

Understanding “The Works” and Strategies to Optimize Safety

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WHAT-IF? Learning Collaborative

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No financial disclosures.

Please note the focus on language and its impact on patient care. Rather than harm reduction, we will instead try to replace this with “optimizing safety” for the duration of the presentation.

Let's start with a case...

- Robert is a 49 year-old man who comes to clinic for follow-up. You've been seeing him for his HIV treatment for the last two years.
- Over the last few visits, he has mentioned using heroin "on and off." In the past he was guarded about discussing it, but today he is willing to talk about it a bit more.



Opioid use history

- He's been using heroin intermittently for the last year. He first used heroin in his early 20s, but not on a daily basis. He stopped completely for 20+ years, and only started using heroin again last year.
- Most recently, he has been injecting about 5-10 bags of heroin daily.
- You evaluate his opioid use using DSM-5 criteria (three C's) and diagnose him with moderate to severe opioid use disorder.



Case continued...

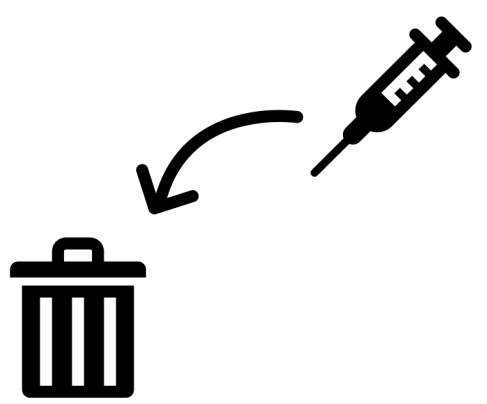
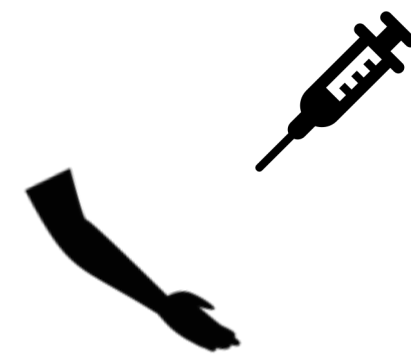
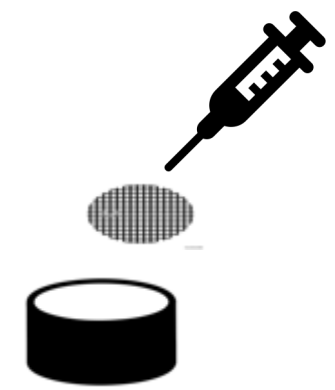
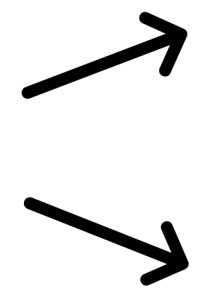
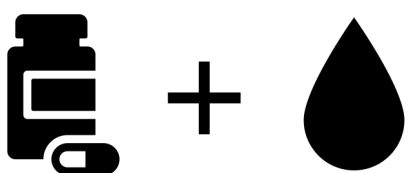
- He isn't interested in treatment with buprenorphine, methadone or naltrexone.
- He goes on to say that he doesn't want to stop using heroin completely, but he is open to using heroin in a safer way and wants to know your recommendations.



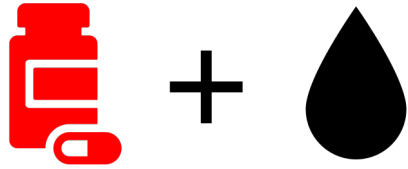
What do you need to know about heroin injection practices?

- “The works” describes the components needed to inject heroin (*though this term can be used for any other illicit substances and routes of administration*).
- There are multiple steps involved when someone injects heroin and its important to be familiar with them.

The steps

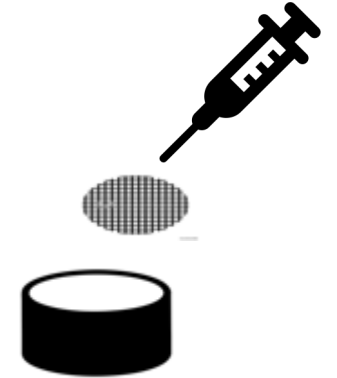


Where is the risk?

