

Harm Reduction 101

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Learning Objectives

The goal of this presentation is to give you practical knowledge of harm reduction and how it relates to substance use disorder so you can:

- ✓ Understand the basic concepts and application of harm reduction
- ✓ Recognize when practices are contrary to the principles of harm reduction
- ✓ Reduce stigma and discrimination against people who use substances
- ✓ Become an advocate for the integration of harm reduction practices in your own work



Over 10,000 Canadians have died of an opioid overdose since 2015.
11 Canadians every day.

This is what 10,000 people look like. This number rises daily.



Further Stats

- 1 overdose death = 10-15 who survive
- 78% of unintentional drug deaths had no associated 911 call
- B.C study (2017) OD's were 4/5 male
- Males more likely to use alone and isolate
- Drug related deaths in B.C excluding Fentanyl have decreased, while Fentanyl related death have increase significantly.

NL Opioid-Related Mortality and Hospitalization

- 18 Deaths
- 57 Hospitalizations

2016



- 33 Deaths
- 84 Hospitalizations

2017



- 10 Deaths
- 57 Hospitalizations

2018



What is Substance Use & Dependency?

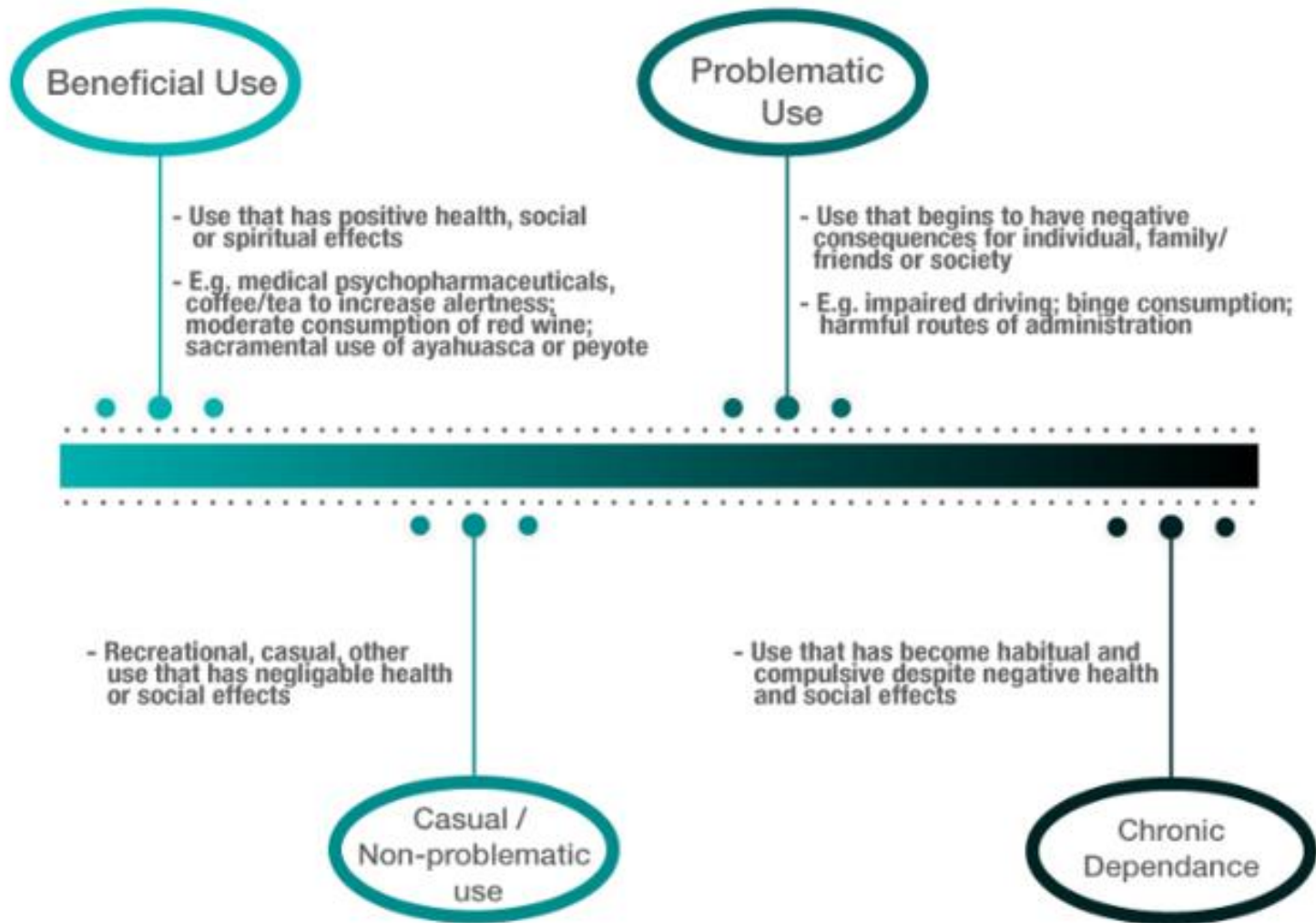
- Refers to the use of drugs or alcohol, and includes substances such as cigarettes, illegal drugs, inhalants and solvents.
- Dependence occurs when a person needs frequent, repeated doses of that substance to make them feel normal.

