Applying a Harm Reduction Philosophy to Clinical Work

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Learning objectives

1. Define harm reduction
2. Explain two ways to apply harm reduction strategies when working with people who use drugs and alcohol.
3. Outline steps to integrate harm reduction services into your own practice, either through onsite delivery or linkage to community services.

Disclosures and Reflections

No financial disclosures

Personal and life experiences -> biases

Paradigm Shift in SUD Treatment

Acute Care Model:

- Enter treatment.
- Complete assessment.
- Receive treatment.
- Discharge.

Goal of Treatment

- Help patients **stop all substance use.**

Chronic Care Model:

- Prevention
- Early Identification
- Referral to Treatment
- Recovery Supports

Goal of Treatment

- **Reduce morbidity and mortality.**
- **Maximize function.**
- **Improve wellness.**

Harm Reduction Defined

"Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs."

-Harm Reduction Coalition

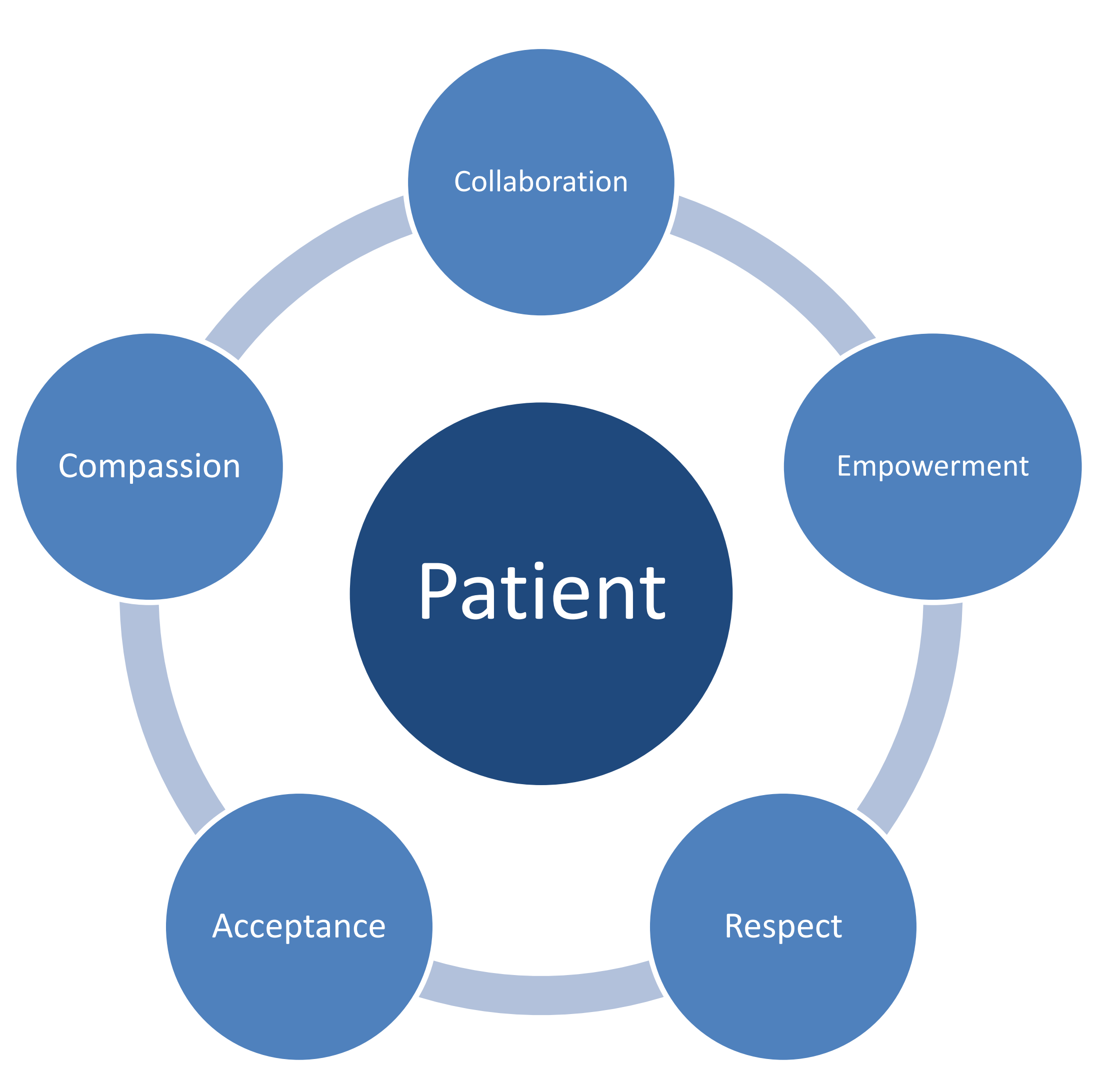
https://harmreduction.org/about-us/principles-of-harm-reduction/

Harm reduction is the philosophy of assisting a person in ***any positive change,*** as they define it for themselves.

Harm Reduction in Clinical Care

Key Elements

1. Pragmatic
2. Prioritizes trust and therapeutic alliance
3. Engagement is the primary goal
4. Balances risk and benefits
5. Celebrates any positive step
6. Supports patients' goals of care
7. Focuses on reducing negative consequences of ongoing use



Harm Reduction as a Continuum

Harm Reduction in Clinical Care

- Harm Reduction is almost everything we do as health care providers
  - Most patients do not follow our recommendations exactly as prescribed (diet, weight loss, exercise, medication adherence)

- Other examples of harm reduction interventions:
  - Seat belts, air bags, car seats
  - Epi pens
  - HPV Vaccine
  - Condoms
  - Helmets

Why is it so hard?

- Stigma against drug use and people who use drugs
- Common belief that the only appropriate goal in care is abstinence
- Concern about “enabling”
- Healthcare providers like to be “fixers”
- Frustration about feeling of being “tricked” or “lied to”
- Fear of patient overdose while in your care
- Concerns about DEA
- Concerns about diversion

“We're talking for the first time about affirming and even rejoicing in improvement—not perfection. Humans are really good at improvement. We are not so good at perfection.”

-Dan Bigg

EXAMPLES OF HARM REDUCTION IN CLINICAL CARE

First: Do no Harm

- Expect everyone you’re seeing has a history of trauma
- Expect people have been treated poorly in clinical settings
- Do not assume someone wants to abstain from use; recognize their use may be playing a role in their own survival
- Ask open-ended questions
- Avoid stigmatizing language

What is trauma?

