

## A tool to help services reflect on how well they create a harm reduction enabling environment

The below rubric is designed to guide a service through conversations about how well they create an environment where harm reduction approaches can be used.

	1 (not harm reduction)	2 (emerging harm reduction aspects)	3 (strengthening harm reduction aspects)	4 (embedded harm reduction enabling environment)	
1	How much coercion, judgement, or discrimination might people experience in the service?	Coercion, judgement, or discrimination is <b>purposefully used</b> to influence a person's actions.	People experience <b>a lot of</b> coercion, judgement, or discrimination in this service.	People experience <b>some</b> coercion, judgement, or discrimination in this service.	People <b>do not experience</b> coercion, judgement, or discrimination <b>at any point</b> in this service.
2	How confident are staff in the service to have conversations with people about ways to reduce risk when using substances?	Staff <b>do not know</b> ways to reduce risk when using substances.	Staff <b>share resources</b> that contain information about how to reduce risk when using substances, but cannot talk further about them.	Staff can <b>share ways</b> to reduce risk when using substances with people <b>in conversation</b> .	Staff can <b>confidently talk with</b> people about ways to reduce risk when using substances <b>in conversations that are highly relevant to the context of the person they are supporting</b> .
3	How easy is it for people to access information, tools, and support without committing to reducing or stopping their substance use?	People <b>must be committed to</b> working on reducing or stopping their substance use.	People <b>must be experiencing problems</b> from their substance use and <b>agree to</b> change their substance use.	People <b>do not have to be experiencing problems</b> from their substance use and are <b>encouraged to</b> change their substance use.	People <b>do not have to be experiencing problems</b> from their substance use and can get information and support to make any positive changes that prevent potential health, social, and legal harms <b>without being expected to change their substance use</b> .  *Note: Some specialist harm reduction services, such as opioid substitution therapy, tend to have a higher access threshold.
4	How much autonomy are people given to make their own decisions?	People are <b>expected to</b> follow the advice given by the service <b>about substance use</b> .	People are <b>consulted to</b> develop goals and are expected to follow the advice given by the service <b>about substance use</b> .	People <b>set goals together</b> with the service and are expected to follow the advice given by the service <b>about substance use</b> .	People <b>set their own goals and consider advice</b> from the service. The goals <b>do not have to be about substance use</b> .
5	How does the service prevent potential health,	The service helps prevent potential health, social, and	The service helps prevent potential health, social, and	The service helps prevent potential health, social, and	The service helps prevent potential health, social, and

	social, and legal harms for people who use substances?	legal harms <b>solely by</b> helping people reduce or stop their substance use.	legal harms <b>by helping</b> people reduce or stop their substance use, <b>as well as</b> providing other health and social supports.	legal harms <b>by helping</b> people reduce or stop their substance use, or <b>have the means to use substances in safer ways, as well as</b> providing other health and social supports.	legal harms by helping people make <b>any positive changes (including the means to use substances in safer ways), without the person being expected to change their substance use.</b>
6	How does evidence inform the information and advice shared with people?	The information and advice shared with people <b>purposefully evokes shame or stigma</b> , and/or it <b>isn't checked</b> for accuracy before sharing.	The information and advice shared with people <b>sometimes evokes shame or stigma</b> , and has been <b>checked for accuracy from an academic or clinical perspective</b> before sharing.	The information and advice shared with people is <b>non-judgemental</b> , and has been <b>checked for accuracy from an academic or clinical perspective</b> before sharing.	The information and advice shared with people is <b>non-judgemental</b> , and has been <b>checked for accuracy with people who use that substance and from an academic or clinical perspective</b> before sharing.
7	How does the service present all relevant health and support options for a person to consider?	<b>Only abstinence-focused</b> options are presented to the person.	<b>Abstinence-focused options are prioritised</b> , and <b>some harm reduction options</b> are presented if the person declines other support options.	<b>All relevant options are presented</b> , with <b>slight encouragement</b> towards stopping or reducing use.	<b>All relevant options are presented</b> , with the person supported to <b>make their own choice</b> and consider non-judgemental advice from the service.
8	How are the processes for confidentiality and boundaries explained to people?	People are <b>assumed to know</b> what processes are in place for confidentiality and establishment of boundaries.	There is <b>some information</b> available about the processes in place for confidentiality and establishment of boundaries <b>when asked for</b> .	There is a <b>discussion</b> about the processes in place for confidentiality and establishment of boundaries <b>when the person arrives for information or support</b> .	There is <b>regular discussion</b> about the processes in place for confidentiality and <b>negotiation</b> of boundaries.
9	How does the service connect and collaborate with other harm reduction services to stand against coercion, judgement, and discrimination of people who use substances?	The service is <b>not aware or not supportive</b> of harm reduction services.	The service is <b>aware</b> of other harm reduction services and works together with them <b>occasionally</b> .	The service <b>works together regularly</b> with other harm reduction services and <b>sometimes</b> stands against the coercion, judgement, and discrimination of people who use substances.	The service <b>works together regularly</b> with other harm reduction services and <b>actively stands</b> against the coercion, judgement, and discrimination of people who use substances.
10	How does the service protect space for whānau, hapū, and iwi to set and reach their own aspirations?	The service <b>does not</b> consider whānau, hapū, and iwi aspirations or act in trauma-informed ways to reduce the ongoing impacts of	The service <b>does not</b> consider whānau, hapū, and iwi aspirations <b>but incorporates some trauma-informed actions</b> to reduce the ongoing	The service <b>consults</b> to understand whānau, hapū, and iwi aspirations and <b>incorporates trauma-informed actions</b> to reduce	The service <b>protects space</b> for whānau, hapū, and iwi to set and reach their aspirations and <b>incorporates trauma-informed actions</b> to

	colonisation.	impacts of colonisation.	the ongoing impacts of colonisation.	reduce the ongoing impacts of colonisation.
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## Action planning

After you have completed the reflection tool, use this template to identify opportunities to develop in each area. You can detail what you will do and your timeframes.

What	Who	When	
		Start	End
1			
2			
3			
4			
5			

We will meet to review progress on \_\_\_\_\_

## Review

You may want to discuss the ten reflection questions again as a team to compare responses with the previous time.

Date reviewed	
What we achieved	
How did people accessing your service experience these changes? Note specific feedback if possible.	
Who is better off and how?	
What went well	
What did not go well	
What we would still like to work on	