COMMUNITY WELLNESS & HARM REDUCTION GRANTS

APPLICATION GUIDELINES

SEPTEMBER 2019

OVERDOSE EMERGENCY RESPONSE CENTRE

Community Wellness & Harm Reduction Grants – Guidelines and Application

Timeline

Applications open: 23 September 2019

Applications close: 18th November 2019

Grants awarded: January 2020

All proposed project activities should be completed, and funding spent by December 2020.

Overview

The Community Action Initiative (CAI), in partnership with the Ministry of Mental Health and Addictions and Overdose Emergency Response Centre (OERC), has funding available for Community Wellness & Harm Reduction Grants. Harm reduction aims to keep people and communities safe and to empower people with lived or living experience (PWLLE) of substance use to join service providers in determining the best interventions to reduce harms and increase individual and community wellness. The evidence shows that harm reduction promotes health, improves social outcomes, and has other benefits for PWLLE, their families and our broader communities.

Funding is available for municipalities and regional districts who propose harm reduction projects or initiatives focused on a range of support services and strategies designed to enhance the knowledge, skills, resources and supports for individuals, families and communities to be safer, healthier and more inclusive. Projects/initiatives must align with the OERC's *Comprehensive Package of Interventions* (see Appendix A), must include a Regional Health Authority partner. Collaboration with local community-based organizations and local First Nations communities and Indigenous service providers is encouraged. Funding ranges from $15,000 to $50,000 per community as determined by identified need and size of municipality or regional district.

Purpose of the Community Wellness & Harm Reduction Grants

The purpose of the Community Wellness & Harm Reduction Grants is to support municipalities and regional districts in developing partnerships to provide focused, action-oriented harm reduction projects or initiatives, tailored to local needs, that address substance-related harms and increase community wellness. Harm Reduction services are an essential health service and a foundational

component of British Columbia's comprehensive substance use continuum of care, particularly in the context of the current overdose emergency.

Municipalities and regional districts are uniquely placed to respond to public concerns about harms from substance use. Although they are not the main providers of such services, they are nevertheless impacted by these services, as they can affect how health, safety, and welfare may be viewed within their community. Understanding the range of diverse viewpoints on harm reduction services, this funding is intended to support development and implementation of harm reduction projects or initiatives that address local issues and barriers to the overdose emergency response. In particular, these grants are aimed to assist municipalities in developing collaborative, community-level responses to harm reduction needs and gaps, as aligned with evidence and best practice.

What is Harm Reduction?

Harm reduction is a client-centered approach that seeks to reduce the health and social harms associated with addiction and substance use.[1] Harm reduction does not necessarily require people who use substances to abstain or stop using. Included in the harm reduction approach to substance use are a series of programs, services and practices designed to keep people safe and minimize death and disease. Essential to this approach is an opportunity to empower people who use substances with knowledge and tools to minimize harms, including through non-judgmental and non-coercive strategies that enhance skills and knowledge to live safer and healthier lives. Thus, the harm reduction approach provides an option for PWLLE to engage with their peers and health and social services in a way that will 'meet them where they are'.[2]

The main features of harm reduction include:

- **Pragmatism:** Harm reduction accepts that the non-medical use of psychoactive or mood-altering substances is a near-universal human cultural phenomenon. It acknowledges that, while carrying risks, drug use also provides the user and society with benefits that must be taken into account. Harm reduction recognizes that drug use is a complex and multifaceted phenomenon occurring along a spectrum, which helps to focus policies, programs and services that promote health, prevent illness and reduce related risks and harms.[3]
- **Human Rights:** Harm reduction respects the basic human dignity and rights of people who use drugs. It accepts the drug user's decision to use drugs as fact and no judgment is made either to condemn or support the use of drugs. Harm reduction acknowledges the individual's right to self-determination and supports informed decision making in the context of active drug use. Emphasis is placed on personal choice, responsibility and self-management, with a recognition

[1] What is Harm Reduction? Harm Reduction International. Available at https://www.hri.global/what-is-harm-reduction.
[2] Erickson et. al. (2002) Center for Addiction and Mental Health and Harm Reduction. A Background Paper on its Meaning and Application for Substance use Issues. Retrieved from: http://www.doctordeluca.com/Library/AbstinenceHR/CAMH&HR03.pdf
[3] First Nations Health Authority. (2013). A Path Forward: BC First Nations ad Aboriginal People's Mental Wellness and Substance Use – 10 Year Plan. Retrieved from: http://www.fnha.ca/Documents/FNHA_MWSU.pdf

that some health and social harms are due to systemic forces and vulnerabilities (e.g., colonialism, poverty, intergenerational trauma).

- **Focus on Harms:** The fact or extent of an individual's drug use is secondary to the harms from drug use. The priority is to decrease the negative consequences of drug use to the user and others, rather than decrease drug use itself. Harm reduction supports safer substance use practices with an emphasis on reducing the harms of substance use. Harm reduction can include but does not require abstinence.
- **Maximize Intervention Options:** Harm reduction recognizes that people who use drugs benefit from a variety of different approaches. There is no one prevention or treatment approach that works reliably for everyone. It is choice and prompt access to a broad range of interventions that helps keep people alive and safe. Individuals and communities affected by drug use need to be involved in the co-creation of effective harm reduction strategies.
- **Priority of Immediate Goals:** Harm reduction establishes a hierarchy of achievable steps that, taken one at a time, can lead to a fuller, healthier life for people who use drugs and a safer, healthier community. It starts with "where the person is" in their drug use, with the immediate focus on the most pressing needs. Harm reduction is based on the importance of incremental gains that can be built on over time.
- **Involvement of People Who Use Drugs:** The active participation of people who use drugs is at the heart of harm reduction. People who use drugs are seen as the best source of information about their own drug use and are empowered to join with service providers to determine the best interventions to reduce harm from drug use. Harm reduction recognizes the competency of people who use drugs to make choices and change their lives.[4]

The overarching goal of the harm reduction approach is to prevent the negative health and social outcomes associated with substance use and to improve health and wellness. Harm reduction interventions highlight the importance of agency, self-care and community-building for PWLLE.[5] Harm reduction approaches and programming are supported internationally by global institutions such as UNAIDS, United Nations Office on Drugs and Crime, and the World Health Organization, and nationally by Health Canada and the Public Health Agency of Canada. Harm reduction is seen as best practice for engaging with people who use drugs.[6]

For additional information and resources about harm reduction, see Appendix B.

