Prejudice in Practice

How can health professionals improve the long-term delivery of harm reduction strategies to intravenous drug users in a rural setting?

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Issue:

The ramifications associated with intravenous drug use can be observed both at an individual and community level (Ministerial Committee on Drug Policy, 2007) This issue is not restricted to urban communities, but also extends to those in rural districts (Colliver, Gfroerer, & Larson, 2007). Harm reduction as a framework acknowledges the importance of minimising the implications associated with high risk behaviours and is used in practice to improve social, economic and health outcomes for the individual and the community (Mullens, 2018).

Injecting drug users frequently experience stigma and discrimination; this can often present as a barrier to accessing services. This disengagement with health services because of prejudice impacting on professional practice is a significant barrier to the successful delivery of harm reduction strategies in smaller more rural New Zealand communities. In New Zealand there are currently 20 dedicated needle exchange programme outlets (NZNEP) and 180 pharmacy partners (New Zealand Needle Exchange Programme, 2018), majority in centralised urban areas which is leaving rural regions with a lack of harm reduction support. In order for more strategies such as needle syringe exchange programmes to be sustained to rural injecting drug users, these barriers need to be addressed.

Literature Review:

The literature demonstrated that when personal morals did not interfere upon practice, needle syringe exchange programmes facilities or providers were beneficial to intravenous drug users. Identified by the health professionals (Fitzmaurice et al, 2007).

Another common theme identifed within the literature evidenced the lack of harm reduction strategies implemented in rural districts for rural health consumers alongside the negative judgement injecting users were exposed to when seeking support through medical channels (Fitzmaurice et al, 2007). Where sustained strategies were implemented and staff were well educated and equipped to support injecting users success was observed (Government of Western Australia Department of Health, 2013).

A wide range of strategies arose through the literature review but ultimately those being successfully implemented in urban areas can not completely transfer to more rural districts. The unique characteristics of each rural region need to be carefully considered.

Implications:

The dwindling prevalence of communicable diseases such as hepatitis C and Human Immunodeficiency Virus (HIV) (Fitzmaurice et al, 2007) would be observed. At present 59% of intravenous drug users in New Zealand have hepatitis (New Zealand Needle Exchange Programme, 2018). The decreasing number of health consumers whom carry these diseases would be reflected through the decreased need for further referral to hepatology, gastroenterology, nephrology rheumatology services.

The diminishing number of patients whom present with a positive status for any communicable disease would also benefit the health professionals caring for them, lowering the risks for exposure to such diseases.

Professional development leading to increased cultural safety may be observed to increase the amount of drug user who engage with public health initiative and services. Nationally a fairer representation of the number of intravenous drug users and which substance(s) they use could be gaged. (Government of Western Australia Department of Health, 2013).

Recommendations:

Facilitate the development of best practice interventions and evidence-based policy. Informed knowledge about; harm reduction, cultural appropriateness and specific strategies that could be altered to suit and benefit their districts by; Appling focus to one specific rural region at a time.

Healthcare Professionals:

- **Professional development and education of rural health professionals, especially primary health staff.**
- **Establish strong professional relationships with drug and alcohol specialty services within the appropriate district health board.**
- **Alter the attitudes of rural primary and secondary health providers, removing prejudice in practice.**

Strategy Implementation:

- **Collaboration between; district health board, specialty services, rural health providers and rural health consumers within the immediate area.**
- **Identify the unique characteristics of the area.**
- **Such factors shaping the way health professionals support intravenous drug users within the community.**
- **Implement appropriate strategies such as; a user-friendly 24-hour dispensing machine for people to access as and when required.**

Conclusion:

Intravenous drug use within New Zealand is a prevalent issue and there is a clear discrepancy in the awareness and acknowledgement of the issue and harm reduction strategies applied in practice to mitigate the associate negative risks. As well as the availability of such framework based strategies to rural health consumers. With the solidification of professional knowledge and the undertaking of further New Zealand based research, the ultimate delivery of appropriate strategies should be successfully sustained.

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Image (2) sourced from: https://mbccosmetictattoo.com.au/product/sharps-disposable-needle-container-1-4l/

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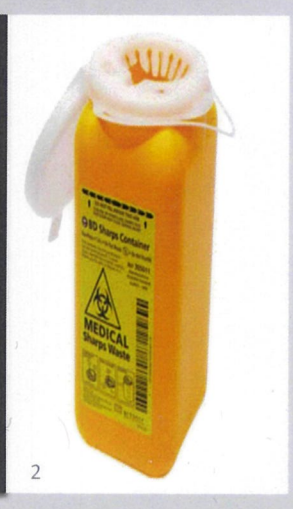

Summary:

I chose to present my clinical issue in a poster format as intravenous drug use is foremost a health issue which requires prompt attitude changes from all health care providers. The harm reduction framework acknowledges the importance of minimising the implications associated with high-risk behaviours (Mullens, 2018). Therefore, I felt the best way to convey my clinical issue was through a visual presentation as it would have the ability to reach a large amount of health professionals and would hopefully attract the eye of professionals, making them want to learn more about the issue. Visual learning incorporates images; graphs and colour to help people visualize specific concepts, allowing some to better understand and learn the information being presented (The visual (spatial) learning style, 2017). I believe many people are captivated by the snap shot of information a visual presentation can offer and are lead to gain a greater understanding of the information presented to them therefore, I felt a poster would be the best way to get my important message across to the health professionals.

PECOT Category	Information Relating to question	Explanation
P-Population	Intravenous drugs users Within rural communities around New Zealand.	I have identified that rural health consumers already have limited health services readily available. Rural communities also have high volumes of people moving through their communities with the need for seasonal and transient workers. High movement that can affect the social, economic and health implications of drug use. I have chosen intravenous drug users as intravenous drug users were who I'd had most contact with in my practice.
E-Exposure (Intervention)	Drug users supported with harm reduction strategies or health professionals who have used harm reduction strategies.	I will explore articles that discuss how drug users have been supported with harm reduction strategies. Additionally I will explore how health professionals have applied harm reduction strategies and how this lead to effectively reducing the negative consequences of drug use while relating it to a rural context.
C-Comparison/ Control	Harm reduction vs. complete abstinence	I am interested in harm reduction approaches to drug use rather than an abstinence approach. This comparison will evaluate effectiveness to diminish the implications associated with drug use.
O-Outcome	To identify how evidence- based harm reduction strategies and approaches could be applied in a rural context	From the literature I wish to be able to recommend how to achieve the delivery of accessible and appropriate harm reduction strategies to intravenous drug users in rural New Zealand. To improve social and health outcomes for the individual which would flow through the community and the population at large.
T-Time	Long-term/ Continuous	To identify how harm reduction strategies could become continually available within rural districts, opposed to short-term

Table 1. PECOT framework

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