

Psychoactive Substance Use Policy

Frequently Asked Questions (FAQ)

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1. What is recovery?

The concept of recovery in mental health and substance use refers to living a satisfying, hopeful, and contributing life, even when a person may be experiencing ongoing symptoms of a mental health or substance use disorder. Recovery journeys build on individual, family, cultural, and community strengths and can be supported by many types of services, supports, and treatments. Recovery principles, including hope, dignity, self-determination, and responsibility, can be adapted to the realities of different life stages, and to the full range of mental health or substance use disorders.

It is important for both the person using substances and anyone supporting them to recognize recovery as an achievable goal. For this to be possible, people should be provided with opportunities and supports to achieve recovery. Although recovery may include abstinence, one does not need to be abstinent to be in recovery. If abstinence is not part of an individual's journey, that does not lessen their recovery. Recovery is achievable through different pathways and is defined by the individual.

Adapted from PSR/RSP Canada. (2017). Competencies of Practice for Canadian Recovery-Oriented Psychosocial Rehabilitation Practitioners (2nd ed.). Available at psrrpscanada.ca/files/pdf/PSR-practice-competencies.pdf

2. What is the recovery-oriented approach?

A recovery-oriented approach to care puts the patient at the centre of the practice, acknowledging the multidimensional nature and complexity of issues faced by patients. It appreciates that as individuals pursue recovery by creating a more satisfying, hopeful and contributing life, the specific goals or milestones along their recovery journey are unique and defined by the individuals themselves. A recovery-oriented approach helps to create a culture and language of hope, and focuses on nurturing hope to stimulate recovery.

Health care providers that adopt a recovery-oriented approach also recognize that recovery happens in the context of a person's life, and so recognize the important role family, friends, neighbours, local community, schools, workplaces, and spiritual and cultural communities all play in recovery. The health care provider encourages the person in recovery to fully participate in the world around them as equal and deserving citizens. The health care provider would take a strengths-based approach with working with a patient. This is especially true when working with members of groups who have traditionally experienced stigma or discrimination. To improve the experiences of everyone in these marginalized groups, recovery-oriented health care providers work to address social determinants of health and transform the system to be more supportive of their recovery journeys.

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The recovery-oriented approach is inclusive of numerous interventions such as prevention, harm reduction, addiction treatment, and supports for recovery.

Adapted from Recovery-oriented Practice Working Group. (2017). Recovery-Oriented Practice Framework: Guidelines for Mental Health and Substance Use Services in Island Health. Island Health. Available at www.islandcrisiscaresociety.ca/wp-content/uploads/2019/06/ROP-Framework.pdf

3. What is a continuum of care?

Continuum of care means the delivery of services across sectors by different healthcare providers in a coherent, logical and timely way. The recovery-oriented approach to care is inclusive of interventions such as prevention, harm reduction, addiction treatment and supports for recovery. Some examples of these services include: outpatient counselling, withdrawal management, day programs, needle distribution, supervised consumption services, naloxone kit programs, opioid agonist therapy, residential treatment programs, recovery communities, sober living housing, harm reduction housing, peer support and outreach services. When providing patients with recovery-oriented care options, it is important to consider best evidence on different services or modalities for different dependencies; e.g., withdrawal management alone is not recommended for opioid use disorder (CRISM-ICRAS, 2018).

Reference: CRISM-ICRAS. (2018). Avoid the use of withdrawal management as a standalone treatment for opioid use disorder. Retrieved from crism.ca/wp-content/uploads/2018/03/CRISM-WDM-bulletin.pdf

4. What is harm reduction and how do you provide care using a harm reduction approach?

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. Harm reduction is a philosophical approach to care and is consistent with the AHS CARES values of Compassion, Accountability, Respect, Excellence and Safety. Harm reduction promotes an understanding of psychoactive substance use as a complex and multifaceted phenomenon. A harm reduction approach to substance use accepts that abstinence may not be a realistic or desirable goal for some and looks at ways to support people who are using psychoactive substances.

Harm reduction is not restricted to the context of psychoactive substance use. Some broader examples of harm reduction include, but are not limited to, use of helmets for high impact activities, seatbelts, condoms, and naloxone kits for overdose response.

