Harm Reduction Supplies & Distribution Guidance

Harm Reduction Manual

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First Nations Health Authority
Health through wellness

BC Centre for Disease Control
Provincial Health Services Authority

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Introduction

Background

This section provides information about harm reduction supplies for safer substance use and safer sex. It also provides information on the BC Centre for Disease Control (BCCDC) harm reduction supply program, including what supplies are available for harm reduction sites to order, how to use the supplies, and how to distribute the supplies.

See Section 8: Safer Substance Use Practices for more information on how to support safer substance use using these supplies.

BCCDC Harm Reduction Supply Program

The BCCDC coordinates the centralized distribution of harm reduction supplies across the province in partnership with regional health authorities and the First Nations Health Authority (FNHA). This includes safer inhalation (smoking), safer insufflation (snorting), safer injection, and safer sex supplies. The BCCDC took over running of the harm reduction supply program from the Ministry of Health in 2003. More information on the history of the harm reduction supply program in BC can be found here.

The BCCDC currently provides harm reduction supplies to over 600 registered harm reduction distribution sites, including 89 sites in First Nations communities at no cost. Many of these sites give harm reduction supplies to other sites so they can reach even more people. The harm reduction supplies are given for free to registered harm reduction sites.

Registered Harm Reduction Supply Sites

Sites that are interested in giving out harm reduction supplies should first connect with their regional health authority or the FNHA public health response team, who will assess eligibility, explain the roles and responsibilities expected of harm reduction sites, develop relationships to provide ongoing support, and assist with the application process.

Find the health authority by community name or FNHA region.

Site applications are reviewed and assessed by the BCCDC. Beginning in 2025, sites that are run or contracted by a health authority to provide harm reduction services require approval by the Ministry of Health in addition to BCCDC's existing approval process with the regional health authorities. Note that this does not apply to FNHA sites.

Find more information on how to register to become a harm reduction site on the Toward the Heart website.

Guidance for Service Providers

Harm reduction sites and service providers who give out harm reduction supplies share more than just supplies. Giving out harm reduction supplies is an opportunity to connect and develop relationships with people who use substances (PWUS). These relationships are often the starting point for sharing safer substance use information and supporting connections to other health and social services.

Build Relationships

To develop connections and built trust, service providers should:

- Be curious. Ask questions to get to know people and their needs.
- Focus on relationship building. Recognize that trust is built over time.
- Offer services without judgement.
- Be knowledgeable. Learn about harm reduction supplies, safer substance use practices, new practices, how to make referrals to health and social services, and how to connect people with cultural supports.
- Follow the person's lead. The person may not use all the supplies or follow all safer substance use practices. Ask the person what they need help with now.
- Offer supports when and if the person is ready.
- Consider doing outreach and offering different ways of giving out supplies to reach more people.

Provide Coaching and Education

Service providers should be confident providing education on the following topics:

- Types of safer substance use supplies and how they are used.
- Safer substance use practices (see Section 8: Safer Substance Use Practices), including:
    - Inhalation (smoking),
    - Injection,
    - Snorting, and
    - Rectal use ("booty bumping").
- How to prevent, recognize and respond to drug poisoning (overdose) for opioid poisoning and stimulant toxicity ("overamping").
- Types of hormone injection supplies and safer injection practices.
- How to safely dispose of sharps and where to bring them.
- Types of safer sex supplies and how they are used.
- Safer sex practices, including information for people who do sex work.

- How to support people who use substances and are pregnant, parenting or breast- or chest-feeding, including knowledge of referral processes and what services are available.
- Information on using more than one substance at a time (polysubstance use), including risks and strategies to reduce harms.
- Basic information on health and wellness, including information on evidence-based medical treatment of substance use disorder (e.g. opioid agonist therapy).

Make Referrals and Connections

Service providers should know about available resources and feel confident to make referrals and connect clients to a variety of services. Whenever possible, providers should make direct connections between the client and service in a way that promotes trust. This can be done by explaining the service, visiting the service together, or inviting a provider from the service into the setting.

Providers should understand how to make referrals and connections to a variety of services, including:

- Health care services, such as:
    - Substance use services, including screening, harm reduction, detox, rapid access clinics, opioid agonist therapy (OAT) clinics, treatment, and recovery,
    - Mental health services,
    - Emergency medical care,
    - Sexual health,
    - Primary care clinics,
    - Gender affirming care, and
    - Public health services (e.g. vaccinations).
- Social services:
    - Housing,
    - Income assistance,
    - Food security,
    - Parenting supports,
    - Youth services, and
    - Legal services.
- Help navigating health and social systems, including Indigenous patient navigators.
- Peer support groups and programs.
- Connection to culture through Friendship Centres, Elders and Knowledge Keepers, Indigenous organizations, Métis Nation, and health authority teams.

Responsibilities of Harm Reduction Distribution Sites

Education and Training

Community

Harm reduction programs and services are more likely to be effective when supported by the broader community. Governments at all levels, health authorities, and harm reduction services can foster this support by actively engaging municipal governments and the public with education about harm reduction principles and practices. This might include collaboration with communities on how to safely handle and dispose of used substance use supplies.

Service providers

Everyone who provides harm reduction supplies and services (including staff, peer workers, and volunteers) should get training and education in harm reduction strategies and service delivery.

Sites that deliver harm reduction supplies are encouraged to provide staff with opportunities for training and education on the following topics:

- Safer substance use practices (see Section 8).
- Harm reduction principles and practices (See Section 4).
- Harm reduction supplies distribution and recovery.
- Drug poisoning (overdose) prevention, recognition, and response (See Section 10).
- Evidence-based treatment and recovery services, including knowledge of services, how to make referrals, and how to discuss substance use goals.
- Indigenous cultural safety and humility training (e.g. San'yas).
- Peer engagement principles and best practices (See Section 3).
- Safe handling of biohazardous material.
- Approaches to service delivery: trauma and violence-informed practice, health equity and inclusion, communication and conflict resolution, etc.
- Mental health and crisis support (e.g. de-escalation, mental health first aid).
- How to provide services to people who face barriers to services, including youth, people who are pregnant and parenting (perinatal), 2SLGBTQIA+, etc.
- Basic principles of health promotion and illness prevention.
- How the social determinants of health affect substance use-related harms.

Distribution, Recovery, and Safe Disposal of Harm Reduction Supplies

Health authorities and sites providing harm reduction supplies are encouraged to work collaboratively with municipalities, people with lived and living experience (PWLLE) of substance use, and community partners to develop and implement a community plan for the distribution, recovery, and safe disposal of used harm reduction supplies. This section identifies recommendations for the distribution, recovery, and safe disposal of harm reduction supplies.

Distribution

The health authority, distribution site, and partners should develop and implement a community plan for harm reduction supplies distribution that addresses the following:

- Identify how supplies will be distributed.
- Determine the location of distribution sites.
- The community plan for supply distribution should be available to community partners.

Recommendations for harm reduction supply distribution:

- People who use substances should be able to access harm reduction supplies quickly and easily without unnecessary barriers.
- Access to harm reduction supplies should extend to anyone who needs them, regardless of age, sex, gender, ethnicity, income, substance use status, substance of choice, sexual practices, or where they live.
- Harm reduction sites should strive to achieve maximum reach of harm reduction supplies. [37]
- Service providers should work with clients to determine their individual needs and provide supplies that match those needs.
- When relevant to the population being served, provide the full range of harm reduction supplies (including needle and syringe distribution) in all settings, including health care, community and social services, shelters, and prisons.
- To improve access, sites may consider innovative distribution modalities, including self-service models.
- The health authority and sites providing harm reduction services are encouraged to support peer-to-peer distribution of harm reduction supplies to reach people who may not be able to access harm reduction distribution sites (e.g. for health reasons, or due to legal prohibitions like red-zoning, or the distance of their residence from the HR site).