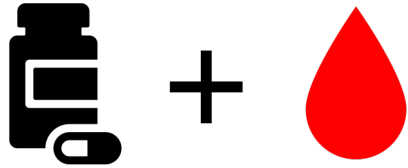


Heroin

- Possible substance contaminants (e.g. fentanyl)

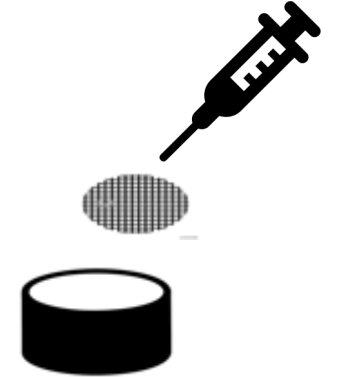
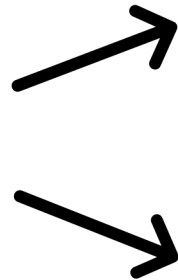
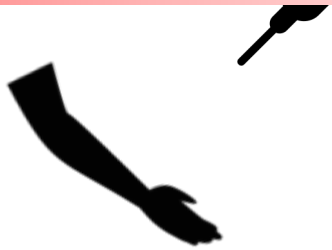


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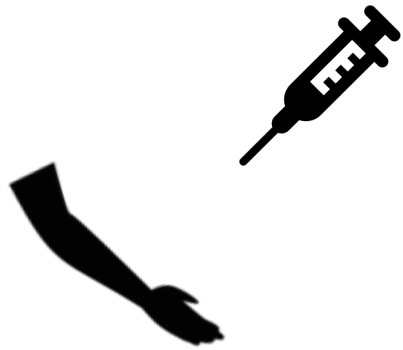
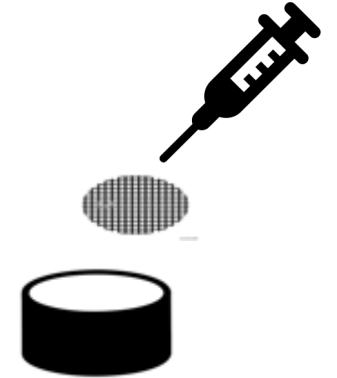
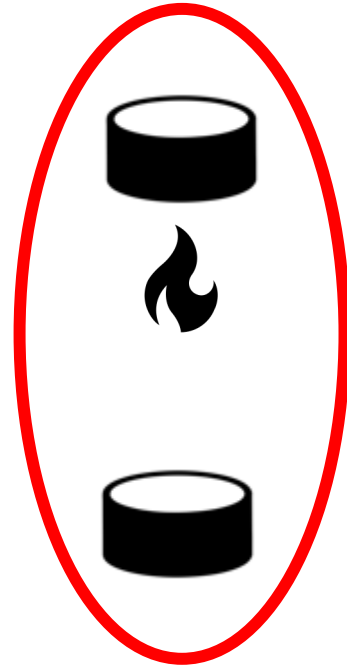
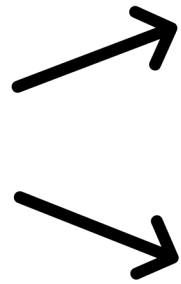
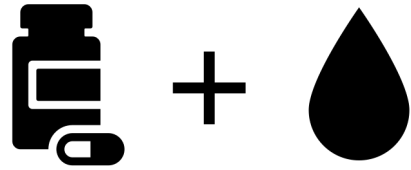


Diluent

- Standing water (e.g. puddles, toilet)
- Tap water
- Bottled water
- Sterile water



Where is the risk?

