

Overdose Prevention is HIV Prevention

Elby Katumkeeryil, Silvana Mazzella, Paul Yabor, Elvis Rosado, Clayton Ruley

Prevention Point Philadelphia (PPP), Philadelphia, PA

Background

WHO WE ARE

PPP is a non-profit, public health organization committed to protecting the health and welfare of drug users and sex workers. PPP works to reduce the harm associated with substance use and sex work by offering a safe and humane alternative to the war on drugs

OVERDOSE AS A PUBLIC HEALTH ISSUE

- Drug overdose becoming leading cause of death in Philadelphia:
 - 2012: 497 deaths
 - 2011: 468 deaths
 - 2010: 382 deaths
- Opioids present in more than 50% of overdose deaths (cocaine 16%, benzos 14%, alcohol 9%, other 11%)
- Deaths specifically due to heroin overdose have increased by 90% from 2009 to 2011

*Information provided by Phila County Medical Examiner's Office

OVERDOSE AS AN HIV HEALTH ISSUE

- Poor health outcomes:
 - Interruption of care due to hospitalization
 - Respiratory illness common amongst those with HIV
- Being responsive to population's needs
- Empowerment – health in hands of peers; care for those who are unwilling to go to hospitals
- Opiates = common end-stage disease and pain management prescription

GENERAL RISK FACTORS

- Having been incarcerated or in institution or D&A program
- Low tolerance
- New dealer/ new stamps
- Insecure/unsafe locations
- Using alone
- Poly-drug use

HIV SPECIFIC RISK FACTORS

- Compromised immune system
- Respiratory issues
- Drug-drug interactions
- Liver function
- Co-morbidity
- Stigma/hypervigilance
- Decreased metabolic activity

HISTORY OF OVERDOSE PREVENTION PROJECT

- Began in 2006 in response to rising deaths
- Community hit hard and awareness high – participants asking about Naloxone
- PPP approached Division of Behavioral Health about beginning program
- Overdose Prevention Intervention & Treatment Education Project (OPIATE)

Objectives

- Reduce risk for overdose and overdose deaths
- Training
 - Family
 - Friends
 - Partners in pairs
 - PPP staff and volunteers
 - First responders
 - Service providers
- Collect and analyze data on overdose and drug related deaths in city
- One-on-one and group level
- Determine and implement structural and programmatic changes to increase number of Naloxone trainings
 - Most important: FREE Naloxone, with prescription, after medical assessment

Challenges to Implementation

GENERAL

- Even with advertising, low uptake of education sessions
 - Did not always have doctor present to sign prescriptions
 - Constant training of newer medical staff to get them on board
 - Only exchange staff offered training
 - Could not always get naloxone
 - Low awareness of risk for overdose
 - Awareness often based on personal history
 - Fentanyl seen as separate issue by many
- ### HIV SPECIFIC
- How to in-reach to HIV positive participants without "outing" them
 - How to incorporate overdose prevention into HIV prevention education
 - Very few participants brought in family, friends, partners to be trained
 - Determining how to sensitively routinize training for all HIV positive clients
 - Providers are not comfortable discussing drug use

Methods

- All case management and outreach staff needed to be trained to conduct education, reverse, and dispense
- Opportunities for routinizing
 - Suboxone program (contract, CM)
 - Case management/outreach services
 - Clinics (confidentiality)
- Adopting opt-out overdose prevention training
 - Alongside nursing intervention
 - Utilizing wait-times
- Incorporating into education
 - Latino TEACH
 - Suboxone group
 - Drop-in
- Advertised sessions at exchange sites
- Sessions held
 - at PPP during busiest exchange site
 - when doctor on site to write prescription
 - on an as-needed basis on clinic days
 - in group format
 - in 20 minutes, rather than 60 minutes
- Sessions include:
 - chemistry of opiates
 - risk factors for overdose
 - symptoms of opiate overdose
 - responding effectively to an overdose

