Standards for Blood Borne Pathogens Prevention Services in Nova Scotia

May 2004

NOVA SCOTIA DEPARTMENT OF HEALTH

Standards for Blood Borne Pathogens Prevention Services in Nova Scotia

Standards for prevention of blood borne pathogens services in Nova Scotia were developed through a collaborative working group process with a range of stakeholders including community-based organizations, health care professionals, staff of the District Health Authorities and other stakeholders. Standards are high-level system standards that represent the preferred state for blood borne pathogen prevention services in Nova Scotia. Standards provide a framework to guide long-term improvement in blood borne pathogens prevention services, as well as a foundation for the implementation of new services where necessary based on assessment.

Standards development was guided by the Nova Scotia Department of Health Quality Framework (approved by Senior Leadership Team November 12, 2003 and updated January 26, 2004). Standards received approval by the Departmental Prevention of Blood Borne Pathogens Coordinating Committee April 2004 and approval in principle by the Department of Health, Health Systems Quality Committee May 2004.

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The Standards for Blood Borne Pathogens Prevention Services in Nova Scotia and accompanying Evidence to Support the Standards for the Blood Borne Pathogens Prevention Services in Nova Scotia are available on the Department of Health, Public Health, Health Promotion Publications website at: http://www.gov.ns.ca/health/PublicHealth.

Table of Contents

Note: Italicized words may be found in the glossary.

Introduction

Background

In recent years, there has been growing concern about the spread and prevalence of blood borne pathogens at the local, provincial, national and international level. The economic and human costs of hepatitis B, hepatitis C and Human Immunodeficiency Virus (HIV) are high and the infections are often preventable. Although there has been progress in *testing*, diagnosis and treatment of blood borne pathogens, the best defence continues to be *prevention* and harm reduction (see page 6 for further explanation).

In the past, Nova Scotia has addressed hepatitis B, hepatitis C and HIV separately, with the development of separate prevention services, harm reduction approaches and support systems. Leadership and collaboration among partners is necessary to implement a new integrated approach to blood borne pathogens prevention that targets common *risk factors*, promotes wellness and supports harm reduction. Integrated approaches to prevention, which are guided by a population health framework (see page 5 for further explanation) and harm reduction philosophy, will provide the greatest benefit for Nova Scotians and utilize limited resources in a more coordinated manner.

Development of Standards

During the Spring of 2003, meetings were held with stakeholders across the province to discuss an approach to decreasing incidence, prevalence and burden of illness of blood borne pathogens in Nova Scotia and to identify priorities for action. Based on the results of these discussions, the Department of Health, Prevention of Blood Borne Pathogens Coordinating Committee developed an action plan that focused on the development of provincial blood borne pathogens prevention *standards* in the areas of *health education* and *social marketing*, *methadone maintenance treatment*, needle exchange services and blood borne pathogens counselling, testing and referral services.

The action plan was presented to a broad range of stakeholders during a meeting in the summer of 2003. Stakeholders provided their support by signing on to participate in standards development working groups in each of the four areas of focus. The working groups met regularly between October 2003 and February 2004 to draft the standards, and their work is reflected in this document. Membership of the Coordinating Committee and Working Groups is listed in Appendix A. The working groups developed standards based on the best available information about effectiveness of interventions and/or best practice, balanced by the perspective of expert practitioners. Evidence is presented in the *Evidence to Support Standards for Blood Borne Pathogen Prevention Services in Nova Scotia* document.

The process of standards development is not complete. It is expected that a similar process will be undertaken to address other services across the prevention, early identification, early intervention, and care and support continuum. This is particularly the case for those services that fall within the realm of care and support services as these have not yet been addressed. In

addition, input will continue to be sought and revisions will be ongoing for these and future standards developed for the prevention of blood borne pathogen infections.

Definition of Standards

Standards refer to a broad range of expectations established to accomplish desired results. These expectations may be expressed through such vehicles as policy, standards, protocol, guidelines, recommendations, legislation and regulations. The term standards is used by the Department of Health both as the overarching term for expectations and a term denoting one of the numerous vehicles used to convey expectations.

The Department of Health blood borne pathogens prevention standards are high-level system standards that represent the preferred state for blood borne pathogen prevention services in Nova Scotia. These standards will address what elements of programs and services need to be the same no matter where the service is delivered or by what agency.

More detailed operating procedures or standards may be developed by District Health Authorities and other service delivery agents. These standards guide how a service is delivered. Operating procedures or standards are often developed using a consultation and consensus-building approach.

Purpose of the Blood Borne Pathogens Prevention Standards

The purpose of the standards in this document is to provide a framework to guide long-term improvement in blood borne pathogens prevention services, as well as a foundation for the implementation of new services where necessary. The standards provide a point of reference for assessing gaps and provide direction for implementation of services to address those gaps. In addition, the standards will promote consistency in service delivery across the province, while at the same time allowing the flexibility needed to reflect the varying capacities and needs of communities and organizations across the province. Standards will also provide a framework for accountability reporting by District Health Authorities as they work with community partners and the Department of Health to move toward meeting provincial standards that address current gaps.

The goals of the blood borne pathogens prevention standards are to:

1. Prevent or reduce the harms associated with *risk* behaviours leading to blood borne pathogen infections
2. Increase access to programs and services that will reduce the harms associated with blood borne pathogens for all Nova Scotians, especially those most at risk
3. Reduce vulnerability to blood borne pathogen infections among Nova Scotians by addressing the determinants of health

Organization of the Blood Borne Pathogens Prevention Standards

There are two types of system standards included in this document:

- General standards, which apply to all blood borne pathogens prevention services, and cover topics such as accessibility; planning, monitoring and evaluation; and health human resources

- Component-specific standards, which include standards for effective services in the areas of:
    - Health Education and Social Marketing
    - Counselling, Testing and Referral
    - Needle Exchange
    - Methadone Maintenance Treatment

Responsibility for Implementation of Standards

Successfully implementing the standards for blood borne pathogen prevention services requires collaboration among community organizations, District Health Authorities, and government departments and agencies, in particular, the Department of Health. Based on legislated responsibilities and experience with community-based blood borne pathogen prevention service delivery agents, specific responsibilities to support implementation of the blood borne pathogens prevention standards are outlined below.

The Department of Health is responsible for:

- Leadership (direction setting)
- Coordination
- Collaboration and partnership with government, service delivery, community and other partners
- Developing and/or adopting province-wide system standards
- Approving new and/or expanded services in principle
- Funding new and/or expanded services through the business planning process
- Monitoring and evaluation of standards
- Monitoring quality across the health system
- Maintaining provincial surveillance system (district, provincial and national reporting)

District Health Authorities are responsible for:

- Ongoing community assessment
- Implementation planning
- Collaboration and partnership with government and community partners
- Service delivery (direct service, contract or service agreement)
- Monitoring in accordance with provincial system standards
- Monitoring service quality
- Service evaluation
- Reporting as required

Community-based organizations are responsible for:

- Input to community assessment
- Participation in planning and implementation of standards
- Collaboration and partnership with government and other service delivery and community partners
- Direct service delivery as contracted by funding agent
- Reporting in accordance with requirements of funding agent
- Service evaluation

Comprehensive Approach to Implementing the Standards

The general and component-specific standards contained in this document are intended to be implemented in their entirety, through an incremental, multi-year process. Implementing all of

the standards within a policy environment that actively seeks to reduce vulnerability to blood borne pathogen infections is the most effective way of decreasing the incidence, prevalence and burden of illness of blood borne pathogens in Nova Scotia.

Philosophical Foundation for Blood Borne Pathogens Prevention Standards

The blood borne pathogens prevention standards were developed based on two important philosophical foundations, which were agreed upon by all stakeholders participating in the standards development process:

- Population Health
- Harm Reduction

Population Health Approach

Applying the population health approach to prevention recognizes that interrelated factors (called 'determinants of health') influence the health and quality of life of populations. The determinants of health are listed in Appendix B. Traditionally, efforts aimed at the prevention of blood borne pathogens have focused on "risk" and "risk reduction" based on the premise that risk of infection arises from engaging in risk-taking behaviour. However, a balanced approach to prevention also encompasses the overarching concept of reducing vulnerability to infection. Within this context, individual risk is seen as influenced by societal factors that increase the vulnerability of individuals and groups. This supports an approach that goes beyond the immediate environmental and risk-taking factors to addressing underlying factors that create an environment in which such risk-taking behaviours are encouraged, maintained and prove difficult to change.[1]

The development of the blood borne pathogens prevention standards was undertaken using a population health approach. Figure 2 outlines the type of population health questions used to guide the development of the standards.

