Having a Harm Reduction Approach During a Pandemic

Wednesday, July 15, 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.

Type in questions below
Speakers

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Deputy Director
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Jim Pettinelli
Executive Director
Liberty Community Services, Inc.
Agenda

- Practicing Harm Reduction
- Strategies, Tips and Resources
- Overdose Prevention
- Overdose Response
Practice: Harm Reduction - Housing First - Expanding the Conversation

Jim Pettinelli
Executive Director
Liberty Community Services, Inc.
Part II Practice: Harm Reduction – Housing First - Expanding the Conversation

- A person’s relationship to what and how they use.

- Where it began and how it is sustained.

- What role the substances play in a person’s life, current challenges and thoughts about the future.
Welcoming and collaboration

Welcoming:

- Individuals need to be welcomed as “who they are”…
- …not “who we would like them to be”
Welcoming and collaboration

**Welcoming:**
- Individuals come to our programs *because* they have serious problems in living
- We should expect:
  - Challenging behaviors
  - Uncertain and changing motivation for change
  - Difficulty with relationships
  - Difficulty with authority
  - This is whom *we* work *for*
Collaboration:

- Building a relationship *with the full participation of the individual*
- The work and healing take place within this relationship
Welcoming and collaboration

Collaboration:

- Individuals come with their own unique strengths, skills and wisdom
- We would be wise to make as much of their expertise as our own
Expanding the conversation

Substance Use (within last 12 months):

Have you ever felt you should cut down or stop drinking or using substances? □ Yes (referral) □ No
Do you drink alcohol? □ Yes □ No □ Decline  Do you use any other substances? □ Yes □ No □ Decline  If no, have you ever? □ Yes □ No □ Decline

Tell me about your substances use (frequency, type, with who, location):

What substances have you used in the last 30 days? (method and freq.)

Why did you start using each substance? What keeps you using each substance?
Harm Reduction - Angela

- Homeless and does not use shelters

- Stays with family with she is not using any substances

- Staff work to help define what she wants for housing and if she wants to change her substance use for access
Harm Reduction - Mike

- Active and frequent meth user

- When on meth – not able to participate in groups

- Groups and services help Mike and he recognizes this

- Staff work with Mike to figure out schedule of use and amount of use so he can participate in the services
Housing First - Alfred

- Congregate supportive housing program – Alfred, tenant for +3 years, works and pays his rent on time. Regularly using substances. Engages and often over engages staff. Has a habit of knocking, sometimes banging on other tenant’s doors at odd hours of the day – just to “check-in” with them.

- One of the tenants on his floor – Bernice, is not pleased with this behaviors, complains to staff, and in recent times has threatened to hit Alfred.
Housing First - *Constance*

- Scattered Site supportive housing program – Constance, recently moved in after 12 years of experiencing homelessness – most of this time living in encampments.
- After moving in – Constance allowed three friends to move in and – and is refusing to ask them to leave. Constance pays her rent, but neighbors are concerned about the large numbers of people coming and going.
Housing First - Diego

- Congregate supportive housing program – Diego, recently moved in after many years experiencing long-term homelessness, has been known to drink alcohol to excess. Recently connected to healthcare, CM is new and Diego finds it very intrusive. Diego’s family serves as payee and pays his rent.

- Three months after moving in – Diego has not yet completed all of his paperwork (he did sign his lease). Diego spends most nights away from his unit, he sleeps there maybe 1 or 2 night each week, and hardly ever attends his scheduled CM appts.
Education, Messaging, & Change

- Provide ongoing orientation and education to your *team* on Housing First and Harm Reduction – build buy-in, cultivate change
- Recruit and maintain external partners Build and support the best staffing approach
  - It’s all about teamwork
  - Work to solve issues creatively
  - Find the “yes”
  - Knowledge based and flexible
  - Empower the “key-influencers”
Principles of Harm Reduction Psychotherapy

- First, Do No Harm
- Addiction, as well as many other behaviors, are a biopsychosocial phenomenon
- These behaviors are often initially adaptive
- No inevitable progression from substance use to dependence
- Right to sensitive treatment

Adapted from *Practicing Harm Reduction Psychotherapy*, Patt Denning, 2001
Principles of Harm Reduction Psychotherapy

- Client-determined needs hierarchy
- Individuals actively engaging in behaviors can participate in behavior change
- Success is related to self-efficacy
- “Drug, Set and Setting”: individuals have unique relationships with each behavior
- Any reduction in harm is a step in the right direction

Adapted from *Practicing Harm Reduction Psychotherapy*, Patt Denning, 2001
Harm Reduction and Overdose Prevention

• Overdose deaths can be prevented and lives saved.
• Laypeople and family members can prevent overdose deaths.
• Conversations about overdose prevention and reversal provide another way for providers and clients to connect and develop rapport.
• Conveys that users’ lives are worth saving, gives hope.
• PEPFAR, the UN, American Medical Association, the US Attorney General, and the New England Governors all view Narcan for overdose to be an essential part of the treatment of drug users.
Opioids

Opioids are a class of drugs that include the illegal drug heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription, such as oxycodone (OxyContin®), hydrocodone (Vicodin®), codeine, morphine, and many others.

Between 2000 and 2014, the rate of overdose deaths involving opioids in the United States increased 200 percent.

In 2016 in CT, Heroin or other opioids accounted for the primary drug reported for more than half (52%) of all Substance Use admissions.

The National Institute on Drug Abuse (NIDA) reports that the relapse rate for drug addiction is 40 to 60 percent.

About 80 percent of people who use heroin first misused prescription opioids
Narcan© programs have been established in numerous communities throughout the United States.

Expand Narcan© access to drug users and their loved ones with training on overdose prevention, recognition, and response (including calling 911 and chest compressions) in addition to prescribing and dispensing Narcan©.

Multiple research studies evaluating outcomes after Narcan© training in opioid abusing populations reported either no increase or decreased drug use in people who received Narcan© kits.

**Drug users can only enter treatment if they are alive.**
Overdose Facts in CT

- From 2009-2016 there have been **over 2,500** accidental/undetermined opiate overdose deaths.
- **152 of 169 CT towns and cities** experienced at least one opioid related death during this time period.
- Benzodiazepines were identified in 42%, and alcohol in 28%.
- 70% male, 84% white, mean age of 40 years, 70% pharmaceutical opioid involved, 82% occurred in a residence, increase in heroin between 2012-14.
- 44% had some history with the Department of Corrections.
Overdose Risk

• Anyone who uses opioids for long-term management of pain or recreationally, are at risk for opioid overdose, as are persons who use heroin.
• Discharge from emergency medical care following opioid intoxication or poisoning.
• People coming out of treatment or prison are at high risk of overdose.
• People with previous history of overdose.
Overdose Risk

- Using alone
- Mixing: opioids, especially in combination with benzodiazepines and alcohol
- Quality of drugs can be unpredictable
- Administration – injection, increased use
- Other health issues (age, asthma, liver, kidney and heart disease, HIV/AIDS, malnourishment)
Naloxone (Narcan ©)

- Opioid antagonist.
- Store @ 77 degrees (no extreme highs/lows)
- Medication that only reverses an OPIOID overdose.
- Cannot get high on it.
- Little to no adverse effects.
- Stays active for 20-90 minutes depending on metabolism, amount of drug used, quality of drug used.
- People can have a variety of responses when they come to.
Forms of Narcan ©/Naloxone
Signs/Symptoms of an OD

- Unresponsive
- Constricted pupils
- Breathing is very slow, irregular, or stopped
- Pulse (heartbeat) is slow, erratic, or not there
- Blue skin tinge- usually lips and fingertips
- Body very limp
- Face very pale, clammy
- Vomiting
- Passing out
- Choking sounds or a gurgling/snoring noise
Overdose Response

Call 911.

All you need to say is:
• The address and where to find the person
• If the person is not breathing
• When medics come, tell them what drugs the person took if you know
• Tell them if you gave Narcan

Rub your knuckles on the bony part of the chest (sternum) to try to get them to wake up and breathe.
Overdose Response

• The AHA now recommends hands-only resuscitation for those untrained in standard CPR.

• A number of studies have shown that hands-only resuscitation is as effective or more effective in sudden cardiac arrest than standard methods (chest compressions with mouth-to-mouth ventilation).

• How to Give Hands-Only CPR. If you see a teen or adult suddenly collapse, call 911 and push hard and fast in the center of the chest to the beat of any tune that is 100 to 120 beats per minute. Immediate CPR can double or even triple a person's chance of survival.

http://cpr.heart.org/AHAECC/CPRAndECC/Programs/HandsOnlyCPR/UCM_473196_Hands-Only-CPR.jsp
Overdose Response

1. Call 911.
2. Sternal rub.
3. If they’re not breathing, chest compressions.
4. Administer Narcan ©. Push half a dose into person’s nostril, then push remaining half into the other nostril.
5. Place on side (rescue position).
6. Administer a second dose of naloxone if person is not responsive after 3-5 minutes.
7. Stay until first responders arrive.
KEY STEPS TO ADMINISTERING NARCAN® NASAL SPRAY:* 

Peel back the package to remove the device. Hold the device with your thumb on the bottom of the plunger and 2 fingers on the nozzle. 

Place and hold the tip of the nozzle in either nostril until your fingers touch the bottom of the person's nose. 

Press the plunger firmly to release the dose into the person's nose. 

Administer a second dose of naloxone if person is not responsive after 3-5 minutes.
Liability

“Any person, other than a licensed health professional acting in the ordinary course of such person’s employment, who administers an opioid antagonist in accordance with this subsection shall not be liable for damages in a civil action or subject to criminal prosecution with respect to the administration of such opioid antagonist.”
What if police show up?

• The CT Good Samaritan Drug Overdose Law lets bystanders give Narcan if they suspect an overdose.

• The law protects the victim and helpers from prosecution for drug possession. The police can confiscate drugs and arrest persons who have outstanding warrants.
Who Should Have Narcan?

It should be in every medicine chest, first aid kit, school nurse’s office, and alongside AEDs in malls, airports and other public places.

Anyone completing released from incarceration, opioid detoxification, treatment or who has been abstinent for a period of time.

People with prescription opiates for medical conditions.

Any programs working with staff or clients, or family members who fit these descriptions.
Where can I get Narcan?

- Prescription from your medical provider
- Certified pharmacists
- Order from manufacturers
Resources

Prescribe to Prevent http://prescribetoprevent.org/
National HRC http://www.harmreduction.org
National Syringe Exchange Network (NASEN) http://www.nasen.org/
Narcan Prescribing Pharmacists https://data.ct.gov/Health-and-Human-Services/Narcan-Prescribing-Pharmacists/qjtc-pbhi
Harm Reduction Therapy Center http://www.harmreductiontherapy.org/
CT Syringe Services Programs http://positivepreventionct.org/drug-user-health
Contact information

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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

Type in questions below