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

## 2019 CADTH Symposium

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## Disclosure

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

## Goals of Presentation

- The Opioid Crisis & Harm Reduction Initiatives
- Rationale & Evidence for Policy Revision in Alberta
- Policy Development
- Objectives and Principles
- Implementation of a Harm Reduction Approach
- Making a Difference in Practice
- Next Steps

**“People who use drugs are not expendable – they are human beings who come from families who love them. They are someone’s son, daughter, brother, sister, or parent.”**

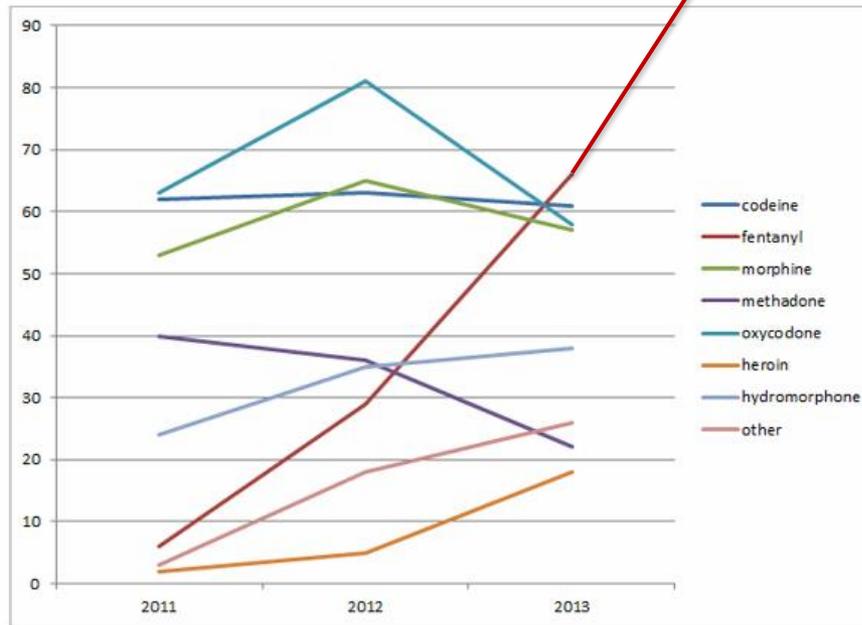
(Lewis, 2010)



