



COMPASSIONATE CONVERSATIONS WITH PEOPLE WHO USE SUBSTANCES

Hospital Systems Addiction Care Community of Practice

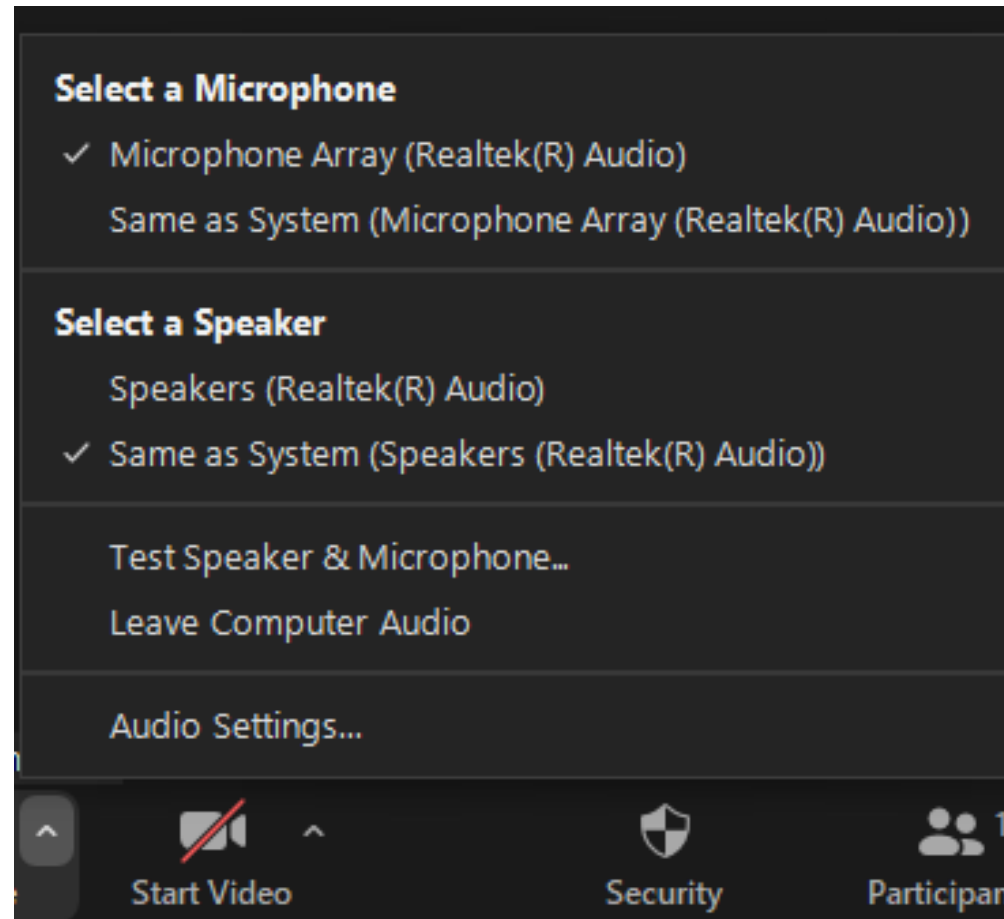
April 24th, 2025, 12PM to 1PM

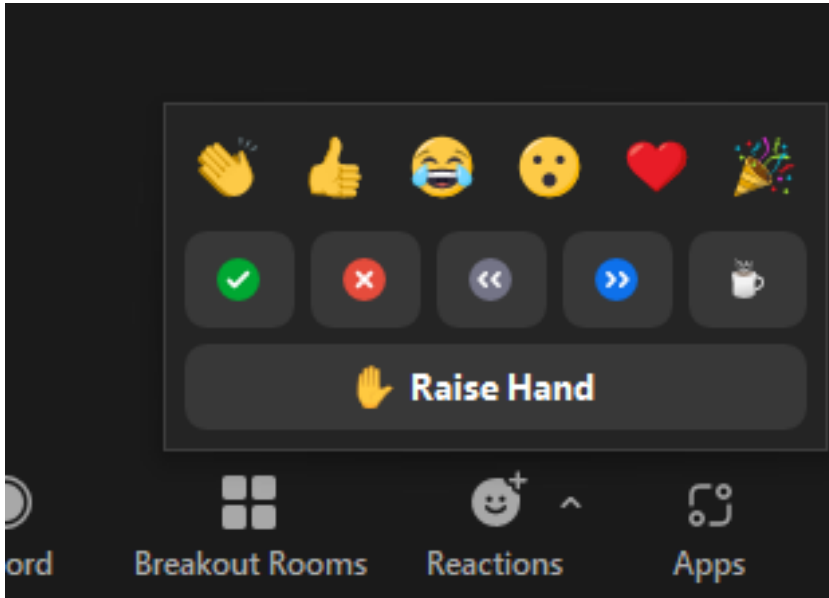
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Zoom Engagement Tools

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Compassionate Conversations with People Who Use Substances: Every Interaction Matters

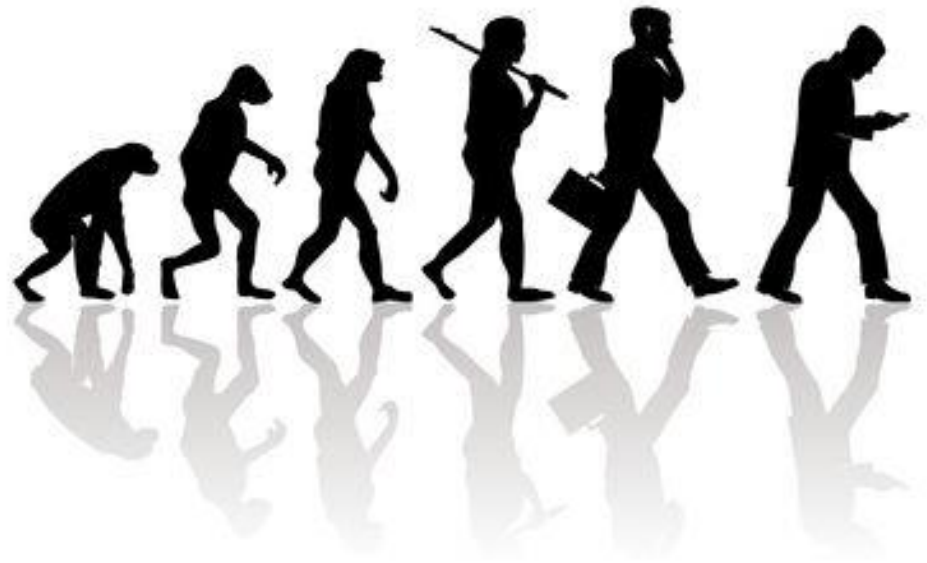
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Assistant Professor, MGH Institute of Health Professions
Board Member, NH Harm Reduction Coalition



Image source: Harm Reduction Coalition, harmreduction.org



My own story: an evolutionary tale...



