



TITLE

HARM REDUCTION FOR PSYCHOACTIVE SUBSTANCE USE

SCOPE

Provincial

DOCUMENT #

HCS-33

APPROVAL AUTHORITY

Clinical Operations Executive Committee

INITIAL EFFECTIVE DATE

December 16, 2013

SPONSOR

Executive Director, Communicable Disease Control
Executive Director, Addiction & Mental Health

REVISION EFFECTIVE DATE

February 8, 2019

PARENT DOCUMENT TITLE, TYPE AND NUMBER

Not applicable

SCHEDULED REVIEW DATE

February 8, 2020

NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

If you have any questions or comments regarding the information in this document, please contact the Policy & Forms Department at policy@ahs.ca. The Policy & Forms website is the official source of current approved policies, procedures, directives, standards, protocols and guidelines.

OBJECTIVES

Alberta Health Services (AHS) is committed to offering a **harm reduction approach** with individuals, families, and communities who are harmed or may be harmed by **psychoactive substance** use. Psychoactive substances includes a whole class of substances, legal or illegal (including controlled drugs such as alcohol, tobacco and prescription drugs). This policy is intended:

- To clarify the responsibility of **health care providers** to provide **patients** who use psychoactive substances with accessible, equitable, non-judgmental, compassionate, and evidence-based care that is respectful of individual rights and dignity;
 - The responsibilities of health care providers to the patient, as outlined in this policy, extend to **family** members when appropriate.
- To provide guidance for program planning and service delivery within the organization, built on the principles and evidence of a harm reduction approach;
- To support ongoing quality improvement in harm reduction and health outcomes using best evidence, systematic monitoring, evaluation, and **knowledge translation**; and
- To support collaboration and partnership with community agencies and other external groups to develop shared goals and accountabilities for the delivery of services based on a harm reduction approach across the **continuum of care**.

PRINCIPLES

The following principles provide the foundation for a harm reduction approach.

- Psychoactive substance use is a complex, multi-faceted phenomenon.
- Psychoactive substance use is on a spectrum from beneficial to harmful; not all substance use is harmful.
- Patients who use psychoactive substances have the right to receive equitable, non-judgmental, and evidence-based health care services regardless of whether the substances they use are legal or illegal.
- The priority is to decrease the harms associated with psychoactive substance use and promote wellness rather than decrease psychoactive substance use itself. Abstinence or a reduction in substance use is not required to receive health care services.
- Patients who use psychoactive substances will have access to **low threshold**, flexible, and accessible patient-centred services wherever possible, respect for their individual autonomy, and support to set their own goals based on their needs, specific circumstances, abilities, beliefs, and priorities.
- Patients and families are integral members of the health care team. Health care providers will adopt a patient- and family-centred approach to the care and services provided and include the family, as appropriate, in a respectful, non-judgmental manner.
- Patients who use psychoactive substances will be informed of the evidence-based treatments, prevention, **health promotion**, and community-based options available to them.
- **Social determinants of health** impact the lives, health status, and substance use of patients and their families who may experience harm from psychoactive substance use. Every attempt shall be undertaken to promote optimum health by reducing and/or addressing inequities.
- Patients who use psychoactive substances will be treated with respect and human dignity without judgment, **stigma** and/or **discrimination**.
- Individuals with **lived experience** have expertise to contribute as partners in the creation of programs, policies, and harm reduction strategies designed to serve them, and their input is valued and respected.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, Students, Volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS

1. Points of Emphasis

- 1.1 AHS supports developing, enhancing, and maintaining connections with community agencies and partners to enhance the services and supports available to patients who use psychoactive substances and their families.
- 1.2 AHS programs and services across the continuum of care shall:
 - a) seek, value, and include input from patients and families with lived experience with psychoactive substance use in the development of a harm reduction approach, strategies, services, education, and options for referral across the continuum of care;
 - b) appropriately acknowledge the time and contribution of patients, families, and health care providers with lived experience in policy, program development, and evaluation;
 - c) recognize and address the unique health and social needs of **populations vulnerable to poor health outcomes**, that is, socially, culturally, and/or economically marginalized groups such as, but not limited to, youth, women, older adults, homeless persons, Indigenous people, the Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex and Two Spirit (LGBTQI2S) communities, and cultural minority groups; and
 - d) include a harm reduction approach in their practice setting(s) and message clearly to staff that stigma and discrimination towards patients and their families who may experience harm from psychoactive substance use is not acceptable.
- 1.3 Health care providers, in accordance with the AHS Patient First Strategy, shall:
 - a) provide **holistic** care to patients who use psychoactive substances and their families, recognizing that substance use often exists alongside other health and social circumstances and needs;
 - b) proactively listen to, honour, and respect the patient's and family's values, preferences, expressed needs, and cultural practices when caring for patients who use psychoactive substances and their families. Knowledge

of this patient-first information shall be used to inform care planning and delivery;

- c) communicate and interact in a patient- and family-centred manner that demonstrates respect, acceptance, and compassion, without judgment or discrimination towards patients who use psychoactive substances, their families, and their communities; and
- d) use respectful language when interacting with and communicating about patients and their families. For example, health care providers shall avoid the use of labels that promote stigma or a narrow view of the patient's and family's needs and their life experiences.

2. Education Requirements

2.1 Health Care Providers:

- a) Programs and services across the continuum of care shall provide access to current and accurate harm reduction education in accordance with the policy suite based on evidence and best practice in order to increase awareness, clarify roles and expectations, and establish competent, safe, quality harm reduction services.
 - (i) Topics may include, but are not limited to: overdose (i.e., **poisoning**) prevention and response, staff and patient safety, stigma reduction, trauma-informed care, patient- and family-centred care, **cultural safety, cultural competence**, specific psychoactive substances and interactions between different substances, social determinants of health, withdrawal management, and opioid agonist therapy.

2.2 Patients, Families and Communities:

- a) Health care providers should engage with patients who use psychoactive substances and their families and communities (where applicable) to identify their needs for education, tailor education to address their unique learning needs, and offer them information on opportunities to improve their health.
- b) Programs and services should provide patients who use psychoactive substances and their families and communities (where applicable) with access to educational resources on harm reduction practices, principles and service options that are available to them, and tailored to address their unique learning needs.
 - (i) Topics may include, but are not limited to: overdose (i.e., poisoning) prevention and response, stigma reduction, injury and

disease prevention, and evidence-based programs that may or may not feature abstinence as a goal.

3. Continuum of Care

An evidence-based harm reduction approach shall be offered by programs and services across the continuum of care and include early identification and prevention, health promotion, clinical care and treatment, and community services and referrals.

3.1 Early Identification:

- a) Programs and services shall support health care providers to identify potential and/or actual harm related to psychoactive substance use in regular intake and service delivery workflow, and explore opportunities to prevent harm and promote health and wellness whenever appropriate.

3.2 Health Promotion:

- a) Health care providers shall adhere to health promotion principles when working with patients who use psychoactive substances and their families, without requiring the patient or family member to discontinue or decrease the use of psychoactive substances. Health promotion is the process of empowering people to increase control over, and to improve, their experience of health and well-being.
- b) Programs and services shall endeavor to promote holistic health for patients who use psychoactive substances and their families by providing services or partnering with other programs that address the social determinants of health.
 - (i) These steps and supports may include, but are not limited to: access to mental health services, housing, financial assistance, food services, counselling and/or treatment, reproductive care, parenting assistance, youth services, public health, primary care, spiritual care, legal/victim services, disease testing/management/treatment, and other related services.

3.3 Service Delivery:

- a) Health care providers shall respect the autonomy and the rights of the patients who use psychoactive substances to make informed choices and decisions about their clinical care, treatment, and other services that may impact their health outcomes.
- b) Programs, services, and health care providers across the care continuum shall provide low threshold access to harm reduction services, treatment, and/or referral for patients (e.g., opioid agonist therapy, managed alcohol program).

