



Overdose Prevention Sites as Brain Injury Prevention

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About me – Laura (she/her)

- Social Worker in Baltimore City: Assertive Community Treatment (ACT), substance use services, harm reduction outreach and syringe services, and emergency department psychiatric assessments
- Trainer/consultant on the Behavioral Health Administration's Federal Traumatic Brain Injury Partner Grant
- On the Board of Directors for the Baltimore Harm Reduction Coalition
- Personal history of brain injury and outpatient TBI treatment

Agenda

- Define and connect overdose, opioids, and brain injury.
- Introduce harm reduction strategies and principles.
- Introduce OPS intervention and consider supervised drug consumption as evidence-based practice. Make connections between overdose prevention and brain injury prevention.
- Discuss impact of stigma and criminalization

Getting on the same page

Definitions

Opioid Overdose

- A negative health event directly caused by taking too much of an amount of an opioid or opioids, alone or in combination with other substances.
- Opioids can suppress breathe.
- Suppressed respiration can lead to to unconsciousness, coma, brain injury, and death
- Surviving an overdose depends on restoring respiratory function and getting enough oxygen (naloxone, rescue breathing)

Naloxone

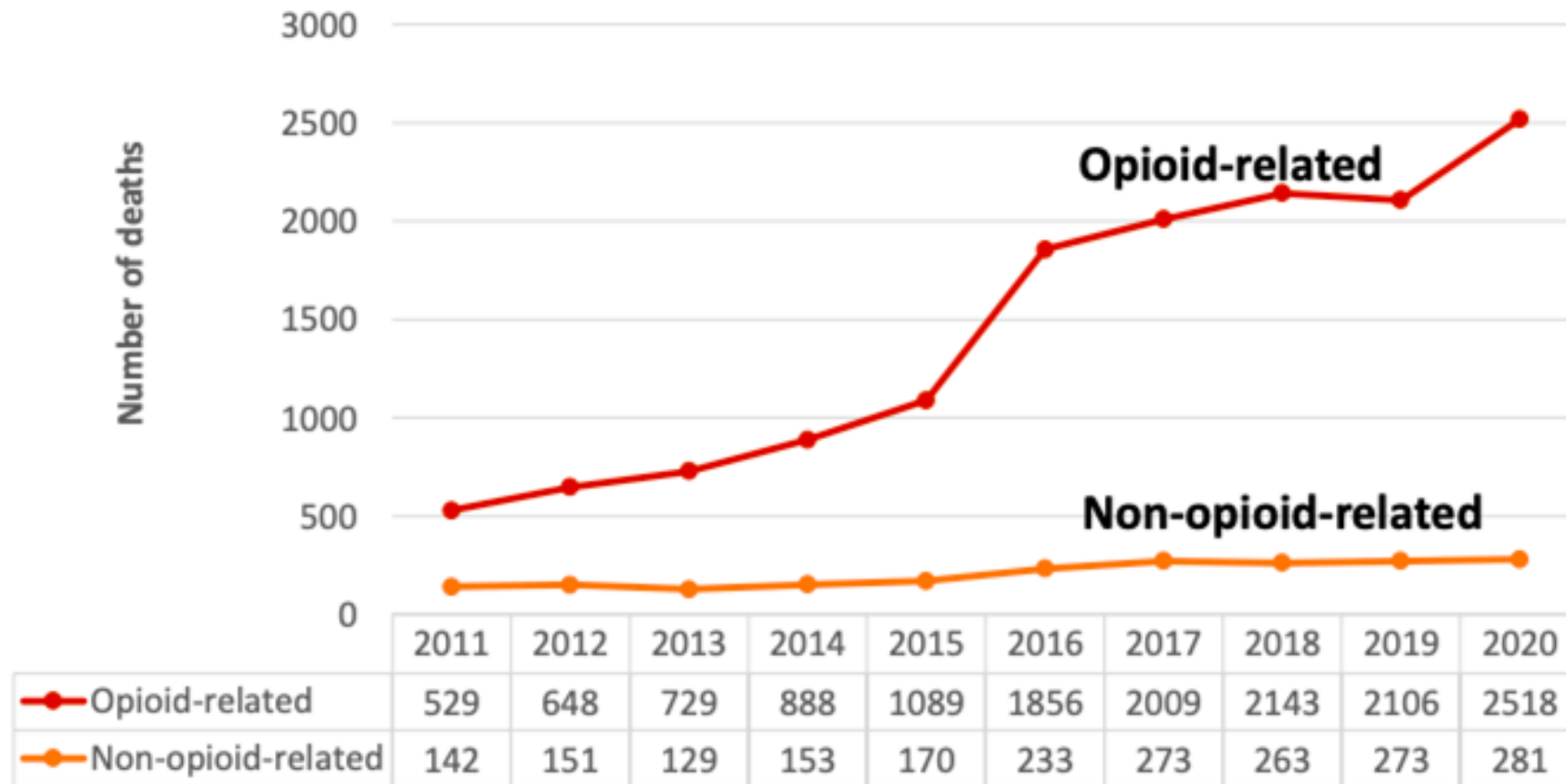
- Safe medication used to reverse opioid overdoses
- Available in intramuscular, intranasal, and intravenous formulations.
- Available to community members, individuals who use drugs, family members, health care providers, etc through pharmacies and through Overdose Response Programs (ORPs).
- Most effective when individuals who use drugs are prioritized in outreach efforts

