0:0:0.0 --> 0:0:31.550
Wilson, Keisha
Speaker Doctor Castalla is board certified in family medicine in addiction medicine. She graduated from Loyola Stritch School of Medicine and completed her family medicine residency at the University of Iowa and her clinical role. She has developed and expanded MAR by mentoring new prescribers, precepting residents and training clinicians within the Chicago and Illinois communities. She has also focused on the development of a walk in integrated behavioral health.

0:0:31.790 --> 0:0:37.440
Wilson, Keisha
Addiction and primary care program within her FQHC system.

0:0:38.80 --> 0:0:50.510
Wilson, Keisha
In January of 2021, Doctor Gastala joined the team at the Substance use Prevention and Recovery Division of IDHS as the medical director. So before we get started, we actually have.

0:0:51.310 --> 0:1:17.380
Wilson, Keisha
A few polling questions that we are going to ask. So our first question is what is your uh this? What is your disciplinary role within a dialysis facility? So are you a social worker, a clinical manager, facility administrator, a nurse, a patient care technician, nephrologist, dietician, or do you have another role within the facility?

0:1:18.310 --> 0:1:21.510
Wilson, Keisha
And we're just going to take a few seconds to answer the question.

0:1:23.460 --> 0:1:25.520
Broaddus, Audrey
You should do you see the poll.

0:1:26.480 --> 0:1:27.630
Wilson, Keisha
I do. I can see it.

0:1:28.220 --> 0:1:31.550
Broaddus, Audrey
Do you see it like where you can choose or is it just on the slide?

0:1:32.370 --> 0:1:38.760
Wilson, Keisha
Actually I can see where you can choose. I see the yes or no, but I don't see like the. Yeah, I see. Just yes or no.

0:1:39.970 --> 0:1:40.470
Broaddus, Audrey
OK.

0:1:40.180 --> 0:1:42.170
Wilson, Keisha
How? Yeah. How's it showing up when you're in?

0:1:44.160 --> 0:1:45.0
Broaddus, Audrey
How about this?

0:1:47.650 --> 0:1:47.960
Broaddus, Audrey
OK.

0:1:45.680 --> 0:1:49.340
Wilson, Keisha
Ah, OK, now yeah, I notice the difference now. I'll see all the different.

0:1:50.370 --> 0:1:51.60
Wilson, Keisha
Answers.

0:1:50.610 --> 0:1:51.510
Broaddus, Audrey
Sorry about that.

0:1:53.730 --> 0:1:54.180
Wilson, Keisha
OK.

0:1:56.920 --> 0:2:0.410
Wilson, Keisha
So yeah, we're just allow a little bit more time for you all to answer.

0:2:19.370 --> 0:2:23.430
Wilson, Keisha
OK, great. We can go ahead and move on to the second question.

0:2:28.110 --> 0:2:40.230
Wilson, Keisha
OK. Do you or have you worked with patients whose dialysis treatments are affected by opioid use disorder or substance use disorder? Yes. No. Or are you not sure?

0:2:54.50 --> 0:2:55.940
Wilson, Keisha
OK, just a few more seconds.

0:3:4.550 --> 0:3:6.250
Wilson, Keisha
OK. Next question.

0:3:14.790 --> 0:3:29.120
Wilson, Keisha
What is your comfort level with the topic of harm reduction in opioid use disorder? I have very little knowledge. I have a basic knowledge. I have a moderate level of knowledge. I am a subject matter expert.

0:3:54.850 --> 0:4:4.220
Wilson, Keisha
OK, great. So now we could go ahead and listen to the presentation. So, doctor Gastala, I'm gonna go ahead and hand it over to you.

0:4:8.180 --> 0:4:39.190
Gastala, Nicole
Turn myself off mute. I always do that first. So hi everyone. It's really great to be here today and really share this information. I'd love for this to be, you know, as interactive as possible. You know, there's not too many members on the call, 46. So if something's come up during or any questions come up during the actual presentation, feel free to put a question in chat. I'll try my best to monitor it or get to it at the end to. I want this to be again.

0:4:39.370 --> 0:5:0.780
Gastala, Nicole
Interactive and hopefully help you make have more understanding and knowledge regarding substance use in patients as well as sort of what our roles and the medical field are regarding harm reduction and just really patient care and helping patients live their best lives. So give me one moment and I'm going to share my screen.

0:5:4.150 --> 0:5:4.770
Gastala, Nicole
All right.

0:5:9.420 --> 0:5:40.790
Gastala, Nicole
Today we're going to talk about the recovery continuum, harm reduction and evidence-based practices. I don't have any financial disclosures to share regarding this activity. So our goal is to really define what is harm reduction and what does it mean on the recovery continuum. We also want to apply evidence-based harm reduction and treatment services for substance use disorders, in particular opioid use disorder, that sort of what's been most prevalent in the past few years in terms of Morbidity and mortality. In fact in 2021 / 100,000 people died of an opioid overdose.

0:5:49.510 --> 0:6:11.600
Gastala, Nicole
Also, we want to learn how to incorporate person centered language into the care of patients with substance use disorders. This can be incredibly important for building that relationship. You all see patients what usually at least three times a week in terms of for their dialysis. So you do develop a pretty good relationship with patients regularly.

0:6:14.560 --> 0:6:44.250
Gastala, Nicole
So the very first thing is we really have to take time to reflect on our feelings about getting high and our beliefs about people who use drugs. There's a lot of stigma within for patients who have substance use disorder, just like there is around mental health as well. So that's one sort of thing. We really have to think about internally and think, how does that impact the care that I give these patients and really instead focus instead on perhaps, like, biases that we've been raised with.

0:6:44.360 --> 0:7:14.960
Gastala, Nicole
Or been in our community, really. Think about it from a medical lens and look at it from evidence-based sort of standards. So there's a lot of outdated substance use treatment philosophies that continue to sort of percolate in society, right. It treatment historically has been rooted in punitive interventions. So that means that we've sort of equated substance use with a moral failing. Right. And when we moralize these individuals with substance use disorder, this has really led to.

0:7:15.170 --> 0:7:43.60
Gastala, Nicole
Biases that contribute to deficient interventions, judgmental language and stigma, as well as really poor recovery outcomes and then criminalization of drugs exacerbates this punitive treatment of individuals with addiction. So if incarceration is a primary consequence rather than treatment of substance use disorder, you can see where that sort of putative impact. And there's really no other disease process that we do that with right diabetes, hypertension.

0:7:43.940 --> 0:8:15.990
Gastala, Nicole
I they have the same genetic penetrance, about 40 to 60% of substance use disorders have a pretty significant genetic penetrance to them, very similar to what we see for diabetes and hypertension. And so this can be really sort of important to understand is why in medicine have we taken a more sort of punitive approach and really it's because of these sort of moralization societal and criminalization of substances that have really led to that sort of treatment view.

0:8:16.100 --> 0:8:39.770
Gastala, Nicole
Rather than looking at it from sort of an evidence based at, this is a chronic disease. Like any other chronic disease that we treat and ultimately these philosophies and moralization and criminalization has really led to an all or nothing approach to treatment and corresponding punitive practices. So that means an abstinence only model. If you have a patient with diabetes.

