

# Paving a Path Toward Healthcare-Based Harm Reduction in the Veterans Health Administration: Key Lessons From Three VHA Facilities

**Beth Dinges, PharmD – Danville, IL VA**

**Tessa Rife-Pennington, PharmD, BCGP – San Francisco VA**

**Minh Q. Ho, DO – Orlando VA**

**Elizabeth Oliva, PhD – VA National OEND Coordinator**

*The views expressed are those of the authors and do not reflect the position or policy of the Department of Veterans Affairs or the United States government.*

*The authors have no personal or financial conflicts of interest to disclose.*

# Learning Objectives

Describe elements of healthcare-based harm reduction, including Syringe Service Programs (SSPs), fentanyl test strips, and naloxone

List effective strategies, tools, and resources for implementing healthcare-based harm reduction, e.g. patient and provider education & electronic health record tools

Describe lessons learned from early adopters of healthcare-based harm reduction to inform implementation in other healthcare systems

# Understanding Veteran Experiences & Perspectives\*

What's most important to educate healthcare workers re: harm reduction?

- *“Understanding. Before questioning someone about harm reduction services explain to them that it will not affect their VA benefits.”*

What's missing re: how healthcare workers engage with people who use drugs?

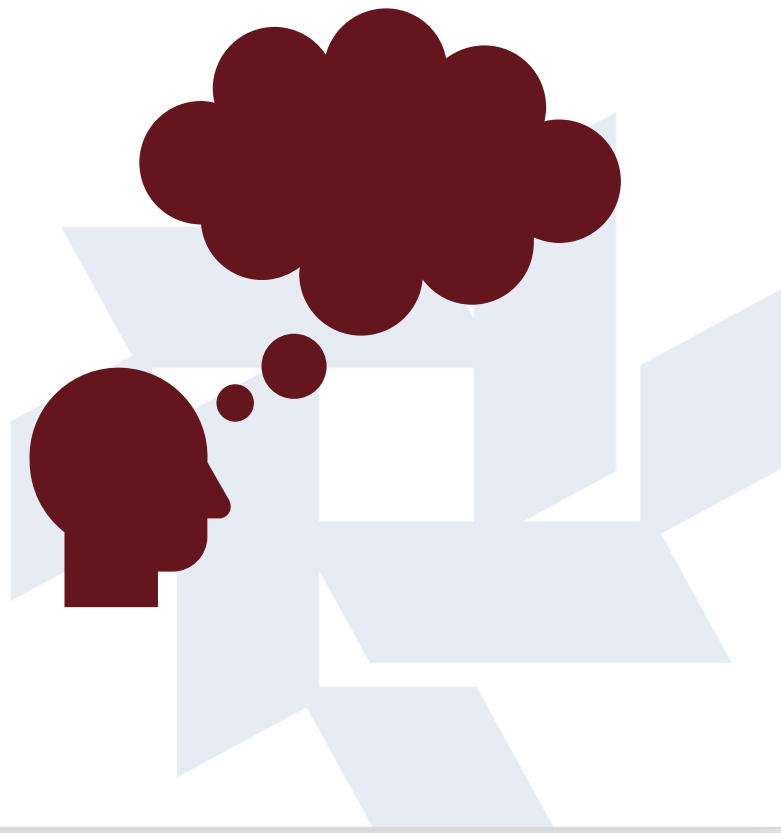
- *“Lack of understanding about living situations. When someone wanted to offer harm reduction services, my mind was not on harm reduction, it was where I would stay next.”*

How would you wish someone would've approached you?

- *“When asking, I wish it would've not been a suspicion. I felt like I needed to trust a VA provider.”*
- *“Once talked to a doctor about anal sex – he was older and became bashful – It's nice to be able to talk to people that understand or are open to talk about things like this.”*

# Now imagine a healthcare experience where...

- All VHA clinicians are trained to:
  - Talk about/normalize drug use and sex
  - Stop using stigmatized language/terms
  - Prioritize veterans' needs, perspectives, and goals (vs their own)
  - Offer harm reduction resources to all veterans (vs selective offering)
  - Focus of care shifts to building rapport and trust



# Harm Reduction

Social Justice Movement built on a belief in, and respect for, the rights of people who use drugs.

Practical strategies to reduce negative consequences associated with drug use.

# Syringe Services Programs



# Comparison of SSP Formats

## Community

History & Evidence  
Access & Anonymity  
Welcoming Environment  
Grass Roots & Advocacy  
Lived Experience  
“Linkage” to medical & social services

## Healthcare

Lack of precedent  
“Medicalizing” Harm reduction?  
Pathologizing all drug use  
Hierarchy & “Ivory Tower”  
Access

- Documentation requirements
- Eligibility & Enrollment
- Stigma/Discrimination

Peer specialist job requires 1 year sobriety  
Integration: medical & social services  
Infection prevention = healthcare

# Program Beginnings

## Danville, Illinois (IL) VA, 2017

- Veteran with active HCV and injection drug use unable to access sterile syringes
- Syringes donated from IL Dept of Public Health

## Orlando, Florida VA, 2019

- Infectious Disease (ID) team observed increasing HCV reinfection rates
- Obtained syringes from community donors

## San Francisco, California VA, 2019

- Increasingly toxic illicit drug supply led to local increases in fentanyl-involved overdose deaths
- Awarded funding to purchase fentanyl test strips from University of California, San Francisco



# Harm Reduction Supply Distribution to ~500 Veterans, as of 3/2023

>20,000  
syringes

>3,000 fentanyl  
test strips

>860 condoms

>240 naloxone  
kits

>150 hygiene  
kits

>100 wound  
care kits

>85 vaginal  
contraceptive  
gel/films

# Legal

A Rx does not make a syringe legal if intended for injecting illegal drugs

- Recipient might be at risk for possession charge, even if they have a Rx

Fentanyl test strips are considered paraphernalia in some states

Nuances to every state

- Consult facility legal counsel
- Review state-specific laws on legality of drug checking equipment<sup>1</sup>
- Consult Prescription Drug Abuse Policy System (PDAPS) for state specific SSP laws and regulations<sup>2</sup>

1. <https://www.networkforphl.org/wp-content/uploads/2023/01/Legality-of-Drug-Checking-Equipment-in-the-United-States-August-2022-Update.pdf>
2. <https://pdaps.org/datasets/syringe-services-programs-laws>

# Federal Restrictions on Funding for SSPs

Depts of Labor, Health and Human Services, and Education prohibited from using federal funds to purchase syringes (to inject illegal drugs).

Congress passed additional limits on funding for pipes used for illegal drugs, but restriction may also be limited.

