

OVERDOSE PREVENTION AND HARM REDUCTION

JANUARY 27, 2021



Sponsored by the Florida Alcohol and Drug Abuse Association, a subsidiary of the Florida Behavioral Health Association, and the State of Florida, Department of Children and Families



**Florida Alcohol and
Drug Abuse Association**

The Florida Behavioral Health Association



**FLORIDA DEPARTMENT
OF CHILDREN AND FAMILIES**

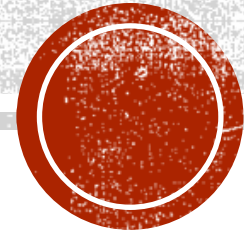
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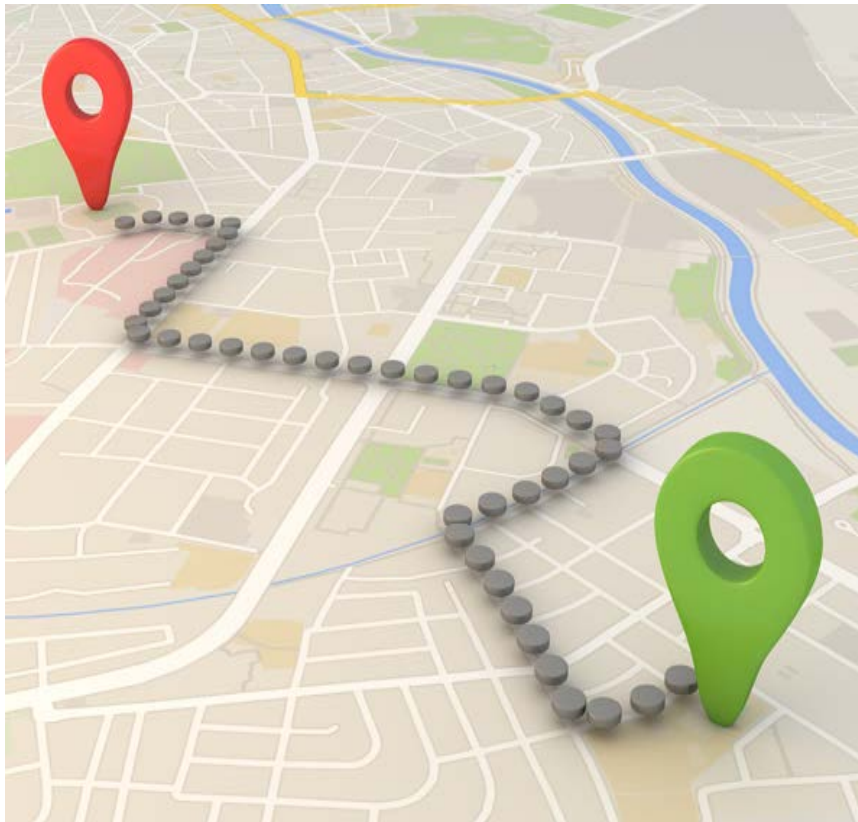
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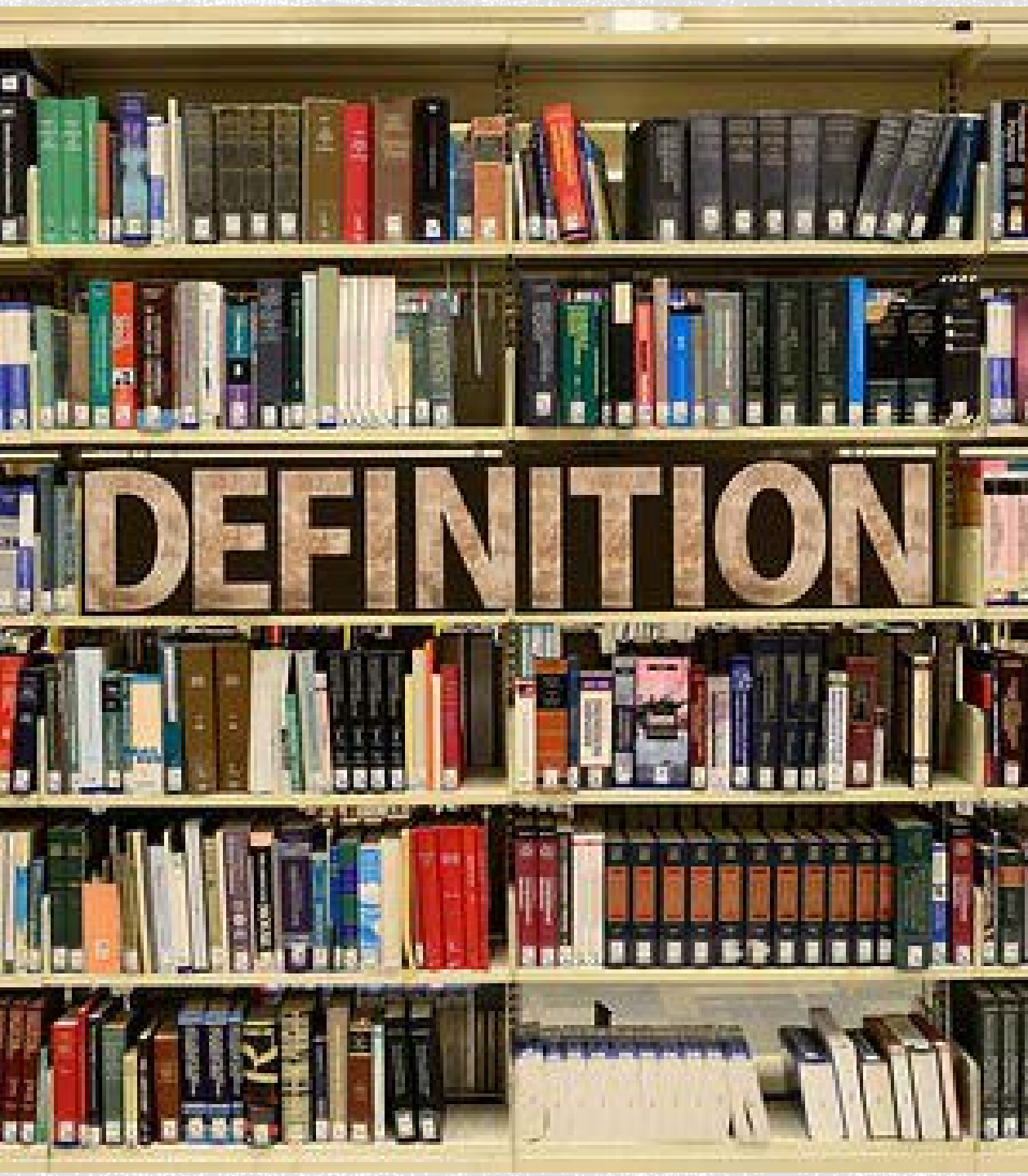
OBJECTIVES



