

**Needs Assessment of  
People Who Inject Drugs, St. John's, NL<sup>©</sup>**

**Prepared for**

AIDS Committee of Newfoundland and Labrador

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The views expressed in this report do not necessarily reflect the views of the Public Health Agency of Canada, the AIDS Committee of Newfoundland and Labrador, the Health Research Unit, Memorial University of Newfoundland, or the Addictions Treatment Services Association.

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## Executive Summary

The purpose of this needs assessment was to explore the extent and type of injection drug use in St. John's, Newfoundland and Labrador, to determine what services were most needed, and to identify the barriers, if any, to health, health services, and harm reduction information in the injection drug use community.

The needs assessment was part of a larger project entitled "*Reaching Injection Drug Users in St. John's, NL*" funded by the Public Health Agency of Canada. The overall goal of the parent project was to reduce the risk of Human Immunodeficiency Virus (HIV) and Hepatitis C virus (HCV) infections among people injecting drugs (PIDs) in St. John's.

In December 2004, work began on identifying research objectives, establishing the research design, and identifying community partners. The investigators with the community partners developed a research protocol that the Research Ethics Board of Memorial University and the Research Proposals Approvals Committee of the Health Care Corporation of St. John's later reviewed and approved.

From June to December 2005, data were collected using a survey, individual and focus group interviews, and a supplementary environmental scan. These data were analyzed and our initial findings were presented at a one-day community forum on March 3, 2006. The purpose of the forum was to transfer knowledge, to solicit feedback, and to identify recommendations for action from the St. John's public, the media, stakeholders and study participants. All data collected were re-examined and incorporated into this report.

This needs assessment revealed that:

- Injection drug use is a multi-dimensional community concern that demands a multi-faceted community response;
- Men aged 18-24 years with some high school education and limited social resources made up about half those who self-identified as people injecting drugs.
- The community of injection drug use was composed of individuals who came from a range of age groups, educational levels, living arrangements, income levels, and social backgrounds;
- People injecting drugs have complex social histories. Their relationship with drugs and to the drug use community reinforced an often pre-existing and complicated sense of detachment from themselves, their families, and the wider community of St. John's;
- People injecting drugs and their families had first hand knowledge of various aspects of the experience of drug dependence and served as knowledge brokers and links to the community of drug use;
- Stereotypes about injection drug use existed among health professionals, service providers and people who inject drugs. Negative labelling and the faulty belief that individuals choose a life of drug dependence stigmatized people who inject drugs as

- less deserving of health or health care services than other members of the St. John's community;
- There were varying levels of awareness among front-line workers and service providers of the nature and extent of injection drug use in St. John's;
  - There were varying levels of awareness about the harm reduction approach to injection drug use among front-line workers, service providers, and people who inject drugs;
  - Four programs provide valued services specifically for people who inject drugs. Location and limited hours of operation were obstacles to accessing harm reduction information and using safer sex and safer injection practices;
  - There were few explicitly defined linkages across dedicated and partner programs and services and social support services to assist front-line workers who want to support people injecting drugs in navigating the system; and
  - There were gaps in treatment options for persons choosing recovery from drug dependence.

Recommendations for future research and actions include:

- Disseminating public education and information regarding injection drug use as a multi-dimensional community concern;
- Increasing education and social support for adolescents and young adults;
- Designing or revising and delivering continuing education opportunities to enhance awareness among health professionals, community organizations, and policy makers about injection drug use, and individual and institutional harm reduction strategies;
- Establishing formal links across dedicated, partner, and social support services in St. John's to address the health and social needs of a diverse population of people injecting drugs and their families;
- Drawing on the expertise of people who inject drugs and their families when developing, delivering, and evaluating programs and services;
- Providing provincial funding to AIDS Committee of Newfoundland and Labrador to expand services for people injecting drugs;
- Assessing province-wide public perceptions of harm reduction strategies to provide evidence for policy decisions; and
- Expanding the *Reaching Injection Drug Users* study to perform a province-wide needs assessment that will provide direction for coordinating and improving existing programs and services and, where necessary, establish new programs and services.

## Introduction

Injection drug use and associated negative health and social outcomes have received national, regional, and local media and research attention.

The 2004 release of the Oxycontin Task Force Final Report brought intense focus on drug use and injection drug use in the province.<sup>[1]</sup> Three major studies prepared for Health Canada confirmed the link between injection drug use and the transmission of Human Immunodeficiency Virus (HIV) and Hepatitis C Virus (HCV) infections.<sup>[2-4]</sup>

These and other studies point to the other negative outcomes for people injecting drugs (PIDs), their families, and the communities in which they live.<sup>[5-7]</sup> (Refer to Appendix A for a glossary of terms and Appendix B for a list of acronyms used in this report.)

Historically, the health needs of people injecting drugs have been difficult to assess because of the illegal nature of the injection drug use and the negative societal view of PIDs and the drug community in general.<sup>[5]</sup> The same was true of St. John's, Newfoundland and Labrador where the injection drug community has been difficult to reach.

In spring 2004, the AIDS Committee of Newfoundland and Labrador (ACNL) received funding from the Public Health Agency of Canada for a project titled "*Reaching Injection Drug Users in St. John's, NL*" also known as the RIDU Project. The overall goal of the RIDU project was to reduce the risk of HIV and HCV infections among PIDs in St. John's.

One component of the RIDU project was a needs assessment of PIDs in St. John's. In the fall 2004, ACNL retained the services of the Health Research Unit (HRU) of Memorial University of Newfoundland (MUN) to conduct the needs assessment described in this report.

In December of that year, Linda Longerich, the manager of the HRU and Dr. Diana L. Gustafson, a health researcher at MUN met with Tree Walsh, the RIDU Project Coordinator of ACNL to discuss the research objectives, establish the research design, and identify community partners who would support our access to potential study participants.\*

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\* The members of the investigator team shifted over the course of the project: Fran Keough assumed the role of RIDU Coordinator in the spring 2005 as Tree Walsh moved into a new role as Harm Reduction Coordinator. Ann Ryan assumed the role of manager of HRU when Linda Longerich retired in the fall 2005. All contributed to the success of the project.

The three objectives of the needs assessment were to:

- explore the extent and type of injection drug use in St. John's;
- determine the most needed services; and
- identify the barriers, if any, experienced by PIDs to health, health services, and harm reduction information.

This report documents our 18-month study. We begin with a brief overview of the national and regional prevalence of injection drug use and HIV/HCV infections, and the harm reduction approach to injection drug use adopted by ACNL. This information served as the starting point for our investigation and provided the broader context for our findings. The report details our mixed-methods research design followed by our three key findings:

- the diverse population of people injecting drugs in St. John's
- several barriers to health for PIDs including
  - persistent stereotypical image of the PID;
  - varying awareness of the extent of injection drug use in St. John's;
  - varying awareness of harm reduction approach to injection drug use;
  - discrepancy among PIDs between awareness and use of safer practices; and
- the limited formalized network of health-related and social programs and services for PIDs

These multi-dimensional findings served as the basis for the team's recommendations for community action and future research.

## **Literature Review**

This section provides a brief overview of the prevalence of injection drug use and HIV and HCV infections in Canada and the Atlantic provinces. An overview of literature about harm reduction follows. This information served as our starting point and provided the broader context for collecting and analyzing our findings.

### Injection Drug Use in Canada

Estimates of the number of PIDs in Canada in 2002 range from 75,000 to 125,000.<sup>[4]</sup> Because of the illegal nature of injection drug use, the stigma associated with injection drug use, and the challenges of collecting accurate information from PIDs, precise figures are difficult to establish.<sup>[3]</sup>

Injection drug use can be estimated by the demand for addiction treatment services.<sup>[2]</sup> Estimates can also be calculated using risk factor data such as the number of reported HCV and HIV cases.<sup>[2]</sup> For example, maximum estimates of the number of PIDs are

calculated on the assumption that only 30% of HCV cases have been diagnosed and reported.<sup>[2]</sup>

One valuable source of nation-wide information about injection drug use comes from a discussion paper prepared for Health Canada.<sup>[3]</sup> This paper reported on a nation-wide study of HCV prevalence rates and injection drug use. Questionnaires and interviews were used to collect data from service providers from needle exchange programs, AIDS service organizations, RCMP drug awareness officials, addiction treatment services representatives, and officials from the Hepatitis C Society of Canada, and the provincial health authorities.

Quebec, Alberta, and British Columbia have rates of injection drug use above the national average while the Atlantic provinces have rates that are significantly lower than the national average.<sup>[6]</sup>

PIDs tend to be concentrated in urban areas with Vancouver, Toronto, and Montreal described as the nation's hotspots although rural communities in most provinces also report injection drug use.<sup>[3]</sup> It is unclear to what degree these higher prevalence rates may be related to increased surveillance in larger cities that offer more services including testing.

The common depiction of a PID is a young, unattached male who is not fully employed and who has a low income and limited social resources. While this image represents a significant portion of the injection drug use community,<sup>[3-4]</sup> there is less explicit attention to the diversity within the drug use community.

For example, national and regional studies report a 3:1 ratio of male to female PIDs. This indicates that approximately one fourth of those who inject drugs in Canada are women.<sup>[2-3]</sup> There is also wide variation in age among PIDs. The mean age for men is their early 30s and for women, their late 20s.<sup>[3]</sup>

Although the highest rates of injection drug use in Canada occur among high school dropouts, statistics indicate that PIDs have a wide range of educational levels.<sup>[3]</sup>

### Injection Drug Use in Atlantic Canada

Atlantic Canada reports injection drug use that is significantly lower than the national average. Nova Scotia and New Brunswick represent the regional hotspots in Atlantic Canada.<sup>[2]</sup>

The prevalence rates for injection drug use in Atlantic Canada are greater among males than among females but the rates among females are increasing.<sup>[2]</sup> This trend was also observed at the national level.<sup>[3]</sup>

Most PIDs in Atlantic Canada range in age from 18 to 44 years. While the distribution in each province varies slightly, the 25-34 age group emerged as either the first (43%) or second (48%) most common age group across the Atlantic region.<sup>[2]</sup> It was unclear if this was a generational or a period effect. In other words, it was not known if these groupings would shift as this generation of PIDs aged or if injection drug use peaked in these age groups over time.

The same education trend observed at the national level was also seen in the Atlantic Provinces. Most PIDs (78%) in the Atlantic region have not completed high school.<sup>[2]</sup> This source did not state how the PID population compared to the population as a whole in educational achievement.

PIDs in Atlantic Canada are predominantly white (76%). When Aboriginal (39%) and Inuit (4%) categories are combined, indigenous populations rank second, followed by Blacks (40%).<sup>[1]</sup> Here again, the source document did not provide information about how these percentages compared with the race/ethnicity composition of the overall Atlantic population.

Although injection drug use is concentrated in urban areas, it is also present in Atlantic Canada's rural areas. One important difference between these settings is that drugs can easily be obtained from a stranger on the street in urban areas whereas PIDs in rural settings must be more intimately involved with the injection drug using community to source their supply of drugs.<sup>[2]</sup>

In 2002, estimates of the number of PIDs in Newfoundland and Labrador ranged from 161 to 537 and were calculated on the number of cases for which risk factor data were available.<sup>[2]</sup> Estimates in 2005 increased to 573.

