



# Community Pharmacies: The Frontline of Public Health



## Taking Action to Reduce Drug Related Harms

### Project Goals:



Assess current practices and concerns regarding harm reduction strategies



Develop evidence-based pharmacy resources



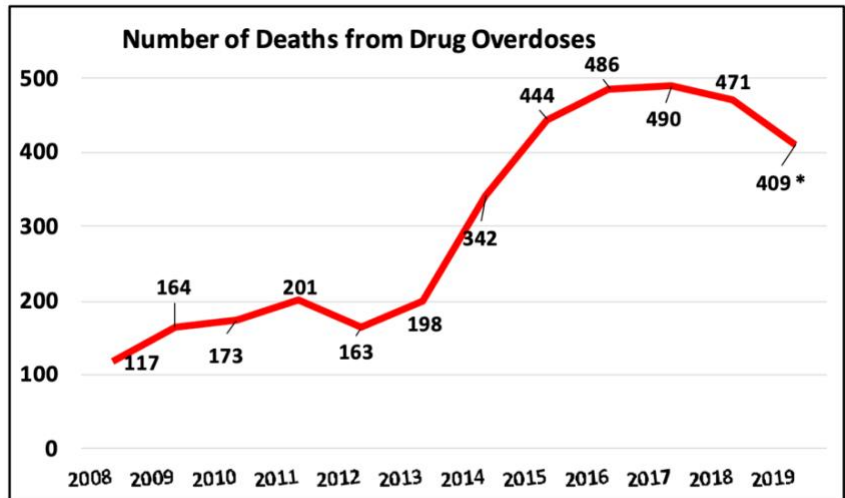
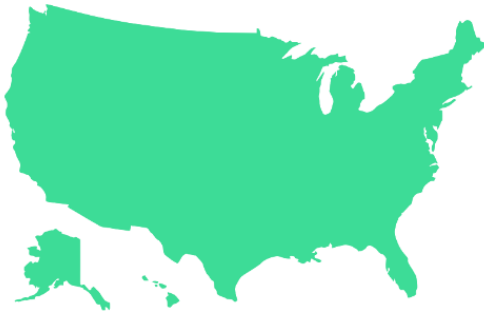
Provide support to pharmacies implementing practice changes

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

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May 2020

# Drug-Related Harms in New Hampshire

In 2017, New Hampshire had the **third highest rate of fatal opioid overdoses** of all US states <sup>1</sup>



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

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

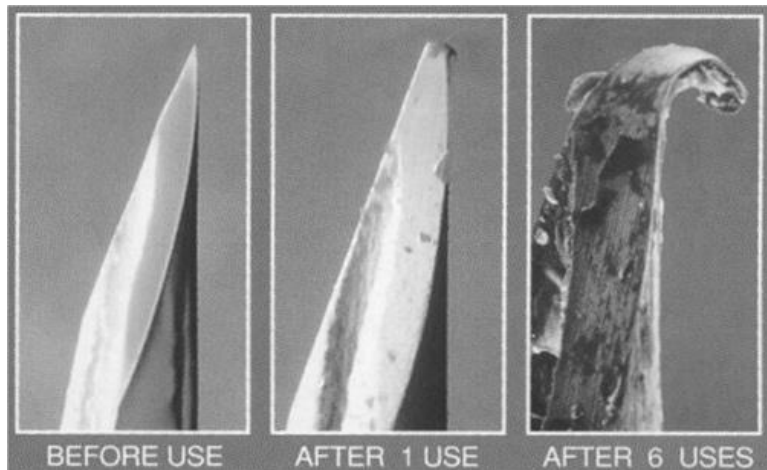
Injecting drugs presents additional risks beyond the risks of the drugs themselves including

- HIV<sup>3</sup>
- Hepatitis B and C <sup>4</sup>
- Cellulitis and Abscess (infections of the skin) <sup>5</sup>
- Endocarditis <sup>5</sup> (infection of the heart)
- Overdose <sup>6</sup> (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** <sup>5\*</sup>

\*Sampling conducted in select towns in western NH

Reusing syringes damages the needle, which can damage veins <sup>3</sup>



Microscopic view of the needle bevel before and after use <sup>7</sup>

## 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

“Just treat everybody like you treat the nice elderly woman who’s picking up her arthritis medication” –PWID quote from interview <sup>8</sup>

## Use Person-First Language to Reduce Stigma <sup>9</sup>

<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!

