

Harm Reduction Programs & Services in Saskatchewan, 2018

Ministry of Health
Population Health Branch

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GLOSSARY OF TERMS AND ACRONYMS

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

DEFINITIONS OF SERVICES AND SUPPLIES PROVIDED BY HARM REDUCTION PROGRAMS¹

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

¹ 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 2018 calendar year.

Purpose

This report summarizes available data regarding HR programs for the period January 1 to December 31, 2018. This is the second year the report reflects data for the calendar year to align with routine notifiable disease reporting (2016-17 was the last report covering fiscal 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.

2018 Highlights

- In 2018-19, \$667K was provided to former RHAs to support HR programs.
- 4,913,593 needles were issued and 4,781,159 (97%) needles were returned or recovered.
- Regina distributed over 2.6M needles (54% of total) followed by Prince Albert at over 1.0M or 22% of the provincial total. Saskatoon distributed over 650K or 13.3% of the provincial total.
- 60,321 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.
 - 34% of clients were 30-39 years of age.
 - 26% of clients were 40-49 years.
 - 17% of clients were 20-29 years.
 - 79% of clients self-identified as being of Aboriginal ethnicity.
- There were 168 people newly diagnosed with HIV in 2018, down from 177 cases in 2017 and 170 cases in 2016.
- In 2018, preliminary data show that 698 people newly identified with hepatitis C infection were reported, a decrease from 710 cases in 2017 and 721 cases in 2016.
- The Saskatchewan rates of new human immunodeficiency virus (HIV) and hepatitis C virus (HCV) infections remained higher than the national rates in 2017 (national rates for 2018 unavailable at time of report). 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 use 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 drug use equipment. The programs also serve as an important means of connecting with clients and engaging them in care.

As of December 31, 2018, 27 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.

The Saskatchewan Health Authority (SHA) also partners with community-based organizations (CBOs) in some locations. 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 Returned¹ by year – January 1, 2017 – December 31, 2018

Needles	Issued	Returned ²	Exchange Rate (%)	Returned and Recovered ³	Estimated Exchange/ Recovery Rate (%) ⁴
Total 2017	4,928,173	4,525,931	92%	4,874,262	99%
Total 2018	4,913,598	4,470,383	91%	4,781,159	97%
TOTAL	9,841,771	8,996,314	91%	9,655,421	98%

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

² Numbers are estimated. For safety, staff do not manually count the needles.

³ Includes needles returned by individuals, community returns, drop box estimates, and community recovery.

⁴ Includes private purchase and 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 Returned¹ by former RHA – January 1, 2018 – December 31, 2018

Needles	Issued	Percent of Total (%)	Returned ²	Exchange Rate (%)	Returned and Recovered ³	Estimated Exchange/ Recovery Rate (%) ⁴
Former RHA						
North ⁵	42,680	0.9%	28,004	66%	28,004	66%
Sunrise ⁴	164,054	3.3%	76,938	47%	183,385	112%
Prairie North	220,147	4.5%	110,673	50%	137,474	62%
Five Hills	143,605	2.9%	70,764	49%	72,564	51%
Prince Albert	1,063,394	21.6%	1,009,225	95%	1,034,253	97%
Saskatoon ^{4, 6}	653,070	13.3%	636,765	98%	777,315	119%
Regina	2,626,648	53.5%	2,538,014	97%	2,548,164	97%
TOTAL	4,913,598	100%	4,470,383	91%	4,781,159	97%

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

² Numbers are estimated. For safety, staff do not manually count the needles.

³ Includes needles returned by individuals, community returns, drop box estimates, and community recovery.

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

⁵ Includes former Mamawetan and Keewatin RHA numbers.

⁶ 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 2018 at over 2.6M, making up 53.5% of the provincial total. Prince Albert followed with over 1.0M needles issued or 21.6% 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, 2018



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 2018, there were 168 persons newly diagnosed with HIV, a 5% decrease compared to 2017. Injection drug use is the predominant risk factor for acquiring HIV. In 2018, 71% (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 2018 are high at 58.8 per 100,000. Injection drug use is the predominant risk factor for acquiring HCV. In 2018, preliminary data show that 52% (363 cases) of the 698 people newly identified with HCV infection reported injection drug use.

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 2018 at: 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 former RHA¹

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

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

² 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: 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 other sexually-transmitted and blood borne infections and to improve awareness of HR services.

