

- The "**Never Use Alone**" dotphrase from Dr. Busch in quotes (.neverusealone):
 - "It is important to never use alone. If you are alone and about to use, call the Never Use Alone line at 1 877-696-1996. Someone will stay on the phone line during the use & notify emergency personnel if the person using stops responding. There is also a website on this at neverusealone.com.
 - Another app that can be used on your phone is the Canary-Prevent Overdose on the App Store at apple.com
 - Call 24/7 for on demand buprenorphine and coordination to get outpatient buprenorphine: 206 289-0287"

- Another useful resource is the **Washington Recovery Line** for patients interested in getting support around substance use (inpatient and outpatient) . Abstinence-based treatment: For a next business day SUD assessment (2-3 hour assessment required for placement into residential treatment programs, intensive outpatient programs) call the WA Recovery Helpline 866-789-1511.

- **"Ten Tips for working with patients experiencing homelessness"**

1. Be welcoming. Less than 50% of PEH have a PCP and there is a huge stigma to being homeless. Thank them for coming in.
2. Prioritize the patient's needs and focus on building rapport. Earn the next visit.
3. Get to know the team working with your patient. Who is their mental health case manager? Who is their housing case manager? Where do they sleep or access services? These team members can help support your patient's care.
4. Update contact information at each visit. This includes the patient's phone (Has the number changed? Do they have minutes? Can they access text messaging?), their LNOK, case manager's name and number, etc.
5. Provide housing resources. Refer to social worker for housing/shelter options given the **10x mortality rate** for the unsheltered homeless.
6. Ask if they have ever served in the military: The local VA Community Resource and Referral Center (CRRC) at 206-764-5149 can often provide housing options, even for Veterans who may not qualify for VA Health care. They can also call the national Homeless Veteran Hotline at 1-877-424-3838. The VA Homeless PACT team can also help you connect a Veteran to medical care; ask CRRC to notify the HPACT team or contact the HPACT social worker directly at 206-240-0946.

7. Discuss substance use and harm reduction **every visit**. Meet the patient where they are at (overdose deaths have increased by **more than 1000%** from 2018-2022 in King County in the general population).¹²
8. Screen for anxiety, depression, cognitive deficits and traumatic brain injury (TBI). Concerns for TBI should be addressed in a trauma-informed manner after establishing a relationship with the patient, unless the patient initiates the discussion.
9. Prescribe once daily medications whenever possible.
10. Schedule a follow-up appointment before they leave and make sure they have this information and clinic contact information.

Harm Reduction/Safer Use Strategies: Clinician Guide

National Harm Reduction Coalition Definition: 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.

Adapted from Chan et al, Medical Clinics of North America, 2022

***Risk Environment:** Clinicians should refer to SW, peer workers & community resources to reduce harm associated with structural inequities. (Example: An individual experiencing homelessness may lack access to sterile water to dissolve substances to inject. Housing is harm reduction, housing is health.)

****On humility:**

Harm reduction was developed by and for people who use drugs, not the medical system

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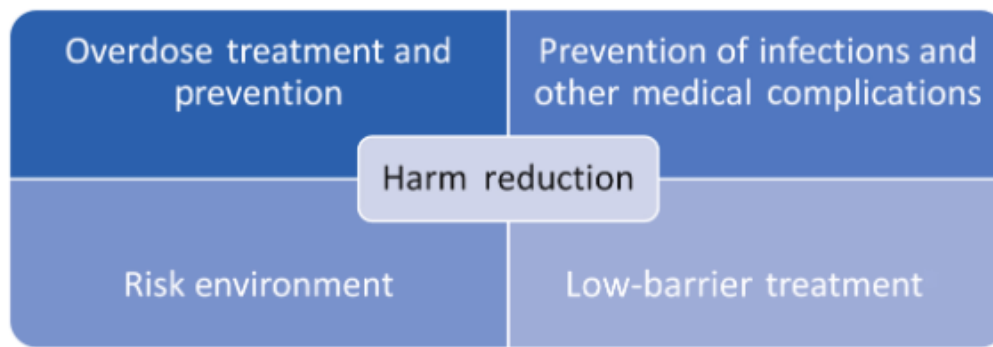


Fig. 1

A variety of approaches can be used to reduce substance-related harm. This figure outlines overarching topics clinicians can address with their patients, including low-barrier treatment, which includes same-day initiation of MOUD, not requiring abstinence to engage in addiction treatment, as well as treating other underlying psychiatric or medical comorbidities.

- **Tips for discussing Harm Reduction/Safer Use with Patients:**
 - Normalize harm reduction: Many do not have a goal of abstinence.
 - Acknowledge the positives and negatives of substance use.
 - Even if Plan A is abstinence, talk about Plan B (safer use).
 - Ex: “You are clear that your goal is to continue to avoid cocaine. Is it okay to talk about a Plan B in case you start using again?”
 - Approach the topic with non-judgement and humility^{**}. Ask permission to discuss.
 - Consider open-ended, strength-based questions to get the conversation rolling.
 - Ex: “What do you do to stay as safe as possible while using fentanyl?”

Key Points for Safer Injection Drug Use:

- Do not lick your needle or injection site
- Use sterile water (ideal) or water from an unused water bottle for drug preparation
- Ensure that your needle is sterile (use it once and dispose of it; if needles are used more than once, make sure they are cleaned using bleaching techniques)
- Avoid reusing cottons and cookers
- Clean your skin with alcohol pads before injection
- Avoid high-risk injection sites (distal upper extremities > distal lower extremities; AVOID the groin and neck)

- Ex: “Could you tell me about any prior experience you’ve had helping someone who overdosed?”

