

# CHAPTER 01

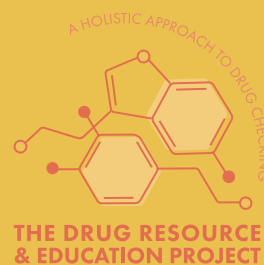
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## CREATING SAFER SPACES WITH HARM REDUCTION IN DRUG CHECKING SETTINGS

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**October, 2021**



# CHAPTER ONE: CREATING SAFER SPACES WITH HARM REDUCTION IN DRUG CHECKING SETTINGS

by Chl e Sage, Julie-Soleil Meeson & Jarred Aasen  
October 2021

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## Special Thanks

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We also need to say thanks to all our friends, loved ones and drug checking partners who have given valuable input to this project.

## Land Acknowledgement

We acknowledge that the lands from which we are writing this chapter include the traditional territories of many Indigenous nations. The authors recognize that many injustices experienced by the Indigenous peoples of what we now call Canada include colonial, racist and classist drug laws and policies. The authors see the need to not only support people who use drugs individually but to actively work to disrupt or dismantle unjust systems that continue to negatively and disproportionately impact Indigenous communities.

## Disclaimer

We do not condone or condemn substance use. The information contained within this chapter is not meant to be definitive, to replace healthcare advice, or to act as legal counsel. Drug checking is a growing topic of interest nationally and beyond, and the authors' hope is to provide a new lens with which to view it.

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## Key Words

drug checking, drug use, inclusion, harm reduction, People Who Use Drugs (PWUD), safer spaces, substances.

## Website for this Guide

[dredproject.ca](http://dredproject.ca)



# GLOSSARY & ACRONYMS

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The glossary of terms is at the end of this manual. All words within the text that are defined in the glossary are [highlighted](#), these words are clickable links to the definition.

Throughout the manual, acronyms will be used to replace commonly used words and phrases, as demonstrated below. It is also important to note that the words “drug” and “substance” are used interchangeably throughout the manual.

**BIPOC:** Black, Indigenous and People of Color

**DC:** Drug Checking

**HIV:** Human Immunodeficiency Virus

**HCV:** Hepatitis C Virus

**HR:** Harm Reduction

**MHO:** Medical Health Officer

**ML:** Millimeters

**OAT:** Opioid Agonist Therapy

**OPS:** Overdose Prevention Site

**PLUR:** Peace Love Unity Respect

**PWDNUD:** People Who Do Not Use Drugs/Substances

**PWLE:** People With Lived/Living Experience/ Expertise

**PWUD:** People Who Use Drugs/Substances

**SIS:** Supervised Injection Site

**STBBIs:** Sexually Transmitted and Blood-Borne Infections

**2SLGBTQ+:** Two Spirit, Lesbian, Gay, Bisexual, Trans, Queer and Questioning. The plus sign acknowledges the many sexual and gender minority people don't see themselves in the umbrella acronym and prefer other identity terms such as pansexual, gender-free, gender independent, or intersex.

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# INTRODUCTION

## THE VISION OF THIS MANUAL\* IS TO:

- Provide practical guidance on the constantly evolving best practices for performing **drug checking** (DC) in regards to **harm reduction** (HR), as well as program implementation and messaging in a variety of settings.
- Reflect DC practices that are guided by people's observations and experiences — hence the importance of input from many contributors.
- Serve as a reference for drug checkers, trainers, organizers, and anyone interested in learning more about DC.

## What This Manual Is

- **Chapter 1: Creating Safer Spaces with Harm Reduction in Drug Checking Settings** — Creating a safer space; respectful language; reducing **stigma**; dismantling **oppression**; harm reduction tools and supplies; sexual health.
- **Chapter 2: Drug Checking: Implementation of Services** — Defining DC; logistical and legal considerations; locations of DC; research and data collection; human resources; collaborating with other HR Services.
- **Chapter 3: Drug Checking: Technologies and Procedures** — Choosing technologies and protocols (including disclaimers and working with samples); procedural flows when testing in a DC service; tips for Fourier-Transformed Infrared Spectroscopy (FTIR) and test strips.



*Image courtesy of Jessica Lamb*

- **Chapter 4: Messaging Results in Drug Checking** — Delivering results; explaining limitations; sourcing and assessing reliable drug information; the three S's (Substance, Set, and Setting).
- **Chapter 5: Guide on Substances** — Effects and risks; dosages; common mixes; adulterants; harm reduction tips.

## What This Manual Is Not

- This manual does not offer basics on how to use specific technologies for DC.
- This manual is not a definitive authority on the topic as information is constantly changing and adapting to what is actually happening.

\*When referring to "this manual", we are referring to the five chapters mentioned above

# FEATURES

In the following chapter, different features will be integrated throughout:

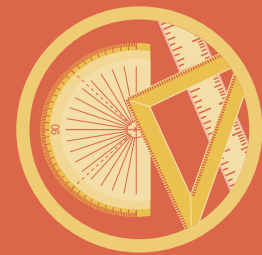


## CASE STUDIES

A detailed examination of a real-life situation to give practical insights on how to manage these potentially tricky scenarios.

## TOOLS

Practical resources to further knowledge on a topic. This includes booklets, cards, websites, videos, etc.



## PORTRAITS

Dives into the lives of some individuals or organizations who are influencers in this field.

## CONCEPT CHECKS

Exercises to test understanding of the information presented.



## PRO TIPS

Quick tips from experts learned from experience.



## TARGET AUDIENCE

There are multiple cross-sections of people who could potentially benefit from this guide. This includes: drug checkers who will be doing the work; individuals facilitating training events; event and community organizers; health care workers who are facilitating support for patients and clients who use drugs; and general readers, including people who use drugs (PWUD) and people who do not use drugs (PWNUD). This guide also applies DC taking place in an event (**on-site**) or community (**fixed site**) context.

### Drug Checkers

A “Drug Checker” is a volunteer or staff who will carry out drug checking at an event or in the community, and who may be involved in talking about DC. This is an umbrella term for both the technician (the operator of DC **instruments**) and the HR worker (the person giving results and information).

Drug checkers have a unique opportunity to help create safer spaces and discuss sensitive topics with a population that may be stigmatized and criminalized, and not have access to open and safe opportunities to discuss drugs as a result. The knowledge obtained from this manual will support drug checkers to perform all roles, including creating safe spaces, performing DC professionally, and providing **service users** with information about the drugs they have brought for testing. Drug checkers will be able to help people make informed decisions about their substances (i.e., increasing knowledge of the substance, safer use strategies, or safe disposal).

*Liam is a man who lives in Edmonton, Alberta who has been a regular attendee of many music festivals throughout the past three summers. He has taken an interest in the group ANKORS, which provided HR at a festival that he attended in BC. He recently put in his application to be a volunteer drug checker next year, and to his surprise, his application was accepted. Liam realizes he knows some things surrounding the topic but wants to sharpen his knowledge in preparation for the upcoming in-person*

*training before the festival. The training organizers forwarded Liam this manual to read, encouraging him to familiarize himself with some of the language that should be used and enhance his knowledge surrounding substances so that he can be more prepared for his shifts.*

### Trainers

A “Trainer” is a volunteer or professional who delivers training to the drug checkers around DC and related topics. Ideally, trainers provide in-person or online training in addition to at-home reading. This manual can also function as an on-site reference for troubleshooting the various scenarios, questions, or concerns that will inevitably arise.

*Vlad has been working as a drug checker in an outreach organization in town. There has recently been an increase in demand for this service, and Vlad’s outreach organization has decided to hire two additional drug checkers that Vlad is responsible for training. Vlad realized that DC is a complex topic to articulate to someone new. After a few Google searches, Vlad came across this manual. He is grateful that this reference exists, as it will help expedite the process as well as ensure that the training is complete and somewhat structured. With this manual as a map for the training, Vlad feels confident in his ability to train the two new drug checkers.*

### Event or Community Organizers

An “Event or Community Organizer” is a person who is involved in putting together a HR service for an event or walk-in community service and wishes to have a more in-depth understanding of HR (and/or integrate DC services). Practically, this manual hopes to provide organizers with a concept map on the logistics surrounding setting up the space and technologies, and operating the instruments. (Other resources will be required for more complete technical information.) Providing a service like DC requires informed legal considerations and proper protocols to limit the risk and liability created by a criminalized drug market.

*Serena is involved with an organization that has been hosting a music festival in rural British Columbia for a number of years. The festival organizers have expressed interest in including more HR services to increase safety at the festival. Their new services include a chill zone or psych-crisis support space, outreach teams, a women's safe space, and DC. Serena has been appointed to organize the DC service. She doesn't know much about DC but knows that it would be a great way to help people become better informed about the substances they're consuming. Serena was referred to this manual and has been reading about various HR principles and what logistical hurdles might arise while providing such a service. After reading the manual, she feels confident that she understands how long it takes to set up a DC service, which will lead to a smoother implementation process.*

### **Health Care Workers**

A "Health Care Worker," such as mental health and substance use counselors, social workers, nurses, pharmacists, and doctors, can play an important role in supporting PWUD. When a health care worker has a good understanding of HR and knowledge of DC services (specifically, what they entail and how they work), they can be a bridge to help PWUD get connected to these services. Some community settings have DC integrated into healthcare services, and these services are occasionally managed by health care workers directly.

*Dr. Rose Carleson is the Opioid Agonist Therapy (OAT) doctor at an OAT clinic that is held once a week at a local health unit site. She understands that many of her clients top up their prescriptions with drugs they buy on the street and is worried about the inconsistency of the street supply. Dr. Carleson asks a local DC service provider to come in and offer the service to her clients. She assures them that there is a private space and that they won't be penalized. She lets clients know a week ahead and encourages them to bring samples to their appointment to test.*

### **General Readers**

This is a catch-all group for other people who are interested in learning about DC and HR principles, which includes those who do and do not use substances. These

individuals want to learn more about the substances (which they may or may not be taking themselves), understand safer use practices, and develop an understanding of DC. They are personally interested in DC, and may want to volunteer or work in DC services in the future.

*Rosalie is a criminology student researching her paper on the social impacts of criminalization of PWUD. She inadvertently came across this manual and it piqued her interest. Outside of coffee and alcohol, she also occasionally uses MDMA with her friends at social gatherings. She has many questions regarding this field. Most of her knowledge is from movies, music, and the news. Rosalie did not realize that there is a whole community of substance users out there who are looking to support each other. She feels that they represent a lot of the values she is writing about in her paper.*

## **TIME INVESTMENT**

The time investment required to maximize this manual is variable depending on the reader's experience and knowledge, both academic and experiential. For a reader who is already familiar with HR principles, this manual may simply require skimming and refamiliarization. Someone who has zero prior knowledge of substances will take a longer time to read through these ideas and concepts. They will likely be pushing up against their own biases and preconceptions surrounding substance use. Examples of bias include: people only use drugs because they have trauma; men who have sex with men only use drugs for sex, etc.

This manual hopes to shed some light on the complexity surrounding substance use, and leave the reader with a nuanced understanding of the topic. It should challenge common misconceptions that drug use is inherently bad. HR recognizes bodily autonomy and supports individuals making informed decisions about their health and well-being. The authors of this manual acknowledge the many different kinds of relationships that people have with substances, both problematic and beneficial, that range from from abstinence to daily use.

# CHAPTER 01 LEARNING OBJECTIVES



## **DEVELOP...**

knowledge and understanding of HR philosophy and practice.

## **LEARN...**

about HR supplies and how they are used.

## **REFLECT...**

about HR in an anti-oppressive framework.

## **UNDERSTAND...**

what a safer space means and how to create one.

## **BECOME FAMILIAR...**

with what 'people first' language is and how to use it.

## **BE AWARE...**

of gender issues.

## **BE CONSCIOUS...**

about sexual health and consent.

# HARM REDUCTION



When we talk about harm reduction, we often reduce it to a public health framework. One of reducing risks. That's harm reduction with a small hr. Harm reduction is meeting people where they are at and not leaving them there. But Harm Reduction with a capital HR — this is the movement. One that shifts resources and power to the people who are most vulnerable to structural violence."

Monique Tula, Executive Director, [National Harm Reduction Coalition](#), 2018

The first step in creating a safer space is to understand the underlying philosophy that guides this work. There isn't a clear and universal definition of HR and it is a complex approach to integrate and fully understand. Below are some principles and values of HR to better understand the concept with regard to the practice of DC.

