

Appendix A. EHHOP centralized, internally-facing resource and protocol database page for addiction medicine and substance use

Founding Principals and Background

- All patients with substance use disorders deserve harm reduction-focused care, regardless of whether their goal is full abstinence, reduced use, or continued use
- Primary care integrated with mental health care demonstrates the most efficacious outcomes for patients with substance use disorders; however, patients who decline or are not yet ready for mental health care are still deserving of care for their substance use disorder in the primary care setting
- Harm reduction is central to EHHOP's care for this population; patients set goals, and we strive to help them get there
- Resources on this page are tailored to management in the outpatient primary care and mental health setting, to maximize applicability to EHHOP; this is not intended to be comprehensive, and inpatient treatment options are intentionally excluded

EHHOP-Specific Considerations

Main Clinic

- If a patient with SUD is identified and is interested in psychotherapy and/or pharmacotherapy, you can (1) refer to Mental Health Clinic through the ancillary clinic referral spreadsheet, or (2) utilize the in-person Mental Health Clinic consult-liaison (C/L) service if your concern is more acute

- If a patient with SUD is not interested in Mental Health Clinic referral, you at Main Clinic can still treat the patient with a focus on their SUD, including motivational interviewing, harm reduction, and pharmacotherapy if the patient is interested

Pharmacy

- Relevant medications on formulary: PO naltrexone, acamprosate, disulfiram
- Relevant medications to coordinate with pharmacy team by PDAP: vivitrol (IM naltrexone)
- Relevant medications without current access: buprenorphine (all formulations, including Suboxone, Sublocade, Subutex), methadone (due to policy restrictions, must connect with methadone maintenance program)

Clinical Guidelines

Alcohol Use Disorder (AUD)

- Combined pharmacotherapy with integrated mental health care (CBT or psychotherapy) is the most efficacious outpatient treatment option for patients with AUD
- [Treatment approach](#)
- [Pharmacotherapy](#)
- [Psychosocial care models](#)
- [Ambulatory management of withdrawal](#)
- Alcohol withdrawal can be fatal; proactive patient education about withdrawal symptoms with provision of specific emergency department return precautions are a critical components of harm reduction-focused care for all patients still using alcohol

Tobacco Use Disorder

- Annual low dose CT for lung cancer screening - recommended for all adults age 50 to 80 years with a 20+ pack-year smoking history and either currently smoke, or have quit within the past 15 years
- [Overview](#)
- [Patient education](#)
- [Behavioral approaches](#)
- [Pharmacotherapy](#)
- [Use in pregnancy](#)
- [Perioperative management tips](#)

Opioid Use Disorder (OUD)

- Harm reduction resources specific to opioid use are described in detail below
- [Primary care management](#)
- [Treatment approach](#)
- [Pharmacotherapy](#)
- [Withdrawal](#)
- [Use during pregnancy](#)
- [Co-occurring opioid use disorder and acute pain management](#)

Stimulant (cocaine, methamphetamine) Use Disorder

- Harm reduction resources specific to stimulant use are described in detail below

- [Treatment approach](#)
- [Pharmacotherapy](#)
- [Psychosocial care models](#)
- [Withdrawal](#)

Sedative/Hypnotic (benzodiazepine, barbituates) Use Disorder

- [Overview](#)
- [Withdrawal](#)
- Sedative/hypnotic withdrawal can be fatal; proactive patient education about withdrawal symptoms with provision of specific emergency department return precautions are a critical components of harm reduction-focused care for all patients still using sedatives/hypnotics

Other Care Modalities and Considerations

De-stigmatizing Language: Examples

- Person/patient who uses drugs (PWUD)
- Person/patient with substance use disorder INSTEAD OF "addict, alcoholic, drug user"
- Medication assisted treatment OR pharmacotherapy INSTEAD OF "replacement therapy"
- Person in recovery
- Abstinent OR sober/currently OR actively using INSTEAD OF "clean/dirty"
- Recurrence of use OR return to use INSTEAD OF "relapse"

Harm Reduction

- If you want to practice a harm reduction-focused approach before you see a PWUD in clinic, contact the Director of Substance Use Disorder Services (email at the bottom of this page) to practice

Where to access harm reduction supplies and resources:

- Naloxone - available at EHHOP in supply locker (ask the Teaching Senior to locate); **senior clinicians must train patients to use**; [Naloxone/Narcan training guide located here](#)
- Fentanyl test kits - available at EHHOP in supply locker (ask the Teaching Senior to locate); **senior clinicians must train patients to use**; [Fentanyl test kit considerations](#)
- Syringe exchanges - syringes cannot be distributed at EHHOP because we are not a state recognized syringe exchange; help your patient find a local syringe exchange using [this New York State directory of syringe exchanges](#)
- Never use alone information - patients can call 1-800-484-3731, or use an [online chat](#); services are anonymous, and will call an ambulance if the patient overdoses and stops responding
- Safe consumption sites OR overdose prevention centers - two available in NYC, located at 104 -106 E 126th Street OR 500 W 180th Street

