

## 7.8 Harm Reduction Policy

The Burnaby Association for Community Inclusion (BACI) recognizes that the people we serve with complex developmental disabilities are a population who may be susceptible to developing substance-related problems because they may lack the adaptive skills to protect against mis-using substances. People with learning and intellectual disabilities who have experienced psychological trauma (bereavement, physical and psychological abuse) or social isolation (lack of companionship, loneliness, being bullied or exploited,) could mis-use a combination of alcohol, illicit drugs and prescribed medications to 'self-medicate' against life's negative experiences. By the very nature of a person's intellectual disability, he or she may not fully understand the concept of personal harm from time-to-time.

Individuals with such unique and specific needs may require a certain type of support and intervention. BACI believes the Harm Reduction approach may be the most effective and meaningful way to support individuals with such complex needs and considerations. The populations served by Harm Reduction are diverse and often marginalized. The criminalization of illegal drugs and those who use them often compounds stigma and associated health issues. We believe that any Harm Reduction or treatment and recovery practice must respect human rights and dignity by adhering to basic ethical principles such as fairness, respect for autonomy, and beneficence (actions done for the benefit of others).

BACI also recognizes that risky behavior occurs along a continuum that ranges from minimal to extreme and that any changes associated with risk reduction, even very small, are positive. The Harm Reduction approach acknowledges that not everyone is able or ready for abstinence, and some may never be. Our goal is to minimize the negative outcomes resulting from risky behaviors.

### **Model of Support**

In order to provide the most meaningful and applicable care, BACI adopts the practices and person-centred care of the Harm Reduction Model. The Harm Reduction Model aims to prevent the spread of infections (including HIV/AIDS, Hepatitis C and other blood-borne infections), reduce the risk of overdose and other drug-related fatalities, and decrease the negative effects drug use may have on individuals and communities. It also incorporates strategies of support, including prevention and treatment. The model also promotes and supports an individual's 'dignity of risk.'

BACI will follow the 'Core Principles' of Harm Reduction that have been adapted from the *Canadian Center on Substance Abuse*:

#### **1. Pragmatism**

Harm reduction recognizes that there will always be a percentage of the population who will engage in high risk behavior, for a range of social, economic, mental health and personal reasons. Harm reduction recognizes that drug use is

a complex and multifaceted phenomenon that encompasses a continuum of behavior from abstinence to chronic dependence, and produces varying degrees of personal and social harm.

## **2. Focus on harm**

The priority for harm reduction is to decrease the negative consequences of drug use to the user and others, rather than to decrease or eliminate drug use itself. While harm reduction emphasizes a change to safer practices and patterns of drug use, it does not rule out the longer-term goal of abstinence. In this way, harm reduction is complementary to the abstinence model of addiction treatment.

## **3. Human rights**

Harm reduction respects the basic human dignity and rights of people who use drugs. It accepts one's decision to use drugs as fact; no judgment is made either to condemn or support the use of drugs. Harm reduction acknowledges the individual's right to self-determination and supports informed decision making in the context of active drug use. Emphasis is placed on personal choice, responsibility and self-management.

## **4. Maximizing intervention options**

Harm reduction recognizes that people with drug use problems benefit from a variety of approaches. There is no one prevention or treatment approach that works reliably for everyone. It is choice and prompt access to a broad range of interventions that help to keep people alive and safe, and promote health.

## **5. Priority of immediate goals**

Harm reduction recognizes readiness to change as key to the process of individuals leading healthier lives. People may be anywhere along a continuum – from not thinking about change, to contemplating it, to taking action, to maintaining change – moving forward and back. Harm reduction starts with “where the person is” with their drug use, with immediate focus on the most pressing needs. Harm reduction is based on the importance of incremental gains that can be achieved over time.

## **6. Involvement of people who use drugs.**

The active participation of people who use drugs is at the heart of harm reduction. People who use drugs are seen as the best source of information about their own drug use, and are empowered to join with the Burnaby Association for Community Inclusion and other service providers to determine the best interventions to reduce harm from drug use. Harm reduction recognizes the competency of people who use drugs to make choices and change their lives.

### **Linking Policies:**

- 1.3 Quality Assurance
- 1.8 Code of Ethics
- 3.1 General Health & Safety

- 3.4 Universal Precautions Policy
- 3.11 Abuse & Neglect of Adults Policy
- 7.1 Individual Support Planning Policy
- 7.2 Personal Service Planning Policy
- 7.4 Service Transition Policy
- 7.7 Documentation & Record Keeping Policy
- 8.1 Privacy Protection for Individuals
- 8.2 Privacy Policy - Plain Language
- 9.1 Rights & Responsibilities of People with Disabilities
- 9.5 Involvement in Decision Making
- 9.7 Behavioural Interventions