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STRATEGIES TO PREVENT OVERDOSE IN NEW YORK STATE: A HARM REDUCTION FRAMEWORK

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11/16/2023

Strategies to Prevent Overdose in New York State: A Harm Reduction Framework [video transcript]

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Thanks so much appreciate being here today, we can all just take a moment and honor those that have been lost to overdose deaths, so to appreciate that.

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Thank you. So today I'm going to talk about strategies to prevent overdose in New York state from a harm reduction framework. I do not have any financial relationships to disclose. So learning objectives to start review the epidemiology of overdose including overdoses involving opioids and stimulants in New York State discuss the role and safety of prescribing and distributing Naloxone to prevent overdose deaths and identify harm reduction methods to avoid, recognize and act on an overdose. So first, we'll have a patient presentation which will weave through the presentation that large a 23 year old cisgender man presents for an annual health evaluation. He has no chronic medical conditions and no acute medical concerns. He reports no tobacco or alcohol use, but says on occasion he uses methamphetamine at parties. He reports not using or seeking out opioids, cocaine or other illicit substances or medications for non prescription use. So we want to remember this case as we're working our way through the slides. First of all, let's discuss the epidemiology of overdose in New York. So this data shows two different pictures of overdose deaths in New York State on the left hand side is showing deaths by all overdose deaths, those deaths due to opioids, those deaths due to cocaine and those deaths due to psychostimulants. And this is data from 2015 through 2022. As you can see, most overdose deaths involve highly potent synthetic opioids, which is represented in the light blue line. But it's also important to notice that deaths due to both cocaine and psychostimulants, which is methamphetamine use are also increasing in New York State, which reflects the national pattern on the right hand side is showing that data by the increased percentage over time between 2015 and 2022. So you can see the deaths due to methamphetamines have risen by 676%. deaths due to cocaine by 332%. deaths due to opioids by 167% and deaths overall by 143%. Fentanyl is driving the national opioid epidemic, including overdose deaths as well as driving it in New York State. Just as a as an anecdote to that, though, is that fentanyl is not the only highly potent synthetic opioid that is out there. There are many other highly potent synthetic opioids. The good news is that naloxone is effective against all highly potent synthetic opioids, regardless of their potency. So again, there's some mythology in the press that it is not effective, but it's important to understand that it is even though fentanyl and its analogs are much more potent than traditional heroin or other opioids, naloxone is still effective. So this is looking at overdose deaths by drug combination from 2019.

And you can see on the right hand side that the North Eastern jurisdictions is boxed by pink, showing that about 33% of all overdose deaths involved stimulants and opioids. So among those 80% involved illicit fentanyl, two thirds involved cocaine and fentanyl and 1/3 involve methamphetamine and fentanyl. Some of this is intentional co use and so it's important to understand that people are increasingly using both substances together that poly substance use is the norm as is poly substance overdose. However, there is also unintentional co use where fentanyl has been mixed in with both cocaine and methamphetamine. These are provisional numbers of overdose deaths we actually have 22 provisional data data as well. But this unfortunately this slide does not capture that data. But this is showing provisional numbers of overdose deaths. The darker the color is shows the more overdose deaths in that particular county. As you can see, the Bronx leads in the number of overdose deaths. Other counties with high overdose deaths are Suffolk and Kings County. These again are by numbers, not by rates. This is looking at rates of overdose deaths. Again, the darker the red color is the higher that rate is of overdose deaths. So the Bronx is still the highest rate as well as the highest number of overdose deaths. But you can see that many rural counties across New York state, so to near where I live, Greene County and Sullivan County have also very, very high rates of overdose deaths. Because the rural less populated counties they have less number of deaths, but their rates of deaths are very high. This is looking at overdose death rates in New York City from 2000 to 2021. You can see that considerable increase in overdose deaths starting in about 2016 and continuing to present. This is looking at overdose deaths by race ethnicity in New York state. Again, New York State mimics the national pattern that we're seeing of the most impacted racial ethnic communities are African Americans or black communities, as well as, as Latin X communities and, and also American Indian or Alaska Native communities. So again, number one is African Americans or black communities. And number two is afro, sorry, American Indian or Alaska Native communities. This is looking at overdose stats increasing for younger age groups from New York City data. So in 2020, New Yorkers aged 55 to 64 have the highest rate of overdose deaths. So that rate was 52.4 per 100,000 residents, which was up from 39.7 in 2019. But rates of overdose deaths also increased among younger New Yorkers aged 15 to 25 years old, so 5.8 per 100,000 residents and in the 25 to 34 year old age group, up left to 11.3 per 100,000 residents and the 45 to 54 year old age group up 14.7 per 100,000 residents. So again, regardless of what age group you're in, overdose rates are increasing. So the bottom line here sort of to summarize the slides that we've just looked at is that more New Yorkers are dying of drug overdoses than homicides, suicides and motor vehicle crashes combined. In this slide, the highest rates of overdose are in the counties represented in blue. So if you look, there are a lot of counties in the Hudson Valley as well as in central New York and Western New York. Many of these, which are very rural counties, which are experiencing high overdose rates. Also, you can stay in Long Island, particularly Suffolk County.

