Superior Points
Harm Reduction Program

HARM REDUCTION TRAINING PROTOCOLS

for

Staff, Volunteers, and Community Agencies
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Harm reduction is a way of thinking about and practicing healthy ways of being that build on the risk reduction strategies we all use to keep ourselves as safe and healthy as possible.

(T.R.I.P. – Toronto Raver Info. Project)
INTRODUCTION

The following information is intended as direction for the staff and volunteers of Superior Points Harm Reduction Program (SPHRP) and the community agencies providing needle exchange and other harm reduction services under contract with the Thunder Bay District Health Unit (TBDHU). For the purposes of this manual, the term ‘staff’ is meant to include paid staff, volunteers and students on field placement.

The page covering Universal Precautions, as well as most of the appendices, is designed for photocopying and posting for staff at individual needle exchange sites and/or distributing to clients. Nevertheless, this entire manual is anti-copyrighted and free to duplicate.

This harm reduction training manual provides:

- An explanation of harm reduction
- An overview of Superior Points Harm Reduction Program
- Instructions for handling sharps safely
- Guidelines for doing a needle exchange (and the paperwork that goes with it)
- A page for agencies operating as fixed needle exchange sites to include any site-specific logistics for their staff/volunteers
- Details on relevant legislation
- Safer drug use information to share with injection drug users, solvent users, and crack smokers
- Contacts for other needle exchange programs in Ontario
- Additional print and web-based harm reduction resources
PHILOSOPHY

Harm Reduction is about Human beings, not about infection control, public health policy or government legislation!

Ron Shore, Manager, Street Health Program
Kingston, Ontario

Harm reduction strategies work to improve the safety, health and well-being of individuals, families and communities. (And they are cost-effective too!)

Some examples of harm reduction initiatives include: designated driver programs, sex education, distribution of safer sex supplies (condoms/lube), needle exchange programs (NEPs), safe injection sites, distribution of crack smoking kits, public smoking bans, methadone maintenance programs, and outreach programs for homeless youth.

The harm reduction movement is peer-based and initiated by active and past drug users troubled and frustrated from seeing so many friends suffer and die without having access to a better quality of life. They wanted to be heard and supported, not marginalized and forgotten.

Harm reduction recognizes that drug use and other high-risk behaviours will inevitably occur. Drugs will always be around and someone will always use them. Those who choose to use should have access to as much information and clean supplies as they need to make healthier decisions related to their drug use.

Therefore, the idea is to meet drug users ‘where they’re at’, to supportively address the context of their use along with the use itself, while providing education and supplies for safer use. This approach can be especially helpful for transient or street-involved individuals who cannot or choose not to abstain from using drugs at a particular point in time. However, if someone practicing harm reduction does decide to stop using drugs, they are less likely to have to deal with serious health issues, such as HIV or Hepatitis C (HCV) infection, as they work to stay clean.
An individual drug user practicing harm reduction might do any of the following:

- use their own clean injection equipment, crack pipe, or snorting straw (to reduce risk of transmission of HIV and HCV)
- buy their drugs from a dealer they are familiar with (to hopefully avoid a ‘bad cut’ or being ripped off)
- not try new drugs or increased doses by themselves (to reduce potential for overdose, especially alone)
- access counselling directly or indirectly related to their use (to seek information, referrals, or support)
- always clean their injection site before poking it with a needle (to reduce risk of infections, like skin abcesses)
- safely and appropriately dispose of their used equipment (to avoid putting others in their household and community at risk)

Harm reduction means people can empower themselves by taking small steps toward positive changes related to their drug use, which can lead to having greater control of their lives in general. The role of a harm reduction worker or ‘harm reductionist’ is to support drug users in their autonomy. Harm reductionists are dedicated to information-sharing; they are educating the general public, users, non-users, potential users, and occasional or recreational users about the real social, legal and health risks involved in drug use and how to minimize the harms that could result from drug use.

Being able to sell the concept of harm reduction is essential to secure funding for much-needed programs and services for our consumers. Fortunately, an added bonus of harm reduction strategies is the economic benefits they yield for society at large: “It is estimated that for every dollar spent on harm reduction programs, the government saves seven dollars. Crime, disease and death have dropped dramatically in all cities that have implemented real harm reduction programs” (Vancouver Area Drug Users Network).
DEFINING HARM REDUCTION

Harm reduction has no universal definition.

However, the following principles can all be considered central to its practice (adapted from the Harm Reduction Coalition website; Alberta NPNU’s Harm Reduction Information Kit, 2000):

- Harm reduction establishes quality of individual and community life and well-being – not necessarily cessation of all drug use – as the criteria for successful interventions and policies
- All human beings have intrinsic value
- Drug users are capable of making changes in their lives
- Active and past-drug users, as well as families and communities impacted by drug use, must be involved in the creation of harm reduction programs and policies designed to serve them
- Harm reduction seeks to empower users to share information and support each other in strategies which meet their actual conditions of use
- Harm reduction recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities affect both people’s vulnerability and capacity for effectively dealing with drug-related harm
- Harm reduction recognizes the right for comprehensive, non-judgmental medical and social services (including addictions treatment) and the fulfillment of basic needs of everyone, including users and those they love
- Harm reduction does not attempt to minimize or ignore real and tragic harm and danger associated with licit and illicit drug use
- Drug use is not good nor bad; considering the user’s relationship to drugs, while reducing drug-related harms is key
• Some drugs and ways of using are clearly safer than others

• Current drug policies and their consequences need to be challenged (such as misinformation about drug use/users)

Harm Reduction in Action:

Superior Points Harm Reduction Program

In September 1995, “The Exchange – Thunder Bay’s Needle Exchange” opened its doors. This mobile outreach program was a result of years of lobbying and advocacy by current and past-injection drug users as well as the work of an advisory group consisting of the Thunder Bay District Health Unit and multiple community partners. These joint efforts began in 1990 in response to the growing evidence of HIV and injection drug use in the city.

The Harm Reduction Advisory Committee currently includes key stakeholders from community agencies, such as AIDS Thunder Bay, Thunder Bay Police and the OPP, and addictions treatment services, health care agencies, local shelters, the Thunder Bay District Health Unit, as well as a consumer advocate.

In 1999, the program evolved to encompass additional harm reduction strategies and tools in an effort to address all street-involved individuals, not just IDU and sex trade workers. This evolution was marked by a name change to “Superior Points Harm Reduction Program” (SPHRP), an expansion of outreach hours, and a greater diversity of harm reduction supplies for distribution and recovery.

The program’s mandate exemplifies provincial public health guidelines for needle exchange programs in Ontario: “The board of health shall ensure that injection drug users can have access to sterile injection equipment by the provision of needle and syringe exchange programs as a harm reduction strategy to prevent transmission of HIV, hepatitis B, hepatitis C and other blood-borne infections and associated diseases in areas where drug use is recognized as a problem in the community. The strategy shall also include counselling and education and referral to primary health services and addiction/treatment services” (Mandatory Health Programs and Services Guidelines, 1997).

Clients really do have ownership of Superior Points; their opinions and input are valued and help to guide the program’s direction. They have chosen the program name, hours of operation (non-traditional hours, six days a week), the types of services offered (outreach, specific programming, etc.), the supplies available (such as condom flavours), as well as the volunteers and field placement students.
In 2002, SPHRP also took over the Hepatitis C Mobilization Project and increased the number of full-time harm reduction outreach staff to three. Growing public awareness of local drug-related issues continues to call for an increase in education about injection drug use and proper disposal of injection supplies, as well as increased needle distribution and recovery in the Thunder Bay district.

In 2003, the Thunder Bay District Health Unit Board of Directors and senior management responded to the growing demands of the program, and permanently increased staffing levels. The Board has continued its high level of support with the leasing of a dedicated program van so that staff is no longer required to use their personal vehicles for outreach activities.

**Services Provided by Superior Points Today:**

- Needle distribution and recovery services
- Distribution of other sterile injection supplies
- Distribution of condoms and lube
- Collection and disposal of improperly disposed of biohazardous waste (injection supplies, condoms, etc.)
- “Sweep the Streets Safe”, an annual city-wide biohazardous waste clean-up by staff and numerous volunteers
- Outreach services and harm reduction education for people who inject drugs, are involved in sex trade, are homeless, or are street-involved in any way
- Public education around safer sex, HIV/HCV issues and support
- Specific programming on as-needed basis (such as ‘Jane/John School’)
- Harm reduction training for service providers in various fields
- Consultation and training with city staff and individual property owners regarding injection drug use, including dealing with biohazardous waste in public spaces, local businesses, and rental properties
- Public and agency education regarding injection drug use, homelessness, sex trade, safer sex and other harm reduction issues, including dealing with publicly discarded syringes
Counseling and referrals

SAFETY PRACTICES & PROCEDURES

Standard Precautions:

All staff who engage in needle exchange must always practice standard precautions to avoid exposure and injury. Standard precautions assume that all materials/individuals are infected.

