

# Harm Reduction in the Emergency Department

Incorporating Substance Use Disorder Treatment in the  
Community

## Presenter



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- I receive research funding from the NIH to study opioid prescribing and opioid use disorder
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- I do not have any other relevant financial disclosures

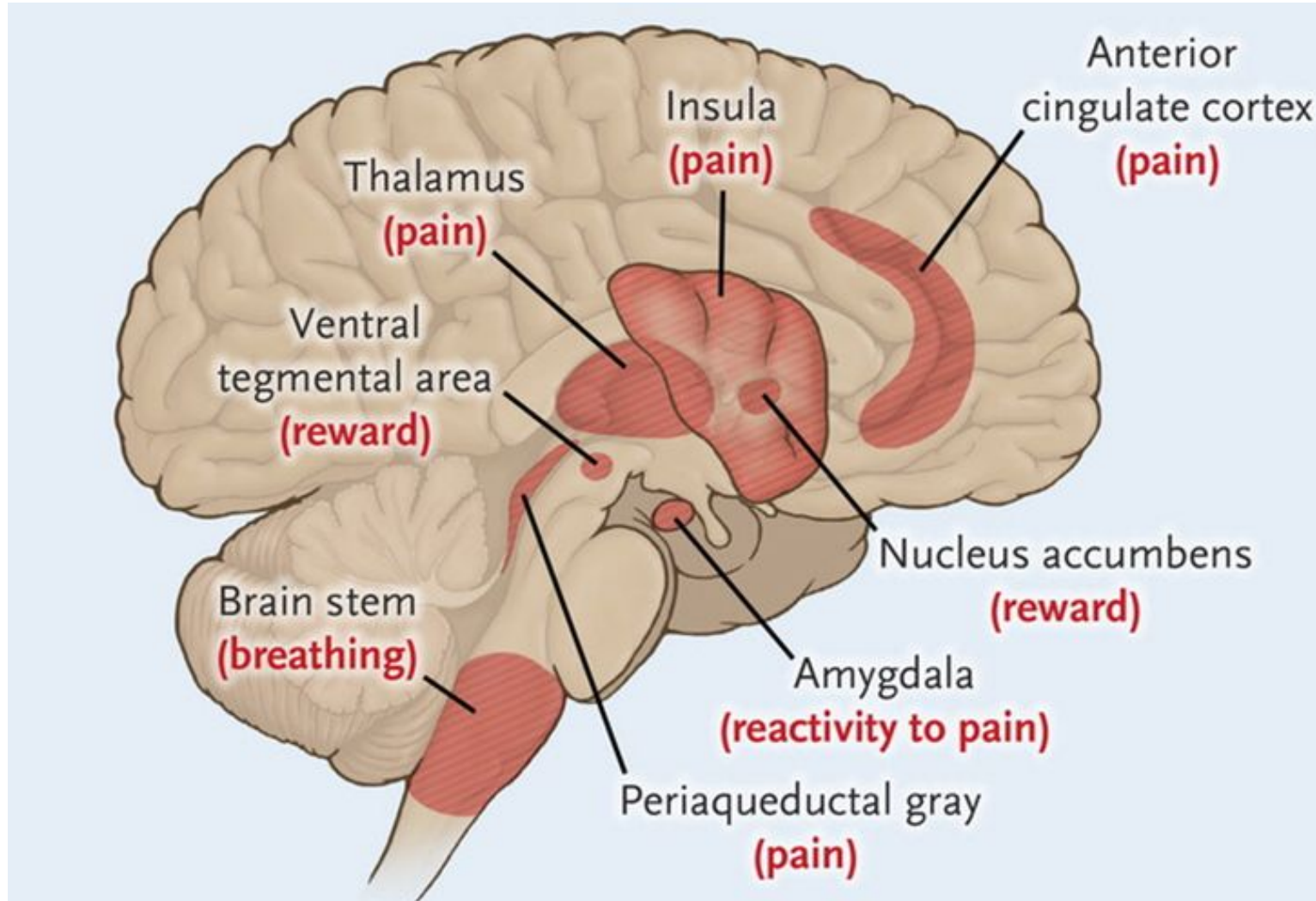
# Contents

- Opioid Use Disorder (OUD) as a Disease
- Principles of Harm Reduction
- Factors needed to incorporate harm reduction into the community ED
- Examples
  - ED Buprenorphine
  - Methadone in the ED
  - Take Home Narcan and Drug Use Supply

