
Harm Reduction Policy

Turas Training

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1. Policy Statement

- 1.1. Harm reduction is recognised as a fundamental part of the work of TURAS and is an integral aspect of service provision across all areas of the organisation.
- 1.2. Our organisation has a role in advocating for comprehensive harm reduction interventions for drug users.

2. Purpose

- 2.1. To clarify how the organisation provides harm reduction support.
- 2.2. To outline how the organisation will ensure a consistent and effective approach to providing harm reduction information and interventions.

3. Scope

- 3.1. This policy applies to all staff, volunteers and locum workers within TURAS.
- 3.2. In relation to service users, harm reduction is targeted at injecting and non-injecting drug users. Harm reduction also includes information and supports for those that are sexually active in a commercial and non commercial setting.
- 3.3. This policy should be read in conjunction with the Needle Exchange Policy, Overdose Policy and Management of Sharps, Percutaneous Injury and Other Exposure Incidents Policy.

4. Statement of Approach

Harm reduction includes 'policies or programmes directed towards reducing the negative health, social and economic consequences of drug use to the individual user and to the wider community even though the drug user may continue to use drugs at this time. In relation to drug injecting, 'harm reduction' interventions aim to prevent transmission of HIV and other infections that occur through sharing of non-sterile injecting equipment and drug preparations' (WHO 2003).

5. Principles

- 5.1. TURAS believes that there should be variety of services and interventions available for service users from harm reduction to abstinence. Harm reduction interventions are frequently the first step in a services user's journey through the continuum of care. In order to support this journey TURAS aims to uphold the idea of unconditional positive regard for service users and the belief that positive and appropriate service provision can create opportunities for empowerment and change. Staff will be supported to pro-actively avail of opportunities to engage with services users with a view to supporting individual goal setting and movement along the wheel of change / and as required the continuum of care.
- 5.2. The organisation aims to be open and accessible to service users irrespective of their drug use. The work will be undertaken in a non-judgemental manner, staff will be encouraged to self reflect on content, tone and body language to ensure that they embody this approach with service users.
- 5.3. The organisation recognises that particular demographics may need specific harm reduction strategies and will be supported or referred on accordingly. This may include, but is not limited to: women, young people, sex workers and foreign nationals.
- 5.4. Harm reduction is often focused on the practices of intravenous drug users (IDU), TURAS recognises that harm reduction strategies also need to be considered for service users taking drugs non-intravenously.
- 5.5. Membership of relevant harm reduction networks helps the organisation to remain up to date with harm reduction information.
- 5.6. The service will endeavour to record harm-reduction work undertaken by the organisation through the use of individual harm-reduction intervention records. (see Appendix)

6. Roles and Responsibilities

- 6.1. Staff:
 - 6.1.1. To ensure that service users are provided with harm reduction information and equipment relevant to their needs.

- 6.1.2. To avail of opportunities to support service users; goal setting, access to supports and services and motivation for change.
- 6.2. Manager:
 - 6.2.1. To ensure that services are adequately trained and resourced to provide necessary harm reduction interventions and that staff demonstrate the competency to deliver these.
 - 6.2.2. To ensure that service and staff are kept up-to-date on latest trends in drug use and good practice in relation to harm reduction interventions.
 - 6.2.3. To ensure that staff are supported in relation to providing service user advocacy and follow up supports.

7. Services / Interventions Provided

- 7.1. TURAS provides the following harm reduction services:
 - 7.1.1. Information on Needle and syringe programme (See Needle Exchange Policy).
 - 7.1.2. Outreach and peer services (See Outreach Policy).
 - 7.1.3. Overdose prevention programmes (See Overdose Policy).
 - 7.1.4. Information, education and communication on the health risks associated with drug use, which will assist drug users to cease or modify their drug-taking behaviour.
 - 7.1.5. Information, education and communication on safer injecting practices.
 - 7.1.6. Information, education and communication on the safer use of non-injected drugs.
 - 7.1.7. Information, education and communication on 1) HIV prevention, treatment and life with HIV and 2) Hepatitis prevention, treatment and life with hepatitis.
 - 7.1.8. Information, education and communication on sexual health and reproductive rights.
 - 7.1.9. Vaccination against hepatitis A and B.
 - 7.1.10. Harm reduction services in other settings (club scenes, prisons, etc).
 - 7.1.11. Assistance in cases of human rights violation or discrimination against people who use drugs.
 - 7.1.12. Supported referrals and follow up to other services.