- Conceptualized by considering:
  - the events/circumstances that occur
  - the characteristics of those events/circumstances
  - The negative effect(s) they have on the individual's well-being.
- Individual's perception of the event/circumstance ultimately determines if it is traumatic or not

Substance Abuse and Mental Health Services Administration (SAMHSA). SAMHSA's Concept of trauma and guidance for a trauma-informed approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

Impact of Trauma on Health Outcomes

- Childhood trauma is best studied
- Stress in childhood affects brain development and how body responds to stress

Abuse

- emotional
- sexual
- physical

Neglect

- physical
- emotional

Household Dysfunction

- mother treated violently
- incarcerated household member
- parental separation/divorce
- household substance abuse
- household mental illness

ACEs and Health Impact

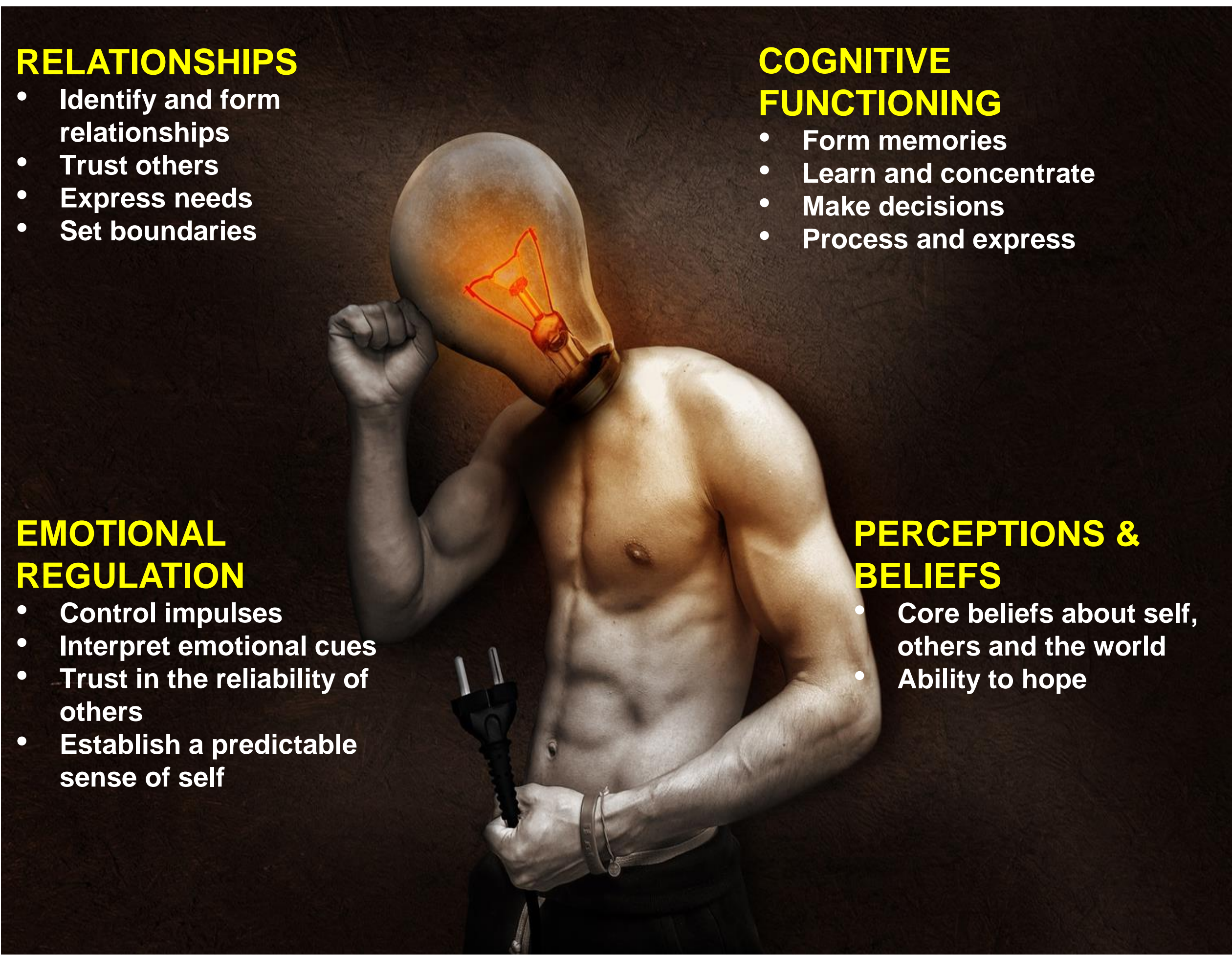
- 1 in 6 adults experience 4 of more ACEs
- ACE Scores ≥ 4
  - Risky alcohol use, 8 times higher risk
  - Intravenous drug use, 9.2 times higher risk
  - Suicide attempt, 17 times higher risk
  - Victim or perpetrator of IPV, 5.1 times higher risk
  - Depression, 4.5 times higher risk

Centers for Disease Control and Prevention. Adverse Childhood Experiences (ACEs): preventing early trauma to improve adult health. 2019. Accessed April 24, 202. Available at: https://www.cdc.gov/vitalsigns/aces/pdf/vs-1105-aces-H.pdf.

Dube SR, et al. Pediatrics. 2003 PMID: 12612237.

How trauma plays out in clinical settings

Isn't forthcoming with information requested?



Misses appointment for counseling or case management set up?

Gets angry in clinic?

Struggles with focusing on anything positive

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“It’s not what you look at that matters-
it’s what you see.”

-Henry David Thoreau

Traditional Paradigm	Trauma-Informed Paradigm
Patients are sick, ill, or bad	Patients have been hurt and are suffering
Behaviors are misinformed and misguided	Behaviors are survival skills developed to live through the trauma but are maladaptive in society
Patients can change and stop behaviors if they only had enough motivation to do so	Patients need support, trust, and safety to decrease maladaptive behaviors
Manage or eliminate behaviors negatively affecting health	Provide opportunities for individuals to heal from their trauma
Staff should come to work every day at their best and perform leadership expectations	Leaders need to create strong organizational culture to combat trauma and stress associated with work and individuals who have experienced trauma

