

**BRANT COUNTY BOARD OF HEALTH**  
**REGULAR AGENDA**  
Tuesday, December 8, 2020, 9:30 a.m, Zoom (Classroom 420/421)

**1. CALL TO ORDER**

*Chair John Bell*

**2. CONFLICT OF INTEREST**

**3. ADDITIONS TO AGENDA / APPROVAL OF AGENDA**

**4. APPROVAL OF MINUTES**

**4.1** Brant County Board of Health Minutes of November 18 \* and December 1, 2020 \*

*All*

**5. FINANCIAL REPORT**      No report.

**6. BUSINESS ARISING FROM PREVIOUS MINUTES**

**6.1** Report from the Chair

*Chair John Bell*

**6.2** Report from the Medical Officer of Health \*

*Dr. Elizabeth Urbantke*

**6.3** Report from the Chief Executive Officer \*

*Dr. Jo Ann Tober*

**6.4** Food Safety Disclosure Report

*No report*

Motion to accept reports as presented.

**7. NEW BUSINESS**

**7.1** COVID-19 Report \*

*Dr. Jo Ann Tober/Dr. Elizabeth Urbantke*

**7.2** Ad Hoc Committee Report on Needle Exchange Program

*Mr. Colombo/Ms. O'Donnell/*

*Councillor Van Tilborg*

Motion to accept reports as presented.

**8. CORRESPONDENCE** (*Board members may request a copy of items that are not attached from Board of Health Secretary*)

**8.1** Correspondence from Thunder Bay District Health Unit, dated November 20, 2020, re basic income.

**8.2** Order in Council dated November 26, 2020, re Provincial Appointee to Board of Health.

**9. INCAMERA**

**10. QUESTIONS / ANNOUNCEMENTS**

**11. FUTURE AGENDA ITEMS**

11.1 Needle Exchange Program (*January*)

11.2 Brant Brantford Drugs Strategy (*January*)

**12. NEXT MEETING DATE**

Wednesday, January 20, 2021, at 9:30 a.m.

**13. ADJOURNMENT**

*Chair*

\* Attachments

⊕ to be distributed at the meeting

\*\*Attachments for Board of Health members only

**BRANT COUNTY BOARD OF HEALTH  
REPORT #: 6.2**

**DATE: December 8, 2020**

**FROM: Dr. Elizabeth Urbantke  
Acting Medical Officer of Health**

**RE: Medical Officer of Health's Report**

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Needle Disposal Bins

During the November 2019 Board of Health meeting, evidence was provided on community needle disposal bins. Evidence shows that the availability of needle bins decreases inappropriately discarded needles. Communities eventually accept the bins because of decreased litter. There is no evidence to suggest an increase in drug use around bin locations. At that time, a motion was passed:

Moved by: Councillor Sless; Seconded by: Councillor Chambers

“THAT the Brant County Board of Health support the installation of needle disposal bins across the community in the County of Brant and City of Brantford.”

Surveillance indicates that more bins are needed in Brantford near hot spots identified by needle reports. The Health Unit continues to reach out to the City to install four bins that have already been acquired. The suggested locations based on surveillance data are:

- a) Colborne and Iroquois St. area
- b) Colborne Street in the library/Grand River Hall area
- c) Shallow Creek Area
- d) Corner of George and Market St or Nelson and Market St. areas

The City has recommended that a formal request be made by the Board of Health for their installation. As the matter is one of public interest and one of great political interest, the request would be brought to City Council with a recommendation to Council.

## **EVIDENCE REVIEW**

### **Promising Practices to Address Improper Needle Disposals**

**For the Board of Health  
of the Brant County Health Unit**

**December 3, 2020**

## Evidence Review: Promising Practices to Address Improper Needle Disposals

The following evidence brief provides responses to questions identified by Brant County Health Unit's (BCHU) Board of Health:

1. Are monetary or other incentives effective in improving needle return and/or properly discarding of needles effective?
2. Are there initiatives that engage marginalized groups to do needle sweeps? How effective are they?
3. What are the best ways to control or minimize the improper disposal of needles?
4. Is putting limits on the number of needles being distributed a good practice? If yes, what would the reasonable limit to impose?

