Project title: Harm Reduction within Nursing Students
Host organization: Umbrella Project
Name of school and course: Algonquin College – Nursing 3323 CHN Clinical Placement
Dates of placement: (September 12 – Dec 19, 2017)

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Clinical preceptor/advisor : Amanda Neilson
Clinical professor: Carmen Hust

Purpose of the student project:
The community project for this year was to explore harm reduction strategies within the nursing student population. In order to do so, we started off by conducting research to learn more about the population, and determine what specific problems may need to be addressed.

Secondary Assessment Findings
In general it was difficult to find statistics related to substance use within health care professionals (especially within the population of nursing students), however it is estimated that 10-15% of all health care professionals will misuse drugs and alcohol at some point in their career (Baldisseri, 2007). We believe that this could be related to stigma and the belief that health care professionals will always use healthy coping mechanisms, which in turn may lead to under-reported substance use issues within this population. Registered nurses have also been shown to have a 50% higher incidence of substance abuse than the public, 14% remain at risk for addiction, and 5% are alcoholics (Epstein, Burns & Conlon, 2010). Another article stated that substance use in nurses typically manifests from the misuse of addictive substances that are used for coping with stress/burnout beginning in school (Monroe & Pearson, 2009).

Though we found barriers in finding specific information related to nursing students as well as the specific statistics from Algonquin college, we were able to access the National College Health Assessment report for Ontario colleges in Spring 2016. In this report we were able to see the stats related to substance use throughout all college students across Ontario. It showed that students as a whole felt a great deal of anxiety, 65.4% of all students felt overwhelming anxiety in the past year, and 89.2% were overwhelmed by all they had to do, which is a major risk factor that may lead to substance use (NCHA, 2016). We found alcohol use and misuse to be the most prevalent substance and therefore focused our research in that area. It showed that 53.9% of college students in Ontario have used alcohol in the last 1-9 days, 67.1% of college students in Ontario have used alcohol within the last 30 days and 54.2% of college students in Ontario have reported experiencing negative consequences after drinking alcohol (NCHA, 2016). Related to this issue, 0.7% of college students reported driving after having 5 or more drinks in the last 30 days, while 12.1% of college students reported driving after having any alcohol in the last 30 days (NCHA, 2016). Though these stats aren’t specific to nursing students it is an important focus related to harm reduction as DUI’s can result in the termination of studying in the BSCN program, as well as being a great risk the safety of the public. However the NCHA report is a fantastic resource to explore and has a lot of valuable information related to other substances if needed.

See Appendix A for research related to policies, substance use and harm reduction techniques. See Appendix B for information and services offered by our host organization, the Umbrella Project.

Analysis:

STRENGTHS:

There were numerous available and accessible resources concerning harm reduction interventions were found during the research. Also, as nursing students, we were able to understand the anatomical and psychological effects that comes to play while using substances, at a deeper level than the general public. As our target population is nursing students, we are able to thoroughly understand this experience as well.

WEAKNESSES:

There was difficulty in finding data related to the consequences nursing students will face if caught with a criminal record. There were ethical issues concerning information collection. Surveys had to be approved by the research ethics board before students could be asked to fill out a survey and give out personal information for the project. Due to time limitation, we were
not able to implement interventions, monitor progress, and gather primary sources (interview nursing students directly, hear lived experiences, etc).

**PRIORITY ISSUES:**

The priority issue that we found was that students need to be provided with clear and precise details of how their personal life can impact their success in completing the program. Also, address the issue regarding substance abuse amongst nursing students and implement harm reduction strategies. Primary sources would also be an important aspect to be complete, in order to fill the gaps found when doing secondary research.

**Planning and/or Implementation:**

Harm Reduction training was completed with our preceptor, Amanda Neilson. This training was vital in our understanding of substance use, harm reduction strategies, and the science behind it. Understanding the training can create a knowledge base to help you create an applicable intervention. The majority of our project was to find secondary research in order to brainstorm for interventions that would be effective. Due to time constraints, we were not able to implement these interventions. Nonetheless, a document was created including all the information that we found useful to implement useful strategies, as well as our ideas on what strategies may be useful.

