

Working With People Who Use Drugs: A harm reduction approach



A guide for

nurses & physicians

pharmacists

social workers &
counsellors

police officers

corrections workers

community leaders

[Inside Front Cover]

Produced by the Public Awareness Task Group, Non Prescription Needle Use Initiative

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Table of contents

Introduction	3
What is harm reduction?	4
Core principles of harm reduction	7
Individual harm reduction strategies and benefits	7
Community harm reduction strategies and benefits	8
Harm reduction: part of a comprehensive approach	11
Developing a harm reduction policy	12
Sample harm reduction policy	13
Addressing common concerns about harm reduction	15
Resources and contacts	18
Inserts: Harm reduction in practice	Inside back flap
As a nurse or physician	
As a pharmacist	
As a social worker or counsellor	
As a police officer	
As a corrections worker	
As a community leader	

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As a young woman, Jen used to inject morphine and cocaine, often sharing needles among several people. During this time, Jen had a daughter. She never used when she was around her daughter and did her best to be a good parent. Jen had the support of a social worker who taught her about the risks associated with injecting. It took a long time with several relapses, but Jen was able to take small steps to gain confidence and access the supports she needed to deal with her addiction. Today, Jen is drug free and her daughter is well cared for. Unlike many of her peers from long ago, she does not have hepatitis C or HIV. Jen says that harm reduction saved her life.

Introduction

This guide is a resource for professionals who work with people who use drugs. Recognizing that drug use cannot be completely eliminated, you will find practical strategies to effectively work with this population using a harm reduction approach. This guide is an update to the *Harm Reduction Information Kit for Professionals Working With At-Risk Populations* (2000). The content presented here is largely based on 30 interviews conducted with professionals working in communities throughout Alberta.

Throughout this guide, you will find stories about a range of people involved in drugs. These serve as a reminder that drug use can touch any family from across the socio-economic spectrum. People who use drugs are members of the communities where we work and live. Health and safety is as much a concern for people who use drugs as it is for the general population.

The professional sheets (inserts in back flap) provide specific reasons, strategies and resources for using a harm reduction approach for six professional groups that have an important role to play in harm reduction:

- nurses and physicians
- pharmacists
- social workers and counsellors
- police officers
- corrections workers
- community leaders

You are encouraged to look through the entire guide, including the professional sheets, as the value of the harm reduction concept and strategies extends to everyone whose service brings them into contact with people who use drugs.

In this guide, the terms “drug use” and “harmful substance use” refer to the use of illicit drugs and other substances in ways that cause harm.

It's all about reducing harm rather than making judgments.

– Aboriginal counsellor

We are your sons, daughters, fathers, mothers, brothers and sisters.¹

¹ Canadian HIV/AIDS Legal Network. (2005). *Nothing about us without us: A manifesto by people who use illegal drugs*. Toronto, ON: Author.

Supporting harm reduction does not mean we agree with drug use.

– Pharmacy educator

We look at reducing emotional, physical and spiritual harms.

– Aboriginal elder

What is harm reduction?

“Harm reduction” is a pragmatic, non-judgmental set of strategies to reduce individual and community harm caused by drug use. The focus is on taking incremental steps to reduce harm rather than on eliminating drug use. Abstinence may or may not be the end goal.²

For people who use drugs, harm reduction aims to prevent the spread of infections (including HIV/AIDS, hepatitis C and other blood-borne infections); reduce the risk of overdose and other drug-related fatalities; and decrease the negative effects drug use may have on individuals and communities.³ The Canadian Centre on Substance Abuse found that the direct (i.e., health care, enforcement, prevention and research) and indirect (e.g., productivity losses, fire damage, etc.) social costs of illegal drugs in Canada in 2002 were \$8,244,300. In that same year, 1,695 Canadians died as a result of illegal drug use – that’s 62,110 potential years of life lost.⁴

Harm reduction strategies are evidence-based and most effective when adopted as a community-wide approach. Harm reduction is only one in a series of parallel strategies to address substance issues within a community; other strategies include prevention, treatment and enforcement.

For the general population, with or without substance use issues, harm reduction is not a distant concept. It is part of daily life, including wearing a seat belt or choosing not to drink and drive.

Core principles of harm reduction

Service providers and community leaders can be inspired and guided by the following six core principles of harm reduction that have been adapted from the Canadian Centre on Substance Abuse.²

① Pragmatism

Harm reduction recognizes that there will always be a percentage of the population who will engage in higher risk behaviour, for a range of social, economic, mental health and personal reasons. Harm reduction recognizes that drug use is a complex and multifaceted phenomenon that encompasses a continuum of behaviour from abstinence to chronic dependence, and produces varying degrees of personal and social harm.

² Thomas, G. (2005). *Harm reduction for special populations: Harm reduction policies and programs for persons involved in the criminal justice system*. Ottawa, ON: Canadian Centre on Substance Abuse.

³ International Harm Reduction Association. (2007). *What is harm reduction?* Retrieved May 14, 2007, from <http://www.ihra.net>

⁴ Canadian Centre on Substance Abuse (2006). *The cost of substance abuse in Canada in 2002*. Ottawa: Author.

② Focus on harm

The priority for harm reduction is to decrease the negative consequences of drug use to the user and others, rather than to decrease or eliminate drug use itself. While harm reduction emphasizes a change to safer practices and patterns of drug use, it does not rule out the longer-term goal of abstinence. In this way, harm reduction is complementary to the abstinence model of addiction treatment.

③ Human rights

Harm reduction respects the basic human dignity and rights of people who use drugs. It accepts one's decision to use drugs as fact; no judgment is made either to condemn or support the use of drugs. Harm reduction acknowledges the individual's right to self-determination and supports informed decision-making in the context of active drug use. Emphasis is placed on personal choice, responsibility and self-management.

④ Maximizing intervention options

Harm reduction recognizes that people with drug use problems benefit from a variety of approaches. There is no one prevention or treatment approach that works reliably for everyone. It is choice and prompt access to a broad range of interventions that help to keep people alive and safe, and promote health.

⑤ Priority of immediate goals

Harm reduction recognizes readiness to change as key to the process of individuals leading healthier lives. People may be anywhere along a continuum – from not thinking about change, to contemplating it, to taking action, to maintaining change – moving forward and back. Harm reduction starts with “where the person is” with their drug use, with the immediate focus on the most pressing needs. Harm reduction is based on the importance of incremental gains that can be achieved over time.

⑥ Involvement of people who use drugs

The active participation of people who use drugs is at the heart of harm reduction. People who use drugs are seen as the best source of information about their own drug use, and are empowered to join with service providers to determine the best interventions to reduce harm from drug use. Harm reduction recognizes the competency of people who use drugs to make choices and change their lives.

You've got to start where they are. Sure, it's preferred that they get off altogether. But realistically, how will you reduce the risk in the short term so they are around in the long term?

– Community physician

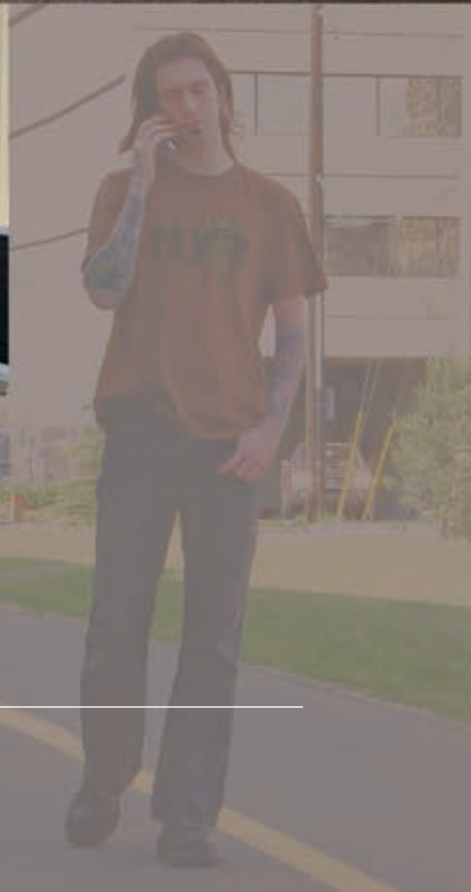
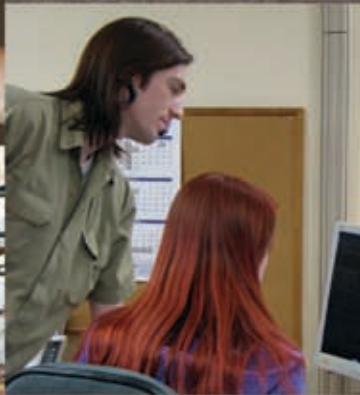
Harm reduction respectfully meets people who use drugs “where they are at” and responds to their health concerns. They are the ones who guide the process of change.⁵

We needed to make some program changes so we asked our clients for suggestions. They came up with the best ideas!

