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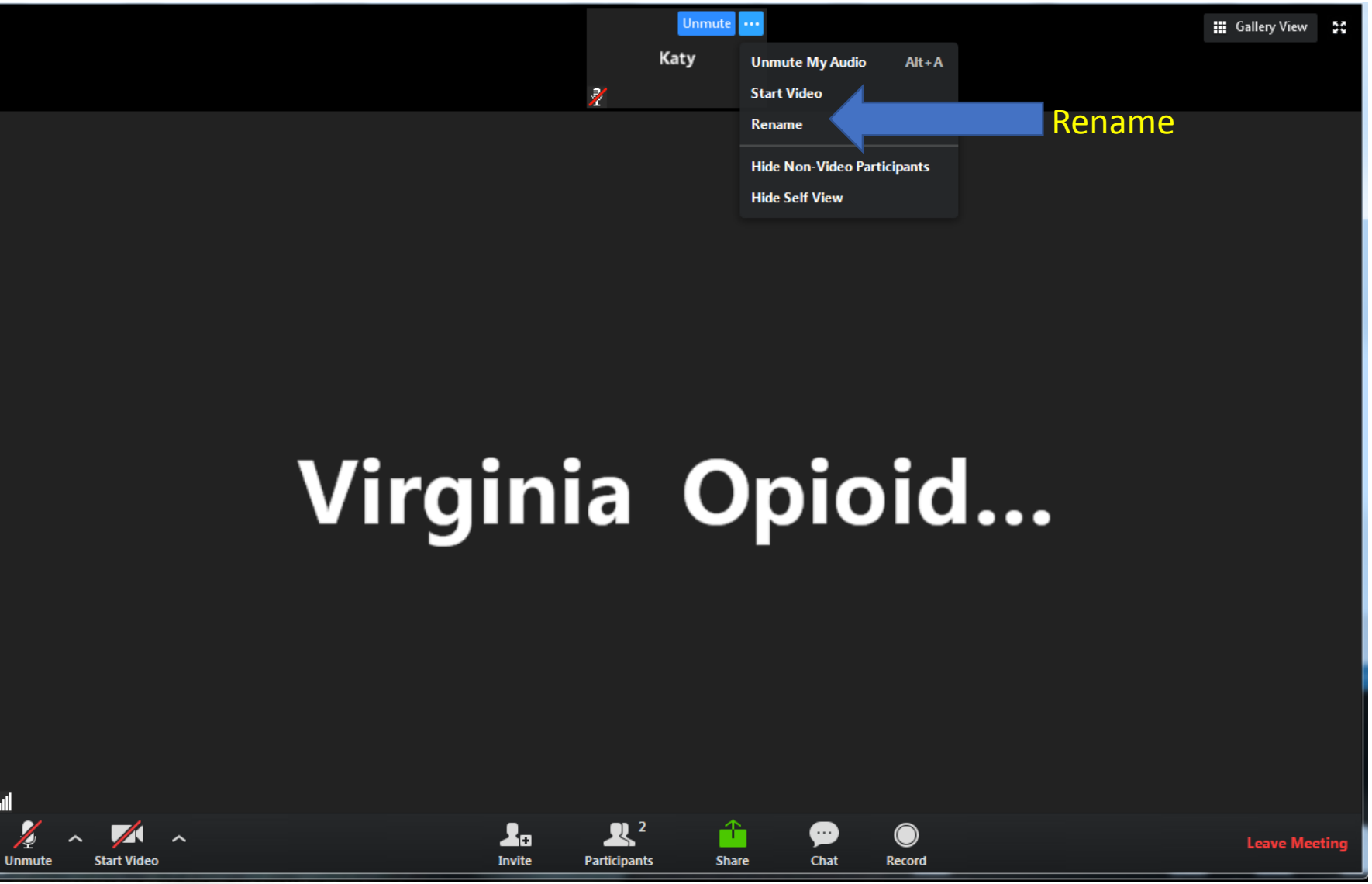
Virginia Opioid Addiction ECHO* Clinic

January 18, 2019

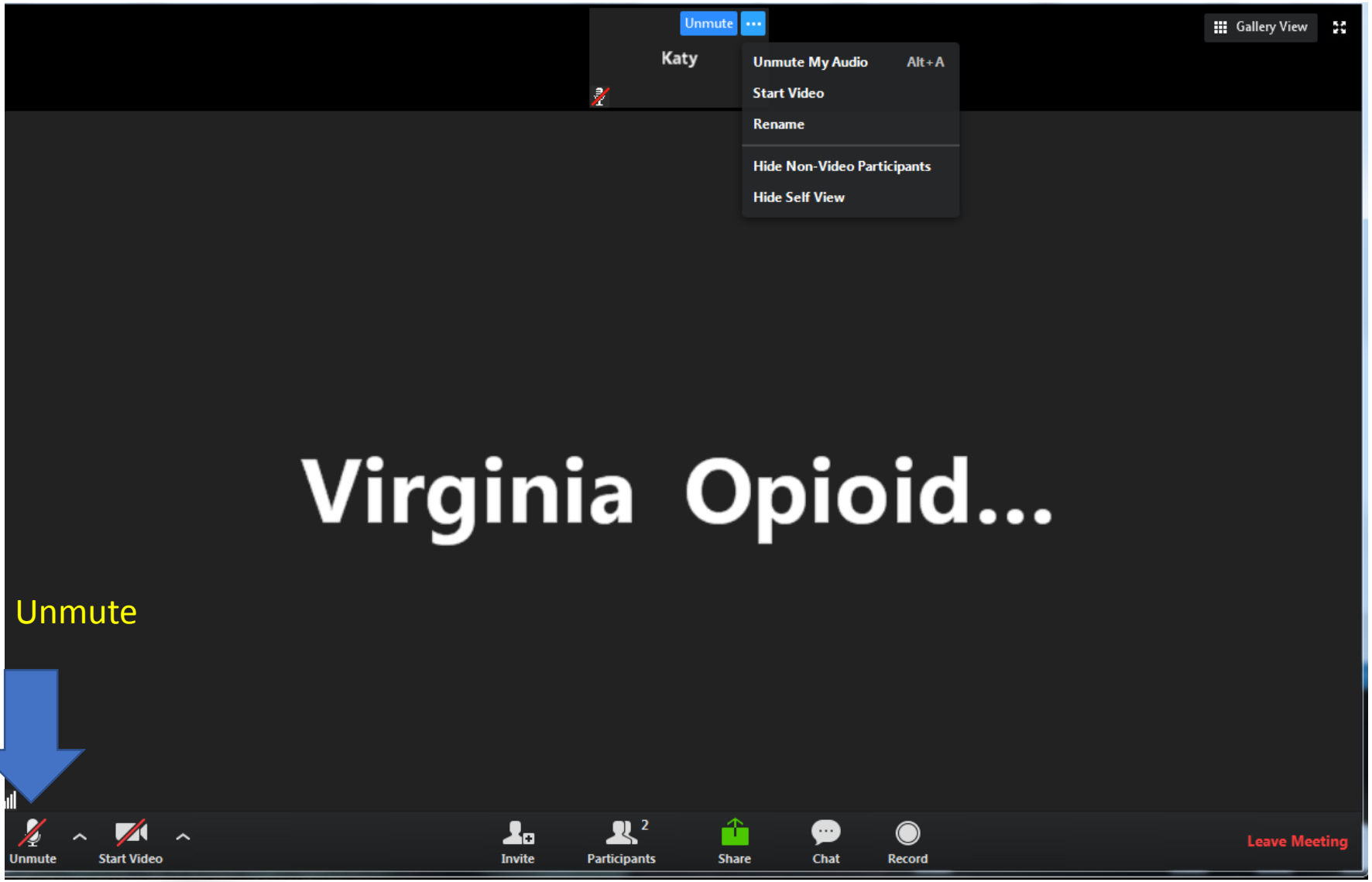
*ECHO: Extension of Community Healthcare Outcomes

