

Harm Reduction

A BRITISH COLUMBIA COMMUNITY GUIDE



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Introduction

This guide has been written to assist municipalities in British Columbia in taking a leadership and a facilitative role in reducing the level of drug related harm in their communities. In particular, it contains information about an approach to these problems that has become known as harm reduction. It sets out the evidence and potential benefits of using a harm reduction approach to address the harms associated with problematic substance use.

The use of drugs and alcohol is a complex and sensitive area of public policy. Municipalities are already on the front line. They bear the brunt of mounting costs for policing and enforcement. Public order and safety may be put at risk by open drug use in communities. Without coordinated action, public health systems can become overburdened with problems arising from the spread of HIV, hepatitis and other diseases related to drug use, particularly injection drug use.

Municipalities, however, are also repositories of knowledge, skills, and innovative problem solving ideas. These are the key to successful mobilization of community resources. Municipalities can exert influence on policy in areas such as public and community health, housing, social services, community safety, recreational services, development and zoning, licensing and by-laws.

The central task is to encourage a constructive dialogue that leads to agreement and action among key stakeholders, including drug users, service providers, residents, businesses, educators, police, health authorities, local governments and Aboriginal communities. This process is greatly assisted by the dissemination of evidence-based information about harm reduction and how it supports policies and programs aimed at improving the health and well being of the entire population.

This guide provides an overview of harm reduction and various actions that can be taken at the municipal level to develop a strategy for mobilizing communities around harm reduction. It focuses on supporting the development of a community response using the traditional authority of municipal jurisdictions.

Background

The health of every community in Canada is affected by drug use.¹ Solutions must come from all levels of society. Informed public discourse is critical to developing effective responses to address the harms from drug use. One of the central tasks of government is to provide clear, credible information and encourage constructive dialogue on the nature of drug use in our society, its risks and benefits, and the policies and programs needed to reduce the harms to individuals, families and communities from problematic substance use.

People who use drugs are not expendable—they are human beings who come from families who love them. They are someone's son, daughter, brother, sister or parent. Drug use, particularly injection drug use, puts people at risk of overdose death, relapsing dependence, and medical conditions which are difficult and costly to treat.² The risk for problems with drugs often goes hand in hand with risks for other social problems. A 2001 report by the McCreary Centre Society showed that street youth in B.C. are more likely to have injected drugs and to have histories of unhappy family backgrounds, abuse and neglect, sexual exploitation, unstable housing, low school connectedness and suicide attempts.³

The risks from drug use also affect families and communities, not just the people who use drugs. People who inject drugs may be having unprotected sex that puts others at risk for diseases such as HIV and hepatitis B and C.⁴ Community health is put at risk when diseases spread beyond injection drug users into the general population.

The social harms associated with injection drug use range from the loss of public space due to open drug use, discarded needles and other drug paraphernalia, to drug-related criminal activity and decreases in real and perceived public safety. Families experience breakdown, child neglect or abuse, job loss, financial and legal problems, risk of homelessness and social isolation.

It is clear that problematic substance use generates high social and fiscal costs. The best results can be achieved by managing it as a health issue that requires a full range of evidence-based interventions. While it is important to have a variety of treatment options available, not all drug users can or will access treatment. There is no magic bullet – not all treatment options are effective for all people suffering from a substance use disorder.⁵ Therefore, it is important to provide effective interventions to minimize the negative consequences of active drug use and dependence. Dead people cannot recover from addiction. Harm reduction is an essential part of a comprehensive response to problematic substance use that complements prevention, treatment and enforcement.

What is Harm Reduction?

The International Harm Reduction Association (2002) describes harm reduction as:

Policies and programs which attempt primarily to reduce the adverse health, social and economic consequences of mood altering substances to individual drug users, their families and communities, without requiring decrease in drug use.

Harm reduction is a pragmatic response that focuses on keeping people safe and minimizing death, disease and injury associated with higher risk behaviour, while recognizing that the behaviour may continue despite the risks. At the conceptual level, harm reduction maintains a value neutral and humanistic view of drug use and the drug user. It focuses on the harms from drug use rather than on the use itself. It does not insist on or object to abstinence and acknowledges the active role of the drug user in harm reduction programs.

At the practical level, the aim of harm reduction is to reduce the more immediate harmful consequences of drug use through pragmatic, realistic and low threshold programs. Examples of the more widely known harm reduction strategies are needle exchange programs, methadone maintenance treatment, outreach and education programs for high risk populations, law enforcement cooperation, medical prescription of heroin and other drugs, and supervised consumption facilities.⁶

There are many reasons why people engage in higher risk behaviour and not all people are able to make the immediate changes necessary to refrain from such behaviours. Harm reduction is a set of non-judgmental policies and programs which aims to provide and/or enhance skills, knowledge, resources and support that people need to live safer, healthier lives. It encourages people to build strengths and to gain a sense of confidence.

Harm reduction can help move a person from a state of chaos to a state of control over their own life and health. For some people, abstinence is the most feasible way to reduce harm. Interventions that aim for abstinence and for safer drug use both have a place within harm reduction. The key is to balance abstinence-based programs with those that reduce harm for people who continue to use drugs.

Harm reduction saves lives and improves quality of life by allowing drug users to remain integrated in society. The alienation and marginalization of people who use drugs often compound the reasons why they engage in unsafe drug use. Harm reduction also reduces health care costs by reducing drug-related overdose, disease transmission, injury and illness, as well as hospital utilization.

