POLICY HARM REDUCTION FOR PSYCHOACTIVE SUBSTANCE USE		Page 1 of 4
EXECUTIVE SPONSORSHIP Vice President, Population and Public Health and Chief Medical Health Officer	**INITIALLY RELEASED DATE** Unknown	**VERSION DATE** May 2023

PURPOSE

Fraser Health Authority is committed to delivering harm reduction-inclusive care to ensure equitable access, safety and improved health care outcomes for people who use substances.

This policy is intended to:

- provide a common understanding of the overarching principles of harm reduction.
- clarify the responsibility of all staff including health care providers to provide people who use substances with equitable, non-judgmental and evidence-based care that is respectful of individual rights and dignity.
- support the integration of harm reduction principles and practices in all Fraser Health Authority clinical policies, procedures, guidelines and hiring processes in order to reduce harms and improve the health of individuals.
- support the engagement of people with lived and living experience through the practice of allyship in the development, implementation, monitoring and evaluation of policies and programs designed to serve people who use substances.
- provide guidance for program planning and service delivery across the health authority.
- support ongoing quality improvement using evidence, systematic monitoring, evaluation, and knowledge translation.
- support collaboration with community partners by developing shared goals and accountabilities for the delivery of services based on a harm reduction approach across the continuum of care.
- reinforce professional and ethical standards that are consistent with the values, practices, and competencies of harm reduction.[1,2]

BACKGROUND

Substance Use

Most people will use some kind of psychoactive substance in their lifetime. People use substances for many different reasons, including for personal enjoyment, to relax or socialize, or to cope with/manage pain, stress or other problems. Substance use is a complex, multi-faceted phenomenon that occurs on a spectrum from beneficial to harmful both on an individual and population health level. According to the United Nations Office on Drugs and Crime, an estimated 271 million people, or 5.5 percent of the global population 15-64, used drugs in the previous year. Less than 13 percent of these individuals are thought to be living with a substance use disorder. [3]

Harm Reduction

In the context of substance use, harm reduction refers to policies, programs and practices that aim to minimize negative health, social, legal and economic impacts associated with both psychoactive substance use and the legal system that criminalizes and marginalizes people who use substances. Harm reduction is grounded in justice and human rights. It focuses on positive change and on working with people without judgement, coercion, discrimination, or requiring that they stop using substances as a precondition of support.

Harm reduction encompasses a range of health and social services and practices that apply to legal and illegal substances. These include but are not limited to harm reduction uses of different pharmaceutical interventions such as nicotine replacement therapy (NRT), needle and syringe distribution, safe sharps disposal, witnessed consumption of substance use, managed alcohol programs, naloxone training and distribution, drug checking, and the provision of information on safer substance use. Approaches such as these are cost-effective, evidence-based and have a positive impact on individual and community health. (4)

POLICY

An evidence-based harm reduction approach shall be adopted by all Fraser Health Authority programs and services. People who use substances have the right to receive equitable, non-judgmental and evidence-based health care regardless of whether the substances they use are legal or illegal. Broadly speaking, the health authority's priority is to decrease harms associated with substance use and promote wellness rather than, necessarily decrease substance use itself. Fraser Health Authority will provide harm reduction-inclusive care, including non-abstinence approaches to reducing harms associated with substance use. All services are informed by client goals and evidence-based clinical practice standards. A harm reduction approach is to be incorporated when providing care to people of all ages, including those under 19 years of age.

When working with people who use psychoactive substances and their families, Fraser Health Authority programs and services shall:

- treat everyone with respect and dignity, without judgment, stigma or discrimination.
- embrace diversity and cultural humility, understanding that people have not always felt safe when receiving healthcare.
- deliver trauma and resiliency informed services, and culturally safe services for all clients.
- use health promotion principles, enabling people to increase control over their own health and well-being, without requiring them to discontinue or decrease substance use.
- ensure people who use substances have access to the information and equipment they need to maximize benefits while preventing blood borne infections, other drug-related harms and reduce morbidity and mortality from toxic drug poisonings.
- respect individual autonomy and rights by supporting people to set goals based on their specific circumstances, needs, abilities, beliefs, and priorities, and to make informed choices and decisions about their clinical care, treatment, and other services that may impact their health outcomes.
- recognize that substance use often exists alongside other health and social circumstances and needs and, where possible, promote optimum health by acknowledging intersectionality and addressing social inequities and social determinants of health.
- engage people with lived and living experience through the practice of allyship in the development, implementation, monitoring and evaluation of policies and programs designed to serve people who use substances.

DEFINITIONS

Allyship is an active, consistent, and arduous practice of unlearning and re-evaluating, in which a person in a position of privilege and power seeks to operate in solidarity with a marginalized group.(5)

Competency is the attitudes, knowledge, skills, and judgement required for a person to contribute to, and participate in, an area of practice efficiently and effectively. Competence can be gained through lived and living experience and/or formal education, and gaining it is an active, life-long process.

Cultural humility is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.

Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.(6)

Discrimination means any practice, judgement or action that creates and reinforces oppressive relations or conditions that marginalize, exclude or restrain the lives of those encountering it.

Family means one or more individuals identified by the client as an important support, and who the client wishes to be included in any encounters with the health care system, including, but not limited to, family members, legal guardians, friends, natural supports and informal caregivers.

Health care provider means any person who provides goods or services to a patient or client, inclusive of health care professionals, staff, students, volunteers and other persons acting on behalf or in conjunction with Fraser Health Authority.

Health promotion is the process of enabling people to increase control over, and to improve their health.

Intersectionality is the interconnected nature of social categorizations such as race, class, and gender, creating overlapping and interdependent systems of discrimination or disadvantage. Intersectionality acknowledges that every individual has their own unique experiences of discrimination and oppression requiring consideration of everything and anything that can marginalize people – such as gender, race, class, substance use, gender identity, sexual orientation, physical ability.

People with lived and living experience means people who have personal and direct experience of psychoactive substance use, either their own or someone close to them. Areas of expertise vary based on individuals (see definition of intersectionality).

Psychoactive substance means a substance that affects mental processes, once ingested. This term and its equivalent, psychotropic drug, are the most neutral and descriptive terms for the whole class of

substances, legal or illegal (including regulated drugs such as alcohol, tobacco, cannabis and prescription drugs).

Social determinants of health means the circumstances in which people are born, grow up, live, work and play (including the quality of the health care they receive over their lifetime) that influence the health outcomes and quality of life of populations. Some examples include income and income distribution, social status, education, employment, job security, and working conditions, early childhood development, food security, housing, built and natural environments, social inclusion/exclusion, social safety network, health services, Indigenous ancestry, ethnicity, race, culture, gender identity, and disability.[7]

Social inequities mean disparities in power and wealth, often accompanied by discrimination, social exclusion, poverty and low wages, lack of affordable housing and exposure to hazards.

Stigma refers to negative attitudes (prejudice) and negative behavior (discrimination). These attitudes and judgments can affect how we think about, behave and provide care to people. Stigma can also include structural stigma, which is defined as societal-level conditions, cultural norms, and institutional policies that constrain the opportunities, resources, and wellbeing of stigmatized individuals.

REFERENCES

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DATE(S) REVISED / REVIEWED SUMMARY

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1.0	Unknown	Initial policy released
2.0	July 2020	Revision
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