THE EFFI BARRY
TRAINING INSTITUTE

Triple Impact: HIV, Mental Health & Substance Use Disorder

HAHSTA Case Management Operating Committee
Quarterly Training

July 18, 2019

This program is funded wholly, or in part, by the Government of the District of Columbia, Department of Health, HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA).

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HIV/AIDS, HEPATITIS, STD AND TB ADMINISTRATION

COMPREHENSIVE CASE MANAGEMENT QUARTERLY TRAINING

"TRIPLE IMPACT: HIV, MENTAL HEALTH & SUBSTANCE USE DISORDER"

Kellogg Center at Gallaudet University, Washington, DC

July 18, 2019

AGENDA

~Registration~

(9:00 – 9:30 am)

- Welcome & Introductions *(9:30 – 9:45 am)*
  Courtney Parson & Charles Brown, Co-chairs, Case Management Operating Committee & Anna Clayton, Health HIV

- LinkU: Making the Connection! *(9:45– 10:45 am)*
  Prashant Patel, LinkU Resources Representative & Ashley Coleman, Public Health Analyst, HAHSTA

- "Substance Use Disorder 101" *(10:45 – 11:30 am)*
  Laura Pegram, Senior Manager-Drug User Health, NASTAD

- "Mental Health 101" *(11:30 am – 12:15 pm)*
  Alisia Davis & Kyla Flanagan, Family & Medical Counseling Service, Inc.

Break, 12:15 – 12:30 pm

- "Triple Impact: HIV, Mental Health & Substance Use Disorder" A Panel Discussion *(12:30 – 1:30 pm)*
  Facilitator, Ashley Coleman, Public Health Analyst, HAHSTA
  Navid Daee, ACT Team Supervisor, Community Connections, Inc.
  Geoffrey Davis, Certified Addictions Counselor, Psychiatric Institute of Washington
  Anthony Hall, Director of Community Response Team, Mobile Crisis

~ Roundtable Lunch Discussion~

(1:30 – 2:15 pm)

- "Self-Care: Living, Surviving & Thriving" *(2:15 – 2:30 pm)*
  Facilitator, Anita Jackson, Quality Assurance Co-Chair, CMOC
  Corrie Franks, Washington, DC (7 minutes each)
  Giada Stewart, Alexandria, VA (7 minutes each)

- "Opioid Overdose Prevention, Naloxone Education & Coordinated Response Effort" *(2:30 – 4:00 pm)*
  Jonjelyn Gamble, Program Manager, HAHSTA

Break/Snacks, 3:00 – 3:15 pm

- Evaluations & Closing *(4:00 – 4:15 pm)*
  Anita Jackson & Joanne Ocasio, Quality Assurance Committee Co-chairs, CMOC

In collaboration with the DC Case Management Operating Committee

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DC | HEALTH

LinkU

Staff and Provider Training

optional setup for class

navigate to **linkustaff.auntbertha.com**

click “Sign Up” to create an account

confirm the account in your email

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Agenda

- Aunt Bertha
- LinkU and LinkUStaff
- Connecting to Resources

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Aunt BERTHA

This is a seeker.

[see-ker]
Someone who is in need of services.
Or, **everyone**, at some point in their lives.

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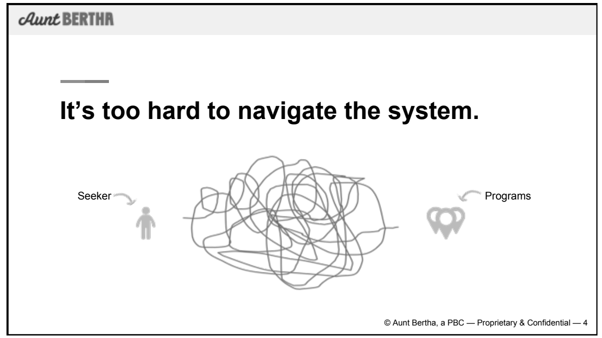
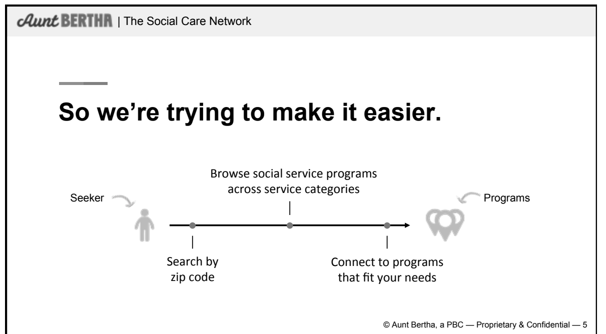
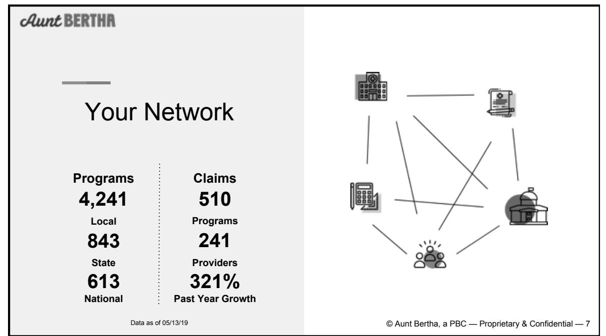




Aunt BERTHA

Our Mission

to connect all people in need
and the programs that serve them
(with dignity and ease)


Aunt BERTHA
Your Network
Programs
4,241
Local
843
State
613
National
Claims
510
Programs
241
Providers
321%
Past Year Growth
Data as of 05/13/19
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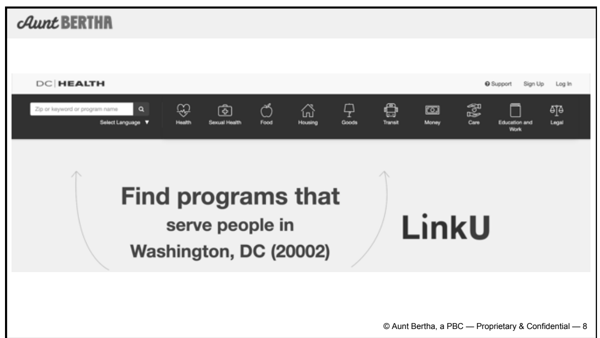
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DC | HEALTH
Find programs that
serve people in
Washington, DC (20002)
LinkU
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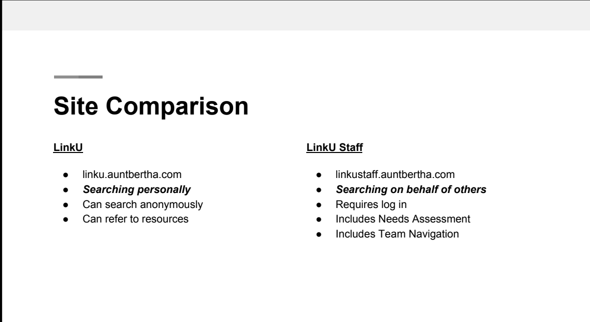
Site Comparison
LinkU
linku.auntbertha.com
Searching personally
Can search anonymously
Can refer to resources
LinkU Staff
linkustaff.auntbertha.com
Searching on behalf of others
Requires log in
Includes Needs Assessment
Includes Team Navigation

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Connecting to Resources

- Assessment
- Search
- Filters
- Program Cards
- Favorites
- Outbound Referrals
- Seeker Profile

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Assessment

- Needs Assessment
- LinkU Staff site only

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Search

- Search by zip code
- Keyword or service tag

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Filters

- Personal
- Program

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Suggest Programs!

Know of a program that you want to get on the platform? Suggest it and we'll turn it around in 2 days!

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Program Cards

- Program/Provider Name
- Next Steps
- Description
- Hours & Location
- My Notes
- Suggest Change

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Favorites

- Save to Favorites
- Bulk Save
- Personal vs Shared Folders
  - Print programs in a folder
  - Share via email, link, or group

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Outbound Referrals

"Next Steps"

- Availability
- Eligibility
- Person You're Helping
  - Name
  - Email OR Phone
  - Best way to reach them
  - Consent

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Seeker Profile

"People I'm Helping"

- Personal Info
- Goals
- Navigation History

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The Intersections of HIV, Hepatitis, and Drug User Health: Considerations for Service Providers

Laura Pegram, MSW, MPH
Senior Manager, Drug User Health

About NASTAD

WHO: A non-profit, non-partisan national association founded in 1992 that represents public health officials who administer HIV and hepatitis programs funded by state and federal governments.

WHERE: All 50 U.S. states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, seven local jurisdictions receiving direct funding from the Centers for Disease Control and Prevention (CDC), and the U.S. Pacific Island jurisdictions.

MISSION: NASTAD's mission is to end the intersecting epidemics of HIV, viral hepatitis, and related conditions by strengthening domestic and global governmental public health through advocacy, capacity building, and social justice.

VISION: NASTAD's vision is a world free of HIV and viral hepatitis.

