



**L'Équipe de soutien
clinique et organisationnel**
en dépendance et itinérance

CLINICAL TOOL

Supporting Safer Injections

MAY 2024

Québec 



Intervention support tool for reducing injection risk

This tool is intended for health and social services professionals who hand out injection equipment. The goal is to empower such professionals to develop a supportive and confident attitude about discussing the injection of psychoactive substances (PAS) in a positive and non-stigmatizing way. The tool is complimented by a video* (Soutien à l'intervention pour une injection à risque réduit) that provides tips on how to support people who inject PAS and encourage them to adopt techniques that reduce the risks of injection.

In addition, a document* and another video,* Injection à risque réduit en 7 étapes (7 Steps to Safer Injections) are available to help professionals learn about the available injection supplies and feel more comfortable initiating a discussion on reducing injection risk of PAS during their interventions.

*These tools are available on the dependanceitinerance.ca website. Videos are in French Only, but closed captioning is available in English.

The professional's role when working with people who inject psychoactive substances

Any intervention with people who are using psychoactive substances (PAS) should be guided by the harm reduction philosophy, i.e., aiming to reduce and prevent the risks and unwanted consequences associated with drug use, without necessarily considering abstinence as a final and absolute objective. Additionally, any intervention must consider trauma- and violence-informed care, which is based on the following principles:

1. Raising awareness

The professional recognizes that the person may have experienced trauma and episodes of violence, and that this has had repercussions on their lifestyle, family, and friends

2. Emotional, physical, and cultural safety

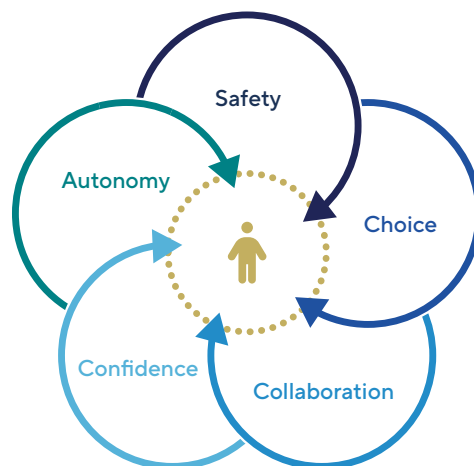
For someone to be open, willing, and positive about voluntarily engaging in an intervention, they must feel safe and free from danger. They must know and understand that they are not obliged to disclose personal information that might make them feel uncomfortable.

3. Choice, collaboration, and trust

The professional and the person consuming PAS should work together to determine how the interventions will take place. The professional should avoid imposing unwanted services or providing unwanted information. Rather, the professional must present their role and the service options simply and clearly, letting the person choose what intervention they wish to engage in.

4. Strengths and abilities

The professional must build on the person's strengths to support them in adopting safer consumption behaviours. A strengths-based approach will also help boost the person's self-esteem.



Trauma- and violence-informed care seeks to establish a climate of trust in which people feel safe, are not forced to reveal their traumatic past, and know that their strengths and autonomy are recognized.

These principles are why, beyond making injection equipment available to the person, the professional must make their intervention part of an educational and non-stigmatizing continuum of care. This continuum includes learning about the equipment, teaching people how to use it properly, and working with them to develop individualized strategies based on a good understanding of their drug use practices and the issues they face. The goal is to reduce the risks associated with this mode of consumption.

1 Offer injection equipment that meets the individual's needs.

2 Promote reduced injection risk behaviour in a non-moralistic way that respects people's choices and autonomy in terms of how they use drugs.

3 Help the person identify the challenges they are likely to face in adopting behaviours that reduce injection risk, as well as strategies for overcoming these difficulties. **Move from “what to do” to “how to do it.”**

Steps 2 and 3 are known as “safer substance injection counselling.” This approach is carried out using the same logic and in the same spirit as educating people with diabetes about insulin injections.

Legal and ethical considerations

The provision of substance injection equipment and related counselling are not legally regulated. However, there are some frameworks that enable us to define the appropriate protocols in specific, more sensitive contexts.