8. Initial Brief Harm Reduction Intervention

- 8.1. Staff should aim to engage a service user in this manner within service user's first access to the service / during a service user's first two weeks in the service.
- 8.2. The steps involved in an initial brief harm reduction intervention are:
 - 8.2.1. Step 1: assess drug use through questions or observation
 - 8.2.2. Step 2: provide essential basic information targeted at the individuals needs, and
 - 8.2.3. Step 3: seek to engage the individual in a more involved one-to-one session.
- 8.3. Step 1: the assessment should be informal/ use the template in the appendix This will involve basic questions or observations about:
 - 8.3.1. Current drug use and method of consumption
 - 8.3.2. Where relevant, current injecting practices
 - 8.3.3. Other issues that may impact on risk taking behaviour, i.e. sleeping rough, sex work.
- 8.4. Step 2: Based on the outcome from Step 1, the worker should undertake a follow-on intervention which should be tailored to the individuals needs.
 - 8.4.1. The service user should be offered the following if injecting or considering injecting:
 - 8.4.1.1.1. Advice on safer injecting practice
 - 8.4.1.1.2. Information on other needle and syringe programmes (where and when)
 - 8.4.1.1.3. Information on overdose risk and prevention
 - 8.4.1.1.4. Advice on safe disposal
 - 8.4.1.1.5. Possibility of referral / key working etc.
 - 8.4.1.1.6. Other initial interventions
 - 8.4.2. The service user should be offered the following if a non-injecting drug user:
 - 8.4.2.1.1. Advice on safer practice for their chosen method of use
 - 8.4.2.1.2. Information on overdose risk and prevention
 - 8.4.2.1.3. Possibility of referral / key working etc.
 - 8.4.2.1.4. Other initial interventions

- 8.5. Step 3: The service user should be offered the option of an in-depth one-to-one harm reduction session

9. Record of One-to-One Harm Reduction Session / Ongoing Harm Reduction Work

- 9.1. The aim of harm reduction work within TURAS is to ensure that each person has sufficient information to make less risky drug use choices and access appropriate services. To ensure consistency of service provision, a checklist of topics will be kept on each service user's file to record what information has been covered with them.
- 9.2. Records on harm reduction interventions will be kept in the client file for / all service users with a key worker. Interventions will be delivered through one of two ways:
 - 9.2.1. For service users that do not wish to have a one-to-one session with staff, staff will conduct opportunistic brief interventions, i.e. at needle and syringe programmes, on outreach or in the drop-in. When a topic has been covered in its entirety, this should be recorded and initialled by the worker on the harm reduction checklist, kept in the service users file.
 - 9.2.2. For service users who agree to attend a one-to-one harm reduction session the issues should be able to be covered in one or two sessions, the checklist may assist in this session and should be checked, dated and kept in the file following this session.
- 9.3. Workers will ensure that the discussion has thoroughly covered issues identified on the checklist prior to an area being checked off. If the service user appears to be very intoxicated then the box should not be ticked and the issues should be discussed again when the service user is less affected.
- 9.4. The intervention will be tailored to the service user's situation. Staff will actively support service users to lead the discussion by sharing their own knowledge and raising questions.
- 9.5. Where possible, information should be discussed at multiple interventions to ensure retention. This process will be undertaken every 3 months using the Outcomes Star system. On the second and third occasions it will be clearly noted on the checklist that this is the second or third time that information has been provided.
- 9.6. The organisation will maintain a library of resources related to harm reduction located at TURAS. These are available to be used by staff or service users.
- 9.7. TURAS will ensure that there is information on harm reduction clearly on display in the building.