## HARMS

HR requires an understanding of the different harms that need to be reduced. It is also important to consider that many of these harms are caused by systems and structures, such as an unregulated drug market or a lack of accessibility to safer supply. **Many of these harms are preventable if all substances were regulated and accessible to all People Who Use Drugs (PWUD).** However, no legalization is perfect and some harm would still be present even if they were legal. So HR education and information is here to stay!

### What are the possible harms or risks associated with using drugs that DC is trying to mitigate?

- No way of definitively knowing concentrations and identities within the substance, including cuts, buffs, and potentially toxic adulterants.
- Unable to properly dose the substance due to varying concentrations which can lead to overdosing.
- Unintended or unknown interactions between substances.
- Transfer of communicable diseases.
- Stigma, discrimination, and criminalization surrounding substance use.
- Demystify preconceptions about substance use (e.g., MDMA = sex).



The behaviour change that really needs to happen is that service providers need to change their perception of what NEEDS to happen, e.g., the idea that people need to do less or no drugs must change to understanding that drugs can be a pleasurable thing and that is okay.”

Chlöe Sage

## HARM REDUCTION = MAXIMIZING BENEFITS WHILE MINIMIZING HARM

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### BENEFIT MAXIMIZATION

The HR model takes a neutral stance on behaviours that have an element of risk involved (e.g., substance use) while also acknowledging that people engage in these behaviours because they may get pleasure from them. **The idea behind reinforcing a positive culture surrounding HR is to reduce risk while maximizing pleasurable and beneficial experiences, which includes using substances therapeutically or recreationally.** This is an important concept to consider when promoting HR out in the community and participating in social events (Sage & Michelow, 2016).

#### What are possible benefits to using substances?

Pleasure, fun, letting go, relaxing, social lubricant, sexual enhancement, mental health, self-medication, internal exploration, spiritual, not being dope sick, coping mechanism for outside factors beyond our control, pain relief, and more. For example:

*Cindy wants to get high on psychedelics, but the last time she did them she had a difficult experience. Reflecting on it, she realized that being in a safe space is important for her to get the therapeutic benefit of psychedelics. She created a warm welcoming space with a small group of trusted friends. She started with a small dose and waited to see how it affected her. This facilitated a better trip.*



**Harm Reduction is an anarchist practice as it often begins as an illegal, unsanctioned activity surrounded by criticism and controversy.”**

*Smith, 2012, as cited in Denis-Lalonde, Lind, & Estefan, 2019, p. 317*

Smith (2012, p. 212) understands anarchism as the generalized ‘political logic’ of contemporary radical social movements, composed by everyday practices of resistance grounded in the notions of autonomy, affinity, and direct action (Bey, 1985; Graeber, 2002; Day, 2004).

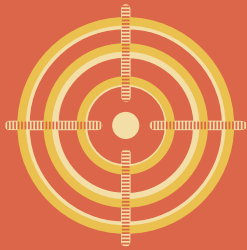
## **DEFINING HARM REDUCTION**

**Harm Reduction is a holistic framework of practice that empowers people to decide what services work best for them, based on their own unique life situation.** HR can include, but is not limited to, risk minimization and promoting awareness, and education surrounding drug use and sexual health through People with Lived and Living Experience (PWLLE) leadership and community engagement ([ANKORS](#)).

Denis-Lalonde et al. (2019) “explored the defining attributes specific to the concept of HR beyond the goal of reducing harm” (p. 313). In doing so, they came up with seven key attributes. These attributes will be connected to the practice of DC in the following pages.

# 07 ATTRIBUTES OF HARM REDUCTION

DENIS-LALONDE ET AL. (2019)



01.

## FOCUS ON HARMS

The objective is not to change behaviours (e.g., reducing substance use), but rather help People Who Use Drugs (PWUD) make their own decisions and offer support, materials, and messaging so they can make more informed decisions regarding their substance use.

02.

## PARTICIPATION OF PWUD & PWLLE

It is an accepted best practice to include PWUD and People With Lived/Living Experience/ Expertise (PWLLE) with direct service involvement. This connects the service to the population it is serving.



03.

## PUBLIC HEALTH APPROACH

Drug checking (DC) integrates a public health approach but doesn't necessarily mean DC should be performed by traditional health care professionals; rather, DC should adopt philosophies of public health that encourage, or recognize, community care as a guiding practice. This includes being low barrier (e.g., not denying service to intoxicated individuals or no fees associated with service); providing the service where it is needed (e.g., at events or at consumption sites); and ensuring DC adapts to population-specific needs (e.g., different cultural contexts or having gender/sexuality sensitivities).



04.

## PROMOTION OF HUMAN RIGHTS

Harm reductionists acknowledge the inherent value of each individual, and as such, every person should be treated with dignity and respect. Violent words, such as “delinquents” or “junkies” should not be used; rather, words should be used to create inclusivity for all.



05.

## VALUE NEUTRALITY

Information is given in a non-judgmental way that does not condemn or condone drug use. Whether the service is at a supervised consumption site, music festival, or discrete community centre, the personnel and setting should make all PWUD feel comfortable in using and accessing the service.



06.

## PRACTICAL & PRAGMATIC

Drugs are here to stay and people use them for all types of reasons. There is a spectrum of use from beneficial to problematic, and services should be provided to all.



07.

## ADAPTIVE & INNOVATIVE

With the ever-changing state of technologies and knowledge of substances (including precursors, novel substances, combinations, cultural contexts, etc.), the practice of DC continues to evolve and adapt. Drug checkers acknowledge that drug checking service is a band-aid to the harms of criminalizing substances because it does not address the root causes of drug-related harms. Drug checkers are considered as part of a “movement” that supports the rights for PWUD, which includes a call for decriminalization of PWUD and people who sell drugs, and a safe regulated supply of drugs with access for those who want it.





## CONCEPT CHECK

In their paper, Denis-Lalonde et al. (2019, p. 320) gave a model case to put the different attributes into perspective. Here are two hypothetical case studies related to DC. In real life interventions, you may not check all the boxes, this is an example to help you recognize them. When you read them, can you recognize the seven attributes?



### Case Study #1 Fixed Site

*Alex is a young Indigenous, two-spirit person who is 20 years old. They are tired and stressed because they have not slept for days, have not eaten anything today, and is toting a large backpack. Alex has recently lost their housing and is living minute to minute on the streets. They smoke crystal meth daily and have been considering injecting because smoking does not give the same rush as before. Alex also thinks that there might be something going on with the meth because the meth heated strangely and didn't feel like normal. Their phone just died and they need to phone the housing advocate about getting into some temporary housing.*

*Alex walks into the DC service that is attached to a HR agency. They have never been inside this space before and are surprised that it felt so inviting. They are welcomed with a friendly greeting by both drug checkers and Alex is pleased to see posters displaying transgendered and non-binary individuals, and a rainbow flag displayed at the front entrance. In the past, Alex has had negative experiences with health care workers and services that seem to judge them immediately upon seeing them. This had made them feel more alone and uncomfortable sharing details of their background. Noticing an outlet from behind the table, Alex asks one of the drug checkers if they*

Are you a boy or a girl?

No.

Are you?

*can charge their phone. Alex is told they are welcome to plug in their phone and return to get it any time before closing. They are also told that they can use the office phone if they need. Alex is encouraged to take off their heavy backpack to get some relief from it. The service provider asks Alex if they are hungry or thirsty, offering them some water with electrolytes and some food. Before going to get the food and water, the drug checker asks Alex what gender they should refer to them as. Alex, feeling relieved, as they are regularly misgendered, answers that 'they' is their pronoun.*

*After having a large drink of electrolytes, a handful of nuts and a banana, Alex is feeling comfortable with the drug checkers. Alex pulls out a small baggie of meth and asks if the drug checkers can tell them if there is something wrong with it. Alex is asked to put a small sample on the plate of a spectrometer. The staff reassure them that they will get the sample back, minus the tiny amount needed for the fentanyl test, when the testing is complete.*

While one drug checker begins to operate the instruments in the back to get Alex's result, the other drug checker begins opening up a conversation with them. Alex had mentioned that they wanted to change from smoking to injecting. The drug checker then brings out an educational resource on meth and has a frank conversation about what it means for dependency and possibility of psychosis when moving to injection as a mode of administration. Alex didn't feel like they tried to talk them out of it, but it did give them things to think about. The drug checker does an education session with Alex on how to safely inject substances. This includes sterile technique, as well as the benefits of doing a test dose to gauge how Alex might react to it. Alex is also shown a video on safe injection practices from the ANKORS website. The drug checker also gives Alex safer use supplies for injection — which includes clean syringes, sterile water, cookers, a rubber tie, a sharps container and a naloxone kit. The drug checker takes them next door to the [overdose prevention site](#) (OPS) and HR supply room to introduce them to the HR crew that runs those spaces.

The results of the test are back, and Alex is surprised to find something called dimethyl sulfone was present in their meth. They were told this is a generally inert buff that is used as a health supplement for joint health. This might have accounted for why their meth was not acting as expected. The meth analysed is also negative for the presence of fentanyl. This information helps Alex to get a more complete picture of the substance they will be using.

With their immediate needs met and the drug check complete, Alex asks to borrow a phone to try to find shelter for the night. The drug checkers give them the number for the local shelter, housing support worker, and local Indigenous support worker. After a few phone calls, Alex has a place to stay for the night and an appointment booked to speak with somebody regarding housing tomorrow. Alex leaves the DC service with some food in their stomach, their thirst quenched, and feeling armed with more knowledge of both their substance and technique for use. Not to mention they now have a short-term plan to get back on their feet. Having no expectations entering the DC service, Alex is now a big fan of the versatility of the staff. They will be sure to tell others in need of where they could go.



## PORTRAIT

### The PLUR Movement

Frankie Bones is a legendary DJ from New York City. He “went from being a local high school kid sprung on the pioneering clash of sounds emerging from his city throughout the ‘80s, to one of the then-emerging rave scene’s biggest and most influential producers.” (Sterling, 2016)

The PLUR acronym means “Peace Love Unity Respect,” with Frankie Bones being the initiator of this movement. It was all about creating a safer space to listen to music in the ‘90s in Brooklyn, New York. The ideals of PLUR are all “about looking out for people, and if somebody was in trouble, you helped them out” (Sterling, 2016). Having its roots in the rave and festival scene, drug checking borrows from concepts like PLUR in creating safer spaces.



## Case Study #2

### On-Site Event

*Melanie and Stephanie are two really good friends that have been using substances for many years. They started out in the late '90s when the PLUR culture was 'beginning to grow'. They were avid ecstasy users but also mixed alcohol and cocaine. Today in their early 40s, they still use these substances when they frequent house parties, music events, and festivals. They have also started experimenting with ketamine. They noticed that the effect of the cocaine is not the same as it used to be and they have been having more difficulties going to sleep at the end of the party; because of this, they use much more alcohol to bring down the effects. They have noticed that ecstasy is now commonly called MDMA or Molly and it's mostly sold as crystals in little baggies instead of pills or capsules. Due to this, they find that they are having a hard time with proper dosing. They have started sniffing it more than using it orally but they don't feel the substance is quite the same. They are also curious about what cuts and buffs are put into the different substances (cocaine*

*and MDMA) that they are using. They have read some articles and learned about the possibility of getting their drugs checked.*

*Melanie and Stephanie decide to attend a five-day festival and notice a tent where they see signs pointing out that you can get your drugs checked. They decide to get their drugs checked before the beginning of the festivities. They stand in line with many other people for about two hours. While they are standing in line, they see many signs with different HR messages like "buddy system," "less is more," "drink water," and other HR messages. They are approached by a relatable person who looks as if they could be from their scene. It makes them feel comfortable. This person is holding a questionnaire and begins to tell them what the service is all about. They are asked what drugs they want to test, and are pleasantly surprised that no judgmental comments are made towards the fact that they have three different substances to check. They feel very comfortable talking with the person that treats them with openness and respect. They notice that there aren't any security or creepy people around them. They feel really safe.*



## PORTRAIT

### Shambhala Music Festival (SMF or Shams)

SMF is a music festival located near Salmo, BC that has been going since 1998. It has been supporting Canada's electronic music scene, while building a worldwide reputation for an excellent experience. What makes SMF special is its willingness to adopt HR within the festival itself. Aside from ANKORS drug checking service, SMF has adopted various HR services to help make festival goers feel safe and cared for (see Chapter 2 : Drug Checking: Implementation of Services - Section Collaborating with Others for other HR services: women's safe space, psychedelic support, chill areas, outreach teams, overdose prevention site, Naloxone trainings for guests, and a sober camp with daily meetings).

