

# Harm Reduction Information Kit

for professionals working with at-risk populations



Many people place themselves at risk for problems associated with substance use or unsafe sex. Helping people reduce harms of risky behaviours is often the first step towards a healthier, more productive lifestyle.

This Kit provides information for service providers, health professionals and policy makers on using a harm reduction approach to promote well-being of clients and safer communities.

Prepared for the  
Alberta Non-Prescription  
Needle Use (NPNU) Consortium

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This document is available in english and french, on the website of HIV Edmonton at < [www.hivedmonton.com](http://www.hivedmonton.com) >

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# Introduction

## Harm Reduction:

- recognizes that there will always be a percentage of the population who will engage in higher risk behaviour (e.g. people that misuse alcohol or other drugs, have more than one sex partner, smoke)
- focuses on reducing or minimizing the harm associated with higher-risk behaviour – the adverse health, social and economic consequences
- can complement, or be an alternative to, abstinence-based policy and programming

## Existing Harm Reduction Strategies include:

- needle & syringe exchange programs
- public smoking restrictions
- methadone maintenance programs
- education & outreach programs
- condom distribution programs
- “safer” grads and raves
- designated driver programs
- sex education for youth

## Why Consider Harm Reduction Strategies for Your Clients?

There are many social, economic, mental health and personal reasons why people engage in higher-risk behaviour. Not all people are able to make the immediate changes necessary to eliminate risk.

## Harm Reduction Policies and Strategies:

- support your commitment to work non-judgmentally in your practice
- allow you to tailor your services by focusing on individual client values and needs
- can help you motivate your clients toward positive change through small steps
- will improve the health and safety of your clients and your community
- provide effective alternatives for working with clients who do not choose abstinence

## The Harm Reduction Information Kit Provides You With:

- Overview of Harm Reduction
- Establishing Community-Based Harm Reduction Programs
- How to Develop a Harm Reduction Policy and Sample Policies
- Introduction to the Alberta Non-Prescription Needle Use (NPNU) Consortium
- Contacts for More Information on Harm Reduction
- Bibliography (recommended web sites, journal articles, books and videos)



# Overview of Harm Reduction

Many professions have integrated harm reduction principles into their practices and some are not even aware of it. Although this booklet deals specifically with harm reduction and non-prescription needle use, these principles are broad and can be applied to other harm-creating issues, such as other drug/alcohol use, risky sexual behaviour and smoking. As you read through this material, consider how these ideas can be applied in general to your practice.

## Background

Many levels of government, industry and non-government agencies find themselves in contact with clients who inject drugs, practice unsafe sex, or misuse other substances such as alcohol, solvents, etc. These clients are often isolated, socially and economically disadvantaged, and are at risk for a number of health and social problems. Communities are concerned about the spread of diseases (e.g. HIV, hepatitis, other sexually transmitted diseases), increased crime, and increased costs to our health care and justice systems.

A prime catalyst for the surge of interest in harm reduction was the emergence of HIV/AIDS, linked to injection drug use. Harm reduction strategies can effectively reduce the physical, social and economic consequences of injection drug use, including reducing the transmission of HIV. We now recognize that harm reduction strategies are also effective in minimizing issues related to other “risky” behaviours, such as other substance use, sexual behaviour, and smoking. Here, however, we are focusing on harm reduction as it applies to injection drug use.

## Non-Prescription Needle Use (NPNU)

The “war on drugs” has not been won — drugs are more accessible and cheaper than ever before. Drug abuse is a symptom of social breakdown, not the cause. We must find productive, more compassionate means to help those clients who are harmfully involved in substance use. Harm reduction strategies are proving to be highly successful in working with populations such as injection drug users who may have previously fallen through the cracks or been ignored by service providers.



## Defining Harm Reduction:

Harm reduction can be a policy or program directed toward reducing or containing the adverse health, social, and economic consequences of alcohol or other drug use (AADAC, 1998). It may also be a set of non-judgmental strategies and approaches which aim to provide and/or enhance skills, knowledge, resources and support that people need to live safer, healthier lives (Streetworks, 1997). A harm reduction approach allows non-judgmental, non-coercive provision of services and resources to people who put themselves at risk. Harm reduction strategies need to be designed to reflect individual and community needs.

## Philosophy of Harm Reduction

Harm reduction is one of the most effective tools in addressing the health and social problems related to risky activities. Harm reduction is based on dealing with the client 'where they are at' — respecting, honouring and supporting their ability to make decisions. One of these decisions may be to use drugs or to engage in other higher-risk behaviours. People become harmfully involved in substance use for many social, economic, physical health, mental health and personal reasons. If you have a client that does not choose abstinence, you, as a care provider, can provide options and support to minimize the negative consequences (harm) that may result.

Drug problems occur along a continuum of risk ranging from minimal to extreme. You cannot stop a client from using drugs, but you can help them reduce the risks associated with their drug use.

A harm reduction philosophy allows you to maintain the same level of availability and quality of service and treatment that you provide to others who may not be using drugs. It means your service is provided without discrimination.

