Clinical Education Initiative
Support@ceitraining.org

ECHO: SAFER INJECTION DRUG USE

Laura Levine, Care Coordinator and Health Educator

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[video transcript]

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Hi my name is Laura Levine and today we're going to be going over safe injection. The learning objectives today recognizing drug use equipment, which most of you will be familiar with describing safer ways to prepare and inject drugs and providing safer injection counseling to patients who inject drugs. I'm going to focus more today on the safer on the practices on how to approach somebody who is using and in the end, medical and in the room, sorry, I'm a little nervous I'm settling down. Um, if we identify unsafe practices, we can provide education that can minimize the risk to our patients. Through the understanding and principles of harm reduction, what we can do is provide tips for people that can reduce the negative impact of their substance use, which can be overdose which can be abscessed, cellulitis or sepsis, so a medical and have that and also can reduce arrest criminal charges, incarceration and reincarnation due to their substance use. Counseling also provides a glimpse into the lives of the patients meet you when when you're in the room, you have a limited amount of time. So, you really want to be able to engage that that patient and make them feel very comfortable. You know, most most patients are very uncomfortable about discussing their substance use. Next slide. words carry stigma just as much if not more, as actions. Substances do substance use does not define a patient. Just as a positive toxicology screen does not define whether a person is managing their drug use or their drug use this chaotic. Person Centered non stigmatizing language works best being in person who uses drugs versus, you know, saying a drug addict, you know, I'm also addressing them, you know, would you be comfortable in showing me you know, your, you know, how you use your substance and also discussing what steps they take to keep themselves safe while they're using what you can do is you know, ask them, you know, would it be okay if I you know, discuss other methods on how they can stay safe when using, but ask them like, what steps they take to to you safely. Next slide. Key Tips for safer injection drug use and reducing the injection related infection or abscess, obviously, you know, using it in a safe clean environment, not using alone keeping hands clean preparing substances. And important to have the patient not ignore signs of abscess infection or anything else that could be related to their substance use. Next slide. This will go over say for injection supplies, it just shows some equipment that is used for safe injection. Next slide. Selecting a syringe is is very important in substance use, and you may want to discuss it with the patient to make sure that they they are aware that there is a better choice of syringe, depending on what substance they are injecting a lot of people may not be familiar with that and they may be using a syringe that may be causing you know more harm and could be introducing more infection into the skin than they're aware of. If a person is using, you know, in their hands, or their you know their feet, and they're using a longer tip, you know, they could be going through the vein and causing a little bit more damage to the vein. So it's important to consider gauge substance when an injection site as well. Next slide. Um, you know, you want to discuss, you know, syringe use and risk, how, you know, use a new sterile syringe each time with use not to reuse the syringe, even if it's their own, you know, a lot of people are very comfortable in not sharing, you know, in this day of using but a lot of people who aren't may not be engaged in syringe exchange services or be

