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PSYCHOACTIVE SUBSTANCE USE

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NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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OBJECTIVES

Alberta Health Services (AHS) is committed to supporting individuals, **families**, and communities who are impacted by **psychoactive substance** use. Psychoactive substances includes a whole class of substances, legal or illegal (including controlled drugs such as alcohol, tobacco, and prescription drugs). This policy is intended:

- To clarify the responsibility of **health care providers** to provide **patients** who use psychoactive substances, whether or not the patient meets the criteria for diagnosis of a substance use disorder, with accessible, equitable, non-judgmental, compassionate, and evidence-based care that promotes a comprehensive, **recovery-oriented approach** that is respectful of individual rights and dignity;
 - This recovery-oriented approach is inclusive of numerous interventions such as prevention, **harm reduction**, addiction treatment, and supports for **recovery**.
 - The responsibilities of health care providers to the patient, as outlined in this Policy, extend to family members when appropriate.
- To support ongoing quality improvement in health outcomes using best evidence, systematic monitoring, evaluation, and **knowledge translation**; and
- To support collaboration and partnership with community agencies and other external groups to develop shared goals and accountabilities for the delivery of services across the **continuum of care**.

PRINCIPLES

The following principles provide the foundation for working with patients and families impacted by psychoactive substance use:

- Psychoactive substance use is a complex, multi-faceted phenomenon.
- Psychoactive substance use is on a spectrum from beneficial to harmful; not all substance use is harmful.
- 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.
- Abstinence or a reduction in substance use is not required to receive health care services. The initial priority is to decrease the harms associated with psychoactive substance use and promote wellness which can support recovery in the long term.
- Recovery is achievable and can look different for each person. There are different pathways to recovery and patients/families can choose the path that makes sense to them on their journey.
- A comprehensive continuum of services will uphold patient-chosen goals for wellness and recovery while reducing harms associated with psychoactive substance use.
- Patients who use psychoactive substances will have access to **low threshold**, flexible, and accessible patient-centred 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.
- Patients and families are integral members of the health care team. Health care providers will adopt a patient- and family-centred **approach** to the care and services provided and include the family, as appropriate, in a respectful, non-judgmental manner.
- Patients who use psychoactive substances will be informed of the evidence-based treatments, prevention, **health promotion**, culturally-safe, recovery-focused, and community-based options available to them.
- **Social determinants of health** impact the lives, health status, and substance use of patients and their families. Every attempt shall be undertaken to promote optimum health by reducing and/or addressing inequities.
- Patients who use psychoactive substances will be treated with respect and human dignity without judgment, **stigma**, or **discrimination**.
- Individuals with **lived and living 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.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS

1. Points of Emphasis

- 1.1 AHS supports developing, enhancing, and maintaining connections with community agencies and partners to fill existing gaps, and enhance services and supports available to patients who use psychoactive substances and their families.
- 1.2 AHS supports a recovery-oriented approach using strategies to support individuals to achieve a meaningful, fulfilling life. Within this approach, health care providers shall respect patient choice and take steps to identify and build upon an individual's strengths and skills.
- 1.3 AHS programs and services across the continuum of care shall:
 - a) seek, value, and include input from patients and families with lived and living experience with psychoactive substance use in the development of strategies, services, education, and options for referral across the continuum of care;
 - b) appropriately acknowledge the time and contribution of patients, families, and health care providers with lived experience in policy, program development, and evaluation;
 - c) recognize and address the unique health and social needs of **populations vulnerable to poor health outcomes**, that is, socially, culturally, and/or economically marginalized groups such as, but not limited to, youth, women, older adults, homeless persons, Indigenous people, the Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, and Two Spirit (LGBTQI2S) communities, and cultural minority groups;
 - d) message clearly to staff that stigma and discrimination towards patients and their families is not acceptable; and
 - e) promote patients' improved health, wellness, and recovery.
- 1.4 Health care providers, in accordance with the AHS Patient First Strategy, shall:
 - a) provide **holistic** care to patients who use psychoactive substances and their families, recognizing that substance use often exists alongside other health and social circumstances and needs;

- b) proactively listen to, honour, and respect the patient's and family's values, preferences, expressed needs, and cultural practices when caring for patients who use psychoactive substances and their families. Knowledge of this patient-first information shall be used to inform care planning and delivery;
- c) communicate and interact in a patient- and family-centred manner that demonstrates respect, acceptance, and compassion, without judgment or discrimination towards patients who use psychoactive substances, their families, and their communities; and
- d) use respectful language when interacting with and communicating about patients who use psychoactive substances and their families. For example, health care providers shall avoid the use of labels or terminology that promote stigma or a narrow view of the patient's and family's needs and their life experiences.