- **Barrier protection** should be used at all times to prevent skin and mucous membrane contamination with blood, body fluids containing visible blood, or other body fluids. Barrier protection should be used with **ALL** tissues/body fluids.

- **Gloves** are to be worn when there is potential for hand or skin contact with blood, other potentially infectious material, or items and surfaces contaminated with these materials (whether visible or not).

- **Wash hands or other skin surfaces** thoroughly and immediately if contaminated with blood, body fluids containing visible blood, or other body fluids to which universal precautions apply.

- **Wash hands immediately** after gloves are removed. Also use an alcohol-based hand sanitizer.

- **Avoid accidental injuries** that can be caused by needles, cleaning instruments, handling sharp instruments, and disposing of used needles.

- Used needles, disposable syringes, and other **sharp items are to be places in puncture resistant containers** marked with a biohazard symbol for safe disposal.
**Personal Protective Equipment:**

Personal protective equipment is to be kept on hand at all times and always used when picking up individual syringes or packing up quantities of any used supplies. Used supplies are considered biohazardous waste and are properly disposed of through the Thunder Bay District Health Unit (via collection by a certified waste contractor).

- Latex or vinyl gloves
- Tongs
- Sharps containers for the disposal of biohazardous waste
- Hand sanitizer (i.e., Purell)

Staff must remain vigilant in all situations when handling sharps containers or when approached by clients exchanging syringes. There have been instances where clients have forced too many syringes into sharps containers thereby forcing needles through the container. It is possible for a client to approach staff with one arm extended, as though wishing to shake hands, when in fact they wish to do an exchange. It should be assumed that all needles may be uncapped.

**Note:** Work boots with steel toes and steel shanks for additional protection from needlesticks are also recommended. If lacking work boots, a sturdy thick soled shoe without an open toe can be worn.

**Sharps Containers:**

*CAUTION: Sharps containers are not puncture proof!*

Containers should only be filled ¾ full, up to the point indicated on the container itself. Do not force or allow a client to force the needles into a container. Even when a container is not full, never use a hand or foot to push syringes down further - use tongs or get a new container.

In the event that a client arrives with a sharps container over-filled, the container and surplus are to be dumped into the large on-site sharps containers without handling by staff.
If a client is returning syringes in any container other than a sharps (pop can, bottle, bag), the entire container should be carefully placed in a larger sharps container. When feeling unsafe, refuse to accept them or ask the client if they would place them in the larger container. Do not try to remove syringes from bags or bottles first.

Sharps must be packaged in appropriate biohazard waste containers and disposed of according to Biomedical Waste Disposal Procedures.

**Preparing Full Sharps Containers for Disposal:**

To pack up several sharps containers for biohazardous waste disposal by the Thunder Bay District Health Unit, take the following steps:

1. Have a designated cardboard box assembled in advance, following the numbered instructions on the box itself. Use three parallel strips of packing tape to reinforce the bottom of the box.

2. Line the box with the appropriate biohazardous bag and leave the top open until the box is full.

3. Place square sharps containers on their sides carefully in the box. Any needles recovered in cans, bottles, plastic containers, bags, etc. should be placed in appropriate sharps containers prior to placement in the box.

4. When the box is full (not bulging), fold the bag in on itself. Follow by folding up the box flaps in numerical order. Seal the top of the box using three parallel strips of packing tape.

5. Without allowing the box to brush against the body, move sealed boxes to a designated location for later pick-up by SPHRP.

6. At the Thunder Bay District Health Unit storage area, SPHRP staff must also place a tracking sticker on every full box ready for biohazardous waste disposal.
Handling a Syringe (including publicly discarded):

1. Scan the area first for barriers and hazards (i.e., broken glass, tree branches, garbage, stairs, people, etc.).

2. Ensure that the sharps container is on a secure surface. If a sharps container is unavailable, use another non-breakable, puncture-resistant container, such as a thick plastic peanut butter jar.

3. Wear proper gloves and use tongs to grasp the syringe by the plunger end or barrel.

4. If tongs are not available, try not to grab the barrel as the needle could be poking through it. Do not grab the tip of the needle, even if it appears to be capped – the needle could be folded back and sticking out from the bottom of the cap.

5. Hold the needle tip away from your body at all times. If possible, let those around you know that you are handling a syringe.

6. Carefully place the syringe into the sharps container needle tip first.

7. Follow the same protocol when handling related injection supplies, such as syringe parts (caps, tips, barrels, plungers), ties, alcohol swabs and wrappers, and filters.

8. Follow ALL universal precautions.

Handling a Used Condom or Injection Equipment:

1. Follow same protocols as for handling a syringe (see above).

2. Always wear proper gloves and use tongs when available. Pick up the condom from the open end and carefully place it into the sharps container.

3. In the absence of tongs, use a gloved hand to pick up a condom by clasping together the open end, when possible. Carefully place it into the sharps container, along with the glove. In the absence of a container, remove the glove with the condom still held in it and put it in a suitable garbage can.
Needle-Stick Injuries:

If a needle-stick occurs, the following first aid is recommended by the Public Health Agency of Canada (1997) and the Centers for Disease Control and Prevention (2001):

1. Wash the affected area well with soap and plenty of water
2. Report the injury to an appropriate supervisor
3. Seek immediate medical attention

Any injury (scrape, puncture, etc.) involving a needle, regardless of the degree of injury, must immediately be reported to the SPHRP Manager and the Supervisor of the community agency operating the needle exchange, if the injury occurred at the NEP site.

Go to the Emergency Department of the Thunder Bay Regional Health Sciences Centre as soon as possible for follow-up and to request blood work. This is crucial for occupational injuries where a W.S.I.B. claim may later be filed. Staff should also visit their family physician to discuss the need for Post Exposure Prophalaxis (PEP).

While universal precautions are essential, infection rates resulting from a needle-stick are actually quite low. The risk for contracting Hepatitis C (HCV) by percutaneous exposure (needle-stick) is about 1.8%. Risk for contracting HIV the same way is only 0.3% (Centers for Disease Control and Prevention, 2001).

The needle/syringe does not need to be retained, as the Provincial lab will not test the residue in the syringe. To ensure safe disposal of the syringe, report its location to Superior Points staff.

Needle exchange site staff should also follow their agency protocols regarding an injury sustained at work, i.e. report to supervisor, seek medical treatment, complete paperwork, and so forth.
Vaccinations:

**Hepatitis A Vaccine**

All staff, volunteers and students should consider being immunized for Hepatitis A, particularly if they will be involved in clean-up of publicly discarded supplies from public areas, local businesses or vacated rental properties. Hepatitis A infects the liver and is spread through food or water contaminated with fecal matter. Nobody becomes a carrier of Hepatitis A nor are there usually any long-term effects. *This vaccine is not covered by any Health Unit program except for very specific risk groups.*

**Hepatitis B Vaccine**

All staff, volunteers and students who should consider being immunized for Hepatitis B and have all other immunizations up to date. Hepatitis B affects the liver, can become a chronic infection, and is spread through infected body fluids (blood, semen, vaginal fluid). Those who are carriers can pass it on to others. However, the risk of becoming a carrier is quite low since about 90% of those who become seriously infected shed the disease themselves (Public Health Agency of Canada’s Fact Sheet, 2003). *This vaccine is not covered by any Health Unit program except for very specific risk groups.*

**Hepatitis C (HCV)**

There is no vaccination available for HCV. The virus attacks the liver and is transmitted through contact with infected blood. Universal precautions are the best protection against this resilient blood-borne infection.

**Flu Vaccine**

Staff is strongly encouraged to have an annual flu vaccine to protect themselves from illness and to protect the vulnerable health of clients. This vaccine is free to all residents of Ontario.

**Tuberculin (TB) Skin Test**
Tuberculosis is a treatable disease caused by bacteria that typically affects the lungs. It is spread by repeated or prolonged exposure to the coughing or sneezing of an infected individual. Due to the possibility that a client could have TB, staff should consider having baseline skin testing done.

Visit the Thunder Bay District Health Unit website (www.tbdhu.com) and the Public Health Agency of Canada’s website (http://www.phac-aspc.gc.ca/id-mi/index.html) for further information on infectious diseases.

HARM REDUCTION SUPPLIES

Superior Points Harm Reduction Program provides individuals and agencies with syringes in a variety of sizes, as well as other injection and safer sex supplies.