comfortable enough going to a pharmacy to purchase their syringes. They may be reusing their own. So you want to also address you know, what could happen you know, that just infections and the risks of reusing their own syringe and not just reusing somebody else's, you know, equipment and that goes for any you know, reusing their own, you know, cooker cotton, you know, water you know, we want them to understand that you know, Even if they're not sharing that proper practice is to use new equipment with each use. Next slide. Um, you can just, you know, discuss how to prepare a shot, you know, if they want to discuss if you want to ask like, you know, ask them how they prepare their substance, you know, what substance are they using, you know, also to get somebody to be comfortable in, in disclosing what substance they use, you know, will take a lot of making that person feel very comfortable, if they feel if a patient feels that the doctor is, you know, under is very understanding of harm reduction, and how harm reduction works, and that there are syringe exchanges, they may be more comfortable to disclose that they aren't engaged in a syringe exchange, or that, you know, they do have Narcan or different things that they are doing to try to protect themselves. If a patient feels that the doctor may, you know, not understand harm reduction, or not be very understanding, if they disclose their substance use, they may hide those different different things that they are engaged in syringe exchange services, and be a little bit more embarrassed to disclose how they use or what parts of the body they are using. Okay, I'm also to go over, like how a person, you know, if they are injecting, you know, how they are injecting, or they, you know, injecting intravenously or they injected intramuscularly subcutaneously and the different risks that are associated with that, if somebody is injecting intramuscular, there is a slightly higher risk of, you know, abscess or infection, you know, in the muscle or the area as with if you're injecting into intravenously, you know, this a slightly, you know, higher risk of overdosing, obviously, you know, very quickly. You want to make sure that they have Narcan that they understand how Narcan works and that if they want, not, if they don't want to disclose their their drug use with other people that there are ways that they can still stay safe. There's, you know, the never use alone site. So if somebody you know, is home, and they do use alone, what they can do is they can use that site as a resource to keep them you know, safer while using alone. Next slide. Selecting injecting injection site, like we said commonly intravenous substances, heroin, morphine, fentanyl, Dilaudid, cocaine, you know, methamphetamine, crystal meth, those substances, with light where we are at least vocal is starting to see a higher prevalence of injection methamphetamine users. So we are kind of gauging a lot of our education around methamphetamine use, where as in the past years, it was more like opiate and fentanyl use was was prevalent, we're still seeing that. But in addition, in our neighborhood, the demographic is a lot of reporting a lot of crystal methamphetamine use. So we want to, you know, keep that in mind as well, that different substances, you know, kind of go around in different circles. Next slide. tourniquet, you know, Application for injection, intravenous injection, keeping and preparing the skin, inserting the needle, with the bevel open facing, you know, and how to register the importance of making sure that a patient knows the difference between injecting into a vein or an artery, and how they can, you know, know the difference, obviously, an artery carries blood away from the heart and has a pulse. Right. So, that's, that's like a good indication we try to, you know, have our participants understand, you know, the importance of making sure they're injecting into a vein. Next slide. Registering and up next slide, sorry, I went ahead. Okay, registering and miss shots, important to understand what a missed shot is, and what different you know, what could happen if they do miss and depending on what substance they use, the

different things that could occur, you know, if versus missing with heroin and or opiates versus missing with cocaine, next slide. Hierarchy of safe injection sites, that is basically you know, the the most safe sites to discuss versus the lesser the lesser safe sites, obviously, you know, we want to recommend avoiding injecting into, like the neck or the groin. But also it's important to recognize that that some, some substance users and drug users

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who have been using for many, many years without medical care may have done A lot of their other veins and areas of their bodies that they may have gone to the lesser safe injection areas. So it's important to address that as well. And if they aren't acting in those areas, obviously, you know, discuss safety and, you know, maybe assist them in finding a better area to inject that they may not have, you know, known that they've had like, we found that the Accu vein has been very helpful and helping people who have assumed that they had no other other good veins to use at all their their veins are damaged from years of using TMS used to activate and help them identify veins that are still good in safer areas. So that's kept a lot of our participants a little bit safer than having them move on to injecting an unsafe or areas. Next slide intramuscular injection you can just really discuss inserting you know, the needle, injecting the substance out that better places upper arm, thighs and areas that have more muscle and more fat. Next slide is proper needle insertion for intramuscular and intravenous injection. Next slide, you will want to make sure that the patient is disposed if they are injecting want to make sure that they are disposing of their their syringes properly, if they do not have access to a sharps container or a place that has a sharps kiosk, you might want to consider having some fit packs you know on site that you might be able to at least admit you know give to the patient at that time. So, they can you know, a fit pack a hold you know approximately like 10 syringes or so, and then you can guide them to a place where they can go you know, a harm reduction place either vocal or you know, another syringe exchange home reduction organization that could admin, you know, give them clean syringes, and you know, safe and disposal containers in the future. Next slide. Discuss like what a dirty hit is like how we said like language is very important, again, is kind of understanding how a drug user kind of talks like a drug user will use like a dirty hit like what that means. So if, you know using harm reduction language between the provider medical provider and the patient is really important because then they feel that they're on the at least on the same level, and they will disclose a little bit more of their use. Next slide. Just common health, complications of injection drug use, you know, endocarditis bacteremia Hepatitis HIV. Important to discuss when they're they're less have Hepatitis C or HIV testing was if they are injecting, even if they don't report chairing any appointment with anybody, we still recommend being tested for HIV and Hep C. You know, pretty frequently if they are at a higher risk behavior. Next slide. Safer injection do's and don'ts, obviously recommend not to use alone not to reuse any of their supplies, not to share equipment. And very important not to ignore the signs of abscess cellulitis or other infections, which is definitely still very prevalent with injection drug users that fear of going to the doctor and disclosing why they're there. And also to, you know, a lot of drug users also, if they're actively using will avoid annual physicals because they're embarrassed or ashamed to be undressed and be examined in certain areas where the doctor may see that they're injecting in their legs or their arms. You know, most people will try to inject in areas that are kind of covered up by clothing or that they'll feel comfortable about in public. So it's important to make the patient feel comfortable coming into you and being able to

