

Philosophy of Care for Patients and Residents Who Use Substances

1. Introduction

The purpose of this policy is to articulate a philosophy of care for patients and residents at Providence Health Care (PHC) who use substances that aligns with the Vision and Mission of the organization. The goal of this philosophy of care is to support patients and residents with their health care needs whilst also recognizing and addressing any underlying substance use disorder. This includes providing treatment, harm reduction interventions, education, care planning, and referral for ongoing treatment and support for substance use as the patient or resident chooses. Health care providers shall not restrict access to any health care service that would normally be provided to a patient or family because of the presence or use of alcohol or other substances.

PHC further aims to:

- Strengthen the role of patients, residents, and their families as partners in care;
- Affirm our commitment to treat patients, residents, and their families with respect, dignity, and compassion;
- Develop and maintain a consistent philosophical and clinical approach to patients and residents who use substances;
- Provide optimal, evidence-based care for people who use substances throughout our acute and long-term care health systems based on a non-judgmental approach that promotes and maintains the dignity of patients and residents;
- Provide a safe supply of alternatives to illicit substances;
- Identify and mitigate potential risks associated with substance use and protect the safety of patients, residents, family, staff and volunteers;
- Reduce the risks of workplace violence by taking all reasonable steps to ensure persons on PHC property are safe from acts of workplace violence at PHC sites during work-related activities;
- Provide a safe, harm-reducing environment for patients and residents who are actively using substances; and,
- Provide a safe environment for patients and residents who are in recovery or those who desire to be in recovery or remain abstinent to avoid exposure to unnecessary triggers.
- Use education to decrease stigma experienced by patients who use substances

1.1. Purpose

To clarify the responsibilities of health care providers at PHC to provide patients who use alcohol and/or other substances with accessible, equitable, non-judgmental, compassionate and evidence-based care that is respectful of individual rights and dignity;

To support ongoing quality improvement in harm reduction and health outcomes using best evidence, systematic monitoring, evaluation and knowledge translation; and,

To support partnerships and collaboration with other agencies and groups to develop shared goals and accountabilities for the delivery of services based on a harm reduction approach across the continuum of care and;

To respond to emerging public health emergencies including the Overdose Epidemic and COVID-19, by making safer alternatives to illicit drugs available to people living with Substance-use disorders.

1.2. Scope

This policy applies to all PHC staff.

2. Policy

The primary goal is to provide evidence-based and trauma-informed care and treatment for all patients and residents, including those who use substances, and to protect the safety of patients, families, visitors and staff. Health care providers shall not restrict access to any health care service that would normally be provided to a patient or family strictly because of the presence or use of alcohol or other substances. Programs, services and health care providers across the care continuum shall provide low threshold access to harm reduction services, treatment and/or referrals for patients, residents and families. A non-judgmental, trauma-informed approach to patients who use substances is expected from all health care professionals and staff. All patients have a right to receive care which is respectful and promotes their dignity and independence.

Patients and residents at PHC sites will be offered support, where possible, to stop or decrease the use of substances while admitted to minimize diagnostic dilemmas (e.g., psychosis) and treatment complications, and to ensure the safety of patients and hospital staff. For patients admitted to Mental Health units, the use of substances may have a major impact on treatment and care planning. Expectations related to substance use should be discussed with patients as soon as possible, along with the rationale for prohibiting substance use in these settings.

To achieve these goals for patients and residents, PHC endorses the integration of supportive strategies such as assessment and treatment plans developed in partnership with care teams and/or specialist services including the Addiction Medicine Consult Team (AMCT). Assessment and treatment plans include patient/resident education about relationships between admitting diagnoses and addiction/substance use, incorporation of pro-active approaches and resources aimed at preventing relapse or reducing substance use, and an emphasis on harm reduction. Optimal acute hospital care includes recognizing and addressing substance use disorders including appropriate management of withdrawal and the provision of safe alternatives to illicit drugs and adequate pain relief.

As part of a holistic care approach, PHC staff will also assist patients and residents to obtain legal, social, financial, and housing support.

2.1 Harm Reduction

Regardless of where a patient or resident is at in their health journey, we support all patients/residents who use substances with the goal of minimizing harmful effects. PHC supports a harm reduction approach to care that seeks to reduce the adverse health, social, and economic consequences associated with the use of legal and illicit substances. Harm reduction is a pragmatic, evidence-based approach that neither condemns or condones substance use. It respects people as individuals who have unique needs, supports individuals' active participation and informed decision making related to their health care, takes a non-judgmental approach to all behaviors, and views incremental positive changes as success. PHC offers a continuum of care for people who use substances, including access to take-home naloxone kits and safer use supplies, an on-site Overdose Prevention Site (OPS) at St Paul's Hospital, Addiction Medicine Consult Team, the Rapid Access Addictions Clinic, a managed alcohol program and Injectible Opioid Agonist Treatment and a safe supply of alternatives to illicit substances.

PHC recognizes addiction as a chronic, relapsing health condition. PHC also supports abstinence from substance use when the patient/resident desires or accepts abstinence-based treatment.

Where abstinence is not achievable, or where the patient/resident has declined abstinence, PHC staff have a duty to ensure patients and residents have access to appropriate harm reduction supplies and interventions including the safe supply of alternatives to illicit substances.

Patients/residents who are working towards recovery from substance use or who are in recovery will be supported by care planning that emphasizes avoidance of triggering events. Interventions may include relocation to an alternate patient care area where possible.

2.2 Compliance

Staff who have concerns about care provided in relation to this policy, or care that is *not* being provided as envisioned by this policy, are asked to contact their unit leadership for follow-up. A team approach should be used when following this policy. Consultation with Ethics and/or Risk Management can be sought at any point during the decision-making process.

3 Responsibilities

3.1 Addiction Medicine Consult Team

The AMCT at St. Paul's Hospital aims to stabilize patients/residents who have substance use disorders and to treat pain and withdrawal symptoms in these patients with the goal of enabling both the treatment of their admitting diagnoses and their substance use disorder, when the patient chooses. This team can be consulted by other sites for guidance.

3.2 Interdisciplinary Team

The physical, emotional, mental, social, and spiritual health care needs of patients and residents will be met through an interdisciplinary team approach, with patients, residents and families encouraged and supported to be active participants in their care. Education and support are available through the AMCT and Clinical Nurse Educator- Substance Use.

3.3 Patients and Residents

Patients/residents who are capable of making health care decisions regarding accepting or declining treatment are treated respectfully and their decisions are honored, are ultimately accountable for their decisions and are encouraged to participate as partners in their care planning.

All patients and residents have the right to health information and will be made aware of substance use treatment options in a non-judgmental manner, including the effects of refusing or delaying treatment for either their admitting diagnosis or their substance use disorder.

When the use of alcohol or other substances or the possession of substances or substance use equipment poses a potential risk (e.g., uncapped needles/syringes, unattended illicit substances), a discussion should be held with the patient or resident to inform them of the concerns and to seek a solution (see guideline (in development) for more information).

When active substance use is present, patients and families should be provided education on overdose prevention and treatment and the safe disposal of substances and substance use equipment in a respectful manner.

4 Supporting Documents

4.1 Related Policies

[Alcohol, Substance Use and Harm Reduction Guideline \(in Development\)](#)
[Violence Prevention in the Workplace](#)

5 Definitions

“Harm Reduction” is an approach to care that attempts to reduce the adverse consequences of substance use amongst persons who continue to use substances. Harm reduction emphasizes practical rather than idealized goals, with a focus on ameliorating the adverse consequences of substance use (e.g., infections, overdose) in the short term whilst substance use continues.

“Harm Reduction Supplies” are medical-grade supplies that are provided with the aim of reducing risks associated with substance use such as overdose, infection or other substance use-related harms (e.g., take home personal naloxone kits, crack pipes, sterile needles/syringes, sterile water for injection, sterile metal cookers, sharps containers, alcohol wipes, vitamin c tablets).

“Substance Use” refers to alcohol or substances that include, but are not limited to, cannabis, heroin, crack, crack cocaine, methamphetamine and non-prescribed medications including benzodiazepines or opioids.

“Staff” means all employees (including healthcare professionals, management and leadership), Medical Staff Members (including physicians, midwives, dentists, residents, fellows and trainees), students, volunteers, contractors and other service providers.

“Safe Supply” refers to a legal and regulated supply of drugs that have traditionally only been accessible through the illicit drug market. This includes diacetylmorphine for injection,

hydromorphone liquid or pills for injection, dexamphetamine and other stimulants and in some cases benzodiazepines

6 References

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