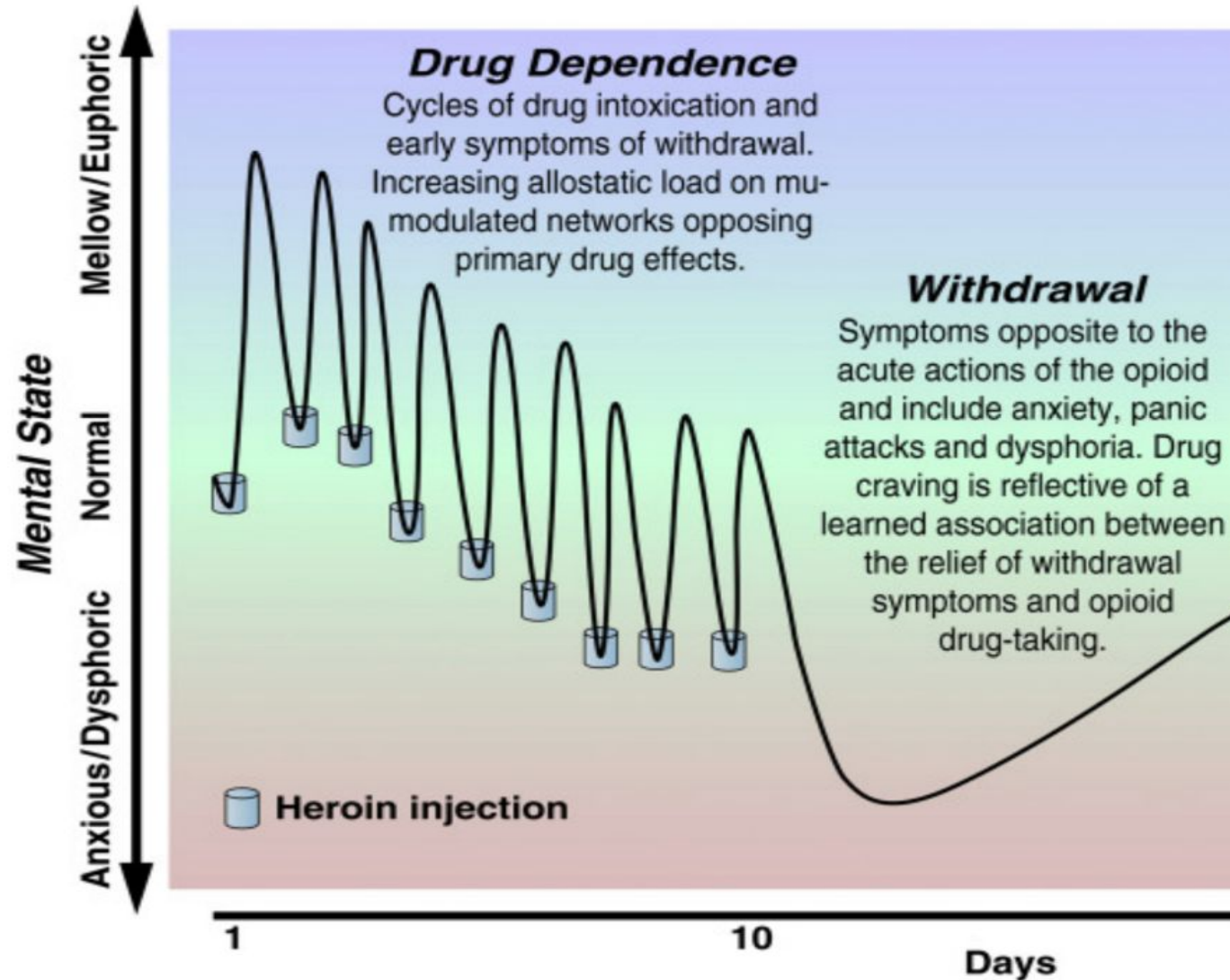
QR Codes



E-QUAL Network Opioid Initiative

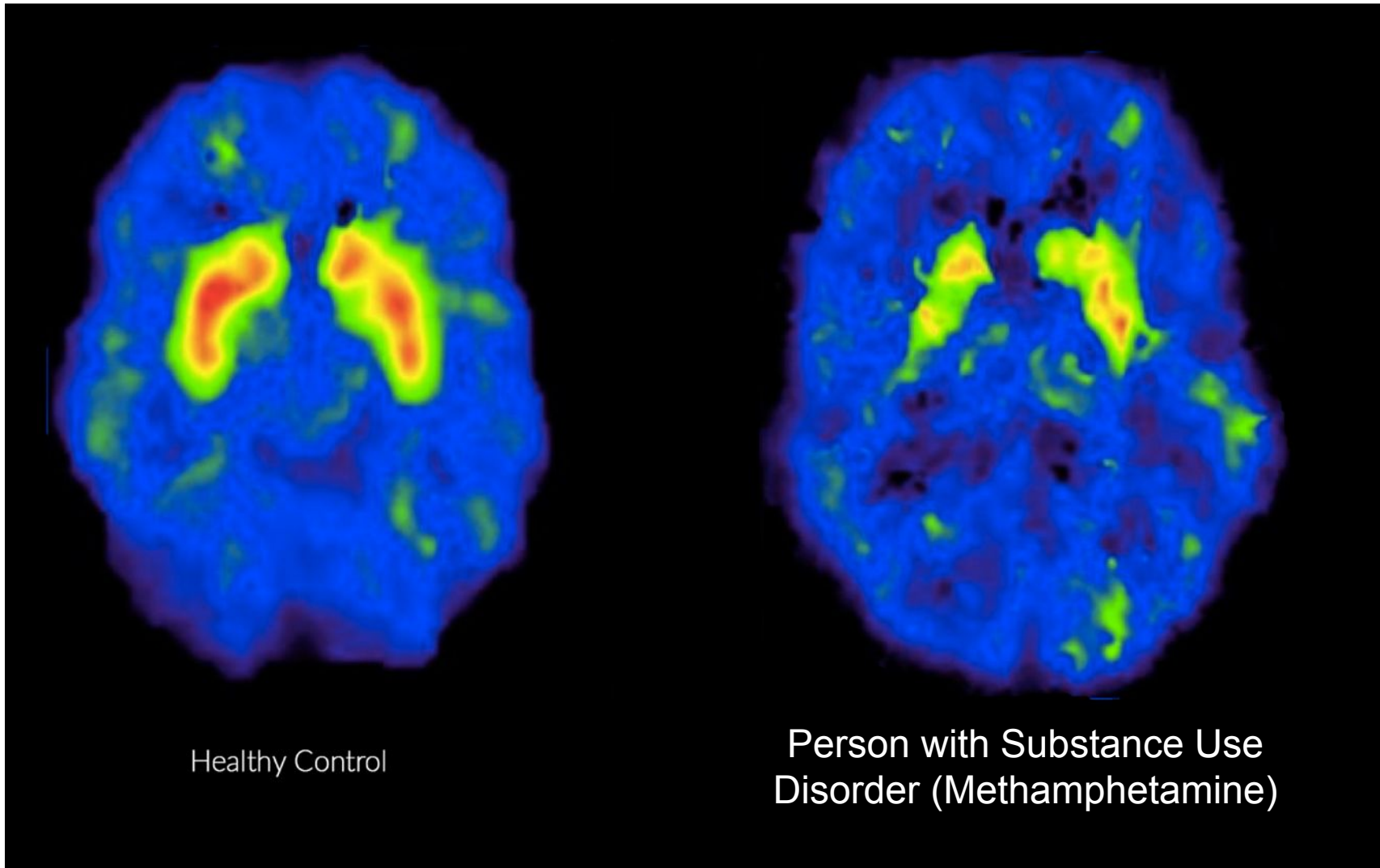


- Opioids primarily bind to the mu-opioid receptors in the brain that regulate pain perception
- Mu-opioid receptors are also present in area of pain induced emotional responses and brain reward regions.



- Initial use creates a euphoric effect
- The brain quickly begins to downregulate receptors
- Continued use causes less and less euphoria, until use is required to reach a normal state
- Sudden cessation produces often prolonged withdrawal





- PET Scan demonstrates reduced dopamine receptor availability and metabolism in the brain reward areas
- Changes to the brain reward areas may be the mechanism for the 3 C's of Opioid Use Disorder
  - CRAVINGS
  - COMPULSION to Use
  - Use despite CONSEQUENCES



