



**Thank you for joining!**

**We will begin our webinar shortly.**

**Before we begin please check that the sound levels on your computer or phone are turned up to hear clearly.**

# Your Feedback is Important



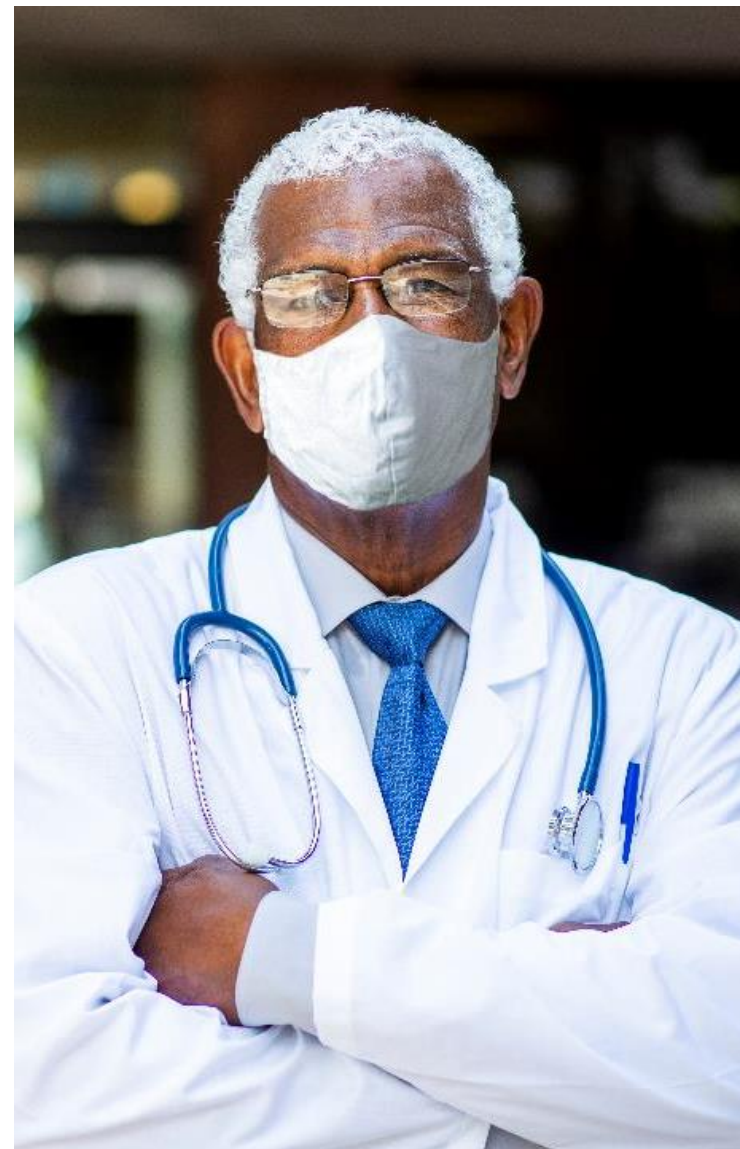
[https://orn.qualtrics.com/jfe/form/SV\\_3FdZxtRH7gogcHI?RequestID=4052&ActivityType=2&Intensity=2&Consultant=1](https://orn.qualtrics.com/jfe/form/SV_3FdZxtRH7gogcHI?RequestID=4052&ActivityType=2&Intensity=2&Consultant=1)

# Behavioral Health Concerns

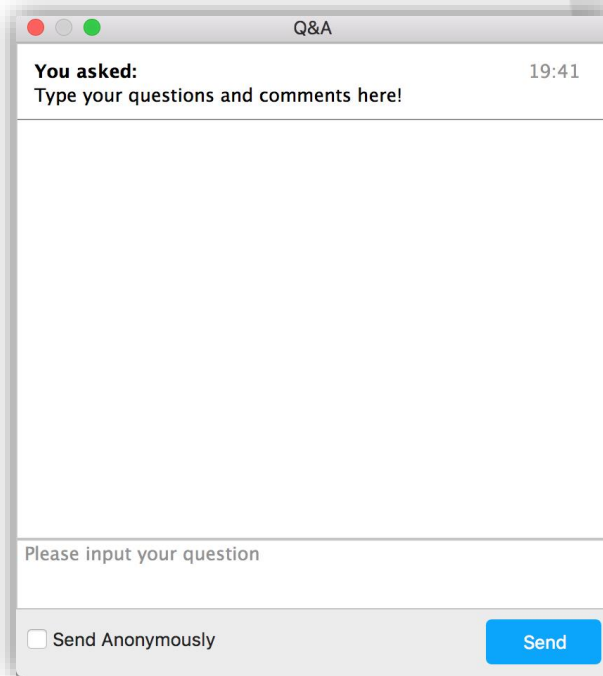
## Integration of Harm Reduction Strategies into Addiction Treatment Practice

May 12, 2022

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# Housekeeping Items



A screenshot of a web browser window titled "Q&A". The window has a header bar with three colored circles (red, yellow, green) on the left and the text "Q&A" on the right. Below the header, there is a section labeled "You asked:" with the text "Type your questions and comments here!" and a timestamp "19:41". The main body of the window is a large empty text area. At the bottom, there is a label "Please input your question" and a blue "Send" button. To the left of the "Send" button is a checkbox labeled "Send Anonymously". A blue arrow points from the list of housekeeping items to the "Send" button.

1. Today's webinar is 1 hour including Q&A.
2. All participants will be muted during the webinar.
3. Please use the Q&A function. We will monitor questions throughout and answer as many as possible at the end.
4. This webinar is being recorded and will be posted within 24 hours at [www.beaconhealthoptions.com/coronavirus/](http://www.beaconhealthoptions.com/coronavirus/) so you have continued access to the information and resources.

**PLEASE NOTE:** This presentation provides some general information that is subject to change and updates. It should not be construed as including all information pertinent to your particular situation or providing legal advice or medical advice, diagnosis or treatment of any kind. For legal advice, we encourage you to consult with your legal counsel regarding the topics raised in this presentation. At all times, please use your own independent medical judgment in the diagnosis and treatment of your patients.

