

# Harm Reduction Programs & Services in Saskatchewan



## **2017 Report**

*(Transition year from fiscal to calendar year reporting)*

Prepared by:  
Population Health Branch

## GLOSSARY OF TERMS AND ACRONYMS

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

## DEFINITIONS OF SERVICES AND SUPPLIES PROVIDED BY HARM REDUCTION PROGRAMS<sup>1</sup>

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

<sup>1</sup> Adapted from the Ontario Harm Reduction Distribution Program 2016

## Data Sources

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

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

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

Data is for the 2017 calendar year which has changed from the past reports containing fiscal year data.

## Purpose

This report summarizes available data regarding Harm Reduction (HR) programs for the period January 1 to December 31, 2017. This is the first year the report transitioned from fiscal year to calendar year. Utilization analysis informs the direction and delivery of future harm reduction approaches in Saskatchewan.

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

## 2017 Highlights

- In 2017-18, \$562K was provided to former RHAs to support HR programs.
- 4,928,173 needles were issued and 4,874,262 (99%) needles were returned or recovered.
- Regina distributed 2.6M needles (54% of total) followed by Prince Albert at 1.1M or 23% of the provincial total.
- 61,861 visits were made to HR programs.
- Demographic data shows:
  - visits by gender was slightly more for males (55%) than females (44%). 1% did not declare gender or identified as transgender.
  - 35% of clients were 30-39 years of age.
  - 26% of clients were 40-49 years.
  - 20% of clients were 20-29 years.
  - 79% of clients self-identified as being of Aboriginal ethnicity.
- There were 177 people newly diagnosed with HIV in 2017, up from 170 cases in 2016 and 160 cases in 2015.
- In 2017, 713 people newly diagnosed with hepatitis C were reported, a decrease from 722 cases in 2016 and 727 cases in 2015.
- The Saskatchewan rates of new human immunodeficiency virus (HIV) and hepatitis C virus (HCV) infections remained higher than the national rates in 2017. The greatest risk factor for exposure and transmission continues to be injection drug use.

## Introduction

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

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

As of December 31, 2017, 25 fixed and three mobile programs operated in eight former health regions: Regina Qu'Appelle, Five Hills, Saskatoon, Prairie North, Prince Albert Parkland, Sunrise and the North (Mamawetan Churchill River (MCR) and Keewatin Yatthé). **Appendix A** provides a map and list of provincially funded programs.

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

## Background & Objectives

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

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

(BCCDC, 2011)

**Objectives:** HR programs contribute to improved health through:

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

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

### ***Services Provided***

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

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

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

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

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

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

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

## Objective 1: Safe provision, exchange, distribution and recovery of needles.

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

**Table 1.1: Needles Issued, Recovered, and Returned<sup>1</sup> by year – January 1, 2017 – December 31, 2017**

Needles	Issued	Returned <sup>2</sup>	Exchange Rate (%)	Returned and Recovered <sup>3</sup>	Estimated Exchange/ Recovery Rate (%) <sup>4</sup>
Total 2017	4,928,173	4,525,931	92%	4,874,262	99%
<b>TOTAL</b>	<b>4,928,173</b>	<b>4,525,931</b>	<b>92%</b>	<b>4,874,262</b>	<b>99%</b>

<sup>1</sup> Provincial programs; does not include services by First Nations jurisdictions - i.e., Saskatoon Tribal Council (STC).

<sup>2</sup> Numbers are estimated. For safety, staff do not manually count the needles.

<sup>3</sup> Includes needles returned by individuals, community returns, drop box estimates, and community recovery.

<sup>4</sup> Includes private purchase, needles from other programs. As a result, exchange/recovery rates may exceed 100%.

**NOTE: Data from past reports should not be directly compared to the data in this report as the data are from different time frames, April to March (fiscal) and January to December (calendar).**

**Table 1.2: Needles Issued, Recovered, and Returned<sup>1</sup> by former RHA – January 1, 2017 – December 31, 2017**

Needles	Issued	Percent of Total (%)	Returned <sup>2</sup>	Exchange Rate (%)	Returned and Recovered <sup>3</sup>	Estimated Exchange/ Recovery Rate (%) <sup>4</sup>
<b>Former RHA</b>						
Keewatin	7,551	0.2%	6,697	89%	6,697 <sup>5</sup>	89%
Mamawetan	23,495	0.5%	13,349	57%	13,349 <sup>5</sup>	57%
Sunrise	207,455	4.2%	139,537	67%	263,780	127%
Prairie North	203,252	4.1%	124,876	61%	165,985	82%
Five Hills	123,454	2.5%	63,967	52%	65,167	53%
Prince Albert	1,129,024	22.9%	1,135,603	101%	1,169,876	104%
Saskatoon <sup>6</sup>	611,406	12.4%	536,391	88%	676,941	111%
Regina	2,622,536	53.2%	2,505,511	96%	2,512,467	96%
<b>TOTAL</b>	<b>4,928,173</b>	<b>100%</b>	<b>4,525,931</b>	<b>92%</b>	<b>4,874,262</b>	<b>99%</b>

<sup>1</sup> Provincial programs; does not include services by First Nations jurisdictions - i.e., Saskatoon Tribal Council (STC).

