THE DR. PETER CENTRE

Harm Reduction Nursing

IN DECEMBER 2001, A NURSE WAS APPROACHED BY AN INJECTION DRUG USER WHO ASKED FOR A “RIG”* SO HE COULD USE HEROIN. HE PLANNED JUST TO SHAKE UP THE DRUG WITH HIS OWN ASPIRATED BLOOD BECAUSE HE HAD NO WATER OR FACILITIES TO “COOK”** THE MIX. “YES, YOU DO,” SAID THE NURSE, “COME WITH ME.” AND SO BEGAN SUPERVISED INJECTION PRACTICES AT THE DR. PETER CENTRE.

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Acknowledgment: The authors thank the following for their expertise and support: Thomas Kerr, Fiona Gold, Judith Thompson, Irene Goldstone, Mary Adlersberg and the participants, staff and Board of the Dr. Peter AIDS Foundation.

Dr. Peter Jepson-Young became a national figure when he chronicled his battle with HIV/AIDS through a weekly CBC television program from 1990 to 1992. The Dr. Peter Diaries allowed the Vancouver physician to educate people and dispel prejudices about HIV/AIDS.¹ Before his death in 1992, Dr. Jepson-Young predicted an escalation of HIV transmission in Vancouver among intravenous drug users (IDUs) and

* Rig — Slang for needle and syringe
** Cook — Mix heroin with water, heating heroin to prepare it for injection
street-entrenched people, as HIV/AIDS changed from a disease primarily affecting gay men to a disease of poverty. His prediction was correct: By the late 1990s, HIV transmission among IDUs in Vancouver had risen to the highest rate in the developed world.

The Dr. Peter Centre opened in April 1997 and runs two programs focusing on people living with HIV/AIDS: a day health program for about 150 adults and a 10-bed assisted-living residential program. A committed, interdisciplinary team includes nurses, counsellors, nutritionists, recreation therapists, music therapists and an array of volunteer resources providing traditional and complementary health care. About 70 per cent of our clients, known as participants, live with addiction, are polysubstance users and inject street drugs. Many day-program participants live in the city’s Downtown Eastside (DTES) in unsanitary, single-room occupancy hotels; the Dr. Peter Centre offers much-needed basic amenities, such as hot meals, showers, clothing, laundry and telephones.

**DRUG USE IN VANCOUVER**

Vancouver has an open injection drug scene, particularly in the DTES. It is recognized as Canada’s poorest neighbourhood. Overt drug dealing and drug use are common sights. Desperate users inject hurriedly to avoid police arrest. IDUs use any available liquid to dilute their drug, including their blood, puddle water or stagnant sources found in alleys.

In the early 1990s, cheap cocaine flooded the market and substance injection patterns changed. An “average” cocaine user in the DTES may inject 20 to 30 times daily, a heroin user two or three times. Sharing and reusing needles are common practices with severe health complications. These behaviours dramatically increase the risk of infection and disease transmission among IDUs and their sexual partners.

Increases in HIV, hepatitis C (HCV) and overdose deaths among IDUs became so severe that, in 1997, the local health authority declared a public health crisis. The prevalence of HIV among IDUs increased from about four per cent in 1993 to 23 per cent in 1997, and the Vancouver Injection Drug User Study reported that almost 90 per cent of its subjects were infected with HCV. Drug overdose deaths were the leading cause of death for British Columbians aged 30 to 49 years. In addition, rates of hospitalization and emergency room visits for IDU-related complications, including fatal and non-fatal overdoses, increased significantly. This pattern continues.

**RESPONSE**

In May 2001, Vancouver City Council adopted “A framework for action: A four-pillar approach to drug problems in Vancouver.” This framework contains 36 actions divided under the four pillars of prevention, treatment, enforcement and harm reduction. One of the actions within the harm reduction pillar is supervised injection sites.

Harm reduction takes a pragmatic approach to drug problems. It embraces attitudes, programs, interventions and evidence-based drug policies aimed at reducing harm to people and communities. Harm reduction recognizes the link between the health of injection drug users and society at large. Successful in Australia and Europe, harm reduction has the goal of minimizing the consequences of drug use without necessarily requiring a reduction in the drug use itself.

