

Harm Reduction in the Acute Care Hospital

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How you want to be treated.

What is Harm Reduction?

- Means different things to different people
- No universal definition for all settings
- Has a long history

WHO (1993)

...defines harm reduction as strategies that prevent adverse consequences of drug use without setting out primarily to reduce drug consumption.

Harm Reduction Approaches

- Methadone maintenance programs
- Needle exchanges

City of Vancouver

The Four Pillars Drug Strategy –

- Prevention
- Treatment
- Enforcement
- Harm reduction
 - focuses on the harm caused by problematic substance use, rather than substance use per se
e.g. supervised injection site, needle exchange, low threshold community services

The International Harm Reduction Association (2002)

...defines harm reduction as policies and programs which attempt to prevent the adverse consequences of drug use without requiring a decrease in drug use.

The International Harm Reduction Association (2006)

...harm reduction refers to policies, programs and projects which aim to reduce the health, social and economic harms associated with the use of psychoactive substances. It is evidence-based and cost-effective approach-bringing benefits to the individual, community and society.

Harm reduction is a targeted approach that focuses on specific harms. It requires asking two questions:

- 1.** What specifically are the harms associated with different psychoactive drugs?
- 2.** What can be done to reduce the risk of those harms occurring?

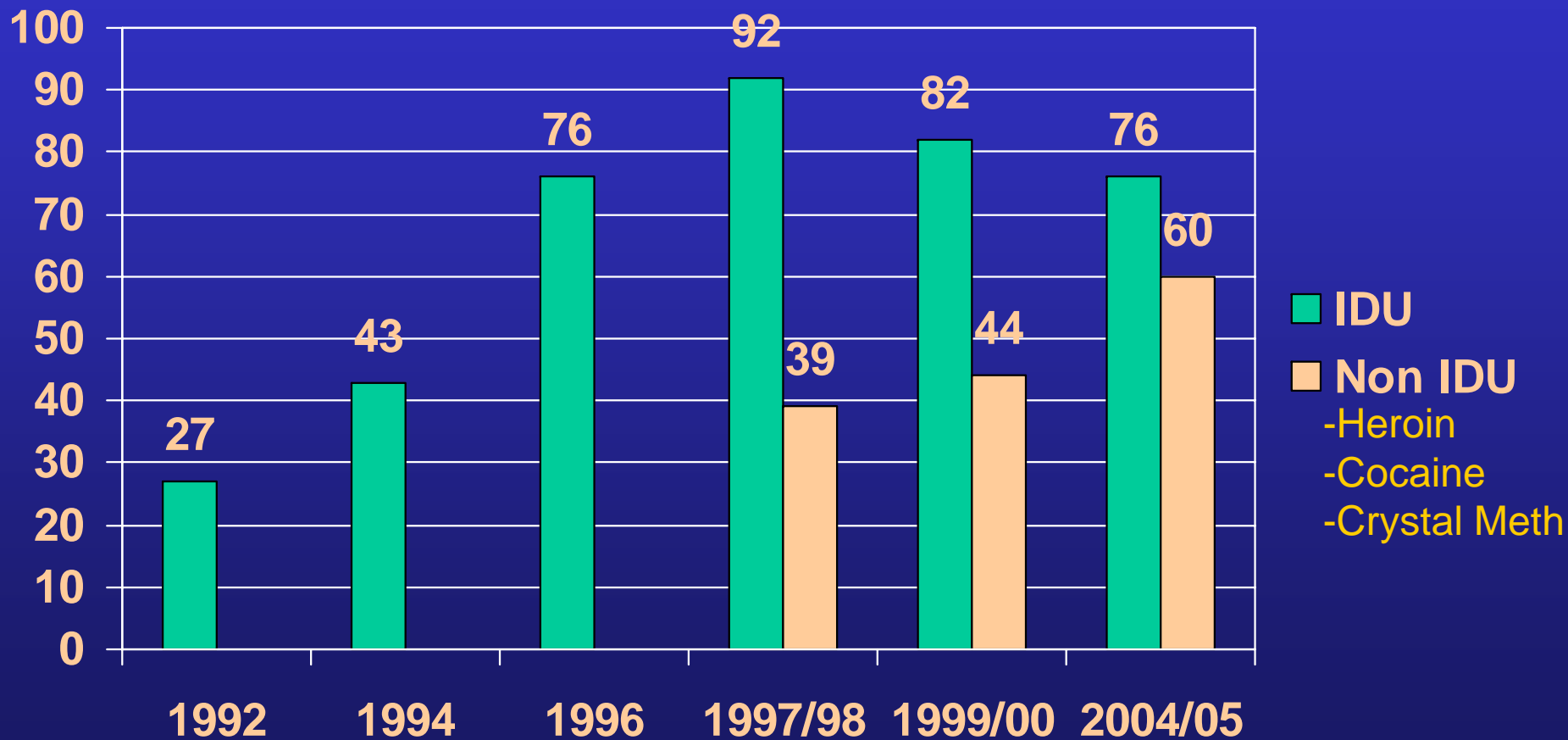
Harm Reduction in Acute Care Hospitals:

- has not been defined in the literature, health regions nor provincially
- each hospital then is in the position of defining the term

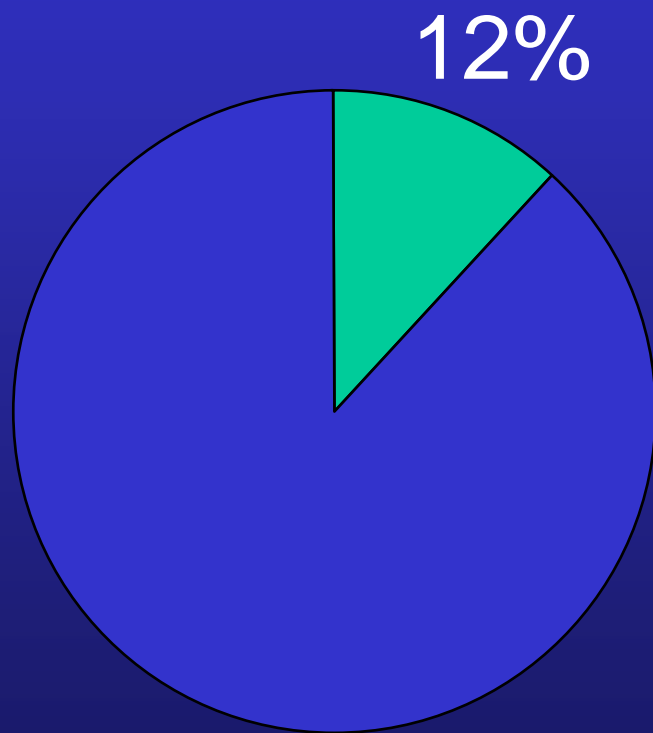
Hospitals:

- have a legal duty to safeguard the well-being of patients and others using the facility
- could face liability if injury should occur as the result of tolerating or facilitating possession or trafficking of controlled substances on the premises.
- do not have a legal duty to report the possession and trafficking in illegal drugs by patients to the police.

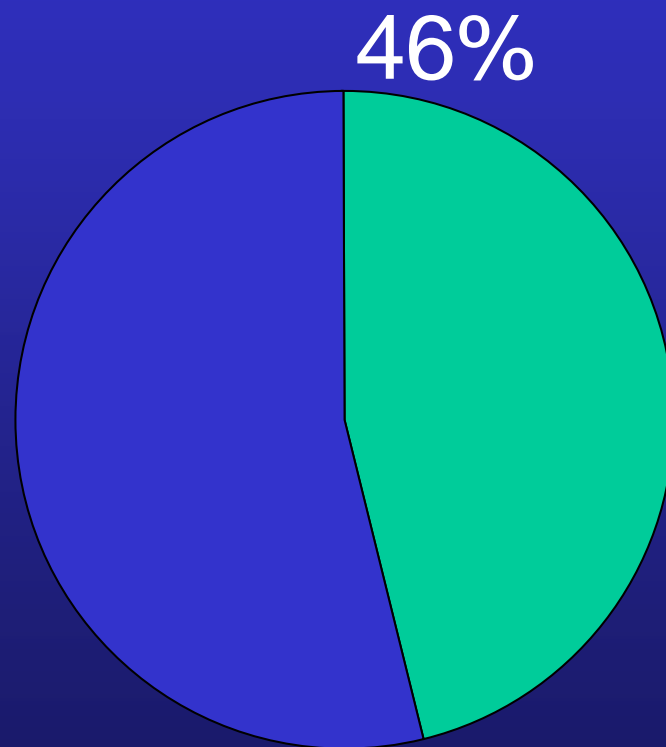
Average Discharges per Month for Drug Users