## Today's speaker



**Simeon Kimmel, MD, MA**  
**Assistant Professor of Medicine**  
**Boston University School of**  
**Medicine**  
**Medical Director, Project TRUST,**  
**Boston Medical Center**

# Integrating Harm Reduction Strategies into Clinical Practice

Simeon Kimmel, MD, MA  
Assistant Professor of Medicine  
Boston University School of Medicine  
Medical Director, Project TRUST, Boston Medical Center

*May 12, 2022*



Opioid  
Response  
Network  
STR-TA/SOR-TA

# Working with communities to address the opioid crisis.

- SAMHSA's State Targeted Response Technical Assistance (STR-TA) and State Opioid Response Technical Assistance (SOR-TA) grants created the *Opioid Response Network* to assist states, individuals and other organizations by providing the resources and technical assistance they need locally to address the opioid crisis .
- Technical assistance is available to support the evidence-based prevention, treatment, and recovery of opioid use

Funding for this initiative was made possible (in part) by grant nos. 6H79TI080816 and 1H79TI083343 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

## Working with communities to address the opioid crisis.

- The Opioid Response Network (ORN) provides local, experienced consultants in prevention, treatment and recovery to communities and organizations to help address this opioid crisis.
- The ORN accepts requests for education and training.
- Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.



# Contact the Opioid Response Network

- To ask questions or submit a request for technical assistance:
  - Visit [www.OpioidResponseNetwork.org](http://www.OpioidResponseNetwork.org)
  - Email [orn@aaap.org](mailto:orn@aaap.org)
  - Call 401-270-5900

# Disclosures

- Consulted for Apt Associates on a project funded by the Massachusetts Department of Public Health to improve medication for opioid use disorder access in skilled nursing facilities in 2019-2020

Funding for this initiative was made possible (in part) by grant nos. 6H79TI080816 and 1H79TI083343 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

# Learning Objectives

- To describe harm reduction philosophy
- To understand harm reduction interventions for overdose and infection prevention
  - Naloxone
  - Sterile Injection Equipment
  - HIV Pre- and Post-exposure prophylaxis
- To implement strategies for optimizing your patients' safety in your practice

# Experiences of People who Use Drugs

***“When it comes down to it, a lot of the times that I need to get medical attention, I put it off and put it off and put it off, because I don’t want to face the embarrassment that they make me feel, and that’s not fair. It’s not.”***

# Experiences of People who Use Drugs

*“The minute they find out that you’re [an] injection user, the doctors, **you can see it right in their face. They change their whole attitude.** They don’t want to help you. It’s weird. I don’t like the treatment. I hate telling the doctor that I use drugs. Hate it. Their whole attitude changes...”*

# What Do Clinicians Feel?

- Empathy
- Frustration
- Helplessness
  - I don't know how to help!
  - I can help if only they wanted treatment!
- Substandard care/licenses
- Limits of comfort and knowledge

# WORDS MATTER:

What we say and how we say it makes a difference  
to our patients with substance use disorder.



## NON-STIGMATIZING LANGUAGE

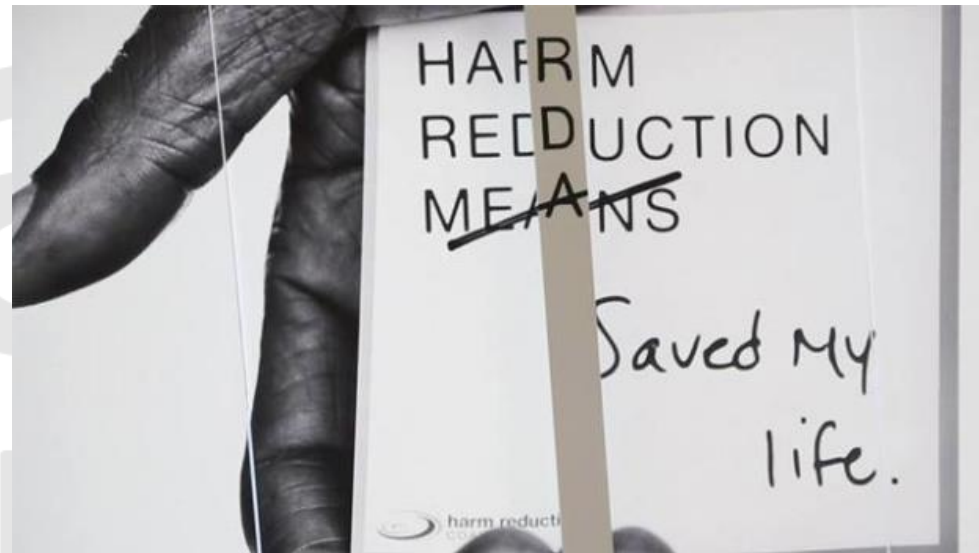
- Person with a substance use disorder
- Substance use disorder or addiction
- Use, misuse
- Risky, unhealthy, or heavy use
- Person in recovery
- Abstinent
- Not drinking or taking drugs
- Treatment or medication for addiction
- Medication for Addiction Treatment
- Positive, negative (toxicology screen results)



## STIGMATIZING LANGUAGE

- Substance abuser or drug abuser
- Alcoholic
- Addict
- User
- Abuser
- Drunk
- Junkie
- Drug habit
- Abuse
- Problem
- Clean
- Substitution or replacement therapy
- Medication-Assisted Treatment
- Clean, dirty


# Harm Reduction: Meeting People Where They Are





# Harm Reduction: Making Any Positive Change

- Recognizes the reality of substance use
- Aims to reduce negative consequences
- Examples of harm reduction approach:
  - Seat belts, speed limits, cigarette filters
  - Clinical approach to diabetes, hyperlipidemia
  - COVID risk
- Harm reduction is also a social movement
  - Redistribution of power and resources to control one's own life
  - Individual, social and political aspects
- Drug use is criminalized—the highest form of stigma