St. John's was identified as the provincial hotspot.<sup>[6]</sup> although the exact number of PIDs in St. John's is not known.

### Prevalence of HIV/AIDS and HCV in Canada

Every year, there are more new cases of HIV and HCV infections reported in Canada.<sup>[6]</sup> These rates may not reflect the actual number of cases of HIV and HCV infections because of the under testing and under reporting that exists across the country. Studies indicate that about one-third of the people infected with the HCV are unaware of their status because they have not been tested.<sup>[7]</sup>

The number of persons infected with HCV in Canada was estimated to be 240,000 or 0.8% of the total population, 0.96% in males and 0.53% in females.<sup>[8]</sup> In 1998, it was estimated that approximately 4,000 new infections would occur each year.<sup>[8]</sup>

A 2005 study reported that over 55,000 Canadians (1 in 620) are living with HIV.<sup>[7]</sup> Although survival rates are improving, deaths related to AIDS continue to increase.<sup>[9]</sup>

Recent estimates indicate that 5,000-10,000 people in Canada are co-infected with HCV and HIV.<sup>[7]</sup>

PIDs are highly vulnerable to HIV and HCV infections and other health problems.

Some studies suggest that as many as 65% of PIDs are infected with HCV with 10-15% of these co-infected with HIV.<sup>[10]</sup>

In 2002, 30% of new infections were among PIDs. This was a slight decrease from 34% observed in 1999.<sup>[6]</sup> One possible explanation for this decrease may be greater awareness of and emphasis on harm reduction strategies.<sup>[11]</sup>

### Prevalence of HIV/AIDS and HCV in Atlantic Canada

Rates of positive HIV/HCV tests are lower in the Atlantic provinces than the national average.<sup>[5]</sup> While under testing and under reporting of HIV and HCV are a nation-wide issue, estimates for Newfoundland and Labrador may be less representative than elsewhere. Anecdotal evidence suggests that some residents go out of province to be tested and therefore, positive tests of our residents may not be attributed to our province.

The total number of reported HCV cases is greater than the number of reported HIV/AIDS cases in each Atlantic province with higher prevalence rates among men.<sup>[2]</sup> Those greater numbers are associated with injection drug use as a risk factor.

The same findings are true of Newfoundland and Labrador. In 2000, there were 202 reported cases of HIV/AIDS and 321 reported cases of HCV. The number of HIV/AIDS cases associated with injection drug use as a risk factor was 4.1% followed by 50% of HCV cases associated with injection drug use.<sup>[2]</sup>

### Harm Reduction and Injection Drug Use

Harm reduction is a public health concept that aims to lower the health consequences resulting from certain behaviours. As an approach, harm reduction is considered one of the most effective tools for addressing the health and social problems related to risky activities.<sup>[12-22]</sup>

The harm reduction model assumes that people take risks as a normal part of every day life. A risky activity is any behaviour that exposes an individual to the possibility of unpleasant or dangerous outcomes including personal loss, injury, illness, or death. Some activities entail more and different risks than others. Injecting drugs is one example of risky behaviour.

People become harmfully involved in substance use for many social, economic, physical health, mental health, and personal reasons.<sup>[16-18,21-22]</sup>

Some people are more vulnerable or have less capacity than others to manage risks effectively. Factors such as poverty, racism, homophobia, social isolation, past trauma, and other social inequities can affect an individual's vulnerability to and capacity for dealing effectively with risk. The harm reduction model works by empowering individuals to better manage their own health risks.<sup>[12-14, 16-17,19]</sup>

Harm reduction is a non-judgemental and non-coercive approach that respects, honours, and supports an individual's ability to make decisions. One of these decisions may be to use drugs or to engage in other higher-risk behaviours.

Rather than a focus on stopping the risky activity, as is the case with the abstinence model, the goal of harm reduction strategies is to minimize the harmful effects of injection drug use.

People who inject drugs face a number of harmful health effects that are directly and indirectly associated with drug use. There is the direct risk of contracting and transmitting HIV and HCV by sharing needles and other drug paraphernalia or unsafe disposal of needles.<sup>[2-7]</sup> There is an indirect risk of transmitting blood borne infections through unsafe sex practices.<sup>[2-7]</sup> There is the risk of drug dependence<sup>[20,22]</sup> and drug overdose and potential death<sup>[17,20]</sup>

The harm reduction model intends to empower individuals to manage their own health risks.<sup>[12,14,17-18,20-22]</sup> Harm reduction strategies encourage people to build strengths, gain a sense of confidence and move from a state of chaos to a state of control. This approach begins by providing accurate and timely information about injection drug use to everyone – PIDs and non-PIDs alike.

Vancouver, BC is the national leader for delivering and evaluating harm reduction strategies. ACNL has operated from a harm reduction philosophy since it first opened. The needle exchange program was one of St. John's first harm reduction strategies initiated in the early 1990s.

Providing services such as needle exchange creates the opportunity for sharing information about safer sex practices and safer injection practices and offering health services such as voluntary infectious disease testing and appropriate infectious disease treatment.<sup>[22]</sup>

The harm reduction model recognizes the importance of structural interventions for people injecting drugs.<sup>[12-14, 16-19]</sup> Interventions have included needle exchange programs, supervised safe injection sites, voluntary HIV/HVC and other infectious disease testing, free health care, vein maintenance, and methadone treatment programs.

### Statement of the Problem

Each province tends to have an urban hotspot and St. John's is the hotspot for injection drug use in this province.<sup>[2]</sup>

Injection drug use can be estimated on the demand for addiction treatment services. According to the manager of Addictions Services, Eastern Health, approximately 1,200 people access outpatient and recovery centre services annually. A significant percentage of that group may be at risk for blood borne infections transmitted through injection drug use.

The province has seen a 17% increase in new HIV infections in 2005. Four percent of these new cases are directly attributable to injection drug use with another 48% of infections indirectly attributable to injection drug use such as having sex with a PID who is HIV positive.<sup>[2]</sup>

ACNL is committed to the principles of harm reduction and identified PIDs as an important population to serve. They established some dedicated services to meet the health and information needs of PIDs in St. John's.

ACNL identified the need for current information about the extent of drug use in St. John's and the obstacles, if any, to health care services and harm reduction information. These data were needed to provide direction for the development of an evidence-based strategic plan for harm reduction in the St. John's drug community.

### Purpose of the Needs Assessment

The purpose of this needs assessment was to provide ACNL and other key community stakeholders with a better understanding of the needs of PIDs in St. John's and the information upon which these organizations might plan appropriate health promotion programs and harm reduction strategies.

The needs assessment also intended to inform other community stakeholders, policy makers and members of the public about the nature and extent of injection drug use and the local programs and services currently available and those still needed to support the complex health needs of PIDs and their families.

### Research Objectives

This needs assessment was conducted by a small research team comprised of university-based researchers and research assistants working in partnership with the RIDU Project

Coordinator of ACNL, and with the support of front-line workers and administrators in community agencies. The coordinator of the RIDU project was in regular contact with the Community Advisory Committee<sup>†</sup> who oversaw the progress of the work.

The objectives of this needs assessment were to:

- Describe the characteristics of the drug use community in St. John's;
- Identify the barriers, if any, to health, health services and harm reduction information for PIDs in St. John's; and
- List the existing and most needed health services from the perspective of PIDs and other key informants.

### **Research Design and Methods**

The project was a mixed methods (quantitative and qualitative) design. The design included:

- A survey of people who inject drugs;
- Focus groups and individual key informant interviews with PIDs, their families, front-line workers, service providers, and other stakeholders;
- A supplementary environmental scan to identify available services for PIDs in St. John's and surrounding area; and
- A one-day community forum to share initial findings and gather feedback from participants, community partners, key stakeholders, and the public.

This study was reviewed and approved by the Research Ethics Board of Memorial University (Human Investigation Committee) in March 2005. In June 2005, the study also received the approval of the Research Proposals Approvals Committee of the Health Care Corporation of St. John's). Many community partners assisted with advertising and recruiting participants (See Appendix C).

#### Survey

A survey was conducted to determine attitudes, knowledge, and practices of current and former injection drug users in St. John's.<sup>‡</sup> In particular, the survey asked questions about drug habits, range of risk-taking behaviours, and health care service utilization. To better describe the St. John's population of PIDs, the survey also collected demographic data

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<sup>†</sup> The Community Advisory Committee included (in alphabetical order) representatives of the Choices for Youth, Community Youth Network, Eastern Health (Recovery Centre), Independent Living Resource Centre, John Howard Society, NL Positive People Network, Royal Newfoundland Constabulary, St. John's Women's Centre, Stella Burry Community Services, Turnings, PIDs and concerned community members.

<sup>‡</sup> For a copy of the survey or the dataset, contact the lead investigator.

relating to age, gender, sexual identification, race/ethnicity, education, living arrangements, and income source.

Current and former PIDs were recruited through partner community agencies. Persons working at the agencies identified potential participants and approached them about the study and provided them a copy of the survey, and a stamped envelope addressed to the HRU. In some cases, potential participants included youth if service providers determined that a youth met the criteria of an “emancipated” or mature minor, that is to say, a person under the age of 19 years and living independently.<sup>§</sup> Potential participants were told that if they decided to participate, they were to place completed surveys in the envelope and mail it directly to the HRU. Completion of the survey implied consent.

No names or identifying information were attached to the survey and use of the direct mail envelope ensured that participating community agencies were unaware of who completed and returned surveys.

Over a three-month period, the researchers distributed 250 surveys and collected 29 surveys. Staff coded the quantitative survey data and entered it into an Epi Info database. The team used Epi Info and Microsoft Excel to analyze the information. In addition, staff transcribed handwritten comments and this information was analyzed with the qualitative data.

#### Focus Group and Key Informant Interviews

In the summer and fall 2005, individual and focus group interviews were conducted to find out what kinds of programs and services were needed by PIDs and what kinds of problems, if any, PIDs faced in accessing harm reduction information and health care services.

Our community partners assisted the team in recruiting potential participants. We provided our partners with information sheets to distribute and flyers to post. Flyers were also posted in various downtown locations such as coffee shops and the bathrooms of pubs and bars. Flyers were also posted on bulletin boards in pharmacies, corner stores, doctors' offices, and the hospital clinics and emergency departments. The local print and broadcast media ran ads we provided.

Potential participants contacted the RIDU Coordinator at ACNL to receive more information about the study. Participants were selected based on their knowledge of and interaction with PIDs in St. John's. All focus group and individual interviews were scheduled at a mutually agreeable date, time and place. Prior to commencing the interviews, investigators reviewed the study information with participants and provided an opportunity for questions and answers. All interviewees signed the Consent to

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<sup>§</sup> The status of participants was confirmed in the survey which asked about living arrangements and year of birth. All completed surveys met the criteria and were included.

Participate. Some participants were compensated for travel or child care expenses to attend the interview or focus group up to \$20 per person.

