Harm Reduction for Psychoactive Substance Use Policy Frequently Asked Questions (FAQ)

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1. **What is harm reduction?**

   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**. It is guided by the principles of: humanism, which emphasizes the value and capacity of human beings; pragmatism, which is accepting circumstances as they are and approaching them in a realistic way; incrementalism, which advocates and celebrates change through small incremental steps; equitable access to services; wellness; and peer involvement. 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 involves a range of non-judgmental approaches and strategies aimed at providing and enhancing the knowledge, skills, resources and supports for individuals, their families and communities to make informed decisions to be safer and healthier.” (HealthLink BC, 2015).

Reference

Some 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](http://www.drugsafe.ca)
- Alberta Community Council on HIV - [www.acch.ca](http://www.acch.ca)

2. **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.

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

Harm reduction 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 overdose 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
- 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

Reference

4. **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
- Impaired driving prevention campaigns that create awareness of the risks of driving under the influence of alcohol and other legal or illegal substances
- Community based naloxone programs that provide education on poisoning (overdose) 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
- Nicotine replacement therapy which is offered to people in hospital, continuing care and other settings who may experience nicotine withdrawal while admitted for medical care and are unable to smoke cigarettes
- Harm reduction supply distribution and recovery programs that distribute sterile injection equipment, disposal options (e.g., sharps containers) and smoking supplies and receive needles and other supplies for safe disposal, as well as provide education on safer consumption of psychoactive substances
- Treatment for substance use which are available in Alberta in the form of various prescribed medications (e.g., buprenorphine-naloxone, methadone) that may curb cravings, reduce withdrawal symptoms and provide stability and increased quality of life
- Managed Alcohol Programs, which provide stability and reduce withdrawal and cravings for people with alcohol use disorder
- Supervised consumption services and overdose prevention sites which help prevent opioid poisoning deaths and other harms (See question #6 for more information)

5. **What is a supervised consumption service (SCS) or overdose prevention site (OPS)?**

**Supervised consumption services** provide a permanent location where people can use previously-obtained drugs in a monitored, hygienic environment to reduce harm and overdose or poisoning death caused by substance use. These sites offer additional services such as counselling, social work, and opioid dependency treatment. The federal government approves Supervised Consumption Services, and the process is intended for long-term service provision that typically includes a variety of other supports. SCS serves as an access point for the many services required by people impacted by substance use that they may not typically access due to lack of trust or structural or institutional barriers and stigma.

SCS provides sterile supplies for consumption and collects used supplies for safe disposal. SCS is an important component of the 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, housing) and resources for community transitions either onsite or through referrals to other service providers.
SCS offers opportunities for people to work towards 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** are typically a time-limited health service designated for the purposes of observing people while they are using previously-obtained drugs and monitoring for adverse events, primarily overdose or 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 an OPS in areas where an urgent public health need exists.

For more information search the external AHS site using ‘supervised consumption’:
- AHS Supervised Consumption Services – [https://www.albertahealthservices.ca/info/Page15434.aspx](https://www.albertahealthservices.ca/info/Page15434.aspx)

6. **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 infections like hepatitis and HIV and creates opportunities for people to lead healthier lives by increasing access points to health and social services. Abstinence is not a realistic or the goal for some people who use substances.

7. Can harm reduction reduce healthcare costs?

Harm reduction activities are cost-effective and can prevent costly outcomes related to substance use, like hepatitis, HIV and cardiac disease resulting in Emergency Department visits, and hospital admissions with often long term in-patient stays whenever possible. Costs can be saved through modifying behaviors to safer consumption habits. Research shows that a harm reduction approach improves wellness of people who use substances and reduces the likelihood individuals will need to access costly healthcare services such as Emergency Medical Services, hospital admissions for infections, serious illnesses, or can prevent an overdose or poisoning or loss of life.

World Health Organization. Effectiveness of Sterile Needle and Syringe Programming in Reducing HIV/AIDS among Injection Drug Users

A simple measure such as distributing a Naloxone kit ($35.00) or sterile injection supplies can save a life or prevent blood-borne illness transmission.

For example, the cost savings associated with the implementation of a Managed Alcohol Program in Edmonton was estimated to be over one million dollars. For more information visit: https://reachedmonton.ca/detail/posts/managed-alcohol-program-services-maps

In Alberta, in 2016/2017, the average cost for a stay in a teaching hospital is the following:
- Emergency Department visit/bed for critically ill or injured patient (e.g., opioid overdose): $1,155
- Medical unit/stay bed: $970 per day
- Critical Care or Intensive Care bed: $4,232 per day

A visit to Emergency followed by a two-day admission to Intensive Care and subsequently a two week inpatient stay for a serious cardiac infection would cost the healthcare system $23,199. A harm reduction approach, including sterile injection supplies and/or supervised consumption services, can provide the support people need to reduce risk of serious infections, promote their goals and wellness and prevent the cost of this hospital stay.

