



Harm Reduction Training

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Indigenous Services
Canada

Services aux
Autochtones Canada

Canada

Land and Treaty Acknowledgment



Outline

What is harm reduction?

Why is it important?

Understanding substance use

Guiding principles of harm reduction

Indigenous models of harm reduction

How to provide the service: fixed site and outreach

How to more safely inject and smoke drugs

What supplies are provided and why

HIV and Hepatitis C

Abscess care

Overdose prevention

Keeping stats

What to do with the used needles

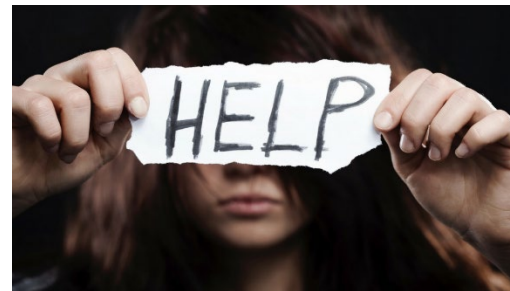


What is harm reduction in general?

- An approach that recognizes that a certain behavior, in this case drug use, carries some harms with it.
- And forcing a stop of that behavior, since that seldom (if ever) works, is not the goal.
- Our primary course of action in harm reduction work is helping people to decrease some possible risks that may go along with their drug use.
- Another action is to connect with people, and to recognize that their choices are their choices and they have the right to make those choices. If someone wants to decrease or stop their drug use, and they want your help, you'll help them. But if it is your goal, and not theirs, re-think that path.



Why is harm reduction important



- We are telling people that they are important and that they are worthy of others caring about their health
- We are reminding people that they have some control over their health
- Providing people with supplies to use their drugs safely helps to prevent serious infections like HIV and Hepatitis C
- Having dialogue about overdose prevention is an important piece in preventing overdoses and overdose deaths
- Knowing how to safely use drugs is crucial in preventing skin and heart infections like MRSA and endocarditis

Guiding principles of harm reduction

- Many of the harms that stem from substance use may be caused by other factors (negative societal views about people who use drugs, policies such as you must be sober before we can assess and help with your mental health, laws that arrest people for possession of drugs for their own use and not for trafficking, tainted drug supply).
- People who use drugs must be consulted and must be involved in their health care. Think “nothing about us without us”. But because of the above and many other reasons, it can be a big challenge to engage with people because they may try to hide their use.
- Harm reduction emphasizes human rights and the importance of treating all people with respect, dignity and compassion, regardless of substance use.
- Non judgmental. Accepts persons as they are, including their right to make choices about their health and their lives. Let’s not assume everyone wants to quit and they are just “too weak to do so”.



Indigenous Harm Reduction

- Canadian Aboriginal AIDS Network & Interagency Coalition on AIDS and Development

(2019). Indigenous Harm Reduction=Reducing the Harms of Colonialism [Policy Brief]. 1-26.

<http://www.icad-cisd.com/pdf/Publications/Indigenous-Harm-Reduction-Policy-Brief>

- Native Youth Sexual Health Network. (2016). Indigenizing Harm Reduction: Moving beyond

the four-pillar model. *Visions*, 11(40), 36-40

- Wardman, D., & Quantz, D. (2006). Harm reduction services for British Columbia's First

Nation population: a qualitative inquiry into opportunities and barriers for injection drug users.

Harm Reduction Journal, 3(30), 1-6.

From those documents:

- Mainstream harm reduction may not meet the need of those in Indigenous communities. Focusing just on the individual is not enough.
- Four-fire model: focuses on community well-being and restoration of Indigenous knowledge systems, life ways, ceremonies, culture, and governance structures.
- Indigenous harm reduction is love.
- Indigenous harm reduction is reducing the harms of colonization.

Findings from some recent literature on harm reduction nursing

Iammarino, C., Pauly, B. (2021). Harm reduction as an approach to ethical nursing care of people who use illicit substances: an integrative literature review of micro and meso influences. *Drugs: Education, Prevention, and Policy*, 28(6), 533-546.

