2020

# Introduction & How-To Guide

## Welcome to Women and Harm Reduction in Ontario: A Capacity Building Toolkit

This Toolkit was created to strengthen the work harm reduction programs do with women who use drugs. It contains a series of tools that can be used together, separately or in other creative ways. Organizations who use this toolkit should already have a strong understanding of what harm reduction is and be implementing harm reduction programming.

The Introduction & How-To Guide provides information about:

- WHAI and how WHAI works
- How and why this Toolkit was created
- What is included in the Toolkit
- Language used throughout the Toolkit
- Useful links to resources about harm reduction

**USEFUL RESOURCES ABOUT HARM REDUCTION**

Ontario Harm Reduction Network
ohrn.org

Ontario Harm Reduction Distribution Program
ohrdp.ca

Ontario Drug Policy Research Network
odprn.ca

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
catie.ca/en/programming/best-practices-harm-reduction

## About WHAI

The Women & HIV / AIDS Initiative (WHAI) is a community response to HIV and AIDS among Cis and Trans women in Ontario, with a focus on the structural and societal factors that increase risk for HIV. WHAI works in more than 16 regions across Ontario, and has 3 main goals:

- Reduce HIV transmission among women
- Enhance local community capacity to address HIV and AIDS
- Create environments to support women and their HIV- and AIDS-related experiences

### HOW WHAI WORKS

WHAI's objective is to strengthen the capacity of communities to support women living with and affected by HIV, including women who use drugs. WHAI uses a community development approach that aims to build community capacity and amplify the voices and expertise of women who use drugs in this process.

### HOW AND WHY THIS TOOLKIT WAS CREATED

This Toolkit was developed as part of WHAI's work to build community capacity. Through community consultations, women who use drugs and service providers identified structural barriers that prevent women from accessing harm reduction services, contributing to increased risk for HIV and poorer health outcomes. In response, WHAI established a working group with partnered agencies across Ontario. This working group reviewed existing resources about women and harm reduction and consulted with women who use drugs and service providers across Ontario to identify key areas of capacity building work. In alignment with WHAI's commitment to GIPA / MIPA (Greater Involvement of People living with HIV / AIDS and Meaningful Involvement of People living with HIV / AIDS), the working group sought feedback from a range of populations including Black and Indigenous women; women from northern, rural and suburban areas and Trans and Non-Binary people. In an attempt to address any gaps in participation, we also partnered with individuals and organizations from these communities to assist in consulting, writing, and editing this resource.

Overall, this Toolkit was written to reflect the experiences, voices and priorities of women who use drugs. The content reflects what women told our working group and aims to be accessible and useable in a range of creative ways.  We hope you find it helpful!

To find out more about WHAI, or to find a WHAI Coordinator near you, go to whai.ca.

## What is included in the Toolkit?

Below is an overview of each section of the Toolkit. Each section includes an introduction and some Tips for Use. The Toolkit can be used all together, or separately, depending on local community need. Be creative and adapt the sections to fit your needs. Remember, it is important for any community capacity building work to integrate the experiences and expertise of local women who use drugs. We encourage you to invite women who use drugs to participate and help lead local community capacity building work.

### SECTION 1 SNAPSHOT

This section provides an overview of the women who participated in the development of this toolkit.  It includes information about what regions women were from, a breakdown of ethnicity, relationship status, parenting status, drugs of choice, modes of use, and overdose prevention information.

### SECTION 2 WHAI'S PRACTICES BY WISE WOMEN

This section includes a series of resources that outline practices to help increase women's access to harm reduction programs. The series includes:

- Meaningful involvement of women who use drugs
- Relationship building with women who use drugs
- Women-specific awareness and knowledge
- Program structures

### WHO THIS TOOLKIT IS FOR:

This Toolkit was created to support organizations that are already doing harm reduction work and want to strengthen their work with women who use drugs.

## SECTION 3 WOMEN'S HARM REDUCTION TOOLS & TIPS

This section provides tips about the supplies women who use drugs find helpful, including harm reduction supplies, sexual health supplies, hygiene and cosmetic supplies.

## SECTION 4 JUDGMENT & BIAS CARDS ACTIVITY

This activity includes a series of cards that can be used to generate discussion. Use them in pairs, small groups, or as a large group activity. The activity can be helpful to explore values, feelings, assumptions, and judgments about women who use drugs. Each card includes a statement, discussion questions, and some information that may be helpful in thinking about harm reduction work with women who use drugs.

## SECTION 5 AGREE OR DISAGREE WORKSHEET

This is a worksheet that can be used to support organizational capacity building by exploring people's values, feelings, assumptions, and judgments related to women who use drugs. Facilitators should be creative and use the worksheet in different ways, depending on the type of capacity building work being facilitated.

## SECTION 6 WOMEN AND HARM REDUCTION ASSESSMENT TOOL

This tool may be useful for assessing how accessible your program is to women who use drugs. As you build your familiarity with women and harm reduction, consider ways to increase accessibility. Remember, building capacity is a process. Implementing small, cost-effective steps can go a long way in improving the health and well-being of women who use drugs.

# Language

**GENDER LANGUAGE:** People have different comfort levels with language, and WHAI strives to find ways to be accessible and inclusive and to reflect the advancement of gender-inclusive language. People have different preferences, and these preferences can change depending on the context, situation, sense of safety, or personal identity. This resource strives to be inclusive of all women who use drugs, including Trans and Cis women, people who are designated or assigned female at birth, people who are female-identified that are Trans or Non-Binary and people that are on the Transfeminine spectrum. The terms "woman" and "women" are often used throughout the toolkit to encompass a wide range of identities, and in places we specify Trans or Cis to help clarify or remind us of the importance of striving to build inclusivity. At times, the terms "female" and "male" are also used. This reflects how data is gathered in sources we are referencing, in cases where it is referencing sex rather than gender. Regardless of our comfort levels, for the safety of all women and in an effort to create accessible, respectful, and inclusive spaces, it is important to address people by whatever terms they identify with. For more information on WHAI's work toward Trans inclusion and gender-inclusive work, please see WHAI's Trans Inclusion Pocket Guide at whai.ca.

For helpful information on language and terminology, check out The 519's Glossary of Terms at the519.org/education-training/glossary.

**CIS:** (pronunciation: "sis") A person who experiences their gender identity in a way that matches the societal expectations of someone with the physical sex characteristics that they were born with. Often shortened to Cis from Cisgender, the use of this term acknowledges that everyone has a gender identity that has a relationship to their assigned sex.

**NON-BINARY:** A term used to describe gender identity that is not exclusively masculine or feminine.

**TRANS:** An umbrella term for a person who experiences their gender identity in a way that does not match the societal expectations of someone with the physical sex characteristics that they were born with.

**ACB:** This is an acronym that refers to African, Caribbean, and Black communities.

**DRUG USE:** This toolkit uses the term "drug use" to refer to use of any illegal or legal drug or medication, including alcohol and solvents.

**HARM REDUCTION:** According to the International Harm Reduction Association, harm reduction is defined as "policies, programs and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption" (International Harm Reduction Association. What is harm reduction? A position statement from Harm Reduction International [Internet]. London, UK: International Harm Reduction Association; 2017 [cited 2017 Dec 1]. Available from: hri.global/what-is-harm-reduction).

Critical elements that inform this approach include 1) putting people who use drugs at the centre; 2) focusing on public health and human rights; and 3) awareness and recognition that social policies and practices can contribute to the harms experienced by people who use drugs (Recommendations for Building a Harm Reduction & Substance Use Continuum of Care. Gillian Kolla for the TC LHIN. March 2018)

**HCV:** Hepatitis C Virus

**HIV:** Human Immunodeficiency Virus

**STBBI:** Sexually transmitted blood borne infections

**WHAI:** Women & HIV / AIDS Initiative

**WHAI'S PRIORITY POPULATIONS:** WHAI prioritizes work with populations including women living with HIV and women who face systemic risk factors for HIV aquisition. This includes ACB women, Indigenous women, Trans women, women who use drugs, women who have experienced violence, and women who have been or are incarcerated. The prioritization of these populations is based on feedback received during our provincial Situational Analysis, as well as epidemiological findings from the Ontario Cohort Study (OCS) and Ontario HIV Epidemiology and Surveillance Initiative (OHESI). For more information on these see ohtncohortstudy.ca and ohesi.ca.

# Thank You

Most importantly, thank you to the Trans and Cis women and Non-binary people who use drugs across Ontario who acted as consultants, sharing their experiences to help all of us work to make harm reduction programs more accessible for women. Thank you to the community members who acted as consultants, editors, proofreaders, and gave invaluable input. Your dedication to building community capacity and creating change is inspiring.

This project is the result of many people working together across Ontario to create change. Thank you to the WHAI Workgroup and partner agencies who took leadership roles in this project:

- Regional HIV / AIDS Connection (London)
- Ontario Aboriginal HIV / AIDS Strategy (Ontario)
- Elevate NWO (Thunder Bay)
- HIV AIDS Regional Services (Kingston)
- Peterborough AIDS Resource Network (Peterborough)
- CAYR Community Connections, previously AIDS Committee of York Region (York)
- Moyo Health and Community Services, previously Peel HIV / AIDS Network (Peel)
- AIDS Committee of Windsor (Windsor)
- Rèseau Access Network (Sudbury)

Thank you also to the community agencies who supported this work:

- African Caribbean and Black Council on HIV in Ontario (Ontario)
- Black CAP (Toronto)
- Ontario Harm Reduction Network (Ontario)
- Ontario Harm Reduction Distribution Program (Ontario)
- PASAN (Ontario)
- TG Innerselves (Sudbury)

Thank you to Loop: Design for Social Good for their creativity, leadership and thoughtfulness in designing this Toolkit

WHAI Women & HIV/AIDS Initiative

**WHAI.CA**

SECTION 2

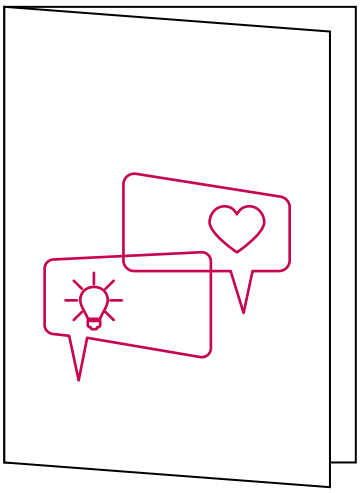
2020

# WHAI's Practices by Wise Women

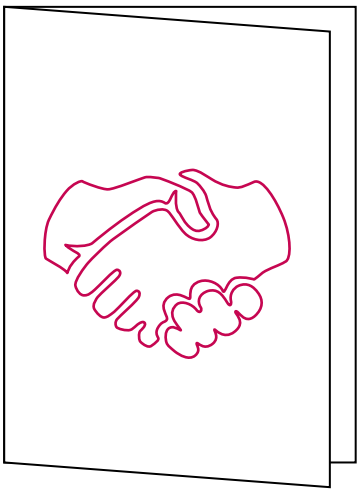
WHAI's Practices by Wise Women is part of **WHAI's Women and Harm Reduction In Ontario: A Capacity Building Toolkit**, which was created to strengthen the work harm reduction programs do with women who use drugs. Based on consultations with women who use drugs across Ontario, this resource outlines practices to help increase women's access to harm reduction program.

