Key Messages Handout:
Supporting Clinicians to Improve Linkage to Harm Reduction Services

Getting Started

It's critical for detailers to fully understand the key messages and associated evidence and resources on the topic for detailing before going out into the field. Detailing visits are ***more effective*** *when the detailer can clearly highlight and identify* ***relevant data*** *(e.g., local or state overdose data),* ***guidelines*** *(e.g., CDC opioid prescribing or tapering guidelines), and* ***resources*** *(e.g., a list of community organizations offering harm reduction services) to encourage behavior change.*

Before walking through the key messages with a clinician, the detailer should always begin a detailing visit by ***illustrating the problem*** *and making* ***the case for action****. It's helpful to present local or state data (e.g., rates of nonfatal and fatal overdoses, number of providers prescribing medications for opioid use disorder in the community, rates of HIV and Hepatitis C in the community or state) to show that a clinical care gap exists and that there's potential for* ***clinician action*** *to close that gap.*

It's common for clinicians not to accept every key message. It's likely that they'll bring up ***concerns or pushback*** *during the visit, like time constraints or feeling uncomfortable discussing substance use or harm reduction with patients. Detailers should be prepared with* ***specific content and evidence to address*** *the most* ***common barriers*** *a clinician may face. For example, offering a scripting tool to help clinicians have effective conversations about substance use and harm reduction with patients may make the requested behavior change feel more achievable for the clinician. It's often helpful to brainstorm common barriers with colleagues before heading out into the field to detail.*

Detailers also need to have ***up-to-date resources*** *for both clinicians and patients that are* ***relevant to their communities****. These resources may include referral to treatment, tips to secure payment for a recommended service, referral to public health services, evidence supporting additional related topics, etc. The resources should be prepared as documents that can either be* ***printed or easily accessed online****, depending on the clinician's preference.*

Harm Reduction Key Messages

1. **Assess factors that may contribute to risk of Opioid Use Disorder (OUD) for patients who use prescribed or non-prescribed opioids.**
2. **Identify opportunities to reduce potential harms using a patient-centered approach.**
3. **Offer Medications for Opioid Use Disorder (MOUD) to patients identified as having OUD.**
4. **Connect patients with harm reduction and other community-based services that meet identified needs.**

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1. Assess factors that may contribute to risk of Opioid Use Disorder (OUD) for patients who use prescribed or non-prescribed opioids.

Detailers should be prepared to share guidelines and tools for assessing patients for OUD. They should also be aware of local or state regulations around screening for OUD.

FEATURE	*Transition Phrase*	BENEFIT
Understanding a person's strengths and challenges, including the impact of social determinants of health, can help guide the discussion about risks associated with opioids.	*Therefore…* *Which means…*	Clinicians can build a trusting relationship and effective treatment plan if clinicians have a strong understanding of the whole patient.
Evaluating risk systematically can help identify different presentations of OUD across patients using either prescription or non-prescription opioids.	*Therefore…* *Which means…*	Clinicians can focus on harm reduction and treatment approaches more relevant for the individual patient.
Discussing patients' strengths and challenges during assessment for OUD can increase trust and safety and reduce stigma.	*Therefore…* *Which means…*	Creates more opportunities to collaborate with the patient on a care plan. This approach can yield more helpful information for making appropriate diagnoses. Increases the likelihood that the patient will see the clinician as a resource for support if or when they need it.
Evaluating risk of OUD in a way that considers the whole patient, their experiences, needs, and goals is the first step in creating a care plan that optimizes patient safety.	*Therefore…* *Which means…*	An effective care plan that optimizes patient safety and is tailored to the patient's needs and circumstances can help reduce harm including overdose and death.
Trainees can fill in additional ideas below:		

2. Identify opportunities to reduce potential harms using a patient-centered approach.

Detailers should be prepared with resources and evidence on different approaches to harm reduction. It's sometimes helpful for detailing programs to create scripting tools for conversations with patients that can be offered to clinicians who are not experienced in this topic.

