

PHARMACY PRACTICE POLICY

Harm Reduction

Introduction

Canada continues to experience a public health crisis stemming from the use of opioids and other substances. Since 2016, over 15,000 Canadians have died from the use of opioids, with over 200 deaths occurring in Nova Scotia.¹ The rate of opioid-related deaths in Canada continues to have a negative impact on overall life expectancy of the population, particularly for young people.²

Substance use disorder is the persistent use of drugs (including alcohol) despite substantial harm and adverse consequences. Substance use disorder is a disease state characterized by an array of mental/emotional, physical, and behavioral problems such as chronic guilt, an inability to reduce or stop consuming the substance(s) despite repeated attempts, and physiological withdrawal symptoms.³

In 2017, the Government of Nova Scotia launched the *Nova Scotia Opioid Use and Overdose Framework*, which outlines five strategic areas of focus:

- understanding the issue;
- prevention;
- harm reduction;
- treatment and prescribing practices; and
- criminal justice and law enforcement.

As a marginalized group, people who use drugs have identified many barriers in accessing critical health services, including difficulties accessing opioid agonist therapy (OAT), naloxone kits and sterile injection supplies. As community healthcare providers, pharmacy practitioners play an essential role in providing treatment for people who use drugs and in improving access to harm reduction services. As the sole provider of pharmacy care, pharmacy practitioners ensure pharmacy care is accessible to all individuals and that the environment is free of stigma and discrimination.

Pharmacy practitioners have a professional responsibility under the *NSCP Code of Ethics* to promote health, wellness and disease prevention. The *NSCP Code of Ethics* further outlines the following additional responsibilities:

- Registrants will not discriminate against any person in providing pharmacy services.
- Registrants advocate for and protect the well-being of each patient, especially those who are vulnerable or disenfranchised.

¹ Government of Canada. Opioid-related harms in Canada. Updated June 2020. Available: <https://health-infobase.canada.ca/substance-related-harms/opioids>.

² Statistics Canada. Life tables, 2016/2018. Available: <https://www150.statcan.gc.ca/n1/daily-quotidien/200128/dq200128a-eng.htm>.

³ Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Association. 2013.

- Registrants recognize and respect the patient's needs, beliefs, values, experiences and preferences, particularly as they apply to their attitudes to suggested treatments.
- Registrants take all reasonable steps to provide appropriate medications and services to their patients. Registrants who are unable to provide prescribed medicines or services to their patients take reasonable steps to ensure patient care is not jeopardized.
- Registrants play a role in assisting patients to navigate the health care system, including referring them to other appropriate health care providers, services and community resources.

Further, the *Standards of Practice: General* outline expectations of pharmacy practitioners to contribute to societal health and promote health in the community (Standard #7), including encouraging health and wellness, supporting access to health information, and addressing identified risks to public health.

Harm Reduction

Harm reduction strategies are an important public health measure to combat the negative health consequences of drug use. Any and all interventions that decrease harm to a person are beneficial. Harm reduction includes:

- Providing interventions that reduce harms to a person who is using substances without requiring cessation of substance use (e.g., safe supply⁴).
- Providing services that are patient-centred and place the person's harm reduction goals at the core, including working collaboratively with a patient's other healthcare providers to reach these goals.
- Meeting people where they are⁵ psychosocially on their individual path to wellness to ensure the person has autonomy to guide their care, including providing services and connecting with patients in a manner that enhances their wellness, and reduces barriers.
- Recognizing that:
 - Providing sterile injection supplies (such as syringes, etc.) does not encourage substance use, but rather ensures safer substance use and prevents harms to people, including transmission of blood-borne infections.
 - Harm reduction is not synonymous with abstinence. Abstinence may not be realistic or desired by the person. For some individuals, substance use is an important, sometimes necessary and/or pleasurable activity in their lives. This may include safe supply.¹
 - Recovery is a continuum that is unique to each person and relapse is often a part of recovery from substance use disorder.
 - Many physical, mental, and social factors, including social determinants of health,⁶ impact decisions around substance use and the ability of a person with substance use disorder to access care.
 - A holistic approach to providing care is needed.
 - Harm reduction strategies are critical in supporting all persons who use drugs.

⁴ See Safe Supply Resources for more information.

⁵ "Meeting people where they are" is an important principle of harm reduction. See Harm Reduction Resources for more information.

⁶ Please see the [Canadian Public Health Association: What are the social determinants of health?](#) for more information

Cultivating meaningful and empathetic relationships with persons who use drugs is foundational to harm reduction. Delivering trauma-informed care⁷ acknowledges the role that trauma plays in a person's life and medical conditions (including substance use disorder) and ensures that services are provided in a way that is appropriate to those who have experienced trauma and prevents re-traumatization.

Bias, Stigma, and Discrimination

It is important to recognize that explicit and unconscious biases shape personal attitudes towards people who use drugs, and ultimately impact a healthcare professional's willingness to provide safe and effective harm reduction services. Attitudes and preconceived notions held by a pharmacy practitioner have a direct impact on the accessibility and experience of care for people who use drugs.

