



ACCEPT

Addiction & Co-morbid Conditions: Enhancing Prevention & Therapeutics

Webex link to join from PC, Mac, iOS or Android:

<https://uwmadison.webex.com/uwmadison/j.php?MTID=m6dfbe50f3c56cb4719e74b72b73ef9>

[16](#)

Join by phone: +1-415-655-0001

Meeting number/Access code: 120 276 9209

Password: 12345

For attendance, purposes please text the following code: **KARJOZ** to **608-260-7097**

Session Date: Friday, September 15, 2023

Didactic Topic and Presenter:

Delivering Harm Reduction Care: Balancing with Plans for Treatment and Recovery

Ben Brusio

Supervisor, Prevention Services

Vivent Health

-
- 12:15 PM: Attendance text-in – Introductions
 - 12:25 PM: Case Presentation
 - Presenter: Jean Riquelme, MD FAFP - *Clinical Professor, Department of Family Medicine and Community Health, University of Wisconsin School of Medicine and Public Health*
 - 1PM: Didactic Presentation
 - Presenter: Ben Brusio
 - 1:15 PM End of Session

Funding for this service was made possible by 435200-G-18-11448-285932-880 from Wisconsin Department of Health Services. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government or the State of Wisconsin.

CONTINUING EDUCATION INFORMATION:

Accreditation Statement



In support of improving patient care, the University of Wisconsin–Madison ICEP is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

Credit Designation Statements

American Medical Association (AMA)

The University of Wisconsin–Madison ICEP designates this live activity for a maximum of 1 *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

American Nurses Credentialing Center (ANCC)

The University of Wisconsin–Madison ICEP designates this live activity for a maximum of 1 ANCC contact hour.

Accreditation Council for Pharmacy Education (ACPE)

The University of Wisconsin–Madison ICEP designates this knowledge-based activity for a maximum of 1.0 hours or 0.1 CEUs of CPE credit. Credit can be earned by successfully completing the activity and the evaluation. Credit will be provided to NABP CPE Monitor within 60 days after the activity completion.

2023 Universal Activity Number (UAN): JA0000358-0000-23-025-L01-P; JA0000358-0000-23-025-L01-T

Continuing Education Units

The University of Wisconsin–Madison ICEP, as a member of the University Professional & Continuing Education Association (UPCEA), authorizes this program for 0.1 continuing education units (CEUs) or 1 hour.

Medication Access and Training Expansion Act (MATE)

This session addresses some of the content requirements of the MATE Act. Number of credits: 1



ECHO ACCEPT
Addiction & Co-morbid Conditions: Enhancing Prevention & Therapeutics
2022-2024
Delivering Harm Reduction Care: Balancing with Plans for Treatment and Recovery
9/15/23

Didactic Presenter: Ben Bruso
Case Presenter: Jean Riquelme, MD FAAFP

Provided by the University of Wisconsin–Madison Interprofessional Continuing Education Partnership (ICEP)

Intended Audience:

Nurses, Nurse Practitioners, Pharmacists, Physicians, Physician Assistants, Pharmacy Technicians, Psychologists, Social Workers, Patient/Caregivers, Students

Objectives:

As a result of this educational regularly scheduled series, learners as members of the healthcare team will be able to:

- Define harm reduction concept and interventions.
- Increase knowledge of harm reductions strategies available to patients/clients
- Identify harm reduction strategies that they can implement into practice, and how they can assess progress.
- Discuss harm reduction strategies used currently in practice, and how others can replicate them.

Policy on Disclosure

It is the policy of the University of Wisconsin–Madison Interprofessional Continuing Education Partnership (ICEP) to identify, mitigate and disclose all relevant financial relationships with ineligible companies* held by the speakers/presenters, authors, planners, and other persons who may influence content of this accredited continuing education (CE). In addition, speakers, presenters and authors must disclose any planned discussion of unlabeled/unapproved uses of drugs or devices during their presentation. For this accredited continuing education activity, all relevant financial relationships have been mitigated and detailed disclosures are listed below.

** Ineligible companies are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. The ACCME does not consider providers of clinical service directly to patients to be ineligible companies.*

Name	Role	Financial Relationship Disclosures	Discussion of Unlabeled/Unapproved uses of drugs/devices in presentation?	COI completion date
Randall Brown	RSS Chair	Usona Institute (Grant / Contract), multi-disciplinary association for psychedelic studies (Grant / Contract)	Yes	1/30/2023
Nada Rashid	RSS Coordinator	No relevant financial relationships to disclose	No	1/31/2023
Kathleen Maher	RSS Coordinator	No relevant financial relationships to disclose	No	1/30/2023
Ritu Bhatnagar	Planner	No relevant financial relationships to disclose	Yes	1/29/2023
Paul Hutson	Planner	No relevant financial relationships to disclose	Yes	1/28/2023
Susan Mindock	Planner	No relevant financial relationships to disclose	No	1/31/2023
Sheila Weix	Planner	No relevant financial relationships to disclose	No	2/3/2023
Kellene Eagen	Planner	No relevant financial relationships to disclose	No	1/27/2023
Joseph Galey	Planner	No relevant financial relationships to disclose	Yes	1/27/2023
Ben Bruso	Speaker	No relevant financial relationships to disclose	Yes	8/30/2023

Jean Riquelme	Presenter	No relevant financial relationships to disclose	No	9/7/2023
---------------	-----------	---	----	----------

Accreditation Statement



In support of improving patient care, the University of Wisconsin–Madison ICEP is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

Credit Designation Statements

American Medical Association (AMA)

The University of Wisconsin–Madison ICEP designates this live activity for a maximum of 1 *AMA PRA Category 1 Credit*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

American Nurses Credentialing Center (ANCC)

The University of Wisconsin–Madison ICEP designates this live activity for a maximum of 1 ANCC contact hour.

Accreditation Council for Pharmacy Education (ACPE)

The University of Wisconsin–Madison ICEP designates this knowledge-based activity for a maximum of 1.0 hours or 0.1 CEUs of CPE credit. Credit can be earned by successfully completing the activity and the evaluation. Credit will be provided to NABP CPE Monitor within 60 days after the activity completion.

2023 Universal Activity Number (UAN): JA0000358-0000-23-025-L01-P; JA0000358-0000-23-025-L01-T

Continuing Education Units

The University of Wisconsin–Madison ICEP, as a member of the University Professional & Continuing Education Association (UPCEA), authorizes this program for 0.1 continuing education units (CEUs) or 1 hour.

Medication Access and Training Expansion Act (MATE)

This session addresses some of the content requirements of the MATE Act. Number of credits: 1



Case Presentation

Jean Riquelme

Clinical Professor, Department of Family Medicine and Community Health, University of Wisconsin School of Medicine and Public Health

Funding for this service was made possible by 435200-G-18-11448-285932-880 from Wisconsin Department of Health Services. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government or the State of Wisconsin.



JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

Accreditation Statement:

In support of improving patient care, the University of Wisconsin–Madison ICEP is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

Credit Designation Statements

American Medical Association (AMA)

The University of Wisconsin–Madison ICEP designates this live activity for a maximum of 1 *AMA PRA Category 1 Credit*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

American Nurses Credentialing Center (ANCC)

The University of Wisconsin–Madison ICEP designates this live activity for a maximum of 1 ANCC contact hour.

Accreditation Council for Pharmacy Education (ACPE)

The University of Wisconsin–Madison ICEP designates this knowledge-based activity for a maximum of 1.0 hours or 0.1 CEUs of CPE credit. Credit can be earned by successfully completing the activity and the evaluation. Credit will be provided to NABP CPE Monitor within 60 days after the activity completion.

2023 Universal Activity Number (UAN): JA0000358-0000-23-025-L01-P; JA0000358-0000-23-025-L01-T

Continuing Education Units

The University of Wisconsin–Madison ICEP, as a member of the University Professional & Continuing Education Association (UPCEA), authorizes this program for 0.1 continuing education units (CEUs) or 1 hour.

Medication Access and Training Expansion Act (MATE)

This session addresses some of the content requirements of the MATE Act. Number of credits: 1

POLICY ON FACULTY AND SPONSOR DISCLOSURE

It is the policy of the University of Wisconsin–Madison Interprofessional Continuing Education Partnership (ICEP) to identify, mitigate and disclose all relevant financial relationships with ineligible companies* held by the speakers/presenters, authors, planners, and other persons who may influence content of this accredited continuing education (CE). In addition, speakers, presenters and authors must disclose any planned discussion of unlabeled/unapproved uses of drugs or devices during their presentation. For this accredited continuing education activity, all relevant financial relationships have been mitigated and detailed disclosures are listed below.

* Ineligible companies are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests.

For this educational activity there are no reported conflicts of interest

Case Introduction

- ▶ 40 year female of Puerto Rican descent requesting to be referred back to her Suboxone prescriber at a community based health center program. Needs PCP to do so.