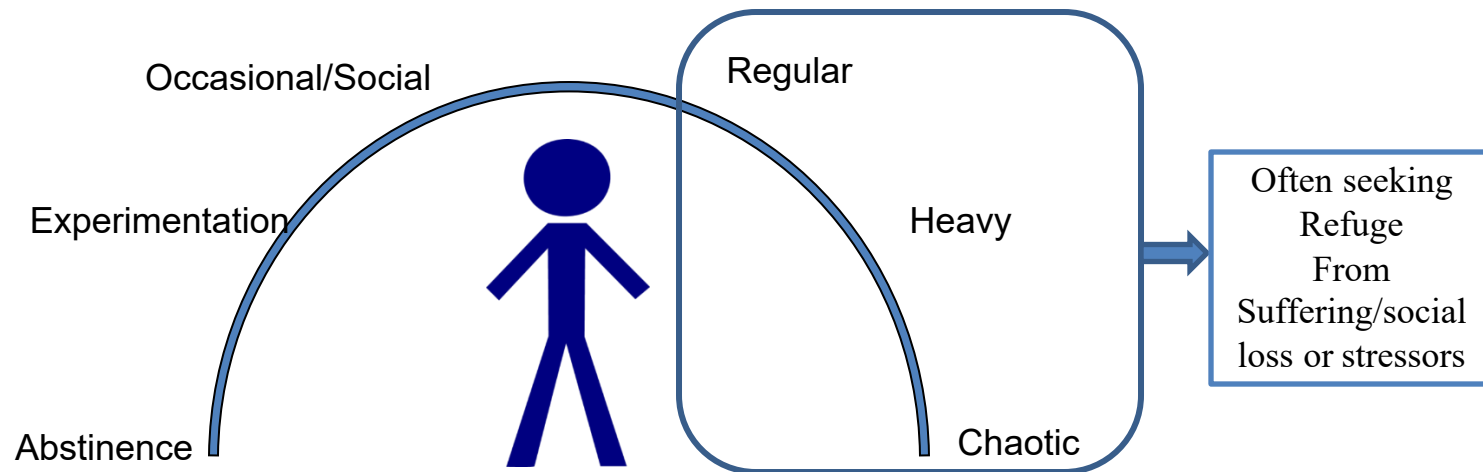


Objectives:

- Explore concept of substance use continuum as a bio/psycho/social phenomenon and chronic health condition
- Recognize and debunk several myths about drugs and the people who use them
- Reframe language/terminology about addiction and substance use towards a non-stigmatizing, person-centered approach
- Review evidence-based approach of Screening, Brief Intervention and Referral to Treatment (SBIRT) and Motivational Interviewing (MI)
- Detail specific harm reduction interventions that can be offered/implemented in various healthcare settings that contribute to overall improved wellness



A Continuum of Substance Use (and other behaviors)



Adapted Graphic credit: Kevin Irwin



Drug, Set, Setting (Zinberg, 1984)