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So back to the patient that we looked at at the beginning of the slide set. So you're worried about your patient's risk of overdose, you ask your patient if he is aware of Naloxone and how to prevent an overdose. He is not aware of naloxone nor how to prevent an overdose really didn't see that it applied to him. So you talk to your patient about overdose prevention and look into getting him a take home Naloxone kit. So again, if you're a provider out in the community you want to become if you're able to and overdose, opioid overdose prevention program or Opp, you

can do that through the New York State Department of Health. Or you can do that through Oasis if you are an oasis or OMH licensed program. And that way you can be supplied with free Naloxone kits to give out to patients I think it's far more effective to hand somebody a Naloxone kit, rather than write them a prescription as there are some barriers for people to picking up Naloxone at a pharmacy, including stigma. Now we're going to move into Naloxone and overdose reversal. So we're going to look at the role and safety of prescribing and distributing Naloxone to prevent overdose deaths. So first of all, what is naloxone? So it is an opioid antagonist. So it does not have agonist properties. What that means is that it does not activate the opioid receptors. It is a very safe medication. It does not have any medication medication interactions, so it only has a role and only has any sort of active role. If someone has opioids onboard within their body It is very effective at reversing opioid overdose and will block the opioid receptor it has a higher affinity for the opioid receptor than agonist opioids. So it will knock those agonist opioids off the receptor and block the receptor from those opioids reattaching to the receptor for between 30 and 90 minutes, depending on the formulation that you're using. It is not a controlled substance. And again, it is a NERT if there are not opioids on board, so it won't affect anybody's medications, again, other than opioids, and it will not interact with any chronic medical conditions, psychiatric conditions, et cetera. So it's safe and children, it's safe in pregnant persons, etc. It is very well studied with decades of evidence to support it, it doesn't have any known negative effects. It's up for precipitating opioid withdrawal in people who have opioids on board and have opioid dependence. It does not have a potential for misuse and there are rare allergic reactions to Naloxone. It can normalize an individual's breathing within several minutes. And again, the goal with administering Naloxone to somebody in an opioid overdose is to normalize breathing, we should not be administering enough Naloxone to cause a person to be up awake walking and talking, because the more the more that we administer, the more possibility for precipitated opioid withdrawal. So I talked about on the previous slide how Naloxone works, but as as stated, it knocks other opioids off of the receptors and because of its very high affinity for the opioid receptor, it can replace that opioid on the receptor. And again, it stays in place for 30 to 90 minutes and prevents opioids from reattaching. A caveat to that is that if a person is using a longer acting opioids, so an opioid with an extraordinarily long half life, like fentanyl, or methadone or other opioids, they can reattach to the receptor and cause another overdose after the Naloxone wears off. So it's important to stay with people and monitor them in case that occurs. So what are our steps for overdose rescuing, number one is to recognize that an overdose is occurring. Number two is to first administer Naloxone before doing anything else, then call 911. Administer rescue breathing as needed. You would also go through these steps specifically, but you would also administer a second dose of naloxone as needed, and you want to put the person in the rescue position. So what are the steps to recognizing an overdose? What does it look like when somebody is intoxicated? So in other words, under the influence of opioids or another substance, and what does an overdose look like? You want to distinguish between the two? Because if a person is intoxicated and sedated due to intoxication, but not in an overdose situation, you do not want to administer Naloxone, you could potentially cause precipitated opioid withdrawal in that individual and that's not a pleasant experience. So what could it look like if someone is intoxicated or under the influence of a substance and sedated, their muscles are likely relaxed, though, again, it might depend on the substance that they're using. Their speech would be slowed or slurred. They are sleepy looking, but they're not unconscious, and they will respond to stimulation. So if you

