

Newfoundland and Labrador Policy Analysis Case Report

Canadian Harm Reduction Policy Project (CHARPP)

September 2017

This research was conducted as part of the Canadian Harm Reduction Policy Project (CHARPP), a mixed-method, multiple-case study drawing on four data sources (policy documents, key informant interviews, media portrayals, and a national public opinion survey) to describe how policies governing harm reduction services are positioned within and across the 13 Canadian provinces and territories.

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1.0 Overview

This document provides a descriptive and analytical account of Newfoundland and Labrador's provincial harm reduction policy documents produced between 2000 and 2015. This account is part of the Canadian Harm Reduction Policy Project (CHARPP), a multimethod multiple case study comparing provincial/territorial harm reduction policies across Canada. Newfoundland and Labrador's results reported in this document will be summarized and integrated into a national-level report that outlines key features of each set of provincial/territorial policies, and compares the strength of each case's policy commitment to harm reduction services.

This document begins with an overview of Newfoundland and Labrador's harm reduction policy context including: governance, healthcare delivery structures, substance use trends and harm reduction programming. Next, a description of study methodology is provided, including information about the policy documents retrieved during a systematic search. Finally, we detail the results of our inductive and deductive policy analysis.

Three key findings are highlighted from our inductive analysis: 1) The policy commitment to harm reduction in Newfoundland and Labrador is weak and narrowly focused on disease transmission prevention; 2) policy documents show potential for follow-through, but are missing key features for translating policy to action, 3) substance use is rarely addressed in the policy framework, and is only considered in the context of addiction or disease transmission. In the deductive analysis, a set of criteria were applied to current policy documents. Results are presented in a standardized policy report card.

1.1 Contextual Background¹

Newfoundland and Labrador is Canada's easternmost province, spanning 405,212 km². One of Canada's three maritime provinces, the province itself consists of two major land masses: Newfoundland (111,390 km²), an island situated in the Atlantic ocean off the eastern coast of Canada, and mainland Labrador (393,822 km²), which is bounded by Quebec to the west and borders the Atlantic ocean to the east. With a total population of 530,100, over 90% live on the island. St John's is the only major city in the province with a population of 214, 300; over one third of the province's population (Government of Newfoundland and Labrador, 2016a).

¹ Contextual information in sections 1.1 to 1.4 is current up to the end of 2016.

According to 2015 statistics, roughly 60% of the province lives in rural areas (Simms & Greenwood, 2015).

In 2015, the Liberal Party was elected into office, ending twelve years of Progressive Conservative leadership. Prior to this the Liberals led the provincial government from 1898 until 2003.

1.2 Healthcare Governance

The Department of Health and Community Services is the provincial branch responsible for directing health care policy, legislation, and standards as well as setting the budget and allocating funding for health care services in the province (Government of Newfoundland and Labrador, 2016b). They also directly manage services in a small number of specialized areas including vaccine storage and distribution and immunization records (The Institute of Public Administration of Canada, 2013). Health care in the province is delivered by the four regional health authorities: Western Health, Labrador- Grenfell Health, Central Health, and Eastern Health. Eastern Health is the largest of the four, responsible for serving over half the population of the province (The Institute of Public Administration of Canada, 2013). In 2006, in an effort to provide greater consistency in healthcare, four regional health authorities were formed by consolidating the many and fragmented hospital and other specialized boards in the region (IPAC, 2013). Acting in accordance with the mandates set forth by the Department of Health and Community Services, the regional health authorities deliver service in three key areas: acute hospital care services, long term care services and community based services (The Institute of Public Administration of Canada, 2013).

1.3 Substance Use Trends

According to data collected from the *Canadian Alcohol and Drug Use Monitoring Survey* (CADUMS; 2012), 39.4% of the population of Newfoundland and Labrador reported lifetime use of one or more illicit drugs. Over their lifetime, 6.6% of individuals in Newfoundland and Labrador reported using cocaine/crack, 8.2% reported using hallucinogens, and 4.9% reported using ecstasy. People in Newfoundland and Labrador also reported on drug use in the past 12 months: 11.1% reported using at least one illicit drug in the past year, while 11 % reported using one of the following illicit drugs: cannabis, cocaine/crack, speed, ecstasy, hallucinogens or heroin (Health Canada, 2012). These numbers are consistent with national trends; 43.2% of Canadians have reported lifetime use of one or more illicit drugs and 11.3% of Canadians have used at least one illicit drug in the past 12 months.

