



Harm reduction and Overdose Prevention in Hospital Care

Substance Use Disorders in Hospital Care ECHO

DATE: 10/6/2020

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Disclosures

Speakers:

- Amelia Goff has nothing to disclose

Learning Objectives

At the conclusion of this session, participants will be able to:

- Define harm reduction and describe philosophy
- Describe overdose prevention education and how to administer naloxone
- Identify safer use strategies
- Be able to apply harm reduction tactics in care

What is Harm Reduction

A set of practical strategies and ideas aimed at reducing negative consequences associated with substance use

“Acknowledges that many people are not able or willing to abstain from drug use, and that abstinence should not be a precondition to help.”

Origins and philosophy

- Started as grassroots movement for social justice
- Evidence-based approach
- Led by people who use drugs, who are teaching and influencing public health policy
- Values and honors that people are the experts in their own experiences

A Shame-Free, Honest Framework

- Honoring patient's wishes & **meeting them where they're at.**
 - Patient goals may not include abstinence
 - Start patient centered & broad “what is most important to you”
 - “How can we support you to use more safely?”
- Frankly discussing the details of safer use.
- Letting compassion, not judgement drive the discussion.
- Applies to any substances (e.g. opioids, alcohol, stimulants)





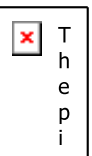
Safer use discussions = harm reduction

Why discussing safer use matters

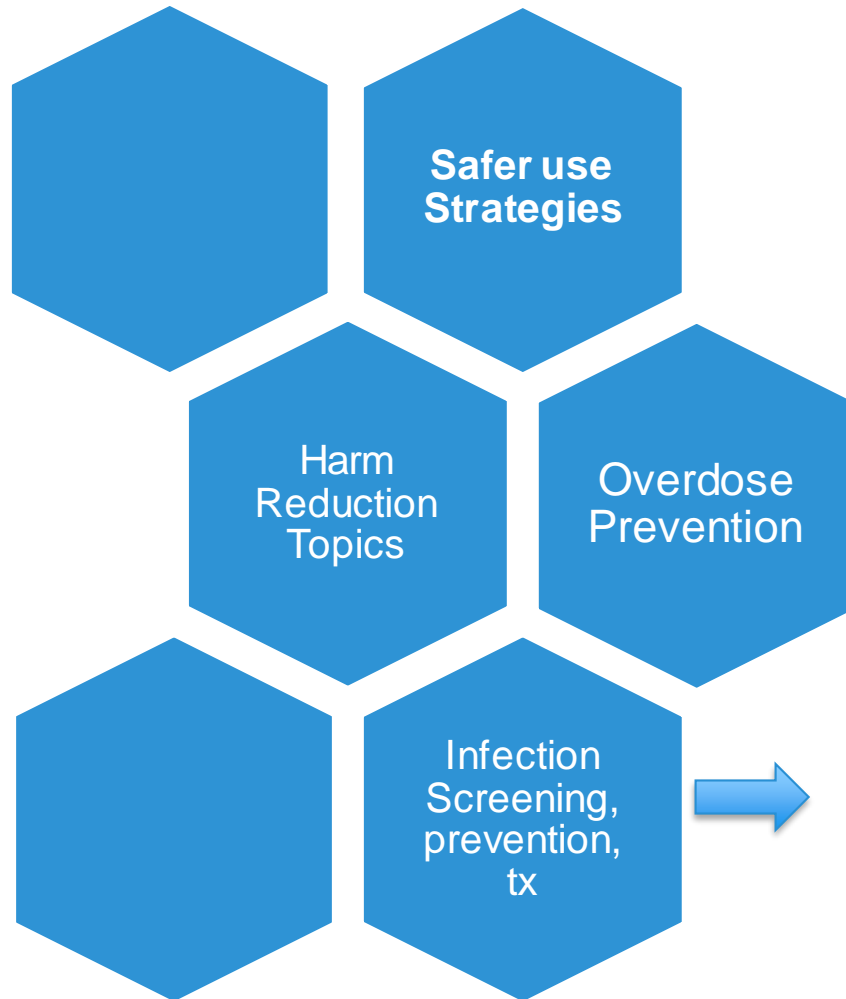
- By talking about safer use, doesn't mean we encourage or "condone" use
- There is evidence to show that harm reduction does not enable or increase drug use
 - Data supports that new users of syringe service programs (SSPs) are 5x more likely to enter SUD tx and 3x more likely to stop using substances than those not engaging with programs
- **Harm reduction works and saves lives**



