Arizona State Office of Rural Health Webinar Series
Webinar Tips & Notes

- Mute your phone &/or computer microphone
- Time is reserved at the end for Q&A
- Please fill out the post-webinar survey
- Webinar is being recorded
- Recording will be posted on the SWTRC [www.southwesttrc.org/](http://www.southwesttrc.org/) and the AzCRH [www.crh.arizona.edu/](http://www.crh.arizona.edu/)
Arizona State Office of Rural Health Monthly Webinar Series

Focused on providing technical assistance to rural stakeholders to disseminate research findings, policy updates, best-practices and other rural health issues to statewide rural partners and stakeholders throughout the state.

THE UNIVERSITY OF ARIZONA MEL & ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH Center for Rural Health

ARIZONA TELEMEDICINE PROGRAM

SOUTHWEST TELEHEALTH RESOURCE CENTER
Implementing Harm Reduction to Combat the Opioid Epidemic in Rural Arizona
Today’s presenter:

Haley Coles
Executive Director, Sonoran Prevention Works
Implementing Harm Reduction to Combat Opioid Epidemic in Rural AZ

Haley Coles
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Training Overview

- What’s the problem?
- Defining harm reduction
- Syringe access programs
- Overdose response
- Operationalizing
What’s the problem?
National Trends

- Overdose > motor vehicle accidents
- 59,000-65,000 deaths in 2016
- Rural, veterans
- Death most likely in first 28 days after leaving inpatient
Arizona Trends

- 1497 AZ deaths
- Age 45-54
- 2016: Over 51,000 opioid-related encounters
- Mohave, Pima, Graham, Gila highest OD rates for all drugs
Opioid Deaths per 100,000 Persons by Primary Care Area (PCA), 2016*

**Opioid Deaths**
Rate per 100,000

- **37 - 60**
- **19 - 36**
- **13 - 18**
- **8 - 12**
- **2 - 7**

State Rate: 11.51

*49 deaths (6.2%) were not assigned a PCA

ARIZONA DEPARTMENT OF HEALTH SERVICES
Map Date: 5/31/2017
June 15 - September 14, 2017

- 2,749 possible opioid OD
- 15% were hospitalized for opioids in 2016
- 310 deaths
Location of Suspected Overdoses

- Personal Residence: 300
- Public Place: 100
- Health Care Facility: 50
- Business: 25
- Other Private Residence: 10
- Jail/Detention: 5
- Other: 25

GOVERNOR SIGNS EXECUTIVE ORDER FOR SCOTT COUNTY
LAWMAKERS DISCUSS NEEDLE EXCHANGE IN OTHER COUNTIES
Vulnerability to Rapid Dissemination of HIV/HCV Infections Among Persons Who Inject Drugs: Ranked index using regression model coefficients
HIV/AIDS & IDU

• 2016 – 10.7% incidence, 17.9% prevalence
• 2011-2015 – Northern AZ – 33.5% new cases
  – 19% increase from 2006-2010
• 2015 – Mohave – 42.9% new cases
  – 20% increase from 2010-2014
  – 57% increase from 2005-2009
HIV Health Disparities in AZ

Figure 19: Arizona by Transmission Category, 2016

- HIV-Diagnosed
- Linked to HIV Care
- Retained in HIV care
- On Antiretroviral Therapy
- Adherent/Suppressed
- Viral Load under 50

Categories:
- MSM
- HRH
- MSM/IDU
- NR/Other
- IDU
Health Disparities

- **Hepatitis C** – 33% of young PWID, 70-90% of older & former PWID (CDC)
- **HIV** – Global prevalence among PWID 28x higher
- 50-90% of PWUD living with HIV also have HCV
- **Trauma** – 75% of patients w/ SUD have experienced it
- **Nutrition** - Lower average weight than controls
- **Arrest** - 1,488,707 drug arrests in 2015 (84% possession)
- **Incarceration** - 2,224,400 in 2014
- **Education** – Financial aid denied for students w/ drug convictions
Harm reduction
Among the 19.3 million individuals aged 12 or older classified as needing substance use treatment not receiving treatment in the past year, only 4.6% reported that they perceived a need for treatment for their drug or alcohol use problem.

-America’s Need For & Receipt of Substance Use Treatment in 2015, SAMHSA
Stigma

Individual
Institutional
Internalized
Stigma by association
Harm Reduction Solutions

- *Meeting the client where they’re at*
- Good Samaritan legislation
- Education
- Trauma Informed Care
- Syringe access programs
- Naloxone
STAGES OF CHANGE

PRE-CONTemplation
no intention on changing behaviour

CONTEMPLATION
aware a problem exists but with no commitment to action

ACTION
active modification of behaviour

PREPARATION
intent on taking action to address the problem

MAINTENANCE
sustained change; new behaviour replaces old

RELAPSE
fall back into old patterns of behaviour

UPWARD SPIRAL
learn from each relapse

Prochaska & DiClemente, 1983
Syringe access programs
Syringe Access Programs

• HIV/HCV Prevention (Indiana example)
• Overdose prevention
• Reduce needle sticks to LE by 66%
• Prevent abscess, infection, endocarditis…
• Address alienation, isolation, stigma
• Ancillary services (disease testing, health insurance signup, case management)
• Referrals
• Cost effective! Every $1 saves $7 in HIV care
SAP Myths

• Increase crime
• Increase/enable drug use
• “Give drug users a free pass”
• Not worth the investment
• Drug users don’t care about their health
SAP Barriers

• State law
  – Distribution of paraphernalia?
  – Possession of drug residue?
• Funding
• Stigma
AZ Syringe Access Programs

- Tucson – LifePoint, SAAF SAP
- Maricopa County/Apache Junction – Shot In The Dark
- Globe – D.O.P.E.
- Flagstaff Needle Exchange
- Kingman – H.O.P.E. Unit
- Camp Verde
Overdose response
What is an opioid overdose?

