
THE ROLE OF ANTI-VIOLENCE WORKERS IN PROVIDING BRIEF SUPPORT ON SUBSTANCE USE





Land Acknowledgement

In the spirit of Truth and Reconciliation, CEWH and OAITH would like to acknowledge the many territories of Turtle Island (Canada) on which we work and reside.

These territories, ceded and unceded, are home to many Indigenous peoples who have lived here for tens of thousands of years and continue to live here.

As settlers, immigrants and descendants, and as visitors, we honour and respect the many Indigenous peoples of this land and territory and hope for a more just future together as treaty people.



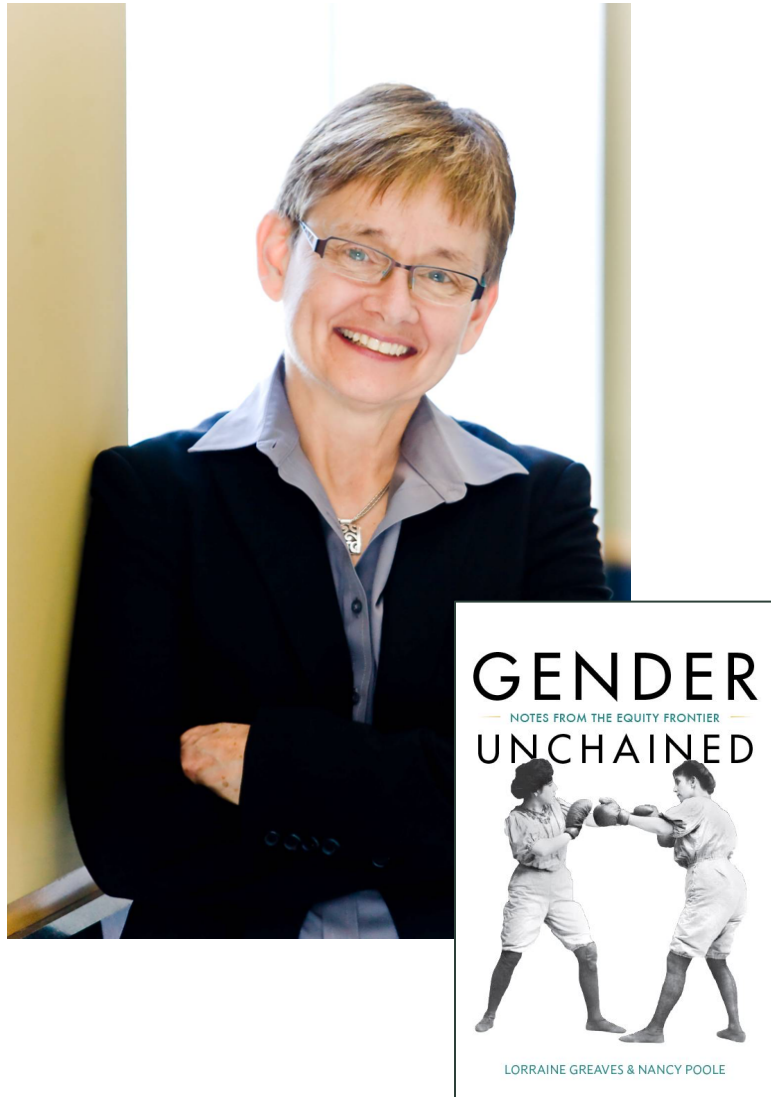
ABOUT US:

The Ontario Association of Interval & Transition Houses is a coalition of first stage emergency shelters, second stage housing organizations and community-based women's organizations who work towards ending violence against all women.

website: www.oaith.ca

facebook: <https://www.facebook.com/oaith>

twitter: @oaithdotca



PRESENTER

Director of the Centre of Excellence for Women's Health

Prevention Lead for CanFASD Research Network – leading a virtual, national network of researchers, practitioners, policy analysts and birth mothers

Lead on several pan Canadian projects on trauma, gender and substance use with governments and addictions agencies

Co-author of 5 books, including Gender Unchained: notes from the equity frontier (2017)