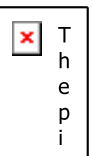
Normand 1995; AMFAR, 2013; CDC; Des Jarlais et al. 2013



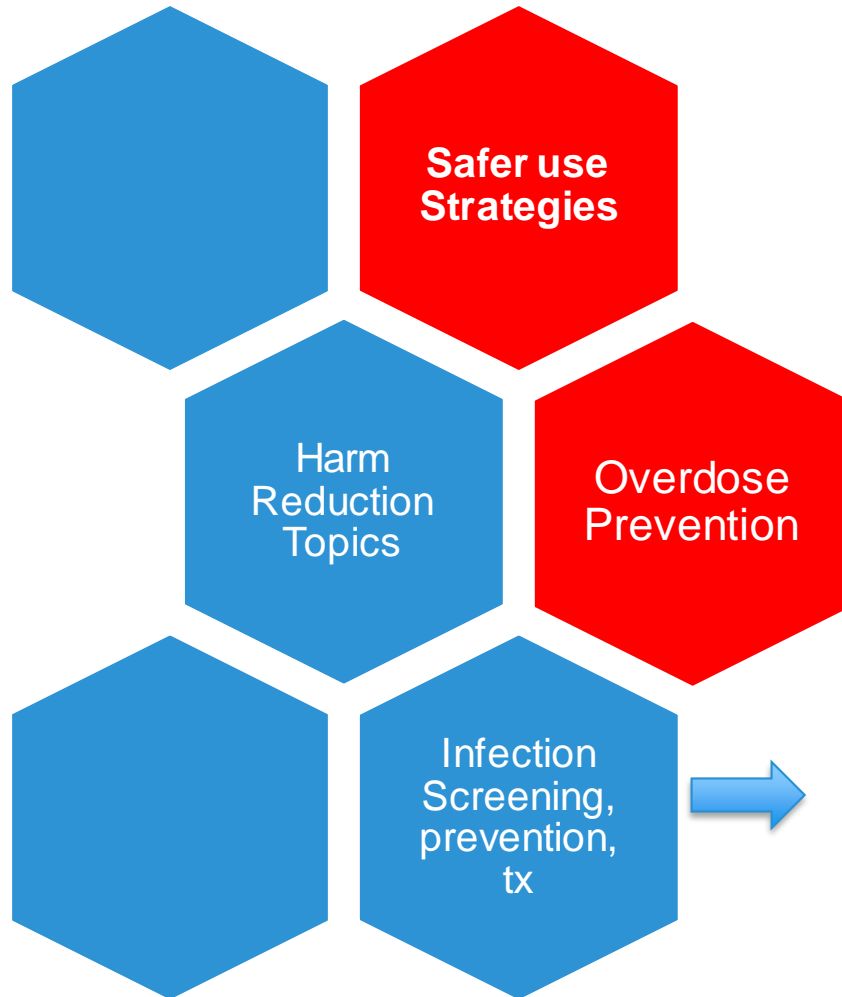
Harm Reduction Topics are Broad: Tailor to Patient



HIV, Hepatitis A, B, C, syphilis screenings, HIV PrEP, HCV tx



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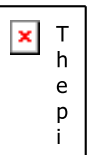
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Oregon Overdose Deaths Increasing: Fentanyl has come West

- 70% increase in overdose deaths from 2019-2020
- Main driver: increase in fentanyl in drug supply
 - Fentanyl is 30-50 times more potent than heroin
- Affects methamphetamine use as well (contamination)
- Often requires more doses of naloxone to reverse overdose death