One of the key roles of health and social care providers is to help people live healthier lives. Care providers need to recognize that small improvements in a person's health can pave the path for further reductions of drug use and an improved lifestyle in other ways. Harm reduction strategies encourage people to build strengths and to gain a sense of confidence. They can help someone move to a state of control from one of chaos.



## Principles of Harm Reduction

The following are the basic tenets of harm reduction, as outlined by the American Harm Reduction Coalition. Harm Reduction:

- recognizes the intrinsic value and dignity of human beings
- seeks to maximize social and health assistance, disease prevention, and education, while minimizing repressive and punitive measures
- recognizes the right for comprehensive, non-judgmental medical and social services and the fulfillment of basic needs of all individuals and communities, including users, their loved-ones and the communities affected by drug use
- does not judge licit and illicit drugs and drug use as good or bad, rather it looks at people's relationship to drugs, emphasizing the reduction of drug-related harm and the encouragement of safer drug using
- recognizes the competency of users to make choices and change their lives, including their drug use
- demands that the individuals and communities affected by drug use be involved in co-creation of strategies for harm reduction interventions and programs
- expects accessible, flexible, non-judgmental drug treatment
- supports accessible syringe exchange and the supply of sterile drug using and safer sex equipment
- challenges current drug policies and their consequences, such as misrepresentations of drug users and misinformation about drug use

## Harm Reduction Strategies

Harm reduction strategies can be applied to a range of higher-risk behaviours. Examples of harm reduction strategies targeting drug use include:

### **Needle and Syringe Exchange and Availability Programs:**

The provision of sterile needles and syringes is a simple, cost effective way to reduce the risk of spreading HIV and Hepatitis C to the population at large. These programs provide a broad range of services and support beyond the exchange service. The syringe exchange service provides an excellent avenue for reaching and providing support to an often hard-to-reach population. There are more than 100 syringe exchange programs in Canada. Pharmacists are becoming actively involved in many communities.

**Methadone Maintenance Programs:** Methadone is a synthetic narcotic available to people dependent on opiates such as heroin. It effectively blocks the cravings for heroin without the euphoric effects of heroin. It is relatively safe, non-toxic and has minimal side effects. People can be treated safely with methadone for years. Heroin addicts on methadone, although still 'addicted', can live balanced and productive lives. They are able to secure jobs, raise families and fully participate in their community. Drug-replacement programs for other substances are being researched.

**Education and Outreach Programs:** Drug education materials with a harm reduction focus targeting at-risk populations can be a way to start tipping the scale toward positive change. These materials can include information on the safer use of drugs, how to improve overall health, and can highlight some of the negative consequences of drug use. Outreach workers and other service providers can distribute harm reduction educational materials along with the provision of their other services. Sample harm reduction educational materials are included in this Harm Reduction Information Kit.

**Law Enforcement Policies:** The general approach toward drug use in Canada has been criminalization, although this is now under public scrutiny and debate. Shifts toward community policing, recommendations for, and the availability of, treatment for people involved in the legal system, and review/revision of legislation may allow for the application of more harm reduction measures by enforcement authorities in the future.

## Harm Reduction Activities

There are a wide range of harm reduction activities your organization and community can adopt, including:

- provide immediate, responsive and non-judgmental access to your services
- develop a Harm Reduction Policy for your organization
- train your staff on harm reduction principles and strategies
- integrate harm reduction strategies when working with clients who engage in risky behaviours (e.g. promote safer needle use, safer sex practices)
- have harm reduction information, such as pamphlets and booklets, readily available in your waiting rooms
- learn about addictions treatment services available in your community and know how your clients can access them
- set up a needle exchange program in your organization, or work with your community to make needle exchange more available
- encourage pharmacies in your community to provide access to syringes
- set up community drop-off sites for syringes



## Harm Reduction and The Stages of Change

The principles of Harm Reduction support the Stages of Change Model, as outlined by Prochaska and DiClemente. This model outlines six stages people go through when trying to make behaviour changes. These stages have been used successfully in programs for alcohol and drug problems, smoking, depression, HIV prevention and weight change. The six stages are:

- precontemplation (not yet ready to change)
- contemplation (beginning to think seriously about making change)
- preparation (getting ready to take action to change)
- action (in the process of changing behaviour)
- maintenance (working to maintain the change and avoid relapse)
- termination (the problem behaviour no longer presents any temptation or threat)

People in the early stages are not yet ready to change (e.g. to use more safely, to quit using drugs) for many possible reasons. Their need to use is likely greater than their need to quit, they may see their situation as hopeless, or they may not be aware of just how bad things really are. Harm reduction initiatives can be of great benefit to people at these stages. In the early stages of change people need to be accepted and cared for as they are at the present moment. They need factual, unbiased information to begin to raise their consciousness. They may also need some help in beginning to have an honest look at their situation and to make some evaluation. Trying to tell somebody who is a 'precontemplator' to quit taking drugs or to go for treatment simply won't work. However, it is possible to move someone along the continuum of change gradually, working from where they are at and encouraging them to take better care of themselves in the process.

