

Harm Reduction Best Practices: Partner Resources

This document is a collection of resources relevant to harm reduction best practices and safer substance use. It contains excerpts lifted directly from the resources listed and referenced below. Please explore each individual resource further for more information.

Resource	How to use this resource
<p><u>Connecting – A Guide to Using Harm Reduction Supplies as Engagement Tools</u></p> <p>OHRDP: Ontario Harm Reduction Distribution Program</p>	<p>“Harm reduction supplies are an important tool to build relationships and support engagement with service users. [This guide] shares best practices for safer drug use in clear, user-friendly language.”</p> <p>(Ontario Harm Reduction Distribution Program, 2023, Home section, para. 1).</p>
<p>The Connecting Guide highlights important information about safer injection supplies and practices, safer inhaling, safer swallowing and snorting, overdoses, general recommendations, key messages, scripts to use to communicate with service users, and more.</p> <p>One-page poster summaries are also available for download.</p> <p>Ontario Harm Reduction Distribution Program. (2023). <i>Connecting Guide</i>. https://ohrdp.ca/connecting-guide/</p> <p>Miskovic, M., Zurba, N., Beaumont, D., & Conway, J. (2020). <i>Connecting - A guide to using harm reduction supplies as engagement tools</i>. Ontario Harm Reduction Distribution Program. Kingston Community Health Centres, Kingston, ON.</p>	
<p><u>Best Practices for Supporting People who Use Substances Toolkit</u></p> <p>SafeLink Alberta</p>	<p>“Although the practices identified throughout this document are best aligned with the principles of harm reduction, the evidence-based nature of these recommendations benefit any service provider supporting people who use substances. To find value in this content, it is not necessary to identify as an organization or program rooted in harm reduction.”</p> <p>(SafeLink Alberta et al., 2023, p.1).</p>
<p>“[This toolkit] was developed through a detailed review of available literature, extensive consultation with people with lived and living experience (PWLLE), service providers who support people who use substances, other industry experts, and learnings from our own implementation experience. ... In general, key considerations for supporting people who use drugs (PWUD) should include:</p> <ul style="list-style-type: none">• Engaging in best practices for supporting PWUD, including getting to know the stories and lived realities of people who use substances, and providing services in a non-judgemental and low-barrier manner,• Looking to PWUD for advice on program design so programs better meet their needs,• The meaningful engagement of PWLLE in program delivery, such as facilitating opportunities for people to share their lived experience and obtain employment with the organization. <p>For organizations, the meaningful engagement of people who use substances is a fundamental component of creating sustainable programs for supporting people who use substances. ... Key considerations for employing people with lived and living experience include:</p> <ul style="list-style-type: none">• Organizational readiness – assess your organizational value alignment with employing PWLLE; assess your organization’s preparedness to undergo change; assess potential barriers, including financial resources; and assess what change management needs your organization and teams may have.• Preparing the organization for recruitment and employment of PWLLE – employment policies and processes should be reviewed with a lens that considers the needs of PWLLE and in consultation with PWLLE. These include recruitment strategies, hiring process, onboarding and orientation process, staff training and development, salary grids, supervision needs, and general policies and procedures.” <p>(SafeLink Alberta et al., 2023, p.1-2).</p> <p>SafeLink Alberta, Jackson, K., Dey, K., & Williamson, M. (2023). <i>SafeLink Alberta’s best practices for supporting people who use substances toolkit</i>. SafeLink Alberta. https://safelinkalberta.ca/suap-toolkit</p>	



