Fentanyl:
A Hidden Epidemic

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Logistics

- This webinar is being recorded.
- Participant microphones are muted.
- Type in questions or comments through the chat box or Q/A at anytime.
- After today's session you will receive an email with a link to an evaluation for today's session- we would appreciate you filling this out.
- AAFP CE credits provided.

Fentanyl

A hidden epidemic

MOUNTAIN WEST AIDS EDUCATION AND TRAINING CENTER MEETING

4-15-2022

Learning Objectives

By the end of the presentation and discussion, participants will be able to:

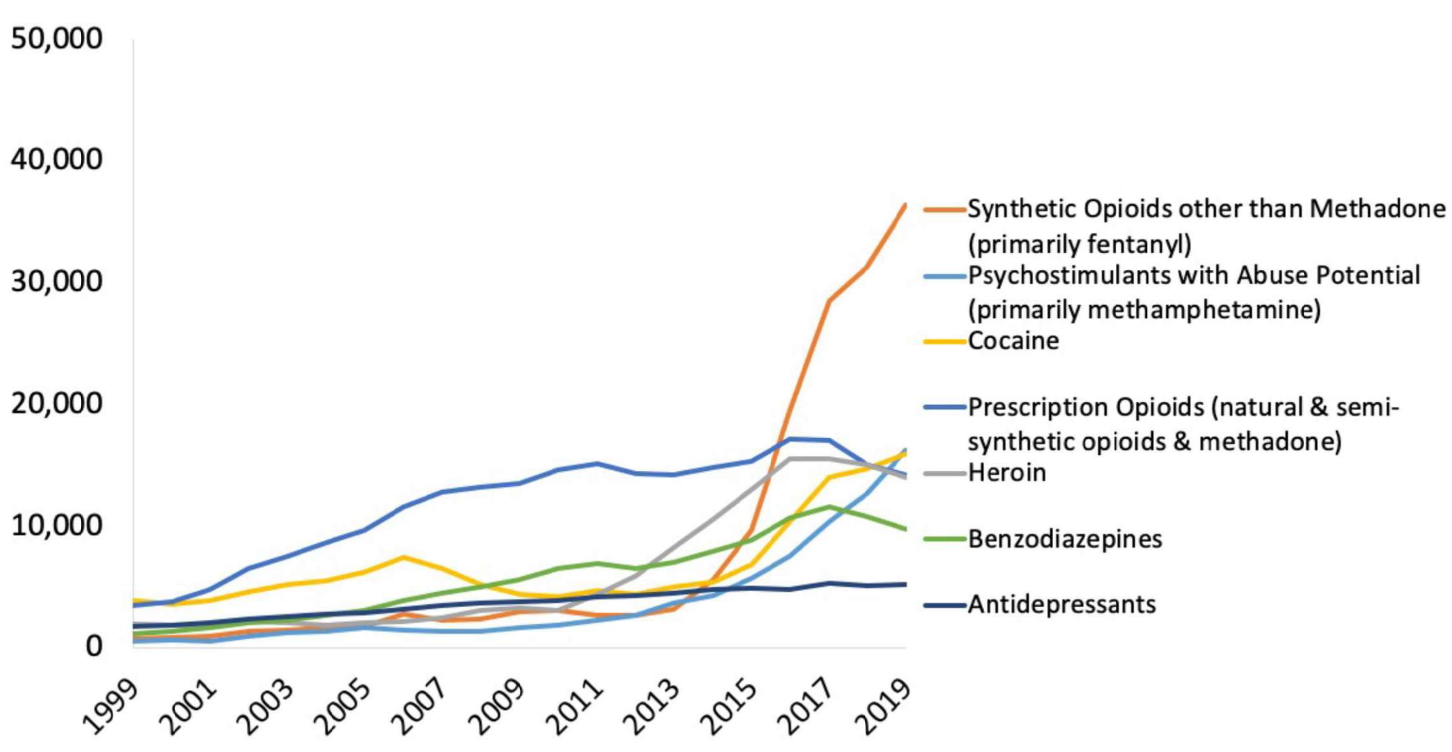
- Summarize drug overdose mortality trends in HHS Region 10
- Describe core infrastructure states are using to respond to the overdose epidemic
- Articulate at least three opportunities to improve overdose response within their sphere of influence
- Present a community-based organization's approach to harm reduction and naloxone distribution