Helpful Reminders



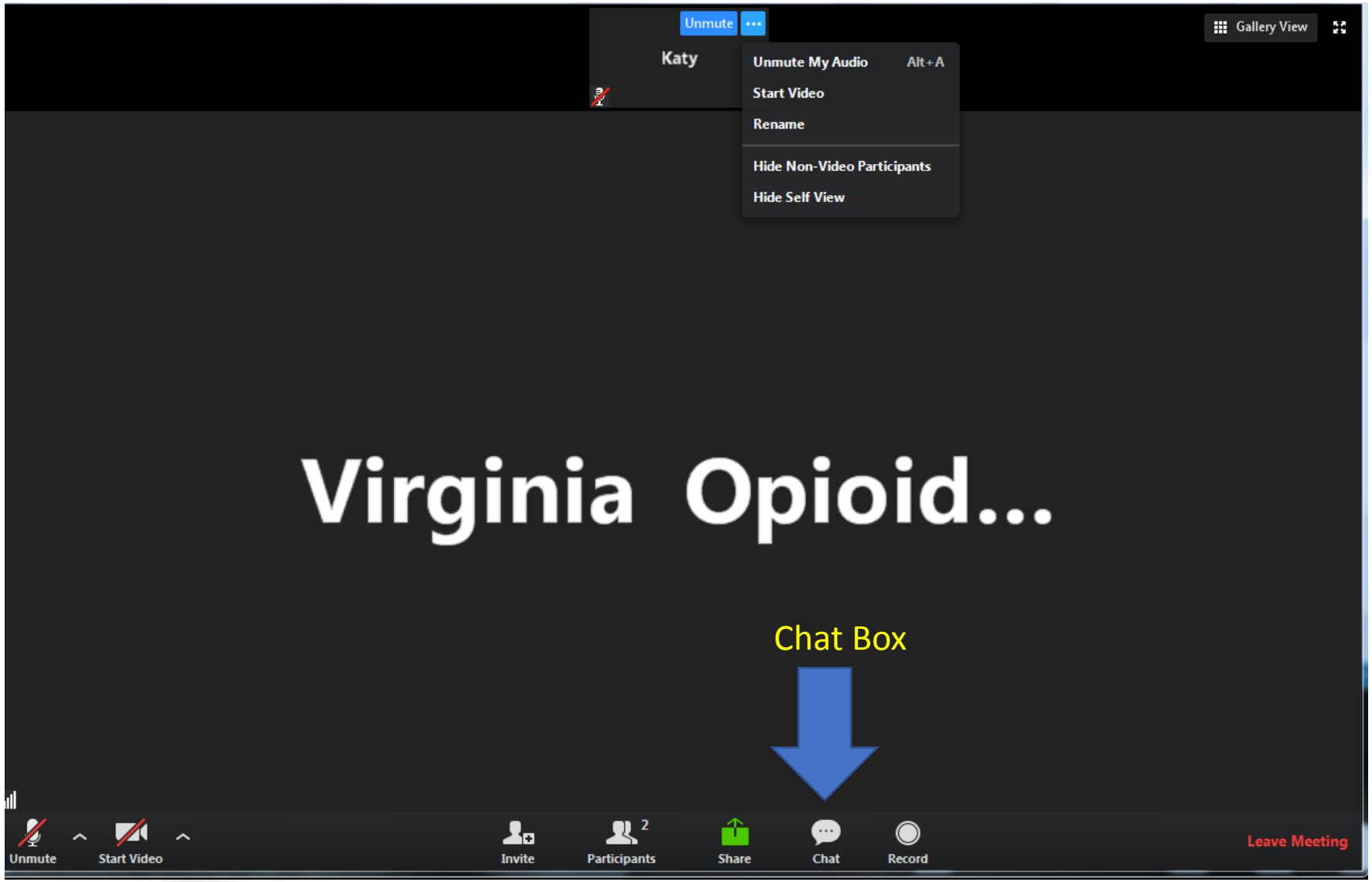
- Rename your Zoom screen, with your name and organization

Helpful Reminders



- You are all on mute please unmute to talk
- If joining by telephone audio only, *6 to mute and unmute

Helpful Reminders



- Please type your full name and organization into the chat box
- Use the chat function to speak with IT or ask questions

