

CHARPP Framework

The *CHARPP framework* is a set of indicators designed to measure the quality of formal harm reduction policies in Canada. For a policy to score highly on CHARPP indicators, it had to describe an approach to harm reduction that reflected certain key principles - considered important by international leaders in health and harm reduction. In contrast, when policies did not address harm reduction in detail, or did not align with certain key principles, they scored low on CHARPP indicators.

How was it created?



01. We started by making a list of indicators. These were based on key harm reduction principles discussed in a position statement by [Harm Reduction International](#) and guidelines from the [World Health Organization](#).

02. CHARPP's research team (including 14 harm reduction experts with academic, government, or nonprofit backgrounds) revised the list of indicators to ensure they were relevant in the *Canadian context*.



03. The final CHARPP framework included 17 indicators grouped according to whether policies adequately specified *population characteristics* or *program features*.

Harm Reduction International is a leading non-governmental organization working to promote and expand support for harm reduction globally. Biennially, they publish the 'Global State of Harm Reduction Report,' which collates information on harm reduction policies and programs across global regions. Visit their website and view reports [here](#).

POPULATION CHARACTERISTICS

Does the document...

- ✓ 1. recognize that stigma and discrimination are issues faced by people who use illegal drugs?
- ✓ 2. affirm that people who use drugs need to be involved in policy development or implementation?
- ✓ 3. acknowledge that not all substance use is problematic?
- ✓ 4. recognize that harm reduction has benefits for both people who use drugs and the broader community?
- ✓ 5. acknowledge that a harm reduction approach can be applied to the general population?
- ✓ 6. affirm that women are key populations for harm reduction?
- ✓ 7. affirm that youth are key populations for harm reduction?
- ✓ 8. affirm that indigenous peoples are key populations for harm reduction?
- ✓ 9. affirm that LGBTQI (lesbian, gay, bisexual, trans, queer and questioning, and intersex) people are key populations for harm reduction?

PROGRAM FEATURES

Does the document...

- ✓ 10. acknowledge the need for evidence-informed policies and/or programs?
- ✓ 11. recognize the importance of preventing drug-related harm (rather than just preventing drug use, or blood-borne or sexually-transmitted infections)?
- ✓ 12. discuss low-threshold approaches to service provision?
- ✓ 13. specifically address overdose?
- ✓ 14. recognize that reducing or abstaining from substance use is not required?
- ✓ 15. consider harm reduction approaches for a variety of drugs and modes of use?
- ✓ 16. discuss harm reduction's human rights (e.g. dignity, autonomy) dimensions?
- ✓ 17. consider social determinants (including income, housing, education) that influence drug-related harm?

Source: Hyshka E, Anderson-Baron J, Karekezi K, Belle-Isle L, Elliott R, Pauly B, et al. Harm reduction in name, but not substance: a comparative analysis of current Canadian provincial and territorial policy frameworks. *Harm Reduction Journal*. 2017 Jul 26;14(1):50. [View here](#).