

# HIVAlliance

Amanda McCluskey

Harm Reduction in Rural Communities



# Today's Agenda

**HIV Alliance Overview**

**Harm Reduction Overview**

**Harm Reduction Initiatives**

**Challenges**

**Implementation Best Practices**

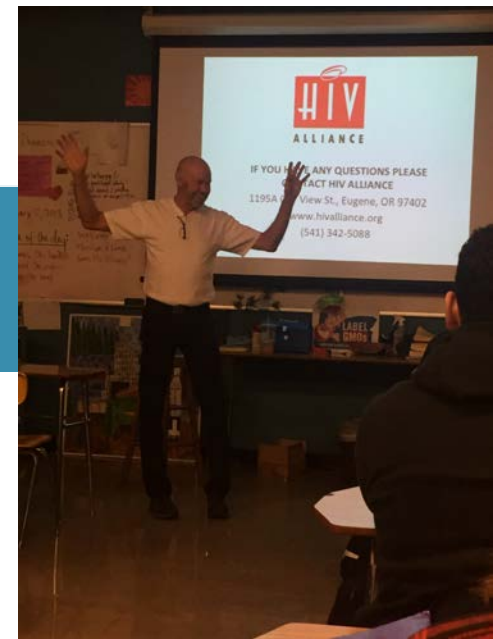
# HIV Alliance Overview

**Mission**-*Providing Care to People Living With HIV and Preventing New Infections*

**Vision**-*To improve health and wellness for those we serve by integrating inclusive, competent and accessible health care services into our holistic, team based care model. Our services will reduce the stigma and health disparities faced by those we serve: people living with or affected by HIV/HCV, LGBTQ+ individuals, people who inject drugs and others without access to care.*

# HIV Alliance Overview

- 70 Staff Members
- Offices in Salem, Eugene, Roseburg and Medford
- Care for over 1,000 people living with HIV in 13 counties
- Care for 75 people living with HCV in Lane County
- HIV, HCV, & STI Testing
- Education to almost 10,000 youth in 3 counties
- Outreach to over 3000 high risk community members
- Syringe Exchange in Lane, Douglas, Curry and Josephine Counties



# Oregon's Vision

## HIV Alliance Overview



### TESTING IS EASY

**Our Vision:** 100% of Oregonians get tested for HIV.

### PREVENTION WORKS

**Our Vision:** 100% of Oregonians at high risk of infection have access to the prevention services they need.

### TREATMENT SAVES LIVES

**Our Vision:** 100% of Oregonians in treatment are virally suppressed.

# HIV Alliance Overview

## National & State

### United States

- **1,122,900** people living w HIV
- **39,782** diagnosed in 2016
- **1 in 7 don't know** they have HIV
- **66%** of new diagnosis are MSM
- African Americans make up 12% of US population, **44%** of new HIV

### Oregon

- **7,000** reported PLWHA
- **237** new infections annually
- **1 in 13** don't know
- **49%** of PLWHA live in Multnomah Co
- PLWHA in rural areas or who report injection drug use are less likely to be suppressed

# HIV Alliance Overview

10yrs ago (2008)



Today (2018)



- Improved potency (resistance to resistance)
- Less pill burden
- Less severe side effects

# HIV Alliance Overview

- HIV Treatment is improving, cost is not.
- New infections continue, down by 5% 2010-2015.
- Federal Funding is flat and restrictions on syringe exchange remain.
- The social determinants of health impact HIV infections rates and health for PLWHA.



# HIV Alliance Overview

## Medication Advances

- **Pre-Exposure Prophylaxis (PrEP)**
  - One pill daily: Truvada
  - 98% effective in preventing HIV Infection
  - HIV Alliance PrEP Coordinator
- **Treatment is prevention**
  - Non-detectable viral load and taking HIV medication= transmission unlikely
  - Conception without transmission an option
  - HIV Alliance staff play a crucial role

# Harm Reduction Overview

- **Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.**
- Harm reduction incorporates a spectrum of strategies from safer use, to managed use to abstinence to meet drug users “where they’re at,” addressing conditions of use along with the use itself.

