

HARM REDUCTION EDUCATION AND TECHNICAL ASSISTANCE PHASE 2 REPORT

September 2020

Funded by the New Hampshire Department of Health and
Human Services, Bureau of Infectious Disease



Nursing



Project Overview

The Harm Reduction Education and Technical Assistance (HRETA) project provided academic detailing on evidence-based practices to reduce drug-related harms in areas throughout New Hampshire. In Phase 1, these brief, one-on-one interactions took place between a trained team member and individuals across New Hampshire who interact on a professional level with people who use drugs. Detailing sessions were conducted in all 10 New Hampshire counties. Following the academic detailing sessions, individuals could request additional technical assistance in the form of in-person trainings, additional resources, or case conferencing sessions.

Based on recommendations from providers in Phase 1, the three focal areas of Phase 2 were: (1) Pharmacy Focused Detailing, (2) Emergency Room Focused Dissemination of Syringe Access Resources, and (3) Support of New and Developing Syringe Service Programs. This report provides details on these three areas, as well as the addition of a provider webinar. For each focal area, the original goals are presented as well as modification to plans due to COVID-19 and project results.

Phase 2 Pharmacy Goals



Survey New Hampshire pharmacies on current practice and concerns regarding harm reduction strategies



Develop evidence-based pharmacy specific resources for dissemination

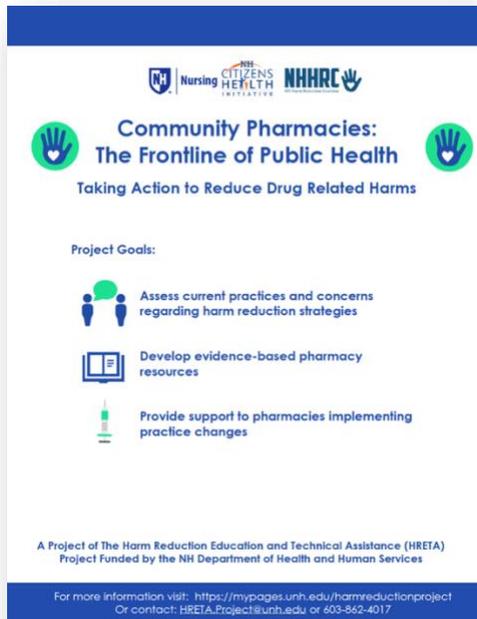


Provide technical assistance and support to pharmacies interested in implementing practice changes

Modification of Pharmacy Plans

In January and February 2020, we worked with a member of the New Hampshire Board of Pharmacy to develop a survey that would be e-mailed by the Board to all licensed pharmacists who worked at retail pharmacies in New Hampshire. Unfortunately, our contact unexpectedly left his position, and the New Hampshire Board of Pharmacy declined to send our survey to their list of licensed pharmacists. In March, COVID-19 presented uncertainty about providing in-person academic detailing to pharmacies. In response to both of these challenges, we revised our plans as follows:

- Call all New Hampshire retail pharmacies and ask a subset of questions from our original online survey regarding syringe access, Narcan access, and buprenorphine prescriptions.
- Mail harm reduction resources to all New Hampshire retail pharmacies along with an invitation to a Zoom detailing session to follow up with our initial conversation and resources.
- Contact targeted pharmacies (those who expressed concerns regarding syringe access, Narcan access, or buprenorphine prescriptions, and those near operating syringe services programs) and inquire if they received our harm reduction materials and to offer to schedule a Zoom detailing session.



In June, we mailed a 12-page resource booklet that we developed to all retail pharmacies in New Hampshire. The mailing also included a one-page summary addressing the issues raised by some pharmacists who participated in the phone survey of syringe sales without a prescription and explained why harm reduction was an important issue during COVID 19. Two different letters went out with the resource mailing. One letter went to pharmacies who participated in the phone survey. The other letter went to pharmacies that we were unable to reach for the phone survey. That letter had a link to an online survey. All letters contained the link to the HRETA web page where pharmacists could schedule a 20-minute Zoom academic detailing session.

We also created a UNH website page for the project at mypages.unh.edu/harmreductionproject.

