



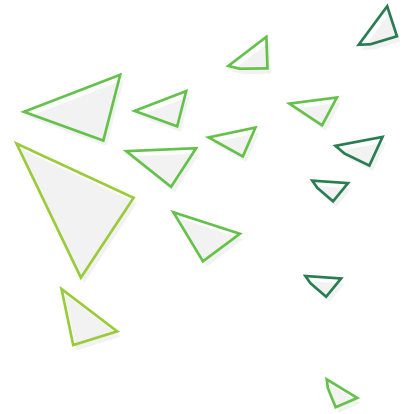
Harm Reduction at Crow Service Unit



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Objectives:

- Discuss the principles of Harm Reduction
- Review the policy implementation process
- Describe current Harm Reduction practices at Crow Service Unit
- Discuss future areas of Harm Reduction development



Principles of Harm Reduction¹:

Accepts, for better or worse, that drug use is part of world and chooses to work to minimize its harmful effects rather than ignore or condemn them

Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe use to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others

Establishes quality of individual and community life and well-being, not necessarily cessation of all drug use, as the criteria for successful interventions and policies

Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm

Principles of Harm Reduction¹ Continued:

Ensures that people who use drugs and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them

Affirms people who use drugs (PWUD) themselves as the primary agents of reducing the harms of their drug use and seeks to empower PWUD to share information and support each other in strategies which meet their actual conditions of use

Recognizes that the realities of poverty, class, racism, social isolation, past 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 and danger that can be associated with illicit drug use

Policy Implementation to Support Harm Reduction²

Problem Identification

- Clearly identify the issue to be addressed
- Synthesize available data related to community burden, frequency, severity, and scope of the issue

Identify an Appropriate Policy Solution

- Review literature, guidelines, and best practices related to the issue
- Gather evidence to support alternative approaches
- Assess the effectiveness, efficiency, and feasibility of the policy
- Use the above information to evaluate policy options and select the best option

Develop a Strategy for Policy Adoption

- Define a strategy for implementing and enacting the policy
- Clarify operations issues, share information with key stakeholders, and conduct additional background work to ensure ease of implementation and usefulness of policy

Policy Enactment

- Put the policy into action and translate into practice
- Implement procedures
- Identify metrics to measure policy success, impact, and compliance

State Policy to Support Harm Reduction³

- State wide standing order allows all pharmacists practicing in the state of Montana to order a prescription and dispense naloxone
 - Anyone can request a prescription!
- Naloxone belongs to a call of medications called opioid antagonists
 - Available in several formulations
 - Intranasal formulation is most commonly dispensed
- Naloxone can reverse the symptoms of an opioid overdose and restore breathing
 - No adverse effects if given to someone who is not intoxicated