### Monetary and Other Incentives to Improve Needle Return (Q1)

A review of over 3000 publications from the past 20 years found no peer-reviewed publications or agency reports examining monetary and other incentives to improve needle return or proper disposal of used needles. It is reasonable to conclude that: **monetary or other incentives to increase the return of used needles are not evidence-based practices.** One study of the Needle Syringe Program (NSP) clients identified that participants suggest incentives as a strategy to encourage the return of used needles (Spaulding & Canady, 2020); otherwise, incentives have not been studied in published research.

Notwithstanding the lack of published evidence, there exists one Ontario public health unit (North Bay Parry Sound District Health Unit; NBPSDHU) and several grassroots efforts in British Columbia (BC) that have attempted to provide monetary incentives of some kind for individuals who return needles. For example, NBPSDHU ran 2 pilot programs in 2018 and 2019 over a 2- and 1-month period, respectively. The pilot programs provided individuals with a \$5 gift card for every 100 needles returned. They found a significant return of needles, increasing their return rates over the pilot period by about 5-10 times their usual amount (Frangione, 2019; North Bay Parry Sound District Health Unit, 2019). The dramatic increase was not sustained after the end of the buy-back campaign, but continues to be higher than before the campaign launched (A. Larose, personal communication, April 26, 2019). Unfortunately, they found, at times, individuals returning half empty containers with obvious garbage inside to "fill" the containers (A. Larose, personal communication, April 26, 2019). The NBPSDHU staff did not count the needles returned and accepted the number of needles reported by clients.

At the grassroots level in BC, private citizens in Kamloops and Vernon (Verenca, 2018; Winquist, 2018) and one pharmacy in Penticton (Patton, 2018) used their own money to pay \$0.05 for each needle returned. Again, the number of needles returned was not counted and only based on what the individuals reported. These efforts took place despite the BC health authorities' expressing concerns over a buy-back approach towards used needles (Legassic, 2018). Two concerns were noted: concerns around placing a monetary value on needles leading to people stealing or breaking into sharps containers, and concerns around people requesting new needles and then returning them unused to generate a profit (Legassic, 2018). The former concern of people breaking into large sharps containers with huge quantities returned had not been seen by NBPSDHU (A. Larose, personal communication, April 26, 2019) or private citizens in Kamloops (Verenca, 2018).

A buy-back campaign should be considered with caution, recognizing that there are limitations to the way it is implemented and it would require good faith of clients returning the used needles. It would be unsafe to manually count each needle returned, especially if they are returned loosely or in sealed containers that have to be opened. While research suggests that cash incentives are more appropriate than gift cards (Cheff, 2018), the latter incentive type may discourage individuals from picking up new needles and returning them unused, although the conversion rate of \$0.05 per needle or \$5 per 100 needles is relatively low and already would likely be a disincentive to return unused needles.

**Peer Engagement for Needle Sweeps (Q2)**

No peer-based clean-up initiatives have been published to identify components of such programs and their efficacy. However, peer-run NSPs have been shown to better reach and educate individuals who are reluctant to access services (Jozaghi & Reid, 2014) and those who are more likely to engage in high risk substance use (e.g., public injections, reuse of needles; Hayashi et al., 2010; Wood et al., 2003). This peer-led model for NSPs has contributed to improved health outcomes, life satisfaction (Hay et al., 2016) and access to health, addiction, and social services (Ashford et al., 2018; Deering et al., 2010; Dubuc, 2014).

An environmental scan of 21 Ontario public health units found 3 health units using peers in picking up improperly discarded needles, either through regular sweeps or on-call basis. The two different formats include having peers and residents volunteer their time to pick up used needles, or having paid peers respond to calls and conduct sweeps during designated times. BCHU currently has a partnership with peers from the Brantford Substance Users Network. They are dispatched to pick up used needles when residents submit a request/report of used needles in the community. BCHU also employs staff who engage in needle sweeps over time and are dispatched when peers from the Brantford Substance Users Network are not available.

**Interventions to Minimize Improper Used Needle Disposal (Q3)**

To address improper disposal of needles, it is important to understand why individuals discard their used needles in public spaces. Anecdotal reports from people who use substances in Brant/Brantford identify some of these reasons: use of substances in public spaces including rushed injections to avoid getting caught; retaliation for the lack of empathy and stigma by non-using residents; fear of getting caught with drug paraphernalia by law enforcement; disposal through household waste; and sharps disposal bins are not in convenient or optimal locations. BCHU is already supporting initiatives that seek to address these concerns.