Impacted Departments may use federal funds for all other legal SSP-related purposes so long as:

- CDC determined jurisdiction where SSP operates is experiencing or at risk for significant increase in Hepatitis C or HIV due to injection drug use
- Program is operating in accordance with state/local law

# VHA Interim Guidance on SSPs (2021)

Under Federal law and regulations, VHA has clear legal authority to operate SSPs.

VHA Medical Centers develop SSPs or ensure Veterans enrolled in VA care have access to SSPs where such programs are **not prohibited under state, county, or local law**

SSPs meet criteria of Medical Benefits Package (38 CFR §17.38)

Prohibitions against using certain Federal funds to purchase syringes do not apply to VA.

VHA provider must write patient-specific outpatient prescription for VHA pharmacy to provide prescription fulfillment services for syringes.

# Partnerships & Support



Rife-Pennington T, Dinges E, Ho MQ. Implementing syringe services programs within the Veterans Health Administration: facility experiences and next steps. *J Am Pharm Assoc* (2003). 2023;63(1):234-240. doi:10.1016/j.japh.2022.10.019.

# Staff Concerns

## Providing Drug Use Equipment

- Enabling
- ↑ used equipment in streets or ↑ crime
- Misaligned with abstinence or treatment goal
- Trigger for patients in abstinence-based recovery
- Lack of support for non-injection routes

## Others

- Moral
- Not in my back yard (NIMBY)ism
- Medicalization of Harm Reduction
- Legal consequences
- “Scarcity Mindset”
- Being the first VA to offer
- Having facility/national leadership buy-in
- Political climate – election year

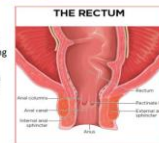
## An illustration of six diverse individuals of various ages and ethnicities holding hands in a horizontal line. From left to right: a young man with dark hair in an orange shirt and blue pants; a woman with dark curly hair in a red top and dark pants; a man with brown hair in a black t-shirt and blue pants; a woman with blonde hair in a black top and orange pants; a man with dark hair in a blue jacket over an orange shirt and black pants; and a woman with brown hair in a yellow top and white pants. The background is a solid purple color with faint white star patterns.

- 
- A photograph of a person with dark hair, wearing a grey hoodie and dark pants, sitting on a green metal bench. They are seen from behind, looking away from the camera. A black backpack is on the bench next to them. The background is a blurred outdoor setting with a building and a red pillar. The bottom of the image has a blue banner with white text.



## How to Booty Bump Drugs Safer

**What is booty bumping?**  
Booty bumping involves using drugs through the rectum. It is also called boofing, plugging, hooping, up your bum, and UVB. Drugs often used by booty bumping include stimulants (cocaine, methamphetamine) and heroin. Drug effects may occur within minutes and can last for hours, depending on which drug(s) were used.



As shown in the picture to the right, the anal canal is the area with where the most absorption happens.

### What are the risks of booty bumping?

- Inserting drugs directly into your rectum ("stuffing") can cause tear the internal tissue, especially with rocks and crystal drugs. This can lead to pain, bleeding, and infections.
- Reusing supplies or using non-sterile supplies to insert drugs (e.g., funnels, tampons, balloons) can introduce germs and cause infections.
- Sharing equipment increases the risk of infections, such as human immunodeficiency virus (HIV) and other sexually transmitted infections (STIs).
- The rectum is very efficient at absorbing a high percentage of a drug into your bloodstream. You can experience a stronger effect of the drug in a shorter time which increases the risk of drug overdose.
- Too much stimulant can cause "over-amping", or extreme anxiety, paranoia, and hallucinations.
- Too much heroin and other opioids can cause your breathing to slow down, overdose, and death.

### Planning for safer booty bumping:

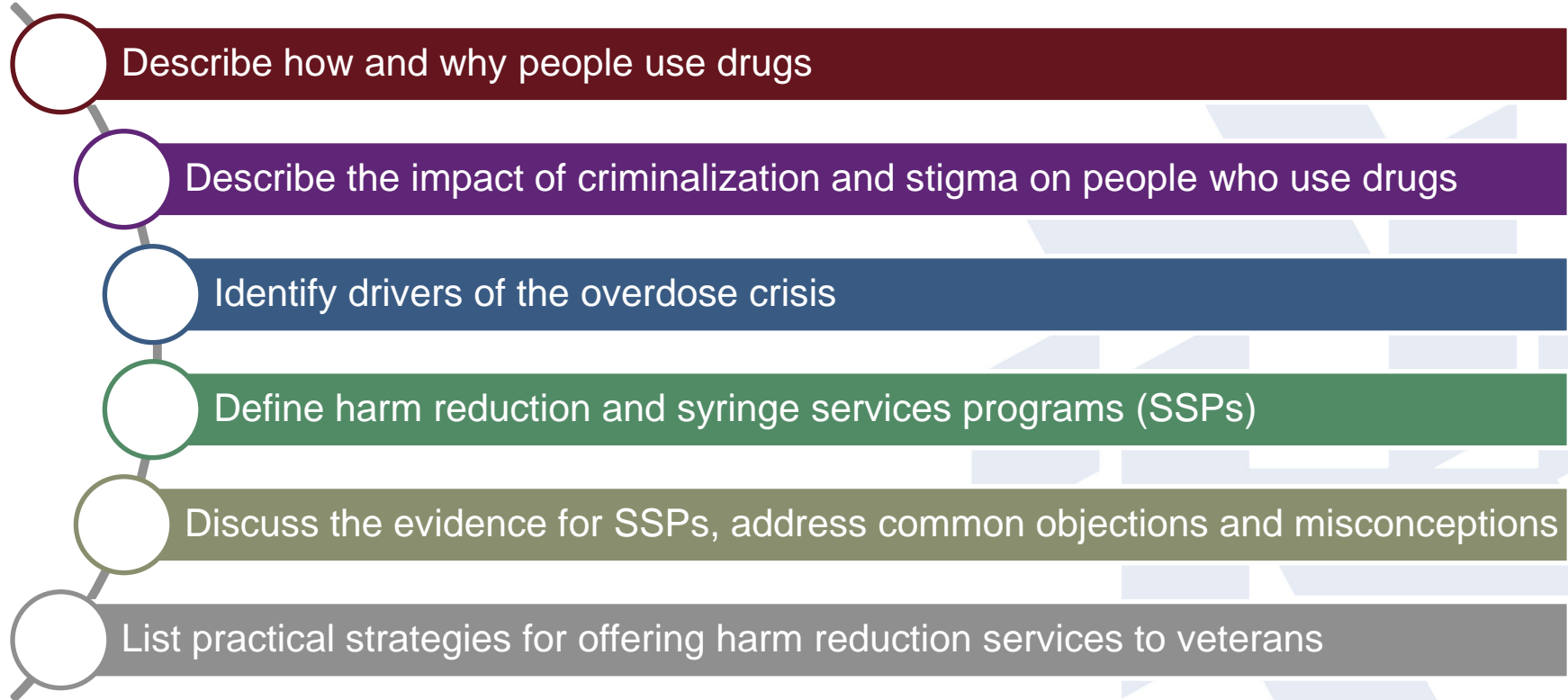
- ✓ Select a safe and relaxed space.
- ✓ Always use with a friend or around other people. If you are alone, call the Never Use Alone (NUNA) helpline.

