

Environmental Scan on the Current State of Harm Reduction Education in Nursing



Harm Reduction
Nurses Association

Association des
infirmiers et infirmières
en réduction des méfaits

Land Acknowledgement

The Harm Reduction Nurses Association (HRNA) does work with individuals and organizations across all of Turtle Island and honour the lifeforce of Indigenous Peoples who have had their land stolen and who continue to resist ongoing genocide. Addressing the root causes of the toxic drug crisis is deeply connected to decolonization.

Acknowledgement of Lived/Living Experience

The work of the HRNA is informed by people with lived/living experience of drug use, who have generously shared their knowledge and expertise. Without the leadership, wisdom, and innovation of people with lived/living experience, vital life-saving harm reduction initiatives would not exist.

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Executive Summary

This environmental scan examines the current state of harm reduction (HR) education in Canadian nursing programs, highlighting significant gaps in preparing nurses to work effectively with people who use drugs (PWUD). While nursing codes of ethics and professional standards explicitly align with HR principles, our findings reveal that HR education remains inconsistently integrated into nursing curricula across Canada.

If covered at all, HR education is often embedded within other courses rather than recognized as a core component. This results in uneven exposure to HR content among students, leaving many nursing graduates unprepared to implement HR approaches in their practice. The inclusion of HR education is also heavily dependent on individual faculty interest and initiative. Stigma toward substance use and a lack of faculty readiness to teach this content remain major barriers.

Curriculum constraints further limit the depth of HR education. With an already overcrowded curriculum and minimal emphasis on HR in entry-to-practice guidelines and licensing exams, instruction on HR is often superficial. The lack of this education has a direct impact on patient care, perpetuating stigma, and discrimination in healthcare settings.

Introduction

HR is a pragmatic and evidence-based approach focused on minimizing the adverse health and social consequences associated with substance use and other risk-related behaviors. Rather than promoting abstinence alone, HR aims to reduce harm and enhance health and safety, acknowledging the complexity of substance use (Harm Reduction

Nurses Association [HRNA], 2019). Integrating HR principles is essential for ethical nursing practice, aligning with professional standards that call for respectful, dignified, evidence-based care for all. Despite growing needs, HR education is not yet standard in many nursing programs across Canada, with similar gaps reported internationally (Smothers et al., 2018; Gagnon et al., 2020).

This environmental scan explores the current state of HR education within baccalaureate and graduate-level nursing programs in Canada. This report assesses existing educational gaps and discusses considerations for incorporating HR education within nursing education. This report aims to identify actionable recommendations to strengthen HR education, enabling future nurses to provide compassionate, informed, and equitable care to PWUD.

Background

Ethical Alignment

HR is intrinsically aligned with nursing ethics and standards, as demonstrated by its integration within key nursing codes and position statements from prominent organizations such as the Canadian Nurses Association (CNA), the International Council of Nurses (ICN), the Canadian Association of Nurses in HIV/AIDS Care (CANAC), and the HRNA. Denis-Lalonde (2022) asserts that HR is “inherent to nursing practice” (p.75), highlighting the theoretical connection between HR and nursing through shared key concepts. The CNA’s Code of Ethics for Registered Nurses (2017) embodies primary values consistent with HR, including “providing safe, compassionate, competent, and ethical care; promoting health and well-being; respecting informed decision-making; honoring dignity;...[and] promoting justice” (CNA et al., 2018, p.3). Responding to this alignment, the Canadian

Nursing Students Association Position Statement (2021) calls for the integration of HR education into nursing curricula, a recommendation also posited by the HRNA (2019), who call for mandatory HR training in all undergraduate programs. Furthermore, the Joint Position Statement by CNA, CANAC, and HRNA on Harm Reduction and Substance Use (2018) emphasizes the professional and ethical responsibility of nurses to create a safe, non-judgmental care environment and incorporate HR into their practice regardless of their work setting. The ICN's 2023 position on mental health reiterates the increasing importance of HR interventions within nursing practice.

