



# Harm Reduction and Housing

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Streetworks



# Harm Reduction

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Harm Reduction can be applied in a number of settings and circumstances, but it is mostly described in relation to drug use (esp injecting) and sex work.



# History of Harm Reduction

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- Doctors prescribed heroin & morphine to people dependent on opioids as permitted through the flexible British system in the early 20th century. Some drugs, now illegal, were sold over the counter.
- 1970's and early 80's – European initiates new concepts in Harm Reduction with the emerging threat of HIV.
- The United Kingdom, Australia, Switzerland and others joined the Dutch by including HR in their official drug policy. Their position was that AIDS represented a greater threat to public health than did drug use.



# The United States & Canada

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- While other countries initiated HR approaches to drug use, United States took a different approach. In June 1971, Nixon officially declares a "war on drugs," identifying drug abuse as "public enemy No. 1", and in 1984 Nancy Reagan launches her "Just Say No" anti-drug campaign.
- Canada had attempted to maintain a middle ground, although the US objected. The current federal government does not support Harm Reduction.



# Harm Reduction Definition

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Harm reduction refers to policies, programmes and practices that aim to reduce the harms associated with the use of psychoactive drugs in people unable or unwilling to stop. The defining features are the focus on the prevention of harm, rather than on the prevention of drug use itself, and the focus on people who continue to use drugs.

*- International Harm Reduction Association*



# Harm Reduction Definition

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- A set of non-judgmental strategies and approaches which aim to provide or enhance the skills, knowledge, resources and support people need to live safer and healthier lives. (Streetworks, 1997)



# Harm Reduction is not...

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- Anything goes
- Condoning of drug use
- Enabling people who use drugs
- Just another way to get people to quit their drugs



# ?Addiction

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- Most drug use is characterized as recreational or addictive. In fact there are many shades of drug use.
- The continuum can include – no use, experimentation, occasional use, regular or social/recreational, heavy use, abuse, dependence, chaotic use

Denning, P., Little, J., Glickman, A. (2004). *Over the influence – The harm reduction guide for managing drugs and alcohol*. New York, NY: The Guilford Press.





# Meaning....

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- Experimentation – “trying it” once or a few times
- Occasional – maybe once a month
- Regular – consistent but can related to recreation, medical need, ritual, performance enhancement, etc
- Heavy – a relative term. What is heavy in one setting or culture, may be different in another.
- Substance ab-use – the continued use of drugs in spite of negative consequences. One starts to think “addiction”



# Meaning....

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- Dependence – It can include out-of-control drug-using behaviour that supersedes all other life activities, but not always. However, they still may function quite well in other parts of their life, keeping the drug use hidden.
- Chaos – drug use is out of control and causes chaos to the life of the person and those around him/her.
- Most people do not progress to chaos, and some people move back and forth along the continuum.

(Denning, Little & Glickman, 2004)



# Harm Reduction asks questions such as...

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- How can we reduce the likelihood that drug users will engage in criminal and other undesirable activities?
- How can we reduce overdoses, HIV/AIDS, and Hepatitis B & C infections associated with the use of some drugs?

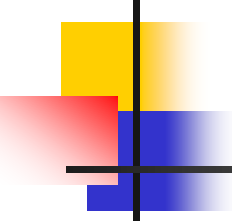


# Harm Reduction asks questions such as...

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- How can we increase the chances that people who use drugs will act responsibly toward others?
- How can we increase the likelihood of rehabilitation?
- How do we ensure that drug policies do not cause more harm to drug users and society than drug use itself?

(Inciardi & Harrison, 2000)

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- There are 2 main branches of Harm Reduction:
    - Public Policy
    - Direct Service Provision



# Public Policy

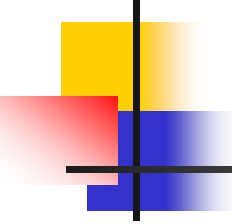
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## Harm Reduction: Macro-level

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- Goal: To reduce or minimize the effects/affects of harm to substance users (and to society due to its members using substances) through legal measures, national policies and the changing of social attitudes.
  
- Outcome: Measurable attitudinal change in society, changing of national policies on drug use (i.e. de-criminalization of some substances.)

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- Agencies can decide to operate with a Harm Reduction philosophy and strategies.  
Examples – Boyle Street Community Services, HIV Edmonton, Boyle McCauley Health Centre etc.



# How Does Harm Reduction Fit Into Society?

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## PROHIBITION

Illicit drug use is morally  
corrupt behavior &  
society needs strong  
drug policies that  
punish users.



# How Does Harm Reduction Fit Into Society?

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## LEGALIZATION

Society should enable the supply of drugs and make more resources available for treatment & prevention work.

*Currently drug dealers are setting the policies  
(Law Enforcement Against Prohibition)*





# How Does Harm Reduction Fit Into Society?

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## HARM REDUCTION

Health and safety are to be enhanced. Drug use should be seen through the lens of health, rather than criminality.



# Direct Client Services

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## Harm Reduction: Micro-level

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- Goal: To reduce or minimize the harm towards an individual and their social network
- Outcome: Individual changing from high-risk behavior (like sharing equipment) to safer behaviour (either not sharing, or stopping injecting all together).



# Drug, Set, Setting

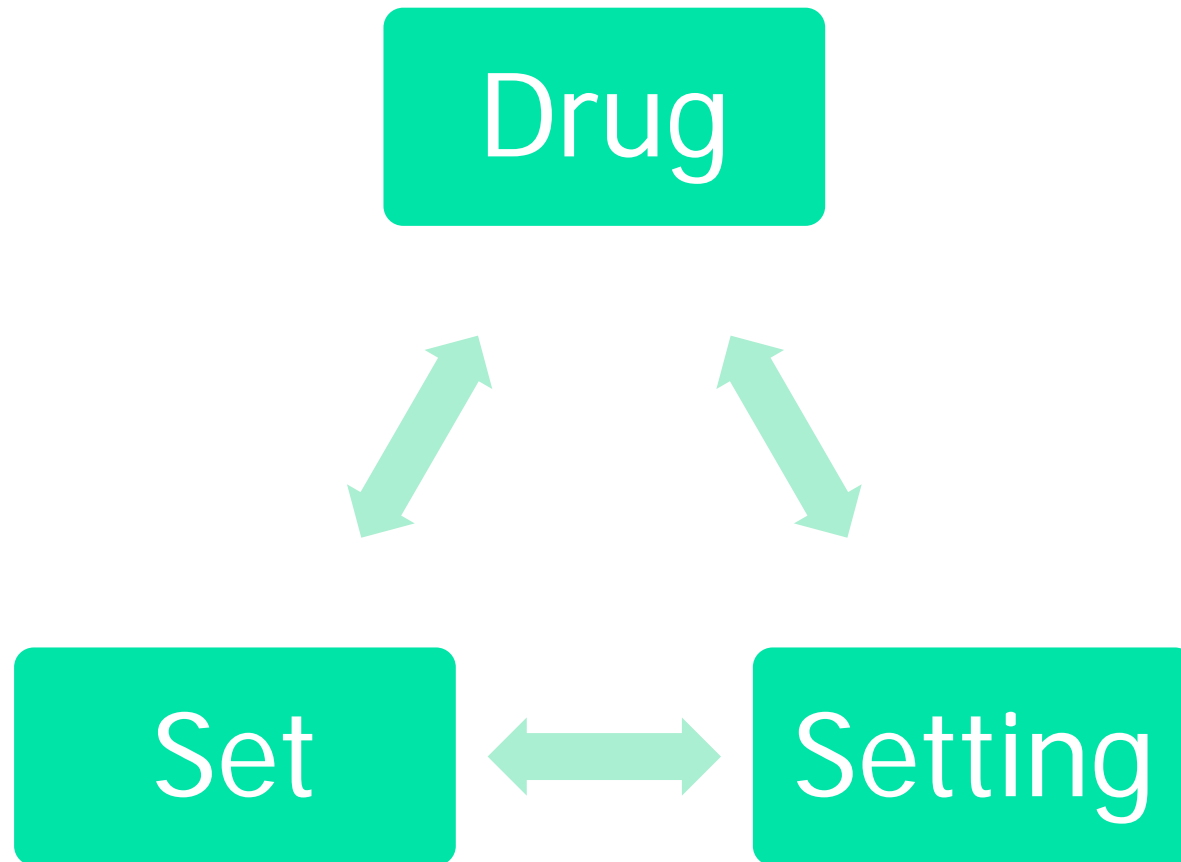
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- An alternative way to view drugs
- An alternative way to assess an individual
- Looks at the "**relationship**" people have with drugs. Acknowledges that drugs and humans are complex and goes beyond the word "addiction". Helps explain drug use patterns and reasons why people use drugs



