SUBSTANCE USE

Assumptions

The client and family

- The client includes the individual, the family and the community, as defined by the context.
- For the client, substance use exists on a spectrum from beneficial to harmful.
- All clients have the right to be informed of the range of care options available to them.
- The client is a key player within the health-care relationship.
- All clients are to be involved in all decision-making related to their care.
- Clients who use substances may face significant barriers related to distrust of the health-care and social-services systems that are rooted in past experiences of stigma and discrimination, and social structural conditions that affect power relations in health care.
- Engagement and relationship-building are important outcomes that promote access to services for clients who use substances.
- Harms related to substance use are disproportionately distributed across social groups and contexts as a result of social structural conditions such as race, gender, class etc.

The quality practice environment

- The health-care setting has policies that support timely access to care in a non-judgmental and culturally appropriate manner.
- The health-care setting reduces barriers to harm-reduction practice and evidence-based care.
- The health-care setting creates safe spaces for clients to self-identify and articulate their needs and priorities.
- The care provided is gender-responsive, inclusive of all identities and differences, trauma-informed and culturally safe, and these principles should be applied to the health organization.

The health situation

- Opportunities to address substance use and substance use disorders are frequently missed when the client seeks care for other conditions.
- Substance use must be framed primarily as a public health and social issue rather than a criminal justice issue, and it should be understood that the stigma of historical and ongoing prohibition contributes to harms including excessive application of the law against minorities.

- Nurses recognize that social, historical and environmental factors perpetuate health inequities and inequalities and that these affect and constrain opportunities for maintaining health.
- Prolonged repeated exposure to substances increases the risk of developing a substance use disorder with physiological consequences that can affect an individual's ability and capacity to maintain health (e.g., neurological, pain-related, mental health).
- Substance use disorders are experienced differently by each client and vary in severity, trajectories and outcomes.
- Substance use disorders often co-occur alongside a range of acute and chronic physical and mental health conditions.
- Not all substance use is harmful, and legislation governing drug use does not reflect the varying levels of harm.
- Clients may use substances for multiple reasons including as a coping strategy to manage health conditions (e.g., pain), to increase pleasure and to cope with stressful life circumstances (e.g., grief and loss).
- Harm-reduction strategies must be employed across the continuum of care for individuals who use substances.
- Principles of trauma-informed practice are based on awareness of the prevalence of traumatic life experiences and responsiveness to its impact. Trauma can be experienced both at the individual and collective levels.
- Peers (people who use/used substances) make distinct contributions as leaders in the advancement of practice and policy.

The nurse

- The nurse supports clients to pursue their own goals and when possible to pursue health, supportive relationships, quality of life and recovery, according to the client's definition.
- The nurse has a responsibility to advocate for a client's right to make informed health-care decisions.
- The nurse is aware of institutional and public policies that cause harm to people who use substances (i.e., criminalization, colonization).
- The nurse is aware that terms like "substance abuser" are stigmatizing and harmful to clients.
- The nurse humbly acknowledges being a learner when attempting to understand another person's experience, and this awareness is helpful when interacting with clients.
- The nurse promotes evidence-informed interventions that are inclusive of different ways of knowing (e.g., Indigenous knowledge, lived experience).
- The nurse fosters hope for recovery of clients with substance use disorders.
- The nurse possesses basic knowledge of local, provincial and federal regulatory acts and regulations, and criminal law (e.g., *Cannabis Act*, *Controlled Drugs and Substances Act*).

Ethics

- The nurse is self-aware of their personal beliefs and values, and has a responsibility to reflect and address harmful biases, stereotypical views and discriminatory behaviours related to substance use and treatment in society.
- The nurse employs principles of harm reduction: dignity and compassion, pragmatism, human rights, social justice, focus on harms, participation and inclusion.
- The nurse is committed to social justice and health equity, and this commitment informs action and advocacy at the practice, organizational and policy levels.

Competencies

1. Providing safe, compassionate, competent and ethical care

The nurse:

1.1. Routinely screens all clients for substance use to identify problematic use and opportunities to provide intervention (e.g., harm reduction, education, treatment).

1.2. Assesses for substance use-related harms where indicated by screening.

1.3. Delivers intervention(s) where indicated (e.g., brief intervention, motivational interviewing, goal clarification, health teaching, provision of harm-reduction and overdose-prevention supplies, referral to treatment).

1.4. Supports clients to engage in safer forms, patterns, volumes, spaces and routes of substance use at their own pace and level of ability when delivering harm-reduction and safer-use education (e.g., overdose prevention strategies).

1.5. Facilitates referral to evidence-informed treatment(s) and resources for individualized care (e.g., psychosocial intervention, harm-reduction services, withdrawal management services, primary care, pharmacological approaches, peer support).

1.6. Facilitates coordination of resources across sectors (e.g., health, housing, income support, social services, education, vocational, legal).

1.7. Explores client use of complementary, cultural or alternative treatment when the client requests it and supports informed-decision making and integration into existing treatment plan.

1.8. Considers interactions between prescribed medications and substances.

1.9. Assesses client and identifies when withdrawal management is required.

1.10. Safely administers pharmacological therapies and monitors and counsels clients about them (e.g., opioid agonist therapies, anti-craving medication, relapse prevention medication, abstinence support).

1.11. Advocates for concurrent psychosocial and pharmacological interventions when appropriate.

1.12. Identifies clients who are acutely intoxicated.

1.13. Safely cares for clients who are acutely intoxicated.

1.14. Uses a flexible approach in offering timely, responsive, evidence-informed and tailored care according to the needs and goals identified by the client.

1.15. Advocates for appropriate pain control interventions for clients who use substances.

1.16. Delivers appropriate pain control interventions for clients who use substances.

1.17. Screens for high risk sexual behaviour in the context of substance use.

2. Building therapeutic relationships

The nurse:

2.1. Establishes and maintains trust with clients in the context of substance use.

2.2. Demonstrates clear, consistent communication (e.g., open, non-judgmental, culturally sensitive and welcoming) and follows through.

2.3. Recognizes client responses that may be indicative of emotional dysregulation and is able to contextualize client responses and behaviour.

2.4. Demonstrates respectful engagement through emotional attunement, while remaining aware of biases, stigma and judgment.

2.5. Communicates respectfully with clients by refraining from judging, labelling, demeaning, stigmatizing or humiliating clients who use substances.

2.6. Respects the client's values, goals and decisions.

2.7. Integrates the concepts of resilience and recovery into care (e.g., strengths-based approaches).

2.8. Recognizes the importance of group therapy approaches as a part of a care plan.

3. Substance use-related knowledge and understanding

The nurse:

3.1. Describes the effects (e.g., long term, short term, desired, undesired) of a range of substances.

3.2. Describes potential physical benefits (e.g., self-medication) and harms (e.g., risk of fetal alcohol spectrum disorder) related to substance use.

3.3. Describes potential social benefits (e.g., recreation) and harms (persistent or recurrent interpersonal problems) caused by or exacerbated by substance use.

3.4. Understands the process to diagnose a substance use disorder (i.e. DSM-V) and severity and the variation within and between specific substance use disorder diagnoses.

3.5. Understands that substance use and substance use disorders are multidimensional, complex biopsychosocial and spiritual conditions.

3.6. Understands the interaction between clients' substance use behaviours and larger social structural conditions (e.g., poverty, gender inequity, colonization,

racism, criminalization and prohibition) that contribute to the risk for substance use-related harm and substance use disorder,

3.7. Describes the differences between the concepts of substance use-related harm and substance use disorder.

3.8. Explains risk and protective factors for the development of substance use disorders.

4. Being accountable

The nurse:

4.1. Seeks out opportunities to engage in reflective practice when working with clients, families and communities who use substances.

4.2. Critically reflects on their own beliefs and values about substance use.

4.3. Normalizes and accepts ambivalence in oneself, one's colleagues and people using substances.

4.4. Understands that working with clients with complex health and social needs, including those with substance use disorders, may be challenging and lead to compassion fatigue over time.

4.5. Recognizes their place of privilege and power in the nurse-client relationship and works in partnership with the client.

4.6. Advocates to advance practice and equitable health and social policies that reduce harm at the public (e.g., low-barrier housing), organizational (e.g., harm-reduction supplies/education) and individual clinician (e.g., provision of evidence-based care) levels.

4.7. Advocates for the inclusion of people with lived experience of substance use and substance use disorders in the design, delivery and evaluation of services.

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Creating culturally safe care for people in hospital settings who use drugs.

RNAO

- Best practice guidelines for engaging clients who use substances
- Supervised injection sites guidelines
- Supporting clients on methadone maintenance therapy
- Establishing therapeutic relationships

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Add reference form WHO (brief intervention – to be send)

Compendium

- Nurses encounter persons who use substances across various settings and populations.
- Currently, nurses receive an inadequate amount of formal training on substance use and addiction in nursing training programs across Canada.
- Nurses are in a unique position to mobilize their knowledge of public health, health promotion and disease prevention in discussion with clients about substance use.
- In addition to the opioid crisis, alcohol and tobacco are the biggest causes of morbidity/mortality in Canada related to substance use.
- There is huge disparity in timely access to treatment.
- According to Health Canada, Canada is facing a national opioid overdose crisis and public health emergency. It is having devastating effects on families and communities across the country.
- According to the Canadian Centre on Substance Abuse, the total number of opioid-related deaths in 2017 exceeded 4,000 across Canada.
- Total overdose death from illicit substance was 1,426 in British Columbia in 2016, and fentanyl was detected in 81% of those deaths (only 4% in 2012). Fentanyl-detected deaths increased by 73% from 2016 to 2017.
- The estimated economic cost of alcohol-related harm is 14.6 billion dollar/year.
- Recreational use of cannabis will be legalized in July 2018. The regulation of the sale and consumption of cannabis is a public health concern and will be relevant to nursing practice. Nurses are in key positions to offer harm reduction, education, motivational interviewing and brief intervention in regard to cannabis consumption.
- The older adult population of Canada has surpassed that of youth; psychoactive substance use is prevalent among older adults, and older adults are at an elevated risk for harms associated with substance use (dementia, cardiac disease, falls).
- Fetal alcohol spectrum disorder is a pervasive and preventable condition. A conservative estimate of economic cost associated with fetal alcohol syndrome in 2013 totalled 1.8 billion dollars.