For more information about harm reduction, visit:

- AHS Drug Safe - www.drugsafe.ca

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- AHS Harm Reduction Services - www.ahs.ca/harmreduction
- Alberta Community Council on HIV - www.acch.ca
- Government of Alberta - www.alberta.ca/opioid-harm-reduction.aspx
- Government of Canada - www.canada.ca/en/health-canada/services/substance-use/canadian-drugs-substances-strategy.html

A **harm reduction approach** acknowledges that people who use substances do not have to be abstinent to receive compassionate, evidence-based healthcare. Harm reduction is a person-centered approach driven by the needs and goals of the individual. This approach expects that you will proactively honour, and respect the values, preferences, expressed needs, and cultural practices of the individual and their family. Knowledge of this information shall be used to inform care planning and delivery. This approach promotes communication and interactions that are centred on respect, acceptance, and compassion, without judgment or discrimination towards people impacted by psychoactive substance use. For example, healthcare providers shall avoid the use of labels that convey stigma (e.g., addict, drug abuser, junkie, clean/dirty, frequent flyer) or a narrow, disrespectful view of the individual or the family's needs and their life experiences.

5. What are psychoactive substances?

Psychoactive substances are substances that affect how a person thinks and feels and the decisions and judgments that they make. This term can be used interchangeably with psychoactive drugs and includes legal or illegal substances (e.g. alcohol, tobacco and prescription drugs). The term does not necessarily imply misuse or dependence.

6. What are the benefits of harm reduction related to substance use?

Harm reduction is an important part of recovery-oriented practice. It has many benefits for people who use substances, their families, and communities. Research shows harm reduction activities can:

- Help people increase control over their lives and their health
- Reduce HIV infections
- Reduce stigma and discrimination related to substance use
- Reduce poisoning deaths and other early deaths among people who use substances
- Promote the health and well-being of the patients and the community as a whole
- Reduce injection substance use in public places, and reduce the number of used needles in public places
- Reduce the sharing of needles and other substance use equipment
- Reduce crime and increase employment among people who use substances

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- Increase public knowledge about safer injecting and smoking and reduce the frequency of use
- Increase public knowledge about safer sex and sexual health and increase condom use
- Increase referrals to treatment programs and access to health and social services

Adapted from HealthLink BC. (2015). Understanding Harm Reduction: Substance Use. Available at www.healthlinkbc.ca/healthlinkbc-files/substance-use-harm-reduction

7. What are some examples of harm reduction services or programs?

Harm reduction services provide and support people impacted by substance use and may include:

- **Outreach and education services** that connect people in the community to education on safer practices, testing and treatment for blood-borne infections, and also case management and counselling.
- **Peer support programs** and groups led and attended by people with lived experience of substance use that provide mentorship, advocacy, and seek to promote improvement in the health and wellness of the participants.
- **Community based naloxone programs** that provide education on opioid poisoning response and kits containing naloxone, an opioid antidote, for free to members of the public. This program aims to increase awareness and response to opioid poisonings in the community and reduce deaths related to opioid poisoning. For more information on the AHS Community Based Naloxone Program, visit www.ahs.ca/naloxone.
- **Harm reduction supply distribution and collection programs** that distribute sterile injection equipment, sharps disposal bins, inhalation supplies, and safer sex supplies. These programs also often collect used needles and other substance use debris for safe disposal, as well as provide education on safer substance use and poisoning prevention.
- **Supervised consumption services and overdose prevention sites**, which help prevent opioid poisoning deaths and serve as access points for support and treatment (see [Question 6](#) for more information).
- **Nicotine replacement therapy**, which is offered to patients who consume tobacco and/or nicotine products (e.g., smoking cigarettes, chewing tobacco) at all AHS sites as an option to prevent withdrawal and curb cravings while admitted for medical care or unable to continue to use their tobacco or nicotine products as they routinely do. It can also be used as a longer term method of smoking cessation, with appropriate consultation from a trained health care provider.

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- **Managed alcohol programs**, which provide stability and reduce withdrawal and cravings for people with alcohol use disorder who are admitted to care or live in supportive housing and unable to continue drinking alcoholic beverages.
- **Impaired driving prevention campaigns** that create awareness of the risks of driving under the influence of alcohol and other legal or illegal substances.

