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Brad

RM'S WAY

Access to harm reduction programs, including supervised injection services, can save lives.

BY DANIEL PUNCH

PHOTOGRAPHY
ETHAN HORST MITCHELL

Leigh Chapman holds a photo from her childhood, and remembers happier times with her brother Brad.

Brad Chapman spent the better part of 20 years on the street, and the majority of that time addicted to drugs.

Smart and resourceful but helplessly dependent on opioids, cocaine and amphetamines, Brad survived by patronizing downtown Toronto's homeless shelters and soup kitchens, and spending the occasional stint in jail. Permanent housing eluded him. At shelters, he sometimes had to worry about being assaulted or having his few possessions stolen. Many nights he made his bed in parks or alleyways.

There are very few constants in the life of a homeless drug user, but Brad found one at The Works, a harm reduction program run by Toronto Public Health. There, he knew he could get clean needles, have dressings changed for his injection wounds, or just talk to someone without being judged. "He felt comfortable there. They really looked after him," says Leigh Chapman, Brad's younger sister.

To say Brad was a regular at The Works would be an understatement. He visited its downtown location for 15 years, often more than once a day. Some nurses remember Brad whipping past on his rollerblades as they made their way to work, his long brown hair flowing behind him. Sometimes he'd ride his rollerblades right into the lobby. Other days he'd walk in quietly and pass out in a chair.

Brad's "harm reduction family" – as Leigh now calls The Works' staff – was often who he called first when he was arrested for loitering or breach of probation, or when he got out of jail, sober and looking for housing. Just like the rest of his family, they watched him fall back into the same habits, and continue the cycle of homelessness and drugs.

As much as he relied on harm reduction services, there was one important rule: it was illegal to use drugs on the premises, just as it is everywhere in Ontario for drug users whose illness is criminalized. If he were in Vancouver, he could have accessed supervised injection services (SIS) and injected drugs in a legal, supervised environment. The same goes for 90 locations throughout western Europe and Australia, where SIS has reduced overdoses, reduced the risk of HIV transmission, and helped drug users into addiction treatment services.

But Brad lived in Ontario, where he was forced to shoot up on the streets. And in the early morning of Aug. 18, 2015, he overdosed in an alley just a few blocks away from The Works, with the program's paraphernalia in his pocket. The 43-year-old father of three and grandfather died in hospital eight days later.

Growing up, Brad was the precocious oldest child of a loving middle class family in Etobicoke. He spoke French, was a natural musician, and played rep hockey. Every summer, the family would travel to Alberta, where Brad would wake up early to catch fish for their breakfast.

But as Brad got older, he started having trouble in school, became isolated from his classmates, and experimented with drugs. Experimentation turned into addiction in his early 20s, after he fell and hurt his back and was prescribed opioid painkillers. When that supply was cut off, he turned to heroin.

Brad's story echoes that of countless others wrapped up in Canada's ongoing opioid crisis. In the face of this public health emergency, many RNs are implementing harm reduction philosophies to save lives and bring people off the streets. Rather than criminalizing people who use drugs, harm reduction looks at the root causes of drug use and how to limit the harm it causes. RNAO has been a strong advocate for expanding harm reduction programs, as have Leigh and her mother Cori Chapman – both nurses.

"There are more successful models of care than expecting drug users to 'just stop using drugs,'" Cori says. "It behooves us all...to care for our most vulnerable populations and to learn about and understand the hardships they face in daily living."

Opioids are a group of powerful drugs that can be highly effective when prescribed for pain, but they are also highly addictive. The amount of opioids prescribed in Canada has increased significantly over the past decade, and a *Globe and Mail* investigation found that doctors gave out 53 opioid prescriptions for every 100 Canadians in 2015. The immense supply of – and demand for – these drugs has also brought prescription opioids onto the black market alongside illicit versions like heroin.

NP Emmet O'Reilly is reminded of lives lost every time he walks by the memorial outside South Riverdale Community Health Centre.

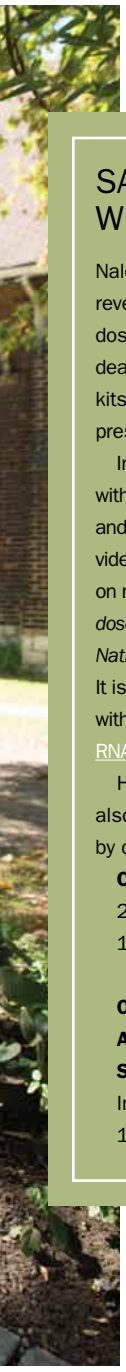
Experts point to a number of factors culminating to create a crisis, including a lack of understanding about addiction and aggressive marketing of opioids by pharmaceutical companies. The result has been a major spike in addiction and overdose. In Ontario alone, more than 6,000 people have died of opioid overdoses since 2000.

