Harm Reduction Programs & Services in Saskatchewan

2016-2017 Report

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Population Health Branch

GLOSSARY OF TERMS AND ACRONYMS

BCCDC	British Columbia Centre for Disease Control
CBO	Community based organization
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HR	Harm Reduction
IDU	Injection drug use
K	Thousand
M	Million
PAPRHA	Prince Albert Parkland Regional Health Authority
PHN	Public Health Nurse
RHA	Regional Health Authority
RQHRA	Regina Qu'Appelle Regional Health Authority
SktnRHA	Saskatoon Regional Health Authority
STC	Saskatoon Tribal Council
STI	Sexually Transmitted Infection

DEFINITIONS OF SERVICES AND SUPPLIES PROVIDED BY HARM REDUCTION PROGRAMS[1]

Alcohol swab	A single-use, individually packaged sterile alcohol swab used to clean the injection site or equipment to reduce transmission of blood-borne pathogens
Dental pellet	A small rolled cotton ball used as a filter to prevent solids from entering the syringe
Hygiene items	May include: first aid kits, eyeglass containers, cotton balls, dental dams, male and female condoms
Naloxone	A medication that can reverse the effect of an overdose from opioids (e.g. heroine, methadone, morphine)
Needle distribution	Clean needles and education on safe disposal methods are provided to harm reduction program visitors
Sharps container	A safe disposal container where used needles can be stored to reduce littering and unsafe disposal of needles in communities
Spoon/cooker	A sterile container used in drug preparation to break down powder, solid and tablet form drugs into a liquid solution
Sterile water	A container of water used to prepare drugs for injection that is sterile, non-pyrogenic, preservative free and contains no bacteriostatic agents
Tourniquet	A band, or tie, used to restrict venous blood flow causing veins to bulge and become accessible to facilitate safer injection
Transportation voucher	Single-use vouchers redeemable for one-way public transit fare within the province
Vitamin C	An acidifier used to dissolve crack cocaine for injection and is a safer alternative than lemon juice and vinegar

Data Sources

The Ministry collects statistical information from provincially funded HR programs in eight Regional Health Authorities (RHAs). Community based organizations also provide data.

Clients are registered, with consent, either non-nominally (using a code name, i.e. client initials or alias) or nominally (name/Health Services Number) and are the main source of demographic data used to inform this report.

The report does not include data on HR services provided in First Nations communities.

[1] Adapted from the Ontario Harm Reduction Distribution Program 2016

Purpose

This report summarizes available data regarding Harm Reduction (HR) programs for the period April 1, 2016 to March 31, 2017. Utilization analysis informs the direction and delivery of future harm reduction approaches in Saskatchewan.

HR programs provide supplies and services to reduce the risks associated with injection drug use (IDU). They include a range of services to enhance the knowledge, skills, resources, and supports for individuals engaging in high-risk behaviour.

Highlights 2016-17

- As of April 1, 2017, new, more effective drugs to treat Hepatitis C are fully covered.
- Between 2011-12 and 2016-17, the number of needles issued has increase by 500,000. The estimated recovery rate is 98%. (First Nations communities not included),
- 5,090,568 (96%) needles were returned or recovered; a 6% increase from 4,815,830 (95%) needles in 2015-16, and consistent with the 96% recovery rate in 2014-15.
- Regina distributed 2.8M needles (54% of total) followed by Prince Albert at 1.2M or 23% of the provincial total.
- The number of HIV cases rose in 2015 (up 48) to 160 and in 2016 (up another 10) to 170 cases.
- Injection Drug Use (IDU) remains the most common risk factor for both HIV and Hepatitis C.
- Of the 170 cases in 2016, 38% were in Saskatoon, 23% in Regina, and 22% in Prince Albert.
- Hepatitis C cases increased from 613 in 2014 to 720 in 2015. 2016 numbers remained high at 721.
- Funding of $562K to eight RHAs has remained at 2013-14 levels.
- 5,276,496 needles were supplied; a 4% increase from 5,059,684 needles in 2015-16, and 12% increase from 4,705,214 in 2014-15.
- 66,992 visits were made to HR programs, up 5% from 64,003 visits in 2015-16. Demographic data shows:
  - Access by gender was nearly equal for males (49.9%) and females (49.7%); in 2015-16 males represented 55% of visits.
  - 35% of clients were 30-39 years of age, down from 36% in 2015-16;
  - 25% of clients were 40-49 years, down from 26% in 2015-16;
  - 21% of clients were 20-29 years, consistent with 21% in 2015-16; and
  - 80% of clients self-identified as being of Aboriginal ethnicity; the same as in 2015-16.
- The Saskatchewan rates of new human immunodeficiency virus (HIV) and hepatitis C virus (HCV) infections remained higher than the national rates in 2016. The greatest risk factor for exposure and transmission continues to be injection drug use.
- Take Home Naloxone kits became available in Saskatoon in November 2015. As of March 31, 2017, there are six provincially-funded Take Home Naloxone kit sites.

Introduction

Saskatchewan continues to lead the country in rates of new cases of HIV and HCV. The major risk factor is injection drug use. Harm Reduction (HR) programs are part of a comprehensive public health disease prevention strategy to reduce the spread of HIV, HCV, and other sexually transmitted and blood-borne infections.

Providing equipment and supplies to people who inject drugs is one of the simplest, most effective means to reduce the spread of diseases. The distribution of supplies is intended to reduce the sharing of used needles/syringes and other injecting equipment. The programs also serve as an important means of connecting with clients and engaging them in care.

As of March 31, 2017, 24 fixed and two mobile programs operated in eight health regions: Regina Qu'Appelle, Five Hills, Saskatoon, Prairie North, Prince Albert Parkland, Sunrise and the North (Mamawetan Churchill River (MWCRHA) and Keewatin Yatthé). **Appendix A** provides a map and list of provincially funded programs.

Regions (Prairie North, Saskatoon, Mamawetan, and Regina) also partner with community-based organizations (CBOs). Regina and Saskatoon offer both fixed and mobile services. Some programs offer services outside of traditional office hours. In addition, there are a number of HR services funded by First Nations.

Background & Objectives

HR services are an evidence-based approach to preventing and controlling the spread of infectious diseases as a result of intravenous drug use. Recognizing that people often have difficulty disengaging from behaviours that place their health at risk, harm reduction services provide open, non-judgmental assistance to make the behaviours they engage in safer. They also link high-risk individuals to appropriate health and social services, such as mental health and addiction services, and test for blood-borne infections. According to the British Columbia Centre for Disease Control (BCCDC):

> ***"Harm reduction involves taking action through policy and programming to reduce the harmful effects of behaviour. It involves a range of non-judgmental approaches and strategies aimed at providing and enhancing the knowledge, skills, resources and supports for individuals, their families and communities to make informed decisions to be safer and healthier."***
> (BCCDC, 2011)

Evidence also supports harm reduction strategies as an effective way to address opioid-related overdose. In 2015 in Saskatchewan, the Chief Coroner of Saskatchewan reported 121 fatal accidental overdoses, 95 of which involved opioids. In 2016 that number dropped to 107, 82 of which involved opioids.

In 2016, there were 170 persons newly diagnosed with HIV, up 6% over 2015. This makes our rates (14.5 per 100,000) the highest in Canada at over twice the national (6.4 per 100,000). It's estimated each new HIV case results in a **$1.3M** cost per life-course. This includes $250K in health care costs, $670K in lost labour productivity, and $380K in quality of life losses. (Source: Kingston-Riechers 2011).