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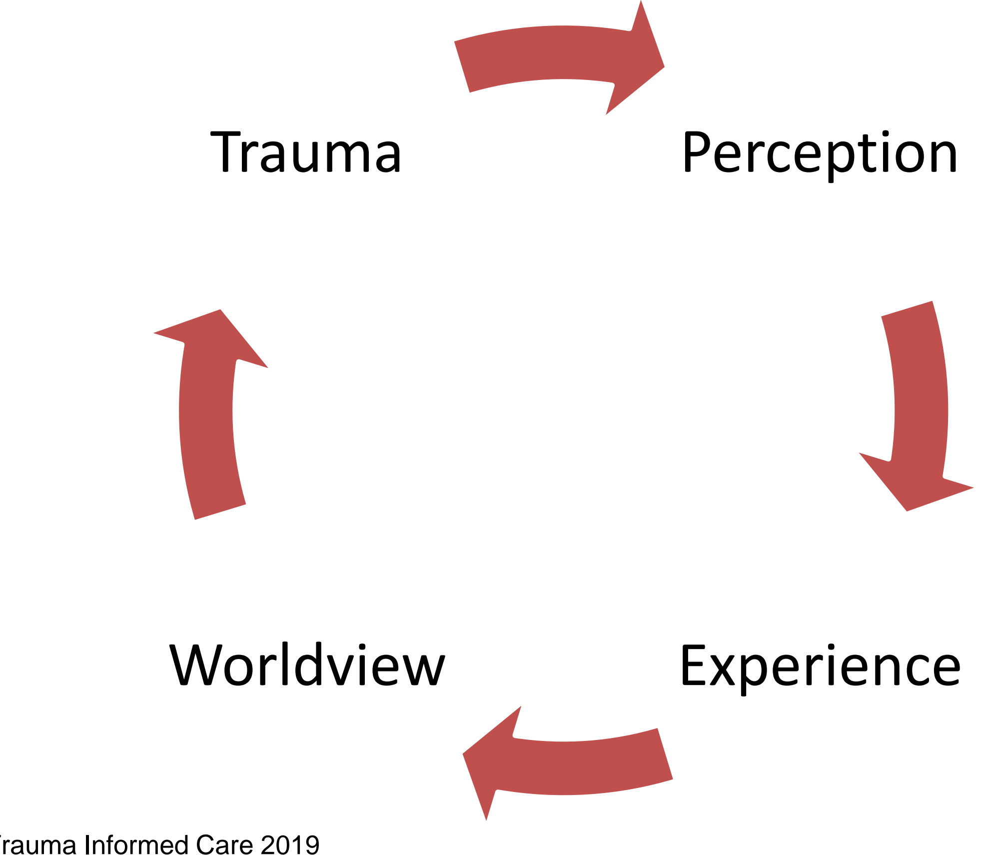
Steps Toward Being Trauma Informed

Realize that a lot about who we are, and what we do, is because of things that happened to us.



Institute on Trauma and Trauma Informed Care 2019
Slide created by and used with permission from Dr. Dave O'Gurek.

Steps Toward Being Trauma Informed

- Embrace trauma-informed values in yourself
  - Acknowledge some of your previous judgment was antithetical to this
- Challenge your approach
- Question
- Be open

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[Image by Pixabay/Gerd Altmann]

Steps Toward Being Trauma Informed

- Address any potential retraumatizing policies or processes
- Include patient and community in evaluation of services
  - Patient and family advisory councils

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The Impact of The Language We Use

- Randomized controlled trial among mental health professionals
- Substance abuser:
  - More personally culpable
  - Punitive measures should be taken against him

One person was referred to as a ***"substance abuser."***

The other person was referred to as ***"having a substance use disorder."***

Source: Kelly JF, Westerhoff CM. Int Journal of Drug Policy. 2010. 21:202-207.

“In their Own Words”

- 263 participants interviewed at inpatient medically managed withdrawal program in MA.
- More than 70% of participants used the term ‘addict’ to describe themselves and when speaking with others.
  - Most commonly used at 12-step meetings.
- The most-preferred label for others to call them was ‘person who uses drugs.’
- The most common label that participants never wanted to be called was ‘heroin misuser’ or ‘heroin-dependent.’

Source: Pivovarova et al. Addiction. In their own words: language preferences of individuals who use heroin. 2019 Oct;114(10):1785-1790.

Reducing Harm In the Language We Use

Terms to avoid using	Terms to use
Addict, junkie, drug abuser	Person who uses drugs or person with substance use disorder
Substance abuse	Substance use or Substance use disorder (clinical diagnosis)
Clean (drug test) Dirty (urine drug test)	Negative drug test Positive drug test
Drug habit	Substance use or Substance use disorder (clinical diagnosis)
Staying clean	Person in recovery/in remission from addiction
Medication Assisted Treatment (MAT)	Medication for Opioid Use Disorder (MOUD) Medication for Addiction Treatment (MAT)
Felon, Ex-con	Person who is (has been) incarcerated

Source: https://www.addictionpolicy.org/blog/language-matters-infographic

Reducing Harm in The Way We Talk to Patients

- “I want to make sure you get the best possible care while here- is it ok if I ask some questions about your drug and alcohol use?”
- “What are your current goals are around drug/alcohol use?”
- Are you interested in talking about:
  - Substance use treatment medications
  - Overdose prevention
  - Syringe service programs
  - Safer injection practices

Possible Patient Goal: Reduce Use

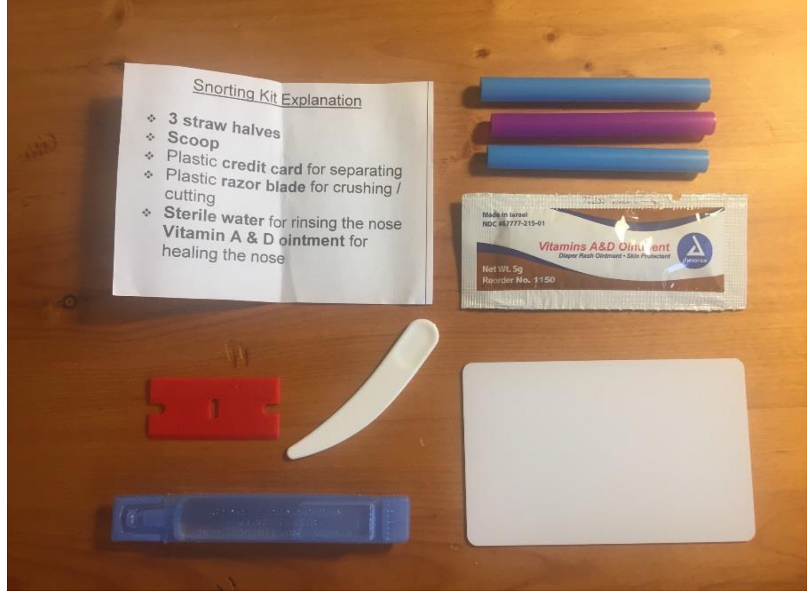
- How much would you like to cut back?
- What has been helpful in the past when you’re trying to cut back?
  - Medications
  - Addiction counseling
  - AA/NA, SMART recovery
  - Peer recovery support specialist
  - Church engagement
  - Other