Oxycodone was heavily prescribed during the early years of the crisis. To address growing concerns over addiction, it was removed from provincial drug plans in 2012, and its producers altered the drug's formula to make it more difficult to snort and inject. This changed the landscape of the opioid crisis, but did not end it. Many users resorted to heroin. Others found their fix with hydromorphone or fentanyl, which have both been prescribed more frequently since 2012. Overall, the number of opioid prescriptions in Canada has risen 29 per cent since the delisting of oxycodone, while the number of fatal opioid overdoses has increased by 24 per cent. Canadian streets have also been flooded with bootleg fentanyl, which is causing even more overdoses because users often don't know how strong it is.

But harm reduction may be a way forward. Programming comes in many forms, including clean needle exchanges aimed at reducing the spread of infectious disease, and the distribution of naloxone, a drug that can reverse the effects of opioid overdose (see sidebar). Unlike SIS, needle exchanges and naloxone are both currently offered throughout Ontario.

The Dr. Peter Centre in Vancouver broke new ground in 2002 by beginning to offer a health-focused environment for people to inject drugs with the supervision of a nurse. The following year, Insite opened just blocks away as North America's first site dedicated to

PHOTO: ETHAN HORST MITCHELL



providing SIS. Insite operates legally under a federal exemption from drug possession and trafficking laws, but the legality of these services was challenged in 2011 by the Stephen Harper government. Nurses across the country came to Insite's side, and RNAO obtained intervener status to defend SIS when the issue was brought before the Supreme Court of Canada. In September 2011, the Supreme Court ruled in favour of Insite, but the prospect of future legal exemptions for SIS was grim with the federal Conservatives in power.

When the Liberals were elected in 2015, Prime Minister Justin Trudeau expressed his support for SIS. This opened the door for future sites across the country, and a number of municipalities have taken the first steps. So far in 2016, Ottawa's board of health approved a motion to encourage SIS to open in the nation's capital, and feasibility studies for SIS have taken place in Thunder Bay and London. In July 2016, Toronto city council voted 36-3 in favour of a board of health proposal to add SIS to three existing harm reduction programs in the city – The Works, South Riverdale Community Health Centre, and Queen West Central Toronto Community Health Centre. The vote followed public consultation and a number of powerful deputations from stakeholders and advocates. Among them were RNAO CEO Doris Grinspun, and Leigh and Cori Chapman.

The Chapmans threw their support behind the proposal after seeing the respect and dignity The Works showed Brad. They also firmly believe Brad would still be alive if he had access to SIS. While it can't bring her brother back, Leigh hopes her advocacy can save others from the same fate. "You don't get a second chance when you overdose, especially if you're alone in an alley," she says.

NP Emmet O'Reilly is reminded of drug users who didn't get a second chance every time he comes to work at South Riverdale Community Health Centre. Outside the building in Toronto's east end is a flame-shaped copper memorial featuring the names of 130 neighbourhood residents who have died as a result of drugs. The statue is sometimes adorned with flowers or cigarette packs left by friends and other South Riverdale clients, and the word "remember" is inscribed at the top. "The number of clients I have on that list is devastating," O'Reilly says. "Those are the people we missed."

Fatal overdoses have jumped 77 per cent in Toronto over the past decade, up to a record 258 in 2014. As one of the three sites pursuing SIS, O'Reilly hopes South Riverdale can significantly reduce that number in the future. Its COUNTERFit harm reduction program is already one of the busiest needle exchange programs in Toronto, distributing nearly 300,000 needles annually, as well as safer crack kits and condoms. The program is already engaged with more than 3,000 drug users, and that's why the health centre was selected for SIS. Studies show people will not travel long distances to inject, so it's important to reach them where they're already receiving services. O'Reilly says SIS will supplement the centre's existing work, and allow harm reduction workers to continue to build trust with clients. "It's not just about preventing overdose, it's about distributing information effectively within the community," he says.

COUNTERFit takes a unique approach to reach its community, relying heavily on peer support workers. It also employs clients who use drugs to operate satellite sites in their homes. With support from harm reduction professionals, they can distribute harm reduction supplies to other users when and where they are needed. It's all part of a philosophy aimed at building therapeutic relationships, meeting clients where they're at, and addressing the social determinants of health. O'Reilly calls it "quintessential nursing," and says that's why nurses must continue to play a crucial role. "When we say 'harm reduction,' the complement to that is risk acceptance – letting people make their own decisions about what risks they're willing to accept in their lives. And that can be difficult for health-care providers...but that's where the trust is built."

Plenty of work remains to bring SIS to Toronto. The federal government still needs to grant legal exemptions and the sites need funding. O'Reilly says it may be 2018 before South Riverdale implements SIS. But once a program is up and running, and people see the sky hasn't fallen, he expects more communities to follow suit.

Residents of Thunder Bay and the surrounding area are dying of overdose at the highest rates in the province.

The city is a hub for northwestern Ontario with a large transient population coming in and out from nearby rural communities, including remote First Nations where opiate addiction has reached epidemic levels. Yet Thunder Bay does not have the same access to services as cities in southern Ontario, which can make tackling the immense need "virtually impossible," says RN Tanelle Rabachuk of Thunder Bay District Health Unit.

