

Harm Reduction Supply Distribution

Self-Learning Module

Southern Health – Santé Sud
2017



Harm Reduction Supply Distribution Self Study

Introduction

Staff members are expected to complete the Harm Reduction Supply Distribution Self Study Module and the accompanying quiz to be able to competently provide harm reduction services to clients. Staff members will be knowledgeable of the Harm Reduction Supplies Distribution Guideline and will provide information and distribute supplies using the information in this guideline. Staff should ensure that they stay current with emerging information and resources that are made available through Southern Health-Santé Sud.

What is Harm Reduction?

Harm Reduction is a pragmatic response that focuses on keeping people safe by minimizing death, preventing disease and injury associated with higher risk behaviour, while recognizing that the behaviour may continue despite the risks.

Key Message #1: Harm reduction helps prevent transmission of STBBIs.

Human immunodeficiency virus (HIV), hepatitis C (Hep C) and other sexually transmitted and blood-borne infections (STBBI) occur at high rates among sexually active people and people who use drugs. STBBI transmission can occur when the blood, sexual fluids or breast milk of an infected person enters into another person.

Safer sex practices, safer drug use practices and other harm reduction tools are the most effective methods of preventing STBBI transmission. Abstinence is not an achievable goal (or desired one) for most people and therefore, harm reduction tools are the best strategy.

For infections transmitted by sexual exposure: Condoms, gloves and sex dam usage remains the most effective tool in preventing transmission. The use of a water-based lubrication is also highly effective in preventing the transmission by protecting the membranes from injury and increasing comfort.

For infections transmitted by intravenous drug use: the most effective tool to prevent transmission of blood-borne infections is the use of new supplies for every use. For injection drug use, the use of new needles/syringes and other related supplies is recommended. For smoking crack and crystal methamphetamine, using mouth pieces on pipes and ensuring that pipes are not shared/cleaned with alcohol swabs between each use is recommended.

Other harm reduction tools created by individuals are also effective, such as: not having sex under the influence of drugs or alcohol; moderating use; increasing sleep; and increasing the intake of food and water. Harm reduction strategies should be individual, relevant and evidence-based.

Key Message #2: Communication: Example of interaction

The following is a guide for Public Health Nurses to use during client encounters for harm reduction supply distribution. These encounters may include education, supply distribution and referrals and/or linkages to health and/or social services.

Example:

"Hello my name is _____, I am a Public Health Nurse. Have you come to a Public Health Office for harm reduction education/supplies before?"

First Visit

- Explain the goal of this program is to keep clients and communities safe through the provision of harm reduction education and supplies which decreases opportunity for STBBI transmission, including human immunodeficiency virus (HIV) and hepatitis C.

- Explain that clients can get access to STBBI testing and referrals to other health care professionals and agencies as needed.
- Explain that service is confidential and there will be no documentation in their personal health records about encounters for harm reduction education and supplies.
- Explain there are 2 expectations of clients using this program:
 1. Clients will not use illicit drugs on Southern Health-Santé Sud property (i.e. bathrooms, parking lots).
 2. Clients will safely dispose of drug use equipment by using sharps containers.

Questions to Consider during Harm Reduction Encounters

- Do you mind if I ask you a few questions?
- How are you doing?
- Are you having any concerns with the safer sex/drug supplies?
- What kind of supplies do you need?
- What is your drug of choice and route of administration?
- Do you need your veins looked at?
- How are you disposing of your sex/drug supplies?
- How is this drug use/sex practice/lifestyle working for you?
- How is this drug use/sex practice/lifestyle affecting your family?
- Have you been tested for STBBIs recently?
- Do you want any referrals to (AFM, mental health, community dietician, primary care provider)?
- Do you have any questions or concerns?

Key Message #3: Safer Sex Practices

To prevent the transmission of all STIs the use of condoms, sex dams and gloves are recommended with all sexual encounters.

