AMERSA 46th Annual Conference
Boston, MA
November 12, 2022

Harm Reduction Education for Clinicians in the Veterans Health Administration: Lessons Learned and Next Steps

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Disclosures

- The authors have no personal or financial conflicts of interest to disclose.
- The views expressed are those of the authors and do not necessarily reflect the position or policy of the Department of Veterans Affairs or the United States government.

Background

Lack of veteran access within VHA

- Sterile syringes, fentanyl test strips, syringe services programs (SSPs)

Legal guidance in 2021

- Federal prohibitions on purchase of syringes did not apply to VHA
- Facilities could operate SSPs in accordance with regional/local laws

Widespread clinician education needed to ↑ awareness/access

Education Interventions: ↑ Syringe Access & ↓ Negative Opinions

Location	• Intervention in Harlem, NY; comparison community South Bronx • High prevalence of Black and Hispanic IDUs
Educational Information Provided	• Community forums • Pharmacist training programs • Counseling or outreach programs for IDUs
Results	• ↓ Negative opinions of IDU syringe sales among Harlem community members (N = 1496) and pharmacists (N = 131) • No change or ↑ in negative opinions in comparison community

Fuller, Crystal M et al. "Multilevel community-based intervention to increase access to sterile syringes among injection drug users through pharmacy sales in New York City." *American journal of public health* vol. 97,1 (2007): 117-24. doi:10.2105/AJPH.2005.069591

Education & Engagement Interventions: ↑ SSP Support

Location	• New York City neighborhoods • High prevalence of minorities and IDUs
Educational Information Provided	• Group and individual pharmacy staff harm reduction training, role plays • Conducted quarterly
Engagement interventions	• Recruit IDUs to participate in study • Provide IDUs with social services and HIV risk reduction literature
Results	• Significant ↑ in pharmacy staff support for SSPs compared to control pharmacies (minimal to no education, no engagement)

Crawford, Natalie D et al. "Randomized, community-based pharmacy intervention to expand services beyond sale of sterile syringes to injection drug users in pharmacies in New York City." *American journal of public health* vol. 103,9 (2013): 1579-82. doi:10.2105/AJPH.2012.301178

National VA Webinars

11 delivered June 24, 2021 – April 28, 2022

Clinician audience:

- Pharmacists
- Primary care & Nursing
- Pain specialists
- Mental health/Substance Use Disorder providers
- Homeless & Veterans Justice Program Outreach

Webinar Learning Objectives

- Describe how and why people use drugs
- Describe the impact of criminalization and stigma on people who use drugs
- Identify drivers of the overdose crisis
- Define harm reduction and syringe services programs (SSPs)
- Discuss the evidence for SSPs, address common objections and misconceptions
- List practical strategies for offering harm reduction services to veterans

Clinician Misconceptions & Concerns

Providing drug use equipment	Concerns expressed
• Enabling • ↑ used equipment in streets or ↑ crime • Misaligned with abstinence/treatment goal • Trigger for patients in abstinence-based recovery • Lack of support for non-injection routes of use	• Moral • NIMBYISM • Medicalization of Harm Reduction • Legal consequences • “Scarcity Mindset”

Veteran Patient Feedback*

Self-identified gay, black male, living with HIV	• *"Once talked to a doctor about anal – he was older and became bashful – It is nice to be able to talk to people that understand or are open to talk about things like this."*
What's most important to educate healthcare workers re: harm reduction?	• *"Understanding. Before questioning someone about harm reduction services explain to them that it will not affect their VA benefits."*
What's missing re: how healthcare workers engage with people who use drugs?	• *"Lack of understanding about living situations. When someone wanted to offer harm reduction services, my mind was not on harm reduction, it was where I would stay next."*
How would you wish someone would've approached you?	• *"When asking, I wish it would've not been a suspicion. I felt like I needed to trust a VA provider."*

*ROI/consent obtained and on locally on file

Challenges Integrating Into Healthcare

- Lack of clinician awareness, comfort, or buy-in
- Balancing access vs data collection
- Re-evaluating structure of abstinence-based programs
- Scopes of practice for non-prescribers
- Lack of dedicated staffing
- Prescription vs supply item
- Pathways for purchasing via federal agency
- Federal vs local laws
- Veterans ineligible for VA care or not enrolled
- Engaging veterans with lived experience
- Creating a role for peer specialists

Next Steps

Since 2021, >25 national webinars to VHA audiences

Focus group discussions:

- Local staff
- Veterans with lived or living experience; compensated

↑ partnerships

- Healthcare for Homeless Veterans
- Veterans Justice Outreach Program
- Community SSPs (bidirectional resource sharing, veteran linkage to services)

Recommendations

Dedicated/paid staff for VHA SSPs

- Prescribers
- Social workers
- Peer specialists
- Veterans with lived/living experience

Increased access to SSP services

- Mail-based for rural veterans
- On-site for housed veterans
- Mobile for homeless veterans
- Provided upon community re-entry after incarceration

Conclusions & Future Education Needs

Regularly occurring didactic sessions → great start, more needed

Incorporate novel approaches

- Practice-based, simulation-based
- Mentorship/shadowing
- Academic Detailing
- Patient involvement (veterans with lived/living experience)
- Community SSP training for VHA staff

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Thank you for your time!

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