Each month 50 to 70 persons are newly diagnosed with HCV making our rates (61.4 per 100,000 in 2016) more than twice the national. Injection drug use is the predominant risk factor for acquiring HCV. In 2016, 50% of the new HCV cases self-reported injection drug use as a risk factor. It is estimated 12,000 people in Saskatchewan are infected – most are unaware as they often don't have symptoms.

Treatment of HCV has rapidly evolved with new drug therapies. HCV was previously treated with injectable and oral medications for several months at a time, with poor success rates, and intolerable side effects. The new oral drugs require shorter treatment courses (eight to 12 weeks), are more effective (cure rates of 90-98%), better tolerated, and enhance patient adherence and improve outcomes.

In 2016-17, the Saskatchewan Drug Plan covered 97.9% of the total prescription costs for eligible Drug Plan beneficiaries. Effective April 1, 2017, access was expanded by listing four new drugs and expanding the Exceptional Drug Status criteria for all HCV drugs. The new treatments range from $45K - $100K per patient.

By comparison, HR services are a low cost intervention for high-risk populations. As persons who engage in high-risk behaviours are often highly marginalized, these programs facilitate opportunities to engage people in care, reduce the likelihood of transmitting infections to others, and improve their quality of life.

Objectives: HR programs contribute to improved health through:

1. Community safety through safe provision, exchange, distribution, and recovery of needles;
2. Reduced incidence of drug-related health and social harms, including transmission of blood-borne pathogens;
3. Promoting and facilitating referrals to primary care, addiction, mental health and social services;
4. Reducing barriers to health and social services, reducing stigma and discrimination and raising awareness of harm reduction principles, policies and programs;
5. Providing full and equitable harm reduction services to all residents who use drugs; and
6. Reducing opioid overdose deaths and health-related harms.

Note: Objectives for the HR programming were created based on the BCCDC's 2013 report entitled *BC Harm Reduction Strategies and Services Committee Policy Indicators Report* (BCCDC 2013). Indicators for each objective were derived from the report as well as information available to the Saskatchewan Ministry of Health.

What services are provided?

Supplies: Needles and syringes are provided by every HR program. Clients return used needles and receive a similar quantity of new ones. Emergency packs are available without a return. As part of biohazard waste management, locations that offer needles also have community drop boxes for year-round needle return.

Programs organize a variety of activities, such as spring clean ups, for picking up needles discarded in the community. Reports from the programs indicate that fewer needles are discarded in the community compared to previous years.

Other items provided by select HR programs include: naloxone, sterile water, tourniquets, spoons/cookers, alcohol swabs, dental pellets, condoms, lubricant, and sharps containers. Some provide basic first aid supplies, kits for their supplies, hygiene items, transportation vouchers, clothing and food.

Services: Many provide health care, education, counselling and support services including: information on nutrition; testing for HIV, hepatitis B, HCV, and sexually transmitted infections (STIs) and referral for treatment. Other services include counselling on social issues (housing, abuse, addictions, mental health etc.), general health issues, sexual health, pregnancy and birth control, immunizations; first aid, and abscess and vein care.

Some programs also offer snacks, transportation, vitamin supplements and other emergency services on a drop-in basis.

Referrals: Programs are primarily staffed by Public Health Nurses (PHNs), social workers or addiction counsellors trained to assist clients with a broad range of medical and social issues. Referrals to other services include:

- medical and dental;
- social services;
- sexual assault;
- addiction and opioid substitution therapy; and
- mental health – when agency does not provide service or further assessment intervention needed by a specialist.

Objective 1: To promote community safety through safe provision, exchange, distribution and recovery of needles.

Indicator 1.1: Annual number of needles issued, returned, and recovered.

Table 1.1: Needles Issued/Recovered by year – April 1, 2011 – March 31, 2017

Year	Needles Issued	Needles Returned[1]	Exchange Rate (%)	Total Recovered[2]	Total Recovery Rate (%)[3]
2011-12	4,759,733[4,5]	4,435,415[5]	93%	4,719,574[5]	99%
2012-13	4,554,992	4,241,355	93%	4,453,730	98%
2013-14	4,466,414	4,239,999	95%	4,498,217	101%
2014-15	4,705,214	4,282,075	91%	4,537,443	96%
2015-16	5,059,684	4,551,987	90%	4,815,830	95%
2016-17	5,276,496[4,5]	4,785,753[5]	91%	5,090,568[5]	96%
TOTAL	**28,822,533**	**26,536,584**	**92%**	**28,115,362**	**98%**

[1] Numbers are estimated. For safety, staff do not manually count the needles.
[2] Includes returns by individuals, community returns, recovery and drop box estimates. Does not include First Nation (FN) services.
[3] Includes private purchase, needles from other programs. As a result, exchange/recovery rates may exceed 100%.
[4] 500,000 more needles issued in 2016-17 than 2011-12.
[5] Since 2011-12, the number of needles distributed increased by 11%; needles returned/recovered increased by 8%.

Table 1.2: Needles Issued/Recovered by RHA – April 1, 2016 – March 31, 2017

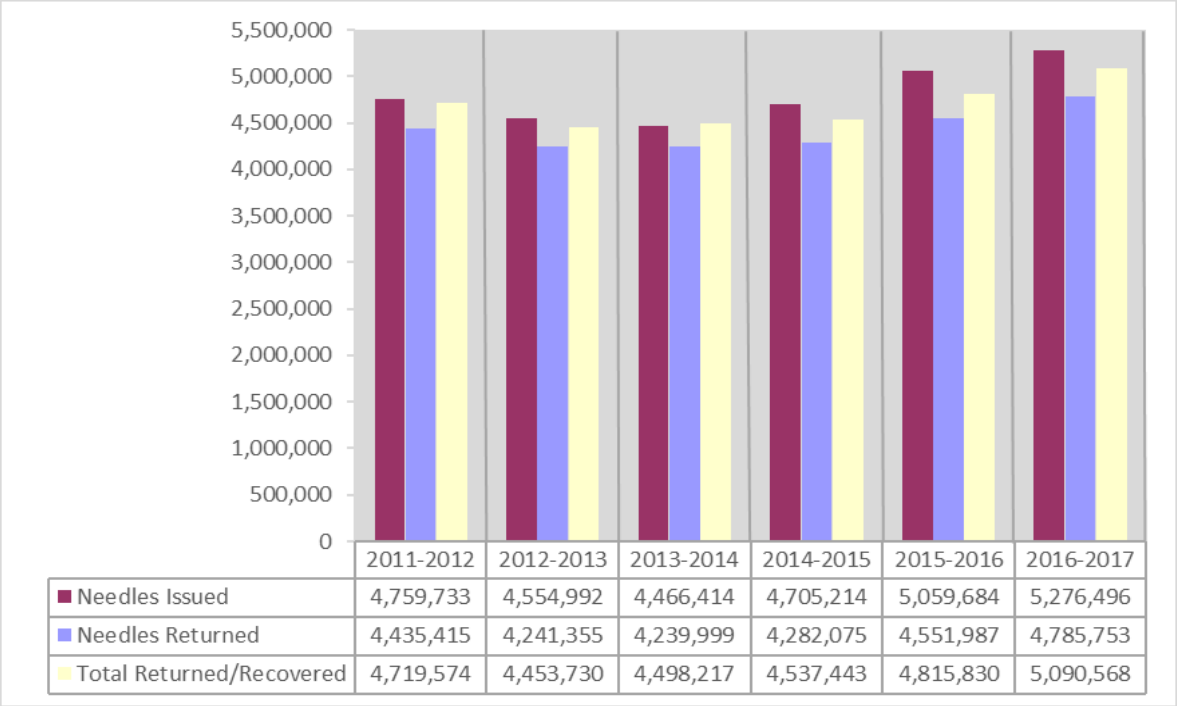
Needles	Issued	% Total	Returned[1]	Exchange Rate (%)	Returned and Recovered[2]	Total Recovery Rate (%)[3]
RHA						
Keewatin	3,539	0.1%	2,303	65%	2,303	65%
Mamawetan[4]	19,660	0.4%	12,065	61%	12,065	61%
Sunrise	273,935	5.2%	146,153	53%	176,600	64%
Prairie North	169,046	3.2%	91,101	54%	117,275	69%
Five Hills	147,514	2.8%	107,529	73%	107,679	73%
Prince Albert	1,226,468	23.2%	1,119,178	91%	1,139,166	93%
Saskatoon[5]	603,681	11.4%	581,384	96%	808,238	134%
Regina	2,832,653	53.7%	2,726,040	96%	2,727,242	96%
TOTAL	**5,276,496**	**100%**	**4,785,753**	**91%**	**5,090,568**	**96%**

