AN EVIDENCE BRIEF

HARM REDUCTION IMPLEMENTATION FRAMEWORK (HRIF)

University of Victoria | Canadian Institute for Substance Use Research

coLab

Harm Reduction Implementation Framework (HRIF)

The purpose of this evidence-based implementation framework is to assist leaders, service providers and policy makers to fully and effectively implement harm reduction in programs, services and organizations.

The province of British Columbia has been experiencing escalating rates of overdose since 2015, with the Provincial Health Officer declaring a Public Health Emergency in April 2016. Tragically, the public health emergency is ongoing with the number of overdose deaths continuing to increase and escalated further by COVID-19[1]. British Columbia is not alone in this trend of increasing overdose deaths with more than 15 000 reported overdose deaths in Canada[2]. Rates of overdose, primarily due to the entry of fentanyl in the illicit drug market, are at crisis levels across North America. This overdose epidemic follows on the heels of an HIV and Hepatitis C epidemic. These public health epidemics have increased the need and calls for harm reduction programs and services.

Harm reduction is a public health and evidence based approach to reducing the harms of substance use. As outlined by Harm Reduction International, "Harm reduction refers to policies, programs, and practices that aim to minimize negative health, social, and legal impacts associated with drug use, drug policies, and drug laws. Harm reduction is grounded in social justice and human rights - it focuses on positive changes and on working with people without judgement, coercion, discrimination, or requiring that they stop using drugs as a precondition to support"[3]. In brief, the principles of harm reduction are: respecting the rights of people who use substances, commitment to evidence, commitment to social justice and collaboration with networks of people who use substances, and avoiding stigma[4].

While harm reduction was pioneered in the 1920s with heroin prescription programs, harm reduction came to prominence during the HIV/AIDS epidemic in the 1980s[5]. Prior to the current overdose epidemic, a primary focus of many harm reduction programs and services has been the provision of sterile supplies for the prevention of blood borne illnesses such as HIV and Hepatitis C. However, there is a robust evidence-base for many harm reduction programs and services to prevent multiple and varied harms of substance use including take home naloxone, supervised consumption sites, and heroin prescription among others[6-9]. Although there are regional variations, several Canadian provinces including BC embrace harm reduction as official government policy[10]. In spite of this, there is often uneven and inconsistent implementation of harm reduction[11,12] in part due to a broader context of stigma and criminalization stemming from current drug laws.

To assist organizational leaders and staff working in health and social service sectors to reduce stigma and successfully implement harm reduction interventions, we developed the 7 step harm reduction implementation framework (HRIF). The goal of the HRIF is to promote an organizational culture that supports harm reduction philosophy, policies and practices to enhance reach, scale up, and implementation of harm reduction interventions to reduce harms of substance use.

How was the HRIF developed?

The HRIF was developed based on two evidence reviews related to substance use, health equity, and implementation of harm reduction combined with extensive experience of partners in implementing harm reduction programs and services.

First, we conducted an integrative review to locate peer-reviewed literature related to the implementation of harm reduction interventions in a real world context. The 48 articles that met the inclusion criteria (reference list available on request) were coded to inform the initial development of the framework. Secondly, we conducted a scoping review of the literature on overdose, stigma and equity oriented interventions including harm reduction[13]. The initial framework was reviewed and revised to enhance equity considerations. Both reviews were conducted in collaboration with community partners including harm reduction service providers, Indigenous partners and people with lived and living experience who helped design, inform and review findings of the reviews. Lastly, the revised framework was reviewed and feedback provided by people with lived and living experience from SOLID Outreach, a peer-led drug user network in Victoria, BC.

Each of the seven steps in the framework below includes a checklist, followed by a description of that step. This framework is focused on creating an organizational culture and the necessary conditions for effective implementation of harm reduction initiatives.