PANELISTS



Kathryn
Mettler
KM Training
and Consulting



Melody Rose
Executive Director
Maplegate House
for Women –
Elliot Lake, Ontario



Pakka Liu
Training Coordinator
BC Society of Transition
Houses

BACKGROUND – PROJECT ON BRIEF SUPPORT WITH WOMEN ON SUBSTANCE USE

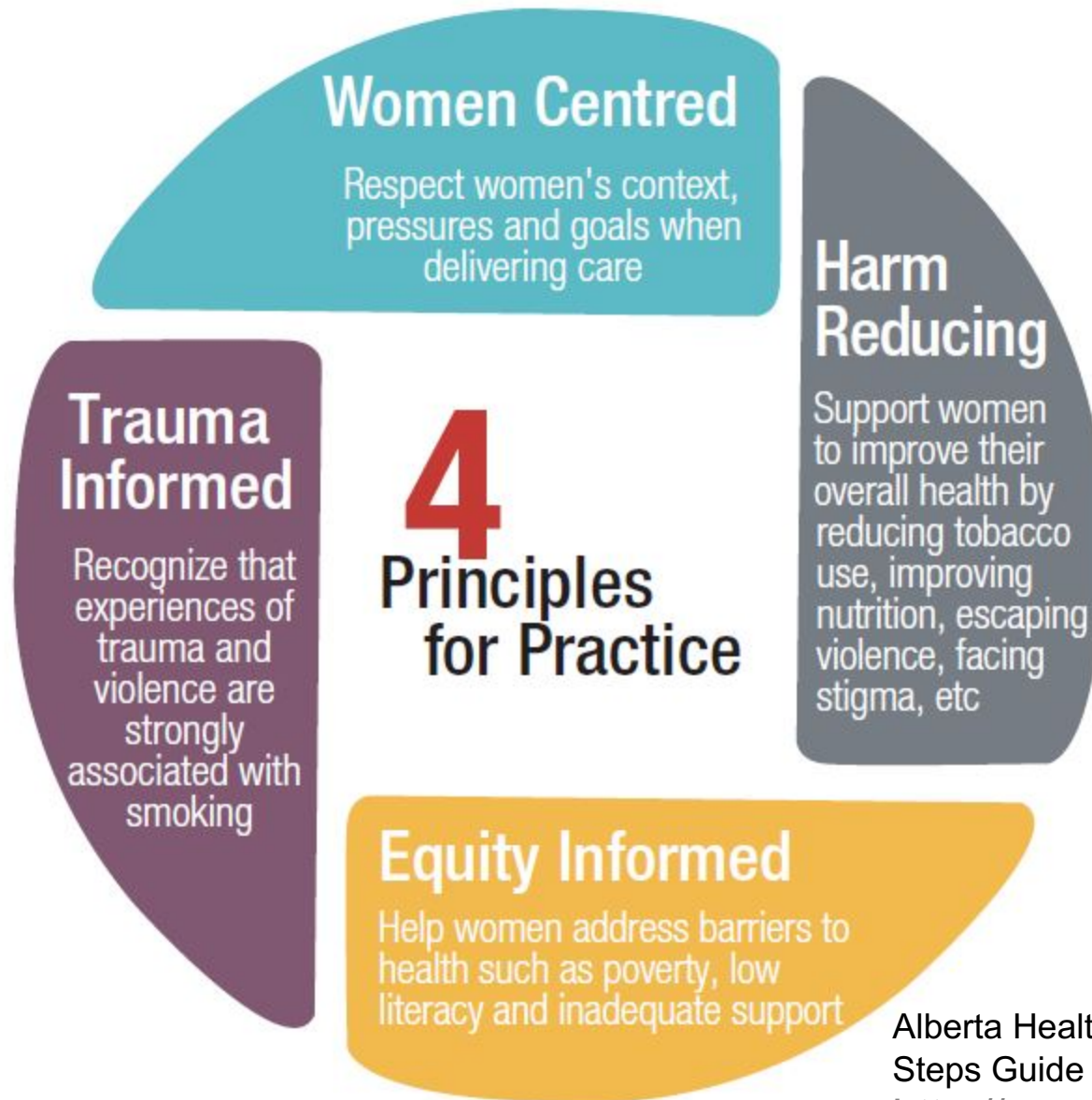
Goal of the Dialogue to Action Project

- To inspire and facilitate health and social care providers to incorporate brief intervention on alcohol, tobacco, cannabis and prescription opioids in their daily practice with girls, women and their partners, in order to promote the health of people of all genders, and prevent FASD.