10. Access to Medical Services

- 10.1. If a service user does not have access to basic medical care, staff should ensure service users are registered with a GP and have a current Medical Card. Workers should aim to begin the process of applying for a medical card within (the first two key working sessions etc.).
- 10.2. If the service user does not have a GP or medical card and presents with a medical need (for example an abscess or DVT), then either a Safetynet doctor or an A&E should be the point of contact. There may be potential difficulties with regard to the waiting time involved in A&E departments. If so, dependent on staff availability a staff member may accompany the individual to the hospital. An up-to-date list of Safetynet doctors and services is available at www.casemanagementguidebook.ie.
- 10.3. If an individual attends the service and wishes to change an abscess dressing and refuses to seek further medical attention, staff can supply the individual with a clean dressing from the first aid kit, although staff should not dress the wound unless medically qualified to do so. Service users should be given a private space to do this themselves.

11. Youth

- 11.1. Young people accessing harm reduction services should be referred to an appropriate service that works with young people. Staff should provide the young person with accurate referral information, and actively support them through the referral process.
- 11.2. Procedures related to needle exchange for young people are outlined in the Needle Exchange Policy.

12. Sex Workers

- 12.1. TURAS recognises that sex workers may be at increased risk of BBV both from drug use and engaging with multiple sexual partners if they are not using condoms and lubrication. Therefore specific efforts will be made to ensure they have access to targeted harm reduction services. Such needs will be particularly met through:

- 12.1.1. Women's Drop in
- 12.1.2. Specific literature / posters / leaflets
- 12.1.3. Referral to appropriate services (Chrysalis, Women's Health Project)
- 12.1.4. Information, education and communication on sexual health
- 12.1.5. Referral to a specialist harm reduction support for sex-workers service such as that provided by Chrysalis, including self-defence programmes, negotiation skills and 'ugly mug' programmes.
- 12.1.6. Other

13. Prison Services

- 13.1. TURAS provides relevant harm reduction information into prisons. This is outlined in the Prison Work Policy. The specific focus of this work is to inform individuals of the increased risk of overdose following use post release due to lowered tolerance.

14. Memberships / Resources

- 14.1. The organisation will maintain membership of the following harm reduction networks:
 - 14.1.1. Irish Needle Exchange Forum
 - 14.1.2. Other
- 14.2. The organisation is committed to keeping current with harm reduction information and practices. Resources and information can be found at following websites:
 - 14.2.1. Harm Reduction Works: <http://harmreductionworks.org.uk>
 - 14.2.2. European Harm Reduction Network: <http://www.eurohrn.eu>
 - 14.2.3. Eurasian Harm Reduction Network: <http://www.harm-reduction.org>
 - 14.2.4. The Canadian Harm Reduction Network: <http://www.canadianharmreduction.com>
 - 14.2.5. Exchange Supplies: www.exchangesupplies.org
 - 14.2.6. Injecting Advice: <http://injectingadvice.com>
 - 14.2.7. International Harm Reduction Association: <http://www.ihra.net>
 - 14.2.8. National Needle Exchange Forum: <http://www.nnef.org.uk/index.html>