This 4-part series includes:

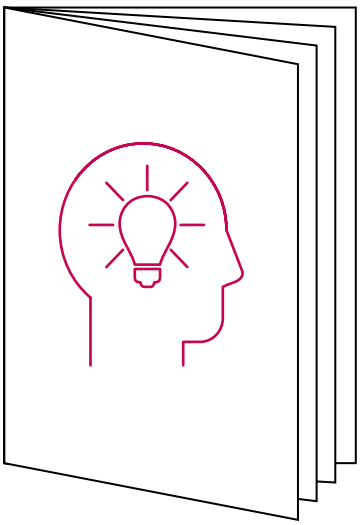
**1** **MEANINGFUL INVOLVEMENT OF WOMEN WHO USE DRUGS**



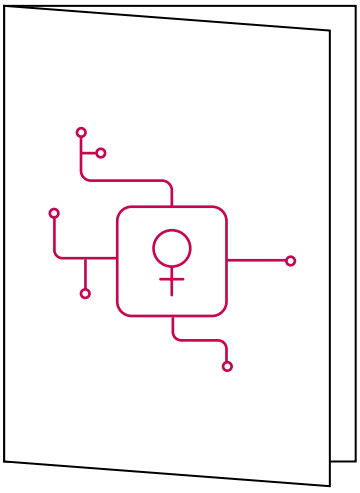
**2** **RELATIONSHIP BUILDING**



**3** **WOMEN-SPECIFIC AWARENESS AND KNOWLEDGE**



**4** **PROGRAM STRUCTURES**



Recognizing that resources are limited, we encourage organizations to be creative in finding ways to include these practices wherever possible.

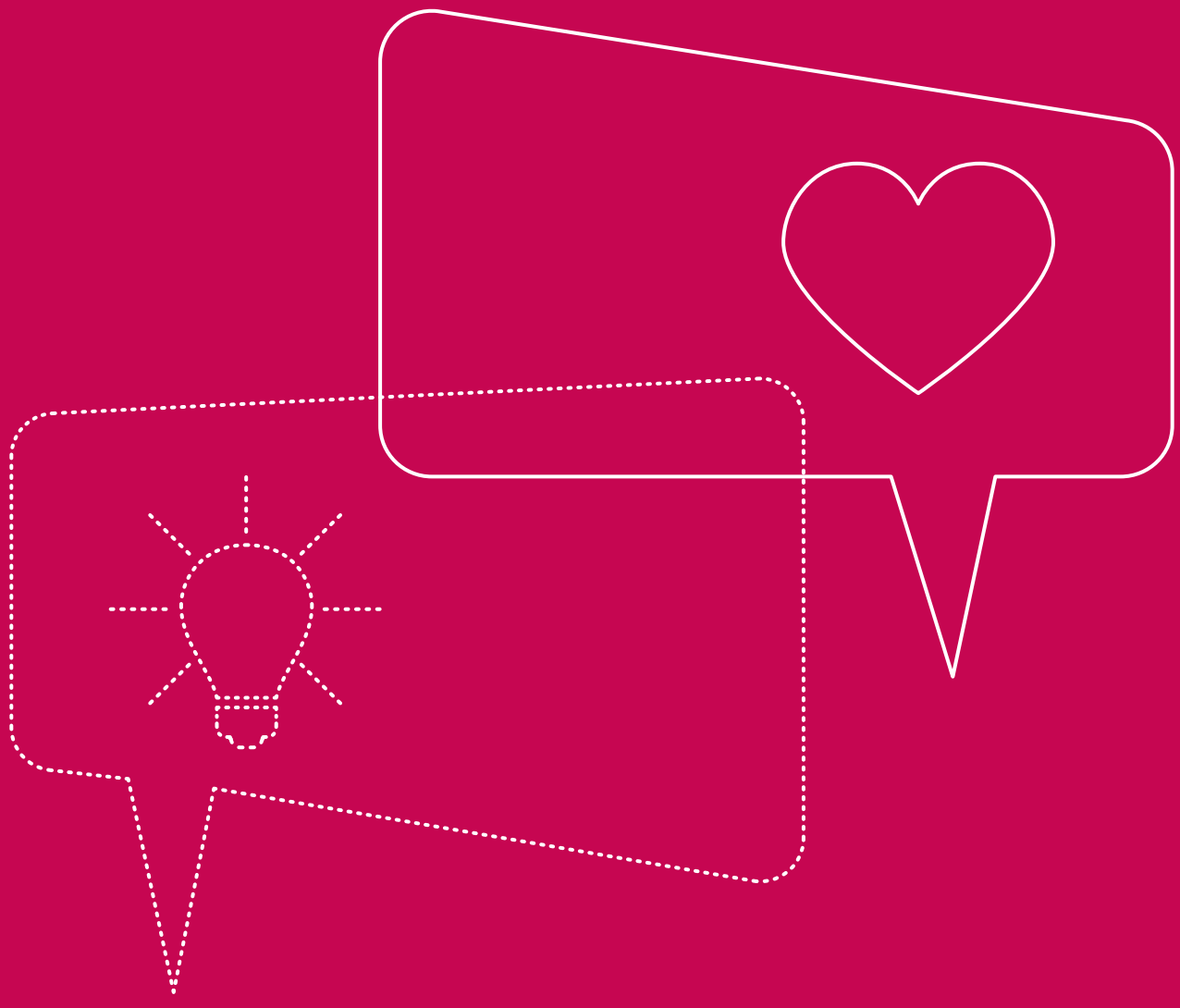
PART 1

# Meaningful Involvement of Women Who Use Drugs

The meaningful involvement of people who use drugs is an important part of any harm reduction program. Specifically involving women who use drugs can help ensure the program is addressing women's needs. While there are many ways to involve women in meaningful ways, two specific examples described by women across Ontario were:

1. Consulting with women who use drugs
2. Employing women who use drugs

This booklet provides some tips about how to do this. Use it as a starting point to brainstorm strategies that may work well locally.



## 1 CONSULT WOMEN WHO USE DRUGS

Getting input and integrating feedback from women who use drugs is an essential step in building trust with women while ensuring programs are helpful and relevant.

**Examples include:**

Hold one-on-one or group consultations with women who use drugs

Establish a women-who-use-drugs advisory committee

Use participatory models of community development or community-based research that ensure participation from women

"I just want to use peer-run services. I trust people who I know understand my life and drugs from doing it themselves."

"I am getting support from someone with real life experience, not someone who just has an educational background. I want support from people who understand and have lived the lifestyle."

"This woman who works there helped me out with tips about how to inject. It's really helped me out a lot. I don't have to rely on other people now, and also I don't have as many scars."

**When planning consultations, there are some considerations that can help to create a successful outcome:**

**Who is hosting it?**
Engaging people from communities that have faced exclusion can sometimes be difficult because it requires a level of trust and engagement. This can be especially true for women who have faced stigma and discrimination about their drug use.

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**Tips**
- Work with community partners who have established trust.
- Employ women who use drugs to facilitate or co-facilitate.

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**Who is invited?**
Ensuring the inclusion of people who have historically been excluded or may not be connected to the program is important. Having a clear idea of who you want to hear from can help to inform how you do outreach and who you invite.

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**Tips**
- Invite women who use drugs to do outreach to other women who use drugs.
- Consider reserving space or outreaching to particular populations of women who may face barriers accessing harm reduction programs.

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**What questions are being asked?**
The types of questions asked impact the information collected.

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**Tips**
- Brainstorm what questions to ask with local women who use drugs.
- Try the questions out 1:1 with women who use drugs to see if the questions get the information you're hoping for.

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**How are people engaged?**
People have different comfort levels with different styles of engagement. Using methods of engagement that work for the community you're consulting with can help to get the information you're looking for.

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**Tips**
- Explore different engagement tools and learning styles. These can be helpful in fostering participation from a range of communities.
- For some, a meeting or group setting works well. Others may be more comfortable to get together and talk while engaging in an activity such as art making, gardening, or meal sharing.
- For some, one-on-one conversations work better than group settings.

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**Time and place**
Time and place impact who will attend.

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**Tips**
- Holding consultations at times of day that work for the people you are inviting, and in spaces that are comfortable, accessible, and safe, is critical to fostering participation from communities that have been excluded. For example, a meeting first thing in the morning may be difficult to get to.

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**Payment**
Income insecurity can be a barrier to participation for many people.

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**Tips**
- Whenever possible, provide payment or honorariums, refreshments, and cover transportation costs for those participating. This helps to acknowledge and honour their contribution.

## 2 EMPLOY WOMEN WHO USE DRUGS

Employing people who use drugs is another key element of a strong harm reduction program.

**Employing women who use drugs can help to:**

build positive relationships with women who use drugs

provide important employment opportunities

foster a sense of comfort and safety

ensure the program is responsive to women's needs

create important opportunities for women who use drugs to share gender-specific information about harm reduction, including supplies, drug use practices, safety and other realities. Women who participated in this project noted that these conversations often do not happen if women with lived experience are not employed within the program.

When employing people who use drugs, it is important to have policies and procedures that ensure people who use drugs are not discriminated against in their workplace, have access to skills-building opportunities, and have supervision and support. For more information, contact the Ontario Harm Reduction Network ohrn.org or Ontario Organizational Development Program oodp.ca.

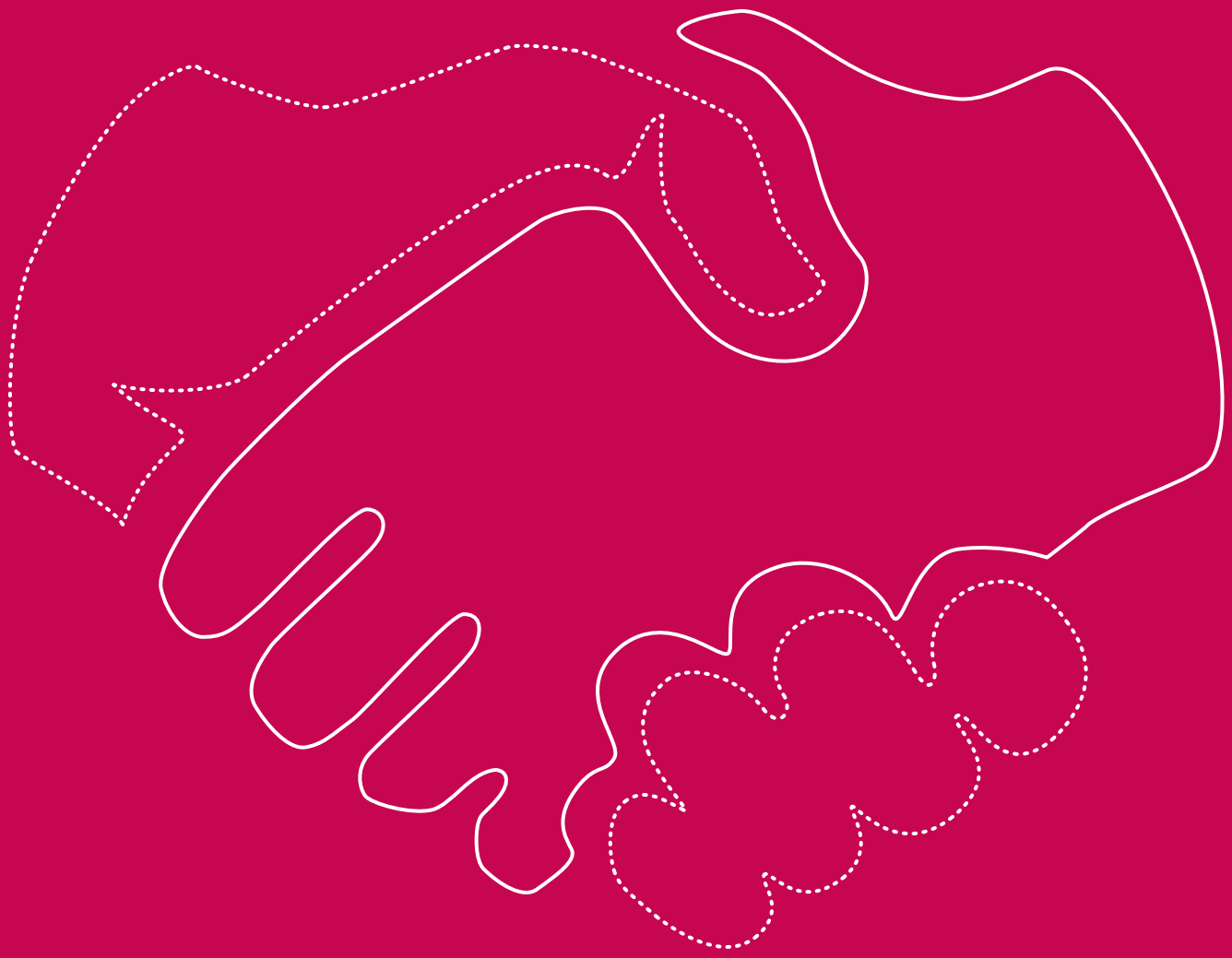
"Its really helpful when there are women who use drugs working in the programs. I feel safe and can talk to them."