[1] Numbers are estimated. For safety, staff do not manually count the needles.
[2] Includes returns by individuals, community returns, recovery and drop box estimates. (Does not include FN services)
[3] Includes private purchase, needles from other programs. As a result, exchange/recovery rates may exceed 100%.
[4] Former Mamawetan RHA numbers are incomplete due to lack of data from drop boxes.
[5] Saskatoon's low distribution/high recovery rate (134%) partly due to a program run by STC, whose data is not included.

As seen in **Table 1.2**, the Regina Qu'Appelle Health Region distributed the highest number of needles in 2016-2017 at over 2.8M, making up 54% of the provincial total. Prince Albert followed with over 1.2M needles issued or 23% of the provincial total.

A graphic illustration of needles issued and recovered is shown in **Figure 1.1**.

Figure 1.1: Needles Issued/Recovered – April 1, 2011 – March 31, 2017

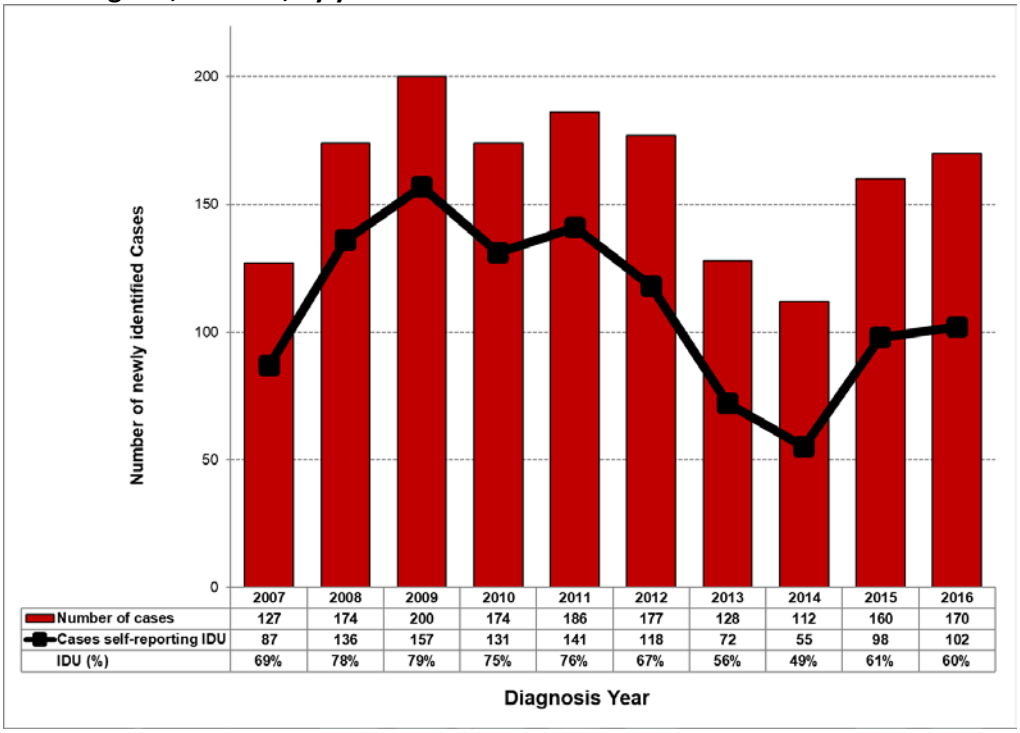


	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
Needles Issued	4,759,733	4,554,992	4,466,414	4,705,214	5,059,684	5,276,496
Needles Returned	4,435,415	4,241,355	4,239,999	4,282,075	4,551,987	4,785,753
Total Returned/Recovered	4,719,574	4,453,730	4,498,217	4,537,443	4,815,830	5,090,568

Objective 2: To reduce incidence of drug-related health and social harms, including transmission of blood-borne pathogens

Indicator 2.1: Annual provincial incidence of HIV and hepatitis C infections and number of persons with newly diagnosed HIV and HCV infections self-reporting injection drug use.

Figure 2.1a: Number of persons newly diagnosed with HIV[1] and self-reporting injection drug use, 2007-16, by year



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Number of cases	127	174	200	174	186	177	128	112	160	170
Cases self-reporting IDU	87	136	157	131	141	118	72	55	98	102
IDU (%)	69%	78%	79%	75%	76%	67%	56%	49%	61%	60%

Source: Saskatchewan Ministry of Health 2017

[1] New cases of HIV are based on the definition in the Saskatchewan Communicable Disease Control Manual: http://www.ehealthsask.ca/services/manuals/Documents/cdc-section-6.pdf#page=18

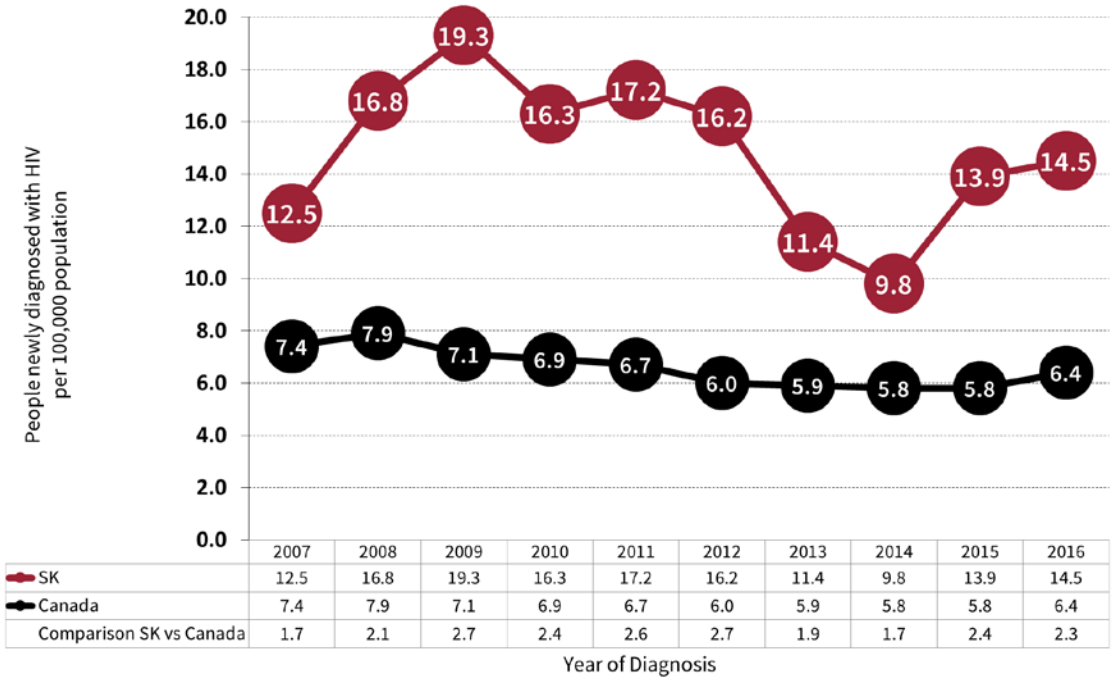
There was a steady increase in new cases of HIV, from 127 in 2007 to a peak of 200 cases in 2009. The number remained somewhat constant over the next three years, but dropped notably in 2013. This downward trend continued in 2014; however there was a significant increase in 2015 and again in 2016.