VCU Opioid Addiction ECHO Clinics

VCU Health
VCU School of Medicine

VDH Virginia Department of Health | VDHLiveWell.com | Virginia Department of Behavioral Health & Developmental Services

- Bi-Weekly 1.5 hour tele-ECHO Clinics
- Every tele-ECHO clinic includes a 30 minute didactic presentation followed by case discussions
  - Didactic presentations are developed and delivered by inter-professional experts in substance use disorder
- Website Link: www.vcuhealth.org/echo

VCU

Hub Introductions

VCU Team	
Clinical Director	Mishka Terplan, MD, MPH, FACOG, FASAM
Administrative Medical Director ECHO Hub and Principal Investigator	Vimal Mishra, MD, MMCi
Clinical Expert Didactic Presentation Program Manager Practice Administrator IT Support	Lori Keyser-Marcus, PhD Courtney Holmes, PhD Anna Scialli, MSW Bhakti Dave, MPH David Collins, MHA Vladimir Lavrentyev, MBA

Spoke/ Participant Introduction

- Name
- Organization

What to Expect

I. Didactic Presentation
   I. Harm Reduction
   II. Anna Scialli, MSW

II. Case presentations
   I. Case 1
      I. Case summary
      II. Clarifying questions
      III. Recommendations

   II. Case 2
      I. Case summary
      II. Clarifying questions
      III. Recommendations

III. Closing and questions

Lets get started!

Didactic Presentation

Harm Reduction in Virginia

What is Harm Reduction?

- An evidence-based public health approach that meets people where they are, reducing the negative health and safety consequences of the opioid epidemic.

What does harm reduction offer?

- Links to resources
- Syringe and needle exchange
- Safer use education
- HIV/Hep C/STD Testing
- Naloxone Access

Harm Reduction Principles

- Applies evidence-based interventions to reduce negative consequences of these behaviors.
  Ex: syringe access, naloxone, condoms, PrEP

- Incorporates a spectrum of strategies including *safer techniques, managed use,* and *abstinence.*

- Works to elicit **any positive change** based on the individual's needs, circumstances, readiness to change, and believing their abilities to change.

- Uses a person-centered approach: understands that substance use is one part of a person's life but does not define them.

Credit: Harm Reduction Coalition

Person first language

SAY THIS	NOT THAT
• Person who uses/injects drugs • Person with substance use disorder	• Addict, junkie, druggie
• Person living in recovery	• Ex-addict/Clean
• Person living in an addiction	• Battling/suffering from an addiction
• Person arrested for drug violation	• Drug offender
• Chooses not to at this point	• Non-compliant/bombed
• Medicine is a tool	• Medicine is a crutch
• Had a setback	• Relapsed
• Maintained recovery	• Stayed clean
• Positive drug screen	• Dirty drug screen
• Used needles/syringes	• Dirty needles/syringes

Allow patients/clients to use whatever language they choose to refer to themselves or others, this tool should not be used to condescend or correct those that we serve.

Harm Reduction is not…

- Harm reduction does not minimize or ignore the harms associated with licit and illicit drug use and sexual activity.
- Harm reduction does not mean “anything goes.”
- Harm reduction does not enable drug use or high risk behaviors.
- Harm reduction does not endorse or encourage drug use.
- Harm reduction does not exclude or dismiss abstinence-based treatment models as viable options

*Credit: Harm Reduction Coalition

Harm Reduction *Works*

- Program participants are 5 times more likely to enter treatment for substance use disorder (Hagan et al., 2000)
- Reduces the risk of needle-stick injuries to first responders (Lorentz et al., 2009)
- Reduces overdose deaths (Tobin et al., 2009)
- Reduces new cases of HIV and Hep C (Wodak & Cooney, 2006; Institute of Medicine, 2010)
- There is no evidence that harm reduction programs increase drug use or crime (Marx et al., 2000; Kidorf et al., 2012)

In the words of people who use drugs

"[The program] helps you stay sanitary. They tell you how to use everything all that, give you instructions and all that."

"[I]n the last year what harm reduction means for me… it means trying to stay on softer drugs instead of harder drugs."

"We deserve to live, to be okay, to have more chances. We have lives of value, we are people, too."

Harm Reduction Isn't New!

