

# Is Evidence Enough?

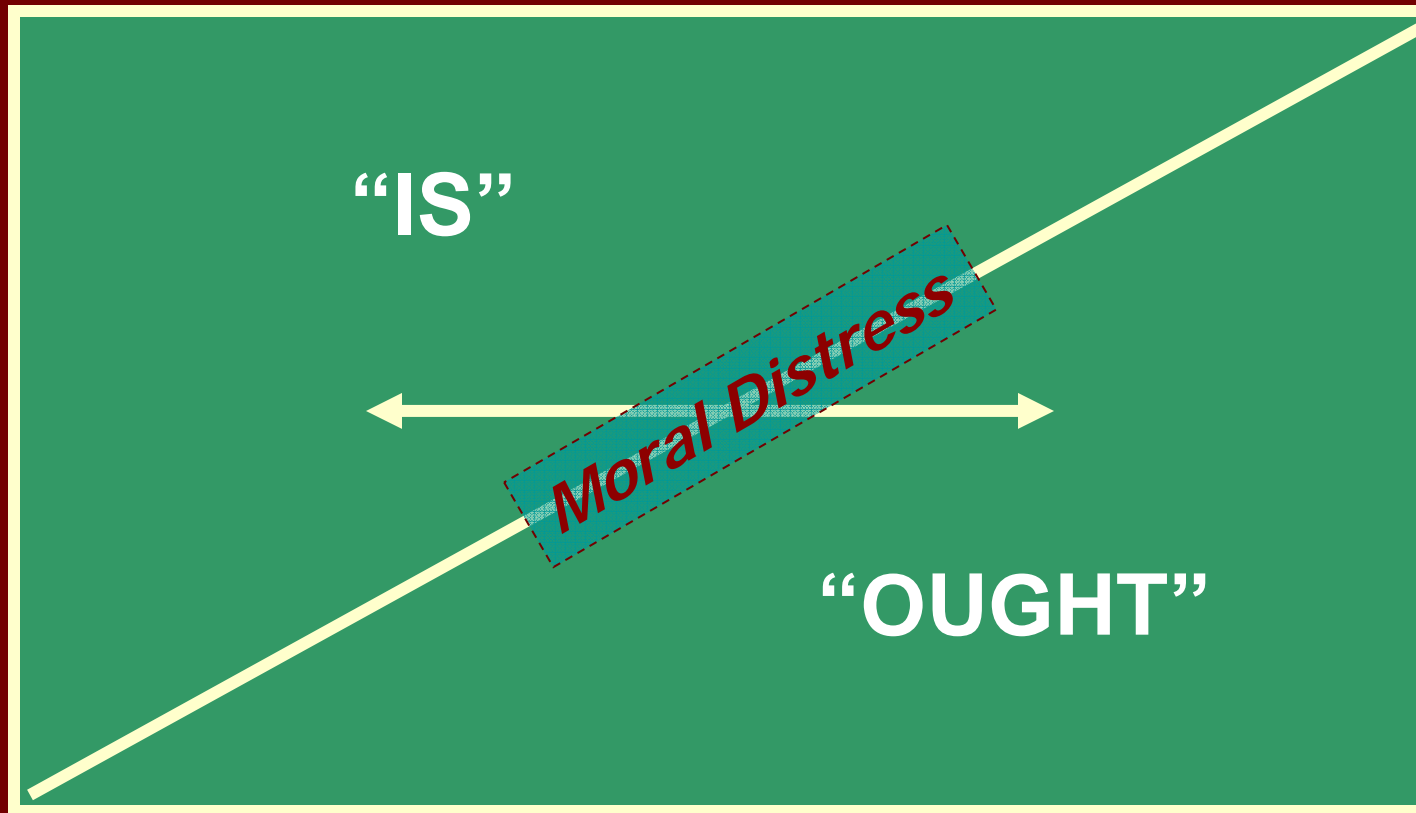
## *Ethical Implications of Nurse-Delivered Safer Injection Education as a Harm Reduction Approach For Persons Who Use Injection Drugs*

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# Overview

- Introduction: Some basics of applied ethics.
- Injection related harm: For whom?
- Rosie (Case Scenario)
- Harm reduction approaches
- Safer injecting education practice in Vancouver;
- Ethical and practice implications;
  - Health policy;
  - Service delivery & access
- Questions & discussion

# *Ethical Inquiry: Some Basics*



Adapted from Rodney, 2007

# ***SOCIAL JUSTICE***

***Distributive Justice  
“Equality” vs. “Equity”***

Adapted from Rodney, 2007

# One approach to applied ethics

(there are many)

