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About the Harm Reduction Coalition:
The Harm Reduction Coalition is a national advocacy and capacity-building organization that promotes the health and dignity of individuals and communities impacted by drug use. HRC advances policies and programs that help people address the adverse effects of drug use including overdose, HIV, hepatitis C, addiction, and incarceration. We recognize that the structures of social inequality impact the lives and options of affected communities differently, and work to uphold every individual's right to health and well-being, as well as in their competence to protect themselves, their loved ones, and their communities.

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Training Materials:
  Participant Workbook
  “Quality Health Care is Your Right” Companion Booklet
  Training Evaluation
INTRODUCTION AND TRAINING OVERVIEW

Training Goal

This participatory training is designed to help non-clinical service providers engage with their drug using clients around issues related to health care. It will explore the context in which drug users seek health care from a systemic and individual level, as well as some of the unique challenges drug users face in accessing quality health care. The training will provide tools and strategies to offer clients when navigating the health care system, highlighting ways to strengthen and build positive relationships between drug users and health care providers.

Among the tools offered is a one and one-half hours workshop curriculum called “Quality Health Care is Your Right: A Guide for Drug Users to Getting Better Health Care” that can be used with clients as a means of supporting positive relationships between drug users and health care providers. The Curriculum includes a companion booklet that details tips for clients to make navigating health care easier.

Training Objectives

Upon completion of this training, participants will:

- Identify some of the unique health care needs of drug using clients through interactive discussion.
- Identify institutional, social and behavioral factors that influence drug user access to health care through interactive discussion.
- Understand the impact of drug-related stigma on their clients’ access to health care through group activity and discussion.
- Develop strategies for engaging clients in discussions about the benefits and risks of disclosing their drug use to health care providers through group activity.
- Develop tools to use with clients to help build trust and strengthen relationships with health care providers developed through collective brainstorm, group activity and discussion.
- Build skills to facilitate a one and one-half hours workshop with drug using clients aimed at improving health care relationships.

Training Length

Half-day (3 hours)

Prerequisite

There is no pre-requisite for this training, though familiarity with the principles of harm reduction may be useful.

Audience

This training is relevant for community-based direct service staff, caseworkers, therapists, peer advocates, program administrators, medical providers, and all who are interested with helping drug users most at risk to access and maintain contact with the health care system.
Drug users who have the greatest number of health care needs are less likely than non-users to access health care and when they do, there is often a significant delay in accessing care. It is not uncommon for drug users to rely on emergency rooms as opposed to establishing relationships with regular providers, which impacts both the level of time and attention they receive as well as follow-up. Research also suggests that doctors often have less confidence, feel reduced professional satisfaction and hold certain preconceptions when caring for drug using clients while fear of discrimination, prior negative experiences with health care and shame over their own use intersect to act as powerful deterrents for drug users seeking care. This occurs despite the fact that injection drug users (IDUs) have accounted for over a quarter of all AIDS diagnoses in the US, represent upwards of 16% of new HIV infections and HCV infection rates among IDUs in some communities range from 60-90%.

For drug users, self-advocacy in a health care setting can be challenging. Conversations about drug use when seeking health services, although often very important to receiving proper care, can also have very real negative consequences. Too often, negative stereotypes of drug users among health care providers results in expectations of abstinence and/or poor communication between providers and drug using patients. In addition, drug user ambivalence over seeking care and fear of prejudice may lead patients to withhold information and/or mislead providers. Overall, there is often a lack of mutual trust and communication between health care providers and drug users.

In an effort to improve drug user relationships to health care, a one and one-half hours workshop entitled “Quality Health Care is Your Right: A Guide for Drug Users to Getting Better Health Care” was developed as a tool for engaging drug users around these issues. The workshop uses interactive group activity to tap into the experiences of drug using clients, and to highlight the strengths that they already possess for understanding, and improving their own relationships with health care. This training, “Improving Health Care with Drug Users,” is designed to prepare providers to adapt and facilitate the “Quality Health Care is Your Right” workshop for use in service-based settings with drug-using clients by:

- Providing participants with context and information for discussing drug user-related health care issues.
- Expanding participant understanding of the complex dynamics drug users face when trying to access health care.
- Exploring personal and professional investment in creating better drug user-health care relationships
- Giving participants an opportunity to practice the “Quality Health Care is Your Right” curriculum activities that will expand their skill-set and brainstorm strategies.

While “Improving Health Care with Drug Users” is designed to prepare for facilitation of the drug user curriculum/intervention, participants who are not interested in immediately using the intervention piece will also benefit from the ideas and strategies explored in the session. It is important for trainers of “Improving Health Care with Drug Users” to be mindful that participants may come to this session for a number of reasons – including, but not limited to learning to facilitate the intervention. By making this training accessible to all individuals working with drug users around health care issues, skills and techniques from the intervention can be infused into participants’ daily interactions and conversations with drug using clients.
**Key point**

This training will highlight issues more often present among drug users who are disenfranchised or otherwise vulnerable (due to homelessness, economic status, etc). The writers in no way presume that there is a single drug user experience. While every effort was made to make overall themes broadly relevant, there may be examples or issues that do not apply to all drug users.
Module 1: Values Clarification and Introductions (30 minutes)
   Values Clarification Exercise
   Participant and Trainer Introductions
   Goals and Objectives

Module 2: Harm Reduction and Framing the Issue (15 minutes)
   Discussion: Harm Reduction Principles Review
   Discussion: Framing the Issue

Module 3: Health Care Values and Drug Users (40 minutes)
   Activity: Health Care Values
   Discussion: Drug User Access to Care and Making Referrals

Objectives met:
   - Identify some of the unique health care needs of drug using clients through interactive discussion.
   - Identify institutional, social and behavioral factors that influence drug user access to health care through interactive discussion.
   - Understand the impact of drug-related stigma on their clients’ access to health care through group activity and discussion.

Break (10 minutes)

Module 4: “Quality Health Care is Your Right” Workshop Curriculum and Booklet (55 minutes)
   Introduction to the Curriculum and Booklet (10 minutes)
   Activity and Discussion: Small Group Exercise (35 minutes)
   Discussion: Tips for Facilitators (10 minutes)

Objectives met:
   - Develop tools to use with clients to help build trust and strengthen relationships with health care providers developed through collective brainstorm, group activity and discussion.
   - Build skills to facilitate a one and one-half hours workshop with drug using clients aimed at improving health care relationships.

Module 5: Strategies for Providers (15 minutes)
   Discussion: Strategies for Providers

Module 6: Closing and Evaluations (15 minutes)
   Learning Review
   Evaluations
“Quality Health Care is Your Right” Workshop Curriculum

“Improving Health Care with Drug Users” is an overview of concepts related to health care for drug users, however, the second half of the training is devoted entirely to the “Quality Health Care is Your Right” Workshop Curriculum. It is therefore essential that trainers familiarize themselves with the “Quality” workshop and the companion booklet.

What is Harm Reduction?

Guiding Principles

Harm reduction is a set of practical strategies that reduce negative consequences of drug use, incorporating a spectrum of strategies from safer use, to managed use to abstinence. Harm reduction strategies meet drug users "where they're at," addressing conditions of use along with the use itself.

Because harm reduction demands that interventions and policies designed to serve drug users reflect specific individual and community needs, there is no universal definition of or formula for implementing harm reduction. However, HRC considers the following principles central to harm reduction practice.

- Accepts – for better and for worse – that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them.
- Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe abuse to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others.
- Establishes quality of individual and community life and well-being--not necessarily cessation of all drug use--as the criteria for successful interventions and policies.
- Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm.
- Ensures that drug users and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them.
- Affirms drugs users themselves as the primary agents of reducing the harms of their drug use, and seeks to empower users to share information and support each other in strategies which meet their actual conditions of use.
- Recognizes that the realities of poverty, class, racism, social isolation, past trauma, homophobia, sex-based discrimination and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm.
- Does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use.
Creating a Positive Learning Environment

Learning takes place best in environments where people feel safe and relaxed. This workshop relies on active participation from workshop attendees; therefore it is important to create a comfortable space in which participants feel open to the process of learning and sharing.

Food is good for the mind and the body! If possible, provide snacks and/or coffee or soda, not only as a comfort, but also to provide energy and engagement. Participants also feel valued when they receive these kinds of offerings.

When deciding where to hold the workshop, choose a space that is comfortable – be mindful of issues such as accessibility, natural light, room size, room set-up (including table/chair arrangement), comfort of the chairs, temperature of the room, and other related issues. Welcome individual participants as they arrive, introducing yourself.

Establishing Guidelines

Given the time constraints of this training session, it is not possible to develop guidelines for the training as a group exercise; however, it can still be valuable to propose certain guideline and have the group agree upon (or challenge) them, and to give participants an opportunity to propose other guidelines.

Some suggested guidelines include, but are not limited to:

Step up, step back
- This refers to encouraging participants to be mindful that if they have a tendency to speak up more often, perhaps they step back, listen and give others a chance to speak, while those who may have a tendency to sit back and stay quiet, step up and challenge themselves to share and speak up.

Non-judgment and respect for ideas
- This refers to keeping an open mind and accepting that everyone’s ideas and experiences are valid and have a place in the training, which is a safe place for people to share and grow their ideas.

There are no right or wrong answers.
- This again, refers to the safety to share any thoughts or ideas – encouraging brainstorm and participation with the knowledge that any contribution can be valuable and presents opportunity for learning.

Talk with each other not at each other.
- This refers to the idea that discussions, even about ideas that may be conflicting or challenging, be a respectful exchange of ideas that respects a mutual process of dialogue.

