



**Manitoba Harm Reduction Network
Peer Forum Orientation Manual**

"The wisdom of the community will always exceed the knowledge of the expert"
-John McKnight

What is Harm Reduction?

Harm Reduction

There are many definitions of Harm Reduction. Here are 2 that the MHRN uses:

A set of strategies and tactics that encourages people to reduce harm to themselves and their communities, through the sharing of relevant information, facts and practical material tools, that will allow them to make informed and educated decisions. It recognizes the competency of their efforts to protect themselves their loved ones and their communities.

Harm reduction is “a policy or program directed towards decreasing the adverse health, social, and economic consequences of drug use without requiring abstinence from drug use.” ~ Riley et al

Example: Needle Exchange Programs, Peer Mentor Programs, Condom Distribution, Safer Crack Kits etc.

What Does Harm Reduction Mean to Peer Forum Members?

“I smoke crack and use Harm reduction by using marijuana instead of crack.”

“Harm reduction is about being smart about the choices that you make – Y’know using pipes or safe rigs.”

“Harm Reduction is not just about drug use – it’s about HIV, workplace safety, education etc.”

“Harm Reduction to me is where they teach alternatives to cutting – ie: using elastic bands instead”

“It’s about creating less harm for a human individual and even for a community.”

“Harm Reduction works towards educating folks to decrease the adverse effects of risky behaviour.”

“It’s all about education and information!”

“It’s not just about having safe ways to use it also needs to be about having Safe place to use. The areas and places that you are in affect your safety.”

Who is the MHRN?

The Manitoba Harm Reduction Network (MHRN)

The MHRN is a diverse network of people involved in reducing the incidence of Sexually Transmitted Infections and Blood Borne Pathogens in Manitoba. The focus of the MHRN is to improve access to services for individuals and communities at elevated risk for HIV, Hepatitis C and STI's. The MHRN supports the provision of service that is based upon the following basic principles of harm reduction;

Humanistic – Non-judgmental. Accepts and celebrates people for who they are and their skills and expertise.

Pragmatic – Practical. Meets people where they are at. Risk minimization is a goal. Client centred.

Focus on harms – Always asks 'How will this harm me/the client? AND How will this support me/the client?'

Balanced – Supports the individual and the community. Believes that the community and individual must be involved in setting the goals for change/action.

Dealing with priority issues- Recognizes the right for comprehensive, non-judgmental medical and social services. Also believes that every person deserves to have their basic needs fulfilled.

The MHRN is mandated to make recommendations regarding the development, implementation and evaluation of HIV/AIDS, Hepatitis C prevention initiatives based on the principles of harm reduction for affected communities in the province of Manitoba.

Background

The MHRN consists of over 200 members from community, non-governmental organizations and government representatives.

The MHRN further consists of Task Groups that are responsible for carrying out activities related to fulfilling the mandate of the Harm Reduction Network and a coordinating committee which maintains effective communications between all members and manages the ongoing logistics of the MHRN.

PEER Forum

It is estimated that for every dollar spent on harm reduction programs, governments save seven dollars. Crime, disease and death have dropped dramatically in all cities that have implemented real harm reduction programs Together, we can break the back of international traffickers growing rich on the misery that drugs cause. The users are victims just like the communities in which they live.

-Vancouver Area Drug Users Network www.vandu.org

What is the Peer Forum?

Peer Forum is a task group of the Manitoba Harm Reduction Network (MHRN).

This task group is consists of concerned Peer members of the MHRN.

It gives us an opportunity to discuss ideas around Harm Reduction.

We follow our action plan and develop tools that help support the broader community in starting projects that are rooted in the principles of harm reduction.

We believe that if people use the harm reduction model that they will be better able to support their clients in meeting their goals.

Also, we believe that this approach is the best way to support the reduction of STI's, HIV, and HCV transmission in Manitoba.

Why a Peer Forum?

The peers who have been involved in the network for a long time wanted to improve peer participation in the network. One of the things that was identified as a challenge was meaningful participation of peers. This group was developed to give people a chance to meet in a more informal setting and to work together to make sure that folks have a good sense of what the network is and does.

The main goals of the Peer forum are to:

1. Promote the network to other peers and agencies working directly with peers and experiential people.
2. Support and provide training and professional development opportunity for Peer membership
3. Ensure a voice and meaningful participation of peers on the Task Groups of the Network.

Action Plan? Peers? What the...?

The MHRN Definition Section

Peer: An individual who self identifies as a member of an affected community and who has in the past or is currently working in a formal or informal peer support capacity to reduce the incidence of Blood Borne Pathogens and Sexually Transmitted Infections.”

