“Naloxone Plus”: Exploring Effective Response Methods After Opioid Overdose Reversal

Jac Charlier, MPA, National Director for Justice Initiatives, Center for Health and Justice, TASC, Inc.

Jessica Reichert, MS, Manager, Center for Justice Research and Evaluation, Illinois Criminal Justice Information Authority

Moderator: Tina Messer, MA, Manager, Department of Specialty Courts, Kentucky Administrative Office of the Courts, and Member, Operation UNITE Board of Directors
Disclosures

- Jac Charlier, MPA; Jessica Reichert, MS; and Tina Messer, MA, have disclosed no relevant, real, or apparent personal or professional financial relationships with proprietary entities that produce healthcare goods and services.
Disclosures

- All planners/managers hereby state that they or their spouse/life partner do not have any financial relationships or relationships to products or devices with any commercial interest related to the content of this activity of any amount during the past 12 months.

- The following planners/managers have the following to disclose:
  - Kelly J. Clark, MD, MBA, FASAM, DFAPA – Consulting fees: Braeburn, Indivior
Learning Objectives

- Identify key components of models of opioid overdose response teams operating in several states.
- Describe the benefits of employing opioid overdose response teams.
- Identify ways to establish linkage to treatment for opioid use disorders including immediate induction into medication assisted treatment, particularly buprenorphine.
Training Learning Goals

- Upon completion of the training, you will be able to
  - Define compassion fatigue
  - Understand the six different post-opioid strategies to assist first responders
  - State the elements of Naloxone Plus Pre-Arrest Diversion/Deflection
  - Describe the barriers to use of these strategies with First Responders
  - Understand the conditions under which HIPPA and law enforcement work together
Compassion Fatigue

First responders may feel frustration and a sense of futility following naloxone administration due to:

- Chronic, relapsing nature of opioid use disorders
- Repeated need for revivals of same individuals
- Prevalence of opioids in their communities
- Lack of accessible local Substance-Use treatment
- Other reasons?

Source: Green, et al., 2013
Post Overdose Strategies: Relieving the Burden on Our First Responders

I. The Naloxone Plus Pre-Arrest Diversion/Deflection Framework

II. First Responders as Educators

III. Take Home Naloxone

IV. Overdose Fatality Review Teams

V. Overdose Response Teams

VI. Medication-Assisted Treatment
Informed coordinated responses can save lives
Why Case Management:

Most entering justice system have multiple & complex service needs

Source: Community Catalyst, 2016
Components of Comprehensive Drug Addiction Treatment

- Assessment
- Evidence-Based Treatment
- Substance Use Monitoring
- Clinical and Case Management
- Recovery Support Programs
- Continuing Care

Vocational Services
Family Services
Legal Services
Mental Health Services
Medical Services
HIV/AIDS Services
Educational Services

The best treatment programs provide a combination of therapies and other services to meet the needs of the individual patient.

Source: National Institute of Drug Abuse
Managing First Responder Expectations: Signs of Recovery Over Time

Duration of Abstinence

1-12 Months
- More abstinent friends
- Less illegal activity and incarceration
- Less homelessness, violence, and victimization
- Less use by others at home, work, and by social peers

1-3 Years
- Virtual elimination of illegal activity and illegal income
- Better housing and living situations
- Increasing employment and income

4-7 Years
- More social and spiritual support
- Better mental health
- Housing and living situations continue to improve
- Dramatic rise in employment and income
- Dramatic drop in people living below the poverty line

Source: Dennis, Foos & Scott, 2007
The Naloxone Plus Pre-Arrest Diversion/Deflection Framework: Designed To Safe a Life – Twice
Variety of Terms for Pre-Arrest Diversion (PAD)

- Deflection
- No arrest
- Pre-booking
- Co-responder
- Pre-booking
- Crisis Intervention Teams

- Police Diversion
- Crisis/Triage Centers
- Police assisted diversion
- Law enforcement encounter
- Law enforcement assisted-diversion
How Pre-Arrest Diversion Differs from Other Types of Justice Diversion

Pre-Arrest Diversion

- Moving *away* from justice system *without having entered it*
- *Behavioral health guided* with criminal justice partnerships
- *Public health* solution to better public safety – crime reduction!

