

Harm Reduction at Work

A GUIDE FOR ORGANIZATIONS
EMPLOYING PEOPLE
WHO USE DRUGS



OPEN SOCIETY
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Employing People
Who Use Drugs

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Overview of the Guide

This guide was written by Raffi Balian and Cheryl White, whose many years of experience in harm reduction, drug user activism, and organizational leadership have made them invaluable experts on working with people who use drugs.

This is the third guide book in a series aimed to provide practical, hands-on guidance for harm reduction and drug user organizations. This guide lays out a series of strategies to address the challenges faced by organizations that want to hire people who use drugs or who are on methadone or buprenorphine treatment.

Chapter 1 provides real examples and reasons why hiring and organizing people who use drugs, including those living with HIV and hepatitis C, will help improve the programs developed by harm reduction providers and activist groups. It also outlines common problems faced by employees who use drugs.

Chapter 2 offers a wide range of harm reduction policies that organizations can adopt for the workplace. Establishing and adhering to set guidelines is crucial for successfully working with staff and volunteers who use drugs.

Chapter 3 builds on the previous chapters by offering strategies to sustain projects that employ people who use drugs. Strategies focus

on recruitment, training, supervision, support, evaluation, conflict resolution, and boundary maintenance.

Chapter 4 takes an in-depth look at two initiatives in Toronto, Canada, that successfully employ and organize drug users: the first is an award-winning harm reduction project run by and for drug users; the second is an initiative to provide homeless crack users with safer smoking equipment and important health information. Both have been praised by health experts and government officials.

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Letter from the Authors

Are you working? What do you do for a living? Where do you work?

Whether we “work” in the popular use of the word, where we work, and the kind of work we do are important contributors to our sense of personal and social identity. We develop part of our sense of self-worth in relation to the work we do and our employment status gives us a class identity as well.

Our social identity not only impacts the kinds of jobs we have access to, but whether the work we do is actually defined as work. In societies that criminalize the use of certain drugs, the users of those drugs face discrimination, exclusion, and persecution, which greatly impacts the kind of work they can do.

Harm reduction programs and other organizations that provide services to drug users, in particular, would benefit from employing people who use drugs. Hiring people from the target population you seek to reach seems like a no-brainer. Yet, most paid positions at these organizations go to people who do not use drugs, or to people who are better at hiding their drug use.

Drug users have been working to improve the health and rights of their communities for decades—without the benefit of being paid for their efforts. Without their work, methods regarded as essential in saving lives, like HIV and hepatitis prevention, would not have been proven effective in the first place.

It's time to make our work visible, recognized, respected, and supported.

Although the key goal of this guide is to help harm reduction organizations and drug policy advocates hire and work with *active* drug users, the ideas we present in this book may be applied to many different settings. Throughout the book, we identify potential challenges facing drug-using employees, and offer guidance for employers to ensure that drug users are treated fairly in the workplace.

In the same vein, we encourage harm reduction programs to assist drug users in organizing themselves and speaking out for positive change. Organizations that provide services *for* drug users, should also work *with* drug users. We invite the sharing of skills, knowledge, and resources between users and non-users, so that people who use drugs can become better self-advocates.

We have long been advocates of hiring active drug users, and we have consistently employed them in our own programs. The overwhelming majority of these experiences have been successful, with positive benefits far outweighing negative experiences.

Many of the suggested policies and examples we use in this book come from our own programs in Canada. We recognize that projects in other locations will have to operate in different environments of harm reduction, but we believe that the information here can provide a foundation for building culturally appropriate policies and practices. We leave that work to you.

It is our sincere hope that this book will make a difference, not only to individual drug users, but to harm reduction movements and drug user organizing efforts in general. We want to hear from you, and are happy to respond to any comments or questions you may have.

Good luck to you in your local, national, and international efforts.

Solidarity,

Raffi Balian and Cheryl White

1. Hiring and Recruiting People Who Use Drugs

Harm reduction programs and activist groups have much to gain by hiring and working with people who use drugs. For organizations that aim to improve the health and welfare of illegal drug users, the insights of the drug users themselves are essential to shaping effective programs. Most harm reduction programs understand this, but the predominant involvement of active drug users in such organizations remains as a service user or client, or as unpaid (or underpaid) volunteers.

This guide book seeks to address concerns that program directors may have in hiring staff who identify as, or appear to be, illegal drug users, and provides supervisors with the tools to successfully integrate people who use drugs into their own programs.

1.1 Top Reasons to Hire Drug Users

There are many practical reasons for harm reduction programs and activist groups to hire and mobilize people who use drugs, whether as professional staff, peer outreach workers, or activists. The following are only some of the reasons identified by harm reduction programs that successfully employ active drug users.

- **Employing drug users demonstrates a program’s commitment to improving the health and human rights of people who use drugs.** By hiring drug users, an organization sends a clear message to other users and the broader community that it values these members of society and believes that these employees have important skills and knowledge to share.
- **Employees who use drugs can become excellent role models for other drug users.** These employees show their peers that they too may be able to obtain work within a field in which they have pre-existing expertise. In seeking legal, socially legitimate forms of work, drug users can reach goals they may have once thought were unattainable. For many drug users, life can be chaotic. Getting a grip on using, whether that means harm reduction or quitting drugs altogether, is an important first step in stabilizing other aspects of life, especially finances, housing, health, and relationships.
- **Drug users are often the most effective public health messengers for reaching other drug users.** In many cases, people who are unwilling or unable to quit using drugs do not trust health care professionals or social workers who constantly tell them they have to quit. As a result, any public health information may be seen as further reinforcement of the drug abstinence message. But when these messages come from peers, drug users are more likely to listen to advice that could save their lives.
- **Hiring drug users provides employers with direct access to valuable knowledge about the needs and practices of their target populations.** Drug users are experts when it comes to illegal drugs and drug use. They know about trends in drug-using patterns, drug types, drug purity, drug availability, and cost. Often, by trying to get through delicate and dangerous situations, they have developed strategies that are ingenious and would never have occurred to non-using staff. Many times it is precisely these strategies that are most relevant to service users and result in the greatest successes of a project.

- **Being gainfully employed in jobs that are valued and recognized as socially important contributes directly to improved self-esteem.** Empowerment is a central theme of effective harm reduction strategies: People who feel empowered are more likely to make safer choices and protect their health and rights. For example, hiring an injection drug user to work in a needle exchange program (NEP) allows her to see firsthand the range and extent of damage that can be caused by unsafe injection practices. By taking steps to improve her own practices, she can help influence other drug users in her community.
- **Working in a structured environment allows drug users to gain important skills that can facilitate future entrance into other jobs.** Employment in a supportive environment—like a harm reduction program—can help drug users learn basic professional skills, such as following a schedule, participating in meetings, researching and writing reports, developing crisis management and counseling skills, and working with computers and other office equipment. This work experience can open the door to employment in other professional workplaces.
- **Working in community-based projects is integral to increased feelings of belonging and contributing to a community.** When a person feels like he is part of a group, he has a greater likelihood of feeling responsible to that group. Increased feelings of responsibility toward the community often result in decreased antisocial behaviors such as theft, vandalism, and violence. These factors can significantly enhance the view that community members have toward the individual drug user but also toward the project as a whole.
- **Employing and organizing people who use drugs contributes to civic engagement and political responsibility for drug users and the organization itself.** As a result of marginalization and stigmatization, drug users are often removed from the political process. Yet government leaders are establishing policies that have a serious impact on the lives of drug users and their

families. By working in harm reduction or a related field, drug users gain a greater understanding of the forces behind these policies and can help mobilize other users to affect change. The employees also have a greater opportunity to create links with the broader social justice movement.

1.2 Recruiting and Supporting Drug Users Living with HIV and Hepatitis C

Throughout this book, we stress the importance of hiring the “real experts” on harm reduction: drug users. We now wish to expand this discussion to explain why it’s imperative to hire, support, and empower drug users living with HIV and/or hepatitis C (HCV).

The argument is simple and based on common sense. Both HIV and HCV are health risks that disproportionately affect drug users, especially injectors and crack smokers. Along with overdose and violence, HIV and HCV are two of the worst possible consequences of the criminalization of certain drugs and restrictions on the paraphernalia required to consume those drugs. The disproportionate number of infected drug users, and the political context in which HIV and HCV are spread, makes these viruses human rights and public health issues.

Hiring people living with HIV or HCV sends a clear message to a harm reduction program’s service users, other staff, and members of your community in general. It says that you support drug-using individuals and that you and your project are committed to ensuring that they have a voice in determining their own realities.

In the context of peer programs, there are no better people to work with drug users living with HIV and HCV than staff members who have the same conditions and have taken positive steps to protect their health. These experts will bring the particular and specific information and experiences required to meet the needs of service users.