Harm reduction benefits the community through substantial reductions in open drug use, discarded drug paraphernalia, drug-related crime, and associated health, enforcement and criminal justice costs. It lessens the negative impact of an open drug scene on local business and improves the climate for tourism and economic development.

Principles of Harm Reduction⁷

PRAGMATISM

Harm reduction accepts that the non-medical use of psychoactive or mood altering substances is a near-universal human cultural phenomenon. It acknowledges that, while carrying risks, drug use also provides the user and society with benefits that must be taken into account. Harm reduction recognizes that drug use is a complex and multifaceted phenomenon that encompasses a continuum of behaviours from abstinence to chronic dependence, and produces varying degrees of personal and social harm.

HUMAN RIGHTS

Harm reduction respects the basic human dignity and rights of people who use drugs. It accepts the drug user's decision to use drugs as fact and no judgment is made either to condemn or support the use of drugs. Harm reduction acknowledges the individual drug user'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.

FOCUS ON HARMS

The fact or extent of an individual's drug use is secondary to the harms from drug use. The priority is to decrease the negative consequences of drug use to the user and others, rather than decrease 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.

MAXIMIZE INTERVENTION OPTIONS

Harm reduction recognizes that people with drug use problems benefit from a variety of different 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 helps keep people alive and safe. Individuals and communities affected by drug use need to be involved in the co-creation of effective harm reduction strategies.

PRIORITY OF IMMEDIATE GOALS

Harm reduction establishes a hierarchy of achievable steps that taken one at a time can lead to a fuller, healthier life for drug users and a safer, healthier community. It starts with "where the person is" in 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 built on over time.

DRUG USER INVOLVEMENT

The active participation of drug users is at the heart of harm reduction. Drug users 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 drug users to make choices and change their lives.

Common Concerns

About Harm Reduction

Concern: Harm reduction enables drug use and entrenches addictive behaviour.

This is rooted in the belief that drug users have to hit “rock bottom” before they are able to escape from a pattern of addiction and that harm reduction protects them from this experience. 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 drug-related harms. Harm reduction is often the first or only link that drug users have to the health and social service system and, as such, it is a gateway to addiction treatment. Harm reduction services increase the possibility that drug users will re-engage in broader society, lead productive lives and quit using drugs, instead of contracting and transmitting infectious diseases and/or succumbing to drug overdose death.⁸

Concern: Harm reduction encourages drug use among non-drug users.

This is based on the notion that harm reduction “sends out the wrong signal” and undermines primary prevention efforts. Some feel that helping drug users stay alive, reduce their exposure to risk and become healthier may encourage non-users to regard drug use as safe and to want to start using drugs. This view underestimates the complexity of factors that shape people’s decisions whether to use drugs. It also ignores numerous scientific studies that have found no evidence that the introduction of needle exchange or other harm reduction programs increases drug use.⁹

Concern: Harm reduction drains resources from treatment services.

Harm reduction interventions are relatively inexpensive and cost effective. They increase social and financial efficiency by interrupting the transmission of infectious disease at a lower cost, rather than waiting to treat complications of advanced illness at a much higher cost.¹⁰

Concern: Harm reduction is a *Trojan Horse* for decriminalization & legalization.

Harm reduction attempts to deal with the harms from drug use as it occurs within the current global regulatory regime. Some advocates of harm reduction want to see changes in the way governments have been attempting to control the trade and use of currently illegal drugs; others do not. Harm reduction itself is neutral regarding the question of legalization.¹¹ The philosophy of harm reduction applies equally to alcohol and tobacco use, which is legal in most countries.

Concern: Harm reduction increases disorder & threatens public safety & health.

Often referred to as the “honey pot effect”, this concern assumes that harm reduction programs will attract drug dealers and compromise the safety and well being of the surrounding community. Evidence has conclusively demonstrated that harm reduction programs do the opposite.¹² 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 discarded publicly in the community. Supervised injection facilities reduce the number of public injections by providing a safe, indoor alternative to open drug use. Protocols between police and harm reduction service providers ensure drug trafficking laws are enforced – open drug dealing is discouraged, while drug users are encouraged to access needed services.

Evidence Based Harm Reduction

The following harm reduction strategies have strong evidence of effectiveness in the scientific literature and in practice. They are an integral part of a comprehensive response to problematic substance use.

EDUCATION AND OUTREACH

Drug education materials with a harm reduction focus are a cost effective way to target drug users. These materials do not promote drug use, but rather tell users how to reduce the risks associated with drug use, especially the transmission of HIV and hepatitis C. Harm reduction education materials can teach safer injecting techniques, overdose prevention and proper condom use. The materials frequently attain high levels of cultural acceptability and approval among target populations, with impacts on knowledge, attitudes and self-reported or planned behaviour.¹²

Outreach programs seek face-to-face contact with drug users. They deliver information, resources and services to hard to reach populations of drug users and establish links between isolated drug users and critical health services. Outreach programs provide literature about HIV and hepatitis C risk reduction, promote teaching and modelling of risk reduction by leaders of drug user networks, distribute condoms and bleach kits, make referrals to services, provide counselling and support community development. The involvement of drug users is an important component of effective outreach as peers help change group norms by demonstrating changes in their own behaviour.¹³

Outreach programs have been found to achieve the following outcomes: cessation of injecting, reduced injecting frequency, reduced sharing of needles and other injection equipment, increased disinfecting of needles, increased referrals and entry into drug treatment, and increased condom use.¹⁴

REFERRAL TO HEALTH AND SOCIAL SERVICES

Drug users often do not seek health care because they fear legal consequences, face stigma from service providers, or are disenfranchised from society. Harm reduction encourages drug users to seek adequate care and encourages service providers to provide that care without discrimination. It facilitates access to medical and social services for people who are isolated and would not normally access mainstream services. One of the basic tenets of harm reduction is the right to comprehensive, non-judgmental medical and social services and the fulfillment of basic needs for all individuals and communities affected by drug use.