## Relationship to Other Approaches

Harm reduction fits well within a range of policies and programs that, together, support the health and well-being of the entire population. It is complementary to the abstinence model in that it does not exclude abstinence as an eventual goal.

Many organizations limit their services to only those clients who are not using alcohol or other drugs. These types of policies exclude people who are in need and who are otherwise entitled to their services. For example, clients accessing mental health or emergency housing services are often turned away if they are involved with alcohol or other drugs. Agencies often find ways to serve this population when they apply harm reduction principles to their practice.

## Outcomes of Harm Reduction

From an individual perspective, harm reduction allows people to increase their sense of control and personal choice. For the person who is addicted that lives from 'fix to fix', learning to inject safely can be empowering. Once they regain control over how they use, they may move to control when they use, and if they will use. Harm reduction provides options to an individual who may not have previously seen any options. They can become 'safer', leading to increased health and well-being. They may start to envision a more positive future and eventually move toward it.

## Sara's Story

Sara grew up in a home where she was physically and sexually abused. She ran away at 14, ending up on the streets. Prostitution was the only way she found to support herself, and using drugs was the only way she felt she could cope. At 21, Sara is a daily injection drug user. Sara recently connected with a needle exchange program and is developing a rapport with one of the support workers. Sara is learning that she can take control of her life. After testing negative for HIV, she is determined to stay disease-free — she no longer shares needles and always uses a condom with her johns. She is evaluating her life and is considering trying to get off drugs and off the street.



From a community perspective, there are health and social benefits to harm reduction. The spread of infectious diseases such as HIV and Hepatitis B and C can be minimized through the availability of sterile syringes and condoms. When injection drug users have access to a safe supply of drugs, there is a decrease in crime and a safer environment for all. There can be decreased costs to health care and the justice system. When addicts are viewed as people with a problem, instead of problem people, there can be a greater understanding, acceptance and harmony between community members.

### John's Story:

John is 27 years old. He grew up in foster care and group homes. He started to use drugs in his early teens and had been injecting heroin daily for 10 years, often living on the street. He had been through addiction treatment, and despite many attempts to quit he always ended up back on drugs. John became sick, and tested positive for Hepatitis C. His doctor suggested he consider going on methadone to manage his addiction. This was two years ago. John is now stable, holding a job and plans on getting married next month. Methadone allows John to function normally and maintain good health.



### Bill's Story:

Bill and his wife have been seeing a counsellor for problems in their marriage. While in counselling Bill stated he uses cocaine by injection occasionally on weekends. He insisted he is only a 'social' user and that he didn't plan to stop. The counsellor gave Bill some reading material that explained the risks of Hepatitis C and HIV from sharing syringes and also on how to maintain a supply of clean ones. During a later session Bill mentioned that he hadn't been aware just how great the risks are and he now only snorts cocaine. He has also been to his doctor for testing and luckily he is disease-free. He intends to stay that way.

## Conclusion

Incorporating a harm reduction philosophy into your practice will allow you to provide a more client-focused service. We are a drug-using society and addiction is an element which needs to be addressed openly and humanely. It is important to:

- be informed about the issues relating to substance use problems so you will feel comfortable working with the addicted client
- ensure you have harm reduction information, such as pamphlets, available and provide referrals as appropriate
- ensure your service is accessible whether or not a client is using drugs and advocate for a harm reduction approach within your agency
- consider establishing a harm reduction policy for your organization
- work with your community to ensure a continuum of harm reduction programs are available

Remember that a harm reduction approach can open doors to new and creative ways to work with people and to help them make positive changes. You invite honesty and can establish better rapport when you accept your clients' lifestyle realities and work with them on that basis. Anyone involved in health and social service delivery can utilize a harm reduction philosophy to provide a more comprehensive service to the people they work with.



# Establishing Community-Based Harm Reduction Programs

A community-based harm reduction program may include initiatives such as needle exchange programs, condom distribution programs, testing for infectious diseases, and designated driving programs. To develop a harm reduction program in your community it is best to involve as many relevant partners as possible. There is strength in numbers! Each community is unique, so there is no perfect blueprint. In general, you need to get concerned people together, figure out what to do, and then do it. An effective process should address the following:

**Define the community being targeted:** What problems are you trying to address through your initiative? Who are you trying to reach or help? How large of a geographical area will your project include? Are you also targeting the professional community to change their practices? Clearly define your target population.

**Identify and involve potential partners:** Who in your community deals with the population you are trying to reach? Partners may include addiction treatment facilities, the police force, pharmacies, social workers, drop-in centres, public health agencies, mental health organizations, and other social service agencies. Include members of the groups you are trying to reach, too. For example, include injection drug users or sex trade workers if these are the groups you want to help. Invite partners to develop a task force, or join an existing interagency multi-disciplinary group and add harm reduction programming to the agenda.