8. What is a supervised consumption service or overdose prevention site?

Supervised consumption services (SCS) provide a permanent location where people can use previously-obtained drugs in a monitored, hygienic environment to reduce harm and poisoning death caused by psychoactive substance use. These sites are staffed by multidisciplinary health care teams that may also offer wraparound care, and additional services such as counselling, social work, and referrals to treatment programs for substance use disorder. The federal government approves SCS, and the process is intended for long-term service provision that typically includes a variety of other supports. SCS serve as an access point for many services that people impacted by psychoactive substance use may not typically access due to lack of trust or structural or institutional barriers and stigma.

SCS provide sterile supplies for substance use (consumption) and collect used supplies for safe disposal. SCS are an important component of the recovery-oriented continuum of care required to effectively serve people who use psychoactive substances and provides tools and education for safer consumption practices. SCS facilitates access to basic healthcare supports to address social determinants of health (e.g., finances and housing) and resources for community transition either onsite or through referrals to other service providers. SCS provide a safe space for people to work toward desired changes or goals, which can be slow and incremental. SCS is an open space where change remains a possibility, services are tailored to meet the needs and goals of each individual and where accessibility to services is balanced with safety.

Overdose Prevention Sites (OPS) are typically a time-limited health service designated for the purposes of supervised consumption and monitoring for adverse events, primarily poisoning. In Canada, the federal Health Minister can delegate authority for approving OPS to provinces, health authorities or municipalities. In Alberta, the provincial Health Minister has given the authority to grant a provincial exemption to operators in Alberta to allow for timely establishment of OPS in areas where an urgent public health need exists.

For more information, visit AHS Supervised Consumption Services at www.albertahealthservices.ca/info/Page15434.aspx

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9. Could harm reduction make it easier for people to use substances and discourage them from abstinence?

Research shows that harm reduction activities do not encourage substance use. Harm reduction reduces the risks of substance use including the spread of blood borne infections, like hepatitis and HIV, and creates opportunities for people to lead healthier lives by increasing access points to health and social services. Abstinence may not always be realistic, safe, or desirable for some people who use psychoactive substances. Substance use is a complex and multi-faceted phenomenon that requires a holistic, person-centred approach.

Adapted from World Health Organization. (2004). Effectiveness of Sterile Needle and Syringe Programming in Reducing HIV/AIDS among Injecting Drug Users. Retrieved from www.who.int/hiv/pub/prev_care/effectivenesssterileneedle.pdf

10. I am new to the practice of harm reduction and a recovery-oriented care approach. What should I do?

Changes in practice can be challenging. Rest assured that the adoption of a recovery-oriented practice when working with people impacted by psychoactive substance use was done as a result of extensive consultation with stakeholders, people with lived experience, and subject matter experts. A large body of scientific research supports a comprehensive continuum of care to support recovery and promote health and wellness for people impacted by psychoactive substance use. Allow yourself time to build your knowledge around this topic. Remain curious, open-minded and reflective. Talk to your colleagues and leaders about your concerns to see if there are available supports for your team.

AHS Health Professions Strategy and Practice and AHS Clinical Ethics Teams are also available to support you with questions related to your professional practice and ethical considerations.

For additional personal support, you may contact the Employee & Family Assistance Program (EFAP) or review the available resources on Insite. There are many support services and resources in place to help you feel safe and improve your well-being in order to continue to best serve all patients and families.

11. Why do we need a Psychoactive Substance Use Policy?

AHS has had a harm reduction policy since 2013 and the understanding of this topic continues to evolve. It is important to move forward with a robust person-first and family-centered approach to recovery-oriented care that is based on current evidence on best practices. The new Psychoactive Substance Use Policy is also important due to the

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unprecedented number of poisoning deaths related to opioids, and the role of systemic stigma that keeps Albertans in the shadows of their addiction and suffering. Many are deterred from accessing health care services and support due to this stigma. Addiction treatment and police enforcement alone have been unable to curb the number of substance related deaths in Alberta and innovation and collaboration are important to better serve people impacted by psychoactive substance use.

This revised policy provides specific expectations for staff, leaders, physicians, midwives, students and volunteers regarding clinical practice, program planning and service delivery. These expectations are built on the principles and evidence supporting a comprehensive recovery-oriented continuum of care. The policy highlights the importance of community connections for individuals and the valuable contributions of people with lived experience to our work. It supports the AHS Mission: Healthy Albertans, Healthy Communities Together.

More information on the policy can be found in the [Psychoactive Substance Use Policy Backgrounder](#).

12. What supports are available for people who use substances?

A variety of services are available to support people who use substances.