All injection equipment is for individual single-use only. For the purpose of reducing the risk of infections, skin and vein damage, and transmission of blood-borne diseases, no equipment should be re-used or shared.

Clients will be encouraged to access as many supplies they perceive is necessary, along with an adequate number of sharps containers. All used supplies should be considered biohazardous waste and disposed of in appropriate sharps containers.

When ordering supplies, agencies should contact SPHRP staff directly by telephone, and leave a request for supplies on voicemail if calling before noon. Ordered supplies will be delivered as quickly as possible.

Supplies at all needle exchange sites will be inventoried on the last Tuesday of every month. If supplies are required before that date please contact staff with a detailed message. Completed originals of Site Inventory Control Sheet forms (Appendix A) should be collected and submitted to the staff of Superior Points.

Biohazardous Waste Disposal Containers:

**Large Sharps Containers** • sturdy plastic boxes with a biohazard symbol, a Biohazardous Waste warning, and a maximum capacity indicator. Should be distributed along with any significant number of needles (i.e., more than ten or too many for a small container, or at the consumer’s request).

**Small Sharps Containers** • label has a biohazard symbol and a Biohazardous Waste warning, as well as an indicator of how full the
container should be. Suitable for individuals who inject less frequently and/or prefer to carry a small container on their person when they are mobile.

**Syringes and Needles Distributed by Superior Points:**

½ **cc Syringes** • much smaller barrel and non-detachable 27G tip

1cc **Syringes** • For intravenous use. They were most commonly used by diabetics for insulin, and are often preferable by injection drug users because of the finer 28G½ non-detachable tip.

Individually-wrapped and packaged in boxes of 100 (clients may request 10 loose, a couple of boxes of 100, or a box of 500, if they choose).

**Barrels** • Because they can contain larger quantity of liquid, they are used for steroids or greater doses of injectible substances. With a finer tip,
they can be used intravenously. With a smaller gauge (thicker) tip, they are suitable for steroid use. Various sizes of tips can be attached to suit individual user preferences (see page 19 for available tips). The barrels come individually wrapped in boxes of 100.

**Needle Tips** - Available in a variety of sizes to suit type of drug used, location of injection site, and individual client preferences. All of these tips fit the 3cc barrels also carried by SPHRP. The needle's size is measured in terms of gauge (G) for thickness and inches for length, meaning that a 28G½ tip is finer than a 22G1½ tip. The 22G1½ would be suitable for intramuscular injections (as with steroids), while the 28G½ is for intravenous (vein) use.

Shown above are the tip sizes available from Superior Points and below are the boxes they come in. There are 100 tips per box but clients may request smaller quantities and/or a variety of tips to go with their 3cc barrels.
Related Safer Injection Supplies Also Available:

**Alcohol Swabs/Wipes**
- to clean the injection site prior to poking it with the needle; reduces impurities on the skin which could be injected or irritate the site itself.

**Tie-Offs/Tourniquets**
- used to restrict blood flow around the injection site in order to make visible a vein (i.e., on arms or legs); SPHRP carries blue latex strips. Can occasionally be reused by the same person but should not be shared due to contamination by blood.

**Cotton Filters**
- cooked drugs are drawn up through a single-use filter to decrease the amount of impurities being injected with the drug, in effort to reduce the occurrence of abscess and other IDU-related health problems.

**Safer Sex Supplies:**

**Condoms**
- coloured or flavoured (Strawberry, vanilla, banana) latex to reduce the possibility of pregnancy, and of becoming infected with HIV, HCV, or other sexually transmitted infections.

**Water-based Lube**
- to reduce possibility of condom deterioration, tears, bleeding tissues from friction, etc., and HIV/HCV transmission.
DIRECT CLIENT SERVICES

The harm reduction services offered, including needle distribution and recovery, are entirely client-focused and should be delivered in the least intrusive manner in order to meet clients’ changing needs. Whenever possible, staff/volunteers should work in pairs, particularly while doing mobile outreach and deliveries. Staff and volunteers also need to be aware of their own biases and maintain a non-judgmental approach and attitude toward clients.

Confidentiality is required to protect clients and maintain their trust in our program. It is entirely possible to come into contact with an acquaintance, friend or family member, and staff should seek support and direction from their supervisor under these circumstances.

Interactions should be client-driven and guided by an awareness that all people have intrinsic value and the right to self-determination.

Initial client contact should include:

- discussion of available services
- mention of days, hours, location of services (site-specific)
- provision of SPHRP cards to ensure client is aware of evening/weekend hours and other services available
- provision of other harm reduction materials (such as safer injecting information or HCV prevention tips), if indicated
- provision of harm reduction supplies, if requested, and information on how to use them
- discussion of client’s current disposal practices and the proper disposal methods available through a community site or SPHRP’s mobile services (for pick-up during business hours)
Documentation of Client Contacts:

As an anonymous and confidential program, SPHRP does not ask clients for identifying information, such as their name or age. There is no specific eligibility criteria for services, clients are clients because they say they are. Only the number and nature of client contacts is recorded.

How to Use the Superior Points Tracking Form:

The Superior Points Tracking Form (Appendix B) is the main data collection instrument utilized by SPHRP, both in the outreach van and at fixed needle exchange sites in the community.

Male, Female, Agency • Use M, F, or A to indicate client

First Visit • Place an ‘X’ if it is the first contact with the client.

Sex Trade • Check off this column if contact was made with someone involved in sex trade.

Needles In • Indicate the approximate number of needles recovered (include those from deliveries, sites, and publicly discarded).

Needles Out • Indicate the approximate number of needles distributed (include those from deliveries, sites, street-level outreach).

Alcohol Wipes • Indicate the approximate number of wipes given out.

Condoms • Indicate approximate number of condoms distributed (also check off ‘Sex Trade’ column if they were given to a sex trade worker).

Program Info. • Check this box if any information was provided to clients, including information about HIV/AIDS, other services, provision of pamphlets or service directories, etc.

Counselling • Any interaction with a client, where the staff and client discuss concerns or problems as experienced by the client. Any interaction with a client that involves responding, in a supportive way, to the information given by the client. Responding usually takes the form of allowing the client to discuss his/her situation in a non-threatening, non-judgmental way. Indicate whether the counselling was about sex (s), drugs (d), and/or personal (p).
Referral • Check this off if a referral was made. This refers to responding to the needs of the client by also helping them access other services, such as health care, substance use treatment, legal support, shelter, etc. This also means recording formal written and informal verbal referrals. Include the name of the agency and any other relevant information.

NEEDLE EXCHANGE PRACTICES & PROCEDURES

This is not a one-for-one exchange!

Clients may request and receive as many syringes as needed, whether they have returned used ones or not. Every attempt will be made to recover used syringes from clients, although there are many valid reasons why clients would have none to return.

The main purpose of a needle exchange program is to stop the spread of communicable diseases within the injection drug using community via shared works and to reduce their risks of infection from the use of unclean supplies. If a client or potential client asks for supplies, they get them. This also means that clients should always receive syringes even if they do not have any used syringes to return. This is not a one-for-one exchange -- it’s a distribution and recovery program.

Needle Distribution:

The client will be asked how many syringes they require and what type. If they want 3cc barrels, the size and number of needle tips is also needed. Staff will assist the client in determining how many they need (i.e. determine when they will be returning to the NEP, remind them that we are closed on Sundays, ask how often they might inject, etc.). If a client is hesitant or unsure about the quantity of supplies they are allowed to access, especially if they are new to the NEP, they should be encouraged to take more rather than less to reduce the potential risk for reusing or sharing injection supplies.

However, clients requesting large quantities of needles without returning used ones should also be asked about their current disposal practices and informed of the options for disposal available to them as clients of SPHRP.
The number of syringes provided must be indicated on the Inventory Site Control Sheet (Appendix A). If the client wants condoms, the approximate number given out is recorded as well.

The client will be asked if they require any other supplies (i.e. ties, alcohol wipes/swabs, filters, matches, etc.). This is an opportunity to provide clients with harm reduction education relevant to their use (see Appendices F, G, H, and I for information on Hepatitis C, and safer drug use). Clients will be strongly encouraged to take a sharps container for safe disposal of their injection supplies.

**Needle Recovery:**

If the client has loose syringes to return, they will be asked to deposit them directly in the sharps container. If at all possible, agency staff should never touch returned syringes. Ideally, the client will be returning their used syringes in a sharps container.

The client will be asked how many syringes are being returned and the quantity will be entered in the correct column on the Site Inventory Control Sheet (Appendix A).

