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**2 SPEAKERS**

Dr. Nicholas Van Sickles

Nadia Eskildsen

**START OF TRANSCRIPT****[00:00:00] Dr. Nicholas Van Sickles**

Hello and good afternoon, everybody. My name is Dr. Nicholas Van Sickles, I am the chief medical officer at Crescent Care, a federally qualified health center here in New Orleans. We are coming to you all roughly about three times a week now with podcasts to discuss how the COVID-19 pandemic has affected our community, our patients, our clients and anyone who's listening to this podcast. Today, I am very, very fortunate to have Nadia Eskildsen here with me today. And we are for the first time abiding by the CDC guidelines that came out last Friday and wearing masks. I am currently wearing a fantastic fabric one and Nadia is wearing one of our ear-loop masks. Nadia works here in our Prevention Department and helps in actually coordinates our New Orleans Syringe Access Programs. I will stop there and let her introduce herself.

**[00:00:53] Nadia Eskildsen**

Thanks, Dr. Nick. Hi. I am Nadia Eskildsen and I am the coordinator of the New Orleans Syringe Access Program here at Crescent Care. And I've been here with you all since the fall, actually.

**[00:01:06] Dr. Nicholas Van Sickles**

We so excited to have you. And it's been so fun to work with you, especially as we here Crescent Care. We've partnered, especially as it moved in this new building, our medical service division, much more tightly with our prevention services as they've been co-located. It's been a really fun relationship to explore and navigate and learn from. At least on our end for sure. Well, let's get started. Nadia can you just tell us a little bit about what you do, what the New Orleans Syringe Access Program is?

**[00:01:35] Nadia Eskildsen**

Sure. The New Orleans Syringe Access Program, or NOSAP, is a syringe access program, essentially a needle exchange. We provide safe and sterile injection materials as well as Narcan, which is a lifesaving medication that will reverse an opioid overdose. We also generally do rapid HIV, Hepatitis C and Syphilis testing. We have medical providers on hand for wound care and triage. We do Medicaid enrollment and MAT referrals for medical assisted treatment. We also have a support group called Seeking Safety. It's an evidence-based, present-focused counseling model that helps people attain safety from trauma or substance abuse. But basically, we are heavily rely on the harm reduction model here.

**[00:02:21] Dr. Nicholas Van Sickles**

I was getting to that, as you mentioned, all these wonderful services that you have in the NOSAP program. What are the logistics and what actually happens? Tell me, walk me through what happens when y'all have NOSAP. And I know, because I work with you all, it's on Fridays. But kind of walk me through what a Friday looks like for you. I know there's a lot of pre-work, too, so I don't want to discount that.

**[00:02:42] Nadia Eskildsen**

Sure. So the program runs every Friday from noon to 5:00 here at the Crescent Care Building on Elysian Fields. And we have our clients come in. We see around 200 to 250 people each week in those five hours. So quite a quite a bit of traffic. And when clients arrive, we offer them syringe disposal. So any used needles or injection materials they might have, we can safely dispose of them. And then we also provide them with clean and sterile needles. And one of the reasons we do that is to prevent the transmission of infectious diseases. Also, reusing needles can cause skin, tissue and vein damage. Sharing needles and injection materials can transmit things like HIV or Hepatitis C, which we know is an epidemic that Louisiana is currently facing. Once folks have gotten the needles that they require, we have a basic menu set up for them because syringes can come in a variety of sizes. We then ask them

what other needs that they might have in the moment, whether it's injection materials, Narcan, and like I said, or basically just having a general health care conversation with them to see, you know, where we can fit in for what their goals are.

**[00:04:01] Dr. Nicholas Van Sickles**

And that's great. Nadia maybe just to help, I think a lot of people might listen, might think that you giving needles kind of promotes the use of drugs in some ways. And we all know, of course, that's not the case. But can you walk me through just explicitly how that really helps in terms of- and we'll get to what harm reduction is- but helps reduce the harm in the community of people who are using drugs?

