



# HARM REDUCTION

FREQUENTLY ASKED QUESTIONS



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*The harm reduction movement began with people who use drugs organizing and finding solutions for their community.*

*Many of the interventions and tools we have today are a direct result of that work.*

*We wish to acknowledge the ongoing efforts of people who use drugs in helping keep communities safe.*

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Harm reduction programs are one of the greatest public health success stories of our time.

This booklet provides answers to some of the most frequently asked questions about harm reduction programs.

# TABLE OF CONTENTS

## 4 HARM REDUCTION

What is harm reduction?

What harm reduction services does Fraser Health provide?

Does harm reduction increase drug use?

Does the Canadian Government support harm reduction?

Why doesn't Fraser Health invest money in treatment services instead of harm reduction programs?

## 6 NEEDLE AND SYRINGE DISTRIBUTION

Why does Fraser Health distribute sterile needles to people who use drugs?

Is needle distribution cost-effective?

Does Fraser Health limit the number of needles someone can take at any one time?

Why doesn't Fraser Health distribute retractable syringes to people who use drugs?

Do needle and syringe programs increase discarding of used injecting equipment?

## 8 NALOXONE

What is naloxone?

Why does Fraser Health distribute naloxone to people who use drugs?

What is fentanyl?

Will touching a small amount of fentanyl cause overdose?

Are some types of fentanyl resistant to naloxone?

Has cannabis been contaminated with fentanyl?

## 10 SUPERVISED CONSUMPTION AND OVERDOSE PREVENTION SERVICES

What is the difference between a Supervised Consumption Site and an Overdose Prevention Site?

What supervised consumption and overdose prevention services does Fraser Health provide?

Why does Fraser Health provide supervised consumption and overdose prevention services?

Do supervised consumption and overdose prevention services increase drug use and crime in the surrounding area?

## 12 DRUG CHECKING

What is drug checking?

Why does Fraser Health offer drug checking?

Does drug checking increase drug use?

# HARM REDUCTION

## What is harm reduction?

Harm reduction refers to policies, programs and practices that seek to reduce the health, social and economic harms associated with substance use, both legal and illegal.

Harm reduction encompasses a range of health and social services and practices.

These include needle and syringe programmes, overdose prevention services, drug checking initiatives, and education on safer substance use.

Approaches such as these are cost-effective, evidence-based and have a positive impact on individual and public health.

## What harm reduction services does Fraser Health provide?

### **The Fraser Health harm reduction program encompasses the following evidence-based services:**

- Harm reduction supply distribution
- Safe sharps disposal
- Supervised consumption and overdose prevention services
- Naloxone training and distribution
- Drug checking
- Harm reduction education
- Referral to health and social services, including mental health and substance use supports

### **These services have been proven to:**

- Prevent overdose and overdose deaths
- Prevent transmission of blood borne infections, including HIV and viral hepatitis
- Prevent injury and disease associated with substance use
- Strengthen access to health and social services among people who use substances

## Does harm reduction increase drug use?

Harm reduction services are established in areas where drug use is already occurring.

There is no evidence to suggest harm reduction services lead to increased levels of drug use.

In fact, studies have reported decreases in drug use following the introduction of harm reduction programs because they act as referral points for clients wanting to begin drug treatment.



## Does the Canadian Government support harm reduction?

Canada's response to substance use is outlined in the [Canadian Drugs and Substances Strategy](#).

### The strategy consists of four pillars:

- Prevention
- Treatment
- Harm reduction
- Enforcement

Within this framework, harm reduction programs work hand-in-hand with other interventions, such as substance use treatment and law enforcement, to create safer and healthier communities across Canada.

## Why doesn't Fraser Health invest money in treatment services instead of harm reduction programs?

Both things are necessary and important for public health.

Humans have been using psychoactive substances for thousands of years. Archeologists have uncovered evidence of drug use as far back as 8,000 BC.

Despite education on potential risks, it is likely that some people will continue to use psychoactive substances of one kind or another.

These individuals will require access to harm reduction services.

Even those individuals accessing treatment services may resume substance use from time to time. And they will need harm reduction services if they are to stay safe and well enough to continue their recovery journey.

According to the [United Nations Office on Drugs and Crime](#), an estimated 271 million people, or 5.5 percent of the global population 15-64, used drugs in the previous year. Less than 13 percent of these individuals are thought to be living with a substance use disorder.

# NEEDLE AND SYRINGE DISTRIBUTION

## Why does Fraser Health distribute sterile needles to people who use drugs?

Harm reduction sites distribute a range of safer injecting equipment, as well as safer smoking and safer sex supplies.

