

Improving Health through Harm Reduction Strategies

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Disclosures

- I have no conflict of interest to disclose.

Objectives

- Describe the benefits of harm reduction services, such as syringe exchange and naloxone deployment
- Define the components of comprehensive harm reduction services
- Apply planning strategies to develop and implement effective syringe exchange programs

Glossary of Terms

- **PWID** – People Who Inject Drugs
- **SSP** – Syringe Service Program
- **HCV** – Hepatitis C Virus
- **HIV** - Human Immunodeficiency Virus
- **OD** – Overdose, often referring to opiate-related central nervous system depression
- **Stigma** – A destructive force, according to our US Surgeon General it is nation's #1 Killer

Background

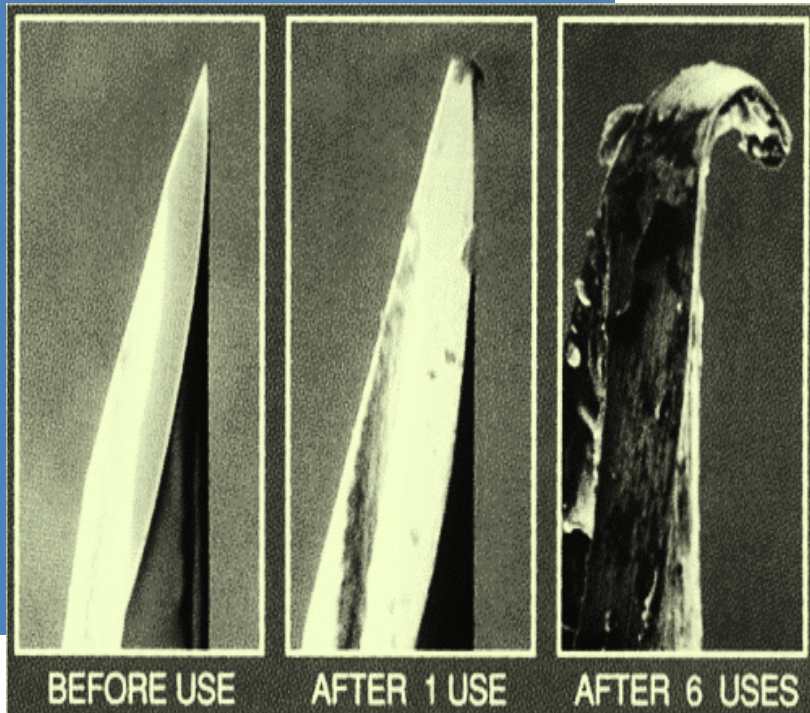
1 in 7 living with HIV



are **unaware** of their infection.

- The number of ODs and new cases of HIV/HCV has been noted to increase in many areas across the United States.
 - **Harm Reduction programs** are often created as a result of those numbers, in effort to save lives and prevent the spread of disease.
- **FACTS**
 - An estimated 2.4 million people in the US were living with HCV from 2013-2016
 - About 1.2 million people in the US are living with HIV, but 14% of them don't know they're positive.

Background



- Injecting substances puts people at risk of various harms:
 - Acquiring viral hepatitis
 - Acquiring HIV
 - Endocarditis
 - Soft tissue infections (abscesses, cellulitis)
 - Vein damage
 - Damage to circulatory system, loss of limbs, and tissue
 - Overdose
 - Jail/prison
 - Stigma, shame, loss of family, friends, work & home
 - Inability/difficulty to feel joy (high) in other ways

How can we
address these risks?

Harm Reduction Programs

- Harm Reduction:

- Includes practical strategies to reduce negative consequences of drug use and sexual risk
- Education focuses on health safety skills, stigma reduction, short and long term goals
- Respects and encourages positive change, which happens when people feel safe and supported
- Meets people 'where they're at' ... *but doesn't leave them there*



'Meeting
them where
they're at...'

- **Addiction is a disease—not a choice**
 - The road to addiction and journey to recovery is different for everyone
- **Recognizes the importance of:**
 - **Humanism**—treating people as people
 - **Pragmatism**—none of us will every achieve perfect health behaviors
 - **Individualism**—everyone has their own set of strengths and needs
 - **Autonomy**—everyone's choices are their own
 - **Incrementalism**—baby steps count! Any step forward is a positive one.
 - **Accountability without Termination**—people are responsible for their own behaviors. We don't 'fire' them for not achieving specific goals.

What can we do
to practice harm
reduction?