1 Create a shared understanding of the structural determinants of substance use and related harms

- ✓ *Is there recognition and understanding of the structural determinants of substance use and related harms including poverty, trauma, colonization, prohibition of use and criminalization?*
- ✓ *Are all staff aware of and recognize that people's experiences, behaviours and priorities are influenced by history including trauma and the criminalization of substance use?*
- ✓ *Do organizational leaders provide evidence based education and messaging to the public emphasizing that harm reduction services are essential health services?*
- ✓ *Do organizations, programs and services embrace a rights-based approach that emphasizes reduction of harms and inclusion of people with lived and living experience?*

There are many societal stereotypes and myths related to substance use and harm reduction services that are rooted in inaccurate information and fear. These myths and stereotypes may operate within organizations without a history or culture of harm reduction as well as drive opposition to services. Understanding the structural determinants of substance use and related harms can help to shift organizational values and readiness for harm reduction implementation as well as addressing opposition to such services. Structural determinants of substance use and substance use harms include poverty, colonization, and criminalization that produce historical and ongoing traumas, loss, stigma and discrimination. Additionally, societal as well as systemic discrimination and stigma, contribute to access barriers to essential health services. Harm reduction services prevent harms, save lives and provide an opportunity for assessment and referral of other health and social concerns.

Local and organizational support for harm reduction, including advocacy and public education, can greatly influence a program or service's success and reduce stigma and harms.

2 Ensure meaningful inclusion of experiential voices in policies, programs and services

- ✓ *Are there meaningful and ongoing engagement processes of people with lived experience to ensure harm reduction services meet their needs?*
- ✓ *Is there ongoing financial support to organizations and networks of people with lived experience as well as funding and supports to further connect and expand these networks?*
- ✓ *Is there meaningful inclusion of people with lived experience at all levels of planning and decision making, as well as front line service delivery?*
- ✓ *Are there written policies to ensure that the lived experience is valued and compensated with equitable wages, and appropriate supports?*

Meaningful inclusion of people with lived and living experience is critical for successful harm reduction implementation. Cultural shifts and changes within community, government, and academic organizations are needed to recognize the expertise of people and families with lived and living experience. Many people with lived experience witness and experience stigma, criminalization, and structural violence in their work and lives, which can be reproduced by policies and practices within organizations, programs and services. Recognizing and shifting away from moralizing (e.g. blaming people for substance use) or medicalizing (treating substance use as a disease) can reduce barriers faced by peers. Peer-led activism and organizing for drug user rights and services is integral to shifting stigma, both within organizations and society more broadly. Contributing to the development of peer run networks, programs and services that promote capacity building for all their members is important aspect for ensuring meaningful inclusion and effective implementation of ham reduction.

3 Promote an organizational culture of harm reduction

- ✓ *Is there an organizational culture in which leaders, staff and clients feel safe to talk about substance use and harm reduction?*
- ✓ *Are there educational opportunities for all leadership and staff to enhance knowledge and understanding of harm reduction?*
- ✓ *Are there ongoing opportunities for leadership and staff education and training to ensure organizational culture shifts?*

The evidence base for harm reduction implementation highlights the need for cultural shifts, within programs, services and organizations, towards the values of harm reduction, and away from stigmatized views of substance use. Organizational cultural shifts are often driven by champions of harm reduction. However, buy-in from leaders and staff at all levels is critical for success but often difficult in abstinence-based cultures. When attempting to integrate harm reduction services, there are additional challenges to implementation and barriers to care for clients due to differences in philosophies of care underpinning abstinence and harm reduction. For this reason, it is imperative that there are clear policies and education to create shared understandings of harm reduction to shift organizational and program culture, and norms related to meaningful engagement.

4 Align harm reduction and substance use policies with internationally accepted principles of harm reduction

- ✓ *Is there a clear written philosophical commitment to harm reduction values?*
- ✓ *Is there a formal written harm reduction policy that includes a clear definition of harm reduction aligned with international standards?*
- ✓ *Are the written philosophy and policy available and easily accessible to both clients and employees?*
- ✓ *Has the philosophy and policy been shared widely with all staff?*
- ✓ *Are staff aware of and do they understand the written philosophy and policy?*
- ✓ *Are related substance use policies aligned with harm reduction principles?*
- ✓ *Are the harm reduction policies grounded within a human rights framework?*

It is important to ensure that policies and implementation practices align with accurate and internationally accepted understandings of harm reduction philosophies, principles and evidence-based practices. Alignment with harm reduction principles allows for rigorous implementation also providing the flexibility required to adapt to the local political and social contexts. There is often a false dichotomy of 'drug free' and 'harm reduction' services which can create significant confusion and conflicts for people who use substances. Policies should be aligned so that other policies related to substance use do not contradict harm reduction policies. For example, if there are policies that prohibit use onsite, this would be contrary to harm reduction principles. A non-punitive, stigma free stance towards substance use is critical for success and in alignment with harm reduction principles.

