Meeting People Where They Are At

An Overview of Harm Reduction Services in Metro West MA

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RISE Mission

Program RISE

Our mission is to **promote health, prevent disease, and fight stigma** by providing services to improve wellbeing in the **Metro West region**, centering communities of Color, LGBTQ+ people, immigrants, refugees, people living with HIV/AIDS, and people who use drugs.

Working within a social justice framework **in partnership with the community** and other provider agencies, we are committed to eliminating new infections for HIV, STIs, and Viral Hepatitis, treating current infections, reducing deaths from overdose, providing education, and **improving overall health outcomes** for clients and communities.

Overview of RISE Services

- Infectious Disease Services
  - HIV/HCV/STI Counseling & Testing
  - STI (Chlamydia, Gonorrhea, Syphilis) Treatment
  - *New in 2023*: HCV Treatment
- **Harm Reduction & Overdose Prevention**
- HIV Housing & Medical Case Management
- HAV & HBV Vaccination (COVID & MPOX discontinued as of 6/30/2023)
- Mobile Health Outreach (Testing & Harm Reduction Supplies)

Hours of Operation *(52 hrs/wk)*

- Monday 8am-4pm
- Tuesday 8am-7pm
- Wednesday 8am-7pm
- Thursday 8am-7pm
- Friday 8am-4pm

What is Harm Reduction?

- Harm reduction is a set of **practical strategies and interventions** 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 (National Harm Reduction Coalition)

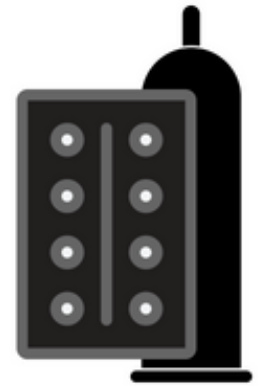
- Model of substance use care **distinct from treatment or recovery support**, created by and for people who use drugs to improve health and wellbeing, **including during active drug use** (NIDA)