Reference
AHS Finance Department, October 2018
8. Why do we need a harm reduction policy?

AHS has had a harm reduction policy since 2013 however; it did not contain any principles, clear direction for practice, and the understanding of this topic has evolved. It is important to move forward with a robust person-first and family-centered approach to care. The policy is also important due to the unprecedented number of drug related deaths, and the role of health system related/iatrogenic stigma that keeps Albertans in the shadows of their addiction and suffering. In addition, the policy is also needed because addictions treatment and police enforcement have been unable to curb the number of substance related deaths in Alberta.

This revised policy provides specific expectations for staff, leaders and physicians regarding clinical practice, program planning and service delivery. These expectations are built on the principles and evidence supporting a harm reduction approach. 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: Health Albertans, Healthy Communities Together.

9. What does it mean to provide care using a harm reduction approach?

A harm reduction approach acknowledges that people who use substances do not have to be abstinent to receive compassionate or evidence-based healthcare. Harm reduction is a person-centered approach driven by the needs and goals of the individual. When we do not require abstinence to support access to out-patient counselling services, sterile supplies, and treatment for illnesses and injury we are implementing a harm reduction approach to the care. The application of a harm reduction approach across the health system will encourage leaders and healthcare providers to examine their current practices (e.g. criteria for surgery, admittance to a treatment program for opioid use disorder or substance use) and reflect on what the individual truly needs, their choices and barriers and what can be offered to them to improve their health and wellness.

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. Using this approach you are expected to communicate and interact in a manner that demonstrates respect, acceptance, and compassion, without judgment or discrimination towards people who use psychoactive substances, their families, and their communities.

It is critical to use respectful language when interacting with and communicating about Individuals and their families. For example, healthcare providers shall avoid the use of labels
(e.g. addict, drug abuse, junkie, clean/dirty, frequent flyer) that promote stigma or a narrow, disrespectful view of the individual or the family’s needs and their life experiences.

10. **Healthcare providers may struggle to support people who use psychoactive substances. What supports are in place for different work settings? Can a site develop resources specific to the needs of their work settings?**

Specific educational resources will be developed that can be used in a multitude of settings to help leaders and staff to address both knowledge about harm reduction best practices as well as the potential need for changes in culture related to beliefs, values and emotions. For example the education resources will include the current evidence on a number of harm reduction topics, video clips of persons with lived experience, staff and physicians and their life experiences with harm reduction, stigma and other topics as well as scripts designed by experts, including persons with lived experience, that advise on reflecting on our values, beliefs, what to say and how to work in a positive way with people that use substances. 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 *Harm Reduction for 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!

For additional support it is recommended that you contact the Employee and Family Assistance Program (EAP) that supports AHS staff or the Clinical Ethics (search term in Clinical Ethics) department as they can help you with questions related to your personal health and well-being (EAP) and that may be ethical in nature.

11. **What resources exist on drug use and the drugs that are in the community?**

The AHS website at [www.drugsafe.ca](http://www.drugsafe.ca) 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 and mental health services, overdose response, and harm reduction.

AHS and the Harm Reduction Services Team partner closely with the Alberta Community Council for HIV (ACCH), which supports a network of harm reduction organizations that provide information and in-person training around safer substance use. A list of sites that ACCH supports can be found at [www.acch.ca](http://www.acch.ca)
12. **What education is available to aid staff or 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 Opioid Dependency Treatment virtual training program [Provincial Addiction Curricula and 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

https://livestream.com/accounts/3923053/events/8457082

https://www.albertahealthservices.ca/info/Page16083.aspx

Information on cannabis can also be found at
https://www.albertahealthservices.ca/info/Page15989.aspx

There is information on trauma informed care (6 modules) and can be found at
https://www.albertahealthservices.ca/info/Page15526.aspx

The Developmental Pathways of Addiction and Mental Health (formerly InRoads) is a web-based interactive e-Learning 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 health promotion and disease prevention, rather than just treating the impact of mental health disorders. The information can be found at
https://www.albertahealthservices.ca/info/Page15972.aspx

13. **How can we minimize medication interactions or adverse events with individuals on medication management for their medical condition who are also using psychoactive substances?**
The best way to avoid an interaction between medications and the psychoactive substances an individual is using is to actually know what they are using. This will only happen in the context of a supportive, compassionate and nonjudgmental care environment, where the individual feels safe disclosing their substance use. Once the information is available the healthcare provider should capture the psychoactive substance(s) on the Best Possible Medication History (BPMH) when performing Medication Reconciliation or a Medication Review and provide education to the individual (and family if applicable) on possible interactions and how to address adverse events. It is always important to share this information with the interdisciplinary team that is providing care for the individual.

