

ENSURING HARM REDUCTION ACCESS FOR ALL OF MILWAUKEE

Robert Childs, MPH

ENSURING HARM REDUCTION ACCESS FOR ALL



- Service Provider Access Issues
- What is Harm Reduction?
- Strategies to Improve the Health and Dignity of People Who Actively Use Drugs
 - Community Based Naloxone Access Programs
 - Effective Distribution
 - Accessing Black, Indigenous People of Color (**BIPOC**) communities
 - How to access low-cost naloxone



**Issues Faced by
All People
Seeking Services**

Childcare

**Accepting of
Medicaid**

**Law enforcement
presence**

Hours of service

Office location

**Social /
economic
disadvantage**

**Discrimination
against pending
charges, criminal
records,
probation/parole
status**

**Issues Specific to
the BIPOC/
Immigrant
Community**

Language

Culture

**Immigration
status**

**Staff that are
BIPOC**

**Other patients
who are BIPOC/
Immigrant**

Racism

Historical trauma

SERVICE PROVIDER ACCESS ISSUES



What is Harm Reduction?

Any Positive Change

- Reduces negative consequences, from managed use to abstinence
- Meets people "where they're at"



Reality Based

- Accepts, for better or worse, that drug use is part of our world.
- Does not minimize real, tragic harms of illicit drug use.



How It Works

- Non-judgmental, non-coercive collaboration.
- Quality of life as standard for success, not necessarily cessation of use.



Empowering

- People who use drugs are primary agents of change.
- Gives people who use drugs a real voice in policies



Social Justice

- Recognizes social inequalities increase harms
- Works to abolish racialized drug policies and dismantle oppressive systems



indianarecoveryalliance.org
indianarecoveryalliance@gmail.com

HARM REDUCTION PRINCIPLES & GOALS



WHAT IS HARM REDUCTION?

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use, drug policy, drug laws, sex work, sex worker policy, and sex worker-related laws.

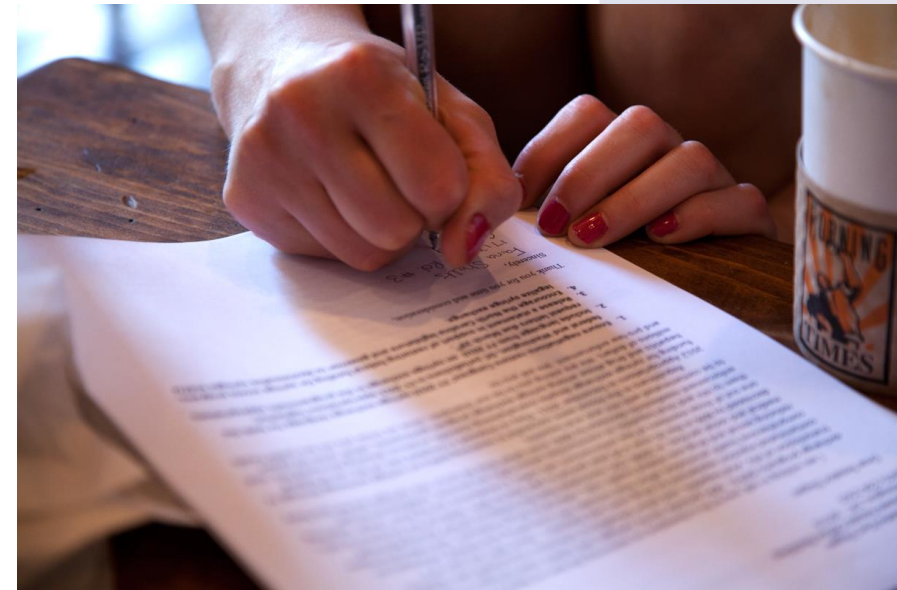
Harm reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs and sex workers.

WHAT IS HARM REDUCTION?

Harm Reduction:

- Focuses on positive change
- Non-judgmental care
- Fights discrimination
- Does not require abstinence
- Is not against abstinence
- Does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use

Sources: <http://www.harmreduction.org> and <https://www.hri.global/what-is-harm-reduction>



WHAT IS HARM REDUCTION?

