

TEACHER'S GUIDE FOR



Bevel

DRUGS, USERS & OUTREACH **NURSING**
up

AN INTERACTIVE TEACHING DVD



BC Centre for Disease Control





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National Library of Canada –
ISBN 978-0-9782660-0-4

Dedicated to the nurses of the future

Bevel Up: Drugs, Users & Outreach Nursing is designed as an educational interactive DVD and teaching guide for student nurses and practicing nurses wishing to learn more about providing health care to people who use drugs. **BEVEL UP** was produced by the British Columbia Centre for Disease Control, Street Nurse Program and the National Film Board of Canada in collaboration with Canada Wild Productions, in Vancouver, British Columbia.

This project has been financially supported by Health Canada, the National Film Board of Canada and the British Columbia Nurses Union.

BEVEL UP was made possible through the generous sharing and support of many community members and individuals working in the fields of addiction, drug policy and nursing. For a full list of contributors please see page 100 for acknowledgements and page 91 for biographies.

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BEVEL UP: Drugs Users & Outreach Nursing

Title Code: 153C9907229

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BEVEL UP INTRODUCTION

HARM REDUCTION

In the early 20th Century both Britain and America were experiencing a wave of heroin addiction. In 1914 America passed the Harrison Law, which forbade the dealing in, or consuming of, opiates. (It is interesting to note that “addicts” were not considered “patients” in America and so the American enforcement of the Harrison Law forbade physicians to treat people who used drugs with opiate maintenance regimens.)

In 1920 Britain followed suit and passed a law called the Dangerous Drugs Act also designed to control the rampant use of opiates. In 1926, the British Ministry of Health appointed the Rolleston Commission, chaired by Sir Humphrey Rolleston, to decide whether physicians in Britain should have the right to prescribe maintenance doses of heroin to people using opiates. The commission sent Dr. Harry Campbell to the United States to see how the Harrison Law was working. The British physician reported back that the US laws and stringent prosecution of users and dealers had driven the drug deep into the black market. People using opiates, having to pay exorbitant prices for heroin, were struggling with poverty and ill health. As a result the commission recommended that Britain provide maintenance doses of heroin to chronic users. Having seen the consequences of the American approach to addiction, Britain provided the first clear example of a pragmatic harm reduction program.

(Riley, 1993)

Welcome to **BEVEL UP: Drugs, Users & Outreach Nursing**. **BEVEL UP** has been created in response to the realization that a critical public health need is not being met. It has been designed for nursing students and practicing nurses who wish to learn about working with people who use drugs, or to improve their skills when nursing people who use drugs. This educational package was produced by the British Columbia Centre for Disease Control (BCCDC) Street Nurse Program, together with Canada Wild Productions and the National Film Board of Canada, in Vancouver, British Columbia.

For many years, nurses have provided remarkable health-care services across Canada, from the expanses of the remote Arctic to urban hospital emergency departments. Working in a variety of settings, nurses have always directly or indirectly cared for people who use drugs and alcohol.

The Street Nurse Program has a provincial mandate to create an environment where individuals and communities can make and sustain healthier choices that reduce vulnerability to sexually transmitted infections and HIV. The program provides STI/HIV prevention services to people who do not access mainstream health care. The nursing services offered encompass clinical care, education and training, project development and implementation, research and advocacy.

People who use drugs report that they experience severe discrimination in institutional care settings. (Wood, Kerr, Spittal et al. 2003) Consequently, they tend to avoid institutional primary care, accessing emergency and acute hospital services only when extremely ill. This, in turn, places

stress on already overburdened health care services. (Wood, Kerr, Spittal et al. 2003) More and more health professionals are expressing concern that traditional models of care fail to meet the needs of populations who use drugs. (Broadhead, Heckathorn, Weakliem et al. 1998)

All Canadians are at risk if health-care services do not meet the health care needs of people who use drugs. The transmission of blood-borne pathogens resulting from unsafe needle sharing and sexual practices has significant individual, community, fiscal and public health consequences. (Kerr, O’Brian, 2002) Improved community health care for populations who use drugs can potentially improve a wide range of problems: emergency room overuse (Kerr, Wood, Grafstein et al. 2004), incarceration rates (Wood, Li, Small et al 2005), hospitalization rates (Palepu, Tyndall, Leon et al. 2001), public nuisance costs and enforcement costs. (Wood, Small, Li et al. 2004)



HARM REDUCTION IN NURSING

The art of nursing involves providing opportunities for clients and communities to make healthier choices. Nurses do this by offering a continuum of respectful, client-centered and holistic health care services to all clients and in all contexts. The principles of harm reduction fit naturally within nursing practice for nurses working with clients who use drugs.

As a public health approach, harm reduction accepts the reality that some people, despite the risks, will use drugs. Alongside prevention, addiction treatment and enforcement, harm reduction interventions are rooted in pragmatism and social justice. Their primary aim is to decrease the potential harm to drug users and to the communities in which they live. (McPherson, D, 2001) Rising HIV, hepatitis and drug overdose rates, and frequent hospitalizations for serious infections caused by unsafe injection practices, have been motivating factors for communities around the

world to implement a range of harm reduction practices. (Stimson, 2007). Working on the frontlines—in hospitals, clinics, prisons and street outreach programs, nurses are the health care professionals uniquely situated to decrease the potentially high risks associated with drug use.

Nurses are contributing significantly to an ever-growing scientific evidence-base with respect to harm reduction interventions. In practicing nursing through the lens of a harm reduction philosophy, Canadian nurses are doing what they have always done: providing opportunities for their clients, including those who use drugs, to live safer and healthier lives.

(Zettel, P, 2007)

BEVEL UP

STRUCTURE OF THE DVD

BEVEL UP: Drugs, Users & Outreach Nursing

consists of an interactive DVD with 4 hours and 30 minutes of video footage and an accompanying teaching guide. Facilitators have the following viewing options:

BEVEL UP NAVIGATION TIPS

Press Directions

Press ENTER to go into an underlined item.

Press MENU to interrupt the video being watched and to go to another section. The MENU button will go back to the last menu viewed.

(Pressing STOP will exit the DVD)

TOP MENU / TITLE MENU BUTTON: Will go to the main menu at the very start of the DVD. This is useful for changing languages or accessing subtitles.

BEVEL UP – THE DOCUMENTARY

This 45-minute documentary follows outreach nurses as they deliver relevant and pragmatic health care to people who use drugs.

CHAPTERED VERSION – WITH TEACHING MENUS

The instructional version of the documentary has been divided into eight chapters. A menu at the end of each chapter offers 2 selections directly related to the chapter.

Reflections On Practice highlights the four street nurses, a nursing practice consultant and a nursing ethicist reflecting on nursing practices or commenting on pertinent teaching points. The topics discussed are listed in the chart (DVD Screen Outline) on the next page. This chart can also be found on the back inside cover of the teaching guide.

+Topics are additional interviews with people who use drugs, nurses, researchers, lawyers, counsellors, and physicians. They can be accessed directly through the +Topics menu or through the relevant chapter. These are also listed in the chart (DVD Screen Outline) on the next page.

DVD SCREEN OUTLINE

1. Documentary (45:00 minutes)

2. Chaptered Version with Reflections on Practice and + Topics (195:00 minutes)

CHAPTER	TITLE	REFLECTIONS ON PRACTICE	+ TOPICS
1	Opening	<ul style="list-style-type: none"> • Insights • Why Outreach 	<ul style="list-style-type: none"> • Beyond the City • Prohibition • Street Drugs 101
2	Wheels & Barry	<ul style="list-style-type: none"> • People in Context • Safety • Relationship Building • Boundaries 	<ul style="list-style-type: none"> • Aboriginals & Drugs • Fetal Alcohol Spectrum Disorder • Street Drugs 101
3	Linda	<ul style="list-style-type: none"> • Therapeutic Communication 	<ul style="list-style-type: none"> • Drugs & the Brain • Mental Health & Drugs • Street Drugs 101
4	Becky & Liz	<ul style="list-style-type: none"> • Access to Health Care • Ethics & Practice • Pregnant Users • Dueling Agendas 	<ul style="list-style-type: none"> • Hospitals & Acute Care • Pregnancy & Drugs • Street Drugs 101
5	Street Youth	<ul style="list-style-type: none"> • Entrenchment • Harm Reduction 	<ul style="list-style-type: none"> • Street Drugs 101
6	Lee	<ul style="list-style-type: none"> • Sex Work & Health 	<ul style="list-style-type: none"> • Sex Work & Drugs • Street Drugs 101
7	Long Tran	<ul style="list-style-type: none"> • Therapeutic Communication • Access to Health Care • Supervised Injection 	<ul style="list-style-type: none"> • Street Drugs 101
8	Conclusion	<ul style="list-style-type: none"> • From Novice to Expert 	<ul style="list-style-type: none"> • Nurses Who Use Drugs • Street Drugs 101 • Street Nurses For Change
Additional			<ul style="list-style-type: none"> • Sex, Drugs & Gender • Peers & Natural Helpers



The **BEVEL UP: Drugs, Users & Outreach Nursing** teaching guide is intended to assist educators to facilitate discussion among nursing students and practicing nurses who wish to further develop knowledge, skills and attitudes related to working with people who use drugs. The guide does not offer answers but is designed to encourage personal and professional reflection. Because the DVD and guide are intended to support a broad range of contexts, facilitators are welcome to choose only those items and learning activities that best serve the participants with whom they are working.

This teaching guide supplements the video selections in the **BEVEL UP** DVD with suggestions for learning activities.

LEARNING ACTIVITIES

The structure of the learning activities generally follows this pattern:

- *Before Viewing* suggestions
- *During Viewing* suggestions
- *After Viewing* suggestions

The *Before*, *During* and *After* stages have been designed to maximize participants' interaction with the DVD, as well as their capacity for learning the concepts it presents. *Before Viewing* activities may take 5-10 minutes. *During Viewing* activities will take the time of the video scenes. *After Viewing* activities will take another 5-20 minutes, depending on their complexity or participants' responses. Learning activities often include a suggestion for a flip chart visual aid or a handout master which you can photocopy.

Each segment of footage has a number attached to it that indicates its running time (minutes: seconds). For example: Street Drugs 101 (34:58)

RESOURCES

The appendix provides further resources, including relevant web links, DVDs, books and articles. You may also find local speakers and resources relevant to your community helpful.

If you have learning activities or resources that you have found effective, please notify us at: streetnursedvd@bccdc.ca

Included in this teaching guide is a CD PDF version of **Teacher's Guide for BEVEL UP: Drugs, Users & Outreach Nursing** in French, **BISEAU VERS LE HAUT**.



CHAPTER 1
OPENING

OPENING



CHAPTER 1 OPENING



“It’s a culture shock. And how can it not be?”

Caroline Brunt, Street Nurse

CHAPTER 1: OPENING (5:25)

Reflections on Practice:

Insights (3:07)
Why Outreach? (1:45)

+ Topics:

Beyond the City (10:21)
Prohibition (7:11)
Street Drugs 101 (34:58)

CHAPTER OVERVIEW

Chapter 1: *Opening* sets the stage for an exploration of the reasons for outreach nursing and a discussion of its strategies. The chapter opens with the nurses preparing to venture onto the streets. Once there, they meet Becky, give her mouthpieces for a crack pipe and chat about her pregnant daughter, Liz. Later, they meet Tracey in a hotel and discuss her upcoming test results.

In **Reflections on Practice** the street nurses discuss the reasons for outreach nursing as well as its challenges. The **+Topics** cover the differences between rural and urban outreach nursing, the effects of prohibition, and the specific use and effects of common street drugs.

SUMMARY OF LEARNING OBJECTIVES

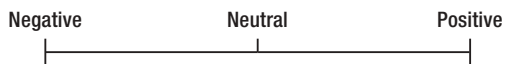
1. To explore societal attitudes towards people who use drugs.
2. To explore the concept of outreach nursing and the experience of the individual nurse who provides care in an outreach setting.
3. To explore how our personally held attitudes and beliefs influence our nursing practice when we care for people who use drugs.
4. To explore your provincial Standards of Practice in relation to nursing people who use drugs.
5. To explore the benefits and limitations of nursing in a clinic/hospital and nursing in an outreach context.
6. To compare the nursing challenges in rural and urban settings, when working with people who use drugs.
7. To understand the legal, social and ethical issues involving drug use and their impact on nursing practice.
8. To understand the paradoxes of prohibition and the promotion of drugs.
9. To learn about the characteristics and uses of commonly used street drugs.

LEARNING ACTIVITY 1 FOR CHAPTER 1: OPENING

Objective

To explore societal attitudes towards people who use drugs.

1. Have the participants write on stickies or card sized pieces of paper words or phrases that they have used – or heard used – to describe people who use drugs. Have them do this quickly, writing the first ideas or thoughts that come to mind. Use a separate stickie for each word or phrase.
2. As a group, arrange the stickies to span a continuum from negative, through neutral, to positive.
3. End by discussing how the choices of labels nurses apply to people in their words and thoughts might influence a nursing relationship with people who use drugs.



LEARNING ACTIVITY 2 FOR CHAPTER 1: OPENING

Objective

To explore the concept of outreach nursing and the experience of the individual nurse who provides care in an outreach setting.

Before Viewing

Ask the group to consider the following questions:

- What does “outreach nursing” mean to you?
- Why might a nurse provide outreach nursing care?
- What do you think is unique about providing nursing care to people who use drugs?
- What are the challenges involved in outreach nursing?

You might use the *Insights into Outreach Nursing* handout in the form of a KWL* chart on page 10 to help participants organize and log their ideas.

During Viewing

View Chapter 1: *Opening* (5:25)

If you are using the above handout ask participants to add information to the KWL chart as they watch.

After Viewing

Re-visit the handout after viewing *Opening* to complete the third column.

Ask participants the following questions:

- What are the challenges involved in outreach nursing?
- What challenges would you face if you worked with people who use drugs?
- What challenges did the nurses, Caroline and Liz, face?
- How did Caroline and Liz address those challenges?



*A Know, Want to Know, Learned (KWL) chart is a graphic organizer that helps learners track and organize their learning. Before a learning activity, learners list what they already know about a topic, followed by a description of what they want to know. After a learning activity, they use the “What Did I Find Out” column to summarize what they have learned, or confirmed, in their learning.

HANDOUT 1.1

INSIGHTS INTO OUTREACH NURSING

	WHAT DO I KNOW?	WHAT DO I WANT TO KNOW?	WHAT DID I FIND OUT?
What does "outreach nursing" mean to you?			
Why might a nurse provide outreach nursing care?			
What do you think is unique about providing nursing care to people who use drugs?			
What are the challenges involved in outreach nursing?			

CHAPTER 1

REFLECTIONS ON PRACTICE: **INSIGHTS**

“What is it about us that maybe we have a little bit of a connection with somebody who is using drugs or is working in the sex trade? You need to learn about yourself and need to understand.”

Caroline Brunt, Street Nurse

LEARNING ACTIVITY 1 FOR **INSIGHTS**

Overview

In *Insights* the street nurse, Caroline Brunt, describes her personal journey working with people who use illicit street drugs. Her street nursing colleague Janine Stevenson describes empathic behaviours outreach nurses might use. All registered nurses working in Canada are expected to adhere to their professional practice standards. Even though they work with people who use illicit street drugs, both Janine and Caroline are practicing according to nursing standards in British Columbia.

Objective

To explore how our personally held attitudes and beliefs influence our nursing practice when we care for people who use drugs.

Before Viewing

Think back to the documentary you have viewed. When Becky is asked how she was treated when she went to the hospital, she responds, “Like shit. They thought I was only there for the drugs.”

Ask participants:

- How might a nurse’s personally held attitudes and beliefs influence his or her nursing practice when they care for people who use drugs?
- What are the nursing standards in your jurisdiction as they relate to providing care for individuals who use illicit drugs?

Create a list of influences.

CHAPTER 1: OPENING (5:25)

Reflections on Practice:

Insights (3:07)

Why Outreach? (1:45)

+ Topics:

Beyond the City (10:21)

Prohibition (7:11)

Street Drugs 101 (34:58)



During Viewing

View *Insights* (3:07)

After Viewing

Ask participants to consider the following questions:

- How do Caroline's and Janine's statements help us understand ways that personal points of view and judgments might affect a nurse's actions?
- How does their advice help us understand the challenges of outreach nursing and successful outreach nursing strategies?
- What useful information does their advice add to the KWL *Insights into Outreach Nursing* handout on page 10.

LEARNING ACTIVITY 2 FOR INSIGHTS

Objective

To explore your provincial Standards of Practice in relation to nursing people who use drugs.

Ask participants to answer the following questions:

- **Responsibility and Accountability**

What is our sense of responsibility and accountability when providing nursing services to a person who uses illicit street drugs?

- **Specialized Body of Knowledge**

How can our specialized body of knowledge help us work with drug-using populations?

- **Competent Application of Knowledge**

How do we apply that knowledge competently?

- **Code of Ethics**

What are some of the complex ethical situations that can arise for nurses working with drug-using populations?

- **Provision of Service in the Public Interest**

How do outreach nursing and harm reduction strategies serve/not serve the public interest?

- **Self-regulation**

How would you explore self-regulation for nurses working with drug-using populations?

CHAPTER 1

REFLECTIONS ON PRACTICE: WHY OUTREACH?



LEARNING ACTIVITY 1 FOR WHY OUTREACH?

Overview

One of the street nurses, Liz James, comments on some of the rationales for outreach programs. Another nurse, Caroline Brunt, describes strategies for successful outreach nursing.

Objective

To explore the benefits and limitations of nursing in a clinic/hospital with nursing in an outreach context.

Before Viewing

Create the following grids on the board or flip chart:

BENEFITS

	Clinic/Hospital	Outreach
Client		
Nurse		

LIMITATIONS

	Clinic/Hospital	Outreach
Client		
Nurse		

Ask participants to list the benefits and limitations of nursing in a clinic or hospital, and in an outreach context.

List the benefits and limitations from the client's point of view.

