

RESOLUTION 1	Promoting Equity through Harm Reduction in Nursing Practice
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BE IT RESOLVED, That CNA commission a discussion paper on harm reduction in nursing practice that includes specific attention to reducing the harms of illicit drugs and outlines recommendations for policy, clinical, education, administration and research practices.

BE IT FURTHER RESOLVED, That CNA request a meeting with the Minister of Health to discuss the implications for population's health and nursing practice of the Spring 2007 budget wherein federal support of harm reduction was withdrawn.

CARRIED

Background

The use of tobacco, illicit drugs and alcohol is a major contributing factor to morbidity and mortality amongst Canadians. While public education and harm reduction measures (such as smoking cessation programs and seat belts) have had a positive impact on tobacco and alcohol use, the problematic use of specific psycho-active drugs by injection or inhalation has played a dramatic role in the spread of the human immunodeficiency virus (HIV), and hepatitis C (HCV) in Canada over the past fifteen years. Among those who use injection drugs, HCV prevalence is close to 90% or in some closed communities, such as the Downtown Eastside of Vancouver, almost 100%. Based on data from UNAIDS (2006), in countries outside of Sub-Saharan Africa the main driver of the HIV epidemic is injection drug use. In Canada, injection drug use accounted for 7.8% of cumulative AIDS cases and 16.9% of cumulative adult positive HIV test reports up to December 31, 2005. The estimated number of new HIV infections among those who use injection drugs in 2005 remains unacceptably high (Centre for Infectious Disease Prevention and Control, Public Health Agency of Canada, 2006). People experiencing problematic substance use are also at risk for respiratory problems, soft tissue infections, bone and cardiac complications, foot and dental problems.

Inequities in access to health care are prevalent for those who use illicit drugs. Financial burdens such as the costs of transportation, childcare, and medications pose significant challenges in gaining access to health care. People who use drugs often experience stigma and discrimination when approaching health care services. Experiences of stigma and discrimination act as real and perceived barriers to accessing health care. Inequities in health status and access to health are further exacerbated by the social determinants of health including lack of adequate housing, poverty, unemployment, limited educational opportunities and lack of social support. Thus, problematic substance use is a multi-faceted and complex problem.

Registered nurses are often the first point of contact in caring for those who are using illicit drugs and who are at risk for contracting HIV/AIDS, HCV and other related infections. Nurses are also the first point of contact for those who may be living with these infections. Nurses work in a variety of settings including prisons, street outreach, community health centres and acute care where they have multiple opportunities to not only reduce harm but to promote health and well-being of those experiencing problematic substance use. Incorporation of harm reduction strategies in nursing practice creates future opportunities for reducing harm, health promotion, education and referral. As a result, nurses are in a unique position to prevent many of the harms associated with illicit drugs and to reduce inequities in health and access to health care through attention to the conditions that produce ill health.

Harm reduction, as a philosophy and an approach, has the potential to redress inequities by reducing the negative consequences of drug use and enhancing access to health care through a nonjudgmental approach. According to the International Harm Reduction Association (2006) “the term “harm reduction” refers to policies, programmes and projects which aim to reduce the health, social and economic harms associated with the use of psychoactive substances. It is an evidence-based and cost-effective approach – bringing benefits to the individual, community and society.” However, harm reduction interventions in nursing extend beyond preventing the harm of psychoactive drugs such as tobacco, alcohol and illicit drugs. Harm reduction is a key public health strategy to reduce the risks associated with a variety of activities such as driving (e.g. seatbelts), cycling (e.g. bicycle helmets) and sexual practices (distribution of condoms and safer sex education).

Harm reduction is guided by the principles of pragmatism, humanistic values, focusing on harm, balancing costs and benefits to individuals and society and focusing on the priority of immediate goals in working with people experiencing addiction (Canadian Center on Substance Use, 1996). Harm reduction neither precludes nor assumes abstinence. It is part of a comprehensive drug strategy that includes abstinence. The values underlying the principles of harm reduction are consistent with values contained in the Canadian Nurses Code of Ethics (2002). Nurses have a duty to provide safe, competent and ethical care that is based on current research and to protect the dignity and choice of individuals receiving health care. Furthermore, nurses have a duty to promote health and wellbeing and enact social justice. Reducing harm is inherent in ethical nursing practice and harm reduction is integral to ensuring ethical practice with those experiencing illicit drug use.

The Spring 2007 Federal Budget provided support for three strategies: a) to combat illicit drug production, b) prevent illicit drug use and c) treat illicit drug dependency. According to the federal government, “This new approach will result in a more focused program for dealing with illicit drug use.” Support of harm reduction is noticeably absent in the announcement of the New Anti-Drug Strategy and lack of new funding for harm reduction initiatives by the current federal government. Harm reduction has been central to federal policy since 1996. It is not clear what the implications of this approach will have for nurses working in harm reduction. However, it is unquestionable that this approach, which focuses on law enforcement, will serve to limit expansion of harm reduction approaches in health care. The growing epidemics of HIV/AIDS and HCV are a public health concern. The prohibition of specific psycho-active substances and an emphasis on law enforcement is unable to deal with problematic substance use alone to prevent the spread of these diseases. An effective evidence based public health approach must work hand in hand with law enforcement.

The ability of nurses to practice ethically based on current evidence and in accordance with professional ethical standards is influenced by the political, legal and social context of drug use. Funding challenges, lack of organizational/institutional commitment, lack of employer and governmental policy as well as societal attitudes can inhibit the enactment of harm reduction in nursing. Without organization and professional support, opportunities to develop the knowledge, skills and expertise in providing services within a context and philosophy of harm reduction are likely to be constrained. Nurses require clear support and direction from professional and institutional bodies in the form of policy directions and recommendations for practice, research and education. A discussion paper is an important initial step in ensuring that the issues related to scope of practice, ethical obligations and legal issues can be examine so that nurses can affect equity and promote social justice particularly for disadvantaged groups.

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