Incorporating Harm Reduction into Primary Care

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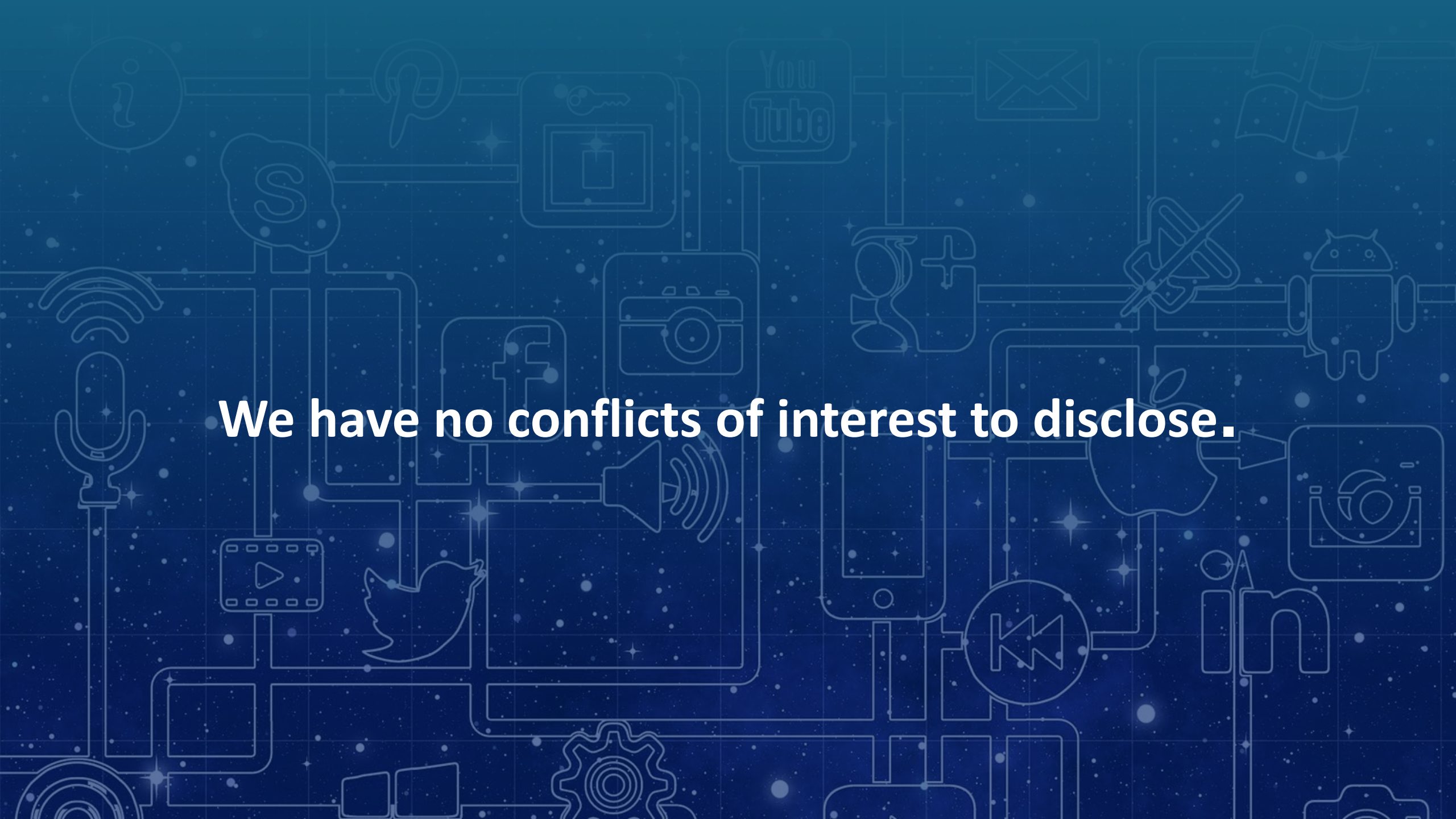
We have no conflicts of interest to disclose.

LANGUAGE MATTERS

The Division of Substance Use Prevention and Harm Reduction (SUPHR) has created the following guide because **language matters**. This document is meant to offer guidance on **how to discuss substance use and people who use drugs**. Our focus on the words we use isn't about being "politically correct," but instead it's about combating stigma and treating people who use drugs with **dignity and respect**.

ROADMAP

- Introductions
- Background
- Case Presentations
- Wrap-up and Reflections

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LEARNING OBJECTIVES

- Describe principles of harm reduction as they relate to primary care practice
- Apply harm reduction principles for patients along the continuum of behavior change
- Emphasis on **communication skills** and **practical management** strategies

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ROADMAP

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HARM REDUCTION DEFINITION

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.

Harm reduction incorporates a spectrum of strategies from safer use, to managed use, to abstinence, to meet people who use drugs “where they’re at.”

Adapted from the Harm Reduction Coalition

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HARM REDUCTION CORE PRINCIPLES

- Drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors.
- Non-judgmental, non-coercive provision of services
- Affirms individuals as agents of reducing the harms of their drug use.
- Recognizes the impact of social inequalities on people's vulnerability and capacity to manage drug-related harms.