IDU Discharges by HIV+ Status



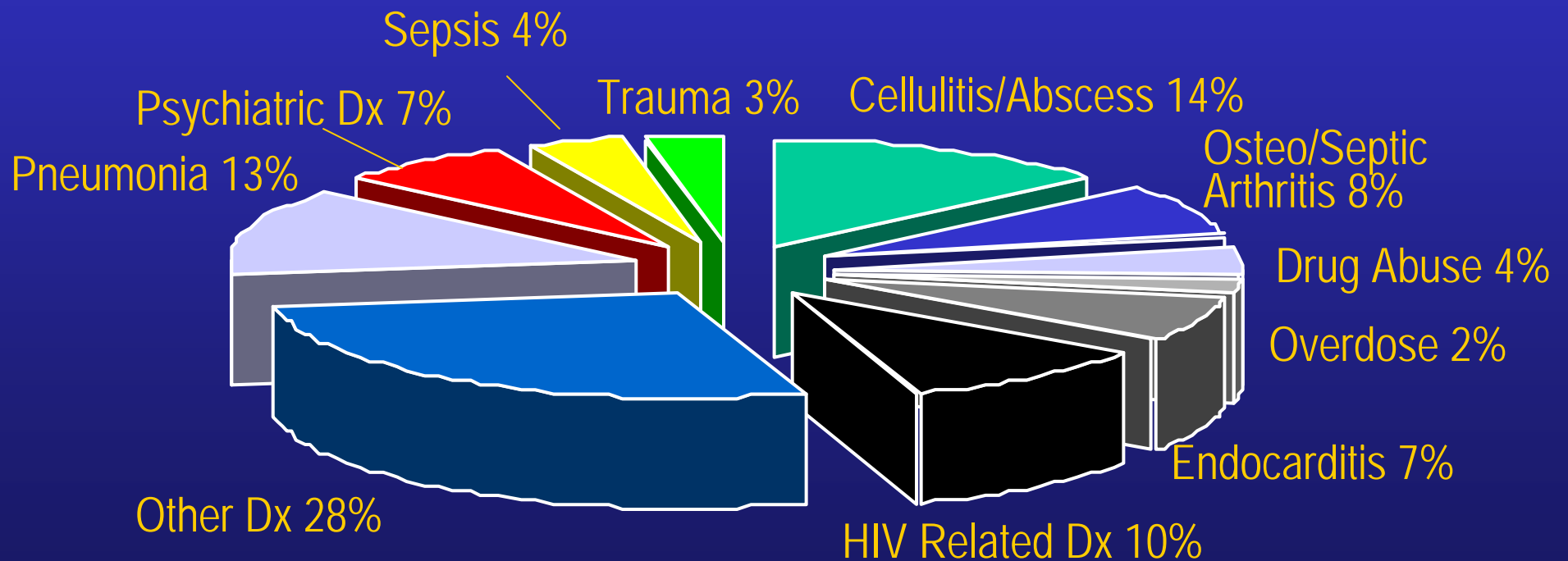
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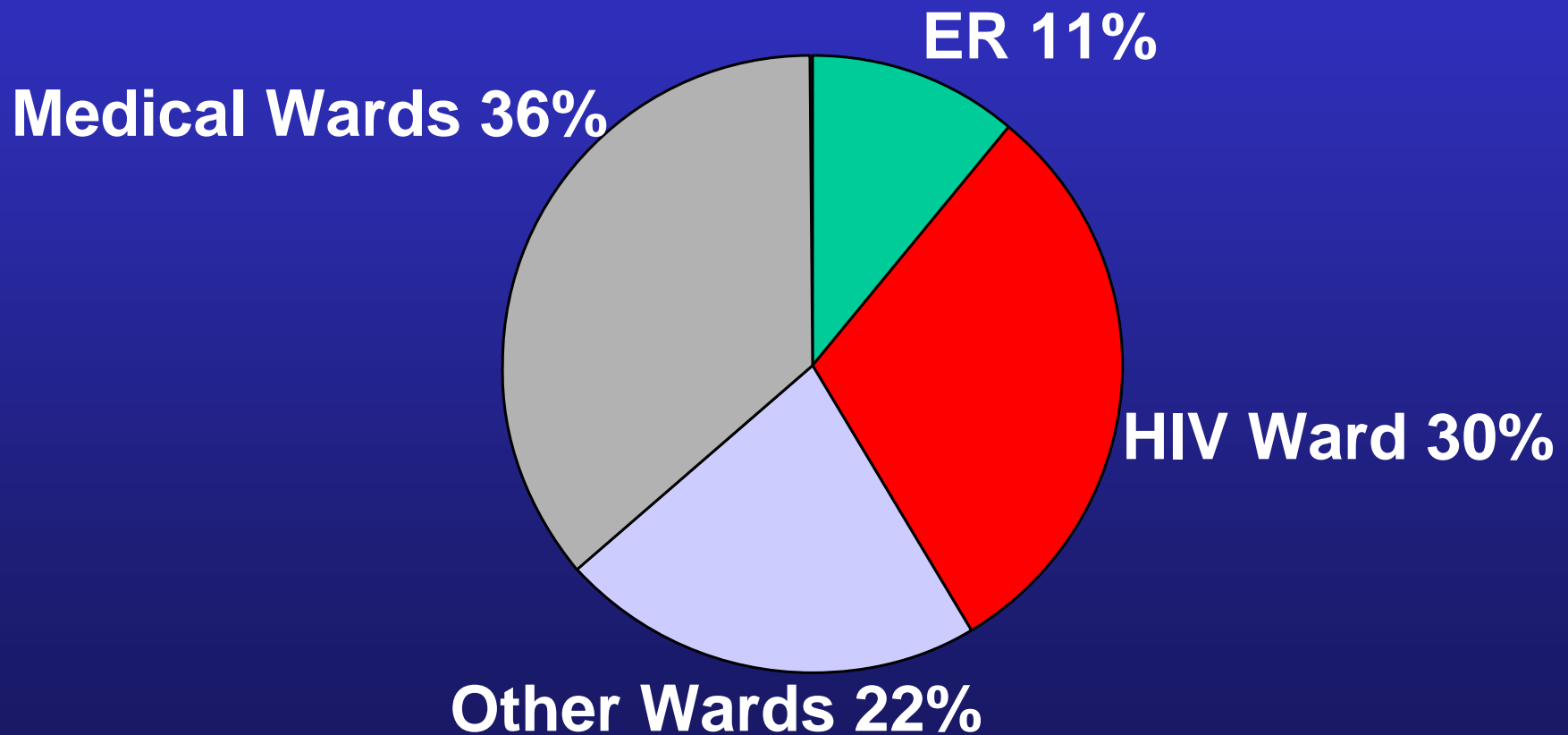
2004/05

