



**BC NURSES'
UNION**

Standing up for health care

POSITION STATEMENT



HARM REDUCTION

www.bcnu.org

BC NURSES' UNION BELIEVES THAT:

- > Harm reduction policies and programs can provide support for people coping with the effects of substance use. Harm reduction is safe, cost effective and saves lives while reducing suffering¹.
- > Substance use is influenced by social and economic factors and can impact anyone.
- > Substance use can be one of many consequences of unequal access to the social determinants of health, and the experience of social and political marginalization².
- > People who are coping with challenges related to substance use require compassionate support and care.
- > Families and friends of people who are coping with substance use issues also require compassionate support and care.
- > The practice of criminalizing people who struggle with substance use problems does little to address the person's health needs or those of their families and communities³.
- > Community development and social justice approaches to dealing with substance use are central to effective harm reduction approaches and will help, in the long term, to reduce problematic consequences of substance use.
- > Nurses and other health care providers can play a critical role in ensuring that harm reduction measures address the needs and concerns of people affected by problematic substance use.

by people affected by problematic substance use, as well as their families, friends and communities. Harm reduction policies and programs do not insist that a person cease using substances, but are primarily focused on providing support and sharing knowledge and resources that enable people to experience increased safety and improved health outcomes.

There are many studies that demonstrate the effectiveness of harm reduction strategies⁴. Together these studies convincingly conclude that harm reduction leads to better quality care and health outcomes for those who are most in need of support, while at the same time benefitting the communities within which they live. Contrary to assumptions of those who do not support such services, harm reduction does not encourage substance use⁵. In fact, effective harm reduction policies and programs help to reduce crime and keep communities safer. Harm reduction strategies represent a 'best practice' when it comes to lessening the personal and social harms associated with problematic substance use.

A harm reduction approach to substance use emphasizes the humanity and uniqueness of each person and their social circumstance, and aims to reach out to 'where the person is' – identifying what their goals might be and working with them to help achieve those goals. Thus harm reduction interventions can be usefully applied at any point along a continuum of substance use – from those who are using substances on a regular basis to those who have achieved some degree of abstinence.

Placing the concerns of the person coping with substance use at the heart of any harm reduction intervention aligns with the nursing principle

BACKGROUND

Harm reduction can be understood as any non-judgmental intervention aimed at reducing the harm experienced

1 Kappel, N., Toth, E., Tegner, J., & Lauridsen, S. (2016) A qualitative study of how Danish drug consumption rooms influence health and well-being among people who use drugs. *Journal of Harm Reduction*, 13:20.

Jozaghi, E., Reid, A. A., Andresen, M.A., & Juneau, A. (2014) A cost-benefit/ cost-effectiveness analysis of proposed supervised injection facilities in Ottawa, Canada. *Substance Abuse Treatment, Prevention, and Policy*, 9:31.

2 Pauly, B., McCall, J., Browne, A. J., Parker, J., & Mollison, A. (2015) Toward Cultural Safety: Nurse and Patient Perceptions of Illicit Substance Use in a Hospitalized Setting. *Advances in Nursing Science*, 38(2).

3 Richardson, L.A., Kerr, T.H., Dobrer, S., Puskas, C.M., Guillemi, S. A., Montaner, J. S. G., Wood, E., Milloy, M-J.S. (2015) Socioeconomic marginalization and plasma HIV-1 RNA nondetectability among individuals who use illicit drugs in a Canadian setting. *AIDS*, 29(18).

4 Drucker, E., Anderson, K., Haemming, R., Heimer, R., Small, D., Walley, A., Woo, E., & van Beek, I (2016) Treating Addictions: Harm Reduction in Clinical Care and Prevention. *Journal of Bioethical Inquiry*, 13(2).

5 <http://www.health.gov.bc.ca/library/publications/year/2005/hrcommunityguide.pdf>

of person-centred care – care that considers the needs of the whole person over time. The best kind of harm reduction program is easily accessible to everyone and empowers each person (and their community) along with the service provider, to determine the appropriate intervention to address immediate priorities and where possible, long-term goals.

Addressing the psychosocial factors that can lead to substance use, together with harm reduction approaches, can reduce the harmful consequences of substance use. British Columbia needs more programs based on social justice and community development principles. Long-term solutions that will make a big impact include comprehensive programs to help families struggling with violence, alienation, racism and other complex social problems.

MANY APPROACHES TO HARM REDUCTION

Examples of effective, person-centred harm reduction programs can be found in communities across British Columbia and Canada in the form of methadone maintenance programs; the provision of readily accessible clean needles and sharps containers; establishing safe and supervised consumption spaces where people can safely take intravenous drugs and access needed support services; providing tailored safer-sex information to vulnerable and historically marginalized populations; and the distribution of naloxone kits to the families and friends of persons who may be at risk for opioid overdose.

INSITE - CANADA'S SHOWCASE HARM REDUCTION SERVICE, BASED IN VANCOUVER

Insite led the way as North America's first legal supervised injection site⁶. Opened in 2003, the clinic provides a safe and clean space, nursing support and referral services for people who are engaged in injection drug use. Many of the clients who receive nursing care and harm reduction services at Insite are also coping with the challenges of homelessness or under-housing, mental illness, HIV/AIDS,

and Hepatitis C. Many clients also carry with them a history of trauma as a consequence of poverty, abuse, marginalization, racism, and residential school experiences.

