

# Improving Patient Outcomes: Partnering with Harm Reduction Services

Sara Young

Manager Harm Reduction, Toxic Drug Emergency & Hepatitis

With Lynn Goodman, Cheryl Giffin and Jessica Harper, TB Services

BC Centre for Disease Control

# Land Acknowledgement

I wish to acknowledge that I am a settler of mixed Western European descent living and working on the traditional, ancestral and unceded territories of the many BC First Nations who have cared for and nurtured this land for all time.

I am grateful to speak to you today from the traditional, ancestral and unceded territory of the Musqueam, Squamish, and Tsleil-wathuth First Nations.

I also acknowledge the other Indigenous people that live on these lands, originating from their own respective territories outside of these lands, the Chartered Communities of the Métis Nation B.C., and Inuit.

# Learning Objectives

- Identify and understand principles of harm reduction related to substance use
- Identify harm reduction and overdose prevention approaches and services
- Identify how harm reduction and overdose prevention can improve health outcomes for TB patients
- Identify strategies for engaging with TB patients and care providers around harm reduction and overdose prevention

# Harm Reduction for Substance Use

- Strategies and Services that aim to minimize illness, injury and death, e.g. harm reduction supply distribution
- Evidence-based strategies and services
- Enhance knowledge, skills, resources and supports for individuals and communities
- Integrates responses to social determinants of health (e.g. housing)

# Principles of Harm Reduction

- Addresses stigma and promotes human rights
- Meets people 'where they are at'
- Understands substance use on a continuum
- Is pragmatic
- Ensures 'Nothing About Us Without Us'
  - People with Lived and Living Experience of Substance Use (PWLLE) are the experts in their experiences

