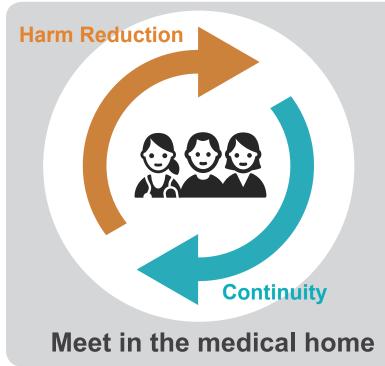
Continuity of Care + Harm Reduction = Lives Saved

Harm reduction Did you know?

- Harm reduction is about more than supervised consumption. It is about trusting relationships and accepting and meeting the person where they are at, without stigma and shame.
- Harm reduction reduces the risks and harm associated with the use of drugs because abstinence is not always a realistic goal.
- Harm reduction is about incremental gains that can be built on over time.¹
- Harm reduction is a standard of care and is part of providing personcentred care.

Continuity of care Did you know?

- Continuity of care is about improving Albertans' health through stronger ongoing relationships with their family physician/nurse practitioner and team.
- Evidence-based literature shows increased continuity, reported by patients, is associated with decreased mortality.
- Having a strong relationship with your patient allows you to better advocate on their behalf.



- Having a consistent provider gives patients a place where they feel safe to seek care and make the best decision possible at that time.
- Your relationship with your patients is ongoing. As your patient's consistent support, you and your team are in a great position to help them take small steps.
- You know your patient's story, so you can help refer them to the most appropriate supports for them.
- Keeping our loved ones alive and healthy provides them with hope until they can arrive at a place where they can seek recovery.

Did you know? Alberta Health Services now has a harm-reduction policy that must be followed by all staff, students, volunteers and others acting on behalf of Alberta Health Services. Learn more about this standard of care.





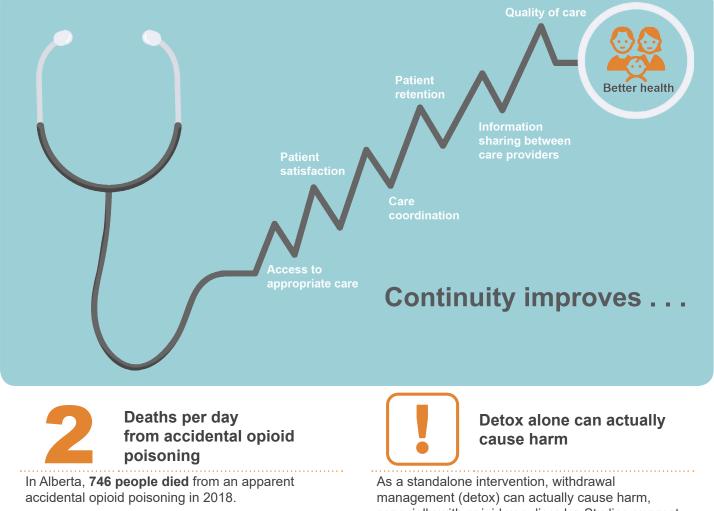








The facts



management (detox) can actually cause harm, especially with opioid use disorder. Studies suggest that opioid agonist therapy, an example of harm reduction, is more effective than withdrawal management alone.²



Treatment in primary care is effective

Evidence shows that treating opioid use disorder in primary care results in higher rates of patients retained in treatment, as well as higher rates of patients abstinent from street opioids.³

Harm reduction is not just for drugs

Seat-belt laws and condom distribution are both examples of harm reduction.

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Learn how to integrate harm reduction into your work: www.ahs.ca/harmreduction

For more information, please contact: Daniel Marchand, Director with AHS Primary Health Care Daniel.Marchand@ahs.ca

Endnotes:

³ Alberta College of Family Physicians. (2018). Location, Location, Location: Treating patients with opioid use disorder in primary care. https://gomainpro. ca/wp-content/uploads/tools-for-practice/1538762474_tfp221primarycareoudfv.pdf (Accessed March 14, 2019)

¹ British Columbia Ministry of Health. (2005). Harm Reduction: A British Columbia community guide. https://www.health.gov.bc.ca/library/publications/ year/2005/hrcommunityguide.pdf (Accessed Feb. 11, 2019)

² Canadian Research Initiative in Substance Misuse. Avoid the use of withdrawal management as a standalone treatment for opioid use disorder. https:// crism.ca/wp-content/uploads/2018/03/CRISM-WDM-bulletin.pdf (Accessed March 7, 2019)