Recovery and safe disposal

The health authority, distribution site, and partners should develop and implement a community plan for recovery and safe disposal of harm reduction supplies that addresses the following:

- Identify how used harm reduction supplies will be collected, transported, and disposed of in the community and by the health authority.
- Determine the location of recovery sites.
- The community plan for supply recovery and safe disposal should be available to community partners.

Recommendations for recovery and safe disposal of used harm reduction supplies:

- Harm reduction sites, community health and public health locations, and community pharmacies (when possible) should accept used harm reduction supplies for disposal.
- Harm reduction distributes sites should give clients small sharps containers for personal use.
- Staff, peer workers, and volunteers should receive training on occupational health and safety practices (e.g. preventing occupational exposure to blood and body fluids, how to respond to blood and body fluid exposure, etc.).
- Implement protocols to support safe collection, handling, and disposal of used supplies (e.g. handling biohazardous material, etc.).
- In addition to disposal at harm reduction distribution sites, establish and support peer-led and community-based supply recovery and disposal, such as:
    - Peer-led needle recovery programs (e.g. community needle sweep initiatives), or
    - Community based pick-up services for used supplies, coordinated by the health authority or peer-based programs.
- Provide access to disposal options that uphold dignity and safety.
- Use strategies to reduce inappropriately discarded supplies.
- Place large sharps containers in key public locations to support community-wide disposal.

Resources and Referrals

The BC Ministry of Health requires that all health authority funded and contracted harm reduction sites have resources available for clients about available health and substance use treatment services. These can be a health authority resource card. Resources do not need to be handed out with all harm reduction supplies but should be accessible to people accessing harm reduction sites.

Harm reduction sites should support service providers to learn about resources and feel confident in making referrals across health, social, and cultural services. The approach to provide resources and

referrals will depend on the person and setting. Low barrier approaches (like printed information) may be appropriate in some situations. Whenever possible, service providers should provide personalized referrals based on the person's needs and facilitate direct connections to services.

See Make Referrals and Connections for more information.

Drug Poisoning (Overdose) Prevention and Response

All sites providing harm reduction supplies should offer clients education or training on drug poisoning (overdose) prevention, recognition, and response.

All sites should have a plan in place to ensure that people can access drug poisoning prevention and response services, including:

- On-site overdose prevention site (OPS), supervised consumption site (SCS) or episodic overdose prevention services (eOPS), or connection to a nearby drug poisoning prevention service.
- On-site Take-Home Naloxone (THN) kits and training or connection to a nearby THN distribution site.
- On-site drug checking, mail-in drug-checking services, or connection to drug checking services.
- Information on virtual services for people unable to attend in-person services, such as the Lifeguard app and NORS phone line 1-888-688-6677.

Harm Reduction Supply Distribution Sites: Receiving and Satellite Site Policy

Primary (receiving) sites and satellite sites are types of harm reduction supply distribution sites with different processes and responsibilities. Location and supply volumes influence whether a site is a receiving or satellite site. The decision to designate a harm reduction supply distribution site (as a receiving or satellite site) is made by the health authority harm reduction team in collaboration with the BCCDC Harm Reduction and Substance Use Services (HRSUS) team.

Receiving and satellite sites are defined as:

- **Primary (receiving) site** - a site such as a Health Unit that orders supplies directly from BCCDC and receives those supplies delivered directly to them from the central distributor. This site may also order supplies on behalf of an authorized satellite site(s).
- **Satellite site** - a site that picks-up or is sent their supplies from a receiving site (as defined above).

The responsibilities of receiving and satellite sites are listed in the table below.

Table 1. Responsibilities of Receiving and Satellite Sites. This table lists the responsibilities of harm reduction supply distribution receiving and satellite sites.

Responsibilities of Receiving Sites	Responsibilities of Satellite Sites
• Performs due diligence before authorizing satellite site and initiates processes to ensure ongoing compliance with provincial public health best practices and the regional health authority where they operate. • Forwards or updates satellite site contact information to BCCDC by email (harmreduction@bccdc.ca). • Keeps close contact, aligns strategies, and trains satellite site staff. • Communicates and trains satellite site when there are changes in harm reduction policies, new products, product recalls, and product substitutions, and other notices. • Regularly reviews annual supply orders with satellite site. • Receive requisitions from satellite site in a timely manner to enable inclusion of quantity in receiving site requisitions. • Submit harm reduction supply distribution reporting as required by the regional health authority and ongoing quality assurance from the BCCDC. Contact the regional health authority representative for more information.	• Complies with provincial public health policies, including distribution guidance as outlined in this harm reduction manual and aligns strategy with receiving site and the regional health authority. • Informs receiving site about supply needs in a timely manner and completes the order form as required. • Stores supplies appropriately and manages inventory. • Ongoing supply quality assurance processes in place (i.e., checks condition and expiration dates of supplies).

Harm Reduction Supply Catalogue & Distribution Guidance

All the supplies listed below are available through the BCCDC harm reduction supply program. The table explains what each item is, how to use it, and how to give them out. Find this information on the Toward the Heart page for Harm Reduction Distribution Sites. See Section 8 for Safer Substance Use Practices to use with harm reduction supplies.

This section has information about distribution limits to facilitate fair and effective access to limited supplies. Programs should work with their regional health authority harm reduction coordinators to discuss distribution limits. Sometimes this means the use of discretion to ensure people who need supplies can access them, particularly in rural and remote areas or with people who face barriers to accessing supplies.

Safer Sex Supplies

External Condoms

Lubricated, Non-lubricated, or Flavoured

An external condom is a sheath-shaped protective barrier used during sex. When used properly, it helps to protect against sexually transmitted infections (like gonorrhea and chlamydia) and blood-borne infections (like hepatitis B and HIV), as well as pregnancy.

External condoms do not protect against all sexually transmitted infections, such as those that are spread through skin-to-skin contact, like HPV and the herpes virus.

The BCCDC harm reduction program currently offers 3 types of latex Lifestyles brand external condoms available to order:

1. Lubricated condoms, which are coated with lubricant to provide lubrication during sex.
2. Non-lubricated condoms, which are scentless, flavourless, and have not been coated with lubricant. Non-lubricated condoms are recommended for people who are allergic to certain lubricants.
3. Flavoured condoms, which are lubricated condoms that come in a variety of flavors and colours.

How to Use

1. Place the condom on the tip of the penis or toy with the rim rolling outwards. If the condom is put on the wrong way, it will not roll down. If this happens, use a new condom.
2. Pinch the tip of the condom to remove air and to make room for ejaculate (semen).
3. Roll the condom down to the base of the penis or toy.
4. To keep fluid from leaking, hold the base of the condom and withdraw the penis after ejaculation while still erect (hard).
5. Move away from the other person's body to remove the condom.
6. Check for breaks or tears in the condom.
7. Dispose of the condom in a garbage.

How to Distribute

- Give people as many external condoms as they ask for, with no limit on how many they can take at one time and at each visit.
- Offer education on safer sex practices, including:
    - How to use an external condom,
    - How to use other safer sex supplies (e.g. lubricant),
    - The risks of having sex without a barrier (such as an external condom) and lubricant,
    - How to prevent sexually transmitted and blood borne infections (STBBI), and
    - When and where to get STBBI testing.
- Consider putting external condoms in baskets or bowls throughout the organization so that people can help themselves without needing to ask for them.
- Store condoms at room temperature in a cool dry place so that the quality does not degrade.
- Check the expiry date. Condoms have a shelf life.

Internal Condoms

(Sometimes called 'female' condoms)

The internal condom is a tube made up of a sheath and 2 flexible rings, which keep the condom in place. It is closed at one end and designed to form a loose lining inside a person's vagina.

When used properly, internal condoms help protect against sexually transmitted infections (like gonorrhea and chlamydia) and blood-borne infections (like hepatitis B and HIV), as well as pregnancy.