If the client did not return any syringes, the staff person should try to explore why and how the used syringes were disposed of. (Maybe the client did not have a proper container, it is not yet full, or they have come on foot and did not want to carry them.) The staff person can explore with the client future strategies for safe disposal of their used supplies, which can include returning them to one of the community agency exchange sites or contacting SPHRP by telephone for pick-up during business hours.

It is worth mentioning the growing issue of publicly discarded syringes and the negative consequences of putting syringes out with regular garbage, such as placing others at risk of harm, being denied curbside garbage collection, or being fined by the City of Thunder Bay (see Appendix H for information on the Safe Streets Act).
CRITICAL INCIDENTS

Crisis Response:

Staff should become familiar with the principles of non-violent crisis intervention to assist clients in managing their behaviour during crisis. For all T.B.D.H.U. staff, an incident form will need to be completed.

If a staff/volunteer has negative contact with a client during work hours, contact SPHRP’s Program Manager (and site supervisor, if applicable). If staff/volunteer has negative contact with a client outside of work hours, call 911 first, then SPHRP’s Program Manager.

In an emergency or medical situation (e.g., overdose), including when someone is a threat to self or others, call 911 immediately. Then contact the Program Manager of Superior Points.

Child at Risk:

All staff and volunteers have a duty to report to the Children’s Aid Society and/or Thunder Bay Police any child believed to be neglected or otherwise at risk for harm. For instance, if a young person involved in sex trade is reportedly under under age 16 or actually appears to be, they are
considered an at-risk child and must be reported. All T.B.D.H.U staff will also have to complete an incident form. (See Appendix E for more detailed Duty to Report legislation.)

**Police Involvement:**

If a matter involving the police arises, staff should immediately call the Program Manager of Superior Points Harm Reduction Program. Under no circumstances should staff either verbally or by their actions, hinder or obstruct the police in any action.

If the police have occasion to interrupt outreach activities/deliveries or to enter the needle exchange facility to take action against a client of the exchange, staff are to remain neutral and as already indicated, immediately contact the Program Manager of Superior Points.

In the event of such a police action, staff should record the officer’s badge number (located on the shoulder of the officer’s uniform) or police car registration number (4 digits) or license plate number and record all details of the incident at the first opportunity.

**NEEDLE EXCHANGE SITE-SPECIFIC INFORMATION**

This page is for site-specific details and instructions and should be completed by all agencies operating as Superior Points needle exchange sites. Include information on the storage location of both new and used supplies, hours that needle exchange program (NEP) services are available at this particular site, and any other relevant details staff, students and volunteers should know about the NEP.

Agency Site: ___________________________________________

Hours of NEP Operation: _________________________________

________________________________________________________________________

Important Information: _________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
BIBLIOGRAPHY

Websites:

**Canadian Centre on Substance Abuse** • harm reduction overview and recommended readings.
[www.ccsa.ca](http://www.ccsa.ca)

**Canadian Harm Reduction Network** • a forum for information sharing, debate, resources, links and publications.
[www.harmreduction.com](http://www.harmreduction.com)

**Centre for Addiction and Mental Health** • although harm reduction is considered a category of treatment not commonly used by CAMH, the site offers information on how to respond to concerns about needle exchange programs.
[http://sano.camh.net/resource/needle.htm](http://sano.camh.net/resource/needle.htm)

**Dance Safe** • promoters of health and safety within the rave and nightclub community
[http://dancesafe.org/](http://dancesafe.org/)

**Drug Policy Alliance** • advocates of research-based (U.S.) drug policy reforms from a harm reduction perspective, including lobbying against the war on drugs.
[http://www.lindesmith.org/homepage.cfm](http://www.lindesmith.org/homepage.cfm)

**Exchange** • Harm reduction tools, including an online version of *The Safer Injecting Handbook* [U.K.], supplies, and other resources.
**Forward Thinking on Drugs** • harm reduction research and resources.
[http://www.forward-thinking-on-drugs.org](http://www.forward-thinking-on-drugs.org)

**Harm Reduction Coalition** • based in U.S and offers a wealth of resources, including anti-copyrighted safer injection brochures for distribution and *Gettin’ Off Right*, a comprehensive safer injection manual.
[www.harmreduction.org](http://www.harmreduction.org)

**Harm Reduction Journal** • online, peer-reviewed, and published by BioMed Central.
[www.harmreductionjournal.com](http://www.harmreductionjournal.com)

**International Harm Reduction Association** • public health advocacy, collaboration on harm reduction initiatives, promotion of research, and development of best practices in harm reduction.
[http://www.ihra.net/](http://www.ihra.net/)

**North American Syringe Exchange Network** • includes a state directory of needle exchange programs in the United States.
[http://www.nasen.org/index.htm](http://www.nasen.org/index.htm)

**Rave Safe! Just Say Know to Drugs** • group of informal researchers dedicated to providing users with as much current information as possible; based in South Africa, with chapters in other countries, including Canada's T.R.I.P. and Dance Safe in the U.S.

**Safer Crack Coalition (Toronto, ON)** • safer crack smoking tips.

**T.R.I.P. (Toronto Raver Info. Project)** • drug users committed harm reduction by providing non-judgmental information and supplies to peers for safer sex and safer drug use.

**Thunder Bay District Health Unit** • vaccination and sexual health information, etc.
[www.tbdhu.com](http://www.tbdhu.com)

**HIV/ AIDS & Hepatitis C (HCV):**

**AIDS VANCOUVER** • Detailed information on safer injection that includes a diagram of ‘no’ and ‘go’ injection sites on the body.
[http://www.aidsvancouver.org/basics/prevention/saferdrugs/saferdrug3alpha.html](http://www.aidsvancouver.org/basics/prevention/saferdrugs/saferdrug3alpha.html)

**Centers for Disease Control and Prevention (U.S.)** • protocols for occupational exposure by needle stick injury.
[http://www.cdc.gov/niosh/topics/bbp/emergnedl.html](http://www.cdc.gov/niosh/topics/bbp/emergnedl.html)

**Public Health Agency of Canada** • Hepatitis C information including facts about transmission prevention and support/treatment.
Public Health Agency of Canada • Immediate post-exposure first aid for needle stick injuries (protocols for health care workers).
http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/97vol23/23s2/23s2c_e.html

Sex Trade:

Sex Professionals of Canada • a site for ‘sex pros’ that includes a Toronto area bad date list.
http://www.sexprofessionalsofcanada.com/

Maggie’s & the Prostitutes Safe Sex Project • Toronto-based sex worker peer education project that deals with a range of harm reduction issues, legal, health, safer drug use and safer sex resources.
http://www.walnet.org/csis/groups/maggies/index.html

Sex Workers Alliance of Toronto (SWAT) • advocates for fair wages and safer working conditions who distribute health/legal information, free condoms, and Bad Date Booklets in Toronto.
http://www.walnet.org/csis/groups/swat/about_swat.html

Prostitution Awareness and Action Foundation of Edmonton (PAAFE) • in support of harm reduction in sex trade, includes stories from the street and links to other resources.
http://www.paafe.org/

Prostitution Resource Centre (Edmonton Police Services) • information related to prostitution in the Edmonton area, including “What is Legal” and “What is Illegal” in Canada.
http://www.police.edmonton.ab.ca/Pages/Prostitution/ProstitutionMain.htm

Articles, Manuals, Texts:


Centers for Disease Control and Prevention


www.cpso.on.ca/Publications/methguide.htm


Ikizler, Y. et al. (1995). Pregnant and addicted: women on methadone tell their stories. IMPrint [Infant Mental Health Promotion Project], 12.


Minister of Public Works and Government Services Canada. (2004). *The federal initiative to address HIV/AIDS in Canada: strengthening federal action in the Canadian response to HIV/AIDS.*


Superior Points Harm Reduction Program. (2003). “Hepatitis C: The simple facts” In *Scene by the lamplight, 1.*


### APPENDIX A

**Superior Points Harm Reduction Program Site Inventory Control Sheet**

<table>
<thead>
<tr>
<th>Month</th>
<th>Site</th>
</tr>
</thead>
</table>

*If you require supplies please contact the Superior Points staff at 625-8830 or 625-8831*
<table>
<thead>
<tr>
<th>Item</th>
<th>Minimum number on hand</th>
<th>Maximum number on hand</th>
<th>Inventory taken #’s req’d</th>
<th># Supplies delivered</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/2cc syringes</td>
<td>200</td>
<td>500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1cc syringes</td>
<td>2000 (including bagged)</td>
<td>8000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3cc barrels</td>
<td>1000</td>
<td>1600</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20g tips</td>
<td>200</td>
<td>1000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22g 1 1/2 tips</td>
<td>200</td>
<td>1000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25g 1 tips</td>
<td>200</td>
<td>1000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27g 1/2 tips</td>
<td>1000</td>
<td>8000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>L Sharps</td>
<td>10</td>
<td>48</td>
<td></td>
<td></td>
</tr>
<tr>
<td>S Sharps</td>
<td>10</td>
<td>24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol Wipes</td>
<td>1 case</td>
<td>4 cases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tie offs</td>
<td>1 box</td>
<td>4 boxes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cotton Filters</td>
<td>2 boxes</td>
<td>8 boxes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sharp Box’s</td>
<td>2</td>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Box liners</td>
<td>10</td>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tape</td>
<td>2 rolls</td>
<td>6 rolls</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Client cards</td>
<td>Approx 100</td>
<td>300</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Supplies will be inventoried on the last Tuesday of every month if supplies are required before that date please contact staff with a detailed message.
## Superior Points Tracking Form

Month: _______________  Site: _______________

<table>
<thead>
<tr>
<th>Client Info</th>
<th>Supplies &amp; Services</th>
<th>Client Services, Counselling &amp; Referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex, M/F, Agency</td>
<td>First visit</td>
<td>Improperly disposed #</td>
</tr>
</tbody>
</table>

Superior Points Van Tracking form Developed October 3, 2004 (Totals Bottom Row)
APPENDIX C

Safe Streets Act, 1999

Definition

4. (1) In this section, “outdoor public place” means,

(a) a place outdoors to which the public is ordinarily invited or permitted access and, for greater certainty, includes but is not limited to a sidewalk, street, parking lot, swimming pool, beach, conservation area, park and playground, and

(b) school grounds. 1999, c. 8, s. 4 (1).

Disposal of certain dangerous things prohibited

(2) No person shall dispose of any of the following things in an outdoor public place:

1. A used condom.

2. A new or used hypodermic needle or syringe.

3. Broken glass. 1999, c. 8, s. 4 (2).

Defence

(3) It is a defence to a charge under subsection (2) for the person who disposed of the condom, the needle or syringe or the broken glass to establish that he or she took reasonable precautions to dispose of it in a manner that would not endanger the health or safety of any person. 1999, c. 8, s. 4 (3).

Offence

5. (1) Every person who contravenes section 2, 3 or 4 is guilty of an offence and is liable,

(a) on a first conviction, to a fine of not more than $500; and

(b) on each subsequent conviction, to a fine of not more than $1,000 or to imprisonment for a term of not more than six months, or to both. 1999, c. 8, s. 5 (1).
Subsequent conviction

(2) For the purpose of determining the penalty to which a person is liable under subsection (1),

(a) a conviction of the person of a contravention of section 2 is a subsequent conviction only if the person has previously been convicted of a contravention of section 2 or 3;

(b) a conviction of the person of a contravention of section 3 is a subsequent conviction only if the person has previously been convicted of a contravention of section 2 or 3; and

(c) a conviction of the person of a contravention of section 4 is a subsequent conviction only if the person has previously been convicted of a contravention of section 4. 1999, c. 8, s. 5 (2).

Arrest without warrant

6. A police officer who believes on reasonable and probable grounds that a person has contravened section 2, 3 or 4 may arrest the person without warrant if,

(a) before the alleged contravention of section 2, 3 or 4, the police officer directed the person not to engage in activity that contravenes that section; or

(b) the police officer believes on reasonable and probable grounds that it is necessary to arrest the person without warrant in order to establish the identity of the person or to prevent the person from continuing or repeating the contravention. 1999, c. 8, s. 6.

Source: Safe Streets Act, 1999

http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/99s08_e.htm
Duty to Report

Duty to report child in need of protection:

**72. (1)** Despite the provisions of any other Act, if a person, including a person who performs professional or official duties with respect to children, has reasonable grounds to suspect one of the following, the person shall forthwith report the suspicion and the information on which it is based to a society:

1. The child has suffered physical harm, inflicted by the person having charge of the child or caused by or resulting from that person's,
   i. failure to adequately care for, provide for, supervise or protect the child, or
   ii. pattern of neglect in caring for, providing for, supervising or protecting the child.

2. There is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's,
   i. failure to adequately care for, provide for, supervise or protect the child, or
   ii. pattern of neglect in caring for, providing for, supervising or protecting the child.

3. The child has been sexually molested or sexually exploited, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child.

4. There is a risk that the child is likely to be sexually molested or sexually exploited as described in paragraph 3.

5. The child requires medical treatment to cure, prevent or alleviate physical harm or suffering and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, the treatment.

6. The child has suffered emotional harm, demonstrated by serious,
   i. anxiety
   ii. depression,
   iii. withdrawal,
   iv. self-destructive or aggressive behaviour, or
   v. delayed development,

and there are reasonable grounds to believe that the emotional harm suffered by the child results from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child.

Source: [http://192.75.156.68/DBLaws/Statutes/English/90c11_e.htm#BK100](http://192.75.156.68/DBLaws/Statutes/English/90c11_e.htm#BK100)
Hepatitis C - Tips for Prevention

Hepatitis C (HCV) is a blood-borne virus that attacks the liver. The virus can survive outside of the body for up to 16 days. Symptoms can range from mild to chronic and damage to the liver could lead to cirrhosis or liver cancer. It is spread through contact with infected blood and there is currently no vaccine or reliable treatment available.

Reduce the risk of infection:

1. Do not share
   - Any injection equipment (rigs, works, gear, etc.) including spoons/cookers, ties/tourniquets, filters, swabs, syringes, water (cleaning with bleach does not prevent HCV transmission!)
   - Crack pipes
   - Straws or bills for snorting (try not to use dollar bills anyway – they are already covered in germs/bacteria)
   - Razors
   - Toothbrushes
   - Nail clippers
   - Tattooing or piercing equipment

2. When in contact with blood, like helping a hurt friend or cleaning up after an accident, use a latex or vinyl glove as a barrier to protect yourself.

3. Practice safer sex by using condoms and lube.

For more information or for safer sex or injection supplies, contact Superior Points outreach staff at 625-8830, 625-8831, or 625-7996.

APPENDIX F
Safer Injection Tips

Safer injecting technique is important to reduce your risk of:

- Becoming infected with **Hepatitis** (viruses that attack your liver) or **HIV** (the virus that can cause AIDS), **overdose**, **vein damage**, **infection from bacteria** that get into the blood (ie. from dirty works), **spreading infection** you may have to others.

Ideally, time should be spent to ensure that equipment is clean and ready to go, lighting is good, clean water is available, a good injection site has been chosen, and some privacy is available so you can take your time and do it right.

You can protect yourself from infection by always using your own and never sharing *any* injection equipment:

- new, sterile needles/syringes, ties/tourniquets, filters, water, swabs, cookers/spoons

**Always use:**
- needles, syringes, wipes, and filters once only
- clean water
- the smallest needle you can
- a new needle if you can't find a vein right away
- a proper sharps (or clear plastic) container for safe disposal of used equipment

**Always be aware of the risk of:**
- catching infection from others (don't share!)
- overdose (try not to inject alone and choose safer injection spots on your body)
- passing on infection to others (don't share!)
- improperly disposing of your used equipment (you can put others at risk for needlesticks, lose your curbside garbage pick-up, and even be fined for publicly discarding your needles)

And see a doctor if you get any swelling at or near an injection site that lasts for more than a few days or:

- The site is painful or tender
- is hot and/or red
- there is any serious bleeding
- if an area of skin becomes sore, weeping or turning black; an area of skin becomes pale or discoloured.

Source: Adapted from *The Safer Injecting Handbook*. The full handbook is available online. [http://www.exchangesupplies.org/publications/saferinjhbk](http://www.exchangesupplies.org/publications/saferinjhbk)

For more information or safer injection supplies, contact Superior Points at 625-8830, 625-8831, or 625-7996.
INJECTION SITES

1. Head and Neck
   NEVER inject anywhere on the head or neck! Because these areas are closest to the heart and brain, it's easier to overdose, and abscesses are more dangerous.

2. Wrists
   The insides of the wrists are full of nerves, veins and arteries all close together. NEVER inject here.

3. Groin
   NEVER inject into the groin area. You could hit a major artery and lose your leg or die! Also, NEVER inject into the genitals, that goes for both men and women.

4. Arms
   If surface veins in arms are good, use them but rotate sites regularly.

5. Hands and Feet
   The veins on the back of the hand and the top of the foot are fragile so inject slowly. It will hurt!

6. Legs
   The blood flows slowly in leg veins, so inject slowly (be careful, there is an artery behind the knee). Blood clots can form easier from here.