Netherlands: 1984

Tacoma, Washington: 1988

New York City: early 1990s

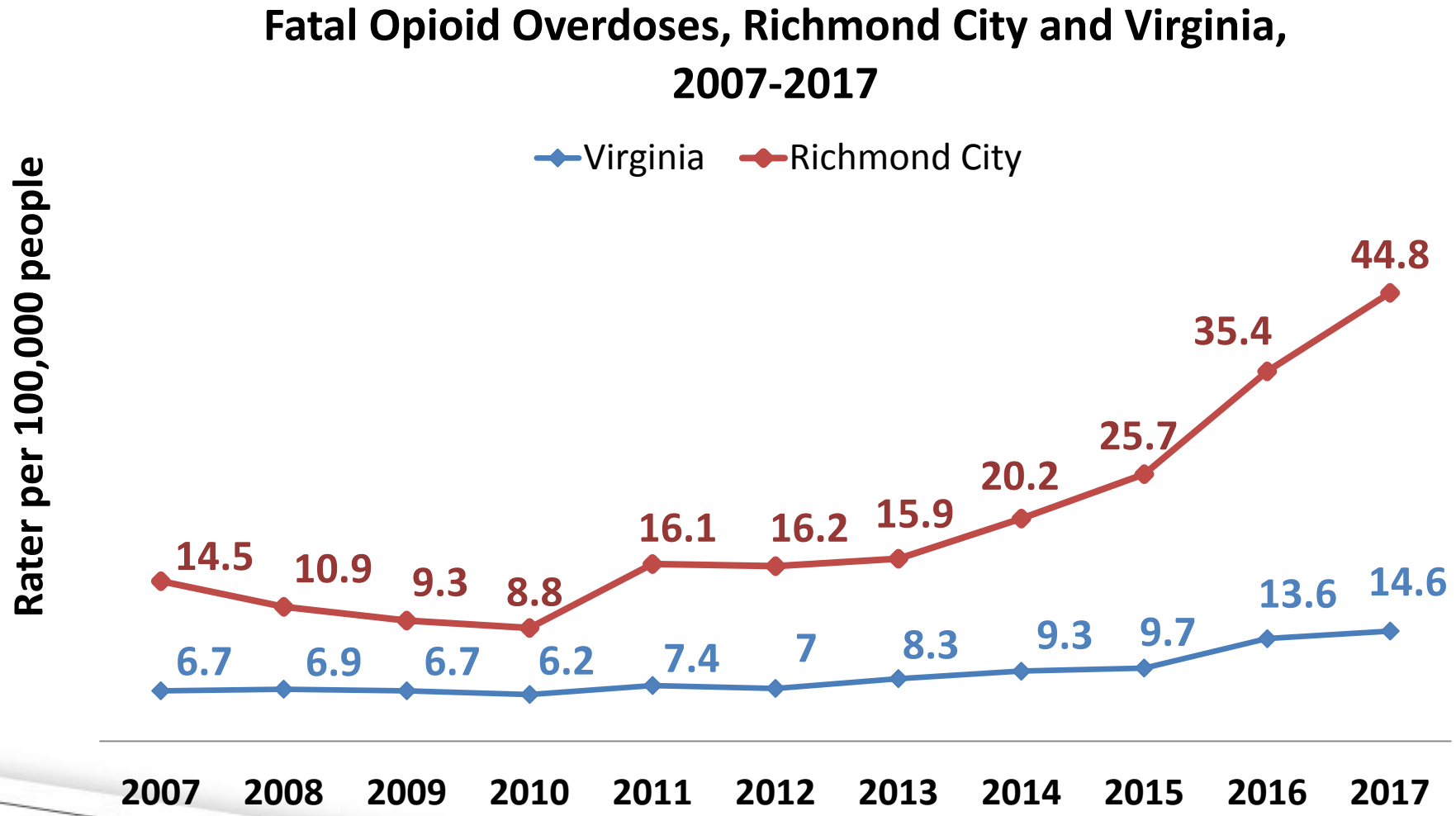
40 States + DC and Puerto Rico have syringe service programs

2017: Virginia legalized harm reduction programs that involve syringe services

Opioid Use in Virginia

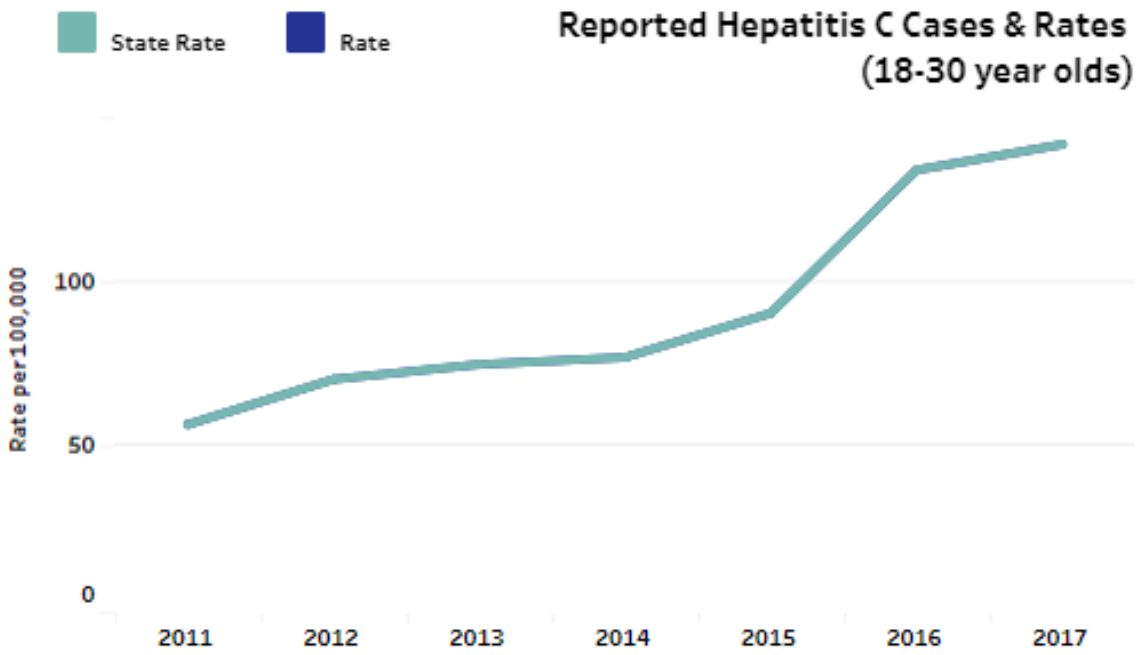
- There is an opioid use emergency in Virginia.
- 2017: 1,227 fatal opioid overdoses
- Opioids kill more people annually in Virginia than either car crashes or gunfire.
- Substance Use is shifting from prescription opioid to heroin and synthetic fentanyl.

The Opioid Crisis in Virginia



Source: Virginia Department of Health, Office of the Medical Examiner
Forensic Epidemiology Fatal Drug Overdose Quarterly Report, 2018

Virginia Statistics



2015: 1,382 reported new case of Hepatitis C cases (18-30 year olds)

2017: 2,141 new reported cases of Hepatitis C among (18 -30 year olds). This is a **54% increase** in two years.

Comprehensive Harm Reduction in Virginia

November 2016: Opioid addiction declared a Public Health Emergency

July 2017: HB 2317 allows state-approved harm reduction programs to provide syringes and other safe use materials (expires July 2020)

June 2018: Wise County opens first CHR program in VA

October 2018: Health Brigade opens CHR program

November 2018: Smyth County receives approval from VDH to open CHR program

What are the laws?

- Local police must approve of comprehensive harm reduction programs
- Syringe possession (without a prescription) is illegal in Virginia.
- What we tell our participants:

"If law enforcement stops you and you have needles/syringes, they may ask you if you are a part of a program. You may choose to tell them that you are a participant and to show them your ID card. Syringes/needles can be considered paraphernalia in Virginia – it is up to the law enforcement officer if they will or will not arrest you."