- Describe the principles of harm reduction and the essential components of overdose prevention.
- Explore the ways that overdose prevention and harm reduction can be integrated into substance use treatment settings.
- Identify strategies to facilitate engagement with individuals currently receiving treatment.



*Happy
New Year
2021*



“Harm reduction represents both an attitude and a set of pragmatic and compassionate approaches designed to reduce the harm stemming from high-risk behaviors and improve the quality of life for affected individuals and their communities...Unlike the disease and moral models of substance use, harm reduction focuses less on individually located psychopathology and morality and more on the larger social context for substance use. It allows for complexity and nuance in our understanding of human behavior. It empowers affected individuals to take control of their behavior on their terms.”

- Collins & Marlatt (2012)



How true is the following statement?

The people who attend my substance use treatment program know what is best for themselves.

- Always True
- Usually True
- Sometimes True
- Rarely True
- Never True



We must take time to reflect on our feelings about getting high and our beliefs about people who use drugs.

FOUNDATIONS OF HARM REDUCTION

- Respects the rights of people who use drugs
- Understands drug use exists on a spectrum and there are safer ways to use
- Establishes quality of life as the criteria for successful interventions
- Promotes nonjudgmental, noncoercive delivery of resources and services
- Does not ignore the dangers of drug use or other risky behaviors
- Recognizes the impact of social inequalities on drug-related harm
- Ensures that people who use drugs or have a history of drug use have a voice in the programs and policies intended to serve them

(Harm Reduction Coalition, 2020)



STRATEGIES TO INTEGRATE HARM REDUCTION

- Incorporate harm reduction psychotherapy and approach into substance use treatment programs
- Build awareness of harm reduction interventions to reduce risks associated with substance use
- Develop relationships with harm reduction providers in your community

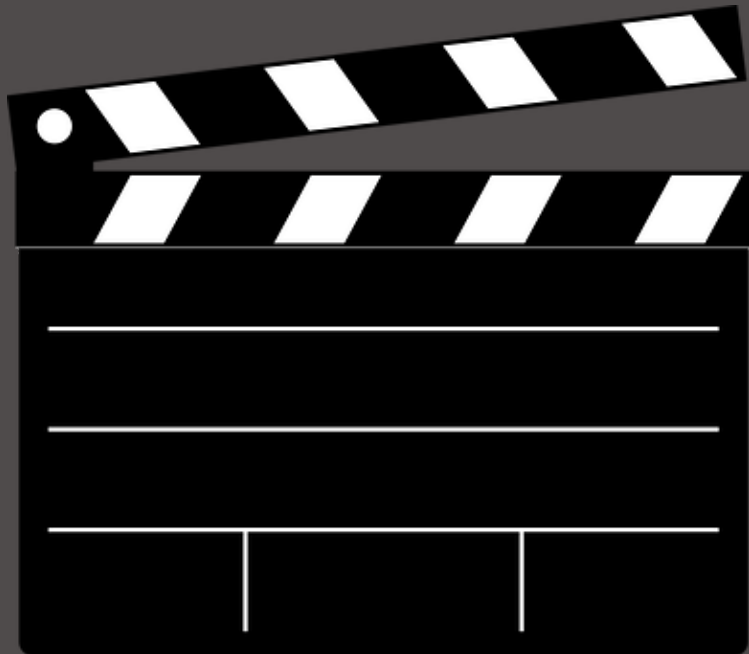


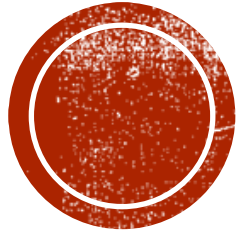
WHO DOES HARM REDUCTION HELP?