Adapted from the Harm Reduction Coalition

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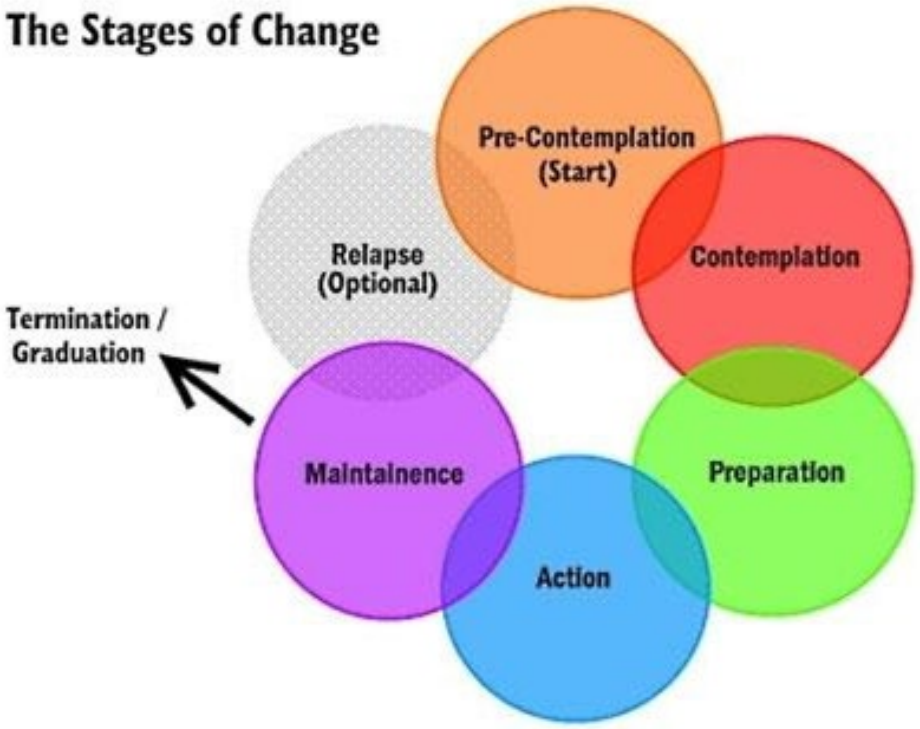
MEETING PEOPLE "WHERE THEY'RE AT"

Behavior change exists on a continuum



Thinking About Change
What change(s) are you considering?
How important is it that you make this change?
How confident are you that you are able to make this change?
How ready are you to make this change?