shake them do a sternal, rub on the front of their chest, pinch them between their thumb and their forefinger, or they may be nodding off but again, they respond if you speak to them. What does an overdose look like? So it looks very different. It would involve deep snoring gurgling or a death rattle or just breath, breaths sounding odd or different. They may have a bluish or grayish tint to their lips and their fingernail beds. Again, this would depend on the person's baseline skin tone, they may not be noticeable, they may have pale and clammy skin, they are in a heavy nod or unconscious. So they will not respond to stimuli. If you rub your knuckles on the front of their chest, they will not respond. They will not respond to shaking or to verbal stimulation. And their breathing would be slow, irregular or non existent, and they may have a faint pulse. So you want to check them first for responsiveness on the right hand side and the graphic is demonstrating what a sternal rub looks like. And if you do that on your own chest, it's very uncomfortable. And again, you would expect someone who's not in an overdose situation, or not unconscious to respond to that. So you want to do the shaken shout method to try to wake them up. up like, hey, hey, are you okay? If no response grind your knuckles on their sternum or the front of their chest for a few seconds, and if the person is still not responding, then they could be experiencing an overdose and you want to respond accordingly. So you want to administer Naloxone, so you want to tilt their head back and do a chin lift, put the cone into their nostrils. So this is with an intranasal formulation of naloxone, which is the most common formulation that's distributed or prescribed, you spray the entire dose into that nostril, if the per person does not respond in at least two minutes. So again, you're not just pumping Naloxone dose after dose, you're waiting two minutes for Naloxone to have effect. If they have not responded in two minutes, then you're going to give a second dose of naloxone into the other nostril. So if you do become an opp or opioid overdose prevention program, then you would be giving out these new york overdose rescue cats. So what is inside of these rescue cats and the what is inside them is the same for both New York City distribution as well as New York state distribution. So it contains two doses of Narcan which is the name brand of a particular formulation of naloxone nasal spray, it contains a face mask for rescue breathing, alcohol wipes, a brochure for reviewing how to administer Naloxone and other steps involved in the response and a certificate to carry for administering naloxone. So this is showing the handouts that are available in these kits. On the left hand side is showing all the way up at the top left hand side is showing the most common formulation that we see of the nasal spray currently, on the second graphic, it's showing what the old formulation used to look like that is not commonly distributed. Now you had to attach as a, I forget what it's called, you have to attach the piece on the end that you insert into the nostril. And again, we haven't seen that most typically distributed for several years now. And then you also have the injectable variety, which again is less commonly distributed but it can be prescribed and Oasis is actually distributing the injectable version for folks who are more interested in that formulation via the individual request site. That is through our website.

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Step three is calling 911 so that the New York 911 Good Samaritan Law will protect the person who is calling 911 as well as the individual who is experiencing an overdose from many potential charges. So again, it's important that people are aware of the Good Samaritan laws so that they have less hesitancy in calling 911. Step four is rescue breathing. So despite administering the two doses of naloxone while you're waiting for EMS to respond, if the person

is not breathing, then you want to perform rescue breathing. Or if the person also doesn't have a pulse and you know CPR, then you want to perform full CPR. On this slide, it's showing a demonstration of the head tilt chin lift and pinching the nose before giving the rescue breaths and on the very right hand side is showing the mask that is included in the Naloxone kit. When you're administer rescue breathing again, here's the technique you tilt the head back and pinch the nose, you give two quick breaths. If you do not see the chest rise, you want to reposition the head and check the mouth for any possible obstructions such as food or gum, and try again, thank you have one breath every five seconds until the person hopefully normalizes breathing. This is a demonstration of a person actually doing rescue breathing. Next, you want to put the individual in the recovery position that is demonstrated here in this graphic. So you want to be sure that there's an arm under their head protecting their head and that their knees are not aligned but rather one is in front of the other that prevents the person from rolling onto their stomach. The reason you put the person in the recovery position is because if they are breathing normally or more normally, but they're still unconscious, then by putting the person in the recovery position if they do vomit they will not choke on their vomitus or swallow it into their lungs. So following a reversal, if the person does wake up, you want to explain to them what happened because they again may not be aware that they overdosed and may be very confused by you or other individuals around them, and encourage them not to use any other substances, particularly if they have precipitated opioid withdrawal, it would be a natural reaction to want to take more opioids to fight against the withdrawal symptoms. But again, they could go back into an overdose. So if emergency medical services or EMS are not present, then wait for them to come after calling 911. Or it's recommended that the person be seen in the emergency room. But again, a person can refuse to go to the emergency room. And there's a lot of stigma that folks have experienced in the emergency room. So they may not want to go to the emergency room. But somebody should stay with that individual for at least three hours after giving the Naloxone to be sure that they don't go back into an overdose situation. So this is showing all of those steps on one slide. So checking for responsiveness administering Naloxone, calling 911, performing rescue, breathing as needed, and then evaluating them post administration of Naloxone. Here's a little bit more information about the Good Samaritan Law. So this only protects again the individual who is overdosing and the person who calls 911 It does not protect any bystanders at the scene. What it does is prevent prosecution for drug possession of up to eight ounces of a controlled substance, alcohol for under age, individuals who are drinking cannabis in any amount. And again, cannabis is now legal in New York State. But it is not legal for minors, paraphernalia offenses and the sharing of drugs. So the sharing of drugs can be categorized as sales in New York State. What the Good Samaritan Law does not cover it does not offer protection for possession of more than eight ounces of any controlled substance, sale of controlled substances or arrest for drug or alcohol possession for individuals with an open warrant or on probation or patrol or parole. So excuse me. The other thing that is not mentioned here, but is another concern is if people are living in subsidized housing such as Section Eight housing, or housing, say on a campus, it does not necessarily protect you if an overdose occurs and there's evidence of substance use in that subsidized housing. Naloxone does have a standing order in New York State so as of August 15 2022, all pharmacies across New York state can dispense Naloxone without a prescription. Here is a picture showing Narcan nasal spray which has been approved for over the counter use. So in March of 2023, the FDA approved Narcan as the first over the counter Naloxone formulation nasal spray, but it has yet to