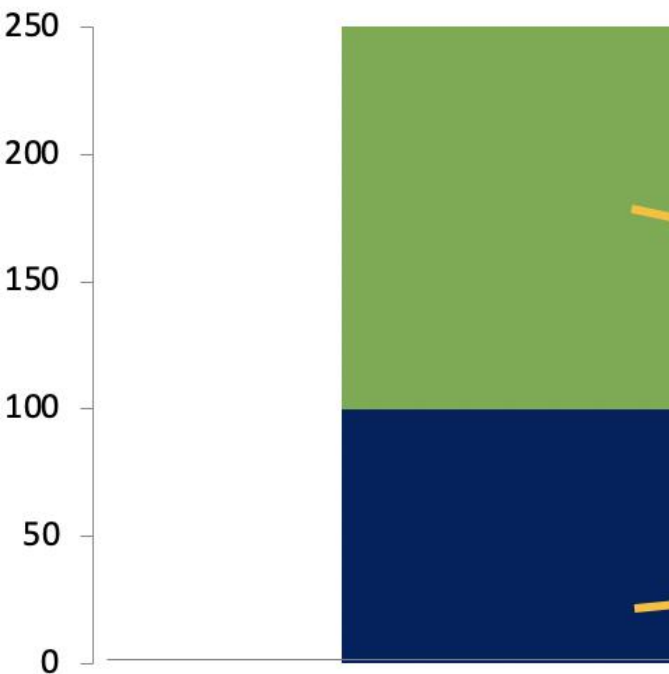
# **Harm Reduction Interventions to Prevent Overdose, Infection and Create Connection**

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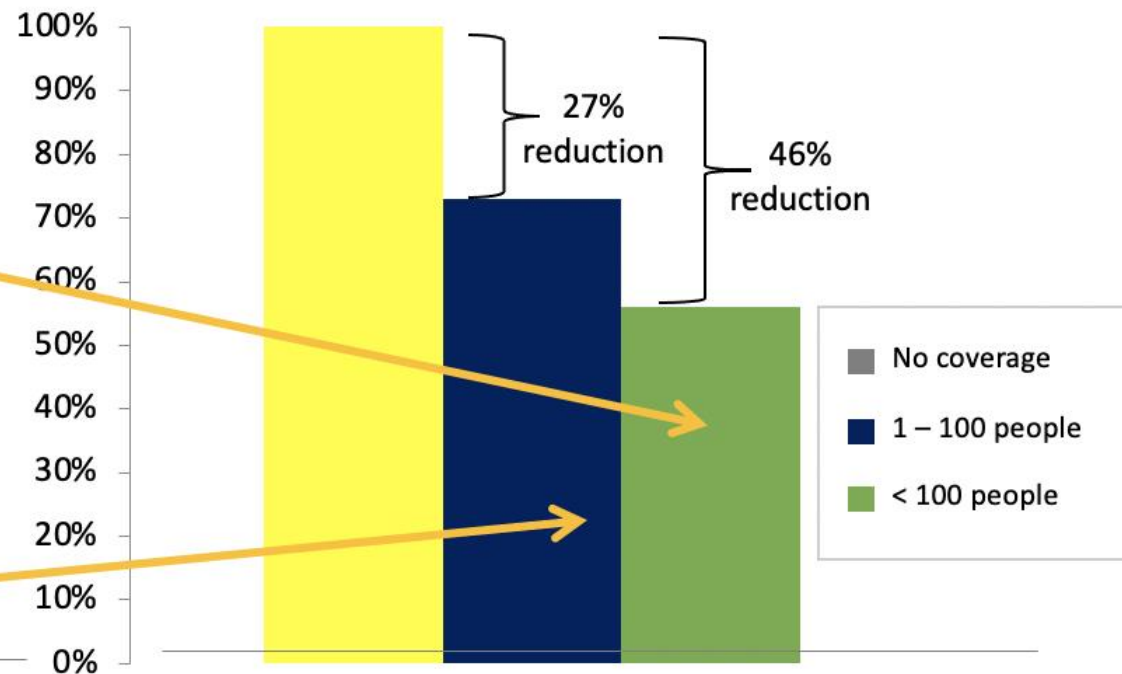
# Naloxone Saves Lives



Naloxone coverage per 100K



Opioid overdose death rate



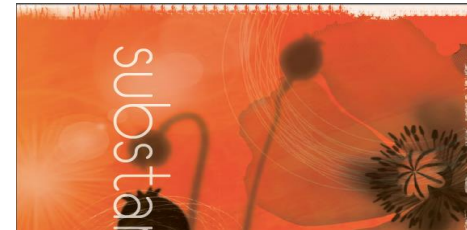
health options

# Naloxone is Now Mainstream



"The **AMA** has been a longtime

NATIONAL DRUG  
CONTROL STRATEGY



## Surgeon General's Advisory on Naloxone and Opioid Overdose

April 5, 2018

*I, Surgeon General of the United States Public Health Service, VADM Jerome Adams, am emphasizing the importance of the overdose-reversing drug naloxone. For patients currently taking high doses of opioids as prescribed for pain, individuals misusing prescription opioids, individuals using illicit opioids such as heroin or fentanyl, health care practitioners, family and friends of people who have an opioid use disorder, and community members who come into contact with people at risk for opioid overdose, **knowing how to use naloxone and keeping it within reach can save a life.***

**BE PREPARED. GET NALOXONE. SAVE A LIFE.**



to overdose"

[www.pharmacist.com/policy/controlled-substances-and-other-medications-potential-abuse-and-use-opioid-reversal-agents-2](http://www.pharmacist.com/policy/controlled-substances-and-other-medications-potential-abuse-and-use-opioid-reversal-agents-2)

administered quickly and effectively by trained professional and lay individuals who observe the initial signs of an opioid overdose reaction."

[www.asam.org/docs/publicity-policy-statements/1naloxone-1-10.pdf](http://www.asam.org/docs/publicity-policy-statements/1naloxone-1-10.pdf)

