Engaging New Hampshire Healthcare Providers in Reducing the Harms of Injecting Drugs

Kerry Nolte, PhD, FNP-C, Jason Lucey, MSN, FNP-BC, & Karen Prazar, BSN, RN

Background
- New Hampshire is disproportionately affected by the opioid epidemic, with the state enduring the 2nd highest rate of overdose deaths in the US.
- Risks associated with injecting drugs, including overdoses and infections have put an enormous burden on New Hampshire hospitals.

Opportunity for Change
- People who inject drugs (PWID) who establish effective rapport with a healthcare provider are more likely to honestly disclose their drug use, adopt provider recommendations, maintain continuity of care, and seek timely care.
- Harm reduction approaches can be used to engage and support goal setting. Goals could include drug abstinence, reduce non-abstinence goals, such as overdose prevention (e.g., naloxone training), injection safety (e.g., cleaning injection sites), and reducing drug use.
- Healthcare visits for opioid-related concerns have increased and every interaction can be an opportunity to engage in conversations about reducing drug-related harms.

The Team
- Healthcare Taskforce of the New Hampshire Governor’s Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery
- New Hampshire Harm Reduction Coalition
- Kerry Nolte, Family Nurse Practitioner and Assistant Professor of Nursing
- Kevin Irwin, Director of Operations for the Region 6 Integrated Delivery Network and Recovery Taskforce Chair
- Dean Lemire, NH Peer Recovery Support Services Facilitating Organization Assistant Project Director
- Jason Lucey, Family Nurse Practitioner and Assistant Professor of Nursing
- Karen Prazar, Community Health Nurse and Family Nurse Practitioner Student

Key Lessons
- Urgency of dissemination must be balanced with opportunities for greater engagement.
- Securing Governor’s Commission endorsement lengthened the timeline but improved dissemination and fostered wider conversation of harm reduction approaches.
- An asset-based approach was key to leading this work to change provider communication.
- The development of this resource could imply criticism of current provider communication. Positive messaging instead of critique or “do not’s” is thought to better connect with healthcare providers.
- Ensuring inclusive and non-judgmental terminology requires thoughtfulness from a variety of stakeholders.
- Shared purpose and learning was achieved through development and continued conversations.
- Balance is needed between encouraging openness and dialogue and providing suggested conversation starters.

Aims
- Leadership and Organizing Aim
  - To engage and support NH healthcare providers in integrating harm reduction principles into care of people who inject drugs by convening, distributing, and disseminating materials.
  - Project Aim
  - Produce and disseminate a provider resource that describes evidence based harm reduction strategies. This resource will move conversation toward harm reduction and develop skill in meeting people who inject drugs ‘where they are’.

Outcomes
- Endorsement by the New Hampshire Governor’s Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery
- Distributed 200 printed copies at meetings and events with 200 additional distributions expected October-December 2017
- Available on the web and promoted through listserv and social media by the NHRHC
- Resource for engagement with the newly formed New Hampshire Harm Reduction Coalition
- Widely shared through organization and practice partners across NH:
  - NH Bureau of Drug and Alcohol Services
  - NH Medical Society
  - Foundation for Healthy Communities
  - NH Nurse Practitioner Association
  - NH Nurse’s Association
- Solicited invitations from 4 geographically diverse medical centers to present to healthcare providers
- Catalyzed upcoming projects to improve care for PWID:
  - Trainings to combat provider feelings of powerlessness in caring for PWID with harm reduction strategies as a key intervention.
  - Additional resources on wound care, harm reduction, and comfort medications for opioid withdrawal for PWID

Contact Us
- Kerry Nolte, kerry.nolte@unh.edu
- New Hampshire Harm Reduction Coalition www.nhrhc.org

Next Steps
- Evaluation of use of the resource in varied clinical practice settings
- Assessment of healthcare provider training and resource needs
- Training to support healthcare providers engaging in harm reduction conversations
- Capacity building for Syringe Service Programs for referral to comprehensive harm reduction