MAKIN' IT Happen

HARM REDUCTION STRATEGY
RECOVERY READY COMMUNITY

Harm Reduction: Foundation & Community Collaboration

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This report by Makin' It Happen is in collaboration with the City of Manchester Health Department and funded by the Endowment for Health through the NH Regional Public Health Network (RPHN).

METHODOLOGY

Makin' It Happen (MIH) is a community based Public Health non-profit working in partnership with the City of Manchester providing Regional Public Health Network Services, primary prevention around Alcohol, Tobacco and other Drugs (ATOD), and coordination/facilitation of the regions Substance Use Disorder (SUD) Continuum of Care including prevention, intervention, treatment and recovery. MIH's mission is rooted in the belief that physical and behavioral health are essential, prevention works, treatment is effective, and recovery is possible!

Determination of need: The Community Health Improvement Plan (CHIP) and the Community Health Needs Assessment (CHNA) for the Greater Manchester Region continue to identify SUD and addiction-related health problems as an ongoing issue that needs to be addressed. The needs of our community identified in these plans inform the guiding principles that have been put forth.

This foundational guidance and strategy for SUD Harm Reduction (HR) in the region was written in collaboration with members from the regions SUD Collaborative membership facilitated by MIH. A literature review was conducted including scholarly articles, scientific studies, and technical guidance at the national, state, and local levels using historical and the most currently available evidence and best practices. State and local legislation currently in effect throughout the United States also informed this work. Lastly, stakeholder interviews were conducted with national, state, and local experts, practitioners, and providers of SUD prevention, treatment, and recovery services. Current harm reduction programs operating in the state of New Hampshire were included in these interviews and considered.

It is important to note that the above research strongly indicates the importance of involving people with lived experience in decisions impacting their lives. A critical next step in the strategies discussed below includes being informed by people who Comprehensive Harm Reduction policies, practices, and programs are intended to serve.

EXECUTIVE SUMMARY

2020 ended with another double-digit decrease (27%) in the number of responses to opiate overdoses in the City of Manchester. The continued downward trend is a positive reflection on the hard work the City of Manchester and its Substance Use Disorder (SUD) continuum of care – prevention, intervention, treatment, and recovery – has done since the opiate crisis hit the region. Interventions are credited to the Safe Station program, Adverse Childhood Experiences Response Team (ACERT), naloxone distribution, the Doorway, the recovery community and many other agencies and organizations working hard to connect individuals in the community to the resources they need when faced with a SUD. Many of these program and agency offerings are components of a philosophy known as Harm Reduction (HR).

Substance Use Disorders are treatable, chronic, medical conditions. Like hypertension, diabetes, and asthma, SUD's are lifelong conditions that require treatment and continuous maintenance and management. Like the other chronic medical conditions mentioned, SUD is progressive in nature and is fatal without treatment. Harm Reduction (HR) strategies are safe and effective at reducing the harms of SUD while preserving life, reducing the spread of bloodborne viruses, and moving people suffering with SUD towards treatment and recovery by engaging, educating, and empowering people who use drugs (PWUD).

There is no concrete or singular definition of Harm Reduction; however, the term typically refers to prospective risk reduction through a set of policies, practices, and programs. The most relevant example of Harm Reduction in 2020 is the universal precautions around the onset of the global COVID-19 pandemic. Most individuals now understand that social distancing, wearing a face covering, avoiding crowds, and proper hygiene will reduce the risks of contracting the COVID-19 virus.

The Recovery Research Institute

Another population that Harm Reduction tactics are safe and effective for is individuals with SUD. With the exception of total abstinence from substance use, evidence-based prevention measures and interventions are the most effective means to reduce the spread of bloodborne pathogens, improve quality of life, and prevent overdose and death. Harm reduction strategies improve the communities in which they are deployed and reduce the overall healthcare costs of treating the population that have a SUD.

Harm Reduction is NOT condoning or enabling illicit drug use. Harm Reduction acknowledges that addiction is a chronic and often terminal disease, and that there are individuals who will not, or cannot, stop using drugs. In these cases, there are safe and effective measures within the realm of Harm Reduction that can be implemented to reduce damage, increase health, and preserve finite healthcare resources.

HARM REDUCTION DEFINED

Harm Reduction International defines “Harm Reduction” as:

Policies, programs and practices that aim to minimize the negative health, social and legal impacts associated with drug use, drug policies, and drug laws. Harm reduction is grounded in justice and human rights – it focuses on positive change and on working with people without judgement, coercion, discrimination, or requiring that they stop using drugs as a precondition of support.

It is important to clarify that in this Harm Reduction definition, “drugs” includes all drugs, licit and illicit, and consideration should be given to substances such as nicotine and alcohol in addition to illicit substances. Drinking in moderation, switching from smoking to nicotine patches and using insulin to control blood sugar are all forms of harm reduction involving substances. The strategy outlined in these pages will focus primarily on opioids and people who inject drugs (PWID).

