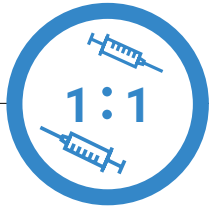


HARM REDUCTION

Myth or Fact

Myth



NWHU should do a 1:1 needle exchange, not limitless distribution.

Resource(s): Canadian AIDS Treatment Information Exchange

Best practices align with NWHU's policy of giving service users the number of needles they ask for.

A 1:1 exchange is discouraged, as limiting injection supplies increases needle sharing and reuse, raising the risk of HIV, hepatitis C, and other infections. It also forces people to carry large quantities of used needles, adding further risk.

Evidence shows that restrictive needle distribution leads to less effective harm reduction, poorer health outcomes, and a greater burden on healthcare.

Fact

Myth



The needle distribution program enables substance use.

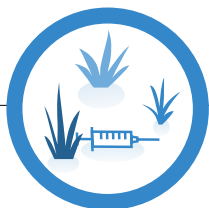
Resource(s): Canadian AIDS Treatment Information Exchange, BC Centre for Disease Control, University of Victoria

Harm reduction programs, such as NDPs, have not been found to enable substance use.

Harm reduction programs build meaningful relationships between staff and service users, often serving as an entry point to healthcare and recovery services. They are also linked to higher enrollment in detoxification treatment.

Fact

Myth



The more needles NWHU gives out, the more that will be littered on the ground.

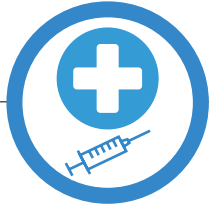
Resource(s): Chief Medical Officer of Health of Ontario, Hawk et al., 2017

Less restrictive NDPs, such as the NWHU program, are associated with proper disposal of sharps.

Two reviews found that less restrictive NDPs improve proper needle disposal in provided sharps containers. This is due to client education and having enough supplies, reducing the need for reuse and encouraging immediate disposal.

Fact

Myth



Fact

Harm reduction doesn't work.

Substance Use Services & Supports, including treatment, harm reduction, and recovery, is a key pillar of Canada's Drug and Substances Strategy, aimed at minimizing substance related harms. Other pillars include prevention, education, evidence, and substance controls, with harm reduction being an evidence-based approach.

Harm reduction is mandated by Ontario Public Health Standards and is the only part of Substance Use Services & Supports treated as a public health approach under Canada's Drug Strategy. Treatment and recovery fall under healthcare and social services.

Resource(s): Health Canada, Canadian Public Health Association

Myth



Fact

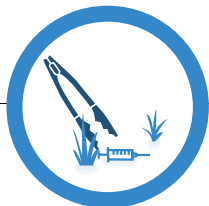
"Addicts" choose to use drugs and should live with the consequences.

Addiction is not a choice. The term "addict" is no longer used; now "people who use drugs" is the widely acceptable terminology.

Addiction is a complex condition involving compulsive substance use, often leading to physical dependence. Causes include trauma, mental illness, and environmental factors. Using person-first language, like "people who use drugs" instead of "addict," recognizes that individuals are more than their condition.

Resource(s): Canadian Mental Health Association, Government of Canada, Public Health Agency of Canada

Myth



Fact

The needles on the ground are giving people diseases!

The risk of HIV, hepatitis B, or hepatitis C is low because the needle rarely contains fresh blood, and viruses are exposed to environmental factors before injury occurs.

Community-acquired needle stick injuries in Canada are extremely rare, with most occurring in healthcare settings. If a needle stick happens, it's essential to seek medical care.

Resource(s): Moore, 2018 (Canadian Pediatric Society), Public Health Agency of Canada, BC Centre for Disease Control