Clinical Education Initiative
Support@ceitraining.org

ECHO: PRINCIPLES OF HARM REDUCTION FOR THE CLINICAL ENCOUNTER

Andrew Reynolds, MD

08/24/2022

ECHO: Principles of Harm Reduction for the Clinical Encounter
[video transcript]

00:08
Yep, looks good. All right, next slide. Yeah, I have no financial relationships, I barely have a financial relationship with my bank account. But anyway, so learning objectives. So we're going to kind of review this really great article, I think we sent it out a couple of months ago, that kind of gives an overview of, of how to implement and use harm reduction in, in healthcare settings, you know, traditionally, we think of harm reduction is needle exchange, and safer injecting trainees, all those types of things. But there's actually a lot that we can bring into our daily work with, with folks in clinical settings. If I remember correctly, there's about six or seven. At the end, hopefully, we'll be really comfortable with at least three, I'm really hoping we can maybe, especially when we talk about the case, try to integrate some of these things into into how we work with folks, we did it last month without even knowing about this article. So some of these things do are already done by you, and come quite naturally. Then we'll play around with a little bit of how to talk to patients around health education and identifying three Hep C prevention strategies. And then we'll move into our case. Next slide. Alright, so I think we did this, the first month that we met, this is sort of like the closest thing we have to a dictionary definition for harm reduction. And, you know, harm reduction, I think of it as sort of like two things. It's praxis, it's philosophy. It's a set of practical strategies that are aimed to reduce the negative consequences associated with drug use. So you know, again, syringe access services to reduce HIV, Hepatitis C, infections and that type of thing. But it's also a sort of philosophy, a way of being with people. It's a social movement to build on the belief and respect for the rights of people who use drugs. It brings people who use drugs into the fold, to help kind of identify these practical strategies and interventions that that work well, to keep people who use drugs healthy. And then if and when they're ready to quit drugs to help them move along that trajectory. It's often a myth that harm reduction is anti abstinence. But I think as we all know, abstinence is part of the harm reduction continuum. The approach that's most often taken is we're just not we're not going to force it on somebody. We're going to work with you until you're ready to get there. Next slide. Just some examples of harm reduction practices, we've got safe consumption spaces, overdose prevention sites. New York City is coming up on their one year anniversary of operating a couple of them, which is absolutely fantastic. The only two legal overdose prevention sites that are operating in the United States at this time. Distributing Narcan I mean, there's a classic one, right, like you know, would rather keep you alive, so that you can reach the point to where you can use safely. Right, you know, that type of thing. So handing out Narcan, prescribing buprenorphine as a harm reduction intervention. And then, you know, the classic sort of, you know, syringe Access Services is another another great practice that is embedded in harm reduction philosophy. Next slide. Okay, so here's the six principles, I won't read the definitions, because we're gonna go into them over the next couple of slides, but the six principles that the authors of this paper identified, and when I send you the