Funding support from the Public Health Agency of Canada, partners are the UBC School of Midwifery and Canadian Centre on Substance Use and Addiction. The views herein are not necessarily those of PHAC

CURRENT PROJECT – ENGAGEMENT OF PROFESSIONALS WITH A ROLE IN BRIEF SUPPORT

1. Midwives
2. Nurses
3. Physicians
4. Pregnancy outreach workers
5. Sexual health workers
6. Substance use service providers
7. Violence against women service providers
8. Indigenous service providers





RESEARCH

ON THE CONNECTIONS – SUBSTANCE USE, GENDER BASED VIOLENCE AND
BRIEF SUPPORT



A BC STUDY

A collaboration between CEWH and BCSTH

CEWH researchers looked at substance use on the part of women entering 13 transition houses in BC, and changes made following TH stay.

Women's substance use decreased significantly in the 3 months following a transition house stay, whether the house provided significant substance intervention or minimal substance use intervention.

Use of alcohol and uppers dropped most, followed by decrease in use of downers (including opioids). Tobacco use actually increased

Poole, N., Greaves, L., Jategaonkar, N., McCullough, L., & Chabot, C. (2008). Substance use by women using domestic violence shelters *Substance Use & Misuse*, 43(9), 1129-1150.

RESEARCH - WHAT THE RESEARCH SAYS ABOUT BRIEF SUPPORT ON SUBSTANCE USE – FOR ANTI-VIOLENCE WORKERS

FROM THE RESEARCH LITERATURE

Evidence on brief substance use interventions in anti-violence agencies is scarce but we know that...

- Experience of violence and substance use are often interconnected (Parkes et al, 2007)
- Health and social service providers, including violence prevention workers, are uniquely positioned to deliver brief support on substance use
- In transition houses, brief interventions and relationship building have been effective in reducing substance use (British Columbia Society of Transition Houses, 2011)

RESEARCH - BRIEF SUPPORT RECOMMENDATIONS FROM THE EVIDENCE

Many workers have begun to integrate brief intervention into their practice:

- Brief interventions on substance use can support the development of safety plans with their clients (British Columbia Society of Transition Houses, 2011)
- Conversations can support what women already know about risks of various types of substances (alcohol, tobacco, cannabis, prescription pain medications, benzodiazepines . . .) and the connections between substance use and to violence in their lives (Parkes et al, 2007)
- Normalizing conversations and understanding the role of substance use and violence can increase a woman's confidence and self-efficacy (British Columbia Society of Transition Houses, 2011)

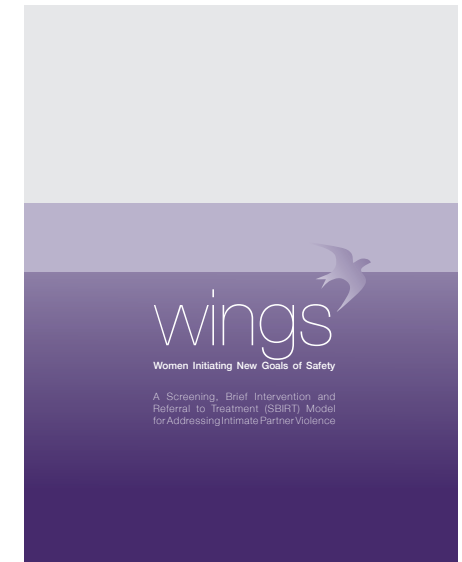


<http://bccewh.bc.ca/>

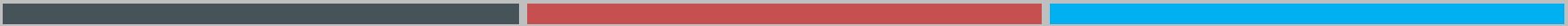
RESEARCH - AN EXAMPLE OF A RELATIVELY BRIEF INTERVENTION

WOMEN INITIATING NEW GOALS OF SAFETY (WINGS)

- IPV brief support model for women who use substances
- Designed for women 18+ who use substances and are at risk of IPV (can be adopted for adolescents)
- Single one-hour session (but can be repeated or used in two sessions)
- Uses a collaborative conversational approach (motivational interviewing) and incorporates harm reduction



<http://projectwings.org>



ACTION

PROMISING PRACTICE



ACTION - FROM VIOLENCE WORKERS WHO ATTENDED REGIONAL MEETINGS ACROSS CANADA

Anti-violence workers had varied responses in their ability to discuss substance use with women;