**Be familiar with the principles of harm reduction:** Use the resources outlined in this booklet. Try to find a harm reduction 'expert' that could be available for consultation and/or participate on your task force. Connect with organizations that have successfully delivered harm reduction programs.

**Learn more about your targeted populations:** Develop a comprehensive understanding about the issues and concerns of the people you are trying to help. Include them in your discussions early on and you will begin to build trust. Consider surveying those already working with your target group.

**Identify and define needs:** Clearly identify the needs you are trying to meet through your initiative and what you hope to accomplish.

**Develop an action plan:** Your plan should include the goals and objectives of your harm reduction initiative, a description of the target community you will reach, identification of the needs you will meet, and an outline of the services that will be provided (e.g. outreach education, condom distribution, testing for HIV/Hepatitis C, needle exchange/distribution).

**Implement your initiative:** Develop the resources you need to carry out your harm reduction program and follow through on your action plan. Review the effectiveness of your initiative and make changes accordingly.

**Be prepared for resistance:** You may encounter resistance to your harm reduction initiative. Try to predict what people or groups may object to your program and be proactive. For example, think ahead about who in your community may object to giving needles away to drug users and invite them to participate in your project at the planning stage. Broadly promote the benefits of your harm reduction initiative across the community (e.g. keeping children safer by reducing dirty needles on the street, reducing the spread of disease to the community at large).



# Developing a Harm Reduction Policy

A clear policy or position statement on harm reduction provides the framework for an organization to incorporate this philosophy into their service delivery. A written policy will clarify your organization's position for all staff and will set standards for practice. Consider the following when developing a harm reduction policy or position statement for your agency:

## Clearly Define Harm Reduction:

The very first step is to agree on a clear and accurate definition of harm reduction that fits within the goals and mandate of your organization. Your definition should convey that the focus of this approach is on minimizing the harm associated with higher-risk behaviour, not abstinence, but that abstinence is a possible goal.

## Develop Your Policy/Position Statement. Your policy should:

- include your definition of harm reduction
- include a statement that commits your agency or department to the respectful treatment of your clients by applying harm reduction principles in service delivery
- define what specific measures will be taken in the implementation of this approach
- reflect an understanding of the continuum of harm along the risk scale and the flexibility in your programming to meet the needs of clients wherever they are along this continuum
- ensure your policy adheres to the principles of harm reduction

## Communicate Your Commitment to All Staff:

Make sure all staff are aware of your policy/position statement and of your commitment to this approach.

## Educate Staff:

All staff need to understand harm reduction as it relates to their practice. They need to be able to integrate these principles into the services they provide. Offer training to facilitate a comprehensive understanding of harm reduction as it relates to your agency.



## Clarify Actions to Support Harm Reduction:

Identify specific harm reduction strategies that can be adopted within your regular practice based on your mandate.

## Review the Effectiveness of Your Policy and Practice:

Review your Harm Reduction Policy on an ongoing basis and ensure that your Policy has been integrated into your client services. Get feedback from staff and clients to see if this initiative is helpful from their perspective. Consider a formal evaluation of your harm reduction programming.

Sample harm reduction policies have been included to give you some ideas on how to develop a policy. See *AADAC's Policy on Harm Reduction*, *HIV Edmonton's Harm Reduction Policy* specific to needle use, and *The Canadian Society of Addiction Medicine's Harm Reduction: Perspectives and Policy Statement* on the following pages.

# Sample #1

## AADAC's Policy On Harm Reduction

### POLICY STATEMENT

The Alberta Alcohol and Drug Abuse Commission (AADAC) recognizes the value of harm reduction as one approach along a continuum of interventions that address the prevention and treatment of alcohol and other drug abuse, and problem gambling. Consistent with the Commission's mandate, AADAC's role in supporting or undertaking harm reduction strategies is to reduce the risks and consequences of addiction or harmful use/involvement with alcohol, other drugs and gambling, for clients and communities.

### CONTEXT

AADAC has adopted the following definition of harm reduction: A policy or program directed toward reducing or containing the adverse health, social and economic consequences of alcohol, other drug use and gambling without necessarily requiring a reduction in consumption or abstinence from substance use or gambling.

The idea of reducing the harms associated with alcohol, other drug use and gambling is neither a new concept nor an alternative approach. Instead, it has emerged as an extension of existing and accepted public health practices (i.e., secondary prevention with high-risk groups).

A harm reduction approach accepts that, within society, a continuing level of substance use (i.e., alcohol, other mood-altering drugs, tobacco) and gambling is inevitable. Therefore, harm reduction strategies focus on reducing or containing the negative consequences of substance use and gambling. The harm addressed can be related to health, social, economic or other factors that adversely affect the individual, community, and society as a whole. Negative consequences can be the direct result of use or may arise as an indirect consequence of efforts to deter alcohol, other drug use, and gambling through the enforcement of laws and regulation of behaviour.