Confidentiality
- This refers to keeping personal information that is shared as part of the training to oneself. Trainings can and should be a safe place for people to share experiences, stories and thoughts and this can be compromised if people do not feel secure that their information will not be respected and kept private. Of course, many of the ideas and concepts in the training are meant to be shared widely; however, this is not the case with personal stories. This can be especially important when there are multiple people from the same agency or organization present.
Solicit Frequent Participant Feedback and Engagement

This curriculum relies on the trainer to create an environment that will promote participation, feedback and excitement from participants. Open-ended questions and probing statements are valuable tools for soliciting additional discussion. The trainer should be comfortable working with drug users and familiar with the issues discussed in the workshop. It is important that the trainer have the skills necessary to generate discussion and move conversations forward in small-to-larger group settings, even around issues that may be sensitive. It will also be necessary for the trainer to balance different perspectives and articulate main points in order to make the entire session useful for all participants. Trainers should be mindful of language and comprehension throughout the session, avoiding complicated medical jargon or other terminology that may be difficult for everyone to understand.

Making workshops personally relevant

Thorough planning before a workshop is important in order to get a good grasp on the material covered in the training, as well as to connect with it personally. A good trainer is one that will be able to translate their own interest and investment in an issue to the audience, and who will also be able to effectively communicate why the information is relevant to training participants. Using case examples from one’s own experience, or stories from people you know, can be a valuable tool in broadening participant understanding and investment in concepts and ideas explored in the session. Take time before the session to think about as many examples as possible, understanding that while they may not all be used or shared, they will be available in your toolkit as another means of expressing ideas and explaining concepts.

Using Power Point

Use slides as a guide, but speak about information that you understand.

The workshop is not scripted although suggestions are offered with regards to key points, communicating important information and general facilitation techniques.

Context is offered on main points to assist trainers in preparing for discussion. Trainers are encouraged to be creative in the presentation of material, using the text and notes offered in this guide as a reference. There is no expectation that every point or idea will be covered in every session, however it is important to have explored the ideas thoroughly in advance to prepare for issues that may be more or less relevant to different participant groups. People will have copies of the presentation – there is no need to read every word.

Preparation and Supplies

Prepare the following materials for distribution to participants:

- Participant Workbook
  - Agenda
  - Powerpoint Slides
  - Anonymous Survey
  - Strategies for Providers
  - Quality Health Care is A Right Curriculum
  - List of OASAS providers that will serve pregnant women
- Bad Attitudes in the ER: It’s a Two-Way Street. Flynn, Harm Reduction Communication, Summer 2000.
- One Junky’s Odyssey. I. Thaca (Rod Sorge), Harm Reduction Communication, Fall 1997.
**Module One: Introduction and Key Concepts**

**Goals**

The goals of this module are to:

- Introduce participants to training goals and provide background on why the training was developed.
- Introduce training participants and trainers to one another.
- Encourage active participation and engage in values clarification.

**Objectives**

Upon completing this module, participants will be able to:

- Identify 3 reasons why it is important to understand drug user health care.
- Name three goals for the training.
- Specify several ways that other participants think about health care.

**Time**

30 minutes total

**Materials**

- Participant Workbook
- Clock
- PowerPoint Slides
- Newsprint/flip chart/large paper
- Markers
- Tape for newsprint
Slide 1:

**Format:** Presentation

**Slide Purpose:** To state the name of the training and provide a platform for welcoming participants.

- Welcome the group and introduce yourself. Consider giving some details about your background and experience, why you wanted to do this training, etc.

- Ask everyone to sign the sign-in sheet and go over any training logistics.

Slide 2:

**Format:** Presentation

**Slide purpose:** To provide participants with a broad overview of the goals of the session and what to expect.

- Explore factors that influence drug users’ access to and experience with health care

- Identify tools and resources to encourage better encounters between drug users and the health care system

- Develop skills for working with drug users on health care issues
• Review the training goals.
  o It is unnecessary to need to read every word; give people a sense of what they can expect overall from the day. Incorporate any expectations from participant intros, acknowledging what you may – and may not – aim to cover.

• Review the Agenda located on the inside cover

* Key point *

This training will highlight issues more often present among drug users who are disenfranchised or otherwise vulnerable (due to homelessness, economic status, etc). The writers in no way presume that there is a single drug user experience. While every effort was made to make overall themes broadly relevant, there may be examples or issues that do not apply to all drug users.
Activity: Anonymous Survey

- Explain that you would like to ask participants do an exercise first thing, also letting people know that you will facilitate group introductions after the exercise.

- Ask people to turn to page 8 in their workbook: Anonymous survey
  - This survey is to be used as a values clarification.

- Ask people to read and think about each statement.
  - Emphasize that there are no right or wrong answers, and that this is not a test. Explain that they can fill out the survey if they want to, or they can keep their responses/thoughts in their head.

- After people have had a few moments to read the statements, ask any or all of the following questions to probe additional discussion:
  - a. How did it feel to think about the statements?
  - b. Were there any statements that you got stuck on, or had a harder time with?
  - c. Were there statements that didn’t make sense to you?
  - d. Were there statements that statements that were more (or less) meaningful for you?

- After a brief discussion (no more than 10 minutes), explain that this exercise was done to get people thinking about some of the ideas that will shape our discussion today, and about some of the values that can be pushed and pulled when it comes to discussions around drug use and health care. Take notes as needed on the newsprint.

Thank the group for their participation.
Anonymous Survey

Consider the following statement. Either in your head or on paper mark the box that most accurately reflects your response to the statements below.

Please do not put your name on this paper.
There are no right or wrong answers and these papers will not be collected.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most drug users don’t consider their health care to be a priority.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People should always talk to their doctors about their drug use.</td>
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<td></td>
<td></td>
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<tr>
<td>Sometimes I feel sorry for the people who use our services.</td>
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<tr>
<td>If someone has a history of drug use, they probably should not be given addictive pain medication.</td>
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<td></td>
<td></td>
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<tr>
<td>There are safe ways to use, and even inject, street drugs.</td>
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<tr>
<td>Drug users can manage taking complicated medication regimens as prescribed.</td>
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</tr>
<tr>
<td>Most drug users will probably be late to their doctor visits, if they make it there at all.</td>
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<td></td>
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<tr>
<td>Most drug users don’t know how to deal with pain because they are so used to taking drugs as a coping mechanism.</td>
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<tr>
<td>Doctors have a good understanding of how to work with drug users.</td>
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<tr>
<td>Drug users are probably more difficult health care patients than non-drug users.</td>
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</tbody>
</table>

Adapted from Using Harm Reduction to Address Sexual Risk with Drug Users and Their Partners, HIV Education and Training Programs, NYSDOH AIDS Institute, by Joanna Berton Martinez, August 2009.

Some of the statements on this exercise were borrowed from Project Implicit and their Implicit Association Tests, https://implicit.harvard.edu/implicit/
Slide 3: **Introductions**

- Name
- Organization (if applicable)
- One word that comes to mind when you think of health care with drug users

**Format:** Activity

**Slide Purpose:** To outline information being asked of participants during group introductions; to get people thinking about drug user health care.

- Next, facilitate participant introductions. Introduction methods may vary depending on the size of the group.

- One method of introductions:
  - Go around the room and have people say their name and any organizational affiliation.
  - Ask people to say one word that comes to mind when they think of “health care with drug users.”

- As people name their words – keep track of them on newsprint.
  - After everyone has introduced themselves, draw comparisons between the words and highlight anything that stands out. Time permitting, ask the participants what they think of the list of words and if anything stands out to them.

**Participant introductions are valuable. Pay attention and take note (either on newsprint or mentally) of:**

- Expectations of the training
- Experience and experiences
- Provider setting and client base – may influence conversations, tips, etc.
- To a limited extent, you may even get a sense of some of the values and beliefs people are bringing with them to the training
Slide 4:

Format: Discussion

Slide Purpose: To establish a set of guidelines that will promote a respectful and productive learning environment for all training participants.

- Next, introduce the list of proposed training guidelines. Review each bullet briefly to ensure that participants are clear on their meaning.

- Ask people if they can agree on this list and/or if there are any additional guidelines they feel are important and necessary.

- Thank the group for their help in creating a productive training environment.
MODULE TWO: HARM REDUCTION AND FRAMING THE ISSUES

Goals

The goals of this module are to:

- Provide a harm reduction framework for the training.
- Locate issues of drug use and health care within a broader social context.
- Explore health care values and expectations.

Objectives

Upon completing this module, participants will be able to:

- Explain 5 central principles of harm reduction.
- Identify at least 2 unique health care needs for drug using clients.
- Describe the relationship between quality health care and HIV and HCV prevention, care and treatment.
- Articulate the impact of drug-related stigma and other factors on drug users’ access to health care.
- Name and dispel 3 common myths about drug users and health care.

Time

15 minutes total

Materials

- Clock
- PowerPoint Slides
- Newsprint/flip chart/large paper
- Markers
- Tape for newsprint
**Harm Reduction**

- Pragmatic — Acknowledges reality
- Non-judgmental, non-punitive, non-coercive
- Not hinged on abstinence
- Low-threshold
- User driven

**Format:** Presentation + Participant Input

**Slide purpose:** The purpose of this slide is to provide participants with a theoretical harm reduction framework for the training. Understanding key harm reduction principles will be important for engaging with the material in a productive manner.

- Before revealing bullet points, **ask the training participants to offer their definitions of harm reduction.** In all likelihood, they will cover the majority of the points for you.

- Review the slide, highlighting anything that was not already offered by participants.

**Keep this brief** - there is not enough time to go into great detail about harm reduction, even though people are usually eager to engage about these concepts. Use this as a frame for the rest of the session, by briefly explaining the principles of harm reduction. Assure people these ideas will be emergent throughout the training as they apply to health care and drug use, and therefore there will be time to cover additional ideas later.