be released into the pharmacies in July 2023. The first generic over the counter and Alloxan spray was also approved as of yet neither of these is available over the counter. If you're prescribing Naloxone, you want to be aware of the n cap program, which is the Naloxone co payment assistance program. It is funded by New York State and covers up to $40 in Alloxan co payments for those with health insurance coverage, that we're talking about private insurance, or possibly Medicare, but with Medicaid, there would not be a co payment. Where can you get Naloxone, there's a QR code up on the top for how to order naloxone. If you're an individual in New York State or person who uses drugs, you can order Naloxone directly from that site, or if you are a program or some kind of a recovery center, etc. So any type of program that is either funded by or regulated by either New York State Oasis or OMH. You can also use that QR code to go on and order Naloxone as well as fentanyl test strips and xylazine test strips for your program. Through the New York State Department of Health. As I mentioned earlier, you can become an opioid overdose prevention program and then you can train and provide naloxone in your community. He also it's a great idea for all syringe service programs if they aren't already in opp as well as shelters for unhoused individuals, hospitals, like emergency departments, universities, and other school settings as well as those that cater to the health needs of the LGBTQIA plus community. There are also harm reduction vending machines in various locations around the state that also dispense Naloxone and other harm reduction supplies related to substance use. So when we think about naloxone distribution in communities and by peers, obviously we want to know is this an evidence based practice? As I mentioned, there are significant literature bodies that show Naloxone to be effective when distributed in this way. So from early studies and towns in Massachusetts, overdose rates were lowered in various studies between 24 and 46%. By having naloxone in the community, the more your community had naloxone distribution, the more the overdose rate decreased. The other question that comes up is will distribution of naloxone change the behavior of people who use drugs and cause them to use more substances. And in again, multiple studies, we've seen that it does not increase substance use or increase in potentially high risk behaviors.

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So back to applying this to clinical practice, are there other things that you can do as a medical provider to help your patients who use drugs reduce the risk of overdose, so we're going to briefly discuss some additional overdose prevention strategies, harm reduction methods to avoid recognize and act on an overdose. So first, let's make sure we have a level setting with a definition of harm reduction. Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm reduction is also a movement for social justice built on a belief and respect for the rights of people who use drugs, and that comes from the National Harm Reduction Coalition. There are quite a few principles of harm reduction, they are all listed here. Humanism, providing value and respect to patients and helping empower them in their decision making pragmatism addressing problems in a practical way. individualism. Each person has their own needs and strengths that require tailored problem solving autonomy, people with the ability to act on their own values and interests. Incremental ism positive change happens slowly celebrate small steps and roll with setbacks, and accountability without termination, allowing personal responsibility and acknowledgement of setbacks. What does harm reduction look like in practice? So how can you implement harm reduction in clinical practice? So it's really important to talk to all your patients about substances