5 Adequately resource HR programs and services

- ✓ *Are programs and services adequately resourced in terms of funding, staffing, expertise, and peer inclusion?*
- ✓ *Is there ongoing and sustained funding to existing and scaled up harm reduction services to address a range of harms and types of substances?*
- ✓ *Is there adequate funding to support complete implementation that includes harm reduction philosophy and non-judgmental approach to care?*

A common barrier to implementation of harm reduction services (including peer-led programs and services) is a lack of necessary resources to adequately implement services. Another frequent barrier is a lack of buy-in from management and staff or a lack of funding for training dedicated to harm reduction philosophy, policies, and practices. Staff training and education must be repeated and ongoing with adequate resourcing to support the process. Without sustained funding, implementation is often not possible, or at best temporary.

6 Base harm reduction programs and services on needs of people who use substances rather than a crisis response

- ✓ *Is service delivery and implementation grounded in public health needs and not only in response to a public health emergency?*
- ✓ *Are gaps in service identified and addressed before crisis levels are reached?*
- ✓ *Is there a range of strategies and services to address a range of harms of different types and methods of substance use?*

Public health crises, such as rising rates of HIV, overdoses and the COVID-19 pandemic, have played an important role in the establishment of harm reduction programs and services. When service implementation is driven by public health crises, the need for a range of services can be underestimated and important services fail to be implemented if limited to crisis responses. There is often significant harm and suffering for people before crisis driven programs and services can be rolled out. Crisis driven implementation often results in varied or incomplete implementation which creates considerable challenges and barriers for both practitioners and clients. If implemented effectively and early on, harm reduction services can act to prevent large scale public health crises.

7 Ensure equitable & accessible HR programs & services to reach a broad range of people who use substances.

- ✓ *Are harm reduction and other health care services developed in relation to gender, sex, age (including youth), ethnicity, income and other differences?*
- ✓ *Are anti-discrimination and anti-racist policies in place?*
- ✓ *Are the cultural needs of all groups impacted considered? Are Indigenous knowledge, voices, and approaches to wellness meaningfully incorporated?*
- ✓ *Is there geographic accessibility? Are geographic differences meaningfully addressed in service design, implementation and delivery?*
- ✓ *Are there both universal and targeted harm reduction services?*
- ✓ *Are programs and services designed to address different types and methods of substance use?*
- ✓ *Do harm reduction programs integrate trauma- and violence-informed care and cultural safety to respect differences?*

Barriers to expansion and scale up of harm reduction services include: associated costs, program rigidity, availability and regulations of prescribers, legal concerns and regulations, potential or perceived burden on services, and stigma. Framing harm reduction programs and services as public health interventions can facilitate uptake, community support, and implementation. A low barrier approach and service design is important to ensure access. This means a non-punitive approach to substance use must be embedded within the services, policies, and practices. An open, non-judgmental and flexible approach is imperative for delivering accessible harm reduction services. There are multiple and varied harms of substance use and therefore a need for a wide range of harm reduction services. For example, take home naloxone, drug checking, supervised consumption sites, managed alcohol programs and anti-stigma education are important harm reduction programs and services, among others, that can be part of a comprehensive implementation of harm reduction services.

Co-located and integrated harm reduction services can facilitate access for clients due to increased convenience and reduced time and transportation barriers. Appropriate and extended hours of operation have been identified as important to successful implementation and service delivery. Harm reduction services should be developed to address the needs of all genders and sexual orientation as well for youth. Indigenous harm reduction which addresses the harms of colonization is essential.

Conclusion

While the effectiveness of harm reduction interventions is supported by a robust evidence base, harm reduction programs and services are often poorly implemented. Where substance use is stigmatized and criminalized it is difficult and challenging to fully implement harm reduction. This 7 step framework provides a checklist for organizations to better ensure full implementation of harm reduction. An organizational strategy to implement all aspects of the framework would be important to guide implementation.

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