**Context**

Harm reduction is a philosophy and a generalized approach; it is more than a single intervention or action and goes beyond having a “harm reduction coordinator” or “program”. Harm reduction encompasses everything from values to engagement to action.

**Bullet #1: Pragmatic → Acknowledges reality**

Harm reduction accepts for better and for worse that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them.
Harm reduction understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe abuse to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others.

Harm reduction does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use.

**Bullet #2: Non-judgmental, Non-punitive, Non-coercive**

Harm reduction calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm.

Stigma and judgment can shut down dialogue and are counterproductive. In addition, as service providers, our role is to remain available to assist people whenever they are ready or interested in that help. Drug use is a process and behavior change can be very difficult. Drug users are likely used to punitive and judgmental behavior from many different areas in their lives, and harm reduction services can serve as an oasis from such behavior.

Harm reduction embraces accountability and respects the need for service providers to establish boundaries. However, in cases where consequences need to be imposed, providers should be mindful of the impact of such consequences on access to services and tools that could keep drug users safe. Participants experiencing crisis may make them vulnerable to acting frustrated, aggressive or otherwise uncooperative. In these instances, cutting people off from services may cause more harm than good. Consider consequences that will still enable participants to take advantage of vital services.

**Bullet #3: Not hinged on abstinence**

Harm reduction establishes quality of individual and community life and well-being—not necessarily cessation of all drug use—as the criteria for successful interventions and policies. While abstinence is not established as a pre-condition or stipulation, abstinence is fully embraced by harm reduction when it is identified by individual drug users as their goal. The “debate” between abstinence and harm reduction is a false debate and speaks to the imposition of abstinence as a goal as opposed to the goal itself.

Harm reduction understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe abuse to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others. It embraces small steps and goals in any process of change, however it does not presume that individuals need to make changes to their drug use; it is up to individuals to define what is harmful and when change may be necessary. Providers can help in a process of reflection and assessment however should be mindful not to impose goals on participants.

**Bullet #4: Low-threshold**

Low-threshold refers to service delivery that minimizes barriers, conditions and restrictions for participation. Harm reduction believes that service providers can attract more people to care if it is simply easier to access services. Some examples: simple or no intake process (low-threshold) vs. lengthy intake process (higher threshold). Another example, health care clinics that require ID would be higher threshold.

**Bullet #5: User Driven**
Harm reduction ensures that drug users and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them.

Harm reduction affirms that drugs users themselves are the primary agents of reducing the harms of their drug use, and seeks to empower users to share information and support each other in strategies which meet their actual conditions of use. Drug users have a right to set their own goals, based on their assessment of drug-related harms, personal needs and interests.

Harm reduction is a philosophy and a generalized approach; it is more than a single intervention or action and goes beyond having a “harm reduction coordinator” or “program”. Harm reduction encompasses everything from values to engagement to action. Of course, harm reduction allows for individuals to find their own relevance in the work and the term – however, this point is meant to broaden the concept of harm reduction to include broad ideas and social movement concepts..

### Why drug user health care?

- Drug use is associated with several unique health risks
- Drug users with the most needs are less likely to access health care on a regular basis
- Stigma and mistrust play a large role

### Slide 6:

**Format:** Presentation

**Slide purpose:** The purpose of this slide is get participants thinking about the ways in which the health care experience may be unique for drug users, some of the specific challenges drug users have to accessing care and the role of drug-related stigma to health care access.

- Discuss the main points on the slide, giving participants a chance to briefly brainstorm with each point, being mindful of time limitations.

- TIP: Use probing questions such as:
  - Do you agree?
  - Do you find this to be true in your practice?
  - Why do you think this might be the case?
Bullet #1: Unique health risks

Some examples include: HIV, viral and alcoholic hepatitis, endocarditis, abscess and soft-tissue infections, circulation issues, poor nutrition.

Interactions between street drugs and prescribed medications can also pose unique health care needs.

Important: Not all drug users will experience all or even any of these issues. Health risks will vary by drug, set and setting and the use of harm reduction and safer drug use techniques can often mitigate serious health risks.

However, given the relationship between poverty, homelessness and drug use, as well as inherent drug-related risks, it is valuable to make the point that good, consistent, honest health care may be of increased value for many drug users.

Bullet #2: Drug users are less likely to access care

Research suggests that drug users are less satisfied with access to care and often less likely to access care. Research also suggests that this is particularly relevant for young drug users and IDUs.

When drug users access care, it is often out of necessity because health issues cannot be avoided any longer.

Drug users are less likely to have access to a consistent primary care physician and continuity of care can be a challenge.

Participants may suggest that it is the responsibility of the drug user to seek care – and that drug users do not prioritize their health. This is a common misconception. While it is true that some drug users may have increased difficulty accessing care, it is the responsibility of service providers to have a critical analysis of the barriers to care. While some users (and some non-users) may not prioritize their health care – broad generalizations cannot be made and there is evidence to counter this suggestion. There is an upcoming slide that addresses common misconceptions.

Bullet #3: Stigma and Mistrust

Research demonstrates a mutual mistrust between health care providers and drug users. Fear of poor treatment, previous negative experiences and hearing about negative treatment from other drug users are powerful forces that often keep drug users from accessing care.

Drug-related stigma functions in two, opposing ways: first, it discourages drug users from being honest and open about drug use for fear of being labeled, rejected and mistreated. Further, given the overwhelming predominance of abstinence-based treatment models, drug users are discouraged from discussing drug use unless they are willing to engage with this model. For drug users who are unwilling or unable to abstain from drugs, there is little incentive to talk openly about their use. However, simultaneously, stigma places undue burden on drug users to disclose their drug use even in cases where it is not problematic or even related to the issue for which health care is being sought. Users who choose not to disclose their use are at risk of being perceived as dishonest or manipulative by providers. This can be a confusing and problematic dynamic.
Slide 7:

**Format:** Presentation

**Slide Purpose:** To connect the issues of HIV and hepatitis to a broader dialogue on health care in an effort to exemplify the urgency of improving health care quality and access for drug users.

- Discuss the main points on the slide – this is not intended to be a large discussion. It is an expansion of the previous slide and each point should be addressed briefly, but quickly.

**Context**

**Bullet #1: Broader health care context**

This point speaks to the overall purpose of this slide. A health care system that challenges drug-related stigma opens up opportunities for: ongoing testing, ongoing prevention, increased self-worth, health awareness and even accountability. There are also opportunities to address other issues related to risk – mental health, STIs, nutrition, etc. Improved health care for drug users therefore serves as part of comprehensive HIV and HCV prevention strategies.

**Bullet #2: IDU and HIV**

Despite major achievements in reducing the transmission of HIV among injection drug users, HIV is still a critical reality. Health care that is consistent and that users are engaged in can expand opportunities for prevention and testing as well as care and treatment.

**Bullet #3: HCV Prevalence and incidence**

Despite prevention efforts, HCV prevalence and incidence rates remain high. It is hard to pinpoint exact incidence rates – however they could be as high as 60-80% in some communities, with even higher prevalence rates.

Some main points about HCV:
HCV treatment and care may become an even more serious priority in the coming years. It is likely that people first infected 10-20 years ago, are going to be getting sicker in the years to come.

Transmission of HCV among injectors can be prevented and the damaging effects of HCV on the liver can be mitigated with proper education and ongoing monitoring and care. Unfortunately, despite increases in testing for HCV at methadone clinics and in other settings, there is still a failure among many providers to correctly diagnose HCV and monitor liver health in a harm reduction manner.

Proactive health care and compassionate provider-patient relationships will be important to prevent new infections, catch and treat infections early and prevent negative long-term health effects. **Current HCV treatment is more likely to be successful if the patient begins treatment within the first 6 months after infection.** Consistent testing through a successful health care relationship increases the likelihood of identifying new infections early.

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**Slide 8:**

**Format:** Presentation + Participant Input

**Slide Purpose:** This slide is included to preemptively address concerns or ideas that participants may bring to the training while also beginning a process of re-framing the dialogue around health care with drug users. Of course, all individuals are different, and there may be some individuals for whom the misconceptions hold true – however, as generalizations, it is critical to counter these ideas.

- The slide animation is set up to **first reveal the misconceptions**, then to reveal potential responses to counter these ideas one by one. Trainers are encouraged to address points one at a time, giving participants a chance to respond briefly.

- TIP: Use probing questions such as:
  - What do you think? Do you agree? Why or why not?
  - How can we challenge this misconception? What evidence might challenge this idea?

**Context**
**Bullet #1: Drug users don’t care about health care**

This is a common misconception among health care providers, social service providers and, oftentimes, drug users themselves. While the use of safer injection and harm reduction strategies and subsequent reduction in HIV and HCV rates are clear examples that can be use to counter this point, the issue is actually more complicated.

Drug-related stigma can have dangerous impacts on drug user ideas of self-worth and overall mental health. It is not uncommon for issues such as shame, trauma and fear to intersect in a way that makes it difficult for drug users to conceptualize their own self-worth and an investment in caring for themselves; this, however, is not the same spirit in which the misconception is often presented. The misconception is often rooted in a place of judgment and the belief that drug users only care about getting high. While it is true that drug users may have a number of competing needs, some of which may take priority over health care at different times, this does not speak to an overall lack of interest in health care.

This point speaks directly to the need for services that are inviting, welcoming and low-threshold; services that prioritize drug user needs, recognizing their often complicated intersection of issues and priorities.

**Bullet #2: Drug Users Can’t Manage Medication Regimens**

Numerous studies have concluded that drug use alone is not an indicator that individuals will not be able to manage treatment regimens for HIV, HCV and or other health issues.

In some cases, drug users may need additional tools and structure, such as integrated services and/or case management support. This may be particularly true among users who are homeless, have mental health needs and/or are in more chaotic or unstable situations, however, individuals should not necessarily be excluded from treatment simply because of their drug use.

In reality, drug users who are used to managing a drug habit are quite used to managing drug-taking schedules. This can be a tool in working with users around taking their medicine.

Although IDUs were once excluded from HCV treatment guidelines, those recommendations have since been amended to include treatment for active drug users.

**Bullet #3: Drug users are only interested in narcotics**

Research has documented a mutual mistrust among doctors and patients. The presumption that drug users are only interested in access to prescription medication is very common among practitioners and largely rooted in stigma and fear.

While it is true that some drug users will sell their medication and/or manipulate the medical system to gain access to drugs, there is nothing to document that this should be perceived as the rule. In addition, as will be discussed throughout the course of the training, medical care and prescription medication is not that easy to navigate or gain access to for drug users, and it is much more likely that if someone wanted to get drugs, they could access them much easier on the street.

Also, although this point may be challenging for some people – it is possible that if drug users are seeking narcotics/drugs from their doctors, this could actually be perceived as a harm reduction strategy since it may be a less risky way of acquiring necessary medication. Something to think about...
Other Common Misconceptions:

When a drug user seeks health care, all of their health care needs are related to their drug use (i.e. – drug use causes all of their health problems).

Drug users (in particular, more chaotic or disenfranchised drug users) MUST disclose their drug use to health care providers.
**MODULE THREE: QUALITY HEALTH CARE AND DRUG USERS**

**Goals**

The goals of this module are:

- To place drug user health care – which faces challenges that are unique – within the context of a struggling US health care system overall.
- To explore values upon which health care is measured to inform dialogue around drug user issues and needs.
- To understand where drug users access health care and the implications of these choices.
- To look at structural, individual and social barriers that drug users face when accessing health care in order to problem solve.

**Objectives**

Upon completing this module, participants will be able to:

- Contrast ones’ individual health care values with those held when making client referrals to highlight and challenge differences.
- Name and evaluate the benefits and challenges of at least 5 venues where drug users access health care.
- Evaluate barriers that drug users face when accessing health care services from 3 levels of experience.

**Time**

40 minutes total

**Materials**

- Participant Workbook
- Clock
- PowerPoint Slides
- Newsprint/flip chart/large paper
- Markers
- Tape for newsprint
- Sticky notes – enough for each participant to have a small pad
- 2 pages of Prepared Newsprint:

  **What are specific qualities that YOU value in your own health care?**

  **What are specific qualities that you value in health care REFERRALS for clients?**
Slide 9:

Format: Activity

Slide purpose: To explore and evaluate variations in personal measures of quality health care with perceived values for clients as identified through health care referrals. This conversation is meant to a) highlight different measures of health care and the diversity of expectations around health care and b) frame an upcoming discussion about barriers drug users may face in accessing quality care.

- Post your two prepared newsprint pages (one with each question from the slide) on an open wall in the training space. This can be done before the training begins to save time.

- Introduce the activity to participants:
  
  o Explain that the purpose of the activity is to examine some of the qualities that we value in health care.
  
  o Ask participants to think about the first question – “What are specific qualities that YOU value in your own health care?” - and to write down 1-2 responses on a post it-note.
    
    - Emphasize that this is meant to tap into their personal experience.
    
    - These can relate to anything from the location to the demeanor of the doctor to the kind of service, etc.
  
  o Next, ask them to consider the second question – “What specific qualities do you value in health care REFERRALS for your clients?” - and to write down 1-2 responses on a post it-note.
    
    - Again, there can be a range of answers, covering different aspects of referrals.
- As people finish writing down their responses, ask them to post their responses on the newsprint.
  - Encourage people to look over the chart paper and observe other participant’s responses.

- Review a couple of examples from the activity highlighting the range (or similarity) in health care values. Compare and contrast the values between the two questions.

- Ask participants if they noticed anything as a result of participating in the exercise.

- Thank the group for their participation and explain that it will be useful to think about the different values that were identified as we explore some of the challenges drug users face to getting quality health care.

Highlight any diversity in responses – this speaks to the danger in assuming what clients will be looking for or wanting out of their health care experiences as well. For example, one person may value a provider who takes a lot of time listening and answering questions, while someone else may simply want a doctor who does a thorough examination and tells them what to do. Some people value bedside manner over experience, etc.

Also, highlight the importance of referral guides that are attentive to participant needs. Consider referral guides with diverse programs, rating systems, feedback from participants and detailed program information; guides should also cover a wide geographic area.
Slide 10:

**Format:** Presentation + Participant Input

**Slide purpose:** To 1) summarize and name values listed in the previous conversation and 2) to frame these values in a meaningful way that providers can use as a tool when evaluating and understanding health care for drug users.

- Review the 5 values that we have chosen to highlight.
  - By breaking down “quality” health care, it makes it easier to evaluate the different areas and identify strategies for improving access to care.

- The acronym Patient-EASE gives participants an easy-to-remember framework for thinking about and evaluating health care for drug users. Patient-EASE can be used when:

  - Assessing referrals
  - Preparing referral guides
  - Discussing health care with clients
  - Evaluating one’s own programming

- For each area – identify **specific drug user-related issues related to the value**, using **concrete examples** to highlight the issues.

- In addition, use this as an opportunity to **highlight strategies** that providers can increase drug user access to quality care. *See examples below.*

**Context**
These measures were taken from a global study of doctors and patients conducted by the Commonwealth Fund. This is not meant to be a comprehensive list — just to point out some examples and reference points in the discussions to follow.

Each of these measures may be defined somewhat differently based on individual needs and expectations. There is also overlap between the elements.

**Patient-centered:** This point speaks to cultural competence, or lack thereof, among providers to the needs of drug users and drug users’ rights to make their own choices. Research suggests that health care providers do have preconceived ideas about drug users which impacts care. These preconceived ideas and stereotypes may lead providers to make decisions and health recommendations based on presumptions as opposed to talking with patients to assess need collaboratively. In additions, some doctors will place preconditions on patients around drug use — for example, a patient must make changes to their drug use before they will discuss certain treatments or medications. While there may be important medical reasons behind some of these decisions, there is not always an appropriate level of communication with patients to ensure that they are aware of the full picture. Feelings of powerlessness and judgment are common for drug users seeking health care. This represents a lack of patient-centered care and can lead to vital break-downs in communication between providers and patients.

**Examples:** Patient-centered care gives weight to the concerns and interests of patients. For drug using patients, once drug use is disclosed, the conversation will often shift to potential changes in drug use and/or will shape discussion about appropriate care. Of course, drug use is a health issue that should be taken into consideration; however, there are plenty of instances when drug use does not need to be the central focus. For example, if an injection drug user has hepatitis C and is interested in treatment, they may be denied treatment until they have a period of abstinence from injection. While it is important to emphasize prevention strategies, current injection should not exclude someone from treatment. While treatment recommendations do not exclude IDUs from treatment, it is left to discretion of the doctor and it is not uncommon for treatment to be denied or conditional. If a drug user does not want to or is unable to make changes to their use, they still have a right to health care.

**Efficient and Coordinated:** Efficiency can refer to long waits to see providers, as well as elements such as coordination of referrals, information sharing and being able to see the same provider for an extended period of time.

**Examples:** For drug users seeking care in the emergency room, although they may see the same resident or nurses on repeated visits, it is unlikely that there will be coordinated follow-up or ongoing care.

In addition, wait times in public clinics can be challenging for patients to deal with. While some issues related to efficiency are endemic regardless of whether the patient is a drug user or not, these issues are usually magnified when individuals don’t have established relationships with health care.

Unfortunately, there is also a common issue with drug users seeking health care - particularly those without a regular provider - regarding referrals and long-term care for specific issues. If a patient seeks care at an emergency room for an infection, receives antibiotics and/or a referral for follow-
up care, and for whatever reason the treatment is stopped early and/or follow-up care is not sought, it is likely that the same infection will return and there can be a cyclical effect.

Accessible: Accessible care can refer to a number of issues including: location, insurance/payment options, language, cultural competence, hours of operation, flexibility of appointments, etc.

Safe and Confidential: Safety and confidentiality are big issues when it comes to drug use.

Examples: Safety and confidentiality needs to extend from the waiting room to the exam room. It is not uncommon for drug users to receive heightened judgment even before they get seen by a doctor.

Another example, drug users who rely on the emergency room for care may be forced to share sensitive information in a less than confidential environment.

Another example where confidentiality may feel compromised involves accessing care in certain locations (which will be discussed at greater length on the next slide) may compromise an individual’s confidentiality. This is of particular concern with specialty clinics/infectious disease clinics/SEPs, etc. Clients may be reluctant to seek care in their neighborhood and/or if members of their family go to the same doctor/provider.

Providers can help by informing clients that they have a right to speak to another someone else if they are uncomfortable and can also request to talk in a private space.

Effective: Effective care can refer to care that keeps a patient healthy and promotes overall well-being and/or it can refer to providers that are able to communicate ideas about health in a way that is accessible.

Example: One doctor may be more effective at diagnosing a certain problem or issue, but is very judgmental and therefore cuts of dialogue about drug use and the patient stops going to the doctor; another provider may not be as knowledgeable about new treatments and medications, but the client feels safe to engage in an honest discussion about the health issues they are struggling with, and therefore continues to maintain contact with the provider.

Providers can help drug using clients to evaluate what “effective” care means to them and help with referrals to doctors that are competent in working with drug users.
Where Do Drug Users Access Health Care?