LOW THRESHOLD SUPPORT SERVICES

A key attribute of harm reduction practice is the concept of *low threshold* service delivery. Low threshold services have minimum requirements for participation and normally address basic health and social needs of the drug user. For many people it is impossible to address drug dependence or deal with the multitude of related health problems without first having a safe, stable place to live and nutritious food to eat.

Low threshold addiction services do not require abstinence. Instead, they work towards engaging participants who actively use drugs while reducing drug-related harm. These services help to stabilize participants and direct them to treatment services when they are ready. Ongoing contact with service providers allows for the development of trust while the minimal requirements provide opportunity for building a history of successes rather than reinforcing the experience of failure.

Evidence from Switzerland indicates that comprehensive and highly integrated low threshold services are effective in engaging drug users and reducing drug-related harm, such as HIV and hepatitis C infection. In the mid 1980s, the Swiss had a system of primarily abstinence-based drug treatment, similar to what Canada has now. These services attracted no more than 20% of all active drug users. In the early 1990s, Switzerland implemented a broad harm reduction approach and developed a range of low threshold addiction, health, housing and employment services. Today, over 65% of active drug users are in some form of drug treatment and the remainder are in contact with harm reduction services, such as needle exchanges and supervised consumption sites.¹⁵

LAW ENFORCEMENT POLICIES AND PROTOCOLS

Health and law enforcement are both concerned with reducing drug-related harm. While the emphases differ, there is considerable overlap and mutual benefit in working together. Police activities can influence health harms such as overdose and the spread of blood borne diseases, and health activities can influence crime and public amenity.

Policing practices in some jurisdictions have changed over the past few decades. They have become less reactive and more proactive, intelligence driven, and more concerned with implementing best practice. This has required a greater understanding and use of crime prevention strategies which can be viewed as similar to health promotion strategies.¹⁶

Harm reduction based approaches to law enforcement complement public health efforts by seeking to reduce the net harm experienced by drug users and the community. Examples of these enforcement practices include greater use of discretion by police, provision of harm reduction training for police, direct involvement of police in harm reduction activities, and partnerships between police and health agencies.¹⁷

The use of discretion in attending overdoses (e.g. police not attending non-fatal overdoses) is well established and has reduced the reluctance of drug users to call ambulances, resulting in fewer deaths.¹⁸ Other accepted discretionary practices are the use of warnings or cautioning and the use of referrals to appropriate health and social services as alternatives to arrest and confiscation of injection equipment.¹⁹ There is also evidence that police can reduce harm by maintaining adequate distance from health services used by drug users, so as not to deter access, and by not interacting with drug users during the injection process.²⁰

Partnerships between police and health agencies ensure that police practices are, as much as is possible, complementary to public health efforts. Among the earliest approaches is “problem oriented’ policing which involves establishing partnerships with local communities that focus on identifying the root causes of community problems and the most effective actions for addressing them.²¹

Drug Action Teams (DATs), which were first developed in the United Kingdom and are based on partnerships between police, social service and health agencies.²² Common outputs of DATs include the development of health-focused trainings for police and the development of referral cards that are handed out by police that list available health and social services. DATs have been associated with increased awareness of health issues and harm reduction among police and greater collaboration among partners.²³

The major challenges to cultivating healthy working partnerships are the different objectives, values and service philosophies of police and health agencies. This is most evident when the partnerships are implemented in a top-down fashion. It has been recommended that particular attention be paid to involving non-specialist lower ranking police officers in the design and implementation of these types of partnerships.²⁴

NEEDLE EXCHANGE PROGRAMS

Needle exchange programs (NEPs) distribute sterile syringes and collect used syringes. They operate on the principle that every injection should be performed with sterile equipment. The use of non-sterile injection equipment increases the risk of HIV, hepatitis C and bacterial infections which are difficult and costly to treat. In Canada, injection drug use is currently the single most important route of hepatitis C transmission.²⁵ Blood borne pathogens are also a public health threat to others, including spouses, partners and unborn children of injection drug users.

NEPs have been scientifically demonstrated to reduce risks of contracting HIV and hepatitis C.²⁶ Studies have shown that they can decrease the risk of contracting HIV by as much as 50 to 80%.²⁷ NEPs serve as a collection point for used needles and can minimize the number of publicly discarded needles that can be found in parks, playgrounds and school yards.²⁸ NEPs also serve as an entry point for drug users to access critical health and social services, including referrals to detoxification and treatment services when desired.²⁹ NEPs have not been associated with increases in crime.³⁰ The best results are achieved by creating good access to sterile needles and other injection equipment.³¹

NEPs are an established international best practice in health. In B.C., the Ministry of Health and the B.C. Centre for Disease Control have direct responsibility for NEP policies and guidelines related to effective and safe implementation. In 2004/05, approximately 6.38 million needles and syringes were exchanged across the province.