The investigators conducted nine focus groups interviews with two to five persons per group totalling 34 individuals. A diverse group of individuals participated including nurses, street workers, government agency workers, health policy makers, individuals working in community agencies and in the judicial system, persons self-identifying as current and former PIDs, and partners and family members of PIDs. The team was unable to recruit any physicians, pharmacists, or downtown business owners.

The investigators also conducted 22 individual interviews including five with service providers and other key informants, two with family members, and 15 with PIDs including some of whom were incarcerated at the time of the interview.

Focus groups lasted 60-90 minutes; individual interviews lasted 30-120 minutes. All interviews were semi-structured following a protocol that covered relationship to people injecting drugs, knowledge and attitudes toward harm reduction, and perceived barriers to the health of PIDs. All interviews were audio taped, transcribed, coded, and analyzed by hand using Mauthner and Doucet's (1998) voice-centred relational analysis.

#### Environmental Scan of Programs and Services

An environmental scan was conducted to identify about the programs and services available to PIDs in St. John's and to supplement and confirm information generated by the survey and interviews.\*\* The scan involved a selective search of the phone directory, internet, and library resources. Details about the programs and services were confirmed in telephone communication with identified community contacts and other ACNL connections across the province.

#### Community Consultation

A one-day community forum was held on March 3, 2006 to share initial findings and solicit feedback and identify recommendations for action. The forum was attended by 38 individuals representing community agencies and key stakeholders, family members, study participants, and members of the St. John's public. Representatives from the print and broadcast media were also in attendance. A panel discussion that included PIDs could not be rescheduled when a snowstorm required postponement of the event.

A presentation of the study objectives and key preliminary findings was followed by a brief question and answer period. Break out sessions were facilitated by a professional facilitator. Key findings were validated, other concerns were raised, and a preliminary list

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\*\* A comprehensive environmental scan is underway and will be released by Public Health Agency of Canada later this year.

of recommendations for future action was generated. These data were incorporated into the final analysis.

### **Significance of the Needs Assessment**

This study responds to the lack of scientific documentation concerning the attitudes, knowledge, and practices of PIDs in St. John's. These data provide a rich description of the everyday experiences of PIDs. The data revealed the complex challenges faced by PIDs, their families, and front-line workers in accessing health care services and harm reduction information.

This report also reveals that injection drug use is a multi-dimensional community problem that requires the coordination of multiple stakeholders committed to the principles of harm reduction. Therefore, this report serves as a significant starting point from which to plan future province-wide research projects that investigate community-based harm reduction strategies for addressing the health needs of PIDs and their families.

### **Limitations of the Needs Assessment**

We acknowledge the following limitations related to the research design and recruitment:

- These findings are only applicable to St. John's, and may not be generalizable to other populations or regions;
- These findings may not be representative of the PID population in St. John's. Three groups were not included:
  - Individuals who self-excluded because they were reluctant to discuss their drug use for fear of stigmatization;
  - Youth under the age of 19 years who are not emancipated minors and therefore did not meet our inclusion criteria; and
  - Individuals who did not access services provided by health care or community agencies and therefore, were unaware of our study.
- These findings did not include input from physicians, pharmacists, or members of the business community. Lack of financial remuneration was cited as a reason for non-participation in some cases where a reason was offered;
- The input from health policy makers and government officials was limited; and
- The low response rate to the survey questionnaire does not allow us to draw any statistical conclusions.

### Characteristics of People Who Inject Drugs in St. John's

This section describes the characteristics of PIDs in St. John's based on our survey data.

The sample population that responded to the survey questionnaire (n=29) was predominantly heterosexual males with over half of the participants having less than a high school level education. Our findings relating to gender and level of formal education were consistent with national and regional findings.<sup>[1, 2, 4, 7]</sup> Our respondents were predominantly white and tended to be younger than the national and regional data suggest.

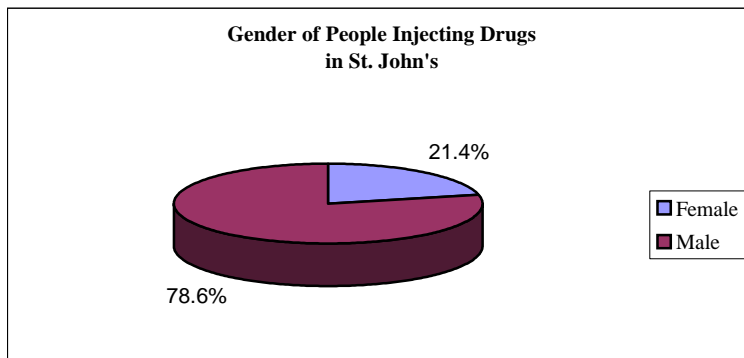
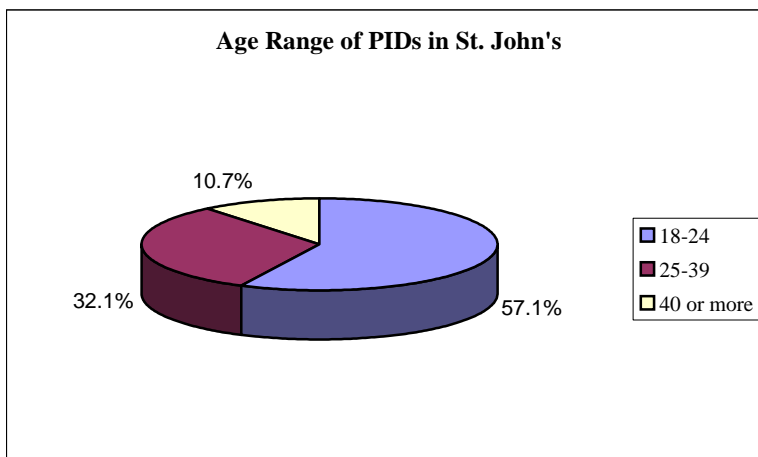


Figure 1 shows the gender of PIDs in the St. John's study. Males outnumbered females in our study sample population which approximates the national 3:1 ratio of male to female.<sup>[1]</sup>

**Figure 1.** Gender of PIDs in St. John's survey (n=29)

The most common age range of PIDs in our sample population was 18-24 years. (See Figure 2). National figures indicate that most PIDs fall in the 25 to 34-age range category followed by the 18 to 24-age category at 35%.<sup>[2]</sup>

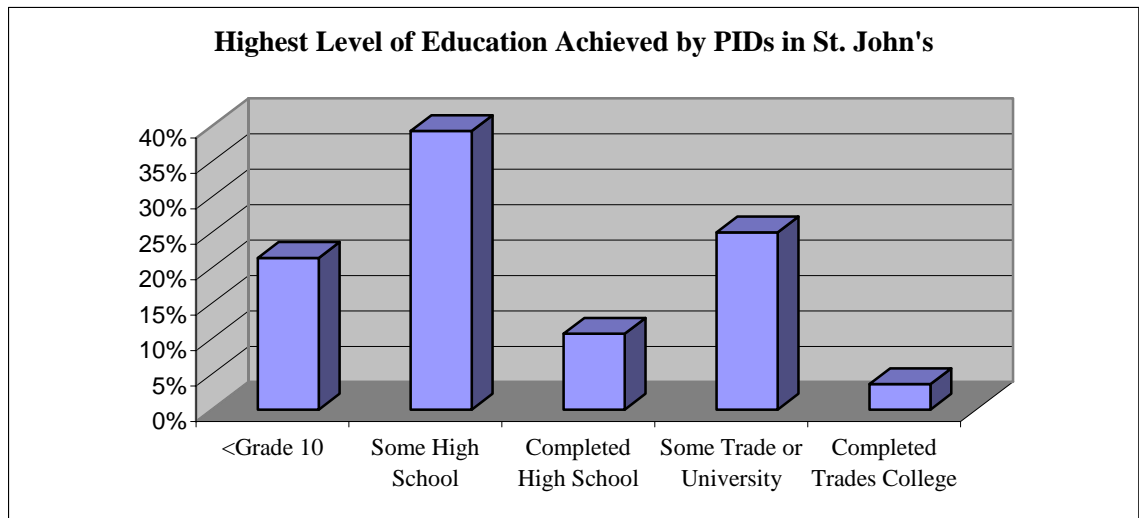


The difference in our finding may be related to selection bias inherent in our sampling technique and the possibility that an unrepresentative sample of younger participants self-selected to complete the questionnaire.

**Figure 2.** Age range of PIDs in St. John's survey (n=29)

The majority (n=27) of respondents to the survey reported they were white with the remainder (n=2) who self-identified as Aboriginal or Métis. This distribution more closely reflects the ethnic background of this province which is predominantly white.

Figure 3 shows the highest education level of participants in our study. More than half (61%) of the respondents in the St. John's study had not completed high school. These findings are similar to those observed at the regional and national levels.<sup>[1, 2]</sup>



**Figure 3.** Education level of PIDs in St. John's survey (n=29)

About half of the respondents (12 of 25) who responded to this question lived in West St. John's. The other half of respondents was distributed evenly in Downtown, East, Central, Southside, and outside of St. John's. Over half the survey respondents (54%) reported that they are currently living in an apartment or house and 21% of survey respondents were female. Data collected from key informants suggests that PIDs come from rural and urban areas, from a wide range of education levels, and across the age ranges.

### **Characteristics of the Community of Drug Use in St. John's**

This section describes the characteristics of what the team calls the community of drug use in St. John's. The community of drug use is composed of four inter-related relationships:

- Relationship with the drug
- Relationship with family
- Relationship to the wider community of St. John's
- Relationship with other PIDs

Each of these four relationships is described drawing on survey data and the words of PIDs, family members, front-line workers, and other informants.<sup>††</sup> The description of these relationships has important implications for helping us understand the power of drug use and how to create and evaluate appropriate and effective services for PIDs.

Our findings support previous studies indicating that PIDs have complex social histories.<sup>[9-13,16]</sup> PIDs developed a relationship with drugs that reinforced an often pre-existing and complicated sense of detachment from themselves, their families, and the wider community of St. John's. The relationship with the drug and the relationship with other PIDs constituted powerful new attachments. These attachments were linked to risky activities that can negatively impact on the health and wellbeing of PIDs including the transmission of blood borne infections.<sup>[3,6-7]</sup>

### Relationship with the Drug

PIDs described their relationship with the drug as powerful and complicated. Almost all participants surveyed (n=29) thought that they had a drug problem (25; 86%) which was serious (26; 90%).

According to the survey respondents, the most commonly injected drugs (of the 25 respondents reporting usage in the last six months) were Oxycontin (21; 84%), Cocaine (17; 68%), Morphine (14; 56%) and Dilaudid (13; 52%). (See Figure 4). Of particular interest is the relatively high use of prescription drugs that are illegally acquired such as Oxycontin, Morphine, and Dilaudid compared to reported use of illegal drugs such as cocaine, heroin, and crack.

