Prevention and Risk Reduction Programs & Services in Saskatchewan

2015-2016 Report

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Population Health Branch

GLOSSARY OF TERMS AND ACRONYMS

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

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

Alcohol swab	A single-use, individually packaged sterile alcohol swab used to clean the injection site or equipment to reduce transmission of blood-borne pathogens
Dental pellet	A small rolled cotton ball used as a filter to prevent solids from entering the syringe
Hygiene items	May include: first aid kits, eyeglass containers, cotton balls, dental dams, male and female condoms
Naloxone	A medication that can reverse the effect of an overdose from opioids (e.g. heroine, methadone, morphine)
Needle distribution	Clean needles and education on safe disposal methods are provided to PRR 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

Purpose
This report is a summary of available data regarding Prevention and Risk Reduction (PRR) programs for the period April 1, 2015 to March 31, 2016.

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

There are 25 fixed and two mobile sites as of March 31, 2016 (**Map Appendix A**).
One new PRR site opened in Sunrise Health Region in August 2015.

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

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

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

Key Highlights
- $562K in annualized funding is provided to eight RHAs for PRR Programming.

- 5,059,684 needles were supplied, an 8% increase from the 4,705,214 in 2014-15 and a 13% increase from 2013-14.

- 4,815,830 (95%) needles were returned or recovered, a decrease of 1% from the 96% in 2014-2015, and 6% (101%) in 2013-2014.

- 64,000 visits were made to PRR programs, up 14% from 2014-15. Demographic data shows:
  - 55% of visits were made by male clients;
  - 36% of clients were 30-39 years of age;
  - 26% of clients were 40-49 years; and
  - 21% of clients were 20-29 years; and
  - 80% of clients self-identified as being of Aboriginal ethnicity.

- The Saskatchewan rates of new human immunodeficiency virus (HIV) and hepatitis C virus (HCV) infections remained higher than the national rates in 2015. The greatest risk factor for exposure and transmission continues to be injection drug use.

- Take Home Naloxone kits became available in Saskatoon in November 2015.

Introduction

Saskatchewan continues to lead the country in rates of new cases of HIV and Hepatitis C. The major risk factor is injection drug use. Prevention and Risk Reduction (PRR) programs are part of a comprehensive public health disease prevention strategy to reduce the spread of HIV, hepatitis C, and other 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. However, the programs serve as the single most important means of connecting with clients and engaging them in care.

As of March 31, 2016, there are 25 fixed and two mobile programs located in eight health regions: Regina Qu'Appelle, Five Hills, Saskatoon, Prairie North, Prince Albert Parkland, Sunrise and the North (Mamawetan Churchill River and Keewatin Yatthé). **Appendix "A"** provides a map and list of provincially-funded programs.

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

Background & Objectives

Why Provide These Services?

Prevention and risk reduction 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, PRR services provide open, non-judgmental assistance to make the behaviours they engage in safer; link high-risk individuals to appropriate health and social services, such as mental health and addiction services; and test for blood-borne infections. According to the British Columbia Centre for Disease Control (BCCDC):

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

160 new HIV cases were reported in 2015, the highest per capita at 13.9 versus 5.8 per 100,000 nationally. It's estimated each new HIV case results in a **$1.3M** cost per life-course. This includes $250K in health care costs, $670K in lost labour productivity, and $380K in quality of life losses. (Source: Kingston-Riechers 2011).

Each month 50-60 new cases of Hepatitis C virus (HCV) are diagnosed making our rates (62.7 per 100,000 in 2015) more than twice the national. It is estimated 12,000 people in Saskatchewan are infected – most don't even know as they often don't have symptoms.

In 2015, new medications were listed on the Saskatchewan Formulary that offer effective, simple and fast treatment for chronic HCV patients. When taken appropriately, over 90% of patients will be cured in as little as eight to 24 weeks. The cost is estimated at $45K to $100K per patient.

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

What services are provided by PRR programs?

Supplies: Needles and syringes are provided by every PRR 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 include: sterile water, tourniquets, spoons/cookers, alcohol swabs, dental pellets, condoms, lubricant, and sharps containers. Some provide basic first aid supplies, travel 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, hepatitis C, and sexually transmitted infections and referral for treatment; counselling regarding social issues (housing, abuse, addictions, mental health, etc.), general health issues, sexual health, pregnancy and birth control; immunizations; and first aid, 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 counselors trained to assist clients with a broad range of medical and social issues. Referrals are offered to other agencies, including those providing medical, dental, social, sexual assault, and addiction services, including methadone maintenance treatment and recovery. Referrals are made to off-site mental health or social service agencies when the program either does not provide the service or if an assessment warrants the intervention of a specialized counselor or health care professional.

Objectives: PRR programs in Saskatchewan contribute to the following important objectives that improve health:

1. To promote community safety through safe provision, exchange, distribution, and recovery of syringes and needles.
2. To reduce incidence of drug-related health and social harms, including transmission of blood-borne pathogens.
3. To promote and facilitate referrals to primary care, addiction, mental health and social services.
4. To reduce barriers to health and social services, including activities to reduce stigma and discrimination and raise public awareness of harm reduction principles, policies and programs among those in the health system, municipalities, and the general public.
5. To provide full and equitable prevention and risk reduction services to all Saskatchewan residents who use drugs.
6. To empower Saskatchewan residents who use drugs to make informed decisions that prevent illness and promote health.

Note: Objectives for the PRR 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 based on the information available to the Saskatchewan Ministry of Health.

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

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

Table 1.1: Needles Issued/Recovered by year – April 1, 2011 – March 31, 2016

RHA	Needles Issued[1]	Needles Returned[2]	Estimated Exchange Rate (%)	Total needles returned and recovered[3]	Estimated Exchange/ Recovery Rate (%)[4]
Total 2011-12	4,759,733	4,435,415	93%	4,719,574	99%
Total 2012-13	4,554,992	4,241,355	93%	4,453,730	98%
Total 2013-14	4,466,414	4,239,999	95%	4,498,217	101%
Total 2014-15	4,705,214	4,282,075	91%	4,537,443	96%
Total 2015-16	5,059,684	4,551,987	90%	4,815,830	95%
TOTAL	**23,546,037**	**21,750,831**	**92%**	**23,024,794**	**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, needles from other programs. As a result, exchange/recovery rates may exceed 100%.

