



## Harm Reduction Agency Position Statement & Policies

### I. Statement of Commitment

Harm reduction is a set of values and practical strategies that aim to meet people “where they are at” to help them reduce harm that may result from risk taking behaviour, such as drug use. Harm reduction accepts the reality that people can and will use drugs and engage in other activities that can cause them harm and works to minimize the harmful effects of these behaviours rather than ignore, condemn, or focus on ending the behaviour. Harm reduction seeks to empower people by providing information and techniques to minimize potentially negative impacts of risk taking behaviors. Harm reduction-based programs have been critical to HIV prevention efforts since the 1980s and continue to play an important role in reducing new HIV infections and promoting the long term health and well-being of people living with HIV/AIDS. Harm reduction is a core value of the AIDS Committee of York Region (ACYR) and we are dedicated to ensuring that harm reduction principles are integrated in all aspects of our programming.

Our role as service providers working from a harm reduction framework includes:

- Recognizing that drug use, sex and other activities that may cause harm are not inconsistent with seeking to improve one’s health or the health of drug sharing and sexual partners.
- Respecting the autonomy and choices of people we support and working with them to find the best strategies to improve their health.
- Providing services that are non-judgmental, non-coercive and based in the best available scientific evidence.
- Engaging all individuals who access our services with respect and empathy.

ACYR affirms people who engage in risk taking behavior have as equal a right to our services and programs as people who do not. People engaging with ACYR will be treated with dignity and respect, and services will be offered in a non-judgmental, non-coercive and equitable manner. We recognize that substance use and other risk taking behavior may, at times, be a barrier to a person benefiting fully from ACYR’s programs and services. ACYR’s response will remain person-centered and we will engage and involve individuals in these situations to deliver services that support their overall health and well-being.

ACYR recognizes that people who use drugs have been at the forefront of developing harm reduction practices and will continue to play a leading role developing effective programming to support people living with HIV/AIDS and to prevent new HIV infections. ACYR recognizes that people who use drugs bring valuable experience to the agency and will do its best to support those who have or do use drugs to be full participants within our agency as clients, staff, and board members.

ACYR will support ongoing training on harm reduction practices for all staff, volunteers and board members in order to ensure that harm reduction is consistently and effectively implemented within the agency. ACYR will create an environment where access to training programs and up to date information on harm reduction practices and HIV and STBBI prevention is easily accessible.

## II. Context/Background

- Harm reduction is a broad term to define health interventions that acknowledge harm related to drug use and other activities and seek to empower people by giving them the tools to minimize the potentially negative impact of these activities. While harm reduction is defined and operationalized in a variety of ways, these definitions broadly include a willingness to work with people without requiring abstinence from drug use, a focus on person-centered care, and the provision of evidence-based information and practical solutions to reduce possible negative health outcomes related to drug use and other behavior.<sup>1,2</sup>
- While practices that fit within the definition of harm reduction existed before the term was coined, it wasn't until the 1980s that harm reduction became a major focus of health promotion programs. The emergence of HIV and Hepatitis C highlighted the limitations of abstinence-based programs to engage active drug users and created a need for alternative strategies to support people who use drugs. Practical measures like avoiding sharing needles and providing needle exchange were initiated at the community level first before eventually being incorporated into agency and governmental responses to HIV. In Canada, the earliest harm reduction programming included needle exchange programs established in Toronto, Montreal and Vancouver in the late 1980s and the inclusion of harm reduction principles in the national drug strategy in 1987.<sup>3,4</sup> Harm reduction programming has since expanded to include a variety of practices such as safer injection, smoking and snorting resources, supervised injection services, opioid replacement therapies and overdose prevention medications.<sup>3,4</sup>
- In addition to informing programming related to drug use, harm reduction has also been at the core of sexual health promotion since the HIV epidemic began. Harm reduction in relation to sexual health, also referred to as risk reduction, has similarly been driven by those most affected by HIV. This can be seen in the activism of gay and bisexual men to promote condoms as a prevention tool in the 1980s and efforts to get access to Pre-Exposure Prophylaxis (PrEP) in the 2010s. A number of harm reduction based tools and strategies for preventing HIV transmission have emerged since the 1980s including multiple forms of barrier prevention, PrEP, Post-Exposure Prophylaxis (PEP), undetectable viral loads, and engaging in sex with lower probability of HIV transmission.<sup>5</sup>
- Harm reduction programs have often faced challenges despite their results. Cultural attitudes towards people who use drugs and towards sex have often framed harm reduction as

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<sup>1</sup> CATIE. (2011). Hepatitis C: An In-Depth Guide: Harm Reduction. Retrieved May 9, 2016, from

<http://www.catie.ca/en/printpdf/practical-guides/hepc-in-depth/prevention-harm-reduction/harm-reduction>

<sup>2</sup> Centre for Addiction and Mental Health. (2002, May). CAMH and Harm Reduction: A Background Paper on its Meaning and Application for Substance Use Issues. Retrieved May 9, 2016, from

[http://www.camh.ca/en/hospital/about\\_camh/influencing\\_public\\_policy/public\\_policy\\_submissions/harm\\_reduction/Pages/harmreductionbackground.aspx](http://www.camh.ca/en/hospital/about_camh/influencing_public_policy/public_policy_submissions/harm_reduction/Pages/harmreductionbackground.aspx)

<sup>3</sup> Cavalieri, W., & Riley, D. (2012). Harm Reduction in Canada: The Many Faces of Regression. In R. Pates & D. Riley (Eds.), *Harm Reduction in Substance Use and High-risk Behaviour: International Policy and Practice*. London: Wiley-Blackwell.