Shambhala Music Festival. (2019, August 20). [Harm Reduction and the Sanctuary](#) [Video]. YouTube.

When it is their turn to talk to the drug checkers, they are received with a warm smile and genuine hello. They start learning about the different elements that go into testing their drugs and ask if they can participate in the preparation going into the drug check. They put their substance on the spectrometer and look at their spectrum alongside the technician. They have a frank conversation about the different drugs and some questions are asked about why they think their drugs have changed. After receiving the results, they learn tidbits of information on each of their substances. Their cocaine contains cocaine but also methamphetamine, which would contribute to the lack of sleep. They also have a very open conversation about sniffing MDMA and dosing. The drug checkers point to the different materials like individual disposable straws. The two women heard it was cool to mix cocaine and ketamine, and had a conversation with the drug checkers about the effects of these two substances when taken together.

Stephanie and Melanie thank the drug checkers and they are happy to have had the opportunity to learn more about the different effects they were feeling and understand what they can try to do to have a more pleasant experience.

They are glad that this service exists and they will recommend that their friends get their drugs also checked.

## Conclusion

Demonstrated in these two case studies, DC provided an access point for Alex, Stephanie, and Melanie to meet their immediate needs. The DC staff respected their autonomy and provided pragmatic and non-judgmental information. In these examples, it is important to think about the setting where DC operates. The absence of security personnel created a welcoming and non-threatening environment.



Image courtesy of Chloë Sage, ANKORS

## TOOLS

- ANKORS. (2018, November 7). [Safer Injecting : Vein Care Tips for Injection Drugs](#). [Video]. YouTube Channel. (subtitles in French)
- [ANKORS Street College](#).
- Association québécoise pour la promotion de la santé des personnes utilisatrices de drogues (AQPSUD). (2018). [Master Your Hit: For Safer Injecting Practices](#). (also in French)
- [CATIE Ordering Center](#). (2021). [Safer snorting](#). (also in French)
- Groupe de recherche et d'intervention psychosociale (GRIP). [Drug prevention cards and posters](#). (also in French)
- Kosmicare. [Drug Cards](#). (English and Portuguese)
- Livingood, R.E., & Reiner, J. (2020). [The Meth Booklet: A Harm Reduction Guide for People Who Use Methamphetamine](#). ANKORS. (also in French)





## PRINCIPLES OF HARM REDUCTION

Many principles of HR exist but this chapter will focus on the principles that the Reframe Health and Justice Consulting (RHJ) have put up on their website because they reflect the discussion in the next sections of this chapter.

The RHJ “is a collective committed to developing and delivering holistic, HR solutions to social injustices.”

Their [Healing-Centered Harm Reduction principles](#) are:

- Acknowledges harm to be an integral part of the human experience and that experiencing harm is one of the many ways our lives, minds, and hearts adapt to the world.
- Recognizes that harm happens on both an interpersonal and an institutional level, and that holistic approaches seek to reduce the harm perpetuated by both.
- Understands that people perceive and experience the world differently; what is harmful or traumatic for one may be an act of resilience to another and these perceptions can evolve over time.
- Puts forth that harm is often a result of the lengths some people must go to survive; a survival which is compromised by institutional harm and violence.
- Honors the many ways that survival and healing look without condemning or glorifying how people survive and heal.
- Values holding space and time for connection, learning, unlearning, elevation, and liberation.
- Centers shared, individual, and intersecting experiences of colonization, anti-Blackness and racism, sexism, homophobia, transphobia, classism, ableism and other oppressions.
- Supports holistic, tailored approaches to restoration and reparation as well as practical strategies to reduce harm and increase access to resources.
- Elevates community-based, inter-generational and cultural approaches to resilience that are led by the people most impacted by the issue at hand.
- Holds systems of power and **privilege** accountable and addresses power imbalances through transformative justice models that prioritize restoration over punishment, rather than relying on violent and exploitative state-sponsored systems.



## PORTRAIT

### CAPUD: Nothing About Us Without Us

“The Canadian Association of People Who Use Drugs (CAPUD) is raising the voice of people who use(d) drugs throughout the policy-making process at every level of government. We strive to reduce oppressive societal conditions that people who currently or formerly use drugs face and emphasize the need for their direct involvement in public policy decision-making. In 2013, CAPUD members came together in Victoria, BC, for a national meeting of people who use drugs, from which emerged our report, “[Collective Voices Effecting Change](#)”, which highlights key issues for PWUD in Canada, current actions by peer-run organizations of PWUD, and what we plan on doing to address these issues.”

Canadian HIV/AIDS Legal Network. (2005). “[Nothing About Us Without Us](#)”.

# CORE VALUES OF HARM REDUCTION

SOURCE: MCGILL'S COUNSELLING AND MENTAL HEALTH SERVICES (2018, P.7)

## COLLABORATION

Open dialogue, and supporting individuals developing and implementing strategies that are personally meaningful.

## RESPECT

Nonjudgmental understanding of each individual and "where they are at".



## HARM REDUCTION

## ACCEPTANCE

Acceptance that substance-use is a complex and multi-faceted phenomenon.

## EMPOWERMENT

The individual is the primary agent of change.

## COMPASSION

Understanding the realities of social isolation, past trauma, discrimination, and other social inequalities and vulnerabilities people face.

# HARM REDUCTION MATERIALS AND SUPPLIES

This section will look at HR supplies and materials that can be added to a DC service and what they are used for.

Harm reduction tools and supplies that can be part of a drug checking service fixed site and on-site at events:

- **Info table:** Self-service information on drugs, consent, and sexual health for diverse populations, and information on where to find harm reduction services, including safe injection sites (SIS).
- **Information on safer partying:** Drug combinations, cutting agents, and safer drug use, including safer snorting, safer injection, and dosage.
- **Drug directory:** A document with printed information on different drugs, mixing risks, HR tips, dosages, cuts, and adulterants (see Chapter 5: Guide on Substances for more information on specific drugs).
- **A good internet connection:** For staff and volunteers to use devices to answer difficult or unanticipated questions, and for looking up pictures and information on specific substances.

- **Display posters:** Visit [Tripsit.me](https://tripsit.me) to view guides of drug combinations and dosage charts for different drugs. For example, the effects of GHB and ketamine are highly dose-sensitive and there is little difference between an adequate dose and too much dosage.

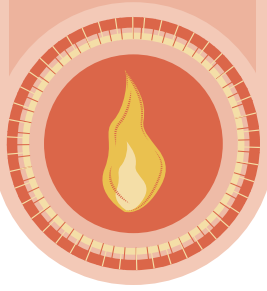


Info Table at Shambhala in 2016 — Image courtesy of Julie-Soleil Meeson

TRIPSIT		Guide to Drug Combinations																				Version 4.0 Generated on 17 Nov 2019 at 12:15 UTC						
		↑	○	↓	⚠	⚡	⚡															⚡	⚡	⚡				
		Low Risk & Synergy	Low Risk & No Synergy	Low Risk & Increase	Caution	Unsafe	Dangerous															Low Risk & Synergy	Low Risk & No Synergy	Low Risk & Increase	Caution	Unsafe	Dangerous	
		LSD	Mushrooms	DMT	Mescaline	DOX	NBOMes	2C-x	2C-T-x	5-MEO-xyl	Catharins	Ketamine	MDA	DMT	Nitrous	Amphetamines	MDMA	Cocaine	Caffeine	Alcohol	GHB/GBL	Opioids	Tramadol	Benzodiazepines	MAOIs	SISs	LSD	
LSD	↑	○	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑
Mushrooms	↑	○	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑
DMT	↑	↑	○	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑
Mescaline	↑	↑	↑	○	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑
DOX	↑	↑	↑	↑	○	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑
NBOMes	↑	↑	↑	↑	↑	○	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑
2C-x	↑	↑	↑	↑	↑	↑	○	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑
2C-T-x	↑	↑	↑	↑	↑	↑	↑	○	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑
5-MEO-xyl	↑	↑	↑	↑	↑	↑	↑	↑	○	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑
Catharins	↑	↑	↑	↑	↑	↑	↑	↑	↑	○	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑
Ketamine	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	○	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑
MDA	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	○	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑
DMT	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	○	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑
Nitrous	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	○	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑
Amphetamines	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	○	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑
MDMA	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	○	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑
Cocaine	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	○	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑
Caffeine	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	○	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑
Alcohol	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	○	↑	↑	↑	↑	↑	↑	↑	↑	↑
GHB/GBL	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	○	↑	↑	↑	↑	↑	↑	↑	↑
Opioids	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	○	↑	↑	↑	↑	↑	↑
Tramadol	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	○	↑	↑	↑	↑	↑
Benzodiazepines	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	○	↑	↑	↑	↑
MAOIs	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	○	↑	↑	↑
SISs	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	○	↑

## PRO TIP

DC should never be a stand-alone service.



### Harm Reduction Supplies

This section will walk through commonly found harm reduction supplies and how they are properly used. With this knowledge, one can decide which supplies would be the best fit for the context of the service.

Self-service harm reduction supplies:

- A variety of choices of **ear protection/earplugs**, from free to more expensive and better quality ones.
- A variety of **condoms**, internal or penetrative condoms, **lube**, and **dental dams**.
- **Latex or nitrile gloves** for safer hand-jobs.
- Three millilitres (ml) and **five ml oral syringes**. These barrels do not have a needle tip attached to them. It is a very important overdose prevention supply for measuring liquid doses, especially for GHB. Most people want five ml barrels as three ml to five ml is a common dosage.
- **Food colouring** for marking liquids containing GHB.



Ear Protection — Image courtesy of Gareth Morgan



Syringe Barrels — Image courtesy of Chlöe Sage



## TOOLS

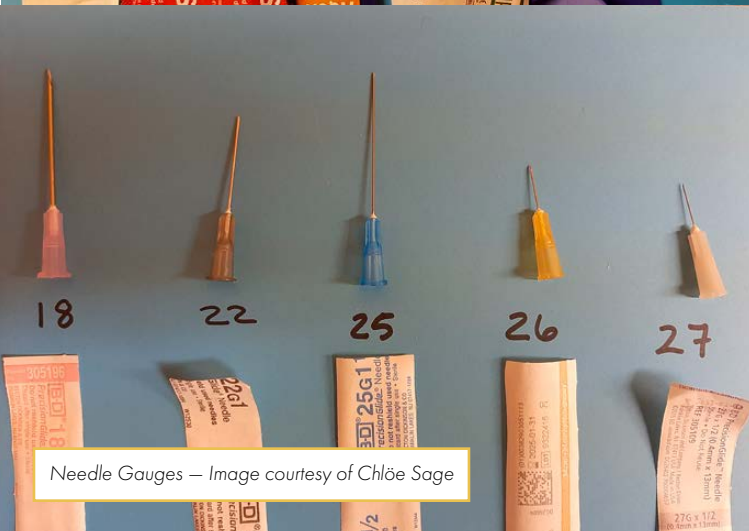
Below are some good references for up-to-date information on substances:

- [Bluelight Web Forum](#).
- [CATIE — Canada's Source for HIV and Hepatitis C Information](#). (also in French)
- Canadian Drug Policy Coalition (CDPC/AIDQ). [COVID-19 Harm Reduction Resources](#). (also in French)
- [The Drug Classroom](#)
- [Erowid](#)
- [Multidisciplinary Association for Psychedelic Studies \(MAPS\)](#).
- [PsychonautWiki](#).





Safer Injection Kit – Image courtesy of Chlöe Sage



Needle Gauges – Image courtesy of Chlöe Sage



Cookers – Image courtesy of Gareth Morgan



Vitamin C – Image courtesy of Gareth Morgan

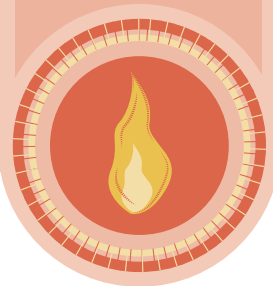
## Safer Injecting Tips

Sharing any injection equipment puts people who inject at greater risk of contracting human immunodeficiency virus (HIV) and Hepatitis C virus (HCV). HCV is ten times more infectious than HIV (Page et al., 2013). One quarter (25%) of people who begin injecting have a risk of contracting HCV within two years (Hagan et al., 2008, as cited in Page et al., 2013). Although needles carry the most risk of infection if shared, all equipment used in the preparation of the injection “**shot**” can contain HCV if it is shared. Having access to sterile injection equipment is crucial to stemming the spread of HIV and HCV. Using a new needle every time helps to keep veins healthy as the needle barbs after the first use.