Possible Patient Goal: Safer Use

- Try not to mix substances; if you do, use less
- Try not to use alone (or have someone check on you)
  - If you do, leave the door unlocked or slightly open
  - If you do, consider Neverusealone.com
- Do a test shot/dose
- Develop an overdose response plan with friends/family or others who use drugs
- Consider other route of use (for example changing from injection to insufflation or inhalation)

Possible Patient Goal: Reducing Transmission of Infectious Conditions

- Try not to share equipment used for snorting or smoking drugs to reduce risk of HCV transmission



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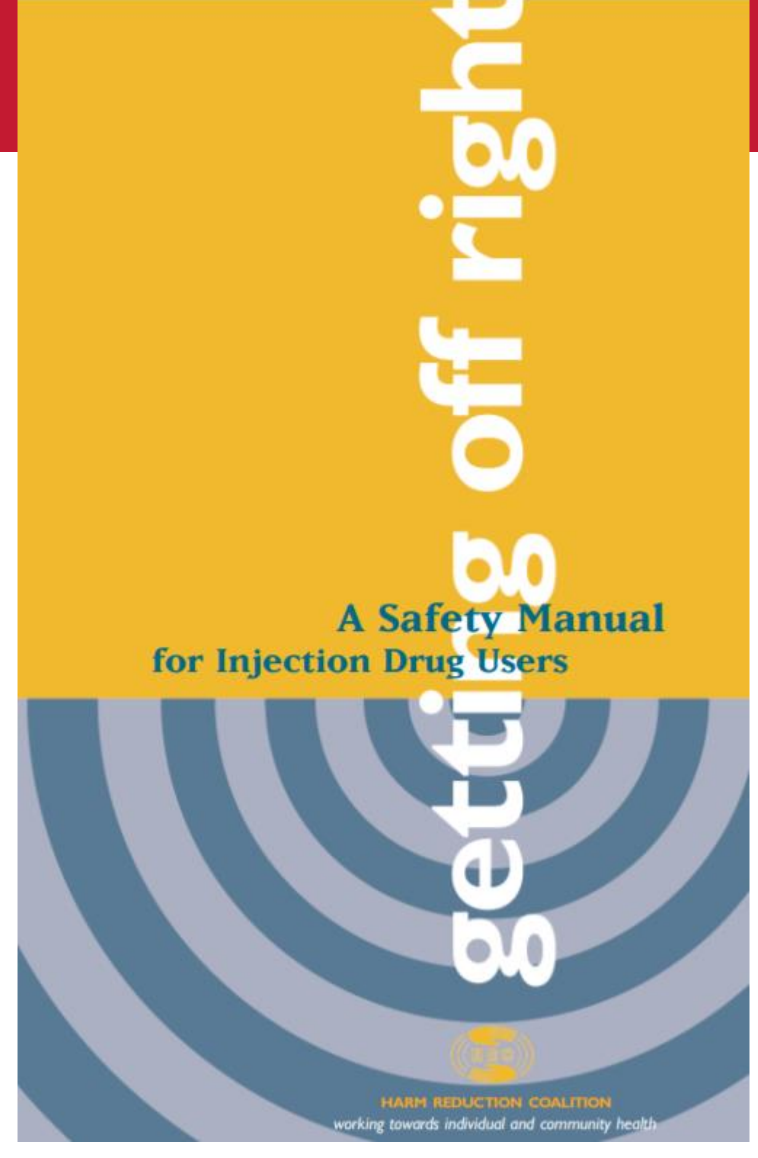
Possible Patient Goal: Safer Injection Drug Use

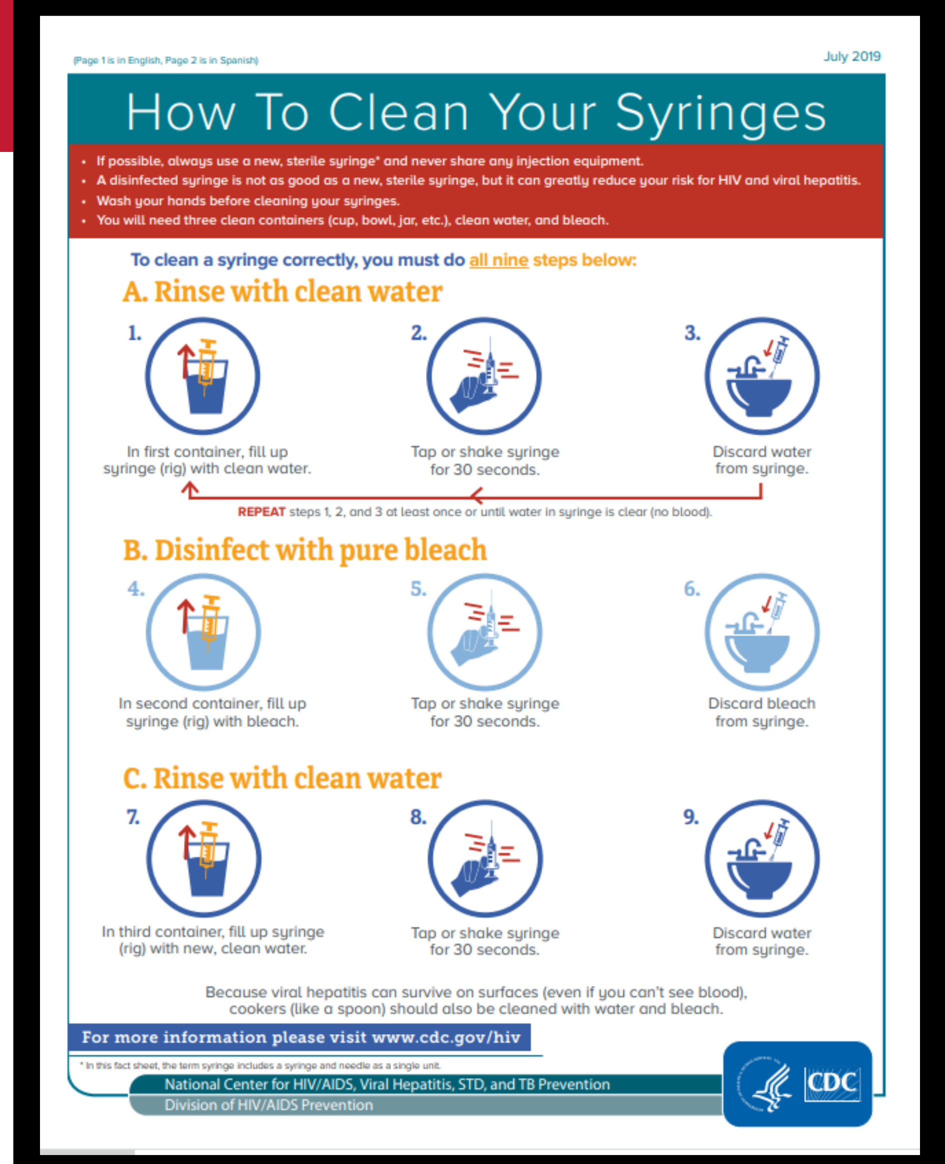
- Try not to share needles or equipment
  - Even sharing cookers or other equipment can lead to transmission of HIV/HCV

