HCH ON THE FRONTLINES:

Integrating Harm Reduction Programs into your Practice

May 23, 2019
PANELISTS

Kiefer Paterson
Government Relations Manager, National Harm Reduction Coalition

Jessie Gaeta, MD
Chief Medical Officer, Boston HCH Program, Massachusetts

Kevin Santry
Harm Reduction Outreach Program Coordinator, Albuquerque HCH, New Mexico

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

“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.”

- Surgeon General Report on Opioids, September 2018
HARM REDUCTION COALITION

Policy & Advocacy
Training & Capacity Building
Overdose Prevention & Advocacy
National & Regional Conferences
Resources & Publications
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→ The 25-year ban on federal funding for SSPs has been partially rescinded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
Drug-related Deaths (2017)
National: 70,237

opioid.amfar.org
Vulnerable Counties & Location of SSPs

opioid.amfar.org

National Health Care for the Homeless Council
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
• It's 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
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

Albuquerque Health Care for the Homeless, Inc.
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

Albuquerque Health Care for the Homeless, Inc.
Integrated Outreaches

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

Kevin Santry
Harm Reduction Outreach Coordinator
Albuquerque Health Care for the Homeless
Direct: 505-338-8040
Email: kevinsantry@abqhch.org
Website: www.abqhch.org
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?

---

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