



# Harm Reduction & Naloxone Training

# Agenda

- Connection to purpose
- Harm reduction defined
- Implementing harm reduction, overdose education, and naloxone distribution
- MOMs+ introduction: connection, treatment, community
- Steps forward

# Connection to Purpose

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## Recovery

- Substance use in the perinatal period is common.
- Harm reduction, naloxone, and plans of safe care for families is key.
- When SUD happens, it is treatable.
- Evidence-based treatment is available and extremely successful.
- Recovery is possible.
- Patients (especially parents) that are in recovery are **THRIVING**.

Why are we not seeing more recovery stories out of our Colorado birthing hospitals?



# Partnership

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## Harm Reduction

is a set of practical strategies and ideas aimed at reducing negative consequences associated with chronic conditions, such as drug use. Harm Reduction is not condoning use! It is providing:

- Syringe Access Programs
- Naloxone (Narcan) Education
- Overdose Education
- Safe Storage and Disposal
- Infectious Disease Screening and Pre-Exposure Prophylaxis (PrEP)

Partnering with patients collaboratively to develop harm mitigating or health improvement strategies is a key driver in developing a menu of care choices that are relevant to your patients and invite their active participation.

# Partnership

## Harm Reduction= Good Medicine

- Most clinicians do not like taking care of people with conditions they feel ill-equipped to address
- Some patients with SUD will not be ready for sobriety or formal treatment before, during, or after a pregnancy, no matter how many resources are provided
- Harm Reduction *is* the “treatment” for people in active substance use

Keep the door open!

# Current Status

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- The leading causes of maternal death in Colorado and across the nation are suicide and overdose.
- Suicides and overdoses are rising, while the death rate from homicide and car crashes is declining.
- When we look at Colorado, 80% of deaths were determined preventable - through better medical care, mental health care or substance-use treatment.
- Opioids were the most common drug detected.
  - 100% of deaths from opioids were determined to be preventable = naloxone

## Research Letter

December 6, 2022

### **US Trends in Drug Overdose Mortality Among Pregnant and Postpartum Persons, 2017-2020**

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[» Author Affiliations](#) | [Article Information](#)

JAMA. 2022;328(21):2159-2161. doi:10.1001/jama.2022.17045

# Risk Factors

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## For Overdose Death Within the First Year Postpartum

Birthing people with:

- A non-fatal overdose in the past 12 months
- Prior diagnosis of Opioid Use Disorder (OUD)
- Low or sporadic utilization of healthcare services
- Postpartum mental health complexity and barriers to perinatal mental health care



# Principles of Harm Reduction

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## In Perinatal and Postnatal Populations

1. Harm reduction personalizes risk reduction options to reduce the consequences of risky behaviors.
2. Universal application impacts internal bias, which allows for detached empathy and greater compassion in clinical encounters.
3. For those with active opioid misuse, staying alive is the precursor to accessing treatment and engagement in long-term recovery. Universal access to naloxone and education about how to use it is a first defense in reducing mortality and giving women a chance to further engage in health improvement.
4. Patients not aspiring to the level of health we wish for them is not an indication of obstinance, it is an opportunity to collaboratively develop protective strategies the patient *will* engage in.



# Naloxone Saves Lives!

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- Prescriptions are being written, but not often filled:
  - One study showed the fill rate for naloxone being <1.0%, even for patients who presented with more than one overdose episode.<sup>1</sup>
  - Another suggested that less than 2% of people who had at least one of the main risk factors for opioid overdose had filled a prescription for naloxone.<sup>2</sup>
- Let's stop and ask, why?
  - Why are patients not going to the pharmacy to get this rx filled?
  - Why are pregnant and parenting patients affected by SUD not going to the pharmacy?



Logistical barriers, payment, STIGMA

# About MOMs Initiative

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COLORADO  
*MOMs*  
INITIATIVE

## MOMs (Maternal Overdose Matters) Initiative:

- The goal of the MOMs Initiative is for 100% of birthing hospitals provide overdose education and dispense naloxone directly to to at-risk pregnant and postpartum patients and families.
- Placing naloxone in the hands of at-risk patients upon discharge removes the current barriers to treatment.
  - Naloxone decreases unsafe drug use (both RX & illicit).
  - Improves chances people will seek recovery.
  - Decreases overdose by 20 - 30%.

# Take Home Naloxone

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## Eligibility:

- Are receiving medical care for opioid intoxication or overdose
- Use any type of illicit substances, including but not limited to fentanyl, heroin, methamphetamine
- Have suspected opioid use disorder, including nonmedical opioid use
- Are starting or being treated with methadone or buprenorphine treatment for opioid use disorder
- Are prescribed any amount of opioid medication on a chronic basis
- Are receiving a new opioid prescription for pain
- Have resumed opioid use after a period of abstinence (e.g., following birth of child, a recent release from jail or prison, or a recent discharge from a hospital or drug treatment facility)
- Experienced neonatal opioid withdrawal syndrome
- Have a family member with any of the above conditions

# Take Home Naloxone

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## Process:

- Ordered on discharge for the patient to take home
- Be sure to use the informational handout in the naloxone take-home kit to guide education of patient and family
- Be sure to include the following in your education:
  - Identification of person to administer and importance of educating them on how to administer
  - Risk factors for and prevention of opioid overdose
  - Recognition of opioid overdose
  - Need to call 911 if naloxone is administered
  - How to provide rescue breaths
  - Administration of intranasal naloxone
  - Effect of naloxone on the fetus or newborn - **SAFE!!!**
  - OUD treatment options for pregnant or postpartum women



# Take Home Naloxone

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## Talking to Patients:

- Bringing up naloxone is not “accusing” people, or assuming they will experience an overdose event.
- Naloxone is recognizing that one of the most serious complications from using substances can be overdose, and that the vast majority of overdoses/poisonings are accidental.
- Fentanyl in the substance supply in Colorado (and nationally) has increased risk for accidental opioid poisonings.
- “I want you to have this medicine to save your life or someone else’s life. Just like if I was aware you had an allergy to bees, I would give you an EpiPen to prevent harm to you from living in a world with bees”.

# Take Home Naloxone

## Creating Connection:

- Providing naloxone to pregnant and postpartum people is a tangible step in reaching out and building connection with people who use substances.
- Providing naloxone and overdose education means “I want you to live, you are valuable just as you are.”
- It is unconditional positive regard.



# Harm Reduction

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## Healthcare providers

Utilize a trauma-informed approach that incorporates harm reduction and motivational interviewing to optimize the health of the parent-baby dyad.

- Build trust (connection)
- Offer treatment as standard of care
- Community recovery

## Points to Ponder

Are pregnant and parenting patients affected by substance use disorders seeking care at your hospital, clinic, or health system?

If and when they seek care, could it be described as non-judgemental, destigmatized, whole-person care?

How do we go from an attitude of “mandatory reporting” → “mandatory responding”?



# About MOMs+

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CONNECTION, TREATMENT & COMMUNITY

MOMs+ is a part of CPCQC's IMPACT BH Program, and an extension of the MOMs (Maternal Overdose Matters) Initiative. MOMs+ is focused on helping birthing hospitals statewide provide equitable access to treatment and recovery for perinatal patients with substance use disorders.

## Pillars of Care:

1. Connection to the patient, baby, and family
2. Initiation of treatment with medication for opioid use disorder and other SUDs
3. Transition to outpatient recovery with community providers



# Leading Your Community



## CONNECTION, TREATMENT & COMMUNITY

How can your hospital, clinic, health system, YOU lead the surrounding community in welcoming and providing treatment and perinatal care to pregnant and parenting patients and families affected by substance use?