

The Nova Scotia College of Nursing (NSCN) is the regulatory body for licensed practical nurses (LPNs), registered nurses (RNs) and nurse practitioners (NPs) in Nova Scotia. Our mandate is to protect the public by promoting the provision of safe, competent, ethical and compassionate nursing services by our registrants. The term nurse in this document refers to LPNs, RNs and NPs unless otherwise stated.

Contents

Overview 2

What is Harm Reduction?..... 2

What are my nursing accountabilities and responsibilities using a harm reduction approach to provide safe client care? 2

How can my employer support a harm reduction approach?.....3

What are my accountabilities when a prescriber orders an intervention that may not be considered best practice?3

What are my accountabilities when an intervention that is prescribed for a client is in conflict (moral or ethical) with my conscience?3

Suggested Readings..... 3

First published May 2025 as Harm Reduction Approach in Substance Use Q&A

Copyright © Nova Scotia College of Nursing, Bedford Nova Scotia. Commercial or for-profit redistribution of this document in part or in whole is prohibited except with the written consent of NSCN. This document may be reproduced in part or in whole for personal or educational use without permission, provided that:

- Due diligence is exercised in ensuring the accuracy of the materials reproduced;
- NSCN is identified as the source; and
- The reproduction is not represented as an official version of the materials reproduced, nor as having been made in affiliation with, or with the endorsement of, NSCN

Our practice support tools are developed using current reference material. The source of this material is available upon request.

Overview

This tool is a guideline to help nurses understand their regulatory accountabilities related to integrating harm reduction approaches for safe, competent, ethical and compassionate nursing care.

Like all regulatory tools, use this document in conjunction with employer policy, applicable legislation and the Standards of Practice and Code of Ethics for LPNs, RNs and NPs.

What is Harm Reduction?

[Harm Reduction](#) is an evidenced informed, public health approach that aims to reduce the negative health, social, and economic impacts of substance use related harms, without requiring or promoting abstinence (Government of Canada, 2023). A harm reduction approach focuses on fair and equitable access to health services to meet the diverse needs of individuals who use substances. This approach intends to reduce the stigmatization and discrimination related to substance use which often leads to harmful, negative health outcomes for [clients](#).

Harm reduction policies, programs, and practices focus on preventing negative consequences of substance use which aim to improve health outcomes without necessarily requiring individuals to abstain or stop substance use.

Harm reduction may include providing services to enable individuals to make informed decisions about the substances that they are using. Some examples of harm reduction approaches include:

- providing someone with a naloxone kit in case there is an overdose
- providing a nicotine patch instead of smoking
- using substances in a safe environment with someone they trust
- needle exchange programs for people who inject drugs
- outreach strategies
- opioid poisoning prevention strategies
- prescribing buprenorphine/naloxone (Suboxone)
- methadone uses for detoxification and maintenance therapy

Nurses are authorized to administer naloxone as a life-saving measure and provide take-home naloxone kits to clients under their prescribing authority. For more information see [Fact Sheet - Modifications of Scope Related to Naloxone](#).

What are my nursing accountabilities and responsibilities using a harm reduction approach to provide safe client care?

Nurses have an ethical and professional [responsibility](#) to provide information based on the best evidence available to help clients make informed decisions on harm reduction options. Nurses are [accountable](#) to respect the client's right to choose treatment, ensuring the client understands the implications of their decision. The nurse must document all discussions with the client by including objective data related to the nursing process, educational information provided, and any potential outcomes for the client related to their health care decisions. Using a harm reduction approach does not remove any mandatory reporting requirements under legislation and nurses would be responsible to report and document accordingly.

Nurses are expected to meet their [Standards of Practice](#) and [Code of Ethics](#) and duty to report related to harm reduction approaches. Nurses have an ethical and professional responsibility to provide information based on the best evidence available to help clients make informed decisions on harm reduction options. Nurses are accountable to respect the client's right to choose treatment, ensuring the client understands the implications their decision.

If nurses have questions about their legal responsibility, we would recommend contacting [Lloyd Sadd](#) (for LPNs) and [CNPS](#) (for RNs, NPs) for liability considerations.

How can my employer support a harm reduction approach?

Employer [authorizing mechanisms](#) related to safe needle exchange, overdose prevention sites related to harm reduction best practices should be in place to support nurses' practice and within the scope of employment. In circumstances where a policy does not exist, nurses are expected to collaborate with their manager and the interdisciplinary team to advocate for and contribute to authorizing mechanisms. Consider engaging with members of the quality, risk management and legal teams in the development of the authorizing mechanism(s).

What are my accountabilities when a prescriber orders an intervention that may not be considered best practice?

Nurses are expected to meet their standards of practice including when there is an authorized prescriber order for an intervention which may not be considered best practice but is evidenced informed, for example a high dose or frequency of a controlled drug. Nurses should understand the evidence to support the prescribed intervention and collaborate with experts on harm reduction, as required. The intervention should be evidence informed to support the safe care of clients. The nursing care plan should describe the intervention and the rationale. Clients should be aware of the interventions risk and benefit and consent to the intervention.

Employers should develop and implement policies or authorizing mechanisms to support harm reduction regarding the specific orders for client(s).

What are my accountabilities when an intervention that is prescribed for a client is in conflict (moral or ethical) with my conscience?

Nurses have the responsibility to recognize that ethical conflicts may arise over the course of providing nursing services. Situations where a nurse is unable to provide care in good conscious because elements of client care are in direct opposition to their beliefs or values must follow [Duty to Provide Care guidelines](#).

Nurses may not abandon clients.

If nurses anticipate a moral or ethical conflict may arise in providing care through a harm reduction approach, they should notify their employers or persons receiving care (if the nurse is self-employed) in advance so alternative arrangements can be made. However, the employer may or may not be able to accommodate that request. Nurses are accountable to provide safe, competent, ethical and compassionate nursing services until they transfer the accountability for care to an appropriate care provider.

Nurse's accountabilities include:

- Notify the manager immediately of the moral or ethical conflict
- Request an assignment change or do their best to arrange for an alternative care provider
- Remain respectful and professional with the client until you are replaced

Suggested Readings:

- [Documentation for Nurses](#)
- [Medication Guidelines for Nurses](#)
- [Cultural Safety and Humility](#)

For further information on anything contained within this tool, please contact an NSCN Practice Consultant at practice@nscn.ca.