MaineGeneral Medical Center
Harm Reduction Program
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MAINEGENERAL PREVENTION & HEALTHY LIVING, HARM REDUCTION PROGRAM
Total Drug Deaths, Comparing the Totals for Deaths Caused by Pharmaceutical and Illicit (Non-Pharmaceutical) Drugs

Maine, 1997-2016
MaineGeneral Medical Center’s ROOR project

- Law Enforcement trainings
- Community education
- Naloxone distribution in clinical settings

Referral to Treatment
Referring People On-Scene

- Build upon partnerships
- Many options
- Create resources to help with delivery of materials

We care about you.

Emergency Responders use a drug called Naloxone to reverse opioid overdose.

Naloxone saves lives, but it may wear off in as little as 20 minutes. This puts you at risk of overdose again.

We encourage you to go to the hospital for medical care.

If you choose not to go to the hospital, we still want to help.

MaineGeneral Harm Reduction can answer non-emergency questions M-F, 8 a.m. - 4:30 p.m. Call 621-3770.

Resources

Your primary care provider
Don't have one? Call 872-4102.

MaineGeneral Intensive Outpatient Program
Toll-free access line: 877-777-9393

Maine Alliance for Addiction Recovery
Peer coaching & telephone recovery support at 621-4111.

Recovery House
Patient services located in Brewer at 872-7272.

Counseling
Hotline: 1-888-568-1112
Patient services located in Augusta & Skowhegan at 626-3448.

Excellence at Work
Referring People in a Clinical Setting

- Use data to inform
- Create systems
- Comprehensive medical staff training
  - SBIRT model & screening guidelines
  - Waiver training
- Involve champions

Excellence at Work
• History of emergency care for intoxication or overdose.
• Just released from incarceration or institutionalization with history of opioid addiction.
• History of substance abuse, regardless if currently abstinent.
• Severe psychiatric illness or history of suicide attempt.
• Prescribed long-acting opioid.
• High daily dose of opioid used (>50 mg morphine equivalent/day).
• Prescribed opiates or opioid use greater than 30 days.
• History of or current polyopioid use.
• Opioid use with certain concurrent diseases such as: renal dysfunction, liver disease, respiratory infection, sleep apnea, COPD, emphysema or other respiratory/airway disease that can lead to potential airway obstruction.
• Concurrent prescription or OTC medication that could potentiate the CNS and respiratory depressant properties of opioid medications such as benzodiazepines, antipsychotics, carisoprodol or antihistamine use.
• Patients who may have difficulty accessing emergency medical services (distance, remoteness, lack of transportation, homeless or without phone services).
• Elderly (> 65) receiving an opioid prescription.
• Youth under age 20 receiving an opioid prescription.
• Households with people at risk of overdose, such as children or someone with a substance abuse disorder.
• If patient ask for a kit.
Take-Aways

- Adapt & expand trainings
- Implement systems for screening & referring patients
- Involve key partners & champions