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Reducing Harm and Bridging Gaps in Recovery Support

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Learning Objectives

- ▶ Learn reasons that support the creation of spaces that blend recovery supports and harm reduction programming, supplies and services.
- ▶ Identify how to safely explore and uncover biases in staff, volunteers, and the community around the intersections of abstinence-based recovery and harm reduction.
- ▶ Learn strategies for creating safe spaces within recovery community centers for people in recovery and people who use drugs.
- ▶ Exploring challenges and the opportunities for diversity within recovery centers by adding harm reduction services.
- ▶ Understand opportunities and challenges along the way when creating and implementing a hybrid model of recovery support services and harm reduction supplies and services.

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How did we get here?

- ▶ SOS is a peer-based recovery community organization formed in 2015
- ▶ Opened first Recovery Community Center in Sept 2016 in Rochester, NH
- ▶ 3 Recovery Community Centers in Rochester (2016), Dover (2017) Hampton (2019)
- ▶ Registered and Launched Syringe Service Programs in Rochester, Dover and Hampton in January 2022.
- ▶ April 2022 was first month fully operationalized
- ▶ Recovery, Inclusion, Community & Harm Reduction (RICH) Conference every April in Portsmouth, NH focused on innovations in recovery and harm reduction and the intersections of diversity, equity, inclusion and justice.



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Why the shift to become a Syringe Service Provider (SSP) and harm reduction programs?

- ▶ COVID-19, digital transformation and shut-down of our centers in 2020
- ▶ NH Doorway system and "Injection Kits"
- ▶ Awareness when re-opening of a shift and a demand for Injection Kits.
- ▶ Reduction of comfort due to COVID-19 with "in-person" programming
- ▶ NH housing shortage, increasing numbers experiencing homelessness
- ▶ Increasing numbers of those experiencing homelessness utilizing our centers
- ▶ Temporary funding stream that was identified that aligned could launch and carry SSP services through 2022.



Harm Reduction Principles

- ▶ Practical strategies aimed at reducing negative consequences associated with drug use
- ▶ Social justice movement that respects the rights of people who use drugs
- ▶ Accepts that drug use is part of our world and works to minimize harm rather than ignore or condemn
- ▶ Understands drug use is complex with a continuum of behaviors and some ways of using drugs are safer than others
- ▶ Non-judgmental approach to empower drug users to share info and support each other



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Diversity, Equity, Inclusion & Justice

- ▶ You cannot have a conversation about recovery or harm reduction if you don't acknowledge and address racism and make efforts to engage in anti-racism.
- ▶ 88% White, non-Hispanic
- ▶ 4.5% Asian, 3% as multi-racial, Less than 1% Black.
- ▶ 2.7% Latinx
- ▶ 1% of Black People in NH Population but 8% of the incarcerated population.
- ▶ 4x more likely to be incarcerated as a Black person in NH.
- ▶ Latinx make up 3% of population, but 11% of incarcerated population in NH



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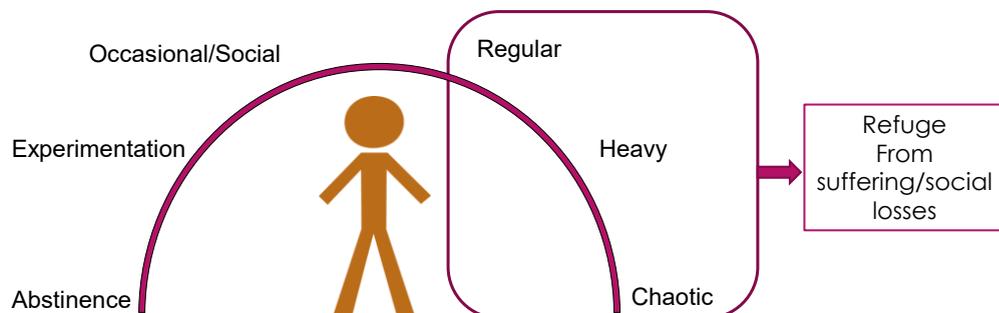
What have we done around DEIJ?

- ▶ We started addressing LGBTQ+ with focus groups to inform our programs and services
- ▶ We hired Black people to work with us in consulting roles to teach us how we can do better.
- ▶ We engaged with Black Lives Matter, Seacoast sponsoring their annual fundraisers as our "advertising" budget for last 3 years.
- ▶ Staff is sent to BLM Seacoast organizing and advocacy trainings
- ▶ Engaged in New England BIPOC fest locally as a major sponsor
- ▶ Sponsorships and exhibitors at local "Pride" events.
- ▶ Sponsor and exhibit at Pride events in NH
- ▶ Become an "Affirming Space" under NH Affirming Spaces Project
- ▶ Hold an annual conference and make sure the speakers represent diversity and speak to uncomfortable topics in a state like NH



