

# Improving the Lives of People Who Use Drugs



UNIVERSITY OF MINNESOTA

**Driven to Discover<sup>SM</sup>**

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**South Side Harm Reduction**

# Areas of Interest:

- How can providers and SSPs work together to decrease overdoses and injection related infections?
- How can easier access to buprenorphine lead to increased control of opioid and less episodes of opioid withdrawal?
- How to increase access to medical care using “telemedicine?”
- Increase access to Hep C cure



# How can providers and SSPs work together to improve the lives of PWUD?

- Decrease OD
- Decrease Infections
  - HIV: PrEP
  - Hep A: immunize
  - Hep C: increase access to supplies and education on use
  - Hospitalizations for bacteria related infections: increase access to supplies and education on use



# The Injection Process

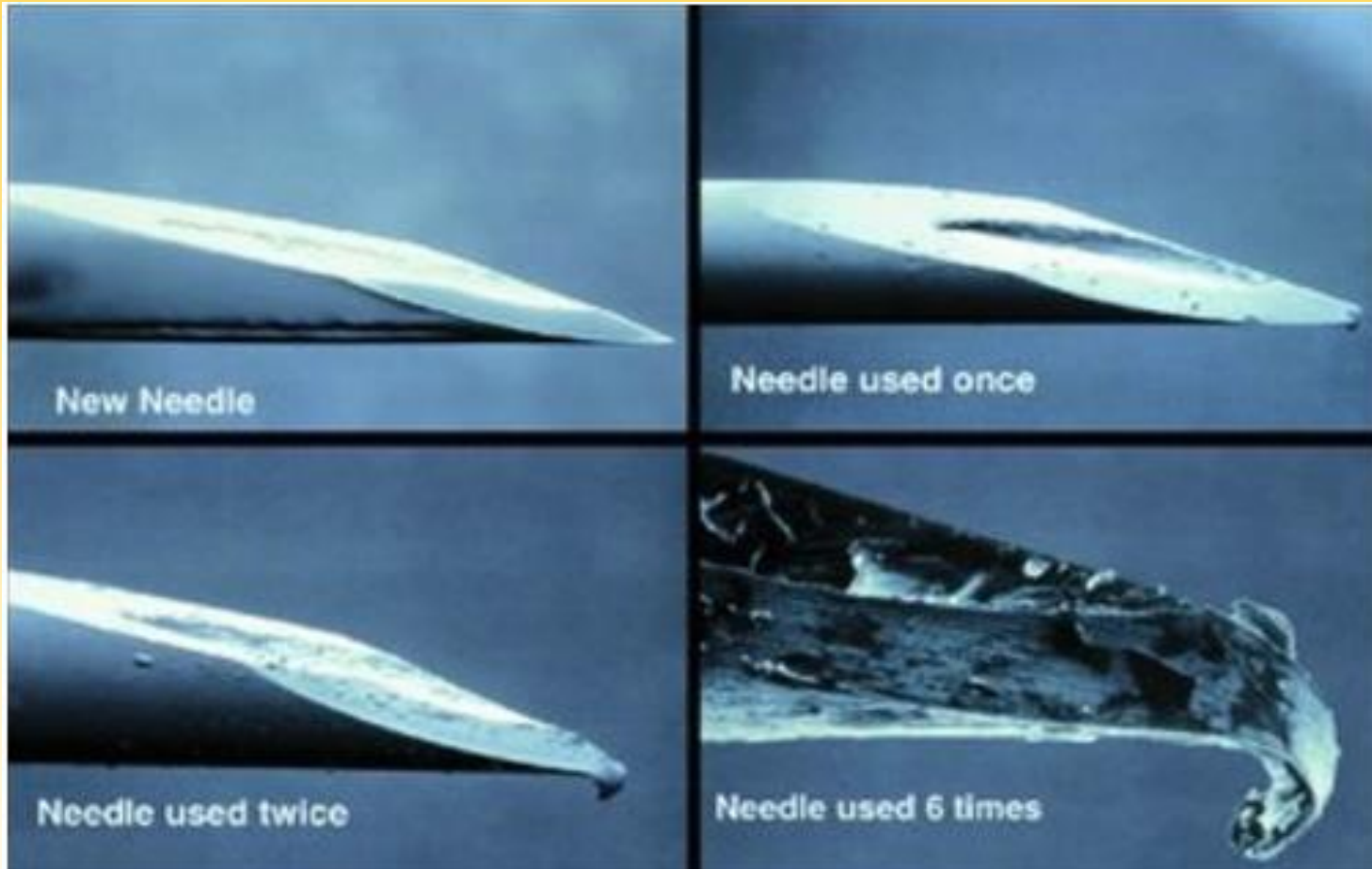


**Lack of any the following can lead to infections:**

- Clean surface
- Wash hands
- Mix drug (“cooking”)
- Draw through filter (also called a rinse)
  - Don’t share rinses
  - Discuss risk of re-using
- Find site, clean skin
- Tourniquet
- Inject (don’t lick needle!)
- Band aid



# Re-using syringes= infections



**For PWUD with opioid dependence, who are interested in having more control of use, with less episodes of withdrawal:**

- Buprenorphine (Suboxone) during the Age of Fentanyl
  - Many ways to take bupe to feel well
  - How can we educate people on micro-dosing techniques?



