Harm Reduction: Supply Distribution and Community Engagement Final

Provincial Population & Public Health Standard

Population and Public Health

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Contents

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Harm Reduction: Supply Distribution and Community Engagement

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1. Abbreviations

PWID	People Who Inject Drugs
STBBI	Sexually Transmitted and Blood Borne Infections
2SLGTBQQIA+	Two-Spirit, Lesbian, Gay, Transgender, Bisexual, Queer, Questioning, Intersex, Asexual, and other identities
RAAM	Rapid Access to Addictions Medicine
NS	Needles/Syringes

2. Purpose

To define the minimum public health harm reduction supply distribution standards and provide practice guidance for regional public health programs and staff. The goal is to take a public health approach to harm reduction supply distribution and promote consistency across the province.

3. Scope

These standards apply to regional public health programs and staff, with specific guidance for direct service, harm reduction supply distribution oversight, and regional harm reduction planning and community engagement.

Harm reduction supply distribution is an approach used to prevent sexually transmitted and blood borne infections (STBBI) and reduce drug harms. Public health harm reduction practice includes distribution of harm reduction supplies [safer drug injection

supplies (e.g., sterile needles, cookers/filters); safer smoking supplies (e.g., bubble pipes); and opioid receptor antagonist (e.g., naloxone)] as well as client and community engagement practices. Public health is involved in cross sector collaboration, including community and Indigenous partner engagement, to support social and policy conditions that reduce harms and promote health and wellbeing.

This Population and Public Health Standard is limited to harm reduction supply distribution that is overseen by regional public health teams. It does not provide direction regarding expanded harm reduction approaches including prescribed opioid agonist treatments (methadone, suboxone, etc) or safe supply, drug checking, drug alerting, STBBI testing or treatment strategies, the Take Home Naloxone Kit Program, supervised consumption services, or overdose/poisoning prevention policies (for which alternate directives may be available).

4. Definitions

Harm reduction is a broad approach that focuses on reducing the adverse health, social and economic consequences of drug use through policies, programs and practices. The core principles of harm reduction include:

- Client-centred, non-judgmental, non-coercive
- Targets the causes of risk and harm
- Evidence-informed, practical, feasible, cost-effective, transparent, accountable
- Promotes autonomy and dignity
- Values meaningful engagement with affected communities in policy and program decisions
- Challenges policies and practices that maximize harm including: criminalization, discrimination, prohibition, stigmatization, colonialism, abstinence-only services, social inequities.
- Lowering a person’s risk for harm, and encouraging access to appropriate wellness services (including basic needs, cultural, spiritual, mental health, and health and substance services) without requiring abstinence
- Reduce social and service isolation

In the context of this Standard, **harm reduction supplies** refers to safer drug injection supplies (e.g., sterile needles, cookers/filters), safer smoking supplies (e.g., bubble pipes) and opioid receptor antagonists (e.g., naloxone).

5. Background

Manitoba's Chief Provincial Public Health Officer Position Statement on Harm Reduction describes how harm reduction is a cost effective approach that has a positive impact on individuals, communities, and population health.

Many parts of Manitoba's health system have harm reduction programs, practices, and policies. Harm reduction is not owned by any particular area of the health system. Provincial and regional Population and Public Health teams play an important leadership role in this area and provide harm reduction services and programming.

There is a substantive burden of drug-related harm that derives from ongoing colonial structures. Indigenous peoples, community experts and knowledge keepers are key leaders in advising appropriate efforts and leveraging community strengths. Women and gender-diverse people, and 2SLGTBQQIA+ community members are differentially affected by drug-related risks and harms, and are often overlooked in data, research, and often benefit from specific program and service considerations.

6. Standards

This section defines minimum harm reduction supply distribution and service standards to be met by regional public health teams. Teams may exceed the standards defined, and may engage in service purchase agreements and/or partnerships in order to meet these harm reduction standards.

6.1. Staff Preparation, Training and Support

All public health direct service staff complete basic Harm Reduction Training.