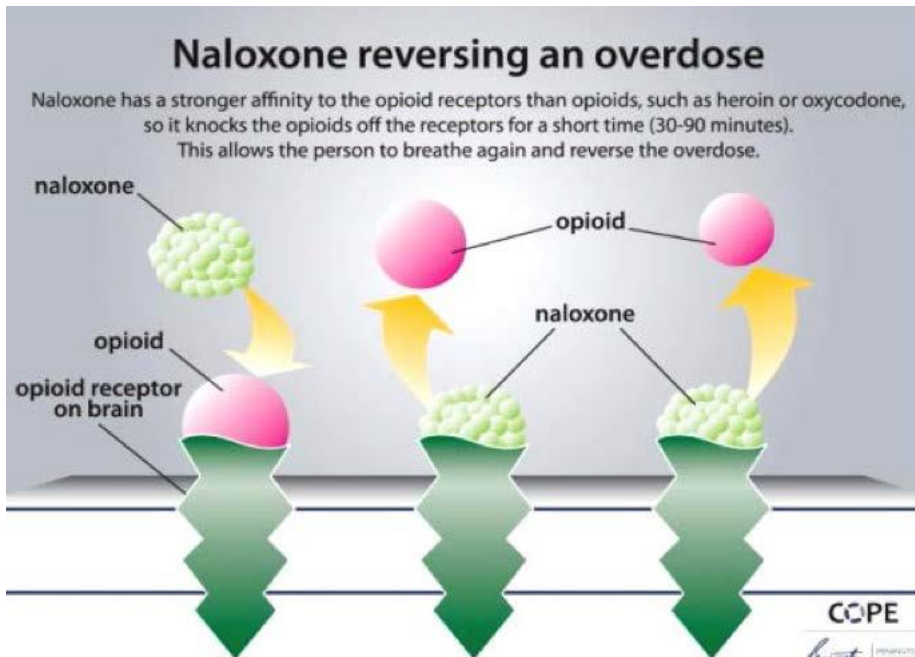
What are Overdose risk factors?

- A. Mixing opioids with alcohol or benzodiazepines**
- B. Lowered tolerance after incarceration, hospitalization, drug treatment/detox**
- C. Co-occurring acute illness**
- D. Changes in drug supply**
- E. History of drug overdose**
- F. Using in a new environment**
- G. All of the above**



What is Naloxone (Narcan)

- Opioid antagonist - displaces bound agonists and prevents opioids from binding
- Onset: minutes, duration: 20-90 min



Overdose response

Recognize overdose

1

Call 911 for help

2


Administer naloxone
as soon as it is available

3 4


Rescue breathe/
chest compressions
per rescuer's level of training




Multi-step nasal spray




Intramuscular injection



Auto-injector (EVZIO®)



Single-step nasal spray (NARCAN®)



