A nursing perspective on barriers to implementing harm reduction in acute care hospital settings: A scoping review

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Abstract

While harm reduction has been implemented in some community health settings across Canada, they have been underutilized in managing in-patient environments. When patients with substance use disorder (SUD) are hospitalized, without harm reduction approaches, they may engage in risky behaviours, leading to unsafe substance use. Negative encounters with the healthcare system and nurses' discriminatory attitudes toward patients with SUD also contribute to health issues and safety concerns. These include sharing syringes and using illicit drugs alone, which increase the risk of infectious disease transmission, overdoses, and death. This study reviewed existing literature on barriers to implementing harm reduction in acute care hospitals. Three databases were searched for peer-reviewed articles published from 2014 to 2024. After screening 987 articles, 10 met the inclusion criteria. The findings highlighted challenges nurses and patients encounter in implementing harm reduction in acute care hospitals, including stigma, safety concerns, knowledge gaps, and nurse burnout. Addressing these challenges entails nurse education and organizational changes. While the current research provides some insights, to enhance harm reduction strategies in in-patient settings, further studies should examine standardizing care plans for individuals with SUD, healthcare agencies' roles in promoting harm reduction education, and nurses' perspectives.

Keywords: nurses, substance use disorder, in-patient, harm reduction

Introduction

Although active substance use disorder (SUD) is common in acute care settings, many hospitals still follow abstinence-based policies for addiction management (Dion et al., 2023; Nolan et al., 2022). Abstinence-based policies have been associated with engaging in risky behaviours in individuals with SUDs, which endanger their own lives and others in the hospital; these include sharing syringes and using illicit drugs alone, such as in hospital washrooms (Grewal et al., 2015; Nolan et al., 2022). These risky behaviours then result in the transmission of infectious diseases, overdoses, and deaths (Grewal et al., 2015; Nolan et al., 2022; Perera et al., 2022).

Harm reduction aims to minimize the health and social harms related to substance use without requiring individuals to stop using altogether. It enhances patient-provider relationships, diminishes stigma, and engages patients in their care (Territorial Advisory Committee on the Epidemic of Opioid Overdoses, 2023; Perera et al., 2022). A proactive harm reduction approach, which anticipates and addresses risks before they escalate, is critical in improving outcomes in acute care settings. This approach includes clear communication about safe practices, access to harm reduction resources (such as clean supplies or naloxone), education on safer use, and establishing realistic pain management expectations (Horner et al., 2019). In acute care settings, these strategies foster trust, empower patients, reduce complications such as infections or overdoses, and support a patient-centred care model that improves health outcomes (Grewal et al., 2015).

While harm reduction strategies have been implemented in some community health settings across Canada, abstinence-based policies continue to be the predominant approach in acute care hospital settings. This study reviews the existing literature on the challenges nurses and patients encounter in implementing harm reduction in acute care hospitals, including stigma, safety concerns, educational gaps, and clinician burnout.

Background

Amid the opioid crisis, opioid toxicity has emerged as a pressing concern, manifesting in an alarming average of 21 fatalities and 15 hospitalizations per day across Canada (Territorial Advisory Committee on the Epidemic of Opioid Overdoses, 2023). Despite the gravity of these statistics, the adoption of harm reduction within acute care settings remains insufficient (Nolan et al., 2022). The current healthcare infrastructure demonstrates inadequacies in managing pain and withdrawal symptoms effectively, primarily due to apprehensions surrounding opioid misuse, consequently leading to unsafe opioid utilization among inpatients with SUDs (Dion et al., 2023; Harling, 2017; Horner et al., 2019; Nolan et al., 2022). This predicament jeopardizes

the well-being of patients and healthcare providers, predisposing individuals to discharge against medical advice, exacerbating the risk of adverse outcomes, and precipitating frequent and costly readmissions (Nolan et al., 2022).