Which patients should access the above harm reduction supplies and education:

- Patients with known opioid use disorder or recreational opioid use
- Patients prescribed opioids for acute or chronic pain management (naloxone only)
- Patients with known stimulant use disorder or recreational stimulant use
- Patients who use any substance, by any route of administration (oral, injection, intranasal) obtained from a non-medical provider

- Patients who inject any type of substance (syringe exchange information, safe consumption sites specifically)

Tips:

- Harm reduction is individual - how does substance use harm this individual patient?
- Sobriety is only our definition of success if this is your patient's stated goal
- Tailor harm reduction to the specific substance the patient uses
- Provide patient education on possible harms they may experience, and what to do if these arise (e.g., what to do if they develop symptoms of withdrawal)

Motivational Interviewing

- If you want to practice motivational interviewing before you see a PWUD in clinic, contact the Director of Substance Use Disorder Services (email at the bottom of this page) to practice
- [UpToDate on motivational interviewing for substance use disorders](#)

Tips:

- Open-ended questions
- Patient identifies their goals - ask at each visit, goals change
- How can I as your provider help you achieve this goal?
- Ask motivation and confidence on a scale of 1-10; why not higher, and why not lower?
- Identify barriers to reaching goals, and trouble-shoot collaboratively with the patient
- Praise when goals are met

Inpatient Services

- Available within the Mount Sinai Health System at Mount Sinai Beth Israel or Mount Sinai West (through the Mount Sinai Addiction Institute)
 - Available free of charge, with outpatient "chemical dependency clinic" follow up, regardless of ability to pay or documentation status, through Health and Hospitals (e.g., Metropolitan Hospital, Harlem Hospital)
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Student-Facing Educational Resources

If you are interested in self-directed ways to learn more about caring for patients with use disorders, please consider explore the following:

Alcohol Use Disorder

- [Didactic on alcohol use disorder standards of care for Mental Health Clinic](#)
- [Didactic on alcohol use disorder management in the primary care setting](#)

Motivational Interviewing

- [Didactic on motivational interviewing for student-providers](#)

Harm Reduction

- [Didactic on harm reduction for student-providers](#)
- [Naloxone/Narcan training guide](#)
- [National Harm Reduction Coalition](#) - a national-scale organization providing publicly harm reduction education resources

- When a use disorder intersects with domestic or intimate partner violence, please refer the patient or family member(s) to [Mount Sinai's Sexual Assault and Violence Intervention Program \(SAVI\)](#)

Policy

- National, state and local policies impact the health of our patients with use disorders. Learn more about important advocacy movements working to improve care provision to this patient population below:
- [Drug Policy Alliance](#)

Community Resources

If you are interested in (1) connecting EHHOP patients with use disorders with relevant community resources, or (2) learning more about care for this patient population ongoing in the greater East Harlem/NYC community, please explore the following:

- [Harm reduction and addiction medicine: community resource guidebook](#) - contains information about referrals to SUD-focused primary care, inpatient/outpatient rehab, detox facilities, support groups, methadone clinics, buprenorphine provision, and community harm reduction organizations
- [East Harlem Community Health Committee](#) - meets monthly on Thursdays, and has a Behavioral Health sub-committee which covers provision of harm reduction and addiction medicine care in East Harlem
- [VOCAL-NY](#) - "a statewide grassroots membership organization that builds power among low-income people directly impacted by the drug war"

Questions?

All EHHOP student volunteers with questions or comments can reach out to our Director of Substance Use Disorder Services by email:

- 2022-2023 academic year - Terence Hughes,
- 2023-2024 academic year - Bhavana Patil, MS4

Appendix B. Standardized HIPAA-compliant text message distributed to all patients, in English and Spanish

English

Naloxone (Narcan) is a safe, free way to save lives by reversing opioid overdose. Opioids include heroin & prescription painkillers. Anyone who uses opioids or other drugs, or has family/friends who do, should have naloxone at home. Reply YES for a phone call with naloxone education. Responses are confidential.

Spanish

Naloxone (Narcan) es una forma segura y gratuita para neutralizar el efecto de la sobredosis de opioides. Los opioides incluyen heroína y analgésicos recetados. Cualquier persona que use opioides o otras drogas, o que tenga familiares/amigos que los usen, debe tener naloxone en la casa. Responda SÍ para recibir una llamada con información sobre naloxone. Las respuestas son confidenciales.

