Prevention Point Pittsburgh

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Harm Reduction

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.

Ensures that people who use drugs and those with a history of drug use have a real voice in the creation of programs and policies designed to serve them.
"Nothing About Us Without Us.!"

Affirms people who use drugs as the primary agents of reducing the harms of their drug use and can and should support each other in developing and implementing strategies to meet their actual conditions of use.

Harm Reduction Strategies

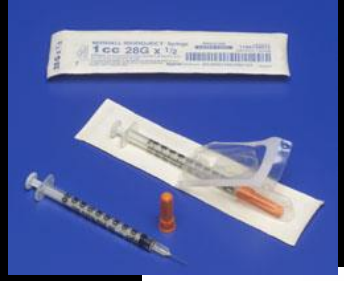
- Needle Exchange
- Seat Belts
- Bike/Sports Helmets
- E cigarettes?
- Marijuana legalization
- Condoms
- Overdose Prevention Education
- Testing drugs

- Hands Free Cell phones?
- Bad Date Lists
- Naloxone Distribution
- Designated Driver
- Methadone Maintenance
- Heroin Assisted Treatment
- Safer Injection Rooms

Harm Reduction

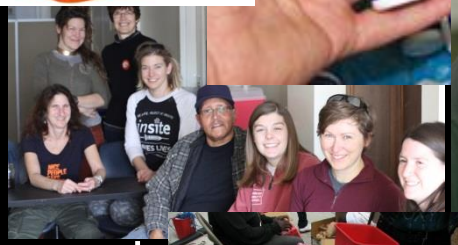
- Doesn't minimize harms that can be related to drug use, but accepts drug use as a part of our world.
- Does a particular drug-related harm come from the drug use itself, or is it due to legal status, stigma or other factors?
- If eliminating drug use is not feasible, are there ways to address specific problems.
- Example: Heroin doesn't cause HIV. If sterile syringes are always used or heroin is ingested without needle use, heroin use would not cause HIV.

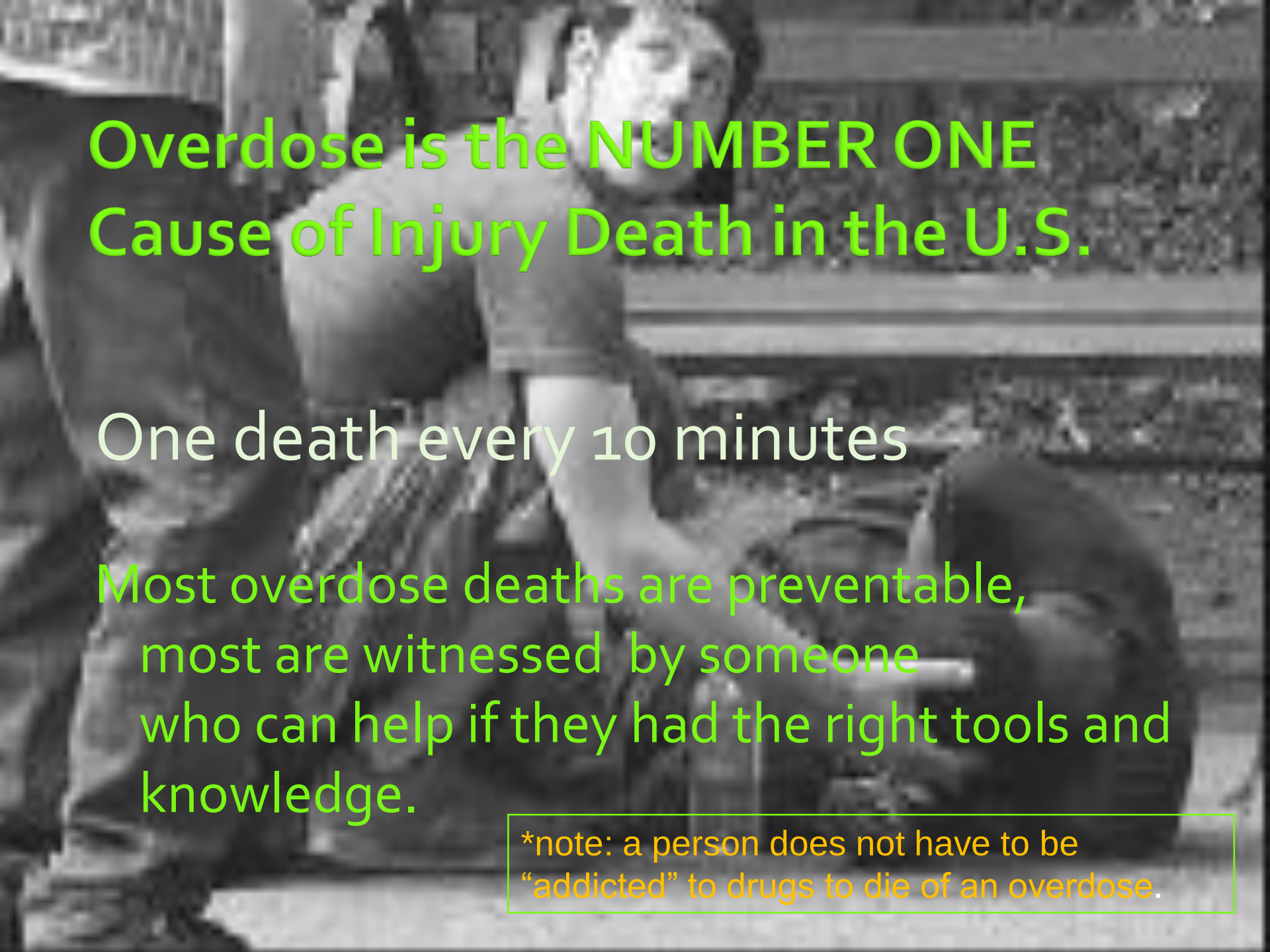
Prevention Point Pittsburgh



Harm Reduction Services

- Providing Sterile Injection Equipment to prevent HIV & Hep C since 1995.
- Testing for HIV and Hepatitis C
- Case Management, assistance to treatment
- Crisis Intervention & Counseling
- Overdose Prevention & Response Training
- Naloxone Distribution since 2005.
- Wound Care Consultation Clinic
- Education on safer injection.
- All Services Free of Charge
- Anonymous/Confidential
- Low Threshold





Overdose is the NUMBER ONE Cause of Injury Death in the U.S.

One death every 10 minutes

Most overdose deaths are preventable, most are witnessed by someone who can help if they had the right tools and knowledge.

*note: a person does not have to be "addicted" to drugs to die of an overdose.

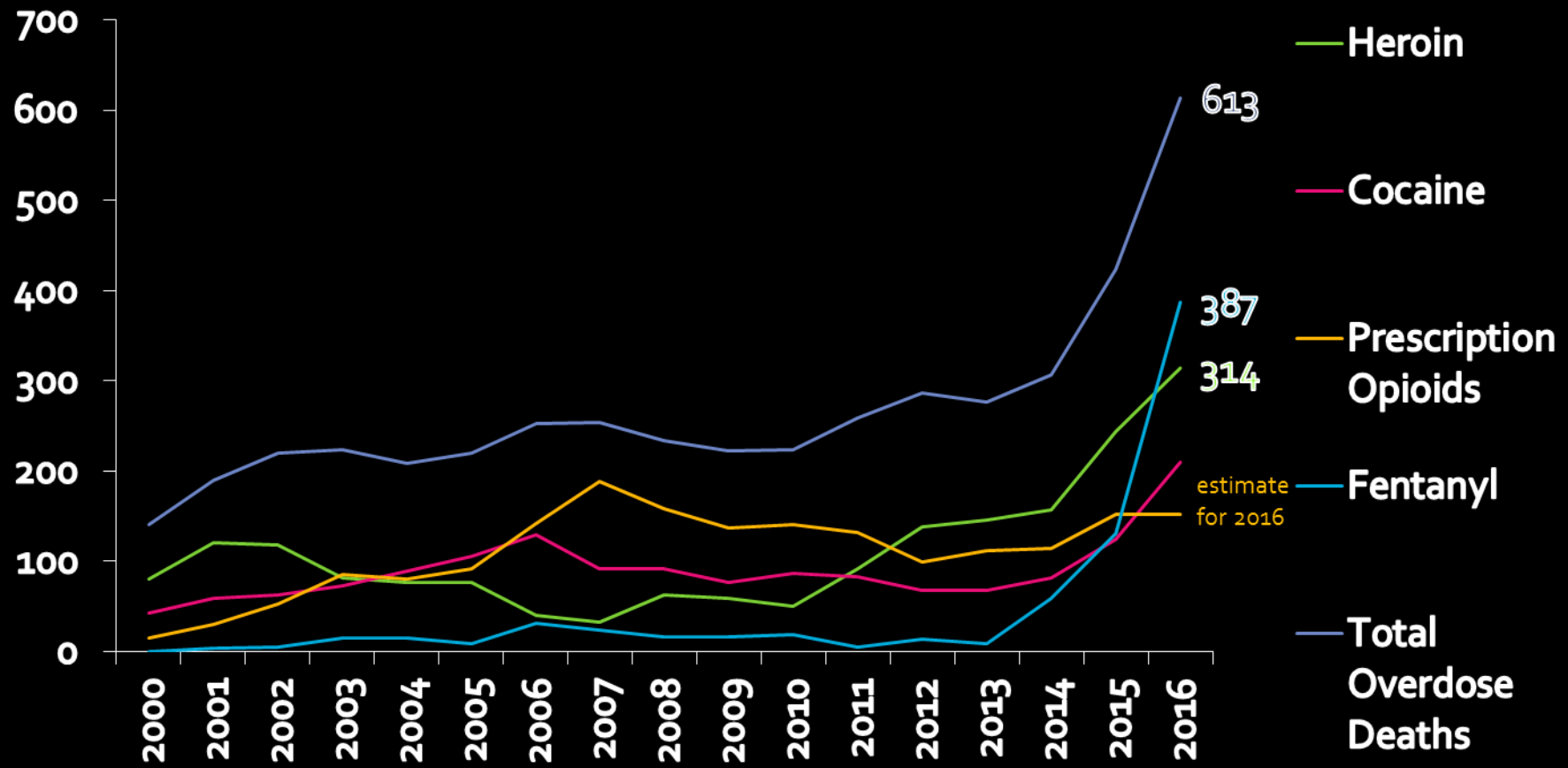
Number one cause of injury death in the U.S.

