HARM REDUCTION IN PRACTICE:

A Starter's Guide for Incorporating Harm Reduction into Skin and Wound Care Clinical Practice

By Erin Telegdi, RN BA BScN

Harm reduction as a philosophy supports people to protect, maintain and improve their health and well-being without requiring abstinence from substance use. This approach works in solidarity with people who use drugs to address the systemic inequities and criminalization that result in poor health outcomes.

During nursing school, I remember being warned about people who use drugs. Clinical instructors and health-care professionals would caution, "Be careful—they're drug seeking; they're team splitting. They're not really in pain, they just want opiates. If they really cared about their health, they wouldn't be doing drugs." These perceptions of people who use drugs (PWUDs) are prevalent in health-care systems. But thanks to decades of tireless advocacy by PWUDs and their allies, our collective consciousness has started to shift.

For the past three years, I have been working as a registered nurse (RN) at the Moss Park Consumption and Treatment Service (CTS), a satellite program of South Riverdale Community Health Centre in Toronto. This is one of 15 such services across Ontario where people can go to use pre-obtained drugs (mostly by self-injection) in the presence of workers specially trained in overdose response (see Figures 1 & 2). In addition, CTSs offer wraparound services, including community-driven programming and access to RN and nurse practitioner (NP) clinical care. Consumption and Treatment Services are a new addition to the wide variety of harm reduction–based programs operating across Canada in settings ranging from hospitals to community health centres, and to AIDS Service Organizations, among others. In this role, it has been my great honour to work for a vibrant community of people who use drugs in the Downtown East Side neighbourhood of Toronto. Because of the patience of the community for whom I work, and

the mentorship of my co-workers—most of whom bring the lived and living experience of drug use to their roles—I have been able to unlearn many of the harmful attitudes taught to me by the health-care system, and instead have learned the ways of harm reduction. It's a philosophy that embraces and celebrates the lives of people who use drugs and honours their wisdom and right to self-determination.

Promoting and managing skin and wound

Figure 1: Street fentanyl being prepared for self-injection at the Moss Park CTS

Figure 2: Illicit fentanyl has been the overwhelming driver of the current overdose crisis

health is integral to my clinical care provision. PWUDs, and especially those also experiencing homelessness, have unique skin health needs. In a chart audit conducted of the Moss Park CTS nursing notes from July 2018 to September 2019, 50% of nursing encounters were related to skin and wound care concerns, with 45% related to skin and soft tissue infections, including abscesses and cellulitis, and a variety of other concerns including surgical wounds, traumatic injuries, pressure injuries and dermatological issues.[1] The wound care community in Canada has a rich history of prioritizing patient-driven care, and this strong value aligns with a harm reduction approach. As wound care clinicians, we know that any plan of care will only be successful if it fits into the patient's own health goals and accords with their access to supports and resources.

This article is intended to provide practical guidance for clinicians who may be new to the concept of harm reduction and who wish to learn how to incorporate harm reduction philosophy into their skin and wound care practice.

Step 1: Familiarize yourself with harm reduction literature and resources.

According to the Canadian Drug Policy Coalition, harm reduction is a "comprehensive, just and science-based approach to substance use. It represents policies, strategies and services, which aim to assist people who use legal and illegal psychoactive drugs to lead safer and healthier lives. . . . Harm reduction enhances the ability of people who use substances to have increased control over their lives and their health, and allows them to take protective and proactive measures for themselves, their families and their communities."[2] The Canadian Nurses Association, Canadian Association of Nurses in AIDS Care, and Harm Reduction Nurses Association add that harm reduction is an "essential evidence-based approach for reducing the adverse health, social, and economic consequences of substance use without requiring abstinence."[3] "[H]arm reduction recognizes the importance of reducing the harms (health, social and economic) associated with the use of drugs while also acknowledging that such harms are a direct result of prohibition and criminalization."[4]

Figure 3: People who use drugs and their allies demonstrate in downtown Toronto for the National Day of Action on the Overdose Crisis, April 2019.