✓ Distribution of injection equipment to a person aged 14 to 18 years

- ▶ *What Canadian law says:* A person can make their own medical decisions from 14 years of age.
- ▶ *What the Canadian Charter of Rights and Freedoms says:* Governments are prohibited from discriminating on the basis of age in the provision of health and social services.

✓ Distribution of injection equipment to a pregnant person

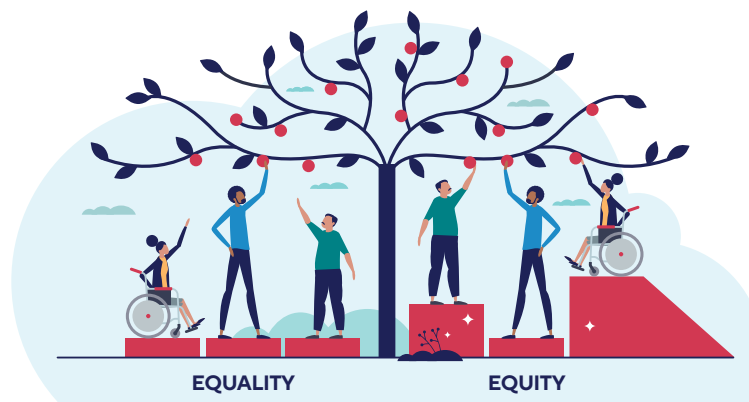
- ▶ *What Canadian law says:* It is prohibited to interfere with the liberty of a pregnant person against their will for the purpose of protecting an unborn child from possible harm by its parent's conduct.
- ▶ *What the Canadian Charter of Rights and Freedoms says:* Discrimination on the grounds of pregnancy is tantamount to a form of sex discrimination.
- ▶ *What medical experience says:* The health and wellbeing of an unborn child is further compromised if the pregnant person contracts HIV or hepatitis C by sharing contaminated injection equipment.

This means that prohibiting the distribution of injection equipment to a person between the ages of 14 and 18 or a pregnant person may be considered a decision based on unacceptable criteria, harmful to health, and contrary to the law. It is preferable to adopt a caring attitude and put the

person in touch with a partner care team where they can receive support in making informed choices that will be as safe as possible.

Justice and equity

In the field of health, justice and equity refer to our collective responsibility and call on our solidarity to ensure an equitable distribution of care and services among individuals. Equity allows us to work toward the ideal of a more egalitarian society, while respecting justice and solidarity. Practicing justice and equity requires acceptance and non-judgement. In addition, providing support to people who inject PAS goes far beyond distributing safer injection supplies; it represents an opportunity to form a bond with the person and make them feel welcome by respecting all their biopsychosocial needs. The care and services offered should also align with the Act respecting health services and social services. As such, interventions must reduce mortality and morbidity, act on the determinants of health and wellbeing, promote the health and wellbeing of individuals, and “reduc[e] the impact of problems which threaten the stability, fulfilment or autonomy of users.” A person receiving services must “be treated ... with courtesy, fairness and understanding, and with respect for [their] dignity, autonomy, needs and safety” and participate in their care and services. The provision of care and services must make it possible to “[attain] comparable standards of health and welfare in the various strata of the population and in the various regions” and “ensure that services are accessible on a continuous basis.” “[R]espect for the user and recognition of [their] rights and freedoms must inspire every act performed in his regard.” (LSSSS, sections 1, 2 and 3)



Integrity and dignity

Dignity refers to the worthiness of every person, and therefore their right to respect, simply by virtue of their being human and a part of “humanity”. Human dignity implies that each person should feel respected, have a sense of self-esteem, and feel personally empowered. Dignity enables one to defend their integrity. Ethically speaking, integrity is defined as a coherent integration of the various aspects of a person, including their emotions, aspirations, knowledge, and understanding of life. The coexistence of these elements enables people to live by their moral values and defend them when they are threatened. Real autonomy is difficult to achieve without a baseline of integrity and dignity.

The equipment



Attitude

Due to histories of real or perceived negative interactions, misunderstandings, stigmatization, violence, injustices, or other unpleasant experiences with health and social services professionals, many people who use PAS are initially suspicious of services provided by the health and social services network. As a result, some are reluctant to use the services designed to support them or assume that they will be judged or treated unfairly. These barriers increase the risk of a late intervention when someone is in crisis, and speaks to why it is imperative to provide individualized and trauma-informed interventions to establish a relationship of trust. On the other hand, many professionals have pointed out that when people who inject PAS experience positive interactions with professionals, they can display extraordinary commitment, satisfaction and enthusiasm.