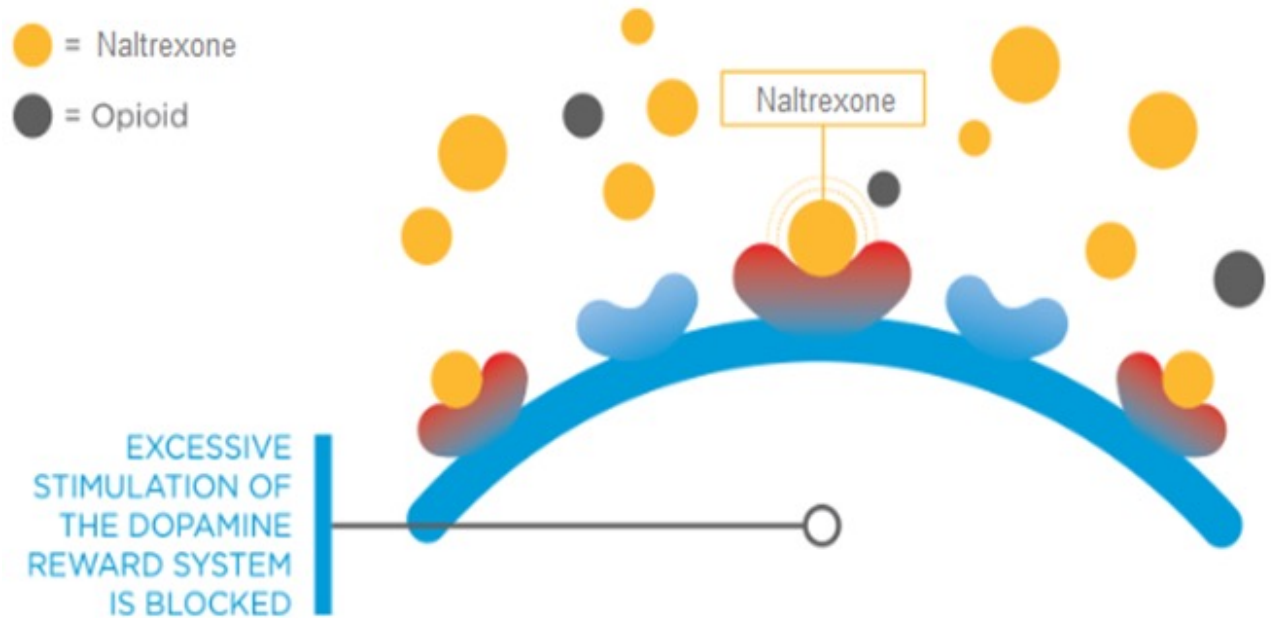
Harm Reduction Policies at Crow Service Unit

Utilizing the outlined policy implementation process and existing state policy, the Crow Service Unit (CSU) has developed the following policies:

- Injectable Naltrexone Standing Order and Procedures
- Naloxone Standing Order and Procedure
- Limited Prescriptive Authority for Pharmacists
- Sexually Transmitted Infections (STI) Standing Order
- Established Opioid Stewardship Committee
- Medication Assisted Treatment (MAT) Tele-health Clinic Policy and Procedure

Naltrexone Standing Order⁴

- The naltrexone standing order allows pharmacists in the inpatient department, ambulatory care clinic, and emergency medicine departments to order oral or injectable naltrexone for the treatment of AUD or OUD
- Naltrexone is a mu receptor antagonist, physically blockading opioids from binding to the receptor and preventing euphoric effects
 - Mechanism in AUD is not fully understood but thought to be related to the blockade of endogenous opioids
- Naltrexone tablets are useful for assessing tolerability, opioid challenges, allowing patients to have on hand in case of a missed appointment
- Injectable naltrexone is an intramuscular gluteal injection given once every 28 days and useful for maintenance therapy
- Not an aversive therapy!



Naltrexone Standing Order Procedure

Patient Eligibility

- Diagnosis of AUD or OUD
- Exclusion Criteria: physiologic dependence on opioids and last use within 7-10 days, failure of oral naltrexone challenge, acute hepatitis or severe liver impairment, positive pregnancy test

Laboratory Monitoring

- CMP at baseline and every two months, urine drug screen at baseline and as needed, pregnancy test for women at baseline and as needed

Patient Education and Consent

- Potential adverse effects: nausea, vomiting, diarrhea, headache, transient elevations in liver enzymes, injection site reaction/pain
- Lack of response to opioid pain medication and increased risk of opioid overdose

Scheduling Follow Up

- Schedule outpatient appointment with PCP, clinical pharmacy, or nurse visit for subsequent injections



Naltrexone Standing Order

- Brief Addiction Monitor (BAM) utilized at every patient visit to assess self-reported substance use, functional problems, risk factors for use, and protective factors
- Consists of 17 questions that pertain to the patient over the last 30 days and are rated on scale that allocates between 0 and 4 points, for example:

In the past 30 days, would you say your physical health has been?

