

Exploration of a Harm Reduction Course:

Insights into Course
Development and Delivery



Harm Reduction
Nurses Association

Association des
infirmiers et infirmières
en réduction des méfaits

Land Acknowledgement

The Harm Reduction Nurses Association (HRNA) does work with individuals and organizations across all of Turtle Island and honour the lifeforce of Indigenous Peoples who have had their land stolen and who continue to resist ongoing genocide. Addressing the root causes of the toxic drug crisis is deeply connected to decolonization.

Acknowledgement of Lived/Living Experience

The work of the HRNA is informed by people with lived/living experience of criminalized drug use, who have generously shared their knowledge and expertise. Without the leadership, wisdom, and innovation of people with lived/living experience, vital lifesaving harm reduction initiatives would not exist.

Acknowledgement of Key Informants and Contributors

It is with deep gratitude that we acknowledge the generosity of the key informants, including students who took part in this course, people with lived and living experience who shaped the course and who took time to reflect on their experiences, researchers, and educators, who helped guide this work and who continue to advance harm reduction nursing across the country.

The course was offered through the Faculty of Health, in the School of Nursing and the School of Social Work at the University of Victoria. The delivery of the course was funded through the Schools, as well as the research program of Dr. Bruce Wallace and Dr. Bernie Pauly.

A Note from the Course Developers

A defining strength of this course was that its delivery was made possible through a partnership between a post-secondary institution and the Harm Reduction Nurses Association. The development process included consultation and contribution from people with lived and living experience, First Nations partners, researchers, clinicians, and policy experts across Canada, many of whom also participated as guest speakers and content collaborators, bringing depth and authenticity to the learning experience. The resulting course reflects a truly transdisciplinary approach that enriches learning by bringing together research, practice, policy, and community knowledge.

Photography provided by CATIE's Anti-Stigma Toolkit.

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Executive Summary

This study demonstrates that harm reduction (HR) education has a significant positive impact on nursing students' knowledge, attitudes, ethical awareness, and clinical confidence. Exposure to lived and living experience of people who use drugs (PWUD), opportunities for critical reflection, and practical skill development enable students to navigate stigma, systemic constraints, and complex ethical challenges. In the fall of 2024 and 2025 the University of Victoria, School of Nursing and School of Social Work offered an elective HR course for graduate and undergraduate students. The course served both as a corrective to prior stigma-laden training and as a catalyst for deeper engagement with HR values and evidence-based practices. In this Interpretive Descriptive study, we assessed the impact of the course on students and also inquired into the experiences of those involved in the course development and delivery. The study highlights that education alone is insufficient to overcome political, institutional, and structural barriers that limit the implementation of HR in clinical practices with PWUD. Sustained institutional policies, leadership support, and political commitment are necessary to create environments that align with evidence-based approaches to HR education.

Background

Harm reduction (HR) is a pragmatic and evidence-based approach focused on minimizing the adverse health and social consequences associated with substance use and other risk-related behaviors. Rather than promoting abstinence alone, HR aims to reduce harm and enhance health and safety, acknowledging the complexity of substance use (Harm Reduction Nurses Association [HRNA], 2019). In healthcare, integrating HR principles is essential for ethical nursing practice, aligning with professional standards that call for respectful, dignified, evidence-based care for people who use drugs (Canadian Nurses Association [CNA], Harm Reduction Nurses Association [HRNA], Canadian Association of Nurses in AIDS Care [CANAC], & International Council of Nurses [ICN]). As trends in global substance use rise, including surges in synthetic opioid overdoses and increasing use of prescribed drugs outside their intended purpose, the need for comprehensive HR education in nursing is pressing (Belzak & Halverson, 2018). Despite these growing needs, HR and substance use education are not yet standard in many nursing programs, with similar gaps reported internationally (Smothers et al., 2018; Gagnon et al., 2020).