- Workers highlighted the importance in discussing substance use reduction or cessation
- In harm reduction settings, anti-violence workers were comfortable in having open-discussions about substance use and in providing brief support to women
 - Were able to do so from a trauma-informed, harm reducing, and social determinants perspective
- In abstinence-only settings, anti-violence workers were interested in having discussions about substance use but felt unable to offer support
- Anti-violence workers expressed their capacity to act as health navigators, helping women navigate the barriers to care

ACTION - BOOKLETS ON SUBSTANCES FOR WOMEN AND THEIR PARTNERS

IN
REGIONAL
MEETINGS
AND VIA
WEBINARS
WE ARE
SHARING A
RANGE OF
RESOURCES

Women and Alcohol: A WOMEN'S HEALTH RESOURCE



<http://bccewh.bc.ca/>

Risks of Cannabis on Fertility, Pregnancy, Breastfeeding and Parenting




best start
meilleur départ
Brevincent Centre/Centre de ressources
by your health **par votre santé**

<https://www.beststart.org/>

ACTION - INFO SHEETS BY SUBSTANCE — FOCUS ON PREGNANCY, BREASTFEEDING AND PARENTING — FOR PROVIDERS

Women and Alcohol

Alcohol

- Alcohol is the most widely used drug in Canada. It is created when grains, fruits, or vegetables are fermented.
- The use of alcohol has been traced as far back as 8000 BC.
- Although alcohol comes in different forms (e.g., beer, wine, rum, ciders), it has the same effect. Pure (95%) alcohol is clear,  and flammable.
- Alcohol is a "depressant" drug that slows down the part of your brain that affects your thinking and behaviour as well as your breathing and heart rate.
- For many people, drinking alcohol reduces tension and reduces inhibition, making them feel more at ease and outgoing.
- Drinking can also make you feel "drunk" or intoxicated. Signs of being drunk include flushed skin, impaired judgment, reduced inhibition, reduced muscle control, slowed reflexes, problems walking, slurred speech, and double or blurred vision.
- Signs of being heavily intoxicated include difficulty standing, throwing up, blacking out, and having no memory of what you said or did while drinking. Heavy drinking can lead to coma and death.
- Drinking can sometimes result in a "hangover" about eight to ten hours after your last drink. Symptoms can include headache, nausea, dizziness, dehydration, shakiness, and vomiting.
- It is possible to develop a physical dependence (addiction) on alcohol.

Canada's Low Risk Drinking Guidelines for Women

Deciding to drink is a personal choice. These Low Risk Drinking Guidelines help women moderate their drinking and reduce their immediate and long term alcohol related harm. The guidelines suggest that:

- You should have no more than 2 drinks a day and no more than 10 drinks per week.
- You should plan to have some non drinking days per week.
- On a special occasion, you should have no more than 3 standard drinks.
- It is safest not to drink during pregnancy.



Beer
341ml (12 oz.)
5% alcohol content

Alcohol and

- Because alcohol affects your "brain's" response, the various factors, including:
 - your age and body weight
 - your sensitivity
 - the type and amount of food you eat
 - how much and how long you drink
 - who you are with
 - how you are feeling
 - whether you've drunk before
 - your family history
- Women are more likely to be affected by alcohol than men. This is because women generally have less body weight than men.
- Women who drink alcohol have a higher risk of developing liver disease, heart disease, and certain types of cancer (e.g., breast, liver, and colon).
- Drinking is related to many health conditions (e.g., diabetes, and heart disease).
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Women and Tobacco

Tobacco

- There are many types of tobacco. Some are used to make cigarettes, cigars, and bidis. There are also many types of tobacco products, including:
 - cigarettes, cigars, pipes, and hookahs
 - and many other forms of tobacco
 - such as snuff, chewing tobacco, and cigars.
- In some cultures, tobacco has been used traditionally in ceremonies, rituals, and prayer.
- Tobacco is a stimulant that produces a feeling of well-being. It also increases your heart rate and blood pressure and constricts your blood vessels, which can increase your risk of heart disease and stroke.
- Nicotine is the addictive chemical found in tobacco. There are over 4000 other chemicals in cigarettes and tobacco smoke.
- Second-hand smoke is the smoke from the end of a cigarette and the smoke that smokers breathe out. It contains toxic chemicals, including tar, nicotine, carbon monoxide, and cyanide. Non-smokers who breathe it also absorb these substances and are at risk for various health consequences like smokers.