1. Latex or polyurethane condoms should be used for all penetrative sex involving penises or sex toys.
2. Latex or polyurethane condoms or sex dams should be used for oral sex.
3. Gloves should be used for all sex involving hands or fingers.

Latex (or similar) barriers prevent the transmission of STIs. Care should still be taken to prevent skin to skin contact (especially genitals) to prevent the transmission of herpes, pubic lice, and human papilloma virus infection (HPV). These tools should be utilized during all types of sex and should be used with lubrication to prevent damage to mucous membranes (which increases the likelihood of STI transmission). Safer sex practices are important even if all partners are HIV-positive because it is possible to become re-infected with a different strain of HIV. Infection with additional strains of HIV could compromise treatments if a drug resistant strain is transmitted.

Key Message #4: Routine Screening

All sexually active people and people using drugs should have STBBI screening completed every 6-12 months, after every risky encounter, or more regularly if engaged in ongoing risk like injection drug use. Routine screening should be considered by partners in monogamous relationships if safer sex practices are not being practiced consistently. Early testing helps to prevent further transmission and allows health care professionals to connect clients with effective care, treatment and supports. Routine screening counteracts the stigma related to STBBI testing and diagnosis. It normalizes sexual health screening as a key part of healthcare. Each public health nurse (PHN) should maintain up-to-date information regarding testing sites and hours of operation within their area for client information.

Key Message #5: The Testing Window Period

The time between infection and the detection of disease is called the Window Period. During the window period, a person can be infectious but still test negative. During this time, abstinence or consistent use of safer sex and safer drug use practices is key in preventing transmission to others.

- HIV - The US Centre for Disease Control states that the average person takes 25 days to create enough antibodies to result in a correct HIV-positive test result and some people may take up to three months (in rare cases up to six months). It is therefore recommended that after a risky encounter, that testing take place one month, three months and in some cases, six months after the encounter to ensure that a correct diagnosis (test result) is given. People are extremely infectious right after they contract HIV. This includes the time between when they contract the virus and the time when standard tests will detect HIV antibodies.
- Gonorrhea – The incubation period for Gonorrhea is usually 2-7 days.
- Chlamydia – The incubation period for Chlamydia is usually 2-6, weeks but can be longer
- Syphilis – The incubation period for Syphilis is usually 10-90 days. People are extremely infectious right after they contract Syphilis.
- Hepatitis A – The incubation period for Hepatitis A is 15-50 days
- Hepatitis B – The incubation period for Hepatitis B is 45-180 days
- Hepatitis C – The incubation period for Hepatitis C is usually 6-9 weeks, but can ranges from 2 weeks -6 months

(Canadian Guidelines on Sexually Transmitted Infections: <http://www.phac-aspc.gc.ca/std-mts/sti-its/cgsti-ldcits/section-5-2-eng.php>)

Key Message #6: Safer Injection Drug Use

Injection drug use, regardless of vein or muscle injection site, should always be done with new supplies. All drug use supplies, including needles/syringes, water, filters, cookers/spoons, snorters/pipes, and barrels could transmit HIV and Hep C infections if shared with an HIV-positive or Hep C-positive person. New sterile supplies will ensure people who use drugs, do not transmit or contract HIV or Hep C, and minimize the risk of infections at injection site such as cellulitis, endocarditis, abscesses and tetanus. Injection sites should be cleaned with alcohol swabs or soap and water. Sites should be rotated to maintain good vein health.

Key Message #7: Safer Drug Smoking and Snorting

Some clients may choose to smoke/snort their drugs, rather than injecting them. Smoking/snorting is preferable to injection in the prevention of drug overdose, HIV and Hep C transmission and other injection related infections. However, sharing pipes and related supplies may still expose clients to Hep C. It is recommended that clients do not share pipes or used tubing on the inhalation end of the pipe. This is to prevent cuts, burns and infections on their lips and in their mouths. If sharing a pipe or tubing, it is recommended to clean the pipe or tube with alcohol swabs between each use.

