



Advocating for Increased Safe Injection Sites: Role of the Nursing Profession

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Abstract

The nursing profession in Canada has a vital role in advocating for the increased implementation of safe injection sites (SIS) due to the nursing role in reducing the morbidity and mortality associated with opioid use. Harm reduction approaches like SIS, have proven to decrease drug overdoses, infectious diseases, and health-care burdens. Common arguments in opposition to the implementation of SIS including economic burden, community safety, and promotion of drug use are refuted in this paper. It is the nursing professional's ethical responsibility to advocate for better health care for all members of society, including those who use drugs. We conclude that the role of nurses must include the provision of care for marginalised groups and advocacy for increased implementation of SIS in Canada.

Keywords: drug overdose; harm reduction; morbidity; mortality; safe injection sites

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Opioid use has increased dramatically in Canada over the past two decades. A 2021 retrospective study by Alsabbahg et al. reported the number of opioid-related deaths in Canada, excluding Quebec, increased from 475 to 3,290 between 2000 to 2017. The COVID-19 pandemic has exacerbated the opioid crisis; since March 2020 paramedic calls in Ontario for suspected opioid overdoses increased by 57% and deaths due to opioid overdoses increased by 60% (Friesen et al., 2021). In addition to the high rates of mortality associated with opioid use, there is an increased risk of other life-altering health complications including infections (McCarthy et al., 2020). To combat the high rates of mortality and morbidity associated with the opioid crisis, harm reduction approaches including safe injection sites (SIS) also known as supervised consumption sites, supervised injection facilities, or safer injection facilities, have been recommended (Kerr et al., 2017). SIS provides: services to save lives and benefit communities. Supervised consumption sites provide a safe, clean space for people to bring their own drugs to use, in the presence of trained staff. This prevents accidental overdoses and reduces the spread of infectious diseases, such as HIV. (Government of Canada, 2022, n. p)

Protecting the health of vulnerable members of society is part of our social contract and the professional responsibility of health-care providers. According to the College of Nurses of Ontario (CNO, 2019) practice standard, respect for life is an ethical requirement that includes that human life is precious and needs to be “respected, protected, and treated with consideration” (p. 8). The Registered Nurses Association of Ontario (2018) identifies the nursing scope of practice within SIS meets the Canadian Nurses Association Code of Ethics in that registered nurses provide “safe, compassionate, competent, and ethical care; promoting health and well-being, promoting and respecting informed decision making; preserving dignity; maintaining privacy and confidentiality; promoting justice; and being accountable” (p. 1). Kaplan (2018) states that nurse practitioners play a vital role in prevention deaths from opioids by prescribing naloxone and recommending the use of naloxone, syringe exchange programs and SIS and injection technique (i.e., intravenous, intramuscular, subcutaneous). Thus, we argue here, that in following this standard, it is incumbent on the nursing profession to play an active role in advocating for an increased number of SIS in the community to decrease the harm related to drug use and the associated burden on the healthcare system.

Research Evidence in Support of Safe Injection Sites

SIS is a harm reduction approach aimed at decreasing the adverse effects that are commonly attributed to using drugs (Vancouver Coastal Health, 2020). SIS provides clean syringes and equipment for people who use illicit drugs in a non-judgemental environment. Trained registered nurses are on-site and continuously monitor for the signs of potential overdose and intervene if overdoses occur. Staff at SIS also offer clients' referrals to local resources to improve their health and wellbeing. This harm reduction approach decreases the negative consequences of drug use without requiring abstinence from drug use (Vancouver Coastal Health, 2020).

Decreased Drug Overdoses

A substantial body of literature documents the efficacy of SIS in reducing the number of overdose deaths related to opioid use (Kerr et al., 2017). After the first SIS was opened in Vancouver, a study following the number of overdoses from 2003-2005 found a decrease in the number of overdose deaths in the surrounding area by 35% (Marshall et al., 2011). Data from a SIS in Toronto from September to December of 2017, documented 139 overdoses, 53 of which were reversed with naloxone, and 86 were reversed with oxygen, monitoring, and stimulation (Foreman-Mackey et al., 2019). SIS can be implemented in the communities that are affected by high overdose rates to decrease the number of fatalities. If these overdoses had taken place outside of the SIS, there is no guarantee that help would have been available to prevent the overdose from becoming fatal (Milaney et al., 2021).

Decreased Infectious Diseases

Substance abuse disorders carry a high prevalence of infectious diseases and sharing syringes and poor sterility of the equipment used are major contributing factors (McCarthy et al., 2020). A prospective cohort study in Montreal, found that prescription opioid injection was associated with viral hepatitis C transmission (Bruneau et al., 2019). A study in Indiana by Peters et al. (2016) included 181 case patients diagnosed with human immunodeficiency virus (HIV) infection, 87.8% of whom reported having injected an opioid and 92.3% were coinfecting with hepatitis C virus. Contact tracing revealed that the “number of times a contact was named as a syringe-sharing partner by a case patient was significantly associated with the risk of HIV infection” (Peters et al., 2016, p. 1). A recent meta-analysis concluded that the exclusive use of sterile syringes decreased the risk of HIV seroconversion (Mir et al., 2018). Research supports the critical need for facilities offering clean syringes and equipment for the people who inject drugs with safe injection practice education to prevent the spread of infectious diseases (McCarthy et al., 2020).

