RESIDENTIAL SUBSTANCE ABUSE TREATMENT (RSAT)

Overdose Risk Reduction and Relapse Prevention
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Integrating Overdose Risk Reduction & Relapse Prevention into RSAT Programs & Pre-release Planning

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Senior Research Associate
Advocates for Human Potential
Threat assessment levels

- National
- Local
- Individual
Learning Objectives: Drugs most commonly involved

**Opioids** (illicit & pharmaceutical)
- Death due to respiratory depression
- Response: naloxone + rescue breathing

**Stimulants** (cocaine & meth)
- Death due to cardiovascular causes
- No medication – try to treat symptoms

**Benzodiazepines** (Xanax & Valium)
- Death due to respiratory depression (always combined w/ other drugs)
- Flumazenil: GABA receptor antagonist can reverse an overdose **BUT…**
POLL: What level of overdose prevention programming is available in your facility or program?

a. None
b. Not a lot of information included
c. Topic covered, but not comprehensive information
d. Comprehensive information, includes community resources
e. Comprehensive, includes access to naloxone
Drug OD Deaths in Custody

Arkansas: Five inmates died from overdoses in a maximum security Arkansas Department of Correction facility. Officials indicate the "vast majority" of drug-related incidents in Arkansas facilities involve Spice.

Louisiana: Two inmates at Angola State Penitentiary died of apparent drug overdoses, Department of Corrections concerned about synthetic marijuana or "mojo." Both living on maximum security unit. Small amounts of mojo and other drugs found in the area.

Ohio: At least three deaths due to drug overdose in the Cuyahoga County jail (presumably fentanyl). Four inmates in an Ohio State Prison and 7 female inmates at a county jail overdosed but were revived with naloxone.

California: Deaths in state prisons due to drug OD has averaged about 22 per year. Recent years it increased, with 40 deaths in 2017. The most common drugs involved were: heroin/morphine (22), methamphetamine (13), and fentanyl (9).

Analysis of 2017 Inmate Death Reviews in the California Correctional Healthcare System
Medical, security & program staff, plus others

- Every second counts: prepare naloxone & other critical supplies
- Overdose signs and symptoms
- Response protocols & training: naloxone administration
- Safety protocols to secure scene
- Emergency contact protocols/ agreements with hospitals
- Post-incident protocols: ensure safety of staff and inmates & discharge planning for survivors returning from the hospital
Client Education

Priority topics

• Tolerance
• Potentiation
• Potency

Regional / local
New & emerging
RSAT Program Key Elements

Examples and models

- **Overdose Education & Naloxone Distribution (OEND)**
  - Pre-release (prisons/jails)
  - In-reach
  - Community-based

- **Opioids (MATx)**
  - Induction & continuity
  - Referral
  - Response
Release Planning

Community resources

• Harm reduction
  • Naloxone kits
  • OD emergency services
  • Syringe access/HIV-HCV

• Response
  • Treatment
  • Additional support
  • Medication
As the Opioid Crisis Continues…

![Figure 1. Drug Overdose & Motor Vehicle Deaths 1999-2017](image)

- **1972**: 54,589
- **1999**: 63,582
- **2017**: 72,287
- **2017**: 40,200

*Note: The chart shows the number of deaths in thousands.*
Data on vulnerability to post-release drug overdose

Opioids, Drug Overdose Fatality & Criminal Justice Involvement

Data from NSDUH, 2015-2016 suggests a history of criminal justice involvement is associated with:

- 22% of those who report use of prescription opioids;
- 33% of those who report misuse of prescription opioids;
- 52% of those who report a prescription opioid use disorder; and
- 77% of those who report heroin use.

Drug OD: leading cause of post-release death - rates higher than ever
Drug OD 85% of fatalities in the immediate post-release period
Almost 15% of all former prisoner deaths 1999-2009 related to opioids.

Deaths due to prescribed methadone for chronic pain peaked in 2007: Largest proportion of deaths caused by any single drug (nearly 40%).

CDC, 2012

Threat: Fentanyl & Analogues
Reducing Risk of Staff Exposure

Safety Resources

**Drug Enforcement Administration**  
**Warnings:** Fentanyl Exposure, 6/2016

**CDC Guidelines:** Fentanyl-Preventing Occupational Exposure to Emergency Responders, 4/2018

**Alberta Health Services:** Interim Guidance for First Responders, 1/2017
Drug threat assessment: Changes in Cocaine deaths & supply

2-3 years bumper Columbian crops
Cessation of aerial spraying
DEA warns: threat likely to continue
Drug Threat Assessment: **Cocaine vs Heroin Deaths**

12-month period from July 2018 - June 2019

**Deaths involving heroin:**

15,200

**Deaths involving cocaine:**

15,000
Background: **Scottish researchers in the 1990s**

Data informed the N-ALIVE trial of prison naloxone programs

Scottish prisons provide naloxone kits prior to release to all inmates

2 years after implementation, post-release overdose deaths cut in half.