# Using Naloxone to Respond to an Overdose

Steps to teach patients, family, friends, caregivers

**Recognize overdose**

1

**Call 911 for help**

2

**Administer naloxone**  
as soon as it is available

3

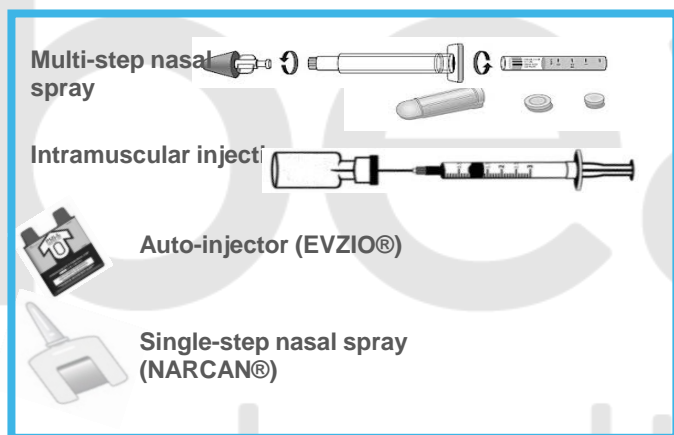
4

**Rescue breathe/  
chest compressions**  
per rescuer's level of training

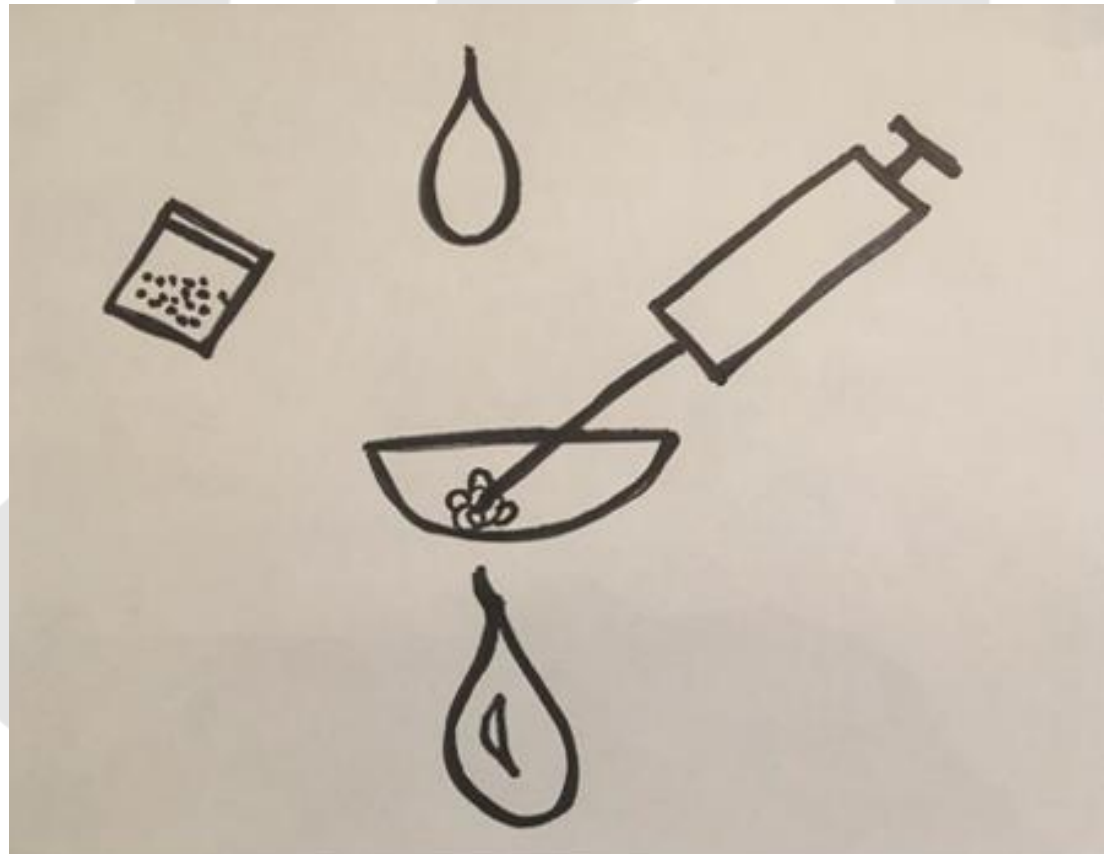


**Stay until help arrives**  
Place in recovery  
position if breathing

5

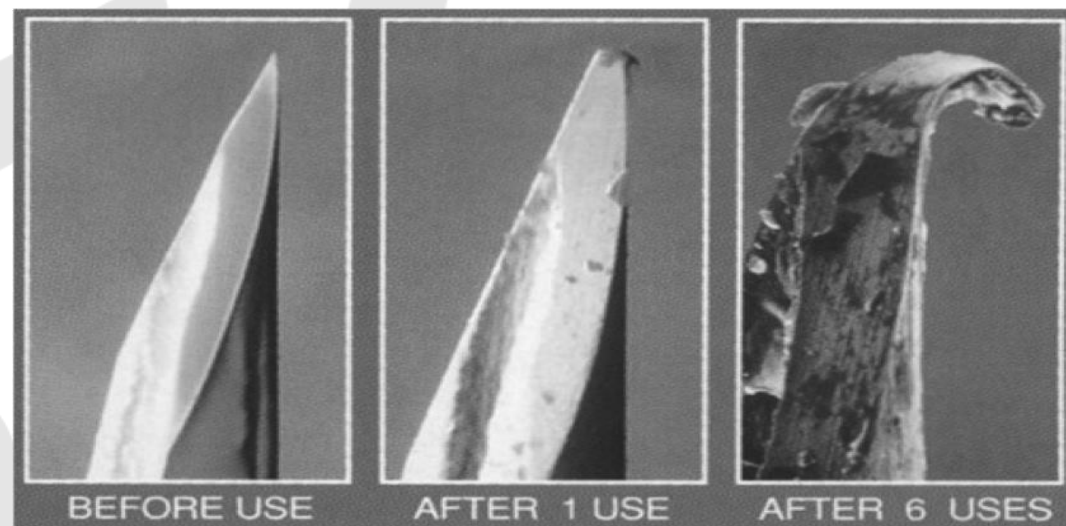


# Safer Injection Equipment



# Sterile Needles

- ✧ New needle and syringe each injection
- ✧ Needle dulls with each use
- ✧ Bleach is option
- ✧ Don't use syringe to divide dose or mix heroin





# Filters

- ✧ Used to trap particulate matter
- ✧ Cotton balls, Q tip, tampon, cigarette filter
- ✧ Require manipulation with fingers
- ✧ Contamination with skin flora
- ✧ Ideal filter small, preformed (dental pellet)



