Preventing Overdose, Recidivism, and Disparities: Replicable Programs and Partnerships
Syringe Access in the Continuum of Care

Claire McLoone, LMSW
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.

-Amercia’s Need For & Receipt of Substance Use Treatment in 2015, SAMHSA
What is harm reduction?

Accepts that drug use is part of our world

Understands drug use as a complex, multi-faceted, continuum

Establishes wellbeing of individual and community as the criteria for success

Non-judgmental, non-coercive
What is harm reduction?

Seeks to empower users to share information and support each other.

Recognizes that the realities of poverty, class, racism, social isolation, trauma, sex-based discrimination and other social inequalities affect both people’s vulnerability to and capacity for effectively dealing with drug-related harm.

Does not attempt to minimize or ignore the real and tragic harm associated with drug use.
Current Resources and Policies

Opiates in Our Backyard: Implications for Drug Policy recommends:

- Naloxone distribution
- Good Samaritan Laws
- Syringe Access Programs
- Harm Reduction Education
- Availability of MAT
Figures 14-16 display the Spectrum of Care Engagement for Arizona’s prevalent cases by year (2011-2015), race, and transmission category, respectively.

*MSM=Men who have sex with men, NR=Not reported, HRH=High-risk heterosexual sex, IDU=Intravenous drug use
Syringe Access Programs

Keep the community safe

Community = PWUD, law enforcement, EMS, etc.

Prevent HIV, Hepatitis C, abscesses, and isolation

Bring people out of the shadows

Access point for services

Are extremely cost effective
Key Partnerships

Shot in the Dark, Maricopa County

Phoenix: 623-738-5539

East Valley: 602-456-9811

All volunteer, donation, grant based syringe access and sharps disposal program. HIV testing is available at some sites and referrals are made at all sites.
Harm Reduction in Your Practice

Statewide Advocacy
Agency Policies
Direct Practice
Correctional Services & Peer Support
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Much evidence supports that peer support is a critical and effective strategy for ongoing health care and sustained behavior change for people with chronic diseases and other conditions, and its benefits can be extended to community, organizational and societal levels.

Overall, studies have found that social support:

- decreases morbidity and mortality rates
- increases life expectancy
- increases knowledge of a disease
- improves self-efficacy
- improves self-reported health status and self-care skills, including medication adherence
- reduces use of emergency services

Why Use Peer Support

• Empowering the individual using your strength/experience to make healthier decisions.

• Non judgmental open ear

• Access to resources that could benefit the peer.

• Reduce Diversion in transitional processes.
What Peer Support Inreach Looks Like

Correctional Nursing Staff sends a list of potential MAT clients.

Peer Support Specialist goes to the housing facility to meet with the client.

Talks with the peer about what MAT is and what attending a clinic looks like.

Peer Support Specialist then walks the client through the transition process to reduce diversion and any anxiety the client has.
Arizona Collaborations
Michael C. White
MAT-PDOA GRANT (SAMHSA)

Improve access to comprehensive MAT services for 120 unduplicated MAT-eligible individuals per year participating in drug courts, probation, parole, and/or who are within 4 months of release from various detention facilities in Maricopa and Pima Counties.

Expand infrastructure and build capacity for state, regional, and local collaborators to implement integrated behavioral health, care coordination, and a recovery support team approach and integrated strength-based treatment planning, screening, and assessment for co-occurring disorders for the target population.

Enhance state, regional, and local integrated care and criminal justice partnerships to build capacity to sustain and/or expand best practices for providing comprehensive MAT services to individuals involved in the criminal justice system.
MAT-PDOA Grant

Grant goals: The project will create a bridge between criminal justice involved individuals with Opioid Use Disorder and access to Medication Assisted Treatment and Outpatient services

1. Increase number of incarcerated individuals enrolled in Medication Assisted Treatment services
2. Decrease Illicit Opioid use
3. Decrease Re-incarceration
4. Decrease stigma of Medication Assisted Treatment use with the criminal justice population
5. Decrease Tobacco use with Medication Assisted Treatment clients
MAT-PDOA Grant

Grant Requirements:

1. Client is involved with the legal system within past 4 months. "These individuals must be participating in drug courts, probation, parole, and/or be within 4 months of release from various detention facilities in Maricopa or Pima Counties."

2. Client has history of use of opioids or heroin and desire for MAT.

3. Client is Non Title-19 (Uninsured) or Private Insurance that does not cover Medication Assisted Treatment.

4. 40 clients will be served annually for 3 years.
2 Year Outcomes

MAT Outcomes vs Detoxification and Residential. A Comparison:

A local study of detox-residential yielded 7-12%, outcomes from 2010-2013 (SAMHSA Grant and Published in NIDA) (Follows National Trends)

Currently an average of 76% compliance in Maricopa County Drug Court for OUD populations. Similar averages in Pima County Drug Court (70%).