EXAMPLES OF HARM REDUCTION IN OTHER AREAS

SUN SCREEN

SEAT BELTS

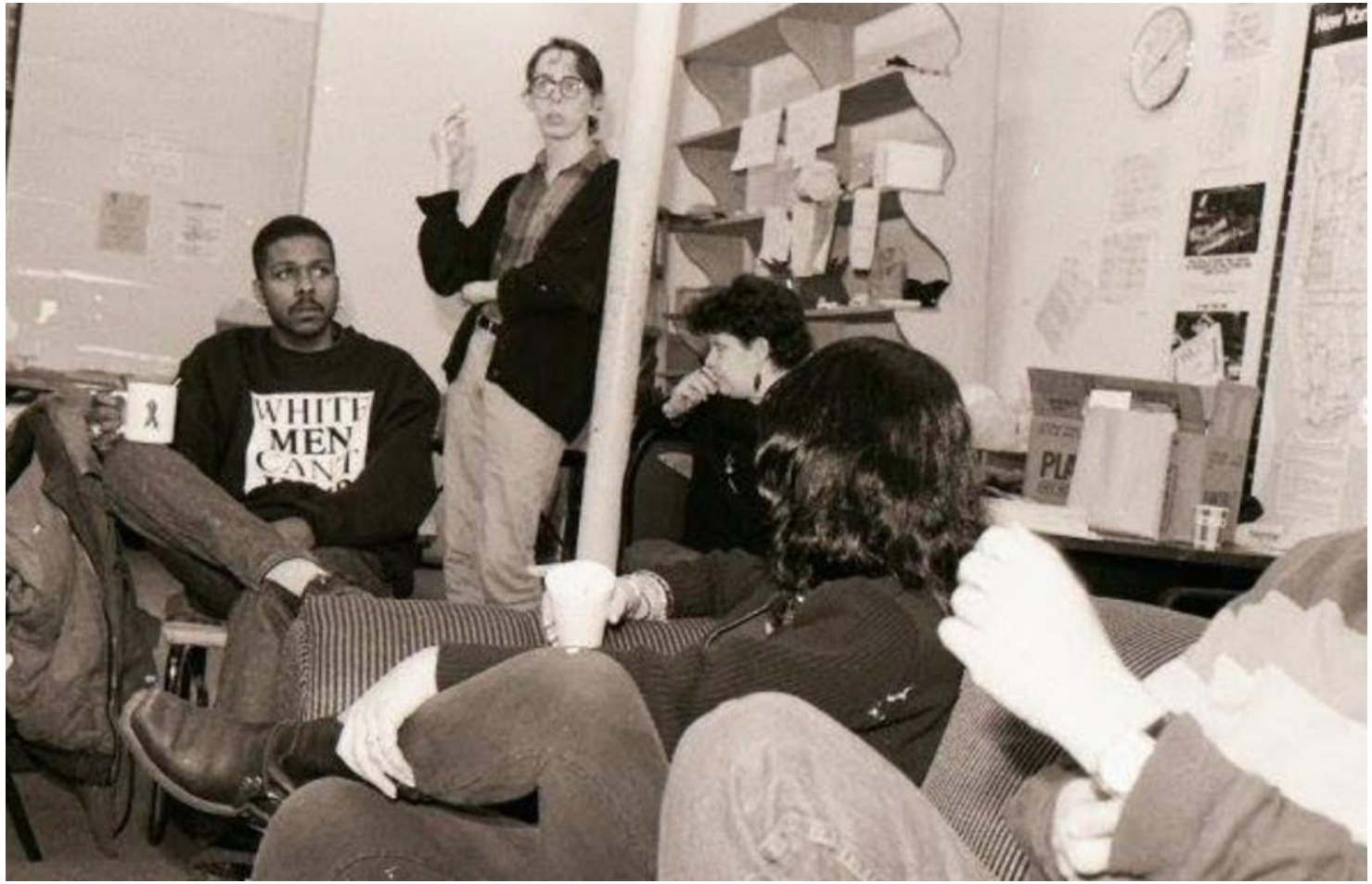
SPEED LIMITS



BIRTH CONTROL

CIGARETTE FILTERS

History of Harm Reduction



History of Harm Reduction

- The origins of harm reduction came from a radical social movement fueled by community resilience, desire to push back on inequitable systems, and the belief that people most impacted should hold the mic.
- Much greater than just the set of strategies and resources offered (e.g. syringe exchange, naloxone distribution, etc.)
- Harm reduction challenges how society and policymakers conceptualize certain drugs and populations of people using those drugs.