You may even substitute “HIV- and HCV-positive drug users” wherever you see “drug users” in this book as a way of prioritizing the creation of supportive policy, recruitment, and programmatic structures that foster the hiring and empowerment of members of these communities. Confidentiality for these individuals must take precedence, however. It is never okay to “out” someone’s status, even if the person has made her status known to you and your staff. Sharing information about HIV and HCV is one thing; being publicly identified is quite another, and each positive employee has to have the final say in whether he chooses to make that information public.

1.3 Work-Related Problems for Employees Who Use Drugs

Employees who use drugs face a number of hurdles in the workplace. Whether the employee is an active drug user or undergoing treatment with methadone or buprenorphine, he must navigate a workplace that is rife with legal, moral, and procedural dilemmas. These employees often have to make decisions without clear guidance from employers, and they have little legal recourse from wrongful firing or persecution.

Without clear policies and training, employees and supervisors are incredibly vulnerable. As many harm reduction organizations and service providers have discovered, good harm reduction policies are also good workplace policies.

Of course, the difficulties faced by drug users in the workplace extend further than unclear employment policies. The criminal nature of drug use puts drug users at frequent risk of arrest or police harassment. The boundaries between employees who use drugs and the service users of a harm reduction program can become blurred, sometimes resulting in barriers to effective work. Furthermore, fear of repercussions often discourages employees who use drugs

from seeking guidance from non-using coworkers and supervisors when they are unsure about the boundaries in their workplace. The development of stress coping mechanisms and support strategies can be extremely effective against these types of problems.

The following are common factors that can become problematic for employees who use drugs (or who have a history of drug use).

1. Workers interacting with drug users—particularly employees who do outreach in the homes of users—have regular access to drugs.
2. Service users feel indebted to service providers and frequently offer free drugs as tokens of their gratitude.
3. Because the work of drug users tends to be undervalued, these workers are seldom given priority and their initiatives are often neglected. This process is disempowering and isolates these workers from decision-making processes and, often, from other staff who do not use drugs (especially in multidisciplinary settings like health centers and health units).
4. Negative attitudes toward drug use from other coworkers can compel employees who use drugs to conceal their drug use. The associated stress, coupled with the lack of access to confidential and timely coping strategies and lack of supportive policies, may set the stage for increased and/or chaotic drug use.
5. Employees who use drugs are frequently the targets of backlash from many sources, including law enforcement officials, coworkers, and people working in traditional addiction and treatment fields. These employees, like other drug users, are constantly dismissed by mainstream society as worthless criminals.

Taken together, the feelings of isolation, stress, and targeted backlash—compounded by increased access to drugs—can create a dangerous climate for employees who use drugs. Unfortunately,

most programs do not train employees or their supervisors to deal with the stressors and temptations associated with this type of job. The next chapter provides sample policies that can help reduce potentially negative experiences.

2. Harm Reduction Policies for the Workplace

This section offers policies and possible guidelines that can help ensure that harm reduction agencies and drug user organizations create positive environments for people who use drugs. These suggestions are not meant to be exhaustive, but they have been successfully used by many employers and can serve as a foundation for other organizations. Please note that these policies can be adjusted to meet the needs and cultural contexts of individual programs, staff, and user activists.

Organizations may choose to differentiate between policies for full-time employees and policies for peers. Generally, employers have higher expectations and demands of full-time employees. Peers, by definition, are members of the target community. Therefore it may not be practical (or even wise) to make peers adhere to certain policies that place professional boundaries between employees and service users. Nevertheless, organizations should establish clear policies and standards for all employees, outreach workers, peers, and volunteers who represent the agency.

The following policies were created to be as holistic as possible and to cover a broad range of situations. It is likely that any organization considering the adoption of these policies will incorporate only those that are in keeping with its philosophy and broader existing policies.

A commitment to harm reduction necessitates the adoption of supportive policies that are geared toward the successful and healthy work experiences of employees who use drugs.

2.1 Inebriation While Working

POLICY: *Employees and peers may not come to work showing signs of inebriation. All staff—including outreach workers—are expected to perform their professional duties in a coherent, competent, and respectful manner.*

POLICY: *Management may not conduct witch hunts or drug testing to determine drug use by employees.*

As with any workplace, employees should not come to work inebriated. Nor should they go to work if they feel that they are “nodding” (exhibiting sleepy behaviors related to opiates, alcohol, or sleeping pills), or otherwise unable to maintain an alert disposition throughout business hours. In the case of amphetamine and stimulant use, employees should not come to work experiencing paranoid episodes that can become violent. Other inappropriate or threatening physical or behavioral signs that cannot be tolerated include: incomprehensibly slurred speech, exaggerated or clumsy body movements (“falling-down drunk” behavior), verbal threats, or other unacceptable behaviors for a work environment (e.g. making inappropriate jokes, engaging in unwanted touching, making discriminatory remarks, etc.). It does not matter whether management believes that these behaviors are caused by drugs. Management should focus on behavior and “fitness for duty” rather than suspicions of illegal drug use. A focus on “perceived or assumed” drug use only serves to single out employees who use drugs.

Management should be cognizant and tolerant, however, of physical reactions that an employee who uses drugs has no control over, and

that do not, by themselves, compromise the job. Examples include profuse sweating, pinned or enlarged pupils, itchy skin and/or what might look like exacerbated scratching, or feeling tired or sleepy during methadone acclimation periods.

Often, peers are expected to do their work away from the office. Sometimes peers are assigned to do outreach within their own communities, and among their friends and neighbors. Peers who distribute new needles, for example, will likely interact with drug users whom they know. In such instances, it is not uncommon for peers to engage in drug use themselves. Still, they are fully expected to be coherent, competent, and respectful while representing the organization, regardless of whether they are using drugs.

2.2 Drugs and Drug Use in the Office

POLICY: *Employees and peers may not bring illegal drugs to the office, or use drugs anywhere on the premises of organization.*

The organization realizes that some employees may not be able to function and might also become extremely sick unless they are on certain drugs. For example, some employees who are physically dependent on heroin or other opiates may have to use every four to six hours. However, drugs should not be ingested in the office, nor should they be stored within the geographical parameters of the organization unless they are legal and prescribed by a physician (e.g. methadone, buprenorphine, antidepressants, and other prescribed drugs). The use of a lockbox for prescribed medications is suggested as a way of reducing the likelihood of theft.

It is up to the individual employee to arrange a safe place for injection or drug use outside the geographical parameters of the organization (some cities in Australia, Canada, and Europe have safer injection sites, but this is still a rarity for most drug users). Shooting up, smoking, ingesting, or inhaling in the washroom or

anywhere else on the premises is forbidden. Illegal activity would jeopardize the organization and many people would not be able to access the program's lifesaving services.

2.3 Drug and Dealer Referrals

POLICY: *Employees and peers may not violate the confidentiality of their service users. This policy includes referrals to and by drug users and dealers.*

Needle exchange workers are frequently asked questions by service users (particularly those who are new to the area or program) in regard to the availability of different drugs on the street, the quality of those drugs, and whether the worker will refer them to a dealer or another user who can hook them up. This type of inquiry becomes particularly problematic when the service user finds out that the worker is also a drug user. In keeping with harm reduction practices, the workers should inform service users about the quality and purity of street drugs, and warn them if there are dangers of overdose or adulterants. However, workers should never make referrals to other drug users or drug dealers, especially if they are service users of the program.

Referrals, while often well-intentioned, can violate the confidentiality of other service users. Harm reduction programs must protect the privacy of the people who use their services. In addition, making referrals can blur the boundaries between employee and service user. A drug deal can go bad and the employee could be blamed for it. Furthermore, an employee who makes a referral to a drug dealer can potentially face criminal charges and damage the credibility of the program.

2.4 Purchasing or Selling Drugs

Common Scenario: Service users ask to buy drugs from a harm reduction employee whom they know has uncut (unadulterated) drugs. The employee realizes his drugs are safer than what is currently available on the street and agrees to sell drugs to the service user at cost value.

Common Scenario: A needle exchange program recruits drug users as volunteers. Soon the coordinator of the program suspects that the volunteers are using the office and its phones to purchase and sell drugs.

POLICY: *Employees and peers may not purchase or sell drugs within the immediate vicinity of the organization.*

POLICY: *Employees and peers may not use the office or office communication equipment, including the phone, fax machine, and email, to purchase or sell drugs.*

POLICY: *Employees may not purchase drugs from service users, or ask a service user to procure illegal drugs.*

POLICY: *Employees may not sell drugs to service users under any circumstances.*

POLICY: *Employees and peers may not receive free drugs or sex as tokens of appreciation from service users.*

It may be tempting for employees to buy drugs from a service user whom they know and trust. Many service users feel indebted to their service providers and sometimes offer free drugs or sell drugs for less than the market price. However, it is a severe conflict of interest for a harm reduction worker to buy or take drugs from her service users. Employees should separate their personal drug use from their professional life as much as possible. Selling drugs is even more problematic than purchasing drugs. A single drug deal can shut down an entire organization.