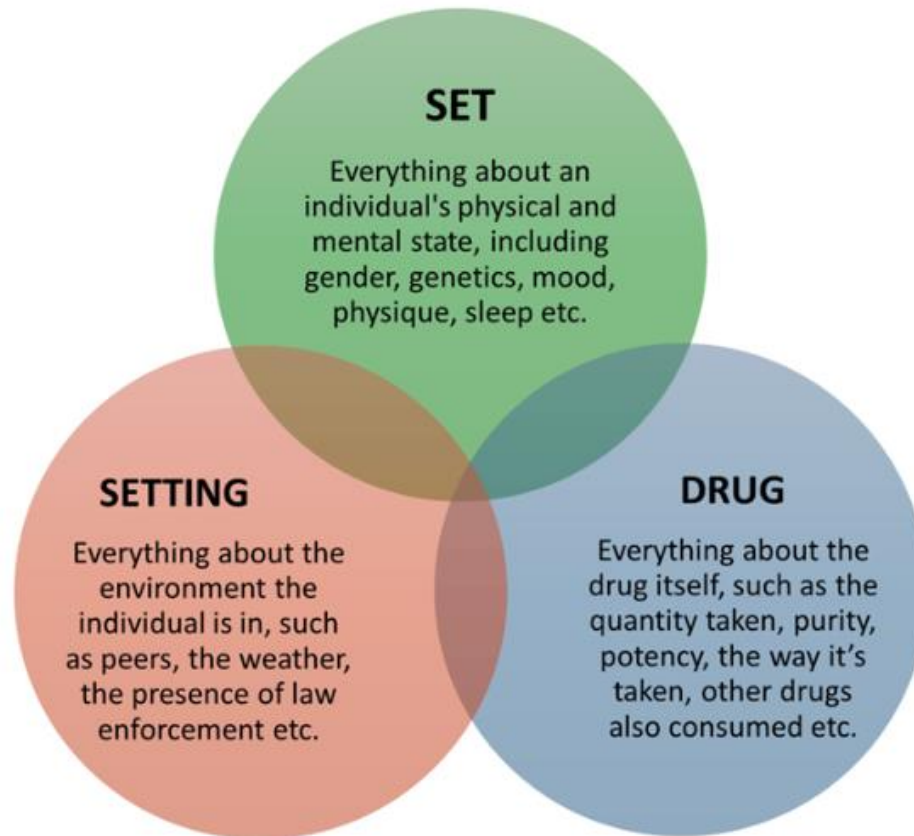
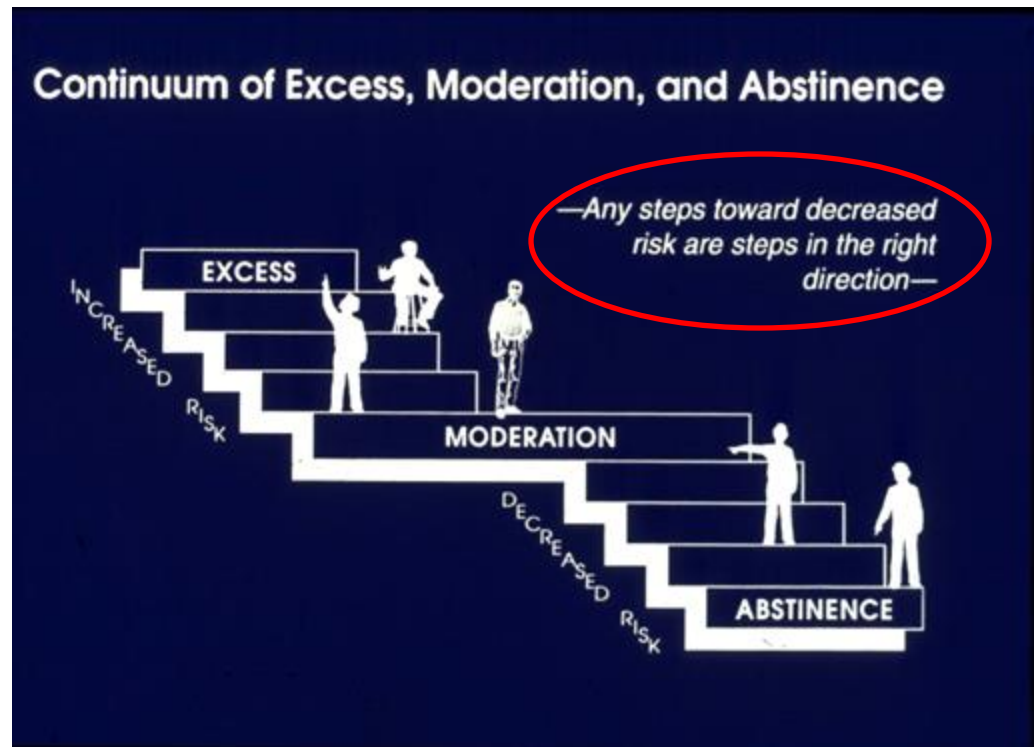
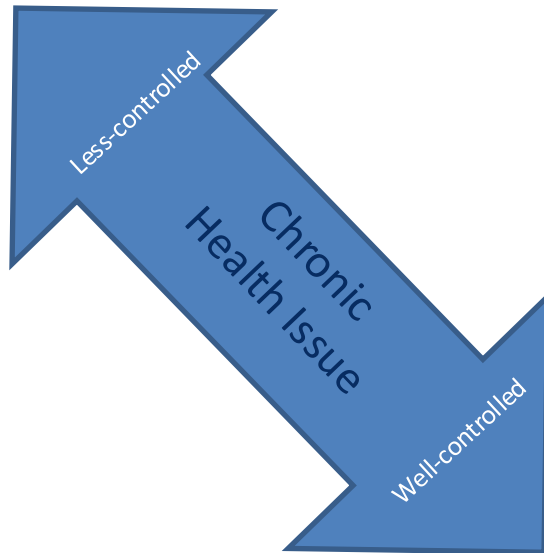


Image from: <https://positivechoices.org.au/students/harm-reduction-set-setting-drug>



Substance use should be managed as a chronic health condition/phenomenon--*including the use of medications!*



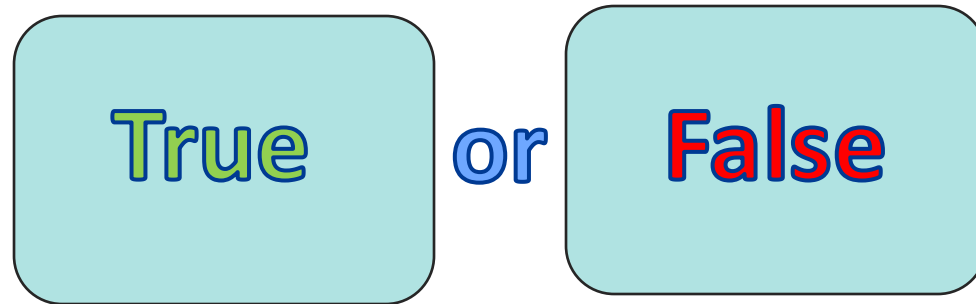
Comparison of substance use disorder to other health conditions

Condition	High blood pressure	Type 2 Diabetes	Lung Cancer	SUD
<i>“Caused” by</i>	Varies—sometimes genetic, sometimes from behaviors (i.e. poor diet, lack of exercise, smoking, alcohol)	Varies—sometimes genetic, sometimes from behaviors (i.e. poor diet, lack of exercise, smoking, alcohol)	Varies—sometimes genetic, sometimes from behaviors (i.e. smoking, exposure to environmental toxins like radon)	Varies—sometimes genetic, sometimes from environmental factors like poverty, trauma, often goes along with untreated psychiatric illness like depression
<i>Treatment options</i>	• Medications • Lifestyle changes	• Medications • Lifestyle changes	• Medications • Radiation therapy • Surgery	• Medications • Lifestyle changes (thru therapy etc.)

People who don’t actively engage or “adhere” to treatment for any health issue deserve care, compassion, and ongoing health services

Harm Reduction is health care

Let's play True or False!