Key Message #8: Encourage Less Risky Routes of Drug Use

Injection drug use is the riskiest route of use in terms of infection transmission and risk of overdose. The PHN should encourage clients to switch to less risky routes of drug use.

Risk of HIV/Hep C Transmission by Route of Drug Use *



Key Message #9: Overdose Prevention and Treatment

Overdose occurs when someone takes more alcohol or drugs, in terms of quantity and/or potency, than the body can process at one time causing difficulty breathing and/or rapid increase or decrease in heart rate. Overdosing can cause serious health problems and death.

Alcohol Overdose

People can die from consuming too much alcohol or if they choke on their own vomit (most likely to occur when person is passed out). If there is concern or uncertainty the person is experiencing alcohol overdose, stay with the person and call 911.

Symptom	Action
Responds, but is listless and sleepy.	Roll person onto their side. Keep checking on them. Stay with person.
Dry heaves or vomiting	Keep on side or over basin to prevent choking. Clear airway if needed (check airway/breathing). Stay with person.
Passed Out	Gently shake or attempt to wake. Roll over and check on regularly. Stay with person.
No response, but breathing regularly.	Monitor breathing. If irregular, or the person takes less than 18 breathes per minute, call 911. Stay with person.
Irregular breathing, cannot be woken, bluish skin tone.	Call 911 immediately. Keep on side to prevent choking. Initiate CPR if breathing stops. Clear airway. Stay with person until ambulance arrives.

Drug Overdose

It is possible to overdose on many, but not all, drugs. Overdoses on prescription drugs, cocaine and opiates (like heroin) cause many deaths in Canada every year. The risk of overdose is highest when injecting drugs or when using multiple substances (including prescription medications) at the same time or closely together. Clients are also at higher risk after periods of abstinence, when ill, and when using alone.

Signs of Overdose – Stimulants (Cocaine) and Depressants (Opiates)	
Stimulant/Cocaine Overdose	Depressants/Opiate Overdose (heroin, morphine, fentanyl, carfentanyl)
<ul style="list-style-type: none"> • fast heart rate • fever • blue lips • pale skin • foaming at the mouth • vomiting • seizures, twitching or body shakes • chest pains • going unconscious 	<ul style="list-style-type: none"> • breathing slows or stops (less than 18/min) • heart rate slows or stops • seizures, twitching or body shakes • vomiting • blue lips or skin • low body temperature • confused or very hard to rouse • going unconscious or sleeping deeply/snoring and can't be woken

Naloxone

Naloxone is a drug that can be administered when a person has overdosed on an opiate to prevent death. It works really fast by essentially blocking the impact of opiates on the brain so that the brain will continue “asking” the lungs to breath, the heart to beat, etc. It also immediately ends the high for the person. Clients given Naloxone should be monitored for 30 -60 minutes, as once the Naloxone wears off, they may experience overdose again. Since the high has ended, the client may go and use again, causing another overdose.

Naloxone kits are available for distribution through a variety of sources. (See Opioid Overdose Lay Responder Preparation by Public Health Nurse Guideline)

Recovery Position

If a person is unconscious, it is best to lay them on their side with their lower arm straight above their head and upper arm bent at the elbow with their hand under their face or hanging over their other arm. The top leg should be bent at the knee (foot can be hooked behind the other knee). Do not move the person if there is a possible head or spine injury, or if you are unsure. It is best to put a sitting person in a chair or up against the wall with their knees up and bent to assist with keeping them upright.



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Key Message #10: Encourage Safe Disposal of Needles/Syringes and Other Supplies

Used needles/syringes may contain contaminated blood. People who have been poked with a needle are at risk for contracting STBBIs. Generally, HIV cannot survive outside the body for long and so the risk of getting HIV from a needle stick injury is low (less than 0.01%). Hepatitis C, however, can live outside the body for much longer and so there is up to a 10% chance of contracting it from a needle stick injury.