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<p>General Harm Reduction</p> <p>CATIE</p> <p>Available resources include: <i>Supportive practices for service providers working with people who use drugs</i> (2022, Infographic), <i>Reducing harms for people who use drugs: Emerging approaches and time-honoured programs</i> (2022, Research Summary), etc.</p> <p>CATIE. (n.d.) General harm reduction. CATIE. https://www.catie.ca/prevention-harm-reduction/general-harm-reduction</p>	<p>A collection of harm reduction resources that can be filtered by audience (i.e. client resources, service provider resources, program tools) and population (e.g. MSM, Indigenous, older adults, people who inject or use drugs, prisoners, racialized and immigrant communities, sex workers, trans people, women, youth).</p>
<p>Harm Reduction Fundamentals: A Toolkit for Service Providers</p> <p>CATIE</p> <p>“This self-directed course contains four units that can be accessed individually or completed together for a more comprehensive overview of harm reduction fundamentals. Organizations and individual learners can decide which parts of the toolkit are most appropriate for them.</p> <p>Each unit should take approximately one hour to complete; however, there will be variability depending on the unit and the level of engagement with content, videos, reflection questions and external links. We suggest setting aside four hours total if you plan to complete all four units.”</p> <p>(CATIE, n.d., Harm Reduction Fundamentals section, para. 2-3).</p> <p>“UNIT 1: SETTING A FOUNDATION FOR HARM REDUCTION</p> <ul style="list-style-type: none"> • Substance use • Prohibition and criminalization of drug use • Stigma and discrimination <p>UNIT 2: HARM REDUCTION PRINCIPLES AND PRACTICES</p> <ul style="list-style-type: none"> • What is harm reduction? • Indigenous harm reduction • Harm reduction programs • Meeting community harm reduction needs • Organizational policies and culture that support harm reduction <p>UNIT 3: DRUG USE, HEALTH AND HARM REDUCTION</p> <ul style="list-style-type: none"> • Effects of drugs • Holistic approaches to health and wellness • Potential harms from injecting, smoking or snorting drugs • Responding to drug poisonings and overdoses • Safer substance use <p>UNIT 4: SUPPORTING HARM REDUCTION SERVICE PROVIDER CAPACITY</p> <ul style="list-style-type: none"> • Delivering harm reduction services and engaging service users • Harm reduction worker wellness • Supporting the engagement of people who use drugs • Visions for the future of harm reduction” <p>(CATIE, n.d., Harm Reduction Fundamentals section, para. 4-7).</p> <p>CATIE. (n.d.). Harm Reduction Fundamentals: A toolkit for service providers. CATIE. https://www.catie.ca/harmreduction</p>	<p>“This toolkit provides foundational information on harm reduction for service providers working with people who use drugs (including support workers, outreach workers, nurses and workers with lived and living experience). The toolkit is free to access and is available to anyone to use or share for personal learning, organizational trainings and/or other capacity-building efforts.”</p> <p>(CATIE, n.d., Harm Reduction Fundamentals section, para. 1).</p>

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<p>Best Practice Recommendations for Canadian Harm Reduction Programs CATIE</p>	<p>“A Canada-wide team of researchers, service providers, policy makers and people with lived experience have developed, through extensive literature review and synthesis, an updated and comprehensive set of best practice recommendations.</p> <p>These recommendations, updated in 2021, will help service providers develop, redesign and evaluate programs for people who use drugs and who are at risk for HIV, hepatitis C, hepatitis B, and other harms.”</p> <p>(CATIE, n.d., Best Practice Recommendations section, para. 1-2).</p>
<p>“The goal of the Best Practice Recommendations is to improve the effectiveness of programs that deliver harm reduction supplies to people who use drugs and are at risk for human immunodeficiency virus (HIV), hepatitis C (HCV), hepatitis B (HBV), overdose and other harms. These updated recommendations are a tool to transfer knowledge to develop, review, redesign, and evaluate programs. We hope to enable programs to use evidence to move towards best practices, if these are not already in place.”</p> <p>(Strike et al., 2021, p. 1).</p> <p>Also includes one-page summaries of these topics: Alcohol swabs; Anabolic steroids; Ascorbic acid; Bowls; Cookers; Disposal; Filters; Foil; Needles and syringes; Stems; Sterile water; Straws; Tourniquets</p>	
<p>CATIE. (n.d.). Best practice recommendations for Canadian harm reduction programs. https://www.catie.ca/best-practice-recommendations-for-canadian-harm-reduction-programs</p> <p>Strike, C., Miskovic, M., Perri, M., Xavier, J., Edgar, J., Buxton, J., Challacombe, L., Gohil, H., Hopkins, S., Leece, P., Watson, T., Zurba, N. & the Working Group on Best Practice for Harm Reduction Programs in Canada. (2021). <i>Best practice recommendations for Canadian programs that provide harm reduction supplies to people who use drugs and are at risk for HIV, HCV, and other harms: 2021</i>. Toronto, ON: Working Group on Best Practice for Harm Reduction Programs in Canada. https://www.catie.ca/sites/default/files/2021-11/3382_CATIE_CarolStrike_BestPracticeRecommendations_2021-EN-Final.pdf</p>	
<p>Indigenous-centred Approaches to Harm Reduction and Hepatitis C Programs CATIE</p>	<p>“Across the country, Indigenous communities and allies are leading unique and innovative programs to address harms associated with substance use, including a disproportionate burden of hepatitis C.</p> <p>This report shares the learnings from a national programming dialogue to share practices in Indigenous-centred harm reduction and hepatitis C programs.”</p> <p>(CATIE, n.d., Indigenous-centred approaches section, para. 1-2).</p>
<p>“These guiding principles are based off a national programming dialogue with Canadian Indigenous programming leaders. This list can help you to plan or evaluate impactful programs in your community.”</p> <p>(CATIE, 2020, p.1).</p> <ol style="list-style-type: none">1. Create space for Indigenous practices, languages and culture2. Promote self-determination in planning and delivering programs3. Engage people with lived experience in program planning and delivery4. Destigmatize programs and communities5. Create programs that are person-centred.	
<p>CATIE. (n.d.). Indigenous-centred approaches to harm reduction and hepatitis C programs. https://www.catie.ca/indigenous-centred-approaches-to-harm-reduction-and-hepatitis-c-programs</p> <p>CATIE. (2020). Key elements: Indigenous-centred approaches to harm reduction and hepatitis C programs. https://www.catie.ca/sites/default/files/catie-indig-rep-key-2020-en.pdf</p> <p>CATIE. (2020). Indigenous-centred approaches to harm reduction and hepatitis C programs. https://www.catie.ca/sites/default/files/catie-indig-rep-2020-enb.pdf</p>	



