

Implementing routine emergency department naloxone rescue kits for patients at risk of opioid overdose



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Aims: In response to the opioid overdose epidemic, a safety net hospital implemented a policy to ensure emergency department (ED) patients at risk for opioid overdose are offered naloxone rescue kits (NRKs). Study aims are to: (1) determine the extent of implementation, (2) describe barriers and facilitators to adoption.

Methods: Mixed methods for formative evaluation: electronic medical record (EMR) query to identify patients at risk and rate of NRK provision, and qualitative interviews with diverse ED staff analyzed via grounded theory to identify barriers and facilitators.

Results: The policy supports 3 methods of NRK provision: (1) distribution by Licensed Alcohol and Drug Counselors (LADCs), (2) outpatient pharmacy prescriptions, (3) inpatient pharmacy distribution by ED staff (when LADCs unavailable). In the first 7 months, 1241 ED patients were at risk; of these 12% ($n = 150$) received NRK (142 via LADCs, 5 outpatient prescriptions, 3 ED staff). Interview results indicate support for policy and implementation barriers. Patient barriers: population often not receptive to NRK, not accompanied to ED by a supportive other. Staff barriers: unfamiliarity with policy, lack of clarity regarding responsibility for distribution, lack of consensus on patients appropriate. Process barriers: method of obtaining kit unclear, confusion around standing verbal order, not integrated into EMR. Staff suggestions to improve uptake include: simplifying process, targeted training, role clarification, integration into EMR.

Conclusions: ED staff support provision of NRKs and many barriers are modifiable. Findings may have applications for integrating the intervention into other ED settings.

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A 3 year follow-up of HCV infection in opioid use disorder patients in treatment



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Aims: In order to evaluate the changes in incidence of infection by HCV, drug use patterns and morbidity among opioid use disorder patients (OUDP), we conducted a 3 years prospective cohort study in an Addiction Treatment Center in Lille, France.

Methods: Intake and follow-up assessments included substance use patterns, viral evaluation, blood tests and fibroscan assessment.

Results: 488 participants were included, 251 (51.4%) underwent a final visit, of which 168 (34.4%) with final HCV serum test.

213 patients (84.9%) had medication assisted treatment (MAT): 47 (22.1%) buprenorphine-naloxone and 166 (77.9%) methadone. MAT were stopped for 16 (6.4%). Of the 35 patients that were neither injectors or sniffers at baseline, five were newly identified as sniffers and one as IVDUs (incidence = 4.7% and 0.9% by year, respectively). Of the 70 patients sniffers at baseline, 8 started IVDU (incidence = 3.8%/year). Two patients seroconverted for HCV during follow-up, and where all in the group of active sniffers (incidence = 3%/year). No HCV seroconversion or reinfection occurred among the active IVDU. The global annual incidence of HCV among patients was 2%. 22 deaths occurred (men = 81.1%, average age = 39 years, mortality rate 2.9%/year). Reported causes were overdose (27.3%), psychiatric (18.2%), cirrhosis (18.2%).

Conclusions: Interestingly, no HCV seroconversion was detected among IVDUs. However, sniffing appears as a major risk factor for HCV infection in this sample. Screening for sniffing and harm reduction focused on sniffing should be developed.

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Identifying and addressing unmet medical needs: A call to broaden the scope of drug courts



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Aims: Drug courts are an effective approach to reducing drug use and crime. They offer substance abusing offenders the opportunity to avoid sentencing by engaging in court-supervised treatment. Although they address life issues like employment and housing, they do not generally address healthcare issues or provide linkages to medical care. This may represent a lost opportunity as these individuals may be susceptible to a host of illnesses due to their chronic substance use and maladaptive lifestyles. This study examines the prevalence of health-related issues in a drug court sample.

Methods: A total of 185 felony drug court clients completed an interview about their current health-related issues (e.g., health insurance status, last medical visit, chronic health conditions, treatment status) at entry into the program and 15-months post-entry. At the follow-up, clients were asked whether anyone from the drug court team talked to them about their chronic conditions or provided them with a referral to medical treatment.

Results: Significantly more clients had health insurance at follow-up than at baseline (74% vs. 59%, $X^2(1) = 11.83$, $p < .001$). At follow-up, 89% reported having visited a doctor and 74% having received a physical exam since they entered the program. Overall, 50% had at least one chronic medical condition with chronic respiratory problems (25%), high blood pressure (16%), diabetes (5%), and epilepsy (5%) reported most frequently. Among those with chronic conditions, 40% had conditions for which they were not receiving treatment. Members of the drug court team talked to 13% of these clients about their untreated conditions and 5% received a referral to medical treatment for them.

Conclusions: Findings suggest that drug courts should begin to widen their focus to address health-related issues. Individuals in this sample reported many chronic conditions that were going untreated and for which they did not receive a medical referral. These untreated medical issues may serve as a roadblock in clients' path to recovery.

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