

CANAC/ACIIS 12th Annual Conference 2004, Toronto

Highlights and Reports produced for the Summer 2004 Newsletter

PLENARIES

Gail Donner

Our conference was saturated with enriching and useful sessions; I have the pleasure of sharing my impressions of the plenaries offered by Gail Donner, currently of *Donnerwheeler Career Consultants* and Judith Oulton, the chief executive officer of the *International Council of Nurses*. Both of these renowned nurses have been supporters of CANAC/ACIIS in the various career roles they have had; their conference presentations continued and enhanced that history, thank you!

The mission at Donnerwheeler (www.donnerwheeler.com) is to promote career resilience by developing tools and strategies for nurses and organizations. Gail brought that to life for us in a session which encouraged us to analyze our work so we can make HIV nursing a "Career for Life". The formal outline included five steps:

- Scan the environment for career opportunities but also to enhance advocacy by knowing how to effect change.
- Complete a self-assessment and reality check, especially to define your values as she asserts most nursing job dissatisfaction comes from workplace clashes in values.
- Create your career vision, nurses know what we want to do!
- Develop a strategic plan
- Market yourself

For me, much of the power in her talk came from the injection of poetry and humour into her evidence-based advice. She quotes poets like Mary Oliver: "*Tell me, what will you do with your one wild and precious life?*" Her own strategies for success read like a poem for all HIV nurses, novice or advance, wondering or near burn out. Let us be inspired whether we stay in direct HIV care or move productively to another arena.

Judith Oulton

"Nurses are skilled at bridging divides between patients and better care. Bridging the bedside – boardroom divide will make the greatest difference in AIDS care in Canada and the world ."

That is the main message from Judith Oulton's early morning speech from the ICN.

She also eloquently evoked four themes that echoed throughout the conference:

- The dire need everywhere for more and better work against HIV
- The progress being made and momentum building in the struggle
- The reasons to hope and act
- The call to action based on nursing values, experience and skills.

In reminding us of the scope of the problem, Judith mentioned: the 4000 new infections daily; the rise in safer sex in developed countries; the frequent lack of integration of care and prevention programs; the forty million people living with HIV; that 2% of Africans needing ART get it compared with 84-90% of North Americans and Europeans.

Yet Judith refuses to despair, she sees grassroots mobilization, political commitment and new money increasing; treatment and prevention programs ramping up; Canada's work in the World Trade Organization helping get lifesaving drugs to impoverished countries. "*Political will and effective policy make a difference!*"

Advocacy by the ICN for nurses takes many forms: reminding us that nurses shoulder the largest burden of the epidemic, caring for others often while ill themselves; that nurses are the principle care givers of their communities and individuals; that the “3x5” campaign (to get 3 million African people who need treatment on it by 2005) should enhance the nursing resources in those countries, not just create new ranks of underskilled and underpaid HCWs. ICN also exhorts developed nations like Canada to solve our own nursing shortages ethically, not just by seeking nurses from poorer nations. ICN points out that “Head Nursing Officers” at WHO and UNAIDS are MD’s!

Nurses are in the frontlines but sadly missing from the boardrooms, so Judith was more than pleased with our leadership theme. She and ICN urge us to get ourselves into the boardrooms around us, whether hospitals, development agencies, foundations or industry. Look at existing boards; learn about the political decision makers, get to know and bring your HIV expertise to bureaucrats, planning committees, labour organizations and businesses. We can do it and ICN can help. did you know you are a member of the ICN if you are in the CNA? Check out their programs at www.icn.ca .

Audience questions about ICN’s position on Harm Reduction, working with provincial governments and how to improve student preparation to eventually take on the boardroom further enriched the discussion. Thanks to Gail and Judith and to the conference planners whose energy and talents brought a great array of learning to us.

Hannah Cowen

HIGHLIGHTS OF PRESENTATIONS I

Injection Drug Use: The Journey from Research to Community Action (Presenter: Grace Getty, RN MN).

It was of great interest to be updated on Grace Getty and Margaret Dykeman’s continued work in primary care, harm reduction and HIV/AIDS in New Brunswick. At last year’s conference Grace and Margaret presented the evolution of a Community Health Clinic developed and run by nurses. The clinic continues to flourish and has become a Methadone Maintenance site with sixty clients and sixty more on the waiting list. Clients are screened before acceptance and HIV testing is available . Social support is provided either one-on-one or in group counseling. Addiction is a family issue, involves a sophisticated community network which supports opiate addiction. The clinic clients have become a target for opiate dealers!

