

**Submissions should describe a novel approach to a topic of interest to leaders in General Hospital/Schedule I's.**

**Poster Title: Maximum 12 words:** Expanding how we see health care; harm reduction practices in hospital

**Hospital/Organization:** Health Science's North/ Horizon Santé Nord

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**Topic: Brief description of the issue/challenge:** Implementation of Harm reduction practices in the psychiatric clinical setting in Schedule 1 facilities.

**Methodology: How you addressed the issue/challenge:** Provide evidence based harm reduction education to patient's staff, management, physicians, partners, and stakeholders.

**Discussion: Maximum 250 words:** The last decade has seen a demographic shift with an observable increase in the number of people living in Northern Ontario who have a substance dependency (e.g., opioid, alcohol, cannabis, stimulant use). People residing in the Sudbury Manitoulin District are in the top quintile of people in Ontario with alcohol dependency (26.5% self-reported alcohol use above safe limit guidelines) and top quintile of opioid-related visits to hospital.

In the current hospital environment, situations can arise where a patient's physiologic dependence for a substance (e.g., agitated behavior, secretive substance use, leaving against medical advice due to powerful cravings, etc.) can put them at conflict with their clinical care plan. As a health care provider, we view any event where a patient does not receive optimal care as a missed opportunity and an area for improvement. Moreover, we believe adopting an institutional culture of harm reduction will lead to improved patient experience, improved clinical outcomes, fewer disruptive patient/clinician encounters, and a better healthcare environment.

Through the use of an empathetic, non-judgmental, non-punitive, non-stigmatizing, culturally competent, trauma informed, and respectful approach, we are able to meet our patient's where they are at with their substance use while addressing their medical and psychiatric complications. In order to ensure these approaches are met, we strive to provide patients care options that suit their needs. These options can range anywhere from naloxone, to safe use kits, medical management of cravings and withdrawals, and access to an addiction physician/ practitioner/ worker.

**Outcome/ Summary:** A snapshot of how harm reduction theories and practices have been implemented on an inpatient medical unit, and how these practices are transferable throughout the hospital, including psychiatric units. A look into how community approaches can be altered and as a result become transferrable and effective in hospital settings. Discussion surrounding positive psychosocial and health outcomes for patients with the use of the aforementioned strategies. Health care workers have expressed confidence, and understanding when providing harm reduction care.