– Methadone program supervisor

⁵ Streetworks (2007). Retrieved March 25, 2007 from <http://www.streetworks.ca/pro/harmreduction.html>

Ryan is 27 years old. He grew up in foster care and group homes. He started to use drugs in his early teens and had been injecting morphine daily for 10 years, often living on the street. He had been through addiction treatment, and despite many attempts to quit, he always ended up back on drugs. Ryan became sick, and tested positive for hepatitis C. His doctor suggested he consider going on methadone to manage his addiction. Through relationships with staff and understanding the choice was his, he decided the methadone program was right for him. That was two years ago. Methadone has done wonders for Ryan's life; he is now stable, holding a job and planning on getting married next month. Methadone allows Ryan to function normally and maintain good health.



Individual harm reduction strategies and benefits

People who use drugs can take small steps to reduce harm to themselves and others:

- Practice safer sex to prevent the spread of infection.
- Know one's dealer to establish the source, the strength and the toxicity of the drug.
- Reduce the amount of drugs consumed.
- Avoid using drugs alone.
- Use a different vein every time to inject.
- Always use a new, sharp rig and fresh water, spoons and cotton.
- Use needle and syringe exchange programs.
- Dispose of used needles in sharps containers.
- Learn CPR and other first aid strategies.
- Consider an opiate substitute such as methadone.

Beyond safer drug practices, people who use drugs can get other kinds of support for health and related concerns, and can offer a voice of experience:

- Get support for physical and mental health concerns, housing or basic necessities, legal problems, employment concerns and relationship issues.
- Join a support group.
- Take part in committees and other activities that are making changes in programs and policies affecting the health and well-being of people who are involved in drug use.

Individual benefits include:

- Prevention of infection by HIV, hepatitis C and other blood-borne pathogens.
- Fewer overdoses.
- Reduced chaos associated with drug seeking, leading to stability, through methadone maintenance treatment.
- Increased sense of control: as a person gains more control over how they use, they may be able to control when and if they will use, however incremental the process may be.
- Options to a person who may not have perceived any choices.
- Increased capacity for self care.
- Opportunities to link with sources of support.

Harm reduction is giving control back to the person.

– Addictions counsellor

If you look at your own addictive tendencies, your first reaction is to get your back up if someone tells you what to do.

– Social worker

As we have seen time and again at Street Works needle exchange, individuals who connect with caring workers often become safer and healthier. Their ability to make positive life changes is greatly enhanced when they no longer have to hide their substance use and its associated risks. Some injecting drug users may never quit using drugs, but they are able to take greater control over their lives and their health. Harm reduction attempts to intervene where the drug user is, rather than forcing them to adopt an impractical goal of eliminating drug use entirely.

– Needle exchange manager⁸

Methadone allows the patient to function normally without withdrawal and without euphoria. It's important to understand that methadone for opiate addiction is very similar to insulin treatment for diabetes. Opiate addiction is a [different kind of] disease.

– Family physician⁹

Community harm reduction strategies and benefits

The following are three examples of community-level strategies designed to reduce harm for both individuals and communities.

Needle exchange programs

Cities across Canada have introduced needle exchange programs. People who inject drugs have access to clean needles and syringes for free. Health and outreach workers provide education and links into the health and other support systems for people with multiple issues, often marginalized from formal health and other services. The purpose is to prevent the transmission of blood-borne pathogens such as HIV and hepatitis C, and to help people become healthier. Needle drop-boxes in communities and sharps disposal in pharmacies are other means of reducing the harm created when people discard used needles in public areas.

Methadone maintenance treatment

Methadone is prescribed for people who are trying to deal with an addiction to opioids. It is a medication that is taken orally, eliminating the need to inject. When properly prescribed, people have no cravings or withdrawal; it is not intoxicating or sedating and does not interfere with daily activities. People taking methadone can function just the same as anybody else. Tolerance to methadone develops very slowly, so people can usually stay on the same dose for a long time. It is medically safe to take long term, even for many years.

Methadone treatment helps people take control over their addiction and allows them to lead a normal life. Many studies over time have shown that methadone treatment has direct benefits to both those addicted to opioids, and to communities. These benefits include abstained or reduced use of other drugs, reduced risk of overdose and death, improved health, improved quality of life, reduced transmission of infectious diseases such as HIV and hepatitis C, and reduced criminal activity. It is the standard of care for pregnant women addicted to opioids.⁶

Outreach

Outreach is an effective strategy for reaching hard-to-reach, hidden populations of people who use drugs, and provides the means for enabling them to reduce risk behaviour. Significant proportions of people receiving outreach-based interventions reduce their risk behaviour (e.g., drug using, needle sharing and sexual practices) and increase their protective behaviour.⁷

⁶ Health Canada. (2002). *Best Practices Methadone Maintenance Treatment*. Ottawa: Author.

⁷ World Health Organization. (2004). *Evidence for action: Effectiveness of community-based outreach in preventing HIV/AIDS among injecting drug users*. Geneva, Switzerland: Author.

⁸ Prakash & Taylor. (2001). http://www.chps.ualberta.ca/crosslinks_oct01.cfm

⁹ College of Physicians and Surgeons of Ontario, 2006, www.cpso.on.ca/publications/dialogue/sept06/methadone.htm

Community benefits include:

- Lower incidence of HIV, hepatitis C and other blood-borne pathogens in the whole community.
- Fewer overdose deaths.
- Reduced negative consequences of drug use, such as drug-related criminal activity, reduced prostitution and a reduction in the number of discarded used needles in the community.
- Reduced strain on social, health, income and employment services.
- People who use drugs feeling less marginalized, drawing them into the larger community of which they are a part.
- Cost savings (for example, Canadian estimates show that the average annual cost of opioid dependency treatment is \$5,000 per person, versus \$50,000 for incarceration).¹⁰
- A comprehensive and collaborative approach to drugs, including harm reduction, prevention, treatment and enforcement, which makes effective use of public resources.

We need to convince communities that harm reduction is beneficial to everyone. The first priority is, “Does it make practical sense?” The moral sense can come later on. If we reduce risks to the people dealing with addictions, we all benefit. Hopefully, it will lead to treatment.

– Community leader

¹⁰ Centre for Addiction and Mental Health. (2002). *Submission to the Special Senate Committee on Illegal Drugs*. Toronto, ON: Author.



Sara grew up in a home where she was physically and sexually abused. She ran away at 14, ending up on the streets. Prostitution was the only way she found to support herself, and using drugs was the only way she felt she could cope. At 21, Sara injected drugs daily and often shared needles amongst several people. Sara recently connected with a needle exchange program and is developing a rapport with one of the support workers. Sara is learning that she can take control of her life. As she learned the risks, she stopped sharing needles and always uses a condom with her johns. Currently Sarah is not hepatitis C or HIV positive and she is evaluating her life and considering getting off drugs and off the street.

Harm reduction: part of a comprehensive approach

Harm reduction cannot be the lone strategy to address substance issues in a community. According to the Alberta Drug Strategy¹¹, a comprehensive approach includes the following four elements:

① Prevention

Prevention efforts may be directed to the population as a whole, or targeted to those people who are at increased risk of developing alcohol or other drug problems. Healthy development ultimately depends on the success of prevention efforts that provide children and adolescents with meaningful opportunities to develop competence and resilience.

② Treatment

While prevention is important, it is equally important to provide treatment for people who are currently experiencing problems with alcohol or other drugs. Treatment refers to a range of interventions that assist individuals in dealing with their substance use, restoring their health and preventing relapse. Research shows that treatment should be individualized to meet client needs, and that access to a continuum of treatment services is required to effectively meet these needs.

③ Harm reduction

Harm reduction recognizes that it is impossible to completely eliminate substance use, and that there is a need to minimize the harm caused by alcohol and other drug use. Harm reduction aims to improve health, social and economic outcomes for individuals and society through a range of pragmatic treatment and public health approaches. Harm reduction respects personal autonomy and supports practical interventions that assist people to address their most pressing health challenges and concerns.