- Look at the broad picture—the broad socioeconomic environment-- to get at the roots of the problem—*what is the broad picture?*
- Consider the determinants of health—*what determinants are affected? What influences the determinants? How does the program/policy affect the determinants?*
- Strive for equity—*does the program remove barriers and challenges to involvement?*
- Form strategic partnerships—*how can you work with others to have the greatest impact?*
- Use a variety of strategies in different settings—*is your approach based on several strategies?*
- Use the best evidence to guide decisions—*what evidence do you have? Is it valid, reliable and relevant?*
- Consider evaluation—h*ow will you know and show that your work has had an effect?*
- Encourage community participation—*how is the community involved with your program/policy? Did you get their input?*
- Work to build capacity—*does your project support people and communities to take action on health?*
- Collaborate across levels and sectors—*are you sharing responsibility, finding common goals and sharing accountability?*

Figure 2: Population Health Approach: Guiding Questions[2]

Harm Reduction

In Canada, harm reduction as an approach is used in a broad sense to refer to any policy, program or service that aims to reduce harm associated with some drug-using or sexual behaviours.[3] Harm reduction can also be defined more broadly, as a set of practical strategies with the goal of meeting people "where they are at" to help them to reduce harm associated with engaging in risk-taking behaviour.[4] There are many harm reduction services already in place in Nova Scotia, including needle exchanges, methadone maintenance treatment services, and anonymous HIV testing. Many community-based organizations are also applying the principles of harm reduction to their services.

The principles of harm reduction, as agreed to by stakeholders from across Nova Scotia and the standards development working groups include:

- To accept the existence of harmful behaviours as part of society
- Do not judge -- the behaviour itself is not condoned nor disapproved, but its existence is accepted
- To focus on reducing harms associated with harmful behaviour rather than the behaviour itself -- the immediate focus is on reducing harm -- longer-term goals may be established based on individual needs
- To respect the basic human dignity of people involved in higher risk behaviours
- To reach clients where they are. The focus will be on individual client values and needs, and respecting, honoring and supporting their ability to make decisions
- To involve individuals, communities and target groups most affected in the development of harm reduction strategies[5]

Focus of the Standards

Services to prevent blood borne pathogen infections are intended to benefit all Nova Scotians, however, when planning services, special consideration must be given to populations at increased risk of infection when services are being designed. People who engage in one or more of the following risk behaviours are at increased risk for blood borne pathogen infections:

- Sharing needles, syringes and other drug using equipment
- Having unprotected anal, vaginal sexual intercourse or oral sex[6]
- Sharing tattooing and piercing equipment

Evidence also suggests that certain populations of people are more *vulnerable* to infection with blood borne pathogens for a variety of reasons[7,8,9,10,11,12,13,14,15,16,17] including:

- *Aboriginal* people
- Youth (children and youth – students, out-of-school or street/ homeless youth)
- People who are involved with the criminal justice system
- Men who have sex with men (gay and bisexual men)
- Women
- People experiencing mental health or addictions problems
- People who are *street-involved and/or homeless*
- Sex trade workers
- People already infected with a blood borne pathogen such as hepatitis B, hepatitis C and HIV
- People who use injection drugs

Prevention services may need to be tailored to meet the needs of specific populations.

Policy Context for the Standards

The standards for preventing blood borne pathogen infections outlined in this document are built upon the foundation of a *health promotion* approach. Health promotion is the process of enabling people to increase control over and to improve their health. There are five priority action areas central to a health promotion approach including:

- Build *healthy public policy*
- Create supportive environments
- Strengthen community action for health
- Develop personal skills
- Re-orient health services

The standards contained in this document focus predominantly in the areas of strengthening community action, developing personal skills and re-orienting health services. However, for the effective prevention of blood borne pathogen infections, the areas of building healthy public policy and creating supportive environments must be addressed.

Research findings suggest that there are important relationships between vulnerability to blood borne pathogen infections and poverty, early childhood experience, discrimination by people and governments, and housing and homelessness.[18, 19] Addressing these determinants of health is beyond the mandate of any single government department or agency, district health authority or community organization. Accordingly, an intersectoral effort to addressing the root causes of what makes people vulnerable to blood borne pathogen infections is a critical process that must occur in conjunction with the implementation of the blood borne pathogens prevention standards. Clear designation of leadership for intersectoral initiatives is essential to ensure progress.

Examples of areas for action include the development of policies that:

- Enhance the well being of those infected with blood borne pathogens (for example, equitable access to treatment for infected individuals regardless of which blood borne pathogens they have contracted)
- Reduce the stigma and discrimination associated with blood borne pathogens (for example, promote broader understanding of and support for harm reduction approaches within the public and government)
- Clearly articulate the roles of federal, provincial and Aboriginal governments in the provision of blood borne pathogens prevention services for Aboriginal people in Nova Scotia

General Standards

1. Governance
   1.1. Each District Health Authority has an identified mechanism for planning, resource allocation and accountability for the full range of blood borne pathogens prevention services.

2. Standards Development Process
   2.1. All District Health Authorities, the Department of Health, community-based organizations and other stakeholders participate in the ongoing review and revision of general and component-specific standards.

3. Access
   3.1. District Health Authorities ensure all Nova Scotians, especially those at risk, have *reasonable access* to blood borne pathogens prevention services through a variety of mechanisms including direct service delivery, contracting out or partnerships/service agreements among or between districts or with relevant service delivery partners.
   3.2. Services are implemented in ways that reduce barriers to access and take into consideration where relevant:
      3.2.1. Client-centered policies (responsive to individual and community needs)
      3.2.2. Accessible location
      3.2.3. *Safe and supportive environment*
      3.2.4. Office or *outreach* hours appropriate to the community
      3.2.5. Affordability of travel to service site
      3.2.6. Availability of practical support (e.g. child care)
      3.2.7. Integration with other services that are focused on populations at increased risk of blood borne pathogen infections (e.g. sexually transmitted infection clinics)
   3.3. Information on the range of blood borne pathogen prevention services, and how to access both local and non-local services is communicated through a variety of means to all Nova Scotians, especially those at risk.

4. Planning, Monitoring and Evaluation
   4.1. Planning, design, implementation, monitoring and evaluation activities for blood borne pathogen prevention services includes a range of stakeholders including people who will be impacted by the activities.
   4.2. District Health Authorities provide ongoing assessment of their communities as the basis for identifying appropriate mechanisms for implementing services. Assessment includes:
      4.2.1. Identification of current services available (example: Public Health Services, Addiction Services, community-based hepatitis and HIV/AIDS organizations, financial supports, housing)
      4.2.2. Measure of community knowledge, attitudes and behaviour regarding for example, blood borne pathogens, harm reduction, needle exchange, *injection drug use*, addictions treatment
      4.2.3. Estimate of the numbers of individuals who may directly benefit from the service (example: number of people who use needles and number of people seeking treatment for addictions)

4.2.4. Identification of cost-effective strategies to deliver the service
4.2.5. Assessment of needs of specific high risk populations

4.3. Models of service delivery vary based on the results of community assessments.

4.4. Services provided to people most at risk are provided through a flexible community-based approach.

4.5. District Health Authorities and community-based organizations concerned with prevention of blood borne pathogen infections have input into the development and implementation of a provincial evaluation framework for blood borne pathogen prevention services. The evaluation framework includes:

4.5.1. Annual monitoring of compliance with established blood borne pathogens prevention standards
4.5.2. Process evaluation measures
4.5.3. Outcome evaluation measures
4.5.4. Feedback and revision process

5. Health Human Resources

5.1. District Health Authorities, community-based organizations and the Department of Health participate in the development of a provincial health human resource strategy that:

5.1.1. Identifies core competencies for staff involved in each service
5.1.2. Explores opportunities for training that would benefit from a consistent province-wide approach

5.2. All staff engaged in blood borne pathogen prevention services demonstrate knowledge, skills and competencies appropriate to the service provided and consistent with the evidence.

5.3. Training resources, which may be pooled among districts or at the provincial level, are allocated to reflect emerging priorities related to preventing or reducing the harms related to blood borne pathogen infections.

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Component-Specific Standards

The four component areas are separated in this document for the purpose of clarity, however, all services are interdependent and must be well integrated. Key to integration is the existence of clear communication and coordination mechanisms among all formal and informal *service providers*.

The following elements are outlined for each of the blood borne pathogen prevention services:

- Context and issues specific to the service
- Current situation
- Description of the service, including the nature and intent of the service and factors to enhance likelihood of success
- Goal statement(s) that specify endpoints or results to be achieved as a result of each service
- Standard statements that specify requirements of the service in key areas

Health Education and Social Marketing

Context and Issues

Health education and *social marketing* are two important interventions in a comprehensive approach to preventing or reducing the harms of risk behaviours associated with blood borne pathogen infections.

