



Position Statement #4

Supporting Harm Reduction Strategies in Response to the Opioid Crisis

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Introduction/Background Information

Canada is facing an overdose epidemic; the solution, supervised consumption. These sites employ harm reduction strategies as well as connecting individuals with addiction services (PHAC, 2008). Supports available are grounded in evidence, best-practice guidelines, and harm reduction philosophy: needle exchange programs; supervised injection sites; HIV, HSV, and other testing; safe injection and harm-reduction education; and street outreach (Fast et al., 2008). Fentanyl is a cost effective and powerful synthetic opioid that is commonly used as a cheap 'cutting' agent to increase supply for illicit drug suppliers. Fentanyl has been found in cocaine, counterfeit oxycodone tablets, and heroin, among others (Frank & Pollack, 2017; London Free Press, 2017). *Carfentanil*—which is 100x stronger than fentanyl and 10,000x more potent than morphine—has been found in two separate drug investigations completed by the Public Health Agency of Canada in Ontario. *Carfentanil* found to be disguised as other, less potent substances. Potent opioids can easily suppress the respiratory system and result in fatal overdoses – especially in opiate naïve persons (London Free Press, 2017). Additionally, dangers associated with injected substances not only stem from the risk of developing HSV, but also bacterial infections (e.g. *necrotizing fasciitis*), skin lesions, movement disorders, gastrointestinal complications, and psychological conditions (Potier, Laprevote, Dubois-Arber, Cottencin, & Rolland, 2014). Opioid and substance-related morbidity and mortality serve as foundations for the supervised consumption movement. The point of intervention focuses on reducing the harms associated with substance use without further stigmatizing an already marginalized population (Small, 2012).

Education and sample-testing at supervised consumption sites (SCS) recognizes that many who are dying from fentanyl overdoses are consuming these substances unwittingly (Frank & Pollack, 2017). Moreover, access to trained professionals and Naloxone (Narcan) at consumption sites allows for the reverse of potentially fatal overdoses; meanwhile, providing



Naloxone education and supply for individuals empowers them to step in during overdoses when a professional is not present (Frank & Pollack, 2017; London Free Press, 2017).

SCS are places where individuals can use their personally sourced illicit substances while under professional supervision, while also having access to health professionals (often advance-practice nurses) and referrals as needed for social services, health services, and addiction services. The goals of such programs are designed to increase access to healthcare and addiction services, reduce the incidence of overdose mortality, and reduce the spread of blood-borne infections (PHAC, 2008). Nonetheless, one underlying issue with supervised consumption sites is that if individuals are unable to receive services in a timely fashion, they are more likely to avoid using these facilities in the future (Bell & Gliberman, 2014).

The Position of the Canadian Nursing Students' Association (CNSA)

The CNSA strongly supports the need for more supervised consumption sites across Canada as a public health measure and will promote this intervention in nursing venues across the country. In addition, the CNSA commits to supporting community groups who are working towards opening supervised injection sites. While explicit mention to supervised consumption sites has not been made in past CNSA documents, the CNSA strongly supports harm reduction measures. An exemplar position statement was approved in 2019 regarding affordable PrEP access for all (CNSA). Previously, the CNSA has supported a harm-reduction approach through a position entitled *Promote Harm Reduction and Primary Health Care Access through Supervised Injection Sites* (2013). Acceptance of this updated statement, which builds on that passed in 2013, addresses the current public health issues surrounding opioid use in particular.

In addition, CNSA stands with other national organizations and aims to support this evolving public health issue. The Coalition of Nurses and Nursing Students for Supervised Injection Services and the Community Health Nurses of Canada have laid foundations through past documents and resources, and the CNSA supports these this position.

Relation to Canadian Nursing School Curriculums

Community nursing practice offers students the opportunity to use their assessment skills to work in community settings that may or may not involve clients who use drugs. 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. Thus, nursing students can increase public awareness and the scope of care. Additionally, students will learn how to network with community organizations and build their ethical and professional identity.

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. This results from a divergence of money and resources used to treat chronic conditions, such as hepatitis, later (PHAC, 2014).