Readiness Ruler

Not at all 0 1 2 3 4 5 6 7 8 9 10 Very

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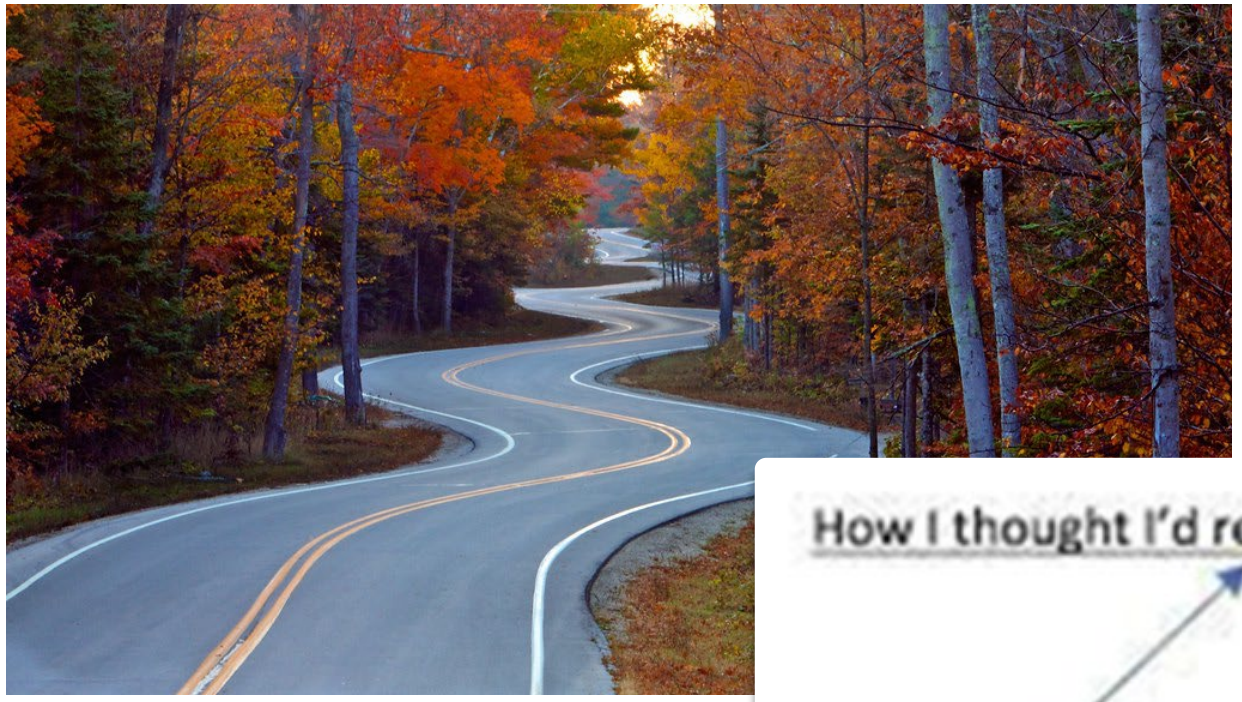
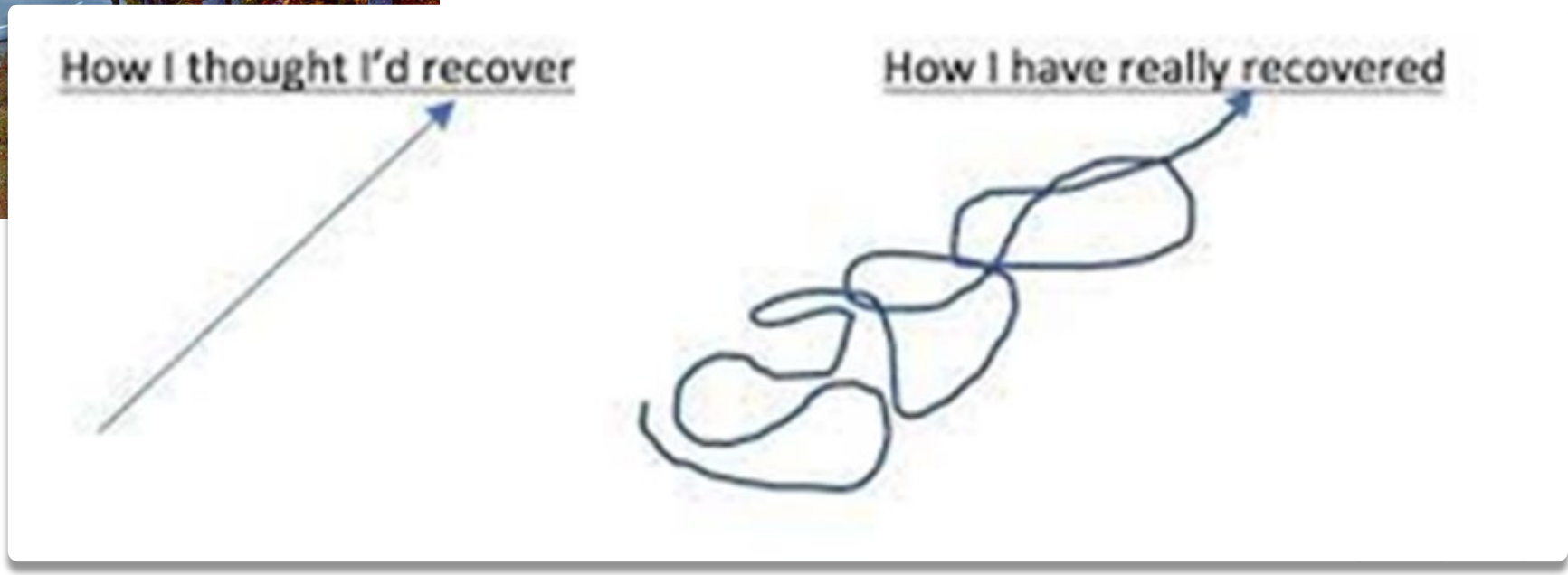
MEETING PEOPLE “WHERE THEY’RE AT”

Reality may look more like this ….





KEY SKILLS

- Person-first language
- Trauma-informed care
- Motivational Interviewing-inspired skills

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KEY SKILLS

- Person-first language

Shifting language to more accurately reflect the nature of the health condition increases support for life-saving interventions

Kelly, 2010; Kennedy-Hendricks, 2017; National Council for Behavioral Health

Other ways to reduce stigma

- Use sensitive, non-judgmental language in assessing risk behaviors
- Normalize a positive response to questions about stigmatized behaviors
  - "*How many times in the last year have you used a syringe after someone else?"* rather than "*Do you share syringes?"*
- Discuss incarceration in ways that don't presume guilt
  - *"Have you every spent time in a correctional setting like jail or prison?"*
- Use inclusive language when inquiring about sexual risk behaviors
  - "*Tell me about your partners"* rather than "*Do you have sex with men, women, or both?"*

Taylor, 2021

KEY SKILLS

- Person-first language
- Trauma-informed care background
    - Patients who use drugs have a history of trauma
    - Health care environments are stressful
    - Patient with SUDs have often received suboptimal care in the past
    - People who use drugs often face profound stigma in health care settings