2. Education Requirements

2.1 Health Care Providers:

- a) Programs and services across the continuum of care shall provide access to current and accurate education based on evidence and best practice in order to increase awareness, clarify roles and expectations, and establish competent, safe, quality services.
 - (i) Topics across the recovery continuum of care may include, but are not limited to: awareness (e.g., stigma reduction), treatment (e.g., addiction treatment, opioid agonist therapy), harm reduction (e.g., naloxone), and supports for recovery (e.g., **peer support**, relapse prevention).

2.2 Patients, Families, and Communities:

- a) Health care providers should engage with patients who use psychoactive substances and their families and communities (where applicable) to identify their needs for education, tailor education to address their unique learning needs, and offer them information on opportunities to improve their health.
- b) Programs and services should provide patients who use psychoactive substances and their families and communities (where applicable) with access to educational resources on practices, principles, and service options that are available to them, and tailored to address their unique learning needs.
 - (i) Topics may include, but are not limited to: **poisoning** (overdose) prevention and response, stigma reduction, injury and disease prevention, and evidence-based treatment and recovery programs.

3. Continuum of Care

An evidence-based approach shall be offered by programs and services across the continuum of care and include early identification and prevention, health promotion, clinical care and treatment, support for recovery, and community services and referrals.

3.1 Early Identification:

- a) Programs and services shall support health care providers to identify potential and/or actual harm related to psychoactive substance use in regular intake and service delivery workflow, explore opportunities to promote health, wellness, and recovery, and prevent harm whenever appropriate.

3.2 Health Promotion:

- a) Through incorporation of a patient-centred approach, health care providers shall adhere to health promotion principles when working with patients who use psychoactive substances and their families to improve their immediate experience of health and well-being and to support their long-term recovery.
- b) Programs and services shall endeavor to promote holistic health for patients who use psychoactive substances and their families by providing services or partnering with other programs that address the social determinants of health.
 - (i) These steps and supports may include, but are not limited to: access to mental health services, basic needs (e.g., housing, food), counselling, detox/withdrawal management, addiction treatment services, public health, primary health care, cultural/spiritual care, and reproductive health.

3.3 Service Delivery:

- a) Health care providers shall respect the autonomy and the rights of the patients who use psychoactive substances to make informed choices and decisions about their clinical care, treatment, recovery, and other services that may impact their health outcomes.
 - (i) Treatment may include, but is not limited to: residential addiction treatment, community/ambulatory addiction treatment, opioid agonist therapy, and psychosocial counselling.
- b) Programs, services, and health care providers across the care continuum shall provide low threshold access to treatment and/or referral for patients (e.g., opioid agonist therapy, managed alcohol program, addiction treatment programs) while also maintaining timely access to harm reduction services and supplies (e.g., naloxone kits, new needles/syringes distribution).

- c) Health care providers shall not restrict access to any health care service (including mental health services) that would normally be provided to a patient because of a presence of psychoactive substance use. Access to services may only be restricted when this service would place the patient at increased risk and this risk cannot be reasonably mitigated.
- d) Programs and services may offer an evidence-informed abstinence program and patients may choose to attend this program; however these programs shall not deny patients the right to access ongoing treatments related to psychoactive substance use (e.g., opioid agonist therapies) and/or harm reduction services.

3.4 Community Services and Referrals:

- a) Programs and services shall endeavor to establish processes for referral and follow-up with community services and will work with the patients who use psychoactive substances and their families to address their immediate and long-term needs.
- b) Programs and services shall endeavor to work with the broad range of community partners, when available and appropriate, to address health and social needs for patients who use psychoactive substances and their families.
 - (i) Agencies and groups may include, but are not limited to: health service agencies, municipal governments, law enforcement agencies and corrections services, universities and colleges, schools, park boards, non-governmental organizations, community leaders, and other concerned citizen groups.

4. Key Populations

The experiences of people who use psychoactive substances are impacted by their social, environmental, historical, and cultural context. As a result, some populations experience substance use and health care services related to substance use differently from others. The harm from substance use may impact certain populations disproportionately. When working with patients who use psychoactive substances and their families, health care providers should consider the following.

- 4.1 Indigenous people's experiences with the health care system have not always been favourable, contributing to poor health outcomes through unequal care, inequitable access, and ongoing mistrust of inappropriate services. Indigenous people are disproportionately overrepresented in the population prevalence of substance use disorder and have higher rates of adverse effects with substance use. In many circumstances, this is linked to discrimination and trauma, social and economic resource disparities, system factors such as distance from appropriate providers, and discontinuity in transitions between tertiary and primary care. Health care providers shall work with Indigenous people with lived experiences with substance use alongside experts in the field of Indigenous

health. The resultant approach shall promote **cultural safety** being grounded in practices recommended by Indigenous people as alternatives to and/or supports for treatment for psychoactive substance use.