and talk to them also about safer substance use? What are some of those strategies not using alone, if somebody plans to use alone, then using the Never Alone hotline to call where it's staffed by volunteers 24/7 and they remain on the line with individuals who are using alone in case they become non responsive, and then they activate EMS, making sure that folks have Naloxone nearby, regardless of what substance they're using. Ideally, not mixing substances, particularly sedatives, such as designer benzodiazepines, and other substances like xylazine with opioids, doing a smaller test dose, particularly if you're using a new supply or supply from a different dealer. And in in the concept overall of start low and go slow, giving patients family and friends, essentially anyone in your community a take home Naloxone kit, or prescribing it to a pharmacy, offering low threshold services. So not making people jump through a lot of hoops to have access to education to harm reduction services, as well as treatment services and other supportive services. So some examples would be starting buprenorphine on the same day without waiting for lab results, toxicology, testing, etc. At firing people to additional harm reduction services as needed, if you don't offer them on site, and always using non stigmatizing language, including verbally as well as in documentation, and using on non stigmatizing approaches to care. So the importance of talking with patients about substance use so as we know laying which is really important on how we talk to our patients, how we talk to our colleagues, and how we document about patients in our written documentation or in our electronic medical records. So when we're talking about substance use about substances themselves and about people who use drugs, it's important that we use factually based language that is non stigmatizing. We always want to use person first language, again, that notices that the person is a human and a person first, and then is not letting their substance use define them. Just as we should not be using the terms on addict, drug abuse, or drug use, or et cetera, you should instead use a person who uses drugs, a person with cocaine use disorder, etc, we should make the same usage of language apply to all patients with all medical conditions. So we should say a person with diabetes rather than a person rather than a diabetic. So again, this can apply to all of our language that we use to talk about patients, whether they use substances or not. So the other thing is when we talk about things like toxicology, testing, or time using or not using substances, we don't want to ever refer to somebody or a toxicology test or their time using or not using buy terms like clean and dirty, those are very stigmatizing terms, we would never refer to a person with any other medical condition as dirty or clean. So again, we want to eliminate those words from our language. If our patient uses those words, often that's representing internalized stigma, or they've heard those words in settings, like 12 Step groups or other mutual support groups where often that language is used. But as healthcare professionals, we do not want to mimic that language. And once we have a relationship with a patient, we can explore their use of that language. And again, what it says about themselves when they describe themselves as clean or dirty. Some additional harm reduction interventions, again, the QR code for Oasis, so individuals who want to order either test strips, fentanyl, and xylazine test strips, or Naloxone can use that QR code as can Oasis and OMH programs. So other interventions include drug checking, so point of care direct checking, with fentanyl and xylazine test strips should be present widely across the state, less common or are more sophisticated drug checking. So do Hmh has a pilot program in New York City at syringe service programs. And at the O P CS, where they do point of care drug checking to inform people qualitatively, as well as quantitatively exactly what is in the substance that they bring to check. The New York State Department of Health also has a pilot program around the state doing

surveillance, drug checking where that sample is sent out to a lab to again, try to provide a prevalence in those communities of what substances are in the drug supply. A waste this will be doing a point of care drug checking project with our outreach and engagement providers as well as in harm reduction programs around the state starting in about six months. There's also the syringe service programs that we've talked about earlier that are again around the state. And there are expanded syringe access programs or E SAP so people being able to access syringes at pharmacies. And then as I mentioned, there are overdose prevention centers, two in New York City, one in Washington Heights and one in Harlem. So first, a little bit of information about fentanyl test strips. So, again, they're they are very sensitive and specific. There is a possibility that there could be an analogue of fentanyl that perhaps would not be detected. So again, you may have a test strip that does say that there is no fentanyl present but there still could be fentanyl present. No testing device is perfect in determining whether something is or isn't. The other thing about the test strips is these are qualitative. So they will say yes or no about the presence of fentanyl, but they do not tell you the quantity of fentanyl that is in that particular substance. So here is a little bit of information on how to test for fentanyl. Again, depending on the substance you're testing, there are different dilutional strategies. So for people specifically who are using stimulants, there is a different dilution strategy for that then people who are testing opioids, we don't have enough time to go into those details in this presentation. The other thing that's important to know is that one red line means that as positive for fentanyl, two red lines means it's negative for fentanyl. This is completely the opposite of a positive on for example, a point of care COVID-19 test or a pregnancy test. So important to note that difference. Where can you get fentanyl test strips. So federal funds now can be used to purchase fentanyl test strips. So it is recommended that programs who are engaging with folks that are using substances have fentanyl test strips available for distribution to patients. Again, the QR code is there on the right hand side. So for programs who would like to dispense fentanyl test strips, you can order them if you are an OMH or an oasis program free from Oasis. You can also purchase fentanyl test strips from a variety of online distributors. For people who use drugs who want to access fentanyl test strips you can order them free of charge from Oasis. You can also refer folks to a syringe service program or other harm reduction programs where they are often distributed. You can order them confidentially and receive them mail to your home if you're outside New York City via next distro.org.