**[00:04:26] Nadia Eskildsen**

Sure. Well, I think that's a common misconception that needle exchanges can promote drug use. But in fact, that Institute of Medicine has shown that SSPs do not encourage the initiation of drug use or increase the frequency. Also, clients that come to the needle exchange are five times more likely to enter a drug treatment program than non-participants. And basically it's about keeping people alive so that they can fulfill their health care goals, whatever that looks like for them.

**[00:04:56] Dr. Nicholas Van Sickles**

I think that's a great segue into telling us, and telling everyone that's listening, what is harm reduction? I think you all embody harm reduction. So it's maybe not easily stated in one simple sentence, but what is it? What does that mean?

**[00:05:11] Nadia Eskildsen**

Harm reduction is great. It's basically a movement for social services that's built on a belief in and respect for the rights of people who use drugs. It's about acknowledging the reality of risk in a client's life, helping them mitigate that with education, support, and realistic health goals that are in line with what they are seeking. So basically it's a set of practical strategies and ideas aimed at reducing those negative consequences. An example would be using your seat belt when you drive. We know that driving is dangerous, but we can mitigate some of that risk by wearing seat belts. Or if you've participated in a meatless Monday to get your cholesterol down. That's a version of harm reduction. So by being aware that people are going to be using drugs, we can effectively, and I think practically, offer them ways to do that in a safer manner.

**[00:06:07] Dr. Nicholas Van Sickles**

That's great. And I think one thing that we on the medical side see on the other end is that we don't see those people coming into the hospital with heart infections, with bloodstream infections, with arm or other extremity infections from injecting. And the supplies you all give- I just want to really echo and shout out to what you do- one might think they are maybe not as helpful as they are, but they really do help prevent these complications that people who are injecting drugs face. And help them achieve whatever health outcome, like you said, that they want and a safer life. So I really want to applaud what you all do and echo it as much as possible.

**[00:06:49] Dr. Nicholas Van Sickles**

You and I talked about this last week: How do you feel harm reduction is working in your setting now with COVID-19?

**[00:07:01] Nadia Eskildsen**

Well, I think actually it's interesting because harm reduction principles and sort of this radical empathy ethos as core tenets of NOSAP we're seeing paralleled in the response to COVID-19. Reducing risk and promoting a public health response that relies on active participation of individuals. Hand-washing and social distancing are reducing spread and, therefore, harm of COVID-19 to our communities.

**[00:07:27] Dr. Nicholas Van Sickles**

So yet another example of harm reduction.

**[00:07:29] Nadia Eskildsen**

Exactly. Exactly. The fact is that syringe service programs are an essential service during this time. Clients can be at higher risk because of pre-existing conditions. Intravenous drug users have the highest rates of Hepatitis C infection. The CDC estimates about half of people who inject drugs are living with Hep C. So it's really important that we remain out there, that we remain providing services for folks. And, you know, we do have clients that are unstably housed. That means lack of access to running water or inability to self-quarantine. These things can really get in the way of some of these guidelines that we're putting out there for people to remain safe during coronavirus. And we are helping to disseminate that information into this community. NOSAP has been a consistent and reliable service to these people's lives. We've only closed twice since 2014, which is when NOSAP came under the umbrella of Crescent Care. Once for Christmas Day and once during a hurricane scare. So people know that we are committed and there's consistency there. And that's why we've been able to build this level of trust with our client base.

**[00:08:41] Dr. Nicholas Van Sickles**

The trust, I think, is the key part because information that you might give them would be taken more seriously,

perhaps because of that built trust. And we know that you are giving good, helpful information. Walk me through what you all are doing. I know you've made a lot of modifications to your workflow. Walk me through, talk us through how Fridays look at NOSAP. What does it look like on Fridays now in the era of COVID-19? How have you set up? What are you doing in terms of supplies for people? And how are you helping those people that might not have access to running water to clean their hands and stay with all the precautions that we're advising for COVID-19?