Internal condoms do not protect against all sexually transmitted infections, such as those that are spread through skin-to-skin contact, like HPV and herpes virus.

Internal condoms are latex-free. The sheath and outer ring are made of nitrile polymer, and the inner ring is made of polyurethane.

How to Use

1. Insert the inner ring (the closed end of the internal condom) into the vagina so it rests just behind the pubic bone.
2. Ensure the outer ring (the open end of the internal condom) stays outside the vagina, lying flat against the skin around the entrance of the vagina.
3. Do not use an external condom at the same time. It can cause both condoms to break.

How to Distribute

- Give people as many internal condoms as they ask for with no limit on how many they can take at one time and at each visit.
- Offer education on safer sex practices, including:
    - How to use internal condoms,
    - How to use other safer sex supplies (e.g. lubricant),
    - The risks of having sex without a barrier (e.g. internal condom, external condom) and lubricant,
    - How to prevent sexually transmitted and blood borne infections (STBBI), and
    - When and where to get STBBI testing.
- Consider putting internal condoms in baskets or bowls throughout the organization so people can help themselves without needing to ask for them.
- Store condoms at room temperature in a cool dry place so that the quality does not degrade.
- Check the expiry date. Condoms have a shelf life.

Lubricant

Water-based lubricants are used during sex to add lubrication. Lubricant helps to reduce friction during sex, which can increase comfort and pleasure, minimize feelings of soreness or irritation, and decrease the chance of a condom breaking.

Lubricant (called “lube”) is compatible with natural rubber latex and polyisoprene condoms, including the internal and external condoms provided by the BCCDC.

How to Use

1. Use lubricant liberally and reapply as needed.
2. Lubricant can be placed inside or outside of a condom and can be used internally or externally on the body.

How to Distribute

- Give people as many lubricant packages as they ask for with no limit on how many they can take at one time and at each visit.
- Offer education on safer sex practices, including:
    - How to use lubricant,
    - How to use other safer sex supplies (e.g. condoms),
    - The risks of having sex without a barrier (e.g. internal condom, external condom) and lubricant,
    - How to prevent sexually transmitted and blood borne infections (STBBI), and
    - When and where to get STBBI testing.
- Consider putting lubricant packages in baskets or bowls throughout the organization so people can help themselves without needing to ask for them.

Alcohol Swabs

Alcohol swabs are used to clean the skin or harm reduction supplies before using them. Using a sterile alcohol swab to clean the skin before injection can reduce bacterial infections and abscesses.

Blood-borne infections (like hepatitis C or other pathogens) can spread if alcohol swabs or other substance use equipment touch blood that carries infection. To lower the risk of spreading infections, use new alcohol swabs every time.

How to Use

Use a new alcohol swab every time to:

- Clean an injection site before injecting.
- Clean fingers and thumbs before injecting.
- Clean blood from fingers or other surfaces after injecting.
- Clean the surface where substances are being prepared for inhalation, injection, or snorting.

Clean the skin before injection:

1. If skin is visibly dirty, wash with soap and water before using an alcohol swab.
2. If soap and water is not available, gently scrub visibly dirty skin with alcohol swabs. Washing with alcohol swabs can be a quick alternative but is not as effective as soap and water.
3. Rub the swab on clean skin in a spiral motion for 30 seconds, starting from the center and moving outward to cover a 2-inch area.
4. Allow the skin to dry for 30 seconds before injection.

How to Distribute

- Give people as many single-use, individually pre-packaged, and sterile alcohol swabs as they need with no limit on how many they take at one time and at each visit.
- If people ask for a large amount of alcohol swabs, have a discussion with them about using swabs for injecting. If people are putting them in water to drink them, offer supports.
- Give sterile alcohol swabs with each needle given out.
- Give with safer injection supplies (needles/syringes, cookers, filters, ascorbic acid if needed, sterile water, and tourniquets).
- Offer safer injection education (see Section 8- Safer Substance Use for more information), including:
    - Use soap and water to clean the skin before injecting,
    - Use alcohol swabs to effectively clean the skin before injecting,
    - Alcohol swabs do not kill hepatitis or hepatitis B viruses. Hepatis can be passed on if alcohol swabs are shared,
    - There are risks for bacterial and soft tissue infections (e.g. abscess or cellulitis) if the skin is not cleaned well enough before injection,
    - Safely dispose of used alcohol swabs in biomedical waste, and
    - Share information on washing with soap and water before injecting and ways to effectively use alcohol swabs, especially if people are frequently experiencing bacterial infections.

Water Vials

Water vials are single-use containers of sterile water used to dissolve substances before injecting.

Substances may be sold as powder, crystals (rocks), or tablets. People who inject these substances turn them into a liquid first by dissolving them with water. Using sterile water instead of non-sterilized water, like tap or puddle water, prevents infections and helps protect veins.

How to Use

1. Open water vials by twisting off the cap until it breaks.
2. Pour the amount of water desired into a cooker with substances to mix and dissolve the substance.

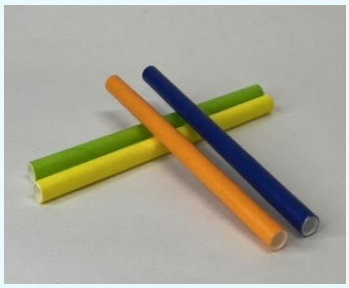
How to Distribute

- Give people as many single-use, 2 mL plastic vials of sterile water with twist-off caps for injection as they need. There should be no limits on vials given at one time and at each visit. If 2 mL vials are not available, give the smallest size of vial that is available.
- Offer a sterile water vial with each needle given out.
- Give with safer injection supplies (needles/syringes, cookers, filters, ascorbic acid if needed, alcohol swabs, and tourniquets).
- Offer many, easy to access places for people to safely throw away used equipment.
- Offer safer injection education (see Section 8 - Safer Substance Use for more information), including:
    - How to use sterile water to mix and dissolve substances,
    - How to add more sterile water to make a test dose,
    - How to avoid touching the opening of the vial to keep it sterile,
    - Each person should use their own mixing and rinse water,
    - The risks of sharing used water (mixing water or rinse water) for injection, which can increase the risk of spreading HIV, hepatitis C and hepatitis B.
    - The risks of using non-sterile water (such as tap, bottled, rain, puddle, and urinal water) or other fluids (such as saliva or urine), which can cause health problems and infections,
    - How to safely dispose of empty water vials and used water in biomedical waste, and
    - Water vials are not limited to inhalation use. They can be used for injection.

Safer Snorting Supplies

Straws

Biodegradable paper in blue, green, orange, or yellow



Paper straws are single-use, 3.5-inch tubes of biodegradable paper that can be used for snorting crushed or powdered substances.

When people snort substances, it touches the inside of their nose that can damage the blood vessels inside. Blood from cuts or tears inside the nose can get onto snorting or inhaling equipment and can spread bacterial (like MRSA) and blood-borne infections (such as hepatitis B and C) if shared.

Straws are safer to use than more hard or sharper devices like glass tubes, which may be cracked or broken and can scratch the inside of the nose when snorting substances or inhaling vapour. Paper straws are not recommended as hooters (heating substances on foil and inhaling vapour) because they can catch fire and cause burns.

How to Use

- Snort substances through the nose using a straw.
- Only use straws once and the throw them away. Sharing or reusing straws can spread blood-borne infections.
- Use a different colour straw to help reduce risk of unintentionally using someone else's straw.

How to Distribute

- Give people as many straws as they need with no limit on how many they get at one time and at each visit, so that a new straw can be used each time.
- Offer safer snorting information, including:
    - Use a new straw every time,
    - Use different colour straws to reduce the risk of accidentally using someone else's straw,
    - The risks of using hard or sharp devices (such as glass tubes) for snorting or inhaling substances, which can scratch the inside of the nose, and
    - The risks of sharing straws, which can spread infections like hepatitis B and C.