<sup>2</sup> Numbers are estimated. For safety, staff do not manually count the needles.

<sup>3</sup> Includes needles returned by individuals, community returns, drop box estimates, and community recovery.

<sup>4</sup> Includes private purchase, needles from other programs. As a result, exchange/recovery rates may exceed 100%.

<sup>5</sup> Former Mamawetan and Keewatin RHA numbers are incomplete due to lack of data from drop boxes.

<sup>6</sup> Saskatoon's low distribution (relative to Regina) and high recovery rate (111%) is in part due to a program run by STC, whose data is not included.

As seen in **Table 1.2**, the Regina Qu'Appelle Health Region distributed the highest number of needles in 2017 at over 2.6M, making up 53% of the provincial total. Prince Albert followed with over 1.1M needles issued or 23% of the provincial total.

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

**Figure 1.1:**  
**Needles Issued, Recovered, Returned and Rates – January 1, 2017 – December 31, 2017**



## **Objective 2: Reduced incidence of drug-related health and social harms, including transmission of blood-borne pathogens**

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

In 2017, there were 177 persons newly diagnosed with HIV, up 4% over 2016. This makes our rates (15.1 per 100,000) the highest in Canada at over twice the national rate (6.4 per 100,000). Injection drug use is the predominant risk factor for acquiring HIV. In 2017, 67% (119 cases) reported injection drug use. It's estimated each new HIV case results in a **\$1.3M** cost per life-course. This includes \$250K in health care costs, \$670K in lost labour productivity, and \$380K in quality of life losses. (Source: Kingston-Riechers 2011).

Fifty to 70 new HCV cases are diagnosed each month. Rates of new cases in 2017 are high at 59.6 per 100,000. Injection drug use is the predominant risk factor for acquiring HCV. In 2017, 54% (383 cases) of the newly diagnosed 713 HCV cases reported injection drug use. Treatment of HCV has rapidly evolved with new drug therapies. HCV was previously treated with injectable and oral medications for several months at a time, with poor success rates, and intolerable side effects. The new oral drugs require shorter treatment courses (eight to 12 weeks), are more effective (cure rates of 90-98%), better tolerated, and enhance patient adherence and improve outcomes.

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

Further detail is available in the HIV Prevention and Control Report 2017 at:  
[www.saskatchewan.ca/hiv](http://www.saskatchewan.ca/hiv)

### Objective 3: Promoting and facilitating referral to primary care, addiction, mental health and social services.

Indicator 3.1: Services provided by HR program.

**Table 3.1: Counselling, education, and care services provided by HR programs by RHA<sup>1</sup>**

	Regina Qu'Appelle	Saskatoon	Prince Albert Parkland	North <sup>2</sup>	Sunrise	Prairie North	Five Hills
Risk Reduction Counselling	✓	✓	✓	✓	✓	✓	✓
Vein Maintenance	✓	✓	✓		✓	✓	
Addiction Counselling	✓	✓	✓	✓	✓	✓	
Hepatitis A/B Immunization	✓	✓	✓	✓	✓	✓	✓
HIV, hepatitis B, hepatitis C Counselling/Testing/Care	✓	✓	✓	✓	✓	✓	✓
Abscess Counselling/ Care	✓		✓	✓	✓	✓	
STI Counselling/Care	✓	✓	✓	✓	✓	✓	✓
Abuse Counselling	✓	✓	✓			✓	
Mental Health Issues Counselling	✓	✓			✓	✓	
Pregnancy Counselling	✓	✓			✓	✓	✓
Birth Control Counselling	✓	✓	✓		✓	✓	✓

<sup>1</sup> In situations where services are not provided on site, referrals are made to other agencies/supports.

<sup>2</sup> North includes Keewatin Yatthé, and La Ronge.

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

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

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

**Objective 4: Reducing barriers to health and social services, reducing stigma and discrimination and raising public awareness of harm reduction principles, policies and programs.**

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

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

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

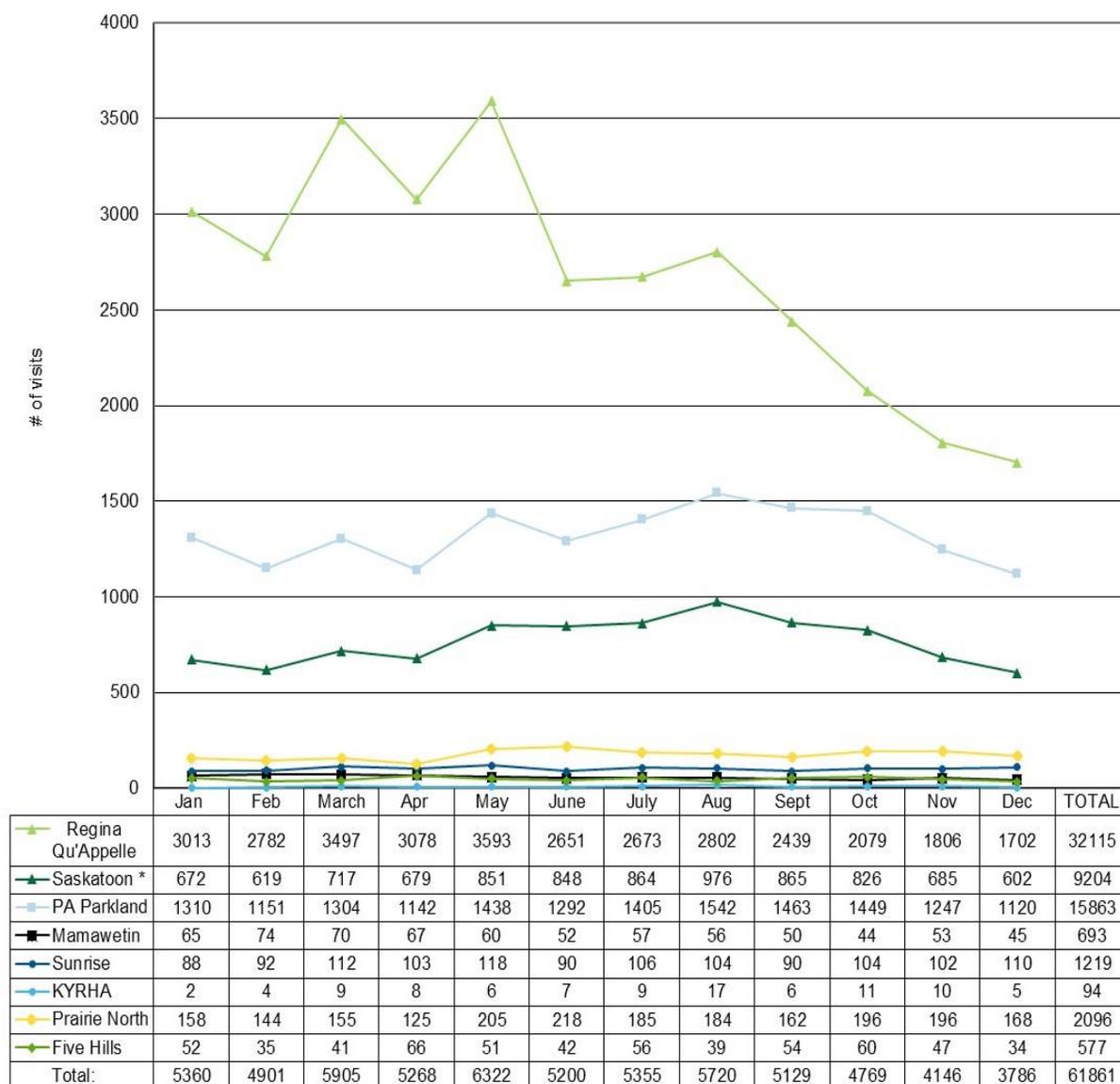
- Organized spring clean-ups with various partners;
- Education regarding safe needle pick up – primarily to educational institutions, community partners and businesses, and community based organizations;
- Hosting public events and social marketing campaigns to raise awareness and education regarding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

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

## Objective 5: Promoting full and equitable reach of harm reduction services to all residents who use drugs.

Indicator 5.1: Annual number of visits to HR programs.

Figure 5.1: Visits (N=61,861) to Harm Reduction programs by month by RHA, 2017



\* Saskatoon figures may appear low, data from the Saskatoon Tribal Council (STC) program are not included.

A total of 61,861 visits were made to HR programs from January 1 to December 31, 2017. Programs in Regina reported the highest visits, with an average of 2,676 visits per month. Prince Albert followed with an average of 1,322 visits per month.

