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Nurses' voices used to heighten fears of fentanyl exposure in British Columbian rural hospitals

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Abstract

People who use drugs (PWUD) experience stigma when accessing hospital-based healthcare, including emergency care. Rural settings are of particular concern, due to heightened social-structural stigma toward PWUD in smaller communities. These barriers have been exacerbated further by recent narratives in media and political attention on the risks to healthcare providers when exposed to PWUD using substances while in hospital. Nurses' voices have been used directly and indirectly to influence political discourses to raise moral panic regarding workplace exposure to second-hand smoke from unregulated substances (e.g., fentanyl and methamphetamine). Immediate collective nursing action is required to protect nurses' professional and ethical obligations and ensure safe and stigma-free access to hospital care for rural PWUD in the current political climate in British Columbia, Canada.

Keywords: occupational exposure, nursing profession, substance use conditions, drug policy, advocacy

Background

People who use drugs (PWUD) report experiencing stigmatization in hospital settings from healthcare providers (Van Boekel et al., 2013). Experiences of stigma significantly impact access to healthcare by creating unnecessary barriers to emergency services and acute care settings for PWUD (Chan Carusone et al., 2019). Rural regions in Canada are disproportionately impacted by the toxic drug crisis (Hu et al., 2022). Due to concentrated social-structural stigma in rural communities, treatment of PWUD in hospital settings is of particular concern, as it impacts health seeking behaviours among an already marginalized group at risk of illness and toxic drug poisoning (Bardwell et al., 2022; Burgess et al., 2021; Ellis et al., 2020).

Rural and remote communities have been described as 'treatment deserts' among people seeking care for substance use conditions (Palombi et al., 2018), reflecting the absence of resources available to them. Additionally, service users identify having less anonymity when choosing to seek substance use treatment, particularly in emergency room settings of smaller communities (Ellis et al., 2020). Efforts to incorporate hospital-based harm reduction resources and strategies across urban and rural areas are also influenced by stigma that exists among healthcare providers, creating barriers for PWUD and further contributing to suboptimal healthcare (Barry et al., 2014; Muncan et al., 2020; Perera et al., 2022; 2020; Stangl et al., 2019; Van Boekel et al., 2013). Recently, rural and northern hospitals in British Columbia (BC) that have attempted to implement harm reduction practices (e.g., harm reduction-oriented policies) in order to improve accessibility to hospital care for PWUD have been facing public criticism (DeRosa, 2024). Perceived safety issues related to staff exposure to second-hand smoke from people smoking unregulated substances (e.g., fentanyl and methamphetamine) while in hospital have been an area of focus in political narratives (DeRosa, 2024; Taylor, 2024; Shaw, 2024). For example, in response to the BC

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drug possession decriminalization policy, a Northern Vancouver Island BC Conservative Party candidate and physician focused their opposition on nursing, stating that hospital nurses are being exposed to illicit drug smoke (Taylor, 2024). This was highlighted specifically as an example of why nurses are leaving the profession, contributing to hospital staff shortages and impacting community care (Taylor, 2024). Politicians placing blame for healthcare shortages on the backs of PWUD only perpetuates public stigma.

While the possession and use of unregulated stimulants and opioids was decriminalized in BC, more recently the BC government declared plans to change this federal policy directive (via Health Canada) to prohibit substance use in public spaces, including in hospitals (BC Office of the Premier, 2024). Linking nurses' safety to decriminalization is problematic because there is no evidence that harm reduction policies lead to adverse outcomes for staff and it further fuels stigma and policing of PWUD (Ezell et al., 2021). There is limited scholarship focusing on specific features of the built environment that influence drug use behaviours, experiences, and patterns and how risk factors for drug use are placed in distinctive urban and rural settings. Applying Neely and Samura's conceptual theory that describes space as contested, fluid and historical, interactional and relational, and defined by inequality and difference, we assessed data from semi-structured qualitative interviews conducted between 2019 and 2020 with consumers at syringe exchange programs (SEPs). This stigmatizing public discourse occurring around drug use and hospital settings, which is already exacerbated in rural communities, risks restricting PWUD's access to emergency care when needed (Muncan et al., 2020). Safety for nurses and other staff is essential; however, an evidence-informed drug policy is necessary to protect both healthcare staff and vulnerable populations.