Resources  
from across  
our 3 sites:  
External  
Facing





# Educational Objectives

- 
- Describe how and why people use drugs
  - Describe the impact of criminalization and stigma on people who use drugs
  - Identify drivers of the overdose crisis
  - Define harm reduction and syringe services programs (SSPs)
  - Discuss the evidence for SSPs, address common objections and misconceptions
  - List practical strategies for offering harm reduction services to veterans

# Examples of VA Prescription Supplies

## Infection Prevention

- Alcohol pads
- Band-Aids
- 10g and 30g triple antibiotic ointment
- 1" and 2" surgical tape
- 2"x2" and 4"x4" gauze pad
- 4"x75" stretch gauze
- Small to x-large latex and vinyl gloves
- Skin closure strips

## Safer Injection

- 1- and 2-gallon sharps container
- 31G 8mm 1mL, 0.5mL
- 30G 12mm 1mL
- 29G 12mm 1mL
- 28G 12mm 1mL, 0.5mL
- 27G 5/8in 1mL
- 2.5-3mL luer lock tip syringe
- 19G 1.5in needle
- 20G 1.5in needle
- 22G 1.5in needle
- 25G 1.5in needle
- Sterile saline and sterile water single use vials

## Safer Sex

- Latex lubricated condoms
- Latex plain condoms
- Non-latex lubricated condoms
- Non-latex plain condoms
- Internal/female condoms
- Vaginal contraceptive gel
- Vaginal moisturizer gel
- Finger cots, nitrile, medium (NF)
- K-Y lubricant jelly

## Additional Supplies

- Medication disposal packet
- Naloxone
- 120mL and 240mL sunscreen lotion
- Sunscreen face cream

# Order Menu Examples

Harm Reduction	
<b>LABS:</b> HIV Screening Panel Labs Hepatitis A Ab Hepatitis B Panel Hep C CT/NG - Urine Test Syphilis/RPR Quantiferon Urinalysis	<b>CONSULTS:</b> MH SUD/Medication Assisted Therapy (MAT) consults ID Consult DAY Mental Health Outpt ORL/LKB Mental Health Outpt VIE Mental Health Outpt GI Consult Menu Pain Management Medical
<b>SUPPLIES:</b> Syringe, 30G, 12mm, 1cc (RIS4E Program) Syringe, 31G, 8mm, 1cc (RIS4E Program) Alcohol Prep Pads Sterile Water ampules, 10mL Male Condoms (Latex) Internal Condoms Sharps Container Band-Aids (1in x 3in) 100ct Cotton Balls (5pack) Fentanyl Test Strip (Temp Inactivated)	<b>VACCINATIONS:</b> Vaccine Order Menu
<b>MEDS:</b> Naloxone 4mg (Narcan) nasal spray Naloxone 8mg Nasal Spray (Kloxxado) -high dose ie: for illicit fentanyl expos Naloxone injectable (Zimhi) -if contraindication to nasal eg: trauma/abnormal Truvada PREP (ID ONLY w/ consult and counseling) Descovy PREP (ID ONLY w/ consult and counseling) Tobacco Cessation	

## HARM REDUCTION SUPPLIES ORDER MENU

### OVERDOSE EDUCATION AND NALOXONE

- ❑ Order naloxone nasal spray
- ❑ Naloxone/OEND Patient Telephone Training (education and prescription completed by pharmacy)
- ❑ Opioid Harm Reduction Education (education on fentanyl and fentanyl analogs; risk for overdose; provide fentanyl test kit)

### SYRINGES FOR INTRAVENOUS INJECTION

- ❑ 31G 8mm 1mL
- ❑ 30G 12mm 1mL
- ❑ 29G 12mm 1mL
- ❑ 28G 12mm 1mL
- ❑ 27G 16mm 1mL

### SYRINGES FOR INTRAMUSCULAR INJECTION

- ❑ 2.5-3mL luer lock tip syringe

- ❑ 19G 1.5in needle
- ❑ 20G 1.5in needle
- ❑ 22G 1.5in needle
- ❑ 25G 1.5in needle

### OTHER SUPPLIES

- ❑ Sunscreen lotion 120mL
- ❑ Sunscreen lotion 240mL
- ❑ Sunscreen face cream

### EDUCATION RESOURCES (Click below to view)

- ❑ Provider education resources
- ❑ Patient education resources
- ❑ Patient education videos

### COMMUNITY RESOURCES (Click below to view)

- ❑ Syringe services programs
- ❑ Prescription medication disposal resources
- ❑ Naloxone resources
- ❑ Harm reduction services/supplies

### ORDER MENUS

- ❑ WH Contraceptive Medication Menu
- ❑ Sexually Transmitted Infection (STI) Order Menu
- ❑ Clinic Immunization/Skin Test/Injection Orders
- ❑ Buprenorphine Order Menu
- ❑ Alcohol Use Treatment Medication Menu
- ❑ Smoking Cessation Medications/Referrals

### CONSULTS

- ❑ Addiction Consult/Prescription Opioid Safety Team
- ❑ Opioid Treatment Program
- ❑ Oakland Substance Abuse bxt program
- ❑ Infectious Diseases Consult Outpatient
- ❑ Infectious Diseases Consult Inpatient
- ❑ Liver Clinic
- ❑ Social Work Oakland
- ❑ Social Work Amb Care Specialty Clinic
- ❑ Social Work MP/WC/ID PACT Consult
- ❑ Social Work Service Clearlake
- ❑ Social Work Service Eureka
- ❑ Social Work Service San Bruno
- ❑ Social Work Service Santa Rosa
- ❑ Social Work Service Ukiah

### PATIENT GROUPS AND REFERRALS

- ❑ SFVAMC
- ❑ Downtown
- ❑ Santa Rosa
- ❑ Eureka

# Increasing Access & Anonymity

VA pharmacy-purchased supplies require Rx

Some Veterans may not want Rx or documentation in medical record

Consider alternate funding and purchasing sources

- **Logistics/Supply Service**
- **External award funding**

Rife-Pennington T, Dinges E, Ho MQ. Implementing syringe services programs within the Veterans Health Administration: facility experiences and next steps. *J Am Pharm Assoc* (2003). 2023;63(1):234-240. doi:10.1016/j.japh.2022.10.019.