PART 2

# Relationship Building with Women Who Use Drugs

Relationships were described as one of the most important components that facilitate women's use of a harm reduction program. When we asked what helps to build a positive relationship, we found that two specific qualities were essential:

1. Discretion and confidentiality
2. Trust



## 1 DISCRETION AND CONFIDENTIALITY

Discretion and confidentiality are important components of any effective harm reduction program. This was particularly true amongst women who have experienced violence, child welfare involvement or legal system involvement. Reducing the risk of unintentional disclosure of private information such as drug use can help women feel comfortable accessing services and prevent risk of negative consequences including violence and other harms.

"I always try to be aware of who might see me going to the agency. It's best when I can pick up supplies without anyone seeing me."

## ASSESSMENT TOOL

The following questions were developed to help assess how discrete and confidential harm reduction services (or are perceived to be). Answer the following questions with "yes" or "no," and then, if necessary, identify strategies that may help to increase people's sense of confidentiality and discretion. The opposite page provides tips that may be helpful.

**Assessment Tool**

| | | | |
|---|---|---|---|
| 1 | Do people have to provide information to more than one staff member before accessing the harm reduction program? | YES | NO |
| 2 | Are people required to give identification or provide their real name in order to pick up harm reduction information or supplies? | YES | NO |
| 3 | Do people have to share information about their drug use or identity in front of others? Can other people hear information that is being shared? | YES | NO |
| 4 | Is private information written in a place where others may be able to see it? | YES | NO |
| 5 | Can others see what people are picking up? | YES | NO |
| 6 | Are supplies in packaging that is obvious / shows the content, or is marked with a harm reduction label? | YES | NO |

**Insight: Perceptions of Confidentiality**

If you answered "yes" to some or all of the questions on the previous page, consider ways your program may be able to shift policies or practices to foster discretion and confidentiality. Be creative. Brainstorm with your team. Here are some ideas that may help:

"I avoid using services that require my name or health card or whatever. I don't feel safe in public spaces and or anywhere I am required to identify myself, because you never know where the info is going. I only use services that have a good reputation and can be trusted."

"Having a membership card is really cool. I don't have to say my name out loud, which helps. I just show my card. It makes me feel like I'm part of a club."

**Tips**

- ◯ For harm reduction supply distribution, use bags that are discreet and non-identifying.
- ◯ When welcoming people into the program, take the opportunity to talk about the importance of confidentiality.
- ◯ Create confidential client / participant codes or membership cards. This way you can collect data, while also ensuring people don't have to share identifying information in front of others. Some programs also use this as an opportunity to foster a sense of community and belonging.
- ◯ Put harm reduction supplies in spaces where people don't have to speak to multiple staff if they don't want to (e.g., the reception desk, shared spaces, or program areas where appropriate).
- ◯ Provide space for private conversations including intake meetings or harm reduction counselling sessions.
- ◯ Ensure staff are trained on confidentiality and privacy practices, including the Personal Health Information Protection Act.
- ◯ Post information about the importance of confidentiality. For example, some harm reduction programs have posters that say "Privacy and confidentiality are important to us. If you have ideas about how we can do better, please talk to us or drop an anonymous note off in our feedback box."

## 2 TRUST

Feeling trusted and respected by staff helps build positive relationships. Many women shared experiences about feeling distrusted and the negative impact it had on their use of the program. When thinking about this, it's important to acknowledge that many women who use drugs do not trust staff due to negative and stigmatizing experiences. This was highlighted in our consultations as being particularly true for women who face multiple layers of discrimination and judgment. For these reasons, fostering trust is an ongoing process and can take time.

**You can help foster trust by:**

- **Respecting women**
- **Honouring privacy rights**
- **Consulting women on service practices**
- **Engaging women in decision making**

### Tips

- Consider holding a consultation with women who use drugs to ask what would help to build trust. Ask women to talk about experiences that lead to women who use drugs not trusting service providers, and to brainstorm and share examples about actions that have helped to build trust.

"It's the people who work here. If people are mean or ignorant, a lot of people won't come to programs."

"The staff followed me into the washroom, asking what I was doing."

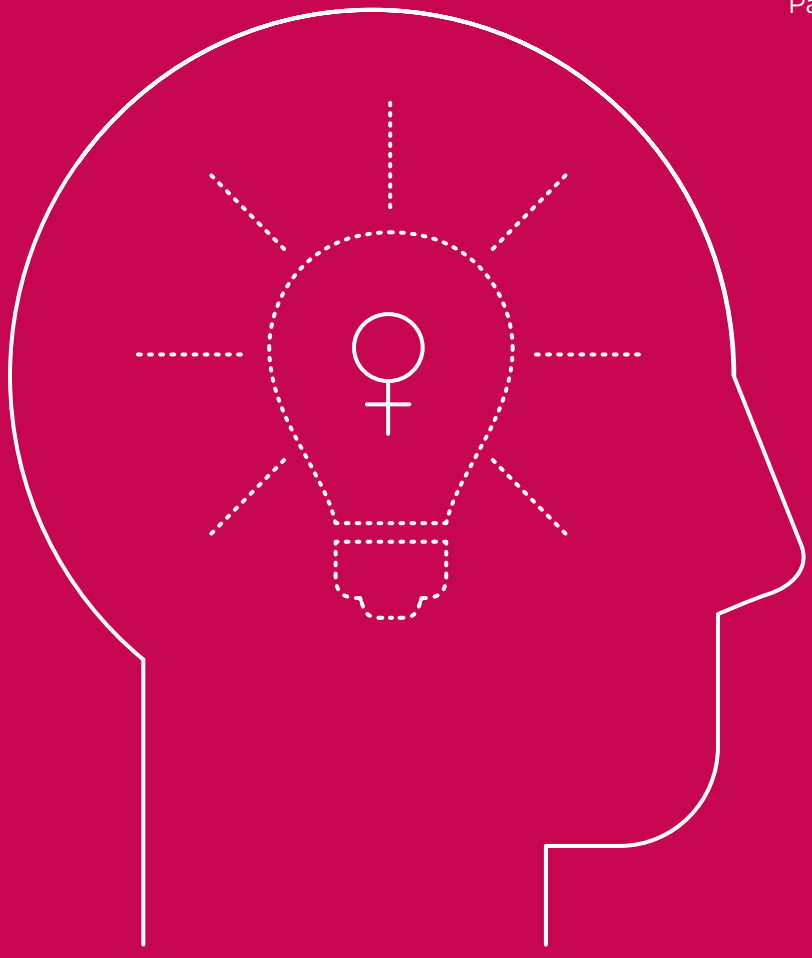
"The staff asked me a lot of questions about where my kid is and why I'm using drugs. It just felt really judgmental. He asked me right in front of my friend."

PART 3

# Women Specific Awareness and Knowledge

Positive relationships are more easily established when staff are aware of and understanding about the day-to-day realities of people who access the program. This section provides some tips about women-specific realities that may be helpful to learn about in a local context, including information about:

1. Drug Preferences
2. Violence
3. Poverty & Homelessness
4. Stigma & Discrimination
5. Pregnancy & Parenting
6. Sex Work
7. Criminalization
8. Trans Communities
9. Culture



Being knowledgeable about the day-to-day experiences of women who use drugs can help to give insight into working with women who use drugs and the barriers women may experience when accessing harm reduction programs. These can be unique from region to region, making it important to consult with local women. Women who participated in this project shared the following examples as a starting point:

## 1 DRUG PREFERENCES

Drug preferences vary from region to region and are different for everyone. That said, women may choose to use certain drugs to facilitate different experiences related to safety, manage the impact of traumatic experiences, or support them through other life realities. Understanding local drug choices and the rationales behind these choices can be helpful to providing gender-specific harm reduction services.

### Tips

- ◯ Invite women to talk with each other about drug use in a non-judgmental space.
- ◯ Encourage women to share harm reduction strategies that may be specific to certain drugs or drug combinations.

"There's so much stigma. I've been treated badly at so many places – just because I use drugs. Now I just kinda approach new places with the assumption that they're going to refuse to work with me. When a staff understands some of the things going on for me – and talks to me in a way that shows understanding, it really helps me to feel better about going there."

## 2 VIOLENCE

Gender-based violence is a reality across Ontario, and this is especially true amongst women who use drugs. Experiences of violence can be both a reason for using drugs, as well as a reality of navigating drug use in the community.

### Tips

- ◯ Create space for women who use drugs to talk about their experiences of violence, supports or services that have been helpful, and brainstorm ideas about how harm reduction programs can help to address violence against women who use drugs.
- ◯ Engage local shelters to build capacity, where appropriate, and integrate harm reduction and violence against women strategies.

"Gender-based violence is a reality in every community in this province and we need everyone to be a part of this important conversation."

***- Kathleen Wynne,***
***Former Premier of Ontario***
*"It's Never Okay: Ontario's Gender-Based Violence Strategy"*
*women.gov.on.ca/owd/english/ending-violence/document/MSW_GBVS_Long_final_en.pdf*

## 3 POVERTY & HOMELESSNESS

As communities across Ontario continue to struggle with poverty and homelessness, people who use drugs continue to feel the impact. For example, poverty can make it harder to travel to pick up harm reduction supplies and to use in safe spaces. For some, this may mean using outdoors or in public washrooms. Women have talked about the risk of using in front of other people, and concerns about having their drugs stolen or threats of violence if they don't share their drugs. If homeless, women sometimes experience pressure to enter into relationships in order to have a safe space to sleep. Women who use drugs have also talked about barriers to accessing women's shelters and other services for people living in poverty due to stigma about drug use.