Syringe Service Programs

- Created in the late 1970s in response to the AIDS epidemic, causing an immediate reduction in spread of HIV & other infections by giving PWID sterile needles and taking used ones – **the practice of syringe exchanging spread worldwide and has saved countless lives!**
 - Offer real and immediate help - snack, tea, water, band-aids, socks, hygiene supplies and support for homeless as well as vulnerable adults
 - Staff teach safer injection practices, overdose reversal, and safer sex education, etc.
 - Provide HCV and HIV screenings, with basic wound care
 - Refer people for medical care, counseling, CD treatment, housing and more

Focuses on THE PEOPLE and what they need

Benefits of SSPs

COMMUNITY

- **Safer community areas**
 - Fewer used syringes in parks, beaches, and streets, etc.
- **Possibility of less syringe theft**
 - Sterile syringes available, so theft of used syringes unnecessary
- **Safer, supported people in need**
 - PWID are someone's loved one—creating space that is safe and supportive makes a big difference in their lives, and the lives of those around them
- **Reduced drug use**
 - New users of SSPs are **5 times more likely to enter treatment** than those who don't have access to a program.
 - Regular SSP users are **3 times more likely to reduce use**
- **Reduced transmission of disease**
 - SSPs are associated with roughly **50% reduction in HIV and HCV incidence**

INDIVIDUAL

- **Nonjudgmental care**
 - Relationships that are not based on change attitudes, beliefs, and perceptions associated with Substance Use Disorders
- **Overdose prevention**
 - Including **naloxone training and distribution**
 - **Naloxone saves lives!**
- **Linkage to Care**
 - Substance abuse treatment, social services
- **Testing and treatment**
 - For HIV/HCV
- **Health education**
 - Vein care, OD prevention, safer sex education & supplies

Harm Reduction by the Numbers

Needle Exchanges Reduce Disease 50%

- Cities with SSPs have roughly a 50% decrease in HIV and HCV incidence¹.

Drug Treatment Saves Money 12X

- Every \$1 spent treating addiction saves roughly \$12 on incarceration and healthcare².

Needle Exchanges Make Us Safer 8x

- In locations where needle exchanges operate, there is approximately 8 times less litter³.

1. *Return on Investment in Needle Exchange Programs in Australia*, 2002. Includes HIV data from 103 international cities.

2. <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/frequently-asked-questions/drug-addiction-treatment-worth-its-cost>

3. Tookes HE, et al., 2012; Ksobiech K, 2004

Accessed at: <https://www.davepurchaseproject.org/>

Over 350 in the US listed through Nasen

Where are these programs?



Many tribal SSPs are not listed due to eligibility requirements.

Community Implementation

Where to Start

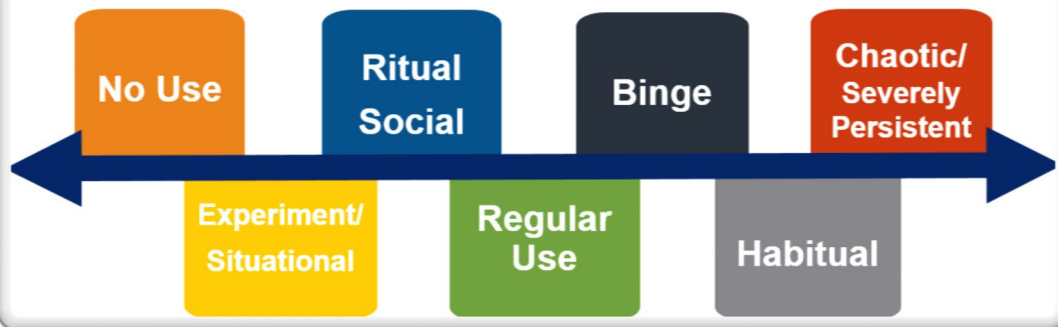
Community needs assessment

- What are people's understanding of the problem?
 - Do they view addiction as a disease or a choice?
- Are programs in place to support people throughout Continuum of Drug Use?
 - Consider working on areas where your profession can make an impact.