NASTAD

National HIV & Hepatitis Overview

Injection Drug Use accounts for
~9% of new HIV cases [1]
Over 65% of HCV cases [2]

Among people who inject drugs
60%-90% have HCV after 5 years
Median time to HCV transmission is ~3 years
And each year ~ 20-30% of PWID acquire HCV [3]

Comorbidity
Among PWID and have HIV, 75% also have HCV
Among PLWHIV w/o IDU, 25% have HCV [4]

Life time cost of <u>each</u> HIV infection is over $380,000 [5]

<u>Accumulated</u> costs of HCV care over the next 20 years on this trajectory over $78 billion [6]

1.Centers for Disease Control and Prevention, 2017. HIV Surveillance Report, https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2017-vol-29.pdf
2. Centers for Disease Control and Prevention, 2016, Surveillance for Viral Hepatitis – United States, 2016. https://www.cdc.gov/hepatitis/statistics/2016surveillance/index.htm
3. Grebely, J. et al. 2011. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3072734/
4. Centers for Disease Control and Prevention, 2017. HIV and Viral Hepatitis. https://www.cdc.gov/hiv/pdf/library/factsheets/hiv-viral-hepatitis.pdf
5. Centers for Disease Control and Prevention, 2017. https://www.cdc.gov/hiv/programresources/guidance/costeffectiveness/index.html
6. National Academies of Sciences, Engineering, and Medicine, 2017. https://www.nap.edu/read/24731/chapter/8

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Diseases Associated with Injection Drug Use

- **Viral infections (bloodborne)**
  - **Hepatitis C Virus (HCV)**
  - **Hepatitis B Virus (HBV)**
  - **Hepatitis A Virus (HAV)**
  - **HIV**
- **Bacterial Infections (soft tissue/skin) [4]**
  - **Septicemia**
  - **Bacteremia**
  - **Cellulitis**
  - **Abscesses (staph, strep)**
  - **Endocarditis**
  - **Necrotizing fasciitis**
  - **Wound botulism**

- Hepatitis C is the leading cause of death among all infectious diseases [1]
- The CDC estimates 41,200 acute HCV cases in the US in 2016 [1]
- Estimated 2.4 million people have HCV in the US (~1% of US pop.) [2]
- 85% of HCV infection leads to progresses to chronic infection [1]
- IDU is currently the most common risk factor for HCV in developed countries (60-80% worldwide) [3]

1. Centers for Disease Control and Prevention, 2017. https://www.cdc.gov/hepatitis/hcv/index.htm
2. Centers for Disease Control and Prevention, 2018. https://www.cdc.gov/nchhstp/newsroom/2018/hepatitis-c-prevalence-estimates.html
3. Nelson, et al. 2011. https://www.ncbi.nlm.nih.gov/pubmed/21802134/
4. Collier, M., et al. 2018. https://link.springer.com/article/10.1007%2Fs10900-017-0458-9

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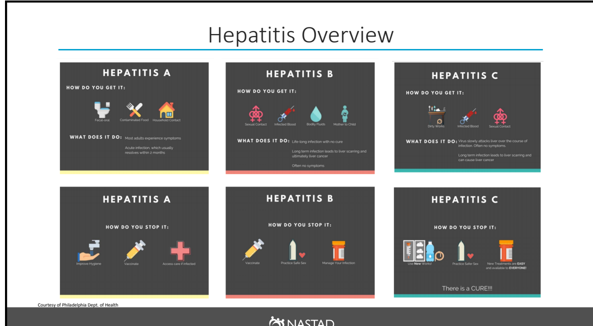

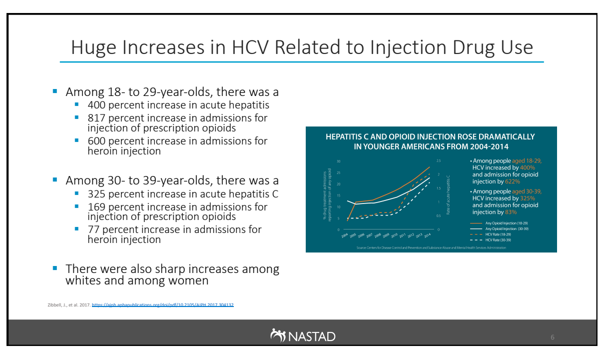

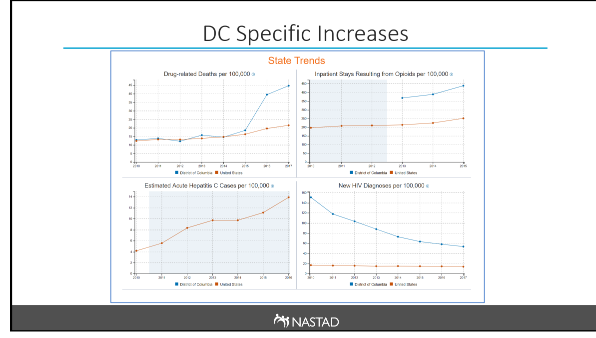

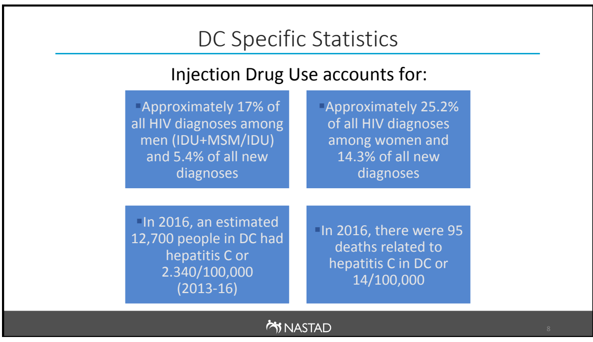

Scott County, Indiana

- HIV Outbreak in Austin, Indiana (pop. 4,200) in 2015
- Over 200 cases of HIV were eventually attributed to injection drug use behavior
- Only had 5 reported cases of HIV in the previous decade
- Within this initial outbreak 115 persons were co-infected with HCV and currently 92% are co-infected [1]

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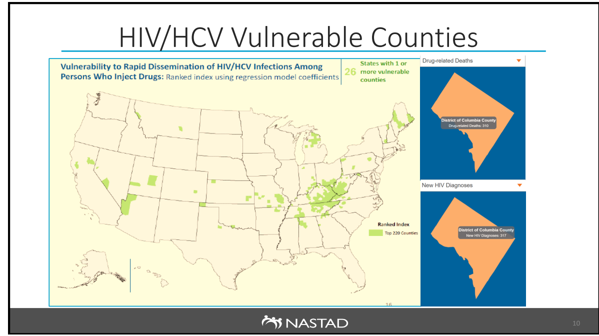

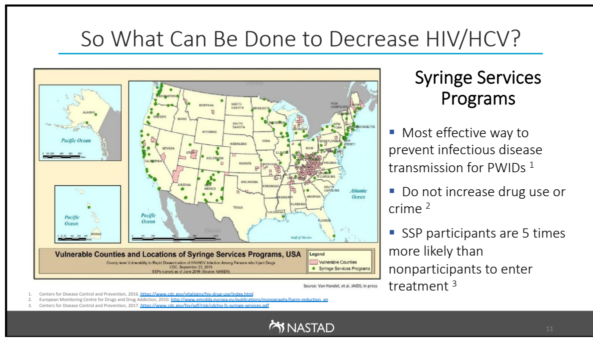

Harm Reduction Philosophy

A set of practical, public health, strategies designed to reduce the negative consequences of drug use and promote healthy individuals and communities

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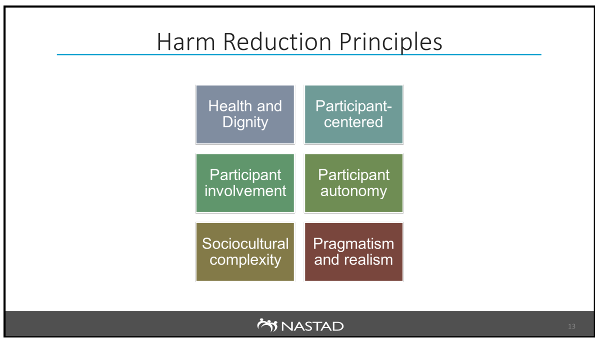

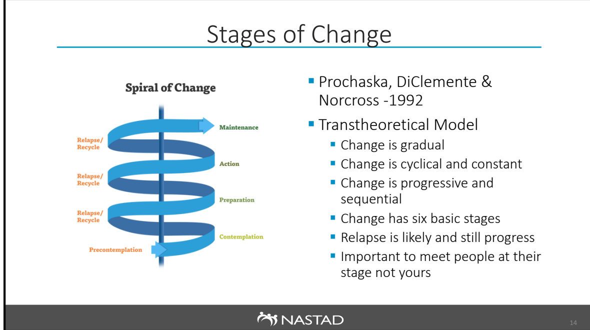

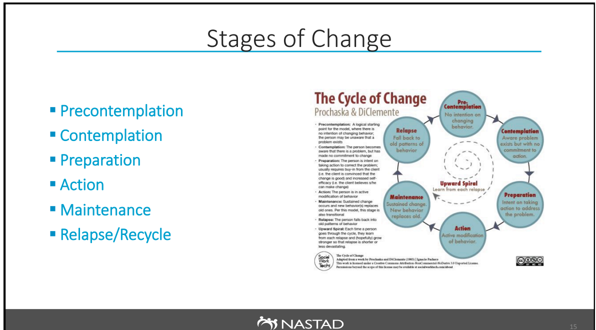

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So why do people use drugs?

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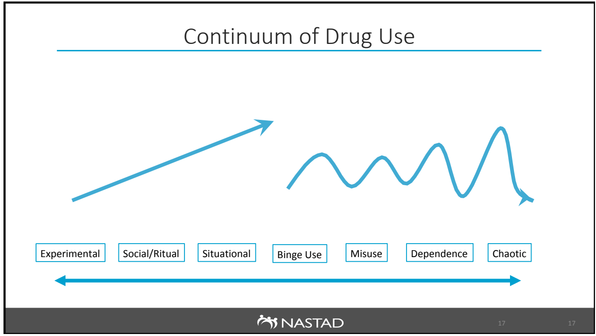
Continuum of Drug Use



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Circumstances of Drug Use

Drug, Set, and Setting - Norman Zinberg, studies between 1972 – 1984

- Found 3 major criteria for what created either benign or chaotic use
  - The Drug – this is the type of drug, the amount, the route of administration, the frequency of use, etc.
  - The Set – refers to the mindset or attitude about use
  - The Setting – this refers to the context of use—basically where the drug is consumed and with whom

The Vietnam Studies – Lee Robbins, 1974

- Examined heroin use among Vietnam Veterans once they completed service
- Found that MOST did not continue use (99%), even though they exhibited physical dependence previously, without obtaining treatment
  - Most cited a change in stress level, change in environment, and family perceptions of drug use

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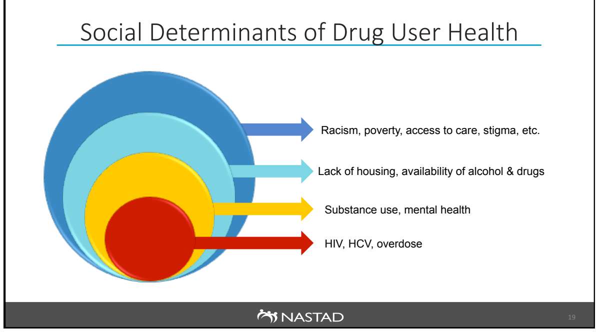

So who works with people who use drugs?

