Adding Value in an Overdose Response

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Outline

- Substance Use: Continuum and Dichotomy
- Harm Reduction
- Take Home Naloxone
- Syringe Service Programs
- Relationship Building
- Treatment Referrals
- Post Overdose Follow-Up Programs
Substance Use
Continuum of Use

- Experimental
- Social/Ritual
- Situational
- Binge Use
- Misuse
- Dependence
- Chaotic
Continuum Drug Use
The Traditional Approach

Prevention

Experimental  Social/Ritual  Situational  Binge Use  Misuse  Dependence  Chaotic

Treatment
Realistic Patterns of Use

- Experimental
- Social/Ritual
- Situational
- Binge Use
- Misuse
- Dependence
- Chaotic
"A scratch"? Your arms off.
Prevention and Treatment Binary

Perceived Need for Substance Use Treatment among Adults Aged 18 or Older Who Needed but Did Not Receive Substance Use Treatment in the Past Year: 2016

- 351,000 Fell They Needed Treatment and Made an Effort to Get Treatment (2.0%)
- 455,000 Fell They Needed Treatment and Did Not Make an Effort to Get Treatment (2.6%)
- 16.9 Million Did Not Feel They Needed Treatment (95.5%)
- 17.7 Million Adults Needed but Did Not Receive Substance Use Treatment

Reasons for Not Receiving Substance Use Treatment in the Past Year among Adults Aged 18 or Older Who Felt They Needed Treatment in the Past Year: Percentages, 2016

- Not Ready to Stop Using: 38.1%
- No Health Care Coverage and Could Not Afford Cost: 26.9%
- Did Not Know Where to Go for Treatment: 19.1%
- Did Not Find Program That Offered Type of Treatment That Was Wanted: 14.4%
- Might Cause Neighbors or Community to Have Negative Opinion: 13.5%
- Might Have Negative Effect on Job: 11.9%
Of the 11.8 million people who used opioids in 2016, only 2.4 million were diagnosed as having an Opioid Use Disorder (OUD) - this is less than 1% of the US population.

Which leaves 9.4 million people using opioids who do not qualify as having an OUD.

Regardless of OUD numbers, some individuals might not ever want or seek treatment.

EVERYONE using drugs needs a range of services to reduce overdose risk, prevent HIV and hepatitis transmission, and reduce collateral consequences related to their substance use.

So that means 79% or 9.4 million people who are actively using opioids will not be identified as needing OUD services.
Harm Reduction
“Harm Reduction is a set of practical strategies that reduce negative consequences of drug use, incorporating a spectrum of strategies from safer use, to managed use, to abstinence. Harm reduction strategies meet drug users ‘where they’re at,’ addressing conditions of use along with the use itself.”

- Harm Reduction Coalition
Continuum of Drug Use

THE HARM REDUCTION APPROACH

Experimental  Social/Ritual  Situational  Binge Use  Misuse  Dependence  Chaotic
Harm Reduction - Principals

Accepts, for better and or worse, that licit and illicit drug use is part of our world and choose to work to minimize its harmful effects rather than ignore or condemn them.

Understands drug use as a complex, multifaceted phenomenon that encompasses a continuum of behaviors from severe abuse to total abstinence, and acknowledges that some ways of using drugs are safer than others.
Harm Reduction - Principals

Establishes quality of individual and community life and well-being (not necessarily cessation of all drug use) as the criteria for successful interventions and policies.

Calls for non-judgemental, non-coercive provision of services and resources to people who use drugs and the communities in which they live to assist them in reducing attendant harm.
Harm Reduction - Principals

Ensures that people using drugs and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them.

Affirms people using drugs as the primary agents of reducing the harms of their drug use, and seeks to empower users to share information and support each other in strategies which meet their actual conditions of use.
Key Components of a Comprehensive Harm Reduction Program

- Overdose prevention and response
- HIV/hepatitis C testing and linkage to care
- Risk reduction counseling
- Syringe access
- Recovery coaching/access to Treatment
- Linkage to healthcare
- Support groups
Take-Home Naloxone
Michigan Opioid Poisoning Fatality

Source: CDC WONDER
Who are the first responders in an overdose?

Naloxone kits distributed through syringe programs in Michigan in 2019 = Overdoses reversed by non-medical professionals with these kits

5,691 = 534
Third party naloxone administration - legality

- Naloxone hydrochloride is an unscheduled prescription medication both nationally and in Michigan

- PA 311-314 signed into law in October 2014
  - Allows prescription to any individual
  - Allows prescription to an organization
  - Allows administration to any individual
  - Eliminates potential criminal and civil liability, and professional disciplinary action, for prescribers and end-users

- Naloxone hydrochloride is one of the easiest/safest medications to prescribe, we need to make it easier to obtain
STANDING ORDER

Effective May 2017

PA 383
Pre-authorizes the distribution of naloxone hydrochloride by pharmacies registered with MDHHS to eligible individuals
↓ Individuals are provided with training for responding to an opioid overdose and...
↓ Information about where to go for treatment services
↓ Michigan Pharmacy Registry: https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4871_79584_80133_80135_80309-426713--,00.html
MICHIGAN GOOD SAMARITAN

Effective 1/4/2017

PA 307-308 of 2016

(a) An individual who seeks medical assistance for himself or herself or who requires medical assistance and is presented for assistance by another individual if he or she is incapacitated because of a drug overdose or other perceived medical emergency arising from the use of a controlled substance or a controlled substance analogue that he or she possesses or possessed in an amount sufficient only for personal use and the evidence of his or her violation of this section is obtained as a result of the individual’s seeking or being presented for medical assistance.
(b) An individual who in good faith attempts to procure medical assistance for another individual or who accompanies another individual who requires medical assistance for a drug overdose or other perceived medical emergency arising from the use of a controlled substance or a controlled substance analogue that he or she possesses or possessed in an amount sufficient only for personal use and the evidence of his or her violation of this section is obtained as a result of the individual’s attempting to procure medical assistance for another individual or as a result of the individual’s accompanying another individual who requires medical assistance to a health facility or agency.
What is the point?

- Massachusetts provides overdose education and naloxone distribution on a statewide level, supported through their health department.

- Walley et al. *BMJ* 2013; 346: f174. found that:
  - 0 kits per 100,000 people resulted in a 0% change
  - 1-100 kits/100,000 people resulted in a 27% reduction in community overdose mortality rates
  - >100 kits/100,000 resulted in a 46% reduction

- Decreasing overdose mortality is dependent on increasing naloxone kit distribution
Make a referral

- Syringe Service Program Directory: www.michigan.gov/ssp
Syringe Service Programs
What is a Syringe Service Program?

- Syringe Service Programs (SSP), also known as syringe access (SAP), syringe exchange program (SEP) or needle exchange (NEP) programs, are a harm reduction intervention that have been in existence since the late 1980s and have been scientifically proven to reduce transmission of human immunodeficiency virus (HIV), hepatitis B and C, and other blood-borne pathogens in people who inject (PWI).

- The primary objectives of SSPs are to:
  - Provide a clean syringe for each injection instance to reduce the potential for transmission of HIV, hepatitis B and C, and other blood-borne pathogens.
  - Provide an entry point for substance abuse treatment and care and other resources as appropriate to the individual.

- North Dakota Department of Health
A study of Connecticut police officers found that needlestick injuries were reduced by two-thirds after implementing SSPs.\(^1\)

After the implementation of a SSP in Portland, Oregon, research demonstrated a nearly 66% decrease in the number of improperly discarded syringes.\(^2\)

New HIV infections have declined by 80 percent among persons who inject drugs since the implementation of SSPs in the late 1980s.\(^3\)

Testing linked to HCV treatment can save an estimated 320,000 lives.\(^4\)

SSP clients are 5 times more likely to enter a drug treatment program than non-clients.\(^5\)

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Most importantly, SSPs have not shown to be associated with an increase in drug use.
WE SHOULD BAN LIFE JACKETS & OTHER FLotation DEvices

THEY ONLY ENCOURAGE RISKy BEHAVIOR. THE ONLY 100% EFFECTIVE WAY TO PREVENT DROWNING IS TOTAL ABSTINENCE FROM GOING IN THE WATER.
Indiana HIV Outbreak: Summary
Scott County pop. 24,000; Austin city pop. 4,200

Single strain of HIV spread rapidly within a dense network of persons who inject drugs (PWID) who were using the prescription opioid oxymorphone

215 HIV Infections diagnosed as of March 2, 2017

Scott County ranked 92nd in many health and social indicators among Indiana’s 92 counties

- Lowest life expectancy
- 9% unemployment
- 19% poverty
- 21% no high school
- Many uninsured

Scott County HIV Outbreak

Late 2014: 3 new HIV cases identified

Identified two that had shared needles, which initiated contact tracing

8 more new infections were found and traced them to Austin, IN (which saw only 5 infections from 2009-2013)

Discovered multigenerational sharing of injection works, with 4-15 injections per day and 1-6 partners per event

Discovered that all cases reported injection of analgesic oxymorphone (Opana ER)

By April 21, 2015: 135 HIV cases

In total: 237 HIV cases

Rural injection of oral opioid = largest HIV outbreak of its kind in the US
Impact of Syringe Exchange in Scott County

- Reductions in sharing syringes and injection equipment (n=148)

