

Overdose Prevention and Harm Reduction

Monday, March 25, 2024



University of California Los Angeles
Integrated Substance Abuse Programs

Indigenous Land Acknowledgement

- We respectfully acknowledge that we live and work in territories where Indigenous nations and Tribal groups are traditional stewards of the land.
- Please join us in supporting efforts to affirm Tribal sovereignty across what is now known as California and in displaying respect, honor and gratitude for all Indigenous people.


Whose land are you on?

Option 1: Text your zip code to 1-855-917-5263

Option 2: Enter your location at <https://native-land.ca>

Option 3: Access Native Land website via QR Code:





What we say and how we say it inspires the hope and belief that recovery is possible for everyone.

Affirming, respectful, and culturally-informed language promotes evidence-based care.

PEOPLE FIRST

Language Matters

in treatment, in conversation, in connection.



Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Women's History
Month
March 2024



National Women's History Alliance

**TAYLOR SMITH, MPH
LOS ANGELES COMMUNITY
HEALTH PROJECT**

**INTEGRATING
HARM
REDUCTION INTO
YOUR PRACTICE**

03.25.2024



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Disclosures

None of the presenters, planners, or others in control of content for this educational activity have relevant financial relationships to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.



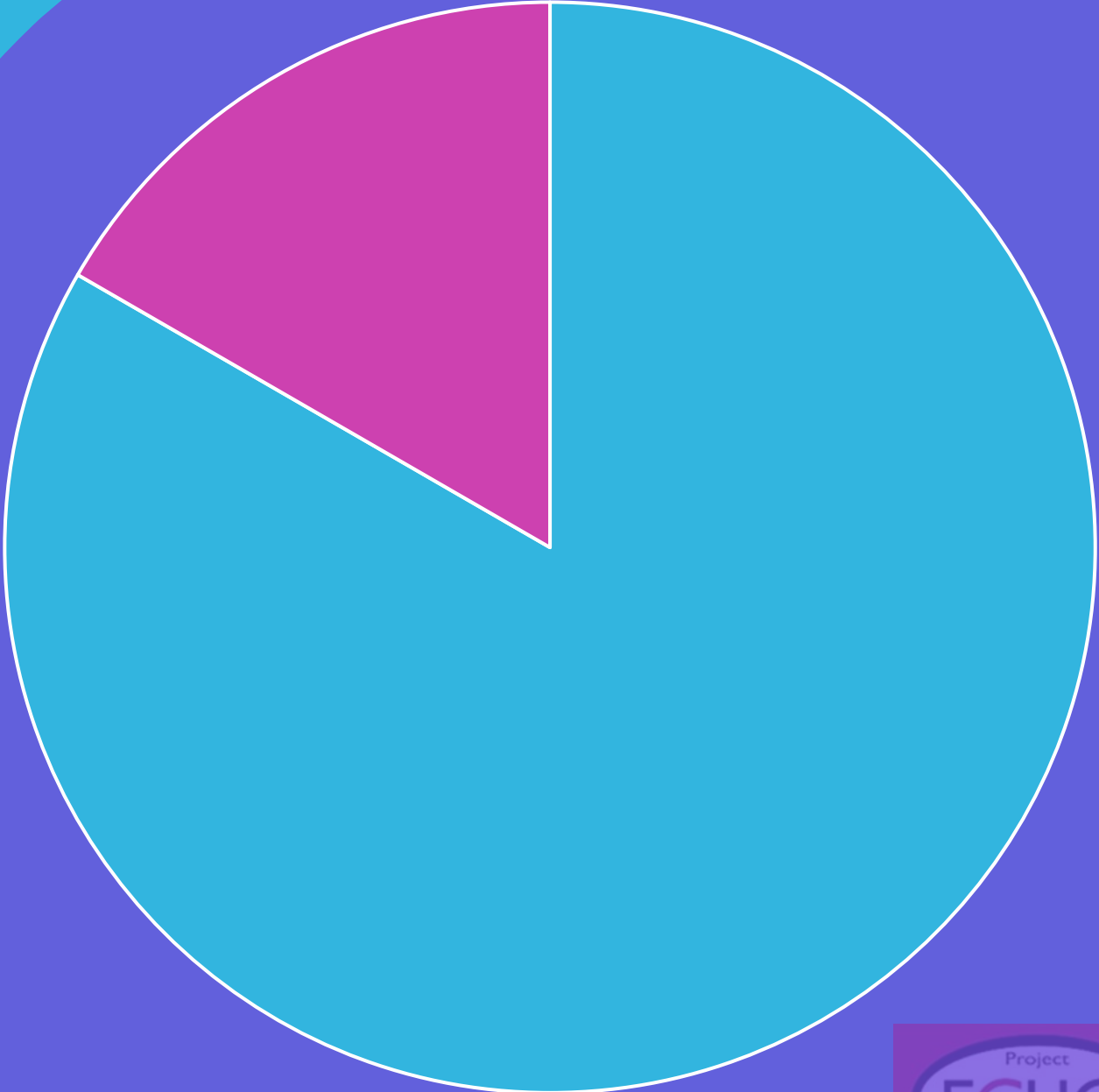
OBJECTIVES

- Identify two (2) patient/client needs when engaging in conversations about substance use.
- Propose two (2) strategies to engage people in conversations around risk reduction.
- Explain three (3) harm reduction strategies/practices.
- Demonstrate two (2) lessons learned from the clinical case presentation.

**QUESTION:
DO YOU THINK
PATIENTS/CLIENTS
WANT TO DISCUSS
THEIR SUBSTANCE
USE WITH YOU?**



Do you want to discuss your substance use with your providers?



Yes

No

WHY DO YOU WANT TO DISCUSS YOUR SUBSTANCE USE WITH YOUR PROVIDERS?

"I'm comfortable talking to my doctor. I wanna be able to get what I need"

"Overall, its important for me to tell the doctor because I want everything medically to be okay"

"They connected me to resources. I don't feel afraid to tell them [social workers and case managers]"

"Not telling the doctor could risk your health"

"You are going to someone to get help, so you might as well talk with them"

"They already know why you're there, and there's no judgment from them."



WHY DON'T YOU WANT TO DISCUSS YOUR SUBSTANCE USE WITH YOUR PROVIDERS?

"I don't feel comfortable bringing it up with my case manager at my housing site because we sign a paper, and even if they're nice."

"Now I know I have to lie because of what happened and being treated like that. Before that happened, I told them the truth"

"Telling a social worker they could throw you in rehab"



FACTORS IN PATIENT/CLIENT DESIRE TO DISCUSS SUBSTANCE USE

Physical and Verbal
Reactions

Perceived
Relevance/
Intentions

Relationship

Paternalism/Power
Dynamics

PHYSICAL AND VERBAL REACTIONS AND ATTITUDES

- Do you change your quality of service upon disclosure of substance use?