Stay until help arrives
Place in recovery
position if breathing



5



Courtesy of Bradley Buchheit, MD

Overdose prevention strategies

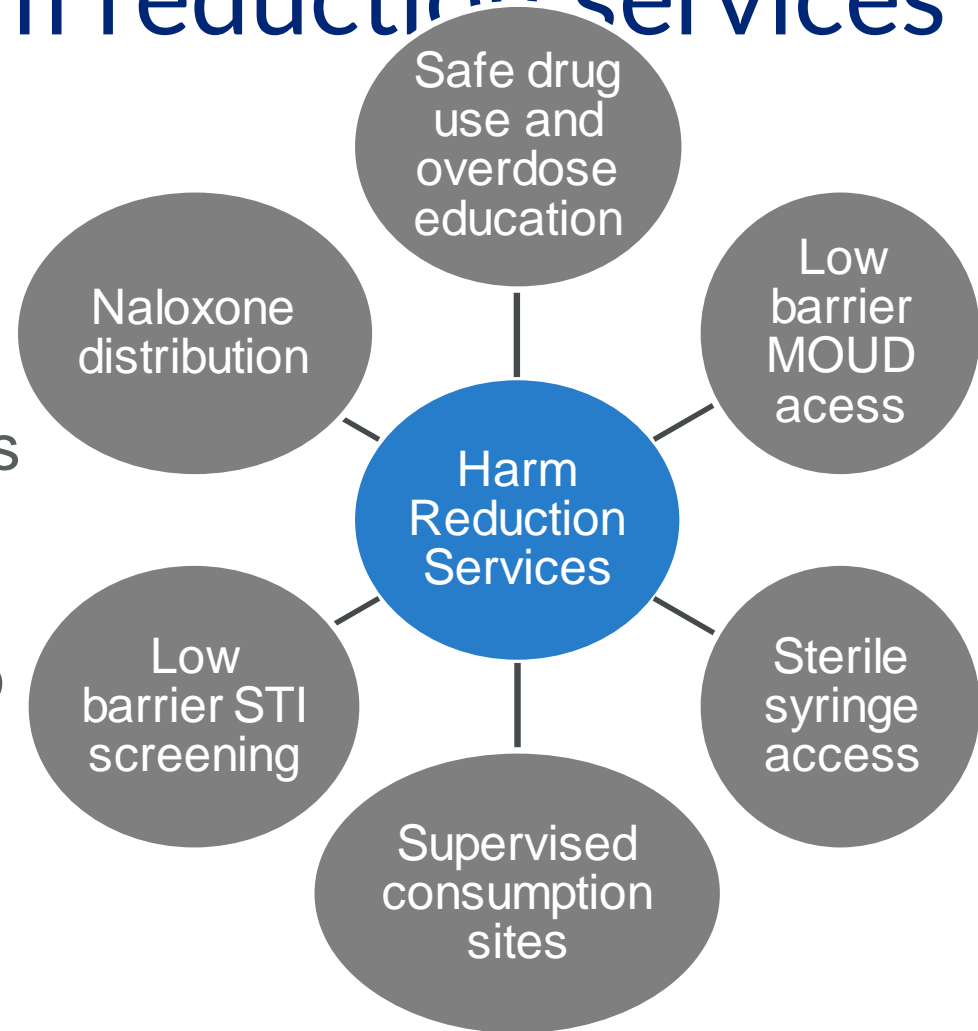
Ask “Do you have an overdose plan? ”

Drug Supply	Environmental Safety	Emergency preparedness
<ul style="list-style-type: none">- don't mix drugs- Tester shots- Fentanyl test strips to test supply- Start low, go slow	<ul style="list-style-type: none">- Use under direct observation- Avoid single stall bathrooms	<ul style="list-style-type: none">- Carry a cell phone- Carry naloxone- Call 911 & rescue breathing

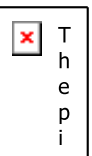
Many types of harm reduction services

Mission:

- Prevent overdoses and deaths
- Reduce infectious disease
- Refer to other health services
- Improve dignity of people who use drugs



Slide adapted from & courtesy of Noa Krawczyk, MD and Jennifer McNeely, MD



Harm Reduction & Syringe Service Programs (SSPs)

- Research your local SSPs
- 10 SSPs in Oregon with more coming

OREGON.GOV
Public Health

Program Plans and Reports

Prevention Briefs Newsletter

Training

FAQs, Guidance & Publications

HIV Test Process

HIV Fact Sheets

Free Materials

Related Websites

Oregon Program Review Panel

Oregon Program Review Panel (OPRP) Protocol

OPRP Approved Materials

Local Program Review Panel (LPRP) Protocol

Syringe Exchange Services

Syringe and needle exchange services are available in Oregon.

County	Program
Benton	Benton County Public Health
Clackamas	Outside In
Clatsop	Clatsop County Public Health
Curry	HIV Alliance
Deschutes	Deschutes County Needle Exchange Program
Douglas	HIV Alliance
Harney	Harney County Syringe Exchange Program
Jackson	Jackson County Syringe Exchange Program
Josephine	HIV Alliance

About Syringe Service Programs

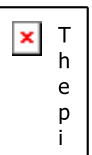
Syringe services programs (SSP) are community based programs for people who inject drugs. SSPs provide a variety of services including free sterile needles and syringes, safe disposal areas, and access to prevention services such as HIV and Hepatitis C testing. These programs are important integrations in our efforts to prevent HIV transmission.