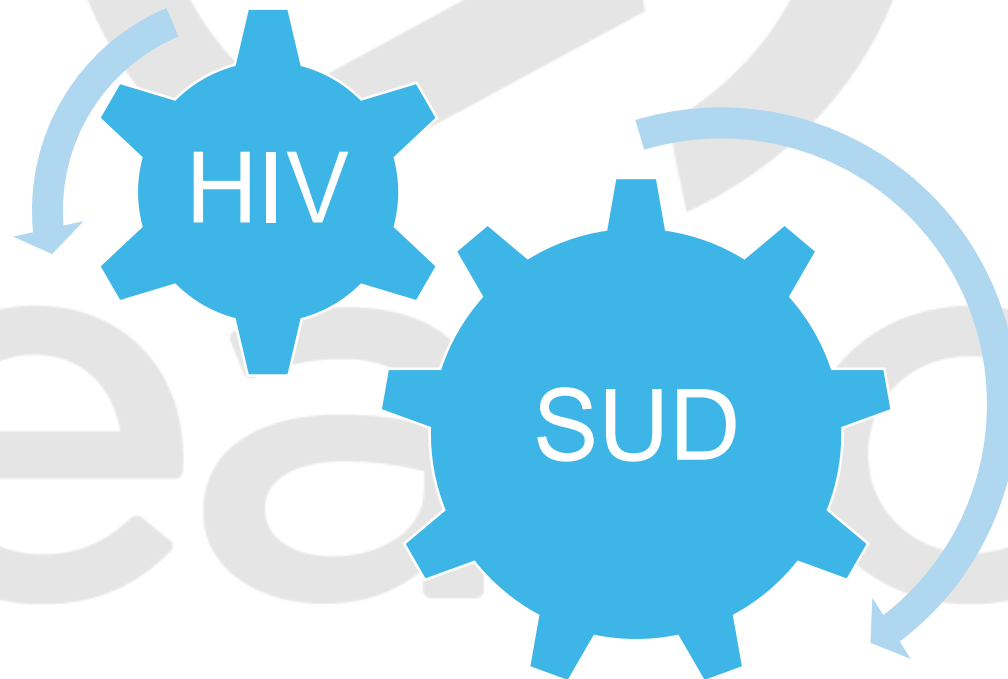


# Safer Alternatives

	Item	Street version	Safer versions
Essential for functional injection	Syringes	New/reused/shared	New every time: pharmacy, SEP
	Cooker	Spoon, bottle cap	New (disposable) premade caps
	Water	Spit, standing water, tap water, toilet (tank better than bowl), bottled	New unopened sterile source, boiled
	Filter	Cigarette butts, lint, Qtips, cotton balls, Qtips, tampons	Prepackaged small (dental) cottons
	Tourniquet	Belts, socks, condoms, exam gloves	Rubber/latex straps
	Acid (for crack injection)	Vinegar, lemon/lime juice	Vitamin C, Emergen-C, Kool-aid
	Skin cleaner	(none)	Alcohol pads

Smoking  
Pipes  
Choy-brillo pads

# Integrating HIV Prevention and Substance Use Disorder Care



# HIV prevention for people who use drugs

- Harm reduction as a public health intervention emerged in response to the HIV epidemic
- Recognizes the reality of HIV risk behaviors and seeks to reduce the consequences (ie. HIV infection)
- Harm reduction for HIV
  - Condom use
  - Sterile syringes
  - Pre and post-exposure prophylaxis
  - Medications for opioid use disorder

# Condoms

- ✧ Effective for HIV prevention if used appropriately
- ✧ Broadly available for purchase, at harm reduction sites, in clinics
  - Do you have a condom basket?
- ✧ Require negotiation/power



# HIV Pre (PrEP) and Post Exposure Prophylaxis (PEP)

CDC Recommends PrEP in People who Inject Drugs but few know about it

	Men Who Have Sex with Men	Heterosexual Women and Men	Injection Drug Users
Detecting substantial risk of acquiring HIV infection	HIV-positive sexual partner Recent bacterial STI High number of sex partners History of inconsistent or no condom use Commercial sex work	HIV-positive sexual partner Recent bacterial STI High number of sex partners History of inconsistent or no condom use Commercial sex work  In high-prevalence area or network	HIV-positive injecting partner Sharing injection equipment Recent drug treatment (but currently injecting)
Clinically eligible	Documented negative HIV test result before prescribing PrEP No signs/symptoms of acute HIV infection Normal renal function; no contraindicated medications Documented hepatitis B virus infection and vaccination status		
Prescription	Daily, continuing, oral doses of TDF/FTC (Truvada), ≤90-day supply		
Other services	Follow-up visits at least every 3 months to provide the following: HIV test, medication adherence counseling, behavioral risk reduction support, side effect assessment, STI symptom assessment At 3 months and every 6 months thereafter, assess renal function Every 6 months, test for bacterial STIs		
	Do oral/rectal STI testing	Assess pregnancy intent Pregnancy test every 3 months	Access to clean needles/syringes and drug treatment services

STI: sexually transmitted infection

## Case

- 28F experiencing homelessness with opioid use disorder presents to address her OUD
- New male partner is HIV positive and thinks he takes his HIV meds
  - Last unprotected sexual activity 48 hrs ago
  - Reports that she doesn't generally share needles
  - Hx of transactional sex work

What if her last encounter was 3 weeks ago?

What if her last encounter was 96 hrs ago?

What if she has on going risk?