Content includes the project overview, HRETA resources, the interim report, educational module and webinar pages, and a pharmacy page. The pharmacy page contains a link to the online survey and a 10to8 scheduling widget for scheduling 20-minute academic detailing sessions via Zoom.

Our goal was to conduct 100 detailing sessions. The first sessions would be with pharmacists who self-scheduled through the website. If there were over 100 detailing requests, we would do as many as were requested. If there were fewer than 100 pharmacists who self-scheduled, we would conduct phone follow ups to pharmacies that do not sell syringes, that do not have a standing order for naloxone, or who indicated they had issues with filling buprenorphine prescriptions.

Pharmacy Phone Survey Results

The initial retail pharmacy list obtained from the New Hampshire Pharmacy Board consisted of 258 currently operating retail pharmacies and retail pharmacies embedded in hospitals or healthcare centers in New Hampshire. During the survey process, four pharmacies were identified as closed or non-retail and were not included in the statistics below, resulting in a total of 254 retail pharmacies. We completed phone surveys for **68.5% (n=174)** of these

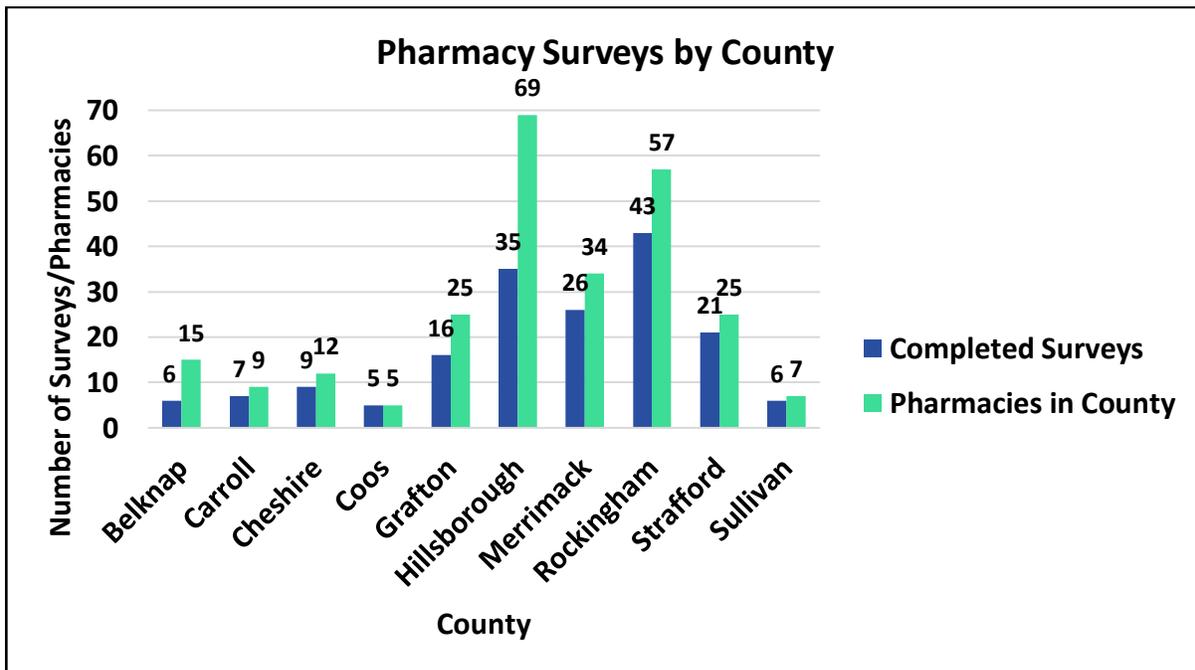


pharmacies. Almost one third (**31.1%, n=79**) of the pharmacies refused to participate in our survey or were unable to be reached.