disclose, yes, I'm an injection drug user. You know, this is how I use and to come across as you know, very understanding and that it is very difficult for a patient to really break that that wall and admit their substance use to a medical provider. Next slide. Over but I think I skipped some, you know do's always carry naloxone. Try to find safe Well, the area's to use. Fentanyl tests are so very important to it's a very important intervention now in helping drug users identify whether or not fentanyl is present in what they're using. Obviously with fentanyl being an opiate, most heroin users at this point are expecting fentanyl to be in the substance that they're that they're purchasing is heroin. What is so common is a lot of people who are purchasing cocaine or crystal meth may not be anticipating, you know, using an opiate or or have having ingesting an opiate because they're purchasing a different substance. So it's just important if a person does disclose that they are using for some meth or cocaine, to definitely still discuss fentanyl and the possibility of fentanyl being in their in their drug supply and the importance of recognizing the signs of an opiate overdose. Next slide. Risk factors and signs of overdose tolerance using alone, mixing substances physical health variation of street drugs, so meaning the different strength and different substance. There's many different analogues of fentanyl that are present right now. And you know, they all are extremely potent, but also carry you know, different, different potencies. And also with everything else that's mixed into the supply, a lot of things don't mix well together and are causing overdose, recognizing signs of an overdose, unresponsive limp body, have a choking or gurgling sound an inability to get in good air. Just because a person is breathing doesn't mean that they are getting in good oxygen. If they sound like they're snoring and gurgling or breathing very slow and shallow, that could be a sign of an opiate overdose. Next slide. So no and fentanyl test strips. As mentioned, it may be a good idea for a medical provider to have some SIP packs in the office to you know, offer a patient if they are, you know, injecting and are not engaged in syringe exchange, or harm reduction services. It may be you know, important as well, you know, to have some fentanyl test strips on hand one or two, and then resources on how they can obtain, you know, additional strips to use as as a harm reduction method. Next slide. Naloxone for opiate overdose reversal, important to let them know they can obtain Naloxone Narcan at any pharmacy. Or they can also you know, go through Department of Health website and look for any opiate overdose prevention program in New York City that can provide them with free Narcan, Narcan training, home reduction education. Next slide, goes over standing orders, then we have overdose reversal. And then there's some information about vocal, you know, statewide grassroots organization, I'm excited to say that we are finally, in the final stages of moving into our new office, which is amazing, we'll be able to offer additional care coordination services. And referrals, we will have a drop in will have home reduction and health education groups on site, Hep C testing and linkage to care and treatment. And also, one of the things that we're offering finally, we're excited about is laundry services, and community refrigerator. So we'll be able to offer more food to our you know, participants who have food insecurity, and working also with different organizations to help our homeless and street homeless participants. Even ones that are in shelter, be able to get into housing, you know, a little bit easier than waiting for, you know, the city and their caseworker to help them through the process. So just being able to be that support is going to be huge. And that's pretty much it. You know, we offer syringe exchange, home reduction, education, substance use counseling, Linkage to Care, medication assisted treatment, hopefully be able to provide suboxone on site, which would be great. Um, and that's pretty much it. If you

have any questions, I know that you can contact Lauren and she can get in touch with me as well. And I can answer questions now if you have any.