0:8:40.500 --> 0:9:11.170
Gastala, Nicole
And you say, well, we your blood sugars really out of control your A1C's 12, you have to cut out all sugar from your diet. If you don't, then I'm not gonna treat you anymore. We don't do that. Right. That would be medical malpractice. The same sort of thing with substance use. If you have a patient who's used for 20 years, they're not gonna all of a sudden become absent, right? They've used substances to really deal with a lot of trauma in their lives, in self treatment. Right.

0:9:11.290 --> 0:9:16.860
Gastala, Nicole
So you really have to have sort of a perspective on that that you may in fact need to.

0:9:19.250 --> 0:9:30.880
Gastala, Nicole
Umm, you may in fact Umm really need to look at it from a chronic disease model and framework rather than again this all or nothing approach.

0:9:31.580 --> 0:9:39.480
Wilson, Keisha
I'm. I'm sorry, doctor Gastala. Let me just interrupt. Can we please be mindful? Just make sure we have our mics off, please. That way, everyone can hear.

0:9:41.30 --> 0:9:41.760
Wilson, Keisha
Thank you.

0:9:52.50 --> 0:9:54.50
Wilson, Keisha
OK. I'm sorry about that, doctor Gastala.

0:9:53.760 --> 0:10:17.720
Gastala, Nicole
No problem. So thinking about that, So what does recovery mean? Recovery doesn't just mean app since it can also mean a reduction in use. It can talk about improving quality of life. It can talk about achieving life goals or engagement and service. So just like for those patients that you care for who are on dialysis because of their diabetes.

0:10:18.880 --> 0:10:47.830
Gastala, Nicole
They also sort of have variations in terms of their own recovery with their diabetes, right. Some patients are going to have really great control and other ones are not. Some will still consume sugars and some, you know will have changed. But really the goal for them is to improve their health but also improve their quality of life. And this can be done through sort of several ways. So when we relate that to diabetes, so reducing the amount of sugar you intake.

0:10:47.890 --> 0:11:8.140
Gastala, Nicole
Is improving. You know your health after patients with substance use reduction in the amount that they use can also really significantly improve their life. So I'm trying trying to do a lot of parallels for you to sort of see like how you can relate it to other chronic diseases that you also see in patients that you care for in your facilities.

0:11:11.340 --> 0:11:39.70
Gastala, Nicole
So again, recovery is a continuous process. If a patient is not on the road to abstinence abstinence, this does not mean that they are not on the road to recovery, right? The number one goal we have is to save

lives and absence is not the only way to achieve this. So patient recovery should have access or can reconnect to care at any time, right? Because it's a lifelong chronic condition and that recovery supports really important.

0:11:39.210 --> 0:11:50.660
Gastala, Nicole
Treatment and recovery support sort of work hands and hand soap, community recovery, support groups, counseling, and then of course harm reduction as part of that. And we'll go into some more depth about that.

0:11:51.330 --> 0:12:21.800
Gastala, Nicole
So what is harm reduction? So harm reduction really meets people where they're at and is based on their goals. So if you look at other areas of public health, we do this pretty frequently, right? Condoms to prevent infection, to prevent unintended pregnancy, seat belts to prevent major trauma and motor vehicle accidents. Taxi services right initiated by bartenders to prevent Duis and other accidents and substance use disorder. It's really about reducing the potential harms.

0:12:21.890 --> 0:12:51.850
Gastala, Nicole
Of that substance use. So whether that's death or overdose, HIV or Hep C transmission, bacterial infections from Ivy, drug use. And this is for all people using substances, not just those who are working towards sobriety or recovery. And you, of course, encounter those patients too in your facilities, right where their goal may not be absence. But there's ways that we can reduce the harm from the from substance use. So what are some examples of harm reduction in clinical practice? Well.

0:12:51.950 --> 0:13:18.560
Gastala, Nicole
You've gotten a lock zone or Narcan, and I hope that you have that in all of your facilities. I can be really impactful in terms of reversing overdose death. Fentanyl test strips. This can usually be obtained from public, local public health departments where patients can test their drug supply to prevent an overdose. So you're thinking like, well, what does that mean? Well, so say you have a patient who's intending to use cocaine.

0:13:19.680 --> 0:13:21.450
Gastala, Nicole
And they are.

0:13:31.660 --> 0:13:33.690
Wilson, Keisha
Doctor Gastala, I think you're muted.

0:13:37.660 --> 0:13:38.830
Gastala, Nicole
OK. Can you hear me now?

0:13:39.300 --> 0:13:40.810
Wilson, Keisha
Yep, that's perfect. Thank you.

0:13:40.70 --> 0:13:41.40
Gastala, Nicole
OK, great.

0:13:41.420 --> 0:13:44.860
Gastala, Nicole
Umm, so professional test strips.

0:13:46.100 --> 0:14:15.150
Gastala, Nicole
So if a patient is intending to use a stimulant and has no sort of opioid use in general, normally, if they accidentally ingest fentanyl from either contamination or someone adultered their drug supply, they will overdose and die. And so fentanyl test strips can allow individuals to test their drugs in order to prevent overdose deaths. So, for example, if you're familiar with Lala Palooza.

0:14:15.250 --> 0:14:37.60
Gastala, Nicole
This year, the Chicago Department of Public Health did really some great initiatives to provide naloxone to provide fentanyl test strips, and no one died of an accidental opioid overdose because they decided that they wanted to try ecstasy or something or another stimulant, right. While they're at this concert series. So it's sort of is really, again, the number one.

0:14:37.500 --> 0:15:8.210
Gastala, Nicole
Umm, first step in public health is actually to prevent death, right? So that can be really, really helpful. Syringe exchange is really important to prevent infection transmission, which of course can impact the care that they receive from you as well. Safe consumptions bases are places where people can use drugs, where somewhere there's sort of like a medical personnel to support them. If they do overdose. This is not currently sanctioned in Illinois.

0:15:8.290 --> 0:15:38.260
Gastala, Nicole
What is currently sanctioned in Rhode Island, as well as New York City and throughout the world, and we'll talk a little bit about that. And then medication for opioid use disorder medication assisted recovery is extremely effective in terms of preventing overdose staff and treatment as well as of course harm reduction, psychotherapy and trauma, informed person centered and recovery oriented care. So many patients who use drugs have a pretty significant history of trauma.

0:15:38.620 --> 0:15:46.480
Gastala, Nicole
Umm. And their lives and that sort of how they have learned to cope with it. And so it's important to have that sort of focus.

0:15:47.900 --> 0:16:18.330
Gastala, Nicole
So when we think about harm reduction, well, what does that mean on the recovery continuum? So we said that recovery can be working towards absence. It could be reduction, use, it could be improving their lives. Harm reduction is really focusing on where the goals of care are not focused on abstinence but on reducing harm, including morbidity and mortality. You can't help someone towards absence or towards recovery if they passed away from an overdose, right. So the first step is really to impact mortality.

0:16:18.710 --> 0:16:49.0
Gastala, Nicole
And then if you're not tracking absence, so like patient report or toxicology, how do you help patients improve? Well, there are several ways that you can do that, right? They can decrease their use. They cannot use the loan, they can use a test dose, they can utilize clean materials, the quality of life style is a validated tool that you can use in healthcare to see if someone's improving in terms of their quality of life, social determinants of health, where they unemployed, and now they're employed.

