

SUBSTANCE USE HARM REDUCTION PRACTICE

1. Introduction

1.1. Description

Vancouver Coastal Health (VCH) is committed to integrating the principles of [Harm Reduction](#) into care because they:

- Respect the human rights, autonomy, and dignity of people who use [Substances](#);
- Enhance access to health care and social services;
- Reduce death and disease related to Substance use; and
- Are evidence-based and cost effective.

Harm Reduction approaches are especially important during the current [Drug Poisoning](#) public health emergency. Since the declaration of the provincial emergency in 2016, over 13,000 lives have been lost to toxic, unregulated drugs in British Columbia (BC Coroner's Service, 2023).

The purpose of this policy is to:

- Promote an understanding of Harm Reduction principles among [Staff](#);
- Support the integration of principles related to Harm Reduction into all VCH policies, procedures, and guidelines; and
- Achieve better outcomes for people who use Substances, hereafter referred to as [Clients](#), through the provision of Harm Reduction services.

1.2. Scope

This policy applies to all Staff and [Medical Staff](#), and all VCH facilities, services, and programs.

2. Policy

2.1. Guiding Principles

Several principles underlie Harm Reduction approaches at VCH.

2.1.1. Uphold Indigenous Cultural Safety and Humility

VCH is committed to delivering exceptional care to 1.2 million people, including the First Nations, Métis, and Inuit in our region, within the traditional territories of the Heiltsuk, Kitasoo-Xai'xais, Lil'wat, Musqueam, N'Quatqua, Nuxalk, Samahquam, shíshálh, Skatin, Squamish, Tla'amin, Tsleil-Waututh, Wuikinuxv, and Xa'xtsa. Indigenous Peoples are

disproportionately impacted by the Drug Poisoning crisis due to the past, present, and ongoing impacts of colonialism.

VCH is committed to addressing the systemic harms of Indigenous-specific Racism, [Discrimination](#), and [Stigma](#) within the British Columbia health care system, and working in ways that champion and embed principles of Indigenous [Cultural Safety](#) into practice, repair past and present harm, and prevent future harm. Staff will avoid making assumptions about Indigenous Peoples, and approach interactions with Indigenous individuals, families, and communities from a place of [Cultural Humility](#).

2.1.2. Focus on Minimizing Harms

VCH understands that Substance use is part of many people’s lives and commits to actively supporting people on their care journey, minimizing harm, and eliminating instances of silencing, judgement, stereotyping, and exclusion.

VCH measures success based on the goals of the Client, not on the assumption that abstinence from Substance use is the primary or end goal. Staff will “meet people where they are at” in their journey, provide all care from a [Trauma-Informed Practice](#) approach, and provide or direct Clients who use Substances to:

- Harm Reduction supports, including distribution of safer use supplies, Naloxone kits, drug checking, training for people to respond to toxic drug poisoning, and provision of services;
- [Supervised Consumption Sites](#) (SCS), [Overdose Prevention Sites](#) (OPS) and [Episodic Overdose Prevention Services](#) (eOPS);
- Treatment based on their personal goals, ranging from pharmacotherapy to bed-based services;
- Counselling appropriate to Clients’ self-defined goals; and
- Indigenous-specific cultural services and supports, where available, such as the [Indigenous Health Outreach Program](#).

2.1.3. Resist Racism, Discrimination, Stigma, and Prejudice

[Racism](#), Discrimination, Stigma, and prejudice can isolate people who use Substances. Stigma prevents people from speaking honestly about Substance use and from seeking care. VCH also acknowledges that [Social Determinants of Health](#) like poverty and class, as well as ongoing impacts of colonialism, trauma, Racism, and Discrimination impact a person’s Substance use and vulnerability to harm.

Staff will resist Stigma by:

- Avoiding assumptions and stereotypes about people who use Substances.
- Using person-first language such as “person who uses Substances” instead of “addict” or “drug user.” Words have a significant impact on Discrimination. They change how we perceive ourselves, each other, and our experiences (Broyles et al. 2014).

- Using welcoming body language (e.g., eye-contact, open posture, smile etc.).
- Reflecting on [Inequities](#), and treating Clients who use Substances with dignity and respect.
- Being an active listener and acknowledging what Clients communicate.

2.1.4. Meaningfully Involve People with Lived and Living Experience

VCH acknowledges that People with Lived and Living Experience (PWLLE) of Substance use (e.g., Clients, families, Staff etc.) are experts in their experiences. Like all Clients, they are entitled to be informed of treatment options and to be involved to the greatest degree possible in the development of and decision making regarding their own individual health care plans.

