

# Introduction

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## Harm Reduction Manual

Updated: April 29, 2026



First Nations Health Authority  
Health through wellness



BC Centre for Disease Control  
Provincial Health Services Authority

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## Land Acknowledgment

With gratitude, the First Nations Health Authority (FNHA) and the BC Centre for Disease Control (BCCDC) acknowledge the beautiful, traditional, unceded and occupied territories of the Coast Salish Peoples, including the xʷməθkʷəy̓əm (Musqueam), Sk̓wx̓wú7mesh Úxwumixw (Squamish), and səlílwətaʔ (Tseil-Waututh) Nations, on which the FNHA and BCCDC main offices are located. The xʷməθkʷəy̓əm, Sk̓wx̓wú7mesh Úxwumixw, and səlílwətaʔ Peoples have stewarded these lands since time immemorial through a reciprocal relationship where the Nations protect the lands and waters, which in turn foster their Peoples' physical, mental, emotional, and spiritual wellness.

The term 'unceded' signals that these territories have not been given up by the xʷməθkʷəy̓əm, Sk̓wx̓wú7mesh Úxwumixw, or səlílwətaʔ Peoples: the land was stolen. Although these lands are occupied by uninvited settlers, the xʷməθkʷəy̓əm, Sk̓wx̓wú7mesh Úxwumixw, and səlílwətaʔ Peoples never left their territories, and will always retain their inherent rights to, and relationships with, this land.

The xʷməθkʷəy̓əm (Musqueam) are traditional hə́nqəmińəm' - (Halkomelem) speaking people. The name xʷməθkʷəy̓əm relates to a flowering plant called the məθkʷəy̓, which used to grow in abundance throughout the territory. There are 1,300 members of the Nation who live and move throughout their territory fishing, hunting, trapping, and gathering. The xʷməθkʷəy̓əm People have always been in a relationship with the land, serving as a source of knowledge and memory with their teachings and laws. Today, xʷməθkʷəy̓əm territory covers what is now known as Vancouver, North Vancouver, West Vancouver, Surrey, Delta, New Westminster, Burnaby, Richmond, and Coquitlam.

The Sk̓wx̓wú7mesh Úxwumixw (Squamish) are traditional Sk̓wx̓wú7mesh sníchim-speaking people—their language being one of 10 languages within the Coast Salish branch. There are approximately 4,300 members. Their oldest archaeological site is 8,600 years old, located at Porteau Cove in the Howe Sound. Prior to contact, Sk̓wx̓wú7mesh Úxwumixw People lived in multi-family housing called longhouses, and they moved with the seasons. Today, these longhouses are a gathering place for ceremonies. The canoe culture is a reminder to honour Sk̓wx̓wú7mesh Úxwumixw ancestors, where water fosters strong minds and hearts, and life on land. The Nation is comprised of traditional territory from Point Grey in the south, Roberts Creek in the west, north through all islands in Howe Sound to the Squamish Valley and Whistler, and east to Port Moody.

The səlílwətaʔ (Tseil-Waututh)—People of the Inlet—are traditional hə́nqəmińəm-speaking people. There are approximately 600 səlílwətaʔ members today, which is an increase of 200% over the past 30 years. Prior to contact, there were 10,000 members living on səlílwətaʔ territory. Much of this population was decimated by disease following European settler arrival. The səlílwətaʔ People lived by

“seasonal round”, a cycle of traveling, food gathering, and cultural activities that changed with each season. Their values support the sustainability of fish migration routes, elk herd locations, old-growth forests, ancestral villages, and art sites. Stewardship of the land, air, and water is deeply important to səlílwətał People, as health is interconnected with the environment. səlílwətał traditional territory includes core territory on Burrard Inlet in North Vancouver and spans the wilderness watersheds north through Indian Arm to Mount Garibaldi, east to Coquitlam Lake, and west through Howe Sound. The Nation continues to negotiate for a treaty agreement with British Columbia and Canada.

In alignment with the [United Nations Declaration on the Rights of Indigenous Peoples](#), all Indigenous Peoples—including First Nations, Métis, and Inuit Peoples—originating from and living on these lands have distinct Indigenous rights. We acknowledge and respect the rights of all Indigenous Peoples and each Nation's cultures, laws, protocols, and governance systems. We also acknowledge our role to serve the many diverse First Nations communities that originate from these lands, colonially known as BC, as well as the Indigenous communities who live on them.

