Harm Reduction - Substance Abuse: Empowering Voices & Choices for Safer Lives

Presenter: Jennifer Hodgson, PhD, LMFT
Co-Presenter: Arianna Mellinger, LCDC-1, Peer with Lived Experience

M-TAC

July 18, 2023

M-TAC

Medi-Cal Mobile Crisis Training and Technical Assistance Center

Housekeeping: How to Participate

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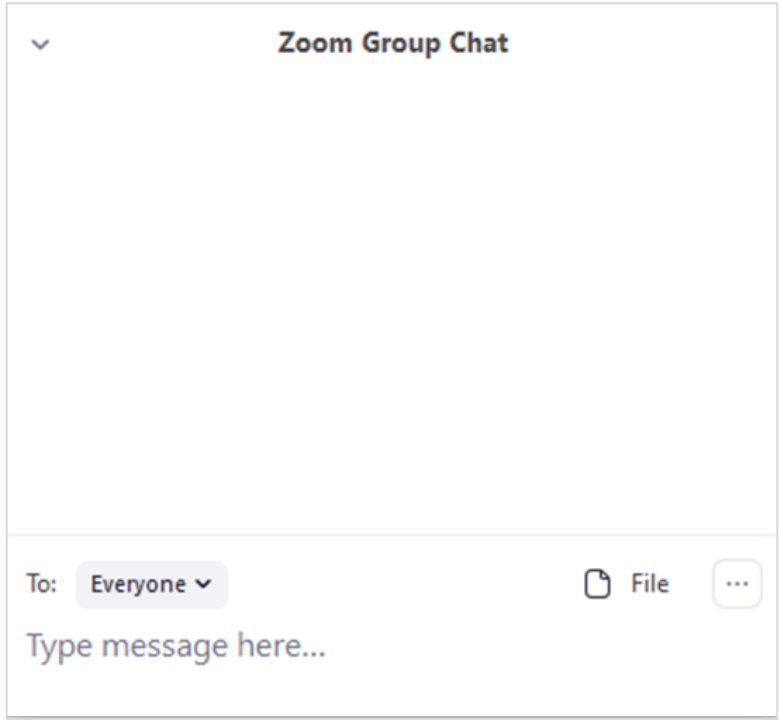
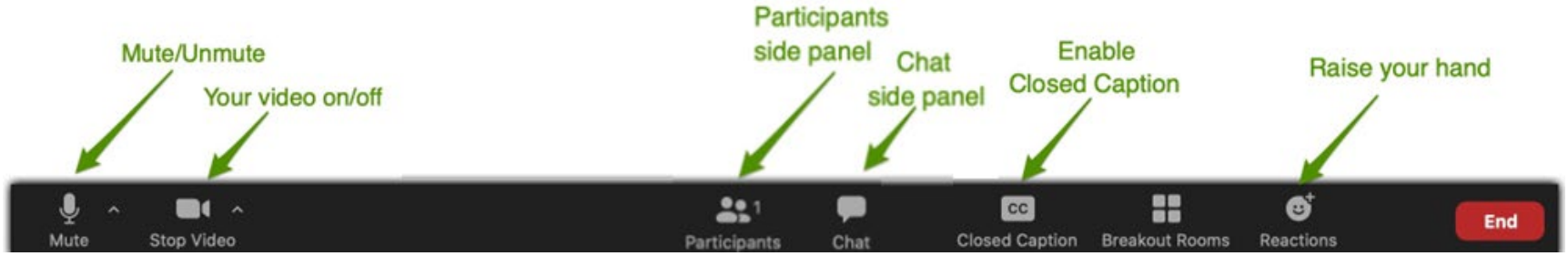
Your view: Double-click slides to exit full-screen view or press escape.

Chat: Today's chat is for ALL QUESTIONS and resource sharing. Hear an echo? Have a question for the presenters? Don't see the slides? Let us know in the chat!





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Chat

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and users creating disruption may be removed without warning.

Welcome and Introductions

Today's Presenters

Presenter: Jennifer Hodgson, PhD, LMFT

Co-Presenter: Arianna Mellinger, LCDC-1, Peer with Lived Experience

Learning Objectives

At the conclusion of this training, attendees will be able to:

1. Explain at least (4) ways to engage in harm reduction work using a trauma-informed care and culturally responsive lens
2. Identify at least (3) benefits to a low-barrier model of care
3. Deliver at least (5) harm reduction strategies that will help reduce risk and increase safety for people using substances
4. Recall (2) techniques for administering naloxone for a fentanyl overdose

Activation Warning

The content covered here is meant to enhance the knowledge of mobile crisis team members; however, the topic of harm reduction can be activating.

We encourage you to take care of yourself during this presentation if you find yourself becoming activated. Take breaks when you need them, turn off your camera when needed, step away if needed. Do what feels best for you.

Understanding Substance Abuse within the Context of Trauma

Basis for Harm Reduction Approaches: Trauma-Informed and Culturally Responsive Care

- Trauma often results in coping strategies that are harmful, such as substance use disorders
- Individuals often are reluctant to stop using harmful coping strategies because they serve a purpose, are a connection to others, or may be all they know
  - Effective intervention needs to come from an understanding of and respect for this
- Attention to a culturally responsive and person-centered care approach helps to ensure that the individual receives care that is in alignment with their identity, beliefs and connections, needs for the coping strategy, and readiness to change

Ways that Trauma Appears and Re-Appears in Our Lives

- Substance Use
- Risky Sexual Behavior
- Self-Harm/Suicidality
- Avoidance/Withdrawal
- Fight, Flight, Freeze, or Fawn Stress Responses
- Remaining in Harmful Relationships
- What other ways does trauma appear?

Let's Check In!

What are some coping strategies that are harmful but may bring relief?

Please place your answers in the chat box or raise hand to unmute .