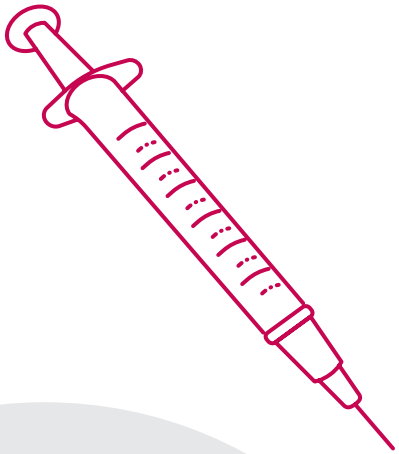
### Tips

- ◯ Create spaces where women can talk about their experiences of poverty and homelessness, and strategies to help manage the day-to-day realities of these experiences.
- ◯ Explore partnership options with women's shelters to address experiences of stigma and discrimination shared by women who use drugs.
- ◯ Explore the possibility of harm reduction supply distribution through local shelters, food banks, or drop-in programs that work from a harm reduction perspective.

"While most agencies don't allow people to use in the washroom – it is often a reality. Especially for women who may be facing the threat of violence. It is helpful to be aware that sometimes people use drugs in a washroom to reduce the risk of violence."

## 4 STIGMA & DISCRIMINATION

Women who use drugs often face stigma and discrimination from others in the community, including service providers. These experiences can prevent women from accessing harm reduction programs.



### Tips

- Create spaces where women can talk about their experiences of stigma and discrimination in the local community. Invite women to offer suggestions to each other about programs and services that are non-judgmental and to talk about ways to address experiences of discrimination.
- When referring women who use drugs to other services in the community, make an initial call to the service provider to ensure that they work from a non-judgmental perspective.
- Create partnerships so women have choices about where to pick up harm reduction supplies without it being noticeable to others.
- Encourage women to pick up supplies for their friends. This can help women to access supplies without identifying themselves as someone who uses drugs, and also helps to extend the reach of the harm reduction program.

"Women are too scared to come into harm reduction programs. There's a phobia. They don't want to be known as an injector."

"I always invite women to take supplies for others. I say something like 'do you or some of your friends need any supplies? You're welcome to take some for women who don't come here.' This way they don't have to disclose their drug use if they don't want, and they're able to provide supplies to others who may not come here."

***– A harm reduction worker***

## 5 PREGNANCY & PARENTING

Pregnancy and parenting are a reality in the lives of many women who use drugs. Almost half of the women who participated in this project had children, and more than 70% were of a childbearing age. Stigma and judgment about drug use during pregnancy or when parenting is significant and creates notable barriers for women's use of harm reduction programs. Many women talked about their present-day experiences with child welfare involvement, as well as past and / or intergenerational experiences with child welfare services. While harm reduction programs may have limited capacity to provide one-on-one counselling or support related to pregnancy and parenting, having an understanding of women's experiences can help to reduce barriers and connect women to harm reduction services.

"I know a lot of moms are terrified of CAS. They worry they'll have to give their name to come here."

"In our work with women who use drugs, we explain that drug use does not mean you cannot be pregnant or a parent. We explain that we work to support women who are pregnant or parenting and share information – for example about drug interactions with the fetus and risks – so that women can make informed decisions. We also let women know that if we ever have concerns and feel a need to contact child welfare services, we will plan this out with her in advance whenever possible. We work to be as transparent as possible and to put women in the position of making decisions they feel supported in."

***- A harm reduction worker***

### Tips

- ◯ If they are not already in place, establish transparent policies and practices about the involvement of child welfare services. These should be based on "Duty to Report"* laws under the Child and Youth Family Services Act, along with harm reduction principles and trauma-informed practice.

  **More information can be found at children.gov.on.ca/htdocs/English/childrensaid/reportingabuse/abuseandneglect.aspx*

- ◯ Work as a team to build capacity and awareness about "Duty to Report" laws, including the definitions of "protection," "risk of harm," "neglect," and "abuse," the application of these within a harm reduction context, and how your team will work together to consistently apply these practices.

- ◯ Work as a team to develop strengths-based harm reduction strategies to work with women who are pregnant or parenting and using drugs.

- ◯ Ensure that women are informed about both the team's role of providing harm reduction support, as well as situations where there may be a requirement to report.

- ◯ Build the team's awareness of harm reduction based programs and services for pregnant and parenting women.

- ◯ Communicate the team's commitment to working with women who are pregnant or parenting from a harm reduction perspective. This may include working with women to create a poster for the program space, or posting policies about the program's commitment to this work.

- ◯ Brainstorm about ways to address stigma and discrimination against women who use drugs and are pregnant and/or parenting.

## 6 SEX WORK

Some women may do sex work in order to afford drugs, while others may be pressured into sex work, and others still may do drugs to help facilitate their sex work. However, not all women who use drugs do sex work. It is important to be aware of the local realities for women who use drugs and do sex work.

**Tips**

- ◯ Link with local sex work advocacy and sex work rights groups.
- ◯ Provide information about Bad Dates.
- ◯ Create spaces for women who do sex work to discuss safety strategies.

## 7 CRIMINALIZATION

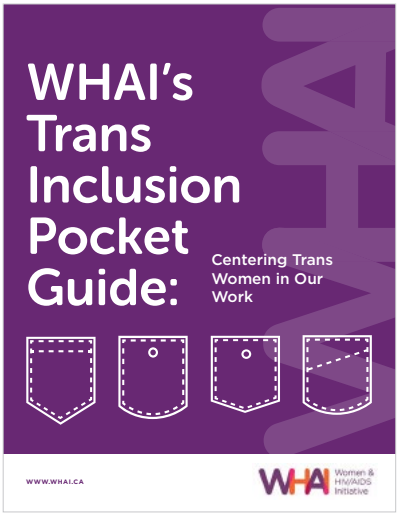
The criminalization of drug use creates particular harms for people who use drugs. Whether this is the risk of being arrested, or having a loved one or dealer arrested, the impact is significant. Incarceration can also create increased risk for overdose if people have prolonged periods without using and have a reduced drug tolerance when released.

**Tips**

- ◯ Learn from local women about their experiences of incarceration and the criminalization of people who use drugs.
- ◯ Create ways for people who are incarcerated to stay connected with service providers and community. This may be through specific times when collect calls are accepted or communicating through letter writing.
- ◯ Providing letters of support when people are dealing with the legal system can be helpful, demonstrating positive contributions they have made to the community.

## 8 TRANS COMMUNITIES

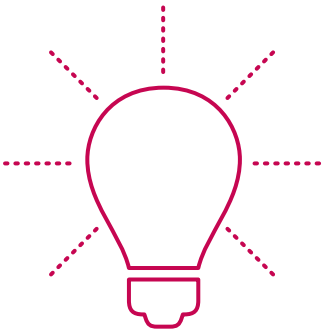
Trans communities have talked extensively about the barriers, stigma, and discrimination they have faced when accessing programs and services, which can translate into fear or discomfort in accessing harm reduction programs. These can include gender-specific barriers at shelters, violence specifically related to Trans identities, and barriers to employment, health care services, housing and more.




### Tips

- ◯ Check out WHAI's **Trans Inclusion Pocket Guide: Centering Trans Women in our Work** for tips on creating programs and services that are respectful and inclusive of Trans communities. See whai.ca/resources
- ◯ Connect with and support local Trans community advocacy groups and events.

"Sometimes people use in washrooms even though they aren't supposed to. Trans people may prefer to access single-person washrooms instead of washrooms with multiple stalls due to stigma and discrimination. It is important for staff to know how to discreetly and respectfully check on people and know how to enter the washroom if the person is not responsive, in case there is a risk of overdose."

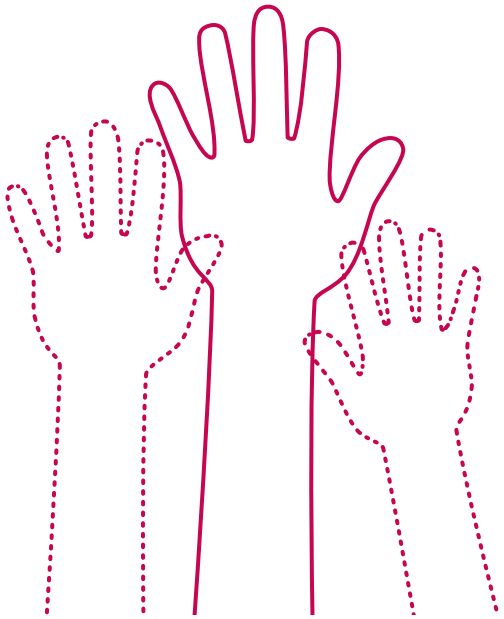


## 9 CULTURE

Different cultures have different comfort levels discussing drug use, different drug use practices, and even different strategies for reducing harm. These trends often have differing gender-based norms.

### Tips

- ◯ Hold consultations with different cultural groups to share information about drug use trends, harm reduction practices, and to brainstorm strategies to ensure harm reduction programs are accessible and inclusive for everyone.
- ◯ Employ people from different cultural groups to foster integration of cultural practices and strategies and help build relationships with communities that have historically been excluded.



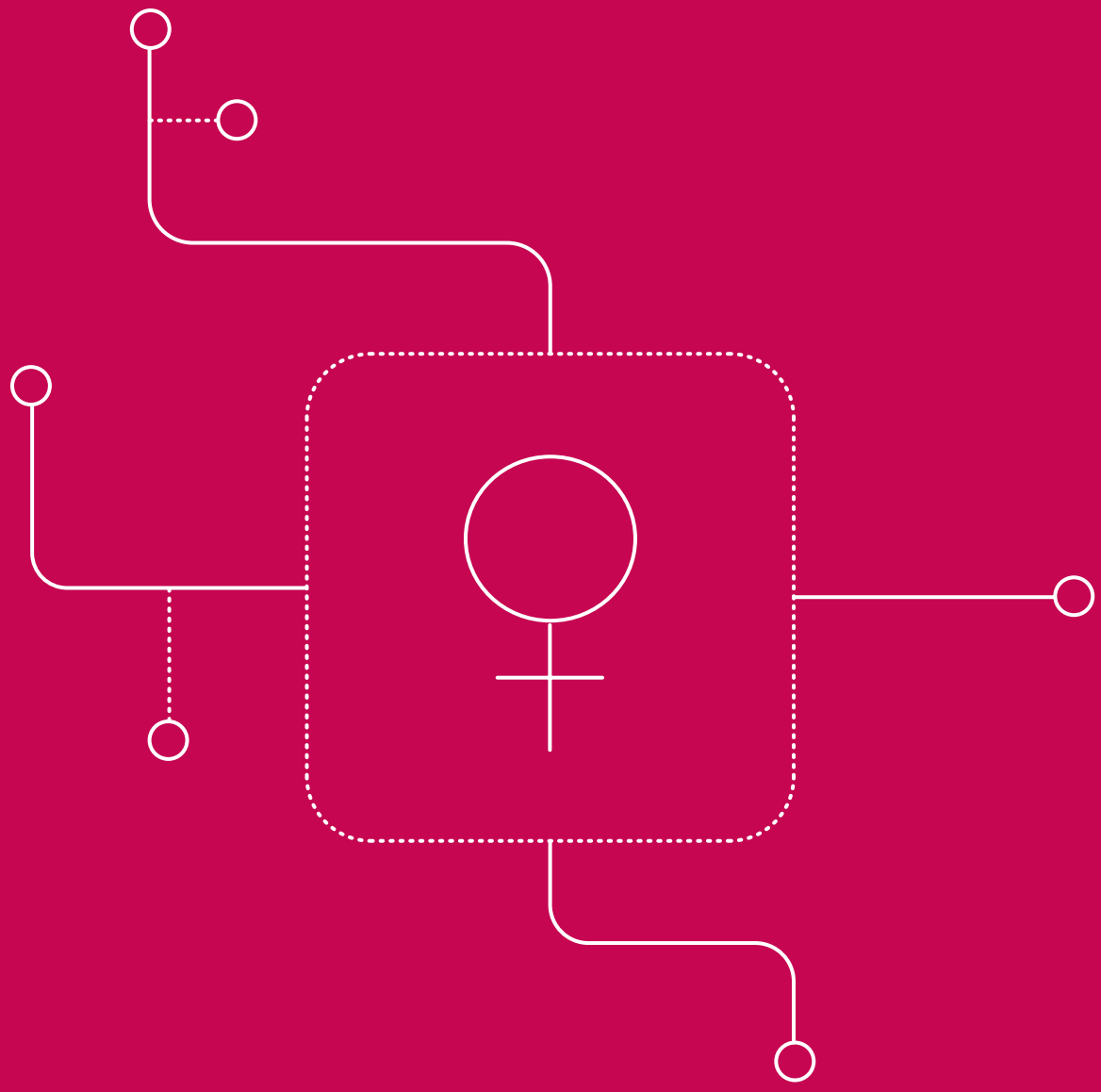
Building awareness is an important step to ensure harm reduction programs respond to the needs of women. The tips in this section are just a starting point. Consult with women in the local community to understand local realities and experiences, and ask for their input when developing strategies to address the needs of women who use drugs.