Based on data from the Office of the Chief Medical Examiner for Newfoundland, from 1997-2013, there were five cases of fentanyl related deaths in the province (one due to the use of fentanyl alone, and four cases of fentanyl mixed with other drugs) (Canadian Center on Substance Abuse, 2013). In 2015, there were five cases of fentanyl related overdoses, out of 20 drug-related accidental deaths all year (Canadian Press, 2016). Although a relatively small number, this still represents a sizeable increase compared to previous years.

1.4 Harm Reduction Services in Newfoundland and Labrador

The AIDS committee of Newfoundland and Labrador is a non-profit that manages the Safe Works Access Program (SWAP), a needle distribution program that provides supplies including, needles, filters, prep pads, cookers, sterile water, tourniquets, crack kits, condoms, lubricants, and sharps containers (Aids Committee of Newfoundland and Labrador, 2016). There are two offices, one on the eastern side of the province in St. John's and another on the western side of the province in Corner Brook. The program also offers a mobile outreach program, organizing the pick-up and delivery of needles.

There is no access to Methadone Maintenance Therapy (MMT) in Labrador, and in rural Newfoundland, services are limited to non-existent. There is one publicly funded Methadone clinic in St. John's Newfoundland, with wait times that typically last a year. Aside from this, there are only a couple individual physicians that are able to prescribe methadone. In 2011, there were 700 patients enrolled in MMT programs, and only six physicians in the province capable of prescribing the drug (Luce & Strike, 2011).

2.0 Methods

We performed a comprehensive search of publicly-accessible Canadian harm reduction policy documents **published from 2000 – 2015**. Documents produced for Newfoundland and Labrador during this period were (a) analyzed and synthesized inductively to describe historical² and current³ policy developments guiding harm reduction services in the province over this time period, and (b) reviewed collectively and evaluated using a deductive coding framework comprised of 17 indicators, assessing the quality of harm reduction policies in order to facilitate cross-case comparison.

² A document was considered historical when (1) the years the policy applied to had passed, (2) the document was replaced by a newer document, or (3) the document was no longer available online.

³ A document was considered current when (1) the policy was in effect in 2015 (2) the document was the most recent version retrieved for the case and had not been replaced by a newer document of the same focus, and/or (3) the document had no stated end date.

2.1 Search Process

A separate paper provides complete methodological details regarding the National search process (Wild et al., 2017). Systematic and purposive search strategies identified and verified publicly-available policy documents produced from 2000 – 2015. We defined relevant documents as harm reduction policy texts that (1) were issued by and representing a provincial or territorial government or (2) issued by and representing a regional, provincial, or territorial delegated health authority; (3) that mandated future action; and (4) that addressed one of seven targeted harm reduction interventions⁴ or (5) were produced as either a stand-alone harm reduction policy or as part of a strategy document guiding services for substance use, addiction, mental health, and/or prevention of blood-borne or sexually transmitted infections. We excluded documents that described services at the municipal level, in prisons, and on First Nation reserves (where health services are the responsibility of the federal government). Additionally, given our focus on provincial and territorial policy frameworks, and not harm reduction practice, we excluded government or health authority authored documents exclusively focused on best practice guidelines for frontline service providers.

Two current documents were identified and analyzed using a two-step (inductive and deductive) process described below (Appendix A provides the region -specific search strategy).

2.2 Inductive Analysis

Both documents were analyzed using a three-step process (Appendix B provides analytic details). First, relevant text⁵ was extracted from each policy document and analyzed, resulting in a set of analytic notes. The focus of the analytic notes was primarily descriptive and instrumental (i.e., generating a deeper understanding of the intent and purpose of the policy document and the relevant stakeholders and their roles). Next, each document’s analytic notes and a set of accompanying quantitative data (see Appendix B) were synthesized and compiled into a narrative document description. Finally, all narrative document descriptions for the case were synthesized and compiled into a single document. This resulted in a descriptive summary, describing the main themes and trends in Newfoundland and Labrador’s set of harm reduction policy documents over the 15-year study period.