> The provincial electronic harm reduction learning module is designed for this purpose (approximately 1 hour) accessible through the Shared Health Learning Management System. Login and then search for "Harm Reduction." This course is linked to SAP reporting to enable Managers to monitor staff course completion.

Each regional public health team designates at least one position for harm reduction coordination**.**

> The position does not need to be held by a nurse, unless this designation is determined to be necessary by the region.

Regional public health team harm reduction designates participate in the provincial community of practice.

Manitoba Population and Public Health Branch coordinates regular meetings of regional Population and Public Health harm reduction coordinators to support a community of practice. The Harm Reduction Coordinators meetings support collective knowledge and evidence sharing and inform harm reduction supply and service considerations and the provincial Take Home Naloxone Program.

6.2. Supply Distribution Oversight & Partnerships

Regional Population and Public Health teams operate and oversee harm reduction supply distribution in each health region.

Supplies for distribution are informed by Canadian Harm Reduction Best Practices and other peer reviewed evidence, cost effectiveness, provincial or regional health system data on problematic drug use and harms, and local community consultations of affected community (e.g. periodic harm reduction supply survey, peer advisory or consultations).

Regional public health teams examine harm reduction supply distribution coverage in their areas and make efforts to improve access to supplies for populations or regions with lower coverage, or in response to distribution of drug-related harms.

If engaging in partner agreements for supply distribution and/or needle pick-up, regional programs develop a system for partnership agreements and site selection/approval, support training for partner sites, and distribution guidance for partner organizations, including safe sharps handling, retrieval and disposal, program metrics, and accountability.

6.3. Harm Reduction Supplies

Regional Public Health Teams have dedicated harm reduction supplies budgets that are used for the following supplies.

6.3.1. Safer Injection Supplies

All health regions distribute needles/syringes (NS) in unlimited quantities to people who inject drugs according to client need and availability of supply (pragmatic unlimited[1]), with no requirement for needle/syringe returns or 'exchange' to access supply[1]. Secondary/peer (re)distribution of injection supplies is acknowledged and supported as a valuable component of harm reduction.

[1] Not all sites are organized to be able to provide unlimited supplies; pragmatic unlimited approach may include providing supplies that last the client 1-2 weeks. Mobile outreach may only be able to provide clients with supplies that last 24 hours.

Needle/syringe distribution is a high priority with target provincial distribution rate of 200-500 NS/PWID[2-5], which translates to approximately 200-500 NS/100 population. Distribution rates are expected to vary by region, and will likely be higher in urban centres[9].

Needle/Syringes: include either sterile standard insulin or tuberculin syringe/needle combination (one piece non-detachable). The syringe is generally 1.0 mL with a 25 to 27-gauge needle of 0.5" to 5/8" length[1,6]. Non-safety engineered needles are the standard for supply distribution and community preference[6-8]. It is recommended to have a range of options in needle gauge and length options based on preference of the community served[1,6].

Steri-cup/Cookers: Community members receiving needles/syringes are offered sterile steri-cup/cookers and sterile filters to discourage sharing of drug preparation equipment. Offering these supplies creates an opportunity to discuss drug preparation practices and to explore if community members are cooking/heating or filtering their drug prior to consumption. While public health evidence does not recommend people re-use any injection equipment, this might not be feasible, all the time, for everyone.

Filters: Sterile filters are recommended[1] (rather than clean cotton filters). Wheel-type filters may be offered by regions based on local need and available budget. Sites should aim to make filters available at a 1:1 ratio per needle.

Alcohol swabs: Active ingredients include 70% isopropyl alcohol. Alcohol swabs are used to clean the skin around the injection site before using. Distribution programs aim to make alcohol swabs available at a 1:1 ratio per needle.

Water for Injection: 2-3 mL sterile water ampoules are recommended for people who inject drugs who are unhoused, inject outdoors, or who do not have access to running water. (The plastic ampoule may say "not for injection" because the product was manufactured for the purpose of inhalation in the healthcare setting. However, the product is sterile in that it contains no live bacteria, and can be used for injection.) Small volume ampoules (e.g., 2-3 mL) encourage single use (10 mL vials are not recommended). In local surveys, up to 50% of people who use drugs may inject in outdoor settings[26] and therefore require sterile water. For people with access to running water, tap water boiled for 10 minutes and cooled is also suitable for injection[1].

