, housing support, assistance to access health care and referrals, education, skill building workshops, and counselling upon request. The drop in program is consistent with the harm reduction approach.



Sex Trade Housing Support Program

The Sex Trade Housing Support Program is offered through the John Howard Society of Durham Region. This program targets individuals and families involved in the sex trade industry to support them to acquire long term housing stability. The program offers outreach workers, housing support, pre-employment support, education and training, life skills, and social support through referrals made by community agencies.

What is Durham Region Health Department Doing?

DRHD is an advocate of harm reduction, promoting policies, programs and practices that aim to reduce the negative health, social, and economic consequences of drug use in Durham Region.

The Health Department is an active member on multiple coalitions and committees supporting the harm reduction approach, including the Durham Overdose Prevention Committee, the Sex Trade Worker Support Circle, and the Durham Harm Reduction Coalition (DHRC). The harm reduction activities of these committees and coalitions include advocacy, capacity-building, policy and program development, as well as addressing risks and stigma associated with drug use among vulnerable populations. DRHD also participates in planning and implementing a biennial "What's the Harm" Conference. This conference aims to raise awareness of harm reduction programming and strategies for community agencies across Durham.

DRHD Sexual Health Clinics provide clinical services aimed at diagnosing blood-borne infections commonly spread by contaminated injection equipment, including HIV/AIDS and hepatitis C. Nurses offer counselling, testing, treatment and referrals to harm reduction services and supports as identified. In 2015, 833 HIV tests were completed for clients of the three Durham Region Sexual Health Clinics. Free condoms and vaccinations are also provided as prevention methods for clients engaged in drug use.

DRHD's future goals include advocacy, policy development, and strengthening community capacity to support harm reduction programming. Increased access to harm reduction programs aim to improve the health and well-being of our residents, and ultimately to decrease rates of infectious diseases and accidental deaths due to substance use.

The following agencies provide support and services related to harm reduction.

Addictions/Substance Use

Pinewood Centre for Addiction

One of Ontario's largest treatment programs, helping thousands of people cope with substance use, concurrent disorders and problem gambling concerns. Many of the counsellors have been specially trained to work with youth, women and those with mental health issues.

Staff work with people to create treatment plans that reflect their strengths, concerns and preferences. Sites are located in the community, not in a hospital setting, offering a safe, supportive environment to work towards treatment goals.

For crisis support and withdrawal management services at 300 Centre St. S, call 905-723-8195 or 1-888-881-8878.

For general information, to discuss concerns and/or to book an assessment appointment:

Ajax	905-683-5950
Bowmanville	905-697-2746
Oshawa	905-571-3344
Port Perry	905-985-4721
Scarborough	416-431-8200 ext. 6321 or 6516

Lakeridge Health

www.lakeridgehealth.on.ca/en/ourservices/Pinewood-Centre-for-Addictions.asp

HIV/AIDS/Hepatitis C

AIDS Committee of Durham Region (ACDR)

ACDR is a community-based, non-profit, charitable organization. They work in partnership with individuals and organizations that support, in principle or in practice, their mission and goals. They create an inclusive environment for a collaborative approach to education, support and outreach. They build on the strengths and abilities of people living with HIV, AIDS and related co-infections, those at risk and their support networks in Durham Region.

22 King Street West, Suite 202
Oshawa, ON L1H 1A3
Tel: 905-576-1445
Toll free: 1877-361-8750

www.aidsdurham.com

AIDS Committee
of Durham Region

HIV/AIDS/Hepatitis C (cont'd.)

Carea Community Health Centre Hep C Team

The Hep C Team was created in response to an urgent need for more programs and services focused on active intervention in disease management in relation to the increased diagnosis of people infected with hepatitis C. The Hep C Team provides programs and services to people of all ages and stages of the virus including at risk screening, pre-treatment, on-treatment and post-treatment. Programs and services can be accessed throughout the Central East LHIN (Durham, Peterborough, and the 4 Counties). Programs and services include: screening, treatment, fibroscan clinics, counseling, support groups, community outreach, harm reduction strategies and education.

1-855-808-6242 Press 4, then 5

www.careachc.ca

Positive Care Clinic

The Positive Care Clinic is designed to be a "one stop shop" for clients seeking HIV, AIDS, and hepatitis C care. They work closely with people to give them the information and care they need to manage their health and live full and happy lives. The clinic is staffed by an interdisciplinary team that includes infectious diseases specialists, registered nurses, social workers, dietitians, pharmacists, and administrative support. The Positive Care Clinic provides individual assessment and follow-up care, nutrition and medication counselling, onsite laboratory work (blood work), a retail pharmacy and education opportunities.

Lakeridge Health Whitby
300 Gordon Street, Whitby ON L1N 5T2
905-668-6831 ext. 3127 or 1-866-303-2420

www.lakeridgehealth.on.ca/en/ourservices/positivecareclinic.asp

Methadone

Methadone belongs to the opioid family of drugs. It is used to treat addiction to other opioid drugs such as heroin, oxycontin & hydromorphone and can last between 24-36 hours per dose. It's an effective and legal substitute for heroin or other narcotics (such as heroin, methadone, oxycontin, opium, percocet, percodan, morphine, codeine, etc.).

Methadone works by decreasing drug cravings, which helps users eliminate heroin and other narcotics and prevents physical withdrawal symptoms. Methadone maintenance treatment works best when combined with other services and interventions. As part of a methadone maintenance program, clients are able to freely access addiction counselling, crisis intervention and management, as well as various medical services.

First Step Medical Clinic
32 Simcoe Street South,Oshawa, ON L1H 4G2
905-720-0506

South Oshawa Clinic
777 Simcoe St. South, Oshawa, ON L1H 4K5
905-721-0003

OATC Clinic
45 Bloor Street East, Unit 2., Oshawa, ON L1H 3L9
905-443-0223

New Direction Addiction Clinic
540 King St. W., Oshawa, ON L1J 7J1
905-579-4900

Parkwood Clinic
11 Colborne St. E., Oshawa, ON L1G 1M1
Phone 905-728-5147

TrueNorth Clinic at Scott's Pharmacy
1000 Simcoe St N., Oshawa, ON L1G 4W4
905-576-7000

Beaverton OATC
371 Simcoe Street, Beaverton Ontario, L0K 1A0
705-426-2362

Shelters

Cornerstone Community Association
Offering services for single men over 16 years of age, single men with dependent children, and couples with children in their care.
905-433-0254 ext. 228

www.cornerstonedurham.com

Muslim Welfare Home
Providing shelter for single women with or without children.
905-665-0424

www.muslimwelfarecentre.com

DYHSS (Durham Youth Housing and Support Services)
Shelter available for youth ages 16 to 24, 13 beds.
905-239-9477

www.durhamyouth.com

Data Sources & Notes

Mortality Data

Source: Coroner's Data, 2005-2014, Office of the Chief Coroner for Ontario. Provided: March 2016. The Office of the Chief Coroner for Ontario serves the living through high quality death investigations and inquests to ensure that no death will be overlooked, concealed or ignored. The findings are used to generate recommendations to help improve public safety and prevent deaths in similar circumstances.

Hospitalization Data

Source: Hospital In-Patient Data, 2003-2015, Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Extracted: June 2016. In-patient hospitalization data capture all hospital separations; a separation may be due to discharge home, death or transfer to another facility. The most responsible diagnosis (MRD) is the one diagnosis which describes the most significant condition of the patient which caused the stay in hospital. The International Classification of Diseases (ICD), specifically ICD-10-CA is used to code the diagnosis. All hospitalizations for poisoning by opioids and other narcotics were selected using ICD-10-CA codes T40.0-T40.6 as the MRD.

Ambulatory Care Data

Source: Ambulatory Visits, 2003-2015, Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Extracted: June 2016. Ambulatory care data representing utilization of ambulatory services in Ontario's hospitals includes but is not limited to emergency department (ED) visits and day surgery visits. The patients' main problem or diagnosis is coded using ICD-10-CA. ED visits and day surgery visits for poisoning by opioids and other narcotics were selected using ICD-10-CA codes T40.0-T40.6 as the main problem.

Population Estimates & Projections

Source: Ontario Population Estimates, 2003-2014, Ontario Population Projections 2015, Ontario Ministry of Health and Long-Term Care, intelliHEALTH ONTARIO, Extracted: April 2016.

Project X-Change Data

Source: Project X-Change, 1997-2015. Project X-Change tracks their distribution of all the equipment and supplies they distribute including sterile needles, alcohol swabs, sterile water, condoms, and other equipment for safer drug use and safe disposal of products as well as monitoring the used needles that they collect. They also collect information about their clients and the services that they provide to them.