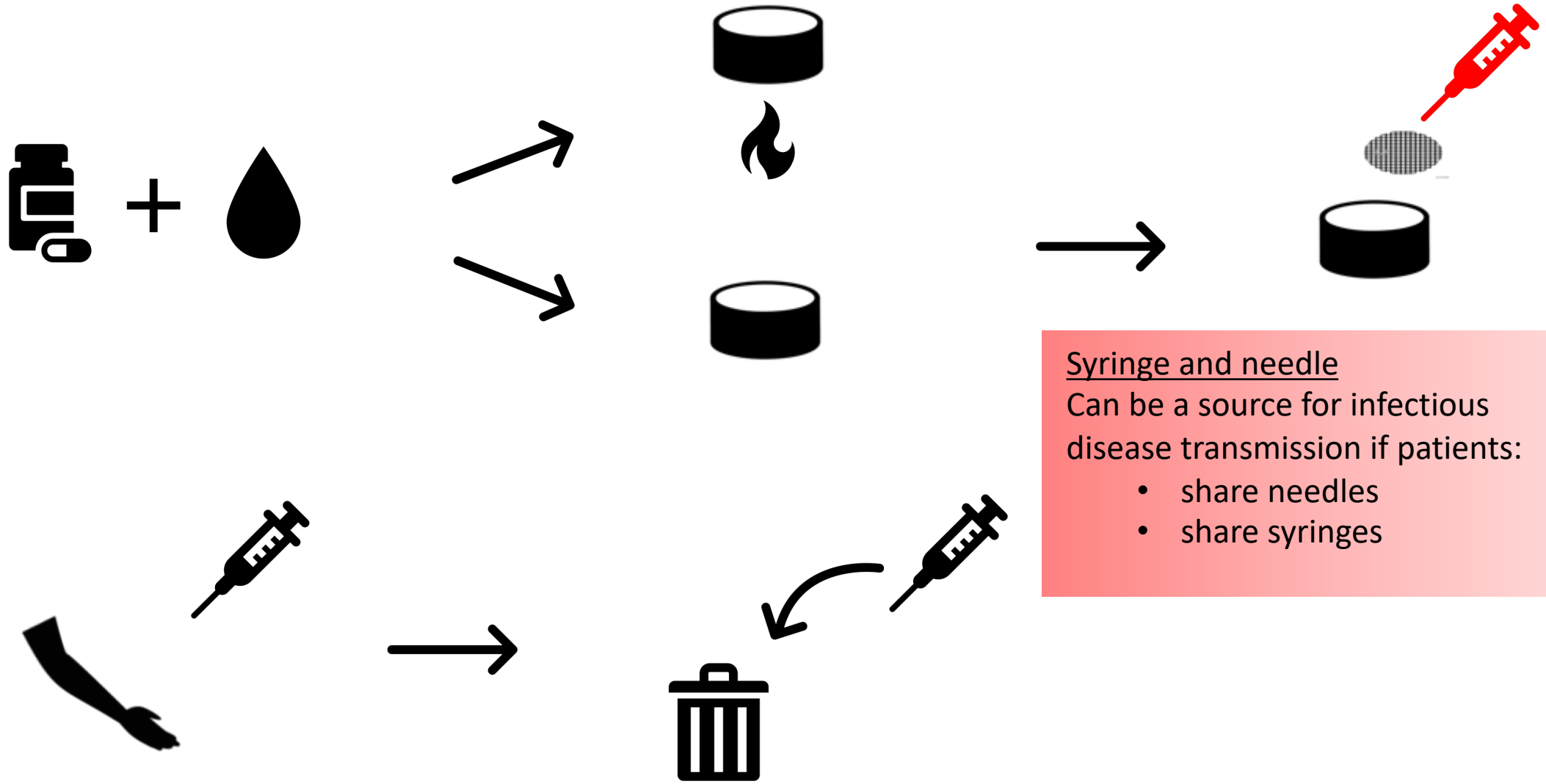


Cooker

- Can be a source for infectious disease transmission if patients use their own syringe/needle but draw from single cooker that they share with others