# Drug, set, setting

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# Drug

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- What the drug is
- Potency
- What it is cut with
- How it is used
- Whether it is legal or not





# Set

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- An individual's physiology
- Physical health
- Mental or emotional state
- Cultural origins, identity and belonging
- Expectation of the drug
- Motivation for using the drug
- Tolerance levels



# Setting

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- Stress - social, economic, environmental
- Support in someone's life
- Where and with whom someone uses
- Social and cultural attitudes towards drug use
- Perceived safety



# Drug, set, setting

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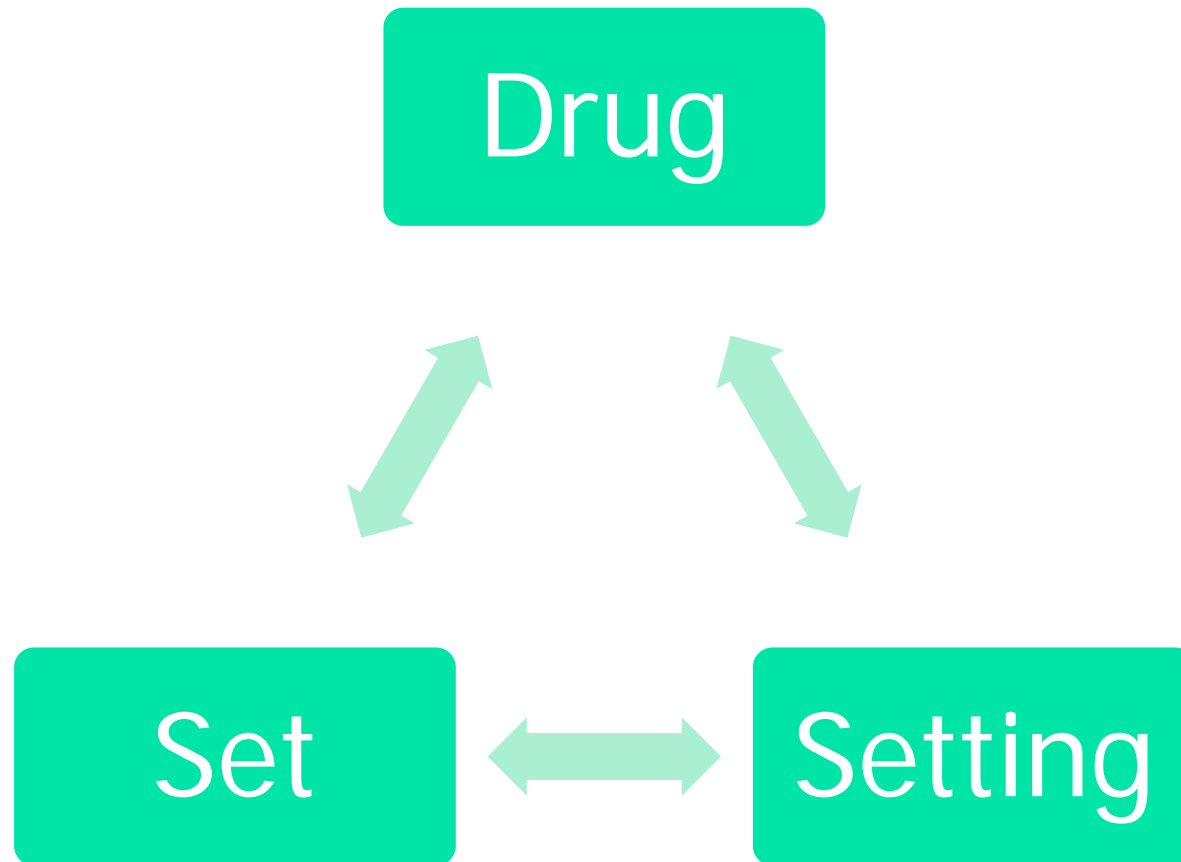
- Problems with drugs and the drug experience are the result of the interaction
- Provides opportunities to provide Harm Reduction interventions by assessing all three spheres