- 4.2 Populations vulnerable to poor health outcomes such as youth, women, older adults, homeless persons, LGBTQI2S communities, culturally diverse communities, and other populations may have experienced trauma, abuse, loss, or suffering in their lives that may impact their social, economic, or health status and their substance use. Health care providers shall provide patients and their families with the opportunity to share their unique life experiences and highlight their strength and resilience. Health care providers shall work with patients and their families to identify any existing **health inequities** and **social inequities**, barriers to achieving optimal health, and strategize and refer to community programs that can help minimize inequities and these barriers.

DEFINITIONS

Approach means a philosophy or framework to advise or guide steps towards achievement of a particular purpose or outcome.

Continuum of care means the delivery of services across sectors by different health care providers in a coherent, logical, and timely fashion.

Cultural safety means gaining knowledge, recognizing, and respecting our differences. An environment that maintains personal dignity, an authentic relationship of trust, respect, compassion, and collaboration where all people are feeling empowered and encouraged to fully express their identity and needs without the fear of attack, challenge, or denial. It is about shared respect, shared meaning, shared knowledge and experience, of learning together with dignity, and truly listening. The goal of cultural safety is for all people to feel respected and safe when they interact with the health care system. Culturally safe health care services are free of racism and discrimination. People are supported to draw strengths from their identity, culture, and community.

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

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

Harm reduction means those policies, programs and practices that aim primarily to reduce the adverse health, social or economic consequences of the use of legal and illegal psychoactive substances without necessarily reducing consumption. A harm reduction approach to substance use accepts that abstinence may or may not be a realistic or desirable goal for an individual patient, 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, the family, community or society.

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

Health inequities means differences in health outcomes between population groups that are socially produced, unfair, unjust, and modifiable.

Health promotion means the process of empowering people to increase control over, and to improve, their health. To reach a state of complete physical, mental, and social well-being, a patient must be able to identify and to realize aspirations, satisfy needs, and change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to well-being. Addresses health behaviour, living conditions (social, economic, environmental living conditions in which people live, work, and play), healthy public policies to enable this behaviour, and societal level change.

Holistic means to consider all aspects of the human experience and condition as relevant in caring for individuals, families, groups, communities, and populations; taking into account the mental, spiritual, cultural, and social factors, rather than just the physical symptoms of a disease or injury.

Knowledge translation means a dynamic and iterative process that includes the synthesis, dissemination, exchange, and ethically sound application of knowledge to improve health, provide more effective health services and products, and strengthen the health care system.

Lived and living experience means in the context of this policy, the person(s) who has personal and direct experience of psychoactive substance use, either their own or someone close to them. They may have been marginalized because of a complex mix of drug use, life conditions, and other factors related to their age, gender, sexual orientation, ethnicity, race, socioeconomic status, housing and homelessness status, life experiences, violence and trauma, or health conditions such as HIV and hepatitis C. They may also have experience and knowledge with different methods of using psychoactive substances and the impact of stigma and discrimination.

Low threshold means programs and services that make minimal demands on the patient. Barriers may be real or perceived and low-threshold services seek to reduce those barriers as much as possible. Services aim to be accessible (e.g., geographically), accommodating (e.g., hours of operations), affordable (e.g., no fees for services), acceptable (e.g., non-stigmatizing) and remove conventional barriers (e.g., registration, abstinence).

Patient means an adult or child who receives or has requested health care or services from Alberta Health Services and its health care providers or individuals authorized to act on behalf of Alberta Health Services. This term is inclusive of residents, clients, and outpatients.

Peer support means providing emotional and social support to others who share a common experience. It is based on a relationship between people who have a common lived experience in relation to a substance use, addiction, and/or mental health challenges. This common experience might be relative to their own health or that of a loved one.

Poisoning means experiencing the toxic effects of a drug or substance.

Populations vulnerable to poor health outcomes means groups of people that have an increased risk of poor health and adverse health outcomes due to the risk conditions associated with being a member of that group.

Psychoactive substances means a substance that once consumed affects mental processes (e.g., cognition or affect). This term and its equivalent, psychotropic drug, are the most neutral and descriptive terms for the whole class of substances, legal or illegal (including controlled drugs such as alcohol, tobacco and prescription drugs). The term does not necessarily imply abuse or dependence.

Recovery means when a person reaches their recovery goal. Recovery is self-defined and looks different from one person to the next. Recovery may not necessarily mean abstaining from substance use.

Recovery-oriented approach means an approach to empower people experiencing substance use and mental health issues to use their strengths and skills to live the life they choose. Empowering a person often includes a harm reduction approach, where their choices are supported and they are treated with dignity and respect.

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; 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 status; gender; ethnicity; race; and disability.

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

Stigma refers to negative attitudes (prejudice) and negative behaviour (discrimination). These attitudes and judgments can affect how we think about, behave, and provide care to clients.

REFERENCES

N/A

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