Health education is "any combination of learning experiences designed to facilitate voluntary actions conducive to health. Combination emphasizes the importance of matching the multiple determinants of behaviour with multiple learning experiences or educational interventions. Designed distinguishes health education from incidental learning experiences as a systematically planned activity. Facilitate means predispose, enable and reinforce. Voluntary means without coercion and with full understanding and acceptance of the purposes of the action. Actions means behavioural steps taken by an individual, group, or community to achieve an intended health effect or to build their capacity for health."[20] To support the goal of preventing blood borne pathogen infections, health education refers to learning opportunities that are designed to facilitate actions and behaviours that prevent or reduce the risk of transmission.

Social marketing can enhance the effectiveness of efforts to promote and protect health. Social marketing is a "process for influencing human behaviour on a large scale, using marketing principles for the purpose of societal benefit rather than commercial profit."[21] Social marketing essentially uses marketing techniques to generate discussion and promote changes in attitudes, values and behaviours and in so doing, creates a climate conducive to change.[22] Social marketing aims to "sell" healthy behaviours to target audiences. In terms of preventing blood borne pathogen infections, this may include selling behaviours such as using condoms, getting tested and/or not sharing drug using equipment. In the overall strategy to prevent blood borne pathogen infections, social marketing will complement health education and other initiatives that support behaviour change to reduce the risk of transmission and promote health.

Social marketing is an important component of any health promotion strategy. An example is the three-year comprehensive tobacco communications campaign launched in January 2002 as a component of Nova Scotia's Tobacco Control Strategy. The campaign targets youth ages 15 to 35 with the following objectives:

- To engage and activate key stakeholders through succinct messages and targeted media
- To reinforce the awareness of the harmful effects of smoking and second-hand smoke
- To identify and direct individuals to sites where they can get more information and help in quitting

The campaign employs a range of tactics including:

- Advertising
    - Television
    - Print
    - Indoor media (posters)
    - Transit shelters
    - Radio public service announcements (PASs)

- Public relations
    - Grassroots media training and support
    - Ongoing media relations
    - Workplace program
    - High school media literacy program/curriculum
- Interactive marketing (website)
- Research and evaluation
    - Focus groups
    - surveys

Current Situation

There are various health education and social marketing activities underway throughout Nova Scotia that target prevention of blood borne pathogen infections. District Public Health Services, district Addiction Services, community-based organizations and the Department of Health have all been involved in various activities. A description of some of that work is as follows:

- Public Health Services in the districts provide a broad range of services that target reducing the spread of blood borne pathogens and creating a supportive environment for healthy sexuality and healthy decision-making. Some activities focus on education through the school system, including collaborating on health curriculum development and providing support to teachers delivering lessons. Public Health Services also targets public and professional audiences, providing education about blood borne pathogens and reducing the risk of infection. Public Health Services involvement in Youth Health Centres provides a more focused effort with youth, encouraging testing for blood borne pathogens and other sexually transmitted infections, as well as encouraging a more open forum for discussions on healthy sexuality and healthy decision-making. Specific to people who are infected with a blood borne pathogen, Public Health Services plays a key role in providing contact tracing and follow up education.
- Addiction Services in the districts provide a broad range of addictions prevention and treatment services that target reduced spread of blood borne pathogens. From prevention of drug use, to reducing harms associated with drug use to approaches to help people to decrease or eliminate drug use, Addiction Services focuses on creating a supportive environment for healthy decision-making, particularly around decisions about drug use. Addiction Services also focuses efforts on youth through collaboration on health curriculum development, providing in-service and support to teachers delivering lessons and providing school-based prevention and early identification services. Addiction Services is a source of accurate information about drug use and abuse and provides evidence-based strategies for developing the skills needed to make informed and less harmful decisions about any drug use, including injection drug use. Addiction Services has been involved in social marketing campaigns that have changed societal attitudes about drinking and driving for example.
- Community-based organizations and services are key in providing health education to populations that may be at greater risk of infection. Activities focus on awareness of blood borne pathogens, preventing infection and reducing harm associated with risk behaviours—reducing risk of infecting others, re-infection or becoming infected with another blood borne pathogen. In addition, activities focus on education and providing

support for changes that will contribute to delayed onset of symptoms and improved quality of life for people already infected. Community-based organizations and services provide information and *counselling* for clients, deliver presentations to the community, and provide skills building opportunities (workshops and conferences). These organizations and services also provide supplies and equipment (condoms, needles, syringes and other drug using supplies) needed to reduce risk associated with some behaviours and education about proper use.

- With various partners, the Department of Health participates in a number of health education and social marketing activities that support reducing the risk of blood borne pathogen infections. Departmental Public Health and Addiction Services representatives participate with District Health Authority counterparts in the development of strategic directions as well as the development of policy, standards and services that support health education and social marketing initiatives. The Department has also worked with provincial/territorial partners and Health Canada on a social marketing campaign targeting awareness of hepatitis C. As a first phase, a set of information materials targeting the general public, including brochures, bookmarks and website were produced. A similar approach is being taken to target the campaign to youth, particularly youth at increased risk of infection; the work is underway.

These are examples of a few initiatives and do not reflect the full range of activities underway. All contribute to increasing awareness and facilitating behaviours that reduce risk of transmission. Organizations and services often work with partners on the development, organization and/or implementation of health education and social marketing activities. Coordination at a provincial level would facilitate an integrated, comprehensive and sustained approach to health education and social marketing.

Service Description

Health education services are intended to impact knowledge, attitude, social and behavioural change through a range of individual, group, and community level initiatives including:

- Individual and group level prevention
    - Outreach to high risk populations (provide information, risk reduction materials, motivation and referrals to supportive services for individuals)
    - Prevention counselling (including assisting individuals in assessing their own risk, promotion and reinforcement of safer behaviours and building skills and abilities necessary to implement behaviour change)
- Community-based prevention
    - Community initiatives that seek to change the knowledge, attitudes, norms and values as well as the social and environmental context of risk behaviours of an entire community, not just individual members of the community. The content and methods of community initiatives are based on the needs of the community and known best practices. Examples of the types of activities included in community initiatives are community mobilization or organization around a particular issue, widespread dissemination of prevention material (e.g. condoms), or community awareness events. Community level interventions seek to influence and saturate the whole community with prevention messages and

materials, on a consistent and ongoing basis, to support healthier behaviour among the people in that community.[23]

Social marketing is intended to impact attitude, social and behavioural change through population level initiatives including:

- Market research
- Public relations
- Advertising[24]

Research has identified a number of factors that contribute to successful health education initiatives, including:

- There is a clearly defined audience, risk behaviours, goals and objectives
- Sound behavioural, social science and education theory form the foundation of the initiative
- Initiatives are based on evidence
- Opportunities are provided to practice relevant skills related to preventing blood borne pathogen infections
- Education staff are adequately trained for sensitivity to target population
- A variety of teaching methods and strategies are used
- Interventions meets specific priorities and needs as defined by the community
- Interventions are culturally sensitive, developmentally appropriate and gender specific for the target population
- Interventions are implemented in ways that are acceptable to the target populations[25]
- Interventions need to be multiple in nature and must be delivered systematically at the individual, community and population levels in multiple settings
- Interventions need to be of sufficient intensity and sustained over what may take many years of cultural change before the desired behavioural changes become the norm[26]
- Initiatives are evaluated for effectiveness

Factors recommended for successful implementation of social marketing campaigns include:

- Long term commitment (set backs will occur and compromises need to be made)
- Understanding of social marketing (development and application of skills)
- Consistent marketing orientation
- Ongoing marketing research (measure needs, preferences and success of campaign)[27]

Goal Statement(s)

1. Increase Nova Scotians awareness of options for preventing or reducing risk behaviours.
2. Support individuals in lowering their risk of infection and re-infection.
3. Increase community support for strategies that prevent or reduce risk of blood borne pathogen infections.