- The people who may want treatment someday
- The people not ready to stop using
- The people who say they're going to return to use
- The people already engaged in treatment
- The people in their community and social networks

PRACTICING HARM REDUCTION

- Low threshold to access services
- Integrates biopsychosocial approach to substance use
- Treats people with respect and avoids shaming
- Does not use predetermined goals or interventions
- Expands the menu of options
- Celebrates any positive change





“If abstinence was required as a precondition for me to get any therapy at the beginning, I would never have started treatment of any kind.”

—Person treated by Alan Marlatt (2004)

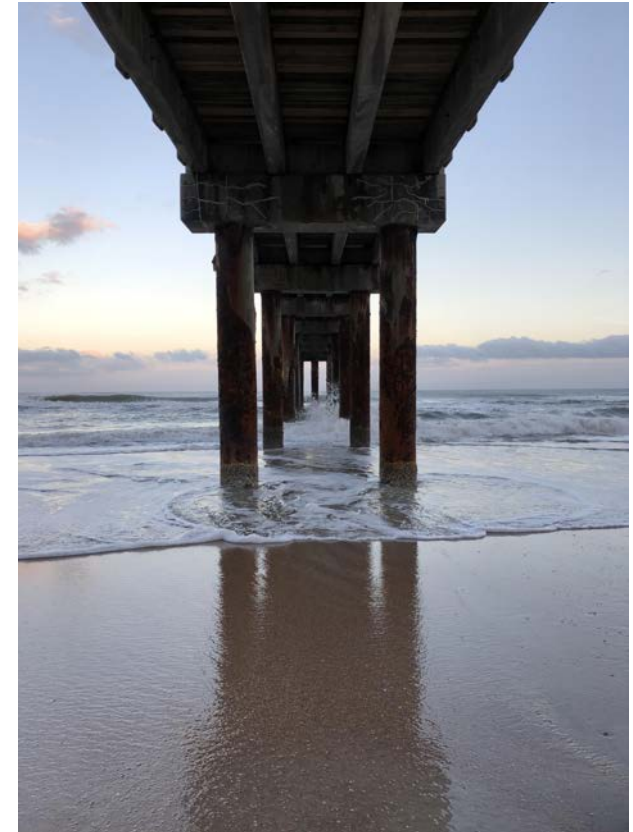
HARM REDUCTION PSYCHOTHERAPY

- First, do no harm
- Drug, Set, and Setting: relationships with drugs
- Drug use is initially adaptive
- Active drug users can and do participate in treatment
- Individualized and strengths-based care
- Any reduction in harm is a step in the right direction
- Developing a collaborative therapeutic relationship
- Destigmatizing people who use drugs

(Tatarsky & Kellogg, 2012; Denning, 2004)

ADMINISTRATIVE HARM REDUCTION

- Hiring and onboarding
- Accepting non-traditional goals or interventions
- Responding to relapse
- Serving people at different stages of change
- Program materials
- Identifying partnerships and referral sources
- Discharge policy



LANGUAGE MATTERS

Stigmatizing

- Addict, junkie, alcoholic, crackhead, pothead
- Substance Abuse
- Dropping clean/dirty
- Relapse
- In denial
- Addiction to drugs
- Enabling
- Medication Assisted Treatment

Respectful Alternatives

- Person-first language: a person who uses drugs
- Substance use disorder
- Positive/negative drug test
- Recurrence of use
- In precontemplation
- A relationship with drugs
- Supporting
- Medication Assisted Recovery or Pharmacotherapy



POLL
QUESTION

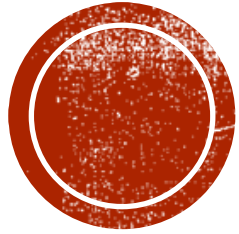
Do you know someone who has experienced a drug overdose, either personally or professionally?

- Yes
- No



INCORPORATING OVERDOSE PREVENTION IN SUBSTANCE USE DISORDER TREATMENT

- Provides space to process past trauma
- Increases the likelihood of preventing or surviving future overdoses
- Improves the therapeutic relationship
- Affirms people's value as community members who can save lives
- Enhances system capacity to address trauma
- Supports treatment providers