The stigma faced by people who use drugs creates significant barriers and exists in many forms:

- Structural stigma, the stigma embedded in societal systems such as the healthcare system, results in inequitable access to services.
- Social stigma, negative stereotypes upheld by the public, results in discrimination against people who use drugs.
- Self-stigma, the stigma that people who use drugs have internalized, leads to poor self-esteem and self-image.

Stigma associated with drug use can negatively impact a person's ability to utilize harm reduction strategies (e.g., choosing to use alone due to social stigma). Further, the effects of bias and stigma are often amplified for people who use drugs who are also members of other marginalized groups, including, but not limited to, African Nova Scotian, Indigenous, racialized, and two-spirit, lesbian, gay, bisexual, transgender, queer and questioning, intersex, asexual, and other gender and sexual identities (2SLGBTQIA+) communities, due to the intersection of their identities.

It is important for pharmacy practitioners to self-reflect on their own unconscious biases related to substance use and equity-seeking groups and how this might impact their interactions with people who use drugs. Not offering harm reduction services, including OAT, directly contributes to the ongoing discrimination and marginalization of people who use drugs.

Purpose

In support of the *Nova Scotia Opioid Use and Overdose Framework*, and in the interests of public safety and equitable access to care, this policy sets out the expectations of pharmacy practitioners to provide access to harm reduction services and treatment to the public.

Policy

In promoting best harm reduction practices and patient health outcomes, pharmacy practitioners:

⁷ See Trauma-Informed Care Resources for more information.

- Provide OAT services when requested in accordance with the [*Standards of Practice: Drug Therapy for the Treatment of Opioid Use Disorder*](#). If a pharmacy practitioner is unable to provide OAT services, they must take reasonable steps to ensure that the patient's care is not jeopardized and that their needs are met by another pharmacy that is reasonably accessible to that patient.
- Participate in the provincial Take Home Naloxone Program by providing naloxone kits and training to any person who requests one and ensure no barriers to access exist within the pharmacy.
- Facilitate access to safe drug use supplies (e.g., injection, smoking, snorting) and drug testing strips, including referrals to and partnering with a regional harm reduction/outreach organization where possible (see Resources).
- Ensure that those receiving injection supplies in pharmacies are informed of the importance of safe sharps disposal and facilitate this where possible (e.g., direct them to a local sharps collection point).
- Do not discriminate against a patient or refuse OAT services when the patient is concurrently accessing harm reduction services (such as requesting injection supplies) from a pharmacy. As providers of harm reduction services, including OAT, pharmacy practitioners play an important role in ensuring that a patient is able to access both of these services simultaneously.
- Provide accessible care to people who use drugs by creating a pharmacy environment that is safe and free of bias, stigma and discrimination, including ensuring that respectful, non-stigmatizing verbal and non-verbal language is used by all staff in the pharmacy (dispensary and front of store).
- Create a pharmacy environment that respects the patient's right to confidentiality when accessing harm reduction services (e.g., requesting injection supplies, having conversations about substance use, or accessing OAT services), including offering the use of a private consultation room.
- Offer counseling to patients who use drugs on the use of harm reduction strategies including, but not limited to, the availability of needle exchange programs, mental health and substance use treatment programs and services, OAT programs, and information about safe injection and sex practices.

Resources

Provincial Harm Reduction/Community Outreach Organizations

[Mainline Needle Exchange](#)

[Northern Healthy Connections Society](#)

[Ally Centre of Cape Breton](#)

[Direction 180](#)

[Nova Scotia Take Home Naloxone Program](#)

[Bloom Program](#)

[Peer Outreach Support Services and Education \(POSSE\)](#)

[ReFIX Overdose Prevention Site](#)

National Harm Reduction/Community Outreach Organizations

[Canadian Association of People Who Use Drugs \(CAPUD\)](#)

[Canadian AIDS Treatment Information Exchange \(CATIE\)](#)

[Canadian Centre on Substance Use and Addiction](#)

[British Columbia Centre on Substance Use](#)

Harm Reduction Resources

[Nova Scotia Opioid Use and Overdose Strategy](#)

[Canadian National Consensus Guidelines for Naloxone Prescribing by Pharmacists](#)

[British Columbia Ministry of Health: Harm Reduction Guide](#)

[British Columbia Centre for Disease Control Harm Reduction Programs: Towards the Heart](#)

[National Harm Reduction Coalition: Principles of Harm Reduction](#)

Safe Supply Resources

[Safe Supply: What is it and What is Happening in Canada?](#)

[Letter from the Minister of Health Regarding Treatment and Safer Supply](#)

Trauma-Informed Care Resources

[University of Buffalo: Trauma-Informed Care](#)

[Alberta Health Services: Trauma-Informed Care Modules](#)

Bias and Stigma Resources

[Canadian Public Health Association: Language Matters](#)

[Health Canada: Changing How We Talk About Substance Use](#)

[Direction 180: Ending the Stigma](#)

[Shatterproof: Stigma-Reducing Language](#)

[Health Canada: Stigma Around Substance Use](#)

[Avenue B: Seeing Beyond the Substance](#)