People poked by a needle should seek immediate medical attention from the emergency room for consideration of post-exposure prophylaxis (PEP). PEP is a disease-specific management of exposures involving medication or immunization. Most exposures to blood and body fluids will not require PEP, but evaluation is necessary. PEP for HIV involves antiretroviral therapy. PEP for hepatitis B may involve both passive and active immunization against HBV.

Currently, there is no effective PEP regimen for HCV; however, post exposure management including testing and follow-up may be indicated, as per protocol.

Safely Disposing of Used Drug Equipment

- Clients are encouraged to use sharps containers with a non-removable lid. The container must be capable of withstanding the weight of the biomedical waste without tearing, cracking or breaking.
- When sharps containers are not available, encourage clients to place used supplies in a rigid, plastic container with a tight fitting lid such as a bleach bottle, fabric softener bottle, or plastic soda pop bottle. Encourage clients to write "SHARPS DO NOT RECYCLE" on these containers.
- To prevent injuries to themselves and others, encourage clients to:
 - Locate sharps containers close to the area of use
 - Dispose of used supplies immediately
 - Never recap a needle
 - Dispose of own supplies when with other people. Have others dispose of own supplies in sharps containers
 - Do not bend or break a needle
 - Engage the locking mechanism on sharps containers when they are $\frac{3}{4}$ full
 - Return sharps containers
- **Safely Picking Up Used Needles**
- All used needles are treated as if they contain infectious materials. Precautions are to be maintained at all times. Staff must not accept hand-to-hand offers of used loose sharps. Clients will put all used sharps directly into a sharps container provide to the client by staff.
- No staff will handle used sharps with their bare hands. Always use gloves. Spills of used needles will be dealt with by securing the area. Make the area safe. Pick-up needles at a comfortable, easy pace.
- When clients return or exchange needles/syringes, provide a new sharps container to the client.
- Large sharps containers should be changed when they are $\frac{3}{4}$ full. At that time, secure the lid to the container.
- Staff will ask those dropping off sharps containers to engage the locking mechanism to reduce risk of accidental opening of the sharps container.

Condom Disposal

Used condoms, gloves, and dental dams should be put into the garbage. It is best to twist and tie a knot in used condoms to prevent ejaculate from leaving the condom. Educate clients never to re-use or to flush condoms, gloves or dams down the toilet.

Key Message #11: Vein Care

To prevent infection and damage to veins, clients should be encouraged to monitor their veins. Good vein care includes the following:

1. Using a tourniquet to ensure that needle goes into a viable vein. Tourniquet should be released once viable vein is found and the drug is starting to be injected into that vein, this will prevent bursting that vein.
2. Always clean injection site with an alcohol swab or soap and water before injecting. Wash hands before and after injection.
3. Ensuring that the bevel of the needle is facing upward.
4. Draw back on syringe plunger slightly to ensure there is blood or "flash", this will indicated that needle is in fact in a vein. Do not inject if there is no "flash" visible, as the drug will be injected into tissue, which can contribute to an infection or abscess.
5. Always injecting in the direction of the heart.
6. Rotating injection sites to minimize scarring and infection.

7. If using a new dealer, after detox or being sober for longer term, or if talk of “bad” drugs on the street, educate client to “taste” (or inject smaller than normal dose) drug first prior to injecting a full dose. If effect does not feel right, do not inject more to prevent risk of overdose or harmful effects from “bad” drugs/products that drugs may be cut with.
8. Saving a vein for medical care. Choose not to inject into one vein (preferably in the arm) to allow that vein for medical tests, IV insertion, etc.
9. Encourage use of ascorbic acid for better vein health when using heroin and crack.

Message #12: Health and Lifestyle Behaviour Change is a Process

There are ten processes of change that people experience when they are changing a behaviour. These processes are divided into those that are cognitive/experiential and those that are behavioural. When individuals engage in the cognitive/experiential process they do a great deal of reflection about themselves and their lives. Many emotions are evoked, and some of these (fear, anxiety, worry, remorse, guilt, disappointment) may be overwhelming for some people. The health care providers can help individuals place their emotional reactions into a realistic context and monitor for depression. The behavioural processes of change are oriented towards taking action. They involve behavioural commitment and actions to create or break behaviour habits and are visible to outsiders.