- Are you physically distancing or closing off your body language?
- Are you displaying looks of discomfort, shock or disgust?
- Are you avoiding further conversation or pausing?

“Sometimes, when you tell hospital staff that you use drugs, they change. They stop being nice; they ignore you when you hit the buzzer, and there’s no extra food.”

“Once said I do coke every once in a while; they are shocked and have this look of shock on their face”

"Disgust, that one bothers me a lot”

“When I do disclose, he’s giving facial expressions where he’s feeling like “damn, am I doing something that bad where a doctor is making that face”



PERCEIVED RELEVANCE/INTENTIONS

- Is your question clearly linked to the services you are providing?
- Are the tests/services you are providing relevant to the patient/client's concerns?

“But if it's about my meds, I feel like it's appropriate to [discuss my substance use with the provider]”

“If I'm just going in to get a lung scan, I don't need to tell anyone I'm doing anything”

“Testing for stuff that I didn't ask to test for. She tested me for STDs when I asked her for a specific test regardless of if I said I was celibate”

PATERNALISM AND POWER DYNAMICS

- Do you reflect on how your job title may impact a patient/client's comfort levels?
- Are you collaboratively approaching someone's care?
- When you discuss someone's substance use and related behaviors, are you offering suggestions or providing orders?
- Are you informing and asking for consent before ordering tests or sending referrals for services?

"There is a power dynamic where you feel like they are the ones in control of my life"

"I don't mind disclosing my use as long as I feel like I'm not being looked down upon"

"If they sound like they're talking to a pet. Don't want your doctor to feel like your parent."

"Mother figure, and I don't wanna disappoint her telling her some stuff ...I still tell her but sometimes after Im like, I shouldn't have told her "



RELATIONSHIP

- Have you built a rapport with this patient/client over time?
- When you speak with this patient/client do you only speak about their substance use or their service needs?
- Do you remember things your patient/client says?

"Questions about how you use and details need to come after a relationship has been built. Because I get why you're asking, and the intent "

"If it was a standard procedure that people, ask and offer resources, then they could ask off the bat, but if not, then their needs to a personal relationship"

"Yes, because I've known the doctor for two years. He's been consistent. He has been vocal that he wants to know everything"

"Throughout that time, I became really close with them. She still calls even though I graduated."

**QUESTION:
HOW
COMFORTABLE DO
YOU FEEL
ENGAGING IN
CONVERSATION
ABOUT SUBSTANCE
USE?**



INITIATING CONVERSATION:

- Ask for permission before asking questions
- Reassure patient/client that this information will not be used against them:
- Don't just jump into questions about substance use. Give some context around why you're asking questions related to substance use.
- Respect if a patient/client does not want to engage in the conversation at that time.