Sources: The Humanities Truck & National Harm Reduction Coalition

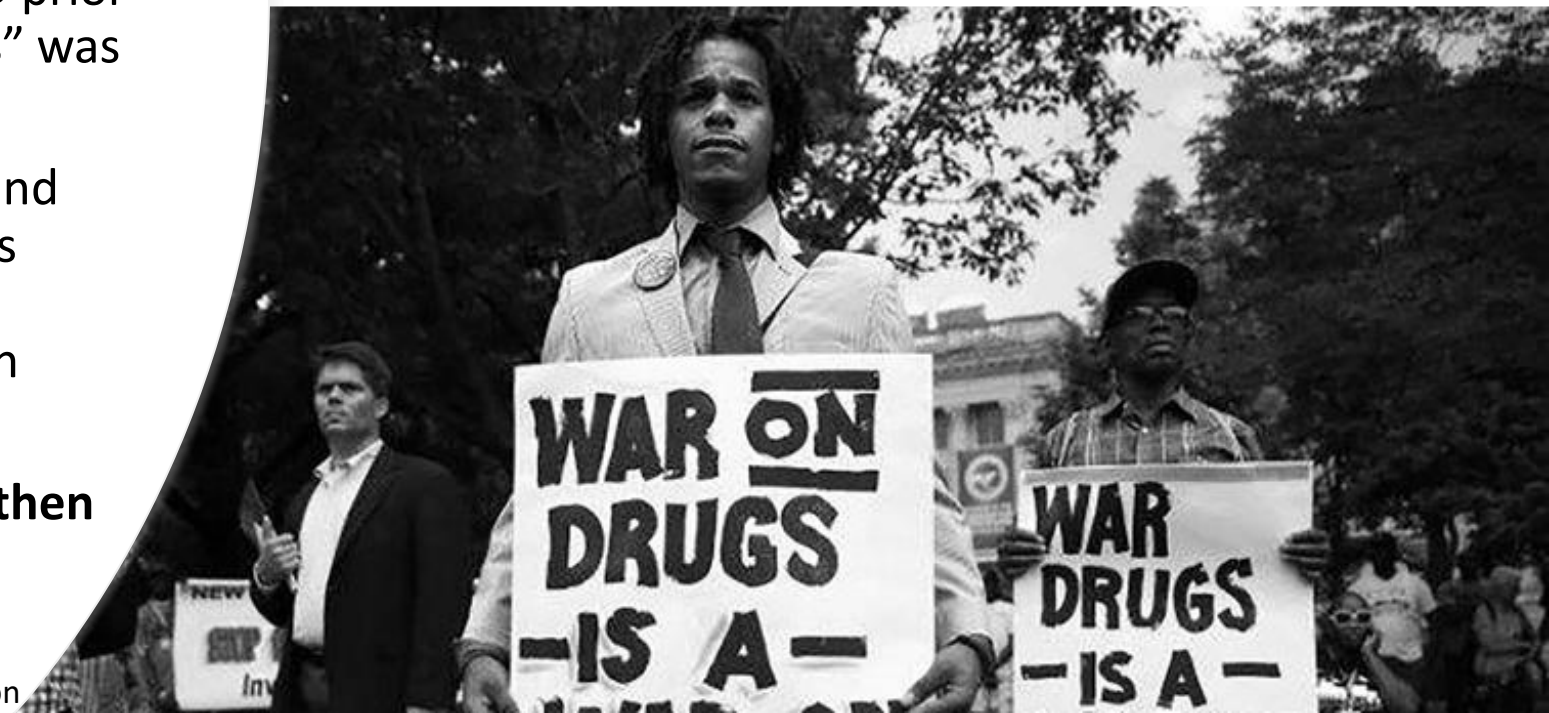
History of Harm Reduction

- Civil & human rights groups like the Young Lords Party and Black Panther Party began organizing community-based harm reduction & health-motivated direct action in the 1970s (not formally recognized as a public health model until the 1980s)
- In the early 80s, a harm reduction model was implemented in the Netherlands with the increase in HIV/AIDS transmission and comorbidity with drug use
- Prohibitionist model was not structurally sustainable and became unpopular with the public.
- To combat the growing health concerns, the Netherlands expanded existing needle exchange and supply distribution programs.

Sources: The Humanities Truck & National Harm Reduction Coalition

History of Harm Reduction

- In the United States and Canada, organizers, advocates, communities, and renegade care-providers were already opposing legal restrictions on drugs and the criminalization, marginalization, and oppression of PWUD prior to the 80s (and before the “War on Drugs” was formally declared by Richard Nixon).
- When the HIV/AIDS epidemic worsened and started to impact more people, grassroots harm reduction communities started to organize with LGBTQ+ groups to save each other’s lives.
- **If the government wasn’t going to help, then the people most impacted would help themselves.**



Sources: The Humanities Truck & National Harm Reduction Coalition

History of Harm Reduction

- Harm reduction started to **gain traction out of necessity**. However, people were already practicing risk reduction education and techniques well before this!
- Communities were **organizing to save themselves** and their peers by teaching people who inject drugs to clean their needles with bleach and resist sharing when they could.
- Local and federal U.S. government (which had a different socio-political landscape and history of strict prohibition and criminalization of Black and working class PWUD than the Netherlands) stumbled to find the legal support to implement needle exchange programs.
- Despite the **plethora of evidence** from scientific studies proving the multitude of social, societal, and health benefits that syringe exchanges and safe consumption sites offer, **stigma and opposition** to needle programs made implementation difficult.
- Driven primarily by state and federal legislature, drug-user stigma, misinformation campaigns, and existing punitive systems against PWUD; harm reduction work (such as syringe exchange) has been fragmented from the start and is still divided and contentious.

