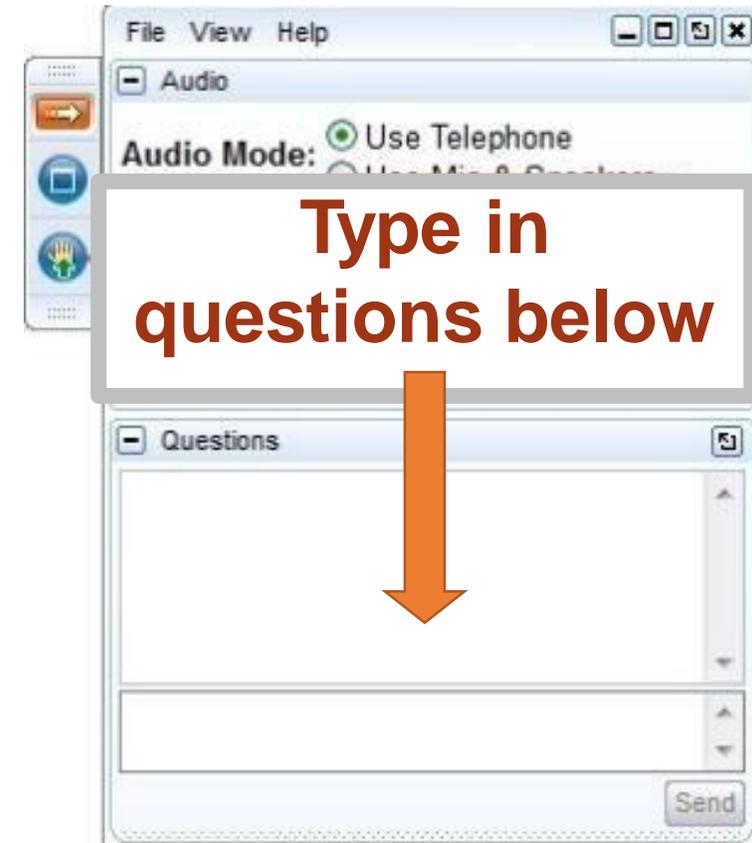


Having a Harm Reduction Approach During a Pandemic

Wednesday, July 8, 2020

House Keeping

- Because this is a webinar, attendees are muted
- Please type any questions you have into the Questions Box
- This webinar is being recorded and we will send out the link to everyone who registered at a later date.



