



# Harm Reduction

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# Disclosures

▶ None



# Objectives

- ▶ Participants will be able to list 3 benefits of harm reduction
- ▶ Participants will be able to list 2 components of successful harm reduction implementation
- ▶ Participants will be able to list 2 measures of harm reduction program success



# The Problems



- ▶ High Rates of Overdose Death
- ▶ High Rates of Hepatitis B
- ▶ High Rates of Hepatitis C
- ▶ High Risk of HIV Outbreak
- ▶ High Rates of Neonatal Opioid Withdrawal Syndrome
- ▶ High Rates of Drug-related Incarceration
- ▶ High Rates of Utilization of Foster Care

# Common Denominators

- ▶ Substance Use Disorder, especially Opioid Use Disorder
- ▶ Injection Drug Use
- ▶ Adverse Childhood Events
- ▶ Stigma
- ▶ Others?



# So, What Helps?



- ▶ Top of the Pyramid
  - ▶ Naloxone
  - ▶ Syringe Services
  - ▶ User Education
  - ▶ Disease Testing
  - ▶ Referral and Treatment

(These are All Elements of Harm Reduction)

# What Else Helps?

- ▶ Middle of the Pyramid
  - ▶ Immunizations
  - ▶ Public Education
  - ▶ Prescription Drug Monitoring Programs
  - ▶ “Good Samaritan” Laws





# More Things that Help

- ▶ Bottom of the Pyramid
  - ▶ Higher High School Completion Rates
  - ▶ Economic Development



# Now Let's Focus on Harm Reduction

\* = Evidence Based Intervention

- ▶ Naloxone - Targeted Naloxone Distribution\*
  - ▶ Community Naloxone Distribution
    - ▶ Persons at high risk of witnessing overdose
  - ▶ First Responders
    - ▶ EMS, Police, Fire, Outreach
  - ▶ Co-prescribing
    - ▶ Persons prescribed high dose opioids



# Remember, \* = Evidence Based Intervention

## ▶ Syringe Services\*

- ▶ Syringe Service participants are 5 times more likely to enter drug treatment and 3.5 times more likely to cease injecting than those who don't.
- ▶ Effective in reducing the spread of hepatitis C, hepatitis B, and HIV.
- ▶ Serve as a resource for clinicians, law enforcement, judicial system programs and social programs.



# Did you say something about Education?



## ▶ Education of Users

- ▶ Education of injection drug users can alter their drug using behaviors.\*
  - ▶ Fentanyl testing and education can reduce overdose risk.
  - ▶ Harm reduction clients frequently express appreciation of education regarding infection risk, skin care, injection technique, infection treatment.
  - ▶ Education regarding substance use treatment options can encourage Medication Assisted Treatment\*

# How does Disease Testing Help?

## ▶ Disease Testing

- ▶ The Cabell-Huntington Harm Reduction Program provides opt-out testing of new clients and 6 month reminders for repeat testing for HIV negative clients.
- ▶ CHHRP offers time of visit STD testing for most harm reduction visits.



# Referral

- ▶ CHHD offers referral for disease management for HIV, hepatitis, and other complications of injection drug use when present.
- ▶ CHHD offers referral for Pre-Exposure Prophylaxis against HIV (and is preparing to offer it on-site).
- ▶ In the past 6 months, CHHRP has referred more clients to substance use treatment (including MAT\*) than it has accepted as new clients.



# Setting up Harm Reduction

- ▶ Review WVBPH HRP Guidelines and Certification Procedures.
- ▶ Assess Community Need and Readiness
- ▶ Build Community Support
- ▶ Address Waste Management for Syringe Disposal



# Community Need and Readiness

- ▶ Review community level data
  - ▶ WVBPH Vital Statistics Reports
  - ▶ Other WVBPH reports
  - ▶ Local experts
    - ▶ Law enforcement, prosecuting attorneys, drug courts, EMS, Emergency departments, infectious disease specialists, county health departments, drug user unions...





# Build Community Support

- ▶ Educate and enlist as many people and partners as possible.
  - ▶ Churches, judges, physicians, police, fire, EMS, social workers, legislators, business owners, corrections, city council, county commission, schools, universities, family members, and persons affected (“Nothing about us without us”).
  - ▶ Establish a community advisory committee.