EXAMINING OVERDOSE

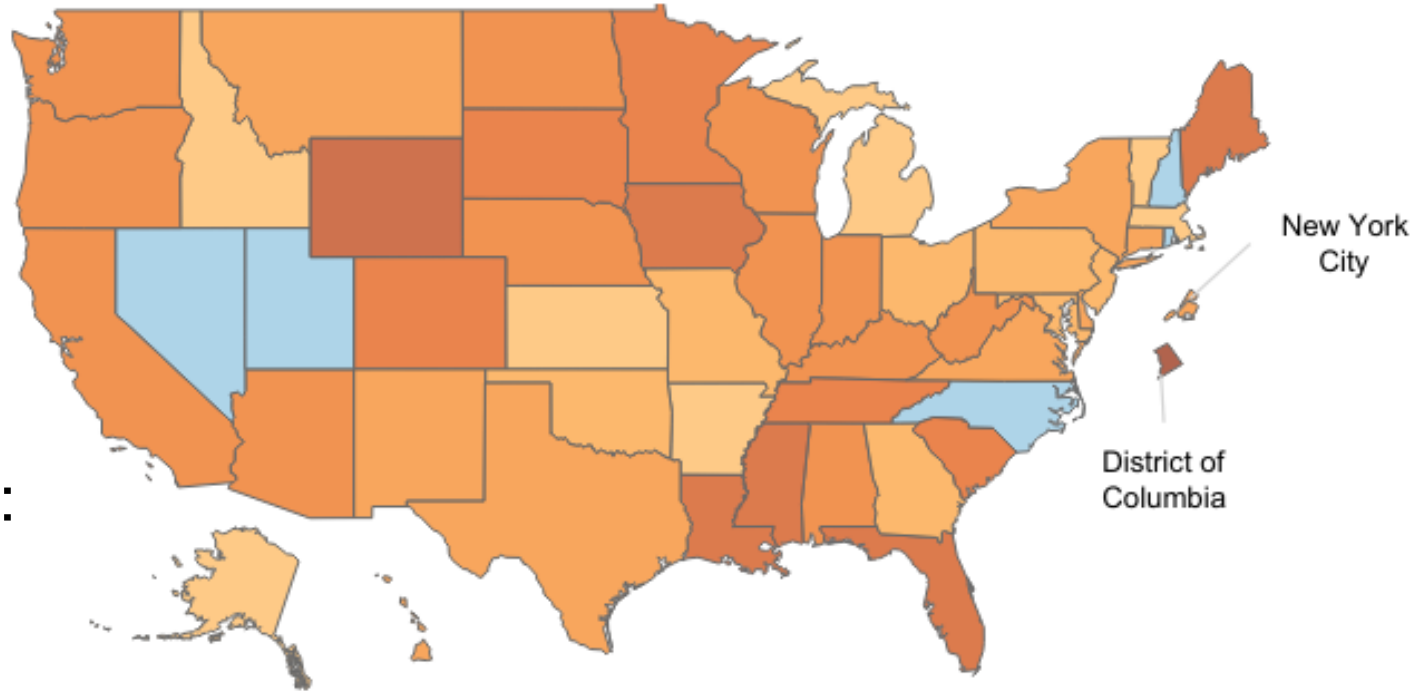
OVERDOSE BASICS

- What factors increase a person's risk of overdose?
- What are common signs of an overdose?
 - Opioid overdose
 - Stimulant overdose or overamping
- What steps should a person take to respond to an overdose?

For an overview of overdose and naloxone basics, you can view the FADAA Training Module: [https://www.training.fadaa.org/Overdose/](https://www.training.fdaa.org/Overdose/)

OVERDOSE DEATHS ON THE RISE

Figure 1b. Percent Change in Reported 12 Month-ending Count of Drug Overdose Deaths, by Jurisdiction: May 2019 to May 2020



Florida

May 2020:

6,583

May 2019:

4,957

Percent change:

32.8 ▲

Select predicted or reported number of deaths

- Predicted
- Reported

Percent Change for United States

16.9 ▲

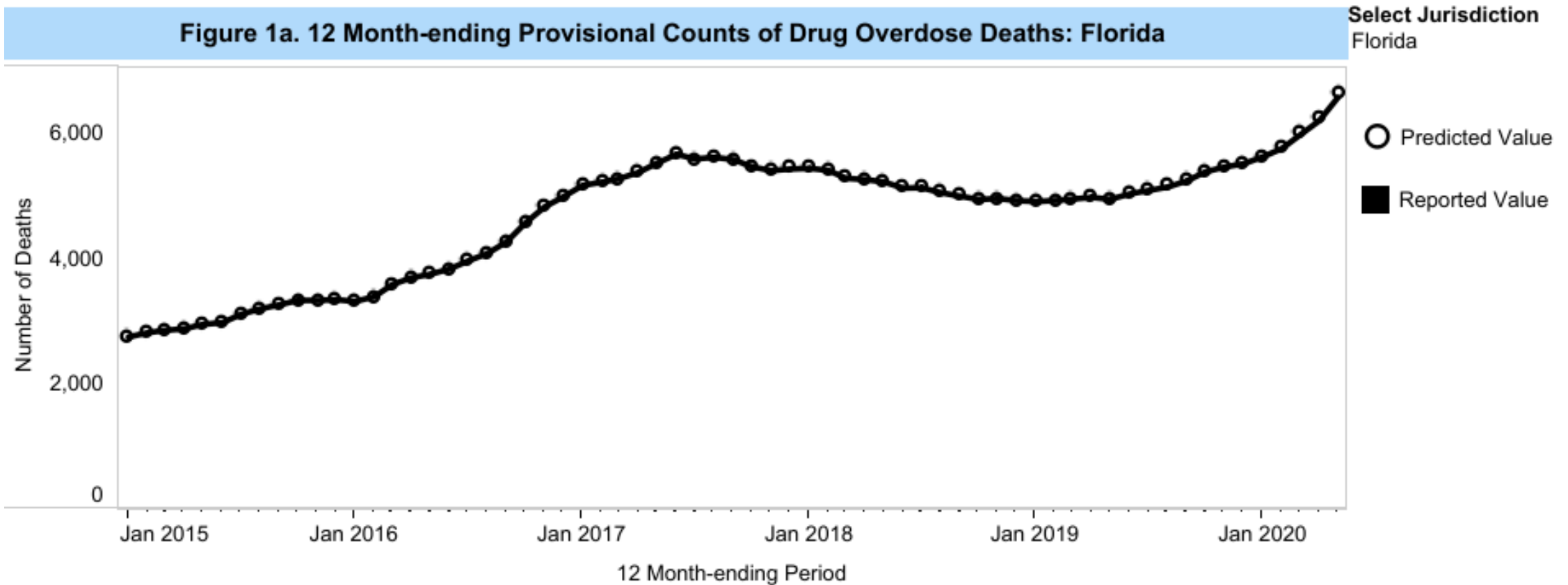
© 2020 Mapbox © OpenStreetMap

Legend for Percent Change in Drug Overdose Deaths Between 12-Month Ending Periods