**As of March 2023, Narcan has been approved by the FDA for over-the-counter (OTC) non-prescription use. Although it has been approved, there is no clear timeline for when Narcan will begin to be offered OTC and how expensive OTC Narcan will be. Additionally, the FDA approval was limited to the nasal spray Narcan and does not cover all forms of naloxone. Discussions around naloxone can also serve as a powerful tool for providers to engage their patients around conversations about harm reduction. Therefore, we recommend providers continue to prescribe and disseminate naloxone to patients as part of their effective harm reduction strategy.*

FEATURE	*Transition Phrase*	BENEFIT
Discussing harm reduction resources with a patient and asking which options resonate with them allows for the patient to lead the conversation and collaborate on a plan of care.	*Therefore…* *Which means…*	When patients feel heard and understood they will be more likely to engage in harm reduction approaches. Open discussions with patients about their substance use allows clinicians to offer the most relevant harm reduction strategies.
Offering multiple harm reduction approaches, including syringe services, prescribing syringes, peer support, naloxone, using with another person, wound care kits, fentanyl strips, and MOUD allows for the patient to choose which approach is best for them.	*Therefore…* *Which means…*	Clinicians can recommend specific actions that prioritize the patient's individual needs.
Inviting patients to choose from flexible harm reduction approaches offers them agency.	*Therefore…* *Which means…*	Patients can decide which harm reduction approaches they'd like to try and will be more likely to stick with their overall care plan.
Trainees can fill in additional ideas below:		

3. Offer Medications for Opioid Use Disorder (MOUD) to patients identified as having OUD.

Before starting their detailing work, detailers should be prepared to share guidelines and legislation about prescribing MOUD in their state.

FEATURE	*Transition Phrase*	BENEFIT
High quality evidence shows that MOUD can successfully treat OUD.	*Therefore…* *Which means…*	Patients can control OUD and achieve sustained recovery. Patients may be more willing to try MOUD if they know it is an effective form of treatment. MOUD can be a useful tool even when patients aren't interested in long term abstinence. MOUD can be introduced as a tool to manage substance use in a range of clinical scenarios.
Primary care clinicians can prescribe buprenorphine without an X waiver.	*Therefore…* *Which means…*	Clinicians no longer need to spend 8 (or more) hours on a certification program for an X waiver before being able to offer this important treatment.
Referral resources for more complex cases, can be found on the Substance Abuse and Mental Health Services Administration (SAMHSA) website.	*Therefore…* *Which means…*	Primary care clinicians do not need to be experts on every nuance of OUD care to be able to offer effective options to their patients.
Trainees can fill in additional ideas below:		

4. Connect patients with harm reduction and other community-based services that meet identified needs.

Detailers should be prepared to share local harm reduction and public health resources with clinicians. It's often helpful to compile a list that a clinician can easily refer to during a visit with a patient.

FEATURE	*Transition Phrase*	BENEFIT
Linking patients to services helps them feel supported and connected to the community.	*Therefore…* *Which means…*	Patients may be exposed to other services and programs when they're connected to the community. Clinicians don't need to know everything about harm reduction, but rather what community resources exist and how to access them.
Referring patients to harm reduction and other services lets them know the clinician listened and that they care.	*Therefore…* *Which means…*	Patients and clinicians can build a strong, trusting relationship.
Providing multiple options for community harm reduction and other services for the patient to choose from allows for a collaborative care approach.	*Therefore…* *Which means…*	Patients will be empowered to make a decision and seek care of their choosing.
Trainees can fill in additional ideas below:		

My Notes:

Barriers & Enablers Handout: Strengthening Communities to Improve Linkage to Harm Reduction Services

1. Assess factors that may contribute to risk of Opioid Use Disorder (OUD) for patients who use prescribed on non-prescribed opioids.

Detailers should be prepared to share guidelines and tools for assessing patients for OUD. They should also be aware of local or state regulations around screening for OUD.