Tobacco and Your Health

- Tobacco use has a wide range of effects on health and some risks specific to women's health.
- Some of the various effects on general health include:
 - Cancer:** Cancers linked to smoking include mouth, throat, lungs, pancreas, bladder, and kidney cancer. Women who smoke are also at risk of having breast cancer at an earlier age and much higher risk for developing cervical and vulvar cancer.
 - Lung disease:** Smoking can lead to chronic obstructive pulmonary disease (COPD) such as emphysema, bronchitis, and asthma.
 - Heart disease and stroke:** Women who smoke are at increased risk for both stroke and heart attack. Using oral contraceptives (birth control pills) can increase the negative cardiovascular effects of smoking by increasing the risk of having a heart attack, a stroke, or blood clots.
- Tobacco use can affect your bladder health. Urinary urgency (the need to pee suddenly) and frequency (the need to pee more often than usual) is more common in women who smoke.



Tobacco Repro

- Tobacco use during pregnancy can lead to:
 - low birth weight
 - premature birth
 - and other complications

Tobacco and Your Health

- There is no safe level of tobacco use.
- When a woman uses tobacco, she is at risk of:
 - developing heart disease
 - developing lung disease
 - developing cancer
 - developing other health problems
- Quitting smoking now can greatly reduce serious risks to your health.
- Nicotine is a highly addictive substance. It can cause withdrawal symptoms if you stop using it.

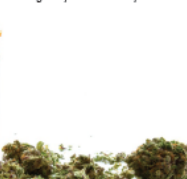
Women and Cannabis

Cannabis

- Cannabis (e.g., weed, cannabis, hashish, hash, pot) is produced from the Cannabis sativa plant and can be smoked, inhaled as a vapor, or ingested in foods or drinks.
- Tetrahydrocannabinol (THC) is the chemical in cannabis that makes you feel "high," but cannabis also contains more than 400 other chemicals.
- Depending on how much THC is in the cannabis, how you use it and how your body responds, the short-term effects of cannabis can last around 1-4 hours. There are different types of cannabis and the effects depend on the amount of THC it contains.
- Using cannabis can produce feelings of euphoria ("being high") and relaxation, changes in perception and sense of time, and increased appetite. Some people also experience anxiety, panic, and mild paranoia.
- Cannabis affects your short-term memory, attention, and motor skills, and slows your reaction time.

Cannabis and Your Health

- Medical cannabis is prescribed to treat health issues such as nausea and vomiting, chronic pain, and symptoms associated with HIV/AIDS and multiple sclerosis.
- Symptoms of withdrawal from cannabis, if they occur, are usually mild and may include sleep disturbance, irritability, and loss of appetite.
- Regular cannabis smoking is associated with chronic cough and phlegm. Quitting smoking, or using non-smoked forms of cannabis, is likely to relieve these symptoms.
- Some research suggests that cannabis use can affect ovulation and the length of your menstrual cycle.



Cannabis and Pregnancy

- Using cannabis while pregnant may be more known about the short- and long-term effects on fetuses, babies and you. It is safest to avoid using cannabis while breastfeeding, and around children.
- If you are using cannabis for medical health care, please talk to your health care provider about whether it is safe for you and your fetus.
- If you have problems stopping or red recreational cannabis use while pregnant, please talk to your health care provider about services that can support you.
- When you are pregnant, whenever possible, avoid being around people who are smoking.
- Some women are interested in using pregnancy to treat nausea or "morning sickness." Some research shows that women report relief from these symptoms; however, research is needed to understand the risks. Talk to your health care provider about these questions about this.
- Scientists are still learning about the use of cannabis during pregnancy on babies. Some research shows that babies born to women who use cannabis during pregnancy are smaller than other babies and have lower birth weights. Some research shows that cannabis use during pregnancy can affect children's behaviour (with attention hyperactivity), brain development (poor learning at school), and the likelihood of cannabis and other drugs as a teen.

Until more is known about the short and long-term effects of cannabis on fetuses, babies and young children, it is safest to avoid using cannabis while pregnant.