- Peer-led recovery communities (e.g., AA, NA, Smart Recovery)
- Detox centres
- Outpatient counselling/day programs
- Short and long term residential treatment programs
- Permanent supportive and harm reduction housing
- Pharmacologic options/supports
- Harm reduction services (see [Question 7](#))

Within AHS, Addiction & Mental Health is mainly responsible for the continuum of recovery-oriented services that individuals seeking recovery may choose to utilize. Some programs have a designated staff member (e.g., case worker, addiction counsellor, social worker) who supports patients with navigating the continuum of care and facilitates referrals. You are encouraged to connect patients interested in recovery options with that staff member. Fostering this relationship can be beneficial and feel more supportive for the patient.

If your program does not have a staff member who can facilitate referrals to recovery-oriented services, the patient would be advised to call the Addiction Helpline at 1-866-332-2322 (24/7). The Addiction Helpline staff will be able to locate the most accessible program for them based on their specific needs and location. Visit the Addiction &

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Mental Health webpage at www.ahs.ca/amh for more information on programs and services in the recovery-oriented continuum of care. There is also the informAlberta.ca [AHS Addiction Services Directories](http://AHSAddictionServicesDirectories), which contains directories for adult and youth addiction treatment and services, sub-categorized by demographic and dependency.

AHS has public education websites that spread awareness, education, and list important support resources. These include:

- DrugSafe - www.drugsafe.ca
- Addiction & Mental Health - www.ahs.ca/amh
- Opioid Dependency Program - www.ahs.ca/odp
- Harm Reduction Services - www.ahs.ca/harmreduction

Some important telephone numbers and a full list of support resources can also be found in [Help in Tough Times](#).

- Addiction Helpline (24/7 help for substance use) 1-866-332-2322
- Mental Health Helpline (24/7 help for mental health concerns) 1-877-303-2642
- [Health Link](#) (24/7 health advice and information) 811
- Community Resources [211 Alberta](#)
- [AlbertaQuits](#) Helpline (8 am - 8 pm) 1-866-710-7848
- Poison & Drug Information Service (24/7 advice on poisons, chemicals, medicines and herbal products) 1-800-332-1414

13. What resources exist on psychoactive substance use and the various psychoactive substances that are in the community?

The AHS [DrugSafe](#) website is a public information website on psychoactive substances, safer consumption of psychoactive substances, and helpful resources for those with substance use disorder. It provides information on alcohol, cannabis and opioids, as well as AHS Addiction & Mental Health services, poisoning response, and harm reduction.

MyHealth.Alberta.ca has a Substance Use series that covers a list of psychoactive substances, found at myhealth.alberta.ca/Alberta/Pages/Substance-use-common-drugs.aspx

The AHS Harm Reduction Services Team partners closely with the community-based harm reduction organizations that provide information and in-person training around safer substance use. If you are having difficulty finding programs or education near you, email harm.reduction@ahs.ca for assistance.

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14. What education is available to aid staff and physicians in their work with people who use psychoactive substances such as edible cannabis, alcohol or prescription drugs in a variety of clinical settings?

The Alberta Opioid Dependency Treatment Virtual Training Program [also referred to as Provincial Addiction Curricula & Experiential Skills (PACES) Training] is available for all staff and was created to support education and training requirements of the College of Physician & Surgeons of Alberta. Training focuses on the opioid crisis, opioids, harm reduction, opioid poisoning, and opioid agonist therapy (OAT). The modules can be found at www.albertahealthservices.ca/info/Page16083.aspx. Modules for [Buprenorphine/Naloxone \(Suboxone®\) Home Induction](#) can be found linked on the same page. There is also the [Provincial Clinical Knowledge Topic Opioid Use Disorder and Opioid Agonist Therapy, Adult and Young Adult - Inpatient V 1.0](#) document for staff working in inpatient care.

The Alberta Addiction Education Sessions are monthly livestream education sessions that feature experts across the province talking about best practices when working with people with concurrent mental health and substance use disorders through didactic presentations, case discussions and question and answer periods. The calendar for 2019-20 can be found at www.albertahealthservices.ca/assets/info/amh/if-amh-odt-virtual-health-learning-sessions.pdf and livestreams and recordings can be viewed free at livestream.com/accounts/3923053/events/8457082

The Addiction & Mental Health [Primary Health Care Resource Centre](#) also features plenty of education on concurrent disorders and alcohol, cannabis and tobacco use.