Moreover, individuals with SUDs often exhibit reluctance to engage with healthcare services until confronted with severe medical complications, such as overdoses, endocarditis, or cellulitis, primarily influenced by negative encounters with the healthcare system and poor pain control (Dion et al., 2023; Grewal et al., 2015). Compounding these challenges, healthcare professionals, including nurses, have been observed to hold discriminatory attitudes toward individuals with SUDs and acknowledge inadequate training to safely care for this demographic (Harling, 2017; Horner et al., 2019). Nurses attending to individuals with SUDs commonly experience burnout and express safety concerns stemming from communication barriers, discordance in care objectives, inadequate training, and the pervasive stigma attached to SUDs (Horner et al., 2019).

Methods

Design

This scoping review adhered to the PRISMA guidelines (Appendix A, Figure 1) and Arksey and O'Malley's (2005) scoping review framework (Grove & Gray, 2019). Arksey and O'Malley's framework outlines a five-step process for conducting a scoping review, with an optional sixth step. While the sixth step, which involved stakeholder consultation, was not carried out, future research will include insights from expert consultations. The five-step approach employed in this review included (a) identification of the research question; (b) identification of relevant studies using a three-step search strategy: database searches within CINAHL, Medline, and PubMed to identify keywords and phrases, followed by a review of reference lists; (c) study selection; (d) data extraction and charting; and (e) data collection, summarization, and reporting. The research question guiding this review was "What are the barriers to implementing harm reduction strategies within acute care hospital settings from the nursing perspective?" The scope of the inquiry was to address the lack of harm reduction services in acute care settings, where patients with SUDs may engage in risky behaviours without such approaches.

Positionality Statement

The authors of this scoping review possess diverse professional backgrounds and experiences that shape our approach to understanding harm reduction in acute care settings. K.F. has extensive clinical experience in hospital settings, with a background in acute care general internal medicine. This expertise informs the review's emphasis on identifying practical barriers to implementing harm reduction in acute care environments. J.B. contributes a comprehensive background in perinatal and women's health, mainly focusing on individuals facing disadvantage, including women with substance use disorders. H.L. has been involved in mental health and addiction services since 2008, bringing extensive experience with patients dealing with mental health and addiction issues. Together, we are dedicated to enhancing patient-centred care. Our motivation for this review is to improve care for this vulnerable population by identifying barriers to implementing harm reduction in acute care settings, thereby ensuring a more holistic and compassionate approach to care.

Search Strategy

A literature search was conducted to review the primary barriers to implementing harm reduction practices in acute care settings. Three electronic databases were utilized to conduct the literature review: CINAHL, Medline, and PubMed. To ensure a broad and inclusive scope, the search strategy incorporated a combination of terms, including (1) healthcare providers OR nurses, (2) substance abuse OR substance misuse OR substance use disorder, (3) IVDU OR addiction, (4) acute care OR hospital OR in-patient, (5) violence OR safety, and (6) harm reduction. Although the search strategy included the term "healthcare providers" to encompass a range of disciplines, the studies retrieved predominantly addressed barriers experienced by nurses in implementing harm reduction strategies.

Inclusion and Exclusion Criteria

This scoping review included English-language, peer-reviewed journal articles published between 2014 and 2024. Eligible studies focused on barriers to implementing harm reduction strategies in acute care settings, such as pain management, SUD management, infection prevention, and safe substance use. Research conducted in healthcare systems with values like Canada's, including those in the United States and the United Kingdom, was prioritized due to shared foundational principles and comparable approaches to harm reduction (International Harm Reduction Association, 2024). Studies employing quantitative, qualitative, or mixed-methods research designs were included. Articles focusing on populations under 18, those that were non-peer-reviewed, published in languages other than English, or published before 2014 were excluded.

Screening, Selection, and Data Extraction

The studies were selected for the scoping review using the PRISMA screening process documented in Appendix A Figure 1 (Grove & Gray, 2019). Titles and abstracts were screened to evaluate their relevance. Next, articles were screened based on the inclusion and exclusion criteria. Articles that met the inclusion criteria then underwent full-text review. After full-text reviews were completed, relevant information from each selected article was extracted and entered in a standard form as follows: Author (year), country, type of study design, the aim of the study, sample population and size, assessment measures, interventions, and significant findings.