- 2015, there were **52,404** U.S. overdose deaths (up from 47,055 in 2014). 33,091 (63.1%) involved an opioid. (CDC-MMWR Dec 30, 2016 https://stacks.cdc.gov/view/cdc/44356)

- 2015 Pennsylvania: eighth-highest overdose death rate in U.S., 3,383 deaths reported, with 93% increase in fentanyl deaths. (DEA Intelligence Report, July 2016 https://www.dea.gov/divisions/phi/2016/phi071216_attach.pdf)

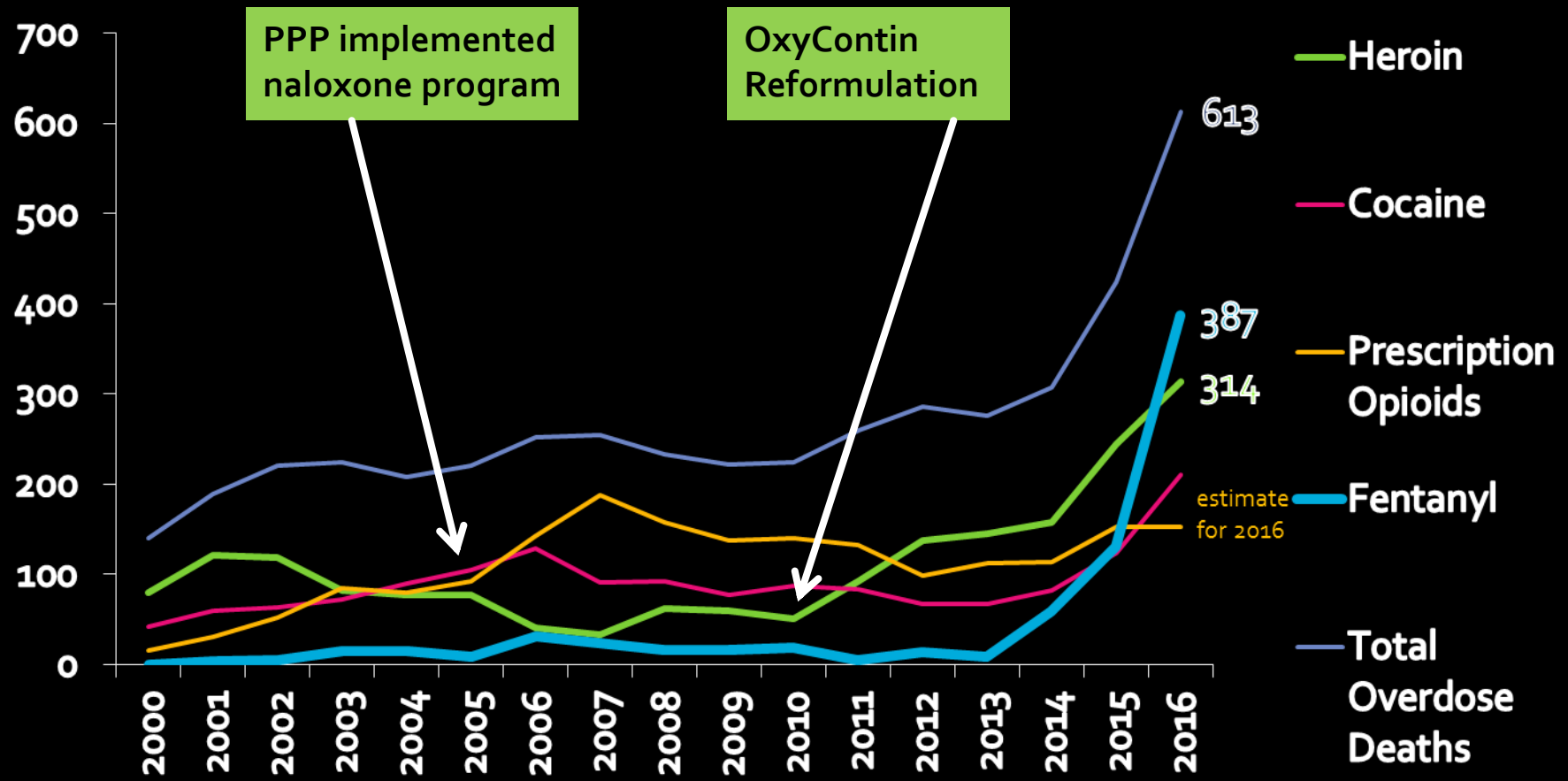
- Allegheny County 2016: 613 OD deaths, increase from 424 in 2015. About 51% involve heroin, 62% involve fentanyl. 75% involve more than one substance. (overdosefreepa.org/charts/)

Allegheny County Trends in Accidental Drug Overdose Deaths 2000-2016*



*Data from Allegheny County Medical Examiners Annual Reports. Includes all overdose deaths where these drugs were present at time of death, alone or in combination with other substances..

Allegheny County Trends in Accidental Drug Overdose Deaths 2000-2016 *



*Data from Allegheny County Medical Examiners Annual Reports. Includes all overdose deaths where these drugs were present at time of death, alone or in combination with other substances.

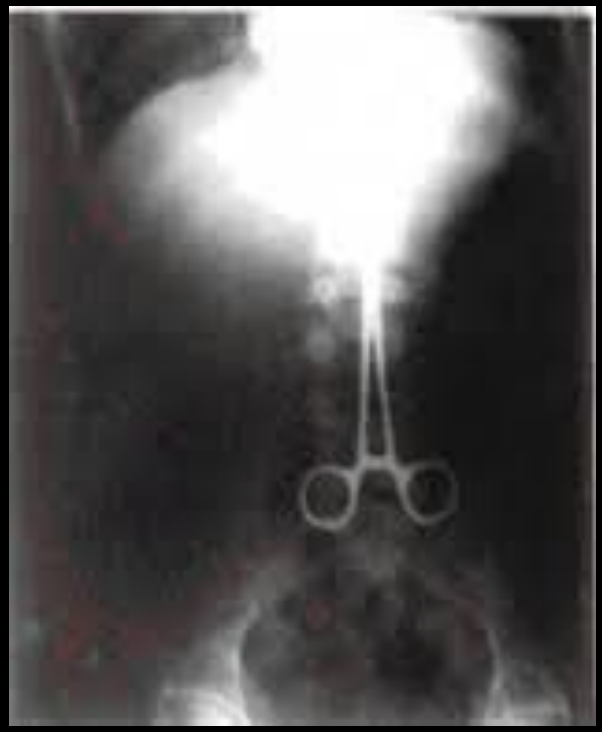
Strategies to Reduce Overdose Fatalities: Supply Reduction

"If you believe that the opioid epidemic is in fact iatrogenic, as you do, if you believe we must restrict prescribing to reverse it, then we have the highest ethical standard to not further harm people as we try to fix this problem.

Akin to a surgeon removing an instrument left in an abdomen, we would not rip out what we left behind and tell you to get out of our office.

We would very carefully repair the problem and serve you with the utmost care and caution until that issue and any complications were managed. "

Phillip Coffin, MD, MIA
San Francisco Department of Public Health
Plenary Session Harm Reduction Conference, Baltimore, MD
October 23, 2014



Supply Reduction Without Increased Access to Treatment and to Naloxone Has Devastating Consequences.

- Supply reduced by prescription drug monitoring and changes in prescribing practices in recent years.

- Since 2010 Prescription Opioid Overdose deaths have plateaued, but
- heroin deaths have increased by more than 300%
- 2015 illicit fentanyl overdose deaths up 73%.

- Due to restricted access to sterile syringes, Hepatitis C infections have increased 150% since 2010; primarily among adolescents/ young adults, white, living in non-urban areas. Rural states have seen Hep C increase of 364%. Now treatable but cost of medication is $80,000 - $100,000 those at highest risk to transmit often aren't eligible for treatment.

- 2015 – 188 injection-related HIV cases in rural, Scott County, Indiana
  Concern that we are likely to see this in other rural areas soon.

Decline in injection-related HIV

- HIV among PWID decreased by 80% in the U.S. through 2006.
- Attributable to reduced sharing of syringes, greater access to sterile syringes through needle exchange and pharmacies .
- BUT in 2015, 188 Cases of HIV in Scott County, Indiana = over $500,000,000.00 in Medical Care Costs
- A "wake up call" for communities around the country who are dealing with rising rates of hepatitis C. "The Scott County outbreak scared everybody because it was easy to look over your shoulder and say we've got all the conditions here to be next." - Daniel Raymond, Harm Reduction Coalition, Policy Director

Hall H, Song R, Rhodes P, et al. Estimation of HIV Incidence in the United States. *JAMA.* 2008;300(5):520-529. doi:10.1001/jama.300.5.520.

How many clean needles does it take to slow an epidemic?

- According to WHO/UNAIDS it takes a distribution of 200 sterile syringes per user per year to reduce syringe sharing enough to impact an HIV epidemic:
  - In 2009 Bangladesh, Slovakia and India met this criteria
  - Australia and most Western European countries also do
  - United States – 22 syringes/user/year through needle exchanges, one of the lowest rates in the world
  - Prevention Point Pittsburgh distributed: 376,270 syringes last year, around, 527 syringes per participant per year
  - An estimated 11,981 drug injectors in the Greater Pittsburgh Metro Area. 30 syringes per drug injector per year

WHO/UNAIDS/UNICEF (2011) ,'Global HIV/AIDS Response: Epidemic update and health sector progress towards Universal Access 2011

How to Reduce HIV and Hep C ?
Decriminalize Syringes

- We need to increase access to sterile syringes. Restricting supply of sterile syringes is ineffective public health policy.

- We've had Syringe Exchange Programs in Pittsburgh and Philadelphia for over 20 years, it's time to adopt common sense policy to allow these programs to expand to other communities . It makes no sense that it is illegal to possess a sterile syringe in most of Pennsylvania

- By removing syringes from The Controlled Substances, Drugs, Device, and Cosmetic Act, as other states have done, we could reduce transmission of Hep C and HIV, reduce soft tissue infections, endocarditis and other injection-related problems.

Demand Reduction: Drug Treatment

- Opioid Replacement Therapy:

  Methadone and buprenorphine (suboxone) maintenance treatment demonstrated to be very effective in reducing overdose deaths.