In some cases, a new employee may discover that his dealer is also a service user, or perhaps the dealer begins accessing the harm reduction program after the employee is hired. The employee should make all attempts to find another supplier immediately. The employee should inform management of the situation to avoid any accusations of wrongdoing or problematic interactions.

Peers will naturally be more integrated in the target communities than employees. It is this access to other drug users that makes peers valuable assets for harm reduction or activist organizations. It may not be practical for an organization to place restrictions on a peer's interaction within her own community. However, peers should never be allowed to sell or buy drugs at the office. This would disrupt the intended work and put the organization in a vulnerable legal situation. Drug transactions also damage the integrity of a harm reduction program. The buyer-dealer relationship is often rife with tension and disagreements that can quickly poison the relationship between a service user and a harm reduction worker.

2.5 Borrowing and Lending Money

Common Scenario: An employee of a mobile needle exchange owes money to a service user who is also a local drug dealer. The employee is unable to pay his debt and decides to avoid delivering new needles to the places he knows the dealer frequents.

Common Scenario: Experiencing terrible withdrawal symptoms, a service user asks an employee for money so she can purchase a hit of heroin. The employee knows firsthand how painful withdrawal can be and loans the money to the service user. The user never returns to the program.

POLICY: *Employees may not lend money to or borrow money from service users.*

Borrowing and lending money can blur boundaries between staff and service users. The service user is usually the one who suffers most when one of the parties is unable to pay. If the service user borrows money, he may avoid accessing the program's services until the debt is paid. Likewise, an outreach worker who owes money to a service user might avoid providing services to that user.

2.6 Helping Service Users with Proper Injection Techniques

Common Scenario: An outreach worker makes a home visit to an injection drug user whose boyfriend was recently sent to prison. The worker realizes that the woman relied on her boyfriend to inject her with drugs, and is now butchering her arms trying to get the needle into her veins. To help her out, the outreach worker takes the needle and injects the service user.

POLICY: *Employees may not inject or assist their service users in injecting illegal drugs. Instead, the organization offers safer injection workshops to teach service users how to reduce the risk of infection or injury.*

Harm reduction workers have a duty to reduce the dangers associated with drug use, including infections and injuries as a result of unsafe injection practices. Regardless of how long they have been injecting drugs, many users do not know or use proper injection techniques. Some drug users do not clean injection sites; others use alcohol swabs after shooting up, instead of before; and some do not even know how to find veins, how to flag¹, or how to shoot up. It is not

1 The process of drawing blood into the syringe to make sure that the needle is in the vein.

uncommon, at least with workers who deliver needles to the homes of users, to witness injection drug users butchering themselves. Women are particularly vulnerable as they often rely on their partners to inject them.

Outreach workers who witness unsafe practices may be tempted to take the hypodermic needle and help the user inject safely. However, in doing this, workers may be setting themselves up for problematic situations. For example, users may begin calling the worker incessantly and inappropriately to request help. Or should the service user overdose, the person who performed the injection may be legally liable.

The best solution for this problem is to develop regular safer injection workshops for injection drug users, especially for women. Sterilized water should be substituted for drugs during these workshops.

2.7 Supporting Drug-Using Employees Who Are Parents

POLICY: *The organization commits itself to support drug-using employees who are parents by, among other things, providing letters of support regarding job performance/reliability/accountability and character references.*

Most child welfare agencies conflate drug use with child abuse and discriminate against parents who use drugs. Harm reduction organizations recognize that people who use drugs can be, and frequently are, excellent parents. Organizations should create a supportive workplace for employees with children, regardless of their current or former drug use.

2.8 Drug Use and Triggering Problems

POLICY: *The organization strives to foster respectful working relationships between employees who use drugs and those who do not. In addition to creating support groups for drug-using employees, the organization offers support to assist non-using employees who have trouble coping with coworkers who use drugs.*

Some employees are negatively triggered by signs or even perceptions of drug use by colleagues. Employees who are former drug users may find that working with active drug users is a constant temptation for them to use drugs. However, management has to deal with this issue by recognizing that the problem is with these employees' reactions and not with the employee who uses drugs outside the workplace, even if they talk about it at work. All employees should be trained on what is and is not appropriate in the workplace. Employees who are affected by the presence of others who use drugs should be referred to counseling at the organization's expense. In the meantime, these individuals should not work with other employees who use drugs or, if this is not possible, their contact should be minimal. Employees who use drugs should not be reprimanded, singled out, or made to feel responsible in any way for the triggering responses of others.

2.9 Drug Treatment Programs and Withdrawal

Common Scenario: An employee goes on methadone treatment, and in the adjustment period of the first few weeks, he falls asleep during work meetings. The program director does not know if he can continue to rely on his employee and considers termination.

Common Scenario: An organization that employs a drug user has an insurance policy that pays for methadone. When the organization changes coverage, the employee is informed that methadone is no longer among those medications covered.

POLICY: *The organization will strive to develop or make available all experimental and established treatment or maintenance programs for their workers.*

POLICY: *The organization commits itself to allocate time off from work for employees who enroll in experimental or established drug-related programs (maintenance, tapering, or abstinence). The organization will take a supportive position toward employees enrolled in these programs (i.e. understanding issues with punctuality or absences from work).*

POLICY: *The organization commits itself to allocate at least one week of time-off for employees who are going through voluntary or involuntary withdrawal. If an employee decides to quit drugs but has already used her one-week “withdrawal time,” the employee may use vacation or sick days for the withdrawal period.*

No employee should be forced, explicitly or implicitly, into any treatment program. Should they require it, employees should be supported in using all available experimental as well as established drug dependence treatment programs. Methadone and buprenorphine maintenance and tapering programs should be easily accessible and promptly available. If an organization has one or more physicians, obtaining licenses for opiate substitution treatment or other programs should, if possible, be mandated in the physicians’ contract, and employees should be given precedence in terms of access to these programs.

The lives of drug users are rife with unexpected problems over which they have little control. For example, during the initial stages of methadone treatment, a patient may be required to collect his dose every day at a designated clinic or pharmacy, often during work hours. He may also be required to visit his doctor several times a week or to participate in drug urine testing. Combined with the difficulty of waking up during the acclimation stage of the program,

he may have difficulty coming to work on time. One solution is to give the worker time off from work until he is properly acclimated to methadone. Of course, methadone has different effects on different people, and program schedules and requirements vary greatly. The best policy is the one that suits the unique reality of the employee, and management should negotiate a mutually suitable arrangement.

Management should also accommodate time off from work for employees who may decide to stop using drugs. Cessation of the use of some drugs can cause severe withdrawal symptoms, incapacitating the employee for up to several weeks in severe cases; however, most physical symptoms are over within a week. Management should allocate at least seven paid working days as “withdrawal time.” Often the process of quitting drugs requires several attempts. Within reason, management should support an employee’s repeated attempts to stop using. If the employee has exhausted her “withdrawal time,” she should come off of drugs using sick time or unpaid leave.

Finally, management and coworkers should refrain from the temptation to reinforce abstinence-based behavior. Rather, they should reinforce good job performance and professional behavior. For example, instead of saying, “So Sam, you haven’t been shooting heroin for three weeks now, right on. I am so proud of you!” they might remark, “Sam, your work has improved so much lately and you look so much better. I am so happy that you’ve been making it to work on time.” If management and coworkers focus on the employee’s drug use, she may be reluctant or ashamed to tell coworkers if she relapses, which could lead to problematic situations in the workplace.

2.10 Workshops and Professional Development

POLICY: *Employees and peers are required to participate in job-specific training and to attend appropriate supportive and educational workshops.*

It is important for employees who use drugs and those who don't to have open discussions about stressors in the workplace, and to share effective coping strategies. Employees who use drugs should be given the same professional development opportunities as every other worker in the organization. In order to do away with the forces that isolate employees who use drugs, these workers should be encouraged to participate in local harm reduction and drug policy committees and boards.

2.11 General Workplace Policies

POLICY: *Employees and peers are expected to be at the office during designated hours. When workers have to leave the office for any reason, they must let their supervisor or other appropriate persons know where they are going, and when they expect to be back.*

POLICY: *All employees and peers are expected to uphold the antidiscrimination policies of the organization and adhere to a harm reduction philosophy.*

POLICY: *No employee or peer should ever threaten violence or take part in a violent action against service users.*

POLICY: *Harm reduction workers are obligated to serve everyone with the same quality of service and in the same nonjudgmental manner—including those whom they suspect to be police informants.*

POLICY: *Employees and peers will respect the confidentiality of their service users. This includes but is not limited to disclosing the identity of users, their HIV or HCV status, or whether they use or sell drugs.*

Many people who use drugs are not used to working in a professional office environment. It is important to reinforce professional expectations and general organizational policies on a regular basis. Because of the connection between service users and drug-using employees and peers, extra guidance, training, and supervision is needed, especially in terms of protecting confidentiality and maintaining boundaries.