Results

Figure 1: NUMBER OF OVERDOSE PREVENTION TRAININGS COMPLETED PRE-STRUCTURAL CHANGES IMPLEMENTED

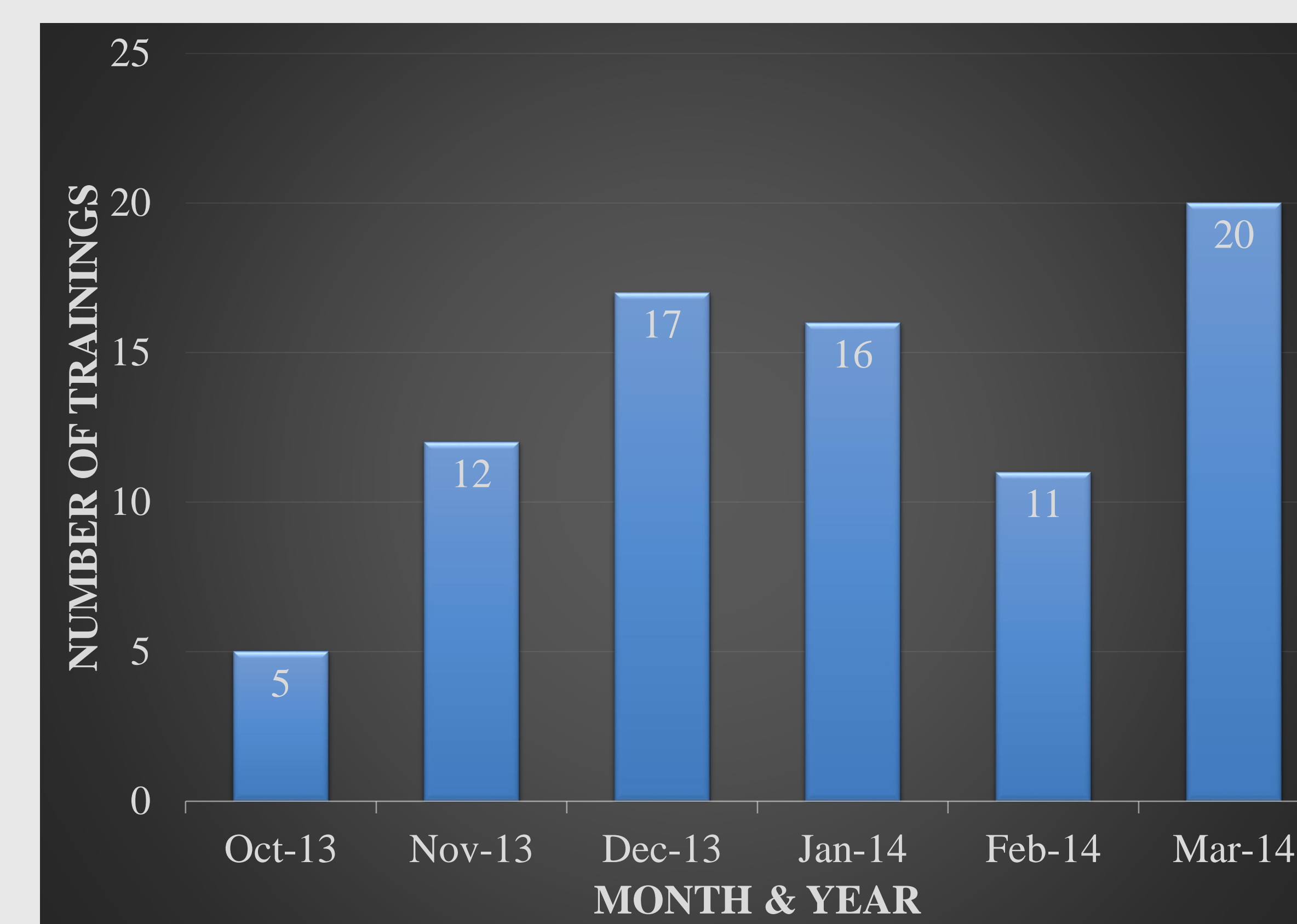
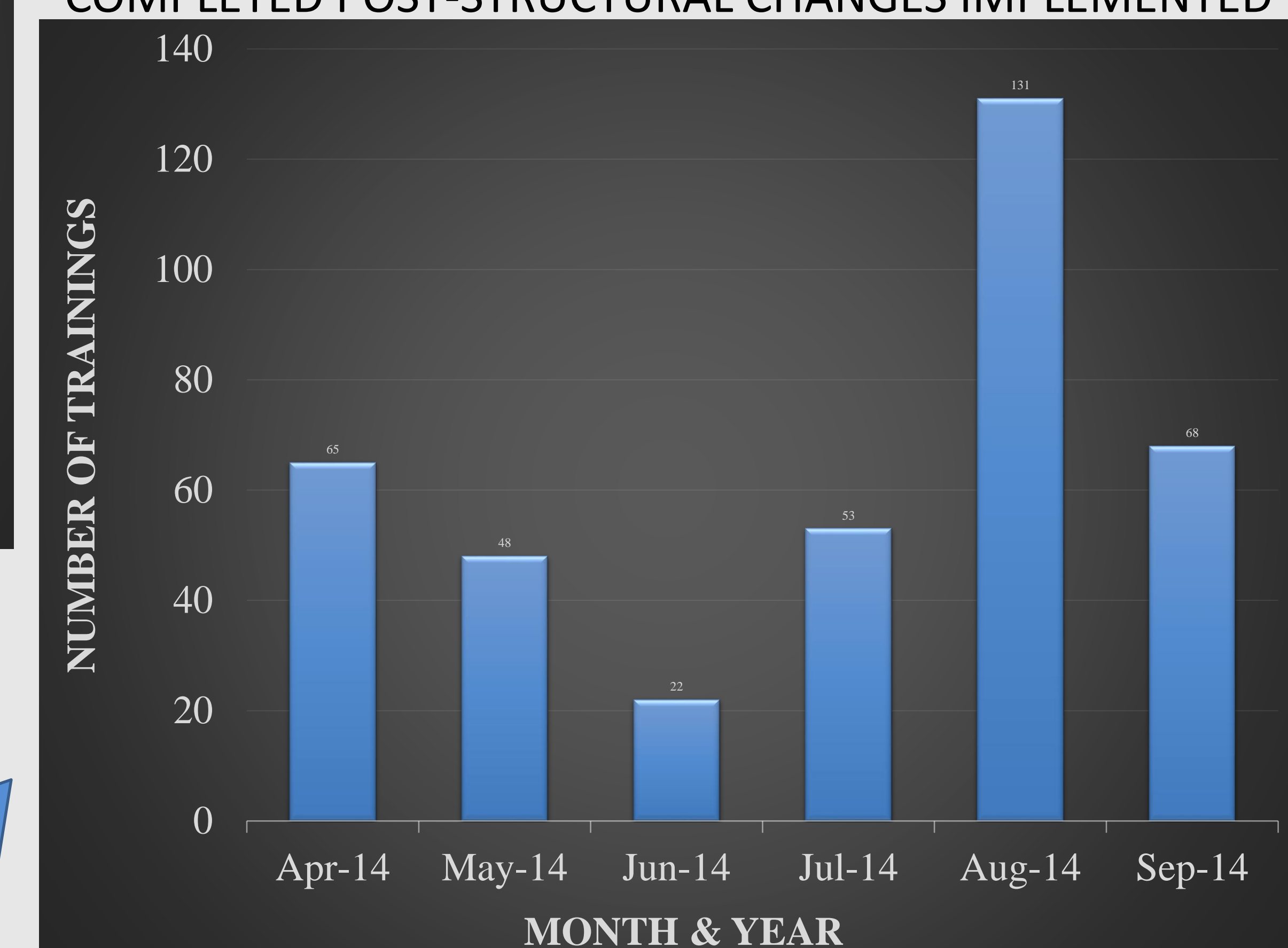


Figure 2: NUMBER OF OVERDOSE PREVENTION TRAININGS COMPLETED POST-STRUCTURAL CHANGES IMPLEMENTED



More than quadrupled # of trainings!

Discussion

WHAT WORKS

- Group trainings: using waiting areas and wait-times
- Theater: engage people in the training
- Pre-signed prescriptions from clinic doctors
- Incorporating trainings into each setting (maintains confidentiality)
- Add onto clinic visits
- Add onto individual case management sessions
- Training ALL staff on overdose prevention, reversal, and Naloxone administration
- Empowerment: using feeling of reversal; encouraging reporting

FUTURE CHALLENGES

- Since program initiated, only 1,100 participants trained
- Only 300 documented reversals
- Difficulty obtaining Naloxone
- Creatively increasing in-reach
- Average of 880 unique participants per month seen at SEP
- Average of 95 patients seen in free clinics at PPP (SHP)
- Untapped populations
- No Naloxone in recovery houses
- Tracking reversals effectively

