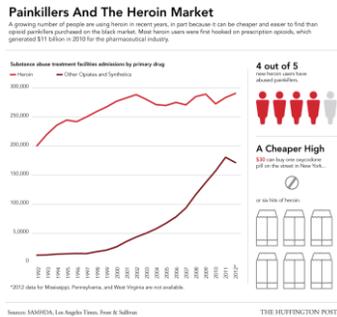




Using interviews with PWID to understand perspective and plan our public health interventions

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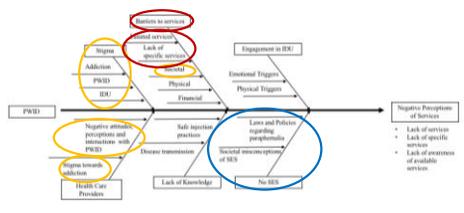
How did this happen?



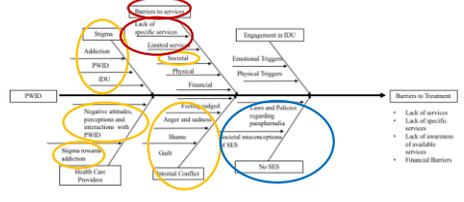
Risk Taking Behavior



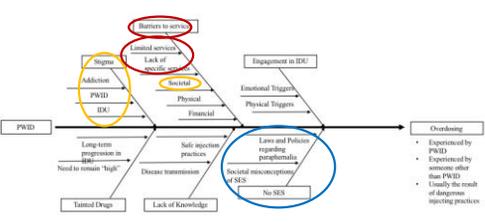
Negative Perception of Services



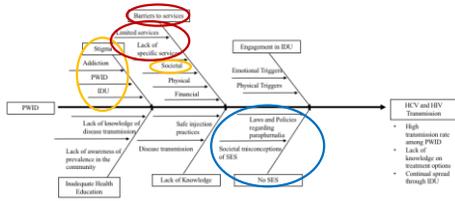
Barriers to Treatment



Overdosing



HCV and HIV Transmission



Achieved Recovery



Stigma

The words we use can support the path to recovery

- Substance use disorder is a chronic brain disorder
- Persistent stigma still creates barriers to treatment
- The White House ONDCP prepared a document w to substance use that may cause confusion or perpe
- Executive Branch agencies are encouraged to cons communications related to substance use



Stigma

- People with substance use disorders are viewed more negatively than people with physical or psychiatric disabilities
- The terminology often used can suggest that substance use disorders are the result of a personal failing/choice
- The term "abuse" is highly associated with negative judgments and punishment
- Even trained clinicians are likely to assign blame when someone is called a "substance abuser" rather than a "person with a substance use disorder"
- Negative attitudes among health professionals have been found to adversely affect quality of care and subsequent treatment outcomes

Language

- American Society of Addiction Medicine has recommended adoption of clinical, non-stigmatizing language for substance use
- "Person-first language" has been widely adopted by professional associations to replace negative terms that have been used to label people with other health conditions and disabilities
- "Person with a mental health condition" or "person with a disability" distinguish the person from his/her diagnosis

Substance Use Disorder

- The current Diagnostic and Statistical Manual of Mental Disorders replaced older categories of substance "abuse" and "dependence" with a single classification of "substance use disorder"
- Terms such as "drug habit" inaccurately imply that a person is choosing to use substances or can choose to stop

Person with Substance Use Disorder

- Person-first language is the accepted standard for discussing people with disabilities and/or chronic medical conditions
- Use of the terms "abuse" and "abuser" negatively affects perceptions and judgments about people with substance use disorders
- Terms such as "addict" and "alcoholic" can have similar effects

Person in Recovery

- Various terms are used colloquially to label the substance using status of people including the terms "clean" and "dirty"
- Instead of "clean"
 - "negative" (for a toxicology screen)
 - "not currently using substances" (for a person)
- Instead of "dirty"
 - "positive" (for a toxicology screen)
 - "currently using substances" (for a person)
- The term "person in recovery" refers to an individual who is stopping or at least reducing substance use to a safer level, and reflects a process of change

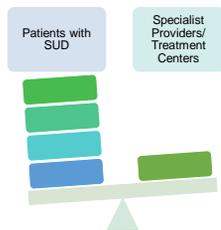
Medication Assisted Treatment

- Terms "replacement" and "substitution" have been used to imply that medications merely "substitute" one drug or "one addiction" for another - this is a misconception
- The dosage of medication used in treatment for opioid addiction does not result in a "high," rather it helps to reduce opioid cravings and withdrawal
- "Medication-assisted treatment" (MAT) is used to refer to the use of any medication approved to treat substance use disorders combined with psychosocial support services

Medication Assisted Treatment Services

Indian Country Opioid/Addiction ECHO

- Lack of specialist availability limits access to HCV treatment
- Learning from the best of what is working in Indian Country



Best Practice -



People need access to specialty care for their complex health conditions.