The review of over 3000 peer-reviewed publications from the past 20 years identified the following recommendations for new and existing interventions to address improper disposal of needles (**Table 1**).

**Table 1: Interventions to address improper sharps disposal**

Intervention	Description	Considerations
Sharps disposal bins	Sharps disposal bins in key areas have been shown to contribute to a reduction in improperly discarded sharps, especially where public injections occur (Devaney & Berends, 2008; Dwyer et al., 2016; Klein et al., 2008). It has been recommended to have sharps disposal bins where there is high foot traffic	BCHU already has a few large sharps disposal bins throughout the community, as well as wall mounts within certain businesses and public buildings. The bins are being used as intended (i.e., sharps disposal), but some medical waste has been found,

Intervention	Description	Considerations
	<p>known to have substance use (de Montigny et al., 2010; Parkin &amp; Coomber, 2011).</p> <p>Many Ontario PHUs had community sharps disposal bins located in some key hotspot areas such as parks, social housing complexes, and shelters .</p>	<p>including injectable prescription medication (e.g., for diabetes, multiple sclerosis, allergies).</p> <p>There should be more bins added to the current stock. Some locations to consider are in or near social housing complexes and shelters.</p>
Sharps disposal campaigns	<p>Education campaigns related to proper disposal of used needles are necessary to reduce disposal in household waste and throughout the community. These campaigns bring awareness to people using both legal and illegal substances. Almost all PHUs from the environmental scan provide some type of community education to improve proper sharps disposal and its reporting.. Some campaigns put the responsibility on people who use illegal substances, individuals who inject prescription drugs for health issues, or all residents.</p> <p>One example of a campaign focused on people who use substances, <i>Make it Your Gig to Return Your Rig</i> by Vancouver Island Health.</p> 	<p>BCHU provides community education and a reporting system to improve sharps disposal. There are instructional videos and pamphlets on how to properly dispose of sharps. There have been billboards and other physical ads over the past few years to direct people to the reporting website and to educate themselves on proper sharps disposal.</p>
Vending machines	<p>Numerous jurisdictions in Canada, Australia, US, and Europe offer vending machines to retrieve packages of harm reduction supplies, including educational pamphlets with referrals to health, social, and addiction services (Deimel et al., 2020; Duplessy &amp; Reynaud, 2014; Islam et al., 2008; McDonald, 2009; Moatti et al., 2001; Potera, 2017). Commonly used vending machines work in two ways: (1) insert a used needle/syringe; or (2) insert a coin retrieved from NSP staff. Ottawa Public Health is one of the few health units in Ontario to offer a vending machine. Vending machines meet the needs of people who use substances by complementing other NSP sites and allows individuals to retrieve harm reduction supplies when NSP sites are not open. One concern is the lack of face-to-face contact with staff to offer supports and connect to resources, although individuals need to meet with a NSP staff person to receive a token so that they can have an initial discussion about getting additional supports. Furthermore, the high maintenance requirements, including possibility of vandalism, should be factored into decisions to implement needle vending machines.</p>	<p>BCHU currently does not offer vending machines. It is a possible intervention to explore to ensure that there is appropriate coverage at times when it would be difficult to attend a NSP or outside of regular business hours.</p>

Intervention	Description	Considerations
Consumption and treatment services (i.e., supervised consumption sites)	Consumption and treatment services (CTS) offer both a hygienic space for people to use substances away from the public, while also providing wraparound services to include healthcare, social services (e.g., housing, employment), and addiction services (e.g., counselling, opioid substitution therapy). CTSs have been shown to reduce both substance use in public spaces (Folch et al., 2018; Kinnard et al., 2014; Potier et al., 2014; Wood et al., 2004; Young & Fairbain, 2018) and unsafe sharps disposal in the community where the CTS site exists (Leon et al., 2018; Stoltz et al., 2007; Wood et al., 2004). Other benefits of the CTS include decreased overdose-related deaths and harms (Potier et al., 2014; Young & Fairbain, 2018); reduced high risk substance use including sharing or reusing needles and injecting alone (Bardwell et al., 2018; Kinnard et al., 2014; Potier et al., 2014; Stoltz et al., 2007); and increased connection to health and social services (DeBeck et al., 2011; Folch et al., 2018; Potier et al., 2014).	BCHU is supporting the planning of a Consumption and Treatment Services site in Brantford, led by the Grand River Community Health Centre and St. Leonard’s Community Services. A site is currently being explored. Public engagement and support is needed to ensure the application process runs smoothly.