CHAPTER 1: OPENING (5:25)

Reflections on Practice:

Insights (3:07)

Why Outreach? (1:45)

+ Topics:

Beyond the City (10:21)

Prohibition (7:11)

Street Drugs 101 (34:58)



During Viewing

View *Why Outreach?* (1:45)

After Viewing

Add ideas from the video to the charts.

Ask participants the following question:

- What are some of the characteristics of a health care system that would completely meet the needs of people who use illicit street drugs?

HINTS FOR FACILITATORS

BENEFITS

	Clinic/Hospital	Outreach
Client	<ul style="list-style-type: none"> • specialized care • food and shelter 	<ul style="list-style-type: none"> • being met on own “turf” • no line-ups
Nurse	<ul style="list-style-type: none"> • resources/supplies available • other staff available 	<ul style="list-style-type: none"> • reaching marginalized clients • autonomous practice

LIMITATIONS

	Clinic/Hospital	Outreach
Client	<ul style="list-style-type: none"> • cannot use drugs • institutional rules • fear of traditional settings • loss of control 	<ul style="list-style-type: none"> • street distractions • limited care provision • lack of privacy
Nurse	<ul style="list-style-type: none"> • institutional rules • time constraints 	<ul style="list-style-type: none"> • safety risks • hands on care limited • less institutional support

CHAPTER 1

+TOPICS: BEYOND THE CITY

“When you deny that there is a drug problem, those that use drugs are even further marginalized from getting any sort of care or any sort of help. Because if there is no problem, you don’t need those services.”

Gayle Carrière, Outreach Nurse Educator

LEARNING ACTIVITY 1 FOR BEYOND THE CITY

Overview

Outreach nursing in an urban centre is different from nursing in a rural community. In the opening scene of *BEVEL UP*, Dean explains that drug use is not confined to big cities. He says, “Port Alberni – there is probably more drugs there than there is here (in Vancouver’s Downtown Eastside). I’ve been to Campbell River, Courtenay, Parksville, Nanaimo, Tofino, Ucluelet. Every one of those places, there’s cocaine everywhere.”

Objective

To compare the nursing challenges in rural and urban settings when working with people who use drugs.

Before Viewing

Brainstorm and list the conditions that make rural nursing different from urban nursing.

Use the *Urban/Rural* handout on page 16 to help organize your ideas and identify conditions that are common to both environments.

List the challenges facing rural nurses who work with people who use drugs.

During Viewing

View *Beyond the City* (10:21)

Add ideas and conditions described in *Beyond the City* to the *Urban/Rural* handout.

After Viewing

Ask participants the following:

- Discuss rural/urban differences.
- What strategies did nurses Wenda Bradley and Gayle Carrière use to build relationships and support change in their rural or small town communities?
- What are some of the challenges you would face in your community?
- How well prepared is your community to face these challenges?

CHAPTER 1: OPENING (5:25)

Reflections on Practice:

- Insights (3:07)
- Why Outreach? (1:45)

+ Topics:

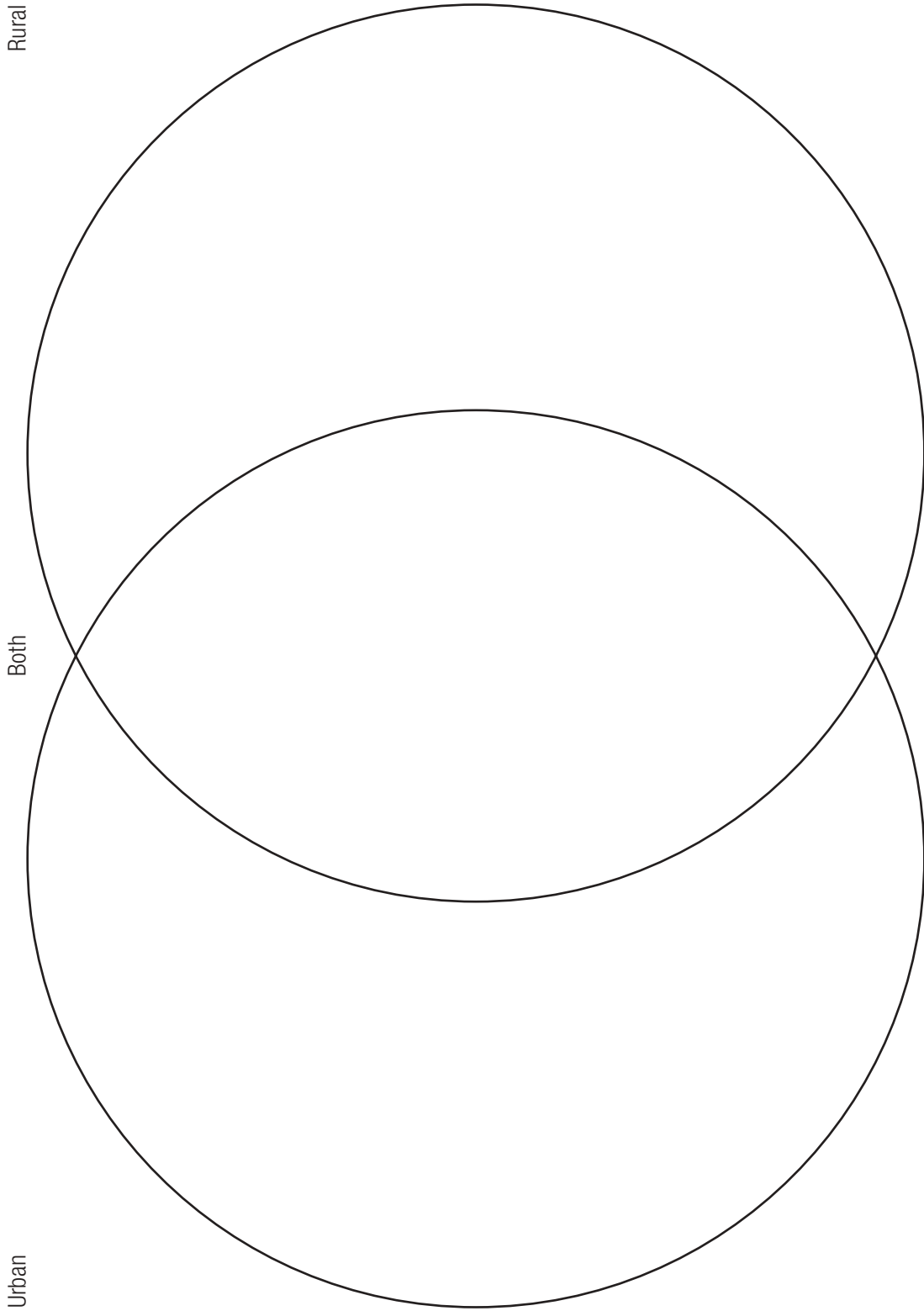
- Beyond the City** (10:21)
- Prohibition (7:11)
- Street Drugs 101 (34:58)

HINTS FOR FACILITATORS

Some conditions that make rural nursing different from urban nursing:

- less access to resources/specialized care for both client and nurse
- nurse more integrated into community – relating to clients professionally AND socially
- nurses have a larger practice territory (outpost nursing)
- clients need to travel further for health care
- clients have less choice in terms of health care providers
- client privacy issues different – people know one another more in a small community
- drug use more stigmatized and often more covert

HANDOUT 1.2
URBAN/RURAL





LEARNING ACTIVITY 1 FOR PROHIBITION

Overview

Lawyer Eugene Oscapella and social worker Mark Haden describe the legal, criminal, social and ethical dilemmas related to drug use.

Objective

To understand legal, social and ethical issues involving drug use and their impact on nursing practice.

Before Viewing

Ask participants to fill out the *Prohibition* handout on page 18 to identify their knowledge and attitudes regarding these issues.

During Viewing

View *Prohibition* (7:11)

Ask participants to add relevant comments from Eugene Oscapella and Mark Haden to the *Prohibition* handout.

After Viewing

Invite students to comment on statements or attitudes they found to be a) thought-provoking, b) ethically challenging, c) in contrast to their own opinions, and/or d) important for nurses to keep in mind.

Further questions:

- What are the harm reduction opportunities that needles and crack pipes offer?
- What evidence exists with respect to the harm reduction opportunities that needles and crack pipes offer?
- How does the criminal law dealing with crack pipe and needle distribution differ from the public health law?
- What legal opinions exist in your jurisdiction for the distribution of needles and crack pipes?
- What legal recommendations have been made regarding decriminalization of drugs in Canada?

CHAPTER 1: OPENING (5:25)

Reflections on Practice:

Insights (3:07)
Why Outreach? (1:45)

+ Topics:

Beyond the City (10:21)
Prohibition (7:11)
Street Drugs 101 (34:58)

HANDOUT 1.3

PROHIBITION

Circle your response to each of the following statements.
Provide reasons for your answers.

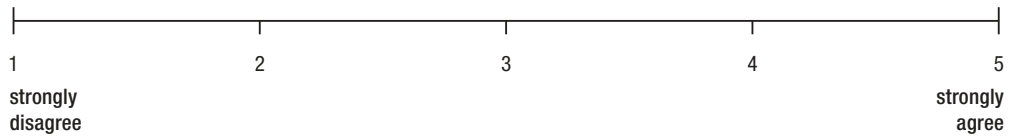
1. Criminalizing drug use creates more problems than it solves.



2. Outreach nurses should not handle illicit drugs.



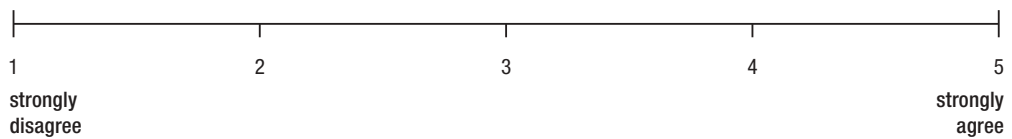
3. Illicit drug use is more a political than a social issue.



4. Illicit drug use takes a greater social than personal toll.



5. We all pay when drugs are criminalized.





LEARNING ACTIVITY 2 FOR PROHIBITION

Overview

Mark Haden, a social worker, speaks about the paradox of prohibition.

Objective

To understand the paradoxes of prohibition and the promotion of drugs.

1. Display the *Paradox of Prohibition* schematic on page 20. You may want to use it as a handout.

2. Explain to participants:

This schematic illustrates the Paradox of Prohibition.

The x-axis represents the range of legal responses to drug use, from *prohibition* on the left to *legalization and promotion* on the right.

The y-axis represents the social and health problems that result from the black marketing and legalizing responses.

3. Ask the participants to answer the questions below the stylized graph.

CHAPTER 1: OPENING (5:25)

Reflections on Practice:

Insights (3:07)

Why Outreach? (1:45)

+ Topics:

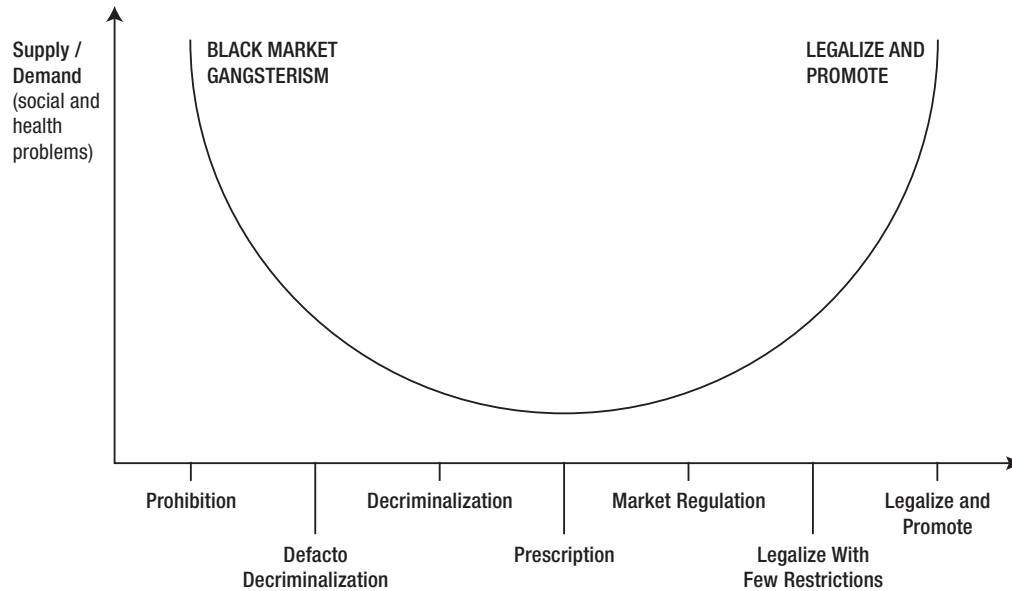
Beyond the City (10:21)

Prohibition (7:11)

Street Drugs 101 (34:58)

HANDOUT 1.4

THE PARADOX OF PROHIBITION



Reference: Adapted from Mark's U-Shaped Curve

A Public Health Approach to Drug Control in Canada: Health Officers Council of B.C. October 2005

1. What do you think is paradoxical about this stylized graph?
2. Where do you think the optimum point(s) on the schematic are? Why?
3. Where do you think your community currently sits on the graph?
4. How might your community's position move closer to the optimum point?

“I think I’ve figured out why we use drugs. It’s like us users are missing a layer of emotional skin.”

Angel

Overview

Street Drugs 101 presents people who use drugs, and the street nurse Fiona Gold, who describes the effects and characteristics of many common street drugs as well as the context for their use. *Street Drugs 101* contains 6 separate topics: heroin, methadone, cocaine, polydrug use, crystal meth, and safer injecting 101.

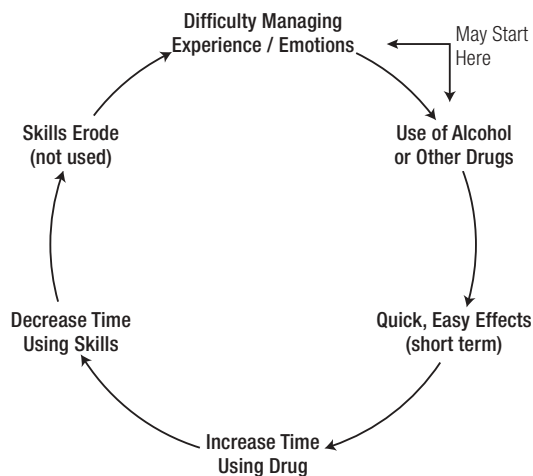
Background

Theory of Addiction

It is beneficial for outreach nurses to understand how people who use drugs become dependent on a substance and then respond to that dependency. Drug use can be seen as a continuum on which people can move between the poles of abstinence and chronic use. The challenge for nurses is to meet people wherever they are on this continuum.

One theory of addiction is represented by the Cycle of Dependence, as developed by the National Workshop on Action on Women and Substance Misuse (1994), and is depicted below.

Cycle of Dependence



This model describes how drug use and a person’s normal coping mechanisms interact. Although it was developed for women, the model also applies to men. Many issues in a person’s life contribute to drug use, e.g., grief, poverty, abusive relationships and illness. At first, getting high may be a quick and easy way to feel pleasure and to escape reality. The more often individuals use drugs to deal with life’s challenges, the less likely they are to use other coping methods. Gradually, as they depend on the drug more and more, their addiction takes away their power, choices and abilities and begins to interfere with work, relationships, health and finances. Ultimately, a person may need a drug just to feel “normal.”

(Alberta Alcohol and Drug Abuse Commission, 2003)

CHAPTER 1: OPENING (5:25)

Reflections on Practice:

Insights (3:07)
Why Outreach? (1:45)

+ Topics:

Beyond the City (10:21)
Prohibition (7:11)
Street Drugs 101 (34:58)

DRUGS AND SOCIETY

Illegal drugs and responses to drug use have played an interesting role in shaping our societies. Drugs have long influenced the way societies function – both economically and culturally. For example, the Chinese Opium Wars of the mid-1800s were part of imperialistic British trade practices. The British saw opium as a profitable commodity and grew enormous quantities of poppies in India under monopoly conditions. Large quantities of opium were then illegally imported into China, fostering opium dependencies in an estimated two million Chinese. (Traditionally, the Chinese used small quantities of opium for medicinal purposes only.) When the Chinese government tried to halt opium shipments into their country, the British attacked Chinese ports. After years of on-again, off-again fighting, the British took the port of Hong Kong in 1842. It remained under British rule for the next 155 years. (www.wsu.edu/%7Eedee/CHING/OPIUM.HTM)



CHAPTER 1: OPENING (5:25)

Reflections on Practice:

Insights (3:07)

Why Outreach? (1:45)

+ Topics:

Beyond the City (10:21)

Prohibition (7:11)

Street Drugs 101 (34:58)

Changing Addictive Behaviour

According to Prochaska and Clemente (1992), there are five phases of change that apply to all addictive behaviour. People who use drugs do not enter these phases in a linear process but can enter and re-enter them at any phase. Factors that influence the process of change include: a person's growth and development, hierarchy of needs, motivations, information, readiness, safety, skills and beliefs. The phases are as follows:

1. Pre-contemplation – unaware of problems related to addictive behaviours
2. Contemplation – aware of addiction-related problems but ambivalent and not committed to act
3. Preparation – intent to take action
4. Action – overt involvement in behavioural changes which take time and energy
5. Maintenance – free of addictive behaviours for more than 6 months and consolidating gains

(as cited in Seymour & Payne, 2006)

Low threshold services using harm reduction principles for people who inject illicit drugs, have been demonstrated to facilitate movement through these five phases of change.

(Wood E, Tyndall M, Zhang R, 2006)

Barriers to Treatment

Accessing detox and treatment facilities can be a challenge for many people who use drugs. Health care professionals, however, can facilitate this process. People who are street-involved may not have access to a telephone or transportation (Chenier, N, 1999). Because many people who use drugs are awake all night they may have trouble making an appointment at a specific time.

A person may also be hesitant to access treatment if it means leaving partners, children, pets, belongings and accommodation behind.

