HARM REDUCTION TRAINING

Harm Reduction Strategies for Medical Professionals

Tuesday, April 27, 2021 at 12:00 pm Eastern Time

NATIONAL NURSE-LED CARE CONSORTIUM
a PHMC affiliate

PREVENTION POINT

Department of Public Health
CITY OF PHILADELPHIA

National Nurse-Led Care Consortium

The **National Nurse-Led Care Consortium (NNCC)** is a nonprofit member-supported organization working to strengthen community health through quality, compassionate, and collaborative nurse-led care.

NNCC provides expertise to support comprehensive, community-based primary care.

- Direct, nurse-led healthcare services
- Policy research and advocacy
- Training and technical assistance support

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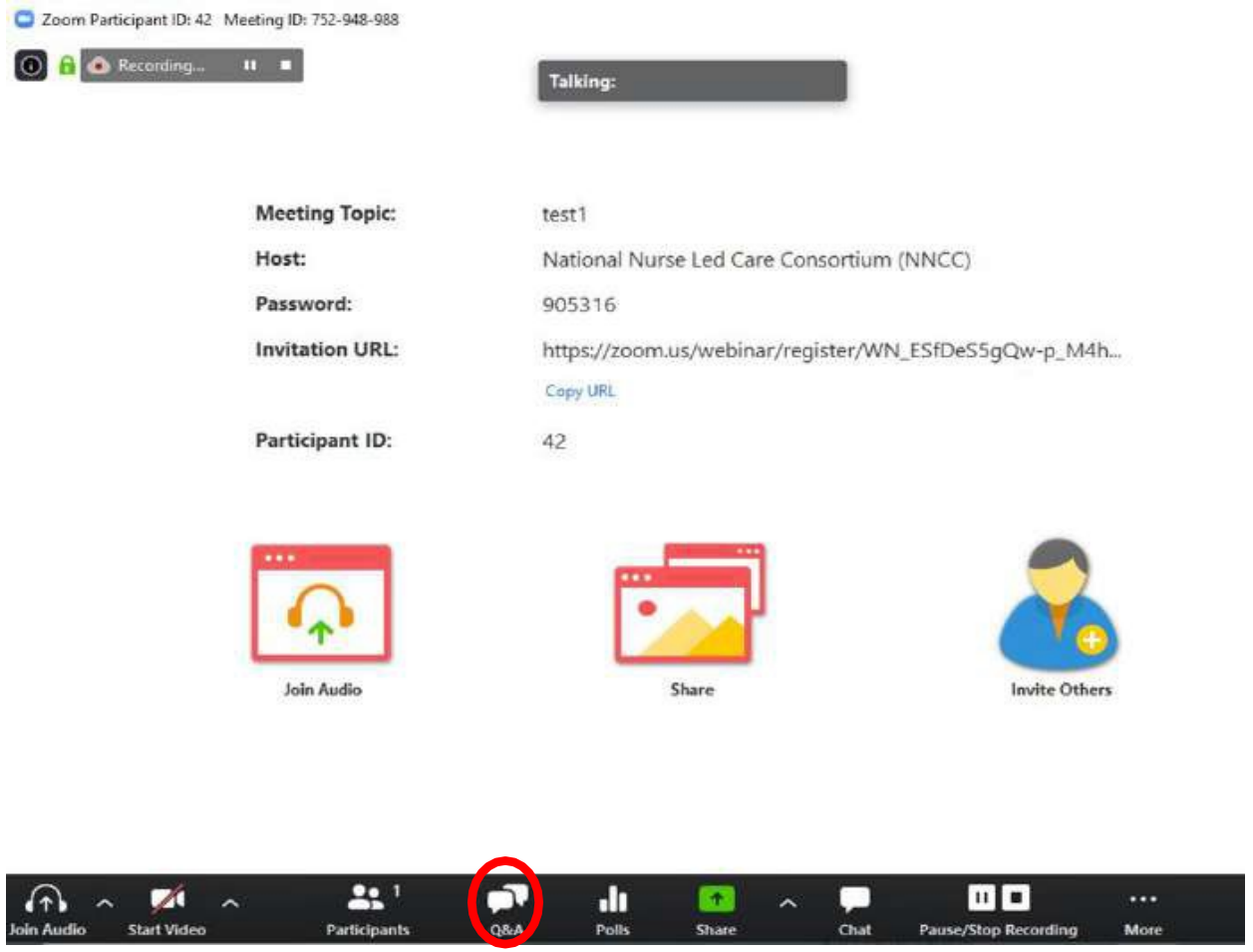

Harm Reduction Strategies for Medical Professionals

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Director of Viral Hepatitis Program

Prevention Point Philadelphia

April 27, 2021

Harm Reduction Concepts: Engaging People who Use Drugs

What is Harm Reduction?

"It 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

Goals of Harm Reduction

Prevent Disease

- Sterile syringe access to prevent HIV and viral hepatitis B, C

Reduce mortality

- Overdose prevention with training and naloxone distribution

Treatment for drug dependence

- Buprenorphine, naltrexone extended release injectable, methadone

Empower participants, communities and reduce stigma

- Community organizing and engagement

Key Principles of Harm Reduction

- Understands drug use as a complex and multi-faceted issue that encompasses behaviors from severe abuse to total abstinence
- Meets people where they are in the course of their drug use
- Affirms and empowers drug users and communities to be the primary agents of change
- Designs and promotes public health interventions that minimize the harmful effects of drug use

Social and Environmental factors

- Harm reduction recognizes the realties of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities, and how they effect dealing with drug related harm(crack epidemic of the 80's, MJ use now "medicinal" and profitable)

- Harm reduction does not attempt to minimize the real dangers with legal or illicit drug use, and how those issues impact our lives(assault, murders, overdose)

- Harm reduction recognizes the need for social and economic justice for disenfranchised people(people who use drugs, sex workers) and views as, ever present parts of the human experience