Standards Statements

1. District Health Authorities and community-based organizations concerned with prevention of blood borne pathogen infections have input into the development and implementation of a provincial social marketing campaign that:
    - 1.1. Dispels myths about transmission of blood borne pathogens
    - 1.2. Increases awareness of risk behaviours associated with blood borne pathogen infections including tattooing and piercing, injection and other drug use and unsafe sexual practices
    - 1.3. Reduces marginalization, stigmatization and discrimination of *vulnerable populations* or those perceived to be at higher risk of blood borne pathogens
    - 1.4. Increases acceptance of/receptivity to interventions and services (particularly harm reduction) that reduce incidence of blood borne pathogens
    - 1.5. Increases advocacy for interventions and services (particularly harm reduction) that reduce incidence of blood borne pathogens
    - 1.6. Increases awareness of the importance of being tested for blood borne pathogens for people who have been at risk, and particularly for those at increased risk of infection
2. Based on the best available evidence on successful interventions, social marketing services target the general population as well as high risk groups identified at the local and/or provincial levels.
3. District Health Authorities provide a comprehensive range of sexual health services that address prevention of blood borne pathogens including, but not limited to:
    - 3.1. Youth health centers (safe, non-judgemental, accessible services for youth)
    - 3.2. Gay, lesbian, bisexual, *two-spirited*, *transgendered* and *intersexed* health services
    - 3.3. Easy and discrete access to male and female condoms and oral dams free or at reduced cost
    - 3.4. Educational resource materials that are culturally sensitive, with prevention messages based on evidence and/or best practice and developed according to Public Health "Procedures for development, procurement and management of consumer resources: audio-visual and educational/promotional aids and for professional resources for public health services".
4. Comprehensive, sustained prevention of blood borne pathogen infections health education is provided in various service settings including, but not limited to:
    - 4.1. Adult and Youth Correctional facilities and release transition programs
    - 4.2. Schools
    - 4.3. Community-based services and/or outreach services to high risk populations
    - 4.4. Women's facilities (shelters, prenatal clinics)
    - 4.5. Social service agencies
    - 4.6. Youth/teen health and wellness centers and clinics
    - 4.7. Community health facilities
    - 4.8. Services for people newly arrived to Canada
5. Health education services are designed based on the best available evidence on successful interventions.
6. Health education services are designed and implemented in ways that take into consideration characteristics of successful blood borne pathogen prevention services such as:
    - 6.1. Based on behavioural and social science theory such as the Health Belief Model, AIDS Risk reduction model, and the Transtheoretical (Stages of Change) model
    - 6.2. Clearly defined target groups, objectives and interventions

6.3.	Assessment of community and individual needs
6.4.	Accessibility to target population
6.5.	Cultural appropriateness (messages tailored to audience in terms of age; race; colour; religion; creed; sex; sexual orientation; language; physical challenges or mental health problems)
6.6.	Sufficient duration and intensity to achieve lasting behaviour change

7. Based on the best available evidence on successful interventions, health education services identify and target at-risk groups in their communities and design and deliver services to address their needs.

Counselling, Testing and Referral

Context and Issues

Nationally, it has been estimated that 30% of people who are HIV positive and 70% of people positive for hepatitis C are unaware of their status.[28,29,30] Anecdotal reports suggest that many Nova Scotians are unaware of their personal level of risk of blood borne pathogen infections and do not know whether they should seek *testing*. Knowledge of hepatitis B, hepatitis C and HIV status is critical to obtaining treatment, care and support services and to controlling the spread of infections. Anecdotal reports suggest that there continues to be a reluctance to undergo testing for blood borne pathogen infections. Past experiences have cast doubt on the confidentiality of test results and there is fear of discrimination if results of a positive test are revealed; discrimination may be felt in the workplace and in the community. It is believed that undergoing testing for hepatitis B, hepatitis C and HIV may have negative consequences in obtaining medical or life insurance. It has also been suggested that for many, the fear of knowing test results is a barrier.

Over the past decade, there have been advances in the treatment of hepatitis and HIV and increased knowledge regarding health promotion. The earlier a person is diagnosed, the earlier they are able to start treatment. Access to available treatments and support in making lifestyle adjustments contributes to a delay of symptoms and slower progression of the disease, keeping people healthier, longer.[31]

Early knowledge of infection has also been found to be important in prevention. Research has shown that many individuals decrease behaviours that risk transmission to sex or needle-sharing partners once aware of their HIV status.[32,33,34,35,36,37,38,39] Lessons learned from the development and evolution of anonymous HIV testing services suggest that combining counselling with testing strengthens prevention and risk reduction efforts by encouraging infected individuals to avoid infection or re-infection and to avoid transmission to others.

Referral and/or follow up is another essential element of a counselling, testing and referral service. Development of a network of primary health care and community-based resources strengthens the ability of a counselling, testing and referral service to provide linkages to treatment, care and support.

Although risk behaviours associated with hepatitis B, hepatitis C and HIV are similar and require similar approaches, the high rate of hepatitis C infection among people who use injection drugs suggests the need for a more aggressive and comprehensive approach than had been designed to address the spread of HIV through injection drug use. One study that found that knowledge of hepatitis C status had little effect on changing behaviour of sharing injection drug-using equipment. It was suggested that strengthening pre and post test counselling specific to hepatitis C may have a greater influence on risk behaviour.[40] Counselling, testing and referral services will need to meet the challenge of strengthening prevention and risk reduction approaches specific to risk activities and transmissibility of disease. While opportunities exist to integrate counselling, testing and referral services, targeted messaging and approaches are essential.

Current Situation
There is one HIV anonymous testing site in Nova Scotia, located in Halifax. Operating from Planned Parenthood Metro Clinic (a sexual health clinic), anonymous testing services have integrated hepatitis B, hepatitis C and testing for sexually transmitted diseases[a] with HIV testing. Outreach to populations at increased risk is provided through other community-based organizations such as AIDS organizations, needle exchange and methadone maintenance treatment sites. The anonymous testing site serves as a model for expanding counselling, testing and referral services across the province.

Testing for blood borne pathogen infections also occurs in other settings including physician's offices and hospitals. Community-based experience suggests that the lack of comprehensive counselling and time constraints imposed in these settings mean that clients may not be able to make an informed decision about testing, nor benefit from appropriate prevention and risk reduction counselling.

Service Description
Counselling, testing and referral services are intended to provide a safe and supportive environment for individuals seeking blood borne pathogens testing and increase the number of those at risk who will seek testing. Counselling, testing and referral services provide a range of services including, but not limited to:

- Prevention and risk reduction counselling (including pre and post test counselling)
- Hepatitis B, hepatitis C and HIV testing
- Referral to other services

Counselling, testing and referral services may also include testing for sexually transmitted infections.

Research has identified a number of factors that contribute to the operation of successful counselling, testing and referral services, including:

- Continuity of staff providing prevention counselling; the same person who provides pre-test also provides post-test counselling
- Location and opening hours that reflect the needs of the people accessing the service
- Seeking *informed consent* and offering counselling before a client is tested
- Integration with other services such as family planning and sexually transmitted disease clinics
- Referral systems for the provision of comprehensive prevention, care and support developed in consultation with community-based organizations, health care services, people living with and/or affected by blood borne pathogens, including regular review and improvement of the system
- Tailored counselling to meet the needs of particular client groups[41,42]

[a] Note: hepatitis B, hepatitis C and sexually transmitted disease testing is not provided on an anonymous basis; legislation defines HIV testing that may be offered on a nominal, non-nominal and/or anonymous basis.

Goal Statement(s)

1. Increase access to confidential counselling, testing and referral services that are provided in a safe and supportive environment for all Nova Scotians, especially those most at risk.
2. Increase access to the range of blood borne pathogens testing options.

Standard Statements

Standard Statements
1. District Health Authorities provide or facilitate access to counselling, testing and referral services for blood borne pathogens including: • nominal hepatitis B and hepatitis C testing • nominal, non-nominal and anonymous HIV testing
2. The counselling component of counselling, testing and referral services includes, but is not limited to: 2.1. Information on hepatitis B, hepatitis C and HIV transmission and prevention 2.2. Assessment of personal risk 2.3. Information on available testing options 2.4. Implications of testing including health, legal, insurance, employment and social 2.5. Risk reduction strategies including safer sex and safer drug use
3. The testing component of counselling, testing and referral services includes: 3.1. Informed consent given verbally by client 3.2. Staff who are qualified to draw a blood sample 3.3. Timely transportation of samples to laboratory based on specific testing requirements 3.4. Communication of test results to client
4. The referral component of counselling, testing and referral services facilitate access to other services such as primary health care, addictions treatment, mental health services, health promotion, disease prevention and education services, and other social, health, community and legal services.
5. Counselling, testing and referral services provide access to hepatitis A and hepatitis B immunization for people who use injection drugs, as recommended by the National Advisory Committee on Immunization (NACI) (advisory to the Division of Immunization and Respiratory Diseases, Population and Public Health Branch, Health Canada).
6. Counselling, testing and referral services use screening tests and repeat confirmatory testing for positive results.
7. Counselling, testing and referral services utilize testing technologies that meet Public Health Laboratory Standards and are endorsed by the designated provincial laboratory for Nova Scotia.
8. Counselling, testing and referral services follow legislated reporting requirements for communicable disease.
9. Counselling, testing and referral services inform, and support clients in meeting legislated partner notification requirements.