Safer Inhalation Supplies

Vinyl Tubing (Mouthpiece)

- **Small diameter - 1/4" x 3/8"**
- **Medium diameter (for 8 mm straight pipe) - 5/16" x 7/16"**
- **Large diameter (for 10 mm straight pipe and bubble pipe) - 3/8" x 1/2"**

A pipe mouthpiece is a piece of clear vinyl tubing that is attached to the glass pipe and goes into the mouth. Mouthpieces can also be used as a hooter to inhale vaporized substances heated on foil.

Mouthpieces can protect the lips from a hot pipe and from cuts on the mouth from chipped edges. The mouthpiece can be taken off the glass pipe. There is a risk of disease transmission if the mouthpiece touches blood containing hepatitis B and C or other infections. The risks of spreading infections can be higher when people have burns, sores, or cuts in the mouth. Blood can be present even if it is not visible.

People should use their own mouthpiece and avoid sharing it to prevent cuts, burns, and transmission of hepatitis B, hepatitis C, infections, and other harms.

How to Use

To use vinyl tubing as a mouthpiece on a pipe:

- Carefully slide one end of the vinyl tubing over the mouthpiece end of the glass pipe. Twist gently while pushing to ensure a snug fit.
- Place the substance into a bubble pipe, straight pipe, or metal pipe.
- Use safer inhalation techniques, including the use of brass screens and push sticks.
- Heat the pipe with a flame (usually from a cigarette lighter) to vaporize the substance.
- Inhale the vapour through the mouthpiece attached to the pipe.
- Sharing pipes and vinyl tubing is not recommended. However, if sharing pipes, each person should remove their own tubing from the pipe before sharing. Then, the other person puts their mouthpiece on the end of the pipe.

To use vinyl tubing as a hooter:

- Heat substances on foil and inhale the vapour using vinyl tubing. Avoid getting the tubing close to the heat.

Replace vinyl tubing if it is:

- Burnt or cracked.
- Used by someone else.
- Used with an unknown substance.

How to Distribute

- Cut vinyl tubing into 3- or 4-inch pieces.
    - Cutters are available to order for cutting vinyl tubing into pieces.
    - Allow people to have longer tubing on request.
- Give 2 cut pieces of vinyl tubing for each straight pipe given out.
- Provide the correct sized tubing based on the type of pipe:
    - Small tubing is 1/4" x 3/8”.
    - Medium tubing (5/16" x 7/16") fits 8 mm straight pipes.
    - Large tubing (3/8" x 1/2") fits 10 mm straight pipes and bubble pipes.
- Offer safer inhalation education (See Section 8 - Safer Substance Use for more information), including:
    - Each person should use their own tubing as a hooter or mouthpiece to reduce risk of disease transmission,
    - How to put tubing on a glass pipe so it fits snugly,
    - How to safely remove tubing from a pipe if it needs to be replaced or if sharing a pipe,
    - How to use tubing as a hooter if the person is using foil, and
    - Replace vinyl tubing if it's burnt, damaged, or has been used by someone else.

Cutter for Vinyl Tubing

Cutters are a device that cuts vinyl tubing so it can be used as a mouthpiece for a pipe.

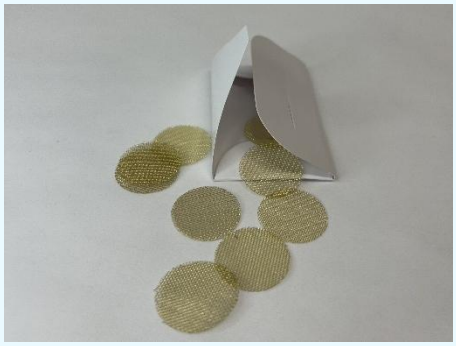
How to Use

Use cutters to cut vinyl tubing into different sizes to use as a mouthpiece for different pipes.

How to Distribute

- Harm reduction sites can order cutters to use on-site so they can cut vinyl tubing and give out mouthpieces for pipes.

Brass Screens



Brass screens are a mesh made of brass that can fit snugly into the glass tube of a pipe. The tiny holes in the mesh let the vaporized substances pass through but stops other material that can damage lungs from getting inhaled.

Using brass screens instead of Brillo helps prevent inhalation of large particles and reduces the risk of burns and lung damage caused by broken Brillo fragments.

How to Use

- Use brass screens with straight pipes and bubble pipes to filter substances to reduce inhalation of harmful debris hold substances in place and to hold substances in place.
- There are many different ways to prepare and pack brass screens into a pipe, including the pellet method and over the push stick methods.[38,39]
- Use a wooden push stick to load screens so that they fit snugly within the pipe.
- Replace screens if they shrink or become loose in the pipe.
- Remove used screens by pushing them out of the pipe with a wooden push stick.

How to Distribute

- Offer people 2 packages of screens with every straight pipe given out.
- Offer safer inhalation education (See Section 8 - Safer Substance Use for more information), including:
    - Use brass screens to reduce burns, cuts, and other harms from breathing in harmful debris,
    - Each person should use their own inhalation supplies to reduce risks of accidental drug poisoning and spreading infection (e.g. hepatitis B and C),
    - Replace brass screens if they shrink or become loose in the pipe,
    - Use a wooden push stick to pack screens instead of metal to prevent glass pipes from breaking,
    - The risks of using Brillo as a filter, including inhalation of harmful debris, burns and injury, and harmful coating, and
    - If people choose to use Brillo, pack Brillo between brass screens to reduce inhalation of debris.
- Offer education on how to load brass screens into a pipe:
    - Pellet method (for use with a straight pipe):
        - Add 4 screens one at a time or all together into the pipe.
        - Use a push stick to firmly press screens down until the screens are tight against the walls of the pipe. Brace the pipe against a flat surface to squish the screens together. The screens should look like a hard pellet when finished.
        - Then push the screen 1 centimeter (about the width of a pencil) from the end of the pipe to allow room to put the substance. The screens will be positioned at the end of the pipe opposite the mouthpiece.
    - Over the push stick method (for use with a straight pipes and bubble pipe):
        - Pile 4 or more screens on top of each other.
        - Wrap them over the end of a wooden push stick.
        - Insert the push stick and screens into the pipe and position them about 1 cm from the end of the pipe.
        - Remove the push stick. The screens will stay in the pipe.
    - Over the push stick tulip method (for use with a straight pipes and bubble pipe):
        - Arrange 3 screens overlapping (should look like a 3 leaf clover).
        - Wrap the screens over the end of a wooden push stick.
        - Insert the push stick and screens into the pipe and position them about 1 cm from the end of the pipe.
        - Remove the push stick. The screens will stay in the pipe.

Push Sticks (Wood)

A push stick is a long, narrow wooden stick with several uses. They are used to position screens inside straight pipes before use, remove filters after use, and scrape substance residue hardened on the pipe wall.

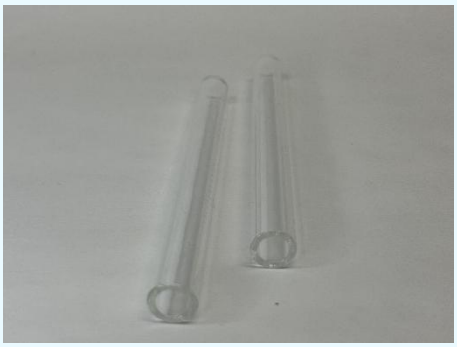
How to Use

- Use a push stick to pack and position a brass screen inside a pipe.
- After smoking, some people use the push stick to move the filter back and forth to collect leftover substance that has hardened on the inside wall (called resin) of the pipe as it cools.