final slide deck, it will have the citations on the bottom and we'll send the article again. But humanism, pragmatism, individualism, autonomy, which are kind of related incremental ism, any positive change, and then accountability without termination. And like I said, we've done a lot of this already, even in the first couple of months. And I'm sure you all do do a lot of these things. And it makes for a much more positive experience that people who use drugs have in your healthcare setting and that will keep their engagement with you and improve their health and social outcomes. Next slide. So, certain approaches that are really used All in in health care principles. The first book keeping services user friendly and responsive to patient needs. At our clinic here in San Francisco. We actually did. Some of these are easier said than done, I should add, we got rid of appointments, we're a 100% drop in clinic, our medical director of Barris Evan, I'm paraphrasing, but his line is, appointments are the enemy of the unhoused. You know, they don't have calendars, they don't have something, you know, maintaining a schedule can be very challenging. So we're just to drop in. And you can see, I mean, if your medical provider is there, you'll obviously that medical provider, but you might drop in on a day when they're doing outreach, or they're off, another provider can kind of come in, so we keep a really open, easy to access clinic. Another approach that's really valuable is accepting the Patient Choices, even when it you know, makes us a little bit uncomfortable. Acceptance facilitates change. And, you know, it might take some time to get there. And we can provide health information and offer alternatives. But ultimately, you know, people use substances for a variety of different reasons. And those might not be so easy to fix in one fell swoop. So accepting that patient's choice and working with them to both use substances safely, and maybe potentially develop alternatives to move towards safer substance use. And maybe ultimately, abstinence would be able will be the way to go. Providing a range of supportive approaches is really important. I think this also includes an interdisciplinary model. We've got the medical providers, we've got social workers, we have been implementing peer health specialists, who provide a lot of case management like services to help our folks access IDEs, wait in line for their food pickups, like kind of keeping them coming, all sorts of things along those lines, a way to kind of deepen engagement, provide other services for them, which will kind of keep them with us and our healthcare setting. And, again, lead to some better health outcomes. And then the last one is probably the most important thing, and that's that provider patient partnership, and like a true partnership. You know, we're certainly the experts on, you know, the infection running through my body. But the patient is the expert on their life. And I think by bringing the two together, you're able to a show respect for the individual, which more often than not, they don't get in, in everyday life. And that's going to, again, improve that relationship. Man, that Doc really listened to me, that's pretty cool, you know. And it's sort of patient driven, goes back to that accepting patients choices. I liked that last one reciprocal learning, we can learn a ton from our folks, so much of my health education comes from what I've learned from from people who use drugs over the years, and I'll often name it, you know, by the person's first name, hey, I learned from this guy. And so I just some some approaches that we can use in our daily practice. All

right, next slide. All right. So here's the first one humanism. You know, I'm not going to read all of these bullets, I do tend to read this presentation a little bit more than I normally would, because it is, you know, there's a lot of definitions, but you know, that first bullet, we value care for respect and dignify patients as individuals. You know, people use substances for a variety of different reasons, from managing chronic pain, to dealing with stress to dealing with past emotional trauma, and so on and so forth. So you know, that that line, harmful health behaviors provide some benefit to the individual. And those benefits really should be acknowledged, I think is a a way of being honest and open with your folks, which again, they will recognize and be like, this is pretty cool. I like the way this doc listens to me. And then deepen that engagement and have them continuing to come back to you. Some of the approaches that the authors recommend is kind of avoiding those moral judgments and we know that

09:59
you You know, when we, when we make judgments around people, they're judged all the time. That's not going to, you know, lead to them sticking with us coming back to us that type of thing. I like to second one because sometimes it's hard. Don't hold grudges against patients, even when they're difficult. Last week, I was called an asshole. My guy was having a bad day, I recognize that. So when I see him this week, hopefully it will be a little bit nicer. Keeping those services user friendly, responsive to patient's needs. Again, some of this is easier said than done. Like, you know, it's very hard to transition your clinic to being 100% drop in. But maybe there are ways that you can build in some drop in times or, you know, something along those lines. And then even when difficult accepting that that patient's choice, because acceptance does breed change, and it will bring them back. And so, so these are just a few of the examples that come out of the humanist principles. Next slide. So here's a great example of just kind of, you know, being non stigmatizing non judgmental, and we do this we use patient first language, recognizing that, you know, calling somebody an addict, carries a whole lot of stigma. substance use disorder can sometimes land hard on folks like we talking about, I don't have a disorder, I know what I'm doing. And I think, you know, by using patient first language, person who uses drugs, person who injects drugs, person living with HIV, you don't let the sort of activity or in case of HIV infection be the the leading factor that defines the individual, you know, it's person first. And that's just a way of kind of setting a really nice starting point with individuals, so making sure that we use person first language, in the way that we talk about substance use is a great example of humanism. Next slide. So pragmatism, which is sort of like one of the foundations of of harm reduction. No one not even, you know, not even us ever achieved perfect health behaviors. And, you know, recognizing that, ideally, a certain behavior might be the way to go. But that's, we're either not going to get there quickly, or we may never get there. And that's okay. And so, recognizing that there are supportive things that we can do, along the way, will, will, will help the person so like, the the line that I've used in the past is like,