Other Diversion

- Moving *out* of justice system *after having entered it*
- *Criminal justice guided* with behavioral health partnerships
- A *wide variety* of approaches for a variety of reasons
Using the Courts for Treatment

- Putting somebody into the justice system – jail, courts, prison – to get treatment – not advisable!
- Better to provide treatment that is not court mandated
  - A 2016 systematic review found only 7 rigorous studies on court mandated treatment
  - Results: 3 no effect, 2 negative effects, 2 positive effects
- 11% of US jail and prison population that needs treatment receives it
- Jail not conducive environment to providing treatment
- Other than the RSAT program, prison treatment is problematic

The Five PAD Pathways to Treatment

- **Naloxone Plus**: Engagement with treatment as part of an overdose response or DSM-V severe for opiates; tight integration with treatment, naloxone (individual too)

- **Self-Referral**: Individual initiates contact with law enforcement for a treatment referral (without fear of arrest); preferably a warm handoff to treatment

- **Active Outreach**: Law enforcement intentionally IDs or seeks individuals; a warm handoff is made to treatment, which engages individuals in treatment

- **Officer Prevention Referral**: Law enforcement initiates treatment engagement from a call for service or “on view”; no charges are filed

- **Officer Intervention Referral**: Law enforcement initiates treatment engagement from a call for service or “on view”; charges are held in abeyance or citations issued, with requirement for completion of treatment
- Pre-arrest diversion creates a “3rd way” for law enforcement
- 800,000 law enforcement referring to treatment
Pre-Arrest Diversion Examples (Brands) with Related Framework

- **QRT, DART (OH)** – many and varied sites across the US
  - Naloxone Plus

- **Angel (MA) / Arlington (MA)** – paariusa.org
  - (385 sites for Angel and Arlington programs – PD, Sheriff, Fire and other)
  - Self-referral, Active Outreach

- **LEAD (WA)** – leadkingcounty.org (9 sites)
  - Officer Prevention Referral, Officer Intervention Referral

- **Civil Citation (FL)** – civilcitationnetwork.com (62 sites: 60 juvenile, 2 adult)
  - Officer Intervention Referral

- **STEER (MD)** – CenterforHealthandJustice.org (1 site)
  - Naloxone Plus, Officer Prevention/Intervention Referral
Research on Effectiveness of Pre-Arrest Diversion and Deflection

- **LEAD, Seattle**
  - After 4 years, 58% less likely to be arrested than comparison
  - Per year, avg 1.4 fewer jail bookings, 39 fewer days in jail
  - 87% lower odds of incarceration

- **Angel, Gloucester, Mass (n=200)**
  - 70% (n=100) completed treatment & follow-up services
  - 60% did not return to substance use

- **Safe Passage, rural Illinois**
  - Strong support and collaboration from stakeholders, clients, community, police, treatment providers
  - Has helped over 200 get into treatment

Sources: Collins et al., 2015; Reichert et al., 2017; Schiff et al., 2016
Elements of the Naloxone Plus Framework

Naloxone Plus: Engagement with treatment as part of an overdose response with naloxone, then following up rapidly with tight integration with treatment. Site examples: DART, STEER, QRT

- **Naloxone** – Law enforcement, fire, emergency medical services, community, businesses, individuals, etc.
- **Rapid ID** – e.g., 9-1-1
- **Immediate contact with individual** – as close as possible to point of OD
- **Rapid engagement** – in person and daily follow-up until engaged in treatment
- **Rapid access to treatment** – measured in minutes and hours
- **Screening and clinical assessment** – to have the correct individual approach
- **Continued tight integration** – police and behavioral health and community
- **Medication-Assisted Treatment (MAT)** – all appropriate medications made available
- **Recovery support services** – treatment ends, recovery continues
- **Naloxone** – for the individual and his/her household

Source: Reichert & Charlier, 2017
First Responders as Educators

- World Health Organization contends
  - post-resuscitation is a “teachable moment”
  - individuals are vulnerable, open to discussions on treatment options
First Responders as Educators

- Provide clear information on how naloxone works, potential side effects, address withdrawal symptoms
- Be sensitive to likely and understandable fears, concerns
- Instruct on take-home naloxone to administer to others
- Inform on laws-drug paraphernalia laws, Good Samaritan Laws
- Build trust with them and their family members
- Inform on harm reduction strategies, e.g., needle exchange programs
- Share treatment options, referrals, and placement
- Assistance accessing treatment when and if the ready