(Denning, Little & Glickman, 2004)



# Drug, set, setting

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# Scenario

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- You are working with a Housing First client who has been housed for the first time in 4 years. He's 42 years old, and has chronic breathing problems. He is happy to be in a safer environment and able to make food for himself. He smokes pot and injects morphine regularly. Occasionally he uses crack by inhalation. He has HIV and is on meds.

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- What are your first thoughts?



# Drug

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- What are some questions you can ask or actions you can take to help him stay safer and healthier?



# Drug

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- Does he have any concerns about his drugs?
- How long has he been using each drug?
- When did he start?
- How much is “regularly”?
- Where does he get his supply from – street or physician? If street, same dealer? If physician – does he/she know he’s injecting?
- Where does he get his needles, etc from?
- Would he be interested in trying methadone or other substitution therapy to manage his opiate use?
- Does he sell?





# Drug

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- Find out if he wants prescription morphine (eg kadian), or other substitution therapy if he doesn't have a physician? He may need an advocate.
- Give him information about the needle exchange program (Streetworks)
- Do his drugs interact with his HIV medications?
- Learn balanced information about the drugs he is using



# Set

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- What are some questions you can ask or actions you can take with regards to his body/mind, to help him stay safer and healthier?



# Set

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- How is he managing his health?
- How is he feeling – does he ever feel depressed, hopeless, etc. Is it related to when he uses his drugs?
- Why is he doing the drugs he does – why does he do these ones?
- Who is his family physician – does he have one?
- What's happening with him when he decides to use crack?
- How does he feel about his drug use?
- Has he ever tried to quit? What happened?



# Set

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- Does he need a mental health worker?
- Give him info about detox/treatment programs if he decides he wants to attend one.
- Ensure he has the medical care, meds and equipment (like oxygen) that he needs.
- Ensure he has the basics covered – food, clothing.



# Setting

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- What is in his environment that may affect his health and safety?



# Setting

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- His circumstances/stresses are changing – how does he think this will affect his drug use?
- Who are the supports in his life? Who are less supportive?
- Does he have some place where he will keep his new needles/used needles?
- How will he manage his family and friends who want to use drugs at his place?
- How strict is his landlord? Does he have to smoke outside?



# Setting

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- Give him information about NEP.
- Ensure he has a place to keep his rigs etc.
- Make arrangements for him to dispose of his needles etc safely.
- Encourage him to smoke pot outside (go for a walk?).
- Ensure he's getting to his physician's appointments



# Goals of Harm Reduction (drugs)

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- Keep people alive!
- Safer substance use
- Reduction in substance use
- Abstaining from substances (if the person chooses)
- Improve emotional state and health, self esteem
- Reduce aggression and violence, stigma, social isolation
- Improve living situation and stabilize income
- Reduce number of stray needles found in the community, needlestick injuries





# Basic Tenets of Harm Reduction

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- Recognition that non-medical use of psychoactive drugs is a reality in our society and has been for centuries
- Acknowledgement that such use may produce significant social and individual harm
- Understand that drug policies must be pragmatic. They must be assessed on their actual consequences
- Accept that people who use drugs are an integral part of the larger community
- Integrate people who use drugs, not marginalize them by providing non judgmental and user-friendly services