you know, for lack of a better term, you can cure somebody of their drug use, you can't cure them of HIV. So let's provide sterile syringes and safe injection supplies, so that we can prevent the HIV while the person is using, and then eventually they might get to a place of abstinence. Overdose is a great example. Fentanyl is a nightmare in San Francisco right now. And the ideal thing would be, well, the ideal thing would be to have a safe supply. But in the absence of safe supply, absence would be a great way to prevent overdose deaths. But it's not that easy to get there. So what's the pragmatic intervention that we can do in the meantime, it's just flood, everybody, with as much Naloxone as we possibly can. Next slide. So here's another example of sort of a pragmatic approach to substance use, and it's one of my favorites. In San Francisco, I don't know what it's like in your area, it'd be fun to kind of talk about, but in San Francisco, we're actually experiencing a pretty significant transition from injecting to smoking. I think part of its mental but it's also become kind of like a health education especially HIV, Hep C transmission, reduction, educational piece. And over time. We're starting to develop now like actual tools to to help people and the hammer is probably my favorite harm reduction, invention, and story ever. So there's this guy He was up in Seattle. He's now in Sacramento, California. His name is Shiloh, Jama. And Shiloh was in Portugal actually drug Drug Policy Alliance conference, looking at the impact of decriminalization on Portuguese society. And Shiloh was kind of walking around hanging out with locals who were using drugs. And he was like, being, like, everybody's smoking, nobody's injecting them back then it was heroin. And number one, he was like, this is very light, kind of elegant, you know, it's like folks are like smoking and hanging out and that type of thing. But he was also like, this is also a great way to reduce risk of HIV and Hep C infection, if I'm not, you know, putting a syringe in my arm and potentially sharing a cooker, or a cotton or water, placing myself at risk for Hepatitis C, but I'm just smoking my own pipe, my risk of HIV and Hep C goes down quite dramatically, still risk of overdose. Still risk of other problems that, you know, relate to, to using substances. But this is a really kind of cool, pragmatic tool to reduce infectious disease. So Shiloh worked with a glassmaker. They have many different prototypes to develop the the perfect heroin smoking tool. And ultimately, they settled on the hammer. And the hammer is just a straight pipe. With you know, as you can see, it looks like a hammer. And then you can pack it with Brillo as a screen, but they also have really nice, custom made screens that fit quite well. In San Francisco. It has become the preferred way of using fentanyl. And so like I said, we're still, you know, doing all of our regular overdose education, linkage to medication assisted treatment and all the things that we do, but by distributing safer smoking supplies, and pipes, we're hopefully reducing new infections for HIV and especially Hepatitis C. So that's the hammer. You guys have hammers in New York? Yes, we do. Excellent, excellent. Yeah, no, Shiloh deserves like the Nobel Prize in medicine for developing a hammer. It's just I said, I just, I just love this story. Alright, next slide. I'm rambling, we'll go. individualism. You know, I think we do this, you know, every patient that comes to us has different needs, different strengths, challenges, there isn't a one size fits all model. For everyone, some folks could die. Like, like with us, we can do bueb Really,

really fast, like, but some folks like, you know, what I don't want to be, I don't want to be about doing methadone. And so we'll work with the individual to find the right intervention. Same with different sort of, you know, health literacy. So like, sometimes you can go really deep into Hepatitis, because they've got more background knowledge around it. Other folks are either, remember things quite split, tailor your approach to help educate appropriately. So, you know, an example of individualism is spending some time to get to know your patient. Also, remembering that, you know, a bad experience with one person doesn't necessarily mean the next person will be bad. I mean, or, like, even sort of, like, you know, the example that I use down there is sometimes adherence can be challenged by somebody using stimulants, crystal meth or crack, like, their ability to maintain a pill taking schedule, can be can be hard, but then you've got other folks who are like, oh, yeah, I can sort of, you know, smoke meth and take my pills. I do this every day for different substances. So, you know, making a blanket statement the way