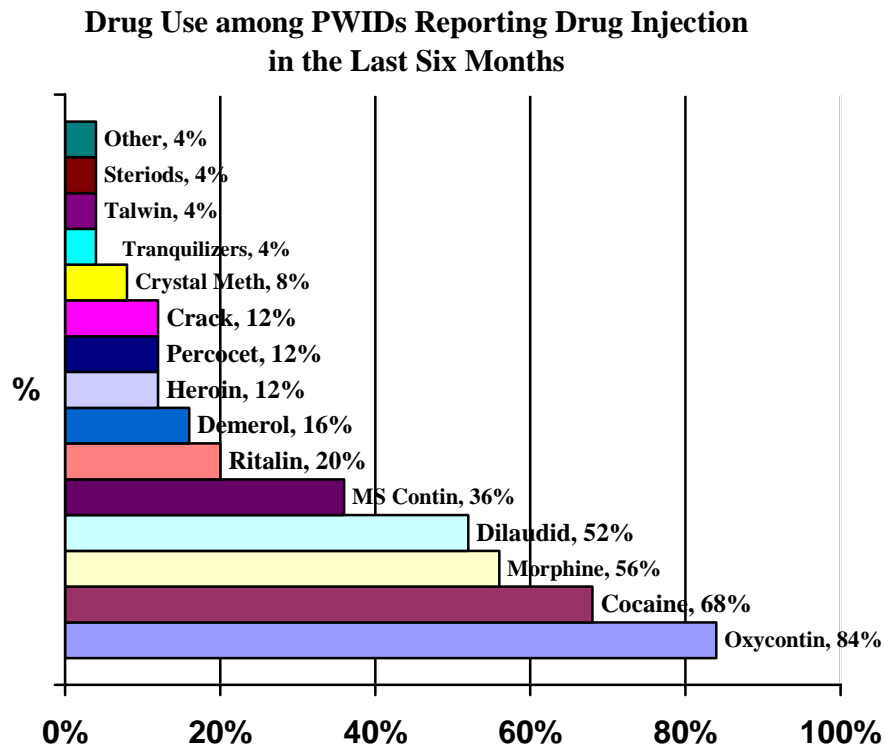
The relationship with the drug was one that PIDs desired but found difficult to manage. To maintain the relationship with the drug, PIDs engaged in behaviour that reinforced their personal confusion, feelings of worthlessness, and negatively affected their relationships with family and the wider St. John's community.

As one PID said, the primacy of the relationship with the drug changed him into someone he no longer recognized.

*They're only a tiny little pill and they can ruin your life forever, and they just cause so much pain, you know. You have no respect for yourself, no respect for others.*

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<sup>††</sup> Care was taken to remove or change details that may identify participants. Participants were categorized according to their relationship (direct or indirect) with PIDs and their comments were attributed accordingly in this report. These four groupings – front-line workers, service providers, PIDs (former and current), and family (parents, siblings, significant others) – were intended to protect the anonymity of individual participants who may be identifiable based on their job title. Refer to the glossary for more information.



**Figure 4:** Injection drug use in St. John's survey (n=25)

The loss of self-respect and respect from others was echoed by another PID who said:

*It's just like when you're prostituting, it's just like you're a garbage disposal. The men would come and dump their loads all over you and go on, and for what - for me to sit in the bathroom and stick a needle in my arm. You know, that's not living. It's surviving.*

Another participant made a similar observation about the powerful impact the relationship to drugs had on one of her family members:

*She went from a very nice, young, beautiful young girl to, really, a... really a nothing... the shell of a person in every respect: physically and mentally.*

The data revealed two distinct practices with respect to injection habits: those people who shoot up at selected locations such as home or at a friend's house; and those who shoot up, as one interviewee said, "anywhere and everywhere."

These injection habits are linked to different potential health problems.<sup>[5,7,18]</sup> Those who inject in selected locations tend to be in the presence of others and are more likely to share needle works and therefore blood-borne infections. Those who inject anywhere and

everywhere are less likely to be in the presence of someone who could respond to overdosing.

Both groups have different health needs which impact on service provision and service utilization. Studies indicate better outcomes for PIDs when supervised safe injection sites, needle exchange programs, street outreach and other such programs take these differing needs into account.<sup>[15-21]</sup>

### Relationship with Family

A common theme emerging in the surveys and in interviews with PIDs, their families and service providers was the negative impact of the relationship with the drug on the relationship with family, friends, and significant others. This finding is consistent with previous studies.<sup>[13]</sup> Almost all participants surveyed thought that they had a drug problem that negatively affected their relationship with their family and friends (25; 86%). One PID said,

*I lost my whole family because of my drug abuse.*

Family members made similar observations about the negative impact of drug use on the family.

*And I can remember saying to her a long, long time ago when she started on the streets, basically - and that the pain of your absence is far less than the pain of your presence - and its true.*

Another recalled responding to a son's drug use in a way he never imagined he could or would.

*Put him out right on the street because we felt that by driving him down to the ground, maybe we could push him down to the point where he was in so much misery that he'd come back on his own.*

The negative health impact goes beyond the individual who injects to family members who experience health problems. These problems can be expressed as physical or mental illness. One parent characterized her family's struggle to cope with her child's drug use this way.

*It got steeper and steeper and steeper. So we kind of knew that we were on a path of madness.*

After an individual goes into recovery, his or her relationship with the family does not return to the way it was before drug use. One family member said,

*Now it is to the point of I don't trust anything that she does.*

Recovery is a bumpy road with relapses and lost hope for both the PID and their family.

Families looked to establish a new normal; that is, a new balance that recognized that drug use did occur and would forever be a part of the family history. Family members and service providers agreed that a family history that includes drug use and dependence takes considerable work on everyone's part over an extended period of time to achieve a new normal. Counselling and support for current and former PIDs, their families, and significant others are consistent with a harm reduction approach.<sup>[13]</sup>

### Relationship with the Wider Community of St. John's

The difficult-to-control need for drugs and the poor or deteriorating relationships with family and others was associated with changes in the relationships that PIDs had with the wider community of St. John's.

Injection drug use put some PIDs in conflict with the legal system. The survey revealed that PIDs in St. John's engaged in illegal and unhealthy practices to sustain their relationship with drugs. Ten (34%) respondents admitted to dealing drugs as a source of income and ten (34%) respondents reported income from theft. Nineteen of 29 (66%) respondents reported being incarcerated at some time in the past. Seven (24%) reported earning income from the sex trade.

Acquiring drugs also put some at risk for physical and sexual exploitation and violence. One woman revealed her experience obtaining prescription drugs for injection.

*I'd still have to give him a blow job or sex for my prescription, which I didn't want to do, but I had to, right.*

Most participants recognized that PIDs had multiple failed or failing relationships. According to one front-line worker,

*Everything we do is relationship based, so we get to know young people at a level where, you know, there's a level of trust and, you know, they're willing to kind of tell us things that maybe they'd be a bit standoffish about if they went to say, a public health nurse, for maybe an issue that was related to their addiction.*

Building healthy relationships with PIDs is foundational to a harm reduction approach.<sup>[10-12]</sup> These relationships can be the first step to reducing the threat to the health and well-being of the user and the community as a whole.

### Relationship with Other People Injecting Drugs

Our data revealed that PIDs developed relationships with others who had a similar relationship to drugs. They described this relationship as belonging to a community: a community that failed together, taught each other, and when possible, recovered together.

Given the social, familial, and emotional losses associated with injection drug use, the relationship with other PIDs filled a need for a sense of belonging to something.

*You just come to be involved with a community in a way, right?*

PIDs shared a common history of failed relationships. Associating with others who injected drugs was perceived as a trade-off for that loss. One person put it this way:

*And they want to be around people who fail because why would you want to be around people that are succeeding.*

Some front line workers believed that PIDs were better positioned than they were to understand the challenges faced by PIDs. One said,

*It's easy to say that we understand it, but you don't understand it totally, absolutely... you can't feel it.*

A former PID described the program he wanted to see created for PIDs:

*I'd like to see a program set up with all former drug abusers who are clean and changed their lives around, going to schools, jails, hospitals, detox centres etc. ... that there is a way out. The best help that you can give a suffering addict is the help of a recovering addict.*

Some PIDs regarded themselves as well positioned to share the information with others, whether that information was about safer injection practices, safer sex practices, or options for recovery as this comment illustrates:

*I've recommended it [needle exchange] to all my friends and associates who I've come in contact with.*

A few PIDs expressed a sense of pride and self-respect in being credible sources of information for service providers and other PIDs.

*You guys [front-line workers] can even benefit from the junkies and stuff coming in here because, I mean, they can help you and tell you different things.*

*I like using my experience to help others.*

Some front-line workers agreed that current and former PIDs were a respected source of expertise about the obstacles that get in the way of safer injection practices and safer sex practices.

*I think we need to get an education from the people who are addicted.*

Family members of PIDs were also valued as a source of first hand knowledge of the challenges facing PIDs.

*She had more of an impact on those volunteers than any addictions counsellor or any person who's had any involvement with people on the street because she was real. She's lived it and she struggles with it.*

Harm reduction programs and services that drew on the strength of the relationship among PIDs have shown positive outcomes.<sup>[12-14]</sup> Our study supports these previous works in revealing an upside to the relationship PIDs had with each other as a source of expertise and a pathway for sharing information about harm reduction and health and recovery programs.

### **Barriers to Health, Health Services, and Harm Reduction Information**

Our findings were consistent with published reports indicating that PIDs have unmet health needs.<sup>[2,7, 22-23]</sup> This section describes four barriers to health, health services, and harm reduction information experienced by PIDs in St. John's.

These barriers were:

- persistent stereotypes and stigmatization of the PID;
- varying levels of awareness of the extent of injection drug use in St. John's;
- varying levels of awareness of harm reduction approach to injection drug use;
- discrepancy among PIDs between awareness and use of safer practices;

Each barrier is described drawing on survey data and the words of PIDs, family members, front-line workers, and other informants.

The responses of some PIDs about their experiences accessing health programs and services differed from the responses of some front-line workers and service providers. How each group contextualized and gave meaning to their experience was critical to understanding their responses and to developing recommendations that valued both perspectives.

#### Persistent Stereotype and Stigmatization of People Injecting Drugs

One barrier to health and accessing health services and harm reduction information was the persistence of stereotypes that stigmatized or marginalized PIDs.

A stereotype refers to a conventional, formulaic, and oversimplified concept, opinion, or mental image of the characteristics or qualities attributed to an individual or group. The team identified the stereotypic image as a young, poorly educated male who *chose* a life

of addiction and poverty or homelessness. This image which resonated for many PIDs and non-PID participants may persist, in part, because it accurately represents a significant portion of PIDs.

However, our data invited us to consider both those who fit the stereotype and the portion of PIDs who were not captured by that image.

As two front-line workers pointed out, the stereotypical image of the PID represents only part of the story:

*[The PID] comes in all walks of life, shapes and forms.*

*There are also health professionals... you know, there are moms who take their kids to school who are injecting drugs.*

One PID said,

*I'll tell you something right now — you'd be shocked if you knew who was drug addicts down here. You'd be in shock.*

The stereotype of the PID was associated with negative labels such as junky and drug addict.