14. Was staff safety considered in the development of the harm reduction policy?

Staff safety is always considered in our work in AHS. Harm reduction approaches are centered on reducing harm for all individuals involved in providing or receiving care. Healthcare providers can effectively promote safety by providing compassionate, non-judgmental care and by using de-escalation techniques or other positive person-focused strategies whenever necessary.

At times respectful boundaries may need to be established with the individuals for their safety and the safety of the staff. Steps taken to promote safety should consider the person’s right to services, respect or acceptance, and should not put the safety of the healthcare providers at risk. Healthcare providers can promote individual, family, and staff safety by adopting a harm reduction approach. Follow the usual steps or protocols in your practice setting.

15. The definition of psychoactive substances includes tobacco. How do we reconcile the Harm Reduction for Psychoactive Substance Use Policy and the Tobacco Use Policy?

As far as tobacco use, the Tobacco and Smoke-Free Environments Policy restricts smoking because of concerns related to the harms for staff and other individuals; however, the program is able to safely provide pharmaceutical grade nicotine or an equivalent safe alternative in the form of nicotine inhalers, gum, patches and lozenges for those who cannot or do not want to discontinue use. The focus is on the comfort of the people that are not ready to quit and provide resources for those that wish to quit. The goal is to support the individual and to ensure safety of those around them. This messaging aligns with the harm reduction approach that does not require abstinence in order to receive health services.
16. Will sites be given Naloxone Kits and receive education on their use?

Naloxone Kits are available for distribution to the public only and not for use by healthcare providers in their work setting. Acute care sites order kits through AHS Pharmacy and community sites order kits through the Community Based Naloxone Program. For further support, visit the Community Based Naloxone Program web site at www.ahs.ca/naloxone or email naloxone.kit@ahs.ca.

Education is available through MyLearning Link for staff wishing to distribute the kits to the public. (Course name: Take Home Naloxone Training).

17. If an individual is using psychoactive substances, is a Managed Risk or Behavioral Agreement required?

Sites may explore the use of various strategies to establish expectations of the individuals and staff in the specific setting. Strategies should be person-centered and based on the AHS values (Compassion, Accountability, Respect, Excellence, and Safety) and the principles in this new policy related to right to access care and services.

18. What steps do I take if a physician or staff member is not using a harm reduction approach?

The Harm Reduction for Psychoactive Substance Use policy states that 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. If you are comfortable 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 another physician and seek their support and advice. In some situations, education for the team could be arranged to promote the principles of a harm reduction approach in the work setting. Additional support may be provided by emailing harm.reduction@ahs.ca.

For additional support it is recommended that you contact the Employee and Family Assistance Program (EAP) that supports AHS staff or the Clinical Ethics (search term in
Clinical Ethics) department as they can help you with questions related to your personal health and well-being (EAP) and that may be ethical in nature.

19. **If people are using psychoactive substances what are some key messages I can provide them to encourage safer psychoactive substance use?**

Information and key messages to promote safer psychoactive substance and prevent overdose can be found at [www.drugsafe.ca](http://www.drugsafe.ca). Specific strategies include:

- **Avoid using alone** – Use a Supervised Consumption Site or Overdose Prevention Site, where you can be supervised by staff trained to respond to overdose. When using in the company of others, stagger use so that they do not use at the same time to ensure someone is available to help if overdose occurs. Leave doors unlocked and have friends check in if using alone.
- **Start low and go slow** – Use a smaller test dose first before increasing to larger amounts to check strength and your tolerance. This is very important due to the potential for unexpected exposure to a tainted impure drug supply from some disreputable suppliers that may be in the marketplace.
- **Avoid mixing drugs** – Use one drug at a time, and be aware of drug interactions between prescriptions, alcohol, cannabis, and street drugs, if choosing to combine them.
- **Know the signs and symptoms of overdose.**
- **Call 911 if you suspect an overdose and carry a Naloxone Kit and learn how to use it.**

The individual should be offered a Naloxone Kit and the related education for use of the kit. Find out how you can distribute kits at your workplace. If your workplace does not distribute kits, and you would like support with setting up a distribution site, email naloxone.kit@ahs.ca. Inform the individual about local community agencies that support harm reduction and links to services. Visit [www.acch.ca](http://www.acch.ca) for a list of sites (more details re: locating resource).