④ Policing and enforcement

This covers a broad range of activities essential to reduce the production and trafficking of illegal drugs, control and regulate legal drugs, prevent crimes associated with alcohol or other drugs, and increase community health and safety. Municipal, provincial and national enforcement agencies are increasingly involved in collaborating with licensing authorities, the hospitality industry, health and social services and schools to develop initiatives that reduce alcohol and other drug problems. Policing and enforcement impact the success of prevention and harm reduction initiatives, just as these efforts impact criminal and regulatory activity.

A person should be clean for ceremonies but we have to start somewhere. We prevent our own people from accessing ceremony in their woundedness when they need the ceremonies the most. If the person is at the bottom of the cycle, they need words of encouragement and compassion to help them get to a place where they can be clean. The ceremonies are meant to be open, a place where you come with a humble heart.

– Aboriginal elder

I see how harm reduction works. I have such a passion for it. People need to know you're there, that you're not going to give up on them.

– Drug court treatment manager

¹¹ Alberta Alcohol and Drug Abuse Commission. (2005). *Alberta Drug Strategy: Stronger together: A provincial framework for action on alcohol and other drug use*. Edmonton, AB: Author.

I don't need to [mend] people; they will take care of themselves. I can help them get to a better place, whatever that place may be. You need to build a relationship, a rapport, to build trust, and things will unfold.

– Community nurse

Developing a harm reduction policy

While service providers may accept the rationale and principles of harm reduction, their work needs to be supported by a clear policy or position statement on harm reduction. A written policy clarifies your organization's position for all staff and sets standards for practice. It also communicates your organization's position to people who access services, to partners and to other networks.

This guide includes references to sample policies within each of the professional sections. The following is a set of considerations in developing a harm reduction policy and a sample of a harm reduction policy.

Clearly define harm reduction

The first step is to agree on a clear and accurate definition of harm reduction that fits within the goals and mandate of your organization. Your definition should convey that the focus of this approach is on minimizing the harm associated with higher-risk behaviour rather than on abstinence, but that abstinence is a possible goal.

Develop your policy or position statement

- Include your definition of harm reduction.
- Include a statement that commits your agency or department to the respectful treatment of people seeking support by applying harm reduction principles in service delivery.
- Define what specific measures will be taken to implement a harm reduction approach.
- Reflect an understanding of the continuum of harm from low to high risk, and the flexibility in your programming to meet the needs of people wherever they are along this continuum.
- Ensure your policy reflects the principles of harm reduction.

Communicate your commitment to all staff and people who use your services

Make sure all staff are aware of your policy or position statement, and of your commitment to this approach.

Educate staff

All staff need to understand harm reduction as it relates to their practice. They need to be able to integrate these principles into the services they provide. Offer training to facilitate a comprehensive understanding of harm reduction as it relates to your agency.

Clarify actions to support harm reduction

Identify specific harm reduction strategies that can be adopted within your regular practice, based on your mandate.

Review the effectiveness of your policy and practice

Review your harm reduction policy on an ongoing basis and ensure that your policy has been integrated into your services. Get feedback from staff and people accessing support to see if your policy is helpful from their perspective. Consider a formal evaluation of your approach to harm reduction.

Sample harm reduction policy

The following is a sample policy that has been adapted from the HIV Network of Edmonton Society harm reduction policy on non-prescription needle use.

HIV Edmonton: Harm Reduction Policy¹²

HIV and other infections are transmitted via risky non-prescription needle use, including any behaviour where needles are used for purposes other than the delivery of prescribed medications. This includes needles for tattooing and piercing, as well as needles for injecting non-prescription substances. HIV Edmonton acknowledges that risky behaviours occur along a continuum ranging from minimal to extreme and any change reducing the risk associated with the behaviour, no matter how small, is positive.

HIV Edmonton recognizes that harm reduction is integral to addressing the complex needs of the persons we serve, and that we have an organizational responsibility to promote the adoption of harm reduction practices in the general community. The goal of harm reduction is to minimize negative outcomes resulting from risky behaviours. HIV Edmonton recognizes that abstaining from non-prescription needle use is only one of many harm reduction strategies, and not appropriate for everyone.

The purpose of this policy is the development and adoption of harm reduction with attention to non-prescription needle use for individuals, organizations, and society at large.

¹² HIV Network of Edmonton Society (2000). *HIV Edmonton: Harm Reduction Policy*. Edmonton, AB: Author.

HIV Edmonton will provide these supports to individuals by:

- Maintaining a needle exchange site.
- Promoting safer needle use practices.
- Ensuring that all staff is knowledgeable and skilled with harm reduction strategies related to non-prescription needle use.
- Working with people who use drugs to increase their skills and abilities to include harm reduction strategies with their non-prescription needle use.
- By maintaining a relevant and current, publicly accessible resource centre.

HIV Edmonton will provide these supports to organizations by:

- Working in partnership with other community agencies and organizations to develop and implement appropriate harm reduction policies, strategies and programs.
- Promoting the creating of agencies and organizations to develop and implement appropriate harm reduction policies, strategies and programs when there are no existing agencies to partner with.
- By maintaining a relevant, current and publicly accessible resource centre.

HIV Edmonton will provide these supports to society at large by:

- Offering, supporting, promoting and advocating services, policies and legislation that respect the dignity and rights of people who use drugs.
- Strongly opposing drug enforcement services, policies, and legislation that contribute to the harm of people who use drugs by criminalizing and marginalizing their drug use.
- Minimizing the social barriers that people who use drugs encounter to stay safe and healthy by promoting and supporting the creation of services, policies and legislation espousing the general philosophy of harm reduction.
- Advocating for legislation and social policy changes that eliminate drug violence and drug-related crime.
- Recognizing that criminalizing people who use drugs promotes reliance on costly, socially destructive and counter-productive criminal justices measures of drug control.

Addressing common concerns about harm reduction

The idea of harm reduction may raise concerns that need to be addressed. The following set of concerns and responses are adapted from: Harm Reduction: A British Columbia Community Guide.¹³

Does harm reduction enable drug use and entrench addictive behaviour?

No. For those who do not want to quit, cannot quit, or relapse into drug use, harm reduction can effectively prevent HIV, hepatitis C and other types of drug-related harm such as overdose.

Harm reduction is often the first or only link that people who use drugs have to the health and social service system and, in fact, harm reduction is often a gateway to addiction treatment.

Does harm reduction encourage others to start using drugs?

No. Numerous scientific studies have shown no evidence that the introduction of needle exchange or other harm reduction strategies increase drug use. Though some people feel that providing needles may encourage others to start using drugs, this view underestimates the complexity of factors that shape people's decisions about whether to use drugs.

Does harm reduction drain resources from treatment services?

No. Many harm reduction interventions are relatively inexpensive and extremely cost-effective. For example, they often prevent the transmission of infectious diseases or lead to much earlier detection, at a lower cost, than waiting for people in advanced states to present themselves to treatment services. As part of a comprehensive and coordinated approach to drug use (incorporating prevention, harm reduction, treatment and enforcement), a wide variety of strategies is needed to support individual and population health, taking into consideration factors such as housing, employment, access to affordable and nutritious food, and social support.

The cost of two transmissions of HIV in Alberta is equal to the cost of running an urban needle exchange program for one year.¹⁴

– Social Worker

¹³ British Columbia Ministry of Health. (2005). *Harm reduction: A British Columbia community guide*. Victoria, BC: Author.

¹⁴ HIV Network of Edmonton Society (2006). *Harm reduction saves lives*. Edmonton, AB: Author.

Ken and his wife were seeing a counsellor for problems in their marriage. Ken let it be known he was using cocaine by injection occasionally on weekends. He insisted he was using only occasionally and didn't plan to stop. The counsellor gave Ken some reading material that explained the risks of hepatitis C and HIV from sharing syringes and how to maintain a supply of clean ones. During a later session, Ken mentioned that he hadn't been aware just how great the risks of injecting are and now snorts cocaine on the occasions that he uses.



Is harm reduction a “Trojan Horse” for decriminalization and legalization?

No. Harm reduction itself is neutral regarding the question of legalization. The philosophy of harm reduction applies equally to alcohol and tobacco use, which are legal in most countries. Though some advocates of harm reduction want changes in the way governments have been attempting to control the production and trade of currently illegal drugs, others do not.

Does harm reduction increase disorder and threaten public safety and health?

