Toronto Urban Health Fund
Harm Reduction Stream

Review Panel Overview

March 27, 2017
Harm reduction is a set of practical strategies that seek to **reduce the harm** associated with drugs.

It recognizes that, while quitting drugs may not be realistic, substance use and its consequences must be addressed as a public health and a human right, rather than a criminal issue.

Harm reduction prioritizes giving accurate information and unbiased support to people who use drugs so **they can make informed decisions for themselves**.
What concepts are behind harm reduction?

- There is a continuum of substance use
- Change usually happens in incremental steps
- Easy access to harm reduction supplies is important
- Harm reduction deals with things based on practical considerations
- Not everyone is ready at the same time
In January 2004, the City of Toronto brought together key partners and stakeholders to develop a comprehensive drug strategy based on the four key areas of prevention, treatment, harm reduction and enforcement.
Prevention refers to interventions that seek to prevent or delay the onset of substance use as well as to avoid problems before they occur.

Prevention is more than education. It includes strengthening the health, social and economic factors that can reduce the risk of substance use. This includes access to health care, stable housing, education and employment.

Effective programs start with the very young and extend through all life stages. They use a range of health promotion strategies and target policy and legislative change.
Harm reduction can include, but does not require, abstinence.

The focus is on the individual’s behaviour, not on the substance use itself.

Effective harm reduction approaches are pro-active, offer a comprehensive range of coordinated, user-friendly, client-centered and flexible programs and services and provide a supportive, non-judgmental environment.
Harm Reduction Stream Objectives

- To increase access to supportive environments that promote health, and reduce stigma and discrimination
- To increase awareness and access to resources and services including overdose education and prevention for people who use substances
- To increase healthy behaviours of people using substances
- To increase knowledge and awareness of harm reduction strategies, skills, supplies and services
- To increase the capacity of organizations and the community to promote health and offer services within a harm reduction framework
Priority Populations

- People who share drug use supplies
- People who are homeless, precariously/under/unstably housed or street-involved
- People who are not regularly accessing harm reduction services
- People who are incarcerated or who have been involved with the criminal justice system
- People who are involved in sex work activities
- People who use or choose to use illicit substance(s) and/or diverted pharmaceuticals
- People who are from First Nations, Inuit and Métis populations
Harm reduction projects aim at improving the overall well-being of people who misuse substances through offering them services which are responsive to their health needs in a respectful and non-judgmental manner, again without necessarily reducing consumption.

Projects should be grounded in behaviour change theory.

Not only can harm reduction projects look at individual behaviour change, but they can also focus on addressing larger systemic issues through structural interventions.
What about projects for alcohol and tobacco use?

- The TUHF does not support funding to alcohol misuse prevention on its own. We have and will look at projects that incorporates alcohol misuse prevention into a wider substance misuse lens.

- The fund does not support projects that focus on tobacco use and smoking cessation.
Projects funded through the TUHF should help to increase access to harm reduction/prevention resources.

While Toronto Public Health does work in the community, we recognize that the organizations funded through TUHF are better able to reach populations TPH cannot reach or even provide services TPH cannot provide.

For instance, while The Works does have a needle exchange and a van that goes out to the community, organizations that provide peer outreach are able to reach those people who may not want to enter the fixed site needle exchange, or use the services offered by The Works Van.
Access also includes increasing an organization, or a community's capacity to deliver harm reduction programming. This gets at those structural issues that are so important when working in harm reduction.

Harm reduction projects should help increase a person's ability to access services, healthcare, education etc. that will ultimately increase the quality of life for people who use drugs.
TUHF is primarily concerned with health funding and specifically the prevention of HIV transmission.

These harm reduction practices help to prevent the transmission of communicable diseases such as HIV, and hepatitis C.

Ultimately, funded projects should be focused on HIV prevention. They can also address other health issues relating to drug use including treatment of abscesses/wounds, diabetes management, mental health, tuberculosis prevention and control etc.
To provide services that are effective for people who use substances, the involvement of peers in the design, delivery and evaluation of programs is a recognized best practice in harm reduction.

Peer workers bring an important level of expertise based on their lived experience and are able to deliver culturally appropriate/relevant services.

They are also able to reach and connect with people who are not accessing supports and services.
Peer Workers

- have a temporary, short-term employment agreement with their employer

- must reflect the target population

- must be integrated within the organizational culture (e.g. participation in staff meetings, and involvement in relevant policy and program development and evaluation)

- should not replace full-time and part-time non-peer staff
Organizations and Peer Workers

• have fair, transparent and formal policies and procedures in place for the recruitment, hiring, training, supervision, retention, performance management and professional development of Peer Workers

• have a range of Peer Worker roles and responsibilities with a commensurate wage scale in place

• demonstrate through policies their commitment to supporting Peer Workers to advance into the mainstream workforce and/or pursue formal education
Between 2004 and 2015 there was a 73% increase in the number of overdose deaths in Toronto

Of the 253 deaths in 2015, 204 were accidental – not suicide/undetermined

* Toronto Overdose Action Plan: Prevention and Response, March 2017
Accidental deaths in Toronto caused by heroin or morphine (*may include heroin*), with deaths caused by fentanyl, alone or in toxic combinations.

* Toronto Overdose Action Plan: Prevention and Response, March 2017
Background:
Toronto Public Health (TPH) consulted with the Toronto Drug Strategy Implementation Panel and its Overdose Coordinating Committee in the development of a draft Action Plan. Community input was gathered through an online survey and four open-invitation sessions that were held in downtown Toronto, North York, Etobicoke and Scarborough.

The *Toronto Overdose Action Plan: Prevention & Response* was approved by the Board of Health on March 20, 2017
While Toronto Public Health has been implementing overdose prevention and response for a number of years, the Toronto Overdose Action Plan identifies 10 further actions that TPH will take.

What this means for TUHF is that the Board of Health is recommending:

Through the Toronto Urban Health Fund, prioritize funding and support for community services working on evidence-based, peer-led programming for overdose prevention and response, and other harm reduction initiatives. Funding will aim to increase the number of trained peers and sustain community capacity to assist in overdose prevention and response.
The Works currently provides overdose prevention training primarily to those members of the community who are using substances free of cost.

TUHF recognizes that overdoses are a growing health epidemic in the substance use community, that peers are often the first responders in such emergencies, and that overdose prevention training is available through TPH.

*Given these facts, the TUHF would like to propose to the TUHF Review Panel that all harm reduction projects working on overdose prevention are prioritized. Further that those harm reduction projects funded require Peers to attend overdose prevention training and include an extra 1.5 hours of Peer Wages to attend the training through The Works if it has not already been included in the budget.*
Key Points – Harm Reduction Projects

- Provide accessible services
- Be based on sound behaviour theories and evidence based practices
- Use a variety of intervention strategies to reach their target population
- Provide knowledge and resources to hard-to-reach populations
- Address structural issues that are barriers to access for the population
- Link members of their target population to health and other social services