0:16:49.110 --> 0:17:20.30
Gastala, Nicole
Where they unhoused and now their housed relationship building. So rebuilding or forming new relationships and really addressing their whole health. So if you have a patient who, Umm, you see for dialysis, for example, who may have gone from using seven times a day to just twice a week and they're now going to their dialysis sessions regularly rather than just going to the ER and getting a method for emergency dialysis that although they're not abstinent, there's still improving their health, right.

0:17:20.320 --> 0:17:28.580
Gastala, Nicole
Umm. And so that's sort of another way that you can track and then meeting of course familiar our partnership responsibilities and goals.

0:17:33.490 --> 0:18:2.280
Gastala, Nicole
So the harm Reduction International identifies really 5 primary characteristics. It's identifying specific risk for individuals who use substances and then tailor the treatment for that. Acknowledge the significance of any positive change. And this is really important as human beings were really good at improvement, but we're really bad at perfection, right? So this is where that can be very, very helpful to support a patient and moving towards harm reduction and in recovery.

0:18:2.700 --> 0:18:26.780
Gastala, Nicole
Except people who use drugs as they are, treat them with dignity and compassion. It really protects the human rights of these individuals and really maintains transparency and decisions about their interventions. Now it's very important to remember that harm reduction doesn't ignore dangers of drug use or other risky behavior. It may just maintains that we're trying to reduce as much harm as possible.

0:18:30.160 --> 0:19:1.430
Gastala, Nicole

So when we think about stages of change for that patient, remember stages of change are not linear. They're gonna improve sometimes and then they're going to may relapse, right? Just like patients with other chronic diseases might do really well on their diet and exercise and then fall off for a period of time, right. And then they're A1C, goes back up or their blood pressure goes back up because there's salt intake increases. The same thing happens with patients with opioid use disorder because again, it is a chronic disease.

0:19:1.720 --> 0:19:11.790
Gastala, Nicole
And the primary focus is really to help them improve and improving their life, protect their health, reduce morbidity and mortality, and really destigmatize.

0:19:12.890 --> 0:19:33.860
Gastala, Nicole
Are people who use that drugs so harm reduction really begins at contemplation, right? And so it's very sort of important to even if patients are just really thinking about making a change, but haven't yet, that is a great time to sort of intervene, make sure they happen. The lock zone, make sure that they're using.

0:19:34.180 --> 0:19:48.210
Gastala, Nicole
You know, clean syringes, right? Some of those things. And so that when they already feel comfortable with the medical system, so that when they're ready to make a change, they're able to make that change and feel that they can ask for help.

0:19:48.850 --> 0:19:50.270
Gastala, Nicole
So just like I am.

0:19:50.910 --> 0:20:20.720
Gastala, Nicole
Umm. And the reason why that this is very important is that in fact patients are more successful this way. So just like other lower threshold programs, right, like housing first medication first, less punitive programs are much more able to retain patients and really especially programs that integrate that sort of biopsychosocial approach and focus not just on short term goals and long term goals but also our short term goals as well.

0:20:21.40 --> 0:20:53.130
Gastala, Nicole
So when we think about short term goals well and versus long term goals, a long term goal may I want to stop using heroin while that's really wonderful. But you can imagine that there's a lot of steps in between to support that patient and achieving that long term goal. So behavior change takes quite a bit of time and use over 30 years will not be changed by a single dose of medication to treat opioid use disorder. So what are some good short term goals for patients? I will tell people I'm using and not use behind a locked door.

0:20:53.290 --> 0:21:8.280
Gastala, Nicole

I'll take my medications daily and decrease my use from seven days to three days. I'll come to my appointments. I'll come to my dialysis even if I'm not meeting my goals. I will carry in the lock zone with me. So those are all sort of interventions that can help save their lives.

0:21:9.780 --> 0:21:42.630
Gastala, Nicole
And I think this is really important. If abstinence was required as a precondition for me to get any therapy at the beginning, I would never have started treatment of any kind. And this is from a a patient. And I think this is really true for many people. We're not really as human beings. We're not really good at taking that huge leap, right. It's really about baby steps, sustainable baby steps that help us get to, to really that big end goal and substance use treatment is no different than any other part of medicine.

0:21:42.870 --> 0:21:50.600
Gastala, Nicole
I'm in that that we're really just helping patients move along and support them in their small goals to meet those really long term goals.

0:21:51.660 --> 0:22:22.830
Gastala, Nicole
So why follow harm reduction goals and not abstinence goals? While really studies show that even with continued use retention in treatment, so them being involved in medical care really reduces morbidity and mortality, and it's really an effective way to engage those high in the precontemplation stage and then really helps mitigate that abstinence violation effect. So what does abstinence violation effect? Well, it's really the negative cognitive.

0:22:23.400 --> 0:22:54.50
Gastala, Nicole
Feelings, whether it's internal or external experience by an individual after return to substance use, so elapse right after a period of self-imposed absence, so they're already gonna feel really bad about themselves. They're already gonna feel guilty. They're already going to feel like a failure. So it's important to mitigate that effect as much as you can, because that really, really can impact a person as, as you can imagine, if you put yourself in that situation too.

0:22:56.980 --> 0:23:19.720
Gastala, Nicole
So who are we missing in treatment? While about 40% of people who need treatment are not ready to stop using and This is why harm reduction is really important because it is sort of that 0.5 or that really early stage of treatment in terms of helping a patient recovery, it's engaging those people who are not sort of ready for apps since yet.

0:23:22.750 --> 0:23:54.170
Gastala, Nicole
So again, this side is just sort of examples of harm reduction that we use in substance use treatment. So I'm gonna go through each of them and the evidence behind them and how you can sort of utilize them. So in the lock zone. So just like sort of in public health when they've talked about condoms, free condoms being distributed, they're like, well, they're it's actually gonna increase, STD's gonna increase sexual activity. And it's in fact, found the opposite, right, giving condoms out in terms of public health

actually reduces sexually transmitted disease, unintended pregnancy and it does not show to increase sexual activity. So the same thing as within a loxone. There's no increase in drug use when you give it out to patients, clients or.

0:24:10.40 --> 0:24:39.730
Gastala, Nicole
I in the in public health, it actually increases drug treatment. It's also very cost effective. It reduces overdose deaths and really should be centered around people who use drugs. And the CDC actually recommends that all patients who are at risk have naloxone in. That can be those with substance use disorder. But it can also be those who have higher opioid doses. So greater than 50 milliequivalents of morphine for day concurrent benzo use with.

0:24:40.240 --> 0:24:50.200
Gastala, Nicole
Opioids can be really important because there's a lot of unintended overdoses, right? And so this can really help those patients.

0:24:51.340 --> 0:24:54.930
Gastala, Nicole
And and and stop an overdose from resulting in death.

0:24:56.800 --> 0:25:27.830
Gastala, Nicole
So how do you encourage people to carry it? Well, especially for those who've been abstinent. They're like, why don't really need it anymore? Well, if you stop using opioids and then start again for whatever reason, there's a high risk. It's a very high risk time for possible overdose. So it's important to have a plan for what to do in that situation. And I really think that you should consider to have naloxone with you. This is practical information that everyone should have, just like knowing how to do CPR, the Heimlich maneuver. Right. We should. Everyone should really know how to prevent and manage an overdose.

