

Emergency Departments: Access Points for Public Health

Taking Action to Reduce Drug Related Harms

Project Goals:



Develop evidence-based resources for
emergency department providers



Provide support to emergency department
providers to implement practice changes

A Focus of The Harm Reduction Education and Technical Assistance (HRETA) Project

This work is funded in part by the CDC, Overdose Data to Action Grant, CDC-RFA-CE19-1904, award to the NH Dept. of Health and Human Services, Div. of Public Health Services, Maternal and Child Health Section

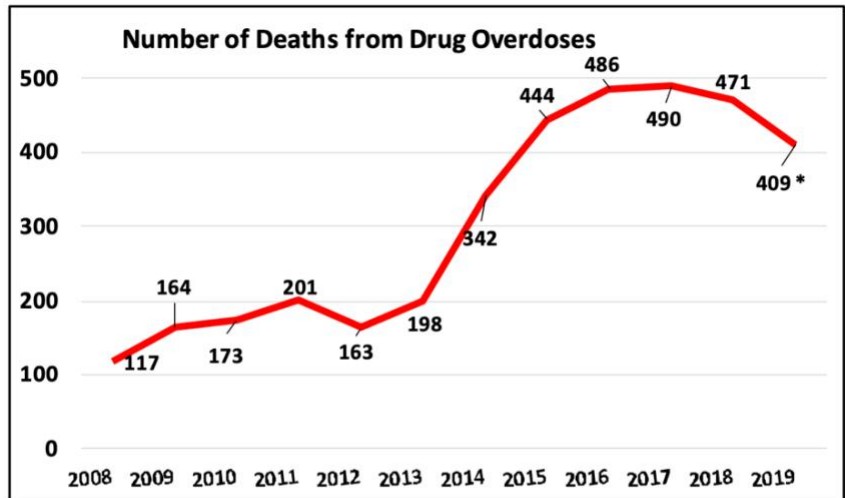
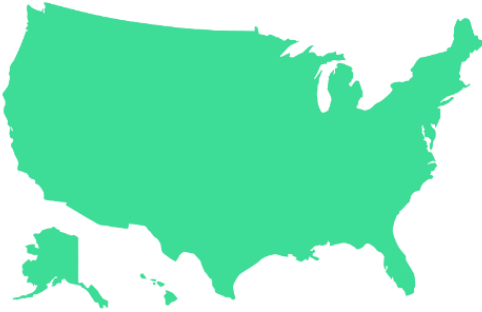
For more information visit: <https://mypages.unh.edu/harmreductionproject>

Or contact: HRETA.Project@unh.edu or 603-862-4017

May 2020

Drug-Related Harms in New Hampshire

In 2018, New Hampshire had the **third highest rate of fatal opioid overdoses** of all US states ¹



Source: New Hampshire Office of Chief Medical Examiner's Drug Death Data Report ²

*409 represents the number of confirmed drug overdose deaths in 2019 plus the number of deaths that are 'pending toxicology'.

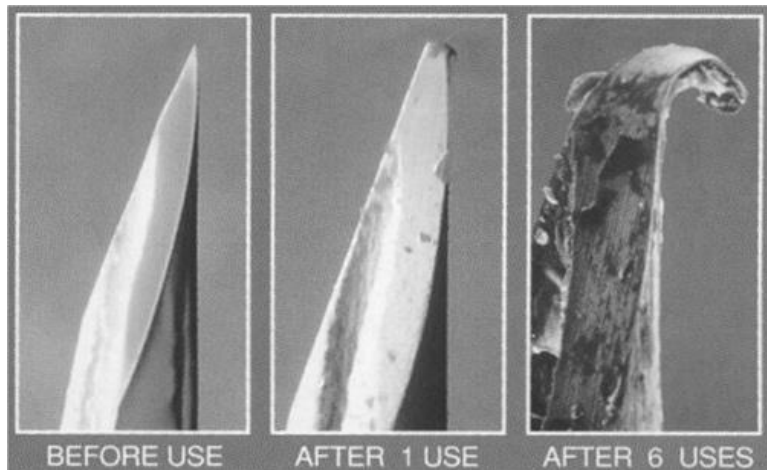
Injecting drugs presents additional risks beyond the risks of the drugs themselves, including:

- HIV³
- Hepatitis B and C ⁴
- Cellulitis and Abscess (infections of the skin) ⁵
- Endocarditis ⁵ (infection of the heart)
- Overdose ⁶ (greater risk than snorting or swallowing drugs)

75% of NH people who inject drugs lack easy access to clean syringes & 67% have shared needles in the past 30 days ^{5*}

*Sampling conducted in select towns in western NH

Reusing syringes damages the needle, which can damage veins ³



Microscopic view of the needle bevel before and after use ⁷



What is Harm Reduction?

Harm reduction promotes practical strategies to reduce the negative consequences of substance use. Harm reduction strategies including syringe access, naloxone, and medications for opioid use disorder (MOUD), which are associated with reductions in overdose, infections, and long-term success.

Being a Non-Judgmental Resource Will Address our Drug Use Epidemic

Use Person-First Language to Reduce Stigma ⁸

<u>SAY THIS</u>	<u>NOT THAT</u>
Person with a substance use disorder	Addict, junkie, druggie
Person in recovery	Ex-addict
Person living with an addiction	Battling / suffering from an addiction
Person arrested for a drug violation	Drug offender
Chooses not to at this point	Non-compliant / bombed out
Medication is a treatment tool	Medication is a crutch
Had a setback	Relapsed
Maintained recovery	Stayed clean
Positive drug screen	Dirty drug screen

IN YOUR CONVERSATIONS

Frame the conversation as a health issue

Use examples of people who have reached long-term recovery

Discuss the fact that people can and do change

Share hope!

To learn more about how to use person-first language to discuss drug use, visit recoveryanswers.org/addiction-ary

Be a Resource to People Who Use Drugs ⁹

Attitude

"I know the right thing for you."
I have the right to determine what is best for you

"Here's what you should do – how does that sound?"
I will "give" you an opportunity to participate in my decision

"You know better than me. Let me help you decide/improve/get to where you want you to be."
I can learn from you

Action

- **Narrow scope of care**
- **Lost opportunities**

- **"Sell" a particular product or idea**
- **Narrow scope of options**

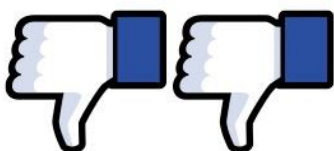
- **Educating**
- **Aligning**

Outcome

Individual might disconnect from care

Individual may say what the provider wants to hear, instead of reality

Individual and provider share in goal setting



Hepatitis C (HCV) and HIV Can Be Prevented with Syringe Access

Did you know? New Hampshire pharmacists can dispense an unlimited amount of syringes.¹⁰

Referring patients to pharmacies for syringes can help them access sterile supplies.

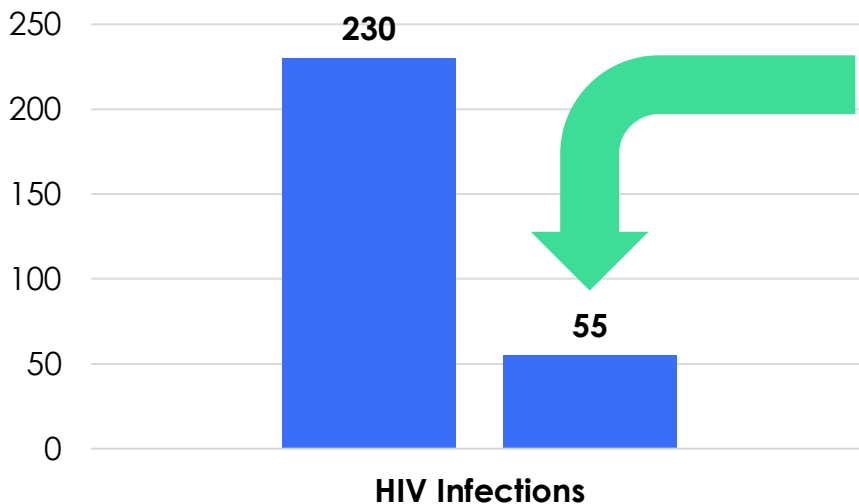
Accessing Sterile Syringes and Safe Supplies

1 Needle + 1 Syringe + 1 Time = 0 Infections ¹¹



Syringe, cooker, and cotton reuse or sharing have a risk of infection, including viruses (Hepatitis C and HIV) and bacteria (abscess and endocarditis) ¹²

The 2015 Scott County, Indiana HIV outbreak resulted in 230 new infections



Syringe access works!

