

HARM REDUCTION & OUD



Disclosures & CME Credit

- Neither the case presenter nor the didactic presenter have conflicts of interest
- Off label use of medications may be discussed
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Vision, Mission & Beliefs

Vision

The community embraces and celebrates recovery from substance use disorders as a positive, healing force.

Mission

FAVOR Greenville exists so that everyone affected by substance use disorders in the Upstate region of SC has a fighting chance at recovery.

Mission Message

FAVOR Greenville provides a compassionate and innovative response to the suffering caused by substance use disorders for more than 5,000 new individuals each year in Upstate SC:

Rebuilding Lives, Empowering Families, Changing the World

Core Beliefs

- Addiction recovery is a reality in the lives of millions.
- There are many paths to recovery.
- Recovery flourishes in supportive communities.
- Recovery is a voluntary process.
- Recovering people are part of the solution.
- Recovery gives back what addiction takes away.



FAVOR
FACES AND
VOICES OF
RECOVERY
GREENVILLE

**I DON'T PROMOTE DRUG USE.
I DON'T PROMOTE CAR
ACCIDENTS EITHER, BUT I STILL
THINK SEATBELTS ARE A GOOD IDEA.**

Harm Reduction - practicing common sense since the 1980's.

Harm Reduction...

Is NOT motivational interviewing but demands the spirit of motivational interviewing

Is NOT needle exchange or Narcan or safe consumption but involves needle exchange and Narcan and safe consumption sites.

Is NOT a social justice movement but involves social justice principles.