The BCCDC provides services to a diverse population, including First Nations, Métis, and Inuit Peoples living in various settings and communities across BC. As a provincial centre, the BCCDC operates on the unceded, traditional, and ancestral lands of First Nations people. We recognize that there is systemic racism within and throughout our healthcare institutions, and that we individually and collectively have the responsibility and power to foster culturally safe and appropriate care.

The FNHA is the health and wellness partner to over 200 First Nations communities across BC. The FNHA Office of the Chief Medical Officer draws on the richness of First Nations knowledge and teachings, as well as mainstream population and public health approaches, to support community health and wellness.

We thank everyone involved in engagement and consultation to ensure best practices are reflected in these recommendations. We are grateful to harm reduction service providers, many of whom are people with lived and living experience (PWLE) of substance use, who continue to work within an unjust and ongoing public health emergency, and for those who continue to advocate for healthier drug policy.

## Introduction

This manual contains information developed by the BCCDC's Harm Reduction & Substance Use Services team in partnership with the FNHA Office of the Chief Medical Officer. The content in this manual is in accordance with current provincial legislation, as specified in the [Public Health Act](#), [Health Professions Act](#), and the [Freedom of Information and Protection of Privacy Act](#).

This manual includes extensive consultation, engagement, and feedback with a wide variety of provincial partners in the areas of substance use and [harm reduction](#). These partners include:

- People with lived and living experience (PWLLE) of substance use (e.g., PEEP, project specific advisory groups of PWLLE),
- Indigenous organizations, Knowledge Keepers, and Elders (e.g., FNHA, Métis Nation BC, and consultant Elders and Knowledge Keepers affiliated FNHA),
- Health authority representatives (e.g., Harm Reduction Coordinators, Medical Health Officers),
- Service providers working in health and social service settings accessed by people who use substances (e.g. nurses, social workers, outreach workers, overdose prevention site workers)
- Leaders and policymakers across the system of substance use care (e.g., acute, community, primary care, harm reduction, perinatal services, youth services).

This manual will be reviewed regularly and updated as evidence is generated or advanced. Individual service providers are responsible for ensuring they are using the most recent version of the manual.

This manual contains links to websites of other organizations for additional resources. While these organizations are considered reputable, with validated content developed in consultation with PWLLE, the BCCDC does not endorse these websites, nor does it have any affiliation with these organizations. While the BCCDC aims to provide reliable resources, it is not responsible for any changes to or functioning of these websites.

While this manual covers different settings and situations, it is not uncommon for new situations to emerge, for which there is no best practice guidance. In these cases, organizations may adapt the guidance based on their unique context, emerging trends, the development of new evidence, or for other reasons. Upholding the rights of First Nations, Métis, and Inuit Peoples to [self-determination](#) also means that Indigenous communities may adapt approaches based on local traditions, practices, and beliefs.

