



LEARNING FROM EACH OTHER:

Enhancing Community-Based Harm Reduction Programs and Practices in Canada Executive Summary

Purpose of the Project

The aim of this project is to document and disseminate information on innovative and useful ways that harm reduction programs and practices are being offered in some of Canada's small to mid-sized cities, and some of the more effective ways that challenges to them have been overcome. We believe that this information will help service organizations and people who use drugs to learn from each other new ways to address some of the difficulties and obstacles that they continue to face in this country.

Methods

A National Advisory Committee was established to guide the project: a Harm Reduction Symposium was held, to get further direction;¹ site visits to harm reduction programs and services and focus groups with people with illegal drug-use experience were conducted in Whitehorse YT, Victoria BC, Edmonton AB, Winnipeg MB, Rouyn-Noranda QC, Ottawa ON, Québec QC, Halifax NS, and St. John's NL.

Focus Group Summary

Focus group participants expressed a desire for **treatment for problematic substance use**. Programs must be available when requested. Treatment must be varied, flexible and tailored to their needs, goals, culture and drugs of choice. Counselling and support must be available for as long as needed, to address the issues underlying problematic substance use. They cited difficulties in getting into treatment, such as long waiting lists, and the need for more treatment and detox programs. Participants stated that **methadone maintenance programs** help some, but not all, to stay off illegal opiates. They favour the increased availability of low-threshold methadone programs. Treatment for the use of non-opiate drugs must also be available to people on methadone, as well as alternatives to methadone. Additional physicians must be trained to prescribe methadone. Ready access to methadone in prisons is needed. They also want to see additional treatment options for people who use cocaine, especially some type of drug substitution.

Focus group participants were keen to be involved in program development, implementation, delivery and evaluation. **"Nothing about us without us"** was a pervasive theme. Many, compelled by a sense of altruism, have long been involved in providing outreach on their own. They stated that user or peer involvement improves program credibility, products and output. It also can give peers a sense of empowerment, belonging and purpose; build their self-esteem and self-confidence, and enhance their life skills and employability. They recognized the importance of educating others, especially youth, on the realities of drug use and want to be a part of this. They said that systemic barriers such as restrictive policies within organizations and exclusionary practices must be addressed and that their expertise and commitment should be better utilized. They want training and mentoring for specific tasks, such as public speaking and writing funding proposals, and support at the same level as staff.

¹ A Key Messages Report is available at www.cdnaids.ca/learning_from_each_other or at www.canadianharmreduction.com/project

Site Visit Summary

Whitehorse YT

- *No Fixed Address* Outreach Van – a coalition model that works
- Blood Ties Four Directions Centre – a HIV/hepatitis C service organization that embraces harm reduction

Victoria BC

- Society of Living Intravenous Drugusers – “People helping people”
- Prostitutes Empowerment Education Resource Society – by and for sex workers
- The Canadian National Coalition Pilot Addictions Treatment Model Specifically for Sex Workers
- Vancouver Island Compassion Society – safer access to cannabis for medical purposes

Edmonton AB

- Alberta’s Non-Prescription Needle Use Initiative – a provincial network
- Boyle Street Community Services – a community centre, not a social service
- Streetworks – outreach with a smile
- Alberta Addicts Who Educate and Advocate Responsibly – a provincial drug users’ network

Focus group participants reported that **needle and injection equipment distribution** works best in a community-based, non-judgmental environment. Using peers for outreach and secondary distribution is essential to reach people who do not typically access services. Services must provide longer hours of operation, home deliveries and ALL equipment required for safer use. There must be no limit on the number of needles which can be obtained in a given contact. Needle distribution must be put in place in rural and remote areas, as well as in prisons. **Safer crack use kits** must be universally available, and **safe drug consumption sites** are a necessity.

Focus group participants reported that **drop-in centres and shelters** were most effective when staffed with cheerful, caring workers who provide a welcoming and non-judgmental space for people who use drugs. Staff are often seen as surrogate family. The availability of on-site health professionals at shelters is also encouraged to provide both on-the-spot service for people who use drugs and to provide health care workers with an opportunity to gain insight into the lived realities of people who use drugs. The practice of closing shelters first thing in the morning and of barring people who use drugs or have pets from shelters and drop-in centres must be eased. More drop-in centres and shelters and additional staffing are required.

