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Please Note: For the purpose of this document syringes encompasses needles and/or syringes

## 1.0 Harm Reduction Definition

Harm reduction refers to policies, programs and practices that seek to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive substances, and risky sexual activity. 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.

## 2.0 Scope

These guidelines support provincial harm reduction strategies and services pertaining to substance use and sexual health.

## 3.0 Policy Statement

Harm reduction is an integral component of the prevention, treatment and care continuum. Through client-centred approaches, effective harm reduction policy and programming can achieve positive population health outcomes and reduce stigma and discrimination for those engaged in problematic substance use and/or risky sexual activity. The populations who are served by harm reduction are diverse and often marginalized. The criminalization of illegal drugs and the people who use them often compounds stigma and associated health harms. Individuals and systems involved in providing harm reduction strategies and services such as needle distribution and recovery must respect human rights and dignity by adhering to basic ethical principles such as fairness, beneficence and respect for autonomy. The meaningful participation and active engagement of people who use psychoactive substances, and who engage in risky sexual activity, in the design and delivery of policy, programs and services is central to effective development and provision of harm reduction interventions.

Each Health Authority and its community partners must work together to provide a full range of harm reduction services that promote safer sex and safer psychoactive substance use, including legal drugs such as alcohol. Special emphasis should be placed on reducing stigma and discrimination that inhibits the distribution and recovery of harm reduction supplies. Harm reduction services in a community should go beyond the distribution and recovery of harm reduction supplies and include other evidence-based harm reduction programs such as opioid substitution therapy and supervised consumption where appropriate[1]. Core components of harm reduction programs include, but are not limited to: referrals to health and social services, advocacy, education, and supplies distribution.

Best evidence supports implementation of harm reduction programs (HRPs) to decrease blood borne pathogen transmission among those who use drugs and their partners,

[1] https://www.cpsbc.ca/files/u6/Methadone-Maintenance-Handbook-PUBLIC.pdf

families and communities. HRPs also increase engagement of vulnerable and marginalized populations into the health and social service system to reduce transmission of other communicable diseases, such as sexually transmitted infections, Tuberculosis and Pneumococcal infections, and to support treatment of concurrent mental health illness and/or substance use problems.

## 4.0 Goals of BC Harm Reduction Strategies and Services (HRSS) Policy

*Actions to achieve these goals must involve intended service recipients at all stages of policy, program and service development and delivery.*

1. Reduce incidence of drug-related health and social harms, including transmission of blood-borne pathogens through equipment sharing by promoting wellness practices
2. Promote and facilitate referral to public health services, primary health care and mental health and substance use services
3. Increase activities to reduce stigma and discrimination against people who use drugs, and raise public awareness and understanding of harm reduction principles, policies and programs among professionals in the health, social and criminal justice systems, officials in all levels of government, and the general public.

4. Ensure full and equitable reach of HRPs to all vulnerable British Columbians who use drugs, to provide education about health promotion and illness prevention to inform decision-making.

## 5.0 Monitoring and Reporting Framework

The following framework provides an overview of the outcomes being monitored and reported by Health Authorities to track progress associated with the four HRSS policy goals. Reports will be generated by the Harm Reduction Strategies and Services committee annually.