## Suboxone (buprenorphine/naloxone) Home Induction Instructions

For some people, the "classic" induction with Suboxone (waiting until withdrawing) isn't helping people feel well. Another method is called microdosing. By slowly increasing the Suboxone in your body every day, some people are able to start Suboxone without going into withdrawal.

you may need to use your usual substances for the first few days to control withdrawal symptoms.

Most people can stop this around day 3.

Day 1: 0.5mg once

Day 2: 0.5mg twice a day

Day 3: 1mg twice a day

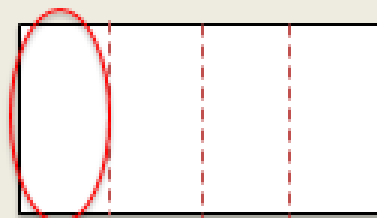
Day 4: 2mg twice a day

Day 5: 4mg twice a day

### Day 1

Take 0.5 mg 1 times today.

You will need to cut a 1/4 sized piece off a 2 mg film.

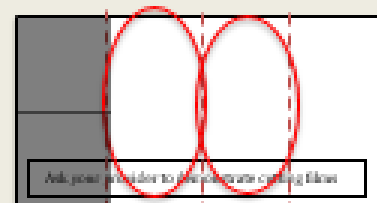


Ask your provider to demonstrate cutting films

### Day 2

Take 0.5 mg 2 times today.

You will need to cut two 1/4 sized pieces off a 2 mg film.

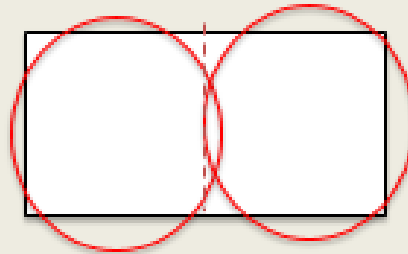


Ask your provider to demonstrate cutting films

**Day 3**

Take \_\_\_1\_\_\_ mg \_\_\_2\_\_\_ times today.

You will need to cut a \_\_\_2\_\_\_ mg film into \_\_\_2\_\_\_ pieces.



**Day 4**

Take \_\_\_2\_\_\_ mg \_\_\_2\_\_\_ times today.

You will take a whole 2 mg film twice today.

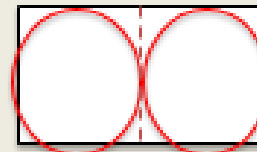


**NEW FILM prescription:**

**Day 5**

Take \_\_\_4\_\_\_ mg \_\_\_2\_\_\_ times today.

You will take 1/2 of a 8 mg film twice today.



**Day 6:**

8 mg films

take 8 mg 1-2 times a day depending on how you feel



**Provider info:**

Day 1: 0.5mg once

Day 2: 0.5mg twice a day

Day 3: 1mg twice a day

Day 4: 2mg twice a day

New script!

