Harm Reduction

In the Setting of Drug Use

Your Speaker

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Disclosures

- I have no disclosures

Levels of Care

- Term used in mental health
- Hierarchy of care based on level of illness

Levels of Care in Recovery

Per ASAM

- Prevention/Early Intervention
  - Education programs
- Level 1 – outpatient
  - Office-based or clinic-based MOUD, counseling, 12-step programs, groups
- Level 2 – intensive outpatient/partial hospitalization
  - Can be 3-5 days per week, long days, often 4-6 weeks
- Level 3 – residential/inpatient
  - Short-term treatment in a place where you reside
- Level 4 – intensive inpatient
  - Inpatient services to stabilize a person with life-threatening condition

Question Time

- Under what conditions should a recovery patient be required to move to a higher level of care?

Moving Levels of Care

- The movement from a lower to higher level of care is recommended when a person is not able to achieve goals at the lower level of care. Signs may include:
  - Ongoing use of drugs
  - Not taking medications consistently
  - Overdose/poisoning
  - Infections from injecting drugs

Clinical Reality

- Problems related to a person's ability to meet recovery goals come in every shape and size
- When a patient is not getting well, it's uncomfortable for the provider
- The inclination in healthcare is when someone is not getting well, the treatment should be intensified
- HOWEVER, addiction is the only disease where a provider may withhold a lower level of care even when a patient refuses to engage in a higher level of care

- Here are a couple of analogies for your entertainment:
  - Your patient with diabetes has an A1C of 11.0%. He is not taking his insulin on a regular basis. You refer him to endocrinology and it will take 12 weeks to get in. In the meantime, you stop prescribing insulin because he is not getting better under your care.
  - Your patient has uncontrolled hypertension. You have him on blood pressure medications but will send him to cardiology for his hypertension. You stop his blood pressure medications because he failed treatment under your care.

Need for Higher Level

- When we say that a patient is not meeting treatment goals
  - Whose goals? Patient goals? Provider goals? Program goals?
- Have we worked to identify barriers?
  - Transportation, work schedule, family issues, more
- Much of the time, MORE requirements increase barriers.
- Often, patients are lost to care when a transition is attempted.
  - Patients feel like they are being “booted.”

Case #1

- Meet Laura
- She came to your program by walking through the front door and asking for help
- She had no appointment
- She was not wearing shoes
- Staff encouraged her to have a seat and I was able to work her in between patients
- Her behavior is consistent with mania
- Her urine screen is positive for opioids, marijuana, and methamphetamines

Case #1

- Laura admits to using heroin, meth, and marijuana
- She used last the previous night and is feeling sick
- She says that she was booted from another clinic for "dirty urine."
- She wants to get her children back from state custody
- She has been on suboxone previously

Case #1

- You tell Laura right away that you will give her a prescription for suboxone and you review treatment agreement with her
- She misses her follow up in 7 days, but arrives again without an appointment on day 8
- She again has on no shoes and no coat (it is winter)
- Her behavior is so disruptive in the lobby, staff brings her to an examination room where she can be heard shouting

Case #1

- Laura was high on meth, but wishes to receive her next prescription for suboxone
- Her behavior is so erratic (pacing, yelling, undressing, climbing on furniture) you decide that she is not safe so you call public safety to give her a ride to the ED
- She calls later that day and apologizes for her behavior and asks if she can have her suboxone prescription, you write the prescription and make her an appointment in 1 week

Case #1

- Laura returns on her scheduled appointment
- She tells you that she thinks she is pregnant
- Urine pregnancy screen is positive
- She says that she has only been on suboxone, but did have to buy extra because “you don’t give me enough.”

HOLY COW!

Let’s discuss, what next?

Harms of Drug Use

- To the PERSON using drugs
  - Health
  - Social
- To the PEOPLE in the person's life
  - Loss
  - Children
  - Co-workers
- To the COMMUNITY
  - Expense
  - Loss of Contribution to Society
  - Loss of Property

Question Time

- What is meant by “harm reduction?”

Harm Reduction

- Philosophy of care
  - Identify specific harms of drug use
  - Try to lessen those harms
- No SPECIFIC guideline or model
  - This depends on resources and the needs of a particular community or population
- Often referred to “meeting the patient where they are.”
  - Sometimes the patient does NOT have goals that are the same as the provider’s goal for them.

MOUD

- We know that medications for opioid use disorder save lives
- Methadone
  - Highly regulated and requires a specialty clinic often with frequent, in person dosing
- Buprenorphine
  - Providers can treat up to 30 patients with no special training and more with specialized training
- Naltrexone
  - Not a controlled drug and providers do not need special training or licensure

How about another question?

- What is the most significant barrier to care as reported by people with opioid use disorder?

Barriers to Care

- Only about 11% of people with opioid use disorder seek care. How can we reach the remaining 89%?
- What are the barriers to care?
  - Stigma related to medications used for OUD
  - Treatment experiences and beliefs
  - Logistics (transportation, insurance)
  - Lack of knowledge about OUD and the medications used to treat

Mackey, K., Veazie, S., Anderson, J., Bourne, D., & Peterson, K. (2020). Barriers and facilitators to the use of medications for opioid use disorder: A rapid review. Journal of General Internal Medicine, 35, sup 3, (954-963).