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KEY SKILLS

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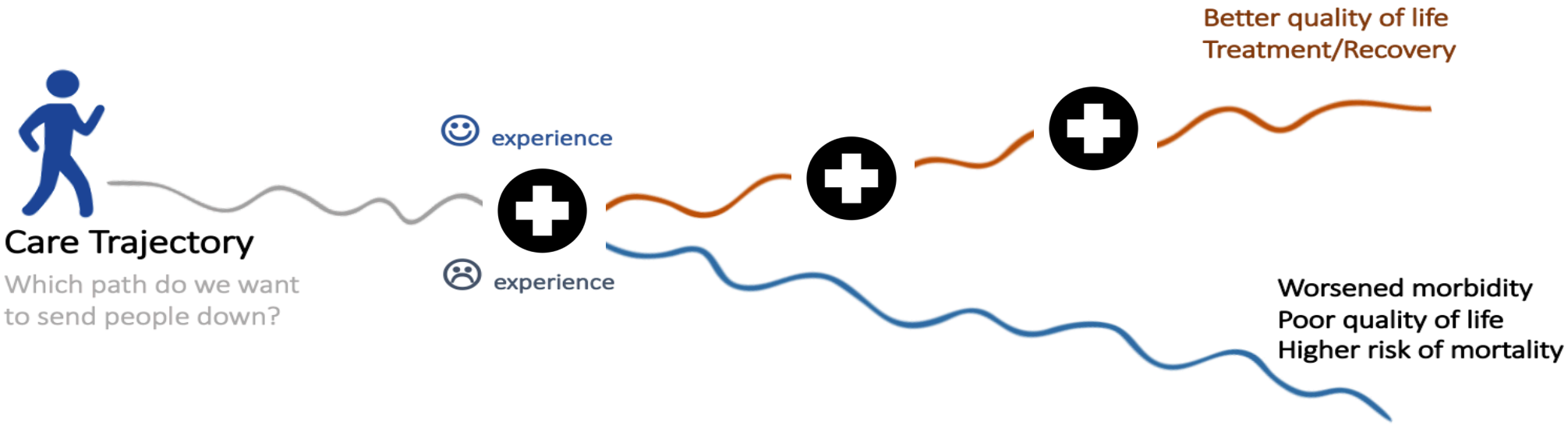
- Trauma-informed care



Slide courtesy of Rachel McFadden, RN

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Trauma-Informed Care

- Create safe health care environments
  - Prioritize safety
  - Build trust
  - Collaboration
  - Empowerment and choice
- Low barrier care will reach the greatest number of patients

Certified Recovery Specialists

CRS: Certified Recovery Specialist (78 hours of training)

People with lived experience

Create a diverse peer network

Improved clinical outcomes

Integral part of care team

https://www.pacertboard.org/crs

Peer roles across the health system

- Linkage to care in collaboration with social work
- Patient navigation
- Clinician education
- Program management
- Outreach teams
- Community engagement
- Health systems collaboration

KEY SKILLS

- Person-first language
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Persuasion

Convince the person

Provider as expert

Gives in to the “righting reflex”

Decision made by provider

Motivational Interviewing

Elicit motivation for change

Provider as a coach

Seeks to understand

Decision made collaboratively

Slide courtesy of Dr. Scott Steiger

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EXPRESSING EMPATHY

Validation is a process in which a listener communicates that a person's thoughts and feelings are understandable and legitimate.

Can involve active listening, accurate reflection, and conveying empathy / understanding.

Slide courtesy of Dr. Scott Steiger

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EMPATHY & VALIDATION

Level	Description
1) Listening and observing	Listening and paying attention to the speaker. May involve making eye contact, nodding, etc.
2) Accurate reflection	Restating what the speaker has said to convey that you have understood the content of their message
3) Articulating the unverbalized	Inferring thoughts or feelings that may have been implied in the disclosure
4) Validating in terms of sufficient (but not necessarily valid) causes	Validating what the speaker said is understandable given their background or history
5) Validating as reasonable in the moment	Validating what the speaker said is “reasonable in the moment” or justified in terms of their current situation
6) Radical genuineness	Treating the speaker as a valid and capable individual

Slide courtesy of Dr. Scott Steiger

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AVOID ARGUMENTATION

Don’t try to convince & avoid arguing (never works! And sometimes hurts)

Ask open-ended questions to understand the patient’s perspective

Double sided reflection: capture both sides of the issue

Shift focus: move away from the obvious barrier onto a less contentious part of the problem

Slide courtesy of Dr. Scott Steiger

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Working towards a stigma-free environment

- Education, collaboration, and the importance of the team
- Emphasis on trauma-informed care
- Including peers in the clinical team when able
- Creating a network of support
- Build clinical models that support taking care of patients with substance use disorders

Culture transformation involves:

- Understanding that substance use disorder is a chronic disease
- Treating substance use disorders in primary care
- Using patient first language
- Offering patients treatment choices always including MAT
- Creating a safe place for patients so they feel comfortable returning

ROADMAP

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Clinical Correlation

John is a 41 yo man with a history of HTN, chronic back pain and depression who comes to your office after an ED visit for cellulitis.

John tells you that he started buying oxycodone-acetaminophen on the street for his back pain but switched to snorting heroin when that got too expensive. About two years ago, he began injecting several times per day. After his ED visit, he was discharged with a course of antibiotics for cellulitis and a phone number to call for OUD treatment.

During your visit, you talk to John about his OUD, but he states that he wants to quit on his own and is not interested in treatment.

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For a patient like John who is not ready for treatment,

- How can you counsel him to reduce the harms of substance use?
- What services can you refer him to?
- Other next steps?

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1. Create a safe space so patient feels comfortable coming back if and when he is ready.