Source: AIDS Vancouver
http://www.aidsvancouver.org/basics/prevention/saferdrugs/saferdrug3alpha.html

For more information or safer injection supplies, contact Superior Points at 625-8830, 625-8831 or 625-7996.
Solvent Use Tips

Do not use alone! If you pass out, you could die!

Do not use plastic huff bags - they can stick to your face.

Use a clean cloth or a tampon for huff rags. Do not use paper towels. They break up and you breathe them in too.

Do not smoke when using - you or your clothing can catch fire!

For more information or safe huff supplies talk to Superior Points outreach staff:

Don • (807) 625-8830
Rick • (807) 625-8831
Lori • (807) 625-7996
Safer Crack\ Methamphetamine Inhalant Tips:

Everyone should have their own pipe. Use glass if possible. Metal pipes heat up fast and plastic ones can give off poisonous vapours.

Use several screens in the pipe. Place screens level with the tip of the stem, break up the rock, and sprinkle onto the screen. Replace screens as often as possible.

Touch the flame to the stem briefly to melt the rock instead of concentrating the heat, and move the flame along the stem to spread out the heat.

Clean your pipe regularly, when it’s cool!

Avoid sharing pipes. If you must share, clean the mouth piece with alcohol wipes. Allow time for the pipe to cool before using it again.

Use Chapstick or Vaseline on your lips to keep them from cracking and burning. This helps stop the spread of diseases like HIV, Hepatitis B & C, TB and herpes.

Vaseline is for your lips only! For protection during sex, use a latex condom covered with water-based lube.

Always use a latex condom when having sex or giving a blow-job, and make sure you don’t have Vaseline on your lips (can cause latex to break).

Chew sugar-free gum to stop your teeth from grinding.

Make a mouth-piece with an elastic band, or piece of tape, so you don’t hurt your lips, or catch someone else’s germs.

Take care of yourself & drink lots of water!

Source: Safer Crack Coalition, Toronto, ON

For more information, alcohol wipes, condoms/lube, etc., call Superior Points: 625-8830, 625-8831, 625-7996.
Superior Points Harm Reduction Program (NEP) Sites:

**SPHRP Mobile Outreach** • M – F: 12pm – 4:30pm, M – S: 9pm – 1am
Thunder Bay District Health Unit
Village Clinic
502 E Victoria Ave
Thunder Bay, ON P7C 1A7
Tel: (807) 625-8830  Office: 807-624-2005  Fax: (807) 622-6195
Email: Don.Young@tbdhu.com  Website: http://www.tbdhu.com

**AIDS Thunder Bay** • during agency business hours (M – F: 8:30 am – 4:30 pm)
217 South Algoma Street
P.O. Box 24025
Thunder Bay, ON P7A 8A9
Tel: 807-345-1516  Toll-free: 1-800-488-5840  Fax: 807-345-2505
Email: info@aidsthunderbaytel.org  Website: http://www.aidsthunderbay.org

**Shelterhouse** • 24 hour access to clean injection supplies/disposal, condoms, lube
80 Simpson Street
Thunder Bay, ON P7E 6N4
Tel: (807) 623-8182  Fax: (807) 622-6328
Website: www.shelterhouse.on.ca

**NorWest Community Health Centres - Thunder Bay** • when staff is available
525 Simpson Street
Thunder Bay, ON P7C 3J6
Tel: (807) 622-8235  Fax: (807) 62-3548

**TBDHU - Geraldton** • available only when staff is available (call first for availability)
P.O. Box 1360
510 Hogarth Avenue West
Geraldton, ON P0T 1M0
Tel: (807) 854-0454  Fax: (807) 854-1871
Speech: (807) 854-0905
Office Hours: Mon - Fri 8:30 am - 4:30 pm (Closed from 12 - 1pm daily for lunch)

**NorWest Community Health Centres - Longlac** • available only when staff is available (call first for availability)
P.O. Box 910
99 Skinner Avenue
Longlac, ON P0T 2A0
Tel: (807) 876-2271  Fax: (807) 876-2473

Hours of Operation:
Mon: 9 am - 8 pm  (Closed 5 - 6 pm)
Tues: 8:30 am - 8 pm  (Closed 5 - 6 pm)
Wed: 9 am - 5 pm
Thurs: 8:30 am - 5 pm
Fri: 9 am - 5 pm

**Ontario Needle Exchange/ Harm Reduction Resources:**
Aboriginal Healing Foundation  
75 Albert Street, Suite 801  
Ottawa, ON  K1P 5E7  
Tel.: 613-237-4441 or (888) 725-8886  Fax: 613-237-4442  
Website: http://www.aidsdurham.com

Canadian Harm Reduction Coalition  
23 Hillsview Ave.  
Toronto, ON  M6P 1J4  
Tel.: (416) 604-1752

Centre For Addiction & Mental Health  
Sault Ste. Marie, ON  
Tel.: (705) 256-2226

COUNTERfit Harm Reduction Program  
South Riverdale Community Health Centre  
955 Queen Street East  
Toronto, ON  M4M 3P3  
Tel: (416) 461-1925 ext. 2  or (416) 451-1951  Fax: (416) 469-3442

Counterpoint Needle Exchange & Methadone Clinic  
AIDS Committee of London  
Suite 120, 388 Dundas St  
London, ON  N6B 1V7  
Tel.: (519) 434-1601  
Website: http://www.aidslondon.com

Eastern Ontario Health Unit - Needle Exchange Program  
Cornwall, ON  
Tel.: (613) 930-3125  
Four Counties Needle Exchange Coalition  
Peterborough, ON  
Tel.: (705) 749-9110

Exchange Works  
Halton Region Health Department  
Burlington, ON  
Tel.: (905) 330-3305  
Website: http://www.region.halton.on.ca/health/programs/sexualhealth/Needle_exchange/default.htm

Harm Reduction Program  
Lawrence Heights CHC  
Toronto, ON  
Tel.: (416) 787-1661

IDUUT  
Toronto, ON  
Tel.: (416) 920-2746  
Email: iduut@rogers.com  
IDUUT is one of the very few unions in Canada at this time geared towards fighting for the human rights, health, dignity and well-being of all illicit drug users.

International Harm Reduction Association  
23 Hillsview Avenue  
Toronto, ON  M6P 1J4
Street Health Centre
North Kingston Community Health Centres
6 Montreal Street
Kingston, ON K7L 3G6
Tel.: (613) 549-1440  Cell: (613) 329-1624
Email: info@streethealth.org  Pager: (613) 548-9901
Website: http://kingston.cioc.ca/details.asp?RSN=13036&Number=4

Lambton Health Unit
Needle Exchange Program
Point Edward, ON
Tel.: (519) 383-8331 ext. 450
Email: lambhth@ebtech.net

Peel Harm Reduction Network
3190 Mavis Road
Mississauga, ON  L7M 4C1
Tel.: (905) 791-7800 x 6874
Email: phrn@peelharmreduction.com  Website: http://www.peelharmreduction.com

Street Health
AIDS Awareness and Harm Reduction Outreach Program
Toronto, ON
Tel.: (416) 964-2459

The VAN-Needle Exchange Program And Street Health Centre
AIDS Network-Hamilton and Social and Public Health Services
195 Ferguson North
Hamilton, ON
Tel.: (905) 317-9966 or (905) 546-3597

The Works
Toronto Public Health
277 Victoria St MN FL
Toronto, ON  M5B 1W1
Tel.: (416) 392-0520

UNDUN - Unified Networkers of Drug Users Nationally
Kingston, ON
Email: sparkone@excite.com
Website: http://www.freewebs.com/undun/index.htm
Drug User and Methadone User Groups run by active users and non-active users.