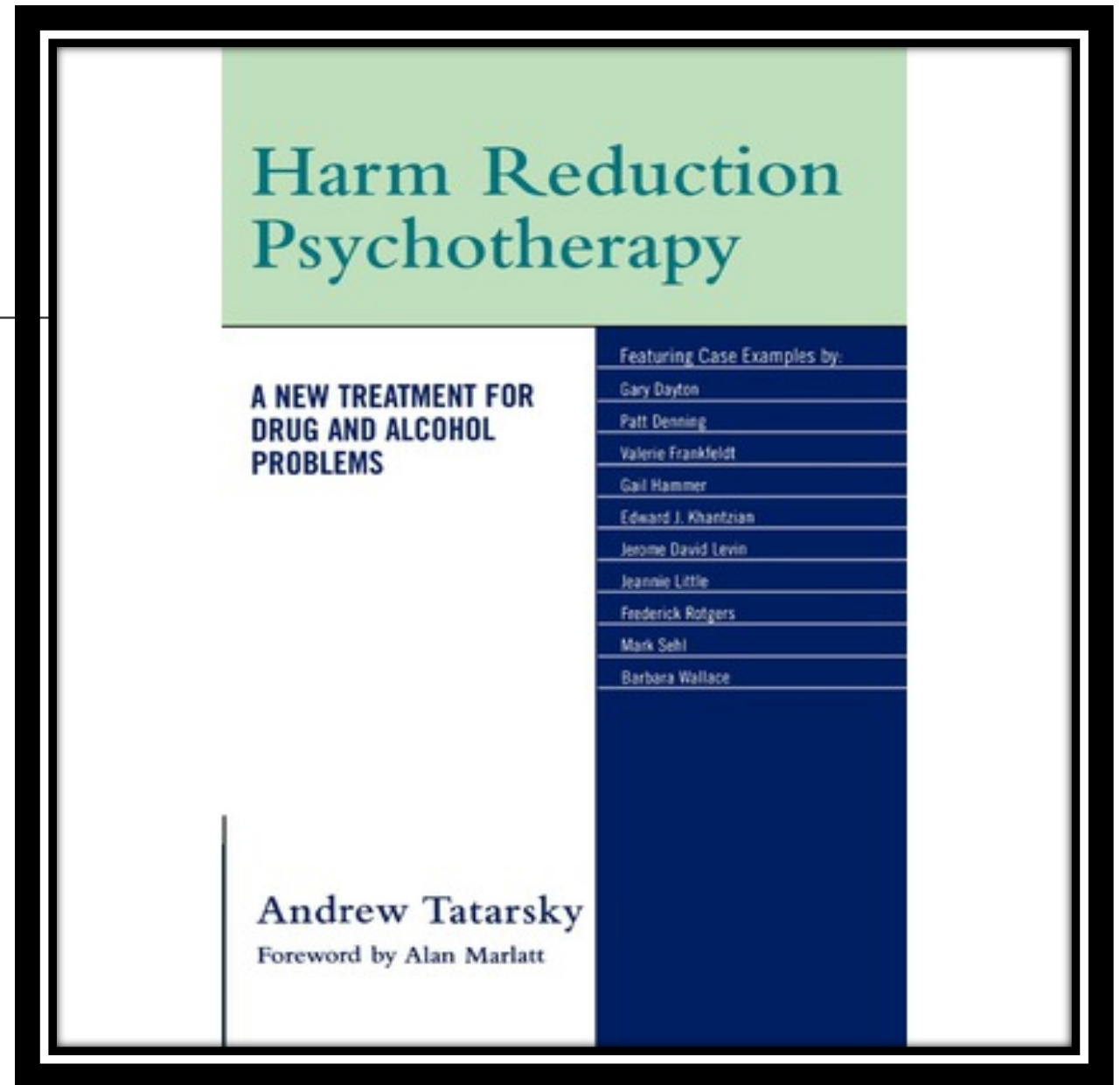


definitions ...

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. (harm reduction coalition)

Definitions...

Harm reduction “therapy” is a paradigm-shifting idea that has the potential to significantly improve the treatment of problem substance users. The essence of harm reduction is the recognition that treatment must start from the client's needs and personal goals and that all change that reduces the harms associated with substance use can be regarded as valuable. (journal of substance abuse Tx)



Harm Reduction Coaching...

Centered around recovery initiation and sustainment, a missing element in the framework of peer-delivered recovery supports, especially in RCOs, is the capacity to accommodate and integrate harm reduction strategies. Harm reduction initiatives—such as syringe exchange programs (SEP) and drug consumption rooms—have shown reductions in the sharing of syringes, decreases in HIV infection rates, and reductions in overdose deaths. While many harm reduction initiatives are delivered in a traditional, professionalized manner, there are also peer-delivered harm reduction strategies that mirror the nature of PRSS.



WHY USE HARM REDUCTION?

Empowers the participant to discover what works for them

Shows compassion and respect to the person

Meets them where they are at

Reaches a population who is at risk, has many barriers, and who is hard to reach.

