



Harm Reduction in Florida

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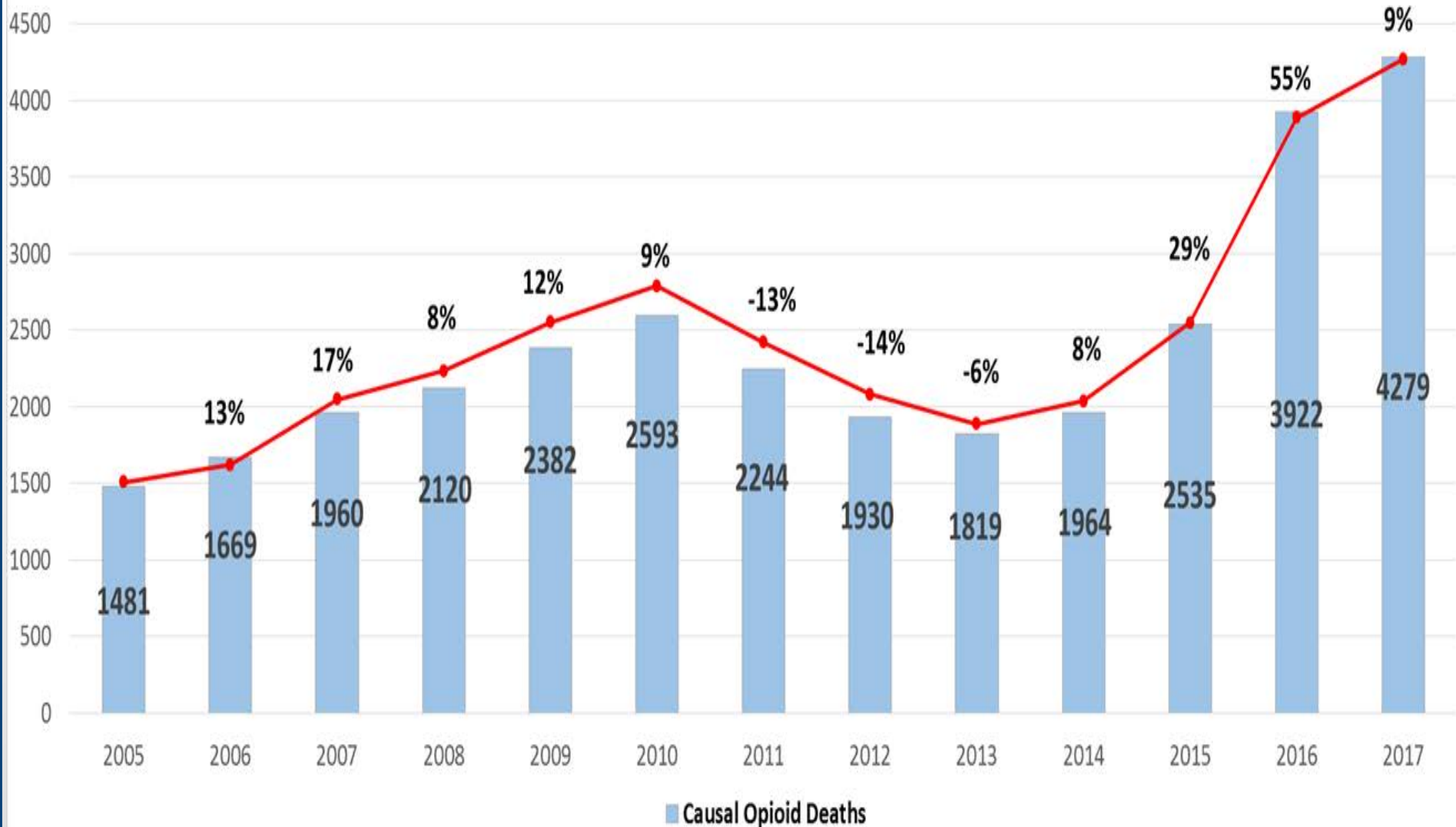
Objectives

- Identify harm reduction strategies being implemented in Florida
- Understand laws related to harm reduction in Florida (SEPs, 911 Good Sam, naloxone)
- Learn how to enroll in DCF's Overdose Prevention Program

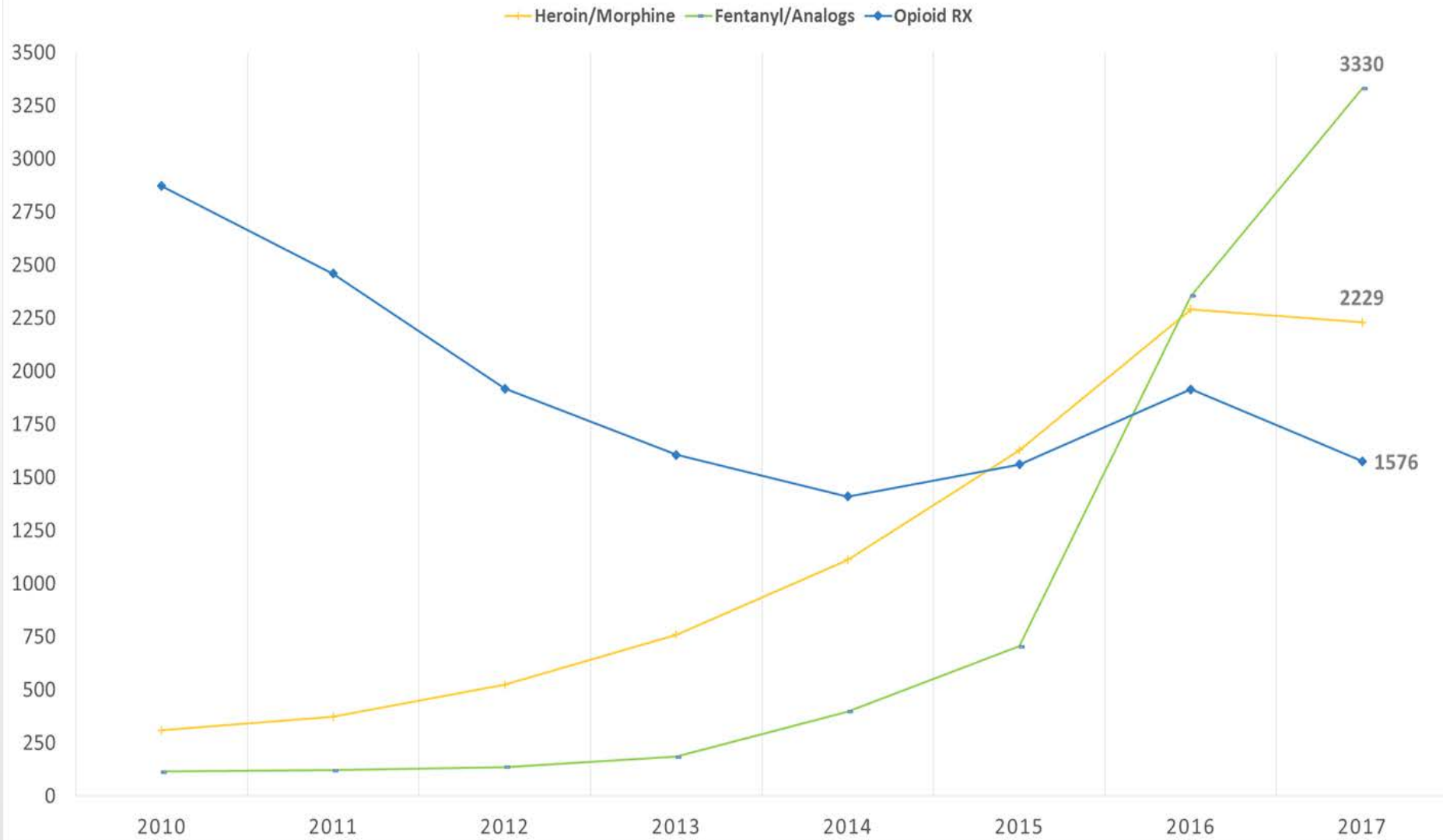


Scope of the Problem (FL)