“Addiction is a brain disease that is characterized by compulsive drug use, despite harmful consequences.

- Important to understand what drug use is, and recognize how PWUD are portrayed.



Spectrum of Substance Use



What are Opioids?

- A class of drugs taken for pain relief or euphoria.
- Prescribed or used illicitly.

- **Opioids Include:**

Fentanyl

Morphine

Oxycodone

Heroin

OxyNEO

Methadone

Hydrocodone

Percocet



What is Harm Reduction?

A philosophy that includes a range of support services and strategies to enhance knowledge, skills and resources with the aim of keeping people safe and minimizing death, disease and injury from high risk behaviors.



Harm Reduction

- Acknowledges that high risk behaviors occur and are often chronic and ambivalent to change.
- It recognizes that individuals are the experts in their own lives.
- Is a public health response focused on increasing safety and minimizing injury, disease and death related to high risk behaviors.
- It recognizes that abstinence is not always realistic or desired and must meet person where they are at.



Harm Reduction

- Involves a continuous spectrum of strategies.
- Harm Reduction can be integrated in programs, policies and practices, with the aim to improve health outcomes.
- Part of the 4 pillars to address Substance Use along with Prevention, Treatment, Enforcement and Harm Reduction.

Harm Reduction – a Community Definition

“In the absence of perfect choices, we help people choose the one that causes the least harm. We do this so that we will have the opportunity to work with these people again tomorrow.”
(Choices for Youth)

Harm Reduction in NL

- Opioid Dependence Treatment Centre of Excellence
- Opioid Treatment Centers
- Take Home Naloxone Kits
- Needle Exchange Programs (SWAP and satellites)
- City of St. John's installation of sharps drop boxes





Pragmatism

- Harm Reduction accepts that non-medical use of psychoactive or mood altering substances is a universal phenomenon.
- Recognizes drug use is complex and chronic dependence can bring with it varying degrees of social harm.

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
- While harm reduction emphasizes a change to safer practices and patterns of drug use, recognizes the need for strategies at all stages along the continuum.

Human Rights

- It accepts the individual's decision to use drugs and no judgment is made either to condemn or support the use of drugs.
- Supports informed decision making in the context of active drug use.
- Emphasis is placed on personal choice, responsibility and management.

RESPECT
HARM REDUCTION
RESPECT
HUMAN RIGHTS



Involvement of PWUD

- PWUD are the best source for information about their own drug use, and need to be empowered to join the service providers to determine the best interventions to reduce harms from drug use.
- PWUD are able to make choices and change their lives.
- Recognition that we do not know everything about an individuals own expertise.
- Incorporating PWUD allows for engagement and opportunity to reach those who would otherwise be hard to reach.



Maximizing Options

- PWUD benefit from a variety of different approaches.
- Treat the individual and not the SUD - Involves bigger picture understanding of SUD and the individual. (discharging people into homelessness)
- Prompt access to a broad range of interventions and linkages to care
- Individuals and communities affected by drug use need to be involved in the creation of effective harm reduction strategies.



Priority of Immediate Goal(s)

- Harm reduction starts with “where the person is” in their drug use, with the immediate focus on the most pressing needs.
- It establishes a hierarchy of achievable interventions that can lead to success.
- Incremental gains that can be built on over time.

Practicing Harm Reduction

- Non Judgmental Care
- Cultural Safety
- Empowerment
- Self-Reflection
- Strength-based Approach
- Trauma Informed Practice
- Consider Root Causes of Substance use
- Building Trusting Relationships



Practicing Harm Reduction

Non-Judgmental Care

Non-coercive provision of services and resources



Practicing Harm Reduction

Empowerment

PWUD are the primary agents of reducing the harms of their drug use.

Harm Reduction seeks to empower PWUD to share information and support each other in strategies which meet their actual conditions of use.



Practicing Harm Reduction

Self-Reflection

Understanding personal values and beliefs and how this is reflected in practice.



Practicing Harm Reduction

Cultural Safety

Considers the social and historical contexts of health and health care inequities

People in marginalized groups experience worse health and access to services



Practicing Harm Reduction Strength Based Approach

“An absolute belief that every person has potential and it is their unique strengths and capabilities that will determine their evolving story as well as define who they are – not their limitations (not, I will believe when I see – rather, I believe and I will see).