** Remember how few people who suffer from SUD get help!**



STATE OF EMERGENCY

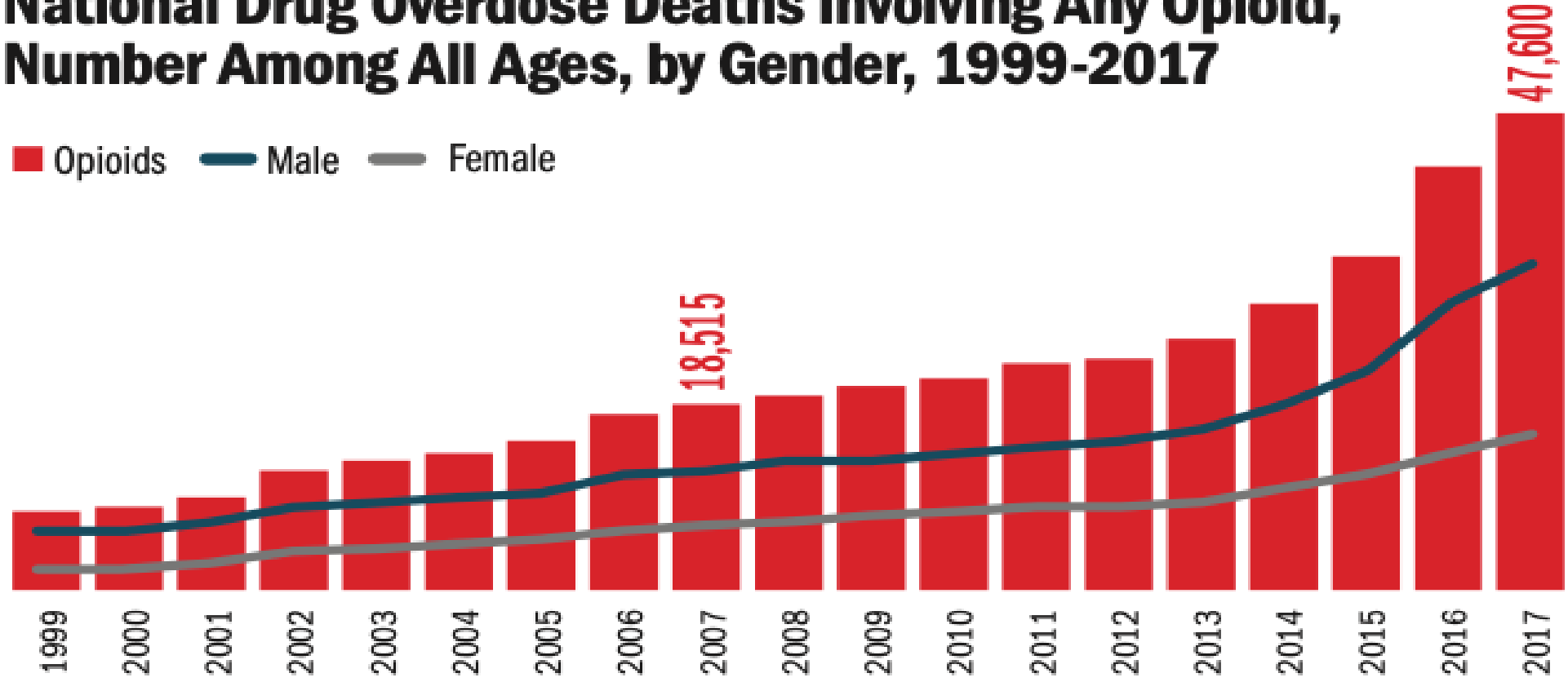
OPIOID CRISIS

SEARCHING FOR SOLUTIONS

CDC Stats on Fatal Opioid Overdoses

National Drug Overdose Deaths Involving Any Opioid, Number Among All Ages, by Gender, 1999-2017

■ Opioids — Male — Female



Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018

THE OPIOID EPIDEMIC BY THE NUMBERS



70,630

people died from drug overdose in 2019²



10.1 million

people misused prescription opioids in the past year¹



1.6 million

people had an opioid use disorder in the past year¹



2 million

people used methamphetamine in the past year¹



745,000

people used heroin in the past year³



50,000

people used heroin for the first time¹



1.6 million

people misused prescription pain relievers for the first time¹



14,480

deaths attributed to overdosing on heroin (in 12-month period ending June 2020)³



48,006

deaths attributed to overdosing on synthetic opioids other than methadone (in 12-month period ending June 2020)³

SOURCES

1. 2019 National Survey on Drug Use and Health, 2020.
2. NCHS Data Brief No. 394, December 2020.
3. NCHS, National Vital Statistics System. Provisional drug overdose death counts.

HIV and HCV stats

- In South Carolina, the average lifetime cost for treating one person living with HIV is \$478,000 (in 2017 dollars).
- For HCV, the lowest cost treatment option is currently \$26,400 per year, but can be as much as \$189,000 per year.
- Each individual with HCV who injects drugs infects an average of 20 other people. Syringe Exchange is one of the most effective measures against this.