Note that the harm reduction movement has been developed and driven *by* people who use drugs *for* people who use drugs. To support a harm reduction approach, one must be mindful and respectful of the advocacy that has been and is being done by PWUDs to defend their rights and to promote access to competent, compassionate care (see Figure 3). For an excellent account of the development of the harm reduc-

Figure 4: Indigenous medicines used as part of a Sharing Circle facilitated by Indigenous harm reduction activist Les Harper at the Moss Park CTS. Indigenous people are disproportionately affected by drug criminalization and the overdose crisis.

tion movement in Vancouver's Downtown East Side, I recommend the book *Fighting for Space: How a Group of Drug Users Transformed One City's Struggle with Addiction* by Travis Lupick.[5]

Fundamental to the harm reduction philosophy is an understanding of the ways in which perceptions of, and laws around, drug use are deeply rooted in colonialism, racism, xenophobia and classism. Learning the social and political history of drug use and its criminalization can greatly enhance a clinician's competence in working with PWUDs (see Figure 4). For a deeper understanding of the socio-medical construction of the concept of "addiction," and the socio-political history of drug criminalization, I recommend *The Globalization of Addiction: A Study in Poverty of the Spirit* by psychologist and historian Bruce K. Alexander.[6]

The following organizations can provide a wealth of position statements and reference lists for literature and evidence regarding harm reduction: Canadian Drug Policy Coalition, Canadian Nurses Association, Canadian Association of Nurses in AIDS Care, Harm Reduction Nurses Association, and Canadian AIDS Treatment Information Exchange.

Step 2: Do some serious self-reflection.

According to Gagnon et al. (2019), clinicians working with PWUDs must "examine their power, privilege, values, and assumptions. . . ."[4] Harm reduction is a philosophy that diverges greatly from what most of us have been taught about drugs and the people who use them, either by society or in our professions. Self-reflection involves thinking about your personal attitudes, thoughts and beliefs about drug use and your own experience with substances (wine counts!)—either with yourself or with people you love. How are you implicitly or explicitly communicating your personal beliefs to clients who use drugs? What impact does that have on their sense of safety, trust and ability to engage actively in plans of care?

Expand this reflection to your care team. Have conversations with your colleagues about how you have treated PWUDs in the past, and how you can make improvements. It is important that we, as health-care professionals, are accountable for how our implicit and explicit biases impact the quality of care and outcomes for our clients. When people feel judged, they may not trust you to provide them with care and to develop care plans that will work for them. Further, reflect on how your larger organizations either enhance access or create barriers to equitable care for PWUDs. How can you advocate within your own organizations to amplify the voices of PWUDs and support a shift to harm reduction–based care?

Step 3: Language is important; abstinence is not always the goal.

Think about the language you use to describe PWUDs and drug use. Work with your teams to increase your capacity to use language that is respectful and non-stigmatizing. For example, in the harm reduction community the term *people who use drugs* is used. This term is broad and does

Language is Important[7]

Using non-stigmatized language is key to the harm-reduction approach:

- Use people-first language. For example, say "person who uses opioids," rather than "opioid user" or "addict."
- Use language that reflects the medical nature of substance use disorders. For example, say "person experiencing problems with substance use," rather than "abuser" or "junkie."
- Use language that promotes recovery. For example, say "person experiencing barriers to accessing services," rather than "unmotivated" or "non-compliant."
- Avoid slang and idioms. For example, say "positive test results" or "negative test results," rather than "dirty test results" or "clean test results."

not make judgements or assumptions about an individual's relationship with drugs. It is not for clinicians to decide if someone's drug use is problematic. Some individuals may want to decrease their use or be abstinent, while others do not. For some, their substance use may be an important part of their physical and emotional survival. Language that favours abstinence from drug use is alienating. PWUDs have a wide variety of goals related to their drug use and to their overall health and well-being. It is vital that the personal goals of PWUDs are respected and prioritized. People may come to you with skin and wound issues that are related to their drug use, but that never means that abstinence from drug use is the "solution." A harm reduction approach to care acknowledges that people can use drugs *and* be healthy. It is our job to work with people to find ways to help them mitigate risk and optimize health.

Step 4: Know your local harm reduction resources.

Most large cities in Canada have a growing number of harm reduction resources and organizations, and many have supervised consumption services. Some cities are establishing safer supply programs, where prescribers offer long-acting morphine and short-acting hydromorphone as an alternative or adjunct to traditional methadone and suboxone therapies. Find out what is available in your area.

For smaller or more rural communities, harm reduction services may be scarce; consider contacting your local AIDS Service Organization, as they will have harm reduction services and information. Patients who use drugs may be aware of and connected to these services, but if they are not, it is an opportunity to support them with access to information, support and the harm reduction supplies that help keep them safe and healthy (such as naloxone kits used to reverse opioid overdoses, safer-injection kits and safer smoking kits, see Figure 5).

