



Name of Manual:	Human Resources Manual	Policy #HR 33.0	Page 1 of 4
Policy Title:	<b>HARM REDUCTION</b>	Original Date:	January 2015
Prepared by:	EQUIP Healthcare	Reviewed Date:	January 2020
Approved by:	Management Team	Approval Date:	May 2020

## **POLICY**

The North Lambton Community Health Center (North Lambton CHC) is committed to the application of harm reduction principles.

### **Introduction**

A clear policy on harm reduction provides the framework for the North Lambton CHC to incorporate this philosophy into its service delivery in order to ensure that a continuum of harm reduction services is available for Clients<sup>i</sup>. A harm reduction philosophy underpins our mission statement and values and is embedded in all aspects of the organization. Within a safe, positive and non-judgemental environment, we strive to provide a diversified and holistic approach to health and wellbeing through a multidisciplinary collaborative team application of harm reduction principles. These principles inform a broad range of intervention options and support as well as evaluation processes in the provision of service delivery; intervention options and support fit with client needs and goals.

### **1. Policy**

The North Lambton CHC

- 1.1 is committed to the safe, respectful treatment of clients through the application of *harm reduction principles* in its service delivery;
- 1.2 will ensure all staff and volunteers, including board members, are provided with the information needed to understand harm reduction as it relates to their program specific areas and roles;
- 1.3 will work in partnership with other community agencies and organizations to evaluate environmental risk and develop, implement and evaluate appropriate harm reduction strategies in our community;
- 1.4 will maintain evidence-informed<sup>ii</sup> publicly accessible resource information and will post this on its website and on the staff, volunteer and Board communication system;
- 1.4 will create mechanisms for client voice/perspectives to inform the organization, its policies and practices; and
- 1.5 will provide harm reduction services for clients at all sites.

## 2. Definition

- 2.1 Harm Reduction may be defined as “a set of strategies and tactics that encourages people to reduce harm to themselves and their communities, through the sharing of relevant information, facts, and practical material tools that will allow them to make informed and educated decisions. Harm Reduction strategies meet clients “where they’re at” addressing conditions of crisis (i.e. social determinants of health) along with the crisis itself. Modified from: Health Canada, Harm Reduction Considered and Applied, p. 26. Downloaded November, 2014 from, <http://librarypdf.catie.ca/PDF/P14/21308.pdf>

We believe the respectful acceptance of self and others is supportive of minimizing harm and maximizing potential.

- 2.2 Harm reduction refers to policies, programs, and practices that aim primarily to reduce the adverse health, social, and economic consequences of legal and illegal drug use (including alcohol), without necessarily reducing drug consumption. Harm reduction also refers to reducing the adverse health, social, and economic consequences of other behaviours that could result in poor health outcomes such as unprotected sex, unhealthy eating, and smoking, recognizing that risk behaviours often are associated and/or shaped by life circumstances (risk environment). Harm reduction benefits people living in risk environments who engage in risk behaviours, their families, and the community. Modified from: Harm Reduction International, Harm Reduction Principles. Downloaded November 2014 from, <http://www.ihra.net>

### Harm Reduction

- 2.2.1 Is pragmatic
- 2.2.2 Has humanist values
- 2.2.3 Focuses on reducing risks and harms
- 2.2.4 Seeks to maximize the range of intervention options that are available
- 2.2.5 Is trauma and violence informed
- 2.2.6 Is culturally safe
- 2.2.7 Is informed by the social determinants of health
- 2.2.8 Supports empowerment of the client, including the incorporation of client voices in the organization

## 3. Procedure

- 3.1 A holistic, non-judgemental, safe, empathetic, supportive, and client-centered approach, which is inclusive and welcoming, is embedded within the organization and each program in order to meet needs and reduce harm without placing value judgements on the individual.

- 3.2 Dedicated resources, for example, an initial orientation and ongoing education opportunities, are available to all staff, volunteers, and board members. Initial and continuing education would include, but not be limited to, principles and practices of the harm reduction approach as well as health and safety precautions. This kind of information and associated activities would be incorporated into printed information, workshops, staff meeting agenda items, etc.
- 3.3 Harm reduction services will include access to supplies for safe substance use; access to educational materials; referrals to appropriate providers of harm reduction services; assistance navigating the health care system; advocacy.
- 3.4 The North Lambton CHC coordinates harm reduction services with allied providers; it is committed to support community education and culture change as well as collaborative activities that support harm reduction.
- 3.5 Effectiveness and or gaps with respect to harm reduction policies, programs, and services will be identified:
  - 3.5.1 at the program level using information provided by staff and clients formally or informally and reported at NLCHC program planning meetings.
  - 3.5.2 through review of Suggestions, Compliments, and Complaints tracking by Team Leaders.
  - 3.5.3 through review of external local and international reports and studies related to harm reduction by the Harm Reduction Team.
  - 3.5.4 through stats and evaluations collected regarding existing or new services and programs developed by the Harm Reduction Team.

**Policy Reviewed and Adopted by Resources Committee:**

Date: 12 May 2020      Resources Representative: \_\_\_\_\_

**Policy Reviewed and Adopted by Board of Directors:**

Date: 26 May 2020      Board of Directors Representative: \_\_\_\_\_

<b>Approved by:</b>	<b>Signature:</b>	<b>Date:</b>
Executive Director		
Finance Team Lead		
Quality & Chronic Disease Team Lead		
Health Promotion Team Lead		
Data Management Team Lead		
Risk Management Team Lead		
Primary Care Team Lead - North		
Primary Care Team Lead - West		

<sup>i</sup> Client may refer to an individual, family, community and/or population.

<sup>ii</sup> Evidence-informed practice is an important element of quality care in all domains of practice and is integral to effect changes across the health-care system; this to be differentiated from “evidence-based” practice. We have incorporated the following definition, modified from the Canadian Nurses Association (2010) position statement to inform organizational and staff policies, guidelines, services and practices:

“Evidence is information acquired through research and the scientific evaluation of practice. Types of evidence include information derived from a broad range of rigorous methodologies including quantitative studies (such as randomized controlled trials, observational studies) qualitative studies (such as case studies, ethnography, phenomenology) and meta-analysis. **Evidence also includes expert opinion in the form of consensus documents, commission reports, regulations and historical or experiential information.**” There are many kinds of knowledge and a diversity of information gleaned from this knowledge (e.g., biomedical and indigenous knowledge)

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