| **Goal 1: Reduce incidence of drug-related health and social harms, including transmission of blood-borne pathogens** | |
|---|---|
| **Indicators** | **Data Sources** |
| ▪ Number and type of sites distributing safer sex and safer drug use supplies<br>▪ Number and rate of new cases of HIV attributable to injection drug use and acute HCV.<br>▪ Patients prescribed methadone<br>▪ Number of illegal opioid/stimulant-induced deaths and PYLL from such deaths.<br>▪ Number of emergency room admissions associated with illegal opioid/stimulant-induced illness | ▪ Ministry of Health Services<br>o Vital Stats; Medical Services Plan<br>o Discharge Abstract Database<br>▪ Health Authorities<br>▪ BC Centre for Disease Control<br>▪ BC College of Physicians and Surgeons<br>▪ Health Canada Enhanced Surveillance (BCCDC & Vancouver Coastal Health)<br>▪ Centre for Addictions Research BC<br>▪ Centre for Applied Research in Mental Health and Addictions<br>▪ BC Centre for Excellence HIV/AIDS<br>▪ BC Coroners office |
| **Goal 2: Promote and facilitate referral to primary health care, addiction and/or mental health services, and social services** | |
| **Indicators** | **Data Sources** |
| ▪ Number of referrals to and from services | ▪ Health Authorities |
| **Goal 3: Reduce barriers to health and social services, including activities to reduce stigma and discrimination and raise public awareness of harm reduction principles, policies and programs among those in the health system, municipalities and the general public.** | |
| **Indicators** | **Data Sources** |
| ▪ Activities by Health Authorities and partners that reduce barriers to accessing primary health care and mental health and addiction services for those who use drugs and engage in risky sexual activity.<br>▪ Activities by Health Authorities and community that increase awareness of harm reduction philosophy as it pertains to illegal drugs and legal drugs such as alcohol in the health system, municipalities and the general public | ▪ Addictions Knowledge Exchange team<br>▪ Health Authorities<br>▪ BC Centre for Disease Control<br>▪ Ministry of Health Services |

| **Goal 4: Improve access to HRSDPs for all British Columbians to empower those to reduce harms associated with problematic substance use** | |
|---|---|
| **Indicators** | **Data Sources** |
| ▪ Supply distribution numbers by HSDA<br>▪ Safe disposal activities | ▪ BCCDC<br>▪ Health Authorities<br>▪ Municipalities<br>▪ Private sector |

## 6.0 Objectives

**Objective 1:** Health Authorities will establish and maintain partnerships with community agencies and stakeholders in the delivery of HRSS.

**Objective 2:** Health Authorities, contracted agencies and community partners will maximize reach of HRSS.

**Objective 3:** Health Authorities, contracted agencies and community partners will take appropriate steps to protect the public from inappropriately discarded injection equipment and drug paraphernalia.

**Objective 4:** Health Authorities, contracted agencies and community partners will strive to eliminate syringe sharing and promote the use of a sterile syringe for each injection.

**Objective 5:** Health Authorities, contracted agencies and community partners will provide individuals with harm reduction information (including information on combining psychoactive substances including alcohol), access to supplies and referrals to health care, mental health and substance use services, and other relevant community services.

**Objective 6:** Health Authorities, contracted agencies and community partners will consider a full range of harm reduction service delivery options including supervised consumption sites and distribution of harm reduction supplies.

**Objective 7:** Dissemination of HRSS policy and best practices across and within health authorities and allied community partners.

***Note:*** ***Harm reduction programs can range from those which meet just a few objectives to more robust ones that meet several. Areas with environments of relatively concentrated drug use should have programs which, together with activities of community partners, meet all seven objectives.***

## 7.0 Distribution Procedures for Syringes and Other Supplies

Access to HRSS should extend to whoever needs them regardless of the person's age, drug-using status, drug of choice, or residence for example, a health or correctional facility.

All programs should strive to achieve maximum reach of harm reduction-related supplies according to best practices.

All programs should strive to distribute as many supplies as the individual client requires in order to meet that client's particular needs. For instance, the individual should receive enough syringes to be able to use a new one for each injection.

It is possible that the person seeking HRSS is not seeking supplies for him or herself. In these situations it is acceptable to provide supplies for the purpose of secondary distribution.

All HRPs should endeavour to partner with key stakeholders in retrieving as many used distributed supplies as possible, particularly used syringes, and to educate the community about how to dispose of used syringes safely. The program should strive for 100% appropriate disposal. There should be a strong emphasis placed on encouraging people to return their syringes or to dispose of them properly.