Evidence suggests that the presence of NSPs do not increase substance use or improper discarding of used needles (Coffin et al., 2007; Espelt et al., 2017; Hyshka et al., 2012; Ksobiech, 2004; Levine et al., 2019; Quinn et al., 2014; Spaulding & Canady, 2020; Strike et al., 2013; Tookes et al., 2012; Wenger et al., 2011). Associating the delivery of the NSP in Brant with increased number of improperly discarded needles throughout the community does not fully explore root causes. Harm reduction is a measure to decrease potential harms while trying to address the social determinants of health for people who use substances. Drug use in public spaces and the discarding of used needles can be symptoms of larger issues within Brant/Brantford, including prejudice and discrimination, historical traumas, poverty, and lack of stable housing, experienced at the individual and community level that have contributed to the opioid crisis and addiction issues. These social determinants of health, are key concerns that should be addressed for people who use substances.

Harm reduction programs, within the jurisdiction of BCHU, are measures that address the basic health needs of people who use substances to prevent the transmission of diseases (Aspinall et al., 2014; Behrends et al., 2017; Davis et al., 2017; Fatseas et al., 2012; Kwon et al., 2009; Laufer, 2001; Palmateer et al., 2010; Sweeney et al., 2019), and have been found to connect individuals to addiction treatment services (Braback et al., 2017; Frost et al., 2018; Hagan et al., 2000). Beyond that, the determinants of health are matters that require concerted efforts within the community to address. From a health equity perspective, concerted efforts are needed to address both issues in a reasonable manner that considers the many factors at play that contribute to public safety concerns and substance use disorders within Brant/Brantford.

**Limits on Needle Distribution in NSPs (Q4)**

Putting limits on the number of needles distributed and implementing one-for-one exchange policies are likely to impact coverage of sterile needles within the intravenous drug using community. Appropriate coverage for sterile needles is necessary to reduce risky injection behaviours that eventually lead to

decreased incidence of HIV and hepatitis C (Abdul-Quader et al., 2013; Larney et al., 2017; Laufer, 2001; Sherman et al., 2015; Stelter, 2018; Wodak & Maher, 2010; Wodak & McLeod, 2008). In contrast, lack of coverage increases improperly discarded needles in the community as people are more likely to stockpile, which limits the number of contact points with services and eventually improper disposal of the needles (Bluthenthal et al. 2007; Espelt et al., 2017; McCormack et al., 2016; Small et al., 2010).

One-for-one exchange policies are more common in the US because of federal and state laws that prohibit more client-centred approaches to needle distribution and coverage (Green et al., 2012; Showalter, 2018; Weinmeyer, 2016). States with restrictive and highly enforced laws related to distribution of needles through NSPs and possession of drug paraphernalia have been shown to reduce coverage and disinterest people in safe disposal of used needles (Burriss et al., 2002). Conversely, the *Canadian Best Practices for Harm Reduction* (Strike et al., 2013) recommends a client-centred approach that allows individuals to pick up as many needles as requested so that they have enough needles for each injection, as well as allow clients to pick up supplies for their peers. These practices have been observed in many NSPs across Canada.

An NSP in Santa Cruz, US, puts a limit on the number of needles distributed at a time, i.e. 100 per person to a maximum of picking up for 2 others, so a total of 300 needles (Ibarra, 2019). Imposing limits prevents secondary distribution of drug paraphernalia (i.e., peers picking up for others), which has been shown to play a key role in getting drug supplies to individuals who are extremely difficult to reach, whether due to their own challenges to accessing services or shame of substance use, and those who are more likely to engage in high risk practices, such as reusing needles (Behrends, 2016; Bryant & Hopwood, 2009; Craine et al., 2010; Fisher et al., 2013; Green et al., 2010). It is impossible to estimate how many needles one individual requires. For individuals to come in every day to pick up needles, considering potential issues of transportation and time to attend the NSP may create more inequity and increase risky behaviour. Therefore, limiting the number of needles distributed at a time is a policy that cuts off access to sterile harm reduction supplies for those in the most need.

