



HARM REDUCTION GUIDELINES

Principles and Practice for CRC

Community Restorative Centre

02 9288 8700

info@crcnsw.org.au

www.crcnsw.org.au

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1. What is harm reduction?

Harm reduction (HR) is a non-abstinence based approach to working with people who use drugs, which aims to reduce any potential harms associated with their use. Harm reduction is rooted in social justice and public health principles, built on the belief in, and respect for, the rights of people who use drugs. There is no one universal harm reduction strategy, as an important aspect of harm reduction is to understand and situate drug use in specific social, cultural and political contexts so it can be as relevant and responsive to specific groups of people.

Harm Reduction International (HRI) defines harm reduction as:

“Policies, programmes and practices that aim to minimise negative health, social and legal impacts associated with drug use, drug policies and drug laws. Harm reduction is grounded in justice and human rights. It focuses on positive change and on working with people without judgement, coercion, discrimination, or requiring that they stop using drugs as a precondition of support.”¹

2. Why does CRC take a harm reduction approach?

All of CRC's programs operate from a model of harm reduction. A harm reduction approach aligns with CRC's principles of being client centred and 'meeting people where they are at', being open and honest with clients, and offering non-coercive, non-punitive, and non-judgemental support which aims to holistically address client's needs as they rebuild their lives in the community.

3. How can I practice harm reduction in my work at CRC?

There are multiple principles that comprise harm reduction, and there are different practical ways these principles can be used to support our clients.

This guide has selected specific HR principles that can be put into practice with your clients, detailing considerations for people who have had contact with the criminal justice system (CJS).

The key principles outlined in this guide include:

1. Non-abstinence
2. Information on safer drug use
3. Overdose prevention & reversal
4. Pharmacotherapies / Opioid Treatment Program (OTP) / Opioid Agonist Therapy (OAT) / Maintenance Programs
5. Equitable and non-coercive access to treatment
6. Needle & syringe programmes (NSP)
7. Testing and treatment for blood borne infections such as HIV and hepatitis C
8. Pregnancy and breast feeding
9. Decriminalisation / diversion from the criminal justice system



Language matters!

Use non-judgemental and non-stigmatising language when talking to clients about their drug use. For example, instead of saying a drug is “bad,” talk about the potential harms of the drugs. The NADA Language Matters Guide is a useful resource for more information on using non-stigmatising language.

4. Is a Harm Reduction approach appropriate for First Nations clients?

Harm reduction approaches are appropriate for your work with First Nations clients so long as you also centre needs in relation to culture and community, and work in a way that acknowledges and addresses the on-going impact of colonisation.

The Canadian, First Nations Health Authority defines Indigenous harm reduction as:

“Indigenous harm reduction means undoing the harms of colonialism which place Indigenous people at higher risk of harmful substance use. This means a decolonised, Indigenised approach to harm reduction that connects people to culture, and rebuilds relationships with the interconnected spiritual, human and natural worlds.” ²

At a fundamental level a harm reduction approach to working with First Nations clients requires an understanding of the on-going impacts of colonisation on First Nations peoples more broadly, and to then situate and understand your client’s specific history and their relationship and connection to culture, family and community within this context, and where possible and appropriate, to support your client to enhance their connection with culture, family and community. ³

Practical ways First Nations clients and communities could be supported through caseworker actions could include: ⁴

- Where able and appropriate, connect clients with First Nations specific services or supports.
- Understand your client’s relationship to their community and family, and where possible also work with families to address needs holistically. ⁵
- Work with community to see if there are community level responses that can take place.
- Being reflective of your work and how it might impact on First Nations clients and communities. If you’re unsure, elevate questions or concerns to managers, cultural supervisors or other trusted First Nations voices.

5. Harm reduction principle and practice guide

Principle	Non-abstinence Non-abstinence means working with people without judgement, coercion, discrimination, or requiring that they stop using drugs as a precondition of support.
How to put this in practice?	<ul style="list-style-type: none">• Acknowledge that abstinence from alcohol and/or drugs isn't realistic or possible for everyone, and that there are many reasons your client might not be able to, or want to, stop using drugs.• Acknowledge that not all alcohol and/or drug use is problematic and stabilising drug use can be a reasonable aim.• Continue to support clients (without judgement) who are actively using drugs.• Encourage clients to be honest and open about their use.
Things to note for people impacted by the CJS?	<ul style="list-style-type: none">• Understand that people who have been in prison (or are in prison) might not feel safe to tell you about their drug use.• If your client is using illegal/ non-prescribed drugs then they will need to be made aware of Parole conditions/ legal implications.
Where to get more info?	<u>Parole Authority</u>

Principle

Information on safer drug use

Information on safer drug use is about providing evidence based, practical information and resources, about lowering the risk of potential negative outcomes from using drugs.