Many harm reduction strategies have a long and successful history. Others are more recent in origin. Examples include: designated driver programs, server training and intervention, safe graduation, public smoking restrictions, nicotine replacement therapies, needle and syringe exchange programs, methadone maintenance, education and outreach programs, and law enforcement initiatives (e.g., drug court diversion and alternative measures).

The first priority of harm reduction is to actively engage individuals, target groups, and communities to address their most pressing health and safety needs. From this perspective, persons with alcohol, other drug, or gambling problems are treated respectfully as legitimate members of the community who need help, and who share in the responsibility to find solutions to the problems associated with substance use and gambling.

While harm reduction emphasizes a change to safer practices or patterns of use, it does not rule out a longer-term goal of abstinence, should the individual decide to pursue it. Therefore, harm reduction is complementary to the abstinence model of addiction treatment.

Although many of its proponents advocate some type of drug policy reform, harm reduction is not the same as legalization or decriminalization.

### PRINCIPLES FOR ACTION

Harm reduction is part of a multidimensional response to substance abuse and problem gambling that includes addiction prevention and treatment, supportive public health and social policies, research and evaluation. Harm reduction does not offer a simple solution to the complex problems that can arise for individuals and communities because of substance use or gambling. AADAC has defined three core

business areas: the provision of prevention, treatment and information services for alcohol and other drug abuse and problem gambling. Where addiction and abuse are the primary issues of concern, harm reduction strategies (e.g., methadone treatment) fit within the core business areas supported by AADAC's mandate. Where health or social impacts are the primary focus of the intervention, harm reduction strategies (e.g., needle exchange) lie outside the core business areas of the Commission.

- **Prevention**

AADAC will continue to deliver quality prevention and education programs that (1) prevent the development of alcohol, other drug and gambling problems, and (2) increase protective factors and reduce risk factors clearly associated with addiction. The Commission will support community harm reduction activities or undertake targeted intervention strategies aimed at reducing the immediate health and safety risks associated with substance abuse and problem gambling. AADAC believes that harm reduction initiatives play an important role in offering substance users and gamblers support and access to other health, social, and community services, including addiction treatment.

- **Treatment**

AADAC will continue to deliver treatment programs and services that promote health recovery among those persons affected by problems related to substance use or gambling. In the context of addiction treatment, AADAC promotes abstinence as the most appropriate goal for dependent clients, and the Commission views harm reduction as complementary in initiating action toward this objective. AADAC also recognizes that not all dependent clients will choose abstinence as a treatment goal. The Commission will continue to take a client-centred approach to treatment and will provide services to assist these individuals. Clients assessed as non-dependent will be matched to appropriate program options, including referrals elsewhere (e.g., Drinking Decisions).

- **Information**

Harm reduction encompasses a wide range of strategies that are often misunderstood, misinterpreted, and open to manipulation. AADAC will provide the public, the media, and clients with current and accurate information about this approach; especially when working to address the needs of particular groups such as youth, injection drug users, inner-city residents, or prison populations.

- **Joint Initiatives**

The Commission is committed to working with individuals, communities, and other service providers to develop and provide addiction treatment, prevention, and information services that minimize the negative consequences of substance abuse and problem gambling. AADAC believes collaborative strategies must reflect the characteristics and needs of target groups, and should engage the genuine support of all those with a stake in the issue; individuals who gamble or use alcohol and other drugs, community groups, health professionals, social service providers, law enforcement agencies, and the judicial system. Harm reduction initiatives, like other AADAC programs and services, should be based on sound research and current best practices in the addiction field. AADAC will support the systematic monitoring and evaluation of harm reduction strategies and the dissemination of research results in order to advance professional knowledge and improve service delivery.



Adopted: January 23, 1998 (previously Position on Harm Reduction). Adopted: February 11, 2000 Review: 2003

# Sample #2

## Harm Reduction Policy: HIV Edmonton

HIV Edmonton acknowledges that as human beings with the capacity to choose, we are exposed to risk on an ongoing basis.

Harm reduction is a set of non-judgmental approaches and strategies aimed at providing and enhancing the knowledge, skills, resources, and supports for individuals to be safer and healthier. The goal of harm reduction is to minimize negative outcomes resulting from risky behaviours.

HIV Edmonton acknowledges that risky behaviours occur along a continuum ranging from minimal to extreme and any change reducing the risk associated with the behaviour, no matter how small, is positive.

HIV Edmonton recognizes that harm reduction is integral to addressing the complex needs of the persons we serve, and that we have an organizational responsibility to promote the adoption of harm reduction practices in the general community. This responsibility includes an organizational obligation to act as a catalyst for the creation of services in the community when there is no existing service to adopt or offer the harm reduction practices needed by the persons we serve.

### Non-Prescription Needle Use (NPNU)

HIV and other infections are transmitted via risky non-prescription needle use. Non-prescription needle use includes any behaviours where needles are used for purposes other than the delivery of prescribed medication. This includes needles used for tattooing and piercing, as well as needles used for injecting non-prescription substances.

