



Réseau  
**ACCESS**  
Network

**HARM REDUCTION  
POSITION STATEMENT**

# VISION STATEMENT

Universal ACCESS - ACCÈS Universel

## MISSION STATEMENT

Réseau ACCESS Network is a non-profit, community-based charitable organization, committed to promoting wellness, harm and risk reduction and education. Réseau ACCESS Network supports individuals – and serves the whole community – in a comprehensive/holistic approach to HIV/AIDS, Hep C, harm reduction, and health related issues.

## BACKGROUND

The philosophy of harm reduction has guided the work of Réseau ACCESS Network for over three decades. Harm reduction is a framework focused on reducing the adverse physical, emotional, mental, social, and spiritual harms that stems from ineffective, racist, colonial, and classist drug policies (WRHA, 2016). The Agency strives to provide equitable access to health and social care, with targeted service delivery centered around members/patients. The Agency provides an array of services that affirm the dignity and worth of people who use drugs (PWUD) while employing strategies that reduce risk or harm. Using evidence-based approaches, offering equipment, education, and training, resulting in a reduction of HIV, Hepatitis C, and sexually transmitted blood borne infections. The Agency adheres to federal and provincial guidelines while advocating for the expansion of harm reduction best practices.



The Agency recognizes that without the efforts of previous grassroots activism, including civil disobedience, by PWUD, Canada would not have needle distribution programs, supervised consumption sites, nor safer supply programs. Moreover, the Agency acknowledges the dedication and ongoing support from community members and allied agencies. These histories inform current harm reduction strategies and guides the creation of safe, non-judgemental spaces for PWUD. These environments (i.e., supervised consumption site) foster opportunities to develop trust and rapport and allows for the vital connection to health care and social services.

# POSITION STATEMENT



Réseau ACCESS Network is committed to the mission of serving the community in a comprehensive, evidence-based, and holistic approach to HIV/AIDS, Hepatitis C, and related health issues. The Agency advocates for the continuous improvement in targeted support services, education, harm reduction, and public awareness. Réseau ACCESS Network embraces harm reduction as the most effective framework in centering the expertise of PWUD in reducing the harm associated with criminalized drug use.

Réseau ACCESS Network stands in solidarity with all those lost and affected by the drug policy crisis, which has caused countless preventable deaths throughout Turtle Island. Through peer led initiatives, advocacy, education and awareness, the Agency strives to reduce the number of overdoses and foster a holistic approach to grief and healing.

SOCIAL / HEALTH ISSUES	AGENCY RESPONSE
<b>Poisoned drug supply</b>	Promotion, distribution, and education on naloxone and its usage, supervised consumption site, community outreach & education, overdose response, community consultation and relationship building
<b>Hep C/HIV</b>	Community development, testing and treatment, education, food bank, case management
<b>Outlying areas</b>	Expanding services to target and address needs of rural communities, engaging community members and partners to guide program development, community development, knowledge exchange
<b>Harm reduction</b>	Distribution of sterile materials (i.e., safer injection, smoking, snorting kits, condoms), advocacy, education
<b>Health Care &amp; Social Services</b>	Wrap around supports, community referrals, health and social services, case management, testing and treatment, harm reduction education and targeted services as requested

# ***This is not an Opioid Crisis. This is a poisoned drug and policy crisis!***

In 2021, there were 896 opioid related incidents in Greater Sudbury (Opioid surveillance, 2022). These are attributed to the toxic drug supply. The pre-pandemic period saw 74% of opioid related fatalities happen in a private dwelling in Ontario (Gomes et al., 2021). Drugs are tainted with various adulterants such as benzodiazepines, xylazine, and other substances with unknown potency further worsening the already toxic drug supply and complicating overdose response.

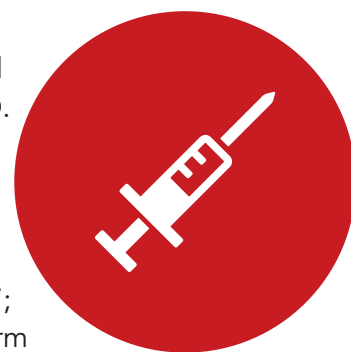
The criminalization of drugs and the people who use them further fuels the toxic drug supply as the substances people chose to use are morally deemed legal or illegal by policy makers who do not have lived or living experience. People with lived and living experience in drug use are the experts that have proposed solutions to the drug poisoning crisis and have for decades. When drugs are illegal, they are unregulated. When they are unregulated, it is impossible to accurately control the dose, significantly increasing the risk of fatal and non-fatal drug poisoning. The potency and contents of the drug are unknown which leads to many deaths and incidences that could have been avoided with a regulated and legal supply of drugs.