In 2016, 170 new HIV cases were diagnosed; a 6% increase compared to 2015 (160 cases) and of those 102 or 60% reported injection drug use as a risk factor.

IDU as a risk factor has ranged from a low of 49% (55/112) in 2014 to a high of 79% (157/200) in 2009.

Risk is based on a standard hierarchy of exposures and cases may have reported other risk exposures as well as IDU.

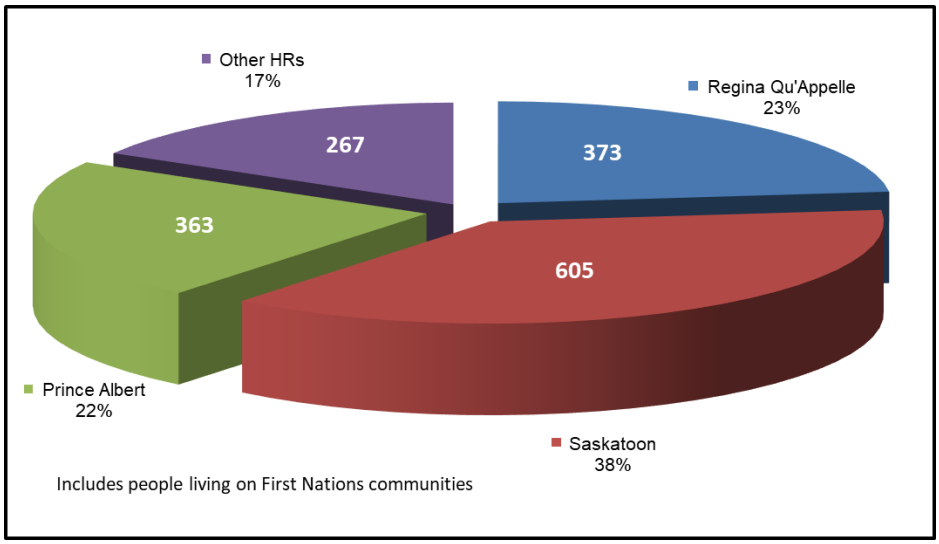
Figure 2.1b: HIV case rate (per 100,000 population) in Saskatchewan and Canada, 2007-2016



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
SK	12.5	16.8	19.3	16.3	17.2	16.2	11.4	9.8	13.9	14.5
Canada	7.4	7.9	7.1	6.9	6.7	6.0	5.9	5.8	5.8	6.4
Comparison SK vs Canada	1.7	2.1	2.7	2.4	2.6	2.7	1.9	1.7	2.4	2.3

Figure 2.1b shows Saskatchewan HIV case rates (per 100,000 population) in comparison with Canadian rates for 2007 to 2016. In 2016, the Saskatchewan rates were more than twice the national.

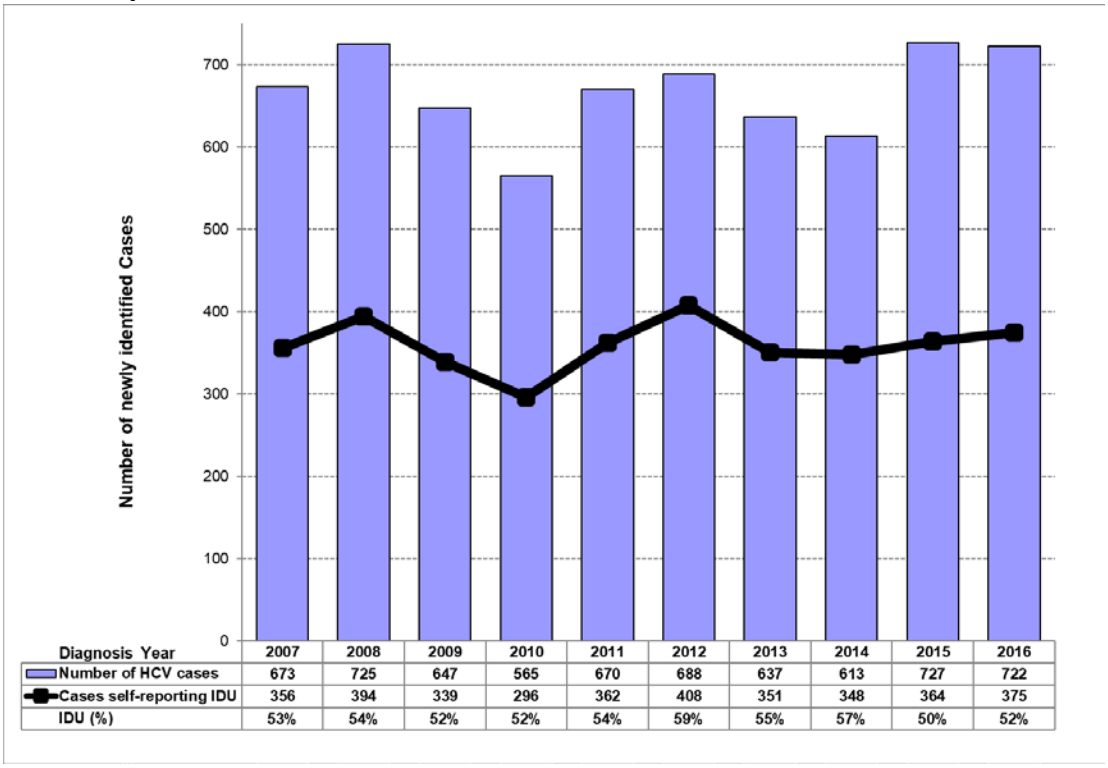
Figure 2.1c: Proportion of newly diagnosed HIV infections (N=1608) reported by selected health regions in Saskatchewan, 2007-2016



Source: Saskatchewan Ministry of Health 2017

Saskatoon (605), Regina (373) and Prince Albert (363) health regions reported the most new cases of HIV from 2007-16.

Figure 2.1d: Number of new cases of HCV[1] self-reporting injection drug use, 2007-16, by year



Diagnosis Year	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Number of HCV cases	673	725	647	565	670	688	637	613	727	722
Cases self-reporting IDU	356	394	339	296	362	408	351	348	364	375
IDU (%)	53%	54%	52%	52%	54%	59%	55%	57%	50%	52%

Source: Saskatchewan Ministry of Health 2017

Note: One-quarter of cases have no risk data documented in iPHIS, unlike HIV where every record has documented data.