Wellington-Dufferin-Guelph Health Unit
Guelph-Orangeville, ON
Tel.: (519) 821-2370 or (519) 941-0760
Website: www.wdghu.org

Women's Own Withdrawal Management Centre
892 Dundas St. W.
Toronto, ON  M6J 1W1
Tel.: (416) 603-1462

HIV/ AIDS Resources:

AIDS Thunder Bay
P.O. Box 24025
217 South Algoma Street
Thunder Bay, ON P7A 8A9
Tel: 807-345-1516 or 1-800-488-5840 Fax: 807-345-2505
Email: info@aidsthunderbaytel.org Website: http://www.aidsthunderbay.org

Anonymous Testing (Thunder Bay)
Tel.: (807) 625-5981

Canadian Aboriginal AIDS Network
602-251 Bank St.
Ottawa, ON K2P 1X3
Tel.: (613) 567-1817 or 1-888-285-2226 Fax: 613-567-4652
Email: info@caan.ca Website: http://www.caan.ca

Canadian AIDS Society
309 Cooper St, 4th Floor
Ottawa, ON K2P 0G5
Tel.: (613) 230-3580 Fax: (613) 563-4998
Email: casinfo@cdnaids.ca Website: http://www.cdnaids.ca

Canadian AIDS Treatment Information Exchange (CATIE)
Tel.: (416) 203-7122 or 1-800-263-1638
Website: http://www.catie.ca

Canadian HIV/AIDS Information Centre - Canadian Public Health Association
1565 Carling Avenue, Suite 400
Ottawa, ON K1Z 8R1
Tel.: (613) 725-3434 Fax: (614) 725-1205
Email: aidssida@cpha.ca Website: http://www.aidssida.cpha.ca/

Canadian HIV/AIDS Legal Network
417 Saint-Pierre Street, Suite 408
Montréal, Québec H2Y 2M4
Tel.: (514) 397-6828 Fax: (514) 397-8570
Email: info@aidslaw.ca

Interagency Coalition on AIDS & Development (ICAD)
Ottawa, ON
Tel.: (613) 788-5107
Website: http://www.icad-cisd.com

Ontario Aboriginal HIV/AIDS Strategy
43 Elm Street, 2nd Floor
Toronto, ON M5G 1H1
Hepatitis C (HCV) Resources:

**Canadian Association for the Study of the Liver**
34 Eglinton Avenue West, Suite 323
Toronto ON  M4R 2H6
Website: [http://www.hepatology.ca/cm/](http://www.hepatology.ca/cm/)

**Canadian Hepatitis C Information Centre**
400-1565 Carling Avenue
Ottawa, ON  K1Z 8R1
Tel.: (613) 725-3154 or 1(866) 804-HepC (4372)
Email: hepc@cpha.ca  Fax: (613) 725-1205

**Canadian Liver Foundation**
2235 Sheppard Avenue East, Suite 1500
Toronto, ON  M2J 5B5
Tel.: (416) 491-3353  or  1-800-563-5483  Fax: 416-491-4952
Website: [http://www.liver.ca](http://www.liver.ca)  Email: clf@liver.ca

**Hepatitis C Society of Canada**
P.O. Box 33544
50 Dundurn Street South
Hamilton, ON  L8P 4X4
Tel.: (905) 524-0212 or 1-800-652-HepC (4372)
E-mail: mail@hepatitiscsociety.com  Fax: (905) 524-0224
Website: [http://www.hepatitiscsociety.com/](http://www.hepatitiscsociety.com/)

**HepNet – The Hepatitis Information Network**

**Ontario Hepatitis C Assistance Plan**
Tel.: 1-877-222-4977
Alcohol & Other Drugs Assessment
Family Services Thunder Bay
544 Winnipeg Avenue
Thunder Bay, ON P7B 3S7
Tel.: (807) 684-1880 or 1-888-204-2221 Fax: (807) 344-3782
Website: http://www.fstb.net/

Balmoral Detox Centre
St. Joseph's Care Group
667 Sybley Drive
P.O. Box 3251
Thunder Bay, ON P7B 5G7
Tel.: (807) 623-6515 Fax: (807) 623-4988

Dilico Ojibway Child and Family Services
Adult Treatment Service
Squaw Bay Road
Fort William First Nation
Thunder Bay, ON P7C 4Z2
Tel.: (807) 623-7963 Fax: (807) 623-2810
Website: www.dilico.com

Ka-Na-Chi-Hih
Specialized Solvent Abuse Treatment Centre
1700 Dease Street
Thunder Bay, ON P7G 5H4
Tel.: (807) 623-5577 Fax: (807) 623-5588
Email: director@kanachihih.ca
Website: www.kanachihih.ca/

Pregnancy & Health Community Outreach Project
574 Memorial Avenue (site)
544 Memorial Avenue (mail)
Thunder Bay, ON P7B 3S7
Tel.: (807) 577-1532
Website: www.pghealth.com

Sister Margaret Smith Centre
St. Joseph's Care Group
35 Algoma Street
Thunder Bay, ON P7B 5G7
Tel.: (807) 343-2400 Fax: (807) 343-9447
Website: http://www.sjcg.net
FIND THAT VEIN!

- Tying off really helps! But take the tie off after the needle is in and before you shoot, or the pressure in your vein could ruin it.
- Gravity helps! Just standing up and letting your arms hang can bring veins out!
- Swinging your arms and making fists helps, too.

BODY HEAT brings veins to the surface:
- Getting off someplace warm will make finding a vein easier.
- Wearing a sweater or a coat while you prepare the shot can help. Don’t take it off until you’ve got the shot cooked up!
- Wrapping your arm in cellophane or Saran Wrap can heat you up and bring veins to the surface.

If you can, TAKE YOUR TIME! Sometimes your in a place where you can’t stay. Sometimes you’re in a hurry because you don’t want to be seen. But SOMETIMES you can relax. Don’t waste veins by rushing unless you have no choice.
People who mainline (inject into veins) have to be really careful about where they hit! AVOID HITTING ARTERIES AND NERVES! NEVER INJECT INTO THEM!!! Inject only into veins!

REALLY GOOD ADVICE

Anytime you hit something that feels like a vein, but it hurts, PULL OUT!

No matter how sick you are, no matter how bad you want to get off, you will only hurt yourself and waste your shot!

Reasons the needle may hurt:
1. You hit an artery. Injecting here could kill you. PULL OUT!
2. You hit a nerve. Injecting here could hurt you bad. PULL OUT!
3. You aren't in a vein. This will totally waste your shot, and you could wind up with infections or an abscess. PULL OUT!

If you want that shot, don't waste it. If the hit is hurting, pull the needle out and start again. You are saving your shot, and you are saving your life.

HOW YOU KNOW YOU HIT A VEIN:
When you think you've hit a vein, ALWAYS pull back the plunger a little. If dark red blood comes into the syringe, then you hit a vein. Vein blood never comes into the syringe on its own, you have to pull the plunger back.

If you hit a spot on the surface of your skin that you can see, that is a vein. You are only going to hit an artery if you are searching for a spot deeper down.

HOW YOU KNOW YOU HIT AN ARTERY:
#1: The color of the blood is bright red.
   - The blood may even be a little foamy or frothy.
   - It might hurt a lot.
   - It has a lot of force behind it. Sometimes you don't even have to pull the plunger back, it just comes right into the syringe.
   - Sometimes it comes into the syringe in spurts like a heartbeat.
   - If any of these things happen, PULL OUT!! Apply pressure to the place where you pulled out. If possible, hold your arm or leg over your head! If the bleeding doesn't stop, you gotta call 911 or get some help.

HOW YOU KNOW YOU HIT A NERVE:
- It hurts like hell!
- No blood comes into your syringe when you pull back the plunger.
- If this happens, PULL OUT!!

REALITY CHECK

If you are digging around for veins where you can't see them, it means you have probably lost a few. (No one is looking for veins deep down when they can find them right on top.)

If this is you, you need to be careful. You risk hitting arteries and nerves when you have to dig.

Sometimes you don't have a choice, but make an effort to get off where there is good light, and where you can take your time. An injector in a hurry is an injector at risk. You are entitled to take care of yourself.

Look on the other side of this flyer for tips on getting veins.
If you miss your shot:

Soak the spot in warm water or put a heating pad on it for a while. Heat helps the circulation, so the shot won’t get totally wasted. And good circulation will help prevent an abscess.

Also, don’t put oils or creams on the spot until the wound has started to close. Wait a couple hours. Putting creams on too soon can cause infections and scarring (even if the cream is supposed to prevent scarring!)

REALITY CHECK!

Talk is CHEAP!

- Everyone’s body is different.
- You can’t always find a vein when you want one.
- Women’s veins can be harder to hit.
- Sometimes it’s more important to get off fast.
- Sometimes you’re in a hurry because you’re someplace risky.

But if you managed to get the drugs and the needle, then you know how to think on your feet. Get your technique down! Don’t chew up your veins!

The Right Hit

Good Needle Insertion:

- Saves your veins
- Saves your shot
- Prevents trackmarks and bruises AND
- Prevents abscesses!

EVERYONE is entitled to take care of themselves, whether they use drugs or not. Learning to take care of yourself takes time and thought. Talk to your friends, find out what they know.
Abscesses...

Here's how it happens

When you miss the vein, you lose the shot. But that’s not the only problem. A missed shot can get infected and cause an abscess. This can happen when your vein leaks, too. Getting the shot right saves a lot more than just drugs!

This is especially true with speed and coke. By itself, heroin won't give you an abscess if you miss a shot, but the CUT in the dope might! Especially the cut in tar heroin. If you shoot tar, take extra care to get the shot in a good vein!

