

Oh The Things We Can Do!

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Disclosures

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Learning Objectives

- *Each participant will be able to define various forms of harm reduction as it relates to Substance Use Disorder*
- *Each participant will be able to identify current and future harm reduction responses in people who have Substance Use Disorder*

PRINCIPLES OF HARM REDUCTION

- Spectrum of strategies that includes safer use, managed use, abstinence
- Meet people “where they’re at”
- No universal definition/formula for implementing harm reduction
- Non-judgmental, non-coercive provision of services/resources to people who use drugs
- Drug use is a complex and multi-faceted continuum ranging from severe use to total abstinence
- Some ways of using drugs are safer than others
- Not necessarily cessation of all drug use as criteria for success

Case for Thought

27 year old, history of depression

Painful outbreak of genital herpes

During exam, provider notices track marks on feet

Provider expresses concern and patient admits to daily heroin and meth injections with their partner

Referral for treatment is offered, patient declines

HARM REDUCTION - IS THERE A ROLE FOR THE ID PROVIDER?

- What is harm reduction?
- Harm Reduction –
 - Focuses on limiting harm
 - Embraces evidence based interventions
 - Respects personal autonomy
 - Not contingent on abstaining from substance use



WHO IS THAT PERSON

- You might be surprised

Might have been the team lead on a military canine training program

Might have gone to college and majored in literature

Might feel insecure when well dressed comes into their room

Might feel ashamed of their very bad teeth

Might be an amazing landscaper who shared great tips

Might be a talented mechanic

Might be a mother who desperately misses her children

Might be someone who was prostituted by their family member

Might be a talented mason who misses his dead son

PEOPLE WHO USE DRUGS ARE OFTEN REFERRED TO AS UNTRUSTWORTHY

**vulnerability
of disclosure**



incarceration

unemployment

department of child
services

loss of benefits

loss of housing

labeled

IT WAS IN HIS EYES

It was his eyes that called me.....scared,
troubled, sad

We finished our work and walked out of the
room. As I walked down the hall, his eyes
haunted me

I stopped, the eyes were calling me back

Did we test him for “this”? Yes, what is our plan?

Ok, I’ll see him back

We saw him days later, scared, troubled,
confused

Chaos seemed to follow him everywhere he went

We “cured” one illness but not the other – He
struggled

“He looks odd, don’t you think?”

We looked and found another problem – he had
an extra X with his Y– no one had ever taken
time to look

Now years later, he still struggles, but the eyes
have changed. I see trust, peace and sometimes
happiness

The biggest thing? – his eyes are still open – he
is still alive



SEE THE PERSON – NOT JUST THE PATIENT

- This is someone's son, daughter, mother, friend, sister, brother, neighbor
- Sometimes people are just looking for kindness
- Patients with high-risk behaviors are often stigmatized and not treated kindly in the medical setting
- Patients that are treated poorly, often have worse outcomes and behavioral change is harder to occur



ID PROVIDERS AND SOURCE CONTROL

- Drain an abscess
- Treat Pneumocystis and underlying HIV
- Adherence is often contingent on food and housing

We have to start to treat the true problem – SUD

WHAT IS ONE THING YOU CAN DO

- Infection?
- Adult Screenings?
- Vaccinations?
- Reproduction/HIV Prevention
- Link to Social Services
- Harm Reduction (SSP, etc.)
- Treatment of SUD
- Look for partners
- Advocacy



SCREENINGS FOR PWID ADMITTED WITH SERIOUS INJECTION-RELATED INFECTIONS

Screening Tests

HIV	HIV ½ Ab + P24 Ag at initial visit [32, 9]; screen every 3 months if ongoing substance use.
Hepatitis B virus	HBV surface Ag at each visit. Evaluate immunity at initial visit with HBV surface antibody and core antibody. Immunize if nonimmune. Link patients with active HBV to infectious diseases care [32, 9].
Hepatitis C virus	HCV Ab at initial visit. If positive, obtain HCV RNA and link to HCV treatment for viremic patients [32, 9].
Syphilis	RPR should be assessed at initial visit. Additional testing as indicated by sexual health history [9].
Gonorrhea and chlamydia	Gonorrhea and chlamydia nucleic acid amplification testing (urine) at initial visit. Additional pharyngeal or rectal testing as indicated by sexual health history [33, 9].