[1] New cases of HCV are based on the definition in the Saskatchewan Communicable Disease Control Manual: http://www.ehealthsask.ca/services/manuals/Documents/cdc-section-6.pdf#page=18

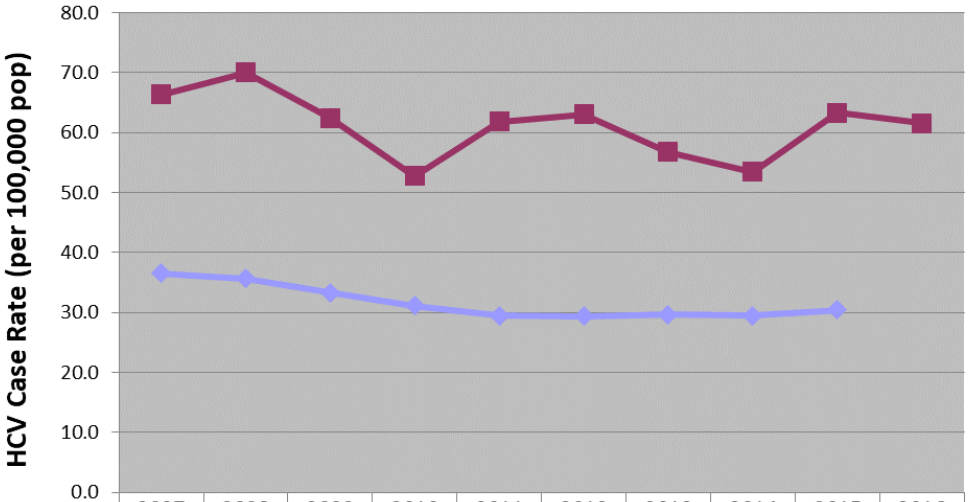
From 2007-16, the annual number of HCV reported cases fluctuated without any discernible pattern. The 727 cases in 2015 is the highest incidence in the past decade but was comparable to the 725 cases in 2008. The lowest number of cases was 565 in 2010. The average number of reported cases per year was about 667 cases. There is a notable increase in the number of cases in 2015, with a comparable increase in the crude rate from 53.4 per 100,000 in 2014 to 61.5 per 100,000 in 2016. However, this increase is comparable to earlier annual rates in 2006 to 2012.

Similar to HIV, IDU is identified as the predominant risk factor for acquiring a HCV infection. Unlike HIV, the percentage of cases self-reporting IDU has not changed over the past 10 years.

In 2016, 50% of people newly diagnosed with HCV self-reported injection drug use. Of the 170 people newly diagnosed with HIV, 98 were co-infected with HCV. Of those, 89 (91%) also reported injection drug use.

For the ten years shown, total new cases is 6,607. Of those 3,567 self-reported injection drug use; which ranged between 49 – 59% per year.

Figure 2.1e: Hepatitis C rate (per 100,000) Saskatchewan and Canada, 2007-2016



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Saskatchewan	66.3	70.0	62.4	52.8	61.8	63.1	56.7	53.4	63.3	61.5
Canada	36.5	35.7	33.3	31.1	29.5	29.4	29.6	29.5	30.4	N/A
Comparison SK to Canada	1.8	2.0	1.9	1.7	2.1	2.1	1.9	1.8	2.1	N/A

Figure 2.1e illustrates HCV case rates. In 2015, Saskatchewan's rate of 63.3 was over twice the national rate of 30.4. From 2007 to 2016, the provincial rate has fluctuated between 52.8 and 70.0 per 100,000, ranging from 1.7 – 2.1 times the national.

Objective 3: To promote and facilitate referral to primary care, addiction, mental health and social services.

Indicator 3.1: Services provided by HR program.

Table 3.1: Counselling, education, and care services provided by HR programs by RHA[1]

	Regina Qu'Appelle	Saskatoon	Prince Albert Parkland	North	Sunrise	Prairie North	Five Hills
Risk Reduction Counselling	✓	✓	✓	✓	✓	✓	✓
Vein Maintenance	✓	✓	✓		✓	✓	
Addiction Counselling	✓	✓	✓	✓	✓	✓	
Hepatitis A/B Immunization	✓	✓	✓	✓	✓	✓	✓
HIV, hepatitis B, hepatitis C Counselling/Testing/Care	✓	✓	✓	✓	✓	✓	✓
Abscess Counselling/ Care	✓		✓	✓	✓	✓	
STI Counselling/Care	✓	✓	✓	✓	✓	✓	✓
Abuse Counselling	✓	✓	✓			✓	
Mental Health Issues Counselling	✓	✓			✓	✓	
Pregnancy Counselling	✓	✓			✓	✓	✓
Birth Control Counselling	✓	✓	✓		✓	✓	✓

[1] In situations where services are not provided on site, referrals are made to other agencies/supports.

Most HR programs also reported providing referrals to one or more of the following services/organizations:

- Immunization Clinic;
- Emergency Room/Medical/Dental services;
- Social Services;
- Sexual Assault Services;
- Addiction Services;
- Methadone programs;
- Detox/Stabilization Unit;
- Pre- and post-natal programs; and
- Mental Health Services.

Note that services identified above also support prevention of hepatitis A and hepatitis B infections.

Objective 4: To reduce barriers to health and social services, including activities to reduce stigma and discrimination and raise public awareness of harm reduction principles, policies and programs among those in the health system, municipalities, and the general public.

Indicator 4.1: Activities and initiatives undertaken to improve awareness of harm reduction services and reduce stigma and discrimination.

There are various initiatives to reduce the stigma associated with HIV and to improve awareness of HR services.

HR program staff, community-based organizations, and HIV Strategy Coordinators work with both health care providers and the public to increase awareness of harm reduction strategies, local services, and the importance of testing. Some examples in the 2016-17 fiscal year include:

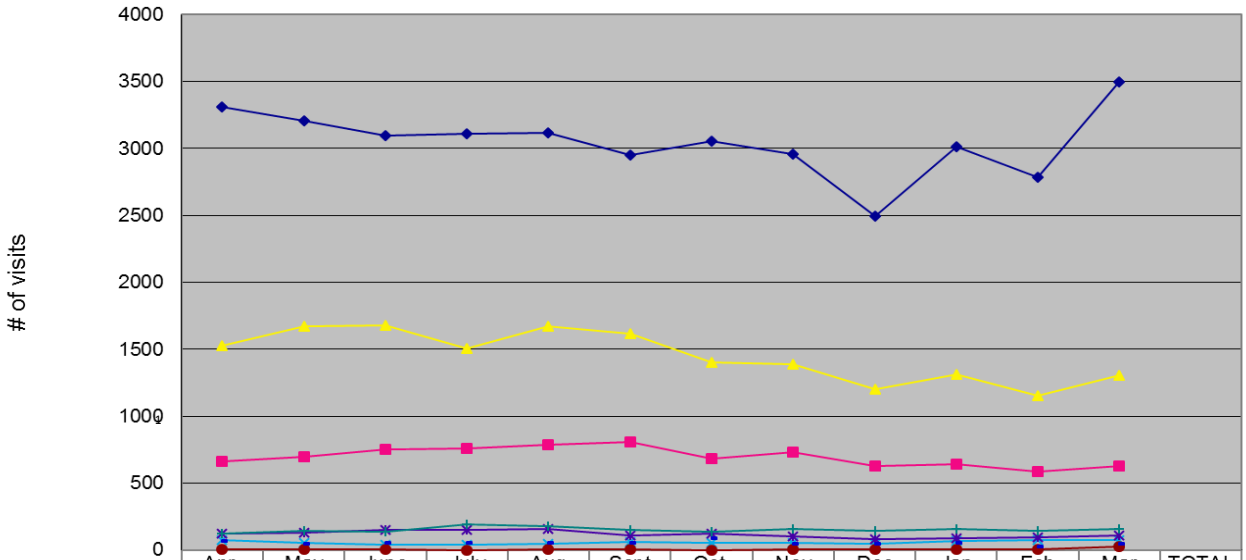
- Organized spring clean-ups with various partners;
- Education regarding safe needle pick up – primarily to educational institutions, community partners and businesses, and community based organizations;
- Hosting public events and social marketing campaigns to raise awareness and education regarding hepatitis C/HIV/STIs;
- Information in local newspapers regarding HR; and
- Media publicity to raise public awareness.