Let's Check In!

Why might someone not want to stop using their coping strategies even though harmful?

Please place your answers in the chat box or raise hand to unmute .

Let's Check In!

When you hear "Person-Centered" what does it mean to you?

What does it have to do with being trauma-informed and culturally responsive in your care of others?

Please place your answers in the chat box or raise hand to unmute .

Pairing Trauma-Informed Care and Harm Reduction

"I had been coerced into treatment by people who said they're trying to help…These things all re-stimulated the feelings of futility, reawakening the sense of hopelessness and loss of control I experienced when being abused. Without exception, these episodes reinforced my sense of distrust in people and belief that help meant humiliation, loss of control, and loss of dignity."

- Laura Prescott

Kraybill & Morrisson (2007). Assessing Health, Promoting Wellness: A Guide for Non-Medical Providers of Care for People Experiencing Homelessness. SAMHSA: Homelessness Resource Center, p. 38

Trauma-Informed Interactions Include:

- Empowering of person's voice and choice
  - What is it that you think would be the best first step to changing your use?
- Being collaborative and mutually engaging
  - What can we do together to accomplish this goal of reducing your use?
- Prioritizing safety
  - When do you feel safest with people who want to help?
  - How could our work together feel safer given your experiences in the past?
  - What will tell you that you are safe with us today?
- Being trusting and transparent
  - It is important that I earn your trust. I am going to tell you exactly what is going to happen before each step.
  - What would be another way I could earn your trust?
- Respecting of one's cultural identity (i.e., customs, traditions, beliefs, language, and practices shared in common with a group or society)
  - What language would you prefer services to be in?
  - Who are the people and groups in your life that are most important to you? How can we include them in the next steps moving forward?
  - What does taking care of yourself look like when you are feeling your best? Who is a part of that?
  - What name would you like me to call you?
  - Prioritize person first language
    - Ex: Person who uses drugs...

GOAL- Show empathy, genuine kindness, respect for boundaries, minimize added negative experiences and maximize physical and emotional safety

4 C's of Culture

When working to understand someone's experience, it is important to approach it from their cultural perspective.

- **Call**
- **Cause**
- **Cope**
- **Concern**

The 4C's – Understanding Cultural Diversity in Healthcare (ggalanti.org)

Call

- Find out what they want to “call” the problem.
- Possible questions to ask:
  - “What do you think happened?”
  - “I hear you say what everyone else thinks happened, but what do you think is the main issue?"
  - “If you were to name the issue that is giving you the greatest trouble, what would you call it?”

Cause

- What does the person think “caused” their problem?
- Possible questions to ask:
  - “What would you say were the events that led up to what happened today?”
  - “Sometimes there are a lot of things that lead up to how people are feeling. What would you say are the top 3 things that resulted in how you feel/what happened today? Which one feels the heaviest? Where do you feel that within yourself?”

Cope

- How do they cope with their condition?
- Possible questions to ask:
  - “What have you done to try to make it better/reduce use?”
  - “Who helps you to cope when you are having a difficult time?”
  - “What is different on days when you feel coping is not as difficult?”
  - “What do you use to cope with the pain/sadness/anxiety? How does it help you? How might that same strategy hold you back?”

Concern

- What are their concerns about the condition/treatment?
- Possible questions to ask:
  - “How serious do you think this is?”
  - “What potential complications do you fear?”
  - “How does it interfere with your life, or your ability to function?”
  - “Do you know anyone else who has tried to get help for a similar concern? If so, how has that influenced your decision to get help or support?”
  - “On a scale from 1 to 10, with 10 being the most concerned you have ever been about this, where are you at in this moment? How concerned do you think your family members/friends are that are here with us today or who know about how you are doing today?”
    - Use scaling questions to help engage in harm reduction strategies that are realistic and person-centered in their pacing relative to the concern.
      - “If you are at a 10, what would it take to get you to a 9.5?”

Skill Building Exercise

We are going to watch a brief interview with an interventionist and person receiving care. Notice when the interviewer does or does not demonstrate any of the following. Just take notes and we will ask questions about what you saw and heard after the interview concludes.

- Engages in a non-judgmental way
- Shows empathy
- Obtains person-centered information about their experience with substance use
- Finds out what the person “calls” it
- Finds out what the person believes “caused” it
- Finds out how they cope and what reliefs it provides
- Finds out any concerns the person has about seeking treatment

Cultural Responsivity

"Cultural humility is a lifelong process of self-reflection and self-critique whereby the individual not only learns about another's culture, but one starts with an examination of their own beliefs and cultural identities."

- National Institutes of Health

Cultural Responsivity

Through Cultural Humility, a posture of Cultural Responsiveness is possible.

» **Cultural responsiveness**

- Goes beyond acquiring knowledge and skills; it **acknowledges** the systemic factors, power dynamics, and historical context that shape cultural experiences
- Recognizes that **cultures are not static** and that individuals within a culture may have diverse backgrounds and identities
- Is grounded in our ability to be **lifelong learners** of diverse cultural values, the history and impact of social structures that marginalize and oppress people, and other complexities in the human experience
- Involves **respect** and the inherent **dignity** of all people is demonstrated to all

Voices of Resilience: *Learning from Lived Experience with Arianna*

- What was is like to hear "just stop" from people throughout your journey?
- What do you wish that people who press abstinence-only interventions would understand?

5-minute Brain Break

What is Harm Reduction?

Harm reduction is a well-studied approach used to **engage** people who use drugs and **equip** them with **life-saving tools** and information to **create positive change** in their lives and potentially **save their lives**.

Harm Reduction | SAMHSA

Core Principles

Harm Reduction Framework (samhsa.gov)

Goals of Harm Reduction

Empower people with substance use disorders and **their families** with the choice to live **healthy, self-directed, and purpose-filled lives**.