Stakeholder Assessment:

- Who would support harm reduction strategies within the community?
 - Substance users, family members, healthcare providers
- Who **NEEDS to be on board** to develop a sustainable program?
 - Tribal administration, law enforcement, community members, hospital administration (if supported by IHS staff)
 - Tribal Code in tribal areas
 - Support from all of the above received in Red Lake

Continuum of Drug Use



Where to Start

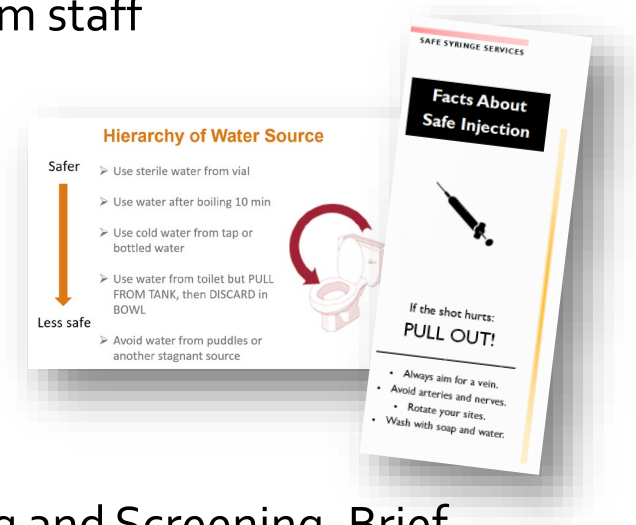
Assessing Readiness for Change

- Reinforcement vs. Enforcement
 - Harm reduction strategies **reinforce positive health behaviors instead of trying to enforce abstinence**
- Consider current community approaches and opportunities for collaboration
 - Identify reasons to make this form of public health outreach apply to everyone needed for program success and sustainability

Education and empathy can change the community narrative!

Education for Everyone

- Consider outreach activities for staff, healthcare providers, law enforcement, and the community on:
 - **Soft skills**
 - To meet people where they're at
 - These skills are VITAL for program staff
 - **Safe Injection Practices**
 - **Vein care**
 - Where to inject
 - Rotate sites
 - Move downstream
 - **Hierarchy of water supply**
 - **Clean needle every time**
 - **Healthy Behavior Promotion**
 - Through motivation interviewing and Screening, Brief Intervention, Referral to Treatment (SBIRT)
 - **Care Coordination**
 - Identify resources for additional services (i.e. mental wellness, housing, suicide prevention, etc.) and ensure everyone involved is aware of referral mechanisms



Putting it Together...

CREATING A TEAM

- Identify those with the time, resources, and community connection needed to reach those in need
- In Red Lake this includes:
Comprehensive Health Nursing, Outpatient Nursing, Pharmacy, and Lab

DEVELOPING A PROGRAM

- Create comprehensive policies/procedures and identify staff training topics
- Secure space for services and Identify funding sources for all program components
 - Grants vs Federal
- Tribal support can be requested to purchase other materials at low cost

COLLABORATION

- **Internal**
 - Resources within
- **External**
 - Tribal collaboration for program development, staffing, funding
 - State support for trainings, product recommendations,
 - Midwest AIDS Teaching and Education Center (MATEC) and MN Dept of Health great resources in Red Lake

DESIGNING A SPACE

- Muted, calming colors with soft music
- Family friendly— areas for coloring, reading, remembering those lost to overdose
 - Provide books to promote literacy whenever possible
- Welcome clients with water or hot tea
- Provide hygiene items and condoms
- Clear representation of 'rules' for staff and participants posted

Overcoming
Barriers

Roll with Resistance!



Addressing Attitudes, Beliefs, and Perceptions

- **Myth #1:** Crime rates go up in areas with SSPs
 - The CDC reports no increase in crime rates in areas where SSPs operate.
- **Myth #2:** Providing clean needles to IVDUs promotes drug use.
 - As mentioned before, new users of SSPs are 5x more likely to seek treatment. Regular users are 3x more likely to reduce use.
- **Myth #3:** SSPs are dangerous for staff members
 - SSP spaces are often one of the only places where IVDUs feel safe and supported. If staff treat participants with respect and kindness, this is typically reciprocated.
- **Myth #4:** SSPs increase the number of dirty needles in the community
 - SSPs decrease the number of syringes discarded in public places as they are collected in exchange for sterile supplies

Barriers in Our Story

- **Education**
 - Stakeholder understanding of program benefits is vital
- **Staffing**
 - Who will support the program?
 - Tribal vs federal employees
 - How many people will you need?
- **Comprehensive Services in the Field**
 - CLIA waiver needed for POC HIV/HCV testing
 - Train the trainer naloxone program required for staff to dispense to participants
- **Advertising**
 - Flyers posted in community being taken down
- **Funding**
 - How do you pay for supplies (and what are they)?

