

INTEGRATING HARM REDUCTION INTO ACUTE CARE: A CANADIAN HOSPITAL'S EXPERIENCE

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Background

Injection drug use is a world-wide phenomenon. Secondary harms, such as skin or soft-tissue infections, are reported in at least one-third of people who inject drugs. Locally, 2017 to 2018 saw a 125% increase in infective endocarditis presentations. In response to this emerging trend, St Boniface Hospital (SBH) initiated a 4-phased response to move from abstinence-based care and integrate harm reduction.

Description of model of care/intervention/program

Phase One: Raise Awareness and Knowledge of Harm Reduction within SBH.

Phase Two: Develop Explicit Support for Harm Reduction within SBH.

Phase Three: Provide Tangible Tools to Support Harm Reduction.

Phase Four: Funding for Sustainability.

Effectiveness

Phase One: Over three hundred SBH staff attended education sessions and reported increased knowledge related to substances, harm reduction, and engaging patients who use substances in conversations.

Phase Two: A SBH harm reduction philosophy statement and Substance Use Working Group to collaboration and coordination across SBH programs were created.

Phase Three: Counsellors from publicly-funded treatment programs were integrated into SBH, injection supply kits are available for distribution across SBH, and an Addictions Medicine consult service was created.

Phase Four: A Harm Reduction Coordinator was hired and an Our Healthbox placed at SBH, which has been accessed by 898 individuals since April 2025.

Conclusion and next steps

Integrating harm reduction practices in acute care is possible through a multi-phased approach. Ongoing education and visibility fosters a culture of harm reduction and helps acute care clinicians meet patients where they are at in their journey.

Disclosure of Interest Statement

The authors report funding from a Health Canada Substance Use and Addictions Program (SUAP) grant, Our Healthbox, BMO, the Canadian Foundation for AIDS Research, Reach Nexus, St. Boniface Hospital Foundation and Réseau Compassion Network. EKP, SG, TN, and KLA also report support from Healthcare Excellence Canada's Executive Training (EXTRA) Program.