OVERDOSE DEATHS IN FLORIDA

Based on data available for analysis on: **12/6/2020**



OVERDOSE DEATHS IN FLORIDA: DRUG TYPE

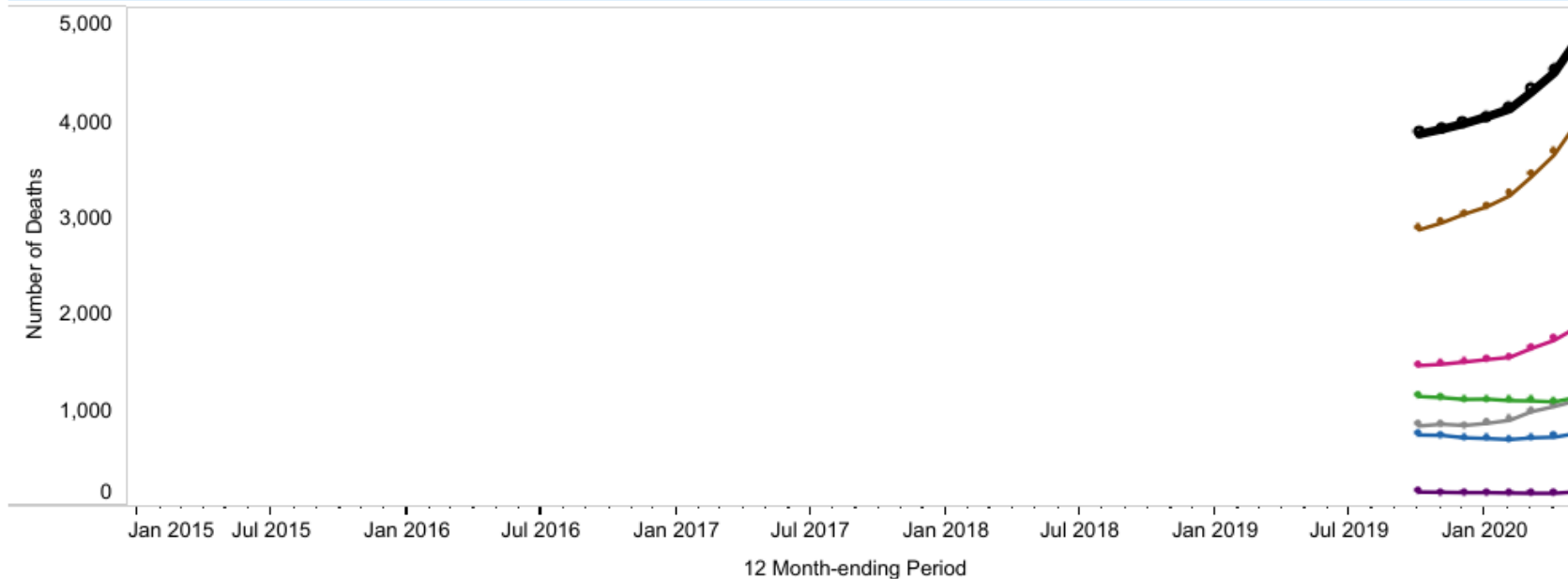
Based on data available for analysis on:

12/6/2020

Select Jurisdiction
Florida

Select specific drugs or drug classes
Multiple values

Figure 2. 12 Month-ending Provisional Number of Drug Overdose Deaths by Drug or Drug Class: Florida



Legend for Drug or Drug Class

Opioids (T40.0-T40.4,T40.6)	Methadone (T40.3)
Heroin (T40.1)	Synthetic opioids, excl. methadone (T40.4)
Natural & semi-synthetic opioids (T40.2)	Cocaine (T40.5)
	Psychostimulants with abuse potential (T43.6)

---- Reported Value

○ Predicted Value

- Opioids are most involved in drug overdose deaths
- Synthetic opioids (e.g., fentanyl) are most common
- Cocaine is second most common
- Psychostimulant (e.g., meth) and cocaine deaths are increasing

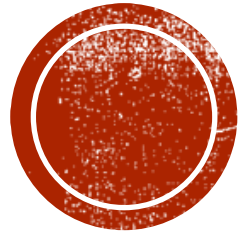
(Ahmad et al., 2020)



POLL
QUESTION

What is the most common drug of choice for individuals in your substance use disorder treatment program (excluding alcohol)?