The above definition is from the National Harm Reduction Coalition, an organization that has been in operation for over 25 years.

The key principles of harm reduction practice outlined by the HRC:

- Accepts, for better and or 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 as 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.
- 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.
- Calls for the non-judgmental, 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.
- 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.
- Affirms drugs 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 that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities affect both people’s vulnerability to and capacity for effectively dealing with drug-related harm.
- Does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use.

In addition to a focus on Harm Reduction strategies around PWID, we will provide a background on Harm Reduction, a current landscape of opioid use in the region, Harm Reduction assets and gaps in the community, and a roadmap to evidence based best practices for Harm Reduction. These practices include education and stigma reduction, counseling, testing and when possible immunization for HIV/STDs, Syringe Service Programs (SSP), wound care, and most importantly, connectivity to SUD treatment and recovery services. Harm Reduction programs with the most successful results connect clients with individual case managers, use person-first language, and provide nonjudgmental resources and education, and meet people where they are at.

BACKGROUND AND HISTORY

Harm reduction strategies in the United States came to the forefront during the Human Immunodeficiency Virus (HIV) epidemic in the early 1980s. Pilot programs were set up initially in New York City, but not until the late 1980s due to strong political opposition. Although the NYC pilot showed promising results it was short lived due to limited evidence of reducing disease spread. Harm Reduction Pilots were run elsewhere in the US, notably New Haven, CT. The New Haven pilot showed concrete evidence of reductions in disease spread through measuring the viral load of returned syringes. Though the results were promising and spurred continuation of research into Harm Reduction, the regulatory environment has only allowed for private organizations to continue the work. The goal of Harm Reduction research in the late 1980s was to show that Harm Reduction was “safe and effective.”

Nearly a decade later in 1998 there was sufficient scientific support for the safety and effectiveness of harm reduction strategies. It was at this point the practice was deemed so by the US Secretary of Health and Human Services. Regardless, the opposition in Congress remained strong to SSPs. This political opposition remains relevant today despite the overwhelming evidence that Harm Reduction is safe and effective, cost effective, increases participants chances of getting treatment fivefold, does not increase waste in the community, does not increase crime, decreases disease spread, and ultimately saves lives.

In 2017, The State of New Hampshire passed a law around Harm Reduction services that: exempted residual amounts of controlled substances in hypodermic syringes and needles from the provisions of the controlled drug act; authorized persons other than pharmacists to dispense hypodermic syringes and needles and allows them to be sold in retail establishments other than pharmacies; and authorized the operation of SSP in the state.

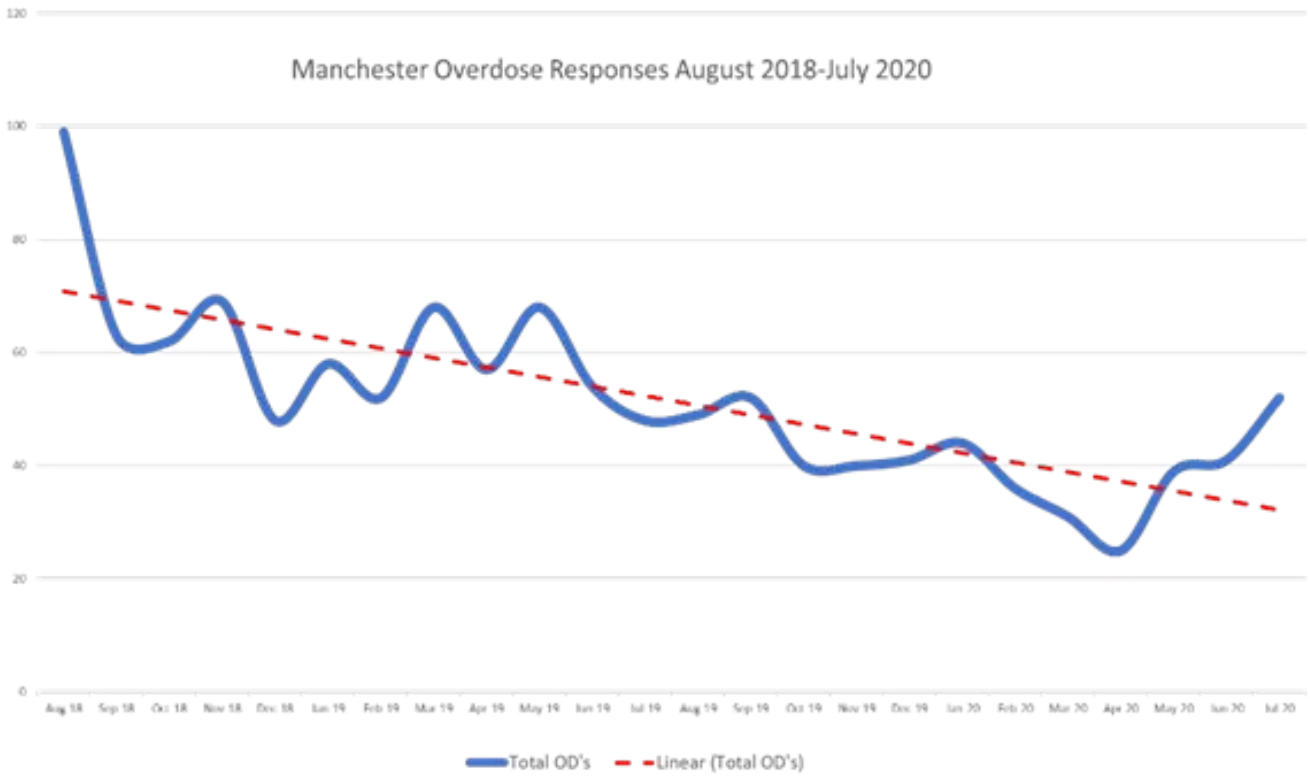
In April of 2019, The City of Manchester, The New Hampshire Department of Health and Human Services (NHDHHS), and New Hampshire Harm Reduction Coalition (NHHRC) officials met to discuss the provision of Harm Reduction services in Manchester. The city expressed concerns over the public location of syringe services being provided in Manchester and the connectivity to other important services including **treatment, primary care, and mental health services**. It is best practice to have this connectivity where SSP and Harm Reduction services are being provided. States with robust Harm Reduction certification procedures require that programs have referral procedures and resources at the ready, if not on-site/on-staff.