Background: Illicit Fentanyl

- Synthetic opioid
- Cheap to manufacture
- A little goes a long way
  - 50x more potent than heroin
  - Lethal dose 2mg
  - Highly addictive
- Inject, smoke, or snort
- Similar half-life to heroin (3-7 hours)
- Shorter duration in the body (30-60 minutes)
- Consequence: Use more frequently and increased risk injection-related infections

Sources: King County Public Health, DEA, National Harm Reduction Coalition

Nation

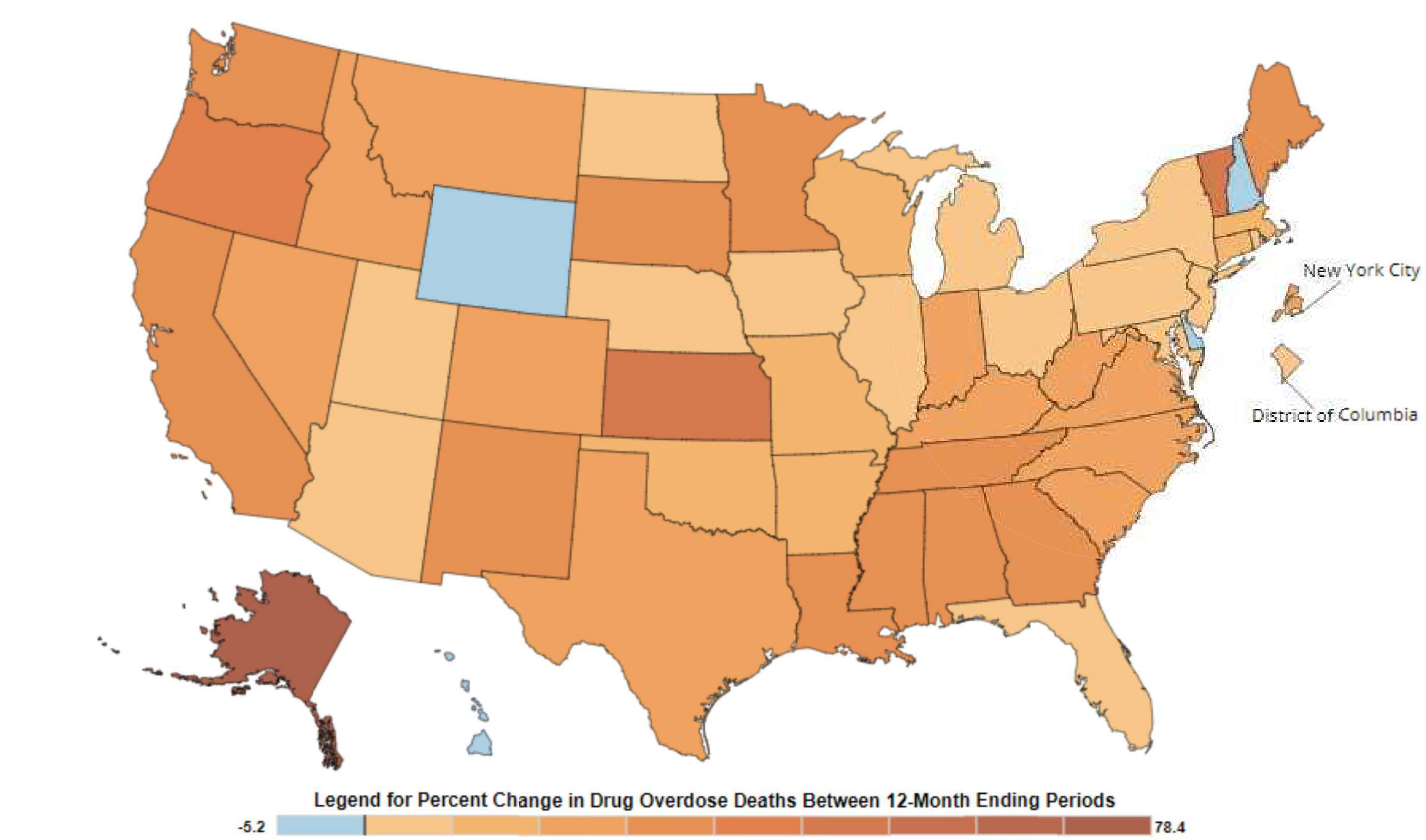


Nation

Percent Change for United States

15.9

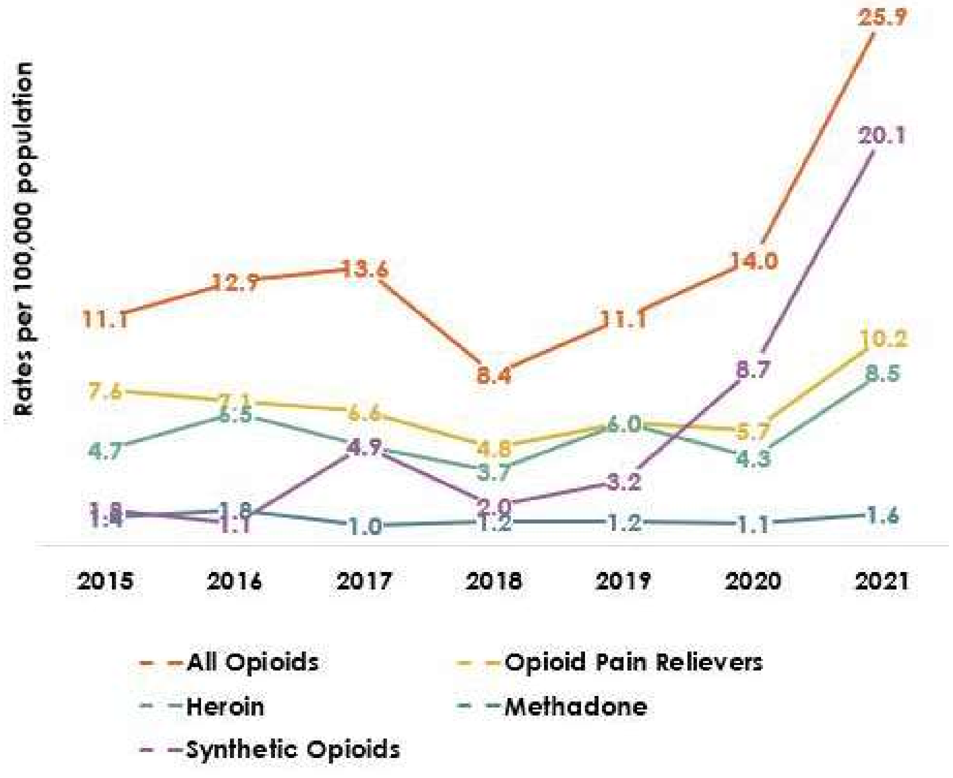
Percent Change in Predicted 12 Month-ending Count of Drug Overdose Deaths, by Jurisdiction: October 2020 to October 2021