Sources: The Humanities Truck & National Harm Reduction Coalition

Why Syringe Exchange is Important?

- **In 2021, 106,699 drug overdose deaths occurred** with the rate of drug overdose deaths involving synthetic opioids increased 22% (CDC)

- **The opioid crisis is fueling a dramatic increase** in infectious diseases associated with injection drug use.
  - Drug supply half-life and increased frequency of injection
  - Syringe exchange programs are an **effective way of reducing riskier behaviors** related to injecting drug use, hence they are effective in reducing the spread of HIV & HCV among people who inject drugs.

- **Reports of acute hepatitis C virus (HCV) cases** rose more than fivefold from 2010 to 2020, primarily due to increased injection of opioids and other drugs (CDC)

- **The majority of new HCV infections** are due to injection drug use (CDC)
  - **66%** of cases with risk information reported **injection drug use**
  - **4,798 new cases of acute HCV** and 107,300 new cases of chronic HCV reported during 2020

- **Over 2,500 new HIV infections** occur each year among people who inject drugs (CDC)

HIV Clusters in MA

- In early 2019, a new cluster of **HIV infection** was identified in Boston among **people who inject drugs** (PWID) who were experiencing or had experienced **recent homelessness,** and the total statewide number of reported cases with **IDU as the primary exposure increased to 76** in 2020.
- As of December 31, 2021, a total of **164 cases diagnosed** since November 2018 have been investigated and identified as **part of the Boston cluster**
- Empirical and model-based evidence consistently shows that **syringe services programs have the highest impact in HIV prevention** for people who inject drugs

Massachusetts Department of Public Health, Bureau of Infectious Disease and Laboratory Sciences. Massachusetts HIV Epidemiologic Profile, Statewide Report – Data as of 1/1/2022 https://www.mass.gov/lists/hivaids-epidemiologic-profiles

American Journal of
Preventive Medicine

SPECIAL ARTICLE

Syringe Services Programs' Role in Ending the HIV Epidemic in the U.S.: Why We Cannot Do It Without Them

Dita Broz, PhD, MPH,[1] Neal Carnes, PhD,[1] Johanna Chapin-Bardales, PhD, MPH,[1] Don C. Des Jarlais, PhD,[2] Senad Handanagic, MD, MPH,[1] Christopher M. Jones, PhD, MSW,[3,4] R. Paul McClung, MD,[1,4] Alice K. Asher, RN, PhD[5]

Diagnoses of HIV among people who inject drugs have increased in the U.S. during 2014–2018 for the first time in 2 decades, and multiple HIV outbreaks have been detected among people who inject drugs since 2015. These epidemiologic trends pose a significant concern for achieving goals of the federal initiative for Ending the HIV Epidemic in the U.S. Syringe services programs are cost effective, safe, and highly effective in reducing HIV transmission and are an essential component of a comprehensive, integrated approach to addressing these concerns. Yet, geographic coverage of these programs remains limited in the U.S., and many jurisdictions continue to have laws and policies that limit or disallow syringe services programs. An in-depth literature review was conducted on the role of syringe services programs in the Ending the HIV Epidemic initiative. Empirical and model-based evidence consistently shows that syringe services programs have the highest impact in HIV prevention when combined with access to medications for substance use disorder and antiretroviral therapy. Their effectiveness is further maximized when they provide services without restrictions and include proven and innovative strategies to expand access to harm-reduction and clinical services (e.g., peer outreach, telehealth). Increasing geographic and service coverage of syringe services programs requires strong and sustainable policy, funding, and community support and will need to address new challenges related to the COVID-19 pandemic. Syringe services programs have a key role in all 4 Ending the HIV Epidemic initiative strategies—Prevent, Diagnose, Treat, and Respond—and thus are instrumental to its success in preventing disease and saving lives.

