Wisconsin Public Psychiatry Network Teleconference (WPPNT)

- This teleconference is brought to you by the Wisconsin Department of Health Services (DHS), Division of Care and Treatment Services, Bureau of Prevention Treatment and Recovery and the University of Wisconsin-Madison, Department of Psychiatry.

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WPPNT Reminders

How to join the Zoom webinar

- **Online:** https://dhswi.zoomgov.com/j/1606358142
- **Phone:** 669-254-5252
- Enter the Webinar ID: 160 635 8142#.
  - Press # again to join. (There is no participant ID)

Reminders for participants

- Join online or by phone by 11 a.m. Central and wait for the host to start the webinar. Your camera and audio/microphone are disabled.
- Download or view the presentation materials. The evaluation survey opens at 11:59 a.m. the day of the presentation.
- Ask questions to the presenter(s) in the Zoom Q&A window. Each presenter will decide when to address questions. People who join by phone cannot ask questions.
- Use Zoom chat to communicate with the WPPNT coordinator or to share information related to the presentation.

- Participate live to earn continuing education hours (CEHs). Complete the evaluation survey within two weeks of the live presentation and confirmation of your CEH will be returned by email.
- A link to the video recording of the presentation is posted within four business days of the presentation.
- Presentation materials, evaluations, and video recordings are on the WPPNT webpage: https://www.dhs.wisconsin.gov/wppnt/2024.htm

Applying a Harm Reduction Philosophy to Clinical Work

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SCHOOL OF MEDICINE AND PUBLIC HEALTH

Land Acknowledgement

I respectfully acknowledge the Ho-Chunk Nation on whose lands I live and work as a guest.

In 1832, the Ho-Chunk were forced to cede this territory and I respect the inherent sovereignty of the Ho-Chunk nation, along with the 11 other First Nations of Wisconsin.

Description and 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.

In this presentation, Dr. Salisbury-Afshar will describe the origins of harm reduction, how it has evolved over time, and how harm reduction principles can be applied in clinical practice. She will share evidence behind various harm reduction services including but not limited to syringe service programs, fentanyl test strip distribution, naloxone distribution, and overdose prevention sites.

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

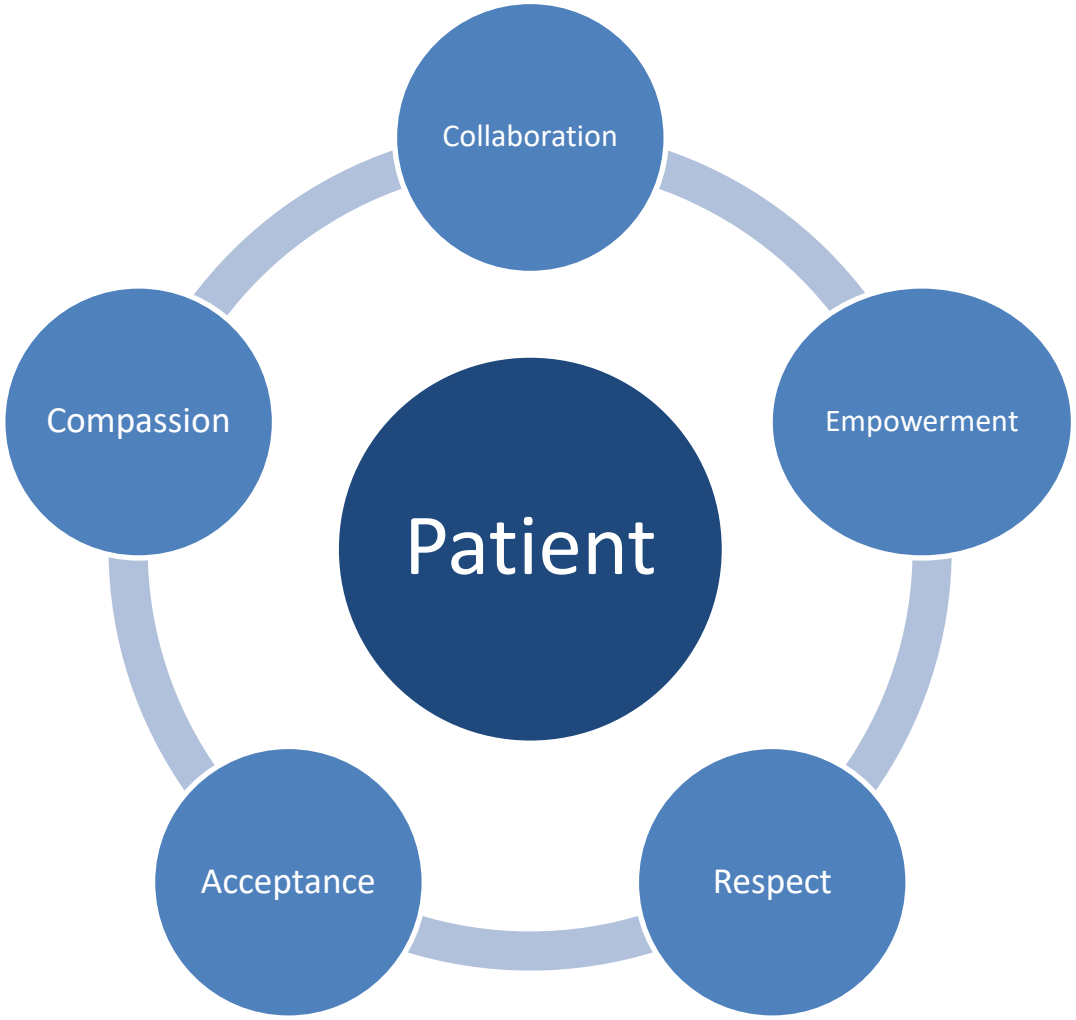
https://harmreduction.org/about-us/principles-of-harm-reduction/

