



Medication Assisted Treatment Community of Practice

Medication Assisted Treatment (MAT) Community of Practice (CoP)
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Polysubstance Use: Utilizing a Harm Reduction Lens Questions & Answers

Lived Experience Perspective

Q1. Were there methods other than incarceration that helped you stay accountable?

A1. Incarceration helped remove me from the environment that was allowing my addiction. Detox can also be a way to remove yourself from the environment and see how life could be without using. I do not know if I would have been able to do it without that aspect.

Q2. What would you recommend for someone who cannot do residential treatment, drug court, etc.? Would you recommend Peer Recovery Coaching?

A2. Yes, my recovery coach helped walk me through recovery without judgement. Telephone recovery support was also helpful. This provides peer-to-peer support with recovery coaches who call to check in with a person as often as they choose. The phone can be an easier way for people to open up.

Q3. You mentioned the impact of losing your health insurance. Can you expand upon this?

A3. At the time, I was in Maryland. It helped start my addiction because I realized how much I needed my pain medication and could not get it under doctor supervision. NH is better about getting people on Medicaid. DHHS in NH worked with me to get Medicaid.

Harm Reduction Conversation

Q4. What should we do when we see a patient that is a pregnant woman coming into the practice because she is pregnant, and not because she is seeking recovery? We struggle with clients who are not interested in recovery.

A4. Keep in contact with them as much as you are able and let them know you are there for them. Any harm reduction is helpful.

Q5. What should we do when a patient tells us that they did not use, but their drug test comes back positive?

A5. Counseling is important in this case. Building the trust and feelings of support between provider and patient is important so that clients will feel more comfortable sharing. Reasons for dishonesty in treatment is often due to a fear of consequences such as being kicked out of a program. Policies will reflect the organization's stance on harm reduction and should be



trauma-informed. If the intent is to help the patient, not “catch” them, then it will be easier for the patient to be open and honest.

Note: A small percentage of people show false positives due to naltrexone. Dominion can do 24-hour turnaround on lab tests for confirmatory testing.

Q6. What do people do when they suspect a client might be diverting?

A6. Sublocade long release and shorter scripts with visits that are more frequent. Some providers have experienced clients who have withdrawals after 21 days. It is possible to get a prior authorization for every 21 days as opposed to monthly. Also, Sublocade manufacturers offer financial aid.

Q7. Has anyone worked with a pregnant client who is taking Sublocade?

A7. Yes, but she was on it before she got pregnant. It should not be a problem.