Stigma

- NIDA has published a “words matter” document to aid in removing stigmatizing language from health care
- We can start with us and how we talk about people with addiction
- “Person first” is when you do not address a person in terms of a disease, but they are a person first with the disease

Instead of…	Use…
• Addict • User • Substance or drug abuser • Junkie • Alcoholic • Drunk • Substance dependence • Former addict • Reformed addict	• Person with OUD or person with addiction • Patient • Person in recovery or long-term recovery • Unhealthy, harmful, or hazardous alcohol use • Person with alcohol use disorder

Instead of…	Use…
Addicted baby	• Baby born to mother who used drugs while pregnant • Baby with signs of withdrawal from prenatal drug exposure • Baby with neonatal opioid withdrawal/neonatal abstinence syndrome • Newborn exposed to substances

Instead of…	Use…
Habit	• Substance use disorder • Drug addiction
Abuse	For illicit drugs • Use For prescription medications • Misuse, used other than prescribed
Opioid substitution Replacement therapy	• Opioid agonist therapy • Medication treatment for OUD • Pharmacotherapy

Instead of…	Use…
Clean	For toxicology screen results • Testing negative • Expected findings For non-toxicology purposes • Being in remission or recovery • Abstinent from drugs • Not drinking or taking drugs • Not currently or actively using drugs
Dirty	For toxicology screen results • Testing positive For non-toxicology purposes • Person who uses drugs

Treatment Experiences

- Many people with OUD have been in programs that were not a good fit for them
- These experiences can be traumatizing
- Have you ever wondered why some patients come to their first appointment with an “alternate reality?”

Does anyone have any experiences to share regarding how some practices have made patients suspicious of their care providers?

Case #2

- Meet Gregory
- Greg is looking to start in your program
- He is very shy, quiet, and struggles to make eye contact
- He says to you, “please ma’am, I promise that I will never mess up, just give me some suboxone but I can’t go to a group, I just can’t. I will do anything else.”

Discussion?

Logistics

- Housing
- Food
- Transportation
- Insurance/payment

Lack of any of these will make it more difficult for patient to reach goals

Lack of Knowledge

- Some patients have misperceptions about medications available to treat OUD
- Some providers have misunderstandings about the differences in pharmacology

Low Barrier Care

- Real vs. perceived barriers
  - Transportation, work schedules, prior programs' requirements, previously required group work, etc.
- Making it easier to enter recovery than to continue buying drugs
  - The path of least resistance
- Assessment of your program rules
  - Why are your rules in place? Is it a reimbursement requirement? Is it traditional practice? What would it look like to give up some rules?

Low Barrier Care

- Medication first
  - If appropriate buprenorphine will be prescribed at the first appointment
- NOT connected to anything else
  - No “hoops”
- Two requirements
  - The person must have a substance use disorder
  - The person must come to scheduled appointments in order to get their prescription

Low-Threshold Approach

- Defined by Jakubowski and Fox (2020)

1. Same-day treatment entry and medication access.
2. Harm reduction approach.
3. Flexibility.
4. Wide availability in places where people with OUD go.

Same-day Treatment

- Any treatment delay could mean death for the person with OUD
- Do not allow for a period of time for ambivalence to move in

Harm Reduction Approach

- Moving away from abstinence
- Move toward reducing the harm from substance use

Flexibility

- Remove protocols for in-person appointments
- Remove requirements for psychosocial counseling
- Remove requirements for meetings
- Drug screening is only used to determine if it's safe to start MOUD

Availability in alternate settings

- Emergency departments
- Walk in care
- Mobile treatment sites
- Syringe services
- Safer injection sites

A Question for you all

- How is successful recovery defined?

Perfect=Enemy of Good

- How are we measuring success?
- Addiction is a chronic disease with EXPECTED returns to drug use for MOST people.

Integrating some Practices

- Now that we're all fired up, how do we lower barriers so that we can help more people?
- We can't just throw out the rules, can we?
- I recommend you look at your own perspective first
  - What are your expectations from people in recovery?
  - What has felt "healthy" to you in the past?
  - What has felt "unhealthy" to you in the past?

Here's My Approach

- When a patient calls for recovery, I see them right away
- Sometimes I have them show up and wait for me to integrate them
- Right away, I tell them that I intend to write them a prescription

Why do you suppose I do that with patients?

My approach, the urine screen

- I explain to patients that urine screening is simply a tool
- Firstly, I need to figure out if it's safe to start suboxone (it's nearly always safe)
- Secondly, it allows us to discuss other issues
- "I will not kick you out for having drugs in your urine"
- "I will not withhold your prescription for having drugs in your urine"

How might this help with patient engagement?

My approach, medication agreements

- At that first visit, your patient will sign ANYTHING in exchange for a prescription
- Often, I will tell them that we will do the medication agreement at their NEXT appointment
- I tell them the basic expectations:
  1. Come to your appointment
  2. Don't lose your medications, I can't replace them
  3. Have a working phone

My approach, virtual appointments

- There is evidence that virtual appointments are JUST as good as live appointments
- Could ease logistic barriers
- Many times, I will schedule every other appointment to be virtual
- Remember, I am LESS concerned with urine screening than I am about them not being on suboxone

What is happening?

- Patients are generally talking about their drug use even without urine screens
- Patients are open to discussions about their goals of care
- Even when patients are not eager for counseling, they often will be agreeable at a later time especially if they are not meeting their goals

And more…

Questions?