The HIV Strategy Coordinators work together and in collaboration with their local service area and other assigned areas, Ministry of Health, SK HIV Collaborative, First Nations Inuit Health Branch, Northern Inter-Tribal Health Authority, and other relevant stakeholders (including community-based partner organizations, peer advisors/programs, and others) to promote quality HIV prevention, education, care, treatment and support. For more information, go to www.skhiv.ca

Objective 5: To promote full and equitable reach of harm reduction services to all Saskatchewan residents who use drugs.

Indicator 5.1: Annual number of visits to HR programs.

Figure 5.1: Visits (N=66,992) to Harm Reduction programs by month by RHA, 2016-17



	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
Regina	3311	3209	3097	3107	3119	2950	3058	2959	2493	3013	2782	3497	36595
Saskatoon	665	698	749	757	784	807	685	731	628	642	586	628	8360
PA	1527	1672	1681	1505	1670	1617	1404	1385	1204	1310	1151	1304	17430
Mamawetan	76	56	42	37	46	63	54	56	44	65	74	73	686
Sunrise	125	130	149	150	155	110	121	102	83	88	92	112	1417
KYRHA	4	6	2	1	2	2	0	5	2	2	6	23	55
Prairie North	123	144	137	192	181	153	139	154	141	158	144	155	1821
Five Hills	66	49	50	52	50	55	89	49	44	54	26	44	628
Total:	5897	5964	5907	5801	6007	5757	5550	5441	4639	5332	4861	5836	66992

[1] Saskatoon figures may appear low, data from the Saskatoon Tribal Council (STC) program are not included.

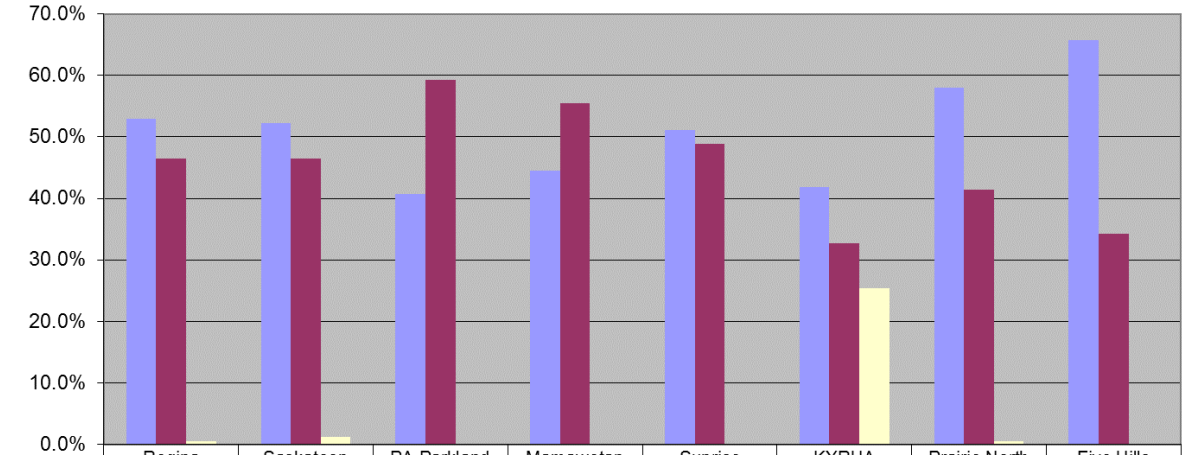
A total of 66,992 visits were made to HR programs from April 1, 2016 to March 31, 2017. Programs in Regina Region reported the highest visits, with an average of 3,049 visits per month; up from 2,917 in 2015-16. Prince Albert followed with an average of 1,452 visits per month; up from 1,397 in 2015-16.

5.2.1: Visits by Gender

In 2016-17, visits were nearly equally distributed between male (49.9%) and female clients (49.7%). 0.4% did not declare gender or identified as transgender.

However, as seen below, visits by gender varied between regions. For example, in PA, female clients made up 59.2% of visits and male clients 40.8%, while in Five Hills, 65.8% of visits were made by male clients and 34.2% made by female clients.

Figure 5.2.1: Harm Reduction visits (N=66,992) by Gender and Regional Health Authority, 2016-17

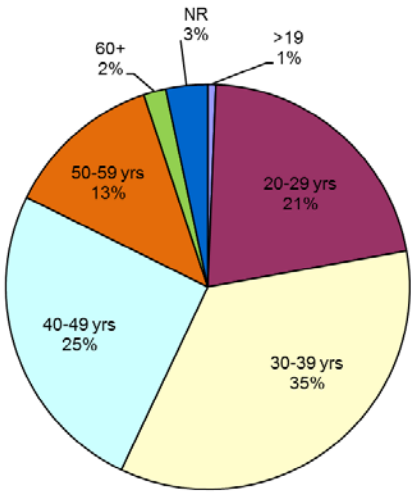


	Regina	Saskatoon	PA Parkland	Mamawetan	Sunrise	KYRHA	Prairie North	Five Hills
Male	53.0%	52.3%	40.8%	44.5%	51.1%	41.8%	58.0%	65.8%
Female	46.5%	46.5%	59.2%	55.5%	48.9%	32.7%	41.4%	34.2%
Other/NR	0.5%	1.2%	0.0%	0.0%	0.0%	25.5%	0.5%	0.0%

[1] Other/Not Recorded (NR) represents visits for which gender was not declared or the client identified as transgender.

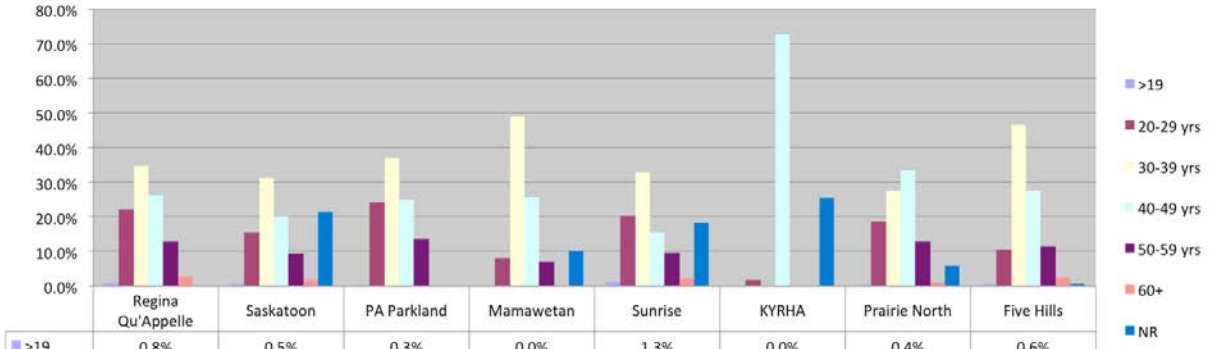
5.2.2: Visits by Age

Figure 5.2.2a: Percentage of total visits (N=66,992) by Age, 2016-17, N=66,992



In 2016-17, 35% of visits were by people aged 30-39 years, 25% were 40-49 years and 21% were 20-29 years old. Those less than 20 years accounted for 1% of total visits. This demographic pattern of client visits remains consistent with 2015-16 data. **Figure 5.2.2b** describes HR program use by client age and regional health authority.

