

Presentation to the Massachusetts Harm Reduction Commission

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What we're not 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:
<http://www.bccsu.ca/wp-content/uploads/2017/07/BC-SCS-Operational-Guidance.pdf>

Clients of the Dr. Peter Centre

- HIV+
- 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 suppress the virus & prevent new HIV transmissions.

Art & Music Therapy

Creative expression, self-awareness & communication skills development.

Social Participation

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

Counselling

Mental health, emotional wellness & addictions.

Complementary Therapy

Weekly 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

—○ Non-user – Abstinence (AA/NA) – Active Injection User: ALL ARE EQUAL

16 years
of SIS:

2002–2015
“legal” via
Provincial scope
of nursing
practice

2016–present
legal via
Federal
exemption



Culture of Acceptance

Compassion not Stigma