These officials reached an impasse regarding the comprehensive nature of the services and the location in which they were being provided due to a number of concerns.

In August of 2020, NHDHHS executed a service agreement with NHHRC to “Increase harm reduction services in Syringe Services Programs.” Since August 2020, there has been communication between the department (NHDHHS), the City of Manchester, and NHHRC. There is continued effort to ensure comprehensive Harm Reduction services are available to the residents of Manchester in an appropriate location with the necessary services. NHDHHS is currently facilitating meetings with the City of Manchester and NHHRC.

OPIOID LANDSCAPE

New Hampshire had the third highest opioid overdose fatality rate in the Nation in 2017 according to the Kaiser Foundation. Manchester and the rest of the state are still amid an opioid overdose epidemic which has worsened during the COVID-19 pandemic. A NH resident loses their life every day from a drug overdose. Every day, a person in Manchester overdoses on drugs. The fatality rate of Manchester overdoses varies between four and thirteen percent, and has consistently averaged 10%.



SOURCE: American Medical Response data for Manchester NH.

The number of overdose incidents and overdose fatalities is considerably lower than just 4 years ago largely due to the distribution of the overdose reversing drug Naloxone and other harm reduction efforts. These harm reduction efforts have considerably decreased the number of overdose deaths in our region. It is notable to point out the sharp increase in overdose activity

and fatality rates since the onset of COVID-19 in March of 2020. The stay-at-home order in NH inadvertently caused the isolation of PWID and limited access to naloxone.

In 2020, the City of Manchester responded to over 400 opioid overdoses, more that 60% of which were in residences. At 33% of all overdose calls, Narcan (naloxone) had been administered prior to EMS arrival. This is a positive statistic that signals Harm Reduction is working, saving lives and contributing to the year by year decrease in overdose numbers. Even with continued prevention and Harm Reduction efforts, 39 people who overdosed in Manchester did not survive in 2020. Overdose fatalities in 2020 declined by 1 percentage point from 10% in 2019 to 9% in 2020.

HARM REDUCTION ROADMAP AND BEST PRACTICES

In 2020, there is significant and proven evidence that Harm Reduction philosophies and practices preserve and improve human life. This evidence is well documented in academic papers, scientific studies, and supported by the US Centers for Disease Control. Please see the resources list for examples. With many US states implementing Harm Reduction (400 programs nationally), national and international Harm Reduction organizations supporting the practice and government agencies encouraging Harm Reduction, there are well-established best practices for communities to deploy. ***These best practices of Harm Reduction are safe and effective, inexpensive, and should be an essential component of every community's public health programming to some degree.*** A community's size, political and social culture, infrastructure, and resources may determine the best practices that can be adopted.

It is important that Harm Reduction services be comprehensive and provide a full continuum of services. A comprehensive Harm Reduction continuum provides prevention and linkage/ connectivity to treatment and recovery services. Case management, data collection, and evaluation are also key components to Harm Reduction programming. While syringe services are at the core of Harm Reduction, it is imperative to have the wrap around services and connectivity to resources.

