

Reducing Health Inequities: Harm Reduction in Nursing Policy and Practice

CHNC Conference
Halifax, NS
May 17-18, 2011

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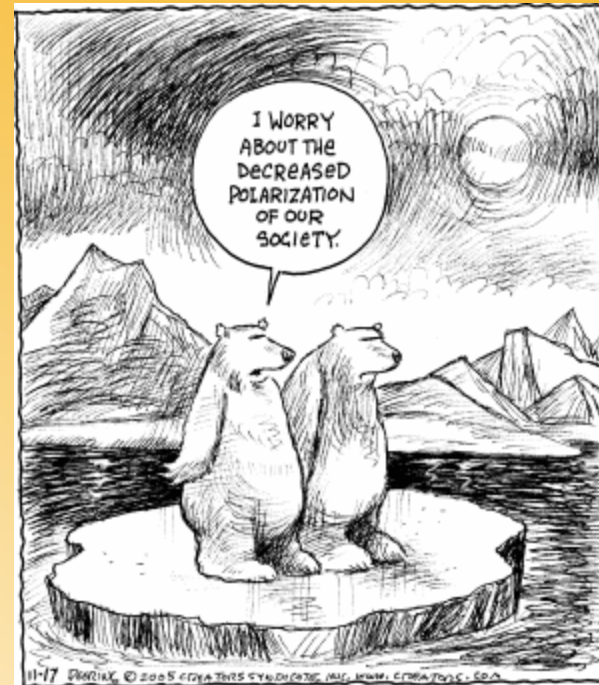
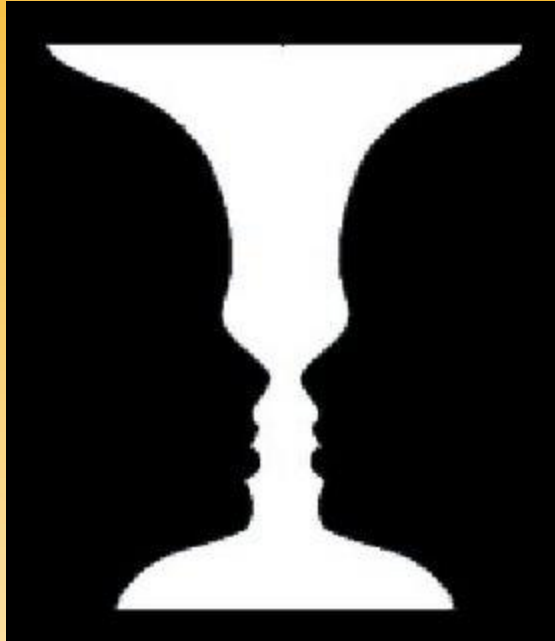
CANADIAN
NURSES
ASSOCIATION

Content

- Principles of harm reduction
- Ethical and professional practice standards in nursing
- Evidence for harm reduction and implications for nursing practice
- Issues faced by nurses – ethical and legal implications or HR
- Role of nurses in promotion of SJ



HARM REDUCTION DISCUSSIONS



WHAT CONTROVERSY?

“The concept of harm reduction is often made into an unnecessarily controversial issue as if there were a contradiction between (i) prevention and treatment on one hand and (ii) reducing the adverse health and social consequences of drug use on the other hand. This is a false dichotomy. These policies are complementary.” (p.18)