The fact is, getting a good shot is a skill. You learn by doing. A lot of the time, you can't see your veins, and you go by the feel of it.

Go in SLOW! Injecting into a vein is difficult, risky, and there’s NO POINT in doing it if you don’t get it right.

Tying off can really help. But once you find a vein, take the tie off. Shooting into a vein with a tie on can make the vein collapse!

Give your spot a rest after you use it. Give it a chance to heal. Hitting in the same spot over and over will blow the vein for sure.

Too far too fast! Needle goes right through the vein!

Not in far enough! Shot leaks, causing abscesses and bruising.

Bevel is up against the side of your vein! You won’t get a register.

Try pulling the needle back just a little.
SUPERIORT POINTS HARM REDUCTION PROGRAM
Protocols for Staff, Volunteers and Community Agencies

LET'S GET OUR PRIORITIES STRAIGHT!
Your big factors will shape where you stick that Needle!

1 WHERE you are getting off: if you are someplace comfortable where you can take your time vs. someplace you have to be sneaky and fast.

2 WHAT you are using: If you're on a big coke run, you are gonna use your hit spots more than if you are getting your dope fix.

3 WHO: Are you getting off by yourself? This means you're gonna hit yourself someplace you can reach. Maybe you never hit yourself, which means the other person needs to know what they're doing.

4 FRUSTRATION: You want to get off, and if you get really frustrated, it can make you impulsive! The truth is, sometimes you are gonna be sick, and you want to be well FAST. Factor this in when you make your plans!

These things will all affect how you pick your spot. But each spot has its risks, and you need to think about those too!

SUPER IMPORTANT! If you feel a pulse, that’s an ARTERY!! Never hit an artery! It’s really dangerous.

The farther away from your heart, the weaker the circulation. Veins in the hands and feet heal more slowly, so it’s easier to totally blow them if you use them a lot.

Arms: lowest risk, best choice. Dut! Upper arm is better than lower. Why? It’s closer to the heart. Taking good care of your arm veins pays off: you don’t have to get off in harder, riskier places.

Hands: relative low risk. Lots of rollers here, it can be harder than you think to get a good shot! If you scar or track here, you can’t hide it. If you blow veins here, your hands can stay swollen. Use the narrowest needle you can get here! Let your spot heal between.

Legs: Medium risk. Why? Circulation problems. Blood in your legs is a long way from your heart. Plus, getting off in your legs is more likely than your arms to leave blood clots than could break off and get stuck in your heart or lungs. Bad. Every time you hit near where you hit on your legs, hit “downstream” (closer to the heart) from the last spot, so you don’t disturb a spot that is healing.

Feet: Medium risk. Veins here take a long time to heal. Circulation here is super slow. Plus, it’s hard to keep a healing spot clean when you’re shoes and socks. Remember: you NEED your feet. Lose these and your screwed!!
FIND THAT VEIN!

- Tying off really helps! But take the tie off after the needle is in and before you shoot, or the pressure in your vein could ruin it.
- Gravity helps! Just standing up and letting your arms hang can bring veins out!
- Swinging your arms and making fists helps, too.

**HEAT** brings veins to the surface:
- Getting off somewhere warm will make finding a vein easier.
- Wearing a sweater or a coat while you prepare the shot can help. Don’t take it off until you’ve got the shot cooked up!
- Wrapping your arm in cellophane or Saran Wrap can heat you up and bring veins to the surface.
- Using a blow dryer or a hand drier can bring veins up.

EVERYONE is entitled to take care of themselves, whether they use drugs or not. Learning to take care of yourself takes time and thought. Talk to your friends, find out what they know.

LEVELS OF RISK

- **OK**
- **Maybe**
- **Careful!**
- **Extreme Caution!!!**

PICKING A SPOT TO HIT: KNOW THE RISKS!
REALITY CHECK!

Rotating your spot is recommended, but sometimes you may not have the veins, or the time to find one.

Think about these things:
- Do your best when your in a hurry, but if you’re NOT in a hurry, why rush the shot?
- Save the “easy” spots for when you KNOW you don’t have time. The veins in your hand look tempting, but if you’re not in a hurry, then save them for when you need them. They are delicate and you can lose them fast.
- If you are panicking about your shot, that is when you could blow your vein! Steady! Take a deep breath. Try to remember what calm feels like.

STUFF YOU KNOW ALREADY
(but a reminder won’t hurt!)
- Try to find a place to get off where there’s lots of light. Plan ahead.
- Use a new needle every time you possibly can! A sharp point saves lots of wear and tear on veins.

TAKING CARE OF YOUR VEINS:

ROTATE YOUR SPOT!
WHAT DOES “ROTATE YOUR SPOT” MEAN?!?!?

When you stick a needle in your skin, it leaves a hole that needs to heal. The same is true with your veins. You can keep your veins in good shape if you let a spot heal before you hit it again.

If you don’t let your veins heal, you may get:
- Collapsed veins (you lose the vein totally)
- Infections
- Leaky veins, wasted shots
- Abscesses from leaks and missed shots
- Sticking a needle through a hole that isn’t healed can push a blood clot into your bloodstream. This clot could get stuck somewhere else in your body, including your brain. This is really dangerous.

SO WHAT CAN YOU DO?: You can let one spot heal while you use another!

ROTATING YOUR SPOT: You let one spot heal while you use another.

HERE ARE SOME IMPORTANT TIPS. SOME OF THESE THINGS MAY BE A LUXURY, SOME MAY BE EASY. YOU ARE THE ONLY ONE WHO CAN DECIDE:

- It’s best to alternate veins. A vein takes at least a couple days to heal. More time is better.
- If you use the same vein, shoot DOWNSTREAM from your last shot (that means closer to your heart). Look at the picture. Shooting downstream from your last hit means you won’t be pushing any blood clots into your bloodstream.
- If you hit yourself, practice injecting with your other hand or your other arm. It may be awkward, but it gives you more options.
- If you can, tie off (use a tourniquet). This makes finding a vein a lot easier. But once the needle is in the vein, TAKE THE TIE OFF before you hit! Leaving the tie while you hit on puts too much pressure on the vein, and you could lose the vein!

EXAMPLE

The numbers go DOWNSTREAM (closer to the heart) with each shot. This is only an example: You have to figure out what works best with the veins you have.
DON'T BE ASHAMED TO TAKE CARE OF YOURSELF!

Lots of people do things they're ashamed of. Rich important people, from presidents to preachers to TV stars all have stuff they are ashamed of. But drug injectors face a lot more risks than those guys!

Next time you use a bathroom to get off, give yourself credit for doing the right thing. Next time you freshen up in a bathroom mirror, tell yourself You're Gorgeous!

REALITY CHECK!

You should be proud of taking care of yourself, but most people still don't want you getting off in their bathroom. Don't expect them to agree that you are taking care of yourself! Duuh!

Another great thing about having a sink: you can clean up any mess you make! That may be the best thing you can do to guarantee you can use the bathroom or sink again.

THINK ABOUT HOW YOU INJECT!

THINK SINK!!

THINK LIGHT!!

EVERYONE is entitled to take care of themselves, whether they use drugs or not. Learning to take care of yourself takes time and thought. Talk to your friends, find out what they know.
You may already know the information here, but what do you think about it? Take a look. You may feel different when you are done reading.

**WE ALL KNOW:**
Heroin, coke, speed and other drugs are illegal. Laws make it hard to use easily or safely.

BUT every time you use safely, you are protecting yourself and others.

People don’t want you to get off in their bathrooms.

BUT every time you get off near a sink, it makes your injection safer.

- You can wash up before AND after you get off.
- Plenty of water to mix your shot
- Plenty of water to rinse out your syringe if you need to use it again
- Plus you can freshen up in the mirror!

**THINK SINK!!**

Did you know?
Washing your injecting spot with soap and water is as good as alcohol. It may even be better. Alcohol just kills stuff, but soap and water washes it away! Needle exchange programs provide alcohol pads and sometimes you don’t have a place to wash up before you get off. But soap and water is best!

**THINK LIGHT!!**

If you pick a sink that’s got lots of light, that’s even better. Trying to get a hit in poor light blows veins, blows shots, and wastes time. Especially if you’re in a hurry, picking a place with decent light will SAVE YOU TIME!

Other people may not like it that you get off. You may not like it yourself. That doesn’t change what you need to do when you get off!

People want you to suffer so that you’ll stop using drugs. This includes:
- Getting infected with HIV, Hepatitis, endocarditis and abscesses
- Blowing your veins
- Getting busted
- Overdosing
- Death

All in the name of taking care of yourself!

You don’t have to agree! Chances are, you know more about the harms of your drug use than they do.