- **Syringes** (0.5 ml, 1 ml, or 3 ml, or 5 ml): 1 ml syringes come with a tip. All of these syringes are used to inject crystal meth, Ritalin, cocaine, fentanyl and other opioids, ketamine, and other injectable drugs. The choice of syringe barrel size depends on preference and **dosing** size. 1 cc = 1 ml = 100 units.
- **Tips** (needle points) for 3 ml and 5 ml syringe barrels: There are many different gauges (sizes) of needle tips (see picture on the left, tips marked 18, 22, 25, 26, 27).
- **Sterile Water Vials**: It is important to use individual sterile water vials to dilute drugs in preparation for injecting. Water should not be tap water and never be shared.
- **Alcohol Swabs**: Swab site before injection, not after.
- **Cottons or Sterifilt®**: Using sterile cottons or sterifilt® is a clean way to filter large particles out of the shot. Using a cigarette filter creates the possibility of germs being injected into the veins, which may cause a possible infection (usually named cotton fever).
- **Tourniquet (ties)**: A clean length of rubber ribbon tied around the arm at least 5 inches above the injection site. This is done to make the veins stand out.
- **Cookers**: Sterile cookers are used to warm up the drugs to dissolve them in the sterile water.
- **Vitamin C** for dissolving heroin and crack. Using vinegar or lemon juice can cause infections.

## PRO TIP

Access to free or cheap meth and crack pipes is crucial to helping people not to share pipes.



### Safer Crack and Meth Use Supplies:

Glass meth and crack pipes heat up while smoking and can burn users' lips, which can create open sores. This makes sharing pipes a HCV transmission risk.

- **Glass stems** (straight)
- **Mouthpieces:** Plastic tubes that fit onto the end of the glass stem to keep lips from burning.
- **Screens:** Hold the substance in place at the end of the pipe. Screens are healthier to use than steel wool for the lungs.
- **Push Sticks:** to push the screens into the glass stems.
- **Petroleum gel (e.g., Vaseline®)** to keep lips from cracking
- **Meth pipes** (glass bubble pipes)
- **Foil Kits** (include hairdresser tin foil, not aluminum foil): Many smoke opioids and other drugs off foil, chasing it with a straight glass stem. This is an option for people to use as an alternate way of putting opioids into the body. Although there is still a high risk for overdose, it has a lower overdose risk than injection, and little or no risk of contracting HCV or HIV. It is given out to make it easier for people to access this choice.



Crack Pipe Kit – Image courtesy of Gareth Morgan



Glass Stems – Image courtesy of Chloë Sage

Foil Kit – Image courtesy of Chloë Sage



Meth Pipe – Image courtesy of Gareth Morgan



## TOOLS

Below are other references for up-to-date information on substances:

- [Association québécoise pour la promotion de la santé des personnes utilisatrices de drogues \(AQPSUD\)](#).
- [Centre québécois de documentation en toxicomanie \(CQDT\)](#). (French)
- [Équipe de soutien clinique et organisationnel en dépendance et itinérance — IUD](#). (French)
- [Institut national de santé publique du Québec \(INSPQ\)](#). (French)



## PRO TIP

Vitamin E or petroleum gel (e.g., Vaseline®) can reduce irritation in the nasal cavity after snorting for a period of time.



Sniff Kit — Image courtesy of Gareth Morgan

Paper booklets to make straws — Image courtesy of Gareth Morgan



Safer Booty Bumping Kit — Image courtesy of Gareth Morgan

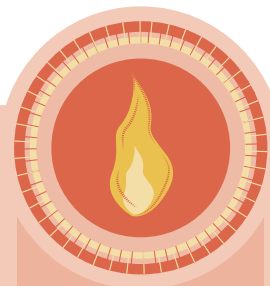
## Safer Snorting

**Offer straws for snorting** to prevent the spread of HCV, and other blood-borne pathogens. Often when snorting stimulants like cocaine, and especially when other contaminants might be present and snorting is frequent, the nasal passages can get irritated with small cuts inside them, allowing pathogens to be passed onto other people using the same straw. Offer coloured straws so people know which ones are theirs to reduce the risk of accidentally sharing them. The following materials may also be used by substance users for safer snorting and should be made available at DC services:

- **Bumpers:** A little tool or spoon that can help measure a bump (a small dose of a substance).
- **Saline solution** for cleaning noses: Cleaning out the nostrils with saline can help prevent irritation of the mucus membrane linings in the nose.
- **Alcohol Swabs:** For cleaning surfaces before using them. Make sure the surface is dry before putting on the substance. This can also be used to clean bumpers, mirrors or hands.

## Booty Bumping

Also known as; boofing, hooping or plugging, is putting drugs up the butt. It is better for the rectum if the drugs are diluted with water before inserting. It is done with a needleless syringe. Booty bumping is a fast and effective way to get drugs into the bloodstream that is an alternative to injecting. Not sharing bumping equipment is an important STBBIs prevention measure.

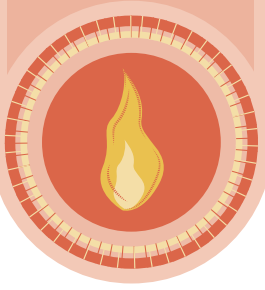


## PRO TIP

Plastic straws are an environmental disaster and many festivals are banning their use and distribution. A solution is paper sticky notes that can be rolled up into straws.

## PRO TIP

Try to refrain from using language that includes “clean” or “dirty.” Instead, use language like “a new or sterile needle” or “a used needle”.



### Safe Disposal Services

Set out well-marked sharps containers or lock boxes for people to dispose of unwanted substances — many people who get unwelcomed results from drug checking will want to safely dispose of their drugs (see chapter 3: Drug Checking: Technologies and Procedures — Section on Disposal of Samples).

- **Sharps Container for Disposal:** Always offer a sharps container when you give out needle kits, and keep some larger ones or buckets with lids on hand for people to return them. Small mobile sharps containers are great for people who are on the move.
- **Whippits, and whip-its recycling:** Another brain-child of Dominique Denis-Lalonde. In 2018, ANKORS began to offer recycling people’s used nitrous canisters at Shambhala. It was an overwhelming success. Eight large totes were filled and diverted from the landfill.



Sharps Container — Image courtesy of Chlöe Sage



Whippet Recycling — Image courtesy of Dominique Denis-Lalonde



## TOOLS

- Interior Health Authority of British Columbia (2018). [\*Harm Reduction Supplies — Safer Smoking Supplies.\*](#)
- Ontario Harm Reduction Network (OHRN). (2021). [\*Connecting: A Guide to Using Harm Reduction Supplies as Engagement Tools.\*](#)
- Prillwitz, J. (2018, July 19). [\*How to Booty Bump Better. San Francisco AIDS Foundation.\*](#)
- Strike, C., Hopkins, S., Watson, T.M., Gohil, H., Leece, P., Young, S., ... Zurba, N. (2013). [\*Best Practice Recommendations for Canadian Harm Reduction Programs that Provide Service to People Who Use Drugs and Are at Risk for HIV, HCV, and Other Harms: Part 1. & Part 2.\*](#) Working Group on Best Practice for Harm Reduction Programs in Canada. (also in French)



## Naloxone Training and Distribution

Be a naloxone kit supplier and trainer. Offer nasal or injectable naloxone kits with training at the time of (see Chapter 4: Messaging Results in Drug Checking — Section on Overdose Awareness and Response).

## OTHER SUPPLIES THAT COMPLEMENT THE SERVICE

- **Markers and Painter’s Tape:** When people have multiple baggies of white powder that are different drugs altogether, they can get mixed up. Helping people mark their drugs can mitigate an unwanted effect. An example is for people who do cocaine and ketamine to mark a K on the ketamine bag and a C on a cocaine bag, as these two drugs have very different dosage points.
- **A Scale:** One that can weigh down to 1 to 5 milligrams would be helpful for people to weigh out their doses. Use with a weight added and/or weigh smaller doses with a 10mg micro-scoop from [DanceSafe](#).
- **Cup condoms:** to cover open drinks to prevent spiking.
- **Single-Use Breathalyzer:** A Single-Use Breathalyzer test. Do some research on the most effective brand (Ashdown et al., 2014)
- **Baggies:** Small 2” baggies for people to store their drugs.
- **Reusable Pocket Ashtrays:** These ashtrays became a green solution to the cigarette butts strewn on the ground at festivals and a fire safety measure by offering smokers a place to put their cigarette butts. **These ashtrays are also invaluable tools for those living in camps and experiencing homelessness.** It can also act as a stash and butt collection holder by keeping it dry.

Example of material in Naloxone Kits — Image courtesy of Gareth



Reusable Pocket Ashtrays, Shambhala 2019 — Image courtesy of Gareth Morgan

## PRO TIP

Include other types of supplies like water, electrolytes, and fruits. Some food is always good to have on hand.



ANKORS Harm Reduction Tent — Image courtesy of Michelle Shewell

## CREATING SAFER SPACES



We need to stop thinking in a simple way by only wanting to change behaviours of PWUD. We want to change the whole environment by creating safer spaces for all. We want to have fun, to let go, to say fuck the world, to feel good about ourselves, to feel connected with something else or someone else, to get rid of hurt or trauma, just to be ourselves in a safe space.”

*Julie-Soleil Meeson*

The value of creating a safer space in the context of DC cannot be understated. PWUD understand what they are doing is illegal and generally frowned upon by society. When the DC service is a place where PWUD can feel comfortable discussing both the substance and their use, it enhances trust in the service and can lead to a beneficial exchange of information. **Keep in mind the expertise that PWUD possess with their first-hand knowledge of the substance(s) they are taking.** This should not be dismissed. Sometimes, this expertise and knowledge conflict with information received through DC and can create tension that is difficult to navigate. Treating the service user with respect and dignity is key in allowing for the tension to be resolved. This unique

environment builds connection, allows people to feel safe and be genuine, and allows for mutual learning between service providers and service users.

In a festival context, having **DC staff get into the spirit of the party (costumes, decorations, and positive attitudes)** goes a long way to encourage people to use the service and help break down the binary of service providers and users, creating a sense of community and once again, collective care! If done correctly, the DC service can feel like it is truly a part of the festival — or an extension of it. You can literally feel the festival caring for you.

In a community setting, a non-medicalized comfortable environment is where **DC staff are not pushing service users towards sobriety or towards substance use**. The DC staff are simply providing the service with an attitude that is responsive to the harms and challenges of stigma. This means using **non-judgmental language and being receptive to exploring where the conversation leads based on the needs of the service user**. The service user is always the guide to where the conversation goes. A safe environment means **no presence of security or authorities in or around the space**. It is helpful to have an understanding with local authorities about this boundary, but that is not always possible. Having said that, there are times when authorities may need to come to the space to respond to an emergency or simply to pick up samples that need to be transported to confirmatory testing labs. Giving a warning and explanation to everyone in the building that police are coming will minimize everyone's surprise.

## DEFINING STIGMA, PRIVILEGE, OPPRESSION AND INTERSECTIONALITY

When a person feels alienated from their community, this greatly reduces self-esteem and self-worth. Eventually a person feels that they have no options or control over their own life because they are constantly shamed for

their behaviours. This feeling of shame can further manifest as stigma. Stigma can occur when a person's worldview is not considered "socially acceptable" within society, which can further lead to a sense of helplessness and disempowerment.

**Stigma:** *stig-ma* | \ 'stig-mə a mark of shame or discredit. *Stigma* most often refers to a set of negative and often unfair beliefs that a society or group of people have about something (Merriam-Webster Dictionary, 2020).

Stigma can be used as a tool of oppression to take people's power away. People who use certain substances experience consistent oppression due to many interrelated parts of their identities. In order to dismantle stigma, especially for marginalized people, a healthy relational climate must be created so that people who are impacted by substance use can feel safe accessing support or services.

**Privilege:** *priv-i-lege* | \ 'priv-lij a right or immunity granted as a peculiar benefit, advantage, or favor (Merriam-Webster Dictionary, 2020).

Privilege is the access to power by the dominant group. Privilege gives economic, social, and political advantages at the expense of a marginalized group. Privilege is about holding power in society and having a certain level of opportunities and input in society.