10. Counselling testing and referral services are implemented in ways to reduce barriers to access and take into consideration: 10.1. Confidentiality and/or anonymity as perceived by the client 10.2. Multi service environment 10.3. Recognition of the critical nature of counselling 10.4. Mechanisms for client input/advice on service development and delivery 10.5. Mechanisms for community input/advice on service development and delivery 10.6. Accessibility to target populations
11. Counselling, testing and referral services ensure that staff is accepted by the clients.

Needle Exchange

Context and Issues

Needle exchange services reduce the risk of blood borne pathogen infections among those who use injection drugs.[43] Research on needle exchange services have identified their numerous benefits, including:

- Reducing the spread of infections through the populations of people who use injection drugs
- Establishing contact with hidden populations of people who use injection drugs and are often not connected to the health care system
- Success in reaching large numbers of people who use injection drugs
- Cost effective means of providing education and counselling
- Cost effective means of facilitating referrals to addictions treatment and other services
- Promoting safer injecting
- Reducing sharing of needles, syringes and other injection supplies
- Providing an effective source of treatment and referral of a high-risk population[44, 45]

Needle exchanges were first established as a place for people who use injection drugs to obtain clean new needles in exchange for used needles. Needle exchanges have developed into a more comprehensive prevention and harm reduction service that contributes to decreased spread of HIV and improved health and quality of life among the population who use injection drugs. Research on transmissibility of hepatitis B, hepatitis C and HIV through risky behaviours associated with injection drug use have supported an expansion of the service to include the provision of needles, syringes and other drug using supplies such as spoons (cookers), water, cotton balls, filters, tourniquets, alcohol swabs.

Current Situation

Currently, needle exchange services in the province provide a range of services to people who use injection drugs such as opiates (e.g., Dilaudid, Oxycontin and heroin), methamphetamines and cocaine. Needle exchange services also have clients who are involved in other drug using behaviours that place them at risk and/or who may also participate in unsafe sex and tattooing and body piercing activities. Each of the two stand-alone sites (Halifax and Sydney) provide services directly to clients on-site as well as through outreach. Needle exchange sites offer a safe and supportive environment for people to obtain services and build relationships with staff and volunteers who provide peer support, *client-centred advocacy* and referral. Needle exchange services also provide support and referral for clients who are ready to address issues related to the use of drugs. Safe disposal of used needles, syringes and other drug using supplies is an important element of the service; needle exchanges have a fee for service agreement with a local company that transports medical waste to the appropriate provincially approved disposal facility (incinerator).

People living in rural and remote areas of the province do not have easy access to needle exchange services. At times, one person from a community will travel to a stand-alone site to obtain clean needles, syringes and other drug using supplies for themselves and others in the community. There are also outreach services based from the stand-alone sites. Sharp Advise

provides outreach to communities throughout the Cape Breton area based on need. Rather than designating days and locations, the service responds to requests for outreach services on a day-by-day basis. Mainline provides services to communities throughout Nova Scotia. Capital District provides funding for outreach services throughout the Capital Health district including Bedford, Fairview, Sackville, Spryfield and Dartmouth. The District Health Authorities 4,5,6 *shared service area* provide funding to Mainline for outreach to Colchester County (Truro, Tatamagouche and Bible Hill), Pictou County (Pictou, New Glasgow, Stellarton, Trenton, and Westville) and Cumberland County (supports a fixed location in Amherst staffed part time and providing outreach throughout the week). Without specified funding support, Mainline has been flexible in providing outreach service to people in communities such as Lunenburg, Chester, Chester Basin, Berwick, Kentville and Yarmouth. This is accomplished through use of the bus system for safe delivery of clean supplies and arrangements with local pharmacies to collect used needles and supplies and provide information to Mainline about returns.

Service Description

Needle exchange services are intended to have a positive impact on the estimated 4000 Nova Scotians who use injection drugs[46]. In addition to enabling the distribution and collection of supplies for injection and other drug use, the range of functions for needle exchange services includes:

- Male and female condoms and oral dams
- Clean supplies for tattooing and body piercing
- Information on infectious diseases (including blood borne pathogens and sexually transmitted infections)
- Prevention education
- On-site and/or referral to other health services including addictions treatment (such as methadone, withdrawal management and/or other community-based treatment services), primary health care, and counselling, testing and referral services
- Information on other community services
- Client-centred advocacy

Needle exchange services also positively impact the broader community. Improved health and wellness among individuals involved in activities that place them at increased risk of blood borne pathogen infections contributes to the improved health status of the community. Needle exchange services may also contribute to community safety as they travel to locations throughout the neighbourhood to gather and properly discard needles and other drug using supplies that may have been left behind.

In Nova Scotia, a variety of subpopulations have been identified among those involved in the use of injection drugs[47,48,49]. Each subpopulation faces their own set of unique challenges, which requires a variety of approaches.

Research has identified a number of factors that contribute to the operation of successful needle exchange services, including:

- Easy access for the target population (e.g. physically located near injection drug using population(s); in local communities; open at appropriate times; outreach to rural areas; and involvement of local people with experience with injection drug use)

- Client centred services (e.g. easy, non-judgmental service; protection of anonymity/confidentiality; liberal exchange policy (no or minimal limit on the number of needles and syringes exchanged))
- Provision of other services on-site and through collaboration with other community-based organizations (e.g. education, counselling; addictions treatment; social services; counselling, testing and referral services; medical services; referrals)
- Informal agreements with police to support the service (non-confrontational with clients)
- Supportive community and other health and community services
- Staff accepted by injection drug using community
- Staff comfortable with the clientele
- Funding to insure the availability of clean needles, syringes and other drug using supplies

Goal Statement(s)

1. Reduce the harms associated with drug using behaviours, including sharing of needles, syringes and other drug using supplies.
2. Increase awareness, support, and monitoring of the proper disposal of needles and other drug using supplies.
3. Increase knowledge and improve skills around other risk-reducing behaviours among people who inject drugs and/or access needle exchange services.

Standard Statements
1. Needle exchange services include: 1.1. Distribution of clean needles, syringes and other drug using supplies 1.2. Collection and proper disposal of needles, syringes and other drug using supplies 1.2.1 From individual clients 1.2.2 From community locations 1.3. Education for clients (refer to Needle Exchange standard statement 3. for a more detailed outline of educational elements)
2. Needle exchange services may also include: 2.1. Male and females condoms and oral dams 2.2. Client-centred advocacy 2.3. Peer support 2.4. Peer education 2.5. Outreach 2.6. Community education 2.7. Partnership building
3. Needle exchange services provide education to clients on topics including, but not limited to: 3.1. Blood borne pathogen infections 3.2. Sexually transmitted infections 3.3. Safer sexual practices 3.4. Safer injection practices 3.5. Harm reduction
4. Needle exchange services distribute supplies based on an assessment of individual need that ensures: 4.1. Sufficient needles, syringes and other drug using supplies for a safe and clean injection

every time 4.2. Sufficient needles, syringes and other drug using supplies for a period of time equal to the time period before the next possible contact (for example, until the next outreach visit or until the office reopens)
5. Needle exchange services provide sufficient supplies to an individual for secondary distribution to other people who use injection drugs in their community based on an assessment of need in that community.
6. Needle exchange services have referral procedures that facilitate access to other services such as primary health care, addictions treatment, mental health services, health promotion, disease prevention and education services, and other social, health, community and legal services.
7. Needle exchange services provide access to hepatitis A and hepatitis B immunization for people who use injection drugs, as recommended by the National Advisory Committee on Immunization (NACI) (advisory to the Division of Immunization and Respiratory Diseases, Population and Public Health Branch, Health Canada).
8. Needle exchange services support safe discarding of used *injection and other drug using supplies* by, but not limited to: 8.1. Providing information to clients on safe disposal of needles, syringes and other drug using supplies 8.2. Encouraging clients to return needles, syringes and other drug using supplies to the service or other approved collection sites (including designated pharmacies) 8.3. Providing sharps containers to clients 8.4. Providing sharps containers to appropriate community locations
9. Needle exchange services collection service (collection of used injection and other drug using supplies from the community) have procedures for safe collection and disposal of used injection and other drug using supplies that include, but are not limited to: 9.1. Use of gloves and/or other appropriate protective equipment 9.2. Use of sharps containers 9.3. Disposal of full sharps containers
10. Needle exchange services have policy and procedures that define acceptable client behaviour and that address unacceptable behaviour, including protocols for the involvement of outside agencies such as law enforcement.
11. Needle exchange services have procedures to ensure safe storage of clean needles, syringes and other drug using supplies for the purposes of distribution through the service.
12. Needle exchange services have mechanisms for input by the clients and community.
13. Needle exchange services ensure that staff is accepted by the clients.

