

THE FIX

RNs offer harm reduction services as the first line of defence against a life of addiction.

BY KIMBERLEY KEARSEY

Laura Hanson's work often leads her into dilapidated apartment buildings looking for clients whose primary focus is on their next fix. To those who find it uncomfortable coming face-to-face with this vulnerable population, Hanson's involvement in their lives and health may seem puzzling. But for this community health nurse in Toronto, there's nothing puzzling about it. In fact, what's mystifying to Hanson is the troubling and pervasive perception that her clients have some kind of character flaw that has led them down this path.

"Substance abuse and drug use is so deeply stigmatized," she says. "It's criminalized. It's moralized. And people have these experiences over and over again of being judged because they're using drugs or alcohol. (My work) is about accessing basic health care when you use drugs, and that access is a human right."

Originally from Winnipeg, Hanson chose one of Ontario's largest urban centres to work with substance users among other marginalized groups. She recalls one encounter with a fellow nurse while doing outreach before joining the team at Regent Park Community Health Centre: "We started up a staircase where a group of people on the landing above were doing drugs," she explains. Admittedly, she "was a little hesitant and unsure how to negotiate past this group of people." As the two RNs approached, one of the residents recognized Hanson's colleague as the nurse who dressed his foot a few days prior. Before she knew it, Hanson had an escort to the front door of the client she was there to see.

Relationship building is vital to harm reduction, she explains, particularly with a vulnerable population that struggles with addiction. Every connection with a community member, and every new relationship built on mutual respect, brings her one step closer

to becoming their ally in a harsh and judgmental health system. "It's a pragmatic approach based on equity and social justice," she says. "Rather than focusing on the moral issue of whether it (their addiction) is right or wrong, you leave that out of the conversation. We have the challenge and the joy of being there to provide the basic things people need, and harm reduction is very much a part of that."

Hanson is one of many nurses who understand – and apply daily – the philosophy of harm reduction. It's fundamental to health promotion in the community, she says. It's also the fundamental belief that has prompted RNAO, CNA and the Association of Registered Nurses of British Columbia (ARNBC) to participate in an appeal being heard by the Supreme Court of Canada this May regarding the future of Insite, a supervised safe injection site in Vancouver's Downtown Eastside. The three nursing groups jointly applied for and were granted intervener status before the high court. Lawyers from Ogilvy Renault will present arguments on why nurses believe Insite must be allowed to continue operating.

Insite opened in 2003, under the leadership of the federal Liberal government. Since the Conservatives came to power in 2006, it has been defending attempts to shut its doors. Two court decisions in BC have upheld its ability to continue operating. However, in June of last year, the Supreme Court of Canada agreed to hear the federal government's appeal of those rulings. Lawyers for RNAO, CNA and ARNBC will argue there is ample evidence and research that backs up the effectiveness of the Insite facility, says Rahool Agarwal on behalf of his team. They'll also comment on the care provided by the nurses who work there.

Hanson says she wasn't surprised to hear of RNAO's involvement.

RN Laura Hanson (left) with harm reduction program participant Patricia Dumelle.



PHOTO: JEFF KIRK

“Although it’s Ontario based, RNAO has some influence across the country,” she says. “It (Insite) is a very important program. It’s a progressive service. And we should be proud that we have this service in Canada.”

Bethany Jeal has been a member of the nursing team at Insite since 2004. She knew when she started nursing school that she wanted to pursue a career in harm reduction and worked the frontlines for more than five years before becoming Insite’s clinical coordinator in 2009. There are more than 11,000 people registered, she says. Before the doors open at 10 a.m. there are a dozen or more people waiting outside. The 12 booths in the injection room fill up quickly, and the waiting room is usually busy with up to 25 people waiting their turn. “That really speaks to the need,” she says, noting it shows people really do want to be safe.

In 2009, Insite saw an average of 702 visits daily, with supervised injections averaging 491. Almost 500 overdose interventions were performed with no fatalities. And more than 6,200 people were referred to other service agencies, mostly for detox and addiction treatment.

Jeal says education and engagement is always the goal, noting that it is vital to health promotion and illness prevention. It can be as minimal as sitting in a booth with someone and helping them find a vein or change a dressing. “If we don’t engage with people and build some kind of therapeutic relationship...we’re useless,” she notes with brutal honesty.

Given the controversial nature of supervised injection, Insite has been subject to rigorous review and study since opening its doors. More than 30 peer-reviewed studies have been produced, and each

has found Insite provides a range of benefits to its clients and the greater community, including a reduction in public injecting, lower levels of HIV risk behaviours (i.e. syringe sharing), and an increase in the pursuit of addiction treatment.

According to a 2008 study, prompt medical attention at Insite prevented as many as 12 overdose deaths each year between 2004 and 2008. Jeal suggests anecdotally that the number is higher. “We have overdoses regularly...and many more than 12 would have resulted in death had the individual not been at Insite for us to intervene,” she says. The study goes on to say that “...after peaking at more than 200 in Vancouver in 1998, the number of overdose deaths in the Downtown Eastside has averaged about 35 over the past five years.”

Beyond the data collected about Insite, Hanson and Jeal say there’s plenty of anecdotal evidence that harm reduction works. They’ve both seen their share of success stories, although some are not as traditional as others. “It’s always a long process,” Hanson explains. “Things may not work out in the short term. But, in the big picture, maybe we’ve kept someone alive who may not have survived.” Her measure of a good day is knowing that she put aside her assumptions and helped someone get the basic help they needed in a given moment because “that’s what really helps to build bridges.” **RN**

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To find out more about Insite, visit www.supervisedinjection.vch.ca. For information on the Supreme Court hearing, visit www.rnao.org/insite.