



# HARM REDUCTION GUIDE

*A brief history and resources for  
organizing for students and campuses*

# WHAT IS HARM REDUCTION?

This backgrounder aims to give you the understanding not to just explain harm reduction and its necessity, but the tools to combat the emerging rhetoric that seeks to do away with harm reduction and replace it with scapegoating and targeting of the most marginalized folks in our communities. Beneath all the targeting of people who use drugs, there has been an increase in policing and racial discrimination. In addition, there have been significant cuts and the privatization of healthcare and public services more broadly, and increasing alienation within society.

## THE “WAR ON DRUGS” AND HISTORICAL AND POLITICAL BACKGROUND

Drug policies have always been used in so-called Canada, both directly and indirectly, to target specific racialized & working class communities. From the beginnings of colonization of so-called Canada, Europeans tied prohibition to conversion to Christianity, and throughout the 19th and 20th centuries, drug policy served a political purpose – targeting Chinese and Japanese labourers, Indigenous communities, and Black & Brown people. It has also been used to quell the political organizing and anti-war movements of the 1960s and 1970s, where there was a strong movement for legalization of certain drugs. Despite a few early attempts to advance decriminalization and legalization of some substances, lobbying from law enforcement quashed those efforts.

During the 1970s the United States under the Nixon administration introduced its “war on drugs” – a set of regressive and racist policies used as a weapon against Black & Brown communities specifically. Under the pretext of combating the influx of drugs, U.S. law enforcement was given broad powers to mass incarcerate racialized communities leading to heavy penalties for minor drug possession. It became clear that Nixon’s war on drugs was in reality a smokescreen for an all out war on the poor. It was never about public safety.

An outgrowth of Nixon’s racist drug policy led to the overall criminalization of drug users within marginalized communities across the board. Successive U.S. presidents continued these policies, and it has contributed to reductions in funding for other sections of the public sector, such as schools and social services.

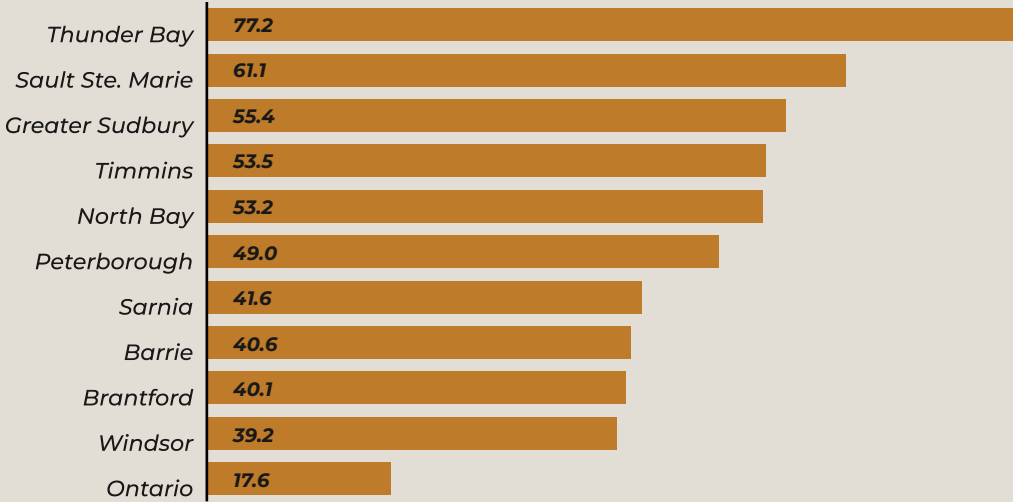


*Prime Minister Brian Mulroney (left) and President Ronald Reagan (right) led the efforts to criminalize drug usage in the U.S. and Canada.*

In the 1980s, Canada followed suit with the Conservative Mulroney government's "national drug strategies" rooted in these prohibitionist practices. Today, Canada continues to target historically oppressed communities for their use of drugs. [Source: [Canadian Drug Policy Coalition](#)]. Despite these attacks, communities continued to mount resistance against the policies.

The root of Harm reduction lies in the resistance to these prohibitive policies addressing the racism that underlines them and its cuts to the social safety net. Harm reduction was developed in the 1980s out of grassroots initiatives by people who use drugs to prevent the risk of HIV transmission and save lives - a necessity, as many western governments were actively ignoring the AIDS crisis or criminalizing drug use [Source: [Canadian Drug Policy Coalition](#)]. Harm reduction also shares its philosophical roots in other movements, such as the Black Panther Party's free breakfast programs and health clinics, the Young Lords' acupuncture program for heroin users in working class neighbourhoods in New York City, and the fight for women's reproductive healthcare [Source: [National Harm Reduction Coalition](#)]. In Canada, local networks of people who use drugs were started, such as the Vancouver Area Network of Drug Users (VANDU). A strong grassroots movement was able to push for public recognition and funding for harm reduction practices, such as needle exchanges, and safe supply.