Abbreviations: Ab, antibody; HBV, hepatitis B virus; HCV, hepatitis C virus; RPR, rapid plasma reagin.

** HAV /Trich in F/Latent TB



VACCINATIONS

People who use or inject drugs should be vaccinated against hepatitis A, and people who inject drugs should be vaccinated against hepatitis B. People who inject drugs should be tested for hepatitis B and hepatitis C.



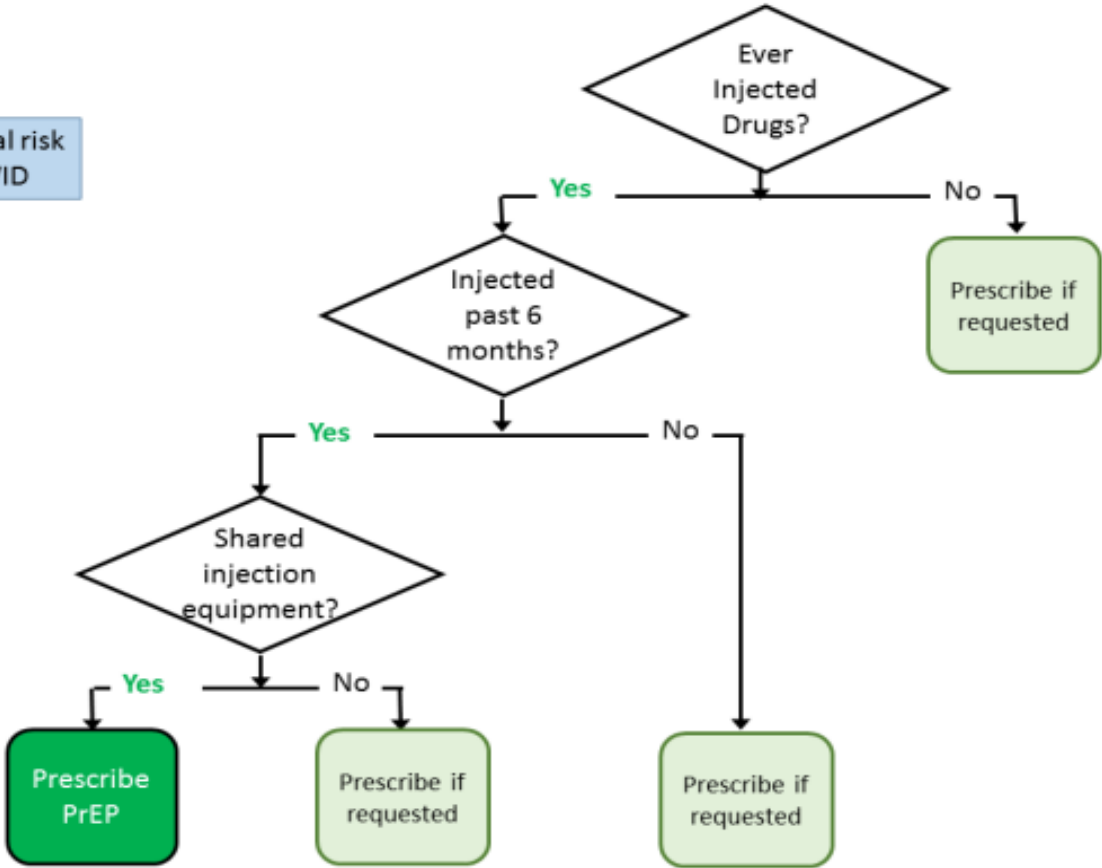
CDC and the Advisory Committee on Immunization Practices (ACIP) recommend that people who use drugs (PWUD) and people who inject drugs (PWID) get [vaccinated against hepatitis A](#) and that PWID get [vaccinated against hepatitis B](#). Because of higher rates of infection among this population, CDC also recommends testing anyone who has injected drugs for hepatitis B. CDC now recommends one-time [hepatitis C testing of all adults](#) (people 18 years and older). CDC continues to recommend that people with risk factors, including people who inject drugs, be tested regularly.

