

# Supervision Key



The successful application of *knowledge to practice* is one of the most-needed and desired outcomes for behavioral health professionals, and others, involved in providing services offered to working with persons who inject drugs. While individuals themselves will determine to what extent learning is operationalized, effective supervision is necessary for this to be maximized.

## Understanding and Working Effectively with Persons Who Inject Drugs (PWID)

### Framework and Use of this Supervision Key

This **Supervision Key** is designed *as a companion guide* to the **Understanding and Working Effectively with Persons Who Inject Drugs (PWID)** course. Its use is to facilitate supervision of behavioral health professionals. The **Supervision Key** is not intended to be a comprehensive approach to supervision but is designed to explore and support course content with the professional as it relates to practice and service delivery.

You, the supervisor, can use this **Supervision Key** to explore

- general understanding of the course;
- interest in individual sections of the course; and
- concerns about individual sections of the course.

You may also use the **Supervision Key** to

- clarify any boundaries and/or limitations in using the course information;
- clarify course information, as it relates to behavioral health professionals' attitudes, roles, and competence related to working with persons who inject drugs; and
- expand skills specifically related to engaging and retaining persons who inject drugs in treatment and other substance use services among behavioral health professionals.

Please consider the timing and frequency of course-related supervision. Sessions should occur

- soon after the staff member completes the course; and
- at subsequent intervals to assess how course material has been used in practice.

## Intent of the Course

This course explores injection drug use - not exclusively from a substance use disorder standpoint - but moreover *as a major public health problem* in Florida, the United States (US) and worldwide. People who inject drugs (PWID) experience a range of health and social disparities and unique health outcomes compared to the general population. Consequently, service providers who work with PWID - substance use treatment, HIV/AIDS treatment and prevention, mental health, corrections, primary care - need expertise and skills across a range of disciplines. Injecting drug use, however, remains a highly stigmatized practice and can result in discriminatory practices or negative attitudes on the part of service providers who may have a lack of empathy or motivation to work with this group. By expanding the view of PWID, this course aims to positively influence the way service providers understand and think about behaviors among PWID, *and increase the desire and comfort level* to work with this population.

The individual and community health risks associated with injection drug use are so great it necessitates *priority status and action*. PWID often struggle with multiple health risks due to social, economic and psychological factors. Injecting drugs is an invasive process that heightens the risk of overdose and introduces additional risks such as contracting HIV, hepatitis C (HCV) and other blood-borne infections. Therefore, there is a distinct need to *encourage more effective work with and support* for this population.

As the clinical or program supervisor, it is essential to *keep current with research and evidence-based practices* relating to the characteristics and components of successful service systems for PWID.

This course specifically addresses:

- individual and public health concerns related to injection drug use;
- the substantially different needs and risks for women who inject drugs;
- the dynamics of the culture of PWID;
- increased health risks for PWID who do not enter and remain in treatment;
- the role of substance use disorder treatment;
- harm reduction strategies with PWID;
- opioid abuse in pregnancy;
- the use of evidence-based practices, including medication-assisted treatments that have been found to be most effective with PWID.

## Staff Factors

Treatment providers and staff members at all entry points in systems that serve PWID need to be knowledgeable about the far-reaching implications *for the individual, family, and the public* of injection drug use. It is widely assumed that clinical staff who provide behavioral health services/substance use disorder treatment are prepared to address all types and severity of substance use. Training received by clinicians does not always adequately cover all the different elements involved in addressing injection drug use.

Training and supervision for behavioral health professionals who provide services for PWID may include topics such as those listed to the right. It is also important that staff supervision include a process that *identifies, acknowledges, and brings awareness to any potential biases, judgments, and/or stigmatizing actions* toward PWID as it does occur.