Grace also presented a report on a qualitative study which looked at the experience of thirty two intravenous drug users who were mainly in their 30’s or 40’s. They all had early experience with substances and the experience was very much a social process. All had received drug education commonly found in schools. They felt that the education was irrelevant except for showing them what to look for in the way of drugs. Participants began injecting two to three years after marijuana use started. It was initially for pleasure and very much a group endeavour. Hydromorphone (e.g Dilaudid) has become the drug of choice in New Brunswick, with few users of cocaine. For those who develop substance use problems as a result of an initial painful stimulus the progression of drug use is from acetaminophen with codeine to oxycodone to hydromorphone. Prescribing patterns of physicians, lack of a central repository of records of opiate prescriptions and proximity to other provinces, all promoting “doctor shopping” are seen as areas that need to be worked on as a community and provincially.

Beyond Condoms: Nurse and Microbicides (Presenter: Marc-Andre LeBlanc, Canadian AIDS Society).

Mr. LeBlanc provided the audience with a fascinating look at the evolution of microbicides for the prevention of sexually transmitted diseases including HIV/AIDS. He opened by reminding us that the majority of individuals who are infected by HIV do not know their status. Microbicide research is focused on any substances that can substantially reduce the incidence of sexually transmitted infections/diseases. Ideally the substances should be broad spectrum in effect and are targeted for use in the vagina and/or rectum. Currently none are on the market but many are in development. Some will have contraceptive properties also. It is felt that the first generation of agents will be 50-60% effective and second generation agents becoming 70-90% effective. Mr. LeBlanc stressed that these agents would be adjuncts or a "back-up" for condoms, not a replacement. These agents would work in different ways:

1. Kill or disable the pathogen(s).
2. Boost vaginal/rectal defense systems.
3. Create a barrier to the walls of the vagina or rectum.
4. Prevention of infection by taking hold of the virus once it enters the body.

An example of an agent which is being investigated is carrageen (Carraguard) which is a thickening agent. Once it enters the rectum or vagina, it becomes thick and coats the walls preventing bacteria or viruses from coming in contact with the thin membranes that are part of these regions.

Unfortunately, although these agents hold great promise for the future, their development by large pharmaceutical companies is not hopeful. These agents would probably have low profits, there are concerns about liability for the manufacturer, among other issues. As nurses we will potentially be agents for education and awareness, access, patient teachers, advocates and researchers on microbicides. For further information the following site is a repository of information about microbicides: www.global-campaign.org.

Self-Collection for Anal Cancer Screening in Gay Men (Presenter: Mary Lou Miller, BC Centre for Excellence in HIV/AIDS)

As individuals continue to live longer with HIV/AIDS, the incidence of anal carcinoma has increased dramatically. Squamous cell carcinoma of the anus/rectum is approximately 80 times more common in gay or bisexual men. The development of cellular changes in this area is related to the presence of human papilloma virus (HPV) which causes "warts". A study was devised by the investigators to investigate the efficacy of patients performing self-screening for HPV by taking samples of cells in the transitional zone of the anal area. This was compared to the screening being performed by a clinician. Patients were randomized to either clinician sample first, client sample second, client sample first and clinician sample second. The sample size was 222 male participants, twenty-eight of whom were HIV seropositive. Half of these twenty eight individuals had a normal PAP smear, while 14 were abnormal. All those who had abnormal smears were referred to a colo-rectal surgeon for follow-up. Results showed that there was no difference in the quality of the samples whether they were collected by a client or clinician. This screening test should become a part of the on-going prevention activities for individuals living with HIV/AIDS. In addition, females who have engaged or are engaging in anal intercourse should have screening available.

HIGHLIGHTS OF PRESENTATIONS II

On all Edges at Once : implementing Rescue Regimens for Marginalized Clients, by Evanna Brennan and Susan Giles, RN, Community health nurses, Vancouver Coastal Health authority, BC

It is always a pleasure to listen to Evanna and Susan talk about their work, whether it is around a good coffee or during one of their presentations (always well prepared). During the last conference in Toronto, they addressed the problem of antiretroviral therapy among marginalized patients who experience a therapeutic failure. In these cases, Fuzeon is one drug to seriously consider, even if this treatment requires a high degree of nursing support and an appropriate setting. Their experience in helping a woman who lives alone and received Fuzeon for 3 months gives us some very relevant insight for addressing these problematics: the importance of monitoring injections, support to the client for management of side effects, insuring the client understands their treatment, and managing presented difficulties. Although challenging for the nurse, Fuzeon can be an effective therapeutic option for marginalized clients.