Methodology

To assess the current state of HR education for nursing students, we conducted an environmental scan using multiple data collection methods. This included key informant interviews with experts in the field. Our findings are informed by conversations with Dr. Bernie Pauly, Dr. Bruce Wallace, Corey Ranger, Dominique-Denis Lalonde, Jane McCall, Morgan Magnuson, and Dr. Vera Caine. We performed a comprehensive literature review of academic publications and grey literature. The data and conversations were thematically analyzed to identify common patterns, themes, and insights into existing educational practices and potential gaps.

Key Findings

Curricular Gaps

Research by Gagnon et al. (2020) highlights significant curricular gaps, indicating nursing students receive minimal education on substance use, typically only between 1 to 5 hours (43%), and in some cases none at all (20%), despite regular clinical encounters with PWUD.

HR content is frequently embedded within broader courses such as addiction or community health, presented superficially due to overcrowded curricula and is rarely supported by practical training (Oruche et al., 2023; Gagnon et al., 2020).

HR content in nursing education is often limited to elective courses rather than being a core part of the curriculum. For example, key informant interviews revealed that universities such as the University of Calgary (UoC), the University of Lethbridge (ULeth) and the University of Victoria (UVic) have offered HR related content primarily through elective courses, limiting access to students who specifically choose these courses. UVic is the only university we found to offer a HR elective, while other institutions include HR content within adjacent electives. This approach prevents comprehensive exposure to HR principles for all nursing students.

Barriers to Integration of Harm Reduction in Nursing Education

Stigma and discrimination

Stigma surrounding substance use significantly impacts nursing faculty's acceptance of HR education, creating a barrier to its inclusion in nursing curricula. Denis-Lalonde (2022) notes "stigma and discrimination towards PWUD generate opposition to HR" and healthcare professionals, including nursing faculty, are "not immune to the negative and stigmatizing views of PWUD as portrayed by the media" (p. 69). This pervasive stigma often leads nursing educators to undervalue HR principles, either consciously or unconsciously, in their teaching.

Dependency on Faculty

The integration of HR education is heavily dependent on individual faculty members' interest and initiative, leading to inconsistencies

across programs. Faculty discomfort and lack of preparedness hinder the integration of HR education, as many instructors are unfamiliar with or hesitant to teach HR principles. This means that if an instructor lacks HR knowledge, students may receive little to no education on the topic. A key informant reported some faculty members are outright opposed to HR or lack the necessary training, which perpetuates outdated and stigmatized perspectives on substance use. Additionally, a nursing student participant in Denis-Lalonde et al's (2022) study attributed the curricula gap to perceived judgmental attitudes held by faculty members. Another student noted that substance use remains a taboo topic within faculty and advocated for open discussions on drug use and the care of PWUD (Denis-Lalonde, 2022). This indicates a need for both HR education for nursing students, as well as professional development for those already practicing and teaching. The lack of trained professors to teach on this topic emerging as a consistent theme in conversations with key informants.

Curriculum overload

Curriculum overload is another barrier to adding HR education to nursing curriculum (Finnell et al., 2018). Key informant interviews highlighted that nursing curricula are already packed, making it difficult to add new content. Without specific entry-to-practice guidelines describing how to integrate HR principles and practices, they are unlikely to be prioritized or included, as schools often lack the flexibility to add topics without clear regulatory requirements.

Entry to Practice Guidelines and NCLEX Inclusion

The Canadian Association of Schools of Nursing (CASN) sets specific entry-to-practice competencies for nursing programs across Canada. These competencies guide nursing schools in shaping

their curriculum to ensure that nursing graduates possess the knowledge, skills, and attitudes essential for effective care. While the CASN mental health and addiction entry-to-practice competencies briefly specify that nurses should use HR in their care, HR isn't defined, nor are its principles (CASN, 2015). This ambiguity leads nursing schools to not integrate HR into the curriculum in an effective, comprehensive way (CASN, 2015; D. Denis-Lalonde, personal communication, October 1, 2024)

Additionally, there is an absence of HR focused content on the NCLEX licensing exam (National Council of State Boards of Nursing, 2023). This is a concern, as nursing programs align their curricula closely with NCLEX requirements.

