

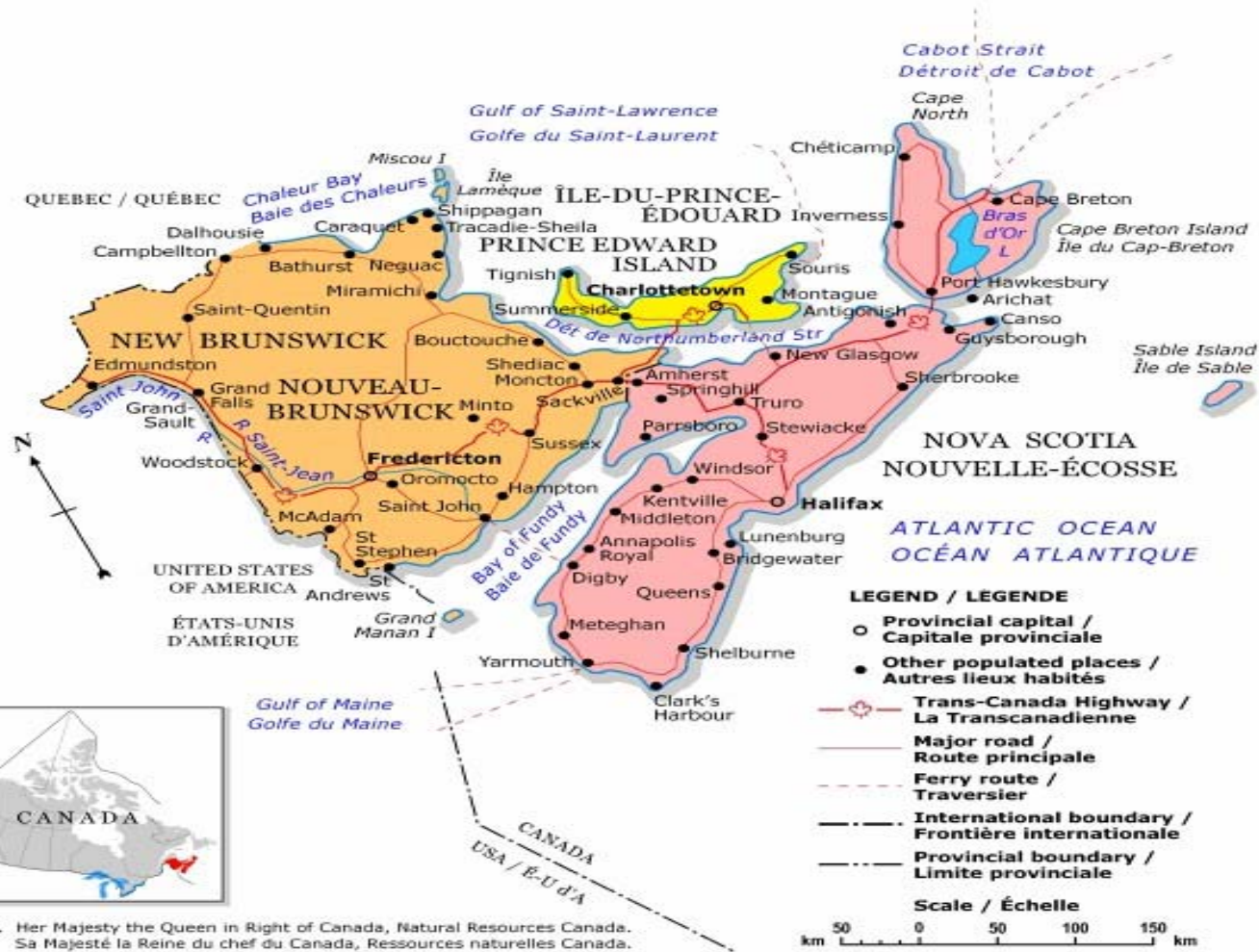
# Attending to Women's Voices: Harm Reduction, HIV/AIDS, and Ethical Issues

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# Maritime Provinces



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# Objectives

- To critically engage with women who describe how harm reduction initiatives have influenced their lives
- To articulate how nurses might use this information in making ethical decisions related to harm reduction.

# METHODS

- Qualitative Research
- Data collected between 2000 and 2003
- Interviews, Joint Interviews & Focus Groups

# METHODS

- 44 women
- Quotations prepared using the guidelines identified by Atkinson (1998)
- Revisiting data

# Voice as a metaphor



- Individual voices
- Ownership
- Partial
- Ideology
- Researcher voice

# Background: Atlantic Canada

- Injection drug rates
- Education
- White
- Rural areas



# Background: Atlantic Canada



- Opiates (82%)
- Cocaine/crack (77%)
- House parties
- Rooming houses
- Women
- Dirty needles

# Definition



- Harm Reduction:
  - Reduction of drug related harm rather than drug use *per se*
  - Where abstinence-orientated strategies are included, strategies are also included to reduce the harm from those who continue to use drugs
  - Strategies are included that demonstrate they are likely to result in a net reduction in drug-related harm
    - (Lenton & Single, 1998)

# Definition

.....that is a word that encompasses many different harms. It's not just, ah, HIV or Hepatitis C. It's abscesses and boils and cotton fever. And you know so much [more]. ... We're up against all kinds of that stuff not to mention the social problems that come up, ah, with intravenous drug use. Homelessness and hunger and, ah, you know, unemployment. The whole realm of things.



