



Harm Reduction Support Team



#### \*DISCLOSURE\*

# NONE OF THE PRESENTERS HAVE DECLARED A RELEVANT FINANCIAL RELATIONSHIP WITH AN INELIGIBLE COMPANY.

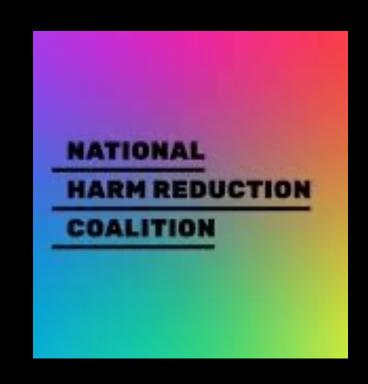


# WHAT IS HARM REDUCTION?

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.

### 8 PRINCIPLES OF HARM REDUCTION

- 1. Drugs are a part of our communities, good or bad, and that we should not judge or ignore it but work to alleviate potential harm
- 2 MEETING PEOPLE WHERE THEY ARE AT, AND IF THEY ARE NOT READY TO STOP USING, EDUCATING THEM ON THE SAFEST WAYS TO USE
- 3. Believes in multiple pathways and improving Quality of life for people no matter where they are on their journey
- 4. NO JUDGEMENT AND NO REQUIREMENTS TO ACCESS SERVICES





# 8 PRINCIPLES OF HARM REDUCTION

- 5. VALUE, ENCOURAGE AND UTILIZE THE OPINIONS AND INPUT OF INDIVIDUALS THAT ARE OR HAVE BEEN A DRUG USER
- 6. EMPOWERS THOSE ACTIVELY USING TO OVERSEE THEIR HARM REDUCTION AND EDUCATE THEM TO HELP OTHERS IN THEIR NETWORKS
- 7. ACKNOWLEDGES THE SOCIAL DETERMINANTS OF HEALTH AND HOW THEY AFFECT DRUG USE, SERVICE ACCESS AND OTHER NEEDS
- 8. RECOGNIZES POTENTIAL HARM AND TRAUMA IN THE LIFE OF THE USER





- Private funded SSE's running in CT and WA
- Bill restricting federal dollars from being used for SSE's

Enough research has been done to deem SSE's as 'safe and effective' Naloxone is accessible to first responders and HR Providers



- Methadone
   Maintenance
- Suboxone is developed
- Naloxone is an FDA approved drug and in use

- Private funded SSE's running in CT and WA
- The NIDA begins SSE research

Suboxone is approved for use

First federally funded Harm Reduction NOFO is released

2022

<sup>2.</sup> Institute of Medicine (US) Committee on Federal Regulation of Methadone Treatment; Rettig RA, Yarmolinsky A, editors. Federal Regulation of Methadone Treatment. Washington (DC): National Academies Press (US); 1995. 5, Federal Regulation of Methadone Treatment. Available from: https://www.ncbi.nlm.nih.gov/books/NBK232105/

<sup>3.</sup> Just Say Know: A Social History of How Naloxone Came to Matter Nancy D. Campbell The Social History of Alcohol and Drugs 2020 34:2, 196-214

<sup>4.</sup> Velander J. R. (2018). Suboxone: Rationale, Science, Misconceptions. The Ochsner journal, 18(1), 23-29. Late 80's



## HARM REDUCTION IS ENABLING PEOPLE WHO USE DRUGS.

# HARM REDUCTION IS ONLY FOR PEOPLE WHO USE DRUGS.

TOUCHING FENTANYL WILL KILL YOU.

HARM REDUCTION INCREASES PARAPHERNALIA LITER.