⁴ The seven harm reduction interventions of interest to this research are 1) syringe distribution, 2) Naloxone, 3) supervised consumption, 4) low threshold opioid substitution, 5) outreach, 6) drug checking, 7) safer inhalation kits.

⁵ “Relevant text” refers to text that directly or indirectly relates to the provision of harm reduction services, including any mention of harm reduction or the seven interventions of interest.

2.3 Deductive Analysis

We developed the CHARPP framework, a set of 17 indicators, to assess the quality of policy documents based on how well they described key *population characteristics* and *program features* of a harm reduction approach. To develop the CHARPP framework, a list of indicators was generated based on key harm reduction principles outlined by the International Harm Reduction Association (2010) and the World Health Organization (2014). These indicators were refined through consultation with a working group of harm reduction experts from across Canada to ensure they reflected quality indicators of harm reduction policy in Canada.

Current policy documents were content analyzed using this framework. Each document was reviewed for the presence (1 = yes, criteria met) or absence (0 = no, criteria not met) of each quality indicator. Dichotomous scores for each indicator were justified with an accompanying written rationale. Scores and rationales were then compiled into a standardized *policy report card* for each provincial or territorial case to facilitate comparisons of harm reduction policy across jurisdictions

3.0 Documents Retrieved

We retrieved two unique policy documents in our provincial search and no corresponding update reports. Of the two, both were considered current policy documents. See Table 1 below for further information on each document. Additional descriptive summaries of each policy document are included in Appendix C.

Table 1: Descriptive Details of Newfoundland and Labrador’s Policy Documents

		DOCUMENT TITLE	AUTHORS	YEAR PUBLISHED	YEARS ACTIVE
CURRENT POLICY DOCUMENTS					
Provincial Level	1	Newfoundland and Labrador disease control manual: Sexually transmitted infections & blood-borne pathogens	Department of Health and Community Services: Public Health	2014	Not stated
	2	Working together for mental health: A provincial policy framework for mental health & addiction services in Newfoundland and Labrador	Department of Health and Community Services: Mental health and addiction	2005	Not stated

4.0 Inductive Results

4.1 The policy commitment to harm reduction in Newfoundland and Labrador is weak and narrowly focused on disease transmission prevention

In Newfoundland and Labrador, there are no standalone documents to guide harm reduction policy. Only one document in the set actually mentions harm reduction at all, the *Newfoundland and Labrador Disease Control Manual: Sexually Transmitted Infections & Blood-borne Pathogens*[1]. The term harm reduction is mentioned five times throughout the document, however, no explicit definition is provided. Furthermore, use of the term within the document reflects an unclear understanding of the approach, not in line with internationally recognized principles, and endorsement of specific interventions is limited.

Harm reduction is first noted as an example of a “support service”, and is described further as “safer sex and drug use, methadone treatment and other harm reduction strategies aimed at reducing the risk of acquiring HIV infection and reducing harm associated with illicit drug use” (p.5.5-5). Later on the same page, “harm reduction counseling and education about the infection” are noted as critical for prevention measures, and include “participation in needle-exchange programs, participation in addiction programs and/or drug substitution” (p.5.5-5). Examples such as “addiction programs” fall under the umbrella of harm reduction, suggesting contradictory approaches to dealing with substance use that may endorse principles such as abstinence.

These variable examples, never explained in detail, provide little direction for implementing harm reduction in practice. The one intervention of interest noted – needle exchange – is mentioned twice as an example, but never explained or formally endorsed as an action item. Considering that injection drug use is identified as a key risk factor for HIV and HCV in the document, it is notable there are no specific action items to address this risk. Also of note, the sharing of pipes and other paraphernalia for using substances, such as straws and spoons, is specifically referenced as a risk factor for disease transmission in the document. However, there is no mention of safer smoking supplies or crack kits, or the distribution of any supplies other than syringes.