# Address medical waste requirements

- ▶ If you provide syringe services and accept returned syringes, you will have to assess your medical waste status and likely adjust it to “Large Producer.”
  - ▶ Review your waste management certification and requirements.
  - ▶ CHHRP’s process required staged approvals and public notification periods. This can take 90 days or more. CHHRP provides and collects thousands of pounds of syringes. What would your program handle?



# Prepare to be Flexible

- ▶ **Every program exists in its own economic and political reality.**
  - ▶ CHHD's program has seen broad support and vocal opposition, sometimes from the same people.
  - ▶ Best Practices are not always possible.
  - ▶ Services are only available in programs that are operating.



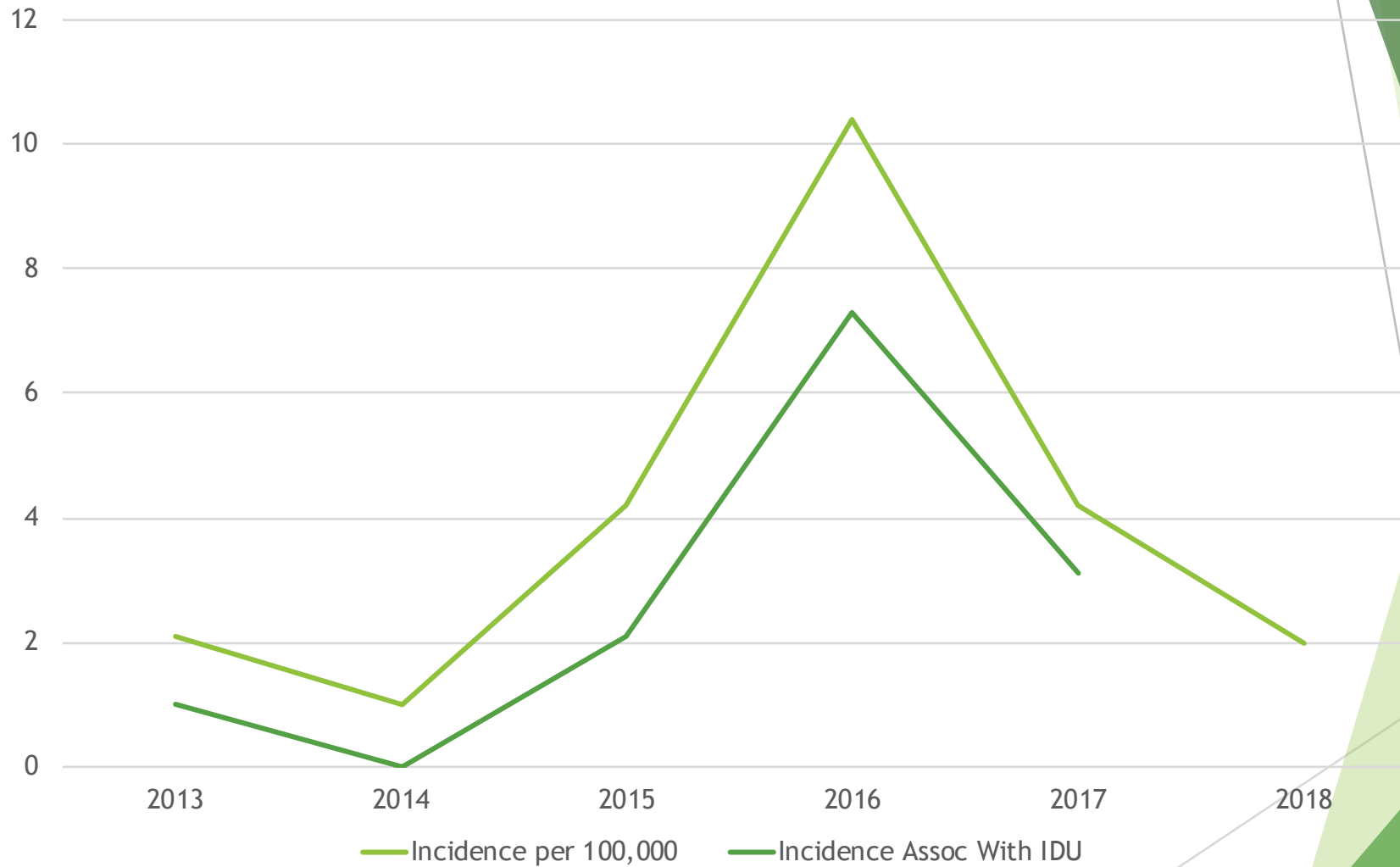
# The Results Can Be AMAZING!

