





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 <u>www.southwesttrc.org/</u> and the AzCRH 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.







Implementing Harm Reduction to Combat the Opioid Epidemic in Rural Arizona



THE UNIVERSITY OF ARIZONA
MEL & ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH

Center for Rural Health



Today's presenter:



Haley Coles
Executive Director, Sonoran Prevention Works







Implementing Harm Reduction to Combat Opioid Epidemic in Rural AZ

Haley Coles
Sonoran Prevention Works
hcoles@spwaz.org





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

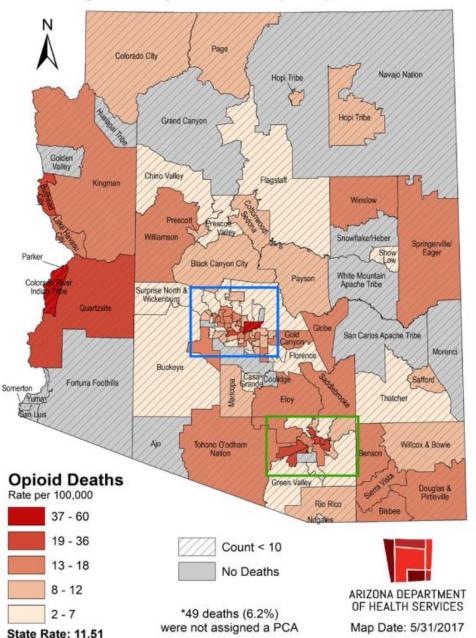


Arizona Trends

- 1497 AZ deaths
- Age 45-54
- 2016: Over 51,000 opioidrelated encounters
- Mohave, Pima, Graham, Gila highest OD rates for all drugs