Health care providers, such as PHNs, can provide referrals and/or linkages to agencies that can assist and provide support with behaviour changes i.e. AFM, mental health services. They can also assist people in behaviour change by providing interventions in brief sessions (5-10 minutes). The following table illustrates different techniques a health care provider may employ to assist a client when they are experiencing different processes of change.

Processes and Techniques of Change

Cognitive/Experiential Processes:

Process	Experiences & Behaviour of Individual that Create & Maintain	Techniques Suggested by Health Care Provider
Consciousness Raising (becoming aware)	Person becomes aware of problem behaviour, which requires them to learn something new about the behaviour that needs to be changed.	-Providing information or pamphlets to read -Providing personalized feedback -Asking questions about problems with the behaviour
Emotional Arousal (Intense Feelings)	Person experiences strong emotions that result in a movement towards change.	-Showing dramatic portrayals of problem -Inviting significant others to speak about impact of behaviour on them
Self-Re-evaluation (Looking at myself)	Person experiences something that causes them to reflect on personal goals and how current or new behaviour fits with those goals.	-Look at healthy role models -Self-disclosure -Values clarification
Environmental Re-evaluation (Impact on others)	Person evaluates how their behaviour affects their home, work, and other lifestyle areas, as well as the people in their lives.	-Family members sharing stories -Information about impact on others -asking to imagine what it must be like for others -Describe typical day & probe for details
Social Liberation (Community Support for Change)	Person recognizes changes in society, including social alternatives and norms that make it easier to follow through with the behaviour change.	-Providing information about policies and laws -Community walking trails

Behavioural Processes:

Process	Experiences & Behaviours of Individual that Create & Maintain Change	Techniques Suggested by Health Care Provide
Commitment (Creating a plan)	Making choices, taking responsibility for, and making commitments to engaging in a new behaviour	-Telling others of plans -Selecting from a menu of options
Countering (Choosing something new)	Person chooses to substitute new behaviours and interactions to support the desired change.	-Reduction of behaviour -Quitting behaviour -Altering behaviour -Substituting a new behaviour -Adoption of a new behaviour
Environmental Control (Managing my change)	Creating, altering, or avoiding cues/stimuli that trigger or encourage a particular behaviour.	-Avoidance -Altering environment -Self-help groups
Reward (Celebrating achievement)	Person regularly celebrates progress toward change while removing reinforcement for old behaviours.	-Positive self-statements -Saving money/purchasing desired items -Recognition from others
Helping Relationships (Support from others)	Person identifies and uses a variety of supportive people to help reinforce the desired change.	-Health care provider -Family -Friends -Support Group

(Adapted from: Prochaska, J.O., Norcross, J.C. & DiClemente, C.C. (1995). Changing for Good. New York: Avon Books Inc.)

Message #13: Eligibility for Immunizations

When providing client education and assessment, ensure to include immunization review. Clients considered “at risk” may be eligible for further vaccinations ie: hepatitis A (HA), hepatitis B (HB), and human papillomavirus (HPV). Refer to the Manitoba Health Eligibility Criteria for publicly-funded vaccines. Ensure routine vaccinations are up-to-date.

References:

Nine Circles Community Health Centre: Pre & Post Test Education Training Manual, Summer 2010
 Winnipeg Regional Health Authority: Health Behavior Change Resource Binder, March 2007

Complete the
HARM REDUCTION SUPPLY DISTRIBUTION
Self-Learning Module- Quiz

Harm Reduction Supply Distribution

Self-Learning Module Quiz

Southern Health – Santé Sud
2017



Harm Reduction Supply Distribution Self-Learning Module Quiz

1. True or false?

Harm reduction is a pragmatic response that focuses on keeping people safe by minimizing death, preventing disease and injury associated with higher risk behavior, while recognizing that the behavior may continue despite the risks.