# Harm Reduction Overview

- Practical & Effective
- Reducing negative consequences
- Continuum of Services
- Responsive
- Address stigma
- Increase engagement
- Improve Public & Individual Health



# Harm Reduction Overview

## What Harm Reduction is...

- Meeting people “where they’re at” but doesn’t leave them there
- Built on a belief in, and respect for, the rights of people who use drugs
- Low threshold, convenient and evidence-based
- Client-centered, honest and pragmatic
- Non-judgmental and non-coercive
- Recognizing the impact of poverty, class, racism, social isolation, trauma discrimination and other inequities

# Harm Reduction Overview

## What Harm Reduction is Not...

- Does not mean “anything goes”
- Does not condone, endorse, or encourage drug use or high risk behaviors
- Does not attempt to minimize or ignore harms related to illicit drug use
- Does not exclude or dismiss abstinence-based treatment models as viable options

# Harm Reduction Overview

## Principles of Harm Reduction

- Accepts, for better and or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them.
- Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe abuse to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others.
- Establishes quality of individual and community life and well-being—not necessarily cessation of all drug use—as the criteria for successful interventions and policies.
- Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm.
- Ensures that drug users and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them.
- Affirms drugs users themselves as the primary agents of reducing the harms of their drug use, and seeks to empower users to share information and support each other in strategies which meet their actual conditions of use.
- Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities affect both people’s vulnerability to and capacity for effectively dealing with drug-related harm.
- Does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use.

# Harm Reduction Initiatives-HIV Alliance

- Syringe Exchange
- Wound Care
- Referrals
- Naloxone
- Peer Recovery Specialists
- Trans Syringe Exchange
- Clothes, Food, Condoms



# Harm Reduction Initiatives



## Rural Services

County	SEP	Drop Box	Naloxone Distribution	HIV Testing	Hep C Testing	Peer Support Services
Coos		X	X	X	X	
Curry	X	X	X	X	X	
Douglas	X	X	X	X	X	X
Josephine	X	X	X	X	X	
Jackson	*		X	*	*	
Rural Lane	X		X	X	X	X

\*Provided by Jackson County Public Health



# Harm Reduction Initiatives-HIV Alliance

## Syringe Exchange

- One for one exchange
- Supplies: Distribution
  - Syringes: 27, 28, 29 gauge
  - Small sharps containers
  - Alcohol pads
  - Tourniquets
  - Clean water
  - Band-aids
- Supplies: Collection
  - Large sharps containers
  - Puncture proof gloves
  - Grabbers
  - Drop boxes in the community
- Sharps Disposal
  - PeaceHealth in Lane County
  - Mercy Medical in Southern Oregon



# Harm Reduction Initiatives

## What does the research say about SEP?

### **SEPs have been proven to:**

- Increase the safe disposal of used syringes
- Reduce syringe related injuries
- Reduce syringe sharing among PWID
- Decrease rates of HIV/AIDS and HCV transmission

**Research conclusively shows SEP's do not increase drug use or crime**

### **Who supports SEP's?**

- Centers for Disease Control
- American Medical Association
- National Academy of Sciences
- World Health Organization

# Harm Reduction Initiatives



## Cost of Syringe Exchange

- Cost of syringe: **\$0.08**
- Cost of sharps container: **\$1.22**
- Total NEX budget: **\$148,900** (\$90,628 in supplies)
- Avg. per client annual cost: **\$37.39**

## Cost of Care/Treatment

- Lifetime cost of HIV infection: **\$600,000**
- Cost of HCV treatment: **\$84,000**
- *Estimated 75 new HIV infections annually without syringe exchange*

# Harm Reduction Initiatives: Overdose Prevention

## Opioid Overdose Prevention Programs Providing Naloxone to Laypersons

**82.8%** of the reported reversals were done by **people who use drugs** and **9.6% by family and friends** of a user. Service providers came in at 0.2%. (CDC 2015)

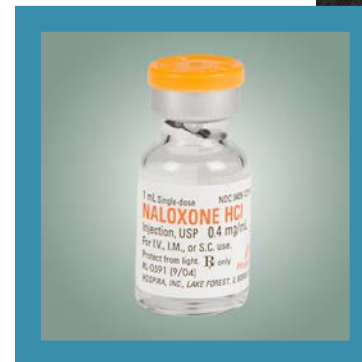
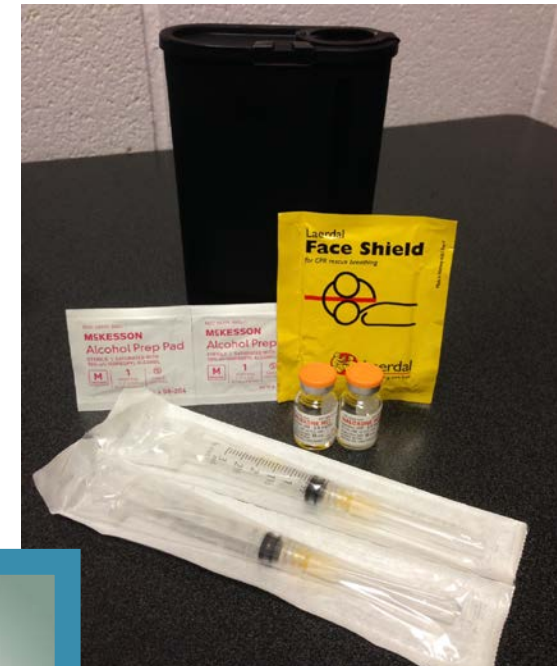
“An opioid overdose is a life-threatening medical emergency. If laypeople have naloxone, they can start the process of reviving the person before paramedics or law enforcement come through the door.”

*Dr. Stephen Jones, researcher and author of the report*

# Harm Reduction Initiatives: Overdose Prevention

## HIVA Injectable Naloxone Kit

- 2 Doses of Naloxone
- 2 Syringes
- Face shield
- Alcohol wipes
- Band-Aids
- Sharps container
- Info & Instructions
- Good Sam Cards



# Harm Reduction Initiatives: Overdose Prevention

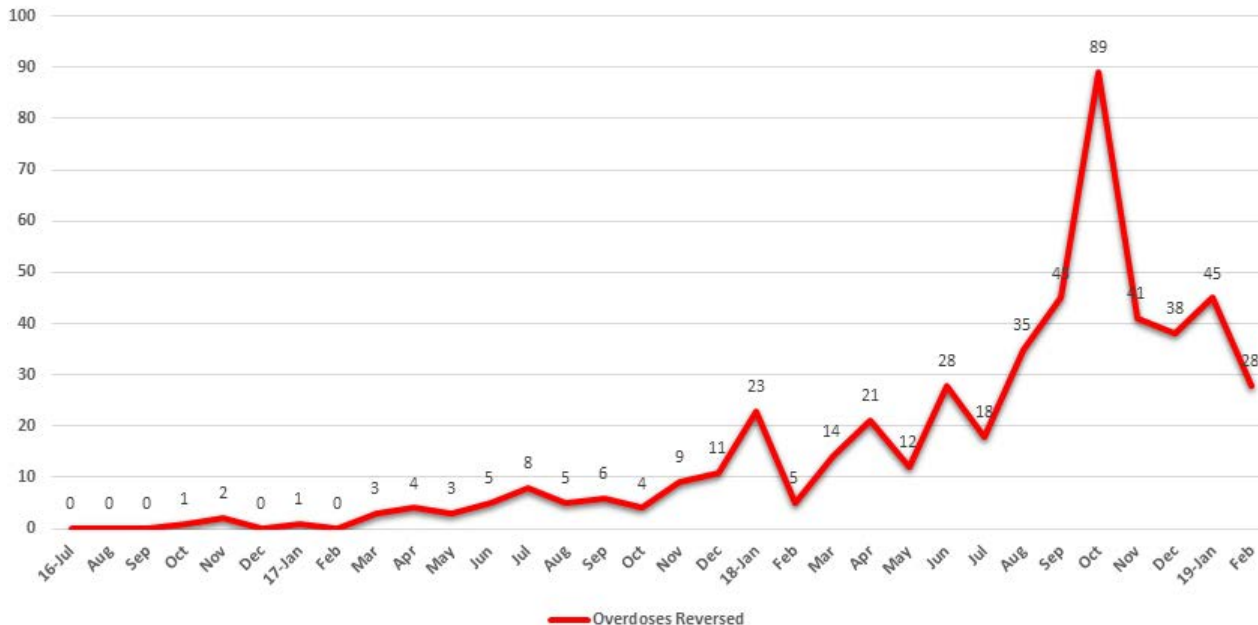
## HIVA Nasal Narcan Kit

- 1 Dose of Naloxone
- Red Bag
- Face shield
- Info & Instructions
- Good Sam Card