## Be a Resource to People Who Use Drugs <sup>10</sup>

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**

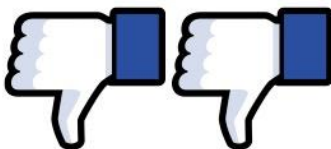
- **Educating**
- **Aligning**

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 Pharmacy Syringe Access

As of February 2018, New Hampshire pharmacists can dispense an unlimited amount of syringes <sup>11</sup>

## Information on Dispensing Syringes <sup>11</sup>

- Anyone over the age of 18 may purchase syringes
- Prescriptions, insurance information, or an identification card are not necessary
- All pharmacy staff members may sell syringes
- **Information on safe disposal and treatment must be provided,** per New Hampshire state law

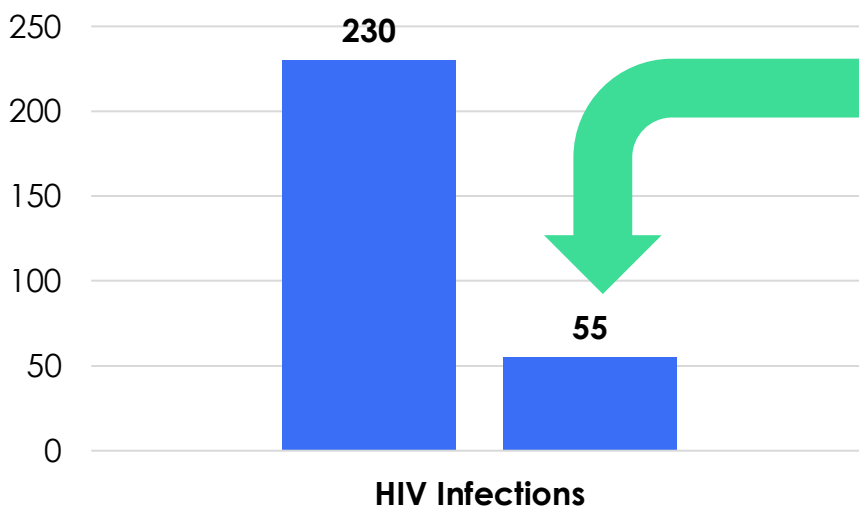
## Accessing Sterile Syringes and Safe Supplies

1 Needle + 1 Syringe + 1 Time = 0 Infections <sup>12</sup>



Syringe, cooker, and cotton reuse or sharing have a risk of infection including viruses (Hepatitis C and HIV) and bacteria (abscess and endocarditis) <sup>13</sup>

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



What it would have looked like if syringe access policy and HIV/HCV testing had been enacted sooner<sup>14</sup>

# Recommend Safe Syringe Disposal


Pharmacists are required by NH law to dispense information on safe disposal with syringe sales

**Safe Disposal of Needles**

- Recap needle or disable tips for needles **ONLY YOU** have used. **DO NOT** recap/disable needles that were used by others.
- Place used syringes in a heavy, leak-proof, puncture-resistant container like a liquid laundry detergent container.
- Put lid on container tightly and tape it with duct tape.
- Label the container "Medical Sharps Container"
- Keep the container out of the reach of children.**

**NOTICE**  
Sharps disposal

**Where can I drop off my container?**  
Call your town or open the camera on your phone to scan the code below for safe disposal locations in NH and other tips for disposal.



safeneededisposal.org

**Did you know?**


- About 17,000 new cases of Hepatitis C are diagnosed each year in the US.
- There are about 40,000 people that are newly infected by HIV each year in the US.