Some additional virtual and in-person education may be available on MyLearningLink.

There is information on Trauma Informed Care (6 modules and plenty of external resources) at www.albertahealthservices.ca/info/Page15526.aspx

The Developmental Pathways of Addiction & Mental Health Health Provider Practice Modules (formerly InRoads) is a web-based interactive elearning curriculum designed to support healthcare providers to enhance their practice working with children, youth and their families experiencing addiction and mental health issues. The focus of these modules is to help health providers recognize and reduce significant stressors for vulnerable children and their parents, enhance their resilience, and increase their coping skills. In providing mental health support to children and youth the focus needs to shift toward earlier interventions of health promotion and disease prevention, rather than just treating the impact of mental health disorders. The information can be found at www.albertahealthservices.ca/info/Page15972.aspx

Specific educational resources will be developed that can be used in a variety of settings to help leaders and staff to address both knowledge about the recovery-oriented continuum of care, best practices when providing care, as well as the potential need for

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changes in workplace culture when it comes to caring for people impacted by psychoactive substance use. If you choose to develop resources for your specific setting, you are welcome to do so, as long as the resources are aligned with the intention and principles of the Psychoactive Substance Use Policy. You are encouraged to connect with the Harm Reduction Services Team for support and guidance at harm.reduction@ahs.ca. The team would love to support your work and consistency in recovery-oriented practice within AHS.

You are also encouraged to search Insite and MyLearningLink for internal practice support resources. You may contact the Harm Reduction Services Team for specific information on these resources as well.

15. How can I support implementation of this policy with my colleagues?

The Psychoactive Substance Use Policy states that AHS is committed to supporting individuals, families, and communities who are impacted by psychoactive substance use with accessible, equitable, non-judgmental, compassionate, and evidence-based care that is respectful of individual rights and dignity. If you witness practice that does not support a patient impacted by psychoactive substance use in this manner, you are encouraged to speak to the individual and provide them with information and education on the expectations of the policy. If you are not comfortable to do this, you should discuss your concerns with your manager, educator or leader and seek their support and advice. In some situations, education for the team could be arranged to promote the principles of the policy and recovery-oriented approach in the work setting. Additional support may be provided by emailing harm.reduction@ahs.ca.

16. If an individual is using psychoactive substances, what are some key messages I can provide them to encourage safer psychoactive substance use?

- **Avoid using alone, and when using with others, stagger use** to ensure someone is always alert and able to call for emergency medical services (EMS) and administer naloxone, if required. If using alone is unavoidable, arrange to have someone do a safety check, leave doors unlocked, and establish a safety plan with loved ones.
- **Use in a familiar environment and avoid rushing**
 - Taking the time to prepare substances carefully and purposefully in an environment that is comfortable and free of threat can reduce the risk of poisoning.
- **Use a test dose**
 - Test the dose by using a smaller amount to determine the strength of the substance. Test dosing is especially important when using a new batch or type of substance. Doses can be repeated until the desired effect is achieved.
- **Avoid mixing substances**

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- Mixing substances, in particular depressants (e.g., alcohol, benzodiazepines, opioids), can put a person at greater risk for poisoning. Doing a test dose is encouraged when mixing substances. If mixing an opioid with any other substance, use the opioid first to gauge its effect before using more. Be aware of potential interactions between substances used and any pharmaceutical or non-pharmaceutical medications that a person may take routinely. This also includes mixing with legal psychoactive substances like alcohol, cannabis, or tobacco.
- **Be aware of health and tolerance**
 - Knowing how health affects tolerance is important. If possible, stay hydrated, eat regularly and get enough sleep. Acute or chronic health conditions may reduce tolerance. Periods of not using can reduce tolerance in as little as 24 hours, particularly with opioids. When returning to use, use a test dose.
- **Carefully select route of substance use**
 - The route of consumption of a particular substance impacts level of risk. Injection and inhalation/smoking present the greatest risk of poisoning. Oral, nasal and rectal consumption may reduce the risk of poisoning.
- **Be familiar with signs and symptoms of poisoning**
 - Recognizing the signs and symptoms of poisoning reduces response time. (See www.drugsafe.ca for more information on poisoning by different psychoactive substances)
- **Carry a naloxone kit and get help (call 911)**
 - Calling 911 and administering naloxone in case of opioid poisoning can save a life. Naloxone acts as an antidote to opioid poisoning and works against any type of opioid. It will not harm someone who has not used opioids, so it is safe to use, even if you're not sure what substance the individual has taken.
- **Know the supports and resources in your community**
 - Information about community services is available through informAlberta.ca's Harm Reduction directories. The directories list services that can assist in reducing harm and increasing an individual's sense of health and well-being when using psychoactive substances. Directories are sorted by zone and can be found below.
 - [Alberta Wide](#)
 - [North Zone](#)
 - [Edmonton Zone](#)
 - [Central Zone](#)
 - [Calgary Zone](#)
 - [South Zone](#)