Speakers

Shawn Lang

Deputy Director

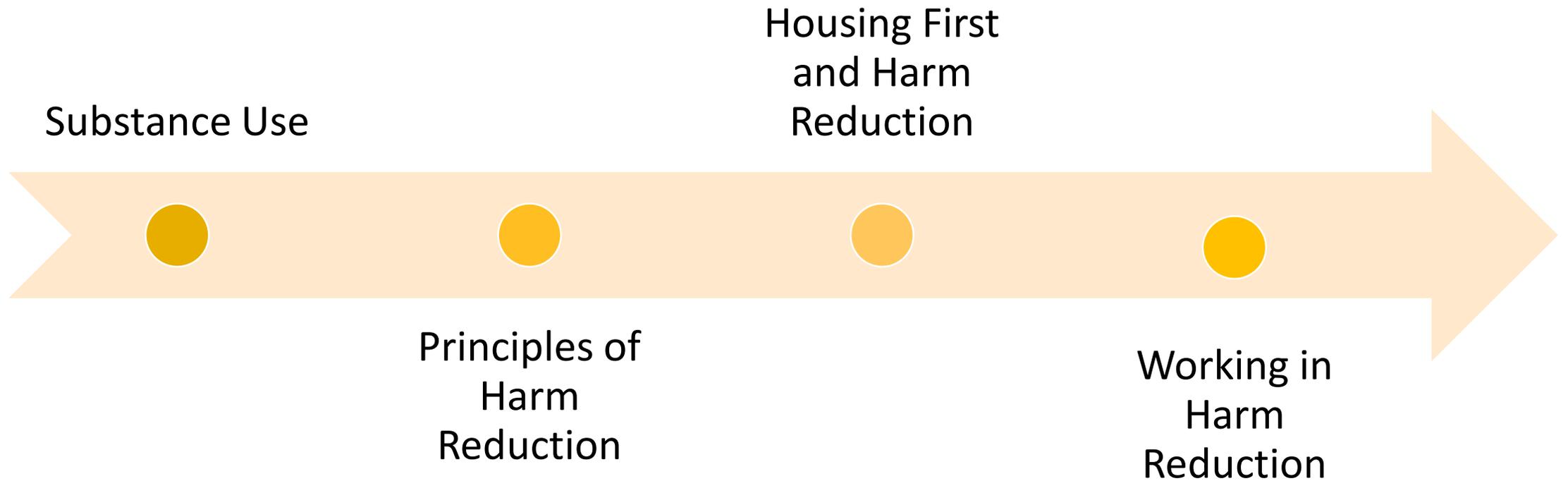
ACT – AIDS CT

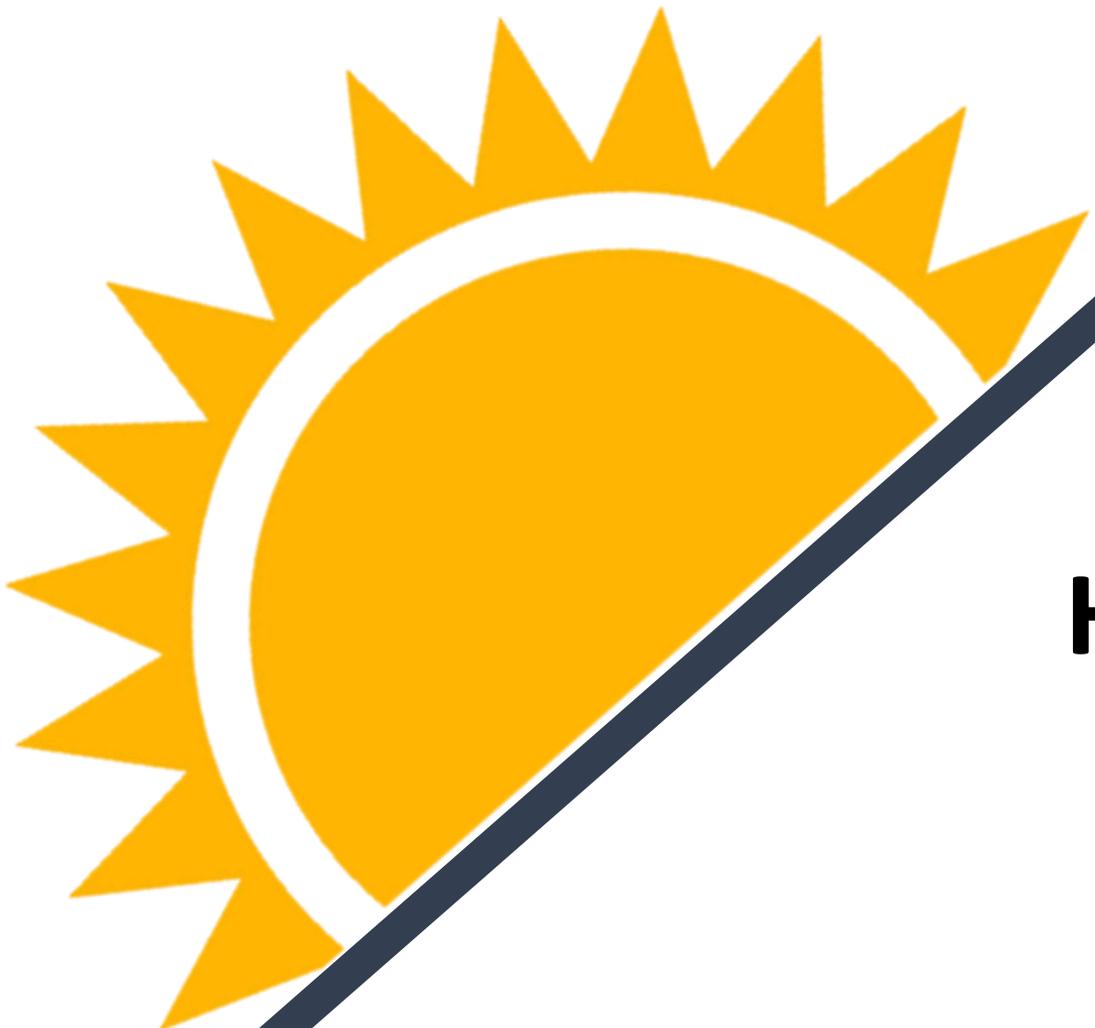
Jim Pettinelli

Executive Director

Liberty Community Services, Inc.

Agenda





Harm Reduction + Housing First

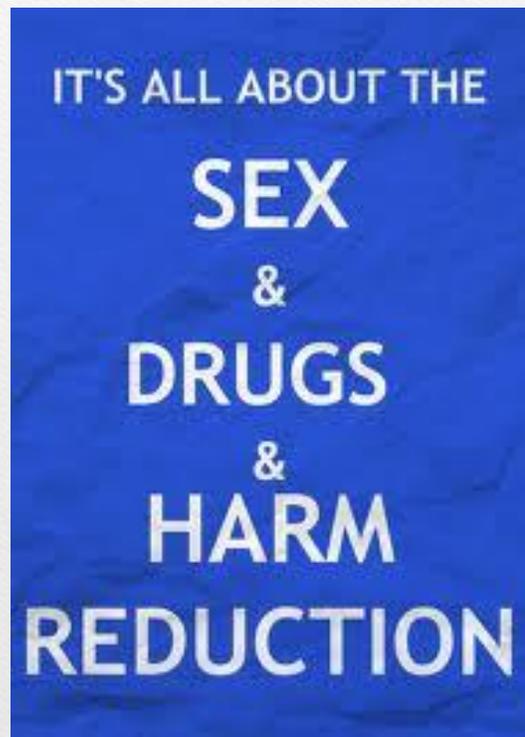


Shawn Lang
Deputy Director
ACT-AIDS CT

Definitions

- **Drug Use** - a broad term to cover the taking of all psychoactive substances within which there are stages: non-use, experimental use, recreational use and harmful use
- **Drug Misuse** - “... any taking of a drug which harms or threatens to harm the physical or mental health or social well-being of an individual or other individuals or society at large, or which is illegal.”
- **Substance use disorder (SUD)** - a condition in which the **use** of one or more **substances** leads to a clinically significant impairment or distress. Although the term **substance** can refer to any physical matter, '**substance**' in this context is limited to psychoactive drugs.

Harm Reduction



How Substance Use Disorder Begins

The initial decision to take drugs/drink is voluntary. However, biological consequences are rarely known and even less understood by the user.

Brain chemistry and anatomy are significantly compromised if use progresses.

The person may lose their ability to control their use over time.

Harm Reduction

Harm Reduction is a perspective and set of practical strategies to reduce the negative consequences of drug use, incorporating a spectrum of strategies from safer use to abstinence.



Basic principles...

Drug use exists along a continuum

- *Abstinence is one of many possible goals*
- *Meet people “where they are at”*

Drug users are more than their drug use

Drug-related harm can not be assumed

- *Drugs can meet important needs*

Relapse is never a sign of failure.



“It’s important to meet people where they’re at, but not leave them where they’re at.”

Harm Reduction

Opiates – 91% Relapse Rates

Meth – 90% Relapse Rates

Alcohol – 75% Relapse Rates

Benzos – 51% Relapse Rates

Cocaine – 41.5 % Relapse Rates

Addiction/dependence - is a disease

- Increased tolerance for the drug, resulting in the need for ever-greater amounts of the substance to achieve the intended effect
- An obsession with securing the drug and with its use
- Persistence in using the drug in the face of serious physical or psychological problems

“Addiction is the only disease where we put people in jail instead of treatment.”

Harm Reduction

Designs & promotes evidence based public health interventions that minimize the harmful affects of drug use.



