

How Peer Specialists Can Support Harm Reduction



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Harm Reduction Defined

The Harm Reduction Coalition defines harm reduction as “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.”

Harm Reduction Defined, cont.

Harm reduction incorporates a spectrum of strategies from safer use, to managed use to abstinence to meet drug users “where they’re at,” addressing conditions of use along with the use itself. Because harm reduction demands that interventions and policies designed to serve drug users reflect specific individual and community needs, there is no universal definition of or formula for implementing harm reduction.

MHAAO and Harm Reduction Programs

As a peer run organization, our focus is on meeting people where they are at.

Programs include:

- Oregon Health and Sciences University Project IMPACT
- Providence Milwaukie Project Nurture
- Opioid Overdose Survivor Program
- Many more!



Harm Reduction Principles

- **Accepts:** for better and for worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them.
- **Understands drug use:** It is a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe abuse to total abstinence and acknowledges that some ways of using drugs are clearly safer than others.
- **Redefines successful intervention:** establishes quality of individual and community life and well-being – not necessarily cessation of all drug use – as the criteria for successful interventions and policies.
- **Comes from a place of non-judgement:** It is also a non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm.
- **Real voice for the user:** ensures that drug users and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them.
- **Gives back power:** affirms drug users themselves as the primary agents of reducing the harms of their drug use and seeks to empower users to share information and support each other in strategies which meet their actual conditions of use
- **Recognizes hurdles:** operates from a place of the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities that affect both people's vulnerability to and capacity for effectively dealing with drug-related harm
- **Does NOT sugar coat reality:** does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use

Where do Peers fit in?

“Peer support is about understanding another’s situation empathically through the shared experience of emotional and psychological pain. When people find affiliation with others whom they feel are “like” them, they feel a connection. This connection, or affiliation, is a deep, holistic understanding based on mutual experience where people are able to “be” with each other without the constraints of traditional (expert/patient) relationships.”

- Mings & Cramp (2014)

Peer Support

- Respecting where they are: When someone is in active use, they expect that the systems surrounding them will shame and punish their use. Peers can come from a place of non-bias and without judgment and open the conversation for safer practices.
- Talking about reality: giving the peer assurance that they do not need to make any promises about staying sober
- Listening: allowing them to be heard without having to defend themselves
- Not taking sides: being the unbiased person that sees the whole situation
- Redirecting the conversation: helping to keep them on track with making the best decisions for them and their situation

Harm Reduction Strategies – Managed Use

- Intravenous (IV) drug use can increase the risk of getting and transmitting HIV, viral hepatitis and other bloodborne infections if the needle isn't sterile, or if it's being shared with other people.
- National map of syringe services programs: <https://nasen.org/map/>
- **Syringe services programs (SSPs)** are available in various clinics and through pharmacies without a prescription. They provide the following services:
 - **Needle exchange:** safe disposal of used syringes in exchange for new syringes, on a one-for-one basis
 - **Overdose rescue kits** including naloxone a drug used to reverse opioid overdose
 - **Sharps containers** for safe storage of used syringes
 - **Risk reduction counseling**
 - **Safer sex supplies**
 - **Wound and abscess care**
 - **Referrals** to medical and mental health care, shelter services, and alcohol and drug treatment.

Medication Assisted Treatment (MAT)

- *Scientific research in this area demonstrates that when they are used effectively, medications to treat substance use disorder and alcohol use disorder have been shown to be an effective protocol and have provided successful long-term outcomes. The approach is supported by the FDA and SAMHSA.*
- The **three** most commonly used medications in pharmacotherapy include:
 - **Methadone:** an opioid agonist that does not block other narcotics while preventing withdrawal while taking it. It is taken daily via regulated clinics.
 - **Naltrexone:** an opioid antagonist that blocks the effects of other narcotics. It is taken as a daily pill or monthly injection.
 - **Buprenorphine:** an opioid agonist/antagonist that blocks other narcotics while reducing withdrawal risk. It is taken daily as a dissolving tablet, cheek film, or 6-month implant under the skin.

Integrating Harm Reduction Principles into Peer Support

- Work on building a trusting relationship
- Remove bias and judgment on what your peer decides to do
- Look for opportunity to educate about harm reduction—
needle exchange, changing use method, stability on MAT
- Ask the peer if they understand harm reduction
- Give them stability even in active use

Harm Reduction Critics

- “Boot Strap” mentality- They can quit if they wanted to
- Inexperience with addiction or mental illness
- Harm reduction gives permission for use
- Safe injection sites increase use
- MAT switches one drug for another
- Praising addicts for being responsible instead of getting help

Addressing Harm Reduction Criticism

- Harm reduction is not anti-abstinence; nor does it promote use
- Harm reduction can be a very effective part of a person's recovery process
- Harm reduction saves lives: not only does it promote health and safety, but it can help keep someone alive long enough to make decisions about their use and recovery – and to seek out support if desired.

Success in Portugal

- In 2001, Portugal launched a drug decriminalization program in response to a public health crisis – becoming the 1st country in the world to decriminalize consumption of all drugs
- After decriminalization, Drug Policy Alliance provides the following stats:
 - Overdose deaths decreased by over 80%
 - Prevalence rate of people who use drugs that account for new HIV/AIDS diagnoses fell from 52% to 6%
 - Incarceration for drug offenses decreased by over 40%
 - While the above have decreased, numbers voluntarily accessing treatment has significantly increased

Accessed from: http://www.drugpolicy.org/sites/default/files/dpa-drug-decriminalization-portugal-health-human-centered-approach_0.pdf

How to Address Resistance to the Harm Reduction Philosophy

International Task Force on Strategic Drug Policy:

“We oppose so-called ‘harm reduction’ strategies as endpoints that promote the false notion that there are safe or responsible ways to use drugs. That is, strategies in which the primary goal is to enable drug users to maintain addictive, destructive, and compulsive behavior by misleading users about some drug risks while ignoring others. These strategies give the message that society has given up on the addict, condones their drug use, and condemns them to a life of drug dependence.”

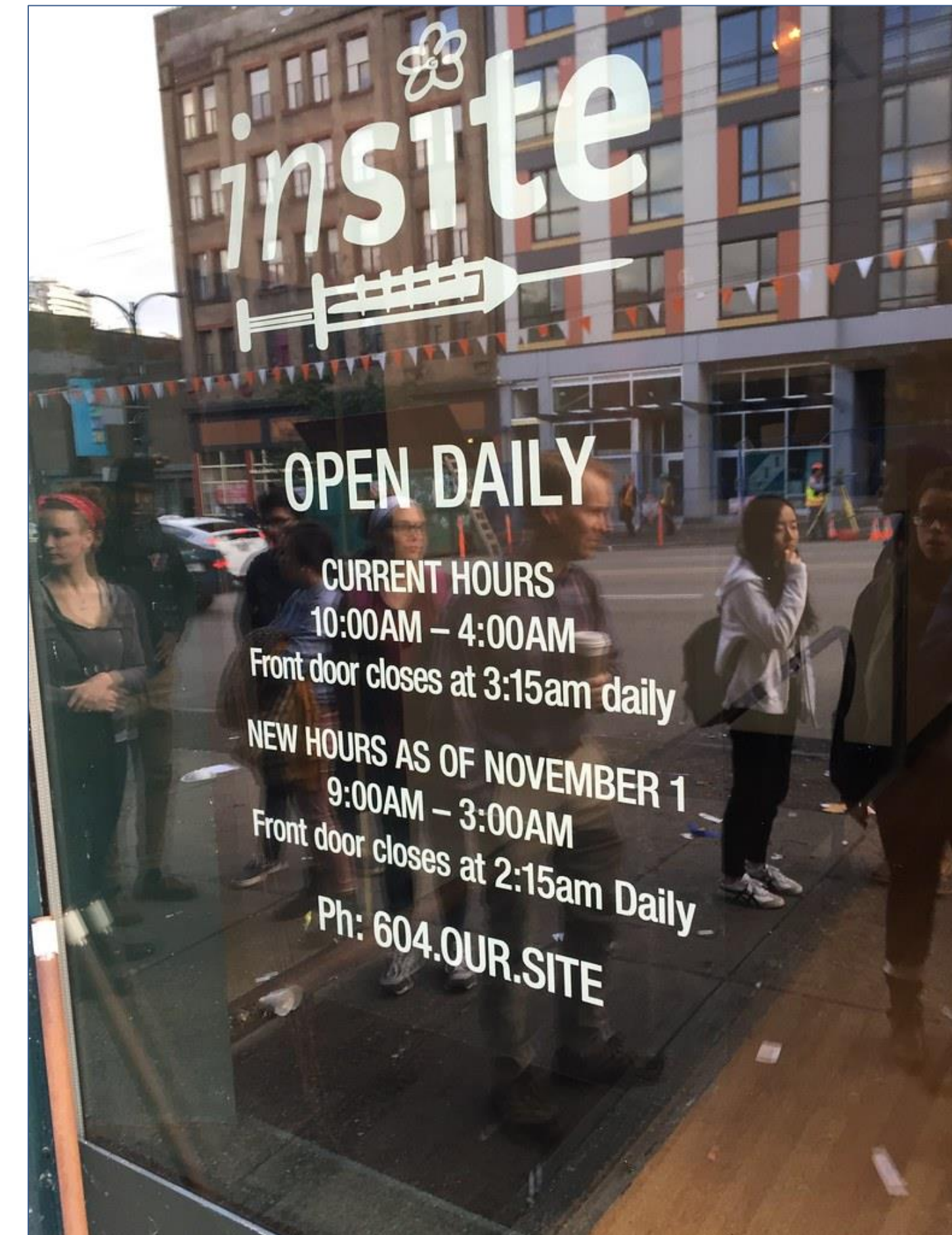
Global Commission on Drug Policy

Core Principle

“End the criminalization, marginalization and stigmatization of people who use drugs but who do no harm to others. Challenge rather than reinforce common misconceptions about drug markets, drug use and drug dependence.”

Insite: Safe Injection in Vancouver B.C.

North America's first legal supervised consumption site. It opened in 2003 and is located in Vancouver's Downtown Eastside, where there is a high number of long-term injection drug users. The facility operates under a Health Canada exemption from prosecution under federal drug laws. Insite operates on a harm-reduction model, which means it strives to decrease the adverse health, social and economic consequences of drug use without requiring abstinence from drug use.



Insite

- Insite is a supervised drug consumption site accessible to street drug users. Insite has injection booths where clients inject pre-obtained illicit drugs under the supervision of nurses and health care staff. Clean injection equipment such as syringes, cookers, filters, water and tourniquets are supplied. If an overdose occurs, the team, led by a nurse, are available to intervene immediately. Nurses also provide other health care services, like wound care and immunizations.
- At Insite, clients develop relationships and build trust with health care workers which makes clients more likely to pursue withdrawal management (detox), addiction counselling and other addiction recovery services.
- When users are ready to access withdrawal management, they can be immediately accommodated at Onsite, where people can detox in 12 rooms with private bathrooms. Mental health workers, counsellors, nurses and doctors work together to help people stabilize and plan their next steps.
- Once stabilized, clients can move to the 3rd floor transitional recovery housing for further recovery and connection to community support, treatment programs and housing.

Insite Statistics

There have been more than 3.6 million visits to inject illicit drugs under supervision by nurses at Insite since 2003. There have been 48,798 clinical treatment visits and 6,440 overdose interventions without any deaths.

Stats for 2017:

- 175,455 visits by 5,350 individuals
- An average of 356 injection room visits per day
- 1,983 overdose interventions
- 3,402 clinical treatment interventions (such as wound care, pregnancy tests)

Stats for 2018: 189,837 visits by 5,436 individuals

- An average of 337 injection room visits per day
- 1,466 overdose interventions
- 3,725 clinical treatment interventions (such as wound care, pregnancy tests)

Peer Support and Harm Reduction Alignment

- Opens up a dialogue about substance abuse
- Gives the peer the opportunity to be heard without having to fear being judged
- Promotes strategies that are proven to reduce health complications and strengthen community relationships
- Allows the peer to be in control instead of being told how to live
- Educates the peer on alternative options and gives opportunity for the peer to use their own judgement based on what they have learned

Q & A





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