# Opioid Poisoning Deaths Rising

2014 – 120 fentanyl OD deaths

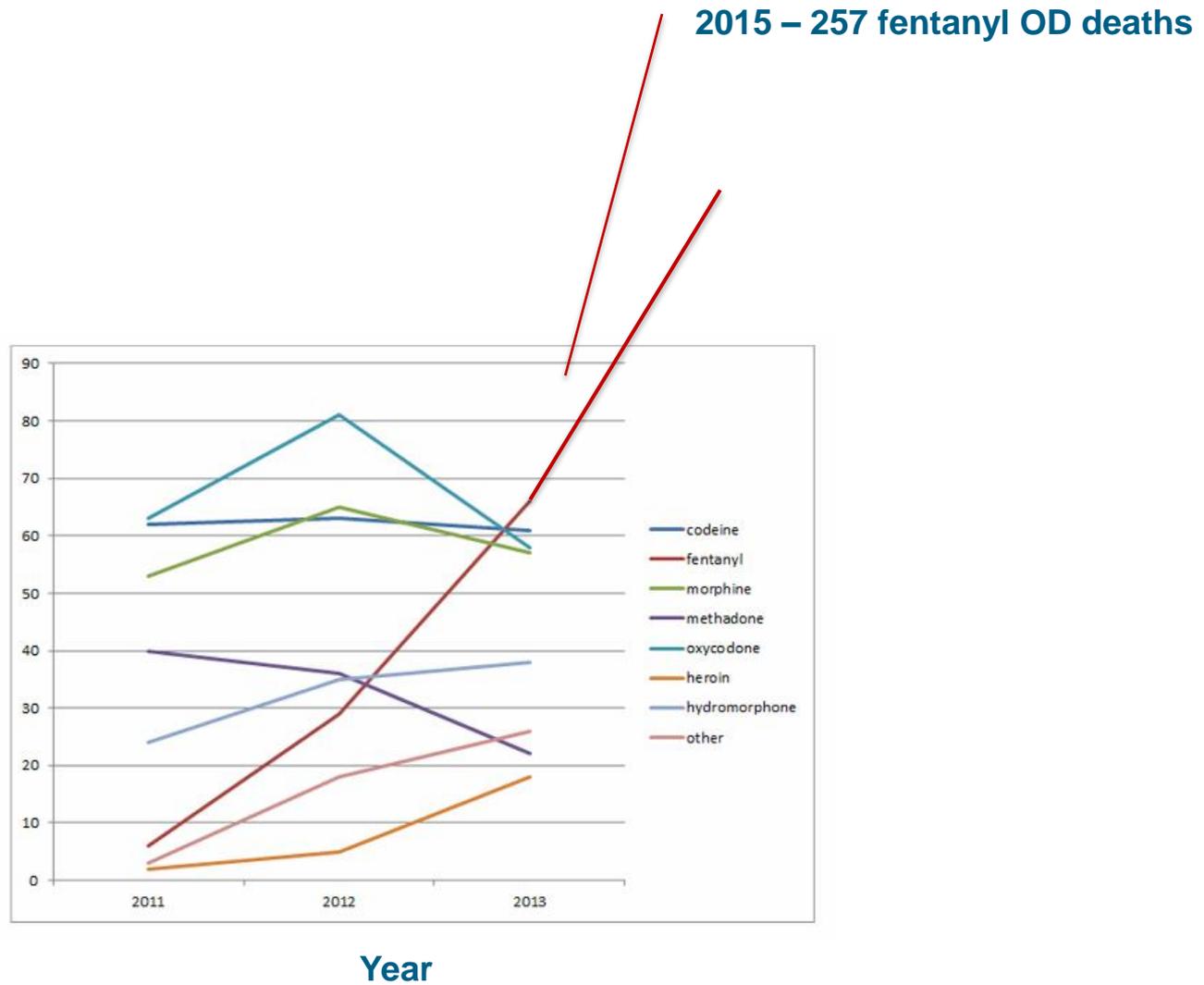
Deaths



Year

# CADTH Symposium 2019

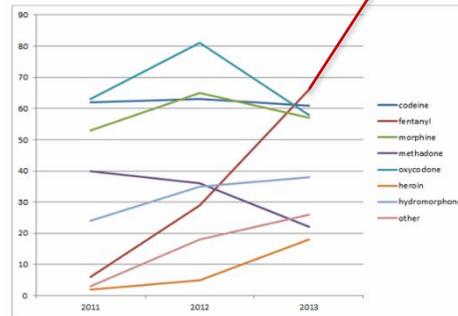
Deaths



**2017 – 562 fentanyl OD deaths**  
