Research to Action: Applying the I-Track Surveillance Results to Improve Service Provision for People who Use Drugs in Whitehorse, Yukon, Canada

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Introduction

The I-Track survey is part of a national enhanced surveillance system that describes patterns of drug injecting practices, sexual risk behavior and HIV and hepatitis C testing behavior among people who use drugs in Canada. Whitehorse was selected as a participating site in Phase 3 of the I-Track survey in 2011-2012, and invited both inhalational and injection drug users to participate. Survey results were both published and presented in 2014 (Machalek, Hanley, and Bacon 2014a; Machalek, Hanley, and Bacon 2014b).

Three main findings from the I-Track study were: (1) high levels of sharing of drug injection equipment, particularly among newer users and long-term users; (2) high levels of sharing drug injection equipment apart from needles; and (3) a need to improve access for women who inject. A communication strategy and targeted program changes were promptly put into place following the surveillance results.

Communication Strategy

After compiling the results, a 3-phase communication strategy was developed, including: (1) an easy-to-read pamphlet designed for survey participants presented at an evening drop-in reception; (2) an in-depth technical report for service providers and decision makers; (3) a short report with highlights for the public, media, and survey participants.

Program Changes

In light of the survey findings, program changes included:

(1) A pilot program using multi-colored needles to reduce the accidental risk of sharing equipment at sites known to be higher risk for sharing.

(2) New simple language materials acquired to encourage safer injecting practices.

(3) Stickers saying “not just needles, everything new every time” added to injection kits and posters.

(4) One-page summaries of the new Canadian Best Practice harm reduction standards and harm reduction refresher courses introduced to improve provider competence and confidence.

(5) Enhanced outreach to women and new users previously identified as under-using services.

References