[Harm Reduction and SSP Planning and Resource Manual](#)

[Oregon Syringe Services Program \(SSP\) Guidance](#)

Related OHA Resources

- Syringe Services Programs (CDC)
- Board of Pharmacy Statement on Syringe Access
- Harm Reduction Coalition
- Naloxone Rescue for Opioid Overdose
- Opioid Data Dashboard
- Viral Hepatitis
- End HIV Oregon



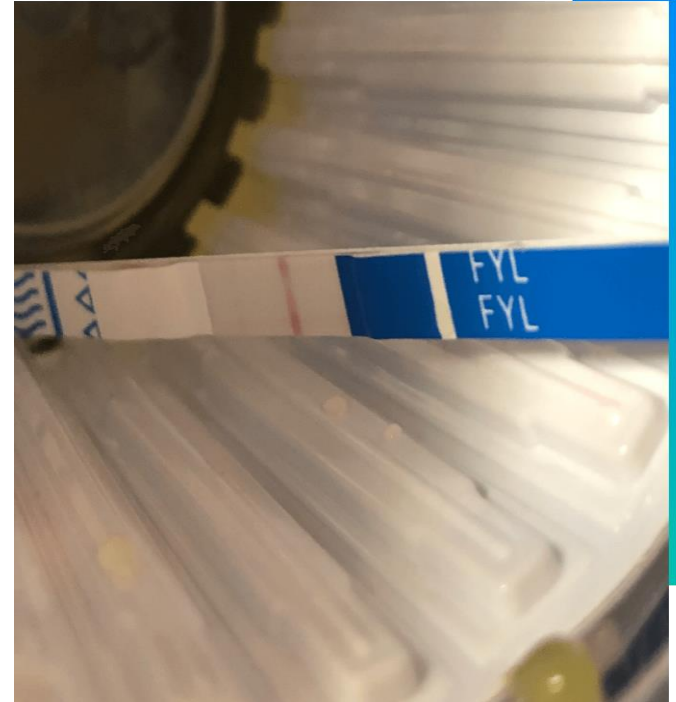
Safer use practices – Sample Harm Reduction Kit



- Bleach
- Sterile water
- Tourniquet
- Alcohol pads
- Bottle cap
- Dental cottons
- Vitamin C
- Syringes
- Condoms

Drug checking: Fentanyl test strips

- Can identify the presence of fentanyl in unregulated drugs. Can test injectable drugs, powders, and pills.
- Confirms fentanyl presence allows people to implement harm reduction strategies to reduce overdose risk
- Often available in needle exchange settings

