

# Substance Use Disorder HARM REDUCTION TIPS for Providers

Harm reduction counseling and services should be offered to clients who use substances or have substance use disorder (SUD) to reduce overdose rates, infections, and hospitalization. Incorporating the following strategies in various treatment settings can expand treatment access, improve patient outcomes, and reduce stigma associated with SUD.



## CREATE A SAFE SPACE:

Create a clinic environment that destigmatizes SUD, HIV, viral hepatitis, and STIs among all populations (racial/ethnic identity, sexual identity, age, gender identity). Offer staff training on how to be welcoming and non-stigmatizing.

## CONSIDERATIONS:

- Use verbal and written communications without stigmatizing terminology
- Use non-verbal acceptance and body language
- Offer evening and walk-in appointments
- Offer staff training on harm reduction and substance use treatment
- Add staff with lived experience to the team



## PROVIDE OVERDOSE & INFECTION PREVENTION INFORMATION:<sup>3</sup>

### Overdose Prevention:

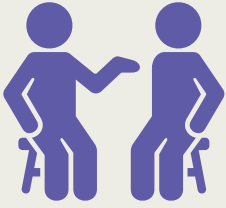
Counsel and inform clients on the need for fentanyl test strips, avoidance of using alone, and the importance of carrying and using naloxone.

### Infection Prevention:

Provide information and materials about how to safely clean equipment and skin, and how or where to obtain clean injection equipment (syringe access or services programs).

## CONSIDERATIONS:

- For those injecting extended-release oxymorphone, multiple injections using shared equipment and drug is common<sup>1</sup>
- Licking to taste the drug or clean the needle or skin of the injection site are associated with endocarditis and osteomyelitis<sup>2</sup>
- Abscesses are more common among those who skin-pop (inject subcutaneously instead of intravenously) and those who do not clean the skin before injecting<sup>4</sup>



### OFFER HARM REDUCTION COUNSELING:

Work with clients to reduce the amount of substance(s) being used. Counsel on the importance of using mental health crisis intervention when needed (e.g., call or text **988 Suicide and Crisis Lifeline**).

### CONSIDERATIONS:

- Follow up with clinics regularly for support and quick health checks
- Conduct SBIRT assessment
- Educate on MAT\*
- Educate on other harm reduction treatment options
- Assess social supports and link to services as needed



### PROVIDE INFECTIOUS DISEASE SCREENING, TESTING & PREVENTION:

Screen and test every 3-6 months for HIV, viral hepatitis, STIs, as applicable.<sup>3</sup>

Educate clients about HIV and viral hepatitis transmission and provide and counsel on condom and contraception options, as applicable. Initiate discussions about PrEP for HIV prevention.

### CONSIDERATIONS:

- Provide HIV nPEP as needed
- Provide HIV PrEP as needed
- Provide immunizations for HBV and HAV as needed
- Link client to care and treatment immediately following HIV, HCV, or HBV diagnosis
- Offer to test substance-using and/or sexual partners



### PROVIDE SUD TREATMENT:

Continually assess for interest in SUD treatment, and provide treatment or link to treatment when client is willing. Continually educate about treatment options.

### CONSIDERATIONS:

- Offer behavioral health therapy<sup>5</sup>
- Offer opioid, alcohol, and tobacco use disorder MAT<sup>6,7</sup>
- Positively reinforce attempts and small successes in substance use behavior change

\*MAT=medication-assisted treatment, the use of medication along with counseling and behavioral therapy to treat specific substance use disorders (SAMHSA, 2022)

References and abbreviation key can be found at <https://aidsetc.org/toolkit/sud>