**Know your status!**  
Sharing needles and other works can put you at risk for HIV or hepatitis infection. If you are infected with HIV and/or hepatitis C, early treatment can keep you healthy. Testing is quick and easy and can be done by any health care provider.

**GET TESTED!**  
Visit the link below or scan the code with your phone's camera to search for **low-cost/free** HIV and Hepatitis testing.



gettested.cdc.gov



Funding for this brochure was made possible (in part) by the Centers for Disease Control and Prevention. The views expressed in written Publications do not necessarily reflect the official policies of the US Department of Health and Human Services, nor does the mention of tradenames, commercial practices or organizations imply endorsement by the US Government.

To order more brochures, please call: 603-271-4496

**NH Syringe Access Initiative & Syringe Services Programs**

**New needles are available!**



**Never share your needles!**

**This NH DHHS brochure provides required info on syringe access, disposal, and much more!**

To print the brochure, visit [dhhs.nh.gov/dphs/bchs/std/documents/ssp\\_brochure.pdf](https://dhhs.nh.gov/dphs/bchs/std/documents/ssp_brochure.pdf) or email [NHBIDC@dhhs.nh.gov](mailto:NHBIDC@dhhs.nh.gov) to order copies

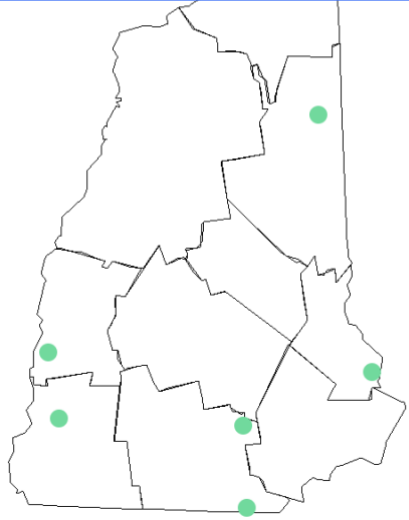
## Syringe Service Programs in New Hampshire

**Syringe disposal in NH:** <sup>15,16</sup>  
Some NH hospital or syringe service programs

**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

**Syringe Service Programs in New Hampshire**



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

Syringe Service Programs	
	<b>Keene</b> (603) 903-4049
	<b>Dover, Rochester, &amp; Somersworth</b> (207) 370-7187
	<b>North Conway</b> (603) 622-0668
	<b>Claremont</b> (603) 276-9698
	<b>Manchester</b> (603) 463-6241
	<b>Nashua</b> (978) 743-9636

## Wider 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 others.<sup>17</sup>

For more information, visit

[oplc.nh.gov/medicine/documents/faq-naloxone.pdf](https://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 treatment.<sup>18</sup>

### Naloxone Access Saves Lives

- Increasing access to naloxone can reduce overdose deaths by 35 -50%.<sup>19</sup>
- Laws that allow pharmacists to dispense naloxone reduce opioid overdose deaths.<sup>20</sup>

## Asking for naloxone can be stigmatizing



I think that if you go to the pharmacist and...bring it up that you are interested in getting Narcan...automatically red flags go up in that pharmacist's mind. Why do you want Narcan? Do you think you are going to overdose? Then all of a sudden there you are the criminal again.<sup>21</sup>



**Good Samaritan laws in NH protect those that call 911 for an overdose<sup>22</sup>**

## Encourage Individuals with Chronic Opioid Prescriptions to Obtain Naloxone

### According to the CDC, pharmacists can:

- Monitor patients for overdose risk and provide naloxone when risk factors are identified.
- Participate in and offer naloxone training and education to patients.
- Ensure that naloxone is always available.<sup>18</sup>



### US DHHS strongly recommends prescribing or co-prescribing naloxone to those who:<sup>23</sup>

- 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).