## PORTRAIT The Origin of Intersectionality

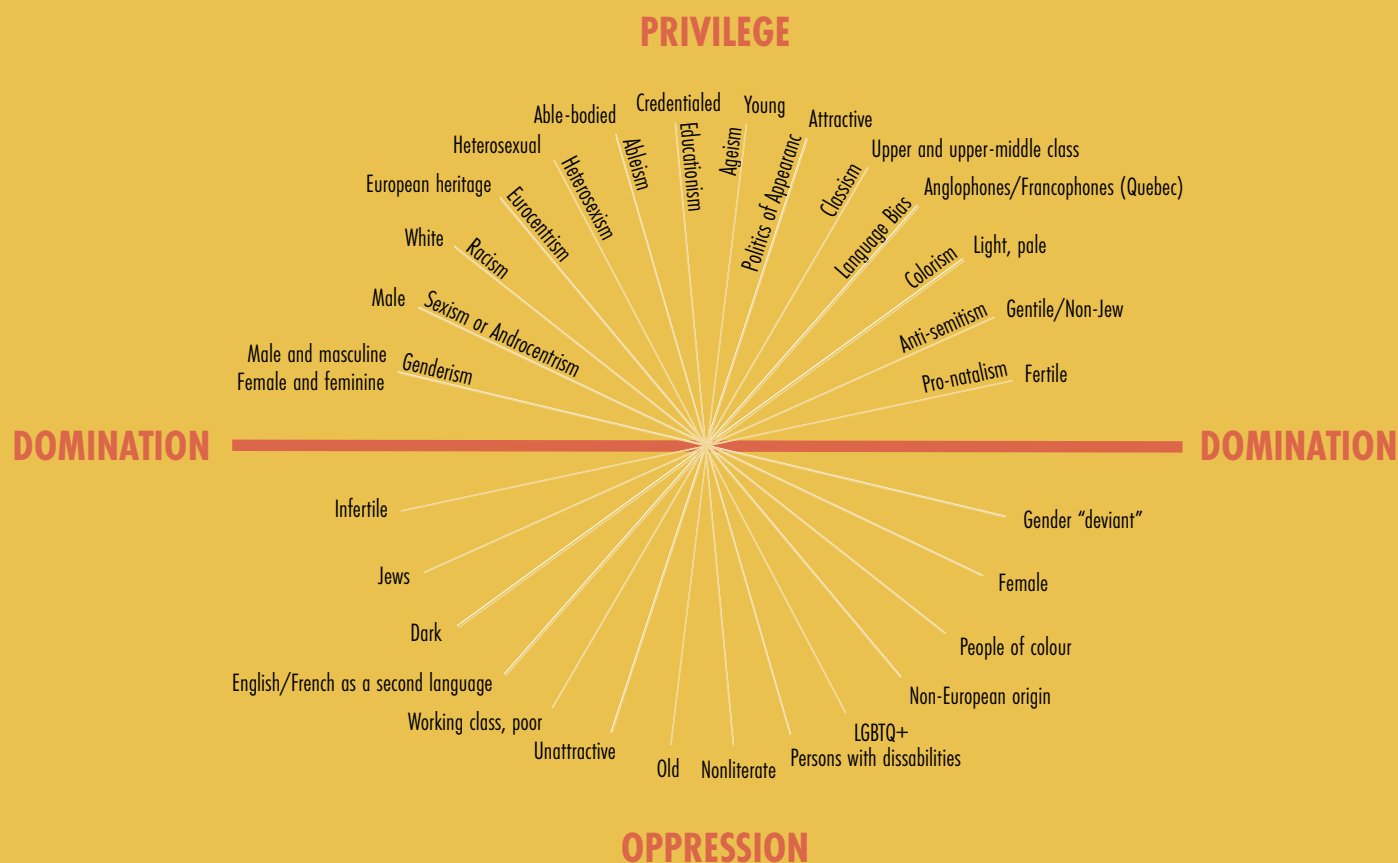
"Coined by scholar Kimberlé W. Crenshaw in 1989, intersectionality is rooted in the research and activism of women of colour, extending back to Sojourner Truth's "[Ain't I a Woman](#)" speech in 1851. Observing the absence of women of colour in feminist and race-based social movements, scholar activists like Crenshaw, Bell Hooks, Patricia Hill Collins, Gloria Anzaldúa, and Cherríe Moraga have called for a deeper look at the interconnected factors that influence power, privilege and oppression."

*Association of Women in Science, 2006.*



# FIGURE 1: INTERSECTING AXES OF PRIVILEGE, DOMINATION, AND OPPRESSION

adapted from Morgan, 1996.



**Intersectionality:** *in-ter-sec-tion-al-i-ty* | *in-tər-sek-shə-ˈnæl-tē* the complex, cumulative way in which the effects of multiple forms of discrimination (such as racism, sexism, and classism) combine, overlap, or intersect especially in the experiences of marginalized individuals or groups (Merriam-Webster Dictionary, 2020).

Intersectionality states that there are multiple forms of oppression within our social structure and each of these forms intersects and supports each other. This means that an individual can hold multiple identities making them privileged and oppressed at the same time, or to have to face multiple forms of oppression at the same time. For example, an individual may encounter gender-based violence, racism, homophobia, transphobia, ableism, mental health, and stigma of being a PWUD (see figure 1).

**Oppression:** *op-pres-sion* | *ə-ˈpre-shən* unjust or cruel exercise of authority or power (Merriam-Webster Dictionary, 2020).

**Anti-oppression:** *an-ti op-pres-sion* | *an-tī ə-ˈpre-shən* a word that is not in the Merriam-Webster dictionary at the time of writing this chapter.

Anti-oppression is about decreasing harm. Privilege can create an inability to see many of the ways people cause harm. The harm of oppression cannot be countered until people understand their place of privilege in the world and actively work to use the power of this privilege in ways that support marginalized groups instead of oppressing them.



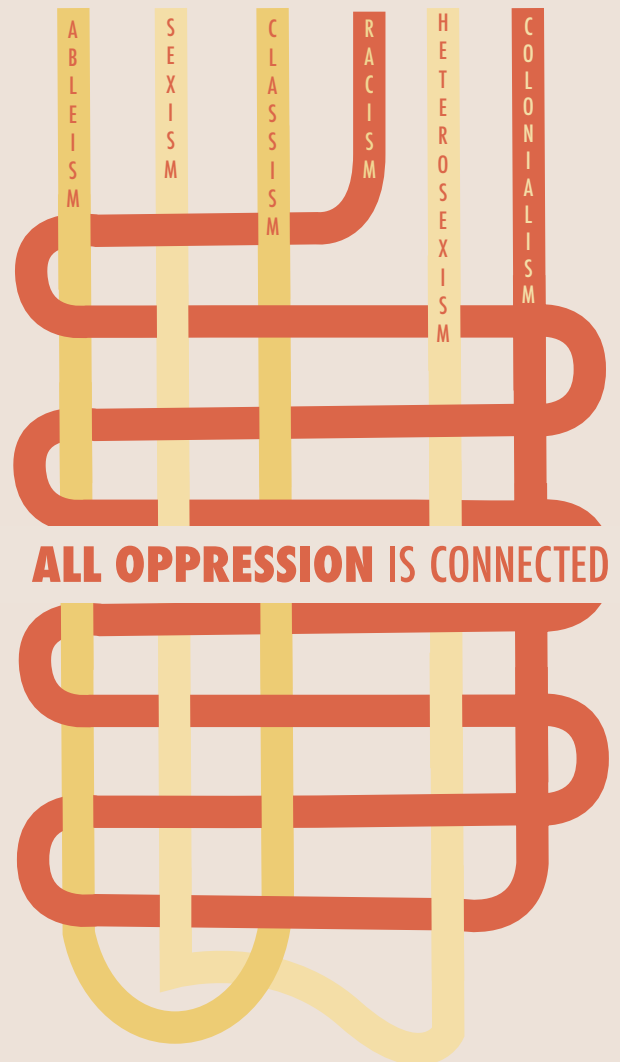


## CONCEPT CHECK

“We can be the beneficiary of privilege without recognizing or consciously perpetuating it. Learning to see one’s own privilege as well as that of groups and systems can create an important pathway to self-discovery.” (National Association of School Psychologists, 2016)

Here are some self-reflection questions about privilege:

1. When was the last time you had to think about your ethnicity, race, gender identity, ability level, religion, or sexual orientation? What provoked you to think about it or acknowledge it?
2. When watching TV or a movie, how likely are you to watch shows whose characters reflect your ethnicity, race, gender, ability level, religion, gender identity, or sexual orientation?
3. When using social media, how diverse is your feed? How diverse are your friends and followers? How diverse are those that you follow?
4. How do you respond when others make negative statements towards individuals of a different ethnicity, race, gender, ability level, religion, sexual orientation, or gender identity than yourself?
5. How often do you go to social settings where the majority of individuals are of a different ethnicity, race, gender, ability level, religion, sexual orientation, or gender identity than yourself?
6. How diverse is the community in which you live?
7. How do you feel when you are in a community that is different from your neighbourhood?
8. How would you make your neighbourhood more inclusive and sensitive?
9. If you recognize your privilege, what did you do with this realization?





**Black, Indigenous people [are] 4 to 5 times more likely than whites to be stopped by Montreal police.”**

Yoon & Bernstein, 2019

## DEFINING RACISM

Racism involves one group having the power to carry out systematic discrimination through the institutional policies and practices of the society and by shaping the cultural beliefs and values that support those racist policies and practices.

An example of this might be a lack of proper funding for medical or educational resources in racialized communities. In the long term, this can lead to higher rates of poverty and lack of physical and mental well-being, resulting in outsiders making assumptions upon those communities.

Reproduced from Dismantling Racism Works website, [section on racism defined](#):

**Racism is race prejudice and social and institutional power.**

**Racism is a system of advantage based on race.**

**Racism is a system of oppression based on race.**

**Racism is a race supremacy system (e.g., white supremacy).**

## RACISM AND INEQUALITY FOR PWUD-BLACK INDIGENOUS AND PEOPLE OF COLOR (BIPOC)

Canada was founded on the practice of colonization. The echoes of these actions have lingered through our present systems (e.g., educational, judicial, health care, and financial) even to this day. Without a lack of meaningful reform to amend these systems, systemic racism will still pervade.

Due to the lack of racial inclusion and systemic reform, racialized individuals and communities have not been properly accounted for when making decisions about their health or safety amongst many other things. When it comes to issues regarding substances — which includes production, distribution, and use — these communities are disproportionately impacted by the war on drugs due to racial profiling by police and discriminatory justice systems.

Police can selectively enforce laws based upon their own suspicions and can intensify an intervention based on probable cause (e.g., smelling cannabis). This allows for targeted policing and profiling of certain neighbourhoods.

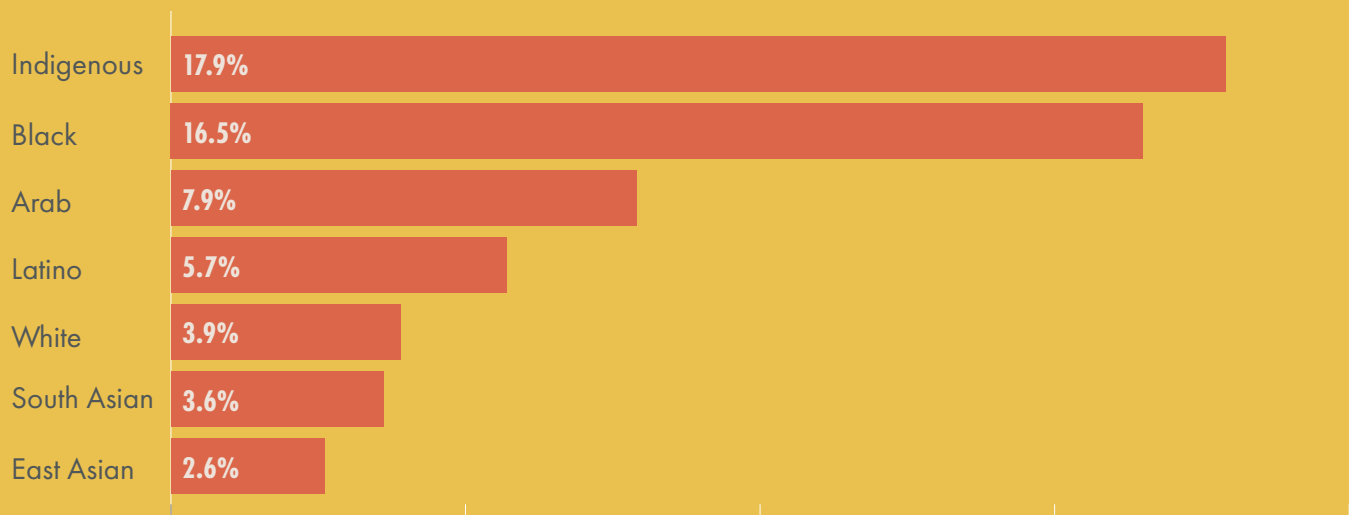


## TOOLS

- [Anti-Oppression Network](#).
- As/Is. (2015, July 5). [What is Privilege?](#) [Video]. YouTube Channel. (subtitles in French)
- CDPC. (2020, October 22). [Stimulus Connect: Defunding the Police](#). [Video]. YouTube.
- Crenshaw, K. (Host). (2019-2021). [Audio podcast episodes]. [Intersectionality Matters!](#) The African American Policy Forum.
- Interagency Coalition on AIDS and Development. (2019). [Indigenous Harm Reduction = Reducing the Harms of Colonialism](#).