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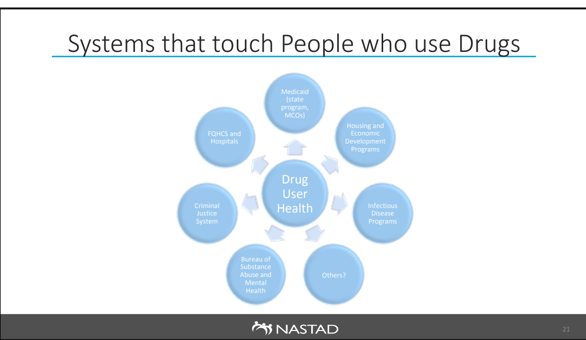

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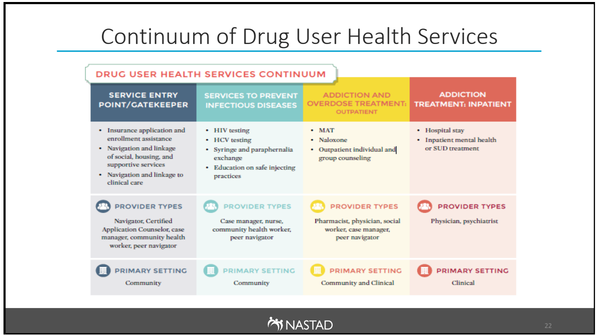
Continuum of Drug User Health Services
DRUG USER HEALTH SERVICES CONTINUUM
SERVICE ENTRY POINT/GATEKEEPER
• Insurance application and enrollment assistance
• Navigation and linkage of social, housing, and supportive services
• Navigation and linkage to clinical care
PROVIDER TYPES
Navigator, Certified Application Counselor, case manager, community health worker, peer navigator
PRIMARY SETTING
Community
SERVICES TO PREVENT INFECTIOUS DISEASES
• HIV testing
• HCV testing
• Syringe and paraphernalia exchange
• Education on safe injecting practices
PROVIDER TYPES
Case manager, nurse, community health worker, peer navigator
PRIMARY SETTING
Community
ADDICTION AND OVERDOSE TREATMENT: OUTPATIENT
• MAT
• Naloxone
• Outpatient individual and group counseling
PROVIDER TYPES
Pharmacist, physician, social worker, case manager, peer navigator
PRIMARY SETTING
Community and Clinical
ADDICTION TREATMENT: INPATIENT
• Hospital stay
• Inpatient mental health or SUD treatment
PROVIDER TYPES
Physician, psychiatrist
PRIMARY SETTING
Clinical
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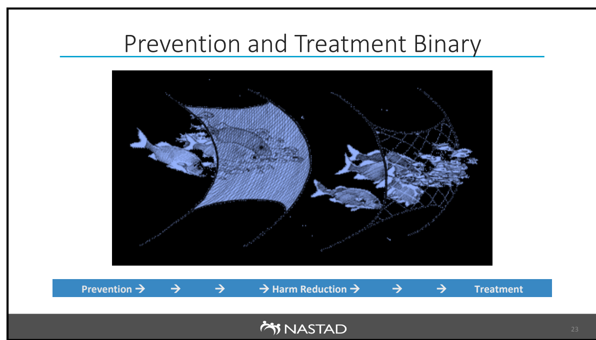
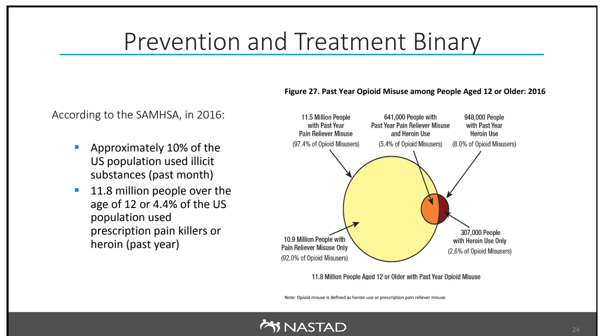

Prevention and Treatment Binary
Prevention →
→
→
→ Harm Reduction →
→
→
Treatment
NASTAD


Prevention and Treatment Binary
According to the SAMHSA, in 2016:
Approximately 10% of the US population used illicit substances (past month)
11.8 million people over the age of 12 or 4.4% of the US population used prescription pain killers or heroin (past year)
Figure 27. Past Year Opioid Misuse among People Aged 12 or Older: 2016
11.5 Million People with Past Year Pain Reliever Misuse (97.4% of Opioid Misusers)
641,000 People with Past Year Pain Reliever Misuse and Heroin Use (5.4% of Opioid Misusers)
948,000 People with Past Year Heroin Use (8.0% of Opioid Misusers)
10.9 Million People with Pain Reliever Misuse Only (92.0% of Opioid Misusers)
307,000 People with Heroin Use Only (2.6% of Opioid Misusers)
11.8 Million People Aged 12 or Older with Past Year Opioid Misuse
Note: Opioid misuse is defined as heroin use or prescription pain reliever misuse.
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Prevention and Treatment Binary

- Within the same data, we can see that a majority of Substance Use Disorders are related to alcohol – not illicit drugs
- Drug User Health/Harm Reduction services are useful for everyone using substances, legal or not

Numbers of People Aged 12 or Older with a Past Year Substance Use Disorder: 2016

No Past Year Substance Use Disorder
249.3 Million People
(92.5%)
Past Year Substance Use Disorder
20.1 Million People
(7.5%)
Alcohol 15.1
Illicit Drugs 7.4
Marijuana 4.0
Misuse of Prescription Pain Relievers 1.8
Cocaine 0.9
Methamphetamine 0.7
Heroin 0.6
Misuse of Prescription Stimulants 0.5
0 5 10 15 20
Millions of People

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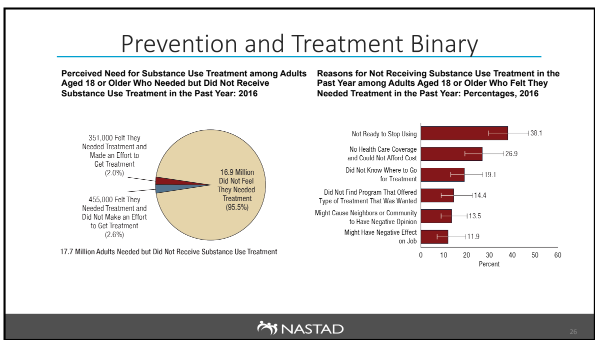

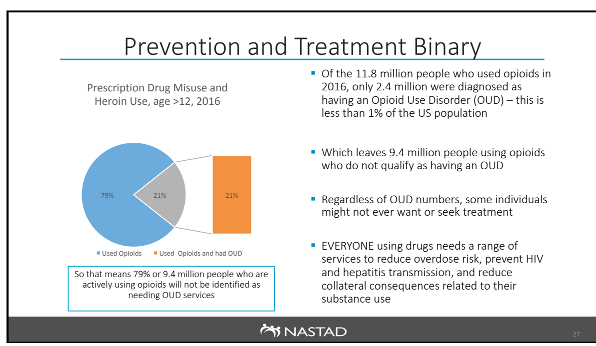

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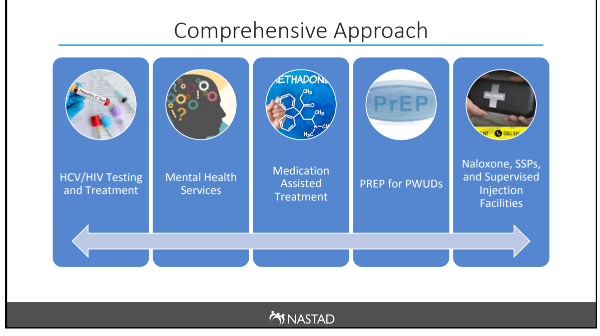

Drug User Stigma

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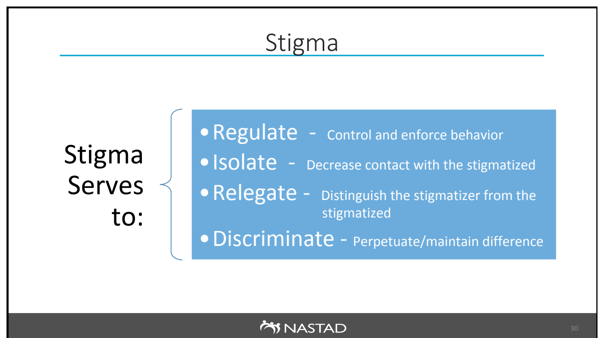