Am J Prev Med 2021;61(5S1):S118–S129.

MA State & Federal SSP Data – Important Points

- In MA, **67 cities and towns have approved syringe services program**. There are 25 brick and mortar sites and an additional 29 mobile sites across the state.
- The opioid epidemic requires **multi-pronged, comprehensive approach** to care, prevention and treatment. SSPs are not intended to "cure" the epidemic but to **prevent the spread of disease** associated with it and **support changes in drug use behaviors and risks**.
- 8 federal studies showed **SSPs do not promote or result in increased drug use**.
- SSPs are a **proven, cost-effective approach for HIV and HCV prevention** among PWIDs.
- SSPs are a **bridge to other forms of care and treatment**.
- People who access SSPs are **5 times more likely** to enter treatment and **3 times more likely** to stop their use.
- Many SSP participants walk or travel locally to the program. No data supports SSPs bringing more people who use drugs into the city.
- Studies of SSP efficacy have decreased over time due to the **consistency of findings**.

Source: https://www.cdc.gov/ssp/syringe-services-programs-faq.html

Harm Reduction & Overdose Prevention at RISE

- **Syringe Exchange & Safe Disposal**
  - Access to and safe disposal of sterile syringes and injection equipment
  - Protects the general public & first responders (e.g. IM syringes & other community sharps)
- **Safer Use Supply Distribution**
  - Infection prevention materials (e.g. clean/sterile injection equipment), safer smoking supplies, wound care kits, sharps containers, etc.
- **Naloxone Distribution & Overdose Prevention Education**
  - Clients & community trainings at health/social service programs (e.g. detox, shelter)
- **Post Overdose Outreach**
  - Partnerships with Police/Fire in Framingham, Natick, Ashland, Hudson & Marlborough
- **Street & Mobile Health Outreach**
  - Provide street outreach, syringe pickup, & use mobile health van at events
- **Behavioral Health Counseling**
  - ~40 client active caseload (50-50 scheduled vs. drop-in visits)
- **Short-Term Health Navigation & Referrals**
  - Shelter/Housing
  - Detox
  - MAT (Medication Assisted Treatment)
  - Primary Care/Psychiatric Care
  - MassHealth Insurance Enrollment

Meeting People Where They're At

Working within a harm reduction framework allows us to offer support and services based on a person's expressed needs.

This might look like:

- Offering safer drug use & safer sex supplies
- Naloxone distribution to PWUD, non-drug users, and community partners
- Conducting outreach
- Non-coercive linkage to treatment
- Stigma eradication


snorting d
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Protect yourself against Hep C (and other infections!) by using your own straw. Avoid sharing straws or using unclean things like a rolled up dollar bill, which can carry microscopic droplets of germs and blood.
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Program RISE


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4 Read results
5 Make a plan
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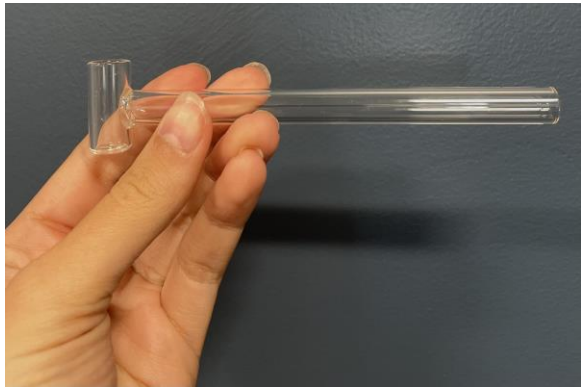
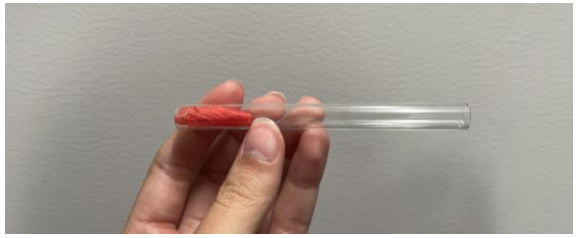
Trusted
Reliable
Accurate
Fentanyl Test Strip
Single Use