Adapted from AHS. (2020). Community Based Naloxone Program Opioid Poisoning Response: Curriculum Guide for Trainers. Retrieved from www.albertahealthservices.ca/assets/info/hrs/if-hrs-cbn-opioid-poisoning-response-curriculum-guide.pdf

In addition to the above messaging, patients who share personal information on psychoactive substance use should be offered a naloxone kit and related education on poisoning prevention and response with the kit. If appropriate, you may consider offering a naloxone kit to family members who are involved in the patient's care as well. If your workplace does not distribute naloxone kits, and you would like support with setting up a distribution site, visit www.ahs.ca/naloxone for more information or email naloxone.kit@ahs.ca.

Offer to link the individual with peer support or outreach workers, if available. These staff members can follow up with them or support them in their care and transition back into the community. All Albertans can access free support services through AHS Addiction & Mental Health by contacting the Addiction Helpline at 1-866-332-2322 (24/7) and health advice through Health Link by calling 811 (24/7).

17. Where can I get more information/training on trauma informed care?

The AHS Trauma Informed Care (TIC) E Learning Modules are available here, as well as a variety of toolkits and related external resources on TIC:

www.albertahealthservices.ca/info/page15526.aspx

Other resources relevant to TIC include:

- Brain Story Certification: www.albertafamilywellness.org/training
- Crisis Prevention Institute: www.crisisprevention.com/Blog/July-2011/Trauma-Informed-Care
- Mental Health Commission of Canada Presentation: www.mentalhealthcommission.ca/sites/default/files/2014-0408_mhcc_trauma-informed_care_0.pdf
- Canadian Centre on Substance Abuse: www.ccsa.ca/trauma-informed-care-essentials-series
- Klinik Community Health Centre: trauma-informed.ca/wp-content/uploads/2013/10/Trauma-informed_Toolkit.pdf

18. What is cultural safety?

Cultural safety is 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

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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.

At AHS, Diversity & Inclusion and the Provincial Indigenous Wellness Core are available for consultation, support, and information on culturally safe care. All staff are encouraged to take the Indigenous Cultural Competency Education modules available on MyLearningLink.

- A public access page of education on Indigenous Peoples in Canada from the AHS Indigenous Health Program can be found at www.albertahealthservices.ca/info/page7634.aspx
- A Primary Health Care Resource Centre page on Diverse Populations can be found at www.albertahealthservices.ca/info/Page8431.aspx

Cultural safety is more likely to exist where there is no inadvertent disempowering of the recipient of a service; it is a process of continual self-evaluation by a healthcare provider to ensure they are focusing on an individual and are not being influenced by assumptions about the individual's cultural background or social or economic status. It has a social justice underpinning where providers are committed to ensuring all people feel safe and are able to access services with dignity and respect regardless of their previous experiences with the health system (Curtis et al, 2019).

Reference: Curtis, E., Jones, R., Tipene-Leach, D., Loring, B., Paine, S-J., & Reid, P. (2019). Why cultural safety rather than cultural competency is required to achieve health equity: A literature review and recommended definition. *Int J Equity Health* 18, 174 (2019). doi.org/10.1186/s12939-019-1082-3

19. Where can I learn more about stigma reduction?

At AHS the Diversity & Inclusion Team have some helpful resources on Insite that can support self-reflection and stigma awareness and reduction. Below are a list of helpful resources to learn more about stigma reduction.