0:25:28.70 --> 0:25:40.120
Gastala, Nicole
And hopefully you'll never find yourself in the future. Will. You'll be at risk of overdose yourself, but you never know when you could be that person who could save the life of someone else. And you know, I've out in the community. I've seen someone.

0:25:41.440 --> 0:26:12.810
Gastala, Nicole
Overdose annual Walgreens on the train station and target, so there's a lot of places where people have risk of overdosing. And you know, just by being there and knowing how to use it and have them medication on hand, you can you can have that positive impact. So how can you address over those? Well, you can address it really during any stage within their treatment. International Overdose Awareness Day is great. But you know if you have clients or patients.

0:26:12.890 --> 0:26:30.360
Gastala, Nicole

To have high or have opioid use disorder. If you if they're on high milliequivalents of morphine or a concurrent benzos, it would be really important to have that discussion with them about accidental overdose and having naloxone available.

0:26:32.80 --> 0:27:2.470
Gastala, Nicole
If you do have an overdose Umm, from a patient that you care for, I whether it's in your facility or elsewhere and they do pass, it's really important to take the time as a staff to acknowledge the death. Really that pause to process those strong emotions, address your teams needs and grieve after an overdose because it is a very sudden death that you ultimately have to deal with, right? Or that your team and and you get to know the patients that come to your facilities.

0:27:2.770 --> 0:27:12.930
Gastala, Nicole
Regularly because they do come to you several days per week for, you know, years on end. So it it that can be a pretty emotionally, you know hard time.

0:27:14.660 --> 0:27:18.770
Gastala, Nicole
So like we talked earlier about the fentanyl test strips, they do reduce.

0:27:20.630 --> 0:27:51.600
Gastala, Nicole
Overdose test and depending on where your clinic is located, most of the quote UN quote heroin will in fact be fentanyl and it really checks for the presence of fentanyl and drugs and the literature the evidence has shown that it actually increases overdose safety by 77%. It she has changed any behavior related to use by 50% and resulted in someone choosing to use less drag than usual in 32% of the time. And so this really empowers individuals to know how to.

0:27:51.720 --> 0:27:53.800
Gastala, Nicole
Approach potential drug supply.

0:27:54.880 --> 0:28:23.850
Gastala, Nicole
So overdose prevention sites, uh, they are clean hygienic spaces where patients bring pre obtained drugs to the location the staff are trained to really intervene and provide harm reduction, support services and treatment services. If they do, you know the patient does decide it has been shown to save thousands of lives and communities hardest hit by overdose death and.

0:28:24.80 --> 0:28:49.100
Gastala, Nicole
It's actually been mainly operated in sites around the world, so more and like yourope and Australia and Canada really has only been in the US for the past year, but it is a sort of an effective tool that you can see here when they when you look at 2 sites, Vancouver and Sydney, they've supervised over millions of injections they've.

0:28:49.780 --> 0:28:55.610
Gastala, Nicole
I managed over, you know, 6 or 7000 overdoses and it has.

0:28:56.570 --> 0:29:26.160
Gastala, Nicole
Are really improved referrals to treatment and I think the most important thing is to understand is that there's been no over deaths worldwide at any of these centers and they've been working for in this space for decades. So if we look at just one specific site in Canada, they had over 221 overdose interventions, no fatalities, pretty significant number of treatment interventions and referrals, including on site withdrawal management admission.

0:29:26.390 --> 0:29:56.480
Gastala, Nicole
They start at 35% decrease in death in the surrounding area and they prevented over 1000 on new HIV infections. So you can see from a public health standpoint where the evidence is, you know, pretty, pretty concrete about that. If we look at Australia, they had over this one sided over 4000 overdose, no fatalities over 9500 referrals. The monthly ambulance service calls decreased by 80% and the Ed episodes decreased by 35%.

0:30:10.850 --> 0:30:11.840
Broaddus, Audrey
Doctor gastala.

0:29:56.640 --> 0:30:12.620
Gastala, Nicole
Again, that reduces some of that burden on the local hospital systems which you know are so stretched right now with COVID and flu and RSV and some of the other things that we're seeing. So we know, again, these are not in Illinois, yeah.

0:30:14.580 --> 0:30:14.960
Gastala, Nicole
Sure.

0:30:12.960 --> 0:30:22.910
Broaddus, Audrey
Sorry, we had a question pop up in the chat Cindy asked. Should testing for fentanyl take place only with drugs acquired on the street? Not from a pharmacy.

0:30:23.730 --> 0:30:24.560
Gastala, Nicole
That's correct.

0:30:26.140 --> 0:30:27.0
Broaddus, Audrey
OK. Thank you.

0:30:26.290 --> 0:30:50.280
Gastala, Nicole
Yes, because the the drugs that are obtained from a pharmacy are, you know, FDA approved, they're monitored and there's a lot of quality control that goes into them. Fentanyl test strips are really most helpful in the illicit drug supplies and that's because there's not a lot of quality control in illicit, right. There's no one there like they may be.

0:30:51.30 --> 0:31:15.40
Gastala, Nicole
Mixing right heroin on the table, right and then or cutting it and then move on to marijuana and use that same table, or use that same plate or use that same, you know, spoon or whatever and then accidentally get, you know, opioids into marijuana that they're cutting. Right? So there's just not good sort of quality control in the.

0:31:15.760 --> 0:31:17.610
Gastala, Nicole
In that illicit drug supply.

0:31:21.250 --> 0:31:51.410
Gastala, Nicole
Umm. So just to summarize, so again these are not legal in Illinois, but are starting to be introduced throughout the United States. So really wanted to make sure you had that information on it because if it does become, if there does become legal in the states that you work in and the sites do pop up, it is a good way for the to refer patients to for those who are actively using again to reduce infection to reduce overdose deaths.

0:31:51.490 --> 0:32:9.850
Gastala, Nicole
And so they've been shown to reduce overdose deaths, reduce substance use, reduce public disorder, public injecting as well as reduce HIV, hep C risks and factions and cost. And they've really increased access to treatment, increase entry into medical treatment, social services and really improve healthcare value.

0:32:11.190 --> 0:32:12.520
Broaddus, Audrey
We have another question.

0:32:12.890 --> 0:32:13.280
Gastala, Nicole
Sure.

0:32:13.980 --> 0:32:14.460
Broaddus, Audrey
Umm.

0:32:16.710 --> 0:32:23.280
Broaddus, Audrey
Where do we refer patients to get fentanyl test strips and is it covered by Medicaid?

0:32:24.90 --> 0:32:30.220
Broaddus, Audrey
Can they get it out of pharmacy or do are there organizations who provide this in the Chicago area?

0:32:30.840 --> 0:33:0.190
Gastala, Nicole
Yeah. So that's a really great question, not yet covered by insurance. Can't get it at a pharmacy, but the local public health departments or Roscoe. So those recovery councils or harm reduction agencies, so the Chicago Recovery Alliance has them, this Chicago Department of Public Health has them. So you can refer a patient there and they can get them. You can also request to have them sent to your facility and they can.

0:33:0.790 --> 0:33:5.80
Gastala, Nicole
The Department of Public Health can send them to your facility for you to hand out to patients.

0:33:7.120 --> 0:33:8.160
Gastala, Nicole
It's a very good question.