In the *Newfoundland and Labrador Disease Control Manual*, harm reduction is only regarded for its utility in preventing the transmission of disease, and no consideration is given to the importance of other harm reduction principles including dignity and compassion, and respect for human rights. In addition, there is no mention of how services might be tailored to particular groups based on factors such as age, gender or sexual orientation, or risk factors associated with social determinants.

The second document in the policy set is *Working together for mental health: A provincial policy*

framework for mental health & addiction services in Newfoundland and Labrador[2]. Although the stated purpose of the document is to guide mental health and addiction services, the document makes no reference to harm reduction or reducing harms more generally, and none of the seven interventions of interest are mentioned. In contrast, contradictory approaches, such as Alcoholics Anonymous, Al-Anon and Narcotics Anonymous are mentioned. The absence of harm reduction is particularly notable considering that a key principle of the policy is promoting services and programs that are “based on current evidence and reflect best practices in the field” (p.13).

4.1.1 Summary

Given that the *Newfoundland and Labrador Disease Control Manual* is the only document guiding the provision of harm reduction services for Newfoundland and Labrador, the provincial commitment to this approach can be characterized as poor at best. There is no clear understanding of what harm reduction is, what types of interventions promote this approach, or when it should be implemented and for whom. One of the seven interventions of interest is noted, however, there is no clear direction provided as to how needle exchange could be implemented or where. Harm reduction is characterized as an approach for individual-level risk reduction and prevention of HIV and HCV transmission, rather than on doing harm reduction ‘practice’. In order for harm reduction to be most effective, it must be multifaceted and implemented as an ongoing social process that promotes many types of behavior change in the long-term, rather than just a series of singular interventions (Riley & O’Hare, 2000).

4.2 Policy documents show potential for follow-through, but are missing key features for translating policy to action

Working Together for Mental Health[2] and the *Newfoundland and Labrador Disease Control Manual*[1] both incorporate some important measures for translating policy into action, including detailed discussions of relevant legislation, demonstrating a strong potential for action. However, they also lack basic measures for tracking progress, such as update reports, thereby falling short in this regard.

Working Together for Mental Health[2] includes a detailed assessment of the legislative considerations around mental health in the province. The document calls for a new legislative framework, calling it an “essential element of a comprehensive mental health plan” (p.24), and suggests a time frame of two years for this action. In the *Newfoundland and Labrador Disease Control Manual*[1], the “Communicable Diseases Act” is included and referenced as the

authority for the present policy document, naming the Minister of Health and Community Services responsible for implementing the act. Referencing legislation is an important feature of governance in policy, and demonstrates a commitment to health system action, rather than merely rhetorical support.

Unfortunately, other important measures for implementing policy are less developed in both documents. In *Working Together for Mental Health*[2], responsibility for action is assigned in few cases, and funding and resources are quite vaguely addressed. In this regard, the document states the “exact requirements for each region can only be determined as each region develops an implementation plan” (p.8 of Appendix C). One specific recommendation suggests creating a provincial implementation plan, developed in conjunction with the Health Authorities, that identifies the resources required to implement the policy framework over the longer term. Another recommends implementation of a provincial indicator framework to measure progress and provide results for public release. While these suggestions are very positive to see, it does not appear any of this was followed-through on, since the policy was published in 2005 and no follow-up documents were found in our search. Ultimately this reflects a lack of commitment to implementing the initiatives outlined in the policy document.

The *Newfoundland and Labrador Disease Control Manual*[1] reflects a similar context. While this document does clearly assign roles and responsibilities for particular actions, there is no mention at all of funding or resources, and no endorsement by any government officials. As with the above, no update documents or progress reports were found for this document, providing no mechanism by which to track progress or accountability to the original policy.

4.2.1 Summary

The two documents that make up the policy framework for Newfoundland and Labrador include some important features for translating policy to action, however, they are missing key mechanisms for implementation and accountability, making it difficult to measure progress over time. Importantly, despite showing potential in some areas, neither document includes specific policy action around harm reduction.

