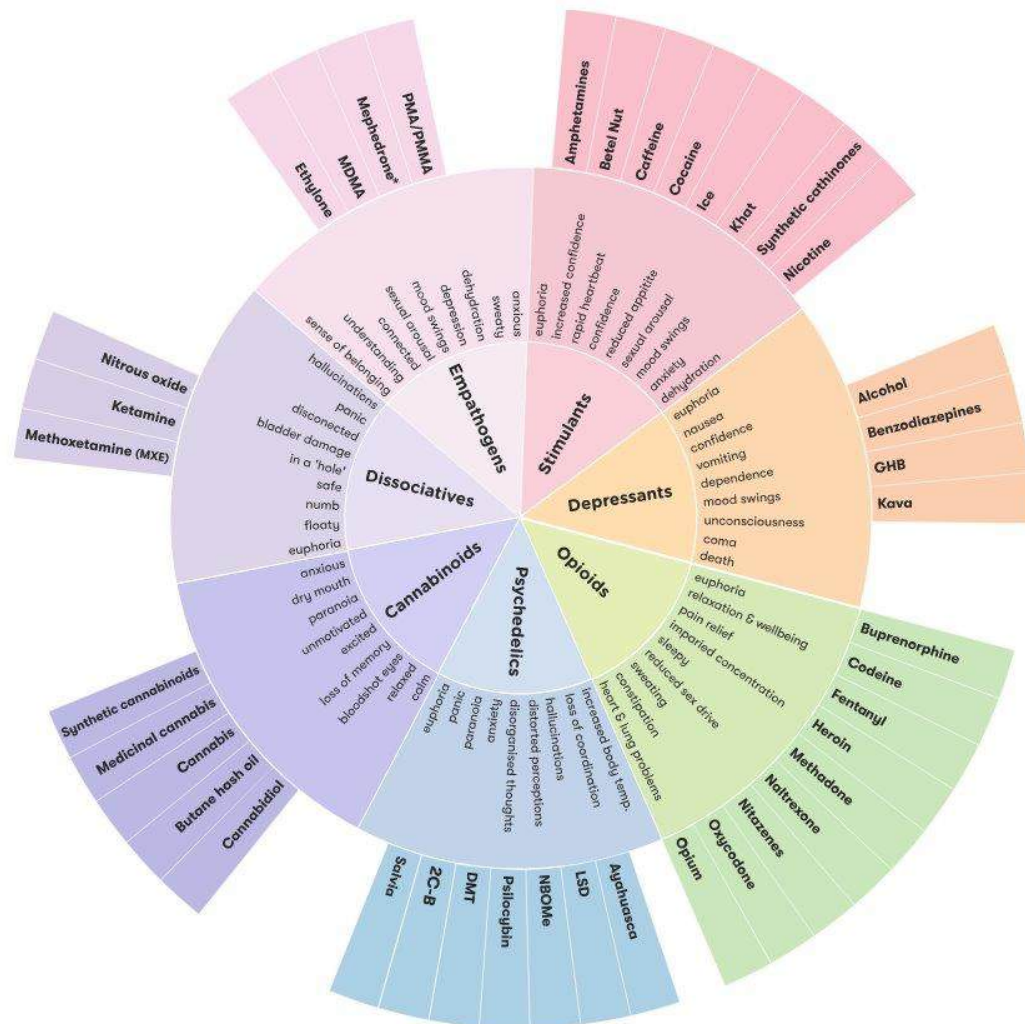


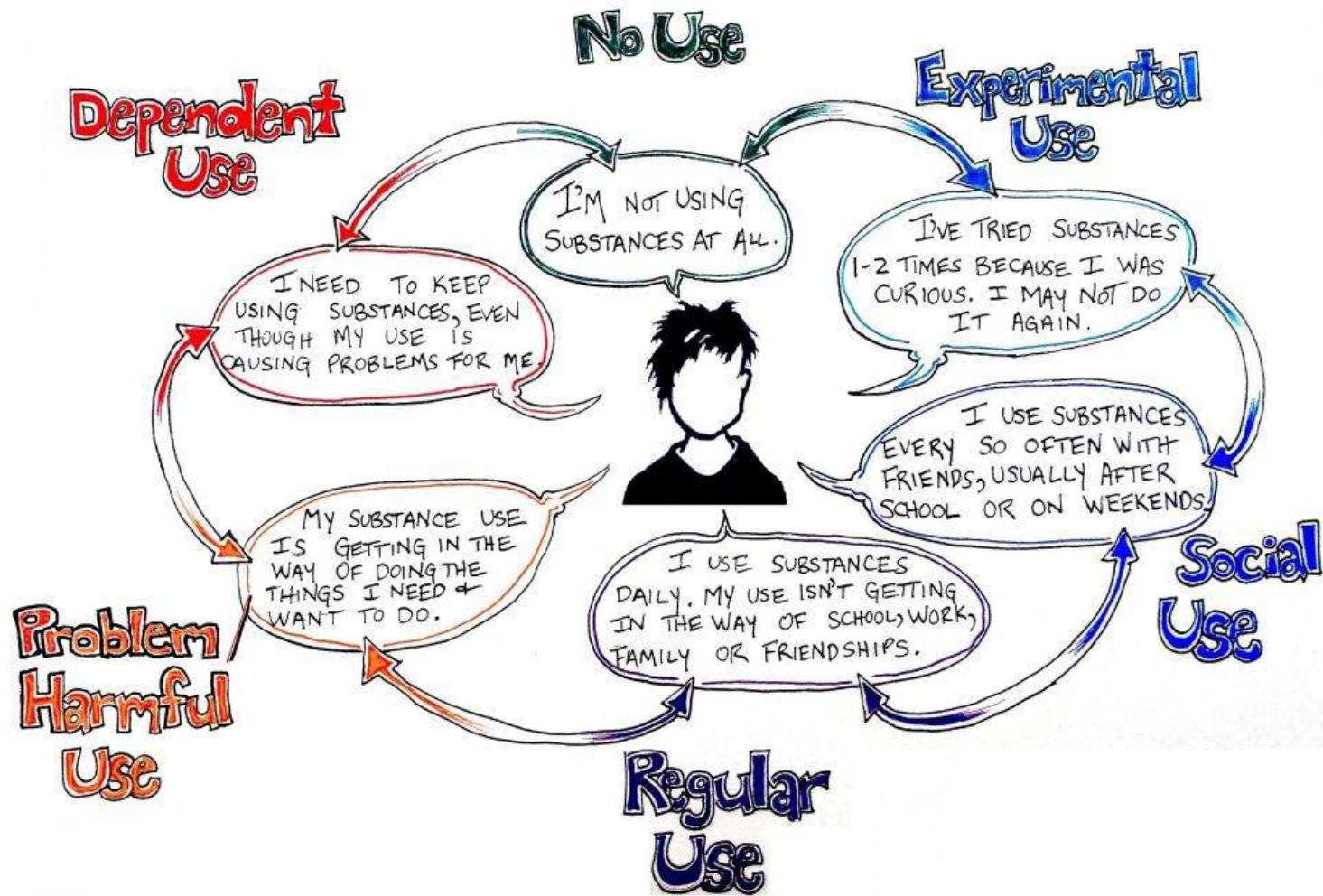


# Street Works

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HARM REDUCTION TRAINING





# What is Addiction?

Continuously engaging in a behaviour despite negative consequences.

Complex and multifaceted.

Not limited to substance use.

Physical dependence does not equate to addiction.

Biomedical Model

Biopsychosocial Spiritual Model

Moral Perspectives

Social Model

Psychodynamic Model

Learning Model

# What Happens When Substances are Criminalized?

- Creates an unregulated market of drug trafficking
- Establishes a hierarchy of substances and people that use them
- Pushes people that use substances to the margins of society
  - Implies a moral failing
  - Fuels stigma and stereotypes
- Involvement with the criminal justice system impede on one's ability to participate in community
- Forces people into unsafe environments which can lead to high-risk behaviours
  - Increases rates of HIV, Hep C, STBBIs, and many other infections/illness

## Who experiences these effects the most?

- Most vulnerable in our communities
- Racialized people
- Consider intersectionality

# What is Harm Reduction?

Harm Reduction is a philosophy and practical approach that aims to reduce the risk associated with a particular behaviour.