- Offers public health services that are non-judgmental and non-criminalized

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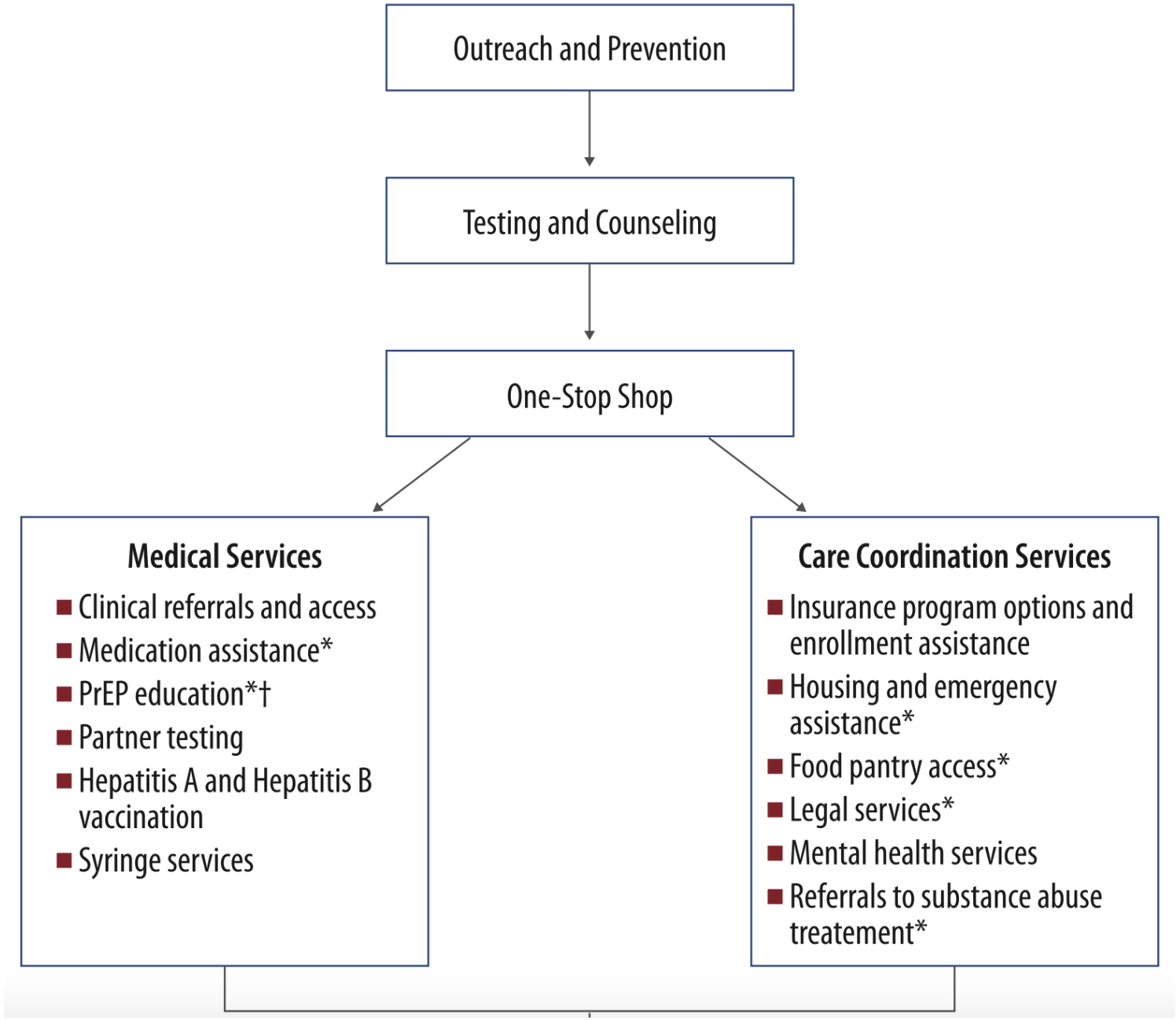
UNTO DE PREVENCIÓN

2913-15 Kensington Ave., Philadelphia, PA 19134
Phone: 215-634-5272 www.ppponline.org

- PPP is a non-profit, public health organization committed to protecting the health and welfare of drug users and sex workers. PPP uses harm reduction theory to reduce the harm associated with drug use and sex industry work by offering a safe and humane alternative to the war on drugs.

How about the Setting?

- Primary care
- MOUD clinic
- STI clinic
- Mobile van services
- Street side clinic
- ID clinic
- ED


Outreach and Prevention
Testing and Counseling
One-Stop Shop
Medical Services
Clinical referrals and access
Medication assistance*
PrEP education*†
Partner testing
Hepatitis A and Hepatitis B vaccination
Syringe services
Care Coordination Services
Insurance program options and enrollment assistance
Housing and emergency assistance*
Food pantry access*
Legal services*
Mental health services
Referrals to substance abuse treatement*

↓

Comprehensive care and access
Follow-up on medical needs
Measurement for services and new diagnoses

*depending on capacity of care site
† pre-exposure prophylaxis

Hepatitis B vaccines

Efficacy comparison:

- Heplisav-B (HepB-CpG)- 90-100% achieved seroprotective antibody
- Energix-B- 70-90% achieved seroprotective antibody

Cost comparison:

- Course of Heplisav-B: $220 (2 doses)
- Course of Energix: $169 (3 doses)
- Course of Twinrix: $299 (3 doses)

US Department of Health and Human Services/Centers for Disease Control and Prevention
MMWR / April 20, 2018 / Vol. 67 / No. 15

Best Practices, Strategies and Resources for Health Care Providers and Health Care Staff

Primary Care: On the Front Lines of the Opioid Epidemic

- Over 27 million Americans currently using illicit drugs
- 7 million meet the criteria for SUD
- 1.9 million people have disorders related to pain relievers
- Human and economic toll – rates of fatal opioid overdoses tripled 1999
- Only 10-20% people receive treatment(MOUD)
- Chronic pain identified in 87% of primary care pts with illicit drug use
- SAMHSA offers resources for PCP to help screen at-risk pts
- Key elements of the model: screening questionnaires, brief counseling sessions, referral to treatment

LDI/Cherish issue brief-Primary Care: On the Front Lines of the Opioid Epidemic. August 2016

PCP: Do they have the capacity or expertise to treat SUD?

- Provider's Clinical Support System for Opioid Therapies(PCSS-O)
- Offers CME for courses and seminars
- Ongoing peer-to-peer support for PCPs
- Time, resources, pts willingness to be treated
- Counseling
- Referral to specialists(pain management)
- Harm reduction interventions
- MOUD

LDI/Cherish issue brief-Primary Care: On the Front Lines of the Opioid Epidemic. August 2016

PCP: Harm Reduction Opportunities

- Offer Naloxone(Narcan nasal spray) with each Rx
- Utilize team members for education
- Teach family members how to accurately identify and respond to an OD
- Observational study found that pts taking opioids for chronic pain who received education, 63% fewer ED visits for OD
- Access to sterile syringes to prevent HIV/HCV/HBV
- Refer to syringe exchange programs
- No Rx needed to purchase syringes at community pharmacies

LDI/Cherish issue brief-Primary Care: On the Front Lines of the Opioid Epidemic. August 2016

PCP: Overdose Prevention

- Test before you fly
- Go low, go slow
- Use a familiar/comfortable place
- Use with familiar people; DO NOT USE ALONE
- Try not to mix drugs
- Some chronic conditions reduce ability to metabolize drugs
- Tolerance is low after institutionalization, incarceration, detox/treatment, abstinence even after only a few days

PCP: Harm Reduction as Public Health Imperative and Clinical Challenge

- Medication for Opioid Use Disorder
- Proven safe and effective: Methadone, Buprenorphine, Naltrexone
- X Waiver 8/24 hour training: 30 pts first year, can increase 100, 275
- Lack of training to identify pts, feel unfamiliar with MOUD, time and reimbursement

- **Ask 1 Question:**

“How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?”

