

Harm Reduction

June 2016

Harm reduction is the umbrella term for programs, policies and practices that aim to reduce the negative consequences associated with behaviours that are typically considered high risk.¹

Background

Harm reduction focuses on increasing safety and minimizing injury, disease and death related to high risk behaviours.² Harm reduction approaches such as the use of condoms for risky sexual behaviour, the use of helmets for bicycle riding, and the use of seatbelts when driving, help reduce the negative consequences of many of these daily activities. However, harm reduction is often considered controversial because many individuals perceive it as focusing on problematic substance use. Within this context, harm reduction focuses on decreasing the harmful outcomes of substance use through policies, programs and practices rather than focusing on abstinence. This approach emphasizes human rights and the need to promote informed decision-making to empower individuals to build on their strengths and exercise personal choice.³

British Columbia continues to be a leader in harm reduction policies and practices in Canada. This has been possible with support from the Harm Reduction Strategies and Services Committee which provides structure and coordination between the Ministry of Health, health authorities and key stakeholders in work related to harm reduction.⁴ Consequently, many B.C. nurses have become leaders and champions in harm reduction policy and practice. Nurses see first-hand the positive health, social and financial effects of harm reduction and understand the effectiveness of this approach in problematic substance use. There is substantial evidence that supports the effectiveness of harm reduction strategies in improving health outcomes, increasing access to health and social services, reducing the spread of infectious diseases, reducing healthcare costs, and decreasing the need for police services.⁵ This has been achieved through initiatives such as education and outreach, low threshold support services, needle exchange programs, supervised consumption facilities, methadone maintenance therapy and physician prescribed heroin.

While evidence supports the benefits of promoting safer use of illicit drugs to reduce harm, some decision makers continue to believe that prohibiting and criminalizing drug possession is the only viable approach.⁶ Two competing discourses have shaped drug policy in Canada - the 'crime coalition' and the 'health coalition'.⁷ Yet, despite overwhelming evidence that supports the effectiveness of harm reduction within the context of problematic substance use, the crime coalition has historically dominated the country's drug policies.

1 B.C. Center for Disease Control. (2011). *Harm reduction training manual: A manual for frontline staff involved with harm reduction strategies and services.*

2 B.C. Harm Reduction Strategies and Services. (2014). *Policy and Guidelines.*

3 Canadian Nurses Association & Canadian Association of Nurses in AIDS Care. (2012). *Joint position statement: harm reduction.*

4 B.C. Center for Disease Control. (2016). *Harm Reduction.*

5 B.C. Ministry of Health. (2005). *Harm Reduction: A British Columbia community guide.*

6 Canadian Nurses Association. (2011). *Harm reduction and currently illegal drugs: Implications of nursing policy, practice, education and research.*

7 Stevens, A. (2007). *When two dark figures collide: Evidence and discourse on drug-related crime.* *Critical Social Policy*, 27(1), 77-99



Issues Brief

While the previous Conservative Government was highly resistant to utilizing and expanding evidence-based initiatives such as supervised injection sites, the current Liberal Government has been vocal about their commitment to using evidence rather than ideology to create public health policies. B.C.'s recent declaration of a [public health emergency](#) related to the large number of opioid overdoses and deaths illustrates the need for nurses to continue to advocate for harm reduction policies to ensure that marginalized individuals receive the healthcare services they both need and deserve. With this Liberal Government, there is significant potential for nursing to work alongside key stakeholders to advocate for even more harm reduction programs in Canada.

Key Messages:

- Harm reduction focuses on increasing safety, minimizing injury, disease and death related to behaviours that are typically considered high risk.
- Evidence illustrates that harm reduction strategies greatly reduce the adverse health, social and economic consequences of problematic substance use.
- Nurses in B.C are often the first point of contact for marginalized populations and drug users within the healthcare system. As a result, they see and understand the value of harm reduction practices and have historically been strong advocates for this approach in improving the health of individuals and society.
- Nursing must continue to advocate for harm reduction policies in order to ensure that the charter rights of those who are marginalized are respected through equitable access to health and social services.
- Harm reduction values are consistent with the Canadian Nurses Association (CNA) *Code of Ethics*, as well as the College of Registered Nurses of British Columbia's (CRNBC) professional standards.⁸

Questions for Nurses

1. Can you illustrate any scenarios in which you have advocated or increased awareness about the effectiveness of harm reduction to manage problematic substance use?
2. What would you like to learn about harm reduction? What resources would you like ARNBC to develop in order to facilitate this?
3. What specific harm reduction programs, practices and policies would you like ARNBC to further advocate for and work on?

Further Reading

- Canadian Nurses Association. (2016). [Harm Reduction](#).
- BC Centre for Disease Control. (2016). [Harm Reduction](#).
- Health link B.C. (2015). [Understanding harm reduction: Substance use](#).

⁸ Lightfoot, B., Panessa, C., Hayden, S., Thumath, M., Goldstone, I., & Pauly, B. (2009). *Gaining Insight: Harm reduction in nursing practice*. *Canadian Nurse*, 105(4), 16-22.

