

HARM REDUCTION IN PRIMARY CARE

Humboldt Opioid Summit | 10/20/2020

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2020

DISCLOSURE: Jessica Smith, MA

With respect to the following presentation, I have no actual or potential conflict of interest in relation to this program/presentation and no relevant (direct or indirect) financial relationships to disclose.

2020

DISCLOSURE: Wesley Harrison

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LEARNING OBJECTIVES

- Describe the basic principles and strategies of Harm Reduction
- Apply Harm Reduction strategies in a primary care setting when engaging with people who use drugs (PWUD), people who engage in sex work, and/or people experiencing homelessness
- Identify personal biases against PWUD
- Recognize the impact of stigma on individuals needing to access care
- Adapt practical ways to reduce stigma and implement more compassionate care
- List community resources that provide a Harm Reduction approach



WHAT IS HARM REDUCTION?

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

THE HARM REDUCTION **APPROACH**

Harm reduction utilizes a spectrum of strategies to reduce the negative consequences associated with drug use, sex work, and other behaviors.

**SAFER
TECHNIQUES**

**MANAGED
USE**

ABSTINENCE

PRINCIPLES OF HARM REDUCTION

**Health and
Dignity**

**Participant
Centered
Services**

**Participant
Involvement**

**Participant
Autonomy**

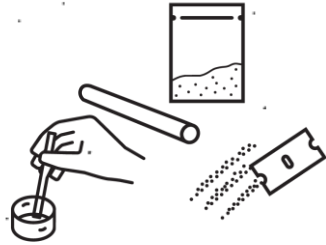
**Sociocultural
Factors**

**Pragmatism
and Realism**

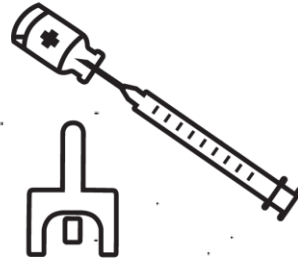
HARM REDUCTION SERVICES



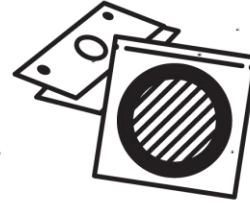
**Syringe Access
and Disposal**



**Safer Drug Use
Supplies**



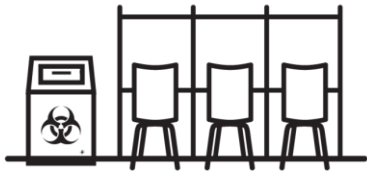
**Overdose
Prevention**



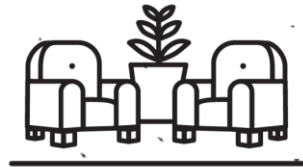
**Safer Sex
Materials**



**Medication for
Opioid Use
Disorder**



**Safer Consumption
Services**



**Drop-in
Centers**



**Housing
First**



Referrals



HARM REDUCTION IN PRIMARY CARE



Primary Care's Role in Relation to Substance Use Disorder

Things that are beneficial:

- Treating the emergency in front of you
- Quality Health Care for the patient
- Screening for SUD
- Connection to services that improve quality of life
- Educating and reducing harm
- Working in conjunction with SUD services

Things that are NOT beneficial:

- Requiring abstinence for care
- Criticizing the patient's behavior
- Changing prescribing standards based solely on the assumption of SUD
- Allowing personal perceptions and beliefs to interfere with patient-centered care

Common Health Concerns of PWUD

- **Abscesses**
- **Endocarditis**
- **Sepsis**
- **UTI**
- **Skin infections**
- **Wound care**
- **Reproductive Health**
- **Sexual Health**
- **Mental Health**
- **Hep C screening/treatment**
- **MOUD**

Things to Consider When Providing Care to PWUD

HOUSING

- Place to store medication?
- Place to store food?
- Stability for better medication/treatment adherence?

TRANSPORTATION

- Difficulty getting to appointments?
- How much can be achieved in one appointment?
- How much can be done in one office?

PREVIOUS EXPERIENCES WITH PHC

- Stigma?
- Ability to be open about drug use?