LDI/Cherish issue brief-Primary Care: On the Front Lines of the Opioid Epidemic. August 2016

MOTIVATIONAL INTERVIEW METHODS

ASK	permission	*Can we talk about...*
	open question	*What do you think about...*
	closed question	*Would you want to...*
TELL	education	*We know that...*
	information	*Some of the choices are...*
	recomendations	*You might want to...*
LISTEN	appreciate	*You know what you...*
	reflect	*You want to, but...*
	summarize	*So your plan is...*

BEST PRACTICES TO AVOID USING STIGMATIZING LANGUAGE

Don't Use	Do Use	Why
"addict" *"abuser"* *"junkie"*	*"person who uses heroin"* *"person with cocaine use disorder"*	*Using "person-first" language demonstrates that you value the person, and are not defining them by their drug use.*
"got clean"	*"no longer uses drugs"*	*"Clean," although a positive word, implies that when someone is using they are "dirty."*
"addicted newborn" *"born addicted"* *"crack baby"*	*"newborn opioid withdrawal (NOW)"* *"baby with prenatal cocaine exposure"*	*Infants are not addicted; they have prenatal substance exposure and/or physiological dependence.*
"medication replacement therapy (MRT)" *"medication assisted therapy (MAT)"*	*"opioid agonist therapy (OAT)"* *"medication for opioid use disorder (MOUD)"* *"medication for alcohol use disorder"*	*These categories are value-neutral and precise.* *When discussing a specific medication, refer to it by both its generic and brand names.*

Infectious Disease Consequences of Drug Use

STI

- Offer PrEP, screening, treatment, education(sex workers)

Coordinate with health care systems for better MOUD while hospitalized

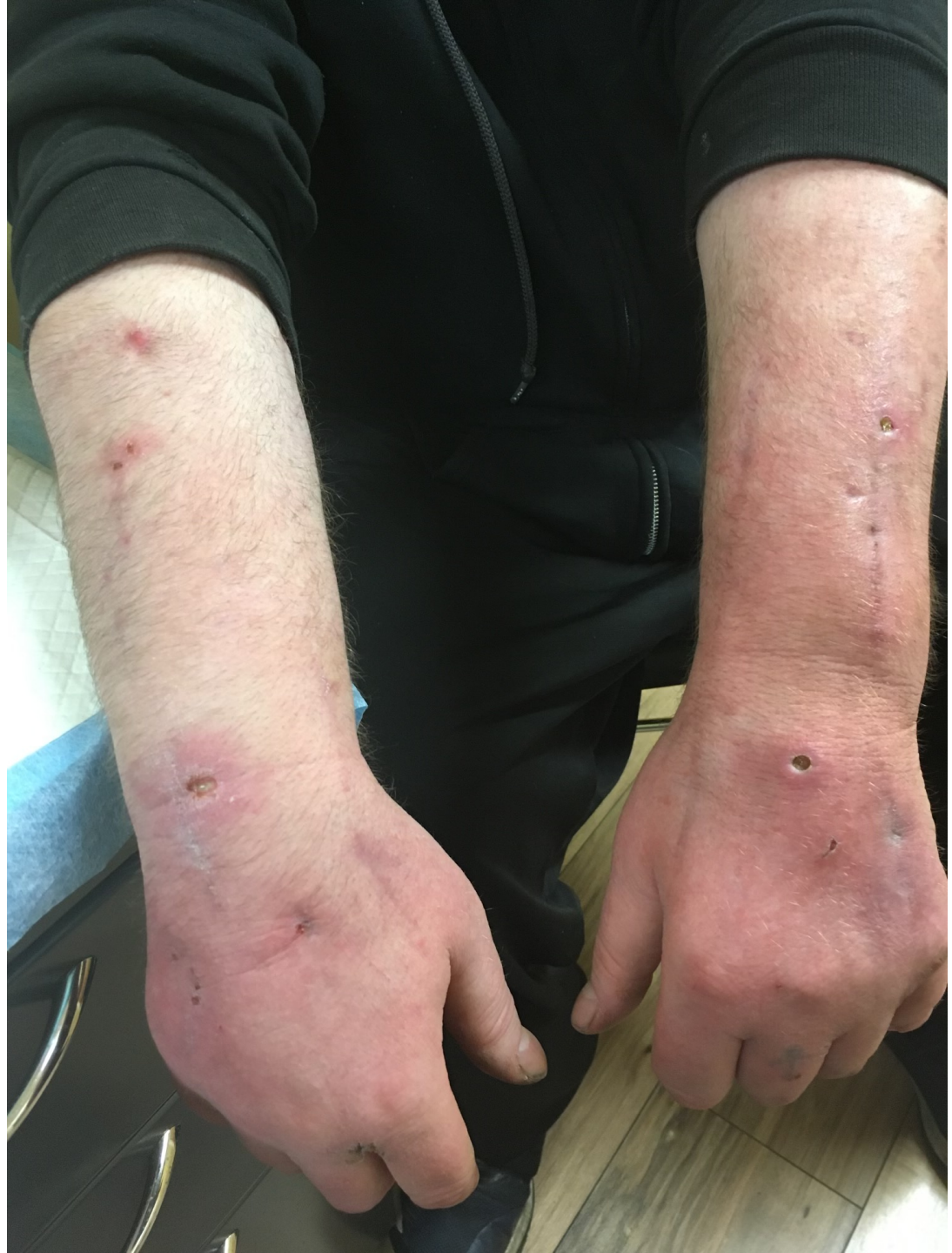
- AMA→ Fill antibiotic Rx or call into pts pharmacy
- Research on long-acting glycopeptides(Vancomycin)

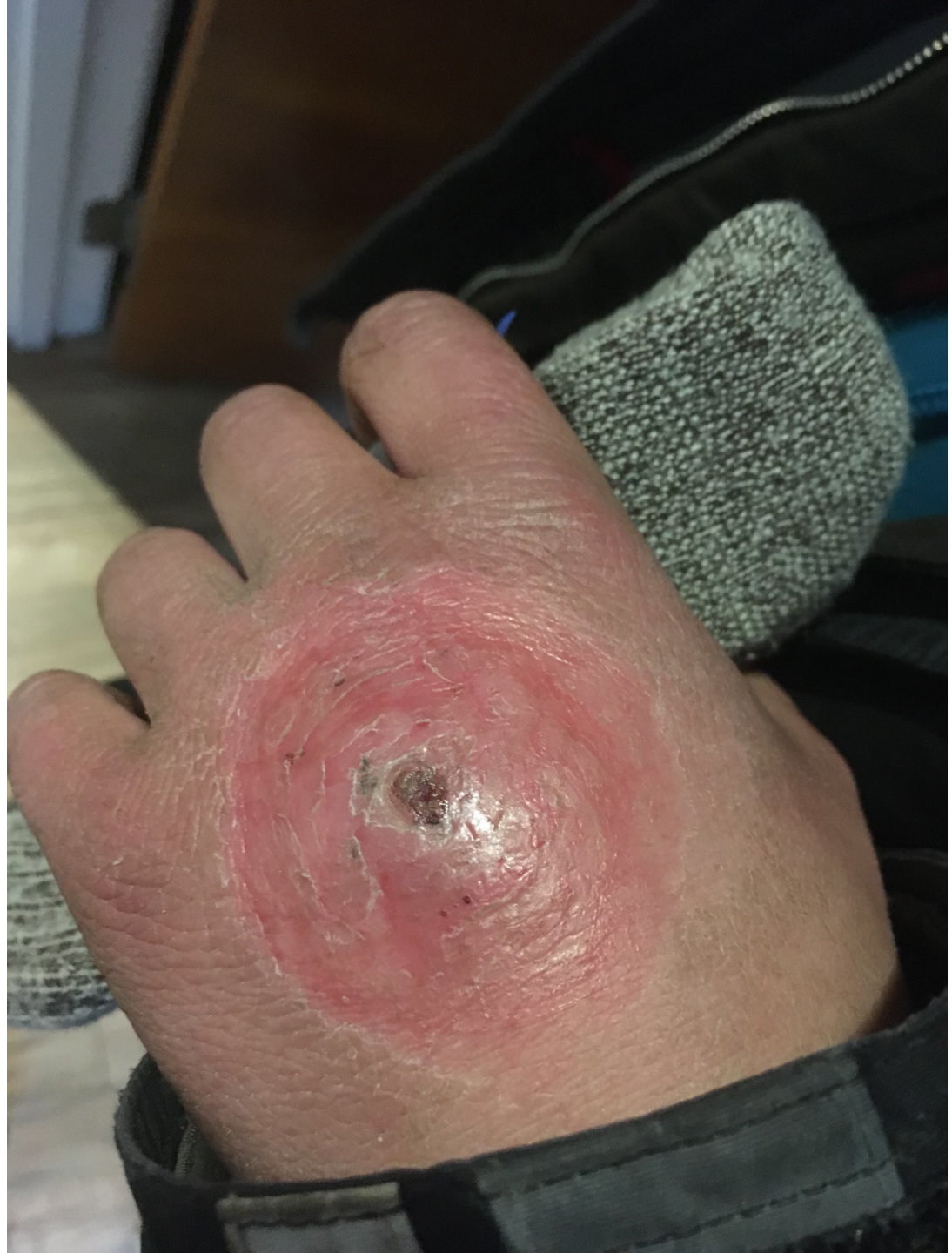
Injection site abscesses, soft and deep tissue injury