Although often overlooked, interpersonal skills are crucial in safer injection counselling. In a way, these skills are the prerequisite that will determine how much trust, comfort, and commitment the person will experience throughout the intervention. Establishing a relationship of trust is the basis of any health promotion intervention with vulnerable populations.

The best way to establish this bond of trust with people, reduce their reluctance to use health services, and make it easier for them to express their needs is to adopt an attitude of openness, respect, and tolerance. Here are some small gestures that can help establish such a bond of trust:

- ★ Show interest in the person. Look at them and listen attentively.
- ★ Ask about their condition and how they are doing.
- ★ Find out whether their needs have been met, whether they are satisfied, and whether they have any questions.
- ★ Show an openness to meeting the person again in the context of the services, such as by closing your discussions in a way that is open-ended (“Take care of yourself, see you soon/Don’t hesitate to come and see me again”).

Health professionals need to take on a *support* role, because while they may suggest and advise on the injection techniques that pose the least risk to health, it is the person using PAS who will ultimately decide how to prepare and use substances. Here are a few tips:

- ✓ Avoid telling the person not to do something, but instead ask why they are doing it that way. It is important to try to understand the reasons for their behaviour.
- ✓ Highlight positive behaviours first, then discuss what might realistically be improved.
- ✓ Take the real-world context of the person’s life into account, recognizing potential barriers to optimal use of the injection equipment and tailoring advice accordingly to help the person overcome these barriers. Or, suggest alternative solutions that present the least possible risk to their health.

Professionals must adopt a pragmatic and humane approach when sharing their expertise (advice on reducing injection risk) with users. They must recognize that it is the person using PAS who is in the best position to know the context in which they are injecting.

Know-how

The importance of appropriate counselling on safer PAS injection has been established based on several findings, including:

- The wide range of injection techniques used, often with clear deviations from best practices.
- The presence of numerous local lesions due to suboptimal injection techniques (damaged veins, abscesses, cellulitis).
- Superinfection with numerous viruses (HCV, HBV, HIV) linked to high-risk injection behaviour.
- Frequent hardening of the skin, linked to scarification, which forces people to use areas of their body where injecting is riskier (see the injection site [drawing](#)).
- The majority of people learn injection techniques from someone who is already injecting PAS.
- Viral and soft tissue infections are associated with a lack of experience and the need to enlist the help of another person to carry out injections.
- Limited levels of literacy and a potentially inadequate theoretical understanding, which is a barrier to enacting the prevention messages in written documents.
- A lack of information on many injection steps and a belief in myths or misunderstandings that carry many health risks.
- The way in which the person is already injecting, which quickly becomes a ritual that is difficult to change.
- Unequal access to all the injection equipment.
- The wide range of conditions in which injection take place.
- The diverse profiles of people (including mental health issues), which can affect interactions during counselling and the person's ability to retain information.
- The criminalization of people who use PAS means that most of them do not want to talk about their use out of fear of being judged by family and friends, but also by staff in the health and social services network. Stigmatization is a barrier that healthcare professionals can act on, but to do so they need to be able to recognize people who are using PAS and show them respect.



It should be said that injecting practices are still largely a taboo subject and are rarely discussed in the context of an intervention, even though they represent the main health risk to people injecting PAS. When professionals repeat the same warnings about the dangers of sharing and reusing injection equipment without addressing the complex behaviours and contexts in which this equipment is used, it does not encourage change. There is also a widespread assumption that people who inject PAS must have some expertise in reducing injection risk because of their experience with injecting. This assumption makes attention to their injecting practices less likely.

Broaching the subject of reducing injection risk by breaking it down into a series of steps is one way to help people who inject PAS to exercise greater control over their decisions. The focus needs to be on developing their knowledge of the actual risks they are running with their current practices. Professionals need to define the optimal actions to take based on a person's individualized drug use and give people the tools to take such actions. In summary, the goal is to make people who inject PAS autonomous in their injections. This is particularly important for women and young people, who tend to be more dependent on others for their injections.