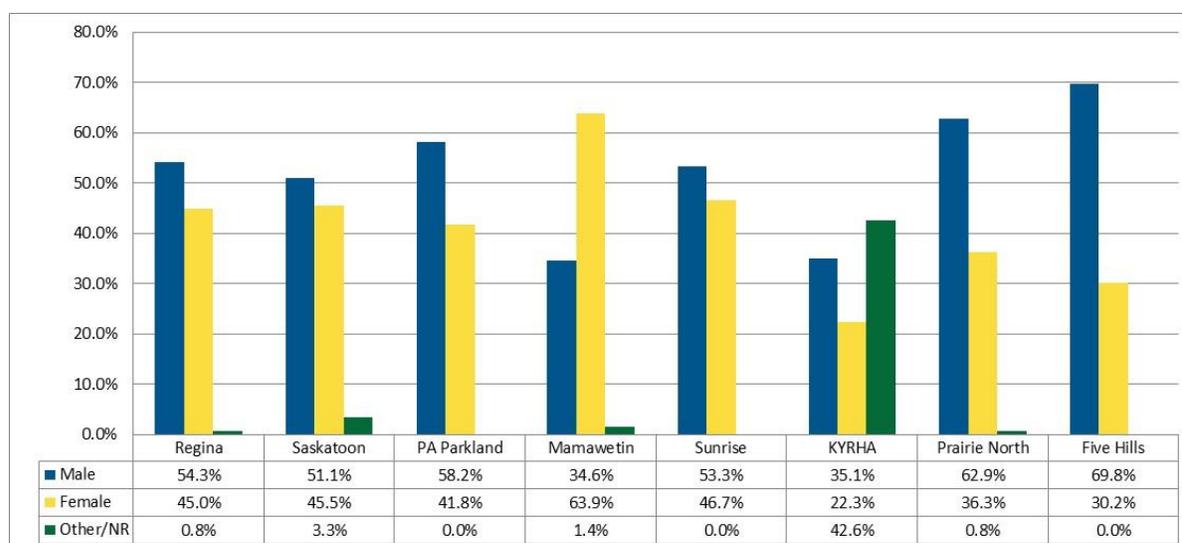
*Indicator 5.2: Client characteristics, including gender, age, ethnicity.*

**5.2.1: Visits by Gender**

In 2017, visits were nearly equally distributed between male (55%) and female clients (44%). 1.0% did not declare gender or identified as transgender.

Visits by gender varied between regions. For example, in PA, female clients made up 42% of visits and male clients 58%, while in Five Hills, 70% of visits were made by male clients and 30% made by female clients.

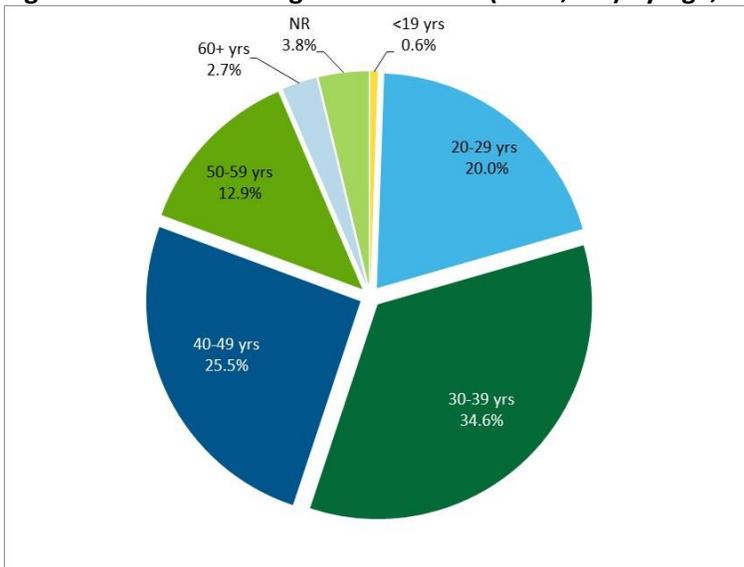
**Figure 5.2.1: Harm Reduction visits (N=61,861) by Gender and Regional Health Authority, 2017**



