OHRDP

ontario harm reduction distribution program

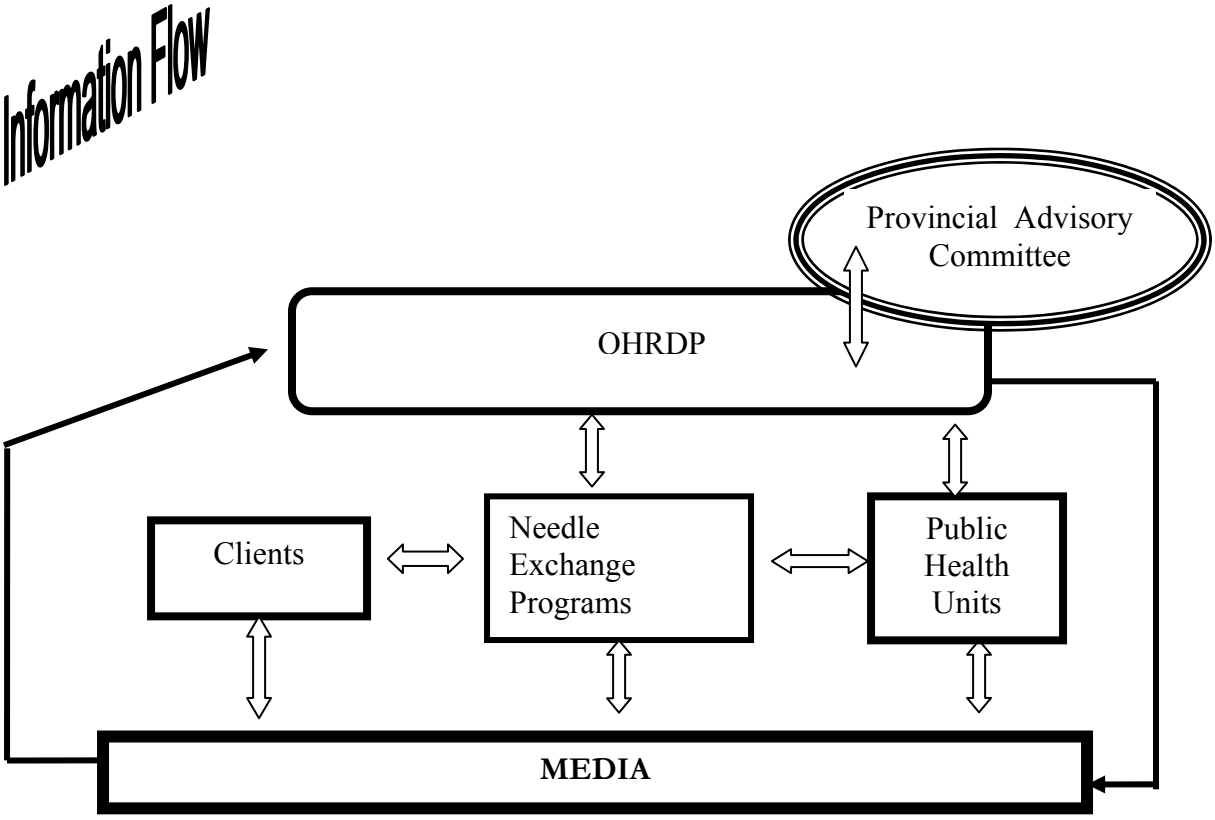
OHRDP Communication and Information Toolkit for Needle Exchange Programs (NEPs)

Goals:

- The communications strategy must engage and support the broad network of Needle Exchange Programs and affiliated organizations. This might be sub-divided into:
  - NEPs communicating with decision makers: (e.g. Public Health departments, municipal governments,)
  - NEPs communicating directly with the media
- Communications should be clear and concise. The message will differ dependent upon the locality and the stakeholders involved.
- With a focus on harm reduction and for the community at large, OHRDP will offer a range of communications tools
- The communication strategy will address how calls can be handled and how standard questions might be answered to ensure effective and accurate information goes out to media and other interested stakeholders.