**2018 – 746 opioid poisoning deaths**

**2016 – 368 fentanyl OD deaths**

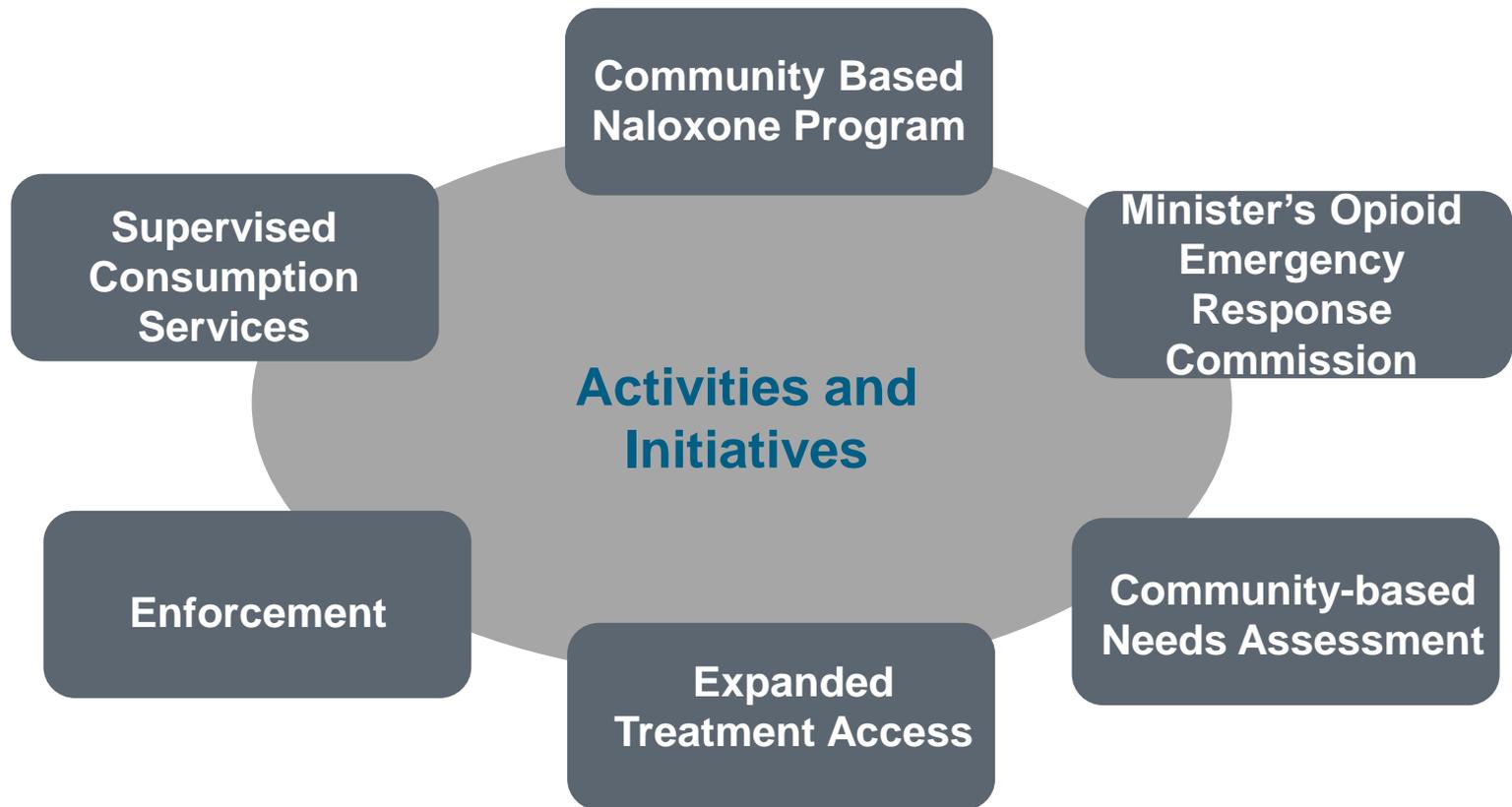
**Deaths**



**Year**

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# Alberta Provincial Opioid Crisis Response