Data on proportions of OD death in US states

**Massachusetts:** The Massachusetts Department of Public Health people released from the state’s prisons: 56 times more likely to die of an opioid overdose than other state residents, based on opioid-related deaths from 2013 to 2014.

**West Virginia:** 56% of drug overdose decedents in 2016 were ever incarcerated in a state-funded correctional facility (including regional jails). Of males who died of an OD with a year of release, 28% died within a month of release.

**Ohio:** In 2016, Cuyahoga County Medical Examiner issued a letter of warning to individuals about to be released after observing the proportion heroin overdose deaths among people who had been in jail or arrested was nearing 40%.

**North Carolina:** 2000 to 2015-prisoners 40 times more likely to die from opioid OD in the 2 weeks after release than general population. 74 times more likely when heroin only was considered. 1 year after release rates still 10-18 x higher.

**New York City Jails:** Adults who spent at least one night in a NYC jail from 2001-2005 had 8 x higher drug-related death during first 2 weeks post-release than in other residents.

**Maryland:** Risk of OD death - first week post-prison or jail release 8 x greater than 3-12 months after release. Heroin was involved in nearly 90% of deaths in the first week after release.
Overdose Events among RSAT Clients or other Inmates

**POLL:** Do you know of overdose events (fatal or non-fatal) involving former or current RSAT clients or inmates?

Please endorse substance(s) involved:
(select any that apply)

- **a.** Opioids
- **b.** Synthetic cannabinoids (e.g., spice, K-2, mojo)
- **c.** Cocaine
- **d.** Methamphetamine
- **e.** Other/unknown

How many events do you know of?

- **a.** Zero
- **b.** One
- **c.** 2-4
- **d.** More than 4
- **e.** Not sure
Drug Overdose Prevention Education (DOPE)

◊ First US health dept-funded naloxone program
◊ Subcontract - 2003 Harm Reduction Coalition
◊ 2013 began OEND in jails, pre-release naloxone
◊ Heroin deaths in SF from 120 yearly to under 20

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<td>3</td>
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<tr>
<td># of people trained</td>
<td>91</td>
<td>59</td>
</tr>
<tr>
<td>% accepted naloxone</td>
<td>67</td>
<td>54</td>
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<tr>
<td>% used in month prior to incarceration</td>
<td>43</td>
<td>44</td>
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<tr>
<td>% prior overdose</td>
<td>26</td>
<td>45</td>
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<tr>
<td>% witnessed overdose</td>
<td>79</td>
<td>56</td>
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<tr>
<td>% ever used naloxone</td>
<td>16</td>
<td>6</td>
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New York: Partnership between Department of Health, Department of Corrections and Community Supervision, and the east coast Harm Reduction Coalition (HRC): OEND programs in 54 correctional facilities. Training topics include:

- Risk factors for overdose
- Recognizing an overdose
- Responding to an overdose emergency
- Administering Narcan (nasal naloxone formulation)
- Legal issues and protections (Good Samaritan Laws)
- Videos

Vera Institute for Justice report: Corrections-Based Responses to the Opioid Epidemic Lessons from New York State’s Overdose Education and Naloxone Distribution Program. Link to PDF detailing implementation & preliminary assessment.
Rhode Island Model

2016-DOC launched MAT program

All inmates screened for OUDs
Treated with FDA-approved medication best for the individual
Inmates entering the system can continue current medication
Inmates referred to community Centers of Excellence to encourage retention upon release.

A study compared characteristics of people who died of ODs before & after:

Prior to 2016 program:
26 of 179 deaths (14.5%) were among those recently incarcerated

After implementation:
9 of 157 deaths (5.7%) were among those recently incarcerated

A 60.5% reduction in mortality
If you think there are too many barriers where you work, listen to what North Carolina Harm Reduction Coalition & NC Department of Corrections worked out....
Living long enough to get back on the horse:

POLL: Is naloxone effective, necessary and cost effective?