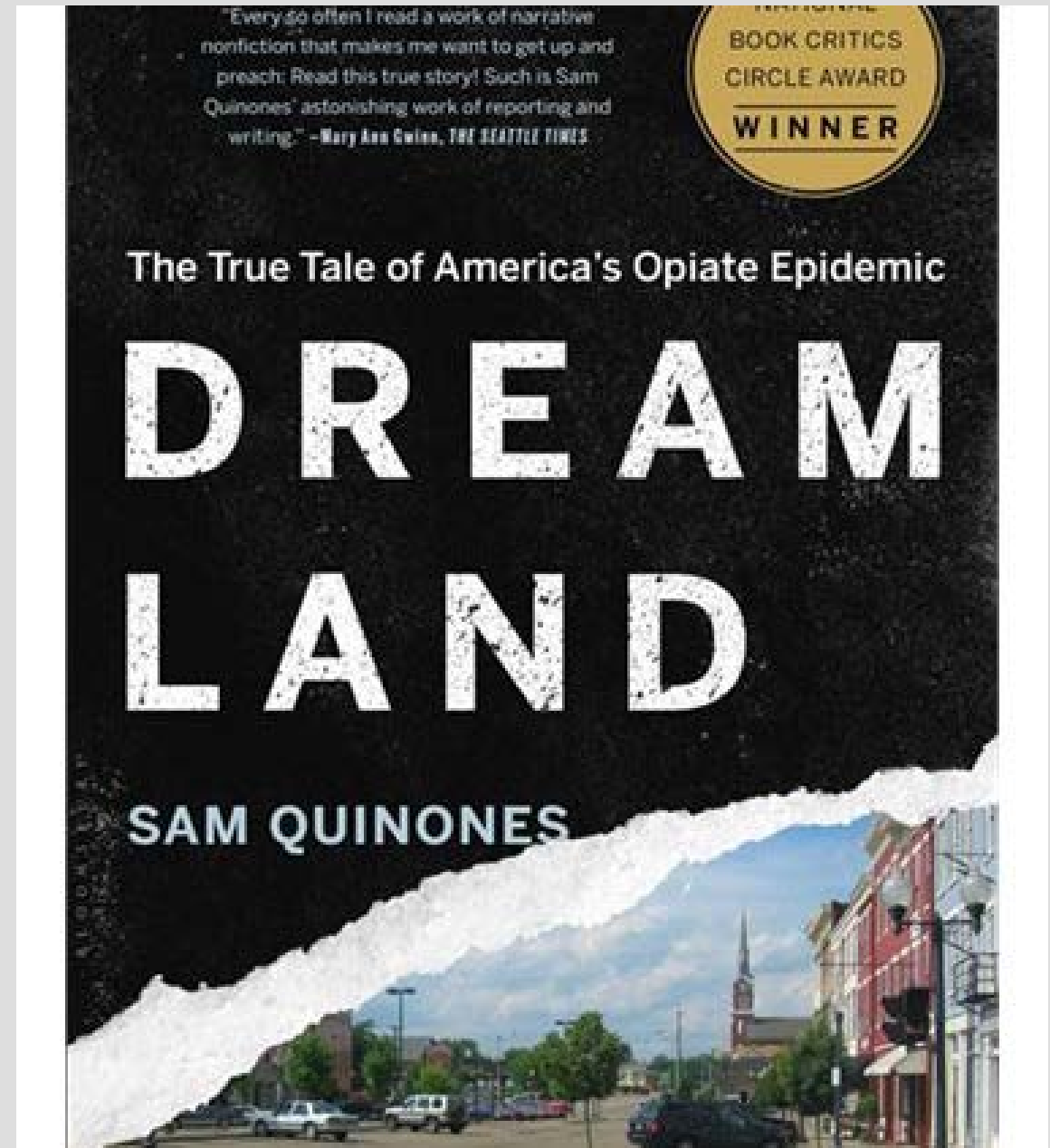
A Radical Idea?

HARM REDUCTION IS OUR
RESPONSIBILITY BC THE
EPEDIMIC WAS OUR CREATION

“Like a lover, no other molecule
in nature provided such
merciful pain relief, then
hooked humans so completely,
and punished them so
mercilessly for wanting their
freedom from it.”

— Sam

Quinones, [Dreamland: The
True Tale of America's
Opiate Epidemic](#)



HR IS COMPASSIONATE & PERSON-CENTERED

Empowers the participant to discover what works for them

Shows compassion and respect to the person

Meets them where they are at

Reaches a population who is at risk, has many barriers, and who is hard to reach.

** Remember how few people who suffer from SUD get help!**



**A kind gesture can reach a wound
that only compassion can heal. -
Steve Maraboli**

IT'S COMMON SENSE

(IT STOPS PEOPLE FROM BEING INJURED AND DYING FROM THINGS THAT ARE PREVENTABLE)