Tourniquets: Distribute thin, pliable, easy-to-release, non-latex tourniquets with non-porous surfaces. Distribute based on the quantity requested by clients with no specific limits, generally one per PWID per day can be anticipated.

Ascorbic acid: This supply is optional for regions to make available based on demand and/or regional use of drugs for injection that require acidification (crack, brown heroin). Recent surveys in Manitoba have indicated only about 15% of people who inject drugs inject crack cocaine[26].

Sharps Containers: Support efforts to provide options for safe disposal of used sharps, including the distribution of sharps containers (Consult regional occupational health policy for sharps handling). Regional harm reduction supply programs should aim to make as many sharps containers available as would contain all needles distributed by the program.

> Regional public health teams may expand harm reduction services and support organizations to engage in needle community pick up and disposal of discarded harm reduction supplies (i.e., community patrol, needle drop box retrieval).

6.3.2. Safer Smoking or Inhalation Supplies

Regional public health teams provide safer drug smoking or inhalation supplies based on local needs/harms in a feasible distribution model (e.g., may be limited one or two kits per person per encounter, distribution out of select sites only).

There is insufficient evidence to support distribution targets for safer smoking/inhalation supply population coverage.

Each region distributes:

- safer crack use kits/devices (including straight Pyrex stem) and
- safer methamphetamine smoking devices/kits (bubble stem).

Any additional smoking/inhalation safer supplies that are positioned to redress harms may be provided at the discretion of the regional public health team.

> Although the empirical evidence informing the distribution of safer smoking devices is limited, a number of population health benefits are emerging as promising practices. There is evidence suggesting that distribution of safer smoking devices encourages a shift toward smoking over injection as a mode of consumption, or a reduction in injecting for some PWID[18]. Regardless of perceived risk reduction, there is still strong evidence of high STBBI incidence and drug harms (e.g. opioid toxicity) among people who smoke or inhale drugs but do not inject[1,19-21]. The provision of safer smoking devices may provide a tool for engagement with health and other social services for these communities, who may not be reached if only injection supplies provided.
>
> Scientific evidence suggests that drug smoking or inhalation devices, when shared, may act as vectors of infection transmission (MRSA, streptococcal *sp*., tuberculosis, hepatitis B or C virus)[1], although the distribution of safer smoking devices appears to have a modest effect on the prevention of shared of equipment, or reducing infection incidence[18]. Some drug smoking devices sourced from available items in community (e.g., lightbulbs or makeshift pipes) are associated with harms such as burns, cuts, property damage, or toxic

fumes[1]. Finally, as there is evidence of smoking/inhalation as a route of street drug consumption, and early onset polysubstance use generally precedes injection initiation[23,24], serving communities of people who smoke or inhale street drugs may provide opportunities for early intervention or prevention of injection initiation.

6.3.3. Take Home Naloxone

Manitoba take home naloxone kits are provided to all registered distribution sites through the Manitoba Take Home Naloxone Program, operated by the Population and Public Health Branch.

Regional Harm Reduction Coordinators are liaisons to the Manitoba Take Home Naloxone Program by way of bringing forward evidence and feedback from community partners in region to inform the Manitoba Take Home Naloxone Program (i.e., Take Home Naloxone Kit Use Report).[27] Further, the Manitoba Take Home Naloxone Program consults with regional public health teams on program decisions and strategy.

Regional Harm Reduction Coordinators work with the public health teams to support:

- Regional program coverage assessment and strategic expansion efforts, in consultation with the Manitoba Take Home Naloxone Program
- Program data collection through Take Home Naloxone Kit Use Report online reporting form in public health operated distribution sites

6.4. Piloting New Supplies

Pilot projects of new harm reduction supplies are informed by evidence (including community consultation) and approved by the regional Public Health Management/Directors and Medical Officer of Health, and in communication with the Manitoba Population and Public Health Branch. New supplies are piloted with an evaluation component for at least the pilot period.

