



Have the Conversation: Caring for People Who Inject Drugs

A Guide for New Hampshire Healthcare Providers

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A Publication Endorsed by the New Hampshire Governor's Commission on Alcohol and
Drug Abuse Prevention, Treatment and Recovery and its Healthcare Task Force

September 2017

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Background

People who inject drugs (PWID) engage with every area of the healthcare system.

- Each connection with a client presents an opportunity to promote health and set goals to reduce risk, whether in primary care, emergency services, or obstetrics.

PWID are interested and capable of making changes to improve their health and safety.

- The aim is to provide a client with information, tools, and support to attain their self-defined goals.
- Conversations about health [promotion](#) or safe drug use do not condone drug use but demonstrate compassionate pragmatism.

Meaningful therapeutic relationships with PWID are possible and important to care.

- Each PWID has a unique and complex pathway to substance use and misuse. There are many possible contributors to an individual's initiation of substance use (for example curiosity, family norms, stress, trauma, mood disturbance, et al.). Minimizing assumptions and being open to each client's unique experience can promote candid conversation about substance use/misuse.
- Readiness is key to substance use treatment efficacy. Healthcare providers often wrongly assume that every PWID wants to quit. Focusing on recovery as the only goal can alienate PWID.
- The primary goal of a conversation is for the healthcare provider to establish themselves as a resource and ensure PWID are comfortable returning for care or additional resources.
- Feeling judged or condemned is a major barrier to disclosing drug use. In healthcare experiences, PWID often experience betrayals of trust, denial of appropriate care, or engagement of security or police that make them wary.

Health care providers can promote candid disclosure and meaningful goal setting.

- PWID who have good rapport with their care provider are more likely to discuss their drug use, adopt provider recommendations, maintain continuity of care, and seek timely care.¹
- This resource suggests non-judgmental approaches to foster conversations but may not fit every interaction. Each practitioner should adopt strategies that fit their style of collaboration.

Screening and Observation

Incorporate screening for substance use into every visit or encounter.

- Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an approach to discuss substance abuse that can be developed to suit each practitioner's style and care setting.²
- Consider using an SBIRT app or program to guide you as you get started.³

Ask: "How many times in the past year have you used a street drug or used a prescription medication for non-medical reasons?" Drug-Focused SBIRT Screening

- Ask permission to discuss use. Ex: "Is it okay if we talk more about your use of _____?"
- To differentiate problem use, use a screening tool like the Drug Abuse Screening Tool (DAST).⁴

Provide a Brief Intervention and Referral to Treatment

- Incorporate tools to raise awareness, like the readiness ruler, to inform goal setting.
 - "On a scale of 0-10, with 0 being not at all ready and 10 being very ready, how ready are you to (goal)?" Follow up with "Why not a (lower number)?" to elicit motivation.
- Intervention can include:
 1. Raising awareness of an individual's substance use including consequences.
 2. Motivate them toward positive behavioral change.⁵
- Referral to substance use disorder treatment for individuals interested in changing behavior.
 - NH Treatment Locator at nhtreatment.org or call 1-844-711-HELP
 - If referral or services are declined, discuss when a referral would be considered.
 - Ask permission to discuss in the future: "While I think quitting is important for your health, I know you need to be ready. Would it be okay if we talk more about your substance use next time?"

Ask: “Have you ever used a drug by injecting it?”

- In addition to SBIRT and DAST screening, additional discussion with people who inject drugs (PWID) can address the unique health concerns that can accompany injecting.
- Injecting presents additional risks including HIV, Hepatitis C, infections (for example cellulitis, endocarditis, necrotizing fasciitis), and greater risk of overdose.

Ask: “Can you tell me more about this wound because I think we can treat and prevent this?”

- If physical signs of injecting drugs (like track marks or infections likely related to injecting) are seen on exam, asking questions in a non-judgmental manner can foster honest disclosure.
- Even if signs of drug use are clear to you, be sensitive that admitting to using is likely very stressful. Try to be as accepting and supportive of silence or non-disclosure.

Ask: “Were you using drugs when this injury occurred because we could talk about ways to prevent another injury?”

- If injuries sustained may be related to use of drugs, address it directly in a supportive manner.

Safer Supplies

Ask: “Are you able to get clean supplies (needles, cookers, cottons)?”

- Recommend never sharing and always using a new syringe and needle.
 - NH pharmacists may dispense up to 10 needles/syringes without a prescription, although pharmacy policy varies. Consider identifying local pharmacies that allow syringe purchase.
 - Connect to a syringe service program. <http://harmreduction.org/connect-locally/>
 - If needles have to be shared or reused, HCV can be reduced and HIV eliminated with bleach.⁷
 1. Fill the syringe with cold water, shake it, push it out. Repeat until no blood can be seen.
 2. Fill the syringe with undiluted bleach and let it sit for 2 minutes ideally (at least 30 seconds).
 3. Rinse with new clean water.
- Advise using clean single use supplies (cottons, cookers) and clean water (sterile).
 - Water, cottons, and cookers are often used to prepare a drug. These can carry Hepatitis C or HIV if in contact with a used syringe. They should be used once and not shared. If reuse is required, disinfect cookers with bleach to reduce risk of infectious disease.⁸

Safer Use

Ask: “What steps do you take to keep yourself safe when using?”

- Advise to not use alone and only with trusted people who can provide care if needed.
- Encourage using caution with all drug supplies and new sources, especially if the source or supply is connected with overdose or problems.
- Recommend avoiding taking all the drug at once and avoiding rushing.
- Starting with a small amount (“test shot”) may help prevent overdose as drug cannot be taken back once injected.⁶
- Problem solve together around a safer environment during use and/or opportunities to decrease frequency.

