

Harm Reduction

Theory and Practice; Barriers and Benefits

VIBRANT ABBOTSFORD

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Principles of Harm Reduction

Harm reduction is a set of practical strategies that reduce the negative consequences of drug use, incorporating a spectrum of strategies from safer use, to managed use, to abstinence. Harm reduction strategies meet drug users "where they're at," addressing conditions of use along with the use itself.

Because harm reduction demands that interventions and policies designed to serve drug users reflect specific individual and community needs, there is no universal definition of or formula for implementing harm reduction. However, the following principles are central to harm reduction practice:

- Accept, for better and for worse, that licit and illicit drug use is part of our world and
- Work to minimize its harmful effects rather than simply ignore or condemn them.
- Understand that drug use is a complex, multi-faceted phenomenon that encompasses a continuum of behaviours from severe abuse to total abstinence, and acknowledge that some ways of using drugs are clearly safer than others.
- Establish quality of individual and community life and well-being--not necessarily cessation of all drug use--as the criteria for successful interventions and policies.
- The call for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm.
- Ensure that drug users and those with a history of drug use have a voice in the creation of programs and policies designed to serve them.



FIGURE 1

- Affirm drugs users themselves as the primary agents of reducing the harms of their drug use.
- Recognize that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm.

(Harm Reduction Coalition 2010)

The Policy Context for Harm Reduction Based on Canada's Drug Strategy

Canada's Drug Strategy (CDS) was launched in 1987, and remained the basis for the Federal Government's stance on drug-related issues until 2007. The CDS had the stated aim of reducing the harm associated with alcohol and other drugs to individuals, families, and communities. The CDS endorsed needle exchange, methadone maintenance, abstinence-oriented treatments such as therapeutic communities, and the enforcement of laws pertaining to the use of illegal drugs (Public Health Agency of Canada). Thus, the term "harm reduction" was used in a broad sense to refer to any policy or program that aims to reduce drug-related harm (Single, 2001). This contrasts with a more narrow use of the term "harm reduction" to refer to policies and programs that give priority to the reduction of high-risk

...(t)he misuse of injection drugs is a health and social issue that has and will continue to have significant consequences for individuals, families and communities in Canada. Failure to act now will result in escalating health, social and economic impacts. It is time for all jurisdictions and stakeholders to work together to renew their commitment to reducing the harms associated with injection drug use.

FIGURE 2: QUOTED IN THE ADVISORY COMMITTEE ON POPULATION HEALTH'S REPORT TO THE CONFERENCE OF DEPUTY MINISTERS OF HEALTH (2003).

drug use and related behaviours among current drug users, but neglects to address abstinence. However, in 2007, the Harper Conservatives adopted a new stance: the National Anti-Drug Strategy, which stands opposed to harm reduction practices. The new strategy is couched in conservative Christian language. Leading the anti-harm-reduction lobby in Canada is former B.C. Conservative MP Randy White. The National Anti-Drug Strategy received mixed reviews from researchers and clinicians at the Centre for Addiction and Mental Health (CAMH), Canada's largest mental health and addictions facility. Though the strategy is quick to recognize the pervasiveness of Canada's drug problem, its apparent lack of support for harm reduction strategies is described as "troubling" by many researchers and clinicians (Centre for Addiction and Mental Health 2007).

Harm Reduction in Abbotsford

As many of you know, the City of Abbotsford has assumed a stance directly opposed to many aspects of harm reduction practices, including:

- Methadone treatment clinics
- Methadone dispensing facilities (except where administered by a registered pharmacist)
- Needle exchanges
- Mobile dispensing vans, and
- Safe injection sites



FIGURE 3: A MARCH AROUND CITY HALL TOOK PLACE DURING A RECENT PROTEST OF ABBOTSFORD'S "HARM PRODUCTION" BYLAW

Zoning bylaw No. 1378-2004 explicitly prohibits all of the above practices within Abbotsford. This bylaw has been in effect since 2005, and continues to be the subject of extensive criticism by a number of organizations, including the Fraser Health Authority.