PART 4

# Program Structures

While the booklets in this section outlined practices that can help to build capacity to work with women, there are also program structures that can increase women's use of harm reduction programs. This section reviews ideas that are specific to program structures.

1. Women-Specific Programs
2. Supply Distribution
3. Service Models and Locations



## 1 WOMEN SPECIFIC PROGRAMS

Creating programs where women learn from each other can help to foster gender specific harm reduction practices.

**Examples include:**

Women's harm reduction groups (e.g., kit-making groups, gardening groups, shared meals, or discussion groups)

Women-only spaces, drop-in programs or program times (e.g., a women's-only hour each day, or a day of the week focused on women, or a women's-only space)

Women's meetings (e.g., an advisory committee, meetings about important local issues women are experiencing, or meetings to collaboratively work toward an identified and needed change in the community)

"I wish harm reduction programs could teach women how to cook up their own dope, and how to inject by themselves, that kinda thing. I know how, but like a lot of girls I know don't and they have to ask for help. If there's like a women's only program - women can help teach each other this kind of stuff."

### Activities

It can be helpful to have groups, meetings, or spaces that are based on activities outside of drug use. Activities such as gardening, cooking, Indigenous medicine teachings, or spaces to socialize can help to foster positive relationships and wellness.

### Tensions

Initiating women specific programming can create tensions, depending on the community or population. In some cases, it may create a sense that some groups are getting "special" privileges. Inviting the community to understand the background and help plan programs, and having clear and transparent communication and reasoning about why it is important, can help to foster community understanding.

## 2 SUPPLY DISTRIBUTION

Almost all of the women participating in this project reported picking up supplies for other women, and 80% reported having other people do so for them.

**Women pick up multiple supplies to:**

Give them to others who may not go to harm reduction programs

Reduce the number of times they have to visit the program. In many cases, women wanted to visit programs less frequently due to concerns related to confidentiality, relationship dynamics, difficulties in transportation, and other barriers that exist

### Tips

Some tips that may help to address these experiences:

- Encourage staff to have supplies in their office or desk. This can be helpful if women don't feel comfortable going into the harm reduction program space.
- Partner with other organizations (e.g., shelters, drop-ins, meal programs, food banks) to distribute harm reduction supplies where women already go.
- Encourage those who distribute harm reduction supplies to invite women to take supplies for friends. This creates an opportunity for women to take supplies without disclosing their own drug use while also encouraging them to provide supplies to friends who use drugs.

"I pick up supplies for other women. It's harder for women to come out as drug users. We care what people think. We have more to lose."


### ADDITIONAL RESOURCES

For more information about helpful harm reduction supplies, see the **Women's Harm Reduction Tools & Tips** guide, which is part of this toolkit.

whai.ca/resources

## 3 SERVICE MODELS AND LOCATIONS

A variety of service delivery models are helpful to improve women's access to harm reduction programs. Amongst women who participated in this project:

**31%** picked up harm reduction supplies at a **fixed site**

**53%** picked up supplies from a drop in program or shelter that works from a harm reduction perspective

**48%** picked up supplies from a street outreach or **mobile program**

**42%** picked up supplies at **satellite sites**

### SERVICE DELIVERY MODELS

**Fixed site**
A community-based harm reduction distribution program located in a community agency, Public Health Unit, AIDS Service Organization, or community health centre

**Mobile Program**
A harm reduction distribution program that moves around the community by foot, bicycle, or vehicle, delivering harm reduction supplies

**Satellite Program**
A program located in someone's home or at a partnered community agency

While the development of different service delivery models can be costly, there are also some opportunities for **cost savings**. Building partnerships with other organizations, fostering the leadership of women who use drugs, encouraging people to take supplies to others in the community, and utilizing bicycles and walking distribution can help to extend the reach and effectiveness of programs while also being cost effective.

### LOCATION

In addition to having multiple models of service delivery, it is helpful to distribute harm reduction supplies in locations that are:

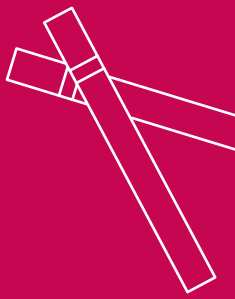
**Familiar**
spaces where women already go

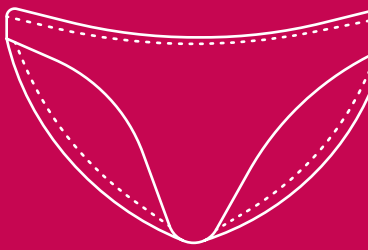
**Accessible**
by foot or public transit

**Discreet**
so women can pick up supplies without being seen by others

SECTION 3

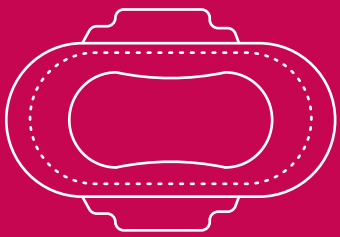
2020

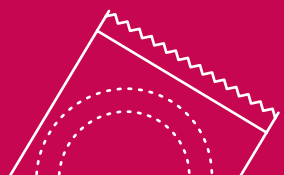





# Women's Harm Reduction Tools & Tips

Tips about harm reduction and other supplies that are helpful for women who use drugs





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## INTRODUCTION

Women's Tools & Tips is part of WHAI's **Women and Harm Reduction In Ontario: A Capacity Building Toolkit**, which was created to strengthen the work harm reduction programs do with women who use drugs. Through consultations with women who use drugs across Ontario, we gathered feedback about harm reduction supplies that are helpful to women.

This resource provides tips about the supplies women who use drugs find helpful. Some of these supplies are provided through existing programs and some are not. Recognizing that resources are limited, we encourage organizations to be creative in finding ways to include items that are not already available. Raising awareness about these items, asking for donations, and fundraising may be helpful strategies.

## WHAT'S INSIDE:

This resource provides tips about the following supplies and why they are helpful:

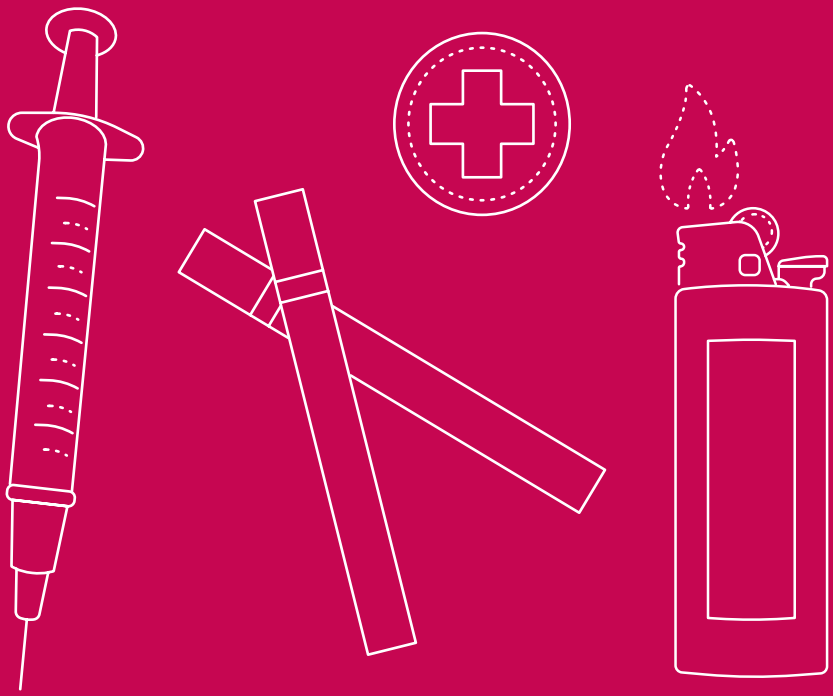
- **harm reduction supplies**
- **sexual health supplies**
- **hygiene and cosmetic supplies**

## ADDITIONAL RESOURCES

For more information on harm reduction supplies available through the Ontario Harm Reduction Distribution Program, check out ohrdp.ca/products or connect with your local public health team.

PART 1

# Harm Reduction Supplies



**Note:** This is not a comprehensive list of harm reduction supplies that are available at a harm reduction program. Rather, it highlights some specific supplies that women identified as helpful.

HARM REDUCTION SUPPLIES

# Injection Supply Tips

## SELECTION OF NEEDLES

- A selection of needles including small gauge and short tipped needles are useful for small or narrow veins.
- Needles that can be used for intramuscular injection and subcutaneous (under the skin) injection are important for those injecting Botox, silicone, or hormones. This is particularly relevant for Trans communities, helping to prevent people from sharing needles or using the same needle multiple times.

**Syringe Size**
Sizes vary based on volume capacity in cubic centimeteres (cc) or millilitres (mL)

**Needle Gauge**
Size refers to how wide the inner measurement or opening of the needle is

**Needle Tip Length**
Sizes vary based on types of injections

### PORTABLE NEEDLE/SHARPS CONTAINER

- These fit nicely in a purse and act as a discreet needle disposal option.

## Inhalation Supply Tips

### FOIL

- Providing single use foil can be helpful for those who are working to shift their drug use practices to inhalation from injection, and those who don't inject. Some evidence suggests that women are more likely to pick up foil kits than men[1]. Since more than 70% of women participating in consultations for this project reported using drugs by methods other than (or in addition to) injecting, foil sheets are a useful resource for harm reduction programs to provide.

[1] Pizzey, R., Neil Hunt. (2008, July). Distributing foil from needle and syringe programmes (NSPs) to promote transitions from heroin injecting to chasing: An evaluation. Retrieved from https://harmreductionjournal.biomedcentral.com/articles/10.1186/1477-7517-5-24

## SCREENS

- Many women talked about their desire for steel wool or Brillo. As per harm reduction best practices, harm reduction programs often provide brass screens which do not pose the same health risks as steel wool or Brillo. Requests for steel wool or Brillo provide an important opportunity to talk with women about harm reduction strategies.