- Emergency Rooms
- Clinics/Health Centers
- Syringe Exchange Programs (SEPs)
- Methadone/drug treatment programs
- Self-medicate

Slide 11:

Format: Presentation + Participant Input

Slide purpose: To outline some of the primary places that drug users access health care services for reflection on the impact that service location has on health care relationships and overall quality of care.

- First – ask the audience to name different places that drug users access care (without looking at their slides).

- Next - review the list of places we have chosen to highlight. Explain that these are not necessarily the best places – just some of the more common, and that each has pros and cons for drug users.
  - For each bullet – explore both benefits and challenges related to accessing services in that location. See examples below.
  - Use the Patient-EASE values to guide the discussion/presentation.
  - Solicit feedback and examples from the participants.

Broad Issues:

Insurance and payment issues: Acknowledge that levels of income, insurance and access to resources will have a big impact on where people access care.

Mental health component: Mental health services are often of special importance for drug users, yet are particularly hard to access. In all of the areas explored on this slide, mental health services are lacking. There are few mental health clinics that offer a realistic sliding scale for people without insurance, and even patients with insurance may have struggles finding providers that will meet their needs.

Diversity of drug user experience: Obviously, not all drug users are poor, and not all drug users will face the same challenges in accessing care. Also acknowledge that this training may place special emphasis on access to health care for drug users who are more vulnerable due to homelessness, lack of social support and/or other resources.
**Context**

**Emergency Rooms:** Depending on how urgent the health issue is perceived to be by ER staff, patients at the ER may have especially long waits and ultimately little time with doctors. Also, with regards to some issues relevant to drug users, such as abscesses or infections, people may not be given an appropriate level of care if they are known for frequenting the ER (i.e., they may not be taken seriously based on presumption rather than examination).

ERs tend to be focused on moving people in and out quickly, so follow-up is rarely present. For drug users, the ER is likely to pose challenges to patient-driven, efficient care. The ER may be an avenue to drug treatment depending on health insurance issues, but again, will likely involve especially long waits and there may be issues if people require repeat attention.

The ER may also be a difficult place to explore sensitive issues given the lack of privacy, there can be fear of admission to the hospital (particularly for mental health issues) and there is very little opportunity for relationship building.

**Clinics/Health Centers:** Clinics may have sliding scales for payment and/or take Medicaid and other insurance. Doctors at health care centers may have more experience working with drug users and/or there may be other drug users accessing the clinic as well. There is more opportunity for building relationships with providers at clinics. Although there may be long waits at some clinics also, patients will generally be afforded more time with health care providers than in the emergency room. Providers can work with clients to help them make appointments at times that will work best for everyone. Some clinics will also have options for multiple services in one location – this can be an important option to look for.

Clinic location will be important because some patients may have concerns around confidentiality if they are seen entering a particular clinic (particularly for infectious disease clinics, etc).

Providers can work with clients to find clinics that are convenient, will meet as many needs as possible in one place, and that are comfortable an familiar with the needs of drug users.

Some people may be reluctant to access care at clinics if there are ID requirements either because they do not have ID and/or because of outstanding warrants or legal issues. People may feel that they could get more anonymous care at an ER.

**Syringe Access Programs (SAPs)/Syringe Exchange Programs:** Some - though not all (or even many) - SEPs will have medical care or a medical provider on site. Sometimes SEPs will have pre-established relationships with doctors who will be more sensitive to the needs of drug users. SEPs may be able to provide some advice around soft tissue infections, particularly for people unwilling to access other medical care. SEPs are also good at providing non-judgmental prevention information, although there can be some perceived stigma associated with accessing services at a SEP.

For SEPs with medical services, the quality of patient-centered care may be better, however, it is unlikely that all health care needs will be able to be met there.

**Methadone/drug treatment programs:** Although drug treatment programs and methadone programs may have health care onsite and therefore serve as a convenient option for addressing some health care needs, there may be other issues associated with accessing care at programs. For example, it may be difficult to discuss drug use in these settings. In methadone programs, there may be fears about disclosing drug use
because it may impact dosing and take-home doses. Most drug treatment programs come from an abstinence-based perspective making discussions about current or ongoing drug use more difficult.

**Self-medicate:** Self medication is very real and it is important to acknowledge this as one method of care. Although self-medication can be limiting, problematic and even dangerous – it definitely happens and therefore providers may be able to influence quality of self-medication. People do everything from take antibiotics from other people to lance abscesses to give stitches, etc. Drug use itself may often serve as a form of self medication, particularly around mental health issues. The lengths people are willing to go to avoid the health care system offers information about the pervasiveness of fears and concerns over health care experiences and problems.

Patients with outstanding legal or child custody issues are more likely to self-medicate and/or avoid medical care all together. If they do seek medical care for some issues, it may be especially difficult to fully disclose drug use issues.

Providers may be able to organize wound/soft tissue infection care workshops or provide other tools for safer self-medication.

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**Slide 12:**

**Barriers to Quality Care**

- **Structural/Institutional:** Ex: High Threshold Services
- **Individual/Personal:** Ex. Stability
- **Social/Community:** Ex. Power dynamics/Stigma

**IMPORTANT NOTE!** THIS SLIDE IS OPTIONAL! If time is tight or if the issues presented in this slide have already been discussed in other discussions – feel free to either use this as a SUMMARY slide, or pass over it all together. The main point is that the different TYPES of BARRIERS are identified.

**Format Option 1** (better for half-day sessions): Presentation + Participant Input

**Format Option 2:** Small Groups (better for full-day trainings)

**Slide purpose:** Promote group discussion to identify some of the barriers that drug users face to accessing quality health care plus strategies for service providers working with clients to minimize these barriers.

- The previous slide can easily segue into this discussion as barriers to formal care can often lead to the need to self-medicate.
• At the end of the discussion/exercise, point participants to pages 9 and 10 of the Participant Workbook: Strategies for Providers. Explain that there is not time to go over each item however participants can keep the handout for their reference later.

**Option 1: Presentation + Participant Input**

• Explain the purpose of the slide/discussion:
  
  o To identify barriers that drug users face to accessing quality health care.
  
  o To identify strategies service providers can use to minimize these barriers.

• Introduce each area of focus, offering a brief example from each category to get the discussion moving.

• Ask the group to offer their own examples of barriers that they have witnessed or experienced; have additional examples on hand in case the group is struggling.

• Whenever possible, offer strategies for providers to use in addressing or minimizing barriers that are discussed.

• There will not be time to address every barrier.

• Acknowledge that some barriers may not be able to be addressed at all times.

**Option 2: Small Groups (15-20 minutes)**

• Ask participants to count off by 6. Place people into groups according to their number.
  
  o For groups smaller than 12, count off by 3s.

• Explain the purpose of the activity:
  
  o To identify barriers that drug users face to accessing quality health care.
  
  o To identify strategies service providers can use to minimize these barriers.

• Assign each group one area of focus (1-Structural/Institutional; 2-Individual/Personal; 3-Social/Community) assigning each area of focus 2 times; so, there will be two groups for each area of focus.
  
  o Briefly define each area of focus by giving an example.
  
  o If there are only 3 groups, assign one area of focus for each group.

• Instruct each group to name barriers posed by their particular area of focus. Give them about 5 minutes to brainstorm.

• Next, have the groups with the same areas of focus SWITCH papers. Ask the groups to brainstorm strategies that providers could use to help navigate or lessen the barriers identified by the previous group. Give another 5 minutes or so.
• If there are only three groups, have them rotate their pages clockwise.

• To conclude, have each group do a quick report on their strategies. (5-10 minutes)

• Ask for participant feedback on the exercise. Thank the group for their participation.

**Context**

Theme ideas: Intersection of different levels; intersection with other kinds of oppression (racism, homophobia, sexism, etc); ideas about deserving vs. undeserving patients; etc.

**STRUCTURAL/INSTITUTIONAL**

**High Threshold Services:**

• High threshold care requires clients to jump through many hoops to access services.
• Special consideration to: lengthy intake forms and enrollment processes, ID requirements, health insurance and HMOs, wait times, etc.
• Ex: Methadone daily dosing structure or Medicaid enrollment processes.

**Cost and Insurance**

• Cost: Health care is expensive, even with some health insurance. For individuals without insurance or who are low-income, it can be difficult to apply for and maintain public health insurance.
• Delays almost always occur when first enrolling for Medicaid coverage – unless benefits are set up and active at the time the participant gets sick, the application process takes time, there is a 45 day wait until coverage is active after application; and all of that is harder when someone is sick.

**Physician/provider knowledge of drug user issues**

• Clinicians may lack cultural competency around issues related to drug use.
• In situations where education about drug use has come from an abstinence-only perspective, clinician and patient dialogue may suffer; clinicians may focus on issues related to drug use without listening to patient concerns.
• Increased training about harm reduction and other models of working with drug users is necessary as well as addressing issues of stigma and stereotypes.

**Things providers can do:**

• Help clients prepare for visits by: helping them apply for Medicaid before they need care; keeping copies of IDs, birth certificates and medical records on file; discuss expectations before visits.
• Discuss realistic schedules and goals.
• Create harm reduction-specific/drug user friendly referral guides.
• Develop outlets for drug users to submit “reviews” of providers, providing details about things such as how the provider made them feel, if they were a good listener, familiarity with drugs and drug user, attitudes of provider and support staff, wait times, ease of appointment scheduling, etc.
• Keep a listing of local SEPs.
• Encourage people to establish relationships with a medical provider when they are NOT in crisis – so, when they are healthy. That way, if the need arises, they already have a provider.
**INDIVIDUAL/PERSONAL**

**Stability:**

- Inadequate or inconsistent housing or homelessness can have a big impact on access to care. In addition, issues related to health care management such as taking medication properly and scheduling/attending appointments, etc. can be more challenging when housing is not stable.
- Homelessness also increases the likelihood of additional health care needs arising.
- Further, inconsistent mailing addresses may complicate communication between providers and patients, insurance carriers/Medicaid and the patient, etc. (especially if the participant doesn’t have access to a phone, mailing address, etc.
- Some providers will require an address of some kind.
- Also, homelessness makes it harder to keep track of medical records, IDs, prescriptions, etc.
- Even if Medicaid is active, it can be very difficult to maintain, especially for users without access to a consistent mailing address.
- For people who are working hourly – possibly panhandling, engaging in sex work or other client-driven work - it can be very difficult to “get time off” or sacrifice income-earning time.