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

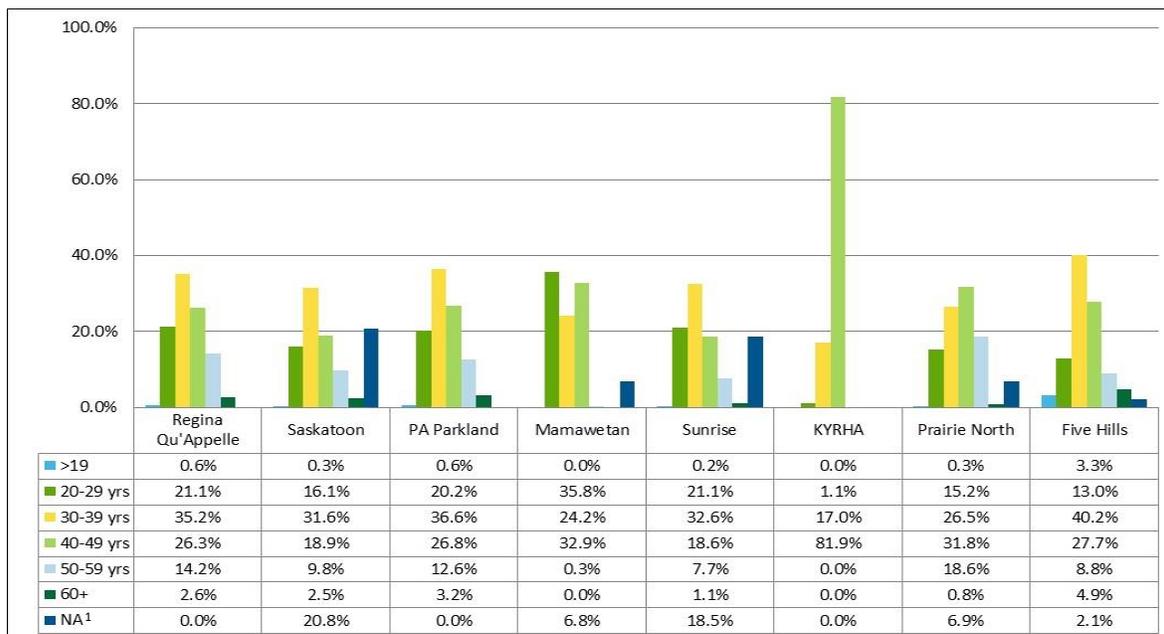
5.2.2: Visits by Age

Figure 5.2.2a: Percentage of total visits (N=61,861) by Age, 2017



In 2017, 35% of visits were by people aged 30-39 years, 26% were 40-49 years and 20% were 20-29 years old. Those less than 20 years accounted for 1% of total visits. **Figure 5.2.2b** describes HR program use by client age and former regional health authority.

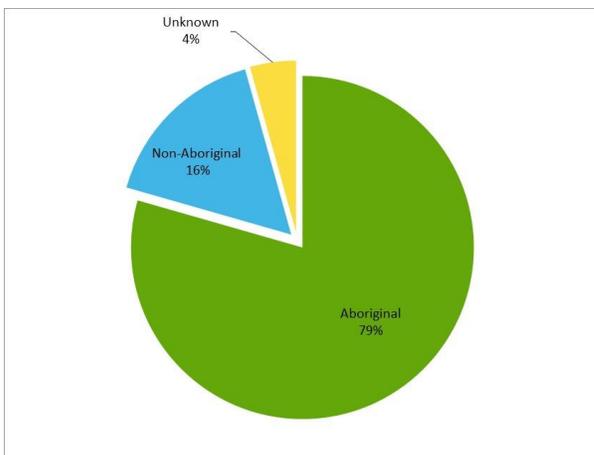
Figure 5.2.2b: Percentage of visits (N=61,861) by Age and RHA, 2017



¹ NA represents visits for which age was not reported at site visits.

