
CASE STUDY

HARM REDUCTION: PROVIDING CARE WITH COMPASSION



It's a busy day on the general surgery unit and it's Katherine's first day back after her days off. Katherine is a novice nurse who has been working on the unit for three months. One of her clients is Alex, a 35-year-old gentleman, post-operative day three. During report, the night shift nurse reviews Alex's post-op care, history, pain management and medical history including diabetes, asthma and substance use. "He has a history of using drugs and is probably drug seeking. He keeps asking for PRN pain medications," the night shift nurse tells Katherine.

- Why did the night shift nurse emphasize Alex's history of substance use and label him as "drug seeking"?
- Have I already developed preconceptions of the client based on these comments?
- How do I put aside my personal beliefs and feelings?
- What do I know about people who use substances and where can I seek support?
- What do I know about illegal substances in general and where can I find out more?

Katherine leaves the nursing station to start her morning rounds and sees Lisa, a nurse who works casual shifts on the unit. As she begins speaking to Lisa, she remembers that Lisa also works part-time in the

community with inner-city clients living with substance use. Given Katherine's limited knowledge about caring for individuals who use substances, she pulls Lisa aside to ask her for some help. "One of my clients has a history of substance use and I'm not sure how to approach his care. The night shift nurse said he was drug seeking and that he kept asking for PRN pain meds. I know you have experience caring for clients who have a history of substance use. Do you have any suggestions?" says Katherine.

"I think you've done the right thing in seeking more information," says Lisa. "I work with inner city clients who use substances and many face discrimination and stigma in acute care settings. First, it is important to use the right language when we talk about substance use. Terms like "drug seeking" or "drug user" further stigmatize this population. You're already doing a good job modeling the right way of talking by putting the client first and it is appropriate to correct others when you hear language that is stigmatizing."

"When caring for any client who has a history of substance use or is currently using substances, I always apply a harm reduction approach to care. This means, my care is focused on reducing the harms of substance use without expecting substance use to stop or decrease. Right now, as an inpatient, substance use likely isn't his primary concern. He's recovering from surgery and we should be managing his pain and treating him with the same level of respect as we do with all clients. It is also important to know that some individuals develop a physical tolerance to substances like narcotics and he might need higher doses to manage post-op pain effectively." Katherine listens intently.

Lisa goes on to say "As nurses, we have the responsibility to accept and provide care for all clients, regardless of gender, age, health status, lifestyle, sexual orientation, beliefs and health practices. A harm reduction approach to care doesn't mean nurses are encouraging substance use. It just acknowledges that people use substances for different reasons, and we need to meet them where they're at. It is not our goal to decide whether clients need to change their substance use. Instead, it is about providing relational and ethical care. It is important to use your fundamental nursing skills such as listening and empathy to build trust and promote dignity, compassion and non-judgemental acceptance."

Katherine appreciates and thanks Lisa for the conversation. She mentions to Lisa that she wishes there was more education on the unit to support nurses in caring for individuals who use substances. Lisa suggests that they connect with the clinical nurse educator to explore ways in which they could be better supported by the organization and Katherine agrees. As Katherine makes her morning rounds, she takes extra time to build rapport with Alex and reflects further on her conversation with Lisa.

***Disclaimer:** Our case studies are fictional educational resources. While we strive to make the scenarios as realistic as possible, any resemblance to actual people or events is coincidental. Thank you to the [College & Association of Registered Nurses of Alberta](#) for granting permission to adapt their case study.*

RESOURCES

[Code of Ethics for Registered Nurses](#)

[Canadian Nurses Association Harm Reduction Resources](#)

[Standards of Practice for Registered Nurses](#)

[Standards for the Therapeutic Nurse-Client Relationship](#)