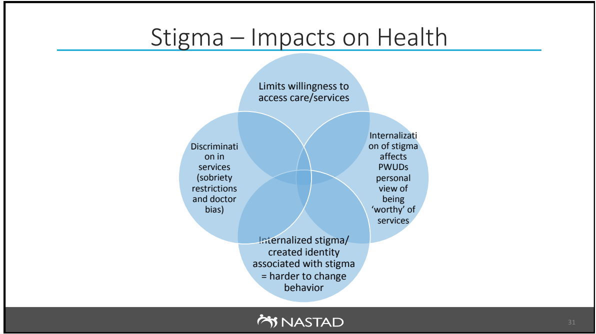
Stigma – Impacts on Health
Limits willingness to access care/services
Discrimination in services (sobriety restrictions and doctor bias)
Internalization of stigma affects PWUDs personal view of being 'worthy' of services
Internalized stigma/ created identity associated with stigma = harder to change behavior
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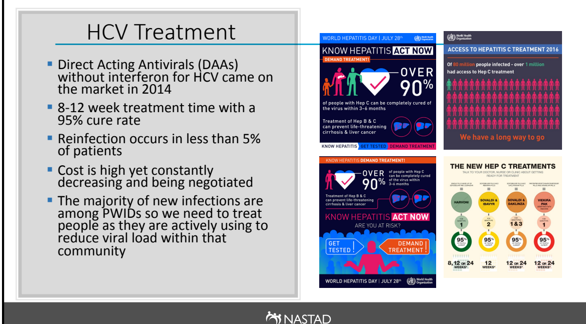
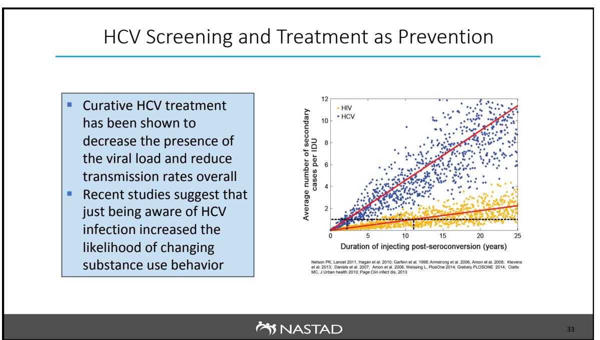

HCV Treatment
Direct Acting Antivirals (DAAs) without interferon for HCV came on the market in 2014
8-12 week treatment time with a 95% cure rate
Reinfection occurs in less than 5% of patients
Cost is high yet constantly decreasing and being negotiated
The majority of new infections are among PWIDs so we need to treat people as they are actively using to reduce viral load within that community
KNOW HEPATITIS ACT NOW
OVER 90%
ACCESS TO HEPATITIS C TREATMENT 2014
We have a long way to go
THE NEW HEP C TREATMENTS
NASTAD


HCV Screening and Treatment as Prevention
Curative HCV treatment has been shown to decrease the presence of the viral load and reduce transmission rates overall
Recent studies suggest that just being aware of HCV infection increased the likelihood of changing substance use behavior
HIV
HCV
Average number of secondary cases per IDU
Duration of injecting post-seroconversion (years)
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Sobriety/Fibrosis Restrictions and HCV Treatment

Discriminatory State Medicaid Restrictions Include:	Liver Disease Progression	Bans on Former Substance Users	Prescriber Restrictions
	Requiring that patients reach a certain stage of fibrosis (liver disease), which can be irreversible and cause cancer.	Barring patients with a history of alcohol or substance use.	Only allowing certain specialists, who can be difficult to find, to prescribe a cure.

- Numerous studies have shown that adherence among PWUDs is just as high as those who do not use drugs (92-97% adherence overall among PWUDs)
- Treating new HCV infections is cost saving compared to waiting until patients have high fibrosis scores
- It is discriminatory and unethical to not treat based on sobriety or because of financial limitations

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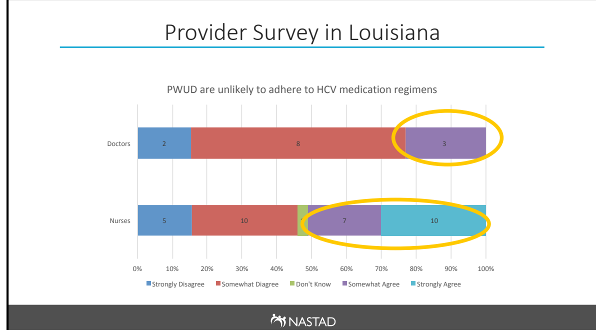

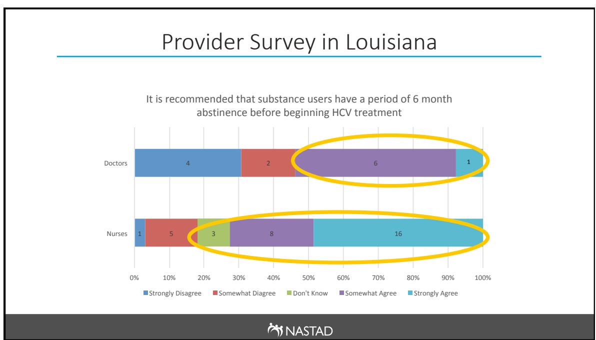

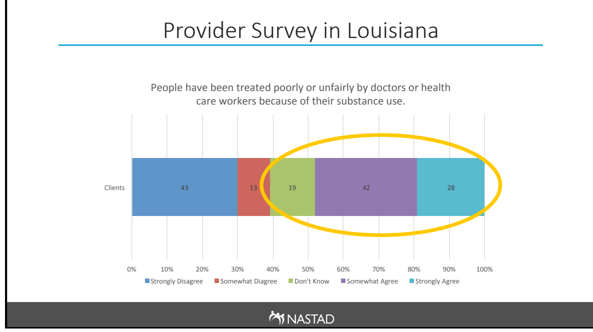
Provider Survey in Louisiana
People have been treated poorly or unfairly by doctors or health care workers because of their substance use.
Clients
43
13
19
42
28
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
Strongly Disagree
Somewhat Diagree
Don't Know
Somewhat Agree
Strongly Agree
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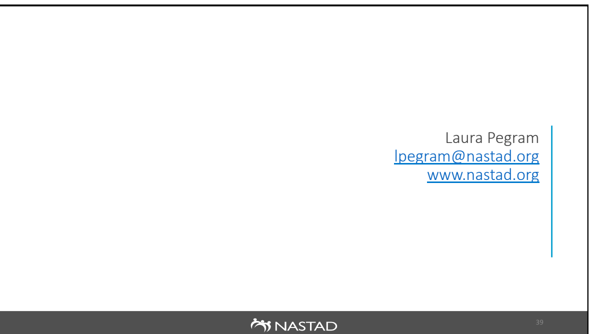
Strategies for Challenging Stigma
Individual Level
• Language
• Relationships, honesty & authenticity
• Disclosure and dialogue
• Education and personal development
Organizational Level
• Training and education
• Outlets for feedback
• Assessment of practices
• Hiring drug users
Community Level
• Participant Advisory Boards
• Awareness campaigns
• Policy and advocacy
• Events
NASTAD


Laura Pegram
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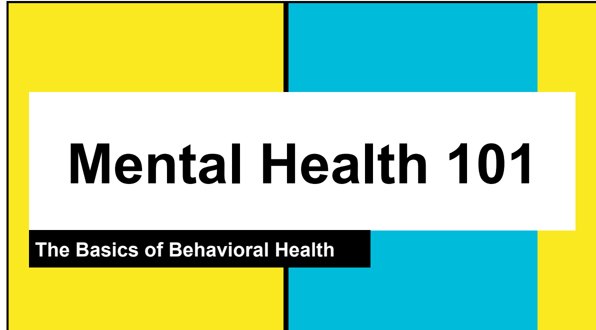
NASTAD



Learning Objectives

By the end of today's presentation you will be…

- Able to define mental conditions
- Able to name and describe the top 10 common mental illness
- Able to recognize adverse and protective factors for mental health and ways to treat
- Aware of local and global mental health statistics
- Able to identify and consistently employ self care techniques

What is mental health?

Turn to the experts at your table and come up with a definition to slay the mental health gawds!

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Mental Health is...

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

Mental Illness is...

- **Any mental illness (AMI)** is defined as a mental, behavioral, or emotional disorder. AMI can vary in impact, ranging from no impairment to mild, moderate, and even severe impairment (e.g., individuals with serious mental illness as defined below).
- **Serious mental illness (SMI)** is defined as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities. The burden of mental illnesses is particularly concentrated among those who experience disability due to SMI.

Common Mental Illnesses

There are 10 common mental illnesses.
Can you beat the clock?!?

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10 Most Common Mental Illneses are...

1. Major Depression
2. Generalized Anxiety Disorder
3. Obsessive-Compulsive Disorder
4. Bipolar Disorder
5. Schizophrenia
6. Autism Spectrum Disorders
7. ADHD
8. Eating Disorders
9. Post-traumatic Stress Disorder
10. Substance Abuse

Two Lies and a Truth

Gather your table experts and prepare to weigh in on what are the lies and what is the truth!

Truth is...

1. Major Depression is a mood disorder that causes persistent feelings of sadness and loss of interest
2. Generalized Anxiety Disorder is a long term condition that cause you to feel anxious about a wide range of situations and issues
3. Obsessive-compulsive Disorder is a type of mental illness that cause repeated unwanted thoughts
4. Bipolar Disorder is a condition that affects your moods, which can swing from one extreme to another
5. Schizophrenia is a type of psychosis meaning persons are not able to distinguish thoughts and ideas from reality
6. Autism Spectrum Disorders are lifelong developmental disabilities that affect how people perceive the world and interact with others
7. ADHD is a neurodevelopmental type disorder characterized by inattention, excessive activity or difficulty controlling behavior
8. Eating Disorders are characterized by an abnormal attitude towards food that causes someone to change their eating habits or behavior
9. Post-traumatic Stress Disorder is caused by very stressful, frightening, or distressing events which may lead the person to be triggered in other environments or relive the traumatic event
10. Substance Abuse is a patterned use of a substance or substances which are harmful to the person or others

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Mental Illness Stigmas

Have you ever played Stigma Chairs? Well get up!