# Purpose and Scope

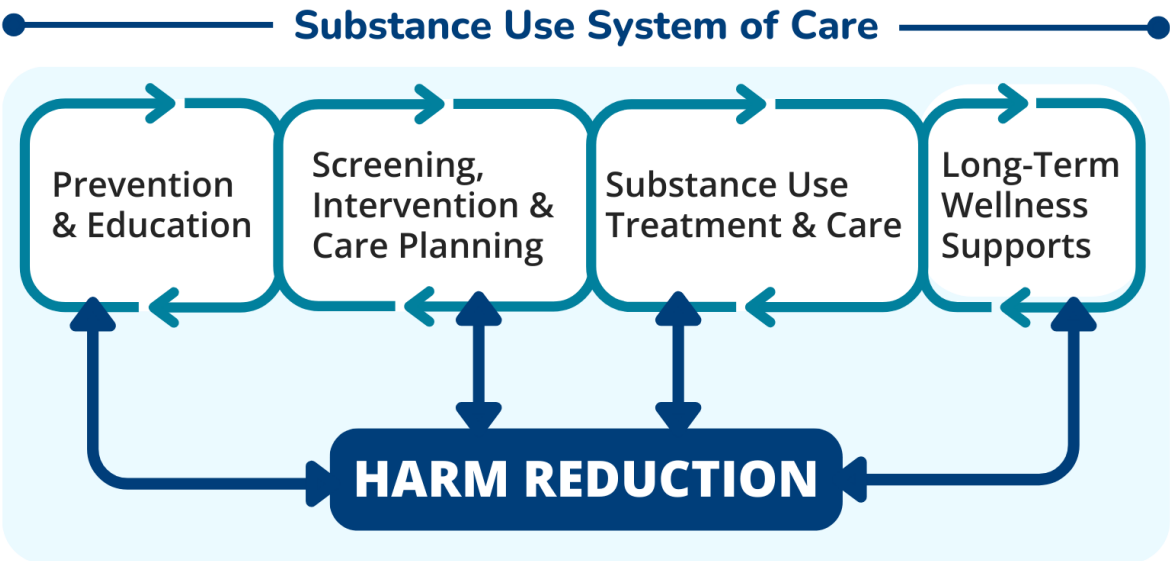
This manual provides best practice guidance to support service providers, leaders, and policymakers to deliver high quality care in health and social service settings in BC. This includes regulated (e.g. nurses, social workers, doctors, etc.) and nonregulated (e.g. peer workers, outreach workers, tenant support workers, etc.) service providers in any setting that provides health care or social services.

This manual focuses on harm reduction-based approaches and practices related to substance use. Harm reduction is one part of a comprehensive system of substance use care - which includes prevention and treatment - and can be integrated throughout that system (Figure 1).

In the context of this manual, substances refer to psychoactive substances. These include unregulated substances such as illicit fentanyl, cocaine, methamphetamines, and synthetic analogues, as well as pharmaceutical alternatives to the unregulated drug supply. This manual does not cover alcohol, psychedelics, cannabis, or tobacco.

This manual aims to provide guidance that aligns with existing regulations and professional regulatory bodies. However, if a conflict exists between these guidelines and other regulations or legislation, we encourage individuals and organizations to consult with their regulatory bodies and legal counsel. Provincial or federal acts (e.g., Public Health Act) and any of their regulations take priority over these guidelines.

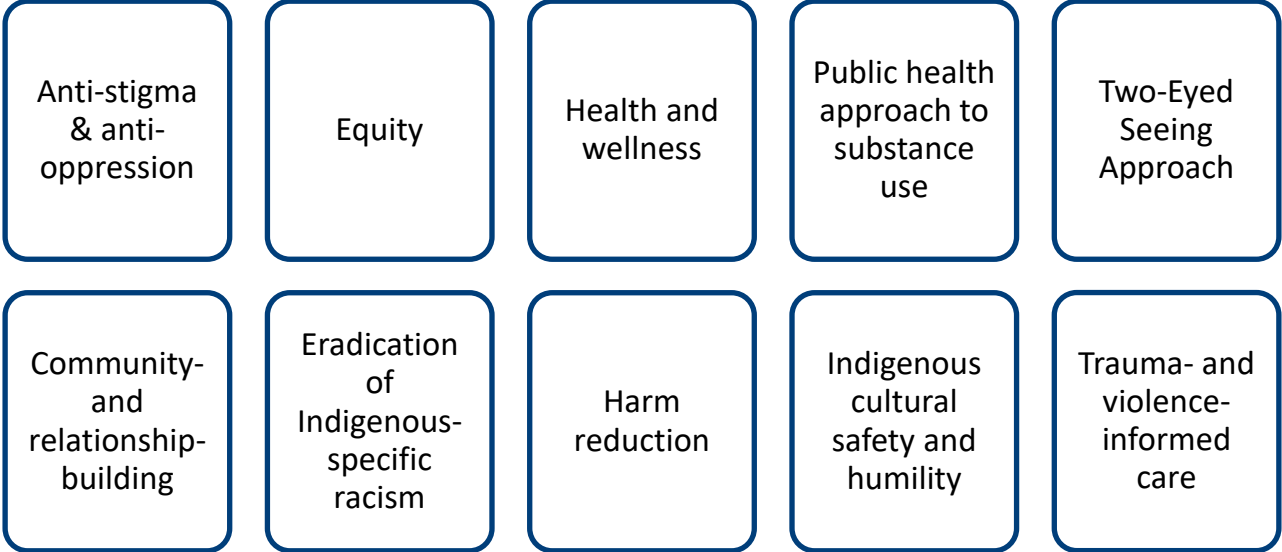
**Figure 1. The Substance Use System of Care.** The system has many care pathways. It is not a linear pathway and people move in and out of different care options based on their needs. Harm reduction is integrated throughout options to promote health and wellness.