5.2.3: Visits by Ethnicity

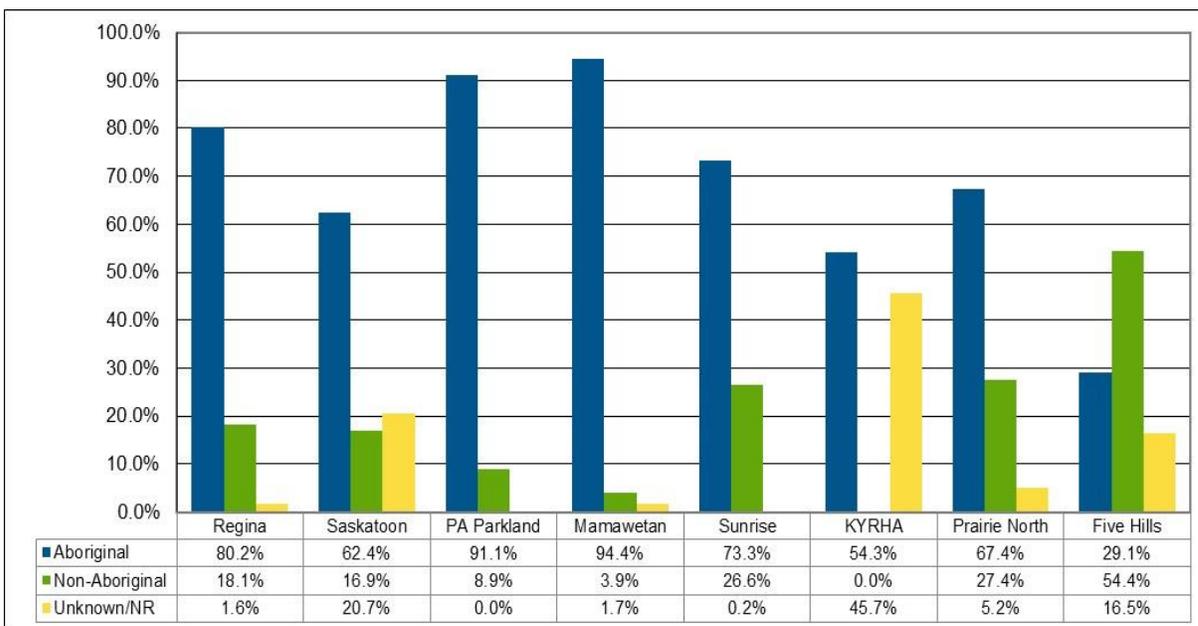
**Figure 5.2.3a: Ethnic Origin of Clients**



In 2017, 79% of the 61,861 visits were by persons self-identifying as of Aboriginal ethnicity (note: includes First Nations, Metis - does not specify Treaty status).

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

**Figure 5.2.3b: Percentage of visits (N=61,861) by Self-Reported Ethnicity and RHA, 2017**



Note: Unknown/Not Recorded (NR) represents individuals for which ethnicity was not reported at program visits.

### Indicator 5.3: Catchment Areas

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