# Harm Reduction Initiatives

Naloxone Reversed Overdoses All Counties FY 17 - Present



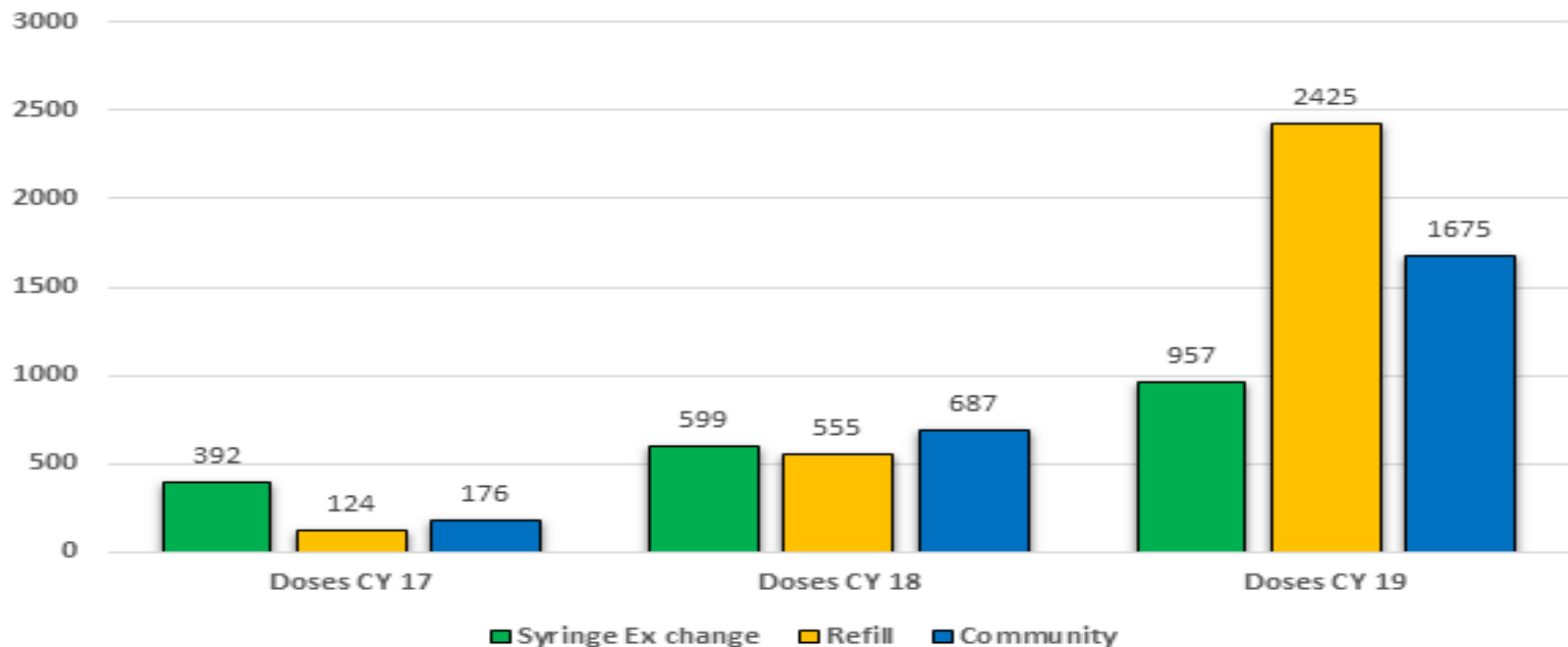
7/1/16-3/22/19:

- Lane 416
- Coos 0
- Curry 0
- Douglas 30
- Jackson 62
- Josephine 2
- Unspecified 6