No. Evidence has conclusively demonstrated that harm reduction programs do not attract drug dealers; nor do they compromise the safety and well-being of the surrounding community. In fact, they have been found to do the opposite. They have a positive impact on public health by reducing the prevalence of blood-borne viruses such as HIV and hepatitis C. Needle exchange programs often recover more needles than they distribute, which means fewer used needles are discarded publicly in the community. Furthermore, protocols between police and harm reduction service providers ensure drug trafficking laws are enforced: open drug dealing is discouraged, while people who use drugs are encouraged to seek needed services.

Resources and contacts

The following set of resources provides service providers with web sites, specific educational resources, videos and reports on harm reduction, from Canadian and international sources.

EDUCATIONAL RESOURCES

Canadian Aboriginal AIDS Network (CAAN)

Educational resources, links to organizations addressing Aboriginal people and HIV/AIDS and descriptions of projects and research. CAAN is partnering with Alberta's Kimamow Atoskanow Foundation on a National Aboriginal Task Force on Harm Reduction, to develop a training series.

Canadian Harm Reduction Network

www.canadianharmreduction.com

A virtual meeting place for individuals and organizations dedicated to reducing the social, health and economic harms associated with drugs and drug policies. The site hosts forums, provides links to news articles, publications, and links to other web-based resources related to drug use.

Centre Centre on Substance Abuse

www.ccsa.ca

The Canadian Centre on Substance Abuse provides national leadership and evidence-informed analysis and advice to mobilize collaborative efforts to reduce alcohol and other drug-related harms.

City of Vancouver Four Pillars Drug Strategy

http://vancouver.ca/fourpillars/fs_fourpillars.htm

Outline of the four pillars of the City of Vancouver drug strategy: prevention, treatment, harm reduction, and enforcement. The site includes fact sheets for each of the four pillars.

Burnet Institute Centre for Harm Reduction (Australia)

www.chr.asn.au/resources/factsheets

Fact sheets based on scientific evidence, current practice and latest research explaining key topics on working with people who use drugs. Intent is to prevent the transmission of HIV/AIDS. Intended for a broad audience, including field workers, public health practitioners, police, journalists, politicians and policy makers.

Drug Policy Alliance

www.dpf.org

Harm-reducing alternatives to current anti-drug strategies.

Harm Reduction Coalition

www.harmreduction.org

Overview of the principles of harm reduction and the need for harm reduction approaches to drug use and drug-related problems. Health information for users, news, policy research, and links to other drug-related websites are included.

Rave Safe

www.ravesafe.org.za

South African website with research on drug use, awareness and harm reduction.

For more resources, see [Contacts for More Information on Harm Reduction](#) – page 23.

HARM REDUCTION IN PRACTICE

Insite, Vancouver Coastal Health

www.vch.ca/sis

Description of North America's first supervised injection site in Vancouver, BC.

News articles and brochures are available to download. Links to research conducted by the British Columbia Centre for Excellence in HIV/AIDS are provided.

Ontario needle exchange programs: best practice recommendations

www.ohtn.on.ca/compass/Best_Practices_Report.pdf

Thorough report on best practices for needle exchange programs, with a review of the effectiveness literature to demonstrate evidence.

Superior Points Harm Reduction Program

Manual designed for staff and volunteers of Superior Points Harm Reduction Program (Thunder Bay District Health Unit). Applicable for other agencies providing harm reduction services, already running and not yet operational.

Toronto Harm Reduction Task Force - Peer Manual, A Guide for Peer Workers and Agencies

www.canadianharmreduction.com/readmore/ichip_peerManual.pdf

Generic “map”; researched, written, designed and produced by drug users/ex-users for peer workers and agencies delivering services from a harm reduction model.

The guide covers a range of topics related to peer work and includes illustrative case scenarios and sample documents.

Vancouver Area Network of Drug Users (VANDU)

www.vandu.org

VANDU case study reports and other information on supervised injection sites, and evaluation studies.

Chicago Recovery Alliance

www.anypositivechange.org

Description of services offered by the Chicago Recovery Alliance to support injection drug users in making positive changes, as defined the user him/herself. Information on vein care, overdose, and hepatitis is available to download.

EXAMPLES OF POLICIES TO SUPPORT HARM REDUCTION

Canadian HIV/AIDS Legal Network

www.aidslaw.ca/drugpolicy

Issues related to a criminal law approach to illegal drug use and addiction.
Publications related to drug policy and harm reduction are available.

Nodine, E. (2006). Harm Reduction: Policies in Public Health

www.case.edu/med/epidbio/mphp439/Harm_Reduction_Policies.htm.

Concept of harm reduction and a wide range of harm reduction initiatives currently in practice in public health.

Pouline, C. (2006). Harm Reduction Policies and Programs for Youth

www.ccsa.ca/NR/rdonlyres/D0254373-5F2B-459D-BB79-6EE7C22CC303/0/ccsa113402006.pdf

Harm Reduction for Special Populations in Canada. Published by the Canadian Centre on Substance Abuse (CCSA).

Thomas, G. (2005). Harm Reduction for Special Populations in Canada

www.ccsa.ca/NR/rdonlyres/B092A5D6-C627-4503-8F21-8A1AB8923B3A/0/ccsa0039002005.pdf

Available from the Canadian Centre on Substance Abuse. Current, objective and empirically-based information to inform the implementation of policies and programs for promoting the reduction of harms associated with substance abuse in Canada.

REPORTS, STUDIES AND PUBLICATIONS

Harm Reduction Journal

www.harmreductionjournal.com

Online journal provides open access to all articles from 2004 to present.
Produced by BioMed Central, U.K.

HIV/AIDS Prevention, Care, Treatment and Support in Prison Settings: A Framework for an Effective National Response

http://data.unaids.org/pub/Report/2006/20060701_hiv-aids_prisons_en.pdf?preview=true
United Nations Office on Drugs and Crime (2005). HIV/AIDS Prevention, Care, Treatment, and Support in Prison Settings. A Framework for an effective national response. Vienna: UNODC.

Hobden, K.L. & Cunningham, J.A. (2006)

www.harmreductionjournal.com/content/3/1/35

Barriers to the dissemination of four harm reduction strategies: a survey of addiction treatment providers in Ontario, Harm Reduction Journal, 3.

International Harm Reduction Association

www.ihra.net/uploads/downloads/50best/HIVPrevention/HIVTop50Documents1.1.pdf
'50 Best' Collection on HIV Prevention and Care for Injection Drug Users.
Includes a collection of the '50 best' publications on harm reduction.

Hunt, N. (2003). A review of the evidence-base for harm reduction approaches to drug use.

London: Report commissioned by Forward Thinking on Drugs.

World Health Organization (2005)

www.euro.who.int/document/e85877.pdf

Evidence on harm reduction in prisons and aims to provide evidence for action that will reduce the health-related harm associated with drug dependence within the overall objectives of the WHO Health in Prisons Project to protect and promote the health of those imprisoned in the interest of public health.

ALBERTA INITIATIVES

Alberta Harm Reduction Conference

www.albertaharmreduction.ca

The goal of the annual Alberta Harm Reduction Conference is to raise awareness in Alberta about the application of harm reduction principles amongst service providers who deal with populations vulnerable to hepatitis C and HIV/AIDS and to build capacities within those vulnerable communities. Conference participants typically include professionals from a diversity of sectors (e.g. health care, social work, addictions, corrections, police services, public health) and community members who use harm reduction services (e.g. people who use(d) drugs, current and former sex trade workers, people living with HIV/hepatitis C). An ideal forum to share best practices and experiences related to harm reduction and a variety of areas including drug use, addictions issues, sexual health, sex work, Aboriginal communities, public policy development etc.

Non-Prescription Needle Use (NPNU) Initiative

The NPNU Initiative is a multi-sectoral alliance of government, community agencies, and associations that share common vision and action to move harm reduction forward in Alberta, Canada. Since 1995, the NPNU Initiative has evolved to become a shared responsibility between many departments, levels of government, and community agencies. Policy makers meet with field level staff and other stakeholders to identify issues, develop a shared plan of action, and respond to recommendations to reduce the harms associated with injection drug use, particularly as they relate to the transmission of HIV and hepatitis C. A 37-member, multi-sectoral Consortium, a 17-member Steering Committee, seven theme-specific task groups, needle exchange agencies and a Provincial Coordinating Committee on Opioid Dependency are the working components of the Initiative.

RESOURCES DEVELOPED BY ALBERTA'S NPNU INITIATIVE

Format/Resource

Contact Organization

Reports

Alberta Blood-borne Pathogens Surveillance Report (2003).

Alberta Health and Wellness

Alberta Inmate Health Study (2004).

