Toronto Urban Health Fund
Harm Reduction Stream

Review Panel Overview

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Harm Reduction

Harm reduction is a set of practical strategies that seek to reduce or minimize the negative health and social consequences associated with substance use

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

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Harm Reduction

Harm Reduction

- Can include, but does not require abstinence
- The focus is on the individuals 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
- provide a supportive, non-judgmental environment

Background

- Harm Reduction became widely used in the 1980s as a response to the HIV/AIDS crisis and was a way to engage injection-drug users in HIV prevention
- It was an alternative to abstinence-only focused interventions, that excluded people who were using from programs
- Peer-driven, needle exchange programs

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Background

Since then, harm reduction activities have expanded and includes

- safer injection education and syringe distribution programs
- safer inhalation kits
- outreach and education
- supervised consumption services
- Naloxone training and distribution
- opioid substitution

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Background

Research shows that harm reduction activities can:

- Reduce hepatitis and HIV.
- Reduce overdose deaths and other early deaths among people who use substances.
- Reduce injection substance use in public places, and reduce the number of used needles in public.
- Reduce the sharing of needles and other substance use equipment.
- Reduce crime and increase employment among people who use substances.
- Educate individuals about safer injecting and smoking and reduce the frequency of use.
- Educate individuals about safer sex and sexual health and increase condom use.
- Increase referrals to treatment programs and health and social services.

https://www.healthlinkbc.ca/healthlinkbc-files/substance-use-harm-reduction

What does this mean for TUHF?

TUHF is primarily concerned with health funding and specifically the prevention of HIV and hepatitis C transmission.

Since we know that harm reduction is a research-based approach, TUHF will provide funding for harm reduction activities that help decrease transmission of HIV and hepatitis C:

- safer injection education and syringe distribution programs
- safer inhalation kits
- peer outreach and education
- supervised consumption services
- Naloxone training and distribution
- opioid substitution

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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

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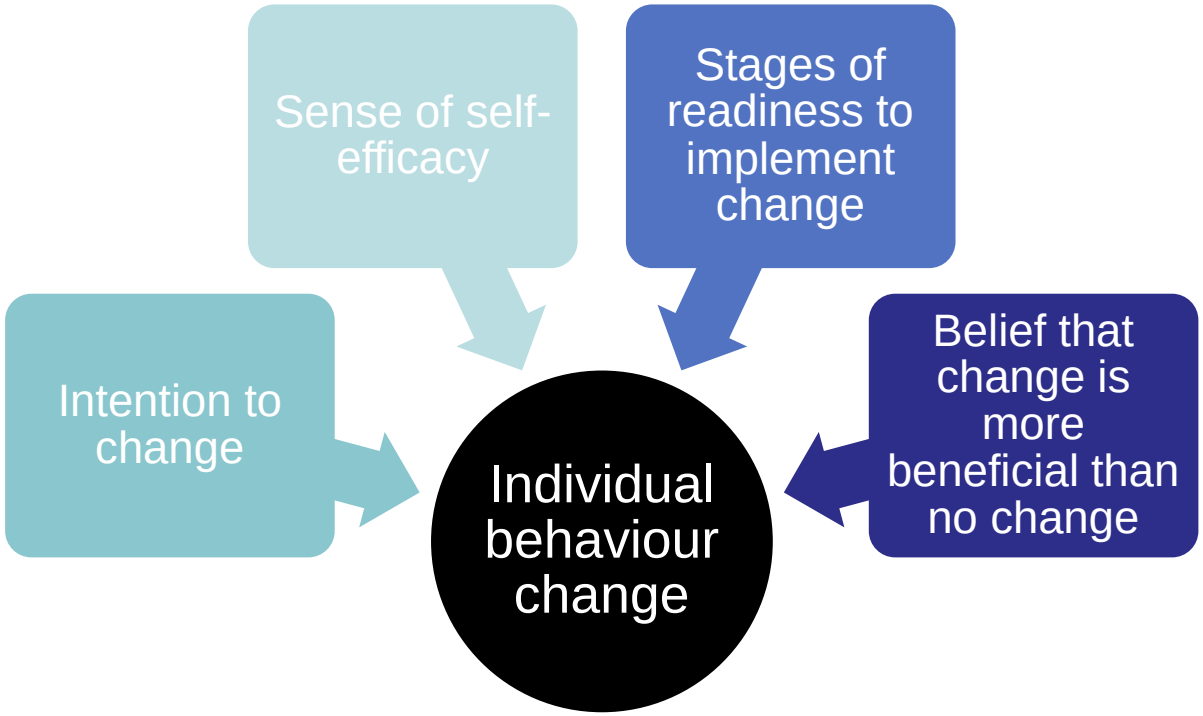
What is a harm reduction project?

As mentioned above, harm reduction project activities should be focused on HIV and hepatitis C prevention. The activities can also help increase access to HIV testing, ARVs, PrEP, condoms, and health care.

Within the project, other health issues relating to drug use, including treatment of abscesses/wounds, diabetes management, mental health, tuberculosis prevention and control etc. may also be addressed. They can also address other social determinants of health such as housing, employment, nutrition, cultural links etc.

Behaviour Change

Projects should be grounded in behaviour change theory.