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A Continuum of Substance Use (and other behaviors)

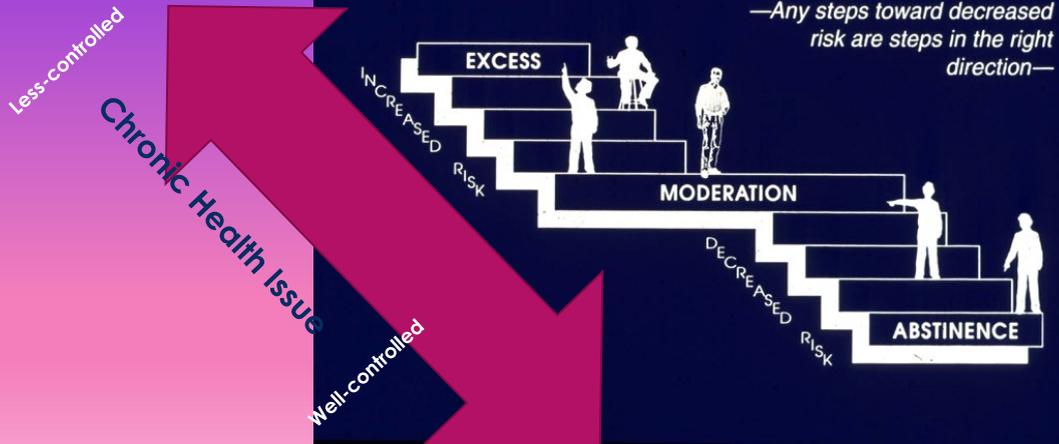


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Continuum of Excess, Moderation, and Abstinence



Implementation Timeline

- ▶ Distributing small injection kits as a result of NH Doorway system in early 2021
- ▶ Distribution was increasingly growing through December 2021 when we registered as Syringe Service Providers.
- ▶ Jan-April, 2022 identified funding, buying groups, and supplies to build inventory and focus on overdose prevention, safer injection, smoking, sniffing, sex as well as wound care and safer boofing/booty-bumping kits.
- ▶ April 5000 syringes, May 7000 syringes, June 8000 syringes, July 10,000 syringes, August 15,000+, September 17,000+, October over 20,000
- ▶ Average of 600 safer smoking kits, 100 safer sniffing kits, 50-75 boofing/booty-bumping kits monthly
- ▶ Average of 150-200 overdose prevention kits (Naloxone) and 150-200 Fentanyl Test Strips monthly
- ▶ Plan B Distribution and launching HIV rapid testing with home test kits.



Inventory Cost, Space and Management



What else do we offer?

- Telephone Recovery Support
- 1:1 Peer Assisted Recovery Support
- Crisis Recovery Response
- Criminal Justice Peer Recovery Supports
- Family Support Groups
- Recovery-oriented trainings/workshops
- Connection to community resources
- Social/Advocacy Events
- Holistic wellness plan development



Components of Recovery



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Why the smoking supplies?



Straight Pipes, Bubble Pipes & Hammer Pipes.

Language, Ours and participants and why?

Transmission of Hepatitis?

All kits contain condoms, lube and information for referrals

Why not just distribute the mouthpieces?

All of this is great. The BEST reason is ENGAGEMENT!

We have individuals shifting from injection drug use to smoking, especially heroin/fentanyl due to fear of overdose.

People who use drugs DO shift behaviors and care about their health and safety contrary to narratives that are driven by the War on Drugs



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Harm Reduction Tips and Education for People who use drugs (PWUD)

- ▶ Never use alone! But with people who you feel safe around
- ▶ Test your drugs (if you have fentanyl test strips)
- ▶ Consider eating, snorting, or smoking (others: "booty bumping", "hot railing")
- ▶ Avoid muscling/skin popping (esp meth does not absorb well) and rotate injection sites
- ▶ If injecting meth always use a cotton filter
- ▶ Go slow, take a tester shot
- ▶ Set personal limits on use (only buy what you intend to use)
- ▶ Keep naloxone on hand (and ensure people around you know how to use it)



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Staff and Community Bias

- ▶ Challenges:
- ▶ Shift in rules in the centers.
- ▶ Questions from community:
- ▶ Is it okay to nod off or even sleep in our centers?
- ▶ Are we a safe injection facility?
- ▶ How are people maintaining recovery going to stay safe around people actively using?
- ▶ What about using in the bathrooms?



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How we identify and language issues

- ▶ Separating legal and illicit drugs and War on Drugs propaganda.
 - ▶ Alcohol & other drugs vs. they're all drugs.
- ▶ Recovery and Harm Reduction Language
 - ▶ The Disease model debate
 - ▶ Substance Use Disorder and pathologizing language in HR community
 - ▶ What about those who don't want to be referred to as disordered?
 - ▶ MOST people who use illicit substances are not experiencing substance use disorder.
 - ▶ Before vs. After and using our experience for hope.
 - ▶ At what cost and what kind of shame does it bring to someone who is a PWUD?
 - ▶ or experiencing homelessness?
 - ▶ or with criminal justice involvement?