How to Distribute

- Give people as many push sticks as they need with no limit on how many they take at one time and at each visit.
- Give out push sticks with safer inhalation supplies.
- Offer safer inhalation education (See Section 8 - Safer Substance Use for more information), including:
    - Each person should use their own push stick to load screens, and
    - Use a wood push stick instead of meta, which can crack and damage glass pipes.

Straight Pipe (tube glass)



- 8 mm diameter
- 10 mm diameter

Tubes made from heat and shatter resistant borosilicate glass (Pyrex) are used as straight pipes for smoking substances, such as crack cocaine. Straight pipes are also called stem pipes, stems, straight stems, and crack pipes.

The BCCDC provides two sizes of straight pipes: 8 mm and 10 mm. They are made from glass that is stronger, less brittle, longer lasting, and less likely to explode when heated than conventional glass.

Using personal inhalation equipment and avoiding sharing equipment reduces the chance of spreading hepatitis B and C, and other infections (like pneumonia) and drug poisoning from accidental cross contamination of substances. There is a risk of disease transmission if the inhalation equipment touches blood containing blood-borne or other infections. Blood may be present even when it is not visible.

Straight pipes are not intended to be used as hooters. The safest options for a hooter from the BCCDC supply program are rolled foil and vinyl tubing.

How to Use

- Use safer inhalation techniques including hand washing, brass screens, push sticks, and a mouthpiece.
- Replace pipes when:
    - It is chipped, cracked, or has burnt reside inside,
    - Someone else has used the pipe, or
    - It has been used with an unknown substance.
- Use the correct size mouthpiece depending on pipe size:
    - Medium tubing (5/16" x 7/16") fits 8 mm straight pipes.
    - Large tubing (3/8" x 1/2") fits 10 mm straight pipes.

How to Distribute

- Glassware distribution guidance is: up to 1 of any pipe (straight pipe or bubble) per person, per day with the goal to support people in having separate pipes for stimulants and opioids and minimizing risks from cross-contamination. For example:
    - 1 straight pipe

      OR
    - 1 bubble pipe

  Note: Staff may use their judgement to distribute in a way that considers their client's or their site's unique context (e.g. rural and remote sites or regions) while also considering the site's inventory.

- Hand out pipes together with mouthpieces, wooden push sticks, and alcohol swabs.
- Avoid distributing straight pipes to be used as hooters (the tube used to inhale vapour). Instead, offer foil and vinyl tubing.
- Offer safer inhalation education (See Section 8 - Safer Substance Use for more information), including:
    - Each person should use their own pipe and avoiding sharing to prevent accidental drug poisoning and transmission of hepatitis B & C and other infections,
    - Each person should use their own brass screens and mouthpiece with the pipe to reduce cuts, burns, and injuries,
    - How to safely dispose of broken or used pipes in a sharps container,
    - Safely store glass pipes in a hard plastic container to avoid breaking,
    - Use a wood push stick instead of metal with glass pipes. Metal can crack and damage glass pipes,
    - Avoid using a torch lighter which can break glass pipes, and
    - Reduce risks if sharing pipes:
        - Ask and tell people what has been used in the pipe before sharing,
        - Each person should use their own mouthpiece and remove it from the pipe before and after sharing.

Bubble Pipes

Bubble pipes (also called bowl pipes) are intended for smoking crystal meth. People often smoke fentanyl or other substances out of them.

Bubble pipes provided through the BCCDC are made of glass which is heat and shatter resistant. Pipes are less likely to break down when heated and prevent burns compared to other materials or types of glass.

Using personal inhalation equipment and avoiding sharing equipment reduces the chance of spreading hepatitis B and C, and other infections (like pneumonia) and drug poisoning from accidental cross contamination of substances.

There is a risk of disease transmission if the inhalation equipment touches blood containing blood-borne or other infections. Blood can be present even when it is not visible.

How to Use

- Use safer inhalation techniques including hand washing, brass screens, push sticks, and a mouthpiece with bubble pipes.
- Use large tubing (3/8" x 1/2") for a mouthpiece for bubble pipes.
- Replace pipes when:
    - It is chipped, cracked, or has burnt reside inside,
    - Someone else has used the pipe, or
    - It has been used with an unknown substance.
- Using personal equipment and avoiding sharing helps prevent transmission of hepatitis B, hepatitis C, infections, and other harms.

How to Distribute

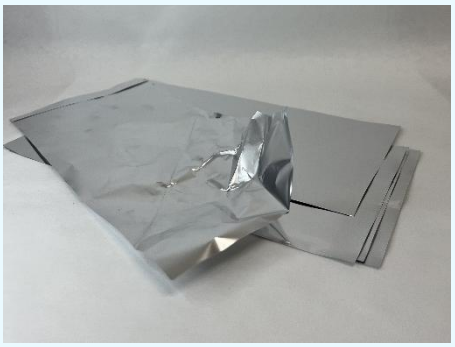
- Glassware distribution guidance is: up to 1 of any pipe (straight pipe or bubble) per person, per day with the goal to support people in having separate pipes for stimulants and opioids and minimizing risks from cross-contamination. For example:
    - 1 straight pipe

      OR
    - 1 bubble pipe

Note: Staff may use their judgement to distribute in a way that considers their client's or their site's unique context (e.g. rural and remote sites or regions) while also considering the site's inventory.

- Offer safer inhalation education (See Section 8 - Safer Substance Use for more information), including:
    - Each person should use their own inhalation equipment and avoid sharing to prevent accidental drug poisoning and transmission of hepatitis B & C and other infections,
    - Each person should use their own brass screens and mouthpiece with the pipe to reduce cuts, burns, and injuries,
    - How to safely dispose of broken or used pipes in a sharps container,
    - How to safely store glass pipes in a hard plastic container to avoid breaking,
    - How to use a wood push stick instead of metal with glass pipes. Metal can crack and damage glass pipes,
    - Avoid using a torch lighter which can break glass pipes, and
    - How to reduce risks if sharing pipes, including:
        - ask and tell people what has been used in the pipe before sharing,
        - each person should use their own mouthpiece and remove it from the pipe before and after sharing.

Foil Sheets



Foil sheets are used as a surface for inhalation (smoking) and can be rolled into a hooter (a tube for inhaling vaporized substances).

The BCCDC provides foil sheets intended for inhaling substances. Foil sheets from the BCCDC are designed for harm reduction. They are thicker, prevent overheating and disintegration, and do not have a coating. These foil sheets are safer than household and store-bought aluminum foil, which are often thinner and have a chemical coating.

Using personal inhalation equipment and avoiding sharing equipment reduces the chance of spreading infection and drug poisoning from accidental cross contamination of substances.

How to Use

To use foil as a surface:

- Position and heat substances on the foil before inhaling their vapours.

To use foil as a hooter:

- Roll up the foil into a tube to make a hooter. Heat substances on foil and inhale the vapour using the rolled up foil hooter.

How to Distribute

- Give up to 10 full length sheets per person, per day.
- When possible, hand out foil in an envelope to prevent it from crumpling.
- Offer safer inhalation education (See Section 8 - Safer Substance Use for more information), including:
    - How to use foil for inhalation, including how to use foil as a surface to inhale (smoke) substances and how to make a foil hooter (to inhale vapour from substances),
    - Each person should use their own foil and hooter,
    - Avoid sharing foils and hooters to prevent accidental drug poisoning and transmission of hepatitis B & C and other infections,
    - Avoid using household and store-bought aluminum foil because these foils are thinner and may have a chemical coating, and
    - Use the foil provided by BCCDC. This foil is made for inhalation. It is thicker and does not have a chemical coating.

Safer Inhalation Resources

- See How to Order, Distribute, and Use Inhalation Supplies for an easy to reference guide on safer inhalation supplies ordering and distribution from the BCCDC.