John Howard Society of Alberta

Hepatitis C and Mental Health Issues – Alberta Needs Assessment (2005)

Lethbridge HIV Connection

User's Network Development Project (UNDP) Needs Assessment (2005).

AIDS Calgary Awareness Association

Health Needs of People Who Use Crack Cocaine (2007). Literature review and resource binder.

Safeworks

Course Curriculum

Harm Reduction: Opportunities for Pharmacists to Prevent the Spread of Blood-borne Pathogens (2003).

Office of Continuing Pharmacy Education, Faculty of Pharmacy and Pharmaceutical Science, University of Alberta

Presentations

Essentials of Harm Reduction for Pharmacists (2003).

HIV North Society

Essentials of Harm Reduction for Social Workers (2004).

HIV North Society

Essentials of Harm Reduction for Addiction Workers (2005).

Central Alberta AIDS Network Society

Harm reduction 101 (2005). For the general public.

HIV Network of Edmonton Society

Essentials of harm reduction for emergency workers (2006).

HIV/AIDS Network Society of South Eastern Alberta

Videos

Harm reduction: Pieces to the puzzle (2002).

Streetworks

Hi Dad: Life on Meth (2004). 30-second public service announcement for youth-at-risk.

HIV Network of Edmonton Society

Be Smart About It (2004). 2-minute video about crystal meth and harm reduction.

HIV Network of Edmonton Society

That's It...For Now (2005). 17-minute DVD about hepatitis C and prevention for Aboriginal youth.

Kimamow Atoskanow Foundation

Getting Out, Staying Safe (2007). DVD for inmates about to be released from prison.

John Howard Society of Edmonton

Brochures

<i>Safe Body Art</i> (2002).	HIV Network of Edmonton Society
<i>Harm Reduction Saves Lives</i> (2006). For the general public.	HIV Network of Edmonton Society
<i>Getting Out Prepared</i> (2006). For prisoners upon release from prison.	HIV Network of Edmonton Society
<i>HIV/AIDS/hepatitis C and NPNU resources for service providers working with offenders being released into Alberta communities</i> (2002). Directory.	John Howard Society of Edmonton

Toolkits

<i>Reaching Across Communities: Alberta Hepatitis C and Peer Support Group Toolkit</i> (2004).	Bissell Centre
<i>HCV Support Group toolkit, Phase II: For the Peer Supporter</i> (2005).	Life with Hepatitis Society of Central Alberta

CONTACTS FOR MORE INFORMATION ON HARM REDUCTION

STD/HIV Information

STD/AIDS information line, province wide, available 24 hours a day
Toll free 1-800-722-AIDS (2437)

STD Clinics

Calgary (403) 944-7575; www.calgaryhealthregion.ca
Capital Health STD Centre, Edmonton; (780) 413-5156; www.capitalhealth.ca
Fort McMurray (780) 791-6263
Canadian Aboriginal AIDS Network; www.caan.ca

Hepatitis Information

Canadian Liver Foundation; 1-888-557-5516; clfedmonton@shaw.ca

Needle Exchange/Harm Reduction Programs

Safeworks, Calgary; Pager (403) 232-3838; 8th & 8th Community Health Centre;
(403) 781-1200; www.calgaryhealthregion.ca/hecomm/safeworks/safeworks.htm
Streetworks, Edmonton; (780) 424-4106; www.streetworks.ca
Street Smarts, Red Deer; (403) 346-8858 OR 1-877-346-8858;
www.mycommunityinformation.com/caans/
HIV North, Grande Prairie; (780) 538-3388; www.hivnorth.org/
Lethbridge HIV Connection; (403) 328-8186; www.lethbridgehiv.com
Hobbema Health Services - Needle Exchange Program; (403) 585-3830 or
1-800-822-4417

Addictions Treatment/Prevention

AADAC (Alberta Alcohol and Drug Abuse Commission): For counselling, intensive treatment, opiate dependency and prevention, check your phone book for office nearest you or check www.aadac.com

Community HIV/AIDS Organizations

AIDS Bow Valley, Banff; (403) 762-0690; www.aidsbowvalley.com

AIDS Calgary; (403) 508-2500; www.aidscalgary.org

HIV West Yellowhead; (780) 852-5274 or 1-877-291-8811;
www.hivwestyellowhead.com

Central Alberta AIDS Network, Red Deer; 1-877-346-8858;
www.mycommunityinformation.com/caans/

HIV Network of Edmonton Society; (780) 488-5742; www.hivedmonton.com:
needle exchange available

HIV North, Grande Prairie; (780) 538-3388; www.hivnorth.org/

Lethbridge HIV Connection; (403) 328-8186; www.lethbridgehiv.com

Wood Buffalo HIV & AIDS Society, Fort McMurray; (780) 743-9200

Harm Reduction as a Nurse or Physician

Why use a harm reduction approach?

As nurses and doctors working in acute care settings and the community, you are key contacts for people who use drugs. You can help people take small steps forward to reduce the harmful effects of drug use, particularly overdose, HIV, hepatitis C and other blood-borne infections. Harm reduction recognizes that not everyone is ready or able for abstinence, and that some may never be.

Harm reduction strategies are based on evidence. Programs such as needle exchanges and methadone maintenance treatment have been proven to reduce the harmful effects of drug use by preventing the spread of infection, by stabilizing people's lives and by linking them to the health system.

The harm reduction approach is all about patient-centred care. It respects the right of individuals to address their immediate concerns and to set goals that are meaningful and realistic for them.

Successes are in the process, not the end point, which differs from the outcome-oriented approach of medicine. It's not about the nurse or doctor. We can't react at a personal level. It's about the patient. I'm willing to make an investment at the front end and let people come to their own point of being ready, of dealing with their issues.

– Community physician

What does harm reduction look like in practice?

① Make support accessible.

Harm reduction strategies take place where people naturally gather, including shelters, drop-ins and inner city churches, on the street, and within health-care settings.

② Learn as much as possible about people's life circumstances and support the whole person.

Ask questions to understand the circumstances of an individual's housing, relationships, employment and day-to-day basic needs and activities, as well as any mental health and biological issues. Find out about community resources that can assist with any broader issues. Explore people's natural coping skills.

③ Focus on the person instead of the behaviour and point out what they are doing well.

In usual practice situations, nurses and physicians rely on their expertise to tell people what changes they need to make to eliminate problems. In contrast, with a harm reduction approach the individual is the driver, and you are there to provide information and to support the small steps they are prepared to take.

When we support people by helping them get clothes and food, by helping them with resumés and linking them with employment counselling, by connecting them with crisis and suicide counselling, by offering vaccinations, we are building trust. Then we can look at other aspects of their drug use if they choose to do so.

– Community nurse

CORE PRINCIPLES

Pragmatism • Focus on Harms • Human Rights • Maximizing Intervention Options
Priority of Immediate Goals • Involvement of People Who Use Drugs

If I'm changing a dressing in the community, we try to keep the area as sterile as possible but keeping it clean is more reasonable. I involve the person, asking, "Can you hold this?" I'm sharing knowledge so that person can do it on their own. I explain, "You start cleaning from the centre and work your way out so you're not pushing germs into the wound."

– Community nurse

With this kind of patient-centred care, you are able to help the person identify and take practical positive steps. For example, you can explain the reasons why injecting Talwin® and Ritalin® causes harm to one's lungs. One community physician suggests avoiding non-judgmental language, knowing people who use drugs often rely on their gut reactions to the way they are treated in order to survive.

4 Listen to build trust and look for teachable moments.

Ask questions and offer support in a way that lets people know you believe in their right to choose what is realistic for them. The patient may move back and forth through the stages of change.

Your questions can come at opportune moments to bring attention to the risks associated with drug use, in a non-judgmental way, to reduce harm and improve health.

- You can be direct in asking questions such as, "Was this abscess from injecting?"
- When a person is picking up a resource, you can ask what other supplies they might need.
- When a person is leaving the hospital, you can ask, "Do you have a place to live?" or "Are you getting enough to eat?"

5 Help people make small changes that have tangible results.

People who use drugs need to experience some immediate, tangible benefits by taking steps to reduce their harm. The issue you focus upon first should be the one at the top of their priority list as part of the process of developing a trusting relationship. For example, a person may need to have an abscess lanced. If the individual is using crack, you can tell them it reduces their appetite but they need to eat and drink, even if they are not hungry or thirsty.