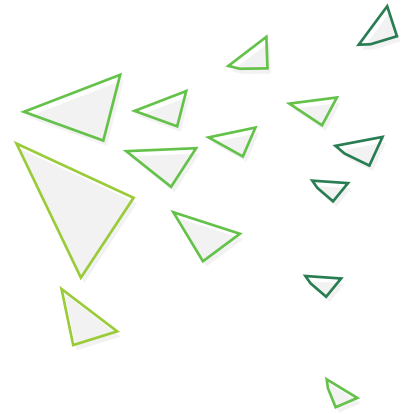
- Excellent (0)
 - Very Good (1)
 - Good (2)
 - Fair (3)
 - Poor (4)
- Other questions assess sleeping patterns, depression and anxiety, substance use and frequency/quantity of use, exposure to environments/people that increase risk for use, confidence in maintaining sobriety, time spent at work/volunteering, attendance at support groups/church, housing and income stability, and satisfaction with achieving recovery goals

True or False?

A patient receiving naltrexone will experience nausea, vomiting, and malaise if they use alcohol or opioids?

FALSE


Naltrexone is a non-aversive therapy that does not cause ill effects upon consumption of alcohol or opioids



Naloxone Standing Order⁵

- Naloxone standing order allows all pharmacists at Crow to write a new prescription for any patient requesting naloxone. Naloxone can be ordered by pharmacists at several different points in the patient care process:
 - When the outpatient pharmacy receives a new prescription order for opioid pain medication
 - When medication is being dispensed to patients in the counseling rooms
 - Patients may request naloxone when ordering medication refills
 - Community outreach events outside the clinic
- Patient education for naloxone use is provided any time the standing order is utilized, this includes:
 - Risk factors for opioid overdose
 - Signs of an opioid overdose
 - When to administer naloxone
 - How to administer naloxone
 - When to call 911

1 Identify Opioid Overdose and Check for Response



ASK person if he or she is okay and shout name.


Check for signs of opioid overdose:

- Will not wake up or respond to your voice or touch
- Breathing is very slow, irregular, or has stopped
- Center part of their eye is very small, sometimes called "pinpoint pupils"


Lay the person on their back to receive a dose of NARCAN[®] Nasal Spray.

2 Give NARCAN[®] Nasal Spray


Remove NARCAN[®] Nasal Spray from the box.



Peel back the tab with the circle to open the NARCAN[®] Nasal Spray




Hold the NARCAN[®] Nasal Spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.



Gently insert the tip of the nozzle into either nostril.


- Tilt the person's head back[™] and provide support under the neck with your hand. Gently insert the tip of the nozzle into one nostril, until your fingers on either side of the nozzle are against the bottom of the person's nose.



Press the red plunger firmly to give the dose of NARCAN[®] Nasal Spray.

- Remove the NARCAN Nasal Spray from the nostril after giving the dose.

3 Call for emergency medical help, Evaluate, and Support



Get emergency medical help right away.

Move the person on their side (recovery position) after giving NARCAN Nasal Spray.

Watch the person closely.

If the person does not respond by waking up, to voice or touch, or breathing normally another dose may be given. NARCAN Nasal Spray may be dosed every 2 to 3 minutes, if available.

Repeat Step 2 using a new NARCAN Nasal Spray to give another dose in the other nostril. If additional NARCAN[®] Nasal Sprays are available, repeat step 2 every 2 to 3 minutes until the person responds or emergency medical help is received.

Limited Prescriptive Authority for Pharmacists



- Pharmacists are granted limited prescriptive authority to ensure continuity of medication therapy under emergent medication policy
 - Applies to medications where a short gap in compliance could result in severe adverse events such as a visit to the Emergency Department or an Inpatient admission
 - Some medications covered in this policy include:
 - Albuterol
 - Beta-blockers
 - DOACs
 - Epilepsy medications
 - HIV antivirals
 - Insulin
 - **Intranasal naloxone**
 - **Naltrexone**
 - Psychiatric medications
 - Transplant antirejection medications
- Pharmacists can order or extend medications that are available over the counter (OTC) per our OTC policy
- Pharmacists may also counsel and prescribe medication for smoking cessation as per our Collaborative Practice Agreement