Lastly, a harm reduction curriculum within nursing education has the potential to build off the 2013 resolution statement regarding the inclusion of 2SLGTBQ+ education. As many nursing students may already know, gender and ethnic minorities face systems of oppression and marginalization that results in these minorities being disproportionately represented in the substance using community. In this vein, such curriculum inclusion builds upon past work of the CNSA to advocate for marginalized and equity seeking populations.

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* (2013).

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.

Conclusion

The lack of accessibility for minority and substance-using communities within primary health care settings often results in them being disproportionately represented in overdose incidences. As morbidity and mortality related to opioid overdoses continue at epidemic rates, healthcare professionals must adapt their practices to be inclusive, non-judgmental, and employee harm-reduction philosophy. This position statement builds upon other documents

passed by the CNSA regarding ethnic and cultural minorities, accessible healthcare and primary health care, and other supervised consumption positions.

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Edits

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injection sites; HIV, HSV, and other testing; safe injection and harm-reduction education; and street outreach (Fast et al., 2008).

2. Fentanyl is a cost effective and powerful synthetic opioid that is commonly used as a cheap 'cutting' agent to increase supply for illicit drug suppliers. Fentanyl has been found in cocaine, counterfeit oxycodone tablets, and heroin, among others (Frank & Pollack, 2017; London Free Press, 2017). *Carfentanil*—which is 100x stronger than fentanyl and 10,000x more potent than morphine—has been found in two separate drug investigations completed by the Public Health Agency of Canada in Ontario. *Carfentanil* found to be disguised as other, less potent substances. Potent opioids can easily suppress the respiratory system and result in fatal overdoses – especially in opiate naïve persons (London Free Press, 2017). Additionally, dangers associated with injected substances not only stem from the risk of developing HSV, but also bacterial infections (e.g. *necrotizing fasciitis*), skin lesions, movement disorders, gastrointestinal complications, and psychological conditions (Potier, Laprevote, Dubois-Arber, Cottencin, & Rolland, 2014). Opioid and substance-related morbidity and mortality serve as foundations for the supervised consumption movement. The point of intervention focuses on reducing the harms associated with substance use without further stigmatizing an already marginalized population (Small, 2012).
3. Education and sample-testing at supervised consumption sites recognizes that many who are dying from fentanyl overdoses are consuming these substances unwittingly.
4. Moreover, access to trained professionals and Naloxone (Narcan) at consumption sites allows for the reverse of potentially fatal overdoses; meanwhile, providing Naloxone education and supply for individuals empowers them to step in during overdoses when a professional is not present (Frank & Pollack, 2017; London Free Press, 2017).
5. The CNSA strongly supports the need for more supervised consumption sites across Canada as a public health measure and will promote this intervention in nursing venues across the country. In addition, the CNSA commits to supporting community groups who are working towards opening supervised injection sites. While explicit mention to supervised consumption sites has not been made in past CNSA documents, the CNSA strongly supports harm reduction measures. An exemplar position statement was approved in 2019 regarding affordable PrEP access for all (CNSA). Previously, the CNSA has supported a harm-reduction approach through a position entitled *Promote Harm Reduction and Primary Health Care Access through Supervised Injection Sites* (2013). Acceptance of this updated statement, which builds on that passed in 2013, addresses the current public health issues surrounding opioid use in particular.
6. In addition, CNSA stands with other national organizations and aims to support this evolving public health issue. The Coalition of Nurses and Nursing Students for

Supervised Injection Services and the Community Health Nurses of Canada have laid foundations through past documents and resources, and the CNSA supports these this position.

7. 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. Thus, nursing students can increase public awareness and the scope of care. Additionally, students will learn how to network with community organizations and build their ethical and professional identity.
8. The lack of accessibility for minority and substance-using communities within primary health care settings often results in them being disproportionately represented in overdose incidences. As morbidity and mortality related to opioid overdoses continue at epidemic rates, healthcare professionals must adapt their practices to be inclusive, non-judgmental, and employ harm-reduction philosophy. This position statement builds upon other documents passed by the CNSA regarding ethnic and cultural minorities, accessible healthcare and primary health care, and other supervised consumption positions.