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 people who use drugs

Belief that the only appropriate goal is **abstinence**

Concern about "**enabling**"

Healthcare providers like to be "**fixers**"

Frustration 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

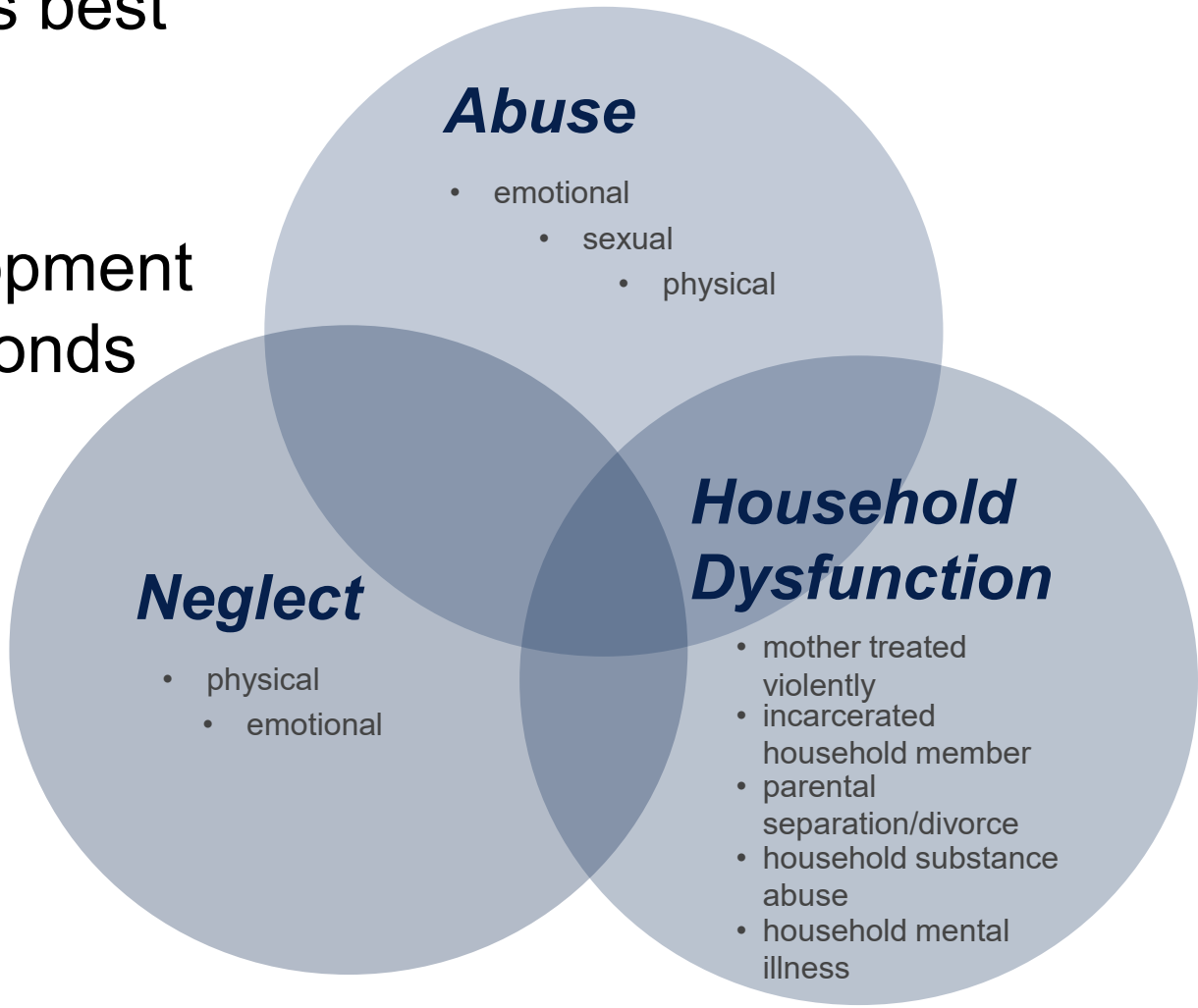
What is Trauma?