## Training Topic Examples

- Dynamics of PWID; pathways, routes of administration, and social culture aspects
- Pharmacology of opioids
- Cultural competence
- PWID health risks
- Medication-assisted treatment
- Gender-specific issues
- Treatment approaches



## Module 1

### Understanding Injection Drugs and Populations who Inject Drugs (PWID)

Now that your staff members have taken the **Understanding and Working Effectively with Persons Who Inject Drugs (PWID)** course, there are *three basic steps* listed to the right to guide the transfer of *learning into practice* for each module.

**ASK** - *What information stood out for you? What surprised you? What do you NOT agree with? What challenged your thinking? What would you like more clarification on?*

**REMEMBER** - *Encourage details and specificity.*

**1** Review the teaching points



**2** Assess the Impact of Barriers and Effective Services for PWID.



**3** Apply the concepts

#### 1. Review the Teaching Points

Your first supervisory action is to “*check the learning*” to gauge the level of comprehension among course takers and determine what clarification or additional education is necessary. *Your success in this action can be heightened if you have also taken the course.*

#### Key Course Topics in Module 1:

The illegal nature of injection drug use and heavy stigma associated with this activity makes it difficult to determine precise prevalence of use. However it is estimated that there are 1 million active users of injection drugs in the United States (US).<sup>1</sup>



Important Module 1 Topics		Questions to Reinforce Learning
<b>1. Dynamics Regarding Young Persons</b>		
<ul style="list-style-type: none"> <li>a. Almost one-fourth of 18-25 year-olds report lifetime misuse of prescription opioids</li> <li>b. Increase in injection drug use, particularly heroin</li> <li>c. 18-34 year-olds comprise the majority in treatment for heroin and opioids.</li> <li>d. Prevalence in urban areas</li> <li>e. Transition factors from prescription opioid misuse to heroin injection; tolerance to prescription opioids, cheaper cost of heroin, higher potency of heroin, etc.</li> <li>f. Rising Hepatitis C (HCV) rates for persons under 30 years of age</li> </ul>		<p><i>What are the some of the contributing factors to the prevalence of prescription opioid misuse and injection drug use among young persons?</i></p> <p><i>How might you use this knowledge in your work?</i></p>
<b>2. Injection Drugs of Misuse and their Actions</b>		
<ul style="list-style-type: none"> <li>a. Most common: heroin, morphine, oxycodone, and prescription-grade opioids</li> <li>b. Opioids are most commonly used to relieve pain</li> <li>c. Routes of administration: intravenous, subcutaneous, and intramuscular</li> <li>d. Injection produces a rapid onset (15-30 seconds for intravenous) and powerful high</li> <li>e. Heroin diffuses through the blood-brain barrier quickly</li> </ul>		<p><i>What are the effects that injection drug users are seeking?</i></p> <p><i>What is it like for you to picture someone using a needle to inject a drug?</i></p> <p><i>Does your reaction to that differ versus someone drinking alcohol or smoking crack cocaine?</i></p>
<b>3. Culture of Injection Drug Use in Initiation and Continuation</b>		
<ul style="list-style-type: none"> <li>a. Virtually all have other substance use experience</li> <li>b. Seeking a “greater high”</li> <li>c. Usually begins with one’s peers (comfort level/sense of safety)</li> <li>d. Reliance on others to “learn” how to use</li> <li>e. Significant event that creates a bond with other PWID</li> <li>f. Sharing of injection equipment may be seen as symbols of trust and/or intimacy</li> <li>g. Greater incidences of non-consensual sexual activity, violence, and exposure to health risks for women</li> </ul>		<p><i>What special issues surround the culture of injection drug use?</i></p> <p><i>What emotional needs might be met through the cultural dynamics of IDU?</i></p> <p><i>What are some of the differing risks for women?</i></p>

## 2. Assess the Comprehension of “Understanding of PWID and their Specific Cultural Characteristics”

Once you are confident that the staff member has a general *working knowledge and understanding* of the teaching points, it is time to explore a little deeper. This is an opportunity to assess the staff member’s *attitudes and potential judgments about persons who inject drugs*. It is also an opportunity to explore your organization’s approaches and the proficiency of individual clinicians.