Health Brigade's Harm Reduction Program

- Offers syringes, cookers, filters, alcohol swabs, sterile water, tourniquets, snort kits, safer using education, and wound care kits
- Referrals to treatment, medical primary care, MH care, other services
- On-site HIV, STI/STD, and Hep C testing
- Naloxone/Narcan training and dispensing (free!)
- Certified Substance Abuse Counselor and a Peer Recovery Coach on-site

Goal: Any positive change

We work with our participants to think about what parts of their use could be adjusted based on what they want to change and provide them the tools/materials to make this change.

Any positive change

Reusing or sharing works (syringe, cookers)

Harm reduction strategies:

-Provide participants with enough syringes, cookers, and other use materials so they can use a new one every time.

-Give participants safer options when they do not have a new syringe

Any positive change

Wants to use less / manage use

Harm reduction strategies:

-Use less (3/4 cc vs 1 cc) and/or less often

-Snort instead of injecting one time a day

-Provide treatment information & resources

Any positive change

Using alone

Harm reduction strategies:

-Ask participants if there is someone that could check on them when they are using in case of overdose.

-Ask participants to leave doors unlocked so someone can find them.

Any positive change

Buying from new source

Harm reduction strategies:

- ‘Know your dealer’ versus buying from someone new

-Do a small amount first to test the strength (test shot)

-Use fentanyl test strips (when available)

Safety Basics for IV opioid use: Do a test shot. Don't fix alone. Know your tolerance. Use new needles, or clean with bleach.

- **Do a test shot.** When using a new supply or dealer, 'test' the strength. Inject slowly.
- **Avoid using alone.** This can put you at a higher risk of overdosing because no one is there to help you. Use with a friend and/or ask someone to check on you.
- **Keep your tolerance in mind.** If you have not used in a while, your body can't handle the same amount it did before. Use a smaller amount.
- **No clean equipment?** Try using other methods, like snorting or smoking. Or use a bleach kit to clean your works. If no bleach is available, use cool water.

More information on CHR in Virginia

- Virginia Department of Health (800) 533-4148 or at www.vdh.virginia.gov
- The Health Brigade
  (804) 358-6140
- Lenowisco Health District
  (276) 328-1926

Naloxone:

Virginia Department of Health will be dispensing Narcan Nasal Spray to those in need through the local health departments. Individuals should **call the health department in advance** to make sure a qualified staff member is on-site when the individual plans on going in.

What can providers do?

- Get Naloxone/Narcan and keep it on-hand. Offer information on trainings to your patients.
- Spread the word about comprehensive harm reduction programs so people can learn about safer use.
- Help reduce stigma by using person-first language.
- Understand that having setbacks is part of many people's recovery journey and that our participants/patients should have the tools they need to be safe and healthy.

Stigma and the opioid crisis

"We must all confront the intangible and often devastating effects of stigma. The key to recovery is support and compassion. Patients in pain and patients with a substance use disorder need comprehensive treatment, not judgment."

Patrice A. Harris, MD, MA, chair American Medical Associations Opioid Task Force

Questions?

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(804) 358-6140
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Anna Scialli, MSW, MPH
Program Associate
(804) 358-2437
ascialli@healthbrigade.org

Comprehensive Harm Reduction Program (CHR)
1010 N Thompson Street
Richmond, VA 23230
(804) 3580-6140

Mondays 5-8 PM
Friday 1-4 PM

References

Hagan H, McGough JP, Thiede H, Hopkins S, Duchin J, Alexander ER. Reduced injection frequency and increased entry and retention in drug treatment associated with needle-exchange participation in Seattle drug injectors. J Subst Abuse Treat 2000;19(3):247-52.

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Case Presentation #1

Sunny Kim, NP

- 12:35pm-12:55pm [20 min]
  - 5 min: Presentation
  - 2 min: Clarifying questions- Spokes (participants)
  - 2 min: Clarifying questions – Hub
  - 2 min: Recommendations – Spokes (participants)
  - 2 min: Recommendations – Hub
  - 5 min: Summary - Hub

Case Presentation #1
Sunny Kim, NP

Please state your main question(s) or what feedback/suggestions you would like from the group today?

Continue of Sublocade or transition back to SL buprenorphine?

Case History

Attention: Please DO NOT provide any patient specific information nor include any Protected Health Information!

Demographic Information (e.g. age, sex, race, education level, employment, living situation, social support, etc.)

32 yo African American female patient. 11th grade education. Currently working as a hostess at a local restaurant. Living with parents and 2 children. Both parents are in recovery >13 yrs and very supportive of pt's recovery.

Physical, Behavioral, and Mental health background information (e.g. medical diagnosis, reason for receiving opioids, lab results, current medications, current or past counseling or therapy treatment, barriers to patient care, etc.)

C-sections x 2, GB removal. No other past medical history. Initiation of Medication Assisted Treatment for her opioid use disorder with buprenorphine on July 2017. Urine drug screen showing >6 months remission from substance abuse. Current meds of albuterol 90 mcg 2 puff four times daily PRN SOB, buprenorphine extended release 300 mg every 30 days, ibuprofen 800 mg TID PRN pain. Currently not participating in behavioral health therapy due to work schedule (last BH therapy 3/15/2018).

What interventions have you tried up to this point ?
Additional case history (e.g. treatments, medications, referrals, etc.)

Past attempt with methadone for 8 months 2013 but not successful. Initiation of Medication Assisted Treatment for her opioid use disorder with buprenorphine on July 2017 and stable in recovery >6 months.

What is your plan for future treatment? What are the patient's goals for treatment?

pt wishes to taper off of buprenorphine within 1-2 yrs.

Other relevant information

recent complication with Sublocade. unclear if pt will continue with Sublocade

REMINDER: Please ensure that NO patient specific identifiable information (PHI) is included in this submission. Please read, sign, and click SUBMIT when completed.

Case Presentation #2

Sharon Hardy, BSW, CSAC

- 12:55pm-1:25pm [20 min]
  - 5 min: Presentation
  - 2 min: Clarifying questions- Spokes
  - 2 min: Clarifying questions – Hub
  - 2 min: Recommendations – Spokes
  - 2 min: Recommendations – Hub
  - 5 min: Summary - Hub

Case Presentation #2
Sharon Hardy, BSW, CSAC

Please state your main question(s) or what feedback/suggestions you would like from the group today?