Reportable Disease Data

Source: integrated Public Health Information System (iPHIS), Durham Region, 1991-2015, Extracted: April 2015. Each board of health is responsible for collecting case information on reportable communicable diseases. This information is summarized for provincial and national surveillance. Physicians, nurses, other regulated health professionals, hospitals and laboratories are required by law to report all cases of tuberculosis to the local medical officer of health. This information is collected in iPHIS (Reportable Disease Information System (RDIS) prior to 2005) and is kept strictly confidential. The most common source of case identification is through laboratory notification of confirmed test results (serology, microbiology cultures, etc.). There may be considerable under-reporting of cases because an infected person with mild or no clinical symptoms may not seek medical care and/or laboratory testing may not be performed. The numbers of cases in iPHIS may change over time due to case updates; however any changes are expected to be minimal. Cases may have been underreported in 2005 as a result of the conversion from RDIS to iPHIS.

Key Resources

Documents

Best Practice Recommendations for Canadian Harm Reduction Programs, Part 1: Available at www.catie.ca/sites/default/files/BestPracticeRecommendations_HarmReductionProgramsCanada_Part1_August_15_2013.pdf

Best Practice Recommendations for Canadian Harm Reduction Programs, Part 2: Available at www.catie.ca/sites/default/files/bestpractice-harmreduction-part2.pdf

Canada's Low-Risk Alcohol Drinking Guidelines: Available at www.ccsa.ca/Resource%20Library/2012-Canada-Low-Risk-Alcohol-Drinking-Guidelines-Brochure-en.pdf

Harm Reduction Training Manual: A Manual for Frontline Staff Involved with Harm Reduction: Available at www.bccdc.ca/NR/rdonlyres/C8829750-9DEC-4AE9-8D00-84DCD0DF0716/0CompleteHRTRAININGMANUALJanuary282011.pdf

Websites

Appendices

Appendix A: Age-Standardized Hopitalization Rates and Counts for Prescription Drug Misues - Opioids, Durham Region, 2003-2015													
Year	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Durham Female Rate/100,000	26.2	40.3	31.7	31.7	31.1	29.2	29.2	27.0	32.9	35.0	32.0	25.5	32.2
Durham Male Rate/100,000	32.9	34.7	38.1	27.5	22.2	21.2	24.5	24.8	26.5	28.1	28.7	26.0	26.2
Ontario Female Rate/100,000	27.9	32.0	30.7	28.4	26.1	26.7	28.5	28.0	30.9	33.1	33.6	34.9	35.3
Ontario Male Rate/100,000	28.6	31.1	32.2	27.3	25.1	25.6	26.4	28.0	27.9	30.8	31.7	31.8	33.2
Durham Female Count	77	117	93	99	108	99	106	96	121	140	127	102	129
Durham Male Count	78	91	98	77	62	65	69	73	84	88	93	91	92
Data Source: Inpatient Discharges 2003-2015, Ontario Ministry of Health and Long-Term Care, IntelliHEALTH Ontario: Ontario Population Estimates 2003-2015, Ontario Ministry of Health and Long-Term Care.													

Appendix B: Age-Standardized Emergency Department Visit Rates and Counts for Prescription Drug Misuse - Opioids, Durham Region and Ontario, 2003-2015													
Year	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Durham Female Rate/100,000	45.6	57.4	44.5	55.2	47.6	54.8	67.8	70.8	63.2	67.3	56.1	57.3	70.9
Durham Male Rate/100,000	37.6	56.9	55.1	57.3	54.3	63.2	78.3	64.7	84.0	73.6	67.1	74.1	64.8
Ontario Female Rate/100,000	33.4	38.2	40.7	47.4	46.4	52.7	62.9	69.7	70.3	70.1	64.0	61.5	66.4
Ontario Male Rate/100,000	33.6	44.7	47.2	50.3	52.3	64.4	75.0	81.6	85.9	81.7	74.9	74.9	81.0
Durham Female Count	128	160	124	167	149	173	205	224	203	226	187	200	242
Durham Male Count	100	149	152	155	152	181	220	183	249	219	196	223	198
Data Source: Emergency Department Visits 2003-2015, Ontario Ministry of Health and Long-Term Care, IntelliHEALTH Ontario: Ontario Population Estimates 2003-2015, Ontario Ministry of Health and Long-Term Care.													

Appendix C: Deaths Due to Drug Toxicity, Durham Region, 2005-2014										
Year	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**
Deaths	22	25	31	21	30	37	25	18	29	39
Data Source: Coroner's Data, 2005-2014, Office of Chief Coroner for Ontario.										