*You've really hit the bottom of the barrel, once you start shooting drugs, and now you're a real fucking addict then, eh?*

This PID's words also illustrated the stigmatization associated with injection drug use. One PID captured the negative impact of injection drug use combined with the social marginalization of drug dependence experienced by many:

*When you gets to the point where you're sticking a needle in your body and shooting something in your veins, well, god help you all.*

One participant described both the stereotypical image she once held and the role of stigma in her attitude toward PIDs and their families:

*You associate mothers of these people [PIDs] as being... you know, the downtrodden, and it's not [like that]; but I'll be the first one to say that I was a very judgmental person before I ran through any of this.*

Individuals who were stigmatized experienced rejection, social disapproval, exclusion, and discrimination that interfered with their full participation in society. In particular,

negative labelling and the complex issue of choice<sup>‡‡</sup> stigmatized PIDs as less deserving of health or health care services than other members of the St. John's community.

The team observed stereotypes and stigmatization associated with injection drug use operating in three ways that constituted barriers to receiving harm reduction information and related health care services:

First, PIDs were less likely to seek health services or harm reduction information because of the stigma associated with injection drug use.

*You can go down to health care and you see certain nurses for certain things, all of a sudden you're getting labeled for seeing that person.*

Second, those who sought health services were less likely to self-identify because injection drug use was more stigmatized than other types of drug use even within the larger drug use community.

*I think it's probably more hidden than other types of drug use because even among their peer groups, it's probably not accepted as much.*

Third, those who did not fit the stereotype of the PID are less recognizable to service providers, some of whom reported that they did not encounter PIDs in their agencies. This point is discussed further in the next section.

Our findings that PIDs experienced barriers to accessing health services was consistent with previous studies that identified persistent stereotypes and associated stigmatization of PIDs.<sup>[21,23]</sup> Further research is needed to determine the extent of the underutilization of local health and social services suggested in this study.

A UK community campaign that increased awareness of the drug use community and harm reduction strategies garnered high levels of support in the drug community and good public acceptability.<sup>[14]</sup> A similar community-based public awareness program may challenge the stereotypical image of PIDs in St. John's and improve access to health services and harm reduction information.

### Varying Levels of Awareness about Injection Drug Use

A second barrier to health, health services and harm reduction information was the varying levels of awareness about injection drug use in St. John's. The team first noted these variations when we began recruiting participants.

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<sup>‡‡</sup> The harm reduction approach means respecting, honouring, and supporting an individual's ability to make decisions. Drug dependence is not a choice but rather a consequence of choice.

Published data<sup>[1,7]</sup> and preliminary data collection with some front-line workers indicated that there was a significant population of PIDs with unmet health needs in St. John's. Key informant interviews with PIDs and family members indicated that PIDs experienced barriers to accessing a variety of community-based services.

However, difficulties recruiting service providers to participate in our study gave us pause. Many service providers working in partner services or in supportive social services said they had little to no dealings with people who inject drugs. Of those who gave a reason, many potential participants declined to participate because they had no programming dedicated to serving people who inject drugs and doubted that they had anything to contribute to our investigation.

This was perplexing to the investigating team. Why were PIDs and injection drug use visible to some front-line workers and not to some service providers? The comment of one service provider who agreed to participate typified the reaction of some we approached:

*We don't see it [injection drug use] as being a big issue within the community in which we work.*

This comment stands in sharp contrast to that of a PID who said:

*You know, every person I know is a drug user.*

Those working in organizations with dedicated programs or services identified the need to raise awareness of injection drug use. One said:

*[There are] not enough people talking about it, not enough people acknowledging that it happens.*

Such varying levels of awareness of increasing injection drug use in St. John's especially among health and social service providers was surprising given the media attention devoted to the findings of the 2004 Oxycontin Task Force Report.<sup>[1]</sup>

When the extent of injection drug use and the diversity of the drug use community are made more visible to all service providers and the public, the issue may be more eligible for discussion. Discussion can lead to positive action such as the development of harm reduction information and health services that consider the needs of both men and women who vary in age and educational level, come from diverse socio-economic background, and come from a variety of living arrangements.<sup>[21,24-25]</sup>

### Varying Levels of Awareness of Harm Reduction Approach to Injection Drug Use

A harm reduction approach emphasizes practical short-term achievable improvements that can reduce the negative consequences to the health and well-being of the user and the

community as a whole.<sup>[13]</sup> Harm reduction strategies include those that are implemented at the institutional level and the individual level.

Effective harm reduction strategies that are implemented at the institutional level include supervised safe injection sites, methadone maintenance programs, needle exchange programs, and distribution of condoms and harm reduction information on safer practices.<sup>[17,19-20]</sup>

Individuals who use safer injection practices use clean needles, water, alcohol swabs and other drug paraphernalia, safely dispose of used needles, and inject in the presence of another person. People who practice safer sex routinely use condoms and oral dams.

Our study revealed that front-line workers and service providers, with a few notable exceptions, embraced the harm reduction approach to injection drug use.

*I think that's almost a more obvious place to start when you're dealing with drug users that are not ready to commit to abstinence and so I definitely am a proponent of harm reduction in substance use.*

*You know, harm reduction is an extreme positive.*

Generally, those participants who did not provide services for PIDs supported harm reduction strategies that they believed were effective in managing risky behaviour. They cited examples such as no smoking policies in hospitals to reduce cancers, ads for designated drivers to reduce death and injury associated with impaired driving, and seat belt legislation.

Some service providers supported the principles of harm reduction even if they were unfamiliar with the approach as a formal health promotion philosophy.

*We're always applying harm reduction strategies ... It's only now we're putting somewhat a harm reduction title on it.*

Many interviewees were aware of how the harm reduction approach differed from the abstinence model. Several talked about meeting PIDs "where they are at."

*[T]he hope of harm reduction is that it's up to the person himself to decide when they want to work their issues.*

Others talked about sharing information that would help PIDS make informed decisions when engaging in a given risky behaviour. They emphasized the need for openness, honesty, and a non-judgmental attitude.

*With harm reduction, you know, you are making connections with them ... you get to talk to them about what they need.*

There were some notable exceptions to the support for harm reduction. Some participants described the misinformation among service providers about this approach.

*A lot of clinicians down my way keep thinking harm reduction means moderate use.*

Some harm reduction strategies such as needle exchange programs and methadone were regarded as enabling injection drug use. Some believed that giving PIDs information on safer injection practices or safer sex practices encouraged risky activity.

*When we talked Methadone originally here, we had doctors at a conference saying, how can they expect me to prescribe drugs to get people off drugs?*

Misinformation about the demonstrated strengths and limitations of the harm reduction approach was cited as the reason some agencies were slow to refocus programs and services or garner the institutional funding for extending their mandate to serve the PID population.

*Even within the corrections community in this country, there's a lot of resistance.*

*But it's a slow process – moving from a zero tolerance policy to one that's more geared to harm reduction.*

Public awareness and support for harm reduction is associated with delivery and success of harm reduction policies and programs. The scope of our study did not allow us to comment on levels of awareness and support of harm reduction in the wider St. John's community. An investigation of province-wide public perceptions of harm reduction and injection drug use would provide significant direction for public policy.

#### Awareness and Use of Safer Practices among People Injecting Drugs

The survey and interview data indicated that awareness of risks was only one important aspect of safer injection and sex practices.

Most participating PIDs had a basic knowledge of some of these harm reduction strategies. This awareness was not always reflected in safer practices.

- Of the fourteen respondents reporting two or more partners in the last six months, only three always used condoms when engaging in sex.
- Of the seven respondents (two females, five males) who reported income from the sex trade, only one *always* used a condom for sex; two *never* used condoms.
- Most respondents (27; 93%) reused their own needles and about half (15; 53%) reported sharing needles with others.

- About two-thirds (18; 64%) reported that they shared needle works. The rig, water, and spoon were the most common parts shared.

There are four possible explanations for these high rates of risky behaviour.

- PIDs did not use safer practices in behaviour because they were unaware of the consequences of a given behaviour.

*What I didn't realize was the high rate of infection among drug users for Hep-C in the first year of use... and I think if I had've known I would've been more careful.*

*You know, with Hepatitis [C] – you can't catch that through sex or nothing.*

- PIDs believed they were engaging in a safer practice by not sharing needles but had insufficient or inaccurate information about the risks involved in another aspect of injection behaviour.

*We'd all use... draw from the same spoon ...I wasn't looking at the transfer of blood from the needle to the spoon and going back into the needle.*

- PIDs were so unwell at the time they injected that their primary focus was on getting high rather than on making a safer injection decision. In other words, the power of drug dependence exceeded the individual's good intentions to employ harm reduction strategies.

*Everybody knows when the dragon is awakened and there's drugs there and there's only one rig, you're going to use it... when the dragon's awake, that [the intention to use safer injection practices] is gone.*

- PIDs were not in a setting where they had other reasonable options for making a safer choice. For example, clean and readily available equipment is important for individuals who are aware of safer injection practices

*You really want that fix and there's nothing else around but that one needle, you're going to use.*

The team concluded that insufficient information or misinformation about risks and safer practices, poor access to clean equipment and human resources, and no safe place to inject were obstacles to making safer choices and engaging in safer practices.

These findings were consistent with previous reports on the benefits and limitations of harm reduction information. Information given to PIDs is more effective when delivered in conjunction with institutional supports such as supervised safe injection sites, and needle exchange programs.<sup>[14,17,19-21,24-25]</sup>

### Programs and Services in St. John's

Rural, northern and smaller communities experience unique challenges in providing comprehensive programs and services for PIDs.<sup>[26]</sup> In comparison to other Canadian provincial capitals, St. John's is a relatively small centre with considerably fewer financial and human resources to serve a geographically disparate population.

The information about programs and services in St. John's was collected from study participants and the environmental scan confirmed during the community consultation.

We asked participants to describe existing programs for PIDs and to identify gaps in services. While there was widespread agreement that PIDs needed access to appropriate services, one participant challenged the value of our question:

*You only seem a bit silly talking about it because there really is nothing to talk about. Gaps in services almost assumes there's services for there to be gaps in. There isn't really a feeling that we're even at that stage – that we're looking at gaps in services. There's just ... there's none.*

Another agreed.

*It's not a grey area. It's just blank.*

Some service providers admitted that they lacked the knowledge, skills and institutional funding to provide programs for PIDs.

*If they [PIDs] were to access our services, we don't have necessarily the education or that type of addictions program to address that. Therefore, we would have to act as referral or advocacy.*

*We haven't developed anything to address it [injection drug use] within the community.*

An important feature of a program for PIDs was a non-judgemental and welcoming environment where someone needing support could self-identify and ask for information. In such an environment injection drug use is:

*a topic which can be talked about, where people who inject drugs feel that it is a safe place to discuss this activity and from there get the information they need to stay as safe as possible while injecting drugs.*

One front line worker described how he created such an environment:

*I kind of just mention something to let them know it's a safe place to talk, but I also keep the needles out and have like posters with injection stuff so people get the idea it's safe to talk about it.*

PIDs have complex histories that may include low levels of education, limited opportunities for employment, sex trade, homelessness, social isolation, mental illness, violence and physical abuse, and involvement with the judicial system. Drug misuse and injection drug use can exacerbate these pre-existing issues and increase the chances of getting other health problems.<sup>[10]</sup> Front-line workers said,

*We need to partner and gather and get our files down on the table and our egos outside the door and get at this. I mean, you're talking about lives. I lost four guys through IV use.*

*The message here is that substance abuse generally and IV use, in particular, I guess, is primarily a health issue, not a criminal justice issue... and we have to completely restructure and re-strategize how we're dealing with it.*

Our study revealed a modest list of programs and services currently in place in St. John's. These services are described below under the following categories:

- Dedicated Programs and Services
- Partner Programs and Services
- Supportive Social Services

#### Dedicated Programs and Services

We identified four programs and services designed specifically to meet the needs of PIDs or their families. All operate from a harm reduction model. Generally, all were regarded as providing a valued service however participants noted that limited hours of operation were an obstacle to accessing health services and harm reduction information.