Decreased Healthcare Burden

In addition to the major human costs associated with opioid drug use, significant healthcare resources are spent on opioid related poisoning including emergency room visits, hospitalizations, and paramedic services. In Canada, approximately 16 hospitalizations per day between March 2016 to March 2017 were attributed to opioid poisonings (Belzak et al., 2018). In Ontario between 2014 and 2018 opioid related emergency department visits increased by about 50%, and between 2015 to 2016 paramedic calls for opioid related events increased by 70% in Manitoba (Belzak et al., 2018). A cost analysis by Jackson (2020) estimated cost savings between \$39,000 and \$94,000 per month from 2017 to 2020 accrued through averting the use of paramedic services for overdose related reasons by establishing a SIS in Calgary. Although somewhat dated, a 2010 study reported a significant reduction in the number of ambulance calls for opioid related overdoses in Sydney Australia after the opening of a SIS in comparison to the rest of New South Wales (Salmon et al., 2010).

Common Controversies Associated with Safe Injection Sites

Despite the documented efficacy of reducing drug-related human and fiscal cost and their widespread recommendation in public health policy, SIS continues to be controversial in Canada. Salient arguments against SIS are premised on the economic burden, contributing to unsafe communities, and the promotion of drug use.

Economic Burden

It is argued that building a SIS, staffing it with trained professionals, and providing equipment for the users of the facility, is too costly. However, an analysis completed by Irwin et al. (2017) predicted that one SIS yields 7.8 million dollars in savings through “preventing HIV infections, viral hepatitis C infections, skin and soft tissue infections, overdose deaths, and overdose related medical care” (p. 1). Another cost-benefit analysis in California found that for every \$1 spent on a SIS, \$2.33 is generated in savings (Irwin et al., 2016). Jozaghi (2014) provided evidence as to the cost-effectiveness of SIS using data collected between 2012-2013 on a Vancouver SIS, concluding it to be financially responsible to the healthcare system and beneficial to implement more facilities.

Community Safety

An argument in opposition to SIS is that the implementation of facilities contributes to unsafe communities. However, Kennedy and colleagues (2017) systematic review on community safety associated with SIS included 47 studies. Six studies found no changes in robbery incidents or drug possession offences in the neighbourhoods where SIS were located and five articles demonstrated a decrease in publicly discarded syringes and public use of drugs in the neighbourhood of the SIS after the facility was established. The authors concluded that SIS is an effective way to reduce the public safety problems associated with injection drug use (Kennedy et al., 2017). Similarly, a systematic review by Huey (2019) found a “statistically significant decrease in injection related litter after the opening of a SIS in Vancouver” (p. 1). Davidson et al. (2018) conducted qualitative interviews with 23 individuals using a SIS and found users of the facility reported that having a safe place to inject drugs led to a decrease in injecting in public spaces.

Promotion of Drug Use

Another common argument against implementing SIS is that they promote drug use. The literature refutes this claim. Introducing SIS into communities does not promote drug use. A study by De Beck et al. (2011) in Vancouver noted that SIS have a potential role in promoting increased enrolment in addiction treatment and ultimately injection cessation. Wood et al. (2007) further reiterated this stance in their retrospective study that found the opening of a Vancouver SIS was correlated with a 30% increase in services like detoxification, which increased the rate of long-term addiction treatment and reduced injecting at SIS. In an analysis of a Vancouver SIS from 2017-2020, Jackson (2020) reported that 10% of clients did not use the facility for drug consumption, but instead for other services like referrals and wound care.

Conclusion

According to the Canadian Nurses Association (2017) code of ethics, nurses must advocate for the need to “improve systems and societal structures to create better health for all” (p. 5). All include some of the most marginalised members of society- those who use injection drugs. Thus, nurse professionals have a mandated duty to advocate for patients' well-being. This, we suggest, can be established through harm reduction approaches like SIS (Pauly, 2008). In following this directive, nurses must advocate for more SIS within communities to decrease morbidity, mortality and financial burden related to drug use. Nurses also have a role to address the common misconceptions about the economic costs of SIS, contribution to neighbourhood risk, and promotion of drug use. In promoting community

awareness of the pressing need for SIS and contributing to important public health dialogues and policies, the nursing profession should draw on the code of ethics and the research evidence. Future research could establish the nursing professions' role in direct services, advocacy, and community awareness for SIS.

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