  - Sharing syringes to inject: 18% to 2% (p <0.001)
  - Sharing syringes to divide drugs: 19% to 4% (p <0.001)
  - Sharing other injection equipment: 24% to 5% (p <0.001)

Progress in Scott County

- Total number of persons who have enrolled in addiction treatment at the SSP location
- Average number of syringes needed by clients each day, by quarter
- Number of new HIV infections diagnosed, by quarter

Source: Indiana State Department of Health, Indiana Family and Social Services Administration, and IU Fairbanks School of Public Health
SSP’s by the [hypothetical] numbers

- **Gonsalves & Crawford (2018)**
  - “an earlier public health response could have substantially reduced the total number of HIV infections”
  - Response on Jan 1, 2013: reduce outbreak by 127 cases
  - Response on Apr 1, 2011: reduce “outbreak” by 173 cases

- **Goedel et al. (2019) - 1,000 mathematical simulations**
  - Over a 5 year period...
  - Without SSP: 133 cases
  - SSP introduced after 10 cases: 57 cases
  - SSP introduced proactively: 27 cases

- **How do we identify jurisdictions at highest risk?**

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CDC Study to predict County-level Vulnerability for Rapid Dissemination of HIV/HCV among PWIDs
Letter of Support from The Governor’s Prescription Drug and Opioid Abuse Commission

July 12, 2018

Michigan Association for Local Public Health
426 S. Walnut St.
Lansing, MI 48933

Re: Prescription Drug and Opioid Abuse Epidemic in Michigan

Dear Michigan Association for Local Public Health:

In June of 2016, Governor Snyder signed an Executive Order establishing the Michigan Prescription Drug and Opioid Abuse Commission (“PDDAC”). The PDDAC was created to ensure the implementation and monitoring of the state-wide plan, and to make further recommendations, to combat the severe and complex prescription drug and opioid abuse epidemic that faces our state. Among other things, the PDDAC was charged with developing and proposing policies and an action plan to implement the recommendations in the Report of Findings and Recommendations for Action from the Michigan Prescription Drug and Opioid Task Force; monitor and advise the Governor as to the progress of the action plan; and provide other information and advice to the Governor regarding the state of prescription drug and opioid abuse in Michigan.

I am writing to you on behalf of the PDDAC to inform you that the PDDAC endorsed the expansion of syringe service programs in Michigan. Syringe service programs help reduce the spread of infectious disease including Hepatitis A, Hepatitis B, Hepatitis C, and HIV. In addition to providing sterile syringes, syringe service programs provide vaccinations, referrals to treatment, and testing for infectious diseases.

We believe that the concerted efforts by your members will help to reduce the impact of infectious disease, increase the number of people in treatment, and will save lives. As the Chair for the Prescription Drug and Opioid Abuse Commission, I am requesting that you share this letter with your membership.

Should you have additional questions or concerns about the above request, please feel free to reach out to Weston MacIntosh, Board Analyst, at macintoshw1@michigan.gov.

Sincerely,

[Signature]

Hon. Linda Davis, Chairperson
Michigan Prescription Drug and Opioid Abuse Commission
Expansion of SSP in Michigan

2018 New HCV Diagnosis Rate
Persons Aged 18-35 (per 100,000)

- <68.1
- 68.2 - 145.3
- 145.4 - 243.5
- 243.6 - 412.2
- >412.2

Jurisdictions Receiving Harm Reduction Funding from MDHHS in:

- FY2019
- FY2020
Harm Reduction In Michigan
Syringe Service Programs (SSPs)

WHAT IS HARM REDUCTION
Harm reduction is a respectful, non-judgmental approach to reducing the harms of substance use that meets people where they are. For example:

- Needle Distribution
- Access to Sterile Works
- Condom Distribution
- Access to Naloxone
- HIV/HCV Testing
- Vaccinations
- Peer Support

THE NUMBERS
October 1, 2018 – June 30, 2019

1,400
Referrals to Substance Use Treatment

5,981
Participants Directly Served

5,691
Naloxone Kits Distributed

534
Overdoses Reversed

676
HIV Tests Conducted

219
Hepatitis C Tests Conducted

THE RESULTS

Naloxone

Syringes Distributed

2019 SSP Progress in Michigan
How long does Hepatitis C live outside the body?

https://harmreduction.org/drugs-and-drug-users/drug-tools/getting-off-right/
Make a referral

- Syringe Service Program Directory: [www.michigan.gov/ssp](http://www.michigan.gov/ssp)
Relationship Building
STIGMA
Stigma

“a set of negative and often unfair beliefs that a society or group of people have about something”

“a mark of shame or discredit---an identifying mark or characteristic; specifically : a specific diagnostic sign of a disease”

https://www.merriam-webster.com/dictionary/stigma
“Impeding [the IDU] population from obtaining or using sterile syringes amounts to prescribing death as a punishment for illicit drug use.”