In the past five years, the number of needles distributed increased by 6%; needles returned/recovered increased by 2%.

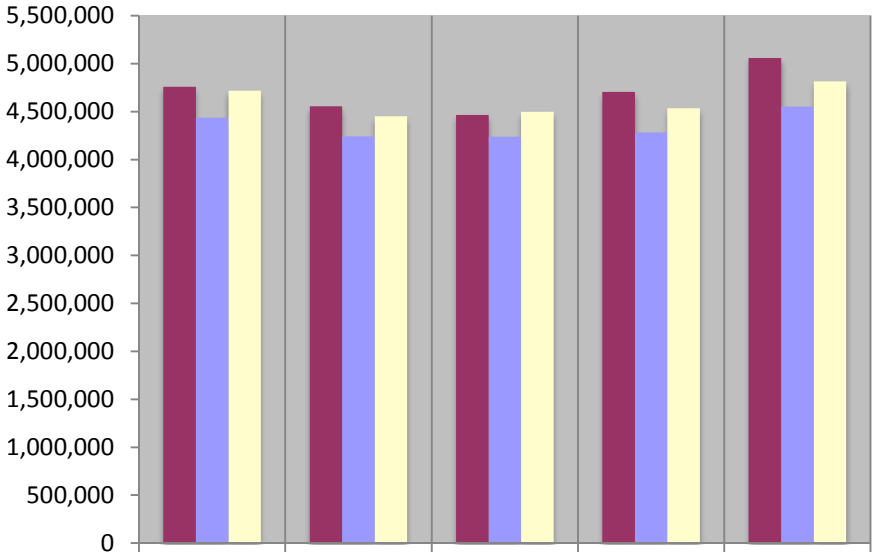
Table 1.2: Needles Issued/Recovered by RHA – April 1, 2015 – March 31, 2016

RHA	Needles Issued[1]	Percent of Total Issued (%)	Needles Returned[2]	Exchange Rate (%)	Needles returned and recovered[3]	Exchange/ Recovery Rate (%)[4]
Keewatin	7,430	0.1%	7,743	104%	7,743	104%
Mamawetan[5]	32,790	0.6%	29,587	90%	29,813	91%
Sunrise	196,922	3.9%	134,834	68%	144,099	73%
Prairie North	148,387	2.9%	91,704	62%	110,201	74%
Five Hills	147,962	2.9%	117,460	79%	119,309	81%
Prince Albert	1,274,764	25.2%	1,070,386	84%	1,151,581	90%
Saskatoon[6]	560,429	11.1%	498,990	89%	649,854	116%
Regina	2,691,000	53.2%	2,601,283	97%	2,603,230	97%
Total 2015-16	**5,059,684**	**100%**	**4,551,987**	**90%**	**4,815,830**	**95%**

[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] Mamawetan RHA numbers are incomplete due to lack of data from drop boxes.
[6] Saskatoon's low distribution (relative to Regina) and high recovery rate (116%) 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 2015-2016 at close to 2.7M. Saskatoon reported the highest exchange/recovery rate at 116%. The provincial average needle exchange/recovery rate was 95%.

Figure 1.1: Annual Needles Issued/Recovered – April 1, 2011 – March 31, 2016

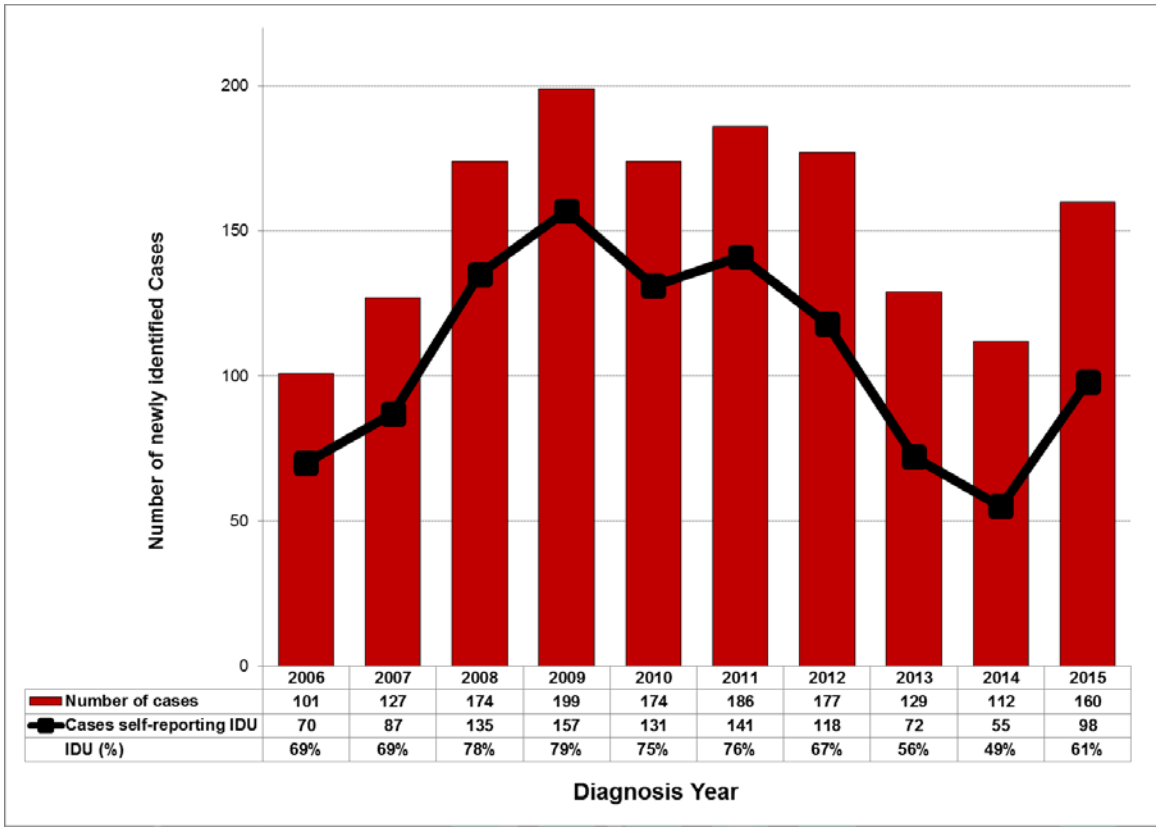


	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Needles Issued	4,759,733	4,554,992	4,466,414	4,705,214	5,059,684
Needles Returned	4,435,415	4,241,355	4,239,999	4,282,075	4,551,987
Total Needles Returned and Recovered	4,719,574	4,453,730	4,498,217	4,537,443	4,815,830