STI Standing Order

- Allows Public Health Nurses (PHNs) to rapidly test and treat patients for STIs
- PHNs may order tests to screen for gonorrhea, chlamydia, syphilis and other sexually transmitted diseases for patients aged 14 and up
- Upon identification of a positive case, PHNs contact pharmacy to order the appropriate antibiotic treatment
 - Standing order also covers Expedited Partner Therapy
- Patients are scheduled for follow up appointments with an outpatient clinic provider

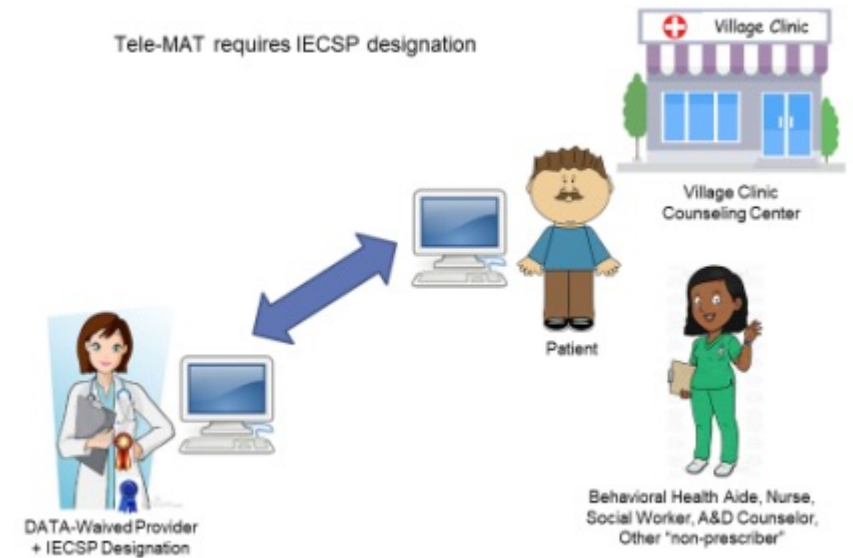
Opioid Stewardship Committee



- The Opioid Stewardship Committee at the Crow Service Unit implements policies and procedures to ensure best practices in its clinical approach to treat acute and chronic, non-malignant pain
 - Considers risk to benefit of opioid versus non-opioid pain medications
 - Identifies patients at a high risk of opioid overdose and additional caution when prescribing for elderly patients. High risk patients include:
 - Those with multiple narcotic pain medicines
 - Benzodiazepines co-prescribed
 - History of SUD and/or history of overdose
 - History of irregular urine drug screens
 - When opioids are indicated, ensures the lowest effective dose for the shortest duration of time
 - Documentation of a chronic pain management agreement between patient and provider
 - Urine drug screens and random pill counts assist with assessing patient compliance to therapy

MAT Telehealth⁶

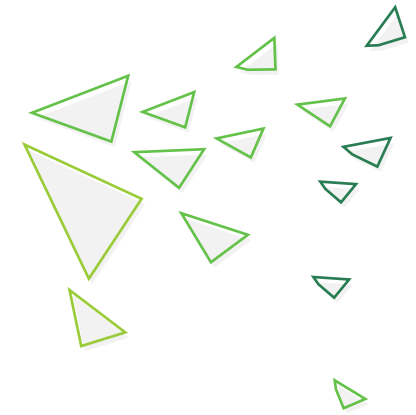
- The IHS HOPE Committee is facilitating expanded access to Medication Assisted Treatment (MAT) through the establishment of Tele-MAT Clinics
- Ryan Haight Online Pharmacy Consumer Protection Act of 2008 includes provisions to reduce barriers for rural IHS programs utilizing telemedicine models
 - If a DATA-waivered provider is registered with IHS as an Internet Eligible Controlled Substance Provider (IECSP), they may provide services without an in-person medical evaluation
- Crow Service Unit is contracting with a Tele-MAT provider and developing the framework for establishing a Tele-MAT clinic



Future Harm Reduction Development Plans

The following are areas of future growth and development at the Crow Service Unit:

- Establishing the Tele-MAT Clinic
- Naltrexone upon release for people who are incarcerated
- Establishing a Syringe Services Program (SSP)
- STI Standing Order Appendix



Establishing the Tele-MAT Clinic

Facilitators

- Telehealth provider has been identified
- IHS HOPE Committee has provided resources and facilitated clinic development

Barriers

- Credentialing the provider has taken longer than anticipated
- Staffing shortage at Crow Service Unit has made it difficult for stakeholders to meet regularly for clinic planning
- Behavioral Health Department at Crow Service Unit has limited availability for patient follow up visits

Naltrexone Upon Release

Naltrexone upon release allows people who are currently incarcerated to elect to receive treatment for SUD on their date of release

- Inmates who elect to receive treatment will undergo appropriate screening and laboratory monitoring during a regularly scheduled jail clinic to determine eligibility
- Eligible inmates are brought to Crow Service Unit on release day for a scheduled nursing visit to receive a naltrexone injection
 - Day of release is an ideal time to start SUD treatment as the patient has fully detoxed while incarcerated
 - Bringing them into clinic may help increase their comfort in a clinical setting and encourage follow up visits

Facilitators

- Most locally incarcerated patients qualify for services at Crow Service Unit
- The warden and captain at the local detention center are supportive of this plan

Barriers

- Unable to provide services for patients who do not identify as AI/AN
- Staffing shortage of outpatient clinic providers at Crow Service Unit makes it difficult for new patients to establish care and schedule follow up appointments

Establishing a Syringe Services Program

- Syringe Services Programs (SSPs) allow people who inject drugs to return used syringes in exchange for new, sterile syringes and receive access to primary care services including: immunizations, infections disease screenings, and wound care
- The efficacy of SSPs has been extensively researched and shown numerous health benefits for SSP participants including:
 - 50% reduction in HCV and HIV incidence
 - Three times more likely to reduce injection frequency
 - Five times more likely to enter addiction treatment programs
- SSPs also promote public safety
 - Promotes safe syringe disposal and reduces the number of improperly discarded syringes, protecting first responders and community members

Syringe Services Program Continued

Facilitators

- Demonstrated need for SSP in the Crow community
- Most clinical staff and admin at Crow Service Unit are not resistant to the idea of SSP implementation
- Established SSPs in Montana are supportive and willing to share planning documentation and resources

Barriers

- Obtaining community and Tribal Leadership support
- Identifying stakeholders in the injection drug use population to provide feedback for the program
- Securing consistent program funding and supplies
- Working within the strict legal confines of the state and securing memorandums of understanding with local law enforcement
- Overcoming disease stigma and ensuring patient anonymity in the clinic setting

STI Standing Order Appendix

- New appendix will allow pharmacists to order Pre-Exposure Prophylaxis (PrEP) treatment for the prevention of HIV
- Patient intake form screens for risk factors
 - Risk factors include: unprotected sex, injection drug use, having an HIV positive partner, exchanging sex for drugs or money, testing positive for other STIs
- For patients with one or more risk factors, laboratory testing may be ordered by the clinic pharmacist to determine if PrEP is appropriate
 - Laboratory testing includes: HIV, syphilis, gonorrhea, chlamydia, Hepatitis C, Hepatitis B vaccination status, and renal function
- For patients who test negative for HIV and have no other health conditions that would require referral to a medical provider, clinic pharmacists may order PrEP

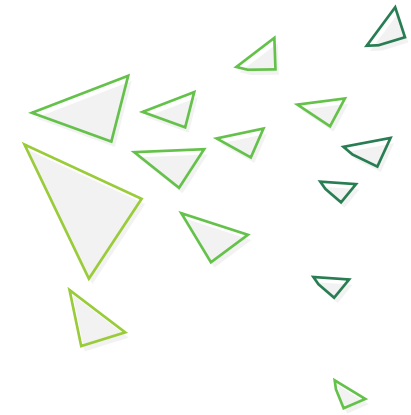


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Thank You!