Women and Prescription Opioids

Prescription Opioids

- Opioids are a type of medication often prescribed to treat acute and chronic pain.
- Opioids are drugs that are made from the opium poppy plant or made in a lab from chemicals.
- Some common opioid medications include morphine, codeine, oxycodone (e.g., Oxycodone®), Percodan®, hydromorphone (e.g., Dilaudid®), fentanyl, methadone, tramadol, and buprenorphine.
- Prescription opioid medications come in various forms: tablets, capsules, syrups, solutions, patches, and suppositories.
- Opioids can be very effective in reducing pain. They can also produce a feeling of well-being or euphoria ("high").
- Opioid medications can be dangerous at high doses as they can cause drowsiness, slow your breathing, and lead to a coma and death.

Prescription Opioids and Your Health

- Side effects of prescription opioids can include sedation (feeling drowsy or sleepy), nausea, vomiting, and constipation. You can also build a tolerance to these drugs and may require higher amounts to manage your pain.
- If you suddenly stop or decrease the amount of medication you are taking, you may experience physical symptoms of withdrawal. These symptoms usually last a few days to a week.
- Opioids are depressant drugs which means that they slow down the part of the brain that controls breathing. All opioid drugs are dangerous when taken in large quantities or when taken with other drugs that are depressants, such as alcohol and benzodiazepines, such as clonazepam (Rivotril®) and lorazepam (Ativan®).
- Prescription opioid medications can be dangerous when misused. Misuse can occur when you:
 - Use opioids with alcohol or other medications with sedative effects
 - Take more medication than prescribed for you
 - Change how you take your medication (e.g., snorting or injecting)
 - Take medication that was not prescribed for you
- Long-term use of prescription opioid medications in women can cause hormonal changes, infertility, anxiety and depression. Changes in your hormones may affect your period and interest in sex.
- Long-term, frequent use of opioids to treat headaches can result in "medication overuse headache," a rebound headache caused by excessive use of headache relief medications.

Serious harm from prescription opioid medications can include physical dependence (addiction), overdose, and death. When caught early, an overdose may be treated with drugs such as naloxone. Naloxone reverses opioid overdoses temporarily allowing for additional time to get help.

Prescription Opioids and Pregnancy

- Using prescription opioid medications during pregnancy can have risks. If you could become pregnant, are thinking about getting pregnant, or as soon as you are aware that you are pregnant, it is important to talk to your health care provider.
- Taking opioids during pregnancy can increase the chance that your baby will be born too early, be born at a low birth weight or experience symptoms of withdrawal from the medications you are taking.
- If your baby experiences symptoms of withdrawal, he or she will need medical observation and possibly treatment. Not all babies will experience withdrawal and not all require medical treatment for it. Most babies who experience symptoms of withdrawal will have no long-term effects on their health and development.
- Scientists are still learning about the overall safety of using long-term opioids during pregnancy. Some opioids in certain doses may cause birth defects such as: clubfoot, or problems with the baby's heart, brain and spine (neural tube defects), or lungs.
- Depending on your situation, you may want to discuss alternate forms of pain management with your health care provider.
- You should not decide to stop taking opioids on your own or go "cold turkey" as stopping their use can cause harm during pregnancy (such as early labour or making it difficult for the fetus to get enough oxygen).
- If you have an addiction to opioids, it is recommended that you take methadone or buprenorphine under the care of your healthcare provider during pregnancy as these medications are less risky for you and your fetus.
- If you think you might be dependent or addicted to prescription opioid medications, talk to your health care provider about support and services in your community that can help you.



ACTION - RESOURCES WITH AN INDIGENOUS WELLNESS FOCUS



Financial assistance from the Canadian Institutes of Health Research (CIHR) and from Health Canada (FNIHB)



<http://bccewh.bc.ca/>



Vancouver Coastal Health
CISUR, UVIC



Pathways Research
HealthyLivingWorkbook.com

ACTION

SUPPORTING
CRITICAL
THINKING

Putting resources in
the hands of those
who substances

and inviting
discussion

ACTION

LESSONS FROM PROGRAMS SERVING PREGNANT WOMEN - 6 common elements of their approaches



SUPPORTING PREGNANT AND PARENTING WOMEN WHO USE SUBSTANCES

What Communities are Doing to Help

Communities across Canada are becoming increasingly aware of the need to support pregnant and parenting women who use substances. In many communities, the need is growing as the number of women who use substances is increasing. This is due to a number of factors, including the increasing use of substances, the increasing number of women who are pregnant and parenting while using substances, and the increasing number of women who are experiencing difficulties in their lives.

While all these programs are different from each other in terms of funding, service delivery model, philosophies, and mandates, they share common elements that evaluation studies show work.

