CANAC ACIIS
CANADIAN ASSOCIATION OF NURSES IN HIV/AIDS CARE
L' ASSOCIATION CANADIENNE DES INFIRMIÈRES ET INFIRMIERS EN VIH/SIDA

BILL C-2

Legislation to Amend the *Controlled Drugs and Substances Act* to Allow Exemptions for Supervised Injection Sites (and Services)

BRIEF

Standing Senate Committee on Legal and Constitutional Affairs

April 2015

HARM REDUCTION AND NURSING PRACTICE

Registered nurses, regardless of where they work, use harm reduction approaches [1,2]. These approaches recognize the need for risk reduction, health and safety promotion, and prevention of death and disability [1,2]. Additionally, they are based on principles intended to treat all individuals with respect, with dignity and in a non-judgmental manner, regardless of their health conditions, their behaviours, and their practices [1,2].

Registered nurses use harm reduction approaches when working in the hospital, in the clinic, and in the community [1,2]. Harm reduction is not limited to a physical space or a particular health problem. It is a philosophy of care that all registered nurses use regardless of where they practice and who they care to [1-3]. This philosophy of care allows registered nurses to develop interventions that reduce harms and promote a greater level of health across the board [1-3].

Registered nurses use harm reduction approaches when they:

- Participate in immunization and health promotion programs
- Provide counselling on safer sex
- Advocate for access to affordable and safe housing
- Develop and implement policies to minimize the risks of surgery
- Provide counselling on smoking cessation
- Administer methadone maintenance treatment
- Share information on the risks associated with alcohol and drug consumption
- Support patients with their daily medications and dietary restrictions
- Reduce the risks of falls in the hospital environment
- Intervene to reduce the adverse consequences of chronic illnesses
- Distribute bleach kits, clean syringes, and condoms
- Develop education material and interventions to reduce the risk of overdose
- Train peers to administer naloxone (Narcan™) for opioid overdose
- Provide preventative and primary care in supervised injection sites

Harm reduction has also been described as a pragmatic approach to reducing the negative consequences of behaviours, interventions, and practices that pose a risk to the health of individuals, groups, and communities [1,2]. It recognizes that health care professionals have an ethical and professional duty of working with individuals, groups, and communities to reduce these negative consequences when the health risk itself cannot be removed [1-3].

In the context of injection drug use, health risks include drug overdose, blood-borne infections (Hepatitis C and HIV), skin and soft tissue infections, ulcers, infectious endocarditis, pulmonary embolism, septicemia, anaphylaxis, etc. [1,4]. Additional health risks include those associated with precarious living conditions, poverty, malnutrition, mental health issues, trauma, abuse, violence, survival sex work, untreated medical conditions, and lack of access to health care [1,3,4].

The aim of nursing care in this specific context is to facilitate access to primary care, build trust, foster a therapeutic relationship, tailor interventions to the need of each patient, provide supportive and preventative care, and create linkages to ensure greater health outcomes [4,5].

NURSING CARE IN SUPERVISED INJECTION SITES

The 2011 Supreme Court of Canada (SCC) ruling on *Insite* clearly established 1) that supervised injection sites are part of health care services that should be made accessible to people who use drugs, 2) that these sites contribute to reducing the harms associated with drug use, including the transmission of blood-borne infections such as Hepatitis C and HIV, and 3) that denying access to these sites increase the risk of death and disease [6]. In short, supervised injection sites provide a safe and clean environment for people to inject. These sites act as a point of service for people to access much needed health care services [4,5]. Registered nurses work in collaboration with other team members (mental health workers and peer navigators) to meet clients where they are at [4,5]. They provide the necessary care, support, education, and resources to reduce health risks associated with drug use and improve health [4,5].