4.3 Substance use is rarely addressed in the policy framework, and is only considered in the context of addiction or disease transmission

Within *Working Together for Mental Health*[2], substance use is only considered as something which occurs in the context of addiction – which the authors explicitly characterize as “a form of mental illness” (p.1). There is no recognition of non-problematic substance use, or a spectrum of use. Although the document distinguishes between “drug” use and “alcohol” use, there is no further delineation on

types of substances or modes of use. The document does address key social, economic and environmental conditions, and comments on the different experiences and risk factors for key groups including women, older adults and Aboriginal people. In this sense, there is some consideration of the underlying causes for addiction and substance use, but this conversation is limited.

In the *Disease Control Manual*[1], substance use is considered to an even lesser degree. There is little distinction between substance type (other than alcohol vs. drugs), and addiction is only noted once – in reference to non-specific “addiction programs” (5.5-5) as an example of harm reduction. While both inhalation and injection drug use are noted, like the above case, substance use is only considered in a problematic sense – in this case, as a risk factor for disease transmission. There is no recognition of a spectrum of use, or any broader consideration of social or economic context of substance use or addiction.

5.0 Results: Deductive Analysis of Current Documents (Policy Report Card)

All current documents were content analyzed using a deductive coding framework comprised of 17 indicators. These assessed the quality of policies relative to how well they described key *population* aspects (nine indicators) and *program* aspects (eight indicators) of a harm reduction approach. Each document was reviewed for the presence (1 = yes, criteria met) or absence (0 = no, criteria not met) of each quality indicator. Results are displayed in the following three tables.

Table 1: Presence of key population indicators in current policy documents

	Newfoundland and Labrador disease control manual: Sexually transmitted infections & blood-borne pathogens	Working together for mental health: A provincial policy framework for mental health & addiction services in Newfoundland and Labrador	Total (out of)
[1] Does the document recognize that stigma and/or discrimination are issues faced by people who use drugs or have drug problems?	0	0	0
[2] Does the document affirm that people who use substances need to be involved in policy development or implementation?	0	1	1
[3] Does the document acknowledge that not all substance use is problematic?	0	0	0
[4] Does the document recognize that harm reduction has benefits for both people who use drugs and the broader community?	0	0	0
[5] Does the document acknowledge that harm reduction can be applied to the general population?	0	0	0
[6] Does the document target women in the context of harm reduction?	0	0	0
[7] Does the document target youth in the context of harm reduction?	0	0	0
[8] Does the document target indigenous populations in the context of harm reduction?	0	0	0
[9] Does the document target LGBTQI populations in the context of harm reduction?	0	0	0
TOTAL (out of 9)	0	1	1/18

Table 2: Presence of key program indicators in current policy documents

	Newfoundland and Labrador disease control manual: Sexually transmitted infections & blood-borne pathogens	Labrador Newfoundland and Labrador	Working together for mental health: A provincial policy framework for mental health & addiction services in Newfoundland and Labrador	Total (out of)
[10] Does the document acknowledge the need for evidence-informed policies and/or programming?	0	1		1
[11] Does the document acknowledge the importance of preventing drug related harm, rather than just preventing drug use or blood borne or sexually transmitted infections?	0	0		0
[12] Does the document discuss low threshold approaches to service provision?	0	0		0
[13] Does the document specifically address overdose?	0	0		0
[14] Does the document recognize that reducing or abstaining from substance use is not required under a harm reduction approach?	0	0		0
[15] Does the document consider harm reduction approaches for a variety of drugs and modes of use?	0	0		0
[16] Does the document address human rights (e.g. dignity, autonomy) concerns of harm reduction?	0	0		0
[17] Does the document consider social determinants (i.e. income, housing, education) that influence drug-related harm?	0	0		0
TOTAL (out of 8)	0	1		1/16