**Drug Use:**

- Sometimes the effects of the drug can mask the health problem or just make it difficult for users to identify health issues. Establishing an open and honest dialogue about drug use that acknowledges the needs drugs may serve as well as the harms, will make it easier for providers to explore health-related concerns.
- Managing a habit is a lot of work – the fear of not being able to meet needs of daily intake can be a real and legitimate issue and has health-related consequences. It is likely that people will make safer choices when they feel well.
- Drug user community and partnership is strong – referring to networks of drug users and running buddies. There can be pressure from others to re-organize priorities (ie – wait to seek health care). Individuals may be susceptible to the pressure, especially if the experience with health care is feared to be negative. These issues may be especially relevant for women (or submissive partners) when issues around power, dominance and control over drug intake may be present.
- Admission to the hospital is scary and there can be concerns about adequate pain management and getting dope-sick/not having access to drugs. Fear of admission can prevent care-seeking until admission to the hospital is almost inevitable.
- It is not uncommon for people to anticipate making changes to their drug use in the near future and to put off health care “until they get clean” – unfortunately, things do not always work out as planned.

**Scheduling and Transportation:**

- Scheduling: This can be an issue on any number of levels. If it is difficult for individuals to schedule appointments in a way that meets their needs, it can be a set-up for them to miss appointments (which is frustrating for everyone).
- For parents, arranging for childcare may be a barrier.
- Particularly when it comes to health care, it may be necessary to take advantage of windows of opportunity – moments in time where someone may be ready to make behavior changes or seek health care. This may not always be possible due to systemic barriers and high-threshold service requirements.
- Transportation: People without access to transportation and/or money for public transportation will be especially limited in where and when they can seek care.

**Self Esteem and Shame:**
• Poor self-esteem can result in lack of interest in preserving health and/or the feeling that no one cares what happens to them anyway.
• Embarrassment or shame related to drug use may influence one’s willingness to share information about drug use with health care providers; this can have dangerous effects particularly in relation to prescriptions of medication.
• For those drug users who may be homeless or transient, inconsistent access to showers and hygiene services may result in additional embarrassment, shame or discomfort; this may be particularly true for women and OB/GYN visits.
• In some cases, a lack of self-care may also be a way to punish oneself for behavior thought to be shameful or wrong.
• Mental health and depression can also be very linked to disinterest in preserving health (suicidality as well) and may just make it difficult to motivate. This is another reason why low-threshold services are important.
• Fatalism is common among drug user communities and the sense that they may not live very long. This may be especially true for younger and transient users or users who have experienced a lot of loss or trauma. Ex: Have heard many young people say, “I’m not gonna live past 30 anyway.”

Things providers can do:
• Help clients apply for benefits early and when they are not sick; if possible and necessary, assist with mailing address, and verification of homelessness.
• Help clients secure housing (if they want it).
• Discuss medication side-effects and strategies for minimizing these effects.
• Work with patients to ensure they have the optimal treatment regimen that they can manage (treatment adherence).
• Remind clients of appointments and if appropriate, possible, and the client wants, escort them to appointments. It is also a good idea to suggest or help with coordination of appointments – for example, around similar times, similar days, etc. (routine and figuring out what works).
• If necessary, assist in finding childcare resources.
• Create spaces where it is safe to talk about drug use – the pros and the cons.
• Use reflective listening and motivational interviewing skills to explore and/or resolve ambivalence, point out contradictions and highlight potential health concerns.
• Work with clients to develop strategies for meeting drug use needs before care/in case of hospitalization.
• Again – create nonjudgmental spaces to discuss drug use, shame, fears
• Communicate care for the health and well-being of clients
• Remain consistent and as unconditional as possible

SOCIAL/COMMUNITY

Power dynamics and Social Status:
• Drug users have very little perceived (and probably real) power in their relationship with health care providers.
• Health issues regarded as “drug user issues” often receive less priority. For example, HIV and HCV – HIV was eventually given more money and research (post Ryan White) while HCV is still struggling for dedicated funding. There is a case that social status of who is getting infected plays into this as well as race/ethnicity/gender/orientation, etc.
• Social status is also an issue for individuals who are undocumented who may be concerned about deportation and have fewer rights/leverage.
• Similarly, people who on probation and parole may also be reluctant to seek health care out of fear that they could face severe penalties if their drug use became known.
• Power is also an issue when it comes to who gets to define treatment goals. For example, if a drug user goes to a doctor for one issue (ex-knee problem), but the doc wants to talk more about drug use, the focus will probably be on drug use, unless the drug user pushes the issue (and is then seen as “resistant”); the more this happens, the less inclined users will likely be to engage at all.

**Previous Negative Experiences**

• Research has demonstrated that the negative experiences of fellow users does make it more likely that people who hear about these experiences will either a) not seek healthcare and/or 2) if they do seek care, they anticipation of being shamed or having a negative experience influences their interaction w/ providers.
• It is well documented that negative experiences will influence or lessen future pursuit of health care.
• Many drug users have had negative experiences at the ER, clinic, or in other health care settings.
• Even if users have not had bad experiences themselves, people talk and share information a lot.
• HCV treatment and fear of side effects and biopsy are specific examples.

**Social Stigma**

• Research has shown that the perception among some health care providers (and society in general) is that users “bring it upon themselves”.
• Example of institutional stigma - the past belief was that drug users could not manage HIV meds although this has since found to be incorrect and that drug user adherence of HIV meds may be especially good (drug users are used to taking drugs on a schedule).
• HCV treatment is still routinely denied to IDUs and people who still drink alcohol.
• The fear of stigma prevents engagement with health care and little is done to combat this concern – on the whole, health care institutions often do more to perpetuate stigma than confront it.
• Research has shown that expectations about how the health care provider will perceive drug users can have a big impact on people seeking care. Also, shame and embarrassment over drug use can impact self-image and interest in self-care.
• Health care providers can sometimes resent drug using clients for taking time away from “more deserving” patients.
• Health care institutions that conduct drug tests and other methods of control are set up to create distrust, as opposed to encourage it.

**Things providers can do:**
• Build honest and authentic relationships with people and talk about things other than than drug use, problems, etc. – allow for a dynamic relationship.
• Challenge traditional roles that may further stigmatize individuals.
• Engage in active listening and communicate concern for health and well-being of individuals.
• Reinforce right to quality care and well-being and challenge the idea that not all people deserve to be cared for. Encourage this idea among clients.
• Advocate for more, better services for drug users including funding for SEPs and HCV education, treatment and care.
- 10 minute break -
**MODULE FOUR: “QUALITY HEALTH CARE IS YOUR RIGHT” WORKSHOP CURRICULUM**

**Goals**

The goals of this module are to:

- Introduce the “Quality Health Care is Your Right” Curriculum as a tool for participants to use when engaging their drug using clients around health care issues.
- Provide participants with experience participating in activities included in the “Quality Health Care is Your Right” Curriculum.
- Enhance participant facilitation skills and offer tips for delivering the “Quality Health Care is Your Right” Curriculum.

**Objectives**

Upon completing this module, participants will be able to:

- Name at least 3 strategies to help drug using clients strengthen relationships with health care providers.
- Facilitate a 90-minute workshop with their drug using clients aimed at improving health care relationships.
- Identify at least 3 tips for facilitators to help in delivering the 90-minute workshop, “Quality Health Care is Your Right”.

**Time**

55 minutes total

**Materials**

- “Quality Health Care is Your Right” Curriculum and Companion Booklet
- Clock
- PowerPoint Slides
- Newsprint/flip chart/large paper
- Markers
- Tape for newsprint
Slide 14:

Format: Presentation

Slide purpose: To introduce HRC's curriculum “Quality Health Care is Your Right” – a 90-minute workshop designed for use with drug users to improve health care relationships.

- Ask participants to turn to page 11 in their participant workbooks: “Quality Health Care is Your Right” Workshop Curriculum and Companion Booklet.

- As a facilitator of Improving Health Care with Drug Users, it is essential to familiarize yourself with the curriculum before conducting this workshop.

- Provide participants with a brief overview of the curriculum:
  - Explain why it was developed
  - How it is organized
  - Main goals of the curriculum
  - Primary Activities included in the curriculum
    - Distinguish when it may be appropriate to use the alternate role play exercise

- Explain that the next section of this training provides participants with a chance to practice one of the exercises featured in the curriculum, and will provide some guidance around facilitation of the workshop.

- Introduce the curriculum as one tool that can be used and/or modified for use with drug using clients.
"Quality Health Care is Your Right" was developed as a means of increasing productive dialogue between drug users and health care workers. It provides an opportunity for participants to explore the needs and priorities of health care interactions from the perspective of both a drug user seeking services and of a health care provider. Each has unique needs and priorities. The curriculum is interactive and structured to promote strategy-building among its participants.

Slide 15:

**Format:** Presentation

**Slide purpose:** To review the main subject areas covered in the Quality Health Care is Your Right Booklet.

- **Next**, ask people to turn to the Companion Booklet.

- Explain how the Booklet fits within the context of the Quality Health Care curriculum and point out the main sections.
  - Perhaps choose one or two areas to highlight.