Acceptable and unacceptable behaviors, as well as the repercussions for violating boundaries, should be clearly delineated to peers orally as well as in writing. As with any other staff member, in cases where a peer violates a policy that has serious repercussions for the peer, the service user(s), or the organization, that peer should be questioned by a disciplinary panel that is accountable to the program director. The panel will recommend an appropriate disciplinary measure that can range from a warning to dismissal. Management then has the right to take whatever action it deems necessary to protect the organization and its service users and staff.

Illegal drug users don't have legal mechanisms to protect them from shoddy deals; consequently, many resort to violence to right a wrong. Supervisors should make peers aware of the organization's antiviolence policy and stress that violence and threats in the workplace are never acceptable. The organization has a responsibility to its service users to ensure that they feel safe around the staff, including peer workers. If users do not trust the peers, they will lose trust in the organization as well.

3. Practical Strategies for Harm Reduction Programs

This section provides specific strategies that address hiring and training employees who use drugs, as well as supervision, evaluation, conflict resolution, and boundary maintenance. It is just as important to have guidelines on these issues as it is to have harm reduction policies for employees. These strategies are based on the actual experiences of harm reduction programs that employ people who use drugs.

3.1 Recruitment and Hiring

It is important to have several strategies for recruiting active drug users to work for your program. The following are just some of the issues to keep in mind when hiring drug users. Clearly we have not exhausted the list, but these should serve as good examples when you are creating your own strategies for recruitment and hiring.

- Recruit from different segments of drug user populations. Some potential locations for recruitment include social service agencies and community drop-ins, shelters, bars and adult establishments, and courts and legal clinics.

- Let other harm reduction organizations know that you're recruiting so they can inform their service users. Often you will get some of the most committed employees from these places.
- If your program has an office or public space, post the job positions where service users will see them (create a community information bulletin board, for example).
- Let candidates know that you are hiring people who use drugs.
- Do not overwhelm candidates with large hiring committees. Generally, one or two staff members are all that is needed to interview applicants.
- Try to include another drug-using employee, peer, or volunteer in the selection and hiring process. Knowledge that there's another "out" drug user in the room can greatly relieve the anxiety of candidates during the interview.
- Make sure there are no outstanding conflicts of interest between candidates and staff doing the hiring (e.g., maybe the candidate is the dealer of one of the interviewing staff). In such cases, it is useful to find out how the existing employees who use drugs feel about the candidate. Even if their evaluation is negative, the applicant should still have the opportunity to interview. The interview process adds to the experience of these individuals and can increase their chances of being hired in another location.
- Don't expect peers or part-time workers to have the same skill-set as full-time professional staff. Be aware that active drug users may not have professional resumes, cover letters, or references. Employers can create a simple application form that allows applicants to fill out relevant information.
- Don't draw conclusions about a candidate's drug use from "strange" or "pronounced" behavior. Remember, some applicants may have just started methadone maintenance and others may have put themselves into withdrawal to increase their chances of being hired.

- Do let candidates know that you are committed to creating safe and supportive work environments for them. Provide them with copies of your mission statement and workplace policies and procedures and refer to these during the hiring so that potential employees who use drugs fully understand what their commitment to the organization entails.
- Try to ensure diversity among staff. Disenfranchised drug users (such as women and ethnic or racial minorities) will be more likely to access a program's services if they see people like themselves working for the organization.

3.2 Training New Staff

Just as organizations must take specific factors into account when hiring drug users, so must training strategies be structured to incorporate the needs of the new staff. Many drug users are poor or come from disadvantaged backgrounds. As a result of socioeconomic factors, drug users may have low literacy levels, unstable housing situations, criminal backgrounds, or health problems, including mental health issues, HIV, HCV, sexually transmitted infections, and tuberculosis.

Regardless of differences between employees or whether they use drugs, there are several strategies organizations can employ when training new staff that will contribute to successful integration. The following are several suggested strategies:

- Before starting any training session, set non-negotiable rules, and negotiate the ones that are open to discussion.
- Keep training sessions short. Remember that many in your audience may have a limited attention span, and unless you keep to your point, you're going to lose them. Decide exactly how much time you need to convey your message and negotiate with your audience to lend you their ears for that amount of time. Include sufficient breaks.

- Be honest regarding reality as it relates to them, what your expectations are and why you expect what you do.
- Be aware of your workers' current abilities when developing training sessions. Most disenfranchised drug users, especially those with a chaotic past, have had very little structure in their lives. Their daily routines may have revolved around drug use and employment is a new experience for them.
- Remind all employees that inebriation on the job is not allowed, and that includes training sessions. Be tolerant of behaviors that can draw attention but alone are not indicators of a person's ability to work (such as dilated pupils, mild shaking, sweating and itching).
- Cell phones and pagers should be turned off during training sessions. Any phone call involving illegal activity should take place during personal time, away from the organization's premises.
- Offer different times for training sessions. The best times for workshops with drug users tend to be late mornings and afternoons.
- Don't include too much information in a single session. Spread it out over a few.
- Keep your sessions interesting by using interactive strategies like group discussions and guest speakers. Remember that many habitual or chaotic drug users are not used to having to pay attention to sometimes-complex information for long periods of time. Props can be useful when training: that includes using dildos to demonstrate how to put condoms on safely and using distilled water in a syringe to demonstrate safer injection practices.
- Try to have food and beverages available during the training sessions, as many trainees may be lacking in proper nutrition and hunger makes it hard to concentrate.

- Since many drug users smoke, consider having your training sessions outside to accommodate both smokers and non-smokers, or schedule ample smoke breaks.
- Be prepared to supply new staff with bus or subway tokens to attend training sessions. Some may not have money for this expense until they get paid. Try to make it available to the workers instead of making them ask you, as some may be embarrassed by their poverty and not want others to know how poor they are.
- Ensure that each employee has his own file or binder in which they can store training materials at the office. Some employees may be homeless or live in unstable housing situations and storing their materials at the office can help ensure that the information is not destroyed.
- Ensure that the materials you use in your training sessions reflect the diversity of the drug users you have hired as well as the demographics of the population(s) you are serving (for example, share information or materials about female drug users, ethnic minority populations, and youth).
- Be mindful of literacy issues when choosing your materials. Different staff will have different reading abilities. Provide a reader or interpreter for staff who cannot read or have difficulty understanding the language (this is especially important for peers or staff hired to do outreach in immigrant communities, for example).

BOX A**Confidentiality Contracts**

Confidentiality is a crucial factor for success for any harm reduction program. Service users must be able to trust program employees not to expose private details of their lives, whether intentionally or by accident. Employees who use drugs can face an additional challenge in protecting confidentiality because of the often novel situations they are put in [see *Chapter 3.5: Conflict Resolution and Boundary Maintenance*]. Every harm reduction program should develop confidentiality contracts for their staff. Below are some basic points to address in these contracts.

- Information about confidentiality parameters should be as inclusive and exhaustive as possible. The expectations about what kinds of information can be shared and under what circumstances need to be explicitly spelled out to all staff and volunteers.
- New staff should be walked through these parameters and be provided with enough time to fully explore situations that may appear questionable to them. Use concrete examples of the types of negative consequences that can occur when these guidelines are not followed.
- Employees should be made aware of repercussions for failing to adhere to confidentiality contracts [see *Chapter 3.4 Discipline*].
- Finally, all employees (and other volunteers) should commit to these rules in writing by signing a confidentiality agreement. This topic should be revisited during supervision and support sessions with individual staff members to ensure that any issues are addressed as they come up.

3.3 Supervision and Support

In order to create a successful work environment, supervision procedures need to be as supportive as possible, both for the employee and the program in general. As mentioned earlier, the very nature of harm reduction work can often result in feelings of isolation, frustration, and alienation for employees who use drugs. Good supervision and support can reduce or eliminate these tendencies.

The following are sample strategies you can employ to create a safe and positive work environment for your staff and service users. You will likely have to revise and tailor them to fit your cultural and organizational parameters, but this incomplete list should help get the process started.

- All supervision procedures should be as supportive and respectful as possible toward employees who use drugs. Be mindful of the language you use, avoiding positive reinforcement for non-drug using behaviors (“I’m so glad you haven’t been using lately”) and focusing instead on job performance (“I appreciate that you have seemed more focused and are contributing in meetings.”)
- The confidentiality of employees should always be respected, and private information about an employee’s work performance review should never be shared with other staff, volunteers, or service users.
- Supervision should be ongoing and consistent. Find a format that works in your situation and stick to it. Consistency is very useful in helping drug users create positive work experiences for themselves, and structured supervision can go a long way to ensuring this.
- At the same time, be flexible. Adjust your supervisory procedures to maximize positive returns for the program and employees who use drugs.

