



Harm Reduction Center: Peer Support Network Approach



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Introduction

What is harm reduction?

According to the [National Harm Reduction Coalition](#), harm reduction is defined as “a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built upon a belief in, and respect for, the rights of people who use drugs” (Harm Reduction Principles). Harm reduction strategies seek to amplify accessibility to safer use practices for drug users, managing their own use, abstinence (although not always a requirement), and addressing risk factors in underprivileged populations such as lack of access to clean needles, contaminated or laced drugs, unsafe living environments, etc.

The National Harm Reduction Coalition focuses on the following principles: 1) Accepting, for better or worse, that illicit and illicit drug use is part of our world and choosing to work to minimize its harmful effects rather than simply ignoring and condemning them. 2) Understanding drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe use to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others. 3) Establishing quality of individual and community life and well-being – not necessarily cessation of all drug use – as the criteria for successful interventions and policies. 4) Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm. 5) Ensures that people who use drugs and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them. 6) Affirms people who use drugs (PWUD) themselves as the primary agents of reducing the harms of their drug use and seeks to empower PWUD to share information and support each other in strategies which meet their actual conditions of use. 7) Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities affect both people’s vulnerability to and capacity for effectively dealing with drug-related harm. 8) Does not attempt to minimize or ignore the real and tragic harm and danger that can be associated with illicit drug use.

Why is it important?

In a study titled [Health impacts of a scale-up of supervised injection services in a Canadian setting: an interrupted time series analysis](#), sponsored by the Canadian Institutes of Health Research and the Centre on Substance use in Vancouver, we can appreciate a statistical analysis on the benefits of harm reduction in communities heavily affected by the opioid crisis. The study reveals that the use of safe injection sites in 2016 gradually increased the chances of users participating in addiction treatment (Kennedy 991), as well as a decrease in the prevalence of public injection and syringe sharing. Furthermore, the study addresses how some people who inject drugs (PWID) might be more receptive to peer support programs “given that these are less medicalized services” and that “recent ethnographic research has described how peer involvement as staff in OPS may foster service engagement among PWID by enhancing client feelings of comfort and safety” (Kennedy 992). Essentially, demonstrating how harm reduction practices not only lead to safer drug use, but also might work as a path for people who are seeking treatment.

Peer-support networks are elemental for this kind of program due to the need for **trust and engagement** between drug users and people providing them with support. The study mentions the reluctance towards more heavily medicalized services from people who use drugs due to the long history of stigma and mistreatment of addicts by public health systems worldwide. Thus, peer-support is an essential part of harm reduction.

The implementation of **peer support networks** not only facilitates the transition from active addiction into recovery programs, but also provides a space for drug users that belong to marginalized groups, come from different socioeconomic backgrounds, or don't have access to treatment due to their immigration status or legal circumstances. What a peer support group seeks to do, is have volunteers that have experienced addiction before and are knowledgeable on the subject, as well as trained individuals who are aware of the kind of strategies and language that should be used when dealing with people in active addiction. The focus of peer support relies on a non-judgmental approach, experience based support, and a non-hierarchical sense of community.

How would the student community at Concordia benefit from a harm-reduction program?

In a survey by Health Canada titled *Canadian Postsecondary Education Alcohol and Drug Use Survey (2021-2022)*, that studied postsecondary students across Canada aged 17-25 and their use of both recreational and illegal drugs, researchers found that alcohol was the most widely consumed substance, stating that nearly half of the students reported heavy drinking at some point in their university degree. Additionally, among students who drank alcohol within the past year, 47% reported at least one alcohol related accident over the month before the study. Moreover, 17% of students reported being harmed by another student due to alcohol consumption.

In regards to cannabis consumption, the study found that the drug use was higher among **transgender and non-binary students**. Additionally, 23% of the students who used Cannabis over the past year reported that they had driven within 2 hours of consumption.