PWLLE of Substance use are also entitled to meaningfully participate in the development and delivery of Harm Reduction interventions and policies. VCH values the knowledge that PWLLE bring to informing our policies and practices and compensates them appropriately for this work.

As part of this commitment, VCH employs PWLLE as care providers, navigators, advisors, and educators. VCH meaningfully consults with PWLLE in the design of programs and services for this population.

2.2. Working with Minors, Pregnant People, and Parents

2.2.1. Minors

A [Minor](#) who uses Substances is predisposed to a number of harms including injuries and chronic diseases. However, VCH believes the benefits of Harm Reduction apply regardless of age.

Staff will treat Minors who use Substances with respect and, subject to s. 17(1) of the [Infants Act](#), offer the same care and support that is offered to [Adults](#), along with additional supports if needed. Parental consent is not required to provide Minors with Harm Reduction supplies or to respond to Drug Poisonings.

All providers have a legal duty to report under s. 14 of the [Child, Family and Community Service Act](#) to a child welfare agency such as the Ministry of Children and Family Development (MCFD) or an Indigenous Child and Family Services Agency if they believe a Minor is being abused or neglected. Substance use alone or accessing Harm Reduction services is not a reason to report.

2.2.2. Pregnant People and Parents

Substance use by pregnant people and parents can have serious health implications for both children and parents; however, not all pregnant people are willing or able to stop using Substances when they find out they are pregnant or after they become parents. Stigma, Discrimination, and fear of Racism, can be significant barriers to accessing health and social services for pregnant people and parents who use Substances (Mead et al., 2023).

VCH believes providing a welcoming environment with Trauma-Informed Practice and Harm Reduction can help foster relationships that increase uptake of prenatal and other services, promoting healthier pregnancies and families.

Staff will offer pregnant people and parents Harm Reduction supplies, resources, and referrals to appropriate services. During pregnancy, there is no duty to report a person using Substances to the MCFD or an Indigenous Child and Family Services Agency until delivery of a live infant. Doing so without consent from the pregnant person is a breach of confidentiality. For parents, Substance use alone is not a reason to report a parent to MCFD or an Indigenous Child and Family Services Agency. For support with the Duty to Report, see Duty to Report: A Supportive and Collaborative Approach to Child Abuse and Neglect Reporting (Community) DST (in development).

2.3. Implementation and Education

As part of Regional Orientation, all new VCH staff will complete:

- LearningHub Module – [Introduction to Harm Reduction – Regional Orientation](#).

Along with site-specific education, VCH recommends that Staff complete:

- LearningHub Module – [Harm Reduction 101](#); and
- LearningHub Module – [Resisting Stigma on Substance Use](#).

For more education options, refer to the [Harm Reduction and Substance Use Education Roadmap](#).

This policy will be implemented alongside other related VCH policies and guidelines including:

- [Harm Reduction and Safety Planning in Acute Care Guideline](#);
- [Harm Reduction and Substance Use Safety Planning – Community and Long Term Care Protocol](#);
- [Indigenous Cultural Safety Policy](#);
- [Possession of Controlled Substances for Personal Use Policy](#) (decriminalization); and
- [Trauma-Informed Practice Guideline](#).

VCH encourages all teams caring for people who use Substances or who are at risk of Drug Poisoning to implement OPS and eOPS. For more information see section 3.3 below for OPS and eOPS guidelines and procedures.

2.4. Responsibilities

2.4.1. Staff

Staff are responsible for:

- Understanding principles related to Harm Reduction;

- Providing Harm Reduction-inclusive care by following Harm Reduction policies, procedures, and guidelines;
- Completing basic Harm Reduction training as part of VCH onboarding;
- Completing ongoing education in Harm Reduction principles and services, as appropriate to ensure knowledge is current, including the Harm Reduction 101 and Resisting Stigma on Substance Use courses available on Learning Hub;
- Supporting people who use Substances and are at risk of Drug Poisoning to use SCS, OPS, eOPS, and other Harm Reduction services; and
- Raising Harm Reduction issues and knowledge gaps they observe with their Manager or Supervisor.

2.4.2. Program/Unit Manager, Coordinator, Clinical Supervisor

Program/Unit Managers, Coordinators, and Clinical Supervisors are responsible for:

- Ensuring Staff complete orientation and ongoing education and training with respect to Harm Reduction principles and services, including SCS, OPS, and eOPS;
- Supporting Staff to participate in further training and professional development opportunities relating to Harm Reduction (where possible, prioritizing training led by PWLLE of substance use);
- Ensuring Staff have the necessary supplies and protocols to provide Harm Reduction care; and
- Escalating Harm Reduction issues and knowledge gaps to leadership.

