

Foreword

Amid ongoing public health crises spanning addiction, mental health, and the effects of social inequities, healthcare providers—particularly nurses—play a critical role in addressing these challenges. This special issue of the *Canadian Journal of Emergency Nursing (CJEN)* is dedicated to the exploration and advancement of harm reduction strategies within emergency and acute care nursing. As board members of the Harm Reduction Nurses Association (HRNA), we are proud to present research and commentary that address the evolving landscape of harm reduction, focusing on supervised consumption sites (SCSs) and the complexities of caring for individuals with substance use disorders (SUDs).

The articles included in this issue highlight the systemic barriers healthcare providers face. These barriers include stigma, safety concerns, and emotional exhaustion when caring for individuals with SUDs or mental health and addiction (MHA) disorders. These challenges are amplified in rural and resource-scarce areas where social-structural stigmas and inadequate funding hinder equitable care. Hodgson, Lavigne, and Bardwell's editorial emphasizes the unique obstacles rural nurses in British Columbia face when implementing harm reduction strategies amidst policy debates and media-driven misconceptions about workplace safety.

Ilievska, Pittman, and Ralph provide a descriptive study exploring emergency department (ED) registered nurses' perceptions in Southwestern Ontario regarding SUDs and SCSs. In the context of Canada's escalating opioid crisis, their findings reveal that while ED nurses exhibit empathy toward individuals with SUDs, their knowledge and comfort with SCSs remain limited. This study is innovative in reporting ED nurses' combined views on SUDs and SCSs, as well as identifying specific services that EDs and SCSs should provide from the nurses' perspectives.

Tang et al. conducted research in Saskatchewan examining healthcare providers' perspectives on frequent MHA-related ED visits. The study identifies key challenges, including social determinants of health (e.g., housing crises, financial struggles), structural barriers (e.g., inadequate training, stigma, and resource shortages), and their impacts on patient care. Healthcare providers emphasize the need for increased funding, early education on mental health, and improved MHA-specific training to enhance community support and reduce ED recidivism. Despite the challenges, providers highlight the rewards of their work and stress the importance of collaboration between governments, communities, and healthcare professionals.

Furlong reviews barriers to implementing harm reduction strategies for SUDs in acute care hospital settings. Key challenges include stigma, safety concerns, lack of education, and burnout among healthcare professionals, particularly nurses. Furlong's review underscores the importance of comprehensive nurse

training, standardized care protocols, and trauma-informed practices to improve patient outcomes and staff well-being. The review concludes by advocating for organizational changes, expanded research, and education to reduce stigma, enhance safety, and support harm reduction in inpatient environments.

The common thread of these works is emphasis on advocacy for the integration of universal harm reduction policies within healthcare settings, emphasizing culturally safe, trauma-informed, and anti-oppressive approaches. Strategic implementation of peer support workers, scaling up detox facilities, and incorporating safe consumption spaces in hospitals are pivotal steps to ensuring both staff safety and patient dignity. Educational programs, especially for nurses, are critical to dispelling stigma and fostering greater understanding of SUDs and MHA disorders. The findings demonstrate that addressing the root causes of stigma and prioritizing equitable care can better meet the needs of vulnerable populations.

A critical theme emerging from these studies is the connection between social determinants of health and healthcare outcomes. Structural issues such as the lack of affordable housing, financial instability, and limited access to community-based services drive individuals to seek care in emergency settings, often as a last resort. Nurses and other healthcare providers bear witness to these systemic failures and are uniquely positioned to advocate for policy reforms that address these upstream factors. Initiatives like early childhood education on mental health and substance use, as well as employment support programs, hold potential for disrupting cycles of inequity and improving long-term outcomes.

The intersection of healthcare delivery with reconciliation efforts cannot be overlooked. Collaborating with Indigenous communities offers healthcare providers an opportunity to learn from Indigenous knowledge systems and uphold the Calls to Action of the Truth and Reconciliation Commission. This includes respecting self-determination and incorporating culturally appropriate care practices that honor the diverse experiences and needs of Indigenous patients.

This issue of *CJEN* marks an important step forward in understanding harm reduction within emergency care. The research and commentary provide critical insights into ED nurses' perceptions, the effectiveness of harm reduction strategies, and their broader implications for practice and policy. Hodgson, Lavigne, and Bardwell underscore the severe social-structural stigma experienced by people who use drugs (PWUD) in rural areas, which is intensified by media coverage and political narratives. They emphasize the urgent need for collective action from the nursing profession to uphold ethical responsibilities and guarantee PWUD safe access to hospital care.

Ilievska's study further identifies stigma, implementation concerns, and a lack of collaboration between EDs and harm reduction services as significant barriers. The findings underscore the need for fostering partnerships and advocating for policies that enhance care for individuals with SUDs.

The highlight in this issue is the urgency to address Canada's escalating crisis of drug-related harms. Harm reduction strategies, including supervised consumption sites, needle distribution programs, opioid agonist therapy (OAT), safer supply initiatives, and targeted public health education, play a vital role in minimizing the negative effects of substance use while respecting individuals' dignity and autonomy. However, a comprehensive harm reduction approach must integrate these strategies into a cohesive system that addresses broader structural inequities.

We extend our deepest gratitude to the authors, reviewers, and editorial team for their dedication and invaluable contributions to this vital work. Their collective efforts embody the importance of research, innovation and compassion that defines harm reduction nursing. As you engage with the works presented, we encourage reflection on their implications for your practice and consideration of how you might contribute to advancing harm reduction strategies in your professional context. By working together, we can continue to drive progress, enhance patient care, and support the implementation of effective harm reduction interventions.

Sincerely,

The Board of the Harm Reduction Nurses Association