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## Reduce the risk

Provide new supplies, collect old supplies

## Abstinence is not always possible

Many people are unable or unwilling to stop using

## Zero tolerance drug policy pushes users to the margins of society

Makes users afraid of accessing health or social services

## Many of the 'harms' related to substance use are actually related to the criminalization of substance use

Engagement with police, toxic drug supply, incarceration, custody, employment, hierarchy of substances

## Based on humanitarianism and a scientific public health approach

Immediate and realistic goals to reduce risk

## Substance use serves a purpose

Drug use can have benefits and risks for the user, and often cannot be eliminated altogether, but harms can be reduced



# EXAMPLES OF HARM REDUCTION IN OTHER AREAS



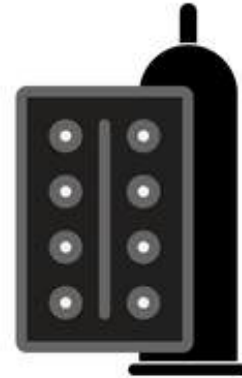
SUN  
SCREEN



SEAT  
BELTS



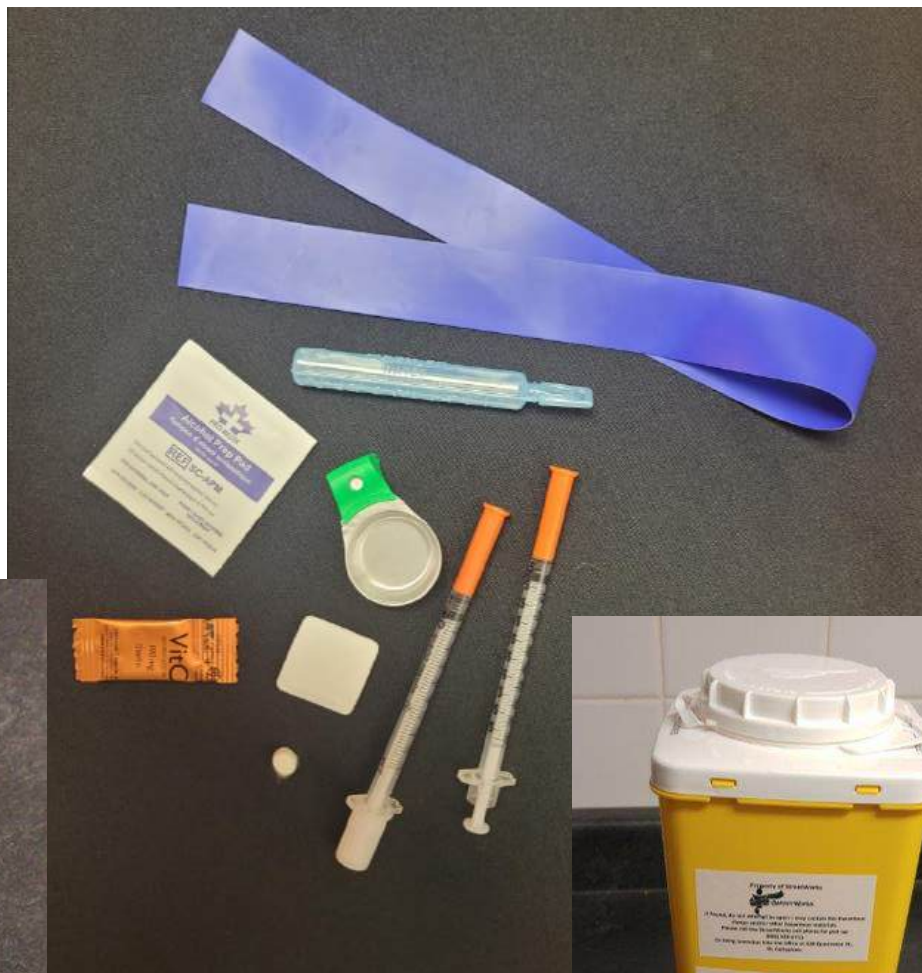
SPEED  
LIMITS



BIRTH  
CONTROL



CIGARETTE  
FILTERS





# BEE SMART



# WITH YOUR SHARPS!

## Safely picking up sharps

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- Put on gloves
- Open the sharps container
- Use pliers, preferably needle nose pliers
- Pick up the needle with the tip facing away
- Put the needle tip first into the sharps container
- Close sharps container
  
- Do not overfill the container
- Do not attempt to re-cap any needles

# Social Determinants of Health

Non-medical factors that influence health outcomes; the conditions in which people are born into and live and grow within