In the present moment, there has been a rise in anti-harm reduction rhetoric from the right-wing, law enforcement lobby groups, and those who stand to benefit from privatizing healthcare, who push the narrative of "public safety." What this will - and already has - led to is an attack on the most marginalized members of society, particularly Indigenous, working-class folks, who are overrepresented in overdose deaths and safe consumption site users. [Source: [Yellowhead Institute](#)]



*The 10 cities with the highest opioid death rate per 100,000 people in Ontario are all home to university or college campuses. The top 5 cities are all in Northern Ontario and are more than 3-4x the provincial average. [Source: [CBC](#)]*

In Northern Ontario specifically, an opioid epidemic, tied with a history of colonial trauma, genocide, and a severe lack of access to public resources has created the necessity for culturally-specific harm reduction programmes. Northern Ontario is also home to 80% of First Nations communities. [Source: Yellowhead Institute] These present attacks constitute nothing more than a continuation of the racist policies of the “war on drugs.”

Harm reduction is necessary to address the intersections of class, race, and drug use. Harm reduction acknowledges that people who use drugs or anyone who engages in potentially risky behaviour are members of our communities and deserve access to services that address their needs.



**The announced SCS closures are particularly devastating for Northern Ontario communities, where the opioid mortality rate is three times higher than the south.**

— [Source: [Ontario Nurses' Association](#)]

## THE PRINCIPLES OF HARM REDUCTION

Harm reduction is a set of strategies, tactics, and beliefs that centre around respect and autonomy for people who use drugs, following the idea of meeting people where they're at and reducing the negative social consequences associated with actions that may be dangerous - without requiring that they stop their behaviour.

More broadly, harm reduction is also a social justice movement and philosophy that goes beyond the use of drugs. It includes other practices that people partake in that can potentially have negative social consequences, and takes the necessary steps to reduce those consequences (such as wearing a seatbelt while driving or practicing safer sex.) It takes into account the social factors and material reality affecting people's lives – such as class, racism, housing access, family history and trauma – that may affect one's behaviour. It is grounded in self-determination and bringing power to the community; one that is non-judgemental and non-stigmatizing, allowing marginalized community members to take charge of their own futures, at their own pace.

Harm reduction is a spectrum of strategies and can take many forms. It can look like community-run health centres in your neighbourhood, safe supply and drug toxicity testing, meal exchanges and other food supports, appropriate mental health care, overdose prevention, naloxone distribution and training. It can also look like sexual health care such as wide access to contraceptives, STI testing, HIV healthcare, and immediate housing and shelter support for homeless folks.

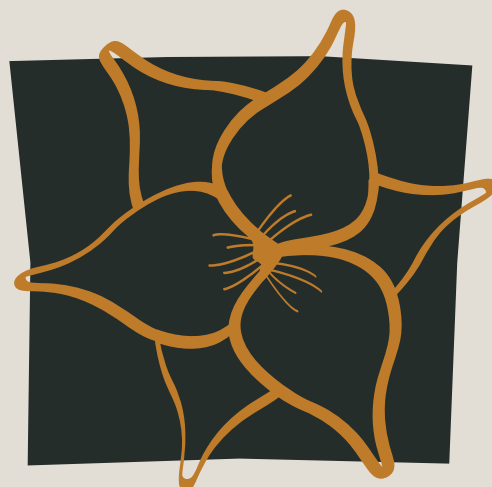
It can also take the form of broader social and economic policies that can improve people's lives collectively; such as widely accessible public social housing; lowered prices on groceries; full employment with wages that meet the standard of living; increases to Employment Insurance (EI), Ontario Works (OW), and the Ontario Disability Support Program (ODSP). Harm reduction takes into account what one's basic needs are, and aims to address root causes while acknowledging the urgency to address the immediate needs of the community.

## **WHAT ARE SAFE CONSUMPTION SERVICES (SCS)?**

Safe Consumption Services (SCS) are designed to prioritize harm reduction. They are health services that provide a safe, welcoming, accessible, and confidential environment where people can use pre-obtained drugs safely under the support of trained healthcare workers. Several SCS in the province operate to support the health of people who use drugs and provide them with care, especially in preventing cases of overdoses and referring them to other support, health, and social services, including mental health support.

