

# POSITION STATEMENT: SAFER INJECTION

The Harm Reduction Nurses Association recognizes the importance of promoting safer injection as part of a comprehensive harm reduction approach to drug use. Safer injection reduces the risk of complications (including soft tissue infections, venous injuries, endocarditis, sepsis), and prevents blood-borne diseases and overdose-related deaths.

## WE BELIEVE THAT SAFER INJECTION INCLUDES THREE COMPONENTS:

### HOW YOU INJECT

How you inject depends on your level of knowledge, access to supplies, and need for assistance. As such, it is important to ensure that all people who use drugs know the basics of safer injection including how to prepare a shot, how to inject, and how to recognize complications and emergencies<sup>1,2,3</sup>. Nurses and other health care providers should be sufficiently prepared to provide safe injection education and work collaboratively with peer workers and harm reduction workers. To ensure safer injection, access to all the required supplies for drug preparation and injection is essential. However, there continues to be barriers in Canada<sup>4</sup> especially for people in correctional facilities<sup>5,6</sup> and people living in remote or rural areas<sup>7</sup>. For people who require assistance injecting, innovative solutions such as the peer-led Injection Support Team developed by VANDU<sup>8</sup> should be implemented. This would not only help reduce the potential harms of unsafe assisted injecting<sup>9</sup>, but it would also address a gap in service provision since assisted injecting (by a peer or a nurse) is currently not permitted across supervised injection sites (SIS)<sup>10</sup>.

Some people will access SIS with peripheral or central lines already in place, and they may have intentions of using these lines for their injections. It is essential that nurses possess the knowledge, skills, and attitudes to support people who choose to engage in self injection through their peripheral or central lines. It is also important that nurses advocate to have supplies available and policies that allow them to complete these tasks at SIS (e.g., Luer-Lock connectors, pre-filled saline syringes, occlusive dressings, etc.). Furthermore, it is time for nurses to think critically about their own participation in establishing peripheral lines (i.e., saline lock) for the purpose of self-injection. Inserting a peripheral intravenous line to establish venous access is well within the scope of nurses. Allowing nurses to do this in SIS would reduce the harms associated with intravenous drug use including injection-related injuries, infections, needle stick injuries, and drug overdose. In any other practice setting where people receive multiple intravenous injections daily, peripheral lines are the standard of care to ensure the safest access to the venous system, which ought to motivate us in pursuing this as an option for SIS, wherever nurses are present.

### WHERE YOU INJECT

Where you inject includes the actual place where you inject as well as the people you inject with and the broader context in which you inject. All three have an impact on injection safety<sup>7</sup>. Currently, SIS are the safest places for people to inject because they remove or reduce many of the environmental factors that contribute to risky injection practices: 1) SIS are hygienic, dry, warm, and well-lit; 2) they provide access to supplies, sterile water, safe injection education, care (including emergency care), and support (including peer support); and 3) they allow people to take their time and go through the steps of preparing and injecting their drug without fear of getting caught<sup>2</sup>. Injecting in the presence of a peer worker, harm reduction worker and/or a nurse also contributes to making SIS safer for people who use drugs. It provides them with a support system of people if they have questions, if they need help or require care, and if they need someone to talk to or connect with. Given their effectiveness<sup>11</sup>, SIS should be implemented across Canada. Decriminalizing all drugs as part of a national strategy is also required in order to remove the broader punitive context in which injection drug use takes place.

### WHAT YOU INJECT

What you inject refers to the actual substance you inject. Most people buy their own illicit substances. Offering them the option of testing their drug before using might be one way to increase injection safety. While advocating for access to drug testing, efforts should be put in place to track overdoses and overdose-related deaths, flag emergency situations, disseminate information on illicit substances. People who inject should also be encouraged to “test” their substance by using a small amount first before taking more. The only way to ensure the safety of the substance itself is to prescribe it. As such, scaling up access to prescribed diacetylmorphine and hydromorphone<sup>13</sup> should be a priority in Canada. This approach has been proven to work and has been shown to positively impact injection safety<sup>12</sup>.

To make injecting as safe as possible, **ALL 3 COMPONENTS** must be satisfied. The only possible way to achieve this is to implement evidence-informed laws, policies, programs, services, and practices in the community and across various organizations including hospitals, long-term care facilities, correctional facilities, shelters, and housing programs.

*Evidence should not be restricted to research findings and should include knowledge derived from: 1) clinical experience, 2) lived experience of users, community-based workers, and carers, and 3) local context and environment<sup>14</sup>.*

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