## 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.

## 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



**Sarah Wakeman**

@DrSarahWakeman

Follow

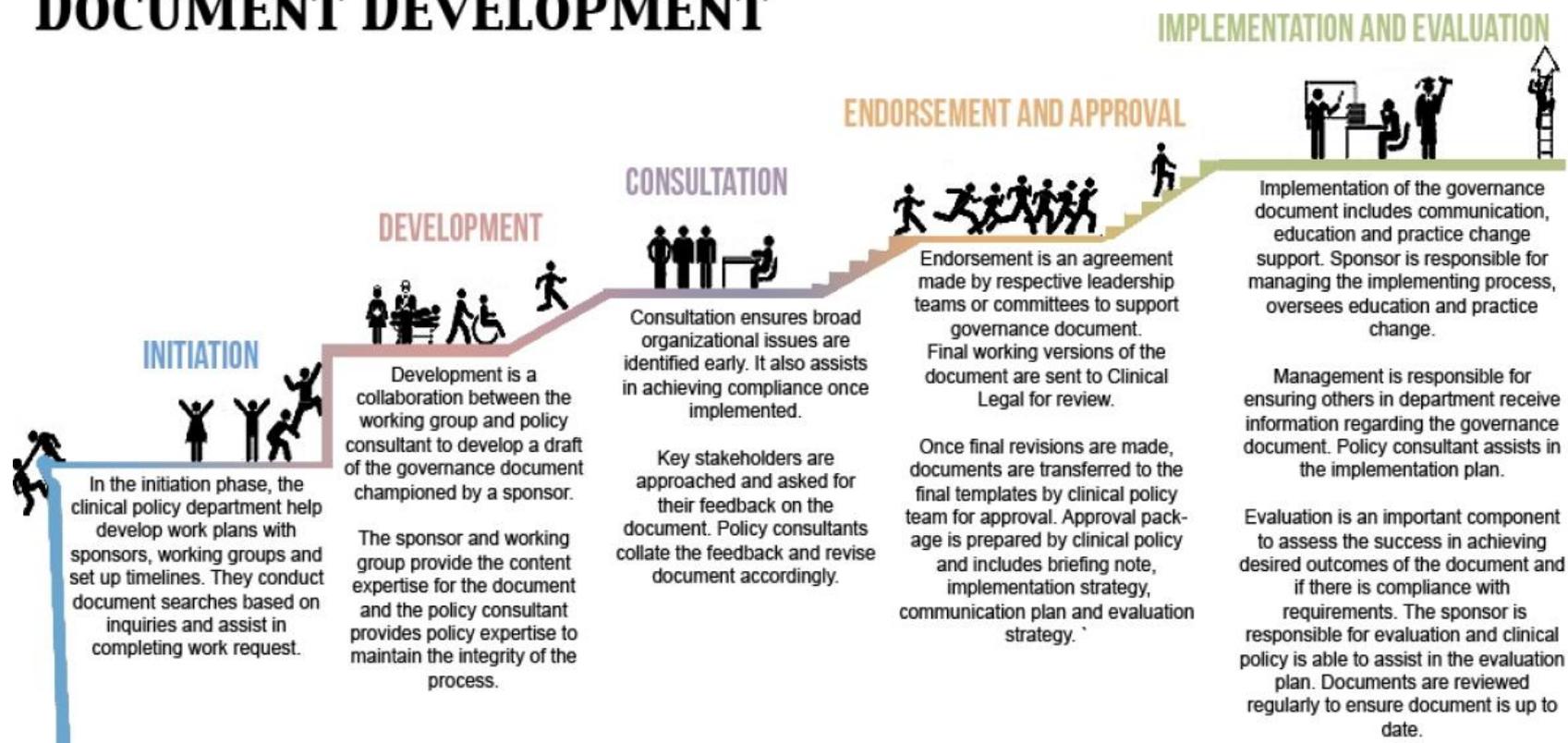


**#HarmReduction** (or clinical medicine broadly) could be summarized as meeting someone where they are but not leaving them where you found them.

<https://twitter.com/DrSarahWakeman/status/1067012288484466688>

# Policy Development/Review Process

## STEPS TO DOCUMENT DEVELOPMENT



## 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)

## Policy Development Process

- Establish a project team of experts including patient advisors and/or persons with lived experience with substance use.
- Schedule regular group meetings
- Create the first drafts of revised policy and seek feedback



## Review & Feedback

- Consultation on final drafts – internal and external to AHS
- Review by AHS Health Law and Clinical Ethics
- Approval by Senior Leadership
- Implementation with education and priority setting for future policy work (e.g. acute care, treatment)