Harm Reduction Framework (samhsa.gov)

How Do We Accomplish This?

Treat everyone with **compassion**, **without judgment**, and **without discrimination**, acknowledging that everyone deserves to be treated with dignity.

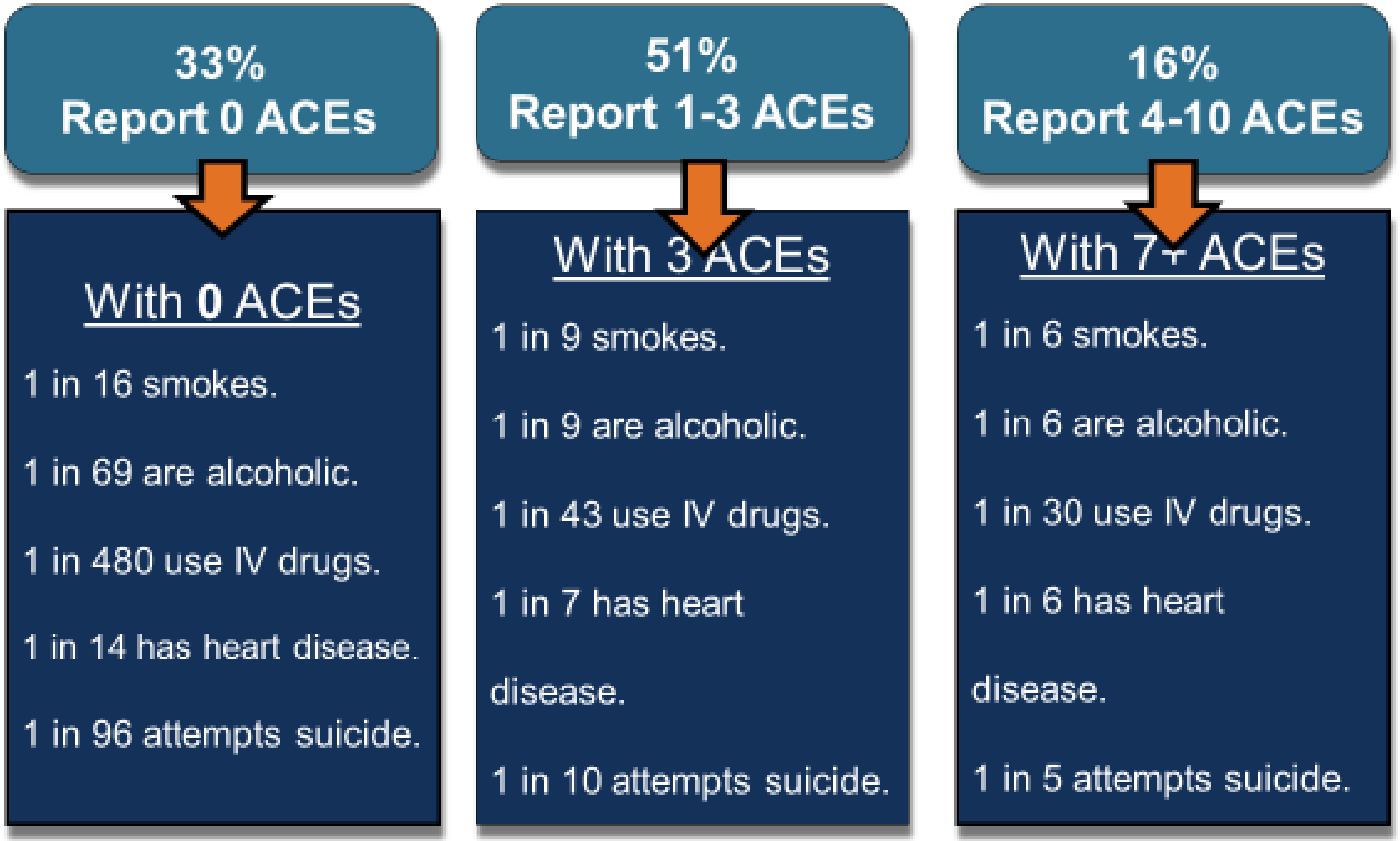
Harm Reduction is a Trauma-Informed Intervention

Trauma and Substance Use

What we know

- People who experience physical/emotional trauma are at greater risk of substance use disorders (SUD) (SAMHSA, 2022)
- Adverse Childhood Experiences (ACEs) study found a correlation between trauma and poor health outcomes, including SUD
  - Meta-analysis found that individuals with serious mental illness (SMI) and SUD die up to 20 years earlier than the general population (NIM, 2019)