Appendix C. Telephone-based naloxone training script

English

Hi, my name is [student name] and I am a [medical student at ISMMS].

We are speaking with anyone we can about a medicine called Naloxone. It's also sometimes called Narcan. Have you heard of Naloxone before?

Naloxone is a medicine that can save someone's life when they are overdosing on drugs called "opioids". We want to make sure that all of our patients know about Naloxone and how to use it. That way, if you ever see someone overdosing on opioids, you are able to use Naloxone to try and help them. We are offering Naloxone training over the phone so that you can learn this life-saving information. Would you mind if I tell you a bit more about Naloxone? It shouldn't take more than five minutes.

Naloxone is a nasal spray. It comes in a little bottle that's small enough to hold in one hand.

Naloxone is squirted up a person's nose, through one of their nostrils.

As I mentioned, Naloxone is used to help someone who is overdosing on opioids. Opioids are pain killers. Sometimes, they are prescribed by a doctor. For example, if someone has knee surgery, their doctor might write them a prescription for a pain killer like OxyContin or Vicodin. Other drugs like heroin and fentanyl are also types of opioids. Regardless of how someone takes opioids, they can be very addictive.

Do you have any questions about what opioids are?

When someone takes too much of a drug like opioids, it's called "overdosing". Overdosing is extremely dangerous; it can even kill someone.

You might be wondering how you would know if someone is overdosing on opioids. When someone is overdosing, their skin and their lips might turn blue. They might stop breathing. Someone who has overdosed will not respond if you shake them, shout at them, or try to wake them up.

Do you have any questions about what an overdose is?

If you think someone may be overdosing, the first and most important thing you should do is call 911. After you've called 911, you can try using Naloxone.

The faster you give someone Naloxone, the more likely it is to work. It may not work if it's given to someone too late.

To use Naloxone, you would place the top of it, which looks like a long, thin tube, up into one of the person's nostrils. Then, you press the button at the bottom to release the spray inside their nostril.

After you have used the Naloxone, wait 2-3 minutes to see if the person wakes up. If the person does not wake up and you have a second Naloxone nasal spray available, you can use the second dose as well. Each bottle of Naloxone is single-use. This means that after you have used it once, you cannot use it again.

It's okay if this is all a little overwhelming or confusing. Don't worry – you don't need to remember every single word I'm saying. Each Naloxone kit includes detailed, step-by-step instructions, with pictures.

Do you have any questions about how Naloxone is used?

A lot of people wonder if using Naloxone on someone who is not overdosing can harm them. The answer is 'no.' If you give Naloxone to someone who is not overdosing from opioids, nothing bad will happen to them. It is always better to err on the side of caution and to use Naloxone if you think someone may be overdosing.

This was a lot of information. What questions do you have for me about Naloxone, overdoses, or anything else we've talked about so far?

At this point, we have completed the Naloxone training. Now that you've been trained, we can give you a kit the next time you come into clinic, if you like. The kit includes 2 nasal sprays, instructions in both English and Spanish, and a phone number to call if you have any questions or need a refill. Would you like a kit?

- [IF YES] That's great. If you use your kit at some point, please call the Mount Sinai REACH clinic. Their phone number will also be included inside the Naloxone kit. The REACH clinic will send you another Naloxone kit in the mail after you call.
- [IF NO] I'm sorry to hear that. Is there any information that might be helpful to go over again? I'm also happy to give you our clinic's phone number in case you change your mind and want a kit mailed to you in the future.

In addition to the kits we provide, you can also get Naloxone for free at participating CVS and Walgreens pharmacies. At the pharmacy, just ask the pharmacist for a free emergency overdose rescue kit. You do not need to have any type of identification or insurance. If you have any questions or issues getting a kit from participating pharmacies, you can call us back and we can help. I can also provide an email address to contact if you have any issues, if you'd like to write it down? pharmacynaloxone@health.nyc.gov

Do you have any other questions about Naloxone I can help you with?

That's all I have on my end. What other questions do you have for me?

Thanks so much for your time. I hope that this conversation was helpful. Have a great day.

FAQs

I don't use drugs, so I don't need Naloxone, right?

Thank you so much for bringing this up; this is actually a really common misconception. We recommend that all people carry Naloxone, regardless of whether or not they use drugs themselves. Think of it like a first aid kit. If you see someone who has overdosed anywhere - for example, on the side walk - you will be prepared to step in and possibly save their life.

What if I use my Naloxone and need more?

