



Creating Space for Dialogue about Harm Reduction



WHAT IS HARM REDUCTION?

Harm reduction is not a new idea – since the 1950's it has been seen as an evidence-based means of reducing individual and social harms – including criminalization, stigma, violence, overdoses, transmission of blood borne diseases, abscesses and others. Harm reduction is facilitated through human connection and relationships.

Harm reduction is more than simply providing a Naloxone kit, sterile supplies or condoms. Harm reduction is a way of thinking and approaching care that is respectful, compassionate, and non-judgemental; meeting people where they are at and focusing on reducing a broad range of harms, not stopping use.

Is harm reduction official policy in BC?



Yes, harm reduction is official policy in BC. Many health authorities are working towards developing organizational harm reduction policies. However, Canada has a long history of criminalizing drug use, leading to policies and practices that create harm through stigma and barriers to care. Harm reduction means challenging those criminalizing policies and practices with a health care approach that welcomes people into service and offers support.

How can we begin a discussion on harm reduction?

Below are some resources about harm reduction as an approach that can inform safe, equity-oriented, and person-centered care, and some guiding questions to initiate a conversation about harm reduction.

Identify someone who is a known harm reduction champion — a clinical educator, harm reduction coordinator, someone in your unit or program with harm reduction experience, or someone with lived/living experience. Invite them to facilitate a discussion in your team meetings or team huddles, team conferences, or education sessions.



SOME QUESTIONS FOR BEGINNING A DISCUSSION ABOUT HARM REDUCTION

- ☆ How are people who use substances impacted by drug policy?
- ☆ How do current drug laws affect direct service?
- ☆ How does harm reduction look where you work?
- ☆ Are there people who do not access your services? What might be preventing access?
- ☆ What does it feel, look and sound like when you are practicing culturally safe care?
- ☆ What organizational policies/structures are supportive or not supportive when it comes to harm reduction? What needs to be changed?
- ☆ How are people with lived experience involved in your program? How could or should they be?

References & resources: colabbc.ca/references



University
of Victoria

Canadian Institute
for Substance
Use Research

Institut canadien
de recherche sur
l'usage de substances