Peer Forum members' thoughts on what it means to be a Peer:

- Being a Peer is about knowing where you came from and knowing what the support system is like and what you went through.
- People connect more with people who have gone through it rather than people who learn out of a book.
- I'd rather hear someone's stories rather than have someone read out of a textbook.
- It's about being Non- judgemental and accepting others and providing support.
- Learning to be listeners instead of advice givers.

Action Plan: This is the plan that we put together at our annual meeting so that we have a sense of what we are doing for the year. This plan is agreed upon by all members of the network. The task groups take the plan and refine it so that it fits with what the group wants to do. The Action plan is a part of the annual report that is produced after the meeting.

Structure of the Peer Forum and Task Group Membership:

Membership: Who can join the MHRN/Peer Forum?

Any person is welcome to join the Manitoba Harm Reduction Network. Any member of the MHRN who identifies as a Peer is welcome to join the Peer Forum. This can include Peers who belong to an agency which is a member of the MHRN. It can also include a peer who is not part of a formal agency, but who is interested in Harm Reduction. Joining the network means that you can attend meetings and vote. The MHRN coordinator is also a member of the Peer Forum and serves as staff support.

The Honoraria System

The MHRN believes that people deserve to be paid for their work. As such there is an honoraria system in place for Peers who are not paid by another organization or their workplace to attend meetings. The Honoraria is set at \$15 dollars per hour to a max of thirty dollars per meeting. The exception is the Peer Forum which offers a \$15 dollar honorarium. The reason for this exception is purely budgetary.

The MHRN is able to financially support:

- 20 Peers at every Peer Forum meeting
- 7 Peers at every Policy and Program Task Group Meeting
- 7 Peers at every Communication and Education Task Group Meeting
- 4 Peers at every Coordinating Committee Meeting (2 Peer Reps and 2 Leads)
- 20 Peers at the Annual Planning Meeting

Peers at Peer Forum Meetings

Peers who RSVP will be given first priority for Honoraria
Any remaining honoraria will be given to those walking in until we have reached 20. All other peers are welcome to attend, but will not be eligible for honoraria for that meeting.

Peers at Annual Meetings

Peers who have participated in the network throughout the year will be given priority. These individuals will qualify for honoraria first.

Peers at Task Group Meetings

Any Peers serving as Task Group Leads are automatically considered Task Group Members.

There are spaces for four other Peer Reps on each of the committees. These spaces will go to those peers who are interested in the committees and who are able to commit to attendance for the year. If there are more peers than spaces then a vote will take place. All Peer members are eligible to vote. Peers must be in attendance to vote. The vote will take place at the first Peer Forum meeting after the Annual Planning Meeting. ****Exception is this year(2007) where the group is just getting started****

There are also two 'drop-in' spaces where peers may drop in to the meetings to participate. Only Peers who have attended Peer Forum Meetings and have received an orientation package will be eligible to use the 'drop-in' spaces. The reason for this is that we want new members to have a chance to learn about the network and what it is before attending the task group meetings. New Peers should feel free to come to any Peer Forum Meeting or to talk to the coordinator to learn about the network.

Peers at Coordinating Committee meetings

The Coordinating Committee membership is determined by the Terms of Reference document for this committee. There are two Peer positions in addition to any Peers who are task group leads. The Peer positions are two year terms and are voted on by the membership at the Annual Planning Meeting. Any Peer can put their name forward for consideration at an Annual Planning Meeting (in an election year!)

FAQ

What if people don't show up to meetings when they are supposed to?

If people miss 2 meetings in a row without letting the coordinator know then we will review their place on the task group.

If people cannot attend meetings due to other conflicts, illness, or any reason, but have let the coordinator know that they are unable to attend then there is no problem.

What if I just want to go to participate?

If you are a peer member of the MHRN and want to participate on a task group, but did not end up with one of the honoraria spaces, you can still join a task group. Let the coordinator know what group you are interested in and you will be notified of meetings.

If you want to participate but have never attended an MHRN meeting before please feel free to attend the next Peer Forum meeting and get your orientation package before attending Task Group meetings.

What if it is my first time?

New members should attend a Peer Forum Meeting prior to participating in the two task group meetings. This way you will be up to date on what is going on and better able to contribute and participate on the task group.

While scholars are comparing and contrasting theories, debating intellectual questions, and dividing humankind into categories, the world is changed by persons with faith, spirit, emotion, compassion, intuition, and irrational thinking. ~Grey Owl

Manitoba Harm Reduction Network – 2007-2010 Values, Vision, and Action Plan

This year the membership of the network strengthened the foundation upon which we base the work that we do. The result is that alongside our mandate we have now developed four core values, a vision and five strategic priorities.