- Focus on strength, not labels.
- Person’s perspective of reality is primary to their story.
- Builds on clients abilities and emphasizes the saying “the person is not the problem, the problem is the problem.”



Practicing Harm Reduction Trauma

- Clinical studies found that over 80 percent of clients with substance use issues had experienced abuse.
- Approximately 75 Percent of homeless population use drugs or alcohol as a means to self-medicate to deal with the traumatic experiences and abuse they face.
- Male and Female sexual abuse survivors experience a higher rate of alcohol and drug substance use disorders.

Trauma, continued

- Trauma Awareness – Be aware of the prevalence of trauma experiences with PWUD, its impact on development and the relationship to physical health, mental health and substance use
- People make the choices they do in an effort to manage their trauma.
- Trauma informed practice and HR support each other in safety, control and connection
- We do NOT need to know someone trauma to offer trauma informed care.



For Consideration...

Are My Practices?

- Non-Judgmental
- Culturally Safe
- Empower
- Self-Reflection
- Strength-Based
- Trauma-Informed
- Consider Root Causes of Substance Use
- Built on a Trusting Relationship



Harm Reduction in Opioid Treatment

Care providers should be guided by a harm reduction approach that enables immediate access to education and same-day access to services

- Education
- Safe Supplies
- Naloxone
- Vaccinations
- Appropriate Referrals
- Work in Progress.....

How Stigma Relates to Harm Reduction

- Stigma is negative attitudes and beliefs about a group of people due to their circumstances in life. It includes prejudice, judging, labeling, isolating and stereotyping.
- Causes isolation, feelings of shame, guilt, and worthlessness, increases high risk behavior, and risk of death.
- Self-Stigma – when someone internalizes social and structural stigma.




Structural Stigma

- Recent stakeholder consultation with EH employees revealed a good understanding of addiction
- Yet the perception that addiction is based on choice, is still prevalent.
- Studies have shown that the personal values of drug workers can impact client outcomes.
- Research shows that it takes about 5 years before someone seeks help for SUD.
- Imperative we understand that when people show up to access Harm Reduction services, this is the **FIRST STEP** to them living healthier lives.

Structural Stigma

- Occurs when people who offer services, stigmatize patients.
- This can involve:
 - Not taking requests seriously
 - Not connecting people with health or social services

People need a SAFE PLACE to be sick. It is up to us to provide that



HOW STIGMA IMPACTS RECOVERY

STIGMA CAN...

- REDUCE** WILLINGNESS TO SEEK PROFESSIONAL HELP
- CAUSE** RELUCTANCE TO ATTEND TREATMENT
- LIMIT** ACCESS TO HEALTHCARE, HOUSING, AND EMPLOYMENT
- DIMINISH** SELF-ESTEEM
- EXACERBATE** DEPRESSION
- AFFECT** PERSONAL RELATIONSHIPS AT A TIME THEY'RE NEEDED MOST

Why is harm reduction so hard to accept?

What can we do?

- Be aware of personal assumptions, values and biases.
(I would never do that)
- What are my professional obligations?
(duty of care)
- What knowledge and skills do I need to support this person?
- Beware of body language and voice.
- Am I person-centered?
- Show kindness. We are in caring professions – we all care.



Myths	Reality
Increases crime and public disorder	Can actually lead to a decrease in public disorder
Anti-abstinence	Is simply on the continuum
Enables and promotes drug use	No evidence of this
Harm Reduction is ineffective	Saved countless lives, and allowed people to live healthier
Drains resources from treatment services	Harm Reduction activities are cost effective and prevent costly health outcomes

Q and A



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Enforcement Specific Myths

- Belief that harm reduction will conflict with law enforcement goals.
- Program sites will attract users and dealers
- Increased discarding of paraphernalia
- Programs will compromise prevention of drug use and treatment



Harm Reduction and Policing

- harm reduction and enforcement can work together to keep people and communities safer and healthier.

“Police can fulfil their law enforcement role, be accountable, provide a service to and meet the expectations of the public and still support harm reduction approaches without comprising their role.”

- Community-wide strategies to reduce drug-related problems advance police priorities of preventing crime, maintaining social order, enforcing laws and promoting public safety.



Enforcement, HR and practice

- 1) Provide information
- 2) Link to Resources to help meet basic needs
- 3) Support Community Strategies and use discretion around harm reduction sites.
- 4) Practice Universal Precautions
- 5) Advocate for policies and protocol



How are we doing this right?

- All party committee
- Police do not typically seize safe access supplies
- Police have been responsibly using discretion
- Police have shown compassion
- Cooperation with groups
- Police carry/trained in naloxone
- Representation on committees – significant leadership
- Good Samaritan act
- Drug court