UN Commission on Narcotic Drugs, 2008



CNA HARM REDUCTION DISCUSSION PAPER



Harm Reduction and Currently Illegal Drugs

Implications for Nursing Policy, Practice,
Education and Research



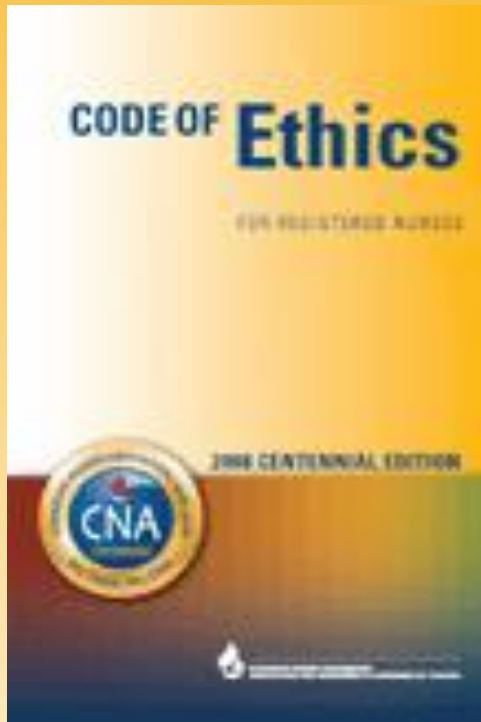
HARM REDUCTION

KEY PRINCIPLES

- Focuses on reducing a broad range of harms of substances as a pragmatic approach
- Does not preclude nor require abstinence
- Emphasis on humanistic values
- Complementary to prevention and treatment strategies
- Cost-effective and evidence based
- Increasing emphasis on human rights
- Calling for participation of those who use drugs



PART 1: ETHICAL “VALUE” STATEMENTS



- Providing safe, compassionate, competent and ethical care
- Promoting health and well being
- Promoting and respecting informed decision making
- Preserving dignity
- Promoting justice



PART II: ETHICAL ENDEAVOURS

- Broad aspects of social justice and ethical nursing practice.
- Need for change in systems and social structures to promote greater health equity for all.
- “As much as possible, nurses individually and collectively should advocate for and work towards eliminating social inequities”
(CNA Code of Ethics, 2008)



Harms of Illegal Drug Use

Health and Social Harms: e.g blood borne diseases, overdoses , soft tissue infections, criminalization, stigma, violence

Vulnerability to Harms

Gender, age, ethnicity, socio-economic status with poverty and lack of stable housing key conditions that exacerbate harms of drug use and contribute to health inequities



HARM REDUCTION INTERVENTIONS: CURRENT STATUS

Clear Evidence

Needle Exchange Programs

Supervised Injection Sites

Peer Based Outreach

Positive Trends

Methadone Maintenance

Heroin Prescription

Safer Crack Kits

Insufficient Evidence

Overdose Prevention

Housing First - Addictions



CRITICISMS OF HARM REDUCTION

Harm Reduction

- Keeps “addicts stuck”
- Fails to get people off drugs
- Encourages drug use
- Discourages personal responsibility
- Sends the wrong message
- Evidence is inadequate



PUBLIC HEALTH AND THE LAW

'Fight drugs with health care'

GLOBAL FORUM TOLD: U.S.-style 'war' a dismal failure and Canada shouldn't try it



Conf. Sgt. Rintoul of the RCMP's drug-awareness section (seen here with the haul from a

BY SUZANNE FOURNIER
STAFF REPORTER

As long as the U.S.-style "war on drugs" continues, criminals will control what drugs are sold, how much they cost, how deadly those drugs are, and how young their customers will be.

That was the message delivered yesterday by Jack Cole, a retired New Jersey police officer who spent 20 years making arrests in connection with "billions of dollars in cocaine and heroin" as well as other drugs.

"The war on drugs in the U.S. has been a dismal failure," said Cole, the founder of Law Enforcement Against Prohibition (LEAP).

He was speaking at Beyond 2008, a United Nations global forum at the Morris J. Wosk Centre for Dialogue at Simon Fraser University's downtown campus.

Cole said delegates should urge Prime Minister Stephen Harper not to make the mistake of following the headline U.S. drug "prohibition and punishment" stance.

The U.S. war on drugs has cost on average \$69 billion a year for the past 35 years and led to 37 million arrests for nonviolent drug offences, said Cole.