- 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



1 in 6 adults experience 4 or more ACEs

ACE Scores ≥ 4

8 x higher risk of risky alcohol use	9.2 x higher risk of intravenous drug use	17 x higher risk of suicide attempt	5.1 x higher risk of victim/ perpetrator of IPV	4.5 x higher risk of depression

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.

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

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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Image by Pixabay/Gerd Altmann

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

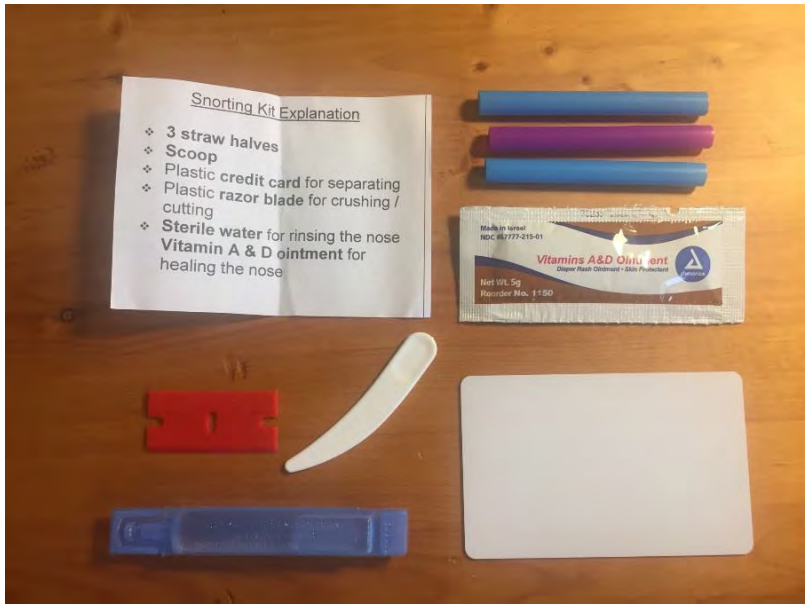
- How much would you like to cut back?
- What has been helpful in the past when you're trying to cut back?
  - Medications
  - Addiction counseling
  - AA/NA, SMART recovery
  - Peer recovery support specialist
  - Church/spiritual community engagement
  - Other

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 Never Use Alone (1-877-696-1996) or Brave App
- 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)