6 Share medical knowledge, skills and items people can use on their own or when they are helping others.

People using drugs may be in situations where they have to attend to their own first aid needs or to help another person. By sharing knowledge on how to take care of their own medical needs, you are helping to reduce their risk of infection.

- Be an example and practise universal precautions in a manner that does not discriminate or create distance in the relationship between you and the individual. This includes covering cuts and open sores, wearing gloves if there is any risk of coming into contact with blood or other body fluids, and cleaning spills of blood or other body fluids with a fresh mixture of household bleach (one part) and water (nine parts).¹

- Provide people with condoms and, if available, crack kits and piercing kits, as examples of practical resources.² The crack kits have hand cleaners, alcohol swabs, petroleum jelly (because people get blisters on their lips), a screen and a rubber mouth piece. The piercing kits have gloves, sterile needles, alcohol swabs, gauze and a hand cleaner. The kits reduce the chance of spreading infection.

7 Consider the root causes of people's health issues and link people to community resources.

- Recognize that inadequate income and, in turn, limited access to safe and affordable housing, have an impact on people's options, and the money they have available to buy healthy food.
- Help address the causes of under nutrition. People may not have adequate finances to purchase food, a place to store and prepare food, or the skills to budget, plan and cook.
- Share phone numbers of key community agencies and supports.

Support for Using a Harm Reduction Approach

College of Physicians and Surgeons of Alberta, Methadone Program

www.cpsa.ab.ca/collegeprograms/methadone_program.asp

The college provides methadone maintenance treatment (MMT) education workshops, with practical information on the use of methadone for the treatment of opioid dependence. It also prepares practitioners to manage methadone patients in clinical practice. The college also issues MMT standards and guidelines for physicians.

Safeworks website (Calgary Needle Exchange Program)

www.calgaryhealthregion.ca/hecomm/safeworks/safeworks.htm

Practical information for professionals and people who use drugs or who may be at risk of becoming infected by others. Website includes newsletters, pamphlets and posters on self-care and contact information on local resources.

Streetworks website (Edmonton Needle Exchange Program)

www.streetworks.ca/pro/index.html

Practical information for professionals and people who use drugs. Website includes downloadable booklets with information on street survival and self-care, as well as contact information on local resources.

It is our relationship that will draw them in because I have no other hook. "I'm doing this because I care about you." I'm accepting, I'm direct and I'm honest about who I am. They recognize I'm not faking it. I'm OK with the ups and downs, sometimes one step forward and one back. Often, the person wouldn't be alive without doing the little things along the way

– Community physician

² Calgary Health Region provides both crack and piercing kits. At present, most regional health authorities are not making these two resources available.

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Harm Reduction as a Pharmacist

Why use a harm reduction approach?

As a pharmacist in the community, you are the most accessible and visible health professional for the general population, including people who inject drugs. The literature suggests community pharmacies are an under used resource in preventing the spread of HIV, hepatitis C and other blood-borne infections. You can reduce the severity of the harm created by unsafe drug practices, and contribute to health, as part of your normal pharmacy practice.

Harm reduction recognizes that not everyone is ready or able to stop using drugs, and that some may never be. Instead, its purpose is to support the small steps people can take to reduce the harm associated with drug use and adopt healthier and safer practices.

In your role, you are able to establish a relationship of empathy and trust through your genuine interest and non-judgmental responses. Within your pharmacy, you can provide on-site disposal for used needles, and sell clean needles and syringes at cost. Working in collaboration with physicians, you can dispense medications with a plan to reduce opioid dependence.

These evidence-based methods reduce the spread of infection and the draw toward crime to support drug use. They also reduce the risk of injury that can result from discarded needle debris on the street. As one among a network of community resources, you can link people with specific health and social supports. The local pharmacy becomes a partner in the wide web of community support needed to reduce drug-related harm for individuals and communities.

Harm reduction means taking a compassionate approach to creating more good days than bad, and contributing to the possibility that their situation may improve.

– Pharmacist

Supporting harm reduction does not mean we agree with drug use.

– Pharmacy educator

What does harm reduction look like in practice?

1 Make available support and products that contribute to harm reduction.

- Provide on-site disposal for used needles and syringes.
- Sell needles and syringes at cost to people who use drugs, with no record of names.
- Offer safer sex counselling and provision of condoms.
- Screen people for hepatitis B vaccine.

CORE PRINCIPLES

Pragmatism • Focus on Harms • Human Rights • Maximizing Intervention Options
Priority of Immediate Goals • Involvement of People Who Use Drugs

If we expect abstinence, then we cannot help those who are not there. Instead, we are trying to help people get to the next stage of health, to reduce the negative situations they encounter—infection, days of hospitalization, days of incarceration—to improve their quality of life. Costs are reduced and all of society benefits.

– Pharmacist

- Listen with empathy and compassion to people's stories.
- Link people with specific health and social supports in the community.
- Support those who are moving away from opioid dependency by dispensing medication that follows a drug regimen, agreed upon by the individual, physician and pharmacist. The intent is to reduce use over time.

2 Minimize risks.

Pharmacist concerns about serving people who inject drugs include theft, alienation of other customers, infection and an increase in the number of used needles discarded in the neighbourhood. Anecdotal evidence suggests these problems are not common. To minimize risks, the Faculty of Pharmacy and Pharmaceutical Sciences at the University of Alberta has suggested the following strategies:

- Engage in open, honest and non-judgmental communication with people who inject drugs.
- Use a private counselling area.
- Inform other customers about harm reduction.
- Limit inventory of over-the-counter drugs that can be misused.
- Practice universal precautions to reduce the risk of infection to staff and customers.

3 Work on collaborative community strategies.

As important members of the community, pharmacists can work on collaborative community strategies with other public health professionals, programs and agencies to reduce harm for individuals and communities.

Support for Using a Harm Reduction Approach

Two needle exchange programs have put together websites with practical information for professionals and people who use drugs. Both include downloadable materials with information on street survival and self-care, as well as contact information on local resources.

Safeworks website (Calgary Needle Exchange Program)

www.calgaryhealthregion.ca/hecomm/safeworks/safeworks.htm

Practical information for professionals and people who use drugs or who may be at risk of becoming infected by others. Website includes newsletters, pamphlets and posters on self-care and contact information on local resources.

Streetworks website (Edmonton Needle Exchange Program)

<http://www.streetworks.ca/pro/index.html>

Practical information for professionals and people who use drugs. Website includes downloadable booklets with information on street survival and self-care as well as contact information on local resources.

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Harm Reduction as a Social Worker or Counsellor

Why use a harm reduction approach?

As a social worker or counsellor, you are an important contact for people who use drugs. Your practice of supporting people to address immediate concerns and take small steps forward and your role as an advocate are consistent with the principles of harm reduction. The harm reduction approach acknowledges that not everyone is able or ready for abstinence, and some may never be. Rather, you meet people where they are through non-judgmental relationships. Some harm reduction strategies simply boil down to quality care.

What does harm reduction look like in practice?

① Offer support that helps people become aware of their substance use and take steps to reduce the harm.

- With a genuine approach, take the time to establish trust.
- Meet people where they are, taking into account readiness to change, education level, resources and self-esteem. This could include reviewing pamphlets and other written information together to explain and answer questions.
- Set the stage for individuals to talk openly and honestly about their substance use. Let them know you accept and care for them for who they are, and that you don't judge them by the drugs they use.

② Help people with basic resources and life skills to make it less likely they will fall back.

As a social worker or counsellor, you are often helping people build skills to handle day-to-day tasks. When people who use drugs try to take positive steps forward but lack basic skills and resources others take for granted, they are in a vulnerable position to slide back into old patterns.

- Support people with skills as fundamental as paying bills, filling out forms, knowing what groceries to buy and doing laundry.

We have to listen to the people. They will tell us what they need. They take the first step and we follow. It's not necessarily what we think they need. Abstinence as a goal can't be imposed. Of course, we want to get there, but our aim is to keep these guys alive.

– Shelter manager

Women are shamed and blamed by other addicts and the health system if they can't quit during their pregnancy. Support is needed that acknowledges the unique needs of pregnant women and sex workers who use drugs.

– Addictions manager

CORE PRINCIPLES

Pragmatism • Focus on Harms • Human Rights • Maximizing Intervention Options
Priority of Immediate Goals • Involvement of People Who Use Drugs

Often, when they're clean and sober, they're terrified to go out the door. They need help with the next steps and we offer that, whatever it is. If the person is leaving the detox centre and nothing has changed with their housing, they go back into the situation they were in before coming into the shelter. We have beds that offer transition shelter for people leaving detox and waiting to get into a treatment program, but more beds of this kind are needed.