Some highlights:

Intrapersonal factors: nurses are often the first point of healthcare yet can be the source of stigma and relational barriers to care. We must show: respect for and acceptance of individuals, active listening and validating concerns, development of reciprocal trust, etc. We need to shift from the belief of fixing people to reducing harms, from stigma to acknowledgement of personhood and worth. We do this by using respectful person centered language and avoiding dehumanizing terms like addicts, IDUs, etc. And we must have an awareness of the harmful impacts of drug policy and history of criminalization that contributes to harms.

Interpersonal factors:

Challenge unethical practice: Among colleagues, nurses need to challenge stereotypes and language and move towards culturally safe care. We need to be patient advocates when working with members of interdisciplinary teams.

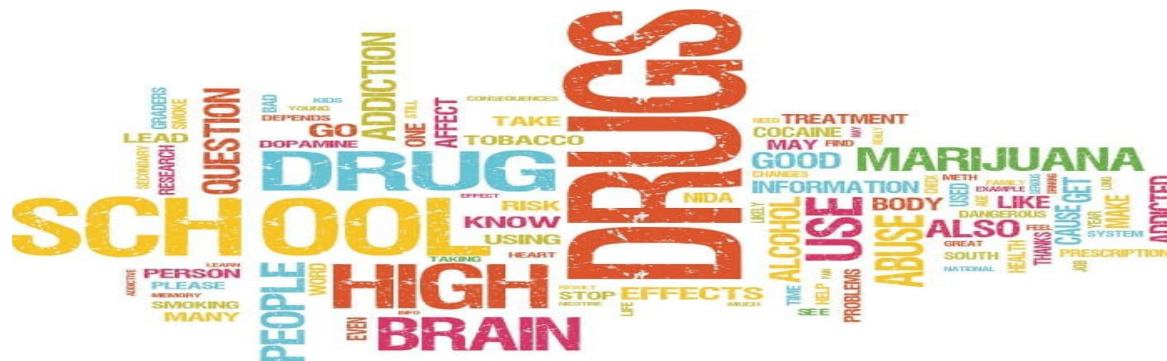
Develop interprofessional trust: Often folks require complex care among disciplines requiring skilled collaboration between professionals.

Institutional factors:

Cultural safety and trauma and violence informed care: nurses need to critically reflect their own values, beliefs, and attitudes. Nurses recognize their own power and privilege.

Understanding substance use

- There are many reasons people use drugs; for enjoyment, to relieve stress, to feel differently than they feel, for physical pain, for mental pain, because they are dependent on the drug and it doesn't feel like a choice not to use it
- And there are many different scenarios of what that looks like: some people just use occasionally, some are trying to quit, some use every day and several times per day, some just when they are around certain people, some inject, some smoke, some snort, some take by mouth or several different routes
- Some only take one drug but some have a few different types they like. Sometimes people just take whatever they can get even though they have a preference for a certain drug
- Bottom line, don't assume, ask. Everyone's experience and story is their own.



Depressants (Downers)

OPIOIDS

Heroin
Fentanyl
Morphine
Methadone
Percocet/Percs
Dilaudid
Codeine/T1/T2/T3
Oxycodone/Oxy
Suboxone
Demerol
Opium

BENZODIAZEPINES (BENZOS)

Valium Ativan
Clonazepam Xanax
Rohypnol

SEDATIVE HYPNOTICS

Z-drugs (e.g. zopiclone, Ambien)
GHB

ALCOHOL

Beer Wine Spirits

Stimulants (Uppers)

Cocaine (Powder, Crack)
Methamphetamine/Crystal Meth
Amphetamines
Pseudoephderine
Aderall
Ritalin
Nicotine/Tobacco
Caffeine

Hallucinogens

MDMA/
Ecstasy

Marijuana
PCP
Ketamine
Ayahuasca
LSD
Mushrooms
Mescaline
Peyote

Morphine

Most drugs can be smoked or snorted or injected.