<sup>4</sup> Canadian Nurses Association. (2011, March). *Harm Reduction and Currently Illegal Drugs: Implications for Nursing Policy, Practice, Education and Research*. Retrieved May 9, 2016, from [https://www.cna-aic.ca/~media/cna/page-content/pdf-en/harm\\_reduction\\_2011\\_e.pdf](https://www.cna-aic.ca/~media/cna/page-content/pdf-en/harm_reduction_2011_e.pdf)

<sup>5</sup> Wilton, James. (2015). HIV prevention within serodiscordant couples: A changing paradigm. Retrieved May 9, 2016, from <http://www.catie.ca/en/pif/spring-2015/hiv-prevention-within-serodiscordant-couples-changing-paradigm>

encouraging negative behavior rather than promoting health.<sup>3,4,6</sup> The ongoing criminalization of drug use and people who use drugs reinforces views of drug use as inappropriate. Regardless, harm reduction programs have been remarkably effective at maintaining individual health and preventing new HIV and Hepatitis C infections. A 2006 review of global research on the effectiveness and efficacy of harm reduction programs related to drug use found that individual harm reduction programs are effective at a community level, and harm reduction “provides an overarching framework for global drug policies.”<sup>6</sup> In the Canadian context, a review from the Canadian Nurses Association highlighted positive outcomes of harm reduction programs including reductions in transmissions of blood borne infections, overdoses, and overall use despite inconsistent funding and challenges from outside groups.<sup>4</sup>

### III. Principles

ACYR upholds the following core principles as they apply to providing harm reduction-based services:

- Our role as an agency is to **raise awareness about HIV/AIDS and provide support and access to dignified care for people living with and affected by HIV/AIDS;**
- Harm reduction principles are congruent with our role because they emphasize **person-centered care and the dissemination of evidence based health information;**
- Harm reduction-based programs are **effective as a means of preventing HIV and supporting the health of people living with HIV/AIDS;**
- As such, our agency is dedicated to **integrating harm reduction principles in all aspects of our programming.**
- We recognize that drug use, sex and other **activities that may cause harm are not inconsistent with seeking to improve one’s health** or the health of drug sharing and sexual partners;
- We acknowledge that the **decisions that people make about their drug use, sex and other activities that may cause harm are complex**, and can be impacted by their experiences of poverty, classism, racism, homophobia, social isolation, past trauma, and other social inequities;
- Regardless of how and when these decisions are made, all people have a right **to make their own choices and to seek support when they need it;**
- We will continue to **provide non-judgmental services to people living with and affected by HIV/AIDS**, including those who identify as drugs users.
- People engaged with ACYR who identify themselves as drug users will receive support **to achieve goals they identify for themselves;**

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<sup>6</sup> Ritter, A., & Cameron, J. (2006). A review of the efficacy and effectiveness of harm reduction strategies for alcohol, tobacco and illicit drugs. *Drug and Alcohol Review*, 25(6), 611-624.

- Where service users need support beyond our capacity, we will **make referrals and strengthen partnerships with Addiction Services for York Region** and other agencies that can meet service users' identified needs;
- Service users with identified drug use issues **will continue to be supported by our agency** with their HIV and other indicated support needs.
- We recognize that **people who use drugs have and continue to play a critical role** in developing and implementing harm reduction programming;
- We will **create a supportive environment for people who use drugs** to fully participate in our agency as service users, staff, board members and volunteers;
- **The Greater/Meaningful Involvement of People Living with HIV/AIDS (GIPA/MIPA)** will be reflected in our Harm Reduction policies, practices and programming.

#### IV. Policies

- a) Harm reduction related to drug use and sexual health is essential to ACYR's mission of supporting people living with and affected by HIV/AIDS to live healthy lives and prevent HIV and other sexually transmitted and blood borne infections (STBBIs). ACYR will create a welcoming environment for people who have or do use drugs by providing non-judgmental responses to disclosures of ongoing or past drug use and providing support based on the needs indicated by each individual. ACYR will not attempt to coerce people who use drugs into abstinence-based drug programming or stigmatize people for their drug use.
- b) ACYR will work with people who indicate needing support related to their substance use to the extent that it is feasible. Where people who use drugs require support that is beyond the scope of ACYR's programming, ACYR will provide referrals to appropriate agencies in the community whose services meet an individual's stated needs and goals related to their substance use. ACYR will continue to work with people who use drugs to see referrals are completed and that they continue to receive support at ACYR related to their HIV or other indicated needs.
- c) Alcohol and drug use while on ACYR premises is not permitted. While sobriety and abstinence are not required to participate in ACYR programs and services, individuals are expected to remain respectful and non-disruptive. Our priority as an agency is ensuring the health and safety of our service users, staff, and volunteers including board members and the effective delivery of our programs.
- d) People who have and do use drugs are critical to creating and implementing harm reduction programming for people who use drugs. As such, ACYR acknowledges that service users, staff, volunteers, board members and candidates for these positions who disclose current or past drug use bring valuable experience to the agency.
- e) Individuals who choose to disclose current or past drug use will receive support from ACYR to do so where appropriate. This support will include discussing how and when disclosure can be

effective and honest dialogue about potentially negative responses disclosure of substance use may welcome from service users, staff and volunteers including board members, other service providers, and the community at large. ACYR will use existing guidelines and resources to support determining how disclosure can be effectively integrated into the work of the agency based on each person's individual needs and situation.<sup>7</sup>

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<sup>7</sup> Open Society Foundations. (2010). Harm Reduction at Work: A Guide for Organizations Employing People Who Use Drugs. Retrieved May 9, 2016, from <https://www.opensocietyfoundations.org/sites/default/files/work-harmreduction-20110314.pdf>