The purpose of this policy is to support the development and adoption of harm reduction with attention to non-prescription use for individuals, organizations, and society at large. HIV Edmonton will provide these supports to individuals by:

- Maintaining a needle exchange site
- Promoting safer needle use practices
- Insuring that all staff is knowledgeable and skilled with harm reduction strategies related to non-prescription needle use
- Working with NPNUers to increase their skills and abilities to include harm reduction strategies with their non-prescription needle use
- By maintaining a relevant and current, publicly accessible resource centre

HIV Edmonton recognizes that abstaining from non-prescription needle use is only one of many harm reduction strategies, and is not appropriate for everyone.

**HIV Edmonton will provide these supports to organizations by:**

- Working in partnership with other community agencies and organizations to develop and implement appropriate harm reduction policies, strategies, and programs with attention to non-prescription needle use
- Promoting the creation of agencies and organizations to develop and implement appropriate harm reduction policies, strategies, and programs when there are no existing agencies to partner with
- By maintaining a relevant and current, publicly accessible resource centre

**HIV Edmonton will provide these supports to society at large by:**

- Offering, supporting, promoting and advocating services, policies, and legislation which respects the dignity and rights of non-prescription needle users
- Strongly opposing drug enforcement services, policies, and legislation that contribute to the harm of non-prescription needle users by criminalizing and marginalizing their drug use
- Minimizing the social barriers that non-prescription needle users encounter in staying safe and healthy by promoting and supporting the creation of services, policies, and legislation espousing the general philosophy of harm reduction
- Advocating for legislative and social policy changes, which eliminate drug violence and drug related crime
- By recognizing that criminalizing non-prescription needle use promotes reliance on costly socially destructive and counterproductive criminal justice measure of drug control

(Note: The full Policy also includes Sexual Practices and Sexual Safety. Contact HIV Edmonton for a complete copy of the Policy.)

HIV Network of Edmonton Society  
Approved by Board of Directors January 24, 2000

# Sample #3

## Canadian Society of Addiction Medicine

### Harm Reduction: Perspectives and Policy Statement

Harm reduction is an important but diffuse concept that requires clarification. Not all people who have addictive disorders are amenable to an abstinence-based recovery at any given time. Therefore, it is essential that intervention(s) be provided to reduce the harm associated with the continued drug use and/or engagement in addictive behaviour.

Addiction is a primary, chronic disease, characterized by impaired control over the use of a psychoactive substance and/or behaviour. Decreasing the negative, harmful consequences of drug use, to the user, those around him/her and society, is much harder to achieve in the face of continuing drug use.

Harm reduction and abstinence-based treatment must not be viewed as polarized concepts. Rather, interventions need to be viewed on a continuum, where containment and amelioration of drug-related harms are appreciated as an early, necessary step, where cessation of drug use is not feasible and/or acceptable to the affected person. Abstinence-based treatment must be made readily available taking individual needs into account. A spectrum of interventions needs to be provided after proper assessment for problems related to drug use and other addictive disorders.

Hence, the Canadian Society of Addiction Medicine Harm Reduction Policy Statement is:

Health promotion, prevention, assessment and intervention options that aim to decrease the health and socio-economic consequences of drug use and addictive behaviour, without necessarily requiring abstinence, must be made readily available to all people. Abstinence-based strategies are an integral component of a comprehensive harm reduction policy.

### The implications of this policy would be:

- a) As a prevention activity, there needs to be more emphasis on educating all members of our society about harms resulting from drug use, abuse and addictive behaviours;
- b) Education of health care providers to utilize harm reduction and abstinence-based treatment as complementary strategies;
- c) Provision of a spectrum of prevention, intervention and treatment resources for individuals, families and communities to minimize addiction-related harm including comprehensive addiction treatment when needed;
- d) Commitment to research and utilization of evidence-based practice to clarify and validate the various approaches to harm reduction; and
- e) Co-operation with law enforcement and legislators to implement and monitor changes resulting from harm reduction policies.

Adopted 1999 October 16

# Alberta Non-Prescription Needle Use (NPNU) Consortium

The Alberta Non-Prescription Needle Use (NPNU) Consortium was formed in 1998 to reduce the harms associated with non-prescription needle use as they relate to blood-borne pathogens such as HIV and Hepatitis. The Consortium is an alliance of approximately 35 representatives from government sectors and community agencies.

Injection drug use now accounts for nearly half of the new HIV infections in Alberta: 42% in 1999 compared to only 10% in 1991. An estimated 80% of newly identified Hepatitis C cases are related to injection drug use, either in past years or as a reflection of current injection drug use. The Consortium has agreed that there are important gaps in practice, policy, data, and resources in Alberta, which could permit the HIV and hepatitis epidemic among injection drug users to become more critical. Addressing these gaps is only possible with an alliance of government sectors and community agencies using a population health approach. Population health strategies enhance the health and well being of the overall population by focusing on the living and working conditions that support people in making healthy choices, and the services that promote and maintain health.