Please respond to the following Zoom Poll questions

Some Myths Related to Drugs and People Who Use Drugs



<https://drugpolicy.org/drug-facts/>

Narcan “parties” are NOT a thing

- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6543555/>
- <https://www.addictionpolicy.org/post/naloxone-misinformation-correction>

Fentanyl myths only increase risks

- [“Fainting From Fentanyl Exposure? Nope.”](#)
- <https://health.ucdavis.edu/news/headlines/can-fentanyl-be-absorbed-through-your-skin/2022/10>
- <https://www.npr.org/2023/05/16/1175726650/fentanyl-police-overdose-misinformation>

Bath Salts

- [“Bath Salts” are not associated with cannibalism](#)
- <https://reason.com/2016/05/06/the-legend-of-the-miami-cannibal-provide/>
- <https://journals.sagepub.com/doi/abs/10.1177/0091450916642515>

“Crack Baby” myth

- [“Race, the Media and the Myth of the ‘Crack Baby’”](#)
- <https://www.nytimes.com/2013/05/20/booming/revisiting-the-crack-babies-epidemic-that-was-not.html>
- <https://www.vox.com/2015/7/10/8928421/crack-babies-myth>

Methamphetamine myth

- [“Meth Mouth” is troubling and stigmatizing](#)



Language and Stigma Matters

- Research shows that even among highly trained clinicians, the use of term “substance abuser” compared with person-centered “substance use disorder” resulted in poorer care (less likely to be referred to treatment, evoked provider feelings of patient culpability and punitive attitudes) (Kelly, 2010)
- AMA, ASAM, ONDCP have all called for de-stigmatized language

<https://www.recoveryanswers.org/addiction-ary/>



Inpatient Care of People Who Inject Drugs

Study of PWID who were treated for soft tissue infection/abscess:

- 43% waited at least *2 weeks* to seek care
- 59% left hospital early
- 40% use antibiotics from street
- 57% attempted street drainage
- Reasons cited for delayed care/AMA=
judgment/mistreatment,
withdrawal, uncontrolled pain

- undertreated withdrawal
- ongoing craving to use drugs
- uncontrolled acute and chronic pain
- stigma and discrimination by hospital staff about their SUD
- hospital restrictions, including not being allowed to intermittently leave the hospital floor
- findings support need for inpatient addiction treatment, management of withdrawal and co-occurring pain, and the need to address health care provider associated stigma

Source: Conference presentation by P. Summers (2017),
<https://www.hri.global/abstracts/abstrct/1505/print>

Simon, R., Snow, R., & Wakeman, S. (2020). Understanding why patients with substance use disorders leave the hospital against medical advice: A qualitative study. *Substance Abuse*, 41(4), 519–525. <https://doi-org.treadwell.idm.oclc.org/10.1080/08897077.2019.1671942>



How can we do better screening and talking about SUD?

SBIRT (Screening, Brief Intervention, Referral to Treatment):
(evidence-based public health approach that gives providers skills to discuss health behavior changes)

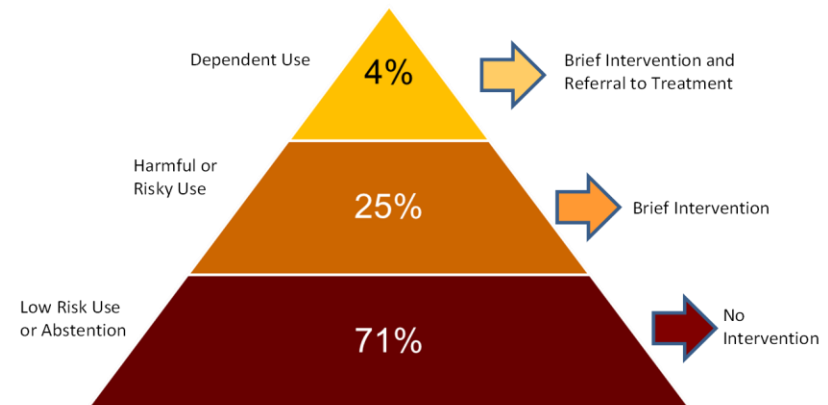
<http://www.samhsa.gov/sbirt>

- **Screening** quickly assesses the severity of substance use and identifies the appropriate level of treatment.
- **Brief intervention** focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- **Referral to treatment** provides those identified as needing more extensive treatment with access to specialty care.

SAMHSA goal is to increase the use of SBIRT nationwide in a variety of settings to ultimately lessen the overall burden of SUD.

Coding for SBIRT

<http://www.samhsa.gov/sbirt/coding-reimbursement>





Definition/Terminology of Substance Use Disorder

- DSM V: “Substance Use Disorder” replaces DSM IV “substance abuse and substance dependence”
- Impaired control, social impairment, risky use, and pharmacological criteria
- SUD can be classified further as **Mild** (2-3 symptoms), **Moderate** (4-5 symptoms), or **Severe** (6 or more symptoms). Sub-categories: Alcohol Use Disorder (AUD), Cannabis Use Disorder (CUD), Opioid Use Disorder (OUD). Specifiers: Early/sustained remission
- Precursor to illness of SUD is “risky use”—this is where prevention efforts may be beneficial

DSM V definition of SUD

A problematic pattern of substance use leading to clinically significant impairment or distress, as manifested by at least two of the following occurring within a 12-month period:

- The substance is often taken in **larger amounts** or over a **longer period** than was intended
- There is a **persistent desire or unsuccessful efforts to cut down** or control use of the substance
- A great deal of **time is spent in activities necessary to obtain** the substance, use the substance, or recover from its effects
- **Craving**, or a strong desire or urge to use the substance
- Recurrent **use resulting in a failure to fulfill** major role obligations at work, school, or home
- **Continued use despite having persistent or recurrent social or interpersonal problems** caused by or exacerbated by its effects
- Important social, occupational, or recreational **activities are given up or reduced** because of use
- Recurrent use in situations in which it is **physically hazardous**
- Use is **continued despite knowledge of having a persistent or recurrent physical or psychological problem** that is likely to have been caused or exacerbated by the substance
- **Tolerance**
- **Withdrawal**



