EQUIP Health Care
Research to Equip Health Care for Equity

Promoting Health Equity – Harm Reduction

A Tool for Primary Health Care Organizations and Providers working with individuals

Harm reduction is

- A philosophy and a set of programs & services
- Focusing on preventing the harms of substance use, not reducing substance use per se
- Viewing substance use as a health issue
- An evidence based response

Practicing harm reduction means

- Accepting people as they are
- Avoiding judgement
- Emphasizing the dignity of each person
- Being compassionate
- Challenging the policies and practices that cause unnecessary harm – like criminalization of drug use, refusal of medical care, lack of adequate housing

Examples Include:

Why an equity lens?

As Figure 1 suggests, an equity lens helps us understand that substance use and the harms of use are increased by social conditions (abuse, trauma, grief, loss, and social determinants of health such as low income and inadequate housing).

- For example, the harms associated with substance use (e.g. stigma, violence, overdose, malnutrition, coronary artery disease, cirrhosis, HIV, Hepatitis C, abscesses) are increased when people face challenges related to racism, poverty, housing, income or mental health.
- The use of certain substances is often highly stigmatized in society, particularly for people facing social disadvantages[3].
- Negative or stigmatizing experiences in accessing health care can lead people to delay or avoid seeking future care. You can prevent these harms by providing care that is of an equity-oriented and harm reduction nature.

Figure 1: Substance use in context

Harm Reduction

This tool offers actions you can take to implement equity oriented harm reduction in your primary health care practice. Harm reduction, cultural safety, and trauma and violence informed care (TVIC) are interrelated concepts that can help promote equity.

For other tools in the toolkit, see: https://equiphealthcare.ca/toolkit

Question 6 Areas

To move your practice toward equity-oriented harm reduction

By substances we mean

alcohol, and drugs (prescription, non-prescription, legal and illegal drugs).

Instead of

"Alcoholic"

use

"a person who uses alcohol with harmful effects"

Instead of

"Addict" or "IDU"

use

"Person who uses/injects drugs"

Instead of

"Drugseeking"

use

"Person in pain"

1 Question society's assumptions about substance use

What are common views of substance use and those who use substances? How do these views vary depending on the relative wealth and power of the individual?

How were you taught to think about substance use? About people who use substances?

How has the history of substance use policy resulted in some substances being legal and others illegal?

How are policies in Canada influenced by the USA's "war on drugs"? By the drive for corporate profits?

How do policies impact people's substance use patterns? How do social and economic policies impact the determinants of harms, such as poverty, unstable housing?

To what extent does media reflect or challenge assumptions (e.g. class and race) about use?

2 Question yourself

How are you positioned in relation to substance use? What role does substance use play in your life?

What personal and professional experiences shape your perspective on substance use?

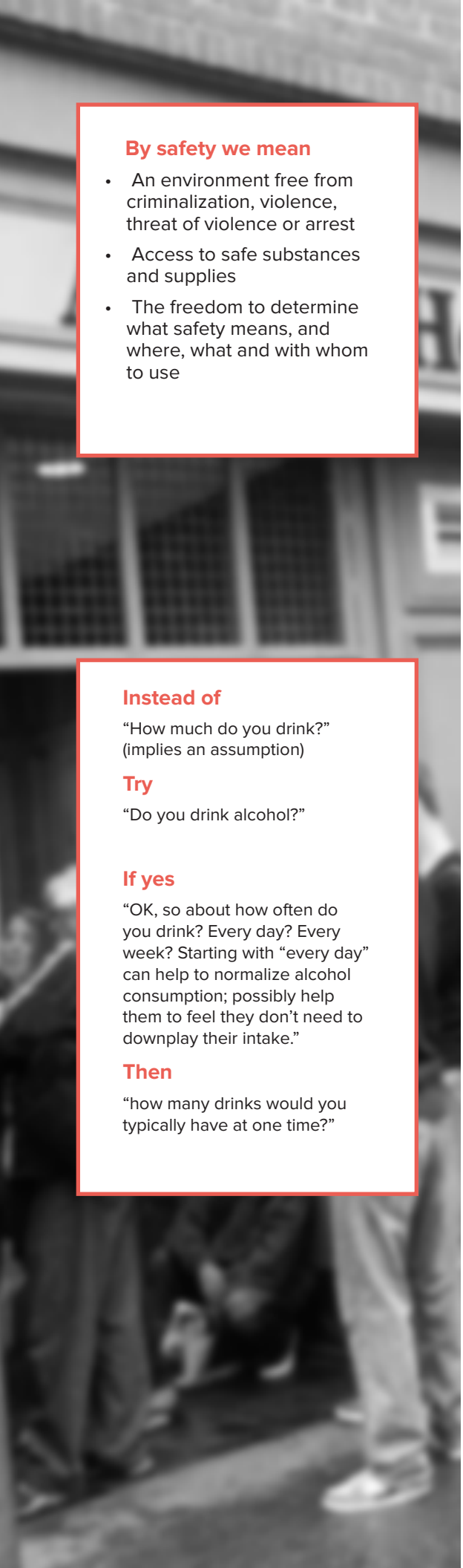
How do you treat people who are drinking? Is your response different to people using illegal drugs?

Does every person get the same degree of respect?

3 Question language

What language do you hear related to substance use? Even basic words and labels can cause harm and create barriers to positive relationships with clients.

Consider how your organization and its staff talk about substance use and people who use substances.