Psychopharmaceutical drugs were the third highest used substance among postsecondary students, with some of the reasons for use being unique to this demographic such as using stimulants to cram for exams. Among the main reasons for pharmaceuticals, students reported using them to help with sleep, to get high, and to study.

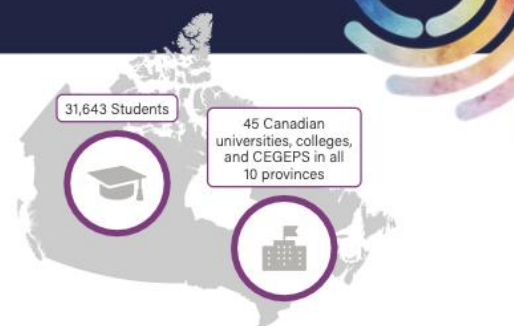
In relation to illegal “party drugs” (hallucinogens, cocaine and ecstasy), the study found that 12% of the students reported to having used one of the 11 illegal drugs listed, with a higher index of users among transgender and non-binary students. The drugs most highly reported were hallucinogens (Public Health Agency of Canada). The summary of the study is presented below:

Substance use among university and college students in Canada, 2021–2022

In Canada, **substance use** generally peaks during young adulthood. Young adults attending a **postsecondary institution** have a range of new experiences during this life stage.

Through the 2021–22 Canadian Postsecondary Education Alcohol and Drug Use Survey (CPADS), Health Canada collected data on the prevalence and patterns of substance use and associated harms among postsecondary students aged 17–25 across Canada.

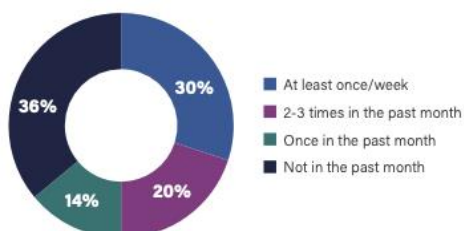
Note: Due to rounding, some percentages may not add up to 100.



Substances Used and Related Harms

Alcohol

How often was alcohol consumed in the past month?



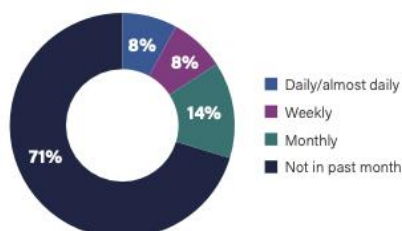
Alcohol Use

- + 64% of students consumed alcohol in the past month (decreased from 74% in 2019–20)
- + On average, students consumed 3.8 drinks on a typical drinking day (decreased from 4.5 in 2019–20)
- + On average, students consumed 5.9 drinks on their heaviest drinking day (decreased from 6.9 in 2019–20)



Cannabis

How often was cannabis used in the past month?



Cannabis Use

- + 29% of students used cannabis in the past month (decreased from 33% in 2019–20).
- + The top source used to obtain cannabis products was a legal store front, increased from 34% in 2019–20 to 63% in 2021–2022.
- + Students who consumed cannabis with another substance in the past 12 months most often reported using it in combination with alcohol (75%), tobacco or e-cigarettes with nicotine (23%), and illegal hallucinogens/dissociatives (12%)

Other Substances

- + 13% of students had used a pain reliever, stimulant, sedative or over-the-counter medication in a higher-risk way¹ in the past 12 months
- + 12% of students had used an illegal drug (e.g., cocaine, heroin) in the past 12 months
- + 2% of students reported smoking daily and 8% reported vaping daily in the past month