- Abstinence-based drug treatment:

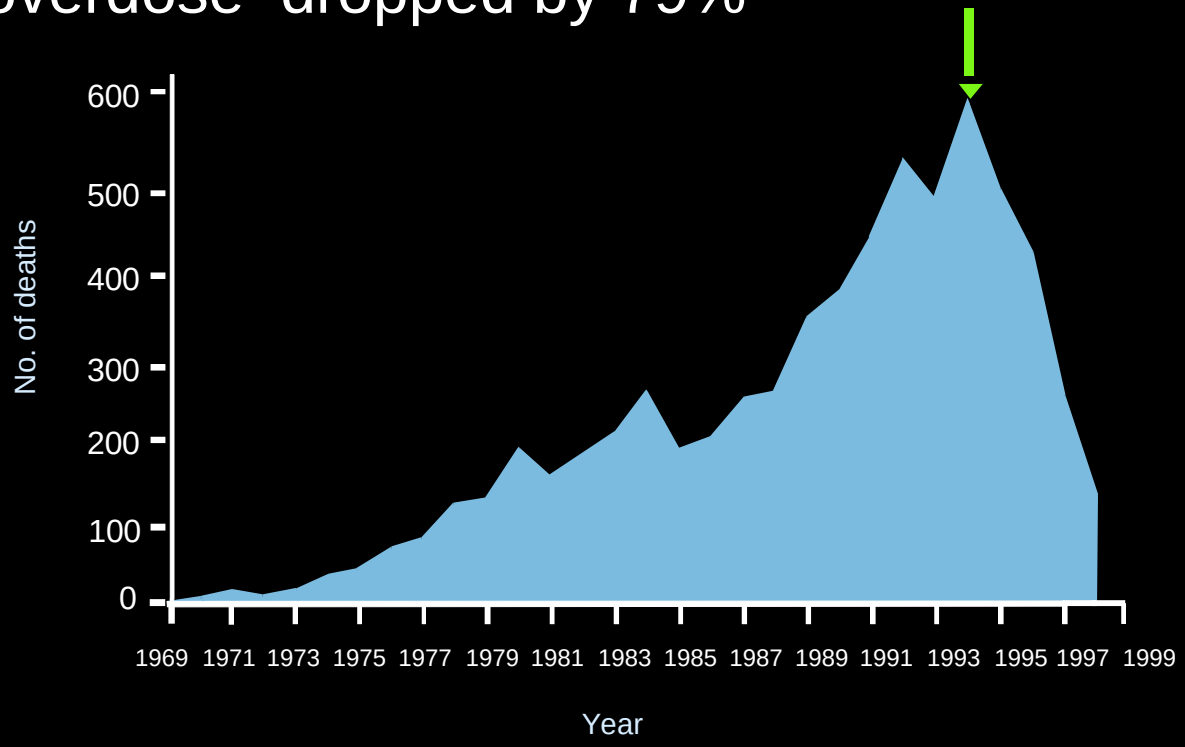
  Can also play an important role in addressing problems, but only a small percent never use opioids again.

  Risk of overdose increases when relapse occurs (also the case with Vivitrol/naltrexone). So it is vital that programs make sure their participants have naloxone.

- Different paths for different people.

Efforts to Address Demand: Maintenance therapy prevents overdose deaths

Since the institution of physician prescribed buprenorphine and methadone maintenance in 1996 in France, heroin overdose dropped by 79%



French population in 1999 = 60,000,000

Patients receiving buprenorphine (1998): N= 55,000

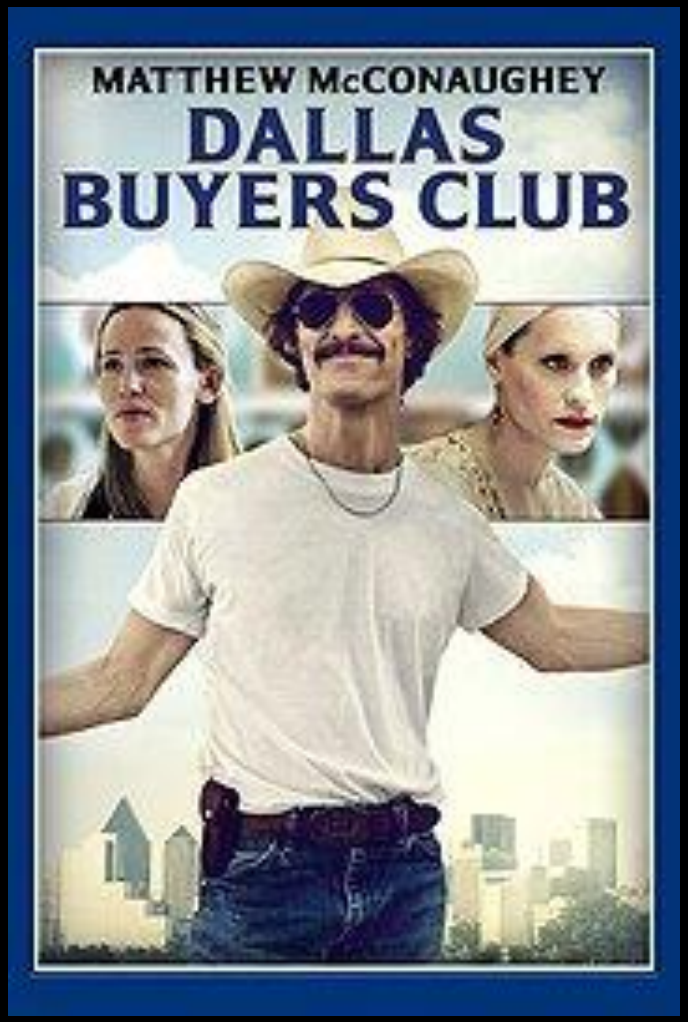
Patients receiving methadone (1998): N= 5,360

Medication assisted treatment also has resulted in reduced HIV and hepaitis by reducing needle sharing

Fatseas et al 2015

https://www.researchgate.net/publication/300185447_Buprenorphine_in_the_Treatment_of_Opioid_Addiction_The_French_Experience

buprenorphine/ Suboxone



Given the black market for this medication, what we have here is a Dallas Buyers Club situation for substance use disorder.

Prevalence of fentanyl into heroin supply may indicate need for higher doses of burprenorphine.
http://www.nature.com/npp/journal/v23/n3/full/1395518a.html

Counseling/Therapy: What is "Success" in Treatment?

'We do not require that anxious or depressed people give up their problems as a prerequisite for entering treatment. "

- Tatarsky 2003

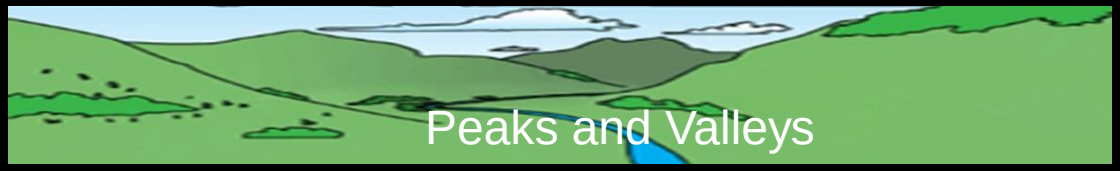
Nor do we consider successful treatment for anxiety to mean that a person will never have an episode of anxiety again in their lifetime.

ANXIETY TREATMENT GOALS

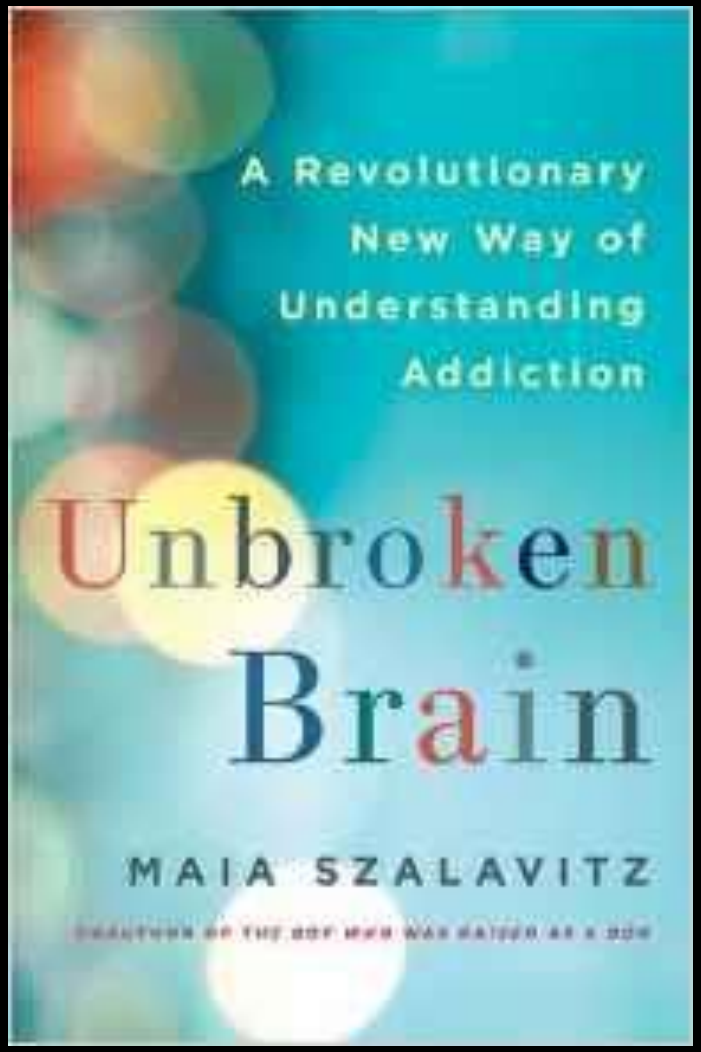
- Develop strategies to reduce symptoms, or reduce anxiety and improve coping skills
- Increase understanding of anxious feelings.

DRUG TREATMENT GOALS

- Be free of drug/alcohol use/abuse
- Client will abstain from using substances and will manage withdrawal symptoms without relapsing



Punishment Strategies: Ineffective in Reducing Demand



"the definition of addiction is continuing to do something despite negative consequences, so inherently negative consequences - i.e. punishment – is not going to be effective." – Maia Szalavitz

Neither jail nor treatment programs that employ harsh or punitive techniques, offer effective strategies to help people get control over dangerous, compulsive problematic patterns of drug use.

<u>Employing negative consequences is an illogical strategy for people who continue to use drugs despite negative consequences- the definition of addiction</u>! If negative consequences worked, they would not be addicted in the first place.