Accessing drug treatment can be a very different experience for men and women. Women have a unique role in society as a result of their roles in bearing and rearing children. Women interviewed for the *Care of Substance Using Mothers Research Project* (1998) identified the following reasons why they would not seek treatment:

- Shame
- Fear of losing children or custody of children
- Fear of prejudicial treatment on the basis of their motherhood status
- Feelings of depression and low self-esteem
- Belief they could handle the problem without treatment
- Lack of information about what treatment was available
- Waiting lists for treatment services
- Depression
- Denial
- Lack of transportation
- Child care
- Financial concerns
- Losing housing if they enter a treatment facility

(Poole & Isaac, 2001)

LEARNING ACTIVITY 1 FOR **STREET DRUGS 101**

Note to Facilitators

Street Drugs 101 contains 6 separate topics: heroin, methadone, cocaine, polydrug use, crystal meth, and safer injecting 101.

Objective

To learn about the characteristics and uses of commonly used street drugs.

Before Viewing

Ask the participants to use their prior knowledge to fill out as much of the *Street Drugs 101* handout on page 24 as they can.

During Viewing

View *Street Drugs 101* (34:58)

Complete the chart while viewing.

After Viewing

Invite further questions that participants might ask about street drugs and place them in the “Questions” column.



HANDOUT 1.5
STREET DRUGS 101

	JARGON	APPEARANCE	EQUIPMENT	INGESTION	FREQUENCY	EFFECTS	WITHDRAWAL	OVERDOSE	QUESTIONS
Heroin									
Methodone									
Cocaine									
Crack									
Crystal Meth									



CHAPTER 2
WHEELS & BARRY



2

CHAPTER 2

WHEELS & BARRY



CHAPTER 2: WHEELS & BARRY (6:40)

Reflections on Practice:

- People in Context (1:19)
- Safety (2:12)
- Relationship Building (1:52)
- Boundaries (2:19)

+ Topics:

- Aboriginals & Drugs (6:23)
- Fetal Alcohol Spectrum Disorder (7:38)
- Street Drugs 101 (34:58)

“I see Barry. I don’t see him as what he does.
I see him as an individual who needs health care.”

Caroline Brunt, Street Nurse



CHAPTER OVERVIEW

Chapter 2: *Wheels & Barry* focuses on the unique challenges that outreach nurses face when they provide health care on the street, and in parks, alleys and hotels. Chapter 2 illustrates the many variables outreach nurses may encounter in terms of contexts, personalities, power and settings. The +Topics inform participants about two specialized areas of outreach nursing: outreach work with Aboriginal people, and causes and effects of Fetal Alcohol Spectrum Disorder.

SUMMARY OF LEARNING OBJECTIVES

1. To explore the interactions between nurses and people who use drugs.
2. To explore the social determinants of health in the context of the lives of people who use drugs.
3. To explore strategies to ensure nurse and client safety when out on the street, in parks or hotels.
4. To explore how to build relationships with people who use drugs.
5. To explore the concept of boundaries in the relationship between an outreach nurse and a person using drugs.
6. To explore drug use issues in Aboriginal communities.
7. To explore the concepts of Fetal Alcohol Spectrum Disorder (FASD) and the communication strategies nurses can employ when they are working with people affected by FASD.

LEARNING ACTIVITY FOR CHAPTER 2: WHEELS & BARRY

Overview

This episode documents a health care encounter in an alley between the street nurse, Caroline Brunt, and Barry, as well as an encounter on a street corner between another nurse, Janine Stevenson, and Wheels and Dexter.

Objective

To explore the interactions between nurses and people who use drugs.

Before Viewing

Ask participants to list strategies that nurses might use to establish professional relationships with people.

How might nurses use cues from people who use drugs when deciding whether to begin, maintain, or end a health-care session?

During Viewing

View Chapter 2: *Wheels & Barry* (6:40)

Observe the interactions between the nurses and the clients.

After Viewing

What strategies do the nurses, Caroline and Janine, use to establish friendly, professional relationships?

How do the clients respond to the nurses?

CHAPTER 2

REFLECTIONS ON PRACTICE PEOPLE IN CONTEXT



People operate in a complex context of social, cultural, physical, economic, psychological and spiritual dimensions. Socio-economic conditions are greater predictors of health status than genetics or such traditional risk factors as activity, diet and tobacco use.

World Health Organization, (WHO) 1998

CHAPTER 2: WHEELS & BARRY (6:40)

Reflections on Practice:

People in Context (1:19)

Safety (2:12)

Relationship Building (1:52)

Boundaries (2:19)

+ Topics:

Aboriginals & Drugs (6:23)

Fetal Alcohol Spectrum Disorder (7:38)

Street Drugs 101 (34:58)

Background

The following factors, known as the social determinants of health, are critical in determining health risks:

1. Income and Social Status
2. Social Support Networks
3. Education and Literacy
4. Employment/Working Conditions
5. Social Environments
6. Physical Environments
7. Personal Health Practices and Coping Skills
8. Healthy Child Development
9. Biology and Genetic Endowment
10. Health Services
11. Gender
12. Culture

Public Health Agency of Canada (2007)

<http://www.phac-aspc.gc.ca/ph-sp/phdd/determinants/index.html#determinants>

Outreach nurses witness the impact of these determinants every day. Addressing the social determinants of health requires a paradigm shift in thinking, away from therapies and treatments and towards a consideration of the impact of poverty, social equality and justice. Gaining an appreciation for these determinants helps nurses approach their clients with a non-judgmental attitude. Instead of thinking “Why can’t users just pull up their socks?” it is useful to contextualize people’s drug use, i.e., “What may it have been like to have been abused as a child, to have no social support system, no money and no education?”

LEARNING ACTIVITY 1 FOR PEOPLE IN CONTEXT

Objective

To explore the social determinants of health in the context of the lives of people who use drugs.

Before Viewing

Encourage participants to briefly review the social determinants of health. These might be represented on a poster or on a handout.

During Viewing

View *People in Context* (1:19)

After Viewing

Invite each participant to select a social determinant and ask her/him to explain how it might contribute to difficult life experiences and to possible self-medication.

CHAPTER 2

REFLECTIONS ON PRACTICE SAFETY



CHAPTER 2: WHEELS & BARRY (6:40)

Reflections on Practice:

People in Context (1:19)

Safety (2:12)

Relationship Building (1:52)

Boundaries (2:19)

+ Topics:

Aboriginals & Drugs (6:23)

Fetal Alcohol Spectrum Disorder

(7:38)

Street Drugs 101 (34:58)

Background

Outreach nurses use the same basic nursing strategies as colleagues working in clinics, hospitals, extended care facilities and the community. Throughout **BEVEL UP** you will find examples of all the strategies below. In the DVD footage we have only chosen to highlight two basic strategies, safety and relationship building.

- Safety (2:12)
- Relationship Building (1:52)
- History and Information Gathering
- Providing Care
- Teaching
- Follow-Up
- Reflection

LEARNING ACTIVITY 1 FOR SAFETY

Objective

To explore strategies that ensure nurse and client safety out on the street, in parks, and in hotels.

Before Viewing

Ask participants to brainstorm safety concerns, if any, for outreach nurses working with people who use drugs.

During Viewing

View *Safety* (2:12)

Note the cautions that the street nurse, Caroline, and the practice consultant, Mary, suggest.

After Viewing

Add to the brainstormed strategies from the *Hints for Facilitators* list, see right.

HINTS FOR FACILITATORS

- working in pairs
- partnering with community agencies
- notifying a colleague or supervisor if working alone
- carrying cell phones when outside of clinic settings
- carrying work ID

2

CHAPTER 2

REFLECTIONS ON PRACTICE **RELATIONSHIP BUILDING**



“You can’t have a relationship with a client if they don’t have some kind of place in that relationship. Without that relationship, you don’t get that other stuff done – you don’t get the blood drawn, you don’t get them in to see the doctor, and you don’t get the pills taken – if the client doesn’t trust you.”

Janine Stevenson, Street Nurse

CHAPTER 2: WHEELS & BARRY (6:40)

Reflections on Practice:

People in Context (1:19)

Safety (2:12)

Relationship Building (1:52)

Boundaries (2:19)

+ Topics:

Aboriginals & Drugs (6:23)

Fetal Alcohol Spectrum Disorder (7:38)

Street Drugs 101 (34:58)

Background

A trusting relationship between the nurse and the client not only opens doors, but also increases safety for the nurse. With trust, nurses can access clients, gather information, take medical histories, and provide treatment, health education and follow-up, as well as acting as health advocates. According to Robinson (1996) actions that influence positive change include curious listening, showing compassion, having a positive orientation, collaborating, and being impartial, objective, and non-judgmental.

Taylor (1992) suggests that what makes outreach nurses most effective is not their separateness from clients but their common humanity. As Taylor explains, “Within the context of caring, the nurses were ordinary people perceived as

being extraordinarily effective, by the very ways in which their humanness shone through their knowledge and skills, to make their whole being with patients something more than just professional helping.”

Caring for clients in a street or hotel setting is vastly different from providing care in an institution or hospital/clinical facility. Nurses are on clients’ “turf” and the illusion of authority, which the institutional setting provides, dissipates quickly. Nurses also do not have access to the resources that are available in traditional settings. It is important to create a collaborative relationship with clients and help them realize that they are part of their health care solution.



LEARNING ACTIVITY 1 FOR RELATIONSHIP BUILDING

Objective

To explore how to build relationships with people who use drugs.

Before Viewing

1. Divide the participants into groups of four. Ask the members of each group to role-play the nurse, Wheels and Dexter. One member of the group should act as an observer.
2. The facilitator gathers all the Wheels together and tells them, without the nurses or the Dexters knowing, that they will not agree to any health care intervention.
3. The facilitator then gathers all the Dexters together and they are told, without the others knowing, that they will only agree to a health care intervention after being persuaded.
4. The nurses are then told by the facilitator without the others knowing that they have been asked by their employer to test Dexter and Wheels for syphilis.

5. Ask the nurse and the clients to role-play a health care encounter. The observer provides feedback and, if necessary, demonstrates how the nurse could have responded differently to effect a better outcome.
6. Circulate and support the small groups.
7. If there is time, rotate the roles.

Ask participants the following:

- How did you feel as nurses and as clients?
- Discuss/explore the challenges you encountered.
- Reflect on how well you met the challenges.

During Viewing

View *Relationship Building* (1:52)

After Viewing

Ask the participants what they learned, and what they could incorporate into their nursing practice.

CHAPTER 2

REFLECTIONS ON PRACTICE BOUNDARIES



CHAPTER 2: WHEELS & BARRY (6:40)

Reflections on Practice:

People in Context (1:19)
Safety (2:12)
Relationship Building (1:52)
Boundaries (2:19)

+ Topics:

Aboriginals & Drugs (6:23)
Fetal Alcohol Spectrum Disorder (7:38)
Street Drugs 101 (34:58)

“It is always the registered nurse who is responsible for establishing and maintaining boundaries with clients.”

CRNBC (2006)

Overview

In Chapter 2: *Wheels & Barry* there is an encounter between the street nurse, Janine Stevenson, and two male clients, Wheels and Dexter. Janine is the subject of several sexually charged comments.

Background

A nurse would be well within his or her standards of practice and Canadian Nurses Association (CNA) Code of Ethics for Registered Nurses in telling a client his remarks are inappropriate. (CRNBC, 2003) However, Janine knows from experience that such a comment in this context might change and perhaps sever any relationship she has with Wheels and Dexter.

Peternelj-Taylor & Yonge (2003) explain that within the nurse-client relationship there are many hazards that can compromise the integrity of what is fundamentally a therapeutic relationship. Being aware of this potential is the first step in preventing boundary violations. Peternelj-Taylor & Yonge share some active strategies that help to maintain clear therapeutic boundaries.

These strategies include:

- Self-awareness: Are your actions meeting your needs or the client's?
- Peer debriefing: Sharing doubts, concerns and questions openly with colleagues.
- Group approaches: Asking a more experienced nurse to accompany you into a potentially uncomfortable situation.
- Education: Ensuring that all nursing curricula deal with creating and maintaining boundaries.

LEARNING ACTIVITY 1 FOR BOUNDARIES

Objective

To explore the concept of boundaries in the relationship between an outreach nurse and a person using drugs.

Before Viewing

Write the following quote on a flip chart, read it to the class and ask participants what it means to them:

“The familiarity and trust that develop between a nurse and a client, coupled with the seductive pull of helping, the complexity of the client's treatment needs, a general lack of understanding of boundary theory, can threaten the integrity of the relationship and ultimately lead to boundary violations.”

(Peternelj-Taylor & Yonge, 2003)



- Ask participants to recall how the nurse, Janine, interacts with Wheels and Dexter in Chapter 2.
- Ask the participants to identify the boundaries that were pushed.
- Ask participants to describe how Janine met the challenge.
- Assess how Janine met the boundary challenge and imagine other possible strategies.

During Viewing

View *Boundaries* (2:19)

After Viewing

- What concepts do Janine, the street nurse, and Paddy Rodney, the nursing ethicist, discuss?
- How do these concepts apply to your present nursing practice?
- What additional issues involving boundaries do outreach nurses need to consider and prepare for?

HINTS FOR FACILITATORS

- The nurse – not the client – is responsible for establishing and maintaining boundaries.
- Begin, maintain and end a relationship with a client in a way that ensures the client's health care needs are first and foremost.
- Use caution when socializing with clients and former clients.
- Engage in appropriate self-disclosure.
- Supportive touching or hugging a client may be therapeutic in select circumstances.
- Communicate respectfully with clients.

(CRNBC, 2006)

HINTS FOR FACILITATORS

- Consider how to respond when clients hit on you sexually.
- Consider the dynamic created by giving money to clients.
- Consider how much to care.
- Consider how much to ask.
- Consider how much to share about yourself.
- Know when to call 911.
- Identify strategies for maintaining boundaries.
- Ask: Would I do this in front of my supervisor?
- Ask: Is this intervention for the benefit of the client or the nurse?
- Ask: Is there a supportive work environment where we can acknowledge, discuss and examine feelings?

CHAPTER 2

+ TOPICS: ABORIGINALS & DRUGS



Substance abuse problems are a major social and health issue faced by indigenous peoples all over the world, from the Maori of New Zealand to Greenlanders to the First Nations of Canada. (WHO, 1996) Ultimately, this situation stems from the consequences of European conquest of these lands, with a loss of culture, resources and population that ensued in the next centuries.

Wright, 1995

Overview

In *Aboriginals and Drugs*, the nurse, Lucy Barney, discusses drug use in Aboriginal communities.

Background

In Canada, about 100,000 Aboriginal children were taken from their homes to be educated in residential schools. Some were physically, emotionally and sexually abused by teachers and guardians. The tragic effects of this legacy continue to reverberate among Aboriginal peoples today. Despite recent advances in health status, Canada's Aboriginal peoples have higher unemployment, lower educational opportunities, shorter life expectancies, higher infant mortality rates, higher morbidity rates and higher rates of problematic substance use than the Canadian population in general.

(Health Canada, 2000)

BC HIV statistics reflect this reality. Between 1996 and 2000, Aboriginal people accounted for approximately 4% of the total population but comprised 18% of new HIV infections. Between 1998 and 2000, 60% of new HIV infections among Aboriginal people were attributed to injection drug use (Millar et al. 2006). BCCDC statistics reveal that in 2005, more than 30% of those women with positive HIV tests were Aboriginal. Meanwhile, Aboriginal men accounted for 9% of positive tests.

(BCCDC, 2005)

LEARNING ACTIVITY 1 FOR ABORIGINALS & DRUGS

Objective

To explore drug use issues in Aboriginal communities.

Before Viewing

Define “harm reduction” and “abstinence”.

Ask: How are harm reduction and abstinence two different ways of responding to the same problems?

During Viewing

View *Aboriginals and Drugs* (6:23)

After Viewing

Ask participants the following:

- How might the metaphor of the braid (mind, body and spirit) help nurses in their interactions with Aboriginal people who use drugs?
- How might Lucy's comments help nurses understand why some Aboriginal people who use drugs do not access mainstream clinics?

CHAPTER 2: WHEELS & BARRY (6:40)

Reflections on Practice:

- People in Context (1:19)
- Safety (2:12)
- Relationship Building (1:52)
- Boundaries (2:19)

+ Topics:

- Aboriginals & Drugs** (6:23)
- Fetal Alcohol Spectrum Disorder (7:38)
- Street Drugs 101 (34:58)

CHAPTER 2

+ TOPICS: FETAL ALCOHOL SPECTRUM DISORDER



Overview

In *Fetal Alcohol Spectrum Disorder*, pediatrician Christine Look explains Fetal Alcohol Spectrum Disorder, brain dysfunctions and guidelines for effective communication with people suffering the effects of fetal alcohol exposure.

In *Generations*, the nurse, Lucy Barney, explains why education is crucial to limiting the effects of alcohol on the fetus.

LEARNING ACTIVITY 1 FOR FETAL ALCOHOL SPECTRUM DISORDER

Objective

To explore the concepts of Fetal Alcohol Spectrum Disorder and the communication strategies nurses can employ when they are working with people affected by FASD.

Before Viewing

Use the KWL *Fetal Alcohol Spectrum Disorder* handout on page 36 to identify what participants already know, want to know and have learned about communicating with people who are suffering from the effects of fetal alcohol exposure.

Ask participants to complete the first two columns.

During Viewing

View *Fetal Alcohol Spectrum Disorder* (7:38)

After Viewing

Ask participants to do the following:

- Complete the third column.
- Share and highlight their learning.
- Suggest further questions about Fetal Alcohol Spectrum Disorder. What impact does this knowledge have on their nursing care?

STREET DRUGS 101

+Topics: *Street Drugs 101* is included in the Chapter 2 DVD menu.

The +Topics: *Street Drugs 101* Learning Activity is on page 21.

