

Session 13

Leslie Hayes: We have had multiple cases of wound botulism in iv drug users in the last two years in my state. Are there any preventive measures for this?

- Dr. Stancliff: Black tar heroin? Of course any measure reducing injection - mode of admin or treatment. Otherwise I don't know but can check I can look for your email.
- Leslie Hayes: Yes, connected with black tar heroin. Thanks! I appreciate it.
- Dr. Stancliff: <https://kingcounty.gov/depts/health/communicable-diseases/hiv-std/patients/~media/depts/health/communicable-diseases/documents/hivstd/wound-botulism-warning.ashx>
- Bella Gentry: Thanks for calling attention to this. How did you diagnose this?
- Bella Gentry: what all would you include in a sterile injection kit?
- Dr. Stancliff: syringes, "cookers"- metal caps, small dental cottons, alcohol swabs, sterile water and naloxone. If syringes are rare, possibly bleach but evidence is spotty. hand sanitizer nice.
- Adam Lake: i'd add citrate if people are shooting cocaine
- Dr. Stancliff: Yes indeed, or if shooting brown powder heroin
- Dr. Stancliff: Lemon juice is often used but can carry candida causing nasty infections.

Dr. Stancliff: <https://kingcounty.gov/depts/health/communicable-diseases/hiv-std/patients/~media/depts/health/communicable-diseases/documents/hivstd/wound-botulism-warning.ashx>

- Gyanesh Agrawal: primary

Bella Gentry: what all would you include in a sterile injection kit?

Mileidys Gomez Gonzalez: I think on of the slides states naloxone as a secondary prevention and another one as a tertiary prevention?

- Dr. Stancliff: I will look after and see if it is an error.
- Donald Foster: Naloxone would be tertiary. Naltrexone would be secondary
- Dr. Stancliff: I looked, might be a bit nuanced, but it is useful in both the person using drugs occasionally and other with OUD. Point well taken

Adam Lake: any data on canada's safe supply efforts that started during covid pandemic

- Dr. Stancliff: not that I know of

Stephen Gibert: What about decriminalization? The drug war is not compatible with harm reduction.

- Dr. Stancliff: Absolutely correct but unlikely to be on the exam.
- Dr. Stancliff: But I will say much of harm reduction also works to reduce the harm of criminalization

JChen: Will decriminalization of drugs use help to reduce harm? Patients more open to seek assistance??

- Dr. Stancliff: Appears to be so , for example Portugal. We know that infants born to pregnant people with OUD are more likely to have NOW in states with punitive policies.

Donald Foster: Can you comment on the side effect of Seizures with uses of naloxone?

- Dr. Stancliff: Likely the impact of hypoxia
- Dr. Stancliff: Not common.

Abbie Ewell: Are there any studies about use of Suboxone or Subutex in an overdose? It would seem to me this might be more available and if time is of the essence and no Naloxone is available, is it better than nothing?

- Leslie Hayes: Anecdotally, I have a patient who used it and stated the person with the overdose woke up.
- Dr. Stancliff: We hear it a lot but unless injected kind of slow acting.
- Dr. Stancliff: Oh, I know of no studies
- ST Weiss: There are a few case reports. Like this one:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3343634/>
- Dr Luther: The spring conference had a session that talked about paramedics administering high dose Suboxone after naloxone to reduce WD symptoms. I found that fascinating!
- Dr. Stancliff: Yes indeed a new thing we are thinking a lot about. I am even wondering if it might be a way to deal with the long withdrawal from chronic fentanyl. But just a thought.

Martha Arden: Can you tell us more about your use of naloxone on the subway? I see sleeping or passed out people on the subway (or sidewalk) frequently and wonder whether/how to respond

- Dr. Stancliff: I look for breathing, if in doubt I have sometimes approached people gently. Those who are fine generally say thank you. In my 2 cases the subway was already held due to concern of other passengers by the time I saw.
- Dr. Stancliff: But it is an uncomfortable thing to do.
- Martha Arden: thanks. It's fantastic that you were willing and able to intervene
- Dr. Stancliff: It was odd that only one passenger asked us what we did.
- Martha Arden: You've convinced me to carry naloxone in my backpack - a real impact of your lecture!
- Jamie Redwing: Dr. Standiff - I think that all ADM personnel should carry a NARCAN pak with us everywhere - just the way everyone is taught CPR...
- Dr. Stancliff: Happy to hear Dr. Arden, and yes it is good if we can.

Dr. Stancliff: Love this interactive thing even if I don't have all the answers.

Dr. Stancliff: Except I find my boo boos. Oh well.

Leslie Hayes: Thank you for your comments on counseling. I have had occasional counselors insisting that I refuse a buprenorphine prescription if the patient is not participating in counseling. I have refused, but I was accused of being anti-behavioral health for that.

- Dr. Stancliff: Right, maybe our state guidance can help. And so many want counseling after other things have stabilized. Or they have been through years of counseling already.

Dr. Stancliff: "Measures aiming to delay the onset of alcohol use are examples of:

- A. Supply reduction
- B. Primary prevention
- C. Secondary prevention
- D. Tertiary prevention

Answer: B

Which of the following has been documented to reduce the risk of opioid overdose?

Provision of naloxone; Good Samaritan laws protecting persons with an overdose and the rescuer;
Prescription take back programs; Prescription monitoring programs

Answer C

Which of the following is considered to be an effective to prevent drug use?

Using ex-drug users as testimony; Giving information in lectures, focusing on fear arousal ; Dispelling misconceptions regarding the normative nature and the expectations linked to substance use ;
Addressing only ethical/ moral decision making or values

Answer C"