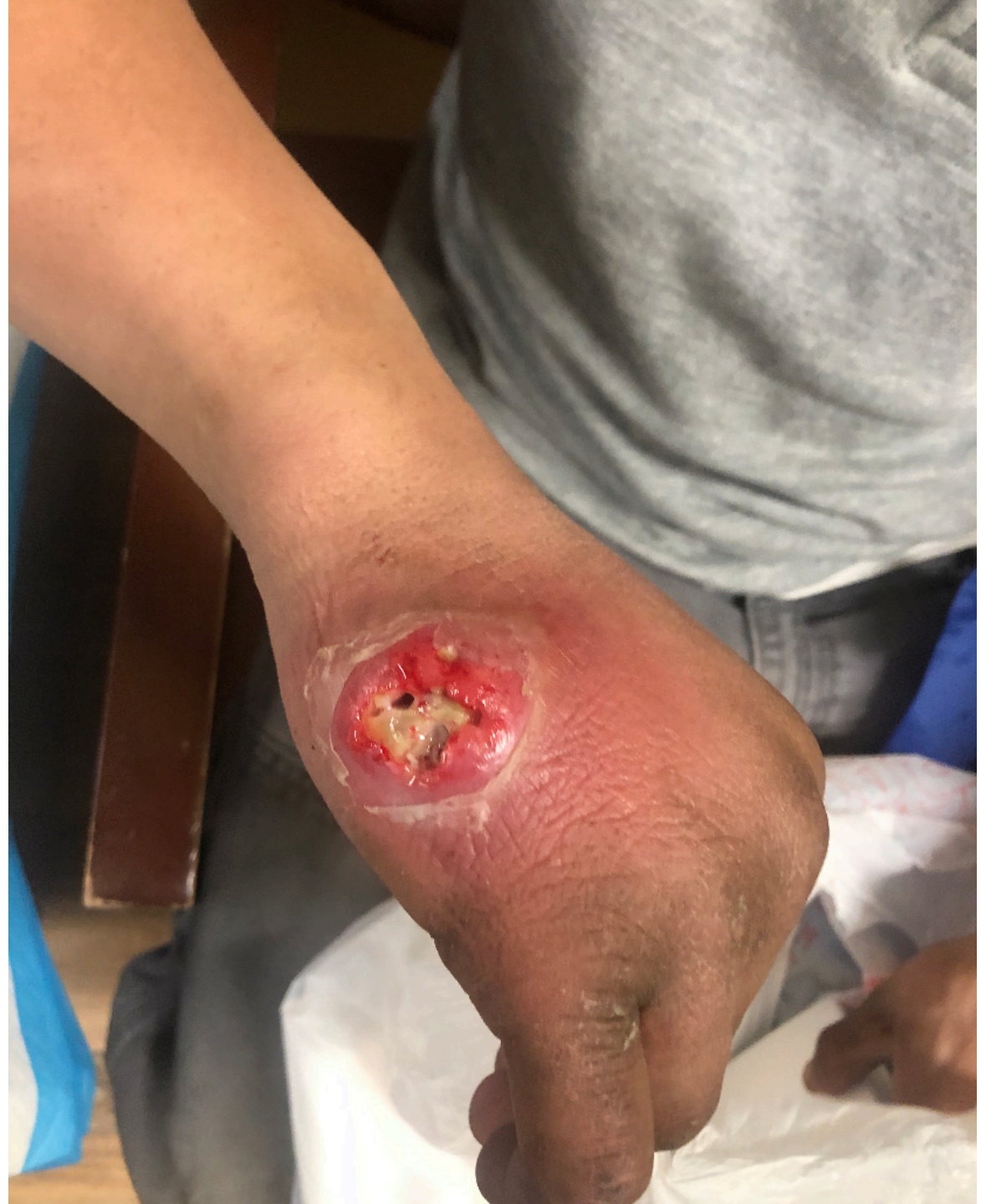
- Education regarding prevention Septicemia/Endocarditis
- Colocation of services
- Wound care clinics

Examples of Harm Reduction in the Wound Care Clinic

- Missed shot to left hand several weeks ago
- Edema, cellulitis
- Needs to go to ED- not ready
- Antibiotics prescribed: Bactrim DS, Doxycycline, Clarithromycin, topical anti-infectives
- Dressing changes 2-3 X per week
- Wound care kits
- Work on coordinating our connections at ED with pts needs





