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# Harm Reduction Policy

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***MEWA Health and Harm  
Reduction Unit***

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Approval date: February 2025

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Revision date: January 2025

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1.Responsibility for approval of policy	<i>CEO-MEWA</i>
2.Responsibility for implementation	<i>Abdalla Badhrus</i>
3.Responsibility for ensuring review	<i>Abdalla Badhrus</i>

## 1. Policy Statement

- 1.1. Harm reduction is recognised as a fundamental part of the work of *MEWA Health and Harm Reduction Unit* and is an integral aspect of service provision across all areas of the organisation.
- 1.2. Our organisation has a role in advocating for comprehensive harm reduction interventions for drug users.

## 2. Purpose

- 2.1. To clarify how the organisation provides harm reduction support.
- 2.2. To outline how the organisation will ensure a consistent and effective approach to providing harm reduction information and interventions.

## 3. Scope

- 3.1. This policy applies to all staff, volunteers and locum workers within *MEWA Health and Harm Reduction Unit*. In relation to service users, harm reduction is targeted at injecting and non-injecting drug users. Harm reduction also includes information and supports for those that are sexually active in a commercial and non-commercial setting.

## 4. Statement of Approach

Harm reduction includes 'policies or programmes directed towards reducing the negative health, social and economic consequences of drug use to the individual user and to the wider community even though the drug user may continue to use drugs at this time. In relation to drug injecting, 'harm reduction' interventions aim to prevent transmission of HIV and other infections that occur through sharing of non-sterile injecting equipment and drug preparations' (WHO 2003).

## 5. Principles

- 5.1. *MEWA Health and Harm Reduction Unit* believes that there should be variety of services and interventions available for service users from harm reduction to abstinence. Harm reduction interventions are frequently the first step in a service user's journey through the continuum of care. In order to support this journey *MEWA Health and Harm Reduction Unit* aims to uphold the idea of unconditional positive regard for service users and the belief that positive and appropriate service provision can create opportunities for empowerment and change. Staff will be supported to pro-actively avail of opportunities to engage with service users with a view to supporting individual goal setting and movement along the wheel of change / and as required the continuum of care.
- 5.2. The organisation aims to be open and accessible to service users irrespective of their drug use. The work will be undertaken in a non-judgemental manner, staff will be encouraged to self reflect on content, tone and body language to ensure that they embody this approach with service users.
- 5.3. The organisation recognises that particular demographics may need specific harm reduction strategies and will be supported or referred on accordingly. This may include, but is not limited to: women, young people, sex workers and foreign nationals.
- 5.4. Harm reduction is often focused on the practices of intravenous drug users (IDU), *MEWA Health and Harm Reduction Unit* recognises that harm reduction strategies also need to be considered for service users taking drugs non-intravenously.
- 5.5. The service will endeavour to record harm-reduction work undertaken by the organisation through the use of individual harm-reduction intervention records. (see Appendix)

## 6. Roles and Responsibilities

- 6.1. Staff:
  - 6.1.1. To ensure that service users are provided with harm reduction information and equipment relevant to their needs.
  - 6.1.2. To avail of opportunities to support service users; goal setting, access to supports and services and motivation for change.

## 6.2. Manager:

- 6.2.1. To ensure that services are adequately trained and resourced to provide necessary harm reduction interventions, and that staff demonstrate the competency to deliver these.
- 6.2.2. To ensure that service and staff are kept up to date on latest trends in drug use and good practice in relation to harm reduction interventions.
- 6.2.3. To ensure that staff are supported in relation to providing service user advocacy and follow up supports.

## 7. Services / Interventions Provided

### 7.1. MEWA Health and Harm Reduction Unit provides the following harm reduction services:

- 7.1.1. Outreach and peer services (See Outreach Policy).
- 7.1.2. Information, education and communication on the health risks associated with drug use, which will assist drug users to cease or modify their drug-taking behaviour.
- 7.1.3. Information, education and communication on safer injecting practices.
- 7.1.4. Information, education and communication on the safer use of non-injected drugs.
- 7.1.5. Information, education and communication on 1) HIV prevention, treatment and life with HIV and 2) Hepatitis prevention, treatment and life with hepatitis.
- 7.1.6. Information, education and communication on sexual health.
- 7.1.7. Vaccination against hepatitis A and B.
- 7.1.8. Tests for HIV, pre and post test counselling.
- 7.1.9. Harm reduction services in other settings (club scenes, prisons, etc).
- 7.1.10. Assistance in cases of human rights violation or discrimination against people who use drugs.
- 7.1.11. Basic medical care.
- 7.1.12. Supported referrals and follow up to other services.