# Basic Tenets

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- Non-coercive, relationship-based
- Reflects individual and community needs
- Recognizes and supports people's strengths.
- Meets people “where they are at”
- Acknowledges that certain kinds of risky behaviour are safer than others
- Builds on quality of life for individuals, based on *their own* perceptions and values
- The worker must give up control



# Basic Tenets

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- People who use drugs should not be treated as enemies of the state. Prisons do not do a good job of rehabilitation.
- Small reductions of harm are better than no reduction. Small improvement can pave the path for further reduction of drug use and an improved lifestyle in other ways. This snowball effect can continue, possibly to the point of abstinence.



# Basic Tenets

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- Provides safety nets to minimize harm
- Drugs can play a useful role in people's lives – people use drugs for a reason
- It is the proper role of health providers to help people live healthier lives, not to act as moral police.
- It simply cannot be mandated that people give up drugs in order to receive help



# Basic Tenets

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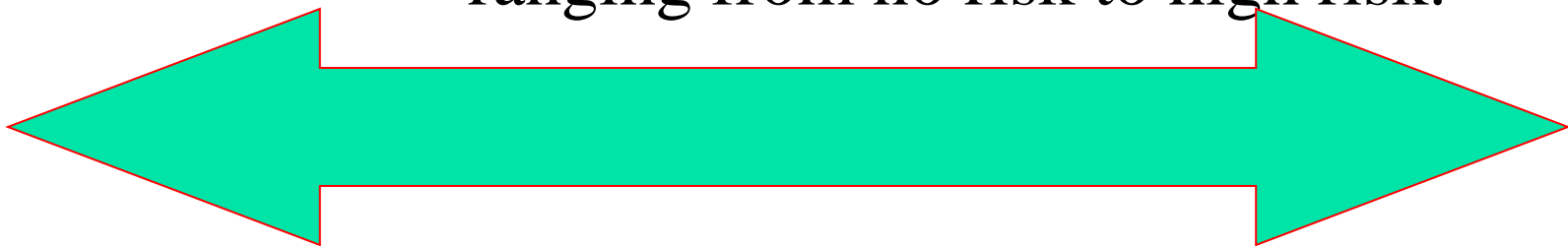
- People who use drugs deserve empathic treatment by professionals, and the acceptance that any small improvement in drug use, patterns or other related harmful behaviors is positive in and of itself



# Risk Taking Behaviour

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Behaviour occurs along a continuum of risk ranging from no risk to high risk.



**High Risk  
Behaviours**

**No Risk  
Behaviours**



# Harm Reduction Examples

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- Safe Grads
- Designated driver programs
- Smoking cessation devices/drugs
- Managed alcohol programs
- Safer sex campaigns
- Needle exchanges
- Supervised injection facilities
- Prescription heroin/Methadone maintenance



# Reasons People Start Drugs

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- Experimentation/Excitement
- Filling a “hole”, masking emotional pain
- Mental Health issues
- Physical pain
- Family involvement
- Provides something that life/society can't or doesn't





# Reasons People Continue Drugs

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- Addiction
- Pleasure/fun
- Coping mechanisms/escape
- Adaptation to lifestyle realities
- Drugs can make you feel confident, powerful, energized
- Drugs can make you feel peaceful, warm, loved
- Cyclical - no future vision/hopes/dreams



# Challenges to Quitting Drugs

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- Peer pressure
- Economics
- Lack of support
- Crisis
- Determinants of health
- Past survival skills/coping
- Fear of success
- Fear of withdrawal
- Loneliness
- Lack of knowledge of resources
- Lack of available resources
- Emotional avalanche
- Too much pressure
- Physical/mental addiction



# Healthy Client-Worker Relationship

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- Respects all clients
- Uses a strengths-based perspective
- Builds rapport and trust (but trust must be earned)
- Nonjudgmental - accept people's decisions & lifestyle choices
- Separate the drug from the person - this is a person, who happens to use drugs
- Being patient with yourself and the service user