0:33:8.520 --> 0:33:9.30
Broaddus, Audrey
Thank you.

0:33:12.850 --> 0:33:35.530
Gastala, Nicole
So opioid use disorder treatment. So there this is where we're actually, you know, the patients interested in sort of formal treatment for it, right? So but we talked about harm reduction. Now we're talking about treatment as well as using treatment for harm reduction. So there's behavioral support. So this could be like through formal treatment program, individual counseling, it could be 12 steps.

0:33:36.690 --> 0:33:41.470
Gastala, Nicole
I and other sort of anonymous groups, right?

0:33:42.930 --> 0:34:13.240
Gastala, Nicole
There's also medication for opioid use disorder, so this would be your methadone, your buprenorphine, your injectable extended release now tracks zone, also known as vivid draw. Vivitrol, very important to understand that detox withdrawal management, also known as detox for Ohud alone is not treatment. And it actually increases the risk of overdose if they're not linked to the next level of care. So really sort of important to understand that you've been morphine and methadone are very effective treatment.

0:34:13.500 --> 0:34:42.940
Gastala, Nicole
Umm. And I'll show you some more slides and evidence for that. So one of the big myths that we'll hear quite a bit is well, you're just treating, you're just replacing one drug for another. But so if you take a look at this slide, I think this is one of the best ways to sort of think about it when someone's acutely

using, like illicit heroin or other opioids, they're using it to get a euphoria at the beginning, right, to forget whatever they're wanting to forget, to feel better.

0:34:43.460 --> 0:35:13.630
Gastala, Nicole
Whatever it may be after period of time, they developed tolerance and physical dependence, and in fact they're using just so that they don't feel sick. So I'm sure you've had patients say, like, I can't stop using because if I do, I get, like, vomiting, diarrhea. I go through a draw. I feel awful, right? So they'll use just to feel normal opioid agonist therapy instead of getting these, like, spikes, really just helps patients with their withdrawal and cravings and get them back into the normal range.

0:35:14.30 --> 0:35:44.180
Gastala, Nicole
They don't really feel they don't get euphoric off the medication. Also again, you know, we diagnose OUD using the DSM 5 criteria, which is like really the behaviors around use. And so if they're behaviors are changing and they're taking medication as prescribed, it's not really replacing one drug for another. So it is really standard of care, actually to discuss medications.

0:35:44.440 --> 0:36:14.730
Gastala, Nicole
With patients who have opioid use disorder because compared to therapy alone, medications reduce illicit opioid use, retains people in treatment and reduces opioid overdose mortality in all causes. Mortality that retention data actually is shown here. So if you do behavioral therapy, meaning counseling without medication, if they've got opioid use disorder, you're only successful about 6% of the time now texone between 10 and 31.

0:36:14.800 --> 0:36:24.180
Gastala, Nicole
Keep an morphine or methadone between, you know, 1690, depending on what study you're looking at, and that's looking at them staying in treatment and reducing their drug use.

0:36:25.800 --> 0:36:38.370
Gastala, Nicole
And it's been also shown to reduce opioid use opioid related overdose task, criminal activity and infectious disease transmission. So this was a really great study that was presented.

0:36:38.810 --> 0:37:9.360
Gastala, Nicole
Are that was done in Baltimore, so after Baltimore started to have a buprenorphine before, when it became available, they followed the heroin overdose deaths and they actually decreased by 37% during that study. So really really does improve outcomes. And then this is a number we use in Madison quite frequently. The number needed to treat to prevent one death in one year. So for a statin to prevent a heart attack or a.

0:37:9.450 --> 0:37:37.840
Gastala, Nicole
That death from a stroke, you have to treat 415 people with, like Lipitor or something like that for a

mammogram. You've got a screen over 2900 women for breast cancer using a mammogram for buprenorphine after an overdose. It's only 33, and methadone after an overdose. It's only 31, so you can see, just save one person. You just have to treat, you know, a around 30 patients in one year. Imagine what that does over a lifetime.

0:37:39.110 --> 0:38:4.760
Gastala, Nicole
So we know that there's another sort of mess that come out there like you should stop. You know, the medication after a certain period of time and actually longer length of treatment is associated with better outcomes. So patient should continue as long as they benefit and have no contraindications. There's really limited data for long term use of long acting naltrexone. But they should continue it. You know, as long as they're benefiting from it.

0:38:5.990 --> 0:38:33.170
Gastala, Nicole
So this kind of goes back those myths. Methadone and buprenorphine do not substitute one addiction for another. It's really to help impact their cravings and withdrawal. Right, and help them restore balance to the brain. Diversion is also very, very uncommon compared to other medications. In this next slide sort of shows that diversion means that they sell their medication right or give it away or share it with someone.

0:38:34.990 --> 0:38:45.680
Gastala, Nicole
And if we look at other studies that looked at patient sharing their medication or selling it or giving it, it's actually allergy medicine then pain medicine, then antibiotics then.

0:38:46.820 --> 0:38:53.870
Gastala, Nicole
Mood medication, acne, birth control. So medications for addiction doesn't really even show up on there.

0:38:54.410 --> 0:39:6.650
Gastala, Nicole
Umm, another really important myth that we hear is that weakens bones or teeth methadone, and it really doesn't. It's usually the combination of other factors, including dental care access.

0:39:7.850 --> 0:39:21.660
Gastala, Nicole
For those who experience really high trauma, homelessness and other comorbidities, has anyone else heard of any miss that they sort of wanna share or like things from patients that they'd wanna bring up?

0:39:22.300 --> 0:39:25.400
Gastala, Nicole
About methadone or buprenorphine or suboxone.

0:39:39.860 --> 0:40:10.30
Gastala, Nicole
Alright, well, if you think of any you know please put some in the chat and I'm happy. You know, to

address those too, because sometimes patients are, you know we'll have an opinion about it or community members met will and some of its trading, some of it's not true. So relapses, relapses are not a sign of failure on your part or the patients. Just like you've got patients with diabetes who have periods of good control. You also got periods where they may not control their.

0:40:10.110 --> 0:40:41.660
Gastala, Nicole
Sugar is really well that they may gain more weight, but they still have the knowledge and skills they obtained during periods of better control. It's also important to understand that there already gonna feel ashamed and they're gonna feel bad about it, so try not to make them feel worse. Really just emphasize that you are a healthcare provider, that you are here to support them and help them meet their healthcare goals. Be positive and hopeful and remind them of the of the progress they've made. So another really great way to look at it is blame the plan, not the person, right?

0:40:41.880 --> 0:40:55.160
Gastala, Nicole
So if a person has a goal and doesn't succeed, then maybe we need to revisit what that goal is and how we can help them meet that goal. So just sort of thinking about it that way rather than making someone sort of personally culpable for that.

0:40:57.10 --> 0:41:25.320
Gastala, Nicole
So drug testing, so you were on clinicians or in the physicians at your facility or physicians that you know maybe caring for the patient may order drug screens, it's important to understand what they can and cannot tell you. Remember, a drug screens will only give you a snapshot of window of time. They don't really show the whole picture. So it really has to focus on the patient interview, their history, physical exam findings.

0:41:26.180 --> 0:41:42.570
Gastala, Nicole
And also again, the DSM 5 is what we use to diagnose a positive drug screen does not measure patterns over time, and it doesn't provide information on polysubstance use, right and it's not required to diagnose someone with a substance use disorder. Drug test should always be.