Services are listed in alphabetical order.

#### ***ACNL Nursing Clinic***

ACNL Nursing Clinic operated out of ACNL offices in downtown St. John's.<sup>§§</sup> The Clinic operates using a harm reduction approach. No MCP information is required to access services. Client information is recorded by code to maintain the anonymity of those using clinic services.

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<sup>§§</sup> As of September 2006, the clinic relocated to the Tommy Sexton Centre in Pleasantville. At that time, the clinic was temporarily suspended pending redefinition of the parameters of services.

Testing for HIV, HCV, human papillomavirus (PAP smears for females and males), other sexually transmitted infections, and pregnancy is available to clinic clients.

The nurse also provides information about safer injection practices and vein maintenance in addition to needle exchange, Hepatitis A & B vaccinations, the emergency contraceptive pill (morning after pill), and condoms.

The clinic operates 10 hours per week. Service providers and PIDs noted that the limited hours of operation were an obstacle to better use of services. One PID said,

*I mean, we've wanted to use the AIDS Committee [nursing clinic] at some points but the clinic was not open at certain times and [that's] certainly a barrier or a challenge.*

Extending the hours of operation and expanding the nursing clinics to other locations were suggested:

*We look at the nurse with the AIDS Committee. That's the kind of role that needs to be filled.*

### ***Methadone Maintenance***

In fall 2005, the first methadone clinic opened in St. John's. At the time of this report, the program is expected to move from its interim location in the Recovery Centre to the Opiate Treatment Centre when it opens in the fall 2006.

Before the opening of the St. John's interim clinic, methadone maintenance was available only in Grand Falls-Windsor, about a five-hour drive from St. John's. Front-line workers agreed that this was a considerable distance to travel for treatment.

Twelve of 29 survey respondents (41%) accessed a Methadone Maintenance program. Praise for the program was common among interviewees although it was not clear whether respondents were referring to the Grand Falls-Windsor or the St. John's clinic.

*At least I have dreams and goals. Before, I never had any. I've got them now. Methadone is great. It is. It changes your whole life*

*A drug that keeps you – I don't know how to explain it – it gets your life back on track.*

The methadone clinic also offers a comprehensive program that includes individual and group counselling to people who are opioid dependent.

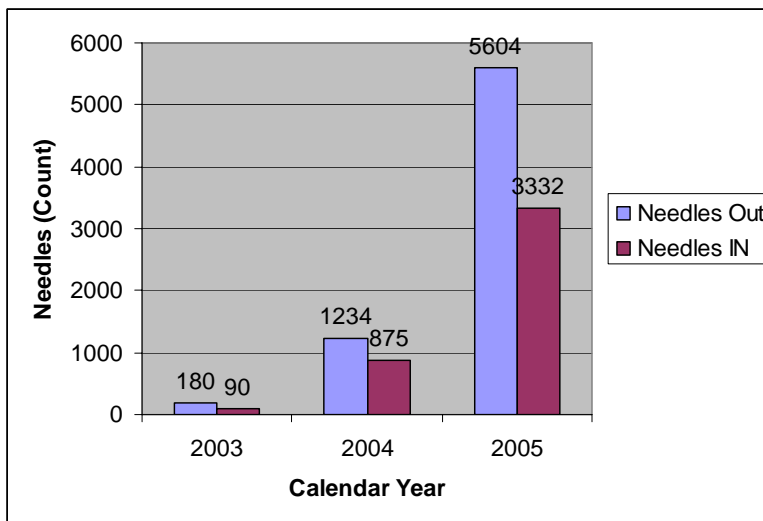
For PIDs who are incarcerated, methadone maintenance is continued if they are in the program at the time of incarceration. Methadone maintenance is not initiated for PIDs

who are not on a program at the time of incarceration. This was regarded as a hardship by some participants we interviewed who would have chosen to enter methadone maintenance while incarcerated if that had been an option.

### *Safe Works Access Program (SWAP)*

SWAP is the needle exchange program that operated out of ACNL office in downtown St. John's. Like the Nursing Clinic, this program operated with a harm reduction philosophy. SWAP relocated to the Tommy Sexton Centre in Pleasantville in September 2006. At the time of this report, discussions were underway to establish satellite needle exchange sites including a mobile needle exchange outreach van.

The mission of the program is to assist clients in reducing the risks related to substance use, and to provide education and referrals required to enhance personal health. Clients are supplied with clean needles, alcohol swabs, filters, condoms, as well as information about safer injection practices. SWAP also collects and provides safe disposal of used needles. Figure 5 indicates the increasing use of the needle exchange program over three calendar years from 2003-2005.



**Figure 5:** Needle exchanges, SWAP, 2003-2005

One goal of SWAP is to create a confidential and non-judgmental environment.

*It's all about building alliances with people who need help and trying to find the best way to help them.*

*I think what that does is that maybe gives the person an opportunity that when they want to reach out that there's someone there to reach out to.*

The PIDs we interviewed valued the services provided by SWAP.

*The needle exchange is starting to become a little bit more open these days and I think that all doctors' offices should have a place in the foyers – a sign stating where they can get needle exchange done.*

SWAP was open from 8:30am until 4:30pm weekdays with extended hours on Tuesdays and Thursdays in conjunction with the Street Reach Program described in the next section. Call 757-SWAP (757-7927) for more information.

PIDs noted that the hours of operation at SWAP were an obstacle to making better use of services.

*The only thing about the Needle Exchange that I find here is that it's only limited – so many hours a week or night like that – and that's the hard thing because Cocaine in this City is ... it's an all night thing.*

The limited hours of operation may explain why 86% of survey respondents (n=25) reported that they had heard of SWAP but only 24% (n=7) had used the services.

Some participants wanted more needle exchange programs. Of those respondents who indicated the area where they lived, 67% (17 of 25) wanted a needle exchange in the same area of town as their residence (but not necessarily in the same immediate neighbourhood). Twelve of 24 (50%) wanted a needle exchange in the Cashin Avenue/LeMarchant Road West end of St. John's.

### **Turnings**

Turnings, formerly known as Metro Community Chaplaincy, is a referral and support network for ex-offenders wishing to return to society as productive members. As part of its programming, Turnings offers a support group for family members of people injecting drugs.

Family members who participated reported that the program was a welcome opportunity for those affected by injection drug use to discuss the issues and find support from one another.

*And coming here with people that know; they've been through it. Now I can talk to you until I'm blue in the face. You still won't understand what I'm talking about, right. But they do.*

*It releases a lot of stress off me and you feel good after talking about it.*

Turnings also delivers information sessions provided by people who formerly injected drugs. For example, they produced a video tape entitled "Oxycontin: The Legal Killer" that examined the lives of three PIDs and the struggles they faced. Some regarded this program more favourably than standard family counselling.

*We went to counselling but this counsellor – they haven't got a clue what you're talking about.*

*Like they learn it from a book; they never lived it.*

Family members reported that the involvement of former PIDs in the Turnings program conveyed to them a better understanding of the obstacles and challenges created by the relationship to drugs and the community of drug use.

### Partner Program and Services

The team identified four partner programs and services that provided a range of health care and social services. Although not designed specifically for meeting the needs associated with injection drug use, some of these programs and services were appropriate and available to PIDs and their families.

Some operated on a harm reduction model. While others operated from an abstinence model, some individual service providers were of and supported the harm reduction approach to injection drug use.

Services are listed in alphabetical order.

### ***Adolescent House***

When this needs assessment began in 2004, Adolescent House provided programming and outpatient counselling and treatment to youth with drug issues and their parents from across the province. A year later, programming was discontinued. This decision came at a time when Oxycontin use in the province was increasing and the number of youth presenting for services was increasing.<sup>[1]</sup> At the time of this report, we are unaware of any plans to reinstate programming.

### ***Hospital Services***

The St. John's Health Care Corporation (Eastern Region) has two emergency departments: one located at the Health Sciences Centre and the other at St. Clare's Hospital. Both have physicians, nurses, and other staff with a broad range of knowledge and skills to meet the needs of person of all ages requiring urgent and emergency care. There were not, however, any dedicated staff that are specially trained to deal with the needs of PIDs.\*\*\*

There are no formal guidelines for medical detoxification at either hospital. Our data indicated that those who were unable to find a physician willing to admit them to hospital

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\*\*\* There was an AIDS clinic staffed by physicians and nurses at the St. Clare's Hospital. Some people living with AIDS who are treated at the clinic may be people who currently or formerly injected drugs.

for detoxification had to choose between leaving the province and managing withdrawal symptoms without pharmaceutical support or supervision.

One exception is youth under the age of 16 who can be admitted to the Janeway Children's Hospital for medical detoxification.

The Waterford Psychiatric Hospital does not provide medical detoxification but it does offer mental health services to people injecting drugs.

The Recovery Centre in St. John's (see below) and the Humberwood Treatment Centre in Cornerbrook provide non-medical detoxification for adults in a residential setting and operated from an abstinence model.

Of the 29 survey respondents, 15 or 52% reported at least one visit to the emergency room in the 6-month period prior to the survey and 25 or 86% reported at least one visit to a doctor. We do not know if the visits were directly or indirectly related or unrelated to injection drug use

One parent noted that caring for PIDs may pose special challenges for hospital personnel.

*And some of these nurses can be pretty nasty at times too.*

Similar observations were reported in previous studies documenting prejudice and unpleasant comments expressed by health professionals working in hospitals and clinics that provide care to PIDs.<sup>[10-11]</sup>

PIDs' fear of mistreatment and stigmatization by physicians and other front-line workers (discussed earlier) are complicated by physicians' fears that they may be deceived by PIDs requesting opiates to treat withdrawal rather than what some physicians regarded as "medically indicated need" such as pain management.<sup>[23]</sup>

Education programs targeting student and practicing physicians and health professionals report success in increasing awareness and support for harm reduction.<sup>[23,26]</sup>

### ***John Howard Society***

John Howard Society is an organization that works to reduce crime by providing opportunities for the rehabilitation of offenders and advocating reform through successful program interventions, public education, crime prevention strategies, and restorative justice principles.

This organization provides individual and group addiction counselling in collaboration with corrections services to people involved in the justice system in the community or the prison system. Some of the programs and services offered through John Howard Society include federal prison liaison, halfway houses, cognitive skills training, and employment

preparation, group homes for young offenders, learning resources program, and public education.

### ***The Recovery Centre***

The Recovery Centre is a 22-bed unit for persons seeking to detoxify from the effects of alcohol, drugs, and gambling in the province. Clients can stay at the Centre under 24-hour supervision up to six days during which time an assessment and discharge planning are completed. The Centre operates from a zero tolerance abstinence model although some individual workers embrace harm reduction in principle.