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<p>Harm Reduction and the Toxic Drug Crisis</p> <p>First Nations Health Authority</p> <p>“First Nations peoples are disproportionately represented in toxic drug deaths in BC. The FNHA is responding to the toxic drug crisis with ways to get informed, get help, and support others – with facts, services and compassion. At the FNHA, we encourage everyone to adopt a harm reduction approach and to have conversations with friends and family members to keep themselves and each other safer.”</p> <p>(FNHA, 2023, Harm reduction at the FNHA section, para. 4).</p> <p>First Nations Health Authority. (2023) Harm reduction at the FNHA. https://www.fnha.ca/what-we-do/mental-wellness-and-substance-use/harm-reduction-and-the-toxic-drug-crisis/harm-reduction-at-the-fnha</p> <p>First Nations Health Authority. (2023). Harm reduction and the toxic drug crisis. https://www.fnha.ca/what-we-do/mental-wellness-and-substance-use/harm-reduction-and-the-toxic-drug-crisis</p>	<p>This website features information about decriminalization, harm reduction policy frameworks, Naloxone, opioid agonist therapy, overdose prevention, substance use and healing, as well as infographics and data reports about the toxic drug crisis.</p>
<p>Indigenous Harm Reduction</p> <p>First Nations Health Authority</p> <p>“Indigenous harm reduction means undoing the harms of colonialism, which place Indigenous people – First Nations, Métis and Inuit – at higher risk of harmful substance use. This means a decolonized, Indigenous approach to harm reduction that re-connects people to culture, and rebuilds relationships with the interconnected spiritual, human and natural worlds.”</p> <p>(FNHA, 2023, Indigenous harm reduction section, para. 2).</p> <p>First Nations Health Authority. (2023). Indigenous harm reduction. https://www.fnha.ca/what-we-do/mental-wellness-and-substance-use/harm-reduction-and-the-toxic-drug-crisis/indigenous-harm-reduction</p>	<p>This collection of resources includes a video series designed to support conversations with First Nations communities about harm reduction, a video series featuring people talking about their lived experiences, and anti-stigma video shorts.</p>
<p>Indigenous Harm Reduction: Policy Brief</p> <p>Interagency Coalition on AIDS and Development</p> <p>“Mainstream harm reduction practices ... are narrowly focused on substance using behaviours and do not address the broader social and system-wide issues that contribute to and intersect with substance use for Indigenous peoples in the first place....Indigenous harm reduction is not tethered to the use of substances. Instead, Indigenous harm reduction is a way of life, embedded within traditional knowledge systems that see the spiritual world, the natural world, and humanity as inter-related.”</p> <p>(Interagency Coalition on AIDS and Development, 2019, p.4).</p> <p>Interagency Coalition on AIDS and Development. (2019). Indigenous harm reduction = reducing the harms of colonialism: Policy brief. https://caan.ca/tools-and-resources/resource/indigenous-harm-reduction-reducing-the-harms-of-colonialism/</p>	<p>Includes recommendations for implementing successful Indigenous harm reduction policies and practices.</p>