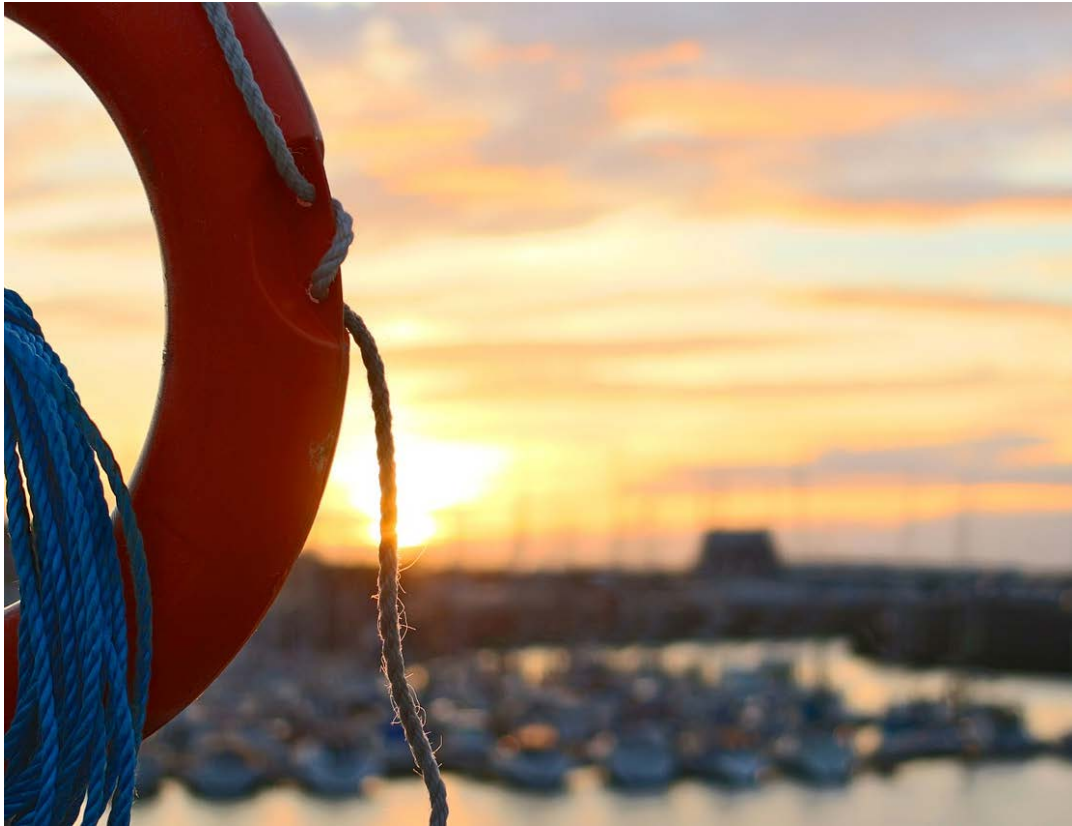
- Prescription opioids, or pain relievers (e.g., oxycodone)
- Heroin
- Fentanyl
- Cocaine
- Methamphetamine
- Other pills (e.g., benzos)



OVERDOSE PREVENTION STRATEGIES



OVERDOSE PREVENTION PLANNING



- Prevention: Identifying overdose risk factors
 - Tolerance following a period of abstinence
 - Age and physical health conditions
 - Route of administration
 - History of overdose
 - Mixing drugs
- Recognition of an overdose
- Response: Make a plan
 - What do you want someone to do if you overdose?
 - What will you do if someone you use with overdoses?

RESPONSE OPTIONS

Opioid Overdose

- Administer naloxone and call 911
- Provide rescue breathing, chest compressions, or CPR

Stimulant Overdose

- Rest vs. medical attention
- Hydrate, slow down, cool off
- Monitor for signs of stroke, seizure, or heart attack
- Follow first aid practices, based on physical symptoms



POLYSUBSTANCE USE

- Avoid mixing drugs; especially risky combinations include opioids with alcohol, cocaine, or benzodiazepines
- Tasting: start low, go slow
- Use less of each drug
- Use one drug at a time
- Take unknown substance first
- Let a friend know what you've taken
- Contamination

FENTANYL: CONTAMINATING THE DRUG SUPPLY

- Fentanyl is a potent synthetic opioid which has been used in clinical settings since the 1960s
- Increasingly present in the illicit drug supply
- Responds to naloxone in the event of an overdose
- Skin contact with powdered form does not cause overdose
- Testing drugs for fentanyl



(HRC, September 2020;
Photos: SFDPH, 2015 and DEA, 2019)