- c) Health care providers shall not restrict access to any health care service that would normally be provided to a patient because of a presence of psychoactive substance use. Access to services may only be restricted when this service would place the patient at increased risk and this risk cannot be reasonably mitigated.
- d) Programs and services may offer an evidence-informed abstinence program and patients may choose to attend this program; however these programs (AHS or contracted service providers) shall not deny patients the right to harm reduction services and access to additional ongoing treatments related to psychoactive substance use (e.g., opioid agonist therapies).

3.4 Community Services and Referrals:

- a) Programs and services shall endeavor to establish processes for referral and follow-up with community services that provide a harm reduction approach, and will work with the patients who use psychoactive substances and their families to address their immediate and long-term needs.
- b) Programs and services shall endeavor to work with the broad range of community partners, when available and appropriate, to address health and social needs for patients who use psychoactive substances and their families.
 - (i) Agencies and groups may include, but are not limited to: health service agencies, municipal governments, law enforcement agencies and corrections services, universities and colleges, schools, park boards, non-governmental organizations, community leaders, and other concerned citizen groups.

4. Key Populations

The experiences of people who use psychoactive substances are impacted by their social, environmental, historical, and cultural context. As a result, some populations experience substance use and health care services related to substance use differently from others. The harm from substance use may impact certain populations disproportionately. When working with patients who use psychoactive substances and their families, health care providers should consider the following.

- 4.1 Indigenous people's experiences with the health care system have not always been favourable, contributing to poor health outcomes through unequal care, inequitable access, and ongoing mistrust of inappropriate services. Historically, Indigenous populations have had higher rates of adverse effects with substance use, which is in many circumstances linked to discrimination and trauma, social and economic resource disparities, system factors such as distance from appropriate providers, and discontinuity in transitions between tertiary and

primary care. Health care providers shall work with Indigenous people with lived experiences with substance use alongside experts in the field of Indigenous health. The resultant harm reduction approach shall be grounded in culturally safe practices recommended by Indigenous people as alternatives to and/or supports for treatment for psychoactive substance use.

- 4.2 Populations vulnerable to poor health outcomes such as youth, women, older adults, homeless persons, the LGBTQI2S communities, culturally diverse communities, and other populations may have experienced trauma, abuse, loss or suffering in their lives that may negatively impact their social, economic or health status and their rate of substance use. Health care providers shall provide patients and their families with the opportunity to share their unique life experiences without discrimination. Health care providers shall work with patients and their families to identify any existing **health** and **social inequities**, barriers to achieving optimal health, and strategize and refer to community programs that can help minimize inequities and these barriers.

5. Patient and Staff Safety

- 5.1 Health care providers can effectively promote safety by providing compassionate, non-judgmental care and by using de-escalation techniques or other positive strategies whenever necessary.
- 5.2 Steps taken to promote safety shall not compromise or override the rights of the patients to services, respect or acceptance, or put the safety of the health care providers at risk.
- 5.3 Health care providers can promote patient, family, and staff safety by adopting a harm reduction approach.

6. Access to Harm Reduction Supplies

- 6.1 Programs and services along the care continuum shall implement processes to support low threshold and timely access to harm reduction supplies (e.g., overdose response (naloxone) kits, new needles/syringes distribution).

DEFINITIONS

Approach means a philosophy or framework to advise or guide steps towards achievement of a particular purpose or outcome.

Continuum of care means the delivery of services across sectors by different health care providers in a coherent, logical, and timely fashion.

Cultural competence means a set of behaviours, attitudes, and practices that support us working together effectively in cross-cultural situations.

Cultural safety means gaining knowledge, recognizing, and respecting our differences. An environment that maintains personal dignity, an authentic relationship of trust, respect, compassion, and collaboration where all people are feeling empowered and encouraged to fully express their identity and needs without the fear of attack, challenge or denial. It is about shared respect, shared meaning, shared knowledge and experience, of learning together with dignity, and truly listening. The goal of cultural safety is for all people to feel respected and safe when they interact with the health care system. Culturally safe health care services are free of racism and discrimination. People are supported to draw strengths from their identity, culture, and community.

Discrimination means any practice, judgement, and action that creates and reinforces oppressive relations or conditions that marginalize, exclude, and/or restrain the lives of those encountering it.