HARM REDUCTION CHECKLIST

Intervention	Advice	Tick	Tips for discussion
Exchange times (ET)	1. <u>List of relevant exchange times</u>	1	List can be found in www.casemanagementguidebook.ie
Injection Site Care (IC) - skin and soft tissue	2. <u>Hygiene</u> : Good hygiene prevents bacteria growth, which can lead to infections and abscesses: wash your hands with soap and water, use an alcohol swab to clean the injecting site (wipe once, in one direction), and use new equipment (barrel, spike, unopened citric/water and stericup) every time you inject. 3. <u>Rotate</u> : Don't inject into the same spot over and over, into an abscess or into an area that is sore or red. 4. <u>Skin-popping</u> : this easily leads to abscesses and very rarely to life threatening infections. Try other alternative routes (see below) before skin-popping. Seek specific harm-reduction advice on this if you choose to skin-pop. 5. <u>Remain hydrated</u> : drinking lots of water makes veins easier to find (tea and coffee dehydrate you).	1	- Hand-washing video available. www.exchangesupplies.org - Safer injecting handbooks available covering injection site care from Merchant's Quay Ireland & exchangesupplies.org - See MQI booklet for advice on skin-popping.
		2	
		3	
		4	
		5	
Vein Care (VC) - veins and circulatory	1. <u>Rotate</u> : To prevent scarring and wearing out sites, move around as much as reasonably possible. 2. <u>Equipment</u> : Use the smallest needle possible & use brand new equipment each time. 3. <u>Don't flush</u> : It has no benefit and increases vein damage. 4. <u>Be slow and gentle</u> : feel what you are doing and don't rush or you could miss the hit. 5. <u>Citric Acid</u> : Use as little as possible as too much burns veins.	1	- Booklets, postcards and posters available: www.exchangesupplies.co.uk - See MQI booklet for advice on vein care. - See exchangesupplies.org for videos and leaflets on citric acid and VitC.
		2	
		3	
		4	
		5	
Primary paraphernalia (PP) – barrels and spikes	1. <u>New</u> : Use brand new sterile barrels and spikes every time. 2. <u>Small</u> : Use the smallest needle and barrel possible. 3. <u>Front/back loading</u> : split drugs before you cook up to avoid having to move drugs between people's equipment, or share any secondary equipment. 4. Always mark equipment to avoid accidental mix ups	1	Indirect sharing booklets. www.aldp.ie
		2	
		3	
		4	
Secondary Paraphernalia (SP)- other injecting stuff and indirect sharing	1. <u>Sterile water</u> : Use it once, don't share it, throw it away. Discuss risks associated with different water useage. Never re-use syringe cleaning water for injecting as this can transfer BBV. 2. <u>Stericups</u> : Use it correctly, use it once. 3. <u>Alcohol Swabs</u> : Swab <i>before</i> you inject. Swab once, firmly in one direction, and throw it away. Use a non-alcohol swab or tissue afterwards to stop bleeding and avoid bruising. 4. <u>Citric acid</u> : Ty using Vit C if it's available. Use as little acid as possible, then throw it away. Don't use vinegar or lemon juice .	1	Posters available ranking risks of various water for use in injecting. www.exchangesupplies.org Video on use of stericups available at same Advice on Injecting Process in the Safer Injecting Handbook @ exchangesupplies.org
		2	
		3	
		4	
Overdose Prevention (OD)	1. <u>Risk factors</u> : tolerance - recently out of prison/detox/rehab or hasn't used in a long time, bad health, age and experience can all increase risk of overdose. 2. <u>General</u> : use with friends/people so there's people around to call 112 if someone hits the deck. Recovery position. 3. <u>Reducing Risk</u> : don't inject it, and use half what you used to use, don't mix it with other drugs. Use smaller barrel.	1	Overdose DVD, booklets and posters available @ www.exchangesupplies.org
		2	
		3	