Table 1. Overview of Survey Results

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|--|-------------|
| Initial retail pharmacy list | 258 |
| Closed or identified as non-retail during call | 4 |
| Pharmacies that refused the survey or unable to be reached (n=254) | 79 (31.1%) |
| Phone surveys completed for retail pharmacies (n=254) | 174 (68.5%) |
| Surveyed retail pharmacies that sell syringes without a prescription (n=174) | 83 (47.7%) |
| Total surveyed pharmacies with standing order for naloxone (n=174) | 146 (83.9%) |
| Total surveyed pharmacies that sell buprenorphine (n=174) | 168 (96.6%) |

Figure 1. Completed Survey Distribution by County



Syringe Access

Almost half (47.7%, n=83) of surveyed retail pharmacies sell syringes without a prescription. Pharmacists' greatest concern was finding used syringes in the store bathroom, parking lot, and shelves in the store. Pharmacists worried about improper syringe disposal and discarded syringes being found in their community. Some pharmacists noted that when they had previously sold syringes without a prescription that clients had immediately injected in the store bathroom. Some pharmacists mentioned problems that "they don't teach you how to deal with in pharmacy school." Examples of these problems included shoplifting, panhandling an elderly customer to get money to purchase syringes, and telling other customers to hurry up so they would pay for their syringes. Two pharmacies noted that they refer patients to Massachusetts to purchase syringes as they are mandated to sell them in Massachusetts.

Table 2. Top 5 Pharmacist Concerns Related to Syringe Sales.

| Concern | Number (% surveyed) | Harm Reduction Strategies to Recommend |
|---|---------------------|--|
| Used syringes in store bathroom/ parking lot/ shelves in store | 26 (14.9%) | <ul style="list-style-type: none"> • Sharps disposal container at pharmacies • Provide clients with newly revised NH DHHS safe disposal handout with syringe purchases • Discuss safe disposal with syringe purchases • Sign/ handouts with syringe purchase, ex. "For the safety of our staff and customers, please dispose of syringes safely. This will help us continue to serve you." |
| Concerns of client safety/syringe disposal in community | 10 (5.7%) | <ul style="list-style-type: none"> • Provide clients with NH DHHS safe disposal handout with syringe purchases • Recommend New Hampshire 211 for sharps disposal sites • Post signage (FDA: Be Smart With Sharps or Sharps Container Poster) |
| Injection and overdose on property | 5 (2.9%) | <ul style="list-style-type: none"> • Signs/ handouts with syringe purchase • Engage people purchasing syringes in collaborative conversations to ask that they not use on site • Have a dedicated Naloxone kit easily available in the event of overdose on the property |
| Aggressive clients/ shoplifting/ crime | 5 (2.9%) | <ul style="list-style-type: none"> • Engage with trainings/ symposiums on substance use stigma and effective engagement of people who use drugs |
| Business concerns | 5 (2.9%) | <ul style="list-style-type: none"> • Disseminate New Hampshire Board of Pharmacy recommendations for pharmacies to sell syringes without a prescription • Engage with training on the public health implications of syringe access |

Naloxone Access

The majority (83.9%, n=146) of surveyed pharmacies have a standing order for Naloxone. Six pharmacists reported they did not have a standing order. A number of pharmacists agreed that Naloxone needs to be more widely available. Most pharmacists will attempt to bill the client’s insurance before having the client pay out of pocket. One pharmacist noted that “Medicaid [is] not covering well, copay can be as high as \$110 with some insurances.” Cost is a prohibitive factor for patients accessing Naloxone. One pharmacist noted “I wish I had resources for free Naloxone – I think that is important.” Stigma also appears to be a barrier for clients receiving Naloxone, as some clients do not believe they will need the medication since they are not addicted to opioids.

Table 3. Top 5 Pharmacist Concerns Related to Naloxone.

| Concern | Number (% surveyed) | Harm Reduction Strategies to Recommend |
|---|---------------------|---|
| Cost of Naloxone as a barrier | 26 (14.9%) | <ul style="list-style-type: none"> • Refer customers to Doorway programs where naloxone is often free to those at risk of overdose • Provide manufacturer coupon/ GoodRx to lower cost and increase access • Refer to First Responder Initiating Recovery, Support and Treatment (FIRST) sites that distribute “Leave Behind” naloxone and provide information about how and where to get help |
| Offered to regular customers but declined | 14 (8%) | <ul style="list-style-type: none"> • Continue to offer and engage in conversations on the importance of availability for accidental overdose |
| Clients never/ rarely ask for it | 11 (6.3%) | <ul style="list-style-type: none"> • Post a flyer such as Naloxone Pharmacy Flyer to alert the public that they may purchase naloxone on the premises • Engage clients in conversation about naloxone access |
| Do not have standing order | 6 (3.4%) | <ul style="list-style-type: none"> • Review NH DHHS standing order template for pharmacies and submit to the state |
| Clients are often offended by the suggestion of obtaining Naloxone | 4 (2.3%) | <ul style="list-style-type: none"> • Provide resources with syringe packs, prescriptions for opioids, and other safety materials. Prevent to Protect website has Customizable Naloxone Posters and Downloadable Stickers • Post a NH Doorway flyer such as You Are Not Alone which can signal to the client that you have resources you can discuss |