19:49
it had been done in the past where like, you know, certain certain state Medicaid would be like, you're ineligible for Hepatitis C treatment until you demonstrate six months of abstinence because Now we know know that people who use drugs can't take pills properly. Well, that's not true. It might be true for some folks. And I'll even work with folks where I'm like, You know what, maybe right now is not not the best time for you to start Hep C treatment, let's get you into the shelter and stabilize, let's get you into housing and stabilized and start to practice, like, you know, like, we'll I'll practice with m&ms with folks where I'll give them a little medicine with m&ms so that they can practice taking, taking pills and build it into their, their daily routine. And then, like I said, I got other folks are like, Yep, I can get going really, you know, immediately, and it's not gonna interfere and boom, they're taking their pills quite brilliantly. Next slide. autonomy. So again, respecting the choices of, of individuals. And respect doesn't mean just sort of like blindly accepting it. You could say, All right, you know, your Matthews is worrying me. But I also recognize that it plays a role for you. So I'm cool with that. Let's talk about ways to be healthy. And again, I mean, that shared decision making is is really, really, is really, really key, because I think it just makes a person feel heard, makes a person feel respected. And they're going to come back to you around around that. And then I also like the reciprocal learning side of things. I mean, we've all done it. We've learned from our from our folks all the time. And, you know, I had a guy who would, every week at syringe exchanges years ago, he would like every week provide me with a new drop of what he called his junky wisdom. And it was harm reduction tools that he would, that he would pick up over time. And there's actually a great example of of that. And the name of the study has totally slipped my mind. But there's a guy, he's in New York City, and I'm gonna butcher his last name, Pedro, Moto, gala bear. And he did this thing where he did with his team did some qualitative interviews with people who injected drugs for ever, thank you. There's forever and they stayed

HIV, and Hep C negative. And so he was like, alright, what are you guys doing to stay negative? What can we learn from you? And then how can we teach it to others. And so they did these really deep qualitative interviews, it was a big, broad international study. And they came up with a list of, of practices that folks used. And then they developed a training intervention for that. I think it's still kind of being studied. I haven't seen anything finalized on it. I think it's going to be an amazing intervention for reinfection. Prevention, the things that we learned from that study, I made a little faction off of it in my old job that project and form but that was a great example of learning from people who use drugs for how they stayed negative, and then taking that information and now disseminated it to other people who use drugs so that they can stay negative. So stay tuned for that, that's going to be a really exciting intervention. Next slide. Incremental ism behavior change takes time, you know, kind of one of the essence of of, of harm reduction philosophy. And folks might make baby steps they might have long stretches where nothing happens. They might have stretches where something happens and then relapse happens. And so, you know, validate positive moments. Hey, look, you did two weeks of Bupa. That's pretty cool. You relapse, relapse is part of recovery. These things happen. Let's talk about, you know, Naloxone access. Let's talk about safer substance use and when you're ready to do Bupa, again, come on back. There's always going to be sort of, you know, plateaus or setbacks or that type of thing, but continuing to give a person positive reinforcement will build their self efficacy and, and help them facilitate change. Next slide. And then accountability without termination. Like I said, when I got called an asshole last week, I was ready to terminate you, how dare you. But, you know, if a person obviously you're not going to accept sort of a b Use of hate language and that type of thing. And, you know, we deal with that in our clinic as well. But, you know, if a person doesn't make their health goal, we're obviously not going to kick them off of our panel, we're going to continue to work with them. If a person relapses, we're gonna continue to work with them. Now you still hold people accountable, like you know, even at our clinic where we're like, Listen, man, we can't keep giving you this beautiful on your urine is coming back. Without anything, you're clearly not using the beauty. Let's put, let's stop prescribing for now. Let's talk about what you are using, let's talk about how you're using and let's keep you safe and healthy. And then let's revisit how we can get you going on MPT. That type of thing. Next slide. And just like second chances are important on the Hallmark movie channel. Second, chances are important for people who use substances, you know, relapse is you know, it's kind of a classic line and motivational interviewing substance use counseling, relapse is part of recovery, it happens, it could happen anywhere in in the cycle. And so giving people second chances welcoming back, encouraging the healthy behaviors that they are doing, which includes coming back right like you know, a lot of times when we relapse, the shame spiral is so deep on me, I can't I can't I can't tell them when I did, this is going to be terrible. But if they know that you're going to bring them back and and accept them and empathize with them and provide them with healthy alternatives and things. They're going to come back to you. Next slide. Oh, okay, what's my time? Oh, we're good. All right. So I think