Ask: “Do you have naloxone (Narcan) available in the case of an overdose?” (if they use opiates)

- Availability in New Hampshire:
 - Providers can write prescriptions for naloxone for pick up at the pharmacy.
 - Pharmacists can dispense naloxone without a prescription with established standing orders.
 - Community health centers offer free naloxone kits to their clients at risk for overdose.
 - Community trainings available: <http://anyoneanytimenh.org/naloxone-in-new-hampshire/>
 - Emphasize calling 911 at the first sign of an overdose to get help on the way.
 - Good Samaritan laws in NH help protect those that call 911 for an overdose.

Ask: “How do you prevent injury to your veins and infections?”

- Wash hands with soap and water or with hand sanitizer. Disinfect skin with alcohol (hand sanitizer).⁸
- Use of a tourniquet improves vein access meaning fewer needle sticks needed. Fewer needle sticks decreases risk for infection.⁶ Advise removing tourniquet before injecting or injury to the vein can occur. Do not inject if an artery is accessed (bright red blood filling syringe).
- Make sure the bevel of the needle is up to avoid going through the vein. Recognize valves in veins and inject above the valve to prevent damage to the vein.
- Discuss recognizing infections and when to seek care for wound/ illness/ infection.
- Offer the Harm Reduction Coalition’s manual “Getting Off Right” for more tips.⁶

Safer Disposal

Ask: “Are you able to safely get rid of supplies like syringes and needles?”

- Recommend safely disposing of used syringes and needles. Options include:
 - Syringe service programs can dispose of needles. <http://harmreduction.org/connect-locally/>
 - Some health, fire departments, and transfer stations provide safe places to dispose of syringes. See <http://www.safeneedledisposal.org/state-search/?state=NH> for options.
 - Consider if your care setting can allow PWID to dispose of their syringes safely at your site.
 - If safe disposal through an agency is unavailable, needles should be placed in a hard plastic bottle (e.g. detergent bottle). Once $\frac{3}{4}$ full, tape the lid with duct tape, label “DO NOT RECYCLE,” and place in the regular trash.⁶

Health Promotion

Offer Preventative Care: Screening, Testing, and Education

- HIV testing is recommended at least annually for PWID.
 - Include HIV 1/2 antibody and HIV 1 p24 antigen testing (positive 21 days after infection).⁹
 - Consider discussing PreExposure Prophylaxis (PrEP) for HIV prevention.⁹
- Hepatitis C antibody testing is recommended periodically for PWID.¹⁰
 - If exposure may have occurred with 6 months consider HCV RNA testing.¹¹
- Check Tdap, HPV, Hepatitis A and B vaccination status and immunize as needed.¹²
- Discuss safe sexual practices and provide condoms.¹²
- Review pregnancy prevention options.¹²

Key Points

- Open conversations can encourage risk reduction and highlight opportunities for education.
- Supporting PWID “where they are at” can keep people engaged in health care and increase access to treatment and recovery services.

¹ Salvaggio, G., McKim, R., Taylor, M., & Wild, T.C. (2013). Patient-provider rapport in the health care of people who inject drugs. *SAGE Open*, 1-13. doi:10.1177/21582440135252

² NH Youth SBIRT Initiative. (2017). *Process: Elements of SBIRT*. Retrieved from <http://sbirtnh.org/process/>

³ Bray, J. (2014). SBIRT app for Screening, Brief Intervention and Referral to Treatment. [Mobile Application Software]. Retrieved from <http://itunes.apple.com>

⁴ National Institute on Drug Abuse. (n.d.). *DAST-10*. Retrieved from <https://www.drugabuse.gov/sites/default/files/dast-10.pdf>

⁵ SBIRT Colorado. (n.d.). *Why SBIRT?* Retrieved from http://www.integration.samhsa.gov/clinical-practice/sbirt/SBIRT_Colorado_WhySBIRT.pdf

⁶ Harm Reduction Coalition. (n.d.) *Getting off right safety manual*. Retrieved from <http://harmreduction.org/drugs-and-drug-users/drug-tools/getting-off-right/>

⁷ Centers for Disease Control and Prevention (CDC). (2004). *Syringe disinfection for injection drug users*. Retrieved from <https://npin.cdc.gov/publication/syringe-disinfection-injection-drug-users>

⁸ Phillips, K.T., Altman, J.K., Corsi, K.F., & Stein, M.D. (2013). Development of a risk reduction intervention to reduce bacterial and viral infections for injection drug users. *Substance Use and Misuse*, 48(1-2), 54-64. doi:10.3109/10826084.2012.722159

⁹ Centers for Disease Control and Prevention (CDC). (2017). *HIV Testing 101*. Retrieved from <https://www.cdc.gov/hiv/pdf/library/factsheets/hiv-testing-101-info-sheet.pdf>

¹⁰ United States Preventative Services Taskforce (USPTF). (2013). *Hepatitis C Screening*. Retrieved from <https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/hepatitis-c-screening>

¹¹ Centers for Disease Control and Prevention (CDC). (2015). *Testing Recommendations for Hepatitis C Virus Infection*. Retrieved from <https://www.cdc.gov/hepatitis/hcv/guidelines.htm>

¹² Centers for Disease Control and Prevention (CDC). (2016). *Persons Who Use Drugs: Strategies for Disease Prevention*. Retrieved from <https://www.cdc.gov/pwud/disease-prevention.html>