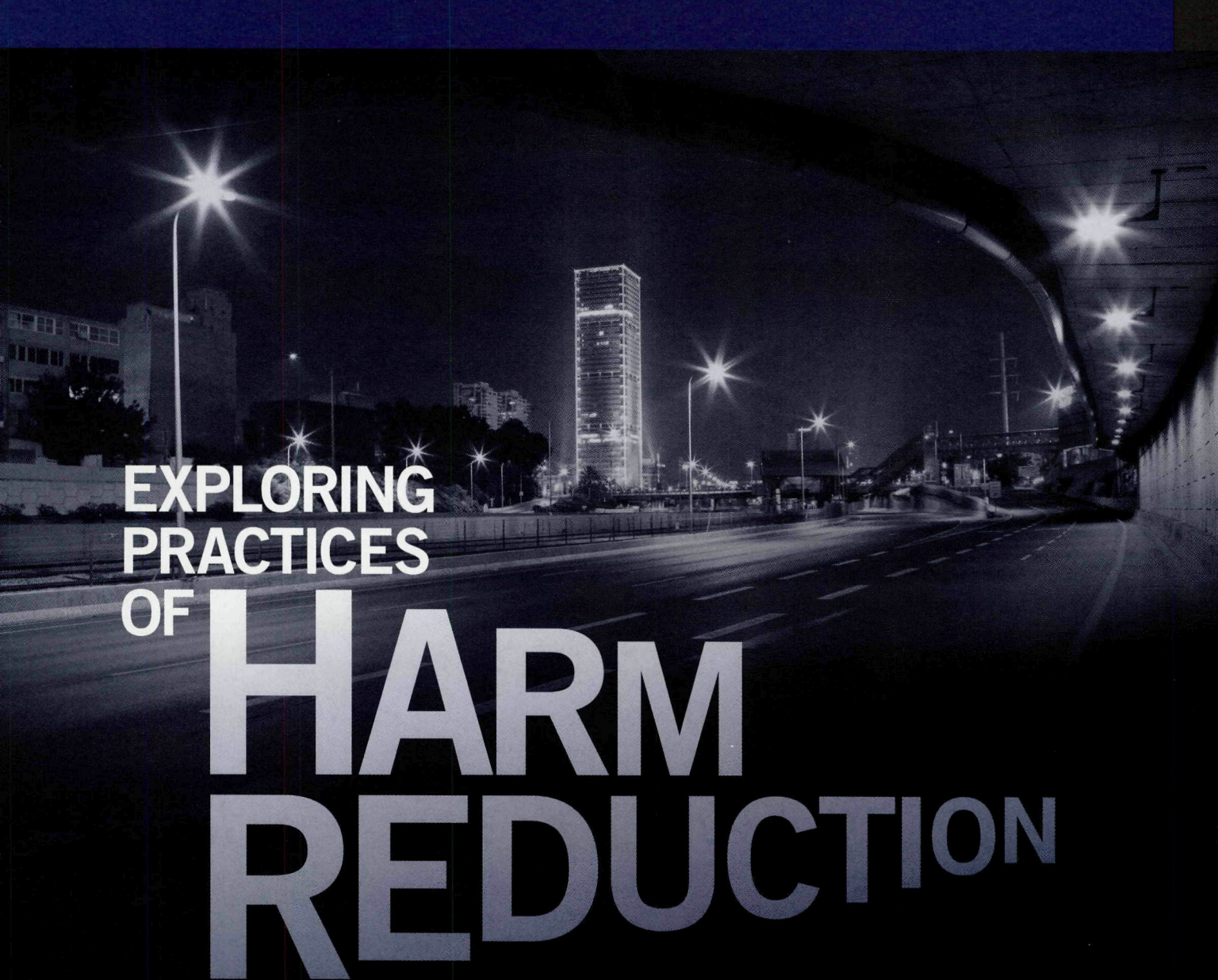

EXPLORING PRACTICES OF HARM REDUCTION

BY MARLISS TAYLOR, RN BScN AND VERA CAINE, RN PhD

TONIGHT IT IS QUIET AND THE NEIGHBORHOODS seem empty and desolate. Our team is driving the streets in a needle exchange van, a mobile harm reduction service operated by Streetworks in Edmonton. We follow a regular route, stopping at times and places that are familiar to our clients. We also make stops upon request; clients call us when they are too ill to make it to our regular stops, afraid to leave their children or partners alone at home, or are without access to transportation.

Edmonton Streetworks team (l to r): Samantha Hardeman RN BScN, Erica Schoen RN BScN, Marliss Taylor RN BScN and Mathew Wong RN BScN.

After a routine stop, a woman named Debra calls to request our services. Debra had been trying to cut down on her illicit drug use, a difficult task in the face of continuous poverty, lack of adequate housing support and painful memories. We hadn't seen Debra in a while and we recalled her ability to care for and nurture others and identify injustices. She is incredibly independent.

Debra rarely speaks about her childhood and adolescence, and when she does, she alludes to a school system in which she was marginalized and a child welfare system that placed her with families that made her feel uncomfortable. Debra began to work the streets when she was 11 and continued into her 20s, when she met Michael. This relationship gave her a place to recover from the experiences of her youth. Debra had two sons with Michael and she raised them for several years. She fondly speaks about being a mother and how much she loved the time she had with them. Eventually, life became challenging again and her years of living and working on the streets haunted her. She has told us about the continuous judgments made about her by others because of her involvement in the sex trade. Debra rarely seeks health care; there are too many questions, too many judgments about her ability to abstain from drug use.

