

Harm Reduction

Low-Threshold Services

Low-threshold service models mean making minimal demands on the person, and reducing or removing barriers for people to access care. This means being accessible, accommodating, affordable, welcoming, and supportive. The updated Harm Reduction for Psychoactive Substance Use policy supports low-threshold services across Alberta Health Services.

Low-threshold services:

- Are flexible and patient-centred
- Remove real or perceived barriers to care
- Improve a person's follow-up and engagement with health and social service providers
- Coercion strategies (for example, discontinuing treatment when the person misses a dose) are not used to promote engagement or retention in the program

How can AHS provide low-threshold services?

Accessible

- Offer interdisciplinary and collaborative care
- Have a convenient location and hours of operation (such as a 12-hour vs. 8-hour clinic)

Accepting

- Use non-stigmatizing language and actions
- Include all cultures, backgrounds, sexual orientations, gender identities, and gender expressions
- Practise trauma-informed care
- Employ people with lived experience

Affordable

- Provide services at no or low cost
- Help with transportation (such as provide taxi vouchers)
- Provide low-cost parking

Accommodating

- Offer flexible appointment times and locations
- Provide outreach services to the surrounding community (for example, rural or mobile community clinics)
- Build on a person's current strengths and supports
- Support people to set their own goals based on their needs, circumstances, abilities, beliefs, and priorities
- Identify and solve problems (for example, facilitating medication pickup at different locations, or arranging for transportation home by providing a taxi voucher)

Removing barriers to care

(real and perceived)

- Don't require government identification
- Minimize unrealistic eligibility criteria (such as abstinence, sobriety, or current treatment/detox)
- Reduce uniformed staff and security
- Allow self-referral for services
- Provide referrals to support services (such as social work, peer navigator/support, harm reduction supplies, and supervised consumption services)

References

- Alberta Health Services. (2018). *Harm reduction for psychoactive substance use*. Alberta: Author. Retrieved from <https://extranet.ahsnet.ca/teams/policydocuments/1/clp-harm-reduction-for-psychoactive-substance-use-policy.pdf>
- Bulling, I.S. (2017). Stepping through the door – exploring low-threshold services in Norwegian family centres. *Child & Family Social Work, 22*(3), 1264-1273. <http://www.doi.org/10.1111/cfs.12343>
- Lago, R.R., Peter, E., & Bógus, C.M. (2017). Harm reduction and tensions in trust and distrust in a mental health service: A qualitative approach. *Substance Abuse Treatment, Prevention, and Policy, 12*(1), 12-21. <http://www.doi.org/10.1186/s13011-017-0098-1>
- Marwick, N., McNeil, R., Small, W., Kerr, T. (2015). Exploring the public health impacts of private security guards on PWUD: A qualitative study. *Journal of Urban Health, 92*(60), 1117-30. <http://www.doi.org/10.1007/s11524-015-9992-x>
- McNeil, R., Dilley, L.B., Guirguis-Younger, M., Hwang, S.W., & Small W. (2014). Impact of supervised drug consumption services on access to and engagement with care at a palliative and supportive care facility for people living with HIV/AIDS: A qualitative study. *Journal of International AIDS Society, 17*(1), 18855. <http://www.doi.org/10.7448/IAS.17.1.18855>
- McNeil, R., Kerr, T., Pauly, B., Wood, E., & Small, W. (2016). Advancing patient-centered care for structurally vulnerable drug-using populations: A qualitative study of the perspectives of PWUD regarding the potential integration of harm reduction interventions into hospitals. *Addiction, 111*(4), 685-694. <http://www.doi.org/10.1111/add.13214>
- McNeil, R., Kerr, T., Pauly, B., Wood, E., & Small, W. (2016). Advancing patient-centred care for structurally vulnerable drug-using populations: A qualitative study of the perspectives of people who use drugs regarding the potential integration of harm reduction interventions into hospitals. *Addiction, 111*(4), 685-694. <http://www.doi.org/10.1111/add.13214>
- McNeil, R., Small, W., Wood, E., & Kerr, T. (2014). Hospitals as a 'risk environment': An ethno-epidemiological study of voluntary and involuntary discharge from hospital against medical advice among people who inject drugs. *Social Science & Medicine, 105*, 59-66. <http://www.doi.org/10.1016/j.socscimed.2014.01.010>
- Pauly, B., McCall, J., Parker, J., McLaren, C., Browne, A. J., & Mollison, A. (2013). Creating culturally safe care in hospital settings for people who use(d) illicit drugs. *University of Victoria Centre for Addictions Research of BC Bulletin, 11*. Retrieved from <https://www.uvic.ca/research/centres/cisur/assets/docs/bulletin11-creating-culturally-safe-care.pdf>
- Stevens, A., Radcliffe, P., Sanders, M., & Hunt, N. (2008). Early exit: Estimating and explaining early exit from drug treatment. *Harm Reduction Journal, 5*(13), 1-14. <http://www.doi.org/10.1186/1477-7517-5-13>
- Vashishtha, D., Mittal, M.L., & Werb, D. (2017). The North American opioid epidemic: Current challenges and a call for treatment as prevention. *Harm Reduction Journal, 14*(7), 1-14. <http://www.doi.org/10.1186/s12954-017-0135-4>