- **Review the Companion Booklet thoroughly in advance of the training to prepare for questions and discussion.**
  - Encourage any potential facilitators of the 90-minute workshop to also become very familiar with the booklet, as it will outline key areas of focus.

- This section is meant to be a brief overview so that participants know what is in the booklet. Encourage them to explore the booklet more thoroughly on their own after the training.
Slide 16:

Format: Activity

Slide purpose: To introduce the Small Group Exercise outlined in “Quality Health Care is Your Right”.

1) Break people into an even number of groups with 4-6 people per group.
   - Likely either 2 or 4 groups depending on overall group size.

2) Assign perspectives (drug user and health care provider) evenly across the groups.
   - If there are 2 groups, one group will be the provider group and one will be the patient.
   - If there are 4 groups, there will be 2 provider groups and 2 patient groups.

3) Explain the purpose and procedures of the exercise, using the “Quality Health Care is Your Right” Curriculum as a guide.
   - Distribute prepared newsprints.
   - Participants can find scenario worksheets on pages 31 (Regina) and 32 (Dr. Davidson) of their workbooks.
   - After completing the small group brainstorm, ask each group to summarize their discussions.
     - If there are 2 groups for each perspective, have one present, and ask the other group only to present new or different information.
   - Facilitate the Larger Group Strategy Brainstorming Session.

4) As groups are engaged in the exercise, be sure to listen to the discussions, answer questions as needed, and help move discussion forward if necessary.
5) Upon completion of the Strategy Session portion of the exercise, facilitate a brief group reflection on the exercise. Some probing questions for reflection include:

- What worked for people? What didn’t work as well?
- How do people think their clients will respond to the exercise?
- In what ways can the ideas and concepts brought out in the exercise be incorporated into everyday conversations with drug using clients?

__Context__

While each group will come up with their own perspective on the exercises, the following offers some guidance for the discussions on drug use disclosure. The information may have been covered at other times, or may be helpful throughout the exercise or discussion.

**Discussion about Drug Use Disclosure:**

**Reasons to disclose:**
- The doctor may be able to make a better diagnosis if s/he knows the whole story. Even symptoms that may seem unrelated to drug use can sometimes be a result of street drugs or the “cut” in those drugs.
- There may be interactions between drugs (street, prescription or over-the-counter) and medications that the doctor wants to prescribe.
- If the doctor finds out that a patient is using drugs (through tests or in another way) without the patient disclosing first, they may lose trust.
- If the provider is not judgmental about drug use, health care can be a great resource prevention of infectious disease and also may be able to explore drug use treatment options with patients if they want them.

**Reasons not to disclose:**
- CONFIDENTIALITY: This is a major concern for many drug users when seeking care. Concerns may be related to legal issues, child custody, immigration, employment, housing status or family issues—among other reasons. The ramifications for drug use becoming known can be significant, and even in cases where a patient is protected, the fear of confidentiality breaches can sometimes be enough.
- Doctors may treat patients poorly because of ideas they have about drug users instead of getting to know them as individuals.
- Doctors may focus only on drug use, instead of taking care of what the patient wants help with and providing holistic care. Patients may be able to talk about symptoms without talking about drug use.
- Doctors may prescribe pain medication differently to people who use drugs.
- Drug users are likely to have had bad experiences with doctors and disclosure in the past, and even if they haven’t themselves, they are likely to have heard of others having negative experiences.

**Are there different standards?**
- Are drug users held to a different disclosure standard than non-drug users, or perceived non-drug users?
  - There is a privilege with being able to “pass” as a non-drug user.
- Drug users should have the right to make their own decisions about drug use, however they may not always. Also, the perception that they will be treated differently for disclosing drug use, or forced into certain conversations may be enough to make people more guarded and less open about their use.
- If drug use disclosure is so important, there is also a responsibility on providers to make it safe for users to disclose without shifting the dialogue.
- Drug users need to be empowered to switch providers if they are treated poorly for disclosing drug use.
Slide 17:

Format: Activity Review and Discussion

Slide purpose: To summarize some main themes that could come out of the small group exercise

- This slide can be used to summarize ideas raised in the Small Group Exercise.
- It provide some examples of primary concerns from both perspectives, as well as some areas in which they overlap.
- If there is not time, it is ok to summarize this slide quickly and move on. It is provided as a tool for use during process and discussion of the exercise. It may provide participants with a helpful framework when guiding their own groups with clients.

Context

Building Trust and Finding Common Ground Between Doctors and Drug Using Patients

Doctor Concerns:

- It is well-documented that health care providers have concerns over “drug-seeking” behavior, and therefore are more cautious or conservative with prescribing pain medication to current or former drug users, even if there is a legitimate need for medication.
- Research suggests that providers will even avoid engaging with drug using patients about certain issues due to fear of being “manipulated” or “deceived” in some way.
- Adherence is an important issue, especially in cases where resistance can develop from improper use of medication.
- HIV treatment was once denied to drug users because of concerns over treatment adherence, and doctors still routinely deny HCV treatment to drug users (both because of adherence concerns, and the belief that patients may get re-infected).
- Research has proven time and again that drug users can adhere to treatment regimens and are in fact often quite good at adhering to drug-taking schedules, since they are accustomed to doing so in other contexts.
Drug users in certain situations may need more or different kinds of support (such as Directly Observed Therapy, storing medication, reminders, pill cases, etc.) for adhering to medication regimens. Providers can serve a key role here.

Studies have shown that health care providers are concerned about “demanding behavior” from drug using patients. This can come from many places. In cases where users are more demanding, it may be a product of users needing to, or feeling that they need to, be more assertive in order to get needs met. Since many drug users worry that they will be stigmatized and/or discriminated against, it is possible that they may overcompensate, or enter into the relationship on the defensive.

Providers should also look at their role in perpetuating the idea that when drug users ask/advocate to have their needs met, it may be perceived as “demanding” but when non-users do the same thing, it may be considered to be an “involved” or “interested” or “engaged” patient.

Regulations: Doctors may be concerned about prescribing pain medication in certain ways because of regulation from medical boards and the DEA, for example prescribing methadone for pain management.

Doctors may be restricted by certain laws from prescribing certain medications, for example Buprenorphine (physicians must be authorized to prescribe buprenorphine) or methadone maintenance.

Patient Concerns:

- As a result of negative experiences that drug users have had (either personally, or that people have heard from others), there is often concern upon entering the relationship that they will be treated poorly, discriminated against, judged, or otherwise stigmatized as a “drug user” rather than simply a “patient”. This has been demonstrated to have implications for the tone of interactions and the amount of information that is revealed.

- Insufficient pain mgmt: This is a very legitimate concern for drug using patients and is one of the more difficult issues that users seeking medical care face.

- More information and tips in the “Quality Health Care is Your Right” Companion Booklet to address these concerns.

- Some issues of importance include: that drug using patients be flexible and willing to work with providers to find solutions that will meet their needs as well as the provider’s needs; keeping pain journals can be a great help for justifying need to providers and legitimizing pain.

- More work with health care providers is needed to address disparities in use of pain medication.

- Fear of withdrawal can keep people from seeking care.

- It is important to troubleshoot with drug using clients about meeting drug use needs and/or advocating for sufficient medical management of withdrawal.

- Help Clients weigh the costs of delaying medical care for fear of withdrawal and the possibility that by waiting to seek care, the problem may only get worse.

- Getting needs met: Unfortunately, there is sometimes the perception that drug users are somehow different when it comes to seeking health care – this again relates to the idea of “drug-seeking” or “demanding” behavior.

- Drug users are just like other people seeking health care – they have health needs that they are concerned about and have a right to be treated equally.

- If issues arise around unacceptable behaviors, those behaviors can be addressed individually.

- Drug users may need to feel more empowered to advocate so that their needs – as defined by them – are met when seeking care.
• Confidentiality can be of special concern when it comes to drugs and drug-related health conditions especially because so many users are forced to conceal their use from family, employers, and even health care providers.
• There can be fear of identification as a drug user simply by going to certain clinics.
• Also concerns may arise in situations where family members may go to the same provider and/or young people are still on their parents’ health insurance.

• It is important to think about the areas in which there is an overlap of provider and patient needs – this is where the greatest opportunity lies to build strategies and improve relationships.
Slide 18:

**Format:** Instruction/Presentation

**Slide purpose:** To provide a brief overview of facilitation tips for to prepare participants to deliver the “Quality Health Care is a Right” curriculum.

- The next few minutes will be spent discussing tips for facilitators with the group.

- Because there is not a lot of time to have the participants practice the exercises AND learn new skills as facilitators, it is important to model and offer examples during this section as frequently as possible. Use examples from the World Café exercise that participants just practiced.

**Context**

- **Plan well; know what you hope to get from the session:** The more planning you do leading up to the session, the more successful it is likely to be. Even though the greater part of the workshop relies on participant engagement, discussion and feedback – you will be a more successful facilitator if you are prepared with your own ideas, examples, goals and main points. With good preparation, it will make it easier for you to help the group through any struggles and move discussion along. Also, since there is no way to know how engaged any given group will be, it is important to be able to be flexible, creative and change direction as needed to ensure a fulfilling discussion for everyone involved.

- **Take advantage of “teachable moments”:** Teachable moments are opportunities that arise in the workshop that were not planned or scripted but evolve out of the moment and present a unique opportunity to exemplify the material being addressed. Teachable moments can sometimes feel like “tangents” but can, in some instances, provide some of the richest discussion and learning in a session. Given the short time frame of “Quality Health Care is Your Right”, it will be important to be especially mindful of time; however flexibility and seeking direction from the group as to when something feels valuable to go into further is useful. It can sometimes be more helpful to spend
more time on a particularly relevant or engaging topic and leave other elements of the workshop for another time.

