

Harm Reduction Considerations for Substance Use in Saskatchewan
Submission to the Drug Task Force



Saskatchewan Association of Social Workers

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Background

This discussion paper is submitted by the Saskatchewan Association of Social Workers (SASW) in response to Saskatchewan's Drug Task Force's (DTF) Community Engagement Initiative. In addition to the joint submission by the SASW and the Registered Psychiatric Nurses Association of Saskatchewan, *A Call for Family-Based Treatment Initiatives in Saskatchewan: A Harm Reduction and Recovery Approach*, the SASW would like to highlight additional considerations in harm reduction policy and practice. In Saskatchewan, social workers serve in a variety of roles to support Saskatchewan residents who are using or impacted by substance use. For more information on the SASW and our role, see Appendix A. We would like to express our appreciation for being given the opportunity to provide this submission.

Content within this paper is informed by a review of current literature, an environmental scan, and existing policy and program initiatives. The literature review and environmental scan were not exhaustive but show common themes and a strong evidence base for interventions that do not require abstinence from substances and their resulting reduction in related harms. The evidence base for harm reduction approaches is consistent with the values, ethics, and standards of practice for social workers.

Executive Summary

An opportunity exists in Saskatchewan to expand evidence-informed, community-driven policy and practice relating to substance use. Currently, there is a lack of government funding support for community-based harm reduction initiatives, especially safe consumption sites. The evidence for safe consumption sites is clear; they reduce harm, save lives, and result in overall cost savings. Support for safe consumption sites puts individuals' inherent dignity at the forefront, showing people who use substances and their families that they deserve support, regardless of the barriers faced in maintaining abstinence. It is promising to see harm reduction included in the DTF's Guiding Pillars; it is important that any solutions to address the harms relating to substance are concrete and informed foremost by the lived experiences of those most impacted, as well as by evidence. The Truth and Reconciliation Commission's (TRC) Calls to Action¹³ provide guidance in several areas relating to the DTF's Guiding Pillars; action plans arising from community engagement must consider the Calls to Action and how they can be addressed in local and regional contexts. Harm reduction approaches must also extend beyond the scope of individual substance use, considering and addressing the context (i.e., historical, environmental, systemic) in which substance use harms are occurring. The SASW recommends the DTF prioritize funding support for initiatives that reduce the harms of substance use without requiring abstinence, are community- and peer-led, multi-level and multi-sectoral, and evidence-based. Moving beyond individual-scale approaches, solutions aimed at resolving poverty, preserving families, addressing social determinants of health, and addressing systemic oppression will reduce the harms and costs of substance use at many levels.

Harm Reduction

Harm reduction as a response to substance use reflects social work values, ethics, and standards of practice. It is client-centered, affirming that every individual is worthy and unique, and entitled to justice, to freedom, and to be a part of the community.^{6,15} While outcome evidence for common substance use treatment approaches varies,^{8,9,11,16} it is clear that traditional abstinence-based models are a barrier for people who use substances to engage with supports.¹⁴ Harm reduction interventions, such as safe consumption sites, remove this barrier. As a component of the ethical obligation to competence in social work practice, social workers encourage "innovative, effective strategies and techniques to meet both new and existing needs, and, where possible, contribute to the knowledge base of the profession".¹⁵ Many social workers employ harm reduction philosophies and interventions in serving residents of Saskatchewan.

