

REGIONAL MUNICIPALITY OF OTTAWA-CARLETON  
MUNICIPALITÉ RÉGIONALE D'OTTAWA-CARLETON

REPORT  
RAPPORT

Our File/N/Réf.            RC  
Your File/V/Réf.

DATE                        5 September 1997

TO/DEST.                 Co-ordinator  
                                  Community Services Committee

FROM/EXP.                Medical Officer of Health

SUBJECT/OBJET         **HIV RATES IN INJECTION DRUG USER'S - UPDATE**

### **DEPARTMENTAL RECOMMENDATION**

**That Community Services Committee recommend Council receive this report for information.**

### **PURPOSE**

The purpose of this report is to inform the Committee about the submission of a proposal to the Ministry of Health AIDS Bureau for additional 100% provincial funding for the Health Department's SITE Program.

### **BACKGROUND**

Outreach HIV prevention services for Intravenous Drug Users (IDUs) have been provided through the SITE program by the Ottawa-Carleton Health Department since 1991. The program, 100% funded by the Ontario Ministry of Health, Public Health Branch, uses a harm reduction strategy to provide the following services:

- information and counselling on HIV/AIDS, safer injection and safer sex techniques;
- distribution of bleach kits and condoms;
- exchange of needles and syringes;
- HIV, hepatitis B and C testing and hepatitis B immunization; and
- referral to drug assessment/treatment facilities and other health and social service agencies.

Many changes have occurred since the inception of the program six years ago. Community partnerships have been developed with Oasis and the Youth Services Bureau. Anonymous HIV

testing was introduced in 1995 at several locations and from the van. Hours of service, both for the van and through outreach, have expanded. The number of referrals and counselling/education sessions has doubled over the past year. Influenza immunization was first offered last fall, and plans are underway to provide tuberculosis testing. The expanding and increasingly comprehensive range of street level and non-judgmental services has been well received by the IDU population. Furthermore, multi-faceted risk reduction strategies have been rigorously evaluated, and are known to be cost-effective. Direct medical costs alone for a case of AIDS are conservatively estimated at \$100,000. Public health dollars aimed at risk reduction are well spent, and the Ministry of Health plans to list needle exchange programs under mandatory programming in the forthcoming provincial-level revision of public health programs.

### CURRENT SITUATION

Recent epidemiological data show that, in spite of public health efforts, the burden of illness from HIV/AIDS in urban Canada is becoming increasingly concentrated in the IDU population. The number of cases has increased to the point where 33 of the 103 new HIV infections reported to the Ottawa-Carleton Health Department in 1996 listed injection drug use as the major risk factor.

A number of studies suggest that Ottawa-Carleton has a higher than average incidence and prevalence of HIV particularly in the IDU population where estimates of HIV prevalence range from 12% to 19 %. These studies indicate a dramatic shift in local HIV epidemiology. Ottawa-Carleton now finds itself in the same category as the major urban centres in Canada and other industrialized countries.

The number of IDUs living in Ottawa-Carleton has been estimated at 3000 with a range varying from 2500 to 4000. Based on the prevalence cited above, this could put the number that are HIV positive as high as 300-760. However, what is of even greater concern is the rapid rate of change. While Ottawa-Carleton represented only 9% of AIDS cases amongst IDUs in Ontario in 1996, Ottawa-Carleton contributed 29% and 34% of the first-time HIV positives and seroconversions respectively.

### MINISTRY OF HEALTH RESPONSE AND HEALTH DEPARTMENT PROPOSAL

The AIDS Bureau at the Ministry of Health convened a special meeting of provincial experts on 26 June 1997 to discuss updated data on drug use and HIV. The consensus was that Ottawa is experiencing an HIV epidemic among the IDU population. An all out effort is required if the epidemic is to be contained. Furthermore, spread to the general population is inevitable, and can be limited only by controlling the burden of illness in the IDU population.

Through the Ministry of Health, the AIDS Bureau has taken the immediate step of setting aside additional funds for the expansion of needle exchange programs, and has called for a proposal from Ottawa-Carleton. While our proposal is still under consideration, the Ottawa-Carleton Health Department expects to receive approximately \$80,000 to expand and improve access to local programming in the following ways:

- increased hours of service for both the clinic and the van;
- expanded community outreach;
- additional partnerships with community agencies;
- more channels of needle exchange; and
- further development and expansion of comprehensive preventive and clinical services.

### PUBLIC CONSULTATION

Following the AIDS Bureau meeting in late June, a consultation process was initiated in Ottawa-Carleton. A meeting was held on 25 July 1997 with representatives from community agencies interested in HIV and addiction issues. A second meeting was held on 18 August 1997 for community health centre staff and board members. Consultations are ongoing with community resource centres, recreational facilities, and health and social service agencies about this emergent issue and possible interventions. To date there is strong community support and willingness to participate in partnerships that expand community outreach.

### FINANCIAL IMPLICATIONS

Funding, based on the approval of our proposal, is anticipated to be approximately \$80,000 over a six month period. The funding complements the existing \$185,000 program funded by Public Health Branch, and is 100% provincial from the AIDS Bureau at the Ministry of Health.

*Approved by  
Robert Cushman, MD, MBA, FRCPC*