This is what the outbreak would have looked like if syringe access policy and HIV/ HCV testing had been enacted sooner¹³

Syringe Service Programs in New Hampshire

Syringe Service Programs in New Hampshire: visit <https://www.dhhs.nh.gov/dphs/bchs/std/syringe-service.htm>

Syringes can be disposed of at syringe service programs or at some NH hospitals^{14,15}

Syringe Service Programs



Keene

(603) 903-4049

Dover, Rochester, & Somersworth



(207) 370-7187



North Conway

(603) 622-0668



Claremont

(603) 276-9698



Manchester

(603) 463-6241



Nashua

(978) 743-9636

NH Syringe Service Programs are unable to meet all of the state's needs

There are currently only 6 Syringe Service Programs in NH, which are inadequate to meet syringe access needs, especially in rural communities

Emergency Department providers can prescribe syringes to patients

Naloxone Access Saves Lives

In NH, naloxone can be dispensed under a standing order to anyone, regardless of whether it is to protect themselves or others¹⁶

For more information, visit

oplc.nh.gov/medicine/documents/faq-naloxone.pdf

CDC Guidelines for Naloxone Prescribing

- Providing naloxone in areas impacted by the opioid epidemic can increase overdose reversals and can provide the opportunity to connect overdose survivors with treatment¹⁷

Naloxone Access Saves Lives

- Increasing access to naloxone can reduce overdose deaths by 35 -50%¹⁸



Naloxone is Not Just for Illicit Drug Use

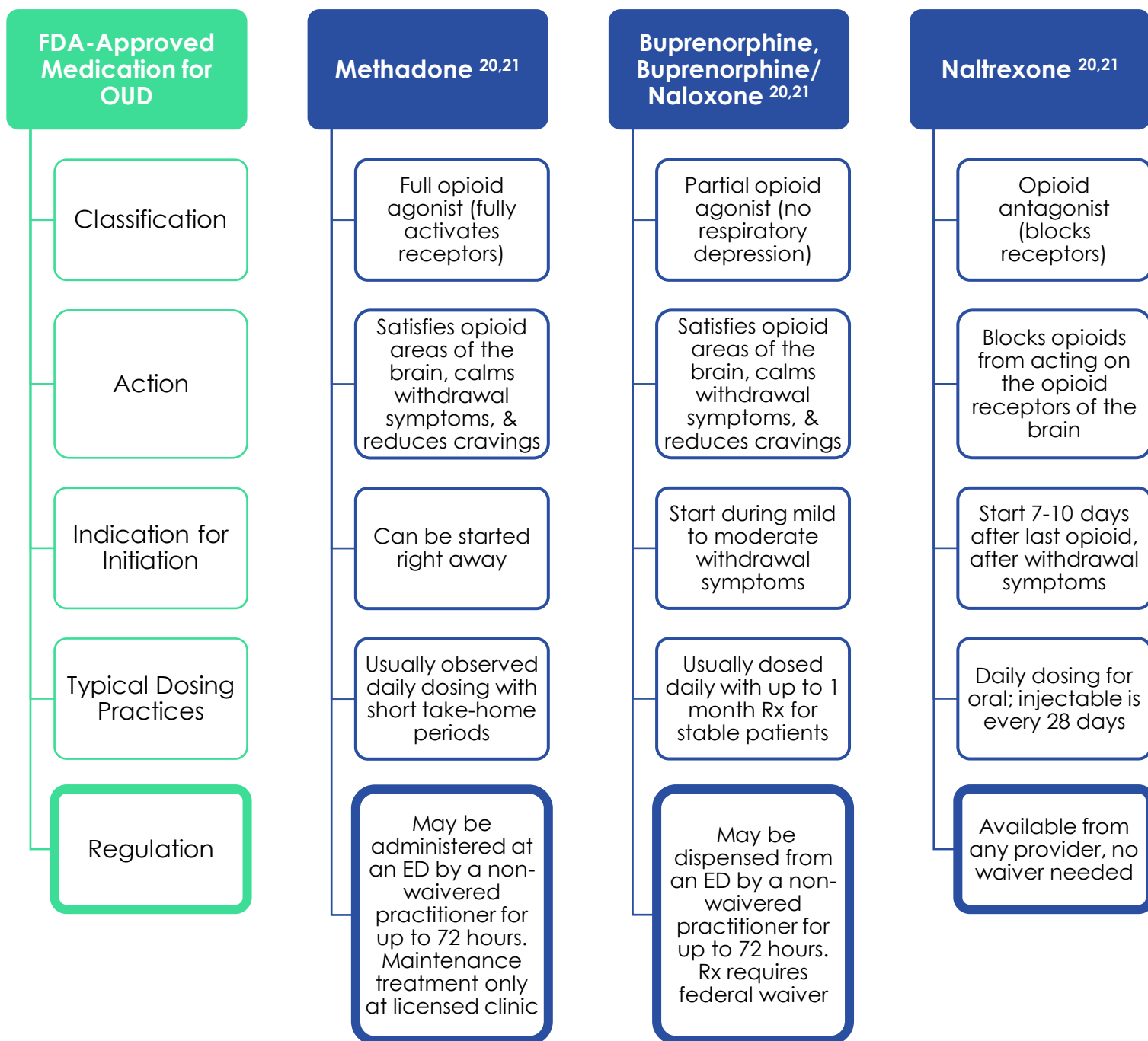
Encourage Individuals with Chronic Opioid Prescriptions to Obtain Naloxone