Stigmas lead to perpetuation of misinformation

1. MH only affects certain people
2. MH is less important than physical health
3. If you talk about your struggles, you want pity and attention
4. People with MH issues are lazy
5. Just try harder to control how you feel
6. You just have to snap out of it
7. Mental illness is trending
8. If you have a mental illness, you will never amount to anything
9. People with mental illness are all the same
10. Only people with diagnosed mental illnesses need therapy
11. People with mental illness have to take medication
12. People with MH would be better if they prayed more and went to church, temple, mosque

Factors for Mental Health

In the table below we see the WHO's breakdown of potential adverse and protective factors for mental health within these three categories. These factors often interact, compound or negate one another and should therefore not be considered as individual traits or exposures. For example, particular individual traits may make a given person more vulnerable to mental health disorders with the onset of a particular economic or social scenario — the instance of one does not necessarily result in a mental health disorder, but combined there is a significantly higher vulnerability.

Level	Adverse Factors	Protective Factors
Individual attributes	Low self-esteem	Self-esteem, confidence
	Cognitive/emotional immaturity	Ability to solve problems & manage stress or adversity
	Difficulties in communicating	Communication skills
	Medical illness, substance use	Physical health, fitness
Social circumstances	Loneliness, bereavement	Social support of family & friends
	Neglect, family conflict	Good parenting/family interaction
	Exposure to violence/abuse	Physical security & safety
	Low income & poverty	Economic security
	Difficulties or failure at school	Scholastic achievement
	Work stress, unemployment	Satisfaction & success at work
Environmental factors	Poor access to basic services	Equality of access to basic services
	Injustice & discrimination	Social justice, tolerance, integration
	Social & gender inequalities	Social & gender equality
	Exposure to war or disaster	Physical security & safety

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Mental Illness Statistics

Do you know your stuff?!?
If so, show it off!

Fill in the Blanks

1. ____ in every 5 adults in America experience a mental illness
2. Nearly ____ in every 25 adults in America live with a serious mental illness
3. LGBTQ individuals are ____ times as likely as straight individuals to have a MH condition
4. Approximately ____% of homeless adults staying in shelters live with SMI
5. Suicide is the ____ leading cause of death in the US
6. Suicide is the ____ leading cause of death in youth ages 10-24
7. ____% of all lifetime cases of mental illness begin by age 14 and ____% by age 24
8. ____% of students with a mental health condition age 14 and older dropout of school--the highest dropout rate of any disability group
9. ____ disorders are the leading global mental health conditions at 3.76%

	American Indian/Alaska Native	Asian	Black	Hispanic	White
% of adults living with a MH condition					

Mental Illness Facts, Stats and Data

- **1 in 5 Adults have a mental health condition.** That's over 40 million Americans; more than the populations of New York and Florida **combined**.
- **Youth mental health is worsening.** Rates of youth with severe depression increased from 5.9% in 2012 to 8.2% in 2015. Even with severe depression, 76% of youth are left with no or insufficient treatment
- **More Americans have access to services...** Access to insurance and treatment increased, as healthcare reform has reduced the rates of uninsured adults. The greatest decrease in uninsured Adults with mental illnesses was seen in states that expanded Medicaid.
- **...But most Americans still lack access to care.** 56% of American adults with a mental illness do not receive treatment. Even in Maine, the state with the best access, 41.4% of adults with a mental illness do not receive treatment.
- **There is a serious mental health workforce shortage**. In states with the lowest workforce, there is up **6 times** the individuals to only 1 mental health professional. This includes psychiatrists, psychologists, social workers, counselors, and psychiatric nurses combined.

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Treatment Options

Treatment Options

- ★ **Psychotherapy** – Psychotherapy is the therapeutic treatment of mental illness provided by a trained mental health professional. Psychotherapy explores thoughts, feelings, and behaviors, and seeks to improve an individual's well-being. Psychotherapy paired with medication is the most effective way to promote recovery. Examples include: Cognitive Behavioral Therapy, Exposure Therapy, Dialectical Behavior Therapy, etc.
- ★ **Medication** – Medication does not outright cure mental illness. However, it may help with the management of symptoms. Medication paired with psychotherapy is the most effective way to promote recovery.
- ★ **Case Management** – Case management coordinates services for an individual with the help of a case manager. A case manager can help assess, plan, and implement a number of strategies to facilitate recovery.
- ★ **Hospitalization** – In a minority of cases, hospitalization may be necessary so that an individual can be closely monitored, accurately diagnosed or have medications adjusted when his or her mental illness temporarily worsens.
- ★ **Support Group** – A support group is a group meeting where members guide each other towards the shared goal of recovery. Support groups are often comprised of nonprofessionals, but peers that have suffered from similar experiences.
- ★ **Complementary & Alternative Medicine** – Complementary & Alternative Medicine, or CAM, refers to treatment and practices that are not typically associated with standard care. CAM may be used in place of or addition to standard health practices.
- ★ **Self Help Plan** – A self-help plan is a unique health plan where an individual addresses his or her condition by implementing strategies that promote wellness. Self-help plans may involve addressing wellness, recovery, triggers or warning signs.
- ★ **Peer Support** – Peer Support refers to receiving help from individuals who have suffered from similar experiences.

Treatment Options Abound

Choosing ***the right mix of treatments*** **and supports** that work for you is an important step in the recovery process. Treatment choices for mental health conditions will vary from person to person. Even people with the same diagnosis will have different experiences, needs, goals and objectives for treatment. There is no "one size fits all" treatment.

- ★ medication
- ★ counseling (therapy)
- ★ social support (positive relationships)
- ★ education (self, family, community)
- ★ exercise (walk, run, yoga)
- ★ meditation
- ★ pet therapy
- ★ aromatherapy
- ★ light therapy
- ★ nutrition based care (herbs, vitamins)

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Provider Self Care

Read and Repeat Regularly

Self Care Bill of Rights

by: Steve Austin

- I have the right to take care of myself.
- I have the right to seek professional help.
- I have the right to rest. I can take a mental health day!
- I have the right to say no. I will stand up for myself!
- I have the right to be healthy (mind, body, & spirit).
- I have the right to set clear boundaries.
- I have the right to enjoy life to the fullest.
- I have the right to acknowledge my emotions. I am not a robot.
- I have the right to accept life as it comes. I don't have to have it all figured out today.
- I have the right to start over.

Self care is not selfish!

- Boundaries with work life balance
- Cultivating hobbies
- Counseling (therapy)
- Social support (positive relationships)
- Spa services (massage, reiki, mani/pedi)
- Physical fitness (walk, run, yoga)
- Mental fitness (meditation, reading)
- Time off (vacations or staycations)
- Saying no
- Sleeping

Mental Wellbeing involves...

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Sources

https://www.mentalhealth.gov

https://www.nimh.nih.gov

https://www.mentalhealthamerica.net

https://www.nami.org

https://thewellbeingproject.co.uk

https://ourworldindata.org/mental-health

https://therapypet.org

Thank You

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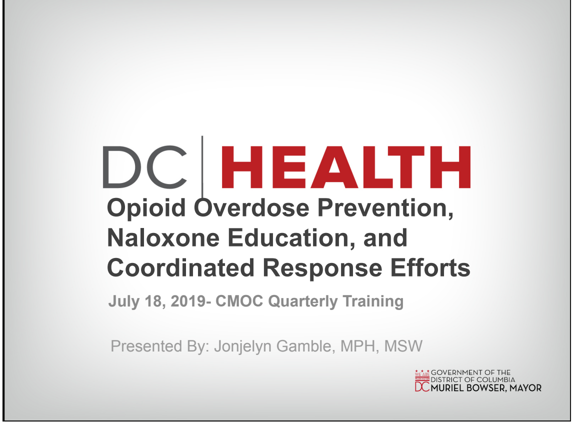

OBJECTIVES

By the end of the training, participants should be able to understand:

1. The basic profile of opioids
2. The pharmacology of Naloxone
3. The laws protecting individuals from civil liability associated with naloxone administration and the safe reporting overdoses law
4. The epidemiology of opioid overdoses in the District of Columbia
5. The importance of contacting emergency medical services and the proper administration of Narcan
6. The care of an individual after the administration of naloxone
7. Coordinated response efforts implemented throughout the District

BACKGROUND

- Opiates such as heroin, codeine, and morphine are natural derivatives of the poppy plant.
- Opioids are most potent tools to relieve pain.
- May come in tablet or pill, capsule, powder, and liquid form.
- May be smoked, snorted, injected, swallowed or drank.