[https://www.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=7485](https://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=7485)

# Harm Reduction Supplies Distributed



Rife-Pennington T, Dinges E, Ho MQ. Implementing syringe services programs within the Veterans Health Administration: facility experiences and next steps. *J Am Pharm Assoc* (2003). 2023;63(1):234-240. doi:10.1016/j.japh.2022.10.019.

# San Francisco VA Harm Reduction Kit Contents

## Hygiene and wound care

- 3 rolls sterile gauze
- 3 hygiene kits each containing:
  - 1 toothbrush
  - 0.3 oz toothpaste
  - 0.5 oz bar soap
  - 1 Comb
  - 2 washcloth tablets
- 2 wound care kits each containing:
  - 1 pair gloves
  - 3 vials 15 mL sterile saline
  - 2 packets triple antibiotic ointment
  - 2 alcohol-free moist towelettes
  - 2 4"x4" sterile gauze pads
  - 1 2"x4" bandage
  - 6 sterile skin closure strips
  - 1 roll tape
  - 1 bottle hand sanitizer

## Safer sex

- 25 finger cots
- 20 packets of water-based lubricant 3 mL
- 14 lubricated condoms variety pack
- 2 flavored and scented latex dental dams
- 2 vaginal contraceptive films

## Safer injection

- 2 small 1 qt sharps container
- 2 personal sharps containers
- 40 insulin syringes 1 mL 30 G 12 mm
- 40 insulin syringes 1 mL 31 G 8 mm

## Safer smoking

- 5 packs of sugar-free gum
- 2 tubes of organic, scent-free lip balm



# Processes for Patient Education & Supplies Distribution

## Referral-Based

Opioid harm reduction education consult in CPRS (any staff can refer)

Teams message

Email

Monthly Intensive Outpatient Program (IOP) Group Class

## Services Provided

Prescription naloxone and other harm reduction supplies

Free harm reduction kits for HUD-VASH

Free fentanyl test strips

Education

Linkage to lab testing, immunizations, treatment, community resources

## Supplies Delivery

Pick up at outpatient pharmacy

Added to discharge medications

Mail to veteran

Mail to VA staff to take to veteran

HUD-VASH housing site visits

# San Francisco VAHCS SSP Consult

Veterans are offered education, free fentanyl test strips and additional supplies:

Please offer veteran additional harm reduction supplies available as a prescription:

- ☐ Naloxone (Narcan) kit
- ☐ Safer injection supplies (e.g., syringes, sharps container, alcohol swabs)
- ☐ Wound care supplies (e.g., antibiotic ointment, bandages/gauze, sterile water, sterile saline, latex/vinyl gloves)
- ☐ Safer sex supplies (e.g., lubricant, condoms, vaginal contraceptive gel, vaginal moisturizer)
- ☐ Medication disposal bag
- ☐ Sunscreen
- ☐ Information on community harm reduction programs

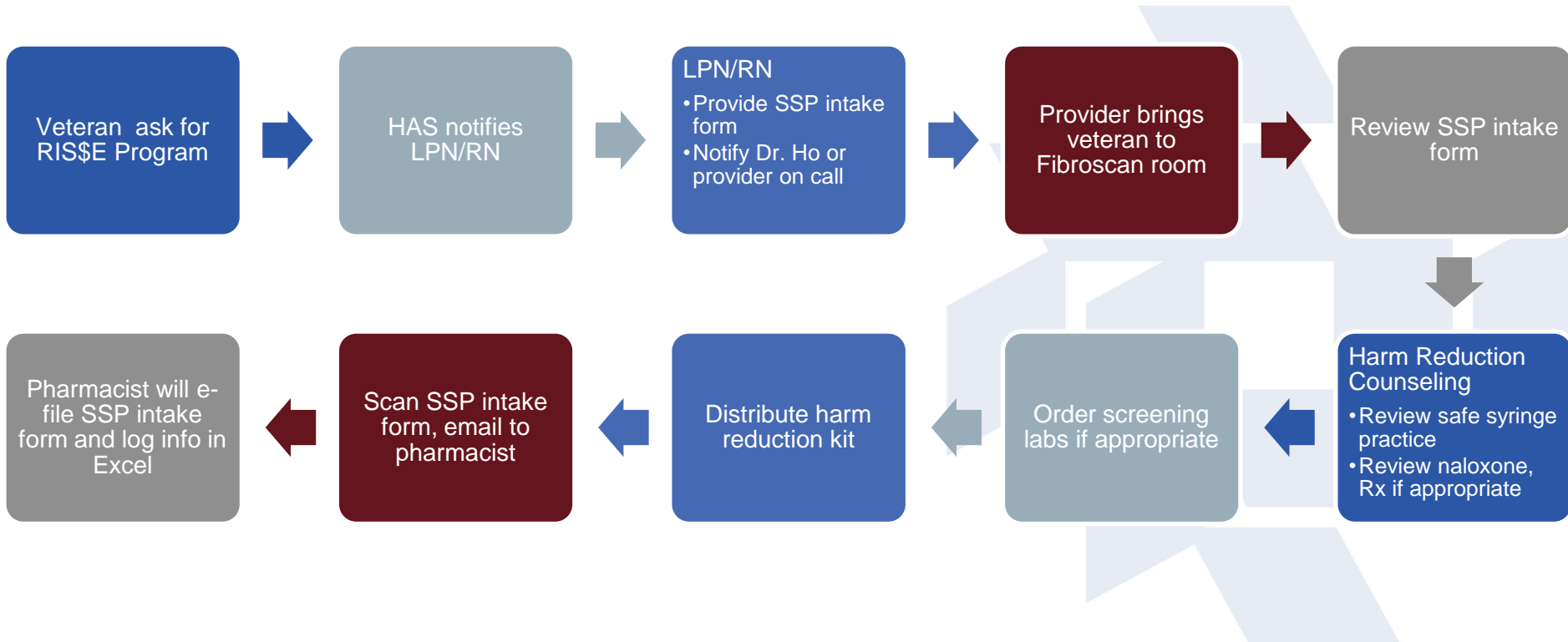
Additional relevant details:



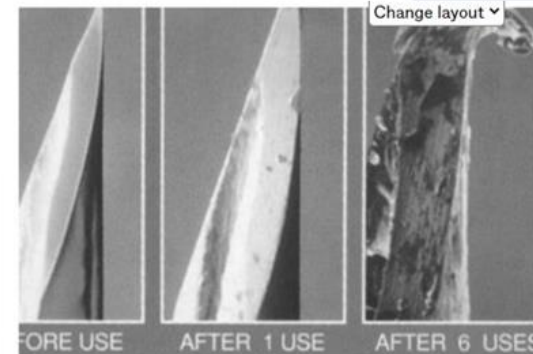
# Orlando VA SSP Pathway



OVAHCS Veteran  
Intake Form

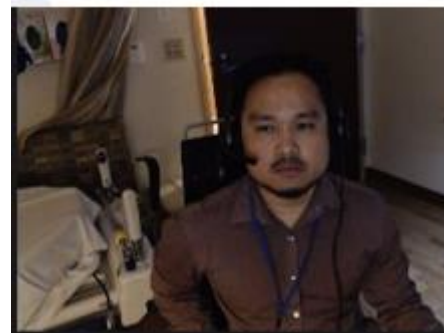


# Orlando VA Harm Reduction Group Sessions



## Safe Injection Practices

1. Only use needles and syringes **one** time
  - More than one use damages tissue more and leads to skin infections
2. Never share needles, syringes, or other equipment
3. Dispose of used syringes/needles in a sharp's container or other puncture-proof plastic container (like an empty laundry detergent bottle)



Images reviewed & cleared to share per local privacy officer.

# Understanding Veteran Experiences & Perspectives\*

What's most important to educate healthcare workers re: harm reduction?

- **“Empathy and compassion.”** *The biggest thing is when you're ready to give and receive help - there is the shame of the situation.”*

What's missing re: how healthcare workers engage with people who use drugs?

- *“Was helpful when someone said, “don't worry, **we are here to help.**” If they gave me cold shoulder after hearing my story that “would have made me leave”*
- *“My friend brought me kicking and screaming to the VA. Now I am an **advocate for myself**” and have been offered a VA position.*

How would you wish someone would've approached you?

- *“Do what you think is best to **get the information out** to Veterans about how the VA can help.”*

# Patient Identification and Engagement

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No ICD code specific to Injection Drug Use → CDC proposal to create one

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Work underway to evaluate Natural Language Processing to identify IDU

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Healthcare for Homeless Veterans

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Peer specialists

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Veterans Justice Outreach Program: Re-entry & Veteran treatment courts

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High impact settings/clinics (e.g., ED, UC, residential, SUD and ID clinics)

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# Advertising to Increase Access

Program pamphlet,  
posters, flyers,  
signage, electronic  
message boards

Wallet cards

Public Affairs Office

Social Media

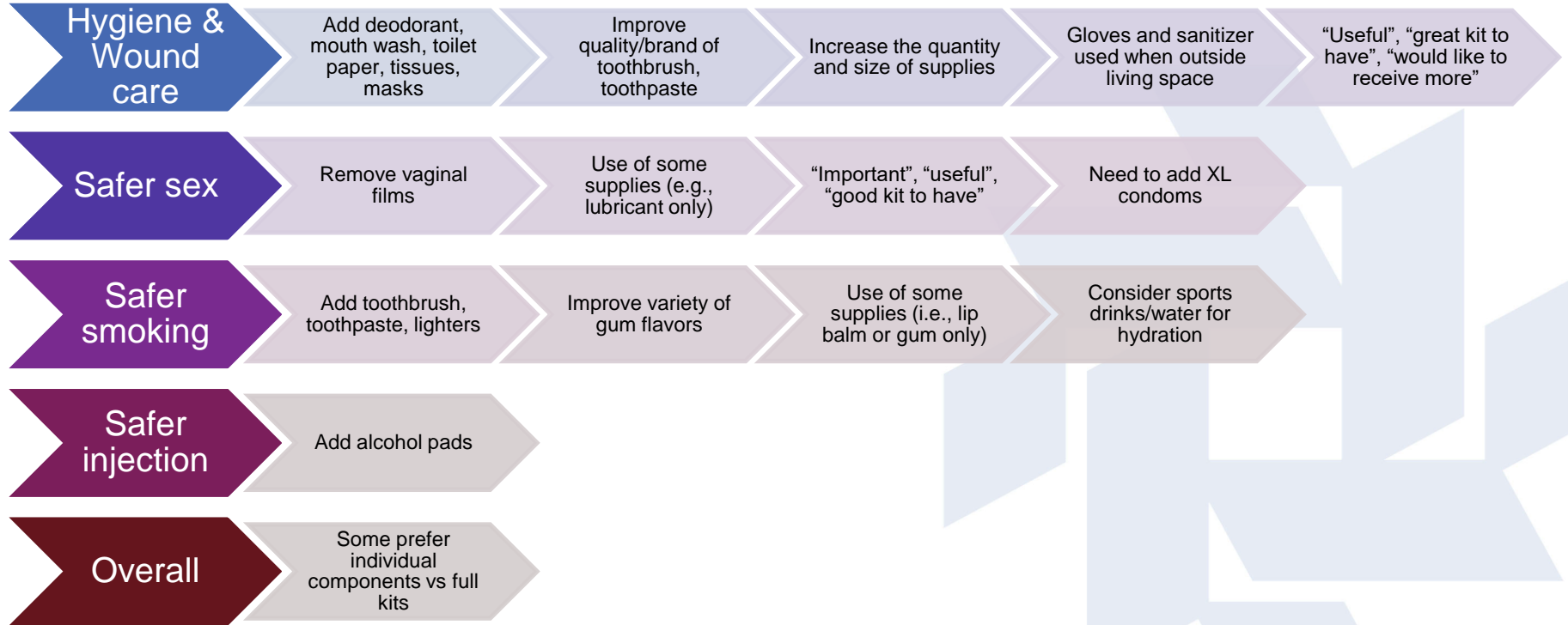
Community SSPs

Word of mouth  
(e.g., veteran focus  
groups)