- Try to use sterile water
- Clean the site before injecting
- Do not lick the needle
- If the shot hurts, pull out
- Rotate your shot (give your veins a break)
- Inject bevel-up



https://harmreduction.org/wp-content/uploads/2012/02/therighthit-goodneedleinsertion.pdf

https://harmreduction.org/issues/drugs-drug-users/drug-information/safer-injection-materials/


(Page 1 is in English, Page 2 is in Spanish)

July 2019

How To Clean Your Syringes

- If possible, always use a new, sterile syringe* and never share any injection equipment.
- A disinfected syringe is not as good as a new, sterile syringe, but it can greatly reduce your risk for HIV and viral hepatitis.
- Wash your hands before cleaning your syringes.
- You will need three clean containers (cup, bowl, jar, etc.), clean water, and bleach.

To clean a syringe correctly, you must do all nine steps below:

A. Rinse with clean water

1. In first container, fill up syringe (rig) with clean water.
2. Tap or shake syringe for 30 seconds.
3. Discard water from syringe.

REPEAT steps 1, 2, and 3 at least once or until water in syringe is clear (no blood).

B. Disinfect with pure bleach

4. In second container, fill up syringe (rig) with bleach.
5. Tap or shake syringe for 30 seconds.
6. Discard bleach from syringe.

C. Rinse with clean water

7. In third container, fill up syringe (rig) with new, clean water.
8. Tap or shake syringe for 30 seconds.
9. Discard water from syringe.

Because viral hepatitis can survive on surfaces (even if you can't see blood), cookers (like a spoon) should also be cleaned with water and bleach.

For more information please visit www.cdc.gov/hiv

* In this fact sheet, the term syringe includes a syringe and needle as a single unit.

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of HIV/AIDS Prevention

CDC

https://www.cdc.gov/hiv/pdf/library/factsheets/cdc-hiv-clean-your-syringes.pdf

Syringe Service Programs

- SSPs started in the U.S. during the height of the AIDS crisis in the late 1980s as a means for reducing transmission.
- Community-based public health programs that can provide comprehensive services:
  - Sterile needles, syringes, and other injection equipment
  - Safe disposal containers for needles and syringes
  - HIV and hepatitis testing and linkage to treatment
  - Overdose prevention education and safer injection practices
  - Referral to substance use disorder treatment

Des Jarlais, D.C. *Harm Reduct J* **14,** 51 (2017). doi.org/10.1186/s12954-017-0178-6

Syringe Service Programs – Individual Benefit

- Compared to people who use drugs but don't use the program, new users of SSPs are:
  - **5 times more likely to enter drug treatment, and**
  - **3 times more likely to stop using drugs.**
- SSPs are associated with a **50% reduction in HIV and HCV incidence.**
  - Majority of new hepatitis C infections are due to injection drug use
  - US has seen a 3.5-fold increase in HCV cases from 2010 to 2016.
- SSPs are associated with **reductions in a variety of infections** (including soft tissue infections and endocarditis).

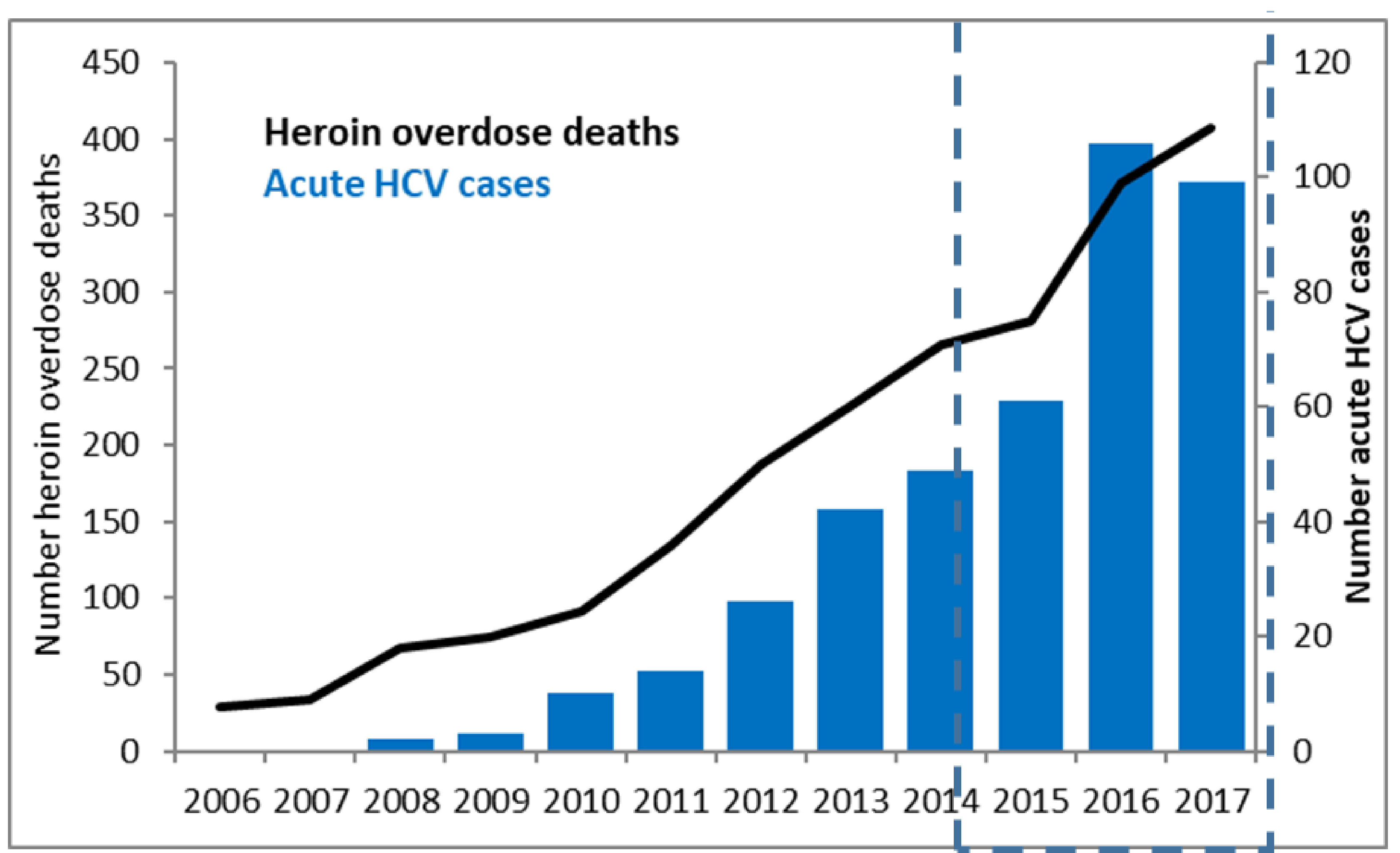
https://www.cdc.gov/ssp/syringe-services-programs-summary.html