In the Greater Manchester Region, there are over 40 agencies and organizations that contribute to the City's Substance Use Disorder (SUD) Continuum of Care across prevention, treatment, and recovery. Large complex organizations such as Easter Seals, Catholic Medical Center (CMC), Elliot Health System, Dartmouth-Hitchcock, Granite United Way, and the City of Manchester anchor the system. Filling in the gaps of these large organizations are a multitude of non-profits, government contractors, and small private care providers. All organizations across this continuum must be Harm Reduction informed. Educating the continuum of care is an integral first step to setting up a culture of Harm Reduction.

Opponents and critics of Harm Reduction suggest that these practices enable and condone drug use. The concept of enabling people with addiction stem from 12 step recovery programs written early in the last century and suggest that people with SUD need to suffer or hit "rock bottom" before they will be compelled to seek treatment and recovery. Years of research has proven this to be

incorrect and that meeting people where they are at and encouraging any behavior that reduces harm increases the chances of people with SUD getting well and engaging in treatment and recovery.

Evidence-based, best practice Harm Reduction programs include these components:

Safe Sharps Disposal and public access to disposal

Needlestick injuries from improperly disposed needles pose a threat to community members and public officials including first responders. These injuries include the potential transmission of viruses from infected needles. Syringe access programs and the availability of publicly accessible sharps disposal containers reduce the number of improperly discarded sharps. (Am J Public Health. 2011 March; 101(3): 484–486.doi: 10.2105/AJPH.2009.179531)

Referral to substance use disorder treatment programs

People who are engaged in harm reduction services are five times more likely to get into SUD treatment than PWUD that are not (CDC). It is critical that easy and fast access to SUD assessment and treatment be available to clients of Harm Reduction services. The Doorway and safe station are important access points that should be available to Harm Reduction clients.

Screening, care, and vaccinations and treatment for STD's

HIV and viral hepatitis can be spread through re-using needles. Having screening for bloodborne pathogens, vaccinations and treatment for positive testing patients can slow the unintentional spread of disease. Education on proper injecting, sexual health, and the importance of sterile supplies should be part of Harm Reduction efforts.

Education and treatment on safe injection, abscess and soft tissue wound care

The injection of drugs can lead to abscesses and soft tissue injuries. These injuries when untreated can progress into serious and life-threatening conditions including cellulitis and endocarditis, a life-threatening heart valve infection. Catching these injuries early and providing treatment is critical. Educating PWID on how to identify these conditions is also an important preventative measure.

Naloxone distribution and education about overdose prevention

Every opioid overdose is preventable. The distribution and education about its use should be provided to every person who injects drugs or is around people who inject drugs. Naloxone is available free of charge at any NH Doorway, including the Manchester Doorway at 60 Rogers Street.

Syringe Access Programs

The National Harm Reduction Coalition points to years of evidence and scientific study around access to sterile supplies and informs that Syringe Access Programs:

- Reduce the spread of blood-borne infections such as Human Immunodeficiency Virus (HIV) and the hepatitis C virus (HCV).

- Support the health and well-being of drug users through linkages to drug treatment, medicalcare, housing, and other vital social services.
- Respect, value, and prioritize the human rights and dignity of people who use drugs.
- Promote a pragmatic public health-driven approach to substance use and addiction.
- Do NOT encourage, enable, or increase drug use.
- Do NOT increase crime rates or criminal activity.
- Do NOT increase needlestick injuries in the community

Referral to social work, mental health, and other medical services including Screening, Brief Intervention, and Referral to Treatment (SBIRT).

SBIRT is an evidence-based approach to delivering early intervention treatment services for persons with substance use disorders and those at risk of developing a substance use disorder (CMS).

To promote positive outcomes, people engaged in Harm Reduction services require access to primary physical and mental health services. Providing education on the risks their use of drugs poses to their health and what they can do to mitigate these risks, is essential.

SSP's and Harm Reduction programs are often the only access PWUD's may have to healthcare resources. The CDC emphasizes in their 2020 technical guidance that, **"Care linkage serves as a crucial mechanism in merging substance use disorder treatment with traditional healthcare services and establishes a continuum of care, especially for participants who are not receiving care elsewhere. Further, a coordinated care approach can help identify highly marginalized populations and help tailor services accordingly."** The entire guidance package from the CDC is attached.

Assistance with health insurance enrollment

Having insurance is an important step in being able to access healthcare services. Assistance with enrollment in NH Medicaid and the locations of the City's healthcare for the homeless programming should be readily available to people participating in Harm Reduction services.

Questions about Harm Reduction:

SSPs are at the core of Harm Reduction in accessing target populations of people who use drugs (PWUD). Although the additional best practices are critical components, the SSP itself

becomes a referring agency to other programs and services. There have historically been concerns in communities around SSP's. The Centers for Disease Control and Prevention (CDC) has released a question-and-answer document on the subject including the following:

Is Harm Reduction legal?

Some states have passed laws specifically legalizing Harm Reduction services because of their life-saving potential. Harm Reduction may also be legal in states where possession and distribution of sterile injection supplies without a prescription is legal.

Decisions about Harm Reduction as part of prevention programs are made at the state and local levels. The Federal Consolidated Appropriations Act of 2016 includes language that gives states and local communities meeting certain criteria the opportunity to use federal funds provided through the DHHS to support certain components of Harm Reduction, with the exception of provision of needles, syringes, or other equipment used solely for the purposes of illicit drug use.

Does Harm Reduction help people to stop using drugs?

Yes. When people who inject drugs use Harm Reduction services, they are more likely to enter treatment for substance use disorder and stop injecting than those who don't. New users of Harm Reduction are five times as likely to enter drug treatment as those who don't use the programs. People who inject drugs and who have used Harm Reduction services regularly are nearly three times as likely to report a reduction in injection frequency as those who have never used them.

Does Harm Reduction reduce infections?

Yes. Nonsterile injections can lead to transmission of HIV, viral hepatitis, bacterial, and fungal infections and other complications. By providing access to sterile supplies, Harm Reduction programs help people prevent transmitting bloodborne and other infections when they inject drugs. In addition to being at risk for HIV, viral hepatitis, and other blood-borne and sexually transmitted diseases, PWID can get other serious, life-threatening, and costly health problems, such as infections of the heart valves (endocarditis), serious skin infections, and deep tissue abscesses. Access to sterile equipment can help prevent these infections, and health care provided at Harm Reduction programs can catch these problems early and provide easy-to-access treatment to a population that may be reluctant to go to a hospital or seek other medical care.

Are Harm Reduction programs cost effective?

Yes. They reduce health care costs by preventing HIV, viral hepatitis, and other infections, including endocarditis, a life-threatening heart valve infection. The estimated lifetime cost of treating one person living with HIV is more than $450,000. Hospitalizations in the U.S. for substance-use-related infections cost over $700 million each year. Harm Reduction programs reduce these costs and help link people to treatment to stop using drugs.

Does Harm Reduction reduce drug use and drug overdoses?

These programs help people overcome SUD. If people who inject drugs practice Harm

Reduction they are more likely to enter treatment for substance use disorder and reduce or stop injecting. A Seattle study found that new users of Harm Reduction programs were five times as likely to enter drug treatment as those who did not use the programs. People who inject drugs and who have used a Harm Reduction program regularly are nearly three times as likely to report reducing or stopping illicit drug injection as those who have not. Harm Reduction programs play a key role in preventing overdose deaths by training people who inject drugs how to prevent, rapidly recognize, and reverse opioid overdoses. Specifically, many programs give clients and community members “overdose rescue kits” and teach them how to identify an overdose, give rescue breathing, and administer naloxone, a medication used to reverse overdose.

HARM REDUCTION MODELS

There are multiple delivery models for Harm Reduction. Successful Harm Reduction efforts utilize a hybrid of different delivery models with respect to the needs of the community. These include:

- Permanent bricks and mortar locations/clinics
- Street outreach/backpack programs
- Mobile vans
- Home delivery or “Meet ups”
- Temporary locations/clinics
- Mail

In the City of Manchester there are multiple delivery models being used for Harm Reduction. Healthcare for the Homeless, The Manchester Doorway, Families in Transition/New Horizons, Hope for NH Recovery, Farnum Center, Mental Health Center of Greater Manchester, Elliot Hospital, Amoskeag Health, and Waypoint are all state- and locally-funded organizations involved in the SUD continuum of care, and crucial partners in any effort to improve Harm Reduction practices in the region. During the previous year these organizations have collaborated with City departments around providing outreach and services to the city’s most venerable populations. This type of collaboration is imperative in providing comprehensive Harm Reduction services to the community.

ROAD MAP/STRATEGIES

BLUEPRINT RECOMMENDATIONS

ENGAGE, EDUCATE, AND EMPOWER

Based on the most current CDC technical guidance, literature review, and stakeholder interviews, we recommend the following steps and strategies to implement comprehensive Harm Reduction services in the region. All of the necessary and critical components for Harm Reduction practice, philosophy, and service delivery currently exist in Manchester and the region. With care coordination and collaboration between existing service providers, comprehensive Harm Reduction that has continuity and cohesion is attainable.

Harm Reduction mission: To engage, educate, and empower those impacted by drug use and reduce its negative impacts on individuals and the community.