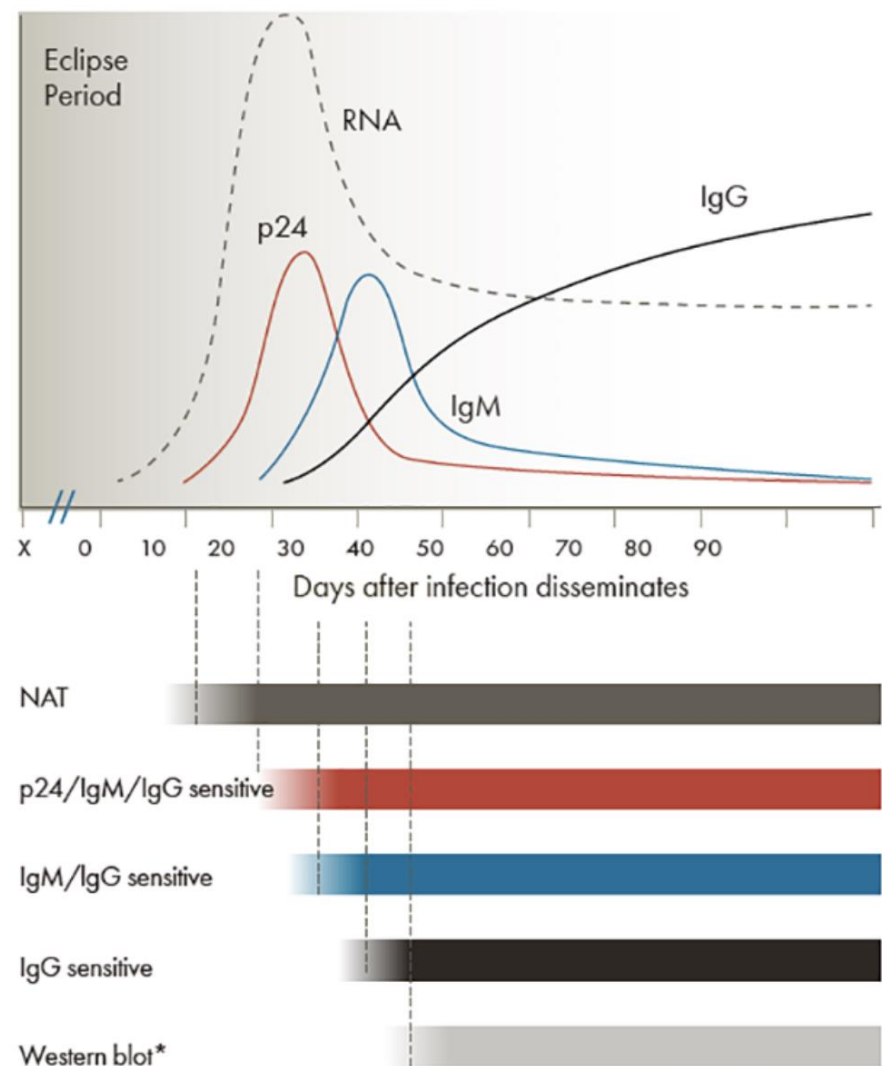
## Case V1 – 48 hrs

- If within 72 hrs, can receive PEP (truvada + dolutegravir)

<b>PrEP</b> stands for pre-exposure prophylaxis.	<b>What's it called?</b>	<b>PEP</b> stands for post-exposure prophylaxis.
<b>Before HIV exposure.</b> PrEP is taken every day, before possible exposure.	<b>When is it taken?</b>	<b>After HIV exposure.</b> In emergency situations, PEP is taken within 72 hours (3 days) after possible exposure.
<b>PrEP</b> is for people who don't have HIV and: <ul style="list-style-type: none"> <li>• are at risk of getting HIV from sex</li> <li>• are at risk of getting HIV from injection drug use</li> </ul>	<b>Who's it for?</b>	<b>PEP</b> is for people who don't have HIV but may have been exposed: <ul style="list-style-type: none"> <li>• during sex</li> <li>• by sharing injection drug equipment</li> <li>• during a sexual assault</li> <li>• at work through a needlestick or other injury</li> </ul>
Consistent use of <b>PrEP</b> can reduce the risk of getting HIV from sex by about 99% and from injection drug use by at least 74%.	<b>How effective is it?</b>	<b>PEP</b> can prevent HIV when taken correctly, but it is not always effective. Start PEP as soon as possible to give it the best chance of working.

# Case V2 – 3 weeks ago

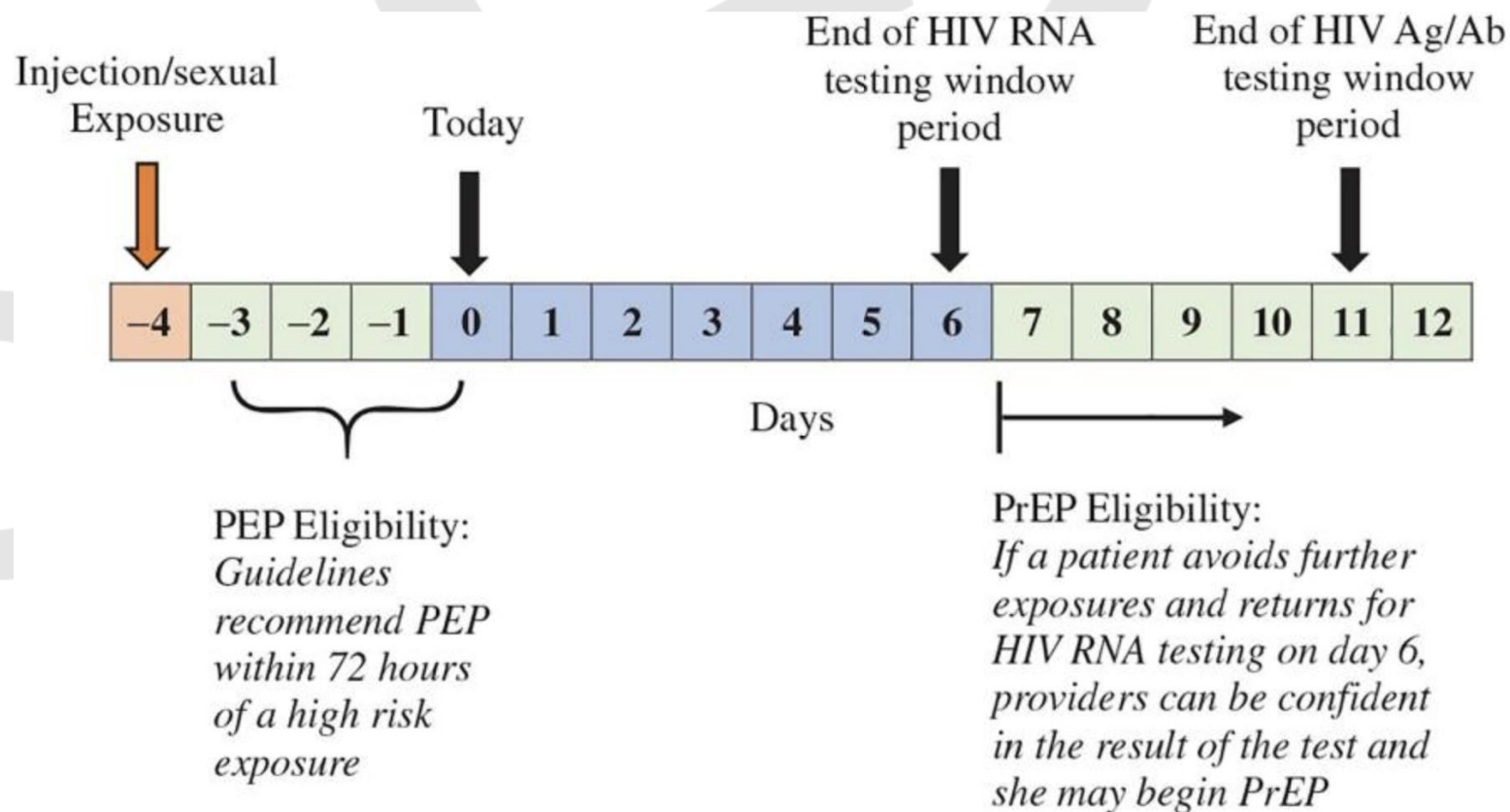
- If has a negative HIV test, can receive PrEP (truvada)