## Consortium participants head nine task groups that address nine priority themes including:

- Aboriginal Groups
- Youth
- Surveillance
- Law Enforcement and Incarceration
- Public and Government Awareness
- Opiate Dependency Program
- Mental Health Services and Addictions
- Social and Income Supports for NPNU
- Needle Exchange and Harm Reduction Programs

## Members of the Alberta NPNU Consortium include:

- Alberta Alcohol and Drug Abuse Commission (AADAC)
- Alberta Advisory Committee on AIDS
- Alberta Community Council on HIV
- Alberta Learning
- Alberta Health & Wellness
  - Population Health Strategies
  - Disease Control and Prevention
  - Health Surveillance
- Alberta Human Resources and Employment
- Alberta Justice
- Alberta Mental Health Board
- Alberta Pharmaceutical Association
- Calgary Regional Health Authority
- Canadian Liver Foundation
- Capital Health Authority
- Chiefs of Police
- College of Physicians and Surgeons of Alberta
- Corrections Services Canada
- Council of Medical Officers of Health
- Health Canada
  - Population and Public Health Branch
  - First Nations and Inuit Health Branch
- Harm Reduction Programs
  - Streetworks (Edmonton)
  - Safeworks (Calgary)
  - Street Smarts (Red Deer)
  - HIV North (Grande Prairie)
  - Lethbridge Harm Reduction Project
  - Hobbema Needle Exchange Program
  - HIV/AIDS Network of South Eastern Alberta Association (Medicine Hat)
- HIV Network of Edmonton Society (HIV Edmonton)
- Northern Alberta HIV Clinic (Edmonton)
- Southern Alberta HIV Clinic (Calgary)



# Contacts for More Information on Harm Reduction

## STD/AIDS Information Line: 1-800-772-2437

You can speak with a Registered Nurse

## STD Clinics:

Calgary	(403) 297-6562
Edmonton	(780) 413-5156
Fort McMurray	(780) 791-6263

## Hepatitis Information:

Canadian Liver Foundation	1-888-557-5516
Hepatitis C Society	1-800-652-4372

## Needle Exchange/Harm Reduction Programs:

Safeworks (Calgary)	(403) 221-8786
Streetworks (Edmonton)	(780) 424-4106
Street Smarts (Red Deer)	(403) 346-8858
HIV North (Grande Prairie)	(780) 538-3388
Lethbridge HIV Connection	(403) 328-8186
HIV/AIDS Network of South Eastern Alberta Assoc. (Medicine Hat)	(403) 527-7099
Hobbema Needle Exchange Program	(403) 585-3830

## Addictions Treatment/Prevention:

Alberta Alcohol and Drug Abuse Commission (AADAC):  
For counselling, intensive treatment, opiate dependency, and prevention, check your phone book for office nearest you or see their website at: [www.aadac.com](http://www.aadac.com)

## Community HIV/AIDS Organizations:

HIV Information Line	1-888-STOP-HIV <a href="http://www.1888stophiv.com">www.1888stophiv.com</a>
AIDS Bow Valley (Banff)	(403) 762-0690
AIDS Calgary	(403) 508-2500
AIDS Jasper	(780) 852-5274
Central Alberta AIDS Network (Red Deer)	1-877-346-8858
Feather of Hope Aboriginal AIDS Prevention Society (Edmonton)	(780) 488-5773 1-800-256-0459
HIV/AIDS Network of South Eastern Alberta (Medicine Hat)	(403) 527-7099
HIV Edmonton	(780) 488-5742
HIV North (Grande Prairie)	(780) 538-3388
Interfaith Centre for AIDS/HIV Resources and Education (Edmonton)	(780) 448-1768
Lethbridge HIV Connection	(403) 328-8186
Living Positive (Edmonton)	(780) 488-5768
Wood Buffalo HIV & AIDS Society (Fort McMurray)	(780) 743-9200



# Bibliography

## Web Sites:

[www.ravesafe.org.za](http://www.ravesafe.org.za)

Rave Safe. South Africa site. Offers research on drug use, awareness and harm reduction.

[ww.realsolutions.org/donoharm.htm](http://ww.realsolutions.org/donoharm.htm)

Do No Harm. Harm Reduction article and extensive resources.

[www.harmreduction.org](http://www.harmreduction.org)

Harm Reduction Coalition. Committed to reducing drug-related harm among individuals and communities by initiating and promoting local, regional, and national harm reduction education, interventions and community organizing.

[www.ccsa.ca/wgharm.htm](http://www.ccsa.ca/wgharm.htm)

Canadian Centre on Substance Abuse (CCSA). National working group on policy.

[www.cts.com/crash/habtsmrt/hrmtime.html](http://www.cts.com/crash/habtsmrt/hrmtime.html)

Push Harm Reduction. Dedicated to the dissemination of information about harm reduction philosophy and interventions. Includes links to other sites.

[www.chr.asn.au/index.html](http://www.chr.asn.au/index.html)

Centre for Harm Reduction.

[www.ihra.net](http://www.ihra.net)

International Harm Reduction Association. An international professional association for individuals and organizations concerned with the development of drug policies to reduce the harmful consequences of drug use and current drug policies.

