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Harm Reduction in the Emergency Department

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HARM REDUCTION IN THE EMERGENCY DEPARTMENT

ALEXA GOLDEN MS3

CENTRAL VERMONT MEDICAL CENTER

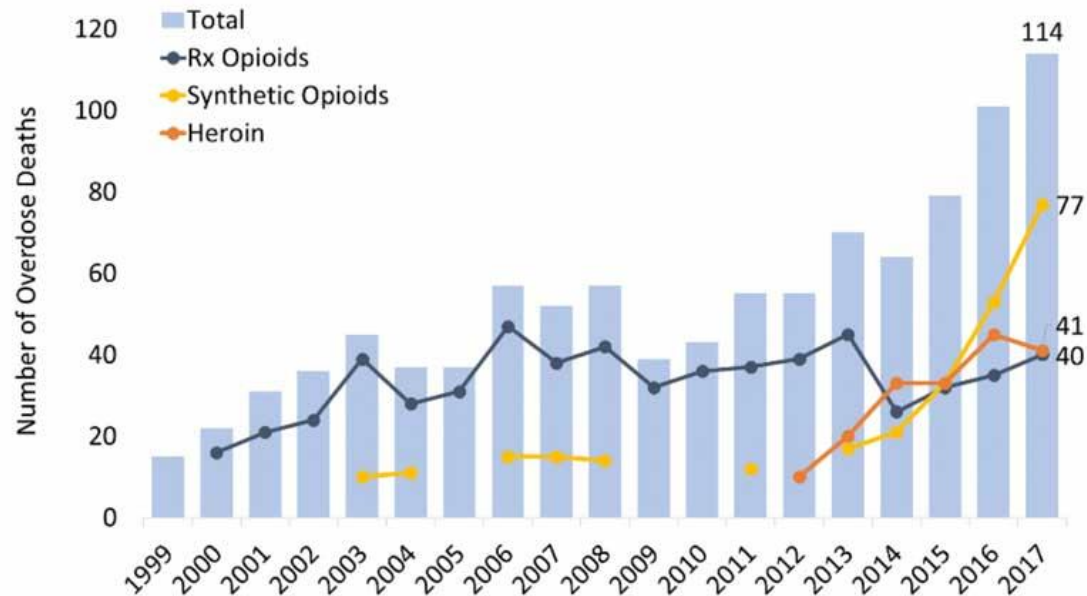
LIC 2019-2020

JAVAD MASHKURI MD

THE NEED FOR HARM REDUCTION

Harm reduction:

1. A set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.
2. A movement for social justice built on a belief in, and respect for, the rights of people who use drugs.



- In 2019 there were 96 fatal overdoses in Vermont (prelim)
- 86% of those overdoses involved fentanyl
- People engaged in medication-assisted treatment (MAT) have lower mortality rate than those untreated
- People in MAT are better connected to other prevention resources
- 576 community-distributed naloxone kits were used to reverse perceived overdose (2019, preliminary Q1-Q3)
- In a VT questionnaire, >50% of participants said that they had never heard of fentanyl test strips and would use them if they had them

PUBLIC HEALTH COST AND COMMUNITY CONSIDERATIONS

- It is estimated that opiate use disorder (OUD) costs the Medicaid system > \$8 billion per year
- Costs society > \$78 billion per year
- These costs have been rising over the past several years
- People with OUD seek more medical treatment, have longer inpatient stays, require more interventions
- Lives of friends, family, neighbors, co-workers

31 AUGUST

INTERNATIONAL OVERDOSE
AWARENESS DAY

SOMEONE YOU
KNOW COULD BE
AFFECTED BY
OVERDOSE.

TIME TO
REMEMBER.
TIME TO
ACT.

 International Overdose
Awareness Day

COMMUNITY PERSPECTIVE AND SUPPORT

- Javad Mashkuri, MD is a physician in the CVMC ED. He pioneered rapid access to MAT (RAM) in the CVMC ED. He identified the need in our community and our ED for better treatment for OUD. He is passionate about meeting people where they're at, no matter where they are in their recovery. He feels strongly that addiction is a disease and should be treated as so. He acknowledges that people struggling with addiction have often been mistreated, especially by the medical field. He wants people to know that the ED is somewhere that they are always welcome.
- Laurie Hanson is MAT nurse at CVMC. She sees the need for naloxone in remote Vermont locations that are far from emergency medical services and is excited to see its impact.
- Theresa Vezina works for Vermont Cares, a non-profit focused on prevention, welling being, and harm reduction. She is passionate about all things harm reduction. She really listens to clients when she meets with them and works with them to meet their needs. She believes that "a harm reduction philosophy could be implemented in all sectors of social and health services." She would love to see "expanded access in less stigmatizing settings," "harm reduction interventions for non-injecting persons," and "more support for families to teach them about harm reduction."

INTERVENTION/METHODOLOGY

- Production and distribution of harm reduction kits
 - Supplies: Narcan, fentanyl test strips, sterile water, condoms, alcohol swab, gloves
 - Literature surrounding: safer use, local resources, overdose awareness and response, how to use fentanyl strips
- Harm reduction training for recovery coaches
- Harm reduction training for nursing staff in the Emergency Department
- Collaborative effort with Washington County Substance Abuse Partnership (WCSAP) and CVMC MAT team



RESULTS/RESPONSE

- Increased awareness among ED and Turning Point staff of harm reduction definition, implementation, and local resources
- Availability of harm reduction kits to patients in the ED and CVMC Maddriver MAT
- Increased community awareness of safer use practices and local resources and treatment option
- Community members who are more informed and better equipped to keep themselves healthy
- (Hopeful) More members of our community living longer healthier lives

OVERDOSE
DEATH IS
PREVENTABLE.

31 AUGUST

—
INTERNATIONAL OVERDOSE
AWARENESS DAY

EFFECTIVENESS/LIMITATIONS

Ways to measure effect:

- Qualitative evaluation by feedback of harm reduction kit recipients
- Qualitative feedback from recovery coaches and nursing staff
- Quantitative evaluation comparing drug-associated ED admissions and medical interactions before and after implementation
- Quantitative evaluation by incorporating intake inquiry at VT Cares and other local treatment centers

Limitations:

- In early stages of distribution
- Difficult group of patients to follow
- Multiple reasons for seeking medical care related to drug use
- Could hinder therapeutic relationships by over-polling

RECOMMENDATIONS FOR FUTURE INTERVENTION/PROJECT

- Widening distribution of harm reduction kits to more CVMC sites
- Widening harm reduction education to other CVMC sites
- Data collection surrounding use of fentanyl strips, Narcan, and other harm reduction items
- Comparison of pre-administration drug-related healthcare visits and post-administrative visits
- Tracking behavior change following harm reduction kit acquisition
- Chart review of most common drug-related medical problems within our network
- Implementation of syringe service

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