METHADONE MAINTENANCE TREATMENT

Methadone maintenance therapy (MMT) is the current gold standard for treating heroin dependence.³² It may be thought of as a long term treatment for heroin addiction just as insulin is a long term treatment for diabetes. Methadone is a legal opioid medication prescribed by physicians and dispensed by community pharmacists. Each dose is consumed orally, in most cases in the presence of a pharmacist. Methadone works by binding with receptors in the brain that also bind with heroin, resulting in reduced cravings for heroin. There is no “high” or changes in behaviour associated with taking methadone. It is relatively safe and has few side effects.

MMT reduces the use of other opioids, injection related health risks, mortality and drug-related criminal activity.³³ It improves physical and mental health, social functioning, quality of life, pregnancy outcomes and client connections to other critical medical and social services. MMT is also highly cost effective.³⁴

In the past, MMT was often prescribed and dispensed with many restrictions. Evidence now supports low threshold MMT, which has reduced or fewer barriers to service, but not less regulation.³⁵ Low threshold MMT provides alternatives for clients to access methadone, such as through mobile dispensaries, which increases retention. Other characteristics of low threshold MMT are: client centred service, user friendly opening hours, tolerance for other drug use, greater opportunities for take-home doses, fewer mandatory requirements for regular urine testing or counselling, and higher, more effective dosing levels.

MMT is an established international best practice. In B.C., MMT is administered by the *College of Physicians and Surgeons of B.C.* The B.C. Methadone program has expanded significantly in the past decade to improve its reach among heroin dependent British Columbians and is very successful in retaining clients.³⁶ In 2004, there were approximately 8221 registrants in the program, up from 1221 in 1991. It is expected that new registrants will match population growth over the next decade. The B.C. Methadone program has received two international awards recognizing the comprehensive nature and quality of the program.

SUPERVISED CONSUMPTION FACILITIES

Supervised consumption facilities (SCFs) are generally defined as legally sanctioned and medically supervised facilities where drug users can inject or inhale pre-obtained illegal drugs. In Canada, SCFs are experimental, science-based and research-focused initiatives. The federal *Controlled Drugs and Substances Act* (CDSA) closely regulates the scope, operation and scientific evaluation of these initiatives. The operation of SCFs reflects a highly formalized partnership between Health Canada, the Province, regional health authorities and local municipalities.

In 2003, Health Canada granted Vancouver Coastal Health (VCH) an exemption under Section 56 of the CDSA to establish a supervised injection facility in Vancouver’s Downtown Eastside (DTES). The site was created as a scientific research pilot project. Establishing the facility required written agreement from stakeholders, including the B.C. Ministry of Health, VCH, City of Vancouver and Vancouver Police. Any new SCF would be subject to the same scrutiny and exemptions and would require municipal approval.

SCFs serve an important function by providing immediate response to overdoses, increasing use of health and social services, and reducing the problems associated with public consumption of drugs. Early results from the Vancouver site indicate no overdose deaths among participants and a reduction in the number of public injections in the DTES.³⁷ SCFs also offer direct and sustained contact with injection drug users. Staff can encourage clients to seek help, discuss health concerns and provide immediate medical care, counselling and referrals. The Vancouver site regularly connects clients to services such as detox, addiction counselling, recovery support, mental health services and methadone treatment.³⁸

The majority of SCF users tend to be the most marginalized and socially disadvantaged injection drug users. Studies have found that those who use SCFs are more likely to be long term injection drug users with unstable living conditions, low income and a history of incarceration. The Vancouver site has also been found to attract younger drug users who have an elevated risk of HIV infection and overdose.³⁹ This provides an important opportunity to link this hard to reach group with health care and addiction treatment services.

STREET DRUG TESTING AND EARLY WARNING SYSTEMS

Illegal drugs are not subject to government controls for safe manufacture, storage and distribution. As a result, illicit markets have long been associated with harms arising from poor product safety, including contamination, adulteration and dosing or purity factors. Contamination refers to residues from the production process or contaminants that are unintentionally incorporated into the drug that can cause poisoning. Adulteration refers to substances that are deliberately added to the drug (e.g. bulking or cutting agents) that can also result in unintended adverse reactions. In recent years, particular attention has focused on the range of substances often found in samples of “ecstasy” (a slang term for what is purported to be *methylenedioxymethamphetamine* or MDMA), which include a wide variety of other, often more potentially harmful drugs, such as crystal methamphetamine. Dosing or purity factors refer to uncertainty about the strength or purity of the drug which makes it difficult to calculate doses, resulting in unintentional overdose. Heroin overdose, for example, can sometimes be attributed to the circulation of batches with higher than expected purity.

Harm reduction responses to these hazards include street drug testing and early warning systems.⁴⁰ Street drug testing is increasingly used in clubs and festivals where ecstasy is consumed. It is available to some degree in various European countries, including Austria, Belgium, France, Germany, Netherlands, Spain and Switzerland. Early warning systems alert health and other authorities to changes in drug market and/or consumption patterns. When necessary, these systems can be linked to targeted information campaigns to alert drug users to the hazards of contaminated or adulterated drugs. Examples of early warning systems are the US Center for Disease Control warning system for contaminated heroin and the European Infection warning systems for clostridium infections (e.g. botulism and tetanus) and new synthetic drugs.⁴¹ Street drug testing can be used to disseminate information about hazardous substances directly to drug users and can alert early warning systems to the circulation of high strength or contaminated batches of drugs.