Femoral Injecting (FI) – groin injecting	1. <u>Alternatives</u> : explore other options - do an AR intervention (see below)	1	Ask SU to name sites, from least to most risky, this can avoid worker introduction of higher risk sites. Femoral Injecting booklets and DVDs available from exchangesupplies.org
	2. <u>Dangers</u> : proximity of femoral artery and nerve to vein - vein is closer to the centerline of the body away from the arterial pulse. Hitting the artery or nerve can result in extreme blood loss, DVT clots leading to loss of limbs, abscesses in groin.	2	
	3. <u>Injecting advice</u> : Incorporate IC, VC, PP, SP and other relevant interventions. Emphasize hygiene. If there are ANY signs of pain, redness, tenderness or unusual smells seek medical advice immediately. Use as small a spike as possible ranging from orange to blue. NAVI to assist with placement of injection (from the inside out hold fingers together to mark the following: nerve, artery, vein, inject.)	3	
Alternative Routes (AR) – alternatives to injecting	1. <u>Rectal/UYB</u> : use a small barrel, with no spike on it, and insert only about a centimetre into your bum. See MQI handbook for more detailed instruction.	1	Smoking foil from NSP's Rectal (UYB) method covered in MQI Safer Injecting Handbook
	2. <u>Snorting</u> : use your own clean tooter and don't share.	2	
	3. <u>Smoking</u> : use foil available from exchanges	3	
	4. <u>Crack pipes</u> : use a Pyrex pipe and filter with a hash screen. Cover the end of the pipe with a rubber band or cardboard, and use lip protector if you hurt your lips. <u>Never share</u> .	4	
Secondary Exchange (SE) - works for others	1. <u>Encourage primary access</u> : It's better for someone to come for their own equipment. This enables staff to link in and support them with any health issues, problems with injecting etc. However, if primary access is not possible, secondary exchange should be allowed.	1	Have a store of accessible and interesting literature on Harm Reduction available to pass on
	2. <u>Encourage peer education</u> : Give literature and advice that the client can take to the person they are getting the exchange for. It may be necessary to discuss policies on under 18 / under 16.	2	
BBV – HIV, HEP C & HEP B	1. <u>Overview and Transmission</u> : Overview of the viruses and how they are transmitted, including information on different strains that you can catch if you are already positive.	1	Literature and DVD on the HepC virus available from exchangesupplies.org Other literature and support available from Dublin Aids Alliance
	2. <u>Prevention</u> : how to prevent catching or passing on viruses.	2	
	3. <u>Testing</u> : where a person can get tested.	3	
	4. <u>Treatment</u> : where a person can get treatment and what it involves.	4	
Coke / injecting coke / crack (C)	1. <u>Sharing</u> : Risks of sharing tooters when snorting.	1	See exchangesupplies.org for research on crack
	2. <u>Safer injecting</u> : as per interventions above.	2	
	3. <u>Local anesthetic</u> : cocaine anaesthetises the area around the injecting site, so use more slowly to avoid a missed hit, or mark a few sites before you first inject.	3	
	4. <u>Acid</u> : Minimise use (citric or VitC) when injecting coke. There is already a higher risk of vein damage, acid shouldn't be needed. 5. <u>Crack</u> : prepare with cold water and a small amount of citric to avoid glooping or waxing	4	
Poly drug use (Poly) - using more than one	1. <u>New chemicals</u> : Combining drugs can create new dangerous chemicals e.g. Cocaine and alcohol (coca ethylene), increase risk of heart damage	1	See exchangesupplies.org for extensive literature and a dvd on overdose
	2. <u>Overdose</u> : Increased risk of OD when you use more than one drug, particularly if you use two with similar effects such as benzos, heroin, methadone and alcohol.	2	
	3. <u>Heart problems</u> : Increased risk of heart problems when using uppers and downers together (speed balling)	3	
Benzos/Zimmos etc.(B)	1. <u>Swallow</u> : Injecting tablets causes considerable vein and circulatory damage. DVT can result in loss of limbs. Swallow instead.	1	
	2. <u>Overdose</u> : have similar effects on body to alcohol, heroin and methadone so use less if using in combination with other drugs.	2	
Head-shop Drugs (HS)	1. <u>Injecting</u> : do SI intervention. Many head shop drugs contain anaesthetics. Give advice re. cocaine injecting (as above) should be given 2. Can cause severe reactions so use in small doses, use with people. Stay hydrated. Seek medical attention.	1	See MQI Safer Injecting Handbook See Ana Liffey's 'Use your Head' booklets