- Employees should be encouraged to be truthful about any problems or achievements they may encounter in their work, without fear of prejudice or discrimination. Feedback should acknowledge and address both the negative and positive experiences of staff.
- Discussions about an employee's drug use should never be used against her. Focus on job performance, not drug use.
- Positive reinforcement and problem-solving should be built into the format of supervision meetings.
- Supervisors should keep a unique personnel file for each employee, which should be kept in a locked cabinet where it cannot be accessed by other staff, volunteers, or service users.
- Employees who use drugs, like other employees, should be recognized and rewarded for their good work. If pay raises are not possible due to, for example, budgetary constraints, certificates recognizing achievements can be given and/or special notes can be included in a staff member's file. Another idea is to see if you can get free gift certificates from local restaurants or entertainment businesses that can be given to staff (especially more casual/peer staff whose poverty is usually more extreme than full-time staff).
- Be prepared to recognize non-traditional forms of achievement by drug-using employees. The nature of harm reduction work can frequently result in strange but effective solutions to complex problems for service users, projects, and staff. These solutions need to be made visible and rewarded to ensure that employees who use drugs don't over-identify with service users.
- Support mechanisms for employees who use drugs can take many forms. Strategies we have successfully employed include the following:
 - a) Get a harm reduction counselor from an agency not affiliated with your program to facilitate a discussion group

for staff who use drugs. This will allow staff to discuss issues they may be afraid to talk about with supervisors and management in general. Such topics include a move to more “chaotic” drug using behaviors, personal crises such as loss of housing or deteriorating personal relationships, and issues related to confidentiality, for example. Make sure that all participants in this group adhere to strict confidentiality practices. It is especially important that participants in the group know that the counselor will not discuss the contents of the group discussion with anyone not in the group (including supervisors or more senior employees).

- b) Participate as a team in other community-based initiatives that have overlapping political objectives with your program. HIV/AIDS projects, affordable housing support groups, or anti-racist activist groups may host special events like demonstrations, parties, fundraising initiatives, and other community events. Get staff, volunteers, and service users in your project to participate as a group in these events. This can significantly increase an employee’s sense of membership and belonging to a group, and can foster closer working relationships for everyone.
- c) Schedule regular staff appreciation events for your own organization. For example, some organizations have had success with events such as an annual barbeque or group dinners. Other events include activities through which staff bond together by giving back to the community. One example is a “Community Clean-Up,” where staff go out as a group and clean up drug paraphernalia discarded in parks and public spaces. The community appreciates this event and drug-using employees often feel a greater sense of community membership.
- d) If your program has a fixed site or office, promote support groups for drug-using staff from different organizations by allowing them to use your resources, including the space, coffee machines, and kitchens, for example. Support groups

can be tailored to meet the needs of diverse employees, such as a support and education group for female drug users, a parenting group for drug-using parents, a group for multicultural drug users, or a drug users' union.

- e) Encourage employees who use drugs to join other drug user activist organizations such as users' unions, user-based community newsletters, etc.
- f) Encourage and assist employees who use drugs to participate in drug user-specific events like conferences and workshops. Teach them how to write abstracts and bios and try to secure funding for them to attend these events as a part of staff development.

3.4 Discipline

Along with supervision and support comes the topic of “discipline.” While this issue can often be stressful to deal with, it nevertheless must be systematized, consistent, flexible, accountable, and fair.

When dealing with staff infractions, it is important to keep in mind that the criminal nature of drug use has rendered employees who use drugs particularly vulnerable to policy and boundary violations. Some of the questions to keep in mind are: *Would this employee have been criticized if she were using alcohol or legally prescribed drugs? Have we sufficiently trained this employee? Have we let him know of the potential problems? Have we made effective support available?*

If the disciplinary action is a response to a complaint from a service user or a co-worker, management needs to ask: *What are the motivations behind this complaint? Is the problem with the employee or with the person who is complaining? Is the problem with our own misperceptions of drugs and drug use, or is the complaint legitimate?* These questions are only for consideration and do not absolve employees of responsibility.

Some transgressions deserve immediate dismissal, but rigid and inflexible policies can be problematic. Rather, a committee could be developed to study each policy violation and report to the program director with recommendations for disciplinary action.

The following are examples of policy violations and suggestions for the appropriate course of disciplinary action.

Policy Violations that Warrant a Warning:

- Lending money to service users
- Being obviously inebriated during office hours (not including side-effects of medication)
- Advocating or pestering service users to stop using drugs
- Failure to attend a shift without calling in advance or without swapping shifts with a colleague
- Leaving work without telling a supervisor or other staff, or failing to return at a scheduled time

Policy Violations that Warrant Temporary Suspension or Other Action:

- Purchasing drugs from service users
- Borrowing money from service users
- Coming to work obviously inebriated after prior warning(s)—each project should pre-determine how many warnings to give, and this information should be made clear to the staff member at the time the warning is given
- Being consistently late for work
- Failure to attend work several times without calling in
- Doing drugs with service users (does not apply to peers or volunteers)

Policy Violations that Warrant Dismissal:

- Selling, “fronting,” or giving drugs to service users
- Violating confidentiality of service users (for example, by letting others know about a service user’s drug use or by informing on them to the police)
- Injecting drugs for service users (for peers, this would only be during work time)
- Doing drugs in the office
- Coming to work obviously inebriated after several warnings and suspensions
- Failure by peers to deliver services due to an outstanding debt (full-time staff should never have any kind of debts to service users)
- Threatening service users with violence or being violent with service users (an exception can be made for self-defense, for example, if a staff member is attacked by a service user)
- Consistently being late or absent from work after several warnings/suspensions

In developing disciplinary policies, it is recommended that program directors solicit input and feedback from drug-using staff. This is the best way to ensure that these policies and procedures are relevant, consistent, flexible, and, above all, fair. Besides coming up with useful suggestions, drug-using employees will feel more included in the important decision-making processes of the program.

Finally, be as considerate and fair as you can be in mediating these situations. Remember, many employees who use drugs lack prior experience working with formal structures and need to accumulate experience that you may take for granted. The point of this guide book is to support and encourage harm reduction programs and drug user activist organizations to hire drug users—the same people

whom they are committed to serve. An environment of negativity can only undermine these objectives.

3.5 Conflict Resolution and Boundary Maintenance

Maintaining boundaries is as critical for relationships between employees as it is for employees and service users. Similarly, effective conflict resolution strategies are just as important for maintaining those boundaries. Supervisors should deal with staff complaints in a fair and timely manner. Some organizations use “complaint forms” for staff to submit grievances, which are then shared with the other employee. Management should select an unbiased mediator to meet with the concerned parties to reach a resolution.

Organizations should integrate boundary maintenance guidelines beginning with the first training session and ensure they are ongoing and effective. Program directors should solicit input from staff and service users to develop these guidelines. Anonymous feedback tools such as surveys and questionnaires can be useful for this process.

Research among harm reduction programs have identified the following as best practices for boundary maintenance strategies:

- Develop a comprehensive explanation of the concept of “confidentiality” and how it applies, in which situations, and regarding which information. Use explicit examples of breach of confidentiality and opportunities for employees to role-play possible scenarios. Concrete solutions should be offered for those situations you are capable of solving. Sometimes you will have to seek the input of others, possibly outside your program, when novel situations are encountered (be prepared for these; they will come up more frequently than you might imagine).

- Address potential factors that may cause employees or peers to engage in more dangerous types of drug use as a result of interactions with high-risk service users. Discuss these issues with staff as a group and during individual evaluations. Supervisors should conduct regular check-ins with employees to assess whether these factors are coming into play and to offer any appropriate support the employee may need, including time off from work [see *Chapter 1.3: Work-Related Problems for Employees Who Use Drugs* for a further discussion of common factors that can lead to increased or problematic drug use].
- Make all staff aware that the organization is committed to a harm reduction philosophy—for employees as well as service users. If drug use becomes problematic for an employee, he should feel comfortable seeking help from the organization. Employees should be judged on their job performance, not on personal drug use [see *Chapter 2: Harm Reduction Policies for the Workplace* and *Chapter 3.3: Supervision and Support*].
- Organize meetings for employees who use drugs from different organizations or projects within your own organization. This will ensure a greater number of situations and solutions get covered. It will also help prevent feelings of isolation for drug-using employees.
- Offer safer injection workshops and train employees to teach safer injection practices to service users (using sterilized water). Under no circumstances is an employee allowed to inject a service user with an illegal drug. This is especially important for outreach workers who visit places where people are likely to be injecting drugs.
- Train staff to administer naloxone/Narcan (a medication that reverses opioid overdose), if available. Ideally all staff should be trained in CPR and First Aid as well. It significantly increases an employee's ability to successfully handle and cope with dangerous medical situations, and it defines the appropriate strategies in which employees should engage when confronting these situations.