Exploration of Goals

How we as clinicians can help

Review harm reduction strategies

Radically genuine empathy

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CASE 1 TEACHING POINTS

2. Prescribe naloxone for overdose prevention for all patients with OUD whether or not they are interested in treatment

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Opioid Overdose – WHAT TO DO

Recognize An Overdose

- Slow/No Breathing
- Individual does not respond
- Blue or grey or pale lips, finger tips, skin
- Gurgling Noise/ Death Rattle
- Clammy, cold to touch
- Individual is unresponsive
- Slow or no pulse

Reverse An Opioid Overdose

- Shake them, rub your knuckles over their breast bone with pressure 3 times
- Tell them you have Narcan and are going to use it

No response?

- Use Narcan as trained

Next, Call 911

- In Philadelphia you will not get in trouble for calling for an overdose

While waiting

- Start Rescue Breaths
- First clear their mouth, 2 fingers in mouth and sweep
- Tilt head back, lift chin
- Pinch nose, open mouth, breath one breath into their mouth, repeat every 5 seconds until they are breathing on their own or help arrives
- Place the individual on their side with their hands under the head to prevent choking if they should vomit

3. Counsel on safer use practices and strategies to lower risk associated with injection

Try not to use alone

- Never Use Alone hotline: 877-696-1996
- The Brave App
- Narcan

Go slow, use a test dose

Know what you are using. Test strips can be obtained to check for fentanyl, xylazine, benzos
- NEXT Distro (https://nextdsitro.org)

- Clean injection site
- Use new needle every time when possible. Never share syringes or drug equipment.
- Refer to needle exchange
- If you have to reuse, clean syringes correctly: How to Clean Your Syringes (cdc.gov)
- Use clean works as well
- PrEP

Brave
Overdose Detection / Brave App

NEVER USE ALONE
1-800-484-3731

NEXT Distro
STAY ALIVE, STAY SAFE.

Angels IN MOTION

PREVENTION POINT

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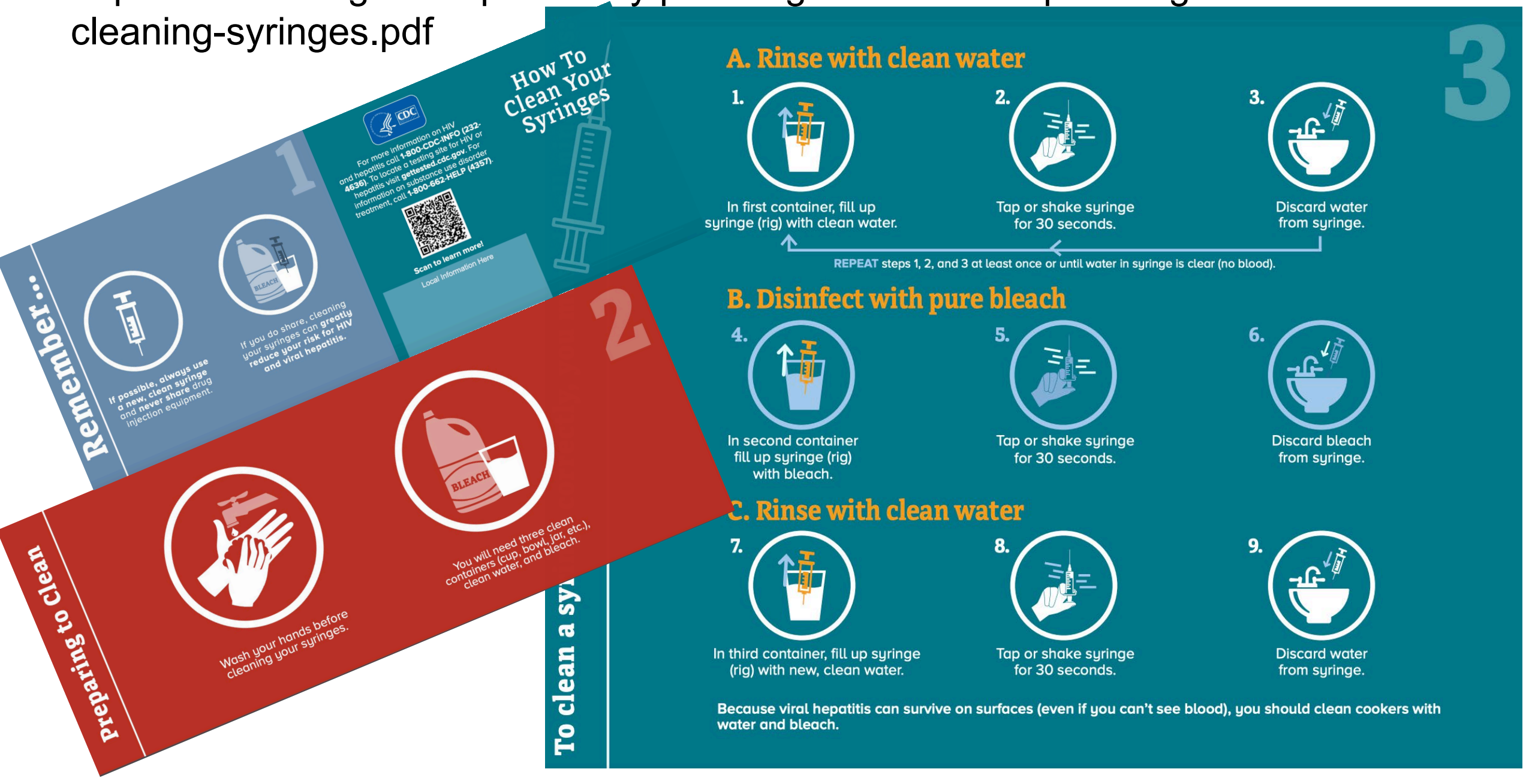
https://www.cdc.gov/hiv/pdf/library/pocket-guides/cdc-hiv-pocket-guide-cleaning-syringes.pdf