- ▶ Primary question for discussion: How to overcome barriers to seeking care under harm reduction model in experienced Suboxone patient

Medical & Behavioral Health Diagnosis:

- Polysubstance use disorder (heroin, fentanyl, cocaine, methamphetamine)

Current Medications:

- None

Substance Use

- ▶ History: Started with use of opioids and meth in teens.

In past 6 months using cocaine more often. Looks for heroin with fentanyl when using. Dx opioid use disorder in our system 2019.

- ▶ Consequences of Substance Use:

- Social/occupational/educational: incarceration twice for possession most recently 4/2023 which interrupted her buprenorphine treatment.
- Physical (including evidence of tolerance/withdrawal): generally presents for treatment with mild to moderate withdrawal manages with antiemetics + NSAID
- **Near fatal overdose 5/2023 when she resumed heroin/fentanyl; has been trying to re-establish buprenorphine since. She is required to see PCP for referral back to MAT program as she missed two induction appointments.**

- ▶ Past treatments: inpatient detox x 2 one in 20's, once in 30's; is treated under harm reduction model, continues with stimulant (meth, cocaine) during treatment; longest period of opioid abstinence 2019-2020 when on Sublocade and her goal is to return to that regimen. Stable on Suboxone 8/2022 until her incarceration this year.

Social History:

- Social Factors/History: Currently lives with mother
- Had worked in restaurant, child care, restaurants
- Education/Literacy: finished high school in PR; moved to US and drug use started with that move; fluent in two languages,
- Income source: public assistance for food and housing

Family History:

- No family history of substance misuse
- Mother with anxiety and depression

Patient strengths & protective factors:

- Mother is supportive of her treatment plans and keeps detailed records
- Has experienced success with previous treatment and wants to get back to that time
- Family and friends educated about Narcan and prepared to use

Risk factors:

- Continues to use substances that put her in contact with opioid suppliers
- Uses fentanyl

Labs

- ▶ Most urine drug screens in 2022/2023 were positive for buprenorphine, meth, cocaine. One specimen positive fentanyl. Negative for marijuana, other substances.
- ▶ HIV and hepatitis serology negative 1/2023

Patient Goals & Motivations for Treatment

- ▶ Patient feels confident of managing opioid use under harm reduction model. Her goal would be to stabilize on SL buprenorphine and then starting Sublocade. Her insurance requires “stable on buprenorphine daily” before approving Sublocade.
- ▶ Patient was frightened by recent unintentional overdose and anxious to start treatment to reduce her likelihood of overdose death

Proposed Diagnoses

- ▶ Opioid use disorder
- ▶ Methamphetamine use
- ▶ Cocaine use

Proposed Treatment Plan

- ▶ Resume buprenorphine under harm reduction model of care

Discussion:

- ▶ Primary question: Re-entering care—what are the barriers?
- ▶ Patient was unable to see her PCP until October due to no appointments available. She was scheduled with “float provider” (me) but was unable to keep appointment due to no transportation. Did not have access to phone and wifi for video visit. Phone visit deemed “inadequate” by MAT program for evaluation.

DSM-5 Substance Use Disorder ("Addiction")

- ▶ Tolerance
 - ▶ Withdrawal
- } **Physical Dependence ≠ Use Disorder**
- ▶ Larger amts/longer periods than intended
 - ▶ Persistent desire/failed attempts to quit/control use
 - ▶ Much time obtaining/using/recovering
 - ▶ Important activities sacrificed
 - ▶ Continued use despite known adverse effects
 - ▶ Failure to fulfill major obligations
 - ▶ Recurrent hazardous use
 - ▶ Craving
 - ▶ Ongoing use despite interpersonal problems
- 2-3 = mild
4-5 = moderate
≥ 6 = severe

By initialing here _____ you have acknowledged that Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any ECHO clinician and any patient whose case is being presented in a teleECHO clinic.



Delivering Harm Reduction Care

Balancing with Plans for Treatment and
Recovery

Ben Brusco, Prevention Supervisor, Vivent Health

Funding for this service was made possible by 435200-G-18-11448-285932-880 from Wisconsin Department of Health Services. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government or the State of Wisconsin.



JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

Accreditation Statement:

In support of improving patient care, the University of Wisconsin–Madison ICEP is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

Credit Designation Statements

Accreditation Council for Pharmacy Education (ACPE)

The University of Wisconsin–Madison ICEP designates this live activity for a maximum of 1 hour of knowledge-based CE credit. Credit can be earned by successfully completing this live activity. Pharmacists and Pharmacy Technicians should claim only the credit commensurate with the extent of their participation in the activity. CE credit information, based on verification of live attendance, will be provided to NABP within 60 days after the activity completion.