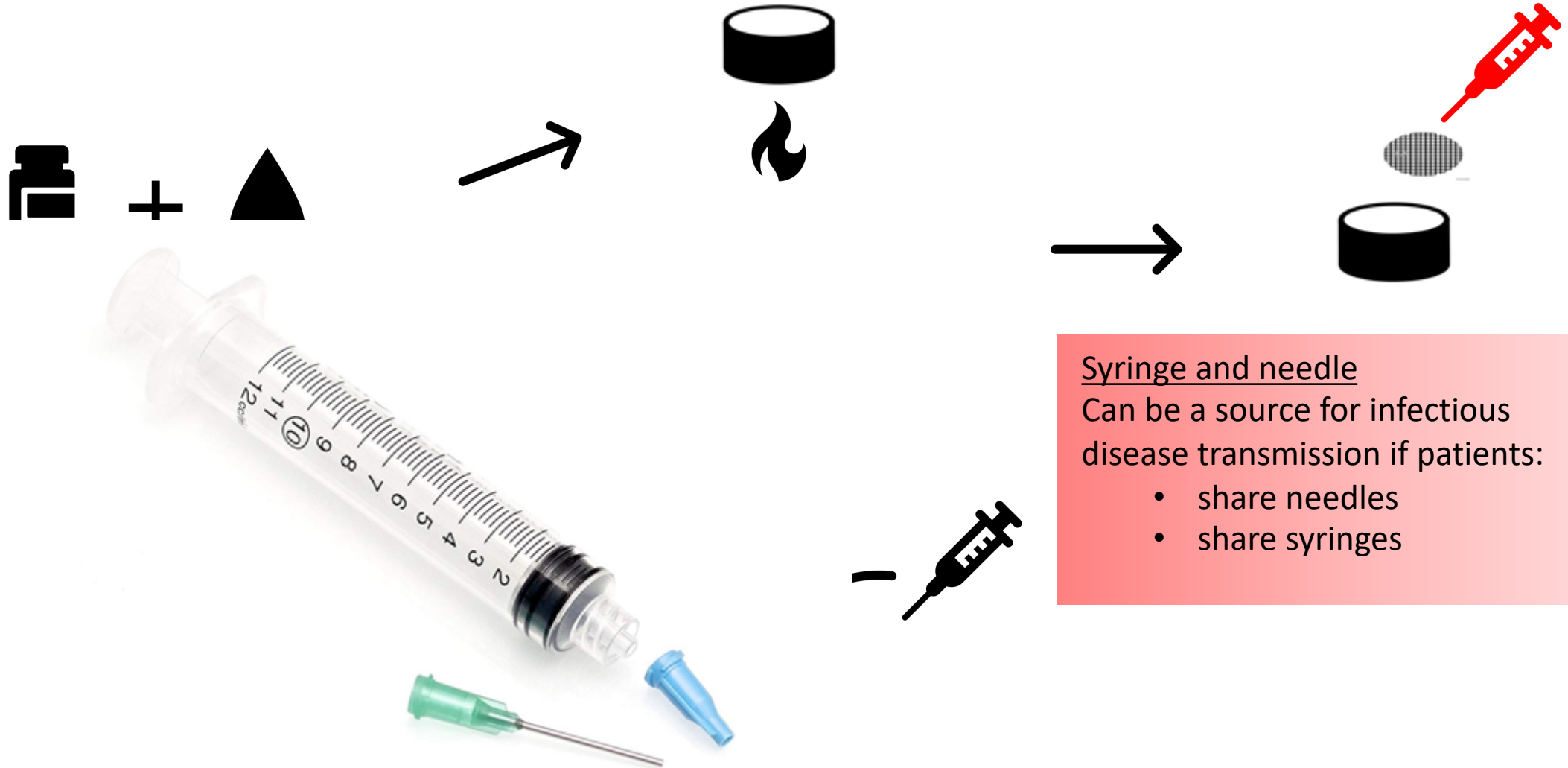
Where is the risk?



Syringe and needle
Can be a source for infectious disease transmission if patients:

- share needles
- share syringes

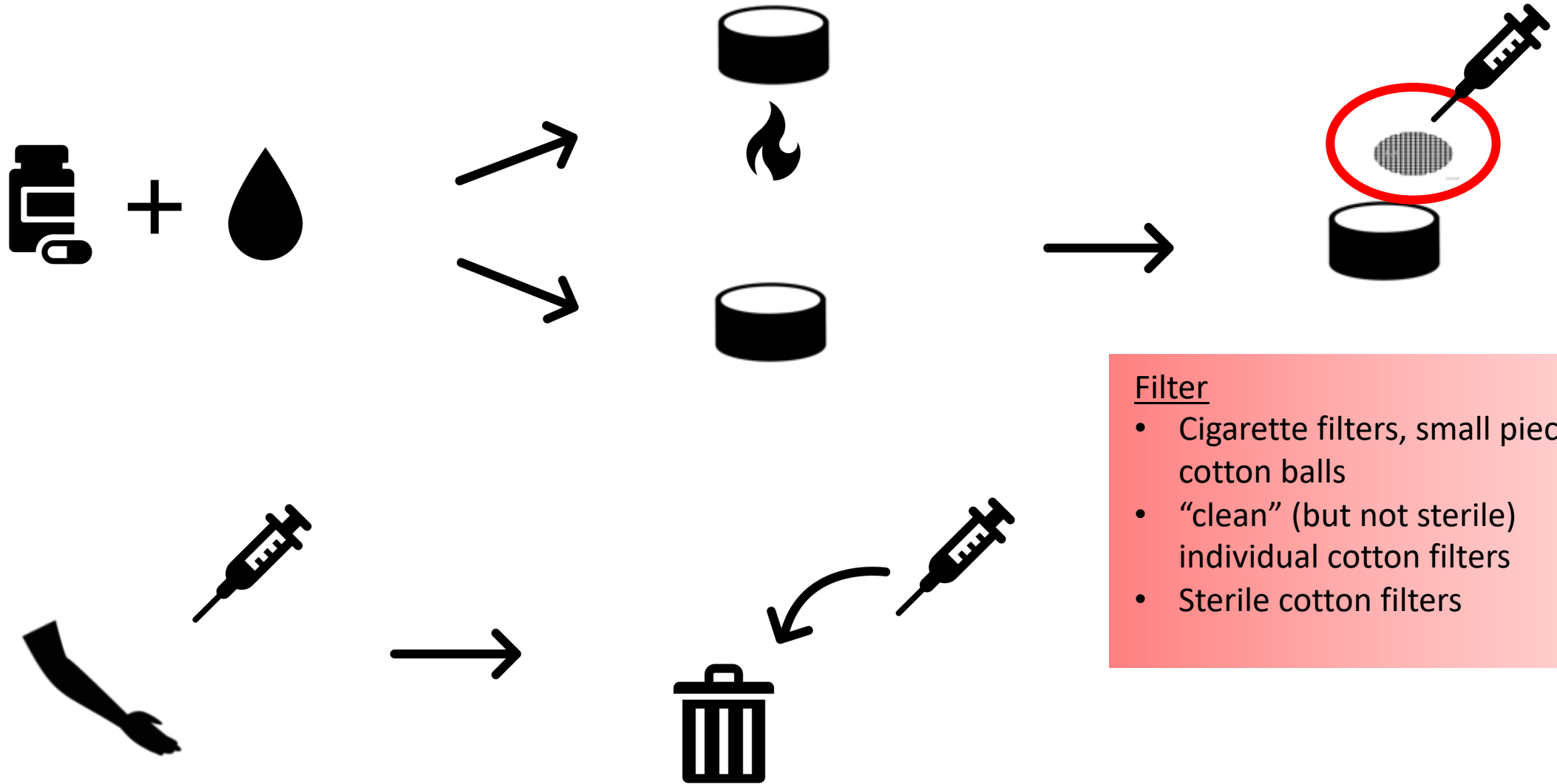
Where is the risk?



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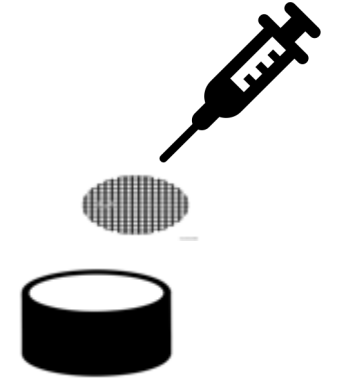
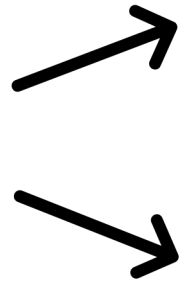
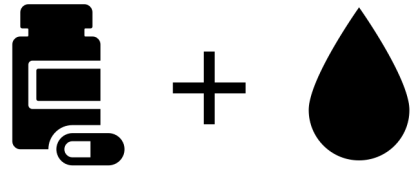
Where is the risk?



Filter

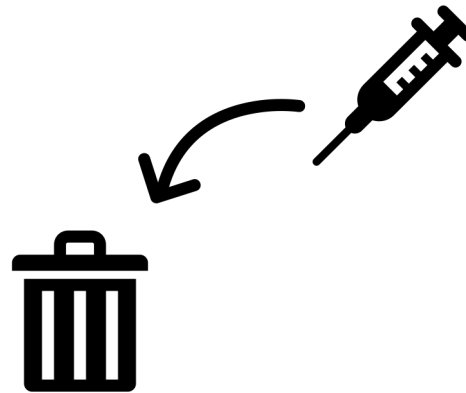
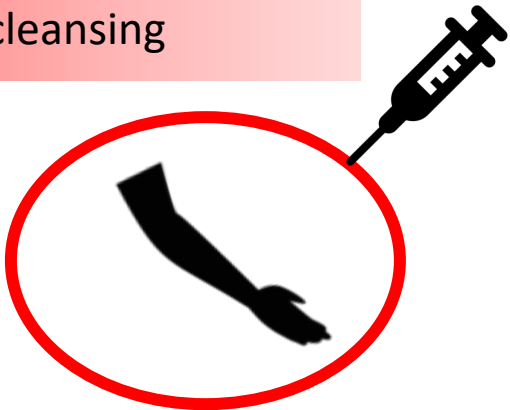
- Cigarette filters, small pieces of cotton balls
- “clean” (but not sterile) individual cotton filters
- Sterile cotton filters

Where is the risk?