Figure 5.2.2b: Percentage of visits (N=66,992) by Age and RHA, 2016-17

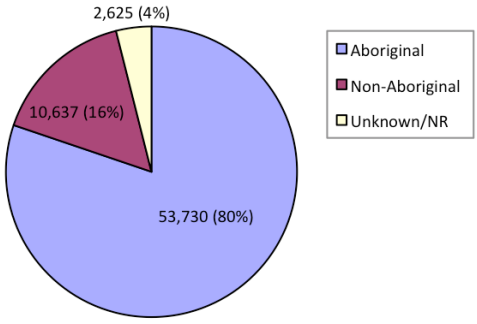


	Regina Qu'Appelle	Saskatoon	PA Parkland	Mamawetan	Sunrise	KYRHA	Prairie North	Five Hills
>19	0.8%	0.5%	0.3%	0.0%	1.3%	0.0%	0.4%	0.6%
20-29 yrs	22.2%	15.6%	24.2%	8.0%	20.3%	1.8%	18.7%	10.7%
30-39 yrs	34.8%	31.1%	37.0%	49.1%	32.9%	0.0%	27.5%	46.5%
40-49 yrs	26.4%	20.1%	24.9%	25.7%	15.5%	72.7%	33.6%	27.5%
50-59 yrs	13.0%	9.5%	13.7%	7.0%	9.5%	0.0%	12.9%	11.5%
60+	2.7%	1.8%	0.0%	0.0%	2.1%	0.0%	1.0%	2.5%
NR [1]	0.0%	21.4%	0.0%	10.2%	18.3%	25.5%	5.9%	0.6%

[1] Not Recorded (NR) represents visits for which age was not reported at site visits.

5.2.3: Visits by Ethnicity

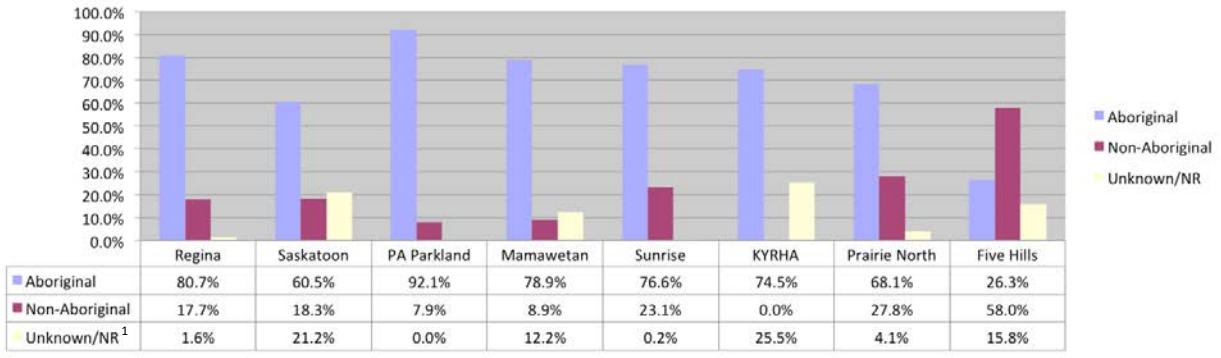
Figure 5.2.3a: Ethnic Origin of Clients



In 2016-17, 80% of the 66,992 visits were by persons self-identifying as of Aboriginal ethnicity (note: includes First Nations, Metis - does not specify Treaty status).

The figure below (**Figure 5.2.3b**) shows the percentage of visits and self-reported ethnicity by each RHA. The percentage of visits by individuals of Aboriginal ethnicity is significantly higher than those reporting non-Aboriginal ethnicity in all health regions except Five Hills.

Figure 5.2.3b: Percentage of visits (N=66,992) by Self-Reported Ethnicity and RHA, 2016-17



	Regina	Saskatoon	PA Parkland	Mamawetan	Sunrise	KYRHA	Prairie North	Five Hills
Aboriginal	80.7%	60.5%	92.1%	78.9%	76.6%	74.5%	68.1%	26.3%
Non-Aboriginal	17.7%	18.3%	7.9%	8.9%	23.1%	0.0%	27.8%	58.0%
Unknown/NR [1]	1.6%	21.2%	0.0%	12.2%	0.2%	25.5%	4.1%	15.8%

[1] Unknown/Not Recorded (NR) represents individuals for which ethnicity was not reported at program visits.

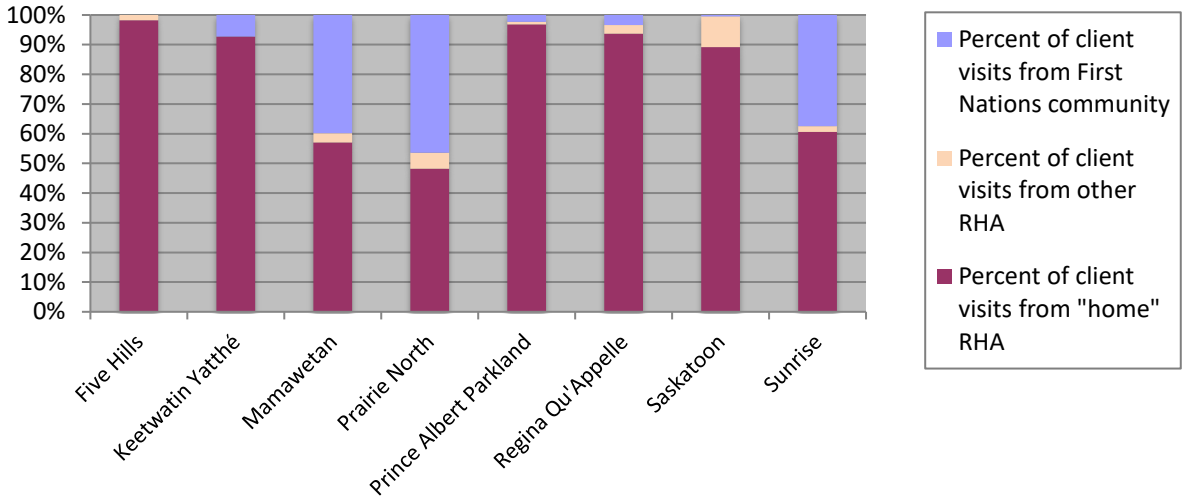
Significant differences in regional representation of catchment areas are reported between programs. Mamawetan Churchill River, Prairie North, and Sunrise report a substantial proportion of clients from First Nations communities, while the other regions report utilization of HR programs primarily by home-region clientele.

Table 5.3: Region of Residence by Location of Service for Harm Reduction Program, 2016-17, N=65,560

Region of Residence	Harm Reduction Region of Service							
	Regina Qu'Appelle[1]	Prince Albert Parkland	Mamawetan	Saskatoon[2]	Keewatin Yatthé	Five Hills	Sunrise	Prairie North
Percent of client visits from "home" RHA	93.6%	96.8%	57.0%	89.2%	92.7%	98.2%	60.6%	48.2%
Percent of client visits from other RHA	3.0%	0.9%	3.2%	10.3%	0.0%	1.8%	1.9%	5.4%
Percent of client visits from First Nations community[3]	3.5%	2.3%	39.8%	0.5%	7.3%	0.0%	37.5%	46.4%

[1] Regina counts secondary distribution in their region of residence, i.e. if one person visits the site and requests needles to take back to their home/community for other individuals.
[2] Saskatoon reports on discrete visits instead of total visits. As such, region of residence was not reported for 1566 visits.
[3] Some clients from a FNs community may also be from the "home" RHA.