Opioid Caused Deaths in Florida



CAUSAL OCCURENCES* OF OPIOIDS AMONG DECEDENTS IN FLORIDA 2010-2017



Harm Reduction

- Any positive change
- Set of practical strategies and ideas aimed at reducing negative consequences associated with drug use
- A movement for social justice built on a belief in, and respect for, the rights of people who use drugs
- Incorporates strategies from safer use, to managed use, to abstinence
- Meet people where they're at, listen to what people tell you they need
- Provide access to tools/services to enable people to make safer/healthier choices



Principles of Harm Reduction

- Accepts that illicit and licit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them
- Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from problematic/chaotic drug use to total abstinence, and acknowledges that some ways of using drugs are safer than others.
- Establishes quality of individual and community life and well-being – not necessarily cessation of all drug use – as the criteria for successful interventions and policies
- Calls for the non-judgmental, non-coercive provision of services/resources to PWUD and the communities in which they live in order to assist them in reducing attendant harm.



Principles of Harm Reduction

- Ensures that PWUD and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them
- Affirms PWUD as the primary agents of reducing the harms of their drug use, and seeks to empower PWUD to share information and support each other in strategies which meet their actual conditions of use
- Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm
- Does not attempt to minimize or ignore the real and tragic harm and danger associated with illicit and licit drug use



Harm Reduction

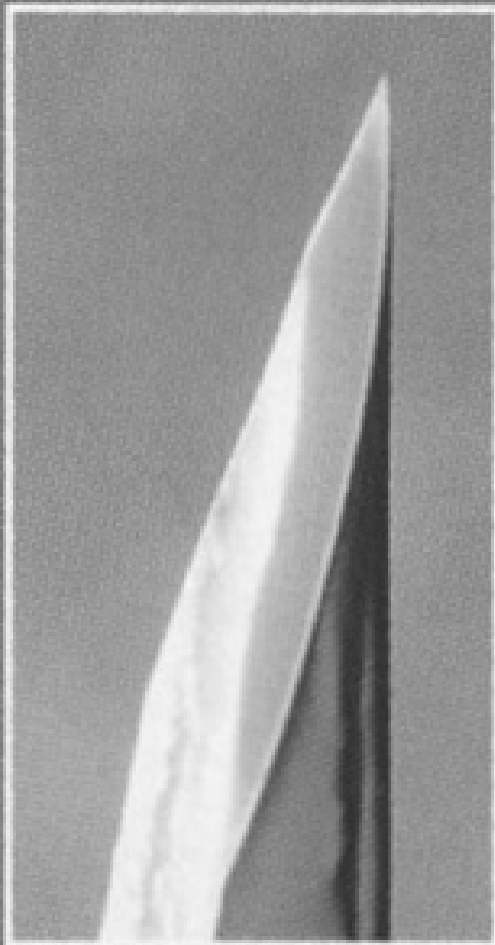


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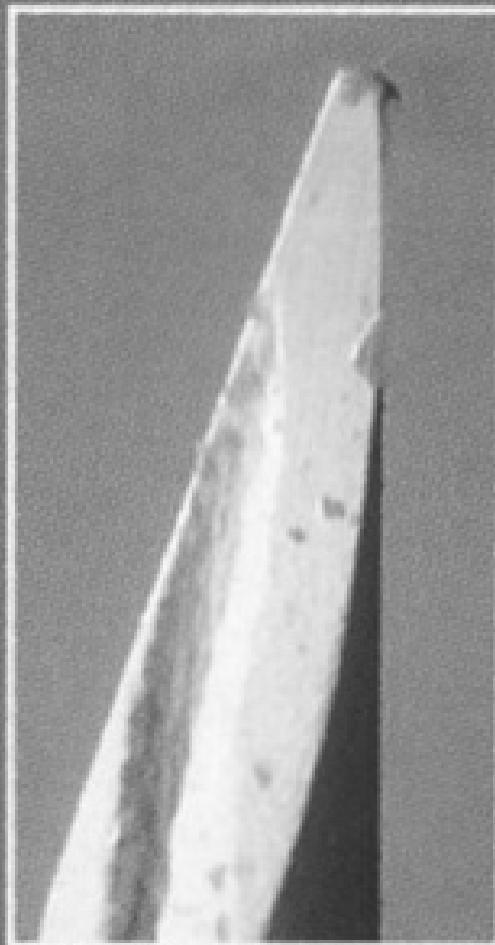
Syringe Service Programs

- Front line public health interventions that have been proven to be highly effective in preventing HIV and HCV transmission by reducing the sharing of needles among PWUD
- SEPs save money by preventing infections:
 - Every dollar spent on SEPs saves at least \$3 in treatment costs
 - A clean needle costs under \$1, while treatment for HIV can cost as much as \$400,000 over a lifetime, and treatment for HCV can cost up to \$40,000
 - Treatment for endocarditis, an infection that can result from injecting drugs, costs more than \$100,000

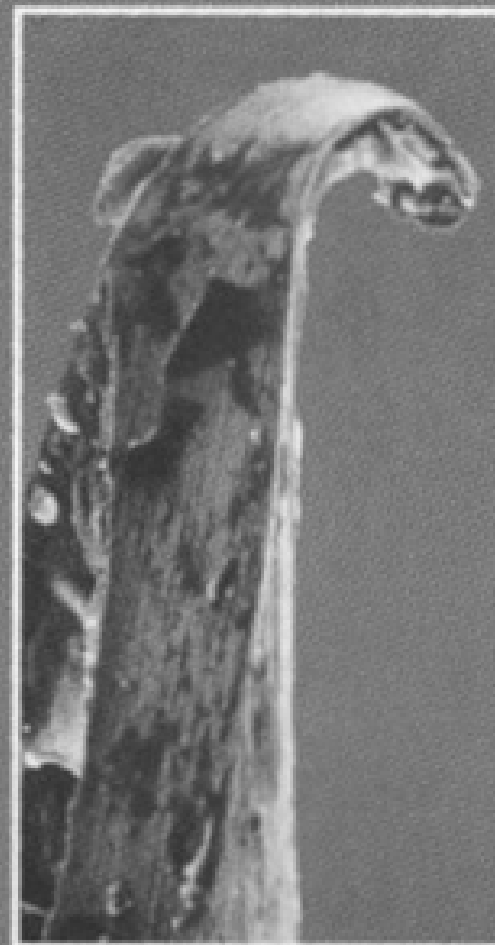




BEFORE USE



AFTER 1 USE



AFTER 6 USES



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Florida Syringe Exchange Law

- House Bill 242 – the Infectious Disease Elimination Act (IDEA) passed in 2016 and became effective 7/1/16
 - Authorized a 5-year pilot SEP in Miami-Dade County operated through the University of Miami
 - No state, county, or municipal funds can be used to operate the program
 - 1:1 exchange
 - Anonymous
- Senate Bill 366 passed in 2019 to expand SEPs across the state



Florida Syringe Exchange Law – Senate Bill 366

- Allows county commissions to “opt-in” to pass a local ordinance to allow SEPs in their county and to contract with eligible entities to operate SEPs
- Eligible entities include:
 - Hospitals licensed under ch. 395
 - Health care clinics licensed under part X of ch. 400
 - 501(c)(3) HIV/AIDS service organizations
 - Licensed addictions receiving facilities as defined in s. 397.311(26)(a)(1)
 - Medical schools accredited by the Liaison Committee on Medical Education or the Commission on Osteopathic College Accreditation



Miami IDEA Exchange Program

- Syringe exchange program in Miami (opened December 2016)
- 12/1/16 – 1/15/19:
 - > 1,000 participants
 - 1,910 Narcan kits distributed; 1,075 overdose reversals reported
 - Provided >900 HIV tests and >700 HCV tests



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Florida Syringe Exchange Law – Senate Bill 366

- Letter of agreement must be entered into with local CHD for ongoing advice/consultation/recommendations
- Provide onsite counseling or referrals for drug use prevention/education/treatment, HIV and HCV screening, and naloxone
- Kept restrictions on 1:1 exchange and on the use of state, county, and municipal funding
- Still anonymous program
- Various annual reporting requirements (demographics, # syringes/needles received and distributed, etc.)



Methadone and Buprenorphine

- Medication-assisted treatment → medication-based treatment
- Full opioid agonist (methadone) and partial opioid agonist (bupe)
- Reduce OD risk, cravings, withdrawal, and HIV/HCV risk by reducing injection-related behaviors
- More effective treatment for people with opioid use disorder when compared to traditional abstinence-based treatment



National Academies of Sciences, Engineering, and Medicine: Medications for OUD Save Lives

- “A lack of availability of behavioral interventions is not a sufficient justification to withhold medications to treat opioid use disorder.”
- “Given that these medications are known to save lives, it is arguable that withholding them from persons with OUD is unethical, as withholding insulin or blood pressure medications would be.”



Medication-Assisted Treatment (MAT)

- Need to ensure **low barrier** access to MAT
 - Is detox required before starting methadone or bupe?
 - Must someone be completely abstinent from all other substances?
 - Will someone get discharged for continuing to use drugs?
 - Are there arbitrary limits on doses / length of time on MAT?
 - Are concerns about diversion limiting access for patients who need it?
 - Will someone get kicked out of housing for being on MAT?
 - Is counseling required to receive medication, and if so, will people get kicked out for missing X number of counseling sessions?



FENTANYL[†]

SAFETY RECOMMENDATIONS FOR FIRST RESPONDERS

[†] For the purposes of this document, fentanyl, related substances, and synthetic opioids (herein after referred to as fentanyl[†]) includes fentanyl analogues (e.g., acetylfentanyl, acrylfentanyl, carfentanil, furanylfentanyl), novel synthetic opioids (e.g., U-47700), and other drugs that may be laced with these substances.

- ▶ **The abuse of drugs containing fentanyl[†] is killing Americans. Misinformation and inconsistent recommendations regarding fentanyl[†] have resulted in confusion in the first responder community.**
- ▶ You as a first responder (law enforcement, fire, rescue, and emergency medical services (EMS) personnel) are increasingly likely to encounter fentanyl[†] in your daily activities (e.g., responding to overdose calls, conducting traffic stops, arrests, and searches).
- ▶ This document provides scientific, evidence-based recommendations to protect yourself from exposure.

WHAT YOU NEED TO KNOW

- ▶ Fentanyl[†] can be present in a variety of forms (e.g., powder, tablets, capsules, solutions, and rocks).
- ▶ Inhalation of airborne powder is MOST LIKELY to lead to harmful effects, but is less likely to occur than skin contact.
- ▶ Incidental skin contact may occur during daily activities but is not expected to lead to harmful effects if the contaminated skin is promptly washed off with water.
- ▶ Personal Protective Equipment (PPE) is effective in protecting you from exposure.
- ▶ Slow breathing or no breathing, drowsiness or unresponsiveness, and constricted or pinpoint pupils are the specific signs consistent with fentanyl[†] intoxication.
- ▶ Naloxone is an effective medication that rapidly reverses the effects of fentanyl[†].



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FENTANYL

Actions to take...

To protect yourself from exposure

- ▶ Wear **gloves** when the presence of fentanyl[†] is suspected.
- ▶ **AVOID actions that may cause powder to become airborne.**
- ▶ Use a properly-fitted, NIOSH-approved **respirator ("mask")**, wear **eye protection**, and minimize skin contact when responding to a situation where small amounts of suspected fentanyl[†] are visible and may become airborne.
- ▶ Follow your department guidelines if the scene involves large amounts of suspected fentanyl[†] (e.g., distribution/storage facility, pill milling operation, clandestine lab, gross contamination, spill or release).

When exposure occurs

- ▶ Prevent further contamination and notify other first responders and dispatch.
- ▶ Do not touch your eyes, mouth, nose or any skin after touching any potentially contaminated surface.
- ▶ Wash skin thoroughly with cool water, and soap if available. **Do NOT use hand sanitizers as they may enhance absorption.**
- ▶ Wash your hands thoroughly after the incident and before eating, drinking, smoking, or using the restroom.
- ▶ If you suspect your clothing, shoes, and PPE may be contaminated, follow your department guidelines for decontamination.

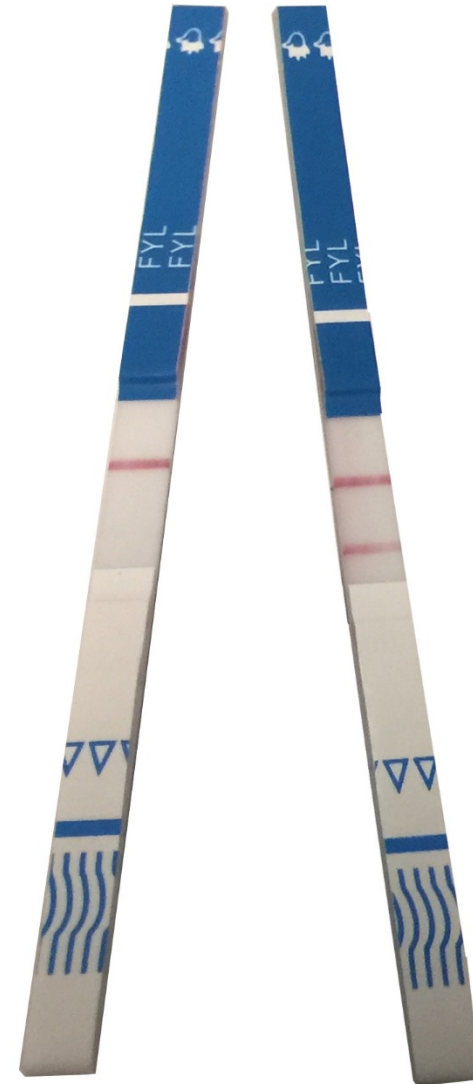
If you or other first responders exhibit

- **Slow Breathing or No Breathing**
- **Drowsiness or Unresponsiveness**
- **Constricted or Pinpoint Pupils**
- ▶ Move away from the source of exposure and call EMS.
- ▶ Administer naloxone according to your department protocols. Multiple doses may be required.
- ▶ If naloxone is not available, rescue breathing can be a lifesaving measure until EMS arrives. Use standard basic life support safety precautions (e.g., pocket mask, gloves) to address the exposure risk.
- ▶ If needed, initiate CPR until EMS arrives.



Fentanyl Test Strips

- Test substance prior to taking to detect the presence of fentanyl
- Cannot tell you how much fentanyl (quantity) is present
- Allows for a conversation about OD prevention and safer use
- Negative result does not mean there is no OD risk
- Acknowledges that PWUD have a right to know what they are taking

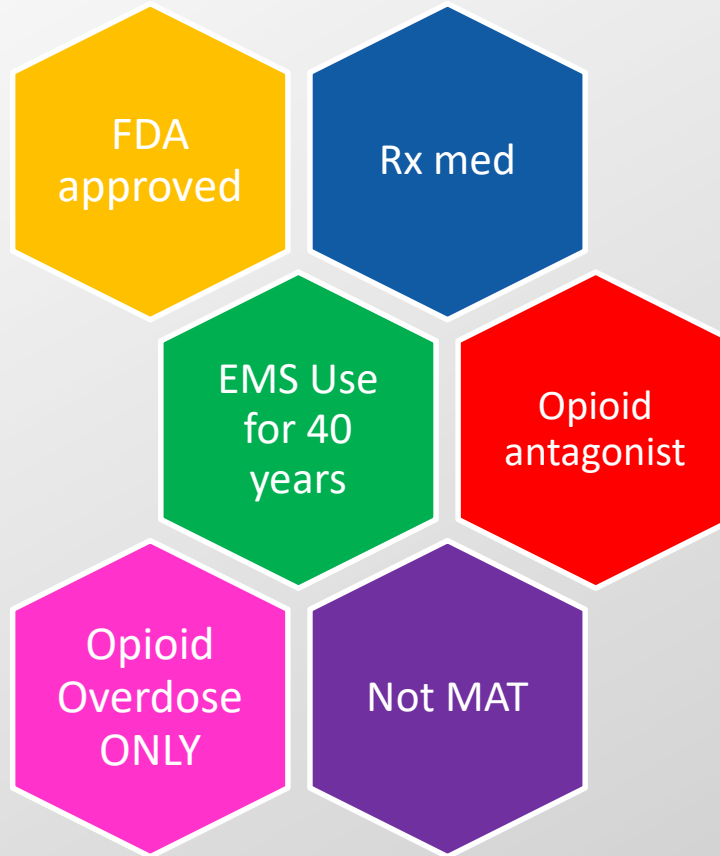


Florida's 911 Good Samaritan Law

- Encourages people to call for help during an overdose
- Florida's Good Sam law was originally enacted in 2012, later expanded during 2019 session
- 911 Good Samaritan Act
 - 893.21, F.S.
 - Person who, acting in good faith, seeks help for someone experiencing an alcohol or drug-related overdose, and the person experiencing an alcohol or drug-related overdose in need of medical assistance, cannot be arrested, charged, or prosecuted for simple possession of controlled substance or possession of paraphernalia
 - These protections are extended to people on parole, probation, and pretrial release
 - Some limited protections re: underage alcohol possession/consumption and providing alcohol to a person under 21 years old are also included



Naloxone



Florida's Naloxone Law

- Emergency Treatment and Recovery Act
 - 381.887, F.S.
 - Allows naloxone to be prescribed/dispensed via non-patient specific standing order
 - Allows pharmacies to operate under standing order – does not require them to
 - All CVS and Walgreens pharmacies in FL operating under standing order (though community-based distribution is much more effective at getting naloxone into the hands of people most likely to use it as opposed to pharmacy-based naloxone access)



Naloxone Distribution to PWUD

- PWUD are commonly the first responders at the scene of an overdose and are able to immediately administer naloxone to someone who is not breathing and save their life.
- Research shows that PWUD deploy take-home naloxone to save a life at a rate nearly 10 times that of laypeople who do not use drugs.
- Naloxone distribution should also include secondary distribution so that the person who picks up naloxone kits can distribute kits among their networks of PWUD and peers.



Settings for Naloxone Distribution

- **Harm Reduction Programs / Needle Exchanges**
 - Most effective programs to distribute naloxone to PWUD
- Upon Release from Jail/Prison
- Hospital Emergency Departments
- SAMH Treatment Providers
- EMS/Fire Naloxone Leave Behind Programs
- HIV Service Organizations
- Housing / Homeless Service Agencies
- FQHCs/CHDs



NALOXONE
SAVES LIVES.

Naloxone Myth vs. Fact

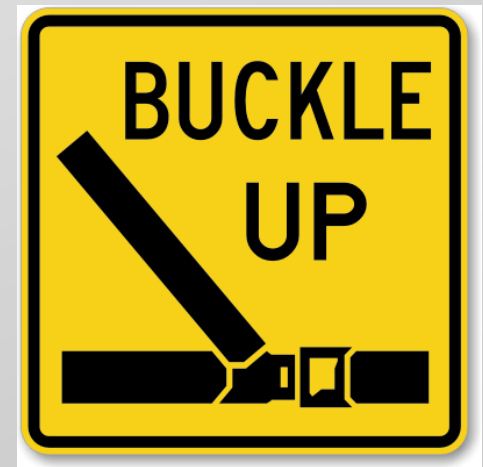
Access to naloxone does NOT:

Send the wrong message

Encourage or increase drug use

Prevent people from going to tx

Cause violence



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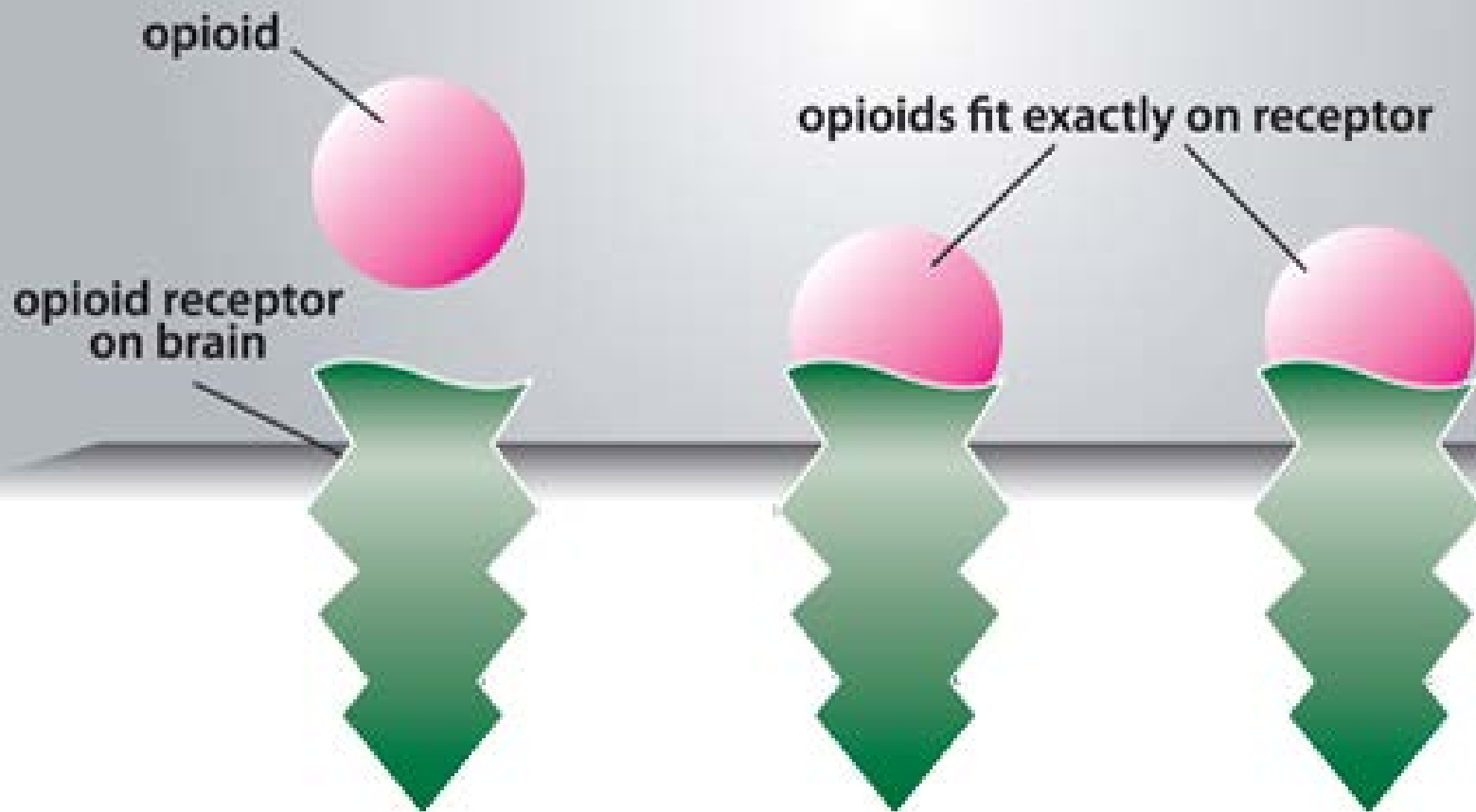


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Opioids attaching to receptors

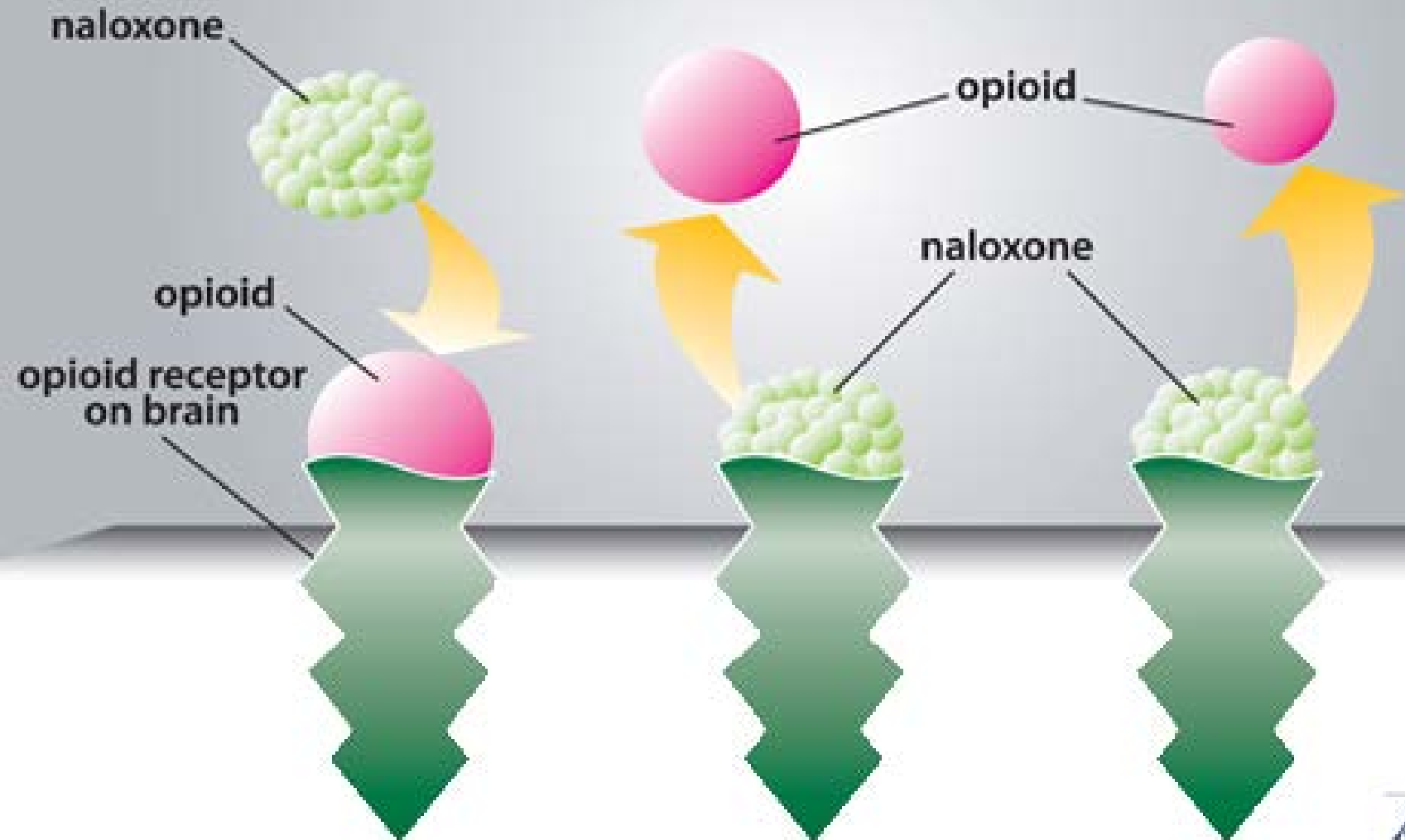
The brain has many, many receptors for opioids.
An overdose occurs when too much of an opioid, such as heroin or oxycodone, fits in too many receptors slowing and then stopping the breathing.



COPE

Naloxone reversing an overdose

Naloxone has a stronger affinity to the opioid receptors than opioids, such as heroin or oxycodone, so it knocks the opioids off the receptors for a short time (30-90 minutes). This allows the person to breathe again and reverse the overdose.



COPE

Naloxone

Onset:
2-3 min.

Duration:
30-90 min.

Withdrawal
Symptoms



Risk Factors for Overdose

Mixing
Drugs

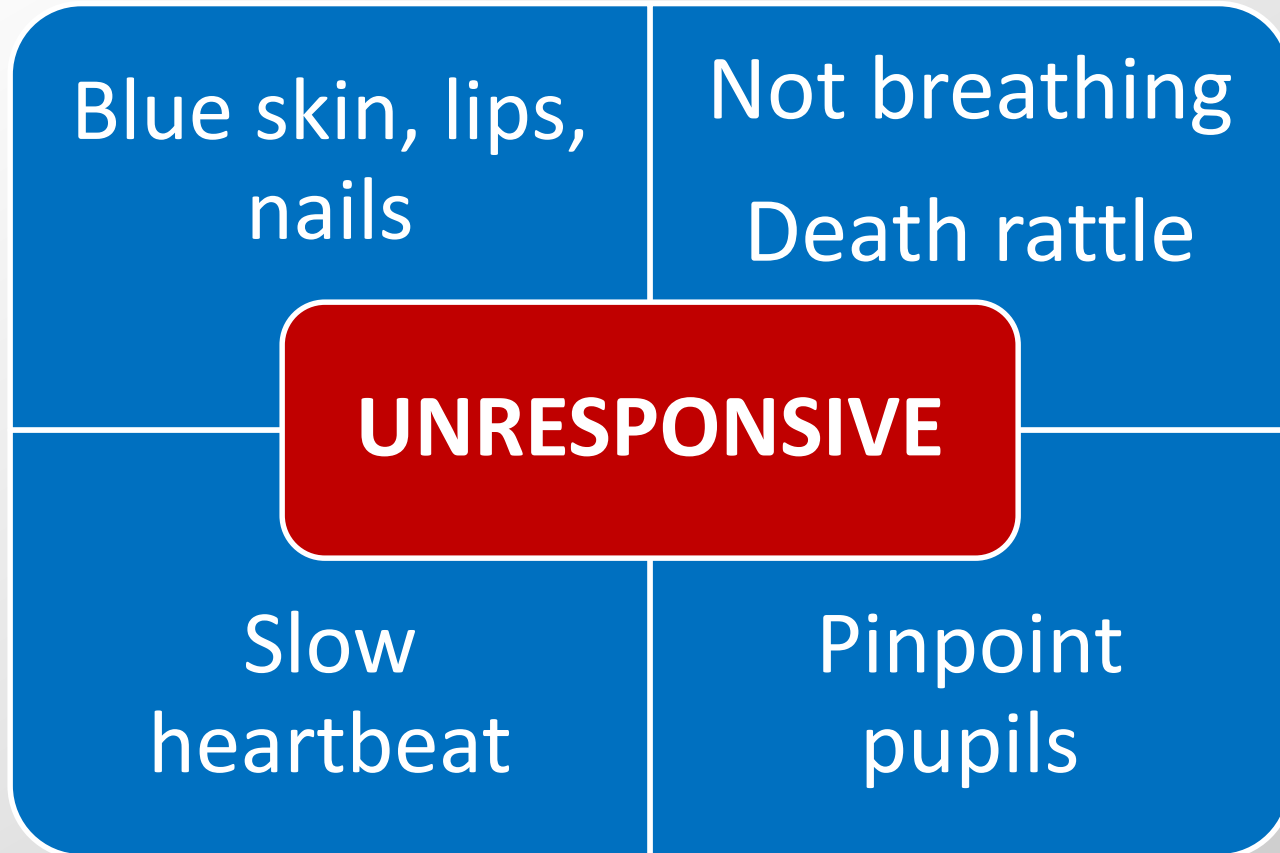
Quality of
Drug

Low
Tolerance

Using
Alone



Signs of Opioid Overdose



What NOT to do

- “Sleep it off”
- Cold bath/shower
- Induce vomiting
- Punch/kick
- Give the person other substances (saltwater, stimulants, milk, etc.)



Responding to an Opioid Overdose

1. Sternal Rub
2. Call 911
3. Naloxone / Rescue Breathing
4. Recovery Position



Check Responsiveness – Sternal Rub

- Lay person on their back (make sure nothing in mouth/throat)
- Make a fist with your hand, and press on chest of unresponsive person
- If no response, call 911



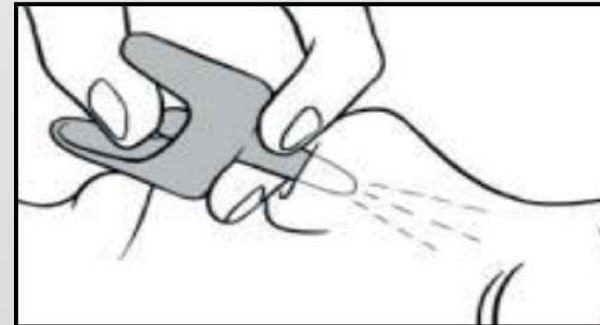
Call 911

- Person is unresponsive and not breathing
- Clearly state address



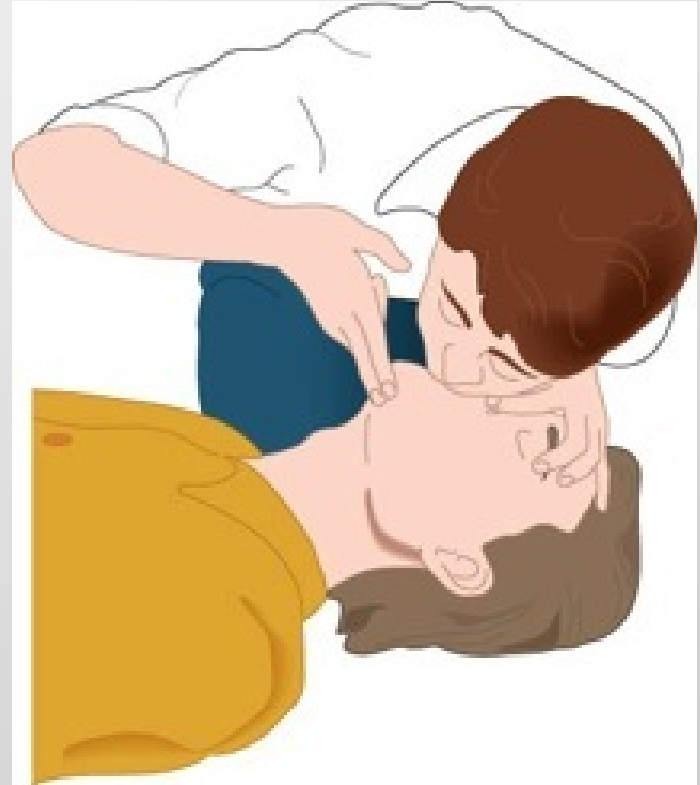
Give Narcan

- Spray 1 dose into 1 nostril
- Continue rescue breathing while waiting for naloxone to take effect and EMS to arrive
- If no response after 3 minutes, give 2nd dose in other nostril

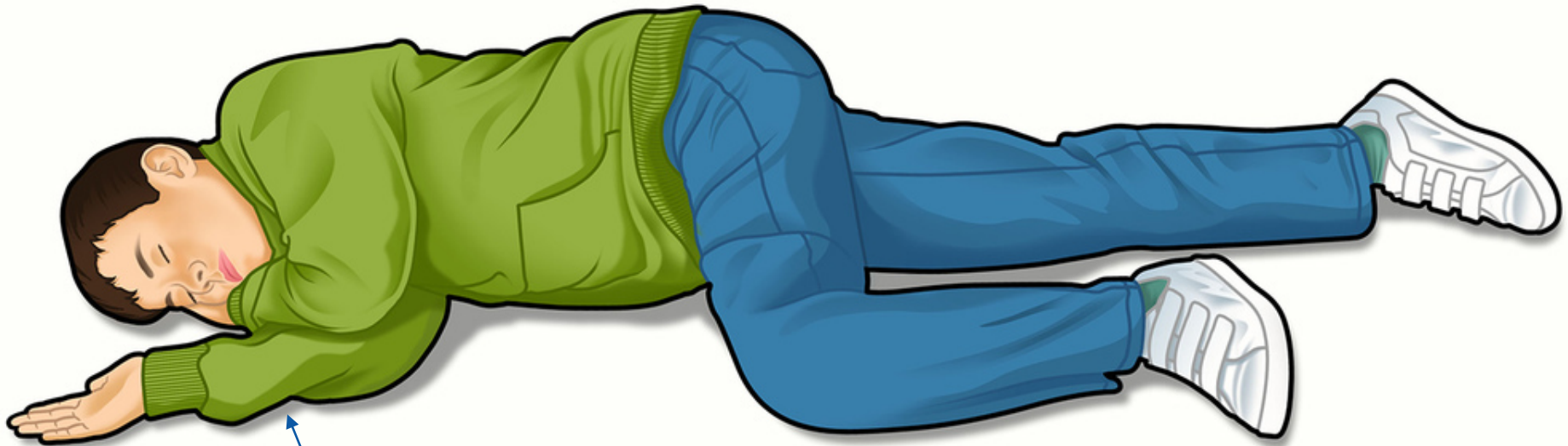


Rescue Breathing

- Tilt head back, clear air passage
- Pinch nose
- Open mouth
- 2 quick breaths, then 1 breath every 5 seconds
 - Chest should rise
 - Perform rescue breathing while waiting for naloxone to take effect or if you have no naloxone



Recovery Position



Hand supports head

Knee prevents person from rolling onto stomach



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DCF Naloxone Program

- Organizations must be:
 1. Non-profit
 2. Able to hand out free Narcan kits directly to people who use drugs and their peers
- Some kits can be kept on-site for staff to use in case of emergency (overdose at facility, in parking lot, etc.)
- Due to limited funding, Narcan kits are not for EMS, fire departments, or law enforcement agencies
 - Emergency responder agencies can access free naloxone via DOH HEROS Grant



DCF Naloxone Program

- Identify pharmacy to receive shipments of naloxone
- Create plan for how your organization will hand out kits to people who use drugs



DCF's Naloxone Program

- Place Narcan orders as needed
- Submit monthly reports
 - # kits distributed to at-risk people/family/friends
 - # overdose reversals reported
 - No identifying information
- Ensure process for people to get replacement kits
 - Ex: Sticker on kits “if you need a free replacement, call/text/visit us at _____”



DCF Naloxone Program

- Initiated August 2016
- 112 organizations enrolled
- >80,000 naloxone kits have been provided to organizations to distribute
- 2,860 community overdose reversals reported



Naloxone Locator Map

Distribution Sites

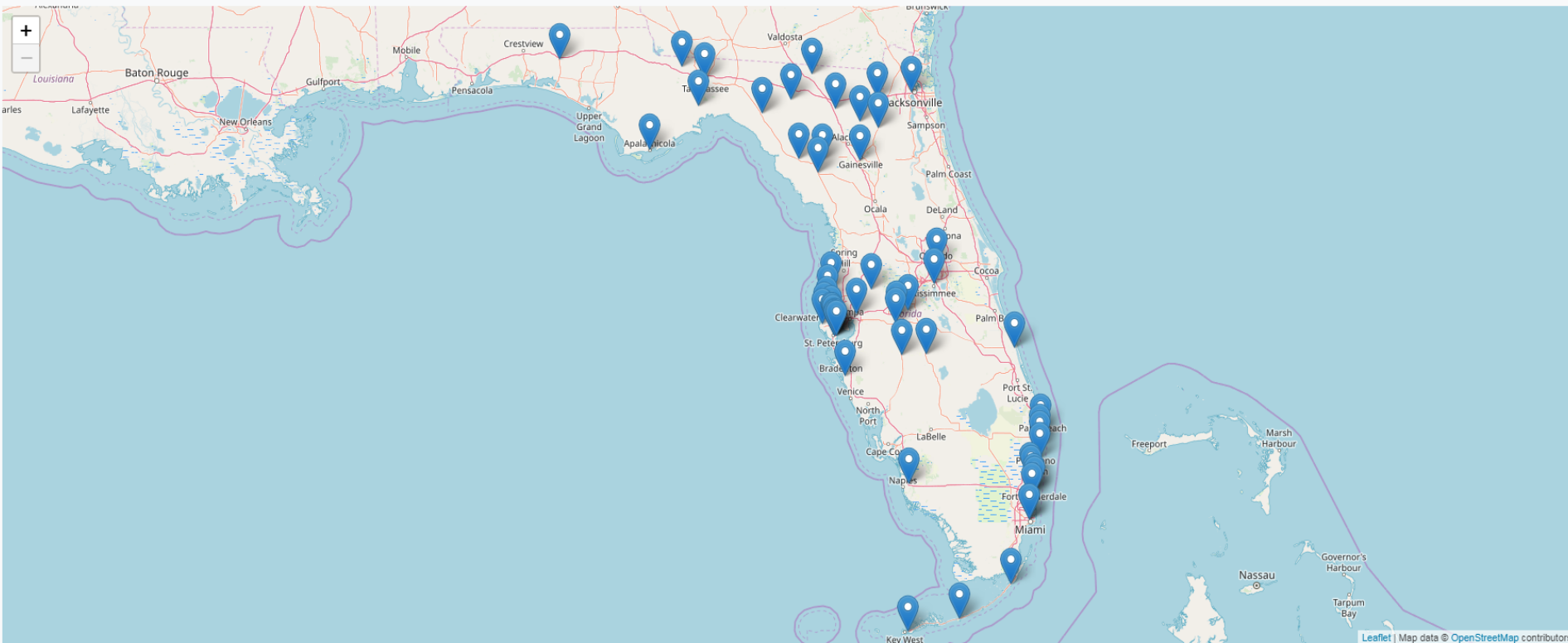
Select a location on the map to find your local naloxone distribution site. Naloxone kits are free and available to individuals that are at risk of experiencing an opioid overdose and to friends/family that may witness an opioid overdose. If there is not a naloxone location near you, please email

HQW.SAMH@MyFIFamilies.com to receive naloxone kits.