# Unhealthy Client-Worker Relationship

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- Acting superior for having made different choices
- Preaching or expecting abstinence - people won't quit until they are ready
- Having unclear boundaries – communicate boundaries respectfully
- Not valuing the individual's right to self-determination
- Pushing your own values onto the individual eg sobriety
- Trying to 'save' the individual



# Individual Outcomes

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- Restores dignity, self-esteem and a sense of value
- Increases a sense of control
- Builds trust
- Gives a gateway to detox/treatment
- Reaffirms that people have a choice
- Improves range of options
- Provides a “safe place”
- Develops a sense of recognition/partnership
- Restores future vision/hope
- Gives individual a voice



# Community Outcomes

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- Decreased HIV/hepatitis rates in general population
- Safer environments
- Decreased crime
- Decreased costs to health care, social service, education and justice systems
- Improve overall health of the community
- Decreased stigma and discrimination



# Worker Outcomes

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- Honesty in client/worker relationship. People don't need to lie to you
- Opportunity to learn new skills, language, etc.
- Opportunity to provide truthful education
- Encouragement of client self-determination
- Recognition that you are dealing with a symptom, not the “problem”
- Opportunity to see successes on a day-to-day basis



# Contact

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Twitter: @StreetworksAB

Facebook: Streetworks Edmonton





# Useful websites

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## Alberta:

- Alberta Addicts Who Educate and Advocate Responsibly  
<http://aawear.ca/>
- Alberta Health and Wellness Addictions and Mental Health  
<http://www.albertahealthservices.ca/services.asp?pid=stype&type=25>
- Coalition on Prescription Drug Misuse  
<http://www.prescriptiondrugmisuse.ca/>
- HIV Edmonton  
<http://www.hivedmonton.com/index.html>
- Safeworks, Calgary  
<http://www.calgaryaddiction.com/pages/service-provider-information/chr-safeworks-calgary.php>
- Streetworks, Edmonton  
[www.streetworks.ca](http://www.streetworks.ca)
- University of Alberta Addiction and Mental Health Lab  
<http://www.addiction.ualberta.ca/>



# Useful websites

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## Canada:

- AIDS New Brunswick  
<http://aidsnb.com/services/nep>
- BC Yukon Association of Drug War Survivors  
<http://www.capud.org/>
- Cactus Montreal  
<http://cactusmontreal.org/en/apropos.html>
- Canadian Association of People Who Use Drugs  
<http://www.capud.org/>
- Canadian Centre on Substance Abuse  
<http://www.ccsa.ca/Pages/Splash.htm>
- Canadian Foundation for Drug Policy  
<http://www.cfdp.ca/>
- Canadian Harm Reduction Network  
<http://www.canadianharmreduction.com/>
- Canadian HIV/AIDS Legal Network  
<http://www.aidslaw.ca/>



# Useful websites

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- Canadian Students for Sensible Drug Policy  
<http://www.cssdp.org/>
- Halifax Needle Exchange  
<http://www.mainlineneedleexchange.ca/>
- HIV North Society  
<http://www.hivnorth.org/>
- Ontario Harm Reduction Distribution Program  
<http://www.ohrdp.ca/resources/needle-exchange-faqs/>
- Prisoners' HIV/AIDS Support Action Network  
<http://www.pasan.org/>
- Prison Justice  
[http://www.prisonjustice.ca/politics/facts\\_stats.html](http://www.prisonjustice.ca/politics/facts_stats.html)
- Stella Montreal (Sex workers group)  
<http://www.chezstella.org/>
- The Works Needle Exchange Toronto  
[http://www.toronto.ca/health/sexualhealth/sh\\_the\\_works.htm](http://www.toronto.ca/health/sexualhealth/sh_the_works.htm)



# Useful websites

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- Toronto Drug Users Union (TDUU)  
<http://tduu.blogspot.com/>
- Vancouver Area Network of Drug Users (VANDU)  
<http://www.vandu.org/>
- Winnipeg needle exchange and methadone program  
<http://www.afm.mb.ca/Services/methadone.htm>
- Wood Buffalo HIV/AIDS Society  
<http://www.wbhas.ca/>