- Address the issue of violence in the workplace. Provide employees with policies and procedures and engage in role-playing exercises that allow staff to try out different approaches. In places where violence occurs frequently, provide your staff with free self-defense training and crisis intervention skills-building workshops. Have ongoing discussions about problems and solutions so that employees feel as empowered as possible in these frequently disempowering situations.
- Teach employees how to interact with police, medical professionals, and other authority figures. Have protocols for such occasions as when police raid the homes or hangouts of service users where employees may be present and working. Similarly, teach your staff and service users how to interact in different medical situations, such as when they escort a service user who has overdosed to the emergency room. Strategies should be as simple and effective as possible: sometimes just keeping a cool head can be the best move. Of equal importance, educate police officers about the intentions and goals of harm reduction programs and drug users' role in advancing those objectives. Workshops, educational materials, and community forums are excellent strategies to employ.
- Make anti-discrimination policies explicit and make the repercussions of failing to comply with these rules clear. Ensure that employees have access to anti-discrimination workshops and return to these issues in supervision, support, and evaluation encounters. Create a safe environment for the victims of discrimination to come forward, by addressing the matter in a sensitive, fair, and timely manner.
- Let staff know that the program, as part of its mission, is dedicated to hiring people who use drugs. Not every employee may be comfortable with this type of work environment. Just as important as creating a supportive structure for drug-using employees, organizations should enact coping mechanisms for staff who are former drug users or who otherwise need help to avoid using drugs. Such mechanisms could include

counseling and support groups, drug maintenance, tapering, and abstinence programs.

- Finally, provide opportunities for employees to relieve stress. Burnout can be a fact of life for harm reduction employees. Create strategies for coping with this problem, such as staff retreats and outings. Build in sufficient breaks during shifts, and encourage staff to take their vacation time. Have debriefing meetings whenever a crisis occurs so that staff can come together for mutual support and encouragement. Mandate stress-management workshops so staff can learn individual strategies for de-stressing. Provide links to counseling for those staff that may want or need it.

3.6 Drug Criminalization and Related Issues

Every illegal drug user, by definition, is a lawbreaker. Criminalization is the cause of many of the harms associated with illegal drug use. It should, therefore, not come as a surprise that most illegal drug users have had, or will have, some kind of contact with the law enforcement system. A program that hires illegal drug users must factor in issues that relate specifically to incarceration, probation, parole, and a staff member's criminal record. Program directors who recruit active drug users must have a firm grasp of the issues related to criminalization and be able to employ strategies to reduce problems in the workplace.

The following are common issues that affect drug-using employees.

➤ *Criminal Records*

Many of the drug users you recruit will have criminal records. This fact, in and of itself, should not be interpreted as a reason not to hire such individuals. But, it may raise some obstacles in terms of the

work that they can do. For example, employees with criminal records may be prohibited from doing outreach in prisons. Be prepared to re-evaluate job assignments (in this scenario, perhaps prison outreach can be done by another employee without a criminal record).

➤ *Incarceration*

It is possible that drug-using staff will get arrested while employed by your project. Unless the prison stay is a long one, this should not be a reason to fire this staff member. One of the biggest factors related to incarceration in many countries is the “revolving door” phenomenon. This is the process whereby individuals spend a short time in prison, are released, and then go back to prison, either for violating their probation/parole or for being arrested for another crime. Clearly, a person who is consistently absent from work cannot be hired as a full-time employee. However, such individuals may be perfect for peer positions. Their frequent prison stays can be used as a mechanism for letting other prisoners know about the program and about harm reduction strategies. Thus, these employees can be very effective ambassadors for the program for drug-using prisoners who are being released, providing them with an important harm reduction connection when they get out.

➤ *Probation and Parole*

For many illegal drug users, being released from prison does not end their involvement with the criminal justice system. Many face long periods of being on parole or probation. Often, involvement in a community-based project helps ex-prisoners to win positive recognition from the criminal justice system and have their probationary periods shortened.

You should be aware that probation and parole authorities usually have very strict rules governing the behaviors of those in the

program. Often, and especially for those involved in illegal drug use, there are conditions for their release and these conditions must be met or the person will be forced to go back to jail. One of the biggest conditions is abstinence from particular drugs. Those on probation/parole must frequently submit to urine tests. If they fail the test, their probation/parole is repealed and they go back inside. Similarly, some people on parole/probation may have curfews they must abide by. Frequently people on probation/parole are required to avoid “associating” with others engaged in criminal activities, including drug use. This would obviously have an impact on the ability of the employee to engage in outreach to drug users.

Another issue related to parole/probation is the frequent demand that ex-prisoners carry out “community service hours.” These are tasks that mandate an ex-prisoner to do “helpful” or “positive” acts in the community, such as picking up garbage on the streets. Harm reduction and health organizations may wish to seek approval from government officials to offer their programs as volunteer options for people involved in drug-related incidents. However, organizations should make volunteers aware that involvement in the organization could mean exposure to active drug users, which might put a newly released prisoner in a vulnerable position.

Organizations should not abandon an employee who is sent to prison because of illegal drug use. You can continue to support a coworker who is in prison by sending letters and making phone calls, as well as visiting her. As a program director, you should maintain current information on lawyers and pro bono legal organizations. You might want to establish a “pen-pals” club within your organization to reduce the pressure on you to be the sole source of support. You can train new and existing volunteers on prison-specific issues and they can write letters to incarcerated employees, volunteers, and service users. The most important thing to remember is that many prisoners have no one on the outside to support them.

➤ *Informants*

Informants can challenge the integrity of any harm reduction program, especially if they are acting as representatives of the organization. Programs should put precautions in place to protect the confidentiality of all service users. If an employee violates the organization's confidentiality policy, he should be dismissed immediately. This policy should be made clear to all employees as well as service users. However, program staff should never "out" a service user or employee who has acted as a police informant. Doing so would violate the confidentiality of that individual, and could put her at risk of retaliation.

The following are strategies that have been used by harm reduction programs to protect the confidentiality of service users.

- Create confidentiality agreement forms for employees, peers, and volunteers to sign that clearly state they agree to protect the confidentiality of service users.
- Encourage staff and volunteers to talk to you or a trusted legal advisor if they are being pressured to act as police informants.
- Work with service users who are at risk for becoming informants by providing them with alternative and holistic strategies that reduce their vulnerabilities. Employ the use of other community-based services to help reduce the vulnerabilities associated with becoming an informant. For example, try to connect with employment and youth services and legal clinics in your area to see if they can provide support and strategies aimed at keeping people out of this situation. Remember to include strategies aimed at youth and other multiply marginalized groups and individuals, as they are particularly vulnerable to pressure from authorities.
- Remind service users to exercise discretion around others in relation to specific details about their illegal drug use or other criminal activities. Don't make a point of focusing

on “informants” in particular (after all, anyone can report a crime). Be careful not to discourage drug users from working with or accessing your program. Service users might decide to take their chances sharing used needles if they are afraid of being arrested as a result of going to your program,

BOX B

Engaging Sex Workers Who Use Drugs*

As a result of the war on drugs, illegal drug users often must find ways to survive on the margins of society. Many female, male, and transgender drug users choose to engage in sex work as a source of income. Organizations that provide harm reduction services to drug users should also be prepared to deal with the realities faced by sex workers. Programs can improve their services by hiring and working with people who have direct experience with the sex industry. These workers have valuable insight and can help programs reach at-risk populations. Indeed, the same reasons for hiring drug users also apply to hiring sex workers [see Chapter 1.1: *Top Reasons to Hire Drug Users*].

Many of the recommendations and strategies identified throughout this book can easily be adjusted to address the challenges and needs of employees who are also engaged in sex work. The following are a few additional points that are especially relevant for programs that hire and work with former or current sex workers.

1. It should be up to the employee to decide whether to identify as a sex worker to service users or other staff. If the position requires an employee to be open about this status (for outreach to other sex workers, for example), then this job requirement must be made clear during the application or interview process.
2. Organizations should establish clear policies against solicitation for sex work within the immediate vicinity of the organization or among service users and staff (this is especially important for maintaining boundaries between staff and service users).

3. Harm reduction organizations should educate all staff about sex worker health and human rights issues. Program directors are encouraged to organize sensitization workshops in conjunction with sex worker rights organizations, such as the Sex Workers' Rights Advocacy Network (SWAN) or the Global Network of Sex Work Projects (NSWP).
4. Sexual harassment and discrimination should never be tolerated in any workplace. Employees who make unwanted sexual advances toward other staff members (including individuals who engage in sex work) should be subject to anti-sexist/sexual harassment policies. Likewise, service users who sexually harass program employees or other service users should be asked to leave the program.

* The box was written with input from Wendy Babcock, a Canadian activist for the rights of sex workers and chair of the Bad Date Coalition in Toronto.

4. Examples of Successful Drug User-Driven Initiatives

Many of the examples and policies discussed throughout this book have been based on the real experiences of harm reduction programs. In this chapter, the authors provide personal accounts of two very different initiatives run by illegal drug users. The two examples have successfully integrated the strategies and standards detailed in this manual. Although they are very different from one another, both initiatives have been user-driven, user-focused, and user-centered.