# Clinical Manifestations of OUD

## Recognized

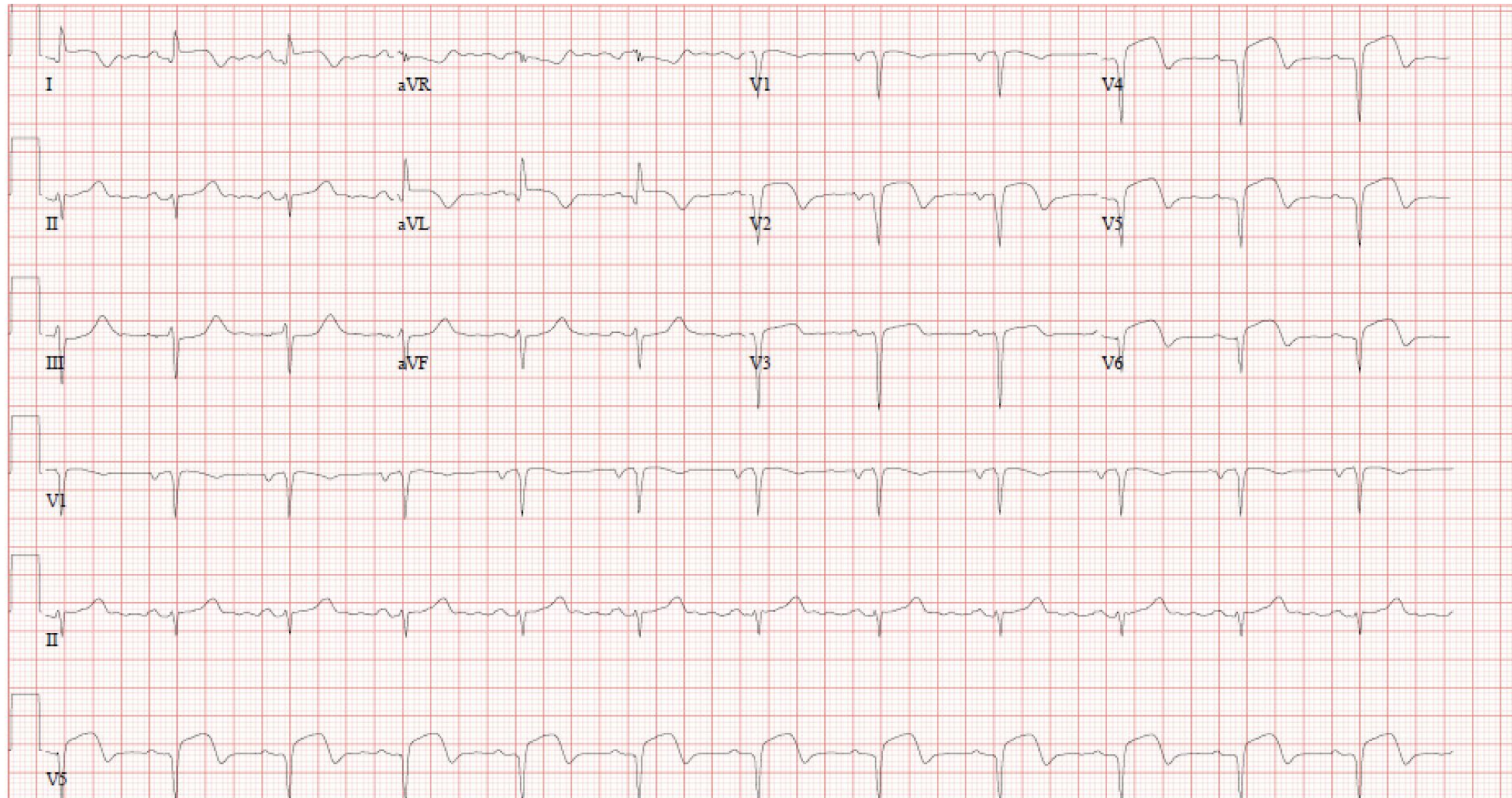
- Tolerance
- Withdrawal
  - Restlessness
  - Nausea, vomiting, Diarrhea
  - Diaphoresis
  - Myalgias
  - Tachycardia

## Misattributed

- Changes to the brain reward pathway

*The single largest barrier in the treatment of substance use disorder is that we falsely attribute behaviors to the quality of the person rather than to the severity of the disease*



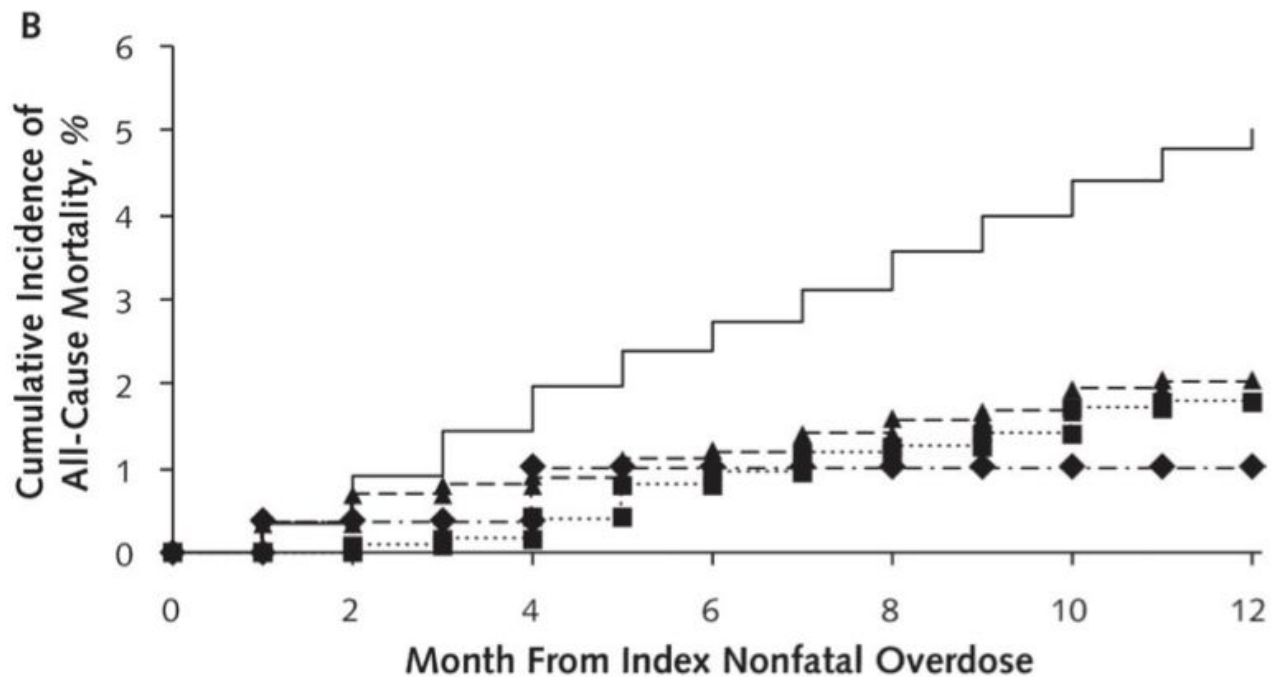






# Is this our Scope of Practice?

Secondary Exposure Classification: On Treatment†



Full Paper

- We don't treat
  - Diabetes
  - Hypertension
  - Depression
  
- We do treat
  - DKA
  - Hypertensive Emergencies
  - Decompensated depression with suicidality

## Harm Reduction

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is ...built on a belief in, and respect for, the rights of people who use drugs.