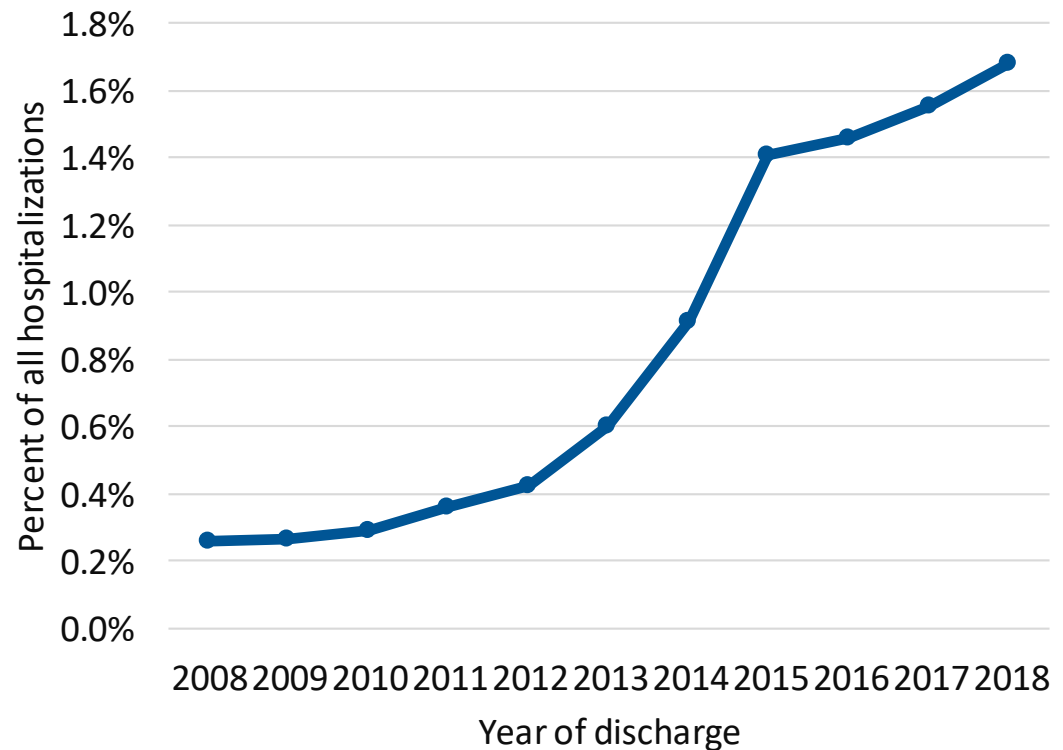


Harm reduction coalition, photo credit Dr. Kim Sue

Slide adapted from & courtesy of Noa Krawczyk, MD and Jennifer McNeely, MD

Trends in hospitalizations for IDU-related serious bacterial infections, Oregon, 2008-2018

- IDU-related SBI as a proportion of all hospitalizations **increased 6-fold**
- Costs of hospitalizations **increased almost 10-fold**



Key Take Away Points

- *Harm Reduction & Overdose prevention is in our wheel house*
- Harm Reduction is part of best practices SUD care
 - Patient centered, broad approach, non-stigmatizing
- Start talking about overdose prevention, prescribing naloxone
- Familiarize yourself with your local SSPs
- Start discussing safer use practices

Engaging People Who Inject Drugs in Healthcare



<https://www.oraetc.org/hiv-hcv-sud>



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Resources

- <https://harmreduction.org>
- <https://prescribetoprevent.org/>
- <https://www.oraetc.org/pwid-resources>

Additional Slides



General Health & Safety Tips For People Who Use Drugs

- Use your own equipment
- Build reliable sources—pick-up or delivery vs. buying on the streets
- Be aware of “hot spots,” areas that have been raided
- Decide how much you’re going to use before starting
- Try a little first to check the strength
- Avoid mixing

Routes of Administration

Snorting: Up the nose

Smoking: Mouth to lungs

Swallowing: Mouth to stomach

Booty Bumping/Plugging: Inserted rectally

Injecting: With a needle to inject into the body







Safer Injecting

- Use your own syringes, needles and gear
- Clean hands or finger tips for drug prep
- Have a plan
- Tell others where to find the naloxone
- Don't use alone, or let someone know when you'll be back
- Treat each shot like a new batch *taste test*
- Go slower than usual
- Dispose of used needle or sharps in labeled, durable plastic container

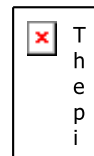
Safer Injection

Find the safest, cleanest, and best well-lit spot.

1. Wash hands and clean the skin where about to inject
2. Use a filter to pull from drug solution w. water (cooker)
3. Find a vein and use a tourniquet if injection site is on the arms
4. Bevel up and insert needle into the skin
5. Register (flag)
6. Release the tie
7. Inject bit of drug solution, test strength & effect
8. “Taste” if it’s okay (not too strong) before injecting more