Results

A total of 987 articles were retrieved from three databases, and an additional three records were identified through reference list searches of the retrieved articles. After removing 309 duplicates, 681 records were screened, and 26 underwent full-text review. Finally, ten articles were selected for the final analysis. All the selected studies focus on improving safety through harm reduction in acute in-patient hospitals. They explore the main obstacles that hinder the effective implementation of harm reduction practices in acute care settings and ways to improve patient care outcomes and promote safety for nurses.

Summary of the Study Characteristics

The ten selected articles, published between 2014 and 2023, with half published from 2020 onwards, were analyzed for their relevance to the research question. Seven studies were conducted in the United States, two in Canada, and one in the United Kingdom. The selected studies included four quantitative, three qualitative, and three mixed methods designs. Six articles examined stigma as a barrier to implementing harm reduction, while the remaining four studies identified a variety of safety enhancements and barriers to harm reduction in acute care hospital settings. The studies collectively involved 13,873 participants, comprising 12,912 patients, 553 nurses, and 408 healthcare students. Data were charted to categorize the study designs, focus areas, and participant demographics, and a summary of the selected studies is presented in Appendix B, Table 1.

Themes

The ten articles identified in the literature review were synthesized to identify key themes related to the challenges of implementing harm reduction practices in acute care hospitals. These themes emerged from a detailed data extraction and comparison process across studies, highlighting recurring barriers to harm reduction implementation. The following themes were identified: stigma, safety concerns, knowledge gap, and burnout among nurses. Each theme was thoroughly examined to ensure clarity. While some studies briefly mentioned strategies to address these barriers, the review focuses on identifying and understanding the challenges nurses face in implementing harm reduction practices in acute care environments.

Stigma

Neville and Roan (2014) conducted a study investigating how nurses perceive caring for patients with SUD on medical-surgical units. The study found that nurses had mixed feelings toward SUD. They felt a sense of ethical duty to care for this population but also experienced stigma toward them. Nurses felt they needed more education on SUD and had a sympathetic concern for these patients. In contrast, Horner et al. (2019) found that nurses view stigma as harmful to patients with SUD and believe that it arises from a lack of understanding about the physical symptoms of withdrawal and cravings.

Pauly et al. (2015) conducted a study on the perceptions of illicit drug use among patients and nurses in a large urban hospital. The study found that patients were afraid of being labelled as "drug addicts" and feared being judged by healthcare providers, which resulted in discomfort and the perception of inferior care. Some nurses believed that SUD was an individual problem, viewing substance use as the personal responsibility of the patient rather than a health issue that the hospital or healthcare providers should address.

In contrast, others thought SUD resulted from life circumstances, aligning with health equity and social justice principles. However, both patients and nurses expressed concerns about the criminalization of SUD. Patients felt that they were constantly monitored, and some nurses questioned the effectiveness of the current criminal justice approach. According to Pauley et al. (2015), hospital policies that enforce zero tolerance of illicit drug use, despite advocating harm reduction philosophies, often put nurses in ethical conflicts. This is because institutional policies are aligned with criminalization, which conflicts with the professional ethical commitments of nurses.

Negative attitudes persist even among nursing students. Harling (2017) utilized the Standardized Substance Abuse Attitude Study (Chappel et al., 1985), a 10-point Likert scale (positive as 1, negative or unsure as 0), and scores ranging from -10 to +10, showing overall positive or negative tendencies. The survey assessed nursing and clinical psychology students' attitudes toward illicit drug use, focusing on permissiveness, stereotypes, and moral views. The findings revealed that nursing students showed a pronounced negativity toward illicit drug use, as reflected by their mean score of 2.28 on a 10-point Likert scale.