Mandate

The mandate of the Manitoba Harm Reduction Network is to make recommendations regarding the development, implementation and evaluation of sexually transmitted (STI) and blood borne infection prevention initiatives based on the principles of harm reduction for affected communities in the province of Manitoba. The network approaches this work with an understanding that addressing the various determinants of health is critical in addressing issues like Sexually Transmitted Infections (STI's) and Blood Borne Pathogens (BBP's). To this end the network is committed to addressing issues related to housing and homelessness, culture and gender, stigma and discrimination (etc.) as well as access to services and care.

Positive Core – strengths and values on which to build

- Client Centered Approach
- Non-judgemental
- Creating Relationships
- Supportive Environment

Vision

The Manitoba Harm Reduction Network is a broad and diverse network of peers, service providers, administrators, and policy-makers collaborating to provide province-wide access to services, materials and resources rooted in the principles of harm reduction. We follow and promote the principles of harm reduction. We are peer driven with peers having strong representation in all aspects of the network.

Strategic Priorities

1. Expand the promotion and education of resources rooted in the principles of harm reduction for peers and professionals in MB.

2. Improve open access to harm reduction services, materials and resources to those in need.
3. Integrating the philosophy of harm reduction across the board - government, health & corporations.
4. Marketing the network.
5. Welcoming peer input.

Network Goals – 3 years

- Increased representation and participation of peers
- Relationships with 3-5 organizations to influence adoption of harm reduction policy
- Harm reduction curriculum delivered to 10 sites in rural Manitoba
- Have a provincial harm reduction day
- Targeted advertising to improve public awareness of harm reduction
- Improve accessibility of services in First Nations communities, rural and Northern communities and Correctional Facilities by educating and establishing relationships with leaders, decision makers, and healthcare professionals.

Each task group is responsible for particular goals with the understanding that some overlap is needed and wanted between the two task groups, the Peer Forum and the coordinating committee.

PEER Forum

Goal - Increase representation and participation of Peers	
Promote the network to other peers and agencies working directly with peers and experiential people.	<ul style="list-style-type: none"> -Develop MHRN presentation with a clear Peer focus. -Identify interested presenters. -Identify agencies to present to i.e. – Manitoba Coalition of Experiential and Transgendered Women, PHA Caucus, RAY, Stepping Stones etc...
Support and provide training and professional development opportunity for Peer membership.	<ul style="list-style-type: none"> -Develop a list of possible topics for presentation. -Solicit presenters to come to Peer Forum Meetings.
Ensure a voice and meaningful participation of peers on the Task Groups of the Network.	<ul style="list-style-type: none"> -Develop a structure for participation in the Network. -produce and orientation manual for new peer members to the network. -Review budget for Peer Participation in the Network. -Develop a mentoring process for new members to the network. -Ensure a minimum of three peers are in attendance at each task group meeting. -Make links with national Peer Networks and ensure that network peer members are participating on National Networks.

Education and Communication Task Group

This group is responsible for improving people’s knowledge base and understanding of Harm Reduction. This group is concerned with educating service providers, government, and others on how to deliver care from a Harm Reduction Perspective. It also responds to any media requests and publicizes Harm Reduction in Manitoba.

This task group has developed a training curriculum for service providers, provided workshops when requested. This group is also working on finalizing a ‘Harm Reduction Friendly’ Sticker for agencies and staff to place on offices and sites where clients can expect Harm Reduction Services to be provided in a friendly and non-judgmental capacity.

Deliver Harm Reduction Curriculum to 10 sites in rural and Northern MB	
Develop resource bank for Curriculum Trainers	<ul style="list-style-type: none"> -brainstorm list of resources that are available and relevant for trainers delivering the curriculum. -Purchase and Inventory Resources -Develop Training ‘kit’ for Trainers -Review curriculum and develop 2nd edition.
Develop distribution and promotion plan for the curriculum	<ul style="list-style-type: none"> -develop copy for Curriculum Post Card to be distributed/mailed out -Media Launch of Harm Reduction Curriculum (plan for fall) -Mail out promotional postcard
Year 1 – Identify what resources, agencies, and organizations exist and where.	-Identify MHRN point person for various RHA’s and develop resource and agency checklist to assess available resources.
Year 1-3 Identify 10 communities that might be interested in or benefit from the curriculum training.	-Prioritize agencies and RHA’s to focus training energy.
Year 1-3 Deliver the Curriculum	<ul style="list-style-type: none"> -train 20 trainers to deliver the curriculum -hold 2 day training -Book trainings -Evaluate training sessions and review of curriculum
Target advertising to improve public awareness of harm reduction	
Year 1 – Finalize MHRN visual identity	-Review third proofs and approve design

Year 1 Launch new Website	-review copy and content for the website -Web redesign included in contract for visual identity.
Year 1 Develop PSA's to go into newsletters and local papers	-develop copy for PSA's -Identify newsletters and papers to contact
Year 1-2 Respond in timely manner to relevant news	-news subscriptions? -write three letters to the editor
Year 1-2 finalize sticker design. Begin 'HR Friendly' Campaign	-confirm and approve terms and conditions of the sticker campaign developed last year. -Inform members of the MHRN of the campaign and distribute stickers as needed.