Motivational Interviewing

- Interaction Techniques (OARS)
 - Open-ended questions: “What worries you most about your current situation? What changes have you noticed? How so?”
 - Affirmations: “I am really impressed with the way you...” or “That’s great how you’ve reached your goal of cutting back on....”
 - Reflective Listening: Repeat—restate using the same words, Rephrase—use synonyms, Paraphrase—infer meaning behind the words or emphasize emotional aspects
 - Summarizing: Transition or ending statements, Collect “change talk” statements, Present “bouquet” of patient’s own reasons for change

<https://psychwire.com/motivational-interviewing/mi-foundational>



SBIRT app

Desktop: <http://sbirtapp.org/intro>

Apple: <https://apps.apple.com/ca/app/sbirt/id877624835>

Algorithmic approach to screening for tobacco, alcohol and other drug use/risky-use/SUD

- Starts with single question screens:
 - **“How often do you smoke cigarettes or use other nicotine products?”**
 - **“When was the last time you had more than 4 drinks in one day?” (within past year? Never or more than a year ago?)**
 - **How many times in the past year have you used another drug or used a Rx medication for non-medical reasons? (one or more?)**
- Based on responses, interviewer continues with further detailed screening (PRN AUDIT, CRAFFT, and DAST)
- ***Ask permission*** to continue!





Alcohol: [SAMHSA handout for having alcohol risk conversation](#)

Drugs—no agreed-upon “safe” level of use. Even single use of certain drugs may result in serious health effects (e.g., cocaine-MI/OD, opioids-OD)



The alcohol use disorders identification test: Self-report version

PATIENT: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential so please be honest.

Place an X in one box that best describes your answer to each question.

Questions	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3. How often do you have five or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	
					Total	

Online AUDIT

Score	Benefits	Problems
0-7 Low RISK	Increased relaxation	- Sometimes any drinking can be risky (e.g. driving, pregnancy, some medical conditions) - Even occasional heavy drinking can put you at risk of injury
8-12 At risk	Health benefits minimal	- Less energy - Poor sleep - Poor co-ordination - Less able to think clearly - High blood pressure - Depression/stress - Impotence - Risk of injury - Danger driving & using machinery
13+ High risk of dependence	Health benefits lost	- All of the above, plus: - Damage to liver, brain, memory - Physical dependence (addiction)

Reproduced with permission from: Babor TF, Higgins-Biddle JC, Saunders JB, Monteiro MG. The Alcohol Use Disorder Identification Test: Guidelines for Use in Primary Care, Second Edition. World Health Organization, 2001. Available at: http://whqlibdoc.who.int/hq/2001/who_msd_msb_01.6a.pdf.



TABLE 5 The CRAFFT questions

Two or more "Yes" answers suggest high risk of a serious substance-use problem or a substance-use disorder.

C Have you ever ridden in a **Car** driven by someone who was high or had been using drugs or alcohol?

R Do you ever use alcohol or drugs to **Relax**, feel better about yourself, or fit in?

A Do you ever use drugs or alcohol when you are **Alone**?

F Do you **Forget** things you did while using drugs or alcohol?

F Do your family and **Friends** ever tell you that you should cut down your drinking or drug use?

T Have you ever gotten into **Trouble** while using drugs or alcohol?

Abbreviation: CRAFFT, Car, Relax, Alone, Forget, Friends, Trouble.
Knight JR, et al.²³



Drug Abuse Screening Test DAST-10

These questions refer to the past 12 months.

1. Have you used drugs other than those required for medical reasons?	Yes	No
2. Do you abuse more than one drug at a time?	Yes	No
3. Are you always able to stop using drugs when you want to?	Yes	No
4. Have you had "blackouts" or "flashbacks" as a result of your drug use?	Yes	No
5. Do you ever feel bad or guilty about your drug use?	Yes	No
6. Does your spouse (or parents) ever complain about your involvement with drugs?	Yes	No
7. Have you neglected your family because of your use of drugs?	Yes	No
8. Have you engaged in illegal activities in order to obtain drugs?	Yes	No
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	Yes	No
10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding, etc.)?	Yes	No

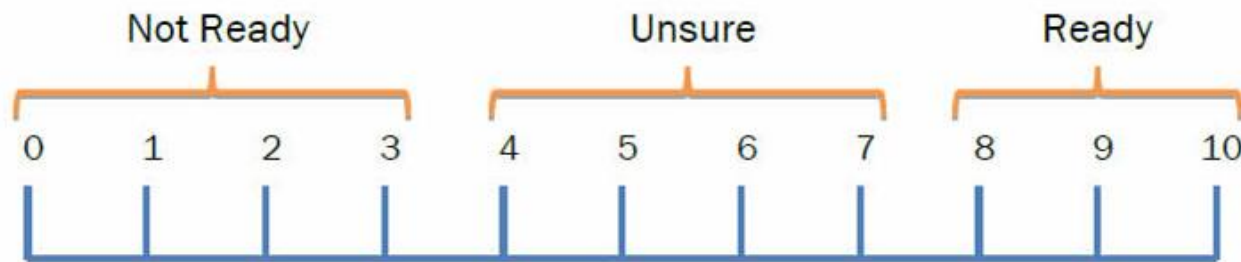
Interpretation (Each "Yes" response = 1)

Score	Degree of Problems Related to Drug Abuse	Suggested Action
0	No Problems Reported	Encouragement & education
1-2	Low Level	Risky Behavior- Feedback & Advice
3-5	Moderate Level	Harmful Behavior- Feedback & Counseling; Possible referral for specialized assessment
6-8	Substantial Level	Intensive Assessment and referral



- When Risky Use objectively quantified (screens positive), interviewer proceeds to “**Brief Negotiated Interview**”
- Build **rappport**—“Tell me what your life is like...,” “Is it alright if we continue to discuss your alcohol/drug use?” “What do you like about drinking?” “What do you dislike about it?” (Summarize and reflect, then proceed with READINESS RULER)
- “As your NP, I’m concerned about how your drinking/drug use may affect your health and I think it would be helpful to consider quitting. I understand that you have to be ready to make a change like that. Considering what we have discussed, on a scale of 0 to 10, how ready are you to cut back/quit?”