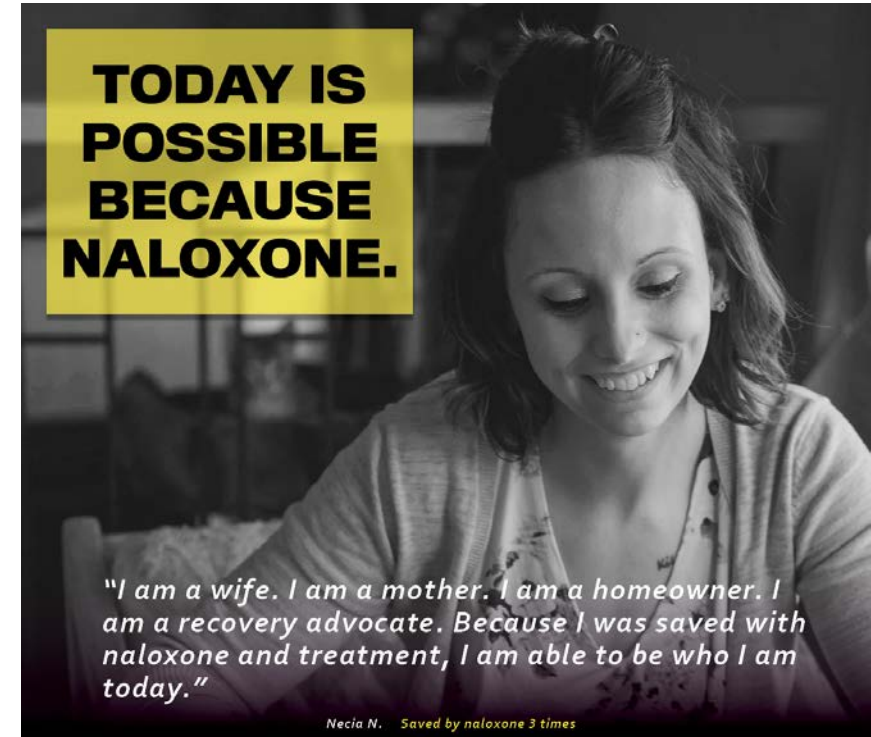


NEVER USE ALONE

- Stagger your use with the person you're with
- Barriers to using alone
 - Stigma
 - Safety and trust
 - COVID-19
- Alternatives to using alone
 - Call lines
 - Never Use Alone: 800-484-3781 or <http://neverusealone.com/>
 - Smartphone applications and alert systems

CARRY AND USE NALOXONE

- Naloxone is the opioid overdose antidote
- Any person who uses illicit drugs should carry naloxone and be trained on how to use it
- To find naloxone near you, visit <https://www.isavefl.com/>
- Naloxone has limitations
 - Only works on opioids
 - Dose dependent
 - Shorter half-life than common opioids



(Photo: Prevention First, 2020)



SEEK MEDICAL ATTENTION

- Barriers to seeking care
- Good Samaritan Law
 - Provide protection from criminal penalties for people experiencing an overdose or those calling for help in the event of an overdose
 - Encourage people to seek help during an overdose emergency
 - Reduce opioid overdose deaths and do not increase use (McClellan et al., 2018)
 - Can be undermined by limited protection, unnecessary requirements, and alternative criminal penalties like drug-induced homicide

(Lieberman & Davis, 2020)

FLORIDA'S GOOD SAMARITAN LAW

- Protects a person who calls for help for an alcohol or drug related overdose from arrest, charge, or prosecution for possession of a controlled substance or use of paraphernalia, if evidence was found as a result of calling for help.
- A person who calls for help, whether for themselves or others, may not be penalized for a violation of pretrial release, probation, or parole, if evidence for the violation was obtained as a result of calling for help.
- There is no immunity for the person who overdosed, unless they are also the person who called for help.

Florida Statute 893.21, regarding alcohol or drug-related overdose and immunity:

http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0800-0899/0893/Sections/0893.21.html

ADDITIONAL CONSIDERATIONS WHEN SEEKING MEDICAL ATTENTION

- Focus on physical symptoms
- Stay with the overdose victim as long as possible
- Discourage additional substance use
- Keep drugs and paraphernalia out of plain view
- Transport the individual to a hospital
- Call for help, leave a door unlocked and wait until help arrives






POLL
QUESTION

Who does your program currently provide naloxone to?

- Every person who comes to our program
- People with an opioid use disorder or other overdose risk factors
- Nobody
- Nobody, but we refer to an external naloxone distribution program



APPROACH TO NALOXONE DISTRIBUTION

- Direct distribution vs. prescribing
- Choosing a formulation (intranasal versus intramuscular)
- Incorporating pharmacies
 - Philadelphia's Opioid Treatment Programs
- Encouraging people to carry naloxone
- Training people in social networks

ENCOURAGING PEOPLE TO CARRY NALOXONE: SUGGESTED LANGUAGE

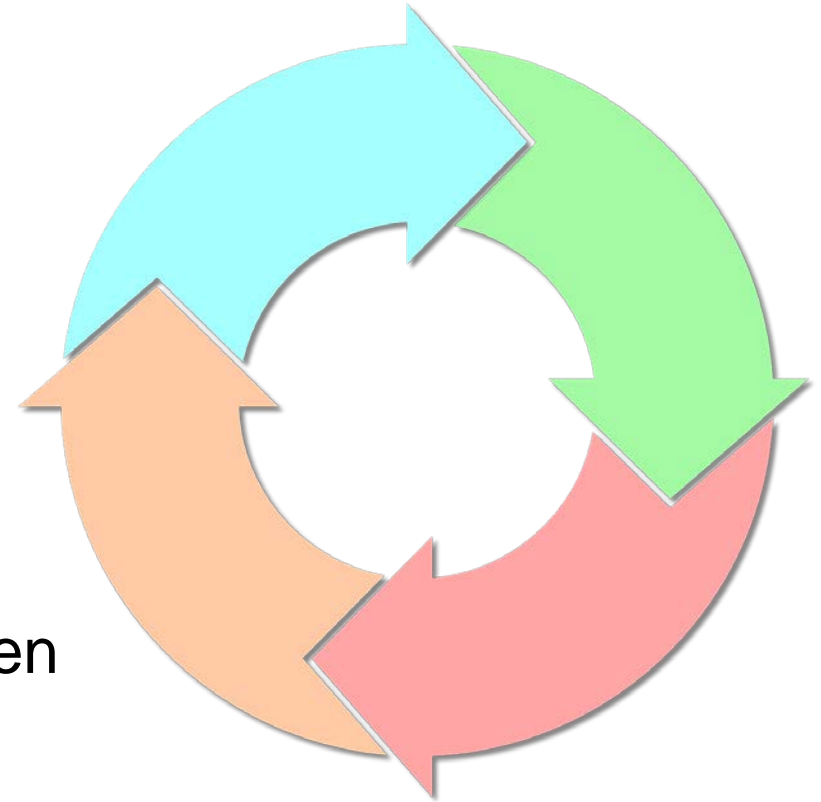
If you stop using opioids and then start again, for whatever reason, this is a high-risk time for possible overdose, so it's important to have a plan for what to do in that situation.