Your client may be receiving nursing or other health-care services at a drop-in, supervised consumption service or other community organization. Think about including these supports in your circle of care, especially if these are the places where your client is most likely to access wound care services. Also, consider the ways in which knowledge exchange can take place. What can wound care specialists and harm reduction experts learn from one another? How can we all collaborate to improve skin and wound outcomes for PWUDs?

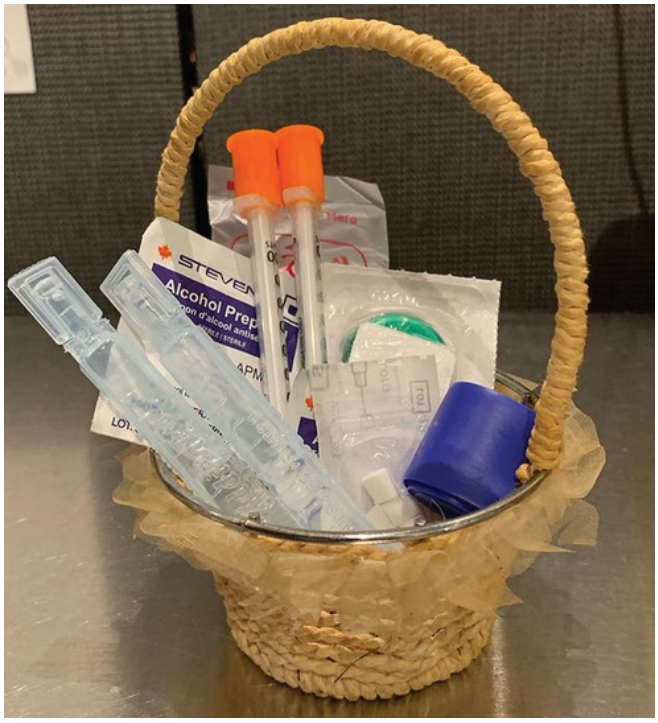

Figure 5: A safer injection kit: syringes, cooker, alcohol swabs, sterile water and tourniquet.

Step 5: Look at the whole patient, not just the hole in the patient.[8]

As with all patients, approach the health concerns of PWUDs holistically, and with openness and curiosity. If your patient is a person who uses injection drugs, inquire about what, where and how they inject and the frequency of use. Also determine how frequently are they able to access basic hygiene care, such as showers or laundry services, and nutrition support. Do they access safer injection services? How do they access harm-reduction supplies? Knowledge around safer injection techniques and vein preservation can help to support skin and vein health. For example, swabbing the

skin prior to injection, rotating injection sites and not re-using syringes/needles are ways that people can protect their health when injecting. We must consider all of this when working to create a plan around skin and wound care. Dressing changes need to be co-ordinated around people's access to shower services, and it is important to know where people inject, so that the dressing does not obstruct their access to this site. If avoiding the injection site is important to wound healing, support patients to find alternative veins to use when injecting.

Engaging a community and family-centred care approach is key to providing care to PWUDs. It is a misconception that folks who are homeless, street involved and/or use drugs do not have strong family and community ties. While some do experience social isolation, health-care professionals cannot make that assumption. Many of those with whom I work have rich networks of family, friends who are like family, and also more formal social service and health-care supports that are key to keeping them healthy and happy. Ask people about their networks. With consent, engage their informal and formal networks in care planning. As we know, it takes a village to heal a wound.

Conclusions

This article has aimed to inspire you to incorporate or enhance harm reduction philosophies in your clinical teams and practice. This is neither a definitive nor exhaustive resource but reflects some of what I have gleaned from working in the harm-reduction community. People who use drugs face discrimination in the health-care system, and this discrimination (whether intentional or not) leads to great inequity in health outcomes. Moreover, I write this article in the context of this country facing an accelerating overdose crisis, which has seen the loss of over 14,700 lives in Canada since January 2016.[9] This devastating number speaks to the urgency of responding to the needs of PWUDs with care and compassion, and the ethical imperative for change in the health-care system. It is my personal and professional goal to speak clinician-to-clinician to amplify the wisdom of the harm reduction community, and work toward building health-care services that honour and respect the lives and experiences of people who use drugs.

A Webinar on Harm Reduction

On June 2, 2020, Erin Telegdi led "Wound care and harm reduction for people who use drugs: A candid conversation," a webinar delivered by Wounds Canada. To learn more about Erin's efforts for positive change in working with a community that faces barriers to compassionate care, watch the archived webinar session on Wounds Canada's website.

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