## ■ Areas of Discussion:

- Discuss the implications of injection drug use data. How does this data correspond with the persons served by your organization? Are there particular service needs that are related to these drug and health trends?
- Explore how the staff member(s) feel about persons who use opioids. How do they feel about persons who inject drugs?
- Discuss the impact of the behavioral health professional's attitude towards PWID and the impact it may have on service-delivery. How can they be more empathetic and non-judgmental in their service-delivery duties?
- What types of barriers to treatment for PWID exist in the community? In your organization?



## Persons Who Inject Drugs as a High-Priority Population

### 1. Review the Teaching Points

#### Key Course Topics in Module 2:

This module highlighted individual and widespread public health concerns related to injection drug use. It showed the alarming rates of co-infection of HIV and hepatitis C among PWID in the U.S. and Florida. The module also examined common health and safety risks for PWID, such as overdose, injection-related skin infections and wounds, and opioid use during pregnancy.

**1** Review the teaching points



**2** Assess the Impact of Barriers and Effective Services for PWID.



**3** Apply the concepts

Important Module 2 Topics	Questions to Reinforce Learning
<b>1. Overall Health Risks Associated with Opioids and Injection Drug Use</b>	
<ul style="list-style-type: none"> <li>a. From 1999 to 2016, more than 200,000 people have died in the U.S. from overdoses related to prescription opioids. <sup>ii, iii</sup></li> <li>b. Invasive process of injecting drugs heightens risks for HIV, Hepatitis C (HCV), and other blood-borne infections</li> <li>c. PWID who do not enter treatment are far more likely to become infected with HIV as compared to those who enter and remain in treatment</li> <li>d. Injection drug use and high-risk sexual behaviors are linked and often lead to other associated health risks</li> <li>e. Non-using spouses, significant others, and any sexual partners are at increased risk for health-related issues</li> </ul>	<p><i>What are the major health concerns specific to opioid use in general?</i></p> <p><i>What are the major health concerns specific to injection drug use?</i></p> <p><i>What are the major features of HIV? HBV? HCV?</i></p> <p><i>How are non-using spouses and other sexual partners possibly affected?</i></p>
<b>2. Pregnancy and Opioid Use Issues</b>	
<ul style="list-style-type: none"> <li>a. Serious potential consequences to mother and baby include: birth defects, placental abruption, premature birth, low birthweight, Neonatal Abstinence Syndrome (NAS), still birth, and Sudden Infant Death Syndrome (SIDS)</li> <li>b. Perinatal transmission accounts for 91% of all AIDS cases among children in the United States <sup>iv</sup></li> <li>c. Pregnant women and mothers may be reluctant to seek prenatal care and/or substance misuse treatment due to fear of legal consequence</li> </ul>	<p><i>What are the potential consequences of injection drug use to baby?</i></p> <p><i>Why is HIV testing so important for pregnant women who inject drugs?</i></p> <p><i>What are some of the factors that may lead to women not seeking prenatal care and/or substance misuse treatment?</i></p>
<b>3. Legal Policies and Implications for Safety</b>	
<ul style="list-style-type: none"> <li>a. Harm Reduction policies remain controversial</li> <li>b. Research suggests that Harm Reduction programs may be cost-effective, reduce HIV and other blood-borne pathogen transmission, and can serve as effective bridges to drug treatment and health care <sup>v</sup></li> <li>c. Non-sterile drug injection equipment is a major contributor to health issues</li> </ul>	<p><i>What are Harm Reduction strategies related to substance use?</i></p> <p><i>What are some examples of Harm Reduction related to injection drug use?</i></p> <p><i>What policies exist in your community?</i></p>
<b>4. Treatment for PWID</b>	
<ul style="list-style-type: none"> <li>a. Assessment and treatment services for PWID must extend beyond standard care to address specific needs for them</li> <li>b. Evidence-based treatment for injection drug use can impact prevention and control of certain infectious diseases</li> <li>c. Substance misuse treatment for non-injection users may prevent them from progressing to injection drug use</li> <li>d. Psychosocial/behavioral interventions and Medication-Assisted Treatment (MAT) may be used</li> </ul>	<p><i>What are some of the specific needs for PWID?</i></p> <p><i>What are some positive health impacts of engaging PWID in treatment?</i></p>