19:28
Thanks so much, Laura. I am also stopped for those of you who can see the screen on a screen we pulled together with just a few additional harm reduction resources throughout the states. Before we move on, switch gears into our clinical case discussion. Are there any questions or comments from the audience? I haven't seen anything in the q&a box. But I would like to just give folks an opportunity if you have anything for Laura while she's with us today.

20:04
I guess I wanted to somebody else to jump in, I was actually interested to hear about the intramuscular injection, you know, typically think about IV, when people are using drugs, how common is intramuscular use of, like for heroin or something

20:20
intramuscular used to heroin is actually very common, especially in people who might have been injection drug users, intravenous users, and are unable to find a vein. Or if they're in a hurry, and they're really sick. Sometimes they'll sniff or most, most of the time, somebody who is injecting will use intramuscularly just to kind of take the edge off until they can get to a place that they're more comfortable and have more time to inject intravenously. And a lot of the time, you know, they're using intramuscularly, you know, kind of in a hurry, you know, there may not be in a safe place, they may be in like a public restroom, where they're not really have the ability to prepare their shots safe. So at that point, it could, you know, put them at additional risk of getting, you know, having an abscess or cellulitis from that, that they might not have gotten had, they had time to properly inject intramuscularly you know, so we do see it pretty commonly, especially a lot of our abscesses and infections are from intramuscular use. You know, I don't know if that's, you know, common in other harm reduction organizations or across like, in the medical field. But especially in vocal, we do see a higher prevalence of abscess, and cellulitis, especially in intramuscular, you know, or miss shots, you know, people who are injecting, and especially if they're, you know, injecting, trying to inject intravenously, and they don't have a lot of time when they're in a public restroom, or they're, they're rough, or they may be in between cars, or, you know, kind of hiding in a in a, you know, not well lit area. And they may think, you know, they may register a little bit and then decide to push it in and realize that, you know, the syringe moves a little bit because they're, they're not stable, and half of the shot ends up being, you know, missed, you know, at this point, too, with, you know, so many impurities in the drug supply, um, you know, abscesses and cellulitis are very common, you know, we're seeing it like so much and, you know, being able to, like provide wound care or to have, you know, good resources and referrals for doctors who can, you know, we can refer to for wound care is amazing. So we're always trying to, you know, find home reduction friendly doctors that we can refer our participants to, you know, unfortunately, I, you know, I had a recent participant who had an abscess that ended up, you know, getting really, really bad from intramuscular injection and his upper arm, he ended up being admitted into a hospital. And after a couple of days, you wanted to take a shower and couldn't understand why they wouldn't let him shower and or undo his IVs. And he ended up pulling them out and going home, you know, so it kind of left us to kind

of do like kind of barefoot medicine, and try to keep him, you know, safe as possible with letting him know, hey, if it really gets much worse, we're gonna have to refer you, you know it to another emergency room, you know, kind of thing. And you know, where he went was was a decent hospital, I will disclose it, but, you know, just like the approach of that, like, you know, a little bit better understanding of like, why he couldn't take a shower, why they couldn't, it was very important for them not to just, you know, dis attach any of his IV lines like that, you would have I think made a lot of made a lot of difference in whether he was going to stay and receive treatment or not.

24:03
We have another question. But really quickly, I'd like to read a comment from the chat for anyone who may have missed it. Andrew Reynolds, our faculty member is saying in San Francisco, they're trending towards shifting to smoking. Fentanyl has been a drug of choice, both due to necessity, it's everywhere and cost. It's cheap. There syringe service programs are upping their game with handing out pipes and safer smoking supplies. And then he's got a link there for anyone who's interested I just entered I think that's really fascinating and next step of kind of harm reduction in the future

24:36
where we're actually we had started giving out safer smoking kits geared more towards crack cocaine. But then also realize that a lot more people were using, you know, to smoke fentanyl as, you know, a way of, you know, instead of injecting or you know, for different reasons to you know, be quicker or they don't have access to a place to inject Um, so we definitely have like, upped our, you know, save for smoking kits. Also, we started giving out like safer marijuana smoking kits, you know, we're rolling papers, and you know, the cotton and everything. So, um, you know, definitely we, we tried to speak to like, you know, substance users gear, a lot of our services around, you know, what could benefit them the most. Linda, I

25:28
see you have your hand up to do you have a question you'd like to ask?