US DHHS strongly recommends prescribing or co-prescribing naloxone to those who: ¹⁹

- Are receiving opioids at a dosage of 50 morphine milligram equivalents (MME) per day or greater;
- Have respiratory conditions like chronic obstructive pulmonary disease or obstructive sleep apnea (regardless of opioid dose);
- Have been prescribed benzodiazepines (regardless of opioid dose);
- Have a non-opioid substance use disorder, report excessive alcohol use, or have a mental health disorder (regardless of opioid dose)

Emergency Rooms are Access Points for Care

Emergency room providers can help start the process for accessing MOUD



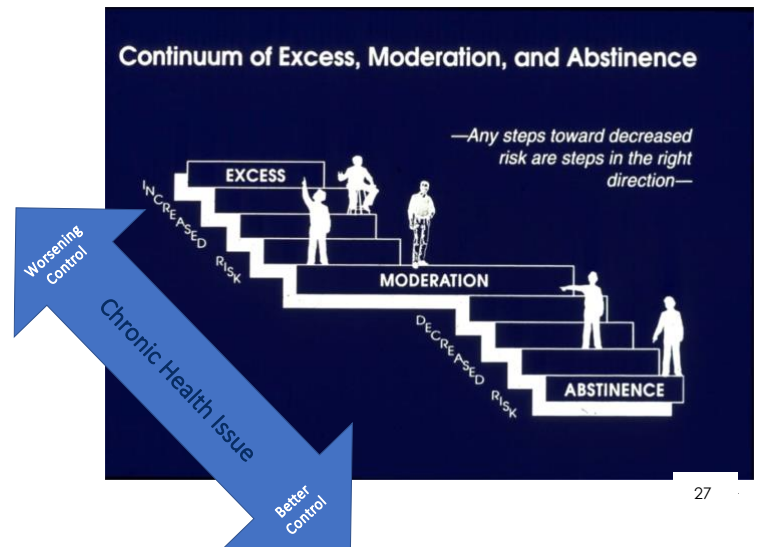
ED providers can start buprenorphine for opioid withdrawal.²² ED-initiated buprenorphine treatment can increase engagement in long-term treatment and can decrease illicit opioid use.²³

Treat OUD (Opioid Use Disorder) as a Chronic Health Issue

Like other chronic conditions, cyclical periods of better control and worsening control are expected with OUD. ²⁴