Buprenorphine Access

A number of pharmacists (n=34, 19.5%) reported no concerns about filling buprenorphine and/or that it was a good medication that should be prescribed more often. Pharmacists felt comfortable with buprenorphine when they knew the patients and prescribers, were following the guidelines, and were checking the PDMP. There were several negative/ concerned comments related to buprenorphine. One pharmacist who did not carry buprenorphine said it was because it would bring in clientele that they do not want in their small pharmacy. Another pharmacist stated that about 30% of clients are filling buprenorphine rather than suboxone, and they were worried that it is being abused since there is not a blocking agent. One pharmacist stated, "It is a racket. A cash only business. There are a few providers... You can never get ahold of them. I have tried calling and they are never there. Patients pay \$150 and they get a prescription. The docs have them show up weekly, cash only. It is expensive for patients and I don't have one patient on buprenorphine or coming in for syringes that doesn't steal from us." Another pharmacist was concerned when clients buy syringes when they fill their buprenorphine prescription.

Table 4. Top 3 Pharmacist Concerns Related to Buprenorphine.

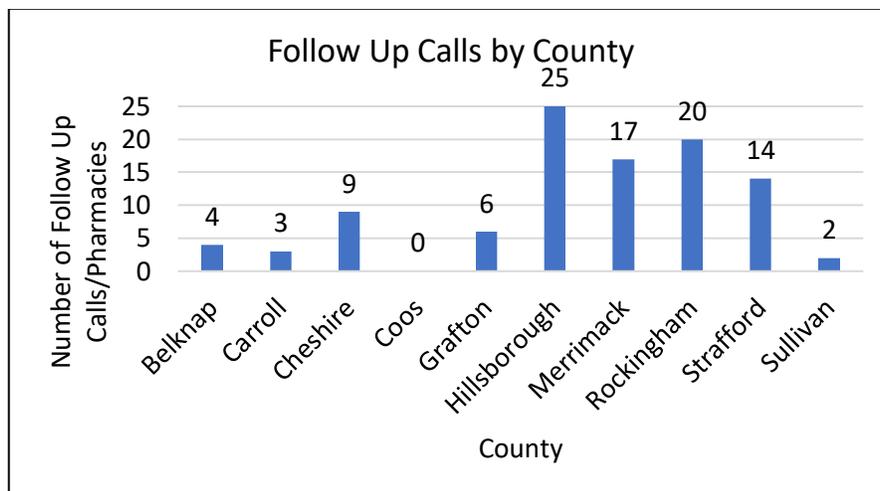
| Concern | Number (% surveyed) | Harm Reduction Strategies to Recommend |
|--|---------------------|--|
| Concern for how it is prescribed/no one seems to be tapered off | 25 (14.4%) | <ul style="list-style-type: none"> • Provide trainings on prescribing protocols and evidence for buprenorphine and other MAT options • Provide resources on opioid use disorder (OUD) as a chronic health condition • Encourage pharmacists to have open conversations with providers to learn more about their prescribing practices • Disseminate SAMSHA Treatment Protocols (Tip 63, updated 2020) which highlight that patients who discontinue OUD medication generally return to illicit opioid use and best results occur when a patient receives medication for as long as it provides benefit |
| Concern that it is another addiction | 4 (2.3%) | <ul style="list-style-type: none"> • Provide resources on opioid use disorder (OUD) as a chronic health condition • Discuss that OUD medication gives people the time and ability to make necessary life changes associated with long-term remission and recovery |

| | | |
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| Does not fill buprenorphine prescriptions | 3 (1.7%) | <ul style="list-style-type: none"> Recommend parity around other chronic health conditions |
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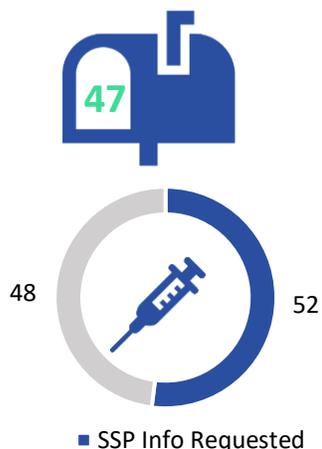
Follow Up Calls to Pharmacies