Rural hospitals & nursing beliefs

Rural-specific strategies will be required to mitigate the unintended individual and community harms. Rural hospitals are often severely under-resourced, understaffed, have high volumes of patients, and have fewer specialty services including harm reduction and addiction medicine services (McEachern et al., 2016). PWUD in rural BC often rely on hospital care, due to a lack of community practitioner attachment, and present with layers of intersecting social oppressions and marginalization (e.g., colonialism, racism, housing vulnerability, complex mental health; Fleming & Sinnot, 2018). Hospitals are often the only healthcare option in rural settings where primary care resources are scarce and specialty substance use and addictions services are severely limited. Additionally, rural hospitals provide nearly all medically supervised withdrawal management services. In order to provide safe, ethical health care to people who face multiple barriers, a culturally-safe, trauma-informed, non-judgemental approach is required to inform nursing care (Neale et al., 2008).

Variability in political policy and public narrative around drug use includes polarized beliefs and values toward PWUD (Neale et al., 2008; Pauly et al., 2015). Social and political bias impacts healthcare providers and can present itself in nursing care interactions (Hardill, 2019). When nurses have a holistic perspective toward substance as a product of life circumstances and social marginalization that presents as a maladaptive coping mechanism, they are more inclined to offer harm reduction supports (Pauly et al., 2015). When nurses view substance use as a product of the individual's choice, it is more likely to lead to neoliberal worldviews toward PWUD and a punitive approach to substance using behaviours (Pauly et al., 2015).

Opinions that claim harm reduction approaches 'enable' substance use are examples of neoliberal worldviews toward PWUD and are common in rural communities. Rural public opinion is more likely to have a "pull yourself up by your bootstraps" attitude with an assumption that PWUD are simply failing to follow social rules (Barry et al., 2014; Hardill, 2019). Stigmatizing beliefs and, consequently, support for punitive drug policies are harmful and impact access to day-to-day healthcare services, emergency care, and, ironically, substance use treatment, as well (Hatzenbuehler et al., 2013; Kennedy-Hendricks et al., 2017). Nurses have a standard of ethical practice to preserve and protect client dignity and promote safe, appropriate, and ethical care (British Columbia College of Nurses and Midwives, 2024), which includes harm reduction care. This obligation requires nurses to resist the influence of political narrative toward PWUD and continue to provide stigma-free healthcare for PWUD while in hospital.

The British Columbia Nurses' Union (BCNU) states that reports of workplace exposure to illicit substances has increased steadily since 2021 and has provided some recommendations on mitigating strategies to protect nurses (British Columbia Nurses' Union [BCNU], 2024). Recommendations include screening patients for substance use history, identifying the presence of smoke vapours, and the need for personal protective equipment to complete the task (BCNU, 2024). While literature on occupational exposure to fentanyl through second-hand smoke is limited, existing research currently indicates that the overall risk of opioid toxicity or overdose is very low (Moss et al., 2018; Eagland et al., 2024). However, risk of toxic drug death amongst people who are forced to use substances in secrecy and alone is a leading cause of death among people aged 10 to 59 (Government of BC, 2023). To alleviate any perceived or actual safety concerns, ongoing occupational health and safety monitoring and evaluation are needed. Nursing safety is of utmost importance, but equitable health care for all people, including those who face social-structural inequities, must not be circumvented.

Universal harm reduction policy in BC hospitals

Each BC regional health authority recently implemented universal harm reduction policies in hospitals that support a non-criminal/non-prohibition approach to simple possession of substances for personal use and drug use supplies (Interior Health [IH], 2024; Vancouver Coastal Health [VCH], 2023). These policies were intended to shift the healthcare response from confiscating or asking someone to leave hospital if unregulated substance use was discovered, to an approach of universal harm reduction in concordance with the decriminalization policy (IH, 2024; VCH, 2023). Some rural and northern hospitals experienced the most media attention for these policies,

suggesting that the decriminalization policies have led to an increase in the number of patients smoking unregulated substances in hospital rooms (Shaw, 2024). The intention of policies like decriminalization and harm reduction are to reduce stigma and respect self-determination of patients' possession of substances for personal use (VCH, 2023). Nurses have expressed concern with being treated as de facto law enforcement when it comes to managing substance use in healthcare, and these policies permit nurses to provide alternate approaches (Fisher, 2007). Rather than being required to confiscate or "report" patients, nurses can apply universal harm reduction policies by providing education on safer use strategies, provide safe storage of substances, and offer access to clean supplies or drug testing technology (VCH, 2023). Nurses and nursing leadership should also advocate for hospital-based supervised consumption services, which exist in some urban hospital settings in Canada (Dogherty et al., 2022). The scale up of on-site supervised consumption services would address the issue of healthcare workers being exposed to unregulated substances via second hand smoke exposure and provide a safe place for hospitalized patients to use drugs (Bourque et al., 2019).