Regarding **education, awareness and information dissemination**, focus group participants expressed strong interest in educating people about the realities of substance use through public speaking and delivering prevention education to youth in schools, and that these messages must be delivered using a harm reduction approach. As well, police need to be educated about harm reduction. Disseminating information about services and about HIV, hepatitis C and other possible consequences of substance use must be increased and other means of dissemination must be developed and utilized.

Focus group participants appreciated **health professionals and service providers** who were caring, interested, non-judgmental and positive, and who provided services unconditionally. Those who had had personal experience with substance use or who had been immersed in an environment frequented by people who use drugs were often viewed as the most helpful and effective. Opportunities for clientele to make direct contact with health professionals help break down barriers to care, enhance external referrals, and lower the resistance of professionals to serve a marginalized clientele. Overall, participants sensed the need for greater emphasis on harm reduction in the training of all health professionals. They experienced most doctors as reluctant to provide pain medication to people who use drugs and recommended training that focused on the specific pain management issues of people who use drugs. They found care to be inconsistent from one healthcare professional to the next and recommended that physicians and other healthcare professionals develop expertise in caring for people who use drugs. They pointed out that the attitudes of healthcare professionals are often a barrier to obtaining services and equipment from pharmacies and hospitals. Finally, they expect health professionals and service providers to work from a harm reduction perspective, providing clients with options regarding their substance use, and celebrating their successes instead of punishing them for their failures.

Outreach services were appreciated by focus group participants. Outreach workers, especially peers, are able to develop trusting relationships with a highly cautious client group. Outreach teams could further strengthen their efforts by providing a broader range of information, extending their hours, and serving at locations where people use. Outreach to people in prisons and hospitals is essential, as people are particularly lonely and isolated in these situations. In general, more outreach workers and vans are required.

Focus group participants expressed frustration at the federal government’s **omission of harm reduction** from its National Anti-Drug Strategy. They call on the government to view substance use as a health and social issue rather than a criminal one. They emphasized that harm reduction works. It meets people where they are at, without judging them or their use of drugs, helps people to connect with services, including treatment, and focuses on their health and safety and that of the community. They are aware that extensive research on the effectiveness of harm reduction measures has been conducted and published internationally. They suggested an alternative to current **drug policy**, such as the regulation and taxation of drugs, which would have a positive impact on the lives of people who use drugs as well as to society in general by reducing illegal activities, eliminating the need to run underground safe houses, reducing violence and increasing health and public safety.

Challenges for harm reduction programs and practices

Marginalization and discrimination afflict people who use drugs and pose challenges to providing services for them. Some policies infringe on human rights and drive users underground and out of reach. Some programs discriminate against youth, refusing them service even though they may legitimately require it. Racism and homelessness are also prevalent and need to be addressed. Health care for people who use drugs is not available in a manner that is effective and respectful of their situation. Continuity of care and services for people who are in and out of prison is non-existent or highly inadequate. Without adequate government support and funding, workable solutions to these issues are unlikely.

Peer involvement is hindered by agency reluctance to engage drug users to provide services and by challenges to user group organizing.

Rural and remote areas face challenges in maintaining privacy and confidentiality, and in providing services to cover vast territories.

The **sustainability** of programs and services is often compromised by a lack of sustained funding and a tendency towards project-based funding with no assurance of continuity. Services fluctuate and agencies experience high staff turnover, often leaving clients without the services they have come to rely on.

Harm reduction programs face **threats and challenges** which can affect community buy-in. Improper disposal of syringes can be a lightning rod. While a legitimate concern, this is sometimes used as a “red herring” to de-legitimize harm reduction. Harm reduction messages must be constantly repeated in order to get through to those opposing them. “Not in my back yard” actions by neighbourhood groups make it difficult for programs and services. Innovative, community-based models of methadone maintenance treatment feel pressured to conform to more conservative medical models. Community-based hepatitis C treatment for people who use drugs works, but it is not universally available. Police opposition to programs sometimes borders on political repression and is not being addressed.