<p><u><b>Ontology</b></u></p> <ul style="list-style-type: none"><li>❖ What "is"?</li><li>❖ What do we understand "it" to be?</li></ul>	<ul style="list-style-type: none"><li>❖ <i>Participative reality</i></li><li>❖ <i>Subjective-objective</i></li><li>❖ <i>Relationally Co-created,</i></li><li>❖ <i>Dynamic vs Static</i></li></ul>
<p><u><b>Epistemology</b></u></p> <ul style="list-style-type: none"><li>❖ How do we think we know this?</li><li>❖ From who's viewpoint?</li></ul>	<ul style="list-style-type: none"><li>❖ <i>Critical subjectivity</i></li><li>❖ <i>Experiential, propositional</i></li><li>❖ <i>Practical (focus on real-life issues)</i></li><li>❖ <i>Socially Co-created, diverse views</i></li></ul>
<p><u><b>Methodology</b></u></p> <ul style="list-style-type: none"><li>❖ Getting to "ought" in policy &amp; practice.</li></ul>	<ul style="list-style-type: none"><li>❖ <i>Political participation</i></li><li>❖ <i>Collaborative action</i></li><li>❖ <i>Practical (what is important and to whom?)</i></li><li>❖ <i>Shared experiential context</i></li></ul>

# Injection Related Harm

- For persons who inject illicit drugs:
  - Infectious disease transmission:
    - HIV,
    - HCV
  - Fatal & non-fatal overdose,
  - Localized & systemic bacterial infections,
    - Venous abscesses, cellulitis
    - Endocarditis, osteomyelitis
  - Social stigma & marginalization
  - Reduced social stability:
    - Poverty,
    - Unstable housing

# Injection Related Harm

- For the community:
  - Open public drug market,
  - Public injecting,
  - Public disorder,
  - Addiction driven property crime

# Injection Related Harm

## ■ For Society:

- High cost health care services:
  - ER visits,
  - Hospital admissions,
  - Ambulance calls
- High cost to criminal justice system:
  - Enforcement,
  - Prosecution,
  - Incarceration
- Erosion of healthy family relationships & social support,
  - Negative impact on children

# "Rosie"

## A FICTIONAL CASE SCENARIO

- 23 yr. old woman
- living in a SRO in Vancouver's DTES
- using heroin since she was 14
- started during a past relationship with an older boyfriend who injected her
- several past 'close-call' overdoses
  - ER visits via ambulance

# "Rosie"

## A FICTIONAL CASE SCENARIO (Cont'd)

- Rosie says she has never stayed in hospital for more than a couple of days and has left AMA a couple of times because she says,

*"they just treat me like a dirty junkie and I have to get my next fix or the pain gets really bad. They don't believe me (about the pain) at the hospital."*

# "Rosie"

## A FICTIONAL CASE SCENARIO (Cont'd)

- family lives in Calgary
  - strained relationship
  - has not seen them since she & first boyfriend moved to Vancouver 8 years ago
- has 7 yr. old daughter
  - in foster care since the age of two when Rosie's relationship ended, leaving her homeless for a period of time
  - wants her daughter back but is not very hopeful
- several relationships since but the most recent ended 2 months ago

# "Rosie"

## A FICTIONAL CASE SCENARIO (Cont'd)

- has had several past unsuccessful attempts with self injection – poor confidence; afraid to waste her fix
- Rosie states her veins are too small & just doesn't like fixing herself
- depends on either boyfriends or peer 'hit doctors' to get her fix
- works in the sex trade on and off to support her heroin use
- states either her boyfriend or a 'hit doctor' cooks the heroin & prepares the rig
  - inject themselves first with part of it before injecting the rest into her

# "Rosie"

## A FICTIONAL CASE SCENARIO (Cont'd)

- says the guy who has been doctoring her lately uses her jugular vein and usually fixes about a third of her dope first before fixing her as she often doesn't have the usual \$10 to pay him
- says she doesn't go to the SIF in her neighbourhood because they won't let anyone doctor her there
- usually just gets doctored in a back alley

# "Rosie"

## A FICTIONAL CASE SCENARIO (Cont'd)

- says she's often afraid to insist that the hit doc uses clean 'works' (uncontaminated equipment) because he might get "pissed off and take too much of my dope"
- says she has been 'bunked' (injected with a fake, non-narcotic substance) several times by hit docs that she doesn't know that well
- said that a few times in the past 2 months, she has found a hit doc she trusts through a local drug users' group.

# "Rosie"

## A FICTIONAL CASE SCENARIO (Cont'd)

- When asked to describe the most important components of a "safer" injection, Rosie states that it entails using clean works, fixing (or getting fixed) without complications, and NOT having to pay a hit doc or give up any of her dope (as described below):
  - "they were really great and hit a vein in my arm right away. They didn't even want anything for it!" (ie: drugs or money for payment).
  - "Once it was this woman hit doc. It was just so easy and relaxed, you know. We used all new works and everything... I wish it could be like that all the time but I can hardly ever find her"
- says she sometimes hangs out in front of the SIF in hopes of finding one of these hit docs that she knows and trusts

# "Rosie"

## A FICTIONAL CASE SCENARIO (Cont'd)

- currently has a large infected abscess on her leg from a fix by a hit doc in an alley about a month ago
  - complains of a lot of pain from the wound
  - says she went to the hospital a couple of weeks ago when the pain became quite severe
    - started on IV antibiotics and morphine
  - she left after a couple of days because they wouldn't give her enough morphine and she started to feel dope sick
  - states usually gets some gauze & tape from the nurse at the clinic and changes the dressing herself in her hotel room
  - says it's getting worse

# "Rosie"

## A FICTIONAL CASE SCENARIO (Cont'd)

- says the nurse at the clinic just keeps trying to get her to go back to the hospital
- says "I just get a bigger fix of 'down' 'cause it gets rid of the pain"
- reports that she had a negative HIV and hepatitis test during her pregnancy but has not tested since
- says "I know I've already got it so what's the point?"