## FIGURE 2: POLICE CHECKS OF RACIAL GROUPS BY PERCENTAGE

Proportion of each racial group that has been stopped by police in Montreal (Armony, Haasaoui & Mulone, 2019).



Street checks from 2014 to 2017. Population data from 2016.

In Canada, black and Indigenous people are more likely to be victims of crime: “in Toronto, where Black people are 4% of the population, they account for as many as 40% of murder victims” (John Howard Society of Canada, 2017). Meanwhile, despite statistics showing that black people are not more likely to be involved in crime, young black men are around twice as likely to be stopped and searched by police than young white men. A report on the Montreal police practices found similar data on racial profiling (Armony, Haasaoui and Mulone, 2019). The figure above indicates obvious examples of injustice.

### DRUG ELITISM

“It’s great to be enthusiastic about your drug of choice. But remember not to vilify other drugs. That puts people at risk, and it marginalizes people” (Carl Hart in Lawlor, 2020).

An important concept to consider when checking drugs is situating oneself in regards to drug use and what

one’s biases might be regarding drug use. For example, someone might say “I only take magic mushrooms and folks that use crystal meth are sketchy,” disregarding and discriminating against people by thinking they are “less than” you due to the substances they use and how they put it in their bodies situates oneself in a position of superiority. This is drug elitism and it perpetuates oppression. Many people do it subconsciously, without thinking about it at all because these beliefs have been ingrained from a young age. It takes work to unpack and dismantle these belief systems.

#### A HR drug checker sharing an experience at the info table:

*Fred is volunteering for the first time in a DC service at a festival. He has done volunteering in many other festivals before, but never in a DC context. He has been assigned to the info table for the night. His role is to answer people’s questions, discuss with them about HR, and give them some material if needed or asked. Fred is surprised by the openness that people at that festival are showing about substance use. The place is pretty busy, however*

## CONCEPT CHECK

Please watch the videos below and write down the questions that pop up when watching them. You may reflect on what makes you react positively or negatively to the testimonies of these videos.

ANKORS. (2019, July 29). [Beyond the Stigma of Drug Use Video Series](#). [Video]. YouTube Channel.



*the ambiance seems to make everybody feel free and not judged. Somebody comes in and asks for something, but Fred doesn't understand. He asks gently to repeat. While the person answers again, he only catches the word "syringes." Fred gets closer and asks to repeat again. The person seems irritated and says, "Do you want me to yell it?" Fred feels uncomfortable having exposed that person about something they wanted to keep discreet. He feels he forgot to consider discretion that people might want about their substance use. That's also part of a safe space.*

How would you have acted? What can you do in this situation to maximize the positive experience of someone coming in and asking for materials that might make them uncomfortable?

## RACISM IN DRUG ELITISM

Drug elitism goes further than stigma against people who use certain substances. One group of PWUD can

use the same drug as another and have very different consequences. A group of middle or upper-class white people at a nightclub or party can use cocaine without any negative repercussions. On the other hand, a group of black, Indigenous, and other visible minority or racialized people, no matter what social or economic class they belong to, using cocaine at a nightclub or party, may have many negative repercussions, including judgment, stigma, criminalization, and police violence that could lead to death.

The belief of someone being "less than", is the core part of how individuals perpetuate oppression and harm people. People who have privilege in society are more likely to believe that they are superior to others, even unconsciously. It is absolutely crucial to be mindful of our potential biases, how to engage with others, the language that is used, and to ensure that experiences, background, or preferences do not impact the services provided.



## PRO TIP

Some substances have a lot of stigma attached to them — such as PCP, crack, meth, bath salts, or fentanyl. Individual information might be based on anecdotes or difficult situations somebody had on it, or the communities to which the substance is connected. Some people enjoy these substances and drug checkers need to **abstain themselves from commenting on the substance that the person is testing and focus on providing information for which the person is asking.**

## DECONSTRUCTING OPPRESSION

Understanding one's power or privilege in society creates an awareness of how social structures oppress and harm people. You are part of this social structure and can choose to continue oppressing people in the way society does, or choose to use your power in ways that share your privilege and create more opportunities for people who have been oppressed (Chugh, 2018):

- **Listen** to people who experience oppression and believe them.
- **Confront** people when they are showing oppressive behaviours: use your voice and speak up to defend and educate people.
- **Step back**, let people who are more oppressed than you take the lead, and follow them.

### How to be an Ally

The term ally can be applied to many different areas and groups. This includes minority groups, racialized peoples, PWUD, including non-people groups like animals, forests, and oceans. Here are some general guidelines for being an ally:

1. **Be informed** — Educate yourself about what issues are affecting this group, as well as the culture they exist in. Do your own research and do not exclusively rely on that community to educate you, as educating ignorance can be draining. *For example, to be a more effective Indigenous ally, learn about the roots and history of colonialism, and be aware within whose territory you live.*

2. **Give your support to the community** — This can include attending events and giving donations to aligned causes or organizations. Ultimately, being an ally relies on action, not just lip service. Learning where and how to give your support is a key component of being an ally.

3. **If applicable, allow the community to speak for themselves** — Do not try to be a 'saviour' or take control of the situation or group. Give your support, but allow the community or group to represent and build for themselves. *For example, within drug policy, it is generally good practice for academics and government officials to include PWUD in the process of implementing solutions — Nothing About Us Without Us — to ensure that the solutions are practically useful for the people they are aimed at.*

4. **Be aware of potential ally shortcomings** — With the current shift in culture towards empowerment, it has become virtuous to be an ally. However, be conscious that you are not 'virtue signaling' — that is proclaiming how progressive or helpful you are. Being an ally should be background work. *For example, the vegan who needs to tell every person they meet that they're so vegan. Being an ally to animals does not necessitate proclaiming it to the world; however, not eating them demonstrates the alliance.*



## PRO TIP

Be careful not to expose or reveal the oppressed person when confronting oppressive behaviours against them : the person may prefer not to be present during your intervention. Also, for the sake of their confidentiality, safety and integrity, they may prefer not to have an intervention at all. In any case, respect her choice, remain calm and avoid performative displays of solidarity.



Several years ago when language became a hot topic or issue and we started to change to “people-first” language, I used to think, what’s all the fuss about, it’s not worthwhile or all that important. Fast forward to recent years, I now know that language matters a great deal. It triggers images, emotion and an internal dialogue that we have with ourselves, depending on where you come from, your life experiences and life exposure is how that language signals your internal dialogue, empathy and understanding or lack thereof, and whether or not you feel certain lives matter or perhaps others have done this to themselves and therefore don’t deserve the same respect.”

*Natasha Touesnard, Executive Director, Canadian Association of People Who Use Drugs (CAPUD)*

## LANGUAGE MATTERS

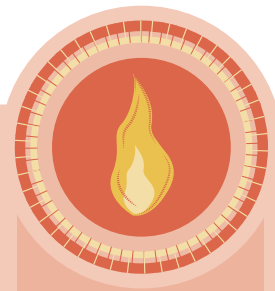
Knowing the impact of words is important. This section will demonstrate language that is non-assuming, inclusive, and non-judgmental as well as how to talk about substances and people who use them.

It is key to begin this section stating that overall it is PWUDs choice what they call themselves and ask to be called by others.

It is encouraged to **use respectful, non-stigmatizing “people first” language when describing substance use and people who use drugs.** Strive to empower people through the use of language that is Anti-Oppressive. For example, labels such as “addict” or “drug abuser”

perpetuate societal discourses which shame and stigmatize people who use substances. It is important to recognize these oppressive forms of language and learn how to dismantle these oppressive discourses in our work spaces and communities.

The reality is that oppressive language is commonplace within health care settings, mainstream media, and society in general. It is especially oppressive towards people who are marginalized. Oppressive language discredits PWUD and can lead to stigmatization, discrimination, fear, and further violence. It breeds isolation and means people will be less likely to access services, resulting in a direct, detrimental impact on the health and well-being of our community. Language goes beyond words and impacts actions.



## PRO TIP

By using language that puts people first, we recognize their humanity, and that they possess many different traits, conditions, talents and experiences. They are multifaceted people, and reducing them to one phrase or label is dehumanizing. For example, PEOPLE who use drugs or PERSON experiencing homelessness. An individual may be a person who uses drugs but they can also be, among other things, a mother, an artist, and a teacher.





## CONCEPT CHECK

This section will begin with an exercise regarding the different words you hear or use. Write down the first three words that come to mind when you think of drug use in mainstream media.

- What are the words or images that come to mind?
- Are they negative or positive?
- What do they relate to?
- How do those words or images make you feel?

After doing this exercise, you may notice that most of the words that you will choose might be pejorative, emotional, attached to images received from the media, institutions, films and from personal experiences with a loved one who has had difficulties with substance use.

### SOME EXAMPLES OF WORDS THAT MIGHT HAVE COME TO MIND

- |                                     |                                    |  |                                   |   |
|-------------------------------------|------------------------------------|--|-----------------------------------|---|
| <input type="checkbox"/> Fun        | <input type="checkbox"/> Police    | <input type="checkbox"/> Mental Illness  | <input type="checkbox"/> Danger   | <input type="checkbox"/> Overdose       |
| <input type="checkbox"/> Scary      | <input type="checkbox"/> Illegal   | <input type="checkbox"/> Crazy           | <input type="checkbox"/> Dream    | <input type="checkbox"/> Just say No!   |
| <input type="checkbox"/> Pleasure   | <input type="checkbox"/> Addiction | <input type="checkbox"/> It can kill you | <input type="checkbox"/> Bad Trip | <input type="checkbox"/> Harm Reduction |
| <input type="checkbox"/> Hard Drugs | <input type="checkbox"/> Trippy    | <input type="checkbox"/> Party           | <input type="checkbox"/> It's Bad | <input type="checkbox"/> Abuse          |

If you have had good experiences and you are able to see the complexities surrounding substance use, you will be able to come up with some positive words regarding drug use.

### WORDS WE COULD UNDERSTAND AND USE MORE

- |                                       |   |   |                                      |   |
|---------------------------------------|---|---|--------------------------------------|---|
| <input type="checkbox"/> Solution     | <input type="checkbox"/> Therapeutic    | <input type="checkbox"/> Responsibility | <input type="checkbox"/> Pleasure    | <input type="checkbox"/> Pragmatism     |
| <input type="checkbox"/> Compassion   | <input type="checkbox"/> Freedom        | <input type="checkbox"/> Safer Party    | <input type="checkbox"/> Connection  | <input type="checkbox"/> Fun            |
| <input type="checkbox"/> Believe      | <input type="checkbox"/> People         | <input type="checkbox"/> Just say Know! | <input type="checkbox"/> Drug Policy | <input type="checkbox"/> Reform         |
| <input type="checkbox"/> Safer Supply | <input type="checkbox"/> Harm Reduction | <input type="checkbox"/> Dream          | <input type="checkbox"/> Education   | <input type="checkbox"/> Social Justice |

# WORDS MATTER

ADAPTED FROM MADDEN & HENDERSON, 2020

WHAT NOT TO SAY	WHAT TO SAY
"DRUG USERS" "DRUG ABUSERS"	"PEOPLE WHO USE DRUGS OR SUBSTANCES" "THOSE OF US WHO USE DRUGS OR SUBSTANCES"
"DRUG DEALERS, TRAFFICKERS, PUSHERS, OR DRUG PEDDLERS"	"PEOPLE OR PERSONS WHO DISTRIBUTE DRUGS" "PEOPLE OR PERSONS WHO SUPPLY DRUGS"
"ADDICTS, JUNKIES, OR ABUSERS"	"PERSON WITH A SUBSTANCE DEPENDENCE"
"BINGEING"	"HEAVY USE"
"RECREATIONAL DRUG USER"	"PERSON WHO USES DRUGS OCCASIONALLY OR NON-DEPENDENT DRUG USE"
"BAD TRIP"	"DIFFICULT EXPERIENCE OR CHALLENGING SITUATION"
"CLEAN AND SOBER"	"NOT USING"
"RELAPSE"	"REOCCURENCE"

Remember that language is not limited only to what we say. Body language is a powerful yet often unrecognized aspect of communication. It can frame how we are feeling, and how we feel about the person with whom

we are speaking. Being conscious of how we present ourselves to others can enhance trust and communication. **Making adequate eye contact, smiling and generally showing you are open and receptive to the person you are speaking with** can go a long way for establishing trust between two people.