<https://harmreduction.org/about-us/principles-of-harm-reduction/>



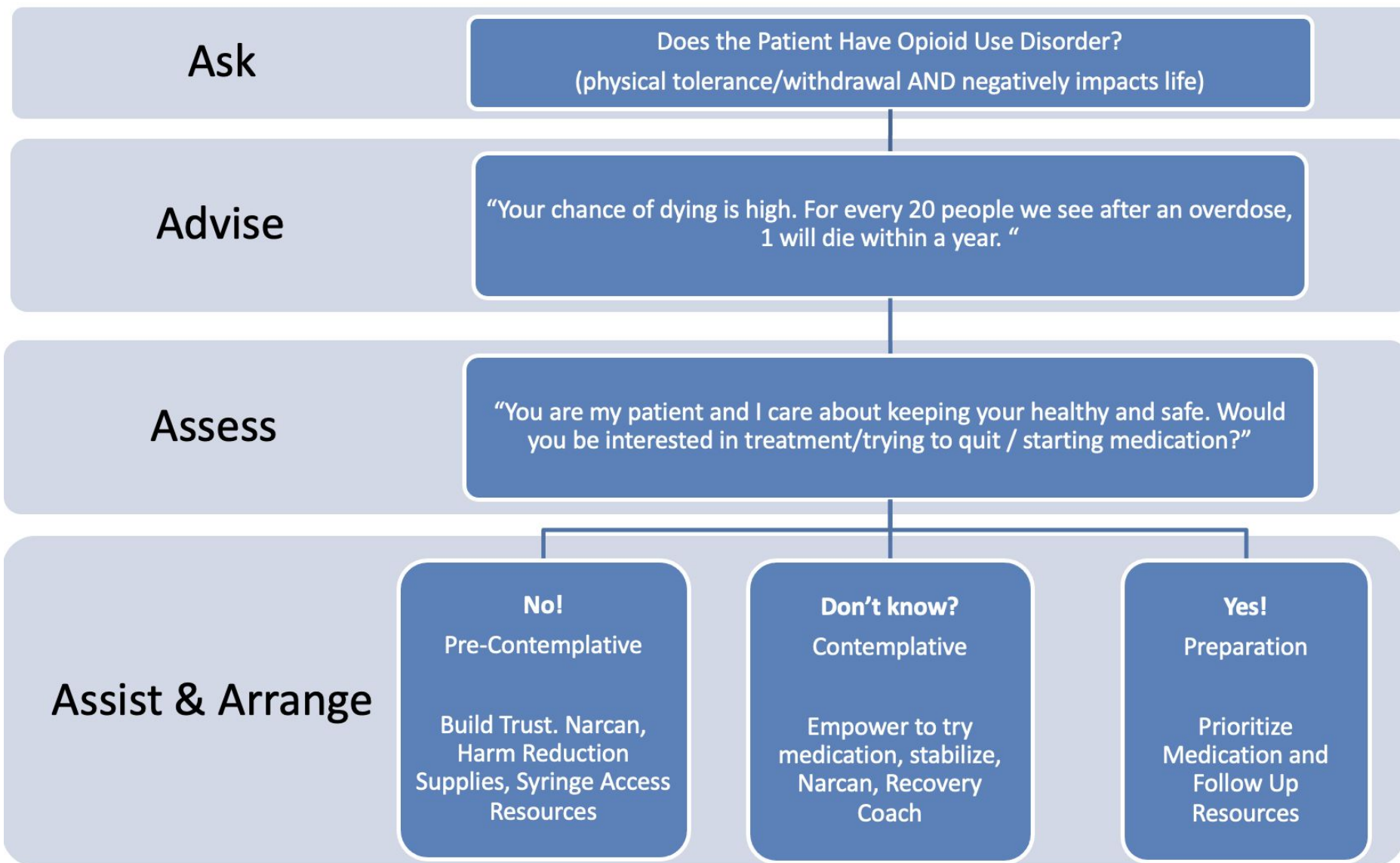
Refusal of Treatment

ACCEPT ALL TREATMENT

PRE- CONTEMPLATIVE

PREPARATION

CONTEMPLATIVE





## Key Components to incorporate Harm Reduction into your ED

- Clinical Champion(s)
- Provider Education / Feedback
- Community Collaboration
- Legal / Compliance Assistance

# Clinical Champion(s)

- Responsibilities
  - Implementation of program
  - Oversee Education
  - Provider Feedback
  - Community Contact
- Benefits
  - Area of expertise that is increasingly in demand
  - Collaborations with the larger EM group
  - Community Opportunities
  - Grant Funding
  - Powerful patient experiences



## Education

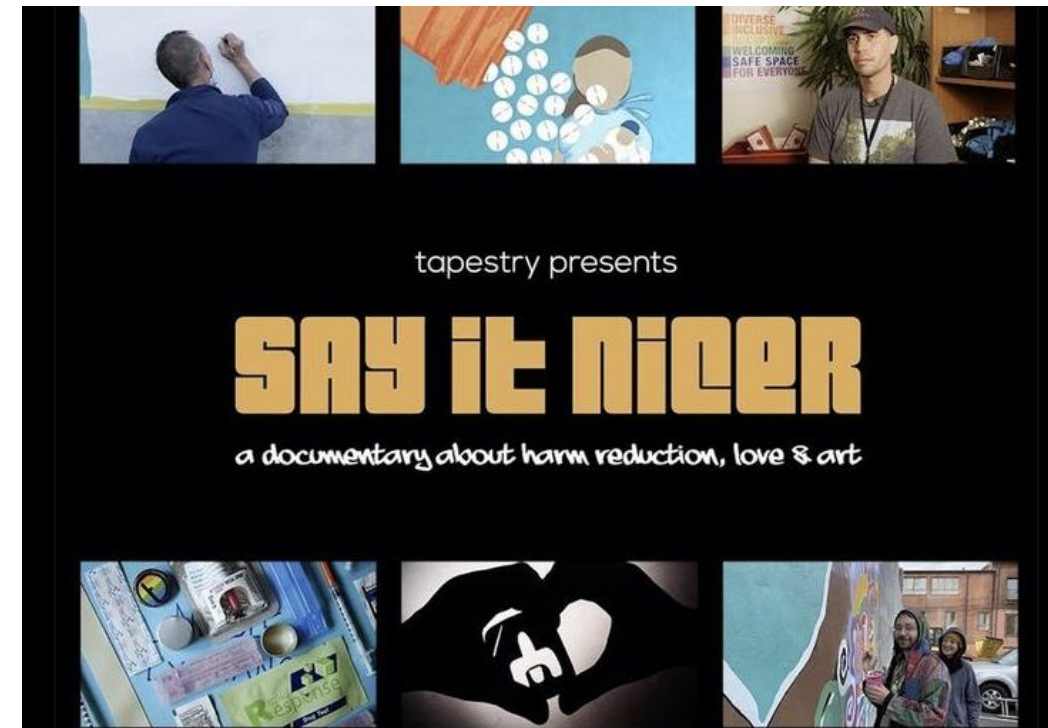
- DEA-X waiver not required, training in medications can be customized
- Many community organizations have trainings, access to patients with lived experience
- Procedural training
- Provider feedback / Follow Up important to sustain programs