Overdose Prevention & Response
What We already know

- We have skyrocketing deaths from opioid overdose. naloxone quickly and effectively reverses respiratory arrest from opioid overdose, restores breathing and saves lives if administered quickly enough.
- Time is of the essence, particularly as we see increasing introduction of high potency/fast-acting fentanyl into the heroin supply.
- Therefore, it is increasingly essential to insure that naloxone is immediately available at the scene of an opioid overdose.
- We have several years of data showing that lay administration of naloxone can be done effectively with a minimum of training.
- Individuals who use illicit drug, themselves, are most likely to be already present at the scene of illicit drug use where opioid overdoses occur.

Peer Reversal: We have the antidote

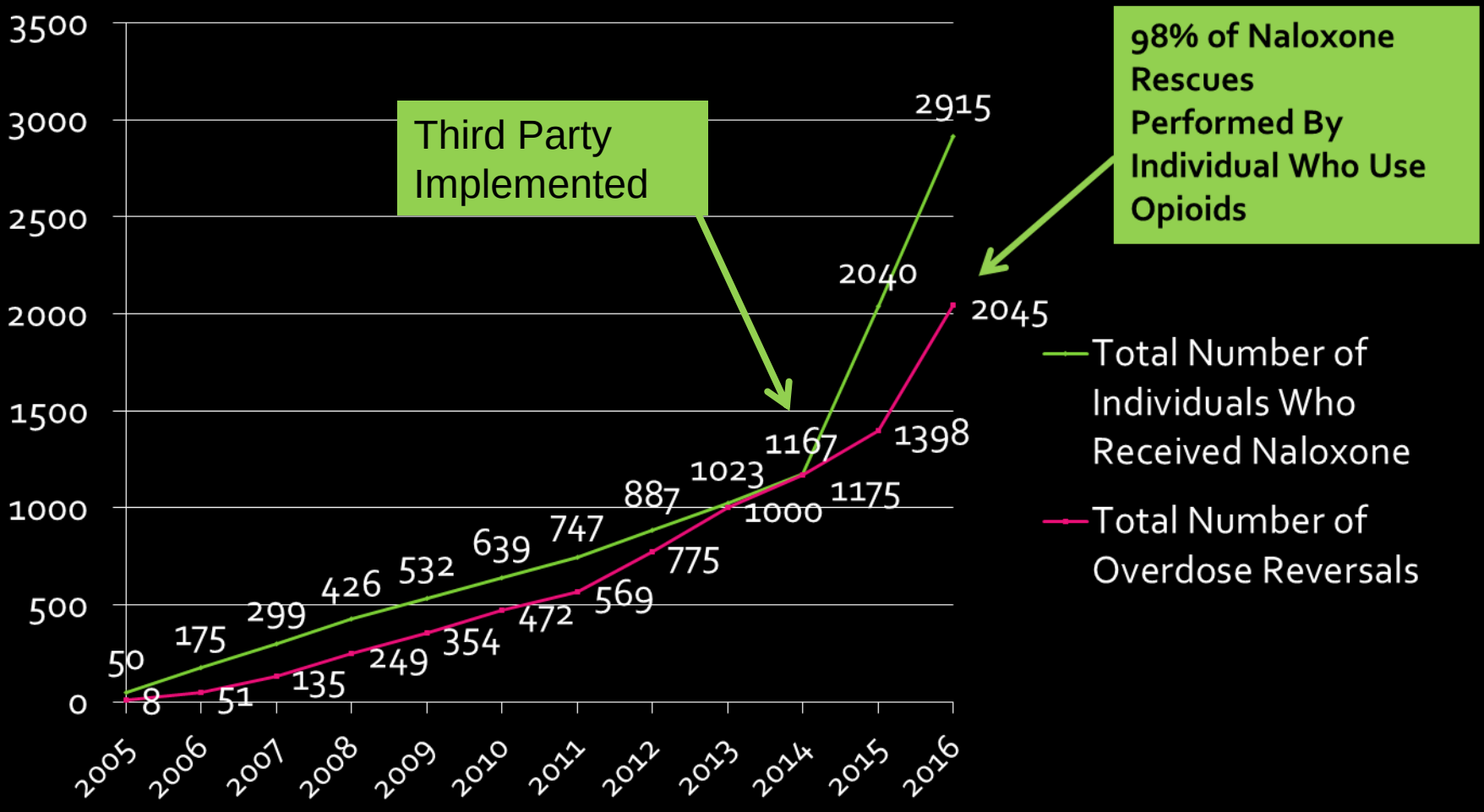
NALOXONE HCL (Narcan® or Ezvio®)

Deaths from Opioid Overdose are almost entirely preventable if oxygen is maintained through rescue breathing.

In addition, we have a safe, highly effective, very safe antidote, routinely used in Pre-hospital and hospital Setting form many decades.

No psychoactive effects

Prevention Point Pittsburgh Naloxone
CUMULATIVE DATA - July 2005- March 2017



2005 - 2014 100% of rescues were by individuals who use opioids themselves,
2015-2017 98% of rescues were by individuals who use opioids themselves.

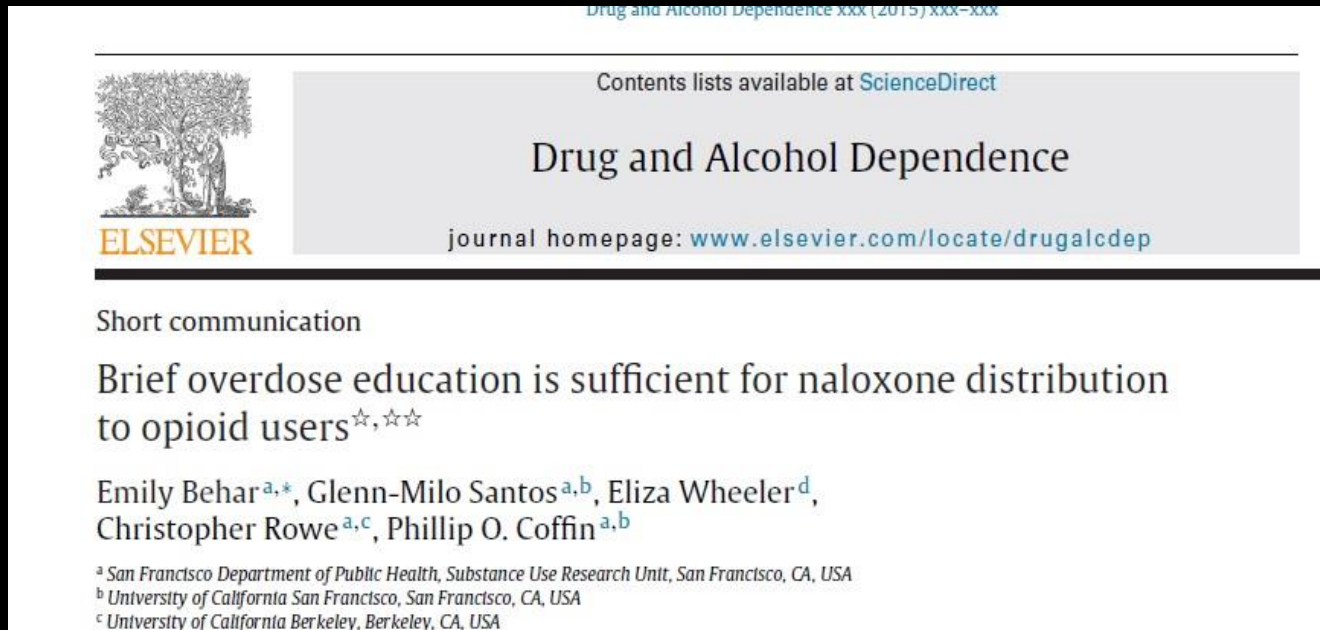
Act 139 of 2014

- Provisions for "third party prescribing": Allows naloxone to be prescribed to potential witnesses, including friends and family, police, firefighters, SUD Treatment staff.
- Allows physician to prescribe by standing order, physician doesn't have to be present for training and dispensing.
- Provides broad immunity from liability for prescribers A ND for those administering naloxone.
- Limited immunity for those calling 911 "Good Samaritan".

ODP Trainings – 5-10 minutes

Standardized 5–10 min education is sufficient.

- Overdose Prevention
- Reducing the Risk
- Symptom Identification
- What To Do If You Witness an OD
- What Not to Do
- Naloxone



Drug and Alcohol Dependence xxx (2015) xxx–xxx

Contents lists available at ScienceDirect

Drug and Alcohol Dependence

journal homepage: www.elsevier.com/locate/drugalcdep

Short communication

Brief overdose education is sufficient for naloxone distribution to opioid users☆,☆☆

Emily Behar[a,*], Glenn-Milo Santos[a,b], Eliza Wheeler[d], Christopher Rowe[a,c], Phillip O. Coffin[a,b]

[a] San Francisco Department of Public Health, Substance Use Research Unit, San Francisco, CA, USA
[b] University of California San Francisco, San Francisco, CA, USA
[c] University of California Berkeley, Berkeley, CA, USA

Symptoms of Opioid Overdose

- Body is very limp
- Unable to talk
- Face if very pale
- Lips or fingertips are blue
- Heartbeat is slow or not there at all
- Breathing is slow, shallow, or erratic or has stopped
- Passing out

What Should You Do?