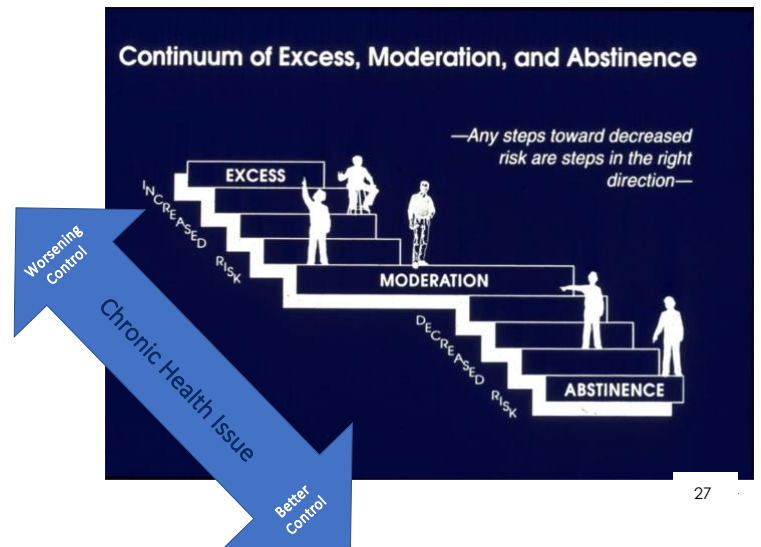


# Treat OUD (Opioid Use Disorder) as a Chronic Health Issue

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

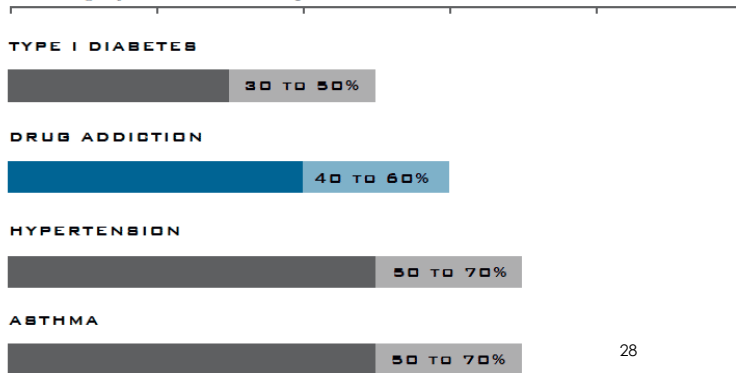
Every step taken to decrease opioid use and/ or address unsafe conditions decreases risk of overdose. <sup>25,26</sup>

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



## Relapse Rates for Drug Addiction Are Similar to Other Chronic Illnesses

Percentage of Patients Who Relapse



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

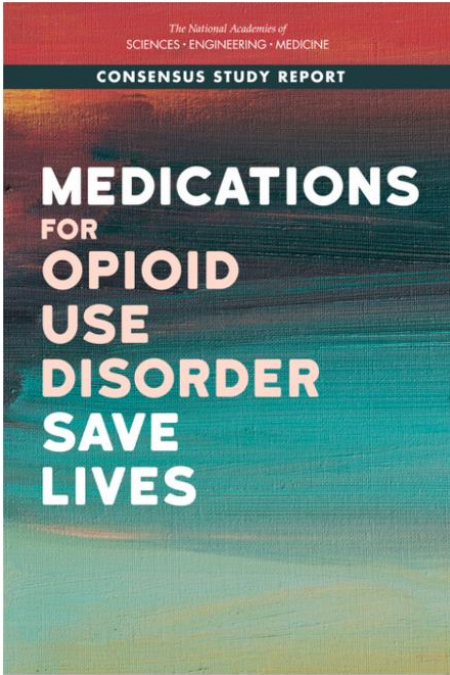
Despite increases in treatment providers, most people who seek help for a severe substance use disorder have difficulty accessing care; many who do access care do not find evidence-based treatment and the appropriate level of care. <sup>29</sup>

