

NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

HCH ON THE FRONTLINES:

Integrating Harm Reduction Programs into your Practice

May 23, 2019

NATIONAL
HEALTH CARE
for the
HOMELESS
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PANELISTS

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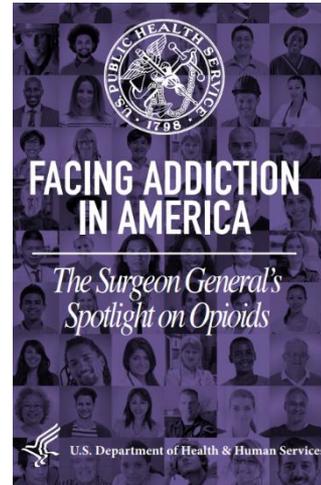
Moderator: Barbara DiPietro, Senior Director of Policy, NHCHC

ADMINISTRATION SUPPORT FOR HARM REDUCTION

“Syringe services programs aren’t necessarily the first thing that comes to mind when you think about a Republican health secretary, but **we’re in a battle between sickness and health, between life and death. The public health evidence for targeted interventions here is strong**, and supporting communities when they need to use these tools means fewer infections and healthier lives for our fellow Americans.”



- HHS Secretary Alex Azar,
Remarks at the 2019
National HIV Prevention
Conference, March 19, 2019



- Surgeon General
Report on Opioids,
September 2018

“Harm reduction programs provide **public health-oriented, cost-effective, and often cost-saving services** to prevent and reduce substance use-related risks among those actively using substances, and substantial evidence supports their effectiveness.”

NATIONAL HARM REDUCTION LANDSCAPE

Kiefer Paterson

Government Relations Manager

Harm Reduction Coalition



HARM REDUCTION COALITION

POLICY &
ADVOCACY

TRAINING &
CAPACITY
BUILDING

OVERDOSE
PREVENTION &
ADVOCACY

NATIONAL &
REGIONAL
CONFERENCES

RESOURCES &
PUBLICATIONS

HARM REDUCTION: THE SECOND-WAVE

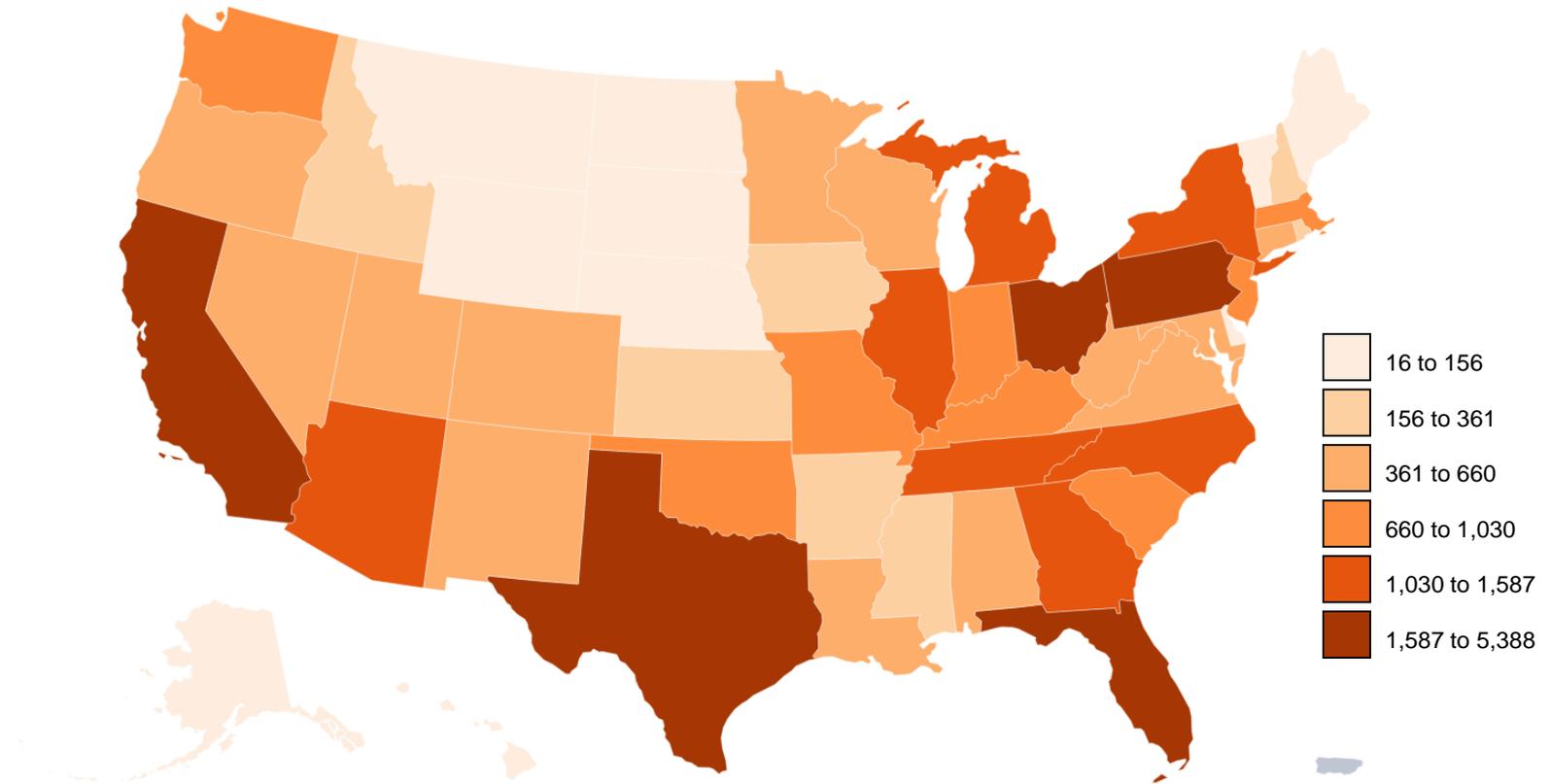
- Between 2015-2019:
 - 16 States have legalized syringe services programs (SSPs)
 - The 25-year ban on federal funding for SSPs has been partially rescinded
 - The estimated number of SSPs has more than doubled

HARM REDUCTION: THE SECOND-WAVE

- The catalysts for the second-wave:
 - The 2015 HIV outbreak among PWID in Scott County, Indiana
 - The dramatic increase in viral hepatitis among PWID, especially those <30yrs old
 - The rapidly escalating overdose crisis, especially following the proliferation of fentanyl contamination within the illicit-drug supply
 - The impacts of the above on rural & suburban white communities

Drug-related Deaths (2010)

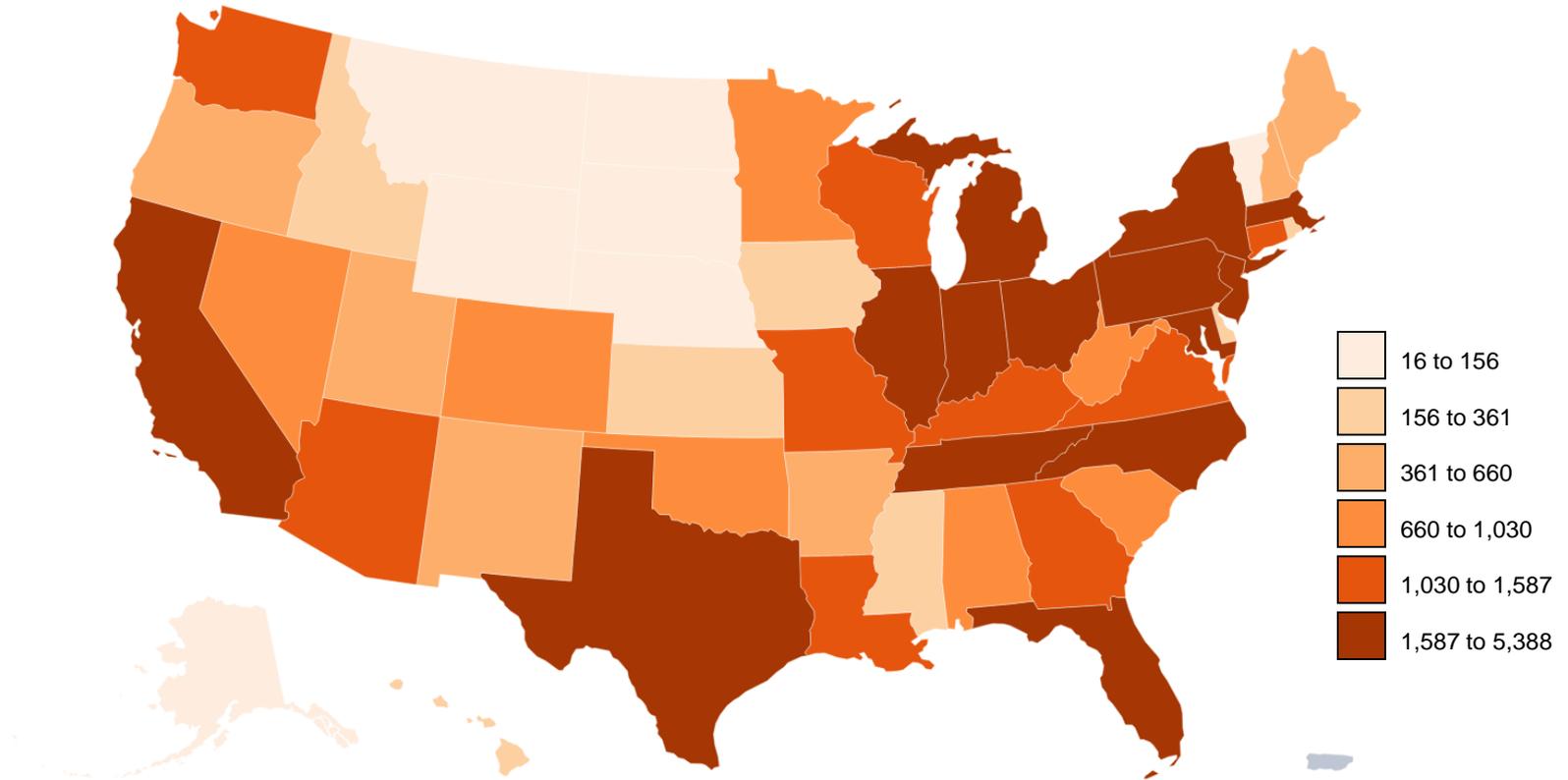
National: 38,329



opioid.amfar.org

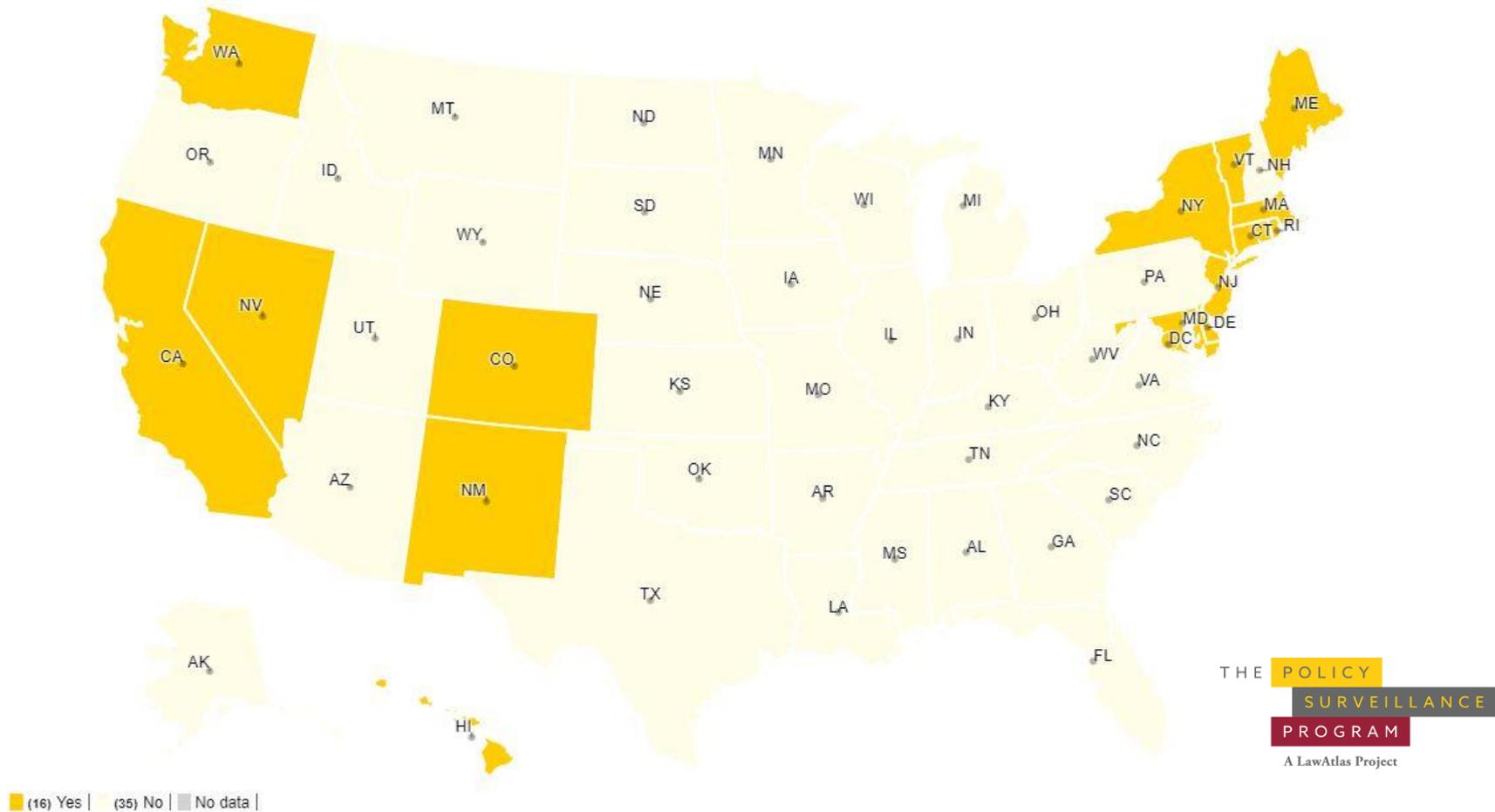
Drug-related Deaths (2017)