Don't forget to assess for HPV, Influenza, COVID-19, and Tetanus vaccination status!



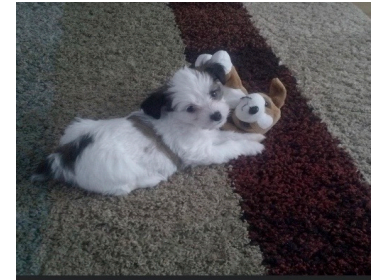
PrEP

Assess sexual risk for all PWID



REPRODUCTION

- 45% of all pregnancies are unintended
- The rate is doubled in women with substance use disorders
- Women with SUD are 25% less likely to use contraception
 - 60% report using condoms
- American college of Obstetricians and Gynecologists
 - Recommend long-acting reversible contraceptives as first-line contraception for all women
 - Discuss reproductive goals!



HARM REDUCTION

Table 1. Six Moments of Infection Prevention in Injection Drug Use

Moment	Potential Pathogens	Intervention
Contaminated needle (prior to filling)	HIV, HCV, HBV, delta agent	<ul style="list-style-type: none"> • Use new needle for every injection • One needle for each person injecting • Vaccination against HBV • HIV PrEP
Contaminated water or acid	<i>Candida</i> and other fungal infections	<ul style="list-style-type: none"> • Use sterile water • Use single-use sachet of citric or ascorbic acid
Contaminated cooker	HIV, HCV, HBV, delta agent	<ul style="list-style-type: none"> • Use clean cooker • One cooker for each person injecting • Vaccination against HBV • HIV PrEP
Contaminated filter	“Cotton fever”—endotoxin from gram-negative bacteria	<ul style="list-style-type: none"> • Use clean, single-use cotton filter • One cotton for each person injecting
Unclean skin	MRSA and skin flora	<ul style="list-style-type: none"> • Wash hands • Wash area to be injected
Contaminated needle (after filling)	<i>Streptococcus</i> and oral flora	<ul style="list-style-type: none"> • Avoid contact with mouth or other surfaces after needle filled • Use of sharps bin

Abbreviations: HBV, hepatitis B virus; HCV, hepatitis C virus; HIV, human immunodeficiency virus; MRSA, methicillin-resistant *Staphylococcus aureus*; PrEP, preexposure prophylaxis.



**the
fertile
ground
of harm
reduction**

**chaotic
use**

safer use

no use



- safety plan
- housing first
- stages of change
- Naloxone
- change mode of use
- fentanyl strips
- designated driver
- HIV/HCV education
- sterile syringes
- housing first
- therapy while using
- use reduction
- change form of drug
- buprenorphine
- methadone
- abstinence



MOUD TO PREVENT & TREAT INFECTION

- **Buprenorphine Naloxone, Methadone – opioid agonists**
 - Reduce opioid use, reduce overdose death by 50%
 - Reduce HIV and HCV acquisition by reducing injection drug use
 - Improve HIV, HCV treatment outcomes
 - Reduce bacterial infections by reducing injection
 - Decrease in incomplete discharge
- **Extended-Release Naltrexone (IM monthly) – Competitive mu-opioid antagonist**
 - No waiver required
 - 7 days of opioid abstinence

Westlake AA. Eisenberg MP. Open Forum Infectious Diseases. Infectious Disease (ID) Learning Unit: What the ID Clinician Needs to Know about Buprenorphine Treatment of Opioid Use Disorder.2018; Sevel et.al Open Forum Infectious Diseases. Beyond Antibiotics: A practical Guide for the Infectious Disease Physician to Treat Opioid Use Disorder in the Setting of Associated Infectious Diseases.2019.