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Substance Use Prevention and Harm Reduction Guideline Ministry of Health and Long-Term Care	<p>“The purpose of this Guideline is to provide direction to the board of health on required approaches and interventions in developing and implementing a program of public health interventions for substance use prevention and harm reduction in the health unit population.”</p> <p>(Ministry of Health & Long-Term Care, 2023, p.2).</p>
<p>The Guideline aims to:</p> <ul style="list-style-type: none">• “Clarify the roles and responsibilities of the board of health in preventing substance use and reducing the health and social harms associated with substance use in its population;• Establish a common understanding of substance use prevention and harm reduction;• Provide approaches for developing a comprehensive health promotion approach for substance use prevention and harm reduction; and• Identify existing resources to support implementation of the Guideline.” <p>(Ministry of Health & Long-Term Care, 2023, p.2).</p> <p>Ministry of Health and Long-Term Care. (2018). <i>Substance use prevention and harm reduction guideline, 2018</i>. Population and Public Health Division, Ministry of Health and Long-Term Care. https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Substance_Use_Prevention_and_Harm_Reduction_Guideline_2018_en.pdf</p>	
Ontario Harm Reduction Network	<p>Includes a resource library database searchable by type, topic, theme and drug.</p>
<p>“The Ontario Harm Reduction Network (OHRN) supports harm reduction efforts in Ontario by offering knowledge exchange, networking, and capacity-building opportunities to harm reduction service providers and agencies. We bring together harm reduction workers and program managers from across the province through The Outreach Network. OHRN is funded through the Ontario Ministry of Health.”</p> <p>(OHRN, 2023, Home section, para. 1).</p> <p>OHRN. (2023). Welcome to the Ontario Harm Reduction Network. https://ohrn.org/#</p>	
Toronto Indigenous Harm Reduction	<p>Follow their Facebook page for news, resources, and events.</p>
<p>“Toronto Indigenous Harm Reduction is a response to the epidemic of ongoing colonization and lack of services for the urban Indigenous population. TIHR aims to reduce harm around stigmatized experiences such as substance use, displacement, and other survival strategies resulting from racism and colonization.</p> <p>We are a grassroots initiative that endeavors to reduce the harm and burden that society places on Indigenous people with stigmatized experiences such as substance use, houselessness, incarceration and most recently, covid-19 and more. Through access to ceremony, traditional food and medicines, essential survival items, transportation, communication networks, access to healthcare and aide, we firmly believe harm reduction is a lifesaving practice.”</p> <p>(Toronto Indigenous Harm Reduction, n.d., Home section, para. 1-3).</p> <p>Toronto Indigenous Harm Reduction. (n.d.). https://www.torontoindigenoushr.com/?fbclid=IwAR0aXxKhJQZw5vHLJltzYF6XeHs4NEeit1wln9RW00eLepBTq2bHeGvIMA</p>	



Needle Syringe Program Community of Practice

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<u>Indigenizing Harm Reduction: Moving Beyond the Four-Pillar Model</u> Native Youth Sexual Health Network (NYSHN)	Compares and contrasts the Four Pillar Model of harm reduction with the <u>Four Fire Model</u> , an Indigenous knowledge system.
<ul style="list-style-type: none">• “Cultural safety: Acknowledge the power differences that exist between service provider and client/patient. Allow and create spaces for Indigenous peoples to feel safe to be our whole selves when receiving care.” (NYSHN, 2022, Using the Four-Fire Model section, para. 1).• “Reclamation: Colonialism uprooted and distorted many structures and ways of life within our communities. Reclaiming cultural practices can strengthen us.” (NYSHN, 2022, Using the Four-Fire Model section, para. 7).• “Self-Determination: Allow individuals, communities and Nations to decide specifically for ourselves what works best for us.” (NYSHN, 2022, Using the Four-Fire Model section, para. 11).• “Sovereignty: Principles like non-interference teach us to support and meet people where they’re at.” (NYSHN, 2022, Using the Four-Fire Model section, para. 15).	
<small>HeretoHelp. (2023). Indigenizing harm reduction: Moving beyond the four-pillar model. https://www.heretohelp.bc.ca/visions/indigenous-people-vol11/indigenizing-harm-reduction#The%20Four-Pillar%20Model%20and%20Its%20Limitations</small>	

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