"Despite all the lives we have destroyed and all the money so ill-spent, today illicit drugs are cheaper, more potent and easier to get than they were 35 years ago and more people are dying in the streets at the hands of drug barons," said Cole, who claims LEAP has 10,000 members, including cops, judges and probation and parole officers.

"Right now, criminals are telling us what drugs are going to be supplied, how those drugs will be cut, what they will cost and who's going to be selling to 10-year-olds," said Cole.

"We need to treat drug addiction as a health problem," said Cole, adding that LEAP hopes to "at least get the legalization and regulation of drugs on the agenda."

The two-day forum, one of several around the world leading to a July conference in Vienna, has more than 100 delegates with widely differing viewpoints, from DARE B.C. (Drug Abuse Resistance Education) to Drug-Free America, from Virginians Against Drug Violence to the Vancouver Area Network of Drug Users (VANDU).

Early this morning, delegates will tour Insite, Vancouver's safe-injection facility that is a first in North America. The Canadian government has given Insite a six-month reprieve from drug enforcement, until this June, but is not committed to permanent operation of the clinic, which opened in 2003 with B.C. government funding.

VANDU spokesman Dean Wilson, who said yesterday was his 52nd birthday and the 40th anniversary of his first hit of heroin, is at the conference to advocate for drug users.

"There's everyone here from drug warriors to anti-drug warriors, but I can pit my wits against any of them because I've actually walked the walk," said Wilson, who explained he's used methadone instead of heroin for nine months.

"Why do they feel they have the moral high ground? All they've done is make bad peo-



Jack Cole, a former U.S. cop who founded Law Enforcement Against Prohibition, says Prime Minister Stephen Harper should avoid costly mistakes.



Heroin addict Dean Wilson speaks for the Vancouver Area Network of Drug Users and says he's actually 'walked the walk.'

Cole's message at the conference drew criticism from Dr. Kevin Sabet, a former speechwriter for the White House Office of National Drug Control Policy, who is now with Project SUNDIAL (Supporting United Nations Drug Initiatives and Legislation).

Sabet criticized the Vancouver forum for being made up "80 per cent" by "people who all agree with each other."

"Go to African-American communities in the U.S. inner cities and bring up legalization and watch their reaction," said Sabet.

Sgt. Scott Rintoul of the RCMP's drug-awareness section, slammed LEAP and its pro-legalization stance.

"Canada has no war on drugs, because a war should have a general in charge of an army," said Rintoul. "We need strong leadership, a sound prevention and treatment strategy, law enforcement, a justice system and strong community attitudes against drugs, and we're lacking on many of those fronts."

"But for these guys to come in and talk about legalization of drugs is to just give up. It's like they want us to throw our hands up and say, 'We've lost the war, let's legalize drugs,'" said Rintoul.

"Half of the RCMP's enforcement budget is spent on alcohol-related crime, and alcohol is legal and regulated," he said.

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What do you think?

Tell us by e-mail to provetters@png.canwest.com, or by fax to 604-695-2223. Please include your name and address.



WORKING IN AN 'ABSTINENCE ORIENTED' CULTURE

- Patchwork of policies and practices
- Lack of clarity re distribution of harm reduction supplies and provision of supervised injection
- Potential impacts of societal stigma and discrimination
- Fear and risk of legal, professional and organizational sanctions
- The 'Double Standard'



SUPERVISED INJECTION: 2002



Dr. Peter Centre Supervised
Injection Room
(Reprinted with Permission)
Vancouver Canada

Dr. Peter Centre is a primary health care centre operating under BC Health Professions Act



ETHICAL TENSIONS FOR NURSES

Conflict between ethical responsibility to promote health, to base current practice on evidence and lack of organizational support for harm reduction

Micro-ethics issues related to everyday care of those who use drugs

Promotion of health equity



MOVING TOWARDS EQUITY

- Promotion of health equity is part of nurses ethical commitment
- Harm reduction is a partial approach to addressing health inequities associated with substance use.
- While drug policy is an important area for action related towards health inequities, changes to housing and income policies are also needed.