CHAPTER 2: WHEELS & BARRY (6:40)

Reflections on Practice:

- People in Context (1:19)
- Safety (2:12)
- Relationship Building (1:52)
- Boundaries (2:19)

+ Topics:

- Aboriginals & Drugs (6:23)
- Fetal Alcohol Spectrum Disorder (7:38)**
- Street Drugs 101 (34:58)

HANDOUT 2.1

FETAL ALCOHOL SPECTRUM DISORDER

WHAT I KNOW	WHAT I WANT TO KNOW	WHAT I LEARNED

CHAPTER 3

LINDA

LINDA



3

3

CHAPTER 3 LINDA



“You can’t save everybody. It’s their life. It’s not mine.”

Liz James, Street Nurse

CHAPTER 3: LINDA (1:03)

Reflections on Practice:

Therapeutic Communication (1:17)

+ Topics:

Drugs & the Brain (15:51)

Mental Health & Drugs (7:49)

Street Drugs 101 (34:58)

CHAPTER OVERVIEW

Chapter 3: *Linda* examines the challenges outreach nurses face when communicating and negotiating with people who are under the influence of drugs. Chapter 3 also explores therapeutic communication strategies in a drug-using context, and the +**Topics** describe the chemical, mental and physiological effects of many illicit drugs.

SUMMARY OF LEARNING OBJECTIVES

1. To understand the principles of therapeutic communication by identifying strategies a nurse can use to effectively communicate with a person who is high.
2. To understand how and when to use therapeutic communication strategies with a person using drugs.
3. To learn the chemical and physiological effects of several common street drugs.
4. To understand some of the reasons why people use drugs.

LEARNING ACTIVITY FOR CHAPTER 3: LINDA

Background

It is common for people to think that when people are high they are incapable of understanding or remembering what is said to them. Therapeutic communication techniques, which are often the key to the client accessing mainstream health care, help to establish nurse-client relationships, whether the clients are high or not.

Objective

To understand the principles of therapeutic communication by identifying strategies a nurse can use to effectively communicate with a person who is high.

Before Viewing

Ask participants to describe some of the physical behaviours of people experiencing the effects of drug use.

Recall the therapeutic communication strategies Caroline and Janine used in earlier episodes.

During Viewing

View Chapter 3: *Linda* (1:03)

Ask participants to note Linda’s and Liz’s body language and voices.

After Viewing

Ask participants the following:

- What might be people’s reactions to seeing Linda’s behaviour? Why?
- How does Liz use her voice and body language effectively?

Identify the therapeutic communication strategies Liz uses with Linda.

Reflect on a recent client encounter of your own. How did you use therapeutic communication strategies to improve the health care you delivered?



LEARNING ACTIVITY 1 FOR THERAPEUTIC COMMUNICATION

Objective

To understand how and when to use therapeutic communication strategies with a person using drugs.

Before Viewing

Ask the group to define “therapeutic communication”.

Ask the group to list and describe therapeutic communication strategies.

Add to their list from the following:

- Using open-ended questions
- Demonstrating attentive listening
- Showing accepting attitudes
- Presenting reality
- Restating the point or question
- Asking for clarification
- Voicing doubt
- Using silence at the appropriate time
- Using appropriate humour

(Will/Grundy, 2005)

During Viewing

View *Therapeutic Communication* (1:17)

After Viewing

Direct participants to identify the therapeutic communication strategies Liz uses with Linda.

1. Divide participants into groups of 3. Ask the members of each group to role-play nurse and client. One member of each group should act as an observer.
2. Ask the nurse and the client to role-play a health-care encounter, with the nurse using the therapeutic communication techniques outlined above. The client may be presenting the behaviours of different street drugs. The setting may be the street, an ER or a clinic.
3. The observer provides feedback and, if necessary, demonstrates how the nurse could have responded differently to effect a better outcome.
4. Circulate and support the small groups.
5. If there is time, rotate the roles.
6. Gather the entire group together, and discuss/explore the challenges they encountered.
7. Ask participants to reflect on how well they met the challenges.

CHAPTER 3: LINDA (1:03)

Reflections on Practice:

Therapeutic Communication (1:17)

+ Topics:

- Drugs & the Brain (15:51)
- Mental Health & Drugs (7:49)
- Street Drugs 101 (34:58)

3

CHAPTER 3

+TOPICS DRUGS & THE BRAIN



CHAPTER 3: LINDA (1:03)

Reflections on Practice:

Therapeutic Communication (1:17)

+ Topics:

Drugs & the Brain (15:51)

Mental Health & Drugs (7:49)

Street Drugs 101 (34:58)

Overview

In *Drugs & the Brain*, neuroscientist Dr. Anthony Phillips explains the actions of cocaine, crystal methamphetamine and heroin on brain function. He discusses drug-induced behaviour and the neurochemical basis of addiction.

LEARNING ACTIVITY 1 FOR DRUGS & THE BRAIN

Objective

To learn the chemical and physiological effects of several common street drugs.

Before Viewing

Ask participants to define synapse, neuron, dopamine, serotonin, uptake transporter, dopamine system, and endorphins.

During Viewing

View *Drugs & the Brain* (15:51)

Use the *Drugs & the Brain* handout on page 41 to organize and remember the biochemical mechanisms of several drugs.

After Viewing

Ask participants the following:

- How might understanding the mechanisms of addiction help nurses be more effective?
- How does knowledge of the mechanisms affect the nursing care provided?
- Discuss the connection between nurturing and stress vulnerability genes.

HANDOUT 3.1

DRUGS & THE BRAIN

DRUGS	EFFECTS	BIOCHEMICAL MECHANISM
Cocaine		
Crystal Meth		
Heroin		

3

CHAPTER 3

+TOPICS MENTAL HEALTH & DRUGS



CHAPTER 3: LINDA (1:03)

Reflections on Practice:

Therapeutic Communication (1:17)

+ Topics:

Drugs & the Brain (15:51)

Mental Health & Drugs (7:49)

Street Drugs 101 (34:58)

Overview

In *Mental Health & Drugs*, mental health counsellor Andrew Larcombe speaks about the clients that he sees who use or have used drugs.

LEARNING ACTIVITY 1 FOR MENTAL HEALTH & DRUGS

Objective

To understand some of the reasons why people use drugs.

Before Viewing

List reasons why people might use drugs.

What is post-traumatic stress disorder (PTSD) and how might it be linked to drug use?

During Viewing

View *Mental Health & Drugs* (7:49)

After Viewing

Ask participants:

- What does Andrew mean by the concept of “self soothing”?
- How do Anthony Phillips’ explanations of the effects of stress on addiction connect with Andrew Larcombe’s explanation of drug use and PTSD?
- How does Andrew describe over-identifying with or detaching from clients?
- How might Andrew’s explanations influence a nurse’s health care delivery?

STREET DRUGS 101

+Topics: *Street Drugs 101* is included in the Chapter 3 DVD menu.

The +Topics: *Street Drugs 101* Learning Activity is on page 21.



CHAPTER 4
BECKY & LIZ

BECKY & LIZ



4

4

CHAPTER 4 BECKY & LIZ



CHAPTER 4: BECKY & LIZ (18:56)

Reflections on Practice:

- Access to Health Care (3:33)
- Ethics & Practice (4:11)
- Pregnant Users (1:54)
- Dueling Agendas (2:04)

+ Topics:

- Hospitals & Acute Care (9:25)
- Pregnancy & Drugs (7:21)
- Street Drugs 101 (34:58)

Caroline:

“Becky, you could die.”

Becky:

“I don’t care anymore.”



CHAPTER OVERVIEW

In Chapter 4: *Becky & Liz* the nurses, Caroline Brunt and Sarah Levine, maneuver a very ill and homeless Becky into health care, while respecting her need for drugs and the company of her pregnant daughter. This chapter will explore access to health care, difficult ethical and practice scenarios, working with pregnant women who use drugs and what happens when the nurse’s public health agenda clashes with the client’s agenda.

SUMMARY OF LEARNING OBJECTIVES

1. To witness first-hand the complexities and challenges of outreach nursing.
2. To explore attitudes nurses may have towards drugs or people who use drugs.
3. To identify ethical issues nurses may face when working with people who use drugs.
4. To develop an awareness of the challenges nurses face when working with pregnant women who use drugs.
5. To compare and contrast nurses' and clients' agendas with regard to accessing health care.
6. To explore challenges that nurses and people who use drugs face when they meet in hospitals or other acute-care settings, and to look at possible solutions.
7. To develop an awareness of the challenges faced by pregnant women using drugs.
8. To describe principles to keep in mind when caring for pregnant women who use drugs.

OVERVIEW

This item presents one of the most compelling depictions of the challenges and strategies of outreach nursing. Becky is clearly ill and in heroin withdrawal. Caroline tries to find a way to get medical care for Becky.

LEARNING ACTIVITY FOR CHAPTER 4: BECKY & LIZ

Objective

To witness first-hand the complexities and challenges of outreach nursing.

Before Viewing

Ask participants to recall a time when someone needed help badly, but refused aid and advice.

Ask them to recall what efforts were made to convince the person to accept help.

Why were the efforts successful or unsuccessful?

During Viewing

View Chapter 4: *Becky & Liz* (18:55)

Ask participants to note the challenges that Becky and Liz present to Caroline and Sarah.

Participants might find the *Outreach Nursing Challenges* handout on page 46 useful in organizing the challenges.

After Viewing

Ask participants to list the medical, logistical, legal, and psychological challenges that Caroline & Sarah encountered.

Ask participants to identify the challenges they would find most difficult to address. Why are these the most difficult challenges?

4

HANDOUT 4.1

OUTREACH NURSING CHALLENGES

CHALLENGES	BECKY	LIZ
Medical		
Logistical		
Legal		
Psychological		

CHAPTER 4

REFLECTIONS ON PRACTICE ACCESS TO HEALTH CARE



Many people who use drugs say that they dread the structured, rule-focused atmosphere of institutions, where they have experienced hostility, censure and judgment.

Wood, Kerr et al. 2003

Background

Howard and Chung (2000) determined that nurses perceive a client who is labelled as a person who uses drugs far more negatively than one who is not. When compared with other health-care professionals, Howard and Chung suggested that nurses are less tolerant of drug use than other health professionals and are more likely to morally condemn a drug-using client.

The nurse/client relationship is greatly affected by the nurse's attitude towards drug use. Sometimes these attitudes enhance care provision but more often they close doors to collaborative nurse-client relationships.

(Naegle, MA, 1994)

A street-involved lifestyle presents many barriers and challenges to accessing health care. Because health care is often not the top priority for many people who use drugs, they tend to avoid tradi-

tional or institutional care, accessing emergency and acute hospital services only when extremely ill. This places a considerable burden on health care services and providers.

(Palepu, Strathdee et al. 1999)

Advocacy is a fundamental and integral part of nursing, especially when nurses are working with marginalized or street populations. Nurses can advocate in many ways, e.g., within institutions, for better care, or for policy changes within the system.

The BC College of Registered Nurses defines advocacy as "the active support of an important cause, supporting others to act for themselves, or speaking on behalf of those who cannot speak for themselves."

(CRNBC, 2006)

CHAPTER 4: BECKY & LIZ (18:56)

Reflections on Practice:

Access to Health Care (3:33)

- Ethics & Practice (4:11)
- Pregnant Users (1:54)
- Dueling Agendas (2:04)

+ Topics:

- Hospitals & Acute Care (9:25)
- Pregnancy & Drugs (7:21)
- Street Drugs 101 (34:58)

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LEARNING ACTIVITY 1 FOR ACCESS TO HEALTH CARE

Objective

To explore attitudes nurses may have towards drugs or people who use drugs.

Before Viewing

In the film, nursing ethicist Paddy Rodney says: “So I worry that in our anger, in society’s anger with people who have trouble with substance use, professionals are slipping into acting on their personal values in ways that make health care very difficult to access for people with substance use problems.”

Discuss this quote with participants.

During Viewing

View *Access to Health Care* (3:33)

Ask participants to note the reasons why health care workers may feel anger towards people who use drugs.

After Viewing

Ask participants to list reasons why people who use drugs avoid institutional health care.

Then ask the following questions:

- Where does the attitude of nurses towards people who use drugs come from?
- What aspects of our society has contributed to creating these attitudes?
- What impact might nurses’ attitudes have on their clients or patients?
- How might nurses recognize their feelings toward people who use drugs?
- How might they recognize frustration or anger in their colleagues?
- What strategies might nurses use to resolve their anger, both personally and professionally?
- Have you provided care to someone who has drugs on their person or in their belongings?
- What are the legal parameters for nurses in this situation in your area of practice?
- How might a nurse help an acutely ill person who uses drugs to access mainstream health care?

Describe the relationship between providing safe and competent care and advocacy.

CHAPTER 4

REFLECTIONS ON PRACTICE ETHICS & PRACTICE

Background

Professional standards of nursing practice set the expected level of performance for nurses across Canada. These standards for nursing are regulated provincially and vary slightly from province to province.

All of them, however, address ethical concerns in nursing practice.

The Canadian Nurses Association (CNA) defines ethical dilemmas as situations arising when “equally compelling ethical reasons both for and against a particular course of action are recognized and a decision must be made ...”

(p 5, CNA, 2002)

All nurses encounter delicate ethical concerns in their practice. An ethical decision-making model is a helpful resource, as it provides a framework that outlines steps to help analyze a situation. Several ethical models exist and they all have three major categories: 1) fact gathering; 2) ethical value examination; and 3) decision-making involving ethical principles. It is helpful when nursing practice is guided by ethical values such as safety, health and well-being, choice, dignity, confidentiality, justice, accountability, and quality practice environments. (CNA, 2002)

LEARNING ACTIVITY 1 FOR ETHICS AND PRACTICE

Note to Facilitators

This activity assumes that there are at least 16 people in the class, or otherwise a multiple of 8. Facilitators will have to modify the activity to suit the number of participants.

Overview

Chapter 4: *Becky & Liz* presents several outreach dilemmas. The nurses, Caroline Brunt and Sarah Levine, have found a very ill Becky under a trailer. Becky is adamant in saying she does not want to go to hospital, and that she would rather die.

Objective

To identify ethical issues nurses may face when working with people who use drugs.

Before Viewing

Write the eight principles of the *CNA Code of Ethics* on eight separate flip chart papers or circulate the *CNA Code of Ethics* handout on page 50.

Divide the participants into pairs.

Ask participants to list examples of the eight principles of the *CNA Code of Ethics* in Chapter 4: *Becky & Liz*.

Ask them to list the ethical issues Caroline and Sarah encounter.

During Viewing

View *Ethics and Practice* (4:11)

After Viewing

- What legal concerns may nurses face when working with people who use drugs?
- When the nurses ask Becky to get out of the van, how well do they balance 1) fact gathering; 2) ethical value examination; and 3) decision-making involving ethical principles?
- What ethical issues do you think you might face if you were working with people who use drugs?
- What strategies might you use to address ethical concerns?
- Does an outreach nurse have an ethical responsibility to address homelessness, poverty and violence?

CHAPTER 4: BECKY & LIZ (18:56)

Reflections on Practice:

Access to Health Care (3:33)

Ethics & Practice (4:11)

Pregnant Users (1:54)

Dueling Agendas (2:04)

+ Topics:

Hospitals & Acute Care (9:25)

Pregnancy & Drugs (7:21)

Street Drugs 101 (34:58)

HANDOUT 4.2
CNA CODE OF ETHICS

CODE OF ETHICS	APPLICATION
<p>Safety – Nurses value the ability to provide safe, competent and ethical care that allows them to fulfill their ethical and professional obligations to the people they serve.</p>	
<p>Health and Well-being – Nurses value health promotion and well-being, and assisting persons to achieve their optimum level of health in situations of normal health, illness, injury, disability or at the end of life.</p>	
<p>Choice – Nurses respect and promote the autonomy of persons and help them to express their health needs and values, and also to obtain desired information and services so they can make informed decisions.</p>	
<p>Dignity – Nurses recognize and respect the inherent worth of each person and advocate for respectful treatment of all persons.</p>	
<p>Confidentiality – Nurses safeguard information learned in the context of a professional relationship, and ensure it is shared outside the health-care team only with the person's informed consent, or as may be legally required, or where the failure to disclose would cause significant harm.</p>	
<p>Justice – Nurses uphold principles of equity and fairness to assist persons in receiving a share of health services and resources proportionate to their needs and in promoting social justice.</p>	
<p>Accountability – Nurses are answerable for their practice, and they act in a manner consistent with their professional responsibilities and standards of practice.</p>	
<p>Quality Practice Environments – Nurses value and advocate for practice environments that have the organizational structures and resources necessary to ensure safety, support and respect for all persons in the work setting.</p>	

CHAPTER 4

REFLECTIONS ON PRACTICE PREGNANT USERS



“I’m all about protecting the baby. But I have to step back. In order to protect the baby I have to connect with the woman who is using drugs... and educate her and connect her to resources that may be able to help her.”

Caroline Brunt, Street Nurse

Background

“Anything that is done to improve the health of the pregnant woman will, in turn, improve the health outcomes of the fetus/newborn. The social determinants of health affect pregnancy more than the drugs.”

(Payne, 2006)

LEARNING ACTIVITY 1 FOR PREGNANT USERS

Objective

To develop an awareness of the challenges nurses face when working with pregnant women who use drugs.

Before Viewing

Ask participants to brainstorm a list of society’s attitudes towards pregnant women using drugs.

How likely are nurses to share these attitudes?

During Viewing

View *Pregnant Users* (1:54)

After Viewing

Ask participants to discuss the following:

- How does Caroline rationalize her health care approach?
- How well does Caroline’s thought process fit with your own?

Reflect on your own attitudes towards pregnant women who use drugs, and whether changing those attitudes might improve your delivery of health care for them.