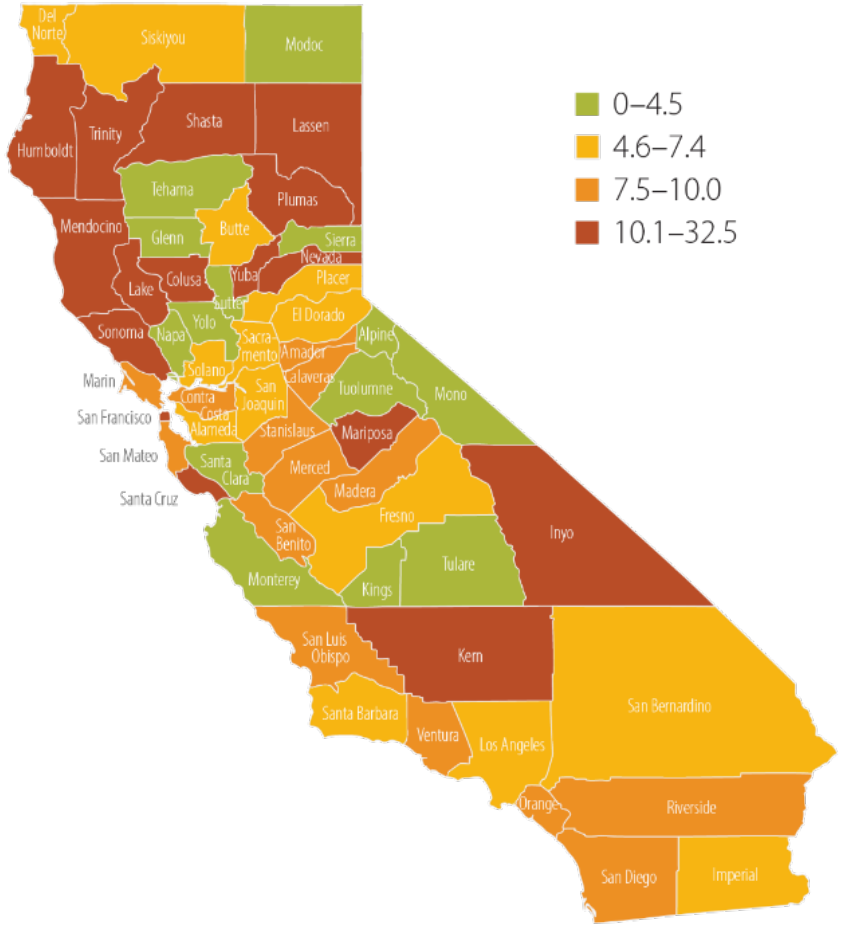
Out of 100 people...



Opioid Overdose Deaths

by County, California, 2019

RATE PER 100,000 POPULATION (AGE-ADJUSTED)

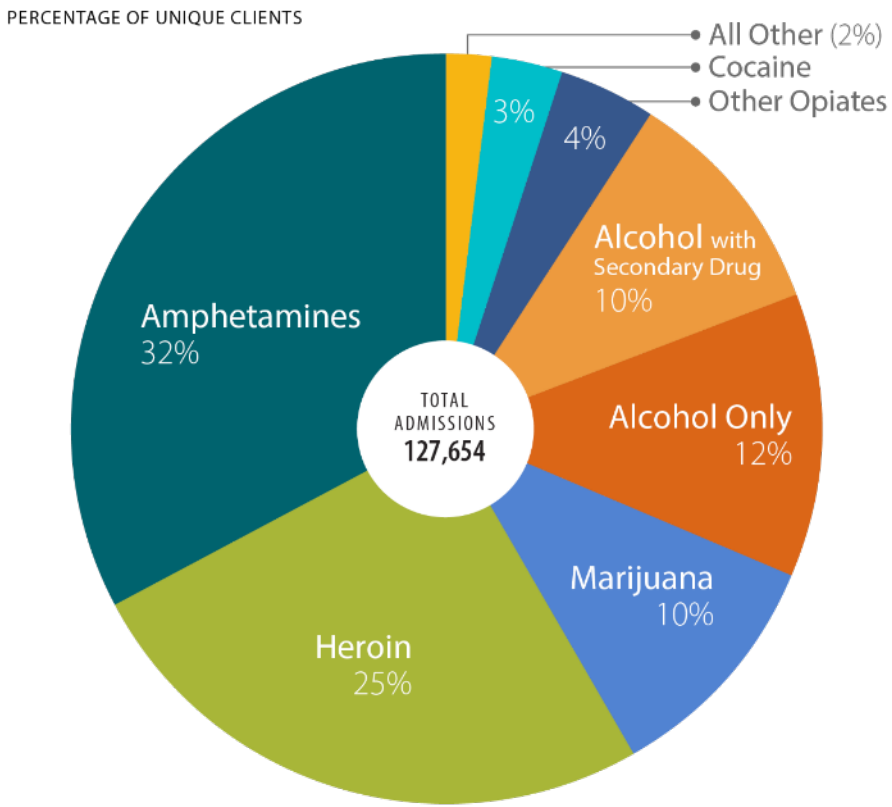


Notes: Includes overdose deaths caused by acute poisonings that involve any opioid as a contributing cause of death regardless of intent. Prescriptions as well as heroin and opium are included. Deaths related to chronic use of drugs are excluded. See Appendix B for detail by county.

Source: "California Overdose Surveillance Dashboard," California Dept. of Public Health.

Treatment for Substance Use Disorder in State- or County-Contracted Programs

by Primary Substance, California, 2019



Notes: Includes primary diagnosis of clients age 12 and older admitted to SUD programs. *Cocaine* includes both smoked and other routes. *All other* includes other stimulants, tranquilizers, sedatives, hallucinogens, PCP, inhalants, and other/unknown. While California Proposition 64 (2016) legalized recreational use of marijuana for adults over age 21 (effective January 1, 2018), marijuana is still considered an illicit substance at the federal level. Figures may not total 100% due to rounding.

Source: "California TEDS Admissions Aged 12 Years and Older, by Primary Substance Use and Gender, Age at Admission, Race, and Ethnicity: Percent, 2019," Substance Abuse and Mental Health Services Administration, last modified July 1, 2020.

What are the Most Common Reasons for Not Seeking Treatment?

- 9. No openings in a program (1.7%)
- 8. Belief treatment would not help (4.3%)
- 7. Did not have time (5.2%)
- 6. Did not feel a need for treatment at the time (5.6%)
- 5. Did not want others to find out (6.5%)
- 4. Belief could handle the problem without treatment (9.0%)
- 3. Might cause neighbors/community to have a negative opinion (11.9%)
- 2. Did not find a program that offered the type of treatment that they wanted (14.4%)
- 1. No healthcare coverage and could not afford cost (19.1%)

2020 National Survey on Drug Use and Health

Examples of Rural vs Urban Barriers

Rural

- Limited behavioral health and detox services
- People may need to travel long distances to access services
- Rural first responders or rural hospital emergency room (ER) staff may have limited experience with physical effects of a drug overdose
- Law enforcement and prevention programs may be sparsely distributed
- Patients seeking SUD treatment may be more hesitant to do so because of privacy issues associated with smaller communities.
- Rural communities often lack housing and support services for long-term recovery.