HEROIN PRESCRIPTION

Despite the success of methadone maintenance, a substantial proportion of heroin users remain resistant to this mode of treatment. These individuals tend to be long-term heroin users who have experienced several treatment failures. Heroin prescription provides diacetylmorphine to a narrowly defined target population through on-site, controlled injections or inhalations in settings with comprehensive and integrated health and social services. Both program experience and clinical studies from the Netherlands, Switzerland and the United Kingdom suggest that the medical prescription of heroin to chronic heroin users who have not responded to treatment can result in positive health and social outcomes.⁴²

In 2002, the results of clinical trials in the Netherlands established a direct link between the prescription of heroin and positive health and social outcomes. The Dutch study, a scientifically rigorous investigation, found that supervised co-prescription of heroin to chronic, treatment resistance heroin addicts led to improvements in all health outcome domains: physical health, mental status and social functioning.⁴³

In early 2005, a similar clinical trial began in Vancouver and Montreal. Known as the North American Opiate Medication Initiative, or NAOMI, this study will examine whether prescribed heroin is a better treatment than methadone for individuals who have not been successful with other treatment approaches. Researchers are also examining whether distributing heroin at no cost to these treatment-resistant users will reduce the homelessness and crime associated with drug use.

Development of a Municipal Harm Reduction Response

Municipalities are uniquely placed to respond to public concerns about harms from substance use. Although they are not the main providers of such services, they are nevertheless concerned about the allocation and delivery of these services as they affect the health, safety, and welfare of their community. It is important, therefore, that municipalities provide leadership to support, or at least not impede, local responses to harm reduction, and emphasize its importance to policy makers at all levels of government.

In some areas of B.C., initiatives are already well developed, and there are clear plans in place to guide the implementation of harm reduction strategies. In other areas, harm reduction planning may not have gathered sufficient momentum and the integration of harm reduction into municipal planning has not yet been achieved. In such a situation, the following approach may form a suitable plan of action.

STAGE ONE

Bring Key Stakeholders Together

Municipal officials convene a meeting to identify preventable drug-related harm and how they are linked with other initiatives to address substance use, particularly those for treatment. The meeting should be kept quite small, with a municipal lead and representation from law enforcement, community relations/education, and public health services.

STAGE TWO

Create a Leadership and Organizational Structure

The core group then forms an organizational structure, potentially involving several agencies. This will drive forward the development process by providing accurate information, facilitating community discussion and encouraging community support and understanding for the issue.

Municipal leadership of this group is highly recommended. The structure can be in the form of a committee of council, a mayor's task group, or a local harm reduction initiative. Leadership roles and responsibilities should be specified for participants. Access to administrative support is crucial to sustain ongoing community mobilization and to co-ordinate the development and implementation of the municipal harm reduction strategy.

A communication plan should also be developed and put in place. It is important that the public and potential stakeholders are kept informed of the progress of work. Close involvement with members of the local media is important to ensure the public receives accurate information.

STAGE THREE

Identify Key Community Partners

The core group then makes a list of potential participants to widen the initiative and organize a co-ordinated response. People with credibility in the community can be strong champions of this work. Many harm reduction initiatives are greatly strengthened by the participation of people who work directly with drug users to improve their lives, and who therefore have their trust. Examples are street nurses and outreach workers who directly assist drug users dealing with problems.

Every effort should also be made to include individuals with personal experience of problematic substance use. Such individuals may be current users who want to help the community and former users who have now stopped. It is also helpful to have representation from health, social services, education and law enforcement. Potential places to find such partners might include addiction treatment facilities, the police force, pharmacies, social workers, drop-in centres, churches, public health agencies, mental health organizations and other community agencies.

Here are some suggestions to enhance the collective process at this stage

- Develop a vision and mission statement. A vision statement describes what the community will look like if the initiative is successful. A mission statement expresses how the work will be done to achieve the vision.
- Clarify expectations. Develop roles and responsibilities for members of the group. Decide what criteria might exist for any future membership.
- Do not assume everyone understands the relevant issues. Ensure that all members are able to obtain high quality guidance and information.
- Discuss your proposals with existing organizations in the community to see if they are interested in taking forward some of the work.

STAGE FOUR

Conduct Needs Assessment and Inventory of Local Services

Conduct a detailed needs assessment to determine the level of unmet need for harm reduction services. Communities should take advantage of existing data sources, such as health, education and police sources, and encourage the data holders to help collect the data necessary to support the development, implementation, assessment and evaluation of a comprehensive harm reduction strategy.

Do an audit of existing prevention, treatment, support and enforcement services in the community. What are the gaps in services? Is there a mismatch between current and emerging demand for service and what is available? Are there any barriers that impede users obtaining these services?

It is important that the municipal harm reduction strategy be based on solid information and monitored and evaluated on an ongoing basis.