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

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

Figure 2.1a: Number of newly diagnosed cases of HIV[1] and self-reporting injection drug use, 2006-15, by year



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Number of cases	101	127	174	199	174	186	177	129	112	160
Cases self-reporting IDU	70	87	135	157	131	141	118	72	55	98
IDU (%)	69%	69%	78%	79%	75%	76%	67%	56%	49%	61%

Source: Saskatchewan Ministry of Health 2016

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

There was a steady increase in new cases of HIV diagnoses, from 101 in 2006 to a peak of 199 cases in 2009. The number remained somewhat constant over the next three years, but dropped notably in 2013. This downward trend continued in 2014; however there was a significant increase in 2015.

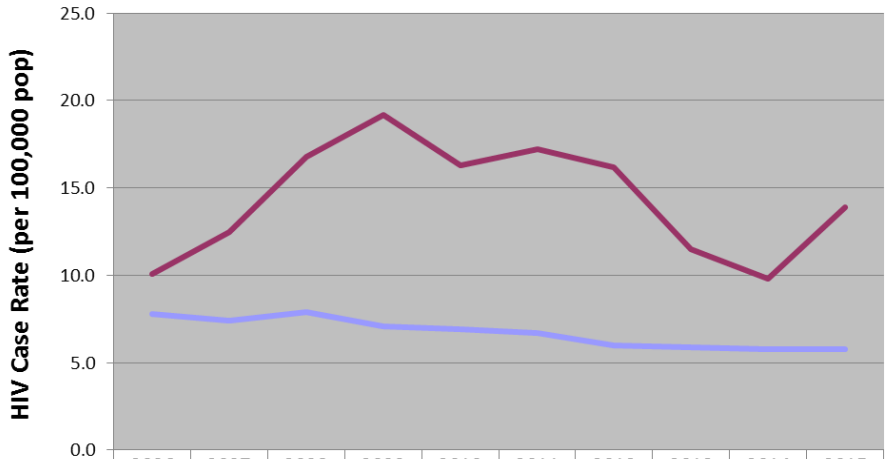
In 2015, 160 new HIV cases were diagnosed; a 43% increase compared to 2014 (112 cases) and of those 96 or 60% reported injection drug use as a risk factor.

IDU as a risk factor, has ranged from a low of 49% (55/112) in 2014 to a high of 79% (157/199) in 2009.

Injection drug use (IDU) continued to be the most commonly reported risk exposure. The number of people with HIV infection acquired through IDU increased to a peak of 157 cases in 2009. In 2013, 56% of cases (72 cases) self-reported IDU as their main exposure to the virus, a decrease from 67% of cases in 2012. The proportion of cases reporting IDU (55 cases) in 2014 continued to decrease to under half (49%) of all HIV cases. In 2015, 61% of cases (98 cases) self-reported IDU as their main exposure to the virus.

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

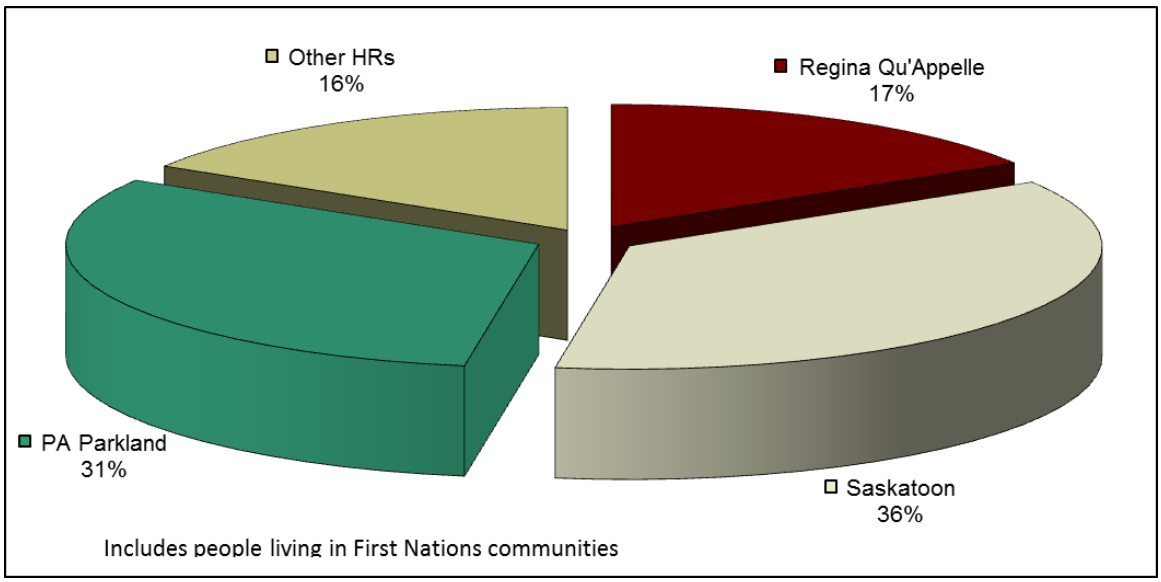
Figure 2.1b: HIV case rate (per 100,000 population) in Saskatchewan and Canada, 2006-2015



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Saskatchewan	10.1	12.5	16.8	19.2	16.3	17.2	16.2	11.5	9.8	13.9
Canada	7.8	7.4	7.9	7.1	6.9	6.7	6.0	5.9	5.8	5.8
Comparison SK to Canada	1.3	1.7	2.1	2.7	2.4	2.6	2.7	1.9	1.7	2.4

Figure 2.1b describes Saskatchewan HIV case rates (per 100,000 population) in comparison with Canadian HIV case rates (per 100,000 population) between 2009 and 2015. In 2015, the Saskatchewan rates were more than twice the national rates.