Stimulation:

- NOISE,
- PAIN (sternum rub)

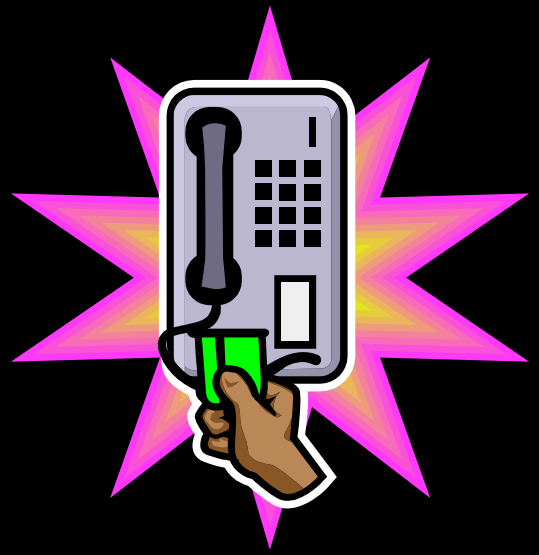
If they don't respond:

- Breath For Them (Rescue Breathing)
- Call 911
- Give Them Narcan (naloxone)

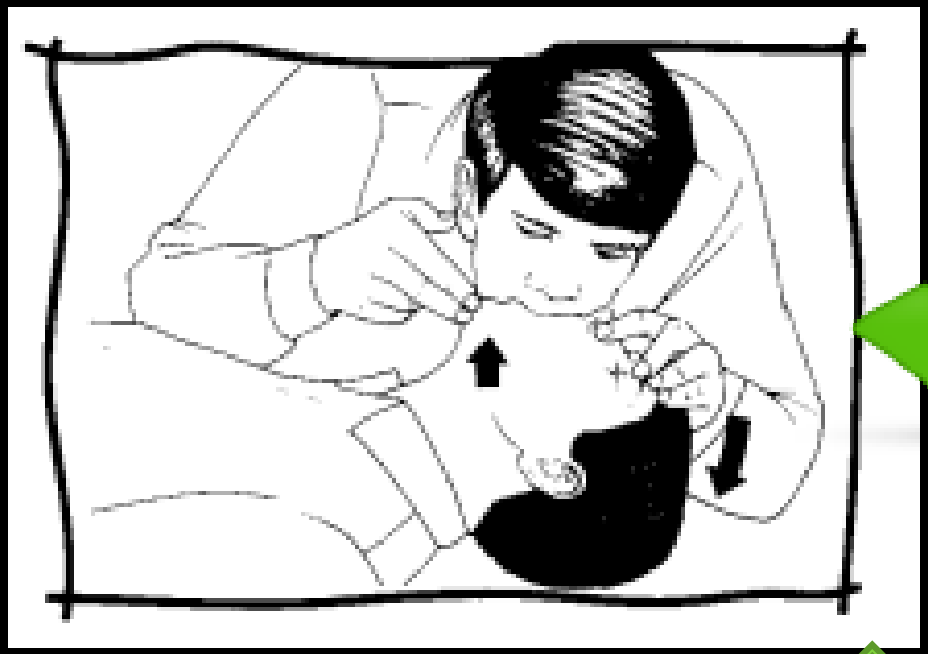
What NOT to do:

- **Sometimes people think that putting someone is bathtub or putting ice on them will help. This just wastes precious time!**
- **Don't make them vomit** , or give them food or water– If they vomit, they could choke
- Don't leave them alone.
- Don't give them any other medicines or drugs except naloxone.

Call 911



- Keep anyone there quiet
- Be calm, speak clearly
- Tell the dispatcher
  - Exact address
  - Person is **unconscious**
  - **Person is not breathing** or **blue**
  - That person may be in opioid overdose.
- Be prepared that the police may come.

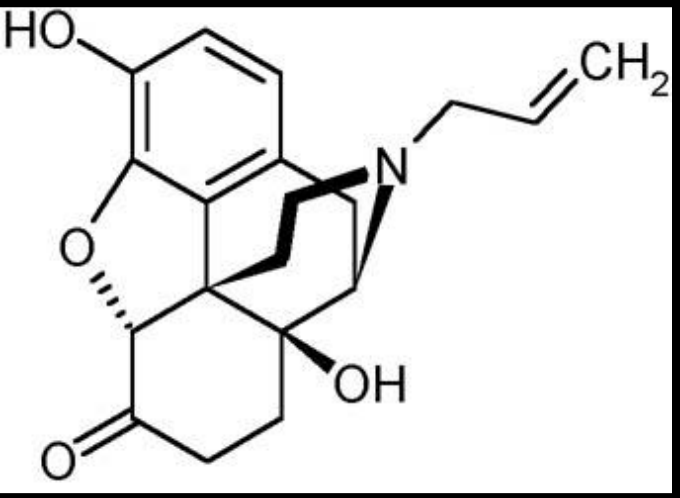


BREATHE FOR THEM !!

THEY NEED OXYGEN- RESCUE BREATHING!

OR

CHEST COMPRESSIONS



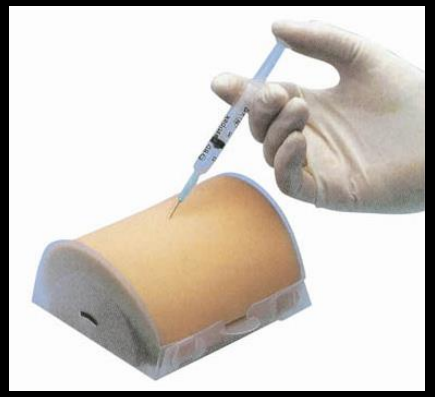
How Does Naloxone Work?

- Injected into vein or muscle, it reverses the effects of opiates. (Under the skin works too)
- Effectively blocks the receptors that opioids attach to so that opioids do not have access.
- Lasts for 30 to 90 minutes.
- Causes withdrawal symptoms if person is opiate-dependant

How To Administer Naloxone?

- Take off orange cap from bottle.
- Insert IM syringe through gray stopper.
- Draw up 1 cc of liquid
- Inject into front of thigh, or upper arm.
- Rapidly push needle into muscle and then push plunger down with your thumb.
- Breathe for them again until they start breathing on their own.
- If no response in 3-5 minutes, give them another 1 cc of naloxone.

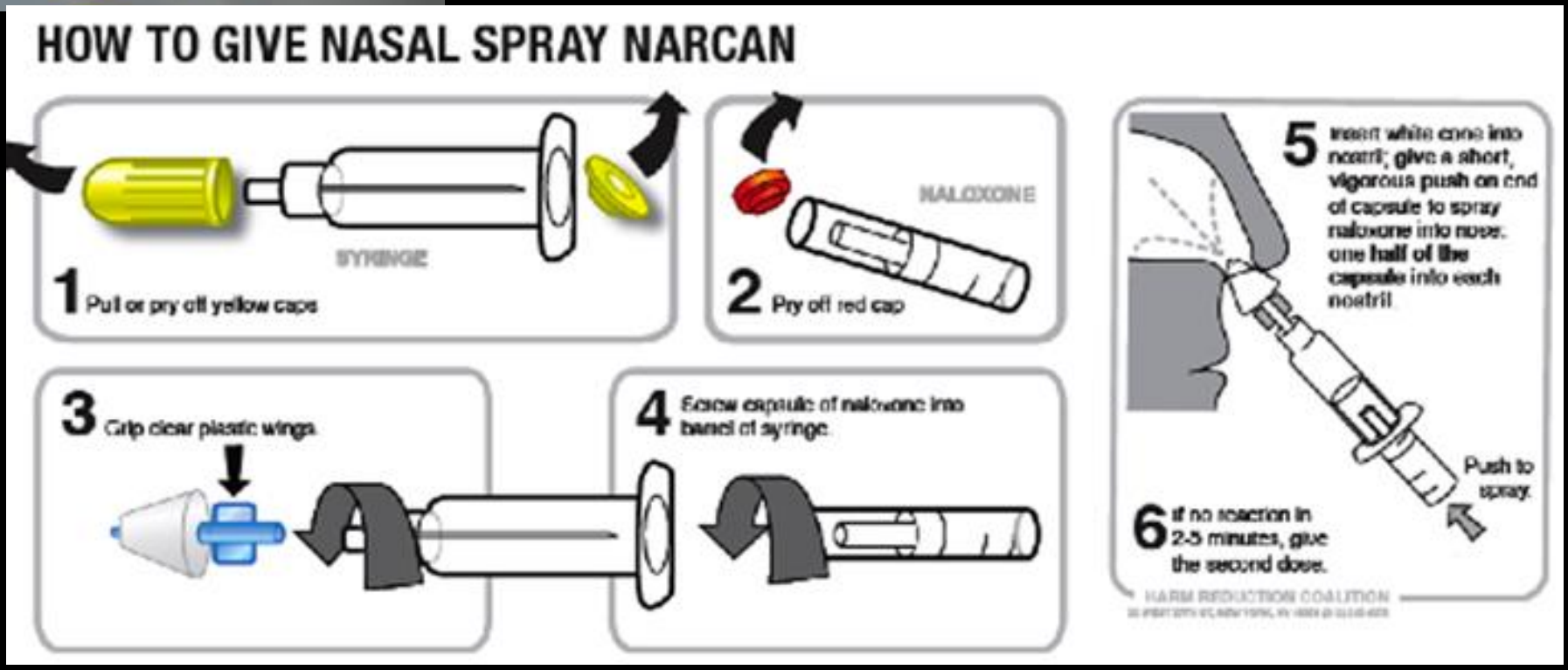
Naloxone IM Injection



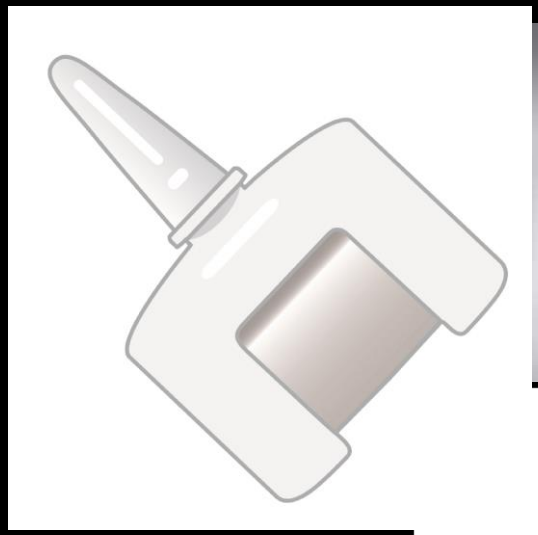
- Assemble 1 dose (1cc)
- Muscle shot, either
  - Shoulder
  - Butt
  - Thigh