CHAPTER 4: BECKY & LIZ (18:56)

Reflections on Practice:

Access to Health Care (3:33)

Ethics & Practice (4:11)

Pregnant Users (1:54)

Dueling Agendas (2:04)

+ Topics:

Hospitals & Acute Care (9:25)

Pregnancy & Drugs (7:21)

Street Drugs 101 (34:58)

4

CHAPTER 4

REFLECTIONS ON PRACTICE DUELING AGENDAS

CHAPTER 4: BECKY & LIZ (18:56)

Reflections on Practice:

- Access to Health Care (3:33)
- Ethics & Practice (4:11)
- Pregnant Users (1:54)

Dueling Agendas (2:04)

+ Topics:

- Hospitals & Acute Care (9:25)
- Pregnancy & Drugs (7:21)
- Street Drugs 101 (34:58)

HINTS FOR FACILITATORS

- Becky's top priorities: shelter, fluids, heroin, accompaniment.
- Becky's barriers to meeting needs: poverty, dislike of acute care, difficulty walking.
- Nurses' top priorities: getting Becky to hospital, maintaining the relationship.
- Nurses' barriers: Becky's refusal to go to hospital, appropriate and available alternative resources.

Overview

In Chapter 4, the street nurse Caroline Brunt and Becky have an exchange that illustrates the competing dynamics that can arise when a public health agenda clashes with a client's agenda. In order to engage Becky in health care, Caroline goes to where Becky is "at." She lets go of the hospital option and moves on to an option Becky will consider.

Background

Outreach nurses may encounter individuals who do not want to access health care. This can be frustrating. Traditionally, nurses and other health care workers view the non-compliance of prescribed treatments as a formidable barrier to effective health care. Playle and Keeley (1998) explain that this attitude on the part of health care workers stems from the view that patients are passive recipients of health care. Non-compliance contravenes professional beliefs, norms and expectations regarding the 'proper' roles of patients and professionals.

(Playle and Keeley .1998)

LEARNING ACTIVITY 1 FOR DUELING AGENDAS

Objective

To compare and contrast nurses' and clients' agendas with regard to accessing health care.

Before Viewing

Participants break into pairs and consider the following questions pertaining to Chapter 4:

Becky & Liz:

- What are Becky's top priorities right now?
- What barriers prevent Becky from meeting her needs?
- What are the nurses' top priorities in providing care for Becky?
- What two barriers prevent the nurses from meeting their goals?

During Viewing

View *Dueling Agendas* (2:04)

After Viewing

Ask participants:

- Do you agree or disagree with Caroline's description of the public health agenda interfacing with the client's agenda? Why or why not?
- How does Caroline negotiate a successful compromise between Becky's needs and her health care goals?
- Describe a situation where you have had to negotiate health care with a client.
- Did you use the principles of harm reduction?
- What are a nurse's ethical considerations when looking at harms vs. benefits?

CHAPTER 4

+TOPICS **HOSPITALS & ACUTE CARE**

“People have a perception that harm reduction is something that happens out there on the street. But the fact is, every time you take the time to build a positive relationship with a patient, you are practicing harm reduction.”

Jane McCall, Emergency Room RN

Overview

Although **BEVEL UP** primarily depicts nurses working in an outreach setting, substance use poses challenges for nurses in every health care setting.

**LEARNING ACTIVITY 1
FOR HOSPITALS AND ACUTE CARE**

Objective

To explore challenges that nurses and people who use drugs face when they meet in hospitals or other acute-care settings, and to look at possible solutions.

Before Viewing

Create two flip charts, or two columns on a page, one titled “Nurse’s Challenges” and the other called “Client’s Challenges.”

Encourage the group to brainstorm the challenges they see for nurses and clients in acute care settings.



CHAPTER 4: BECKY & LIZ (18:56)

Reflections on Practice:

- Access to Health Care (3:33)
- Ethics & Practice (4:11)
- Pregnant Users (1:54)
- Dueling Agendas (2:04)

+ Topics:

- Hospitals & Acute Care (9:25)**
- Pregnancy & Drugs (7:21)
- Street Drugs 101 (34:58)

Nurse's Challenges	Client's Challenges

4



During Viewing

View *Hospitals and Acute Care* (9:25)

After Viewing

Ask participants to highlight what they have learned from the two nurses' interviews.

Ask the participants:

- How well do health care services in your community meet the acute care needs of people who use drugs?
Consider the diversity of people who use drugs (age, sex, class, race and sexual orientation).
- What, if any, changes would you like to see? Why?

HINTS FOR FACILITATORS

Nurse's Challenges	Client's Challenges
Fear	Fear of judgment
Frustration, annoyance	A strange place
Inability to meet client's needs	Rules
Anger	Time investment
Fatigue	Lack of control
"Oh, not another one!"	No access to personal drugs
Uncooperative client behaviour	Being treated badly
Tying up the health care system	Lack of respect
Taking time	Not listened to
Needing patience	Not believed
Unsupportive system	Being perceived as drug-seeking
Communication challenges	
Drug-seeking clients	

CHAPTER 4

+TOPICS PREGNANCY & DRUGS

Background

Pregnant women using substances may be susceptible to health complications resulting from drug use, such as the transmission of blood-borne pathogens, HIV, hepatitis, endocarditis, abscesses, sexually transmitted infections (STIs) and urinary tract infections (UTIs). Pregnant women using substances (particularly injection drug users) experience higher rates of obstetrical and medical complications. (Payne & Seymour, 2005)

Many factors influence women's lives beyond substance use in pregnancy:

- Poverty
- Unstable housing
- Unstable or unsafe food supply, malnutrition
- History of trauma
- Abusive partners, relatives, "dates," johns
- Mental health problems
- Family disruption, child custody issues
- Unemployment
- Issues with the law, incarceration
- Social isolation
- Medical care absent or disrupted
- Fear of authority figures

(Payne & Seymour, 2005)

LEARNING ACTIVITY 1 FOR PREGNANCY & DRUGS

Objective

To develop an awareness of the challenges faced by pregnant women using drugs.

Before Viewing

Ask participants:

- What are some challenges faced by pregnant women using drugs?

During Viewing

View Chapter 4: *Becky & Liz* (18:55)

After Viewing

Ask participants to reflect on the comment made by Liz about her conflict between "the love of rock" and being pregnant.

Invite them to describe the situation from Liz's point of view.

Ask participants the following questions:

- Where is Liz in the theory of change model? (See Teaching Guide Chapter 1, *Street Drugs 101* on page 21.)
- What are her priorities right now?
- What is she worried about?
- What other pressures are in her life? (think of Social Determinants of Health in Chapter 2)
- Why does Liz like the Fir Square Unit at BC Women's Hospital?
- What do the Fir Square Unit and outreach nursing strategies have in common?

CHAPTER 4: BECKY & LIZ (18:56)

Reflections on Practice:

- Access to Health Care (3:33)
- Ethics & Practice (4:11)
- Pregnant Users (1:54)
- Dueling Agendas (2:04)

+ Topics:

- Hospitals & Acute Care (9:25)
- Pregnancy & Drugs (7:21)**
- Street Drugs 101 (34:58)

4



HINTS FOR FACILITATORS

Health care principles for pregnant women using drugs:

- Improve the health of the mother to affect the health of the fetus/newborn.
- Think of the people in THEIR context.
- Employ outreach nursing strategies (safety, relationship building).
- Respect boundaries (professional relationships).
- Use therapeutic communication.
- Employ the variety of access to health care.
- Balance dueling agendas.
- The cycle of addiction and the theory of change (see *Street Drugs 101* on page 21).
- Build trust.
- Be non-judgmental.
- Implement harm reduction.
- Implement client-centred care.
- Keep mother and baby together (dyad).
- Teach mother how to advocate for herself AND her baby.
- Role-model sensitivity to both mother and baby.

LEARNING ACTIVITY 2 FOR PREGNANCY & DRUGS

Objective

To describe principles to keep in mind when caring for pregnant women who use drugs.

Before Viewing

Give the following instructions to the participants:

1. Write your name on the top-right of a sheet of paper (min. 8.5" X 11").
2. Write at the top of the piece of paper one nursing-care principle that pertains to a pregnant woman using drugs.
3. When you have described a principle, pass the sheet of paper to the person on your right.
4. Add a new principle to the list and then pass it to your right.

Repeat passing until the original sheet of paper returns to its owner, or until participants have run out of ideas.

Circulate around to support participants.

During Viewing

View *Pregnancy & Drugs* (7:21)

Ask participants to add to the list while viewing the footage.

After Viewing

End the exercise by asking each participant to read out one item.

As a group, discuss whether the item would have a positive or negative outcome for Liz and why.

Street Drugs 101

+Topics: *Street Drugs 101* is included in the Chapter 4 DVD menu.

The +Topics: *Street Drugs 101* Learning Activity is on page 21.



CHAPTER 5
STREET YOUTH

STREET YOUTH



5

5

CHAPTER 5

STREET YOUTH



CHAPTER 5: STREET YOUTH (5:42)

Reflections on Practice:

- Entrenchment (1:15)
- Harm Reduction (3:14)

+Topics:

- Street Drugs 101 (34:58)

“[Adolescents] may use for their whole lifetime or for a period of time, and either way I would like them to be as healthy as possible while they are doing that.”

Elaine Jones, Street Nurse



CHAPTER OVERVIEW

Chapter 5: *Street Youth* examines outreach nursing and street youth. It illustrates outreach nurses' efforts to support youth in avoiding long-term use or addiction (**entrenchment**). It also explores the concepts, strengths, challenges and consequences of harm reduction strategies when working with street youth.

“It doesn’t work to shake your finger at them. Speaking like a parent won’t help us develop a relationship.”

Elaine Jones, Street Nurse

SUMMARY OF LEARNING OBJECTIVES

1. To discuss issues and challenges faced by outreach nurses when working with youth who use drugs.
2. To explore nursing communication strategies with youth who use drugs.
3. To understand why adolescents may use drugs.
4. To understand the principles of harm reduction and the benefits and challenges of using harm reduction strategies when working with youth.

BACKGROUND

Adolescence can be a vulnerable time. For many young people it is a period of physical awkwardness, emotional anxiety and social isolation. In The Street Lifestyle Study, released by Health Canada in 1997, researchers asked street youth if life at home affected their decision to go to the street. Nearly 80 per cent said it had. Many said they felt no bond with their school and found the school environment regimented and controlling. Street life, on the other hand, with its instant “family” of “brothers and sisters,” met youths’ need for security and acceptance while allowing open-ended experimentation with a variety of traditionally forbidden acts and substances. These

factors make youth particularly susceptible, not only to experimenting with drugs, but also to becoming entrenched in a street-based, drug-using lifestyle. Once the entrenchment process has set in, youth find it hard to break away from the street environment and lifestyle.

(Health Canada, 1997)

LEARNING ACTIVITY 1 FOR CHAPTER 5: STREET YOUTH

Objective

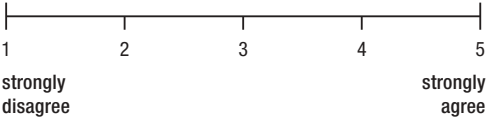
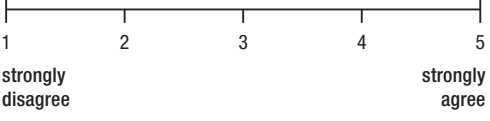
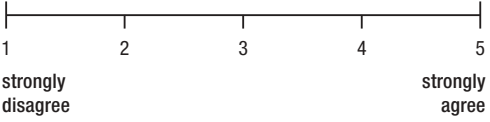
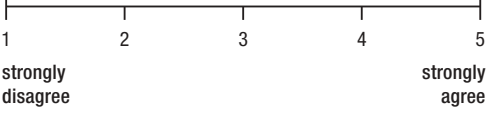
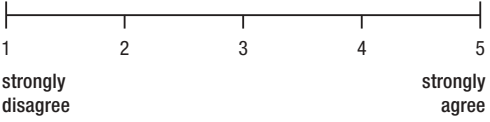
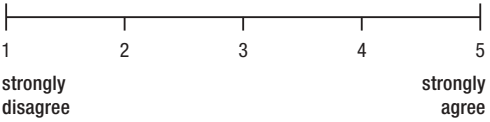
To discuss issues and challenges faced by outreach nurses when working with youth who use drugs.

1. Distribute the *Entrenchment* handout on page 60.
2. Ask participants to circle a response for each statement.
3. Ask them to briefly note the reasons for their responses.
4. Invite participants to describe and explain their responses.
5. Identify the challenges that outreach nursing poses with regards to balancing nursing and social work.

5

HANDOUT 5.1

ENTRENCHMENT

ANSWERS	REASONS FOR MY CHOICES
<p>Nurses have no business telling youth who use drugs how to live their lives.</p> 	
<p>Nurses have a responsibility to inform adolescents of the consequences of long-term drug use.</p> 	
<p>Nurses should liaise with other community workers to help adolescents manage, and if possible, end their drug use.</p> 	
<p>Nurses must leave their personal moralities at home and be completely non-judgmental when working with youth who use drugs.</p> 	
<p>Nurses must do all they can to reduce the harm drug use causes to youth and the greater community.</p> 	
<p>Nurses may enable drug use in youth by using a harm reduction approach.</p> 	



LEARNING ACTIVITY 2 FOR CHAPTER 5: STREET YOUTH

Objective

To explore nursing communication strategies with youth who use drugs.

Before Viewing

1. Divide participants into groups of three.
2. Ask one to role-play Rose, a 16-year-old youth. Rose has never been to Vancouver before and is on her own.
3. Ask another person to role-play an outreach nurse.
4. Ask the third person to act as an observer.
5. Ask Rose to describe the circumstances that caused her to leave home, her journey to Vancouver, and her first night there.
6. Ask the nurses to discover the anxieties Rose is feeling upon her arrival in Vancouver.
7. Ask the observer to give feedback on the interaction between Rose and the nurse.

During Viewing

View Chapter 5: *Street Youth* (5:42)

Ask participants to note how the nurse, Elaine Jones, communicates with Rose and offers support.

After Viewing

Discuss how Rose might feel during her conversations with Elaine.

Consider how much Rose might trust Elaine if she needed advice about drugs or another health concern.

Ask all participants to discuss their experience.

5

CHAPTER 5

REFLECTIONS ON PRACTICE **ENTRENCHMENT**



“Drugs may solve some of their pain and some of their sadness. But it can't solve their problems.”

Elaine Jones, Street Nurse

CHAPTER 5: STREET YOUTH (5:42)

Reflections on Practice:

Entrenchment (1:15)

Harm Reduction (3:14)

+Topics:

Street Drugs 101 (34:58)

LEARNING ACTIVITY 1 FOR **ENTRENCHMENT**

Objective

To understand why adolescents might use drugs.

Before Viewing

Ask participants: What are some possible reasons why adolescents use drugs?

The *Why Adolescents Use Drugs* handout on page 63 might help participants organize and focus their ideas.

During Viewing

View *Entrenchment* (1:15)

After Viewing

Ask participants:

- What ideas about entrenchment are presented in the video?

Add the ideas to the chart.

Consider the roles outreach nurses and other community workers might play in counteracting entrenchment.

- What other strategies exist to address entrenchment of street youth?
- What evidence exists regarding the efficacy of these strategies?

WHY ADOLESCENTS USE DRUGS

Biological	
Family	
Social	
Economic	
Relationships/ success at school	

5

CHAPTER 5

REFLECTIONS ON PRACTICE HARM REDUCTION



CHAPTER 5: STREET YOUTH (5:42)

Reflections on Practice:

Entrenchment (1:15)

Harm Reduction (3:14)

+Topics:

Street Drugs 101 (34:58)

Overview

In Chapter 5: *Street Youth*, the street nurse, Elaine Jones, is seen handing out coloured condoms labelled with amusing names to a group of street youth. These youth are sexually active. By handing out condoms, Elaine is attempting to prevent the transmission of sexually transmitted infections. She is practicing harm reduction.

Background

Harm reduction principles can also be applied to drug use. A harm reduction initiative is client-centred. It aims to minimize the adverse medical, social, public health and economic consequences of illicit drug use and high-risk behaviour, while simultaneously recognizing that the behaviour may continue. Its essence is an open, respectful and non-judgmental approach that accepts people

for who they are and where they are in their lives. Concerns are frequently raised when using a harm reduction approach in working with youth, as to whether this approach may enable drug use. Ultimately, harm reduction attempts to improve the quality of life of people who use drugs by giving them an opportunity to develop trusting, therapeutic relationships with members of the health care team. (Harm Reduction Coalition at <www.harmreduction.org>) Very often this relationship with a health provider, initiated by a harm reduction intervention can be a key to a youth entering a detoxification or treatment program.

(Wood E, Tyndall M, Zhang R, 2006)



LEARNING ACTIVITY 1 FOR HARM REDUCTION

Objective

To understand the principles of harm reduction and the benefits and challenges of using harm reduction strategies when working with youth.

Before Viewing

Ask participants to suggest a definition for harm reduction.

Health professionals utilizing harm reduction measures are often criticized for enabling drug use. Discuss.

What is the evidence that harm reduction enables drug use in adults? In youth?

How is the practice of harm reduction different when you are working with youth or adults?

Explore whether harm reduction strategies are appropriate for youth.

List Elaine's use of harm reduction strategies in Chapter 5: *Street Youth*.

During Viewing

View *Harm Reduction* (3:14)

After Viewing

Ask participants the following questions:

- How have you used harm reduction principles in your nursing practice?
- What ethical/moral challenges would you face working with youth who use drugs?
- How do these ethical/moral challenges interface with nursing practice?
- What are the benefits of using harm reduction strategies with youth?
- What are the potential consequences of using harm reduction strategies with youth?
- Several Canadian provinces have launched alternative strategies (mandatory detention for counselling and detox) for youth who use drugs. What are the benefits and drawbacks of these and other alternative approaches?
- What is the evidence regarding the effectiveness of different strategies for addressing youth drug use?
- What is the Canadian experience with addressing youth drug use across the country?

STREET DRUGS 101

+Topics: *Street Drugs 101* is included in the Chapter 5 DVD menu.

The +Topics: *Street Drugs 101* Learning Activity is on page 21.

6

CHAPTER 6
LEE



LEE

“I guess the big thing for me was deciding for myself that I needed to find out as much as possible about [sex workers], where they came from and what their stories were.”

Liz James, Street Nurse

CHAPTER OVERVIEW

Chapter 6: *Lee* explores the relationships between sex work and drug use. This Chapter invites participants to examine their knowledge and attitudes regarding sex and drugs.