STOP AN
OVERDOSE
TAKE THESE STEPS:
1 Check for overdose
2 Call 911
3 Give Narcan
4 Give breaths
5 Stay with




DANGER


RTLAS
BLACK



Why Do Outreach?

- Outreach allows us to offer harm reduction and counseling services in low-barrier and non-traditional settings
- Build new connections
- Barriers to accessing services in a traditional office setting
  - Transporation
  - Internalized stigma
  - Discomfort with new providers
  - Discomfort interacting with other members of the drug using community
  - Distrust based on past experiences providers

Non-Coercive Linkage to Treatment

Participation in accessing substance use treatment should be **voluntary and self-ruled**.

The use of threats and forcing PWUD to access substance use treatment **does not** improve outcomes and **increases** chances of human rights violations.

Source: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4752879/

Language Matters

- Feelings of stigmatization create barriers to accessing services and supports such as SSPs, MAT, and substance use treatment.
- Stigmatizing language and behaviors can cause non-drug users to become fearful of PWUD and impact the way healthcare and social service providers provide care.

Approaches to Reduce Stigma

- Use person-first language
- Support the entire spectrum of substance use experiences
- Create safe spaces for PWUD to share their experiences & expertise
- Be willing to participate in trainings and conversations about the importance of using non-stigmatizing language for substance use and PWUD

SAY THIS	NOT THIS
• Person who uses drugs Person living with substance use disorder	• Addict Junkie Drug Abuser
• Testing positive on a drug screen Testing negative on a drug screen	• Dirty Clean
• Person in recovery Substance-free	• Clean