we'll do this, and then maybe skip the Hep C thing. But so I one way that we can sort of work with patients, and be like really great health educators, there's these two sorts of techniques. The first one's hard to say, chunk check chunk, where you provide a chunk of health education, you check to see if they understand it. And then you provide another chunk of health education on top of it and slowly kind of build that out. That's a more directive, me. Giving health education. One that's a little bit more collaborative, and fits within the spirit of what we've been talking about here is elicit provide elicit. And that's where we're starting with what the person knows. Hey, so listen, you know, you've tested positive for Hepatitis C. Tell me a little bit about what you know about Hepatitis C. Oh, you know, I thought I got vaccinated against it. So I'm really surprised that I have it. So you're able to talk about, oh, you know, what you might have been vaccinated against Hepatitis A and Hepatitis B, let's look at your blood, you know, that type of thing. So next slide. So this is chunk, chunk, kind of tried and true, classic way of delivering health education education period. Like I said, it's pretty directive, and there's off, you know, absolutely. Times when it should be used, but I like elicit, provide elicit. So that's the next one. Next slide. We jump past that I talked about that. So this one is where, like I said, You're not sort of the expert, telling the person what they need to know. The patient is able to tell you what they know. And then you're building off of that makes, you know, helps the person feel like they're a little bit more in charge, makes them feel a little bit better about themselves. And then even if they don't know something you don't want to be I don't know much about Hepatitis C. I know. I know that interferon is a really terrible treatment. And I'm not I don't know, if I want to do that. You're still able to kind of build up that Oh, man. So you've heard about interferon? Yeah, that's out the door. We don't use that anymore. Let me tell you what we do use you know, that type of thing. Next slide. So elicit actually an open ended questions, you know, what do you already know about Hepatitis C? Or even say, What would you like to know about Hepatitis C? Oh, yeah. You know, I know it's a disease of the liver. And you shouldn't drink alcohol.

29:47
But I don't know much about sort of, you know what the current treatments are? And then you're validating Oh, that's great. You're absolutely right. Alcohol and Hepatitis C are a very bad mix. And that's one One of the ways that you can sort of live healthily with Hepatitis C is avoiding alcohol. And then you move into discussions around alcohol use. Next slide. And when you're providing information, just like with the chunk, check, chunk, short bursts of info, you know, you don't want to, like go into a long soliloquy about Hepatitis C, always ask permission to Hey, is it cool if I tell you a little bit more about Hepatitis C, again, just a way of being respectful and open with folks. Next line. And then continue to ask open ended questions, and it could even be, you know, you know, how's that sound to you? Is there any, would you like me to repeat that, you know, things along those lines, and then that just sort of leads into a chain of, of a healthy conversation? And like I said, I think it deepens the provider patient relationship

and keeps things on a more even level between the two of us. All right, next slide. So anyway, I was gonna go into just sort of like some Hepatitis C and harm reduction stuff, but I think with 20 minutes to go, let's go into the case. And then, because last time, the case was amazing, and we had like this really deep conversation, and it's better for you all to be talking about this than me. rambling on. Sounds great. Thanks so much, Andrew. That was wonderful.

[End Transcript]