Harm Reduction in the Emergency Department
Incorporating Substance Use Disorder Treatment in the Community
I receive research funding from the NIH to study opioid prescribing and opioid use disorder
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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
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†

- We don’t treat
  - Diabetes
  - Hypertension
  - Depression

- We do treat
  - DKA
  - Hypertensive Emergencies
  - Decompensated depression with suicidality

Full Paper
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/
Does the Patient Have Opioid Use Disorder? (physical tolerance/withdrawal AND negatively impacts life)

**Ask**

“Your chance of dying is high. For every 20 people we see after an overdose, 1 will die within a year.”

**Advise**

“You are my patient and I care about keeping your healthy and safe. Would you be interested in treatment/trying to quit / starting medication?”

**Assess**

**Assist & Arrange**

No!
Pre-Contemplative
Build Trust. Narcan, Harm Reduction Supplies, Syringe Access Resources

Don’t know?
Contemplative
Empower to try medication, stabilize, Narcan, Recovery Coach

Yes!
Preparation
Prioritize Medication and Follow Up Resources
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
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
• 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
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 waivered
• 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
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
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.”
**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
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.
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“You are my patient and I care about keeping your healthy and safe. Would you be interested in treatment/trying to quit / starting medication?”

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- No!
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Buprenorphine

Kits/Narcan

Methadone

Harm Reduction Training Videos

https://www.youtube.com/channel/UCGMdX5EjbPG9BQ_KforoK-w/videos
Selected References


Questions?
Thank You