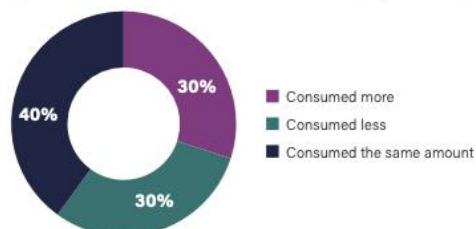


Harms Related to Substance Use

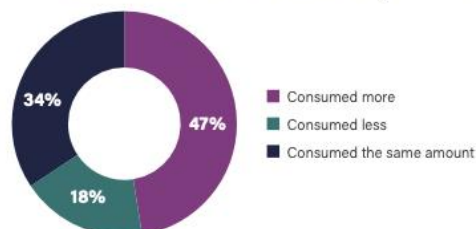
- + Among students who drank alcohol in the past 12 months:
 - + 47% experienced at least one of 28 different harms from their alcohol use in the past month
 - + 11% drove within 2 hours of consuming at least 2 drinks
- + Among students who used cannabis in the past 3 months, 64% experienced at least one of 5 different harms from their cannabis use
- + Among students who used cannabis in the past 12 months, 23% drove within 2 hours of consuming cannabis

How did the COVID-19 pandemic affect substance use?

Change in amount/quantity of alcohol consumed since March 2020 with onset of the COVID-19 pandemic



Change in amount/quantity of cannabis consumed since March 2020 with onset of the COVID-19 pandemic



- + Students who reported decreased use said this was mainly due to fewer social gatherings
- + Students who reported increased use said this was mainly due to boredom, stress, anxiety, depression/low mood, and lack of a regular schedule

University students are among the populations at highest risk of substance abuse or irresponsible use. Furthermore, as exhibited in the study, post-secondary students are the only group using psychopharmaceutical drugs for non-recreational purposes. This leads to the need for a community-based initiative to address the recreational and non-recreational use of substances among Concordia students, whether it is on a day-to-day basis, or not.

Concordia's student population is vastly diverse; with students coming from various sociocultural and economic backgrounds. Thus, some of the students in underrepresented or marginalized groups (whether it is because of class, race, or ethnicity) do not necessarily feel comfortable seeking help through the already complicated and long-winded process of getting mental health treatment through Concordia health services.

Particularly in the mental health sector, the wait times for being able to see a therapist as a student (if done through Concordia health services) is around 6 months. Then, getting a referral to an addiction specialist is even more time-consuming. Because of this, it is imperative for students to have a support system that can aid them in the emotional and personal strain that it is to seek treatment through Concordia health services or the Canadian public health system. Now, this is not to say that the peer support initiative is an alternative to professional mental health treatments, rather, that the peer support group can work as a crutch for students already waitlisted for treatment, or unsure about pursuing treatment. Furthermore, there is a need for an intersectional approach within the peer support group that might not always be offered by medicalized settings or mental health professionals. An open, inclusive, intersectional and LGBTQ+ friendly environment can draw more people into feeling comfortable enough to seek help.

Research on peer-support network programs (non-profit and university or student based) that could be used as reference

I. RTP Peer Mentorship

- a. The Recovery Transition Program is an innovative program of services delivered by trained patients (peer mentors) that was designed to help patients and their families/caregivers find appropriate support and services within the community following treatment. The program provides one-on-one peer support, workshops for patients/families, and access to Resource and Information Centers that facilitate work and educational development.
- b. **The RTP is a self-sustaining, peer-based and volunteer-driven program** that helps patients transition from clinical care provided by the MUHC Mental Health Mission to the community.
 - i. The **objective** is to improve the relationship between **the individual** and **the system** by creating an atmosphere of mutual learning and respect.
 - ii. Core values are **inclusion** and **acceptance, recovery-oriented principles, mutual learning** and **creativity**.

- iii. The program was created with the belief that those who live with mental illness and or addictions are often best equipped to give hope and encouragement to others with similar struggles.
- iv. Provides one-on-one discussions, workshops, creative events, fundraising, public awareness events, etc.

c. Responsibilities of a Peer Mentor

- i. Model and assist in developing effective coping, interpersonal and life skills.
- ii. Assists peers in exploring community and personal resources which would be beneficial to their specific needs.
- iii. Help break down stigma and isolation of mental illness and addiction that can impede recovery and increase chances of relapse.
- iv. Peer support is based on mutual equality in relationships. Each person can benefit from the relationship.
- v. Each individual has within themselves the knowledge of what is best for them, peer mentors help others find that knowledge and hope within themselves.
- vi. Peer support is focused on health and strengths rather than illness and diagnoses.
- vii. Peer support as **complementary** to treatment
- viii. *A peer mentor who has travelled a path of recovery can relate and offer empathy and validation.*

d. Workshops:

- i. Weekly discussion groups focusing on themes related to mental health, well-being and healthcare
- ii. **Recovery and action plan groups** targeted towards people recovering after being in in-patient treatment. Focuses on re-stabilizing their day-to-day and the creation of routines to sustain wellness and progress within recovery.
- iii. **Self-management and recovery training**
- iv. **Zine workshops** – Finding a creative outlet for emotions related to recovery and the struggles of it and working collaboratively to bring these creative ideas into fruition (e.g., making a zine with the patients artwork, poetry, writing, etc).

1. If you are interested in having the RTP speak more about how the program works and how you can start your own similar program, please contact us by email at recoverytransitionprogram@gmail.com

***The RTP Peer Mentorship has an excellent framework that can be followed by the Harm Reduction Center at Concordia. I believe this is the closest approach to what the center is seeking to accomplish, so contacting the RTP for training for the center's coordinator might be useful.**

II. GIAP Montréal (Groupe d'intervention alternative par les pairs)

- a. CACTUS Montréal's youth program that seeks to support vulnerable youth aged 14 to 30 in central Montreal neighborhoods. The GIAP team is made up of several peer support workers – young people with lived street experience.
- b. **Approach**– The GIAP favors an empowerment approach, both individually and collectively. This approach is reflected in the participatory management that characterizes its operations and in the importance given to peer outreach workers. The team members offer personalized and adapted interventions through support, activities and discussions that allow for the creation of privileged ties with vulnerable youth.
 - i. The peer outreach workers represent the community: they partake in symposiums, panels and committees, offer presentations to a variety of audiences, and share a different and representative vision of their social environment in order to demystify street life and dispel the prejudices associated with it.
- c. **Community Involvement** – The GIAP takes part in community activities and consultations in order to actively promote understanding of the street environment and help determine the most appropriate ways to respond to the needs of the street community.

Peer support/Harm Reduction programs at other Canadian Universities (for reference purposes)

I. Medical Students' Society of McGill University

- a. *MSS Addiction and Harm Reduction Interest Group* **[NOW INACTIVE]**
- b. McGill Students for Science-based Addiction Treatment (MSSAT) is a student-led initiative dedicated to advocating for proven addiction treatments and supporting individuals seeking help or resources for addiction--whatever form it takes. We were concerned by the lack of resources on campus, and the unscientific nature of current (outdated) standards in addiction treatment around the globe.
- c. Brought together by our *faith in science* and compassion for those impacted, we argue that addiction is *not* a moral failure. Rather, it is a complex, often life-threatening medical condition which should be treated accordingly!
- d. Our mandate covers things like:
 - e. Challenging outdated norms
 - f. Resources for students
 - g. Reducing stigma (using science!)

***Drug Addiction program to close at McGill University health centre**

Published by *The Gazette* on June 22nd, 2024 by Aaron Derfel.

In the midst of an opioid crisis in Quebec, the McGill University Health Centre and the Quebec Health Ministry have decided to close the MUHC’s addiction day program and related services — a decision that is already stirring an intense backlash, *The Gazette* has learned. In an internal memo, dated June 12, MUHC officials announced that after the full closing in December, “complex cases will be referred to the CHUM,” the French-language Centre hospitalier de l’Université de Montréal. Mental health and addiction recovery advocates met on Thursday in a desperate bid to persuade Quebec’s largest hospital network to reconsider shuttering one of the related addiction programs as early as August, to no avail. “This is a pretty unique program. It’s based mostly on volunteers. To me, this is really a model for (substance) recovery. Recovery is not happening in a psychiatrist’s office. It happens in the community. And I think that what these mentors and mentees are doing is really remarkable. “So I think it would be an absolute shame if this program were to close,” Amir added. In the June 12 memo, Colleen Timm, director of multidisciplinary services, and Dr. Karine Igartua, chief of psychiatry, acknowledged that closing the addiction day program and related services may give rise to “grief, anxiety and anger.” But they also suggested the closing could engender feelings of “excitement and hope about new opportunities.” “As of last week, we have closed our wait list for elective detox admissions,” they explained in the memo. “The current addiction day program and outpatient groups will close in a step-wise fashion with all current services closing completely by December.