[Includes Question & Answer section on needle exchange and harm reduction]

Influencing Change and Building Support*:* The persuasive activities of information sharing should be focused on building "support for the cause" and effecting change with policy makers.



Engaging the Media

Goals

- Address issues of accountability and the case for support, explaining "who we are and how/why we do what we do."
- Influence changes with policy makers to improve support for clients in ways that are consistent with harm reduction philosophy
- Influence decision makers on changes in policy, procedures and level of support for Needle Exchange Programs
- Influence media and general public in understanding harm reduction
- Build support for harm reduction philosophy and practices

Types of Traditional Media

- Radio
- Television
- Newspapers
- Magazines
- Inserts and tabloid flyers

Other Potential Media Avenues

- Web sites, e-mail and Internet marketing
- Cable television
- Direct mail / coupons / gift certificates
- Signage and Outdoor Advertising – billboards or busboards
- Brochures
- Newsletters
- Human service sector publications
- Specialty items (hats, t-shirts, mugs, pens, bags, pins etc.)
- Advertorials and infomercials

Media Relations Tools

- Media releases
- Media/press conferences, Q&As and photo opportunities
- Backgrounders
- Interviews and talk shows
- Feature articles

Media Relations

A first step to help ensure leadership and implementation of a more formal media relations approach would be to assign an individual to take responsibility for coordinating public communications and media relations. This individual would need to be very familiar with operations, and will need quick, easy access to senior officials and board members, as well as an awareness of how decisions are made and the reasons for them. Health Units may have a person charged with this responsibility, however many NEP managers deal with media relationships in addition to their other responsibilities.

Key steps to considered:

- **Build Relationships With The Media:**

  NEPs need to understand the needs of the news media, and how that intersects with the organization's own communications desires. To understand how best to get the message out, one also needs a sense of which news media local residents use most often to obtain information about health care.

  NEPs also need to know whether they are dealing effectively with news reporters and how to improve. They should consider how to pitch stories about elements of the operation that might obtain better attention if their worth and work was known.

- **Educate Staff on Dealing With The Media:**

  NEPs need to be clear on who is delegated to respond to media inquiries. As appropriate in each NEP, staff should be educated on the needs of the media and coached on how to respond so as to present their message effectively. This involves such issues as being prompt in returning calls, accurate in the delivery of information, considerate of the role of the news media, and be positive, credible and courteous even when the weight of stories seem to be going against the organization. Individuals need to be crisp and clear in getting their message out.

  You may decide you are not prepared to conduct an interview on the spot. It is appropriate to ask the interviewer the focus of their inquiry and ask if you can call them back. You will want to negotiate with the interviewer for a call back time that works for them, respecting their deadlines. Take some time to prepare yourself. In preparation you may want to make a few notes, review organizational policy and review the Q&A component of this document. When returning the call find a quiet place away from distractions.

Preparing for a Media Interview: Know Your Message

- In general: do your homework, know your stuff, and be prepared.

- Anticipate all possible questions, both "good" and "bad," easy and tough.

- Know what message you want to get across in the interview:

  - Prepare your key points and the specific details, examples and illustrations that will support them.

  - Look for ways to make your key points memorable.

  - Boil your message down into brief, clear, positive sentences that are free of jargon or insider knowledge.

  - Collect or prepare supporting material (media releases, brochures, fact sheets, backgrounders and so on) that you can give to the reporter.

- Think through your answers for the tough questions, especially the ones you hope the media won't ask you.

- Know what information can be released (and by whom).

- Remember that the reporter's job is to fairly and professionally serve the interests of their readers, listeners or viewers, whether those interests are the same as yours or not.

- Honestly question your own position (especially on emotional or controversial issues) -- the media strive to be fair and will want to see both sides.