Pilots of new supplies are informed by a summary of evidence, promising practices, community consultation, provider perspective and any other considerations such as cost-saving. The following questions should be considered:

- *Are there well documented and understood harms associated with the drug-use practice?*
- *Is there evidence or theory to support the reduction of harms (or practices associated with harm) from the distribution of resource/supply?*
- *Is the harm reduction supply option appropriate and acceptable to the community served?*

- *Is the harm reduction supply option scarce or difficult to obtain or source in the community?*
- *Who is the most appropriate provider of the harm reduction supply?*

6.5. Direct and Indirect Service Encounters

Public health service delivery spaces are informed by the perspective of the community served.

Consider not only the absence of negative or stigmatizing messages in the space, but the presence of positive messages that enhance belonging.

Consider having condoms and a sharps container available in the washroom.

Harm reduction supplies are available anonymously and encounters are informed by the principles of harm reduction.

- Collection of personal health information or identifiers is not required during supply distribution encounters.
- Wherever possible, organize low-threshold service delivery models including: Drop-in, extended hours, mobile and outreach, client-centred, culturally safe.
- Safer drug preparation and consumption supply distribution provides an opportunity for interaction and safe and open discussion about drug use. This may be facilitated by having supplies available in ways that encourage discussion and interaction with service providers, without creating undue barriers to supply access. Community members receiving sterile needles/syringes should be offered other safer drug injecting/drug preparation supplies.
- Clients are recognized as experts in their own health, harm reduction, and drug use trends. Supply distribution is an opportunity for knowledge exchange between client and provider/program. Support clients to make informed and autonomous decisions about their health, and access services that support their wellness goals.
- Harm reduction services acknowledge the relative power in professional and colonial relations with clients and populations to identify and minimize exclusion and harm.
- Harm reduction services are gender sensitive – acknowledging intersecting and differential harms experienced by women and 2SLGTBQQIA+ people who use drugs.
- Access to supplies should extend to whoever needs them for harm reduction purposes and is to be as barrier free as possible, regardless of age (See Appendix A) or location of permanent residence.
- Encourage routine STBBI testing for people who access harm reduction supplies, and specifically for people who inject drugs. Routine testing is recommended every 3-6 months for people with ongoing STBBI risk. Where regional public

health teams are able to offer or facilitate STBBI testing at the point of supply distribution, testing resources should focus on populations epidemiologically linked to current STBBI outbreaks. If working with partner distribution sites, consider organizational ability to offer STBBI testing as an asset.

Information on safer drug consumption is made available by distribution sites in a variety of formats (e.g., product/supply kit inserts or stickers, posters, printed materials, website information, peer-based events or programs).

- Evidence and community informed resources are available from CATIE and Toward The Heart.

Public Health Harm Reduction Supply Distribution sites make information available to communities on:

- Basic injection technique as required: selecting a site for injection, use of tourniquet, cleaning site.
- The importance of using a new syringe/needle for each injection, and correct use (e.g., checking for burr, bevel up, confirming located in vein by drawing small amount of blood, pressure on puncture site after use).
- Avoiding sharing of drug preparation equipment; encourage splitting drugs prior to preparation.
- Encourage to “cook your drug” and “cook your wash” before every injection: once drug and water are added to the cooker, heat the cooker with a cigarette lighter for approximately 10 seconds, or until the wash bubbles, then let it cool-down before filtering and injecting. Cooking reduces viral and bacterial infections, makes the wax (from capsules) easier to remove, and will be easier on your veins. Cooking for 10 seconds can destroy HIV, but not HCV. Filtering removes larger particles (See Filters)
- Safe disposal of used syringes/needles in approved sharps or puncture proof plastic containers, depending on the municipal regulations for waste disposal.
- Encourage (or offer where possible) STBBI testing for people who access harm reduction supplies, and specifically for people who inject drugs. Routine testing is recommended every 3-6 months for people with ongoing STBBI risk. More frequent testing is recommended if a client is pregnant or is a contact to a STBBI case (see Manitoba Health STBBIs).

