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Best Practice Recommendations

for Canadian harm reduction programs that provide service to people who use drugs and are at risk for HIV, HCV, and other harms: Part 1

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Best practice recommendations for Canadian harm reduction programs that provide service to people who use drugs and are at risk for HIV, HCV, and other harms: Part 1

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Best practice recommendations

FOR CANADIAN HARM REDUCTION PROGRAMS THAT PROVIDE SERVICE TO PEOPLE WHO USE DRUGS AND ARE AT RISK FOR HIV, HCV, AND OTHER HARMS: PART 1

Carol Strike, PhD & Tara Marie Watson, PhD and the Working Group on Best Practice for Harm Reduction Programs in Canada

Project background, goals & methods

- Identified need across the country
- Goals:
  - Prevent transmission of HIV, HCV and STBBI
  - Improve the quality, consistency, and effectiveness of harm reduction programs that deliver prevention services to people who use drugs and are at risk for HIV and STBBI in Canada
- Why national? Avoid duplication of effort across provinces; increase credibility with a national project
- Method = Narrative synthesis of scientific literature

Needle and syringe distribution

Rationale for the BPR statements

- Goal – facilitate use of new needle for each injection
- Injection with a used needle puts people who inject drugs at risk for blood-borne pathogen transmission and can also damage the skin, soft tissue, and veins
- Needle-sharing rates have declined across Canada, but continued efforts are needed
- Limits on number of needles distributed, including outdated practice of one-for-one exchange policy, act as a barrier to the goal

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Needle and syringe distribution

Rationale for the BPR statements

- People who inject often prefer particular types of needle gauge, syringe volume, and brand, and may not use harm reduction services if they cannot obtain their preferred types
- Distribution of needles/syringes with a lot of “dead space” can increase risk of HIV, HCV transmission.
- Cleaning needles and syringes with bleach is not a recommended practice

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Needle and syringe distribution

Recommended best practice policies to facilitate use of a sterile needle and syringe for each injection and reduce transmission of HIV, hepatitis C (HCV), hepatitis B (HBV), and other pathogens:

- Provide sterile needles in the quantities requested by clients without requiring clients to return used needles
- Place no limit on the number of needles provided per client, per visit (1-for-1 exchange not recommended)
- Encourage clients to return and/or properly dispose of used needles and syringes

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Needle and syringe distribution

Recommended best practice policies to facilitate use of a sterile needle and syringe for each injection and reduce transmission of HIV, hepatitis C (HCV), hepatitis B (HBV), and other pathogens:

- Offer a variety of needle and syringe types by gauge, size, and brand that meet the needs of clients and educate clients about the proper use of different syringes
- Educate clients about the risks of using non-sterile needles
- Provide pre-packaged safer injection kits (needles/syringes, cookers, filters, ascorbic acid when required, sterile water for injection, alcohol swabs, tourniquets, condoms and lubricant) and also individual safer injection supplies concurrently

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Cooker distribution

Rationale for the BPR statements

- Goal: a new cooker each time drugs mixed into solution
- HIV antibodies, components of HIV-1, HCV RNA have been detected on cookers
- Correlation between sharing cookers and testing positive for HIV and/or HCV, after controlling for needle sharing
- Challenge to determine the relative contribution of cooker sharing versus sharing of needles/other equipment
- Cooker sharing estimated from (e.g., 25% to 80 %) and is more common than sharing other pieces of equipment

Cooker distribution

Recommended best practice policies to facilitate use of a sterile cooker for each injection and reduce transmission of human immunodeficiency virus (HIV), hepatitis C (HCV), and other pathogens:

- Provide individually pre-packaged, sterile cookers* with flat bottoms for even heat distribution and heat-resistant handles in the quantities requested by clients with no limit on the number of cookers provided per client, per visit
- Offer a sterile cooker with each needle provided
- Offer a variety of cookers that meet the needs of clients

* We did not recommend particular brands/models of cookers, or any other type of equipment, because these change over time but the desired feature are more stable

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Cooker distribution

Recommended best practice policies continued

- Dispose of used cookers and other injection equipment in accordance with local regulations for biomedical waste
- Provide pre-packaged safer injection kits (needles/syringes, cookers, filters, ascorbic acid when required, sterile water for injection, alcohol swabs, tourniquets, condoms and lubricant) and also individual safer injection supplies concurrently
- Educate clients about the risks associated with sharing and reuse of cookers and the correct single-person use of cookers
- Educate clients about the proper disposal of used cookers
- Provide multiple, convenient locations for safe disposal of used equipment