National: 70,237

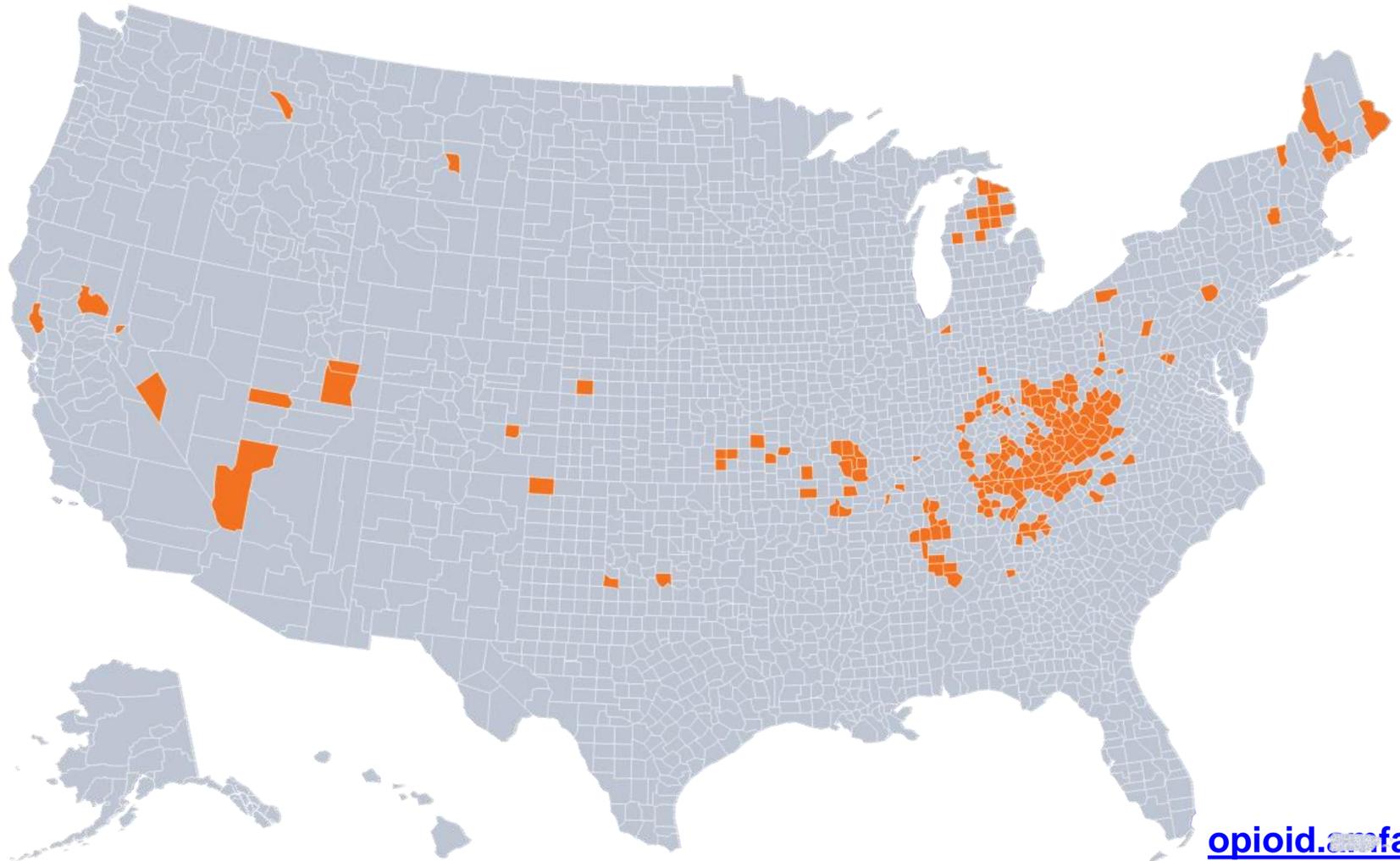


opioid.amfar.org

Syringe Services Program Legality (2015)



Vulnerable Counties & Location of SSPs



opioid.amfar.org

EMERGING THREATS & CHALLENGES

- Despite rapid pace of legalization, states have struggled to bring SSPs to scale
 - Programs in “Second-Wave” states are often operating under incredibly restrictive policy/regulatory environments, severely limiting their ability to implement programmatic best practices
 - “Second-Wave” states are often barred from utilizing local or state funding
 - Federal funding has struggled to reach programs on the ground, despite the lifting of the federal funding ban in 2016
 - Private funding for SSPs – which was already stretched-thin prior to the “Second-Wave” – has struggled to match the pace of program expansion

EMERGING THREATS & CHALLENGES

- The resurgence of “Drug War” interventions & policy responses undermining public health efforts, such as:
 - Sentencing enhancements for fentanyl possession or distribution
 - The criminalization of pregnancy among PWUD & neo-natal abstinence syndrome
 - Xenophobic, racist & anti-immigrant rhetoric, policy, and enforcement justified by the “opioid epidemic”
 - Drug-induced homicide legislation & prosecutions
- Misplaced “moral hazard” rhetoric & misperceptions about the impact of SSPs on communities

Supportive Place for Observation and Treatment



SPOT: Goals

1. Prevent fatal overdose and other harms
2. More effectively engage highest-risk individuals
3. Tackle stigma within a health care setting



SPOT: Model

- Drop-in facility for people who are over-sedated
- Overdose monitoring and management
- Referral resource to other forms of treatment
- Harm reduction and education





SPOT: What We're Learning

- A place for a different relationships
- Its not just opioids: layering the cocktail
- Very high risk group
- Use of other sedating substances results in complex overdose syndrome with bradycardia and hypotension
- Effective at connecting people to addiction treatment
 - 22% of people served connected to treatment
 - On average at 13th encounter





SUPPORTIVE PLACE FOR OBSERVATION AND TREATMENT



BOSTON HEALTH CARE for
the HOMELESS PROGRAM

Other Harm Reduction Programs

- Bathroom safety
 - Reverse motion detectors
- Mobile addiction services
 - CareZONE: syringe exchange + MAT





What do we see?