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Income

Education

Employment and working conditions

Food insecurity

Housing, basic amenities and the environment

Early childhood development

Social inclusion and non-discrimination

Structural conflict

Access to affordable health services of decent quality

# Current Snapshot in Niagara Region



665 people experiencing homelessness in Niagara (Niagara Region, March 23 2021)



Shelters and eligibility



Social assistance rates

OW – \$733 (basic needs; shelter for single person)

ODSP - \$1,368 (basic needs; shelter for single person)



Average rent in Niagara Region

Bachelor apartment \$950

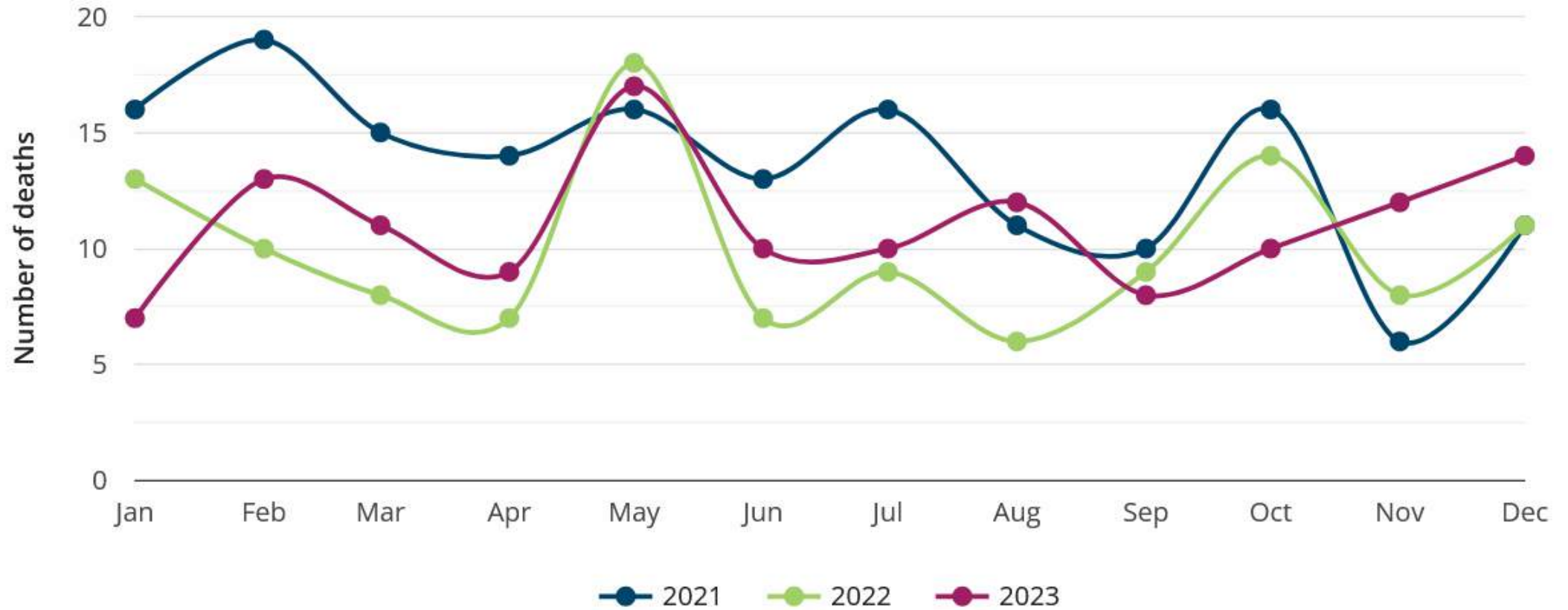
One bedroom apartment \$1,200



Transportation



Food Security



Data Source: Coroner's Opioid Investigative Aid, 2023; Office of the Chief Coroner for Ontario, 2023; Data for 2022-23 is preliminary and is subject to change without notice

# Barriers to Seeking Support

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Stigma: internalized, interpersonal, institutional

Past traumatic or problematic experience

Lack of services, locations and hours

Fear of hospitalization, arrest, child apprehension



# Engagement & Communication

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Trauma informed = always assume someone has experienced trauma