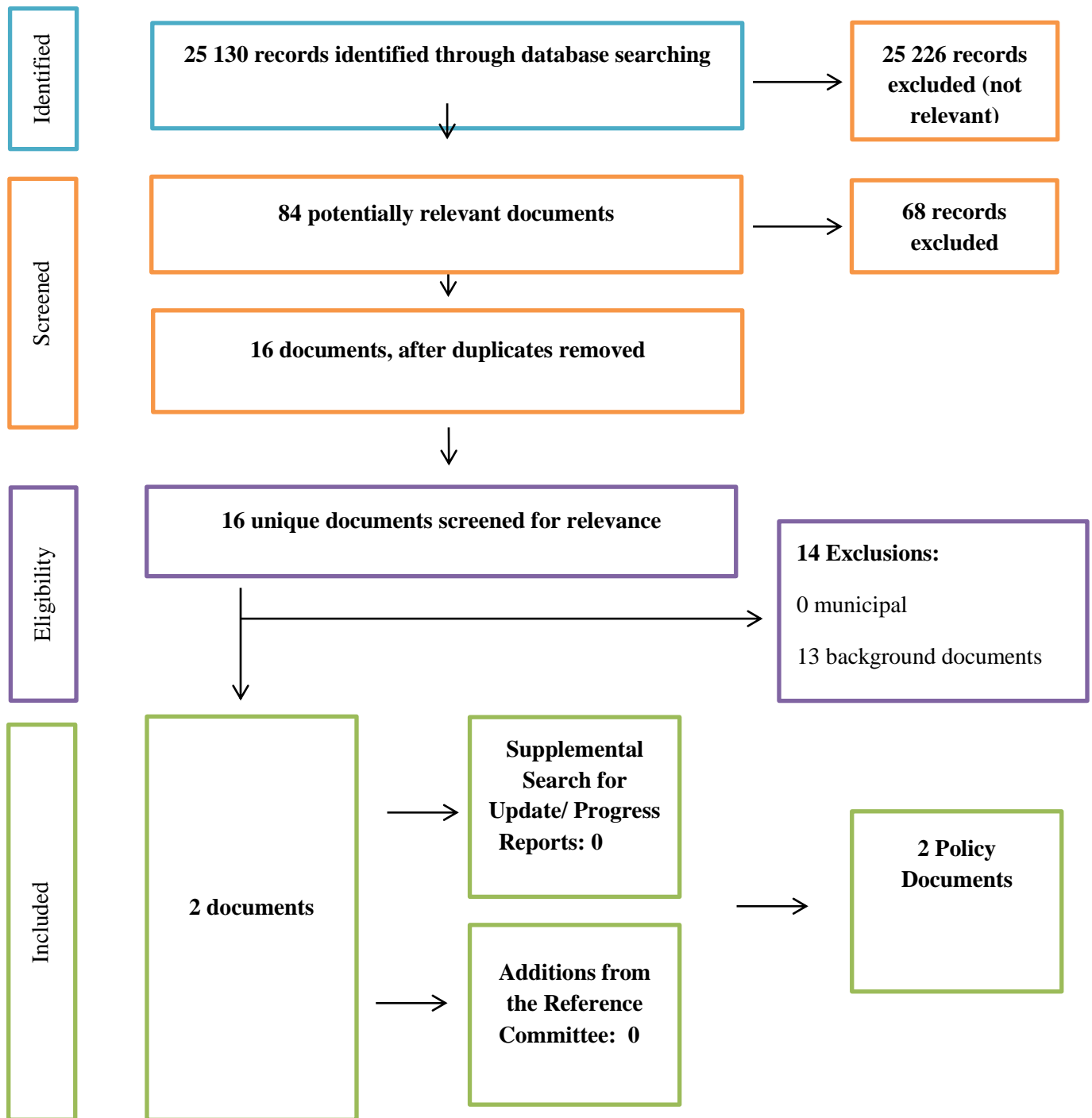
Table 3: Proportion of policy quality indicators endorsed for all documents within cases

Case	Target population quality (out of 9 indicators)	Service quality (out of 8 indicators)
British Columbia (10)	38/90 (42%)	52/80 (65%)
Alberta (4)	7/36 (19%)	14/32 (44%)
Saskatchewan (3)	9/27 (33%)	13/24 (54%)
Manitoba (7)	10/63 (16%)	19/56 (34%)
Ontario (7)	3/63 (5%)	9/56 (16%)
Quebec (11)	24/99 (24%)	26/88 (30%)
New Brunswick (1)	0/9 (0%)	1/8 (13%)
Nova Scotia (4)	12/36 (33%)	11/32 (34%)
Prince Edward Island (1)	0/9 (0%)	1/8 (13%)
Newfoundland (2)	1/18 (6%)	1/16 (6%)
Yukon (0)	n/a	n/a
North West Territories (2)	2/18 (11%)	1/16 (6%)
Nunavut (2)	3/18 (17%)	5/16 (31%)
Canada (54)	109/486 (22%)	153/432 (35%)