If you use your kit, please call us at the EHHOP mainline, and we can provide a replacement kit. You can also feel free to contact our fellow Mount Sinai clinic, the REACH clinic. That phone

number will also be included in your Naloxone kit. After you call, we will send you another kit in the mail.

What if a family member/friend of mine needs an appointment/medical attention for their opioid use disorder? Who should I contact or where should they go?

To connect your family member/friend with the care they need, please call us at the EHHOP mainline. We will help you find the care needed for your family member/friend.

Additionally, EHHOP partners with the Mount Sinai REACH clinic. The REACH team helps people who are dealing with opioid addiction. You can also call the REACH team directly to connect your family member/friend with the clinic. That phone number is staffed 9am - 5pm. If they do not answer, either call back again or leave a message with your name and phone number, and they will call you back.

How does the Good Samaritan policy pertain to Naloxone use?

The Good Samaritan Law applies to Naloxone use. This means that if you are using an illegal drug and you see someone else overdose, you should still call 911 and use the Naloxone you have. The Good Samaritan Law will protect you from any consequences of illegal drug use in this case.

Spanish

Hola, mi nombre es [nombre del estudiante] y soy un [estudiante de medicina en Mount Sinai] llamando a [nombre del paciente].

Estamos hablando con todos nuestros pacientes sobre una medicina llamada Naloxona. A veces también se llama Narcan. ¿Ha oído hablar de la Naloxona?

La naloxona es un medicamento que puede salvar la vida de una persona cuando sufre una sobredosis de drogas llamadas "opiáceos." Queremos asegurarnos de que todos nuestros pacientes sepan sobre la Naloxona y cómo usarla. De esta manera, si alguna vez ve a alguien con una sobredosis de opiáceos, podrá usar la Naloxona para tratar de ayudarlo y salvarle la vida. Estamos ofreciendo un entrenamiento con Naloxona por teléfono para que usted pueda aprender esta información que salva vidas. ¿Le importaría si le cuento un poco más sobre Naloxona? No debería tomar más de cinco minutos.

La Naloxona es un spray nasal. Viene en una botella pequeña que es lo suficientemente pequeña como para sostenerla en una mano. La Naloxona se introduce en la nariz de una persona, a través de una de sus fosas nasales.

Como mencioné, la Naloxona se usa para ayudar a alguien que tiene una sobredosis de opiáceos. Los opiáceos son analgésicos. A veces, son prescritos por un médico. Por ejemplo, si alguien se somete a una cirugía de rodilla, el médico puede recetarle un analgésico como OxyContin o Vicodina. Las drogas ilegales como la heroína y el fentanilo también son tipos de opiáceos. Independientemente de la forma en que alguien tome los opiáceos, son muy adictivos.

¿Tiene alguna pregunta sobre qué son los opiáceos?

Cuando alguien toma demasiada droga, como los opiáceos, se llama una "sobredosis". La sobredosis es extremadamente peligrosa; incluso puede matar a alguien.

Se preguntará cómo saber si alguien tiene una sobredosis de opiáceos. Cuando alguien tiene una sobredosis, su piel y sus labios pueden ponerse azules. Puede que dejen de respirar. Alguien que ha tenido una sobredosis no responderá si usted lo agita, le grita o trata de despertarlo.

¿Tiene alguna pregunta sobre qué es una sobredosis?

Si cree que alguien puede tener una sobredosis, lo primero y más importante que debe hacer es llamar al 911. Después de llamar al 911, puede intentar usar Naloxona.

Cuanto más rápido le da a alguien Naloxona, más probable es que funcione. Puede que no funcione si se le da a alguien demasiado tarde.

Para usar la Naloxona, se colocaría la parte superior, que parece un tubo largo y delgado, en una de las fosas nasales de la persona. Luego, presionaría el botón de la parte inferior para liberar el spray dentro de la fosa nasal.

Después de usar la Naloxona, debe esperar 2-3 minutos para ver si la persona se despierta. Si la persona no se despierta y usted tiene un segundo spray nasal de Naloxona disponible, puede usar la segunda dosis también. Cada botella de Naloxona puede ser usada una sola vez. Esto significa que después de haberlo usado una vez, no puede volver a usarlo.

Está bien si todo esto es un poco abrumador o confuso. No se preocupe, no necesita recordar cada una de las palabras que estoy diciendo. Cada equipo de Naloxona incluye instrucciones detalladas, paso a paso, con imágenes.

¿Tiene alguna pregunta sobre el uso de la Naloxona?

Mucha gente se pregunta si el uso de Naloxona en alguien que no tiene una sobredosis puede causar daño. La respuesta es "no". Si le da Naloxona a alguien que no tiene una sobredosis de opiáceos, no le pasará nada malo. Siempre es mejor pecar de precavido y usar Naloxona si cree que alguien puede tener una sobredosis.