Stigma Serves to:

- **Regulate** - Control and enforce behavior
- **Isolate** - Decrease contact with the stigmatized
- **Relegate** - Distinguish the stigmatizer from the stigmatized
- **Discriminate** - Perpetuate/maintain difference
The Real Stigma of Substance Use Disorders

In a study by the Recovery Research Institute, participants were asked how they felt about two people “actively using drugs and alcohol.”

One person was referred to as a “substance abuser”

The other person as “having a substance use disorder”

No further information was given about these hypothetical individuals.

THE STUDY DISCOVERED THAT PARTICIPANTS FELT THE "SUBSTANCE ABUSER" WAS:

- less likely to benefit from treatment
- more likely to benefit from punishment
- more likely to be socially threatening
- more likely to be blamed for their substance related difficulties and less likely that their problem was the result of an innate dysfunction over which they had no control
- they were more able to control their substance use without help

https://www.recoveryanswers.org/research-post/the-real-stigma-of-substance-use-disorders/
Substance Abuser vs Person with Substance Use Disorder

*(Kelly, Dow & Westerhoff, 2010)*
Supervised Injection Facility vs Overdose Prevention Site

**Supervised Injection Facility (or Safe Consumption Site)**
- Reads as making an illegal activity safer
- Invokes a moralistic interpretation of harm reduction
- Wording focuses on the stigmatized action

**The wording of Overdose Prevention Site:**
- Focuses on the public health and safety purposes of the site
- Shifts away from perception of individual cause and controllability
- Emphasizes the notion that preventable deaths are occurring
Supervised Injection Facility vs Overdose Prevention Site

- “Forty-five percent of respondents supported legalizing overdose prevention sites compared with 29% supporting safe consumption sites, a statistically significant 16-percentage-point difference.” (Barry, 2018)

Barry, Colleen L, PhD, MPP; Sherman, Susan G, PhD; McGinty, Emma E, PhD. American Journal of Public Health; Washington Vol. 108, Iss. 9, (Sep 2018): 1157-1159.DOI:10.2105/AJPH.2018.304588

STIGMA & THE WORDS WE USE

- Addict
- Dirty and Clean
- Drug
- High
- Overdose
- Homeless person

Vs

- Person who uses substances
- Positive for or negative for Substance
- Intoxicated
- Poisoning (or unintentional overdose)
- Person experiencing homelessness
Treatment Referrals
Are Complicated....

- Do they have insurance?
- What does their insurance cover?
- Do they need medical detoxification?
- Do they have warrants or pending court cases?
- Are they in chronic pain?
- Do they have other medical issues?
- Are there mental health concerns?
- What type of treatment do they need?
- What types of treatment are available?
- Is there a waiting list?
- What do they have to do to stay on the waiting list?
- What about their job?
- What about childcare?
Michigan PIHP Directory

PIHP is an acronym for Prepaid Inpatient Health Plan, a term contained in federal regulations from the Centers for Medicare & Medicaid Services.

- PIHPs will list service providers on their website
- PIHPs can be contacted to determine funding availability and make referrals to treatment
- PIHP Directory: [https://cmham.org/membership/pihp/](https://cmham.org/membership/pihp/)
Post Overdose Follow-Up Programs
The Grand Rapids Red Project

- Partnership with Kent County Sheriffs department
- KCSD leaves recovery coach business card after overdose reversal and enter victim’s information into database
- Red Project uses database to follow-up at residence where the incident occurred or victim’s last known address within 2 business days
- Visit is made by 2 recovery coaching staff who remain in contact with supervisor throughout visit
- Recovery coaches carry safer injection supplies, Narcan, food and are trained in making referrals to a variety of services
Partnership with Dearborn PD to follow up with overdose, other drug related, mental health, and suicide incidents

Officer and ACCESS Case Manager make visits with victims and families as a team

ACCESS can provide case workers, therapists, clinic and pharmacy services

ACCESS can provide recovery coaches who will stay with the victim throughout recovery process and can provide resources for health insurance, state ID, employment and many other services

Results (June 2018 - September 2019):

- 113 Cases with 235 total visits
- 33 individuals entered treatment or counseling with ACCESS
- 22 individuals already in treatment
- 7 Narcan kits issued since July 2019
Community Paramedicine is the use of specially trained Emergency Medical Providers to help bridge the gaps in the local healthcare system and improve population health and safety.

- Partnership between Medstar EMS and Macomb Medical Control Authority
- Follow-up is done by 2 community paramedics shortly after an overdose is reversed by Medstar
- Community paramedics offer basic medical and dental services and attempt to build a relationship with the victim
Questions?