Funding

SHOW ME THE MONEY

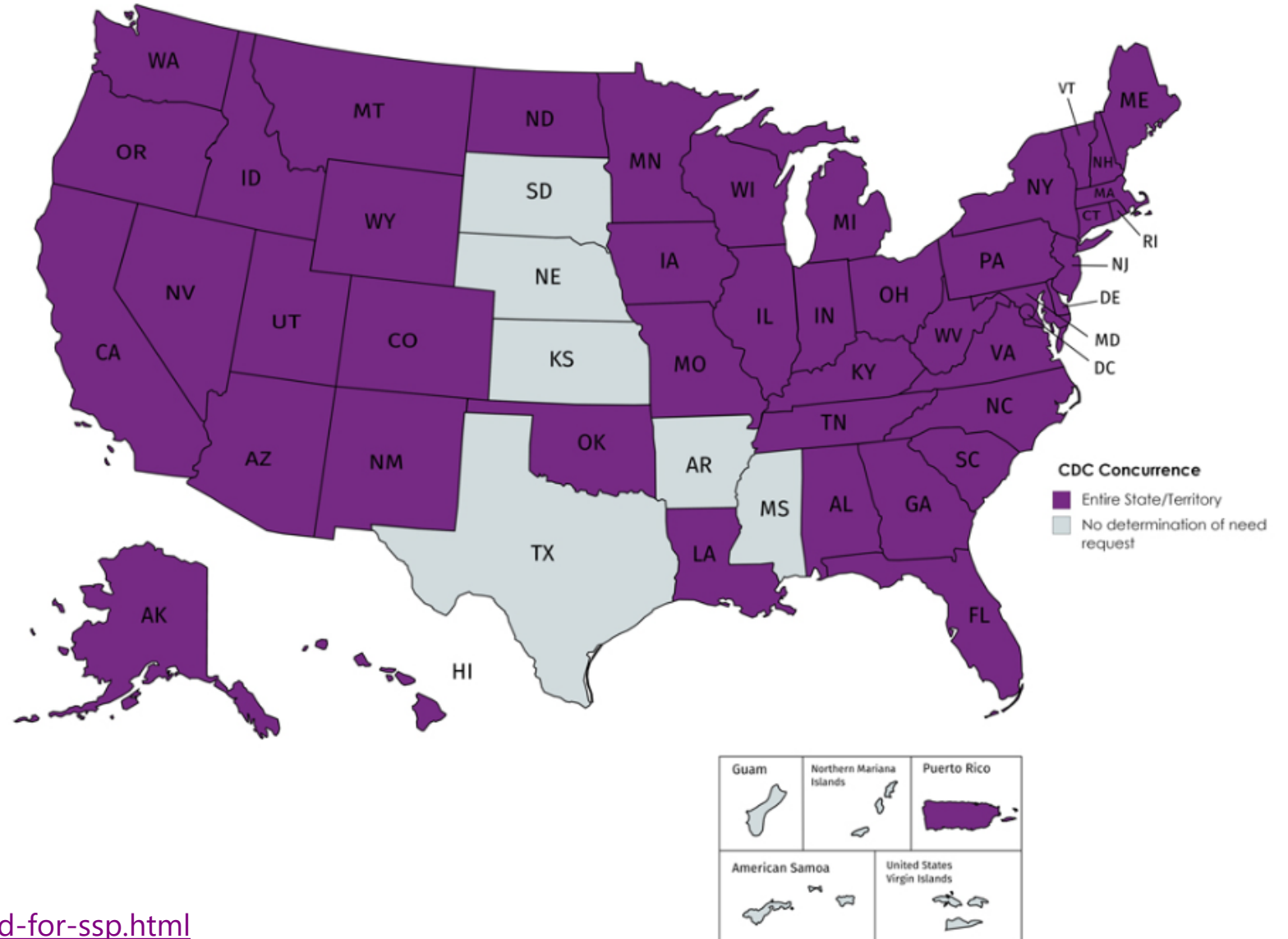
- **Federal vs. Tribal Funding**

- Consolidated Appropriations Act of 2018 allows for opportunity to use federal funds for SSPs
 - Determination of Need
 - If granted, still **CANNOT** purchase cookers or syringes/needles with federal funds
 - <https://www.cdc.gov/ssp/ssp-funding.html>
 - Tribal or grant funding can be explored to cover this through low cost suppliers
 - www.nasen.org

Significant Increases in Hepatitis Infection or an HIV Outbreak Due to Injection Drug Use Following CDC Consultation

There are currently 44 states and DC, 1 tribal nation, 1 territory and with a determination of need in place.

Determination of Need



When everything aligns...



The Doors Open!



Above all...





Questions?

Resources



- <https://www.cdc.gov/ssp/syringe-services-programs-faq.html>
- <https://www.cdc.gov/hiv/risk/ssps.html>
- <https://harmreduction.org/>
- <https://www.davepurchaseproject.org/index.php>
- <https://www.davepurchaseproject.org/>