# Guiding Principles

The information presented in this manual is informed by many guiding principles. This manual was developed in partnership between BCCDC Harm Reduction & Substance Use Services and the FNHA Office of the Chief Medical Officer.

The following principles were identified by the team to guide the development of the manual:



These guiding principles are woven throughout the manual using a strengths-based and person-first perspective that upholds the Inherent Rights to self-determination, health, and wellness of First Nations, Inuit, and Métis Peoples.

Definitions of these guiding principles can be found in the [Glossary](#).

# How to Use the Harm Reduction Manual

This manual is intended to be a learning tool and reference guide for service providers and policymakers to deliver high quality harm reduction services across health and social service settings.

There are several ways to use this manual, depending on your needs. If you are new to harm reduction, consider reading this manual in its entirety to gain a better understanding of the complexity of harm reduction and substance use. If you are looking for specific guidance, review the section descriptions below to find the relevant section. The sections of the Harm Reduction manual are organized as follows:

## [Section 1 - Introduction](#)

This section provides information on the purpose and scope and how to use the manual.

## [Section 2 - Truth and Reconciliation](#)

This section discusses our shared obligations to uphold the inherent rights and title of BC First Nations and the inherent rights of all First Nations, Métis, and Inuit Peoples living in BC. This section uses Puglaas Jody Wilson-Raybould's (Kwakwaka'wakw from We Wai Kai Nation) three practices—learn, understand, and act—as a roadmap to work towards truth and reconciliation.

## [Section 3 - People with Lived and Living Experience of Substance Use](#)

This section highlights key documents for service providers and policymakers to meaningfully collaborate and work alongside people with lived and living experience of substance use.

## [Section 4 - Harm Reduction](#)

This section provides an overview of the concept of harm reduction and how to use this approach to deliver services. This section identifies groups of people who face barriers to harm reduction services in BC—young people, people who are pregnant or parenting, [2SLGBTQIA+](#) community, newcomers, and people who work in trades—and ways to promote service delivery and accessibility for these specific groups. This section identifies considerations and ways to improve access to harm reduction across unique service settings including acute care facilities, community-based health and social services, community care facilities, correctional centres, and rural and remote areas.

## [Section 5 - Harm Reduction Supplies & Distribution Guidance](#)

This section provides information about harm reduction supplies for safer substance use and safer sex. Information is provided on the provincial harm reduction supply program including what supplies are available to order, how to use the supplies, and how to distribute supplies.

## **Section 6 - Naloxone**

This section provides a summary of naloxone, the medication used to reverse opioid poisoning (overdose). Information is provided on how naloxone works, provincial naloxone programs, where to find naloxone training, and how to distribute naloxone.

## **Section 7 – Substances in the Unregulated Drug Supply**

This section identifies characteristics of common substances in the unregulated (currently illegal) drug supply, including how they work in the body and their common effects.

## **Section 8 - Safer Substance Use Practices**

This section provides information on practices to reduce substance use related harms.

## **Section 9 - Overdose Prevention Services**

In development. This section will provide guidance to deliver overdose prevention services (OPS).

## **Section 10 - Opioid Poisoning Response**

This section outlines best practices to respond to suspected opioid poisoning. Information is provided on what is happening in the body during opioid poisoning and how responders should use the SAVE ME steps to respond to a suspected opioid poisoning.

## **Section 11 - Stimulant Toxicity**

This section provides information on stimulant toxicity (also called overamping), how to recognize signs and symptoms, and how to respond. This section also includes considerations for stimulant use, extreme heat, and chronic disease.

## **Section 12 – Additional Resources**

This section provides information on different topics that impact people who use substances.

## **Section 13 – Drug Poisoning Prevention and Response Handbook for Housing Providers in BC**

This section provides guidance and practical resources to prevent, recognize, and respond to drug poisoning at housing settings across BC.