## 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

## 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

# Principles

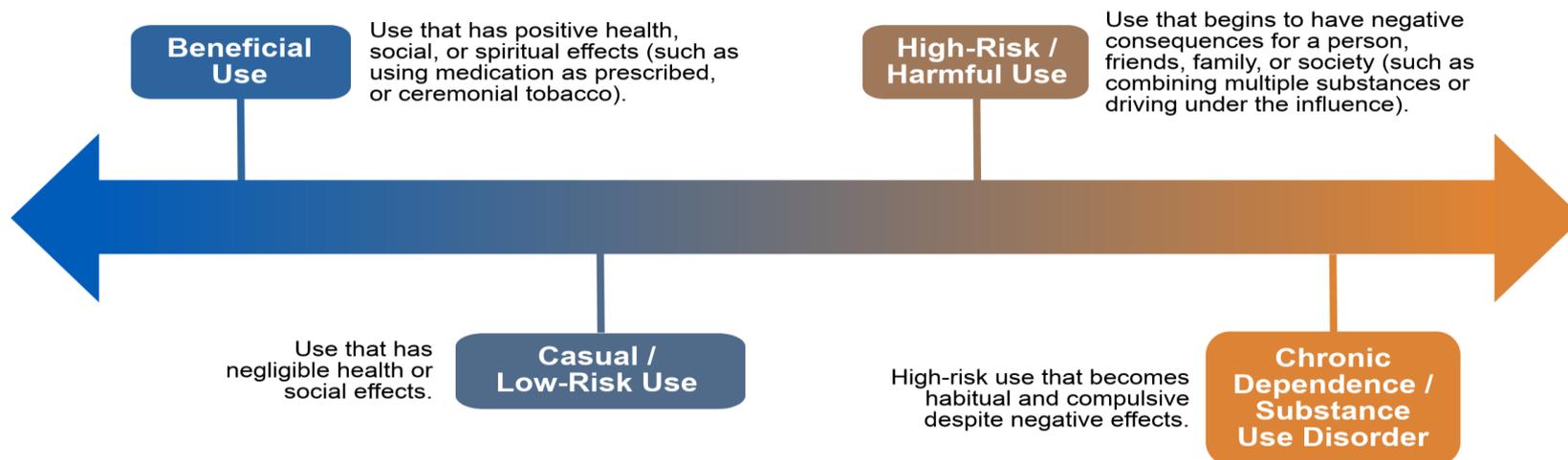
- Psychoactive substance use is a complex multi-faceted phenomenon.



- 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

# Principles

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



## 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

## 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.



## Thought to Consider

When we talk about harm reduction we often reduce it to a public health framework, one of reducing risks. That is harm reduction with a small h-r. Harm reduction is meeting people where they're at but not leaving them there. But Harm Reduction with a capital H and R – this is the movement. One that shifts resources and power to the people who are most vulnerable in structural violence.

Monica Tula, ED, Harm Reduction Coalition

## Principles

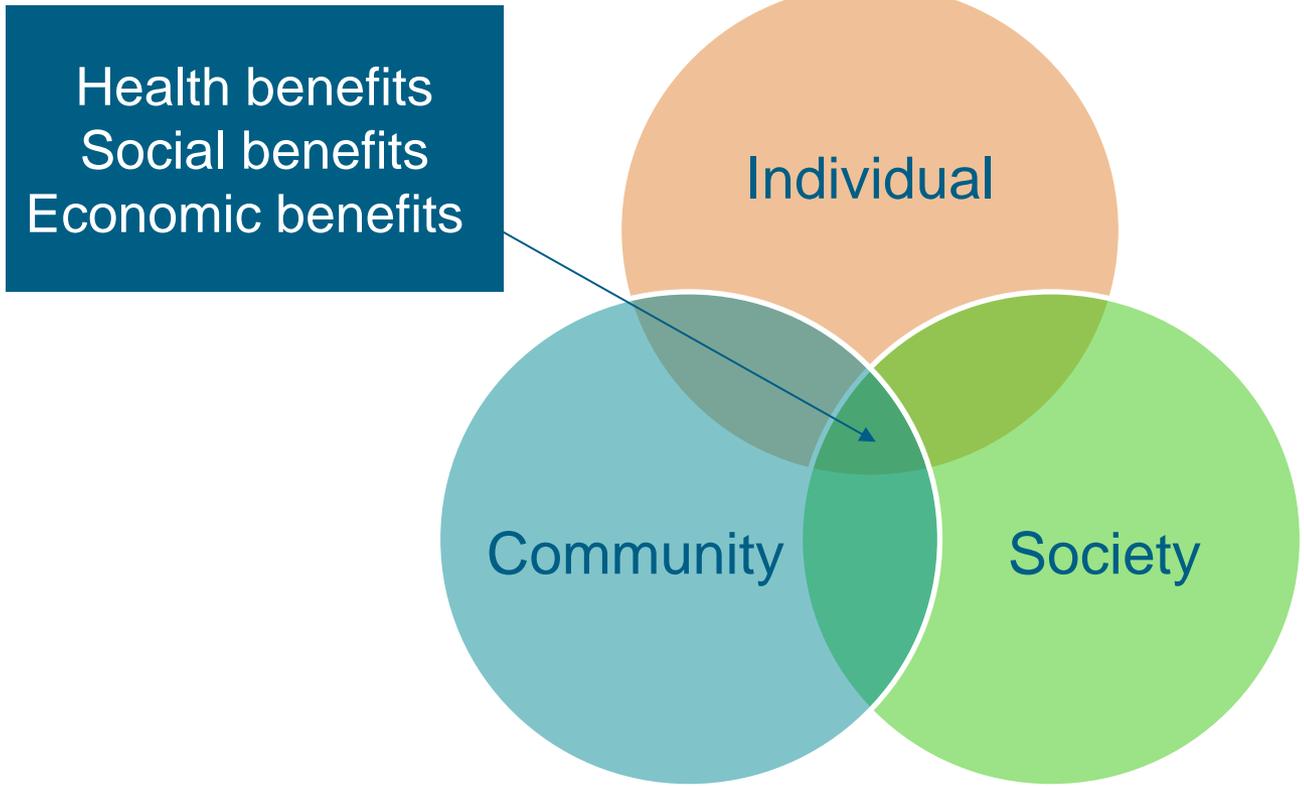
- Patients and families are integral members of the health care team. Health care providers will adopt a patient and family-centered approach to the care and services provided and include the family, as appropriate, in a respectful, nonjudgmental manner.
- Patients who use psychoactive substances will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