- Harm reduction includes a range of cost-effective and evidenced-based public health and social services that may be applied to the consumption of drugs and sex work.
 - Syringe service programs
 - Housing first programs
 - Drug checking
 - Condom distribution
 - Overdose prevention
 - Mental health services (*that don't require abstinence*)
 - Guidance on safer drug use
 - Safer consumption guidance (not using alone, etc.)
 - Safer sex work guidance

Sources: <http://www.harmreduction.org> and <https://www.hri.global/what-is-harm-reduction>



HARM REDUCTION PRINCIPLES



- Respecting the rights of people who use drugs and sex workers
- A commitment to evidence
- A commitment to social justice and collaborating with networks of people who use drugs and sex workers

Source: <https://www.hri.global/what-is-harm-reduction>

GOALS OF HARM REDUCTION

HARM REDUCTION RECOGNIZES THAT MANY PEOPLE ARE NOT ABLE OR UNWILLING TO STOP USING DRUGS. THEREFORE, WE MUST WORK WITH PEOPLE ON THE FOLLOWING GOALS...

GOALS OF HARM REDUCTION VIA HARM REDUCTION INTERNATIONAL

Keep

Keep people alive and encourage people to work on healthy behavior change

Reduce

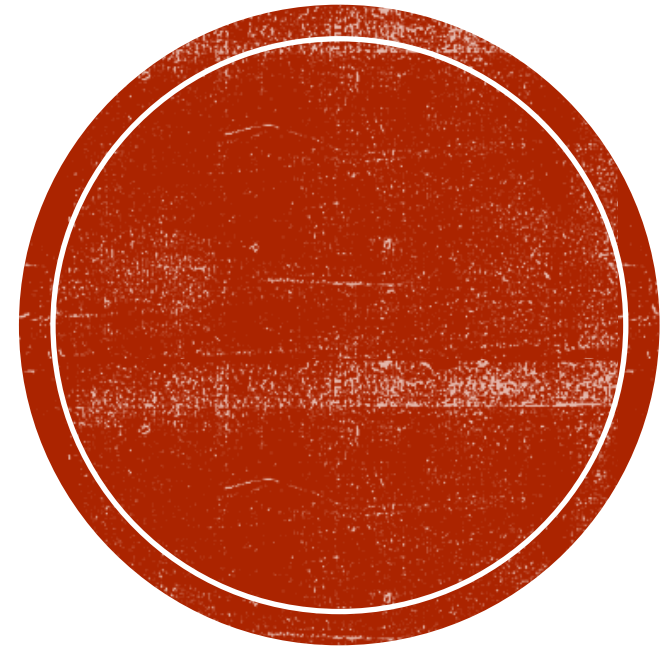
Reduce the harm of sex work and drug laws/policies

Offer Alternatives

Offer alternatives to approaches that seek to prevent or end drug use

- Access to methadone and buprenorphine
- Access to programs that reduce/end drug use
- Care that is not forced/coerced

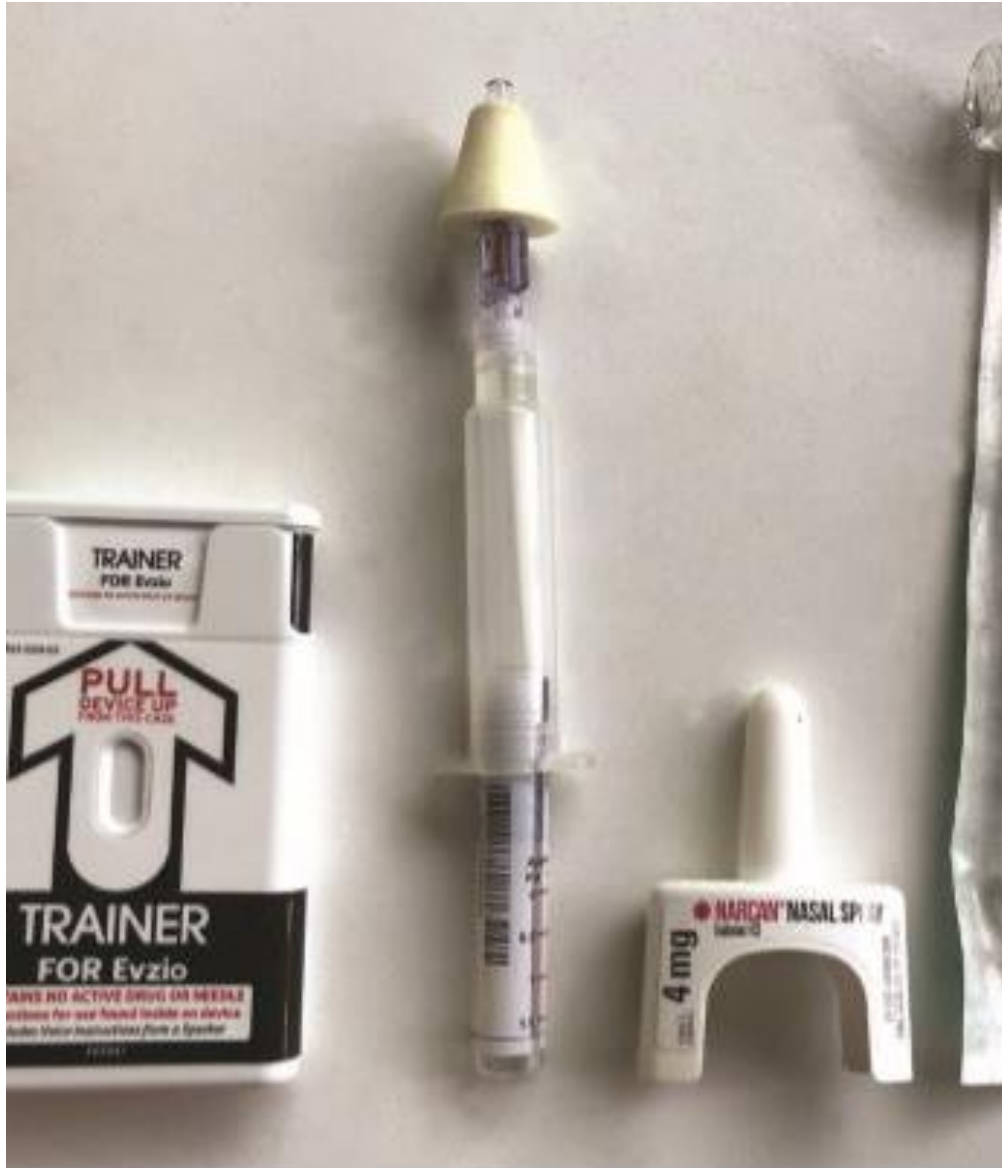
**KEY STRATEGY TO
IMPROVE THE HEALTH
AND DIGNITY OF
PEOPLE WHO ACTIVELY
USE DRUGS:
COMMUNITY BASED
NALOXONE ACCESS
PROGRAMS**





NALOXONE

- Non-addictive prescription medication reverses opioid overdose (OD)
- Administer via intramuscular injection or nasal spray
- Cannot be abused or cause overdose
- Restores breathing and consciousness
- *Onset:* 1 to 3 minutes
- *Duration:* 30 to 90 minutes
- Distribution is associated with up to a 50% drop in OD fatalities when distributed to people who use drugs
 - (2013 Study from MA)
- In counties where more than 100 naloxone kits were distributed per 100,000 people the opioid overdose death rate was 14% lower than in counties where kits were not distributed
 - (2019 Study from NC)



NALOXONE DISTRIBUTION ***GIVE PEOPLE WHAT THEY NEED FOR THEMSELVES AND LOVED ONES***

- **Needs based distribution saves lives and reduces overdose death**
 - Needs-based distro, including encouragement of secondary distro, to people who use drugs/people at-risk to return to drug use/SSP participants is the most effective option
 - Adding secondary distribution through social networks results in **42.5% fewer overdose deaths** relative to baseline.



NALOXONE PROGRAMS SHOULD:

- Provide naloxone for free
- Provide naloxone immediately to person requesting the medicine
 - Do not send people to a secondary site such as a pharmacy or somewhere far from where they live
 - Use the standing order model
- Have very short trainings
 - Under 5 min
 - Time should not be a barrier
 - People do not need to be trained more than 1x unless they request it
- Give people access to refills on demand
- Give people extra kits to give to their household and peer network
 - “Who else in your social network needs a naloxone kit, who you could give one to?”
- Be non-stigmatizing
- Provide local resource sheet in naloxone kits
 - 911 Good Samaritan law, naloxone refill info, MOUD, harm reduction, recovery and mental health care.



WHY INCLUDE COMMUNITY BASED NALOXONE DISTRIBUTION IN SERVICE PROVISION?

- One of the best methods of decreasing overdose related death
- Keeps people alive till they are ready for what's next
- Can be a bridge to care and relationships with service providers
- A lot of people in treatment and recovery will have events occur where they may return to drug use; having naloxone available for them keeps them alive and gives them an opportunity to return to treatment and recovery
- Decreases individual and community trauma associated with losing a loved one
- Is a cost-effective strategy



ENSURING NALOXONE ACCESS SERVICES FOR THE BIPOC COMMUNITIES

- **Operate under the mantra “*Nothing About Us Without Us*” --Include BIPOC community stakeholders in creating a social and legal environment supportive of programs**
- **Empower and provide technical assistance to BIPOC service providers to set up and sustain their own programs**
- **Ensure low threshold access to services**
 - Maximize access by number of locations and available hours
 - Locations should focus on where people naturally gather and feel comfortable getting care
 - Ensure anonymity of participants
 - Minimize the administrative burden of participation
 - Provide services for free
- **Promote secondary naloxone distribution**
 - Train and support peer educators and outreach workers
 - Do not impose limits on number of naloxone kits
- **Maximize responsiveness to characteristics of the local population of BIPOC people who use drugs**
 - Adapt planning activities and service modalities to local BIPOC community needs
- **Provide or coordinate the provision of other health and social services that the local population desires**



ENSURING NALOXONE ACCESS SERVICES FOR THE BIPOC COMMUNITIES

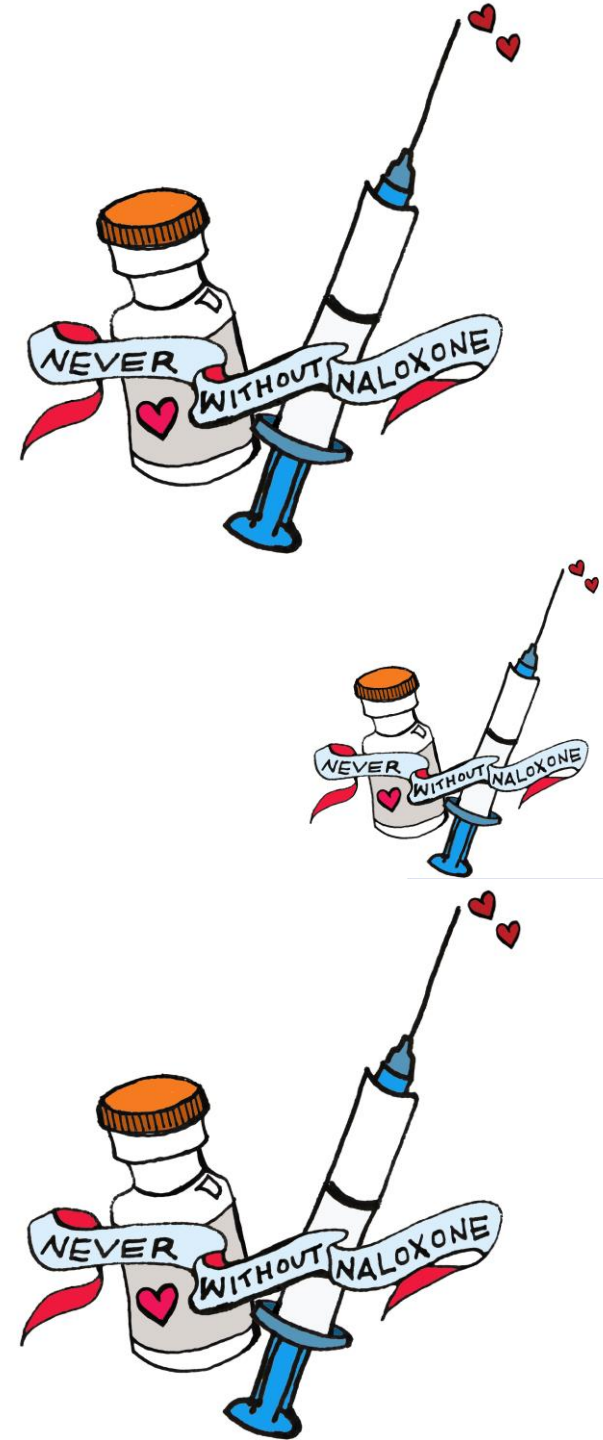


Steve doing naloxone distro in Winston Salem, NC

- Plans should address childcare and supportive family services
- Provide services and focus on all drug consumption methods (not just syringe based services)
- Make sure law enforcement does not sit outside the service locations
- Be available outside standard 8-4 schedule for working adults
- Do not discriminate against people with criminal records
- Have culturally appropriate services
- Have workers who represent the people who the program aims to serve
- Not discriminate against immigration status

PRICING

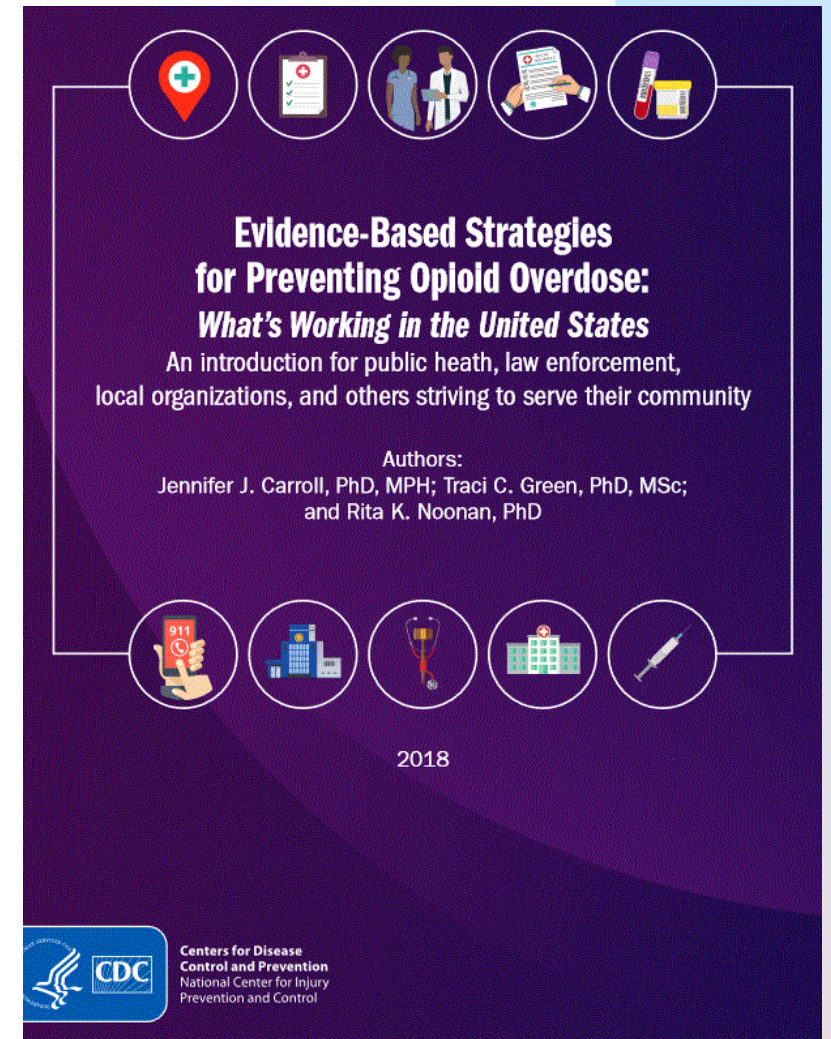
- **IM Naloxone (*generic*)**
 - **Direct Relief: Free**
 - Have a 501(c)(3) non-profit,
 - Be a qualified facility that provides health care to patients regardless of their ability to pay
 - Comply with all State Board of Pharmacy regulations in storing and dispensing medications
 - Have a Medical Director with valid state license
 - Dispense donated products to patients within the United States
 - <https://www.directrelief.org/%20apply/>
 - **General Purchasing**
 - Current market wholesale rate is approximately \$15, bulk purchasing & OSNN buying club prices are lower
 - **OSNN Naloxone Buyer's Club**
 - Eligible: Community based groups serving people who use drugs
 - Not Eligible: Health Departments, Hospitals, First Responders
- **IM/Nasal (*generic*)**
 - Pricing varies
 - Doing larger purchasing in partnership with others may decrease the cost
- **Narcan® Nasal Spray**
 - Law Enforcement/Groups helping at risk populations: \$75 for two
 - Public Price: \$150
- **Evzio® Auto-Injector**
 - Prices vary from several hundred dollars to much more
 - There are some *limited* donation programs and product scholarships
 - Product being discontinued



ADDITIONAL RESOURCE:

CDC RECOMMENDATIONS FOR PREVENTING OPIOID OVERDOSE

[HTTPS://WWW.CDC.GOV/DRUGOVERDOSE/PDF/PUBS/2018-EVIDENCE-BASED-STRATEGIES.PDF](https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf)





Robert Childs, MPH

rchilds@jbsinternational.com

423-227-6197