Figure 5.3: Region of Residence by Location of Service for Harm Reduction Program, 2016-17, N=65,560



Notes:
1. Regina counts secondary distribution in their region of residence, i.e. if one person visits the site and requests needles to take back to their home/community for other individuals.
2. Saskatoon reports on discrete visits instead of total visits. As such, region of residence was not reported for 1566 visits.
3. Percentages include Not Reported Region of Residence in the denominator.

Objective 6: To reduce opioid overdose deaths and health-related harms.

Indicator 6.1: Annual Take Home Naloxone kits distributed and individuals trained.

As part of an initiative to prevent harm caused by opioids, six Regional Health Authorities, with funding from the Ministry, implemented a Take Home Naloxone (THN) Program in November 2015. Naloxone is an antidote to opioid overdose and can prevent death or brain damage from lack of oxygen during an opioid overdose.

Saskatchewan residents who are at risk of an opioid overdose and successfully complete overdose prevention, recognition and response training are eligible for a THN kit.

In 2016-17, THN kits were available free of charge in Saskatoon, Regina, North Battleford, Prince Albert, Kamsack and Yorkton. In 2016-17, more than 140 THN kits were distributed to Saskatchewan residents at risk of an opioid overdose. A breakdown of THN kit distribution by health region can be found in **Table 6.1**.

Table 6.1: Naloxone Kits Distributed by Regional Health Authority, 2016-17

Health Region	Naloxone Kits Distributed
Regina Qu'Appelle	12
Saskatoon	80
PA Parkland	12
Sunrise	33
Prairie North	7
Total	**144**

Note: Does not include THN kits distributed in First Nations communities

Friends and family of people who use opioids are also encouraged to be trained, as they may witness an overdose. In 2016-17, 413 people received the overdose recognition and response training.

APPENDIX A

Figure 1: Map and location of provincially-funded Harm Reduction Programs

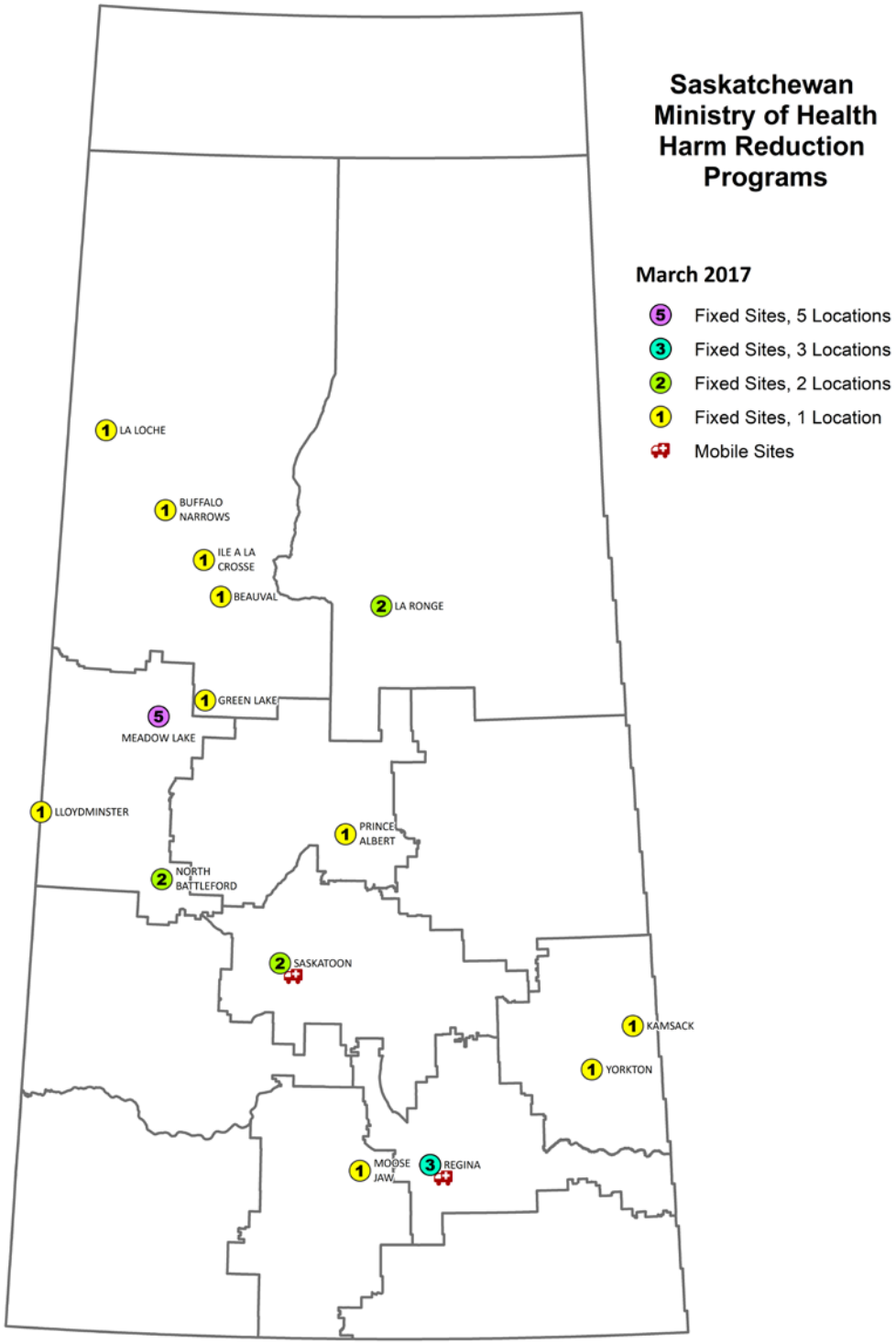


Table 1: Provincially-funded Harm Reduction Program locations, as of March 31, 2017

Community or Former RHA	Sites
Regina • **1 mobile**	Public Health (downtown)
	Carmichael Outreach
	AIDS Programs South Sask.
Saskatoon • **1 mobile**	Saskatoon Sexual Health Clinic
	AIDS Saskatoon
Prince Albert	Access Place - Sexual Health Clinic
Moose Jaw	Moose Jaw Public Health
Prairie North	Battlefords Sexual Health Clinic
	North Battleford Public Health
	Meadow Lake Public Health (2)
	Meadow Lake Hospital ER
	Door of Hope Clinic, Meadow Lake (once per week)
	Meadow Lake Primary Health Care Centre (once per week)
	Lloydminster Public Health
La Ronge	La Ronge Health Centre
	Scattered Site Outreach
Keewatin Yatthé	La Loche Health Centre
	Buffalo Narrows Health Centre
	Ile a la Crosse Public Health
	Green Lake Health Centre
	Beauval Health Centre
Sunrise	Yorkton Public Health (SIGN bldg)
	Kamsack Hospital
TOTAL	**24 fixed; 2 mobile**

Note: Range of services offered at each site varies depending on hours of operation, staffing, etc.

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Limitations & Technical Notes

A number of important considerations should be made in interpretation of the findings presented herein.

- All data reflecting usage of and services provided by provincially funded HR programs are based on self-reported data submitted annually to the Ministry of Health. Data collection and management processes between RHAs and individual HR programs within RHAs may vary.
- Findings presented do not include HR services provided by the Saskatoon Tribal Council, which provides services to a significant number of clients in the Saskatoon area. As such, usage of HR programs in Saskatoon Health Region is likely to be underrepresented in this report.
- Data does not include information on programs that are not provincially funded.
- Data does not reflect number and description of unique individuals served by HR programs.
- Variations in drug use across Saskatchewan could impact on visits.