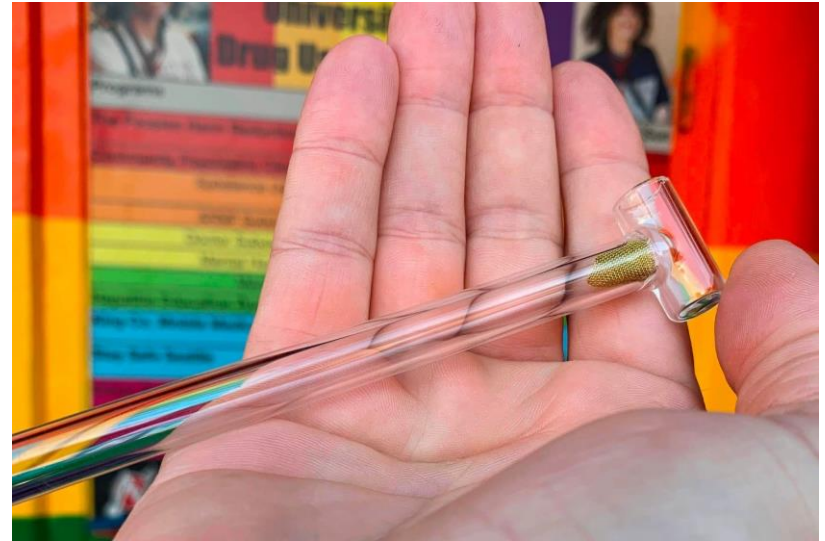
Naloxone Product Comparison							
	Injectable (and intranasal-IN) generic	Intranasal branded		Injectable generic ¹		Auto-injector branded	
Brand name		Narcan Nasal Spray				Evzio Auto-Injector	
Product comparison							
			(Product not yet released ²)			 (Formulation to be discontinued ³)	
FDA approved Labeling includes instructions for layperson use	X (for IV, IM, SC)	X	X	X		X	X
Assembly required	X			X			
Fragile	X			X			
Can titrate dose	X			X			
Strength	1 mg/mL	4 mg/0.1 mL	2mg/0.1mL	0.4 mg/mL	4 mg/10 mL	0.4 mg/0.4mL	2 mg/0.4mL
Storage requirements (All protect from light)	Store at 59-86 °F Fragile: Glass.	Store at 59-77 °F Excursions from 39-104 °F		Store at 68-77 °F Breakable: Glass.		Store at 59-77 °F Excursions from 39-104 °F	
Cost/kit ⁴	\$\$	\$\$		\$		\$\$\$	
Prescription variation							
Refills	Two	Two		Two		Two	
Rx and quantity	#2 2 mL Luer-Jet™ Luer-Lock needlessly syringe plus #2 mucosal atomizer devices (MAD-300)	#1 two-pack of two 4 mg/0.1 mL intranasal devices	#1 four-pack of four 2 mg/0.1 mL intranasal devices	#2 single-use 1 mL vials PLUS #2 3 mL syringe w/ 23-25 gauge 1-1.5 inch IM needles	#1 10mL multidose vial PLUS #2 3 mL syringe w/ 23-25 gauge 1-1.5 inch IM needles	#1 two-pack of two 0.4 mg/0.4 mL prefilled auto-injector devices	#1 two-pack of two 2 mg/0.4 mL prefilled auto-injector devices
Sig. (for suspected opioid overdose)	Spray 1 ml (1/2 of syringe) into each nostril. Repeat after 2-3 minutes if no or minimal response.	Spray 0.1 mL into one nostril. Repeat with second device into other nostril after 2-3 minutes if no or minimal response.		Inject 1 mL in shoulder or thigh. Repeat after 2-3 minutes if no or minimal response.		Inject into outer thigh as directed by English voice-prompt system. Place black side firmly on outer thigh and depress and hold for 5 seconds. Repeat with second device in 2-3 minutes if no or minimal response.	

http://prescribeprevent.org/wp2015/wp-content/uploads/Naloxone-product-chart.17_04_14.pdf

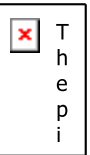


Naloxone Resources

- Training videos (Mult. Co. health dept.)
 - <https://www.oregon.gov/oha/ph/ProviderPartnerResources/EMSTraumaSystems/Pages/epi-protocol-training.aspx#naloxone>
- OHA naloxone resource page:
<https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SUBSTANCEUSE/OPIOIDS/Pages/naloxone.aspx#pharmtoolkit>
- www.prescribetoprevent.org
- SAMHSA Opioid Overdose Prevention kit
- Harmreduction.org: Overdose prevention and Take-Home naloxone projects



Safer Snorting/Smoking



Oregon Law - Naloxone

- Oregon's Good Samaritan Overdose Law
 - If someone is overdosing and you call for medical help, you cannot be arrested or prosecuted for:
 - Possessing drugs or drug paraphernalia
 - Being in a place where drugs are used
 - Violating probation or parole because of drug use or possession
 - Outstanding warrant because of drug use or possession
- Pharmacist Prescribing of naloxone
 - can prescribe naloxone in Oregon
 - <https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SUBSTANCEUSE/OPIOIDS/Pages/naloxone.aspx#pharmtoolkit>