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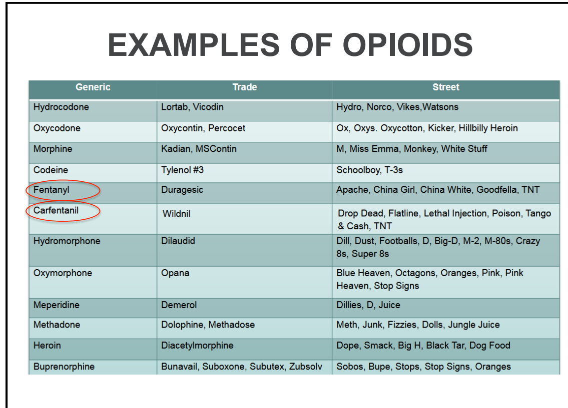
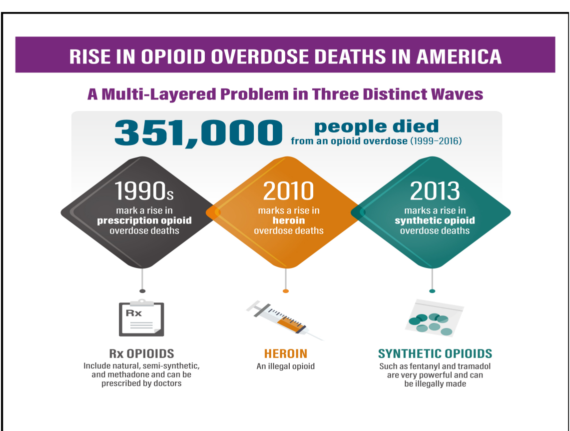


EXAMPLES OF OPIOIDS

Generic	Trade	Street
Hydrocodone	Lortab, Vicodin	Hydro, Norco, Vikes,Watsons
Oxycodone	Oxycontin, Percocet	Ox, Oxys. Oxycotton, Kicker, Hillbilly Heroin
Morphine	Kadian, MSContin	M, Miss Emma, Monkey, White Stuff
Codeine	Tylenol #3	Schoolboy, T-3s
Fentanyl	Duragesic	Apache, China Girl, China White, Goodfella, TNT
Carfentanil	Wildnil	Drop Dead, Flatline, Lethal Injection, Poison, Tango & Cash, TNT
Hydromorphone	Dilaudid	Dill, Dust, Footballs, D, Big-D, M-2, M-80s, Crazy 8s, Super 8s
Oxymorphone	Opana	Blue Heaven, Octagons, Oranges, Pink, Pink Heaven, Stop Signs
Meperidine	Demerol	Dillies, D, Juice
Methadone	Dolophine, Methadose	Meth, Junk, Fizzies, Dolls, Jungle Juice
Heroin	Diacetylmorphine	Dope, Smack, Big H, Black Tar, Dog Food
Buprenorphine	Bunavail, Suboxone, Subutex, Zubsolv	Sobos, Bupe, Stops, Stop Signs, Oranges



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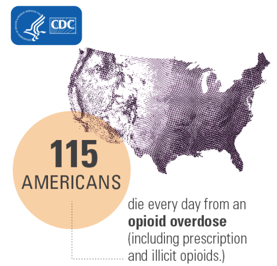
BACKGROUND

- From 2000 to 2015, more than half a million people died from drug overdoses.
- 115 Americans die every day from an opioid overdose.



What is an Opioid Overdose and How Does Naloxone Work?

https://www.youtube.com/watch?v=g-9KyxMtGXg

RISK FACTORS FOR OPIOID OVERDOSE

- A prior overdose
- Reduced tolerance
- Mixing drugs
- Using alone
- Increases in strength or quantity or changing formulations

SIGNS AND SYMPTOMS OF AN OVERDOSE

HIGH	OVERDOSE
Muscles become relaxed	Pale, clammy skin
Speech is slowed/slurred	Very infrequent or no breathing
Sleepy looking	Deep snoring or gurgling (death rattle)
Responsive to stimuli (such as shaking, yelling, sternal rub, etc.)	Not responsive to stimuli (such as shaking, yelling, sternal rub, etc.)
Normal heart beat/pulse	Slow heart beat/pulse
Normal skin tone	Blue lips and/or fingertips

OPIOID OVERDOSE PREVENTION

TREAT OPIOID USE DISORDER

- Medication assisted therapy (methadone, buprenorphine, or naltrexone)

REVERSE OVERDOSES

- Standing orders at pharmacies
- Distribution through local, community-based organizations
- Access and use by law enforcement officials
- Training for basic emergency medical service staff on how to administer the drug

IMPROVE OPIOID PRESCRIBING

- CDC Guidelines for Prescribing Opioids for Chronic Pain

PREVENT OPIOID USE DISORDER

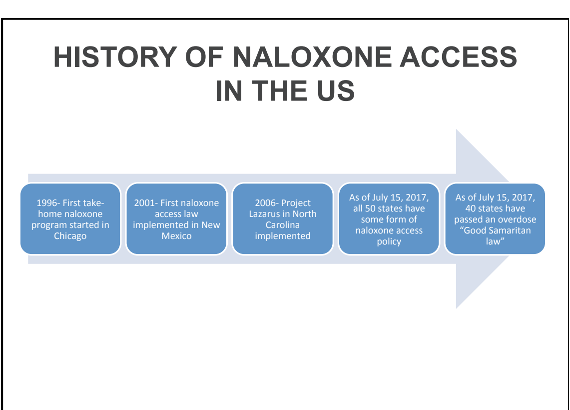
- Prescription drug monitoring programs
- State prescription drug laws
- Formulary management strategies in insurance programs
- Academic detailing to educate providers about opioid prescribing guidelines
- Patient education on the safe storage and disposal of prescription opioids

NALOXONE NARCAN®

- FDA-approved
- Reverses opioid overdoses
- Routes of Administration:
  - Intranasal
  - Intramusucular
  - Intravenous
- NO potential for abuse

NALOXONE FORMULATIONS

LAWS AND STATUTES ASSOCIATED WITH NALOXONE ADMINISTRATION



D.C. LAW 21-186. SUBSTANCE ABUSE AND OPIOID OVERDOSE PREVENTION AMENDMENT ACT OF 2016.

"An employee or volunteer of a community-based organization shall not dispense or distribute an opioid antagonist under this section unless he or she completes training conducted by the department of health."

IS NARCAN LEGAL TO CARRY?

DC Code § 7–403. Seeking health care for an overdose victim:

Notwithstanding any other law, it shall not be considered a crime for a person to possess or administer an opioid antagonist, nor shall such person be subject to civil liability in the absence of gross negligence, if he or she administers the opioid antagonist:

(1) In good faith to a person who he or she reasonably believes is experiencing an overdose;

(2) Outside of a hospital or medical office; and

(3) Without the expectation of receiving or intending to seek compensation for such service and acts.

Yes!

"THE GOOD SAMARITAN LAW"

- Passed by the City Council and signed by Mayor in 2012; became effective March 19, 2013
- Provides leniency for both the individual suffering the overdose and witnesses

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CONTROLLED SUBSTANCE TESTING EMERGENCY AMENDMENT ACT OF 2018

- Permits individuals in the District to use testing kits and permits their use to test or analyze drugs.
- Permits CBOs to deliver or sell, possess with intent to deliver or sell testing equipment or other objects used, intended for use, or designed for use, for that same purpose
- Testing equipment exempt from drug paraphernalia laws

THE EPIDEMIOLOGY OF OPIOID OVERDOSES IN THE DISTRICT

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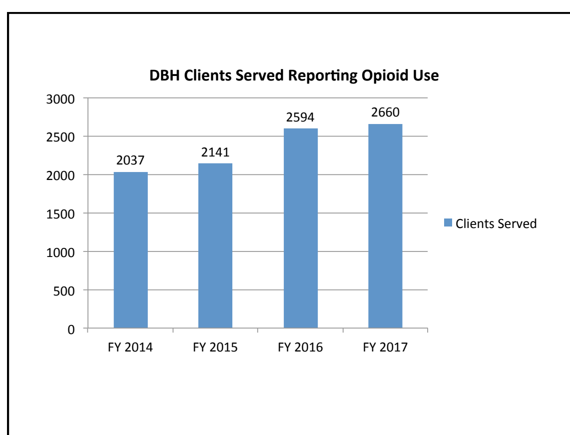
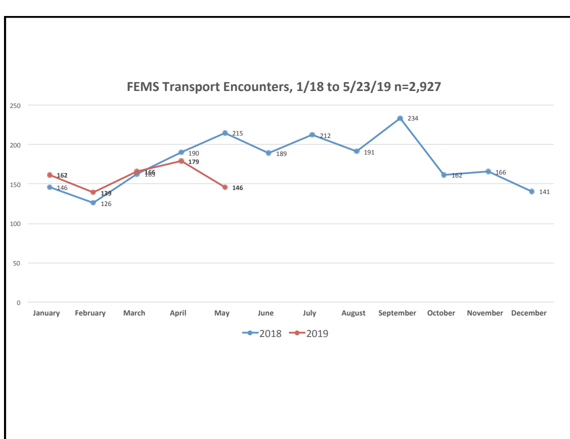
AVERAGE OVERDOSE PATIENT IN D.C.