**Evaluation:**

We found it difficult to find information specifically relating to nursing students, and substance use. It was also difficult to find information on the school’s policies related to the consequences of recorded substance use, or criminal charges that may occur because of it. Therefore, we have identified the gaps in the research, and believe that more statistics are needed in order to create a relevant intervention.

**Recommendations**

Our goal for this project is to create a lasting intervention to implement within the nursing student population at Algonquin College. The idea behind the intervention should be to increase education and awareness on the issue within our population, reduce stigma, and teach harm reduction strategies.

We had contemplated creating a survey to address the lack of statistics reported on the population at hand, by doing so it would be very interesting to see the specific priority issue within nursing students instead of extrapolating data from all college students. This would be a good source of primary data, if you were able to get approval from the Research Ethics Board, and could help create the most relevant intervention possible. Therefore, if you hope to create a survey it would be an important step to contact the Research Ethics Board as soon as possible, in order to implement this in the time frame of the placement.

Another idea that we had, as an intervention, was to create a movie and/or interactive multimedia module to be presented by teachers in nursing programs. This could be accompanied by a “train the trainer” document, to ensure that the intervention could continue to be implemented. If you want to use this idea, make sure to contact media early in the project since this may take a while to access. See Appendix C for more details.

**References**


Neilson, A., (N.d.). Everything you need to know about: Substance use, harm reduction, and the umbrella project. [PowerPoint slides]. Retrieved from: https://docs.google.com/presentation/d/1ZDYK5Q6Doe6ZrSB58hp6x1Ki6ZeTEOBmX2a--UkWtM/edit#slide=id.p4

CNO and Algonquin College Policies related to Substance Use:

Searching for Algonquin College Policies related to Substance Use was difficult to find, and we realized that it was not easily accessible to students and applicants to the program. This is the following information that we found.

CNO POLICIES:

Practicing under the influence of a substance is considered professional misconduct

- Nurses have a commitment to clients to practise safely. Clients trust that they will not be exposed to health care providers whose abilities may be impaired by drugs or alcohol. It is the professional obligation of the nurse whose judgment may be impaired by mood-altering substances to withdraw from client care to ensure that client safety is not jeopardized. Nurses suffering from substance abuse need to seek help. Though not included in this subsection, clause 25 of the Regulation makes it incumbent upon nurses to report to the appropriate authority the impairment of another nurse or health care provider who is providing client care, to prevent harm to clients and ensure that the standards of the profession are maintained.

Professional misconduct is the act or omission that in breach of accepted ethical and professional standards of conduct (based on general framework provided by Ministry of Health/Long-Term Care and consistent with provisions for other health professions regulated by RHPA)

- Acts of professional misconduct may result in an investigation by the College, followed by disciplinary proceedings. As set out in the legislation, the College investigates all complaints about nurses. The College also receives mandatory reports of termination of nurses from employers. When the information reported discloses reasonable and probable grounds to believe that the nurse has committed an act of professional misconduct or is incompetent, the executive director may initiate an investigation.

http://www.cno.org/globalassets/docs/ih/42007_misconduct.pdf

- Mandatory to report any nurse misconduct (such as practicing under an influence)
- The college’s executive director reviews the report + any other info that may have been previously received
- Assesses the level of risk posed to public and determines appropriate regulatory response
  - Not every report requires investigation/hearing (may not be necessary if facility has imposed ongoing monitoring/restrictions on nurses practice – most likely the case for monitoring improvement in skills)
- If investigation the nurse must provide a written response to the college’s inquiries & if the committee has sufficient concern the nurse will be referred to a hearing before the Discipline Panel OR Fitness to Practice Panel – who will then make a formal determination of professional misconduct/incompetence or incapacity after a hearing where the nurse was able to participate
- A nurse found to commit professional misconduct may pay a fine, be monitored while practicing OR be suspended from practice temporarily/have their license revoked
  - A nurse found to be incapacitated may be required to comply with appropriate medical treatment before returning to practice (from suspension)
  - Will likely have restrictions on their practice and have monitoring in place upon the return to practice

http://www.cno.org/globalassets/docs/ih/42006_fsmandreporting.pdf

ALGONQUIN COLLEGE POLICIES:
Obligation to provide police record checks – if not satisfactory possibility of being removed from program – Algonquin/Ottawa (students to follow CNO standards)
http://health.uottawa.ca/pdf/guidelines_conduct_students.pdf (**unsure how to cite this document)

