



Health Sciences North
Horizon Santé-Nord

HSN Harm Reduction Position Statement January 2021

Health Sciences North is committed to providing high quality, safe and equitable patient-centered care for the people of Northern Ontario.

The last decade has seen a demographic shift with an observable increase in the number of people living in Northern Ontario who have a substance dependency (e.g., opioid, alcohol, cannabis, stimulant use). People residing in the Sudbury Manitoulin District are in the top quintile of people in Ontario with alcohol dependency (26.5% self-reported alcohol use above safe limit guidelines) and top quintile of opioid-related visits to hospital. Cannabis users residing in the Sudbury Manitoulin District are in the 2nd top quintile of people in Ontario accessing emergency care related to their cannabis use⁽¹⁾. As a patient and family focused organization, we are duty-bound to provide individuals living with substance use disorders the same respect, quality, integrity, and compassion we would expect for ourselves and our family and for any other patient who comes to HSN for care.

At HSN we acknowledge substance use disorder is a common no-fault disease which often stems from a history of trauma and may be concurrent with post-traumatic stress disorder.

In the current hospital environment, situations can arise where a patient's physiologic dependence for a substance (e.g., agitated behavior, secretive substance use, leaving against medical advice due to powerful cravings, etc.) can put them at conflict with their clinical care plan. As a health care provider, we view any event where a patient does not receive optimal care as a missed opportunity and an area for improvement. Moreover, we believe adopting an institutional culture of harm reduction will lead to improved patient experience, improved clinical outcomes, fewer disruptive patient/clinician encounters, and a better healthcare environment. As a provider of high quality health care to our community, it is expected that we implement best practices in addictions care and involve the community members with living and lived experience in all aspects of the process of implementing a culture of harm reduction within HSN.

We define harm reduction as per the Harm Reduction Nursing Association Definition: 'Harm reduction is a pragmatic and evidence-based approach that aims at reducing the potential harms associated with certain behaviors, contexts, and practices.'⁽²⁾ At HSN, we believe that embracing a harm reduction philosophy means approaches adopted by all departments which are:

- **Empathetic** (understanding and acknowledging where the patient is coming from)
- **Non-judgemental** (not letting our personal bias impact patient experience)
- **Non-punitive** (recognizing that addiction is a no-fault disease)
- **Respectful** (communicating and providing care in a manner that maintains patient dignity)

- **Non-stigmatizing** (choosing words and language that show respect e.g. Person who uses drugs vs. drug addict)
- **Culturally competent** (respecting diversity and engaging with people in ways that show genuine regard for their identity)
- **Trauma-informed** (understanding the patient has a high likelihood of being triggered by conflict because of past negative interactions with authority figures)
- **Evidence-informed** (being informed by latest evidence-based care options, such as naloxone distribution, withdrawal management protocols and opioid agonist therapy)
- **Actionable** (offering treatment including suboxone, methadone, benzodiazepine, stimulant maintenance while in hospital; and/or including naloxone, safe injection supplies and sharps kits, referral to AMCT and/or outpatient programs)

Together, and committed to a philosophy of harm reduction, HSN will strive to improve the care environment for all stakeholders.

References:

- 1- Public Health Ontario <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool#/maps>
- 2- (https://www.hrna-aiirm.ca/wp-content/uploads/2019/09/HRNA_PS_Baccalaureate_EN_190917.pdf)