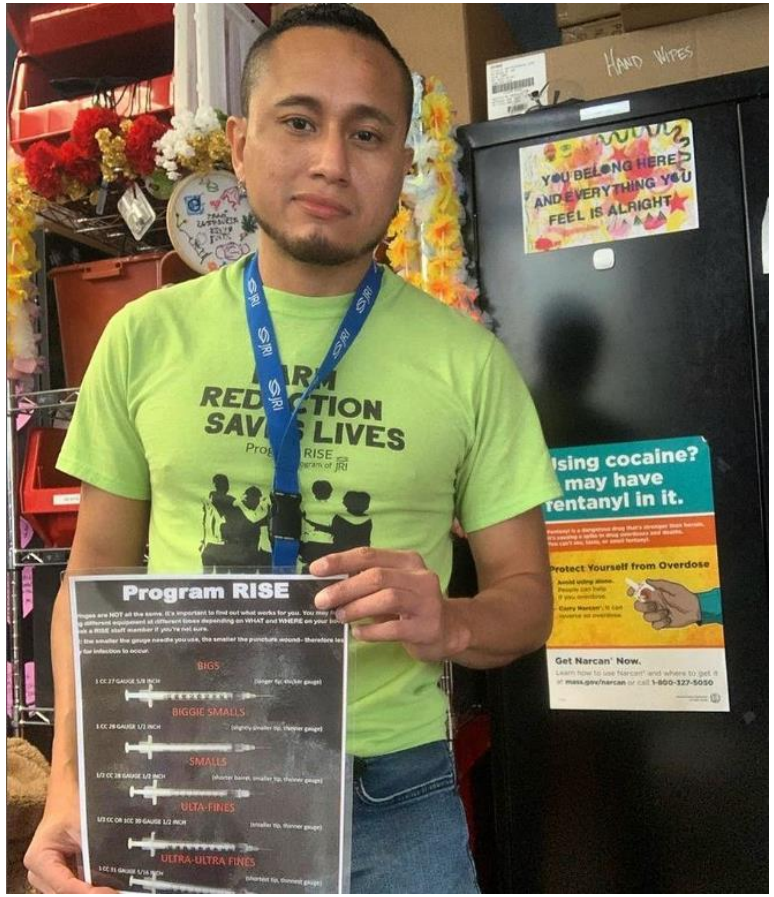
Enviromental Health Implications

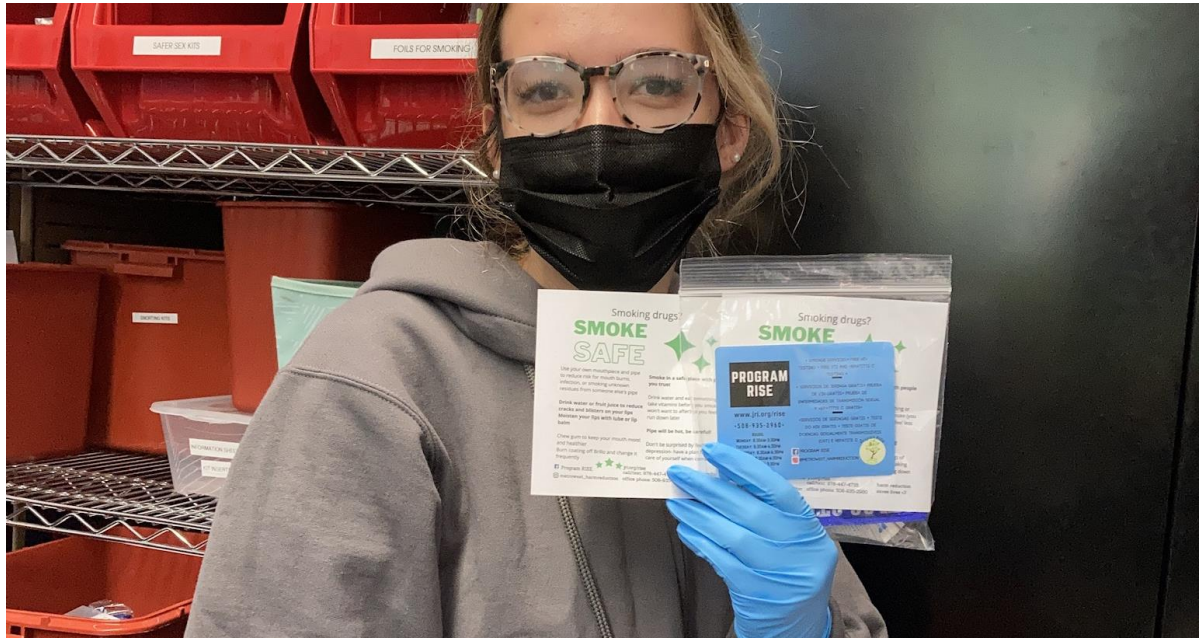
- Increase in community presence of discarded sharps
  - Cities without SSPs are likely to find **8x** as many discarded sharps compared to cities with SSPs (CDC)
- Contamination of drug supply
  - The street drug supply is unpredictable, increasing risk for overdose and skin wounds from xylazine use
  - Access to drug checking services allows PWUD and people who sell drugs to make informed decisions about what substances they want to use and sell
  - A 2019 study shows 89.5% of 334 PWUD in Baltimore, Providence, and Boston areas reported accessing drug checking services "makes them feel better about protecting themselves from overdose" (National Institute of Justice)
- Lack of linkage to treatment and other supportive services

Enviromental Health Implications

- Lack of adequate housing and shelter that embraces harm reduction
  - Increases drug use in public spaces
- There are environmental health factors that have a detrimental impact on PWUD in public spaces
  - Lack of bathrooms/hygienic spaces, trash receptacles and adequate street lighting increases risk for overdose, wounds, bacterial and skin/soft tissue infections
- Recovery and abstinence-only requirements, i.e. policies perpetuate stigma

Our Staff in Action!