- AHS [Addressing Stigma to Improve Care Experience](#)
- AHS, [Harm Reduction: Reducing Stigma](#)
- CAMH, [Addressing Stigma](#)
- Canadian Centre on Substance Use and Addiction, [Stigma](#)
- Canadian Public Health Association, [Language matters: Using respectful language in relation to sexual health, substance use, STBIs and intersecting sources of stigma](#)

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- Evidence Exchange Network for Mental Health and Addictions, [The Acceptance Project: Reducing stigma and discrimination towards mental illness and substance use problems among community health centre staff](#)
- Government of Canada, [Stigma around substance use](#)
- Government of Canada, [Communicating about Substance Use in Compassionate, Safe and Non-Stigmatizing Ways](#)
- Mental Health Commission of Canada, [Stigma and the Opioid Crisis](#)
- Public Health Agency of Canada, [A Primer to Reduce Substance Use Stigma in the Canadian Health System](#)
- [See Beyond. See the Lives.](#)
- Toward the Heart, [Reducing Stigma](#)

20. Can my site provide harm reduction supplies to patients? If not, where can I direct someone who needs harm reduction supplies?

The AHS Psychoactive Substance Use Policy states that programs, services, and health care providers across the care continuum shall provide low threshold access to treatment and/or referral for patients while also maintaining timely access to harm reduction services and supplies (Element 3.3). Programs are supported to implement supply distribution as a part of their services.

If your program would like to start distributing harm reduction supplies, your program leader would be responsible for determining the process for establishing this service and how it will operate out of your program. This may include:

- a risk assessment and consultation with departments that may be involved in this work
- reviewing budget and cost of product inventory
- ordering products and determining storage and method of distribution
- education and training for staff on process for distribution
- monitoring/evaluation of distribution

For support on this, your leader may consider consulting with AHS Contracting, Procurement & Supply Management, their leadership team and the Harm Reduction Services team for support resources that may be available.

Many AHS sites and community programs are already providing harm reduction supplies to patients. If you are unable to provide supplies at your program, you may refer your patients to your local harm reduction program, if available, or other identified site that is able to provide supplies to your patients in an accessible manner. For support on this, do not hesitate to use the informAlberta.ca Harm Reduction Directories (listed below) or reach out to the Harm Reduction Services Team at harm.reduction@ahs.ca.

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informAlberta.ca Harm Reduction Directories:

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- [Calgary Zone](#)
- [South Zone](#)

21. Where can I learn more about social determinants of health and health promotion?

With some brief searching on Insite, you will find some resources that provide introductory education on social determinants of health. Some additional pages to support your learning include:

- Canadian Public Health Association, [What are the social determinants of health?](#)
- Government of Canada, [Social determinants of health and health inequities](#)
- Public Health Agency of Canada, [Social Determinants of Health](#)

22. What is opioid agonist therapy? Where can I learn more?

Opioid agonist therapy (OAT) is a medically prescribed treatment to prevent withdrawal from opioids using opioid agonist medications (e.g., methadone, buprenorphine-naloxone). OAT allows a person to regain stability and control over their life, and can support a patient in moving along their own pathway to recovery. OAT also reduces risk of poisoning.

Information on the AHS Opioid Dependency Program can be found at www.ahs.ca/odp. Most OAT clinics accept self or healthcare referrals, walk-ins and/or next day appointments are often available. There is the buprenorphine-naloxone initiation in emergency departments and urgent care services across Alberta in most of the urban centres. Rural roll out of this rapid access initiation is also in progress.

For provider practice support there is the [Opioid Use Disorder Telephone Consultation Service](#) where health care providers can get help with decision making around treatment and referrals for opioid use disorder and prescribing advice as needed.

The Alberta Opioid Dependency Treatment Virtual Training Program is available for all staff and was created to support education and training requirements of the College of Physician & Surgeons of Alberta. Training focuses on the opioid crisis, opioids, harm reduction, opioid poisoning, and opioid agonist therapy (OAT). The modules can be found at www.albertahealthservices.ca/info/Page16083.aspx. Modules for

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[Buprenorphine/Naloxone \(Suboxone®\) Home Induction](#) can be found linked on the same page. There is also the [Provincial Clinical Knowledge Topic Opioid Use Disorder and Opioid Agonist Therapy, Adult and Young Adult - Inpatient V 1.0](#) document for staff working in inpatient care.

23. How can we include more people with lived experience into program planning and service delivery?

The [AHS Patient Experience](#) pages can provide some guidance on how to involve patients and families in program planning and service delivery. For additional information and support for patient engagement, search the AHS Patient & Family Engagement website on Insite.