Every Day Examples

Seatbelts

Parachutes

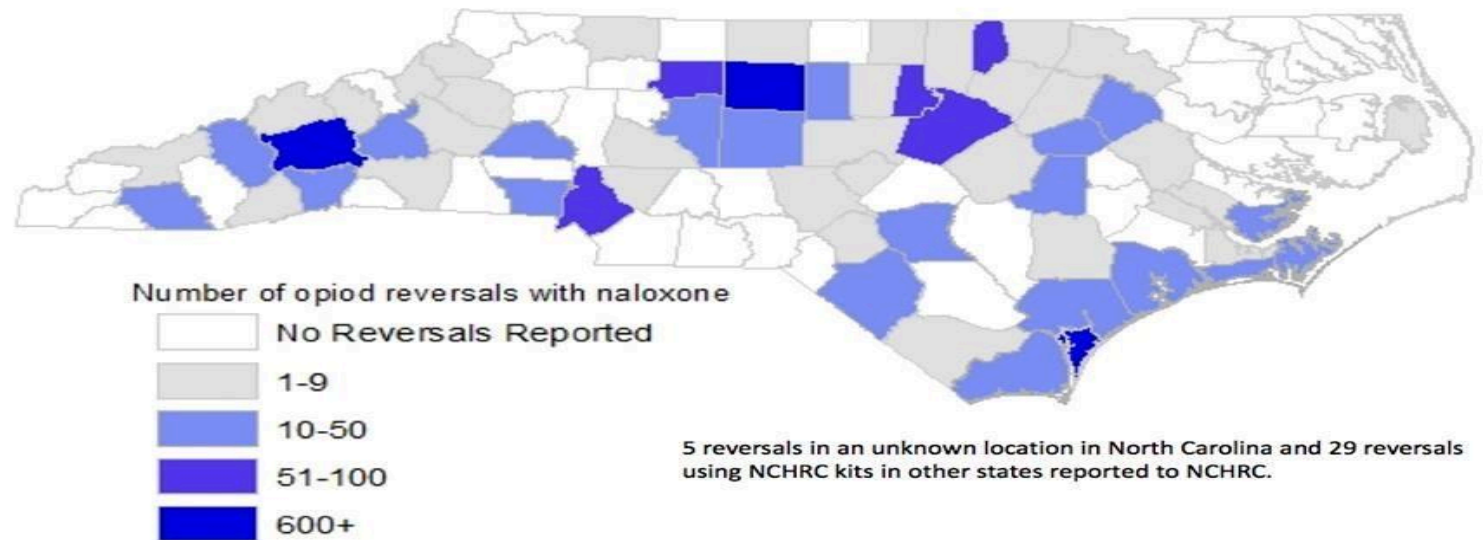
Sunscreen

Hardhats

Not Drinking & Driving

It Works

Number of Opioid Overdose Reversals with Naloxone Reported to the North Carolina Harm Reduction Coalition by County
8/1/2013 - 4/30/2016 (2,848 total reversals reported)



Source: North Carolina Harm Reduction Coalition, May 2016
Analysis: Injury Epidemiology and Surveillance Unit

HARM REDUCTION IS A MULTIFACETED MOVEMENT.

PRINCIPLES

Respecting the rights of people who use drugs

Emphasis on evidence based practice

Stigma Reduction

Goals:

Keep people alive

Provide advocacy and awareness

Reduce harm to individuals, families, communities, systems etc...

To Offer Multiple pathways / many alternatives

TREE OF LIBERATION

LEAVES: ACTIONS

Create plans together based on their goals

Ask clarifying questions to understand the whole story & needs

Share resources & education for their friends to have

TRUNK: BELIEFS

"They can do _____"
"They're telling me the truth"
"They care about the community"