# Feedback: San Francisco VA Fentanyl Test Strip Distribution Pilot

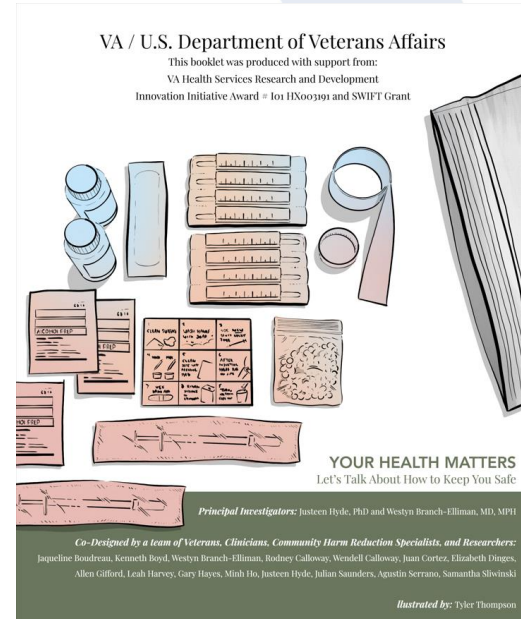
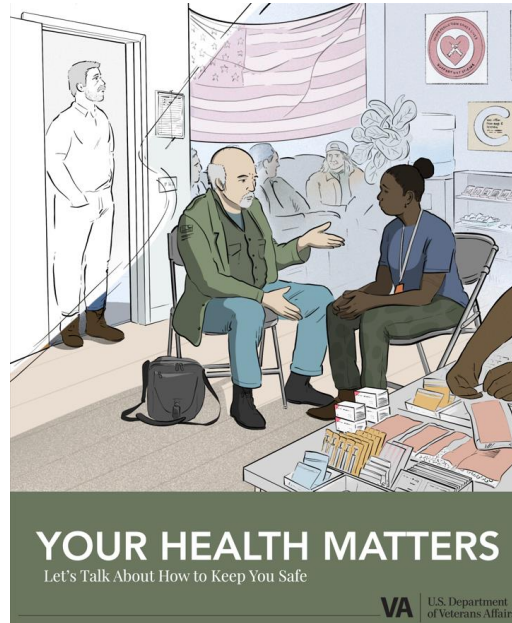
- Veterans rated fentanyl test kit as **extremely**:
  - Important to use (44/54, 81.5%)
  - Easy to use (26/54, 48.1%)
  - Convenient to use (25/54, 46.3%)
- 43% (23/54) reported a plan to use fentanyl test kit
- 59% (32/54) said others they know would be interested
- Many veterans had a personal history of:
  - Knowing someone who died from fentanyl overdose
  - Witnessing an overdose
  - Saving a life with naloxone
- Education was described as “good”, “excellent”, “new information”
- Many veterans reported sharing information learned with others and recommended broader community education efforts

# Feedback: San Francisco VA Harm Reduction Kits



# Veterans Helping Veterans: Harm Reduction Resources for Veterans Who Use Drugs

- 10 Veterans w/ lived or living experience met over 6 months
- Paid \$25/hour



**Funding: VA HSRD SWIFT grant “Harm Reduction Stories: Leveraging Graphic Medicine to Engage Veterans in Substance Use Services within the VA” (MPI: Hyde and Branch-Elliman)**



# Understanding Veteran Experiences & Perspectives\*

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60+ yo male, recently re-established after hospitalization with new diagnosis of heart failure

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“I’m up front about my IV methamphetamine use, but then it’s every 15 minutes someone’s asking if I just shot up.”

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“I’ve avoided healthcare because I’m treated like dirt, as soon as they see my arms”

---

“I even read a patient bill of rights and being treated with dignity; that doesn’t apply if you use drugs”

---

“I told them my body couldn’t handle cold turkey. Maybe I could slow down or benefit from some medication, but that wasn’t discussed with me.”

# Challenges Integrating Into Healthcare

Lack of clinician awareness, comfort, or buy-in

Balancing access/anonymity & documentation

History of abstinence only SUD care

Scopes of practice for non-prescribers

Lack of dedicated staffing

Prescription vs supply item

Pathways for purchasing via federal agency

Federal vs local laws

Veterans ineligible for VA care or not enrolled

Engaging veterans with lived experience

Creating a role for peer specialists

# Current Status & Future Directions

Danville, IL VA a 2021 VA Shark Winner for SSP expansion to Boston VA!

15+ VA facilities with SSPs in place

Harm Reduction and SSP integration into HCV, HIV, SUD, hospital-based care

Increased collaboration between community SSPs and VA

Prioritizing access

- Minimizing documentation requirements
- Solutions to Rx requirement for naloxone and other supplies (syringes and condoms)
- Pathway for staff performing community outreach to carry, administer, & deliver supplies

Better involvement of veterans who use drugs in program & policy development

# Low Barrier Access with Harm Reduction Vending Machines



- San Francisco VA HCS pilot
- 15 machines planned for urban & rural areas
  - Main hospital
  - Outpatient clinics
  - Veteran supportive housing
- Will dispense **free** harm reduction supplies, such as:
  - Sterile syringes
  - Sharps containers
  - Alcohol swabs
  - Tourniquets
  - Wound care supplies
  - Condoms
  - Lubricant
  - Fentanyl test strips
  - Hygiene supplies

# Takeaways

An attorney is KEY, even better if they specialize in area

Be creative when legal prohibitions exist, offer what you can

- Wound care and hygiene supplies
- Survival essentials (e.g., clothing, shoes, water, food)

Call to Action for Healthcare:

- Other Federal Depts, but also non-federal settings
- Prevalence of U.S. hospitalizations have increased substantially among people who inject drugs. Many of these are PREVENTABLE.
- Rates of HIV and HCV in some parts of the U.S. remain high. These infections are also PREVENTABLE.
- Overdose deaths involving illegal drugs (particularly synthetic opioids + stimulants) FAR outpace those involving prescription opioids.

# Resources

Work from our 3 VA sites: External Facing

Work from NonVA Subject Matter Experts\*

[National Harm Reduction Coalition](#)

[Homepage - CA Bridge](#)

[Changing the Narrative | Drug Use & Addiction](#)

[NEXT Distro](#)

[Drug Education Resources | Drug Policy Alliance](#)

<https://nasen.org/map/>

[Prescription Drug Abuse Policy System \(PDAPS\)](#)

[Legality of drug checking equipment in the United States](#)

# Engaging Veterans in Harm Reduction



Consent to share pictures obtained & locally on file; also reviewed w/ local privacy officers.

Resources  
from across  
our 3 sites:  
External  
Facing





# Harm Reduction Supplies in Healthcare (NonVA), AMERSA 2022 Breakout

Shared with permission from:

- **Dinah Applewhite** (Mass Gen Hosp)
- **Marlene Martin** (San Francisco Gen Hosp & UCSF)

Other team members include:

- **Josh Luftig** (CA Bridge)
- **Hannah Snyder** (UCSF)
- **Arlene Brown & Steven Dondero** (Northern Inyo HC District)
- **Leo Beletsky** (Northeastern University School of Law)
- **Kenneth Washington** (AHOPE) **Jim Duffy** (Smoke Works)



# VHA Harm Reduction Implementation



# VHA Harm Reduction

- [National Drug Control Strategy \(2022\)](#)
  - Biden-Harris Administration's focus on harm reduction includes naloxone, SSPs, and drug test strips (e.g., fentanyl test strips)
- VHA has successfully implemented naloxone distribution and is using its experience to inform national SSP and fentanyl test strip implementation
- [VHA Rapid Naloxone Initiative \(3 elements\)](#)
  1. **OEND to VHA patients at-risk for opioid overdose (March 2023)**
    - Over 431,700 Veterans dispensed naloxone (over 3,600 opioid overdose reversals)
  2. **VA Police Naloxone (April 2021)**
    - 3,552 VA police officers with naloxone (136 opioid overdose reversals)
  3. **Select Automated External Defibrillator (AED) Cabinet Naloxone (April 2021)**
    - 1,095 AED Cabinets with naloxone (10 opioid overdose reversals)