OVERDOSE EDUCATION AND NALOXONE DISTRIBUTION

- Overdose is the leading cause of death among people who use nonprescribed opioids
- Naloxone
 - It is an opioid antagonist
 - Rapidly reverses an opioid overdose
 - Decreases overdose related deaths
 - No waiver needed to prescribe

First Narcan vending machine in Kentucky emptied out one day after opening



LOOK FOR PARTNERS

- Look for a “coalition of the willing”
- Social services are key – but if you don’t have them what can you do?
- Is there a local church or charity you can partner with?
- Ensure patients have access to transportation for follow ups



Case for Thought

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Painful outbreak of genital herpes

During exam, provider notices track marks on feet

Provider expresses concern and patient admits to daily heroin and meth injections with their partner

Referral for treatment is offered, patient declines

Discussion of Case

- “I want you to know that I care and I hear that you are not ready to stop using heroin or meth”
- “ I will continue to be here for you as a physician whether you stop or not”
- What else can be done to reduce risk?
- Contraception, screening, vaccinations, referral to SSP,
- Prescribe naloxone
- Talk about safe injection practices
- Does she have a place to sleep/ food

Frank, Morrison . Am Fam Physician. 2022;105(1):90-92

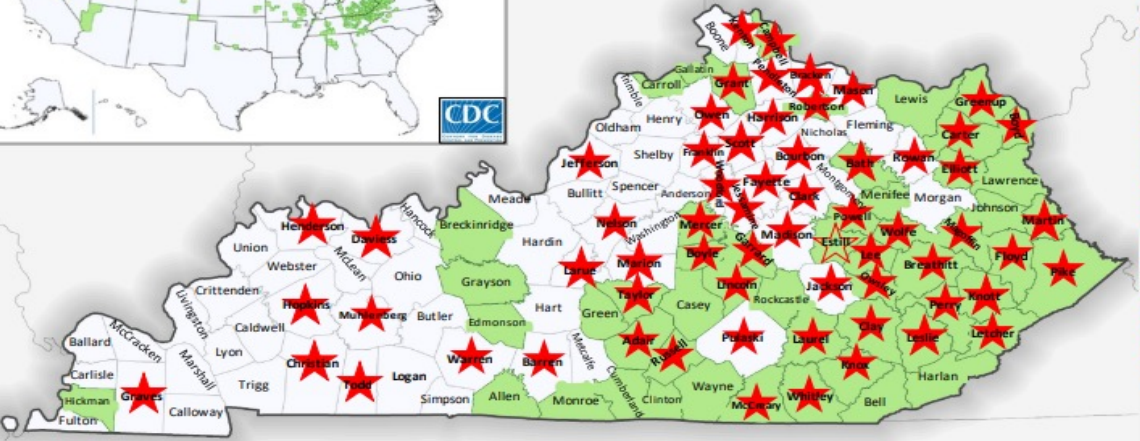
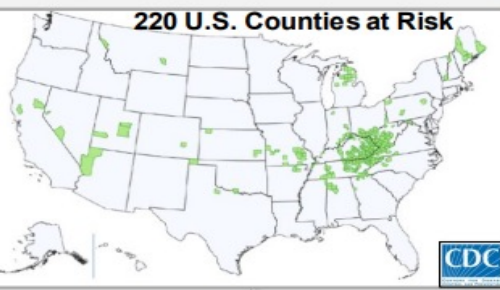
UK INFECTIOUS DISEASE INITIATIVES

- Addiction Consult and Education Service (ACES)
 - Multidisciplinary team: Inpatient Addiction Consults
 - 4,000 patients since inception
 - ~100 new consults/ month
- WRAP – Wrap Around Recovery for Addiction and Infectious Disease Program (KORE-KY Opioid Response Effort) – 2018
 - Multidisciplinary team: Focuses on transition to outpatient -324 enrolled
- MDET –Multidisciplinary Endocarditis Team
 - Stand-alone Infectious Diseases Consult Service focusing on patients with endocarditis and cardiac device infections
 - Weekly case conference with colleagues – 215 cases discussed at 1 year anniversary