It has been clearly established that the care provided in supervised injection sites falls within the legislated scope of practice of registered nurses [1,7]. In these facilities, registered nurses work directly with clients by establishing a rapport, assessing their level of knowledge and understanding of potential harms associated with injection drug use, providing harm reduction education, ensuring access to clean supplies, preventing risky injection practices, monitoring for signs of drug overdose or anaphylaxis, and intervening in emergency situations [4,5]. Registered nurses also provide primary care to clients and acting as a first point of contact with the health care system [4,5]. Primary care services include immunization, point of care HIV testing, acute or chronic wound care, screening for sexually transmitted infections, counselling, and so forth [4,5]. Based on their assessment, nurses can also refer clients to addiction services and facilitate linkage to services which are often difficult to access for people who use drugs (i.e. housing, income assistance, food support) [4,5].

Registered nurses who work at *Insite* have developed a comprehensive framework to guide their clinical practice [4, p.20] (see Appendix A). This framework clearly highlights that supervised injections sites provide opportunities for nurses to engage in health promotion, harm reduction, primary care, relationship building, and client-centered care [4]. This framework is consistent with professional and ethical standards for nursing practice in Canada [3,4].

CANAC'S POSITION ON BILL C-2

Our position is that SIS should be part of health care services provided to people who use drugs in Canada. Legislation should facilitate the implementation of such sites. Legislation should also reflect the current state of evidence on the topic and provide a safe environment for registered nurses to provide care to people who use drugs in accordance with their professional and ethical standards. This position is consistent with position of other nursing organizations in Canada including the Canadian Nurses Association (CNA), the Association of Registered Nurses of British Columbia (ARNBC), the Registered Nurses Association of Ontario (RNAO), and the Ordre des infirmières et infirmiers du Québec (OIIQ).

1. <u>Bill C-2 creates unnecessary obstacles to the implementation of essential health care services</u>

As described above, supervised injection sites offer a point of contact between health care providers and people who use drugs. These sites cannot be solely defined as "places where

people inject". Defining supervised injection sites as such would result in a narrow understanding of the activities that take place in these sites. Most importantly, it would create unnecessary barriers to the implementation of essential health care services for the most marginalized and underserved.

The criteria outlined in Bill C-2 suggest that such a narrow view has been adopted by the federal government with the resulting effect of framing supervised injections sites as a "risk to others". We argue that failing to develop legislation that prioritizes access to essential health services for people who use drugs and facilitates the creation of safe spaces where the harms related to injection drug use can be minimized is a far greater risk from a public health standpoint than the one posed by these spaces alone. Research has shown that supervised injection sites are not associated with increased crime rates [8]. In fact, they have been associated with improvements in several measures of public order (including reduced public injection drug use and public syringe disposal) [9].

CANAC is concerned that Bill C-2 emphasizes the perception of the risks to public safety over the empirically demonstrated health benefits associated with supervised injection sites. This is not consistent with the SCC ruling on *Insite*. In order for legislation to be consistent with this ruling, it needs to "strike the appropriate balance between achieving public health and public safety" [6]. In its current form, Bill C-2 could effectively deprive people who use drugs of essential health care services. As such, it does not strike the balance established by the SCC in 2011 [6].

2. Bill C-2 undermines harm reduction

Harm reduction is not only a philosophy of care, but it is also a scientifically proven approach for reducing the health risks associated with certain practices, interventions, and behaviors [10]. As previously described, this approach is used in all types of health care settings and for a range of health problems. Registered nurses use this approach in counseling, health education, skills building, community engagement, direct nursing care, prevention, health promotion, treatment support, policy, and so forth.

When this approach is used with people who use drugs, it includes a range of interventions – some of which are implemented in supervised injection sites. Supervised injections sites provide an ideal space of harm reduction work [4,5]. Much of this work would be impossible to do outside the context of supervised injection sites. This would result in missed opportunities to prevent needle-sharing, unclean and unsafe injection techniques, transmission of blood-borne pathogens, overdose, and anaphylaxis – all of which have been shown to be effectively reduced at *Insite* [11]. In our view, supervised injection sites provide a unique context to address the gaps in harm reduction work – the gaps between outreach nursing care and primary nursing care.

Missed opportunities to engage in harm reduction would also result in significant health care costs [12,13]. Harm reduction activities that take place in supervised injection sites have been shown to prevent the transmission of blood-borne pathogens, infections, and overdoses; thus resulting in decrease costs associated with pre-hospital care, hospital care, hospital admission – including acute care units, diagnostic tests, treatment, and so forth [12,13]. At *Insite*, the prevention

of HIV transmission alone contributes to yearly savings of $5 million and total cost savings of $17.6 million [12,13].