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While all of these programs are different from each other in terms of funding, service delivery model, philosophies, and mandates, they share common elements that evaluation studies show work.

OUTREACH	PRACTICAL SUPPORT	HARM REDUCTION	INTEGRATED	MOTHER + CHILD = SUCCESS	TRAUMA + SAFETY
Outreach services work with women where they are - on the streets, in their homes, in the hospital. Outreach provides flexibility for service providers in how they work with women. They can accompany women to appointments, share information informally, and help overcome barriers like lack of transportation and distrust of formal settings.	Without practical support, women cannot succeed in meeting other goals like reducing or stopping their substance use or learning parenting skills. Food vouchers, free prenatal vitamins, socks, bus tickets, and support in finding housing are just a few things that meet women's immediate needs.	A harm reduction approach means that abstinence is just one possible goal for women and that care and support do not require women to address their substance use issues until they are ready. Harm reduction allows for flexible, respectful, and non-judgmental approaches to engaging with and caring for women and their children.	Studies have shown that women who use substances have difficulties accessing services that meet their needs. An integrated "one stop shop" model recognizes that no single service provider or agency can meet the often complex needs of women and that formal and non-traditional partnerships are required (e.g., between child-focused and adult-focused services).	All these programs view the needs of women and the needs of fetus/ children as being linked. Programs that focus only on women's health or only on child health miss a big part of the picture. Approaches that view women's substance use outcomes, child development outcomes, and parenting outcomes as linked lead to success.	Substance use is often tied to women's experiences of violence and trauma as well as histories of colonization and migration. Attention to issues of empowerment, trust and safety, cultural awareness, and social justice have shaped the development and success of these programs.

ACTION – BRAIDING IN TRAUMA INFORMED APPROACHES

Trauma-Informed Practice Principle: SAFETY



What does this principle look like “in action”?
What are we already doing to create a culture of physical, emotional and cultural safety for clients and staff? What else can we be doing?

Discussion Questions to Get Started

1. What are your clients' first point of contact with your program, e.g., phone message, outreach worker, receptionist? What strategies for creating a welcoming and safe environment already exist? What else can you be doing?
2. Physical, cultural, and emotional safety for both clients and staff should be considered together. For example, what are your program's policies about lights and locks? What might be comfortable and safe for one person might feel restrictive or triggering for another.
3. Take a walk through the waiting areas, the reception area, group spaces, and interview rooms at your organization. Do they increase feelings of safety for both clients and staff? What are your clients' perspectives on your organization's physical space?

Funding for this Trauma-Informed Practice resource is provided in part, by the Government of Canada through British Columbia's Drug Treatment Funding Program – Strengthening Substance Use Systems Initiative. The views expressed herein do not necessarily represent the views of the Government of Canada.



ACTION - THE MULTI-FACETED EXPERIENCES OF SUBSTANCE USE

PRACTICE EXAMPLE — KAT METTLER

- Meet “Nikki” – Nikki had been living with an abusive partner for 10 years. Nikki shared that when she managed to leave him, her substance use increased significantly, and she was experiencing “fogginess”, and anxiety that she hadn’t anticipated, and couldn’t make sense of, as she felt she was now in a “safer” place.
- Drawing on the “window of tolerance”, women-centred, and trauma-informed approaches, we were able to help Nikki make sense of her current experiences and develop a more comprehensive wellness plan

ACTION - FINDING MEANING AND CONNECTION, FOSTERING HOPE AND GRATITUDE

- One of the groups we developed drew from art-based and photo-journaling research methodology, which encouraged women to share their own narratives through photographs and story-telling.
- Each group met weekly for six weeks. Each week comprised of:
 - a check-in and a mindfulness activity,
 - an outing into the community to explore, through photography, an idea or topic
 - a sharing of their photos, and
 - a mindfulness activity to close.
- Women reported feeling a greater connection to each other and their community, increased knowledge of resources available to them, and a greater sense of calm and inner strength

ACTION – MAPLEGATE HOUSE - FROM ABSTINENCE BASED RULE ORIENTED TO HARM REDUCTION RIGHTS BASED

ORGANIZATION EXAMPLE – MELODY ROSE MAPLEGATE HOUSE

- Educated Board of Directors with the Reducing Barriers Toolkit & additional research
- Had the Board make a motion to change model of care
- Educated Staff with Reducing Barriers Toolkit
- Held a Staff retreat to change policies together – Substance Use & Mental Wellness Policy
- OAITH Harm Reduction Training on-line. www.oaith.ca
- Staff were required to research and put on presentations at each team meeting. We went through this exercise twice to include most of the substances that were coming up or could come up.

