Presentation to the Massachusetts Harm Reduction Commission

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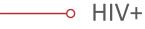
What we're <u>not</u> going to talk about (But we can if you really want us to!)

- Present evidence-based research arguing the need for harm reduction
 - Prove the economic case for harm reduction strategies

There is a good summary of supervised injection services research on pages 8-10 of this document: <u>http://www.bccsu.ca/wp-content/uploads/2017/07/BC-SCS-</u> <u>Operational-Guidance.pdf</u>



Clients of the Dr. Peter Centre



- Mental illness
- Substance use/addiction
 - -• Chaotic lifestyle







Setting is Everything

- ---- Residential neighbourhood
 - Non-clinical in appearance
- Non-marginalized







Food & Nutrition

Wholesome nutrient-dense meals & dietary guidance for improved health.

Community Linkages

Housing advocacy & assistance with other social and medical services.

HIV Medication Maintenance

Treatment adherence support to speress the virus & prevent new HIV transmissions.

Art & Music Therapy

Creative expression, self-awar & communication ski

Social Participation

Social engagement, computer literacy, conflict resolution & a sense of belonging.

Counselling

Mental health, emotional wellness & addictions.

Complementary

Therapy

Week activities, gardening, fitness, yoga & acupuncture.

Complex Nursing

Health stabilization, supervised injection, long-term support & compassionate end-of-life care.



Harm Reduction as a Continuum of Health Care

16 years of SIS:

2002-2015 "legal" via Provincial scope of nursing practice

2016-present legal via Federal exemption