STAGE FIVE

Develop a Locally-Driven Harm Reduction Strategy

Draft a comprehensive municipal harm reduction strategy using information from the needs assessment, audit of local services, existing organizational plans for responding to problematic substance use, and the advice of key stakeholders. The harm reduction strategy should have the following components:

SMART Goals and Objectives

- Specific
- Measurable
- Achievable
- Results oriented
- Time limited

Strategic Approach

Minimize the burden of harm with evidence-based interventions

These are evidence-based harm reduction measures that specifically target members of the community experiencing unacceptably high levels of drug-related harm. They aim to significantly reduce levels of harm. Communities are encouraged to specify the types of substances and user groups that require attention and to seek out evidence-based interventions to address their particular concerns. Please refer to the section in this guide on evidence-based harm reduction for suggestions.

Strengthen existing services and infrastructure

The aim is to strengthen existing harm reduction efforts and promote integrated, multi-sectoral approaches to reduce the harms from substance use. For example, municipalities, in consultation with their regional health board and community service providers, are encouraged to identify and attempt to remove existing obstacles to the establishment of harm reduction programs and develop clear guidelines to support the co-operation and integration of local services.

Municipalities are also encouraged to identify opportunities for collaboration with neighbouring communities and other municipalities in the region. Care should be taken to avoid displacing problems from one community to another in the development of a comprehensive harm reduction strategy.

Key Elements

Develop a comprehensive, integrated and balanced strategy with the following components:

Prevention

Harm reduction starts with prevention. Effective prevention strategies create opportunities and supportive environments for people to make informed and healthy life choices. Outreach services and integrated community and school-based harm reduction education are good examples of prevention strategies. Prevention of harm can also help reduce the health consequences of substance use, such as HIV or hepatitis C infection, through overdose prevention and management, needle exchange and supervised consumption facilities.

Treatment

Treatment is a critical component of harm reduction, supporting substance-dependant individuals to manage their substance use and move towards abstinence and recovery. Treatment services include detoxification, supportive recovery, residential care, pharmacotherapy and primary health care. Treatment services are particularly important for people who are isolated by their dependence and may also have concurrent mental health issues.

Community Supports

Housing is critical to harm reduction. Without stable living arrangements, many people are simply unable to access or maintain their engagement in prevention and treatment programs. Emergency, transitional and supportive housing must be available for people who continue to use drugs, as well as those who are in recovery. Other supports needed to help people reintegrate into the community include low threshold mental health and addictions services, assertive community outreach, life and work skills training and supportive employment.

Enforcement

Police have direct contact with people who use illegal drugs on a regular basis. They are well placed to help reduce the harm to individuals and communities from problematic substance use. Police can do this by working closely with health care professionals to develop protocols for harm reduction services, such as sobering centres and needle exchanges. Police can also partner with municipal licensing and enforcement staff to enforce building code and other by-law violations at problem premises known to support the illegal drug trade.

Roles and Responsibilities

The challenges of implementing a municipal harm reduction strategy will require careful delineation of roles and responsibilities of community partners, as well as the establishment of clear protocols and guidelines for inter-agency collaboration. For example, municipalities could agree to develop a harm reduction policy to explicitly guide future planning and service delivery, review their own planning and decision-making mechanisms to ensure they take into account the strategy's objectives and make full use of their regulatory authority and existing services to support those objectives.

STAGE SIX

Mobilize the Community and Implement the Strategy

The purpose of community mobilization is to:

- inform and listen to the community
- reduce barriers to acceptance of harm reduction
- overcome denial of community issues and problems
- ensure each point of view is listened to with respect
- promote local ownership of the project
- develop collaboration between individuals and organizations

It is best to employ community mobilization tactics that have been successful in the past to make the community aware of the municipal harm reduction strategy.

Effective public education increases awareness of the issues and increases community support for the harm reduction strategy. Community consultations are valuable opportunities to inform members of the public, identify issues that are causing concern and to identify potential proponents and critics of a harm reduction strategy.

Public information events are particularly helpful when dealing with a controversial issue like harm reduction. They provide opportunities to share objective, credible information and address misconceptions. The community may be undecided on the issues, but will likely give serious consideration to a strategy that has good evidence and desirable objectives.

Open meetings are an important way in which a community is able to express its concerns and listen to information and advice. An effective meeting can be organized in many ways: panel discussions, presentations by informed speakers, showing films and videos, and question and answer sessions between the community, municipal officials, and local harm reduction service providers.

It is also necessary to use other ways of reaching the public with the information. Written information can be given to the press, officials driving the process can provide interviews to local news outlet, and written information and questionnaires can be distributed to citizens.

STAGE SEVEN

Monitor Implementation and Adjust Course if Needed

It is important to monitor the implementation of the strategy on a regular basis in consultation with community partners. If there are changes in the community or in the larger policy, funding or service delivery context, course corrections may be needed to ensure the strategy remains relevant and responsive to local concerns. In monitoring implementation, key questions to ask include: Is the strategy being implemented in a timely manner? Are resources being deployed efficiently and effectively? Are community partners and public satisfied with the progress? Are the goals and objectives being met?

STAGE EIGHT

Communicate Results

It is important to keep community partners informed on a regular basis to maintain interest and support. The communication plan should be utilized to emphasize progress and successes. Specific communication tactics include the development of media advisories, reports, websites, community meetings and inserts in local papers.

Community Examples

A MADE IN VICTORIA APPROACH

In April 2004, the City of Victoria unanimously approved a harm reduction policy framework for managing the harms to the community from substance use and the necessary supports for drug and alcohol users.