When a co-occuring client entered treatment which disease do you treat first.

Case History

Attention: Please DO NOT provide any patient specific information nor include any Protected Health Information!

Demographic Information (e.g. age, sex, race, education level, employment, living situation, social support, etc.)

A.S. is a twenty five year old female who was referred by her probation officer for substance abuse treatment. This is A.S. first attempt at substance abuse treatment. She was referred to treatment by her probation officer. She is on probation for possession of drugs. Reported she was diagnosed as schizophrenia five years ago while she was in jail. Reported was hospitalized for mental illness couple months ago.. Reported given medication, but just don't take them. Reported she don't like taking those medications. Reported actively hearing voices and having hallucinations. She denies HI, SI, or AVH. Reported uses heroin (40.00 dollars worth) daily. (snort) Reported resides with her mother. Reported has no children.

Physical, Behavioral, and Mental health background information (e.g. medical diagnosis, reason for receiving opioids, lab results, current medications, current or past counseling or therapy treatment, barriers to patient care, etc.)

Working on obtaining her health background information from her doctor.

What interventions have you tried up to this point ?
Additional case history (e.g. treatments, medications, referrals, etc.)

A.S. appears willing about treatment. She showed up to appointment.

What is your plan for future treatment? What are the patient's goals for treatment?

Plan to refer her to crisis stabilization, (for medication needs) to stabilize her mental illness then placed in detox, inpatient treatment, followed by Methadone Treatment. Refer to CSB for ongoing treatment while in OP treatment.. Will suggested shot instead of medication for client.

Other relevant information

n/a

REMINDER: Please ensure that NO patient specific identifiable information (PHI) is included in this submission. Please read, sign, and click SUBMIT when completed.

Case Studies and Feedback

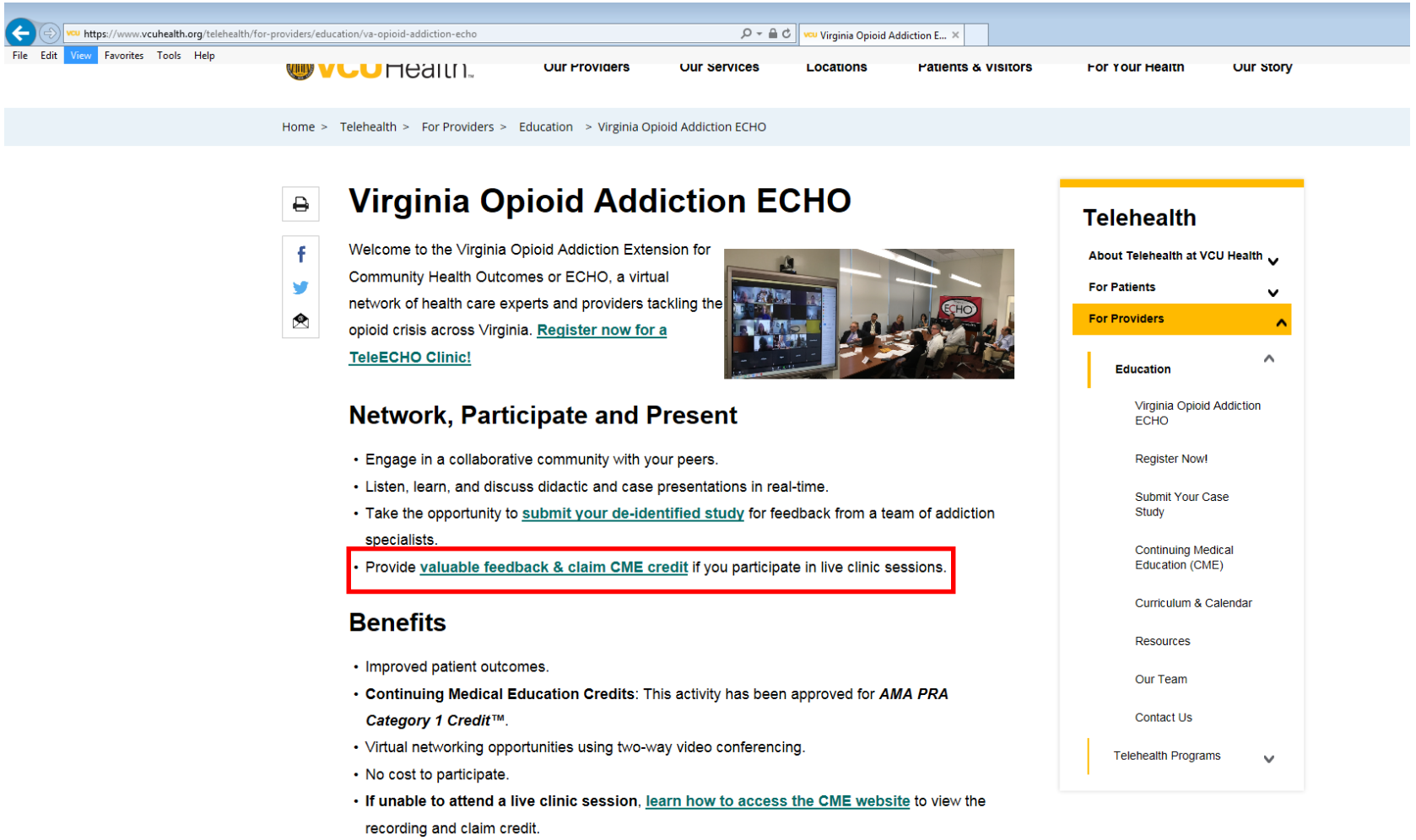
- Case studies
  - Submit: www.vcuhealth.org/echo
  - Receive feedback from participants and content experts
- Opportunity to formally submit feedback
  - Survey: www.vcuhealth.org/echo
  - Overall feedback related to session content and flow?
  - Ideas for guest speakers?