# Community Collaboration

- Community organizations often willing to go above and beyond
- Quality over quantity – establish strong relationships with a few organizations
  - Suboxone Clinic
  - Methadone Clinic
  - Harm Reduction Clinic
- Established walk in hours / reserved appointments

Full Movie Here





## Legal / Compliance

- Help with Consent Forms and Release of information
  - 42 CFR part 2
- Help establish memo of understandings (MOU) with outside organizations to streamline processes and communication
- Can advise on state laws related to harm reduction
  - Drug use supplies
  - Syringe access / disposal
  - Methadone administration



42 CFR part 2

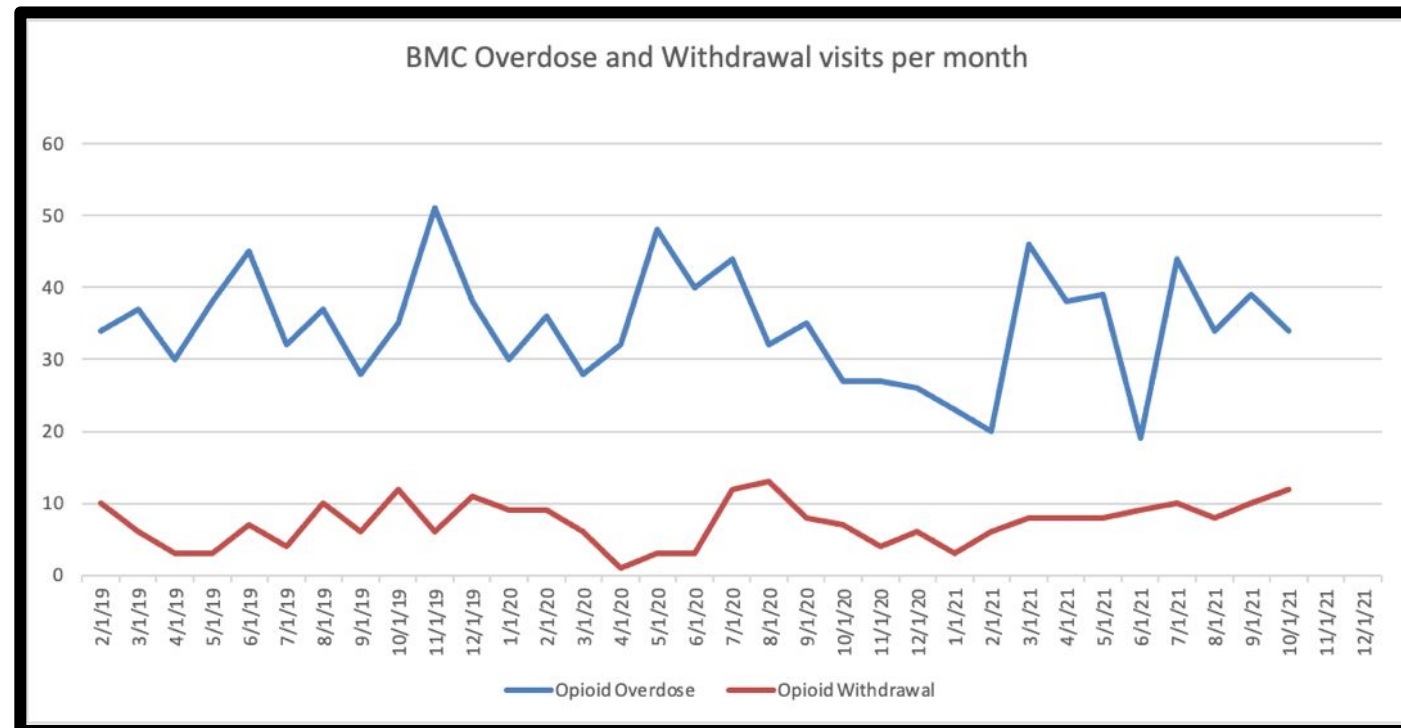


- Regional Tertiary Medical Center
- 122,000+ annual visits (350 people / day)





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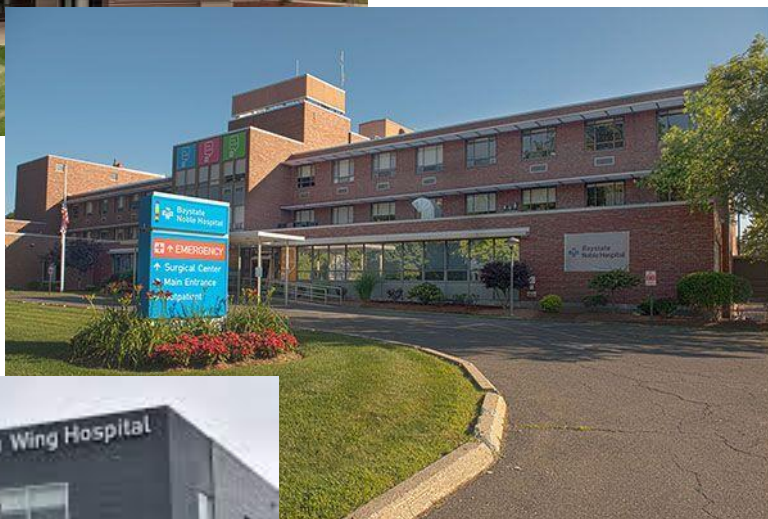


- Average 1.5 nonfatal overdose visits per day (discharge dx)
- Average 2-3 opioid withdrawal visits per week

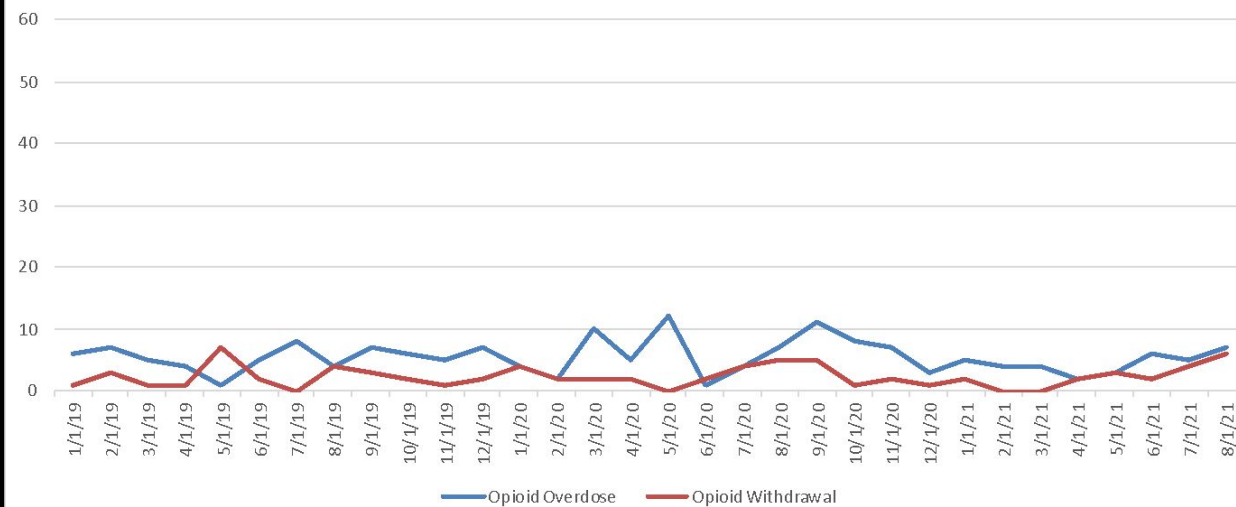






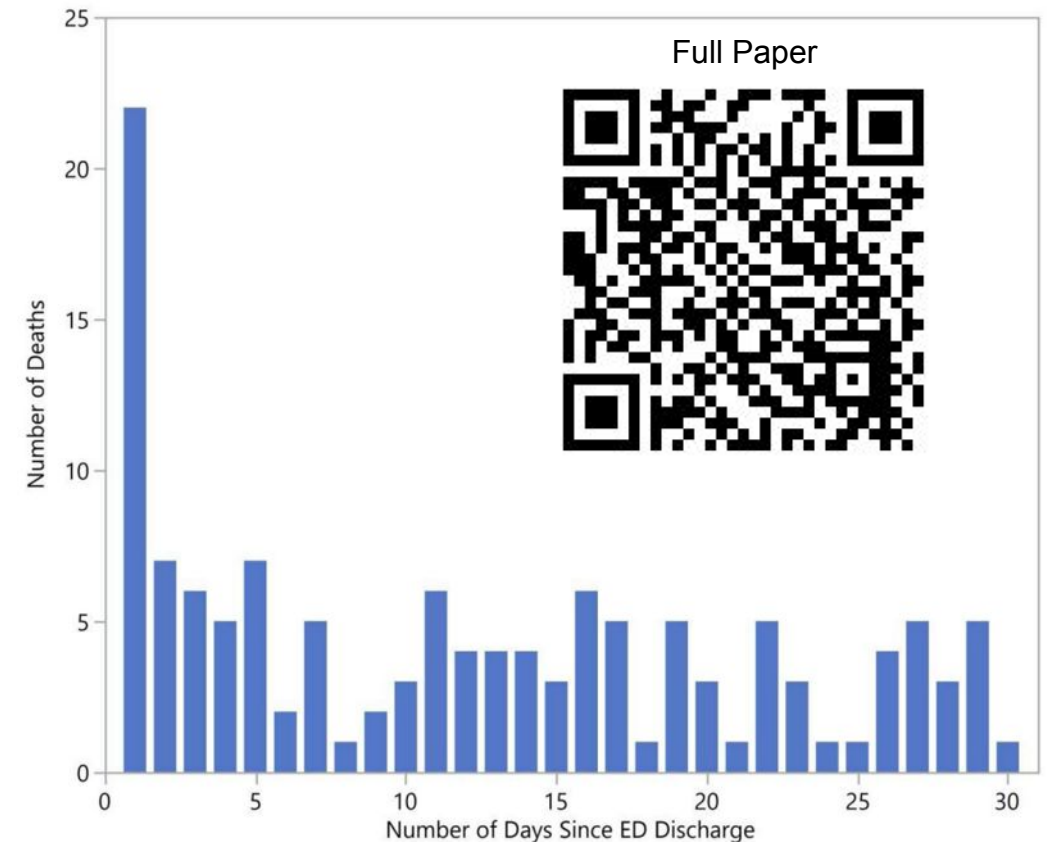


### BFMC Overdose and Withdrawal visits / month



## ED Buprenorphine

- Opioid Withdrawal kills – our job is to treat it!
- Majority of attendings physicians completed DEA-X waiver training
  - With training requirement removed, more APP's are waived
- Low Barrier
  - Inclusion: >16, Opioid Use Disorder, interested in Buprenorphine
  - Exclusion: Chronic pain management with prescribed opioids, Liver Failure with stigmata, altered mental status, recent methadone treatment
- Longer prescriptions encouraged (5-7 days, 16mg per day)
- Consent / release of information standardized across health system



**Figure 2:** Number of deaths after emergency department treatment for non-fatal overdose by number of days after discharge in the first month, n=130.

## ED Buprenorphine - Springfield

- Greater Burden / Academic Hospital / Increased Resources
- Clinical Champion
- Follow Up
  - Established standard walk in visits at 2 comprehensive suboxone clinics (run by regional mental health agency)
  - Phone or Telehealth follow up between 24-48 hours post discharge (follow up RN / providers)
- Take home 5 day pack Suboxone available from 24 hour inpatient pharmacy
- Inpatient addiction services for complex patients

## ED Bup - Franklin

- Clinical Champion
- No take home 5 day pack Suboxone available from 24 hour inpatient pharmacy
- No inpatient addiction services for complex patients
- Community Partners Used for follow up
  - Complex care team, funded by HRSA grant – that provides follow up for all ED bup patients
  - Patient completes a consent form, and receives next day comprehensive follow up
- Baystate Springfield team available for recommendations and assistance

## ED Bup - Noble

- No Clinical Champion
- No take home packs
- No inpatient services
- Established relationship with private suboxone provider to receive all ED based suboxone referrals and initiate follow up
- Working with local harm reduction / syringe access program that currently is being built to help engage in follow up
- Baystate Springfield team available for recommendations and assistance



## Key Component – Education and Feedback

-----  
From: Soares MD, William E  
To: Carvalho PA, Jake Anthony; Budhram MD, Gavin R;  
Sent: 10/26/2021 12:16:07 EDT  
Subject: ED Bup follow up

Nice job starting [REDACTED] on suboxone! He is doing very well, and is going to continue in clinic. He is really thankful for the care.

One minor point - Please try to prescribe the 8mg suboxone (standard prescription is 8mg suboxone 2 films a day for 7 days). The discharge instructions help the patient to determine their own correct dose. [REDACTED] was confused and only thought he could take 4mg a day. He came back to the ED because he was still in withdrawal and just needed a bit more suboxone.

Let me know if any questions

Best  
Bill

-----  
From: Budhram MD, Gavin R  
To: Carvalho PA, Jake Anthony; Soares MD, William E;  
Sent: 10/27/2021 10:31:55 EDT  
Subject: RE: ED Bup follow up

Thanks for the feedback Bill. I'll remember that in the future.

## Provider Feedback

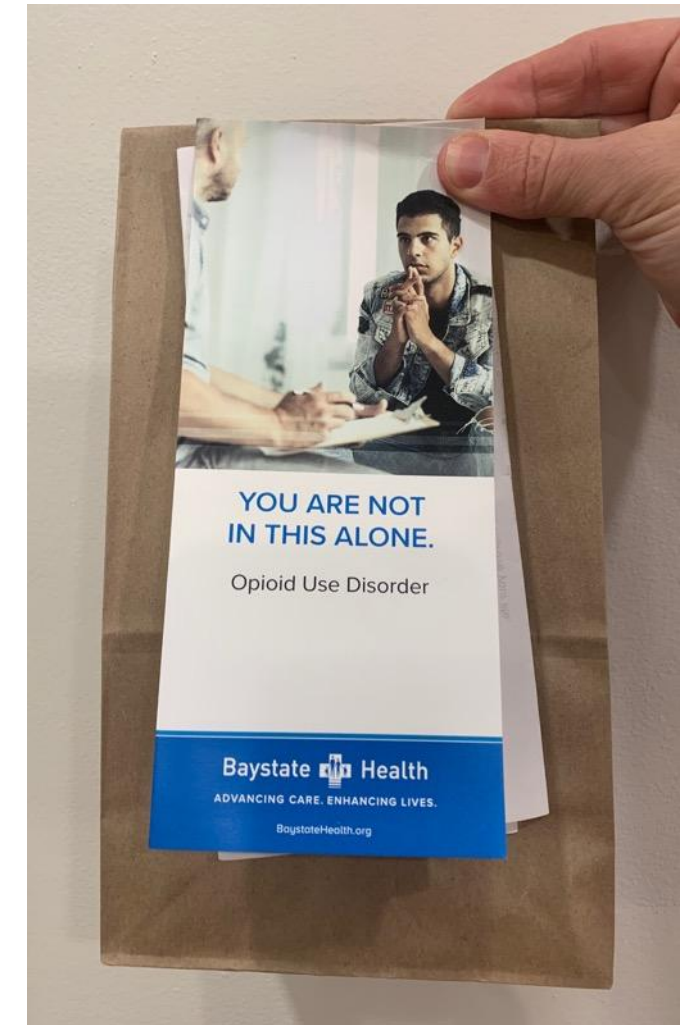
### OUD Saves of the Month

- ED patient with OUD
- Bipolar / Decompensated
- Psych Bedsearch
- Dr. Clark and Dr. Zampi – started ED Methadone – placed addiction consult.
- Pt was stabilized, comfortable in E pod. Addiction team consulted
- Pt chose detox method



# Baystate Harm Reduction Program

- Meet the patient where they are in terms of their recovery
- If not ready for medication, what can we do to help.
  - Take home Narcan given directly to patients in all ED's
  - Harm Reduction supplies available for distribution
    - Fentanyl test strips
    - Syringes and syringe disposal units
    - Other supplies (saline, alcohol wipes, etc.)

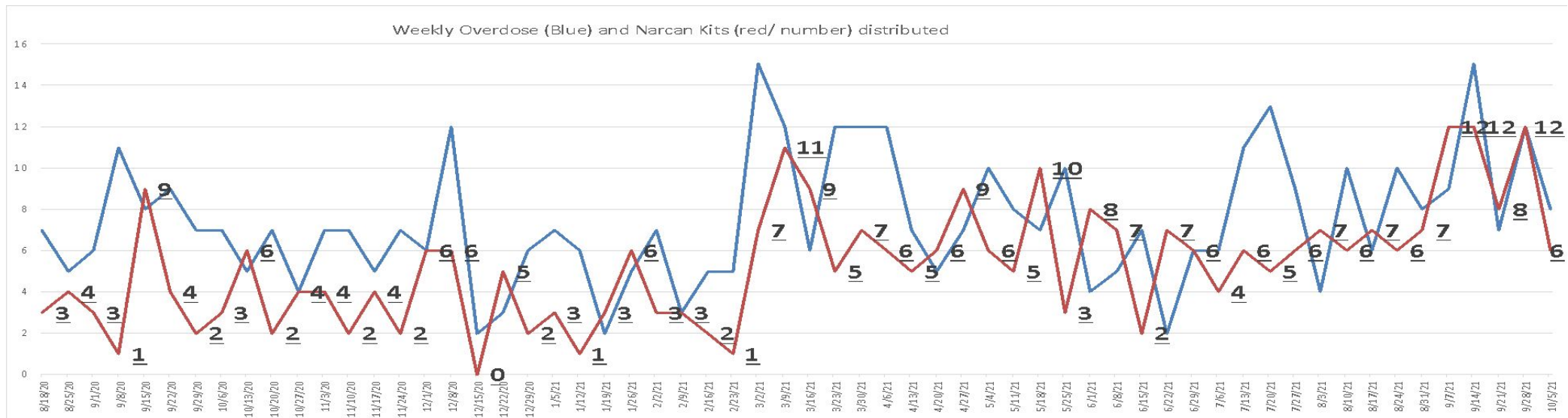


# Take Home Narcan

- Narcan Prescriptions do not get filled (1%)
- Cost can be prohibitive (\$110)
- Began with a Community Partnership with the local harm reduction agency
- MA DPH allowing reimbursement for take home Narcan



MA DPH Narcan Bulletin





## Harm Reduction Kits

- Designed to address common causes of infection and overdose in patients who use drugs
- Syringes and syringe disposal units
- Fentanyl Test Strips
- Safer Drug Use Supplies



## Key Component – Legal / Compliance

- Guidance regarding the following
  - MA Law Chap 111, Section 215
    - licensed harm reduction agencies
  - Chapter 94C, Section 27
    - the selling of syringes
  - MA SJC case AIDS Support group of Cape Cod v Town of Barnstable
    - SJC ruled that private organizations, not licensed as harm reduction agencies are not prohibited from dispensing syringes
  - Beneficiary Inducement Statue
    - minimal monetary value with the goal of increasing patient health.
- Thanks to Legal/Compliance, kits are available through multiple departments in the hospital (ED, OB/Gyn, IM)

“the plain language of the statutes do not proscribe [prohibit] free distribution of hypodermic needles by a private individual or organization such as ASGCC that does not operate a program implemented by the Department of Public Health.”