In the first example, Raffi Balian presents the COUNTERfit Harm Reduction Program, which he coordinates through the South Riverdale Community Health Centre in Toronto, Canada. From the outset, the program has consistently hired only active, illegal drug users to work in a frontline capacity, including the program coordinator. In 2003, the Association of Ontario Community Health Centres presented COUNTERfit with the Excellence in Primary Health Care Initiatives Award.

The second example is Cheryl White's personal account of how the Illicit Drug Users' Union of Toronto successfully undertook a Safer Crack Pipe Kit initiative, which has now been implemented across Toronto and other parts of Canada.

4.1 COUNTERfit

In the middle of October 1998, I had just finished reading Donald Grove's article, "Real Harm Reduction: Underground Survival Strategies," when I received a call offering me a harm reduction outreach position at South Riverdale Community Health Centre. In his article, Grove argued that harm reduction programs don't pay enough attention to the real priorities of drug users, or to the harm reduction strategies that drug users themselves employ.

When I started developing the COUNTERfit program at the center, I made three promises to myself:

1. The real priorities of drug users will be addressed.
2. Drug users would be front and center in terms of program design, implementation, and evaluation. Indeed, every service user should have the option of becoming a service provider.
3. By involving drug users in all aspects of program design, implementation, and evaluation, sufficient trust is achieved to deliver public health messages.

My first task was to develop a community advisory committee, with at least one-third of the committee members being service users themselves. The rest of the members were staff from ancillary services that worked with illegal drug users. Every member of the committee had to read and agree with the program's value statement. Eventually the community liaison officer of our local police detachment was invited. Although potentially risky, it turned out to be one of the best moves COUNTERfit made for its service users.

Our second move was the development of user-friendly harm reduction policies for our staff, assistants, and volunteers; fortunately, this wasn't too difficult a job given that a few months earlier Cheryl White and I had written the manual, *User-Friendly Harm Reduction Policies for the Workplace*. I adopted most of the

policies of this manual. I then hired two program assistants. With the agreement of the community advisory committee, I decided to use the title “program assistant” rather than “peer” for several important reasons:

- a) Historically, a peer position has been a tokenistic rank with little or no prestige. Although program assistant may seem like a minor title to describe the very important work that these folks do, it was the best compromise we reached with our funders. We have since changed that title to “Harm Reduction Worker” to give workers further status with the accompanying benefits.
- b) Funding agencies allot limited amounts of money to pay peers. By changing their title, we were able to pay a third more than what the government allotted for peers.
- c) When applying for jobs, “peer experience” will not be given sufficient recognition. Program assistant is a real job title, and more accurately reflected the real work the COUNTERfit employees were doing.

My third task was to get everyone on our side. Harm reduction workshops were conducted for the Community Health Centre’s board of directors, managers, and staff as well as for government and NGO staff of ancillary services, including staff of housing agencies, legal services, a mental health program, and services for youth. All these groups eventually had their own representatives on our community advisory committee (always maintaining the one-third service user ratio).

One of the recurring requests by active drug users was that harm reduction programs should be open 24 hours a day and seven days a week. Historically, most schedules of harm reduction programs are geared for the convenience of their employees rather than the needs of their service users. With funding for a single full-time worker and eight hours per week assistance by peers, we had to be creative to extend the hours of our service—and creative we were.

We trained front desk staff to distribute basic harm reduction materials in the mornings so that I could start at noon and close at seven at night. We had no funding to purchase a van or other vehicle, but Cheryl had a small car that I borrowed to offer mobile service between seven and midnight during weekdays, and between noon and midnight during weekends and holidays. While delivering harm reduction materials and resources to the homes of users, I was able to interact with drug users in their normal using settings, observe how they used their drugs, learn from other users, make suggestions, and design the project according to field observations. Users were encouraged to visit the fixed site to obtain clinical and other site-based help.

But we weren't delivering 24/7 services yet. To do that, we had to be even more creative: we imported the satellite site model from the Keep Six! NEP in Kingston and modified it for Toronto. Satellite sites are the homes of popular drug users and dealers who have agreed to deliver harm reduction resources and information to their friends and service users. In Toronto, each satellite site operator is trained in HIV and Hepatitis C basics, needle distribution and collection, universal precautions, and CPR and First Aid. In addition, the operators are given guidance on how to be active listeners and provide services in an anti-oppressive, nonjudgmental manner. There will always be illegal drug users who are leery of accessing harm reduction materials from a NEP; however, all drug users will have to see their dealers and many will have less concern about getting their resources from their peers rather than a stranger. The satellite site, staffed by paid, highly trained personnel, offers that option, and best of all, most of these sites are open 24 hours a day.

Meanwhile, at the fixed site, users are involved in all kinds of activities that inform the program. For example, routine optional surveys and questionnaires are placed in the office about methadone physicians and clinics, women's issues, service user satisfaction, prisons, potent drugs on the street, etc. The results of these surveys are shared with our service users and utilized for programming. Recently we

created a newsletter for and by our service users. Staff, volunteers, and service users are encouraged to write for this newsletter, called “TotalHype” in any form they want, including poetry, art, and prose. Users can use the newsletter to share important information about changes in types and qualities of drugs on the streets as well as health-related news about the drugs that are available.

COUNTERfit does not reject volunteer applications as long as they come from active drug users. To do so, we have created Option 1 and Option 2 volunteer positions. Option 1 volunteers are our ambassadors outside the center, disseminating our information, and bringing service users to the program. Option 2 volunteers work at the office and perform many of the same duties as the full-time outreach worker. Our paid assistants are chosen from the pool of Option 2 volunteers, yet there is more demand for Option 1 because the majority of users have a busy schedule hustling and trying to survive.

COUNTERfit tries to mobilize its service users through its partnerships with progressive activist organizations, and involvement in political events. For example, the program participates in Gay Pride Week events and we keep posters in our offices declaring our gratitude to the gay community for their struggle to create needle distribution programs. The program also fosters partnerships with local, national, and international harm reduction organizations.

Since 1998, COUNTERfit has been staffed exclusively by active drug users. We didn’t plan it that way; we simply assigned due credit to drug user applicants for “lived experience.” More importantly, the foundation of the program was built on the real experiences of drug users: simply put, drug users have been informing the program through bottom-up and top-down processes. The program has fostered a work environment where employees who use drugs are welcomed, valued, and feel ownership of the program.

To sum up, here’s what two independent evaluators, Carol Strike and Peggy Milson wrote in 2003 about COUNTERfit:

“The program has become a model for harm reduction programs within the Province of Ontario and beyond, because it has been based from the beginning on the belief that everyone is worthy of acceptance and care and everyone also has the capacity to accept responsibility and to make a contribution. The unique level of respect and involvement afforded drug users within the program has allowed them to be active participants in providing services to others and has resulted in true community development in the best sense.”

4.2 The Safer Crack Pipe Kit Initiative: An Illicit Drug User Union Project

In 1999 I was employed at a community health center coordinating a harm reduction program much the same as Raffi’s. Although crack had been around for years at this point, its use suddenly exploded among our service users (the majority of whom were homeless or under-housed). I realized that most service users were using very unsafe materials to smoke their crack, including car antennas and copper pipes, and they were using wire mesh from television cables and metal dish scrubs as screens. Moreover, most shared their pipes when they had open cuts and burns on their lips, tongue, and gums.

To reduce the harms associated with smoking crack, I set out to create a safer crack pipe kit with information on reducing infection and injury. In many ways, this project relied on the earlier work of Mark Kinzly of Connecticut, to whom we owe a debt of gratitude.

I was allowed to use money from my materials budget, and I set off to a plumbing and fixtures store to create the safest pipe I could. Working with the owner’s son, we spent the day choosing non-toxic alloys to form the components of the pipe. In the end we were successful in creating a very compact, stainless steel pipe with non-toxic screens (I sent samples of the pipe and screens for toxicology testing and they were approved as non-hazardous).

I specifically set out to create a metal pipe because my service users were mostly homeless and glass pipe stems were easily broken in the course of daily life or when the police harassed them and trashed their personal belongings, as happened frequently. These pipes were also great because they did not get hot (like glass stems can), and the mouthpieces were covered with plastic that could be replaced to decrease chances of cross-infection when sharing pipes.

Initially I was allowed to assemble these pipes at work with the help of crack users whom I employed from the community. We barely got through a fifth of the production when, due to some dubious legal advice, the executive director shut the project down and I never got to give out a single pipe to the service users.

I was not ready to give up this initiative, however, so I turned to the Illicit Drug Users' Union of Toronto (IDUUT—pronounced “I DO IT”), an organization that I co-founded. We had a strong and active membership, and I asked members if they wanted to take this over. Although we didn't have all the logistics worked out yet, everyone was very excited about the project and agreed that the Union should take it on. We only had the pipe components and screens at this point so I put together a list of what other materials should comprise the Safer Crack Pipe Kits.