Access Your Evaluation and Claim Your CME

- www.vcuhealth.org/echo

  - To claim CME credit for today's session

Access Your Evaluation and Claim Your CME



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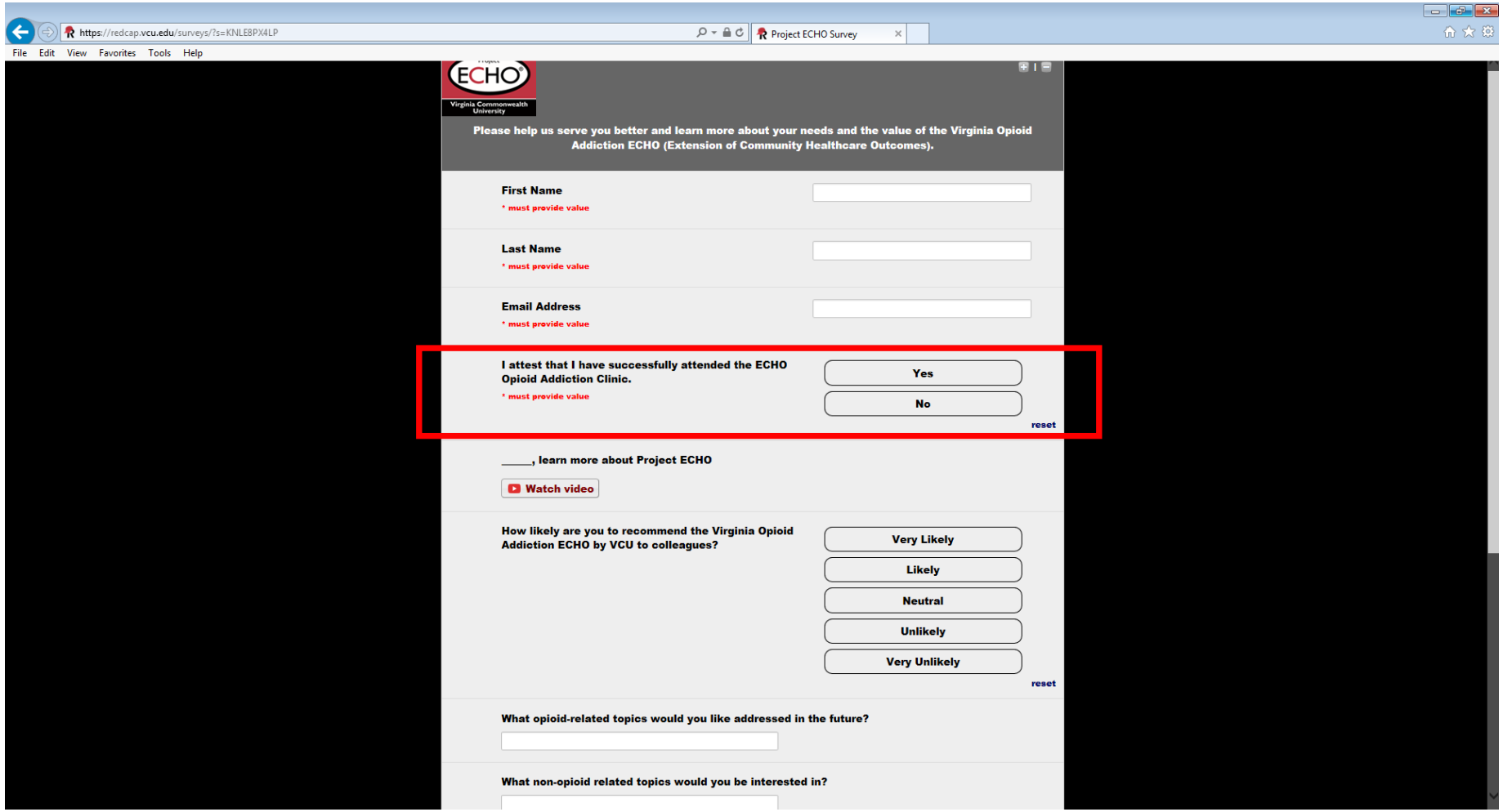
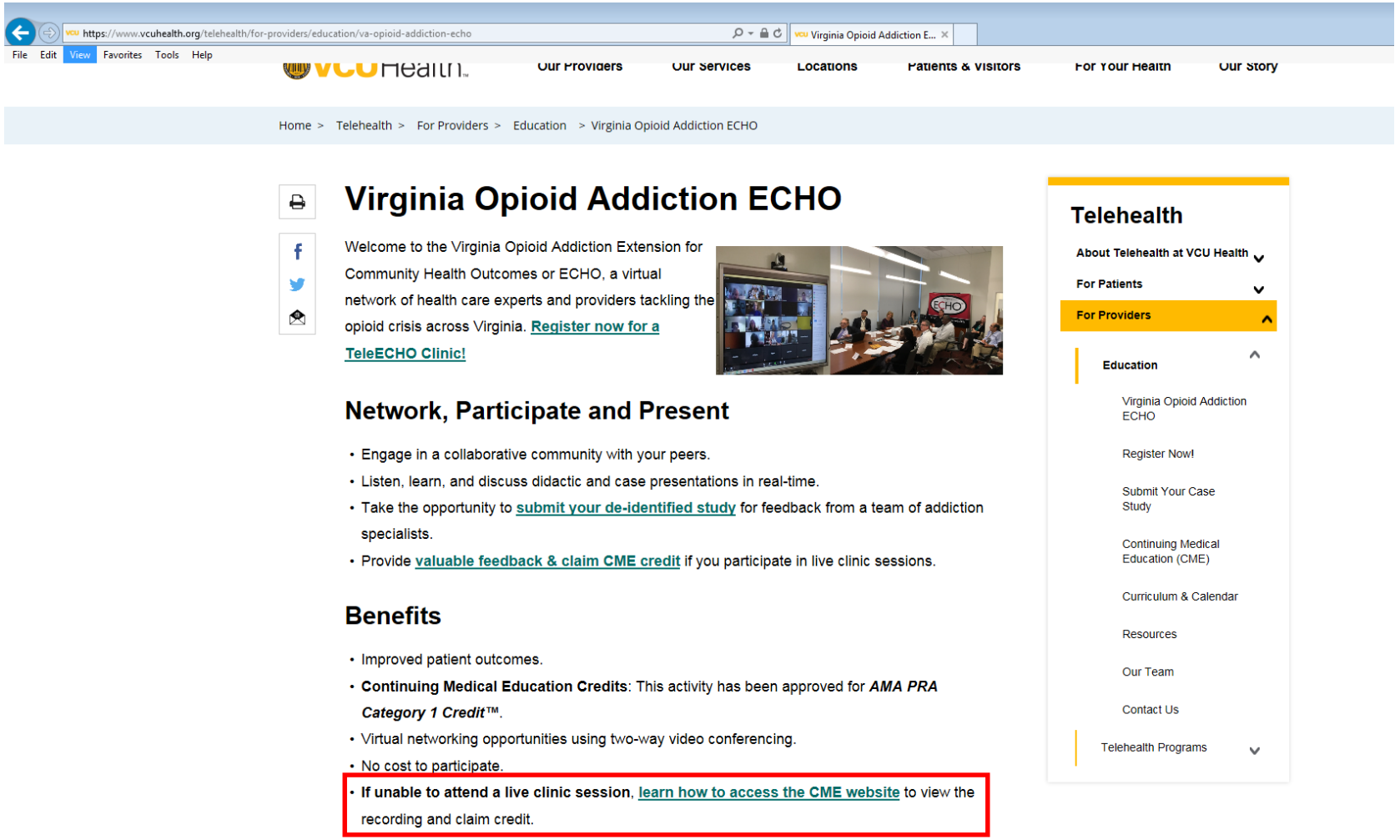


