



<p>Team Name: Public Health-Healthy Living</p> <p>Team Lead: Director, Health Services – Public Health-Healthy Living & Primary Care</p> <p>Approved by: Regional Lead - Community & Continuing Care</p>	<p>Reference Number: CLI.6210.SG.005</p> <p>Program Area: Public Health-Healthy Living</p> <p>Policy Section: General</p>
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Use of pre-printed documents: Users are to refer to the electronic version of this document located on the Southern Health-Santé Sud Health Provider Site to ensure the most current document is consulted.

Patients/Clients/Residents (choose the appropriate one) and/or Families were engaged in the development of this policy. (Delete if not required)

STANDARD GUIDELINE SUBJECT:

Harm Reduction Supply Distribution

PURPOSE:

- To use evidence-based, national best practice recommendations to guide the provision of harm reduction supplies to clients receiving services within Southern Health-Santé Sud.
- To engage clients who may be disadvantaged by mainstream services.
- To provide immunizations to eligible clients per Manitoba Health eligibility criteria, for those who are at high risk.

PROCEDURE:

Harm reduction supplies are available anonymously and encounters must be informed by the principles of harm reduction. Access to supplies should extend to whoever needs them for harm reduction purposes, regardless of age or location of residence.

- The toxicity and unpredictable nature of the street drug supply presents risk for drug poisoning regardless of route of use. Overdose response should be discussed with all clients accessing harm reduction supplies. Naloxone kits should be offered to clients and those who request a kit.
- Supplies should be procured for harm reduction purposes.
- Supply distribution provides an opportunity for interaction and safe and open discussion about drug use. This may be facilitated by having supplies available in ways that encourage discussion and interaction with service providers, without creating undue barriers to supply access.

- Clients are recognized as experts in their own health, harm reduction, and drug use trends. Supply distribution is an opportunity for knowledge exchange between the client and the provider.
- Harm reduction services aim to acknowledge the relative power in professional and colonial relations with clients and populations to identify and minimize exclusion and harm.

1.0 Offer education based on the client’s needs or wants. The following supplies will be offered:

1.1 Needles/syringes are distributed in unlimited quantities to people who inject drugs according to client need and availability of stock. The evidence supporting needle/syringe distribution for the purpose of harm reduction is robust, thus needle/syringe distribution is a priority supply distribution practice. Generally, clients are encouraged to take at least a 2-week supply to reduce the chance of running out and decrease the human resources required for distribution. Injection supply distribution should be used as an opportunity to discuss drug preparation and consumption practices, including the use of filters, cookers, acidifiers, and the harm reduction aspects of these supplies. Where appropriate, clients should be informed that:

- Syringe and needles should be used once only due to the risks associated with sharing syringes and injection equipment, and the risk of reusing one’s own non-sterile syringes and injection equipment.
- Needles should be inspected with each use, and should be used correctly (i.e. checking for burr, bevel up, confirming location in vein by drawing small amount of blood, and applying pressure on puncture site after use).
- Supplies should be stored in a safe place where no one else has access to them.
- Secondary distribution (peer distribution) of injection supplies is acknowledged and supported as a valuable component of harm reduction. It is possible that an individual is seeking supplies for others who may not access services.
- The resale of supplies provided by Southern Health-Santé Sud is discouraged.
- Used needles should be disposed of in proper containers such as sharps containers. Clients are encouraged to return needles in sharps containers to distribution sites for proper disposal. Due to risk of needle stick injury, the number of needles/syringes returned is always estimated, never counted by hand.
- Nurses or other health professionals may offer to inspect injection sites for evidence of infection. This provides an opportunity to reinforce safer injection practices.

1.2 Filters and Cookers are always offered to those who inject drugs. It is recommended to use sterile filters. However, some clients prefer the non-sterile type of filter. Ensure to ask the client what type of filters they prefer. Non-sterile filters (Cotton Balls) are supplied in a mass volume. To package filters: 1) Wipe the surface with an antiseptic wipe; 2) Wash hands; 3) Don gloves; 4) Don mask; 5) Package filters in small resealable bags, approximately 20 per bag. Sterile filters are packaged as 5 per pack. Where appropriate, clients should be informed that:

- Filters and cookers should not be shared or reused.
- The cooker with the drug and water intended for injection is generally heated to help the drug dissolve. Heating for the purpose of dissolution is unlikely to kill all pathogens in the solution.
- Washing or heating may not kill all viruses and bacteria. Hepatitis C (Hep C) is easily spread by sharing “works” such as cookers, filters, water, etc.
- Filters may prevent large particles from getting into the needles/syringe, but they will not prevent the entry of small organisms like bacteria, viruses and other small particles.
- Filters should not be reused, as it increases risk for infection by bacteria that may grow in the wet filter.
- Cigarette filters are not advisable as they contain minute glass particles.