In 2018, the following initiatives were implemented:

- The Saskatchewan HIV Collaborative website was updated to include an interactive map of harm reduction sites and services offered: www.skshiv.ca/saskatchewan-harm-reduction-services/
- A jurisdictional scan was completed across Canada regarding the availability of safer inhalation supplies (crystal methamphetamine pipes and crack pipes). Work commenced to make supplies available at provincially-funded sites in 2019.

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:

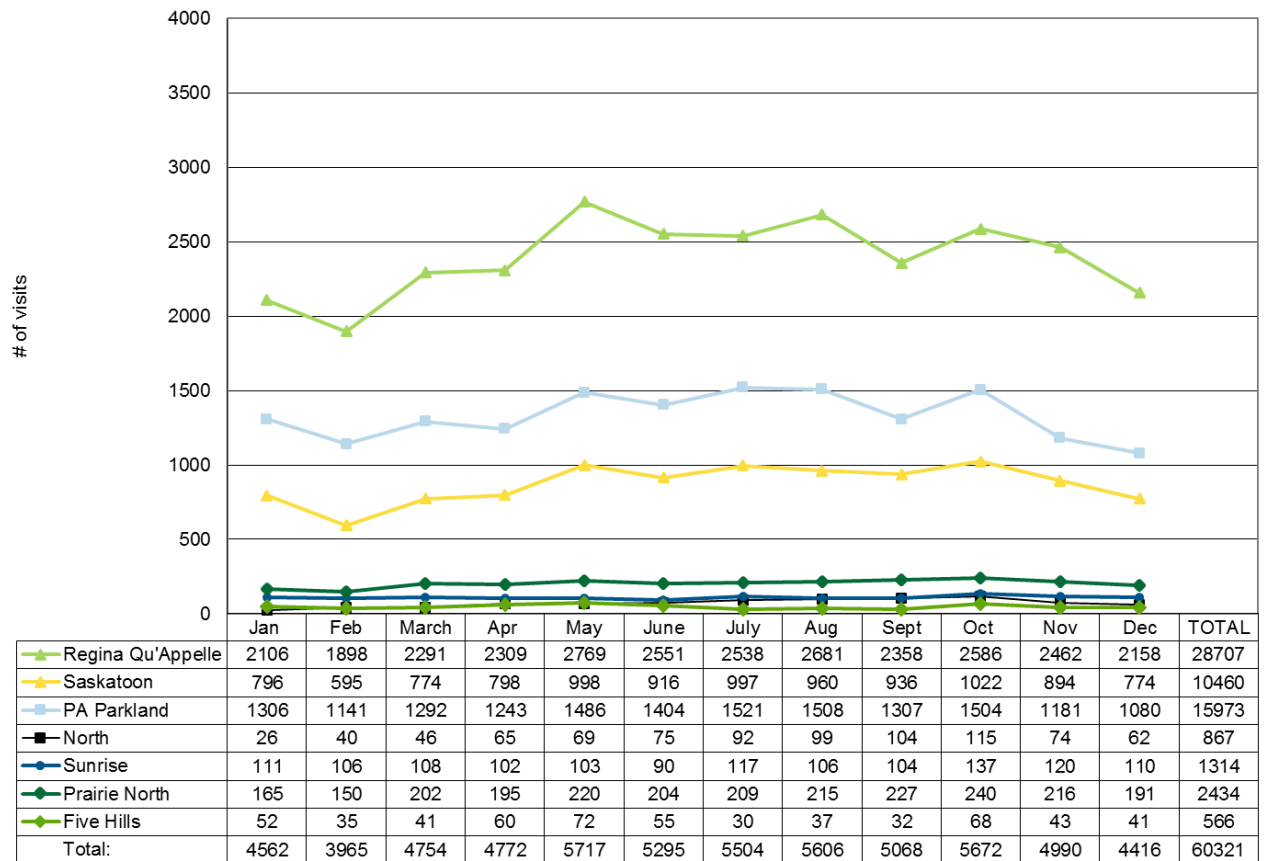
- Organized spring clean-ups with various partners;
- Education regarding safe needle pick up – primarily to educational institutions, community partners and businesses, and community based organizations;
- Hosting public events and social marketing campaigns to raise awareness and education regarding 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. Over 128 community and health care provider education sessions were provided in 2018. For more information, go to 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=60,321) to Harm Reduction programs by month by RHA, 2018



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

A total of 60,321 visits were made to HR programs from January 1 to December 31, 2018. Programs in Regina reported the highest visits, with an average of 2,392 visits per month. Prince Albert followed with an average of 1,331 visits per month.