Safer Injection Supplies

Needles & Syringes

- **Syringe with needle: 1cc; 0.5cc**
- **Syringe only: 3cc; 5cc**
- **Needle only (for 3cc or 5cc syringe): 18g x 1.5"; 22g x 1"; 22g x 1.5"; 25g x ⅝"; 25g x 1"; 26g x 0.5"; 27g x 0.5"**

Needles and syringes are used to inject substances into veins (intravenous injection), muscles (intramuscular injection), or under the skin (subcutaneous injection).

Needles and syringes are sterile (free from microorganisms, including bacteria and viruses). They come in commercially sealed packages that have never been opened. Using a sterile needle and syringe for every injection reduces the chance of spreading HIV, hepatitis B and C, and other blood-borne infections.

There is a risk of disease transmission if the needle, syringe, or other injection equipment touches blood containing HIV, hepatitis C, hepatitis B, or other infections. Blood can be present even when it is not visible.

How to Use

- Use new sterile equipment for every injection. Do not use needles from a package that has been opened, damaged, or the seal has been broken, as the needle may no longer be sterile.
- Use sterile techniques and equipment to crush, mix, and dissolve substances using sterile water and acidifier (if needed), a cooker to mix sterile water with substances and to “cook” substances, and a Sterifilt® FAST filter to filter the substance before injecting with a needle and syringe.

How to Distribute

- Give people as many sterile needles as they need with no limit on how many they take at one time and at each visit. People should not have return used needles to get more sterile needles. One-for-one exchange is not recommended.
- Give with safer injection supplies (cookers, filters, ascorbic acid if needed, sterile water, alcohol swabs, and tourniquets).
- Offer many, easy to access places where people can safely dispose of used needles.
- Offer different types of needles and syringes in a range of gauges, sizes, and brands, so people can take what works best for them.
- Offer safer injection education (See Section 8 - Safer Substance Use for more information), including:
    - Lower and higher risk injection areas,
    - How to choose a lower risk injection site,
    - How to use safer injection techniques (e.g. bevel up, toward the heart, tourniquet, angle of injection, etc.),
    - Ways to reduce injuries and soft tissue infections with proper skin cleaning, cooking and filtering substances, use of a tourniquet, and safer injection techniques,
    - Common injection complications and what to look for (e.g. infections, bruising, etc.), and
    - The risks of using used needles and injection equipment, including spreading HIV, hepatitis C, or hepatitis B.
- Offer education on safe disposal of used needles and injection equipment in a sharps container.
- How to identify common injection complications (e.g. abscess, cellulitis, etc.) and how to connect people with wound care and medical treatment.

Sterifilt® FAST Filters

Sterifilt® FAST filters are used for removing particles from substances, particularly tablet medications, to inject substances more safely. Tablet medications (pills) and other substances contain fillers (e.g. coatings and powders) and large particles that can cause harm when injected. Harms include infections, abscesses, and damage to the veins, skin, heart, and lungs.

Filters can help reduce the risk of experiencing these harms. Sterifilt® FAST (15mm) filters have tiny holes that help to remove most fillers from a substance before injecting.

Filters do not remove bacteria or viruses. Use a new filter for every injection to properly filter out particles and reduces the risk of spreading HIV, hepatitis C, hepatitis B, and other infections.

How to Use

Use a Sterifilt® FAST filter with a syringe using sterile technique:

1. Open the package halfway so the filter stays in the package and press a thumb into the bottom end of the filter so it can be attached to the syringe.
2. Connect the syringe and filter in a straight line. Gently but firmly push then twist until tight to make an airtight seal. There will be a click when it is attached.
    i. If using a syringe with a needle, make sure the needle goes straight into the filter and doesn't bend through the side.
    ii. If using a needleless syringe, attach the filter to the place where the needle would normally attach to the syringe.
3. Filter substances. This can take 20-60 seconds.
    i. Place the Sterifilt® FAST filter upright into the cooker. Try not to let the filter touch the bottom of cooker.
    ii. Pull on the syringe plunger very slowly to prevent air bubbles. Hold the plunger and wait for the mix to enter the syringe.
4. Turn the syringe upright, so the needle or filter points up, and tap or flick the side of the syringe until large air bubbles are gone.
5. If using a needleless syringe, remove the filter and attach the needle first.
6. Get ready to inject. If not ready to inject, either recap the needle or leave the filter in place until ready to inject.

How to Distribute

- Offer people a Sterifilt® FAST filter with every needle given out. A new sterile filter is needed for every injection.
- Give out supplies with safer injection supplies (needles/syringes, cookers, ascorbic acid if needed, sterile water, alcohol swabs, and tourniquets).
- Give people many, easy to access places for people to safely throw away used equipment.
- Offer safer injection education (See Section 8 - Safer Substance Use for more information), including:
    - Use a new sterile filter for every injection,
    - How to use a Sterifilt® FAST filter with a syringe using sterile technique,
    - How to use a sterile filter to filter out large particles that can harm veins and reduce the amount of bacteria that gets into the body through injecting,
    - The risks of using non-sterile filters (e.g. cigarette filters, cotton balls, etc.), including infections,
    - Avoid holding filters in the mouth before injection. This can leave harmful bacteria on the filter, which enters the body during injection,
    - Ways to reduce injuries and soft tissue infections with proper skin cleaning, cooking and filtering substances, use of a tourniquet, and safer injection techniques,
    - Common injection complications and what to look for (e.g. infections, bruising, etc.),
    - The risks of using used injection equipment (including filters), including spreading HIV, hepatitis C, or hepatitis , and
    - How to dispose of used filters and other injection equipment in biomedical waste.
- How to identify common injection complications (e.g. abscess, cellulitis, etc.) and how to connect people with wound care and medical treatment.

Vitamin C / Ascorbic Acid

Ascorbic acid (Vitamin C) comes as a white powder that can be mixed and dissolved in sterile water to form a mild acidic solution.

Some substances, such as crack cocaine and certain types of heroin, must be converted into a water-soluble form by adding an acid before they are injected.

An acidifier (like vitamin C) is added with sterile water and the substance in a "cooker". The acidifier helps dissolve the substance before injection. The acidifier packets (e.g. Vit C) are less harmful than other acidifiers, like vinegar and lemon juice.

How to Use

Determine if substances require acidifier to be dissolved. This often includes crack for injection and "black tar" heroin.

Use the ascorbic acid packet to dissolve substances into a solution for injection:

1. Mix a small amount of acidifier with sterile water and the substance(s) into a sterile cooker.
2. Use only the amount of acidifier that is needed to dissolve the substance. Add the acidifier in small amounts at a time. Stir and crush the substance with the acidifier and water with a sterile tool (such as sterile syringe cap on a needle).
3. Use a sterile filter to draw up the liquid solution into the syringe.
4. Use sterile safer injection techniques to inject the solution.

How to Distribute

- Ask people if they need ascorbic acid to dissolve their substance(s) for injection.
- Give people as many single-use sachets of ascorbic acid as they need with no limit on how many they can take at one time and at each visit.
- Offer many, easy to access places to safely throw away used equipment.
- Offer safer injection education (See Section 8 - Safer Substance Use for more information), including:
    - How to use as little acidifier as possible to dissolve substances in water,
    - How to mix acidifier with water using sterile technique to crush and dissolve substances,
    - The risks of using too much acidifier or using acidifier when it is not needed, which can damage veins,
    - The risks of using acidifiers like lemon juice or vinegar (acetic acid), which may contain microorganisms and increase the risks of fungal infections,
    - Ways to reduce injuries and soft tissue infections with proper skin cleaning, cooking and filtering substances, using the smallest amount of acidifier needed to dissolve the substances, using a tourniquet, and safer injection techniques,
    - Common injection complications and what to look for (e.g. infections, bruising, etc.),
    - The risks of using used injection equipment (including used mix water with acidifiers), including spreading HIV, hepatitis C, or hepatitis, and
    - How to dispose of used injection equipment in biomedical waste.
- How to identify common injection complications (e.g. abscesses, cellulitis, etc.) and how to connect people with wound care and medical treatment.