1.3 Sterile Water is always offered for every syringe distributed to those who inject drugs.

Clients are given sterile water in unlimited quantities according to the client’s need and availability of stock. Where appropriate, clients should be informed that:

- The water is for one time use only. Throw out any remaining water and the plastic container.
- The vial should not be shared as this poses a risk for transmission of bacteria and viruses.
- Vials should be checked for leaks by squeezing the vial before use to make sure no water escapes. If water does leak or squeeze out of the vial do not use it. It may no longer be sterile.
- The cap can be twisted and pulled completely off the vial. Turn the vial upside down and squeeze desired amount onto cooker.
- The plastic water container should not be punctured with a needle to withdraw water into a syringe, as this will dull or “barb” the needle.
- Sterile water should be stored at room temperature. Keep them away from extreme heat and cold.

1.4 Alcohol Swabs are available to people who inject drugs to support safer injection practices. Swabs are offered in the quantities requested by clients, usually based on the number of needles requested (approximately 1 swab per needle/syringe). Where appropriate, clients should be informed that:

- Skin should be wiped clean with a swab and the alcohol allowed to air dry prior to injection.
- Alcohol swabs should not be applied after injection as it damages the injection site and prevents coagulation. Stericup* cooker packages contain post injection swabs.
- Swabs are for single use only.
- Used swabs can be disposed of in the garbage.

1.5 Sharps Containers are offered to clients to reduce risk of needle stick injuries. Clients are encouraged to return containers to a distribution site once filled to $\frac{3}{4}$ full.

1.6 Tourniquets are offered to promote safer injection practice and venous health. Where appropriate, clients should be informed that:

- Tourniquets should not be applied too tightly, and should be released once a

vein is located.

- Tourniquets can be reused, but should be replaced if someone else has used it, it is visibly soiled, or has lost its elasticity.
- Tourniquets should be applied using a loop to facilitate quick release, rather than tied in a knot.

1.7 Vitamin C – Ascorbic Acid Powder Sachets are used to dissolve some drugs such as crack cocaine and some forms of heroine. This is done by placing the drug in the cooker, adding water, and adding a small amount of ascorbic acid. Ascorbic acid powder sachets are offered to reduce damage to muscle and vein tissue. One sachet per needle for the above drugs should be offered. Ascorbic acid has been identified as a safer acid to help dissolve drugs for injecting. Where appropriate, clients should be informed that:

- A new ascorbic acid sachet should be used each time, and discard remainder of open sachet.
- Use the smallest amount possible to dissolve the drug, about ¼ the amount of drug, to avoid blood vessel irritation.
- If the drug is not dissolved, add a little more ascorbic acid (avoid adding too much ascorbic acid as this will damage the veins). Some of the “particles” may not dissolve. A filter may be used to remove particles.
- If the mixture is hot, wait 5-10 minutes, or until cooled before injecting. Injecting hot liquid may cause blood clotting and vein damage.
- Filter the drug through a filter before injecting. This will remove particles that did not dissolve.
- The ascorbic acid powder is sterile, so should not be handled due to possible contamination from fingers/hands.
- There is no known advantage in using acidifiers with pills.

1.8 Safer smoking supplies such as pipes and bubbles are used for smoking drugs. Smoking and injection drugs are associated with different risks. Evidence to support distribution of Smoking supplies for harm reduction is not robust however, keeping smoking supplies available is recommended for those who engage in polysubstance use or who may be changing drug patterns.

Safer Crack Use Kits (SCUKs/pipes) are used to smoke drugs such as crack cocaine. Each kit contains two stems/pipes as well as a push stick, brass screens, 2 rubber mouth pieces, and 2 alcohol swabs. Limit of 2 per person (encounter) per day. Limits based on availability.

Safer Meth Use Kits (SMUKs/bubbles) are used to smoke drugs such as methamphetamine. Each kit contains a glass bubble pipe, 2 rubber mouth pieces, and 2 alcohol swabs. Limit of 2 per person (encounter) per day. Limits based on availability.