ENGAGE:

1. Assemble a steering committee to:
    a. Complete an inventory of current Harm Reduction efforts (Assets and Gaps)
    c. Assess stainability
    d. Execute collaborative service agreements/MOU's
    e. Define and operationalize service provision
    f. Create and implement social marketing and education
    g. Ensure data collection and analysis is in place
2. Promote a community of practice
    a. Includes those providing Harm Reduction Services
    b. Meets regularly to community problem solve
    c. Evaluates assets and gaps in the system
    d. Operationalizes strategies and best practices
    e. Ensures appropriate communication between providers
3. Develop a process for continuous quality improvement and evaluation

Included in the attachments of this document are detailed national and state level guidance on the implementation of Harm Reduction services, specifically SSP's and the importance of collaboration with stakeholders. The City of Manchester HD in concert with the states leading Harm Reduction agency, the NHHRC, may lead the steering committee to coordinate Harm Reduction in the region. The steering committee ensures compliance with RSA 318-B43-a.

As outlined in RSA: 318-B:43-a Community organizations operating Harm Reduction services including SSP's shall:

- Provide referral and linkage to HIV, viral hepatitis, and substance use disorder prevention, care and treatment services as appropriate.
- Coordinate and collaborate with other local agencies, organizations, and providers involved

in comprehensive prevention programs for PWID to minimize duplication of effort.

- Strive to be a part of a comprehensive service program that may include, as appropriate:
  - > Providing sterile needles, syringes, and other drug preparation equipment and disposal services.
  - > Educating and counseling to reduce sexual, injection, and overdose risks.
  - > Providing condoms to reduce risk of sexual transmission of viral hepatitis, HIV, or other STDs.
  - > Screening for HIV, viral hepatitis, STD, and Tuberculosis (TB).
  - > Providing naloxone to reverse opioid overdoses.
  - > Providing referral and linkage to HIV, viral hepatitis, STD and TB prevention, treatment and care services, including antiretroviral therapy for HCV and HIV, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), prevention of mother-to-child transmission, and partner services.
  - > Providing referral and linkage to hepatitis A virus (HAV) and hepatitis B virus (HBV) vaccination.
  - > Providing referral and linkage to and provision of substance use disorder treatment (including medication assisted treatment for opioid use disorder which combines drug therapy {e.g., methadone, buprenorphine, or naltrexone} with counseling and behavioral therapy).
  - > Providing referral to medical care, mental health services, and other support services.
- Post its address, phone number, program contact, and, if appropriate, hours of operation and services offered on its Internet website.
- Report quarterly on the following information regarding the program's activities:
  - > Number of needles/syringes distributed.
  - > Number of needles/syringes taken back.
  - > Number of HIV tests performed or delivered by the program.
  - > Number of HCV tests performed/delivered by program.
  - > Delivery of substance misuse treatment/care.
  - > Delivery of HIV care.
  - > Delivery of HCV care.
  - > Number of referrals to substance misuse treatment/services.
  - > Number of referrals to HIV testing.
  - > Number of referrals to HCV testing.
  - > Number of referrals to HIV care.
  - > Number of referrals to HCV care.

The City of Manchester Health Department, the NHHRC, and the Manchester Doorway have an important role in the provision, support, and success of Harm Reduction initiatives in the region. The contractual obligations of these agencies are included in the attachments of this document.

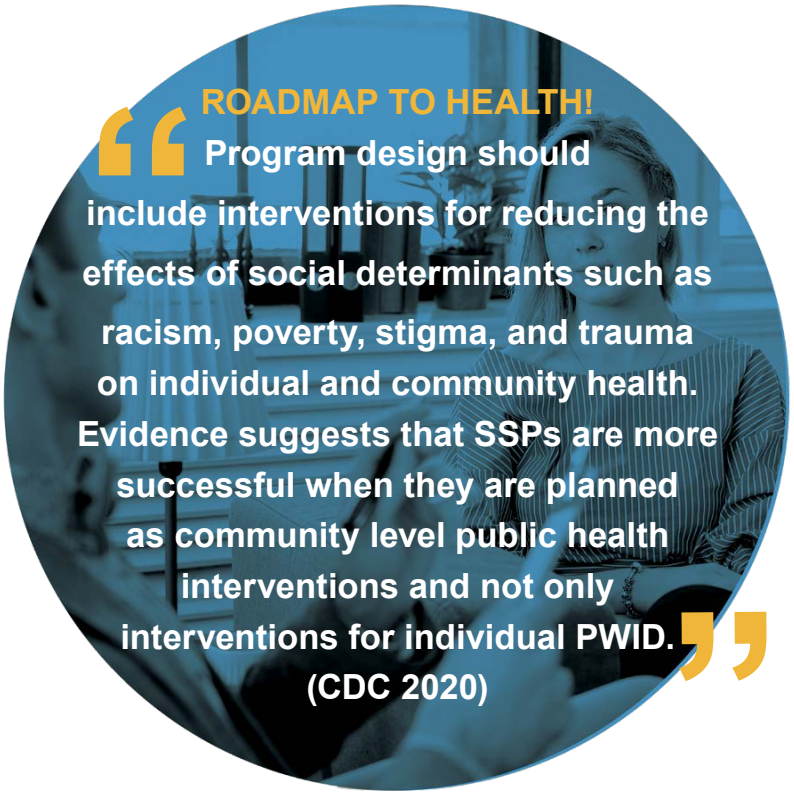
EDUCATE:

Having a core group of stakeholders involved at the provision of service level is necessary for a number of reasons. The most important function is to EDUCATE the provider community and the public around what Harm Reduction is and how it benefits individuals and communities.