Prohibition of drug use and criminalizing PWUD is harmful and there are alternative measures to punitive drug policies that could be implemented at hospital sites instead (e.g., scale up of on-site episodic overdose prevention sites, peer workers in hospitals, accessible outdoor inhalation spaces (DeBeck et al., 2017). Prohibiting substance use in hospitals further ignores the risk of death amidst the toxic drug supply and leads to poorer health outcomes for PWUD. For example, publicly available harm reduction supply kiosks have been removed in hospitals due to accusations amongst political parties that they "enable" substance use in hospitals (Gamage, 2024). These kiosks included the availability of naloxone, which is the medication used to reverse toxic drug poisonings. Tragically, after the removal of accessible harm reduction services (e.g., witnessed consumption and access to naloxone) in a Vancouver Island hospital led to an unwitnessed overdose in a hospital bathroom (Sweetman, 2024). PWUD are at risk of neglect and death when essential overdose prevention services and harm reduction-oriented policies are removed from hospitals.

Immediate calls to action

Despite efforts from harm reduction nursing and lived experience advocates, the federal government has announced support for amendments to Canadian drug policy to support BC's substance use prohibition in public spaces and hospitals (Van Dyk, 2024). There is an immediate need for action among rural hospitals, nurses, and healthcare workers to mitigate harms from this policy change for PWUD. Importantly, rural communities are at a disadvantage from the outset of the current policy change. Very few rural hospitals have existing designated inhalation spaces or overdose prevention sites (OPS)/episodic overdose prevention sites (e-OPS) embedded in acute care services and, often, there is only one OPS for an entire community. Nurses will be called upon to support evidence-based recommendations that support a stigma-free approach to providing care for PWUD while in hospital. Those recommendations include:

Action 1: Scale up of safer designated spaces for PWUD in rural hospitals, which will require coordination among regional strategic planning and local hospital leadership, harm reduction organizations and partnerships with local drug user advocacy groups.

Action 2: A wide-scale community-targeted and healthcare provider-targeted anti-stigma and harm reduction education. Prohibitory drug policy impacts trust between institutions and PWUD, trust will need to be repaired for PWUD to feel safe accessing acute care services.

Action 3: Scale up of peer services in community setting to help bridge trust. Peer supports will be required in rural hospitals to facilitate use of designated spaces and ensure the safety of PWUD while in hospital.

Action 4: All rural hospitals to scale-up substance use screening measures and provide access to medications like opioid agonist treatment and prn medications to treat substance use withdrawal and prevent toxic drug poisoning post-discharge from hospital.

Action 5: BC Nurses' Union and other nursing advocacy bodies to conduct an environmental scan and academic literature review on the evidence of risks of accidental workplace exposure to unregulated substances through a variety of routes (e.g., inhalation, absorption, injection, and ingestion).

Conclusion

Nurses have a collective responsibility to be ambassadors for vulnerable people, one that aligns with cultural safety, ant-stigma, and anti-oppressive approaches to care. Prohibition of substance use in settings where people are required to be for medical purposes is a form of criminalization, perpetuates harms for PWUD, and will further deter people from seeking essential medical care, particularly in rural settings.

Implications for Emergency Clinical Practice

- Nurses must be aware of how their voices are being leveraged as political bargaining tools to support harmful drug policies
- Due to the unrelenting toxic drug public health crisis, stigma-free nursing care is critical for PWUD
- Nursing leadership plays a pivotal role in advocating for healthcare design strategies that protect both nurses and PWUD.

About the authors

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Conflicts of interest

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REFERENCES

Bardwell, G., Mansoor, M., Van Zwietering, A., Cleveland, E., Snell, D., & Kerr, T. (2022). The "goldfish bowl": A qualitative study of the effects of heightened surveillance on people who use drugs in a rural and coastal Canadian setting. *Harm Reduction Journal*, *19*(1), 136. https://doi.org/10.1186/s12954-022-00725-2

Barry, C. L., McGinty, E. E., Pescosolido, B. A., & Goldman, H. H. (2014). Stigma, discrimination, treatment effectiveness, and policy: Public views about drug addiction and mental illness. *Psychiatric Services*, *65*(10), 1269–1272. https://doi.org/10.1176/appi.ps.201400140

British Columbia Nurses' Union. (2024, May 7). *Controlling exposure risks from illicit substances*. https://www.bcnu.org/a-safe-workplace/health-and-safety/controlling-exposure-risks

Bourque, S., Pijl, E. M., Mason, E., Manning, J., & Motz, T. (2019). Supervised inhalation is an important part of supervised consumption services. *Canadian Journal of Public Health*, *110*(2), 210–215. https://doi.org/10.17269/s41997-019-00180-w

Burgess, A., Bauer, E., Gallagher, S., Karstens, B., Lavoie, L., Ahrens, K., & O'Connor, A. (2021). Experiences of stigma among individuals in recovery from opioid use disorder in a rural setting: A qualitative analysis. *Journal of Substance Abuse Treatment*, *130*, 108488. https://doi.org/10.1016/j.jsat.2021.108488

Chan Carusone, S., Guta, A., Robinson, S., Tan, D. H., Cooper, C., O'Leary, B., de Prinse, K., Cobb, G., Upshur, R., & Strike, C. (2019). "Maybe if I stop the drugs, then maybe they'd care?"—Hospital care experiences of people who use drugs. *Harm Reduction Journal*, *16*(1), 16. https://doi.org/10.1186/s12954-019-0285-7

DeBeck, K., Cheng, T., Montaner, J. S., Beyrer, C., Elliott, R., Sherman, S., Wood, E., & Baral, S. (2017). HIV and the criminalisation of drug use among people who inject drugs: A systematic review. *The Lancet HIV*, *4*(8), e357–e374. https://doi.org/10.1016/S2352-3018(17)30073-5

DeRosa, K. (2024, April 5). *Nurses speak out about consequences of drug use in hospitals.* https://vancouversun.com/news/nurses-speak-out-about-consequences-of-drug-use-in-hospitals

Dogherty, E., Patterson, C., Gagnon, M., Harrison, S., Chase, J., Boerstler, J., Gibson, J., Gill, S., Nolan, S., & Ryan, A. (2022). Implementation of a nurse-led overdose prevention site in a hospital setting: Lessons learned from St. Paul's Hospital, Vancouver, Canada. *Harm Reduction Journal*, *19*(1), 13. https://doi.org/10.1186/s12954-022-00596-7

Eagland, S., Ranger, C., & Wilson, P. (2024, May 23). *Fears of exposure to illicit drugs in public places based on politics, not facts.* https://healthydebate.ca/2024/05/topic/exposure-illicit-drugs-politics/

Ellis, K., Walters, S., Friedman, S. R., Ouellet, L. J., Ezell, J., Rosentel, K., & Pho, M. T. (2020). Breaching trust: Qualitative study of healthcare experiences of people who use drugs in a rural setting. *Frontiers in Sociology*, *5*, 593925. https://doi.org/10.3389/fsoc.2020.593925

Fisher, J. (2007). Mental health nurses: De facto police. *International Journal of Mental Health Nursing*, *16*(4), 230–235. https://doi.org/10.1111/j.1447-0349.2007.00472.x

Fleming, P. & Sinnot, M.-L. (2018). Rural physician supply and retention: Factors in the Canadian context. *Canadian Journal of Rural Medicine, 23*(1). https://www.srpc.ca/resources/Documents/CJRM/vol23n1/pg15.pdf

Hatzenbuehler, M. L., Phelan, J. C., & Link, B. G. (2013). Stigma as a fundamental cause of population health inequalities. *American Journal of Public Health*, *103*(5), 813–821. https://doi.org/10.2105/AJPH.2012.301069

Henderson, S. (2002). Factors impacting on nurses' transference of theoretical knowledge of holistic care into clinical practice. *Nurse Education in Practice*, *2*(4), 244–250. https://doi.org/10.1016/S1471-5953(02)00020-3

Hu, K., Klinkenberg, B., Gan, W. Q., & Slaunwhite, A. K. (2022). Spatial-temporal trends in the risk of illicit drug toxicity death in British Columbia. *BMC Public Health*, *22*(1), 2121. https://doi.org/10.1186/s12889-022-14586-8

Kennedy-Hendricks, A., Barry, C. L., Gollust, S. E., Ensminger, M. E., Chisolm, M. S., & McGinty, E. E. (2017). Social stigma toward persons with prescription opioid use disorder: Associations with public support for punitive and public health-oriented policies. *Psychiatric Services, 68*(5), 462–469. https://doi.org/10.1176/appi.ps.201600056

McEachern, J., Ahamad, K., Nolan, S., Mead, A., Wood, E., & Klimas, J. (2016). A needs assessment of the number of comprehensive addiction care physicians required in a Canadian setting. *Journal of Addiction Medicine*, *10*(4), 255. https://doi.org/10.1097/ADM.0000000000000230

Moss, M. J., Warrick, B. J., Nelson, L. S., McKay, C. A., Dubé, P.-A., Gosselin, S., Palmer, R. B., & Stolbach, A. I. (2018). ACMT and AACT position statement: Preventing occupational fentanyl and fentanyl analog exposure to emergency responders. *Clinical Toxicology*, *56*(4), 297–300. https://doi.org/10.1080/15563650.2017.1373782

Muncan, B., Walters, S. M., Ezell, J., & Ompad, D. C. (2020). "They look at us like junkies": Influences of drug use stigma on the healthcare engagement of people who inject drugs in New York City. *Harm Reduction Journal*, *17*(1), 53. https://doi.org/10.1186/s12954-020-00399-8

Neale, J., Tompkins, C., & Sheard, L. (2008). Barriers to accessing generic health and social care services: A qualitative study of injecting drug users. *Health & Social Care in the Community*, *16*(2), 147–154. https://doi.org/10.1111/j.1365-2524.2007.00739.x

Palombi, L. C., St Hill, C. A., Lipsky, M. S., Swanoski, M. T., & Lutfiyya, M. N. (2018). A scoping review of opioid misuse in the rural United States. *Annals of Epidemiology*, *28*(9), 641–652. https://doi.org/10.1016/j.annepidem.2018.05.008

Pauly, B. (Bernie), McCall, J., Browne, A. J., Parker, J., & Mollison, A. (2015). Toward cultural safety: Nurse and patient perceptions of illicit substance use in a hospitalized setting. *Advances in Nursing Science*, *38*(2), 121–135. https://doi.org/10.1097/ANS.0000000000000070

Shaw, R. (2024, April 4). *'Nobody signed up... to be exposed to fentanyl in the workplace' says nurse*. https://northernbeat.ca/opinion/nobody-signed-up-to-be-exposed-to-fentanyl-in-the-workplace-says-nurse/

Stangl, A. L., Earnshaw, V. A., Logie, C. H., van Brakel, W., C. Simbayi, L., Barré, I., & Dovidio, J. F. (2019). The Health Stigma and Discrimination Framework: A global, crosscutting framework to inform research, intervention development, and policy on health-related stigmas. *BMC Medicine*, *17*(1), 31. https://doi.org/10.1186/s12916-019-1271-3

Sweetman, M. (2024, November 21). *Patient overdose death at Nanaimo hospital 'didn't have to happen,' doctor says*. https://thediscourse.ca/nanaimo/patient-overdose-death-at-nanaimo-hospital-didnt-have-to-happen-doctor-says

Taylor, A. (2024, May 7). *Campbell River hospital staff exposed to illicit drug smoke: Island Health*. https://www.campbellrivermirror.com/local-news/campbell-river-hospital-staff-exposed-to-illicit-drug-smoke-island-health-7326961

Van Boekel, L. C., Brouwers, E. P. M., Van Weeghel, J., & Garretsen, H. F. L. (2013). Stigma among health professionals towards patients with substance use disorders and its consequences for healthcare delivery: Systematic review. *Drug and Alcohol Dependence*, *131*(1–2), 23–35. https://doi.org/10.1016/j.drugalcdep.2013.02.018

Van Dyk, S. (2024, May 7). *The federal government grants B.C.'s request to recriminalize hard drugs in public spaces*. https://www.ctvnews.ca/politics/federal-government-grants-b-c-s-request-to-recriminalize-hard-drugs-in-public-spaces-1.6876913

Vancouver Coastal Health. (2023, January 1). *Possession of controlled substances for personal use*. https://www.vch.ca/en/decriminalization-controlled-substances-personal-use