Where appropriate, clients should be informed that:

- Sharing of SCUKs/SMUKs is discouraged. There is a potential risk for transmission of infections such as HBV, HCV, pneumonia, or tuberculosis related to pipe use.
- The latex mouth piece is intended to prevent burns or cuts from the Pyrex stem.
- When SCUK or SMUK is cracked or broken it should be discarded in a sharps

container to prevent cuts.

- Selling SCUKs/SMUKs is discouraged.

1.9 Barriers and Lube: In addition to overdose response planning, clients seeking harm reduction supplies should be offered safer sex supplies. Distribution of condoms and lubricant along with harm reduction supplies is recommended to reduce harms from risky sexual behaviours (Strike et al 2021)

1.10 Birth control: see **Reproductive Health Services** ([CLI.6210.PL.001](#))

2.0 Where available, offer immunizations based on the client's immunization records, and the Manitoba Provincial Vaccine Eligibility Criteria.

2.1 Use opportunities to offer and update routine immunizations, as well as offer other vaccines client is eligible for based on risk factors. Note that Hepatitis A vaccines & Hepatitis B vaccines (HA, HB, or HAHB) as well as Pneu-P-23 can be offered to those who use drugs. Review the [Provincial Vaccine Eligibility Criteria](#) for other eligible vaccines.

3.0 Partnership with Other Programs and Community Partners

3.1 Public Health-Healthy Living (PHHL) will partner with other programs and organizations in the community to enhance harm reduction supply distribution. Enhancing supply distribution will focus on access and removing barriers. For example, after hour and weekend access, alternate locations.

3.2 The guidelines in this document have been developed to support Other Programs and Community Partners that partner with PHHL in distribution of harm reduction supplies in the community. See the **Harm Reduction Supply Distribution Partner Site Agreement-Registration Form** (CLI.6210.SG.005.FORM.04)

3.3 Programs and agencies providing supplies through PHHL are expected to complete the **Harm Reduction Supply Distribution Inventory Tracking Form** (CLI.6210.SG.005.FORM.02) and submit monthly to the Local Public Health Nurse Contact.

4.0 Needle-Puncture Injury Prevention

4.1 Role of Staff:

- All used needles are treated as if they contain infectious materials. Precautions are maintained at all times. Staff must not accept hand-to-hand offers of used loose sharps. Clients are to put all used sharps directly into a sharps container provide to the client by staff.
- Staff do not handle used sharps with their bare hands. Always use gloves. Spills of used needles are dealt with by securing the area. Make the area safe. Pick-up needles at a comfortable, easy pace.
- If drugs or substances are found, follow the **Disposal of Drugs or Substances** (CLI.6210.SG.005.FORM.05) document for proper disposal.
- When clients return or exchange needles/syringes, provide a new sharps container to the client.
- Large sharps containers are changed when they are $\frac{3}{4}$ full. At that time, secure the lid to the container.
- Ask those dropping off sharps containers to engage the locking mechanism to

reduce risk of accidental opening of the sharps container.

4.2 Role of Clients:

- 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 their 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.
 - Encourage clients to return sharps containers to the location where they received their supplies once filled to $\frac{3}{4}$ full for disposal.

5.0 Overdose Prevention

5.1 Create and take opportunities to encourage overdose prevention. Information on overdose prevention can be found at [Street Connections.ca](http://StreetConnections.ca).

5.2 Naloxone kits is another tool service providers can provide to clients as a means of preventing overdoses. Programs and partner sites who provide harm reduction supplies to clients may consider becoming a naloxone distribution site. To apply to become a naloxone distribution site, see documents at the [Take-Home Naloxone Distribution Program | Health | Province of Manitoba \(gov.mb.ca\)](http://Take-Home Naloxone Distribution Program | Health | Province of Manitoba (gov.mb.ca)).

6.0 Documentation

6.1 It is not necessary to create a client health record for clients who are receiving harm reduction supplies. Supplies are provided anonymously in order to decrease barriers to services.