The implementation and enforcement of this bylaw is in direct contrast to the Fraser Health Authority's official Harm Reduction Policy. Adopted in 2007 and authorized by the Fraser Health Addiction Services Planning and Steering Committee, the policy has the objective of "ensur[ing] that Mental Health and Addictions Service Providers throughout the Fraser Health Region adopt and implement Harm Reduction strategies and programs, and deliver services consistent with this harm reduction policy in order to reduce harms associated with substance abuse." Goals of the Policy Statement include the following:

- To limit the adverse health, social, legal and economic consequences associated with substance abuse
- To maintain a client-centred approach
- To recognize each individuals' existing capacities, strengths and practices, and provide practical strategies and interventions that correspond to the client's goals and his/her motivation for change
- To allow service providers to respond to harm reduction needs by utilizing specific strategies on a continuum of harm reduction, consistent with best practices.

The Fraser Health Authority funds harm reduction initiatives throughout its area of service. Such initiatives offer brief intervention, needle exchange, nurse consultation, referral for injection drug users, education, basic health information, clean syringes, and condoms. Needle exchange sites also oversee the disposal of used syringes. Prevention activities include intervention with a support worker and the provision of information pamphlets.

Chilliwack is the beneficiary of one such program, which is funded by Fraser Health and has been delivered by Pacific Community Resources Society (PCRS) since 2005. The program receives \$91,000 annually. Approximately \$63,000 is allocated for staff wages and benefits, and the rest goes towards office space and the insurance and upkeep of the van out of which

the needle exchange operates. All distributed supplies, such as condoms and clean needles, are provided free of charge by the BC Centre for Disease Control. First time clients must fill out a confidential and non identifying questionnaire to register with the program and receive an ID number. Only registered clients can use the service. In addition to needle and condom distribution, PCRS also provides clients with information on and referrals to other services that may be helpful in improving the lifestyle and welfare of the clientele.

The needle exchange in Chilliwack has approximately 300 registered clients; 70% of those who are registered use the service at least once a month, and some of the clients commute from Abbotsford in order to dispose of old needles and receive clean ones. Of every 10,000 needles distributed, between 97% and 99.1% are returned to and disposed by the needle exchange. The operators of the mobile needle exchange pride themselves on having an ongoing relationship with service users, and feel that their consistent presence in downtown Chilliwack is of great assistance to both service users and the community.

The primary difference in attitudes towards needle exchanges in Chilliwack and Abbotsford lies within the faith community. Whereas in Abbotsford the attitudes and opinions of people in the faith community play a large role in preventing harm reduction practices, several church groups in Chilliwack use the needle exchange as a means to distribute care packages and build relationships with their neighbours. Such groups are welcomed and appreciated by Pacific Community Resources programs deliverers.

Because of Abbotsford's aforementioned bylaw which prohibits harm reduction practices, it receives no funding from Fraser Health for the implementation of such a program.



FIGURE 4: THE CHILLIWACK NEEDLE EXCHANGE FOCUSES NOT ONLY ON NEEDLE DISTRIBUTION, BUT ON RELATIONSHIP BUILDING AND PROGRAM REFERRAL AS WELL.

Framework for Action

The proposed framework for action regarding harm reduction and intravenous drug use by the Advisory Committee for Population Health represents an extraordinary level of consensus among a broad range of stakeholders and calls for a number of priority actions on the local level in the areas of prevention, outreach, and treatment for addressing the problems associated with injection drug use. Among the many recommendations, those most relevant to the local setting include:

- Leadership and coordination to establish an inter-sectoral, multi-level dialogue regarding injection drug use.
- Work with law enforcement, justice, all levels of government, community groups and others to enhance the implementation, accessibility and effectiveness of needle exchange programs and reduce the barriers in all settings, including the consideration of pilot projects in correctional facilities.
- Support for outreach and networking initiatives at all levels to foster and increase harm reduction initiatives, increase access to effective health, treatment, and rehabilitation services, and enhance social integration and reintegration (e.g., prisoners returning to their communities upon release from a correctional facility).
- The involvement of drug users and drug user networks in reducing the harm associated with injection drug use.
- Addressing barriers to effective substance misuse treatment and rehabilitation and making programs more available in all settings, including correctional facilities.