3. Bill C-2 fails to recognize that SIS provide a safe environment for registered nurses

In our view, Bill C-2 fails to recognize that supervised injection sites allow registered nurses to provide care in a safe environment. When safe spaces are not available for people to connect with registered nurses, nurses have to go out in the community and provide care on the streets, in back alleys and/or housing facilities where people often stay in unsanitary and crowded conditions. This is known as outreach nursing. Supervised injection sites act as non-traditional care settings in which the goals of outreach nursing can be achieved [14].

The risk to outreach nurses is two-fold. Nurses have to implement harm reduction interventions and provide direct care to people who use drugs in settings that are not always optimal (i.e., noise, lighting, surroundings, people, sanitary conditions, resources, isolation, etc.). This may comprise the ability of nurses to provide safe care when changing a wound dressing or teaching about safe injection techniques for example. Outreach nurses also face the immediate risk of working in settings where they may be exposed to threats or violence.

Research has shown that supervised injection sites impact drug-use patterns and injecting practices [15]. When people are provided with a safe space to inject, they are not rushed and they can take the necessary time to inject using the correct techniques and material [16]. When people inject in a calm and non-threatening environment, they are not as scared, agitated, panicked as they would be on the street or in a different environment [16]. As a result, they are calmer and less likely to disturb public order [9]. This contributes to the safety of registered nurses.

4. Bill C-2 presents ethical concerns for registered nurses

Registered nurses must ensure that their practice is consistent with the values and responsibilities outlined in CNA's Code of Ethics [17] as well as the standards established by their provincial regulatory body. We consider that Bill C-2 presents ethics concerns for registered nurses at the present time. From an ethical standpoint, nurses cannot support any legislation that would deprive people who use drugs from accessing essential health care services. Such legislation would stand in opposition with the values and responsibilities of nurses in Canada:

a. Providing safe, compassionate, competent and ethical care
   Registered nurses must provide safe, compassionate, competent and ethical care [17]. In order to achieving this, they have to base their practice on empirical evidence and apply this evidence in an ethical manner [17]. In light of the fact that supervised injection sites have been shown to be safe, effective, beneficial to both people who use drugs and providers, and cost efficient, it would be unethical for registered nurses in Canada not to be supportive of their implementation [7]. In fact, nurses have the responsibility to question and intervene to address practices, conditions, and policies that interfere with their ability to provide safe, compassionate, competent and ethical care [17]. As such, we consider that registered nurses have an ethical responsibility to oppose Bill C-2 because it interferes with, rather than support their ability to provide this type of care to people who use drugs.

b. Promoting health and well-being

Registered nurses must work with individuals, groups and communities to enable them to attain their highest possible level of health and well-being [17]. When working with people who use drugs, higher levels of health can be achieved by using clean needles, using less often, wearing a condom, eating more regularly, taking dietary supplements, getting tested for HIV, taking antibiotics for a skin infection, starting methadone maintenance treatment, accessing supportive housing or mental health care services, and so forth. Registered nurses meet people where they are at without judging or pressuring them to change their behaviors [3,17]. They also recognize the need for a full continuum of accessible health care. In the context of drug use, this would include access to supervised injection sites, needle exchange programs, drug rehabilitation programs, shelters or supportive housing, and so forth [3,18,19].

c. Preserving dignity

Registered nurses must recognize and respect the inherent worth of each person they work with [17]. This can be achieved by displaying a non-judgemental attitude and taking into consideration the unique circumstances of people who use drugs. In their professional capacity, nurses advocate for respectful and equal treatment of all Canadians [17]. As such, nurses are expected to safeguard human rights and speak out when people are deprived of these rights [17]. We firmly believe that the criteria outlined in Bill C-2 will act as barriers rather than facilitators of supervised injection sites. The SCC clearly established that denying an exemption based on criteria such as these would cause deprivations of life and security for people who inject drugs. For this reason, it would be unethical for nurses to support any legislative attempt at making exemptions more difficult to obtain.

d. Promoting justice

To promote justice, registered nurses are required to safeguard human rights and practice in accordance with principles of fundamental justice [17]. Additionally, they are expected to support policies designed to provide the best care with the best evidence and use of resources [17]. When policies fail to meet these criteria and in the process, contribute to further stigmatization of marginalized groups, nurses must come together and advocate for change [17]. Understanding that these groups are systematically disadvantaged is important for nurses to be able to advocate for change and demand actions to overcome barriers to health care, to promote greater equity, and address broader social issues such as poverty, food insecurity, inadequate shelter, and violence [18,19].

RECOMMENDATIONS

Given the arguments presented above, we recommend the immediate withdrawal of this legislation and the development of a new bill that:

- Reflects the guiding principles outlined by the SCC in the *Insite* ruling
- Incorporates the principles of harm reduction
- Reflects the current state of empirical evidence on supervised injection sites
- Considers the cost-saving benefits of supervised injection sites
- Improve access to supervised injection sites as essential health care services
- Improve the health and well-being of people who use drugs
- Facilitate the delivery of safe, compassionate, competent, and ethical care
- Gives precedence to the input of people who use drugs, clinicians, public health officials, and experts in the field of harm reduction
- Provides a reasonable framework for exemptions to be granted and renewed

These criteria are consistent with the ones outlined by the Canadian Nurses Association [7 p.13] in their brief to Parliament:

1. Be based on a comprehensive addictions strategy that includes the following pillars: prevention, treatment, harm reduction, enforcement.
2. Be developed in consultation with relevant public health, public safety and community stakeholders, including injection drug users.
3. Reflect the direction of the Supreme Court of Canada commentary: to generally allow exemptions for supervised injections services if there was a public health benefit and little or no impact on public safety.
4. Require both support and opposition to proposed supervised injection services be justified with robust evidence on the public health and public safety impact.
5. Consider evidence of cost-savings to Canada's health care, social, and justice systems.
6. Enable hard-to-reach populations to access health and social services.
7. Respect and not restrict nurses' scope of practice by providing appropriate opportunities for nurses to offer essential health care services.
8. Allow exemptions to the Controlled Drugs and Substances Act to last five years.
9. Integrate supervised injection services into existing health care services, when feasible, and ensure access to provincial/territorial funding for health care delivery.
10. Require comprehensive evaluation plan for supervised injection services for quality control.

WHO WE ARE

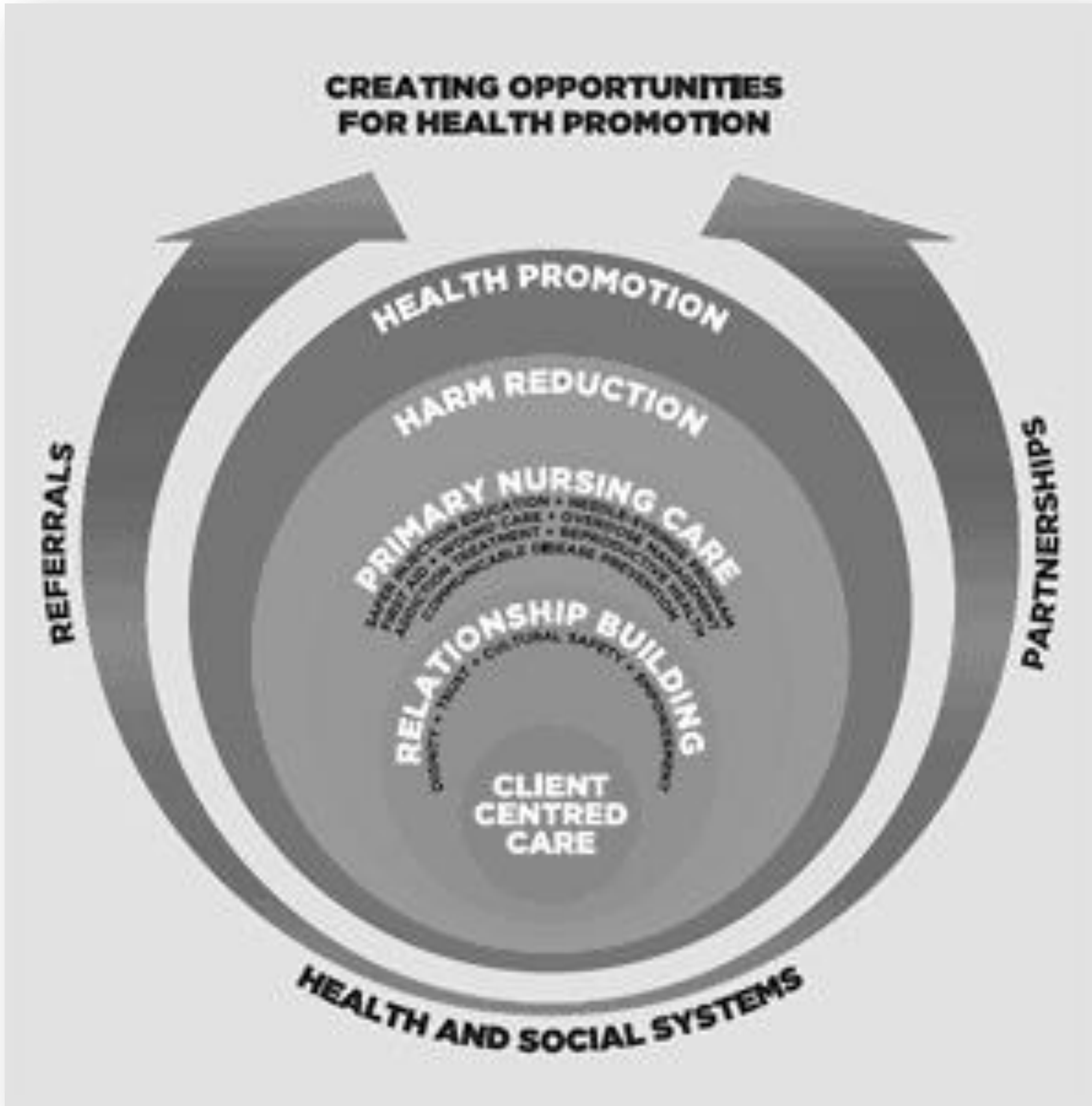
The Canadian Association of Nurses in HIV/AIDS Care (CANAC) is a national professional nursing organization. CANAC members hail from all regions of Canada and work in clinical practice, education, research, policy, and/or administration. CANAC is governed by board of directors consisting of four elected executive officers, five elected regional (geographic) representatives (Pacific, Prairies & North, Ontario, Quebec, and Atlantic), and one expert advisor for policy, research, and advocacy.

CANAC is committed to fostering excellence in HIV/AIDS nursing through education, mentorship, and support, promoting the health, rights and dignity of persons affected by HIV/AIDS, and preventing the spread of HIV infection. CANAC strives to achieve its mission through the following actions:

- Promoting education and continuous learning opportunities in HIV/AIDS care
- Creating a dynamic network of regional and national support for members
- Providing regular forums to share innovative nursing practices
- Encouraging research and evidence-based HIV/AIDS nursing practices
- Serving as a national voice for HIV/AIDS nursing issues
- Advocating for the rights and dignity of people who are living with HIV/AIDS or who are vulnerable to HIV infection

CANAC is an active member of the Canadian Network of Nursing Specialties and long-time collaborator of the Canadian Nurses Association (CNA). In 2012, CANAC and CNA released a joint position statement on harm reduction (http://cna-aiic.ca/~/media/cna/page-content/pdf-en/jps_harm_reduction_2012_e.pdf). Last year, it launched a national campaign in collaboration with CNA and the Canadian Nursing Students Association (CNSA) to advocate for harm reduction and raise awareness on the importance of harm reduction approaches in nursing practice. It also supported the development of a video that outlines our position and the position of many other professional organizations on Bill C-2: http://respectcommunities.ca/.

APPENDIX A. INSITE FRAMEWORK



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