## 2. Assess the Understanding of “PWID Being Defined as a High-Priority Population”

This module further challenges the behavioral health professional to look more closely at this population of substance users, as it relates to health concerns. While all substance use sub-groups have some health and safety risks associated with their usage, there is a deliberate attempt to identify PWID as being “high-priority” due to the *potential far-reaching health concerns not just to the individual user, but also to family, friends, and the public.*

### ■ Areas of Discussion:

- Explore the staff member’s general knowledge regarding the health issues related specifically to PWID. Is the staff member familiar with the medical conditions, terms, and implications?
- Review initial and on-going assessment tools that address medical concerns. Is the staff member well-versed in using them?
- Discuss how the behavioral health professional’s attitude towards PWID who have HIV, HBV, and/or HCV may affect service-delivery. How can they be more empathetic and non-judgmental in their service-delivery duties?
- Explore the staff member’s understanding and views on Harm Reduction strategies. Do they conflict with any of their personal beliefs? How do they align with the organization’s policies on them?
- Discuss how and under what circumstances Harm Reduction strategies would be discussed with persons being served.
- Ask for ideas about how your organization can improve their assessment of and response to medical concerns of PWID.





## Module 3

### Strategies for Working with Persons Who Inject Drugs

#### 1. Review the Teaching Points

##### Key Course Topics in Module 3:

This module reviewed the variety of outreach, psychosocial, and medication-assisted interventions for persons who inject drugs, particularly opioids. This module also challenged the behavioral health professional to look more closely at service *engagement, assessment, and retention* for PWID. Services (particularly initial engagement) to PWID are often not offered in traditional settings.

The utilization of Medication-Assisted Treatment (MAT) is explored as part of the service delivery options. This approach may be unfamiliar to some staff members. For staff familiar with MAT, it is not unusual to find some who are either strong proponents of it or those who are opposed its use.