Diagnosis in IDU Discharges

Fiscal Year 2004/05



IDU Cases by Discharge Ward Fiscal Year 2004/05



Philosophy for Care of Patients with Substance Use at PHC (1994-98)

We believe:

- goal of treatment – treat admitting diagnosis and the underlying addiction
- addiction is a treatable disorder
- all patients and staff and staff will be treated with respect, dignity and compassion
- threats or violence against staff or other patients are not acceptable
- optimal hospital care includes recognizing and addressing substance use disorders (withdrawal, pain control)

Philosophy for Care... (1994-98) continued

We believe:

- patient's needs will be met through an interdisciplinary team approach
- all patients have the right to health information and will be made aware of substance use treatment options, including effects of delaying or refusing treatment
- harm reduction encompasses a continuum of options from abstinence through to substance use management, addresses social and medical aspects directed to reducing drug related harms to patients and the community
- patients are asked to stop using drugs to reduce diagnostic dilemmas and treatment complications
- patient's decision regarding treatment will be treated respectfully
- patients are ultimately accountable for their decisions

***Abstinence is not a condition for
providing care in the hospital***

Addiction: Fundamental Features

- a medical disease characterized by the “3 Cs”
- compulsive drug use – much time and effort acquiring and using the drug
- loss of control over use – unable to stop use
- harmful consequences of use – physical, social, psychological

The focus of care is not on whether the patients is using drugs but rather the focus is on:

- 1.** the patient's safety and functioning and ability to benefit from being in hospital.
- 2.** the impact of the patient's behavior on the safety and care of other patients.

Intoxication Effects/Potential Health Consequences of Drugs of Abuse

- Opioids
 - euphoria, drowsiness, sedation, confusion, nausea, constipation, respiratory depression and arrest, coma, death
- Stimulants
 - pleasure/euphoria; ↑ temperature, heart rate and blood pressure; cardiac dysrhythmias; agitation; anxiety; irritability; delirium; panic; paranoia; ; impulsive behavior; aggressiveness; psychosis; seizures

What are the harms of ongoing drug use in the setting of the acute care hospital?

Drug use in the acute care hospital can lead to:

- diagnostic dilemmas and treatment complications
- missed IV antibiotics, lab work, diagnostic testing essential for diagnosis and/or safe monitoring of treatment
- overdose
- AMA
- aggressive behavior
- trigger for other patients leading to relapse – with all the above results

What can be done to reduce the risk of these harms occurring in the hospital?