## HARM REDUCTION DECREASES NEIGHBORHOOD SAFETY.



#### Prevents new injectors

Increased access to condoms, lube and PrEP or PEP

#### Increased early HIV detection

#### Reduces financial burden of community

7. National Research Council (US) and Institute of Medicine (US) Panel on Needle Exchange and Bleach Distribution Programs; Normand J, Vlahov D, Moses LE, editors. Preventing HIV Transmission: The Role of Sterile Needles and Bleach. Washington (DC): National Academies Press (US); 1995. 7, The Effects of Needle Exchange Programs. Available from: https://www.ncbi.nlm.nih.gov/books/NBK232343/

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Users that respond to
overdose are
significantly more likely
to note being trained or
a person in their network
being trained

Significant decrease in lending syringe to friends

Significant decrease in times syringe is used

Significant decrease in number of injections per day

Increased proper disposal of syringes

Decreased risk of needle stick for emergency responders

Increased access to STI testing

Increased access to STI treatment

<sup>5.</sup> Vlahov, David\*; Junge, Benjamin\*; Brookmeyer, Ronald†; Cohn, Sylvia\*; Riley, Elise\*; Armenian, Haroutune\*; Beilenson, Peter‡ Reductions in High-Risk Drug Use Behaviors Among Participants in the Baltimore Needle Exchange Program, Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology: December 15, 1997 - Volume 16 - Issue 5 - p 400-406

19. Jerel M. Ezell, Suzan Walters, Samuel R. Friedman, Rebecca Bolinski, Wiley D. Jenkins, John Schneider, Bruce Link, Mai T. Pho, (2021). Stigmatize the use, not the user? Attitudes on opioid use, drug injection, treatment, and overdose prevention in rural communities, Social Science & Medicine, Volume 268, 113470, ISSN 0277-9536, <a href="https://doi.org/10.1016/j.socscimed.2020.113470">https://doi.org/10.1016/j.socscimed.2020.113470</a>.

20. Karla D. Wagner, Ellen Iverson, Carolyn F. Wong, Jennifer Jackson Bloom, Miles McNeeley, Peter J. Davidson, Christopher McCarty, Alex H. Kral & Stephen E. Lankenau (2013) Personal Social Network Factors Associated with Overdose Prevention Training Participation, Substance Use & Misuse, 48:1-2, 21-31, DOI: <a href="https://doi.org/10.3109/10826084.2012.720335">10.3109/10826084.2012.720335</a>

### Significant increase in skin cleaning practices

### Wound care on the street (pre serious infection) \$5

#### Early wound detection or prevention can:

Decrease cost for participant and community

Decrease time (in hospital)

Decrease severity of infection

Decrease chance of death or limb/appendage loss

16. SPhillips, K. T., Stein, M. D., Anderson, B. J., & Corsi, K. F. (2012). Skin and needle hygiene intervention for injection drug users: results from a randomized, controlled Stage I pilot trial. Journal of substance abuse treatment, 43(3), 313–321. https://doi.org/10.1016/j.jsat.2012.01.003

17. Grau, L. E., Arevalo, S., Catchpool, C., & Heimer, R. (2002). Expanding harm reduction services through a wound and abscess clinic. American journal of public health, 92(12), 1915–1917. <a href="https://doi.org/10.2105/ajph.92.12.1915">https://doi.org/10.2105/ajph.92.12.1915</a>

18. Robinowitz, N., Smith, M. E., Serio-Chapman, C., Chaulk, P., & Johnson, K. E. (2014). Wounds on wheels: implementing a specialized wound clinic within an established syringe exchange program in Baltimore, Maryland. American journal of public health, 104(11), 2057–2059. https://doi.org/10.2105/AJPH.2014.302111