SUMMARY OF LEARNING OBJECTIVES

1. To understand sex work.
2. To create a non-judgmental atmosphere of safety and openness in providing health care to sex workers who use drugs.
3. To explore the context of sex work in society.
4. To understand the connection between sex work and drugs.

BACKGROUND:

In Chapter 6, street nurses Caroline Brunt and Liz James interact with Lee, a sex worker, as they administer an antibiotic injection for syphilis. Sex workers have higher rates of death from disease, disability and murder than do other women. (Potterat et al. 2004) Harm reduction practices can help to safeguard sex workers in the same way they can reduce health risks for drug users. Successful interventions include peer education, training in condom-negotiating skills, safety

education for street-based sex workers, self-help organizations, distribution of male and female condoms, health and safety guidelines for brothels, and community-based child-protection networks.

(Rekart, 2005)

LEARNING ACTIVITY 1 FOR SEX WORK & HEALTH

Objective

To understand sex work.

Activity

Write the following questions on top of five flip charts, or use the *Sex Work* handout on page 68:

1. Who are sex workers?
2. Where does sex work take place?
3. What kind of sex work takes place?
4. Why do sex workers engage in sex work?
5. Where does the demand for sex work come from?

Ask participants to brainstorm responses to the above questions.

CHAPTER 6: LEE (3:45)

Reflections on Practice:

Sex Work & Health (3:17)

+ Topics:

Sex Work & Drugs (10:08)

Street Drugs 101 (34:58)

NOTE:

Sex, Drugs & Gender explores drug use among people in the gay and transgendered communities. It is not included in any chapter menu, but can be found in the +Topics menu on the DVD and on page 88 in the teaching guide.

6

HANDOUT 6.1

SEX WORK

1. Who are sex workers?
2. Where does sex work take place?
3. What kind of sex work takes place?
4. Why do sex workers engage in sex work?
5. Where does the demand for sex work come from?



HINTS FOR FACILITATORS

1. Who are sex workers?

Male/female, transgendered, gay/lesbian/ bisexual/heterosexual, all ethno-cultural backgrounds, all socio-economic statuses, all ages, mothers/daughters/sisters/wives, fathers/brothers/ sons/uncles, children and youth.

2. Where does sex work take place?

Many venues, both indoor and outdoor: Massage parlours, brothels, homes, cars, trucks, on street (high track or low track) hotels, bars/clubs, malls, parks, back alleys, highways, Internet/phone.

3. What kind of sex work takes place?

Sex workers may have various roles: escort, masseuse, survival sex worker, on-street worker, body worker, dancer, or provider of Internet/phone sex. Sex workers may also be sexually exploited children and youth, or the victims of enforced slavery of trafficked and exploited persons.

4. Why do people engage in sex work?

Choice, coercion/exploitation, poverty, addiction, housing, food, clothing, recruitment, marginalization (gender, race, class, age), need for extra money.

5. Where does the demand for sex work come from?

Johns/clients, male (very few female), heterosexual/ gay, all ages, fathers/brothers/uncles/ neighbours, all professions and socio-economic statuses.

(Living in Community Balancing Perspectives on Vancouver's Sex Industry Action Plan, 2006)

CHAPTER 6: LEE (3:45)

Reflections on Practice:

Sex Work & Health (3:17)

+ Topics:

Sex Work & Drugs (10:08)

Street Drugs 101 (34:58)

6



LEARNING ACTIVITY 2 FOR SEX WORK & HEALTH

Objective

To create a non-judgmental atmosphere of safety and openness in providing health care to sex workers who use drugs.

Before Viewing

Prior to the exercise it is helpful to create an atmosphere of safety and openness by acknowledging to the participants that many of us have not had the opportunity to speak about sexuality and drug use in a professional capacity.

1. Divide the participants into groups of 3 and ask each participant to role-play a nurse, sex worker or observer.
2. Ask the nurse to find what she or he can find out about the sex worker's sexual practices and drug use. The sex worker can choose to be male or female, straight, gay, lesbian, bisexual or transgendered and is welcome to create her/his own story.
3. Ask participants to be mindful of the people in their context, outreach nursing strategies (safety, relationship building), and therapeutic communication strategies.
4. The observer provides feedback and, if necessary, demonstrates how the nurse could have responded differently to effect a better outcome.

5. Circulate and support the small groups.

6. If there is time, switch the roles.

During Viewing

View *Sex Work & Health* (3:17)

After Viewing

Discuss how Liz's comments connect to the role-play experience.

Ask participants the following questions:

- What is the impact on the provision of health care when clients experience shame and stigmatization?
- What issues might sex workers face when seeking health care, and how they might feel disclosing their work to their health care provider?
- What issues might sex customers have when seeking health care, and how they might feel about disclosing to their health care providers that they purchase sexual services?
- How might health care professionals react to these disclosures?

CHAPTER 6

+TOPICS SEX WORK & DRUGS



“I need to work to get high and I need to be high in order to work.”

Sex worker

Background

Operating a brothel, communicating for the purposes of prostitution, and living off the earnings of prostitution are illegal in Canada. Both men and women work in the sex industry – some as employees, and some self-employed. They may be working as street-based sex workers, masseuses, escorts or dancers.

(Living in Community, 2006)

Sex work occurs in a range of outdoor and indoor venues, including parks, streets, alleys, highways, cars, trucks, homes, hotels, massage parlours/ brothels, and bars/clubs. (Living in Community, 2006) When discussing sex work, it is important to remember that street sex work is estimated to make up only 20% of the multi-faceted sex industry. (Lowman, 2006) Street-based sex work is usually linked to survival, and this work is often in exchange for food, shelter and drugs.

Sexual slavery and the coercion of children and adults into the sex industry are a reality in Canada. Both children and adults have found themselves in situations where they are indentured, owing money to pimps and/or traffickers for travel, food or clothing. For the many who provide services, the sex industry can be a dangerous and frightening experience.

(Dunlap, Golub et al. 2003)

Sex work involving consenting adults remains highly contested in our society. Some members of society see prostitution as legitimate work and as a service-based industry; others see sex work as utter exploitation enmeshed in a complex web of power and control between men and women. The majority of sex workers in Canada are women; the majority of pimps and customers in Canada are men, and sex work is economically driven.

(Plamondon G, 2002)

LEARNING ACTIVITY 1 FOR SEX WORK & DRUGS

Objective

To explore the context of sex work in society.

Activity

Ask participants if the statements in the *Sex Work Quiz* on page 72 are true or false.

Why?

How does this inform your nursing practice.

CHAPTER 6: LEE (3:45)

Reflections on Practice:

Sex Work & Health (3:17)

+ Topics:

Sex Work & Drugs (10:08)

Street Drugs 101 (34:58)

6

HANDOUT 6.2

SEX WORK QUIZ

CIRCLE T (TRUE) OR F (FALSE) FOR EACH OF THE FOLLOWING STATEMENTS.

1. T F Street-based sex work makes up 50-70% of all sex work.

2. T F The chances of a street sex worker being beaten, raped, murdered, kidnapped or mutilated are 120 times higher than for any other demographic.

3. T F Most sex workers report to police, hospitals, battered women's services or rape crisis centres when they are assaulted.

4. T F Most people who commit acts of violence against sex workers are criminally charged.

5. T F Street sex workers come from all walks of life, families and diverse backgrounds.

6. T F Pimps control all sex workers.

7. T F For the worker, sex work is about sexual experiences.

HANDOUT 6.3

SEX WORK QUIZ ANSWER KEY

1. FALSE

- Street-based sex work makes up 10-20% of all sex work.
- 80% of sex work is estimated to be off-street (independent escort agencies, massage parlours, brothels, bars/clubs, trick pads and bath houses)

2. TRUE

- The chances of a street sex worker being beaten, raped, murdered, kidnapped or mutilated are 120 times higher than for any other demographic.

3. FALSE

- Most sex workers do not report to police, hospitals, battered women's services or rape crisis centres when they are assaulted.

4. FALSE

- Few people who commit acts of violence against sex workers are criminally charged. Many acts of violence are unreported and therefore it is difficult to collect data.

5. TRUE

- Street sex workers come from all walks of life, families and diverse backgrounds, but most are from low socio-economic groups.

6. FALSE

- Pimps do not control all sex workers.

7. FALSE

- For the worker, sex work is about economics.

(Living in Community, 2006)

6



LEARNING ACTIVITY 2 FOR **SEX WORK & DRUGS**

Objective

To understand the connection between sex work and drugs.

Before Viewing

Ask the participants:

- How might being high on drugs influence a sex worker's thinking and behaviour?
- How might being in drug withdrawal influence a sex worker's thinking and behaviour?

During Viewing

View *Sex Work & Drugs* (10:08)

After Viewing

Ask participants the following questions:

- How do Sherri, "Mum", Dee and Tina explain the influences of drugs and withdrawal on sex workers' thinking and behaviour?
- What important issues did you identify in *Sex Work & Drugs*?
- How might this information influence a nurse's attitude and communication skills?

STREET DRUGS 101

+Topics: *Street Drugs 101* is included in the Chapter 6 DVD menu.

The +Topics: *Street Drugs 101* Learning Activity is on page 21.



CHAPTER 7
LONG TRAN

NG TRAN



CHAPTER 7 LONG TRAN



CHAPTER 7: LONG TRAN (2:48)

Reflections on Practice:

- Therapeutic Communication (1:35)
- Access to Health Care (1:02)
- Supervised Injection (1:58)

+ Topics:

- Street Drugs 101 (34:58)

“A lot of our job, a lot of the time, we are in a listening mode.”

Caroline Brunt, Street Nurse



CHAPTER OVERVIEW

Chapter 7: *Long Tran* revisits the concept of harm reduction when nurses are working with refugees or immigrants. The nurse, Caroline Brunt, meets a Vietnamese man who uses drugs, and she teaches him how to inject safely (bevel up). In **Reflections on Practice** there is a discussion of supervised injection. In Chapter 7, *Therapeutic Communication and Access to Health Care* highlight the difficulties non-English speaking persons face.



“For a mainstream, low-income Canadian to find shelter, it is almost impossible. For a refugee claimant, it is doubly impossible.”

Byron Cruz, BCCDC Health Care Worker

SUMMARY OF LEARNING OBJECTIVES

1. To understand the challenges of delivering nursing care to refugees and immigrants who use drugs.
2. To familiarize participants with the concepts and challenges of supervised injection.

Background

Cultural and social isolation, possible post-traumatic stress and difficulties speaking and understanding English create significant health care hurdles for refugees and immigrants who use drugs. Challenges include knowing what services are available, knowing how to ask for help and knowing how to get to a hospital or a clinic.

Research indicates that immigrants exposed to political violence have higher rates of psychiatric impairment than the general population. (Kinzie, 2006) When people are economically deprived and socially isolated, they may become vulnerable to risky behaviour. Particularly susceptible are immigrants who are suffering post-traumatic stress disorder.

Culturally sensitive care can be described as sensitivity to another person’s culture (beliefs and behaviours). “Acquiring cultural knowledge begins with the recognition that behaviours and responses that are viewed one way in one cultural context may be viewed in another way, or have a different meaning in another cultural context.” (CNO, 2005)

Working with street-involved, non-English-speaking people who use drugs requires a unique approach and specific communication skills.

CHAPTER 7

REFLECTIONS ON PRACTICE THERAPEUTIC COMMUNICATION & ACCESS TO HEALTH CARE



CHAPTER 7: LONG TRAN (2:48)

Reflections on Practice:

Therapeutic Communication (1:35)

Access to Health Care (1:02)

Supervised Injection (1:58)

+ Topics:

Street Drugs 101 (34:58)

LEARNING ACTIVITY 1 FOR THERAPEUTIC COMMUNICATION AND ACCESS TO HEALTH CARE

Objective

To understand the challenges of delivering nursing care to refugees and immigrants who use drugs.

Before Viewing

Break participants into small groups and have them answer the following questions:

1. What are some of the challenges immigrants and refugees encounter accessing health care in Canada?
2. How are people who use drugs viewed in their countries of origin?
3. What traumatic experiences might they have had in their country of origin?
4. What are the refugee and immigrant populations in your community?
5. What supports are in place for immigrants and refugees in your community?
6. What is “culturally sensitive care”?

You might use the *Immigrant and Refugee Challenges* handout on page 79 to help students organize their responses.

During Viewing

View *Therapeutic Communication*: (1:35) and *Access To Health Care* (1:02)

After Viewing

Ask the participants the following questions:

- How might culturally sensitive care enhance your nursing practice?
- As a nurse, what tools do you have that could assist refugees and immigrants who use drugs?

Return participants to the larger group. Share and discuss their answers.

IMMIGRANT AND REFUGEE CHALLENGES

1. What are some of the challenges immigrants and refugees encounter accessing health care in Canada?
2. How are people who use drugs viewed in their country of origin?
3. What traumatic experiences might they have had in their country of origin?
4. What are the refugee and immigrant populations in your community?
5. What supports are in place for immigrants and refugees in your community?
6. What is culturally sensitive care?

CHAPTER 7

REFLECTIONS ON PRACTICE SUPERVISED INJECTION



Mitigating the harm associated with drug use, to both the individual and the community, is not only pragmatic but logically congruent with the nurse's professional responsibility to promote health. Supervising injections for the explicit purposes of education and health promotion is within the scope of nursing practice.

Mary Adlersberg, Nursing Practice Consultant

CHAPTER 7: LONG TRAN (2:48)

Reflections on Practice:

Therapeutic Communication (1:35)

Access to Health Care (1:02)

Supervised Injection (1:58)

+ Topics:

Street Drugs 101 (34:58)

Background

Reducing the Harm of Injection Drug Use in Canada, a combined report from the Canadian federal, provincial and territorial health ministers released in 2001, recognized and examined the damage being done by the use of illicit injection drugs.

In 2003, under Section 56 of the Controlled Drugs and Substances Act, Health Canada granted the Vancouver Coastal Health (VCH) Authority a three-year operating grant to open InSite, North America's first legal supervised injection facility. Located in Vancouver's Downtown Eastside, InSite offers users a clean, safer environment to inject their own drugs under the supervision of registered nurses.

Section 56 is an exemption to the Federal Controlled Drug and Substances Act, which protects users from being arrested for possession while in the injection site and immediate perimeter.

Supervised injection sites have been shown to reduce public injections, reduce overdose fatalities, reduce the transmission of blood-borne infections such as HIV and Hepatitis C, reduce injection-related infections, improve public order and increase access to detox and treatment facilities. (www.communityinsite.ca/science.html)

InSite has improved public order and reduced syringe sharing (Kerr T, Stoltz J, Tyndall M, et al, 2006). The Supervised Injection Facility's (SIF) opening was associated independently with a 30% increase in detoxification service use, and this behaviour was associated with increased rates of long-term addiction treatment initiation and reduced injecting at the SIF (Wood E, Tyndall M, Zhang R, et al. 2007).

Vancouver's Dr. Peter Centre has also been providing a supervised injection service since 2002, when the Centre received a practice clarification from the College of Registered Nurses of BC. It is a 22-bed residence with 24-hour nursing care, as well as a day health and social program for men and women who have HIV/AIDS.



LEARNING ACTIVITY 1 FOR SUPERVISED INJECTION

Objective

To familiarize participants with the concepts and challenges of supervised injection.

Before Viewing

Ask participants to do the following:

- Define “supervised injection.”
- Describe how you, as a nurse, feel about
 - 1) needle exchanges,
 - 2) teaching safer injection techniques to people who use drugs, and
 - 3) supervising injections.
- What kind of injection drug use is present in your community?

During Viewing

View *Supervised Injection* (1:58)

Ask participants to acknowledge and remember their personal reactions to *Supervised Injection*.

After Viewing

Ask the participants to share their personal reactions.

Then ask the following questions:

- How would your community react to a needle exchange?
- How would your community react to a supervised injection facility?
- What would you say if consulted by your community leaders about the possibility of a needle exchange or a supervised injection site?

STREET DRUGS 101

+Topics: *Street Drugs 101* is included in the Chapter 7 DVD menu.

The +Topics: *Street Drugs 101* Learning Activity is on page 21.

8

CHAPTER 8
CONCLUSION



CONCLUSION



CHAPTER 8 CONCLUSION



“Take your time. Don't expect too much. Keep going back. You will get there.”

Caroline Brunt, Street Nurse

CHAPTER OVERVIEW

Chapter 8: *Conclusion* provides participants with opportunities to summarize what they have learned from the previous 7 chapters. Chapter 8 touches on the fact that nurses themselves are vulnerable to addiction. This last chapter also points participants in new directions, discussing how they can advocate for the appropriate and necessary health care for clients who use drugs.

SUMMARY OF LEARNING OBJECTIVES

1. To examine the stages of evolution from novice to expert.
2. To understand why nurses may use drugs.
3. To explore the role of nurses as change agents.

CHAPTER 8: CONCLUSION (2:07)

Reflections on Practice:

From Novice to Expert (5:16)

+ Topics:

Nurses Who Use Drugs (4:10)

Street Nurses for Change (6:19)

Street Drugs 101 (34:58)

8

CHAPTER 8

REFLECTIONS ON PRACTICE FROM NOVICE TO EXPERT



CHAPTER 8: CONCLUSION (2:07)

Reflections on Practice:

From Novice to Expert (5:16)

+ Topics:

- Nurses Who Use Drugs (4:10)
- Street Nurses for Change (6:19)
- Street Drugs 101 (34:58)

LEARNING ACTIVITY FOR FROM NOVICE TO EXPERT

Background

In *From Novice to Expert*, the nursing practice consultant Mary Adlersberg describes how it takes three-to-five years before a new nurse feels comfortable in his or her role as a professional nurse. Adlersberg is supported by Benner (1982) in her well-known work on nursing practice. Benner used the *Dreyfus Model of Skill Acquisition, from Novice to Expert* to describe how nurses pass through a continuum of five levels of proficiency in the acquisition and development of skill.