Readiness Ruler





SBIRT

Brief Negotiated Interview-

Readiness Ruler



- *If patient reports 0-3 on ruler scale:* Interviewer expresses concern, asks if patient wants more info about substance effects on health, then offers support and makes a plan to follow up about issue in future visits (basically “drops it” b/c respects patient’s choice)
- *If patient reports 4-7:* Ask “Why did you choose ____ and not (a lower number)?” “What would need to happen for you to go from (a given number) to a (a higher number)?”
 - Stimulates **change talk**. After reflecting/summarizing, negotiate a plan with patient to cut back or quit; help patient identify resources.
- *If patient reports 8 or higher:* Help develop action plan. Assist with identifying resources to help cut back/quit. **Instill hope!!!**

****HARM REDUCTION CARE CAN STILL OCCUR AT ANY STAGE (EVEN IF “NOT READY” FOR TREATMENT)**--“How do you keep yourself safe? Can I help?”**



Video samples of SBIRT in action:

- SBIRT Institute: **SBIRT for drug use:**
<https://www.youtube.com/watch?v=TGhj06-sM2Y&t=4s>
- Wayne State University School of Social Work:
<https://sbirt.wayne.edu/videos>



SBIRT Video debrief:

What went well?

What do you see as challenges to
a similar approach?



HARM
REDUCTION
=
NURSING
CARE

[Canadian Nurses Association Campaign](#)

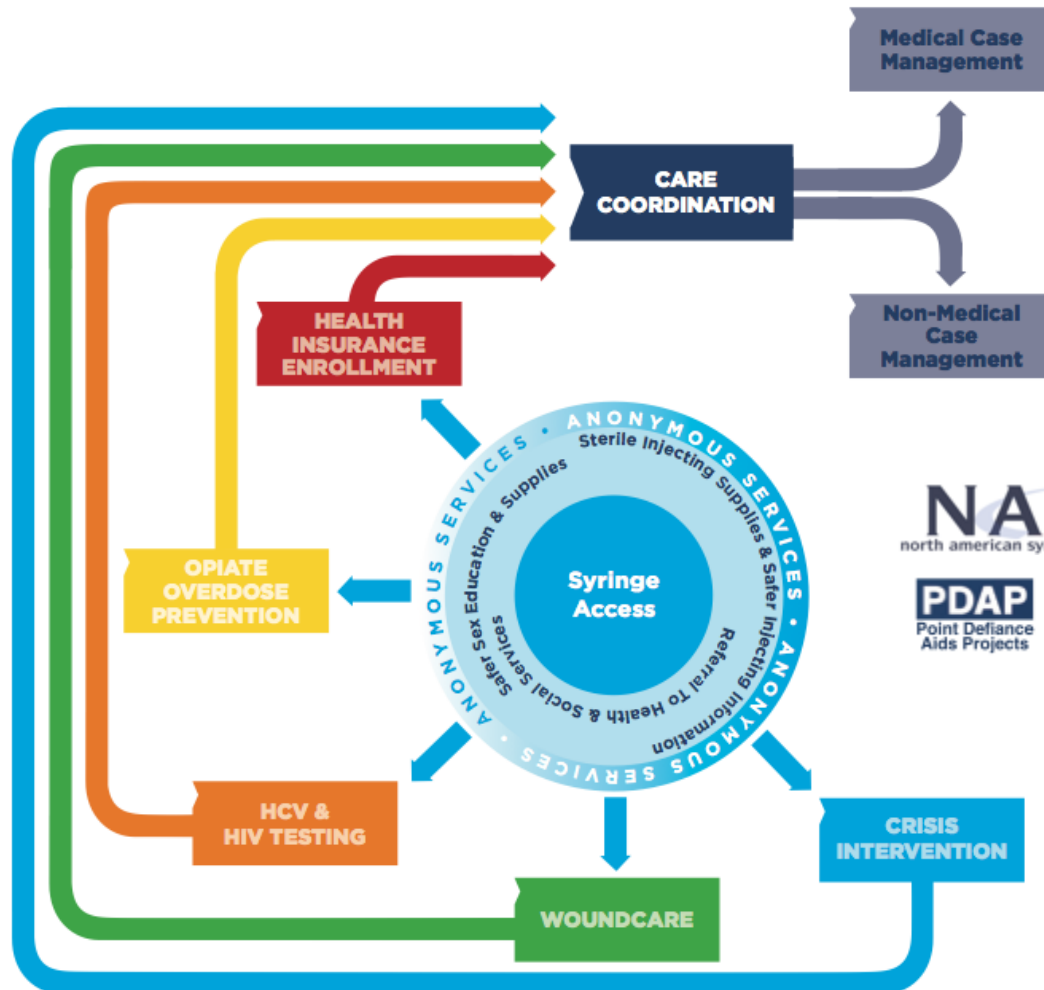
Harm reduction equals care. Harm reduction *is* treatment. Harm reduction is what we do for every other important health threat. Harm reduction saves lives.

[Harm Reduction Principles](#)