Cookers (Stericups®) with Filter

A cooker is the container used for mixing, dissolving, and heating substances.

Some substances are sold in powder form (e.g. cocaine, fentanyl), rock or crystal form (e.g. crack cocaine, crystal methamphetamine), or tablet form (e.g. hydromorphone). All substances should be dissolved in sterile water before injecting. Heating or cooking substances helps to dissolve them in sterile water. People who inject substances sometimes use non-sterile items such as spoons or bottle caps as cookers.

"Cooking" substance solutions by heating them with a lighter can reduce bacterial and blood-borne infections.

How to Use

Use a Stericup® cooker using sterile technique to dissolve and cook substances:

1. Do not touch the inside of the bowl at any time in the process.
2. Carefully peel open the package, keeping the bowl up.
3. Hold the outside of the bowl with one hand.
4. Slip the metal handle inside the grooves of the green plastic handle. There is a small bump on the green plastic handle to help prevent the cooker from tipping over. Make sure the bump is face down on a flat surface.
5. Add water to the substances in the cooker to dissolve.
6. Hold the heat-resistant handle on the sides.
7. Heat ("cook") the water and substances in the bowl using a lighter until the water solution boils.
8. Allow the solution to cool before injection.
9. Filter substances in the cooker using a sterile cotton filter included with the Stericup® or a Sterifilt® FAST filter.
10. Only use the cooker once and do not share it. Dispose of the cooker carefully with the needle.

How to Distribute

- Give out sterile cookers that are individually pre-packaged with flat bottoms that can heat substances evenly and have heat-resistant handles.
- Give people as many cookers as they need with no limit on how many they can take at one time and at each visit.
- Offer people a sterile cooker with each needle given out.
- Give out with safer injection supplies (needles/syringes, cookers, filters, ascorbic acid if needed, sterile water, alcohol swabs, and tourniquets).
- Offer many, easy to access places where people can safely throw away used equipment.
- Offer safer injection education (See Section 8 - Safer Substance Use for more information), including:
    - How to use a sterile cooker to mix and "cook" substances,
    - Each person should use their own cooker,
    - Use a new cooker for every injection,
    - How to "cook", which means heating the water and substance solution in the cooker with a lighter until it boils and to allow it to cool before injecting,
    - The risks of sharing a cooker, which can spread HIV, and hepatitis B and C,
    - The risks of reusing a cooker (e.g. doing a "wash"), which can spread infection,
    - The risks of using a non-sterile cooker (e.g. spoon), including infections,
    - How to use a sterile filter in the cooker using a sterile cotton filter included with the Stericup or a Sterifilt FAST filter,
    - Ways to reduce injuries and soft tissue infections with proper skin cleaning, cooking and filtering substances, use of a tourniquet, and safer injection techniques,
    - Common injection complications and what to look for (e.g. infections, bruising, etc.),
    - The risks of using used injection equipment (including cookers), including spreading HIV, hepatitis C, or hepatitis B, and
    - How to safely dispose of used cookers and other injection equipment in biomedical waste.
- How to identify common injection complications (e.g. abscesses, cellulitis, etc.) and how to connect people with wound care and medical treatment.

Tourniquets

A tourniquet, or 'tie', is a stretchy band wrapped around the arm to help bring veins closer to the surface and easier to feel and see. Using a tourniquet properly is important for protecting vein health.

Tourniquets provided by the BCCDC harm reduction distribution program are thin, flexible, easy-to-release tourniquets for personal use. These tourniquets are latex-free and have a non-porous surface to reduce soaking up blood and body fluids.

Tourniquets are safer than makeshift alternatives like ropes, shoelaces, wires, condoms, or belts, which are difficult to clean effectively and do not release easily. These options can injure the skin, veins, and surrounding tissue.

How to Use

Use a tourniquet before injection to make veins easier to locate:

1. Tie the tourniquet ("tie") about 4-5 finger widths above the injection site.
2. Secure the tourniquet snugly using a quick-release method so that it is tight enough to restrict blood flow but not too tight to stop blood flow from the deeper arteries.
3. Check for veins that are visible and easy to feel. Identify the best vein to use. Use lower risk injection sites.
4. Do not leave the tourniquet on for more than 1 minute. Remove it and try again if it takes longer than 1 minute to find a prominent vein.
5. Use safer injection techniques to inject.
6. Remove the tourniquet before injecting the substance.
7. Replace a tourniquet if there is visible blood or dirt on it, someone else uses it (even once), or it becomes less stretchy.

How to Distribute

- Give people as many tourniquets as they need with no limit on how many they can take at one time and at each visit.
- Offer tourniquets with every needle given out.
- Give out supplies with safer injection supplies (needles/syringes, cookers, filters, ascorbic acid as needed, sterile water, and alcohol swabs).
- Offer many, easy to access places where people can safely throw away used equipment.
- Offer safer injection education (see Section 8 - Safer Substance Use for more information), including:
    - Each person should use their own tourniquet,
    - How to tie a quick-release tourniquet,
    - Where to tie a tourniquet above the injection site,
    - When to remove a tourniquet, such as before injecting and if it has been tied for longer than 1 minute,
    - How to use a tourniquet to make veins easy to see and feel,
    - Risks of reusing tourniquets and sharing tourniquets, including spreading infection (e.g. Hepatits B),
    - Risks of using a makeshift tourniquet (e.g. belt), including tissue and vein damage.
    - Lower and higher risk injection areas,
    - How to choose a lower risk injection site,
    - How to use safer injection techniques (e.g. bevel up, toward the heart, quick-release tourniquet, angle of injection, etc.),
    - Ways to reduce injuries and soft tissue infections with proper skin cleaning, cooking and filtering substances, use of a quick-release tourniquet, and safer injection techniques,
    - Common injection complications and what to look for (e.g. infection, bruising, etc.),
    - When to replace a tourniquet, and
    - How to safely dispose of used tourniquets and other injection equipment in biomedical waste.
- How to identify common injection complications (e.g. abscess, cellulitis, etc.) and how to connect people with wound care and medical treatment.

Sharps Container

- **1 Litre / 1 Quart**
- **Personal container (holds less than 10 needles)**

Sharps containers are hard plastic boxes for disposing of used injection and inhalation equipment, like needles and glass pipes. This can reduce the risk of people accidentally getting hurt from used needles or broken glassware (e.g. bubble pipes, straight pipes). Sharps containers are clearly labelled to help people safely throw away used needles and glass.

Sharps containers come in different sizes. Personal sharps containers can fit several needles or pipes and are easy to carry.

How to Use

Use the container to dispose of used injection and inhalation equipment that could have touched blood or body fluids. This includes needles, syringes, filters, cookers, pipes, and other sharp objects.

1. Pick up equipment.
2. When picking up equipment used by others:
    i. Wear gloves or use tongs.
    ii. Place the container on the ground. Do not hold it.
    iii. If tongs were used to dispose of equipment, clean them with a healthcare grade disinfectant or a bleach solution of 1 part bleach to 9 parts water.
3. Put the sharp end of the equipment into the sharps container first.
4. Secure the lid of the sharps container.
5. Bring the full sharps container to sites that accept used sharps (e.g. public health units, harm reduction sites).