Image courtesy Boston Globe

HCH on the Frontlines: Integrating Harm Reduction Programs into Your Practice

Albuquerque Health Care for the Homeless
Harm Reduction Outreach
May 23, 2019

Harm Reduction Approach at AHCH

- Outreach takes services to the field, meets people where they are
- Outreach also connects people to AHCH or other site-based services
- Non-threatening approach
- Flexible services
- Patience and motivation
- Team approach
- Continuous engagement



Syringe Exchange History in New Mexico

History:

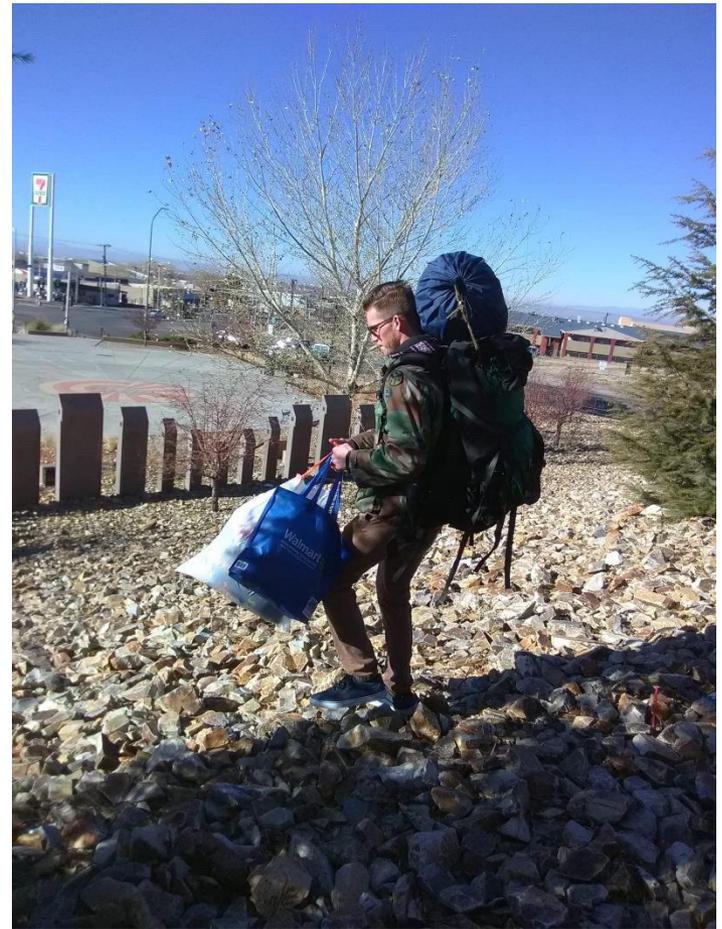
- 1997 NM Harm Reduction Act
- AHCH was one of first Syringe Exchange programs on the ground
- Outreach took services to the field



Evolution of AHCH Harm Reduction Program

Services now include:

- Engagement
- Navigation
- Referrals, education & information
- Direct services (Syringe Exchange, Medical, Dental, Behavioral Health, Social Services, benefits enrollment, ArtStreet)
- Integration of services in the field
- Housing assessments



Current Model:

Syringe Exchange and Street Medicine Outreach

- Integrated outreaches
- Working with neighborhood associations and communities
- Responding to elected officials receiving constituents concerns



Integrated Outreaches

- Integration at AHCH
- Syringe Exchange, Medical, Dental, Behavioral Health, Social Services, benefits enrollment, ArtStreet



Contact Information

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PANEL DISCUSSION

1. Why is harm reduction so often **mis-understood or opposed** by policymakers and the general public?
2. Why are harm reduction approaches **difficult to implement**, even in our own organizations?
3. In your view, how do we **build more support** for harm reduction services internally? What strategies have you found successful to overcome the resistance that happens all-too-often?
4. How do you believe we **build that same support externally** with our neighbors, community organizations, and policymakers?
5. How can the HCH community be doing more to **promote harm reduction** approaches into its work as health centers, and also as advocates for broader change? What actions are needed?

Q&A + DISCUSSION