ACTION - HARM REDUCTION TRAINING -

www.oaith.ca

Harm Reduction for VAW Counsellors and Advocates

- Self-paced course.
- The purpose of this course is to provide people working with women who have experienced violence to:
- Understand what a Harm Reduction approach is and why to use it
- Gain basic knowledge about common substances in use and be aware of the most common methods and tools for using them
- Learn Harm Reduction techniques
- Learn how to integrate a Harm Reduction approach into feminist counselling and advocacy work

ACTION – MAPLEGATE HOUSE

IMPLEMENTATION

- Supplies
- Safety Plans
- Clients reactions – positive & negative
- Triggering

CHALLENGES AND SUCCESSES

- Staff – beginning & transition
- Clients – triggers & lives saved
- Naloxone training – 2017
- Added alcohol use on-site into the substance use policy - 2018

TRAINING
EXAMPLE
PAKKA LIU
BC SOCIETY OF
TRANSITION
HOUSES



REDUCING BARRIERS

Supporting women with varying
levels of mental wellness &
substance use



BC Society of Transition Houses

ACTION - REDUCING BARRIERS TRAINING

Training development and delivery

- A 3-year research project funded by Status of Women Canada
- BC Housing funds BCSTH to deliver this training to 4 sites across BC each year.
- Since 2010, BCSTH has delivered the in-person Reducing Barriers training 40 times across BC.
- Several agencies found the training to be so valuable that they re-applied for the training a few years after the first training.

Training goals

- Learn about mental wellness and substance use through the lens of violence against women.
- Tools to support someone who has struggles with mental wellness and substance use.
- Identify and strategize ways of reducing barriers.

ACTION - NATIONAL PROJECT: OPEN DOORS

- Lead by the YWCA Canada
- Project partners:
 - Women's Shelters Canada(WSC)
 - BC Society of Transition Houses (BCSTH)
 - The Canadian Women's Foundation
- Aims to increase access for women fleeing violence and are coping with trauma, mental wellness and substance use to VAW shelters and transition houses.
- The goal of the project is to foster national systemic change by implementing an inclusive service model in communities and supporting broad use of the model
- This 3-year project is training and supporting 50 Community Service Leaders with the aim of changing the standard of service in each of their 50 communities
- Additional supports provided to support systemic change: Regional Service Network, webinars and learning community

opendoorsproject.ca

QUESTIONS AND DISCUSSION



Kathryn
Mettler
KM Training
and Consulting



Melody Rose
Executive Director
Maplegate House
for Women –
Elliot Lake, Ontario



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Training Coordinator
BC Society of Transition
Houses

We offer a very relevant and popular course called:

Harm Reduction for VAW Counsellors and Advocates

The purpose of this course is to provide everyone working with women who use with an understanding of the principles of the Harm Reduction approach and how to apply it in practice. Harm Reduction fits with the feminist anti-violence framework used in the VAW sector because it is about prioritizing women's health and safety. This course covers the principles of Harm Reduction, strategies for health, strategies for safety, and issues for counsellors and advocates.


Please visit our website and sign up for an account:


www.iaith.ca/train/training.html





- Upcoming Conference on Women and Harm Reduction
- May 15 & 16, 2018
- Organized with Lakehead University, Orillia Campus
- Orillia, Ontario
- More details soon






Centre of Excellence
for Women's Health 




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Welcome to the Centre of Excellence for Women's Health


We are a research and knowledge
exchange centre focused on sex and
gendered approaches to health, with
strong roots in policy, practice, academic
and community networks.



We engage in research and evaluation
that produces evidence to improve girls'
and women's health, and promote a
women-centred and gender transformative
approach to health.



**We involve researchers, service
providers, policy makers and women's
health advocates** at all stages of research
and knowledge exchange processes.



**We partner with local community
agencies, and provincial, national and
international organizations, initiatives and
networks** to conduct research and to
exchange knowledge.

[http://dveducation.ca/
makingconnections/](http://dveducation.ca/makingconnections/)

<http://bccewh.bc.ca/>