Uncompensated Labour

The integration of HR education in nursing programs often depends on the uncompensated or underrecognized labor of faculty members who sustain essential community partnerships. While faculty are compensated for classroom instruction, including HR-related content, the extensive work required to maintain practice partnerships, such as coordinating with HR organizations and organizing guest lectures, often falls entirely on instructors' uncompensated labour. This reliance on informal, personal networks rather than formal, institutionally supported relationships creates a fragile and unsustainable model.

Collaborative Opportunities with Community Organizations

Community Partnerships and Experiential Learning Placements

Collaborating with HR community organizations is crucial for nursing schools to provide students with real-world experiences that bridge theory and practice (Reimer-Kirkham et al., 2005 as cited in Magnuson et al., 2024), while ensuring the

curriculum is founded on an ethos of prioritizing the perspectives of people with lived experience (Goodhew et al., 2023). Through experiential learning placements in HR community settings, students report transformative experiences: their assumptions are challenged, they recognize systemic racism, and they understand the limitations of solely biomedical interventions (Magnuson et al., 2024). They also grasp the need for redistributive policies like social housing to improve health outcomes, shifting their approach to include social, political, and economic contexts of illness (Magnuson et al., 2024).

Partnerships with HR organizations enable students to engage in praxis, linking concepts like health equity, social justice, and structural determinants of health to their practice (Cohen & Gregory, 2009; Schofield et al., 2022 as cited in Magnuson et al., 2024). Such placements challenge biases, reduce discriminatory attitudes, and enhance essential nursing skills including therapeutic communication, HR techniques, and referrals to community resources (Bishop et al., 2021; Doran et al., 2020; Richmond & Noone, 2020 as cited in Magnuson et al., 2024).

Centrality of Lived and Living Experiences

Ensuring the lived experiences of PWUD are central to the development of HR education is crucial for effective learning. Key informant interviews and analysis of UVic's Nursing and Social Work Harm Reduction Principles and Practice course syllabus emphasize the importance of involving PWUD as guest speakers and collaborators in curriculum development. Smith (2012) highlights the fragile relationship between PWUD and institutions, asserting that it is "imperative to place users at the very center of harm reduction, resituating people with lived experience as the driving force" (as cited in Denis-Lalonde, 2022, p. 17). Co-production, an approach rooted in social care and civil rights movements (Cahn, 2000;

Ostrom & Ostrom, 1978 as cited in Goodhew et al., 2023), advocates for equal partnerships with those experiencing health issues throughout all stages of planning, design, delivery, and evaluation (of curriculum development) (Horner, 2016; Roper et al., 2018b as cited in Goodhew et al., 2023).

Equitable Partnerships

Significant attention must be devoted to establishing equitable partnerships between educational institutions and community organizations, particularly regarding fair compensation for community organizations and collaborators. Magnuson et al. (2024) note that while the primary justification for placing nursing students in HR community settings is the impact on student learning, the benefits to community organizations are often minimal. These placements may overburden community organizations, potentially impeding their ability to meet the needs of the populations they serve (Magnuson et al., 2024). Moreover, students are frequently unequipped to support vulnerable individuals; as Magnuson et al. (2024) observe, "Although sharing one's story may be cathartic, we have witnessed the people we work with experience significant distress as they disclose experiences of violence, trauma, discrimination, and racism and receive little from students in return, given that students are not equipped with the tools necessary to address such disclosures" (p. 6). This underscores the ethical implications of placing students who are unequipped with HR education in settings with vulnerable populations. To prevent further harm and ensure that partnerships are equitable and mutually beneficial, educational institutions must critically reflect on these practices and take action to support both students and community organizations appropriately (Magnuson et al., 2024).

Budget Allocation

These collaborations often depend on adequate budget allocations. Nursing schools must allocate funds to form fair partnerships with HR organizations and to compensate PWLLE who contribute to curriculum development or serve as guest speakers. Magnuson et al. (2024) argue that CASN's guidelines should offer concrete strategies to mitigate potential harms of these placements, including ensuring faculty have the resources necessary to support students adequately. Without proper funding, additional demands on already strained community organizations may impede their ability to achieve health equity goals tied to their funding (Magnuson et al., 2024).