## TOOLS

- Canadian Public Health Association. (2019). *Language Matters: Using respectful language in relation to sexual health, substance use, STBBIs and Intersecting Source of Stigma.*
- Ontario Association of Interval and Transition Houses (OAITH). [Safe for All — Discussion Guide](#) and video [Safe for All](#).
- Toward the Heart. *Language Matters: Create A Safer Space with Less Stigma.*



Worldwide, the vast majority of harm reduction services are at best, gender blind, and at worst, male-centered. Furthermore, there is limited access for women to harm reduction services. Yet research indicates that a gender-sensitive approach to harm reduction can increase both the uptake and the outcomes of harm reduction interventions.”

*Eurasian Harm Reduction Association*

## WHAT IS GENDER IDENTITY?

“Gender identity is all about how you, in your head, think about yourself. It’s about how you internally interpret the chemistry that composes you (e.g., hormone levels). As you know it, do you think you fit better into the societal role of “woman,” or “man,” or do neither ring particularly true for you? That is, are you somewhere in-between the two? Or do you consider your gender to fall outside of the spectrum completely? The answer is your gender identity.” (Killermann, 2017)

“Harmful gender norms — especially those related to rigid notions of masculinity — can also affect boys and men’s health and well-being negatively. For example, specific notions of masculinity may encourage boys and men to smoke, take sexual and other health risks, misuse alcohol, and not seek help or health care. Such gender norms also contribute to boys and men perpetrating violence — as well as being subjected to violence themselves. They can also have grave implications for their mental health” ([World Health Organization](#)).



## PORTRAIT

### SisterSpace

“SisterSpace offers witnessed, harm reduction services for women who inject drugs, including a casual, staff and peer-supported injection room, health education, access to treatment and health care services, housing support, legal advocacy and other related services, on site. SisterSpace is a safe, clean supported environment where women who use can inject their own drugs, inside, with other women who care about their safety and security.

The staff at SisterSpace create respectful, reciprocal relationships with women, recognizing that women are the experts in their own situations and the decision whether or not to make changes in their lives and what kinds of changes, is theirs alone. Trans women, genderqueer women, and non-binary people who are significantly femme-identified are welcome.”

Mullins, G. (Host). (2019, August 28). *The Cost of Cereal : North America’s first women-only safe consumption site* (No. 8) [Audio podcast episode]. In Crackdown.

### What is a gender-sensitive lens?

A gender-sensitive lens includes the recognition that women, transgender, and non-binary genders are provided with inadequate services. Women and diverse genders are:

- More likely to experience partner violence.
- More likely to have experienced violence in general.
- Less likely to have control over their drugs with purchasing and distribution.
- May need support and information on sexual and reproductive health.
- May be involved in sex work and need resources, and been subjected to discrimination and stigma because of this line of work (Mcneil et al., 2014; Pinkham, Stoicescu & Myers, 2012).

Whilst being subjected to these oppressions and the moral judgments women face, women also experience double standards when they step outside the societal concept that women should be “good girls” and being a good girl doesn’t include doing drugs. It is also important to remember that women have power over their bodies and are capable of making decisions about drug use for themselves, and should be supported in their decisions not to use substances or to seek pleasure in substances. Although women are less likely than men to be involved in the distribution of drugs, there are many who do.

### What can DC services do to be more accessible to all genders:

- Use inclusive and non-assuming language.
- Naming one’s pronouns when introducing oneself allows the person to name theirs as well, if they wish.
- Ensure staff represents the genders they are serving.
- Provide time slots to service women and marginalized genders only.
- Have DC services spaced separately from other HR services that have majority male service users.
- Clearly display referral to reproductive health services.
- Make sure women and marginalized genders are part of the design and implementation of the service.
- Ensure staff feels comfortable referring service users to more experienced staff members if a gender-sensitive issue comes up.
- Ensure staff are aware of other gender focused services (e.g., women and marginalized gender, safe spaces, trans support services, women’s centres, transition houses, peer support for sex workers, etc.).

While we recognize that all genders can cause harm and all genders can be harmed, men are overwhelmingly responsible for violence against women, marginalized genders, children, and other men. This speaks to the impacts of toxic masculinity and social conditioning. While violence prevention is often seen as solely a women’s issue, it is not. Men have a responsibility to engage their peers, be active bystanders, and work towards ending violence.



## TOOLS

- Chu, S.K.H., & Kazatchkine, C. (2020). *Gendering the Scene: Women, Gender-Diverse People, and Harm Reduction in Canada*. Canadian HIV/AIDS Legal Network.
- Howard, G., Ezer, T., & Golichenko, M. (2020). *Harm Reduction and Women: An International Human Rights Approach*. University of Miami School of Law Human Rights Clinic, The Canadian HIV/AIDS Legal Network & Eurasian Harm Reduction Association.



We do know that many LGBTQ+ people at risk for overdose are left out of harm reduction efforts, including young cisgender and transgender gay, bisexual and other men who have sex with men (herein referred to as young queer and trans men). And because of the distinct social challenges that many young queer and trans men face — like bullying, rejection from family and friends, homophobia and transphobia — their risk for substance use and related harms, including overdose, is much higher...”

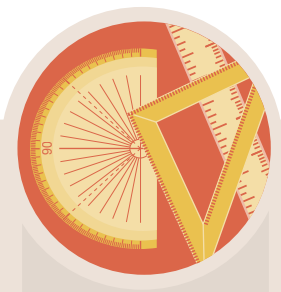
Goodyear & Knight, 2020

## GENDER DIVERSITY

2SLGBTQ+: Two Spirit, Lesbian, Gay, Bisexual, Trans, Queer and Questioning. The plus sign acknowledges the many sexual and gender minority people who do not see themselves in the umbrella acronym and prefer other identity terms, such as pansexual, gender-free, gender independent, or intersex.

People who are gender diverse and use drugs experience multilayered or intersectional oppression. It is important to be knowledgeable about gender diversity and use inclusive gender language. The next section will discuss, how to be an ally of transgender and non-binary people.

A major component of being an effective ally for the transgender community **is to introduce yourself by naming your own pronouns. This allows the other person to name theirs if they feel safe and want to.** Gender identity is a fluid construct and can change. Be sure to do this often when meeting and working with new people. Gender pronouns can include but are not limited to, “he” and “she,” and gender-neutral pronouns such as “they,” “them,” and “their.” If you are not sure which pronouns to use: just ask. For example, you could ask a transwoman what pronouns they use, and they could respond by saying I use pronouns such as “she” and “her”.



## TOOLS

- Anti-Violence Project. (2014, July 11). [What is the Role of Men in Ending Gender-Based Violence?](#)
- Greaves, L., Poole, N., Brabete, A.C., Hemsing, N., Stinson, J., & L. Wolfson. (2020). [Integrating Sex and Gender Informed Evidence into Your Practices: Ten Key Questions on Sex, Gender & Substance Use.](#) Centre of Excellence for Women’s Health.
- Goodyear, T., & Knight, R. (2020, May 19). [In the Opioid Crisis, Young Queer and Trans Men are Navigating Risk Reduction on Their Own.](#) The Conversation.
- [The Genderbread Person.](#)



# TOP 05 TRANS ALLY PRINCIPLES

THE SAFE ZONE PROJECT

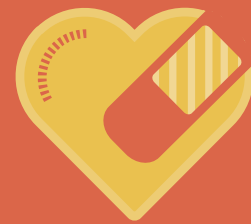


## 01. AFFIRM...

...the trans people in your life by using their correct name and pronouns. It is important to use their correct name and pronouns whether they are around or not, and when referring to them in the past, present, or future.

## 02. APOLOGIZE...

...but don't dwell when you make a mistake with names, gender, or pronouns. Always correct yourself when you make a mistake with someone's name or pronoun. Apologize briefly.



## 03. ENGAGE...

...with trans people about their identity. If someone has shared their trans identity with you, you can talk with them about it if they want to! Respect their choice and ask for their consent! Identities and experiences are not to be treated like pink elephants in the room.



04.

## RESPECT...

...privacy and steer clear of body-centric questions. A trans person has a right to privacy around their body just like the rest of us do, so steer clear of questions about surgery, body history, genitalia, hormone therapy etc.



05.

## VOLUNTEER...

...to educate others about ways we can continue to grow as **trans allies**. We all need each other when it comes to being an active trans ally. Holding each other accountable when we mess up names/pronouns/gender is an important and essential action. Volunteer to educate others. Put yourself out there as an ally and as a fellow learner and help create more safe, affirming, and inclusive environments around you.



# SEXUAL HEALTH

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The following sexual health training topics will be covered by a **sex-positive** lens and with the inclusion of women, queer, and trans **sexual health**. To reduce harms experienced from sexual health challenges, it is important to understand not only what those challenges are, but also the importance of supporting safe sexual experiences and sexual pleasure. This section will look at harms that may occur in the realm of sexual health and sexually transmitted infections.

**Sex-positivity: The belief that sexual expression is healthy and is a right for people of all identities.** Sex-positivity works to decrease the stigma of sexuality and promotes inclusive sex education, body-positivity, and self and community care within the framework of creating safer spaces.

**Sexual Health:** The ongoing experience of well-being related to sexuality, including the intersecting aspects of sexuality, such as psychological, environmental, social, emotional, spiritual, and physical aspects.

## SAFER SEX AND SUPPLIES

Safer sex is about minimizing the risks associated with all types of sex, and maximizing the pleasure.

### Talking About Safer Sex

Encourage communication between sexual partners about sexual activities and sexual health strategies people like to use. This gives the opportunity to talk about safety and consent. Pillow talk or foreplay is a great time to talk about safety. Suggest making it exciting, while also setting boundaries for when sex is happening and when people may potentially not be thinking as clearly.

### Protective Barriers

**Penetrative condoms:** often called “traditional condoms.”

**Insertive condoms:** often called “anal or vaginal condoms.”

- Insertive condoms are made of polyurethane, these condoms are a good substitute for latex when there are latex allergies. They can be used in the vagina or anus.
- Both types of condoms are effective protection from HIV and other STBBIs for oral, anal, and frontal/vaginal sex.
- Change condoms between partners and between holes. When using a condom on a sex toy, also change the condom between holes and people.
- Putting a small amount of lube in the penetrative condom tip can increase the pleasure of the person wearing the condom.
- Some people may see condoms as a barrier to pleasure, and some people may use this to pressure someone into having sex without a condom. Know that it is everyone’s right to request a condom and have the request respected — this is a conversation of consent. People can think of other ways to create pleasure while still using a condom.

**Dental dams:** These are barriers that are used for safe oral sex and rimming (anal or oral sex, aka anilingus). Oral sex has a decreased risk of HIV transmission, but herpes, gonorrhea, and syphilis can be passed on easily via oral sex.

- Increased risk occurs if someone is menstruating or if the mouth has cuts or bleeding gums. Contact with the bloodstream always increases the risk of STBBI transmission.
- Dental dams are held with both hands, and acts as a barrier between the mouth and the other body.

## Sex Toys and Safety

Sex toys are fun to use with dates, partners, or hook-ups! The same precaution with body parts should be used with sex toys. Put a condom on the sex toy and change the condom between holes and between people.

- A safer sex toy practice is to have different toys for different partners, so that sex toys are not being shared between people.
- Sex toys can contract Hepatitis C, which is nearly impossible to clean off a sex toy. If Hepatitis C is on a sex toy and used with a partner or date, it can be contracted between partners and dates. Again, use condoms!
- Cleaning a sex toy for personal use is an important protective measure. Using mild unscented hand or dish soap and water, and completely dry it before storing is best practice.



## STBBIS: SIGNS, SYMPTOMS, AND TREATMENT

Sexually Transmitted Infections are common across all people and all genders, and are a natural part of the risk of having sex. There are ways to decrease the harm associated with having sex through safer sex practices, as described beforehand. STBBIs are commonly responded to with judgment and stigma, especially HIV and Hepatitis C (HCV). Therefore, it is crucial to ensure that reactions to, and treatment of, people who have an STBBI or think they might have one is non-judgmental and compassionate, and connect them to support for testing and counselling. It can be stressful to go through the process of testing for STBBIs, and it can be extremely jarring to receive news that one is positive. Free sex-positive treatment and testing can occur at a sexual health clinic.