4. Address other health issues related to substance use

- HIV and HCV testing and treatment
- Immunizations – Hep B, Hep A, Tdap
- Offer PrEP

Department of Public Health
CITY OF PHILADELPHIA

Philadelphia Department of Public Health
Division of Disease Control

FRANK FRANKLIN, PHD, JD, MPH	SHARA EPSTEIN, MD	LANDRUS BURRESS, DRPH
Acting Health Commissioner	*Medical Director, Division of Disease Control*	*Director, Division of Disease Control*

Health Alert

Hepatitis A Increases among At-Risk Persons in Philadelphia: Recommendations for Prevention and Control through Vaccination

February 20, 2024

SUMMARY POINTS

- Hepatitis A is increasing in Philadelphia among persons who use drugs and those experiencing homelessness.
- Take every opportunity to vaccinate at-risk persons.
- Consider acute HAV infection among patients presenting with compatible symptoms.
- Promptly report acute cases to PDPH.

After large outbreaks of Hepatitis A (HAV) in 2019 and 2020 and a smaller but still significant outbreak in early 2023, HAV infections are once again increasing in Philadelphia (Figure). A preliminary count of 10 confirmed, locally-acquired HAV cases have occurred since late December 2023. Current risk factors are consistent with risk factors seen over the past year. Since December 2023, 7 cases (70%) reported current injection and/or non-injection drug use including 5 cases (50%) who were also experiencing homelessness or unstable housing. Median age of the recent cases was 35 years (range: 25–62 years), and 60% were male. HAV was a contributing cause of death for one individual with recent infection. Adult HAV vaccination has declined since Fall 2023 compared with earlier in the year when activity was increased (Figure). As demonstrated during past HAV outbreaks, HAV vaccination is **the most important strategy** to prevent further increases in HAV.

ROADMAP

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- Background
- Case Discussions
- **Wrap-up and Reflections**

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The New York Times Magazine

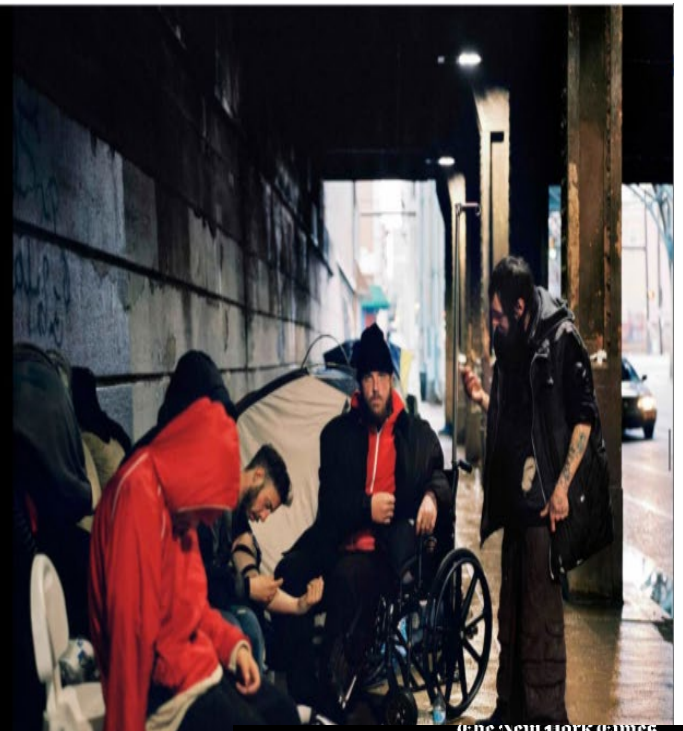
Account

October 10, 2018

FEATURE

Trapped by the 'Walmart of Heroin'

A Philadelphia neighborhood is the largest open-air narcotics market for heroin on the East Coast. [redacted] come from all over, and many never leave.