TOTAL: 516

# Harm Reduction Initiatives

## Naloxone Doses Distributed All Counties 17-19 FYs





# Harm Reduction Initiatives

## Amnesty in Overdose Reporting

May not be arrested/ prosecuted for:

Frequenting a Drug House,

- Possession of Controlled Substance,
- Unlawful Possession of Hydrocodone, Methadone, Oxy, Heroin, Marijuana, Cocaine, Meth, Rx, or Paraphernalia w/ intent to sell.
  - if the evidence was obtained pursuant to the emergency response

- Covers Pre-existing arrest warrants
  - will NOT be served if the warrant was issued for any of the crimes listed above
  - Will NOT be served for a violation of Parole or Probation pursuant to such an offense

# Harm Reduction Initiatives

## Oregon Senate Bill 384

- Covers anyone calling / the person who is overdosing
- You can use naloxone on someone else.
- You will not be liable if something bad happens.
- A variety of organizations can train individuals and give them naloxone.
- You can also take a “training certificate” to a pharmacy.



# Harm Reduction Initiatives

## House Bill 4124 & 3440

### 4124

- Pharmacists can train/prescribe.
- Social service agencies: trained staff use, not just by individual named employee.

### 3440

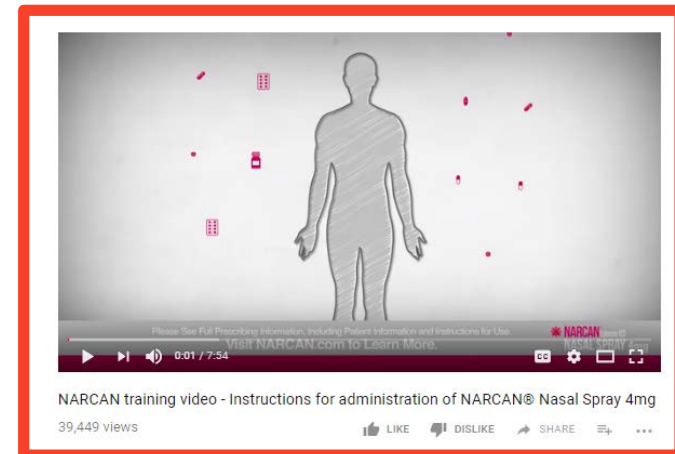
- As of January 1 2018 special training is no longer required to obtain naloxone
- OHA may use the Prescription Drug Monitoring Program to monitor compliance with prescribing guidelines
- Removes Prior Authorization for first two weeks of treatment or initial 30 day supply of MAT

# Harm Reduction Initiatives

## Naloxone Training

OAR 333-055-0100 through 333-055-0110

- Training must meet OHA criteria
- Training must be “approved” by a licensed physician or Nurse Practitioner
- Retraining every 3 years
- OHA Training Video:
  - [Using Injectable Naloxone to Reverse Opiate Overdose by Multnomah Co. Health Department](#)
  - [Narcen Training Video by NARCAN Nasal Spray](#)



# Harm Reduction Initiatives

## Naloxone Training: 6 Steps

1. Check for Response
2. Call 911
3. Start Rescue Breathing
4. Administer Naloxone
5. Resume Rescue Breathing if needed
6. Conduct Follow-Up



# Harm Reduction Initiatives

## Naloxone Myths

**Myth #1: If you give an overdose antidote to drug users, they will abuse more drugs.**

**Fact:** Studies report that naloxone does not encourage drug use, and in fact, has been shown to decrease it in some circumstances

**Myth #2: We can't trust a person who is high to respond appropriately in a life-threatening situation.**

**Fact:** Since 1996, over 10,000, overdose reversals have taken place using naloxone. The vast majority of these were done by active drug users. Many were probably high.

**Myth #3: Naloxone will keep drug users from seeking treatment.**

**Fact:** Death keeps people from seeking treatment. Naloxone gives people another chance to get help, and often, the near-death experience of drug overdose and being saved acts as a catalyst to encourage people to get into treatment.

# Harm Reduction Initiatives

## Naloxone Myths

**Myth #4: Naloxone makes people violent.**

**Fact:** There is some truth to this - but not much. It can cause confusion & “fight or flight” response when administered at high doses, in smaller amounts, it rarely causes victims to become combative.