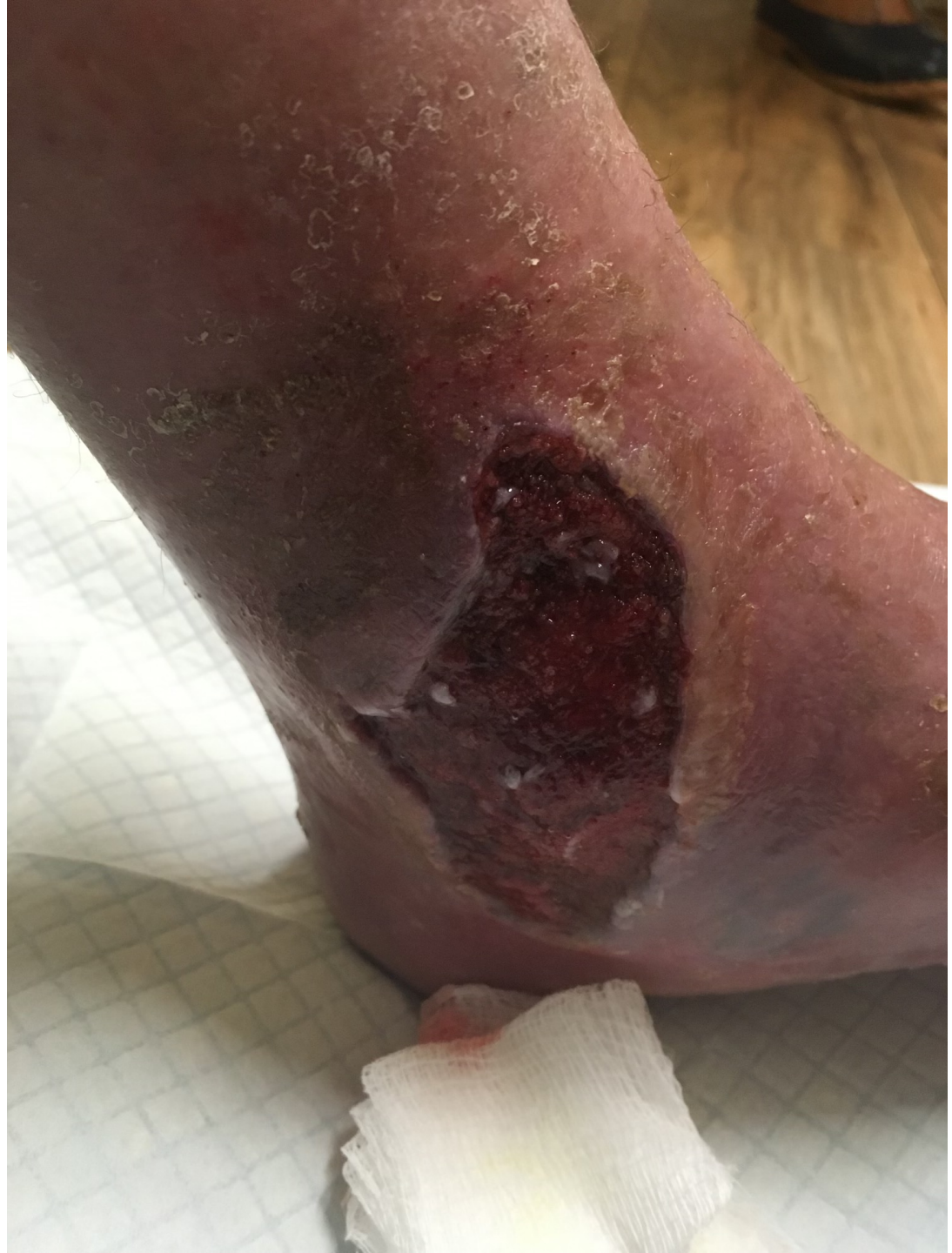


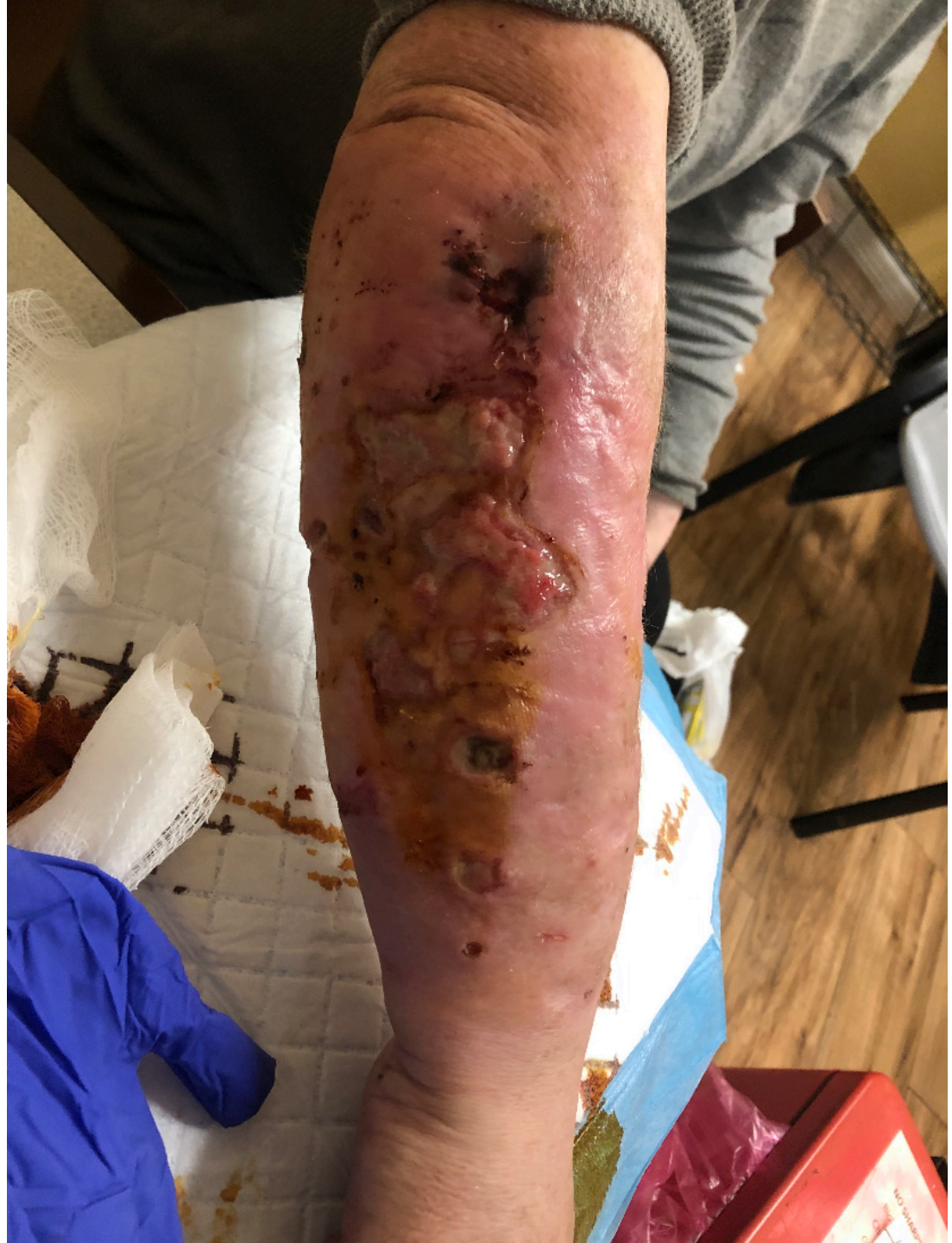
Examples of Harm Reduction in the Wound Care Clinic