We decided to include the following:

- Small zip-lock bags to hold contents
- A pamphlet explaining how to use package contents; how to smoke crack with the pipes; how to smoke crack safely; and other harm reduction info, including how to inject crack as safely as possible, and the importance of not sharing pipes without first replacing the mouthpieces
- Extra packs of stainless steel screens
- Sugarless dental gum to prevent users from jaw clenching, as well as dental care for those who didn't have access to a toothbrush

- Lip balm to reduce burns and cuts on the mouth
- Packs of nontoxic matches
- Water-based lube and condoms
- Packages of vitamin C to use when breaking down crack to inject
- Extra plastic mouthpieces for pipes to reduce the spread of communicable diseases like HIV, HCV, flu, and TB when sharing pipes (although the point of the kits was to ensure that every user had her own pipe)
- A “Silver Bullet” metal crack pipe

Together we assembled 2,500 kits. Still, I was very concerned that the project not be a one-time deal as this would be a band-aid solution at best. In order to establish evidence for the need of these kits, I designed a small, oral survey and went to the Union members to get their feedback. As many members were also part of the target group, they had a lot of really important insights that helped me to fine-tune the survey, making it short and simple to take. I trained Union members to administer the surveys and to teach people how to use the kits properly.

Before handing out kits we decided that we needed to let the community—especially homeless, crack-using community members—know what we were doing and why. We were specifically concerned about the police who regularly harassed homeless drug users when they were sleeping at night in public places like parks.

We decided to hold a news conference at a local church that ran a drop-in for homeless folks, including crack users. Brainstorming the idea turned it into a community event geared to the needs of the folks who used the drop-in, with food, live music, and Union members publicly speaking about their own experiences using crack. Finally, the membership decided that Raffi and I would do the press-related work, including a press conference announcing our

study and strategy for kit distribution after the lunch was finished. The media came in droves. We conducted and organized many interviews and television appearances, making the project as public as possible.

The overwhelming response was positive. One of the most important things we did was consult a lawyer colleague of ours who worked for the Canadian Privacy Commission and who was an expert on drug policy and the criminalization of drug-related activities. He assured us that we were not violating any drug paraphernalia laws as our initiative, like needle exchange, was a public health strategy aimed to reduce the harms associated with crack use.

At the event, we got over 100 signatures from homeless illegal drug users on a petition urging the Toronto Department of Public Health to make Safer Crack Pipe Kits publicly funded and available through all existing harm reduction programs. We let users know when and where we would be distributing the kits. Police were questioned by the media and stated for the record that they would not undermine our efforts by taking the kits away from people.

We approached homeless and poor folks in parks, on street corners, hanging out at shelters and community service agencies and wherever they were living and sleeping. The response was overwhelming. People were so happy to get the kits, especially the durable metal pipes.

The strategy was to approach people respectfully and quietly in teams of two IDUUT members. One person had the surveys and the other carried a bag full of the kits. We introduced ourselves and let them know that we were illegal drug users/crack users and members of IDUUT and not the police. People were asked if they would agree to participate in the anonymous survey as a means of providing the city's Public Health Department with data needed to fund the project all over the city. If folks didn't want to participate, they still got a kit and info on how to use it safely. Those people

who did want to participate were taken aside, in private, and asked questions covering a small range of information, including personal demographics, info on materials used to make pipes, known HIV/HCV status, whether they shared pipes, whether they had suffered burns or cuts from unsafe pipes, and if they shared pipes while they had these injuries.

Within a two-week period we gave out more than 500 kits and got 254 completed surveys. We still had about 2,000 kits so we approached harm reduction outreach projects to take on the initiative. Five groups agreed and we set up an all-day training workshop for them. We started with personal accounts of our former unsafe crack-using experiences and the positive impact of access to the new kits. Then we showed them how the kits worked and offered strategies for effective distribution. All the agencies later reported that the kits were an overwhelming success with their service users.

Meanwhile, Raffi and I compiled the data from the surveys and we were both alarmed at the results. We realized that we had an epidemic of unsafe pipe use and pipe sharing among a population with a very high self-reported incidence of communicable diseases, including HIV, HCV, tuberculosis, flu, and oral herpes. Feeling compelled to act quickly we called an IDUUT emergency meeting and members agreed that a report should be written and presented publicly at another press conference. Several days later we did just that.

We set up a meeting with Toronto's public health office to share our survey results and report on the success of our initiative. We were warmly welcomed and taken seriously, but the process was slow and another committee was formed. Over the next several months it was determined that harm reduction programs would be provided with the materials to create and distribute Safer Crack Pipe Kits and that the Department of Public Health would assist in funding the project. Unfortunately, members of the committee decided that the "Silver Bullet" stainless steel pipe was too expensive and they ended

up using Pyrex glass stems. But, at least Toronto now makes Safer Crack Pipe Kits widely available at no cost to the users. Over the past eight years, other Canadian cities have adopted this program as well.

The most important thing I want to point out about this project is that it was entirely user-driven. Moreover, we did it with very little support to start with and no public or government funding. I am proud of this project. It's a great example of what a group of diverse, mostly marginalized illegal drug users can accomplish when we commit ourselves to a cause.

About the Authors

Cheryl White

Cheryl White lives in Toronto, Ontario, Canada, and works as an independent harm reduction, HIV/AIDS prevention, and drug user organizing consultant. She has worked in the field of HIV prevention and harm reduction since the mid 1980s and is the author of numerous articles and publications, including the first-ever prison outreach training manual, *The Virus in the Steel: HIV/AIDS in Canadian Prisons*, for Health Canada in 1993. White has presented at countless workshops and conferences at the local, national, and international level.

As an illegal drug user, White has been central in organizing other drug users in Toronto, as well as globally through such organizations as the International Network of People Who Use Drugs. She is the cofounder of the International Network of Women Who Use Drugs, the Illicit Drug Users' Union of Toronto, and, most recently, the new Toronto Drug Users Union.

She is a guitarist and singer-songwriter who has worked professionally as a musician, specifically writing political theme songs for progressive organizations. She has been engaged in feminist, anti-racist, and prison abolitionist activism since she was a teenager. She has a Bachelor's and Master's degree in sociology.

Raffi Balian

Born in Aleppo, raised in Lebanon, and living in Canada since 1979, Raffi Balian is a political activist and member of multiple drug user organizations. In 1998, he helped create the first Illicit Drug Users' Union of Toronto (IDUUT), and in 2008, he helped to establish the new Toronto Drug Users Union (TDUU). He is a member of the International Network of People Who Use Drugs (INPUD), the Canadian Drug Consortium, the Toronto Research Group on Drug Use, and the Toronto Drug Strategy. He has been on methadone maintenance since 1997 and serves as a consultant on methadone projects.

Balian holds a Bachelor of Health and Education and a Bachelor of Education from Queen's University. As a teacher, he worked with students who were at risk of dropping out of school. His interest in harm reduction and needle and syringe programs began when he found out that some of his students were injecting steroids intramuscularly and were sharing and using the wrong needles. In 1998, he started the COUNTERfit Harm Reduction Program in Toronto, which quickly became an award-winning, user-driven, holistic program. He has won several local and national awards for his work and has written a number of articles published in local, national, and international journals.

Balian has two wonderful sons, 28 and 30, who have always been and continue to be completely supportive and proud of all his work and successes.

Public Health Program

The Open Society Foundation's Public Health Program (PHP) works to advance the health and human rights of marginalized persons by building the capacity of civil society leaders and organizations and advocating for accountability and a strong civil society role in health policy and practice. To advance its mission, the program supports the development and implementation of health-related laws, policies, and practices that are grounded in human rights and evidence. PHP utilizes five core strategies to advance its mission and goals: grantmaking, capacity building, advocacy, strategic convening, and mobilizing and leveraging other funding. PHP's project areas include harm reduction, sexual health and rights, access to essential medicines, mental health, health policy and budget monitoring, palliative care, Roma health, law and health, health media, and engagement with the Global Fund to Fight AIDS, Tuberculosis and Malaria. As of 2008, PHP worked in Central and Eastern Europe, Southern and Eastern Africa, certain countries of South East Asia, and China.

International Harm Reduction Development Program

The International Harm Reduction Development Program (IHRD), part of the Open Society Public Health Program, works to advance the health and human rights of people who use drugs. Through grantmaking, capacity building, and advocacy, IHRD works to reduce HIV, fatal overdose and other drug-related harms; to decrease abuse by police and in places of detention; and to improve the quality of health services. IHRD supports community monitoring and advocacy, legal empowerment, and strategic litigation. Our work is based on the understanding that people unwilling or unable to abstain from illicit drug use can make positive changes to protect their health and that of their families and communities.

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