Methadone Maintenance Treatment

Context and Issues

Methadone maintenance treatment is the most widely used form of treatment for opiate dependence. Methadone itself is a long-acting, synthetic opiate agonist that is longer lasting than many opiates. Methadone is administered orally once daily to diminish craving and alleviate the symptoms of withdrawal. Methadone maintenance treatment is recognized internationally as "an important strategy to combat transmission of HIV – and to potentially help prevent and control the transmission of HCV and other blood-borne pathogens – among injection drug users."[50]

"Methadone maintenance treatment is considered an effective means of reducing the use of other opiates, the use of other substances, criminal activity, and the rate of mortality." Methadone maintenance treatment has also been found to:

- Reduce injection-related risk behaviours
- Reduce other behaviours that place one at risk for blood borne pathogens and STI
- Reduce transmission of HIV
- Potentially reduce transmission of hepatitis C
- Improve physical and mental health
- Improve social functioning
- Improve quality of life
- Improve pregnancy outcomes
- Increase treatment retention[51]

Current Situation

Currently, methadone maintenance treatment is offered as a comprehensive service through Addiction Prevention and Treatment Services in Dartmouth and Direction 180 in Halifax.[b] Admission is based on assessment and availability of treatment space. Only available in the Capital Health district, people from outside the area are required to relocate, at least during the initial stabilization and treatment period. Based on ongoing assessment, people participating in these services may return to their community to continue treatment with the support of local physicians, pharmacists and continued support from Addiction Prevention and Treatment Services, other district Addiction Services or Direction 180.

Treatment options outside of the Capital Health district are limited and relocation to Capital may prove an insurmountable barrier. Relocation is stressful; it often means leaving behind family and community supports and means having to find affordable housing, transportation, employment and/or financial support services and other local services. Anecdotal reports suggest that people relocating to participate in treatment often find that affordable housing close to the treatment site is in a community where injection drug use is common. It may be difficult to decrease injecting and other drug use behaviours in this situation.

[b] There are a small number of physicians throughout the province who are licensed to prescribe methadone for the purposes of addiction treatment, although anecdotal reports suggest many may be reluctant to do so without linkages to a more comprehensive range of services and supports.

Methadone maintenance treatment is continued for individuals incarcerated in the central region provincial correctional facility if they have initiated treatment through Addiction Prevention and Treatment Services, Methadone Services or Direction 180. For people incarcerated in other provincial correctional facilities[c], arrangements are made to transfer the inmate to the central region; agreements are made with local pharmacies to provide methadone until the transfer occurs. With an average length of stay about 60 days, it is uncommon to initiate treatment during incarceration, although these decisions are made on a case-by-case basis. Addiction Prevention and Treatment Services, Methadone Services and Direction 180 provide education and work with staff to smooth the transition for clients between the institution and community methadone services.

Methadone maintenance treatment is available for individuals incarcerated in federal correctional institutions. Treatment is initiated for some individuals and is continued for those who started treatment in the community, based on assessment. Correctional Services Canada, Specific Guidelines for Methadone Maintenance Treatment, state that the "provider must ensure their number of methadone recipients does not exceed their ability to provide the mandated parameters of care, support, and monitoring for each recipient." As a result, some institutions may be required to limit the number of people they are able to initiate and/ or maintain at any one time.[52]

For opiate dependent individuals who have been unsuccessful with other addiction treatment options, reasonable access to methadone maintenance treatment is critical to decreasing risk of blood borne pathogen infections, improving life functioning, improving health and well-being and, for the community, decreasing drug-related criminal activity and the risk of contacting harmful drug use paraphernalia.

Service Description

In addition to individualized methadone dosage and counselling, methadone maintenance treatment services also provide, or facilitate access to other services including:

- Primary health care
- Treatment for other substance use
- Mental health services
- Health promotion, disease prevention and education
- Other social, health, community, and legal services.

While methadone maintenance treatment remains the most widely used form of treatment for people who are opiate dependent, it is recognized that other forms of treatment (including other pharmacological options) are being explored. Standards developed for methadone maintenance treatment will need to be reviewed for applicability to other treatment services for opiate dependent individuals.

Methadone maintenance treatment services are intended to have a positive impact on a variety of subpopulations identified among those dependent on opiates. Each subpopulation faces their

[c] Provincial Correctional facilities are also located in Cape Breton, Amherst and Yarmouth.

own set of unique challenges, which requires a variety of approaches to providing methadone maintenance treatment services.

An adequate dose of methadone has been identified as one of the most critical elements in determining the effectiveness of methadone maintenance treatment.[53] While there continues to be debate about other factors that are critical to success, there is information pointing to a number of service factors that contribute to the improved retention in treatment and improved treatment outcomes, including:

- Timely access
- Emphasis on retention
- Maintenance orientation
- Client-centred approach
- Integrated, comprehensive services
- Primary health care
- Other substance use treatment
- Counselling
- Mental health services
- Health promotion, disease prevention and education
- Other supplementary supports and services (such as financial, legal or housing services)[54]

Goal Statement(s)

1. Reduce the harms associated with opiate dependency to improve the health status and quality of life for the affected individuals, families and communities.
2. Ensure that all people that are opiate dependent have reasonable access to safe and effective methadone maintenance treatment.
3. Ensure methadone maintenance treatment services are of high quality including elements of safety, integration, evaluation and community participation.

Standard Statements

Standard Statements
1. Methadone maintenance treatment services provide: 1.1. Individualized dosage 1.2. Counselling
2. Methadone maintenance treatment services provide and/or facilitate access to other services such as: 2.1. Primary health care 2.2. Treatment for other substance use 2.3. Mental health services 2.4. Health promotion, disease prevention and education services 2.5. Other social, health, community, and legal services
3. Methadone maintenance treatment services provide access to hepatitis A and hepatitis B immunization for people who use injection drugs, as recommended by the National Advisory Committee on Immunization (NACI) (advisory to the Division of Immunization and Respiratory Diseases, Population and Public Health Branch, Health Canada).

4. Methadone maintenance treatment services have policies that define their approach that includes the following elements:
    - 4.1. Service philosophy
    - 4.2. Engagement
    - 4.3. Timely access (wait time)
    - 4.4. Retention
    - 4.5. Maintenance orientation
    - 4.6. Client/patient centeredness
    - 4.7. Client/patient involvement in service development
    - 4.8. Safety
5. Methadone maintenance treatment services communicate (written or oral) policies and expectations to all clients at the outset of treatment.
6. Methadone maintenance treatment services have linkages with a network of services such as:
    - 6.1. Social services
    - 6.2. Child, youth and family services
    - 6.3. Legal/justice supports
    - 6.4. Education
    - 6.5. Housing
    - 6.6. Primary health care
    - 6.7. Employment
    - 6.8. Other addictions treatment
    - 6.9. Other community resources
7. Methadone maintenance treatment services have policies and/or procedures based on current available evidence and/or best practice that include the following service elements:
    - 7.1. Admission criteria
    - 7.2. Comprehensive and ongoing assessment
    - 7.3. Toxicology screening (for example, urine testing)
    - 7.4. Dosage adjustment
    - 7.5. Carries (take home doses)
    - 7.6. Management of tapering
    - 7.7. Discharge
    - 7.8. Contingency planning for unexpected temporary closures
8. Methadone maintenance treatment services have procedures to facilitate continuity of service for clients/patients who transfer between communities and/or other services (e.g. Corrections).
9. Methadone maintenance treatment services have procedures to ensure safe and secure delivery of methadone to the service site.
10. Methadone maintenance treatment services have procedures to ensure safe and secure storage of methadone.
11. Methadone maintenance treatment services have procedures to ensure safe administration of methadone at the service site, including dispensing by qualified staff.
12. Methadone maintenance treatment services have procedures to guide clients on the proper transportation, storage and administration of carries (take home doses).
13. To ensure the safety of staff, volunteers and clients, methadone maintenance treatment services have policy and procedures that define acceptable client behaviour and that address unacceptable behaviour, up to and including discharge from the service.
14. Methadone maintenance treatment services ensure that staff is accepted by the clients.

Issues Requiring Ongoing Development

The development of a continuum of services to address blood borne pathogens prevention is an ongoing process. It is expected that this set of standards will provide a solid framework to support those services identified as priorities and that standards will evolve over time and expand to include other areas of concern. In addition to the areas covered by the standards, the working groups identified a number of issues that were outside the scope of their mandates, which must be addressed in order to effectively address the prevention of blood borne pathogens. The working groups referred these issues to the Department of Health for future action.