The Algonquin College Policies regarding substance use was very limited, so the Chair of Nursing (Valerie Fiset) was contacted and provided us with the following information:

· “Students must have a clear criminal record to be able to do clinical placements. This is reflected in our affiliation agreements with the clinical agencies. So for example, one of our key clinical partners has in our affiliation agreement that students must have NO convictions and that their vulnerable records check be negative.

· There are no special considerations for any student. A conviction is a conviction, no matter what the offence. The only way they can go off to clinical is if they get a pardon. There are huge delays in pardons, that vary depending on the offence. (This could mean that students could potentially be behind in their studies)

· Students must not have convictions prior to getting in to the program, and in between semesters.

· This is what is on our Algonquin College website for our College Nursing Studies programs:
  o Clear Police Records Check Documentation:
    Though not an admission requirement, applicants must note important information listed below regarding Police Records Check program requirements.
  o Successful completion of clinical placement is a requirement for graduation from the Practical Nursing program. Agencies that provide placement opportunities require you to have a clear Police Records Check for Service with the Vulnerable Sector (PRCSVS). Acceptance for placement is at the discretion of the agency. If you register in the program without a clear PRCSVS and as a result are unable to participate in placement, you will not be able to graduate. A clear PRCSVS is required annually and more often if required by the clinical agency.
  o Clinical Placement Eligibility:
    To be eligible for placement, you must submit proof of a clear PRCSVS, which will be retained on your departmental file and used only for purposes related to your placement. You will be required to disclose the contents of the PRCSVS, including all notations, to the placement agencies.
  o It is your responsibility to obtain the PRCSVS from your local Police Department prior to the deadline identified by your Department and to pay any associated costs. It may take a long time to obtain this documentation; please submit your application as early as possible. Should you require further information, contact the Program Chair.

· This is what is there for the BScN program:
  o Note 5: In order to meet the suitability to practice requirements of the College of Nurses of Ontario, an applicant has to provide a clear original Canadian Police Information Centre Criminal Records Check that has been completed in the last six months. If you don’t meet this requirement then your application may be referred to the Registration Committee for further consideration, with no guarantee that it will be approved. For more information on the requirements to become a practicing RN/RPN, go to the College of Nurses of Ontario website at:
Research related to Substance Use and Harm Reduction Techniques:
These are some information related to substance use, and how they can occur:

These are the human needs. Humans use coping strategies in order to fulfill these needs when they are lacking. Some people will use substances to fulfill these needs.

Spectrum of Use:
No Use
Experimental (Try It) – occasional, often unplanned, motivation: curiosity
Occasional/Social (Like It) – increase in tolerance, spending more $$, using with friends, motivation: social
Preoccupation/Habitual (Want It) – increased time/effort, negative consequences increases, motivation: habit
Chemically Dependent (Crave It) – use is needed to feel normal, loss of control, withdrawals, motivation: physical need

Risk factors can bring someone from social use to preoccupation/habitual use:
Family history, Mental Health issues, Trauma, Availability, Environment

The following information was retrieved from The Umbrella Project pamphlet on Safe Drinking:
HOW TO SAFELY DRINK BEFORE, DURING, AND AFTER:

BEFORE:
- Eat something
- Know the strength of your alcohol
- Set limits on how much you’re going to drink
- Plan a safe way to get home (uber, Taxi, call a friend etc.)
- Plan which days that you will be drinking (and days that you won’t)

DURING:
- Measure and keep track of your drinks
- Drink slowly (pace yourself)
- Alternate drinks with water or other non-alcoholic substances
- Stay in company of trusted friends

AFTER:
- Get enough rest
- Get enough food (absorbs alcohol)
- Hydration is very important to get the alcohol out of your system (alcohol is a toxin)
- Be in a safe place

Key ideas: Buy less, time limit, eat/hydrate before, lower dose/frequency, plan days to use and to not, least harmful method (light beer), pace yourself, have a buddy, don’t mix (pick one substance), etc.

Additional Research:
A moderate or more history of alcohol use has been determined to be a strong indicator of any and significant drug use, especially within the population of health professionals (Kenna & Lewis, 2008).

Population: Nursing Students
Intervention: To implement harm reduction strategies
Setting: Algonquin College
Outcome: To increase better coping skills amongst nursing students in stressful situations
Problem Investigation: Nursing is a program that incorporates labs, theory classes, as well as 8-12 hour placement days during each week. It is a stressful and busy program that requires a lot of time in order to be successful. Time away from friends and family is usually sacrificed in order to meet these nursing requirements. Since stress levels are very high, it is human nature to find a way to cope with this stress. Unfortunately, some nursing students use substances as a coping mechanism. This is an issue that needs to be addressed, and it is our responsibility throughout this project to help determine and implement positive coping strategies that nursing students could use, both while in school and in their future nursing careers.
Appendix B

About the Umbrella project
The umbrella project strives to create a safer space on campus for students to discuss how the use of substances may impact students’ lives. The umbrella project do not teach students to abstain from these substances, but rather provides them with ways to reduce any adverse effects they face from their continuous use by increasing awareness. The main goal is to create opportunities for people to make changes for a healthier life.

The Umbrella project is involved in the following:
- Provides training and consultation to AC employees re: Harm Reduction
- Provides students access to community resources
- Helps students transition from the community substance support programs to Algonquin
- Provide information pamphlets i.e. safe drug use, safe alcohol use etc.

Resources provided and used:
- Built from best practice guidelines and evidenced-based practice
- They use 6 strategies- Health Promotion and Education for Students, Individual Student Support, Community Capacity Building, Culture as intervention, Policy, and Residence
- Health Promotion Initiatives- National Addictions Awareness Week, booths during orientation, Recovery Day Ottawa, developing and promoting marketing material, online website, E-checkup, Rainy daze game
- Student Support Initiatives- Consultations for students, SMART recovery meetings, Make the Cut, consults for counselling services, staff information package, staff and faculty meetings
- Community- General Advisory Committee, student placements, E-learning Module for Staff, AFIT training, media recognition, student’s association support
- Culture- Madmedosewin student placements, policy recommendations for Madmedosewin, Indigenous and Inuit cultural safety training for staff, partnership with Wabano- Cultural Safety Training Project, events at Madmedosewin
- Policy- recommendation for HS11AC Alcohol Policy, recommendations for student handbook, expanding educational sanctions, NHCA
- Residence- Parent newsletter, training for staff, weekly scheduled harm reduction meetings
- E-Chug and E-toke- self assessment tools for students, confidential, re: marijuana and alcohol use
- Rainy daze- harm reduction game informing players of harm reduction strategies and techniques
- Classroom Presentations- 17 different classes including nursing, health promotion, Social service work, child and youth worker, police foundations, massage, and community studies
- E-learning module for staff- Helping Students Succeed

Events provided for students include:
• Jeopardy game, Movie nights, pamphlets, information boards, ball pit, iPad Games, prizes, slideshows, handbook.
• Student use of substances increases at certain times of year- umbrella project focuses on these times to do outreach- Orientation, Halloween, Thanksgiving, December exam period/Winter break, before reading week, St. Patty’s day, End of year/exam time
• Things they gave away- Pamphlets (most impactful for students- most well received was on cannabis), Lip balm (students drawn to this the most) the lip balm is a harm reduction tool- ie smoking crack with cracked lips helps transmit hepatitis, HIV etc, Waterbottles with Umbrella Project name on them and the word Hydrate- they handed these out at concert events
• Harm reduction Consults- students can make appointment themselves or they can have one made through counselling services,
• SMART Recovery- Peer-led recovery meetings on campus
Appendix C

Facts:
- Add statistics in the beginning about nursing students and substance use
- Choose the top substance that is being abused – alcohol
- Pamphlet ideas for before during and after
- U of O policies on substance use and abuse

Train the trainer in a different word document

Right now, we have access to alcohol, in the future we have access to everything so if alcohol is a coping strategy now, these drugs can be coping strategies later.

- do you ever ?? …. [anxiety, stress, don’t belong] ways to connect with nursing students specifically
- Stats..

OUR GOAL, NURSING SCHOOL IS HARD, BOND WITH THEM..BE REALISTIC. BOND WITH THEM, HOW DO U GET A BREAK ?? WHATS REALLY EASY TO DO, COMPARED TO WHAT NOT TO DO...

- THE BRAIN, no judgement in decision making so ultimately can happen to anyone who is under the influence
- How to safely drink before, during, and after
- Did u know .. [policies and procedures]
- It might be stressful but u can do it à resources on campus.,[GET ALL THE RESOURCES AVAILABLE]
- social users, triangles..

Explain the brain**

*** SCRIPT:

1. · Does nursing school ever stress you out?
   · Do you ever feel like giving up?
   · Do you ever feel like you’re alone, or that you don’t belong?
   · Do you ever find yourself grabbing a drink to relax?
   · Do you put school before your own needs?

2. Yeah, we get it. As fourth year nursing students we know how stressful this program can be. We know what it’s like to have something due every week for the rest of the semester. When do we ever get a break? 65.4% of all students felt overwhelming anxiety in the past year, and 89.2% were overwhelmed by all they had to do. These are very high percentages, and on top of that our program is known to be highly stressful. It is easy to see how these results can reflect the BScN program as well. We are not here to tell you never to drink, that is unrealistic. But we are here to help you be safe.

3. Did you know ?
   - 53.9% of college students in Ontario have used alcohol in the last 1-9 days
   - 67.1% of college students in Ontario have used alcohol within the last 30 days
   - 54.2% of college students in Ontario have reported experiencing negative consequences after drinking alcohol
   - Did you know having a DUI can get you kicked out of the program? **policies**

4. BRAIN:
0.7% of college students reported driving after having 5 or more drinks in the last 30 days, while 12.1% of college students reported driving after having any alcohol in the last 30 days. Nobody plans on getting a DUI, but since alcohol shuts down the prefrontal cortex, which is the part of your brain that controls your judgement, anything is possible. When your prefrontal cortex shuts down, differentiating between what is right and wrong becomes almost impossible. We all know that we shouldn’t drink and drive, but we become more vulnerable to making negative decisions when our brain is affected by alcohol. So what should we do to drink safer? Here are some really helpful and easy tips!

5. HOW TO SAFELY DRINK BEFORE, DURING, AND AFTER.

BEFORE:
- Eat something
- Know the strength of your alcohol
- Set limits on how much you’re going to drink
- Plan a safe way to get home (uber, Taxi, call a friend etc.)
- Plan which days that you will be drinking (and days that you won’t)

DURING:
- Measure and keep track of your drinks
- Drink slowly (pace yourself)
- Alternate drinks with water or other non-alcoholic substances
- Stay in company of trusted friends

AFTER:
- Get enough rest
- Get enough food (absorbs alcohol)
- Hydration is very important to get the alcohol out of your system (alcohol is a toxin)
- Be in a safe place

We understand how stressful this program can be. It is important to develop safer coping mechanisms earlier in our careers, before we are exposed to greater temptations [help with wording here]. Here are some resources that are very helpful and available to you on campus as well as off campus.

**On campus resources:**
The AC Umbrella Project
[www.algonquincollege.com/umbrellaproject](http://www.algonquincollege.com/umbrellaproject)
AC Counseling Services:
CONFIDENTIAL, non-judgmental, free counseling for students.
613-727-4723 ext. 7200
Mamidosewin Counseling Services:
CONFIDENTIAL, non-judgmental, free counseling with an Aboriginal Counselor.
613-727-4723 ext. 7186
Health Services:
613-727-4723 ext. 7222

**Off Campus Resources:**
Rideauwood Addictions and Family Services:
613-724-4881
Ottawa Addictions access and Referral Services:
613-241-5202
Centre for Addiction and Mental Health:
www.camh.ca
The Drug and alcohol Helpline:
1-800-565-8603 (Toll Free)
www.drugandalcoholhelpline.ca
Post Secondary Student Helpline:
1-866-925-5454