The New York Times

Account

Jan. 7, 2023

PHILADELPHIA —

Tranq Dope: Animal Sedative Mixed With Fentanyl Brings Fresh Horror to U.S. Drug Zones

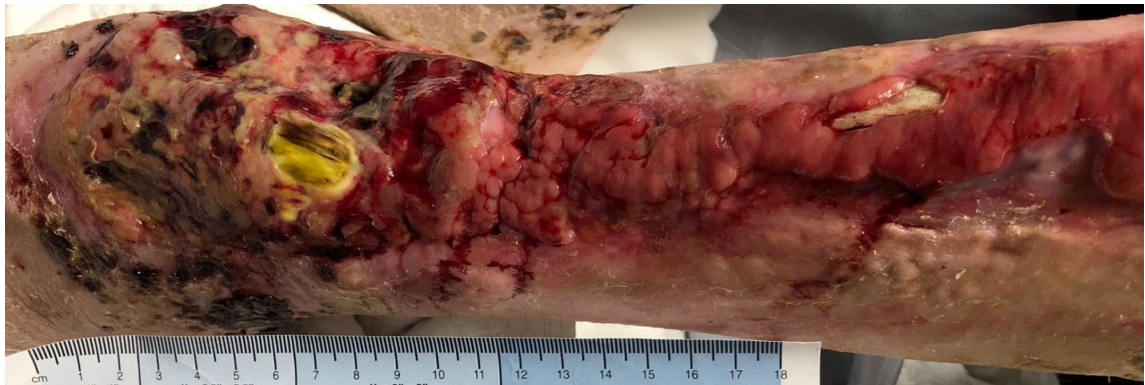
A veterinary tranquilizer called xylazine is infiltrating street drugs, deepening addiction, baffling law enforcement and causing wounds so severe that some result in amputation.

Xylazine (“Tranq”)

- Non-opioid sedative, analgesic and muscle relaxer used in veterinary medicine
- Longer euphoric effects and similar sensation to benzos
- Side effects: hypotension, CNS depression, respiratory depression, bradycardia, wounds
- Increasingly found in drug supply and in overdose deaths (34% of ODs in 2021 in Philly)
- Associated with complicated withdrawal syndromes
  - Expert opinion suggest treat with clonidine, tizanidine, benzos, consider for heavy fentanyl users prophylactically
- implicated in poorly healing necrotic wounds – often not infectious, not always at site of injection

McNinch, JR; Maguire, M; Wallace, L. A Case of Skin Necrosis Caused By Intravenous Xylazine Abuse. F. Abstract 559 Journal of Hospital Medicine. https://shmabstracts.org/abstract/a-case-of-skin-necrosis-caused-by-intravenous-xylazine-abuse/. September 2nd 2021.

Johnson et al, Increasing Presence of xyalazine in heroin an/or fentanyl deaths, Philadelphia, PA 2010-2019. InjuryPreventionBMJ February 2021