INITIATING CONVERSATION: SUGGESTIONS FROM PARTICIPANTS

“Hey, I know we don't know each other very well. I am trying my best for you, I am trying to do what I need to do to keep you healthy...”

“I've had plenty of patients who have dealt with similar things. And I understand”

“Hey, I have harm reduction supplies here, I just wanna ask questions because I wanna know what supplies we can give, and we can give more information so that you can use safer ”

“If they are forthcoming with info, say some of the info back so that they know that you're listening. I noticed you said this and this what can I do to help”

“Do you feel comfortable giving me more information so that I can connect you to resources?”

“I understand a lot of people may feel uncomfortable sharing, but it's the best way to get you the resources you need ”



DURING A CONVERSATION

- Language
- Provide Context and Reasoning when asking questions
- Normalize the conversation
- Celebrate any positive change
- Be honest
- Keep body language open and facial expressions appropriate

“Be normal, how do I get to be the one on coke, and I’m normal, and I say that, and you can't handle life”

Want it to be collaborative, where you say what you think, and you ask me what I think

They tell me how proud they are of me. To them I am doing way better than I was before

“he's giving explanations as to why he’s asking those questions and how those answers will affect treatment/care”

“The next question I have, totally okay if you dont want to answer”

AFTER A CONVERSATION

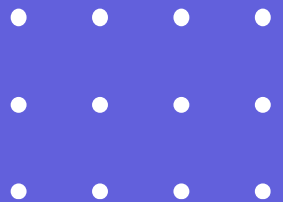
- Affirm decisions and reassure
- Acknowledge and express gratitude

“I want to be able to see you, and I want to be able to treat you. Please take care of yourself. You’re a great person.”

“You want the reassurance that the info being collected is to help you and not to hurt you”

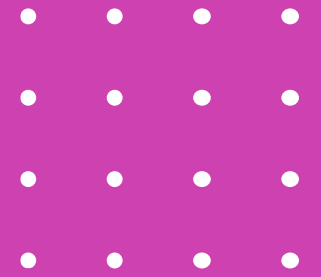
“I feel comfortable telling him what I don’t want. I feel comfortable going back and forth with my doctor”

“He ultimately respects my wishes. Even when I don’t want to follow that care plan”



**WHAT HARM
REDUCTION
TOOLS,
RESOURCES, AND
STRATEGIES CAN I
CONNECT
PATIENTS/CLIENTS
TO?**

SYRINGE SERVICE PROGRAMS (SSPS)



Safer Use Supplies	Naloxone	Linkage to Case Management and Social Services
Syringe Exchange	Drop-In Centers	Medication Assisted Treatment Initiation
HIV/HCV Testing	Overdose Response Training	Education on Safer Use Strategies
Detox Beds	Safety Planning	Drug Trends
Treatment Linkage	Linkage to groups and community	Community Outreach

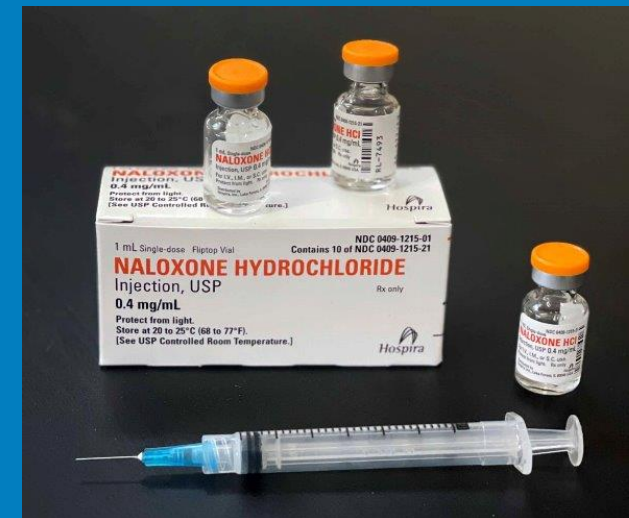
SYRINGE SERVICE PROGRAMS (SSPS)