Overdose During the Pandemic

Drug-related deaths were increasing before the pandemic. The pandemic has complicated the response and likely contributed to a worsening crisis. *Overdose deaths increased by over 15% in 2020 over 2019.*

- Disruptions in in-person treatment, Narcotics Anonymous /Alcoholics Anonymous meetings, and other medical and mental health programs
- Worsening life stressors, including housing, employment, childcare, food, access to health insurance and medical care
- Social distancing means that people are alone more often and fewer people may be around to respond to an overdose
- Restricted migration/trade patterns have made the drug supply less predictable

Figure 6. Total Number of Opioid* and Non-Opioid- Related Deaths Occurring in Maryland, 2011-2020.



*Total opioids include heroin, prescription opioids, and illicit forms of fentanyl.

Types of brain injury

Traumatic Brain Injury (TBI) - Defined

TBI is an insult to the brain caused by an external physical force, such as a: banging your head, fall, motor vehicle accident, assault, sports related incident.

Acquired Brain Injury (ABI) - Defined

ABI is an insult to the brain that has occurred after birth, such as: TBI, stroke, near suffocation, infections in the brain, anoxia, and opioid overdose(s)

Both types of brain injury can be chronic, and get worse with age.

Overdose as a brain injury

- The frontal lobe is highly susceptible to brain hypoxia (reduced oxygen)
- Frontal lobe damage leads to potential loss of executive functions which are often required to participate, engage, and thrive in treatment
- As a result of frontal lobe damage, survivors of overdose may have issues with noncompliance, poor follow through, or a lack of engagement
- Decreased ability to participate and engage in treatment puts these individuals at increased risk for relapse

Nonfatal overdose

- In the past 365 days, there were 210k reported nonfatal overdoses, according to the White House dashboard.
- This does not include the number of people who are revived in the community by neighbors/family/friends or first responders.
- Few of these individuals are screened for brain injury or referred to brain injury services.

Common Challenges After Brain Injury

COGNITIVE/THINKING	EMOTIONAL	PHYSICAL
Memory and Attention	Depression and anxiety	Unsteady gait, poor coordination
Comprehension of what is being read or heard	Reduced or lack of awareness of functional impact of injury imposed challenges	Slow or slurred speech
Communicating thoughts verbally or in writing	Disinhibition and impulsivity	Sensitivity to noise or light
Problem solving difficulties, impulse control and difficulty organizing thoughts, words and actions (aka executive skills)	Reduced frustration tolerance and irritability	Fatigue

Cumulative impact

Cumulative impact - A subsequent brain injury can take longer to resolve and the individual may experience more severe symptoms.

