

POSITION STATEMENT: HARM REDUCTION EDUCATION IN BACCALAUREATE NURSING PROGRAMS

Harm reduction is a pragmatic and evidence-based approach that aims at reducing the potential harms associated with certain behaviors, contexts, and practices^{1,2}. It recognizes that nurses have an ethical and professional duty to tailor their care to the needs of individuals, groups, and communities in order to not only reduce harms but to promote health and safety as well as prevent death and disability². Harm reduction is not limited to a physical space, a particular health problem or a specific population. As such, it should be understood (and utilized) as a philosophy of care that all nurses can draw upon regardless of where they practice and whom they care for. For example, nurses use harm reduction approaches when they:

1. PROVIDE SAFER SEX EDUCATION TO HIGH SCHOOL STUDENTS;
2. ADVOCATE FOR ACCESS TO AFFORDABLE HOUSING;
3. OFFER COUNSELLING ON SMOKING CESSATION;
4. SUPPORT PATIENTS WITH THEIR DAILY MEDICATIONS AND DIETARY RESTRICTIONS;
5. REDUCE THE RISKS OF FALLS IN THE HOSPITAL ENVIRONMENT;
6. INTRODUCE NEW PROTECTIVE EQUIPMENT TO REDUCE WORKPLACE INJURIES, AND
7. CONTRIBUTE TO PUBLIC HEALTH CAMPAIGNS TO PROMOTE BICYCLE HELMET WEARING¹.

Currently, there is no requirement for nursing programs to include harm reduction education specific to substance use. As a result, they tend to present major knowledge-to-practice deficits and overemphasize abstinence-based approaches. Nursing programs have not kept pace with the growing rates and changing patterns of substance use, nor have they been responsive to the public health crises related to alcohol, opioids and amphetamines^{3,4,5,8}. As a result, new nursing graduates are not prepared to face the range of substance-related issues they will encounter in practice and across health care settings.

Literature on substance use education in nursing is scarce, with a large focus on substance use disorders in the American context^{4,5,8}. We do not have data on the Canadian context but efforts are underway to assess the extent the substance use education in nursing programs and determine existing gaps¹. These gaps are important to address because there is a clear link between knowledge, attitudes, and practices in caring for people who use substances^{3,4,5}. Without foundational knowledge of harm reduction, it is unlikely that new nursing graduates will be able to demonstrate attitudes and practices that are consistent with this philosophy of care.

When nurses work with people who use substances, they should focus on reducing potential harms associated with substance use and ensuring that their clients are meaningfully involved in their care, are able to make informed decisions about their care, and most importantly, are treated with respect and dignity in a non-judgmental manner. In doing so, nurses should be able to recognize that the harms associated with substance use often stem from social and structural factors such as criminalization, colonialism, stigma and discrimination, poverty, racism, homelessness, and so forth—not from the substance use itself^{1,2}. Practically speaking, this means ensuring that the goal of nursing care goes beyond minimizing health harms at the individual level to include a strong focus on addressing social determinants of health, including the social and structural conditions that produce and influence harms^{6,7}.



POSITION

The Harm Reduction Nurses Association (HRNA) recommends that harm reduction education be a requirement and that all undergraduate nursing programs include adequate information on harm reduction interventions to support a generalist preparation. This should include, but not be limited to, the following topics:

- DRUG POLICY AND THE WAR ON PEOPLE WHO USE SUBSTANCES
- CRIMINALIZATION AND ITS IMPACT
- THEORIES ON SUBSTANCE USE
- BASIC KNOWLEDGE OF ILLEGAL SUBSTANCES AND LEGAL SUBSTANCES (ALCOHOL, CANNABIS, TOBACCO)
- SAFER CONSUMPTION EDUCATION
- SUPERVISED CONSUMPTION SERVICES
- TREATMENT USING PRESCRIPTION HEROIN (DIACETYLMORPHINE) OR HYDROMORPHONE
- METHADONE OR SUBOXONE MAINTENANCE THERAPY
- NALOXONE KIT DISTRIBUTION AND EDUCATION
- OVERDOSE PREVENTION AND MANAGEMENT
- STERILE SUPPLY DISTRIBUTION (NEEDLES, SYRINGES, PIPES, ETC.)
- PAIN MANAGEMENT FOR PEOPLE WHO USE SUBSTANCES
- MANAGED ALCOHOL PROGRAMS
- SIGNS AND SYMPTOMS OF WITHDRAWAL
- CARE FOR PREGNANT PERSONS WHO USE SUBSTANCES
- CARE FOR YOUTH WHO USE SUBSTANCES
- RIGHTS OF PEOPLE WHO USE SUBSTANCES
- NEEDS AND ISSUES SPECIFIC TO POPULATIONS SUCH AS INDIGENOUS COMMUNITIES, RACIALIZED COMMUNITIES, LGBTQIAAP COMMUNITIES, WOMEN, PEOPLE IN PRISON
- ROLES AND RESPONSIBILITIES WHEN PROVIDING CARE TO PEOPLE WHO USE SUBSTANCES

Clinical experiences with a strong focus on harm reduction should also be offered where this is feasible and nursing students should have the opportunity to work with people with lived and living experience of substance use during clinical placement experiences.

Finally, we recommend that all nursing students complete courses that cover the following topics: social determinants of health, health equity, social justice, trauma-informed care, colonialism, cultural safety, patient-centered care, strength-based approach, relational practice, stigma, power and privilege, advocacy, and interprofessional practice with other health care providers, community-based workers, and lived experience experts. We consider that these topics are essential for students to truly understand harm reduction and to deliver safe, compassionate, competent and ethical care to people who use drugs.

This position is consistent with our joint position statement on Harm Reduction and Substance Use (jointly published with the Canadian Association of Nurses in HIV/AIDS Care and the Canadian Nurses Association). It reflects the current state of knowledge in harm reduction nursing as outlined by the Canadian Nurses Association in the document entitled 'Harm Reduction and Illicit Substance Use: Implications for Nursing'. It adheres to the ethical values and responsibilities outlined in the Code of Ethics for Registered Nurses and encompasses some of the skills needed to tackle the ethical endeavors outlined in that code. Lastly, it is in line with the top priorities identified by the Canadian Association of Schools of Nursing to improve substance use education in nursing - harm reduction being among the list of priorities identified by the organization.



REFERENCES

1. Canadian Nurses Association (CNA) (2017). [Harm Reduction and Illicit Substance Use: Implications for Nursing Practice](#).
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ADDITIONAL BACKGROUND: Over the course of the last year or so, a number of initiatives have been launched to address gaps in substance use education—in nursing and across professional / service provision groups: 1) The Canadian Association of Schools of Nursing (CASN) in partnership with the Association of Faculties of Pharmacy of Canada (AFPC), and the Canadian Association for Social Work Education (CASWE-ACFTS) received [funding](#) for a three-year interprofessional education project from Health Canada’s Substance Use and Addictions Program which includes a scoping review, a faculty survey and stakeholder consultation; 2) The BC Centre for Disease Control conducted a [harm reduction curriculum needs assessment](#); 3) The BC Centre on Substance Use released new nursing specific online module as part of its [addiction care and treatment online certificate](#); 4) A number of partners applied for funding to develop educational tools; and 5) HRNA is in the process of undertaking a survey of nursing students on substance use knowledge and education.

