Tattooing: A Nova Scotia Experience

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In April of 1995 in a small rural Nova Scotia village, a public health nurse (PHN) who regularly visited a youth drop-in centre heard concerns from the community about young people both giving and receiving tattoos with home-made equipment under primitive conditions.

Shortly after, the PHN had an opportunity to speak to a group of young people to verify the concern. A young transient was identified and proudly claimed to be the "artist".

Contact was made with the Communicable Disease Control (CDC) Nurse Co-ordinator, the Public Health Inspector and the provincial epidemiologist, confirming the need for Public Health Services intervention. The team of health professionals met and developed a plan for investigation and community education. Due to the prevalence of amateur tattooists using home-made equipment, the team decided education concerning the risks would be more effective than enforcement.

The public health inspector (PHI) conducted most of the investigation, using as a guideline the regulations respecting tattoos from the Town of Bridgewater, Nova Scotia.¹ The Nova Scotia Health Act provided the needed back-up for possible future interventions.

After contacting local physicians and schools, other "artists" were discovered. They were extremely proud of their talent, both in terms of artistry and ability to improvise in creating their own equipment and supplies. These young people, who

had few positive experiences academically and socially, felt successful and were unaware of the health risks to themselves and others.

The PHI interviewed two young artists about their equipment and techniques. The tattoo machines were home-made and similar. The equipment for one included: a bent dinner knife, cassette player motor, bobby-pin, pen ink tube and barrel, and sewing needle. The machine was connected through a transformer to a wall receptacle. The tattooist also used: drawing ink, a rusty beer cap, and reused disposable razors. Sterilizing procedures were not used. Both tattooists were handed letters outlining the risks of disease transmission from amateur tattooing and they agreed to stop the activity.

A third tattooist was older and used professional equipment.² The dyes were appropriate for tattooing, the method of sterilizing used a liquid with the active ingredient glutaraldehyde. The facilities, however, were sub-standard and required upgrading. The individual agreed to stop tattooing until approval was obtained. By November 1995, this artist had met all the requirements to operate a tattoo parlour and has been in business since.

At nine schools, approximately 3,000 grade 9 to 12 students and 45 staff members attended the information sessions which provided accurate information to the school population. Care was taken to ensure that the message was nonjudgemental and respectful of individual choices and decisions. Many of the amateur artists, being high school students themselves, attended the information sessions.

A brief history of events was provided by the Public Health Nurse followed by the inspector's information. This consisted of a

description of the home-made equipment and primitive practices, as well as the professional equipment, followed by discussion of regulations and necessary procedures for safe body decorating. The CDC Nurse spoke of such communicable disease concerns as Hepatitis B, Hepatitis C, HIV, bacterial infections and allergic reactions. Each session allowed time for questions. Printed information was available outlining safe tattoo practices and the communicable diseases of primary concern. Community education was provided through information pamphlets distributed by the team to all schools, physicians' offices, outpatient departments at three rural hospitals, town police in three communities, RCMP in four areas, the correctional centre, video stores, local hangouts and some corner stores. During each community presentation, information about local tattooists surfaced. None of the additional 12 "artists" identified were following regulations and only 1 was using professional equipment. Students told of their experiences, showed off their tattoos and asked additional questions about procedures, licenced artists, allergic reactions, infections and tattoo removal methods. Public awareness was raised through displays at schools, Michelin Tire Corporation's "Health and Safety Days", newspaper articles, and CBC television.

A presentation was given at the Provincial Communicable Disease Inservice attended by staff of Provincial Public Health Services, Dept. of the Environment, Provincial Correctional Services and Federal Health and Welfare. The team spoke to physicians, nurses and medical students during Grand Rounds at the Isaac Walton Killam-Grace Hospital for Children and Families and the Queen

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Elizabeth Health Sciences Centre, as well as to Public Health Services staff (school health nurses) in Halifax, N.S.

There has been an interesting ripple effect as a result of the team's education sessions: other public health staff recognized the risks involved with tattooing; information sharing sessions have led to education and information delivery in other regions around the province; and awareness has developed concerning the need to follow regulations. Three "artists"

have sought information regarding setting up their own studios in accordance with public health guidelines.

With the public's increasing desire to body decorate, there is a greater need for public awareness. Public health professionals need to work together and with the community to educate tattoo artists, their clients and the general public regarding the risks involved in receiving a tattoo or other body decoration.

REFERENCES

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