0:41:43.870 --> 0:41:58.720
Gastala, Nicole
I conducted with a comprehensive assessment and negative test. On the other hand, does not rule out history or presence of substance use right? And it does not make a patient ineligible for admission for treatment. So just sort of important to understand. Remember, it's just.

0:41:59.820 --> 0:42:11.830
Gastala, Nicole
I a test that tests for something and a window of time, and there's always sensitivity and specificity. Uh, challenges with that too. Particularly read it related to benzodiazepines, right?

0:42:12.960 --> 0:42:35.440
Gastala, Nicole

So important thing to understand is that most standard opioid assays will not detect fentanyl, fentanyl as a synthetic opioid. So you have to have as fentanyl specific test. And so just to sort of say like if you think of patient is using opioids and you test in their negative, if you haven't tested for fentanyl and fentanyl is.

0:42:36.600 --> 0:42:56.640
Gastala, Nicole
Rel is very high in your community. You may in fact be missing that that compound most of the time it has to be tested separately as providers. We do it during their treatment to help monitor their treatment plan for patients. They use it again as a harm reduction strategy as we talked about.

0:42:58.320 --> 0:43:29.870
Gastala, Nicole
Testing should be communicated to the patient as a therapeutic tool. It's really good to aid an evidence based treatments to initiate therapeutic discussion and provide sort of information. We should always communicate test results in an objective, non punitive and non stigmatizing way. So you say that the drug test is positive or negative. You don't say that your urine drop was dirty, like that's has such negative connotations to it, right? We don't even do that for patients to have testing for urinary tract infection and that.

0:43:30.190 --> 0:43:37.150
Gastala, Nicole
Like you're in his actually dirty with bacteria, right? So it's really important how we sort of talk about patients.

0:43:38.770 --> 0:44:8.520
Gastala, Nicole
And remember that methadone and buprenorphine, those medications only treat opioid use disorder. It's not going to treat cocaine or benzo use or any of the others. So it's important to sort of understand that there's certain treatments for certain conditions. Right. And we don't wanna ever withhold medication or withhold treatment from a patient because of a positive drug screen. It's really important to really support them and supportive treatment and not discharge patients. Because if you discharge a patient.

0:44:8.600 --> 0:44:25.490
Gastala, Nicole
That puts them at higher risk than if you would have, you know, retained them. Because really, if you think about it, what happens when they leave, right, they're not gonna go get their dialysis. They're not gonna get treatment for their substance use, right? So it having them outside of the medical system is really not gonna improve their overall morbidity or mortality.

0:44:27.630 --> 0:44:28.500
Gastala, Nicole
So say.

0:44:27.710 --> 0:44:30.450
Broaddus, Audrey
We had a couple of myths come in to the chat.

0:44:31.180 --> 0:44:32.70
Broaddus, Audrey
You want to address.

0:44:30.140 --> 0:44:34.670
Gastala, Nicole
Ohh cool. Sorry I can't see the chat so that would be great I.

0:44:32.860 --> 0:44:46.240
Broaddus, Audrey
Yeah. So one is that there's a the myth of patients not being able to obtain a kidney transplant when treating with MAR.

0:44:47.20 --> 0:44:49.300
Broaddus, Audrey
Umm. And then.

0:44:50.540 --> 0:45:1.650
Broaddus, Audrey
The other was they've heard patients say that it's harder with two withdrawal from methadone or suboxone than it is from heroin itself, that the symptoms of withdrawal last longer.

0:45:2.880 --> 0:45:26.710
Gastala, Nicole
So the first one, as long as there's substance illicit substance free for most of the requirements, I think for kidney transplant are six months or more. They can be on medication MAR right to to help them because it is a lifelong condition. So yeah, you're right. That is a big myth that they can't, you know, beyond mar and get a transplant.

0:45:28.30 --> 0:45:30.150
Gastala, Nicole
In terms of the so.

0:45:30.830 --> 0:46:0.720
Gastala, Nicole
I would say so. Illicit opioids, fentanyl and heroin are very fast acting, so they're probably feel sick for a couple of days with suboxone and methadone. The idea is really to tape or someone rather than them stop. Methadone does stay in your system for five to seven days because it's lipophilic and will store near fat. So you can withdraw longer with methadone, but you won't withdraw if you're tapered appropriately.

0:46:0.860 --> 0:46:30.350
Gastala, Nicole
So I think that's a great way to sort of talk about it with patients is like you know, you know, ma'am or

Sir, when you use heroin, you're gonna, you're you're gonna get a high and go down and high and go down, right. And then you're right you are going to withdraw, you know over a few days and they'll say methadone is a longer acting medication right. It stays in your body for at least 24 hours up to a few days. So you may just get it more slowly feeling that withdrawal.

0:46:31.70 --> 0:46:47.50
Gastala, Nicole
And how we fix that is that we do a tape or we don't really ever abruptly stop the patient unless the patient chooses to abruptly self continue sometimes in the justice system, right, they will get abruptly discontinued so.

0:46:48.210 --> 0:46:56.730
Gastala, Nicole
To second one, there is some truth to the longer withdrawal, but that has to do with whether it's appropriately done or inappropriately done.

0:46:59.450 --> 0:47:0.350
Gastala, Nicole
Is a really great.

0:47:5.610 --> 0:47:6.270
Gastala, Nicole
Showing.

0:47:4.400 --> 0:47:7.70
Broaddus, Audrey
Thank you. I'll. I'll let you know if we get anymore.

0:47:7.430 --> 0:47:8.300
Gastala, Nicole
Thank you. OK.

0:47:8.940 --> 0:47:33.550
Gastala, Nicole
So say no. How do you recognize opioid and toxication? How do you recognize, you know, overdose will go through that? How do you recognize opioid use disorder in general? It's pretty hard just to recognize someone with the substance use disorder. And general, it really is an equal opportunity to disease. And you really have to go through the whole DSM 5 to see it as it impacts their life, their behaviors, their their goals.

0:47:34.770 --> 0:47:56.880
Gastala, Nicole
Safety all of these things. Now if you have someone come into your setting where you're concerned about intoxication, some of the signs that can show up are really slow. Pulse, slow, blood pressure, low body temperature, kind of sedated, pinpoint pupils kind of slow movement that had nodding is 1 slurred speech.

0:47:58.220 --> 0:48:28.370
Gastala, Nicole
They can feel euphoric. They don't feel very much pain sometimes, and then they'll have sort of that, you know that some of the symptoms will have is calmness. So that's how you can see if they become unresponsive then you know that they've moved into an opioid, potentially an opioid overdose. And you always in those situations one of course call 911, give them oxygen and start and give naloxone. If naloxone is very safe to give, if they it only is gonna work in an opioid overdose, it doesn't.

0:48:28.490 --> 0:48:39.990
Gastala, Nicole
Work in any other situation, so if they're not using opioids, say it's a diabetic, it ends up being diabetic diet, low blood sugar, right from diabetes.

0:48:40.370 --> 0:48:49.600
Gastala, Nicole
Umm you giving naloxone is not going to harm them in any way, even if it find you, find out that it ends up being something else instead.

