HARM REDUCTION AND SUBSTANCE USE

Canadian Nurses Association (CNA), Canadian Association of Nurses in HIV/AIDS Care (CANAC) and Harm Reduction Nurses Association (HRNA)

CNA, CANAC AND HRNA POSITION

- Harm reduction is an essential evidence-based approach for reducing the adverse health, social and economic consequences of substance use without requiring abstinence.
- Many of the harms that seem to stem from substance use may be caused by other factors (norms, policies and laws aimed at people who use substances) and these factors limit the capacity of people to meaningfully engage in harm reduction practices.
- The principles of harm reduction are consistent with the primary values in the CNA Code of Ethics for Registered Nurses, particularly nurses’ responsibility to provide safe, compassionate, competent and ethical care.
- Nurses should help advance organizational and governmental harm reduction policies.

CNA, CANAC AND HRNA BELIEFS

CNA, CANAC and HRNA recognize harm reduction as a pragmatic public health approach aimed at reducing the adverse health, social and economic consequences of substance use. Substances in this context are not limited to illicit drugs; they can include (but are not limited to) alcohol, cannabis and prescription medications.

We believe that people who use substances must be involved in decisions related to care as well as discussions related to broader harm reduction program and policy decisions.

We believe that harm reduction properly emphasizes human rights and the importance of treating all people with respect, dignity and compassion — regardless of substance use. Harm reduction is a non-judgmental approach that accepts persons as they are, including their right to make choices about their health and their lives. Harm reduction focuses on promoting safety and does not require that substance use be discontinued. Rather, harm reduction aims to prevent death or disability by supporting safer substance use for the health and safety of all individuals, families and communities.
We recognize that harm reduction also emphasizes the importance of providing safe and competent care that is based on evidence instead of personal beliefs, ideology or misconceptions. To practise in accordance with the principles of harm reduction, nurses must demonstrate the skills required to provide safe care to people using substances — including skills related to cultural competency, trauma-informed care and mental health. In addition to this, nurses need to be competent in assessing and managing complex psychosocial and health conditions as well as structural conditions that contribute to substance use. Finally, nurses need to be able to draw on up-to-date evidence and intervene according to best practices in the field.

We recognize that inequities in access to health care are prevalent for people who use substances and that these inequities are exacerbated by structural and social determinants of health. These determinants can include colonialism, systemic racism, criminalization, inadequate housing, poverty, unemployment and the lack of social support.

CNA, CANAC and HRNA believe that harm reduction is an important part of a comprehensive health-care response to the health and social harms experienced by people who use substances. We further believe that it complements abstinence, prevention and treatment strategies for substance use.

We recognize that harm reduction strategies benefit many people:1 people who use substances and their families; people who need supportive health care and social services; nurses and other health-care professionals who offer harm reduction as an option to their clients; and the public, who enjoy safer communities and a decreased burden on the health-care system.

We believe that policies and programs must be based on best evidence, cost-effectiveness and local needs — all while involving the participation of those who use substances in decisions that affect them (Canadian HIV/AIDS Legal Network, 2005). In supporting a harm reduction approach, nurses should advocate for change to harmful policies, including those that are harmful to health and well-being, reduce access to health and social care, violate human rights, or put the health of the general population at risk.

CNA, CANAC and HRNA believe that nurses have a responsibility to provide non-judgmental care to individuals and families affected by substance use, regardless of setting, income, age, gender identity, ethnicity or other socio-demographic characteristics. We further believe that nurses can influence the development of organizational and governmental harm reduction policies related to drug use.