25:32
Yeah, Laura, you mentioned earlier, thank you so much for that presentation. By the way. You mentioned earlier in your talk about selecting specific syringe sizes engages depending on the substance, depending on where you're injecting? Could you talk a little bit more about that, especially with respect to how medical providers can counsel patients on specific sizes, and if they, if they have access to multiple sizes, either on site? Or if they're thinking about sending a prescription to a pharmacy? What should they tell their patients and clients?

26:08
Okay, so absolutely, definitely. So in choosing a syringe, um, depending on what substance So, as far as syringe size, obviously, that, you know, you'll have one cc and half CC, depending on how much liquid they need to, you know, dilute their substance. So, obviously, if somebody is using, say, you know, three bags of heroin that they may need, you know, they may need to use more water, right. So, they may, you know, need a one cc syringe to inject. So, kind of

depending, you know, kind of gauging, like what their use is like, like, are they using one bag, are they using three bags that can kind of, you know, gauge towards whether half CC or one cc, you know, if somebody's using one bag, a one cc syringe might just make it a little bit more difficult for them to inject, you know, a half cc syringe might, you know, be a little bit easier on their, on their hands and helping them you know, to, to inject as far as the gauge there, so, the higher the gauge, the smaller the hole at the top, okay, so if somebody is injecting, say, and crushing pills, right, they're gonna need a, like a bigger hole to cut it, you know, draw it up. So if you have a tiny hole, and you're trying to inject particles of like pills, and you know, different thicker substances, it might not throw up in a smaller in a smaller gauge to like the smaller hole, it's gonna call the little bit, right. So if they are crushing up pills, you may want to suggest like a lower gauge, like 27, you know, 28 gauge, because if the hole is a little bit bigger, so it won't clog as it's drawing up the substance through the filter for the cotton, technically, that they use as a filter. Also, to depending on the area that they're injecting, obviously, you know, intramuscular, you know, most of our participants will use like a 27 gauge syringe for intramuscular use, if they're injecting into in their hands, or say, in their feet into a smaller vein, the 31 gauge syringe has a, it's a smaller tip. So that can, you know, reduce the risk of them going through their vein as they're trying to register. So as they're trying to, to actually like find their vein, if they're using like a long tip syringe into like, a small, tiny vein in the hand, that might go through the syringe, or through the vein, and it'll, you know, plus a little bit of damage and like put some bruising. So, if they are injecting in like their hands or like, the smaller veins, using a smaller tip syringe is is more PrEP is preferable. You know, if you do have have access to and the person is open, the patient is open to being referred to like a harm reduction or a syringe exchange, like vocal, we do carry all the variety of gauges and sizes. Um, you know, we also have different size syringes for people who might be injecting steroids or hormones, things like that. So, you know, if they are more comfortable with with having a prescription written into, you know, the pharmacy and doing it that way, but if they are comfortable coming to a syringe exchange, you know, we could be able to go over again with them what they're using, and help them choose, you know, what syringes works best for them. And usually what we'll do is like, if somebody comes in, and they're requesting a certain size, and we kind of discussed what their use is, like, you know, we may offer them a couple different sizes and say, Hey, you might want to try this, this might work a little bit better for you. And, you know, a lot of people when they start injecting, you know, they learn by watching somebody else. So, you know, there really isn't a lot of information on the street as far as like, you know, how to choose a syringe properly. You know, so most people just, you know, by the same size that they saw their friend use or inject in the same way that they saw their friends use, and not that's not Oh, always the safest or best practice. Thank you. So one thing, I don't want to take up a lot of time, but I always kind of go over this, anytime I'm talking to any type of medical provider, I'm just like, even personal experience, the difference in engaging a male and a female patient is huge. As far as like, you know, when a male walks in, they are usually more open, and more apt to be forthcoming with their use and their practices, substances that they use, how long they've been using, and places that they inject, where as, you know, a woman or a female is, like I said, a little bit more protective, and of where they use, and they try to keep it kidding a little bit more. Also, you know, males may, you know, go to the doctor a little bit quicker, you know, they're not as as embarrassed or shy to, you know, admit to their substance use. Whereas, you know, a lot of times, you know, a woman being, you know, a parent or a mother walks into the doctor, and

