

CREATING CULTURALLY SAFE CARE

in Hospital Settings for People who use(d) Illicit Drugs

HEALTH CARE AND ILLICIT DRUG USE

People who use, previously used or are presumed to use, illicit drugs face challenges getting good health care and often have poorer health than the rest of the population. The stigma and criminalization associated with illicit drug use is increased for people living in poverty, impacting health and acting as a barrier to accessing care. Negative experiences in hospitals can lead people to avoid seeking care and, if admitted, to leave before their care is complete.

Hospital nurses are critical to helping
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OUR RESEARCH QUESTIONS:

1. What is culturally safe care in acute care settings for people who use(d) illicit drugs and face multiple social disadvantages?
2. How can nurses enhance delivery of culturally safe, competent and ethical nursing care to people who identify as currently or previously using illicit drugs?

OUR RESEARCH METHODS:

We conducted a qualitative, ethnographic study in a large acute care hospital, exploring patients' and nurses' views on culturally safe care and the role of the hospital environment in fostering or limiting that care. We did in-depth individual interviews with 34 participants, including 15 patients (8 male, 6 female and 1 transgendered person), 12 nurses and 7 acute care managers

patients, c) understand how social inequities shape patients' access to health care, and d) convey unconditional acceptance of patients regardless of their decisions or circumstances and, e) treat patients with dignity and respect at all times.⁵ Below, we highlight five elements of culturally safe care for people who use(d) illicit drugs. These elements emerged from our understanding of cultural safety, the findings of this research and our collaboration with nurses and people who use(d) illicit drugs, and are meant to help guide nurses' practice.

1. Culturally safe care fosters engagement and participation of people who have experience with substance use and marginalization in shaping the care they and their peers receive.

In hospital, people who use(d) illicit drugs often feel excluded and judged. Patients in our study had experienced hospital care that they described as disrespectful and lacking compassion. A common fear expressed by patients – and reinforced by our peer advisory – was that in hospital they would be judged, labelled and blamed for their current health problems and drug use.



—Patient participant

Patients described worries that they would be written off, not listened to, or seen as undeserving of care. As a consequence, they felt they would receive poorer quality care. It helped patients to feel safer when nurses listened to and believed what they said. We recommend that nurses, managers and others in health care:

- Actively listen to and acknowledge concerns expressed by patients about their care.
- Seek opportunities to learn from patients – about their lives, their needs, their preferences, and their perspectives on good hospital care.
- Accommodate patients' preferences for care, to the extent possible.
- Ensure that patients know their rights and what they can

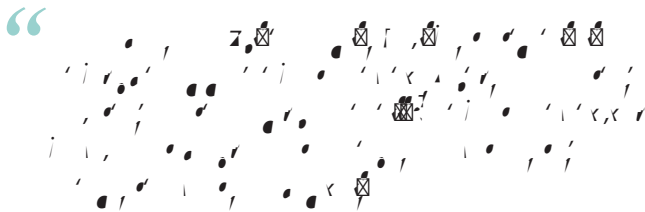
expect when receiving health care.

- Create and promote opportunities for staff to engage in experiential learning in community settings, such as harm reduction outreach, street nursing programs, and community health clinics.
- Involve people who use drugs and peer advocacy organizations in the development and delivery of education about hospital care for people who use(d) drugs.

2. Culturally safe care recognizes that people's health, health care, priorities and experiences are influenced by history and policies that criminalize drug use.


Canada's history of criminalizing drug use and poverty has fueled negative attitudes towards people who use(d) illicit drugs. There is increasing recognition that current drug policies can be a barrier to obtaining health care, and the establishment of appropriate health care services.^{6,7} In our study, patients described feeling 'scared', 'judged', and 'blamed' while they were in hospital. Some patients indicated that if anything went wrong or missing

but hospital policies indicated zero tolerance for substance use. Most nurses were unclear as to exactly what the harm reduction policy said, or what they can or should do when they become aware of active drug use. Nurses responded in various ways, such as ignoring drug use, reporting it to their manager, or trying to ensure patients' safety.



—Nurse participant

Only a few nurses mentioned promoting safer drug use, for example, by providing supplies or education for safer use. Hospital policies emphasizing zero tolerance of substance



Nurses described having to ‘think differently’ about drug use and people who use drugs, recognizing stereotypes and societal