## Case V3 – 96 hrs

- Window period
  - PEP will not prevent HIV but can be used to initiate PEP





# Optimizing Safety in Your Practice

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# Harm Reduction Services

- Interventions
  - Naloxone
    - Prescribed and/or distribution
    - Standing order in Massachusetts
  - Safer injection equipment
    - Distributed or prescribed
  - PrEP/PEP
  - Condoms
- Partner with community harm reduction organizations and allies

# Making a Risk Reduction Plan With Your Patients

- ***Ask your patients:***
  - How do you protect yourself against overdose?
  - How do you keep your medications safe at home?
- ***And their loved ones:***
  - What is your plan if you witness an overdose in the future?
  - Have you received training to prevent, recognize, or respond to an overdose?

# Making a Risk Reduction Plan With Your Patients

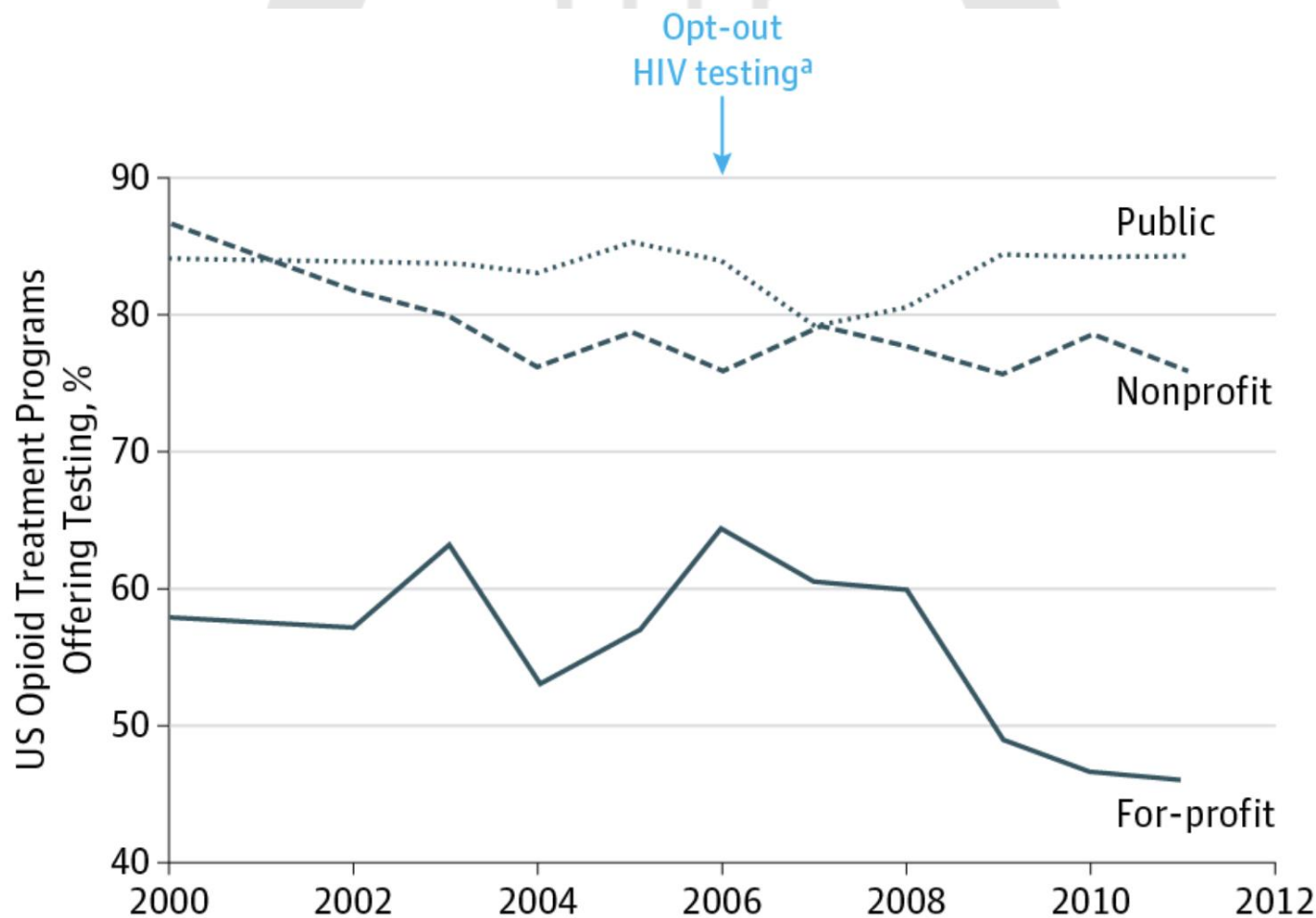
- ***Ask your patients:***
  - How do you protect yourself from infections when you inject?
    - Where do you get your injection equipment?
    - Does anyone help you inject?
    - Do you share injection equipment? What if you are desperate?

# Making a Risk Reduction Plan With Your Patients

- ***Ask your patients:***

- Have you heard of PrEP or PEP?
- Would you be interested in a once a day pill that could prevent HIV infection?
- Have you shared syringes or had unprotected sex in the last 72 hours?

