



Streetworks Edmonton

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DIRECTOR

Streetworks

- ▶ In existence since 1989
- ▶ Staff of nurses, outreach workers, and social workers. Half of the staff have lived experience and half are of Indigenous descent.
- ▶ Programs include needle/inhalation supply distribution and outreach (including a van), HER Pregnancy Program, Overdose Prevention team, STBBI program, Overdose Prevention and Response teams in downtown malls, transit and library, nursing support to 3 other agencies, Overdose Prevention Services, OD data analyst, and joint projects (SUAP)

1. Overdose Prevention

- ▶ Developed after 4 ODs in one week (!)
- ▶ Its more than handing out naloxone kits. In 2005 when we started, we knew it was a process.
- ▶ Opportunity to chat, teach, support, develop relationships
- ▶ 2 parts to overdose/drug poisoning– prevent the overdose from happening (teaching, support, referrals, drug checking)and prevent death from overdose (naloxone)
- ▶ Follow up is important – often missed

2. Overdose Prevention Sites

- ▶ Streetworks has had 1 SCS and 2 OPSs
- ▶ The SCS ran for 3 years, then was shut down
- ▶ The OPSs were situated within winter emergency shelters, and included overdose response teams
- ▶ More than just overdose prevention – served as broad health services because there was nothing else
- ▶ Very calm, relaxed environment. People outside of the program often thought drugs were supplied (they weren't)
- ▶ “Drug, Set and Setting” very useful to understand

Overdose Prevention Sites

- ▶ Several people got onto treatment (ODP) through the Alberta VODP, and STI testing/treatment by the Streetworks nurses
- ▶ Connected people to housing, income support etc
- ▶ Team was made up of RNs, LPNs, people with lived experience, support workers, social workers, paramedics
- ▶ Staff get to know clients very well and develop trust
- ▶ Worked in partnership with several other organizations
- ▶ Alberta has a “recovery-oriented system of care”

3. Women's issues

- ▶ There are power differences between male and female-identified persons
- ▶ Often are “second on the needle” or do the “wash”
- ▶ Often don't inject themselves so depend on others
- ▶ Often the recipient of violence or coercion
- ▶ Are judged more harshly and “punished” by the systems, particularly mothers
- ▶ Sex work often described differently in mainstream than the people in the work would

HER Pregnancy Program

- ▶ Assisting women who are using substances/street involved to access the most prenatal care possible and address general health/social issues. The women are highly judged, especially by themselves
- ▶ Support for parenting, termination, apprehensions or “not ready” to parent (to 6 months post partum)
- ▶ 2 RNs, 4 support workers, 1 Social Worker
- ▶ Connect with Child and Family Services while pregnant and if mom agrees. All staff can do things like fetal heart rates
- ▶ Works from a Harm Reduction perspective and focuses upon mother’s health and safety. Substance use is one facet only
- ▶ Understand that most info on pregnancy and substance use is inaccurate

Thoughts

- ▶ Community needs to be meaningfully involved throughout, lead if possible
- ▶ Be courageous, realistic, pragmatic, kind, protective
- ▶ Think outside of the box
- ▶ Build strengths, fight stigma, challenge systems
- ▶ Find allies, understand the politics at all levels
- ▶ A small step can be a big step; a slide back is normal – sh*t happens
- ▶ You may not see a result very quickly – don't quit trying
- ▶ Live Harm Reduction – don't do Harm Reduction

Contact

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