Capable
Trustworthy
Caring

ROOTS: PERCEPTIONS

TREE OF STIGMA

LEAVES: ACTIONS

Ignore the story & project your own agenda

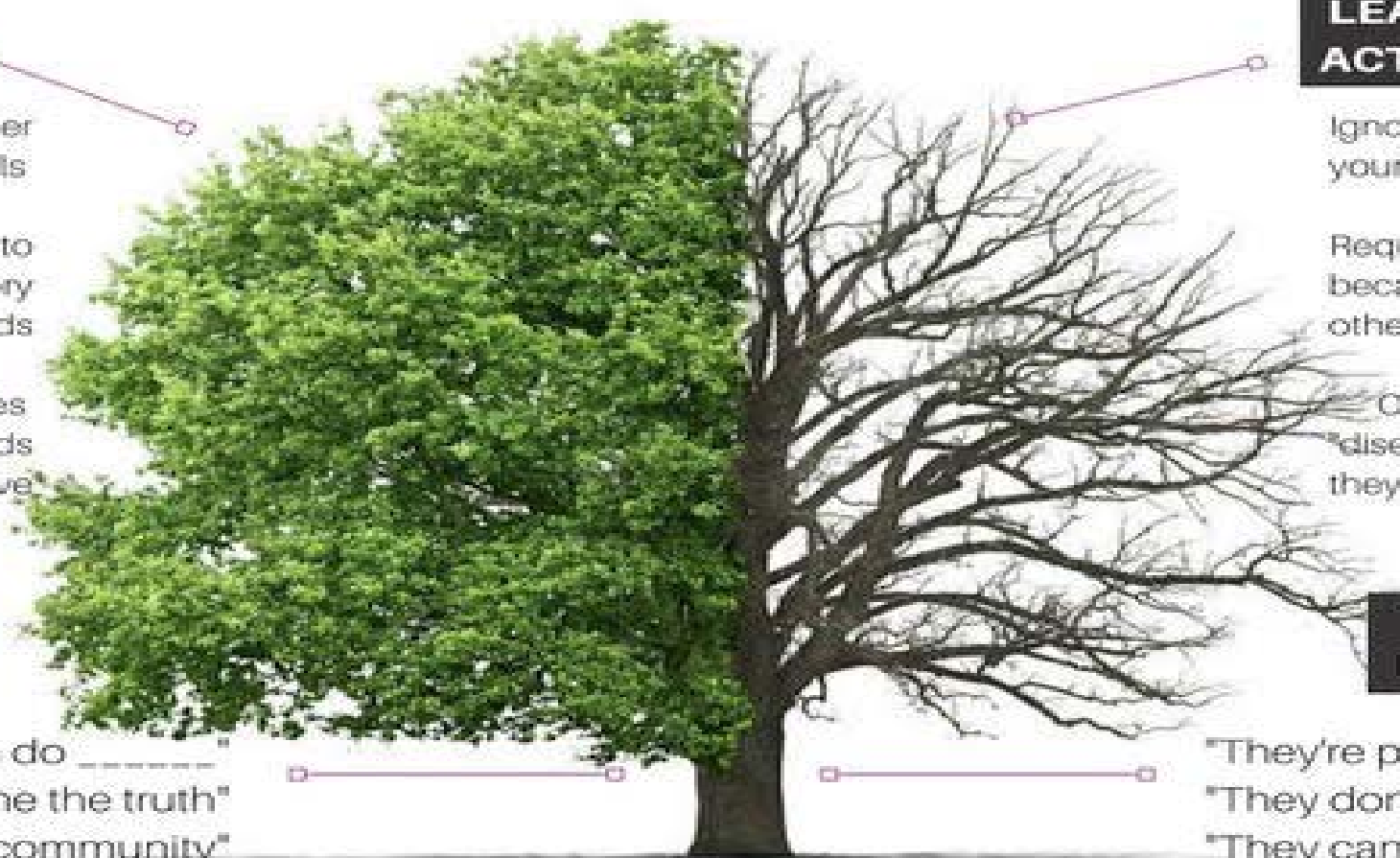
Require mandatory XYZ because "they won't do it otherwise"

Only talk about the "disease" & not about what they have control over

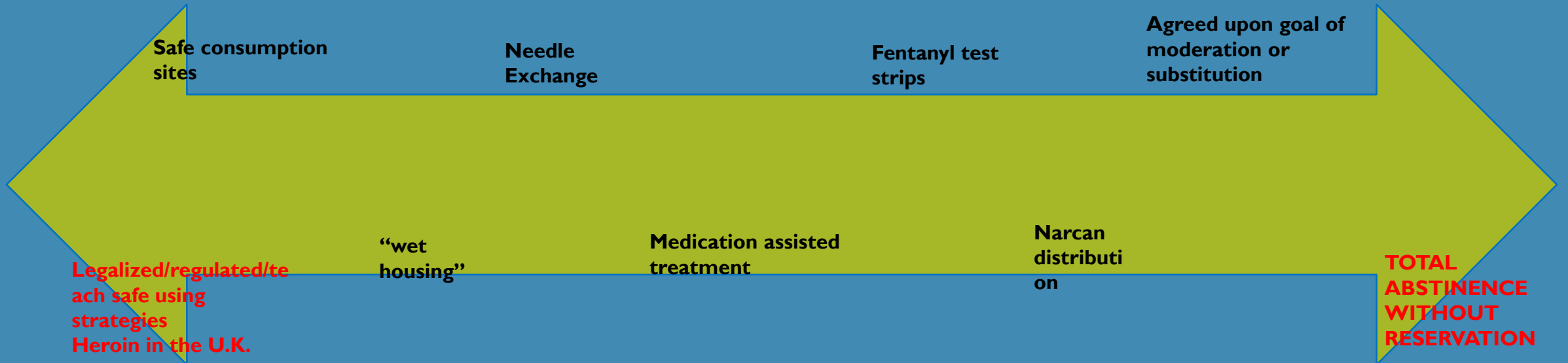
TRUNK: BELIEFS

"They're probably lying"
"They don't have the willpower"
"They can't help themselves"