Cocaine



GHB (GH, Juice, Liquid Ecstasy, Date rape drug)



- Colorless, odorless liquid
- Taken by mouth
- A depressant that creates relaxation/euphoria at a moderate dose but a strong dose may bring on sleepiness and amnesia

Ecstasy (E)



- A stimulant
- Usually taken by mouth
- Effects are euphoria, alert, eye blinking, dilated pupils, dehydration, confusion, anxiety

Meth



Heroin (smack, hard stuff, horse, junk, point)



- Snorted, injected, smoked
- A depressant that decreases pain, and creates a strong euphoria

More Guiding principles of harm reduction

- Harm reduction aims to support the health and safety of individuals, families, and communities.
- We need to be evidence based rather than focusing on our own personal beliefs and possible misconceptions.
- We must demonstrate skills required such as cultural competency and trauma informed care.
- Harm reduction is an important part of a comprehensive health approach and it compliments abstinence, prevention, and treatment. And in fact can be looked at as prevention and treatment.
- Maintaining privacy and confidentiality
- Safer injection has three components; how you inject, where you inject, and what you inject



How to provide the service



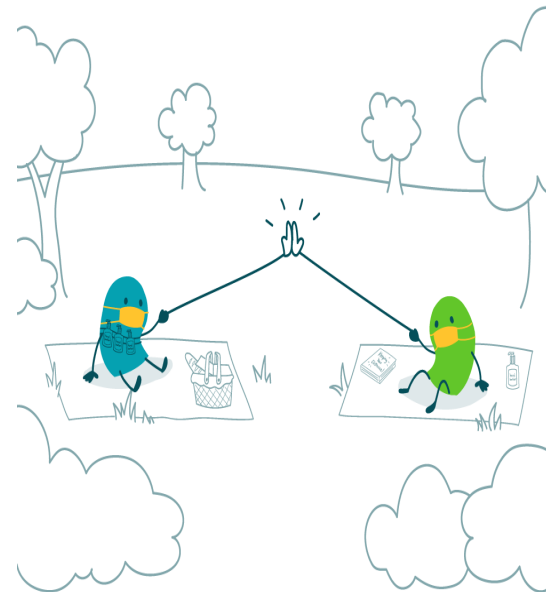
How to provide the service

- Fixed sites
- Outreach
- Peers
- Partnerships with other agencies
- The education background of the staff does not matter, but the right person for the job really matters.
- Have a few staff on to cover.
- Consider what you will do in times of closures
- Good to encourage clients to come and visit. Make it warm and welcoming.
Coffee/tea/snacks
- If a client feels staff are judging them, they won't feel safe to return. Also, if other staff in the building are judging, the outcome is the same.
- Staff should approach the client in a calm, assertive manner, always looking for ways to interact that are meaningful, all the while letting the client's needs steer the interaction



How to: continued

- Staff should be client centered, focusing the interaction on the client and not on the staff. Its ok to share some personal info as a way to develop relationship but try to focus on the client
- Assess the client when you see them
- Without bombarding someone, ask if they have had stbbi testing, had vaccines, etc. Promote the other services of the health centre.
- Outreach can be formally or informally by always having some supplies with you
- Provide a cultural component to care



Incorporate Outreach

People may feel more comfortable

You may get more needles back

May increase the sense of confidentiality

You are decreasing a barrier

You are meeting them where they are at

You can take another person who brings other skills

Get an idea of what home life is like and what else they may need

Can be more enjoyable for staff

You will reach more people

How to more safely inject and smoke drugs

- Mock demonstration of injecting: wash hands, prepare the drug, add water and heat, filter, vitamin C if needed, cool, draw up solution, find a vein, tourniquet, clean skin, insert needle bevel up, remove tourniquet, push drug in slowly, apply cotton ball
- See Indigenous Services Canada “Needle Distribution and Collection Procedure” (Document 1.0 of the Harm Reduction Procedures) pages 3-4
- Show the pipes and how to use



What supplies are provided and why

- See Indigenous Services Canada “Needle Distribution and Collection Procedure” (Document 1.0 of the Harm Reduction Procedures) pages 1 – 2
- Needles, alcohol swabs, sterile water, filters, vitamin C, tourniquets, cookers/spoons, sharps containers, gloves, cotton balls and bandaids, also condoms, pipes, naloxone
- All supplies are to be used only once



HIV and Hepatitis C

- The numbers remain fairly high in SK
- HIV human immunodeficiency virus and hepatitis C impacts the liver
- Both can be transmitted by blood and sex, Hep C less so through sex
- Needles, filters, cookers, all drug equipment can have traces of blood and therefore transmit
- If you heat the drug top bubbling when preparing it, it will kill HIV and Hep C
- The treatment for these infections has changed but the infections themselves has not.
- HIV: if people go on treatment for the rest of their lives, and if stay on, cannot transmit to others.
- Hep C: there is a cure.