2. Fill in the blank:

Safer sex practices, safer drug use practices and other harm reduction tools are the most effective methods of preventing STBBI transmission. _____ is not an achievable goal (or desired one) for most people and therefore, _____ tools are the best strategy.

3. Safer sex practices includes which of the following?

- a) Using latex or polyurethane condoms and sex dams
- b) Using gloves for all sex involving hands or fingers
- c) Lubrication should be used to prevent damage to mucous membranes
- d) All of the above

4. When should someone have STBBI screening completed?

- a) *Every 6-12 months*
- b) *after every risky encounter*
- c) *more regularly when engaged in ongoing risk such as injection drug use*
- d) All of the above

5. A "window period" is described as :

6. Fill in the blank:

All drug use supplies can transmit HIV and Hep C infections if shared with an HIV-positive or Hep C-positive person. Drug use supplies that can transmit infections includes:

- a) *needles/syringes,*
- b) *water, filters,*
- c) *cookers/spoons,*
- d) *snorters/pipes, and barrels*
- e) All of the above

7. For clients who choose to smoke or snort their drugs: what should you recommended clients do to their pipes or tubing?

- a) *Clean pipes or tubing with alcohol swabs between each use*
- b) *Never share pipes or tubes*
- c) *All of the above*

8. Arrange in order of least risk to most risk

- | | |
|----------|----------------------------|
| 1. _____ | a) <i>huffing</i> |
| 2. _____ | b) <i>smoking</i> |
| 3. _____ | c) <i>sharing supplies</i> |
| 4. _____ | d) <i>snorting</i> |
| 5. _____ | e) <i>No use</i> |
| 6. _____ | f) <i>injecting</i> |
| 7. _____ | g) <i>swallowing</i> |

9. What are signs of an overdose from stimulants:

- a. *Fast heart rate, fever, blue lips, pale skin*
- b. *Foaming at the mouth, vomiting, seizures, twitching or body shakes*
- c. *Chest pains, going unconscious*
- d. *All of the above*

10. What are signs of an overdose from depressants:

- a. *Breathing slows or stops (less than 18/min), heart rate slows or stops*
- b. *Seizures, twitching or body shakes, vomiting, blue lips or skin, low body temperature*
- c. *confused or very hard to rouse, going unconscious or sleeping deeply/snoring and can't be woken*
- d. *All of the above*

11. Fill in the blank:

_____ is a drug that can be administered when a person has overdosed on an opiate to prevent death. Clients given _____ should be monitored for 30 -60 minutes, as once the _____ wears off, they may experience overdose again.

12. Good vein care includes:

- a) *Using a tourniquet to ensure that needle goes into a viable vein.*
- b) *Rotating injection sites to minimize scarring and infection.*
- c) *Saving a vein for medical care*
- d) *Use of ascorbic acid for better vein health when using heroin and crack.*
- e) *All of the above*

13. If the client is using a new dealer, after detox, or if talk of "bad" drugs on the street, it is important to education the client to inject a smaller than normal dose of the drug prior to injecting a full dose. This is called:
- a. Flavour
 - b. Bite
 - c. taste
 - d. All of above
14. Health care providers, such as _____, can provide referrals and/or linkages to agencies that can assist and provide support with behaviour changes i.e. AFM, mental health services.

Can you think of other agencies that can assist and provide support?

Harm Reduction Supply Distribution

Self-Learning Module Quiz answers

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Harm Reduction Supply Distribution Self-Learning Module Quiz answers

1. True or false?

Harm reduction is a pragmatic response that focuses on keeping people safe by minimizing death, preventing disease and injury associated with higher risk behavior, while recognizing that the behavior may continue despite the risks.