[www.dpf.org](http://www.dpf.org)

The Drug Policy Foundation. Dedicated to publicizing alternatives to current anti-drug strategies. Includes articles and DPF press releases.

## Journal Articles:

(copies available through HIV Edmonton, 780-488-5742 or e-mail: [mail@hivedmonton.com](mailto:mail@hivedmonton.com))

Roche, Ann M., et al. "Harm Reduction: Roads Less Travelled to the Holy Grail." *Addiction*, 92, No. 9 (1997): 1207-1212.

Stimson, Gerry V., and Rhodes, Tim. "Conditions for the Successful Implementation of Harm Reduction." *Drug and Alcohol Review*, Vol.16, No. 2 (1997): 178-80.

Seymour, Howard, and Eaton, Gail. "The Liverpool Model: A Population-Bases Approach to Harm Reduction." *The International Journal of Drug Policy*, Vol. 8 No. 4 (1997): 201-206.

Bird, A Graham, et al. "Harm Reduction Measures and Injecting Inside Prison versus Mandatory Drugs Testing: Results of a Cross Sectional Anonymous Questionnaire Survey." *BMJ*, 315, 5 July (1997): 21-24.

Stimson, Gerry V. "Harm Reduction in Action: Putting Theory Into Practice." *International Journal of Drug Policy*, 9 (1998): 401-409.

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Risk, S.N. "The Association of Nurses in AIDS Care. Position Paper on Harm Reduction and HIV Care for Drug Users: Integrating Harm-Reduction Methods and HIV Care." *Journal of the Association of Nurses in AIDS Care*, 9, No. 3 (1998): 19-24.

Kent, H. "Harm-Reduction Strategies Weapon of Choice in BC's Battle with Drug Addiction." *Canadian Medical Association Journal*, 155, No. 5 (1996): 571-3.

Kent, H. "Should Prisons Ease Drug Prohibition to Help Reduce Disease Spread?" *Canadian Medical Association Journal*, 155, No.10 (1996): 1489-91.

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Pinkerton, S.D., and Abramson, P.R. "Occasional Condom Use and HIV Risk Reduction." *JAIDS. Journal of Acquired Immune Deficiency Syndrome*, 13, No. 5 (1996): 456-60.

## Books:

(copies available on loan through HIV Edmonton, 780-488-5742 or e-mail: mail@hivedmonton.com)

Patt, Denning. *Harm Reduction Psychotherapy: An Alternative Approach to Addictions*. New York, Guildford Press, 2000.

Kelly, Jeffrey A. *Changing HIV Risk Behavior: Practical Strategies*. New York, Guilford Press, 1995.

Auerbach, Judith, Wypijewska, Christina and Brodie, Keith, ed. *AIDS and Behavior: An Integrated Approach*. Washington, DC: National Academy Press, 1994.

Marlatt, Alan G., ed. *Pragmatic Strategies for Managing High-Risk Behaviors*. New York: Guildford Press, 1998.

## Recommended Videos:

(copies available on loan through HIV Edmonton, 780-488-5742 or e-mail: mail@hivedmonton.com)

### *"Through a Blue Lens"*

60 min., produced by NFB • \$39.95

To order contact:

National Film Board of Canada

Phone: 1-800-267-7710

### *"Fit"*

20 min., produced by Street Health/Parkdale Community Health Centre • \$40.00

To order contact:

Street Health/Parkdale Community Health Centre,

1257 Queen Street West, Toronto, ON M6K 1L5

Phone: (416) 537-2455 / Fax: (416) 537-5133

### *"Nature of Things: Dealing With Drugs: New Options"*

50 min., produced by CBC • \$110.00 + shipping (Quote program # WOF-96-08)

To order contact:

CBC Non-Broadcast Sales

Box 500, Station A, Toronto, ON M5W 1E6

Phone: (416) 205-6384 / Fax: (416) 205-3482 / [www.edsale@toronto.cbc.ca](mailto:www.edsale@toronto.cbc.ca)

### *"ABC's of Hepatitis"*

11 min., produced by Street Connections • for cost of blank tape

To order contact:

Street Connections

820 Main Street, Winnipeg, MB, R2W 3N8

Phone: (204) 586-1463

### *"Killing Time"*

24 min., produced by White Iron Pictures Inc. • only pay for shipping and handling

To order contact:

AIDS Calgary

#200, 1509 Centre St. South, Calgary, AB, T2G 2E6

Phone: (403) 508-2500 / Fax: (403) 263-7358

### *"Stopping Traffik"*

47 min., produced by CBC • \$115.00 + shipping

To order contact:

CBC Non-Broadcast Sales

Box 500, Station A, Toronto, ON M5W 1E6

Phone: (416) 205-6384 / Fax: (416) 205-3482 / [www.edsale@toronto.cbc.ca](mailto:www.edsale@toronto.cbc.ca)



Alberta Non-Prescription Needle Use (NPNU) Consortium 2000