2.4.3. Leadership

Directors and any other Staff in leadership roles are responsible for:

- Communicating this policy and related policies to Staff;
- Creating and maintaining a supportive learning environment to sustain continuous learning and application of Harm Reduction skills;
- Providing health services including SCS, OPS, and eOPS that are safe, equitably delivered, and accessible to all;
- Ensuring Staff are supported to implement practices and processes that embed Harm Reduction, Indigenous Cultural Safety, and Trauma Informed Practices into services;
- Meaningfully including PWLLE of substance use in the development of all substance use programs, services, and policies;
- Ensuring PWLLE are compensated appropriately for consultation services;
- Ensuring the behaviours and actions consistent with a Harm Reduction approach are modeled within all departments and service areas;

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- Following up on any Staff reports about concerns arising from Staff not adhering to this policy; and
- Where Harm Reduction services are delivered by a third party, ensuring contracts with the third party include language requiring adherence to this policy.

2.5. Compliance

Compliance with this policy will be monitored by:

- Tracking completion of required Staff Harm Reduction training;
- Addressing Client complaints;
- Conducting ongoing evaluation, including Client surveys; and
- Conducting ongoing performance management processes.

Failure to comply with the terms of this policy may result in mandatory completion (or recompletion) of Harm Reduction training or disciplinary action, up to and including termination of employment, services, or privileges, or legal consequences. For any issues or complaints, Clients may report to the Patient Quality and Safety Office at pcqo@vch.ca.

3. Supporting Documents and References

3.1. Legislation

- *Child, Family and Community Service Act*, [RSBC 1996, c 46](#)
- *Human Rights Code*, [RSBC 1996, c 210](#)
- *Infants Act*, [PSBC 1996, c223](#)

3.2. Cited Policies

- [Cultural Competency and Responsiveness](#)
- [Indigenous Cultural Safety Policy](#)
- [Possession of Controlled Substances for Personal Use Policy](#)

3.3. Guidelines, Procedures and Forms

- Duty to Report: A Supportive and Collaborative Approach to Child Abuse and Neglect Reporting (Community) (in development)
- [Episodic Overdose Prevention Service](#)
- [Harm Reduction and Substance Use Safety Planning - Community and Long Term Care](#)
- [Harm Reduction and Safety Planning in Acute Care](#)
- LearningHub Module - Harm Reduction 101

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- LearningHub Module - [Resisting Stigma on Substance Use](#)
- [Respectful Language and Stigma Regarding People Who Use Substances](#)
- [Trauma Informed Practice](#) Guideline

3.4. References

- BC Corner's Service (2023) [Death Review Panel: An Urgent Response to a Continuing Crisis](#)
- Broyles et al. (2014) Confronting Inadvertent Stigma and Pejorative Language in Addiction Scholarship: A Recognition and Response. Substance Abuse.
- Mead A, Ryan D, Paquette V, Smith E, Joshi P, Tonella C, Hippman C. (2023) [BC Reproductive Mental Health Program, Provincial Perinatal Substance Use Program, & Perinatal Services BC Best Practice Guidelines for Mental Health Disorders in the Perinatal Period: Substance Use Disorders](#). Vancouver, BC: BC Reproductive Mental Health Program.
- Turpel-Lafond ME. (2020) [In plain sight: Addressing Indigenous-specific racism and discrimination in BC health care](#).

3.5. Keywords

Harm Reduction, Substance Use, Addiction, Stigma, Overdose, Drug Poisoning

4. Definitions

“**Adult**” means any individual nineteen (19) years of age or older.

“**Client**” means anyone receiving care or services from VCH and includes patients and residents.

“**Cultural Humility**” is a life-long process of self-reflection and self-critique. It is foundational to achieving a Culturally Safe environment. While western models of medicine typically begin with an examination of the patient, Cultural Humility begins with an in-depth examination of the provider’s assumptions, beliefs, and privilege embedded in their own understanding and practice, as well as the goals of the patient-provider relationship. Undertaking Cultural Humility allows for Indigenous voices to be front and centre and promotes patient/provider relationships based on respect, open and effective dialogue, and mutual decision-making (*In Plain Sight*, 2020).

An environment of “**Cultural Safety**” can only be defined by the Indigenous person receiving care and does not profile or discriminate against the person but is experienced as respectful and safe, and allows for meaningful communication and service. It is a physically, socially, emotionally, and spiritually safe environment, without challenge, ignorance, or denial of an individual’s identity. To be Culturally Safe requires positive anti-racism stances, tools, and approaches, and the continuous practice of Cultural Humility (*In Plain Sight*, 2020).