These include sterile needles and syringes, alcohol swabs, sterile water, cookers, tourniquets, filters, glass pipes, sharps containers, condoms and lubricant.

This equipment helps prevent blood borne infections, including HIV and viral hepatitis. It also reduces injury and disease associated with the use of non-sterile equipment.

Additionally, harm reduction sites function as referral points for people wishing to access other health and social services, including mental health and substance use supports.

## Is needle distribution cost-effective?

Needle and syringe programs are highly cost-effective compared to the cost of treating HIV and viral hepatitis infection.

Australian Governments invested \$130 million in Needle and Syringe Programs between 1991 and 2000.

## This resulted in:

- An estimated 25,000 cases of HIV infection being prevented
- An estimated 21,000 cases of hepatitis C infection being prevented
- An estimated 4,590 lives being saved by 2010
- An estimated saving to the health system in avoided treatment costs over a lifetime of between \$2.4 and \$7.7 billion.

## Does Fraser Health limit the number of needles someone can take at any one time?

Fraser Health does not place limits on safer injecting supplies, in line with the [British Columbia Harm Reduction Strategies and Services Policy and Guidelines](#).

Some people live far away from their nearest harm reduction site and stock up on supplies once in a while. Others have mobility issues that make regular attendance difficult.

Some people who use drugs pick up supplies for their peers who are unable to attend the harm reduction service. Fraser Health supports peer-to-peer distribution of harm reduction supplies as an evidence-based strategy to increase program coverage.



## Why doesn't Fraser Health distribute retractable syringes to people who use drugs?

Retractable syringes were developed to prevent occupational needle-stick injuries and accidental syringe reuse in healthcare settings.

Their utility within harm reduction programs has been studied extensively.

There is a strong consensus among public health experts that retractable syringes are not suitable for use by community members who inject illicit drugs. Organisations including the World Health Organisation, Harm Reduction International and the BCCDC all recommended against distributing retractable syringes through harm reduction programs.

Technical limitations make these syringes unacceptable to people accessing harm reduction programs. Specific concerns relate to tissue damage and blood borne infection risk. Distributing retractable syringes would likely see clients stay away from harm reduction programs and reuse non-sterile equipment sourced elsewhere.

## Do needle and syringe programs increase discarding of used injecting equipment?

Studies conducted in Canada and internationally have found no increase in inappropriately discarded injecting equipment following introduction of needle and syringe programs.

Needle and syringe programs help reduce the number of inappropriately discarded needles and syringes by providing sharps disposal facilities and educating clients about safe disposal. In fact a recent [Montreal study](#) found installation of needle drop boxes reduced discarding by 98%.

The vast majority of needles and syringes are disposed of safely.

Where injecting-related litter exists, needle and syringe programs can respond to telephone calls from community members and safely dispose of discarded equipment.



# NALOXONE

## What is naloxone?

Naloxone, also known by the brand name Narcan, is a safe and highly effective medication that reverses the effects of opioid overdose.

It can be administered by injection or with a nasal spray.

Naloxone has been used in Canada for over 40 years and is on the World Health Organization List of Essential Medicines.

Naloxone has no effect when given to someone who has not consumed opioids.

It has no psychoactive properties and no potential for abuse.

## Why does Fraser Health distribute naloxone to people who use drugs?

Fraser Health provides Take Home Naloxone (THN) kits and training to community members who are at risk of overdose and those likely to witness an overdose, including family and friends of people who use drugs.

Naloxone distribution saves lives. A recent [study](#) by the BC CDC found for every 65 THN kits distributed, one death was prevented.

In the first 10 months of 2016, the provincial THN program was estimated to have prevented 226 overdose deaths. In other words, 33% of all possible overdose deaths were prevented by the THN program.



## What is fentanyl?

Fentanyl is a powerful synthetic opioid used to treat people with severe pain, including after surgery.

It is between 50 and 100 times more potent than morphine.

Fentanyl is prescribed in the form of transdermal patches or lozenges. It is also manufactured and sold through illegal drug markets.

Recent years have seen North America's illicit drug supply increasingly contaminated with fentanyl, benzodiazepines and other adulterants.

In British Columbia, illicit fentanyl was associated with 86% of illicit drug toxicity deaths in 2021.

## Will touching a small amount of fentanyl cause overdose?

Incidental skin exposure to fentanyl is extremely unlikely to cause harm.

According to Health Canada, there is [no documented evidence](#) of first responders becoming ill after skin contact with fentanyl.