Access Your Evaluation and Claim Your CME

- www.vcuhealth.org/echo
  - To view previously recorded clinics and claim credit

Access Your Evaluation and Claim Your CME



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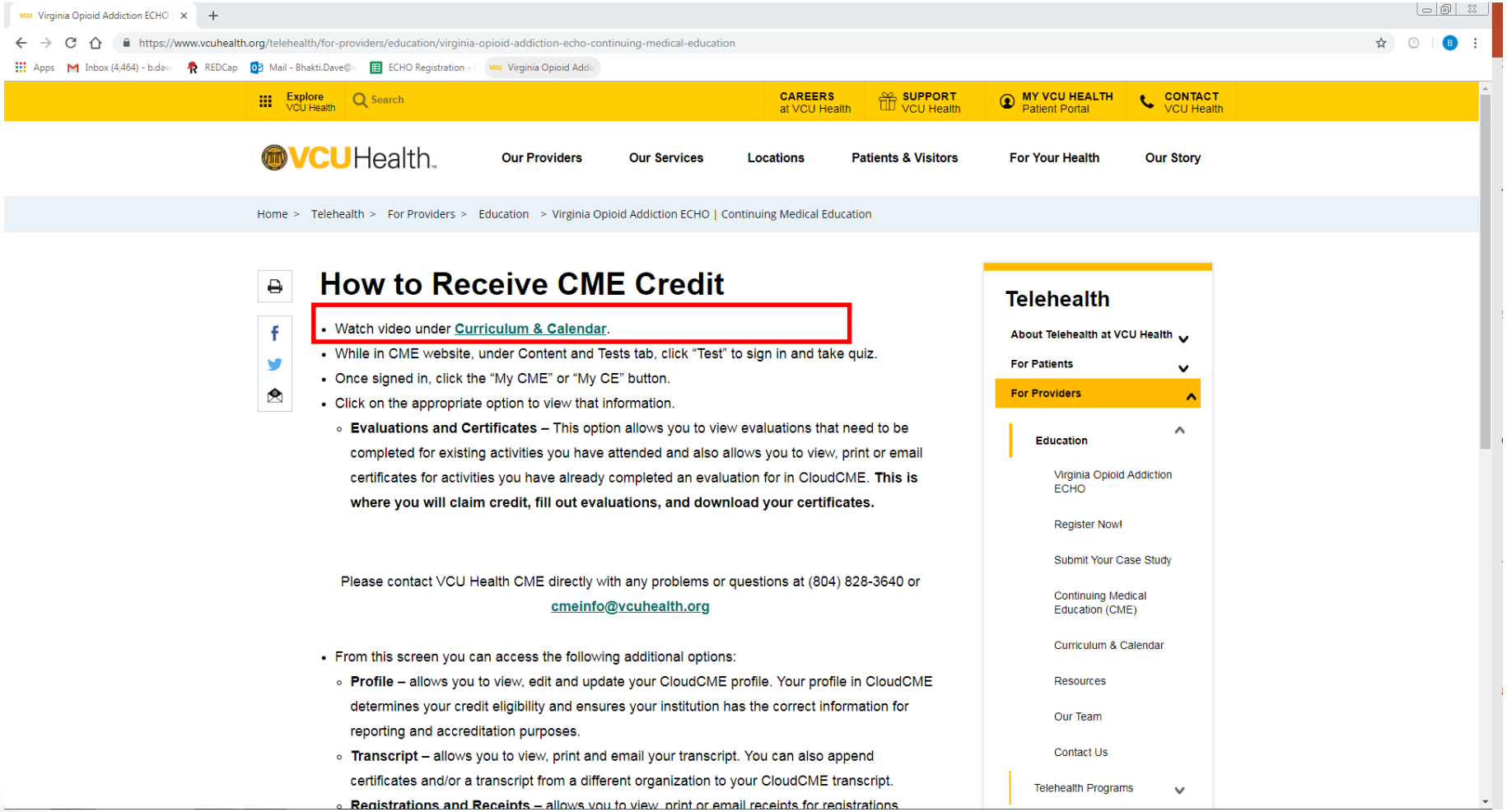

VCU Virginia Opioid Addiction TeleECHO Clinics

Bi-Weekly Fridays - 12-1:30 pm

Mark Your Calendar --- Upcoming Sessions

02/01	Substance Abuse in Hospice and Palliative Care	Danielle Norieka, MD
02/15	Naltrexone	Mishka Terplan, MD

Please refer and register at vcuhealth.org/echo

Project ECHO®
Virginia Commonwealth University

THANK YOU!

VCU