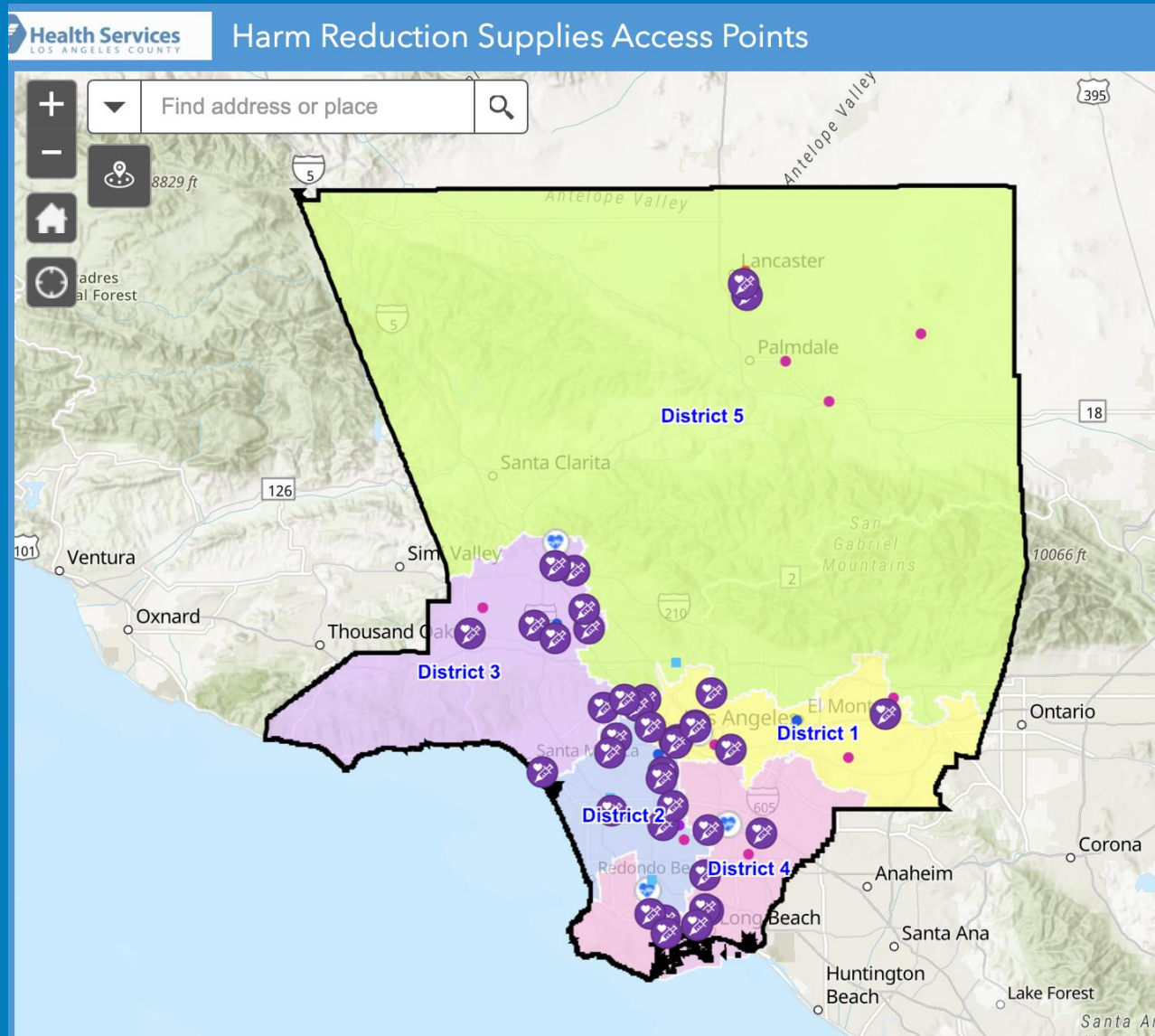
- <https://www.laodprevention.org/exchange>



NALOXONE

- Naloxone is an opioid antagonist. It attaches to opioid receptors in brain cells, reverses and blocks the effects of opioids. This is *how* it reverses opioid overdose.
- Can be used Intra-Nasally via spray (IN) or Intra-Muscularly via injection (IM).
- Narcan® is a brand name, a dose of 4mg. Other brands of Naloxone: Revive, a dose of 3 mg.





NALOXONE IN LA COUNTY

- <https://www.laodprevention.org/naloxone>



Self-Paced Learning Opportunities

Individualized Learning Plan: MATE ACT

Medication Access and Training Expansion (MATE) Act
Trainings to meet the 8-hour DEA requirement

- **The Intersection of DEA & MAT** (1.5 credit hours)
- **Addressing Fentanyl Use In Primary Care** (1.0 credit hour)
- **Structural Competency: Medicine for the Inequalities that are Making Us Sick** (1.0 credit hour)
- **Advancing Equity in Substance Use Disorder Treatment** (1.0 credit hour)
- **Addressing Stimulant Use in Primary Care Settings** (1.0 credit hour)
- **Methamphetamine Use and Affective Disorders** (1.0 credit hour)
- **Trauma-Informed Care** (1.0 credit hour)
- **Homelessness and Substance Use Disorder in Veterans** (1.0 credit hour)



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