How to put this in practice?

- Talk to clients (without judgement) about their drug use so you can understand how to best support them to reduce any potential harms.
- More specifically talk to clients about which drugs they are using, how often they are using, how much they are using and what method they use to consume drugs (e.g. injecting, smoking, snorting).
- Talk to clients about their understanding of any harms or risks associated with their drug use, and how they can reduce these.
- Encourage your client to engage with peer networks, such as [NUAA](#), which provide up to date information on current drug issues.
- Address any knowledge gaps by providing information about drugs so clients can make an informed choice about their use.
- If a client is injecting drugs, then talk to them about how they can do this most safely (handwashing, using clean injecting equipment, not sharing injecting equipment, use of filters).
- Vein care goes hand in hand with safer injecting, as many of the practices that prevent infection, also contribute to healthier veins.

Things to note for people impacted by the CJS?

When people exit prison they often have reduced tolerance to drugs because they might not have been using while in custody (or rehabs), and are therefore at risk of overdose when they are back in the community.

Where to get more info?

[NSW Health](#)
[NUAA](#)
[The Know](#)
[Youth AOD Toolbox](#)

Principle

Overdose prevention & reversal

Overdose prevention & reversal is about education of overdose risks, and how to reduce them, as well as how to reverse overdose using Naloxone.

How to put this in practice?

- Talk to clients about their drug tolerance, and educate them about the increased risk of overdose when exiting prison.
- Encourage clients to not use alone as to reduce the risk of overdose.
- Support your clients to access Naloxone and make sure they know how to administer it. Naloxone is an easy to use, life-saving medicine that can temporarily reverse an overdose from fentanyl or other opioid drugs, such as heroin. People can get Naloxone for free without a prescription from some NSW community pharmacies and needle and syringe programs.
- Encourage clients to use the medically supervised injecting centre (MSIC) in Kings Cross. There is also an injecting centre in Melbourne.
- Educate clients about the risk of drugs being contaminated with fentanyl, and encourage them to test their drugs for fentanyl (e.g. fentanyl test strips). Fentanyl test strips can be ordered from NUAA.
- Pill testing for drug purity and contaminants is not currently available in NSW, however the ACT Government has a service called CanTest.

Things to note for people impacted by the CJS?

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Where to get more info?

NUAA
Your Room
NSW HEALTH
Uniting

Principle

Pharmacotherapies/ Opioid Treatment Program (OTP)/ Opioid Agonist Therapy (OAT)/ Maintenance Programs

Opioid Treatment Programs (OTPs) help people reduce or moderate their illicit opioid use by providing them with a regular dose of a long-acting opioid. 6 Types of treatment include methadone and buprenorphine, which usually have to be taken daily. Depot buprenorphine is a new long acting formulation of buprenorphine which is taken (via injection) weekly or monthly. 7

How to put this in practice?

Access in prison:

- People in prison are eligible for a Justice Health assessment to access OTP while they are in custody. Eligibility requires an established history of opioid dependence. If working with a client pre-release, find out if they are on an OTP in prison. People in prison can phone the Justice Health Inquiry Line (CADL number 05) in prison through the Common Auto Dial List (CADL) for support in accessing OTP, or talk to their Services and Programs Officer (SAPO).
- Justice Health should automatically transfer their script to a community clinic through their "Connections Programs". However, this sometimes doesn't happen, and you might want to contact the Justice Health Drug and Alcohol Central Office via phone (02 9700 2101), or email [jhfmhn-dischargeplanning@health.nsw.gov.au] to ensure your client's script is being transferred to a community clinic. For after-hours you can contact the Remote On-Call After Hours Medical Service (ROAMS) via phone (1300 076 267).

Access in community:

- If your client is not on OTP in prison but wants to access it in the community, or their script hasn't been transferred you could take your client to a public/community clinic such as the Langton Centre or the RPA Drug and Alcohol clinic to access treatment (for free), or book them in with a prescribing doctor or nurse practitioner whereby they can access their treatment at a community pharmacy (subsidised by PBS but not free- a monthly co-payment is required).
- The Opioid Treatment Line (1800 642 428) is a helpline which can provide referrals and advice to people wishing to access an OTP.