**Myth #5: Naloxone Can Give People Heart Attacks**

- **Fact:** Pulmonary edema has also occurred in overdose patients, but that is a result of respiratory depression, not naloxone administration.

**Myth #6: Intramuscular naloxone isn't safe.**

- **Fact:** Intramuscular naloxone is just as safe and effective as naloxone administered through other measures, in fact, intramuscular naloxone has been shown to have a slightly quicker effect, which means that life-saving breathing function is restored sooner.

**Myth #7: Naloxone Loses Effectiveness Under High Temperatures**

- **Fact:** Even after exposure to extreme temperature change, naloxone can still work.

# Harm Reduction Initiatives

## Needle Exchange – Fentanyl Test Strips

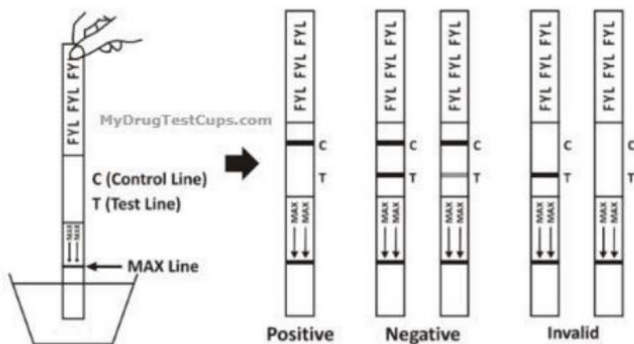
# HIVAlliance

Don't Wait Until It's Too Late!

Free Fentanyl Testing Strips

HIV Alliance 647 W. Luellen Dr. Suite #2

Questions? Call Brandy at 541-343-5088



Why are we doing this?

- Fentanyl is 50-100 times more potent than morphine
- Easier to make and cheap

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# Challenges

- Myths and perception of enabling behavior
- Location: clients and community
- Economic Trends
- Federal Restriction on Funding
- Funding in General
- Building Trust with the Community
- Data collection, evaluation and quality
- Sharps handling

# Implementation Best Practices

- Building Relationships with Key Partners: Clients, Local Government, Champions, etc
- Build your Site
- Know your Data
- Train your Staff
- Continuous Improvement

# Implementation Best Practices

## Building Relationships with Key Partners: Local Government

- Law Enforcement
  - Can be a great resource on what is needed in the community and discarded syringes
  - Keep them informed on when and where you are providing exchange
  - Buffer zone while offering exchange services
- Mayor and City or County Government
  - Meet with your Mayor or City Manager
- Parks Department
  - Great resource for information on discarded syringes

# Implementation Best Practices

## Building Relationships with Key Partners: Medical and Social Services

- Treatment Centers
  - Align with treatment centers for referrals
  - Natural partnership on the drug use to sobriety continuum
- Medical Providers, Hospitals etc
  - Find out what they are seeing and keep them informed of services
- CCO and other payers
  - Can be a good resource for funding
  - Syringe exchange can reduce abscesses leading to less Emergency Department Visits
- Social Service Agencies
  - Can be a good resource for what is needed in the community
  - Great for advertising services once established
- Homeless service organizations
  - Can be a good place to do outreach to potential clients

# Implementation Best Practices

## Building Relationships with Key Partners: Consumers

- If you build it, will they come? Eventually
  - Be prepared to offer services for months with no one showing up
  - It takes time to build trust with this community. Be consistent.
- Engagement Strategies
  - Start with outreach to people who inject drugs:
    - Where would they be willing to come for exchange
    - When
    - what supplies are they interested in etc
- Word of Mouth is Key
  - Conventional advertising is not effective with this population
  - Provide street outreach and engage with the population to spread the word

# Implementation Best Practices

## Building Relationships: Champions

- Gather client stories
  - How has access to syringe exchange or not having access impacted them
  - What has their experience been as a member of the community who injects drugs
- People who have been personally affected by injection drug use
  - Parents, grandparents, families, friends etc
  - Who can speak to the benefits and need for syringe exchange