In the context of Canadian nursing education, HR remains inconsistently integrated, limiting nurses' ability to meet ethical obligations and effectively address the needs of people who use drugs (PWUD). Responding to this alignment, the Canadian Nursing Students Association Position Statement (2021) calls for the integration of HR education into nursing curricula, a recommendation echoed by the HRNA (2019), who call for mandatory HR training in all undergraduate programs to support comprehensive generalist preparation. Furthermore, the Joint Position Statement by CNA, CANAC, and HRNA on Harm Reduction and Substance Use (2018) emphasizes the professional and ethical responsibility of nurses to create a safe, non-judgmental care environment and incorporate HR into their practice regardless of their work setting. The ICN's 2023 position on mental health stresses the increasing importance of HR interventions within nursing practice. In a 2024 open letter, CNA and HRNA recommended:

Mandate the inclusion of substance use harm reduction education in provincial nursing curricula (e.g., Addiction Care and Treatment Online Course) so that new and novice nurses have a baseline understanding of substance use and substance use disorders, as well as the harms of prohibition, colonialism, stigma and discrimination. This can foster best-practice care alongside nurses' understanding of substance use, promote relationship-building, alleviate moral distress, and improve health experiences and outcomes. It can also address safety during student practice experiences, where learning is rich and robust. (np)

Across nursing programs, current integration of HR education is limited and inconsistent (Pontalti, Palmer, Caine, Brown, & Ranger, 2025). Even in recently developed substance use education initiatives, like Puskar et al.'s (2020) federally

funded program in the U.S., the focus remains on screening, brief interventions, and referrals for treatment, with little attention to HR approaches. Similarly, Gagnon et al.'s (2020) Canadian survey highlighted substantial gaps, showing that many students receive minimal substance use education. Studies from multiple countries report that nursing students typically are "receiving between 1 and 7 total hours of drug and alcohol content, [with some reporting] receiving none, despite having come into contact with PWUD in their clinical placements" (Denis-Lalonde, 2022, pg. 39).

Hyshka et al. (2017) similarly found that HR is often mentioned in policy without being substantively integrated into practice, with education frameworks lacking clear, standardized guidelines to guide faculty development. Although the Canadian Nurses Association (CNA) and the Canadian Association of Nurses in AIDS Care (CANAC) have jointly recognized harm reduction as an essential nursing competency, there is no national requirement mandating its inclusion in nursing curricula. The Canadian Association of Schools of Nursing (CASN) offers an *optional* educational module on opioid use and HR, which nursing, social work, and pharmacy faculty may choose to integrate into their courses—whether as required reading, part of a syllabus, or a classroom activity—but its use remains voluntary, leaving its uptake dependent on individual faculty initiative rather than institutional or regulatory mandates (CASN, n.d.). Without clear, enforceable national standards, HR education remains fragmented and underdeveloped, leaving faculty without the guidance, resources, and institutional support needed to build their capacity in this critical area.

Collaborating with HR community organizations is crucial for nursing schools to provide students with real-world experiences that bridge theory and practice (Reimer-Kirkham et al., 2005 as cited in Magnuson et al., 2024), while ensuring the curriculum is founded on an ethos of prioritizing

the perspectives of people with lived experience (Goodhew et al., 2023). These community partnerships engage students directly with marginalized populations, helping to decrease social stigma and discrimination within nursing education (Dion, 2019). Partnerships with HR organizations enable students to engage in praxis, linking concepts like health equity, social justice, and structural determinants of health to their practice (Schofield et al., 2022 as cited in Magnuson et al., 2024).

Ensuring the lived experiences of PWUD are central to the development of HR education is crucial for effective learning. Smith (2012) highlights the fragile relationship between PWUD and institutions, asserting that it is “imperative to place users at the very center of harm reduction, resituating people with lived experience as the driving force” (as cited in Denis-Lalonde, 2022, p. 17). Co-production, an approach rooted in social care and civil rights

movements (Ostrom & Ostrom, 1978 as cited in Goodhew et al., 2023), advocates for equal partnerships with those experiencing health issues throughout all stages of planning, design, delivery, and evaluation (Roper et al., 2018b as cited in Goodhew et al., 2023). This ethos prioritizes the perspectives of individuals with lived experience and challenges entrenched hierarchical power structures in favor of authentic relationships and equitable decision-making (Goodhew et al., 2023).