## **2020 John M. Eisenberg National Level Innovation in Patient Safety and Quality Award**

VA Academic Detailing Service OEND site (patient and provider education resources; [internal/external](#)); [National OEND internal site](#) (implementation models/ approaches); Oliva et al. (2017; 2021); Bounthavong et al. (2017, 2020); [QUERI Roadmap](#); [NPR feature](#); Eisenberg—The Joint Commission (TJC) [Journal on Quality and Patient Safety Paper](#), [Podcast](#), [Blog](#); [VA Press Release](#)



### EXPERIENCE

Opioid overdose education and naloxone distribution:  
Development of the Veterans Health Administration's  
national program

- In 2014, VA established a national OEND program
  - Informed by pilot VA OEND programs
  - Developed by national, cross-program office workgroup
    - Composed of representatives from pharmacy, mental health, pain management, nursing, primary care, emergency medicine, and employee education
    - National workgroup members facilitated presentations to program offices to garner leadership and staff buy-in
- Major innovations
  - Policy and clinical guidance
  - Educational resources
  - Implementation and evaluation resources
  - Pharmacy-driven

# Quality Enhancement Research Initiative (QUERI) Roadmap for Implementation and Quality Improvement

**Table 2. A Theory-based Approach to Mapping Barriers to Implementation Strategies: The Department of Veterans Affairs OEND Initiative**

Barrier Level	Barrier	Mechanism of Change <sup>25,124</sup>	Implementation Strategy/Technique <sup>121,126</sup>
<b>Veteran</b>	Risk awareness	Perceived vulnerability	Risk communication, use mass media
	Ability to use naloxone in overdose	Caregiver knowledge, self-efficacy, skills	Develop and distribute educational materials, obtain family feedback, activate Veterans and family
	Cost		Alter office fees, make billing easier (naloxone provided free of charge)
<b>Clinician/clinical team</b>	Ability to identify high-risk Veterans	Knowledge, clinical decision-making	Develop clinical analytics to identify at-risk Veterans
	Lack of expertise in naloxone prescribing	Knowledge, skills, goals, self-efficacy, subjective norms	Offer educational trainings, train-the-trainer
	Prescribing naloxone	Behavioral cueing, environment resources	Change electronic medical record templates
	Awareness of progress	Feedback processes, subjective norms	Audit and feedback, relay data to clinicians
<b>Hospital/practice</b>	Competing priorities	Professional role change, reinforcement	Mandate change, policy directives(s) for all facilities, identify and prepare champions
	Implementation variability	Knowledge, subjective norms	Values, standardize tools, guidance, resources implementation plans
	Cost to facilities	Reinforcement	Policy change, change cost to hospital (no cost)
<b>Health system</b>	Low availability of naloxone	Environmental context, social roles	Use advisory boards and national workgroups
	Unstandardized naloxone kit	Environment resource	Place naloxone kits on national formulary
	Lack of best practice	Knowledge, skills, decision processes, social learning	Create learning collaborative, centralized technical assistance and facilitation
	Coordination across service disciplines	Professional role, norms, motivation	Change availability of services and mix of clinicians offering treatment
	Union support	Professional role, social influences, norms	Obtain formal commitments

# VHA Rapid Naloxone Eisenberg-Related Products

- [TJC Journal on Quality and Patient Safety Paper](#)
- [TJC Podcast](#)
- [TJC Blog](#)
- [VA Press Release](#)

## Take 5 for the John M. Eisenberg Award: Veteran's Health Administration

FOR IMMEDIATE RELEASE  
June 8, 2021

### VA's Rapid Naloxone Initiative recognized in fight against opioid overdose deaths

WASHINGTON — A life-saving initiative developed by the Department of Veterans Affairs is recognized as the [2020 recipient of the John M. Eisenberg National Level Innovation in Patient Safety and Quality Award](#) by The Joint Commission and the National Quality Forum.

The award acknowledges the national impact of VA's advancements in preventing opioid overdose deaths and improving the quality and safety of care that patients receive.

The [VA Rapid Naloxone Initiative](#) provides [free](#) Opioid Overdose Education and Naloxone Distribution to Veteran patients at risk for opioid overdose. This also includes stocking Automated External Defibrillator cabinets in high risk areas with naloxone and VA Police having speedy access to it for administering when necessary.

"Naloxone is used to reverse opioid overdose and its timely administration during an overdose saves lives," said, VA National Opioid Overdose Education and Naloxone Distribution Coordinator Elizabeth M. Oliva, Ph.D. "VA is at the forefront of this fight, changing lives every day through the Rapid Naloxone Initiative, the [Opioid Safety Initiative](#), [Substance Use Disorder Treatment](#) and our [Whole Health](#) approach to improving overall well-being."

VA established the first national Opioid Overdose Education and Naloxone Distribution program in May 2014. Based on a [Diffusion of Excellence Promising Practice from the VA Boston Healthcare system](#), VA formally launched the Rapid Naloxone Initiative in September 2018.

This concerted approach has equipped 291,841 VA patients, 3,552 VA police officers, and 1,095 AED cabinets with naloxone. VA's efforts have resulted in more than 1,950 opioid overdose reversals, with 136 additional opioid overdose reversals facilitated by VA Police and 10 with AED cabinet naloxone.

Learn more about VA's [Rapid Naloxone Initiative](#), [treatment for substance use](#) or [safe and effective ways to manage pain](#).

## EISENBERG AWARD

### Saving Lives: The Veterans Health Administration (VHA) Rapid Naloxone Initiative

Elizabeth M. Oliva, PhD; John Richardson; Michael A. Harvey, PharmD; Pamela Bellino, OTR/L, CPPS

**Background:** The United States is in the midst of an opioid epidemic within the COVID-19 pandemic, and veterans are twice as likely to die from accidental overdose compared to non-veterans. This article describes the Veterans Health Administration (VHA) Rapid Naloxone Initiative, which aims to prevent opioid overdose deaths among veterans through (1) opioid overdose education and naloxone distribution (OEND) to VHA patients at risk for opioid overdose, (2) VA Police naloxone, and (3) select automated external defibrillator (AED) cabinet naloxone.

**Methods:** VHA has taken a multifaceted, theory-based approach to ensuring the rapid availability of naloxone to prevent opioid overdose deaths. Strategies targeted at multiple levels (for example, patient, provider, health care system) have enabled synergies to speed diffusion of this lifesaving practice.