“In keeping with mandates of the various partners in the Réseau (the Quebec health network), patients requiring primary addictions services will be reoriented to community programs and those with complex cases will be referred to the CHUM,” the memo added. Although the memo does not frame the closing as a financial cutback, the need to trim costs may have influenced the decision.

“They are talking about budget,” Amir said of the groundbreaking recovery transition program. “This is also ridiculous, in my view. I can raise this money. You know, they ask for \$90,000, they got \$60,000 or \$65,000. I think that the problem is commitment. There is really no commitment for the program.” The decision to get rid of the addiction day program comes as Quebec — like other provinces and U.S. states — is grappling with an opioid crisis. According to statistics from the Institut national de santé publique du Québec, more than 500 people in the province died from suspected overdoses of opioids or other substances from October 2021 to September 2022.

II. University of Toronto:

- a. **Health and Wellness center:** The health and wellness Centre provides a range of services to support you to explore safer ways to engage in activities you want to do. As a student, you can speak to our doctors, nurses, and mental health professionals

about your drug and alcohol use, sexual activity, or partying. ***important to note that the Health and Wellness center at UOFT has medical personnel and works not only in an addiction and harm reduction context but also general mental health and sexual and reproductive health. The approach here is more professional and medical rather than student-led, yet, there is a vast amount of educational materials on the website and clear explanations for what harm reduction does.**

III. University of Alberta:

- a. **Urgent support hotline for students at risk (drug use or withdrawal symptoms)**
- b. **Peer Support Centre by the University of Alberta Student's Union–**
 - i. The Peer Support Centre (PSC) is a Students' Union service that offers a free, confidential, and non-judgmental place to talk to someone for support. No issue is too big or too small. Our trained volunteers offer peer support, crisis management, information and resources, as well as a safe and confidential place to talk. Our volunteers will listen to help you uncover some steps you can use to improve your situation, no matter what the issue. We also have a library of on and off-campus resources to give you an idea of where to go when you leave the Centre.

IV. University of British Columbia

- a. **UBC Student Recovery Community (SRC)**
 - i. The UBC Student Recovery Community (SRC) is a safe, welcoming, and inclusive space for students who are in recovery or curious to explore their relationship with alcohol, drugs, and/or addictive behaviors, including disordered eating, gaming, gambling, pornography, and more.
 - ii. **The SRC's peer support, evidence-based model is designed to empower students with lived experience to support one another on their chosen recovery pathway. The community supports all pathways of recovery— from harm reduction to abstinence, and everything in between.**
 1. One-on one support
 2. Recovery meetings: Join a peer support meeting, open to all UBC students who are in recovery or curious to explore their relationship with substance use and/or disordered eating, gaming, gambling, pornography, or other addictive behaviors. All pathways of recovery are welcomed and supported. Abstinence is not required for participation.
 - a. The Queer All-Recovery Meeting
This peer-based group welcomes all students who identify within the Queer umbrella and have lived experience of recovery, or are curious to explore their relationship substances and/or addictive behaviors.
 - b. The Cannabis Meeting
This meeting is for students who have lived experience of

marijuana/cannabis addiction or are curious about their relationship with cannabis. We gather in recognition that cannabis can be an addictive substance and thus us worthwhile to examine and explore one's relationship with it. Abstinence is not a requirement.