#### Decrease in use frequency

Three times more likely to decrease injection frequency

5 times more likely to enter treatment

Decrease in days of use

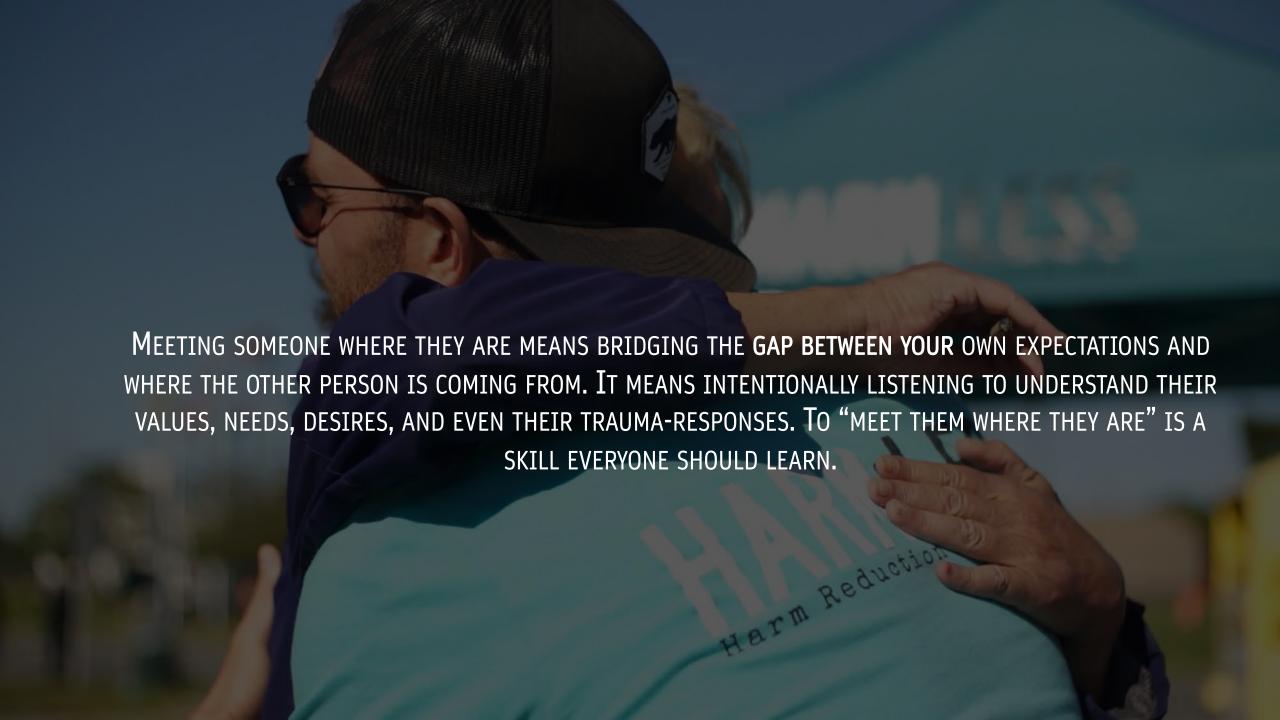
Less likely to partake in illegal activities

Save \$700 million a year in hospital visits

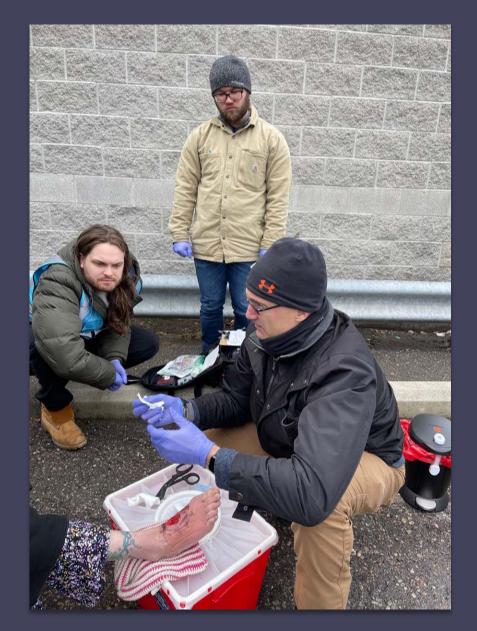
<sup>21.</sup> Ronan, M., & Herzig, S. (2016). Hospitalizations related to opioid abuse/dependence and associated serious infections increased sharply, 2002-12. Health Affairs (Millwood). 2016;35(5):832-837. doi: 10.1377/hlthaff.2015.1424.

<sup>22.</sup> Des Jarlais, Don Ca; Perlis, Theresaa; Arasteh, Kamyarb; Torian, Lucia Vc; Hagan, Hollyb; Beatrice, Sarac; Smith, Loud; Wethers, Judithd; Milliken, Juditha; Mildvan, Donnaa; Yancovitz, Stanleya; Friedman, Samuel Rb Reductions in hepatitis C virus and HIV infections among injecting drug users in New York City, 1990–2001, AIDS: October 2005 - Volume 19 - Issue - p S20-S25 doi: 10.1097/01.aids.0000192066.86410.8c













#### IDENTIFY NEEDS

Community Needs assessment

Community Engagement Group

Windshield Survey

Research

Discussion with police (if possible)

Discussion with local health providers (if possible)

Meet with other local providers such as shelter, foodbanks and mobile provider



#### ENGAGE RESOURCES

Other Harm Reduction Providers National Harm Reduction Coalition

Other outreach teams

Getting off Right

Local data





Federal ban on the purchase of syringes

Lack of federal legality for operation of syringe service programs

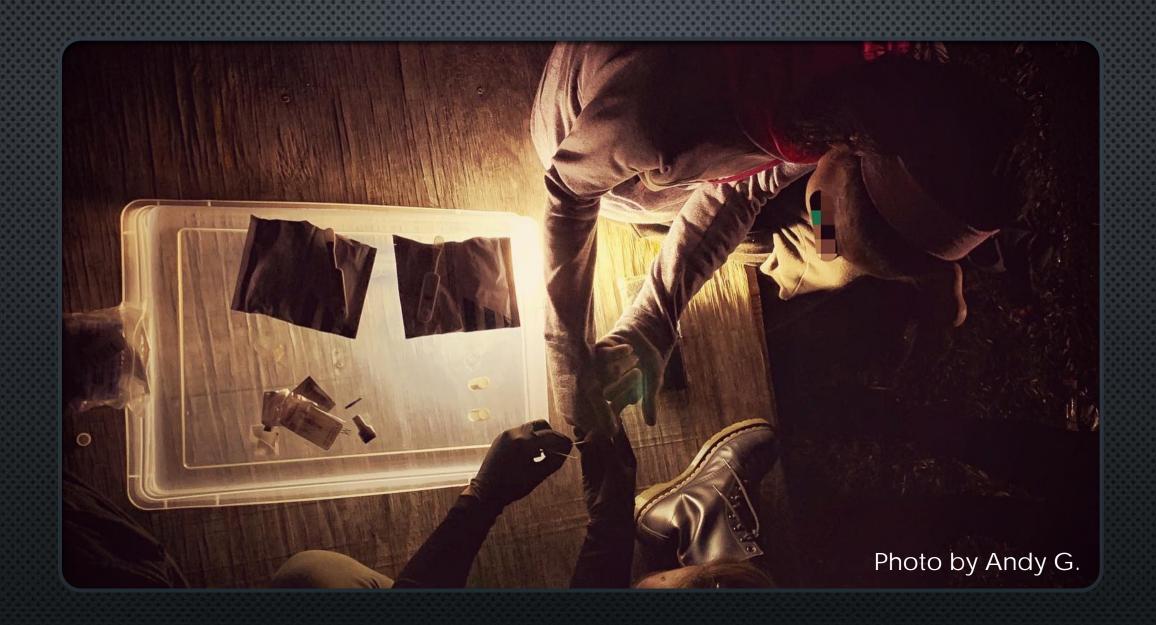
Every city in Michigan has a different ordinances allowing or not allowing Harm Reduction

Participants can still be arrested and charged with paraphernalia from syringes provided by an SSP

Cultural stigma of syringe service programs



## OUR STORY



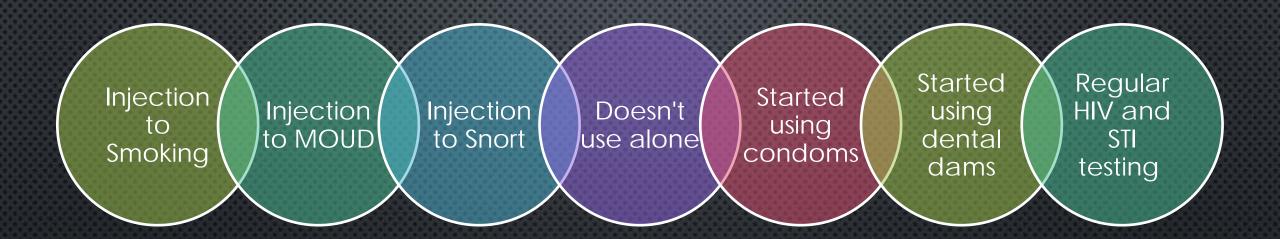








	FY19-20	FY20-21	FY21-22	FY22-23 (to date)
# of individuals enrolled	129	854	855	243
# of encounters	428	4795	4882	2474
Narcan Distributed	456	5070	5120	1199
OD's Reversed	58	1124	796	403
Linked to Treatment	5	27	200	65
HIV Tests	150	476	676	548
HCV Tests	150	476	831	228
HIV +	0	5	4	8
HCV +	6	61	119	30



### OTHER OUTCOMES

# Harm Reduction Support Team











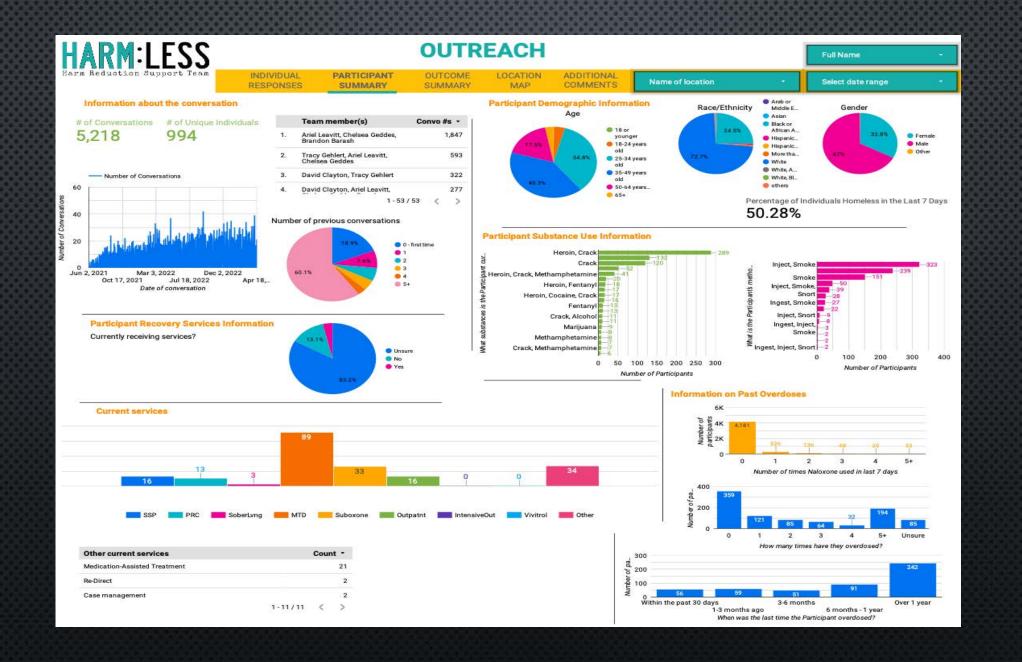
MACOMB STREET MEDICINE IS COMPOSED OF BEAUMONT INTERNAL MEDICINE DR. BRET BIELAWSKI, MCLAREN MACOMB ATTENDING ER DR. JOSEPH CARLIER AND 1<sup>ST</sup> AND 2<sup>ND</sup> YEAR MEDICAL STUDENTS. THE TEAM WILL CLEAN AND TREAT ALL WOUNDS IF NECESSARY AND WITH PHYSICIAN RECOMMENDATION, ANTIBIOTICS MAY BE PRESCRIBED AND DISPENSED ON SITE.