Offer to link the individual with peer support or outreach workers, if available, that can follow up with them or support them in their care and transition back into the community. All Albertans can access free services through AHS Addiction and Mental Health by contacting their local office (Mental Health Help line (1-877-303-2642 (24 hour access), and 24/7 health advice through Health Link by calling 811.

20. **If a supervised consumption service site is not available what should we tell people?**

Question 19 provides some key messages on safer use. Every community is different. We encourage you to contact your local addiction and mental health professionals for advice.
related to resources within that community. You can call 211 to find out where to get safer substance use supplies in your area. The Addiction Help Line (1-866-332-2322 – 24 hours) and Mental Health Help Line (1-877-303-2642 - 24 hours).

21. Where can I refer someone to access Naloxone Kits?

Naloxone Kits are available at many community sites across Alberta, including pharmacies, walk-in clinics, non-governmental organizations, and private organizations. To find the nearest site to you, visit www.drugsafe.ca (Click “Opioids” at the top and “Get Naloxone”) or visit the interactive map at:

https://public.tableau.com/profile/publish/MapforNaloxoneKitDistribution/Dashboard8#!/publisher-confirm

Naloxone Kits are available to anyone at risk or likely to witness an opioid overdose and are available to any member of public at no cost and without requiring identifiers or any disclosure to access.

Naloxone Kits are also routinely provided in acute care, Emergency Departments and Urgent Care Centres to anyone presenting with interest or at risk for overdose.

If you need additional support around access to Naloxone Kits in your community, email naloxone.kit@ahs.ca.

22. Where can I get education on the use of Naloxone Kits?

All education on the use of Naloxone Kits is available at www.ahs.ca/naloxone. For in-person training requests for private groups who serve people impacted by substance use, email naloxone.kit@ahs.ca

Anyone receiving a kit should be offered training on the spot and has the right to refuse training, as it is not mandatory. Training in the community is also available through ACCH. Find a program in your area at www.acch.ca. Training may also be available at community pharmacies and public health clinics.

Education is available through MyLearning Link for staff wishing to distribute the kits to the public. (Course name: Take Home Naloxone Training).
23. **What is the Good Samaritan Drug Overdose Act?**

The act does not apply to staff working as employees in AHS. This law only relates to protections indicated in the following statement:

The Good Samaritan Overdose Act is now a law that provides some legal protection from minor drug-related criminal charges for individuals who seek emergency help during an overdose. The law is designed to encourage individuals to call 911 if they see a drug poisoning or overdose. For more information on the law, visit: [https://www.canada.ca/en/health-canada/services/substance-use/problematic-prescription-drug-use/opioids/about-good-samaritan-drug-overdose-act.html](https://www.canada.ca/en/health-canada/services/substance-use/problematic-prescription-drug-use/opioids/about-good-samaritan-drug-overdose-act.html)

24. **Where can I get more information/training on trauma-informed care?**

The AHS Trauma Informed Care E-Learning Modules are available here: [https://www.albertahealthservices.ca/info/page15526.aspx](https://www.albertahealthservices.ca/info/page15526.aspx)

Other resources on Trauma Informed Care include:

- **Definitions** [https://www.albertahealthservices.ca/assets/healthinfo/mh/hi-amh-tic-definitions.pdf](https://www.albertahealthservices.ca/assets/healthinfo/mh/hi-amh-tic-definitions.pdf)
- **Understanding Adverse Childhood Experiences and Being Trauma Informed Module:** [https://www.albertahealthservices.ca/info/Page15972.aspx](https://www.albertahealthservices.ca/info/Page15972.aspx)
- **Crisis Prevention Institute:** [https://www.crisisprevention.com/Blog/July-2011/Trauma-Informed-Care](https://www.crisisprevention.com/Blog/July-2011/Trauma-Informed-Care)
- **Mental Health Commission of Canada Presentation:** [https://www.mentalhealthcommission.ca/sites/default/files/2014-0408_mhcc_trauma-informed_care_0.pdf](https://www.mentalhealthcommission.ca/sites/default/files/2014-0408_mhcc_trauma-informed_care_0.pdf)
- **Manitoba Trauma Information and Education Centre:** [https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816](https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816)
- **Centre of Excellence for Women’s Health – TIP Guide:** [http://bccewh.bc.ca/2014/02/trauma-informed-practice-guide/](http://bccewh.bc.ca/2014/02/trauma-informed-practice-guide/)