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Literature Review

- Evidence on safe consumption sites show:⁶
 - They do not increase crime rates in their geographic area.
 - They dramatically decrease fatal overdose rates.
 - They serve as a referral source for participants, providing the opportunity for contact and relationship-building with health care and community service providers.
 - They increase public order through decreasing in public drug use, injection-related trash, and the presence of suspected drug dealers in surrounding areas.
 - They do not lead to increase in injection drug use initiation or increase relapse rates of injection drug use.
 - They can decrease HIV infections.
- Medication assisted treatments (MATs) for opioid use are shown to be highly effective in supporting abstinence and relapse prevention across different treatment approaches and settings (e.g., opioid agonists, partial agonists, and antagonists).⁹
- Relapse rates are among the highest after short-term inpatient treatment and the risk of overdose death is highest following release from controlled settings (e.g., incarceration, short-term inpatient treatment).¹
- Managed alcohol programs (MAPs) have shown promise as a harm reduction intervention for alcohol use, decreasing harms related to alcohol consumption and saving costs overall (i.e., health and social services).¹⁰
- The Canadian Harm Reduction Policy Project documents harm reduction policies in Canada, emphasizing the need policy to endorse harm reduction in practice.^{7,17}
- The Canadian Aboriginal AIDS Network (CAAN) and the Interagency Coalition on AIDS and Development (ICAD) released their *Policy Brief: Indigenous Harm Reduction – Reducing the Harms of Colonialism*, providing recommendations for governments to utilize Indigenous approaches in implementing harm reduction policy.²

Environmental Scan

- There is an increasing number of opioid substitution/MAT providers across Saskatchewan.
- Managed Alcohol Programs in Saskatchewan: Lighthouse (Saskatoon); Phoenix Residential Society HOMES Program (Regina).
 - Alberta has several MAPs located in Calgary, Edmonton, and Lethbridge.
 - Managed Alcohol Programs in Manitoba: Sunshine House (Winnipeg); Mainstreet Project (Winnipeg).
- In Saskatchewan, safe consumption sites are not government-funded and are based in Regina and Saskatoon only.
 - Existing sites include Prairie Harm Reduction (Saskatoon) and Nēwo Yōtina Friendship Centre (Regina).
 - Alberta Health Services supports supervised consumption services in Calgary, Edmonton, Red Deer and Lethbridge.
 - Out of Vancouver's Insite's (supervised injection site) more than 2 million visits, including 200 overdose events, there were no overdose deaths at the facility.⁶
- The SASW recently released *Guidelines for Social Workers in the Administration of Naloxone*, affirming that social workers trained in the administration of naloxone may do so in the event of suspected or actual overdose, where a qualified medical professional is not available to manage the situation.¹²
- The Canadian Harm Reduction Policy Project (CHARPP) provides a framework with indicators designed to measure the quality of formal harm reduction policies.

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- For a policy to score highly on CHARPP indicators, it must describe an approach to harm reduction reflecting certain key principles (Appendix B).⁵
- The Canadian Association of Social Workers (CASW) has publicly voiced support for harm reduction initiatives and released its *Statement on Decriminalization of Personal Use of Psychoactive Substances* in 2020; this document affirmed that criminalization continues to have harmful consequences and poor outcomes, while a public health approach has greater capacity to reduce harms.³

Conclusion

Harm reduction interventions and approaches (e.g., safe consumption sites, MAT, MAPs) have a strong evidence-base and appear to be under-funded in Saskatchewan. Community-based organizations have begun to fill gaps in Saskatchewan's existing approaches to addressing substance use, such as Regina and Saskatoon's safe consumption sites currently operating without provincial government funding. Additional funding would allow for expansion of these important services. The existing literature base includes excellent policy frameworks for the DTF to utilize in creating innovative and responsive solutions, such as CHARPP's harm reduction policy framework and CAAN/ICAD's policy brief providing recommendations for Indigenous approaches to harm reduction. Harm reduction policy must also move beyond individual considerations, considering the larger context in which substance use occurs (i.e., historical, environmental, systemic). The CASW supports a public health response to substance use, advocating for decriminalization of illicit psychoactive substances for personal use.³

Recommendations:

The SASW recommends the following

- 1) Policy and programming have strong evaluation mechanisms to further contribute to a regional evidence-base for promising approaches to substance use treatment and harm reduction.
- 2) Direct funding to approaches that are evidence informed (e.g., MAT, alternatives to short-term inpatient treatment, MAPs).
- 3) Targeted, sustainable funding for harm reduction initiatives, including safe consumption sites.
- 4) Evaluate the need for safe consumption sites and other harm reduction initiatives outside of Regina and Saskatoon.
- 5) Utilize CHARPP's framework indicators in policy and funding decisions, an important factor of which is inclusion of those impacted by substance use (i.e., lived experience) in such decisions.
- 6) Utilize CAAN/ICAD's *Policy Brief* recommendations to implement Indigenous approaches to harm reduction, which would also relate to TRC calls to action regarding improving social and health outcomes for Indigenous communities.
- 7) Work with the federal government to decriminalize possession of illicit psychoactive substances for personal use, while also considering possibilities and options for decriminalization at municipal and provincial levels.
- 8) Policy approaches based on principles of social justice, human rights and equity, evidence-informed policy and practice, and approaches that address determinants of health.³

