

Community Health Roles in the U.S. Opioid Epidemic

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The United States and the State of Maine are amidst an opioid crisis, and nurses need to be fully prepared to support opiate prevention and treatment. The population of individuals who are injecting heroin is increasing at a much faster rate than any other form of drug of abuse (National Institute on Drug Abuse, 2014, p. 1). The number of people reporting current heroin use nearly doubled from 2007 (161,000) to 2013 (289,000).” (United States Drug Enforcement Administration, 2015, p. 8).

As a result of the intravenous drug use in Maine communities, several non-profit organizations have developed syringe exchange programs (SEP), to promote safety and patient-centered care by encouraging safe needle disposal and injection while providing regular access to mental health professionals. During the first semester of my senior year of nursing school, I completed my community health clinical rotation at Health Equity Alliance in Bangor, ME in the SEP. Approximately 200,000 needles were exchanged at this program in 2016. Over the course of my time

in the SEP, I discovered that nurses play a critical role in care of individuals with substance use disorders and that we can offer them some level of clarity that others cannot. At Health Equity Alliance, I was able to observe evidence-based practice in action. The site adheres to the Centers for Disease Control and Prevention (2016) recommendations and offered a variety of prevention materials (e.g., alcohol swabs, vials of sterile water, condoms) and services, such as education on safer injection practices and wound care; overdose prevention; referral to substance use disorder treatment programs including medication-assisted treatment; and counseling and testing for HIV and hepatitis C.

I quickly learned how much these individuals *trusted* me after I stated that I was a student nurse. They would allow me into their lives as I emphasized the importance of safe needle practices. In an ideal world, all of the clients would have the desire to undergo rehabilitation. However, because rehabilitation programs are not easily accessible, and because many clients use drugs to self-medicate mental illness, it is and was my duty to provide quality and compassionate care in the moment. I demonstrated quality and compassion

through countless hours on the phone with the Maine Department of Health and Human Services; advocating for clients in need of a place to stay; assessing injection sites for signs of infection; engaging the community through collecting food for the food bank; and assisting in procuring donated items for those in need. During my time in the SEP, I learned that as nurses we must forgive clients for the times when they do not meet up to what we expect of them, that we must show ourselves and others grace, and that patience in change is critical. I saw the trust clients had in me, and it is my hope that as nurses, we live up to our commitment to provide high-quality, compassionate care to all patients as we work together to address the heroin crisis.

Health Equity Alliance, staffed mainly by mental health professionals, offers a glimmer of hope to those who feel that the world is a lonely place. Supporting harm reduction programs as nurses means that we are meeting patients where they are and are fighting the stigma associated with addiction. By listening, educating, speaking out, and advocating we are creating a shift in the mindset of the greater community to include empathy and compassion, which ultimately empowers the vulnerable to utilize the resources they need to become healthier, more productive members of society.

References

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A Day in the Life of a Nursing Student - Circa 1948

Blanche Alexander, RN, MSN

I have shared some of this with some of you before, but I have been thinking about it lately, and thought you might find it of interest. If any of you have a friend or family member who is currently in the nursing education system, you might want to share it with them as well.

We rose early and had to be totally dressed in our student nurse uniform by 6 a.m. and ready to go downstairs to the nurses' residence living room for morning prayers. All 21 of us stood in a circle while we were inspected. Correct hem length, snow white shoes, stocking seams straight and no wrinkles! After inspection, the head nurse teacher would read a prayer, then one of the older students played the piano and we sang a hymn. Once a month, we were weighed and measured. They did not like us to gain weight, even though we were still in our teens. (I leave it to you to guess why they did this???)

Then we would all go to breakfast and I have to tell you it was pretty bad. Burned toast, some sort of hot cereal which, I think, was watered down oatmeal. There was milk and juice. Classes began at 8 a.m. and some of us would eat a quick breakfast so we could lie down for an hour before class.

Classes were chemistry, chem lab, microbiology, anatomy and physiology, materia medica, nutrition, professional ethics, and sanitation. As we progressed, we had additional courses such as medical-surgical, cardiac, and orthopedic nursing.

Classes were from 8 a.m. to 12 noon and then to lunch. Nothing memorable in the luncheon menu. We were free until 1 p.m. so we usually would go to our rooms, rest and have a cigarette, secretly.

The afternoon was spent learning nursing procedures and what would be expected of us to do in the care of our patients. Our nursing instructor would demonstrate the procedure, and then we would practice on each other until we got it right. After we learned the procedure, we would spend the afternoon on the hospital wards practicing on real patients. Bed baths, back rubs, temperatures, blood pressures, wound care, oral and injectable medications, etc. We practiced on oranges first. We set up oxygen tents, oxygen tanks, delivered the meals from a diet truck. There were no orderlies or nurse aides to help. We did it all.

So many of the things we were taught are no longer ever used. One notable one was a flaxseed poultice. We made a hot mixture out of flaxseed and wrapped it in a cloth and put it on an achy part as ordered by the physician. Hot saline throat rinses for bad sore throats. Many medications came in one size. We had to figure out how to dilute to give the patient the right dosage.

This was our first year. Evening and night duty came later. When we were on the night shift, we were there alone. It was pretty scary at first, but the night nurse supervisor made rounds frequently and was a phone call away. We never disturbed a doctor at night unless it was absolutely necessary.

There are many stories to tell. Patients we saw get well, and patients we lost. It was especially hard to lose a baby or a child. You learn to take it in your stride. We had gym, we had dances, visited in classmates' homes. The first time I ever saw TV was in a friend's home.

People have asked me if I had to do it over again. There is no doubt in my mind whatsoever. I always felt that nursing was my calling in life. I have had a wonderful career and no regrets.





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