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**FROM: Jo Ann Tober**

**RE: Chief Executive Officer Report**

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### **COVID-19 Immunization Planning**

Retired General Hillier has been announced as the lead for the planning and logistics of the Ontario COVID-19 immunization campaign. General Hillier has been named as the Chair of the COVID-19 Vaccine Distribution Task Force. The Task Force will advise the Ontario government on delivery, storage, and distribution of COVID-19 vaccines. The program will begin with the immunization of vulnerable populations, then proceed with mass immunization. Gen. Hillier has stated that planning will be completed by December 31, 2020 so that Ontario will be ready to deliver the immunization program when vaccine becomes available in 2021.

In addition, the federal government has appointed Major-General Dany Fortin as the Vice President Logistics and Operations at the Public Health Agency of Canada. Maj.-Gen. Fortin will lead a team of nearly 30 members of the Canadian Armed Forces. The team will help to synchronize vaccine deliveries and the requirements for cold storage, put in place risk-mitigation tools, and conduct a series of exercises ahead of vaccines being administered to all corners of the country.

### **Ontario Auditor General Special Report on Ontario's Initial Response to COVID-19**

The Ontario Auditor General undertook an audit from June to October 2020 on Ontario's Initial Response to COVID-19: Preparedness and Management. The findings are outlined in three chapters entitled:

- Chapter 1: [Special Report on Emergency Management in Ontario—Pandemic Response](#) (48 pages)
- Chapter 2: [Preparedness and Management Special Report on Outbreak Planning and Decision-Making](#) (110 pages)
- Chapter 3: [Laboratory Testing, Case Management and Contact Tracing](#) (72 pages)

The Auditor's intent in preparing this report was to identify situations where Ontario could have done better in responding to the pandemic, and capture lessons learned going forward so that positive changes can be made by decision makers to help further control and reduce the spread of COVID-19.

### **Ontario Provincial Board of Health Appointee**

An Order in Council was received announcing the appointment Nancy Church to the Board of Health for a period of one year. We welcome Ms. Church to the Board of Health.

**BRANT COUNTY BOARD OF HEALTH  
REPORT #: 7.1**

**DATE: December 8, 2020**

**FROM: Dr. Elizabeth Urbantke, Acting Medical Officer of Health  
Dr. Jo Ann Tober, Chief Executive Officer**

**RE: COVID-19 Report**

Up-to-date metrics will be reported at the meeting.

On November 15, 2020 under the new COVID-19 Response Framework, the Brant County Health Unit was put into the “Restrict” (orange) category. Intermediate measures include the following: implementation of enhanced measures, restrictions and enforcement avoiding any closures. Indicators will generally be assessed based on the previous two weeks of data and generally a region will not be recategorized before 28 days unless there is significant concern.

On November 20, the Minister of Health designated all Provincial Offences Officers and municipal enforcement staff, including by-law officers, to enforce COVID-19 Section 22 orders. In addition, the Ontario government amended R.R.O 1990, Reg 950 to allow a ticket to be issued for any contravention of a COVID-19 specific Section 22 order under the Health Protection and Promotion Act (HPPA) with a set fine of \$750 which is consistent with any contravention of the *Reopening Ontario Act* regulations.

Week ending: November 29th, 2020

Community COVID-19 Status by Week

Metric Name	Current Value	Community Status	Trends
1. Incidence rate, cases per 100,000	42.47	<span style="color: red;">■</span>	
2. % positivity	2.60	<span style="color: red;">■</span>	
3. Reproductive number (Rt)	0.85	<span style="color: green;">■</span>	
4. % change in community transmission cases	-35.29	<span style="color: green;">■</span>	
5. % of new cases reached within 24hrs	100.00	<span style="color: green;">■</span>	
6. % of contacts of a new case reached within 24 hrs	79.91	<span style="color: orange;">■</span>	

	Revised Incidence rate	Revised % Positivity	R(t)	Outbreaks	% change in community transmission	Hospital Capacity	PHU Capacity Cases	PHU Capacity Contacts
<span style="color: green;">■</span> Prevent	<10	<0.5	<1		<5%		90 - 100%	90 - 100%
<span style="color: orange;">■</span> Protect	10-24.9	0.5-1.2	approx 1		5-10%		70 - 89%	70 - 89%
<span style="color: red;">■</span> Restrict	25-39.9	1.3-2.4	1 - 1.19		11-30%		50 - 69%	50 - 69%
<span style="color: black;">■</span> Control	>40	>2.5	>1.2		>30%		<49%	<49%