KEEP BREATHING FOR THEM

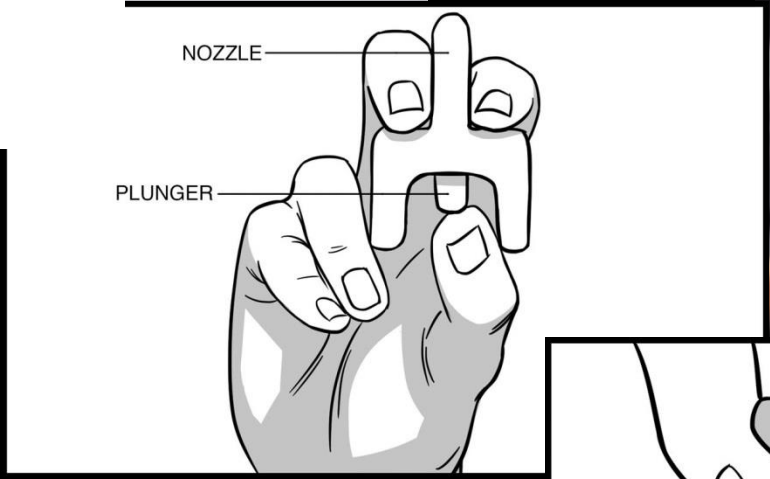
Naloxone – Intranasal

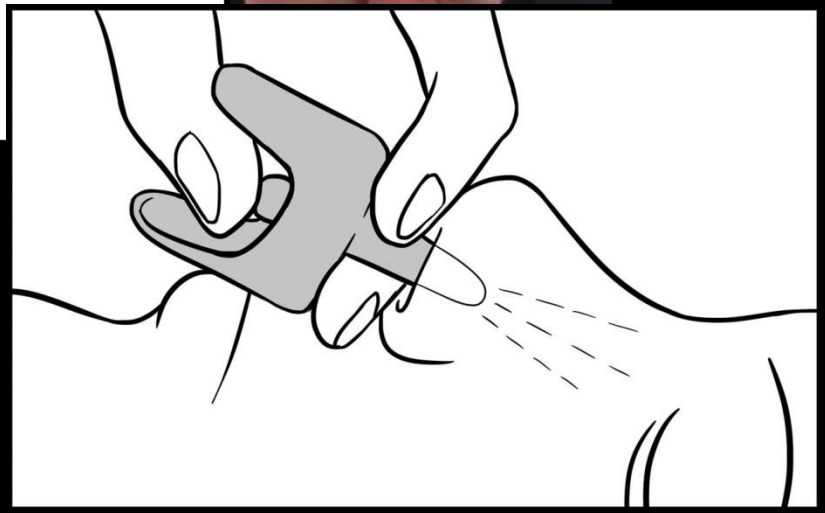


Narcan – Intranasal



MUCH stronger than other types of naloxone – Concern about more severe withdrawal symptoms and longer duration of withdrawal.





Auto-Injector

Where to get naloxone?

- **Ideally naloxone in the first aid kit of every lay and professional first responder: in police cars, ambulances, homeless shelters, substance use treatment programs, schools, community centers and home first aid kits.**
- **NUMBER ONE priority: Put naloxone in the hands of those most likely to be on the scene and first to respond, individuals who use opioids, themselves.**
  - At your local needle exchange……but where else?
  - From a physician: clinics and hospitals
  - From a pharmacist: Standing Orders
  - Through SUD Tx Programs
  - Jails
  - EMS "leave behind" programs

Take Home Naloxone in Medical Settings

- Family Medical Centers and Outpatient Clinics, such as:
  - Positive Health Clinic - AHN
  - UPMC - PACT
  - Pittsburgh Mercy Family Health Center
  - New Kensington Family Health
  - Latterman Family Health Center

- Hospital Emergeny Departments
  - Allegheny General ✓
  - Mercy Hospital ✓
  - St. Margaret's ?
  - Presbyterian?
  - Shadyside?
  - Others?

Approved by:

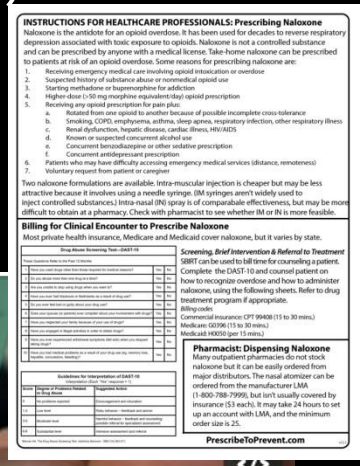
- American Medical Association
- Office of National Drug Control Policy
- American Public Health Association

Getting Naloxone from a Pharmacy

- Find a pharmacy from list or go to local pharmacy.
- Ask: Do you have naloxone? Do you participate in the standing order? (Standing Order means you don't have to get a prescription from a doctor.)
- You DO NOT need to explain why you need naloxone. Tell them you need naloxone, hand them your insurance card, or plan to pay cash and ask for their least expensive type.

Recommended Online Trainings
Prevention Point website: pppgh.org

- NY Health Department– Overdose Prevention on Vimeo & Youtube (English and Spanish, nasal and injectable IM)
- Prevention Point – prescribetoprevent.org/ Patient Education/Prescriber/Pharmacist Education



- Police, EMT's Firefighters:
- pavtn.net/act-139-training
- or http://getnaloxonenow.org/

Harm Reduction Successes:

- Rio Arriba County, New Mexico, population 40,000: Santa Fe Mountain Center gave out over 3,300 doses of naloxone with 752 reversals reported in FY16 !!!
- 30% decrease in the County; 9% decrease statewide
- For Allegheny County, similar saturation would require 100,000 doses of naloxone.

Bet County Leaders Wish They Could Get Barney's Playground Money Back

RIO GRANDE SUN

NEWS FROM THE HEART OF THE PUEBLO COUNTRY

Volume 59, Number 42 | Española, New Mexico 87532 | Thursday, July 14, 2016 | 34 pages, 4 sections 50 cents

Fatal ODs Drop by More Than a Dozen

2014 saw an all-time high 39 overdose deaths

By Wheeler Cowperthwaite
SUN Staff Writer

2014's all-time high of 39.

The number of deaths in 2015 is just under the former peak of 26, in 2012 and 2007.

While the number of overdoses may have declined, it still puts Rio Arriba County and Española far above all national and state averages.

Heroin continued its trend of

Three deaths were caused by heroin, alone.

Opiates garnered an even larger portion, being involved in 20 of the 23 deaths, or 87 percent. Heroin is an opiate.

The third most-involved drug was alcohol, contributing to 13 deaths, or 54 percent. Alcohol-only overdoses were not counted.

percent, while cocaine was involved in six, or 25 percent.

The *Rio Grande SUN* reviewed 102 autopsy reports produced by the Office of the Medical Investigator, following an Inspection of Public Records Act request, part of the *SUN's* annual review of overdose deaths in Rio Arriba County.

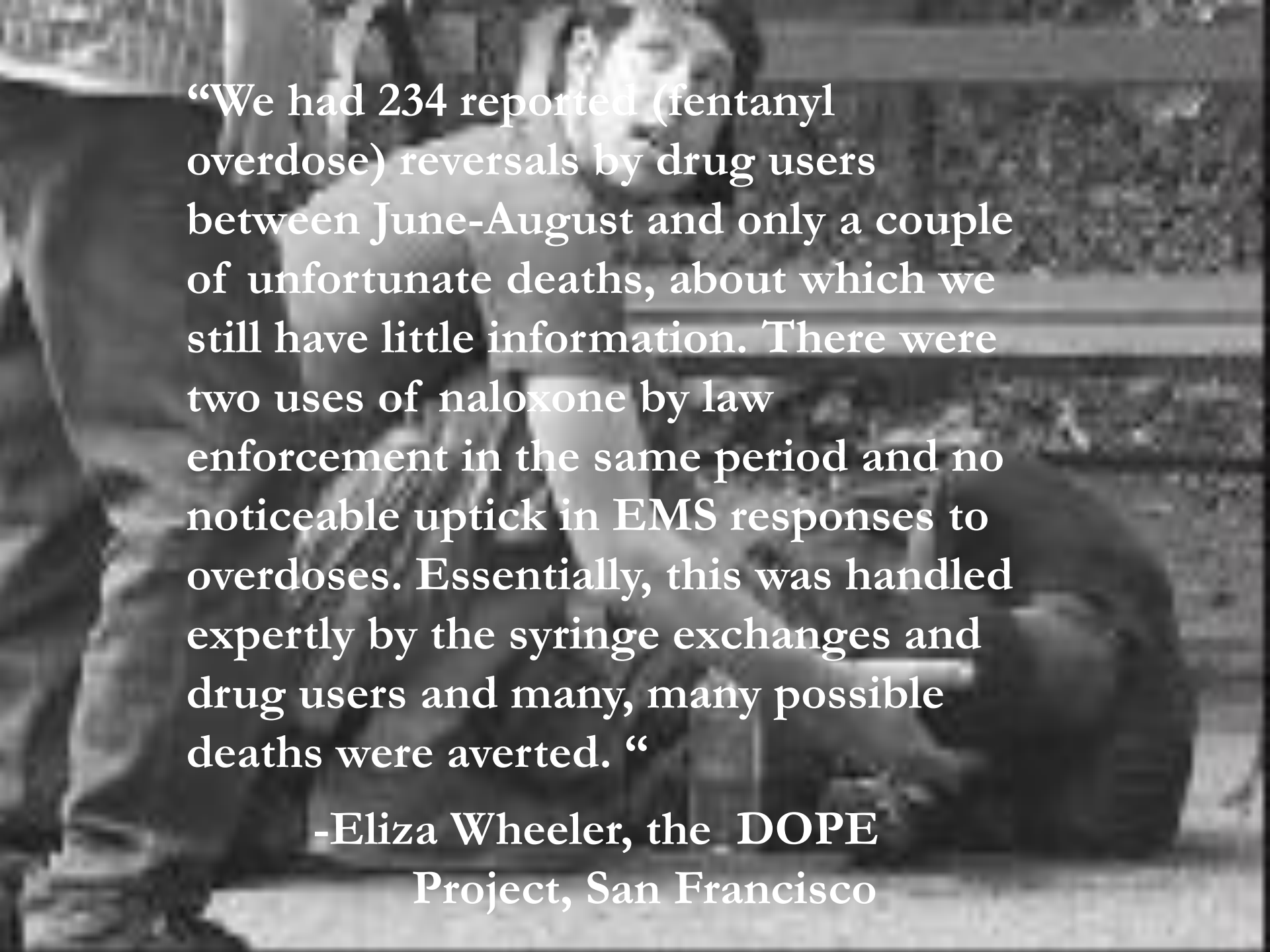
autopsies that had not yet been completed from 2015.

The review does not include deaths that happened on either the Santa Clara Pueblo, Ohkay Owingeh pueblo, Jicarilla Apache Nation or in Santa Fe County, which includes parts of Española, Chimayó and Santa Cruz.

declared it as being in Rio Arriba County.

For every death (listed on pages A5 and A7), a pathologist concluded the consumption of drugs was at fault.

The review only counted unintentional overdoses, although no suicides were committed through the use of drugs this year.



"We had 234 reported (fentanyl overdose) reversals by drug users between June-August and only a couple of unfortunate deaths, about which we still have little information. There were two uses of naloxone by law enforcement in the same period and no noticeable uptick in EMS responses to overdoses. Essentially, this was handled expertly by the syringe exchanges and drug users and many, many possible deaths were averted. "

-Eliza Wheeler, the DOPE Project, San Francisco

Heroin Assisted Treatment

Heroin Assisted Treatment successful programs is Switzerland, Holland, Germany, Italy and Canada. Improved individual health, social circumstances and economic stability, reduction in disease transmission, mental health problems, crime and death.