At the Dr. Peter Centre, our nursing model embraces harm reduction by promoting self-care and autonomy within a participatory therapeutic community. We offer low-threshold access to care. Conventional obstacles such as fixed appointments, a stable address and being drug-free are removed. Our participants receive treatment that reduces the potential of harm to the user and to the community. Addiction and trauma counselling, illness prevention, advocacy and referral services also fall under the harm reduction umbrella. The approach is to educate participants and to support them in making their own informed choices.

A number of harm reduction strategies are currently offered at the Centre. We offer adherence support for antiretrovirals and other medications and administer a methadone maintenance program. As part of education for safer sex and injecting practices, we distribute condoms and clean needles and provide safe disposal of injecting equipment. The Dr. Peter Centre offers an environment where participants can build open, trusting relationships with the team. Such relationships are essential to minimizing harm. We also offer the safe storage of cash. On the last Wednesday of every month, social
Do you know?

The correct Health Canada term is now supervised injection, while the term safe injection is not acceptable because it misrepresents a practice that is inherently unsafe. The Dr. Peter Centre offers supervised injection as a service under an umbrella of harm reduction services and is much more than a supervised injection site.

SUPERVISING INJECTIONS

At about the same time as the City was deciding to adopt the four pillars framework, nurses at the Dr. Peter Centre were finding that we were spending a disproportionate amount of time on IDUs compared to other participants. Anecdotal evidence showed increasing complications of drug use, including soft tissue injury such as abscesses and cellulitis. Although early harm reduction intervention decreases or prevents expensive hospitalizations for antibiotics and other treatments, IDUs often avoid intervention, and chaotic behaviour stemming from drug use can complicate treatment. Also, when the withdrawal symptoms, inadequate pain management and perceptions of discrimination become too much, many IDUs leave hospital prematurely. Treatment is frequently unsuccessful, and IDUs commonly become susceptible to antibiotic-resistant bacteria.

With the Dr. Peter Centre’s focus on harm reduction, our nursing objective was clear: The gap in nursing service provision between the drug user and his or her drug use had to be bridged. We needed to meet our clients where they were on the continuum of health, while acknowledging their expertise in directing their life. As nurses, we knew that offering education and primary care on vein maintenance and injection techniques during the injection itself would make a difference. Supervising safer injection techniques became the obvious direction for us to take to achieve best practice.

NURSING CHALLENGES

One of the biggest challenges in establishing the supervised injection service was facing our personal values and beliefs about health behaviours. Although harm reduction accepts the realities of drug use and recognizes the IDU as an individual who requires nursing care, embracing the realities can be difficult for nurses. Ongoing self-reflection on our personal vision of nursing is essential to working effectively with the complexity inherent to IDUs.

Legal issues were another concern. Under the Controlled Drugs and Substances Act of Canada (CDSA) a nurse assisting in a supervised injection site could be charged with illegal possession of controlled substances, trafficking, aiding and abetting, or criminal negligence. However, at a June 2001 symposium about operating supervised injection sites, legal experts concluded that the probability of prosecution was negligible. Our nurses would be practising under circumstances similar to those of needle exchange programs, where the same level of criminal liability applies. Nurses have never been charged in the context of needle exchange. Several months later, the Canadian HIV/AIDS Legal Network published Establishing safe injection facilities in Canada: Legal and ethical issues. This paper identifies that the key to any court proceeding is intent; in a safe injection facility, the primary intent of nurses is to provide competent care and reduce drug-related harm, not to assist in a criminal act or cause harm. Thus, criminal liability does not pose an “insurmountable obstacle to implementing such facilities.” Finally, in December 2002 the federal minister of health released application guidelines for CDSA exemption, allowing for pilot supervised injection site research projects in Canada.

In the fall of 2001, the nursing director and other clinical staff visited supervised injection services in Europe. Concurrently, nurses from the Dr. Peter Centre worked with Irene Goldstone of the B.C. Centre for Excellence in HIV/AIDS, the Provincial Street Nurse Program and the Vancouver Area Network of Drug Users. We decided to undertake a pilot project and supervise participants’ injection of street drugs in our nursing treatment room. Our strategy was to focus on nursing practice while collecting anecdotal evidence on feasibility. Every interaction that involved our supervision of safer injection techniques would be documented in detail. The project was fully implemented by April 2002. Initially, just a few participants showed interest. We had to work to overcome their scepticism that supervised injection was being offered to them within a health care
We developed an opiate overdose protocol and obtained naloxone and basic resuscitation equipment. Maxine Davis, executive director of the Dr. Peter Centre, supported our practice leadership and our consultation with both the Registered Nurses Association of British Columbia (RNABC) and the Centre’s legal firm. Policies, procedures and a nurse-participant contract followed.