- c. All Recovery Meeting
Drop in to an inclusive group meeting for all students with lived experience of recovery or those who are curious to explore their relationship with substance and/or behavioral addiction.

V. Queen's University

a. Peer Support Centre

- b. The PSC is operating both online through Zoom and in-person. Once you enter the meeting, you will be greeted by one of our kind and compassionate volunteers who will walk you through our confidentiality form and will be a listening ear for you for the remainder of the session
- c. We respect your right to privacy. For this reason, our volunteers are bound to a confidentiality contract that limits them from sharing any information discussed during a session to other volunteers or peers outside of the Peer Support Centre. Your comfort is of the utmost importance to us.
- d. Whatever is on your mind, we believe that it is valid and worth listening to. We strive to create a safe space that is inclusive to all students and to all experiences.
- e. All volunteers are dedicated to empathetically listening to all peers who choose to share their own personal challenges and experiences.
- f. Maintaining a positive relationship with the Queen's and Kingston community is important to us. Through outreach initiatives and collaborations with external groups on campus, we strive to contribute a sense of community and belonging amongst all Queen's undergraduate students.
- g. It should be noted that Peer Support Centre should not be used in place of professional help from a licensed counsellor, therapist, etc. Rather, the Peer Support Centre is a listening service that can be accessed if students would like to express their feelings to someone.
 - i. ***Note that this peer support network does not specify anything related to harm reduction**

VI. Dalhousie University





a. Dalhousie Student Union's "Let's talk harm reduction campaign"

i. What can you learn from our resources?

1. How certain substances & mixtures of substances affect our bodies
2. How to stay safe if you choose to use
3. How to spot dangerous side effects in friends or loved ones who have used

4. How to care for someone who is experiencing dangerous effects of substance use
 5. How to ask for help if you or a loved one are in danger
 6. When should I ask for help? Who should I call?
 7. Whenever you are in doubt or do not know how to help someone, always call for emergency assistance! Remember that you are a friend, not a doctor. When in doubt, call 911!
 8. Confidential, peer-led, judgement free approachable support, First aid support, responding and coordinating student safety concerns.
 9. Request their support via Dal Security Line or DalSAFE App Chat or access Dalhousie Security Services at 4109 or (902) 494-6400.
- ii. Where to find us for support:
1. Thursday - Saturday nights | 8pm - 8am.
Co-located with Dal Care Hubs during big campus events.

iii. *Resource list is organized by substance on the website: probably the most in-depth student-led harm reduction initiative other than McGill.

 <p>Cannabis</p> <p>Cannabis is a psychoactive substance that causes the functions of the central nervous system to slow down. Too much Cannabis can have you "Greening out" where a person feels sick after using cannabis products.</p> <p>LEARN MORE</p>	 <p>Alcohol</p> <p>Alcohol is a depressant psychoactive drug that causes central nervous system functions to slow down. Too much alcohol in a short period of time increases the risk of Alcohol poisoning.</p> <p>LEARN MORE</p>
 <p>Stimulants</p> <p>Stimulants are substances which "stimulate" the central nervous system. e.g. Caffeine is a stimulant substance found in coffee. Other stimulants include nicotine, cocaine, and amphetamines. Common effects of stimulants include: increased focus and alertness, elevated mood, and increased speech & motor activity.</p> <p>LEARN MORE</p>	 <p>Opioids</p> <p>Opioids are psychoactive substances that block incoming pain signals to reduce feelings of pain. Using too much of an opioid or a strong opioid that you have low tolerance for can be dangerous, as opioids suppress the ability to breathe. In overdose, opioids completely stop a person's breathing. It's often fatal if there is nobody to help.</p> <p>LEARN MORE</p>

iv.