## **International:**

- Asian Harm Reduction Network  
<http://www.ahrn.net/index.php>
- Asian Network of People who Use Drugs (ANPUD)  
[www.anpud.org](http://www.anpud.org)
- Association of the safety of drug users (ASUD) (in France)  
[www.asud.org](http://www.asud.org)
- Australian Drug Foundation  
<http://www.adf.org.au/>



# Useful websites

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- Australian Injecting and Illicit Drug Users League (AIVL)  
<http://www.aivl.org.au/>
- Caribbean Harm Reduction Coalition  
<http://www.caribbeanharmreductioncoalition.htmlplanet.com/index.html>
- Chicago Recovery Alliance  
<http://www.anypositivechange.org/crainfo.html>
- Cranstoun Drug Services  
<http://www.cranstoun.org/>
- DanceSafe  
<http://dancesafe.org/>
- Danish Drug Users' Union  
<http://www.brugerforeningen.dk/bf.nsf>
- Drug Policy Alliance (US)  
<http://www.drugpolicy.org/about/>
- Drug War Facts  
<http://www.drugwarfacts.org/cms/>



# Useful websites

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- DS Daily: A Daily Drug and Alcohol News Services (UK)  
<http://www.dsdaily.org.uk/>
- Eurasian Harm Reduction Network  
<http://www.harm-reduction.org/home.html>
- European Harm Reduction Network  
<http://www.eurohrn.eu/>
- Harm Reduction Coalition  
<http://www.harmreduction.org/index.php>
- Harm Reduction Therapy Center  
<http://www.harmreductiontherapy.org/>
- HIT (United Kingdom)  
<http://www.hit.org.uk/>
- Injecting Advice (UK)  
<http://injectingadvice.com/>



# Useful websites

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- International Centre for Science in Drug Policy  
<http://www.icsdp.org/>
- International Drug Policy Consortium  
<http://www.beckleyfoundation.org/policy/consortium.html>
- International Harm Reduction Association  
<http://www.ihra.net/>
- International Network of People Who Use Drugs  
<http://www.druguserpeaceinitiative.org/>
  
- International Nursing Harm Reduction Network  
<http://inhrn.net/default.aspx>
- Law Enforcement Against Prohibition  
<http://www.leap.cc/cms/index.php>
- Lower East Side Harm Reduction Center (LESHRC)  
<http://www.leshrc.org/>



# Useful websites

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- Middle East and North Africa Harm Reduction Association  
<http://www.menahra.org/>
- New Mexico Department of Health Harm Reduction Program  
[http://www.health.state.nm.us/idb/harm\\_reduction.shtml](http://www.health.state.nm.us/idb/harm_reduction.shtml)
- National Advocates for Pregnant Women (NAPW)  
<http://www.advocatesforpregnantwomen.org/>
- North American Syringe Exchange Network (NASEN)  
<http://www.nasen.org/>
- Sub-Saharan Harm Reduction Network  
<http://sahrn.net/>
- The International Users Group with Members around the World (INPUD)  
[www.druguserpeaceinitiative.org](http://www.druguserpeaceinitiative.org)
- The Users Voice in Britain  
[www.usersvoice.org](http://www.usersvoice.org)
- Transform  
<http://www.tdpf.org.uk>





# Useful websites

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- Trimbos Institute (the Netherlands)  
<http://www.trimbos.org/>
- United Kingdom Harm Reduction Alliance (UKHRA)  
<http://www.ukhra.org/>
- United Kingdom Harm Reduction Association  
<http://www.ukhra.org/>
- United Nations Office on Drugs and Crime  
<http://www.unodc.org/>
- Youth Rise  
<http://www.youthrise.org/>

## Alcohol:

- Alcohol Harm Reduction Resources

<http://alcoharm.org/>

## Alcohol Self-Help News

<http://alcoholselfhelpnews.wordpress.com/2007/10/26/what-is-alcohol-harm-reduction/>