Opioid Deaths per 100,000 Persons by Primary Care Area (PCA), 2016*



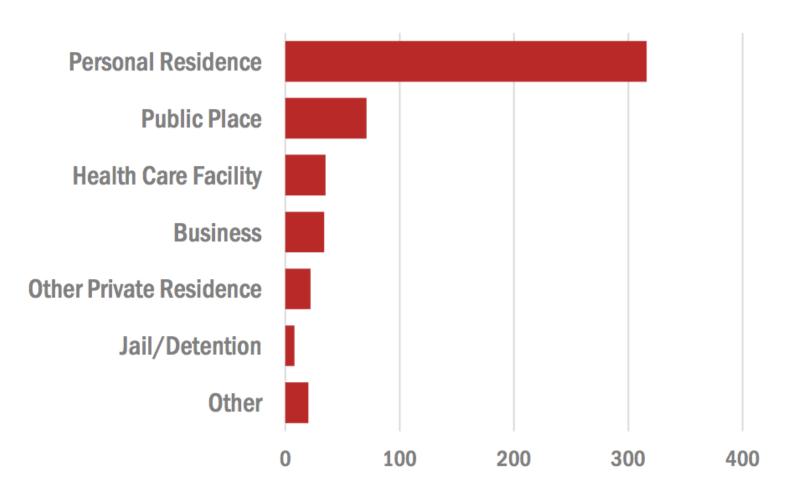


June 15 - September 14, 2017

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

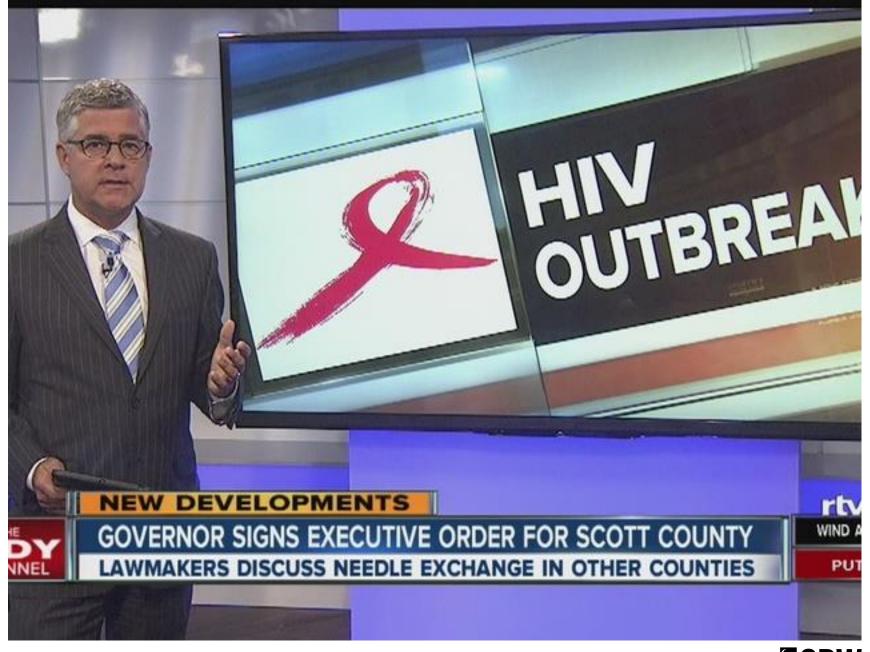


Location of Suspected Overdoses

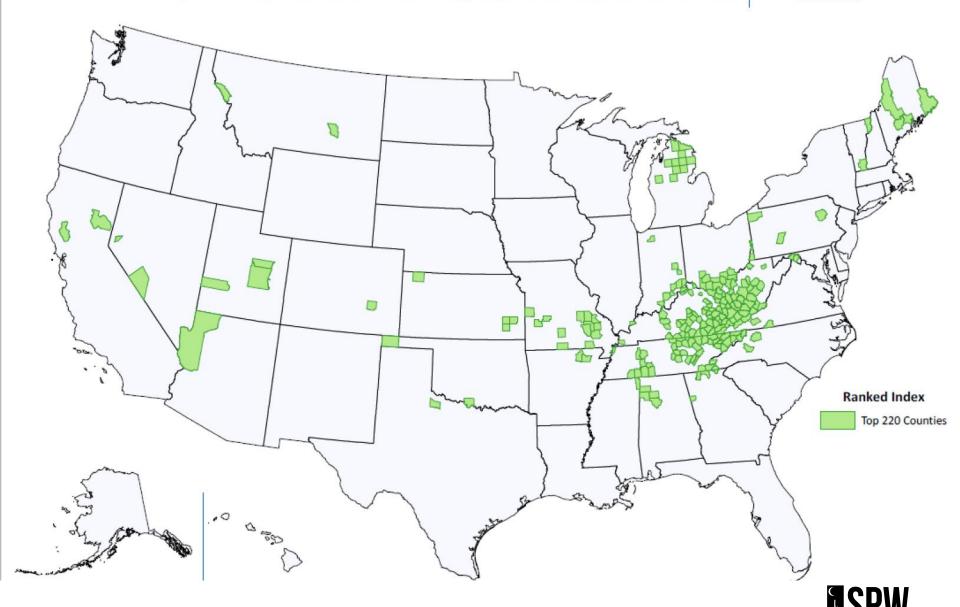


http://azdhs.gov/documents/prevention/womens-childrens-health/injury-prevention/opioid-prevention/opioid-report.pdf