Drug Addiction Treatment

- Medications
 - methadone
 - nicotine replacement
- Behavioral therapy
 - motivation
 - replace drug using activities
 - drug resistance skills
- Effective treatment must address medical, psychological, social, vocational, legal problems
- Self help groups – AA, NA

Effectiveness of Treatment

- Goal of treatment is to return to productive functioning
- Treatment reduced drug use by 40-60%
- Treatment reduces crime by 40-60%
- Drug addiction treatment is as successful as treatment of diabetes, asthma and hypertension
- Recovery can be a long-term process and frequently requires multiple episodes of treatment

***Nursing Strategies for Providing
Care to Patients in Hospital***

Nursing Focus Groups (2003)

- 3 focus groups held for a total of 15 nurses
- The goal was to establish the nursing care needs of patients on the HIV ward
- Questions asked were...
 - What is nursing on the HIV ward?
 - What do patients most want of nurses?
- Responses were audio-taped and transcribed

Nursing Focus Group Findings

Psychosocial needs

- assessing patients' needs takes extra time, need to really listen and then validate your understanding of the problem with the patient; patients have difficulty communicating problems and feelings
- when patients feel that they are understood, co-operation improves, setting limits demonstrates caring

Nursing Focus Group Findings (continued)

- **Psychosocial needs** (continued)
 - tasks take much longer, patients require additional explanations and support; nurses want to take extra time with patients but find it difficult (patient acuity, nursing tasks)
 - patients perception of their needs can be different from the nurse's
 - need to maintain a professional, not a personal relationship

Nursing Focus Group Findings (continued)

- **Adequate pain control**
 - nurses understand their patients' pain and provide the medications required to make patients comfortable. Nurses also assess and treat drug withdrawal to maintain comfort level.

Nursing Focus Group Findings (continued)

- Drug use

- complicates our responsibilities as nurses.
“Nodding” can be a sign of drug use or a sign of medical illness – complicates assessment and interventions. Nurses genuinely care about patients’ pain – do not want to over sedate (cause harm) or under medicate and lose patients’ trust.

Nursing Focus Group Findings (continued)

- **Advocacy** – nurses take an active role in representing the patients' needs to physicians, other hospital staff and friends.
- **Supportive team work** – “very much a team here – we couldn't function otherwise”. Patients receive good care because we work as a team, recognizing members have different strengths; support of team members for one another is also essential in this work.

Nursing Strategies

- admission to hospital can be associated with many stressors: pain, withdrawal, anxiety, fear, loss of control, insomnia
- on admission screen for use of substances and possible stressors
- recommend referral to addiction team for addiction issues
- assess for coping ability – underlying psychiatric history or symptoms
- recommend referral to psychiatric consult team
- establish a Partnership for Care with the patient

Nursing Strategies

Partnership for Care:

- discuss expectations for the hospital stay, the health care team and for the patient
- explain pertinent hospital policies/philosophy of care

Tools:

- Partnership for Care pamphlet
- Welcome to 10C poster at patient's bedside

Nursing Strategies

- provide respectful care using active listening skills
- foster trust by following through on mutual agreements, consistency in communication (avoid delays, surprises, unexpected changes in schedule)
- involve patient in discussions and changes in treatment and medication plan
- ongoing assessment and interventions for drug withdrawal and pain control
- provide education e.g. medical condition and relationship to addiction, safer injection practices, harm reduction resources in the community
- refer to social work regarding legal, welfare and housing issues

Nursing Strategies

- provide supportive care with active listening for increasing anxiety
- explain and establish agreements re hospital policies, routines
- recognize escalation, set limits, involve interdisciplinary team
- team – verbal contract:
- describe discrepancy between desired behavior and observed behavior
- explain consequences of non compliance
- obtain verbal agreement from patient to comply
- if patient agrees with verbal contract and does not comply then implement a written contract

Involuntary Discharge Form for the HIV/AIDS Clinical Service

– For behaviors that are disruptive or harmful to other patients or of no value to the patient due to non-adherence to investigations or treatment

1. Abusive behavior
 - a) A single episode of physically abusive or threatening behavior towards another patient or staff member.
 - b) Repeated verbally abusive behavior.
2. Repeatedly uncooperative and refusing routine non invasive laboratory or imaging studies considered essential for diagnosis and/or safe care.
3. Illicit drug use or drug dealing on the ward which is considered to be disruptive and has also been witnessed by one of the staff.
4. Unexpected absence from the ward for greater than 6 hours.

Exclusion Criteria:

- Certifiable psychiatric condition (e.g. suicidal, psychotic)
- Organic brain syndrome
- Mentally incompetent
- Medically unstable or hospitalized for what continues to be a life-threatening condition.

Harm Reduction:

- Significant effect on addiction treatment
- Changed focus from rapid achievement of abstinence to incremental improvements
- Hospital is a window of opportunity
- Motivation to seek treatment is often increased in patients experiencing serious medical illness resulting from the negative consequences of drug use.