- ▶ Community partnerships are formed and strengthened.
- ▶ Political support can be gained.
- ▶ Workforce can be energized.
- ▶ Client engagement can be rewarding.
- ▶ Outcomes are visible.





## Acute Hepatitis C, Cabell County, WV, 2013-2018\*



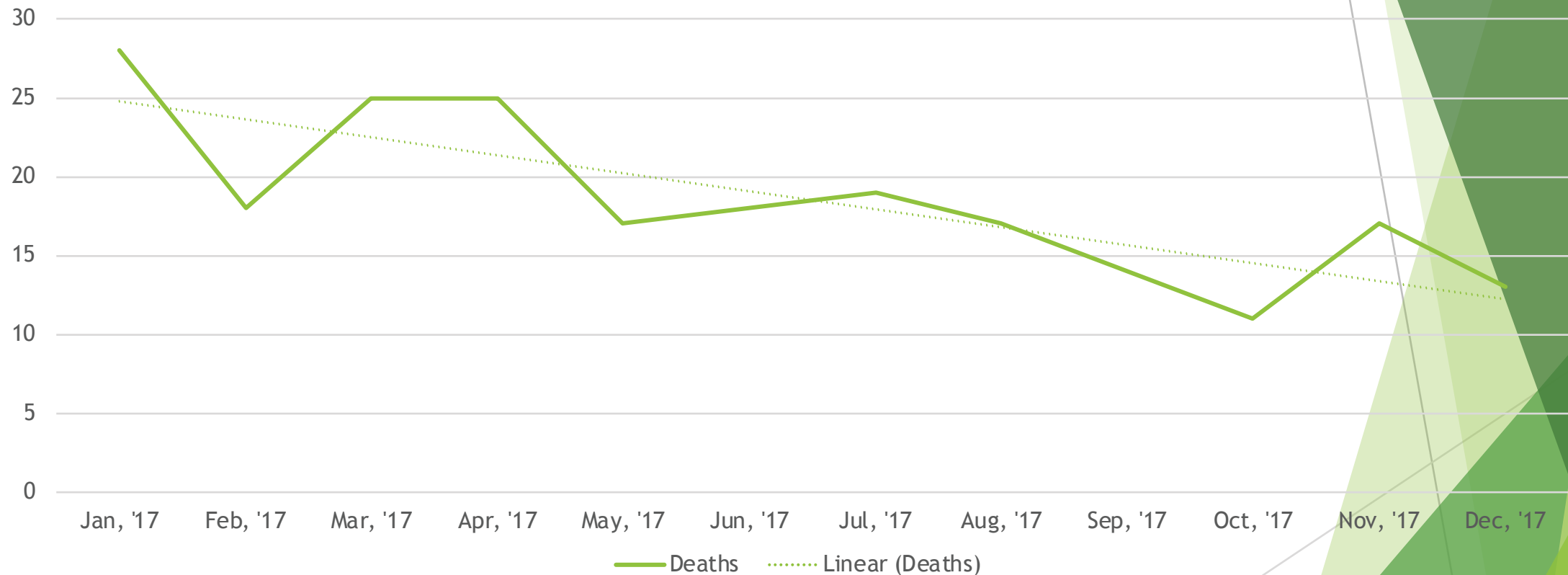
Data Source: Cabell-Huntington Health Department