Still, Rabachuk and her colleagues are making a difference. The Superior Points harm reduction program she oversees gave out more than one million clean needles to more than 1,200 people in 2015, in a city of just over 100,000. Rabachuk says the success of the program has helped stabilize Thunder Bay's hepatitis C rates – which were once the highest in Ontario – and contributed to the prevention of an outbreak of HIV.

And the city's public health nurses are hopeful they can soon provide more services. Rabachuk is part of the Thunder Bay Drug

SAVING LIVES WITH NALOXONE

Naloxone is a medication that can reverse the effects of opioid overdose, thereby preventing overdose deaths. In June 2016, naloxone kits were made available without a prescription in Ontario pharmacies.

In September, RNAO teamed up with Toronto's Centre for Addiction and Mental Health (CAMH) to provide nurses with more information on naloxone via the webinar *Overdose Prevention and Naloxone: National and Provincial Landscape*. It is archived and is available along with other related resources at RNAO.ca/bpg/initiatives/mhai/video

Health professionals can also learn more about naloxone by calling:

ConnexOntario
24-hour helpline
1-800-565-8603

Ontario Pharmacists Association Opioid Substitution Therapy Drug
Information Line
1-888-519-6069

ADDRESSING HOMELESSNESS AT ITS ROOTS

For Brad Chapman, drug addiction was closely linked with homelessness. His story is not unique. In fact, some experts say that mitigating the harm caused by drugs means having a frank discussion about keeping people off the street. In order to do that, nursing professor and researcher Cheryl Forchuk says it's crucial to address the circumstances that lead to homelessness.

Forchuk, an active RNAO member, was part of the Expert Advisory Panel on Homelessness which the Ontario government tasked with examining the next phase of its poverty reduction strategy. The panel was co-chaired by Deputy Premier Deb Matthews and Minister of Municipal Affairs and Housing Ted McMeekin. The panel released its report in October 2015, and the government committed to implementing many of its recommendations, including setting a target to end chronic homelessness within 10 years.

Forchuk applauds the government's commitment to tackle homelessness,which sometimes occurs following transition from provincially funded institutions. She has studied how patients can end up homeless after discharge from hospital, and says patients are often released from acute care without adequate housing. "That ends up being a pipeline into homelessness," she says.

Nurses can help address this by thoroughly assessing a patient's housing situation, and not just relying on the address written on an intake form. If nurses see someone is about to be discharged without proper housing in place, she insists they speak up.

"If we are really paying attention to the social determinants of health, we should be having discussions about housing with everyone we're seeing," Forchuk says.

Read the panel's full report by visiting mah.gov.on.ca and searching for *A Place To Call Home*.

Strategy, which is supporting a feasibility study looking into bringing SIS to the community. The study, conducted by a pair of B.C. HIV researchers, interviewed injection drug users and other community members in Thunder Bay and London to determine if SIS is a good strategy for their cities. The results are due out this fall. "There has been so much research on SIS and the lives that are changed (by it)," Rabachuk says. "I'm pretty excited about the possibility of having that service here."

As for London, nurses are hoping SIS could potentially curb a growing HIV crisis in their city. The number of HIV infections in that city has grown by more than 50 per cent in the past decade, despite dropping province-wide over that same period. More than two thirds of new infections are related to injection drug use, says Shaya Dhinsa, a nurse manager at the local health unit. "People are participating in unsafe injection practices. They're sharing or reusing," Dhinsa says. "SIS could provide an opportunity to access clean needles, inject safely, and be connected to health services that might benefit our city."

A lot has changed in the year since Brad passed away.

In addition to the progress toward SIS, naloxone has been made available in Ontario pharmacies at no cost and without a prescription. With training from a pharmacist, people at risk of overdose, and those around them, can now more easily access the life-saving drug. In May, the provincial coroner's office said it was looking into ways to better track the deaths of homeless Ontarians. Brad's story, as profiled in the *Toronto Star*, helped bring to light the lack of a co-ordinated approach to recording homeless deaths, leaving gaps in the province's ability to understand and address homelessness.

Leigh, too, has changed significantly. She never used to talk about having a brother who was a homeless drug user, fearing it would affect the way people looked at her. She has since learned the power of telling Brad's story. "That stigma is actually what kills people – not talking about overdose, not talking about drug use," she says. "The more we talk about it, the more we raise awareness, the less people will die."

From a nursing perspective, she is struck by how little attention overdose gets, despite being among the deadliest possible health conditions. "Nurses should be appalled (fatal overdose) is happening and feel compelled to act," she says.

One of Leigh's biggest epiphanies over the past year was about the uphill battle faced by drug users and homeless people. The public is sometimes quick to write them off, saying adequate services exist if people choose to use them. But Leigh's brother was a survivor. Brad was a man who did his own wound care, boasting to nurses at The Works that he learned the skills from his nurse mother. He was active and resourceful in accessing services, yet he still slept on the street and died of a drug overdose. Leigh wonders what more we can ask of people.

"I just think people shouldn't die like this (and) I wish Brad didn't die like this," she says, pausing regularly to take a breath and quell her emotion. "There are more Brads. They're brothers, they're sisters, they're fathers. They're leaving behind people who care about them, and they're leaving much too soon." **RN**

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