**[00:09:21] Nadia Eskildsen**

Sure. Our flow of services has changed a lot in the last few weeks. Normally we are on the second floor here at Crescent Care. However, we have now been staging downstairs in the parking lot, which allows for more airflow and more space. There is one central entry point for all clients and patients of Crescent Care, and each person is asked pre-screening questions to determine if they're exhibiting symptoms. We are doing testing here at Crescent Care, so if someone is exhibiting those symptoms, they can potentially be tested or at least see a medical provider to answer any additional questions. We also are practicing and marrying social distancing. We have cones set up downstairs in the parking lot to denote six feet apart for folks who are standing and waiting in line. And then we have three stations set up: a disposal station for people that are bringing in their used needles, a receiving table, and then an additional table to provide things such as our hygiene goodie bags, which include castile soap wipes, a little pocket hand sanitizer for people. And we do have a porta-potty downstairs and a hand-washing station, which has been, I think, a real boon for folks that are unstably housed that are coming here to use services. And then they can have access to running water.

**[00:10:42] Dr. Nicholas Van Sickles**

I think it's wonderful to see your program, which works so well with the community and had a really nice setup inside of our building, really make almost all those services available outside and even taking a couple extra steps to ensure that people have supplies to wash their hands or clean their hands. Especially those little steps you don't get credit for on the ground necessarily in terms of numbers. But they really do make a difference in sending people out who might not have those services. Could very well promote, you know, flattening of that curve and reduce spread of COVID-19 through simple hand hygiene. So I really applaud what you all have done. I can't say enough how wonderful it is, how you've adapted your workflow.

**[00:11:28] Nadia Eskildsen**

Especially, too, I think these days, it's really important for us to remain here, remain open and being able to talk to our clients in terms of what should they be doing. There's a lot of questions out there. There's a lot of uncertainty. So I definitely feel with NOSAP we're allowing a space for folks to come and get some kind of answers in a time where there are very few, unfortunately.

**[00:11:56] Dr. Nicholas Van Sickles**

What are some questions you'll get? What are you getting from your community now?

**[00:12:00] Nadia Eskildsen**

Well, I think that protocol has been changing so rapidly. Dr. Nick, you mentioned earlier in this podcast that we're wearing masks today. That wasn't a thing on Friday, you know. So I think as things change so quickly, people have a lot of questions as to why. And we're lucky enough to be able to have such great feedback from medical providers such as yourself to where we can sort of break that down for people and explain. As we're getting new information on this virus, we're adapting new ways to remain safe and for them to remain safe in their communities as well.

**[00:12:35] Dr. Nicholas Van Sickles**

Have you seen a change in the volume of people coming in over the last few weeks?

**[00:12:39] Nadia Eskildsen**

Only slightly. Prior to this, our average number of participants each Friday was around 250 and that's dropped down. We've been staging in the parking lot for the last three weeks and we have seen around 200. Last Friday, we saw 228 clients. So really not that much of a dip. And I think it's important to be really realistic about people's drug use. It's a time of great stress. You know, people have lost work. People are uncertain about their futures. And so I think- and this goes back to the harm reduction model- being really honest with ourselves about illicit drug use in New Orleans and in this country and working to address the needs of folks that are out there.

**[00:13:23] Dr. Nicholas Van Sickles**

Yeah. Because the opioid epidemic didn't go away with COVID-19. I think we've talked about this with Dr. Jose on Friday, like all the other problems that we were fighting one month and a half ago, they're still there and perhaps might be worse. And this is an example of one that certainly could be exacerbated.

**[00:13:41] Dr. Nicholas Van Sickles**

Are you getting any sense from the clients coming in? Are they gratefully, are they appreciative, are they scared? What is the sense you're getting from the community now? Has it changed at all?

**[00:13:51] Nadia Eskildsen**

I would say New Orleanians are historically very resilient and our clients are no exception to that. To paraphrase Jurassic Park: Life finds a way. And I've really been seeing a lot of that. And people are really grateful. We've gotten a lot of compliments on our flexibility. Like I said, a lot of things have changed in our workflow. So participants who weren't really expecting to find us right there in the parking lot, they think, "Oh, this is great". And they've said as much to us. So that also makes us realize that what we're doing is needed and important.

