



**OREGON NURSES ASSOCIATION  
ACTION REPORT**

**In Support of Harm Reduction Interventions and Public Health Policies**

Submitted by: Oregon Student Nurses Association

**Recommended Action:**

- The ONA Health Policy Platform, 1.4.5 is amended to read:  
  
“Support alcohol and drug education, prevention and treatment programs, including: diversion, insurance parity with physical illness, community programs, **harm reduction**, and programs for adolescents, children, pregnant women and other vulnerable populations.”
- The Oregon Nurses Association affirms the following statement regarding harm reduction practices—including support for existing policies and programs, including Supervised Injection Facilities:

**DRAFT LANGUAGE**

The Oregon Nurses Association recognizes and advocates for harm reduction policies as pragmatic public health approaches to reduce the adverse health, social and economic consequences of high-risk activities—in particular the use of psychoactive substances like alcohol, scheduled, and illicit drugs. Harm reduction interventions include programs already implemented in the State of Oregon, such as syringe exchanges, naloxone distribution, expanded Good Samaritan laws, methadone and suboxone clinics, housing-first models for the homeless, as well as innovative programs like nurse-supervised injection facilities, not yet implemented in the United States.

The preponderance of evidence demonstrates that education, resources, and conditions that facilitate safer use reduce morbidity and mortality, engage more users in care, and improve the health and safety of all individuals, families and communities.

Nurses and other health professionals have a responsibility to advocate for evidence-based harm reduction policies and interventions as effective components of prevention, treatment, and public health strategy for drug use. With the institution of appropriate legal and ethical protections, nurses may consider developing programs like supervised injection facilities viable options for employment.

**Background & Rationale:**

Significant morbidity, mortality, widespread incarceration, hospitalization and numerous other individual, family, and social ills are recognized harms associated with drug use. Between 2000 and 2012, 322 Oregonians died per year due to unintentional drug overdose and 15,230 were hospitalized (at a cost of \$16-29 thousand each). The majority of these emergencies were caused by heroin, prescription opioids, and methamphetamine, much of which were injected. Injection drug use using contaminated needles is the most common risk factor for transmission of the Hepatitis C virus, which is believed to affect over 95,000 Oregonians and kill 400 Oregonians per year, as well as the third leading cause of HIV transmission. . Historically, Oregon has taken a lead in harm reduction practices, starting with one of the earliest syringe

exchange programs in the United States, since spread around the State. In recent years, implementation of naloxone distribution and a Good Samaritan law that protects 911 callers from drug-related prosecution have begun to reduce the numbers of overdose-related deaths and complications.

One of the greatest gaps in these policies pertains to the unsafe conditions for drug use, such that many drug users elect to inject alone, using nonsterile equipment, among other drug-affected people, hurriedly in public spaces, or in other ways that put them and members of the public at greater risk. One strategy for addressing these risk behaviors are supervised injection facilities (SIFs), predominantly located in Europe, but also in Sydney, Australia and Vancouver, British Columbia. These facilities offer chiefly nurse-supervised spaces where drug users can inject their drugs using clean supplies in a semi-private space with the promise of rapid and competent treatment should they overdose. These spaces also provide critical opportunities for safety education, nursing assessment of infections and wounds, immunizations, testing, and referral to detox or other medical services.

In cities where these facilities have been implemented, numerous studies have demonstrated a marked reduction of death, morbidity, ambulance and hospital utilization, along with increased referrals to detox programs, reduction in risk behaviors and viral transmission, and zero increase in drug use, sales, abandoned syringes, or other crimes. At the Insite facility, located in the Downtown East Side of Vancouver, BC, a conservative estimate of 5-35 new HIV infections and 3 overdose deaths were prevented per year, contributing to saving \$14 million, 920 years of life, 1191 HIV and 54 Hepatitis C infections over ten years. Over more than 40 years in over 92 facilities globally, not one death has occurred nor license been sanctioned. A number of cities that initially permitted only provisional SIF implementation have since made them permanent in recognition of the tremendous savings in cost to life, public health, and city budgets. Nursing and other staff report high degrees of satisfaction with the nature and quality of their work, and new facilities are being established at the rate of several per year.

Although to date no SIF has yet been established in the United States, the Association of Nurses in AIDS Care (ANAC), Canadian Nurses Association (CNA), and Canadian Medical Association (CMA) have all approved policies supportive of both Harm Reduction generally and Supervised Injection Facilities in particular. The prerequisite policies and financing to establish more SIFs in North America are under discussion in New York City, San Francisco, Seattle, Montreal, and other municipalities across the United States and Canada, and bipartisan pressure in both countries is leading towards dealing with drug use more as a public health issue and less as one for law enforcement or incarceration.

### **Implementation:**

Alter the Health Policy Platform on the ONA website and publications to reflect the addition of "harm reduction" to policy statement 1.4.5.

Written communication of this resolution to ONA membership, Oregon Health Authority, Oregon legislators and governor's office, Oregon's 36 county health departments, American Nurses Association, AFT, Association of Nurses in AIDS Care, Canadian Nurses Association, US Department of Health and Human Services, American Medical Association, Harm Reduction Coalition, and others nursing, regional stakeholders and harm reduction advocacy organizations deemed appropriate by the ONA Board of Directors.

## Financial Impact

Cost of ONA staff to print and mail resolution and new platform language is unknown. Material costs of printing and mailing are not expected to surpass \$100.

## References:

Association of Nurses in AIDS Care [ANAC]. (2007). Position statement: Safe injection facilities. Retrieved from [http://www.nursesinaidscare.org/files/public/PS\\_Safe\\_Injection\\_Rev\\_01\\_2007%5B1%5D.pdf](http://www.nursesinaidscare.org/files/public/PS_Safe_Injection_Rev_01_2007%5B1%5D.pdf)

Canadian Nurses Association. (n.d.). Harm reduction: Joint position statement. Retrieved from [https://www.cna-aiic.ca/~media/cna/page-content/pdf-en/jps\\_harm\\_reduction\\_2012\\_e.pdf](https://www.cna-aiic.ca/~media/cna/page-content/pdf-en/jps_harm_reduction_2012_e.pdf)

Oregon Health Authority. Center for Prevention & Health Promotion, Injury & Violence Division. (2014). Drug overdose deaths, hospitalizations, abuse & dependency among Oregonians. Portland, OR. Retrieved from <https://public.health.oregon.gov/DiseasesConditions/InjuryFatalityData/Documents/oregon-drug-overdose-report.pdf>

Oregon Health Authority. Public Health Division (2014). Hepatitis C infections in Oregon. Portland, OR. Retrieved from <https://public.health.oregon.gov/DiseasesConditions/HIVSTDViralHepatitis/AdultViralHepatitis/Documents/Hepatitis%20C%20in%20Oregon.pdf>

Potier, C., Laprévote, V., Dubois-Arber, F., Cottencin, O., & Rolland, B. (2014). Supervised injection services: What has been demonstrated? A systematic literature review. *Drug & Alcohol Dependence*, 145, 48-68. doi: 10.1016/j.drugalcdep.2014.10.012

Irwin, J. McSperitt, C., & Young, K. (2015). Supervised injection facilities & overdose: Nursing evidence based practice. Poster presentation at University of Portland School of Nursing, Portland, OR