Currently, Felony Diversion Program in Maricopa County are 100% (sample size of 8).
Overdose Prevention: Implementing Programs to Save Lives and Reduce Health Disparities

Haley Coles
Executive Director
Sonoran Prevention Works
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 - In surveys of adolescents receiving treatment for substance abuse, more than 70% of patients had a history of trauma exposure
- Nutrition - Lower average weight than controls
- Arrest - 1,488,707 drug arrests in 2015, 84% possession only
- Incarceration - 2,224,400 in 2014
- Education – Financial aid denied for students w/ drug convictions
Overdose Death Disparities

- 2016 American OD deaths > entire Vietnam War
- 59,000-65,000 drug OD deaths in 2016
- Veterans 2x more likely to die of overdose
- OD death more likely in first 28 days after leaving inpatient
- Rural residents 50% higher OD death rates than urban
- AZ: 2016 - 1497 OD deaths, 790 opioid-related
- 45-54 highest death rates
Naloxone

• Used since 1960’s (emergency) & 1990’s (community)
• Non-addictive
• Acute withdrawal only side effect
• Easy to administer
• Does not encourage drug use
• **2016 HB 2355** (Rep. Carter)
  – Any person in a position to assist may administer
  – Standing order allowed

• **ARS 36-2266**: A health professional who has prescribing authority… may, directly or by a standing order, prescribe or dispense naloxone to a person who is at risk of experiencing an opioid-related overdose, to a family member of that person, to a community organization that provides services to persons who are at risk, or to any other person who is in a position to assist a person who is experiencing an opioid-related overdose.
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

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**ARIZONA DEPARTMENT OF HEALTH SERVICES**

**STANDING ORDERS FOR NALOXONE**

This standing order is issued by Dr. Cara Christ, MD, MS (NP61439585035), 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
  - NARCAN® 4mg/0.15mL nasal spray
    - Administer a single spray of Nucana in one nostril. Repeat after 3 minutes if no or minimal response.
    - Refill: PRN x 1 year

- For intravenous administration
  - 2mg/2mL single-dose Luer-Lock prefilled syringes. Include 2 Luer Lock reusable administration device pre-dose dispensed.
    - Spray 1 mL in each nostril. Repeat after 3 minutes if no or minimal response.
    - Refill: PRN x 1 year

- For intramuscular injection
  - 0.4mg/mL, 1 mL single-dose vials. Include one 23G, 1” syringe per dose dispensed.
    - Inject 1 mL IM in shoulder or thigh. Repeat after 3 minutes if no or minimal response.
    - Refill: PRN x 1 year

- For intramuscular or subcutaneous injection
  - 0.4mg/mL, 0.4 mL auto-injector, NL Two-pack
    - Follow audio instructions from device. Place on thigh and inject 0.4 mL. Repeat after 3 minutes if no or minimal response.
    - Refill: PRN x 1 year

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

Effective date 6/15/17, Expiration date 6/15/19
Precedence

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
Therapeutic Value of Overdose Prevention

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

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

• Framing overdose as preventable, life skill
  – Instills hope
  – Reduces drug use, increases access to health care
Incorporating OD Prevention

- Dispense naloxone, don’t just write a prescription
- If writing a prescription, have staff accompany patient to pharmacy OR utilize pharmacy delivery
- Consider including naloxone not just for overdose patients, but for patients with injection-related wounds/infections
- Train staff on drug-related stigma
- Contact SPW for free naloxone kits for high-risk patients
How To Incorporate?

• During intake/induction
• After positive drug screen
• Counseling
• Group psychoeducation
• Family support groups
• At discharge
Where To Incorporate?

• Street-based outreach
• Peer distribution
• Co-prescribing
• Treatment centers, jails distribute upon release
• Probation/Parole Officers distribute to clients
• EMS and hospital distribution/prescription
• Pharmacist-initiated distribution
AHCCCS-SPW Partnership

• Statewide naloxone distribution and OD prevention education
• Every county and reservation
• Targeting high risk persons, family members, law enforcement
• Assisting agencies to set up their own programs
• Sep 2016-June 2017: **11,000 kits** distro’d, ~**1050 rescues**
• 14 counties; Salt River, Pascua Yaqui, San Carlos Apache, Fort McDowell, Colorado River Reservations
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** – Navajo County, Yavapai County
Resources

- www.prescribetoprevent.org
- www.getnaloxonenow.org
- www.harmreduction.org
- www.drugpolicy.org
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
References

• Mcauley, A. & Forsyth, A.J. (2010). The impact of drug-related death on staff who have experienced it as part of their caseload: An exploratory study. *Journal of Substance Use.*
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