This is practical information that everyone should have, just like knowing how to do CPR or the Heimlich Maneuver, everyone should know how to prevent and manage overdose.

Hopefully, you will never find yourself in a position in the future where you would be at risk of overdose yourself, but you never know when you could be the person who could save the life of someone else.

OPPORTUNITIES TO ADDRESS OVERDOSE IN SUBSTANCE USE TREATMENT

- Outreach and engagement
- Waitlists
- Intake and assessment
- Orientation
- Individual and group counseling
- Peer support groups or family groups
- Following an overdose or positive drug screen
- Discharge
- International Overdose Awareness Day (Aug. 31)



(Doe-Simkins & Bell, 2014)

COPING WITH OVERDOSE FATALITIES: SUPPORTING STAFF

- Employ trauma-informed principles
- Acknowledge the death—*the pause*
- Process strong emotions
- Address people's ongoing needs
- Grieve after an overdose

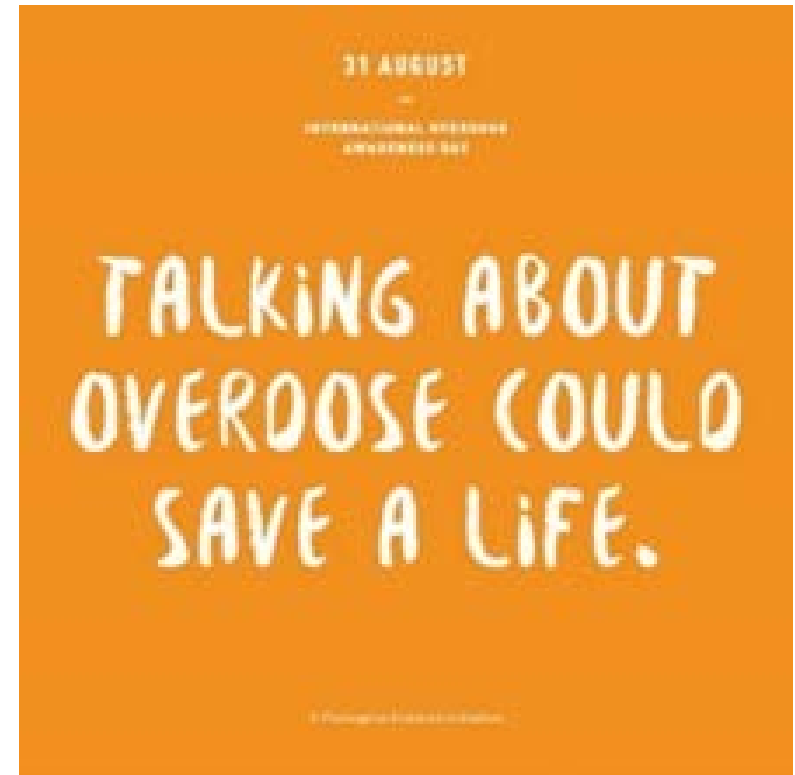
Five Core Actions

- 1. Promote safety**
- 2. Promote calm**
- 3. Promote connectedness**
- 4. Promote hope**
- 5. Promote self-efficacy**

CHALLENGING CONVERSATIONS

- Finding opportunities to engage
- Uncovering traumatic events
- Addressing fatalism and a right to survival
- Prioritizing safety and survival

How will these conversations affect relationships with people in your program?



(Photo: International Overdose Awareness Day, 2020)



Drug use does not have to result in overdose.

Drug overdose does not have to result in death.

Harm reduction makes that possible.

Harm reduction saves lives.



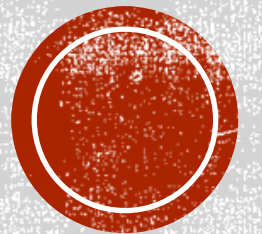
A photograph of a forest path leading to a red and white striped tent. The path is made of dirt and is flanked by mossy tree trunks. The tent is set up in the distance, and the background is a dense forest of tall trees.

INTENTION SETTING

- What are you already doing well that you want to **CONTINUE**?
- What is the **MOST** important thing you learned today?
- What is **ONE** specific change you will make moving forward?



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RESOURCES

- FADAA Training Modules, Overdose and Naloxone Basics:
<https://www.training.fadaa.org/Overdose/>
- Florida Health's Drug Overdose Surveillance and Epidemiology:
<http://www.floridahealth.gov/statistics-and-data/fl-dose/index.html>
- I Save FL website, Florida naloxone providers: <https://isavefl.com/find-naloxone.shtml>
- Florida Harm Reduction/Syringe Service Programs
 - My Life Matters, Deland, (386) 561-0028
<https://www.mylifemattersharmreductionoutreach.com/>
 - IDEA Exchange, Miami, (786) 769-8118
<http://medicine.med.miami.edu/IDEAexchange>
 - Rebel Recovery, West Palm Beach, (561) 271-2184
<https://www.rebelrecoveryfl.com/harm-reduction>

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