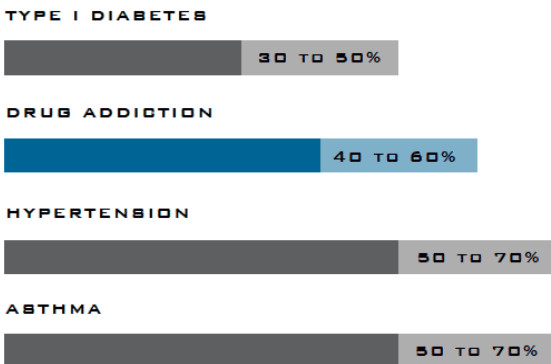
Every step taken to decrease opioid use and/ or address unsafe conditions decreases risk of overdose. ^{25,26}

Steps up and down the continuum of excess, moderation and abstinence are expected as with all chronic diseases. ²⁴



Relapse Rates for Drug Addiction Are Similar to Other Chronic Illnesses

Percentage of Patients Who Relapse



28

Relapse rates for drug addiction are 40-60%, compared to 50-70% for hypertension and asthma. ²⁸

Despite increases in treatment providers, most people who seek help for a severe substance use disorder have difficulty accessing care; many who do access care cannot find evidence-based treatment and the appropriate level of care. ²⁹

New Hampshire Addiction Treatment and Recovery Resources

Visit www.thedoorway.nh.gov or call 2-1-1 for information on referral services. The Doorway program can help with accessing naloxone, finding treatment programs, and can provide peer recovery services.

Interventions for ED Providers

Medications for Opioid Use Disorder (OUD) Save Lives



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Withholding or failing to have all classes of FDA-approved OUD medications is denying appropriate treatment

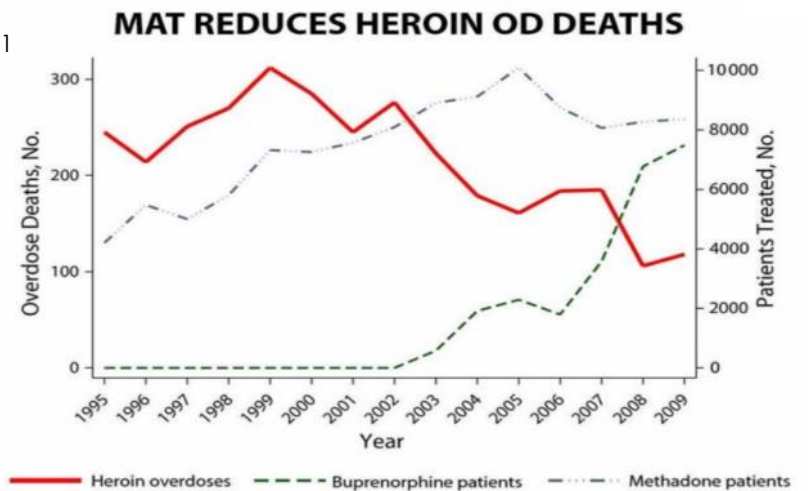
Most who could benefit from OUD medication do not receive it, and access is inequitable

OUD medication should not be withheld if behavioral interventions are lacking

Decades of Evidence for MAT has shown:

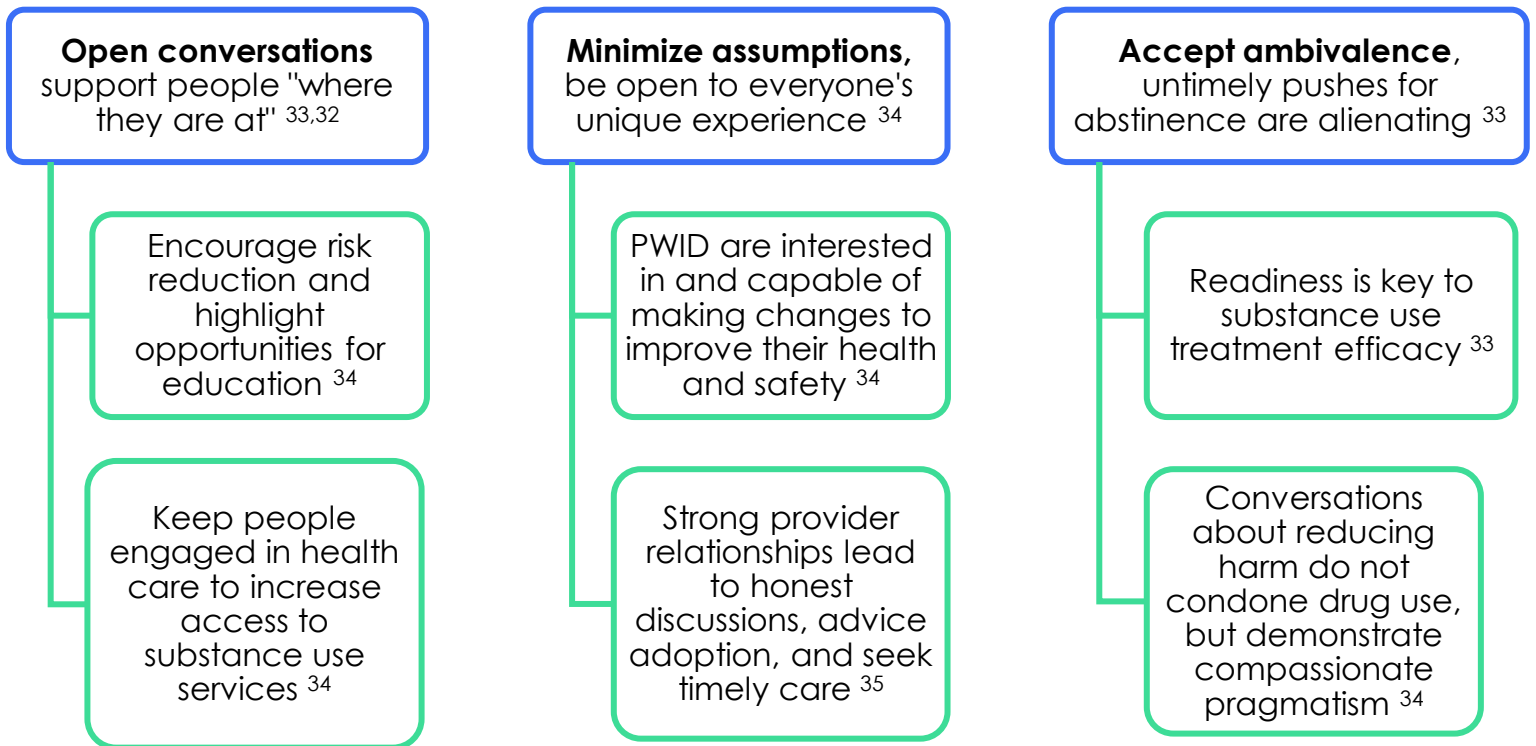
- ↓ Opioid related overdose death, particularly with buprenorphine³¹
- ↓ Illicit opioid use^{31,32}
- ↓ Criminal activity^{31,32}
- ↓ Infectious disease transmission (HIV and Hepatitis C)³¹
- ↑ Social functioning and retention in treatment³¹

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Interventions for ED Providers

Ways to Engage People who Inject Drugs (PWID) to Reduce Harm



ASK "What steps do you take to keep yourself safe when using?"

Inform PWID how to clean syringes and cookers if reuse is required:

1. Rinse the syringe with water until no blood is seen
2. Rinse the syringe with bleach
3. Rinse again with water ³⁶

Never use alone ³⁷

Have someone who can call 911 in case of an overdose

Use caution with new drug sources ³⁷

Test drugs or ask around about overdoses

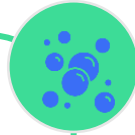
Start with a small amount (test shot) ³⁷

More can be injected, but the drug can never be taken back

Interventions for ED Providers

How do I talk about preventing infections?³⁷

Provide clear recommendations:



Wash hands with soap and water



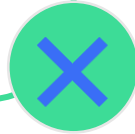
Disinfect injection site with alcohol



Tourniquet use = fewer sticks



Needle bevel up = less skin damage



Remove tourniquet before injection

How do I talk about drug use?

Ask for permission before you discuss drug use

"Is it okay if we talk about your use of _____?"