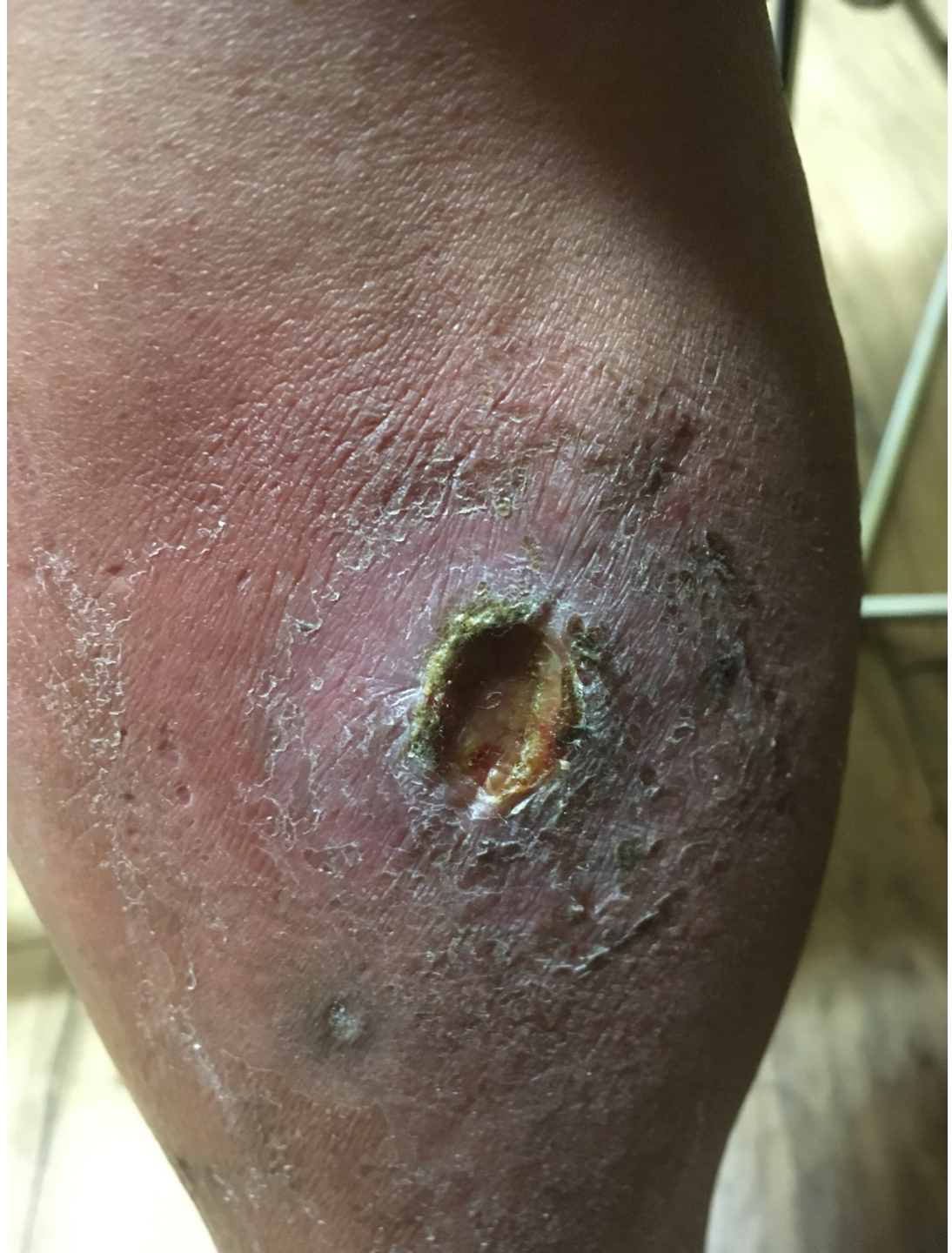
- Human bite on left hand weeks ago
- Missed injection sites
- Injury from falls or assault
- Given Rx for antibiotics: Back-pack stolen or lost Rx
- Got Rx filled: stolen or lost
- Antibiotics called into pharmacy, pt doesn’t know what pharmacy

Wound Care

- Do not inject into open wounds
- Clean injection site with alcohol/antiseptic wipes (before and after)
- Miss? Warm compresses to prevent abscess
- Kits include gauze(4x4, 2x2), saline, sterile water, antibiotic ointment, antiseptic wipes, band-aids
- Best not to use alcohol to clean a wound, use saline or sterile water
- Follow up with wound care clinic

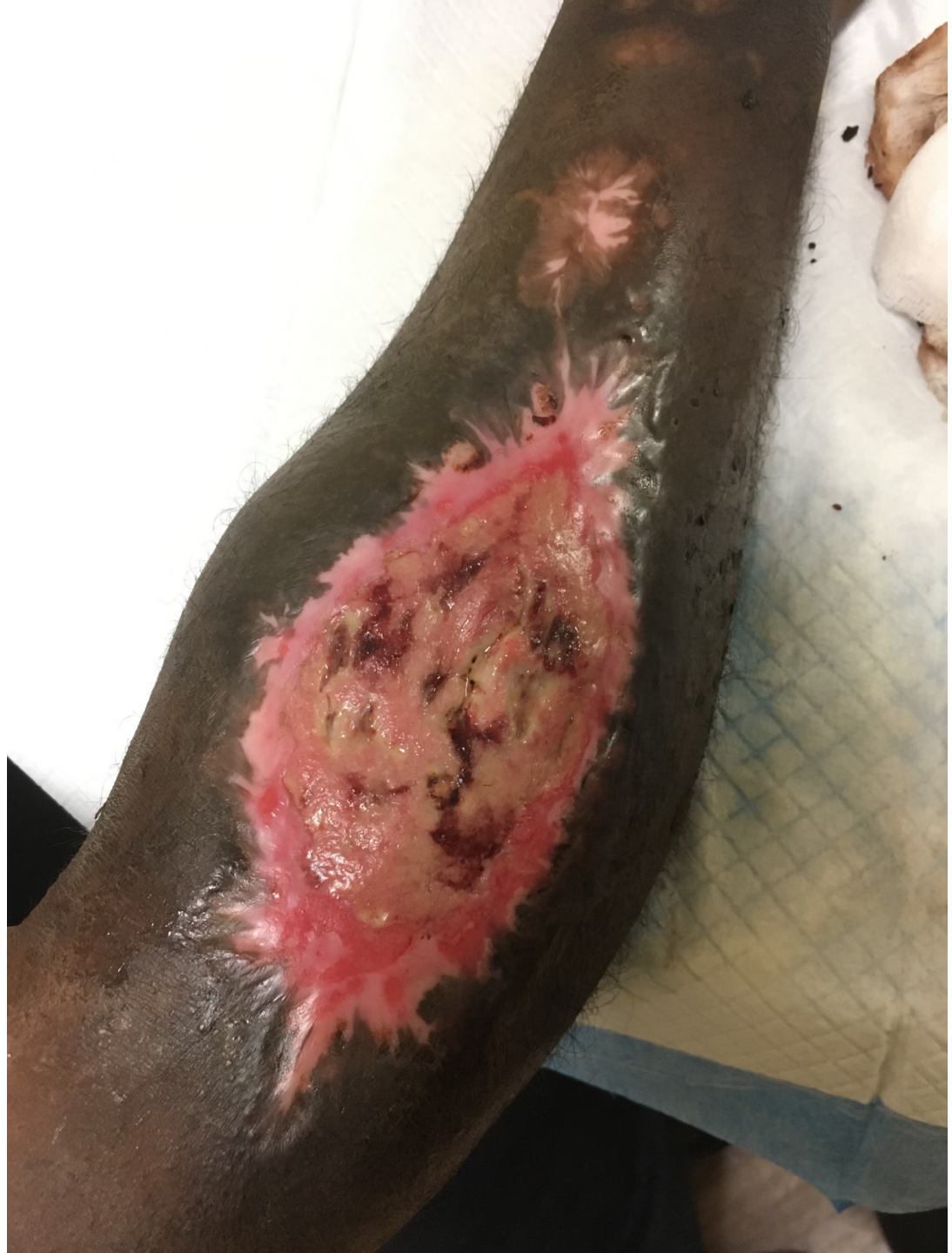






Wound care clinic: Vein care

- Switch up injection sites
- Work your way up towards heart, not down; “go with the flow”
- Use saline
- Use tourniquet, pumping action
- Needle bevel up
- If vein missed, do not fish, new site, re-inject
- Drink water
- Avoid neck injections



Harm Reduction Approach to Treating Hepatitis C

AASLD/IDSA
Who Should Be Treated?

Treatment is recommended **for all patients with chronic HCV infection, except those with short life expectancies** that cannot be remediated by treating HCV, by transplantation, or by other directed therapy.

