

MaineGeneral Medical Center Harm Reduction Program

June 28, 2017



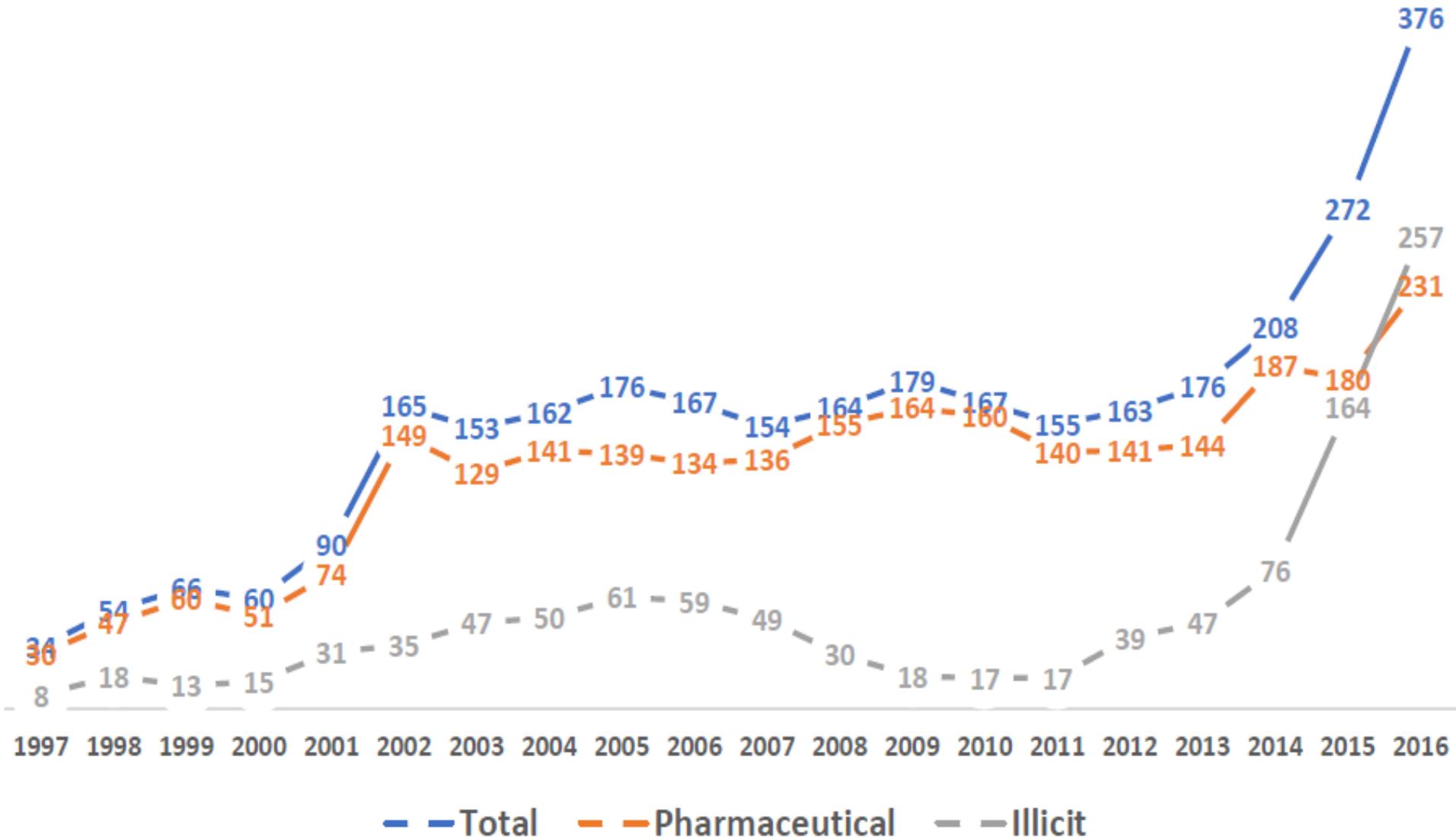
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MAINEGENERAL PREVENTION & HEALTHY LIVING, HARM REDUCTION PROGRAM

Excellence at Work

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.