**Note:** Steel wool and Brillo screens break down with the heat and vaporization of crack, and pieces become loose and can be inhaled, or impact the smoker's lips, throat or lungs, causing serious damage and more significant health issues. Small bits of metal can also be inhaled and become embedded in the respiratory system, causing infection or other acute and chronic health issues

# Other Harm Reduction Supply Tips

## LIGHTERS

- Lighters can be helpful for smoking crack and crystal meth, or cooking drugs. Providing lighters can specifically help women to reduce the pressure to share drugs or equipment in exchange for using someone else's lighter. This can help women to increase their independence and autonomy in drug-using practices.


## DISCREET PACKAGING

- Packaging that can be carried around without being noticed is ideal. Large stickers, clear bags, or other identifying components make it more obvious that women have visited a harm reduction program or are using drugs, which may create a barrier if women are trying to keep this information private.

## DRUG TESTING KITS

- Drug testing kits can be used to test which drugs are present in either a drug or urine sample, but not how much of a certain drug is in the tested supply, or how potent the tested supply is. Drug checking can be an important safety strategy for women. It can help women understand which drugs they may (or may not) be using, can empower them to make informed decisions about their drug use, and reduce the risks associated with using particular drugs, including overdose. Urine tests can also help to inform women what drugs are in their system, which can be helpful information for women facing drug screening. If using these kits to test drugs prior to using, harm reduction strategies should always be implemented in order to reduce the risk of overdose or negative drug side effects.

PART 2

# Sexual Health, Hygiene & Cosmetic Supplies

# Sexual Health, Hygiene & Cosmetic Supplies

While sexual health, hygiene and cosmetic supplies may seem like a “perk” in a harm reduction program, they can help to encourage women’s use of the program, provide much needed resources, and in some cases, address needs related to self-image, mental health, and even safety. In addition, hygiene supplies and cosmetics can create an opportunity for women to access a harm reduction program without identifying as someone who uses drugs.

Hygiene supplies and cosmetics can be helpful for women who live in poverty, and for women who may be hiding or covering blemishes or injuries. Notably, women who use drugs emphasized the relationship between poor mental health and risky drug use practices, highlighting that when people feel better about themselves, they take better care of themselves. Self-image can be a particularly important consideration when providing services to Trans women who may experience body dysmorphia (a mental health challenge rooted in body image). Trans women also identified that safety concerns can emerge for those who don’t “pass” as a woman, making it helpful to have access to cosmetics.

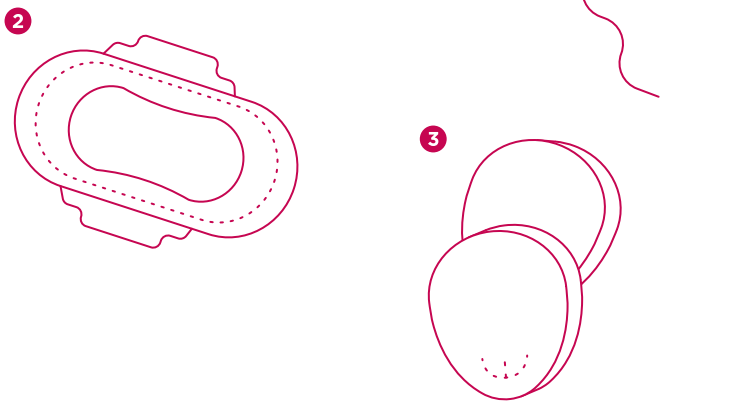
Women also identified the helpfulness of items specific to drug-use practices. For example, women talked about burning their hair on open flames (e.g., when smoking crack), making hair elastics helpful. Similarly, lip balm can help prevent cracked lips and reduces the impact of burned lips.

"I started using the harm reduction program because I heard they had tampons. Once I went a few times, I got to know some of the workers and felt okay about picking up harm reduction supplies."

**Women who participated in this project shared the following list of sexual health, hygiene & cosmetic supplies they find the most helpful:**

## MENSTRUAL PRODUCTS

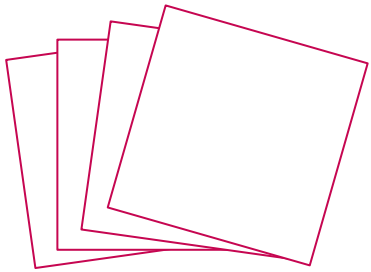
1. Tampons
2. Pads
3. Sponges (menstrual sponges were identified as particularly helpful by those who do sex work)



## LUBE

Including different types of lube

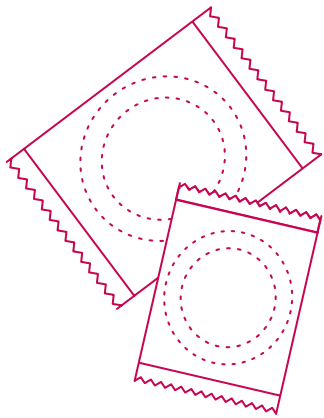
## DENTAL DAMS



## PREGNANCY TESTS

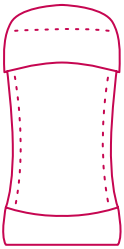
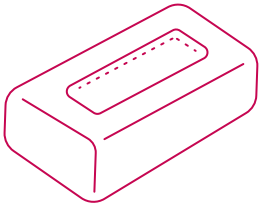
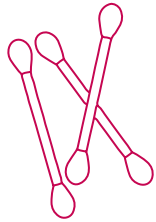
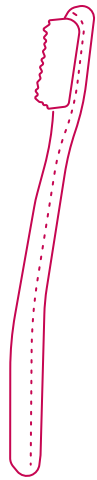
## CONTRACEPTION

1. Contraceptive Foam
2. Contraceptive Sponges
3. Condoms
   - » external, covering the penis
   - » internal, to insert in the vagina or anus



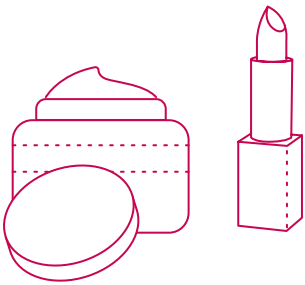
## TOILETRIES

Including shampoo, conditioner, soap, deodorant, baby wipes, Q-tips, toothbrushes, toothpaste, floss, hair elastics, hairbrushes, razors & face wash

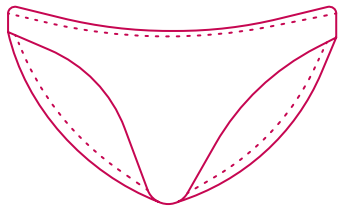
## COSMETICS

Including makeup, lip balm & moisturizer



## OTHER

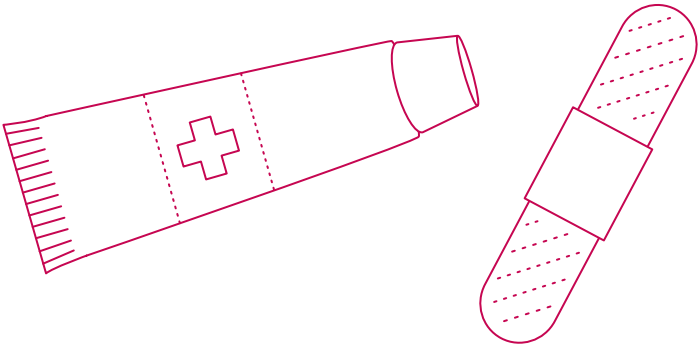
Including socks & underwear



**Note:** Since some of these items can be costly to provide or may be beyond the capacity of the program, it can be helpful to seek donations from community or local retailers to help provide these or offer referrals to other services who do provide these.

## FIRST AID SUPPLIES

Including items like bandages, single-use Polysporin, and foot care supplies can help address injuries and prevent infection. This was raised as an important issue by women who do sex work outdoors or in weather conditions that create dry skin, abrasions, blisters, and sores.



## MAKE YOUR OWN KIT

A “create your own kit” option was also suggested, whereby people can pick up a bag and include what they need in their kit. Some women talked about the risk of bringing kits home that contain items such as condoms, which could cause conflict or violence in their relationship. There are other benefits, too. Some agencies who have piloted “create your own kit” programs report that it is cost saving and reduces waste of supplies. In addition, this option creates opportunity for discussion, and the sharing of harm reduction practices.

# A Harm Reduction Tools & Tips Checklist

Below is a summary of items listed in this resource. Use it to assess which supplies may be helpful to provide.

### HARM REDUCTION SUPPLIES

- ☐ A selection of different sized needles
- ☐ Portable needle disposal containers
- ☐ Foil
- ☐ Screens
- ☐ Lighters
- ☐ Drug Testing Kits

### HYGIENE AND COSMETIC SUPPLIES

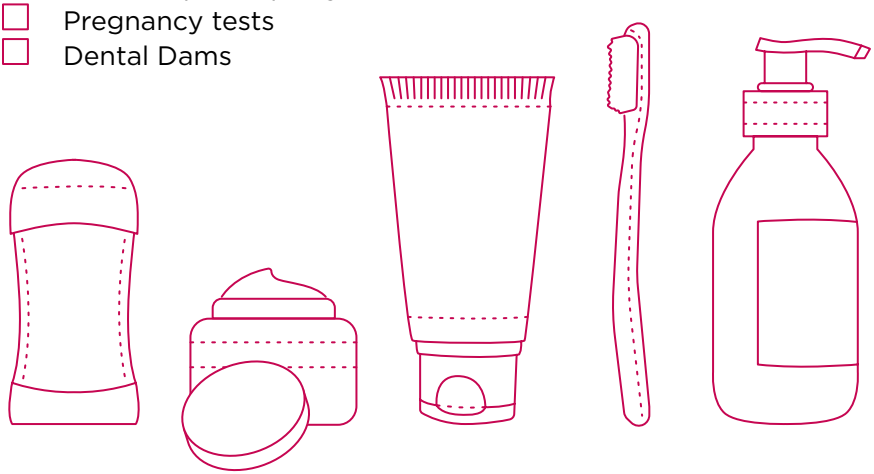
- ☐ Menstrual products
- ☐ Toiletries
- ☐ Cosmetics
- ☐ Lip Balm
- ☐ Hair elastics
- ☐ Socks
- ☐ Underwear

### SEXUAL HEALTH SUPPLIES

- ☐ A selection of lubes
- ☐ A selection of condoms
- ☐ Contraceptive foam
- ☐ Contraceptive sponges
- ☐ Pregnancy tests
- ☐ Dental Dams

### FIRST AID SUPPLIES

- ☐ Bandages
- ☐ Polysporin
- ☐ Foot care supplies




For more information visit **WHAI.CA**

SECTION

4

2020

# Women and Harm Reduction Judgment & Bias Cards

This activity is part of WHAI's **Women and Harm Reduction In Ontario: A Capacity Building Toolkit**, which was created to strengthen the work harm reduction programs do with women who use drugs.

This activity includes a series of cards that can be used to generate discussion. Use them in pairs, small groups, or as a large group activity. The activity can be helpful to explore values, feelings, assumptions, and judgments about women who use drugs. Each card includes a statement, discussion questions, and some information that may be helpful in thinking about harm reduction work with women who use drugs.