BPRs - Other injection equipment

- Filter distribution
- Ascorbic acid distribution
- Sterile water distribution
- Alcohol swab distribution
- Tourniquet distribution
- Disposal and handling of used drug use equipment

Safer drug use education

- Goal: to increase knowledge and its use to reduce or eliminate the risk of transmission of HIV, HCV, HBV and other pathogens; drug overdose; soft tissue injuries; and other drug consumption related harms
- Most challenging chapter to write:
  - Limited/lack of evidence about the impact of specific education strategies? What components work?
  - Plethora of unevaluated education materials available online

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Safer drug use education

Rationale for the BPR statements

- Focus on principles of health education
- Educational interventions
  - Cover varied topics (e.g., HIV basics information, testing, injection and sexual risk behaviours)
  - Delivered using varied formats (e.g., one-on-one counselling, group sessions, written materials).
  - Need to determine what components and/or processes related to injection and smoking interventions are essential to lead to reductions in behavioural risk

Safer drug use education

Rationale for the BPR statements

- Single-session, brief interventions may be as effective as longer or multi-session interventions. Brief interventions are likely more cost-effective.
- A “one size fits all” approach to education may not address variation in the contexts create particular risks and behaviours
- Few studies of the impact of safer smoking education interventions. More are needed!

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Safer drug use education

Rationale for the BPR statements

- Vast ‘grey’ literature – tips sheets, recipe cards etc. exist
  - Some developed by, and for, people who use drugs with many years of experience
  - Most not formally evaluated; quality is unclear
  - Some may address emerging risks or risks ignored in the literature
- Challenge for programs to address ‘known’ risks in the absence of formal evidence

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Safer drug use education

Recommended best practice policies to facilitate knowledge and application of drug consumption practices that reduce or eliminate the risk of transmission of HIV, HCV, HBV and other pathogens; drug overdose; soft tissue injuries; and other drug consumption related harms

- Provide educational interventions targeted toward reduction of injection-related risk behaviours (e.g., needle and other injection equipment reuse and sharing) associated with HIV and HCV transmission, drug overdose, soft tissue injuries, and other drug consumption related harms
- Provide educational interventions targeted toward reduction of crack cocaine smoking risk behaviours (e.g., pipe reuse and sharing) to reduce smoking-related harms, such as injuries to the mouth and lips, associated with HIV and HCV transmission

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Safer drug use education

Recommended best practice policies to facilitate knowledge and application of drug consumption practices that reduce or eliminate the risk of transmission of HIV, HCV, HBV and other pathogens; drug overdose; soft tissue injuries; and other drug consumption related harms

- Provide safer drug use education in a variety of formats including one-on-one education, workshops and group education, skills-building sessions, information pamphlets, instructional videos, demonstrations, and other formats as necessary
- Provide peer-delivered, brief interventions, and longer interventions to reach a broad range and diversity of clients
- Develop and evaluate programs to train peers to deliver safer drug use education.

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Safer drug use education

Recommended best practice policies to facilitate knowledge and application of drug consumption practices that reduce or eliminate the risk of transmission of HIV, HCV, HBV and other pathogens; drug overdose; soft tissue injuries; and other drug consumption related harms

- Develop and evaluate programs to train peers to deliver safer drug use education.
- Involve clients in the design and evaluation of educational materials and interventions to ensure message acceptability, relevance, and comprehension. Tailor education for the populations and contexts served by the program.
- Integrate evaluation of educational interventions into programming to ensure desired impact and to build evidence

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Best Practice Recommendations

Part 1: English & French versions

1. Needle and syringe distribution
2. Cooker distribution
3. Filter distribution
4. Ascorbic acid distribution
5. Sterile water distribution
6. Alcohol swab distribution
7. Tourniquet distribution (not presented today)
8. Safer crack cocaine smoking equipment distribution
9. Disposal and handling of used drug use equipment (not presented today)
10. Safer drug use education
11. Opioid overdose prevention: education & naloxone distribution

Part 2 – Mid - 2015

- Other drug-related equipment: crystal methamphetamine pipes, foil for smoking, needles for hormone and steroid injection
- Program models: fixed, mobile, outreach, pharmacy, peer, etc.
- Testing and vaccination
- Referrals and counselling
- Skin and vein care
- Relationships with MMT and buprenorphine programs
- Relationships with other agencies: law enforcement, municipal or town council, public health agencies, ASOs
- Program monitoring and evaluation

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