Issues for Future Action

The issues are not presented in any order of priority.

- Designate a provincial laboratory to be responsible for centralized confirmatory testing and reporting, as well as recommending appropriate testing technologies
- Establish a mechanism to ensure that new blood borne pathogens prevention program/ service proposals comply with standards and are based on best available evidence
- Enhance surveillance of blood borne pathogens, including implementing mechanisms for *sentinel surveillance* to track prevalence and risk behaviour tracking in both positive and negative people
- Support the Department of Education in implementing effective school curricula that addresses factors related to blood borne pathogen infections, supported by effective teacher training
- Explore the current status of post exposure prophylaxis for communities (i.e. as a result of needle stick injuries that occur outside of the scope of an occupational health setting)
- Design and implement culturally specific blood borne pathogens prevention activities
- Promote research around blood borne pathogens prevention (e.g. research on when injecting behaviour starts and what makes people inject would enable prevention efforts to be targeted)
- Work with the College of Physicians and Surgeons to identify and implement the supports required for physicians to participate in counselling testing and referral services
- Work with the College of Physicians and Surgeons to identify and implement the supports required for physicians to participate in methadone maintenance treatment services
- Work with the Pharmacy Association of Nova Scotia to identify and implement the supports required to address their role in the storage and dispensing of methadone, providing advice to clients and participating as part of the methadone maintenance treatment service delivery team
- Support harm reduction efforts that address a broader range of drug use as it relates to increased risk of blood borne pathogen infections including alcohol use

- Track emerging patterns of drug use and appropriateness of methadone maintenance treatment or other opiate replacement options
- Perform literature review on the utility of anonymous hepatitis C testing – is there a positive impact on the numbers who seek testing?
- Participate in ongoing national dialogues to consider additional determinants of health including, but not limited to conditions that affirm choices of coming out, homelessness, addictions and family violence
- Work with the Reproductive Care Program to further awareness and to undertake activities to support current provincial recommendations regarding hepatitis B, hepatitis C and HIV screening and testing for pregnant women

Areas for Future Policy and Standards Development

- Implement a process to continue the work of developing standards for other components of the blood borne pathogens Model of Coordination, in particular, standards for care and support
    - Ensure that standards for care and support services for people with blood borne pathogen infections address the application of universal precautions by all health care staff who work with people who are infected with blood borne pathogens

Glossary

Aboriginal
Indigenous peoples in Canada, including Inuit, Metis, and First Nations who are Status or Non-Status, On or Off-reserve.[55]

Client-centred advocacy
Advocacy on behalf of clients to obtain access to services.

Counselling
In its broad sense, counselling refers to a range of supportive and therapeutic activities from peer support provided by paraprofessionals to psychosocial therapy provided by accredited professionals.

Health education
Health education is "any combination of learning experiences designed to facilitate voluntary actions conducive to health. Combination emphasizes the importance of matching the multiple determinants of behaviour with multiple learning experiences or educational interventions. Designed distinguishes health education from incidental learning experiences as a systematically planned activity. Facilitate means predispose, enable and reinforce. Voluntary means without coercion and with full understanding and acceptance of the purposes of the action. Actions means behavioural steps taken by an individual, group, or community to achieve an intended health effect or to build their capacity for health."[56]

Health promotion
Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being.[57]

Healthy Public Policy
Healthy public policy is characterized by an explicit concern for health and equity in all areas of policy and by an accountability for health impact. The main aim of healthy public policy is to create a supportive environment to enable people to lead healthy lives. Such a policy makes health choices possible or easier for citizens. It makes social and physical environments health-enhancing. [58]

Injection drug use
Refers to using needles, syringes and other drug-using supplies to inject non-prescription drugs (example: cocaine and heroin); prescription drugs not prescribed to the user (example: Dilaudid® and OxyContin®); and/or steroids as it relates to the spread of hepatitis B, hepatitis C and HIV.[59]

Injection and other drug using supplies
Aside from needles and syringes, injection and other drug using supplies that may contribute to the spread of hepatitis B, hepatitis C and/or HIV include, but may not be limited to spoons (cookers), water, cotton balls, filters, tourniquets, alcohol swabs.

Informed consent
Specific to testing for blood borne pathogen infections, the client is made aware of and understands all testing options including implications of each, and the client has decided to be tested. Note that it is not necessary or appropriate for the person to sign a form for anonymous testing.[60]

Intersexed
"Intersex" is a general term used for any form of congenital (inborn) mixed sex anatomy. A person with an intersex condition has some parts usually associated with males and some parts usually associated with females, or that she or he has some parts that appear ambiguous (like a phallus that looks somewhere between a penis and a clitoris, or a divided scrotum that looks more like labia). Intersex doesn't always involve "ambiguous" or blended external sex anatomy; a person who is intersexed can look quite unambiguous sexually, although internally their sex anatomy is mixed. Intersex is different from transgender in that a person with intersex is born with mixed sex anatomy, where as a person who is transgendered is a person who feels himself or herself to be a gender different than the one he or she was assigned at birth.[61]

Methadone Maintenance Treatment
Methadone is a long-lasting synthetic opiate agonist that is used in the pharmacological treatment of opiate dependence. There is no universal definition of what a methadone maintenance treatment program is, although the common element in all is the use of methadone. To provide a comprehensive service, methadone maintenance treatment must include individualized dosing and counselling and may include or facilitate access to additional components such as primary health care, treatment for other addiction problems, mental health services, health promotion, disease prevention and education services, and other social, health, community, and legal services.[62]

Outreach
Outreach refers to those services that are provided to clients off-site; for example, needle distribution and collection. Outreach is an integral element of harm reduction approaches and most often refers to a proactive approach of going into communities to connect with people who may want the services, especially those at risk.

Prevention
In its simplest form, “prevention simply means inhibiting the development of a disease before it occurs”. In its current use, the term has come to also include measures that interrupt or slow the progression of disease. There are three levels of prevention that exist to reflect the expanded definition:

- Primary prevention focuses on prevention of the occurrence of disease—this is accomplished through a combination of general health promotion (improving conditions

at home, work, etc that support healthy living) and specific protective measures (including immunization and accident prevention)
- Secondary prevention refers to early detection and prompt treatment of disease--early intervention may cure the illness, slow progression, prevent complications, limit disability, and reverse communicability of the disease. As an example, early detection and treatment of an infectious illness may protect others from acquiring the disease; this provides secondary prevention for the individual receiving treatment and primary prevention for potential contacts
- Tertiary prevention consists of limitation of disability and rehabilitation where the disease has already occurred and left residual damage[63]

Reasonable Access

Reasonable access is a subjective term that hinges on ones definition of reasonable. The Merriam-Webster Online Dictionary defines reasonable as not extreme or excessive; moderate or fair[64]. For the purposes of blood borne pathogens prevention services and implementation of provincial standards, reasonable access refers to a process of examining and determining what is reasonable and fair. Reasonable access is determined by:

- Examining barriers to access
- Examining options for reducing and removing barriers
- Determining impact of options on community[65]

Specific to blood borne pathogens prevention services, the focus is on reducing barriers; elements for assessment include, but are not limited to:

- Geographic location – proximity to potential client population(s), availability of affordable transportation to service site
- Practical support – availability of supports such as child care
- Site characteristics – provides confidential access, considers benefits of stand-alone versus integration with existing services, provides a safe and supportive environment
- Flexible delivery – provides outreach options, office hours based on community need
- Program policy – client-centred policies responsive to individual need

Re-infection

As humans are unable to develop immunity to hepatitis C, re-infection may reoccur in treated patients when a person gets infected a second time through further risk behavior.[66]

HIV re-infection occurs when a person living with HIV gets infected a second time through further risk behaviour with another HIV infected person. HIV positive people can be re-infected even years after their initial exposure to the virus; re-infection may result in more rapid progression of the disease. There are several strains of HIV. In addition, when exposed to medications, HIV changes or mutates over time. If a person is re-infected with a strain of HIV that is different from the strains already present or if a mutated HIV type is introduced into the body through further risk behaviours, treatment will be much more complex and potentially ineffective.[67]

Risk
The likelihood or the probability of experiencing some type of harm, or losing something that one values.[68]

Risk factors
Variables or characteristics (biological, environmental or psychosocial) associated with an individual that make it more likely that she or he, as opposed to another person randomly selected from the population, will develop a problem.[69]

Safe and supportive environment
A safe and supportive environment specific to blood borne pathogen prevention services includes confidentiality, no fear of discrimination and/or violence, positive acceptance, appropriate referral when requested, and respect for the clients pace and decision-making.