As each individual is unique, it is important to identify the personal characteristics and factors that contribute to how a person acts. This makes it possible to respond appropriately with the variety

and complexity of a person's behaviours and to increase the chances that individuals will receive the knowledge offered by the caregiver and become more open to adopting their suggestions.

FOR EXAMPLE, IN ORDER TO TAILOR INTERVENTIONS, IT MAY BE USEFUL TO KNOW:

- ▶ What substances are being used?
- ▶ What is the person like after using?
- ▶ What is the person's temperament (shy, lacking in self-confidence, assertive, a natural leader, etc.)?
- ▶ Does the person often engage in risk taking (unprotected sex, lack of equipment when using and therefore sharing it, etc.)?
- ▶ In what context does the person use drugs (in an apartment, outside, in a safe consumption room, etc.)?
- ▶ With whom does the person usually consume drugs?

We know that people have different levels of oral and written comprehension, and that some people are likely to say that they have understood information even when they have not, just to be agreeable. To prevent this from becoming a problem, it may be useful to ask the person to act out an injection, step by step, with all the equipment required (leaving the cap on the syringe to prevent injury). If the person is taking prescribed injectable medication, they can also be asked to carry out an injection during a counselling session. An exemption from the *Controlled Drugs and Substances Act* (CDSA) is required to supervise the injection of PAS from the illicit market.¹ In this instance, it is possible to observe the person's actual practices as a way to easily highlight the difficulties and risks involved, directly observe those aspects that are either well or poorly understood, and appreciate the actual effect of prevention and education messages on their practices.

Whatever counselling method is chosen, it is always a good idea to give the person reminders. It is well known that repeated educational interventions may be required over time to achieve lasting change. It is important to remember that if the person does not want the intervention or says they are in a hurry, their wishes need to be respected. They should be told that the intervention can take place another time.

¹ The exemption from the CDSA means that staff providing substance use supervision and people receiving such supervision cannot be arrested for possession of illicit PAS on the premises where such services are being provided. For more information on the various exemptions available under the CDSA (in French only) and to access the toolbox for setting up a site to meet an urgent public health need (in French only), visit dependanceitinérance.ca

Interest and benefits among people who inject PAS and professionals

People who inject PAS are usually very interested in learning techniques to reduce their injection risk, as injection is central to their consumption practices:

- ▶ Learning safer techniques highlights the fact that people have the power to change their consumption and have the skills to reduce their exposure to risks. This reinforces their sense of personal efficacy.
- ▶ Techniques to reduce injection risk also leads to tangible gains for their veins, whose appearance changes for the better. This reinforces adherence to the interventions and increases the likelihood of adoption of the new techniques.
- ▶ Beyond its technical dimension, discussing injection practices is an opportunity for dialogue that is rarely possible in the usual context of social and health services. These conversations help to get the person talking and serve as a form of recognition that can reduce the stigma they face as a person who uses substances.
- ▶ Conversations about injection practices are a two-way educational exchange, which is much more conducive to questions being asked on both sides. This dynamic helps demonstrate that both professional and experiential is relevant and should be put to good use.

For professionals, this type of intervention also has many advantages:

- ▶ A discussion of the person's injection practices can serve as a roadmap for the professional to develop an intervention that is better suited to the individual's actual practices, because it is based on the experiences, knowledge, and expertise of the person in question. The professional is then better positioned to understand why the person might take certain risks and can provide tailored advice that the person can apply to their context.
- ▶ Such a discussion is also a particularly effective way of creating a bond with people who use injectable drugs, who can often have initial suspicion of healthcare professionals due to negative past experiences. The recognition and trust that develop over time are then likely to strengthen the therapeutic alliance and provide a gateway to other types of interventions, such as screening, vaccination, treatment with opioid agonists, and any other healthcare and psychosocial service.
- ▶ Acquiring specific information on injection practices, which are often kept secret and/or difficult to determine, also makes it possible to better document them. Having this information makes it easier to identify sources of risk, monitor changes in practices (which often evolve over time from one generation to the next), and better anticipate emerging.
- ▶ The expertise that a professional will eventually acquire in PAS injection is likely to make them more comfortable in broaching this type of subject in future interventions. The professional can use their expertise to be more persuasive when talking to others about the benefits associated with safer injection techniques. The professional thus acquires credibility with people who use injectable PAS that can extend to other aspects of the intervention.
- ▶ Lastly, improving the skills and knowledge of people who use injectable PAS can have a positive domino effect: persons will be able to pass on their knowledge to others who inject PAS, perhaps even at times and in places where it matters the most.