Suggestions for the Harm Reduction Center

- ★ Training the center coordinator with the [Canadian Red Cross Harm Reduction Trainings](#) , including the [First Aid for Opioid Poisoning Emergencies](#) (Free online

training 45-60 minutes) and [Becoming an Opioid Harm Reduction Champion for Quebec Residents](#) (Free online training 30 minutes)

- ★ Working alongside **harm reduction organizations** that can provide materials, literature and support (complete list found in [Harm Reduction Research and Resources for the Rawcc](#)). **Make sure the members of the center are aware of the existence of these organizations when the center is not able to help them with crises or when in need prevention and protection equipment.** Keeping pamphlets or information booklets for these organizations at the center would be helpful as well for educational purposes.
- ★ Following the [RTP Peer Mentorship](#) 's framework for developing a functional peer-support network and community-based approach.
- ★ The center coordinator should be able to tell when a member of the community **requires medical aid** or the center is not the right place for them to be helped. There is a need to be able to make the call when the center is **not the right place** for a community member due to their situation being a state of **emergency** that requires medical attention or **urgent mental health services**.
- ★ The center should have an intersectional approach all around; making students from different backgrounds (whether socioeconomic, racial or ethnic) feel comfortable to attend. Additionally, the center should be a safe space for all gender identities and sexualities, while bringing attention to populations that are at higher risk of substance consumption and abuse due to mental health or social factors. The space should be welcoming and the coordinator should be educated on the history of marginalized groups and substance consumption, as well as the effects substances continue to have in their communities.
 - The **University of British Columbia** has a Queer All Recovery Meeting, (queer only) which might be a good concept to incorporate into the center, mainly because of the comfort of the queer student community and being surrounded by people in the same situation.
 - If there is enough volunteering staff at the center, having different meetings for different substances might be a highly successful approach. Addiction looks very different from one substance to another, yet this might be complicated if there is not enough staff.
- ★ Providing educational materials at the center that students can come and pick up without having to attend a meeting/speak to a volunteer. Sometimes the first way to overcome stigma is to have access to information without feeling the obligation to become involved immediately. Some examples of this could be informational pamphlets, how-to guides on safe drug use, charts regarding which substances mix and which ones don't, referrals to other centers in the city as well as safe injection sites, etc.
- ★ Having access to drug testing kits would be helpful for students who are interested in harm reduction but don't necessarily know how to go about it. The center should have materials that can be taken by the students for free such as naloxone kits and fentanyl testing strips.
- ★ Using the resources made available by the RAWC Centre's old website (

Observations

The harm reduction programs at **Dalhousie University** and the **University of British Columbia** seem to have the most well-rounded and all-encompassing approach: providing the students with resources through their **websites** as well as in person. **Another interesting thing about the program at Dalhousie is that their operating hours are during the nighttime; which resembles those of meetings for substance abuse and reflects the times of day where the student population might be at a most vulnerable state and more prone to drug consumption or substance abuse.**

Additionally, the program at **UBC** offers more specialized and tailored meetings to specific substances or people (e.g. their *cannabis meeting* and *queer all recovery meeting*). Tailoring events to more specific demographics or substances might be helpful in the functioning of the center: since certain **students might feel more comfortable being vulnerable if surrounded by people from their community.**

Directory of Resources

Canadian Red Cross Harm Reduction trainings

<https://www.redcross.ca/training-and-certification/course-descriptions/opioid-harm-reduction>

[First Aid for Opioid Poisoning Emergencies](#) (Free online training 45-60 minutes)

[Becoming an Opioid Harm Reduction Champion for Quebec Residents](#) (Free online training 30 minutes)

GRIP Prevention: Groupe de Recherche et d'intervention psychosociale

<https://grip-prevention.ca/en/>

Mission: The GRIP is an **organization that operates in harm reduction and prevention** with the goal of informing and intervening in festive environments, promoting a positive experience for all populations attending both popular and underground settings, by providing proximity services and support in the Montreal region and throughout Quebec.

Approach: Our approach is to educate and make available neutral, evidence-based information about psychoactive substances (PAS), their effects, risks, and ways to reduce or limit them. The GRIP aims to empower individuals who use drugs by encouraging informed decision-making and safer drug use practices.