Important Module 3 Topics		Questions to Reinforce Learning
<b>1. Service Array for PWID</b>		
<ul style="list-style-type: none"> <li>a. PWID enter service systems at various points, thus any opportunity to engage them should be taken advantage of</li> <li>b. Real and perceived barriers to treatment should be anticipated and planned for</li> <li>c. Providers at any service system entry point should be familiar with all the needed and/or optional services to be considered for injection drug users</li> <li>d. Overdose is a real and ongoing risk for the PWID population</li> </ul>		<p><i>What are the entry points in your organization where a PWID might be identified?</i></p> <p><i>How does your organization engage an individual in treatment?</i></p> <p><i>What potential barriers to treatment have been identified? How are they being addressed?</i></p>
<b>2. Outreach Interventions</b>		
<ul style="list-style-type: none"> <li>a. Service delivery for PWID may entail accessing them in settings such as streets, storefronts, mobile vans, and other places</li> <li>b. A prime objective in reaching out to PWID and their sex partners is in the prevention of the transmission of blood-borne illnesses</li> <li>c. Health education and information is seen as the most immediate need</li> <li>d. Referrals for appropriate healthcare, substance misuse treatment, etc., are offered as well</li> </ul>		<p><i>Why are outreach services important to serving PWID?</i></p> <p><i>What outreach services exist within your organization?</i></p>
<b>3. Psychosocial Treatments</b>		
<ul style="list-style-type: none"> <li>a. Cognitive-Behavioral Therapy (CBT)</li> <li>b. Contingency Management (CM)</li> <li>c. Motivational Interviewing (MI)/Motivational Enhancement Therapy (MET)</li> </ul>		<p><i>Is the staff member familiar with these evidence-based approaches?</i></p> <p><i>What are the key elements of each?</i></p> <p><i>Which of these interventions are used and/or promoted for use within your organization?</i></p>
<b>4. Medications - A Critical Component of Opioid Addiction Treatment</b>		
<ul style="list-style-type: none"> <li>a. Medication-Assisted Treatment (MAT) is most effective when used in conjunction with counseling and behavioral therapies</li> <li>b. Used to return the brain to a more normal and stable state of physiological functioning</li> <li>c. Reduces the issues associated with withdrawals</li> <li>d. Designed to allow the individual to be able to re-engage in activities such as work, school, recovery activities, etc., in order to promote lifestyle changes that lead to healthy living</li> <li>e. Methadone, Naltrexone, and Buprenorphine are commonly prescribed for use in MAT</li> <li>f. Tapering is the process used to help individuals stop using the prescribed medications</li> </ul>		<p><i>Is MAT utilized in your organization?</i></p> <p><i>Is the staff member familiar with the philosophy and goals of MAT?</i></p> <p><i>Is the staff member aware of the controversies regarding MAT?</i></p>
<b>5. Pregnancy and Treatment for Opioid Use</b>		
<ul style="list-style-type: none"> <li>a. A full medical and psychosocial assessment of the woman's needs must be done in order to determine the most appropriate services</li> <li>b. Early detection of opioid misuse is critical for the best possible infant and maternal outcomes</li> <li>c. This sub-group of PWID receives <i>priority admission</i> into substance use treatment programs</li> <li>d. Residential treatment is often the most effective modality</li> <li>e. Detoxification has potentially serious health risks and must only be done with close medical supervision</li> <li>f. MAT may pose risks as well, particularly to the fetus</li> <li>g. During the Postpartum period, there are other considerations for selecting the appropriate services, including MAT, such as pain management, depression, breastfeeding, etc.</li> </ul>		<p><i>Review the staff member's awareness of the added considerations when providing services to pregnant or postpartum women.</i></p> <p><i>Review the staff member's past experiences working with these populations.</i></p>

## 2. Assess the Understanding of “Strategies for Working with Persons Who Inject Drugs”

Providing treatment to persons who inject drugs *necessitates deliberate and planned services* that address not only their substance misuse in general (in-line with your organization’s already established approaches for all substances of misuse), but also those concerns unique to that population, particularly those regarding health. There are *special considerations* when developing and offering services for PWID. However, the intent is not to “separate” PWID from others seeking recovery services, but to *blend all needed interventions* into the service-delivery. This reflects and is consistent with an *individualized treatment approach* model.

### ■ Areas of Discussion:

- Discuss what *treatment barriers* a PWID might identify. How will the staff member respond to them? What approaches will they use to assist the individual in overcoming *real and/or perceived* barriers?
- Explore the interest and willingness to provide services to PWID *outside of the traditional service locations*.
- Look at your organization’s “package” of interventions. Are they comprehensive enough for PWIDs (i.e., include evidence-based behavioral interventions, medication-assisted treatments for substance use conditions, and interventions for health conditions)?
- Explore the staff member’s views on MAT. Review their familiarity and past experiences with it. Is their recovery philosophy more along the lines of being strictly abstinence-based? Is their recovery philosophy supportive of MAT?
- How might the staff member discuss MAT without imposing their own personal opinions *either for or against it* and promote the *individual’s informed choice*?
- What are some of the commonly-held views of pregnant women who use substances, particularly those who inject drugs? How can more positive attitudes be cultivated and services be crafted to be more welcoming for women who inject drugs?
- Explore the staff member’s understanding of the dynamics of *shame and guilt* that are often seen with pregnant women who inject drugs.
- What can your organization do to improve confidence and clinical skills among behavioral health professionals who work with this client group?