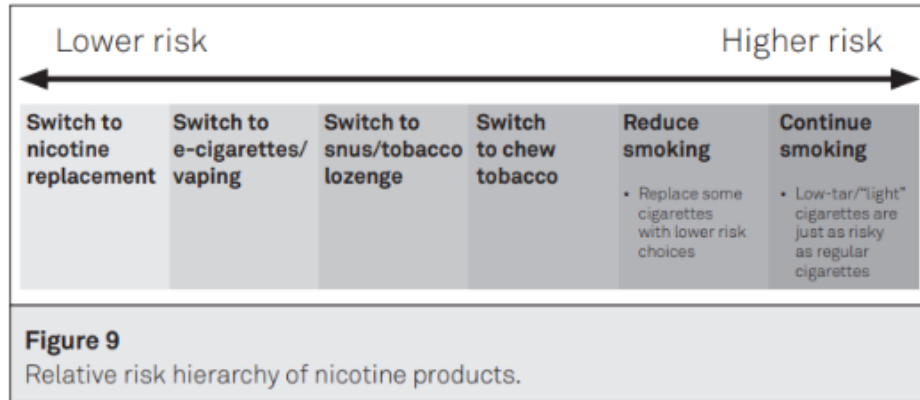
- Affirm and recognize strengths

- Ex: “It’s great that you are no longer injecting. You clearly care a lot about your health.”
- Ex: “Wow, thank you for saving so many lives with naloxone. It takes a lot of courage to do that.”

- **General safer use strategies:**

- **Use with other people** and stagger your use
 - If you must use alone, consider virtual spotting with a hotline (Never Use Alone) or app (Brave, Canary)
- **Have naloxone** (out and ready to go) and know how to use it
- Have a cell phone ready to go (in case you need to call 911)
- Start low, go slow; Consider a “test dose”
- Avoid mixing substances

Adapted from Baddour et al, Circulation,



- Choose a safer product (see figure for example pertaining to nicotine) and route
- (In general: oral > rectal > smoking > injection)
- Test your drugs
 - Fentanyl test strips (of note, false negatives do occur)
 - Comprehensive drug testing (available at DPH) \
- PrEP for HIV prevention, STI testing/treatment
- Consider medications (even if goal is not abstinence)
 - Ex: Buprenorphine, methadone for opioid UD
 - Ex: Naltrexone for alcohol UD

Collins and Clifasefi, "Harm Reduction Treatment for Substance Use"

- Ex: IM Naltrexone/Bupropion for methamphetamine UD

• Selected References/Patient Handouts

- UW Harm Reduction & Treatment Center (HaRRT) website
 - Great patient handouts on how to reduce harms from specific substances
- Book: Harm Reduction Treatment for Substance Use (by Susan Collins and Seema Clifasefi)
 - Short, very readable book if you want to take a deeper dive on how to provide harm reduction therapy. Very applicable to the internist.
- Curbsiders Addiction Medicine Podcast (all episodes are high-yield, the following is a selected list w/ a HR focus)
 - Episode #3 – Harm Reduction: Partnering with Patients
 - Episode #14 – Getting to the Heart of IDU Associated Infectious Endocarditis
 - Episode #21 – Racism and Inequities in Addiction Medicine
 - Episode #23 – Opioid Overdose Treatment and Prevention
- Journal Article: "Harm Reduction in Health Care Settings" (Chan et al, The Medical Clinics of North America)

- Great review article on integrating harm reduction into health care settings + practical strategies
 - Learning about safer injection practices
 - NEXT Distro
 - National Harm Reduction Alliance PDF “Getting Off Right”
 - ANKORS website and YouTube channel (for videos explaining safer injection)
- **Selected Local Resources:**
 - Syringe access / safer use supply programs, some programs also help with drug checking
 - King County Needle Exchange (Downtown, mobile vans)
 - The People’s Harm Reduction Alliance (U-district)
 - Hepatitis Education Project (Central district)
 - Naloxone access (for video explaining how to use: Vimeo Opioid Overdose – Administering Naloxone)
 - Please prescribe liberally to your patients (11 refills!) and consider carrying yourself (Indication: anyone who uses drugs or anyone who is around people who use drugs)
 - There is a standing order in WA state so that patients can pick up naloxone from a pharmacy w/o a prescription (free for Medicaid, typical copays apply for people with other insurance plans)
 - OTC naloxone (approx. \$45)
 - Anyone in WA state can order naloxone and have it shipped to their mailing address for free through the People’s Harm Reduction Alliance website
 - Access to medication for SUD
 - Opioid Treatment Programs (for methadone)
 - Evergreen Treatment Services
 - Therapeutic Health Services
 - Telebup Hotline
 - 24/7 hotline for people in King County to get immediate telephone eval and buprenorphine Rx + help connecting to care
 - 206-289-0287
 - SUD referral through UW
 - Includes Office Based Opioid Treatment program (for buprenorphine) at Harborview
 - Currently working on revamping the referral to include more low-barrier/harm reduction focused options throughout UW...stay tuned
 - Abstinence-based treatment: For a next business day SUD assessment (2-3 hour assessment required for placement into residential treatment programs, intensive outpatient programs) call the WA Recovery Helpline 866-789-1511
- Not available in WA yet, but maybe someday: Sanctioned Safe Consumption Sites, Safe Supply

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