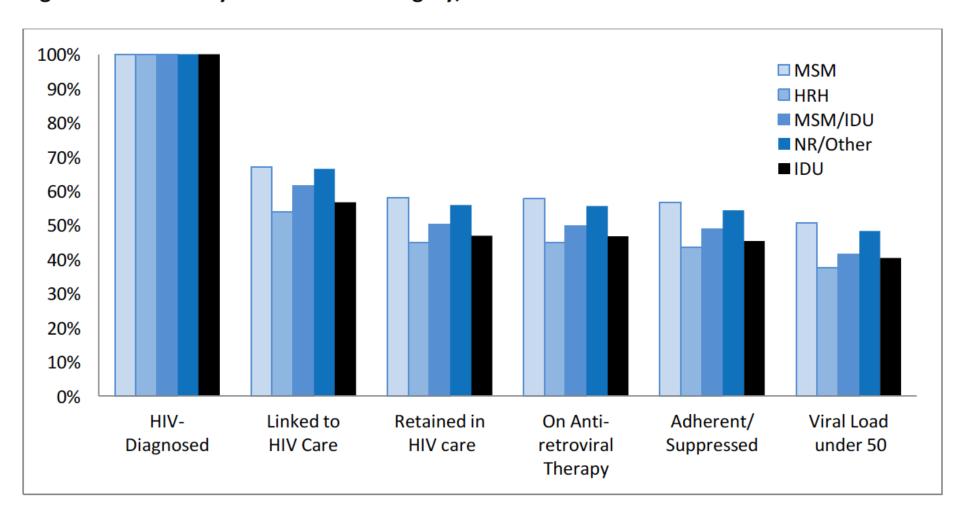
HIV/AIDS & IDU

- 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



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

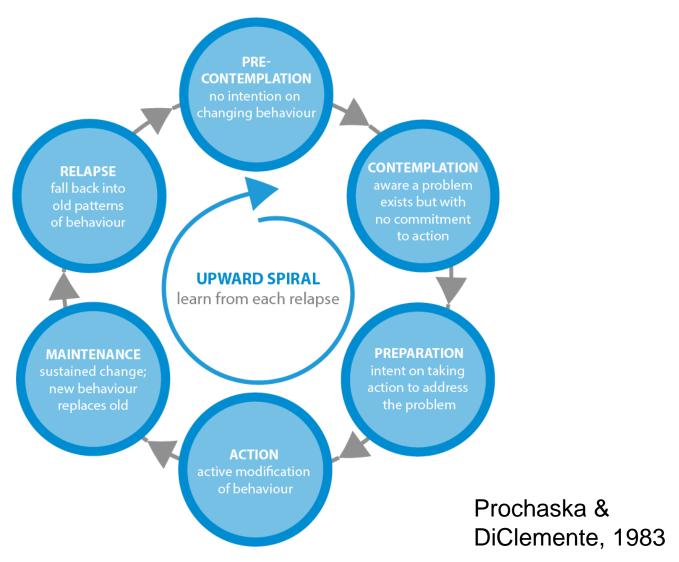


Harm Reduction Solutions

- Meeting the client where they're at
- Good Samaritan legislation
- Education
- Trauma Informed Care
- Syringe access programs
- Naloxone



STAGES OF CHANGE







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



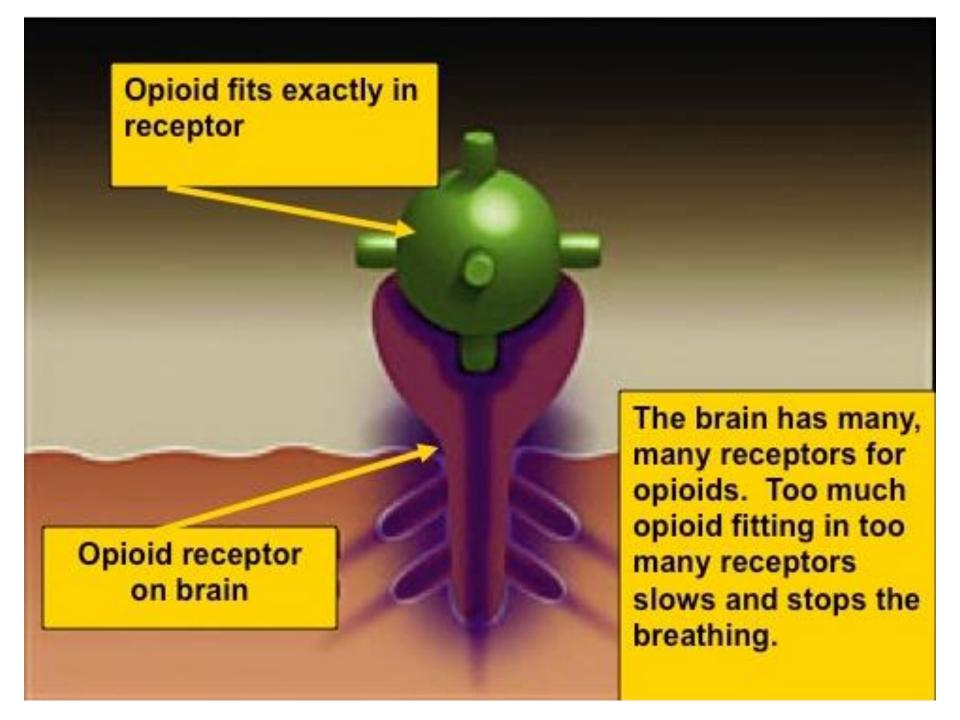








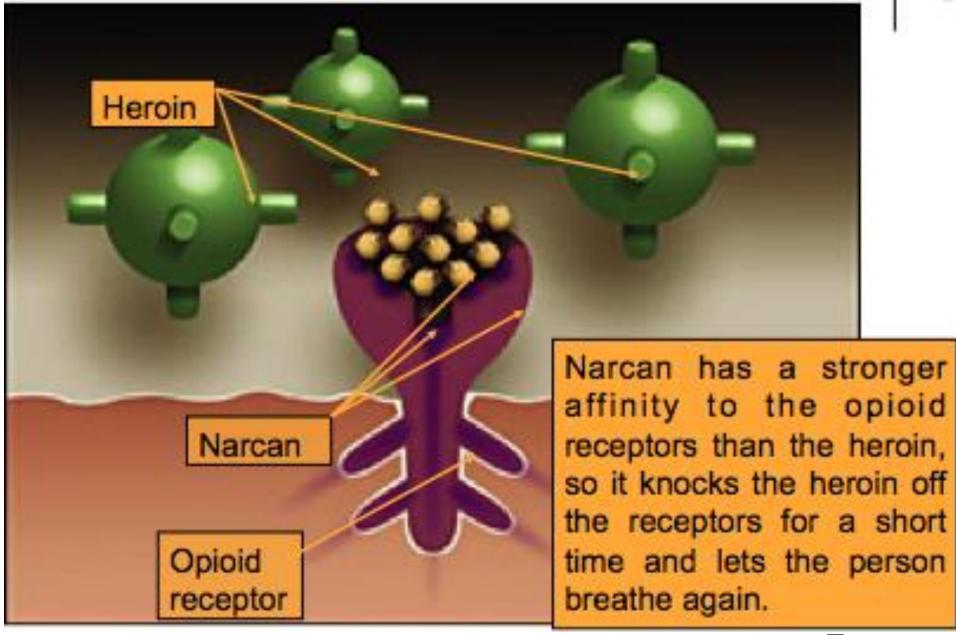
Overdose response



Risk Factors for Overdose

- Mixing drugs
- Variation in purity
- Tolerance changes
- Using alone
- Physical health







Naloxone

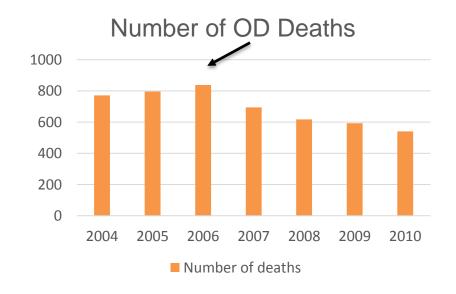
- Used since 1960's (emergency) & 1990's (community)
- Non-addictive
- Acute withdrawal only side effect
- Easy to administer
- Does not encourage drug use

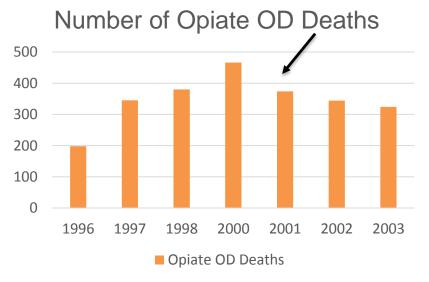


Precedence

Unintentional overdose deaths, <u>New York City</u>, 2004-2010 https://www1.nyc.gov/assets/doh/downloads/pdf/epi/databrief66.pdf

Opiate overdose deaths, <u>Cook County, Illinois</u>, 1996-2003 Maxwell, S. et al (2006). Prescribing naloxone to actively injecting heroin users: A program to reduce heroin overdose deaths. J Addict Dis 25(3).