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What are syringe service programs, these are community based programs with a wide range of services so they aren't just about exchanging syringes, you do have access to sterile syringes, other supplies that are needed for either smoking substances or injecting substances, you can also dispose safely of your injection equipment. Often there are others services available at syringe service programs. Medical Services vaccinations such as for Hepatitis A and B. naloxone distribution and other overdose prevention, education and distribution of supplies. You can often test for infections such as HIV and Hepatitis C, there's linkage to care for treating infections are often there's care such as wound care on site, and there are referrals to substance use disorder treatment as well as other programs such as mental health services or physical health services. There are many decades of research that show that syringe service programs are not associated with an increase in illicit substance use or crime. And they reduce the transmission of viral Hepatitis, HIV and other infections that are associated with particularly

injection use, such as osteomyelitis, endocarditis, cellulitis, abscesses, etc. They are also associated with decrease in overdose deaths. People who use syringe service programs are five times more likely to enter a treatment for substance use disorder and are three times more likely to stop using substances altogether than those that do not access syringe service programs. And again, we know from decades of research that syringe services programs are safe, effective and cost saving a little bit more about the E SAP program. So this is expanding access to syringes in New York. So effective January 1 of 2001. This was expanded into a permanent program in the summer of 2009 per a the bill the name which is listed there that came out in October 2021. Pharmacies can opt in to register as an E SAP, and it also decriminalized the sale and possession of hypodermic needles. So again, people who use drugs should not be stopped and charged for having the possession of a hypodermic needle on them. It also eliminated the The law also eliminated the 10 syringe limit. But the DOH regulations still has to be updated to reflect that. This is showing how to access syringes in New York state. So you can check this out at the website that is listed all the way on the bottom on the left hand side. That is the point new york.org and this is a site that can show you where you can acquire Naloxone near you where you can drop off syringes where you can get Hep C testing done where you can access syringes where you can drop off syringes and or substances like medications and where you can exchange syringes all near you. This is a little bit more of information about next distro so this is an online and mail based harm reduction service, obviously, hoping to reduce overdose death and prevent injection related infection transmission and improve the lives in general of people who use drugs. So people who use drugs can go online and order directly Naloxone syringes and other supplies that are mailed confidentially to their home through this website. Again, this is for individuals who are outside of New York City in New York State. Little bit of information about overdose prevention centers. I am a New York State employee, I work for New York State oasis. The governor of New York Governor Hoko, has not yet taken a position on overdose prevention centers. So as a New York State employee, I cannot speak for or against overdose prevention centers, but I will share a little bit of information here. So these are pictures from OnPoint NYC, which is the nonprofit Harm Reduction Program that operates the two overdose prevention centers in New York City. This is some of the data from the OPCs about what has happened since they opened on November 30 of 2021. They have had almost 4000 unique individuals use their services they have had almost at 4000 utilizations of the OPC for people to consume their substances safely with staff on site in case they go into an overdose. They have averted over 1000 overdoses in their two o PCs. And they have collected over 2 million units of hazardous waste a little bit about medications for opioid use disorder. So it's super important for individuals who are using opioid use, sorry, using opioids are have opioid use disorder that you talk to them about their treatment options. There are three FDA approved medications for treating opioid use disorder, methadone, buprenorphine or naltrexone. But these medications are not equivalent and should not be spoken of and equivalent terms. methadone and buprenorphine are associated with both decreased opioid related or overdose mortality and all cause mortality and they reduce that mortality by about 50%. There are very few medications that we can speak about reducing our mortality by 50%. A small proportion of individuals may be effectively treated with the third FDA approved medication extended release naltrexone, but Naltrexone is not associated with either decreased overdose related mortality, or all cause mortality. Very few individuals despite the efficacy of methadone and buprenorphine are actually provided or offered those medications.

Even individuals who experience a non fatal opioid overdose are rarely offered those medications. So a lot of that has to do with stigma. So we want to normalize use of these medications and incorporate them into our clinical practices. So again, the X waiver which used to be required for any prescriber to prescribe buprenorphine was eliminated. So now any person with an active DEA registration for prescribing controlled substances can prescribe buprenorphine. If you do not prescribe buprenorphine in your clinic, or if your patient is interested in methadone, you should refer them at the least out to access those medications. Methadone must be dispensed currently per federal regulations in an opioid treatment program. It cannot be done out of a typical medical office. What about managing stimulant use disorder? So unfortunately, there aren't yet any FDA approved medications to treat stimulant use disorders. We're talking specifically about cocaine, as well as methamphetamine. contingency management does have evidence and is unfortunately not widely available yet in New York State. Interestingly, California recently started a statewide contingency management program for stimulant use disorder, including individuals on medicated so off label use of many medications can be used there is evidence for a variety of medications that can be used again off label for treating stimulant use disorder. And there are many harm reduction strategies which can be utilized for stimulant use disorder. There are a couple of guidelines that have come out. So two of these are shown here. So the New York State Department of Health in partnership with Johns Hopkins University recently released clinical guidance for stimulant use disorder that's available at the website specified on the bottom left hand side. In 2020. My agency a waste has released a guidance document From our medical advisory panel on using medications off label for stimulant use disorder, of note is a more extensive guidance document will be released very soon, from a the American Society of Addiction Medicine in partnership with the American Academy of addiction psychiatry. So there are many, many agencies in New York state who are providing harm reduction services, and low threshold services for people who use drugs. So there should be an agency near you and your community. But here are some of our partners around New York state who are doing great work.

