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Clinicians’ perspectives and utilization regarding harm reduction in nursing practice in care of persons with addiction: A literature review

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BACKGROUND
- Harm reduction (HR) is a concept best described as the recognition that individuals will engage in unhealthy behaviors, and the goal is to minimize the associated potential harm.
- HR is a therapy used in addiction that respects a patient autonomy, while minimizing the associated risks of a harmful behavior.
- It has been used as an alternative model of care to treat those with addictions and minimize the spread of HIV & Hepatitis. Substance abuse and overdose deaths are increasing at profound rates in the United States.
- Nurses and clinicians must evaluate their response to this growing epidemic. Healthcare practitioners, and nurses in particular, are positioned to encounter situations in which harm reduction strategies may be appropriate. While implemented in both Canada and various European countries, HR is largely unknown in the United States; this literature review explores HR integration into American nursing practice.

RESEARCH QUESTIONS
1. What are clinicians’ perspectives regarding use of harm reduction strategies in the care of persons with addiction?
2. Which practices are employed to ensure successful harm reduction utilization in care of persons with addiction?

METHODS
Design: Integrated Literature Review
Databases: CINHAL & PubMed
Keywords: harm reduction; addiction; nurse

RESULTS
Of the 99 articles retrieved, 10 were analyzed in the review. The remaining 89 articles were excluded; duplicate article, application of harm reduction to alternate health disparities (fall prevention, smoking cessation, or cardiovascular disease), no clear relationship to nursing practice, or a position piece.

MAJOR THEMES ON HARM REDUCTION IN ADDICTION COUNSELING

<table>
<thead>
<tr>
<th>Major Themes: Clinician Perpectives</th>
<th>Name of articles</th>
<th>Example Quotes</th>
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<tbody>
<tr>
<td>Socio-cultural challenges</td>
<td>Gray (2014), Michels (2012) &amp; Pauly (2007)</td>
<td>“Currently, there is a disturbing trend in Canada toward disregarding the scientific evidence, potentially jeopardizing public health initiatives designed to improve the health of those who use illicit drugs and protect the health of the community at large.” (Pauly, 2007, p.21)</td>
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<td>Consistency with Nursing Ethics</td>
<td>Lightfoot (2009), Pauly (2007)</td>
<td>“The practice of nurses is guided by core principles of harm reduction and health promotion that are central to achieving, the aims of ethical and consistent with professional ethical standards.” (Lightfoot, 2009, p.21). The Canadian Code of Ethics for Nurses states “that nurses have a responsibility to provide care for those with their care with the information they need to make informed decisions related to their health and well-being.” (Lightfoot, 2009, p.21).</td>
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<table>
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<tr>
<th>Major Themes: Current Use</th>
<th>Name of articles</th>
<th>Example Quotes</th>
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<tr>
<td>Holistic care, reduced stigma/ increased dignity</td>
<td>Drannen (2013), Lightfoot (2009), Pauly (2007), Scott (2015)</td>
<td>“...aims to create a model of care that includes the promotion of empowerment, respect, and dignity, ensuring services are delivered in the least restrictive, intrusive, and stigmatizing ways.” (Drannen, 2013, p.534).</td>
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<td>Advocacy</td>
<td>Lightfoot (2009), Pauly (2007)</td>
<td>“There may be situations in which nurses need to take collective action to change a law that is incompatible with ethics...Action on drug policy reform must be part of a broader agenda to enhance social justice that seeks to take action on the underlying conditions that produce poor health such as homelessness, violence, poverty, and racism.” (Pauly, 2007, p.21).</td>
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<td>Bridge to abstinence</td>
<td>Drannen (2013), Gray (2014), Lightfoot (2009), Michels &amp; Stover (2012), Scott (2015)</td>
<td>“...always insist on not making things go smoothly for the patients. The treatment framework is in place to be transgressed...transgression is the essence of therapy.” (Gray, 2014, p.37). The aim of Germany’s OST programs and policies is to stabilize the drug addict’s health status and gradually move them toward abstinence.” (Michels, 2012, p.917).</td>
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DISCUSSION
Clinician perspectives of harm reduction revealed a view of harm reduction as honoring a patient as a holistic being, and ability to serve as a better advocate.

While still acting as an advocate, clinicians felt they were better able to honor a patient’s autonomy in decision-making. Studies which included successful use of harm reduction strategies reported positive outcomes with respect to patient self-esteem, self-advocacy, and ability to navigate support services.

Patients reported decrease in both money and problems associated with drug and alcohol use. Several studies found close similarities between tenants of harm reduction and nursing code of ethics.

Therefore, nurses in the U.S. could apply tenants of harm reduction strategies across the continuum of care from interactions with individual clients to advocating for policy changes.

How to utilize in Nursing Practice
- Treat Drug Users with Dignity & Autonomy
- Encourage patient-directed recovery
- Support Participation in Harm Reduction Program
- Advocate for Policy Changes to optimize treatment for drug users in Harm Reduction Programs

CONCLUSION
This integrative literature review provided a great deal of information regarding clinician perspectives of harm reduction and a few isolated studies of current use of harm reduction in clinical practice. Given the rapidly increasing rates of drug abuse and overdose, it would behoove facilities to train all registered nurses, regardless of their specialty, in basic knowledge of addiction and treatment options.