Impact of Insufficient HR Education

Unfair treatment

PWUD often experience discrimination and inadequate care in healthcare settings due to stigma and misconceptions about substance use, which are perpetuated by insufficient HR education in nursing programs. Gagnon et al. (2020) found that many nursing students hold negative perceptions of PWUD, often incorrectly believing that illegal substances are more harmful than legal ones. Nurses working at Insite, a supervised injection site in Vancouver, observed that widespread stigma toward PWUD in healthcare settings resulted in clients being denied pain relief or experiencing delayed care (Lightfoot et al., 2009). Pauly (2008) highlighted that systemic discrimination often leads to unequal access to care, with healthcare providers perceiving drug use as a moral failure rather than a complex health issue, perpetuating unfair treatment. Gagnon et al. (2020) also noted that discomfort and negative attitudes among healthcare providers contribute to many PWUD avoiding or delaying seeking care due to anticipated stigma and mistreatment.

Poor outcomes

Nursing graduates are ill-prepared to address substance use issues in practice, increasing the risk of preventable complications and deaths. Dion et al. (2022) found that nursing students often lack confidence in providing HR education, resulting in gaps in overdose prevention efforts and missed opportunities to connect patients with vital HR resources. Lanzillotta-Rangeley et al. (2020) noted that insufficient HR education may cause nurses to default to abstinence-based approaches, which can alienate PWUD and lead to higher rates of untreated infections, overdoses, and related complications. As Gagnon et al. (2020) stated, "the level of knowledge on substance use among healthcare providers continues to be low, and views of PWUD are overwhelmingly negative. These two phenomena create significant barriers to care for PWUD and contribute to the suboptimal care they receive" (p. 510). This lack of comprehensive HR education results in poorer health outcomes for PWUD.

Moral Distress

Nurses are increasingly experiencing burnout and moral distress when working with PWUD, in part due to insufficient education in HR principles and a lack of supportive workplace cultures. Nursing students are particularly vulnerable, often witnessing bias and discrimination toward PWUD, which exacerbates their moral distress (Dion et al., 2022). Nurses may feel tension between doing what they feel is right for PWUD while contending with anti-drug ideologies, which complicates their ability to provide compassionate care (Pauly, 2008). As the unregulated drug poisoning crisis escalates, reports of burnout, grief, and trauma responses among HR workers have risen, highlighting a lack of essential workplace supports (Olding et al., 2021, as cited in Magnuson et al., 2024). This situation calls for a cultural shift within nursing units. Health Canada's Nursing Retention Toolkit emphasizes that "resources, time, and budgets

need to be allocated to drive culture change” (2022, p. 14), advocating for the engagement of nurses in policy and protocol development. Without proper education in HR and a supportive unit culture, nurses are ill-equipped to care for PWUD, leading to increased moral distress and burnout.

Discussion

HR is a fundamental competency in nursing education that must be integrated as a mandatory component of nursing curricula. The HRNA (2019) position statement provides essential guidance on HR interventions suitable for generalist preparation. Since nursing programs often align their curricula with the entry-to-practice competencies outlined by accreditation bodies it is imperative that these competencies be updated to explicitly include direction on the implementation of HR practices and principles.

Curriculum development should be undertaken in collaboration with PWLLE and community organizations, adhering to the principles of greater, meaningful involvement of PWUD, as described in HIV Legal Networks “Nothing About Us Without Us” document (2006). This collaborative approach requires appropriate budget allocations for curriculum development partnerships, and the establishment and maintenance of equitable partnerships with PWLLE.

Experiential learning opportunities at HR sites and involvement in HR advocacy are crucial steps toward preparing a workforce of nurses equipped to serve in this specialized area. These experiences inspire future nurse advocates and policymakers, help nursing students build confidence and comfort in working with PWUD, reduce stigma, and enhance the quality of care.

For nurses already in the workforce who may be experiencing burnout or moral distress when

working with PWUD without appropriate education or a supportive unit culture, incentives are needed to encourage access to HR education (Health Canada, 2022). This could involve providing paid time or coverage to attend seminars or courses on HR principles and practices, whether online or in person. Additionally, increasing interprofessional learning opportunities is essential to better understand the landscape of HR practices and the structural and social factors they address. Interdisciplinary practice must be taught, honored, and encouraged to effectively implement HR strategies.