BARRIERS	ENABLERS
This will take too long to do during a visit.	There are multiple resources that can be incorporated into clinic work-flow (DSM-5 Criteria, Opioid Risk Tool). Medical assistants or nurses can also help with administering screening tools.
My patients will be offended if I ask them about substance use.	Clinicians will build trust with patients if they ask about substance use in a non-stigmatizing way. Asking on a routine basis is a powerful signal that OUD care is medical care.
I know if my patients have OUD.	Not all OUD cases are immediately apparent; a thorough assessment and conversation with the patient can detect cases that might otherwise be missed.
I know what's going on in my patients' lives.	A thorough assessment of the social determinants of health can identify challenges that patients may have been reluctant to volunteer and can better inform the care plan.
My patients don't have OUD.	Even if your patients don't use substances, their friends, families, and neighbors might. Sharing local data with patients about overdose rates in the community can help them understand the importance of being responsive to this crisis.
Trainees can fill in additional ideas below:	

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2. Identify opportunities to reduce potential harms using a patient-centered approach.

Detailers should be prepared with resources and evidence on different approaches to harm reduction. It's sometimes helpful for detailing programs to create scripting tools for conversations with patients that can be offered to clinicians who are not experienced in this topic.

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BARRIERS	ENABLERS
I don't know how to start this conversation with patients.	Ask patients open-ended questions and build trust, the idea is to create a safe place where patients are encouraged to share information. Clinicians do not need to have every harm reduction option memorized as a primary care clinician. Clinicians can start a discussion and then refer.
My patients aren't interested in harm reduction.	Start a conversation with patients about the importance of optimizing safety. When counseling patients on behavior change, clinicians may need to raise a suggestion multiple times until the patient is ready to act on it.
I'm not familiar with the different types of harm reduction.	Detailers can provide clinicians with resources that provide information about the types of harm reduction services that exist.
I don't know how to document this discussion.	Clinicians can document their main recommendation to the patient and document where the plan has ended up after the discussion.
What my patients really need is referral to treatment.	Referral for treatment can be one resource to offer along with other harm reduction interventions.
Trainees can fill in additional ideas below:	

3. Offer Medications for Opioid Use Disorder (MOUD) to patients identified as having OUD.

Before starting their detailing work, detailers should be prepared to share guidelines and legislation about prescribing MOUD in their state.

BARRIERS	ENABLERS
My patients think MOUD treatment doesn't work because they are nervous about trying something new.	MOUD is evidence-based and an effective treatment for OUD.
My patients think MOUD treatment doesn't work because they've tried it before and relapsed.	Treatment of OUD and related disorders often requires multiple attempts before patients achieve remission. Clinicians can ask patients questions about their previous experiences with MOUD to better understand their specific challenges.
Treatment is not available in my area.	Clinicians can prescribe Buprenorphine without an X waiver.
I don't know the prescribing guidelines and would prefer to refer those patients out.	Detailers can provide resources, links, and literature to help clinicians become comfortable with MOUD.
We don't want those types of people at our practice.	Not all OUD cases are immediately apparent. There is a high probability that some of your patients have substance use disorder.
Trainees can fill in additional ideas below:	

4. Connect patients with harm reduction and other community-based services that meet identified needs.

Detailers should be prepared to share local harm reduction and public health resources with clinicians. It's often helpful to compile a list that a clinician can easily refer to during a visit with a patient.

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BARRIERS	ENABLERS
I don't know what services exist in my community.	Detailers can provide clinicians with a list of local harm reduction resources. Keep in mind that even incremental steps can make an impact, clinicians don't have to solve everything or know about all the services that exist in order to help reduce harm.
We don't have access to harm reduction services in our community.	There are ways to increase patient safety even without community services, including mail-based services in some states (NEXT Distro), co-prescribing naloxone, recommending using with another person, etc.
These referrals will encourage patients to continue to use opioids and other substances (e.g., providing syringes enables drug use).	Clinicians can both encourage patients to stop using opioids and emphasize that harm reduction services reduce the risk of infections, overdose, or death if they do continue using opioids. Clinicians should encourage patients to use harm reduction options even if they plan to stop using opioids or try MOUD; emphasizing the importance of having a backup plan in place to optimize safety is pragmatic and relatable to patients.
Trainees can fill in additional ideas below:	

My Notes: