

NMDOH Harm Reduction Program

Josh Swatek

New Mexico Department of Health, Public Health Division

Hepatitis and Harm Reduction Program Manager

Joshua.Swatek@doh.nm.gov



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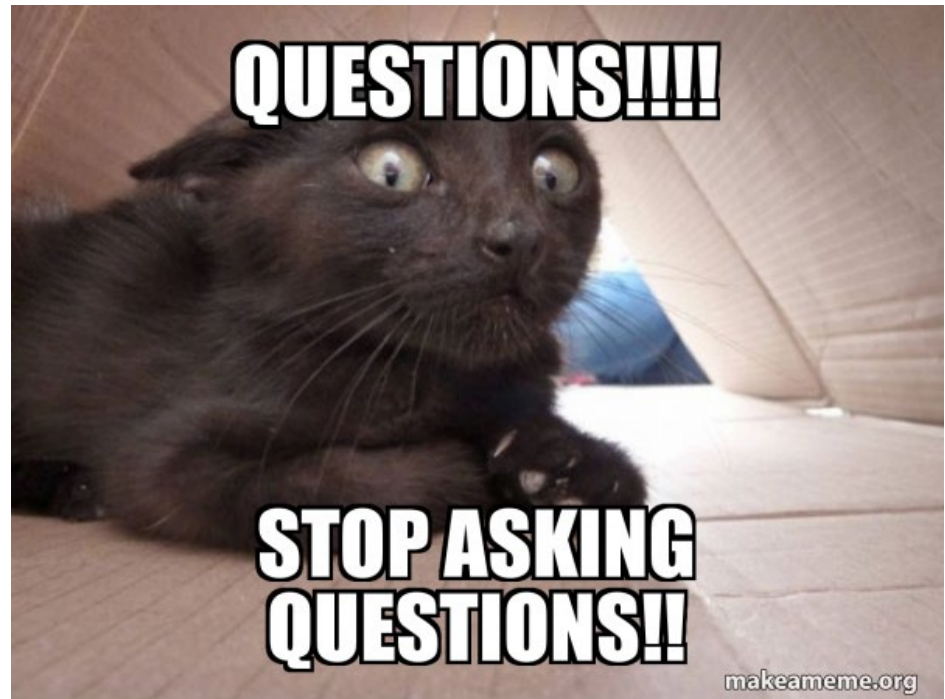
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HIV, STD and Hepatitis Section • Public Health Division • 1190 S. St. Francis Drive, Suite S1300, Santa Fe, NM 87505

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Do we really need the data?

- Simple easy to use forms
- Keep questions short and to the point
- Don't overwhelm people with seemingly irrelevant questions
- What's the point/why do you actually need the data?
- Try not to ask every question of interest, utilize point in time surveys
- If you can't explain why you're asking, think twice about asking



Which one would you rather answer?

Option A

Today's Date ____/____/____

Narcen Enrollment and Record of Use

Check one: ☐ Enrollment
Check Referral Source: ☐ Syringe Services Program

☐ Record of Use
☐ Medical/Project Lazarus



Personal Information

Narcen Code: _____ Medical Record Number (optional): _____

1 2 2 3 3 3 3 3

(1) First letter of legal first name: ____

(2) First 2 letters of last name: ____

(3) Full Date of Birth: (mm/dd/yy) ____/____/____

Do you consider yourself Hispanic/Latino? ☐ Yes ☐ No

Do you consider yourself? (check all that apply)

☐ Black ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander ☐ White ☐ Unknown ☐ Other _____

Sex Assigned at Birth: ☐ Male ☐ Female ☐ Declined

Current Gender Identity: ☐ Male ☐ Female ☐ Transgender MTF ☐ Transgender FTM ☐ Declined

County of Residence: _____

Zip Code: _____

Agency Information

Agency: _____ Interviewer/Trainer: _____ Prescriber: _____

(Agency or Public Health Office) (Please print name clearly - first and last name on both)

Enrollment (first time enrollments)

How did you hear about the program? ☐ Medical Provider ☐ Syringe Services Program ☐ Law Enforcement ☐ EMS
☐ Friend/acquaintance/family member not enrolled in SSP ☐ Friend/acquaintance/family member enrolled in SSP ☐ Other _____

Which of the following drugs have you used in the past year? ☐ Alcohol ☐ Cocaine ☐ Methamphetamine/Speed ☐ Heroin
☐ Methadone ☐ Marijuana/Cannabis ☐ Prescription painkillers ☐ Benzodiazepines (i.e. Xanax)
☐ Unknown ☐ Other _____