THE NEW HEP C TREATMENTS

TALK TO YOUR DOCTOR, NURSE OR CLINIC ABOUT GETTING READY FOR TREATMENT



Injection related complications

- Endocarditis
- Chalk lung
- Cotton fever
- Abscesses
- Scarring
- Swollen hands and feet
- What happens if you hit an artery
- Cook your wash

Abscess care

- They are painful and warm to touch
- Cause: not cleaning the site first, using often and the skin and veins break down, missing a vein, not using a new needle each time, stuff that is in the needle
- What to do: if small (less than 1 cm or a half inch across), apply warm cloth 30 minutes 4 times daily. This may help it open and drain. Tell person not to squeeze to try to drain and not to stick a needle or something else into it
- In general, it must be opened and drained in order to improve. Refer if more than 1 cm, gets bigger, painful, they are fevered, it is near the rectal or groin area, there is a red streak going away from the abscess. They would drain it and pack it.

Wound Cleansing

Normal saline or sterile water are the preferred cleansers for acute wound care. These solutions come in a format designed to deliver the appropriate psi for wound cleansing without resulting in underlying tissue injury; spray on the wound bed from an ~ 3-4” distance and then with a moistened 2 x 2 cleanse surrounding skin.



Overdose Prevention

- We are in a crisis of drug poisoning
- Ideally, we would have drug checking machines and people would know what was in their drug, and then we would have a safe supply of drugs prescribed by a nurse practitioner or doctor. And that is starting in Canada.
- The reality is that people intend to be using a drug but there is no guarantee, unless it is a prescription and also once you test a drug and you find fentanyl in it and you are desperate, you can't go return it at Walmart.
- But at least people can have naloxone. And also if they trust someone, to let them know when they are going to use. But this just isn't realistic as not all drug use is "partying". Many people prefer to use alone.
- We need to talk about drug tolerance, doing a test.
- Give out naloxone
- We need to start accepting people who use drugs rather than shaming them.



THE FOLLOWING SIGNS AND SYMPTOMS MAY INDICATE AN OPIOID OVERDOSE EMERGENCY:



**UNUSUAL
SLEEPINESS OR NOT
ABLE TO AWAKEN**



**BREATHING
WILL BE SLOW
OR ABSENT**



**SLOW HEARTBEAT
OR LOW BLOOD
PRESSURE**



**SKIN FEELS
COLD AND
CLAMMY**



**PUPILS ARE
TINY**



**NAILS AND LIPS
ARE BLUE**

SAVE - ME

S – Stimulate

A – Airway

V – Ventilate

E – Evaluate

M – Medication

E – Evaluate

Follow the **SAVE ME** steps below to respond.



If the person must be left unattended at any time, put them in the recovery position.



Stimulate
Unresponsive? **CALL 911**



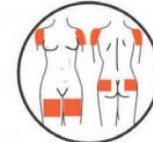
Airway



Ventilate
1 breath every 5 seconds



Evaluate



Muscular Injection
1 mL of naloxone
Continue to provide breaths until the person is breathing on their own



Evaluate
2nd dose?
If no response after 3-5 minutes give another injection

Keeping stats

- See stats sheet
- Protect people's identities
- Reporting on your work will be important to others

Biomed and needle pick up

- Biomed 306-253-4476 to pick up your full sharps containers from health centre and the yellow drop box. ISC pays for.
- Biomed will bring you cardboard boxes to put your full containers in. Don't put loose in there. Have a larger sharps container that people drop into. Make the person do it. Don't handle needles. So even if they bring in a bag.
- Best to have a locked room as people may want the drug residue from the needles

Go pick up sharps containers from people



References

- Harm Reduction Nurses Association
- Best Practices in Harm Reduction for Canadian Harm Reduction Programs

Final words



- We should be proud of people for coming in to access harm reduction services. It takes a great deal of courage.
- And we should be proud that we have harm reduction programs because they show that we value all our people. People who use drugs tend to be suffering. Harm reduction helps lessen their burden.