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Microscope view of Needle after use



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Strategies to assist people who use drugs

- ▶ Form an advisory board and involve the people who use harm reduction supplies!
 - ▶ What are we doing?
 - ▶ Harm Reduction Works Meetings (mutual aid)
- ▶ Consider engaging with PWUD to train them on further outreach that can include teaching others to use safer, sterile supplies,
 - ▶ Engages PWUD who might not be served by or are reluctant to work with traditional service deliveries.
 - ▶ Helps those individual reduce their own drug related harms, while increasing self confidence, and self efficacy.
 - ▶ Can also help PWUD advocate with others to shift to non-injection routes of administration and inform about the risks. (Rigoni et. al. 2018)



Strategies to assist people who use Stimulants

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- ▶ Use Peer Based Outreach: Evidence shows that peer education – in a supportive non-stigmatizing and non-incriminating environment – is the most effective way to share new knowledge and skills among PWUD.
- ▶ Peers are trusted more easily, because they share norms, experiences, language and background. This makes it easier to convey honest harm reduction education and information (Latkin 1998; Korf et al. 1999).
- ▶ Peer outreach is particularly effective for safer drug use education and distribution of paraphernalia (Jozaghi 2014).



Erratic Behavior is not Violent Behavior & Advocacy

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- ▶ Most of the studies in the last several decades have focused on harms of stimulant use rather than harm reduction strategies or treatment strategies.
 - ▶ Most of those focused on harms specifically tend to focus more on medical health consequences (Rigoni et.al. 2018)
- ▶ Keep interactions brief.
- ▶ Understand that erratic behavior is NOT violent or dangerous behavior.
- ▶ Individuals overamping often are on edge and afraid and if approached aggressively they respond as humans do when fearful and can do so with aggression.
- ▶ Focus on basic needs (food, immediate shelter needs)
- ▶ Approach with compassion and empathy



Strategies to assist people who use Stimulants

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- ▶ Use multi-professional mobile units that include peer outreach workers, nurses, social workers, psychologists and physical health experts.
 - ▶ Provide HIV & HCV rapid testing
 - ▶ Counseling
 - ▶ Primary care for wounds
 - ▶ Safer, sterile smoking and injection supplies
 - ▶ Test kits for fentanyl in stimulants



How Do SSPs Benefit Communities and Public Safety?

SSPs Increase Entry Into Substance Use Disorder Treatment:

SSPs **reduce drug use**. People who inject drugs (PWID) are 5 times as likely to enter treatment for substance use disorder and more likely to reduce or stop injecting when they use an SSP.



SSPs Reduce Needlestick Injuries:

SSPs **reduce needlestick injuries** among first responders by providing proper disposal. One in three officers may be stuck with a needle during their career. Increasing safe disposal also protects the public from needlestick injuries. SSPs do not increase local crime in the areas where they are located.



SSPs Reduce Overdose Deaths:

SSPs **reduce overdose deaths** by teaching PWID how to prevent and respond to drug overdose. They also learn how to use naloxone, a medication used to reverse overdose.



3,600 HIV Diagnoses Among PWID in 2015:

SSPs **reduce new HIV and viral hepatitis infections** by decreasing the sharing of syringes and other injection equipment. About 1 in 3 young PWID (aged 18–30) have hepatitis C.



Prevention Saves Money:

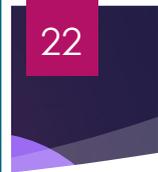
SSPs **save health care dollars** by preventing infections. The estimated lifetime cost of treating one person living with HIV is more than \$400,000. Testing linked to hepatitis C treatment can save an estimated 320,000 lives.



SSPs DON'T INCREASE DRUG USE OR CRIME.



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Mobile Services

- ▶ We provide delivery and a hotline when open of all harm reduction supplies
- ▶ Transportation around harm reduction & recovery support services



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Opportunities & Challenges

- ▶ Expansion around Medication for Opioid Use Disorder
 - ▶ Making Buprenorphine accessible with a prescriber available
- ▶ Expansion into HIV and HCV rapid testing
- ▶ Having safe supplies available for individuals transitioning
- ▶ Access to PREP & PEP (pre and post exposure prophylactics)
 - ▶ Truvada prescriptions
- ▶ Connection with people who engage in the sex trade.
- ▶ Nursing available for wound care on-site
- ▶ Education opportunities in the community
- ▶ Funding and Sustainability
- ▶ Greatest fear is starting what we have and having to shut it down due to funding scarcity

Q&A

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References

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