\* 2018 Data preliminary through August 20, 2018



# Local Overdose Death Trends

Overdose Death Occurrence, Cabell County, WV, 2017\*

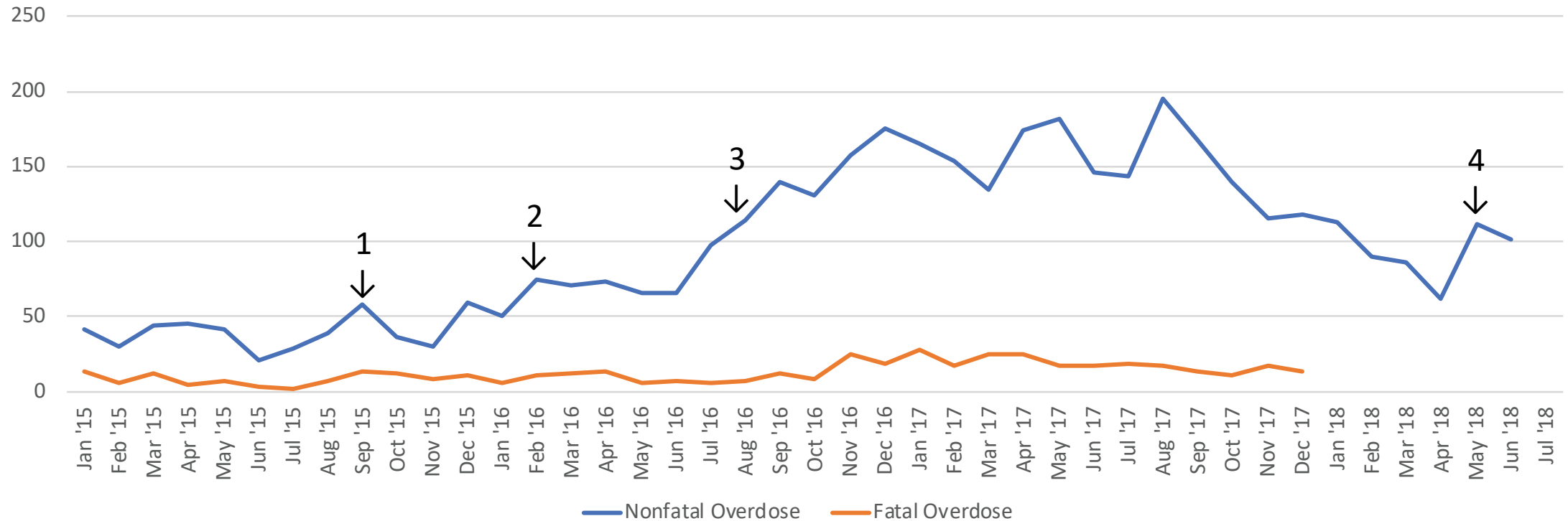


Data Source: WV Health Statistics Center, 08/15/2018 Update. \*Data Preliminary and incomplete. Care should be taken regarding conclusions drawn from preliminary data.

# Overdose Trends with Harm Reduction Timeline



Nonfatal\* vs. Fatal\*\* Overdoses, by Month, January 2015 – June 2018, Cabell County, WV