Gordon Training International also suggests that in acquiring competency, learners move through four stages:

1. Unconsciously incompetent – learners are not aware of a particular skill or of their deficiency in that skill.

2. Consciously incompetent – learners become aware of the skill, its relevance to them and their deficiency in the skill. They then make a commitment to learn it.

3. Consciously competent – learners now perform the skill competently but not without thinking about it. Repeated practice in the skill allows learners to move to the next stage.

4. Unconsciously competent – learners have now mastered the skill to such a degree that it has become largely instinctual.

(Burch N, 1970)

University of BC Nursing professor Paddy Rodney describes the steps involved in the learning process. She believes intuition plays a particularly critical role in outreach nursing.

“I think that intuition is the ability to run through those steps rapidly, and also importantly, being in touch with how you are feeling and responding. I think that what we are learning now with nursing and the health professions overall that’s extremely important is that who we are and how we feel is also a resource. It doesn’t mean that our feelings ought to dictate our practice but they can inform our practice.”

Patricia Rodney, Nursing Ethicist



Objective

To examine the stages of evolution from novice to expert.

Before Viewing

Ask the participants the following:

- Reflect on one of your nursing skills, and think about how you moved from novice to expert.
- Recall the stages you passed through (unconsciously incompetent, consciously incompetent, consciously competent, unconsciously competent).

During Viewing

View *From Novice To Expert* (5:16)

After Viewing

What is the advice provided by the speakers?

HINTS FOR FACILITATORS

The advice from speakers includes:

- Take your time
- Don’t expect too much
- Don’t be too hard on yourself
- Ask open-ended questions
- Be respectful
- Run multiple steps simultaneously
- Listen to your inner voice (intuition)
- Don’t trivialize personal relationships – they may lead to opportunities at a later time
- Advocate for better health care

Ask participants:

- Where do you think you are on the continuum of novice to expert with respect to working with people who use drugs?
- How might you move to the next step on the continuum?

8

CHAPTER 8

+TOPICS NURSES WHO USE DRUGS



CHAPTER 8: CONCLUSION (2:07)

Reflections on Practice:

From Novice to Expert (5:16)

+ Topics:

Nurses Who Use Drugs (4:10)

Street Nurses for Change (6:19)

Street Drugs 101 (34:58)

“Nurses are not immune to drug use or addiction. It is unclear how many nurses turn to drugs or alcohol to help them handle job or other life stressors. Conservative estimates based on general population trends put the figure at 10%.”

Dunn, 2005

Overview

Nurses Who Use Drugs addresses the topic of addiction in the field of nursing.

LEARNING ACTIVITY 1 FOR NURSES WHO USE DRUGS

Objective

To understand why nurses may use drugs.

Before Viewing

Ask participants to discuss the following:

- Why might nurses use drugs?
- What drugs might nurses use, and why?

During Viewing

View *Nurses Who Use Drugs* (4:10)

After Viewing

Ask participants:

- What did you learn about nurses and drug use?
- What strategies might nurses use to cope with stressors in the workplace?
- What might you do if you recognized you had an addiction issue?
- What might you do if you suspected a colleague had an addiction issue?

CHAPTER 8

+TOPICS STREET NURSES FOR CHANGE

“Nursing is political and when you’re dealing with groups of people who are disenfranchised or disempowered or on the outskirts of society your role is really important. Even if it is as small as witnessing something that’s going on for a client, in a world of crunching numbers it may seem really insignificant but it can be quite profound for that person. It’s really important as nurses to be involved at the ground level. It informs you for the bigger picture. That’s how you’re able to push for things like supervised injection sites or housing or the bigger social determinants of health.”

Janine Stevenson, Street Nurse

Overview

In *Street Nurses for Change*, two nurses, Liz James and Fiona Gold, talk about their experiences with change. Although they describe their participation in political events almost a decade apart, the two events have a remarkable similarity. In both situations the nurses saw individuals who use drugs testing positive for HIV and both felt morally obligated to act. Both participated in creating change within the health care system.

LEARNING ACTIVITY 1 FOR STREET NURSES FOR CHANGE

Objective

To explore the role of nurses as change agents.

Before Viewing

Describe a nursing situation that made you want to effect change.

What were the barriers to implementing changes?

During Viewing

View *Street Nurses for Change* (6:19)

After Viewing

Ask participants the following questions:

- How did Liz and Fiona act and advocate for change?
- In your current situation, how might you advocate in the health care system for people who use drugs?

STREET DRUGS 101

+Topics: *Street Drugs 101* is included in the Chapter 8 DVD menu.

The +Topics: *Street Drugs 101* Learning Activity is on page 21.

CHAPTER 8: CONCLUSION (2:07)

Reflections on Practice:

From Novice to Expert (5:16)

+ Topics:

Nurses Who Use Drugs (4:10)

Street Nurses for Change (6:19)

Street Drugs 101 (34:58)

Excerpt from:

Hundred Block Rock Complaint of an advocate

sad, lord
tired and worn
and sick
so sick
of power politics
of turf wars
of meetings and committees and subcommittees
sick of everything that loses focus
because every deception
every agenda
every meeting
every resentment
every control grab
every move for the money
slams down hardest
on the most wretched human beings
in north America
who are suffering and dying
in the streets and alleys and shit-hole hotels
of the downtown eastside
all the pettiness and ambition
slams directly down
on those who are most afflicted
by poverty and illness
addiction and discrimination
homelessness and demonizing propaganda
so, lord
I want to quit
I want to stop I want to say fuck it
It's too fucking hard
I am old and beat and hurt like a bastard
I want to sit beneath a tree
A dog beside me
The ocean in front of me
And write an occasional haiku
About a passing cloud...

Bud Osborn

Arsenal Pulp Press, Vancouver, 1999

ADDITIONAL

+TOPICS SEX, DRUGS & GENDER



“What you do and who you love is shameful and therefore does not allow you to become a full member of society.”

Paul Harris, Street Nurse

ADDITIONAL:

+ Topics Menu:

Sex, Drugs & Gender (9:46)

Peers & Natural Helpers (9:24)

The following 2 topics may be used to extend learning.

Sex, Drugs & Gender and *Peers & Natural Helpers* may be found in the +Topics menu of the DVD but are not associated with any chapter.

SUMMARY OF LEARNING OBJECTIVES

1. To develop an understanding of drug use in the gay and transgendered community.
2. To explore the role of nurses working with peers and natural helpers.

Background

Homophobia, prejudice and discrimination create barriers to identity formation and make it extremely difficult for young gays, lesbians, bisexuals and transgendered people to sustain healthy relationships and self esteem.

(Cochran, 2004)

This stress translates into a higher-than-average incidence of drug use, alcoholism, mental health issues and suicide. Exacerbating the situation is the insensitivity of many health care providers, which may discourage individuals from seeking health care.

(Clements, 1999)

LEARNING ACTIVITY FOR SEX, DRUGS & GENDER

Objective

To develop an understanding of drug use in the gay and transgendered community.

Before Viewing

Begin this learning activity with a brief visualization. Encourage participants to close their eyes. Explain to them that you will read a few words. Encourage them to acknowledge and remember the thoughts and feelings that emerge. Create a safe space by letting the participants know that they do not need to share these thoughts and feelings with anyone, although they can if they wish.

Read the following: “Think back to a time when no one understood you and no one but you ‘got it’ (perhaps when you were a teenager). You did not feel like the rest of your fellow human beings. You felt separate. You thought that you were the only person in the world who felt like that.”

During Viewing

View *Sex, Drugs & Gender* (9:46)

Encourage the participants to recall their own recollections of separateness as they view Paul and Sean.

After Viewing

Divide the participants into pairs and have them answer the following questions:

1. What are some common societal messages directed towards homosexuals?
2. What is internalized homophobia? How does homophobia become internalized?
3. What role do drugs play in the lives of some gay, lesbian, bisexual and transgendered people?
4. How might the knowledge of someone’s sexual identity inform your nursing practice?

ADDITIONAL +TOPICS PEERS & NATURAL HELPERS



“This community (the Downtown Eastside) believed in me, and I believed in it.”

Earl Crow, Peer Worker

Background

A “peer” is defined as a knowledgeable and respected member of the community who is formally working to assist nurses in establishing connections with clients. The role of the peer worker is to assist nurses in deepening their relationships in the community and expanding their practice into new and unknown areas.

(Hutchinson, 2005)

Hutchinson (2005) describes how Natural Helpers enhance, “the natural underground system of neighbour-to-neighbour support that has existed in communities for thousands of years.” Hutchinson explains, “There is no remuneration for being a “Natural Helper” and the training is informal and one-on-one.”

LEARNING ACTIVITY FOR PEERS & NATURAL HELPERS

Objective

To explore the role of nurses working with peers and natural helpers.

Before Viewing

Ask participants to list ways that nurses might involve peers and natural helpers to improve health care for people who use illicit drugs.

Ask participants to describe confidentiality challenges that might occur as a result of working with peers and natural helpers.

During Viewing

View *Peers & Natural Helpers* (9:24)

After Viewing

Describe and assess the advantages and challenges of working with peers and natural helpers to enhance health care provision.

ADDITIONAL:

+ Topics Menu:

Sex, Drugs & Gender (9:46)

Peers & Natural Helpers (9:24)

APPENDIX A

GLOSSARY OF STREET TERMS

Like all language, street language is in a state of constant flux, morphing to meet the needs of a particular time and place. And like all cohesive groups, people who use drugs create their own vernacular – a vocabulary that makes perfect sense to them but can be confusing to outsiders. Invariably, the jargon on the streets where you live will differ. As always, your clients are your language experts.

- **6s** – the police
- **6up** – ‘The police are coming.’
- **#7** – smokeable heroin and crack cocaine
- **8-ball** – one-eighth of an ounce of any drug or a ball of rock (cocaine)
- **10 piece (\$10)** – ten dollars worth of a drug
- **Binge** – a long run of drugs
- **Binnars** – people who go into garbage and recycling receptacles; also known as dumpster divers
- **Bootie bumping** – taking crystal meth and/or ecstasy by inserting it in the rectum
- **Bowl** – a pipe used for crystal meth
- **Buff** – the substance the dealer uses to dilute the drug; i.e., gypsum, talcum, etc. (see Cut)
- **Bunk** – a fake drug, sold to inexperienced users to rip them off
- **Coke** – cocaine
- **Crack** – a form of cocaine
- **Cut** – the substance the dealer uses to dilute the drug ie. gypsum, talcum etc. (see Buff)
- **Doing the chicken** – too much cocaine or crack. (Refers to the movements.)
- **Down** – heroin
- **Dumpster divers** – people who go into garbage and recycling receptacles; also known as Binnars
- **Flagging** – aspirating blood into a syringe
- **Flap** – a small piece of folded paper that holds a quantity of drug
- **Gak** – crystal meth
- **Getting lost** – a long run of a lot of drugs
- **Going down** – overdosing on a drug
- **Heat** – the police
- **High** – euphoric feeling experienced after using a drug
- **Hit** – a fix
- **Hoot** – inhalation of a drug
- **Hot-capping** – intentionally injecting someone with an overdose of drugs (murder or attempted murder)
- **In your zone** – “sleeping” after using heroin
- **Jib** – crystal meth
- **Jibbernaut** – crystal meth user
- **Jonesing** – needing or wanting more drugs
- **Junkie** – a person who uses drugs, originally used to refer to a heroin addict
- **Mark** – for a sex worker this is a regular client, for a dealer a person to get money from
- **Mouthpiece** – plastic tubing on the end of a pipe
- **Mules** – people who carry drugs
- **NEX** – a needle exchange
- **Nodding** – “sleeping” (nodding off) after using heroin. (see Twilighting)
- **No-go Zone** – an area one is not permitted to enter according to a court order
- **Package (\$25)** – twenty-five dollars worth of drugs
- **Packing** – carrying drugs or carrying a firearm
- **Pimp** – someone who finds customers for sex workers in return for part of their earnings
- **Pipe** – a variety of different pipe-like implements made for different drugs
- **Point** – a measurement of dry drug in a syringe, 0.1cc of a drug
- **Putting out** – selling drugs; sometimes selling sex for drugs
- **Rat** – an informer; a fink
- **Red-zone** – an area one is not permitted to enter according to a court order. (see No-go Zone)
- **Rev** – crystal meth
- **Rig** – needle and syringe
- **Rock** – a hard form of crystallized cocaine
- **Run** – a string of days on drugs
- **Running** – moving drugs
- **Rush** – initial effects of a drug
- **Safe** – a condom
- **Screws** – prison guards
- **Shrapnel** – money put in with others for shared drugs
- **Shrapnil** – the dirt left in the spoon after cooking drugs
- **Shake and bake** – shaking a drug and water in a syringe in order to dissolve the drug
- **Shake-down** – a police search
- **Sharp** – a needle
- **Suitcasing** – storing drugs in the rectum, often used to smuggle drugs into the prison system or across borders
- **Smack** – heroin
- **Smash** – a fix
- **Speedball** – an injectable mixture of heroin and cocaine
- **Sugar daddy** – men who give money (in exchange for sexual favours, food or shelter)
- **Tie** – a tourniquet
- **Tweaking** – an altered perception of alertness and sensitivity to your environment caused by being high
- **Twilighting** – nodding off after using heroin. (see Nodding)
- **Up** – cocaine
- **Uppers** – amphetamine tablets
- **Wack** – a fix
- **Wipe** – an alcohol swab

Vancouver, 2007

APPENDIX B

BIOGRAPHIES

MARY ADLERSBERG

Mary is a College of Registered Nurses of British Columbia (CRNBC) nursing practice consultant. She provides confidential consultation services to nurses and other health care professionals, as well as to health care organizations, governments and consumers. Mary also offers practice advice and education for registered nurses, to ensure ethical and safe practice.

NEIL ANDERSEN

Neil is an award-winning media educator, writer and consultant. He has created textbooks, resource books, study guides, videos, and programs, and supported media education across Canada, in the US, Europe, Asia and Australia.

LUCY BARNEY

Lucy is a member of Statlimx Nation. For the past seven years, she has been program manager of Chee Mamuk, the BC Centre for Disease Control's Aboriginal HIV/AIDS education program. In that role she oversees the Chako Project – a health-promotion project for youth, based on traditional coming-of-age teachings. She is also involved in Around the Kitchen Table, a prevention and health-promotion project that builds on the strength of Aboriginal women. Lucy's own life experience is as a First Nations woman, mother and traditional dancer. She completed her Master's of Science in Nursing at UBC while working full-time at Chee Mamuk.

WENDA BRADLEY

Wenda lives in Pelly Crossing, Yukon Territory. She graduated from St. Clair College, Thames Campus in Chatham, Ontario and worked in Florida as a staff nurse and as an assistant head nurse of a surgical floor. She returned to Canada to start her degree and took a summer job at a small cottage hospital in Yukon Territory, and wound up staying for two years. She finished her BSN degree in 1992, graduating from the University of Western Ontario. During her last semester she worked with a group of nurses at an agency called Street Health, before returning to the North, where she now works in small First Nations communities.

MICHAEL BROCKINGTON

Michael has been a film and video editor since 1995, working on material ranging from short dramas to independent features, documentaries and performance videos. Highlights include the feature films *Eve and the Firehorse* (winner of a Special Jury Award at the Sundance Film Festival), *On The Corner* and *Protection*; the second season of the television series *Alienated*; the dance films *6 Possibilities* and *Subways*; and the documentary *Island of Shadows*. Michael has won Leo awards for best picture editing, for both feature drama and for documentary. In addition to editing, Michael has written and directed a handful of short films, and has published fiction and articles in various magazines and newspapers. Michael is a graduate of the film production program at Simon Fraser University, where he also worked for a number of years as a research assistant in the field of computer vision.

CAROLINE BRUNT

Caroline qualified in 1984 as an RN at the Royal Free Hospital in London, England. She completed a certificate in Intensive Care Nursing at Leicester Royal Infirmary and worked in the areas of HIV/AIDS, palliative care and neurosurgery. Caroline immigrated to Canada in 1986, and in 1997 completed her BScN from the University of Victoria. She has worked as a street nurse with the BCCDC since December 1998, primarily with injection drug users and sex workers. She has also worked as an educator in Vietnam with the BCCDC, training health care workers in outreach to drug-using populations.

Gayle Carrière

Gayle works as a Blood-Borne Pathogen Outreach Nurse Educator for Interior Health - Public Health in Kamloops, BC. Her nursing career has been characterized by her care of individuals and families whose health has been seriously affected by stigma. Her 20 years of experience in promoting health to incarcerated individuals while also caring and advocating for them, have enhanced her current practice with those society often views as undeserving of health care. For the last six years, Gail has worked in public health, allowing her to apply a population-health approach and a community-development model with stigmatized people. These have been instrumental in effecting environmental, attitudinal, and policy changes for the entire community.

BETSY CARSON

Betsy is a producer/production manager/director with 17 years experience in documentary film and television. Among her producing credits are several feature documentaries including Nettie Wild's *FIX: The Story of an Addicted City* (2004 Genie Award for Best Canadian Documentary), *A Place Called Chiapas* (1998 Genie Award) and *Blockade*. Betsy is a highly collaborative producer and much-sought-out budgeting and financing consultant for many of Vancouver's documentary filmmakers. Recently she produced (with Dan Schlanger) and directed *Evelyn*, a documentary on ballerina Evelyn Hart, for CBC's *Life and Times*. Betsy comes to film from the world of dance, and is a founding member of the Dancer Transition Resource Centre, where she now serves on the Board of Directors. She is also currently the Co-Vice-Chair of the Documentary Organization of Canada.

COOKIE

Cookie was born in Victoria and came to Vancouver on Valentine's Day in 1994. He has worked as a peer outreach worker and educator with Crystal Clear, a youth project for current and former users of methamphetamine. He loves mountain biking and boarding.

EARL CROW

Originally from Cape Breton Island, Earl has lived and worked with Vancouver's inner-city drug-using community since he arrived in the Downtown Eastside in 2000. He has been both President and Vice-President of the Vancouver Area Network of Drug Users (VANDU) and has worked as a peer outreach worker for the Street Nurse Program and the City of Vancouver's Carnegie Outreach Program. Earl was involved in establishing and running the two VANDU "rebel" safe injection sites which pre-dated the opening of InSite, Vancouver's official supervised injection facility. He sees his role as advocating for the interests of the drug-using community to the rest of society.

BYRON CRUZ

A community developer and health care worker with the BCCDC Street Nurse Program, Byron is originally from Guatemala. He came to Canada 14 years ago and has since worked in the Downtown Eastside in a variety of community development initiatives. Currently, he works with refugees and new immigrants, while participating in international projects. His main role is to facilitate access to health care and health promotion, especially with respect to HIV/STIs and harm reduction.

TYLER CUDDAHEY

Born in Alberta, Tyler came to Vancouver at 17, and currently works with the Youth CO AIDS Society, doing education programs on HIV prevention for youth drop-in centres. Tyler is also a member of Crystal Clear, a youth project for current and former users of methamphetamine, and was elected Mz Gay in Vancouver in 2006.

SVEND-ERIK ERIKSEN

Svend-Erik Eriksen is a senior producer with the NFB's Pacific & Yukon Centre in Vancouver. Over his 33-year career at the NFB, he has worked on more than 100 productions, ranging from animation, documentaries and dramas to new media and community initiatives. Some of Svend-Erik's notable productions include the Academy Award®-nominated short animation *Strange Invaders*, and the feature-length documentaries *A Place Called Chiapas* and *The Magical Life of Long Tack Sam*. He completed two short animations as producer, *Tête à Tête à Tête* and *Oma's Quilt*, as well as a feature-length documentary, *Finding Dawn*. Svend-Erik is currently working on a documentary, three animations and an interactive DVD project. Born in Denmark, Svend-Erik immigrated to Canada as a young child. He studied at the Vancouver School of Art, where he majored in animation, painting and photography, and has worked for the NFB since 1974, primarily in animation and documentary.

FIONA GOLD

Fiona completed her RN diploma in 1989 and worked in medicine, ob/gyne and palliative care for 7 years at St. Paul's Hospital in Vancouver, BC. Over the course of her career, she has worked in rural health care settings in northern British Columbia and the Yukon. For the last 11 years, she has worked with the British Columbia Centre for Disease Control's Street Nurse Program in various capacities. Presently, she is the Project Coordinator within the program. From 2000 to 2003 she worked together with many other community members and activists to realize supervised injection sites in Vancouver. Her area of interest has been in working with substance users and the role of nurses to effect change. Fiona is presently completing the Emergency Nursing Specialty at BC Institute of Technology.

PAUL HARRIS

Paul has been a nurse since 1987, and has worked at St. Paul's Hospital in Vancouver in medicine and ICU for 11 years. In 1998 he began working for the BCCDC Street Nurse Program where he supports sexual health education and HIV prevention in the gay community. He also sits on several steering committees, including Gay Men's Crystal Meth Action, and is on the Board of AIDS Vancouver.

MARK HADEN

Mark began working in alcohol and drug programs in 1984, and currently works for Vancouver Coastal Health. He has job experience in detox, Methadone and outpatient settings, in counselling, supervisory and management roles. Mark has published on the issue of drug policy in the Canadian Journal of Public Health, and the International Journal of Drug Policy. In 2005, he was involved in producing the Health Officers Council Paper on the Regulation of Illegal Drugs. Currently, he supervises the addictions staff at the Pacific Spirit Community Health Centre and provides public education on drugs and drug policy.

REBECCA HEELS-ANDERSON (BECKY)

Rebecca is 44 and has 3 children and 2 grandchildren. She was born in Ontario and has lived in Vancouver most of her life.

LIZ JAMES

Liz graduated from the Registered Nursing Program at St. Joseph's Hospital, in Hamilton, Ontario in 1968. From 1969 to 1974, she worked as a registered nurse in occupational health at the University of Guelph, Ontario and at nursing stations including the Grenfell International Mission in St. Anthony, Newfoundland and Nain, Labrador. Since 1975, Liz has worked as a street nurse with the STI/HIV Division of the British Columbia Centre for Disease Control (formerly known as STD Control, BC Ministry of Health).

ELAINE JONES

Elaine graduated in 1977 from the UBC School of Nursing and worked at Vancouver General Hospital on medicine and burn units for 7 years. Since 1983, Elaine has worked in various youth clinics in Vancouver. She joined the Street Nurse Program in 2000, where much of her focus has been on working with youth who use drugs.

ANDREW LARCOMBE

Andrew works as a mental health counsellor at Vancouver's Downtown Community Health Centre, where he is a member of the addictions team. Andrew has worked in the Downtown Eastside for 10 years, 4 years as a counsellor, 4 years as a nurse with the Strathcona Mental Health Team, and 2 years as a health care coordinator. He has an MA in Sociology, is a Registered Psychiatric Nurse, and has been in the mental health field for the past 30 years.

SARAH LEVINE

In 1997, Sarah began her career as a mental health worker with the Portland Hotel Society, in Vancouver's Downtown Eastside. In 2002, she graduated with a Bachelor of Science in Nursing from the University of Victoria. Since then, Sarah has worked as a registered nurse with the Portland Hotel Society, Vancouver's Supervised Injection Site and the BCCDC Street Nurse Program.

CHRISTINE LOOCK

Christine is a developmental pediatrician at Children's and Women's Health Centre of British Columbia, including Sunny Hill Health Centre for Children and BC Children's Hospital. She obtained her MD from Harvard in 1981, with subspecialty training in pediatrics at the University of Washington and the University of British Columbia, where she is currently an Associate Professor in the Department of Pediatrics, Faculty of Medicine. Her clinical and research work focuses on children and youth with neurodevelopmental disorders and birth defects, including Fetal Alcohol Spectrum Disorder and other craniofacial conditions. In 2000, she was invited to sit on Health Canada's first National FASD Advisory Committee. She is co-author of the Canadian Medical Association's 2005 publication *Fetal Alcohol Spectrum Disorder: Canadian Guidelines for Diagnosis*.

TUAN LUU

Tuan graduated in 1984 from the University of Ho Chi Minh City in Vietnam with a Bachelor in Language and Literature, and lectured at a training college for kindergarten teachers for 7 years. He later served as Vice-Director of the Education Centre for children with disabilities in Ho Chi Minh City until 1996, when he went to Japan on a scholarship to study education for children with disabilities, especially hearing impairments. In 1998, Tuan immigrated to Canada, where he volunteered for a school for the hearing impaired and at the Dr. Peter Centre, a residential program for people with HIV/AIDS. In 1998, he began working as an outreach worker for the Asian Society for the Intervention of AIDS (ASIA) with Vietnamese and Chinese injection drug users. Since November 1999, he has worked for the BCCDC Street Nurse Program as an outreach health care worker.

JANE MCCALL

Jane is a registered nurse who has looked after people living with HIV/AIDS for 22 years. She works for the BC Centre for Excellence in HIV/AIDS at St. Paul's hospital as well as in the emergency department. The primary focus of her work is providing education to health care providers and undergraduate students about HIV/AIDS and related issues, so that they are supported in their efforts to provide quality care to persons who are living with HIV/AIDS. Her Master's thesis is an examination of the experiences and perspectives of Aboriginal women who are living with HIV/AIDS.

ELVIS MICHAEL NELSON

Elvis was born in Grenada in 1965. He has lived in Canada since 1997, and is a singer, songwriter and entertainer.

EUGENE OSCAPELLA

Eugene completed his undergraduate studies in economics at the University of Toronto and received his Bachelor of Laws degree from the University of Ottawa, before going on to obtain his Master of Laws degree from the London School of Economics and Political Science. He served as a commission counsel with the McDonald Commission of Inquiry into the RCMP and was Director of Legislation and Law Reform for the Canadian Bar Association. Since 1985, he has been an independent adviser to government and private sector interests on Canadian legislative and public policy issues and is a founding member of the Canadian Foundation for Drug Policy, an independent organization created to examine Canada's drug laws and policies.

SARAH PAYNE

Sarah works as a Senior Practice Leader at BC Women's Hospital & Health Centre, and was instrumental in the development and opening of the Fir Square Combined Care Unit. Fir Square is a dedicated unit for pregnant and postpartum women who are struggling with substance misuse. Sarah is an RN and a Registered Midwife, and earned her Master's degree in Midwifery at Thames Valley University in London, England. She previously worked as a midwife at Sheway, the drop in/outreach program for pregnant substance-using women located in the Downtown Eastside of Vancouver.

ANTHONY PHILLIPS

Anthony is a Professor in the University of British Columbia Department of Psychiatry, and Director of the UBC Institute of Mental Health. His research interests are broadly based within the field of systems neuroscience, particularly in brain mechanisms relating to motivation, emotion, learning and memory, as keys to understanding complex behaviour and cognition. He is especially interested in using the knowledge of normal brain-behaviour function as a base from which to analyze the neural bases of mental illness and addiction.

ALICIA PRIEST

Alicia is an award-winning freelance writer based in Victoria, BC. She has 20 years of newspaper, magazine writing and radio documentary experience, including health, medical and science reporting for a wide variety of provincial, national and international publications. In a former incarnation, she worked as a Registered Nurse in acute care hospital settings throughout rural and urban British Columbia.

PADDY RODNEY

Patricia (Paddy) is an Associate Professor with the UBC School of Nursing, as well as a Faculty Associate with the Mary and Maurice Young Centre for Applied Ethics at UBC, a Research Associate with Providence Health Care Ethics Services, Chair of the Canadian Nurses Association Ethics Committee, and President-Elect of the Canadian Bioethics Society. Her research and publications focus on end-of-life decision-making and the moral climate of health care delivery. She has a particular interest in the difficulties nurses and other health care professionals experience in the current climate of health care delivery.

Laurie Seymour

Laurie graduated from the Vancouver General Hospital School of Nursing in 1974 and immediately moved to the Yukon, where she became interested in perinatal nursing and women's health. She received her BScN through the University of Victoria in 1995. After nursing in community hospitals for 10 years, Laurie moved to British Columbia Women's Hospital and Health Centre, focusing on nursing education. In 2002, she became an independent nurse educator, supporting organizations around BC with various educational projects.

Joanne Simpson

Joanne graduated in 1989 from Vancouver Community College and worked for 10 years on an acute medical ward at St. Pauls Hospital in Vancouver. During this time she cared for patients with a wide variety of illnesses. For the last six years, she has been working on a medical ward that specializes in treating HIV and AIDS patients.

Tracy Smith

Tracy is 39, was born in Canada and has lived in Vancouver since 1997. She has 2 boys and one girl, aged 19, 22 and 24.

Janine Stevenson

Janine Stevenson worked as a surgical nurse in Texas starting in 1990. She graduated with a BScN from UBC in 1995 and is a candidate in the UBC Master's in Nursing Education program. Janine has worked as a street nurse in Vancouver's Downtown Eastside for 11 years. She is especially interested in sexual health education with street youth and sex workers. In partnership with Chee Mamuk, an Aboriginal HIV education program, she has been involved in creating and teaching workshops in sexual health and community development.

Kirk Tougas

With some 250 productions to his credit, Kirk Tougas is one of Canada's foremost documentary cinematographers. Working with independent producers, broadcasters, and the National Film Board, he has shot on location throughout Canada and the Arctic, in the United States and Mexico, as well as Europe, Russia, the Middle East, India, Africa, Asia and Australia, working on films that have won prizes in over 75 international festivals. His numerous collaborations with Nettie Wild include *A Rustling of Leaves: Inside the Philippine Revolution*, *Blockade*, *A Place Called Chiapas* (1998 Genie award), and *FIX: The Story Of An Addicted City* (2004 Genie award). He has been nominated as Best Documentary Cinematographer by the Canadian Society of Cinematographers three times, winning the award for *A Rustling of Leaves*. He has twice received the Leo Award for Best Cinematography, most recently for Linda Ohama's *Obachan's Garden*.

Long Tran

Long Tran was born in 1976 in Vietnam. He came to Canada in 1989. He says, "If something you give away, you will never get it back."

Dexter Wadsworth

Dexter is 44 years old, and comes from the Blood Reserve in southern Alberta. His father worked as a logger and carpenter, and Dexter came to BC as a young child. He was raised in a Mormon community and has worked in various trades. Dexter is married and has 4 children, 12 grandchildren and one great grandchild. "My life has been beautiful," he says. Dexter would like to return to Alberta and run a ranch.

Liz Watts

Liz is 22 and was born in Vancouver. She is the daughter of Rebecca Heels-Anderson.

Wheels

Wheels is from Saskatchewan and is the father of twins who live in Edmonton. He loves them both. People living in the Downtown Eastside are his community and friends.

Nettie Wild

Nettie Wild is recognized as one of Canada's leading documentary filmmakers. Her films have won many significant international awards and have been distributed in cinemas throughout North America and Europe as well as broadcast around the world. Her last film, *FIX: The Story Of An Addicted City* (2004) won the Genie Award for Best Canadian Documentary, following its theatrical release in cinemas in over 35 cities and towns across Canada. MacLean's magazine credits *FIX* with having influenced the outcome of Canada's first "drug election," where candidates for Vancouver's mayor and council won a landslide victory calling for safe injection sites and a new way of dealing with drugs and addiction. Nettie's other titles include *A Place Called Chiapas* (1998), *Blockade* (1993); and *A Rustling Of Leaves: Inside The Philippine Revolution* (1988).

APPENDIX C

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INTRODUCTION

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CHAPTER 1

Insights

Professional Standards for Nurses and Nurse Practitioners can be found at:

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The Code of Ethics for Registered Nurses can be found at:

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www.camh.net (Centre for Addictions and Mental Health, Toronto)

www.silink.ca (Substance Information Link, Centre for Addictions Research of BC)

www.methfacts.org (Methamphetamine Response Committee, an interactive website)

www.streetdrugs.org (Comprehensive drug information site)

www.dancesafe.org (Party drugs)

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ACKNOWLEDGEMENTS

We would like to thank all those who gave of their time and participated in this project.

A special thanks to our many clients who so generously shared their stories.

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BEVEL UP

DVD SCREEN OUTLINE

1. Documentary (45:00 minutes)

2. Chaptered Version with Reflections on Practice and + Topics (195:00 minutes)

CHAPTER	TITLE	REFLECTIONS ON PRACTICE	+ TOPICS
1	Opening	<ul style="list-style-type: none">• Insights• Why Outreach	<ul style="list-style-type: none">• Beyond the City• Prohibition• Street Drugs 101
2	Wheels & Barry	<ul style="list-style-type: none">• People in Context• Safety• Relationship Building• Boundaries	<ul style="list-style-type: none">• Aboriginals & Drugs• Fetal Alcohol Spectrum Disorder• Street Drugs 101
3	Linda	<ul style="list-style-type: none">• Therapeutic Communication	<ul style="list-style-type: none">• Drugs & the Brain• Mental Health & Drugs• Street Drugs 101
4	Becky & Liz	<ul style="list-style-type: none">• Access to Health Care• Ethics & Practice• Pregnant Users• Dueling Agendas	<ul style="list-style-type: none">• Hospitals & Acute Care• Pregnancy & Drugs• Street Drugs 101

CHAPTER	TITLE	REFLECTIONS ON PRACTICE	+ TOPICS
5	Street Youth	<ul style="list-style-type: none">• Entrenchment• Harm Reduction	<ul style="list-style-type: none">• Street Drugs 101
6	Lee	<ul style="list-style-type: none">• Sex Work & Health	<ul style="list-style-type: none">• Sex Work & Drugs• Street Drugs 101
7	Long Tran	<ul style="list-style-type: none">• Therapeutic Communication• Access to Health Care• Supervised Injection	<ul style="list-style-type: none">• Street Drugs 101
8	Conclusion	<ul style="list-style-type: none">• From Novice to Expert	<ul style="list-style-type: none">• Nurses Who Use Drugs• Street Drugs 101• Street Nurses For Change
Additional			<ul style="list-style-type: none">• Sex, Drugs & Gender• Peers & Natural Helpers



Included in this teaching →
guide is a CD PDF version
of Teacher's Guide for
**BEVEL UP: Drugs, Users &
Outreach Nursing in French,
BISEAU VERS LE HAUT.**



Bevel

DRUGS, USERS & OUTREACH NURSING up

THE BRITISH COLUMBIA CENTRE FOR DISEASE CONTROL (BCCDC) OUTREACH NURSING PROGRAM

BCCDC is a provincial agency charged with monitoring, surveying and controlling communicable diseases. Its Division of Sexually Transmitted Infection (STI)/HIV Prevention and Control has a well-defined role and history in STI control and management in the province. On behalf of health authorities, this division tracks the rates of reportable STIs in the province, and provides STI management leadership in British Columbia.

The Street Nurse Program (SNP) began in 1988, in response to growing HIV/AIDS prevalence rates in Vancouver. Traditional HIV/AIDS prevention education and screening services were not reaching those most in need, such as members of the gay community and street-involved populations. Today, street nursing is part of a larger outreach nursing program which focuses on STI/HIV prevention across the province.

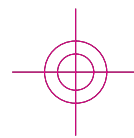
The SNP works to create an environment where individuals and communities can make and sustain healthier choices that reduce vulnerability to sexually transmitted infections and HIV. The program provides STI/HIV prevention services to people who do not access mainstream health care. The nursing services offered encompass clinical care, education and training, project development and implementation, research and advocacy.

The registered nurses work in a combination of traditional clinic settings and non-traditional settings such as streets, shelters, hotels, parks and alleys. Services are also provided in provincial and federal corrections facilities, and detox centres, and STI/HIV prevention education is offered on First Nations reserves throughout British Columbia. The program also works with the gay, lesbian, bisexual and transgendered community, with sex workers, men and women who use drugs and street youth. The principles of harm reduction, health promotion and population health are fundamental to the program.

Visit the Bevel-up website at www.nfb.ca/bevelup.

ISBN 978-0-9782660-0-4

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- yellow
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