- *What does this mean for people who overdose multiple times? Or who regularly have “near” overdoses, which can involve oxygen deprivation to the brain?*

Getting on the same page

Harm Reduction

Harm Reduction

Harm reduction is a philosophy and set of practices applied to promote safety associated with culturally stigmatized behaviors, such as drug use and sex work.

Harm reduction is practiced on two levels: the **interpersonal**, where we change our routines, share suggestions, and gather and distribute tools for increasing safety, and the **institutional**, where we change policy and systems to support safety and decrease violence and marginalization.

Source: Baltimore Harm Reduction Coalition

Harm Reduction on the interpersonal level

Gather and distribute resources and supplies to increase individual safety. Examples include:

- Naloxone distribution
- Syringe service programs
- Safer sex kits
- Fentanyl test strips
- Overdose prevention sites



Harm Reduction on the Institutional level

Change policies and organizational practices to decrease violence and create a safer, less harmful environment. Examples include:

- Advocating for increased access to quality health care, including behavioral health, for the entire community
- Re-considering severity of punishments for individual behaviors, including drug use and sex work
- Assessing how your agency or organization may perpetuate stigma and make an action plan to change the practices and culture

Overdose Prevention Sites

Overdose Prevention Sites (OPS)

- Overdose Prevention Sites are safe and private places to consume drugs and receive life-saving interventions in case of overdose, access sterile equipment, and receive referrals for health care services, including mental health care.
- There are over 200 overdose prevention sites in 14 countries, including in the United States.
- The first public site in the US opened in December 2021 in NYC.

OPS Outcomes from literature

- Increased connection to substance use treatment programs
- Prevention of overdose deaths
- Connections to medical providers/advocates for support when seeking health care
- Reducing public drug use
- Reducing public syringe litter
- Reduce transmission of HIV and Hep C
- Increase capacity for EMS to respond to other emergencies
- Creates space for acceptance and safety

OnPoint NYC

Two locations in NYC - one in East Harlem and one in Washington Heights

3,089 participants since opening

819 overdose interventions

- microdosing naloxone
- supplemental oxygen
- immediate response
- vitals monitoring

Has improved syringe litter in public spaces, including around schools and in parks

Services at OnPoint NYC

- Expansion of existing harm reduction drop-in center
- Services include:
 - Meal service
 - Sterile syringe supply distribution
 - Referrals to substance use disorder treatment
 - Laundry and clothing distribution
 - Showers
 - Health suite with MAT and treatment for HIV/Hep C
 - Mental health counseling and case management
 - Acupuncture
 - Garden

OPS as brain injury intervention

- Staff trained to recognize and respond to overdose immediately.
- Capacity to provide immediate response to overdose reduces duration of loss of consciousness
- Reduction in occurrence of anoxic or hypoxic brain injury
- Escalation of care can happen much more quickly if needed.

OPS in Maryland

- Would build off of existing harm reduction service infrastructure
- There are no OPCs in Maryland
- Legislation this year to create a pilot program was introduced and discussed, but not voted on.
- Advocates for OPS in Maryland have formed the BRIDGES Coalition
 - Members include 30+ organizations across the state, including Health Care for the Homeless, BHSB, Chase Brexton, and Baltimore Harm Reduction Coalition

Accessing health care with history of drug use

- Stigma related to history of addiction from health care providers
 - Concerns are dismissed or attributed to “drug seeking” behavior
 - Statements from providers, such as “you deserve this.”
 - Poor management of withdrawal or continuation of medication-assisted treatment
 - Feelings of being dismissed or judged
- Stigma related to drug use is held up through criminalization

What we are working towards

“And that deep and irreplaceable knowledge of my capacity for joy comes to demand from all of my life that it be lived within that knowledge that such satisfaction is possible”

- Audre Lorde

Thank you!!!

Traumatic Brain Injury Partner Project

MD Behavioral Health Administration

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