- Prepare notes, especially on statistics, but don't necessarily memorize them -- you want to be able to refer to them easily and naturally.

- In some instances, if the interview involves controversy, it may be useful for you to have a "hot seat" practice session with your colleagues prior to the interview.

- Know today's news and latest developments.

- Never reply with "no comment".

[Source: Kingston Community Health Centre Communication Plan, 2004]

QUESTIONS AND ANSWERS: NEEDLE EXCHANGE PROGRAMS

What is a Needle Exchange Program?

Needle Exchange Programs (NEPs) help to reduce the risk of HIV and Hepatitis transmissions by increasing access to sterile needles and syringes, removing used needles from circulation in the community and educating clients about the risk of re-using injection equipment (Strike C and Leonard L, 2006 p19).

How Long Have Needle Exchange Programs been in existence?

The first needle exchange program in the world was offered in Amsterdam, (the Netherlands) in 1984. The rationale in establishing the program was that if you can not cure a drug addiction, one should try to minimize the harm that the drug addict does to himself or his environment (Coutinho, R.A, 2000). The British learned from the Dutch and were the first to implement needle exchange programs as a means of reducing the spread of HIV among people who inject drugs. Other European countries and Australian followed.

The first official needle exchange program in Canada began in 1989 in Vancouver and within a few months, similar programs emerged in Montreal and Toronto. (http://www.cbc.ca/news/background/drugs/needleexchange.html).

How Many Needle Exchange Programs exist in Ontario?

Within the province of Ontario, 34 NEPs operate distributing over 3.2 million clean syringes annually to an estimated 41,100 people who inject drugs (Strike, C and Leonard L, 2006). Currently, NEPs distribute a small proportion of the sterile needles needed. It is estimated that approximately 1,000 needles are required per person who injects drugs per year. In Ontario is it estimated that 53 needles are distributed per injector per year (Strike, C and Leonard L, 2006).

Why do Needle Exchange Programs make public health sense?

In Ontario, NEPs are legislated as a mandatory public health program in areas where injection drug use is recognized as a problem in the community (Ontario Ministry of Health and Long Term Care, 1997). The Mandatory Health Programs and Services Guidelines state that "*The board of health shall ensure that injection drug users can have access to sterile injection equipment by the provision of needle and syringe exchange programs as a harm reduction strategy to prevent transmission of HIV, hepatitis B, hepatitis C and other blood-borne infections and associated diseases in areas where drug use is recognized as a problem in the community. The strategy shall also include counseling and education and referral to primary health services and addiction/treatment services. The board of health shall produce an annual report of program activities and forward a copy to the Minister of Health*. (Mandatory Health Programs and Services Guidelines, Ministry of Health and Long Term Care/Public Health Branch, December 1997, p44).

The World Health Organization (2004), the United States Preventative Services Task Force (1996) and the American Medical Association (1996) all recognize needle exchange programs as essential prevention programs to reduce HIV transmission among injection drug users.

If the US government had embraced harm reduction interventions and implemented a national needle exchange program from 1987 through 1995, a

conservative estimate of between 4,394 and 9,666 HIV infections could have been prevented (K. Ksobiech, 2004).

NEPs make good public health sense because:

- NEPs reduce transmission of HIV, Hepatitis B virus (HBV), hepatitis C virus (HCV) and other blood-born pathogens among IDUs
- NEPs reduce unsafe drug use and sexual behaviours associates with the transmission of HIV, HBV, HCV and other blood-borne pathogens
- NEPs reduce the number of used needles discarded in the community
- NEPs do not encourage initiation of injection drug use, do not increase the duration or the frequency of injection drug use or decrease the motivation to reduce drug use
- There is no available cure nor vaccine for HIV
- The lifetime costs of providing treatment for IDUs living with HIV greatly exceeds the costs of providing NEP services
- At any given time, most individuals who inject drugs are not receiving drug treatment and NEPS are often the only contact these people have with health or social service providers (Strike C and Leonard L, 2006)

Researchers at McMaster University examined the needle exchange program in Hamilton, which provided more than 14,200 clean syringes to 275 drug users in 1995. The authors of the study, Gold, Gafni and Nelligan estimated the program would prevent 24 new HIV infections over five years; resulting in a direct cost savings to the publicly funded health care system of $1.3 million.)over 5 years based on the 24 prevented HIV infections)

In Amsterdam in 1988, Bunning and colleagues reported declines in needle sharing and injection frequency associated with NEP participation. An international comparison showed that in 29 cities with established NEPs, HIV prevalence rates decreased on average by 5.8% per year, while it increased on average by 5.9% per year in 51 cities without NEPs (Strathdee, S. et al, 2001).

What happens at a Needle Exchange Program?

The main function of a NEP is to make new sterile needles and syringes accessible and to provide drug users with access to other injection equipment (like sterile water, alcohol swabs, filters) for the safe injection/inhalation of drugs. The rationale for providing clean sterile needles reduces unsafe injection practices like needle sharing, reduces transmission of HIV/AIDS and Hepatitis, increases safe disposal of used syringes, so that the syringes are not in the community and helps the injecting drug user in obtaining drug information, treatment, detoxification, social services, and primary health care (www.heretohelp.bc.ca).

NEPs provide sterile water, alcohol swabs and sterile filters in order to reduce the health risks to the injector like abscesses and infections, which can be costly to heal if the individual ends up in the emergency department with an illness that could have been prevented by having access to clean sterile equipment. By providing the needed equipment for safe injection, injectors have contact with health service staff which can contribute to a stabilization or improvement in their general health and social functioning.

Don't Needle Exchange Programs increase dirty needles in our community?

An American study on NEPs needle return rates worldwide in 2004 determined that NEPs are relatively successful in taking in used needles. Worldwide, the return rate of used needles is 90%. (Ksobiech, K., 2004) The higher the return rate the less time dirty/used needles are in circulation in the community, the greater the likelihood that injectors are using sterile new needles more often and the lower the probability that injectors are sharing injection equipment.

Don't Needle Exchange Programs encourage drug use?

Researchers Marx and Strathdee studied the association between adolescent exposure to and understanding of needle exchange programs and their perceptions of the impact of NEPs on the decisions to use illicit drugs. The

Baltimore adolescents believed the following factors promoted drug use: peer drug use 49.9%; parental drug use 43.5%; seeing drug users attend NEP 11.1%; school drug education 6.6%; and anti-drug TV advertisements 6.1%. The percentage believing that the above mentioned factors had no influence on illicit drug use was : seeing drug users attend NEP 42.4%; school based drug education 36.9%; anti-drug TV ads 29.8%; peer drug use 21.7%; and parental drug use 19.1%, (Marx and Strathdee, 2001)

Studies have proven that harm reduction interventions do not: increase drug use; negatively impact upon drug treatment; and do not increase rates of injecting equipment (such as needles or syringes) in the streets Watters et al evaluated all-voluntary syringe exchange programs in San Francisco, California over a 5.5 year period and determined that the program did not increase drug use. Paone et al. reviewed international studies of syringe programs and concluded that harm reduction interventions do not increase drug use. Wolk et al. studied a pilot needle/syringe exchange program in Sydney, Australia which was established next to a methadone maintenance clinic and determined an increase in the availability of needles/syringes did not increase injection drug use. Heimer et al reviewed a city run needle exchange program in New Haven, Connecticut and determined that NEPs are a conduit to drug treatment. Doherty et al studied a needle exchange program in Baltimore, Maryland two years after it opened and determined that there was a significant decrease in the number of discarded needles in the community relative to the number of drug vials and bottles.

In countries with less severe penalties for drug possession there are no higher rates of drug use than in other counties (Lenton, S, et al, 2000). In fact in such areas, drug users have a better chance of medical attention, access to substitution treatment (like methadone), rehabilitation, and a decreased risk of contracting and or spreading HIV/AIDS, Hepatitis C and other infections.

Info and Stats should be specific to the NEP – example from SITE in Ottawa

The SITE needle exchange program has been in existence since 1991 in Ottawa. The programs and services at SITE help to reduce the spread of infections and diseases and studies have shown this helps to prevent future health-care costs. There are approximately 3,500 individuals who inject drugs in the City of Ottawa. SITE distributes and collects more than 100,000 used needles annually through its main clinic, mobile clinic and street outreach programs and another 400,000 needles are distributed through a network of eleven partner agencies. In 2004, SITE had a 98% return rate, that is, they distributed 109,000 clean needles and collected 107,000.

SITE helps to keep used needles off the streets of Ottawa which helps to prevent the spread of HIV and other infections. The HIV infection rate among people who inject drugs has been relatively stable for the past four years following a sharp rise in the 1990s. SITE estimates that one in five users of injection drugs is HIV positive and 60% have hepatitis C. The sharing of needles and other equipment is a major reason for such high rates of infection and reinforces the need for a needle exchange program.

SITE is often the only positive contact many drug users have with the health-care system. Counseling and referrals are made for about 200 people annually to treatment programs. SITE also provides education on safer sex practices and provides testing for HIV virus and hepatitis B and C. Clients who get needles from SITE are educated about proper needle disposal to help keep the whole community safer. Staff show clients how to dispose of needles safely if they aren't able to get to the needle exchange program. Staff remind clients not to inject in public places and to never inject or discard needles or other injection equipment in or near the "safe zones". Safe zones are areas the SITE mobile clinic does not deliver services to, which is a 100 metre distance from parks, schools, day care centes in order to protect children and the general public.

How much does the SITE program cost?

SITE's annual budget for direct program delivery is $260,000 and another $100,000 for staffing and for the needle clean up program. The main cost is shared 50:50 with the Province as needle exchange programs are provincially mandated. It costs $150,000 to treat one AIDS patient in their lifetime, two such patients represents the entire annual SITE program budget.

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QUESTIONS AND ANSWER: HARM REDUCTION

Harm Reduction Definitions

Harm reduction involves a range of non-judgmental strategies and approaches aimed at providing and enhancing the knowledge, skills, resources and supports for individuals, their families, and communities to be safer and healthier. Harm reduction works through policy and programming to reduce the harmful effects of behaviour (British Columbia Centre for Disease Control, "BC Harm Reduction Supply Services Policy and Guidelines, November 2004).

Harm reduction is a public health approach that aims to reduce drug-related harm experienced by individuals and communities, without necessarily reducing the consumption of drugs. Harm reduction strategies meet drug users "where they're at", addressing conditions of use along with the use itself. (www.harmreduction.org).

The Canadian Centre on Substance Abuse defines harm reduction as "measures taken to address drug problems that are open to outcomes other than abstinence or cessation of use" (www.ccsa.ca).

What are some Harm Reduction strategies?

Harm reduction strategies include initiatives like designated drivers, needle (or syringe) exchange programs, safe graduations, safer sex campaigns, safe injection sites, and methadone maintenance programs. Interventions also include counseling, education, and referrals for health care.

Harm reduction is a practical approach to drug use, recognizing that quitting drugs may not be realistic or even desirable for everyone. Harm reduction strategies are community-based, user-driven, non-judgmental and are broad based in that they address systems which isolate and marginalize people.

Why are Harm Reduction Strategies needed?