like, you know, one of the first questions, you know, when they're there for an abscess or a drug related, you know, illness or, or injury is, you know, Oh, do you have any children, Oh, where are your children, you know, and then it's that fear of disclosing, like, am I going to lose my children is my family going to be you know, torn apart, like what's going to happen, and unfortunately, we've had a lot of our, our female participants, like seeked, so many ways outside of medical care, to take care of their abscesses, wounds, or different, you know, kind of illnesses, by you know, using Google or trying to obtain antibiotics from different places, which may not be the proper antibiotics for what what they what they need it for. So just, you know, just always, like, try to keep in mind to, you know, just those differences, that it might be a little bit harder to engage a, like a female patient in getting them to discuss their use, versus, you know, somebody you know, who might be a little bit more comfortable and, and forthcoming. You know, and also to, like, a lot of, you know, people who are actively using may avoid going to medical providers, they may put off, you know, regular general well exams, and then when they use those down, they may go for well exam, and then they have a lot of abscess, you know, scars or you know, just different marks or sores on their body that they know is going to bring up a conversation that's unprofitable. Thanks, Laura.

32:48
Dr. Khan, I see you have your hand up. But before we get to you, Andrew, I wanted to just ask you to chime in, there was a lot going on in the chat about the differences between booty bumping and checking smoking, that I think would be really great for the rest of the group to

33:05
lower my hand, hi, everybody. Two hour commute into San Francisco today. So I couldn't come up with word bioavailability when I was also going to comment on the fentanyl test trip piece. But Linda asked a question about like booty bumping. And that is another way that folks could could take into substance in a less risky way in terms of like HIV, viral Hepatitis and that type of thing. The one trick with booty bumping, though, if folks are into it, and a lot of folks resist the idea of putting something out there, but but it's a real nice way of taking in a drug. And you can because of the bioavailability. And the speed with which you can, you can feel the effects, it's actually a way to kind of use a little bit less and get more bang for your buck. And so that could be a little harm reduction tool for folks. But it's really important to counsel folks about you know, if you don't use the normal amount that you would use if you were smoking or injecting because this is going to pack a wallop and you're going to feel it. And then I was going to talk about the the test trip piece, Christina, your point was perfect. I I'm probably on the outs. I'm not a huge fan of fentanyl test strips. But I do think they're, they're super valuable as a tool for engagement. They don't tell you how much fentanyl is in there. So you never really know. There's also what's called the chocolate chip cookie effect, maybe the drug that you're the part of the drug that you're testing didn't have any fentanyl in it so you could get a false sense of security. And then lastly, I know with stems, you can get a higher degree of false positives. So like using more water and that type of thing, it gets a little complicated, but it's a real nice way of engaging folks around how they use opioids and help no talking about a plan. So let's say this thing comes up positive. You know, what are you going? How are you going to make an overdose plan with your friends, you know, and you can talk about like staggering. Drug use, like, I'll use first you keep an eye on me. If I don't go down, I'll watch you, you know, that type of thing. So they are,

they are nice tools for engagement. And if they don't give you a perfect information, we actually just started a drug testing program here in San Francisco through the San Francisco AIDS Foundation. It'll be exciting to see what comes out of that.