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1 Additional information about specific harm reduction strategies can be found in resources listed within the references section, including Harm Reduction and Illicit Substances: Implications for Nursing (CNA, 2017).
BACKGROUND

Harm reduction is most commonly used in relation to public health programming for people who use substances, but it can also be applied to programs that address sexual practices, smoking, cycling, driving, gaming and other activities. Examples of harm reduction strategies targeted at individuals and groups include (but are not limited to):

- Providing needle exchanges, rapid access to substance use care and safe spaces for consumption of substances
- Encouraging lower-risk drinking or lower-risk cannabis use
- Reducing second-hand smoke exposure
- Using seatbelts, helmets and condoms

The values of harm reduction are consistent with the primary values in CNA’s Code of Ethics for Registered Nurses (2017), which guide ethical nursing practice. These primary values include providing safe, compassionate, competent and ethical care; promoting health and well-being; promoting and respecting informed decision-making; honouring dignity; maintaining privacy and confidentiality; promoting justice; and being accountable.

Harm reduction is a pragmatic approach because it recognizes that substance use is an enduring feature of human existence. Harm reduction focuses on decreasing the adverse outcomes of substance use while building non-judgmental, supportive relationships (Cook, Phelan, Sander, Stone & Murphy, 2016; Pauly, 2008). Although it includes abstinence as an option (if the person is ready) harm reduction recognizes that abstinence may not always align with a person’s goals and objectives. Emphasis should be placed on acknowledging and respecting where the person is at in regard to their goals and objectives and working towards the individual’s desired outcomes (Hyshka et al., 2017).

Many health and social harms are associated with substance use. During Canada’s current opioid epidemic, for example, overdose deaths have contributed to increased mortality rates among people who use psychoactive substances. Opioid-related overdoses are increasing exponentially, with more than 2,800 in 2016, a rate of 7.8 deaths per 100,000 people (Government of Canada, 2017). In the first 10 months of 2017, there were a staggering 1,208 illicit drug overdose deaths in British Columbia — or approximately 121 deaths per month — nearly double the same period for 20162 (British Columbia Coroners Service, 2017).

A significant harm for people who uses substances, particularly by injection, is the risk of blood-borne diseases such as HIV and hepatitis C. The Public Health Agency of Canada reports that injection drug use accounts for 15.1 per cent of new adult HIV infections in Canada, a figure that rises to 59.6 per cent among Indigenous Peoples (Bourgeois, Edmunds, Awan, Jonah, Varsaneux & Siu, 2017).

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2 In 2016, B.C. recorded 683 illicit drug overdose deaths between January-October and 985 for the entire year.
Soft-tissue infections such as abscesses and cellulitis are also commonly associated with injection drug use (Ontario HIV Treatment Network, 2014; Potier, Laprévote, Dubois-Arber, Cottencin, & Rolland, 2014). In addition, law enforcement approaches to illicit drug use have contributed to its harms by increasing prison populations (Friedman et al., 2006; Human Rights Watch & American Civil Liberties Union, 2016; United Nations Global Commission on Drug Policy, 2016; Wood, McKinnon, Strang, & Kendall, 2012). Compared with the general population, prison populations in Canada and around the world have significantly higher rates of HIV and hepatitis C.

Nurses caring for people across the lifespan and in all settings may encounter situations in which substance use has a direct or indirect impact on the health of individuals. Nurses may be the first point of contact in such situations, which may occur in a variety of settings such as community health centres, hospitals, prisons and street outreach. No matter where a nurse works, there is a professional and ethical responsibility to provide a safe, non-judgmental care environment and incorporate harm reduction into practice.

Since its origins in the Netherlands and the United Kingdom in the 1980s, where it was influenced by advocacy on behalf of persons living with HIV/AIDS, the harm reduction approach has been embraced by many international organizations. These organizations include the World Health Organization, the Joint United Nations Programme on HIV/AIDS, the United Nations Office on Drugs and Crime, the United Nations Children’s Fund, the International Federation of Red Cross and Red Crescent Societies (International Federation of Red Cross and Red Crescent Societies, 2010) and the World Bank (Dutta et al., 2013; Wodak, 2009).

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Replaces: Harm Reduction (2012)
REFERENCES