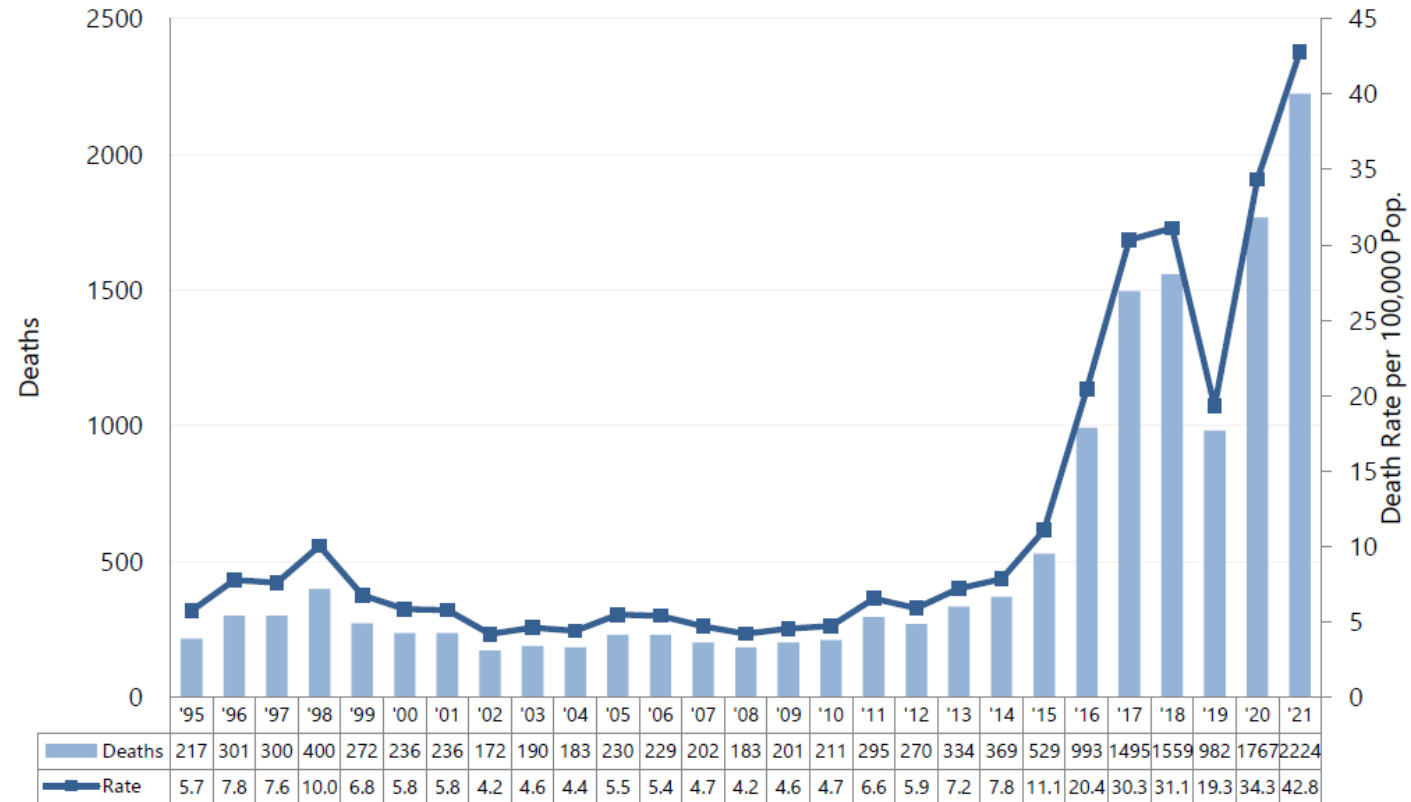
# Toxic Drug Overdose Crisis

BC Coroners Service

Illicit Drug Toxicity Deaths in BC  
January 1, 2011 to December 31, 2021

- Unintentional overdoses are preventable
- Illicit drugs are increasingly toxic
  - ‘Iron Law’ of prohibition – potency
  - Ongoing emergence of novel substances
  - Compounding public health crises

Figure 1: Illicit Drug Toxicity Deaths and Death Rate per 100,000 Population [3,5]



# Harm Reduction and TB

- Patients with TB may face co-occurring health issues
- Engagement with TB patients is lengthy, structured and regular
- TB care providers have a unique opportunity to:
  - Engage and build relationships
  - Prevent active TB – marginalized patients are more likely to → active TB
  - Minimize harms related to substance use – critical given the overdose crisis
  - Help patients attain the best possible health outcomes
  - Anticipate negative health outcomes e.g. medication interactions with illicit substances
  - Prevent gaps in care by ensuring patients are connected to services at the end of TB treatment

# Harm Reduction-inspired Tips for Engagement

- Meet people ‘where they are at’ in physical space
  - Outreach
  - Virtual options
- Integrated care that prioritizes patient-identified needs
  - Social work supports
  - Housing supports
  - Treatment for co-morbid conditions
  - Mental health supports
  - Harm reduction and overdose prevention services
- Incentives work well – gift cards, etc.
- Build relationships!
- Avoid judgement and stigma



# Language Matters – Using non-stigmatizing words

## 1 Use People-first language



Person who uses opioids

vs.

Opioid user OR Addict



## 2 Use language that reflects the medical nature of substance use disorders



Person experiencing problems with substance use

vs.

Abuser OR Junkie



## 3 Use language that promotes recovery



Person experiencing barriers to accessing services

vs.

Unmotivated OR Non-compliant



## 4 Avoid slang and idioms



Positive test results OR Negative test results

vs.

Dirty test results OR Clean test results



# Harm Reduction & Overdose Prevention Services

- Harm reduction supplies
  - Safer sex
  - Safer injection
  - Safer smoking
- Peer-based Services
  - Services planned and delivered by experiential workers
  - Best practice
  - Improves safety and trust
  - Ensures services meet the needs of 'clients'
  - Acknowledges 'lived experience' expertise

# Overdose Prevention Tools

- Drug checking services
  - Test strips (e.g. fentanyl) and reagents
  - Technologies like mass spectrometry
  - Nightlife and festival settings, observed consumption sites
- Observed Consumption
  - Peer or non-peer
  - Supervised consumption sites (Insite)
  - Overdose Prevention Services
  - Episodic Overdose Prevention Services (BCCDC partnership)

# Overdose Response Tools

- Naloxone (Narcan)
  - Injectable or intranasal medication
  - Binds to opioid receptors to temporarily reverse an overdose (20-90 mins)
  - Can be easily administered by 'lay person'
- Overdose prevention and response training
  - Tips for using substances in ways that prevent overdose
  - Knowing the signs of overdose
  - Knowing how to respond to the full range of overdose presentations

# Substance Use Treatment

- Risks of 'detox'
  - Withdrawal from contaminated drugs (e.g. benzo-contaminated opioids)
  - High risk of overdose after a period of abstinence
- Opioid Agonist Treatment (OAT)
  - Methadone
  - Buprenorphine & Naloxone (Suboxone)
  - iOAT – diacetylmorphine & TiOAT – hydromorphone
- BC Risk Mitigation Prescribing
  - Prescription alternatives to toxic illicit drugs
  - Dual public health emergencies (COVID-19 and Toxic Drugs)
  - Hydromorphone, Kadian, M-eslon
  - Take-home doses



MEET PEOPLE  
WHERE THEY'RE  
AT

HARM REDUCTION OHIO