How SCSs help communities:

- Reducing overdose deaths
- Decreasing public drug use
- Reducing bloodborne illness
- Connecting people with supports and treatments
- Social services like housing and employment, mental health supports
- First steps to recovery in non-judgemental way



# HARM REDUCTION IN OUR CAMPUSES

The policies on harm reduction and substances can influence public conversation. Suppose harm reduction must be considered a priority by the government with the topic of substance use as an urgent and health-related issue that requires mental and health support rather than criminalization to change the stigma surrounding substances. However, it often brings negative connotations to our campuses and institutions instead of raising public awareness, and a more precise understanding that the use of substances is usually rooted in a structural socio-economic system.

The concept of substances from a student's perspective is not new. Often, in social and leisure contexts, alcohol and cannabis are sometimes present and normalized in this day and age because of their regulated policies. While most substances can cause serious harm, public awareness and education through harm reduction have to be prioritized, mirroring the services and facilities that safe consumption sites have long been providing.

People who use drugs are disproportionately and intentionally scapegoated for health-related crises to distract us from the punitive measures implemented by levels of government, instead of implementing holistic support systems. As students, it is vital to not consciously or subconsciously feed into a narrative that seeks to villainize our members.

## REFLECTIVE QUESTIONS

Attacks on Safe Consumption Services are one form of direct attack on harm reduction. On our campuses, these attacks can take different forms, including cuts to mental health and other student services, and increased campus policing. Below are some questions that will help us reflect and think about where the possibilities for harm reduction work lie on our own campus.

### CAMPUS POLICIES

*Policies on campus are primarily determined by campus administrators (and students' unions/student centres in other cases). Many policies are aimed at improving the campus' image and appearance – this is often at the expense of students and community members that use substances.*

- ◆ Is the campus completely smoke-free?
- ◆ What is the campus policy on drug and alcohol use? What are the consequences of breaking this policy and how is it enforced?
- ◆ How are “non-violent” emergencies on campus responded to? Who is the primary responder? Are they an on-campus support or external? How are the responses when giving support?

## PHYSICAL SPACES

*Campuses are not just classrooms – they're thriving communities with numerous individuals accessing the spaces on a daily basis. The layout, structures, and planning of campus spaces can play a role on how substances are used on campus.*

- ◆ How do campus members receive medical support? ie. is there access to healthcare providers on campus? Is there a pharmacy available? Do these facilities provide additional supports around substance usage?
- ◆ Is there a pub on campus? Is it run by students, the university, or a third-party corporation?
- ◆ If the campus isn't 100% smoke-free, are there "smoking safe-zones" available?

## CAMPUS RESOURCES

*Many campuses already provide numerous mental health supports for students to use in a crisis. These are great starting points, and can often naturally provide an avenue for an expansion into harm reduction supports.*

- ◆ Are there sufficient services that exist when students are in an immediate crisis? Are they accessible?
- ◆ Is there direct mental health support? If so, how well do students know about it? What supports do they offer?
- ◆ Is there a campus wellness centre? If so, is it run by students or by the university administration?
- ◆ Are there any harm reduction resources or education provided by the students' union(s) on campus? Are there any other clubs or student organizations that provide this? Does the university provide any resources?
- ◆ Are naloxone kits available on or near campus? Are there trainings available and provided?

# SUPPLEMENTAL RESOURCES AND ORGANIZATIONS

## ORGANIZATIONS

- [National Harm Reduction Coalition](#) -USA [English only]
- [Principles of Harm Reduction and Harm Reduction Interventions](#)
- [CATIE \(Canadian AIDS Treatment Information Exchange\)](#)

## RESOURCES BY LOCATION

### Toronto

- [Toronto Indigenous Harm Reduction](#)
- [Harm Reduction Advocacy Collective](#)
- [Street Health Toronto](#)
- [Toronto Public Health](#)

### Windsor

- Harm Reduction Windsor ([Facebook/Instagram](#))

### London

- [My Sister's Place](#)

### Kitchener

- [Camino Wellbeing](#)

### Guelph

- Your Downtown Guelph Friends ([Facebook/Instagram](#))

### Ottawa

- [Operation Come Home](#)
- [Ottawa Public Health](#)

### Northern Ontario

[NorthEast Health Line](#)

### Sudbury

[Public Health Sudbury & Districts](#)  
[Réseau ACCESS Network](#)

### Kingston

[Ontario Harm Reduction Distribution Program \(OHRDP\)](#)





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