Essential knowledge for reducing the risks associated with injecting psychoactive substances

- ★ Use supervised injection facilities or overdose prevention centres whenever possible, as they offer a whole range of advantages. They are clean, well-lit, safe, and provide access to all the equipment and a qualified team.
- ★ Have enough equipment on hand to not run out.
- ★ Use new, sterile equipment for each injection. Never share or re-use equipment.
- ★ Never touch surfaces that will come into contact with the solution (e.g., the inside of the dissolving container, the syringe needle, the filter, a dry swab, the orange tip or the syringe plunger, etc.).
- ★ Avoid any contact between the mouth or saliva with the injection equipment, the substance, or the injection area. Do not lick the needle, blow on the skin, tear open the packaging with one's teeth, lick the blood, or divide or crush a tablet with your teeth, as the bacterial flora can infect soft tissue.
- ★ Implement hygiene measures to avoid any contact with bacteria and viruses. This means: wash one's hands, use a clean surface to prepare the injection and clean the injection area, and be sure to have extra alcohol swabs or antiseptic gel on hand.
- ★ Avoid moving the needle back and forth in the vein, and be patient when searching for a vein.
- ★ Practice making injections with both hands, to be able to alternate injection areas from one arm to the other. This will protect the veins and avoid repeated use of the same areas.
- ★ Consider other methods of consumption if the veins need a break.
- ★ In the event of an infection, consult a healthcare professional immediately.
- ★ Avoid consuming PAS alone.
- ★ Have naloxone at hand at all times, and replace it if it has been exposed to cold or heat.

Common misconceptions about PAS injections

There are many misconceptions about injecting substances, including the following:

MISCONCEPTION	REALITY
I should use ascorbic acid (Vit C) to dissolve my substance, whatever substance I'm using.	Any acidic solution is likely to damage the veins. Vitamin C should only be used when necessary for dissolution, and only in small quantities.
I don't need to heat PAS because they dissolve without heating.	Heating the solution, whatever the PAS, facilitates the dissolution process and reduces the risk of infection by microorganisms, which are eliminated by heating.
I should heat the solution for a long time to ensure that all the microorganisms are eliminated.	Overheating the solution increases the risk that the skin will be burned and the veins damaged when the substance is injected.
I shouldn't use a filter when drawing up the solution in the syringe. It will capture too much of the active substance.	Failure to filter the solution properly will result in the injection of additives, undissolved particles, or impurities into the bloodstream.
I should keep my used filter and/or dissolving container to do a wash (extracting the residues and injecting them).	This practice carries a high risk of infection and complications due to the presence of bacteria, moulds, yeasts, or fungi in the used material.
I don't need to clean the injection area.	Not cleaning the area well increases the risk of bacterial infections.
For me, <i>cleaning, disinfecting and sterilizing</i> all mean the same thing.	The best way to clean is with soap and clean water. Alcohol swabs are used to disinfect the injection area. Injection equipment is sterile when it is in its packaging. Once the equipment has been touched, it is no longer sterile. This is why all equipment must be used only once.
I can lick the syringe needle so that I won't lose any substance or just to taste it.	The mouth contains many bacteria that could cause a serious infection if they enter the bloodstream.
I don't need to bother to stabilize the limb of the injection site before the injection.	Stabilizing the limb where the injection will be made reduces the chances of missing the vein and causing tissue damage.