- **Use probing techniques:** As a facilitator, you are more likely to get richer answers to open ended questions (questions that require more than a yes or no answer) – so, questions that begin with “What, Why, How and When” are usually more effective at getting deeper explanations than questions that begin with “Do or Can”. Questions that probe feelings and gut responses are all good as well. Ask participants to give examples or simply encouraging people to “say more” about a topic can be useful. Asking others in the group if they agree or disagree with certain ideas is also helpful.

- **Allow for silence/reflection:** When soliciting feedback from a group, it is important to allow people time to process the information you are asking for. Silence, though sometimes uncomfortable at first, is OK. By allowing people time to reflect, not only are people more likely to think their thoughts through, but it is also more likely that people less used to speaking up will build the courage to share their thoughts.

**Additional Techniques (These are not on the slide, but may come up in discussion.)**

- **Create safety among the group:** Creating a positive and productive learning environment starts before the workshop does – it begins with the ways in which participants are recruited and continues until the end of the session. The issues that the workshop is tackling can be difficult for some people to talk about, may bring up their own sets of associations and even the process of engaging in this type of learning can be anxiety-producing for some. Be mindful of people’s comfort levels, and work on creating a non-judgmental and open learning space from moment one. Consider room set up and environment, refreshments, introductions, your own body language and appearance and allow people space to find their own comfort levels. It is ok to acknowledge that the issues can be difficult to talk about and emphasize that the workshop space is one that respects everyone’s viewpoints and experiences.

- **Encourage everyone to participate:** While respecting personal safety and boundaries, it is also important to encourage participation from everyone in the group. Be mindful of participants who are more vocal and may overshadow other participants who need additional encouragement to share. “Step up, step back” is a common phrase used to encourage people who tend to speak more to step back in some instances and those who may have a harder time getting involved to step up and challenge themselves more in the spirit of participation and learning. Just because someone is quiet doesn’t mean they don’t have anything important or valuable to contribute.

- **Be mindful of body language:** You can tell a lot about a person by their body language – are their arms folded in front of them? Do they look uncomfortable? Do they look open and engaged? Do they look bored? Are they making eye contact?

- **Listen more than you talk:** Be mindful of how much you are talking or sharing. This workshop especially is meant to harness the experiences and tools within the group, and to give people an opportunity to work through issues that they may not often have the chance to explore. You may be an expert on the topic, but each participant in the training is also an expert and has valuable contributions to make. Using your knowledge carefully, strategically and in a way that highlights and let’s the participant knowledge shine will likely make the information more accessible and meaningful to those in the session. By stepping back, you will also be able to participate more actively in the process of learning and sharing.
**Module Five: Strategy Review**

*Goals*

The goals of this module are to:

- Summarize main points and strategies discussed throughout the session.
- Provide participants with tools and information that can be applied in their everyday work with clients.

*Objectives*

Upon completing this module, participants will be able to:

- Name at least 4 strategies for use when working with drug using clients around health care issues.
- Identify elements of an information-rich referral guide for clients.

*Time*

15 minutes total

*Materials*

- Participant Workbook – Page 9
- Clock
- PowerPoint Slides
Slide 19:

Format: Review/Presentation

Slide purpose: To name 4 strategies that participants can use directly in their work with clients.

- Ask participants to turn to page 9 in their workbooks, *Strategies for Providers*.
- This worksheet summarizes some strategies that have likely been touched on throughout the training.
- The slide combines and summarizes some of the main strategies detailed on the worksheet. Use the worksheet as a reference when reviewing each bullet.
- There will not be too much time to go over each of these points in too much detail – refer to previous discussions that may have addressed some of the tips, if necessary. Also refer people to the worksheet.

Context

*It’s all about the relationship!*: This refers to the relationship between patients and their health care (finding common ground) as well as our own personal relationship with our clients. It is valuable to be mindful of how we engage with users about their health and health care, as well as drug use in general to reduce shame and combat stigma.

*Help participants navigate the system*: Systemic changes and increased cultural competency among health care providers is necessary. There are ways to support drug users as they navigate the health care system.

*Patient-EASE*: Despite existing barriers, drug users can improve their relationship to health care. We have offered a framework for measuring care and framing referrals.
# Improving Health Care with Drug Users

## Strategies for Providers

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintain a position of non-judgment</td>
<td>Like drug use, health care and self-care in general can be a sensitive issue for people to talk about. The safer people feel in disclosing any behaviors, even those that may be risky or compromising to their health, the more likely they will be to keep the lines of communication open. It can be difficult to watch people make choices that are unhealthy or harmful. It is important to have outlets to explore one’s own judgments and feelings so as to avoid burdening the client these issues.</td>
</tr>
<tr>
<td>Communicate honestly</td>
<td>Clients will often respect when people are honest and direct, even about issues that may be difficult. It is okay to ask questions, express concerns and confront contradictory behavior.</td>
</tr>
<tr>
<td>Help clients prepare for their medical appointments</td>
<td>Offer to make calls to schedule appointments with and/or for clients. Help clients call providers and plan realistic appointment times. Also, ask clients if they would like you to remind them of their appointments a day or two ahead. Talk to clients about what to expect from health care visits (ex. long waits, the kinds of questions to expect, etc). Also, help clients collect any necessary documents or identification that they will need to bring to the appointment with them. Help clients research/understand health conditions and medication side effects; help them maintain an up-to-date list of their medications and doctors. For clients who do not have health insurance and are eligible for Medicaid or other public insurance it can be helpful to help guide them through the process. Also, advising people to enroll for any health insurance plans early is very important. For clients who may need to provide a mailing address, see if your agency can collect mail.</td>
</tr>
</tbody>
</table>
| **Create information-rich referral guides** | Create referral guides that include known harm reduction providers and feedback from other clients.  
When creating referral guides, it can be helpful to:  
1) Set up a grading or rating system to indicate quality of care, knowledge of harm reduction/experience working with drug users, and other components of care.  
2) Include “reviews” from clients who access services with different providers/health care center. |
| **Escort participants to visits to provide support and advocacy.** | It may be easier for clients to seek health care if they have someone to go with them.  
Health care providers may respond differently to people when they know that there are other people looking out for and caring for them. |
| **Help clients with record-keeping.** | It can be useful for providers to keep copies of birth certificates, IDS and medical records for clients – especially in cases where people may be in between housing, homeless and/or transient. |
| **Assist clients in establishing stable housing.** | Unstable housing not only has its own impacts on the physical and mental health of individuals, it can also be a significant barrier for accessing and maintaining relationships with health care and doctors. Identifying housing resources or programs, and assisting those clients who are interested in obtaining more stable or permanent housing with the process of securing housing can sometimes be an important and necessary step toward addressing other health needs. |
| **Work with clients around mental health issues.** | Similar to housing, mental health issues can pose significant barriers to self-care and maintaining overall health. Providers can help clients address mental health issues in many ways, including:  
- Helping to connect clients with nonjudgmental psychiatrists  
- Helping clients to manage their medication schedule  
- Working with clients to avoid disruptions in medication due to lapses in insurance or other issues, etc.  
- Counseling in an open and nonjudgmental way that will keep the lines of communication open.  
- Working with clients to explore their options. |
| **Create safe spaces for clients to talk about drugs (the positive and the negative aspects of drug use).** | It is not often that drug users get to explore all of the aspects of their drug use. Given that drug use often comes with any number of negative consequences (and that these are usually the factors that people ask about and highlight) it is important to acknowledge the reason that people DO use drugs as well. By doing this, it may also be possible to find alternative ways to meet the same needs (if the drug user wants to). Trust is also build when there is allowance for drugs and drug use to be multidimensional. |
MODULE SIX: CLOSING AND EVALUATIONS

Goals

The goals of this module are to:

- Identify main themes of the training session.
- Allow participants to evaluate the session.

Objectives

Upon completing this module, participants will be able to:

- Connect main themes of the training session.
- Articulate strengths and weaknesses of the training.

Time

15 minutes total

Materials

- Clock
- PowerPoint Slides
- Handout: Training Evaluation
Learning Review

- Ask each participant to briefly share one thing that they will take away from the training today and apply to their work.
- Thank participants for their participation throughout the session.

Evaluations

- Distribute the training evaluations and encourage people to complete them honestly. Instruct participants where to leave their completed evaluations.
- Distribute certificates, if available.
<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Neither Agree</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The training met its stated goals and objectives</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>2. The handouts/materials were helpful</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>3. The training was well organized</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>4. Trainer 1 knew the course material</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Trainer 2 knew the course material.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>5. Trainer 1 listened and responded to questions well</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Trainer 2 listened and responded to questions well</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>6. Trainer 1 provided clear directions for group activities.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Trainer 2 provided clear directions for group activities.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>7. I had enough time to practice what I learned during the training</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>8. This training will help me do my job better.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>9. I would recommend this training to my co-workers.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>10. Harm Reduction Coalition is an important resource in this region for training on HIV/AIDS.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>11. I was satisfied with the registration process for getting into this training.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>12. What did you like best about the training?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>13. How could this training be improved?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>14. Please write any other comments or suggestions you have about this training?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
<td>N/A</td>
</tr>
</tbody>
</table>

15. What other kinds of training would you like to take?
- [ ] Overview of Harm Reduction
- [ ] Motivational Interviewing
- [ ] Harm Reduction in African American Communities
- [ ] Opiate Overdose Prevention
- [ ] Boundary Issues for Service Providers
- [ ] Successfully Housing Substance Users
- [x] Crystal Methamphetamine: Pharmacology, Patterns of use & HR Strategies
- [x] Medical Complications & Drug Use
- [x] Using Harm Reduction to Address Sexual Risk with Drug Users & their Partners
- [ ] Other: ________________________________