# Implementation Best Practices

## Building Your Site

- Set your schedule
  - Regular, recurring times and locations
- Where
  - Locations people who inject drugs are comfortable accessing services
  - This may vary by community and could include
    - A mobile vehicle in a park or on a street
    - Imbedded or co-located with public health
    - A stand alone agency
- Considerations
  - Is your site near law enforcement?
  - Is the neighborhood welcoming or comfortable with Syringe Exchange?
- Keep your partners informed:
  - Law enforcement, local government, social service agencies

# Implementation Best Practices

## Building Syringe Exchange: Know your Data

- Determine what data is required to be collected by your funder(s)
- Consider
  - What would be helpful for you to know about the population?
  - Overdoses witnessed, interest in treatment, interest in testing, insurance type, etc
  - What is this population willing to disclose?
    - Use a unique identifier that does not collect names
  - Where will you store the data?
    - Access, Excel, etc
  - What reports will you need?



# Implementation Best Practices

## Building Syringe Exchange: Data

Collect data that will speak to the tough questions

What are the concerns in your community? How can the data help alleviate those concerns?

Example: number of syringes given out, compared to the number of syringes brought in and destroyed. Do you bring in more than you give out? This may help alleviate concerns that there will be more discarded syringes in the community if there is an exchange program.

# Implementation Best Practices

## Train your staff

- Safety Policies and Procedures
  - Sharps handling
  - Needle stick
- Cultural Competency on working with people who inject drugs
- Harm Reduction philosophy
- Motivational Interviewing
- Trauma Informed Care
- Crisis response

# Implementation Best Practices

## Create Safety Policies

- Disposal
  - Where will you dispose of syringes
  - Who will transport
  - How to load a vehicle safely with used syringes
- Sharps Handling
  - Policies safe handling of sharps containers
  - Process for receiving sharps from clients
- Emergency Planning
  - Policy for needle stick
  - Policy for irate client or community member

# Implementation Best Practices

## Maintaining Community Relationships

- Syringe Drop Boxes at key locations
- Offer community clean up services
- Offer sharps containers and grabbers to local businesses who have been affected by discarded syringes
- Stay in contact with law enforcement and the parks department

# Implementation Best Practices

## Maintaining Relationships with Consumers

- Your relationship with consumers is key.
- Building trust through:
  - Nonjudgement
  - Harm reduction
  - Referrals to needed or requested services
- Consumers are a great resource for information on what is happening on the street and in the injection drug use community
- Be cautious and protective of who you bring to exchange and what services you offer

# Implementation Best Practices

## Maintaining Syringe Exchange: Data

- Review your data for quality
  - Is the data being collected correctly?
  - Is it being entered correctly?
- How is the form working for consumers?
  - Are they comfortable giving information?
  - Is the form a barrier to services?
- Ask the right Questions
  - Are you collecting the data you need?
  - Are you asking questions you don't need?

# Implementation Best Practices

## Maintaining Syringe Exchange: Quality

- Client Satisfaction Survey
  - Periodic survey of clients to determine the effectiveness of the services and the overall client satisfaction with services
  - A great resource for determining what the community is interested in and what would make the program more effective
  - Use to determine if you are offering the supplies most needed by the community. Are there other supplies that would be more helpful?

# Implementation Best Practices

## Maintaining Syringe Exchange: Community

- Consider building a coalition of interested/affected groups
  - Law Enforcement
  - Public Health
  - Medical Providers/Hospitals
  - Drug Treatment Providers
- Periodic Meetings to Discuss
  - What is working, what isn't working
  - What are we seeing in the community
  - What else is needed to support Syringe Exchange



# Implementation Best Practices

## Maintaining Syringe Exchange: Focus

- Focus Drift
  - The purpose of Syringe Exchange is to prevent the spread of disease
  - Other services can help support clients but be careful that they don't detract from the mission
- The purpose of exchange is not to:
  - Get clients to be sober or access drug treatment
  - Solve the issues related to homelessness
- These can be helpful services to offer but are not the goal of syringe exchange
- Referrals to treatment are key if clients are interested

# HIVAlliance

Any Questions?

Amanda McCluskey, Program Director

[amcccluskey@allianceor.org](mailto:amcccluskey@allianceor.org)