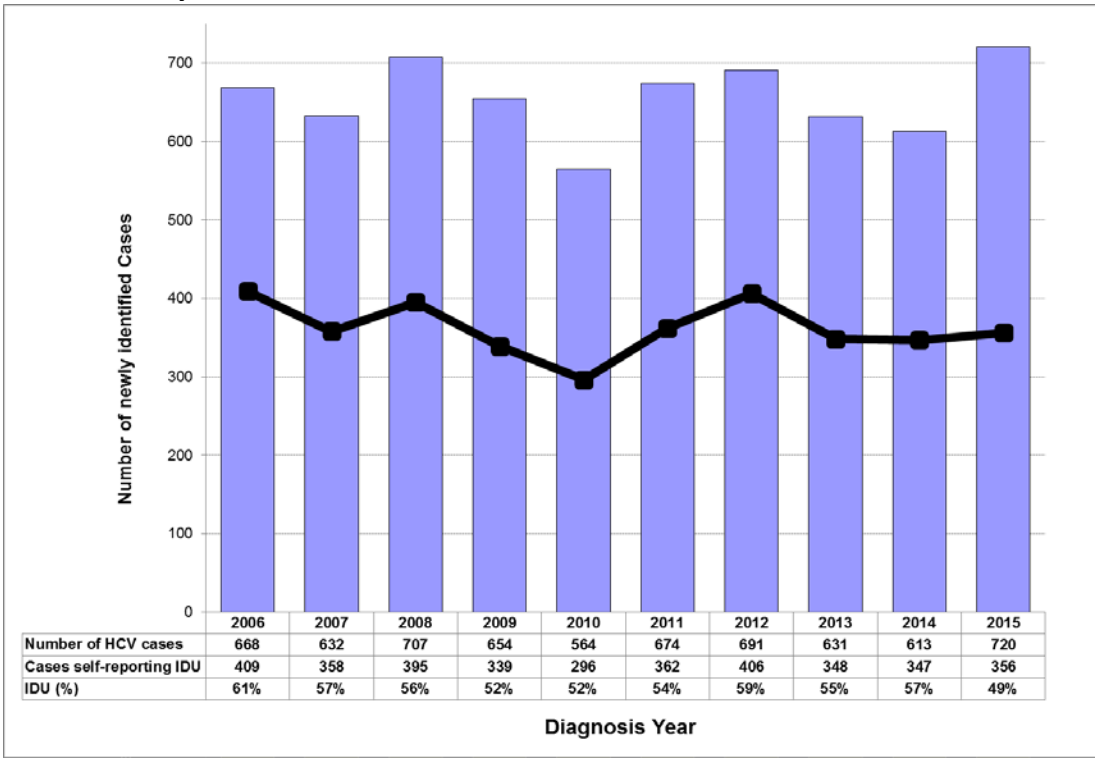
Figure 2.1c: Proportion of newly diagnosed HIV infections reported by selected health regions in Saskatchewan, 2006-15, N=160



Source: Saskatchewan Ministry of Health 2015

Saskatoon and Prince Albert Parkland health regions reported the greatest proportion of newly diagnosed HIV infections from 2006-15.

Figure 2.1d: Number of new cases of HCV[1] self-reporting injection drug use, 2006-15, by year



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Number of HCV cases	668	632	707	654	564	674	691	631	613	720
Cases self-reporting IDU	409	358	395	339	296	362	406	348	347	356
IDU (%)	61%	57%	56%	52%	52%	54%	59%	55%	57%	49%

Source: Saskatchewan Ministry of Health 2016

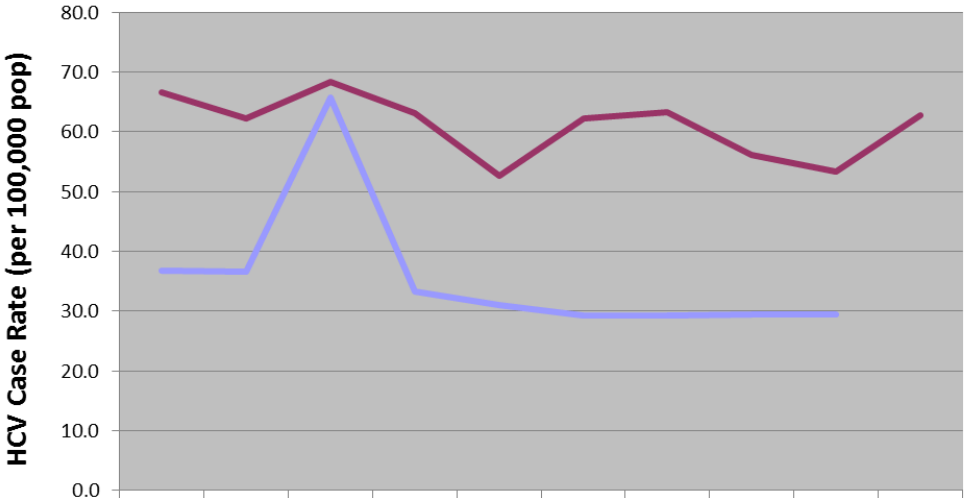
Note: One-quarter of cases have no risk data documented in iPHIS, unlike HIV where every record has documented data.

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

From 2006-15, the annual number of HCV reported cases fluctuated without any discernible pattern. The 720 cases in 2015 is the highest incidence in the past decade but was comparable to the 707 cases in 2008. The lowest number of cases was 564 in 2010. The average number of reported cases per year was about 650 cases. There is a notable increase in the number of cases in 2015, with a comparable increase in the crude rate from 53.4 per 100,000 in 2014 to 62.7 per 100,000 in 2015. However, this increase is comparable to earlier annual rates in 2006 to 2012.