- 54.1 Years of Age
- Wards 5, 7, & 8
- 83% African-American
- 74% Male





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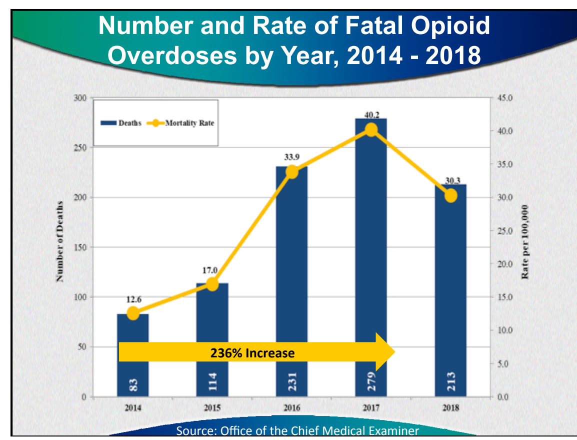
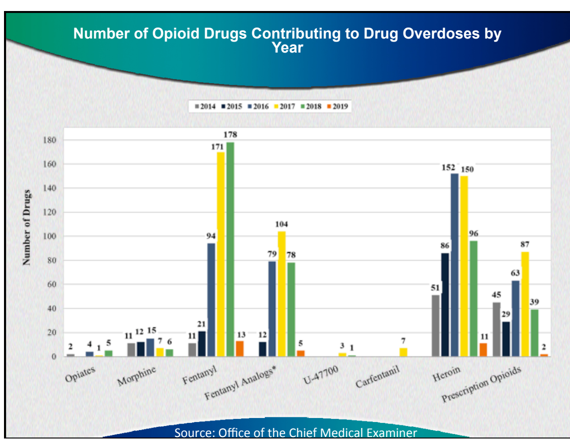
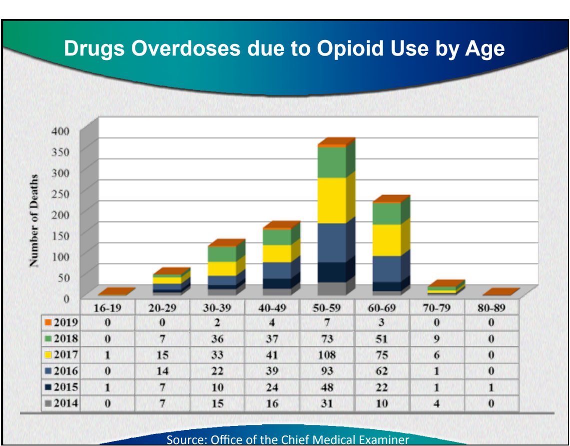
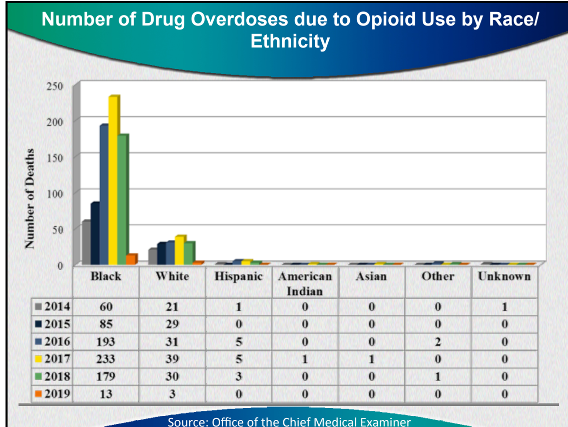


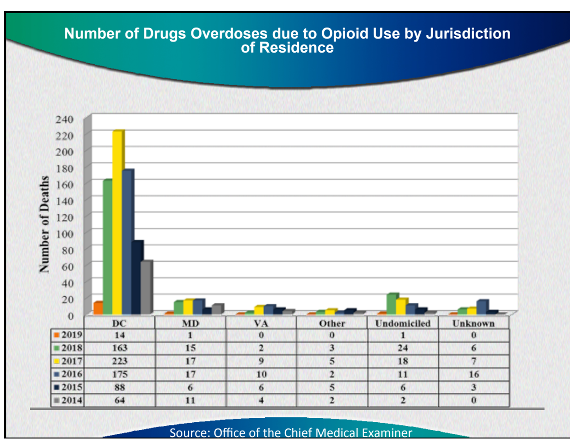




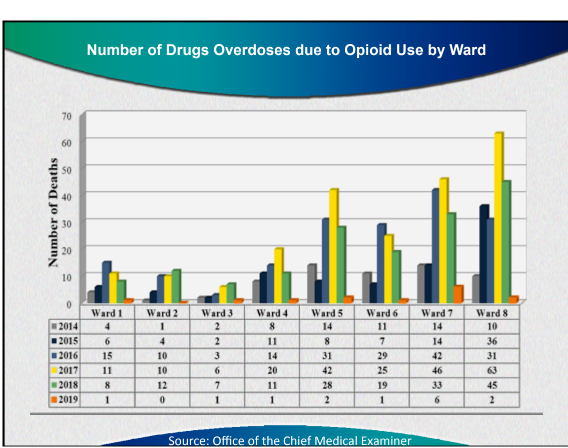
	16-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89
2019	0	0	2	4	7	3	0	0
2018	0	7	36	37	73	51	9	0
2017	1	15	33	41	108	75	6	0
2016	0	14	22	39	93	62	1	0
2015	1	7	10	24	48	22	1	1
2014	0	7	15	16	31	10	4	0



	Black	White	Hispanic	American Indian	Asian	Other	Unknown
2014	60	21	1	0	0	0	1
2015	85	29	0	0	0	0	0
2016	193	31	5	0	0	2	0
2017	233	39	5	1	1	0	0
2018	179	30	3	0	0	1	0
2019	13	3	0	0	0	0	0



	DC	MD	VA	Other	Undomiciled	Unknown
2019	14	1	0	0	1	0
2018	163	15	2	3	24	6
2017	223	17	9	5	18	7
2016	175	17	10	2	11	16
2015	88	6	6	5	6	3
2014	64	11	4	2	2	0



	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
2014	4	1	2	8	14	11	14	10
2015	6	4	2	11	8	7	14	36
2016	15	10	3	14	31	29	42	31
2017	11	10	6	20	42	25	46	63
2018	8	12	7	11	28	19	33	45
2019	1	0	1	1	2	1	6	2

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90-DAY REPEAT OVERDOSES

375 UNIQUE PATIENTS, 940 OVERDOSES (~2.5)

- Range: 2 overdoses to 10
- Average of 6 months between events
- Overwhelmingly male >90%, no significant difference in age
- Coordinated, streamlined efforts needed

RESPONDING TO OVERDOSES

MYTHS YOU MAY HEARD ABOUT REVERSING OPIOID OVERDOSES

- Do NOT put the individual in a bath. They could drown.
- Do NOT induce vomiting or give the individual something to drink. They could choke.
- Do NOT put the person in an ice bath or put ice in their clothing or in any bodily orifices.
- Do NOT try to stimulate the person in a way that could cause harm.
- Do NOT inject them with any foreign substance (e.g., salt water or milk) or any other drugs, or force them to eat anything.

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WHAT TO DO IN THE CASE OF AN OVERDOSE?

- Assess for Responsiveness and Breathing
- Call 911 and say "My friend/family member is unresponsive."
- Perform "Rescue Breathing" to provide oxygen (if person isn't breathing)
- Administer Narcan (naloxone)
  - Person should lie on their back with head tilted back
  - Insert nozzle into nose; spray the entire dosage into one nostril; OR intramuscular injection in the arm or thigh
    - Blocks heroin or opioid for 30-90 minutes, reversing an overdose and causing withdrawals
    - Takes 2-3 minutes to work
  - If no response, administer the second dose after 3 minutes
- Place person in "recovery position"

ASSESSING FOR RESPONSIVENESS AND BREATHING

- Most important things to consider are presence of breathing and responsiveness to stimulation.
  - Yelling their name, and if they do not respond,
  - Rubbing knuckles over either the upper lip or up and down the front of the rib cage (called a sternal rub)
- If an individual responds to these stimuli, they may not be experiencing an overdose at that time.

HOW TO PERFORM RESCUE BREATHING

- Quickest way to get oxygen into the body
- Steps for rescue breathing are:
  1. Place the person on his or her back and pinch their nose
  2. Tilt chin up to open the airway. Check to see if there is anything in the mouth blocking the airway. If so, remove it.
  3. Give 2 slow breaths.
  4. Blow enough air into the lungs to make the chest rise.
  5. Turn your head after each breath to ensure the chest is rising and falling. If it doesn't work, tilt the head back more.
  6. Breathe again every 5 seconds.

Rescue breathing should be continued until the person can breathe on their own or until help arrives!

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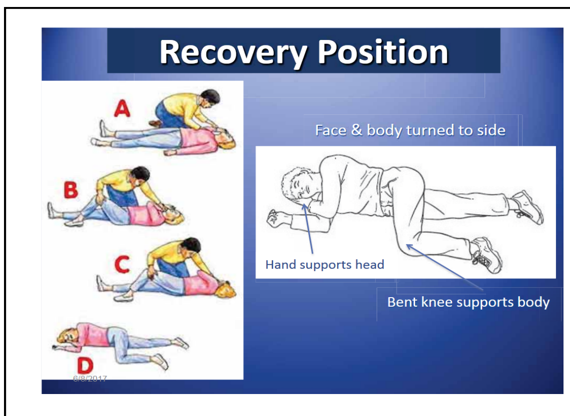
4 STEPS IN RESCUE BREATHING:

Two fingers under the chin and one hand on the forehead.

Tilt the head back gently and open the mouth.

Pinch the nose and create a seal with your mouth around the other person's mouth.

Give the person 2 SMALL breaths first. Then, continue by giving one breath every 5 seconds.



TWO CASES THAT REQUIRE A SECOND DOSE OF NARCAN

Case A: If the individual has not responded to the initial dose after 3 minutes

- *OR*

Case B: If the individual has relapsed into an overdose again after having previously recovered with the initial dose

FOLLOW UP AFTER AN OVERDOSE:

Explain what happened, and advise against using any more drugs for now

If EMS is not present:

- Call 911 or take them to the ER if the person isn't fully awake, walking, and talking
- Stay with the person until after the naloxone has fully worn off– at least 3 hours– to watch for return of overdose

FOLLOW UP AFTER AN OVERDOSE:

Most individuals will recover after a single dose of naloxone is administered.

The person will be in withdrawal, which may include abrupt waking up, vomiting, diarrhea, sweating, and nausea. They may not remember overdosing.

In rare cases, the person may recover into acute withdrawal, which in addition to the above, may include aggressive, combative, or violent behavior. In this case, the Lay Rescuer needs to ensure their own safety.