**Table 5.3: Region of Residence by Location of Service for Harm Reduction Program, 2017, N=53,401 (Visits = 61,861)**

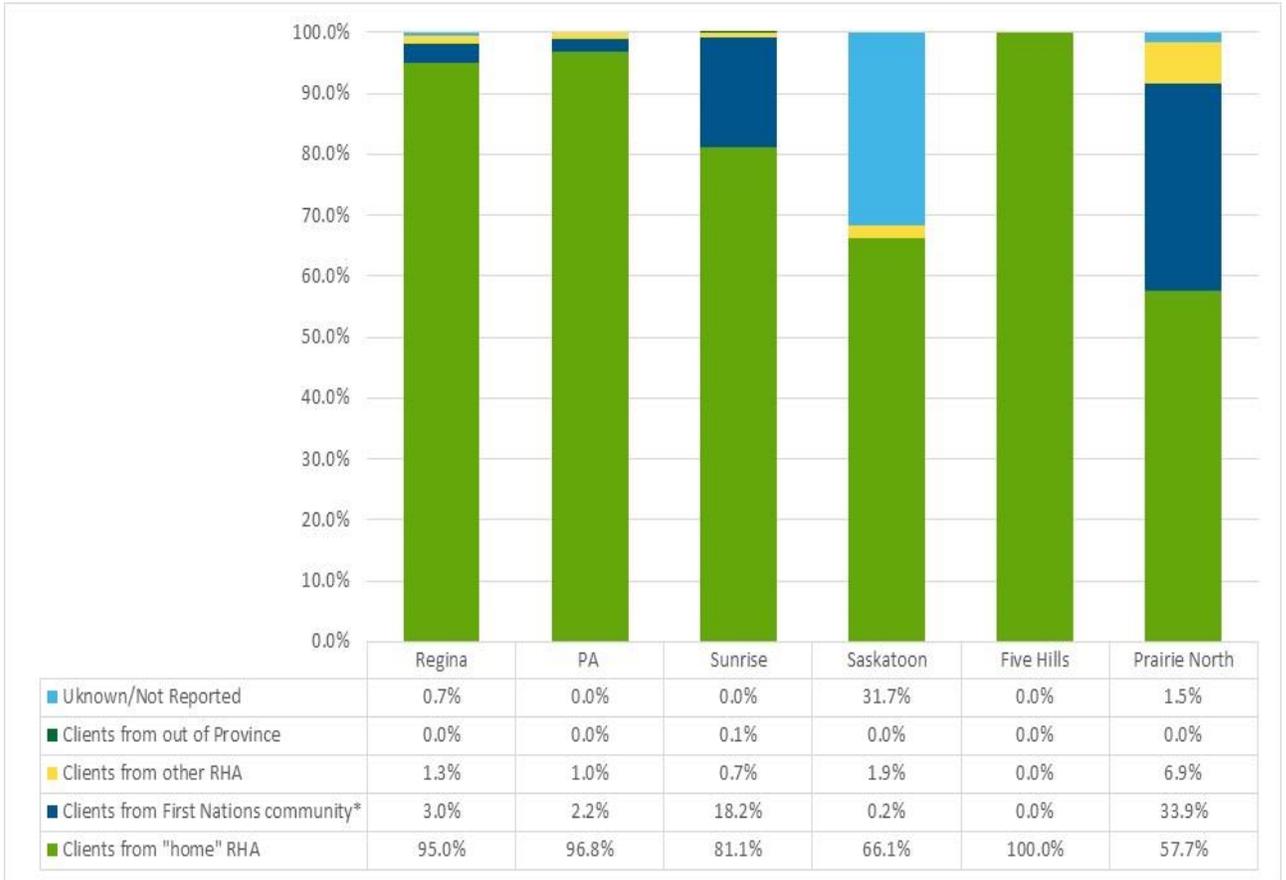
Region of Residence	Harm Reduction Region of Service							
	Regina Qu'Appelle <sup>1</sup>	Prince Albert Parkland	Mamawetan	Saskatoon <sup>2</sup>	Keewatin Yatthé	Five Hills	Sunrise	Prairie North
Percent of client visits from "home" RHA	95.0%	96.8%	NR	66.1%	NR	100%	81.1%	57.7%
Percent of client visits from other RHA	1.3%	1.0%	NR	1.9%	NR	0.0%	0.7%	6.9%
Percent of client visits from First Nations community <sup>3</sup>	3.0%	2.2%	NR	0.2%	NR	0.0%	18.2%	33.9%
Percent of client visits from out of Province	0.0%	0.0%	NR	0.0%	NR	0.0%	0.1%	0.0%
Percent Unknown /Not Reported (NR)	0.7%	0.0%	NR	31.7%	NR	0.0%	0.0%	1.5%

