

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

**Approved by: CNSA Board of Directors**

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**Submitted to:** CNSA Board of Directors

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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 Promote Harm Reduction and Primary Health Care Access through Supervised Injection Sites. 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 Promote Harm Reduction and Primary Health Care Access 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 [Incorporating LGBTTIPOQ2SAA+Education into Nursing Curriculum in Canada](#). 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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## Equitable Healthcare for Prisoner Populations

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### **Introduction/Background Information**

Around the world, incarcerated persons are known to be at increased risk of physical and mental health issues. When social determinants of health are compared to the general population, these persons can be considered vulnerable, and even prior to incarceration can have difficulty in accessing primary health care (CFPC, 2016). Being of the understanding that a majority of the prison population will return to the general population once time is served, it is obvious that prisoner health is directly related to the health of the community (CFPC, 2016; WHO, 2007).

The United Nations Standard Minimum Rules for the Treatment of Prisoners, also known as the Mandela Rules, outline the basic rights for incarcerated persons. Rule 24, dictates that prisoners should not encounter bias in accessing health care due to their imprisonment and should have the same access to treatment as one would have in the community. Rule 24 also states that public health agencies should be closely involved in prisoner health due to the community health risks for tuberculosis, HIV, and substance abuse, once the incarcerated re-enter the general population (UN, 2015). Currently in Canada, only Alberta, British Columbia, and Nova Scotia, follow the World Health recommendations of issuing health care delivery under the ministry of health; all others use stand-alone health services run by the ministry of justice (CFPC, 2017; BC Mental Health and Substance Use Services, 2017).

Solitary confinement during incarceration has detrimental effects on prisoner health as well. Solitary confinement takes away control, isolates from social contact, and reduces environmental stimuli dramatically. This results in anxiety, depression, anger, paranoia, psychosis, and self-harm. As well, persons in solitary confinement are seven times more likely to attempt suicide (WCPJS, 2016). Solitary confinement both worsens and creates mental health issues in prisoners, which comes with physical consequences as well (WCPJS, 2016). Solitary confinement has been condemned internationally, yet, Canada still uses this measure in its prisons, which will worsen the overall health of the prison populations and therefore the Canadian public by extension (WCPJS, 2016).

### **The Position**

The position of the CNSA has been in supporting and advocating for equitable health care for all Canadians. This belief naturally extends to Canadians in confinement, which we believe should be under the appropriate supervision of the Ministry of Health.

The CNSA supports the education of nursing students on these topics through its core principle of influencing and advancing nursing education. Topics regarding Mandela Rules, justice, and

specific health care needs of this vulnerable population, both within and beyond the prison system, would be key for the future nurses of Canada. Advocacy for greater inclusion of this issue in nursing education could improve health promotion and community health knowledge, as well as social education outcomes for students.

The CNSA also stands in support and in partnership with the West Coast Prison Justice Society for their goal of abolishment of solitary confinement due to its devastating effects on persons' mental, physical, and social health. The CNSA believes that as future socially responsible health care providers, we cannot ethically endorse the use of solitary confinement under any circumstance.

### **Relation to Canadian Nursing School Curriculums**

Currently, public and community health curriculum does not adequately address the needs of the incarcerated person, nor does it adequately prepare nurses for the impact on the health of the public in relation to prisoner health. Nursing curriculum should address prisoner health, prisoner rights, the UN Mandela Rules, and the responsibilities of the health care provider in care and ethics with regards to this vulnerable population.

As previously described, provisions for health care for incarcerated populations better the health of all Canadians. Inclusion of prisoner health topics in nursing education will increase awareness of this vulnerable population, and will better prepare the future nurse for the special responsibilities both ethically, and in basic care, that these persons require both during, and after, incarceration.

### **Conclusion and Restatement of CNSA Position**

The CNSA believes in equitable health care for all Canadians even while incarcerated - this includes ensuring health care is delivered by the Ministry of Health. The CNSA further believes that education for chapter schools regarding Mandela Rules and the complex topic of prisoner health should be included in nursing curricula. With the partnership of the West Coast Prison Justice Society, we will stand for the abolishment of solitary confinement in Canada.

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