Urban

- Lack of knowledge about where to get treatment
- Stigma
- Waitlists and appointment scheduling delays
- Lack of Funding
- Challenges of working with diverse groups of clients
- Heavy caseloads

Pullen & Oser (2014)
Substance Use and Misuse in Rural Areas Overview - Rural Health Information Hub

Let's Check In!

What are some other Barriers to Care that prevent access and retention in substance use treatment?

Please place your answers in the chat box or raise hand to unmute .

What are Low Barrier Treatment Approaches?

Alternative approaches to addiction treatment that attempt to remove as many barriers to treatment as possible include:

- Harm-reduction approach
- Same-day treatment initiation
- Flexible attendance policies
- Non-traditional settings
- Telehealth
- Routine screening to identify individuals with or at risk for substance use disorders
- Patient-centered approaches to service models and care plans (not a one size-fits all approach or process)
- Recognizing that addiction is a chronic, relapsing brain disease

Benefits of Low Barrier Treatments

- Retains marginalized patients in care
- Improves health and quality of life
- 50% reduction in HIV transmission
- Lower likelihood of death due to overdose
- Users are 3x's more likely to stop injecting drugs
- No increase in crime
- 86% fewer syringes in parks and sidewalks (US Center for Disease Control, March 2019)

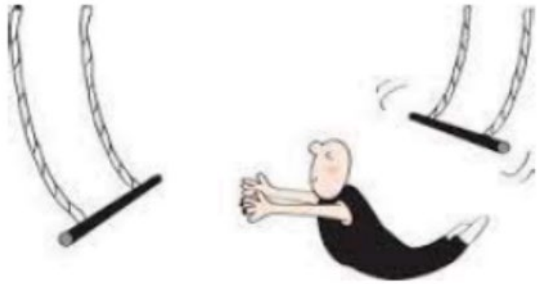
Supporting the Stages of Change

The Stages of Change and Harm Reduction

Change is not only difficult, but also comes with drawbacks.

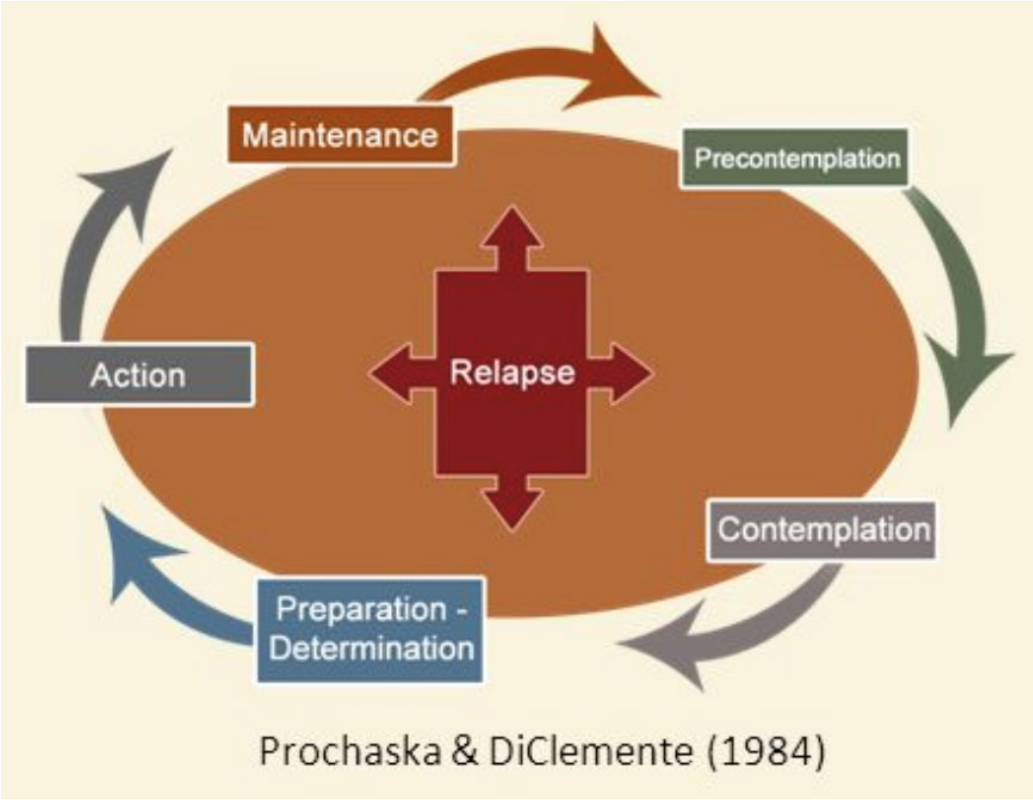
"It's not so much that we're afraid of change or so in love with the old ways, but it's that place in between that we fear…It's like being between trapezes. It's Linus when his blanket is in the dryer. There's nothing to hold on to."