Not trustworthy
Lazy
Sick



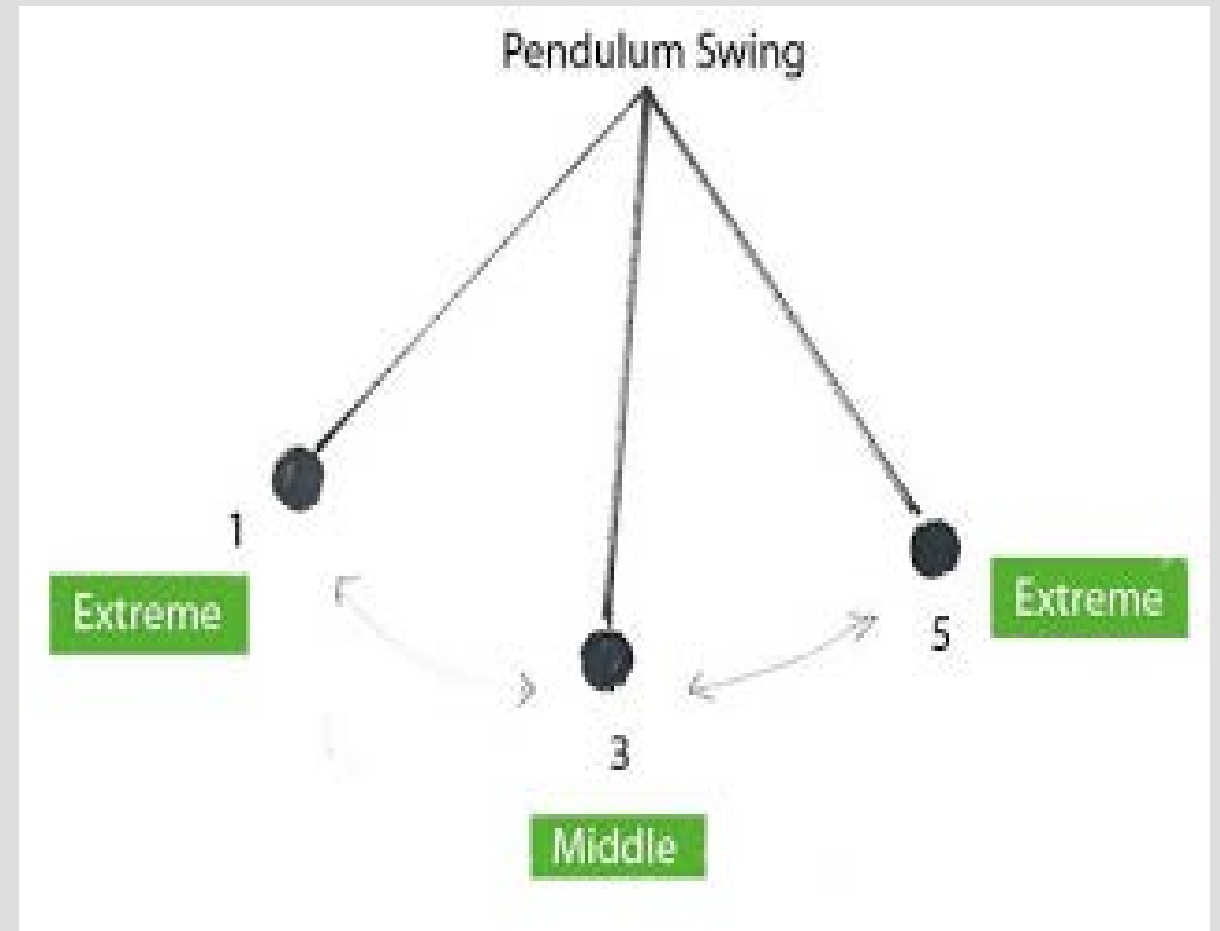
A SPECTRUM OF HR PRACTICES TO CONSIDER



PERHAPS HR IS NOT AN EITHER OR BUT A BOTH AND PRACTICE

"THE HISTORY OF
THE WORLD IS
NOTHING THAN
THE PROGRESSION
OF THE
CONSCIOUSNESS
TOWARD
FREEDOM."