– Shelter manager

3 Recognize that relapse is part of recovery.

Relapse is part of recovery – almost nobody changes their behaviour the first time. Many people have a series of ups and downs, just like a person trying to lose weight. People who relapse often feel shame and guilt that can lead to more substance use.

- Tell the person you believe in their ability to make positive changes in their life.
- Work together to create an individual plan for relapse to minimize the harm.
- Use a relapse as an opportunity to ask the person to identify what they have learned from the experience and to plan how to do things differently next time.
- Be supportive at whatever stage of change the person is at.
- Do not take the individual's relapse personally.

4 Advocate for people's needs.

People using alcohol or other drugs are often not treated as well as others when they seek social or medical supports. As an advocate, you can broker situations and reduce barriers between individuals and formal systems.

- Where needed and possible, accompany individuals to appointments, e.g. meetings with parole officers, lawyers and landlords. Your role can be to make sure their questions are asked and to assist them in accessing supports for which they are eligible (e.g., completing forms).
- Help others understand that people with substance use problems deserve and are entitled to care and services.
- Advocate for systems and changes to policies that may place the people you serve at risk.

Support for Using a Harm Reduction Approach

AADAC, Policy on Harm Reduction (2004)

www.aadac.com/documents/policy_harm_reduction.pdf

AADAC, Enhanced Services for Women

www.aadac.com/547_1221.asp

Pregnant women who need help for a substance use problem often face barriers that prevent them from accessing or completing treatment. You can link women to AADAC's Enhanced Services for Women in Edmonton, Calgary and Grand Prairie. This initiative is designed to reach women who need help for substance use and to provide additional support while they are in treatment to better ensure success.

Safeworks website (Calgary Needle Exchange Program)

www.calgaryhealthregion.ca/hecomm/safeworks/safeworks.htm

Meet people where they are at, taking into account readiness to change, education level, resources and self-esteem. This could include reviewing pamphlets and other written information together to explain and answer questions.

Streetworks website (Edmonton Needle Exchange Program)

<http://www.streetworks.ca/pro/index.html>

Practical information for professionals and people who use drugs. Site includes downloadable pdf booklets with information on street survival and self-care as well as contact information on local resources.

*They read people well.
That's how they survive.
They know when what
you're telling them is
crap. I give them a name,
a contact to ask for.
Sometimes, I go with them
the first time.*

– Court treatment manager

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Harm Reduction as a Police Officer

Why use a harm reduction approach?

As a police officer, you are in frequent contact with people who use drugs within the communities you serve. Drugs are a safety issue for you, for people who use drugs, and for communities as a whole. Within a comprehensive approach, harm reduction and enforcement work to keep people and communities safer and healthier.

Harm reduction is a pragmatic approach. It recognizes that not everyone is ready or able to stop using drugs, and that some may never be. Instead, its purpose is to support small steps that reduce the harm associated with drug use and that help keep people alive.

Community-wide strategies to reduce drug-related problems advance the police priorities of preventing crime, maintaining social order, enforcing laws and promoting public safety. These strategies are also consistent with the community policing emphasis on positive relationships and partnerships to reduce crime and promote safer communities.

Needle exchange is one example of harm reduction supported by police services across Canada, working in collaboration with health and community organizations. The strategy recognizes the individual harm associated with hepatitis C and HIV that can be passed along, and with overdose. It also recognizes the community harm from needle debris.

If we invest one hour connecting a person with resources, we can save 20 hours in investigation of a crime that arises out of drug use.

– Police Officer

What does harm reduction look like in practice?

- ① Give people information on safer drug use practices and on the potency and purity of illicit substances on the street.**
- ② Link people to community resources to help meet their basic needs and receive support for making healthy changes in their lives.**
 - Connect people to places where they can get clean needles and crack pipes, and support for health issues.
 - Offer wallet-sized “exit cards” with organizations and telephone numbers as an easy reference for sex trade workers.
 - Distribute supermarket coupons from a community agency

CORE PRINCIPLES

Pragmatism • Focus on Harms • Human Rights • Maximizing Intervention Options
Priority of Immediate Goals • Involvement of People Who Use Drugs

If we seize clean needles, we are taking away the means but we are not going to eliminate the problem. People are still going to do the drugs, clean needles or not. We're just removing the opportunity for the person to at least do it in a safe manner.

– Police officer

3 Support community strategies and use discretion when policing harm reduction sites.

- Respect the value of needle exchange programs and methadone clinics as evidence-based methods of reducing the spread of infection and as a means of linking marginalized people to the health-care system.
- Rather than seizing drug paraphernalia, which may result in people sharing equipment and transmitting infectious diseases, link people to community resources where they can receive support.
- Recognize that people may be taking quantities of clean needles for other people who are using drugs.
- Support the installation of needle drop boxes and sharps containers in your community and inform the public of their locations.
- Gather identifying information from sex trade workers in the event that they are missing, if there is foul play, or at worst, if they are found dead.

4 Practice universal precautions to protect health and safety for you and the public.

In addition to the universal precautions used by all service providers, best practices in policing include the following strategies:

- Ask people if they are carrying needles or broken pipes that could injure you or them.
- Keep a sharps container in your vehicle.

5 Advocate for policies and protocol within your organization that protect the health of staff and the public.

An example of police protocols that affect health is the response to 911 calls if someone has overdosed. People who have warrants for their arrest may be reluctant to call 911 or may flee the scene if someone they know has overdosed. Without medical help, the person who has overdosed usually dies. A police protocol can be put in place to respond to drug overdose calls only in the event of a death. This altered practice would reduce the risk of overdose deaths. (See references on next page for an example.)

Support for Using a Harm Reduction Approach

Canadian Centre on Substance Abuse, *Harm Reduction Policies and Programs for Persons Involved in the Criminal Justice System*

www.ccsa.ca/NR/rdonlyres/B092A5D6-C627-4503-8F21-8A1AB8923B3A/0/ccsa0039002005.pdf

Vancouver Police Department, *Guidelines for Police Attending Illicit Drug Overdoses*

<http://vancouver.ca/police/policeboard/documents/0648DrugOverdosePolicy2006Jun14.pdf>

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Harm Reduction as a Corrections Worker

Why use a harm reduction approach?

As a corrections worker, you come into daily contact with men and women who use drugs, and who have higher rates of hepatitis C and HIV infection than are found in the general population. Prisoners may participate in potentially high-risk activities such as having sex, injecting drugs and tattooing.

A harm reduction approach reduces the risk of harm and protects the health of people who use drugs (whether in prison or in the community), corrections workers and the community at large.

Harm reduction recognizes that not everyone is ready or able to stop using drugs, and that some may never be. Instead, its purpose is to support the steps people can take to reduce the harm associated with drug use and adopt healthier and safer practices. This support is non-judgmental and guided by the goals people set for themselves.

The harm reduction principle of respecting human rights comes into particular focus in settings where there are restrictions on people's freedom. Regardless of the terms of sentence or incarceration, health and safety are issues for people while they in prison, when they are preparing to leave and once they are back in the community.

What does harm reduction look like in practice?

While corrections workers are governed by existing policies and procedures, you can take concrete steps to promote health and reduce harm for people in your work and for yourself.

① Educate yourself about harm reduction and blood-borne pathogens (hepatitis C and HIV).

- Ask about self-directed learning programs for staff.
- Suggest bringing in speakers from community organizations working with people who use drugs (e.g., HIV organizations).
- Take advantage of harm reduction “train the trainer” opportunities organized for representatives from correctional facilities.

Harm reduction takes into consideration individuals' capacity to make changes. It is not enabling. We are not promoting use. Rather, we are recognizing that the process of change does not happen quickly. It is not in conflict with promoting abstinence.

– Manager of infectious diseases, corrections

CORE PRINCIPLES

Pragmatism • Focus on Harms • Human Rights • Maximizing Intervention Options
Priority of Immediate Goals • Involvement of People Who Use Drugs

In this setting, people assume you are there to do more harm to them, which creates resistance and anger. We have a choice in how we administer the help. We can do it in a good or bad way. If we are just there to check off all the boxes, we are contributing to the harm. We can extend a helping hand, approach people with a sense of compassion, to reduce emotional, physical and spiritual harm.

– Aboriginal elder

2 Get to know policies and procedures that protect the health of prisoners and staff, and advocate for more protective policies.

Policies include voluntary testing for blood-borne pathogens, availability of supplies for reducing harm and protecting health, and access to addictions treatment options.