# Benefits

- Improved Health
- Improved Functioning
- **Decreased Crime**
- Increased Savings
- Improved Information



## Benefits: Improved Health

It could happen. It happens in, um, many European countries. Ah, especially Switzerland as a pioneer. And here again our committee, some members, with some wardens spent two weeks in Switzerland, where they've proven that the incidence of transmission of HIV and other blood born pathogens was reduced by introduction of a needle exchange program.

## Benefits: Improved Functioning

They've got off the drugs or they've got into a house and stayed there. They've begun eating three meals a day. You know, they've they're not fighting with their kids anymore. All of these messy issues that's part of living, come more into some kind of control.

## Benefits: Increased Cost Savings

And so if you had given us a little money for methadone up front so we could have kept them, the needles down, and less of them getting infected. You know I think it would only take a couple of people a year being infected through a dirty needle to actually pay for a methadone program. But how to get that across to people?

## Improved Information

- Um, you know if, if there's a bad drug on the street, they'll tell you, you know. "Call your buddies, don't, don't use that. Like don't get it off ( ) because it's ( )."

# Barriers

- Living in small communities
- Cultural Issues
- Transient population
- Attitudes
- Licensing
- Politics

# Barriers: Living in Small Communities

Everybody knows everybody. People are less likely to take advantage of services and stuff like that. ... There's a whole lot of people we're not reaching due to the fact that they're afraid that somebody's gonna find out. We've got some really rural communities too that, you know, you have to go over a mountain to find them. ... There's a lot of barriers here ...



## Barriers: Cultural Issues

- We don't generally see aboriginals. It's just the reservations are so small I gather they're so frightened of being known and injection drug use is so very, very frowned upon. Like they don't-. On reserves they don't really push harm reduction, whatsoever. It's a 12 step-. Just don't touch type of thing and, ah, I think that's a big reason why. I know, drug use is there. I know it for a fact.

# Transient Populations

- I mean our population is so transient. You know, one minute they could be living here in [ ] and the [next] month they're moving to Calgary. You know, you're getting a lot of this because of the unemployment rates, because of the, the small town gossip that goes on and what not. You know, things like [that] our population is problematic. But when these people move back home they always pop back in and take advantage of the services.

## Barriers: Attitudes

You have your people saying "what are you doing? Giving needles to junkies. You're only promoting, you're promoting drug use. " You know, to try to explain to them that, you know, if that junkie didn't have a clean needle he's gonna use a dirty needle. And ah, we're just trying to lessen the spread of diseases in the community. And like some people they don't buy into that. Um, but try to explain to them you know if you had a bag of coke on a table and eight people sitting around and one needle all eight of those people are gonna use it and it could be, it could be your son in law that'll go home and sleep with your daughter tonight.

## Barriers: Attitudes

- The problem with methadone is, it's a very expensive, high profile, program because people have to be able to get their drug every day. ... For it to be effective at all it has to be accompanied with counseling by a counselor who knows about the harm reduction. Ah, thinking from a harm reduction point of view rather than an all or none point of view. Those are hard to come by and find in the province at the present time. So I think Addictions in some areas is working towards that but they're not all there yet.

## Barriers: Licensing

- Now there are three types of licenses. There's one for methadone maintenance. One for palliative care and one for withdrawal. A lot of doctors will apply for them for palliative care only. They don't want these clients in their offices. The same goes for withdrawal. They work in detox. And so there are just, there are very few who have it for methadone maintenance. The few who have it-. Some of them are not responsible. Okay they'll just prescribe it blindly. No monitoring. No nothing.

# Politics

There is a mixed feeling around harm reduction. I've spoken to a few at Addiction Services that think we're full of it and a few that felt we're doing wonderful work.

# Politics

It's political in a sense that they're controversial measures and politicians are loath to introduce these measures because they're not popular. And secondarily the section of the population that we're dealing with are the marginalised who nobody cares about. Okay? And we just pretend we don't see them. Just like the homeless and who gives a shit about them anyway? It's the double standard.

# Ethical Issues

- Safe, competent, and ethical care
- Health and well-being
- Choice
- Dignity
- Confidentiality
- Justice
- Accountability
- Quality practice environment

# Ethical Issues

You know, if the community would only realize that regardless of your social status, everybody has a right to health care. Everybody, you know. To the equipment that's required to keep you healthy.

# Ethical Issues

- There's no sense of giving methadone to somebody who does not intend to stop. You're creating a worse addiction. What's happening for example, out West, they're giving methadone, and allowing people to still do cocaine. You're relieving I suppose, their, ah, their hunt for opiates but I mean you're, you're creating a bigger problem in that methadone is even more addictive than heroin or morphine or, or whatever okay? And ah, so I think it's gone to far the other, the other side. But still the problem is in this country we don't have the community support. And at this point we're in a very difficult position in the Maritimes where ethically we can't start people inside if they can't get it when they get out.



**Thank You**