Lessons Learned – What Works Well to Address Challenges and Needs

Community buy-in strategies can include: establishing a broad coalition of community members, service organisations, researchers and potential partner organisations; ensuring that logistics are well worked out before launching a program; courting the media and educating them about what you are doing and why, before a program is launched; establishing good working relationships with key police staff and politicians; anticipating community concerns and addressing them in advance; holding community consultations prior to moving into a neighbourhood; performing periodical community clean-ups and public information forums; celebrating agency and community champions; and organizing community-building events.

Community members with drug-use experience have a right to be involved in making decisions that affect their lives. Capitalize on their experiential understanding and street smarts. Include them in program planning, delivery and evaluation. They can be advocates within their own community, and, as spokespersons to the broader community, they can help counter the misinformation about drugs and the people who use them. Through involvement they will develop commitment to the program. Support the development of user groups. Along with providing mutual support, they can provide invaluable assistance.

Adopting a harm reduction approach means that everyone is treated as equals, in a person-centred, respectful and non-judgmental manner. The harm reduction approach is as much a means of relationship building, getting people connected with programs and services, assisting them in taking better care of themselves and discovering new options and opportunities, and making positive changes to improve their quality of life and well-being as it is about safer drug use. Dignity and respect are basic needs, along with food, shelter and the other social determinants of health. Harm reduction can be explained as a public health or health promotion priority, which may work to face down opposition.

Winnipeg MB

- Sage House – a welcoming space for street-involved women
- SOS – a unique solvent users’ group
- Biindigen North End Schools Safer Corridors Project
- Kali Shiva AIDS Services / Sunshine House – a welcoming space for street-involved people living with HIV/AIDS
- Nine Circles Community Health Centre – integrating Aboriginal cultures into its services

Rouyn-Noranda QC

- Abitibi-Témiscamingue HIV/AIDS Regional Clinic – an award-winning multidisciplinary approach
- Arrimage Jeunesse – youth outreach in a small town

Ottawa ON

- Oasis – a multidisciplinary approach to outreach and drop-in services
- Lessons learned from Ottawa Public Health’s Safer Crack Use Initiative
- Methadone Case Managers in Ontario – one person at a time

Québec QC

- Point de repères – community-based needle distribution and more
- Prostitute Intervention Project of Quebec – outreach and awareness in the community

Halifax NS

- Mainline Needle Exchange – a community-based needle distribution service
- Direction 180 – a community-based low threshold methadone maintenance program
- Phoenix Youth Centre – a shelter for youth that has incorporated harm reduction

St. John's NL

- Tommy Sexton Centre – integrated HIV/AIDS services, transitional housing, emergency shelter, and needle distribution
- Street Reach – street outreach for youth

Patience and perseverance are required when developing and implementing harm reduction programs and practices. Often a community's fears are worse than the reality and, after services have been open for a while, the fears subside. Identify your allies and support them. Be strategic and creative. Think outside the box. Celebrate successes, even small ones. **DON'T GIVE UP!**

Enhanced human resources can be attained through the use of volunteers and peers. This can increase the scope of programs and develop a cadre of supporters and spokespeople. Seek out and hire staff with experiential knowledge. Pair seasoned workers and volunteers with new ones, to ensure support, continuity and appropriate work performance. Provide practice guidelines for outreach workers and hold monthly information and support meetings for them. Employ a multidisciplinary approach and ensure that all collaborating disciplines buy into harm reduction. Celebrate and support dedicated staff and volunteers.

Enhanced harm reduction programs and services can be achieved by providing a welcoming, non-judgmental space and staff and making services as accessible as possible; offering services such as food, clothing, medical care, personal and social support, activities and referrals; delivering services close to where prospective clients are; collaborating with other agencies to ensure continuity of service; accommodating the needs of active drug users; and employing mobile outreach vans and secondary distribution to reach rural and remote areas.

Involvement in community-based research is an excellent approach and can contribute to the body of evidence on the efficacy of harm reduction programs and practices. Be selective in the research you get involved in and ensure that it will be used in a way which benefits both the clients and the program. The collection of data on the use of services and on the clientele will prove invaluable when **applying for funding**, evaluating programs, and adapting to changing trends.

Be an advocate!

The full report is available at:

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