Naloxone Saves Lives

OVERVIEW OF SERVICES



NASEN
north american syringe exchange network

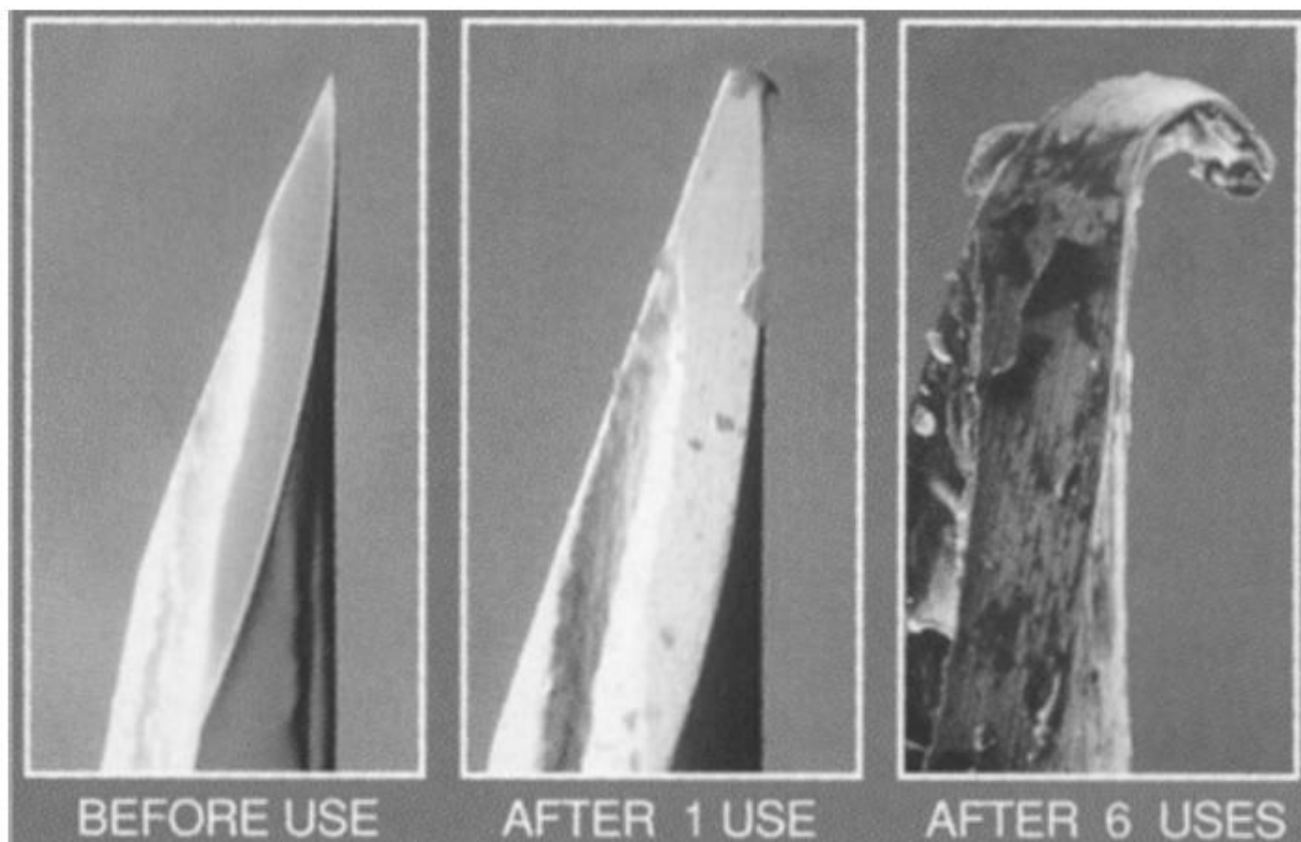
PDAP
Point Defiance
Aids Projects

WASSP
Washington Syringe
Service Programs

Find a syringe service program in NH:
<https://www.nhhrc.org/syringe-services-programs>



Microscope View of Needle After Use



<https://imgur.com/Rh7RY>



NEW HAMPSHIRE HARM REDUCTION COALITION

STAY SAFE/KEEP SAFE TIPS #1



USE CLEAN WORKS

You can prevent harm to yourself + others by using injection supplies once and disposing of them properly afterward. Hep-C, HIV, and infection-causing bacteria live in used and shared syringes, cookers, filters, etc. **NEVER SHARE USED WORKS!**



ROTATE YOUR VEINS.

Use arms when possible. Start low + work your way up vein in direction of heart. Avoid arteries (wrist, neck, groin) and feet. "Bevels up" -- make sure you can see the hole in the needle's tip while injecting to avoid piercing **through** the vein.



TAKE YOUR TIME.

Fear causes mistakes. Mistakes can be deadly. Take control by taking your time. Use a tiny tester amount first. You can always put more in, but you can't squeeze it out. **If you must use alone**, stay accessible. Nobody can revive you if they don't know where you are or can't get to you.



CARRY NALOXONE (NARCAN).

You can save a life. Naloxone (brand name Narcan) is legal and safe to have and use for a suspected opioid overdose. Make sure others know you have it. Learn how to get free naloxone here: <http://nhhrc.org/naloxone/>



CALL 911 IF YOU SUSPECT AN OVERDOSE.

NH Good Samaritan Law protects callers and overdose victims from arrest for small amounts of drugs and paraphernalia at the OD scene. Seconds count.



SEEK CARE & CHALLENGE YOURSELF.

If you're hurt, in danger, or want to make a change - speak up for yourself. You deserve safety, health, happiness.

VISIT WWW.NHHRC.ORG FOR MORE #STAYSAFEKEEPSAFE TIPS.

Others: Avoid dangerous combos, consider other modes of use (snort/smoke)

Safer injecting: <http://harmreduction.org/wp-content/uploads/2011/12/getting-off-right.pdf>



Harm Reduction for Opioid Use

- **Naloxone for overdose prevention:** Anyone at risk for opioid overdose (chronic opioid Rx or otherwise, known IV heroin/fentanyl or RX opiates) should have a naloxone kit
- Can be administered intranasally or intramuscularly. Third-party prescribing is legal in NH. Good Samaritan laws protect those who administer to save a life
- How to Rx naloxone for OD prevention:
<http://prescribetoprevent.org/>
- Accessing naloxone in NH:
 - Doorways: <https://www.thedoorway.nh.gov/>
 - Recovery Community Organizations: <https://www.nhrecovery.org/>
 - Syringe Service Programs: <https://www.nhhrc.org/syringe-services-programs>



PLEASE DON'T USE OPIOIDS ALONE AND MAKE SURE YOUR FRIENDS/FAMILY HAVE NALOXONE
<https://neverusealone.com/>





Have the Conversation:
Caring for People Who Inject Drugs

A Guide for New Hampshire Healthcare Providers

Kerry Nolte, Kevin Irwin, Jason Lucey,
Dean LeMire & Karen Prazar



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

For More Information visit www.nhhrc.org or
Contact: Kerry Nolte, Assistant Professor of Nursing
University of New Hampshire
E-Mail: kerry.nolte@unh.edu or Phone: 603-862-2017

- See full document at NHHRC.org:
<https://www.nhhrc.org/have-the-conversation-caring-for-pwid>
- PWID are *interested and capable* of improving their health and safety
- Therapeutic relationships with PWID are possible and can foster better outcomes (even if pt's goal is not abstinence)
- Put out the welcome mat to have these conversations
- Express interest, not judgment

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

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

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

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

“Do you have naloxone (Narcan) available in the case of an overdose?”