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FY 2023 Opioid Education & Naloxone Distribution (OEND) Data (07/01/2022 – 06/30/2023)

Total Unique Clients: **258**

Month	Encounters	# Doses Provided
Jul	89	596
Aug	80	1862
Sep	105	1230
Oct	73	600
Nov	59	968
Dec	53	798
Jan	53	640
Feb	50	466
Mar	88	1142
Apr	50	1026
May	41	512
Jun	49	644
Grand Total	**790**	**10484**

FY 2023 Opioid Education & Naloxone Distribution (OEND) Data (07/01/2022 – 06/30/2023)

Setting of Naloxone Encounter	Encounters	# Doses
Addiction Treatment	47	2954
Community Settings	491	4274
Outreach	59	366
Virtual Encounter/Online Request	17	84
Unreported	176	2806
Grand Total	**790**	**10484**

Gender	Encounters	# Doses
Female	289	1406
Male	329	1536
Nonbinary	4	32
Unreported	160	7488
Trans	8	22
Total	**790**	**10484**

Race/Ethnicity	Encounters	# Doses
American Indian	2	6
Asian	3	8
Black/African American	52	228
Hawaiian/Pacific Islander	15	48
Hispanic/Latinx	85	420
Unknown/Unreported	162	7486
White	471	2288
Grand Total	**790**	**10484**

Experience Homelessness?	Encounters	# Doses
Yes	282	1278
No	99	478
Unknown/Unreported	409	8728
Grand Total	**790**	**10484**

FY 2023 Opioid Education & Naloxone Distribution (OEND) Data (07/01/2022 – 06/30/2023)

Reason for Providing Naloxone	Encounters	# Doses
Confiscated	1	6
Expired	7	48
Given away	72	312
High risk drop-off	38	248
Lost	36	146
Other	8	64
Secondary distribution	108	7158
New Enrollment / Participant is new to my program	193	852
Still have / wants additional doses	277	1316
Used for overdose	50	334
Grand Total	**790**	**10484**

Recipient Type	Encounters	# Doses
Community Member: Person at risk of opioid overdose	544	3104
Community Member: Person not at risk	124	830
Program Staff (Refilling for agency overdose response)	83	4436
Unknown/Unreported	39	2114
Grand Total	**790**	**10484**

FY 2023 SSP Data (07/01/2022 – 06/30/2023)

- Syringes Collected: **37,431**
  - *Not including sharps kiosk in RISE waiting area*
- Syringes Distributed: **80,633**
- Return Rate
  - **~46.4%**
    - Structural Barriers (e.g. distance to limited # of safe disposal locations)
    - Stigma
- Sharps Containers Distributed: **810**
- Wound Care Kits Distributed: **289**
- Fentanyl Test Strips Distributed: **390**
- Injection Alternatives: **4,630** Crack Kits Distributed

FY 2023 SSP Data (07/01/2022 – 06/30/2023)

- Referrals
  - HIV/HCV/Syphilis testing (**56 sessions among PWID**)
  - HCV treatment (19 referred, **3 successfully treated** at RISE so far!)
  - Primary Care
  - Detox & Medication Assisted Treatment (Spectrum, etc.)
  - Shelter/Housing (SMOC, etc.)
- Transportation Access
  - Very limited in Metrowest
  - Uber Health ($25k+ in FY23)

Areas for Improvement in Framingham/Metrowest MA

- Identify a new physical location for RISE harm reduction services
- More secure locations for safe syringe disposal downtown & in parks
- Incentivize safer disposal (“buyback” program)
- Increased street & community outreach
- Greater community education & public health messaging
- More affordable pathways to sustainable housing (Housing First model)
- Harm reduction vending machines

All interventions support public & environmental health!

Questions?

Thank you!

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