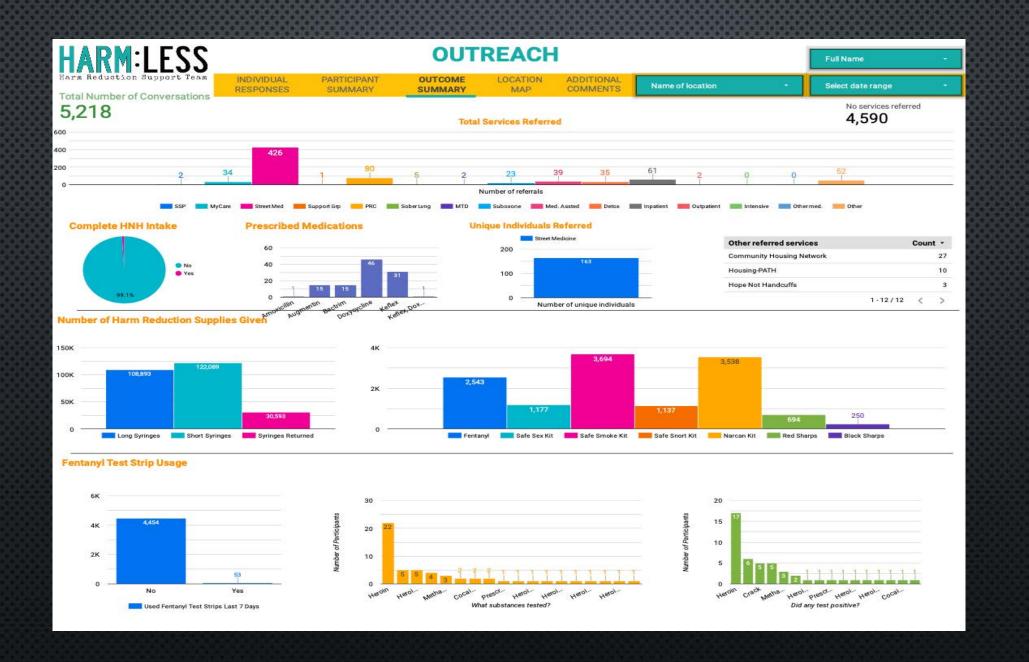


TWO SEPARATE INDIVIDUALS INJECTING THE SAME DRUG SUPPLY, CAUSING FLESH-EATING WOUNDS. THESE INDIVIDUALS NEEDED FURTHER MEDICAL CARE THAN WHAT COULD BE PROVIDED ON SITE, BUT THIS IS AN EXAMPLE OF THE CURRENT TAINTED DRUG SUPPLY ALONG WITH LACK OF MEDICAL CARE AND RESOURCES.

Why street medicine is so important











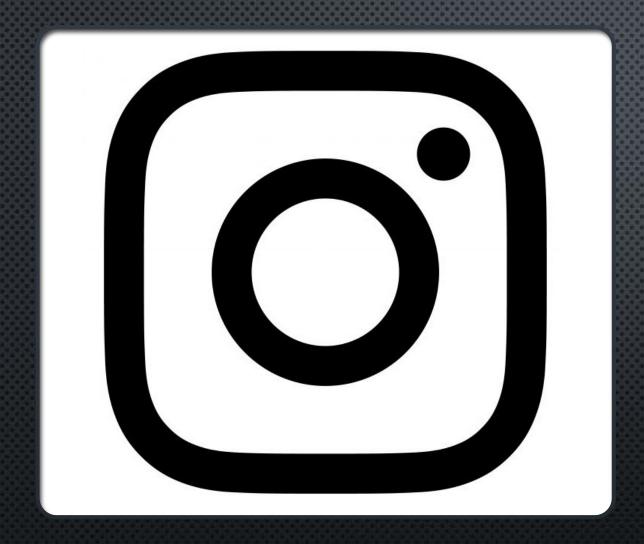
### Since June 2021:

- Over 5,218 engagements
- 994 unique individuals serviced
- 60.1% of individuals serviced regularly
- 426 encounters with Street Medicine Team
- 163 unique individuals for MCSM
- Over 3,700 naloxone kits distributed
- 532 reported overdoses reversed with our naloxone
- Over 15,000 sharps containers distributed
- Over 12,000 condoms distributed
- 230,982 syringes distributed
- 30,533 syringes properly disposed of

# PEOPLE ARE TO ENTER

Source: Centers for Disease Control (CDC)





# FOLLOW ON INSTAGRAM!

HARM:LESS

@HARMLESS\_MI

MACOMB STREET MEDICINE

@MACOMBCOUNTYSTREETMED

**DETROIT RECOVERY PROJECT** 

@RECOVERY4DETROIT

ANDY GALBRAITH

@HARMREDUCTIONDETROIT



DAVID CLAYTON
PROGRAM DIRECTOR

DAVID@ FAMILIESAGAINSTNARCOTICS.ORG AMANDA SCOTT MPH, CHES

PREVENTION PROGRAM DIRECTOR

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