6.2 The supplies provided to clients are documented on the **Harm Reduction Supply Distribution Inventory Tracking Sheet** (CLI.6210.SG.005.FORM.02) to capture the number of clients serviced, and number of needles/syringes and other supplies distributed. The statistics captured allows for program monitoring and can be used as an indicator for changing drug use trends. At the end of each month, the Inventory Tracking Sheet is completed and faxed to the appropriate Southern Health-Santé Sud site. Supplies are ordered using the **Harm Reduction Supply Distribution Order Form** (CLI.6210.SG.005.FORM.03) and submitted to the appropriate person listed on the form.

6.3 If a supply distribution encounter involves an individualized health assessment, health treatment, referral, testing, or advice, then a health record is created for that client to

document the health care encounter. The **Public Health -Healthy Living Interaction Form** (CLI.6210.SG.005.FORM.01) is used to initiate a client’s health record or add to their existing health record. Further documentation regarding the issue is stored in the client’s health record. Each public health office determines the appropriate designated secure place where the Public Health- Healthy Living Interaction Forms are kept. Other programs and community partners will document client interactions based on their own documentation practices.

7.0 Learning Resources

- 7.1 The [Harm Reduction Supply Distribution Learning Module](#) is available on the Health Care Provider Site (HPS) and is accessible to all SHSS staff. Organizations who wish to review the Harm Reduction Supply Distribution Learning Module may ask the Local PHN for a copy. Public Health-Healthy Living staff are expected to complete the Self Learning Quiz at the end of the module as part of their orientation.
- 7.2 SHSS staff can access the Harm Reduction eLearning Module on the [Learning Management Systems](#) (LMS). Log in and search for “Harm Reduction”. This eLearning Module was put together with input from peers/people who use drugs. Public Health-Healthy Living staff are expected to complete the Harm Reduction eLearning Module as part of their orientation.
- 7.3 The [Harm Reduction Fundamentals: A toolkit for Service Providers \(CATIE\)](#) is a national resource available to all providers. It contains four units that provide a comprehensive overview of harm reduction fundamentals.

8.0 Program Evaluation

- Evaluation of the Harm Reduction Supplies Distribution Program is important to:
 - Monitor client utilization and satisfaction with the program.
 - Allow for feedback from staff providing the services.
 - Guide the program to remain relevant and responsive.
- A survey may be offered to clients who use the Harm Reduction Supplies Distribution Program services. The voluntary survey is used to collect data that allows for evaluation of barriers to getting harm reduction services and supplies, drug use patterns, STBBI testing rates, and usage of other health services. It is the service provider’s discretion to offer surveys where appropriate to clients on a volunteer basis. Types of surveys can include, but not limited to “What Matters to You”, other regional surveys, and provincial surveys. Declining to complete a survey is not a barrier to accessing supplies.
- A survey for staff who provide harm reduction supplies and education (ie: Survey Monkey) is administered annually to evaluate program effectiveness, and gain feedback/suggestions.

EQUIPMENT/SUPPLIES:

Harm Reduction Supply Distribution Starter Kit
Individual Harm Reduction Supplies

SUPPORTING DOCUMENTS:

- [CLI.6210.SG.005.FORM.01](#) Public Health-Healthy Living Interaction Form
- [CLI.6210.SG.005.FORM.02](#) Harm Reduction Supply Distribution Inventory Tracking Form
- [CLI.6210.SG.005.FORM.03](#) Harm Reduction Supply Distribution Order Form
- [CLI.6210.SG.005.FORM.04](#) Harm Reduction Supply Distribution Partner Site Agreement Registration Form
- [CLI.6210.SG.005.FORM.05](#) Disposal of Found Drugs or Substances

REFERENCES:

Immunization Program Manual for Immunization Providers in Manitoba (June 2017):

<https://www.gov.mb.ca/health/publichealth/cdc/div/manual/index.html>

Manitoba Health: Take-Home Naloxone Distribution Program:

<https://www.gov.mb.ca/health/publichealth/naloxone.html>

Strike C, Miskovic M, Perri M, Xavier J, Edgar J, Buxton J, Challacombe L, Gohil H, Hopkins S, Leece P, Watson, T, Zurba N and the Working Group on Best Practice for Harm Reduction Programs in Canada. Best Practice Recommendations for Canadian Programs that Provide Harm Reduction Supplies to People Who Use Drugs and are at Risk for HIV, HCV, and Other Harms: 2021. Toronto, ON <https://www.catie.ca/best-practice-recommendations-for-canadian-harm-reduction-programs>

Winnipeg Regional Health Authority: Operational Guideline: Harm Reduction Supply Distribution, April 2019