Victoria's harm reduction approach addresses the complex inter-relationship between prevention, treatment, enforcement, housing and other supports. It promotes public and professional dialogue on substance use in the community, and it supports collaborative action to address the adverse health, social and economic consequences of substance use.

There were a number of precipitating factors that led the City of Victoria to adopt its harm reduction policy, including public concern, public health, public interest, and public pressure.

Public Concern

- Open drug and alcohol use
- Public after effects of excessive drug and alcohol consumption
- Discarded drug paraphernalia

Public Health

- Rising rates of HIV and hepatitis C
- Overdose deaths

Public Interest

- Unprecedented turnout to screenings of the documentary *Fix: The Story of an Addicted City* in 2002 and participation in post-show discussion forums
- Public discussions in churches, community centres and neighbourhood associations on alternative approaches to dealing with substance use

Public Pressure

- High demand for information on what other cities are doing, what is working and what might be appropriate for Victoria
- Immense pressure from the business community and public to do something about substance use in the downtown core

In response to these factors, the City of Victoria, Vancouver Island Health Authority & the Victoria Police developed the Downtown Health Action Plan, with a range of short and longer term initiatives.

Projects accomplished include enhanced needle pick up, a sobering and assessment centre, a psychiatric emergency centre, expanded youth detox, an emergency mental health services team, downtown support workers, targeted police enforcement and the formation of the multi-stakeholder Inner City Health Coalition.

The City has gone through a tremendous learning curve in the past three years, which has fundamentally changed the way it looks at resolving some of its toughest social problems. The biggest challenge has been to grasp the complexity of substance use and its potential impact on people and communities. In doing so, the City has embraced harm reduction as a pragmatic, cost effective and socially responsible approach to reducing the personal and social harms associated with substance use.

HARM REDUCTION IN B.C.'S INTERIOR - CREATIVE APPROACHES TO UNIQUE SETTINGS

Handling the distribution and collection of syringes to reduce harms from injection drug use presents unique challenges in settings with few dedicated resources and vast geographic scope. In the Thompson, Cariboo, and Shuswap Health Service Delivery Area of the Interior Health Authority, initiatives spearheaded by public health nurses have resulted in creative and cost-effective approaches within this challenging context.

Needle exchange services in the region are coordinated by public health, but only in terms of providing required supplies and tracking the program's outcomes. Actual provision of needle exchange services is entrusted to local pharmacies and outreach workers who are already engaged with vulnerable populations associated with a high prevalence of injection drug use. This integrated approach makes good use of limited existing resources, and ensures that needle exchange is available in settings that are familiar and already accessed by the targeted populations.

In the denser, more urban setting of Kamloops, the collection of discarded syringes has become a community concern. The Liver Information and Treatment Clinic (LITC), a project of the Kamloops Health Unit, has employed a community development model and partnered with local business, community, enforcement, and municipal government in order to develop a response. A "sharps container" (receptacle for used syringes) program has been initiated, and containers have been installed in areas that are accessible to the community.

In addition, a public education campaign was launched to promote better understanding in the community regarding problematic substance use, and specifically safer ways to pick up a used syringe for disposal. One of the primary targets of the campaign is families in the community.

To reach this audience, and help educate children about the issue, the campaign employs a mascot, a knight named "Sir Ringe," who has been so successfully received that his use has stepped beyond the role of mascot for safe needle disposal; he was recently used to encourage children and parents to seek out immunization for influenza.

B.C. Ministry of Health, 2005. "Priorities for Action in Managing the Epidemics: HIV/AIDS (2003-2007): 2004 Progress Report"

FEDERATION OF CANADIAN MUNICIPALITIES: MODEL MUNICIPAL DRUG STRATEGY PROJECT

The Federation of Canadian Municipalities, in partnership with the National Crime Prevention Centre, the Canadian Centre on Substance Abuse and the Health, Education and Enforcement in Partnership, developed and piloted the Model Municipal Drug Strategy (MMDS), a municipally focused, community-based approach to substance abuse issues. The strategy addresses prevention, including public awareness and education, rehabilitation, with an emphasis on harm reduction, treatment and support, and law enforcement. Nine communities across Canada were funded to pilot test the MMDS approach, including Courtenay, Richmond and Prince Rupert. The pilot projects were evaluated to identify accomplishments, challenges and lessons learned in developing a municipal drug strategy.

Accomplishments

- Raising awareness about drug problems in the community
- Securing endorsement from municipal officials
- Coordinating action plans
- Executing needs assessments and resource inventories
- Establishing quality community partnerships

Challenges

- Mobilizing the community, especially specific groups such as seniors citizens, youth, business leaders and Aboriginal communities
- Maintaining focus among a broad range of stakeholders
- Obtaining accurate information on substance use in the community
- Securing adequate resources to accomplish goals and sustain the drug strategy

Lessons Learned

Municipal governments can provide critical leadership, lend legitimacy, facilitate partnerships and generate political will to encourage institutional partners and service providers to re-visit existing practices and redeploy existing resources to better meet community needs.

The strategy development process should be simple, with clearly defined goals and objectives, organizational roles and responsibilities and working protocols. It should build on incremental but visible successes.