MISCONCEPTION

REALITY

I should insert the needle deep into the vein.	It isn't necessary to insert the needle deep, as it is too easy to jab right through the vein.
I can always use the same injection site because it works well.	Using the same injection site can severely damage the veins and increase the risk of serious infection.
I should pump a lot of blood back into the syringe to make sure I'm in the vein.	Withdrawing too much blood increases the risk of transmitting several kinds of virus if the needle is shared, due to the large quantity of potentially contaminated blood in the syringe.
I can use a medical venous access device (a PICC line) to inject PAS.	This practice increases the risk of serious infections, obstruction of the device, catheter rupture, and deep vein thrombosis (blood clots).
I can use an alcohol swab to clean myself after making the injection.	Alcohol acts as an anticoagulant and increases the risk of bleeding and infection at the injection site. It is used to disinfect, not to clean. It is best to use a dry swab.
Once the substance has been filtered, I can use my fingers to crush the filter so as not to lose anything.	Once hands have been used to handle the various objects required for the 7 steps to reduce injection risk, they are no longer clean or disinfected. Once fingers have touched the filter, the solution will be contaminated with microorganisms.
I don't need to loosen the tourniquet before giving the injection.	Keeping a tourniquet in place during an injection increases the risk of irritation and a burst vein.
I can reuse my syringes because I can't reinfect myself.	With each injection, the tip of the needle becomes more blunted, causing greater tissue trauma during subsequent injections and increasing the risk of scarring and infection.

The positive gains approach

One particularly effective strategy for working with people to adopt behaviours that reduce injection risk is to emphasize the benefits for them in terms of the ease, speed, and intensity of injecting their substance. For many people, the absorption and effect of the substance can be more important than any health or safety considerations. Thus, it is worth highlighting the pleasurable benefits that safer consumption techniques can provide.

Some examples of benefits:

1 Prepare the place that the drugs will be used

- ▶ Clearly marking out one's consumption area reduces the risk of losing any of the substance or having it taken by another user.
 - ▶ Supervised drug consumption facilities are safe places to inject and a point of contact with service providers.
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2 Prepare the substance for injection

- ▶ Using the dissolving container to prepare the solution for injection reduces the risk of puncturing the bag containing the substance with the needle and then losing some of the substance.
 - ▶ Heating the substance before the filtration process reduces the risk of filter saturation, which can increase the amount of solution collected for injection.
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3 Prepare the skin and the vein for the injection

- ▶ It only takes seconds to use an alcohol swab to clean the injection area, but this helps prevent the infections that are responsible for hardening the skin. This hardening complicates finding a vein, which prolongs the injection process.
 - ▶ Giving the veins a break by changing the injection site will give them time to heal, and this makes subsequent injections easier.
 - ▶ Use the veins that are easiest to find
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4 Prepare the syringe for the injection

- ▶ Using a new syringe reduces the risk of a bad injection.
 - ▶ Using a new syringe causes less damage to the veins, making subsequent injections easier.
 - ▶ The combined use of the Sterifilt and the cotton filter allows more active principal to be recovered when PMS-Hydromorphone is consumed, versus using the cotton filter alone or the Sterifilt alone.
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5 Injecting the substance

- ▶ Being able to carry out the injection on one's own means greater control over one's consumption.
- ▶ When a tourniquet is used, loosen it just before pushing down on the plunger to complete the injection. This prevents irritation or vein bursting, and subsequent injections will be easier.

6 Caring for the injection site

- ▶ Using the dry swab rather than the alcohol swab after injecting helps prevent infections at the injection site. This means less damage to the veins, which facilitates healing and subsequent injections.

7 Dispose of the equipment safely

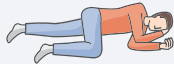

- ▶ Disposing of used equipment in a safe container after consumption can reduce possible conflicts with people one is living with, which in turn reduces the risk of the police being called and of being removed from housing.
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It is important to always remember:

- That using drugs alone and in an isolated place should be avoided
- To offer extra equipment to ensure that the person does not run out
- To encourage the person to start with a reduced dose, to test the substance's effects
- Not to let several people take the same substance at the same time so that help can be more easily provided if the substance is highly toxic
- To encourage the use of supervised consumption sites, where appropriate
- To encourage the use of drug checking services, if available
- To have naloxone on hand at all times (naloxone is free and should be provided with the equipment!)
- To ensure that the people present when drugs are being used know how to use naloxone
- To have naloxone on hand at all times, regardless of the substance used, as any substance purchased on the illicit market may be contaminated with opioids
- To consult a healthcare professional as soon as any health problem appears
- To have a list of resources available nearby

What to do in the event of a possible opioid overdose

- A person who is severely intoxicated and/or having difficulty staying awake should not lie down, be left alone, or take more drugs.
- If you are in a healthcare facility, follow the protocol for an overdose.