- Marilyn Ferguson, Author, Philosopher



The Stages of Change and Substance Use

[The Stages of Change Model – YouTube]



Things to Keep in Mind Regarding Stages of Change

- Don’t engage in persuasion (i.e., “I think you should”); it’s not effective in cultivating intrinsic motivation for change and can be coercive and harmful
- Be aware of an individual's resistance or guardedness and understand it as a cue that we are not meeting the individual where they are at
- Refocus on the goal to reduce harm, NOT eliminate the risky behavior altogether
- Empower people with how they can stay safe today to foster trust

The Transtheoretical Model: Stages of Change

Stage	Intervention
Pre-contemplation	Empathy/Understanding
Contemplation	Explore & Amplify Ambivalence
Preparation	Clarify Focus, Plan, & Set Goals
Action	Support Self-Efficacy
Maintenance	Monitor Relapse Triggers
Relapse	Roll with it – Reassess and Revise

Harm Reduction Strategies for Substance Use

Check In and Activation Warning

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Substance Use Overdose Risk

- Having a history of overdose increased risk of future overdoses
- People with SUDs are at greater risk for infectious diseases including Hepatitis C virus, Hepatitis B virus, HIV, fungal infections, and bacteria that can infect the heart and other parts of the body
- Some symptoms can take years to develop
- Spread can occur via contaminated blood in shared needles, contact with bodily fluids (breast milk), primarily through sex (vaginal fluid, semen, and anal fluid)

SAMHSA, 2023; National Harm Reduction Coalition, n.d.; National Harm Reduction Technical Assistance Center, n.d.

Setting Harm Reduction Goals

- Minimizing overdosing and contracting or spreading of infectious disease (keep people alive!)
- Reducing risks for death, overdose, and infectious disease spread
- Building trust and hope with people one non-judgmental and empathic moment at a time

SAMHSA, 2023; National Harm Reduction Coalition, n.d.; National Harm Reduction Technical Assistance Center, n.d.

Examples of Harm Reduction Strategies

- Providing supplies (cookers, cotton, sterile water, condoms, lubricant)
- Narcan/Naloxone kits for fentanyl poisoning/overdoses
- Overdose prevention education and Narcan/naloxone kit distribution
- Teaching safer injection practices
- Referrals to all levels of substance use treatment
- Free infectious disease testing and referrals to treatment
- Referrals to medical care, mental health care
- Referrals for legal, housing, and other support services
- Needle exchange
- Sobering Centers
- PrEP and PEP (HIV)
- Medication Assisted Treatment (MAT)
- Education for safer use practices like not using alone, “start low and go slow,” stay with dealer, keep Narcan nearby

Voices of Resilience:
Learning from Lived Experience with Arianna

How did Harm Reduction impact your journey through healing and recovery?

**We will hear more from Arianna throughout the training.*

Please place your answers in the chat box or raise hand to unmute .

5-minute Brain Break

Let’s Focus on a Few Harm Reduction Strategies

Strategy #1: Plan Substance Use Schedule

- Plan substance use schedule
  - Predetermine the amount to be used and prepare accordingly
  - Schedule at least one abstinence day a week
  - Use one drug at a time
- Talk about ways they are willing to reduce frequency and/or intensity of use
  - "Go low and slow"
    - Start with the lowest dose possible, then wait
    - Keep track of your responses
    - Increase very slowly until you achieve your desired goal

SAMHSA, 2023; National Harm Reduction Coalition, n.d.; National Harm Reduction Technical Assistance Center, n.d.

Strategy 2: Safer Injection Drug Use

- Smoking and snorting are less risky than injecting
- Seek a clean surface to prevent bacteria (e.g, newspaper)
- Always use sterile liquids/water (not from toilets), and boil in cap without the drug
- Always carry overdose reversal kit (Narcan)
- Use a new syringe each time

Strategy #3: Stay With the Same Dealer

- Stay with the same dealer to reduce likelihood of contaminated drugs
- Use trusted dealers as a personal fentanyl-avoidance and overdose-prevention strategy
- Inability to access a trusted supplier was reported as the specific event that precipitated their most recent overdose[1]

[1]Carroll et al., (2020)

SAMHSA, 2023; National Harm Reduction Coalition, n.d.; National Harm Reduction Technical Assistance Center, n.d.

Strategy #4: Use fentanyl testing strips

- Small strips of paper that can detect the presence of fentanyl in all different kinds of drugs (cocaine, methamphetamine, heroin, etc.) and drug forms (pills, powder, and injectables)
  - Step 1: Put a small amount (at least 10mg) of your drugs aside in a clean, dry container.
  - Step 2: Add water to the container and mix together.
    - *Please note: For most drugs, you need ½ teaspoon of water. If you are testing methamphetamines, use 1 full teaspoon.*[4]
  - Step 3: Place the wavy end of the test strip down in the water and let it absorb for about 15 seconds.
  - Step 4: Take the strip out of the water and place it on a flat surface for 2 to 5 minutes.
  - Step 5: Read results (Positive results: A single pink line on the left-hand side)
- A minimum of two FTS should be provided in each kit to persons who use drugs. If the first test comes up negative, it is recommended to test the drugs a second time (the same mixture/sample). Additional test strips may be also provided.

SAMHSA, 2023; National Harm Reduction Coalition, n.d.; National Harm Reduction Technical Assistance Center, n.d.

Where can Fentanyl Test Strips be Purchased?

- FTS cost approximately $1.00 each and can be purchased from several vendors, including:
  - BTNX
  - Dance Safe
  - North America Syringe Exchange Network (NASEN) Buyers Club
- Free or low-cost FTS are available to individuals at California's syringe services programs (SSPs) through the California Harm Reduction Supplies Clearinghouse.
- Check with the County Health Dept. for availability of free strips!