Swiss program, in 1997 reported on a three-year experiment in which they had prescribed heroin to 1,146 addicts in 18 locations.

In Liverpool, during the early 1990s, Dr John Marks used a special Home Office license to prescribe heroin to people who were addicted. Police reported a 96% reduction in acquisitive crime. Deaths from locally acquired HIV infection and drug-related overdoses fell to zero. But, under intense pressure from the government, the project was closed down. In its 10 years' work, not one of its patients had died. In the first two years after it was closed, 41 died.

- From a public health perspective, Safer Injection Facilities provide a clean place to inject drugs – which reduces the spread of infectious diseases like HIV, AIDS and hepatitis C.
- Wherever there are street drug users, an SIF makes the area safer by diminishing open drug use and curtailing litter, such as used needles.
- Finally, they've been shown to reduce overdose deaths.

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Combination

- JADE Wellness: Every person offered naloxone at initial appointment with physician. IOP and OP groups Overdose Awareness Seminar every few months with training and naloxone is offered. 60 prescriptions for naloxone in past month, 600-800 in past year, increasing every year for the past several years. Several routes established to get naloxone.

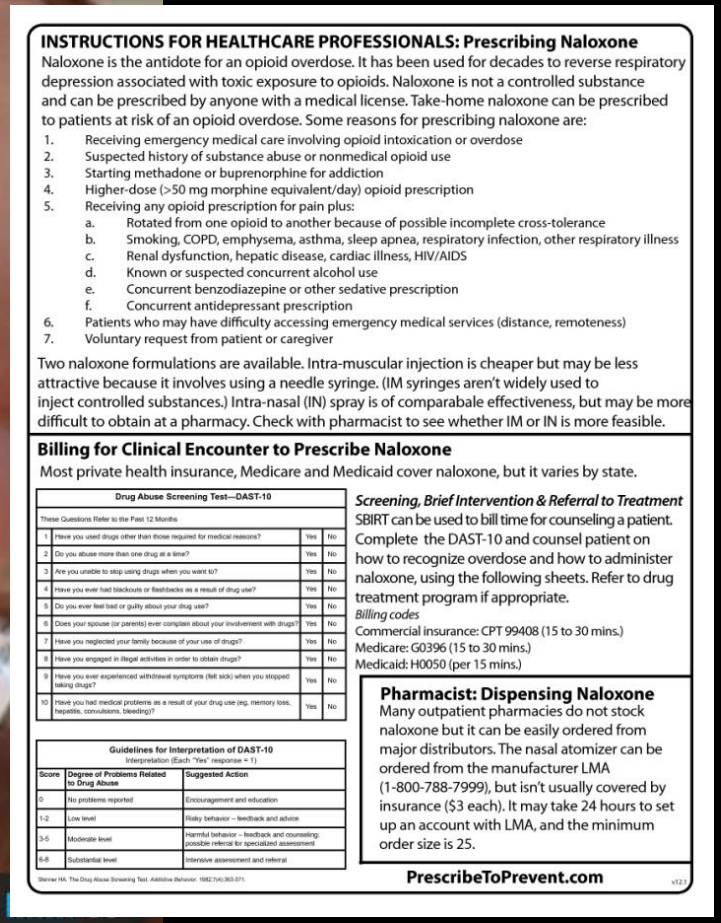
- 1) Relationship with a specialty pharmacy. E-Prescription for any type of naloxone (Evzio, IN or IM). Pharmacy will either mail it to the individual's house or to Jade office where it is dispensed.
- 2)Relationship with a local pharmacy. Program participant is given a paper prescription and given information on specific knowledgeable pharmacy/ies where they can take it directly to be filled.
- 3)Program purchases a supply of kits to have on hand for clients who don't have insurance or are extremely high risk and can't wait for the medication from the pharmacy.

Resources:

PrescribetoPrevent.org

Project Lazarus

Providing technical assistance



INSTRUCTIONS FOR HEALTHCARE PROFESSIONALS: Prescribing Naloxone

Naloxone is the antidote for an opioid overdose. It has been used for decades to reverse respiratory depression associated with toxic exposure to opioids. Naloxone is not a controlled substance and can be prescribed by anyone with a medical license. Take-home naloxone can be prescribed to patients at risk of an opioid overdose. Some reasons for prescribing naloxone are:

1. Receiving emergency medical care involving opioid intoxication or overdose
2. Suspected history of substance abuse or nonmedical opioid use
3. Starting methadone or buprenorphine for addiction
4. Higher-dose (>50 mg morphine equivalent/day) opioid prescription
5. Receiving any opioid prescription for pain plus:
   a. Rotated from one opioid to another because of possible incomplete cross-tolerance
   b. Smoking, COPD, emphysema, asthma, sleep apnea, respiratory infection, other respiratory illness
   c. Renal dysfunction, hepatic disease, cardiac illness, HIV/AIDS
   d. Known or suspected concurrent alcohol use
   e. Concurrent benzodiazepine or other sedative prescription
   f. Concurrent antidepressant prescription
6. Patients who may have difficulty accessing emergency medical services (distance, remoteness)
7. Voluntary request from patient or caregiver

Two naloxone formulations are available. Intra-muscular injection is cheaper but may be less attractive because it involves using a needle syringe. (IM syringes aren't widely used to inject controlled substances.) Intra-nasal (IN) spray is of comparabale effectiveness, but may be more difficult to obtain at a pharmacy. Check with pharmacist to see whether IM or IN is more feasible.

Billing for Clinical Encounter to Prescribe Naloxone

Most private health insurance, Medicare and Medicaid cover naloxone, but it varies by state.

Drug Abuse Screening Test—DAST-10

These Questions Refer to the Past 12 Months

1	Have you used drugs other than those required for medical reasons?	Yes	No
2	Do you abuse more than one drug at a time?	Yes	No
3	Are you unable to stop using drugs when you want to?	Yes	No
4	Have you ever had blackouts or flashbacks as a result of drug use?	Yes	No
5	Do you ever feel bad or guilty about your drug use?	Yes	No
6	Does your spouse (or parents) ever complain about your involvement with drugs?	Yes	No
7	Have you neglected your family because of your use of drugs?	Yes	No
8	Have you engaged in illegal activities in order to obtain drugs?	Yes	No
9	Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	Yes	No
10	Have you had medical problems as a result of your drug use (eg, memory loss, hepatitis, convulsions, bleeding)?	Yes	No

Guidelines for Interpretation of DAST-10

Interpretation (Each "Yes" response = 1)

Score	Degree of Problems Related to Drug Abuse	Suggested Action
0	No problems reported	Encouragement and education
1-2	Low level	Risky behavior – feedback and advice
3-5	Moderate level	Harmful behavior – feedback and counseling; possible referral for specialized assessment
6-8	Substantial level	Intensive assessment and referral

Skinner HA. The Drug Abuse Screening Test. Addictive Behavior. 1982;7(4):363-371.

Screening, Brief Intervention & Referral to Treatment

SBIRT can be used to bill time for counseling a patient. Complete the DAST-10 and counsel patient on how to recognize overdose and how to administer naloxone, using the following sheets. Refer to drug treatment program if appropriate.

Billing codes

Commercial insurance: CPT 99408 (15 to 30 mins.)
Medicare: G0396 (15 to 30 mins.)
Medicaid: H0050 (per 15 mins.)

Pharmacist: Dispensing Naloxone

Many outpatient pharmacies do not stock naloxone but it can be easily ordered from major distributors. The nasal atomizer can be ordered from the manufacturer LMA (1-800-788-7999), but isn't usually covered by insurance ($3 each). It may take 24 hours to set up an account with LMA, and the minimum order size is 25.

PrescribeToPrevent.com

v12.1

Solutions/Models

- Model #1 - Direct distribution of kits: GOLD STANDARD
  - Gateway (grant funded)
  - ARS billing insurance (back fill)
  - Tadiso – DHS providing kits
  - Armstrong County – case managers providing kits
  - Kelly Street: PPP goes and provides kits
  - PHC: (back fill)

- Challenges: How to get naloxone? Grants, DHS, PPP, Insurance, Who gets it? , "wrong message"

- Advantages: Most effective in getting naloxone into people's hands, reaches most people, universality.

Solutions/Models

- Model #2 –Collaboration with Specific Pharmacist
  - Resources for Human Development: Residential will work with pharmacy that supplies their residents with other medication.
  - Central Outreach: Takes clients to pharmacy next door.
  - Mon Yough: Pharmacy on site. Pharmacist knowledgeable.

- Challenges: Developing pharmacy relationship, what about people who don't have insurance? Co-pays?
- Smooths pharmacy problems
- Universality

Solutions/Models

- Model #3 –
- Write a script and give them list of pharmacies.(least effective model)
- Challenges: not universal so people may not go because of concerns about stigma, no money for co-pay, don't feel comfortable, don't think they need it, don't want others to think they need it. No Insurance? No money for co-pay? Transportation? Fear of judgement.
- Advantages: No cost to agency, don't have to address staff prejudices.
- Could be improved by developing relationships with pharmacists.
- POWER: Give out PPP brochures
  - If very high risk bring them individually to PPP?

To get to the "roots" of the problem, you have to ask: Why at this point in history, we have such a large number of individuals in the U.S. who feel the need to numb pain on a daily basis? These are BIG problems our society must be willing to take on: Poverty, Hopelessness, Racism, Lack of Opportunity, Despair.