"I want to talk about how to best keep you safe when using drugs. Is that okay?"

Discuss overdose prevention

"Try not to use drugs alone"

"Do you have naloxone? Do you know how to use it?"

Talk about treatment options if they are ready to do so

"On a scale of 1 to 10 with 10 being completely ready, how ready are you to stop using?"

"What are your goals with drug use?"

Reference List

1. National Institute on Drug Abuse. Opioid Summaries by State. Published April 16, 2020. Accessed June 25, 2020. <https://www.drugabuse.gov/drug-topics/opioids/opioid-summaries-by-state>
2. New Hampshire Office of Chief Medical Examiner. (2020). Drug Death Data. Retrieved from <https://www.doi.nh.gov/medical-examiner/documents/drug-data-update.pdf>
3. Centers for Disease Control and Prevention. People Who Inject Drugs and Viral Hepatitis. January 2019. <https://www.cdc.gov/hepatitis/Populations/IdU.htm>
4. Centers for Disease Control and Prevention. Prevent Bacterial and Fungal Infections in Patients Who Inject Drugs. 2019. https://www.cdc.gov/vitalsigns/staph/pdf/vs-safe-drug-use_hcp.pdf.
5. Centers for Disease Control and Prevention. Today's Heroin Epidemic. December 2018. <https://www.cdc.gov/drugoverdose/opioids/heroin.html>
6. Friedmann, P, et al. (2019). Drug Injection Surveillance and Care Enhancement for Rural Northern New England (DISCERNNE): Survey, social network, and laboratory findings. Preliminary results, presentation March 14, 2019, Dartmouth Hitchcock Medical Center, Lebanon, NH.
7. Head of Needle Under Microscope. Imgur. <https://imgur.com/gallery/Rh7RY>. Published November 2011.
8. Foundation for Healthy Communities. Substance Use Disorder Treatment Project. 2019. <https://www.healthynh.com/index.php/fhc-initiatives/oud-access-to-treatment.html>.
9. Korthuis PT, Saha S, Chander G, et al. Substance Use and the Quality of Patient-Provider Communication in HIV Clinics. *AIDS Behav.* 2011;15(4):832-841. doi:10.1007/s10461-010-9779-8
10. New Hampshire Board of Pharmacy. July 2019 News. July 2019. <https://nabp.pharmacy/wp-content/uploads/2016/06/New-Hampshire-Newsletter-July-2019.pdf>
11. Gonsalves GS, Crawford FW. Dynamics of the HIV outbreak and response in Scott County, IN, USA 2011-2015: a modeling study. *Lancet HIV.* 2018;5(10): e569-77
12. Centers for Disease Control and Prevention. Help Ensure Patient Safety. 2017. From <https://www.oneandonlycampaign.org>.
13. Phillips KT, Altman JK, Corsi KF, Stein MD. Development of a risk reduction intervention to reduce bacterial and viral infections for injection drug users. *Subst Use Misuse.* 2013;48(1-2):54-64. doi:10.3109/10826084.2012.722159
14. NH Department of Health and Human Services. Registered Syringe Services Programs. May 2019. www.dhhs.nh.gov/dphs/bchs/std/documents/ssregistrations.pdf
15. Centers for Disease Control and Prevention. Syringe Disinfection for Injection Drug Users. <https://npi.cdc.gov/publication/syringe-disinfection-injection-drug-users>. Published 2019. Accessed June 28, 2019.
16. New Hampshire Department of Health and Human Services. FREQUENTLY ASKED QUESTIONS (FAQS) ABOUT NH NALOXONE ACCESS LAWS. <https://www.oplc.nh.gov/medicine/documents/faq-naloxone.pdf>
17. Centers for Disease Control and Prevention. (2019). Life-Saving Naloxone from Pharmacies: More dispensing needed despite progress. *Vital Signs.* <https://www.cdc.gov/vitalsigns/naloxone/index.html>
18. Prevent & Protect. Guide for Pharmacists Dispensing Naloxone to Patients. http://prevent-protect.org/2016/wp-content/uploads/66_PharmGuide_Training-tool_final.pdf
19. US Department of Health and Human Services. Naloxone: The Opioid Reversal Drug that Saves Lives. December 2018. <https://www.hhs.gov/opioids/sites/default/files/2018-12/naloxone-coprescribing-guidance.pdf>