Insite can be understood as one important element in a continuum of care for people who might be difficult to reach through traditional health care services for the reasons noted above. Kind, compassionate, non-judgmental nursing care can help build trusting relationships leading to a reduction in the potentially harmful effects of injection drug use⁷. In addition, the establishment of Insite has resulted in a reduction in incidents of drug overdose and the spread of HIV/AIDS, and considerable cost-savings to the health care system.

PROVIDENCE CROSTOWN CLINIC: SALOME

Crosstown Clinic is another safe injection site in Vancouver's Downtown Eastside. While the people at Insite bring their own drugs to inject, at Crosstown the drugs are dispensed by an on-site pharmacy. Here, the people who frequent the clinic were all participants in the Study to Assess Longer-term Opioid Medication Effectiveness (SALOME) a Vancouver-based clinical trial, which concluded in 2015. This trial was built on the provisional conclusions of the North American Opiate Medication Initiative, a Vancouver-based clinical trial that compared the efficacy of medically prescribed heroin, methadone and hydromorphone. The results of the SALOME trial showed "hydromorphone (HDM) to be as effective as diacetylmorphine (pharmaceutical-grade prescription heroin) for people who have not benefited from previous treatments, such as methadone or suboxone."⁸

"The Crosstown Clinic is the only clinic in North America to offer medical-grade heroin (diacetylmorphine) and the legal analgesic hydromorphone within a supervised clinical setting to chronic substance use patients."⁹

In addition, Crosstown Clinic (like Insite and the Dr. Peter Centre)¹⁰ provides on-going holistic support for the

6. <http://www.vch.ca/your-health/health-topics/supervised-injection/supervised-injection>

7. Bartlett, R., Brown, L., Shatell, M., Wright, T., & Lewallen, L. (2013) Harm Reduction: Compassionate Care of Persons with Addictions *Medsurg Nursing*, 22(6).

8. Oviedo-Joekes, E., Guh, D., Brisette, S., Marchand, K., MacDonald, S., Lock, K., Harrison, S., Janmohamed, A., Anis, A.H., Kraus, M., Marsh, D.C., Schechter, M.T. (2016). Hydromorphone compared with diacetylmorphine for long-term opioid dependence: a randomized clinical trial. *JAMA Psychiatry*, 73(5).

9. <http://www.providencehealthcare.org/hospitals-residences/providence-crosstown-clinic>

10. <http://www.drpeter.org/en/>

people who access its services - in recognition of the fact that addressing substance use is merely one aspect of a comprehensive, harm-reduction approach to achieving wellness.

A COMPREHENSIVE APPROACH

In the mid-1990s British Columbia saw a dramatic rise in the rates of HIV among persons using intravenous drugs. There were many factors involved in this epidemic including structural poverty, homelessness, mental health challenges, the sharing of drug paraphernalia (needles and crack pipes), high-risk sexual activity, a lack of access to harm reduction programs and supports, and the need for better HIV treatment and care. The Province of British Columbia began its response to this crisis by attempting to address each of these complex and interrelated factors. In 2008 the rates of HIV in persons using intravenous drugs had substantially decreased. The details of how and why this happened highlight the fact that it was a combination of several factors including the provision of Highly Active Antiretroviral Therapy (HAART)¹¹, pioneered by the groundbreaking research of Dr. Julio Montaner¹², better access to health care services and the deployment of enhanced harm reduction initiatives (including Insite).

Vulnerable populations, including those engaged in substance use, continue to be at risk for HIV, Hepatitis C and a host of other acute and chronic health issues. But the example of how the province mobilized resources, health care personnel and affected communities and individuals to address the crisis of spiking HIV rates in the 1990s offers a useful template for what is required now as we face the current opioid crisis (fentanyl) and other present and future public health challenges.

What becomes clear is that well-resourced, collaborative harm

reduction programs can play a significant role in a comprehensive and effective strategy aimed at addressing substance use and its consequences - before it becomes a public health crisis.

STANDING UP FOR HUMAN RIGHTS AND HARM REDUCTION

Peer-reviewed studies have compellingly demonstrated the health, legal and social benefits of harm reduction programs such as Insite: these programs save lives; they are cost effective; and they support communities while decreasing crime. Many nurses, scientists, physicians, political leaders and others around the world, have called for the expansion of such approaches¹³.

The best harm reduction strategies have a strong human rights orientation based on a commitment to social justice, equity and equitable access to programs and services.

BCNU strongly supports harm reduction initiatives and addressing the issue of substance use through the lens of human rights and the social determinants of health.

Every day our members strive to provide the best possible care for British Columbians. BCNU believes that nurses and other health care providers can offer their wisdom and knowledge to creating a more equitable health care system - a system that approaches the health care needs of persons coping with substance use issues from a perspective of harm reduction - with kindness and compassion.

FOR MORE INFORMATION

Please contact your BCNU regional chair to discuss these issues. Go to www.bcnu.org or look in your Update magazine for a list of representatives.

¹¹ Wood, E., Hogg, R.S., Lima, V.D., Kerr, T., Yip, B., Marshall, B.D.L., Montaner, J.S.G. (2008). Highly Active Antiretroviral Therapy and Survival in HIV-Infected Injection Drug Users. *JAMA*, 300(5).

¹² <http://www.cfenet.ubc.ca/about-us/team/montaner-j>

¹³ <https://cna-aic.ca/en/on-the-issues/better-health/harm-reduction>