Understands drug use as a complex, multi-faceted issue.

Focus on behavior – especially when related to housing, employment, parenting, and other relationships.

Language and Stigma

- Person-first language and accurate health terminology.
- Avoid language that can be stigmatizing or inaccurate.
- We refer to individuals as people with an addiction, or with a substance use disorder, instead of “addicts.”
- We would describe individuals as abstinent rather than “clean.”
- We refer to methadone and buprenorphine as medications rather than “drugs” or “replacement therapy”.

What Recovery Looks Like



Treatment Options

Levels of care outlined by the American Society of Addiction Medicine:

- Early intervention
- Outpatient
- Intensive outpatient/partial hospitalization
- Residential/inpatient
- Medically managed intensive inpatient
- Not all individuals require or benefit from inpatient (hospitalization) or “detoxification”
- Detoxification alone is associated with high rates of relapse
- **The most effective treatment for opioid use disorder involves medications such as buprenorphine and methadone in combination with counseling and support services.**

Medication Assisted Treatment Options

Methadone

Full opioid agonist, daily clinic visits, take home

Bupenorphine (Suboxone)

Partial opioid agonist, safer in overdose.

Naltrexone

Opioid antagonist

Vivitrol

Housing for People with HIV/AIDS

- Housing is an evidence based, structural intervention in HIV prevention and care.
- Findings from the CDC Medical Monitoring Project, released in 2011, indicated that participants engaged in HIV care, 8 percent had been homeless, and another 15 percent had housing issues.
- PLWHA are significantly more vulnerable to becoming homeless during their lifetime.

Housing and Health

Housing is predictor of improved health outcomes. HUD & CDC: Housing & Health Study For persons with HIV who were homeless or had severe risks of homelessness, this study looked at how health improved dramatically from stable housing, such as:

- 34% reduction in emergency room visits.
- 21% reduction in hospitalizations.
- 44% reduction in self-reported opportunistic infections.
- Significantly improved mental health status. Wolitsky, etal, AIDS and Behavior 2007

Housing First

HOMELESSNESS...is
neither a disease nor
crime...but a very
serious problem!

Timothy Pina

meetville.com

Housing First is simple:

Provide housing first, and then combine that with supportive services in mental and physical health, substance use, education, and employment.

Pathways to Housing founded in 1992, with the creation of the Housing First model to address homelessness among people with psychiatric disabilities and addiction disorders.

Housing First

Housing is provided in apartments scattered throughout a community. This **scattered site** model fosters a sense of home and self-determination, and it helps speed the reintegration of clients into the community.

Housing retention rates have remained at 85 – 90 percent even among individuals who have not succeeded in other programs.

Housing First is cost-effective. Providing homes and support services costs less than the expensive cycling through of emergency rooms, shelters, jails, and psychiatric hospitals.

Housing First

Housing First fits perfectly into a Harm Reduction Model.



Harm Reduction and Housing

Effectiveness

- A review of research related to 13 harm reduction based housing projects in Canada, the U.S., and the U.K. found a harm reduction approach combined with supportive housing is an effective way to address the needs of homeless individuals who use substances
- The literature suggested that treatment for people who are homeless and who have substance use issues requires comprehensive, highly integrated, and client-centered services, as well as stable housing.
- Service flexibility and a focus on individual needs was associated with stable housing tenure

Guiding Principles

- Low threshold admissions policy
- Harm reduction based policies & practices
- Separation of housing and services
- Reduced service requirements
- Eviction prevention program access
- Consumer education
- **ONGOING** staff training and support



Examples of HR Based P&P

- Harm Reduction approach and **staff has a strong conceptual understanding.**
- Program **only terminates consumers who demonstrate violence, threats of violence, or excessive non payment of rent.**
- Program **provides or requires ongoing training** in harm reduction and crisis intervention for staff.
- Program doesn't terminate clients for **alcohol/drug use or alcohol/drugs in units.**

Eviction Prevention

Program is flexible with missed rent payments, but holds consumer accountable.

Program has formal policy and protocol to work with consumers to prevent eviction, and has a staff member dedicated to eviction prevention.

Challenges



Harm Reduction Housing is complex.

Not all Harm Reduction Housing Programs look the same.

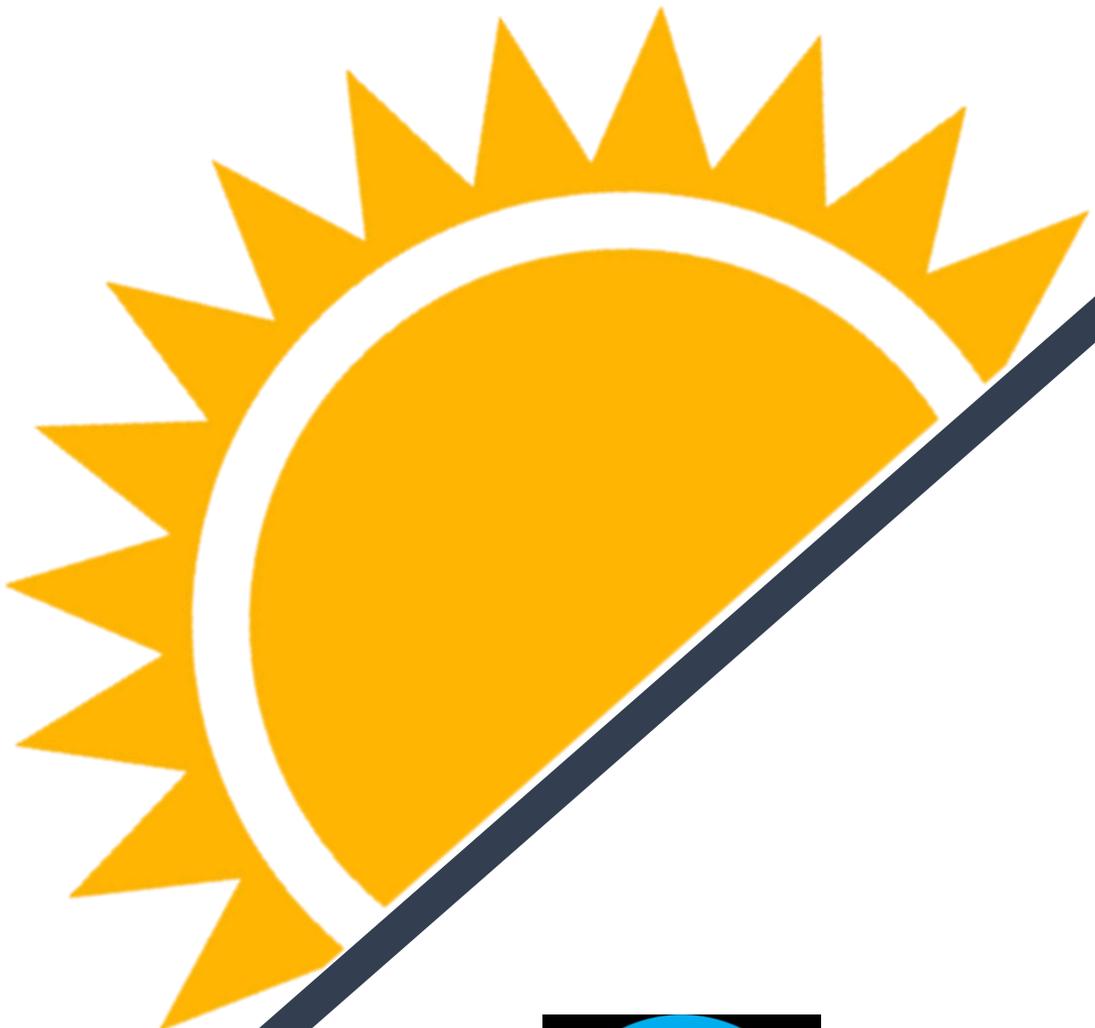
Barriers to full implementation are okay, but: It is important that they are recognized.

Strategies should be developed to work within limitations.



Case Management

- Be constant and consistent. Always act the same way to a client.
- Set limits firmly, but not sadistically. Be consistent, setting the same limits. Control yourself, not the client.
- Work to empower the client, don't enable. The client is responsible for his or her own life.
- You are responsible for a process of intervention. The outcome is the client's business



Working in Harm Reduction



Jim Pettinelli
Executive Director
Liberty Community Services, Inc.

Access to Housing – old approach (CoC)



Perm. Housing

Transitional housing

Treatment

Shelter

Outside/Streets

Housing First *or* Low Threshold Housing

- Housing-based approach to help stabilize the lives of individuals, youth, and families experiencing homelessness
 - Housing First rapidly places households into permanent housing and provides necessary and flexible services aimed at supporting housing success and linkage to services and other resources (think - ***Housing, Health, Income***)
 - The belief: people are able to be more responsive to interventions and social services ***after they are in their own housing***
-

Housing First Genesis

- *Early innovations date back to the 70/80's – particularly around de-institutionalization in US*
 - *Pathways to Housing advanced a Housing First model to address homelessness among people with psychiatric disabilities and addiction disorders in 1992*
 - *Another great example is the Downtown Emergency Service Center (DESC) in Seattle*
-

Housing First

Core convictions:

- Housing is a basic human right
- Housing is not a reward for clinical success or compliance



Housing First Principles

#1 Serve the most vulnerable

#2 People move into housing directly without preconditions of treatment acceptance or compliance

#3 Robust services come to the housing – services are predicated on assertive engagement, not coercion

#4 Continued housing is not dependent on participation in services

#5 Harm reduction approach ->

#6 Tenants have leases and tenant protection under the law



Critical *Housing First* Components

- **Housing to Match Clients Needs & Preferences:** choice, integrated, affordable, permanent
- **Separation of Housing & Services:** no housing readiness, standard rights & rules of tenancy
- **Recovery-Oriented Approach:** choice, harm reduction, self determination, recovery
- **Services to Match Needs:** psychiatric, nursing, substance use, employment/education, social integration, etc.
- **Program Operations:** team structure, staff communication & organization, contact with participants

Pathways to Housing

Tools: Housing First Practices

■ Harm Reduction

- ❑ Substance use alone – is not reason for eviction
- ❑ Active SUD education for staff and proactive interventions with tenants

■ Housing Supports

- ❑ Housing program expertise (services & leases)
 - ❑ Landlord/property management supports and partnerships
 - ❑ Diverse housing options (as much choice as possible)
-

Harm Reduction

- Define Harm Reduction
- How do we assess risk and shift stigma and judgement
- Developing a realistic harm reduction plan



Chronicle / Liz Hafalia

Harm Reduction

- The most basic principles of harm reduction acknowledge the reality that drug use happens, and strives to focus on:
 - valuing individuals
 - reducing stigma
 - mitigating the potential harms that individuals may experience
 - The focus is not on “the drug use” per se, but on alleviating “potential harms”.
-

Working in Harm Reduction

- Allows a different type of conversation around drug use without:
 - Judgement
 - Stigma
 - Abstinence pressure
- Refocus the conversation into finding the **relationship** a client has to their substance:
 - Type
 - Frequency
 - Who with
 - Why did they start
 - Why do they use now

Remember a negative coping strategy is still a coping strategy.

Expanding the conversation

*“Heroin isn’t the problem.
It’s the solution.”*

“Every problem was once a solution”

This helps explain why bad habits are so hard to change.



We use them to try to
relax,
calm down,
cheer up,
feel more connected,
feel worthwhile.

Examples of Harm Reduction

- Safer sex education
 - Frequent infectious disease testing
 - Condoms
 - PrEP – Pre-Exposure Prophylaxis
 - Drinking and Driving laws
 - Naloxone/overdose education
 - Syringe services programs (sterile syringes, injection equipment, etc.)
 - Safe injection/consumption sites
 - Low-threshold housing
 - Tenancy laws/tenants rights
 - Face Masks
-

Examples of Harm Reduction

- Hand soap/hand washing/clean water
 - Indoor plumbing
 - Seat belts
 - Motorcycle and bicycle helmets
 - Child safety locks
 - Car seats
 - Electrical outlet plug covers
 - AED (automated external defibrillators)
 - Immunizations
 - Flu shots
 - Medical clearance for kids to play sports in school
 - Physical distancing
-

Stigma, Racism, Classism

<https://www.youtube.com/watch?v=Kk1ioyjMZZY>

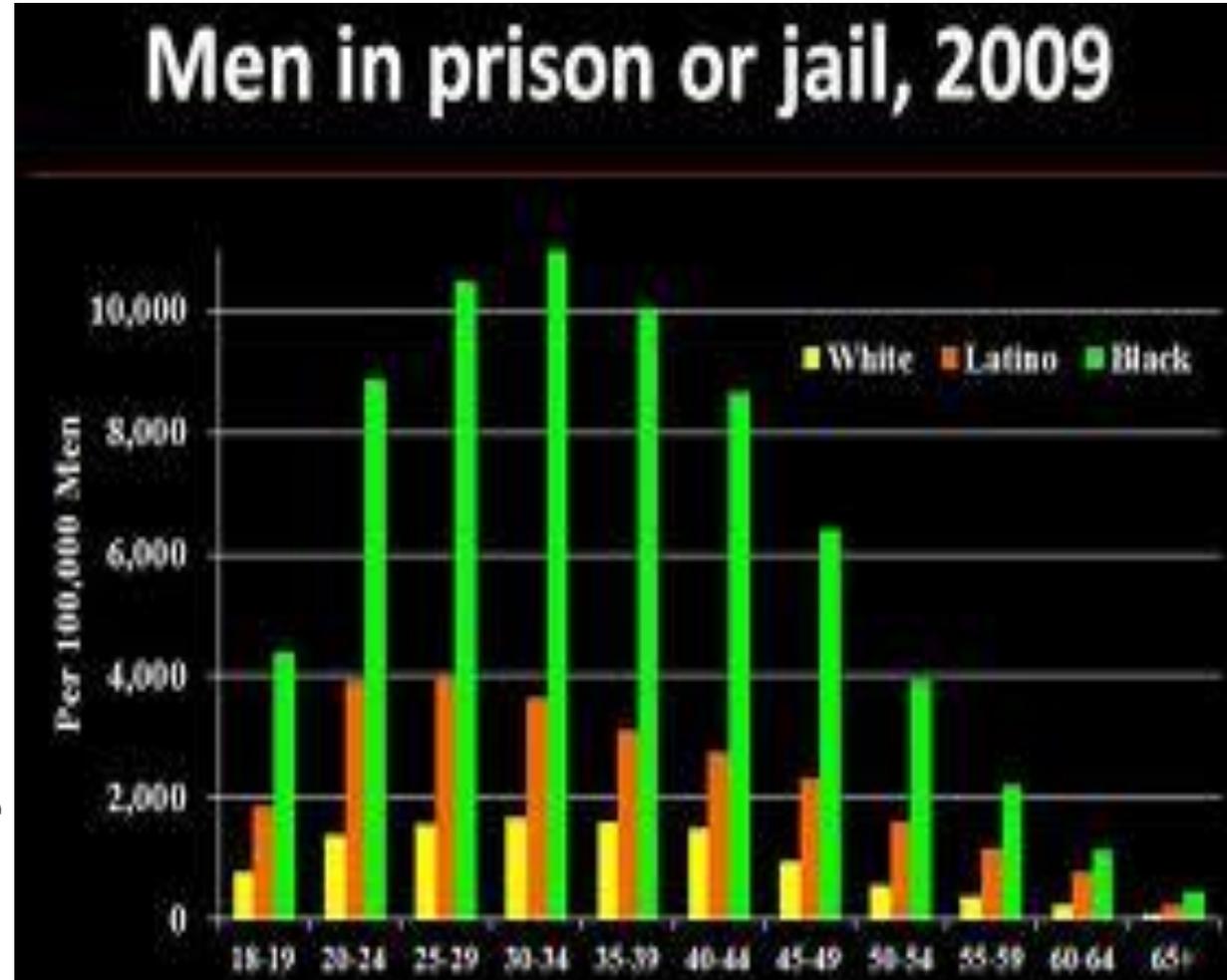


Jay Z "The War on Drugs is an Epic Fail"

Stigma, Racism, Classism

“The War on Drugs is the third major system of racial oppression in the United States, after slavery and Jim Crow laws.”

Michelle Alexander *The New Jim Crow, Mass Incarceration in the Age of Colorblindness*



Trauma-Informed Care

- Services are based on an understanding of the impact of violence and victimization
 - Four assumptions
 - Trauma is *central & pervasive*
 - Use *universal* precautions
 - Symptoms and behaviors are *attempts to cope*
 - Goal: return a sense of *autonomy and control* to person being served
-

Trauma-Informed Services

1. Establish a safe environment
2. Use an empowerment model
3. Support the development of healthy relationships
4. Build healthy coping skills
5. Provide access to trauma-specific services
6. Are holistic

Courtesy of *Institute for Health and Recovery*



Harm Reduction...

... “requires that we place the client’s perspective and their wishes above our own sense of what is best...”

We ask ourselves to set aside our own fears, values and choices in order to assist this other human being to make his or her own choices and grow to his or her potential in the midst of chaos”.

Patt Denning, 2001



Resources

Harm Reduction Resources

- 2-1-1

<https://www.211ct.org/>

- Harm Reduction Coalition

<https://harmreduction.org/>

- Positive Prevention CT

<http://positivepreventionct.org/drug-user-health>

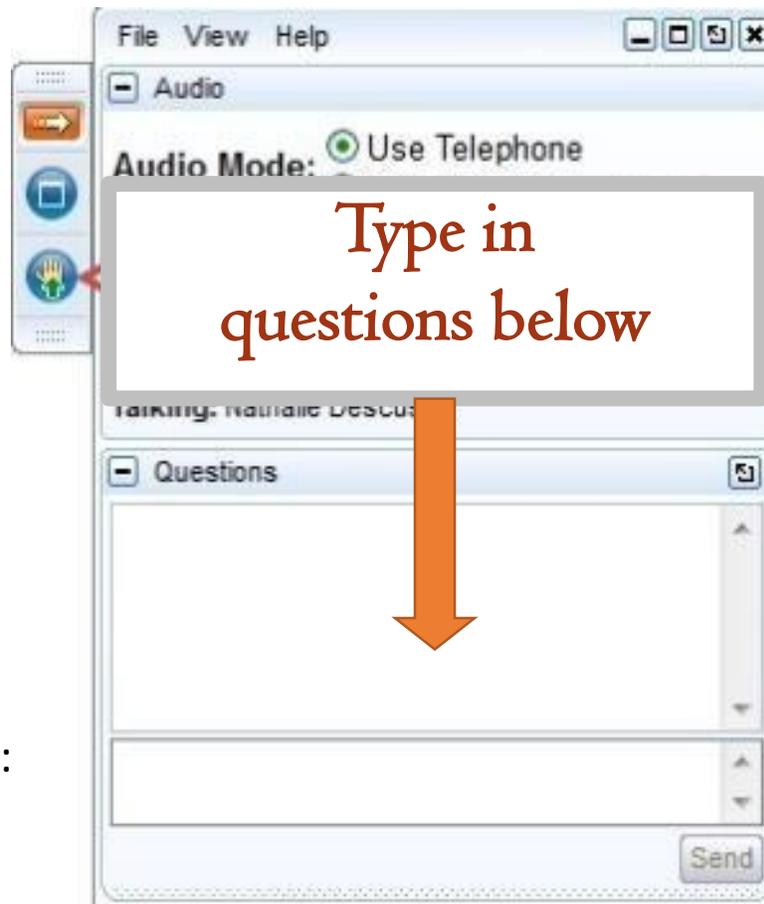
- CCEH's Resource library

<https://cceh.org/resources-library/>

- ACT- AIDS CT Resource library

<https://www.aidsct.org/resources.html>

Questions?



For any additional questions please email:
webinar@cceh.org