Appendix D: Age-Specific Incidence Rate/100,000 for Hepatitis C, Durham Region and Ontario by Age and Sex, 2011-2015 Combined								
Age Group	**0-19**	**20-24**	**25-29**	**30-39**	**40-49**	**50-59**	**60+**	**Total**
Durham Males	1.2	32.2	44.4	77.3	98.1	166.7	65.9	33.6
Durham Females	2.5	24.8	28.4	61.8	63.6	67.4	29.8	19.4
Ontario Males	2.7	40.3	57.9	110.2	119.1	145.5	74.7	38.3
Ontario Females	4.2	37.2	42.4	67.0	59.9	68.6	47.8	23.0
Data Source: Integrated Public Health Information System (iPHIS), Durham Region, 1991-2015, Extracted: April 2015.								

Appendix E: Crude Incidence Rates/100,000 for Hepatitis C, Durham Region by Municipality and Ontario, 2010-2014 Combined								
Municipality	**Pickering**	**Ajax**	**Whitby**	**Oshawa**	**Clarington**	**North Durham**	**Durham Region**	**Ontario**
Males	18.0	21.6	24.0	69.6	24.1	22.1	41.4	39.9
Females	10.5	12.3	13.0	42.2	16.2	14.9	20.5	23.8
Data Source: Integrated Public Health Information System (iPHIS), Durham Region, 1991-2015, Extracted: April 2015.								

Appendices

Appendix F: Project X-Change Data, Durham Region, 1997-2015										
Year	**1997**	**1998**	**1999**	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**2006**
Needles In	6,254	13,876	16,352	30,048	31,395	37,260	37,260	63,680	102,923	109,782
Needles Out	6,017	15,325	16,751	30,286	32,285	39,952	39,952	63,707	102,254	114,464
Male Contacts	492	3,268	2,216	1,460	1,530	1,309	1,309	3,161	3,093	2,746
Female Contacts	514	2,233	1,061	1,102	1,197	962	962	1,940	1,949	1,795
Average Age Males	--	--	--	--	24.2	24.5	24.5	31.7	31.3	33.8
Average Age Females	--	--	--	--	24.7	27.8	27.8	30.6	29.5	28.6
Percent New Clients	46.0%	64.8%	59.8%	49.4%	46.6%	44.0%	44.0%	45.7%	46.1%	32.5%
Number Condoms	10,326	50,848	28,827	19,784	21,799	21,188	21,188	31,444	48,115	45,261
Sex Trade Worker Contacts	172	178	214	233	164	270	270	420	438	456

Year	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Needles In	113,388	122,596	183,177	240,933	281,915	286,581	402,841	515,843	473,564
Needles Out	122,395	131,025	189,558	258,934	301,456	298,523	441,908	548,377	538,984
Male Contacts	4,569	4,079	3,355	4,535	4,193	3,993	5,688	5,756	6,250
Female Contacts	2,185	2,156	1,932	2,393	2,380	2,464	3,157	3,135	3,715
Average Age Males	38.3	36.1	37.3	37.0	35.3	35.3	37.6	38.2	40.0
Average Age Females	33.0	30.9	34.6	34.7	32.6	32.6	34.5	35.9	37.0
Percent New Clients	30.6%	17.1%	9.0%	8.5%	6.3%	7.9%	7.4%	5.0%	6.8%
Number Condoms	56,382	50,582	50,497	42,707	40,223	41,772	51,466	51,602	48,575
Sex Trade Worker Contacts	1049	924	867	786	785	704	783	673	517
Data Source: Project X-Change, 1997-2015									

Appendix G: Project X-Change Counseling and Referrals, Durham Region, 2005-2015											
Year	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Counseling/Education Session Provided	4,435	4,420	6,003	6,008	4,480	4,461	5,352	5,825	8,688	8,891	9,929
Percent of Clients Referred to Addiction Treatment	3.5%	4.1%	6.2%	10.2%	11.9%	5.9%	5.2%	6.4%	5.4%	5.2%	5.0%
Percent of Clients Referred for HIV Testing	1.7%	1.8%	1.0%	1.2%	1.5%	1.0%	0.9%	0.8%	0.5%	0.8%	1.0%
Percent of Clients Referred for STI Testing	3.2%	2.7%	1.1%	1.2%	1.2%	1.3%	0.7%	1.3%	0.5%	0.8%	1.1%
Percent of Clients Referred for Hepatitis A/B Shot	6.1%	5.3%	1.7%	1.4%	2.1%	3.3%	1.0%	0.9%	0.5%	0.7%	0.9%
Percent of Clients Referred for Medical Treatment	3.8%	4.4%	5.1%	5.9%	4.8%	4.0%	2.5%	4.2%	3.6%	3.3%	2.6%
Percent of Clients Referred for Other	30.4%	45.1%	39.8%	25.1%	17.2%	13.0%	5.1%	6.9%	8.7%	4.1%	2.3%
Data Source: Project X-Change, 2005-2015											

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