The Recovery Centre is operated by Addictions Services of the Eastern Regional Integrated Health Authority.

The Recovery Centre had one full time Addictions Counsellor. Educational sessions are held on a bi-weekly basis and covered topics such as relapse prevention. Sessions are also offered on a monthly basis in the areas of nutrition, job skills, and social skills.

Nine of the 29 (31%) survey respondents accessed the Recovery Centre. Although there were no services dedicated to PIDs, the Centre serves as an entry point to addictions treatment. As these service providers said,

*You tell us what you want and we'll design the whole education around what your needs are.*

*Our services are open to everyone and then if you have this addiction issue, then we'll either loop you in or you'll participate in the programs that you're in. Like it doesn't include them in a specific program, but it doesn't exclude them from any of service either.*

At the time of this report, the Recovery Centre did not offer medically supervised detoxification services that would provide pharmaceutical support for the individual coming off drugs and experiencing withdrawal symptoms. PIDs and front line workers recognized this was an obstacle to meeting the needs of PIDs.

*Not very many IV users coming through the Recovery Centre. The biggest part is most of them want a medical detox*

Another explained,

*The physical withdrawal symptoms are so horrible and so bad that they can't make it through the non-medical [detoxification program].*

*Expect them to go in there and not have nothing. I think that's kind of harsh, you know, for their bodies to handle.*

A medical detoxification program with adaptations for youth was recommended by the Oxycontin Task Force.<sup>[1]</sup> Several service providers noted that a medical detoxification program was under consideration.

At the time of this report, the Recovery Centre is expected to offer medical detoxification in the fall 2006. Integrating medical detoxification with harm reduction strategies such as voluntary infectious disease testing, harm-reduction education, and referrals to infectious disease treatment has been shown to improve health of PIDs and reduce the risk of transmission of blood-borne diseases in the larger community.<sup>[22]</sup>

### ***Sexual Health Centre***

The Sexual Health Centre promotes healthy sexuality. All services are offered in a confidential and non-judgmental environment to men and women of all ages.

Pregnancy testing, birth control counselling, free condoms and lubricant, sexuality education, and testing and treatment for sexually transmitted infections are available. Educational sessions are also provided.

### **Supportive Social Services**

Many community-based agencies offer a broad range of programs that can become part of an enhanced or expanded network for a diverse population of PIDs and their families. We classified these as supportive social services and listed them alphabetically.

Although not generally regarded as health services in the traditional sense, supportive social services address other determinants of health such as education, employment, income and social status, social environments, and social support networks.<sup>[27]</sup>

### ***Brother TI Murphy Centre***

The Brother TI Murphy Centre provides academic, career, employment and lifestyle education primarily to young adults. They offer a holistic approach when delivering services to people who face multiple barriers to education and employment. Programs and services are offered in the core areas of academic, life style education, and career and employment.

### ***Choices Shelter for Men***

This organization offers short-term emergency shelter for young men aged 16 to 29 years.

*We made a conscious decision to say, well, you know, to avoid that whole notion of people not being able to be there because they're using and put at perhaps a greater risk. ...So it really comes down to risk assessment to the level of risk for someone not being there versus the level of risk there may be to others.*

*If we had a zero tolerance for [drug use], we'd have nobody here.*

Operating from a harm reduction perspective recognizes that young men regardless of their relationship to drugs have health and safety needs.

### ***Community Centres***

All six community centres listed below operate in Newfoundland and Labrador Low Income Housing Developments:

- Buckmaster Circle Community Centre
- Froude Avenue Community Centre
- MacMorran Community Centre
- Rabbittown Community Centre
- Shea Heights Community Centre
- Virginia Park Community Centre

Each community centre provides the surrounding residents with numerous resources to help improve their health and wellbeing. Most operates from a community capacity-building model that seeks to understand what the community needs and wants with a goal of building a better community for all.

These community centres act as community support networks and provide referrals to other programs and social services. None offer programs specifically directed towards people injecting drugs or their families.

Programs and services vary depending on the Centre. Some have sports programs for youth, after-school programs to help for finding a job (including resume writing and interview skills). For example, the MacMorran Centre provides valued resources such as meeting rooms, a library, computer resource room with internet access, a gym, a food bank, and a second hand clothing room.

### ***St. John's Native Friendship Centre***

The St. John's Native Friendship Centre supports Native peoples in transition, particularly those moving from rural to urban areas. The Centre recently opened a new, accessible shelter that provides housing for Native individuals and families who were in transition or in need of temporary shelter.

The Centre provides a range of services such as a computer lab, a youth drop-in centre, inmate visits, and arranging for interpreters. They also offers programs such as job-building skills, Youth Culture Camps, and education about everything from Native culture and crafts to land claim agreements.

### ***St. Francis Foundation***

The St. Francis Foundation provides a variety of residential and support services to families and youth. Their aim is to offer an environment of respect and empathy that promotes safety and well being. Their programs and services are designed to support individuals and families who want to develop personal awareness and the skills necessary to become healthy, productive members of society.

### ***St. John's Women's Centre***

St. John's Women's Centre is a non-profit charitable organization serving women in St. John's and the Avalon Peninsula. The Centre offers informal support, support groups, information, referrals, advocacy, free clothing bank and a resource centre.

### ***Stella Burry Community Services***

Stella Burry Community Services provides support and assistance to a diverse client base through its programs at Emmanuel House, Naomi Centre and Carew Lodge as well as the Supportive Community Integration Project, Long Term Housing, and Employment and Education Programs.

- Emmanuel House is a live-in counselling centre for male and female adults. Programs include a 4-6 month counselling program, hands-on life skills teaching of budgeting, cooking, and hygiene and learning how to use public transportation. Group and individual counselling cover a broad range of issues including addictions and mental health.
- Naomi Centre is an emergency shelter and short term residence for young women aged 16 -30 years who are in need of temporary, safe, and supportive housing. Staff assist residents with educational and employment needs, life skills instruction, and the search for permanent housing. The young women who stay at Naomi Centre participate in an Active Living Program which is designed to provide a sense of purpose, accomplishment, and a higher level of self-esteem.

### ***Street Reach***

Street Reach is an outreach project of Community Youth Network whose goal is to provide youth with information and referrals to appropriate community services.

Volunteers from various agencies walk around the downtown core making contact with youth on the street. Volunteers carry knapsacks with snacks, hot drinks, juice and condoms for distribution.

Initially a weekly program, the program began operating on Thursday evenings. ACNL Nursing Clinic was open on Tuesday nights to accept referrals. At the time of this report, Street Reach currently operates Tuesday and Thursday evenings.

Some study participants said,

*It would be nice to have a street nurse on staff.*

*A street nurse would be good to address the health promotion kinds of issues.*

At the time of this report, no nurses were affiliated with the program.

### ***The Wiseman Centre***

The Wiseman Centre offers emergency housing for men aged 30-64 years. The Centre operates with an empowerment model which helps men learn to live more independently. Because many clients who use services at the Wiseman Centre have drug issues, a casual, drop-in addictions group based on a harm reduction philosophy is planned.

### ***Youth Services Site***

The Youth Services Site houses the staff, services, and programming of three youth-serving agencies that provides one-stop access to services for young people facing housing crises:

- The Community Youth Network works in collaboration with other agencies to identify gaps in services and make referrals for youth living in, or at risk of, poverty. These services are intended to enhance opportunities for youth to participate in social and economic development by focusing on learning, employment, and community building and supportive services. Street Reach (mentioned earlier) is one of the projects they developed.
- Choices for Youth is an organization which aims to enhance young people's lives, enabling them to meet their goals. Most importantly, this group offers safe, transitional shelter and access to community services in the St. John's area. Other services include education and literacy support and other public health, counselling, and supportive services.
- Youth and Family Services (Eastern Health) focuses on ensuring that young people have the support and interventions they require to make the healthy transition from adolescence to adulthood. The core services offered through this program include:
  - residential and income support services for young people (16-18 years) who are not able to remain with their families;
  - counselling and therapeutic services for young people and their families who are encountering a variety of social and psychological challenges;

- community-based supervision and support for young offenders who are on probation and community residential services for young people through open custody;
- referral to victim-offender mediation; and
- Youth Diversion which is a provincially licensed pre-charge, pre-court alternative initiative for first-time offenders. Youth who successfully complete the program are ensured no criminal record.

To summarize, St. John's has a modest number of programs and services that address the specific and broader issues impacting on the health of PIDs. The dedicated programs aim to reduce the negative outcomes associated with injection drug use and the transmission of HIV and HCV within and beyond the community of drug use.<sup>[4,17-18]</sup>

Several of the partner programs and services and supportive social services operate from a harm reduction model. Formalized linkages across programs and services may address the wide range of factors such as poverty, racism, homophobia, social isolation, past trauma, and other social inequities that affect the PID's vulnerability to and capacity for dealing effectively with risk taking behaviours.<sup>[12,16,18]</sup>

Regardless of current or past behaviour, PIDs have the right to fair and equal access to provincially funded health and social services. The location of services, limited hours of operation, persistent stereotypes and stigmatization of PIDs, and varying levels of institutional support for harm reduction are obstacles to health and access to health services and harm reduction information.

### Summary of Key Findings and Recommendations for Action

Injection drug use is a multi-dimensional community concern that demands a multi-faceted community response. This section provides a summary of the key findings of the needs assessment of people injecting drugs in St. John's. The recommendations are aimed at governmental and non-governmental agencies, educational institutions, professional associations, and individuals concerned about the health of people injecting drugs and reducing harm to the wider community.

1. **Finding:** Men aged 18-24 years with some high school education and limited social resources made up about half those who self-identified as people who inject drugs.

**Recommendation #1:** That the Department of Education develop a long-term strategy for drug use and education as part of their Safe and Caring Schools Initiative;

**Recommendation #2:** That the Minister of Education direct St. John's school boards to ensure that substance use education components of the provincial health curriculum are delivered in all classrooms; and

**Recommendation #3:** That an additional youth counsellor be hired for Addictions Services in St. John's.

2. **Finding:** The community of injection drug use was composed of individuals who came from a range of age groups, educational levels, living arrangements, income levels, and social backgrounds.

**Recommendation #4:** That the provincial government provide funding to ACNL to expand the scope of *Reaching Injection Drug Users* project to a province-wide needs assessment that will provide direction for coordinating and improving existing programs and services and, where necessary, establish new programs and services.

3. **Finding:** People who inject drugs have complex social histories. Their relationship with drugs and to the drug use community reinforced an often pre-existing and complicated sense of detachment from themselves, their families, and the wider community of St. John's;

**Recommendation #5:** That the Memorial University Centre for Collaborative Health Professional Education assume responsibility for ensuring that interprofessional assessment and interventions for injection drug use receive as much attention as pharmacological interventions in the education of undergraduate and graduate students in medicine, nursing, social work and pharmacy; and

**Recommendation #6:** That the Department of Health and Community Services, the Department of Education, Department of Justice, ACNL, the Recovery Centre, and other community agencies develop, deliver, and evaluate programs and services to better meet the needs of a diverse community of drug use.