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

Figure 2.1e: Hepatitis C case rate (per 100,000 population) in Saskatchewan and Canada, 2006-2015



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Saskatchewan	66.6	62.3	68.3	63.1	52.7	62.2	63.3	56.2	53.4	62.7
Canada	36.9	36.5	65.7	33.3	31.1	29.4	29.3	29.5	29.4	N/A
Comparison SK to Canada	1.8	1.7	1.0	1.9	1.7	2.1	2.2	1.9	1.8	N/A

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

Indicator 3.1: Services provided by PRR program.

Table 3.1: Counselling, education, and care services provided by PRR programs by RHA

	Regina Qu'Appelle	Saskatoon[1]	Prince Albert Parkland	North	Sunrise	Prairie North	Five Hills
Risk Reduction Counselling	✓	✓	✓	✓	✓	✓	✓
Vein Maintenance	✓	✓	✓		✓	✓	✓
Addiction Counselling	✓	✓	✓	✓	✓	✓	
Hepatitis A/B Immunization	✓	✓	✓	✓	✓	✓	✓
HIV, hepatitis B, hepatitis C Counselling/Care	✓	✓	✓	✓	✓	✓	✓
Abscess Counselling/ Care	✓		✓	✓	✓	✓	
STI Counselling/Care	✓	✓	✓	✓	✓	✓	✓
Abuse Counselling	✓	✓	✓			✓	
Mental Health Issues Counselling	✓	✓			✓	✓	
Pregnancy Counselling	✓	✓	✓		✓	✓	✓
Birth Control Counselling	✓	✓	✓		✓	✓	✓

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

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

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

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

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

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

Regional Health Authorities implement various initiatives to reduce the stigma associated with HIV and to improve awareness of PRR services.

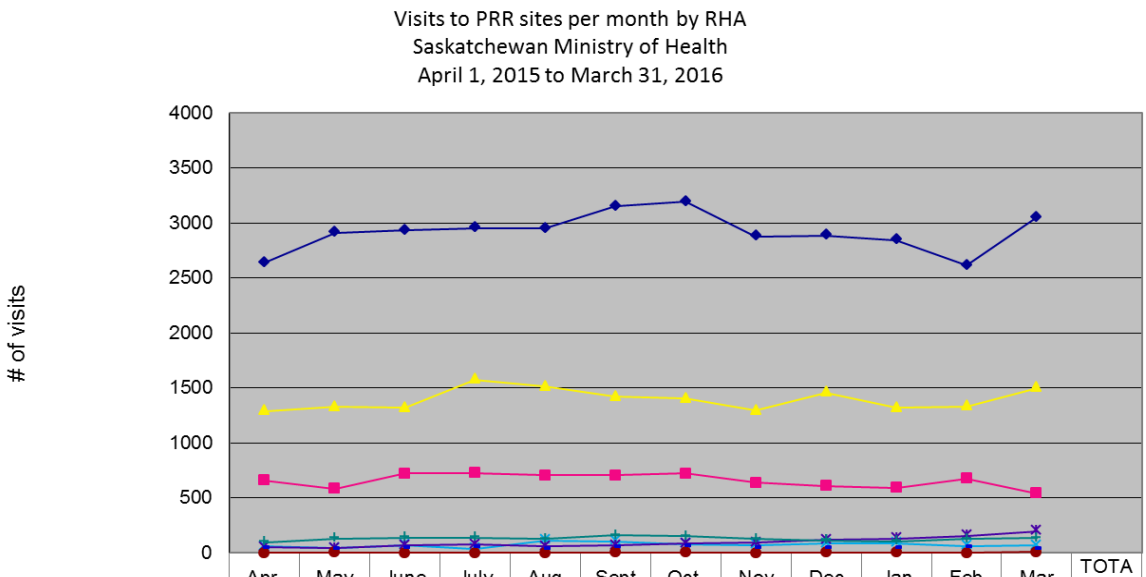
PRR program staff, community-based organizations, and HIV Strategy Coordinators work with both health care providers and the public to increase awareness of prevention and risk reduction strategies, local services, and the importance of testing. Some examples in the 2015-16 fiscal year include:

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

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

Indicator 5.1: Annual total number of visits[1] to PRR programs.

Figure 5.1: Visits to Prevention and Risk Reduction programs per month by RHA, 2015-16, N=64,003



	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
Regina Qu'Appelle	2641	2912	2932	2954	2951	3153	3192	2880	2888	2845	2612	3049	35009
Saskatoon[1]	662	586	725	730	706	709	723	639	613	593	680	543	7909
PA Parkland	1290	1330	1322	1575	1512	1422	1405	1295	1460	1319	1335	1503	16768
Mamawetan	61	43	75	38	114	109	82	72	88	90	66	68	906
Sunrise	52	42	70	77	60	71	88	95	120	134	157	200	1166
KYRHA	0	5	3	2	1	5	6	3	8	5	3	11	52
Prairie North	100	132	141	141	128	161	152	129	114	106	130	136	1570
Five Hills	48	44	53	60	44	58	65	49	54	50	56	42	623
Total:	4854	5094	5321	5577	5516	5688	5713	5162	5345	5142	5039	5552	64003

[1] Saskatoon figures may appear lower than expected, as data from the Saskatoon Tribal Council (STC) Health Center program are not included in this report.