MaineGeneral
Community Care
www.maine-general.org



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.

Discovery House

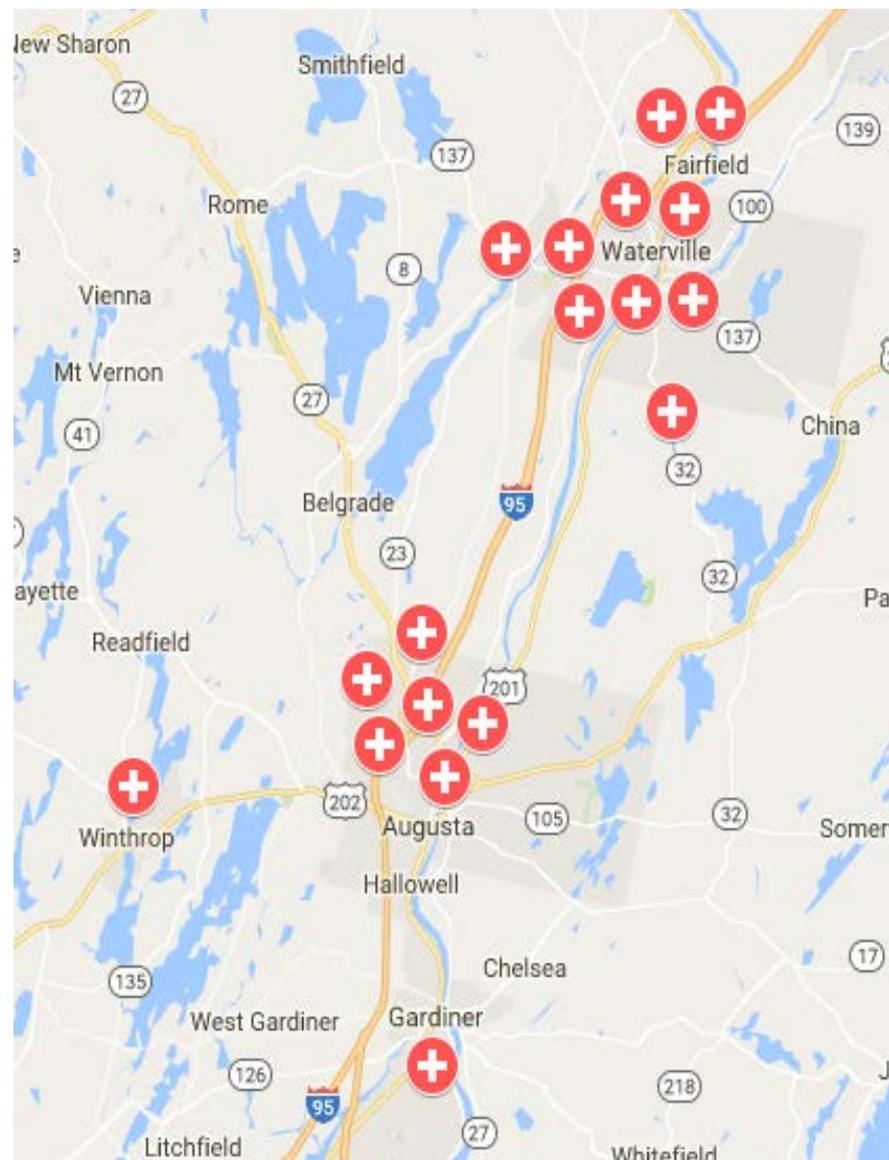
Outpatient services located in
Beverly at 872-7272.

**Substance Use
& Counseling**

hotline: 1-888-568-1112
Outpatient services located in
Beverly and Skowhegan at 626-3448.

Referring People in a Clinical Setting

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



- 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

Save a Life



If someone doesn't respond, place them in the Recovery Position on their side and call 911.