0:48:51.220 --> 0:49:24.50
Gastala, Nicole
Opioid withdraw. They're gonna come in. They're gonna feel awful. So think like worst flu of your lifetimes. 100,000. They're gonna have be tachycardic, have high blood pressure, high body temperature, insomnia and large pupils. They may have heightened reflexes, lot of sweating. Goosebumps. You're going to see on their arms. Increased respiratory rate. You're gonna see a lot of tearing and running nose as well as frequent yawning. So they'll complained of muscle spasms. They also complain of abdominal cramps, nausea, vomiting, diarrhea.

0:49:24.150 --> 0:49:28.780
Gastala, Nicole
Really, those bone and muscle pain, those aches, as well as anxiety.

0:49:31.990 --> 0:50:1.680
Gastala, Nicole
So words, words are really important if you want to care for something, you call it a flower. If you want to kill something, you call it a weed, right? So Dandelion is like that example and they've actually done studies that show that it impacts the care that we give. So research shows language can affect attitudes and treatment towards people with substance use disorders. So they actually did a randomized trial of with mental health professionals. We're different groups were given the same clinical scenario.

0:50:1.950 --> 0:50:32.280
Gastala, Nicole
But instead one group the person was labeled as substance abuser, and then the other clinical scenario it the patient was labeled as a person with a substance use disorder, and those in the substance abuser condition agreed more with the notion that the character was personally culpable and that punitive measures should be taken. So it does actually impact the way that we care for people. So it's important that we say the appropriate as healthcare professionals, and then we help patients, family matters, community members.

0:50:32.370 --> 0:50:38.200
Gastala, Nicole
Also, say, uh, front desk staff, you know appropriately say the right terminology.

0:50:39.160 --> 0:50:51.110
Gastala, Nicole
So what are some stigmatizing language, right addict, junkie, alcoholic, crackhead, pothead, substance abuse, clean, dirty relapse and denial, addiction to drugs? Enabling.

0:50:51.200 --> 0:51:21.780
Gastala, Nicole
Umm, and medication assisted treatment really wanna use person first language. So a person who uses drugs, someone with a substance use disorder, a positive or negative drug test, consistent or inconsistent is another one that you can say recurrence of use in precontemplation a relationship with drugs supporting or medication assisted recovery or with therapy. Right. Just sort of important and how we describe or talk to people. It's also important to understand.

0:51:21.850 --> 0:51:53.740
Gastala, Nicole
Our biases, right, it's important to understand the patient's biases and how they have felt and treated before. So if you have security, some patients may have anxiety with individuals in uniform due to prior experiences, right? So it's important to know the biases of your community and the patients access points because that can really impact. And also if you notice from your staff, right that there are biases, it's important to seek and support training because again, we all want to provide.

0:51:54.380 --> 0:52:2.640
Gastala, Nicole
Equitable Care that is evidence based and person centered. It's very, very important as healthcare professionals that we do that.

0:52:3.730 --> 0:52:4.340
Gastala, Nicole
So.

0:52:6.50 --> 0:52:32.110
Gastala, Nicole
It's important to incorporate harm reduction and overdose prevention in our practice, right, and it provides a space to process past trauma. It increases the likelihood of preventing or surviving future overdoses. It actually improves your relationship with the patient's. It affirms people's value as community members who can save lives. It enhances system capacity to address trauma and supports eye treatment providers.

0:52:32.880 --> 0:53:6.440
Gastala, Nicole
Again, the number one thing we're trying to do is impact mortality first, right. We don't think twice about someone having a heart attack, getting stabilized in the Ed and then getting ongoing care from a cardiologist when someone comes in after an opioid overdose to the Ed, maybe they're given the lock

zone and maybe they're giving a handout for resources. And the reality is that the risk of death within a year after an opioid overdose is significantly higher than that for the person who survived a heart attack. And there's about 136 overdoses per day. So about 5 to 6 overdose deaths.

0:53:6.520 --> 0:53:23.170
Gastala, Nicole
Or hour if we look at it from that standpoint. So it's important to understand that drug use does not have to result in overdose. Drug overdose does not have to result in death and harm reduction can really make that possible and harm reduction ultimately really saves lives.

0:53:24.160 --> 0:53:54.830
Gastala, Nicole
So this is from James Kowalski, who's part of the Illinois Department of Public Health. And I really like this slide that he does at the end of his talk. So I sort of stole it from mine. And I think it's really important to really recognize, well, what are you and your clinics already doing? Well, that you wanna continue for these patients? What's the most important thing you learned today? And then what is 1 specific change that you wanna make moving forward in terms of?

0:53:54.930 --> 0:54:15.640
Gastala, Nicole
Improving the care that you give towards patients with substance use disorder because the reality is, is that the opioid epidemic is not going away, right. And whether it's opioids or something else, there is going to be a pretty significant impact on the patients that we serve in, including the ones that you see in your clinic, so.

0:54:16.820 --> 0:54:25.860
Gastala, Nicole
I am going to stop sharing and then I hand it back to our uh the team and I'm happy to stay and answer any questions.

0:54:28.90 --> 0:54:58.970
Wilson, Keisha
OK. Thank you so much, Doctor Gastala. That was very informative. UM, we actually have a couple of post webinar polling questions and we're also gonna have time for some Q&A. So after the polling questions, everyone, please feel free to take your mute button off. That way you can ask questions. So our first polling question will be following this webinar. My comfort level with the topic of harm reduction in opioid use disorder has improved true or false.

0:55:16.920 --> 0:55:18.840
Wilson, Keisha
OK, just a few more seconds.

0:55:29.370 --> 0:55:30.740
Wilson, Keisha
OK. Next question.

0:55:34.400 --> 0:55:42.680
Wilson, Keisha

At plan to share this webinar information or recording with others in my field or organization, yes, maybe or probably not.

0:55:55.180 --> 0:55:55.760
Wilson, Keisha
OK.

0:55:57.30 --> 0:55:58.90
Wilson, Keisha
Next slide please.

0:56:1.850 --> 0:56:20.900
Wilson, Keisha
So if anyone has questions, please feel free to contact the Patient Services Department. You can contact Erica Anderson. She is the patient services manager. She can be reached at 317-829-0188 and her e-mail address is e.anderson@qsource.org or.

0:56:21.630 --> 0:56:34.530
Wilson, Keisha
You can contact me. Keisha Wilson, Patient Services specialist at 317-735-3568 and my e-mail address is ok.wilson@qsource.org.

0:56:37.710 --> 0:56:47.350
Wilson, Keisha
Thank you so much everyone for participating. Uh, does anyone have questions? Remember, you can always unmute yourself or you can ask the question in the chat.

0:56:58.910 --> 0:57:4.720
Broaddus, Audrey
I don't see anything coming into the chat right now, but I also would like to let everybody know that we're gonna send a post.

0:57:5.600 --> 0:57:14.890
Broaddus, Audrey
A webinar survey out for two purposes, one for the opioid response network to get feedback because this is part of their.

0:57:16.470 --> 0:57:31.180
Broaddus, Audrey
Uh technical assistance that they offer through their grant program. So they want to kind of measure how how it went. And then also for qsource, for the ESRD network. We wanna ask you a couple of questions about how what other ongoing.

0:57:32.330 --> 0:57:43.930
Broaddus, Audrey
Education or materials might be helpful for you in your clinic around this topic so that we can develop some accompanying resources to.