Source

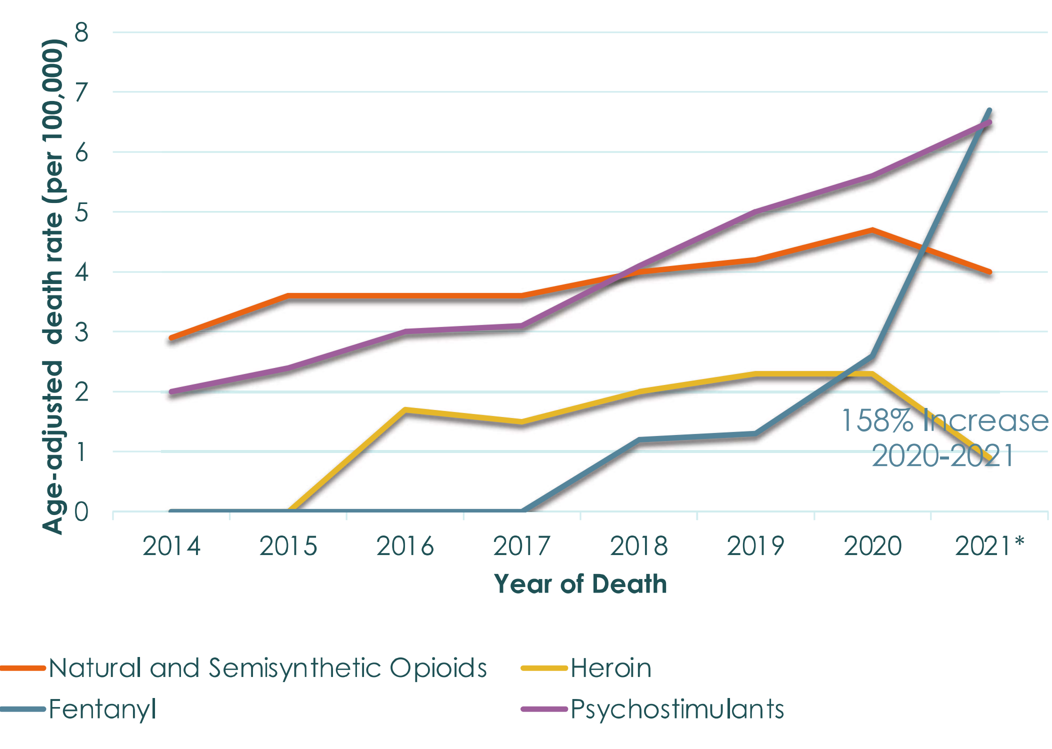
NCHS, National Vital Statistics System. Estimates for 2020 are based on provisional data. Estimates for 2015-2019 are based on final data (available from: https://www.cdc.gov/nchs/nvss/mortality_public_use_data.htm).

Alaska



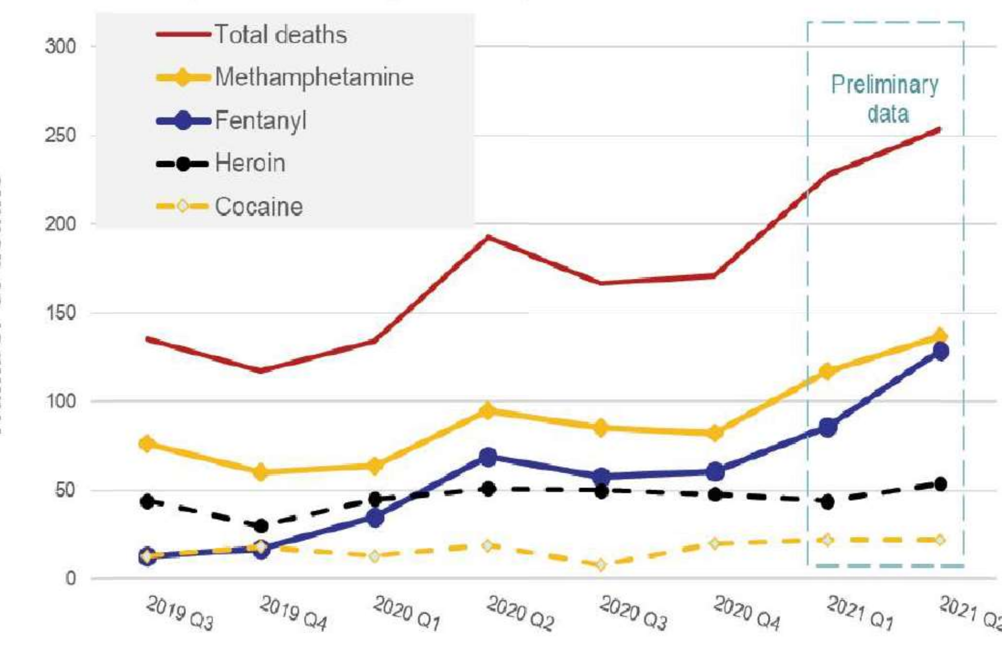
*2021 data are preliminary and subject to change

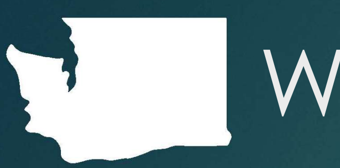
Idaho



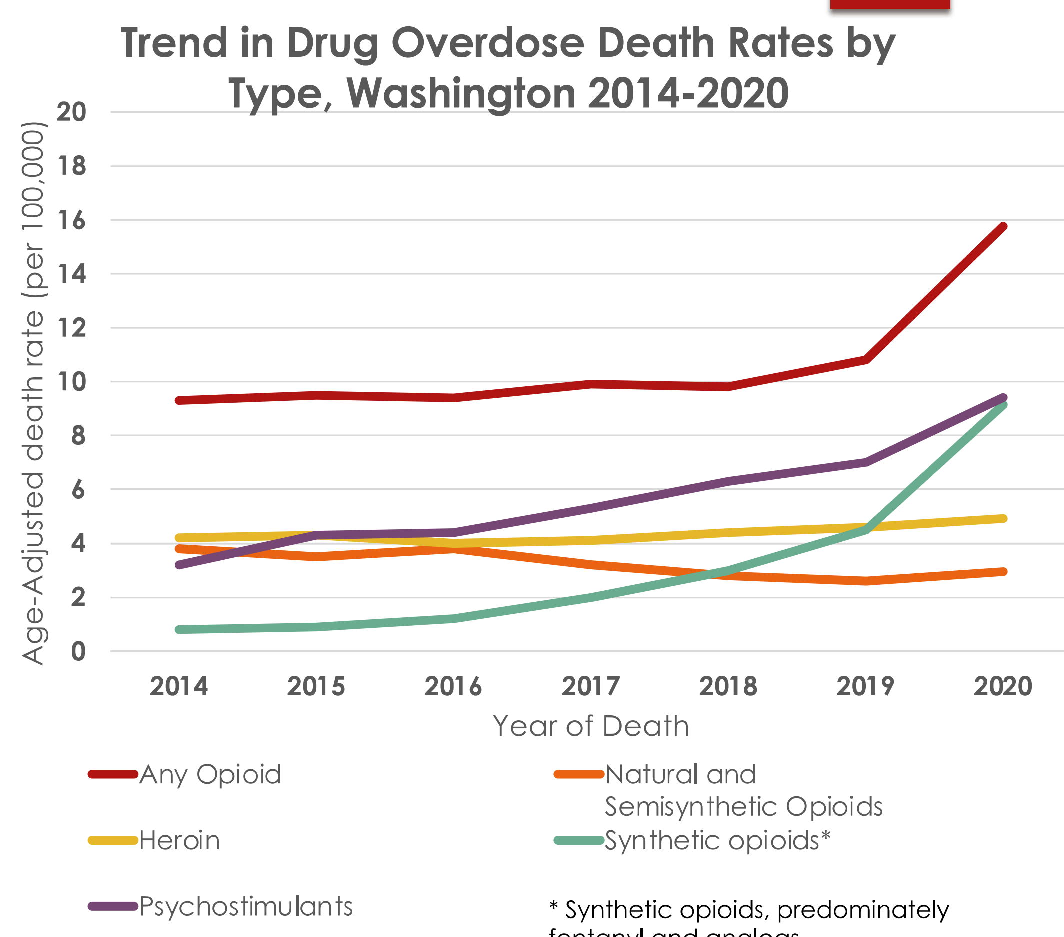
* 2021 data is preliminary and a crude death rate. The age-adjusted death rate is expected to increase as pending investigations are finalized and reported to Idaho BVRHS.

Oregon





Washington



Response & Resources

- At the regional level, all states have basic infrastructure to respond to the current synthetic opioid overdose epidemic including:
- - Medication for Opioid Use Disorder
- - Syringe service programs
- - Overdose education and naloxone distribution
- - Behavioral health and recovery support services
- - HIV and viral hepatitis screening & linkage to care

- Acknowledge known barriers in federal and state policies, allowable uses of federal funding, and workforce-capacity.

Syringe Service Programs: Integrating Services for Rural Service Delivery

APRIL 2022

EVERETT MAROON

EXECUTIVE DIRECTOR, BLUE MOUNTAIN HEART TO HEART

Models of Care in Rural Areas for Stigmatized Populations

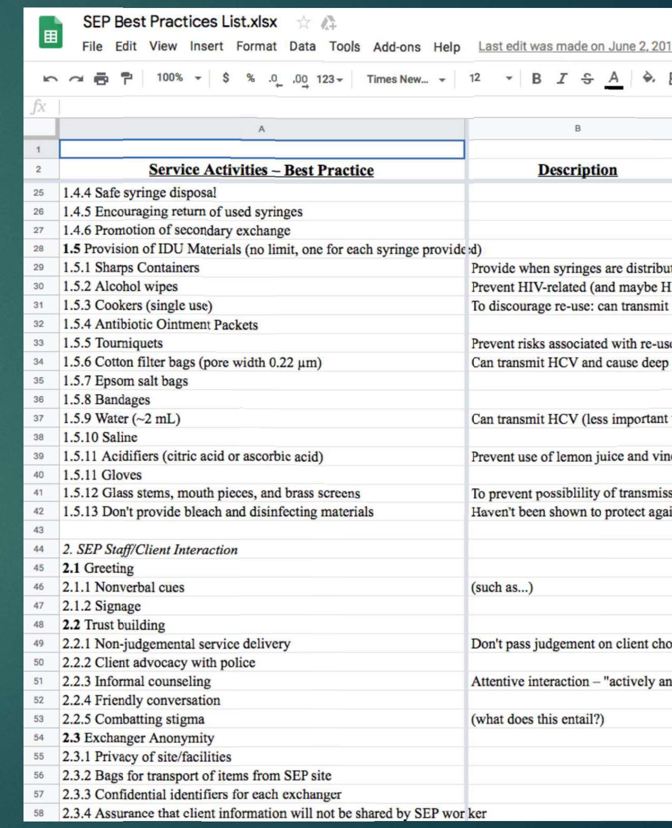
- Medication-Assisted Treatment Models
- Behavioral Therapy Models
- Harm Reduction Models
- Care Delivery Models
- Peer-based Recovery Support Models
- Prevention Models

What Harm Reduction Does

1. It prevents the spread of blood borne pathogens. Not just HIV, but including HIV and hepatitis C, among others.
2. It reduces morbidity among people who inject drugs by providing clean needles and other supplies like alcohol wipes and Epsom salts. We see fewer infections—cellulitis, MRSA, for example—fewer amputations, fewer incidents of vein collapse, less tissue damage.
3. It reduces mortality associated with opioid overdose in part because exchangers learn to test their dope, because they tend to use less once they are in these programs, and because increasingly SSPs give out naloxone to reverse overdose.
4. It increases the likelihood that the exchanger will get into recovery and attempt sobriety.

How Harm Reduction Works

- Harm reduction is a set of practical strategies and ideas aimed at reducing the negative consequences associated with drug use.
- These strategies are translated into practices at the program level, and based on the body of evidence that identifies which practices work well ("best practices") and which do not.
- Harm reduction strategies work best when predicated on an individual community's needs and population.



SEP Best Practices List.xlsx

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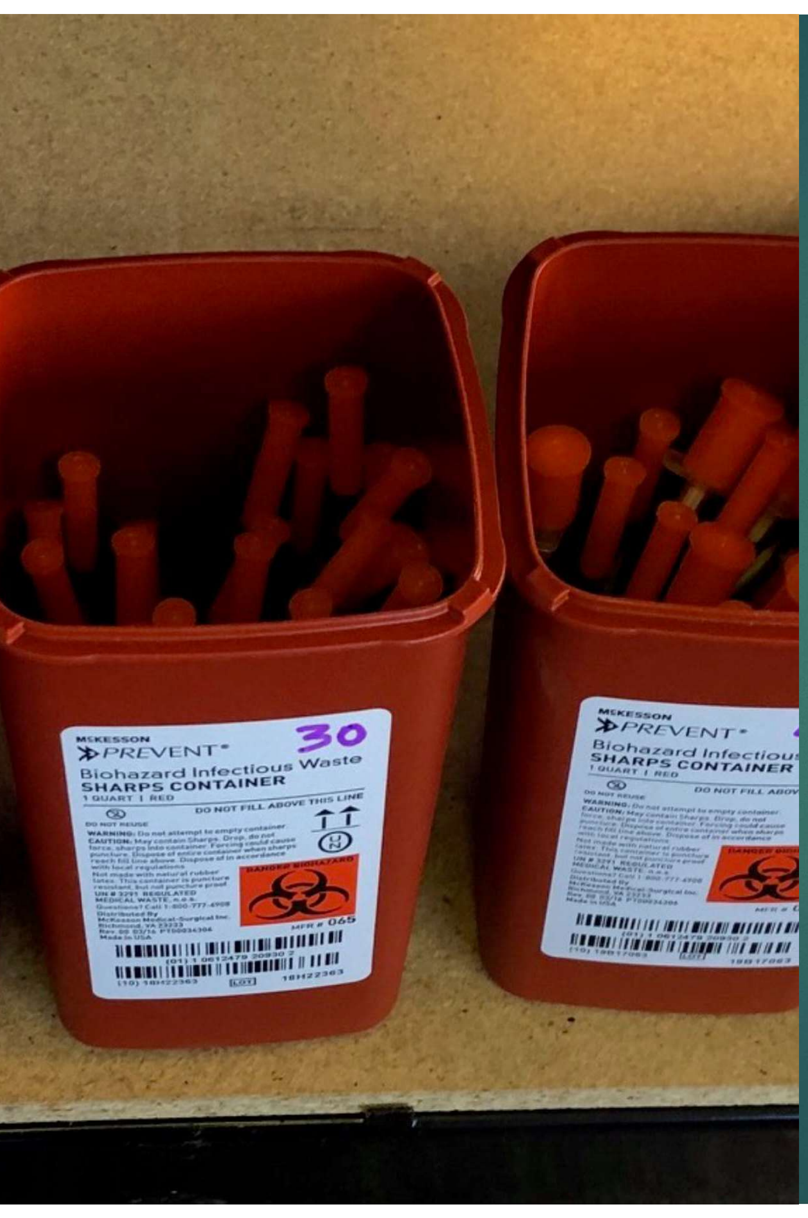
	A	B
1		
2	Service Activities – Best Practice	Description
25	1.4.4 Safe syringe disposal	
26	1.4.5 Encouraging return of used syringes	
27	1.4.6 Promotion of secondary exchange	
28	1.5 Provision of IDU Materials (no limit, one for each syringe provided)	
29	1.5.1 Sharps Containers	Provide when syringes are distribut
30	1.5.2 Alcohol wipes	Prevent HIV-related (and maybe H
31	1.5.3 Cookers (single use)	To discourage re-use: can transmit
32	1.5.4 Antibiotic Ointment Packets	
33	1.5.5 Tourniquets	Prevent risks associated with re-us
34	1.5.6 Cotton filter bags (pore width 0.22 µm)	Can transmit HCV and cause deep
35	1.5.7 Epsom salt bags	
36	1.5.8 Bandages	
37	1.5.9 Water (~2 mL)	Can transmit HCV (less important
38	1.5.10 Saline	
39	1.5.11 Acidifiers (citric acid or ascorbic acid)	Prevent use of lemon juice and vin
40	1.5.11 Gloves	
41	1.5.12 Glass stems, mouth pieces, and brass screens	To prevent possiblility of transmiss
42	1.5.13 Don't provide bleach and disinfecting materials	Haven't been shown to protect agai
43		
44	*2. SEP Staff/Client Interaction*	
45	2.1 Greeting	
46	2.1.1 Nonverbal cues	(such as...)
47	2.1.2 Signage	
48	2.2 Trust building	
49	2.2.1 Non-judgemental service delivery	Don't pass judgement on client cho
50	2.2.2 Client advocacy with police	
51	2.2.3 Informal counseling	Attentive interaction – "actively an
52	2.2.4 Friendly conversation	
53	2.2.5 Combatting stigma	(what does this entail?)
54	2.3 Exchanger Anonymity	
55	2.3.1 Privacy of site/facilities	
56	2.3.2 Bags for transport of items from SEP site	
57	2.3.3 Confidential identifiers for each exchanger	
58	2.3.4 Assurance that client information will not be shared by SEP worker	



BMHTH's Approach to SSPs

- Warm Greeting—de-medicalize what is essentially a medical supplies transaction
- Need-Based Exchange—estimate/count what comes in, document what goes out
- Staff and Exchanger Safety—touch syringes as little as possible, use precautions, PPE, bloodborne pathogen protocols
- Assess Stage of Change—use how people talk about themselves to offer low-barrier treatment, etc.
- Ask about Other Needs—injection-related materials, health of body, need for referrals, antibody tests, vaccines, mental health, etc.
- Naloxone Determination—for themselves or those they know
- Genuine Goodbye—finish with a request to see us again

BMHTH's Approach to SSPs, con't.