Have a provincial harm reduction day/Support awareness of Harm Reduction	
Year 1 – Identify who would/should participate	Explore potential partnerships with other events taking place i.e. world AIDS day, Pride, etc. Connect with the Canadian Harm Reduction Network regarding their planning for a Harm Reduction Day
Year 2 Develop a strategy for the campaign	Strike committee and work to develop planning, budget, and harm reduction coalition for the event. Media strategy, events, materials, support etc.
Year 3 – Implement the strategy/campaign	Roll out strategy. To be further developed by the task group and the campaign committee.

Policy and Programs Task Group

The Policy and Programs Task Group works on making sure different agencies and governmental organizations have a Harm Reduction Policy in place. They are also tasked with improving access to and Harm Reduction services in Manitoba. They are currently working on developing a scan of where needle exchange programs are located in MB as well as where there is access to safer sex supplies (condoms, gloves, dams, lube) for free.

Goal Develop Relationships with 3-5 health organizations to influence adoption of harm reduction policy	
Year 1 – Target 3 organizations and develop relationship with key stake holders	AMC(Assembly of MB Chiefs)-Cindy Hart and MOH for FNIB Interregionals (RHA's) – Pierre Plourde, Horst Backe, Margaret Fast Corrections – Marilyn Sloane
Year 1-Year 3 present workshops and presentation on HR services and gaps at the senior management level	-Book workshops -Identify facilitators -Develop packages and presentation to each of the above agencies
Year 3 – Evaluation and follow-up	Work with agencies to develop one to two core actions that will help integrate HR into practice in three areas (ex: policy to match programs, introduce policy, introduce education curriculum into communities, develop HR protocol for staff...)

WRHA will implement a Harm Reduction policy 1-2 year goal	
Using the MB Justice and the NorMan RHA's Harm Reduction Policy as a template the WRHA will work on developing an HR policy for the RHA.	Key responsibility – Margaret Fast, Pierre Plourde, and Horst Backe. The MHRN will work as support and in information sharing regarding templates and Policy tools.

Improve accessibility of services in First Nations communities, rural and Northern communities and Correctional Facilities by educating and establishing relationships with leaders, decision makers, and healthcare professionals.	
Promote and support needle exchange and condom distribution in MB	Continued presence and participation on Sharps Retrieval Committee. Recruit Professional Pharmacy Body to network Improve current access to NEP's in Wpg through meetings and work with

	<p>decision makers and leaders. Discussions re: hours of operation – query 24hour NEP possibility.</p> <p>-Compile and distribute best practices document for MB Health and MB Justice.</p> <p>-offer support to NorMan RHA in working to implement an NEP in their region.</p>
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Coordinating Committee

Mandate

To support and coordinate the operations of the Manitoba Harm Reduction Network, its task groups and members, by facilitating effective communication and feedback mechanisms that engages MHRN network members and include peer, rural and northern representation.

Actions

To maintain effective network communication and feedback mechanisms.

To maintain communication between all task groups and members at large of the MHRN.

Oversee network finances.

To advise and direct the MHRN Coordinator.

To support the planning of the MHRN Annual Meeting.

Action Plan 2007-2008

Maintain oversight and cohesiveness of the Network.

Maintain active membership of Network members.

Financial Management of the MHRN – MB Health Funding has been secured for 2007-2008 with additional funding to increase staffing capacity by three days a month. SERC continues to hold the contract for the MHRN.

Promote and support the work of the task groups.

Maintain Communication with the membership of the network.

Plan and Organize the Annual Planning Meeting for 2008-2009.

Support and direct the work of the MHRN Coordinator.

Maintain coalition work and partnerships.

Dates and Times for Meetings of the MHRN

Peer Forum

July 3, 2007 1-3pm

September 4, 2007 1-3pm

November 6, 2007 1-3pm

January 8, 2008 1-3pm

March 4, 2008 1-3pm

Policy and Programs

June 12, 2007 1-3pm

August 14, 2007 1-3pm

October 9, 2007 1-3pm

December 11 2007 1-3pm

February 12, 2008 1-3pm

April 8, 2008 1-3pm

Education and Communication

July 10, 2007 1-3pm

September 18, 2007 1-3pm

November 20, 2007 1-3pm

January 22, 2008 1-3pm

March 18, 2008 1-3pm

Coordinating Committee

July 31, 2007 1-3pm

September 25, 2007 1-3pm

November 27, 2007 1-3pm

February 26, 2008 1-3pm

April 29, 2008 1-3pm

*****All Meetings Take Place At Nine Circles Community Health Centre –
705 Broadway*****