## 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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# Benefits of Harm Reduction



(Newcombe 1992)

## 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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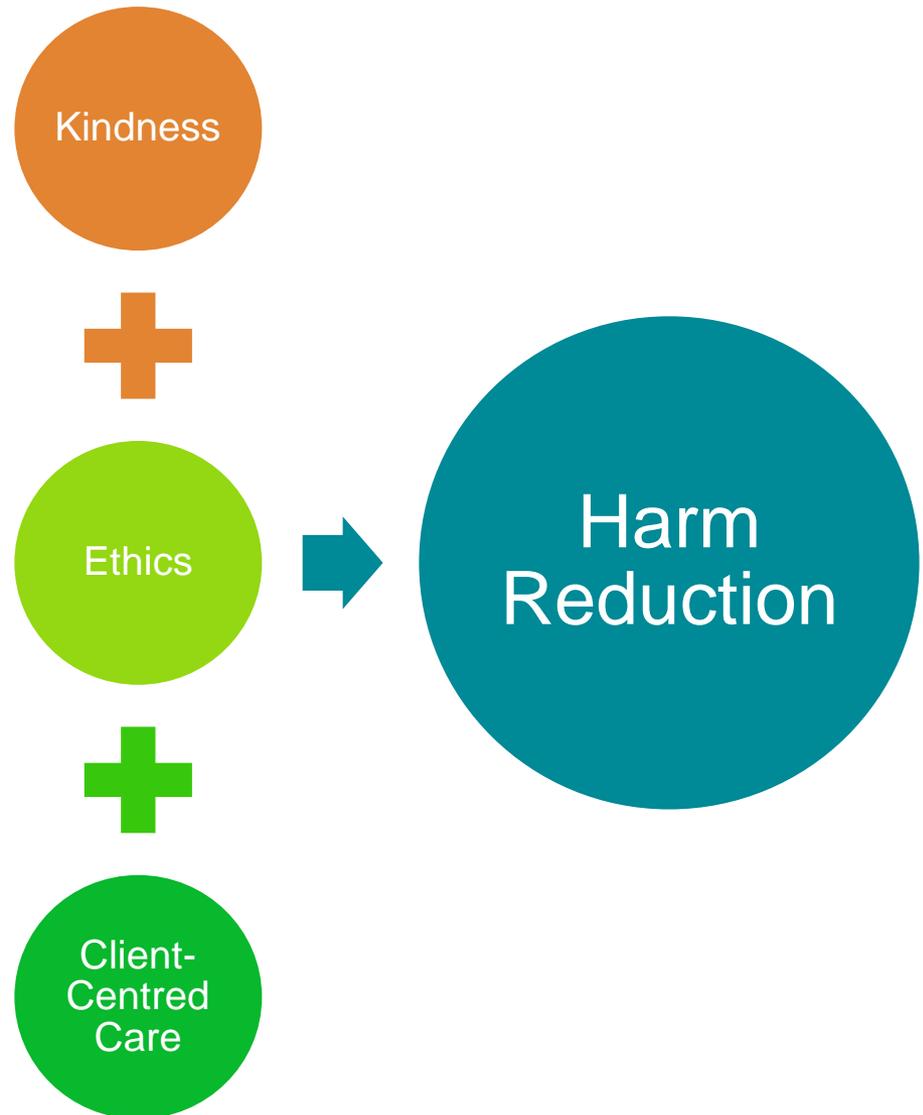
# Pragmatism