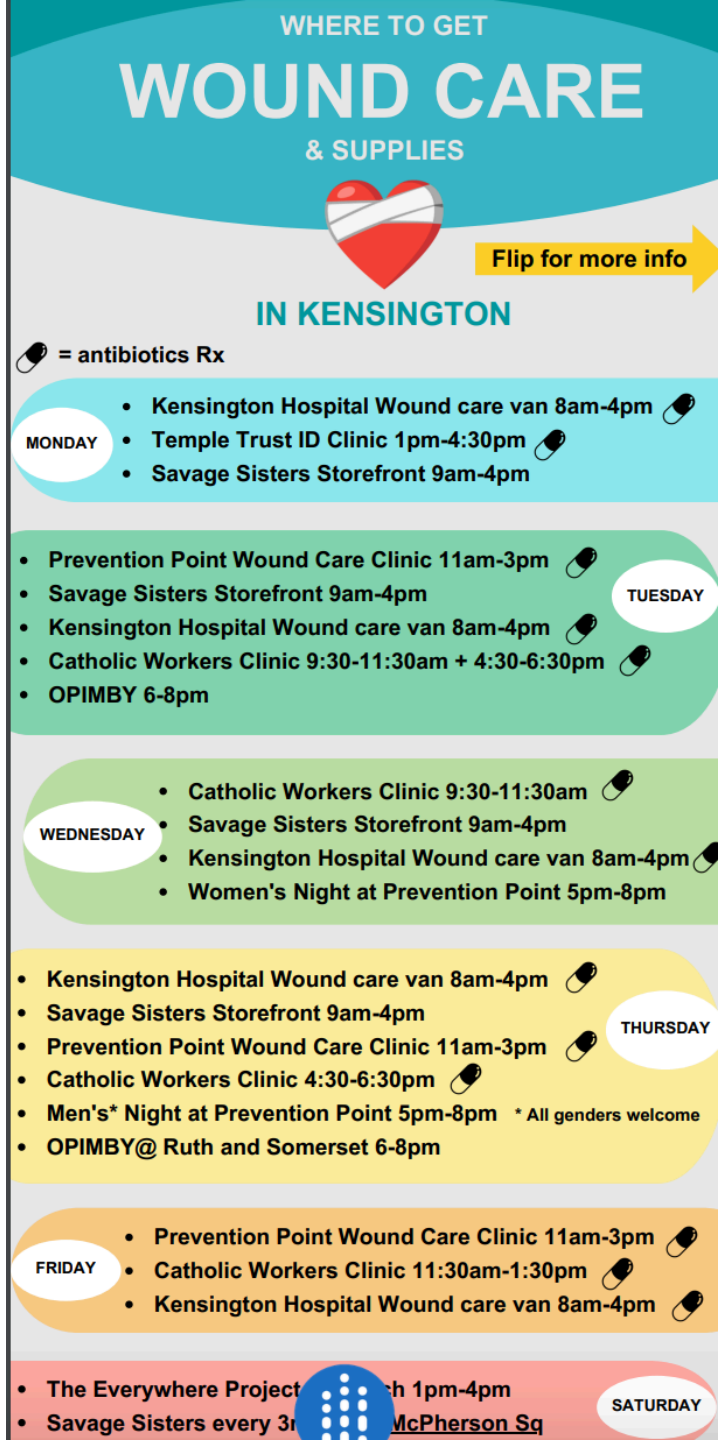


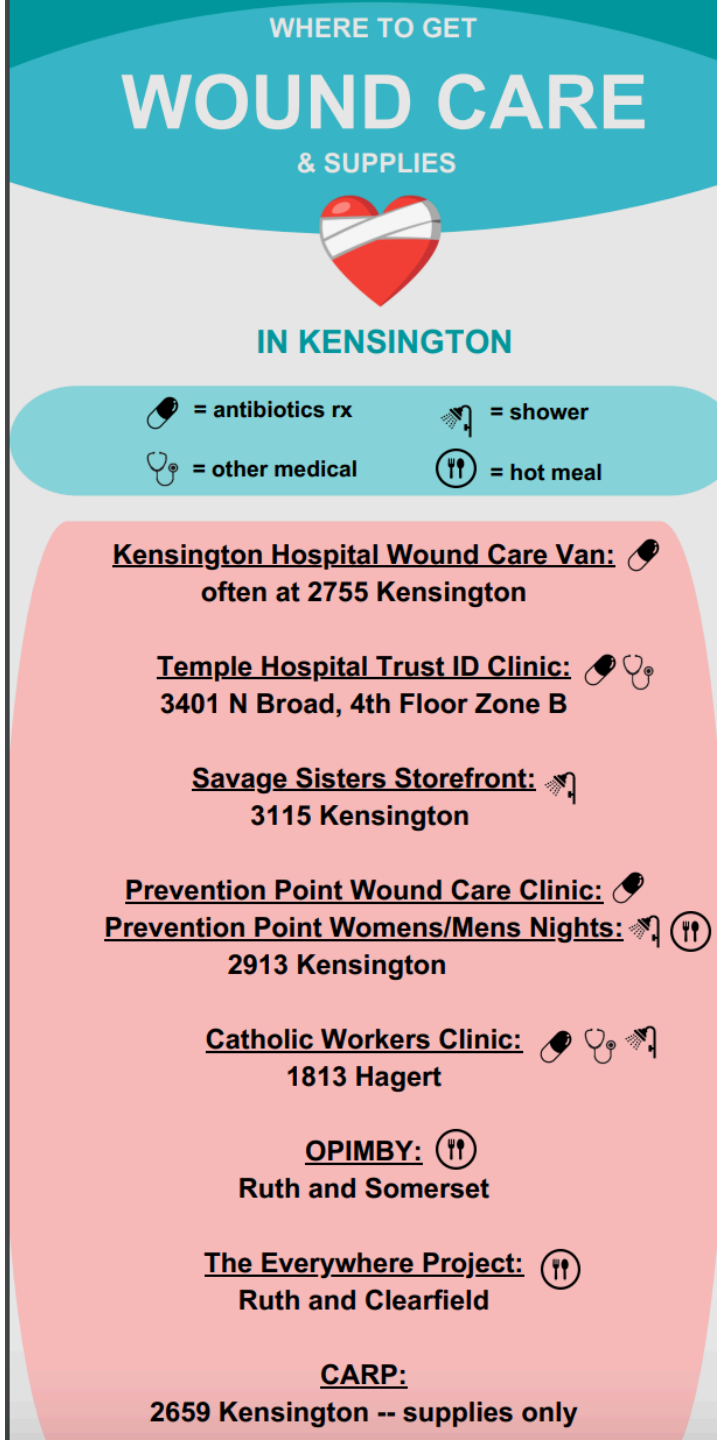
The figure to the right demonstrates emergency department utilization for skin and soft tissue injuries from Q1 2019 to Q4 2021.

Number of ED Visits

Rate per 10,000 Visits

Emergency Department Visits for Skin and Soft Tissue Infections with Co-occurring Drug-related Diagnoses*





Updated schedules: www.substanceusephilly.com

Wound Care

SURGE Substance Use Response Guidance and Education

Resources for you:

- Kensington Wound Care Schedule
- Kensington Hospital Mobile Wound Care Initiative
- Self Wound Care Instructions
- Harm Reduction Guide (BCCDC)
- Wound Care Supplies
- Wound Care Do's
- Wound Care Don'ts
- Wound Infection in Clinical Practice: Principles of Best Practice (2022 Update)

Wound Training

- Molnycke Clinical Learning Hub (Free): https://www.molnlycke.com/education/
- Wound Care Education Institute https://www.wcei.net/courses
- NASTAD Wound Care and Medical Triage for People Who Use Drugs to resources under wounds: https://nastad.org/sites/default/files/2023-04/PDF-Wound-Care-And-Triage.pdf

Brief tips for you to follow:

- Peroxide, alcohol, or bleach are **NOT** acceptable means of cleaning a wound. Soap and water, or even just clean water, is preferred.

WRAP-UP

- Reflections
- Questions

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THANK YOU

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