Perceived risk vs. tangible risk

Awareness of self and how you can be perceived

Empathetic and non-judgemental communication; respecting someone's reality

Rapport building

Reflexivity and prioritization

Simple, specific, and necessary communication

Self-care; boundaries

# Recognizing an Overdose

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Opioids	<ul style="list-style-type: none"><li>• Slow, erratic or non-existent breathing</li><li>• Skin looks blue or pale, feels cold</li><li>• Body is limp</li><li>• Deep snoring or gurgling sound</li></ul>	<ul style="list-style-type: none"><li>• Vomiting</li><li>• Pupils are pinned or eyes rolled back</li><li>• Slow or no pulse</li></ul>
Stimulants	<ul style="list-style-type: none"><li>• Seizures</li><li>• Chest pain</li><li>• Clenched jaw</li><li>• Fast pulse or no pulse</li><li>• Vomiting</li><li>• Cannot talk or walk</li><li>• Shaky</li></ul>	<ul style="list-style-type: none"><li>• Body is hot/sweaty, or hot/dry</li><li>• Confusion, hallucinations, unconscious</li><li>• Short of breath</li><li>• Heart attack</li></ul>
Hallucinogens	<ul style="list-style-type: none"><li>• Psychosis</li><li>• Catatonic syndrome (person may sit in a trance-like state)</li></ul>	<ul style="list-style-type: none"><li>• Seizures</li><li>• Nausea, vomiting</li></ul>

# 5 STEPS TO RESPOND TO AN OPIOID OVERDOSE

STEP <b>1</b>		<b>SHOUT &amp; SHAKE</b> their name & their shoulders
STEP <b>2</b>		<b>CALL 9-1-1</b> If unresponsive.
STEP <b>3</b>		<b>GIVE NALOXONE:</b> 1 spray into nostril or inject 1 vial or ampoule into arm or leg.
STEP <b>4</b>		<b>PERFORM RESCUE BREATHING AND/OR CHEST COMPRESSIONS.</b>
STEP <b>5</b>		<b>IS IT WORKING?</b> If <b>no</b> improvement after 2-3 minutes, repeat steps 3 & 4. <b>Stay with them.</b>

## RECOVERY POSITION

If the person begins breathing on their own, or if you have to leave them alone, put them in the recovery position.

head should be tilted back slightly to open airway



## SIGNS OF OPIOID OVERDOSE

- Person can't be woken up
- Breathing is slow or has stopped
- Snoring or gurgling sounds

• *Finger nails and lips turn blue or purple*

- Step 1: Stimulate
  - auditory, physical
- Step 2: Call 911
  - tell them as much information as you are able to; Good Samaritan Act
- Step 3: Give Naloxone
  - nasal or injectable
- Step 4: Perform chest compressions and/or rescue breathing
- Step 5: Re-evaluate
- Step 6: When the naloxone starts working
  - Stay with the person until EMS arrives
  - Explain what has happened to the person
  - Advise them of the risks of using more drugs
  - Watch for signs of the overdose returning



# Services within the Niagara Region

211 – In Communities

Niagara Assertive Street Outreach

Niagara Regional Police

Mobile Crisis Response Team

Niagara Emergency Services

Street Outreach Paramedic

Positive Living Niagara – StreetWorks

Niagara Health

- Withdrawl Management
- Newport Centre
- RAAM
- ABC Program

Community Addiction Services of Niagara (CASON)

Canadian Mental Health Association (CMHA)

Mental Health and Addictions Access Line

Distress Centre Line

# What Community Members Can Do

Get to know your neighbours

Carry naloxone

Stay informed

- Policies
- Actionable items
- Community events

Be aware of your own biases, beliefs, and boundaries

- Engage in self-care
- Stay curious and compassionate
- Have conversations, share what you've learned



Questions?  
Feedback?  
Conversation?

# Additional Resources

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## Books

Chasing the Scream – *Johann Hari*

In the Realm of Hungry Ghosts – *Gabor Mate*

The New Jim Crow: Mass Incarceration in the Age of Colorblindness – *Michelle Alexander*

Undoing Drugs: How Harm Reduction is Changing the Future of Drugs and Addiction – *Maia Szalavitz*

High Price: A Neuroscientist's Journey of Self-Discovery That Challenges Everything You Know About Drugs and Society – *Dr. Carl Hart*

## Documentaries/Movies

Crack (Netflix)

The Pharmacist (Netflix)

13th (Netflix)

Love in the Time of Fentanyl

Flood: Overdose Epidemic in Canada

## Podcasts

Crackdown

Chemical World

Narcotica

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