Dion and Griggs (2020) suggest that anti-stigma educational programs can effectively improve nursing students' attitudes toward caring for individuals with SUD. Similarly, Dion et al. (2023) emphasize the importance of educating nursing students on the neurobiology of addiction and the neurotransmitter pathways associated with various disorders, such as eating disorders, sex disorders, gambling addiction, and self-injury disorders. This education helps to enhance understanding and reduces the stigma that has historically been attached to these conditions, often erroneously considered as matters of choice.

Safety Concerns

One of the foremost challenges affecting nurses' perceptions of caring for individuals with SUD revolves around safety. Nurses fear potential physical harm when working with individuals with SUD (Antill Keener et al., 2023). Neville and Roan (2014) also highlighted safety as a barrier to implementing harm reduction within acute care settings. In their research, Neville and Roan (2014) found nurses expressing fear and apprehension regarding patients' potential for aggression and threats. Likewise, Horner et al. (2019) found that nurses often relied on security to manage aggressive behaviour from patients and visitors with SUDs. Antill Keener et al. (2023) also observed numerous instances where patients with SUD exhibited hostility, resulting in verbal or physical aggression. They also identified patient visitors, along with the presence of potential drug paraphernalia and drug diversion, as significant safety risks. Gender differences were also indicated as female nurses expressed more concerns about personal safety than male nurses who did not voice such concerns (Neville & Roan, 2014).

Safety concerns also extend to other patients who share public spaces with SUD patients. Grewal et al. (2015) highlighted the presence of illicit drug use within hospital facilities, including the washroom, smoking area, and hospital rooms. Pauly et al. (2015) added to this, reporting that some nurses faced challenges in providing sharps containers to patients due to hospital policy constraints, which posed a risk to both patient and nurse safety, especially considering a zero-tolerance approach toward illicit drug use.

In contrast to the zero-tolerance policy on illicit drug use, Nolan et al. (2022) conducted a retrospective review at an overdose prevention site within a Canadian hospital. Their findings revealed that approximately 20% of visits to the overdose prevention site

were from in-patient clients, who experienced a significantly higher number of overdose events compared to community clients (p = 0.046). This highlights the significant safety risks faced by in-patients with SUDs, underscoring the need for harm reduction services in acute care. The study also emphasizes the importance of education about overdose prevention and harm reduction strategies for both patients and healthcare providers, especially in hospital settings where the demand for such services is evident.

Similarly to stigma, inadequate awareness also poses significant safety concerns. Perera et al. (2022) identified hazards associated with smoking and inhaling substances, such as risks of infection and the dangers of reusing or sharing cookers. Furthermore, they emphasized the safety implications of failing to implement overdose prevention measures for stimulants, which include the availability of naloxone, fentanyl test strips for cocaine, test doses, and a 24-hour overdose prevention hotline. These gaps in harm reduction strategies increase the risk of harm, highlighting the urgent need to address these safety issues.

Knowledge Gap

The lack of education regarding SUD posed a significant barrier to implementing harm reduction strategies in acute care hospitals, as observed in previous discussions on stigma and safety. Nurses, as highlighted by Neville and Roan (2014), often felt uncertain when assessing pain and determining the need for pain relief medication. This uncertainty stemmed from a disconnect between their professional judgment and patients' requests, raising concerns about the accuracy of pain reports and the potential worsening of SUD. Building on this, Horner et al. (2019) noted that nurses experienced internal conflicts regarding pain medication, fearing its potential contribution to addiction. Similarly, Pauly et al. (2015) found that nurses struggled to understand patient behaviours and healthcare decisions despite working in a harm-reduction-supportive hospital. This lack of clarity extended to harm reduction policies and appropriate actions when encountering substance use (Pauly et al., 2015).

