



CHAPTER 7
LONG TRAN

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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



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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

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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.