“**Discrimination**” means making a distinction, whether intentional or not, based on grounds listed in human rights legislation, which has the effect of imposing burdens, obligations, or disadvantages on an individual or group not imposed on others. Currently, under the BC *Human Rights Code*, these grounds

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are Indigenous identity, race, colour, ancestry, place of origin, religion, marital status, family status, physical or mental disability, sex, sexual orientation, gender identity or expression, and age.

“Drug Poisoning” is the technically accurate diagnostic term for what is happening inside the body when someone takes toxic drugs. The term drug poisoning aligns with the public discourse on alcohol consumption (referred to as alcohol poisoning, not alcohol overdose) and acknowledges the tainted supply of drugs in British Columbia which can make any amount of drugs lethal. The term overdose, though still widely used, can sometimes be perceived as implying blame and responsibility on the part of the person who has used drugs.

“Episodic Overdose Prevention Service (eOPS)” is a Harm Reduction service or intervention that healthcare providers can offer or can be requested by Clients on an as-needed basis, anytime and anywhere. The service allows them to use Substances while accessing care at a clinical site. The intention of the service is to prevent toxic drug overdose by providing a safe space with Staff monitoring.

“Harm Reduction” is a set of principles, practices, and approaches to care that aim to minimize negative health, social, and legal impacts associated with sexual activity, sex work, illicit and licit substance use, substance use policies, and laws that criminalize people who use drugs.

“Inequity” is an instance of injustice or unfairness. Inequity is distinguished from inequality; whereas inequality means not providing the same to all, inequity means recognizing that we do not all start from the same place and must acknowledge and adjust to imbalances.

“Medical Staff” means medical staff working at VCH or providing health care services through VCH, including staff physicians, midwives, dentists, nurse practitioners, and fellows.

“Minor” means a person under nineteen (19) years of age.

“Overdose Prevention Site (OPS)” is a safe space where teams of trained Staff monitor people who use Substances while they use to help prevent and recover from toxic drug overdoses.

“Racism” is harmful actions based on the belief that a group of people are inferior based on the colour of their skin. It is rooted in a system of power hierarchies based on race.

“Social Determinants of Health” refer to a specific group of social and economic factors within the broader determinants of health. These relate to an individual's place in society, such as income, education, or employment. Experiences of discrimination, Racism, and historical trauma are important Social Determinants of Health for certain groups such as Indigenous Peoples, 2SLGBTQIA+, and Black Canadians.

“Staff” means all employees (including management and leadership), Medical Staff (including physicians, midwives, dentists, nurse practitioners, and fellows), resident doctors, trainees, health care professionals, students, volunteers, contractors, and other service providers engaged by VCH.

“Stigma” includes negative attitudes, beliefs, or behaviours about or towards a group of people because of their situation in life. Stigma is a kind of Discrimination, prejudice, judgment, or stereotype.

“Substances” mean selected substances that are used for medicinal, traditional, ceremonial, recreational or other purposes. Substances can include alcohol, tobacco products, prescribed or non-

prescribed drugs, inhalants, solvents, and other substances that can be consumed, inhaled, injected, or otherwise absorbed into the body with possible dependence and other harmful effects. Substances used for traditional or ceremonial purposes as outlined in the Indigenous Cultural Safety Policy are not included in the scope of this policy.

“**Supervised Consumption Sites (SCS)**” are safe spaces where teams of trained Staff monitor people who use illicit drugs while they use to help prevent and recover from overdose. SCS operate through federal exemption under Section 56.1 of the *Controlled Drugs and Substances Act*.


“**Trauma Informed Practice (TIP)**” refers to a system that takes into account an understanding of trauma in all aspects of service delivery and place a priority on the individual’s safety, choice, and control. Such services create a treatment culture of non-violence, learning, and collaboration. Utilizing a Trauma-Informed approach does not require disclosure of trauma. Rather services are provided in ways that recognize the need for physical and emotional safety, as well as choice and control in decisions affecting their treatment. TIP is more about the overall essence of the approach or way of being in the relationship rather than a specific treatment strategy or method (VCH Trauma Informed Practice Guideline, 2020).

5. Questions

Contact: VCH Regional Substance Use and Priority Population

Email: overdoseresponse@vch.ca

Website: <https://www.vch.ca/en/health-topics/harm-reduction>

Issued by:		
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Signature of issuing official		

Before starting a new policy, please contact the VCH Policy Office at policy@vch.ca.