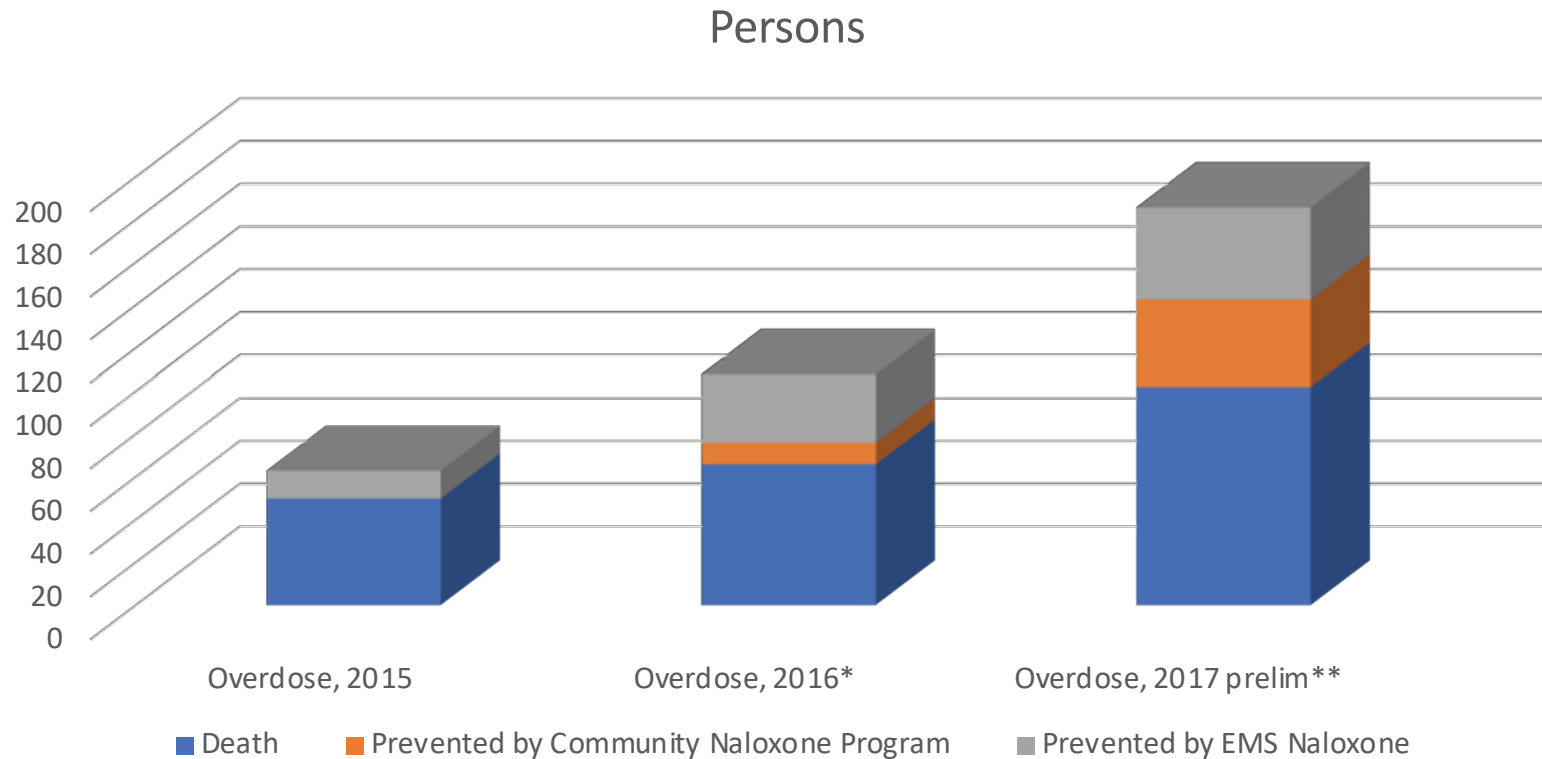


1 – Harm Reduction Opened 2 – Community Naloxone Program 3 – Carfentanil Overdose Outbreak 4 – Harm Reduction Modifications Placed

\*Data Source: Cabell County Emergency Medical Services, patients transported as “suspected overdose”

\*\*Data Source: WV Health Statistics Center, 08/15/2018 Update. 2016 data preliminary, 2017 data preliminary and incomplete, 2018 data not available, Data represents fatal occurrences regardless of residence.