The brain has many, many receptors for opioids. Too much opioid fitting in too many receptors slows and stops the breathing.
Risk Factors for Overdose

• Mixing drugs

• Variation in purity

• Tolerance changes

• Using alone

• Physical health
Narcan has a stronger affinity to the opioid receptors than the heroin, so it knocks the heroin off the receptors for a short time and lets the person breathe again.
Naloxone

- Used since 1960’s (emergency) & 1990’s (community)
- Non-addictive
- Acute withdrawal only side effect
- Easy to administer
- Does not encourage drug use
Unintentional overdose deaths, **New York City**, 2004-2010

Opiate overdose deaths, **Cook County, Illinois**, 1996-2003
Who should have naloxone?

• CDC: 83% of people who administered naloxone were **people who use drugs** (2015)
• Friends and family
• Law enforcement
• Jails, prisons, probation
• Treatment centers, sober living
• Homeless shelters & services
Arizona Naloxone Laws


A.R.S. 36-2266 & 36-2267
- Protects prescribers from certain liabilities
- Allows for standing order
- Allows for 3rd party prescription
- Protects person who administers medication

A.R.S. 32-1979
- OTC pharmacy sale
- Pharmacy board must create rule
2017 Policy Update

• HB 2493 (Rep. Carter)
  – Pharmacist may dispense with a standing order
  – Removes 2355’s provision for pharmacists to sell w/o rx
• Standing order signed by Dr. Christ
<table>
<thead>
<tr>
<th>High</th>
<th>Overdosed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Muscles become relaxed</td>
<td>Pale or gray, clammy skin</td>
</tr>
<tr>
<td>Speech is slowed or slurred</td>
<td>Breathing is infrequent or has stopped</td>
</tr>
<tr>
<td>Sleepy looking</td>
<td>Deep snoring, gurgling, or rattling</td>
</tr>
<tr>
<td>Responsive to shouting, sternal rub, or ear lobe pinch</td>
<td>Unresponsive to any stimuli</td>
</tr>
<tr>
<td>Normal heart rate and/or pulse</td>
<td>Slow or no heart rate and/or pulse</td>
</tr>
<tr>
<td>Normal skin tone</td>
<td>Blue or gray lips and/or fingertips</td>
</tr>
</tbody>
</table>
Responding to an opioid overdose

1. Sternum rub
2. Call 911
3. Administer naloxone, if on hand
4. Rescue breathe
5. Monitor

Naloxone is temporary!
After the overdose

• “Ungrateful that I saved their life”
• ONE person communicating
• Explain what happened
• Do NOT assume they won’t use again
• Prevention messages
Therapeutic Value of Overdose Prevention & SAPs

• Discussing risk reduction
  – Tells clients you care about their survival

• Education and peer distribution
  – Gives people purpose, promotes importance of community health

• Framing overdose & disease as preventable, life skill
  – Instills hope
  – Reduces drug use, increases access to health care
Operationalizing
Syringe Access

- Mobile, delivery, fixed location
- Access vs. exchange
- Volunteer utilization
- Costs
- Spreading awareness
- Work with pharmacies
Overdose Prevention

- Posters & educational materials
- Direct patients to obtain naloxone
- Prescribe naloxone
- Directly distribute
  - Intake better than discharge
Overdose Prevention

• Homeless outreach/shelters
• Jails/prisons, probation/parole
• Treatment centers, detox, MAT
  – Inpatient & outpatient
• Integrated care
• Libraries
• Substance abuse coalitions
• Community distribution hubs
  – What works for your area?
Diverse Partnerships

- Emergency departments - MIHS Maricopa Medical Center
- Jails - Maricopa County Jails
- Law enforcement - Navajo County Sheriff, Fort McDowell Tribal Police, Tucson PD
- Syringe access programs - Southern AZ AIDS Foundation
- Behavioral health - Terros, Lifewell
- Treatment centers - Intensive Treatment Systems
- HIV/AIDS care - Northland Cares
- Sober living homes - Ktizio, TLC
- County health departments – Yavapai County
Resources

- www.prescribetoprevent.org
- www.getnaloxonenow.org
- www.harmreduction.org
- www.drugpolicy.org
- https://www.cdc.gov/pwud/addiction.html
References

- CDC: *Hepatitis C FAQs for Health Professionals*
- NIDA: *HIV & HIV/HCV-Infection, Disease Progression, Oxidative Stress & Antioxidants*
- National Child Traumatic Stress Network: *Making the Connection: Trauma and Substance Abuse*
- Need to continue finding citations after LEO needlesticks
Thank you!
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Thank you
Questions?
Your opinion is valuable to us
Please participate in this brief survey:

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