6.0 Conclusion

The harm reduction policy framework for Newfoundland and Labrador consists of only two documents. Of these, only the *Newfoundland and Labrador Disease Control Manual* includes specific reference to harm reduction or interventions of interest. However, discussions around the approach center on its utility for preventing disease transmission, and there are actually no specific action items related to harm reduction. The second document, *Working Together for Mental Health* broadly addresses mental health and addictions, and includes limited discussion around responding to substance use disorders and their management/treatment. Given this context, essentially no formal policy exists at the provincial level to guide harm reduction services. While it is promising to see the term mentioned – non-specific references to harm reduction do little for translating policy to action.

Appendix A: Systematic search strategy flow diagram⁶



⁶ Adapted from PRISMA 2009 Flow Chart (Moher, Liberati, Tetzlaff, Altman, The PRISMA Group, 2009).

Appendix B: Standard methodology for generating provincial/territorial case report

Overview

A separate paper (Wild et al., 2017) describes the search and verification strategies used to assemble a corpus of harm reduction policy texts for each case. All policy documents meeting inclusion criteria were coded into one of three categories: (1) primary documents (i.e., policy texts that direct harm reduction services or resources as their main named purpose), (2) secondary documents (i.e., policy texts that direct services and resources that relate to harm reduction, and for which harm reduction is embedded throughout the document [e.g., as part of an addiction strategy or as part of an HIV/AIDS policy framework]), and (3) tertiary documents (i.e., policy texts that direct services and resources that relate to harm reduction but do not mention harm reduction explicitly).

Documents were analyzed in a two-step process, involving inductive and deductive methods. The inductive analysis was designed to provide a synthesis of *current and historical* developments in harm reduction policy for the case. The deductive analysis was designed to facilitate cross-case comparisons, and involved evaluating *current* policy documents for each case in relation to the CHARPP framework – a set of 17 indicators assessing the quality of harm reduction policies.

Inductive analysis

The qualitative analysis proceeded in three phases for each relevant policy document. First, each document was reviewed for relevant text (i.e. text directly or indirectly relating to the provision of harm reduction services in the given provincial/territorial jurisdiction). Relevant sections were then excerpted into word processing software. Each excerpt was then analyzed using a modified version of Mayan's (2009) latent content analysis procedure and analytic notes were generated. The focus of the analytic notes was primarily descriptive and instrumental (i.e., generating a deeper understanding of the intent and purpose of the policy document and the relevant stakeholders and their roles).

Next, each document's analytic notes and accompanying quantitative data (see next page) were synthesized and compiled into a narrative document description. Combining the quantitative and qualitative data at this stage was useful for two reasons; (1) quantitative data presented at the start of each document description provided a quick means to compare across documents in each case; and 2) presenting the quantitative data at the start of the synthesis facilitated review of the analytic notes to ensure that they contained adequate qualitative information to contextualize each quantitative data point. For example, if the quantitative data indicated that there is mention of funding mechanisms in the report, than the analyst reviewed their analytic notes and ensured this funding commitment is adequately described in the narrative synthesis. This narrative description provided an overview of current and historical developments in provincial/territorial harm reduction policymaking. The length of the narrative descriptions vary considerably depending on whether a given document is primary, secondary or tertiary, as well as whether it is shorter or longer and simple or complex.

Finally, the narrative document descriptions were synthesized and compiled. Descriptive comments summarized the overall scale and scope of the documents contained in each case, and described the main features of the set of policy documents. Particular attention

was paid to identifying points of convergence and divergence within and between policy documents.