True

2. Fill in the blank:

Safer sex practices, safer drug use practices and other harm reduction tools are the most effective methods of preventing STBBI transmission. Abstinence is not an achievable goal (or desired one) for most people and therefore, harm reduction tools are the best strategy.

3. Safer sex practices includes which of the following?

- a) Using latex or polyurethane condoms and sex dams
- b) Using gloves for all sex involving hands or fingers
- c) Lubrication should be used to prevent damage to mucous membranes
- d) All of the above

4. When should someone have STBBI screening completed?

- a) *Every 6-12 months*
- b) *after every risky encounter*
- c) *more regularly when engaged in ongoing risk such as injection drug use*
- d) All of the above

5. A "window period" is described as :

The time between exposure to an infection, and when a test is able to detect the infection.
The length of a window period can vary depending on the infection.

6. Fill in the blank:

All drug use supplies can transmit HIV and Hep C infections if shared with an HIV-positive or Hep C-positive person. Drug use supplies that can transmit infections includes:

- a) *needles/syringes,*
- b) *water, filters,*
- c) *cookers/spoons,*
- d) *snorters/pipes, and barrels*
- e) All of the above

7. For clients who choose to smoke or snort their drugs: what should you recommended clients do to their pipes or tubing?
- Clean pipes or tubing with alcohol swabs between each use*
 - Never share pipes or tubes*
 - All of the above**
8. Arrange in order of least risk to most risk
- 1) no use***
 - 2) swallowing***
 - 3) huffing***
 - 4) smoking***
 - 5) snorting***
 - 6) injecting***
 - 7) sharing supplies***
9. What are signs of an overdose from stimulants:
- Fast heart rate, fever, blue lips, pale skin*
 - Foaming at the mouth, vomiting, seizures, twitching or body shakes*
 - Chest pains, going unconscious*
 - All of the above**
10. What are signs of an overdose from depressants:
- Breathing slows or stops (less than 18/min), heart rate slows or stops*
 - Seizures, twitching or body shakes, vomiting, blue lips or skin, low body temperature*
 - confused or very hard to rouse, going unconscious or sleeping deeply/snoring and can't be woken*
 - All of the above**
11. Fill in the blank:
Naloxone is a drug that can be administered when a person has overdosed on an opiate to prevent death. Clients given **Naloxone** should be monitored for 30 -60 minutes, as once the **Naloxone** wears off, they may experience overdose again.
12. Good vein care includes:
- Using a tourniquet to ensure that needle goes into a viable vein.
 - Rotating injection sites to minimize scarring and infection.
 - Saving a vein for medical care
 - Use of ascorbic acid for better vein health when using heroin and crack.
 - All of the above**

13. If the client is using a new dealer, after detox, or if talk of “bad” drugs on the street, it is important to education the client to inject a smaller than normal dose of the drug prior to injecting a full dose. This is called:
- a) Flavour
 - b) Bite
 - c) taste
 - d) All of above
14. Health care providers, such as Public Health Nurses, can provide referrals and/or linkages to agencies that can assist and provide support with behaviour changes i.e. AFM, mental health services.
Can you think of other agencies that can assist and provide support?

Below are a few links:

Manitoba Addictions Helpline: <http://mbaddictionhelp.ca/>

Directory of Adult Addictions Services in Manitoba:

<http://www.gov.mb.ca/healthyliving/addictions/adult.html>

Addictions Foundation of Manitoba: <https://afm.mb.ca/>



**Harm Reduction Supply Distribution
Self-Learning Module**

Acknowledgment of Completion

I acknowledge I have:

- Read the Harm Reduction Supply Distribution Self-Learning Module
- Completed the Harm Reduction Supply Distribution Self-Learning Module Quiz
- Reviewed my answers with the answer key

NAME: _____ **EMPLOYEE NUMBER:** _____

DATE: _____ **OFFICE:** _____

**Please forward this completed sign-off
to [Vanessa Wallace](#)**

Your record of completion will be forwarded to Sharon Flaten and entered into QHR.