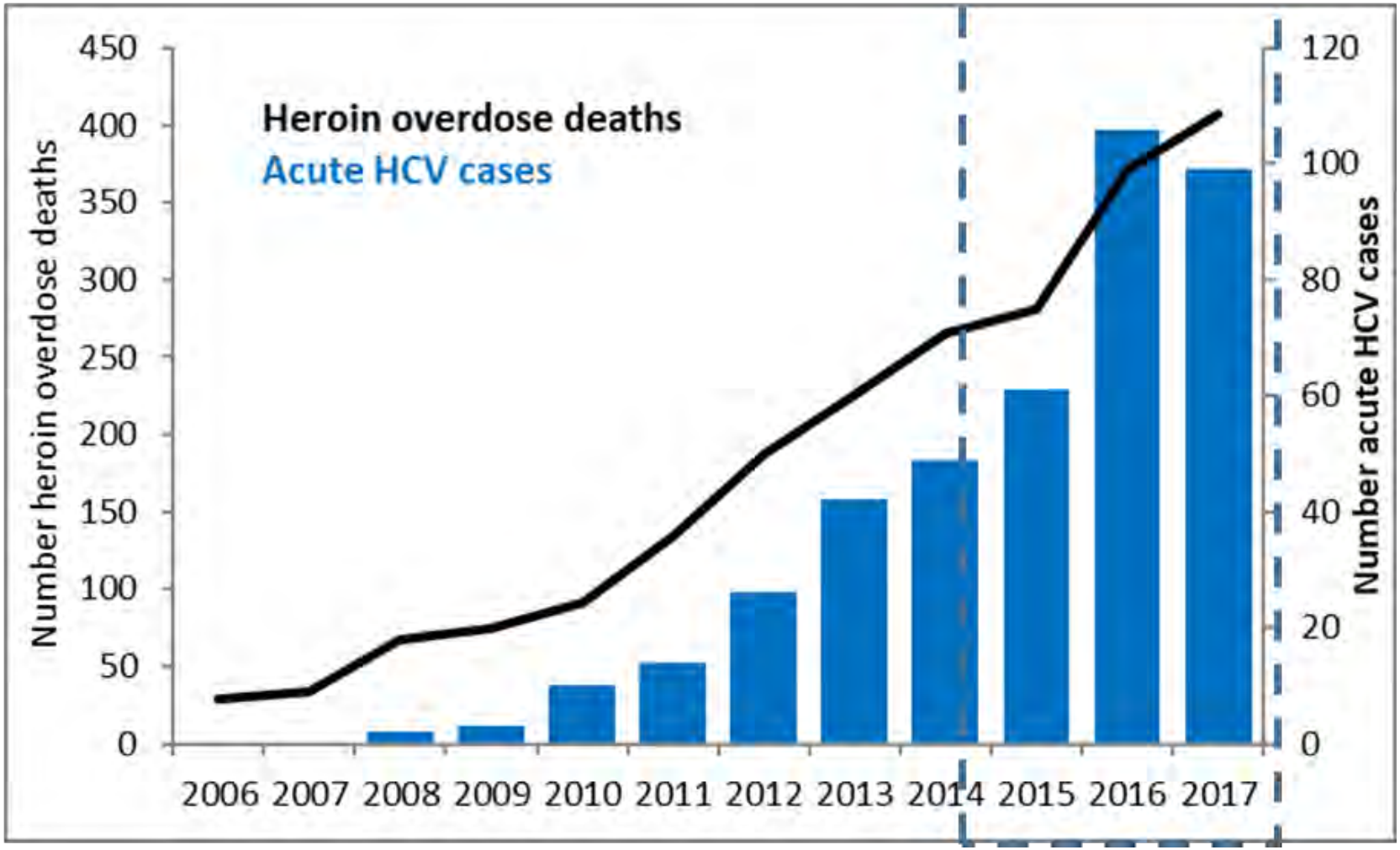
Possible Patient Goal: Reducing Transmission of Infectious Conditions