There aren't enough specialists to treat everyone who needs care, especially in rural and underserved communities.

ECHO trains primary care clinicians to provide specialty care services. This means more people can get the care they need.

Patients get the right care, in the right place, at the right time. This improves outcomes and reduces costs.

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What does participation look like?



- The 1 hour long clinic includes an opportunity to present patient cases and receive recommendations from a specialist
- Engage in a monthly didactic session
- Become part of a learning community and network
- Together, manage patient cases so that every patient gets the care they need

Indian Country Opioid Project ECHO Curriculum Design and Learning Objectives

Each teleECHO clinic will offer learners the opportunity to benefit from didactics presented by experts in the field supported by references and will contain at least three main learning objectives. The didactic curriculum will be inter-professional in scope and will provide:

- Current practice guidelines pertaining to opioid use disorders, addiction and MAT management
- Foundations of opioid use disorders to provide a baseline understanding of the topic, and will include epidemiology, diagnosis, and treatment/management approaches
- Topics based on organizational, local and national trends in Indian Country, new findings in peer-reviewed medical literature, as well as participant feedback of interest

Syringe Service Programs

STARTING A SYRINGE SERVICES PROGRAM – as a piece of overall harm reduction

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Harm Reduction

Harm reduction incorporates a spectrum of strategies from safer use, to managed use to abstinence to meet people who inject “where they’re at,” addressing conditions of use along with the use itself. Because harm reduction demands that interventions and policies designed to serve users reflect specific individual and community needs, there is no universal definition of or formula for implementing harm reduction.

<http://harmreduction.org/about-us/principles-of-harm-reduction/>

Basic Harm Reduction Principles

- Accepts, for better and or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them.
- Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe abuse to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others.
- Establishes quality of individual and community life and well-being—not necessarily cessation of all drug use—as the criteria for successful interventions and policies.
- Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm.
- Does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use.

Harm Reduction

- Is a practical strategy that attempts to reduce negative consequences of drug use and other activities.
- Accepts that some will engage in dangerous activities, but does not attempt to minimize the harm or dangers involved.
- Focuses on the individual and their health and wellness needs.
- Places individuals in the greater social context.
- Places a value on drug users having a voice in the creation of programs and policies designed to serve them.

What else is Harm Reduction?

- Prevention of injection-related wounds
- Prevention of secondary infections (endocarditis, cotton fever)
- Safer injection technique
- Alternatives to injecting
- Overdose prevention and response
- Immunization
- STI testing
- Safer sex supplies
- Case management
- Addiction treatment
- Allows patients access to Primary Care that they previously did not seek out
- Connects patients to Recovery and Treatment options

Lummi Tribal Health Center (LTHC) offers a Primary Integrated Care Syringe Service Program that allows patients to access harm reduction materials while maintaining anonymity.

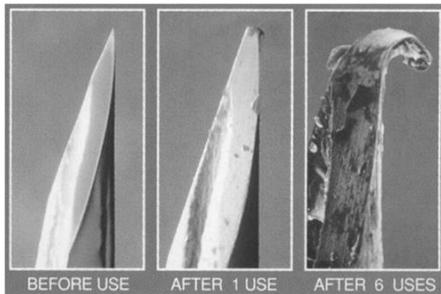


Supplies

- Sterile syringes
- Alcohol prep pads
- Cookers
- Cotton filters
- Sterile water
- Bandages
- Condoms
- Tourniquet
- Narcan



<https://nasen.org/>



Easy and SAFE access to Narcan



Harm Reduction is Cost Effective

Every dollar invested in SSPs results in \$7 in savings just by preventing new HIV infections.¹





Nt'oyaxsn

"We are responsible for ourselves and each other" – Kodiak Aluttiq
Traditional Value



For more information, please contact Jessica Leston
jlleston@npaihb.org or 907-244-3888 (text works too)

References

1. Corrigan, P.W., Kuwabara, S.A., O'Shaughnessy, J. (2009). The public stigma of mental illness and drug addiction: findings from a stratified random sample. *Journal of Social Work*, 9(2): 139-147.
2. Barry, C.L., McGinty, E.E., Pecosolido, B.A., Goldman, H.H. (2014). Stigma, discrimination, treatment, effectiveness, and policy: public views about drug addiction and mental illness. *Psychiatric Services*, 65(10):1269-1272.
3. Kelly, J.F., Westerhoff, C.M. (2010). Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms. *International Journal of Drug Policy*, 21(3):202-7.
4. Kelly, J.F., Satt, R.D., Wakeman, S. (2016). Language, substance use disorders, and policy: The need to reach consensus on an "addiction-ary". *Alcoholism Treatment Quarterly*, 34(1): 116-123.
5. van Boekel, L.C., Brouwers, E.P.M., van Weeghel, J., Garretsen, H.F.L. (2013). Stigma among health professionals towards patients with substance use disorders and its consequences for healthcare delivery: Systematic review. *Drug and Alcohol Dependence*, 131: 23-35.