<sup>1</sup> Regina counts secondary distribution in their region of residence, i.e. if one person visits the site and requests needles to take back to their home/community for other individuals.

<sup>2</sup> Saskatoon reports on discrete visits instead of total visits. As such, region of residence was not reported for 7908 visits.

<sup>3</sup> Some clients from a FN's community may also be from the "home" RHA.

**Figure 5.3: Region of Residence by Location of Service for Harm Reduction Program, 2017, N=53,401 (Visits = 61,861)**



**Notes:**

1. Regina counts secondary distribution in their region of residence, i.e. if one person visits the site and requests needles to take back to their home/community for other individuals.
2. Saskatoon reports on discrete visits instead of total visits. As such, region of residence was not reported for 7,908 visits.
3. Percentages include Not Reported Region of Residence in the denominator.

## Objective 6: Reducing opioid overdose deaths and health-related harms.

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

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

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

In 2017-18, THN kits were available free of charge in the health regions noted below; 347 THN kits were distributed to Saskatchewan residents at risk of an opioid overdose. Friends and family of people who use opioids are also encouraged to be trained, as they may witness an overdose. In 2017-18, 1,542 people received the overdose recognition and response training. A breakdown of THN kit distribution and training by health region can be found in **Table 6.1**.

**Table 6.1: Naloxone Kits Distributed by Regional Health Authority, 2017-18**

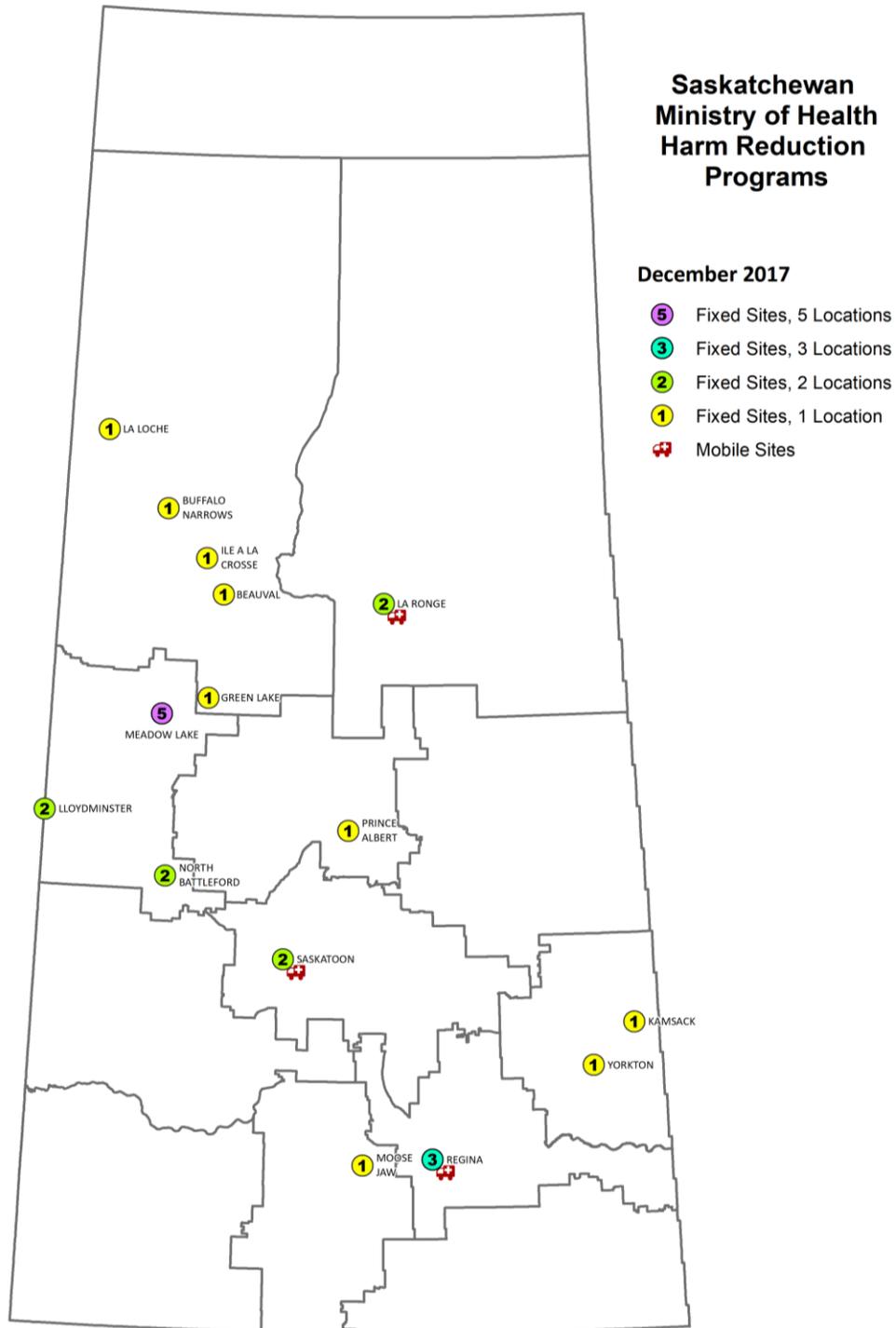
Health Region	Naloxone Kits Distributed	Training Provided
Regina Qu'Appelle	59	210
Saskatoon	90	777
PA Parkland	82	288
Sunrise	96	139
Prairie North	12	69
Five Hills	5	16
Heartland	0	1
Keewatin Yatthé	0	14
Cypress	2	27
Kelsey Trail	1	1
<b>Total</b>	<b>347</b>	<b>1542</b>

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

In addition, 450 kits were distributed and 828 people trained in First Nations communities in 2017.

APPENDIX A

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



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

Community or Former RHA	Sites
<b>Regina</b> • 1 mobile	Sexual Health Clinic/Public Health (downtown)
	Carmichael Outreach <sup>1</sup>
	AIDS Programs South Sask.
<b>Saskatoon</b> <sup>2</sup> • 1 mobile	Saskatoon Public Health – Idylwyld Centre
	AIDS Saskatoon
<b>Prince Albert</b>	Access Place - Sexual Health Clinic
<b>Moose Jaw</b>	Moose Jaw Public Health
<b>Prairie North</b>	Battlefords Sexual Health Clinic
	North Battleford Public Health
	Meadow Lake Public Health (2)
	Meadow Lake Hospital ER
	Door of Hope Clinic, Meadow Lake (once per week)
	Meadow Lake Primary Health Care Centre (once per week)
	Lloydminster Public Health
Lloydminster Native Friendships Centre (twice per week)	
<b>La Ronge</b> • 1 mobile	La Ronge Health Centre
	Scattered Site Outreach
<b>Keewatin Yatthé</b>	La Loche Health Centre
	Buffalo Narrows Health Centre
	Ile a la Crosse Public Health
	Green Lake Health Centre
	Beauval Health Centre
<b>Sunrise</b>	Yorkton Public Health (SIGN bldg)
	Kamsack Hospital
<b>TOTAL</b>	<b>25 fixed; 3 mobile</b>

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

<sup>1</sup> Site temporarily not operating until Carmichael moves to permanent location.

<sup>2</sup> Saskatoon data in this report does not include STC Health Centre visits.

## References

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## Limitations & Technical Notes

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

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