Amount of Narcen initially prescribed: _____ x 2.0 mg pre-filled intranasal dosages

Record of Use and or Refill (only complete this section if it is a Record of Narcen Use and/or a Refill)

Date of Narcen Use: _____ (approximate is ok) Amount of Narcen Used: _____ x 2.0 mg dose

Amount of Narcen refill: _____ x 2.0 mg pre-filled intranasal dosage

Which of the following drugs were used at the time of the overdose? (check all that apply): ☐ Alcohol ☐ Cocaine
☐ Methamphetamine/Speed ☐ Heroin ☐ Methadone ☐ Marijuana/Cannabis ☐ Benzodiazepines (i.e. Xanax)
☐ Prescription painkillers ☐ Other _____

Was the Narcen administered to a person? ☐ Yes ☐ No

If Yes, to who was the Narcen administered?
☐ Patient ☐ Adult family member ☐ Family member under age 18 ☐ Friend/acquaintance ☐ Stranger
☐ Unknown ☐ Other _____

If No, what happened to the Narcen?
☐ Lost ☐ Stolen ☐ Confiscated by Law Enforcement ☐ Expired ☐ Other _____

Was Rescue Breathing used? ☐ Yes ☐ No ☐ Unknown

Was 911 called at the time of Narcen Use? ☐ Yes ☐ No ☐ Unknown
If 911 wasn't called, why not? _____

Approximately how many miles from a hospital emergency department did the incident occur? _____

What was the clinical disposition of the episode? (check all that apply): ☐ Person OK ☐ EMS ☐ Emergency Room ☐ Hospitalization
☐ Deceased ☐ Unknown

Forms must be submitted by the 10th of the following month to the NMDOH Harm Reduction Program –
1190 St. Francis Dr. - Suite S-1150, Santa Fe, NM 87502 Phone: 505-827-2363
Please do not fax or email!

Syringe Services Interview Form



Today's Date ____ Check one: ☐ First Interview ☐ Re-Interview

Agency or Public Health Office (full name) _____ Interviewer: _____

ID Code: _____ F F M M Y Y

County of Residence: _____

Do you consider yourself Hispanic/Latino? ☐ Yes ☐ No

Do you consider yourself? (check all that apply)

☐ African-American ☐ American Indian/Alaskan Native
☐ Asian/Pacific Islander ☐ Caucasian
☐ Unknown ☐ Other _____
☐ Declined

Gender Assigned at Birth: ☐ Male ☐ Female ☐ Declined

Current Gender Identity: ☐ Male ☐ Female
☐ Transgender MTF ☐ Transgender FTM
☐ Transgender - Unspecified ☐ Declined

(FF) First 2 letters of participant first name
(MM) First 2 letters of mother's first name
(YY) 2- Digit Year of Birth

- 1) What do you inject/fix most of the time?
What are other substances you sometimes use?

| Check for primary/most | Type of Substance | Check for others used |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | Heroin | <input type="checkbox"/> |
| <input type="checkbox"/> | Benzodiazepines | <input type="checkbox"/> |
| <input type="checkbox"/> | Cocaine/crack | <input type="checkbox"/> |
| <input type="checkbox"/> | Methamphetamine | <input type="checkbox"/> |
| <input type="checkbox"/> | Prescription Painkillers | <input type="checkbox"/> |
| <input type="checkbox"/> | Insulin | <input type="checkbox"/> |
| <input type="checkbox"/> | Hormones | <input type="checkbox"/> |
| <input type="checkbox"/> | Methadone | <input type="checkbox"/> |
| <input type="checkbox"/> | Buprenorphine/Suboxone | <input type="checkbox"/> |
| <input type="checkbox"/> | Other (specify) _____ | <input type="checkbox"/> |
| <input type="checkbox"/> | Cannabis | <input type="checkbox"/> |
| <input type="checkbox"/> | Alcohol | <input type="checkbox"/> |

- 2) Sharing cookers, cottons, syringes, or other injection equipment can transmit HIV, HCV, or other diseases. Would you like information on this? ☐ Yes ☐ No ☐ Decline
- 3) Would you like information about overdose prevention and naloxone? ☐ Yes ☐ No ☐ Decline

Ask questions 4 & 5 only for a re-interview:

- 4) Do you think there are enough options or programs in the area for substance treatment?
☐ Yes ☐ No ☐ No opinion ☐ Decline

If no, what do you think is needed?

(Check all that apply.)

- ☐ Acu-detox ☐ Buprenorphine (Suboxone)
☐ Counseling ☐ In-patient
☐ Methadone ☐ Out-patient
☐ Other (please specify): _____
☐ Decline

- 5) Did the syringe service program (SSP) assist you in accessing any of the following? (This will be recorded as "decline" if no items are marked)

- ☐ Acu-detox ☐ Another SSP
☐ Clothing ☐ HIV Counseling/Testing
☐ HCV Counseling/Testing ☐ Education
☐ Food ☐ Housing ☐ Medical care
☐ Overdose prevention/naloxone
☐ STD Counseling/Testing
☐ Substance use treatment
☐ Declined ☐ Other _____

During all interviews - remember to offer information/referrals for:

| | Any referrals offered: (do not put test results or other PHI here) |
|---------------------|--|
| HIV | |
| PrEP/PEP | |
| Hep A | |
| Hep B | |
| Hep C | |
| STDs | |
| Substance Treatment | |
| Other: | |

Forms must be submitted by the 10th of the following month to the NMDOH Hepatitis and Harm Reduction Program

Option B

| | Participant Code: | | | Syringes: (Collected & Distributed) | Smoking/ Inhalation | Referral Services | | | |
|----------------------------|-------------------------------------|--|-----------------------|--|--------------------------------|--------------------------------------|--|----------------|--|
| Date (07/01/21 - 07/31/21) | First 2 letters of legal first name | First 2 letters of mother's first name | 2-digit year of birth | Number of syringes collected | Number of syringes distributed | Distributed Safer Smoking/Inhalation | 1 Housing, 2 STD/HIV testing, 3 MAT, 4 Food Services, 6 Job/Employment Services, 8 Adulterant Checking | Staff initials | Notes - optional: (these are for local use only) <u>Remember, no PHI</u> |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| Provider Point-In-Time Survey Data Collection Daily Log Sheet - Hepatitis and Harm Reduction Program - Demographics | | | | | | | | | | | |
|---|-------------------------------|--|-----------------------|---|--|--|--|---|--|--|-----------------|
| Agency or Public Health Office (full name – no abbreviations): | | | | | | | | | | | |
| Date 05/16/22 - 05/29/22 | Participant Code | | Gender | | Ethnicity | | | 6. What County do you live in? Use other for out of state clients | 7. Have you received naran from any source (harm reduction program, pharmacy, doctor etc.) in the last 12 months? Yes/No/Unsure/Decline | 8. If you feel comfortable sharing , have you used naloxone to reverse an overdose in the past 12 months? Yes/No/Unsure/Decline | Agency/PHO name |
| | First 2 letters of first name | First 2 letters of mother's first name | 2-digit year of birth | 1. Gender assigned at birth? Male Female Decline | 2. What is your current Gender Identity? Male Female Trans-FTM Trans-MTF Non-Binary Decline Other | 3. Do you consider your self Hispanic/Lati no? Yes No Unsure Decline | 4. With what ethnicity do you most identify? African American American/Alaskan native Asian/Pacific Islander White/Caucasian Unsure Decline Other | | | | |
| | | | | | | | | | | | |

Naloxone Use in New Mexico

POINT IN TIME REPORT - MAY 2022

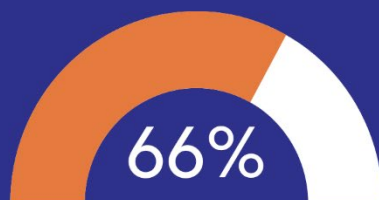


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individuals surveyed across the state at 56 agencies providing harm reduction services



Naloxone is a widely used and effective treatment to reverse an opioid overdose, including those involving fentanyl.



66% of respondents reported receiving naloxone (Narcan) in the past 12 months



44% of respondents reported that they had used naloxone (Narcan) to reverse a overdose in the past 12 months

Yes
44%



No
53%

Know How to Administer Naloxone



Also known by the brand name Narcan, this medication reverses the effects of an opioid overdose, including those involving fentanyl.

PEEL off the packaging

PLACE the tip of the nasal spray in either nostril

PUSH push the plunger to dispense the medication and wait 2-3 minutes

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Needs from a state perspective

- No need to prove what we already know
- Data collection needs to be short, easy to complete, and not overburdensome
- Data collection from the community should never be a requirement for service - decline or choose not to participate is important
- Less is more, more data can be a barrier to service

Joshua Swatek
Hepatitis and Harm Reduction Program Manager
505-629-9142
Joshua.Swatek@state.nm.us



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