# Missed Opportunities to Diagnose and Prevent HIV



# Universal Testing

- ***Screen your patients:***

- HIV
- Hep C, Hep B
- Syphilis
- Gonorrhea, chlamydia (urine/cervical, throat, rectal if eligible)

- Testing will identify infections
- Testing can open conversations



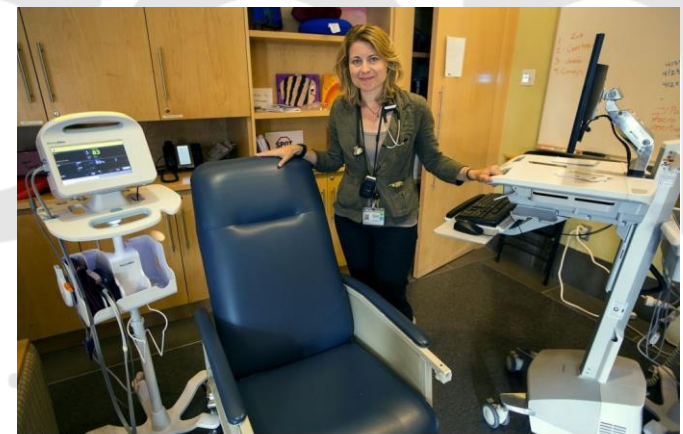
# For patients who are starting treatment....

- We want to see you when you are doing well and when you are struggling
- Talk about “Plan B”
- Show that you mean it by providing concrete support for people who are actively using

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# Additional Strategies for Overdose and Infection Prevention

- **Medications for Opioid Use Disorder**
- Pharmacy interventions
- Supervised consumption spaces
- Safe spaces for oversedation
- Bathroom safety
- Injectable opioid agonist treatment
  - diacetylmorphine, hydromorphone
- "Safe supply"
- On-call recovery coaches
- Knock and Talk outreach
- Public health-public safety surveillance and rapid response



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**Thank you!**  
**Questions?**

Special thanks to Alex Walley,  
Joe Shay, the Harm Reduction  
Coalition, and the people I care for  
who use drugs

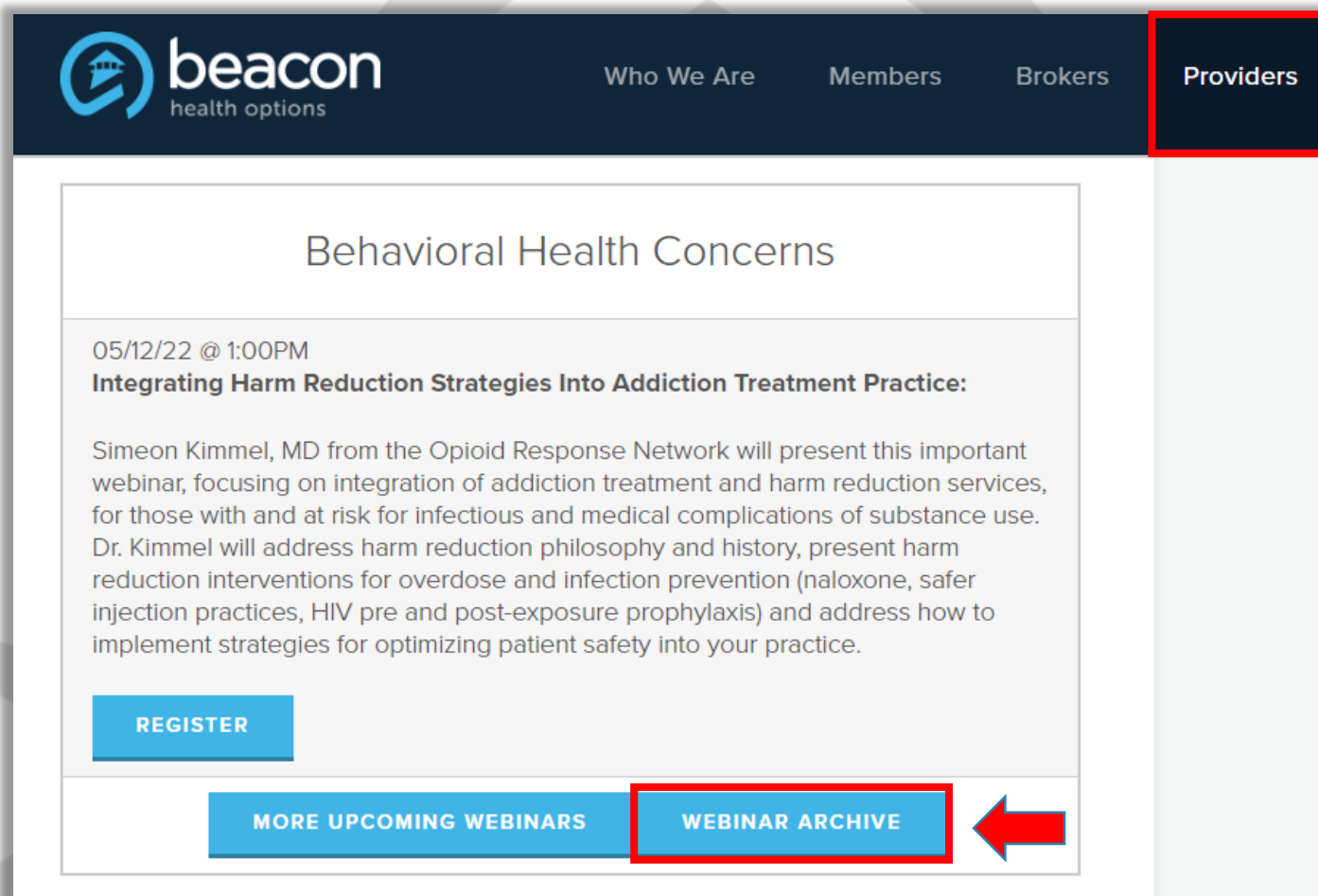
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Refer to Beacon's Provider webpage to see up to date info on upcoming trainings and webinar recordings



Beacon provider resources & webinars link:

[Webinar Archive | Beacon Health Options](#)

# Thank You

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## Contact Us



 866-867-2537

 [www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)

 [development@beaconhealthoptions.com](mailto:development@beaconhealthoptions.com)