Harm reduction education should begin in nursing school to establish a solid foundation. It should focus on anti-stigma training, pain management for individuals with SUD, and understanding the neurobiology of addiction. Students must perceive harm reduction to lessen the harms of substance use without requiring abstinence, emphasizing safe, non-judgmental care, patient education, and harm reduction policies (Dion et al., 2023). Key strategies include needle exchanges, naloxone distribution, and overdose prevention. Additionally, students should learn to balance autonomy with safety and collaborate with multidisciplinary teams within legal frameworks. Dion et al. (2023) conducted a study to evaluate the effectiveness of targeted stigma training in nursing schools to improve students' attitudes toward SUD. Although the results did not show a significant difference with the targeted training (p = 0.64), the authors attributed this finding to the limited opportunities students had to apply their harm-reduction skills. Despite this, the intervention led to an increase in the availability of harm-reduction options in nursing training. To address this issue, Dion et al. (2023) suggest that nurse educators could utilize simulation exercises or conduct debriefing sessions with students after their clinical experiences. As advocated by Horner et al. (2019), early development of therapeutic commitment during nursing training lays the groundwork for nursing practice and enhances health outcomes among individuals with SUD. Nurse educators can help dispel stereotypes and stigma associated with SUD by incorporating effective educational strategies proposed by Dion and Griggs (2020). This may involve inviting individuals who have overcome SUD to share their experiences, reframing SUD as a disease, and emphasizing the role of social determinants of health (Dion & Griggs, 2020).

Burnout Among Nurses

The themes identified in the literature review are interconnected, forming a chain reaction culminating in burnout. The World Health Organization (2019) defines burnout as an occupational condition caused by unmanaged workplace stress. In nursing, it manifests as emotional exhaustion, self-doubt, cynicism toward patients and colleagues, and a diminished sense of personal accomplishment (Copeland, 2021; Wolotira, 2023). It can lead to physical and emotional distress, including depression or indifference toward patient care (Wolotira, 2023). Horner et al. (2019) observed a widespread sense of burnout among nurses caring for individuals with SUD, stemming from frustration and exhaustion due to the perceived demands of this patient population. These demands include frequent requests for pain medication, behaviours perceived as disruptive or inappropriate (e.g., verbal abuse, monopolizing nurses' time), staff splitting to obtain medication, and nurses taking these behaviours personally. In turn, these demands often hindered nurses' ability to provide compassionate care, leading to struggles with professional detachment, particularly in response to disruptive and potentially dangerous behaviours exhibited by SUD patients. Additionally, nurses reported continual distrust when caring for this population, resulting in disappointment and burnout (Antill Keener et al., 2023).

Horner et al. (2019) discovered that nurses reported experiencing emotional strain when dealing with the repeated admissions of young patients with SUD that often resulted in feelings of sadness and burnout. Nurses expressed concerns about providing care to patients who appeared unwilling or unable to recover fully, which led to a sense of futility (Horner et al., 2019). Similarly, Antill Keener et al. (2023) highlighted that nurses frequently experienced defeat and burnout, characterized by anger, frustration, exhaustion, and a sense of professional inadequacy. These findings underline the significant impact of caring for SUD patients on nurses' well-being and highlight the urgent need for comprehensive support mechanisms to address burnout in this clinical context. In Horner et al.'s (2019) study, nurses advocated for establishing standardized care protocols and implementing pain contracts. They suggested adopting a collaborative approach involving all team members to ensure consistency and clarity in patient care. This approach aims to establish clear boundaries, enhance safety measures, define role expectations, and potentially alleviate burnout among healthcare professionals when caring for individuals with SUD.

Discussion

The current scoping review has revealed barriers nurses and patients face when implementing harm-reduction in acute care hospitals. These challenges include managing patients' pain, communication barriers, threats to personal safety, stigma, and burnout among nurses. A multifaceted strategy is required to improve care for patients with SUDs in the inpatient setting. This should start with organizational changes in policies, standard protocol, and education among healthcare providers, including nurses. Mitigating harm in acute care environments is crucial for ensuring both patient and provider safety while optimizing health outcomes. The failure to adopt proactive harm-reduction measures can lead to severe consequences, including fatal overdoses and the transmission of bloodborne illnesses (Grewal et al., 2015). However, the implementation of harm-reduction protocols faces challenging obstacles, including stigma, knowledge gaps, communication barriers, safety concerns, and caregiver burnout (Dion et al., 2023; Harling, 2017; Horner et al., 2019; Nolan et al., 2022). Fostering a culture of harm reduction within acute care settings necessitates equipping nurses with training encompassing knowledge, such as the pharmacological properties of substances, the etiology of SUDs, and the principles of harm reduction, alongside practical skills in effective communication, patient and family education, adherence to safety protocols, and utilization of community resources.