### New Hampshire Addiction Treatment and Recovery Resources

Visit [www.thedoorway.nh.gov](http://www.thedoorway.nh.gov) or call 2-1-1 for information on referral services



# Medications for OUD Save Lives



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

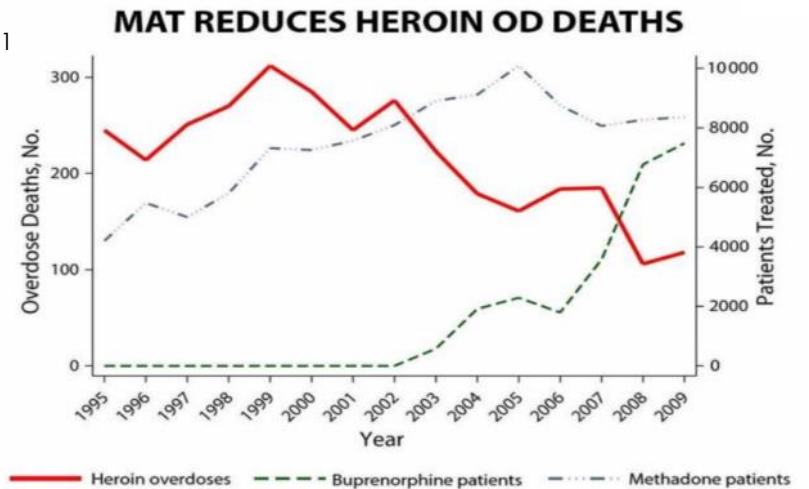
OUD medication should not be withheld if behavioral interventions are lacking

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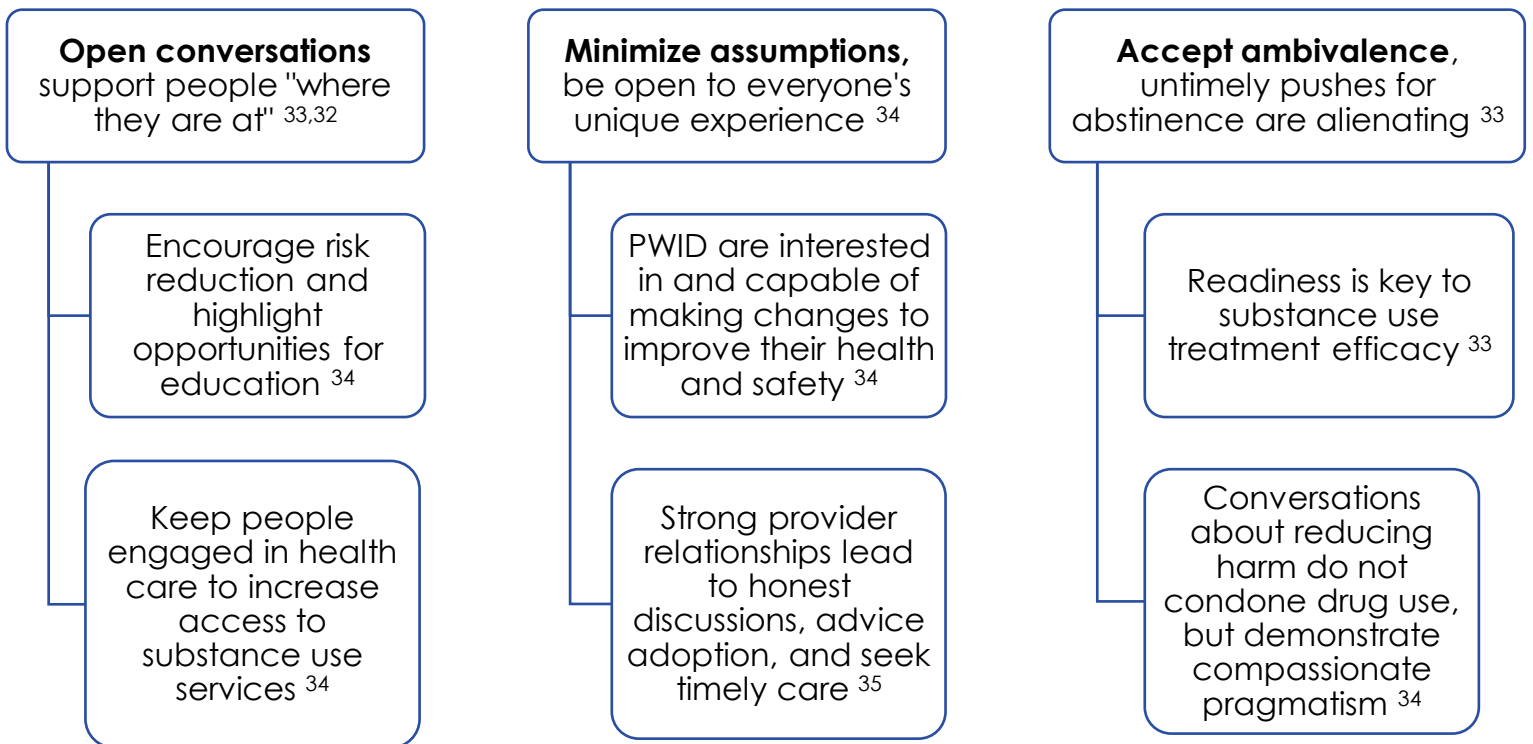
## Decades of Evidence for MAT has shown:

- ↓ Opioid related overdose death, particularly with buprenorphine<sup>31</sup>
- ↓ Illicit opioid use<sup>31,32</sup>
- ↓ Criminal activity<sup>31,32</sup>
- ↓ Infectious disease transmission (HIV and Hepatitis C)<sup>31</sup>
- ↑ Social functioning and retention in treatment<sup>31</sup>

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# Ways to Engage People who Inject Drugs to Reduce Harm



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

**Inform patients on 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 <sup>36</sup>

Never use alone <sup>37</sup>

Have someone who can call 911 in case of an overdose

Use caution with new drug sources <sup>37</sup>

Test drugs or ask around about overdoses

Start with a small amount (test shot) <sup>37</sup>

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

# Going a step further to prevent infections

## Prevent Infections<sup>37</sup>



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



### Stay Safe Tips for People who Inject Drugs and New Hampshire Syringe Service Programs



#### Use sterile injecting supplies

You can prevent harm to yourself and others by using injection supplies once, never sharing them, and disposing them properly afterward. Connect with a Syringe Service Program for sterile injecting materials, disposal containers, and to drop off used materials.



#### Take care of your veins

Use arms when possible. Start low and work your way up the vein in the direction of your heart. Switch up veins each day. Avoid arteries (wrist, neck, groin) and feet. Make sure you can see the hole in the needle as you inject.



#### Take your time

Fear causes mistakes. Mistakes can be dangerous. Use a tiny tester amount first.



#### Carry Naloxone (N)

You can save a life. Naloxone is used for a suspected overdose. For more information on naloxone connect with The Doorways at <https://thedorway.nh.gov>



#### Call 911 if you suspect an overdose

Seconds count. The sooner you call, the better the chance of survival. Call 911 from arrest for small overdoses.



#### Don't use alone

Nobody can help you if they don't know you're there.



#### Seek care and challenge yourself

If you're hurt, vulnerable, or want to make a change, speak up for yourself. You deserve safety, health, and happiness. Check out the resources on the back to connect with a Syringe Service Program and/or The Doorways, locations listed at <https://thedorway.nh.gov>.

Resources are available to aid in harm reduction conversations

## Technical Assistance Options

- In-person or remote trainings with the NH Harm Reduction Coalition
- Provide additional resources to support practice change

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