## Apply the Concepts

There is an on-going and deliberate emphasis on addressing health concerns when providing services to PWID. This should *become and remain* a priority for the organization and the individual staff members. This may involve a shift in thinking for a few or many within an organization. *The role of clinical supervision in making this happen cannot be overstated.*

The critical juncture in training and supervision takes place when staff members have an opportunity to *apply the knowledge and build skills in the field*. Below are some considerations and suggestions for supervisors to share with staff members who are working with PWID and their families, significant others, and community partners.

- Develop a *professional development plan* in collaboration with your supervisor(s) based on specific competencies that build your capacity to serve PWID most effectively.
- Seek out progressively advanced training in areas that increase skills for PWID service provision. This requires an acknowledgement of the need for continued education.
- Be vigilant of the personal and system barriers that keep any PWID from treatment, particularly pregnant or postpartum women. In addition to using strategies that reduce or remove the barriers that impact PWID, *be an advocate* within your organization and community to reduce system level barriers for the greater good.
- Be respectful and open to understanding the perspective of the PWID seeking services. This means suspending quick judgments and looking at the potential impacts that effective service delivery to PWID can have - not just on that individual - *but on their family, the community, as well as the public overall*.
- Use an array of strategies that can *improve access to care*, such as: outreach strategies, flexible scheduling, collaboration with other staff across programs, and utilization of the core competencies of Care Coordination.
- Seek ongoing awareness of what are appropriate interventions and what might constitute *enabling the individual*. Solicit input on how and where to “draw the line” in discerning how best to assist PWID, while simultaneously promoting independence and skill-building.
- Stay up-to-date on *resources within your community* that are specific to addressing the needs of PWID.
- Use effective welcoming, rapport-building and relationship-building skills. Relationships play a significant role in both the *engagement into services and recovery from any substance use and co-occurring conditions*. Specific practices, such as person-centered treatment and recovery planning, also foster positive relationships.
- Be knowledgeable of appropriate *professional ethics and boundaries* when working with PWID. Discuss any uncomfortable feelings that you may experience in your work with PWID with your supervisor(s).

## Summary

The success of substance use and mental health services is directly tied to the *abilities of the workforce to implement effective practices*. This course identifies many knowledge needs and skills that are critical to providing services for PWID. It is the supervisor’s role to help *expand the capability* of the persons they supervise *to meet the treatment and recovery needs* of injection drug users. *Ongoing support, supervision, and consultation* are key ingredients that reinforce behavioral health professionals’ training in service methods for PWID and to ensure compliance with best practice approaches that are consistent with organizational expectations, accreditation mandates, as well as state and federal laws.

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i Ropelewski, L., Mancha, B. E., Hulbert, A., Rudolf, A. E., & Martins, S. S. (2011). Correlates of risky injection practices among past-year injection drug users among the US general population. *Journal of Drug Dependence*, 116, 64–71.  
Retrieved from [http://www.drugandalcoholdependence.com/article/S0376-8716\(10\)00431-X/abstract](http://www.drugandalcoholdependence.com/article/S0376-8716(10)00431-X/abstract).

ii Ibid.

iii Frenk SM, Porter KS, Paulozzi LJ. Prescription opioid analgesic use among adults: United States, 1999–2012. NCHS data brief, no 189. Hyattsville, MD: National Center for Health Statistics. 2015.

iv CDC (n.d.). One Test. Two Lives. <http://www.cdc.gov/actagainstaids/campaigns/ottl/index.html>.

v United Nations, Office of Drugs and Crime (n.d.). Reducing the harm of drug use and dependence.

Retrieved from [http://www.unodc.org/ddt-training/treatment/VOLUME%20D/Topic%204/1.VoID\\_Topic4\\_Harm\\_Reduction.pdf](http://www.unodc.org/ddt-training/treatment/VOLUME%20D/Topic%204/1.VoID_Topic4_Harm_Reduction.pdf).





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