Rating: Class I, Level A

DAA therapy for PWID with HCV infection is NOT different just because they're PWID.

AASLD. HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C. Last updated September 2017. http://www.hcvguidelines.org/evaluate/when-whom. Accessed August 2, 2018.

The ANCHOR Model:Establishing an integrated Care Clinic for HCV-infected People Who Actively Inject Drugs at a Harm Reduction Center in Washington, DC

- PWID high rates of HCV acquisition, *limited* access to treatment
- Recent studies show *high rates of cure* with DAA in PWID
- *Reduce transmission*, improve long-term outcomes
- Improve access to treatment
- Harm reduction associated with IDU

4 Key Components to clinic model

1. Culturally competent
2. low-barrier
3. Colocation of services
4. Community health workers

Rosenthal, E et al, INHSU 2019, Poster #067

ANCHOR Study Conclusions

- Low-barrier medical clinic in a highly marginalized population
- N=97
- Demographics: majority(>51%) unstably housed, injects opioids daily, prior incarceration, black, men, median age 56
- Start Epclusa →0 to 100%
- Start OAT→ 0 to 73%
- Start PrEP→ 0 to23%
- Uptake of Naloxone →31% to 73%
- Adherence rate: 70% at wk 12 (treatment interruptions, late completion)
- Cure rate- 58 made it to wk 24, 51 cured (90%)

Rosenthal, E et al, INHSU 2019, Poster #067

The ANCHOR Model

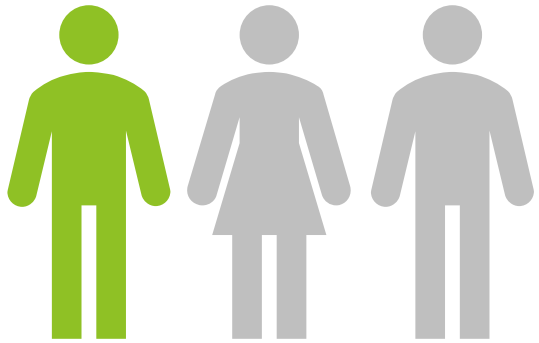
- HCV treatment possible and successful among PWID
- Start Buprenorphine
- Start PrEP
- Dispense Naloxone(every visit)

Rosenthal, E et al, INHSU 2019, Poster #067

Two Epidemics Intertwined

HCV Infection Is a Serious Health Consequence of Injection-Drug Use

- HCV antibody prevalence among people who inject drugs (PWID) is estimated to be 70% to 77%[1]



1 of 3 people who inject drugs acquires HCV infection in their first year of injecting[2]

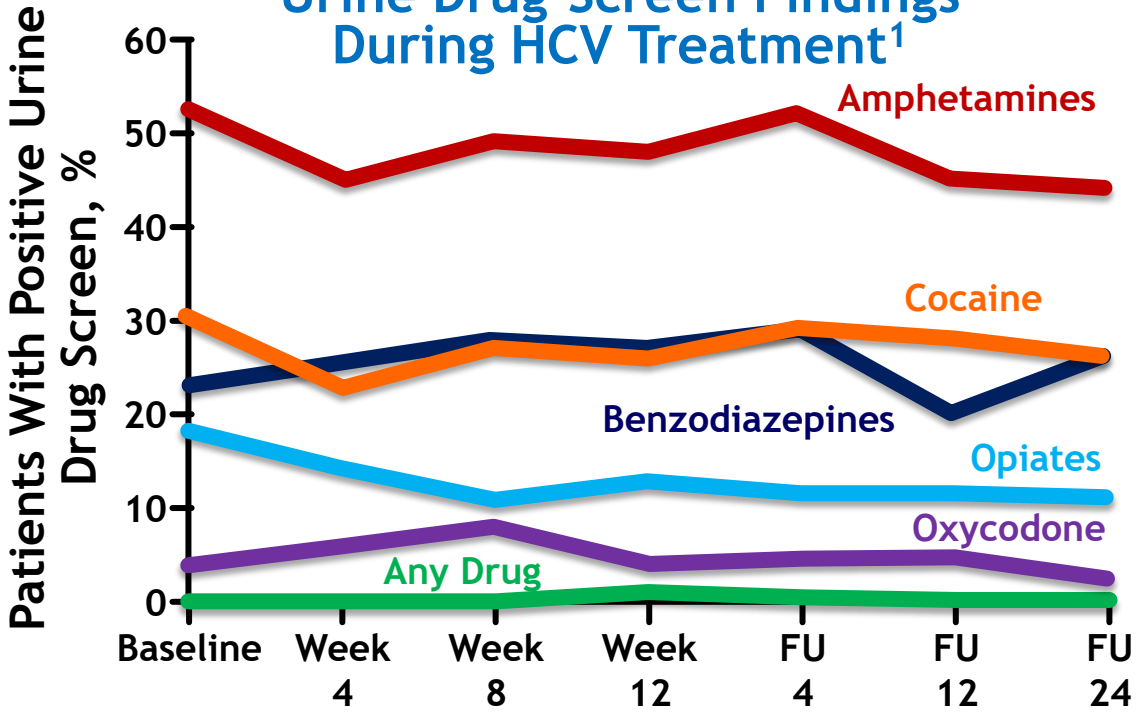
45% to 85% of individuals chronically infected with HCV are unaware of their status[1]

HCV is the most common chronic blood-borne infection in the US

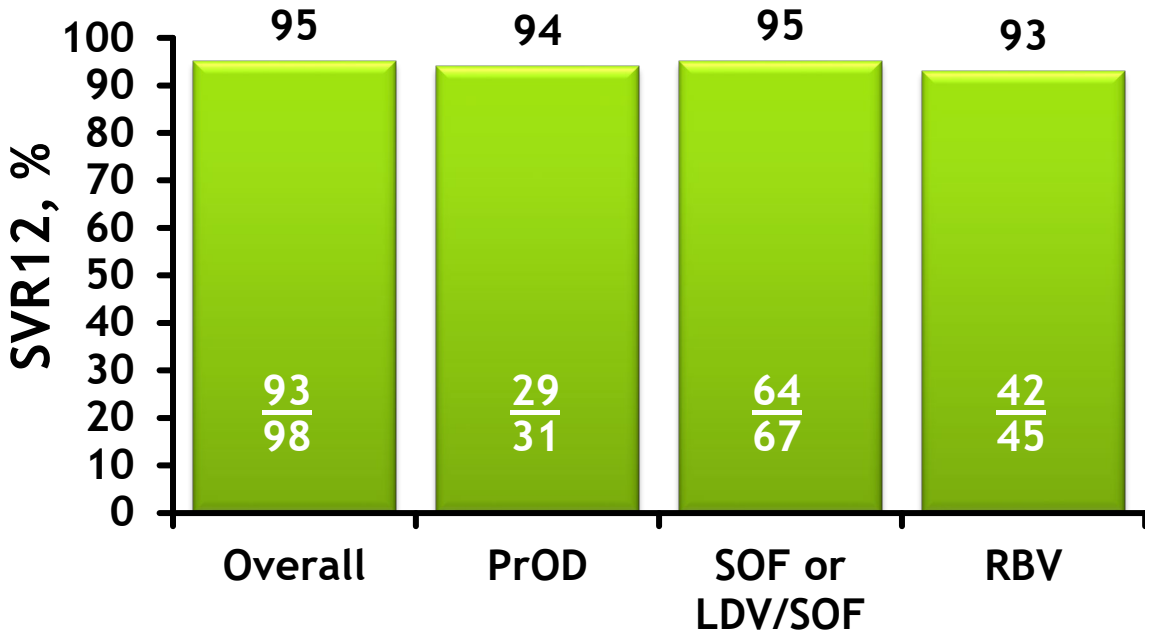
CDC. Surveillance of Viral Hepatitis—United States, 2015. https://www.cdc.gov/hepatitis/statistics/2015surveillance/pdfs/2015HepSurveillanceRpt.pdf. Accessed August 2, 2018; 2. Hagan H, et al. *Am J Epidemiol.* 2008;168(10):1099-1109.