VALIDATION
Over the months that followed, we were gratified to receive validation from our peers and the public.

In February 2002, in response to our enquiry about scope of nursing practice and a supervised injection service, the RNABC stated, “Providing clients with evidence-based information to more safely give themselves intravenous injections is within the scope of registered nursing practice.” The RNABC emphasized the importance of fostering therapeutic alliances between nurse and client: “Teaching and promoting evidence-based self-care activities prevents illness and promotes health, especially in relation to high risk client behaviours.”36 Similarly, the Canadian Nurses Association Code of Ethics for Registered Nurses says, “Nurses should provide the desired information and support required so people are enabled to act on their own behalf in meeting their health and health care needs to the greatest extent possible.”37

During the Legal Network’s press conference in April 2002, our harm reduction practices were released to the media. The Vancouver Sun did a lead article on our supervised injection service,38 and further print and television media attention followed.39 Simultaneously, we presented our experience at the Canadian Association of Nurses in AIDS Care (CANAC) conference in Vancouver and were supported by nursing peers across the country.40 We met key members of the Vancouver Police Department to discuss our harm reduction services. All concerns were addressed, and the public support behind the Dr. Peter Centre has been overwhelming.

Supervised injection is now integrated into harm reduction services at Dr. Peter Centre. We offer prevention, treatment, counselling and education on safer injection practices to approximately 25 participants in our newly dedicated Harm Reduction Room. A nurse provides supervision of injections and conducts post-injection assessments. Other clinical team members are available for referral and support services. These interventions have enhanced therapeutic alliances and open communication. Said one participant, “It’s so good for you to see me like this, like I really am, suffering. This isn’t fun. People think what we are doing is fun. You can see this isn’t fun.” Said another, “I’ve been using for over 30 years and I had no idea a needle had an upside and a downside.” A third said, “I’m just a back-alley user. I’m so grateful for the link between me and the nurses.”

Immediately after fixing, participants often describe themselves as feeling normal. Some discuss treatment options and the impact of addiction on their lives. Two participants have sought detox and three have sought support to get access to a drug treatment program. Although we are still awaiting a formal evaluation of our service, we have noted a reduced incidence of abscesses and cellulitis from injecting drugs.

Figure 1: Web sites for further information on harm reduction

- Canadian Centre on Substance Abuse
  www.ccsa.ca
- Harm Reduction Coalition
  www.harmreduction.org
- Vancouver Area Network of Drug Users (VANDU) www.vandu.org
- downtowneastside.ca
  www.downtowneastside.ca
- Chicago Recovery Alliance
  www.anypositivechange.org
- BC Centre for Excellence in HIV/AIDS
  www.cfeweb.hivnet.ubc.ca
- Dr. Peter AIDS Foundation
  www.drpeter.org
- Canadian Association of Nurses in AIDS Care
  www.canac.org
- Canadian HIV/AIDS Legal Network
  www.aidslaw.ca
PROFESSIONAL PRACTICE ADVANCEMENT

When we enhanced our harm reduction services, an Inter-Professional Practice Council evolved at the Dr. Peter Centre. This Council advances our shared vision, developing evidence-based best practices within our interdisciplinary team. In the summer of 2003, the Dr. Peter Centre will be moving to a new, larger, permanent location. We welcome the challenge to explore and further expand our harm reduction services. Meanwhile, overdose mortality rates remain high and the public health crisis in the DTES continues.11 We are working closely with a coalition of community stakeholders to open more supervised injection facilities in Vancouver. Using professional practice to create change, the passion and leadership of a few nurses are resulting in an innovative approach. If such an approach were adopted across Canada, the number of human lives and health care dollars saved would be monumental.12

REFERENCES

22. Canadian Centre on Substance Abuse 1996.