Family means one or more individuals identified by the patient as an important support, and who the patient wishes to be included in any encounters with the health care system, including, but not limited to, family members, legal guardians, friends and informal caregivers.

Harm reduction means those policies, programs and practices that aim primarily to reduce the adverse health, social or economic consequences of the use of legal and illegal psychoactive substances without necessarily reducing consumption. A harm reduction approach to substance use accepts that abstinence may or may not be a realistic or desirable goal for an individual patient, and explicitly acknowledges that the cessation of substance use is not a prerequisite for accessing health or social services. Interventions may be targeted at the individual, the family, community or society.

Health care providers means any person who provides goods or services to a patient, inclusive of health care professionals, staff, students, volunteers and other persons acting on behalf or in conjunction with Alberta Health Services.

Health inequities means differences in health outcomes between population groups that are socially produced, unfair, unjust, and modifiable.

Health promotion means the process of empowering people to increase control over, and to improve, their health. To reach a state of complete physical, mental, and social well-being, a patient must be able to identify and to realize aspirations, satisfy needs, and change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being. Addresses health behaviour, living conditions (social, economic, environmental living conditions in which people live, work and play), healthy public policies to enable this behaviour, and societal level change.

Holistic means to consider all aspects of the human experience and condition as relevant in caring for individuals, families, groups, communities, and populations; taking into account the mental, spiritual, cultural, and social factors, rather than just the physical symptoms of a disease or injury.

Knowledge translation means a dynamic and iterative process that includes the synthesis, dissemination, exchange, and ethically sound application of knowledge to improve health, provide more effective health services and products, and strengthen the health care system.

Lived experience means in the context of harm reduction, the person(s) who has personal and direct experience of harm caused by psychoactive substance use, either their own or someone close to them. They may have been marginalized because of a complex mix of drug use, life conditions, and other factors related to their age, gender, sexual orientation, ethnicity, race, socioeconomic status, housing and homelessness status, life experiences, violence and trauma, or health conditions such as HIV and hepatitis C. They may also have experience and knowledge with different methods of using psychoactive substances and the impact of stigma and discrimination.

Low threshold means programs and services that make minimal demands on the patient. Barriers may be real or perceived and low-threshold services seek to reduce those barriers as much as possible. Services aim to be accessible (e.g., geographically), accommodating (e.g., hours of operations), affordable (e.g., no fees for services), acceptable (e.g., non-stigmatizing) and remove conventional barriers (e.g., registration, abstinence).

Patient means an adult or child who receives or has requested health care or services from Alberta Health Services and its health care providers or individuals authorized to act on behalf of Alberta Health Services. This term is inclusive of residents, clients, and outpatients.

Poisoning means experiencing the toxic effects of a drug or substance.

Populations vulnerable to poor health outcomes means groups of people that have an increased risk of poor health and adverse health outcomes due to the risk conditions associated with being a member of that group.

Psychoactive substances means a substance that once ingested affects mental processes (e.g., cognition or affect). This term and its equivalent, psychotropic drug, are the most neutral and descriptive terms for the whole class of substances, legal or illegal (including controlled drugs such as alcohol, tobacco and prescription drugs). The term does not necessarily imply abuse or dependence.

Social determinants of health means the circumstances in which people are born, grow up, live, work, and play, including the quality of the health care they receive over their lifetime that influence the health outcomes and quality of life of populations. Some examples include income and income distribution; education; employment, job security, and working conditions; early childhood development; food security; housing; built and natural environments; social inclusion/exclusion; social safety network; health services; Indigenous status; gender; ethnicity; race; and disability.

Social inequities mean disparities in power and wealth, often accompanied by discrimination, social exclusion, poverty and low wages, lack of affordable housing, exposure to hazards, and community social decay.

Stigma refers to negative attitudes (prejudice) and negative behaviour (discrimination). These attitudes and judgments can affect how we think about, behave and provide care to clients.

REFERENCES

N/A

VERSION HISTORY

Date	Action Taken
February 8, 2019	Revised