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[4] BC Ministry of Health. (2005). Harm Reduction: A British Columbia Community Guide. Retrieved from https://www.health.gov.bc.ca/library/publications/year/2005/hrcommunityguide.pdf

[5] Boucher LM, Marshall Z, Martin A, Larose-Hébert K, Flynn JV, Lalonde C, et al. Expanding conceptualizations of harm reduction: results from a qualitative community-based participatory research study with people who inject drugs. Harm Reduct J. 2017;14(1):18. Available at https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-017-0145-2

[6] Marlatt, A. (2011). Integrating Harm Reduction Therapy and Traditional Addiction and Traditional Substance Use Treatment. *Journal of Psychoactive Drugs*. 331:1.

Funding

For this grant opportunity, maximum funding ranges from $15,000 to $50,000 as determined by identified need and size of municipality or regional district.

Eligible Applicants

- The lead applicant must be a municipality or a regional district in British Columbia.
- Lead applicants must partner with a regional health authority.
- Collaboration with local First Nations communities and community-based organizations, including Indigenous service providers, is strongly encouraged.
- For-profit businesses, business associations, public safety, research institutions and primary care providers are not eligible to apply for this grant funding but may be included in the applicant's proposed Project Team.
- Preference will be given to communities without existing Community Action Teams established through the province's Overdose Emergency Response Centre.
- Projects/initiatives must be one-time-only in nature and intent, and must be completed—with all funds spent—by December 31, 2020

Community wellness & harm reduction applications should:

- Incorporate people who use drugs in the planning and delivery of services.
- Show awareness that there is more than one social identity among drug users, and there are unique needs associated with identifying with an additional marginalized group (e.g. LGBTQIA+, youth, economic precarity, individuals engaged in sex work, people experiencing homelessness, people diagnosed with a mental illness or disability).
- Build, or support building, on the individual and/or community capacities of people with lived experience (including families).
- Demonstrate a partnership with local health authorities, community-based organizations and/or local First Nations communities and Indigenous service providers.
- Demonstrate cultural humility towards, and safety for, First Nations, Métis and Urban Aboriginal Peoples.
- Address one or more interventions detailed in the OERC's *Comprehensive Package of Interventions* (see Appendix A).

  Examples could include:

  - Stigma reduction or 'myth-busting' education campaigns
  - Harm reduction dialogue or workshops for community leaders/members
  - Supporting individuals and service providers to build capacity and strengthen local systems, including the creation of peer employment opportunities and peer-to-peer support programs facilitated and attended by people with lived experience of substance use
  - Scaling up effective programs or interventions, including needle distribution and safe disposal programs or a community-based drug checking service

- Strengths-based and culturally-based harm reduction healing options for Indigenous peoples (e.g., connection to Elders, cultural workers and knowledge keepers)

- Projects/initiatives not in scope include:
  - Initiating new overdose prevention or supervised consumption sites

Guiding Principles

- **Collaboration:** supporting partnerships and collaboration within communities and across sectors to reduce systems barriers.
- **Involvement of people who use or have used drugs:** harm reduction projects/initiatives need to be designed and delivered to serve diverse cultures, unique community needs, and the varying contexts in which people who use substances access services and support.
- **Stigma reduction:** the effectiveness of harm reduction depends on attention to reducing or eliminating stigma so that people who use substances encounter judgment-free, supportive health and service providers.
- **Evidence- or wise practice-based projects/initiatives:** all projects/initiatives are based on best available evidence or wise-practices[7] and include a robust monitoring plan to quantify the impact.

Evaluation Criteria

- Provide mental wellness and substance use supports framed within a harm reduction context to support people who may benefit from them
- Aim to improve upon the range of harm reduction services available, as an enhancement and not duplication
- People who use substances are active participants in project/initiative design and implementation
- The application clearly demonstrates the need for and the value-add of the project/initiative
- The project/initiative demonstrates inclusion and consideration of Indigenous peoples and/or perspectives
- The project/initiatives' key activities are clearly described
- The project/initiative's expected results are realistic and measurable
- The project/initiative demonstrates efficient use of resources and value for money
- The project/initiative is designed to effectively reach the target audience

[7] **Wise Practices:** This phrase is widely used in Indigenous contexts to describe locally appropriate Indigenous actions that contribute to sustainable and equitable conditions. Wise practices are interventions and protocols that are reflective of Indigenous peoples' worldview and ways of creating knowledge. Rather than only implementing practices that draw on a narrow range of research methodologies or only relying on practices that are exported from elsewhere, it is essential to learn from what is already working well in communities, based on their own Indigenous knowledge systems and experience. The notion of wise practices acknowledges that a 'one size fits all' best practices model is not always appropriate or effective. Source: wisepractices.ca/

- The project/initiative demonstrates collaboration or partnership with health authorities, local community-based organizations, and local Indigenous groups
- The project/initiative aligns with the OERC Comprehensive Package of Core Interventions (Appendix A)
- Fairness and equity within BC's five geographic health regions