Source: Neale & Strang, 2015
Take Home Naloxone

- Opioid users, their friends, family, and other bystanders can save lives with naloxone
- Mass naloxone program reduced deaths by 11% without increasing opioid use
- CDC: 1996-2014, 26,500 overdoses in U.S. reversed by laypersons
- In a San Francisco study
  - 1,942 with take home naloxone
  - 11% used naloxone during an overdose
  - Reversed 355 overdoses

Sources: Enteen, 2010; NIDA, 2017; Wheeler et al., 2015
Overdose Fatality Review Teams

- Modeled after child fatality review teams
  - police, medical professionals, public health representatives, members of child protective services, and medical examiners review cases and make recommendations

- Ex: Hamilton County, Ohio team reviews each overdose death to see what happened
  - Track backward from an individual's death
  - Learn about them including jail stays or mental health SUD treatment

- Ex- Maryland established three Local Overdose Fatality Review Teams (LOFRTs)
Overdose Response Teams

The goals of an Overdose Response team is to:

- Enhance public safety response to life saving needs of the community
- Increase education and support to the community on addiction
- Help overdose victims access treatment
- Reduce deaths and repeat incidences of overdose
- Actively engage victims and family while building relationships and trust
- Reduce drug flow and trafficking through increased intelligence gathering

Source: Ohio Mayors Alliance, 2017
Overdose Response Teams

- Some examples:
  - Lucas County, OH
  - Santa Fe, NM
  - Coleraine Township, OH
  - Montgomery County, MD
  - Pittsburgh, PA
  - Many others!
ER Only a First Step: MAT Initiation

- Buprenorphine Study: 329 OUD patients in urban ED randomly assigned 3 interventions:
  2. Screening, brief intervention, & referral to treatment.
  3. Screening, brief intervention, ED-initiated treatment with buprenorphine, & referral to primary care

  - Findings: Engaged in treatment after 1+ month
    - 37% in referral group
    - 45% in brief intervention group
    - 78% in buprenorphine group (also greatest reduction in self-reported illicit opioid use, decreased use of inpatient services)

- Methadone is another option, administered by ER (but not prescribed) for up to 3 days and offer referral to federally-licensed clinic

- Naltrexone/Vivitrol is another option, but cannot be administered immediately following OD, requires 7-10 days abstinence

Source: Darves, 2009; D’Onofrio, 2015
Potential Barriers for First Responders to These Strategies

- Drugs are (varies) illegal – counter to Law Enforcement training
- Stigma associated with drugs and drug use
- Available treatment capacity i.e. rapid access to screening, assessment and the right treatment modality
- Ability of treatment to “deliver” against expectations
Potential Barriers for First Responders to These Strategies Cont.

- First responder ability to perform referral and connection without assistance

- Lack of local support for first responders to do this

- Community sees SUD as a moral failing

- Lack of leadership or guidance

- HIPPA
What circumstances can HIPAA-covered entity disclose PHI to law enforcement?

- Individual’s signed HIPAA authorization

- Without signed HIPAA authorization in certain incidents, including:
  - To report PHI to a law enforcement official reasonably able to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public
  - To report PHI that the covered entity in good faith believes to be evidence of a crime that occurred on the premises of the covered entity
  - When responding to an off-site medical emergency, as necessary to alert law enforcement to criminal activity
References


Kounang, K. (October 30, 2017). Naloxone reverses 93% of overdoses, but many recipients don’t survive a year. CNN.


Ohio Mayors Alliance. (2017). On the front lines: Strategies that local communities are undertaking to address Ohio’s opioid epidemic.


“Naloxone Plus”: Exploring Effective Response Methods After Opioid Overdose Reversal

Jac Charlier, MPA, National Director for Justice Initiatives, Center for Health and Justice, TASC, Inc.

Jessica Reichert, MS, Manager, Center for Justice Research and Evaluation, Illinois Criminal Justice Information Authority

Moderator: Tina Messer, MA, Manager, Department of Specialty Courts, Kentucky Administrative Office of the Courts, and Member, Operation UNITE Board of Directors