SUPPORT SYSTEM

- Family
- Friends
- Advocate

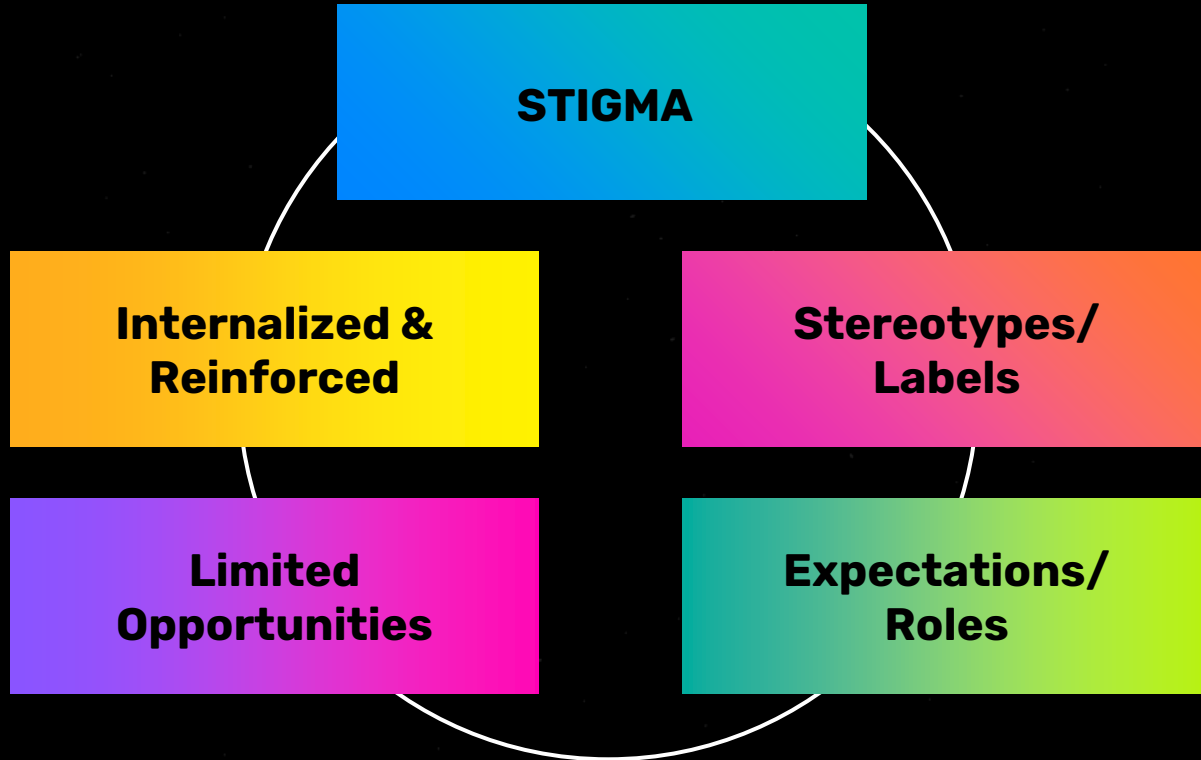
PREVIOUS TRAUMA

- Abuse
- Neglect
- Generational drug use



THE DANGERS OF STIGMA IN PRIMARY CARE

CYCLE OF STIGMA



WORDS ARE POWERFUL

- The International Society of Addiction Journal Editors recommends against the use of terminology that can stigmatize people who use alcohol, drugs, other addictive substances or who have an addictive behavior.
- Terms that stigmatize can affect the perception and behavior of patients/clients, their loved ones, the general public, scientists, and clinicians
- A study found that the terms used to refer to individuals with substance-related conditions affected clinician perceptions.
- Clinicians who read a clinical vignette about “abuse” and an “abuser” agreed more with notions of personal culpability and an approach that involved punishment than did those who read an identical vignette that replaced “abuse” and “abuser” with “substance use disorder” and “person with a substance use disorder.”
- (Broyles et al., 2014; Kelly, Dow & Westerhoff, 2010; Kelly, Wakeman & Saitz, 2015)



BUILDING TRUST

For a patient to be honest about substance use history to their primary care provider, they must feel secure that this information will not change the way their physicians and medical staff treat them as human beings.

PATIENT PERCEPTIONS

Patient who doesn't disclose SUD history

“I don't disclose my history to my doctor because that information doesn't go away, and I don't want to be treated like a drug addict every time they pull up my records.”

- Confidential Treatment Patient

Patient with admitted SUD history

“I don't like going to the doctor's because the minute they find out I'm a drug addict, they treat me differently. If I would have never told them it would be so much easier to get the care I deserve.”

- Confidential Treatment Patient

**What are some ways you can
reduce stigma and better
integrate harm reduction into
your practice?**