**[00:14:27] Dr. Nicholas Van Sickles**

I agree. It's good to hear that feedback, too, because those are the people you're serving. And obviously their feedback is most important. You had mentioned there's only been a slight dip and I know you all had tried to actually mitigate the number of people coming in to prevent crowding. And you've done a lot of steps to ensure that people aren't crowding when they're coming in for certain access services by having the three stations. Tell me about how you altered your supplies, specifically naloxone and some of the needle supplies.

**[00:15:00] Nadia Eskildsen**

We've actually been supplying double the amount of syringes and injection materials each week and we sort of streamlined the way that we dispense our naloxone, or Narcan, that is the medication to reverse opioid overdoses. And we have seen an actual increase in the amount of Narcan we've been giving out. Historically, we have given out about 50 kits a week. We're now doing a little over 100 for the last three weeks. So about 300 total Narcan kits have gone out into the community since COVID-19 has really upended everything. And that means 300 people potentially who might experience an overdose during these times who don't have to die. And I think that is an important thing for us to be aware of in the city that has really suffered from this opioid epidemic.

**[00:15:50] Dr. Nicholas Van Sickles**

No, don't have to die and don't have to go to the hospital. I mean, you can watch them. We know anecdotally a lot of people out in the community give naloxone, give several doses sometimes and keep their friends, their loved ones alive and healthy without having to go to the hospital. Right now it's really not a good time to go to the hospital, as unfortunate as that is, because as we mentioned earlier, life is still happening and people are still getting sick from things other than COVID-19. But to keep somebody who doesn't have it out of the hospital is a great service. I really wanted to echo how important the naloxone decision that y'all made has been, because, as you said, it's a time of stress, potentially a time of increased use.

**[00:16:31] Dr. Nicholas Van Sickles**

Are people requesting more naloxone? Or is it you all are just giving out more naloxone?

**[00:16:35] Nadia Eskildsen**

Both. People are requesting more and we're giving more out, just because, like I said, we have streamlined that process. We do make sure that everyone's been trained in using it. And Dr. Nick, you brought up a really great point that these are people's friends and neighbors and partners. There's a lot of stigma that faces people who inject drugs and people who use drugs. But the fact of the matter is, basically everyone who's listening to this podcast knows someone who has injected drugs or is in your family. Someone who's either struggling with it currently or has been to rehab. You hear these stories anecdotally through the community all the time. So I just want to make sure that we're acknowledging that this isn't an other population, but these are our friends, neighbors, co-workers, what have you.

**[00:17:23] Dr. Nicholas Van Sickles**

That's great. You and the person who worked in your position before you came on did a big push at this agency to get all of us to have Narcan for that reason alone. We work with a population at our workplace, but we also see it in our own lives. And everybody should have Narcan. It's a way you can really help as a bystander or someone you might know or love. So I'm glad you brought that up and echoed it.

**[00:17:48] Dr. Nicholas Van Sickles**

Nadia, we talked about Narcan and our friends, our loved ones. One thing I wanted to really get at, and we have echoed a lot of what y'all have done in the face of COVID-19, there have been some setbacks in terms of what we're offering. Tell me about what medical services are typically offered at your syringe access program and how maybe those have changed a little bit, but you're still able to provide some care there for medical services, at least.

**[00:18:20] Nadia Eskildsen**

Absolutely. NOSAP really acts as an entry point to health care. We do have clients that come to the needle exchange and have been coming for a while. And they might have questions about hepatitis C treatment, which we offer here. Medicaid, in fact, will cover your Hep C treatment and we do Medicaid enrollment during Fridays as well. So really what we're doing is providing a lot of wraparound services. The needle exchange might get them through the front door, but then once they're ready to continue on that health care journey, we're there to provide that for them. Which is why these core tenets that we keep bringing up of harm reduction are important in building that trust, and really just trusting people in terms of what their needs are and what they're coming to us saying that they would like assistance with. We provide referrals to behavioral health services. Folks who might be struggling

with addiction oftentimes have coexisting behavioral health situations going on, such as depression, or anxiety; things that I think a lot of Americans are facing. We also do a Suboxone clinic here. It's medically assisted treatment, which Dr. Nick, you can also speak to that a little bit.