Mobile Locations

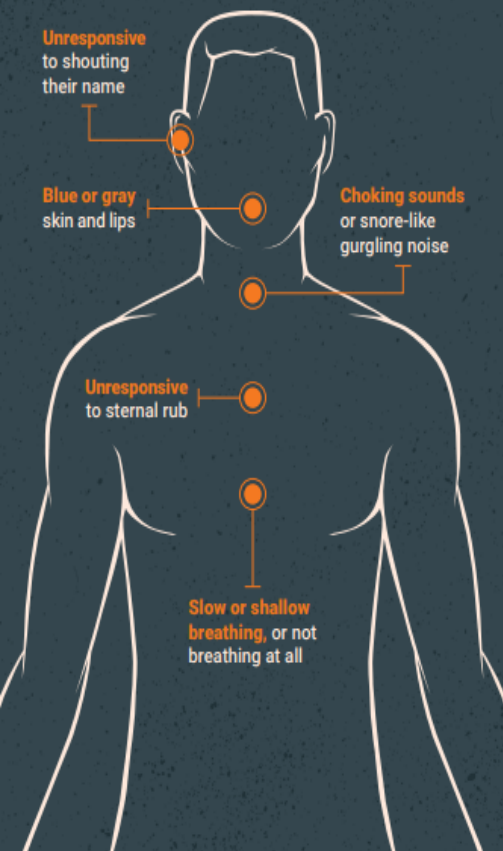
Some counties are served by mobile naloxone distribution sites not shown on the map. Select from the counties below for more information on mobile sites in your area:

****Select a County**** ▼



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RECOGNIZE AN OVERDOSE



FACT: NALOXONE ONLY LASTS 30-90 MINUTES, AND ONCE IT WEARS OFF, INDIVIDUALS CAN BE AT RISK OF OVERDOSE AGAIN, SO YOU MUST ALWAYS CALL 911 IN ADDITION TO USE.

GET NALOXONE & SAVE A LIFE

- 1 TRY TO WAKE THE PERSON UP
- 2 CALL 911
- 3 GIVE NALOXONE
- 4 CHECK FOR BREATHING
- 5 STAY WITH THE PERSON UNTIL HELP ARRIVES

Naloxone is an emergency medicine that prevents overdose death from prescription painkillers, heroin, and fentanyl. Florida law has provisions protecting overdose victims and anyone seeking or providing medical assistance from criminal prosecution and civil penalties.

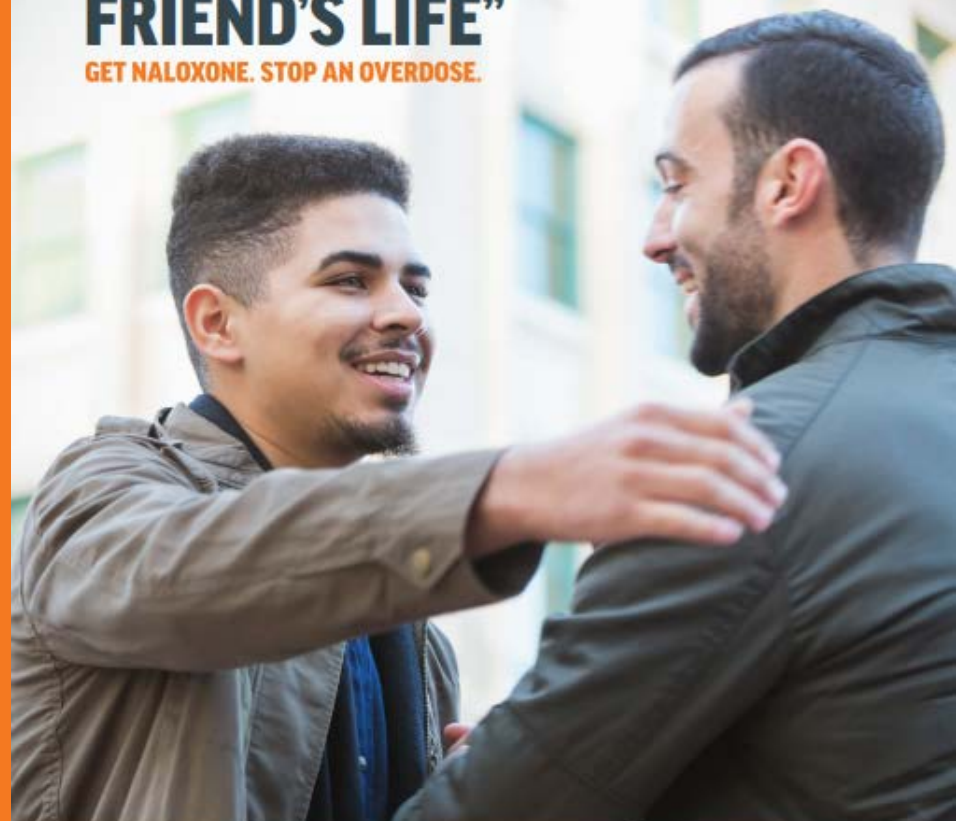
"A person acting in good faith who seeks medical assistance for an individual experiencing a drug-related overdose may not be charged, prosecuted, or penalized..." FS 893.21

FIND HELP & TREATMENT

Medication-assisted treatment may help reduce the risk of an overdose, minimize withdrawal symptoms, and improve outcomes for recovery. For more information on treatment options, please visit: [iSaveFL.com/GetHelp](https://www.isavefl.com/GetHelp).

"I SAVED MY FRIEND'S LIFE"

GET NALOXONE. STOP AN OVERDOSE.



Naloxone is an emergency medicine that prevents overdose death from prescription painkillers, heroin, and fentanyl. Florida law has provisions protecting overdose victims and anyone seeking or providing medical assistance from criminal prosecution and civil penalties.

Recognize an Overdose:

- Unresponsive to sternal rub
- Unresponsive to shouting their name
- Slow or shallow breathing, or not breathing at all
- Choking sounds or snore-like gurgling noise
- Blue or gray skin and lips

Save a Life:

1. Try to wake the person up
2. Call 911
3. Give naloxone
4. Check for breathing
5. Stay with the person until help arrives

Naloxone is available in some pharmacies without a prescription. To learn more, visit: [isavefl.com](https://www.isavefl.com).



RECOGNIZE & STOP AN OPIOID OVERDOSE

Unresponsive to sternal rub

Unresponsive to shouting their name

Slow or shallow breathing, or not breathing at all

Choking sounds or snore-like gurgling noise

Blue or gray skin and lips

CALL 911. GIVE NALOXONE. STAY UNTIL HELP ARRIVES.

Naloxone is an emergency medicine that prevents overdose death from prescription painkillers, heroin, and fentanyl. It is available in some pharmacies without a prescription. Find help and treatment for opioid use disorder: [isaveFL.com](https://www.isaveFL.com)

YOU CAN STOP AN OVERDOSE

GET NALOXONE. SAVE A LIFE.

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