Regional public health staff involved in harm reduction supply distribution are aware of the following local/regional resources and able to direct service recipients accordingly:

- Social services: e.g., housing/shelter, food (meals, food banks), income, and employment.
- Mental health: e.g., crisis support, counselling, grief and loss.
- Health services: e.g., STBBI testing and care, primary care, first aid/wound care, pregnancy testing and prenatal care, immunizations.

- Substance specific services: e.g., Rapid Access to Addictions Medicine (RAAM), Opioid Agonist Treatment, detoxification and stabilization, residential treatment.

Provision of Supplies Outside of Direct Encounters

Safer sex supplies including internal and external condoms and lube, are made available outside of direct service encounters. This includes being available in ways for community members to help themselves without requiring interaction with a staff person.

While direct service provider contact is recommended for distribution of harm reduction supplies, access to harm reduction supplies through vending machines may offer additional harm reduction benefits when human resources are not available.

When considering the use of vending machines, public health regional teams are encouraged to consider:

- How would the supply distribution benefit from extended access? e.g., though extended service hours or if human resources are not available; in rural and remote contexts; to reach specific population groups.
- Is there evidence to support the need for the harm reduction supply at extended hours? e.g., condoms, needles/syringes that may be required after service hours close.
- Is the supply approved for unlimited distribution? e.g., vending machines may not be able to abide by supply limits for safer smoking devices and naloxone.
- Does the supply lose some of its benefit when the human encounter is lost? e.g., harm reduction supplies that have limited evidence to reduce harms but serve as a valuable engagement tool, such as safer smoking devices.
- Is there a significant educative component when the supply is being distributed? E.g., Manitoba Take Home Naloxone program requires a universal offer of training to participants and is not suitable for vending machines.

6.6. Service Planning and Meaningful Engagement with Partners and Community

Research, evidence, best practices, and community engagement processes are used to plan, inform, and improve public health harm reduction services for priority population(s).

Key sources of health system information that can inform harm reduction services include:

- Manitoba Substance Related Harms Surveillance Reports
- Manitoba Sexually Transmitted and Blood-Borne Infections (STBBI) Surveillance Report
- Street Connections – Drug Alerts

Community engagement and relationship building with communities experiencing health inequities is essential to inform decisions about population and public health initiatives. Regional public health teams use multiple methods and work with partners to inform and coordinate services, promote wellness and community capacity, and to make ongoing improvements to public health harm reduction services for priority populations.

Accreditation Canada Standards require public health programs to meaningfully engage with partners and community in public health service planning.

Regional public health teams determine the appropriate advisory partners based on local context.

Suggested partners and advisors include:

- Peer advisors / advisory councils (people who use drugs, including women, gender diverse people and 2SLGTBQQIA+ community members);
- Indigenous community members, organizations, knowledge keepers, and Elders;
- Youth (e.g., Youth Advisory Councils); and
- Other service providers and community organizations involved in supporting the wellness of people who use drugs.

Regional public health teams engage, at least 2-3 times a year, with advisors and partners.

The purpose of the engagements is to hear trends, concerns from the community, as well as contextual factors and opportunities to improve harm reduction supply distribution and services. Consultations are to occur when planning, piloting, or changing services.

Regions maintain budgets to provide compensation to community partners who would not otherwise be paid for their time and expertise.

Standard recommended compensation is $20 per hour for peers and $50 per hour for knowledge keepers.

Providing transportation and other enablers of engagement can support meaningful involvement from community advisors.

Regional public health teams engage service recipients in a periodic provincial harm reduction supply client survey (every three years minimum).

This survey monitors harm reduction supply programming and is to be analyzed for trends over time.

6.7. Supporting Social and Policy Conditions

6.7.1. Health Communication

Regional public health teams communicate with the public and priority audiences about harm reduction services and strategies.