Instructional Trainings and Resources Available to Learn How to Test for Fentanyl

- The following is a sampling of FTS resources available
  - FTS Training Video
  - FTS Brochure
  - FTS Instructions

Strategy #5: Do Not Use Drugs Alone

- This can include being on a phone call or a video call during use, or staying with the dealer
- Resource: Never Use Alone Inc. (www.neverusealone.com) 800-484-3731 provides trained volunteer operators that will stay on the phone live during use
- Use an overdose prevention app that monitors movement or breathing patterns that can sense when an opioid overdose has occurred so emergency services can immediately be notified

Strategy 6: Use Clean Needles

- Use new/clean needles
  - If using in a group with a shared needle, use first
  - Secure sterile drug use supplies from harm reduction programs. California law permits individuals to possess sterile syringes for personal use along with safer drug use supplies acquired from a syringe service program - Health & Safety Code 11364(c) / Health & Safety Code 121349.1): CDHP SSP Service Directory
  - California law permits the purchase of sterile needles without a prescription from pharmacies; however, pharmacies are not required to comply

Strategy 7: Practice Sexual Health Precautions

- Use condoms as a barrier method during sexual activity
- Use lubricant to minimize tears and exposure to blood
- Take PrEP (pre-exposure prophylaxis) antiviral medication to reduce chance of getting HIV from sex or injection drug use
- Get tested for HIV, hepatitis, and STDs regularly via free testing sites
- Access medical care at free community clinics focused on harm reduction

Strategy 8: Medication for Addiction Treatment (part 1)

- **Methadone**
  - One of the most widely used medications for treating opioid addiction
  - Available in several different forms, but many patients take it orally as a liquid
  - Long-acting drug that alleviates cravings and withdrawal symptoms
  - Effective tool in managing heroin and other types of opioid dependence
- **Buprenorphine**
  - Medication taken daily as an orally disintegrating tablet or film or an implant which slowly releases the medication over 6 months
  - Risk of overdose is lower than with methadone, and withdrawal symptoms may be somewhat less severe
  - Sometimes combined with naloxone (trade name: Suboxone) to discourage injection use of the medication

Strategy 8: Medication for Addiction Treatment (part 2)

- **Naltrexone**
  - Blocks the effects of opioids to minimize the high if you use
  - Does not help with withdrawal symptoms
  - Cannot begin taking it until 7-10 days after your last opioid use because it can cause the onset of or worsen withdrawal
  - Available in an extended-release injectable formulation that lasts for 30 days

Strategy 9: Keep Naloxone/Narcan nearby and visible

What Is Naloxone?

- Opioid overdose prevention medication
- Food and Drug Adminstration (FDA)-approved opioid antagonist medication
- Used to quickly reverse an overdose
- Blocks opioid receptor sites and helps to restore breathing
- Available as an injectable (which requires professional training), a nasal spray, and an auto-injectable
- People (and their families) who use heroin or other opioids might want to consider keeping naloxone in their homes in case of an overdose
- It is a temporary treatment, so it is critical to obtain medical intervention as soon as possible after administering/receiving Naloxone.

https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions/naloxone#:~:text=Naloxone%20is%20a%20medication%20approved,heroin%2C%20morphine%2C%20and%20oxycodone

Medi-Cal Mobile Crisis Services Benefit

Requires at least one mobile crisis team member to carry and be trained to administer Naloxone.

Naloxone:
Drug Overdose Reversal Medication

How is Naloxone Administered?

- The medication can be given by intranasal spray (into the nose), intramuscular (into the muscle), subcutaneous (under the skin), or intravenous injection
- A practitioner should assess the need to prescribe naloxone for patients who are taking methadone or buprenorphine or otherwise considered a risk for opioid overdose
- Naloxone is effective if opioids are misused in combination with other sedatives or stimulants. **It is not effective** in treating overdoses of benzodiazepines or stimulant overdoses involving cocaine and amphetamines
- Administering Naloxone: https://www.youtube.com/watch?v=nurz9qPGKws

https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions/naloxone#:~:text=Naloxone%20is%20a%20medication%20approved,heroin%2C%20morphine%2C%20and%20oxycodone

Candidates for Naloxone

Individuals who:

- Take high doses of opioids for long-term management of chronic pain
- Receive rotating opioid medication regimens
- Have been discharged from emergency medical care following opioid poisoning or intoxication
- Take certain extended-release or long-acting opioid medication
- Those who have had a period of abstinence to include those recently released from incarceration

https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions/naloxone#:~:text=Naloxone%20is%20a%20medication%20approved,heroin%2C%20morphine%2C%20and%20oxycodone

Candidates for Naloxone (Continued)

SAMHSA continues to work with its federal partners, states, first responders, and other stakeholders to educate on the use of and increase access to naloxone. In 2018, SAMHSA published this toolkit to save more lives from opioid overdose.

» SAMHSA Opioid Overdose Prevention Toolkit

» California AB 2760

- This law requires prescribers to offer a prescription for naloxone hydrochloride or another drug approved by the United States Food and Drug Administration for complete or partial reversal opioid depression when conditions are present. See resource for more details https://www.mbc.ca.gov/Download/Documents/AB2760FAQs.pdf

https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions/naloxone#:~:text=Naloxone%20is%20a%20medication%20approved,heroin%2C%20morphine%2C%20and%20oxycodone

Myths of Naloxone

- Naloxone makes people violent
- Naloxone will keep drug users from seeking treatment
- We cannot trust a person who is high to respond appropriately in a life-threatening situation
- If you give an overdose antidote to drug users, they will abuse more drugs
- Only medical professionals can determine if someone has overdosed and give Naloxone
- Naloxone will prevent drug users from calling 911 for further medical assistance

Note: There are legal protections for anyone who administers Naloxone

Supervision and Clinical Consultation

Supervision and Clinical Consultation

- Harm reduction approaches man be challenging for some to easily start using over past intervention strategies or belief systems such as "abstinence only"
  - Talking with a supervisor about one's challenges can be helpful
- It's likely you will still have many questions when in the field providing mobile crisis services and working through harm reduction strategies, as such
  - Clinical consultation should be available to you as a providers to support mobile crisis teams with challenges or uncertainty they may address in a mobile crisis intervention
  - Check in directly with your supervisors/program leads if you are unsure where to seek clinical consultation when in the field or after a response.
  - FREE! CA Substance Use Line 24/7, clinician to clinician support- **(844) 326-2626**

Let's Check In!

- What are you learning?
- What do you intend to do differently going forward?