- Unique Codes—having de-duplicated data gives us much more information on how the program is working at the individual level, which helps us learn more about community health (more than 10,000 observations since 2018)
- Ending Isolation—we may be seeing individuals who are not contacting other sectors in the community, like family court, primary care, social services, so we want to connect people to resources and shift their posture toward getting help
- Connection to Self-Driven Change—our goal is to help exchangers become healthier, more self-aware, and more focused on improving their lives, up to and including recovery from opioid abuse

Infectious Disease Testing at SSP Sites—Logistics

- Provide confidentiality (space considerations)
- Provide rapid PCR testing (HIV, HCV, COVID)
- Consider testing even when screener does not suggest high risk (people often deflate risk)
- Offer vaccinations! Especially one-dose vaccine
- Have culturally competent service delivery, know who your clients are
- Be prepared to make referrals if test is reactive (e.g., confirmatory test, case management)

Mobile Low-Barrier Buprenorphine

- Go where the clients are!
- You need a private space for UA testing, consulting with clients
- Complete clinical consult (e.g., COWS, SBIRT, vitals)
- Set up separate waiting area and consult spaces (e.g., inside and outside of the mobile unit)
- Consider TeleHealth for followup after dosing
- Schedule in-person followup with in-house or partner orgs

Effects of COVID-19 on Service Provision

- Protocols Changed
  - Moved operations outdoors
  - Screened participants for symptoms
  - Increased supplies distributed (10 ➡ 50 syringes)
- Participants Felt the Stress
  - Fentanyl took over regional drug supply
  - Movement from injectables to smoking
  - Higher stress lead to relapse … and overdose
- Supply Chains Struggled
  - Long-term offline Pfizer naloxone
  - Plastics factory fire hurt sharps container production
  - Short allocations affected ordering process
  - Greater demand on PPE (e.g., gloves)

SSPs Can Become One-Stop Basic Clinics

- Full STI testing (urine and blood samples)
- Low-Barrier Buprenorphine Prescribing
- HIV and HCV treatment sites
- PrEP Prescribing
- Case Management Services & Care Coordination
- Housing Assistance
- Free Wound Care Clinics
- Free Individual and Peer Counseling
- Overdose Prevention/Naloxone Distribution

- Other services would first need legal support in WA State

Best Practice Documents

- SSPs: Developing, Monitoring, and Implementing Programs
  - https://www.cdc.gov/hiv/pdf/risk/cdc-hiv-developing-ssp.pdf
- World Health Organization/UN AIDS: Guide to Starting and Managing Needle & Syringe Programs
  - http://www.who.int/hiv/pub/idu/ needleprogram/en/
- CDC: Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States
  - https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf
- Recommended Best Practices for Effective Syringe Exchange Programs* in the United States: Results of a Consensus Meeting
  - https://harmreduction.org/wp-content/uploads/2012/01/NYC-SAP-Consensus-Statement.pdf

Newest guidance

- SAMHSA resources page: https://www.samhsa.gov/find-help/harm-reduction
- Evidence-Based Strategies for Preventing Opioid Overdose, CDC, 2018: https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf
- CDC Explanation on Requesting a Determination of Need for SSPs: https://www.cdc.gov/hiv/pdf/risk/cdc-hiv-syringge-Presentation_HHS_SSP_Guidance_Webinar.pdf
- Cost-Effectiveness of Scaling up HCV Treatment with SSPs and MAT Services for People Who Inject Drugs in San Francisco and Rural Kentucky: https://ashecon.confex.com/ashecon/2018/webprogram/Paper6685.html
- Dynamics of the HIV outbreak and response in Scott County, IN, USA, 2011–15: a modelling study, Gregg Gonsalves and Forrest Crawford, *The Lancet HIV*, October 2018

Questions?

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