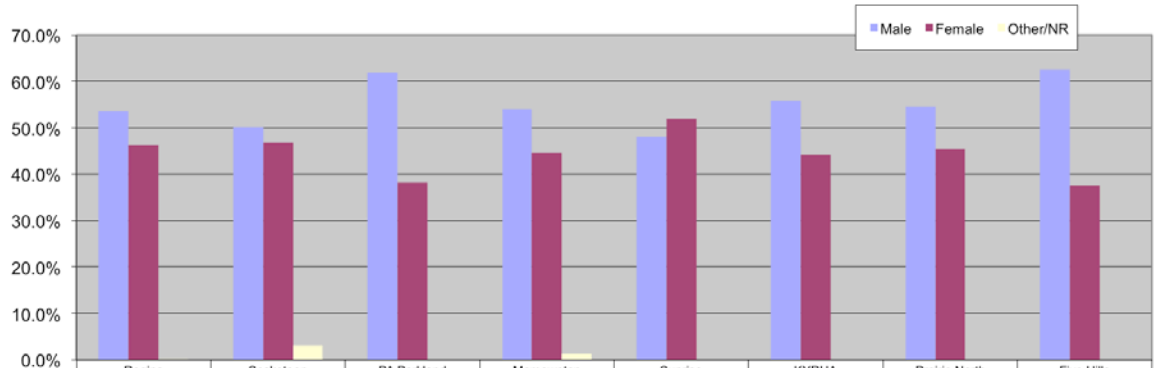
A total of 64,003 visits were made to PRR programs in Saskatchewan from April 1, 2015 to March 31, 2016. Programs in Regina Qu'Appelle Health Region reported the highest number of visits provincially, with an average of over 2,900 visits per month, followed by PA Parkland at nearly 1,400 visits per month.

5.2.1: Visits by Gender

In 2015-16, 55.4% of the 64,003 visits to PRR programs were male clients, and 44.1% were female clients. 0.5% were either transgender or did not declare.

However, as seen below, visits by gender varied somewhat between health regions. For example, in Sunrise, 52.0% of visits were made by female clients and 48.0% were made by male clients while in Five Hills, 62.4% of visits were made by male clients while 37.6% of visits were made by female clients.

Figure 5.2.1: Prevention and Risk Reduction visits by Gender and Regional Health Authority, 2015-16, N=64,003

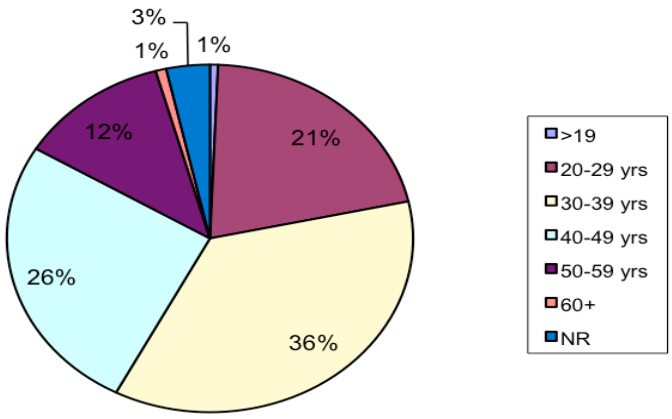


	Regina	Saskatoon	PA Parkland	Mamawetan	Sunrise	KYRHA	Prairie North	Five Hills
Male	53.6%	50.2%	61.8%	54.1%	48.0%	55.8%	54.6%	62.4%
Female	46.2%	46.7%	38.2%	44.6%	52.0%	44.2%	45.4%	37.6%
Other/NR[1]	0.1%	3.1%	0.0%	1.3%	0.0%	0.0%	0.0%	0.0%

[1] Other/Not Recorded (NR) represents visits for which gender was not reported at site visits or where transgendered was specified.

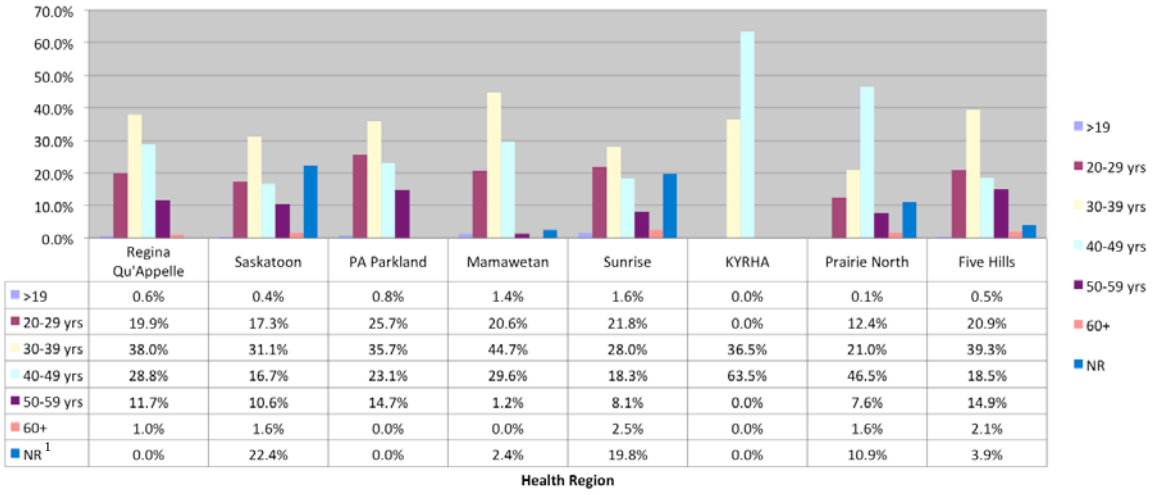
5.2.2: Visits by Age

Figure 5.2.2a: Total visits by Age, N=64,003



In 2015-16, 36% of visits were by people aged 30-39 years, 26% were 40-49 years and 21% were 20-29 years old. Those less than 20 years accounted for 1% of total visits.

Figure 5.2.2b: Percentage of visits by Age and Regional Health Authority, 2015-16, N=64,003



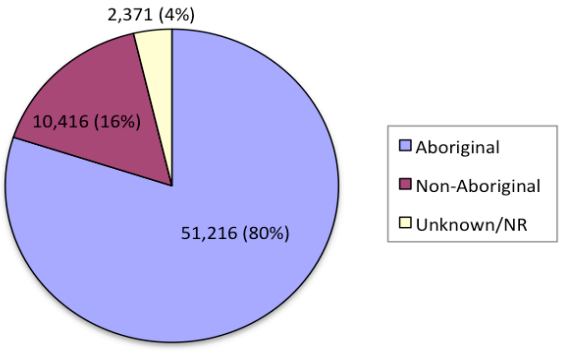
	Regina Qu'Appelle	Saskatoon	PA Parkland	Mamawetan	Sunrise	KYRHA	Prairie North	Five Hills
>19	0.6%	0.4%	0.8%	1.4%	1.6%	0.0%	0.1%	0.5%
20-29 yrs	19.9%	17.3%	25.7%	20.6%	21.8%	0.0%	12.4%	20.9%
30-39 yrs	38.0%	31.1%	35.7%	44.7%	28.0%	36.5%	21.0%	39.3%
40-49 yrs	28.8%	16.7%	23.1%	29.6%	18.3%	63.5%	46.5%	18.5%
50-59 yrs	11.7%	10.6%	14.7%	1.2%	8.1%	0.0%	7.6%	14.9%
60+	1.0%	1.6%	0.0%	0.0%	2.5%	0.0%	1.6%	2.1%
NR [1]	0.0%	22.4%	0.0%	2.4%	19.8%	0.0%	10.9%	3.9%