0:57:45.230 --> 0:57:46.810
Broaddus, Audrey
To get this information out.

0:57:47.610 --> 0:57:51.260
Broaddus, Audrey
Works in a useful way, so we'll be sending those via e-mail.

0:57:54.970 --> 0:57:57.30
Broaddus, Audrey
We, Mary said. She feels like.

0:57:59.220 --> 0:58:2.610
Broaddus, Audrey
That we still need more trainings on this important subject.

0:58:6.120 --> 0:58:10.30
Broaddus, Audrey
Thank you, Mary. I don't see anything else in and if anybody.

0:58:13.200 --> 0:58:16.540
Broaddus, Audrey
Wants to come off mute. Now's your now's your chance.

0:58:17.950 --> 0:58:31.500
Guest
Hi I just kind of have a processing question. I'm a social work manager with some dialysis facilities, so going back to what you're talking about about having Narcan and facilities.

0:58:33.580 --> 0:58:40.560
Guest
I'll just be honest. Like I've tried to broach that with some physicians in some clinics that were in areas where they were high overdose.

0:58:42.150 --> 0:58:44.360
Guest
Statistics ray and risk.

0:58:45.840 --> 0:58:50.30
Guest
And haven't really been able to get anywhere. Is so question is there.

0:58:50.950 --> 0:58:53.620
Guest
Offerings for the physicians that have been happening.

0:58:55.440 --> 0:59:0.130
Guest
No. How has leadership in the dialysis facilities been engaged?

0:59:1.180 --> 0:59:19.430
Guest
You know, obviously we social workers, you know, bring this to the forefront at times and and try to advocate for this or. And I'm thinking about the fentanyl test strips to like, what are some ideas of broaching this again with our physicians.

0:59:19.500 --> 0:59:24.340
Guest
You know, from the physician standpoint and then also from the network standpoint.

0:59:27.680 --> 0:59:39.510
Gastala, Nicole
So I would say from a medical standpoint, they put themselves at pretty high risk for not having it in the facilities. It is free and the state of are you located in Illinois?

0:59:39.910 --> 0:59:40.410
Guest
Yes.

0:59:40.750 --> 1:0:10.880
Gastala, Nicole
Yeah. So you can actually. I'm gonna give you a website that you can actually order it directly from the state for free to hand out to patients as well as to have in your facility in case someone does have an overdose. It does kind of put you at sort of high risk. The physicians if you know if you don't have it, it's kind of like not having like every I would say clinic usually right.

1:0:14.800 --> 1:0:15.40
Guest
Yeah.

1:0:16.80 --> 1:0:16.570
Guest
Umm.

1:0:10.950 --> 1:0:19.210
Gastala, Nicole
Has like a emergency kit, right? That is something happens. So this would be something that you would put in that emergency kit.

1:0:20.110 --> 1:0:28.940
Guest
Exactly. OK, so there's some info you're going to share. Thank you. That would be. I think that would be really helpful. And then I'm not sure network if you're planning to do some more.

1:0:29.540 --> 1:0:37.390
Guest
Uh education on this topic for the physicians, but I think the more we talk about it, you know, the easier it is to.

1:0:38.660 --> 1:0:40.620
Guest
Like corporate it into our practice.

1:0:41.80 --> 1:0:41.430
Gastala, Nicole
Yeah.

1:0:42.620 --> 1:0:43.200
Guest
Thank you.

1:0:46.420 --> 1:0:52.840
Guest
I I we had a patient overdose in our clinic probably about two or three months ago.

1:0:54.640 --> 1:1:24.510
Guest
And the patient went into the bathroom, was in there for a while, then came out of the bathroom sitting in the lobby in the chair. And thanks to heads up recognition from our secretary, she realized that something was wrong with this patient. He kind of just slumped over in the chair and appeared to be sleeping. But she was cautious and got the nurse. And the nurse came out and realized that the patient was having an overdose and they called 911 and.

1:1:24.590 --> 1:1:48.670
Guest
EMS came out, provided Narcan and the patient came too. I think it just, it would make absolute sense that all of our clinics kept us, like you said, in the emergency kit for situations just like this, because who knows what if the AMS had take a little longer to get there. And I mean, we could have saved his life. So I think it was a really great presentation. I appreciate you sharing it.

1:1:50.40 --> 1:2:4.180
Gastala, Nicole
Thank you, Tom. I think that's so important because I mean that is our role in healthcare, right as to help save lives, all of us, right, we all work in clinics. And so having that ability and opportunity is really, really important.

1:2:5.400 --> 1:2:13.790
Gastala, Nicole
And kudos to you know, to your team members for recognizing that and substance use is really an equal opportunity disease, right, it's.

1:2:14.680 --> 1:2:44.0
Gastala, Nicole
You know, sometimes you can't tell that a patient has it right, but they do. And you know, depending on if their drug supply gets contaminated, there's a higher percentage of fentanyl in it then normally previously. It's usually, I mean, none of these, none of our patients want to die, right. They're not

intending to overdose. It's an accidental overdose. Right. So I think that's really important sort of to think about and where.

1:2:44.490 --> 1:3:6.580
Gastala, Nicole
If it's an accidental, it's emergency right. And so having those that naloxone available and you can get and the ones that we send from the state of Illinois actually come to you directly from the Narcan company and it's the intranasal one. It's not even the IM. So it's really easy, you know, to use as a staff member, any staff including the front desk.

1:3:7.660 --> 1:3:24.650
Gastala, Nicole
That can use it and then giving it out to patients too. You can absolutely do that. So this one could be someone that you helped save and then when you see them regularly, oh, do you need any more naloxone? We can, you know, give it to you from clinic.

1:3:25.570 --> 1:3:30.480
Gastala, Nicole
You know, and it doesn't have to go to their insurance or anything. You can just give it for free.

1:3:33.70 --> 1:3:35.380
Gastala, Nicole
We actually are starting to have also like.

1:3:36.850 --> 1:3:43.650
Gastala, Nicole
In certain areas of Chicago free vending machines where people can just actually get in the lock zone from a vending machine.

1:3:44.130 --> 1:3:53.120
Gastala, Nicole
Umm, you know, that's how easy and if you saw, I don't know if you saw on the news, but I FDA I think is approving for it to be over the counter and.

1:3:54.420 --> 1:4:1.270
Gastala, Nicole
I think March 2023 as early as that time. So so it will also be over to the counter too.

1:4:21.20 --> 1:4:50.450
Broaddus, Audrey
I don't see anything coming in through the chat. If anybody has any additional questions that you didn't have a chance to ask, feel free to contact the network and we will get the questions to doctor Gastala will be sending you the follow up e-mail with the survey and we've also recorded the session so it will be available. So thanks everybody for participating today. We appreciate your time and thank you Doctor Gastala.

1:4:51.100 --> 1:4:51.300
Gastala, Nicole
App.

1:4:53.390 --> 1:4:54.40
Guest
Thank you.

1:4:51.410 --> 1:4:54.180
Gastala, Nicole
Julie, have a great rest of your day, everyone. Thank you.

1:4:54.810 --> 1:4:55.760
Wilson, Keisha
Thank you.

1:4:56.70 --> 1:4:56.450
Guest
Thanks.