Additionally, supervised consumption sites (SCS) provide PWUD a safe environment to use drugs under the supervision of healthcare professionals and peer specialists.

## **RÉSEAU ACCESS NETWORK'S SUPERVISED CONSUMPTION SITE**

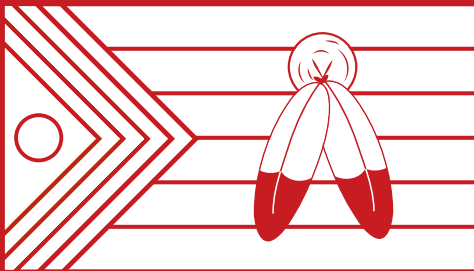
With the opening of Sudbury's first publicly funded Supervised Consumption Site (SCS) and the enhanced opportunity to provide harm reduction education, Réseau ACCESS Network continues the important, lifesaving work started by Sudbury Temporary Overdose Prevention Society and the Community Drug Strategy. Providing a safer environment for people to use pre-obtained substances will directly lower the risk of negative health outcomes for PWUD.

SCS provides sterile harm reduction supplies, social services, referrals to community supports and overdose response to PWUD. SCS helps to reduce fatalities caused by the poisoned drug supply, reduce the transmission of HIV, HCV, and other bloodborne illnesses (Wood et al., 2006; Ng et al., 2017; Hrycko et al., 2022). Further, this leads to reduced instances of discarded harm reduction supplies found in community, reduces public drug use, and provides PWUD a safe space to consume drugs.



## WHAT WE ASPIRE TO?

The Agency aims to create a space that fosters a collective sense of belonging, equity, and inclusion. As part of these efforts, we will continue advocating for the needs of PWUD and other oppressed populations. The need for an expanded safer supply program would help reduce the number of fatalities by replacing the poisoned, criminalised drug supply with known pharmaceutical agents such as fentanyl, diacetylmorphine, injectable hydromorphone, and inhalation options for PWUD. Réseau ACCESS Network will also advocate for safer supply options for those who use stimulants. Further, the Agency recognizes that decriminalization efforts happening around the globe are pursuant of a future where harm reduction is supported as part of health and social care.



# KEY POINTS

Harm reduction is effective, evidence-based, and supported by PWUD.

Harm Reduction recognizes that drug use exists on a continuum and includes a variety of practice approaches, including reducing use and change in routes of drug administration. The Agency supports community members at any stage of this journey.

The Agency recognizes that the harms and stigma surrounding substance use stem from prohibition and ineffective drug policy.

Mainstream harm reduction initiatives would not exist without the coordinated and dedicated efforts of PWUD and harm reduction advocates.

A life has never been lost in a SCS.

The introduction of harm reduction programs and SCS has proven to have positive social, economic, public health, and judicial outcomes.

By utilizing a SCS, PWUD have greater autonomy to make decisions regarding their health, well-being, and substance use

SCS provides greater opportunity for engagement and education for PWUD.

Harm reduction is both a clinical practice and a movement for social change.

Harm reduction measures serious, life-threatening complications (i.e., osteomyelitis, endocarditis, cellulitis) associated with criminalized drug use and the poisoned drug supply.

Linkages to health and social care are a result of accessing harm reduction services.

The Agency aligns with GIPA/MIPA principles.

Social supports and education are present alongside vital health care services.

Member/patients are actively situated in service development as relationality is central feature of the agency.