**[00:19:36] Dr. Nicholas Van Sickles**

Yes. One of the nice things about us working together and being in this building, y'all do such wonderful education and training and teaching. And honestly, you prepare the patients so well for medical services. And that's one thing worth really mentioning as an advantage of harm reduction that might not get talked about as well. When I get a patient from NOSAP or from prevention, it's wonderful because they've been educated so well. They've learned so much already. They're ready to start whatever they want to start because you all have done such a good job in preparing them or even having a discussion with them about it. So y'all do the testing for HIV, hepatitis and syphilis, rapid testing. You can do testing for other services. They come to us if they want to be treated for any of those conditions or if they want to start taking medications to treat their opioid addiction. We are able to Crescent Care offer Suboxone, which the generic name is buprenorphine, and we typically combine it with naloxone. That's how it's formulated as Suboxone. And it's a really good medication that can help people either stop using opioids or cut back. And that's how we approach it in our primary care clinic. We meet the person where they're at. And if they've gone from injecting heroin every day of the week or several times a day, to injecting three times a week, that's a win. And that's a win because of Suboxone and that's harm reduction. And so that's one thing that's been nice about this partnership, is we've gotten people to come in and sometimes they don't always stay on it and they go back to you all. And then they come back and that is fine. And we're okay with that. But it's been a really nice way to get people at least seeing the access that is possible. And if it's ready and right for them, then we can start it. If not, then we can wait. And they have you all who provide that support. And so I think one of the things you came up with was we'll meet you wherever you're at Crescent Care. If you are ready for just having NOSAP- and I don't mean "just"- but if you're ready for needle exchange and that's where you are, great. If you want Suboxone, great. If you want more intense services, great. And you can go anywhere in between. And that's the model we've tried to have. And I really do enjoy it. I just wanted to talk about that. And I started us talking about that for a while, so I'll stop there.

**[00:21:56] Nadia Eskildsen**

No, that's great. Thank you for putting that information out there.

**[00:21:59] Dr. Nicholas Van Sickles**

What else can we offer to people now, in your opinion, kind of in a summary statement for people who are injecting drugs or people who might be struggling in this time? Where can they go? What are the options? What else do you want to put out there for the community?

**[00:22:15] Nadia Eskildsen**

Sure. I just want to reiterate that NOSAP runs every Friday from noon to 5:00. We will be out there this Friday. Anyone can come. Anyone in New Orleans. Anyone at all. Whether it's for yourself or for your neighbor, your daughter or son. It really doesn't matter on our end. And it's also anonymous and confidential. We take people's personal lives very seriously and treat that with respect. We definitely won't be asking you any questions that you feel comfortable with. And if you do feel uncomfortable, we can have a dialogue. One of the things that I think is really important to everyone that works NOSAP, is that it's a really open and honest place. Not just for our clients, but for the staff as well. And we have real conversations because we're real people and the clients that come are real as well.

**[00:23:10] Dr. Nicholas Van Sickles**

That's fantastic. I think right now honesty and transparency are probably some of the most important things we can have in a world that is changing so rapidly and people are already so scared of because of all the changes. So it's it's really good. Well, thank you, Nadia, for coming on. I really appreciate this. And it's good information to get out there. And I might have you get me some links or other information we could put up about the program you're on.

**[00:23:35] Nadia Eskildsen**

Absolutely. That sounds great. Thank you so much for having me, Dr. Nick.

**[00:23:38] Dr. Nicholas Van Sickles**

No problem. All right. We'll see y'all later.

END OF TRANSCRIPT