Things to note for people impacted by the CJS?

- There is an urgency around securing pharmacotherapy for clients as soon as they exit prison to reduce the opportunity for illegal drug use in the community, which carries risks of overdose resulting from lowered drug tolerance, and increases risks of clients returning to prison (especially while they are on parole).
- Parole conditions might also stipulate undertaking or maintaining AOD programs such as OTP.

Where to get more info?

NSW Health
NUAA

Principle

Equitable and non-coercive access to treatment

People who want to access a residential rehabilitation service for support with their substance use must be able to freely choose this, and not be coerced into, or excluded from, treatment.

How to put this in practice?

- Talk to clients about their interest in going to a residential rehab.
- Let them know it is their choice to go to a residential rehab and make sure they understand what the conditions of the service might be.

Things to note for people impacted by the CJS?

- People with criminal records (and violent charges) are often excluded from residential rehabs. Therefore, you might need to advocate to the service to accept your client.
- Conversely, people who are convicted of specific offences can be mandated by Court, or have as a condition of their parole or bail conditions, to participate in a treatment program which can include residential rehab. Ideally, participating in treatment should always be voluntary, however, if your client is mandated into treatment (with the alternative being a prison sentence), take this as an opportunity to chat with your client about ways to maximise the experience, even though it wasn't their choice.

Where to get more info?

[NSW Health](#)
[Health Direct](#)

Principle

Needle & syringe programmes (NSP)

NSPs are a public health initiative that aims to minimise infection with blood-borne viruses such as human immunodeficiency virus (HIV) and hepatitis B and C among people who inject drugs through providing sterile injecting equipment.

How to put this in practice?

- If a client is injecting drugs advise them how to access to safe injecting equipment through a NSP. [NSW Health](#) has details of every NSP in NSW. For clients who are unable to access to NSPs (due to where they live, mobility issues, fear of being identified as an injecting drug user) advise them to order NSP equipment online from [NUAA](#). Some [pharmacies](#) also offer sterile injecting equipment.
- NSP outlets provide sterile injecting equipment such as needles and syringes, Fitpacks and other injecting equipment (such as swabs, water, spoons and cotton balls) as well as disposal facilities free of charge.

Things to note for people impacted by the CJS?

- There are no needle and syringe programs (NSPs) in NSW prisons.
- This means sharing of injecting (sometimes home-made and unsterile) equipment in prison is common.
- People in prison experience much higher rates of blood-borne viruses. 8
- Therefore, when working with clients in the community it is important to advise them to access sterile injecting equipment and not share equipment (in conjunction with testing and treatment for blood-borne infections).

Where to get more info?

[NUAA](#)

[NSW Health](#)

Principle

Testing and treatment for blood borne infections such as HIV and hepatitis C

Testing and treatment for blood borne infections will reduce negative health outcomes

How to put this in practice?

- Encourage your client to get tested (and treated) for HIV, viral hepatitis and other STIs or blood borne infections. In prison, people can go to the health centre, or call the Hepatitis NSW run Hepatitis Infoline on CADL #03 to access information on treatment options in prison. If in community, this can be done by a GP, or via dried blood spot (DBS) testing, which is a new, free, easy and private way to test for HIV and hepatitis C. You can request a free DBS test through [NSW Health](#).
- Hepatitis C is curable in about 3 months by way of newer medications (brand names- Eplclusa and Maviret) which are available on the Pharmaceutical Benefits Scheme (PBS) (so they won't cost your client a lot of money). If your client has been treated for hepatitis C in the past, and become infected again, reassure them that people can undergo treatment as many times as they need.
- Encourage your clients (in prison and in community) to tune into CRC's radio program [Jailbreak](#) which provides peer-led information on criminal, prison and health issues as well as connecting people in prison to the community through their views, music and poetry.

Things to note for people impacted by the CJS?

- Sharing injecting equipment is the most common way that people in Australia contract hepatitis C.
- People in prison have much higher rates of injecting drug use than the general population. Due to the lack of NSPs in prison, people in prison experience much higher rates of blood-borne viruses, including hepatitis C and HIV, than the general population. 9

Where to get more info?

[Hepatitis NSW](#)
[NSW Health](#)
[Health Direct](#)

Principle

Pregnancy and breast feeding

Pregnancy is an opportunity to support women with their health, including efforts to decrease or stop substance use or increase safer use of drugs.

How to put this in practice?