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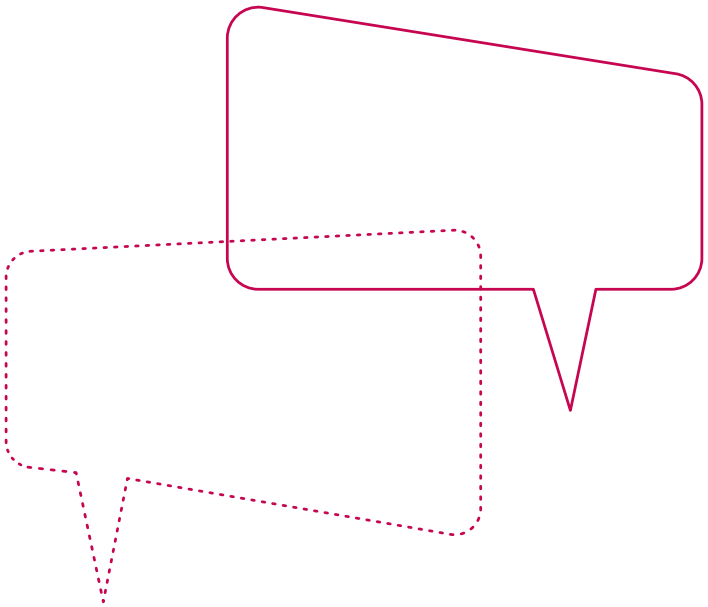
## INSTRUCTIONS

- Divide participants into pairs, small groups, or work together as one group.
- Select which cards to use. Use some or all of them depending on the group and capacity building goals.
- Review the statement.
- Use the Discussion Questions to guide the discussion.
- Refer to the back for some additional Thinking Points and further discussion questions.
- Remember to let participants know that some of these are complicated topics. The statements are not all true or false. Rather they are intended to generate discussion and reflection while building capacity to work with women who use drugs.



CARD 1

# Drug use is a choice that women can control if they have enough willpower.

## DISCUSSION QUESTIONS

- Do you agree or disagree?
- What assumptions are implied in this statement?
- What can you do in your work to support women who use drugs?

# Thinking Points

- Drug use is more complex than willpower. It is a multi-layered issue, particularly for women who may face social norms related to drug use, gender-based inequality, past or current experiences of trauma, income inequality, physical pain, or other social determinants of health.

- Understanding gender and drug use requires an understanding of complex social systems as well as individual life experiences.

- Harm reduction means supporting women where they are at, while also understanding the social and political context of gender and drug use.

## ADDITIONAL QUESTIONS

- What social and political factors may impact women's drug use?

- How can you support women who use drugs in your community from a harm reduction perspective?

CARD 2

# Hiring women who use drugs can help foster other women's use of harm reduction and overdose prevention strategies and programs.

## DISCUSSION QUESTIONS

- Do you agree or disagree?
- What assumptions are implied in this statement?
- What can you do in your work to support the role of women who use drugs in the organization?

# Thinking Points

- "Nothing about us without us" is an important part of any harm reduction program. This means that people who are knowledgeable about drug use and the impact of drug policy should play a central role in the work.

- Hiring women who use drugs in harm reduction settings helps to ensure the program is responsive to women's needs, and can help to build trust and positive relationships with women.

- Women often play an important role in extending the reach of harm reduction programs. For example, in WHAI's consultations with women who use drugs, 98% of women reported picking up supplies to give to others in the community.

## ADDITIONAL QUESTIONS

- What role do women play in your organization's harm reduction program?

- How have women impacted the reach of your harm reduction program?

- How can you support women's participation in your organization's harm reduction program?

CARD 3

# Women should not use drugs while breast/chestfeeding.

## DISCUSSION QUESTIONS

- Do you agree or disagree?
- What assumptions are implied in this statement?
- What can you do in your work to support women who use drugs around infant feeding?

# Thinking Points

- Each situation is unique. Different drugs and drug quantities have different impacts on breast/chest milk, as well as people's well-being. It is important for women to work with health-care professionals who are experienced in harm reduction, drug use, and breast/chestfeeding to find out the best options for themselves and their baby.

- If breast/chestfeeding is not the best option, parents may choose to use formula. For some, this may lead to concerns about attachment and bonding between the parent and infant. There are strategies to foster attachment even when formula feeding. Health-care providers can provide information to help with this.

- Stigma about breast/chestfeeding and drug use can impact the messages women receive and their comfort accessing programs. Providing non-judgmental support is an important part of harm reduction work.

## ADDITIONAL QUESTIONS

- What barriers may women who use drugs and are breast/chestfeeding face in your community?

- How can you support women who are breast/chestfeeding and using drugs from a harm reduction perspective?

- How can you help to reduce or address the stigma women who are breast/chest, or formula feeding may face?

CARD 4

# Child welfare services should be called when a woman is parenting and using drugs.

## DISCUSSION QUESTIONS

- Do you agree or disagree?
- What assumptions are implied in this statement?
- What can you do in your work to support women who use drugs and are parenting?

# Thinking Points

- "Duty to Report" is a law under the Child and Youth Family Services Act. This Act states that the public (both professionals and non-professionals) must report any child who is under the age of 16 and is suspected of needing protection (including those at risk of physical, sexual, or emotional abuse, neglect, or risk of harm) to Child Welfare Services (i.e., Children's Aid Society). The Act applies to professionals (e.g., teachers and social workers) as well as the public; however, professionals may be held liable and face a fine for not reporting. It is important to be knowledgeable about this law, and know how it applies to you.

- Women use drugs for many different reasons, including to support their well-being, manage physical or mental health, or treat a specific condition. In addition, drugs have different impacts on people's day-to-day functioning. In some cases, drug use may reduce a woman's capacity to parent or create other risks, and in others, it may help her to function on a day-to-day basis.

- The criminalization of drugs can also create risks for parenting, including the buying and selling of drugs.

- It is important to work with women who use drugs to understand how they feel about parenting and their drug use, what risks exist, how to reduce these risks, what supports they have in place, and what supports they may benefit from.

- Due to stigma related to drug use, many women face assumptions that drug use means they are a risk to their child or are neglecting their child. It is important for those working in harm reduction to understand the "Duty to Report" law, and work to ensure women understand what it means for them.

- Many women have fears about child welfare involvement and losing custody of their child(ren). This may be based on other women's experiences, experiences from their past, or from what they've seen in the media. These experiences can impact their willingness to talk about their drug use, use harm reduction programs and services, or seek support if they need it.

- Harm reduction programs can play an important role in the lives of women who use drugs, providing space for women to talk about their drug use, find ways to reduce risks, and access needed supports. As such, it is important for harm reduction programs to provide non-judgmental support to women who are parenting.

## ADDITIONAL QUESTIONS

- How might the criminalization of drugs impact women who are parenting?

- If you or a co-worker are in a position where you are required to report a situation to child welfare services, what are ways you can involve the woman in the process to reduce harms?

- What are helpful resources in your community for women who use drugs and are parenting?

- How can you use a strengths-based and harm reduction approach when working with women who are parenting and use drugs?

CARD 5

# Street outreach and mobile distribution programs are helpful harm reduction program models for women.

## DISCUSSION QUESTIONS

- Do you agree or disagree?
- What assumptions are implied in this statement?
- What can you do in your work to support women who use drugs's access to harm reduction programs?

# Thinking Points

- In our consultations with women who use drugs across Ontario,
    - » 53% picked up supplies from a drop-in program that works from a harm reduction perspective,
    - » 48% picked up supplies from a street outreach program

- Women may not always feel safe visiting certain areas of the city, or face fear about judgment, stigma, and discrimination, and therefore avoid accessing a fixed site harm reduction program. Outreach services that meet women where they are at can help to increase women's access to harm reduction services.

- Providing various harm reduction service models can be a cost-effective way to ensure the varied needs of the community are met while also extending the reach of the program.

## ADDITIONAL QUESTIONS

- What models of harm reduction services are available in your community?

- If you have multiple models of service delivery, which models are more or less popular amongst women in your community?

- What are low-cost strategies you could use locally to address some of the barriers women face when accessing harm reduction programs?

CARD 6

# Harm reduction programs are accessible to anyone, regardless of gender.

## DISCUSSION QUESTIONS

- Do you agree or disagree?
- What assumptions are implied in this statement?
- What can you do in your work to support women who use drugs's access to harm reduction programs?

# Thinking Points

- Through WHAI's consultations with women who use drugs across Ontario, women reported facing various barriers to harm reduction programs, including stigma and discrimination from partners, friends, family, and service providers.
- Black, Brown, Indigenous, and Trans women particularly reported experiencing stigma, along with mothers and sex workers.
- Women also shared that past and present experiences of violence impacted their feelings of safety and likelihood to use harm reduction programs.
- Lack of child care options, and judgments about parenting and drug use also play a significant role in creating barriers for women in terms of access to harm reduction programs.
- Other factors that impact women's access to harm reduction programs included the time of day services are available and transportation.

## ADDITIONAL QUESTIONS

- What barriers exist for women who use drugs in your community?
- How could you learn more about the barriers women, including Black, Brown, Indigenous, and Trans women, who use drugs in your community might face?
- What other populations of women may be facing barriers locally?
- What changes are low-cost (or free) and could help to reduce these barriers?

2020

SECTION 5

# Women & Harm Reduction: Agree or Disagree

## Facilitator Activity Guide

This resource is part of WHAI's **Women and Harm Reduction In Ontario: A Capacity Building Toolkit**, which was created to strengthen the work harm reduction programs do with women who use drugs.

### TIPS FOR USE:

This activity is intended to be used to support organizational capacity building work by exploring people's values, feelings, assumptions, and judgments related to women who use drugs. It relates to other components of the Toolkit. Facilitators should be creative and use it in different ways, depending on the type of capacity building work being facilitated. Here are some tips to get started:

- Have participants complete the sheet independently at the beginning of a capacity building session and review it again at the end to see if there have been changes in how people feel about certain scenarios. After each time completing the worksheet, invite the group to have a discussion, asking questions such as, ***"What stood out to you?" "What was surprising?" "What resonated?"*** and ***"How might this impact harm reduction work?"*** At the end, invite the group to reflect on questions such as, ***"What has changed?" "What work still needs to be done?"*** and ***"How can you foster harm reduction work with women?"***
- In the Facilitator Guide you will find some discussion points for each statement. Refer to these to further the discussion, or to raise points for conversation.
- Remember to let people know whether they will have to share their answer so they can answer in the way they are most comfortable.
- Remember to let participants know that some of these are complicated topics. The statements are not all true or false statement. Rather they are intended to generate discussion and reflection while building capacity to work with women who use drugs.

**HELPFUL RESOURCES**

## Ontario Drug Policy Research Network

odprn.ca

## Ontario Harm Reduction Distribution Program

ohrdp.ca

## Ontario Harm Reduction Network

ohrn.org

## Public Health Ontario Interactive Opioid Tracker

publichealthontario.ca

## 1 MEN USE MORE DRUGS THAN WOMEN


### DISCUSSION POINTS

- Everyone's drug use is different and can depend on many factors. Regardless of whether men use drugs more or less than women, it is important for harm reduction programs to ensure access to harm reduction programs is free of barriers, including gender-based barriers.
- Data collection on this subject can be difficult to accurately report on. Data can vary depending on the types of drugs included (prescription, illicit, alcohol, etc.), modes of use (injection, oral, inhalation, etc.), who participates, who is collecting information, and concerns about confidentiality.
- Despite differences in how data is collected, there are some resources to find local information:
- Ontario Drug Policy Research Network (ODPRN) provides information on gender and stimulant use, opioid use, and overdose rates.
- Public Health Ontario Interactive Opioid Tracker provides information on gender, drug type, overdose deaths, public health units, and LHINS, as well as death rates and emergency department visits and hospitalizations.
- Reviewing information from local harm reduction programs can also help in understanding local trends. Looking at the statistics about who accesses local programs, and any differences between program structures (e.g., do more women access certain types of programs than others, such as mobile, satellite, or outreach-based programs?) can provide insight into local trends as well as possible barriers women may experience accessing services.