G Model
DRUPOL-1706; No. of Pages 8

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International Journal of Drug Policy xxx (2016) xxx–xxx

Contents lists available at ScienceDirect

International Journal of Drug Policy

journal homepage: www.elsevier.com/locate/drugpo

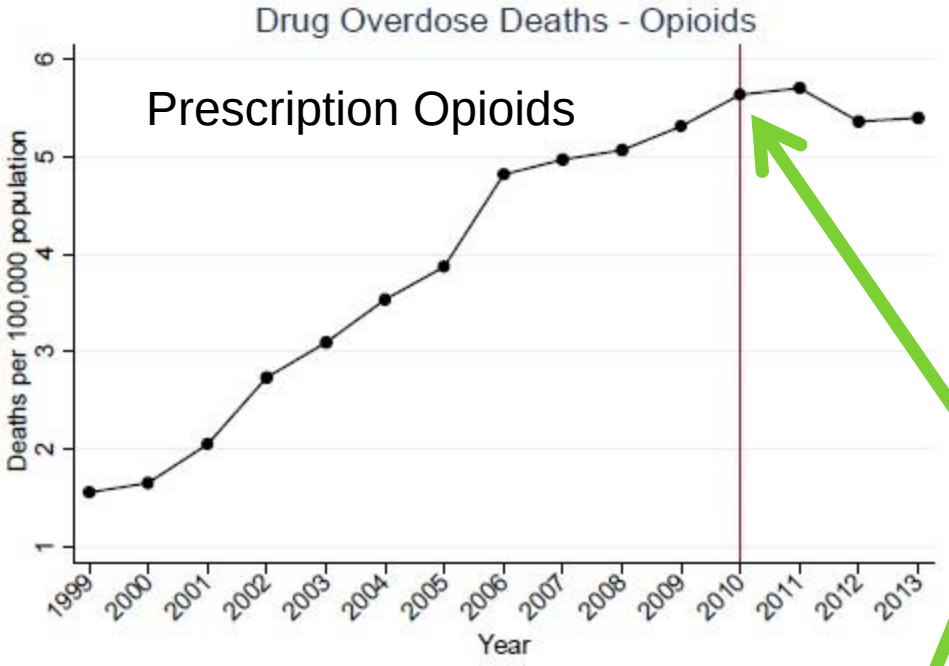
Research paper

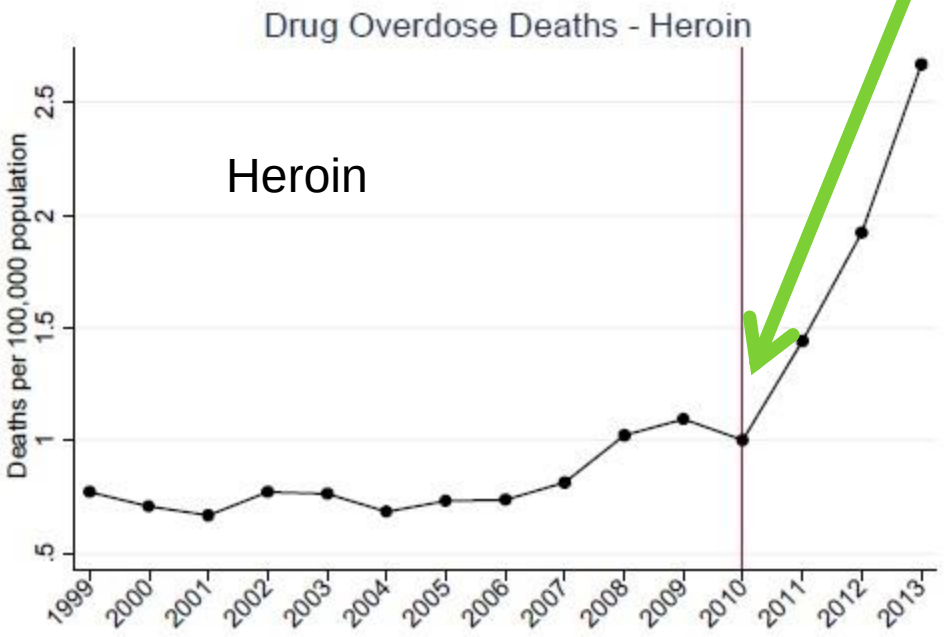
"There's nothing here": Deindustrialization as risk environment for overdose

Katherine McLean *

The Pennsylvania State University – Greater Allegheny, 4000 University Drive, McKeesport, PA 15131, United States

"Overdose, and addiction more generally, emerge in the above interviews as the backdrop to life in a poor city with a seemingly terminal prognosis. The data further reveals….how a vacuum of opportunity, social support and hope may be met by an expanding illicit drug market that offers both employment and recreation."





Each percentage point reduction of OxyContin misuse due to reformulation is shown to increase heroin mortality by 3.1 deaths per 100,000.

OxyContin Reformulation

No evidence that reformulation affected overdose rates overall (across all drugs).

Substitution of heroin and illegal fentanyl unraveled benefits of reformulation in three years following reformulation.

Supply-Side Drug Policy in the Presence of Substitutes: Evidence from the Introduction of Abuse-Deterrent Opioids , Alpert, Powell, Pacula . National Bureau of Economic Research, Jan. 2017

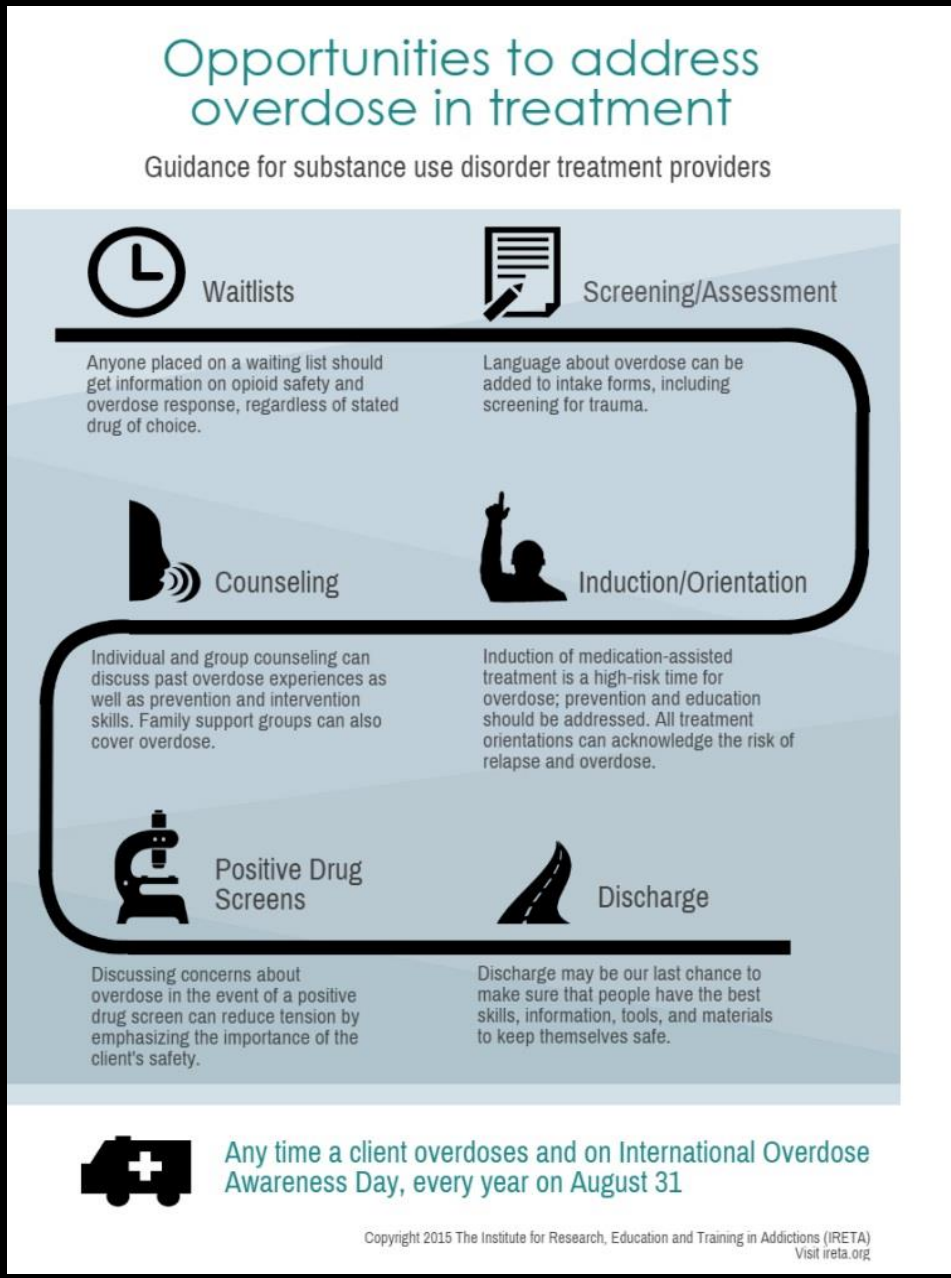
If you work with people who are at possible risk of overdose here are some steps you can take to help reduce the risk of overdose:

- If you want to have naloxone in case someone overdoses at your agency or office, plan to purchase naloxone at a pharmacy that has a standing order or through a medical prescriber.
  - Just like you purchase a fire extinguish and first aid kit, consider this part of having a safe work place.
  - Staff can receive video training on how to respond to an overdose with naloxone. You can find a number of videos to choose from at the website PrescribeToPrevent.org. Find the tab at top middle "Patient Education" and the drop down "Videos."

Naloxone in SUD Treatment

Recommended by SAMHSA, PA DDAP, Allegheny County DHS

Implemented or planning implementation:
Gateway Rehab
Jade Wellness
POWER
Family Links
Pittsburgh Veterans Association SUD Tx
Butler Veterans Association
(VA's nationwide)
UPMC Methadone and suboxone providers
Tadiso
Accessible Recovery Systems
Open Door – Indiana, PA
Med Tech – Westmoreland County



If you work with people who are at possible risk of overdose here are some steps you can take to help reduce the risk of overdose:

Recognize that a person is far more likely to overdose in their home or other setting than in your offices . It is vital that people who may use legal or illegal opioids have naloxone in their own possession. There are steps you can take to facilitate access to naloxone for people who participate in your programs.

- a. Make naloxone directly available through your program to people who need it
- b. Work with a specialty pharmacy to deliver naloxone to your program or to the home of people who need it. Pharmacists can get information at PrescribeToPrevent.org "Pharmacists"

- c. If you can't do either of the above, talk with a pharmacist located near your program .

Let them know you plan to bring people to them to get naloxone through standing order and want to make sure they will have naloxone in stock, participate in the standing order and are familiar with billing insurance for naloxone.

Just handing someone a prescription and telling them to fill it at a pharmacy is not an effective strategy. Make sure that you are familiar with the pharmacy you suggest. If transportation is an issue or they may be uncomfortable going to the pharmacy alone have someone TAKE THEM/GO WITH THEM to the pharmacy.

- d. Provide training on how to use naloxone: website PrescribeToPrevent.org. Find the tab at top middle "Patient Education" and the drop down "Videos."

- 3) If you cannot do any of the above, make sure that people who may be at risk of overdose know that they can come to Prevention Point Pittsburgh to get an injectable naloxone kit any Sunday between 12 and 2:30pm at PPP's syringe exchange in Oakland.