How to Distribute

- Give sharps containers to any community members who ask for them and teach people how to use them.
- Give people their own sharps containers.
- Allow people to drop off full and used sharps containers.
- Offer many, easy to access locations where people can safely throw away used supplies.
- Provide safer sharps disposal education, including:
    - How to safely dispose of used injecting and inhalation supplies in a sharps container, and
    - Locations where people can disposal of full or used sharps containers and used substance use equipment (e.g. used needles, glassware).
- Provider safer sharps disposal education for situations when a sharps container is unavailable:
    - Use a thick plastic bottle with a lid (e.g. shampoo or bleach bottle),
    - Do not use beverage containers (e.g. pop bottles, cans, etc.) because people might try to recycle them or return them for deposit. Do not recycle containers that have been used to dispose of sharps, and
    - Take the sealed container to a health unit, harm reduction site, pharmacy, or community drop box.
- If discarded supplies are an issue in the area around your site consider doing the following:
    - Increase distribution of personal sharps containers and teach people how to use them.,
    - Provide more public sharps containers, and
    - Increase supplies sweeps or pick-ups in the surrounding community.
- Follow local regulations for throwing out biomedical waste.

Hormone Injection Supplies

Harm reduction distribution sites interested in offering hormone injection supplies and inclusive harm reduction services for Two-Spirit, transgender, and non-binary (TTNB) community members can order these supplies from the BCCDC Harm Reduction Supply Program.

Follow the guidance in the Trans Care BC Hormone Injection Supplies Toolkit for more information on how to support safer self-injection of hormone therapy.

Supplies Not Included in the BCCDC Supply Program

The BCCDC Harm Reduction Supply Program does not include every type of safer substance use and safer sex supplies.

Other sites may hand out supplies that are not a part of the supply program. These include:

- Drug testing strips,
- Larger sharps containers (BCCDC provides mini and 1L sharps containers),
- Hammer pipes,
- Dental dams,
- Pregnancy tests,
- Period products,
- Wound care supplies,
- Larger or latex-free condoms, and
- Matches.

Some sites purchase other supplies on their own. Contact the regional health authority harm reduction teams to see if other supplies are available. Contact information for regional health authority, Métis Nation, and FNHA harm reduction teams can be found here.

Harm Reduction Supply Distribution Models

There are different ways to distribute harm reduction supplies to individuals. Direct models of distribution involve the person accessing supplies directly connecting with the person providing them, for example at an outreach van, overdose prevention site, or community clinic. Indirect models allow people to access supplies without connecting with a service provider, for example by accessing a self-serve cupboard stocked with supplies and information.

Research demonstrates that both direct and indirect models support safer substance use practices and reduce sharing of substance use supplies.[3-10] Direct models have been shown to help to build trust, share information about safer substance use and safer sex practices, and link people to health care, social services, and cultural supports.[11-22] However, person-to-person connections are not always possible or appropriate for every person or community. Research demonstrates that indirect models help people who face barriers to accessing harm reduction supplies, including women, youth, and people who live in rural or remote areas.[23,28-36]

Indirect models can be especially effective when they work alongside direct approaches.[23-27] For example, offering low barrier, indirect access to supplies outside of a primary care clinic can help people access supplies while providing opportunities for connection at the clinic.

Innovative Distribution Models

To make harm reduction supplies more accessible and meet the needs of different communities, some sites choose innovative ways to give out supplies and connect people to services, such as programs designed specifically for equity deserving groups (e.g. youth, sex workers, and women), having supplies available with other health and social services, outreach programs, and mobile services.

Beginning in 2025, sites operated or contracted by health authorities to provide harm reduction services must receive approval from the Ministry of Health in addition to the existing BCCDC approval process with regional health authorities. Sites considering low-barrier distribution are asked to submit a needs assessment and rationale as part of this process. Ministry of Health policy does not permit electronic kiosks or mail-based harm reduction supply distribution by health authority-run or contracted sites. For more information, please contact the regional health authority harm reduction team.

An Example of Wise Practices in First Nations Harm Reduction
from the FNHA's Indigenizing Harm Reduction Study

"We also distribute harm reduction supplies from our camper trailer. And we can also host people inside it for a bit, warm up. Our next step is we want to get internet onto the Jeep. So people will come and use our Wi-Fi for a while, while waiting for their turn to sit in the trailer and have some street counseling. Again, we've really been focused on meeting people where they're at."

-Mel Bazil, Dze Ļ K'ant Friendship Centre
As shared in the FNHA Indigenizing Harm Reduction Study

Pre-Packaged Supplies

Service providers are encouraged to talk with people to identify their needs and offer education and supplies. Prioritizing connection can support better health outcomes and reduce waste. One helpful approach is using laminated checklists where people can mark the supplies they need. Providers can then offer education and support based on those choices.

Some sites might need to pre-package supplies. These kits should be clearly labeled and include one mode of substance use (e.g. injection kit, bubble pipe inhalation kit). Avoid including more than one mode of substance use in one kit (like injection and inhalation supplies together), unless the client asks.

Another effective option is to offer individual supplies with bags, so people can choose what they need and build their own kits.

Additional Resources for Harm Reduction Distribution Sites

Education and training resources for service providers:

- CATIE Harm Reduction Fundamentals for Service Providers for a self-directed course on the basics of harm reduction for people who deliver services.
- CATIE Fact Sheets on safer substance use practices and education.
- Toward the Heart Naloxone 101 Course to learn how to recognize and respond to drug poisoning.
- Toward the Heart Resource Page for harm reduction resources and links to webinars.
- BCCDC Harm Reduction Clinical Resources for healthcare providers.
- Toward the Heart Alerts and Drug Information for information on toxic drug alerts and substances in the unregulated supply.
- Trans Care BC Hormone Injection Supplies Toolkit for service providers who offer gender-affirming hormone injection supplies.

Resources on how to connect with people who use substances:

- Ontario Harm Reduction Distribution Program (OHRDP) Connecting- A Guide to Using Harm Reduction Supplies as Engagement Tools for ways to connect with people accessing supplies.
- Language Matters.
- Increase the Support. Reduce the Harm.
- Start the Conversation about Drug Use: Talk to Your Family and Friends.
- Talking about Substance Use.
- FNHA Toxic Drug Emergency Community Support Guide.

Resources on the BCCDC harm reduction distribution program:

- More information about the BCCDC Harm Reduction Supply Program.
- BCCDC Harm Reduction Distribution Supply Catalogue for a list of safer substance use and safer sex supplies.
- BCCDC Safer Inhalation Supplies: How to Order, Distribute and Use Supplies for information for registered sites.

Safe disposal:

- Safe needle disposal.
- Community needle stick injuries.

- How to safely get rid of used sharps.

Posters and Signs:

- CATIE Ordering Centre for HIV and Hepatitis C for free-of-charge resources to frontline service providers across Canada.
- Harm Reduction Supplies Here - Sign.
- Distribution Guidance Poster for Inhalation Supplies.
- OHRDP Posters.

Glossary

Blood-borne infection refers to an illness that spreads through contact with blood that carries certain viruses or bacteria. This can happen through activities like sharing injection equipment or having sex without barrier protection (condoms). For example, HIV, and hepatitis B and C are blood-borne infections.

Harm reduction distribution sites are places where people can get free supplies and supports to help stay safer when using substances. These sites provide harm reduction supplies and connections to other services.

Harm reduction supplies are tools and materials that help people stay safer when using substances and having sex. These supplies can include things like sterile needles, pipes, condoms, and other items that reduce the risk of infection and injury.

Pathogen refers to a very small organism—like a virus or bacteria—that can cause illness. Pathogens can spread in different ways, such as through the air, contact with body fluids, or contaminated food and water.

Regional health authority refers to the organization responsible for delivering health care services to people living in a specific area of the province. BC has five regional health authorities: Fraser Health, Interior Health, Island Health, Northern Health, and Vancouver Coastal Health.

Sexually transmitted infection (STI) is an infection that spreads from one person to another through sexual contact. For example, chlamydia, gonorrhea, and syphilis are types of sexually transmitted infections.

Sexually transmitted and blood borne infections (STBBI) is a term used in public health to refer to a range of infections that are transmitted through sexual contact or contact with blood that carries certain viruses or bacteria.

Sterile means free from germs, including bacteria and viruses. Sterile equipment is made and packaged using special processes to remove all germs from the equipment.

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