Source: Wood et al. 2004

# Harm Reduction Approaches

- Increased availability of sterile syringes & other injecting equipment
  - Syringe distribution programs
- Supervised injection facilities
  - *InSite, Dr. Peter Centre*
- Increased contact & access to:
  - Health care prevention & treatment services,
  - Health promotion,
  - Social support services, housing

# Harm Reduction Approaches

## ■ Safer injection education initiatives

- Infection control & prevention,
- Vein care,
- Injecting technique,
- Overdose prevention,
- Reduced environmental risks,
  - Public injecting, back alleys
  - Police presence
  - Re-use of syringes
  - Improperly discarded syringes
- Improved self efficacy & self-empowerment,
- Reduced dependence on others
- Greater sense of autonomy and control

# Safer Injection Education

Is evidence enough?

**safer injection**



**better vein care**

Source: Chicago Recovery Alliance

[www.anypositivechange.org](http://www.anypositivechange.org)

# Current Practice: The Evidence

- Wood, Spittal, Kerr et al. (2003) found that:
  - a) Women who use injection drugs are significantly more likely than men to require help from others to inject
  - b) Requiring help from others to inject is shown to be independently associated with syringe sharing and HIV/HCV incidence;

**Wood, Tyndall, Stoltz et al. (2005) found that:**

- a) Lack of knowledge regarding how to safely inject oneself is a primary reason given for **requiring help** with injections;
- b) Requiring help with injections is associated with receiving safer injecting education;
- c) Teaching and guiding an IDUs injection technique reduces the risk of overdose, localized tissue damage and infection, including HIV and hepatitis
- d) A significant proportion of SIF users receive safer injecting education within the SIF;
- e) Nursing interventions within SISs have not been well evaluated; More extensive research is needed.

## BUT ... Wood et al. (2006) found that:

- Requiring assistance with injections is associated with significantly less frequent use of the SIF.
  - Likely explained by the fact that federal guidelines prohibiting assisted injection within the SIF are adhered to.
  - The fact that those who require assistance with injecting, and who are at the highest risk for syringe sharing, contracting disease and other injection related harms, are less likely to access the SIF presents ethical challenges for nurses.
  - Such circumstances may be regarded as missed opportunities for health care to better engage those at highest risk for drug related harm.

Wood, Wood, Lai et al. (2007) found that:

- **High rates of injection risk behaviours continue to be reported by local IDUs.**
- **This demonstrates a clear need for ongoing interventions such as safer injection education.**
- **Various forms of safer injection education are reported as being received from SIF nurses by SIF users**
- **SIF nurses are reaching a significant proportion of this population, including:**
  - those who require help from others to inject
  - binge drug users
  - others who are at heightened risk for HIV, hepatitis, overdose, and other injection-related harms.

# Implications for Health Ethics, Policy & Practice

- The College of Registered Nurses of British Columbia (CRNBC), supports nursing practice based on evidence such as this, explicating that:
  - Providing persons who inject drugs with “evidence-based information to safely give themselves intravenous injections is within the scope of ... nursing practice .... And,
  - Promoting ... self care activities prevents illness and promotes health, especially in relation to high risk ... behaviours” (Wood, Zettel & Stewart, 2003, p. 23).
- The “paramount duty [of the nurse] is the client’s right to competent care” (CRNBC, 2005, p.1).
- Thus, nurses have a clear professional mandate with respect to providing safer injecting education.

# Creating An Ethos in Policy

- ❖ **Critical ethical evaluation of existing policies**
- ❖ **Greater attention to ethics in policy development**
- ❖ **Authentic engagement of those most affected by policies**
- ❖ **Reflection and on-going evaluation**

# For Discussion and Further Thought

- Consider the ethical practice and policy implications in the context of the fictional Case Scenario of “Rosie”.
  - What are the key ethical issues?
    - From whose perspective?
  - How could safer injection education approaches improve Rosie’s health & access to services?
  - What kind of service structure(s) and policies would be needed to further implement safer injection education for persons, particularly women, who use injection drugs?

# Acknowledgements

Dr. Paddy Rodney, UBC School of Nursing; UBC Centre for Applied Ethics

Dr. Thomas Kerr, BC Centre for Excellence in HIV/AIDS; UBC Faculty of Medicine



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