Community of Practice

It is recommended that the Greater Manchester Region have a Harm Reduction Community of Practice (CoP). A CoP is a practitioner level group that meets regularly to share ideas, communicate changes, onboard new staff, and prevent duplication of effort within the community. Having a group at this level is imperative when practitioners from multiple agencies and organizations are working together to provide a common service under a common mission. The CoP would include members of organizations providing 10 Harm Reduction best practices described above:

1. Syringe Access Programs
2. Safe Sharps Disposal and public access to disposal
3. Referral to substance use disorder treatment programs
4. Screening, care, and vaccinations and treatment for STD's
5. Education and treatment on safe injection, abscess and soft tissue wound care
6. Naloxone distribution and education about overdose prevention
7. Referral to social, mental health, and medical services (Including SBIRT)



8. Assistance with health insurance enrollment
9. Public awareness and education strategy to engage, educate and empower the public to support a successful rollout and adoption of the Harm Reduction Strategy

The CoP may assign individual best practices to specific organizations. In doing so, clarity around the oversight and accountability can be maintained, and ownership of the practice established. Any changes to the provision of best practices should be clearly communicated to the CoP and the leadership steering committee. The clear and consistent communication is paramount when collaboration at this level is being conducted.

The CoP should be guided by key strategies outlined by the CDC. These strategies were published in December of 2020 and are the most current guidance available. The entire Technical Guidance document is included in the attachments. These strategies include:

CDC Harm Reduction Strategies:

1. Involve people with lived experience of injection drug use, SUD, homelessness, or other pervasive issues affecting the population served
2. Planning, design, and implementation
3. Providing core versus expanded services
4. Collecting data to inform planning, implementation, and evaluation
5. Ensuring program sustainability (CDC 2020: Syringe Services Programs: A Technical Package of Effective Strategies and Approaches for Planning, Design, and Implementation)

EMPOWER:

There are a multitude of existing service agreements between service providers in the Greater Manchester Region, the City of Manchester, and the NHDHHS. Within these service agreements are all of the best practices for Harm Reduction, requirements for collaboration, and resources and funding for sustainability. It will be paramount to the success of Harm Reduction that those engaged in these

agreements leverage their purpose to provide the best possible services to the people who need them. A steering committee involving leadership of executed agreements will be important to this review and empowering the CoP to provide services and connections.

Community collaboration is key to Harm Reduction being successful in the region. Due to the make-up of the continuum of care in the region, there is no sole provider of all necessary Harm Reduction services. Although there are agencies that offer many of the best practices, there are complexities to the services and the population Harm Reduction serves that require significant collaboration and inter-agency cooperation to deliver a comprehensive Harm Reduction program with continuity and excellence.

SUMMARY OF RECOMMENDATIONS

1. Provide comprehensive Harm Reduction Services
2. Implement a Harm Reduction Steering Committee
3. Implement a Harm Reduction Community of Practice
4. Leverage Existing Service Agreements
5. Foster strong Community Collaboration

CONCLUSION

Harm Reduction strategies have been utilized for decades to decrease the morbidity and mortality of those who will not or cannot abstain from risky behaviors including licit and illicit substance use. More specifically the risks associated with injecting substances can be decreased by deploying Harm Reduction strategies in a community. The greater Manchester Region has tremendous resources currently in place to organize and collaborate on the provision of services and the implementation of Harm Reduction strategies in their area. By formalizing and implementing strategies with intention in the area, the health of the community will improve, and the detrimental impact up to and including the loss of life will be reduced.

It is the charge of the municipalities, healthcare and public health providers to engage and educate and empower our communities to learn about, support, and promote comprehensive Harm Reduction service delivery in the region. Stigma and misinformation lead to only 10% of people suffering from SUD from ever getting the help and treatment they need. This would be unacceptable with any other chronic, treatable medical condition. The education of both our provider communities and public around the importance and benefits of Harm Reduction is a worthy goal of the public health sector.

Harm Reduction services should be provided discreetly in an environment conducive to privacy and sensitive discussions with clients. Many clients have experienced trauma and services should be provided where there is no fear of encountering triggering circumstances.

REFERENCES

Centers for Disease Control. (2016). *Syringe Services Programs (SSPs) Developing, Implementing, and Monitoring Programs*. Atlanta: Centers for Disease Control.