# DEFINITIONS

<b>Cellulitis</b>	Bacterial skin infection caused by openings in the skin (i.e., injury that breaks the skin, injection drug use). Appears as a red, swollen, area with the skin looking pitted (like an orange) or blistered (CDC, 2022).
<b>CTS</b>	Consumption and treatment services
<b>Decriminalization</b>	<p>Use of non-criminal responses such as fines and warnings for specific activities (in this case, possession of controlled substances)</p> <p>The current toxic drug supply is responsible for the majority of North America's overdose deaths (Ivins, Boyd, Beletsky, &amp; McNeil, 2020).</p>
<b>Endocarditis</b>	Inflammation of the heart's inner lining, usually caused by bacteria. The bacteria can enter the bloodstream either by ingestion or skin breaks. Thus, a risk factor for developing endocarditis is injection drug use with a contaminated needle (Khan, 2018).
<b>GIPA/MIPA</b>	<p>GIPA – Greater Involvement of People living with HIV/AIDS</p> <p>MIPA – Meaningful Involvement of People living with HIV/AIDS (OHTN, 2017)</p>
<b>Osteomyelitis</b>	An infection of the bone caused by bacteria entering the bloodstream. This can occur from a deep cut or wound, for example, from intravenous drug use (Macon, 2018).
<b>PWUD</b>	People who use drugs
<b>Safer Supply</b>	Refers to the prescription of medications as a safer alternative to illegal, and sometimes toxic, drug supply. This can aid in preventing overdoses for high-risk individuals, and ultimately save lives (Health Canada, 2022).
<b>SCS</b>	Supervised consumption site

# SCS FAQ

## **Why can't I just call someone?**

The Supervised Consumption Site prioritizes the safety and security of members and staff. Therefore, to ensure privacy and the smooth operations of life saving measures at the site, all external calls go immediately to voicemail and are checked daily.

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## **How will the SCS site work?**

Once opened, members will be able to access services starting at 10 am daily, until 8 pm. Members will be able to access sterile harm reduction supplies or use the consumption room and have access to various social services, or medical referrals.

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## **How does a SCS help people?**

Supervised Consumption Sites provide a safe, empathetic space for people who use drugs to consume criminalized substances under the supervision of medical staff. By doing so, SCS help reduce fatalities associated with drug use. SCS also rebuild trust between people who use drugs and health and social services providers which facilitates access to services when they are ready for them. SCS are proven to have a higher success rate than traditional "hard on drug" approaches.

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## **Why are you distributing needles?**

Harm reduction agencies provide sterile/new supplies to people who are seeking them. The provision of these sterile supplies helps reduce the transmission of bloodborne or bacterial infections. This provides agencies the opportunity to connect with people who use drugs, share harm reduction knowledge and strategies, and connect members with services and treatment options as requested.

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## **Why don't you provide treatment?**

Services provided by Réseau ACCESS Network are focused on Harm and Risk Reduction. Referrals to treatment services are offered when requested by PWUD. By utilizing a SCS and outreach services, PWUD have greater autonomy to make decisions regarding their health, well-being, and substance use. This creates opportunities for linkages to health and social care including treatment when and if requested by PWUD.



# KEY POINTS WITH EVIDENCE



## **Harm reduction is effective, evidence-based, and supported by PWUD.**

SCS have been demonstrated to reduce the total number of overdoses and overdose-related deaths, decrease HIV infections, and increased uptake in addiction treatment (Ng et al., 2017).

The first supervised injection site in North America, Insite, opened in 2003 in Vancouver British Columbia. Since then, data has been collected to ensure its ongoing effectiveness as a harm reduction strategy (Wood et al., 2006).

PWUD have been involved in all aspects of harm reduction services including “development, delivery, and evaluation” of these services and in roles such as educators, direct service providers, peer support, researchers, and advisors (Marshall et al., 2015).

## **Harm reduction practice functions as a continuum that includes reduction in use, change in route of administration, and abstinence.**

Harm Reduction operates with principles such as incrementalism such that “any positive change is a step toward improved health” (Hawk et al., 2017).

There is an emphasis on safer drug practices, but harm reduction focuses on the individual and meets the person where they are on the continuum (Hawk et al., 2017).

## **The Agency recognizes that the harms surrounding substance use stem from prohibition and ineffective drug policy.**

Medicalization of substance use (attributing it to an illness or disorder) can reduce patient autonomy due to increased dependence on medical professionals and fails to address social and structural factors that influence drug use (Kolla & Strike, 2021).

Criminalization of drug use has been associated with an increase in risk behaviour for HIV and reduced access to HIV prevention and treatment services (Kolla & Strike, 2021).

The simultaneous authority of medical professionals and the criminal justice system negatively impact the “uptake and effectiveness of public health programming aimed at PWUD” (Kolla & Strike, 2021).

**Mainstream harm reduction initiatives would not exist without the coordinated and dedicated efforts of PWUD and harm reduction advocates.**

Harm reduction as we know it today began during the late 1980's in response to the increasing incidence of HIV among PWUD (Hyshka et al., 2017).

It came in the form of "peer-driven and informal syringe distribution" similar to the services provided by SCS today (Hyshka et al., 2017).