<p>The person seems to be unconscious</p> <p>1 TRY MAKING THEM RESPOND TO SOUND OR PAIN</p>	 <p>YELL their name TALK TO THEM loudly</p> <p>RUB the centre of their chest (sternum) hard</p>
<p>They are unresponsive</p> <p>2 CALL OR HAVE SOMEONE CALL 911</p>	<p>IF YOU ARE ON YOUR OWN WITHOUT A PHONE:</p> <ul style="list-style-type: none"> • Administer a dose of naloxone • Perform chest compressions for 2 min • Lay the person on their side • Find a way to call 911 and follow instructions 
<p>They are unresponsive</p> <p>3 ADMINISTER A DOSE OF NALOXONE</p>	<p>A Lay the person on their back. Tilt head backwards, supporting neck.</p> <p>B Remove nasal spray from box: don't test it!</p> <p>HOLD IT like this</p> <p>C Insert tip into one nostril. Press firmly with your thumb.</p> 
<p>They are unresponsive</p> <p>4 PERFORM CHEST COMPRESSIONS IMMEDIATELY</p>	<p>GIVE 2 compressions (5 cm deep) per second</p> <p>OR START giving CPR if you have been trained, using the barrier mask</p> 
<p>They are unresponsive 3 min after administration</p> <p>5 ADMINISTER ANOTHER DOSE OF NALOXONE IN THE OTHER NOSTRIL</p>	<p>REPEAT STEPS 4 AND 5 as long as the person is unresponsive</p> <p>! Out of naloxone? Continue chest compressions or CPR until help arrives</p> 

[Nasal administration of naloxone](#)

[Administration of naloxone by injection](#)

FOR MORE INFORMATION ON PAS POISONING AND OVERDOSES

- [Knowing How to Recognize and Respond to a Severe Intoxication or Overdose Related to Psychoactive Substance Use or Alcohol Withdrawal – A toolbox](#)
(Available on the dependanceitinerance.ca website)

For more information on injection equipment, please consult the following documents:

- [One kit, one hit: Reducing injection risks, brochure, MSSS](#)
- [Support document – One kit, one hit: Reducing injection risks – Update: May 2020, MSSS](#)
(In French only. Available on the website of the Ministère de la Santé et des Services sociaux du Québec in the publications section)

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DISCLAIMER

The content of this tool is based on various scientific data, clinical guidelines and departmental orientations. The content has been submitted to a committee of competent experts to ensure that it is adapted to the Quebec context.

However, it should be noted that this guide is not prescriptive in nature, and that its authors cannot be held accountable for the clinical practices of professionals or for the practices adopted by people who inject psychoactive substances. Health and social services professionals are expected to assume responsibility for being appropriately qualified and trained. They must exercise clinical judgment when providing care and services, in compliance with the professional standards and codes of ethics to which they are subject.

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This tool was written on unceded Indigenous territories. We would like to take a moment to acknowledge the Kanien'kehá: ka Nation as custodians of the waters and lands on which ESCODI is physically located. [Historically, Tiohtiá:ke / Montréal is known as a gathering place for many First Nations.](#) Today, a diverse Indigenous population, as well as other peoples, reside here. ESCODI also has members living and working throughout Quebec. In this context, it is important for us to also recognize the territory of the 11 Indigenous Nations of Quebec. To learn more, we suggest that you [consult this map with the names in the Indigenous languages of all the Indigenous communities in Quebec.](#)

As an advocate for social justice, ESCODI recognizes the past and present consequences of colonialism. Respecting the links with the past, the present, and the future, we recognize the ongoing relationship between Indigenous peoples and other members of the Quebec community, and we encourage everyone to recognize the unceded territory they inhabit. We encourage you to learn more about the history of ancestral territories across Canada by visiting the [First Nations of Quebec and Labrador Health and Social Services Commission.](#)