## 8. Initial Brief Harm Reduction Intervention

- 8.1. Staff should aim to engage a service user in this manner within service user's first access to the service.
- 8.2. The steps involved in an initial brief harm reduction intervention are:
  - 8.2.1. Step 1: assess drug use through questions or observation
  - 8.2.2. Step 2: provide essential basic information targeted at the individuals needs, and
  - 8.2.3. Step 3: seek to engage the individual in a more involved one-to-one session.
- 8.3. Step 1: the assessment should be informal and will involve basic questions or observations about:
  - 8.3.1. Current drug use and method of consumption
  - 8.3.2. Where relevant, current injecting practices
  - 8.3.3. Other issues that may impact on risk taking behaviour, i.e. sleeping rough, sex work.
- 8.4. Step 2: Based on the outcome from Step 1, the worker should undertake a follow-on intervention which should be tailored to the individuals needs.
  - 8.4.1. The service user should be offered the following if injecting or considering injecting:
    - 8.4.1.1.1. Advice on safer injecting practice
    - 8.4.1.1.2. Information on other needle and syringe programmes (where and when)
    - 8.4.1.1.3. Information on overdose risk and prevention
    - 8.4.1.1.4. Advice on safe disposal
    - 8.4.1.1.5. Possibility of referral / key working etc.
  - 8.4.2. The service user should be offered the following if a non-injecting drug user:
    - 8.4.2.1.1. Advice on safer practice for their chosen method of use
    - 8.4.2.1.2. Information on overdose risk and prevention
    - 8.4.2.1.3. Possibility of referral / key working etc.
- 8.5. Step 3: The service user should be offered the option of an in-depth one-to-one harm reduction session

## 9. Record of One-to-One Harm Reduction Session / Ongoing Harm Reduction Work

- 9.1. The aim of harm reduction work within *MEWA Health and Harm Reduction Unit* is to ensure that each person has sufficient information to make less risky drug use choices and access appropriate services. To ensure consistency of service provision, a checklist of topics will be kept on each service user's file to record what information has been covered with them.
- 9.2. Records on harm reduction interventions will be kept in the client file for all service users.
- 9.3. Interventions will be delivered through one of two ways:
  - 9.3.1. For service users that do not wish to have a one-to-one session with staff, staff will conduct opportunistic brief interventions, i.e. on outreach or in the drop-in. When a topic has been covered in its entirety, this should be recorded and initialled by the worker on the harm reduction checklist, kept in the service user's file.
  - 9.3.2. For service users who agree to attend a one-to-one harm reduction session the issues should be able to be covered in one or two sessions, the checklist may assist in this session and should be checked, dated and kept in the file following this session.
- 9.4. The intervention will be tailored to the service user's situation. Staff will actively support service users to lead the discussion by sharing their own knowledge and raising questions.
- 9.5. The organisation will maintain a library of resources related to harm reduction located at MEWA Drug Treatment Centre. These are available to be used by staff or service users.

## 10. Youth

- 10.1. Young people accessing harm reduction services should be referred to an appropriate service that works with young people. Staff should provide the young person with accurate referral information and actively support them through the referral process.

## 11. Sex Workers

- 11.1. *MEWA Health and Harm Reduction Unit* recognises that sex workers may be at increased risk of BBV both from drug use and engaging with multiple sexual partners if they are not using condoms and lubrication. Therefore, specific efforts will be made to ensure they have access to targeted harm reduction services. Such needs will be particularly met through:
  - 11.1.1. Specific literature / posters / leaflets
  - 11.1.2. Referral to appropriate services
  - 11.1.3. Information, education and communication on sexual health