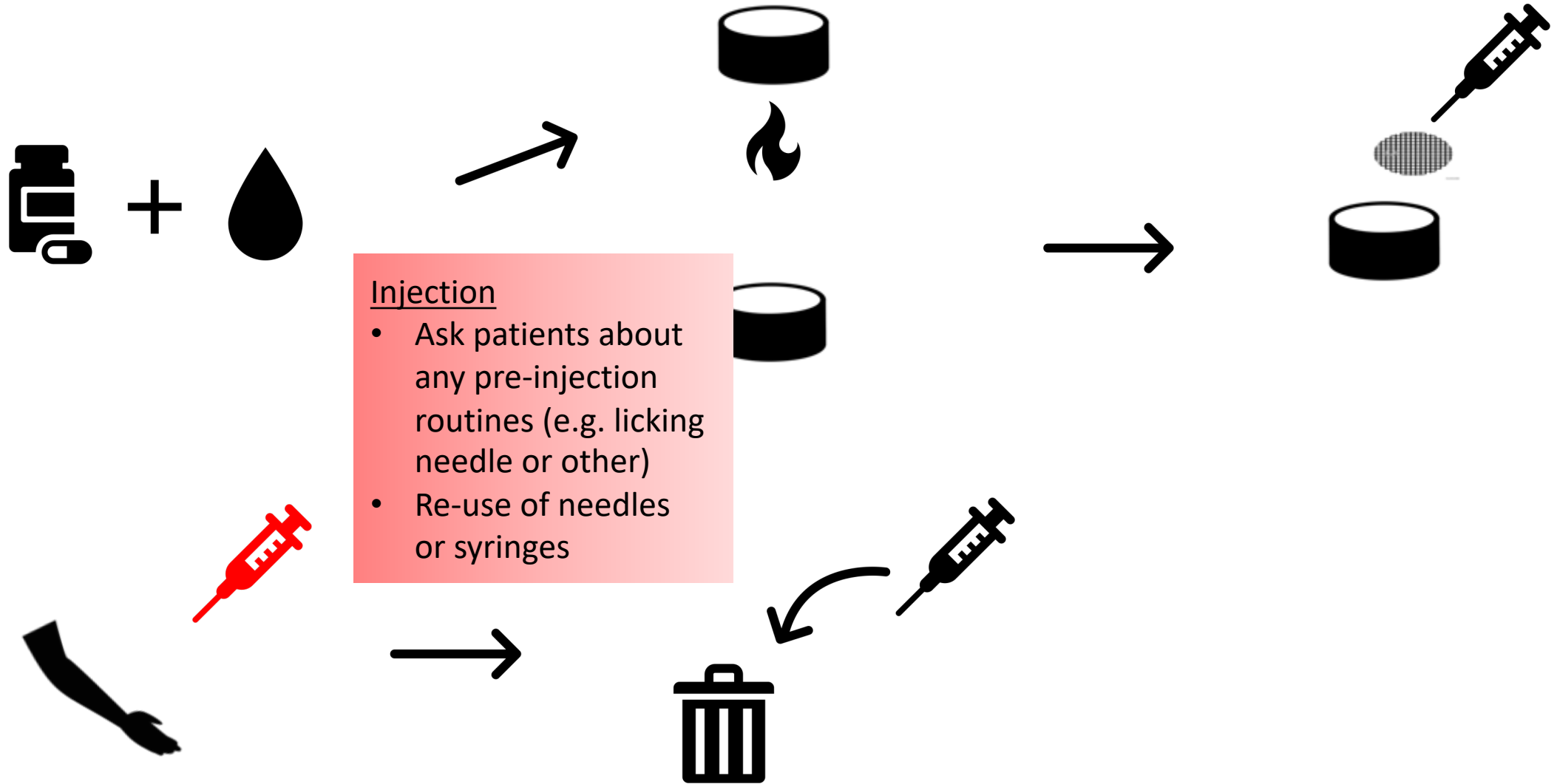


Skin prep

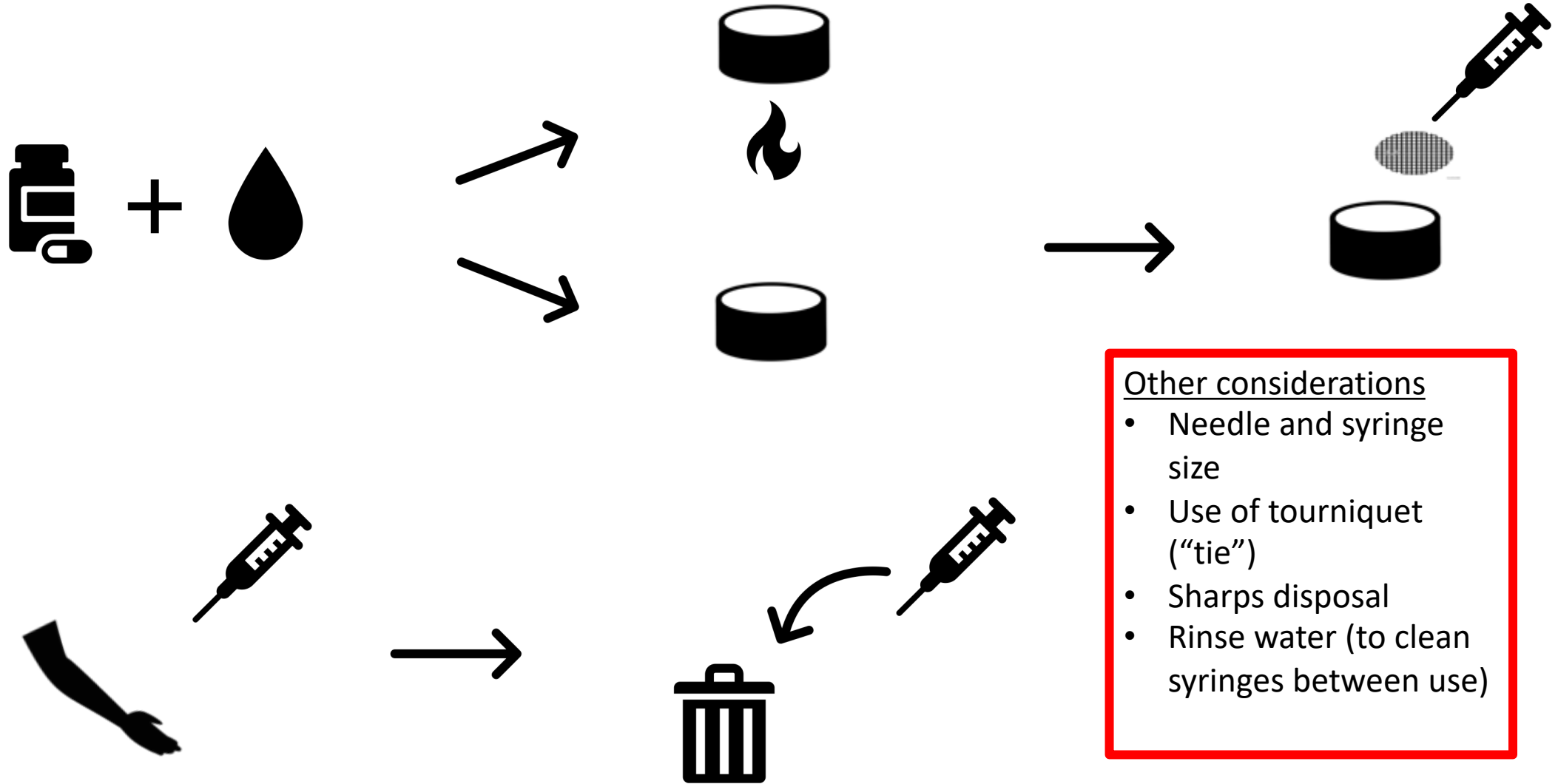
- Alcohol swab for topical cleansing vs. no cleansing



Where is the risk?



Where is the risk?



How can we optimize safety?

Back to the case...



What questions would you ask him?