35:40
On thanks for being patient. Sorry, Laura, go right ahead. No, I'm sorry. I just wanted to say too, especially I absolutely agree with the fentanyl test strips. I've kind of you know, geared a lot of our participants to just use under the assumption that what they're using has fentanyl in it and then move forward from that. What I did find the fentanyl test strips are helpful in or people who are you know, mainly just using like crack cocaine or methamphetamine, which has been coming up positive for fentanyl, and especially in our in our area in Brooklyn. So the test strips I think are a little bit more helpful in having people who are not opiate users understand that there is fentanyl, which is an opiate in their cocaine, you know, that they're using or in their crystal meth or anything like that. So it just like, you know, is more helpful, I think in all participants who, you know, are not necessarily, you know, knowingly ingesting an opiate, because that might help them, you know, step back a little bit and be like, Oh, okay, I just tested my cocaine. And it's positive for fentanyl. You know, and again, how can I make an overdose plan, you know, in the event that an overdose does occur by either sniffing or injecting, you know, the cocaine that they're using?

36:56
Go ahead. Dr. Cohn,

36:58
I think thank you so much. I think that's a very valuable information. Laura, and Reynolds, both of you guys. Thank you. Our only question I have is, are we using those programs like we have syringe exchange program and a free Naloxone program? Are we using those points as a resource to connect with these patients see if they need some rehab, or they're willing to get rehab, or we can provide them some information regarding the local rehab places where they can go and seek some help?

37:32
Yes, we absolutely do. When participants come in and want to enroll in our syringe exchange program, we do really, you know, discuss questions about their drug use, how long they've been using, and we kind of gauge what they're, you know, like, how interested they are in eventually, you know, stopping, you know, do they want to stop? Do they want to reduce their drug use? Have they ever tried any type of medication assisted treatment, you know, detox, you know, rehab, longer term treatment, you know, short term treatment, so we do kind of go over that, and we make all of those options available, you know, and really go over the benefits and risks of each kind of, of treatment. And we really, you know, make sure that the participant really understands what's available to them, you know, that in addition to syringes, you know, for for them to use safely, that there are other options, should they, you know, want to seek treatment, or go to detox or, you know, try medication assisted treatment, we've had a lot of people who have used, you know, methadone in the past and don't want to be tied to a clinic. And, uh, we're willing to try suboxone at this point, you know, which is great. So we definitely do make sure that

all of our participants are aware of everything available to them. And we're really there to meet them where they're at, you know, if they're ready for treatment, and they want to go to detox, you know, one day, we try and engage and try and take advantage of that moment, immediately. Knowing that if we say, Okay, we'll come back tomorrow, and we'll call that, you know, tomorrow, something else may come up, or that person may come into money or drugs, or whatever. So we try and take advantage when they come and tell us, you know, if they're interested in medication assisted treatment, if they're interested in in detox or anything like that, we try and really engage at that moment and take advantage of it at that time. You know, knowing that, you know, they may not get another opportunity, you know, you don't know what could happen.

39:34
Just very quickly, Laura, how vitally this syringe exchange program is available. Because working in emergency department, we see sometimes these guys come in and looking for syringes, and of course, we provide them new syringes, but I still see there's some opportunity maybe out there to widen, you know, have some spread in that program as well.

39:55
Right. I think I'm Lorna sharing, you know, A little bit of a map as far as, you know, syringe exchange, you know, we engage in all of Brooklyn. So anybody that is in Brooklyn, there's also after hours that provide syringes. We also provide peer delivered syringe exchange. So if somebody can't come into our office to get supplies, we have, you know, 10 or 11 different locations in Brooklyn, where our peers go out into the community and can distribute syringes and home reduction supplies to them there. And I know, you know, Washington Heights corner project is available. Neri you know, it takes care of like a lot in the Bronx. But I mean, you know, referring somebody to a pharmacy, a lot of people still, there are a lot of barriers to access syringes at a pharmacy, we have several participants who still report that pharmacies are asking them for photo ID, you know, which turns them away, or tells them oh, you know, we can't help you here because they are assuming that that person is injecting and it's not for insulin or an another medically, you know, medical reason. You know, so, you know, definitely I would, you know, continue to, you know, refer them to a syringe exchange, if they are, you know, willing. Also we can share our locations and our information of how they can contact some of our peers. And, for the most part, we're in a lot of different areas in Brooklyn, where somebody you know, can get syringes and supplies without having to come into our office.

[End Transcript]