Pharmacists and Pharmacy Technicians must enter their NABP number in their profile in order to receive credit.

2022 Universal Activity Number (UAN) : JA0000358-9999-22-002-L01-P

American Medical Association (AMA)

The University of Wisconsin–Madison ICEP designates this live activity for a maximum of 1 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

American Nurses Credentialing Center (ANCC)

The University of Wisconsin–Madison ICEP designates this live activity for a maximum of 1 ANCC contact hour.

UW Continuing Education Credits

The University of Wisconsin–Madison ICEP, as a member of the University Professional & Continuing Education Association (UPCEA), authorizes this program for 0.1 CEUs or 1.0 hour

POLICY ON FACULTY AND SPONSOR DISCLOSURE

It is the policy of the University of Wisconsin–Madison Interprofessional Continuing Education Partnership (ICEP) to identify, mitigate and disclose all relevant financial relationships with ineligible companies* held by the speakers/presenters, authors, planners, and other persons who may influence content of this accredited continuing education (CE). In addition, speakers, presenters and authors must disclose any planned discussion of unlabeled/unapproved uses of drugs or devices during their presentation. For this accredited continuing education activity, all relevant financial relationships have been mitigated and detailed disclosures are listed below.

* Ineligible companies are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests.

For this educational activity there are no reported conflicts of interest

Overview

- ▶ Harm Reduction Philosophy
- ▶ Strategies
- ▶ Discussion

- ▶ *Harm Reduction is a set of practical strategies aimed at reducing the negative consequences of certain behaviors or actions.*
- ▶ "Any Positive Change, as a person sees fit"
- ▶ Recognizes abstinence as a strategy, but is not the only option.
- ▶ Celebrates Autonomy of individual
- ▶ Levels: Interventions, Philosophy, Policy.

- ▶ Syringe Service Programs
 - Syringes, Cookers, Cotton
- ▶ Naloxone, drug checking
- ▶ Safer consumption sites
- ▶ Decreased or modified use
- ▶ Staggered use in communal spaces
- ▶ Housing first model
- ▶ Safe supply
- ▶ Stigma Reduction-LANGUAGE MATTERS

- ▶ People who use drugs have been keeping each other safe for longer than we have
- ▶ PWUD are subject matter experts, and should be treated as such
- ▶ Community is important
 - Experienced PWUD
 - Trust & Information sharing
 - Trends in substances

- ▶ Communicable Disease Prevention
 - HIV, HCV
- ▶ Overdose Prevention
- ▶ Community Level Prevention
 - Sharps Disposal
 - Overdose Prevention Readiness
- ▶ Prevention of Adverse Health Conditions
- ▶ Amplify Needs
- ▶ Foster Community

- ▶ Tourniquets can prevent missed shots & help maintain vein quality
 - Prevents use of ultrasound or additional staff for blood draws
 - Prevents abscess and potential infections
 - Prevents experiences that may be stigmatizing or shameful

- ▶ "I pretty much wanted to die most of my life...but then once I started using, I started trying to live." For eight months, the participant said that they would, "use once per day after 5pm, and never three days in a row,"
- ▶ "wanted to take the edge off after I went outside and did things all day." They expressed that being disciplined in their use worked for them. "I felt like I got a lot more done. I ended up getting a vehicle...I was getting back to having a routine in life instead of just living in pain."

- ▶ What strategies can we implement on any level to promote harm reduction and health?

- ▶ How do you practice Harm Reduction?
 - Interventions
 - Policy
 - Philosophy

Conclusions

- ▶ Harm Reduction strategies have saved countless lives
- ▶ People Who Use Drugs deserve dignity and respect
- ▶ Stigma & Shame is dangerous

DSM-5 Substance Use Disorder ("Addiction")

- ▶ Tolerance
 - ▶ Withdrawal
- } **Physical Dependence ≠ Use Disorder**
- ▶ Larger amts/longer periods than intended
 - ▶ Persistent desire/failed attempts to quit/control use
 - ▶ Much time obtaining/using/recovering
 - ▶ Important activities sacrificed
 - ▶ Continued use despite known adverse effects
 - ▶ Failure to fulfill major obligations
 - ▶ Recurrent hazardous use
 - ▶ Craving
 - ▶ Ongoing use despite interpersonal problems

2-3 = mild

4-5 = moderate

≥ 6 = severe