Syringe Service Programs – Community Benefit

- Do not increase illegal drug use or crime
- Improve public safety by facilitating safe disposal of used needles and syringes
  - Reduce community presence of needles
  - Reduce needle stick exposures among law officers
  - CDC research has found that the more syringes distributed at SSPs per people who inject drugs (PWID) in that region, the more likely PWID were to report safe disposal of used syringes
- Reduce overdose deaths by providing education and naloxone
- Save health care dollars by preventing infections (HIV, HCV, soft tissue infections, endocarditis)

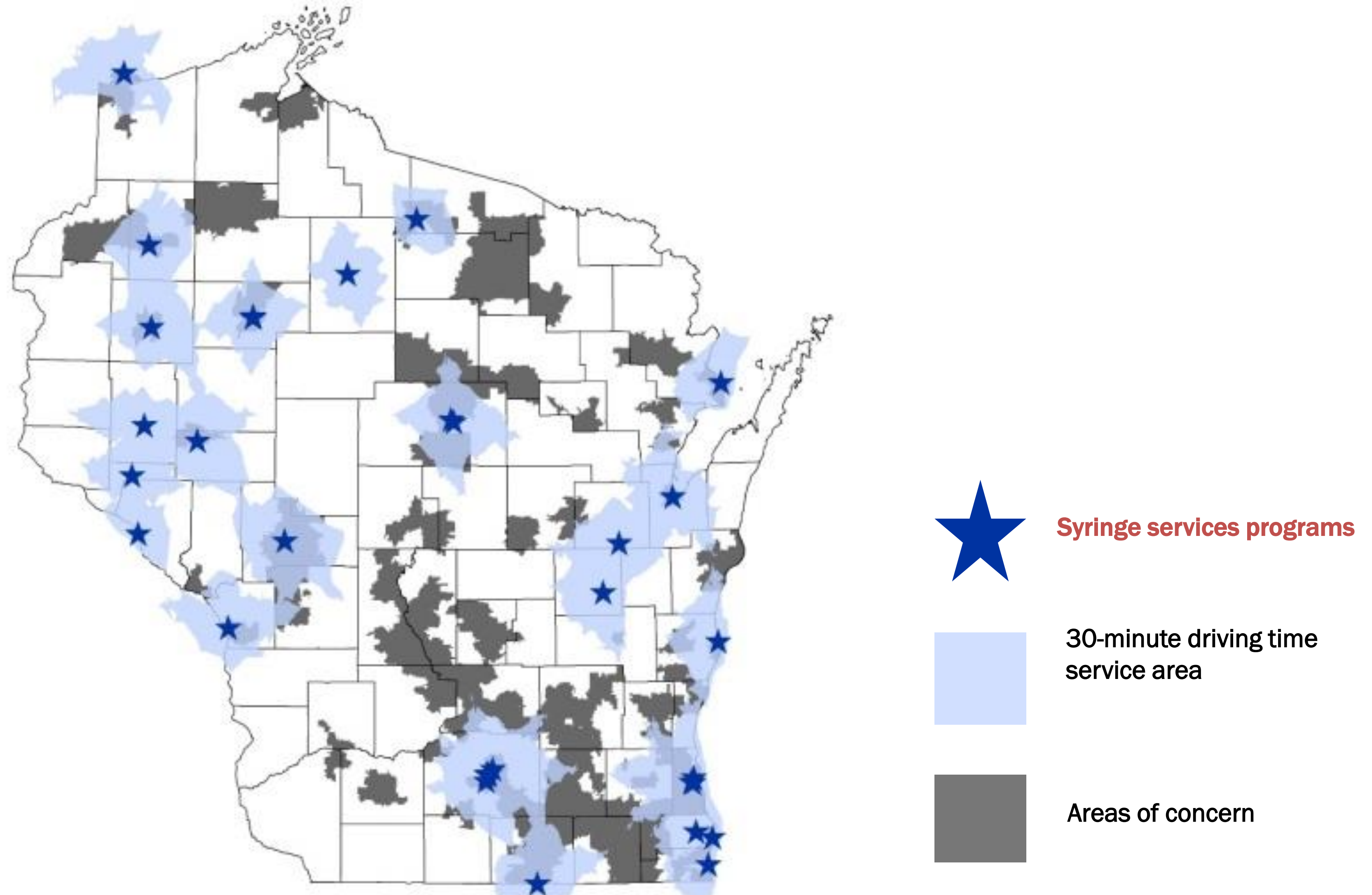
https://www.cdc.gov/ssp/syringe-services-programs-summary.html

Increases in Hepatitis C Cases and Heroin Overdoses in Wisconsin**



**HCV total case counts and rates for 2017 are not comparable to previous years due to changes in reporting.

WI Syringe Service Programs and Areas of Concern



https://www.dhs.wisconsin.gov/publications/p02605.pdf

Possible Patient Goal: Prevent Overdose Death

Patient Name: John Doe Date of Birth:

Address: Date Prescribed: November 18, 2016

Rx

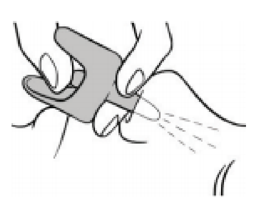
Narcan Nasal Spray 4mg
#1 (Two Pack)
Administer as directed PRN for
suspected overdose

DAW / No Substitution

Refills: 2

Prescriber: Sue Smith, MD

Signature:



Rx

prescriber name

prescriber address

prescriber city, state, ZIP code

prescriber phone number

Naloxone HCl 0.4 mg/mL (Narcan)
1 x 10 mL as one fliptop vial (NDC 0409-1219-01) OR
2 x 1mL single dose vials (NDC 0409-1215-01)

Refills: _____

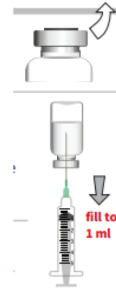
Intramuscular (IM) syringe, 23 G, 3cc, 1 inch

Qty: _____ Refills: _____

Sig: For suspected opioid overdose,
inject 1mL IM in shoulder or thigh.
Repeat after 3 minutes if no or minimal response.

prescriber signature

date

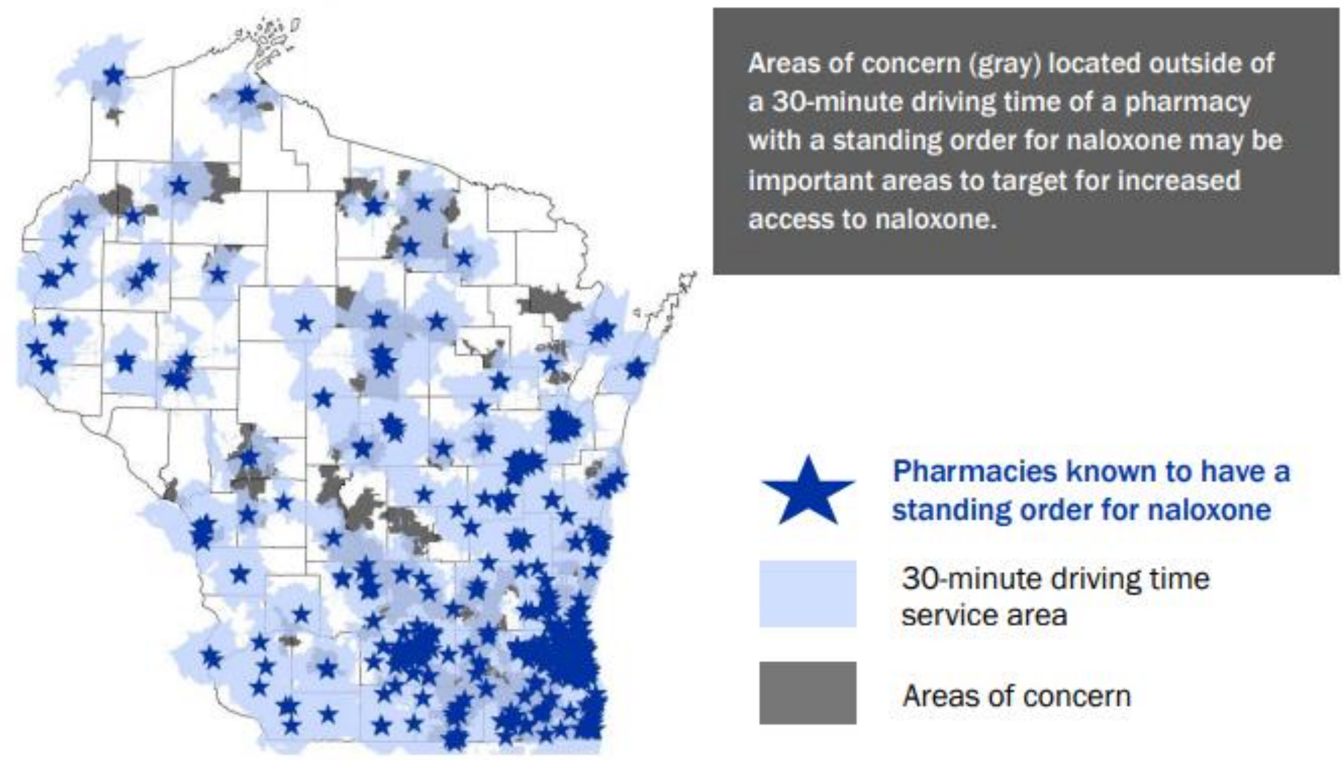


Permission to share prescription images received from Prescribetoprevent.org. http://prescribetoprevent.org/prescribers/emergency-medicine/
Permission to use Images of medications received from San Francisco Department of Public Health.

Naloxone Evidence

- No increase in drug use; increase in drug treatment
  - Seal et al. *J Urban Health*. 2005;82:303-311
  - Galea et al. *Addict Behav*. 2006;31:907-912
  - Wagner et al. *Int J Drug Policy*. 2010;21:186-193
  - Doe-Simkins et al. *BMC Public Health*. 2014;14:297
- Cost-effective
  - Coffin and Sullivan. *Ann Intern Med*. 2013;158:1-9
- Reduction in overdose deaths
  - Walley et al. *BMJ*. 2013;346:f174
- Should center around people who use drugs
  - Rowe et al. *Addiction*. 2015;1301-1310

Access to Naloxone through Pharmacy standing order (2020)



Other non-pharmacy organizations provide access to naloxone, such as syringe services programs and other community organizations. See the technical notes about limitations related to pharmacy distribution of naloxone through the statewide standing order.

https://www.dhs.wisconsin.gov/publications/p02605.pdf

Possible Patient Goal: Supply Awareness

- Drug checking tools/services
  - Fentanyl test strips
  - Fentanyl test strips no longer considered paraphernalia under Wisconsin Law (March 2022)
  - Xylazine test strips
  - Comprehensive drug checking (not available in WI yet)

Drug Supply Awareness: Fentanyl Test Strips (FTS)

- Immunoassay on a paper strip
- Rapid results (<5 min)
- Positive or negative result
  - 2-4% false negative rate
  - 5-10% false positive rate
- Instructions on how to dissolve are important and impact validity of results

Image used with permission from Suzanne Carlberg-Racich

Peiper et al. (2018). International Journal of Drug Policy. doi.org/10.1016/j.drugpo.2018.08.007

Park et al. (2021). International Journal of Drug Policy. doi.org/10.1016/j.drugpo.2021.103196

Kreiger et al. (2018). International Journal of Drug Policy. doi.org/10.1016/j.drugpo.2018.09.009

Green et al. (2020). International Journal of Drug Policy. doi.org/10.1016/j.drugpo.2020.102661

FTS Distribution Findings in Wisconsin

- Examined the association between fentanyl test strip use and overdose risk behaviors
- Surveys conducted at syringe service program sites (n=341)
- Compared people who use FTS to those who don’t use FTS and found:
  - People who use FTS reported increasing both safer and riskier behaviors
- Among people who use FTS:
  - A positive fentanyl test result <u>may</u> promote more risk reducing behaviors and fewer risk enhancing behaviors than a negative test result (results did not meet statistical significance in adjusted models)

Tilhou et al. Harm Reduction Journal. 2023 Mar 28;20(1):41. doi: 10.1186/s12954-023-00767-0.