Sex, Drugs and Rock & Roll : Growing up as a teen with HIV, by Cheryl Arneson, RN, BScN, ACRN, HIV Nurse Consultant, Toronto, ON

One can now, with the support of antiretroviral treatments, see children born with HIV grow and mature. Nurses are therefore lead to emphasize on health in a positive way, talking about a normal and healthy childhood, even if families see HIV/AIDS infection in terms of sickness and imminent death. Experience acquired at the HIV/AIDS ward of the Children's Hospital in Toronto shows us the importance of acknowledging the vibrance that radiates from these children, and to let ourselves be touched by their thirst for knowledge and experimentation, either as children or as teens. From this perspective, it is essential to keep good connections with these young clients, especially as they reach the age of their first sexual and drug-related experiments.

SELECTED CONFERENCES ABSTRACT SESSION OVERVIEW

Session 1

Moderator: Alan Wood

I had the special honour of moderating Abstract Session #1:

- S1.1 Jane McCall** from the **BC Centre for Excellence** gave an outstanding and in-depth presentation entitled ***“Not Just Another Drug Club: Crystal Meth and HIV/AIDS”*** in which she explored the epidemiology, history, pharmacokinetics and high risk behaviours associated with this notorious recreational drug and the related implications for the spread of HIV and other diseases as well as the physiological threats its use poses to a person living with HIV/AIDS.
- S1.2 Carla Frost, Julie Killie, Heather Lamont, Joanne Simpson and Denise Thomas** from **St. Paul's Hospital** in Vancouver did a superb job at presenting a case study entitled ***“How the Crack Pipe Broke My Femur: The HIV-Infected Aboriginal Woman's Care Plan Challenges in a Tertiary Care Setting and Future Implications”***. These five nurses described an aboriginal woman's journey through some of the most extreme complications associated with disease progression, infection, addiction, high risk behaviour and hospitalization faced by women within a marginalized, street entrenched, aboriginal population.
- S1.3 Jean Clermont-Drolet** a Street Nurse with **MIELS-Quebec** in Sainte-Foy and Quebec City, and our **CANAC/ACIIS Regional Board Rep. for Quebec**, gave an excellent presentation on the plethora of street and club drugs used in the Quebec City and Montreal areas. He explained the many interactions between different substances and between street drugs and ARVs, the implications of street drug use for a person living with HIV/AIDS, some strategies for managing common physiological and psychological effects of street drugs, and many common street terms used.

AWARDS OF EXCELLENCE CELEBRATION

Once again the Awards of Excellence Celebration was one of the highlights of the conference. Sally Simpson and the rest of the conference planning committee wanted to make this night one of the most memorable in CANAC history and to all who attended, it was apparent they succeeded.

The night started with a wonderful reception held on the upper floor of the magnificent Arcadian Court Restaurant. The formal part of the evening started with a welcome by Brenda Done, CANAC President who introduced Mr. Lorne Fox from *GlaxoSmithKline* in partnership with *Shire Biochem* who hosted our awards of Excellence evening.

We were pleased to welcome the Honorable George Smitherman, the Ontario Minister of Health and Long Term Care who brought greetings from the government of Ontario and spoke glowingly of the contributions of nurses in HIV/AIDS care.

The emcee for the evening was our own Deborah Randall-Wood who did a wonderful job keeping the flow of the evening and ensuring a fabulous time was had by all. As in years past the evening was one of fun, camaraderie and celebration

June Callwood, award winning author and advocate was presented a special ***Award of Recognition*** by John Flannery and Sally Simpson. The ***Exceptional Contribution to the Development of Nursing in HIV/AIDS Care*** was awarded to Sally Simpson; the ***Jill Sullivan Award for Excellence in Clinical Practice*** to Caroline Cote and Kara Piels was honored with the ***Newcomer of the Year Award***. The heartfelt words of their nominators in the presentation speeches was a testament to the outstanding contributions each of these recipients has made to CANAC and the care of those living with HIV.

After a superb meal, exceptional entertainment provided by Alisa Gayle-Deutsch on piano and vocalist Kelly Backwell, we all went away rejuvenated and inspired for another year.

Our congratulations are extended to all of the Award of Excellence Recipients.