Are Emergency Physicians Harm Reductionists in Disguise?

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Emergency Physicians

Cowboy

Human Band-Aid

Renegade

Champion for marginalized people
What are you?

Whatever I need to be.
The Evolving Role of Emergency Departments in the United States

Kristy Gonzalez Morganti • Sebastian Bauhoff • Janice C. Blanchard
Mahshid Abir • Neema Iyer • Alexandria C. Smith • Joseph V. Vesely
Edward N. Okeke • Arthur L. Kellermann

Factors Associated with Use of Urban Emergency Departments by the U.S. Homeless Population

Bon S. K, MD, MPP
Kevin C. Scott, MD
Stefan G. Kertesz, MD, MSc
Stephen R. Pitts, MD, MPH
Harm Reduction

Started in the ‘70s in Europe
Identified Need
  Safety
  Survival
  2nd chance
Harm Reduction

“A set of practical strategies and ideas aimed at reducing negative consequences associated with high risk behaviors.”

“We meet people where they are.”
Harm reduction works

Harm reduction approaches are low-cost but have remarkably high impact:

- **1%**
  - HIV prevalence among people who inject drugs where harm reduction has been scaled up.

- **31,000**
  - HIV infections averted in Vietnam thanks to a needle exchange programme from 2003-2012.

- **500**
  - Lives saved over two years through distribution of take-home overdose kits in Scotland.

- **$4**
  - Saved in healthcare costs for every $1 invested in needle and syringe programmes and substitution therapy.

Yet, according to UNAIDS, between 2010-2014 only 3.3% of HIV prevention funds went to programmes for people who inject drugs.

Global Harm Reduction Spending

**GLOBAL WAR ON DRUGS**

TOTAL ANNUAL BUDGET US$ 100 BILLION

<table>
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<tr>
<th>2.5% SPENT</th>
<th>HIV RELATED DEATHS</th>
<th>HIV INFECTIONS</th>
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<td>ON HARM REDUCTION PROGRAMMES WOULD REDUCE:</td>
<td>65%</td>
<td>78%</td>
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<table>
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Source: Harm Reduction International 2016

A minor shift in spending from global drug enforcement to harm reduction could significantly reduce HIV infections and deaths among people who inject drugs by 2030.
Since 2000, the rate of overdose deaths involving opioids has increased... *200%*

...according to the U.S. Centers for Disease Control and Prevention.

In 2014, 61% of drug overdose deaths involved some type of opioid, resulting in total deaths...*

*28,647*

*Source: CDC*

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**Facts & Faces of Opioid Addiction**

**New Insights**

4.3 million

Americans using opioids for non-medical purposes.

- National Survey on Drug Use and Health

78 people

die each day from prescription painkiller overdose.

- Center for Disease Control

21.2 years

is the average age for First-Time Use of prescription painkillers in the past year.

- National Survey on Drug Use and Health

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**National Overdose Deaths**

Number of Deaths from All Drugs

![Graph showing national overdose deaths from 2002 to 2015 with data for total, female, and male deaths.](chart.png)

*Source: National Center for Health Statistics, CDC Wonder*
Who sounded the alarm?
Emergency Physicians Respond

EMERGENCY DEPARTMENT
SAFE OPIOID PRESCRIBING POLICY

We are committed to the health and safety of our patients and our community.

Only ONE provider should prescribe narcotic medications for a patient’s pain.

For your safety, WE DO NOT:

• Prescribe additional narcotic pain medicine for any complaint if your condition was previously treated in our Emergency Department or by another physician.
• Give pain medication injections for chronic pain.
• Prescribe long-acting narcotics such as Oxycontin, extended release morphine or methadone.
• Replace lost or stolen prescriptions for controlled substances.
• Fill prescriptions for patients who have run out of pain medications. Refills should be arranged with your primary or specialty prescribing physician.

Problem with painkillers?
Help is available. We can provide a referral to the appropriate resources, including detoxification services.
Overdose Prevention

The Dope Project, Harm Reduction Coalition
In Philadelphia, profiling life after overdose and Narcan

Health — Addiction: The opioid crisis

Against the odds, emergency rooms are getting people into addiction treatment

Updated: MAY 14, 2017 — 3:01 AM EDT
Emergency Department-Initiated Buprenorphine/Naloxone Treatment for Opioid Dependence
A Randomized Clinical Trial

Gail D’Onofrio, MD, MS; Patrick G. O’Connor, MD, MPH; Michael V. Pantaion, PhD; Marek C. Chawarski, PhD; Susan H. Busch, PhD; Patricia H. Owens, MS; Steven L. Bernstein, MD; David A. Fiellin, MD

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Responding to the Heroin Epidemic

PREVENT
People From Starting Heroin
Reduce prescription opioid painkiller abuse.
Improve opioid painkiller prescribing practices and identify high-risk individuals early.

REDUCE
Heroin Addiction
Ensure access to Medication-Assisted Treatment (MAT).
Treat people addicted to heroin or prescription opioid painkillers with MAT which combines the use of medications (methadone, buprenorphine, or naltrexone) with counseling and behavioral therapies.

REVERSE
Heroin Overdose
Expand the use of naloxone.
Use naloxone, a life-saving drug that can reverse the effects of an opioid overdose when administered in time.

SOURCE: CDC Vital Signs, July 2015
“We help people navigate systems that were designed to fail them.”
Daniel Raymond, Harm Reduction Coalition, NYC
Emergency Physicians

Critical care specialists...
Ultrasound expertise...
Infectious Disease...
Care coordination...

We are Harm Reductionists
Emergency Physicians

Show up
Meet people where they are
Keep people alive
Navigate the system
KEEP CALM
WE'RE HERE
TO GET THE JOB DONE