45:40

So in summary, overdose death rates are at their highest and unfortunately are expected to climb further. A lot of this is due to poly substance overdose not being recognized by people who are responding to overdoses. So again, if naloxone is the only tool in our toolbox, we're still going to continue to have overdoses due to poly substance overdose. So it's important that you incorporate rescue breathing and the other steps that we talked about CO use of opioids and stimulants is often overlooked and necessitates tailored responses. naloxone is a life saving safe and effective medication to reverse opioid overdose, and decrease population level overdose deaths. So provide Naloxone ideally in a kit form so the person can take it home from the visit with you to all individuals who use substances or might witness an overdose or you know, that is not feasible in your situation, prescribe it for them or let them know that they can go into any pharmacy in New York State and obtain Naloxone without a prescription. Lastly, it's very important that we talk to all patients about substance use and about safer substance use strategies. And as needed, and per their desire, refer them to harm reduction services. And if they're interested in treatment, referring them to treatment services, or also recovery support services. Here are a bunch of online resources for you regarding this topic. And I'm happy to take any questions if we have time. And thank you so much for your attention.

47:16
Thank you so much for that wonderful and very important presentation. Dr. Ramsey. We have received a few questions in the chat that all posed to you and attendees, please continue to share your questions with us. If you have a question that we don't get to today, please feel free to follow up with us after the session. I'll be sharing a copy of the slides with everyone here. So you'll have our emails. So one question for you, Dr. Ramsey, and there was some back and forth and some information sharing on this topic in the chat. But we should definitely get your perspective. And attendee asks I've heard different things about fentanyl is presence in marijuana. I've heard that this is a myth and that this is real. Do you have any current data or information on the presence of fentanyl and marijuana? Yeah,

48:01
it's unfortunately, it's a persistent myth that just doesn't go away. There is not one case that has been confirmed in the United States thus far. What we see that's that's reported in the media are reports from law enforcement where they do field testing of substances and often the substances are cross contaminated in the field. And when those are actually sent off to a confirmatory lab, then they have all been false. Unfortunately, often those reports are not retracted by the media or retracted by law enforcement. So this is perpetuated again and again and again in the media. But just to be absolutely clear, there are there's not one validated instance of fentanyl in cannabis in the United States. So we there is an oasis guidance document that addresses fentanyl myths, and its fentanyl test step guidance document and FAQ on fentanyl myths, where it very very clearly states multiple myths on fentanyl including the fentanyl and cannabis myth as well as the myth that you can overdose by inhalation or dermal exposure. So casual exposure to fentanyl. And so I encourage you to go and and look at that, at that resource. If you Google cuz actually it's easiest. Our website is really difficult state websites are very difficult to navigate. But if you literally Google Oasis o a s a s fentanyl guidance document, it'll take you right to that link. It'll be the first thing that pops up on Google.

49:44
Thank you very much. I'll drop that in the chat and I can also share a copy with attendees. Next question, what is the benefit of injectable versus nasal naloxone?

49:55
So it's really preference. It they're both you equally effective. And so people who use drugs often like the, the injection version better than the intranasal version, but I think for laypeople, and particularly people who don't use drugs, so family members, friends, etc. It's often easier to use and there might be less hesitation to use the intra nasal version. But really, it's just preference.

50:26
Thank you very much. So you touched base on both of these separately. And just to bring the two together? How will the over the counter availability of naloxone impact the Naloxone copay assistance program in New York state? That's

50:41
that's a good question. And I'm not sure that that's out of Doh, not my agency. So I'm not entirely sure of the answer to that question. And we don't have a price yet for, for the Naloxone that's going to be over the counter. I it'll be interesting to see if the prices that have been sort of floated around for the Narcan version will go down once the generic version is over the counter, I would suspect that the generic version will be priced at a cheaper price point than the Narcan version. But the Narcan versions that that I've heard is a two pack for like about $40, which again, is cheaper than it is if you write a prescription for it, and somebody had or had to pay for it that way. But $40 isn't cheap. And so it'll be interesting to see what eventually it's actually priced at when it comes over the counter.

