

# TEACHER'S GUIDE FOR



# Bevel

DRUGS, USERS & OUTREACH NURSING  
up

AN INTERACTIVE TEACHING DVD



BC Centre for Disease Control





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## 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.

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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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## 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 regimes.)

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 (195:00minutes)

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

BEVEL UP

## THE TEACHING GUIDE



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](mailto: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



## 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

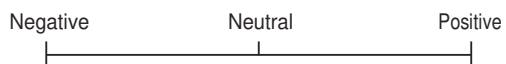
1. To explore societal attitudes towards people who use drugs.
2. To explore the concept of outreach nursing and the experience of the individual nurse who provides care in an outreach setting.
3. To explore how our personally held attitudes and beliefs influence our nursing practice when we care for 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.

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

### LIMITATIONS

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

## 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)

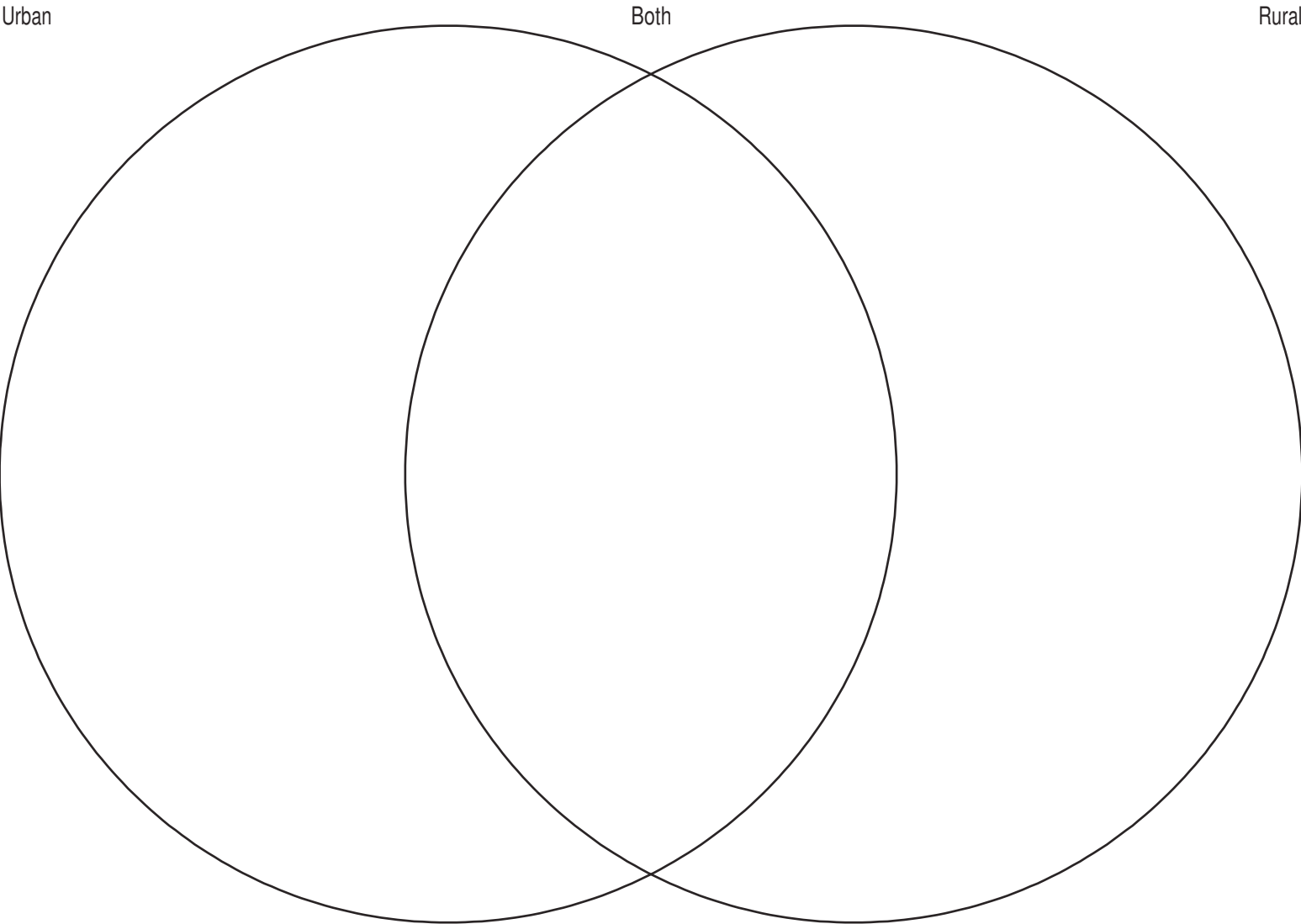
## HINTS FOR FACILITATORS

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



## CHAPTER 1

# +TOPICS: PROHIBITION



## 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)

## PROHIBITION

Provide reasons for your answers.

1 2 3 4 5

strongly disagree strongly agree

1 2 3 4 5

strongly disagree strongly agree

1 2 3 4 5

strongly disagree strongly agree

1 2 3 4 5

strongly disagree strongly agree



## 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:

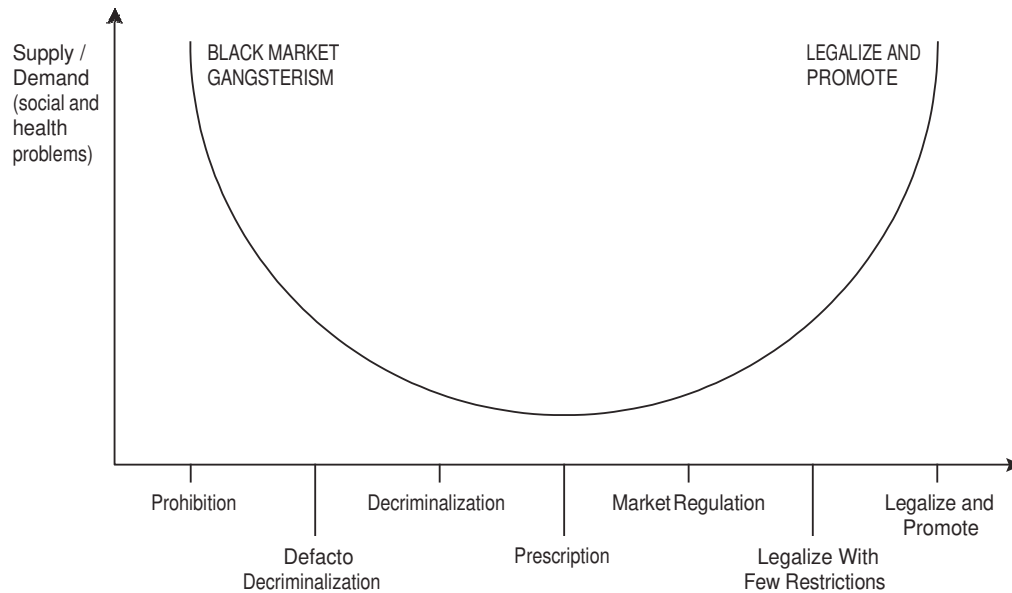
Beyond the City (10:21)

**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?

## CHAPTER 1

# +TOPICS: STREET DRUGS 101

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

Angel

## 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)

## 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.

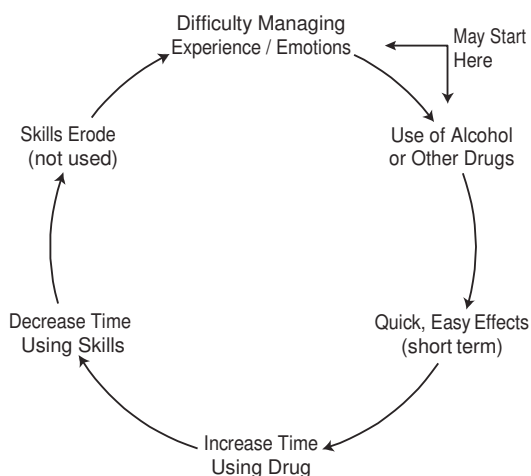
## Background

### 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)

## 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/%7Edeee/CHING/OPIUM.HTM](http://www.wsu.edu/%7Edeee/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.