Tonight, she wants to know how to treat a festering sore on her arm and whether or not she needs antibiotics. She had tried hard to manage the infection on her own, but the pain and fever are visible in her eyes.

On our way home, we wondered what sustains us in our practice. Is it the ability to deliver health services and respond to health concerns? Is it the opportunity to reduce harm? Or is it that we build a sense of community and caring for not only our clients, but also ourselves? Or was it that we learned early in our work that harm reduction must be the standard of care and not an exception? For us, harm reduction speaks to our work with clients in the immediacy of providing care and through the involvement of people who use illicit drugs to shape policies and programs that affect their lives.

HARM reduction is often equated with providing condoms and sterile needles and syringes for illicit drug use. However, we also educate about safe injection practices and ways to reduce risk and provide access to primary (including prenatal) care, immunizations and referrals.

Harm reduction is not aimed at fixing problems or providing solutions. It is understanding people living in complex social environments who use illicit drugs. It acknowledges that people experience drug use as a chronic and relapsing condition. A key focus in harm reduction is to reduce immediate harm, while reflecting a philosophy and strategies that propose a value shift (International Harm Reduction Association, 2006). As a philosophy, harm reduction informs policies and programs that reduce the broad range of harms associated with drug use, including homelessness and poverty (Pauly, 2007). The immediate goal of reducing harm is important while also addressing the root causes of inequities. In this way, "harm reduction is increasingly being seen as a key component of a human-rights based approach to drug policy" (Barraet, 2012, p. 18).

WE have worked within a harm reduction practice for a long time now. CARNA recently supported the principles of harm reduction outlined in the CNA discussion document *Harm Reduction and Currently Illegal Drugs Implications for Nursing Policy, Practice, Education and Research* (2011) (http://www.cna-aiic.ca/en/on-the-issues/harm-reduction/). The practice of harm reduction also finds legal support in the recent Supreme Court decision on safe injection sites. It allows us to help people prevent harm to their bodies (by decreasing the spread of communicable diseases, such as HIV and Hepatitis C), to prevent the spread of disease (through providing clean needles and proper needle disposal), and to protect and improve the health of the community people live within. We advocate for services that are meaningful, ethical and responsive to the needs of people who use illicit drugs. We offer access to health care and places for people to inject safely and receive care if needed. We attend to the intersections of health with the legal system, emphasizing that health is a human right that requires economic and social supports.

We often hear about the lack of services for people who use drugs in rural areas, where needle exchange programs and other harm reduction

Safeworks Calgary team (l to r): Leegay Jagoe RN BSN BA, Ted Nyzinski RN BScN, Diane Nielsen RN BScN.

strategies are inaccessible (Parker, Jackson, Dykeman, Gahagan, & Karabanow, 2012). These programs are also absent in prisons. The criminalizing of youth drug use is a particular concern. There is an absence of non-judgmental and non-stigmatizing programs for young people.

WHILE people who use illicit substances encounter barriers to accessing appropriate and timely health care, they do visit emergency rooms and are admitted to general wards in acute care facilities. In these instances, registered nurses in tertiary care facilities are well-positioned to implement harm reduction measures. These measures include appropriate assessments, referrals, and advocacy. People use illicit drugs in hospitals, which often leads to "expulsions and/or high rates of leaving against medical advice when withdrawal is inadequately managed" (Rachlis, Kerr, Monater, & Wood, 2009, p.1). As registered nurses we can advocate for our clients, so they are not punished for drug use while admitted for care. It too is important that we argue for the "need to reflect an understanding that systems of power/oppression that operate across the axes of race, class, gender, ability and so on, are interlocking; to focus on drug use to the exclusion of other factors is problematic" (Smye, Browne, Varcoe, & Josewski, 2011, p. 10).

Registered nurses in almost any practice setting encounter people who use illicit drugs and they may find themselves caught between ethics and current evidence on one hand and policy and practices at the other hand. Registered nurses are in positions to advocate for evidence-informed harm reduction policies and programs, a role that is increasingly important in the face of Canadian drug laws and law enforcement. CARNA and CNA support the roles of RNs and NPs in the full range of harm reduction services, including providing non-judgmental and non-stigmatising care to people who use illicit drugs and to collaborate with people to achieve the health they desire and to address the social determinants of health as a root cause for health inequities.

NOTE: In December 2012, the Canadian Nurses Association (CNA) and the Canadian Association of Nurses in AIDS Care (CANAC) released a joint position statement on harm reduction stating:

> *The Canadian Nurses Association (CNA) and the Canadian Association of Nurses in AIDS Care (CANAC) recognize harm reduction as a pragmatic public health approach aimed at reducing the adverse health, social and economic consequences of at-risk activities. Harm reduction is most commonly used in relation to public health programming with people who use psychoactive substances, but it can also be applied to programs that address alcohol use, sexual practices, cycling, driving, gaming and others.*
>
> *We believe that harm reduction does not require at-risk practices be discontinued while focusing on promoting safety, preventing death and disability, and supporting safer use for the health and safety of all individuals, families and communities.*

(Full statement at www.canac.org) **RN**

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