Harm Reduction International. (2020). *What is harm reduction?* Retrieved from Harm Reduction International: https://www.hri.global/what-is-harm-reduction

Health Link BC. (2020). *Understanding Harm Reduction: Substance Use*. Retrieved from https://www.healthlinkbc.ca/healthlinkbc-files/substance-use-harm-reduction

Health, P. C. (2008). Harm reduction: An approach to reducing risky health behaviors in adolescents. *Pediatrics & Child Health*, 13(1), 53-60.

Hughes, K. (2018). *Harm Reduction Interventions in Substance Abuse Treatment*.

Jarlais, D. C. (2017). Harm reduction in the USA: the research perspective and an archive to David Purchase. *Harm Reduction Journal*, 14(51).

Logan, D. E. (2010). Harm reduction therapy: a practice-friendly review of research. *Journal of clinical psychology*, 66(2), 201–214.

National Harm Reduction Coalition. (2020). *Homelessness and Harm Reduction*. Retrieved from National Harm Reduction Coalition: https://harmreduction.org/issues/harm-reduction-basics/homelessness-harm-reduction-facts/

Recovery Research Institute. (n.d.). *Recovery Research Institute*. Retrieved from Special Topics and Resources: https://www.recoveryanswers.org/resource/drug-and-alcohol-harm-reduction/

The Global Fund. (2020). *Harm reduction for people who use drugs*. Geneva: The Global Fund.

Tookes, H. E., Kral, A. H., Wenger, L. D., Cardenas, G. A., Martinez, A. N., Sherman, R. L., . . . Metsch, L. R. (2012). A comparison of syringe disposal practices among injection drug users in a city with versus a city without needle and syringe programs. *Drug and alcohol dependence*, 123(1-3), 255–259.

Zulqarnain, J. P. (2020). *Syringe Services Programs (SSPs) Developing, Implementing, and Monitoring Programs*. Atlanta: Centers for Disease Control.

Links to References:

1. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3358593/
2. https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-017-0178-6
3. https://www.hri.global/what-is-harm-reduction
4. https://theacademy.sdsu.edu/wp-content/uploads/2019/02/Research-Summary_Harm-Reduction-in-Substance-Abuse-Treatment_April-2018_Final.pdf
5. https://harmreduction.org/issues/harm-reduction-basics/homelessness-harm-reduction-facts/ (WEB)
6. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2528824/
7. https://www.recoveryanswers.org/resource/drug-and-alcohol-harm-reduction/ (web)

8. https://www.healthlinkbc.ca/healthlinkbc-files/substance-use-harm-reduction
9. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3928290/
10. https://www.theglobalfund.org/media/1279/core_harmreduction_infonote_en.pdf
11. https://www.cdc.gov/hiv/pdf/risk/cdc-hiv-developing-ssp.pdf
12. https://www.cdc.gov/ssp/docs/SSP-Technical-Package.pdf
13. https://www.cdc.gov/hiv/pdf/risk/cdchiv-fs-syringe-services.pdf

ATTACHMENTS:

1. **CDC: Syringe Services Programs (SSP's), Developing, Implementing, and Monitoring Programs:** https://www.cdc.gov/hiv/pdf/risk/cdc-hiv-developing-ssp.pdf
2. **National Harm Reduction Coalition, Guide to Developing and Managing Syringe Access programs:** https://harmreduction.org/hrc2/wp-content/uploads/2020/08/Resource-SyringeAccess-GuidetoDevelopingandManagingSyringeAccessPrograms.pdf
3. **NHHRC, Development of Syringe Service Programs in New Hampshire:** https://mypages.unh.edu/sites/default/files/harmreductionproject/files/development_of_a_syringe_service_program.pdf
4. **Service Agreement, NHDHHS and NHHRC:** https://sos.nh.gov/media/5w3oiehn/17-gc-agenda-082620.pdf
5. **CDC FACT SHEETS:**
   https://www.cdc.gov/ssp/docs/SSP-FactSheet.pdf
   https://www.cdc.gov/ssp/docs/SSP-Summary.pdf
   https://www.cdc.gov/ssp/docs/Syringe-Services-Program-Infographic_508.pdf
6. **2020 CDC SSP Technical Package:** https://www.cdc.gov/ssp/docs/SSP-Technical-Package.pdf

Other US States with SSP Certification Programs:

Maine SSP Certification:
https://www.maine.gov/dhhs/mecdc/infectious-disease/hiv-std/documents/pdf/Maine-Syringe-Service-Program-Certification-Application-Guidance-Dec-2019.pdf

New Mexico Hepatitis and Harm Reduction Specialist Certification:
https://www.nmhealth.org/publication/view/guide/2177/

California Syringe Service Certification:
https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_sep.aspx
https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_secpapp.aspx

NOTES

For additional SUD and Harm Reduction Resources visit: Community Compass www.makinithappen.org/communitycompass