Contact: General Administration: 4400 Saint-Denis St Montreal (Quebec), H2J 2L1 (514) 726-4106 info@grip-prevention.ca | **Training and Conferences: (Creation of preventative tools, training and kiosk in school consulting expertise) Maïté Fournel formation@grip-prevention.ca**

Services offered: Training in sexual violence prevention, substances and their effects, prevention and harm reduction, fentanyl testing strips and naloxone, festive environments intervention, drugs and performance.

GRIP could be an asset to the RAWCC through their training on harm-reduction (psychological and overdose-related protocols), sexual assault, and providing harm-reduction materials and kits such as naloxone and testing strips.

CACTUS Montreal

<https://cactusmontreal.org/en/>

Mission: CACTUS Montréal is a community-based harm reduction organization that has been active for 30 years in the prevention of sexually transmitted and bloodborne infections in downtown Montreal. CACTUS seeks to support marginalized and vulnerable people through various prevention, awareness and education services and activities.

Approach: Harm reduction informs everything we do. Our approach is pragmatic and humanistic, and centers the participation of the populations we serve.

Contact: 1300 Sanguinet Street, Montreal, QC H2X 3E7 | 514 847-0067 | info@cactusmontreal.org

Services offered: [Providing injection and inhalation equipment](#), [Naloxone](#), [Supervised Consumption Sites](#), [Drug testing](#), [STBBI Testing](#)

The services offered by CACTUS could be of great help to the RAWCC through the acquisition of materials necessary for harm reduction as well as being a blueprint for approaching harm reduction from a community-based perspective. Additionally, CACTUS could be a resource for students in active addiction that the RAWCC isn't equipped to help.

Plein Milieu

<https://pleinmilieu.qc.ca/en/>

Mission: Plein Milieu builds relationships of trust with people who are drug users, homeless or at risk of homelessness, and with youth 12 years of age and older while focusing on harm reduction, information and prevention.

Approach: Equalized access to care and services without shaming users of marginalized populations. Available guides in relation to quitting drugs opioid consumption and general health.

Contact: 514 524-3661 | info@pleinmilieu.qc.ca | Plein Milieu 4677 St-Denis St Montréal Québec H2J 2L5

Services Offered: Distribution of prevention and protection equipment intended for harm reduction and to prevent STBBIs, social mediation programs, street work (three programs: the people who inject or inhale drugs program, the homeless or at risk of homelessness program, and

the indigenous peoples experiencing homelessness program), workshops of sex education and [substance abuse prevention](#) , etc.

The Plein Milieu youth outreach program could provide educational materials for the RAWCC and additional information regarding the treating of drug use symptoms through a harm reduction perspective.

Drugs: Help and Referral (DHR)

<https://www.aidedrogue.ca/en/about/who-we-are/>

Mission: Provides support, information, and referrals to anyone worried about their use of drugs, alcohol, and or medication as well as their loved ones through a harm reduction approach without any punitive measures towards users.

Approach: Listening and support: attentive and non-judgmental listening to asses the person's situation by a counselor, identify the issues and provide support, information and the appropriate referrals. Information: Information on the consequences of substance abuse, as well as the effects of mixing certain works and providing information on addiction centres and therapy services.

Contact: 514 527-2626 (24/7 hotline)

Services Offered: Helplines and referrals for addiction, information on substance abuse, information and referrals towards community resources, associations, groups and research on harm reduction (<https://www.aidedrogue.ca/en/find-help/resources-available/>)

This organization can aid the RAWCC with referrals for treatment or emergency situations.

Works Cited

“Harm Reduction Principles.” *National Harm Reduction Coalition*, National Harm Reduction Coalition, 12 June 2024, harmreduction.org/about-us/principles-of-harm-reduction/.

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Public Health Agency of Canada. “Canadian Postsecondary Education Alcohol and Drug Use Survey, 2021-2022: Summary.” *Canada.Ca*, 12 Jan. 2024, health-infobase.canada.ca/alcohol/cpads/.