Update: In 2002, Richmond City Council appointed the Richmond Substance Abuse Task Force to develop and implement a drug strategy tailored specifically to meet the needs of the Richmond community. The Richmond Substance Abuse Strategy has five goal areas: prevention and education, treatment, harm reduction, inter-agency co-operation and enforcement. This “umbrella” strategy provides direction to local agencies for their substance abuse initiatives. The success of Richmond’s drug strategy can be attributed to a broad group of stakeholders in the community who take responsibility for solving the problems of substance abuse, work together on programs and initiatives and advocate for funding and services from other levels of government.

WORKING WITH PEOPLE WHO USE

A key aim of any harm reduction strategy is to engage the co-operation and collaboration of people who are at personal risk of substance-related harm. Harm reduction services speak a language of hope to active drug users, and are a clear and demonstrable sign that the community cares about them and their lives.

Some people need significant help to come to grips with their illness and start a process of recovery. These are the people who most need to know about the location and availability of harm reduction services in their local area.

Others have reached a stage in their lives where they recognize the importance of such issues, and want to help the community to respond to this complex and multi-faceted issue. Research consistently shows that such people have greatly enhanced credibility when communicating information about health risks to their peers.

There have been several successful initiatives taken in B.C. that have originated with users and have become an integral part of the collective response. Several have gone on to become formal organizations giving a voice to people at risk of substance-related harm.

Peer2Peer is an outreach-based syringe exchange started by three drug users in Vancouver who wanted to help their peers. Two years ago, Vancouver Coastal Health recognized their value by providing funds to broaden this work. They now work 7 evenings a week in their area in Vancouver.

VANDU (Vancouver Area Network of Drug Users) was established more than 7 years ago by users to act as a community resource and source of education. The organization encourages users to become community volunteers. Their members assist the overall city strategy in many ways: encouraging disease awareness, promoting harm reduction, and picking up injection-related litter.

SOLID (Society of Living Intravenous Drug-Users) has played an important part in the discussion that has been taking place in Victoria. Members assist with the Network X mobile syringe exchange, and they provide a range of education initiatives about treatment opportunities as part of their on-going work.

KANDU (Kelowna Area Network of Drug Users) was established in response to interest expressed by several members of the city's drug-using population. KANDU joined forces with The Four Pillars Coalition in Kelowna to help address the city's drug problem. The KANDU Project began a needs assessment in the summer of 2004 involving street interviews, one-on-one interviews and focus group meetings. The results of the data collected offer insight and ideas from the drug users themselves. Their areas of concern addressed all four pillars of the city's strategy (harm reduction, enforcement, treatment and prevention).

Comprehensive Drug Strategies in British Columbia

Central Okanagan Framework for Action

http://4pillars.livingpositive.ca/framework/CO4PC_Final_Report.pdf

City of Vancouver: *Four Pillars Drug Strategy*

<http://www.city.vancouver.bc.ca/fourpillars/>

Preventing Harm from Psychoactive Substance Use

http://www.city.vancouver.bc.ca/fourpillars/pdf/preventingharm_report.pdf

Lower Mainland Municipal Association: *Regional Action Plan to Reduce the Harmful Effects of Alcohol and Drug Misuse*

http://www.lmma.bc.ca/pdf/LMMA_Action_Plan.pdf

Resource List

Here is a list of publications and web sites with further information on harm reduction:

Alberta Non-Prescription Needle Use (NPNU) Consortium – *Harm Reduction Information Kit*

<http://www.hivedmonton.com/home.html>

Alberta Drug Strategy – *Discussion Draft*

http://corp.aadac.com/content/corporate/about_aadac/ab_drug_strategy_discussion_draft.pdf

Alcohol Policy Network – *Best Practices*

<http://www.apolnet.ca/resources/education/bestpractices.html>

B.C. Ministry of Health – *Problematic Substance Use Prevention*

<http://www.healthservices.gov.bc.ca/prevent/substance.html>

Every Door is the Right Door: *A British Columbia Planning Framework to Address Problematic Substance Use and Addiction*

http://www.healthservices.gov.bc.ca/mhd/pdf/framework_for_substance_use_and_addiction.pdf

B.C. Centre for Excellence in HIV/AIDS

<http://www.cfenet.ubc.ca>

BC Partners for Mental Health and Addictions

<http://www.heretohelp.bc.ca>

Canadian Centre on Substance Abuse

<http://www.ccsa.ca/ccsa>

Centre for Addictions Research of British Columbia

<http://www.carbc.uvic.ca>

Centre for Substance Abuse Prevention – *Building a Successful Prevention Program*

<http://casat.unr.edu/bestpractices>

Centre for Addiction and Mental Health

http://www.camh.net/public_policy/harmreductionposition.html

European Monitoring Centre for Drugs and Drug Addiction

<http://www.emcdda.eu.int>

Federation of Canadian Municipalities: *A Framework for Developing a Model Municipal Drug Strategy and related documents*

<http://www.fcm.ca/english/documents/hs.html>

Health Canada – *Canada's Drug Strategy*

http://www.hc-sc.gc.ca/ahc-asc/activit/strateg/drugs-drogues/index_e.html

International Harm Reduction Association

<http://www.ihra.net>

Regina and Area Drug Strategy Report

http://www.rqhealth.ca/programs/drug_strategy/pdf_files/report_june03.pdf

Substance Information Link (*a CARBC public information website*)

<http://www.silink.ca>

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Ministry of Health