In the fall of 2024 and 2025, the School of Nursing and the School of Social Work offered a HR elective course for undergraduate and graduate students. The course was developed and delivered in collaboration with HRNA and two members of the executive of HRNA who have extensive experience in HR. The content of the course was co-developed and co-delivered by people with lived and living experience.



Context: Course Content and Delivery

Harm Reduction: Principles and Practice is an interdisciplinary undergraduate and graduate-level elective offered through the University of Victoria's School of Nursing and School of Social Work. The course is delivered synchronously online over a twelve-week term and is open to nursing, social work, and other allied health students. It is co-instructed by faculty with extensive frontline, leadership, and research experience in harm reduction, substance use, and community-based care, and is developed and delivered in close partnership with people with lived and living experience of drug use.

The course is grounded in harm reduction as an ethical, evidence-informed, and justice-oriented approach to health and social care. Rather than positioning harm reduction as a discrete set of interventions, the curriculum frames it as an underpinning philosophy of practice and a dynamic response to harms produced through prohibition, colonialism, stigma, and structural inequities. Throughout the course, students are encouraged to critically examine personal values, professional norms, and institutional practices that shape care for people who use drugs.

Course content is organized across twelve thematic units that move from foundational theory to applied practice and policy analysis. Early units situate harm reduction within broader frameworks of health equity, social and structural determinants of health, and the history of drug use and drug policy, including the racist and colonial roots of contemporary prohibition. Subsequent units explore harm reduction principles, Indigenous perspectives on harm reduction, safer consumption practices, overdose prevention, supervised consumption

services, and drug checking. Applied clinical content includes safe supply models, addiction medicine and harm reduction, pain management for people who use drugs, sexual health, and harm reduction across diverse care settings. Later units focus on intersectionality, policy reform, decriminalization, legalization, and legal regulation.

A defining feature of the course is the intentional integration of lived and living experience throughout course development and delivery. People who use drugs contribute as co-educators, guest speakers, and content experts, sharing experiential knowledge alongside academic and clinical perspectives. This approach supports relational learning, challenges stigma and misinformation, and grounds theoretical concepts in real-world contexts. The course also draws on interdisciplinary perspectives and community partnerships, including harm reduction organizations, Indigenous-led initiatives, and peer-based networks.

Pedagogically, the course emphasizes reflective, dialogical, and applied learning. Teaching strategies include synchronous lectures, facilitated discussions, case-based learning, and interactive activities such as Mentimeter exercises and breakout rooms for group work. Assessment methods are designed to align with course learning outcomes and include participation, critical discussion posts, and a final applied advocacy assignment in which students produce an op-ed, letter, or open letter on an emerging harm reduction issue. These assessments explicitly build skills in critical analysis, ethical reasoning, and advocacy—competencies identified by students as central to harm reduction practice.

Overall, the course is designed to prepare students to apply harm reduction principles across clinical, community, and policy settings, while fostering the confidence, ethical clarity, and advocacy skills required to navigate complex institutional and political environments.