**A life has never been lost in an SCS.**

According to the Canadian Supervised Consumption Sites Statistics from 2017-2019, no fatalities have ever occurred on-site (Health Canada, 2020).

**The introduction of harm reduction programs and SCS have proven positive social, economic, public health, and judicial outcomes.**

One study examined the social impact SCS had on PWUD and found that it improved their social connectedness and sense of community, increased emotional support and reduced stress, provided individuals with safety and security as well as temporary shelter, and improved access to health services (Kerman et al., 2020).

With the opening of Insite, the city of Vancouver saw a decrease in the number of public injections and publicly discarded syringes (Wood et al., 2006).

The involvement of people with lived experiences in SCS allows for services to reach the target audience (PWUD), establish relationships given the mistrust in the medical community, and even provides benefits to the peer workers themselves (Marshall et al., 2015).

In addition to reducing overdose-related harms and unsafe drug use behaviours, SCS also increase uptake of addiction and other health services (treatment for injection-related infections), do not increase drug-related crime, and are cost-effective due to the averted overdose deaths and HIV and Hepatitis C prevention (Kennedy & Kerr, 2017).

**SCS provides PWUD agency in their decisions.**

One guiding principle of harm reduction that SCS apply is patient autonomy; providers may offer education and advice, but patients must ultimately make their own decisions (Hawk et al., 2017).

**SCS provides greater opportunity for engagement and education for PWUD.**

Outreach is a key element of harm reduction; it allows for face-to-face interactions with PWUD and provides individuals with education on safe drug practices (such as injection techniques, overdose, and HIV/Hepatitis C prevention), distribution of new/safe equipment and supplies, allows for referrals to other health services, and can provide support and counselling (British Columbia & Ministry of Health, 2006).

**Harm reduction is both a clinical practice and a movement for social change.**

While public health is a large driver of harm reduction to reduce disease and death, early harm reduction began as social movements for and by PWUD (Klein, 2020).

**Harm reduction measures serious, life-threatening complications (i.e., osteomyelitis, endocarditis, cellulitis) associated with criminalized drug use and the poisoned drug supply.**

Risk factors for developing bacterial infections from injection drug use include borrowing syringes, lack of proper hand hygiene, re-use of injection equipment, and repetitive tissue damage (Lloyd-Smith et al., 2008; Hrycko et al., 2022).

Harm reduction efforts, such as a SCS, can mitigate these factors as well as prevent long-term hospitalization and/or death due to infection, as well as decreasing health care expenditures (Hrycko et al., 2022).

**Linkages to health and social care are a result of accessing harm reduction services.**

As mentioned previously, SCS allows for increased uptake and usage of health care services as well as peer support and counselling (British Columbia & Ministry of Health, 2006; Marshall et al., 2015; Kennedy & Kerr, 2017; Kerman et al., 2020; Hrycko et al., 2022).

**The Agency aligns with GIPA/MIPA principles.**

The Agency is committed to hiring and empowering persons with living and/or lived experience with HIV and Hepatitis C, PWUD and more.

## FURTHER READING

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*An overview of the history and evidence surrounding SCS's in Europe – where they first originated.*

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*An overview of the fist SCS in North America, Insite, in Vancouver, British Columbia.*

## CAPUD

The Canadian Association of People who Use Drugs (CAPUD) is a national organization that is comprised entirely of people who use(d) drugs, including the board and staff. One of their main purposes is to empower people who currently use drugs deemed illegal to survive and thrive, with their human rights respected and their voices heard. They envision a world where drugs are regulated and the people who use them are not criminalized. They are survivors of this war and they'll continue to fight for policy reform that is based in evidence, understanding and compassion.

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## **AMBER FRITZ**

Case Manager and Harm Reduction Educator

## **ANGÈL RIESS**

Communications and Education Coordinator

## **HAILEY O'GRADY**

Master of Public Health Student UW

## **HEIDI EISENHAUER**

Executive Director

## **KAELA PELLAND**

Director of Peer Engagement

## **LISA LONG**

Manager of Programs and Services

## **LISA TONER**

Women Development and Harm Reduction Coordinator

## **NEIL STEPHEN**

Manager of Consumption and Treatment Services

## **RICHARD RAINVILLE**

Former Executive Director

## **RJ GARDNER**

Manager of Harm Reduction Services

## **SELENA SCEBBA**

Master of Public Health Student UW

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