- The principles of harm reduction apply to people who are pregnant or breastfeeding e.g. reducing harms through non-judgement, education about risks, access to healthcare and treatment, access to NSPs etc.
- However, if your client is pregnant or breastfeeding there will be specific considerations for how their substance use impacts their health, and the health of the foetus or newborn.
- Talk to your client about the impact that different substances have different impacts on foetuses or newborns, and how their substance use can be managed to reduce these harms.
- For pregnant women who are using drugs, it will be important to discuss ways to inform medical practitioners of their substance use so a treatment plan can be put in place for the newborn to manage the infant's drug withdraws.
- NSW Health runs the Substance Use in Pregnancy and Parenting Services (SUPPS) in all Local Health Districts.

Things to note for people impacted by the CJS?

People who are pregnant, or have children in their care, may be more hesitant to disclose their substance use if they believe it might risk their children being removed from their care.

Where to get more info?

[Perinatal Harm Reduction](#)
[Centre of Excellence for Women's Health](#)
[NUAA Pregnancy and Parenting on the Opioid Treatment Program](#)

Principle

Decriminalisation

Decriminalisation (in law) involves the removal of a criminal penalty for using or possessing small amounts of drugs. Decriminalisation (de facto/in practice) is when drug use and possession is still a criminal offence but receives lighter penalties, such as referral for assessment, education and treatment. 10

How to put this in practice?

- The NSW Government does not support decriminalisation (in law) of drug use or possession despite recommendation from Ice Inquiry.
- However, you can put “de facto” decriminalisation into practice by advocating for your client to be diverted from prison through community-based treatments or orders such as NSW Drug Court.
- Situating your client’s substance use in a broader social and/or health (and not criminal) context can also help to reduce shame and stigma around their use.

Things to note for people impacted by the CJS?

- The link between substance dependency and criminal justice system involvement is well-known. Two-thirds of people in prison are drug users and data from NSW shows that 60% of people in prison report being affected by drugs or alcohol at the time of their offence.¹¹
- Understanding social disadvantage and structural inequality experienced by criminalised populations is key to providing effective treatment and care. For criminalised populations, who face high levels of multiple and compounding forms of disadvantage, substance dependency can be both a symptom of, and coping strategy for, managing trauma.

Where to get more info?

[Alcohol and Drug Foundation](#)
[Fair Treatment](#)
[Drug Court NSW](#)

6. Links to other AOD resources

Type	Organisation
Harm reduction	Harm Reduction International Harm Reduction Australia Harm Reduction Victoria National Harm Reduction Coalition (USA)
Information and resources	Alcohol and Drug Foundation (ADF) Cracks in the Ice Network of Alcohol and other Drug Agencies (NADA) NSW Users and AIDS Association NSW Health Drug Alerts The Know YourRoom YouthAOD Toolbox
Support and services	Alcohol & Drug Information Service (ADIS)- 1800 422 599 Drug Court of NSW Hepatitis NSW NSW Health Needle and Syringe Program outlets NSW Health Opioid Treatment Program NSW Health (SESLHD) Drug and Alcohol Services Opioid Treatment Line (OTL) 1800 642 428 Royal Prince Alfred Hospital-Clinical Drug & Alcohol Uniting Medically Supervised Injecting Centre

7. References

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3. Cairney et al, 2017, Interplay wellbeing framework: a collaborative methodology 'bringing together stories and numbers' to quantify Aboriginal cultural values in remote Australia, International journal for equity in health, 16.
4. Kylie Lee., et al., 2012, Handbook for Aboriginal Alcohol and Drug Work, University of Sydney, <https://ses.library.usyd.edu.au/bitstream/handle/2123/8339/2012-handbook_online-version3.pdf?sequence=6&isAllowed=y>
5. Family and kinship connections is especially important in First Nations cultures and can be key to a person's wellbeing.
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8. Harm reduction in Prisons Working Group, March 2023, Consensus Statement: Strengthening Injecting-Related Harm Reduction in Prisons, accessed on 12 December 2023 <<https://www.unsw.edu.au/content/dam/pdfs/unsw-adobe-websites/arts-design-architecture/ada-faculty/sprc/2022-09-uploads/2023-09-strengthening-injecting-related-harm-in-prisons-consensus-statement.pdf>>
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10. <https://adf.org.au/talking-about-drugs/law/decriminalisation/decriminalisation-detail/>
11. Justice Health & Forensic Mental Health Network 2017, Network Patient Health Survey, <[2015_NHPS_FINALREPORT.pdf \(nsw.gov.au\)](#)>