# Overdose Death, With Naloxone Prevention Estimates, City-limit Residents of Huntington, WV, 01/01/2015 – 12/31/2017



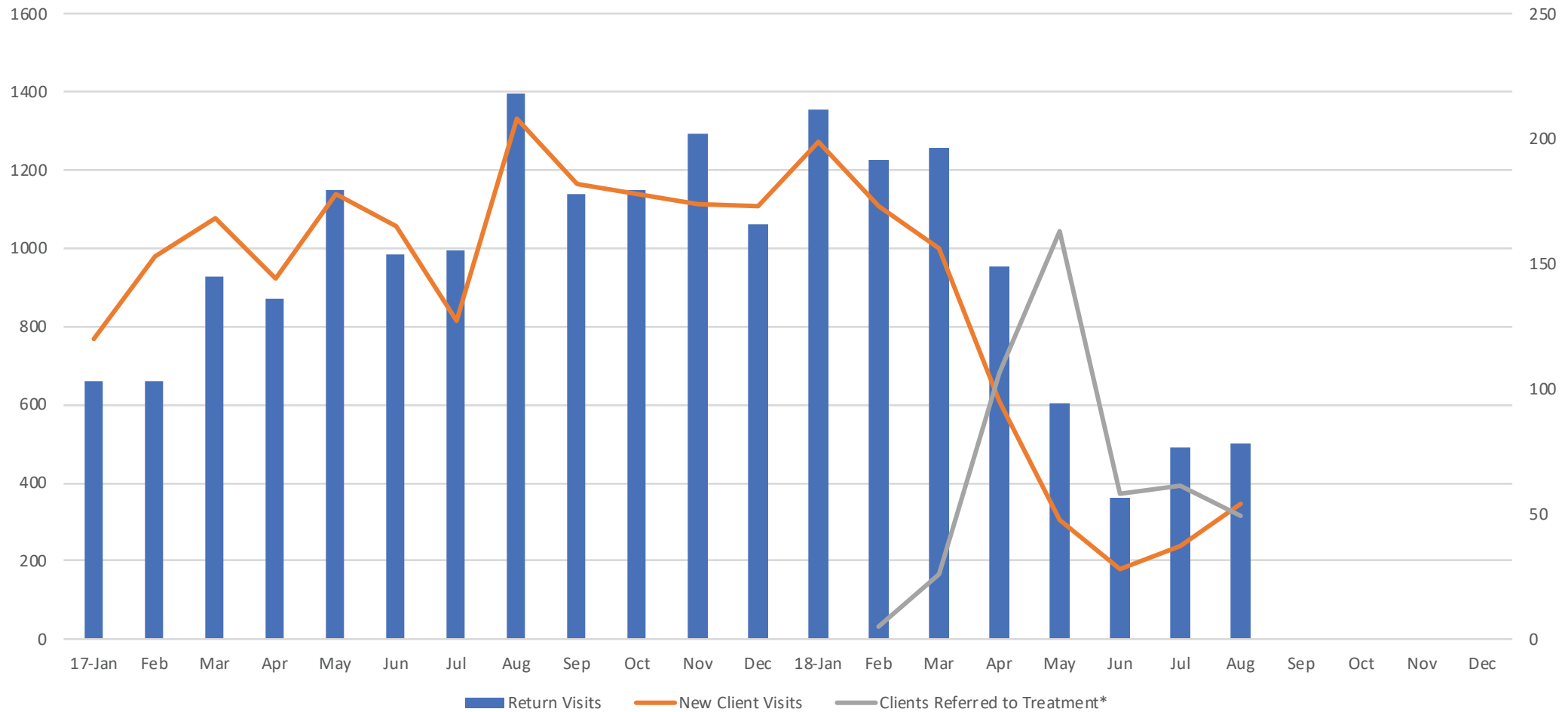
Data Sources: West Virginia Health Statistics Center, Vital Statistics System; Cabell County EMS; Cabell-Huntington Harm Reduction Program

\*2016 Data Preliminary

\*\*Incomplete and Preliminary through 8/15/2018



Numbers of Return Client Visits Compared to New Client Visits and Clients Referred to Treatment\*, Cabell-Huntington Harm Reduction Program, 2017-2018\*\*



Primary (left) axis represents number of Return Client Visits. Secondary (right) axis represents number of New Client Visits and number of Clients Referred to Treatment.

Data Source: Cabell-Huntington Harm Reduction Program

\*Data not available prior to Feb, 2018

\*\*2018 data is as of last update 10/01/2018

# Resources

- ▶ Centers for Disease Control and Prevention. Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2018. Accessed [date] from <http://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf>
- ▶ Sherman, S.G., Park, J.N., Glick, J., McKenzie, M., Morales, K., Christensen, T., Green, T.C. (2018) FORECAST Study Summary Report. Johns Hopkins Bloomberg School of Public Health.
- ▶ <https://harmreduction.org>
- ▶ <https://dhhr.wv.gov/oeps/harm-reduction/Pages/default.aspx>
- ▶ [https://dhhr.wv.gov/oeps/harm-reduction/Documents/AUGUST%202018%20CERTIFICATION%20GUIDELINES\\_FINAL.pdf](https://dhhr.wv.gov/oeps/harm-reduction/Documents/AUGUST%202018%20CERTIFICATION%20GUIDELINES_FINAL.pdf)