Stigma. Stigma results in discrimination and marginalization of patients with SUD, affecting all aspects of workplace dynamics and interactions with patients (Horner et al., 2019; Pauley et al., 2015). The consequences of stigma are delayed medical care, risky behaviour, rushed appointments, downplayed pain, avoidance of harm reduction services, and reduced drug treatment completion rates (Horner et al., 2019). Stigma toward SUD among healthcare providers presents in various forms. For example, comparing SUD to conditions like diabetes, as suggested in Pauly et al.'s (2015) study, reveals a troubling parallel where patients feel monitored and constrained, comparable to prisoners. In addition, nurses who feel afraid or manipulated by individuals with SUD may adopt an authoritative rather than a caring role, which can lead to the policing of patients instead of a patient-centred approach, exacerbating the cycle of problems and perpetuating stigma against those with SUD (Pauly et al., 2015). To reduce stigma, it is essential to prioritize safe and supportive environments that enhance nurses' competence and confidence in providing care to patients with SUD through training and education.

A thought-provoking concept discussed in the literature is the standardization of pain management, similar to the approaches used for managing conditions, such as hyperglycemia and chest pain. However, standardization of pain management comes with its benefits and risks that need to be balanced as standardization of care competes directly with providing individualized care, which can empower patients and nurses in its own way. On one hand, standardization promotes consistency and safety in patient care, enhances role adequacy and legitimacy, builds confidence, and positively influences nurses' attitudes toward pain management (Horner et al., 2019; Pauly et al., 2015). On the other hand, standardizing pain care can perpetuate stigmatizing practices. Horner et al. (2019) recommend re-humanizing care using individualized, flexible approaches based on the patient's needs. This can mitigate stigma and burnout and empower nurses. As Horner et al. (2019) note, while exploring the safety aspects of standardized pain management is important, it is crucial to maintain a balance between standardization and person-centred care to cater to each patient's unique needs.

Safety and Burnout. Safety and security emerged as central themes in the literature review, particularly concerning nursing staff, with female nurses often facing threatening situations when caring for patients with SUD (Neville & Roan, 2014). The prevalence of workplace violence contributes to burnout, job dissatisfaction, and decreased productivity among nurses, with stress from working with patients with SUDs leading to higher rates of job turnover (Horner et al., 2019).

All levels of healthcare agencies should prioritize staff and patient safety, ensuring appropriate resources and establishing clear protocols for managing SUD (Copeland, 2021). Multiple studies propose strategies to foster a supportive environment and combat burnout among healthcare workers in hospital settings (Bleazard, 2020; Bentley, 2010; Hopson et al., 2018; Slatten et al., 2020; Wolotira, 2023). These include wellness activities, peer support programs, education and training initiatives, and policy revisions (Copeland, 2021). Hospitals can encourage self-care practices like mindfulness, exercise, and stress management workshops to promote staff well-being (Copeland, 2021). Peer-support programs involving trained peers offering emotional support and guidance can create a supportive network among nurses (Copeland, 2021).

Implications

While the findings of this scoping review offer valuable insights, further research is warranted to address the need for a deeper understanding of harm reduction in acute care settings. The current body of research serves as a foundation for addressing broader research gaps. Geographic locations can serve as critical indicators of significant research hubs. For example, the Canadian research under review originates from Vancouver, known for its advanced harm reduction initiatives compared to other regions. However, the widespread adoption of these concepts and the efficacy of harm reduction strategies in acute care settings in other Canadian provinces requires attention and exploration. Moreover, it is essential to explore the potential ramifications of standardizing care for individuals with SUD, including examining how care contracts affect patient outcomes and provider-patient relationships.