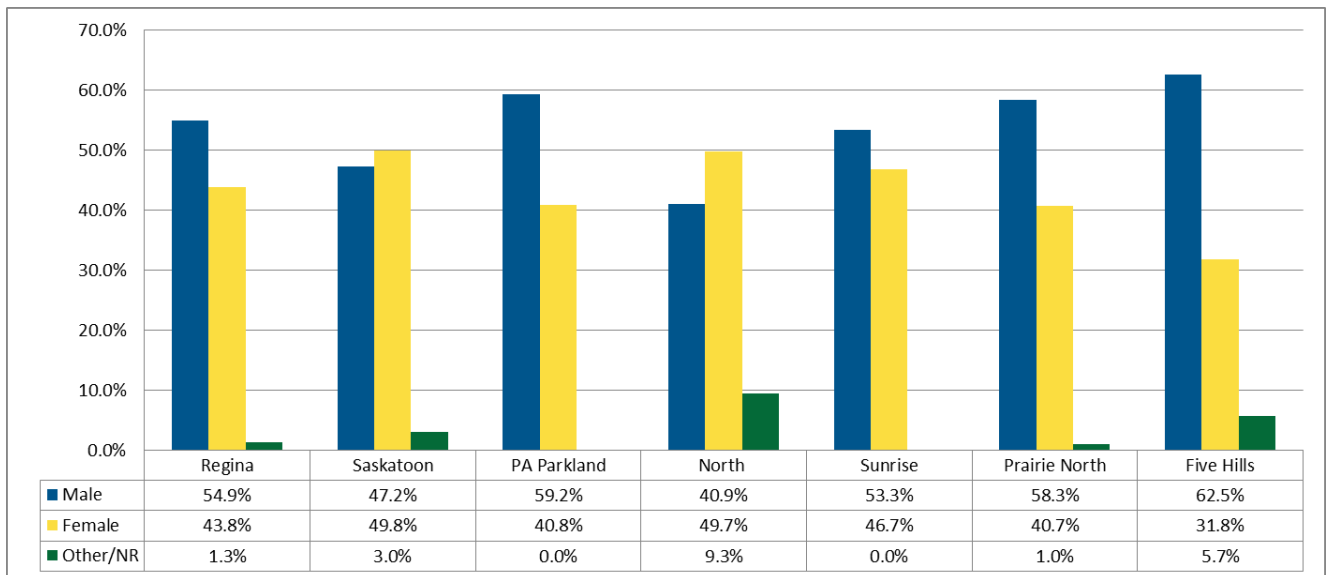
Indicator 5.2: Client characteristics, including gender, age, ethnicity.

5.2.1: Visits by Gender

In 2018, 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 41% of visits and male clients 59%, while in Five Hills, 63% of visits were made by male clients and 32% made by female clients.

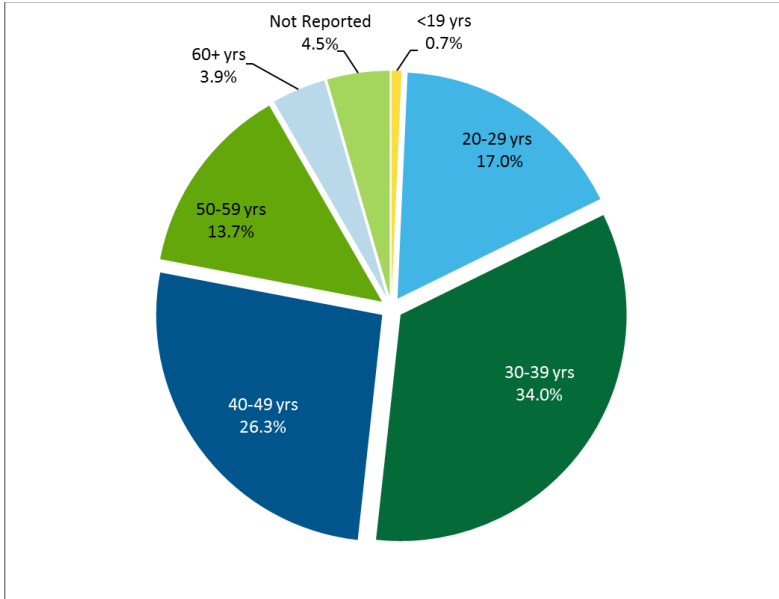
Figure 5.2.1: Harm Reduction visits (N=61,861) by Gender and former Regional Health Authority, 2018



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

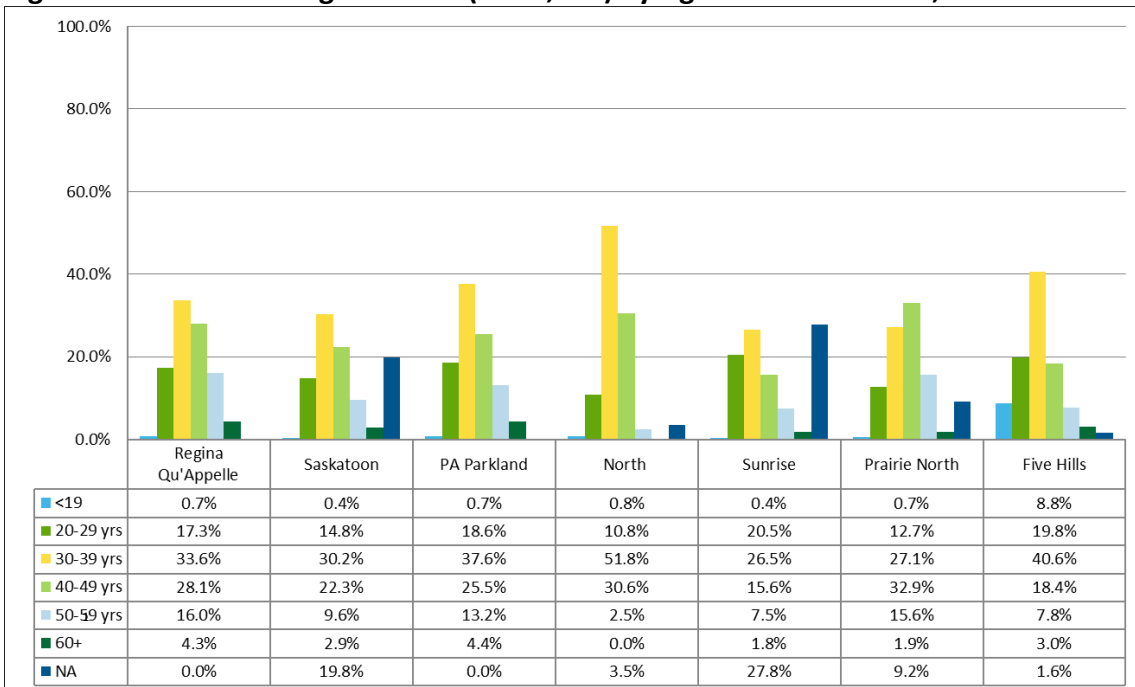
5.2.2: Visits by Age

Figure 5.2.2a: Percentage of total visits (N=60,321) by Age, 2018



In 2018, 34% of visits were by people aged 30-39 years, 26% were 40-49 years and 17% 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 RHA.

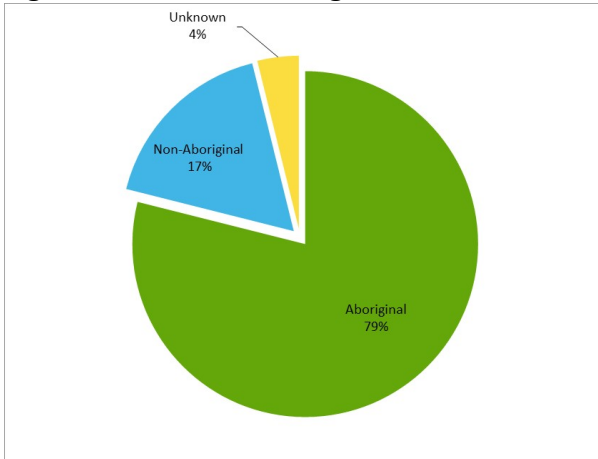
Figure 5.2.2b: Percentage of visits (N=60,321) by Age and former RHA, 2018



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

5.2.3: Visits by Ethnicity

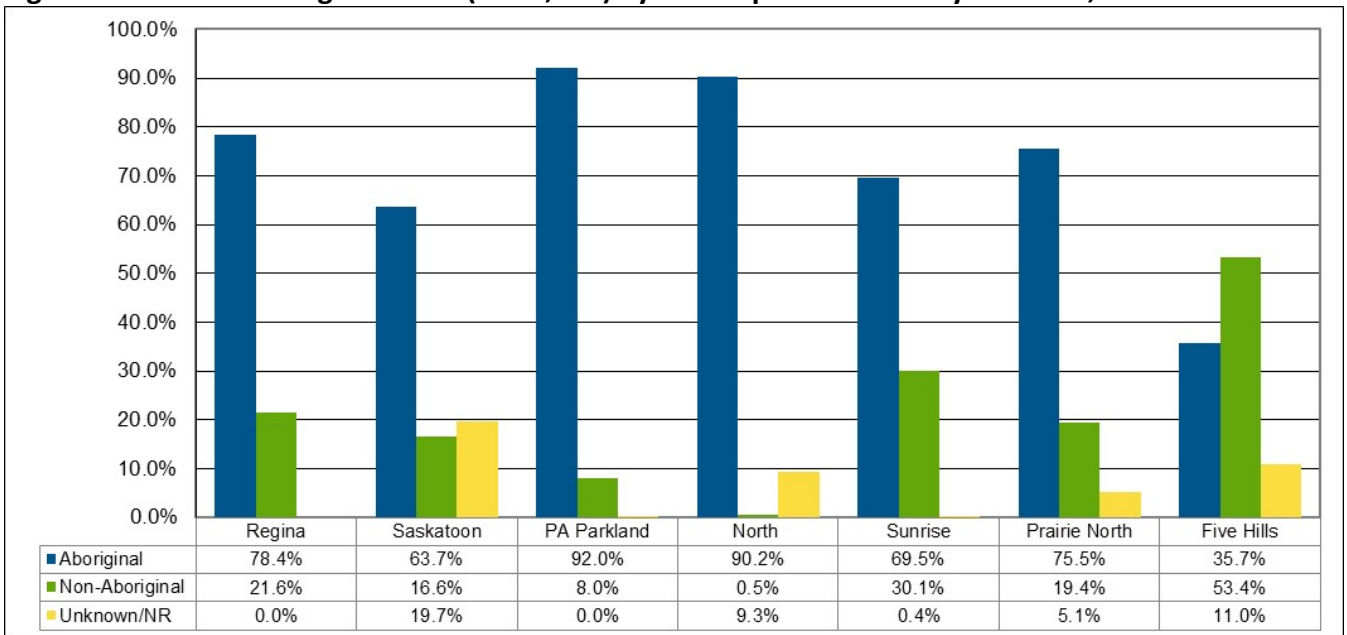
Figure 5.2.3a: Ethnic Origin of Clients



In 2018, 79% of the 60,321 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=60,321) by Self-Reported Ethnicity and RHA, 2018



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. The North, 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, 2018, N=60,321

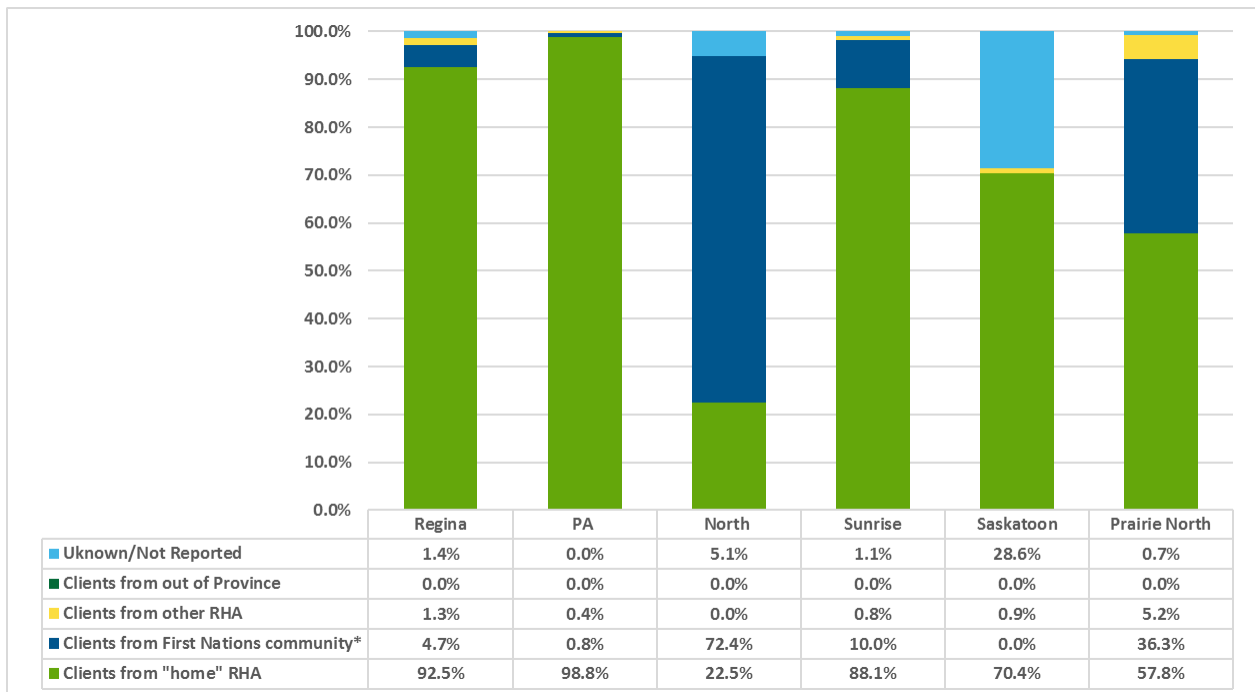
Region of Residence	Harm Reduction Region of Service						
	Regina Qu'Appelle ¹	Prince Albert Parkland	Saskatoon	North ²	Five Hills	Sunrise	Prairie North
Percent of client visits from "home" RHA	92.5%	98.8%	70.4%	22.5%	98.2%	88.1%	57.8%
Percent of client visits from other RHA	1.3%	0.4%	0.9%	0.0%	1.8%	0.8%	5.2%
Percent of client visits from First Nations community ³	4.7%	0.8%	0.0%	72.4%	0.0%	10.0%	36.3%
Percent of client visits from out of Province	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Percent Unknown /Not Reported (NR)	1.4%	0.0%	28.6%	1.1%	0.0%	1.1%	0.7%

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 Includes former Mamawetan and Keewatin RHA.

³ 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, 2018, N=60,321



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. 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, former 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.

Initially, Saskatchewan residents at risk of an opioid overdose could receive overdose prevention, recognition and response training and a THN kit. In April 2018, the Ministry of Health changed the THN policy to allow free kits for people who might witness an opioid overdose such as friends and family of people who use drugs and the training required.

Other initiatives in 2018 that supported increased access to naloxone include:

- In May 2018, the Saskatchewan College of Pharmacy Professionals made an administrative bylaw change to un-schedule naloxone. Naloxone can be issued without the involvement of a pharmacist, making it easier for CBOs who work with individuals at risk of an opioid overdose to distribute kits to their clients. Several CBOs have partnered with the SHA to distribute THN kits since this change.
- In December 2018, the SHA made THN Kits available in Saskatoon and Regina emergency departments for patients who have overdosed on an opioid. Access is expanding across the province.

In 2018-19, 1,585 THN kits were distributed to Saskatchewan residents and 2,693 people received the overdose recognition and response training. 133 lives were reportedly saved through administration of a THN kit.

In addition, 971 kits were distributed and 1,646 people trained in First Nations communities in 2018.

Since 2015, 10 harm reduction sites have THN kits on site.

APPENDIX A

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

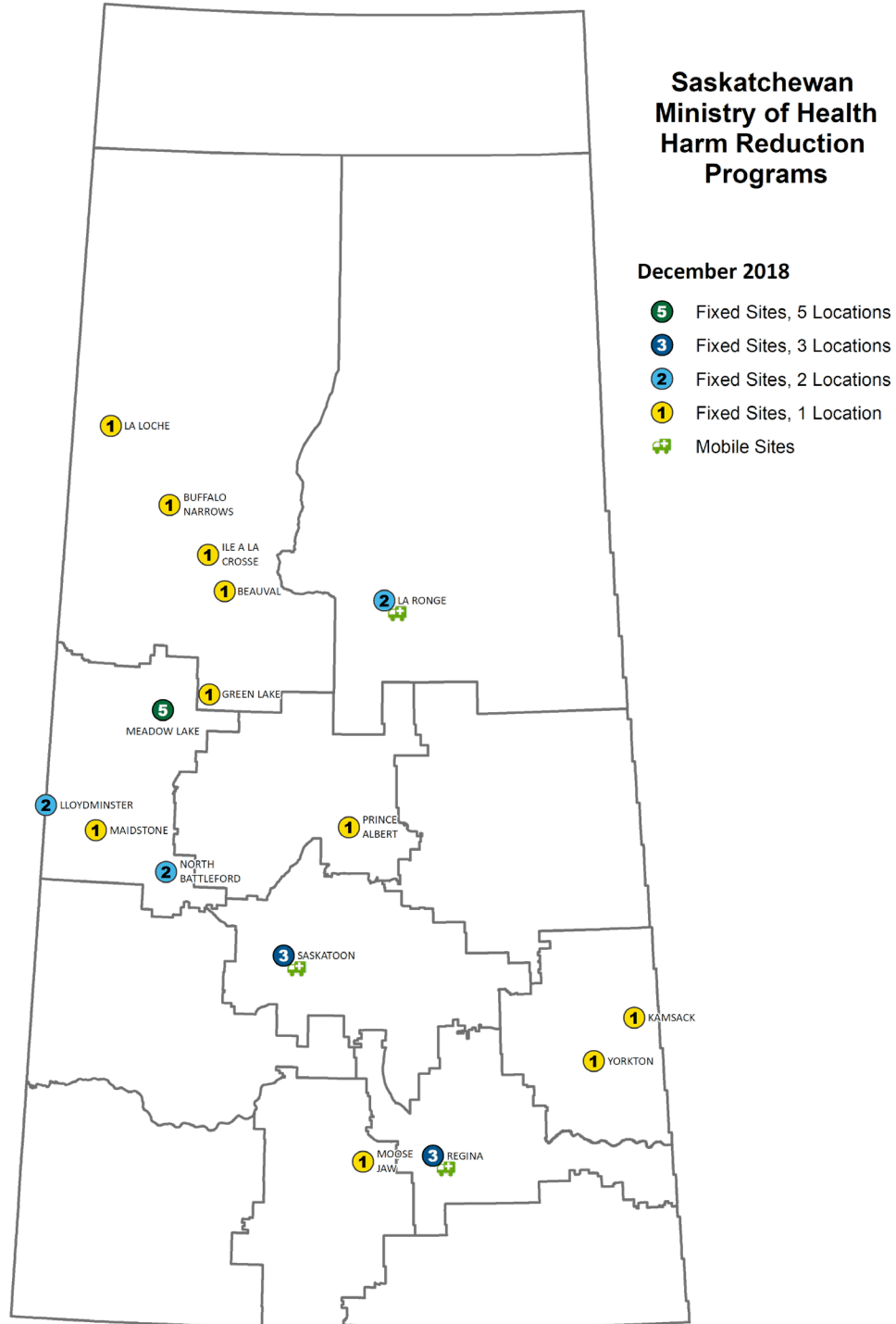


Table 1: Provincially-funded Harm Reduction Program locations, as of December 31, 2018

Community or Former RHA	Sites
Regina • 1 mobile	Sexual Health Clinic/Public Health (downtown)
	Carmichael Outreach ¹
	AIDS Programs South Sask.
Saskatoon ² • 1 mobile	Saskatoon Public Health – Idylwyld Centre
	AIDS Saskatoon
	Saskatoon Tribal Council (STC) Health Center
Prince Albert	Access Place - Sexual Health Clinic
Moose Jaw	Crescent View Clinic
Prairie North	Battlefords Sexual Health Clinic
	North Battleford Public Health
	Meadow Lake Public Health (2) ³
	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)
Maidstone Health Complex	
La Ronge • 1 mobile	La Ronge Health Centre
	Scattered Site Outreach
Keewatin Yatthé	La Loche Health Centre
	Buffalo Narrows Health Centre
	Ile a la Crosse Public Health
	Green Lake Health Centre
	Beauval Health Centre
Sunrise	Yorkton Public Health (SIGN bldg)
	Kamsack Hospital
TOTAL	27 fixed; 3 mobile

¹ Site temporarily not operating until Carmichael moves to permanent location.

² Saskatoon data in this report does not include STC Health Centre visits.

³ Includes Public Health and HIV Strategy Coordinator offices.

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

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.