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



Images used with permission from Suzanne Carlberg-Racich

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



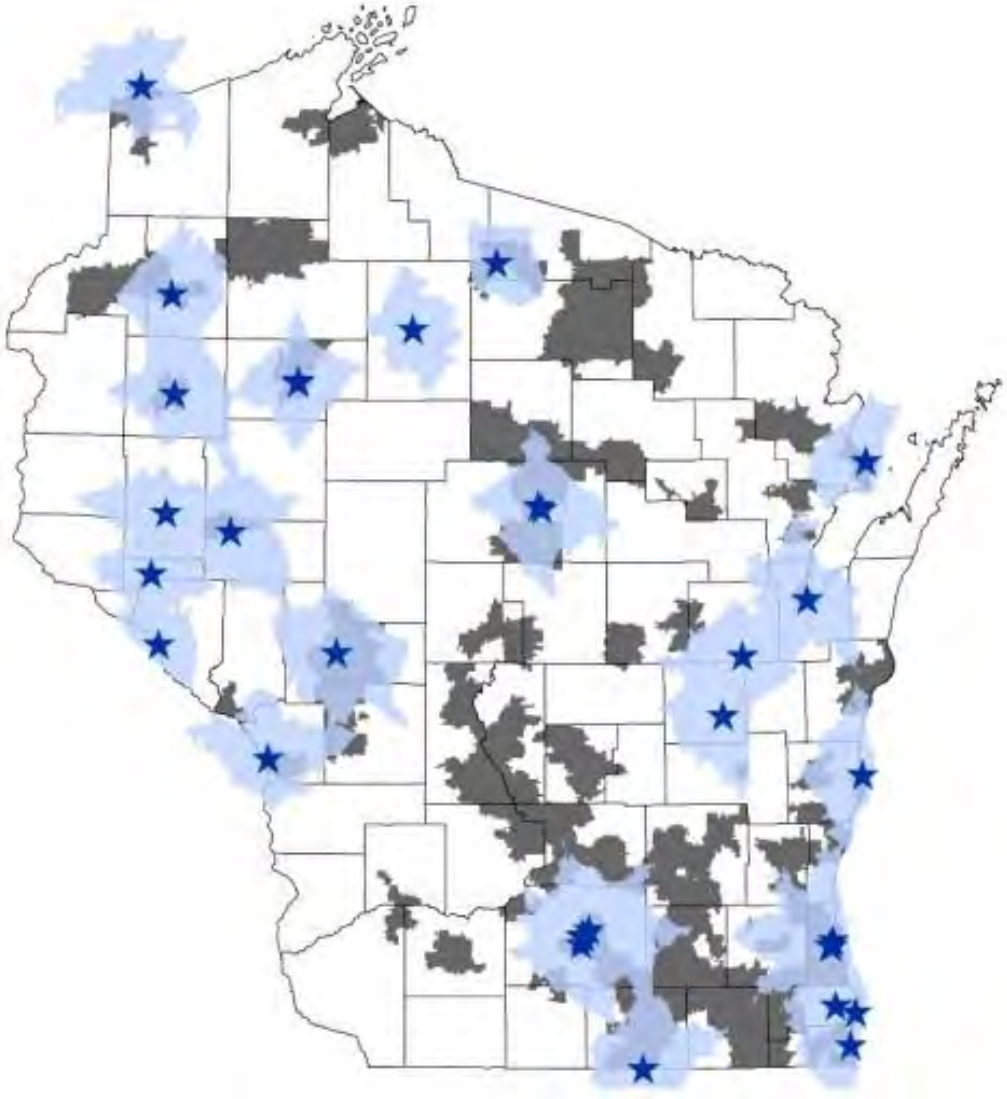
**HCV total case counts and rates for 2017 are not comparable to previous years due to changes in reporting.