No pharmacists signed up for the brief virtual AD sessions via Zoom. We developed a plan to call pharmacies who were surveyed that had clear opportunities for practice changes to offer support. We ensured they received the mailed resource materials and planned to conduct a brief AD session on the phone and/or encourage pharmacists to sign up for a Zoom session. We identified 110 pharmacies from those that were surveyed who had issues that could be addressed in a brief AD session and 72 pharmacies as a higher priority for follow up phone calls/AD sessions. In total, we called 100 pharmacies for follow up. We also sent messages to 68 pharmacists via LinkedIn and Doximity to promote the resource and the AD zoom session offerings.

Figure 2. Follow Up Calls to Pharmacies by County



Phone Follow Up Outcomes



- We re-sent resource materials by fax (43) or email (4) to **47 pharmacists** who indicated they had not received the mailed resource materials.
- We provided information on nearby SSPs to **52 pharmacists**.



- We provided other information, such as standing order for Naloxone, to **5 pharmacists**.



- **14 pharmacists** indicated they received the resource materials and did not need further information.



- **Two pharmacists** said they shared the resources with their staff, and **one pharmacist** said they are posted by the pharmacy's computer.
- One pharmacist said they updated their policy. Previously the decision was up to the individual pharmacist whether or not to sell syringes without a prescription. The updated policy is that all pharmacists at that location sell syringes without a prescription.

Phase 2 Emergency Department Goals

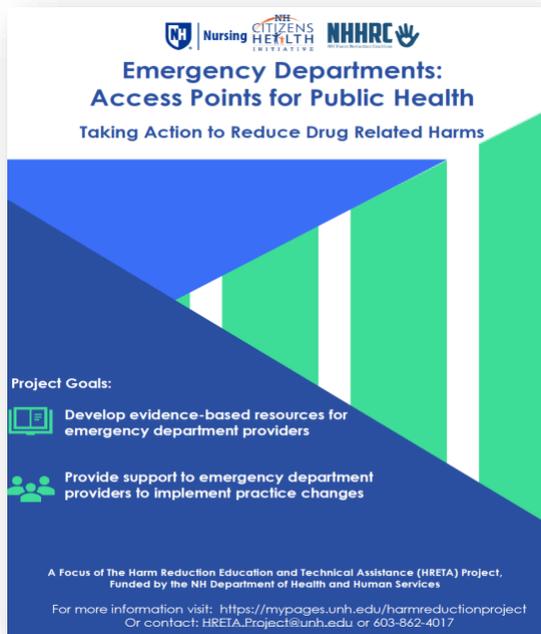


Identify and train harm reduction champions within EDs across the state



Provide information on local syringe access to emergency departments

Modification to Emergency Department Plans



At the beginning of 2020, we had been in contact with Peter Ames of the Foundation for Healthy Communities, who offered to help us make connections to hospitals to identify and train harm reduction champions within EDs. Kerry Nolte presented on the HRETA project to the Bridge to Treatment Community of Practice meeting (Foundation for Healthy Communities) on March 6th, 2020. In mid-March we recognized that EDs were going to be focused on the COVID response and that the pandemic took precedence over identifying harm reduction champions.

In response to this, we collaborated with the New Hampshire Harm Reduction Coalition to develop a 12-page resource booklet for Emergency Departments on reducing drug-related harms. This resource will be distributed

via e-mail to members of the Foundation for Healthy Communities as a follow up to our presentation to them in March since community emergency room resources are more available as COVID cases decrease in New Hampshire. This resource will also be disseminated to regional public health networks in Phase 3 of the HRETA Project.