To best support Indigenous peoples who use drugs, an indigenous HR approach must be honored. To provide trauma-informed and culturally sensitive care, harmful narratives that promote abstinence without supportive HR services and that moralize drug use as a personal failing must be challenged and dismantled. Failing to show compassion and respect for the dignity of PWUD will perpetuate suffering among the most vulnerable populations. The nursing profession must be well equipped to lead these changes, ensuring that all individuals receive equitable and respectful care.

Nurses are in an ideal position to advocate for HR principles through political engagement and education due to their direct, day-to-day involvement with clients and communities and their focus on social determinants of health (Reutter & Kushner, 2010, as cited in Denis-Lalonde, 2022). As Natalie Stake-Doucet (registered nurse, researcher and activist) highlights, “Leadership and advocacy is nursing,” underscoring the essential role nurses play in shaping healthy policies at all levels of governance (as cited in Health Canada, 2022). Nurse educators carry both an ethical and directive responsibility to introduce HR education to undergraduate students, preparing them to challenge harmful policies (Denis-Lalonde, 2022). More thoughtful and creative integration of this education is needed as students often leave nursing

school with only foundational skills in political advocacy, requiring further development as they enter practice (Magnuson et al., 2024). Supporting a HR approach calls nurses to advocate for policy changes that protect health and well-being, expand access to care, uphold human rights, and safeguard public health, as emphasized in the joint HR position statement by the CNA, CANAC, and HRNA (2018). This advocacy is especially crucial in addressing policies that perpetuate stigma against PWUD, where RNs can serve as agents of social change by promoting HR at the community, healthcare, and governmental levels (Denis-Lalonde, 2022; Wild et al., 2017). Guided by the CNA Code of Ethics, nurses are called to challenge policies incompatible with ethical practice, reaffirming their commitment to advancing social justice in healthcare.

Limitations

We want to acknowledge limitations of the environmental scan. First, the inability to review all nursing curricula and course outlines limits the comprehensiveness of our findings; instead, we inferred HR content inclusion by analyzing themes from expert conversations, referencing existing literature, and using the University of Victoria's nursing curriculum as a "best-case scenario", given it is the only school of nursing we were able to determine had a current (2024/25 academic year) HR elective course for nursing students at the undergraduate and graduate level. Additionally, we focused primarily on HR education in our literature search, deliberately excluding the broader and more prevalent substance use and addictions content in nursing education. Research on substance use education in nursing is limited, with much of the focus centered on substance use disorders within the American context (HRNA, 2019). Furthermore, since our key informants are based in Canada, a country that has been regarded as an international leader in the development of HR

(Wild et al., 2017), our data is most relevant to the Canadian context and may represent a more optimal scenario not reflective of practices elsewhere.

Conclusions

This environmental scan highlights the critical gap between nursing's ethical commitments and the current state of HR education. Despite clear alignment between HR principles and nursing ethics, as articulated by major nursing organizations, our findings show that HR education remains peripheral in nursing curricula, failing to adequately prepare nurses to meet the needs of PWUD. The consequences of this educational gap are profound, perpetuating stigma and discrimination in healthcare settings and contributing to poor health outcomes for PWUD. Without comprehensive HR education, nurses enter practice ill-equipped to provide compassionate, evidence-based care, leading to moral distress and burnout as they navigate the complexities of substance use without adequate preparation.

Addressing this gap requires a complex approach, including mandatory integration of HR principles into nursing curricula, meaningful collaboration with people with lived experience, dedicated faculty development, and equitable partnerships with community organizations. These changes must be supported by national-level advocacy and regulatory mandates to ensure consistent implementation across nursing programs. By strengthening HR education, nursing programs can better prepare graduates to fulfill their ethical obligation to provide respectful, dignified, evidence-based care to all patients. As the unregulated drug poisoning crisis continues to escalate, integrating comprehensive HR education is not merely an educational imperative but a moral obligation to address one of the most pressing public health challenges of our time.

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