20. National Institute on Drug Abuse. Medications to Treat opioid Use Disorder. June 2018. <https://www.drugabuse.gov/node/pdf/21349/medications-to-treat-opioid-use-disorder>.
21. Comer et al. 2015. National Practice Guideline for the Use of Medication <https://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline-supplement.pdf>
22. National Institute on Drug Abuse. Initiating Buprenorphine Treatment in the Emergency Department. Published September 26, 2019. Accessed June 25, 2020. <https://www.drugabuse.gov/nidamed-medical-health-professionals/discipline-specific-resources/emergency-physicians-first-responders/initiating-buprenorphine-treatment-in-emergency-department>
23. D'Onofrio G, O'Connor PG, Pantalon MV, et al. Emergency department-initiated buprenorphine/naloxone treatment for opioid dependence: a randomized clinical trial. *JAMA.* 2015;313(16):1636-1644. doi:10.1001/jama.2015.3474
24. American Society of Addiction Medicine. Public Policy Statement: Definition of Addiction. August 2011. https://www.asam.org/docs/default-source/public-policy-statements/definition-of-addiction_long_4-11.pdf?sfvrsn=ad64b12_4
25. United States Department of Health and Human Services. Facing Addiction in America: The Surgeon General's Spotlight on Opioids. September 2018. https://addiction.surgeongeneral.gov/sites/default/files/Spotlight-on-Opioids_09192018.pdf.
26. Harm Reduction Coalition. Getting Off Right: A Safety Manual for Injection Drug Users. 2011. <https://harmreduction.org/wp-content/uploads/2011/12/getting-off-right.pdf>.
27. Blume AW, Anderson BK, Fadar JS, Marlatt GA. Addiction Recovery Tools: A Practical Handbook. 2001. <http://dx.doi.org/10.4135/9781452231778.n21>
28. National Institute on Drug Abuse. Principles of Drug Addiction Treatment: A Research Based Guide. January 2018. <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/preface>
29. Ann Priester M, Browne T, Iachini A, Clone S, DeHart D, Seay KD. Treatment Access Barriers and Disparities Among Individuals with Co-occurring Mental Health and Substance Use Disorders: An Integrative Literature Review. *J Subst Abuse Treat.* 2016;61:47-59. doi:10.1016/j.jsat.2015.09.006
30. National Academies of Sciences E. Medications for Opioid Use Disorder Save Lives.; 2019. doi:10.17226/25310
31. Mattick RP, Kimber J, Breen C, Davoli M, Breen R. Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence. *Cochrane Database of Systematic Reviews.* 2003;(2). doi:10.1002/14651858.CD002207.pub2
32. National Institute on Drug Abuse. Effective Treatments for Opioid Addiction. November 2016. <https://www.drugabuse.gov/publications/effective-treatments-opioid-addiction/effective-treatments-opioid-addiction>.
33. Massachusetts Department of Public Health. SBIRT: A Step-By-Step Guide. June 2012. <https://www.masbirt.org/sites/www.masbirt.org/files/documents/toolkit.pdf>.
34. Harm Reduction Coalition, Winkelstein E. Understanding Drug Related Stigma: Tools for Better Practice and Social Change. 2012. <https://harmreduction.org/wp-content/uploads/2012/02/stigma-facilitators.pdf>.
35. Salvaggio G, McKim R, Taylor M, Wild TC. Patient-Provider Rapport in the Health Care of People Who Inject Drugs. *SAGE Open.* 2013;3(4):2158244013509252. doi:10.1177/2158244013509252
36. Centers for Disease Control and Prevention. Syringe Disinfection for Injection Drug Users. <https://npi.cdc.gov/publication/syringe-disinfection-injection-drug-users>. Published 2019. Accessed June 28, 2019.
37. Harm Reduction Coalition. Getting Off Right: A Safety Manual for Injection Drug Users. 2011. <https://harmreduction.org/wp-content/uploads/2011/12/getting-off-right.pdf>.