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

WI Syringe Service Programs and Areas of Concern

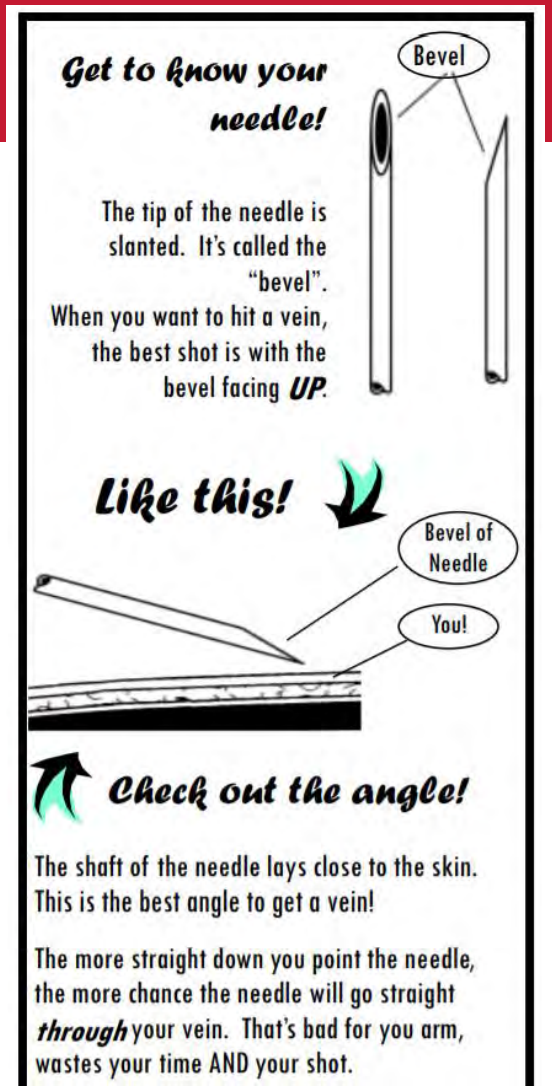


Syringe services programs

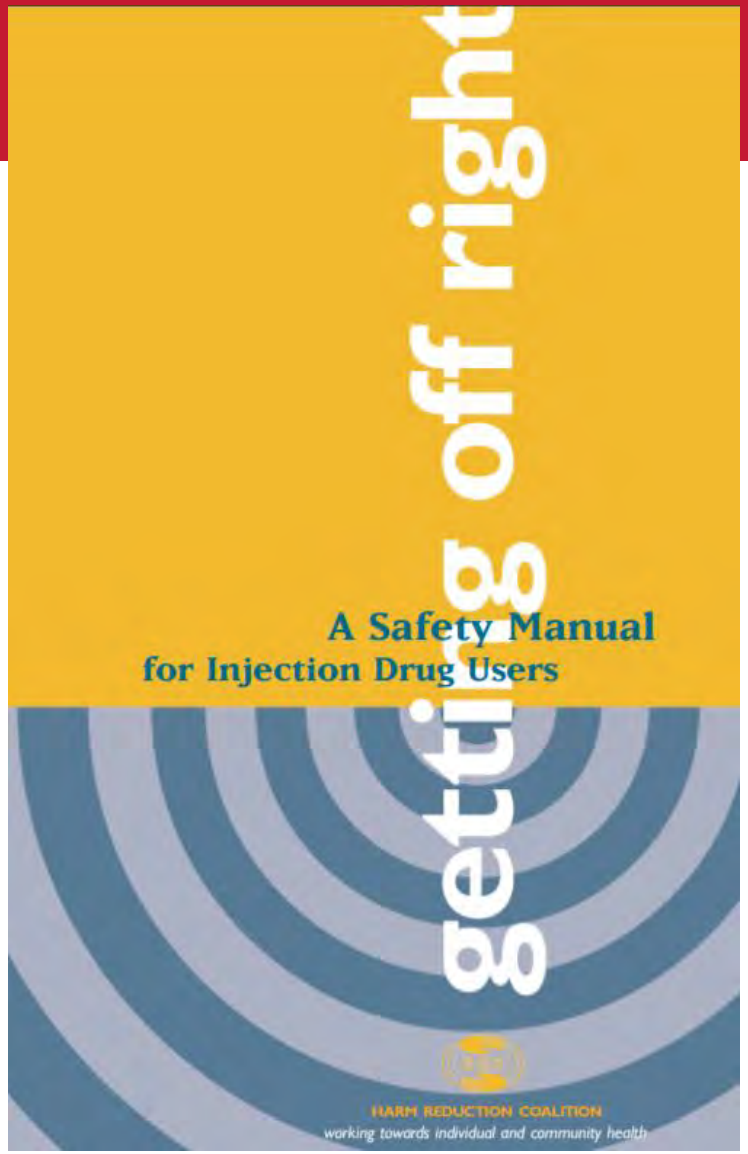
30-minute driving time service area

Areas of concern

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



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

Wisconsin Mail Order Syringes and Supplies

Gwayakobimaadiziwin / Bad River Harm Reduction Project

Harm Reduction Supplies by Mail

WHO WE ARE AND WHAT WE DO

If you are a person who uses drugs and you have difficulty accessing syringes where you live, you can fill out the application linked to this form and we'll work to get you supplies. If you live within the catchment area of another syringe exchange program, we'll first check to make sure you aren't aware of in-person opportunities.

This work in Wisconsin is made possible by an innovative partnership between NEXT and Bad River Harm Reduction Project.

If you have family or friends who you think should have naloxone on hand, please refer them to nextdistro.org/wisconsin, they can become a trained opioid overdose responder and get naloxone mailed to them.

Everything NEXT and our program partners provide is free. If you are in Wisconsin, we suggest donating to Bad River Harm Reduction Project.

https://nextdistro.org/widistro

Possible Patient Goal: Prevent Overdose Death

Patient Name: John Doe Date of Birth: _____

Address: _____ Date Prescribed: November 15, 2016

℞

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

DAW / No Substitution

Refills: 2

Prescriber: Sue Smith, MD

Signature: _____

℞

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.

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

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
    - Xylazine is not a controlled substance, so test strips not considered paraphernalia
    - WI passed legislation in 2024 explicitly saying xylazine test strips are not paraphernalia
  - 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

Drug 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/

Key Takeaways

- The philosophy of harm reduction can be applied to all clinical settings and should focus on supporting patients to make **any positive change.**
- Harm reduction is a continuum that includes abstinence, but acknowledges that is not the only goal, nor is it everyone's goal.
- There are steps we can all take to apply the philosophy of harm reduction to our current work:
  - Treat people with respect
  - Be trauma informed
  - Use non-stigmatizing language
  - Offer available resources

https://videos.med.wisc.edu/videos/108797

Minute 14:31

Questions, Feedback & Discussion

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