Phase 2 Syringe Service Program Goals

Develop resources on how to create SSPs
Provide technical assistance to SSPs across the state

DEVELOPMENT OF A SYRINGE SERVICE PROGRAM

IN NEW HAMPSHIRE



In collaboration with the New Hampshire Harm Reduction Coalition, we developed a 49-page guide on starting a syringe service program in New Hampshire. This resource will be shared on our website and disseminated to regional public health networks in Phase 3 of the HRETA Project. We will also share this resource with individuals who request technical assistance in setting up a syringe service program.

Providing Technical Assistance to Syringe Service Programs

Eight technical assistance sessions were held with new and developing SSPs in New Hampshire. These sessions were offered to support new and developing SSPs in Nashua, Concord, and Keene and focused on data tracking, funding, supply ordering, coordination of stakeholder meetings, and how to conduct needs assessments. In addition to the sessions conducted, NHHRC provided 21 hours of support including tailoring data tracking guides for programs and connection with local partners.

Phase 2 Training

Initial Training

From December to March The New Hampshire Harm Reduction Coalition provided five trainings at practice sites in New Hampshire.

COVID Modifications

With the need to move trainings to remote due to the COVID-19 pandemic, the NHHRC modified the training to be available by webinar. The webinar was presented to 10 practice site groups.

Due to the difficulty in scheduling webinar with practice sites, multiple open dates were offered and promoted to HRETA project participants. The NHHRC presented “Enhancing Provider Skills in Serving People Who Actively Use Substances,” a webinar by the New Hampshire Harm Reduction Coalition on June 17 and 24, July 9, and August 10, 13, and 18. Southern NH AHEC (SNHAHEC) provided CEUs for the sessions. The webinar engaged attendees in collaborative learning, conversation, and case discussion to identify opportunities to engage clients in goal setting with clients. This session first focused on provider acceptance of ‘where a person is at’ as a precursor to supporting client driven goal setting. Cases shared within this session highlighted exemplars of engaged approaches as well as opportunities for improvement.

Sixty-two (62) people participated in the webinars, and 50 of those participants listed practice change goals on their evaluations. Six of the 62 participants also participated in Phase 1 of the project.

The online module of this webinar became available on July 19. As of August 2020, 60 people have viewed the webinar, and 16 received CEU credits.

Enhancing Provider Skills in Serving People who Actively Use Substances
Free Online Module

Target Audience
All members of the practice team including physicians, nurse practitioners, physician assistants, nurses, medical assistants and patient service representatives.

Health care providers have opportunities to engage and support clients who use drugs in setting and attaining health related goals. This session will engage attendees in collaborative learning, conversation, and case discussion to identify opportunities to engage clients in setting goals.

Continuing Education
Nurses
Southern NH AHEC is an Approved Provider of continuing nursing education by the Northeast Multistate Division (NE MSCE), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation (0.5 contact hours, Activity Number: 1380)

Physicians
The Southern NH Area Health Education Center is accredited by the NH Medical Society to provide continuing medical education for physicians. Southern New Hampshire Area Health Education Center designates this live activity for a maximum of 0.5 AMA PRA category 1 Credit (0.5). Physicians should claim only the credit commensurate with the extent of their participation in the activity.

For other professionals: 0.5 professional hours of continuing education.

This one-hour module will focus on provider acceptance of 'where a person is at' as a precursor to supporting client-driven goal setting. Cases shared within this session will highlight exemplars of engaged approaches as well as opportunities for improvement.

Evidence related to harm reduction approaches and goal setting will be discussed and harm reduction best practices, evidence, and current local and national resources will be provided.

Participants will consider how goal attainment can be supported with syringe service programs, overdose prevention and treatment, medications prescribed to mitigate withdrawal symptoms, and referrals across health care and community services including peer recovery supports.

Learning Objectives
After this session, participants will be able to:

- Relate the concepts of humility and curiosity to learn about substance use disorders as precursors to have supportive and pragmatic conversations with clients.
- Identify opportunities in varied practice settings to engage clients who use drugs in setting and achieving goals.
- Conduct collaborative goal setting for overdose and infection prevention with people who use drugs to augment substance disorder screening, treatment, referral, and recovery.
- Apply harm reduction principles to supporting patient experience drug withdrawal symptoms.

Learning Outcome
Participants will report a change in practice 6 months after the educational intervention.

NHHRC