

Harm Reduction, An Effective Strategy to Reduce Overdose and Disease Among People Who Actively use Opioids and/or Psychostimulants

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RC  **RP-TA**

RURAL COMMUNITIES OPIOID RESPONSE PROGRAM - TECHNICAL ASSISTANCE

Harm Reduction, An Effective Strategy to Reduce Overdose and Disease Among People Who Actively use Opioids and/or Psychostimulants

- Four Waves of Overdose Death in the US
- Why Do People Use Drugs?
- Why Do People Not Go To Treatment?
- Stigma
- Discrimination
- What is Harm Reduction?
- Strategies to Improve the Health and Dignity of People Who Use Drugs
- Citations
- Additional Reference Slides

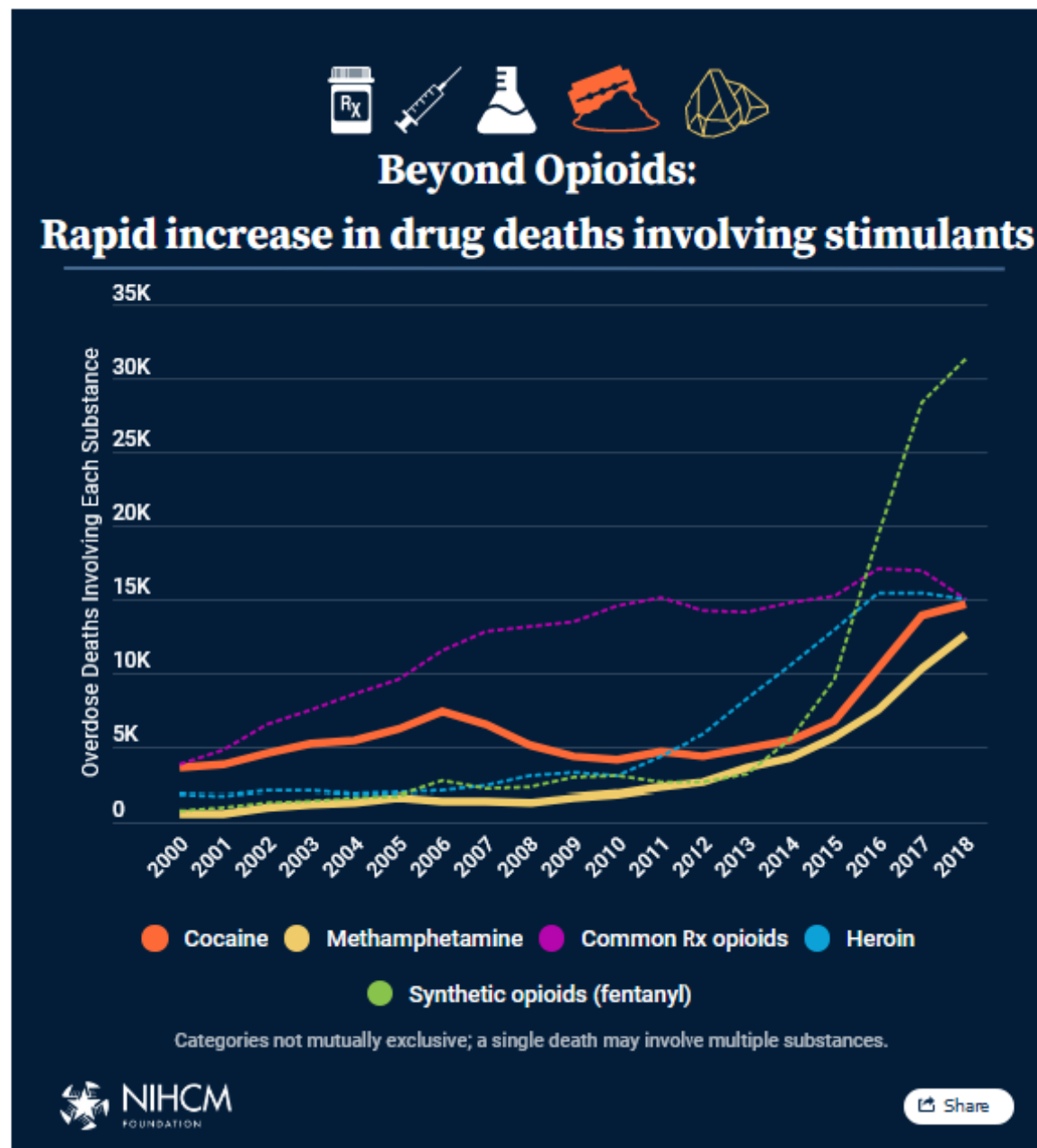


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**Four Waves of
▼ Overdose Death in
the U.S.**

The Four Waves

1. Prescription Opioid
2. Heroin
3. Synthetic Opioids
4. Psychostimulants



Notes on the 4th Wave

- While OD deaths related to psychostimulants alone are going up, there are also data to suggest that the utmost increase in OD deaths related to psychostimulants is due to mixing them with opioids *(9 out of 10)*
- How Polysubstance Overdoses Happen with Psychostimulants:
 - **Intentional** - combining drugs: speedballs/goofballs
 - **Unintentional** - consumption of opioids (especially fentanyl) in meth/cocaine/crack/etc.



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▼ Why Do People Use Drugs?

Why Do People Use Drugs?

• Personal Coping

- Pleasure
- Drug dependence
- Trauma history
- Pain management
- Mental health
- Sleep
- Fitting in
- Love
- Money
- Criminal record
- Employment stress

• Law Enforcement Issues

- Criminal record
- Leaving jail/prison
- Local law enforcement practice

• Barriers to Treatment

- Lack of access to methadone/buprenorphine
- Lack of access to contingency management
- Lack of health insurance
- Criminal record
- Money for treatment (transportation, cost of program, job loss, housing loss)
- Childcare
- Love

• Societal/Institutional Disparities/Discrimination

- Racism
- LGBTQI
- Housing
- Culture
- Exposure to drug use practices
- Supply issues around drugs
- Cost of drugs (legal and illegal)

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▼ Why Don't People Go to Drug Treatment?

Why Aren't People Going to Treatment?

- Cost
- Loss of labor (your job)
- Loss of housing
- Stigma/shame
- Transportation barriers
- Lack of childcare options
- Lack of access to healthcare coverage
- Loss of partner/family relationships
- Lack of treatment options that provide for chronic pain management strategies
- Personal or a friend's negative experience or negative perception of treatment
- Lack of medications for opioid use disorder (MOUD) options
- Lack of information that treatment exists/Knowledge of sites
- **Lack of treatment options for people who use stimulants**
- Criminal history or pending criminal charges
- Ambivalence/lack of confidence about change
- Untreated mental health/trauma issues
- Gender/racial/cultural bias
 - Lack of services to female populations
 - Lack of services to trans populations
 - Lack of appropriate language services
 - Lack of culturally competent services/providers
 - Lack of LGBTQI-specialized services
- Hours of treatment service conflict with obligations
- Law enforcement/criminal justice practices that discount treatment diversion or treatment referral after incarceration
- Geographical access barriers
- Extended waiting lists for services

Discrimination Against People Who Use Drugs

Health

Housing

Finances

Driving

Criminalization

Driving

Employment

Welfare Restrictions

Education

National & International Travel





What Is Harm Reduction

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



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Strategies to Improve the
Health and Dignity of
People Who Use Drugs:
Harm Reduction



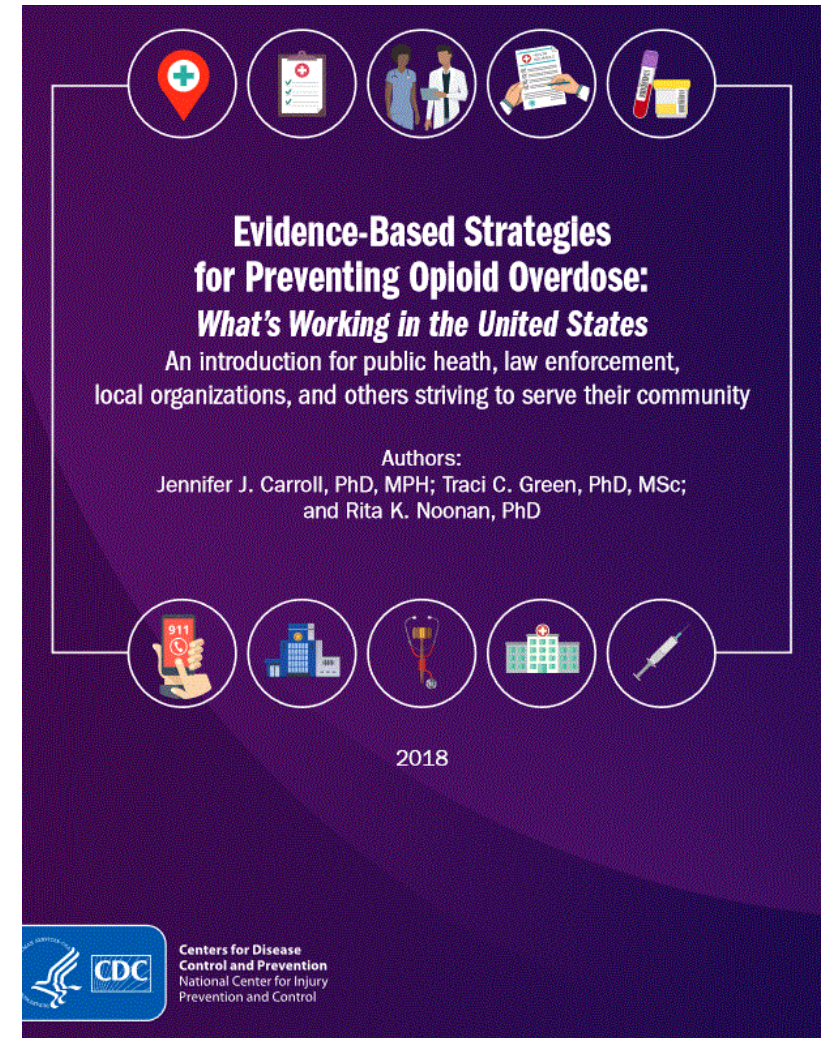
Harm Reduction for People with SUD/ODU

- CDC Strategy Document
- Syringe Service Programs
- Safer Smoking Programs
- Drug Checking
- Overamping Prevention and Response
- Polysubstance Overdose with Opioids & Psychostimulants Prevention and Response
- Not Using Alone
- Safety Planning
- Safer Sex & Chemsex
- Outreach and Peer Based Interventions
- “Nothing About Us Without Us”



CDC Recommendations for Preventing Opioid Overdose

<https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf>



Thank you

The purpose of RCORP is to support treatment for and prevention of substance use disorder, including opioid use disorder, in rural counties at the highest risk for substance use disorder.

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RCORP-TA

RURAL COMMUNITIES OPIOID RESPONSE PROGRAM - TECHNICAL ASSISTANCE

Law Enforcement Assisted Diversion/Let Everyone Advance with Dignity (LEAD)

Donnie Varnell

Investigator

Dare County Sheriff's Office

LEAD

Law Enforcement Assisted Diversion/ Let Everyone Advance with Dignity

LEAD is a pre-arrest diversion program that utilizes **officer discretion** to divert low level drug offenders and sex workers from the traditional criminal justice system and into harm reduction, treatment using MOUD and recovery services. This linkage to services operates within a **harm reduction framework** to include intensive case management.



Central Tenets of LEAD

- Harm Reduction Framework
- Utilizes Officer Discretion
- Improves Health Outcomes
- Public Health approach versus Criminal Justice approach



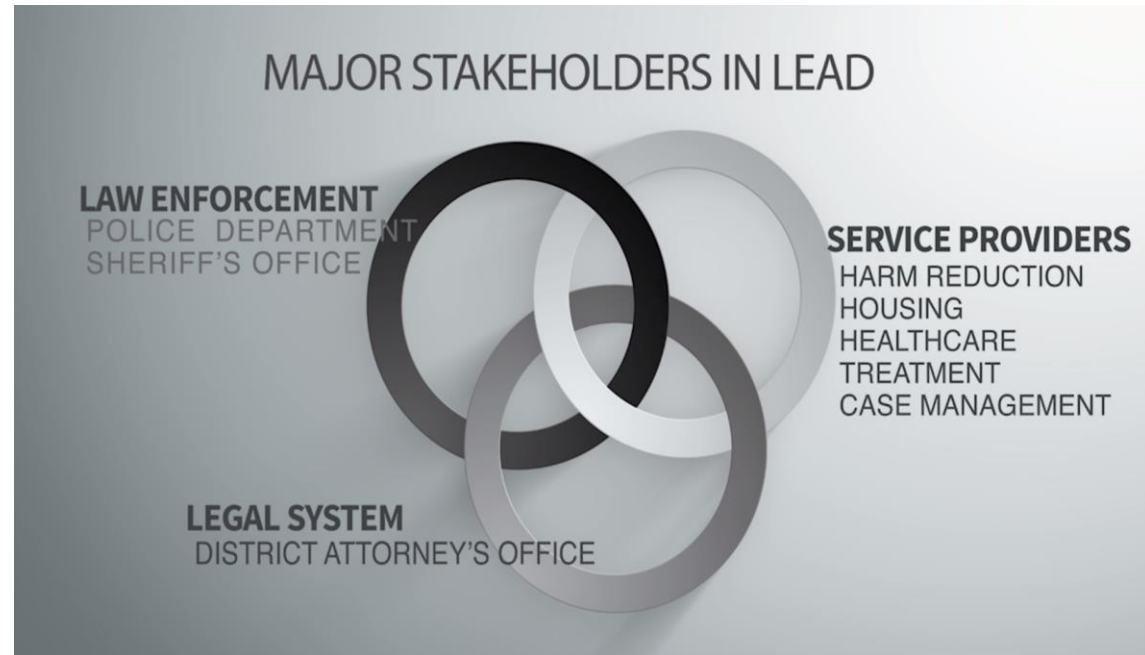
Benefits of LEAD

- Diverts individuals immediately into wrap around services which include:
 - Harm reduction, drug treatment, emergency housing, food, medications, mental health treatment, vocational training, recovery services, etc.
- Redirects officers back to the street to handle more pressing law enforcement priorities.
- Realizes cost savings to social service and medical systems.
- Reduces drug related injuries to include overdose deaths, spread of communicable diseases such as HIV & Hep C, abscesses, etc.



Major Stakeholders

- Law Enforcement Agency
- District Attorney's Office
- Case Management
- MCO
- Harm Reduction
- Treatment Providers Who Use MOUD
- Mental Health Providers



Wrap Around Services within the Harm Reduction Model

- Basic Needs
- Access to Substance Use Disorder Treatment and Support
- Access to Mental Health Care Treatment
- Access to Harm Reduction Strategies and Services (Naloxone, SEP, MOUD)
- Access to Healthcare
- Access to Emergency and Long-term Housing
- Access to Food
- Assistance with getting an ID



2 Types of LEAD Referrals

- **Charge Diversion:** restrictions already agreed upon by MOU stakeholders
- **Social Referral:** based on history & knowledge



Program Development

- Identify stakeholders
- Develop team
- Determine criteria for eligibility
- Identify local resources
- Draft MOU
- Develop training for officers



Community Assessment of Resources

- Transportation
- Harm Reduction Resources
- MOUD/SUD Treatment
- Recovery Resources
- Housing
- Mental Health Care
- Food
- Case Management
- Determining Coverage (insurance or no insurance?)
- **Identify other barriers**



Potential LEAD Clients

- Adults suspected of a criminal offense (primarily **low-level drugs and/or survival sex and/or sex work**) and dependent to an illicit or licit substance
- Open to being connected to services
- Willing to sign release of information to allow stakeholders to share information for treatment purposes



LEAD Summary

- Innovative arrest diversion program
- Co-designed by law enforcement, prosecutors, public defenders, public health experts, and civil rights leaders
- Utilizes a harm reduction approach to community-based issues of substance use, addiction, sex work, mental illness, criminal justice system involvement, and poverty
- Allows officers to use discretion to divert low-level drugs users or sex workers to case managers who connect them with treatment/supportive services
- Offers an alternative to incarceration for people who would more likely benefit from treatment/supportive services
- Reduces recidivism by 58% and provides cost effectiveness in the judicial system (Seattle LEAD)



Clarifying Points for LEAD Program

- Abstinence is not required liked traditional treatment programs expect
- This is a journey for most. Continued criminal activity may occur, especially for problematic users. Being in LEAD does not mean people have a free pass for subsequent crimes.
- The intake process completed within 14 days means initiating charge will not be pursued, as directed in the signed MOU.
- Most people you engage with about entering LEAD are not treatment ready.



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