


Harm Reduction: Making a Difference Through Policy Development and Implementation in Practice

Addiction Day: Scientific Program

Amy Woroniuk, Director, Harm Reduction, AHS
Dianne Dyer, Provincial Initiatives Consultant, AHS

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Disclosure

We have no actual or potential conflict of interest in relation to this topic or presentation

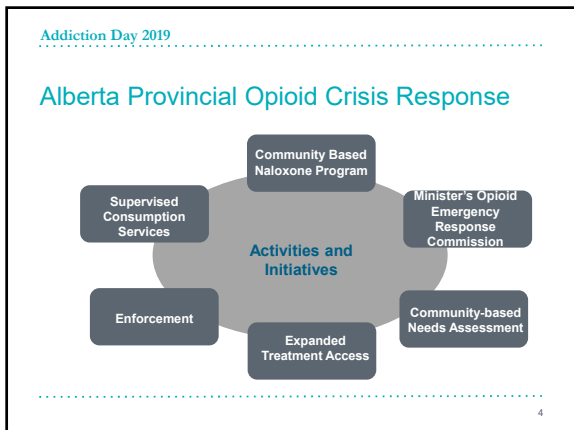
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Goals of Presentation

- Rationale & Evidence for Policy Revision in Alberta
- Policy Development
- Objectives and Principles
- Implementation of a Harm Reduction Approach
- Making a Difference in Practice

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Definitions

Harm reduction: policies, programs and practices that aim to reduce the adverse health, social or economic consequences of the use of psychoactive substances without reducing consumption.

Psychoactive substances: substances that once ingested affect mental processes (e.g., cognition or affect). This term is a neutral and descriptive term for the whole class of substances, legal or illegal, and does not imply abuse or dependence.

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Harm Reduction Approach

- Accepts that abstinence may or may not be a realistic or desirable goal, 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, family, community or society
- AHS recognizes the value of harm reduction as an important component in the continuum of care required to serve individuals that use psychoactive substances

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Policy Development/Review Process

STEPS TO DOCUMENT DEVELOPMENT

INITIATION
In the initiation phase, the clinical policy department helps develop work plans with sponsors, working groups and self-up initiatives. They conduct document searches based on requests and assist in completing work requests.

DEVELOPMENT
Development is a collaboration between the working group and policy consultant to develop a draft of the governance document completed to a sponsor. The sponsor and working group provide the content expertise for the document and the policy consultant provides policy expertise to maintain the integrity of the process.

CONSULTATION
Consultation ensures broad organizational issues are identified early. It also assists in achieving compliance once implemented. Key stakeholders are approached and asked for their feedback on the document. Policy consultants evaluate the feedback and revise document accordingly.

ENDORSEMENT AND APPROVAL
Endorsement is an agreement made by respective leadership to support governance documents. Final working versions of the document are sent to Clinical Legal for review. Once final responses are made, documents are transferred to the final signatory by clinical policy team for approval. Approval packages is prepared by clinical policy and includes leading role, implementation strategy, communication plan and evaluation strategy.

IMPLEMENTATION AND EVALUATION
Implementation of the governance document includes communication, education and practice change support. Sponsor is responsible for managing the implementing process, oversees education and practice change. Management is responsible for ensuring sites in department receive information regarding the governance document. Policy consultant assists in the implementation plan. Evaluation is an important component to assess the success in achieving desired outcomes of the document and if there is compliance with requirements. The sponsor is responsible for evaluation and clinical policy is able to assist in the evaluation plan. Documents are reviewed regularly to ensure document is up to date.

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First Step: Stakeholder Feedback

Key messages from stakeholders:

- provide more direction
- 'Require' rather than 'allow' for harm reduction
- Address stigma
- Promote collaboration with the community
- Specific service areas (e.g. acute care)
- Specific populations (e.g. youth, pregnant women, Indigenous)

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Policy Objectives

- To clarify the responsibility of health care providers to provide patients who use psychoactive substances with evidence-based, accessible, equitable, non-judgmental, compassionate, and family-centered care that respects individual rights and dignity
- Offers direction in program planning and service delivery, within the organization built on principles of evidence of a harm reduction approach

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Policy Objectives

- To support ongoing quality improvement in harm reduction and health outcomes using best evidence, systematic monitoring, evaluation, and knowledge translation
- To encourage and facilitate joint harm reduction strategies and partnership initiatives between Alberta Health Services, community agencies and external groups to develop shared goals and accountabilities for the delivery of services based on a harm reduction approach across the continuum of care

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Principles

- Psychoactive substance use is a complex multi-faceted phenomenon.
- 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

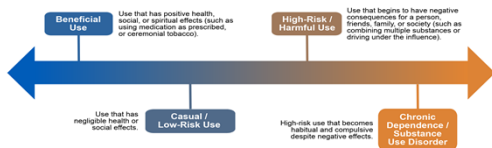


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Principles

- Psychoactive substance use is on a spectrum from beneficial to harmful; not all substance use is harmful



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Principles

- The priority is to decrease the harms associated with psychoactive substance use and promote wellness rather than decrease psychoactive substance use itself. Abstinence or reduction in substance use is not required to receive health care services.
- Patients who use psychoactive substances will be informed of the evidence-based treatments, prevention, health promotion, and community based options available to them

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Principles

- Patients who use psychoactive substances will have access to low threshold, flexible and accessible patient-centered 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.



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Principles

- Patients and families are integral members of the health care team. Health care providers will adopt a patient and family-centered approach to the care and services provided and include the family, as appropriate, in a respectful, nonjudgmental manner.
- Patients who use psychoactive substances will be treated with respect and human dignity without judgment, stigma and/or discrimination.

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Principles

- **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.
- Individuals with lived experience have expertise to contribute as partners in the creation of programs, policies and strategies designed to serve them and their input is valued and respected

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Information, Education & Support

It is important to:

- Provide current/accurate information about harm reduction principles and practices to increase awareness of health care providers, individuals and their families and the public.
- Ensure information and communication about harm reduction is accessible, respectful, relevant and engaging to the diverse needs of various target groups.
- Provide opportunities for training and professional development for staff and community service providers.

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Education Resources

- FAQ
- Scripts
- One-pagers
- Learning module/Story Telling/Videos

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Stigma



MYTH

Stigma is a state of mind and does not really impact the care of the patient or the outcomes.

FACT

Stigma from health care and social services is a major barrier to accessing services. It reduces the quality of care, and makes patients less likely to follow through on treatment out of fear they will face stigma again.

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Professionals

CODE of ETHICS



MYTH

It is your professional responsibility to inform the patient of your personal beliefs and values and ensure that they are on the "right" path in their life.

FACT

As a professional it is your responsibility to follow your Code of Ethics and treat patients with respect, dignity and without judgment.

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Evidence Based Initiatives

- Supply distribution and collection
- Community based naloxone programs
- Supervised consumption services
- Opioid agonist & injectable therapy
- Managed alcohol programs (MAP)
- Outreach and education
- Low threshold services (addiction treatment, housing, primary care)



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questions
comments

harm.reduction@ahs.ca
www.ahs.ca/harmreduction

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