Day 5: 4mg twice a day

Day 6: new script, 8-2 mg films

Script: 2-0.5 mg films, one film a day as instructed, total 4 films, 0 refills

Will need new script for day 5, of 8-2 mg films, 1-2 films daily, total 14 films, 0 refills

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# How to increase access to medical care:

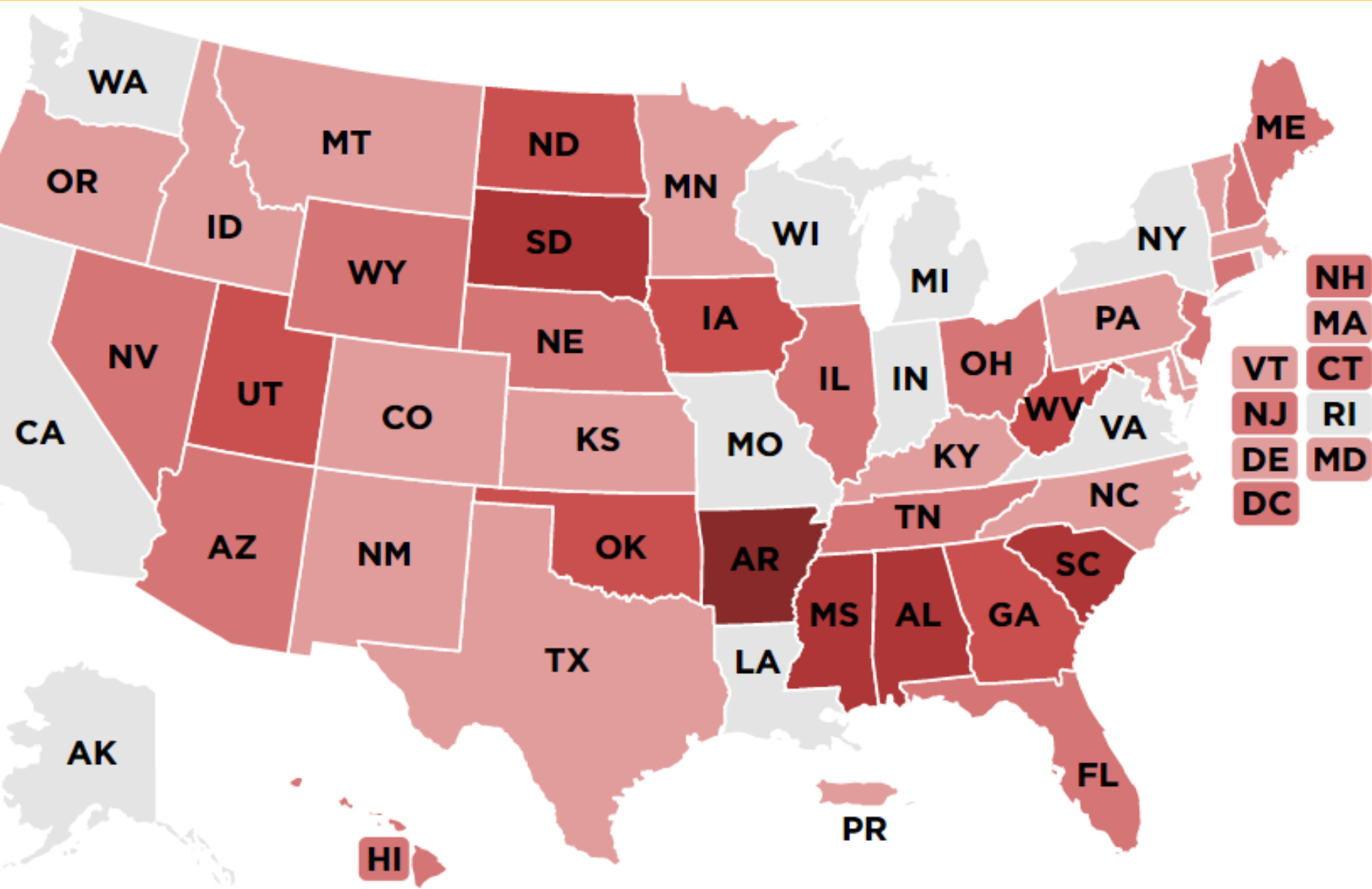
- **Telehealth and bupe**
  - Phone increases access to medication
  - Requiring Video, face to face, often is a barrier



# Hep C: increasing access to cure

- Access depends on each individual state's Medicaid restrictions
- [Stateofhepc.org](http://Stateofhepc.org)
- Minnesota - grass roots campaign led to:
  - Removing sobriety restrictions
  - Allowing primary care to treat
  - A Prior Authorization is still required, and leads to delays in access





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