- HEGEL



SYRINGE DISTRIBUTION PROGRAMS

[HTTPS://CHALLENGESINC.ORG/](https://challengesinc.org/)



SUPERVISED INJECTION FACILITIES

There are several cities in the US that have tried setting up a place where people could safely use, without success. While there are hundreds of these sites around the world, most are in Europe. The oldest one is called *Insite* in Vancouver, Canada.

http://www.vch.ca/locations-services/result?res_id=964



PERSPECTIVE MATTERS ... IS A BAR A SUPERVISED INJECTION SITE?

- ✓ *A place is provided for safe consumption of drug*
- ✓ *They provide measured amounts of*
- ✓ *They have rules to keep people safe*
- ✓ *They have paid staff to help enforce safety*



MEDICATION ASSISTED TREATMENT

MAT

To take medication in order to help with the recovery process. There is a variety of medication that offers assistance with cravings, withdrawal symptoms, and can potentially help in allowing the participant to partake in recovery.

3 COMMON MEDICATIONS USED TO TREAT OPIOID DEPENDENCY

❖ **Methadone**

❖ **Buprenorphine**

❖ **Naltrexone**

NALTREXONE:
ORAL
VIVITROL:
INJECTION

- Blocks the effects and feelings of intoxication.
- Allows a person to reduce intake and motivates them to continue participation in their recovery.
- Must have a complete detox for several days prior to taking the medication

FAVOR GREENVILLE

(DOING OUR PART)

At FAVOR one of our core values is that we support all pathways to recovery. This includes harm reduction. We advocate for and encourage all those working with OUD to practice Harm Reduction methods of recovery support.



FAVOR is an Approved Narcan Distribution Center

We've distributed over 1,000 kits since October 2019

**WHAT ARE YOUR
THOUGHTS?**



CMEs and CEUs

MUSC designates this live activity for a maximum of 1.0 *AMA PRA Category 1 Credit(s)*[™]

MUSC will award 0.1 CEUs for this activity (1 contact hour = 0.1 CEU)

Harm Reduction March 2021 – June 2021		
Date	Topic	Presenter
4/2/21	Shared Decision-Making Tools	Drs. Sarah Clingman & Sarah Cousins [UCLA Integrated Substance Abuse Programs]
4/16/21	Syringe Exchange	Marc Burrows, CPSS
5/7/21	Adolescents and MOUD	Justine Welsh, MD
5/21/21	Micro-dosing	Melissa Weiner, MD
6/4/21	Mindfulness-Oriented Recovery Enhancement(MORE)	Katy Bottonari, PhD

WWW.SCMATAACCESS.ORG

TO ACCESS ARCHIVED DIDACTIC VIDEO PRESENTATIONS, SLIDE SETS, AND ADDITIONAL PRACTICE RESOURCES CREATE A LOG-IN AND PASSWORD.



Tele-Mentoring Programs in South Carolina

Project ECHO Opioid Use Disorders

Medical Director

Dr. Karen Hartwell, MUSC

Program Coordinator: Rachel Grater, grater@musc.edu

Website: www.scmataccess.org

**1st and 3rd Friday of each month
12-1 pm**

Project ECHO Pregnancy Wellness

Co-Medical Directors

Dr. Berry Campbell, USC and Dr. Donna Johnson, MUSC

Program Coordinator: Rachel Grater, grater@musc.edu

Website: www.pregnancywellnesssc.com

**1st and 3rd Wednesday of each month
12:15-1 pm**

Southeast Viral Hepatitis Interactive Case Conference

Medical Director

Dr. Divya Ahuja, USC

Program Coordinator: Adrena Harrison,
adrena.harrison@uscmed.sc.edu

Website: <http://schivtc.med.sc.edu/>

**1st and 3rd Wednesday of each month 12-1pm
4th Wednesday of each month 1-2pm**

Project ECHO Peer Recovery Support Specialists

Co-Directors

Dr. Karen Hartwell, MUSC and Mike Malone, CPSS, NCPRSS, FAVOR
Greenville

Program Coordinator: Rachel Grater, grater@musc.edu

**2nd and 4th Tuesday of each month
12-1 pm**