Research Project and Objectives

In this qualitative research project we explored the experiences of students who took part in the HR course in the fall of 2024 and 2025, people with lived and living experience who shaped the course, guest speakers, as well as educators. Our specific objectives were:

- 1 Review the course experiences by students, faculty, and collaborators**
- 2 Identify actionable items that would strengthen the HR course offering**
- 3 Further the knowledge and the impact of effective and sustainable HR education**

Methodology and Methods

Interpretive Description was used to guide the research methods and processes (Thorne, 2016). Interpretive Description helps us to understand multiple social aspects of human lives; it explores the complexity of human behaviour to elicit evidence from individuals, who live and practice in diverse contexts (Thorne, 2016). Interpretive Description is a research strategy for articulating knowledge that sits between what is already known and what is not known for the purpose of advancing knowledge in practice (Thorne, 2016). The goal of Interpretive Description is not to generalize findings, but to explore, describe, and explicate possible human experience (Thorne, 2016); the human experience is viewed holistically (Thorne, 2016). Using a Interpretive Descriptive design helped us refine evidence-based strategies for Harm Reduction education and how we can understand the impact of Harm Reduction education in relation to actual change.

After obtaining ethical approval, ten participants engaged in 1-hour conversations that were guided by key questions (see Appendix A). All conversations were transcribed verbatim. Two students and one faculty member conducted the interviews, which range between 45 to 60 minutes. Data include field notes and reflections taken by researchers. All data was de-identified. The analysis was conducted by the research team, which included the two course instructors, who are also members of HRNA. The data was analyzed using thematic analysis (Braun & Clarke, 2006), as a way of recognizing, analyzing, and naming patterns (themes) within data.

Ethical Approval

Ethical Approval for the study was obtained from the University of Victoria Ethical Review Board.

Key Findings

Across the interviews, students consistently described the course as a transformative learning experience that blended diverse disciplinary perspectives, academic knowledge, and lived or living experience to expand their understanding of HR. Personal reflections on values, stigma, and bias were seen as critical to the work within the course. The course reinforced HR as an ethically grounded, relational practice. Course participants identified major structural and institutional barriers, including stigma, misinformation, regulatory pressures, and resource constraints when implementing HR. This highlighted the need for both political engagement and advocacy competencies to be developed. Students expressed a strong desire for experiential, hands-on learning to build confidence in navigating real-world clinical and institutional tensions. Several key themes emerged across participants' experiences.

Education is foundational to harm reduction practice

Participants identified education as a central factor in gaining insights into HR practices. They advocated for ongoing, structured education. As one participant expressed, **Education is the most important thing... keep it in the front of people's brains.** Participants emphasized that HR should not be treated as an optional subject but an essential component to provide safe, equitable care. The conversations revealed the significance of structured education to engage learners. The HR course was portrayed as innovative in fostering critical thinking and providing a space for dialogue, allowing students to confront their biases and understand complex social factors affecting drug use and care with PWUD.

Harm reduction is a relationship-based practice

Students identified that key learnings in the HR course were focused on autonomy, self-determination, and relational ethics. Through the course they understood patients as people with agency and learned how to be in relation with PWUD. The effectiveness of HR served as a motivating factor to continue advocating for change despite systemic barriers. Students noted that the course experiences consistently emphasizes that HR is not merely about specific interventions (e.g., clean syringes, methadone) but about a broader philosophy grounded in respect and client-centered care. As one participant noted, **People think harm reduction is enabling, but I actually think ... it's creating kindness to the person that they might not have in themselves right now.**

The importance of multiple perspectives

Participants appreciated the diverse disciplinary perspectives that informed the course content, including personal, professional, social and political perspectives. Most importantly they appreciated the mix of lived and living experiences with academic and clinical knowledge. They highlighted that hearing directly from people with lived or living experience significantly deepened their understanding. Guest lectures were described as *relevant and raw*, offering firsthand perspectives that grounded theory in reality. One participant noted, **Hearing from people with lived experience brings it into reality — a tangible way to learn.** Another participant noted **They were, the individuals [guest speakers] were honest. They were open. It was very heartfelt, too, and very powerful.**

Reducing stigma, bias and misinformation

Participants reported becoming more aware of their own and others' biases. They felt more comfortable at the end of the course to correct misinformation. They also drew links between HR misinformation and other mis-information (e.g., anti-vax). Participants noted that stigma is embedded in health care systems, media narratives, and public perception. As one participant noted that the outcome of this was that, **The medical system dehumanizes people who use substances and reduces them to their substance dependence.**

Advocacy as a core outcome

Advocacy emerged as a major competency students felt responsible for developing. This was linked to political engagement, addressing structural change, and justice-oriented practices. Students wanted tools to challenge discriminatory colleagues; challenge abstinence-only or punitive policies; and to push back against systemic failures. Many noted that advocacy is part of their ethical role as a nurse. The course helped participants gain confidence, language, and clarity around their ethical responsibilities. **There was a lot of empowerment... they celebrated speaking up and advocating**, one participant explained. Another participant reflected, **I feel like I can stand up to people and advocate for my patients.** One of the participants felt more able to challenge her colleagues who exhibited stigma: **I do know that there are some harmful things being said on nursing floors for sure, but like drug seeking type things. So I think that if I heard that, I think I'd feel a little bit stronger in my ability to challenge that.**

Structural, political and institutional barriers

Students noted that in their previous experiences they had encountered Faculty discomfort or lack of knowledge in relation to HR. In addition, nursing regulation and institutional expectations caused fear about 'doing something wrong'. Participants identified institutional policies, and political climates as major obstacles to implementing HR. Some students drew strong connections between the intersections of substance use, colonization, Indigenous Peoples, and inequities related to housing and structural determinants. Understanding the historical, systemic, and policy context was named as crucial by students to inform their practice and to avoid the perpetuation of inequitable systems.

Personal experiences and values

Students identified personal reasons, such as familial experiences for taking the course. The course helped students to reflect on their upbringings, assumptions, and ethical responsibilities. Many already valued HR but needed language, tools and confidence to implement this into their practice. One participant explained, **It definitely helped me meet my ethical responsibilities... I realized times when I could have done better.** Without clear policies, consistent resources, or infrastructure for HR, participants felt unprepared and ethically compromised in their care. Many believed the course should be mandatory. Participants had a desire to engage in experiential learning opportunities, which should include real conversations with people who hold opposing viewpoints. They identified that hands-on components increased their sense of competence and confidence.

Gaps in education and institutional preparedness

Students described a void in nursing education related to addictions medicine, sexual health and HIV, as well as HR practice. One participant explained, **I wasn't provided with the tools to kind of care for them effectively... I felt like there was a gap in my knowledge.** These gaps were perceived as not only educational, but institutional. Financial and structural constraints in post-secondary institutions are seen as key barriers to offering HR education. There is a concern that programs not seen as “popular” or “fundable” may be marginalized, reflecting broader social stigmas.

Safe learning environment

The course created an environment where students felt safe, supported, and able to ask questions. Instructor credibility and experience were seen as essential to the course's impact. Linking academics with drug user groups and peer-led organizations to ensure authentic community representation in course development was seen as essential. This involved navigating ethical considerations to avoid tokenism and ensuring broad, regionally equitable representation from drug user groups. One participant noted that, **I kind of like introduce them to the population that would be the best to speak to... the best decisions that are made policy-wise or program-wise are reflective of the larger group of people who use drugs.**



Discussion

This study demonstrates that HR education profoundly shapes nursing students' clinical reasoning, ethical awareness, and ability to deliver person-centered care. Participants described the course as transformative, particularly in reducing stigma, enhancing confidence, and deepening understanding of the structural determinants influencing substance use. These findings align with literature showing that HR education improves provider competence, reduces stigma, and strengthens therapeutic relationships.

Participants highlighted gaps in prior training, reflecting broader concerns that nursing curricula inadequately prepare students to care for PWUD (Gagnon et al., 2020). The course's emphasis on applied learning, case-based approaches, and reflective dialogue was important. One participant noted, **It's the critical thinking, dialogue, and... time and processing with a cohort of people... it's fundamentally different than taking a webinar.** Experiential learning and engagement with people with lived experience enhanced participant's professional development and ethical decision-making (Pauly, 2008; Moscoso et al., 2025).

Stigma emerged as a central theme, operating at interpersonal and structural levels. Participants described dehumanizing hospital practices, including punitive withdrawal management, security involvement, and surveillance, which mirrors research showing how healthcare institutions can reproduce criminalizing logics embedded in drug policy (McNeil et al., 2014). One participant noted, **Seeing how people... go through things like [withdrawal]... really shaped the need to continue to find ways to support not just access and human rights, but also broader education pieces.** Engagement with PWUD was described as transformative. Peer-led education humanizes substance use, fosters trust, and

provides insights beyond textbooks (Greer et al., 2024). Participants reported that exposure to lived realities contextualized substance use within intersecting determinants such as trauma, poverty, housing instability, and criminalization.

Participants emphasized perspective-taking, noting that stepping *into the shoes of various stakeholders* enhanced understanding of the interplay between healthcare, policy, and social determinants. Education that equips students to critically evaluate policy, recognize structural harms, and advocate for systemic change is essential (Greer et al., 2024). Ethical tension stem largely from systemic failures, such as undertraining, inadequate resources, and punitive policies, rather than patient interactions (Varcoe et al., 2012). HR education mitigated some distress by providing practical tools, language, and ethical grounding for advocacy.

Participants framed HR as aligned with core nursing values (Pauly, 2008; CNA, 2025). Education enhanced participants' trust in evidence-based HR interventions. Participants suggested that HR education should extend beyond nursing to other disciplines: **Law students should take this... if you don't have a grounding in harm reduction and these principles... that is a problem.** Cross-sector education fosters equitable service delivery, informed policy-making, and systemic change (Marlatt, 1996; Rhodes et al, 2005).

HR education is most effective when it integrates principles-based learning, case-based application, reflective dialogue, and attention to structural and policy contexts. Exposure to lived experience, critical discussion, and interdisciplinary engagement holds the possibility that future healthcare providers deliver compassionate, evidence-informed care, navigate ethical complexity, and challenge punitive institutional norms.

Implications for Practice

Participants provided a vivid, firsthand account of how HR education and practice evolves from personal journeys to complex collaborations between students, PWUD, and healthcare professionals. It underscores the persistent challenges in professional education and systemic structures that hinder HR integration while offering concrete insights into strategies and future directions. Some of these strategies include the following:

1. Integrate HR throughout nursing curricula, not as an elective but as core content, to equip all nurses with essential knowledge and skills. Participants emphasized the need for HR education to be integrated early in their education. They suggested a foundational course early in the program, with more specialized courses offered in later years: **In my opinion, I think this course is so important and I think it should be... one of our mandatory courses.**
2. It is critical to embed PWUD in the course to improve the development of empathy, trust, and real-world understanding.
3. Provide continuing education for practicing nurses to challenge stigma, update outdated practices, and support culture change.

The impact of effective and sustainable HR education

One of the goals of the study was to explore the impact of HR education. It is evident that students gained increased knowledge and competence. As part of the course, they gained foundational understanding of HR principles, ethical obligations, and some practical skills. The course challenged biases and encouraged dialogue. Students learned to evaluate policies, practice frameworks, and systemic barriers critically. Students develop confidence to advocate for PWUD, challenge harmful policies, and engage in ethical decision-

making. The inclusion of PWUD ensured that students identified care strategies that were realistic, effective, and community informed. It is important to note that offering formalized courses builds institutional culture that prioritizes HR.

Limitations of the study

While the study offered great insights, it also held several limitations. The narratives told provided a depth of insights, yet a larger sample size could have allowed for more diverse insights. Participants interested in HR may hold more positive attitudes than the general nursing population. Participants' strong relationships with course instructors may have shaped the responses, introducing social desirability bias. The study was focused only within a single course context offered in two consecutive years. It is also important to note that findings rely on self-report rather than direct assessment of changes in practice.

Recommendations for future research

Educational research focused on HR is limited. It will be important to further examine how educational impacts persist and evolve over nurses' careers after engaging in HR education. It will also be critical to explore the impact of HR education across different nursing programs and to assess outcomes among nurses with and without HR education. Identifying system-level barriers and enablers to implementing HR education within post-secondary institutions will be important.

Actionable Items

A key goal of the study was to determine actionable items that would move from educational and cultural shifts in the short-term to the integration of HR education in policies and workforce training to ensuring that HR education is systematically supported and sustained.

Short term goals (0 to 12 months) might include:

1. Offer a mandatory/required HR course in undergraduate and graduate nursing education programs. The course must be co-developed by PWUD. The course should be accredited and open to practicing nurses.
2. The meaningful co-development and co-delivery of harm reduction education with people who use drugs is essential to the courses' effectiveness. However, this model requires intentional and adequate resourcing. Educational institutions must allocate dedicated funding to fairly compensate PWUD for their labour, expertise, and emotional contributions to course design, teaching, and evaluation.
3. Make HR content a required component in nursing, medical, and allied health programs. Introduce foundational principles early in training.
4. Move beyond "cultural competency" toward decolonized and Indigenous-led harm reduction. The language of "cultural competency" is insufficient to capture the depth of change required in harm reduction education. Course content and institutional commitments should explicitly centre decolonization, Indigenous sovereignty, and Indigenous-led harm reduction approaches.
5. Ensure students develop advocacy skills. This is best done through experiential learning opportunities.
6. Offer brief professional development sessions for faculty to build confidence in teaching HR.
7. Identify champions within institutions to support course delivery and evaluation.

Medium term goals (1 to 3 years) might include:

1. The course should be open to students from other disciplines.
2. Offer follow up session to students and practicing nurses, that could include mini-lessons, weekly clinical tips, and CME-style updates to reinforce principles.
3. Provide tools for individualized, patient-centered care in real-world settings (e.g., managed alcohol programs, safer supply).
4. Collaborate with institutions to align policies with evidence-based HR educational practices.
5. Establish mentorship programs connecting experienced HR practitioners with students.
6. Integrate peer support workers into clinical training and practice settings.

Long term goals (past 3 years) might include:

1. Develop a national curriculum that is accessible to all health and social care providers. The delivery of this could be through online and in-person modules with consistent quality and content.
2. Establish long-term mentorship networks, professional societies, and research programs.
3. Assess long term impact, including population-level outcomes: reduced overdose deaths, improved patient trust, safer care environments.

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Appendix A

Guiding Questions: Students

1. Tell us how you became interested in Harm Reduction.
2. What motivated you to take this course?
3. What learnings did you take away from this course?
4. How did this course inform your nursing care or social work practice?
 - a. Were there innovative approaches to your care that came forth?
 - b. What role do you think people with lived and living experience play in care provision? Did the course help you explore this?
5. What do you see as the current challenges in Harm Reduction?
6. What do you see as the sustaining aspects when working in Harm Reduction?
7. How did this experience shape your social, political, or cultural perceptions of Harm Reduction?
8. Have the learnings in this course changed your nursing or social work practice?
 - a. If it has, could you provide some examples?
 - b. If it has not, what do you think have been the barriers for you in implementing new learnings into your practice?
9. What would you tell others about this course?

Guiding Questions: Faculty and Collaborators

1. Tell us how you got involved in Harm Reduction.
 - a. What has shaped your experiences?
2. What role did you play in the preparation or delivery of the course?
 - a. What possibilities did this hold for you?
 - b. What challenges did you notice?
3. What do you see as the current challenges in sustaining Harm Reduction education in post-secondary settings?
 - a. audience for the course? What would that look like?
 - b. Who else might be interested?
4. What changes would you make to the course?
 - a. Is there content that is related to the topic that should be included?
5. How did this experience shape your ongoing work in harm reduction?
 - a. Would you change your approach in relation to educating others?
 - b. Has it reinforced mechanisms that work?



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