Who should have naloxone?

- CDC: 83% of people who administered naloxone were <u>people who use drugs</u> (2015)
- Friends and family
- Law enforcement
- Jails, prisons, probation
- Treatment centers, sober living
- Homeless shelters & services



Arizona Naloxone Laws

HB 2489 (2015), HB 2355 (2016), HB 2493 (2017)

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



STANDING ORDERS FOR NALOXONE

This standing order is issued by Dr. Cara Christ, MD MS (NPI #1639369036), Director of Arizona Department of Health Services. The standing order authorizes any Arizona-licensed pharmacist to dispense naloxone to any individual in accordance with the conditions of this order.

Dispense one of the three following naloxone products based on product availability and preference.

	For intranasal administration
	Dispense: NARCAN™ 4mg/0.1mL nasal spray
	Sig: Administer a single spray of Narcan in one nostril. Repeat after 3 minutes if no or minimal
	response.
	Refills: PRN x 1 year
	OR
	Dispense: 2mg/2mL single dose Luer-Jet prefilled syringe. Include 1 Luer-lock mucosal
	atomization device per dose dispensed.
	Sig: Spray 1 mL in each nostril. Repeat after 3 minutes if no or minimal response.
	Refills: PRN x 1 year
	For intramuscular injection
	Disp: 0.4mg/mL in 1mL single dose vials. Include one 3cc, 23g, 1" syringe per dose dispensed.
	Sig: Inject 1mL IM in shoulder or thigh. Repeat after 3 minutes if no or minimal response.
	Refills: PRN x 1 year
	For intramuscular or subcutaneous injection
	Disp: EVZIO™ 2mg/0.4mL auto-injector, #1 Two-pack
	Sig: Follow audio instructions from device. Place on thigh and inject 0.4mL. Repeat after 3
	minutes if no or minimal response.
	Refills: PRN x one year

Cara Christ, MD MS, Director of Arizona Department of Health Service

Effective date 6/9/17, Expiration date 6/9/19

Douglas A. Ducey | Governor Cara M. Christ, MD, MS | Director

150 North 18th Avenue, Suite 500, Phoenix, AZ 85007-3247 P | 602-542-1025 F | 602-542-1062 W | azhealth.gov
Health and Wellness for all Arizonans



High	Overdosed
Muscles become relaxed	Pale or gray, clammy skin
Speech is slowed or slurred	Breathing is infrequent or has stopped
Sleepy looking	Deep snoring, gurgling, or rattling
Responsive to shouting, sternal rub, or ear lobe pinch	Unresponsive to any stimuli
Normal heart rate and/or pulse	Slow or no heart rate and/or pulse
Normal skin tone	Blue or gray lips and/or fingertips

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

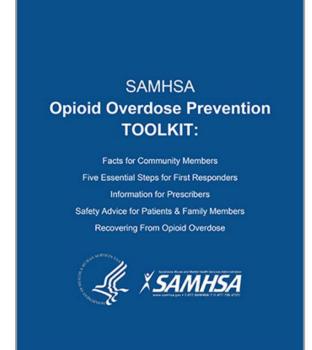
- Emergency departments MIHS Maricopa Medical Center
- Jails Maricopa County Jails
- Law enforcement Navajo County Sheriff, Fort McDowell Tribal Police, Tucson PD
- Syringe access programs Southern AZ AIDS Foundation
- Behavioral health Terros, Lifewell
- Treatment centers Intensive Treatment Systems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

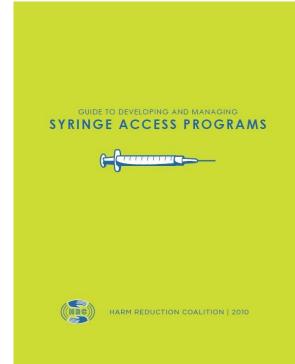


Resources

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

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- Need to continue finding citations after LEO needlesticks





Thank you! Haley Coles 602-388-9870

hcoles@spwaz.org

www.spwaz.org



Thank you Questions?



Your opinion is valuable to us Please participate in this brief survey:

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