## TOOLS

- ANKORS. (2015, July 13). [Safer Sex](#). [Video]. YouTube.
- Gay Men's Sexual Alliance. (2015). [Primed2: A Sex Guide for Trans Men into Men](#). [Brochure]. (also in French)
- [SisterSong Women of Color Reproductive Justice Collective](#).
- [TRIP! Project. Boy on Boy: Fucking Fun \(Now with Less Risk!\)](#)
- [TRIP! Project. Girl on Girl](#).

## DEFINING SEXUAL VIOLENCE

“Sexual violence includes all forms of violence committed through sexual practices or targeting sexuality. It includes any misconduct that is manifested through unwanted sexual gestures, words, behaviors or attitudes. Sexual violence can be expressed in different ways: directly (e.g., insults), indirectly (e.g., rumours) or through technology (e.g. photo of genitalia on Snapchat or Tinder). Common forms of sexual violence: sexual assault, sexual harassment, stalking, indecent exposure, voyeurism, non-consensual condom removing (stealth-ing), and sexual exploitation. Sexual violence includes misconduct related to sexual or gender diversity.” ([Élixir, SOIS Pro](#), Translation)

## RESPONDING TO SEXUAL VIOLENCE

When supporting someone who has been sexually assaulted, use the language of the person being supported. For example, if the person you are speaking with uses the word “victim” or “survivor,” then you should use it too. Note that sexual assault is never the person’s fault. The only person responsible is the person who broke **consent** (the perpetrator).

It is important to know that reporting a sexual assault to the police is not always the route a person wants to take. Knowing where to get help should include many options, including ones that do not involve the police. There are options for calling 24 hr support services, for counselling, for victim’s services that either include police or community-based support, and for connecting people to the community (friends, family, etc).

## CONSENT

Consent is the expression of mutual sexual desire between two or more people. **Consent must be mutual.** Consent is given through a clearly communicated agreement. If consent is not given, it is sexual violence.

- Silence is not consent.
- Saying yes out of fear or persuasion is not consent.
- The absence of a no is not consent.
- Consenting to one stage of a sexual interaction does not mean someone consents to all stages.
- Consent can be withdrawn at any point.
- People under the influence of substances cannot legally give consent.

Many people think that asking for consent is awkward or “ruins the moment,” but consent is about building healthy relationships and respecting boundaries. It might feel awkward at first, but it becomes natural the more it is practiced, as a result, pleasure in sexual activity is increased for both individuals. Consent reduces the risk of harm in sexual activity.

While legally consent cannot be given while under the influence of a substance, we recognize that many people have sex while high or intoxicated. There are many reasons for this, from social expectations to pleasure maximization. In many cases, consent is much more nuanced than this statement and we recognize these complexities. It is important to remember that consent does not exist in a vacuum, and neither does drug use. Intoxication is often used to blame people who have experienced sexualized violence while simultaneously absolving responsibility of those who cause harm.



## PRO TIP

When intervening with physical and verbal violence ensure your own safety and the safety and consent of the person experiencing the violence. You can be an active bystander by responding in the following ways; distraction, direct action, reaching out to others for help or waiting for a safe moment to check in.

*It's Time (2021). [Be an Active Bystander.](#)*



# HOW TO RESPOND TO A SEXUAL VIOLENCE DISCLOSURE



## LISTEN...

...stay calm and give them your full attention. Let them know you heard what they told you.

## BELIEVE...

...believe what they told you. Say “I believe you”. Disclosing an assault takes courage and strength.

## BE COMPASSIONATE...

...you can say, “you didn’t deserve this.”

## STRESS THAT IT IS NOT THEIR FAULT...

...people who have survived a sexual assault usually blame themselves. Remind them that the perpetrator is the one responsible for the sexual assault.

## KNOW WHERE TO GET HELP...

...know the service in your local community or have one of your staff accompany someone in this situation...train your team on how to be sensitive to these situations.



## Case Study #3

### Sexual Violence Disclosure

Reflect on how you would react in this situation. What are the next steps in attending to this situation?

Two women arrive at a DC service that is set up at a music festival and they start out by saying that they want to check their ketamine because last night they ended up in the psych crisis support of the festival after one bump of it. After the DC staff ran the substance on a spectrometer, the ketamine analyzed was what it was supposed to be, with no detectable cuts or buffs. After asking some questions, they say that they also did two tabs of LSD. One of them announces that they got raped at one of the stages.

The two drug checkers are temporarily taken aback by the sudden change of pace. Immediately, one of the drug checkers gives her support to what has taken place. The other drug checker chuckles and makes light of the situation, insinuating that couldn't have happened at one of the stages. The first drug checker knows that this is not a great way to respond to this news.



## TOOLS

- Hill, R.L., Hesmondhalgh D., & Megson, M. (2020). [Sexual violence at live music events: Experiences, responses and prevention](#). *International Journal of Cultural Studies*, 23(3), 368–384.
- [Project SoundCheck™](#) is a sexual harassment and assault prevention initiative. Sexual Assault Network and the Ottawa Coalition to End Violence Against Women in party settings.
- [PLURI \(Peace Love Unity Respect Initiative\)](#) aims to reduce harassment and improve inclusivity on dancefloors. [Facebook page]. (Bilingual)



## CONCLUSION

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As highlighted in this chapter, DC is a part of the HR movement that aims to reduce the harms and stigma associated with substance use through a balanced and real worldview that not only meets the individual where they are at, but allows conversations to flow that otherwise would not. The criminalization of PWUD has led to many of the current harms they face. An integrated DC service is a step towards more reasonable drug policies to reduce systemic violence and harms. HR accepts that people can choose to use substances, or can choose not to use substances.

A core concept behind DC is the idea of establishing a safer space. This means a place where staff are conscious of the language they use in a way that both reduces

stigma and makes the service user feel comfortable and accepted. There are many layers to a safer place; for example, acknowledging the various levels of oppression individuals may experience, using inclusive language, being an ally, having knowledge of harm reduction supplies and ensuring PWUD's access to them, and being conscious of issues relating to sexuality. The hope is that when a service user walks in the door — no matter what their socioeconomic, cultural, gender, or substance use background— they feel welcomed and comfortable opening up a dialogue with the DC staff.

# KEY POINTS

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- Many of these harms are preventable if all substances were regulated and accessible to all People Who Use Drugs (PWUD).
- The idea behind reinforcing a positive culture surrounding HR is to reduce risk while maximizing pleasurable and beneficial experiences, which includes using substances therapeutically or recreationally.
- Harm Reduction is a holistic framework of practice that empowers people to decide what services work best for them, based on their own unique life situation.
- Keep in mind the expertise that PWUD possesses with their first-hand knowledge of the substance they are taking, and should not be dismissed.
- DC staff getting into the spirit of the party (costumes, decorations, and positive attitudes) go a long way.
- DC staff should not push service users towards sobriety or towards substance use.
- Use non-judgmental language and be receptive to exploring where the conversation leads based on the needs of the service user.
- No presence of security or authorities in or around the space.
- Use respectful, non-stigmatizing “people first” language when describing substance use and people who use drugs.
- Make adequate eye contact, smile and demonstrate openness and receptiveness to the person you are speaking.
- Abstain from commenting on the substance that the person is testing and focus on providing information for which the person is asking.
- Use inclusive and non-assuming language.
- Staff should reflect diversity in gender, sexual and culture identities.
- Provide time slots to service women and marginalized gender only
- DC should never be a stand-alone drug service.
- DC services should be spaced separately from other HR services that have majority male service users.
- Clearly display referral to reproductive health services.
- Women and marginalized genders are part of the design and implementation of the service.
- Ensure staff feel comfortable referring service users to more experienced staff members if a gender-sensitive issue comes up.
- Ensure staff are aware of other gender focused services (e.g., women and marginalized gender, safe spaces, trans support services, women’s centres, transition houses, peer support for sex workers, etc.).
- Naming one’s pronouns when introducing oneself allows the person to name theirs as well, if they wish.
- Understand people may be facing multiple and intersectional layers of oppression.

- Support sex-positivity because sexual expression is healthy and is a right for people of all identities.
- Ensure that reactions to, and treatment of, people who have an STBBI or think they might have one is non-judgmental and compassionate, and connect them to support for testing and counselling.
- There is a lot of stigma surrounding injection. Place needle kits in discreet brown paper bags and give a confidential service. Always offer a sharps container and naloxone kits.
- Having knowledge of harm reduction supplies and offering them as part of the DC service is an important part of the service. ■



# GLOSSARY OF TERMS

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## **Allyship**

“Allyship is an active, consistent, and arduous practice of unlearning and re-evaluating, in which a person holding systemic power seeks to end oppressions in solidarity with a group of people who are systemically disempowered. Since everyone holds systemic power in some areas and lacks it in others, everyone has areas in which they can practice allyship” (taken from [The Anti Oppression Network](#)).

## **Anti-Oppression**

Actively working to remove oppression.

## **Cisgender**

A person who identifies with the gender they were assigned at birth.

## **Consent**

Consent is the expression of mutual sexual desire between two or more people. Consent must be mutual. Consent is given through a clearly communicated agreement and can be removed at any time. If consent is not given, it is sexual violence.

## **Dosing**

A quantity of a substance to be administered to obtain the required effects. All drugs have different dosages and you need to also factor in the set and setting.

## **Drug Checking (DC)**

The term drug checking refers to an integrated service which allows PWUD to have substances (e.g., fentanyl, heroin, cocaine, MDMA, LSD, ketamine) chemically analyzed. PWUD receive their results in a nuanced, neutral and non-judgmental way in order to increase their knowledge and understanding of the substances they are considering taking.

## **Drug Elitism**

Drug elitism is a form of discrimination against individuals using drugs that differs from oneself and thinking lesser of them due to the substances they use and how they put it into their bodies.

## **Fixed Site**

A permanent drug checking site (e.g., in a harm reduction agency, clinic, or store front).

## **Harm Reduction (HR)**

“A holistic framework of practice that empowers people to decide what services work best for them, based on their own unique life situation. HR can include, but is not limited to, risk minimization and promoting awareness and education surrounding drug use and sexual health through PWLE leadership and community engagement” (ANKORS).

## **Instrument**

Refers to a device a technician uses to determine the contents of a sample.

## **Intersectionality**

Intersectionality states that there are multiple forms of oppression within our social structure and each of these forms intersects and supports each other. This means that an individual can hold multiple identities making them privileged and oppressed at the same time, or to have to face multiple oppression at the same time.

## **On-Site**

A temporary pop-up drug checking site that is set up for an event and taken down when the event is over (e.g., festival, conference, motel, or street site).

### **Oppression**

“The use of power to consciously or unconsciously disempower, marginalize, silence, and harm another social group that has been given less power in society, or has had power actively taken away from them to benefit the social group that is the oppressor” (taken from [The Anti Oppression Network](#)).

### **Overdose Prevention Site (OPS)**

A safe use site within a province with which a health emergency exemption has been provided by provincial MHO ministerial powers, like in British Columbia. Since COVID, the federal government also is giving out Federal exemptions for Overdose Prevention Sites (OPSs) for all provinces that want it, Quebec has adopted this designation.

### **Privilege**

The access to power by the dominant group. Privilege gives economic, social, and political advantages at the expense of a marginalized group. Privilege is about holding power in society and having a certain level of opportunities and input in society.

### **Racism**

Racism involves one group having the power to carry out systematic discrimination through institutional policies and practices of the society, and by shaping the cultural beliefs and values that support those racist policies and practices.

### **Service User**

Person who uses a service that is being provided.

### **Sex-positivity**

The belief that sexual expression is healthy and is a right for people of all identities. Sex-positivity works to decrease the stigma of sexuality and promotes inclusive sex education, body-positivity, and self and community care within the framework of creating safe spaces

### **Sexual Health**

The ongoing experience of well-being related to sexuality, including the many intersecting aspects of sexuality, such as: psychological, environmental, social, emotional, spiritual, and physical aspects.

### **Shot**

The prepared injection solution that includes the drug and sterile water. This has been heated to dissolve and drawn through a filter with a cotton into a syringe.

### **Stigma**

Stigma can occur when a person’s worldview is not considered “socially acceptable” within society, which can further lead to a sense of helplessness and disempowerment. Stigma can be used as a tool of oppression to take away people’s power.

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