**Results:** As of April 2021, 285,279 VHA patients had received naloxone from 31,730 unique prescribers, with 1,880 reported opioid overdose reversals with naloxone; 129 VHA facilities had equipped 3,552 VA Police officers with naloxone, with 136 reported opioid overdose reversals with VA Police naloxone; and 77 VHA facilities had equipped 1,095 AED cabinets with naloxone, with 10 reported opioid overdose reversals with AED cabinet naloxone. Remarkably, the COVID-19 pandemic had minimal impact on naloxone dispensing to VHA patients.

**Conclusion:** The VHA Rapid Naloxone Initiative saves lives. VHA is sharing many of the tools and resources it has developed to support uptake across other health care systems. Health care systems need to work together to combat this horrific epidemic within a pandemic and prevent a leading cause of accidental death (opioid overdose).

## Just Do It: Rapid Naloxone Initiative is Needed Now

07/30/2021



# VHA SSP Efforts

- **National efforts led by VA HIV, Hepatitis, and Related Conditions Programs and Office of Mental Health and Suicide Prevention**
  - Informed by work of Drs. Dinges, Ho, and Rife-Pennington
  - [Identifying High-Risk Patients for Harm Reduction, Risk Mitigation, and Treatment Outreach: Leveraging the Veterans Health Administration's Transformative Approach to Improving Opioid Safety and Decreasing All-Cause Mortality](#) (April 13, 2023, 9:45-11:00 AM)
- **Policy**
  - Interim Memo—May 2021
  - Directive (forthcoming)—shared with National SSP Affinity Group for feedback
- **National SSP Kits**
  - Developed 6 national kits—field-identified barrier of having no ready-made SSP kits to order (worked with field and NASTAD to identify types of kits to develop)
  - Developing pharmacy and logistics pathways for distribution (e.g., PBM developed National Drug File entries for 6 national kits)
  - Centrally funded and no copays via pharmacy and logistics routes

# VHA SSP Kits

- **Large 30g kit**

- 100 Sterile syringes. 30g 8mm 1ml. Not retractable.
- 100 individually wrapped Alcohol pads
- 1 Sharps container
- 100 Cottons: 3 or 4 mm size broken down into two 50 count plastic baggies
- 1 Educational brochure: <https://www.hiv.va.gov/pdf/Injection-Drug-Use-Brochure-508.pdf>

- **Large 29g kit**

- 100 Sterile syringes. 29g 12.7mm 1ml. Not retractable.
- 100 individually wrapped Alcohol pads
- 1 Sharps container
- 100 Cottons: 3 or 4 mm size broken down into two 50 count plastic baggies
- 1 Educational brochure: <https://www.hiv.va.gov/pdf/Injection-Drug-Use-Brochure-508.pdf>

- **Large 27g kit**

- 100 Sterile syringes. 27g 16mm 1 ml. Not retractable.
- 100 individually wrapped Alcohol pads
- 1 Sharps container
- 100 Cottons: 3 or 4 mm size broken down into two 50 count plastic baggies
- 1 Educational brochure: <https://www.hiv.va.gov/pdf/Injection-Drug-Use-Brochure-508.pdf>

- **Small 30g kit**

- 25 Sterile syringes. 30g 8mm 1ml. Not retractable.
- 25 individually wrapped Alcohol pads
- 1 Sharps container
- 25 Cottons: 3 or 4 mm size stored in a plastic baggie
- 1 Educational brochure: <https://www.hiv.va.gov/pdf/Injection-Drug-Use-Brochure-508.pdf>

- **Small 29g kit**

- 25 Sterile syringes. 29g 12.7mm 1ml. Not retractable.
- 25 individually wrapped Alcohol pads
- 1 Sharps container
- 25 Cottons: 3 or 4 mm size stored in a plastic baggie
- 1 Educational brochure: <https://www.hiv.va.gov/pdf/Injection-Drug-Use-Brochure-508.pdf>

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# VHA SSP Efforts

- **Patient and Provider Education**
  - National patient education brochure: [Safer Injection Practices for People who Inject Drugs](#)
  - National Academic Detailing Services (ADS) Harm Reduction and Syringe Services Program Provider Guide (part of [ADS SUD Harm Reduction campaign](#))
    - Used guide developed by VISN 12 (including Dr. Dinges) as the base
  - Developing national SSP TMS training
    - Drs. Dinges and Rife-Pennington are part of group developing this training
- **Technical assistance/Community of Practice**
  - *VHA SSP Affinity Group* (meets bimonthly)—way for field to share barriers and facilitators to implementation
  - *VHA SSP SharePoint*—implementation resources
    - Working on developing *SSP Implementation Examples*
- **National Harm Reduction Support & Development Workgroup**
  - Launched this calendar year; includes Drs. Dinges, Ho, and Rife-Pennington
  - Added VHA Logistics; Adding Veteran & Family Centered Care Program Manager

# VHA SSP Efforts

- **National SSP Note**

- Shared with National SSP Affinity Group for feedback
- Includes national health factors to help with identifying patients who inject drugs (major limitation to outreach efforts) and track services/supplies provided including education, SSP kits, and additional supplies (e.g., fentanyl test strips)
- Will link to related orders and referrals (e.g., infectious disease, HIV PrEP, liver clinic, SUD treatment, suicide prevention, naloxone, social work, wound care)
- Will facilitate inclusion on national dashboards, evaluation efforts, etc.

- **Patient Identification/National Clinical Dashboards**

- Developing a natural language processing (NLP) approach to identify patients who inject drugs—will inform national dashboard to support SSP implementation
- Submitted a request for a new ICD-10-CM code for Injection Drug Use (IDU)
  - Opportunity to propose new code identified by Dr. Dinges who had been working on national efforts to find potential ICD-10 codes to use for NLP

# VHA National Fentanyl Test Strip Workgroup

- Led by VHA National OEND Coordinator and includes early adopters as well as key program offices (e.g., pharmacy, logistics, homeless, nursing)
- Will report to VHA National Harm Reduction Support & Development Workgroup but will meet more frequently to help speed implementation
- March 9, 2023—Kickoff national meeting
  - Corey Davis, Alexander Walley, Traci Green



# Q&A

Contact us to connect!

Beth Dinges, [Elizabeth.Dinges2@va.gov](mailto:Elizabeth.Dinges2@va.gov)

Tessa Rife-Pennington, [Tessa.Rife@va.gov](mailto:Tessa.Rife@va.gov)

Minh Q. Ho, [Minh.Ho@va.gov](mailto:Minh.Ho@va.gov)

Elizabeth Oliva, [Elizabeth.Oliva@va.gov](mailto:Elizabeth.Oliva@va.gov)