Deductive analysis

To facilitate cross-case comparison between the policy documents of each province and territory, we developed the CHARPP framework – a set of 17 indicators that assessed the quality of policies based on how well they described key *population characteristics* and *program features* of a harm reduction approach. The indicators were guided by principles outlined by the International Harm Reduction Association (2010) and the World Health Organization (2014), and developed in consultation with a working group of harm reduction experts from across Canada.

Nine *population* indicators were specified, based on the premise that high-quality harm reduction policies characterize service populations accurately when they: (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; and affirm that (6) women; (7) youth; (8) indigenous peoples; and (9) LGBTQI (lesbian, gay, bisexual, trans, queer and questioning, and intersex) people are key populations for harm reduction.

Eight *program* indicators were specified based on the premise that high-quality harm reduction policies should (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 [49] 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; and (17) consider social determinants (including income, housing, education) that influence drug-related harm.

Each document was reviewed for the presence (1 = yes, criteria met) or absence (0 = no, criteria not met) of each quality indicator. Dichotomous scores for each indicator were justified with an accompanying written rationale. Scores and rationales were then compiled into a standardized *policy report card* for each provincial or territorial case to facilitate comparisons of harm reduction policy across jurisdictions. Formal policies that score highly on CHARPP indicators are high-quality because they conceptualize and describe a harm reduction approach in close accordance with its internationally-recognized attributes and principles. Conversely, poor-quality harm reduction policies score low on CHARPP indicators because they refer to the approach only sparingly, and/or do not elucidate its key attribute and principles.

Accompanying Quantitative Data

- Author(s);
- Year published;
- Number of years the policy covers;
- Page length of the document;
- Triage level (primary, secondary, tertiary);
- Number of distinct mentions of the term 'harm reduction' as well as each of the 7 specific harm reduction services described earlier;
- Language used (i.e. 'harm reduction', 'reducing harm', 'risk reduction');
- Policy level (provincial or regional health authority);
- Scope/target population (entire population, specific target population);
 - Specify target population: (i.e. Aboriginal communities, rural communities, health region);
- Population size of target population;
- Timeline for the policy provided? (yes/no);
 - Specify timeline: (i.e. 3-year plan, 5-year plan)
- Evidence of endorsement from Premier or other member of Cabinet? (yes/no);
- Any reference to legislation enacted to support policy implementation? (yes, no);
 - Specify name of Act or Statute
- Does the document assign specific roles and responsibilities to relevant actors? (yes/no);
- Does the document mention funding mechanisms and/or commitments? (yes/no)
- Does the document have regular progress reporting or updates? (yes/no)
 - Names and date of progress reports or updates
- Does the document have any progress reporting or updates?
- Reference to consultations with target population during policy development?

Appendix C: Descriptive summary of current policy documents

Newfoundland and Labrador disease control manual: Sexually transmitted infections & blood-borne pathogens

Sexually Transmitted Infections & Blood-Borne Pathogens was published in 2014 by the Department of Health and Community Public Services. The document is one of seven sections from the *Newfoundland and Labrador Disease Control Manual*, a manual which outlines policies and procedures to be followed by health care professionals when dealing with STIs and BBPs. The document serves to guide health care professionals in detecting, reporting, surveilling, treating, controlling and preventing the spread of infectious disease and blood borne pathogens. Unlike many other STI/BBP documents included for analysis, this document acts as a set of clinical guidelines to direct health care providers in managing infectious disease in their daily practice. As such, its focus is narrower. The document mentions harm reduction five times, but provides no formal definition. Needle exchange is mentioned twice, and is the only intervention of interest noted. There are no specific action items or recommendations around harm reduction. The document has no update or reporting documents associated with it.

Working together for mental health: A provincial policy framework for mental health & addiction services in Newfoundland and Labrador

Working together for mental health: A provincial policy framework for mental health & addiction services in Newfoundland and Labrador is a provincial level policy published by the Department of Health and Community Services in 2005. The document is the first and only provincial policy framework that has been developed for mental health and addictions services. The framework sets out key policy directives intended to guide the development and delivery of services in the province. It is a tertiary document as there is scant information related to policy surrounding substance misuse and no mention of harm reduction or the seven interventions of interest. The document is considered current as the number of years it was intended to cover is unspecified and no update documents have appeared since its publication.

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