Full SJC Ruling

## ED Methadone

- Concern that increase use of fentanyl is precipitating failures in buprenorphine inductions
  - Increased patient apprehension to start ED buprenorphine
- Methadone is the only other opioid agonist approved to treat patients with OUD in the US.
- Efficacy is similar (if not slightly better) than Buprenorphine
- Perceived and Actual Regulatory Barriers have historically prohibited consideration





### Drug and Alcohol REVIEW



*Drug and Alcohol Review* (2021)  
DOI: 10.1111/dar.13394

#### BRIEF REPORT

### Challenges with buprenorphine inductions in the context of the fentanyl overdose crisis: A case series

DANIEL SHEARER<sup>1</sup> , SAMANTHA YOUNG<sup>2,3,4,5</sup> , NADIA FAIRBAIRN<sup>2,3,6</sup>  & RUPINDER BRAR<sup>3,7</sup> 

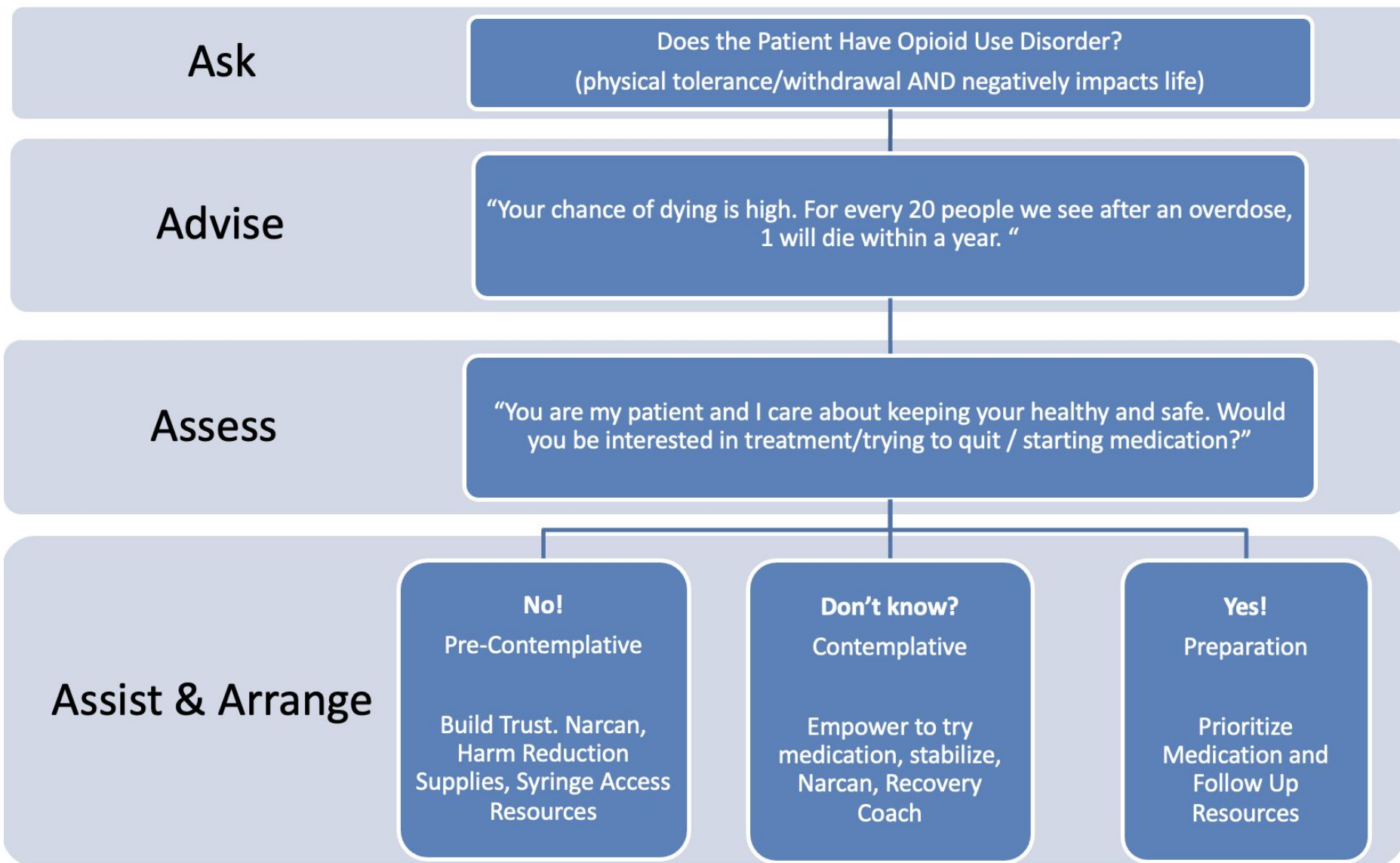
<sup>1</sup>Department of Psychiatry, University of British Columbia, Vancouver, Canada, <sup>2</sup>Department of Medicine, University of British Columbia, Vancouver, Canada, <sup>3</sup>Interdepartmental Division of Addiction Medicine, St. Paul's Hospital, Vancouver, Canada, <sup>4</sup>Institute of Health Policy, Management and Evaluation, Dalla Lana School of Public Health, University of Toronto, Toronto, Canada, <sup>5</sup>General Internal Medicine, St. Michael's Hospital, Unity Health, Toronto, Canada, <sup>6</sup>British Columbia Centre on Substance Use, Vancouver, Canada, and <sup>7</sup>Department of Family Practice, University of British Columbia, Vancouver, Canada

## Key Component - Community Collaborations

- Dr. Ruth Potee
  - Addiction and Family Medicine
  - Medical Director for Addiction Services at Behavioral Health Network
  - Oversees multiple methadone clinics
  - With collaboration, we have created a process where patients assessed and started on methadone in the ED for treatment of OUD are assured of next day guest dosing at the local methadone clinic.







## Buprenorphine



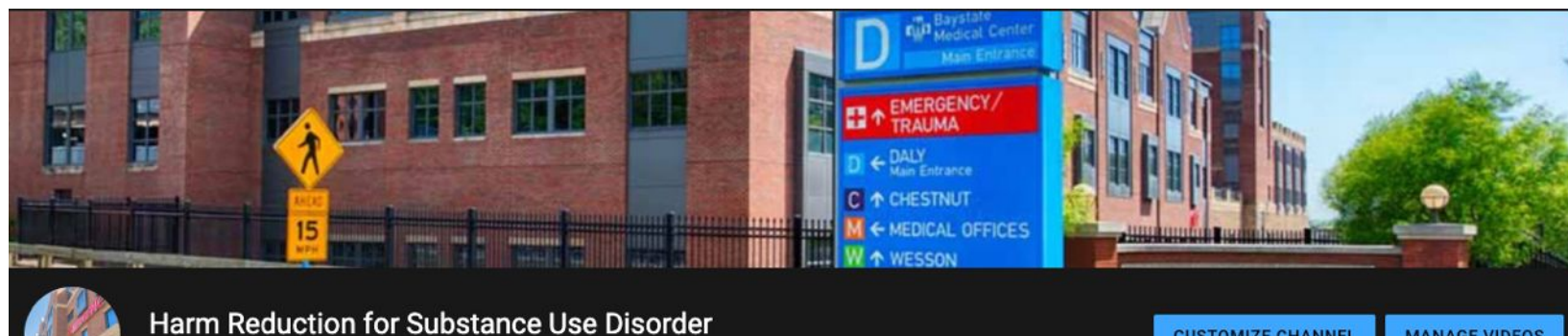
## Kits/Narcan



## Methadone



## Harm Reduction Training Videos



[https://www.youtube.com/channel/UCGMdX5EjbPG9BQ\\_KforoK-w/videos](https://www.youtube.com/channel/UCGMdX5EjbPG9BQ_KforoK-w/videos)

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# Questions?



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# Thank You