Similarly, the American College of Medical Toxicology and the American Academy of Clinical Toxicology issued a [position statement](#) clarifying:

*To date, we have not seen reports of emergency responders developing signs or symptoms consistent with opioid toxicity from incidental contact with opioids. Incidental dermal absorption is unlikely to cause opioid toxicity.*

While such myths receive media attention from time to time, they remain unsubstantiated.

## Are some types of fentanyl resistant to naloxone?

There is no such thing as naloxone-resistant fentanyl.

Naloxone is highly effective at reversing the effects of opioid overdose.

Where an overdose is thought to be naloxone-resistant, naloxone may have been administered too late. Or the overdose may have involved non-opioid substances like alcohol or benzodiazepines, which do not respond to naloxone.



Photo courtesy of BCCDC Harm Reduction Services

## Has cannabis been contaminated with fentanyl?

At this time there are no confirmed cases of fentanyl contaminating cannabis in British Columbia.

The media has reported public concerns about the potential for fentanyl in cannabis products. However various agencies including Health Canada, the BC CDC and the Vancouver Police Department have publicly stated such reports are unsubstantiated.

# SUPERVISED CONSUMPTION AND OVERDOSE PREVENTION SERVICES

## What is the difference between a Supervised Consumption Site and an Overdose Prevention Site?

Both Supervised Consumption Sites and Overdose Prevention Sites provide safe and supportive environments where people can use drugs under the supervision of trained staff. These sites help prevent overdose deaths, reduce disease transmission, and connect people who use drugs with health and social services.

Communities looking to establish a Supervised Consumption Site must be exempted by Health Canada under section 56.1 of the [Controlled Drugs and Substances Act](#). The application process is complex and can take several years as the operator is required to conduct community consultations, develop policies and procedures, and submit financial plans.

Overdose Prevention Sites emerged in response to the overdose crisis, and do not require an exemption from Health Canada. They operate under a [ministerial order](#) and can be set up in a matter of weeks because the process is streamlined.

## What supervised consumption and overdose prevention services does Fraser Health provide?

At present, there is one Supervised Consumption Site and seven publicly-accessible Overdose Prevention Sites in the Fraser Health region.

### Each site provides the following core services:

- Harm reduction supply distribution
- Safe sharps disposal
- Supervised consumption and rapid response in the event of an overdose or other medical emergency
- Naloxone training and distribution
- Drug checking
- Harm reduction and overdose prevention education
- Referral to health and social services, including mental health and substance use supports



## Why does Fraser Health provide supervised consumption and overdose prevention services?

Supervised consumption and overdose prevention services have been the focus of extensive research, both in Canada and overseas. Studies overwhelmingly indicate these services are beneficial to people who use drugs and to the surrounding community.

Supervised consumption and overdose prevention services save lives.

They prevent overdose, reduce disease transmission, prevent public drug use and inappropriately discarded needles, reduce strain on emergency medical services, and promote engagement with health and social services.

## Do supervised consumption and overdose prevention services increase drug use and crime in the surrounding area?

Supervised consumption and overdose prevention services are associated with increased rates of entry into detoxification and drug treatment services.

An [evaluation](#) of Insite, North America's first supervised consumption service, noted a 33% increase in detoxification service use in its first year of operation. Plus clients who entered detox were 1.6 times more likely to enroll in methadone treatment and 3.7 times more likely to enroll in other forms of drug treatment.

The evaluation also found public order in the surrounding area improved after Insite opened. There were significant decreases in public injection and inappropriately discarded injecting equipment. There was also a reduction in vehicle break-ins and vehicle thefts.

# DRUG CHECKING



## What is drug checking?

[Drug checking](#) is a harm reduction service.

It helps community members check their drugs for fentanyl and other contaminants, and take action to reduce overdose risk and other harms.

## Why does Fraser Health offer drug checking?

Drug checking gives people valuable information about the contents of their drugs so they can make informed decisions about their substance use. Some people chose to discard their drugs after attending drug checking services, while others decide to use less.

Drug checking services also help public health professionals monitor unregulated drug markets and identify new or particularly dangerous substances.

## Does drug checking increase drug use?

Community-based drug checking services first emerged in the 1990s and currently operate in more than 20 countries world wide.

There is no evidence to suggest drug checking services increase drug use.

In fact a recent Vancouver study found 36% of people accessing drug checking services planned to reduce their dose, while 11% planned to dispose of their drug all together.





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[www.fraserhealth.ca/harmreduction](http://www.fraserhealth.ca/harmreduction)

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