Public health teams consider:

- Public Health communication utilizes various mediums (e.g., media reports and interviews, social media, events attendance, websites, handouts, posters and community newsletters).
- Public health communication utilizes a variety of strategies (e.g., health education information, labels on harm reduction supplies; drug alerts; social marketing campaigns).
- Effective public health communication strategies respond to local needs and are developed and implemented with input from key advisors and partners. It may be beneficial to partner with other organizations to achieve health communication goals. Public health teams consider benefits (e.g., added expertise, credibility, audience access), drawbacks (e.g., undesired compromises, less control) and determine appropriate roles, activities and partnerships.
- Engaging with community members, service partners and the public to raise awareness by leveraging days/weeks of recognition. For example:
    - Sexual and Reproductive Health Awareness Week (2nd week of February)
    - International Sex Workers Rights Day (March 3)
    - International Drug Checking Day (March 31)
    - National Aboriginal Hepatitis C Awareness Month (May)
    - International Harm Reduction Day (May 7)
    - Canadian Viral Hepatitis Elimination Day (May 11)
    - National HIV Testing Day (June 27)
    - International Overdose Awareness Day (August 31)
    - World Sexual Health Day (September 4)
    - Sex Worker Pride (September 14)
    - National Gay Men’s HIV/AID Awareness Day (September 27)
    - National Substance Use and Addictions Awareness Week (3rd week of November)

- World AIDS Day (Dec 1)
- Indigenous AIDS Awareness Week (1st week of December)
- Holiday Campaigns

6.7.2. Coalition Involvement and Advocacy

Regional public health staff are involved in community initiatives, coalitions, or advocacy to support healthy public policy and promote healthy sexuality and harm reduction services and strategies.

Regional public health team members involved in coalitions and advocacy efforts route approaches through established organizational pathways - generally starting with the direct supervisor - to determine next steps. Staff follow organizational policies, including organizational media or communications policies, and approval processes before engaging in public communication or speaking with media as an organizational representative.

Team members may also engage in advocacy initiatives as individuals, outside of an organizational affiliation, while following organizational policies.

Upstream action on the social and structural determinants of health is required to close health gaps (as outlined in the Chief Provincial Public Health Officer Position Statement on Health Equity). Healthy public policy is a population health strategy that focuses on changing upstream factors related to the social and structural determinants of health and emphasizes collective action to effect systemic and structural change.

Resources are available to support public health team members navigate involvement in community initiatives, coalitions, and advocacy for healthy public policy (see National Collaborating Centre for Healthy Public Policy; WRHA resources and toolkit).

6.8. Data Collection and Reporting

Regional public health teams document and report annually to Manitoba Population and Public Health Branch:

- Number of individual encounters for harm reduction supplies by regional public health
- Total number of Needles/Syringes distributed in the health region
- Total number of Safer Crack Use Kits distributed in the health region
- Total number of Safer Meth Use Kits distributed in the health region
- Number of partner sites that are distributing supplies in the health region

This information is compiled into an annual harm reduction supply distribution report to be published on Substance Related Harms Surveillance Report (manitoba.ca). This collection of information is in addition to the regional financial reporting requirements. Product purchasing may be used as a proxy for product distribution.

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Appendix A:

Considerations for the Service of Youth and Families:

When providing harm reduction services and supplies to families and youth, service providers must understand and navigate their duty to report a child in need of protection as defined in the *Child and Family Services Act* of Manitoba. Regional Health Authorities and other organizations involved in harm reduction supply distribution may have internal procedures to provide guidance and clarity on the specific role and procedure in the duty to report. While providers use their judgement based on the evidence available to them, it is important to also acknowledge that harm reduction supplies save lives and prevent drug-related harms, and seeking supplies is often an indicator of sound health decision making.

If a youth (aged 13-17 years of age) requests harm reduction supplies, it is not alone an indicator of imminent harm or neglect and there is not a duty to report to a child protection agency or the student's parents/guardians. Similarly, a request for safer drug consumption supplies, or disclosure of injection drug use by a parent or guardian alone is not evidence of child neglect or abuse. However, providers should strive to build relationships, assess the youth's knowledge of safer drug use practice, and connect youth and families with community resources to support wellness.