4. **Finding:** People who inject drugs and their families had first-hand knowledge of various aspects of the experience of drug dependence and served as knowledge brokers and links to the community of drug use.

**Recommendation #7:** That ACNL continue to solicit input from PIDs and their families in the development of programs and services; and

5. **Finding:** Stereotypes about injection drug use existed among health professionals, service providers, and people who inject drugs. Negative labelling and the faulty belief that individuals chose a life of drug dependence stigmatized people injecting drugs as less deserving of health or health care services than other members of the St. John's community.

**Recommendation #8:** That the Memorial University Centre for Collaborative Health Professional Education take responsibility for developing, delivering, and evaluating a teaching and learning component on drug dependence and injection drug use for undergraduate and postgraduate students in medicine, nursing, social work and pharmacy;

**Recommendation #9:** That ACNL formally recognize on their website those individuals, agencies, programs, and services that respect, honour, and support PIDs in making healthier and safer decisions; and

**Recommendation #10:** That ACNL and other community stakeholders use the acronym PID rather than IDU when referring to the person who injects drugs on the ACNL website and other official documents.

6. **Finding:** There were varying levels of awareness among front-line workers and service providers about the nature and extent of injection drug use in St. John's.

**Recommendation #11:** That the Newfoundland and Labrador Medical Association, Association of Registered Nurses of Newfoundland and Labrador, Newfoundland and Labrador Association of Social Workers, and Pharmacists Association of Newfoundland and Labrador take responsibility for ensuring that continuing education on drug dependence and injection drug use is supported, maintained, and evaluated.

7. **Finding:** There were varying levels of awareness about the harm reduction approach to injection drug use among front-line workers, service providers, and PIDs.

**Recommendation #12:** That the Memorial University Division of Community Health and Humanities obtain funding to assess province-wide public perceptions of risk taking behaviour and harm reduction strategies that will provide evidence for government and community-based decision-makers charged with designing and evaluating policy and effective interventions and services for PIDs;

**Recommendation #13:** That the Department of Health and Community Services in collaboration with Memorial University Division of Community Health and Humanities and other relevant partners facilitate community forums to increase awareness of harm reduction approach to substance use and injection drug use; and

**Recommendation #14:** That ACNL continues delivering harm reduction information to PIDs through the Nursing Clinic and SWAP.

8. **Finding:** Four programs provided valued services specifically for people injecting drugs. Location and limited hours of operation were obstacles to accessing harm reduction information and using safer sex and safer injection practices.

**Recommendation #15:** That ACNL continues delivering harm reduction services to PIDs through the Nursing Clinic and SWAP;

**Recommendation #16:** That the Department of Health and Community Services provide \$40,000 to ACNL to expand SWAP to include a mobile unit and a stationary location in West St. John's in the Cashin Avenue/LeMarchant Road area;

**Recommendation #17:** That the Pharmacists Association of Newfoundland and Labrador and the Newfoundland and Labrador Medical Association endorse locating needle exchange programs in neighbourhood pharmacies, doctors' offices, family practice clinics, and hospital emergency departments; and

**Recommendation #18:** That ACNL and Community Youth Network initiate discussions with Memorial University School of Nursing, Centre for Nursing Studies, School of Social Work, and Division of Community Health and Humanities to establish formal student placements with the Nursing Clinic and the Street Reach Program. Student placements will address the long term need for knowledgeable and skilled health professionals in substance use and harm reduction and encourage the transfer of skills from hospital-based to community-based care.

9. **Finding:** There are few explicitly defined linkages across dedicated and partner programs and services and social support services to assist front-line workers who want to support people who inject drugs in navigating the system.

**Recommendation #19:** That the Regional Integrated Health Authorities incorporate the range of health needs when planning, developing, revising and evaluating programs and services for PIDs through their Addictions Treatment Services programs; and

**Recommendation #20:** That the Provincial Department of Health and Community Services establish an Inter-Agency Committee with representation from ACNL, Department of Justice, Department of Education, the Recovery Centre, Turnings, Community Youth Network, Community Centres, PIDs, and family members to establish formal links, to share information, and to support the development of responsive services for PIDs.

10. **Finding:** There are gaps in treatment options for persons choosing recovery from drug dependence.

**Recommendation #21:** That the Department of Justice develop and implement a methadone maintenance program for persons in correctional facilities in St. John's.

**Recommendation #22:** That the Recovery Centre consider ways to integrate harm reduction and health promotion strategies into the delivery of the planned medical detoxification services. Studies indicate that combining these historically separate functions will improve care for PIDs and also reduce the transmission risk of blood-borne diseases in the larger community.

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## Appendix A – Glossary of Terms

**Addiction** is a strong emotional, physical and /or psychological dependence on a substance (such as alcohol or drugs) or practice (such as gambling) that has progressed beyond voluntary control. Those who subscribe to the harm reduction philosophy tend to avoid terms such as addiction and dependence preferring instead terms such as use and misuse of drugs.

**Dedicated programs and services** are those designed specifically to meet the needs of people who inject drugs and their families.

**Front-line worker** refers to any person who deals directly with a person who injects drugs. This may include a nurse working in clinic, a volunteer with Street Outreach, chaplain who facilitates self-help groups, a social worker in a community agency, a law enforcement officer, or a parole officer.

**Harm reduction** is a public health concept that aims to lower the health consequences resulting from certain behaviours. This approach emphasizes practical short-term achievable improvements that can reduce the threat to the health and well-being of the user and the community as a whole.

**Health promotion** is a process that focuses on supporting individual and community health and wellbeing. Three main mechanisms for promoting health aim to: (1) improve people's control over decisions affecting their health; (2) facilitate people's ability to act in support of each other; and (3) create and sustain healthy environments. Three ways to implement these mechanisms are to: (1) foster public participation; (2) strengthen community-based health services; and (3) coordinate healthy public policy.

**Hotspot** refers to an area with a greater number of people injecting drugs when compared to the surrounding region.

**Illicit drug use** refers to the unlawful use of drugs. Drugs used may be illegal drugs such as heroin and cocaine or prescription drugs such as Oxycontin, Morphine, and Dilaudid that are illegally acquired and used.

**Injection drug use** refers to the intravenous or intramuscular injection of drugs. Excluded for the purposes of this study are persons under the care of a physician who inject drugs as prescribed for the management of a diagnosed illness such as people who inject morphine as prescribed for pain management associated with cancer.

**Key informant** is an individual who has specialized knowledge or experience relating to injection drug use, the drug community in general, or services for people injecting drugs. A key informant is someone who is willing and able to share these insights with the research team.

**Partner programs and services** provide a range of health care services, addictions treatment programs and social services including some that that, while not specifically designed for people injecting drugs, may be appropriate and available to this group.

**People injecting drugs** or PIDs are commonly referred to in Health Canada and other documents as injection drug users or IDUs. One of the outcomes of this study is the commitment to put the person before the behaviour. We express that commitment to reduce stigma associated with injection drug use by using the term PID because it literally mentions the person before the drug taking behaviour. This may be considered comparable to the terms PLWA (Person living with HIV/AIDS) or PHA (Person having HIV/AIDS) in that these terms counter the stigma associated with HIV/AIDS by mentioning the person before the infection.

**Rig** refers to the syringe used to inject drugs.

**Risky behaviour** refers to an activity that exposes an individual to the possibility of loss, injury, illness, or death. Some behaviours are associated with greater risk than others.

**Safer injection practices** is a term used to describe behaviours such as using a sterile needle for drug injection for the purpose of reducing the possibility of getting or transmitting a blood borne infection such as HCV. Using the term *safer* rather than *safe* assumes that no injection practice is 100% risk free.

**Safer sex practices** describe sexual behaviours such as using a condom that reduce the possibility of getting or transmitting a sexually transmitted infection such as HIV. Using the term *safer* rather than *safe* sex assumes that no sexual behaviour is 100% risk free.

**Service provider** refers to a person who may not have direct contact with people injecting drugs in their daily activities, but who works for a community agency that provides health-related or other social services that may be appropriate or available to this population.

**Shoot up** means to inject drugs directly into the vein or intravenously.

**Stereotype** refers to a conventional, formulaic, and oversimplified concept, opinion, or mental image of the characteristics or qualities attributed to an individual or group. For example, the stereotypical image of a PID is that of a young, unemployed male with little education and few financial or social resources.

**Stigma** refers to negative labelling or branding attributed to a person or group that denigrates, discredits or devalues. Individuals who are stigmatized may experience loss of dignity, rejection, social disapproval, exclusion and discrimination that interferes with full participation in society.

**Supportive Social Services** refer to a broad range of programs and services including assistance with temporary and permanent housing, employment, and food security. Although not specifically related to drug use, such services address the broader determinants of health. Addressing the diverse social needs that pre-existed or developed because of injection drug use is part of an enhanced or expanded network for people injecting drugs and their families.

**Works** refers to refers to the equipment for injecting drugs and includes the cooker or spoon, cotton ball or swab, needle, barrel and plunger of the syringe (rig).

**Appendix B – List of Acronyms**

<b>ACNL</b>	AIDS Committee of Newfoundland and Labrador
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>HIV</b>	Human Immunodeficiency Virus
<b>HRU</b>	Health Research Unit
<b>HCV</b>	Hepatitis C Virus
<b>IDU</b>	Injection drug users
<b>PID</b>	People injecting drugs
<b>SWAP</b>	Safe Works Access Program
<b>MUN</b>	Memorial University of Newfoundland

**Appendix C –  
List of Community Partners Who Assisted with Recruitment**

We gratefully acknowledge the *Community Advisory Committee for the RIDU Project* and the following community agencies and service providers (listed in alphabetical order) who were our contacts for recruiting survey, focus group, and interview participants.

Addiction Services – Counselling Service  
Addiction Services – Recovery Centre  
Addictions Health and Community Services  
Adolescent House – Health Care Corporation of St. John's  
Association of Social Workers  
Boys and Girls Club  
Brother T.I. Murphy Centre  
Buckmaster Circle Community Centre  
Choices Shelter for Youth  
Community Activists  
Community Corrections  
Community Youth Network  
Department of Justice, Adult Custody  
Department of Justice, Adult Probation  
Department of Justice, Youth Custody  
Froude Avenue Community Services  
Health and Community Services  
Her Majesty's Penitentiary  
HIV Clinic – St. John's Health Sciences Corporation, Eastern Region  
Individual General Practitioners in St. John's  
John Howard Home for Youth  
John Howard Learning Resources  
John Howard Society – Addiction Program  
MacMorran Community Centre  
Metro Community Chaplaincy  
Naomi Centre

Native Friendship Centre  
Oxycontin Task Force  
Pharmacists Association  
Rabbittown Community Centre  
Red Cross  
Royal Newfoundland Constabulary  
Sexual Health Centre  
Shea Heights Community Centre  
St. Francis Foundation  
St. John's Women's Centre  
Stella Burry Community Services  
The Waterford Psychiatric Facility  
Turnings (Formerly Metro Community Chaplaincy)  
Virginia Park Community Centre  
Whitbourne Youth Correctional Facility  
Wisemen Centre