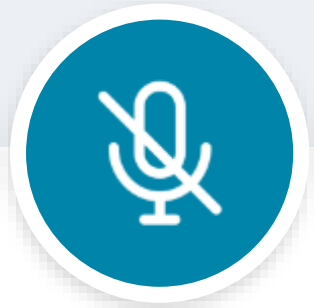


Welcome!



Mute

Minimize Interruptions

Please make sure to mute yourself when you aren't speaking.



Chat

Go Ahead, Speak Up!

Use the Zoom chat to ask questions and participate in activities.



Naming

Add Your Organization

Represent your team and add your organization's name to your name.



Tech Issues

Here to Help

Chat Host privately if are having issues and need tech assistance.

While we wait, please rename yourself.



Addiction Treatment Starts Here Behavioral Health Staff Forum Session #1

“Role of Behavioral Health in Harm Reduction”

November 18, 2021 | 10am–11am (PT)



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The Role of Behavioral Health in Harm Reduction

Brittany McCafferty, PhD

Director of Integrative Services, Center City

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Behavioral Health Consultant

Harm Reduction

- Practical strategies to minimize health consequences of substance use by presenting a menu of options in nonjudgmental way
- Complementary to any level of treatment for SUD
 - Not a dichotomy of treatment vs. harm reduction
 - These strategies are particularly vital where cessation is either not viable for the patient or not the patient's goal
 - The responsibility of all team members
- Shown to reduce morbidity and mortality associated with use
- Promotes engagement, provides opportunity for education, rapport building, and links to community resources or intervention if/when goals may change

Harm Reduction

- Compassionate and respects autonomy
- Acknowledges periods of relapse and remission are common and expected in SUD
- May require overcoming stigma within clinic culture
 - We practice harm reduction daily (e.g., treatment of diabetes)

Reducing Medical Complications of Use and Deaths Related to Use

- Overdose and death
- Cardiopulmonary: endocarditis, pulmonary emboli & sepsis
- Hepatic: liver cirrhosis, hepatitis
- Infectious Disease: Hepatitis B&C, HIV, skin abscess, osteomyelitis, loss of limbs

Harm Reduction Strategies

- Syringe Service Programs (SSP)/ Needle Exchange Programs (NEP)
- Safe using techniques –
 - Changing method of use
 - Changing frequency of use
 - Changing site of injection
 - Fentanyl test strips
 - “Skin care and don’t share”
 - Don’t Use Alone hotline
- MAT for opioid, alcohol, and meth use
- Access to wound care
- Narcan (Naloxone) and access to immediate medical care

Treatment Goals – Defining Success

- Paradigm shifts in how we define “success”
 - Reports no use
 - Stops using IV
 - Engages in appointments
 - Decreased ER visits due to complications from use
 - Engagement in other medical care: mental health services and primary care
 - Longer periods between overdose
 - Longer periods between inpatient treatment
 - Gains employment, obtains housing, reunited with children

**What challenges does your team
encounter regarding harm
reduction?**

Scenario #1

Patient is a 32 year old male coming to the clinic today for a hospital follow-up after hospitalization for endocarditis. Reports to PCP a history of heroin and meth use daily, IV, for the 7 years prior to this monthlong hospitalization. He did not use substances in the hospital and is having significant cravings since hospital discharge 2 days ago but has not used. He is highly motivated to avoid relapse and indicated to PCP that he "will not be using again" so does not need the Narcan offered.

How could you assist the team in engaging this patient?

How would you introduce harm reduction strategies to this patient?

Scenario #2

Patient is a 55 year old female seen for therapy services today. She is diagnosed with MDD Recurrent Moderate, GAD, and OUD Severe. Upon chart review, you can see she uses opanas daily, IV, and her mother and brother are engaged in opana use as well. She states her goals for therapy are to reduce symptoms of depression and anxiety and is not motivated to address OUD at this time.

How could you promote increased safety for this individual?

How would you introduce harm reduction strategies?

Scenario #3

Patient is a 41 year old male who has been engaged in MAT services at your clinic for 2 years. His depression symptoms are well managed, he has not used high risk substances in over a year. He sees primary care addressing uncontrolled diabetes. He is engaged in community meetings and has a strong recovery support network.

How might this individual benefit from harm reduction strategies at this stage in care?

How could you introduce harm reduction strategies that would feel stage-matched and person-centered?

■ Poll

1. On a scale of 1-5, please select the number that best represents your experience with today's session.



- 5 - Excellent
- 4 - Very Good
- 3 - Good
- 2 - Fair
- 1 - Poor

2. Please select the number that best represents your response to the statement:
Today's session was a valuable use of my time.



- 5 - Strongly Agree
- 4 - Agree
- 3 - Neutral
- 2 - Disagree
- 1 - Strongly Disagree

3. I can apply learnings from today's webinar to my MAT work.



- 5 - Strongly Agree
- 4 - Agree
- 3 - Neutral
- 2 - Disagree
- 1 - Strongly Disagree



Coming Up – Session #2

Thursday, December 9, 10-11am PT
Topic: MAT for Persons with Significant
Trauma/PTSD Symptoms

For registration information, go here:

<https://www.careinnovations.org/events/atsh-peer-forums-registration/#bhstaff>

Any questions? Email meaghan@careinnovations.org



THE

END