51:40
Thank you. We've got some questions rolling in. Before I pose the next one, I'll just remind attendees, that after the session, you will receive an automated message from CCI, which will include information on how to evaluate the session and to claim your CPE credit. So be on the lookout for that. And I'll also be sharing a copy of the slides. There were a lot of links a lot of QR codes. So you'll have another chance to look through all of the information shared. Do

52:07
you mind if I grab a couple of Charlotte out of the chat that I just see? Yeah, absolutely. Go for it. Okay, so somebody asked what are the other synthetic opioids. But besides fentanyl, so there are many, many, many, many others. So there's a class called the new disease, and morphine just to name a couple. I actually recorded a webinar on novel psychoactive substances where I go way more into detail on other highly potent synthetic opioids as well as other synthetic substances. It's not posted on the Oasis website yet, but it should be really soon. It's long, it's two hours. But if you can hang in there, it's got a lot of good information. And so again, you can Google Oasis OAS as learning Thursdays. And it'll probably be the top one when it's posted, which should be posted hopefully in the next week or so.

53:01
Um, and let me just set aside another one I wanted to answer.

53:10
Does the Good Samaritan Law extend to underage individuals? Yes, it would it would apply to anyone who's making that phone call, as well as to the person who's overdosing.

53:26
Kelly feel free to answer questions as they come up. But I'll just toss another one your way. If you believe in the near future, there can be some kind of kit developed for xylazine outreach. So we have the the xylazine test strips, are there any other resources that could be included when doing outreach?

53:48
So it's an interesting question, I've seen more more than applying to overdose in xylazine kits. There are wound care kits that are being that have been developed, particularly by street

medicine folks that are specific to xylazine. And so I see that as more common with respect to overdose and xylazine, which again, is a whole other talk with many other interventions that you can do. There are more of like, a 2.0 level of overdose education as a point as opposed to a 1.0 level. So the things that I think of that could be useful and again, without going too much into xylazine. I have recorded a webinar on that. That's 90 minutes long on our voices website that's up you can go listen to that. But there are things that you can do. xylazine is a muscle relaxation in addition to being a sedative so it actually relaxes the tongue muscle and it obstructs the back of the throat. So again, if someone is overdosed on the locks sorry, Naloxone on an opioid, so fentanyl and xylazine the Naloxone will address the the fentanyl portion or the opioid A portion of the overdose but not the xylazine portion of the overdose. So if that tongue is not moved out of the way, the person is not going to come out of overdose because their airway is blocked. So there are things like nasal airways and oral airways, which can be used in an individual who has a xylazine overdose. But again, head tilt chin left, putting the person in recovery position can also move the tongue out of the way. So I'm not sure exactly what would go with xylazine kit. The other thing is that xylazine we're seeing almost exclusively with fentanyl. So there's a very strong ecological link between fentanyl and xylazine, but not between xylazine and other substances. So when we're thinking about xylazine, education, we're thinking about xylazine, overdose intervention education, we're thinking about xylazine test strips, they really need to be targeted at individuals using fentanyl, and not just anybody. The other thing is we don't have pharmacokinetic and pharmaco, dynamic data in humans for xylazine. So we don't know at what quantitative amount xylazine actually makes a difference to the person who's using it. So we'll have more information on that soon. We don't know at what point it contributes to the overdose, but it's probably at 30% of the substance being meaning of the total substance being used. So there's still like a lot of unknowns about xylazine that make doing that harm reduction education a little bit more nuanced than harm reduction education for fentanyl and other opioids. One other thing Charlaine in the chat, there's just a point of information. This presentation has used the word drug user and a few times already in the slides. So yes, you're right. They do. I have come to not like the term drug user. And so I don't want to use that term. But we still see, for example, at the Department of Health is the Office of Drug User Health, ci, it's it's Drug User Health and Hep C, I have come to not like that term. And I don't use that term, but we still see that term around and used. So again, some of it is is preference, but I definitely prefer the term people who use drugs or people who use substances to a drug user.

57:19
Thank you so much, Kelly. One final question that I think is a really good point to hammer home before we close the webinar. On the steps of responding to overdose do we call 911 First or give Naloxone first?

57:35
So I personally think you give Naloxone first you want to have that Naloxone onboard, before you even call 911. Again, you should be waiting two minutes between doses of naloxone so give the dose and then call 911 as is what I prefer.

57:55
Thank you so much, Dr. Ramsey, everyone.

[End Transcript]