



**MEETING DATE:** September 11, 2019

**SUBMITTED BY:** Peter Heywood, Program Director

**SUBMITTED TO:**  Board of Health  
 Finance & Facilities Standing Committee  
 Governance Standing Committee  
 Transition Governance Committee

**PURPOSE:**  Decision  
 Discussion  
 Receive and File

**AGENDA ITEM #** 5.4

**RESOLUTION #** 2019-BOH-0911-5.4

**REPORT TITLE** Sharps Management Community Engagement Strategy

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**Report Highlights:**

- Needle Exchange Programs have been Provincially mandated since 1997 and provide sterile syringes and equipment to people who inject drugs. This equipment reduces the risk of blood borne pathogen transmission, saving both lives and healthcare costs.
- Improper disposal of sharps in the community poses a risk of injury for municipal workers and the public.
- Southwestern Public Health (SWPH) will coordinate with the community, people with lived experience, municipalities, and stakeholders to complete a situational assessment and work collaboratively to develop a sharps management strategy by Q2 of 2020.

**MOTION:**

- That the Board of Health for Southwestern Public Health accept the Sharps Management Community Engagement Strategy report as presented.

**Recommendation:**

That the Board of Health accept the report as information.

**Accountability:**

To meet the Board of Health requirement to reduce the burden of preventable injuries and substance use in accordance with the *Substance Use Prevention and Harm Reduction Guideline, 2018*.<sup>1</sup>

**Background:**

Needle Exchange Programs (NEPs) have been mandated programs by the Ministry of Health since 1997 with the goal of reducing the spread of HIV, Hepatitis C, and other bloodborne infections. Needle Exchange Programs also provide a supportive environment for people who use drugs to access health and social services.

Canada's opioid crisis has had drastic effects on mortality and morbidity rates in Canada. As of 2018, there has been a 47.8% increase in opioid-related deaths, from 3,017 deaths in 2016 to 4,460 deaths in 2018.<sup>2</sup> With this public health crisis, more focus than ever before has been placed on Harm Reduction Programs.

Visits to the NEPs in the Southwestern Public Health region have grown over the last two decades indicating a need for this important program. In 2018, Southwestern Public Health, in collaboration with satellite site health agencies and mobile outreach work, distributed close to 500,000 needles across City of St. Thomas, Elgin and Oxford counties. Sharing needles, drug equipment, and injection drug use are among the top risk factors for Hepatitis C (HCV) in Southwestern Public Health's region. In 2017, there were 78 cases of Hepatitis C in the region served by SWPH. In the SWPH communities, there is a growing health concern with injection drug use. People who inject drugs may face serious health consequences including an increased risk of HIV, Hepatitis C, and Hepatitis B. These risks can significantly impact quality of life, communities, friends, family, and of course healthcare services in the region. Initiatives such as NEPs provide sterile, single use equipment to people who inject drugs in accordance with best practice.<sup>5</sup> Though NEPs are an essential component to the prevention of bloodborne pathogen transmission, the sterile injection equipment NEPs provide can sometimes be improperly disposed. In 2018 the average syringe return rate was 35%. This return rate indicates sharps are either disposed of at different locations or disposed of improperly.

Currently, there are limited number of sharps disposal locations in the region. Sharps can be returned to 40 local pharmacies in the area but must be stored and transported in a designated sharps container. SWPH has provided 4 yellow sharps kiosks and 3 grey sharps bins to partner agencies to increase accessibility to sharps disposal in Oxford and Elgin counties and the City of St. Thomas. Increasing the number of sharps disposal bins may reduce the number of improperly discarded sharps.

The SWPH NEP budget is a 100% funded program from the Ministry of Health. The costs associated with delivering this program have consistently been trending upwards. This budget is used to purchase sterile syringes which are not supplied through the provincially funded Ontario Harm Reduction Distribution Program and to purchase sharps containers and fund sharps disposal.

**Issue:**

Sharps management requires a highly collaborative, evidence-based approach to be effective. In the SWPH region, there is an opportunity to increase coordination among agencies and community groups to effectively manage sharps found in the community. Opportunities, such as coordinating collection groups among agencies, implementing sharps disposal resources with community businesses, and disposal education campaigns for the public, are recommendations of best practice for collaborative sharps management.<sup>6</sup> The benefits of engaging the community in sharps management cannot be understated. The benefit to service provision includes expanding NEP satellite sites with the help of partner organizations<sup>6</sup>, providing effective sharps disposal education to the community<sup>6</sup>, and increased access to HIV/HCV treatment services for hard to reach people who inject drugs (PWID)<sup>7</sup>. For the community, this can result in up to 98% reductions of sharps found in community areas<sup>8</sup>. As there is a growing number of people affected by the harms of the opioid crisis, pooling resources and providing a more comprehensive approach to sharps management can reduce harms for PWID, while providing safer spaces for community members.

**Risks/Concerns:**

The risk of acquiring a blood-borne virus from a community needlestick injury is extremely low yet remains a prominent fear amongst the general public. Many studies have supported the low rate of transmission amongst those who were exposed to needlestick injuries from improperly discarded sharps in the community.<sup>9-11</sup> Public backlash persists in lieu of this evidence; as monitored through comments on social media regarding sharps disposal and reported calls to collect sharps on private property. There is an opportunity to engage the community through social media and placing appropriate education resources (posters and signs) related to safe disposal in the community.<sup>12</sup> Education on safe sharps disposal and improving access to sharps disposal resources are just some of the components to an effective strategy implemented by the community.

Another key concern about creating a sharps disposal strategy is the cost for the community. Due to the increasing disposal costs associated with an increase in public disposal bins, it is recommended that the strategy explore the idea of a cost-sharing model between SWPH and community partners for sharps disposal. This will be further explored during the consultation stage.

PWID experience shame, discrimination, and criminalization because of the current drug laws and the social and cultural beliefs about the use of certain drugs.<sup>13</sup> Some communities rely on enforcement-based measures intended to reduce the visibility of drug use. These tactics displace PWID to areas that are likely less safe, impede their access to harm reduction services, discourage safer injecting practices and increase improper disposal.<sup>9</sup> Harm reduction initiatives like NEPs have been regarded as one of the most cost-effective public health interventions ever funded; they are relatively low cost and based on evidence of their effectiveness in reducing blood borne transmission of disease.<sup>14</sup> Without safe access to proper disposal resources, PWID are left with few options to properly dispose sharps. Collaborative work with PWID can lead to allocating appropriate resources, safe spaces to use substances, and locations to safely dispose

of equipment. Ultimately, collaboration results in decreased stigma, less sharps found in communities, and better health outcomes for PWID.

### **Next Steps:**

A situational assessment will be completed to identify trends and issues that will inform the development of a community sharps management strategy. The first step will be a targeted community consultation involving persons with lived experiences, local businesses, community members, municipalities, health agencies, and other stakeholders to determine the current situation, what is making the situation better or worse and what actions can be taken to address the situation. The information collected will be used to create a community sharps management strategy by Q2 of 2020. Key stakeholders will include:

- Members of the regional Drug & Alcohol Strategies.
- Persons with lived/living experience of injection drug use. Informal interviews will be conducted with these individuals to provide ongoing insight for the location and maintenance of sharps kiosks, as well as other barriers to the safe disposal of sharps.
- Local businesses contacted through local small business events, chambers of commerce, and in areas of high traffic for discovered sharps.
- Local municipalities including waste collection staff, parks staff and social services workers.
- Public and local health agencies.

The second step will be the creation of a sharps management strategy based on the results of the extensive community engagement conducted during the situational assessment. Municipal workers will help inform the process of sharps collection in communities and provide a better estimate for the costs associated with sharps disposal per municipality.

The third step will include community education about the sharps strategy including;

- A social media campaign with a focus on facts, local statistics, and up-front messaging about proper disposal and disposal locations available in the community. The campaign will include educational materials and programs for children and parents regarding proper procedure for when sharps are found in the community (i.e. children should not touch sharps, but advise an adult); a call to action from the community to develop more options for reporting community sharps (i.e. one singular phone number to report sharps); and community sweep events with the help of community organizations.
- Resources for local businesses and municipalities in the form of harm reduction training and sharps containers.
- An engagement campaign targeted at PWID that utilizes relatable or lighthearted messaging, such as the “Don’t be a Prick” campaign in Nova Scotia.
- Education to reduce the stigma associated with substance use to decrease improper disposal and increase safer using and disposal practices.

Ongoing evaluation of the strategy could be facilitated through the development of a reporting mechanism for municipalities and the public to provided data regarding improperly discarded sharps for ongoing heat mapping and future resource allocation. It will be important to

continue to evaluate barriers to safe disposal for PWID through community outreach and focus groups.

### **Conclusion:**

While harm reduction initiatives have proven to be effective at reducing the harms associated with drug use, they require community engagement to be sustainable. A community engagement strategy should be implemented to collaboratively develop a sustainable sharps management strategy in the SWPH region.

### **References:**

1. Ministry of Health and Long-Term Care. Ontario Public Health Standards. Toronto, ON: Queen's Printer for Ontario; 2018. Available from: [http://www.health.gov.on.ca/en/pro/programs/publichealth/oph\\_standards/docs/protocols\\_guidelines/Ontario\\_Public\\_Health\\_Standards\\_2018\\_en.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Ontario_Public_Health_Standards_2018_en.pdf)
2. Special Advisory Committee on the Epidemic of Opioid Overdoses. National report: Apparent opioid-related deaths in Canada (January 2016 to December 2018). Web Based Report. Ottawa: Public Health Agency of Canada; June 2019. Available from: <https://health-infobase.canada.ca/datalab/national-surveillance-opioid-mortality.html>
3. Canadian Institute for Health Information. Opioid-Related Harms in Canada, December 2018. Ottawa, ON: CIHI; 2018. Available from: <https://www.cihi.ca/sites/default/files/document/opioid-related-harms-report-2018-en-web.pdf>
4. Ontario Ministry of Health and Long-Term Care. Substance Use Prevention and Harm Reduction Guideline. Toronto: Ontario Ministry of Health and Long-Term Care, 2018. Available from: [http://www.health.gov.on.ca/en/pro/programs/publichealth/oph\\_standards/docs/protocols\\_guidelines/Substance\\_Use\\_Prevention\\_and\\_Harm\\_Reduction\\_Guideline\\_2018\\_en.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Substance_Use_Prevention_and_Harm_Reduction_Guideline_2018_en.pdf)
5. Strike C, Hopkins S, Watson TM. Best practice recommendations for Canadian harm reduction programs that provide service to people who inject drugs and are at risk for HIV, HCV, and other harms. Working Group on Best Practice for Harm Reduction Programs in Canada; 2013.
6. Strike C, Watson TM, Gohil H, Miskovic M, Robinson S, Arkell C, Challacombe L, Amlani A, Buxton J, Demel G, Gutiérrez N, Heywood D, Hopkins S, Lampkin H, Leonard L, Lockie L, Millson P, Nielsen D, Petersen D, Young S, Zurba N. The Best Practice Recommendations for Canadian Harm Reduction Programs that Provide Service to People who inject drugs and are at Risk for HIV, HCV, and Other Harms: Part 2. Toronto, ON: Working Group on Best Practice for Harm Reduction Programs in Canada. 2015.
7. Harris M, Albers E, Swan T. The promise of treatment as prevention for hepatitis C: Meeting the needs of people who inject drugs? *International Journal of Drug Policy*. 2015 Oct 1;26(10):963-9.
8. Montigny, L.D., Moudon, A.V., Leigh, B.C., & Kim, S.Y. (2010). Assessing a drop box programme: a spatial analysis of discarded needles. *The International journal on drug policy*, 21(3), 208-14.

9. Sara Sollai, Jessica Iacopelli, Mattia Giovannini, Manuela Prato, Luisa Galli, Maurizio de Martino & Elena Chiappini (2016) Use of specific immunoglobulins and vaccines for the management of accidental needlestick injury in the child: a practical review in the anti-vaccination movement era, *Journal of Chemotherapy*, 28:5, 355-358, DOI: 10.1080/1120009X.2016.1173318
10. Papenburg J, Blais D, Moore D, Al-Hosni M, Laferrière C, Tapiero B, Quach C. Pediatric injuries from needles discarded in the community: epidemiology and risk of seroconversion. *Pediatrics*. 2008 Aug 1;122(2): e487-92.
11. Jason J. Community-acquired, non-occupational needlestick injuries treated in US Emergency Departments. *Journal of Public Health*. 2013 Apr 3;35(3):422-30.
12. Duncan, K, Garg S, Chiu T. Vancouver safe needle disposal report. CityStudio. 2019 May 15. Available from: <https://www.citystudiovancouver.com/wp-content/uploads/2019/05/Vancouver-Safe-Sharps-Disposal-Final-Report-1.pdf>
13. Fozouni L, Buchheit B, Walley AY, Testa M, Chatterjee A. Public restrooms and the opioid epidemic. *Substance abuse*. 2019 Aug 1:1-5.
14. Wilson DP, Donald B, Shattock AJ, Wilson D, Fraser-Hurt N. The cost-effectiveness of harm reduction. *International Journal of Drug Policy*. 2015 Feb 1;26: S5-11.