Center on Rural Addiction UNIVERSITY OF VERMONT



This presentation is part of the Community Rounds Workshop Series

These sessions are provided monthly thanks to the University of Vermont Center on Rural Addiction, the Vermont Center on Behavior and Health, and a grant from the Health Services and Resources Administration.

This presentation is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$10,365,921 with zero percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

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There is nothing to disclose for this UVM CORA Community Rounds session.

Potential Conflict of Interest (*if applicable*):

All Potential Conflicts of Interest have been resolved prior to the start of this program.

All recommendations involving clinical medicine made during this talk were based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.

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Understanding the Harm Reduction Approach: Principles and Practice

Theresa Vezina

Associate Director, Vermont CARES

Contact us: <u>CORA@uvm.edu</u>

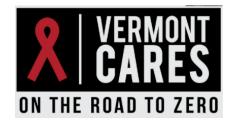
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Session Objectives

- Identify the historical, philosophical, and practical foundations of harm reduction
- Discuss stigma and bias related to harm reduction interventions
- Describe efficacy of Syringe Service Programs (SSPs) and other common harm reduction interventions
- Discuss strategies for integrating harm reduction principles and practices into clinical care settings
- Identify obstacles, advantages, and innovative techniques for practicing harm reduction in rural communities.





Vermont's longest running HIV/AIDS Service Organization

Vermont CARES provides life-saving harm reduction services, education and resources to Vermonters affected by HIV, Hepatitis C and substance use by increasing access to care, reducing social stigmas and building relationships.

Our Vision

Celebrate every small change.

Envision compassionate communities.

Accept people where they are at.

Stand up for the rights of those we serve.

Respect individual choice and welcome diversity.



What is Harm Reduction?

INCLUSION SELF CARE PEERS LOVE EDUCATION DIGNITY NON-JUDGEMENTAL EVIDENCE-BASED KIND LIFE SAVENG OPENNESS WELCOMING KIND HARM REDUCTION ACCESSIBLE FEELING HEARD EMPOWERMENT FEELING VALUED RESPECTING EXPERTISE COMPASSION COMMUNITY PRAGMATISM

- Is an effective, evidence-based set of practical strategies and ideas aimed at reducing the harms associated with drug use.
- Is a model of care that accepts, for better or worse, that licit and illicit drug use exist and does not seek to ignore or condemn.
- Is a person-centered approach that looks at the whole person, not just the drug use itself.
- Is a bridge to treatment and recovery when a person is ready.
- Is a model that encourages the input of drug users themselves in the creation of programs and policies. "Nothing about us, without us".



A Harm Reduction Philosophy



Meets people where they are at, but doesn't leave them there.

Accepts that abstinence is just one of many options.

Accepts that some ways of using are safer than others.



Builds trust by listening and not judging.



Fosters autonomy and sense of ownership in goal setting.



Treats everyone with dignity & respect, regardless of use or life circumstances.





Stigma and Language

a mark of disgrace associated with a particular circumstance, quality, or person.

- Studies show that only about 1 in 12 people with substance use disorder get treatment and that stigma is a key barrier for many people who don't seek treatment. * Boston Medical Center
- Using **person-first language** in the treatment and care of people who use drugs builds trust and improves outcomes.
- Person-first language recognizes that **people are first of all, people**. We more than our behaviors.
- Use of the terms like addict, dirty or clean describing a toxicology screen or the status of the person, drug abuse, drug offender etc. perpetuate stigma.
- We all have a role to play in the de-stigmatization of substance use, treatment and recovery both professionally and personally.

SAY THIS

Person with a substance use disorder Person living in recovery Person living with an addiction Person arrested for drug violation Chooses not to at this point Medication is a treatment tool Had a setback Maintained recovery Positive drug screen

NOT THAT

Addict, junkie, druggie **Ex-addict** Battling/suffering from an addiction Drug offender Non-compliant/bombed out Medication is a crutch Relapsed Stayed clean Dirty drug screen

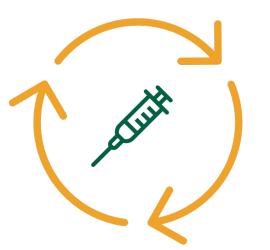


Syringe Service Programs

In Vermont, SSP's must be approved and registered with Vermont Department of Health.

Free and Anonymous

Drop-in days, no appt. needed.



Case management

Mobile services in rural communities.

Voluntary intake, low barrier, no requirements



Efficacy of Syringe Service Programs (SSPs)

- SSPs are a crucial part of the continuum of substance use disorder care
 - Decrease risk of overdose, disease transmission (e.g., HCV, HIV), and other harms associated with drug use
 - Increase relationships between participants and care coordinators, expanding access to critical social and health services
- Uptake of sterile injecting equipment from syringe service programs has been linked with a reduction in soft tissue infections among people who inject drugs (Dunleavy et al., 2017)
- Have been shown to be an effective linkage to MOUD care (Kidorf et al., 2018)
- People who participate in syringe service programs are less likely to share syringes and other works (Holtzman et al., 2009), reducing the risk for transmission of HCV, HIV, and other bloodborne diseases.



Syringe Service Programs

Member cards offer protections under Vermont state law.

Walk In Hours: Every Weds. 9am to 3pm	Membership ID
1 Scale Ave. Behind The Howe Center Bldg. #18, Suite 103	This person is a registered member of this VT State regulated program.
Rutland, VT 05701	Authorized by
	Contact us for more info & new intakes. Office phone: 802-775-5884

Front of Card



The Syringe Exchange Program named on the front of this card has been approved by the Vermont Commissioner of Health in accordance with 18 VSA 4476 C, the distribution and possession of needles and syringes as part of an organized community based Syringe Exchange Program is <u>NOT</u> a violation of Vermont's regulated drug law, 18 VSA Chapter 89.

If you are a law enforcement agent and have questions or concerns please contact us at the number on the front. Please do not confiscate syringes of registered members.

Back of Card

Harm Reduction Interventions



Naloxone distribution, Fentanyl test strips & overdose prevention education.

HIV & Hep C POC testing, safer sex supplies, PrEP counseling & linkage to medical care.

Case Management for Case Management for Syringe Service Program participants & people living with HIV.

Sterile syringes and other supplies needed for safer use.



Safe sharps disposal available & info on disposal options.



Provision of wound care kits & personal hygiene products.



Mobile SSP and Testing





X VERMONT CARES ON THE ROAD TO ZERO

WWW.VTCARES.ORG





Reaching Rural Communities VT CARES Mobile Application

- Custom mobile application coming early summer. Supported by USDA and HRSA.
- Free to download for IOS and Android.
- Designed to meet the needs of the people we work with.
- In-app anonymous, two-way messaging. Opt-in or out.
- Simple layout. Easy to use.
- Smartphone pilot supported by CORA.
- Tool for community partners and providers.
- Video section; educational, inspirational and instructional.







First Responders are often the first point of contact for someone who has experienced an accidental overdose

NO MORE STIGMA. NO MORE SHAME.

Together we can make a difference!



Questions?

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