Each section will end with a glossary of terms, an acknowledgement to the people who contributed to the writing or review of the section, and a list of references. Text that is underlined contains a link to a secondary source. This includes glossary terms that are linked to definitions in the section's Glossary section.

## Updates

This manual will be updated regularly as evidence supporting harm reduction practices are advanced or developed. Each section will be updated independently. Check that you are using the most recent version by checking the date listed on the cover page of the section. Get email updates by entering your email address on the landing page of the harm reduction manual to be notified when pages are updated.

## Glossary

**2SLGBTQIA+** is an acronym that means Two Spirit, lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, and + which acknowledges the diversity of sexual and gender identities.

**Community- and relationship-building** refers to an approach that involves supporting and nurturing connections and relationships within communities to create a sense of belonging and participation to support and improve health and wellness.

**Anti-oppression** refers to approaches that identify and challenge systems of oppression such as racism, sexism, transphobia, homophobia, ableism, classism, and settler colonialism. This approach recognizes how these systems cause discrimination and unfair differences in health and social status for certain groups of people.

**Anti-racist** refers to a way of being that actively confronts and opposes racism, and that identifies and eliminates racism by changing attitudes, systems, and practices.

**Anti-stigma** refers to approaches that aim to reduce or eliminate negative beliefs, attitudes, and discriminatory behaviours towards people based on a characteristic or identity.

**Cultural humility** means a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.

**Cultural safety** refers to an outcome that aims to address power imbalances, so an environment is free of racism and discrimination, and all people are respectfully engaged and encouraged to draw strength from their identity and culture.

**Indigenous-specific racism** refers to a type of stereotyping, bias, and discrimination against First Nations, Métis, and Inuit Peoples.

**Equity** means fairness or justice in the way people are treated. This means consideration and attention to unfair and avoidable differences between groups of people to ensure that all people have fair access to resources and opportunities.

**Harm reduction** refers to an approach to meeting community and individual needs that can be embedded within any type of program, service, or organization and includes the voices of people with lived and living experience of substance use; An approach to practice, policy, and programming that

aims to minimize harms associated with substance use; An approach that focuses on the safety of people who use substances, regardless of substance use patterns; And a set of principles that inform policies, programs, and practices which aim to reduce harms associated with substance use and substance use policies and laws.

**Public health approach to substance use** refers to an approach rooted in core public health principles, including the least restrictive means, to reduce the harms of substance use and to maintain and improve the health of populations.

**Settler colonialism** refers to an ongoing system that perpetuates the displacement and elimination of Indigenous Peoples and culture, where settlers remove and erase Indigenous Peoples from their lands.

**Self-determination** refers to the rights of people or groups to make their own choices and control their lives without coercion or interference.

**Trauma- and violence-informed care** refers to services and care delivered in a way that acknowledges the effects of interpersonal and systems-level trauma and violence on a person's behaviour and health. Trauma informed care aims to promote safety and trust through connection and collaboration and using strengths-based approach.

**Two-Eyed Seeing Approach** refers to a teaching from Mi'kmaw Elder Albert Marshall, where one "eye" sees the strengths of Indigenous worldviews, and the other sees the strengths of Western worldviews. Both worldviews are equally respected and embraced, and each has unique methods that are both valid.

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Keira St. George

Megan Bobetsis

Brittany Graham

Christie Wall

### **Knowledge Translation**

Carly Welham

Julienne Jagdeo

[PEEP](#)

## **First Nations Health Authority:**

### **Cowichan Tribes First Nation**

Elder Doreen Peter

### **Office of the Chief Medical Officer**

Dr. Nolan Hop Wo

Kathy Riyazi

Corrina Chase

Dr. Jae Ford

Jessica Xavier

### **Public Health Response Team**

Keshia Cleaver

Natalia Dos Santos

Terri Gillis

Marina Bochar

Natasha Green

### **Northern Regional Team**

Jolene Pagurut

### **Island Regional Team**

Jenny Peters

### **Indigenous Harm Reduction Research**

Ashley Simpson

With review from:

Dr. Alexis Crabtree (BCCDC Harm Reduction & Substance Use Services)

Dr. Nel Wieman (FNHA Office of the Chief Medical Office)

Harm Reduction Strategies and Services Committee

Office of the Provincial Health Officer