## 2 MEN ARE MORE LIKELY TO USE OPIOIDS THAN WOMEN


### DISCUSSION POINTS

- Every person is different and has different drug preferences, and drug-use trends are different in different regions, making it important to avoid generalizations. In some cases, women may prefer opioids, and in others, women may prefer other drugs. At the same time, understanding local trends can help our harm reduction work.
- According to our consultations with women across Ontario (N=61), 64% of women use opioids while 80% use stimulants (e.g., crack, cocaine).
- According to the Ontario Drug Policy Research Network's data on opioid related deaths in Ontario, "older individuals and women were more likely to have an active opioid prescription at the time of death."* This data also shows that one in two women had an active prescription compared to one in four men. While this is helpful data to understand some drug-use trends, it doesn't necessarily mean that women use opioids more than men, but rather that more hold an active prescription.
- According to Public Health Ontario's Interaction Opioid Tool, opioid-related emergency department visits in recent years were more common amongst men in almost all age categories except 65+, and to a lesser degree, under age 14.

**Gomes, T et al. Contributions of prescribed and non-prescribed opioids to opioid-related deaths: A population-based cohort study in Ontario, Canada. The BMJ, 2018.*

## 3 WOMEN EXPERIENCE BARRIERS TO HARM REDUCTION PROGRAMS


### DISCUSSION POINTS

- Women who participated in this project spoke about different barriers they have experienced when trying to access harm reduction programs. Below are some examples:
    - Women experiencing homelessness may face barriers since some shelters have a “no drug use” policy, or discharge people who are using drugs. This can result in women not wanting to carry harm reduction supplies.
    - Homelessness can also create pressure for women to enter into relationships for safety and/or a place to sleep; however, these relationships can reduce autonomy and create power imbalances related to who picks up drugs and harm reduction supplies, who accesses harm reduction resources and support, and who controls the administration of drugs.
    - Women who are pregnant or parenting often face judgment about their drug use and capacity to parent. This can create fear that they will be reported to child welfare services, or face judgmental questions and statements from service providers, resulting in avoidance of harm reduction programs.
    - Concerns about violence can create barriers to visiting harm reduction programs or carrying harm reduction supplies. In fact, women sometimes do not want to visit spaces where men are present for safety reasons, or may not feel safe in particular areas of the city. Ultimately, this can create barriers for women in their access to harm reduction programs.
- Women face many barriers to harm reduction programs. These are only a few. It can be helpful to check in with women locally to understand what barriers exist, and how to reduce these barriers.

## 4 LIGHTERS AND HYGIENE SUPPLIES ARE AN UNNECESSARY PERK FOR HARM REDUCTION PROGRAMS


### DISCUSSION POINTS

- While lighters may seem like an unnecessary perk in a harm reduction program, they can help women to reduce the pressure to share drugs or equipment in exchange for using someone’s lighter (e.g., “you can use my lighter for a toke”). This can help women to increase their independence and autonomy in drug-using practices, which in turn, impacts their safety.
- While hygiene supplies may also seem like an unnecessary perk, many women identify hygiene supplies as a tool to build relationships and trust with staff at harm reduction programs, increasing their comfort in accessing the program. Hygiene supplies can also help to foster positive self-image, mental health, and even safety. They are also helpful items for women living in poverty.

## 5 PROVIDING A VARIETY OF NEEDLE SIZES IS IMPORTANT


### DISCUSSION POINTS

- Including small gauge and short tipped needles can be helpful for people who have small or narrow veins, which can be important for some women, helping to prevent vein damage.
- Needles that can be used for intramuscular injection and subcutaneous (under the skin) injection are important for those injecting Botox, silicone, or hormones. This is particularly relevant for Trans communities, and helps to prevent people from sharing needles or using the same needle multiple times.

## 6 THE RISK OF OVERDOSE IS HIGHER FOR WOMEN THAN MEN


### DISCUSSION POINTS

- Overdose prevention work is important for everyone who uses drugs and their communities. Women may be around drug use, or use drugs after others do, putting them in a position to respond to overdose. This means that access to training, information, and support is important for women.
- According to the Ontario Drug Policy Research Network (2017)*, more men than women pass away from overdose overall; however, women in rural settings are more likely than men to pass away from an overdose.
- For information on local and provincial overdose trends, including death rates, hospital emergency department visits, and gender, see Public Health Ontario's Interactive Opioid Tool.
- Organizing women-specific trainings can help to foster women's access to overdose prevention training and build comfort to discuss grief, loss, and other experiences related to overdose.

** "Latest Trends in Opioid Related Deaths: Exploring Differences Among Men and Women" by the Ontario Drug Policy Research Network. More information available at odprn.ca*

# 7 WOMEN WHO USE DRUGS SHOULD STOP IF THEY GET PREGNANT


## DISCUSSION POINTS

- Different drugs have different impacts during pregnancy and there are a range of reasons people take drugs. Each situation is unique.
- Stigma and judgment about drug use during pregnancy can have a significant impact on the lives of women who use drugs, sometimes creating barriers for women to access services.
- Given that drug use can be harmful to the fetus, knowledgeable, non-judgmental health and social support is important to explore options and reduce harms for both the fetus and woman.
- There can be risks associated with stopping or reducing drug use during pregnancy that can be managed with effective medical treatment. This is specifically true for women who use opioids. Supporting women who use drugs and are pregnant to receive harm reduction based medical and social supports can help to reduce harms.*
- Staff at harm reduction programs can provide important referrals and supports. Using a strengths-based perspective, referring to supportive services such as health care, prenatal care, housing supports, food programs, and supportive community and friends can all be helpful. It may also be helpful to have someone attend appointments with, and/or help out when the baby is born.

** "Exposure to Psychotropic Medications and Other Substances during Pregnancy and Lactation: A HANDBOOK FOR HEALTH CARE PROVIDERS." 2017. Centre for Addiction and Mental Health and Motherisk.*

## 8 WOMEN WHO USE DRUGS DO SEX WORK TO PAY FOR DRUGS


### DISCUSSION POINTS

- Some women may do sex work in order to afford drugs, while others may be pressured into sex work, and others still may do drugs to help facilitate their sex work. However, not all women who use drugs do sex work
- Income through sex work can help to ensure women have enough money to buy their own drugs and can reduce the pressure for them to be dependent on others.
- Harm reduction programs can support women who do sex work and use drugs by providing safer sex supplies, Bad Date lists, and sex-work friendly spaces for sex workers to support each other.

## 9 WOMEN WHO INJECT DRUGS ARE AT GREATER RISK FOR CONTRACTING HIV AND HCV


### DISCUSSION POINTS

- Risk for HIV and HCV is different for everyone and depends on many factors; however, there are some gender-specific trends that are helpful to be aware of.
- Research shows that women are often second to use a needle* and are more likely to receive assisted injection (when one person receives assistance with administering an injection from another)**. These patterns increase the risk for HIV and HCV through the use of shared equipment.
- Providing information on self-injection can help to reduce these risks along with other risks including injury, infection, and even overdose. Harm reduction programs may also consider running workshops where women can teach each other injection techniques and tips.

** "Women who Inject Drugs: Overlooked, Yet Visible." International AIDS Society (IAS) HIV Co-Infections and Co-Morbidities initiative. More information available at: iasociety.org*

*** "Strategies and recommendations for research and evaluation of assisted injection in Supervised Consumption Services and Overdose Prevention Sites." Gillian Kolla, Prepared for Health Canada. October 2018.*

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SECTION 5

2020

# Women & Harm Reduction: Agree or Disagree

This resource is part of WHAI's **Women and Harm Reduction In Ontario: A Capacity Building Toolkit**, which was created to strengthen the work harm reduction programs do with women who use drugs.

### INSTRUCTIONS

- Review each statement and mark Agree, Disagree, or Unsure.
- Note that this activity is intended to explore values, feelings, assumptions, and judgments related to women who use drugs. The statements are intended to generate self-reflection, conversation, and opportunities to build capacity to work with women who use drugs from a harm reduction perspective.

**1** **SAMPLE STATEMENT THAT YOU AGREE WITH**


**2** **SAMPLE STATEMENT THAT YOU DISAGREE WITH**


**3** **SAMPLE STATEMENT THAT YOU ARE UNSURE ABOUT**


Let's get started. >>

1. **MEN USE MORE DRUGS THAN WOMEN**


2. **MEN ARE MORE LIKELY TO USE OPIOIDS THAN WOMEN**


3. **WOMEN EXPERIENCE BARRIERS TO HARM REDUCTION PROGRAMS**


4. **LIGHTERS AND HYGIENE SUPPLIES ARE AN UNNECESSARY PERK FOR HARM REDUCTION PROGRAMS**


5. **PROVIDING A VARIETY OF NEEDLE SIZES IS IMPORTANT**


6. **THE RISK OF OVERDOSE IS HIGHER FOR WOMEN THAN MEN**


7. **WOMEN WHO USE DRUGS SHOULD STOP IF THEY GET PREGNANT**


8. **WOMEN WHO USE DRUGS DO SEX WORK TO PAY FOR DRUGS**


9. **WOMEN WHO INJECT DRUGS ARE AT GREATER RISK FOR CONTRACTING HIV AND HCV**

SECTION 6

2020

# Women and Harm Reduction Assessment Tool

This resource is part of WHAI's **Women and Harm Reduction In Ontario: A Capacity Building Toolkit**, which was created to strengthen the work harm reduction programs do with women who use drugs.

This tool may be useful for assessing how accessible the program is to women who use drugs. As you build your familiarity with women and harm reduction, consider ways to increase accessibility. Remember, building capacity is a process. Implementing small, cost-effective steps can go a long way in improving the health and well-being of women who use drugs.

Below is a list of strategies identified by women who participated in this project to help foster women's engagement in / access to harm reduction programs. Review, and answer "Yes" or "Not Yet" to each.

| Our harm reduction program... | | YES | NOT YET |
|---|---|---|---|
| 1 | Employs women who use drugs and provides support for their professional development. | | |
| 2 | Has various points of access for harm reduction supplies (e.g., a fixed site, an outreach program, a community site). | | |
| 3 | Provides hygiene supplies (tampons, shampoo, underwear, etc.) and lighters. | | |
| 4 | Provides various sizes of needles. | | |
| 5 | Actively does harm reduction work with women who use drugs and are pregnant or parenting. | | |
| 6 | Has harm reduction–based information, supports, and referrals available about pregnancy, infant feeding, and parenting. | | |
| 7 | Provides sexual health supplies. | | |

| Our harm reduction program... | | YES | NOT YET |
|---|---|---|---|
| 8 | Provides cultural wellness take-away items (e.g., sage, sweetgrass). | | |
| 9 | Allows people to take as many supplies as they need, and encourages women to give supplies to others who don't come to the program. | | |
| 10 | Has a women-specific time, space, and/or program. | | |

If you answered "Yes" to any of these, take a moment to celebrate your great work. If you answered "Not Yet" to any of these, this is a great opportunity to consider strategies that may increase the program's accessibility.

Brainstorm with your team. Prioritize one or two items that seem doable and work with your team to move them forward. Remember, change is a process. You're doing great work by thinking about how your program can be more accessible to women in the community.

# Notes & Ideas