Sentinel surveillance
A type of surveillance activity in which specific facilities such as offices of certain health care providers, hospitals or clinics across a geographical region are designated to collect data about a disease, such as hepatitis or HIV infection. These data are reported to a central database for analysis and interpretation.[70]

Service providers
For the purposes of provincial prevention of blood borne pathogen standards, service delivery providers are the District Health Authorities and/or shared service area and any other provider contracted by the District Health Authority and/or shared service area or funded by the Department of Health to provide a specific service to meet the needs of the community.

Shared Service Area
A shared service area refers to the grouping of District Health Authorities that may share program and other administrative services on a regional basis. Currently, these include District Health Authorities 1/2/3, District Health Authorities 4/5/6 and District Health Authorities 7/8.

Social Marketing
"A process for influencing human behaviour on a large scale, using marketing principles for the purpose of societal benefit rather than commercial profit."[71] Social marketing essentially uses marketing techniques to generate discussion and promote changes in attitudes, values and behaviours and in so doing, creates a climate conducive to change.[72] Social marketing aims to "sell" healthy behaviours to target audiences.

Standards
A document established by consensus and approved by a recognized body, that provides for common and repeated use, rules, guidelines or characteristics for activities or their results, aimed at the achievement of the optimum order in a given context.

Street-involved and/or homeless
Any person who does not have a permanent place to call home, and who instead spends a significant amount of time on the street, which is to say, in alleyways, parks, storefronts, and

dumpsters, among many other places; in squats (located usually in abandoned buildings); at shelters and centres; and/or with friends.[73]

Testing
These are the testing options currently available for hepatitis B, hepatitis C and HIV; described as follows:

- Nominal testing—means that the test results can be linked to the person being tested by their full name. All positive results are reported to Public Health using the persons name
- Non-nominal testing—means that the test results can be linked to the person being tested by a code. Only the person and the physician who is performing the test know both the persons name and the code. All positive results are reported to Public Health using a code; results can be linked to the person through the physician if necessary
- Anonymous testing—means that the test results can be linked to the person being tested by a code. Only the person being tested knows both the code and their name. The counsellor performing the test only knows the code. All positive results are reported to Public Health using a code; results cannot be linked to the person. Anonymous testing is available for HIV testing only. Anonymous testing is only provided by counsellors at sites that are specifically designated by the Minister to perform anonymous testing[74]

Transgendered
Transgendered was a term put into general usage by Virginia Prince. It originally meant a pre-operative transsexual who has no desire to have the sex reassignment surgery. It later became a catchword for Transvestites, transsexuals, female and male impersonators, drag queens/kings, Intersexuals, gender dysphorics, and those that do not fit any gender label.[75]

Two-Spirited
A generic term used mostly by some First Nations and Metis people to describe from a cultural perspective, people who are known in mainstream as either gay, lesbian, bisexual or intersexed/transgendered. It is used in place of words which may exist in indigenous languages, such as the Winkte in Lakota culture.[76]

Vulnerable
To be vulnerable in the context of blood borne pathogen infections means to have little or no control over one's risk of acquiring a blood borne pathogen infection or, for those already infected with or affected by a blood borne pathogen, to have little or no access to appropriate care or support. Vulnerability is the net result of the interplay among many factors, both personal (including biological) and societal; it can be increased by a range of racial, religious, cultural, demographic, legal, economic and political factors.[77]

Vulnerable Populations
Vulnerable populations are those groups of people “made vulnerable by their financial circumstances or place of residence; health, age, or functional or developmental status; or ability to communicate effectively…(and) personal characteristics, such as race, ethnicity, and sex.”[78]

Appendix A: Standards Development Group Membership

Department of Health Coordinating Committee

- Maureen Baikie, Associate Medical Officer of Health, Office of the Medical Officer of Health, Department of Health
- Janet Braunstein Moody, Senior Director, Population and Public Health, Department of Health and Office of Health Promotion
- Mahnaz FarhangMehr, Coordinator, Communicable Disease Prevention, Public Health, Department of Health and Office of Health Promotion
- Tracey MacDonald, Surveillance and Epidemiology Officer, Health Canada
- Juanita MacPhee, Public Health Services, Capital Health
- Greg Purvis, Director, Addiction Services, DHA 4,5,6
- Brian Wilbur, Director, Addiction Services, Department of Health and Office of Health Promotion

Health Education and Social Marketing Working Group

- Robert Allan, AIDS Coalition of Nova Scotia
- Cindy Coles, Hepatitis Outreach Society
- Susan Coulter, Public Health Services, DHA 1,2,3
- Mahnaz FarhangMehr, Public Health, Department of Health and Office of Health Promotion
- Monique Fong, Healing Our Nations
- Geri Hirsch, Hepatology Clinic, Capital Health
- Doris Landry, Public Health Services, DHA 1,2,3
- Margie LeClair, Occupational Health and Safety, Department of Justice
- Robin MacArthur, AIDS Community Action Program, Health Canada
- Anne Morton, Addiction Services, DHA 1,2,3
- Michelle Proctor-Simms, Nova Scotia Advisory Commission on AIDS
- Erin Reynolds, Youth Health Centre, Public Health Services, Capital Health
- Michele Steele, Offenders Health Services, Capital Health
- Jeanette Tobin, Addiction Prevention and Treatment Services, Capital Health

Counselling, Testing and Referral Working Group

- Larry Baxter, Nova Scotia Advisory Commission on AIDS
- Judy Bourgeois-Wathen, Addiction Services, DHA 1,2,3
- Mahnaz FarhangMehr, Public Health, Department of Health and Office of Health Promotion
- Monique Fong, Healing Our Nations
- Anita Keeping, Anonymous Testing Site, Planed Parenthood Metro Clinic
- Tracey MacDonald, Health Canada
- Maria MacIntosh, AIDS Coalition of Nova Scotia
- Juanita MacPhee, Public Health Services, Capital Health
- Jean MacQueen, AIDS Coalition of Cape Breton

- Dr. Kevork Peltekian, Hepatology Clinic, Capital Health

Needle Exchange Working Group

- Diane Bailey, Mainline Needle Exchange
- Larry Baxter, Nova Scotia Advisory Commission on AIDS
- Jackie Beal, Public Health Services, DHA 4,5,6
- Janet Braunstein Moody, Public Health, Department of Health and Office of Health Promotion
- Mahnaz FarhangMehr, Public Health, Department of Health and Office of Health Promotion
- Monique Fong, Healing Our Nations
- Kevin Fraser, Addiction Services, DHA 1,2,3
- Jacqueline C. Gahagan, Dalhousie University
- Wayne McGill, Health Canada
- Dee Mombourquette, Public Health Services, Capital Health
- Wanda Potts, Hepatitis Outreach Society
- Michele Steele, Offenders Health Services, Capital Health

Methadone Maintenance Treatment Working Group

- Shaun Black, Addiction Prevention and Treatment Services, Capital Health
- Dr. Pat Crosskerry, Addiction Prevention and Treatment Services, Methadone Services, Capital Health
- Carolyn Davison, Addiction Services, Department of Health and Office of Health Promotion
- Monique Fong, Healing Our Nations
- Ruth Fox, Public Health Services, Capital Health
- Dr. John Fraser, Direction 180 Methadone Services
- Cindy MacIsaac, Direction 180 Methadone Services
- Joan MacLean, Addiction Services, DHA 1,2,3
- Tom Payette, Addiction Prevention and Treatment Services, Capital Health
- Colleen Phillips, Addiction Prevention and Treatment Services, Capital Health
- Christine Porter, Sharp Advice Needle Exchange
- Michelle Proctor-Simms, Nova Scotia Advisory Commission on AIDS
- Mary Lou Roche, Direction 180 Methadone Services
- Yvonne Ross, Correctional Services Canada
- Shannon Taylor, Direction 180 Methadone Services

Standards Development Coordination and Facilitation

- Sandy Goodwin, Coordinator, Prevention of Blood Borne Pathogens Project, Public Health, Department of Health and Office of Health Promotion
- Karen Pyra, Pyra Management Consulting Services

Appendix B: Determinants of Health

The key determinants of health are:

- Income and Social Status
- Social Support Networks
- Education and Literacy
- Employment/Working Conditions
- Social Environments
- Physical Environments
- Personal Health Practices and Coping Skills
- Healthy Child Development
- Biology and Genetic Endowment
- Health Services
- Gender
- Culture

For further information on the population health approach, please explore Health Canada's, Population Health website at http://www.hc-sc.gc.ca/hppb/phdd/. To find out more about the determinants of health, please refer specifically to the Underlying Premises and Evidence Table available at http://www.hc-sc.gc.ca/hppb/phdd/determinants/determinants.html#income.

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