Supply Awareness: Xylazine test strips

- Used in similar way to FTS
- Rapid result (<5 min)
- Positive or negative result
- Preliminary testing shows false positives with a variety of substances
- No published studies on how xylazine test strips may influence use patterns

Images taken from https://www.lochnessmedical.com/hr-product?id=2025 & https://dancesafe.org/xylazine-test-strips/

Supply Awareness: Comprehensive Drug Checking Fourier-transform infrared (FTIR) spectrometer

-Results in 5-30 min

-Provides more information than FTS (multiple substances, cuts, etc)

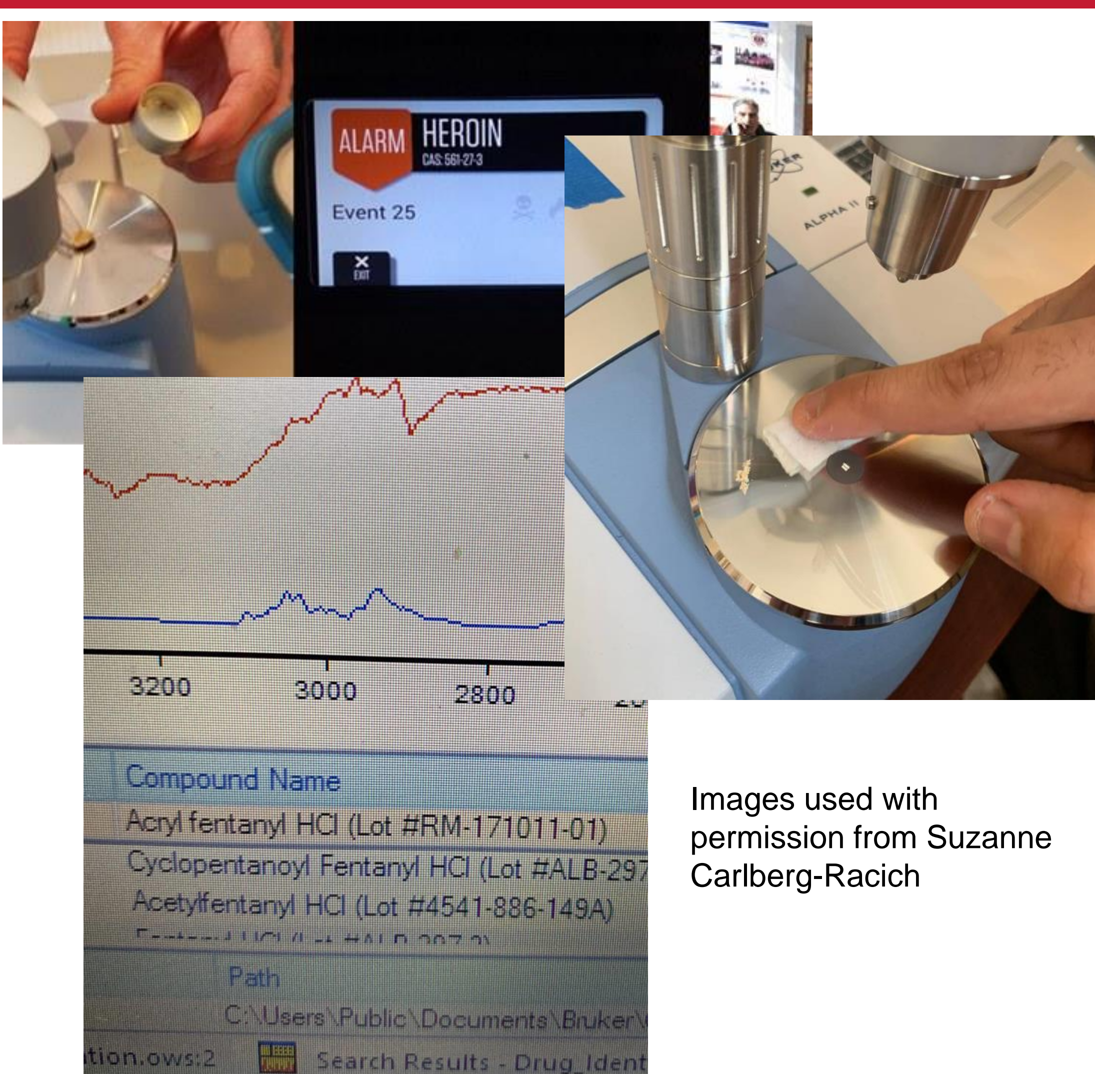
BUT:

-More expensive

-Requires trained operator

-Clients must bring drugs to the machine (3-5mg substance)

-Not good for distinguishing fentanyl analogs



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Green et al. (2020). International Journal of Drug Policy. doi.org/10.1016/j.drugpo.2020.102661

Questions, Feedback & Discussion

Workshop Activity

- Work in small groups to discuss ways in which you can implement harm reduction into your work/work environment
- Examples:
  – Improve Language Used
  – Provide Trauma-informed care
  – Develop overdose prevention plans
  – Educate around safer use/injection
  – Standardize naloxone distribution
  – Distribute Fentanyl test strips
  – Embed syringe service program into existing services

- Make one SMARTIE goal
  - **S**pecific – details describing what will be done are clear and focused
  - **M**easurable – progress is assessed using data that is tracked over time
  - **A**ttainable–able to complete the goal as it is written
  - **R**elevant – the goal is important and aligned with values
  - **T**ime-bound – includes a clear start and end date
  - **I**nclusive – It brings traditionally marginalized people—particularly those most impacted—into processes, activities, and policy/decision-making in a way that shares power.
  - **E**quitable – Includes an element of fairness and justice that addresses systemic inequity and oppression.