Yes, PWID Continue to Use During HCV Treatment
But, SVR12 Is High Across Multiple Studies

Urine Drug-Screen Findings During HCV Treatment[1]



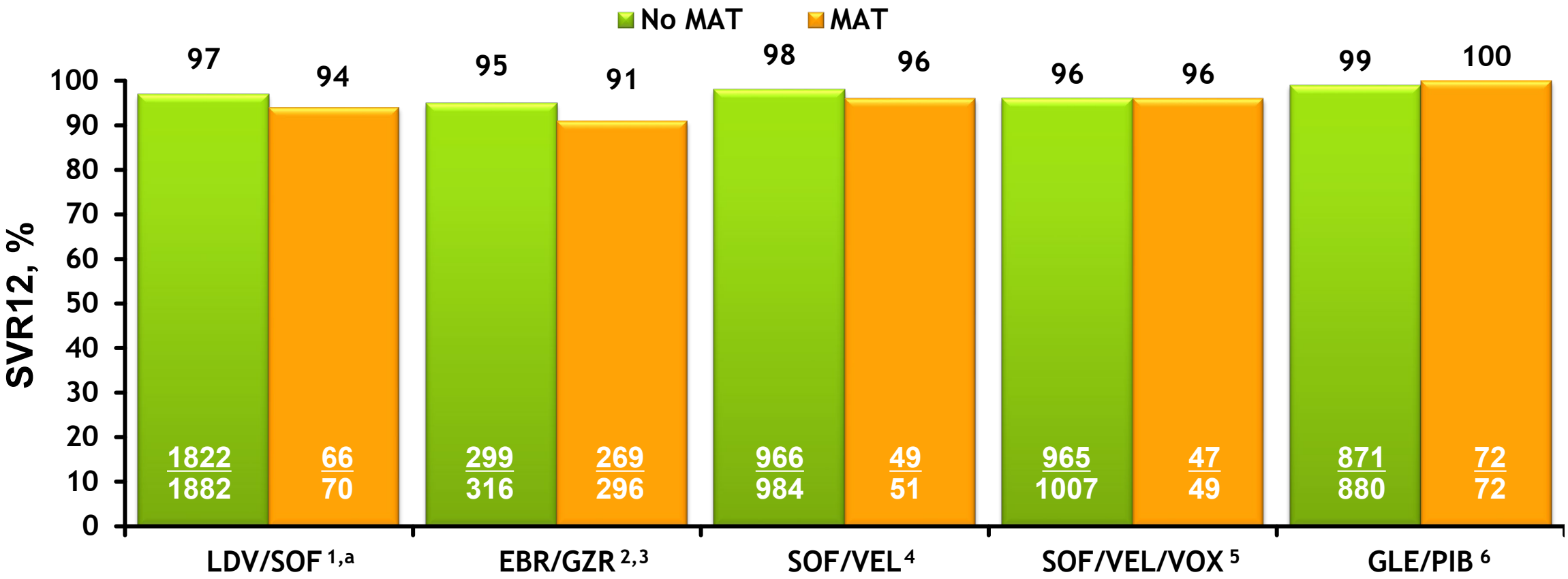
Real-World Evidence: 93%–95% SVR12 Among PWID With Recent or Ongoing Injection Drug Use[2,a]



FU, follow-up; LDV, ledipasvir; PrOD, paritaprevir, ritonavir, ombitasvir, and dasabuvir; SOF, sofosbuvir.
[a]Genotype 1–3 69%; treatment naive 74%; liver fibrosis stages F2–4; treatment duration 8–24 weeks; recent drug use: 66% heroin; 62% cocaine; 46% other stimulants; 40% MAT.

1. Rockstroh JK. European Association for the Study of the Liver. The International Liver Congress.™ – EASL 2017. April 19–23, 2017; Amsterdam, The Netherlands.
2. Conway B, et al. American Association for the Study of Liver Diseases. The Liver Meeting® 2016 – AASLD. November 11-15, 2016; Boston, MA. Poster #1992.

Near-Identical SVR12 Rates Are Achieved in MAT vs Non-MAT PWID



EBR/GZR, elbasvir/ grazoprevir/; GLE/PIB, glecaprevir/pibrentasvir; LDV/SOF, ledipasvir sofosbuvir; SOF/VEL, sofosbuvir/velpatasvir; SOF/VEL/VOX, sofosbuvir/velpatasvir/voxilaprevir.

[a]Regimens listed in order of FDA approval.

1. Grebely J, et al. *Clin Infect Dis*. 2016;63(11):1405-1411; 2. Zeuzem S, et al. *Ann Intern Med*. 2015;163(1):1-13; 3. Dore GJ, et al. *Ann Intern Med*. 2016;165(9):625-634; 4. Grebely J, et al. *Clin Infect Dis*. 2016;63(11):1479-1481; 5. Grebely J, et al. *J Hepatol*. 2017;66:S513-S514; 6. Puoti M, et al. *J Hepatol*. 2018;69(2):293-300.

HCV Reinfection in PWID
Realities and Strategies

- Acknowledgment: there will be cases of HCV reinfection
- Harm-reduction optimization: Insure access to NSP, MOUD
- HCV retreatment: facilitate access without stigma and discrimination
- Individual-level strategies: treatment of injecting partners is crucial
- Community engagement and partnership: peer educators and advocates are essential

Grebely J, Dore GL. *Clin Liv Dis*. 2017;9(4):77-80.

Areas With Greater Access to NSPs Have Lower Rates of HCV Infection Among PWID

- NSPs provide drug injectors with sterile syringes and other equipment to reduce the risks associated with sharing injection equipment
- NSP participants are less likely to engage in high-risk injection behavior that can transmit HCV and HIV
- NSPs educate PWID about HCV risks and prevention
- NSPs link drug injectors to HCV screening, diagnosis, and treatment, including vaccination for other forms of hepatitis

Harm Reduction Coalition. http://harmreduction.org. Accessed August 2, 2018.

Questions for our Nursing Profession

- Integration and colocation of substance use care for infectious complications?
- Could we decrease in-pt stays?
- Could we expand Medicaid and Medicare funding(pilot studies, projects)?
- Could we increase the network of providers who prescribe MOUD?
- Can we lead by example and treat people who use drugs with the respect and compassion they deserve?

Can you help NNCC?

NNCC's PCORI **(Patient-Centered Outcomes Research Institute)** team is conducting a national survey to focus on how the COVID-19 pandemic affected NP provided office-based SUD treatment.

Fill out the interest form to participate in the survey here.

Contact: Christine Simon
csimon@phmc.org

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