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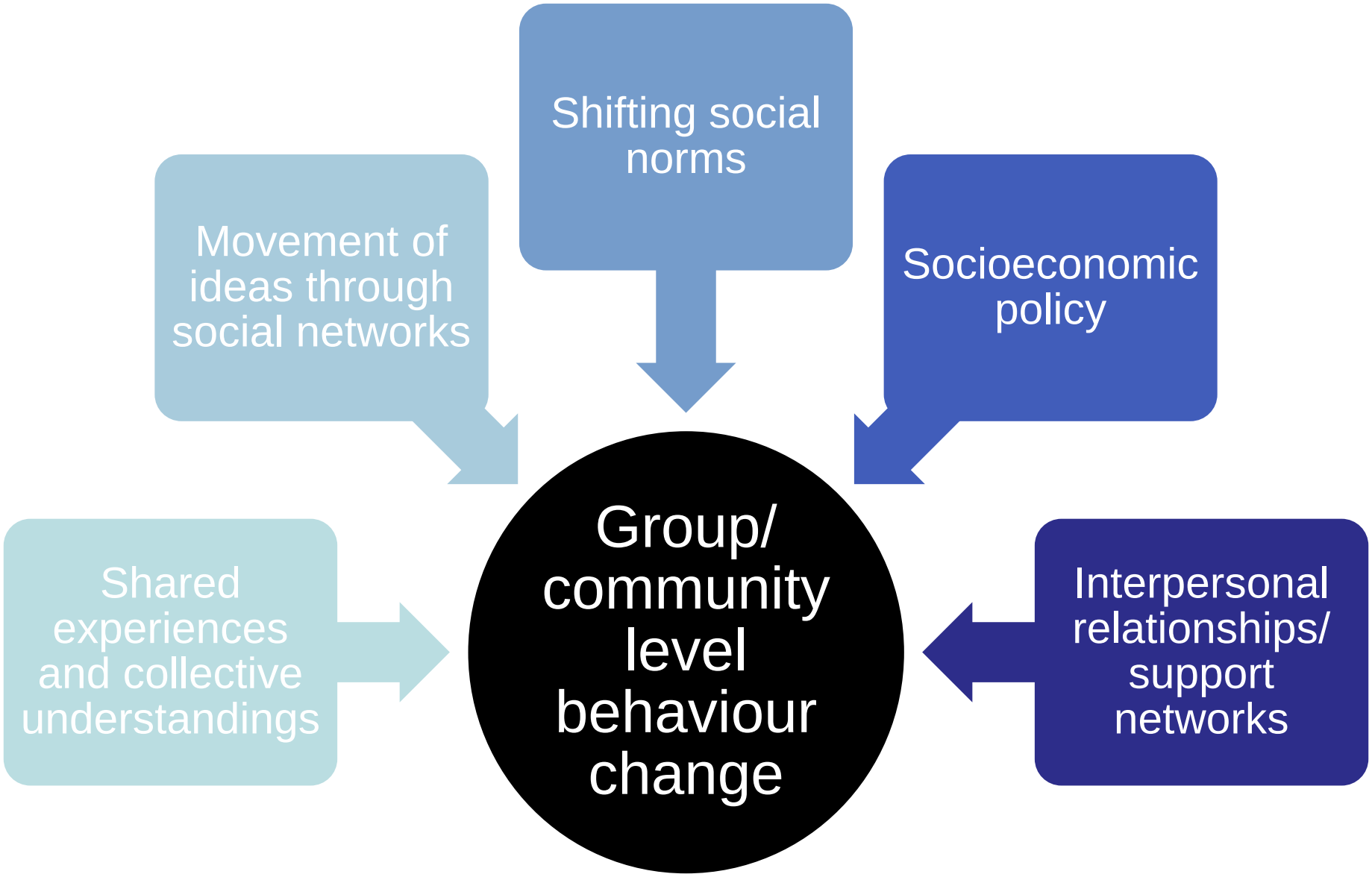
Group/Community Level Behaviour Change



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Increased Access

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 safe consumption site (SCS), needle exchange and a van that goes out to the community. However, organizations that provide harm reduction programs and peer outreach are able to reach those people who may not want to enter the fixed site (SCS), needle exchange, or use the services offered by The Works van.

Ultimately, harm reduction projects should help increase a person's ability to access services, healthcare, education etc. that will increase the quality of life for people who use drugs.

Recruited Positions – Peer Workers

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.

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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

Overdose Prevention

Overdoses continue to increase within the City of Toronto. In 2017, there were 308 opioid overdose deaths. This represents a 66% increase in the number of people who died compared to 2016 and a 125% increase compared to 2015*.

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.

The *Toronto Indigenous Overdose Strategy* was recently adopted by the Board of Health on February 25, 2019.

*https://www.toronto.ca/community-people/health-wellness-care/health-inspections-monitoring/toronto-overdose-information-system/

TUHF's Role in the Toronto Overdose Action Plan

What this means for TUHF is that the Board of Health is recommending through the *Toronto Overdose Action Plan: Prevention & Response* that Toronto Public Health :

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.

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Key Points – Harm Reduction Projects

- Provide accessible services
- Are based on sound behavioural theories and evidence based practices
- Use a variety of intervention strategies to shift harmful behaviours and drug use practices of the target population
- Address the social determinants of health that impact their target population
- Provide knowledge and resources to hard-to-reach populations
- Address agency structural issues (policies & procedures) that are barriers to access for the population
- Link members of their target population to healthcare, treatment and addiction services and other social services