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

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



Other Current and Future Harm Reduction Solutions

- Overdose Prevention Centers/Supervised Consumption Spaces (first legal one opened 11/21 in NYC (<https://onpointnyc.org/>) , Rhode Island, Minnesota): <https://drugpolicy.org/issues/supervised-consumption-services>
- Boston Healthcare for the Homeless—Supportive Place for Observation and Treatment (SPOT): <https://www.bhchp.org/spot>
- Drug checking/testing: <https://harmreduction.org/issues/fentanyl/>
- Mobile van services: <https://www.boston.gov/departments/recovery-services/services-active-users>





How likely do you think it is to
recover from a substance use
disorder?

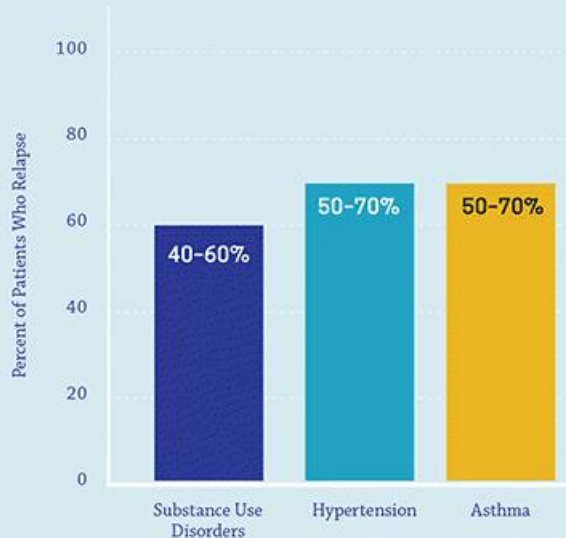
What do you think “recovery” looks
like?

How many people in the U.S. are in
recovery?



Remain hopeful! Recovery from substance use disorder is not only possible but is probable.

Comparison of Relapse Rates Between Substance Use Disorders and Other Chronic Illnesses



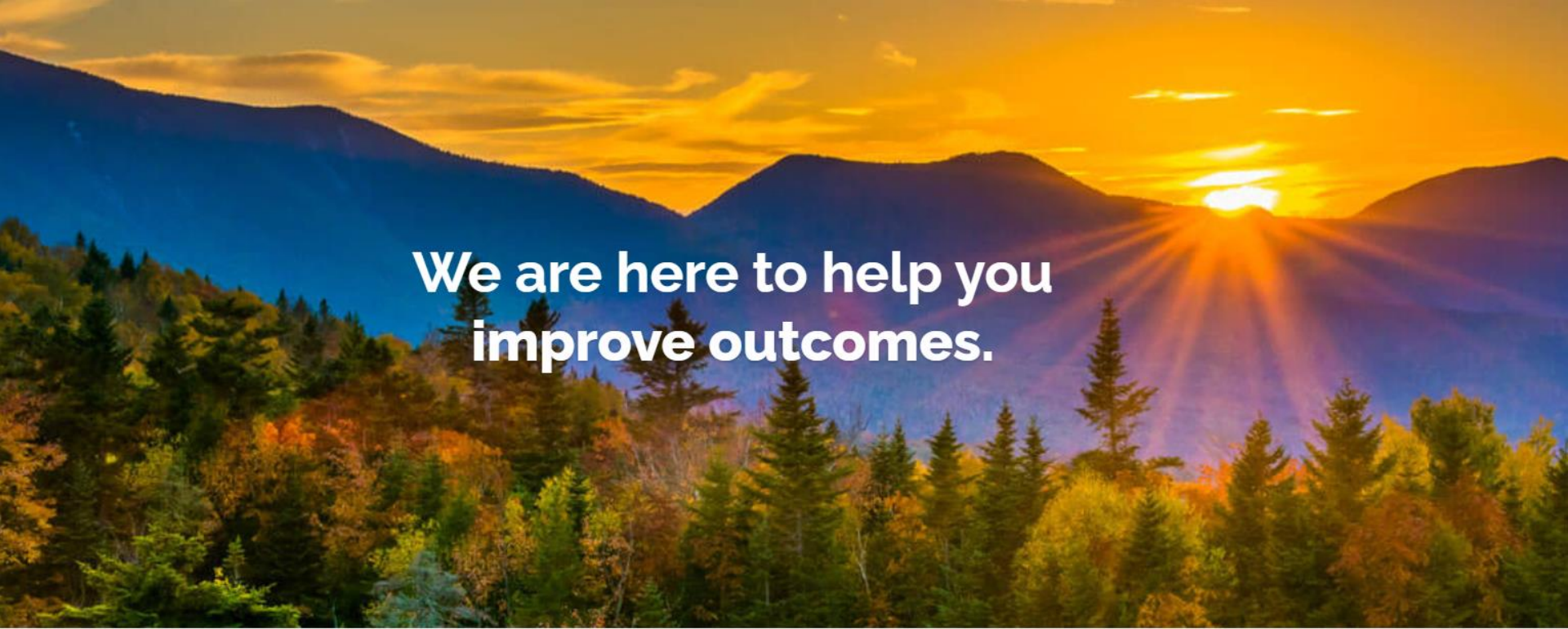
- 23 million Americans are in recovery
- Multiple pathways!
- 42%-66% of people with substance use disorder achieve full remission, although it can take time to do so ([Recovery Research Institute](#))

A coordinated, multidisciplinary, interprofessional approach will be required. We need all community members/professionals involved.



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NHTAC provides technical assistance to practitioners, communities, policymakers, and other stakeholders that work across the alcohol and other drug continuum of care.

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