For a complete review of evidence-based harm reduction supply distribution and recovery programming please refer to the HRSS Best Practices document.

## 8.0 Safe Disposal of Syringes

HRSS agencies and community partners will formulate community plans for harm reduction supply disposal. A plan may address, for example, community education, the provision of sharps containers in supervised settings, the pick up of discarded supplies from streets, schoolyards, parks and alleys, and the provision of small sharps containers to clients.

Each agency that receives supplies from HRSS will implement a plan for the safe handling, transport, and disposal of supplies, as well as a plan for staff, clients and volunteers to prevent occupational exposure and respond to a blood and/or body fluid exposure (e.g. needle stick injury).

Monitoring of the program by Health Authority and HRSS agencies will include an account of syringes provided, returned and reports of inappropriately discarded syringes.

The Health Authority and the HRSS agencies within its boundaries will be responsible for making information available to the community about the plan for the safe disposal of syringes and the numbers distributed and returned.

## 9.0 Facilitating Access to Other Services

As an integral part of its harm reduction supply distribution practice each HRP that does not provide communicable disease testing, vaccination, counselling and screening services for mental illness and/or substance dependence will develop user-friendly client referral pathways that optimally engage clients.

Examples of service referrals are; housing, income support, food services, alcohol and drug counselling and/or treatment, gender-specific services, parenting assistance, youth services, public health, primary care, mental health services, legal services/victim services, disease testing/management/treatment, and other related services.

## 10.0 Education

As an integral part of its needle exchange practice each HRP will include, but is not limited to, educational programming for clients regarding:

- Safer injection practices including discussion about vein maintenance and the limited effectiveness of bleach;
- Safe needle disposal;
- Safer sex practices;
- Harm reduction information;
- Principles of general health and well being;
- Information on poly drug use including legal and illegal drugs
- Specific populations*, special efforts should be made to engage women, Aboriginal, two-spirited people and lesbian, gay, bisexual, transgendered and queer (LGBTQ) about unique vulnerabilities. The evidence suggests that women are more likely to be expected to use used equipment and there is significant overlap between women's drug and sexual networks...*[1-5]

## 11.0 References

1 Bennett, G.A., Velleman, R.D., Barter, G., and Bradbury, C., **"Gender differences in sharing injecting equipment by drug users in England,"** *AIDS Care*, v. 12, n. 1, (2000), pp. 77-87.

2 Bruneau, J., Lamothe, F., Soto, J., et al**., "Sex-specific determinants of HIV infection among injection drug users in Montreal,"** *Canadian Medical Association Journal*, (2001) v. 164, n. 6, 767-773.

3 Jung, B., Vlahov, D., Riley, E., et al., **"Pharmacy access to sterile syringes for injection drug users: attitudes of participants in a syringe exchange program,"** *Journal of the American Pharmaceutical Association,* (1999) v. 39, n. 9, pp. 17-22.

4. Latkin, C.A., Mandell, W., Knowlton, A.R., **"Gender differences in injection-related behaviors among injection drug users in Baltimore, Maryland,"** *AIDS Education and Prevention,* v. 10, n. 3, (1998), pp. 257-263.

5. Paone, D., Cooper, H., Alperen, J., et al., **"HIV risk behaviours of current sex workers attending syringe exchange: the experiences of women in five US cities,"** *AIDS Care*, (1999) v. 11, n. 3, pp. 269-280.

6. Epp, J. (1986). **"Achieving health for all: A framework for health promotion".** Health Canada. Retrieved from http://www.hc-sc.gc.ca/hcs-sss/pubs/system-regime/1986-frame-plan-promotion/index-eng.php.

## 12.0 Suggested Readings (available on BCCDC website)

Best Practices for British Columbia's harm reduction supply distribution program. (2009)

Kerr T, Wood E. Evidence and best practice for the employment of harm reduction activities in programs aimed at controlling communicable diseases. (2006)