Please place your answers in the chat box or raise hand to unmute .

Case Study

You receive a call for service from a 30-year-old who has recently been released from a court-ordered substance use treatment program and is in crisis due to unstable housing and fear that she will violate her probation. She has a history of alcohol, marijuana, and IV heroin use. She discloses that she only completed the treatment program to avoid a longer jail sentence and she does not feel she can sustain sobriety. She expresses that her cravings are becoming unmanageable, and she wants to get her hands on heroin ASAP. She shares she is feeling out of control and at this point will consume the first thing she can get her hands on to get high.

Questions:

- What additional information would you like to know about this person?
- How would you engage this person?
- What harm reduction strategies might be helpful to offer this person?
- What are some ways a mobile crisis team can support this person to follow-through on their goals?

Voices of Resilience:
Learning from Lived Experience with Arianna

How did Harm Reduction impact your journey through healing and recovery?

Final Reminders

- Mobile crisis response is at its core a harm reduction strategy
- Harm reduction provides non-judgmental trauma-informed compassionate care and consistent positive regard while meeting people where they are, but does not strive to leave them there
- Incorporate cultural humility and cultural responsiveness into your work
- Focus on reducing harm, not eradicating the behavior
- Provide practical options to minimize harm, not to condone risky behavior
- Clients are the experts on themselves and lead the process - allow people to be empowered to reduce their harm

Final Reminders

- Recovery is a nonlinear process and success includes multiple small steps rather than a couple huge steps
  - help to manage setbacks
  - resilience develops over time
- Accept that individuals are doing the best they know how to based on the conditions and resources they have. People are treated with dignity and respect regardless of their recovery status
- Harm reduction reinforces safe interactions with helpers and promotes the development of intrinsic motivation
- Harm reduction is person centered care. Individuals can help themselves - they are a resource

Questions

Harm Reduction Resources

California Rural Indian Health Board: Opioid Response Projects

- **Project 1: Tribal Medication-Assisted Treatment (TMAT) Program**
  - The goal of the program is to meet the specific prevention, treatment, and recovery needs of California's Tribal communities
  - Connect DHCS, Indian stakeholders, and non-Tribal and Urban Indian MAT providers
  - Facilitate technical assistance and training services
  - Distribute naloxone to Tribal communities
  - Provide culturally adapted training and suicide prevention materials
  - Implement and fund Tribal Local Opioid Coalitions
  - Develop telehealth infrastructure to interface with UCLA's Project ECHO and other telehealth systems

California Rural Indian Health Board: Opioid Response Projects

- **Project 2: Tribal Opioid Response Program**
  - The goal of the program is to address the opioid crisis in Tribal communities by increasing access to culturally appropriate and evidence-based treatment, including MAT
  - Complete a comprehensive strategic plan to address the gaps in prevention, treatment, and recovery identified by the Tribe
  - Implement workforce development activities to ensure that individuals working in Tribal communities are trained to prevent and treat opioid misuse
  - Develop effective prevention strategies, which include but are not limited to elder education, outreach and engagement of youth, strategic messaging, and community prevention activities
  - Develop strategies to purchase and disseminate Naloxone and provide training on its use to first responders and other Tribal members
  - Implement service delivery models that enable the full spectrum of treatment and recovery support services
  - Implement community recovery support services
  - Provide assistance to patients with treatment costs and develop other strategies to eliminate or reduce treatment costs for uninsured patients
  - Provide treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings

California Bridge to Treatment

- **Medication-Assisted Treatment Rooted in Harm Reduction**
  - CA Bridge saves lives by making it possible for people who use drugs to get treatment at any hospital—whenever and wherever they need it
  - CA Bridge, launched in 2018, has led the nation in expanding medication for addiction treatment in Emergency Departments throughout California. Our model is proven to work effectively in any hospital setting, and has been launched in 85% of the state's Emergency Departments
  - By lowering barriers to medication for addiction treatment, we eliminate unnecessary tests and provide patients with immediate relief from withdrawal symptoms. Once patients are stabilized, they engage with a navigator—often a peer with lived experience—to discuss harm reduction and ongoing treatment. Our navigators triple the likelihood that a patient will be in treatment 30 days after they leave the Emergency Department

UCLA Integrated Substance Abuse Programs

- FREE Online Courses
  - Catalog of on-demand learning opportunities
  - https://docs.google.com/document/d/10r78aNpgPzIdc2TGM5bH29ODaA8xtAPHsK8vDuticLQ/edit

California Department of Public Health: Naloxone Distribution Project

- **Provides access to Naloxone/Narcan kits (soon OTC)**
- **Training for Administration**
  - CDC: https://www.cdc.gov/opioids/naloxone/training/index.html
  - California Department of Public Health Webinar

Brave App

- **Brave.coop** // Brave app focuses on detecting overdoses, establishes a rescue plan with app users, and activates the plan when necessary. Via the app, people who use drugs alone are connected with remote supervision and overdose support, while protecting their privacy, anonymity, and autonomy. Brave.coop also provides community-based overdose detection tools in supportive housing units (Brave buttons) and public bathrooms (sensors).
- Examples of strategies on the app
  - Use only one drug at a time
  - Consider alternative methods of ingestion: smoking and snorting are less risky than injecting

Source Websites: Brave.coop; neverusealone.com; https://kevingerman.com/canary | SAMHSA, 2023; National Harm Reduction Coalition, n.d.; National Harm Reduction Technical Assistance Center, n.d.

Closing

Appreciation!

Contact Us

Miranda March (Project Director)
mmarch@cars-rp.org

Danielle Raghib (Field Director)
draghib@cars-rp.org

David Eric Lopez (TTA Specialist)
dlopez@cars-rp.org

Andrew Ha (Project Manager)
aha@cars-rp.org

For General Questions
Mobilecrisisinfo@cars-rp.org