More than 13 million people globally inject drugs and the number of individuals is rising (particularly young people). It is estimated that injecting drug use accounts for at least 10% of all new HIV infections, rising to an estimated 30% when sub-Saharan Africa is excluded (Joint UNAIDS Statement on HIV Prevention and Care Strategies for Drug Users ,www.data.unaids/UNA-docs/CCo_IDUPolicy_en.pdf The United Nations Office for Drug Control and Crime Prevention estimates that from 1998-2000 worldwide 185 million people each year consumed illicit drugs. In Canada in 2002, the overall cost of substance abuse (measured in terms of the burden on services like health care and law enforcement and the loss of workplace productivity) was estimated to be $39.8 billion and illegal drugs accounted for $8.2 billion of that total. A total of 1,695 Canadians died in 2002 as a result of illegal drug use. The leading causes of death linked to illegal drug use were overdose, drug-attributed suicide, and drug –attributed hepatitis C and HIV infection. In 2002, the deaths and illnesses linked to illicit drugs resulted in 62,110 potential years of life lost and accounted for 352,121 days of acute care in hospital (Rehm, J., et al., 2006).

Drug use happens in every country and in every culture despite efforts to prevent its use or trade. Harm reduction focuses on reducing the harms related to drug use through education, prevention and treatment. A harm reduction approach acknowledges that there is no decisive solution to the problems of drugs in society and that various interventions are needed to address the problems. Such interventions must be based on science, compassion, health and human rights.

A harm reduction strategy approaches drug use from a realistic and pragmatic pubic health perspective to prevent the spread of infections including HIV/AIDS, Hepatitis C and other blood-borne infections; reduce the risk of overdose and other drug-related fatalities; and lesson the negative effects that drug use may have on individuals and communities. HIV transmission associated with injecting drug use affects drug users, their sexual partners, and through sexual and mother-to-child transmission can spread to the larger non-drug using community. Increasing overlap between sex trade workers and drug injecting populations and

growing numbers of young injectors pose particular risks for rapid spread (www.data.unaids/UNA-docs/CCo_IDUPolicy_en.pdf).

Do Harm Reduction Programs Promote Drug Use?

Researchers Marx and Strathdee studied the association between adolescent exposure to and understanding of needle exchange programs and their perceptions of the impact of NEPs on the decisions to use illicit drugs. The Baltimore adolescents believed the following factors promoted drug use: peer drug use 49.9%; parental drug use 43.5%; seeing drug users attend NEP 11.1%; school drug education 6.6%; and anti-drug TV advertisements 6.1%. The percentage believing that the above mentioned factors had no influence on illicit drug use: seeing drug users attend NEP 42.4%; school based drug education 36.9%; anti-drug TV ads 29.8%; peer drug use 21.7%; and parental drug use 19.1%, (Marx and Strathdee, 2001)

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Does Harm Reduction Work?

Gibson et al. conducted a comprehensive, critical review of published evidence of the effectiveness of syringe exchange programs in reducing HIV risk behavior and HIV seroconversion among IDU. They identified 42 studies published between 1989 and the end of 1999 that evaluated syringe exchange effectiveness. The studies from different countries and cultures have shown that Harm reduction programs do help to prevent the spread of infections, especially those related to HIV and Hepatitis C.

An article in the medical journal *Lancet* estimated that 4,400 to 10,000 HIV infections among U.S. people who inject drugs could have been avoided between 1987 and 1995 if the federal government had implemented needle exchange programs nationally (needle exchange programs being one example of a harm reduction intervention), saving over $500 million in health care costs (Laurie,P. et al., 1997).

From both an economic and human perspective, harm reduction programs are cost-effective. Harm reduction programs are less expensive than the potential medical care costs, drug treatment and legal fees that would be necessary without the existence of such interventions. Harm reduction programs have shown to reduce crime, making communities safer and reducing the amount of funds spent on courts and prisons (Gold G, et al 1997). It costs approximately $150,000 to treat one AIDS patient in their lifetime, and many harm reduction programs operate from centres whose entire operating budget may only be $300,000 per annum (Ottawa Public Health, 2006).

Harm reduction programs help to not only improve people's lives but save human lives allowing drug users to become more integrated into society.

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