Resolution Statement #1

Supporting Harm Reduction Strategies in Response to Opioid Crisis Through Improved Curriculum and Advocacy

Approved by: 2018 National Assembly, Canadian Nursing Students' Association

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Introduction/Background Information

As opioid use continues to impact communities across Canada, access to primary health care for individuals using intravenous drugs has become a greater concern. Structural supports grounded in best practice and harm reduction, including supervised locations and nurse-delivered safe use education, promote better health among people who inject drugs (Fast, Small, Wood, & Kerr, 2008).

Fentanyl is a synthetic opioid, commonly used as a low-cost additive to create more product for illicit drug suppliers and has been found in cocaine, counterfeit oxycodone tablets, and heroin (Frank & Pollack, 2017; London Free Press [LFP], 2017). Carfentanil -which is 100 times stronger than fentanyl and 10,000 times more powerful than morphine - was found in two drug investigations by the Public Health Agency of Canada in Ontario this year hidden in substances (LFP, 2017). These opioids suppress respirations, resulting in fatalities – especially in opiate naïve persons, unaware of the hidden potent drug in what they believe to be their usual street fare (LFP, 2017).

Education and testing samples at safe injection sites (SISs) is an approach that recognizes many who are dying from fentanyl overdoses are unknowingly using it (Frank & Pollack, 2017). These stable environments provide education on naloxone kits, have naloxone and emergency aid readily available in case of overdose, and could potentially decrease fatalities, reduce or reverse overdoses, and improve public health outcomes (Frank & Pollack, 2017; LFP, 2017).

SISs provide drug users with medical supervision and services while using personally sourced illicit substances, increasing access to health care and addiction services while reducing overdose-related deaths and bloodborne infections (PHAC, 2008). Currently, SISs have increased wait time for services, leading to a decrease in facility use, negating their intended purpose (Bell & Globerman, 2014). SISs focus on reducing the harms associated with drug use, without exclusion from healthcare (Small, 2012).

CNSA's Position on the Topic

It is our position within the CNSA that we strongly support the need for more supervised injection sites across Canada as a public health measure and will promote this intervention in nursing venues across the country as per the 2013 position statement <u>Promote Harm Reduction and Primary Health Care Access through Supervised Injection Sites</u>. The prior statement calls for active promotion of this intervention, however, no resolution statement has since been brought forward to take action on this approved position.

In addition, the CNSA commits to supporting community groups who are working towards opening supervised injection sites. The promotion of harm reduction by these means will serve as a primary resource for nursing students in guiding their education curriculum in the areas of health promotion. This can be done by utilizing evidence based practice on how to effectively implement interventions during times of crisis within community settings. In addition, it would provide ongoing guidance on this evolving public health issue, provide connections to valuable community partners and key stakeholders, and engage us in active discussions with community members on how to address this current health related crisis. Finally, given that access to primary care services, such as SIS's, for vulnerable populations is a social justice issue, advocating for its inclusion in nursing curriculum would influence and advance innovation and social justice in the nursing curriculum and the nursing profession. This would involve advocating for the inclusion of safe injection sites in community health curriculum as a form of harm reduction as a means to combat the current opioid crisis in Canadian provinces.

Rationale

WHEREAS, Canada is facing a crisis of opioid overdoses.

WHEREAS, the CNSA supports harm reduction as a valid public health and safety measure.

WHEREAS, a resolution statement has not yet come forward to address the 2013 CNSA Position Statement entitled <u>Promote Harm Reduction and Primary Health Care Access</u> through Supervised Injection Sites.

Be it Resolved, That the CNSA, as the voice of the new generation of nurses, promote safe injection services within their chapter schools through collective partnerships with professors, nurses, school faculty and nursing students in order to prioritize public health measures.

Be It Further Resolved, That the CNSA support the efforts of Canadian nursing students to advocate for increasing the number of safe injection sites across Canada that follow and adhere to institutional protocols and nursing CNO standards of practice.

Be it Further Resolved, That the CNSA advocate for the inclusion of safe injection practices as a legitimate harm reduction approach in nursing education within community and public health

curriculum.

Relation to Canadian Nursing School Curriculums

As student leaders and future health care professionals, we have the responsibility to uphold the standards of professional practice and conduct, the importance and value of higher education, and public advocacy, all of which are objectives defined in the CNSA. As seen in the nursing curriculum across Canadian universities and colleges, community nursing practice offers students the opportunity to use their assessment skills to work in community settings that may or may not involve patients who use drugs. Considering that we as students learn during our schooling that we have the ethical responsibility to inform our patients about accessible health care services, the inclusion of harm reduction education and safe injection sites across Canada would allow us to better address the social determinants of health that impact our patients' individual health needs (CHNC, 2011).

The inclusion of this topic within the nursing curriculum would provide nursing students the opportunity to expand their knowledge base on how to effectively market health promotion initiatives in public and political spectrums, thereby increasing public awareness and the scope of care. Furthermore, students will learn how to network with community organizations and build their own personal brand and the brand of the organization they are representing both from an ethical and professional standpoint.

In addition to the health-related benefits to this curriculum proposal, students can also develop a better understanding of economics and public spending which could reinforce their stance that public health initiatives have a positive return on capital investment. More specifically, the Economic Burden of Illness in Canada report stated that the cost of harm reduction by means of prevention would save Canada millions over the long run, rather than focusing their attention on treating chronic conditions such as hepatitis in association with drug use outcomes (PHAC, 2014).

Lastly, a harm reduction curriculum within nursing education has the potential to build off the 2017 resolution statement <u>Incorporating LGBTTIPQQ2SAA+ Education into Nursing Curriculum in Canada</u>. It would allow students to expand their knowledge base on how gender identity and sex correlate to drug use prevalence in Canada and drive students to develop assessment and evaluation tools on how to address these issues from an unbiased standpoint, free of stigmatization.

Conclusion

Given that Canada is enduring epidemic levels of opioid overdoses and that the CNSA supports harm reduction strategies, the CNSA resolves to promote safe use services within their chapter schools, promote valued partnerships in this field, and advocate for increased safe sites for all Canadians. The CNSA will also advocate for inclusion of safe injection/use sites as

a legitimate harm reduction approach in nursing education within the community and public health curriculum during this time of need.

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