By safety we mean

- An environment free from criminalization, violence, threat of violence or arrest
- Access to safe substances and supplies
- The freedom to determine what safety means, and where, what and with whom to use

Instead of

"How much do you drink?" (implies an assumption)

Try

"Do you drink alcohol?"

If yes

"OK, so about how often do you drink? Every day? Every week? Starting with "every day" can help to normalize alcohol consumption; possibly help them to feel they don't need to downplay their intake."

Then

"how many drinks would you typically have at one time?"

4 Question space

Conduct a 'walkthrough': start at the entrance and imagine you are a person coming for care. What will people see and experience in the physical space? What could help people to feel safe and welcome? What might contribute to stigma?

- Is the waiting area warm and welcoming?
- Is there a welcome sign? Do signs convey respectful and welcoming messages?
- Do signs indicate zero tolerance for substance use, which might deter people coming for care?
- How are people greeted when they arrive?
- Are water, coffee, or snacks available?
- What are the policies related to washroom use?
- If harm reduction supplies are provided, are there spaces where people can safely use? Are safe disposal boxes for needles and other accessories available?
- Is Naloxone available in the case of an opioid overdose?

5 Question practices

How can routine practices counteract stigma? A respectful conversation can go a long way to reducing fears of judgement and dismissal.

Even simple questions can be framed in less stigmatizing ways:

- What happens if a person appears to be under the influence of substances when they come for care?
- What might you miss if you only assume a person is under the influence? (e.g. neurological problems, stroke, head injury)?
- If a person is exhibiting aggressive behavior, ask yourself "why?" What else could be going on? Is it only the physiological effects of substances? Could they be hungry? Sleep deprived? Reacting to anticipating being stigmatized? What else do you need to know?

Some clinics offer packages that include harm reduction supplies (such as chocolate, bus tickets and clean needles) free for the taking. This is a good example of respectful engagement as it puts the onus on the clinic and avoids clients having to ask for such supplies.

6 Question who

Who is involved in decision-making? Who should be?

Are people who use substances represented? If not, how could you engage them, seek their input, and work together to shift the services, practices and environment at your organization?

Learn more about harm reduction and how you can help*

Harm Reduction International (2016).
What is harm reduction?

https://www.hri.global/what-is-harm-reduction

International HIV/AIDS Alliance & Harm Reduction International (2015).
Step by Step: Preparing for work with children and young people who inject drugs.

https://www.hri.global/files/2015/11/06/WEB2_Step_by_step_tool1.pdf

British Columbia Ministry of Health (2005).
Harm Reduction: A BC Community Guide.

http://www.health.gov.bc.ca/library/publications/year/2005/hrcommunityguide.pdf

BC Centre for Disease Control (2011).
Harm Reduction Training Manual for Frontline Staff.

http://www.bccdc.ca/resourcegallery/Documents/Educational%20Materials/Epid/Other/CompleteHRTRAININGMANUALJanuary282011.pdf

BC Centre of Excellence for Women's Health (2010).
Women-centered Harm Reduction.

http://bccewh.bc.ca/wp-content/uploads/2012/05/2010_GenderingNatFrameworkWomencentredHarmReduction.pdf

Canadian HIV/AIDS Legal Network, International AIDS Alliance, Open Society Institute, & Drugs INoPWU. (2008).

Nothing about us without us: A manifesto by people who use illegal drugs.
https://www.opensocietyfoundations.org/reports/nothing-about-us-without-us

Provincial Health Services Authority & BC Centre for Disease Control (2017).
Respectful language and stigma regarding people who use substances.

http://towardtheheart.com/assets/naloxone/respectful-language-and-stigma-final_244.pdf

Substance Use Treatment Journey: Peer Experiences (2018).
Peer map that illustrates what peers experience when they are not in treatment, and throughout their treatment and recovery journey.

https://bcpsqc.ca/wp-content/uploads/2018/03/Peer-Map.pdf

**Please note this tool was developed for health and social service providers in BC. Please note that similar services and resources exist in other provinces and countries and can be accessed through local support organizations.*

Resources for clients who use substances and may need additional supports or wish to get involved in advocacy*

Where you can get naloxone across BC

http://www.fraserhealth.ca/health-info/health-topics/harm-reduction/overdoseprevention-and-response/where-can-you-get-naloxone/

Information on harm reduction supplies, naloxone, and harm reduction sites across BC:

http://towardtheheart.com/

Vancouver Coastal Health needle exchange locations:

http://www.vch.ca/your-health/health-topics/needle-exchange/needle-exchange

Vancouver Area Network of Drug Users (VANDU) is dedicated to improving the lives of people who use illicit drugs through advocacy, community building, and promotion of harm reduction at all levels of government:

http://www.vandu.org/

SOLID, based out of Victoria, BC, provides support, education and advocacy to better the lives of people who use drugs:

http://solidvictoria.org/

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To learn more about EQUIP Health Care, please visit www.equiphealthcare.ca

To provide feedback about this tool, please visit https://www.surveymonkey.com/r/VRBF7WJ

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CIHR IRSC
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References

[1] Harm Reduction International (2016). What is harm reduction? A position statement from HRI. URL: https://www.hri.global/what-is-harm-reduction

[2] DSM 5 Criteria for Substance Use Disorder. (2017). http://www.buppractice.com/node/12351.

[3] Room, R. (2005). Stigma, social inequality and alcohol and drug use. Drug and Alcohol Review 24(2): 143-155.