COMMUNITY RESPONSE EFFORTS

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LIVE.LONG.DC STRATEGIC PLAN

LIVE. LONG. DC.
WASHINGTON, DC'S STRATEGIC PLAN TO REDUCE OPIOID USE, MISUSE, AND RELATED DEATHS

1) Reduce legislative and regulatory barriers to create a comprehensive surveillance and response
2) Educate District residents on the risks of OUD and prevention/treatment options
3) Engage health professionals and organizations in the prevention and early intervention of SUD
4) Support the awareness and availability of and access to, harm reduction services
5) Ensure equitable and timely access to high-quality SUD treatment and recovery support services
6) Develop and implement a shared vision between the District's justice and public health agencies
7) Develop effective law enforcement strategies that reduce the supply of illegal opioids

STAKEHOLDERS

Emergency Response
- FEMS
- MPD
- Hospitals

Testing
- DFS
- OCME

Public Health Response
- DC HEALTH
- DBH
- DHS
- Non-profits

Criminal Justice system
- OAG
- MPD and DEA
- CJCC
- CSOSA
- DOC
- US Attorney

DC Health Response Efforts

- Needle and syringe exchange services
  - Three syringe service providers supported with $900,000 in funding
- Expansion of naloxone (Narcan®) distribution with community partners
  - FY18 - $235k spent on 3,133 kits
  - New standing orders to be issued with select pharmacies
    - CVS Pharmacies, Grubb's Care Pharmacy (NE,NW, SE), Morgan Pharmacy, Kalorama Pharmacy, Whitman Walker Max Robinson Center, Good Care Pharmacy, and Excel Pharmacy
- Increased Medically-Assisted Treatment
  - 5 FQHCs, 1 Hospital partner supported
  - FY17 – 51 clinicians trained, 477 individuals started on MAT

OCME 2018

DC Health Response Efforts

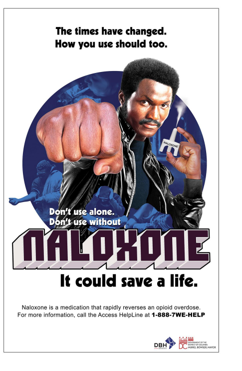
- Geospatial Analysis of opioid overdoses, HCV and HIV incidence in Washington, DC
  - CDC supported evaluation to help inform prevention and intervention services
- Rapid Peer Responders
  - 24-48 hour post-overdose peer response
  - Linkage to MAT, social and support services, brief motivational interviewing sessions
- SBIRT EHR Integration supports SUD and OUD screening in FQHCs and other Primary Health settings
- Co-Pay/ Prescription Assistance provides buprenorphine and naloxone to uninsured and under-insured District residents

OCME 2018

DC Health Response Efforts

- Project ECHO expands clinicians' MAT capacity and knowledge of opioid and pain-related topics through free teleconferencing platform(s)
- Telehealth Training and Implementation
  - Offer IT support, policy and procurement development, and programmatic mapping
- Community Conversations
  - Conducted in all eight wards
  - Educate the community on prevention and treatment of OUD
- Healthcare Provider Training
  - DATA waiver training
  - Best practices related to OUD treatment and safe opioid prescribing
- Transportation Assistance
  - Eliminates transportation barriers for those with OUD
  - Partnering with Uber Health

OCME 2018



HOW DO I GET NALOXONE?

ASK!

- Licensed healthcare providers with prescribing authority may write prescriptions
- Medicaid Fee-for-Service covers the naloxone syringe and Narcan Nasal Spray
  - Coverage is NOT restricted to certain settings (i.e., ER)
  - No prior authorization is required
  - No limit on number of prescriptions filled for an individual
  - Syringes and atomizers are also covered under Medicaid
  - Medicaid FFS copay is $1.00; If enrolled in Medicaid MCO, there is NO copay.

HOW DO I GET NALOXONE?

NARCAN DEMONSTRATION

https://www.youtube.com/watch?v=gOEcN0d_9zU

Q & A SESSION

© DC Health/HealthHIV

Intensive, Structured Treatment

At the Day Center, we promote mental, physical, spiritual and emotional healing through a holistic, integrated and evidence-based treatment approach.

We provide trauma interventions, mindfulness and art therapy to help improve outcomes in the clients we serve. Patients can achieve a lasting recovery with support from peers and a highly trained staff.

We're here to help.

Our Assessment Center offers 24-hour-a-day consultations and evaluations.

Call **202-885-5610** or **800-369-2273**

Providing the tools for a healthy recovery

Our PHP and IOP programs offer a structured daily schedule consisting of group therapy and hands-on art therapy, recreation and expressive activities.

We help adults experiencing mental health conditions such as post-traumatic stress, depression, anxiety or bipolar disorder, return to a healthy daily routine that incorporates self-care and social interaction.

We accept Medicare, Medicaid (both DC and Maryland), Blue Cross® Blue Shield®, TRICARE®, CIGNA®, Aetna®, MagellanSM, United Behavioral Health(UBH)/ United Healthcare®, Beacon Health Options and most other private insurance plans. Physicians are on the medical staff of The Psychiatric Institute of Washington, but, with limited exceptions, are independent practitioners who are not employees or agents of The Psychiatric Institute of Washington. The facility shall not be liable for actions or treatments provided by physicians. Model representations of real patients are shown. Actual patients cannot be divulged due to HIPAA regulations. TRICARE® is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved. For language assistance, disability accommodations and the non-discrimination notice, visit our website. 183803 10/18

4228 Wisconsin Avenue, NW
Washington, DC 20016-2138
thecenteratpiw.com

The Day Center at PIW

INTENSIVE OUTPATIENT AND PARTIAL HOSPITALIZATION PROGRAMS

Mindfulness

Mindfulness has become widely used to support mental and emotional health and awareness. Techniques like meditation, breathing and yoga can help people become more aware of themselves so they are better able to regulate emotions.

This integrative, mind-body approach promotes attention to the present moment, helps people manage their thoughts and feelings and can boost attention.

Trauma Recovery and Empowerment Model

Our group-based intervention approach is designed to facilitate recovery among women with histories of sexual, emotional or physical abuse.

Drawing on cognitive restructuring, psychoeducation and skills-training techniques, the model emphasizes social support and the development of coping skills. It addresses short-term and long-term consequences of violent victimization and neglect, including mental health symptoms such as posttraumatic stress, depression and substance use.

The Partial Hospitalization Program provides an intensive, structured treatment setting for individuals who can benefit from daily therapeutic interventions. The program can also provide support for those who would otherwise require inpatient care.

The program runs five days a week for five hours each day, from 9:00 am to 2:00 pm and includes a 30-minute lunch break. Patients generally attend four groups a day.

Each day:

- Begins with a community meeting group to review the daily schedule
- Welcomes new individuals
- Reviews progress on treatment goals
- Addresses any concerns or challenges

The Intensive Outpatient Program allows clients to attend sessions from 9:00 am to 12:30 pm three days a week for psychiatric services and group therapy. Patients attend three groups a day and receive individualized care provided by licensed clinicians and a psychiatrist according to the client's treatment plan.

Our staff members work with clients to develop an individualized treatment plan based on strengths, diagnoses and opportunities for growth and skill building.

Who is eligible for the Day Center?

Our clinicians perform a thorough assessment to determine the level of care needed.

Our programs can be appropriate for those who have:

- An acute psychiatric disorder but are not at risk for suicide or harm to others
- A capacity to fully participate in treatment
- The willingness and ability to commit to the program and the therapeutic work involved
- A reasonable expectation of improvement
- A history of trauma (Trauma Recovery and Empowerment Model)
- A history of significant life challenges
- Transportation to and from the program each day

Interested in learning more about The Day Center at PIW?

Call 202-391-4218 today to find out how we can help you or a loved one make changes for a better tomorrow.

FREE ASSESSMENTS

24 HOURS A DAY

We provide a stabilizing and healing environment for:

- Behavioral Crisis Intervention
- Substance Use Disorders
- PTSD & Other Trauma-Related Conditions
- Suicide
- Depression
- Mood & Phobic Disorders
- Schizophrenia

Call PIW to make mental health and substance use treatment referrals and for **up-to-date bed availability**. We conduct comprehensive clinical assessments 24 hours a day, seven days a week.

Call (202)885-5610 or (800)369-CARE

Serving youth ages 10 –17, adults and seniors

For a free assessment, call (202) 885-5610

We accept most insurance plans as well as TRICARE®. We do not accept DC Medicaid for adults over 18 and under 65. Walk-ins are accepted; however to avoid wait times, please call ahead to schedule an appointment.

4228 Wisconsin Avenue, NW—Washington, DC
www.psychinstitute.com

THE EFFI BARRY TRAINING INSTITUTE

ADVANCING INNOVATIVE, COLLABORATIVE, INTEGRATED HIV SERVICES

The Effi Barry Training Institute provides training and capacity building assistance to support current and prospective HAHSTA grantees and community-based organizations. The Institute is designed to **strengthen the capacity** of the HIV prevention and care workforce to optimally **plan, implement, and sustain** HIV high-impact prevention and care interventions and strategies.

Training and capacity building assistance is provided in the following formats:

In-Person

Group-Level Trainings
Boot Camps
Community Forums
Individual Consultations

Online

Modules
Webinars
Training Guides
Resource Library

Request training and capacity building assistance by visiting **EffiBarryInstitute.org**

This program is funded wholly, or in part, by the Government of the District of Columbia, DC Health, HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA).

THE EFFI BARRY TRAINING INSTITUTE

ADVANCING INNOVATIVE, COLLABORATIVE, INTEGRATED HIV SERVICES

Rooted in the idea of holistic, integrated, patient-centered care, the Institute's capacity building efforts help develop organizations' abilities to improve patient outcomes and increase efficiencies, while remaining sustainable.

Capacity building assistance is provided in the following content areas:

- 340B Program Compliance and Management
- Budgeting & Projection Skills
- Data Sharing
- Faith Communities
- Fee-for-Service Reimbursement
- Health Literacy
- HIV Basics
- HIV Care & Treatment
- HIV Epidemiology
- HIV Prevention & Biomedical Interventions
- Housing & HIV Prevention
- Mental Health
- Navigating Health Insurance
- Nonprofit Financial Basics
- Social Determinants of Health
- Stigma & Cultural Competency
- Substance Use & HIV
- Trans Cultural Competency
- Unit Cost Development

To request free capacity building assistance, email **EffiBarry@HealthHIV.org** or call **(202) 232-6749.**

This program is funded wholly, or in part, by the Government of the District of Columbia, DC Health, HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA).