NEW YORK STATE | Office of Addiction Services and Supports

KATHY HOCHUL
Governor

CHINAZO CUNNINGHAM, MD
Commissioner

Harm Reduction

Presentation for the OASAS Town Hall with OASAS Providers

April 14, 2022

Harm Reduction Town Hall Learning Objectives

- ❑ Discuss the new OASAS Division of Harm Reduction
- ❑ Discuss what harm reduction is, including the guiding principles of harm reduction, and examples of strategies employed in harm reduction
- ❑ Discuss the evidence and research that support harm reduction strategies
- ❑ Discuss real-life examples of how harm reduction is practiced
- ❑ Discuss how OASAS is embedding harm reduction into its regulations, LSBs, trainings, guidance documents, and projects and how OASAS prevention, treatment, and recovery providers can incorporate harm reduction into their services
- ❑ Discuss stigma and the importance of non-judgmental and person-centered language as part of the guiding principles of harm reduction

2022 SOTS Address: OASAS Division of Harm Reduction

To make a push toward ending the opioid epidemic, the State will expand and enhance a public health-style program coordinated by NYS DOH and the Office of Addiction Services and Supports (OASAS) that includes harm-reduction services, health monitoring, and evidence-based community interventions. Programs will include established initiatives such as expanded access to sterile syringes, naloxone, buprenorphine, and other medications used to treat opioid use.

2022 SOTS Address: OASAS Division of Harm Reduction

The State will also create a Division of Harm Reduction within OASAS to develop and incorporate harm reduction principles and strategies across the OASAS system of care. This new division, in collaboration with the DOH's Office of Drug User Health, **will implement harm-reduction initiatives** that could include:

- **Investing in fentanyl test strips, opioid overdose prevention kits, safety kits, and resources** to prevent individuals from overdosing while alone.
- **Developing a public awareness campaign** to prevent overdose deaths in public settings.
- **Creating and implementing a medication for addiction treatment program** for uninsured individuals.
- **Expanding access to sterile syringes** by allowing emergency departments and health departments to provide syringes to individuals who present with signs and symptoms of injection drug use

Vision for the OASAS Division of Harm Reduction

Incorporating the harm reduction principles into each Bureau/Division within OASAS and across the OASAS system. It is not intended to be a stand-alone division but to assist in incorporating harm reduction principles across the agency and system.

Adding opportunities for assessment, education and training: the Division will work on assessing where agency and provider staff are with their knowledge and understanding of harm reduction principles and work to address additional opportunities for education and training for our staff and our providers. This is an opportunity for growth within the OASAS system.

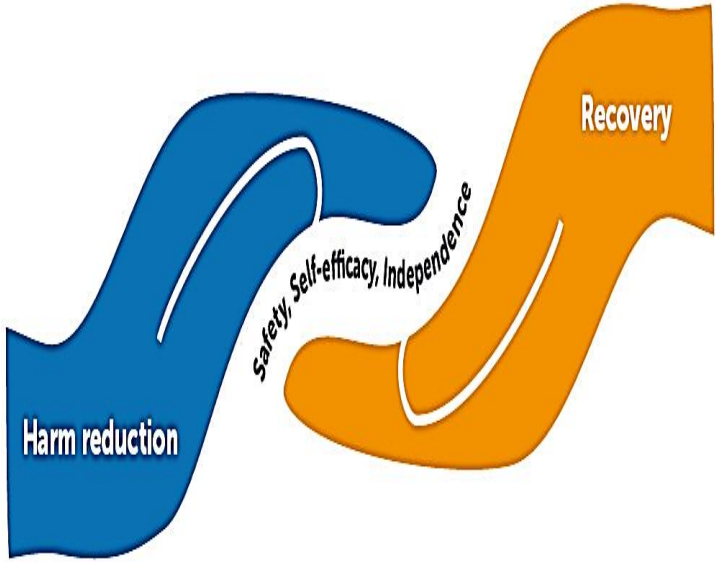
Vision for the OASAS Division of Harm Reduction

Approaching substance use from a person-first, respect for the individual preference of the patient approach: this is like actions OASAS has taken to incorporate person-centered care and allowing an individual to define recovery *for them*. This is an opportunity to have programs engage individuals *wherever they are* on the continuum of use and regardless of what their current or ultimate goals are.

Collaborating with the NYS DOH Office of Drug User Health (ODUH): OASAS has worked closely with ODUH for years, on implementing overdose prevention, creating a buprenorphine prescribing best practices document, etc. This gives the opportunity for an even closer collaboration as both this Division and ODUH will be working on engaging individuals and keeping them alive, within the OASAS system and those who have not entered the OASAS system.

What Is Harm Reduction?

- ❑ Definition
- ❑ Guiding Principles
- ❑ Examples of Strategies



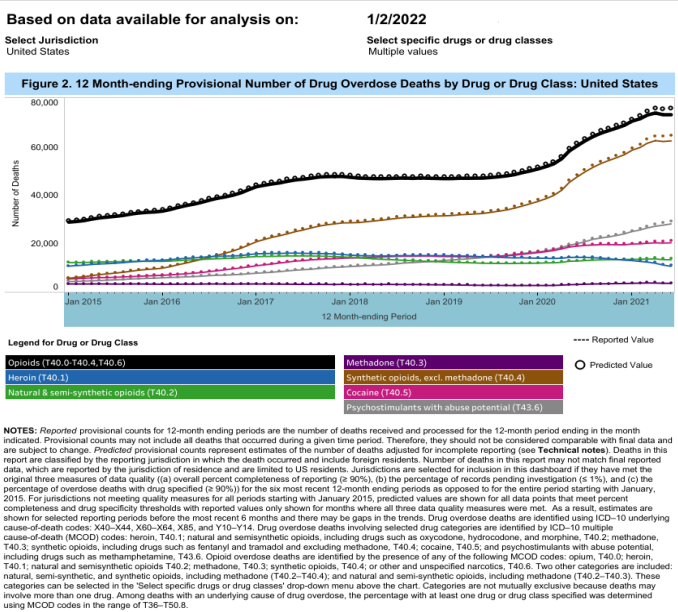
How Did We Get Here?

Historical Approach to SUD Treatment: The Stick	A Better Approach to SUD Treatment: The Carrot
• Change is motivated by discomfort • If you make PWUD feel badly enough, they will change • People have to hit bottom before they are ready for change • Someone who continues to use is in denial • The best way to break through the denial is through confrontation • Effectively, people don't change unless they have suffered enough ("you better or else…") • If the stick is big enough, no carrot is needed…	• People, in general, are ambivalent about change • PWUD continue their substance use because of their ambivalence • *All* change contains an element of ambivalence • Resolving ambivalence in the direction of change is a key element in motivational interviewing • Motivation for change can be fostered by an accepting, empowering, and safe atmosphere • *Person-centered approaches enhance motivation and reduce risk*

Why Do We Need a Different Approach?

Overdose Deaths in the US

Overdose by Substance Through October 2021



Total Estimated Overdose Deaths Through October 2021

Annual drug overdose deaths have reached another record high in the United States, as deaths from fentanyl and its analogues surge to unprecedented levels.

An estimated ***105,752 people*** died of a drug overdose in the 12-month period ending October 2021, according to provisional data published 3/16/2022 by the US Centers for Disease Control and Prevention's National Center for Health Statistics.

About two-thirds of those deaths involved synthetic opioids such as fentanyl and its analogues.

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What Is Harm Reduction?

Harm reduction *is a set of practical strategies and ideas 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. It is based on a strong commitment to public health and human rights.*

Understanding Harm Reduction: Guiding Principles

- A non-judgmental approach
- Evidence-based, feasible, and cost-effective practices
- Acceptance of behavioral change (or any change for that matter) as any incremental process
- Meaningful participation by people who currently use drugs, by people who previously used drugs, and stakeholders in shaping policies and practices around substance use
- Focus on enhancing quality of life, not abstinence
- Recognition of complex social factors
- Empowerment of people who use drugs in reducing potential harms of their substance use
- Commitment to defending universal human rights

What Are Some Harm Reduction Strategies for People Who Use Drugs?

Strategies to Decrease Infections:

- Sterile syringes for safer injecting
- Safer smoking supplies
- Masks and vaccines for protection from COVID-19
- PrEP (pre-exposure prophylaxis)
- PEP (post-exposure prophylaxis)
- Safer sex education
- Safer sex supplies (like condoms, lubrication, and dental dams)

Strategies to Increase Engagement:

- Peer recovery supports
- Care managers
- Motivational interviewing
- Counseling
- Open access to services
- Drop-in centers

What Are Some Harm Reduction Strategies for People Who Use Drugs?

Strategies to Decrease other Negative Outcomes:

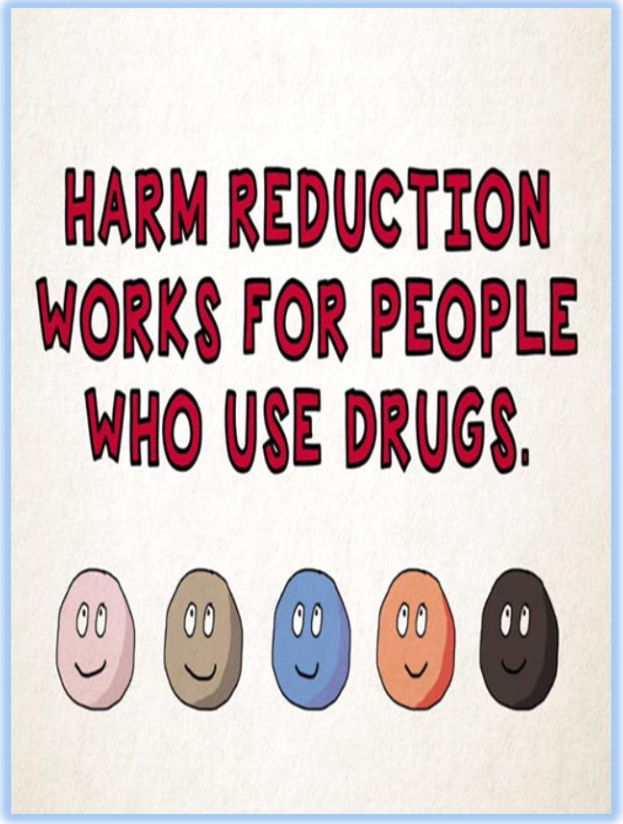
- Overamping education and intervention education
- Treat HCV

Strategies to Decrease Overdoses:

- Low threshold buprenorphine prescribing/use of MOUD
- Naloxone distribution or prescribing
- Overdose prevention and intervention education
- Never Use Alone Hotline
- Overdose Safety Plan
- Overdose prevention centers
- Fentanyl test strips

What Is the Evidence for the Use of Harm Reduction?

How Has Research Informed Us?



A Brief History of Harm Reduction

Early History:

- Barriers to obtaining funding
- Stigmatization/demonization of substance use, substance use disorder, people who use drugs, and drugs themselves; draconian and racist drug laws and the racist “war on drugs”
- Decades of cooperation and collaboration between activists, advocates, and researchers to create a body of evidence that demonstrates the efficacy of harm reduction

Currently:

- Federal funding (from SAMHSA: $30 million) available for harm reduction services for the first time
- Harm reduction services deemed “essential services” during the COVID-19 pandemic
- National Harm Reduction Technical Assistance Center

Evidence/Research for the Efficacy and Cost-Effectiveness of Harm Reduction

Needle and syringe programs: associated with decreased HIV and HCV incidence (new cases) and decreased skin and soft tissue infections; ***syringe services programs are not associated with increased substance use***

MOUD (medication for opioid use disorder): associated with at least a 50% decrease in mortality (overdose mortality and all-cause mortality)

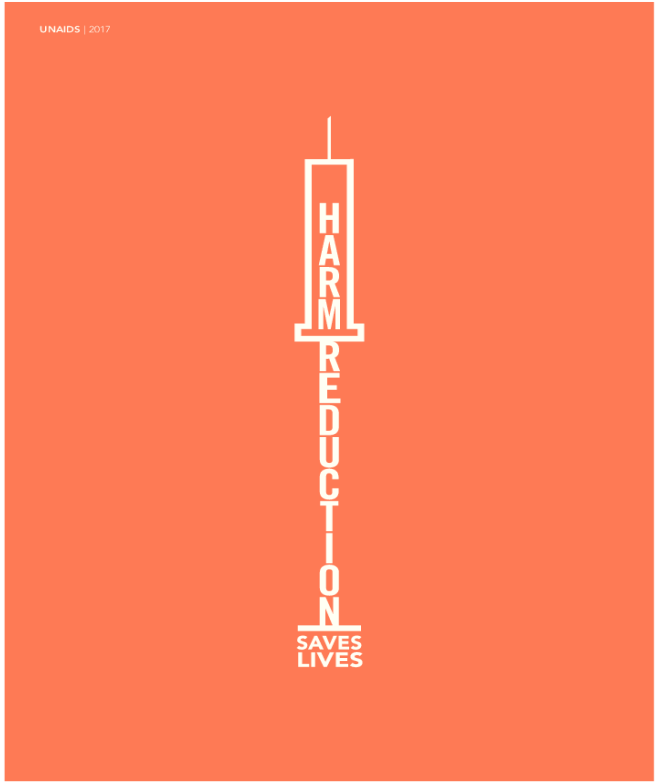
Peer distribution of naloxone: a life-saving intervention with persons most likely to witness or experience an overdose; ***increased access to naloxone is not associated with increased substance use***

Evidence/Research for the Efficacy and Cost-Effectiveness of Harm Reduction

Overdose Prevention Centers: ***associated with decreased fatal overdoses***, ***increased treatment referrals***, decreased incidence of HIV and HCV, decreased public drug use, and decreased public litter of drug paraphernalia

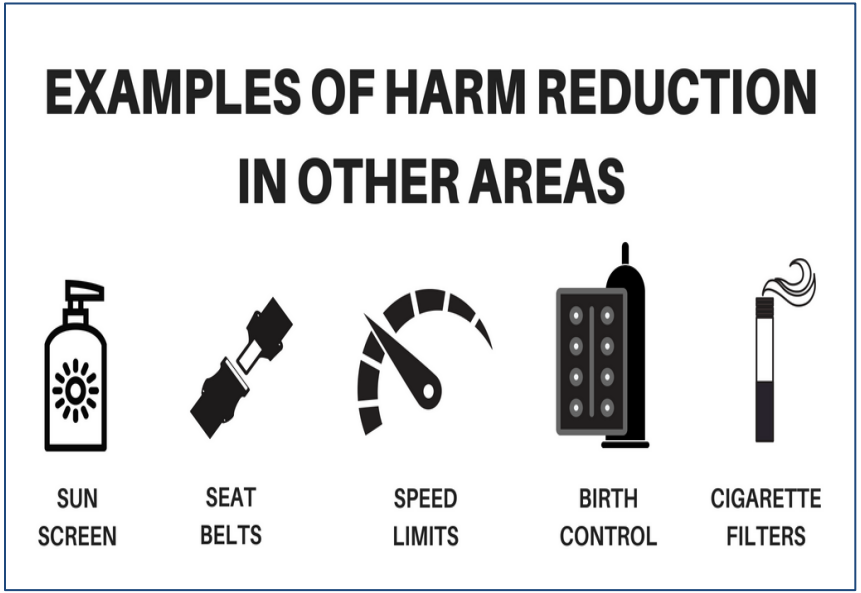
Inaction, Reduction in Funding, and Closing of Services: ***associated with an increase in HIV and HCV infections and increased overdoses***

Discuss Real-Life Examples of Harm Reduction



Real Life Examples of Harm Reduction

Harm Reduction in Our Lives



Harm Reduction and Substance Use

Real Life Examples of Harm Reduction

USA

- Syringe services programs (in 43 states plus Washington DC and Puerto Rico)
- Naloxone distribution (all 50 states plus Washington DC address naloxone in their state laws, but the mechanism of distribution varies by state, ~35 states have non-patient specific naloxone directives)
- Overdose prevention centers (two sites in NYC)
- Harm reduction vending machines

World

- Syringe services programs (in 87 countries)
- Naloxone distribution (naloxone is over the counter in some European countries)
- Overdose prevention centers (>120 OPCs operating in 10 countries)

Real Life Examples of Harm Reduction

USA

- ❑ Harm reduction mail order supplies
- ❑ Hotline to prevent overdoses for persons using alone (Never Use Alone)
- ❑ MOUD (OTPs are available in almost all 50 states - Wyoming just approved - but clients may need to travel significant distances)
- ❑ Harm reduction mentioned in national policy documents (for the first time in 2021)

World

- ❑ MOUD (in 86 countries); MOUD outside the US (in Canada and Western Europe) allows for more extensive treatment options, including the use of heroin and hydromorphone for the treatment of OUD (this is illegal in the US due to the Harrison Act and Supreme Court case interpretation)
- ❑ Harm reduction mentioned in national policy documents (in 98 countries)

How Is OASAS Embedding Harm Reduction in Its Regulations, LSBs, Guidance Documents, and Projects?

Harm Reduction in OASAS Regulations

Office of Addiction Services And Supports

- Addiction
- Substance Use Disorder
- Recurrent Use
- Medication for Addiction Treatment

Abstinence as the Treatment Goal Removed from all Regulations

Guidance/LSBs:

- LGBTQ+ Affirming Services
- HCV screening, testing & treatment
- Plan of Safe Care
- Naloxone

Harm Reduction in OASAS Trainings and Guidance Documents

Learning Thursday Presentations:

- Addressing Stigmatizing Language Towards Persons with Substance Use Disorder
- Developing Plans of Safe Care with a Patient-Centered Approach
- Harm Reduction Is Part of the Treatment Continuum
- Assessing Readiness for Treatment and Applying Appropriate Harm Reduction Strategies
- Hepatitis C and Substance Use: Addressing Screening, Treatment, and Stigma

Trainings in a Box:

- Person-Centered Care and Harm Reduction
- Person-Centered Care
- Shared Decision making

Harm Reduction in OASAS Trainings and Guidance Documents

Webinars:

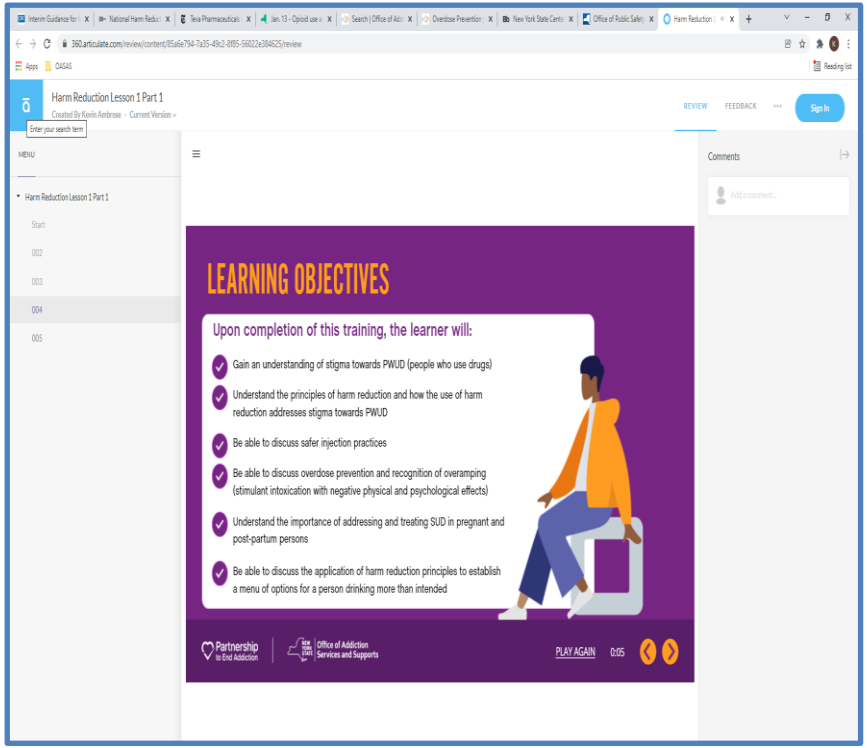
- Early Engagement in Treatment Using Person-Centered Care
- Person-Centered Care Treatment Planning
- Treatment of Adolescents with SUD and the Use of MAT

Guidance Documents:

- NYS OASAS/DOH Best Practice in Prescribing Buprenorphine
- NYS OASAS Guidance on the Use of Toxicology Testing in OASAS Certified Programs
- NYS OASAS Guidance on Reducing Suicide and Overdose Risk

Harm Reduction in OASAS Trainings and Guidance Documents

- Launched 1/2022
- Collaboration between OASAS and the Partnership to End Addiction
- Interactive training for CEUs
- 4 clinical vignettes in persons actively using with harm reduction lessons on safer injecting, overdose prevention, overamping, binge drinking, safer sex, and managing substance use during pregnancy



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Overdose Prevention Grant

OASAS is the recipient of a SAMHSA grant to Prevent Prescription Drug/Opioid Overdose Related Deaths

OASAS has selected four underserved communities of high need:

- Pregnant, Post-partum, and Parenting Persons and their families
- Survivors of intimate partner violence (IPV)
- Native American/Indigenous communities
- The LGBTQ+ community

Overdose Prevention Grant

OASAS Implementation Approach: Goals and Strategies:

- **Identify** areas of greatest need in relation to the prescription drug/opioid overdose epidemic in NYS
- **Increase** awareness of opioid and prescription drug overdose and knowledge of overdose prevention in NYS
- **Increase** the number of trainers on OASAS and the Partnership to End Addiction's overdose and prescription drug overdose training (PDO training) in nontraditional settings; provide all trainers with access to naloxone kits and drug deactivation bags (e.g., Deterra bags)
- **Increase** access to overdose prevention training and naloxone kits to individuals receiving services in nontraditional, non-OASAS settings; distribute naloxone kits and drug deactivation bags to participants who would like them.
- **Increase** access to and awareness of treatment services

Street Outreach Provider Projects

Three current projects in Harlem, the South Bronx, and West Midtown.

Mission: To better engage difficult-to-reach populations with substance use and/or substance use disorder (SUD) in harm reduction strategies, SUD education, SUD treatment (if interested), peer support, overdose (OD) prevention, and linkage to other support services as needed. A collaboration between OASAS, NYC DOHMH, NYC DHS funded providers, as well as NYS OMH, MTA Homeless Services, and NYS DOH ODUH.

Street Outreach Provider Projects

Each project meets monthly via Zoom to coordinate services and follow-up.

In 2022, OASAS anticipates funding participating agencies in these projects and, ideally, utilizing a common web-based platform to track closed loop referrals and collect and analyze data.

OASAS and Harm Reduction

It is a big change for some OASAS providers, although many OASAS providers have been supporting harm reduction for a long time.

- What are you thinking about the change?
- How does it fit with what you learned about addiction?
- What are your concerns?
- What makes you feel open to and optimistic about harm reduction?

Scenario to Consider

Other members of the recovery center express concern for a frequent participant. He states that he is in recovery but is known to use cannabis and alcohol frequently.

You are a peer working at the recovery center. How might harm reduction concepts help to support all the members of the recovery center?

Treatment Approaches Consistent with Harm Reduction

Everything We Know:

- Motivational Interviewing: explicitly follows the person and their goals
- Cognitive Behavioral Strategies
- Trauma Informed Care
- Community Reinforcement Models
- Contingency Management
- Twelve Step Facilitation “Keep Coming Back”

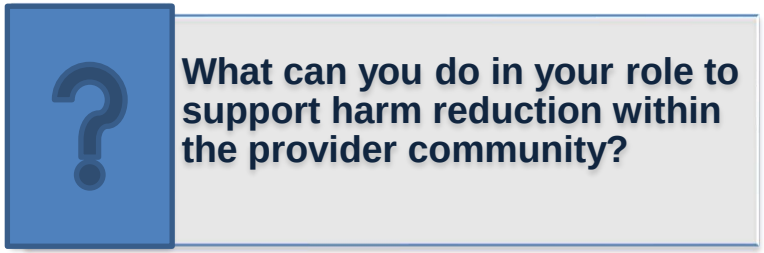
Treatment Considerations

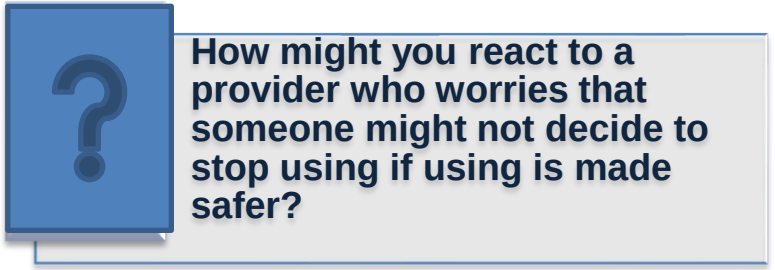
Respecting all pathways to reducing harm, including abstinence.

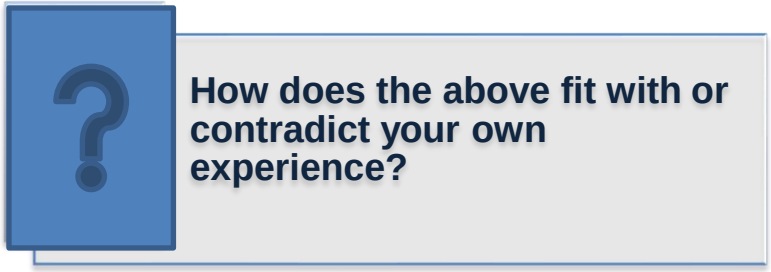
Integrating harm reduction strategies into group, individual, and family counseling sessions.

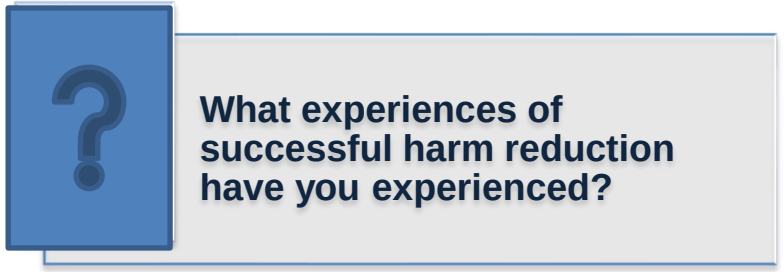
Creating safe places for everyone.

OASAS Providers









Poll Questions

1

How important is it for OASAS providers to embrace harm reduction?

- 1 – extremely confident
- 2 - somewhat confident
- 3 - not confident

2

How confident are you that OASAS providers can embrace harm reduction well and implement with fidelity?

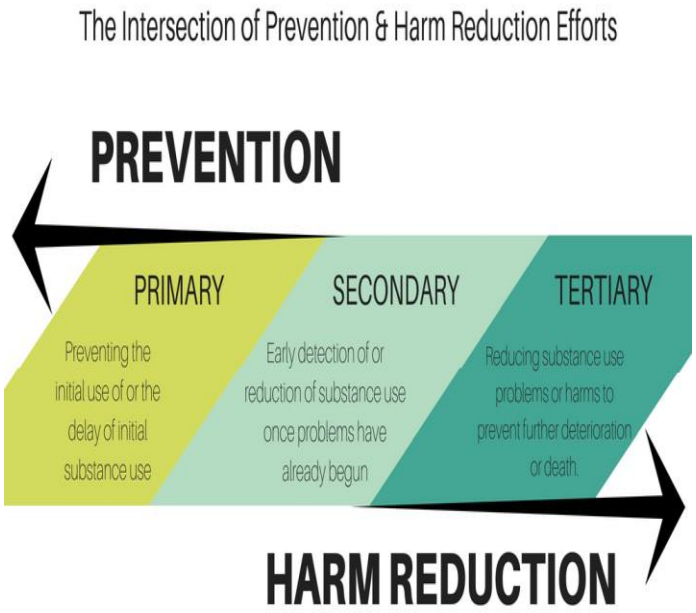
- 1 – extremely confident
- 2 - somewhat confident
- 3 - not confident

Poll Questions Follow Up

(Please respond in the chat.)

If you **selected 3** as your answer, which was not important or not confident, what would it take for you to provide a more positive response?

How Can OASAS Prevention, Treatment, and Recovery Providers Incorporate and Embed Harm Reduction in Their Programs/Services?



Clinical Considerations

Harm Reduction is an Evidence-Based Practice that can be Utilized within the Spirit of Person-Centered Care

- **The person sets the direction of the process:**
  - "I don't want to stop using heroin, but I don't want to die "
  - *Give or prescribe naloxone, advise regarding/provide fentanyl test strips*

- **Goals are set that are most important to the person:**
  - "I am going to use heroin with other people around me and use a clean needle each time."
  - *Prescribe syringes and/or give information regarding local SSP*

- **The person's strengths, abilities, and preferences are highlighted:**
  - "You have created a plan that will allow you to use in a safer way"
  - *Build a safety plan (Source: www.health.ny.gov/publications/9895.pdf)*

How Can OASAS Providers Incorporate Harm Reduction?

Prevention Providers

- ***Reduce the prevalence*** of substance misuse/problem gambling in the NYS population: **promote awareness of complex behavioral health issues**
- ***Delay the initiation*** of substance use and gambling behaviors among youth: address problems with a public health framework
- ***Decrease the negative health, social and economic consequences and costs*** associated with substance misuse and problem gambling: **bridge to services, mitigate risky behaviors**
- ***Prevent the escalation of substance misuse and problem gambling*** through early identification, brief intervention, and referral (SBIRT); **improve systems of care by addressing gaps in services.**
- ***Prevent the escalation*** of substance use and gambling behaviors **to levels requiring treatment; reduce stigma, improve equity and social justice, provide services based on a specific set of principles and strategies**
- ***Promote community readiness for harm reduction***: **coordinate strategy implementation.**

How Can OASAS Providers Incorporate Harm Reduction?

Outpatient Treatment Providers/OTPs

- Provide **trauma informed, strength based, person centered** services
- **Engage** people wherever they are in their substance use or recovery journey
- Allow the patient to **define what recovery means** to them
- Provide immediate **access to medication** for addiction treatment (MAT)
- Allow the **patient to be a partner** in identifying supportive services and developing treatment planning
- **Do not discharge** someone for missed appointments, recurrent use; **any engagement in care is better than no engagement in care**
- Provide **overdose prevention education and training** and naloxone to all patients
- Become a **secondary syringe services program**

How Can OASAS Providers Incorporate Harm Reduction?

Inpatient Treatment Providers

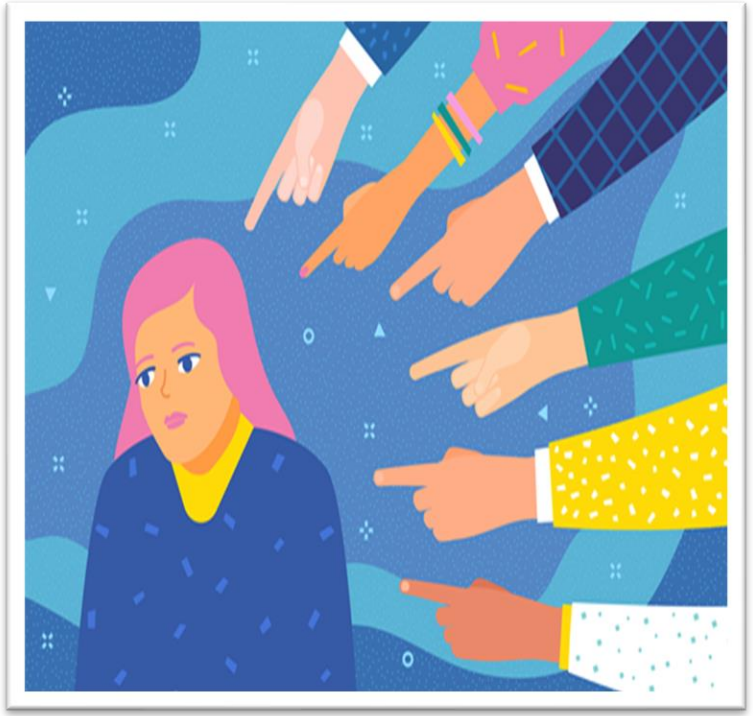
- Provide **trauma informed, strength based, person centered** services
- Provide **immediate access to medication** for addiction treatment (MAT); if declined initially, **continue to offer and educate on MAT**; emphasize the increased risk for overdose death without ongoing MAT (e.g., **the goal is to maintain MAT, not taper MAT**)
- **Do not discharge** someone for recurrent use
- Provide **overdose prevention education and training and naloxone**
- Educate regarding **fentanyl test strips**

How Can OASAS Providers Incorporate Harm Reduction?

Recovery Centers

- Provide **overdose prevention education and training** and naloxone; become a registered Opioid Overdose Prevention Program (OOPP).
- Develop supportive programming for individuals that are interested in **decreasing use or safer use practices.**
- **Syringe services programming**
- **Support individuals wherever they are** in their recovery journey; **connection and meaning are the best supports** for someone having difficulties with ongoing use.

Stigma and Language



Stigma

Stigma in Health Care Settings

- Stigma includes attitudes, beliefs, behaviors, and structures at multiple levels (e.g., individuals, groups, organizations, systems) and can lead to prejudice or discrimination against people with mental health diagnoses and substance use disorders.
- Perpetuates stereotypes and assigns labels like dangerous, noncompliant or incapable of managing treatment, dirty, at fault, etc.
- Can be internalized to make people feel they are not deserving of being treated with dignity and respect
  - Fear, shame, and isolation
  - Feeling unwelcome, judged, or unworthy of seeking or receiving services
- Limits a person's ability or desire to access services
- Ultimately, stigma contributes to suboptimal (and sometimes traumatic) healthcare experiences and health outcomes

Stigma

Consider the Relationship of Stigma and Trauma

Realize that most people have experienced trauma

- Personal and/or generational/historical trauma
- People with a substance use disorder (SUD) are more likely to have experienced trauma, including trauma in healthcare or pharmacy settings

Recognize how trauma affects people

- Trauma impacts physical health; neurobiology; and cognitive, social, and emotional functioning
- Perceived “high-risk behaviors” can be a way of coping with trauma

Consider how past histories of trauma, violence, layers of disadvantage and stigma

- Consider how this may affect the way a person engages with providers and pharmacists

Commit to not repeating trauma or creating more trauma (re-traumatizing)

What We Say and How We Say It Matters

The Real Stigma of Substance Use Disorders

In a study by the Recovery Research Institute, participants were asked how they felt about two people *"actively using drugs and alcohol."*

One person was referred to as a "substance abuser"

The other person as "having a substance use disorder"

No further information was given about these hypothetical individuals.

THE STUDY DISCOVERED THAT PARTICIPANTS FELT THE "SUBSTANCE ABUSER" WAS:

- less likely to benefit from treatment
- more likely to benefit from punishment
- more likely to be socially threatening
- more likely to be blamed for their substance related difficulties and less likely that their problem was the result of an innate dysfunction over which they had no control
- they were more able to control their substance use without help

- Words perpetuate stigma, especially when they imply fault or immorality
- Stigmatizing language in medical records or at the point of care not only affects how patients feel; it can also affect the care they receive for years to come by perpetuating bias among other providers or pharmacists
- Use person-centered language (e.g., patient with a substance use disorder)
- Use language that reflects an accurate, science-based understanding of SUD as a complex medical condition
  - Use clinically accurate, non-stigmatizing terminology
- Avoid moral judgments, assumptions, or subjective language

Best Practice to Avoid Use of Stigmatizing Language

BEST PRACTICES TO AVOID USING STIGMATIZING LANGUAGE

Don't Use	Do Use	Why
"addict" *"abuser"* *"junkie"*	*"person who uses heroin"* *"person with cocaine use disorder"*	*Using "person-first" language demonstrates that you value the person, and are not defining them by their drug use.*
"got clean"	*"no longer uses drugs"*	*"Clean," although a positive word, implies that when someone is using they are "dirty."*

Deficits-Based	Strengths-Based
Addict	Person with a substance use disorder
Frequent Flyer	Utilizes services and supports when necessary
Hostile, Aggressive	Protective
Helpless/Hopeless	Unaware of capabilities/ opportunities
Mentally ill	Person with a mental illness
Lazy	Ambivalent, Working to build hope
Manipulative	Resourceful
Unfit parent	Person experiencing barriers to successful parenting
Resistant	Chooses not to, Isn't ready for, Not open to
Suffering with	Working to recover from; experiencing; living with
Abuses the system	Good self-advocate
Weaknesses	Barriers to change or needs

Harm Reduction Conclusions

OASAS is creating a Division of Harm Reduction to affirm its commitment to embedding harm reduction services throughout prevention, treatment, and recovery services in our system.

Harm reduction is an evidence-based practice that utilizes strategies to decrease harm associated with substance use. It emphasizes treating all persons using drugs with dignity and respect regardless of where they are on the use continuum.

OASAS has incorporated harm reduction principles and strategies in its trainings, webinars, regulations, LSBs, guidance documents, and projects.

OASAS providers *already are using* harm reduction practices in their services and OASAS can provide TA as needed to expand harm reduction services in our providers' programs.

OASAS Harm Reduction Webinar Series

Save the Dates! Formal announcement forthcoming from OASAS Communications

Thursday, 5/5/22, 2:00-3:30 pm

Thursday, 5/12/22, 2:00-3:30 pm

Thursday, 5/19/22, 2:00-3:30 pm

Thursday, 5/26/22, 3:00-4:30 pm

Monthly Harm Reduction Office Hours ongoing afterwards

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Questions?

Please enter your questions in the Q&A section of the WebEx panel.