## MYTH

Harm Reduction is complicated and needs special training.

## FACT

Harm reduction is simple and pragmatic. It is founded on kindness, compassion, and ethics. There are many ways one might already practice and can practice harm reduction without cost, training or effort.



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# Autonomy



## MYTH

Harm reduction promotes and enables drug use and is anti-abstinence.

## FACT

Harm reduction respects abstinence as an option but does not enforce it. It empowers people with education, support to make decisions about their health. Without harm reduction, substance use would still occur.

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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.

## Thought to Consider

This is heartbreaking and tragic. Stigma is lethal. As a professional in long term recovery I know this struggle well. Until we feel safe disclosing our struggles without fear of shame, stigma, isolation, and career suicide this pattern will repeat. It starts with us.

**Sean Fogler, December 31, 2018 Twitter**

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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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# Choice



## MYTH

People can always choose to stop using substances.

## FACT

**Addiction is not a choice.**

The brain structure changes and there is a psychological component to problematic use that drives repeated use (in order to avoid withdrawal). This takes time to recover from and is difficult to do without support and management of withdrawal symptoms.

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# Cost



## MYTH

Harm reduction is expensive.  
Tax dollars are being wasted  
on harm reduction.

## FACT

The cost of treatment and  
emergency interventions  
associated with harms related  
to substance use and STBBIs  
is far greater than the cost of  
prevention efforts. Harm  
reduction initiatives have been  
linked with lower health care  
costs for the community.

## Evidence Based Initiatives

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



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# Harm Reduction Services Team

Provincial team supporting harm reduction learning and development within AHS

Operation of Community Based Naloxone Program

Partnership and collaboration with Alberta Community Council on HIV (ACCH) and other community agencies

Contact us via [harm.reduction@ahs.ca](mailto:harm.reduction@ahs.ca)



# Community Based Naloxone Program





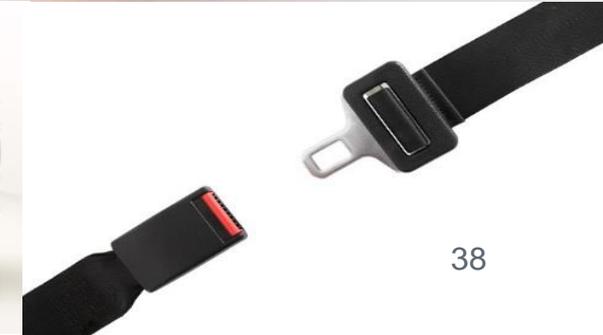
In 2015, more Calgarians have died from fentanyl use than traffic collisions and homicides combined.

Your next dose of fentanyl may be your last.

#FentanylKills



Fentanyl awareness ad from Calgary police and Alberta Health Services.



## Supervised Consumption Services

- There are 7 supervised consumption sites currently operating in Alberta.
- The sites are government funded.
- Supervised consumption services help save lives and build safer communities.

# Supervised Consumption Services



## Opioid Replacement & Injectable Therapy

- Methadone or Suboxone® maintenance treatments are available to people dependent on opioids and helps them access services they need to live healthy lives.
- In Alberta the number of clinics providing opioid replacement treatment have expanded. Access is now available through Emergency departments and primary care as well.

# questions comments

[harm.reduction@ahs.ca](mailto:harm.reduction@ahs.ca)  
[www.ahs.ca/harmreduction](http://www.ahs.ca/harmreduction)



April 16, 2019