KY INCOME REINVESTMENT PROGRAM



54 Kentucky Counties with Increased Vulnerability to Rapid Dissemination of HIV/HCV Infections Among People who Inject Drugs and Preventive Syringe Services Programs (SSPs)



National Ranking by County*

1	Wolfe	34	Martin	108	Gallatin
3	Breathitt	35	Boyle	125	Bath
4	Perry	39	Lawrence	126	Grayson
5	Clay	40	Rockcastle	129	Greenup**
6	Bell	45	Harlan	132	Green
8	Leslie	48	McCreary	153	Casey
9	Knox	50	Letcher	154	Carter
10	Floyd	53	Johnson	163	Monroe
11	Clinton	54	Russell	167	Garrard
12	Owsley	56	Elliott	175	Robertson
14	Whitley	65	Laurel	178	Lewis
15	Powell	67	Carroll	179	Edmonson
17	Knott	75	Taylor	180	Allen
21	Pike	77	Grant	187	Boyd
23	Magoffin	93	Adair	191	Hickman
25	Estill**	97	Lincoln	202	Breckinridge
30	Lee	99	Wayne	212	Campbell
31	Menifee	101	Cumberland	214	Mercer

* Vulnerable Counties in RED have Operating SSPs
 ** Approved, but no longer operational

- 54 Vulnerable Counties
- ★ 81 Operating SSPs (62 Counties) as of 2/04/2022
- ☆ 1 County is Approved but Not Yet Operational

Specific concerns regarding Kentucky Counties:

1. Dense drug user networks similar to Scott County, Indiana
2. Lack of syringe services programs

NOTE: CDC stresses that this is a REGION-WIDE problem, not just a county-specific problem.



ADVOCACY

- Physicians/medical providers are uniquely positioned
- Can observe and see links between social factors and health
- Public trust of physicians is high/credible source of information
 - Individual Advocacy
 - Concentrates on one 1 or 2 individuals
 - Can be formal or informal
 - System Advocacy
 - Changing policies, laws or rules that impact lives



LAST CONVERSATION

“You may be the last medical person to see that person alive” the speaker said. Months later, the words still rang in my ear.

I remembered thinking of that challenge, the day I chose to care.

My patient struggled. He was so young. The age of my children –my oldest son.

It wasn't until he was leaving that day that I realized what a special person he was. He had worked with animals. He showed me a picture of when he was strong.

He had fought for us – our country.

He had a wounded heart. A broken soul.

That day, he spoke of hope, of an imagined future, he had a plan.

The next day, I spoke with his loved one.

She was broken as she told me that his story had ended.

How did it happen ... He was so hopeful but now he was gone... gone.



WHAT IS SUCCESS

- Success may look different than expected
- How do you eat an elephant? One bite at a time
- Will they manipulate you? Maybe
- Will they fail? Perhaps
- Will they die if their life doesn't turn in a different direction? Possibly
- Success may come in little steps – celebrate the small wins
- Can you make a difference?



THANK YOU

- Session Organizers
- Chris Abert
- Grant Laugherty
- Crystal Stover
- Tiffany Stivers
- Frank Romanelli
- Laura Fanucchi
- James Thacker
- Sami El-Dalati
- Jana Collins

AETC Program National Centers and HIV Curriculum

- **National Coordinating Resource Center** – serves as the central web –based repository for AETC Program training and capacity building resources; its website includes a free virtual library with training and technical assistance materials, a program directory, and a calendar of trainings and other events. Learn more: <https://aidsetc.org/>
- **National Clinician Consultation Center** – provides free, peer-to-peer, expert advice for health professionals on HIV prevention, care, and treatment and related topics. Learn more: <https://nccc/ucsf.edu>
- **National HIV Curriculum** – provides ongoing, up –to-date HIV training and information for health professionals through a free, web –based curriculum; also provides free CME credits, CNE contact hours, CE contact hours, and maintenance of certification credits. Learn more: www.hiv.uw.edu