8.5: Evidence-Informed Nursing- Leading the Way

In British Columbia, illicit drug overdose deaths topped 914 in 2016, and in Alberta, there were 343 deaths in 2016 from fentanyl overdoses (Canadian Press, 2017). This opioid crisis in Canada and the US has spurred policy-makers and health care providers to seek guidance from research on mental health and addictions treatment.

Position statements are typically evidence-based documents that can be found on websites of professional organizations, regulatory colleges, unions, and the government. Although these documents are often referenced and fact-checked, they may also include guiding principles that reflect their organization’s mission, vision, and values. It’s important for nurses, therefore, to seek guidance from organizations that reflect professional nursing standards and codes of ethics. For students, these documents are great resources, which also provide an introduction to the professional principles that define who we are as nurses.

The BCNU position statement referenced in the Essential Learning Activity above begins with bulleted principles, including “The BC Nurses’ Union believes that harm reduction policies and programs can provide support for people coping with the effects of substance use” (BCNU, 2017). Note the references and the use of research evidence to describe key evidence-based harm reduction strategies. A number of recent research studies are included in this position statement. You'll see that the references include qualitative, quantitative, and economics (cost-effectiveness) research.

What does this mean from a leadership perspective? As nurses, we need to lead the way with respect to knowing the research evidence on topics that affect our patients, and more broadly, Canadian public health and well-being. Harm reduction is significant to nurses at local, provincial, and national levels—even globally. If you are interested in doing further exploration on harm reduction, see the World Health Organization’s global perspective on reducing harm for anyone who uses injectable drugs [here](https://med.libretexts.org/Bookshelves/Nursing/Book%3A_Leadership_and_Influencing_Change_in_Nursing_(Wagner)/08%3A...).
Research Note

The Study to Assess Long-Term Opioid Medication Effectiveness (SALOME) was a clinical research trial in Vancouver to determine whether a legally prescribed opioid, hydromorphone, could be an effective substitute for illicit injectable heroin. Another component of the study compared the efficacy of injectable heroin and hydromorphone to oral versions of these two opioids.

An interdisciplinary team of physicians, nurses, social workers, and counselors were involved in this study. This study demonstrated that injectable heroin could be substituted with injectable hydromorphone, an opioid with less social stigma than heroin. Oral versions of both medications were not effective in curbing illicit drug use. Supervised injection sites, managed by care teams with nurses, now have a variety of evidence-based treatment options (e.g., methadone, suboxone, hydromorphone) to offer individuals with chronic addictions—legal options that reduce potential harm, even death to some of our society’s most vulnerable members.

An overview of harm reduction research can be found at SALOME Clinical Trial Questions and Answers.