

Incorporating Harm Reduction into Clinical Practice

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Learning objectives



- Overview of naloxone.
- Describe fentanyl testing strips and how to use them.
- Recognize urine toxicology testing and the limitations of immunoassays.
- Identify the services provided in syringe access programs.

Harm Reduction



- Policies, programs, and practices that aim primarily to reduce the adverse health, social, and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption.

HARM REDUCTION INTERVENTIONS

(H)arm (R)eduction:

A philosophical and political movement focused on shifting power and resources to people most vulnerable to structural violence



(h)arm (r)eduction:

The approach and fundamental beliefs in how to provide the services



risk reduction:

Tools and services to reduce potential harm



Harm Reduction



1

Target risks and harms from substance use

2

Acknowledge the significance of any positive change

3

Accept people who use drugs as they are with dignity and compassion

4

Maintain transparency in decisions

Naloxone

Naloxone



- Potent, high affinity opioid receptor antagonist
- No effect on people who are not on opioids
- Half life: 60 minutes
- Reverses respiratory depression from opioid overdose and prevents overdose deaths
- Data does not show that prescribing naloxone increases opioid use

Recognizing an Opioid Overdose

A person experiencing an opioid overdose may exhibit the following signs or symptoms:



Clammy, Pale Skin



Blue Lips or Skin



Pinpoint Pupils



Slow Heart Beat



Slow, Irregular or Stopped Breathing



Unresponsive to Voice or Touch




Call 9-1-1 immediately.


Naloxone

- Different formulations:
 - Intranasal spray, autoinjector for IM, atomizer
 - IM: 0.4mg
 - IN: 4mg
- Call 911
- Start rescue breathing if needed
- Administer Naloxone
- Attempt to keep person awake and breathing
- Lay person on side to avoid choking


How to give Narcan® Nasal Spray




- Take Narcan® Nasal Spray out of box.
- Peel back tab with the circle to open the Narcan® Nasal Spray.
- IMPORTANT: Do not remove Narcan® until ready to use and do NOT test the device.**




- Hold the Narcan® Nasal Spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.




- Tilt the person's head back and provide support under the neck with your hand.



- Gently insert the tip of the nozzle into one nostril, until your fingers on either side of the nozzle are against the bottom of the person's nose.
- Press the plunger firmly to give the dose of Narcan® Nasal Spray. Remove the Narcan® Nasal Spray from the nostril after giving the dose.



- Wait and watch the person closely.
- If the person does not respond in 2-mins, repeat the steps and give the second dose of Narcan® Nasal Spray in box.



- Call 911 right away, if you have not done so already.
- Roll the person on their side and place them in the 'recovery position'.

Fentanyl

Fentanyl



- Not naloxone resistant
- Various analogues exist
- Cannot overdose by touch: needs to be introduced to mucosa or blood stream
- How to use safely:
 - Use slowly and less
 - Use in groups and stagger doses
 - Snort or smoke instead of injecting: injecting has higher risk of overdose
 - Test
 - Carry naloxone



Fentanyl testing strips



- Easy to use with minimal instructions
- Allow PWUD to be more knowledgeable about their substance use
- More likely to implement other harm reduction tools
- Qualitative



Fentanyl testing strips

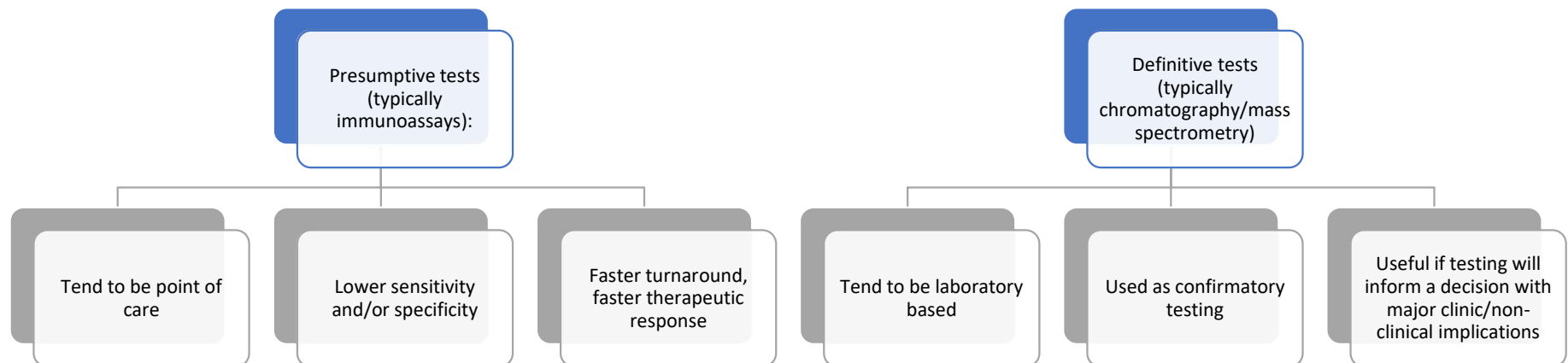


How to use
Fentanyl Test Strips

<https://www.youtube.com/watch?v=j9-wuUpdWHw>

Urine toxicology testing

Urine toxicology testing



Immunoassays



- Use antibodies to bind to a specific substance
 - Detect specific targets - class of drugs, parent substance, or a metabolite
 - Varying degrees of sensitivity and specificity
 - A certain amount of substance, or “cut off value”, to be detected as positive
- Lower cost



Major limitation = cross reactivity

Antibody may interact with substances other than the target substance



Variable sensitivities for different substances within a class

Testing schedule



Very little guidance as to what's effective



Higher acuity/level of care, potentially increase frequency of testing



Provider's therapeutic questions should guide testing



Data does not show that more testing leads to decrease substance use

Immunoassays



1

Should be used to support recovery, not as punishment

2

Provider's response to test results should not be confrontational

3

Lots of cross reactivity with immunoassays, if unknown, confirm

Screening labs



- HIV, GC/CT (consider rectal and pharyngeal as well), syphilis
- Hep A/B/C: vaccinate if needed
- PrEP
 - Can offer Truvada if HIV transmission risks are identified

Syringe service program



- Cookers – Metal cup to heat and dissolve drugs
- Alcohol pads – sterilize injection site
- Sterile water/saline
- Cotton - catch particulates drawn up into a syringe
- Needles
- Tourniquets
- Syringes
- Sharps containers
- Wound care supplies
- Fentanyl testing strips
- Naloxone

- Website: <https://cdphe.colorado.gov/reducing-infections-from-injection-drug-use>

Summary



- Prescribe naloxone and provide education.
- Discuss safer substance use with patients.
- Review clinic policies around urine toxicology testing and consider revising.
- Know where local harm reduction agencies are located.

Harm Reduction