A. Absolutely
B. It’s definitely crucial, but just the beginning of what’s needed
C. Yes, but there should be a limit
D. It is abused; can permit out of control behavior
E. Not effective, costly - Medicaid/ public funds shouldn’t pay
2 main things post-release OD victims say they didn’t know…

Changes in individual tolerance

A prevention must!
For some it returns quickly
Videos & peer elements help
Don’t make that first party your last

Increased potency of street drugs

Tolerance down + potency up =
Fentanyl & analogues
Loss of tolerance to other drugs
Heroin potency
Drug Threat Assessment: Polysubstance Use:

Potentiation: $2 + 2 = 5$ or more and $2 + 2 + 2$ could = $10$ or more

- Cocaine + opioids
  - Increases risks
  - Both cause respiratory depression
  - Erroneous beliefs

- Combining CNS depressants
  - Opioid addicts: junior chemists
  - Street drugs may be ‘blended’
  - Pouring ETOH over it all!
Screening & education

- Potentiation
- Tolerance
- Impairment/ substitution

**ETOH Consumption**

- Risky
- AUDs

Polysubstance use: role of ETOH

Screening & education

- Potentiation
- Tolerance
- Impairment/ substitution

**ALCOHOL SCREENING AND BRIEF INTERVENTION FOR PEOPLE WHO CONSUME ALCOHOL AND USE OPIOIDS**

Healthcare providers can use alcohol screening and brief intervention (ASBI) before prescribing opioids to reduce opioid overdose deaths involving alcohol.

Alcohol was involved in 22% of deaths caused by prescription opioids and 18% of emergency department visits related to the misuse of prescription opioids in the United States in 2019. Screening and brief intervention for excessive alcohol use (ASBI) is an effective clinical intervention strategy for reducing excessive drinking, but it is underused in clinical settings. The purpose of this document is to familiarize health departments and healthcare providers with ASBI, discuss its usefulness for helping people who drink excessively whose use may be prescribed an opioid to drink less or stop drinking altogether while using opioid medications, and assist state health departments in supporting health systems and other community partners carrying out ASBI in various settings as part of routine practice. A reference for routinely implementing ASBI in health systems is also included.

**Why is it important to administer a screening and brief intervention for reducing alcohol use before prescribing opioids?**

People who drink excessively who use prescription opioids use at higher risk of overdose and death due to the depressant effects of alcohol on the respiratory system and cardiovascular system. The risk of harm increases with the amount of alcohol consumed, but there is no safe level of alcohol use for people using opioids.

- The 2015–2020 Dietary Guidelines for Americans recommend that if alcohol is consumed, it should be consumed in moderation—up to one drink per day for women and two drinks per day for men—and only adults of legal drinking age. In addition, the Dietary Guidelines for Americans indicate that some people should not drink at all, including those who are taking certain prescriptions medications that could interact with alcohol.
- The US Food and Drug Administration indicates that healthcare providers should avoid prescribing opioids to people using central nervous system depressants, including alcohol.

**What is ASBI?**

ASBI can be delivered in person via a conversation, which is the traditional method, or electronically.

- Traditional ASBI involves several steps:
  - Administering a standardized list of covering questions to assess the patients' drinking patterns.
  - Providing individuals who drink excessively with face-to-face feedback about the risks of this behavior.
  - Talking with people who are drinking excessively about changing their drinking behaviors, and referring those with a severe alcohol use disorder to specialized treatment.

- Electronic ASBI involves:
  - Administering a standardized list of covering questions to assess the patients' drinking patterns.
  - Providing individuals who drink excessively with internet-based feedback about the risks of this behavior.
  - Talking with people who are drinking excessively about changing their drinking behaviors, and referring those with a severe alcohol use disorder to specialized treatment.

**ALCOHOL SCREENING AND BRIEF INTERVENTION FOR PEOPLE WHO CONSUME ALCOHOL AND USE OPIOIDS**

**Healthcare providers can use alcohol screening and brief intervention (ASBI) before prescribing opioids to reduce opioid overdose deaths involving alcohol.**
Changes in Potency: Opioids

The Drug Enforcement Administration (DEA) has been monitoring purity of street-level retail heroin since the 1980s when it was about 10%

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<tr>
<td>Mexican</td>
<td>16.8%</td>
<td>17.6%</td>
<td>20.3%</td>
<td>21.1%</td>
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<td>South American</td>
<td>31.1%</td>
<td>35.3%</td>
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</table>
Pre-release planning

Community harm reduction & overdose prevention plan

• Who you gonna call?
  Emergency contacts
  Syringe exchanges
  Safer use rules
  Opioid OD basics

• Laws that apply
  2 different sets of laws
  Naloxone distribution laws
  ‘Good Samaritan’ laws
  Vary from state to state
Relapse prevention components

Cognitive / behavioral & recovery elements

- Antecedents
- Prior relapses
- Agreements/ plans
- Additional services
- MAT

- Peer support
- Who will they talk with
- Action plan
- How to get back on track
- Learning and making changes
Overdose Risk Reduction and Relapse Prevention for RSAT Programs

- Manual to be submitted for BJA review
- Your comments, requests & suggestions welcome
- Email: nmiller@ahpnet.com

THANK YOU!

…for your attendance & participation and for all you do
Questions?

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