Health Region

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

5.2.3: Visits by Ethnicity

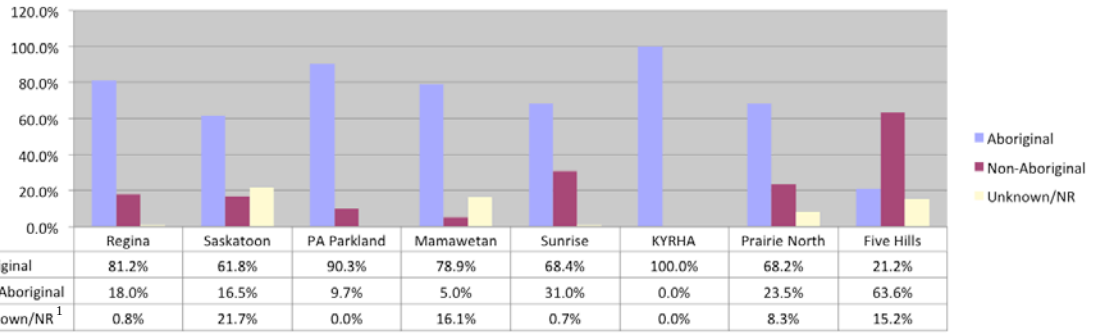
Figure 5.2.3a: Total visits by Ethnicity, N=64,003



In 2015-16, 80% of visits to PRR programs were made by persons who self-identified as being of Aboriginal ethnicity (note: includes First Nations, Metis - does not specify Treaty status).

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

Figure 5.2.3b: Percentage of visits by Self-Reported Ethnicity and Regional Health Authority, 2015-16, N=64,003



	Regina	Saskatoon	PA Parkland	Mamawetan	Sunrise	KYRHA	Prairie North	Five Hills
Aboriginal	81.2%	61.8%	90.3%	78.9%	68.4%	100.0%	68.2%	21.2%
Non-Aboriginal	18.0%	16.5%	9.7%	5.0%	31.0%	0.0%	23.5%	63.6%
Unknown/NR [1]	0.8%	21.7%	0.0%	16.1%	0.7%	0.0%	8.3%	15.2%

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

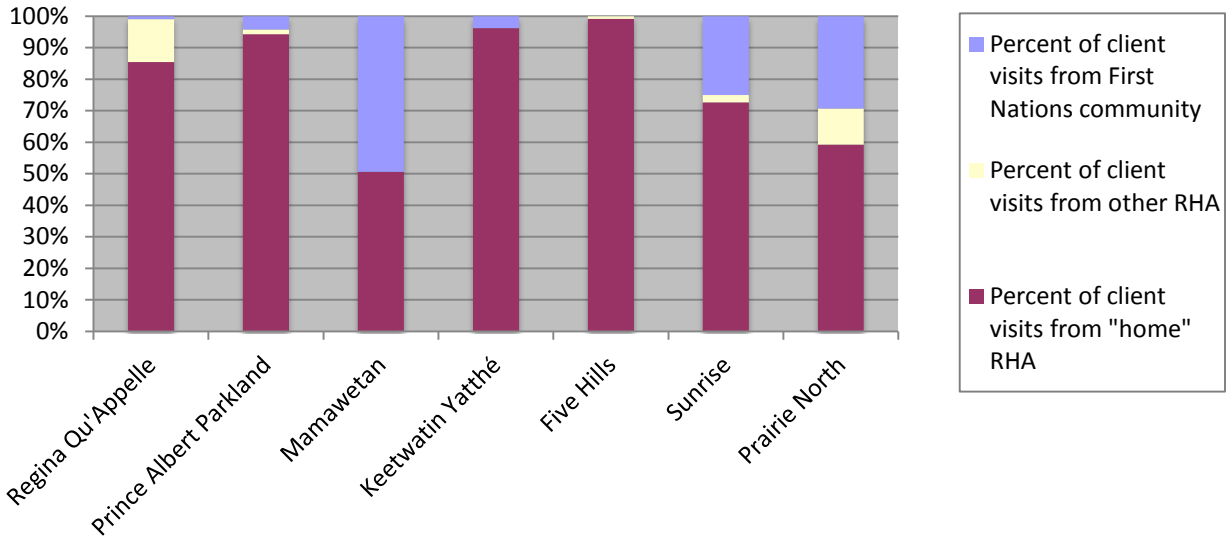
Significant differences in regional representation of catchment areas are reported between PRR programs. Mamawetan Churchill River and Prairie North report a substantial proportion of clients representing First Nations communities, while the other regions report utilization of PRR programs primarily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

Table 5.3: Region of Residence by Location of Service for Prevention and Risk Reduction Program, 2015-16, N=57,094

Region of Residence	Prevention and Risk Reduction Region of Service (Excludes Saskatoon)						
	Regina Qu'Appelle	Prince Albert Parkland	Mamawetan	Keewatin Yatthé	Five Hills	Sunrise	Prairie North
Percent of client visits from "home" RHA	85.5%	94.3%	50.6%	96.2%[1]	99.2%	72.7%	59.3%
Percent of client visits from other RHA	13.5%	1.5%	0.0%	0.0%	0.8%	2.3%	11.4%
Percent of client visits from First Nations community[2]	1.0%	4.2%	49.4%	3.8%	0.0%	25.0%	29.3%

[1] Interpret with caution: KYRHA reported 3.8% of clients from FNs communities. Given their location and demographics it is not unreasonable to assume there was access by clients from FNs communities (refer to Figure 5.2.3b).
[2] Some clients from a FNs community may also be from the "home" RHA.

Figure 5.3: Region of Residence by Location of Service for Prevention and Risk Reduction Program, 2015-16, N=57,094



Notes:
1. Region of Residence not tracked in Saskatoon RHA programs.
2. Percentages include Not Reported Region of Residence in the denominator.

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

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APPENDIX A

Figure 1: Map and location of provincially-funded Prevention & Risk Reduction Programs

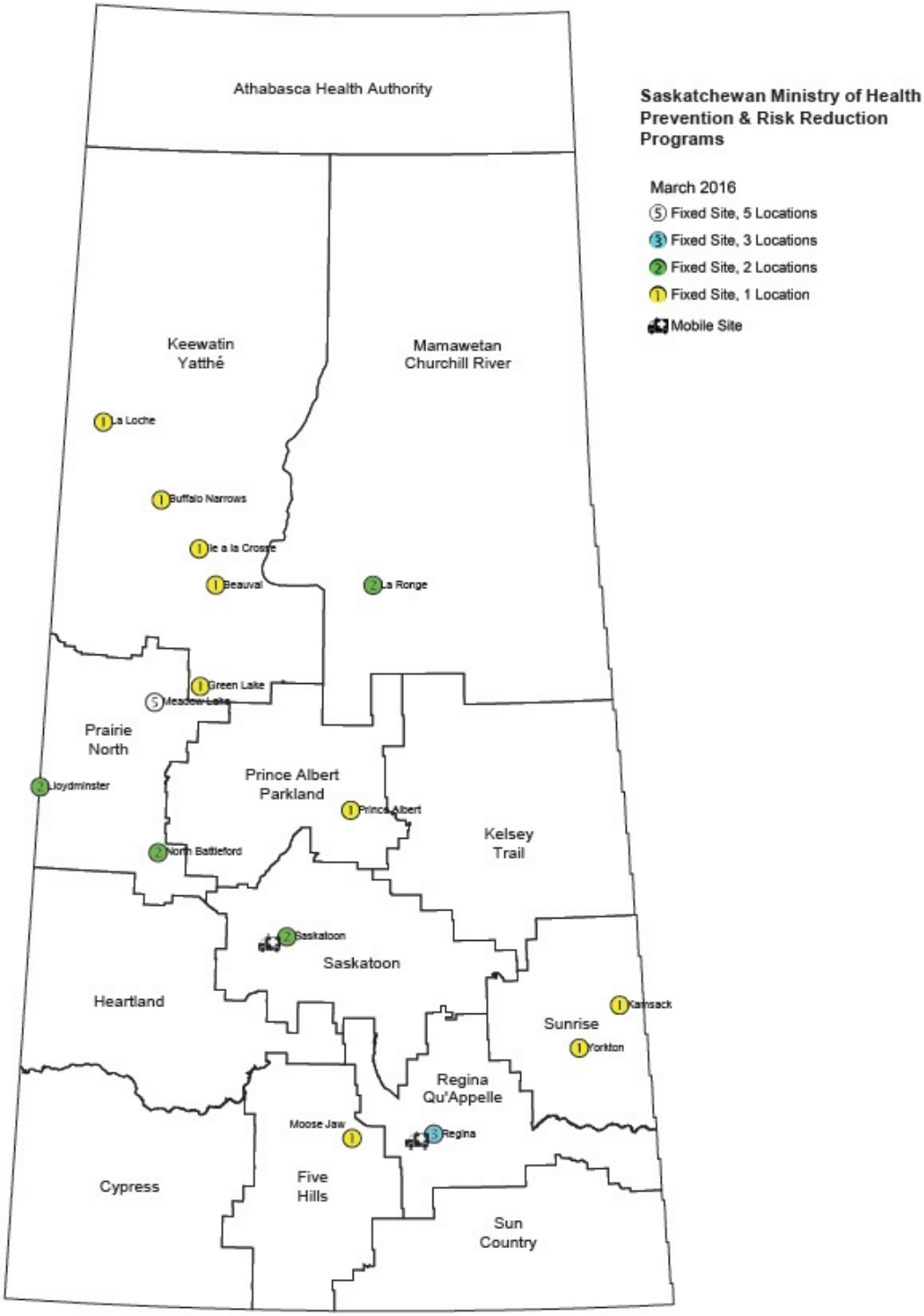

Table 1: Provincially-funded Prevention & Risk Reduction Program locations

RHA	Fixed Sites	Mobile sites
Regina Qu'Appelle	1. Public Health (downtown)	Van -Regina
	2. Carmichael Outreach	
	3. AIDS Programs South Saskatchewan	
Saskatoon	4. Saskatoon Sexual Health Clinic	Van – Saskatoon
	5. AIDS Saskatoon	
Prince Albert Parkland[1]	6. Access Place - Sexual Health Clinic	
Five Hills	7. Moose Jaw Public Health	
Prairie North	8. Battlefords Sexual Health Clinic	
	9. North Battleford Public Health	
	10. Meadow Lake Public Health (Downtown)	
	11. Meadow Lake Public Health	
	12. Meadow Lake Hospital ER	
	13. Door of Hope Clinic, Meadow Lake (once per week)	
	14. Meadow Lake Primary Health Care Centre (once per week)	
	15. Lloydminster Public Health	
	16. Lloydminster Native Friendship Centre (twice per week)	
Mamawetan	17. La Ronge Health Centre	
	18. Scattered Site Outreach	
Keewatin Yatthé	19. La Loche Health Centre	
	20. Buffalo Narrows Health Centre	
	21. Ile a la Crosse Public Health	
	22. Green Lake Health Centre	
	23. Beauval Health Centre	
Sunrise	24. Yorkton Public Health (SIGN building)	
	25. Kamsack Hospital*New – August 2015	

[1] Mobile services are currently unavailable in Prince Albert due to staffing.
Note: Availability varies by site.