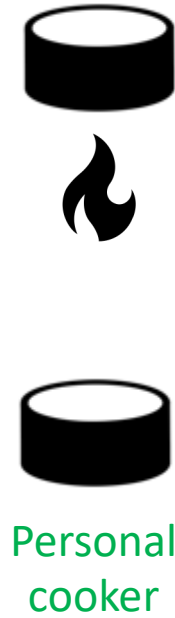
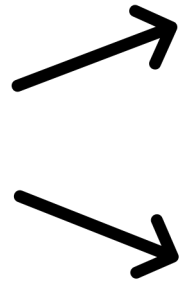
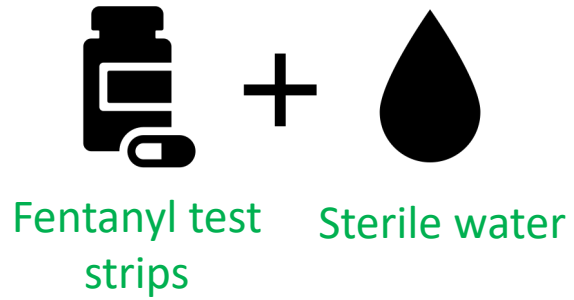
- What does he mix his heroin with (i.e. diluent)?
- How does he cook the heroin? In what?
- What does he use to filter the heroin?
- Does he have his own syringe/needle? Does he re-use the syringe/needle or any other components?
- Skin prep or needle prep?
- Generally, which components does he use individually vs. share with others?

“Can you walk me

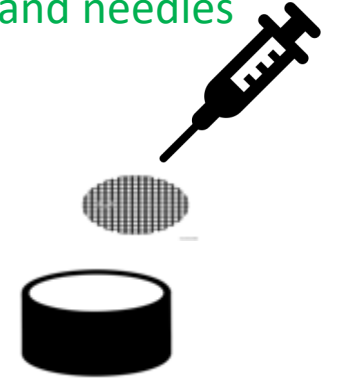
through the steps of how

you inject heroin?”

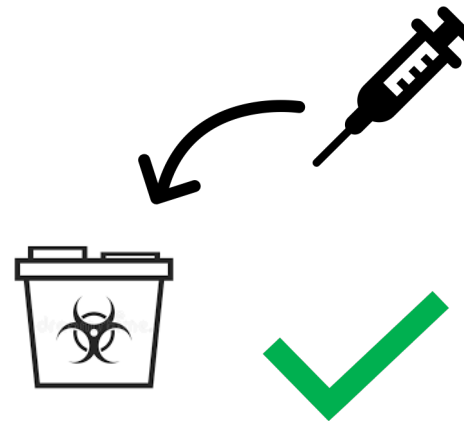
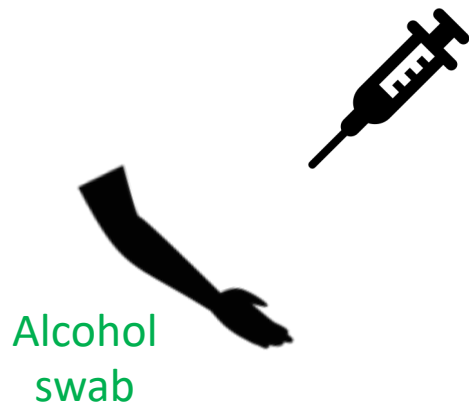
Optimizing safety



Personal (preferably single use) syringes and needles



Sterile or "clean" individual cotton filters



Case continued...

What else do you want to know to help optimize Robert's safety?



What additional questions would you ask him?

- Where does he typically use heroin (e.g. what setting)?
 - Is Robert using heroin alone?
 - Does he have access to naloxone? Does he know how to use it?
 - Is he using any other substances (illicit drugs or alcohol)?
- “What is going on around you when you inject heroin?”**

Responding to opioid overdose

Examples of syringe exchange programs

Connecticut (New Haven and Hartford):

<https://chcv.org/syringe-exchange/>

<http://ghhrc.org/>

Providence, RI:

<http://www.aidscares.org/OurServices/PreventionCenter/NeedleExchange.aspx>

Brooklyn, NY:

<https://www.afterhoursproject.org/index.php/programs-services/11-programs-and-services-column2/16-syringe-exchange-program-expanded-syringe-access-program>

Examples of optimizing safety (i.e. harm reduction) kits



Optimizing safety: recap

- 1) Detailed substance use pattern and all the steps in a patient's routine
- 2) Understand the context of when and where a patient is using substances to further characterize their risk and better inform safety plans
- 3) Provide appropriate resources depending on patient needs (e.g. syringe exchange information, naloxone Rx)

Questions?

Thank you!