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Appendix A: Saskatchewan Association of Social Workers

The Saskatchewan Association of Social Workers (SASW) is a member-based organization that governs the profession of social work and serves and protects the public interest through: regulation of the social work profession; support to competent and ethical social work practice; promotion of the profession; and advocacy for social justice and well-being for all. We are an organizational member of the Canadian Association of Social Workers (CASW), adopting its *Code of Ethics* (2005). Registered social workers are spread across the province and employed by hospitals, schools, mental health and addictions services, government departments, First Nations agencies, community-based organizations, and other similar institutions. There are 2,400 Registered Social Workers in Saskatchewan.

Social work focuses on the person within their environment and recognizes the importance of family, community, culture, legal, social, spiritual, and economic influences that impact the well-being of individuals, families, groups, and communities. Social work applies a strengths-based perspective and views individual, families, and communities as resourceful, resilient, and having capacity. Principles of respect for the inherent dignity and worth of persons, the pursuit of social justice, and culturally responsive practice that applies an anti-oppressive lens to all areas of practice and is grounded in ethics, values, and humility, are central to social work.

Social work practice responds to needs of individuals, families, groups, and communities and addresses barriers and injustices in organizations and society. Social work focuses on improving health and social well-being using the social determinants of health framework when delivering services, navigating systems, and advocating for equitable access to and improvement of the multiple dimensions that impact health and well-being. Social work engages people and communities to address life challenges and traumatic events, to create change, and build resiliency. Social work also collaborates with other professionals, communities, and organizations to provide services, improve conditions, and create opportunities for growth, recovery, and personal development.⁴

For more information on the SASW, visit www.sasw.ca.

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Appendix B: Canadian Harm Reduction Policy Project Framework for Assessing Quality of Harm Reduction Policies

Population Quality Indicators

Includes 9 population indicators based on the premise that high-quality harm reduction policies characterize service populations accurately when they:

1. Recognize that stigma and/or discrimination are issues faced by people who use illicit drugs
2. Affirm that people who use drugs need to be involved in policy development or implementation
3. Acknowledge that not all substance use is problematic
4. Recognize that harm reduction has benefits for both people who use drugs and the broader community
5. Acknowledge that a harm reduction approach can be applied to the general population
6. Affirm that women are a key population
7. Affirm that youth are a key population
8. Affirm that indigenous people are a key population
9. Affirm that one or more groups of LGBTQI (lesbian, gay, bisexual, trans, queer and questioning, and intersex) people are a key population

Program Quality Indicators

Includes 8 program indicators based on the premise that high-quality harm reduction policies should:

10. Acknowledge the need for evidence-informed policies and/or programs
11. Recognize the importance of preventing drug-related harm (rather than just preventing drug use, or blood-borne, or sexually transmitted infections)
12. Discuss low-threshold approaches to service provision
13. Specifically address overdose
14. Recognize that reducing or abstaining from substance use is not required
15. Consider harm reduction approaches for a variety of drugs and modes of use
16. Discuss harm reduction's human rights (e.g., dignity, autonomy) dimensions
17. Consider the social determinants (including income, housing, and education) that influence drug-related harm

Source: Hyshka, E., Anderson-Baron, J., Karekezi, K., Belle-Isle, L., Elliott, R., Pauly, B., Strike, C., Asbridge, M., Dell, C., McBride, K., Hathaway, A., & Wild, T. C. (2017). Harm reduction in name, but not substance: A comparative analysis of current Canadian provincial and territorial policy frameworks. *Harm Reduction Journal*, 14(1), 50. <https://doi.org/10.1186/s12954-017-0177-7>