3 Maximize the benefit of existing policies and procedures.

- Inform prisoners of testing services for blood-borne pathogens.
- Ensure condoms, dental dams, lubricants and bleach are accessible and well stocked.
- Ensure prisoners are aware of the availability and location of these supplies that can protect their health.
- Link prisoners with medical staff to continue or, if possible, initiate methadone maintenance treatment.

4 Offer non-judgmental information that protects people's health.

The way in which corrections workers give information about support services makes a difference in terms of whether a person will follow through.

- Meet people where they are, taking into account readiness to change, education level, resources and self-esteem. This could include reviewing pamphlets and other written information together to explain and answer questions.
- Show people how to reduce the risk to their health.

5 Learn about health and social services in the community and link people to them.

- Inform prisoners who are returning to live in the community about health and social supports.
- Become aware of community-based treatment options so you can refer people to these services. For example, visit an alcohol or other drug treatment program yourself so you can genuinely let people know what to expect to reduce their apprehensions.

Support for Using a Harm Reduction Approach

Alberta Solicitor General and Public Security – Education:

- Staff receive centralized training on harm reduction philosophy, practices and universal precautions. These topics are presently addressed in induction training.
- Selected correctional staff have been trained to deliver a pre-discharge harm reduction workshop that is made available on a monthly basis to sentenced inmates who are about to go back into the community.

Correctional Services Canada – Education:

- New staff receive a self-directed learning package about infectious diseases and harm reduction measures.
- “Choosing Health in Prison” is a voluntary education program offered to inmates. A peer education and counselling co-ordinator (paid) and volunteers receive training so other inmates can approach them with questions.
- The Special Initiatives Program responds to proposals from inmates for HIV prevention. Harm reduction messages on T-shirts, playing cards and calendars are examples.

Getting Out, Staying Safe (2007)

www.johnhoward.ab.ca

This video provides information to inmates on the need for harm reduction practices when practising high-risk lifestyles, and on sources of support within the community. Available from: John Howard Society of Alberta, 2nd Floor, 10523 100 Avenue NW, Edmonton, Alberta T5J 0A8, Phone: 780-423-4878.

Prisoners’ HIV/AIDS Support Action Network (PASAN)

www.pasan.org

PASAN is a community-based network of prisoners, ex-prisoners, organizations, activists and individuals working together to provide advocacy, education, and support to prisoners on HIV/AIDS, HCV and related issues. Website includes Cell Count, a newsletter that educates and brings to light harm reduction issues within prisons and links to community organizations across Canada.

We discourage needle use but we’re not going to stop them using. We can show them how to do it properly—to clean the rig, where to inject safely. Some inmates can’t believe I’m saying this.

– Provincial correctional placement officer

Pros & Cons: A Guide to Creating Successful Community-Based HIV/AIDS Programs for Prisoners

www.clearinghouse.cpha.ca

Canadian HIV/AIDS Clearinghouse.

Toll-Free: 1-877-999-7740

Safeworks website (Calgary Needle Exchange Program)

www.calgaryhealthregion.ca/hecomm/safeworks/safeworks.htm

Practical information for professionals and people who use drugs or who may be at risk of becoming infected by others. Website includes newsletters, pamphlets and posters on self-care and contact information on local resources.

Streetworks website (Edmonton Needle Exchange Program)

www.streetworks.ca/pro/index.html

Practical information for professionals and people who use drugs. Website includes downloadable booklets with information on street survival and self-care, as well as contact information on local resources.

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Harm Reduction as a Community Leader

Why use a harm reduction approach?

Harm reduction recognizes that not every person who uses drugs in your community is ready or able to stop using drugs, and that some people may never be. Instead, its purpose is to support the small steps people can take to reduce the harm associated with drug use, as individuals and as communities.

Community leaders are well aware of the impact of drug use on health and safety, including the potential for spreading infection and increasing criminal activity. The impact reaches the people who use drugs, their families and others with whom they associate, and the community as a whole.

In a leadership role, you have the opportunity to show support for harm reduction in concrete ways. Harm reduction acknowledges that no single player and no single strategy can successfully reduce all of the harm. You are in a position to bring together and support networks and community-wide strategies to address drug use.

Harm reduction is one of a number of parallel strategies that also includes prevention, treatment and enforcement, all necessary components of a comprehensive approach. The benefits of working together will be experienced by individuals and by the community.

What does harm reduction look like in practice?

① Support a multisectoral network of key players who can work together to implement harm reduction approaches.

Each of the organizations in contact with people who use drugs in a community is a “piece of the puzzle.”

Here are some Alberta examples of multisectoral action:

- Lethbridge created a Community Harm Reduction Network of 14 agencies, including the HIV/AIDS service organization, police, the regional health authority, emergency medical services, AADAC, mental health and the homeless shelter. The purpose is to build each other's capacity to understand and use harm reduction, and to share resources, recognizing that each organization is only a piece of the puzzle.

People think you're saying it's OK to use drugs with harm reduction. That's not it. Instead of people breaking into your car to get money to buy drugs, it's good for all of us if that person gets help. One day, they may seek treatment and be able to make some changes.

– Community leader

We need to look at harm reduction at an individual and the community level. People get mad if others are dropping needles in their neighbourhood. That doesn't create social inclusion. It's in the interest of the community to support harm reduction.

– Municipal politician

CORE PRINCIPLES

Pragmatism • Focus on Harms • Human Rights • Maximizing Intervention Options
Priority of Immediate Goals • Involvement of People Who Use Drugs

We take a holistic approach to harm reduction, looking at all the interconnected parts of the medicine wheel. Harm reduction involves the support of the whole community; it is not just about one person.

– Aboriginal counsellor

HIV and hepatitis C are affecting all of us. There are plenty of studies to show that everyone is at risk. No one is immune. Therefore, harm reduction needs to be an integrated strategy.

– HIV/AIDS director

We need to convince communities that harm reduction is beneficial to everyone. The first priority is, “Does it make practical sense?” The moral sense can come later on. If we reduce risks to the people dealing with addictions, we all benefit. Hopefully, it will lead to treatment.

– Community leader

- Red Deer established a Mayor’s Task Force on Ending Homelessness in Ten Years. The network is addressing harm reduction by looking at all aspects of support. Partners have to respect one another’s boundaries and system parameters.
- Safedmonton is a multi-agency approach involving the City of Edmonton, community organizations and citizen groups jointly addressing community safety, with drug use as one component.

② Create policies and programs that support collaborative approaches to harm reduction, protecting individuals and communities.

- Providing needle-drop boxes is a concrete way of offering support. The City of Lethbridge is working on a “syringe management plan” which will reduce the number of syringes that end up in the landfill. Lethbridge has several pharmacies, including a Superstore, that are willing to exchange needles. Sharps boxes are strategically placed where people gather.
- Endorse the work being done by the public sector (e.g., police), the private sector (e.g., pharmacies) and non-profit organizations (e.g., drop-in centres) that are collaborating to address the needs of people who use drugs and their effect on communities.

③ Advocate to other levels of government for support that addresses the root causes of harmful drug use.

Communities recognize that early childhood development, housing, mental health, social support and the availability of treatment services are among the factors that combine to influence drug use patterns. Supportive policies create an environment that reduces the harm for individuals and communities.

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Working With People Who Use Drugs: A harm reduction approach

FEEDBACK

*The Non-Prescription Needle Use Public Awareness Task Group is pleased to provide you with this guide.
Your feedback is very important to us!*

Please indicate your professional group:

- ☐ Nurse or physician ☐ Pharmacist ☐ Social worker or counsellor
☐ Police officer ☐ Corrections worker ☐ Community leader
☐ Other

Please indicate how you feel about
the following statements:
(Please circle one)

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
This harm reduction guide is relevant for my workplace and professional group.	1	2	3	4	5
This guide provides my professional group with valuable examples, anecdotes and stories.	1	2	3	4	5
This guide was presented in a clear and logical manner.	1	2	3	4	5
This guide will serve as an important resource tool in my workplace.	1	2	3	4	5
I will recommend this guide to my colleagues.	1	2	3	4	5

Could anything make this resource more useful or valuable to you? ☐ Yes ☐ No

Please explain: _____

How will you use this guide?

- ☐ To inform your practice ☐ To develop or revise your harm reduction policy
☐ To educate partners, clients and other networks
☐ Other: _____

Do you have any further feedback? _____

Please make copies and send completed forms to:
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or fax to (780) 481-7781