Le acabo de presentar un montón de información. ¿Qué preguntas tiene para mí sobre la Naloxona, sobredosis o cualquier otra cosa de la que hemos hablado hasta ahora?

En este momento, hemos completado el entrenamiento con Naloxona. Ahora que ha sido entrenado/a, le podemos dar un equipo de Naloxona gratuito si le gustaría. El equipo incluye 2 aerosoles nasales, instrucciones en inglés y en español, y un número de teléfono al que puede llamar si tiene alguna pregunta o necesita equipos adicionales. ¿Le interesaría recibir un equipo por correo?

- [SI SI] Eso es genial. Gracias; puede recoger su kit de Naloxona gratis en la recepción después de su visita. Si utiliza su equipo en algún momento, por favor llame a la clínica REACH de Mount Sinai. Su número de teléfono también estará incluido en el equipo de Naloxona. La clínica REACH le enviará otro equipo de Naloxona por correo después de su llamada. Si lo prefiere, también puede llamarnos a EHHOP si usa su kit y necesita un reemplazo.
- [SI NO] Lo siento oír eso. ¿Hay alguna información que pueda ser útil para repasar de nuevo? También estoy feliz de darle el número de teléfono de nuestra clínica en caso de que cambie de opinión y quiera que le enviemos un equipo por correo en el futuro.

Además de los equipos que proporcionamos, también puede obtener Naloxona de forma gratuita en las farmacias de CVS y Walgreens participantes. En la farmacia, sólo debe pedirle al

farmacéutico un equipo de rescate de emergencia para las sobredosis. No necesita tener ningún tipo de identificación o seguro. Si tiene alguna pregunta o problemas para obtener un equipo de las farmacias participantes, puede llamarnos y le ayudaremos. También puedo proporcionarle una dirección de correo electrónico para contactar si tiene algún problema. Desea escribirla? Le dirección electrónica es pharmacynaloxone@health.nyc.gov

¿Tiene alguna otra pregunta sobre la Naloxona en la que pueda ayudarle?

Si se le ocurre alguna pregunta más tarde, puede llamarnos a la línea principal de EHHOP.

Un recurso adicional al que puede llamar es la clínica de REACH.

Eso es todo lo que tengo de mi lado. ¿Qué otras preguntas tiene para mí?

Muchas gracias por su tiempo. Espero que esta conversación haya sido útil. Que tenga un buen día.

Preguntas frecuentes

No uso drogas, así que no necesito Naloxona, ¿verdad?

Muchas gracias por mencionar este tema; esto es en realidad un concepto erróneo muy común. Recomendamos que todas las personas tengan Naloxona, independientemente de si usan drogas o no. Piensen en ello como un botiquín de primeros auxilios. Si ve a alguien que ha tenido una sobredosis en cualquier lugar - por ejemplo, en la calle - estará preparado para intervenir y posiblemente salvar su vida.

¿Qué pasa si uso mi Naloxona y necesito que me envíen más por correo?

Si utiliza su equipo, por favor llámenos a la línea principal de EHHOP, y podemos proporcionarle un equipo de reemplazo. También puede contactar la clínica de REACH en Mount Sinai. Este número de teléfono también estará incluido en su equipo de Naloxona. Después de que llame, le enviaremos otro equipo por correo.

¿Qué pasa si un familiar/amigo mío necesita una cita/atención médica para su trastorno por consumo de opiáceos? ¿A quién debo contactar o a dónde deben ir?

Para conectar a su familiar/amigo con el cuidado que necesitan, por favor llámenos a la línea principal de EHHOP. Le ayudaremos a encontrar el cuidado necesario para su familiar/amigo.

Además, EHHOP se asocia con la clínica de REACH de Mount Sinai. El equipo REACH ayuda a la gente que está sufriendo de una adicción a los opiáceos. También puede llamar al equipo de REACH directamente para conectar a su familiar/amigo con la clínica. Ese número de teléfono está atendido de 9am a 5pm. Si no contestan, vuelva a llamar o deje un mensaje con su nombre y número de teléfono, y le devolverán la llamada.

¿Cómo se relaciona la política del Buen Samaritano con el uso de la Naloxona?

La Ley del Buen Samaritano se aplica al uso de la naloxona. Esto significa que si usted está usando una droga ilegal y ve a alguien más con una sobredosis, usted debe llamar al 911 y usar la Naloxona que usted tiene. La Ley del Buen Samaritano lo protegerá de cualquier consecuencia asociada con el uso de drogas ilegales en este caso.