More research is needed to understand the role of faculty in promoting harm reduction education and its influence on students' attitudes and approaches toward SUD. Additionally, there is a significant gap in understanding the experiences of nurses caring for hospitalized individuals with comorbid SUD. Given the high rates of burnout among nurses in these settings, strategies to support and retain this workforce are essential.

Implementing harm reduction strategies is essential for emergency nurses, due to their role in managing acute presentations of SUD. Focused education on harm reduction principles and techniques for managing challenging behaviours could enhance patient care experiences and decrease nurse burnout. Emergency care settings must prioritize these interventions to support nurses and patients in this demanding care environment better.

Nurses face numerous barriers when caring for patients with SUDs, including stigma, safety concerns, communication barriers, and burnout. These barriers emphasize the importance of comprehensive education and support mechanisms. Furthermore, self-care and self-compassion should be taught and practised in nursing schools and continue to be promoted in workplaces, which is significant in terms of providing higher-quality patient care (Boyle, 2011).

Limitations

Although this scoping review offers valuable insights, several limitations must be recognized. First, the review was confined to peer-reviewed journals published in English. This may have excluded relevant studies published in other languages, mainly from regions where harm reduction strategies vary significantly. This limitation could introduce a language bias and restrict the global applicability of the findings.

Second, this review primarily reflects nurses' experiences. The perspectives of other healthcare professionals, such as allied health providers and physicians, still need to be explored. Future research should address this gap to understand harm reduction practices comprehensively across healthcare disciplines.

Third, the search primarily focused on studies conducted in Canada and the United States, which may not accurately reflect harm reduction practices in other geographical contexts. Expanding the scope to include studies from various regions could offer a more comprehensive understanding of harm reduction in acute care settings.

Additionally, the review included studies available within specific databases and may not have captured grey literature or unpublished research. This limitation could impact the breadth of findings and introduce potential publication bias.

Lastly, the decision to include cross-sectional and retrospective studies, reflecting the nature of existing literature, may limit insights into the long-term effectiveness of harm reduction strategies. Future research could incorporate longitudinal studies to address this gap.

These limitations highlight the necessity of interpreting findings within the study's scope and indicate opportunities for further research to improve the generalizability and depth of understanding in this field.

Conclusion

This review highlights the barriers to implementing harm reduction practices in acute care settings to address the complex challenges SUDs pose. Despite the urgency of the opioid crisis, many hospitals continue to adhere to abstinence-based policies, resulting in risky behaviours among individuals with SUDs and compromising patient and nurse safety. The limited research and standardization for harm reduction further exacerbate these challenges, impeding effective implementation in acute care settings. Future research must examine policies and clinical practice regarding harm reduction strategies in in-patient hospitals. Addressing these issues and amplifying nurses' perspectives can enhance patient outcomes, mitigate stigma, and prevent burnout among nurses, ultimately fostering safer and more supportive hospital environments for individuals with SUDs.

Implication for Emergency Nursing Practice

While this review focuses on inpatient nurses in acute care settings, the findings are equally relevant to emergency nurses, who often serve as the first point of contact for individuals with SUD. Emergency nurses face unique challenges, including managing acute presentations of overdose, withdrawal symptoms, and substance-seeking behaviours within high-pressure, fast-paced environments. The barriers identified—perceived patient demands, lack of harm reduction education, and moral distress—are particularly salient for emergency nurses. Addressing these barriers through harm reduction training and institutional support could enhance the capacity of emergency nurses to provide compassionate, evidence-based care, while mitigating burnout and frustration.

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Conflict of Interest

The authors declare no conflicts of interest.

CRediT

KF selected the topic and developed the concept, conducted the literature search, data analysis and synthesized findings, and wrote the original manuscript draft. HL provided supervision, guidance in the literature search strategy, and critical editing and feedback. JB provided expertise in methodology critical feedback and editing.

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