

ECHO IDAHO



Idaho State
UNIVERSITY
Institute of Rural Health



ECHO Idaho: Opioid Addiction and Treatment

Harm Reduction

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The speaker has no significant financial conflicts of interest to disclose.

Learning Objectives

- Principles of harm reduction
- Harm reduction strategies

What is Harm Reduction?

- The Harm Reduction Coalition defines harm reduction as 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 incorporates a spectrum of strategies from safer use, to managed use to abstinence to meet drug users “where they’re at,” addressing conditions of use along with the use itself. Because harm reduction demands that interventions and policies designed to serve drug users reflect specific individual and community needs, there is no universal definition of or formula for implementing harm reduction.
(harmreduction.org)



HRC Principles Central to Harm Reduction

(harmreduction.org)



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.

Opportunities for Overdose Risk Reduction Through Primary Prevention

(Hawk et al, 2015)



Individual – Targeted Education



Friends & Family – Education of warning signs for parents, keep medications locked up, safe disposal of unused medications, education about not sharing meds



Community – Medication take back drives



Prescribers – Utilization of PMP, pain contracts, risk assessments prior to prescribing, evidence-based prescribing



State Government – Optimizing PMP, identify and close “pill mills”, increase access to pain experts



Federal Government – CDC: Epidemiology, research, NIH: Targeted research funding, SAMHSA: Public education initiatives

Opportunities for Overdose Risk Reduction by Increasing Treatment Engagement

(Hawk et al, 2015)



Individual – Access to treatment



Friends & Family – Interventions, Encourage treatment engagement



Community – Case management at strategic locales, Access to multiple treatment modalities, Decrease stigma for MAT



Prescribers – Diagnose nonmedical use and dependence, Utilizing Buprenorphine/Suboxone in office based settings, Recommend treatment



State Government – Establish adequate MAT facilities for treatment, Ensure Medicaid coverage for SUD treatment



Federal Government – Mental Health Parity Laws, NIH/NIDA: Funding for research on innovative treatment models, Campaign to reduce MAT stigma

Opportunities for Overdose Risk Through Harm Reduction Strategies

(Hawk et al, 2015)



Individual – Naloxone and Overdose Education



Friends & Family – Access to Naloxone, Overdose education



Community – Naloxone for first responders, Overdose education, Distribution of Naloxone, Harm reduction organizations



Prescribers – Utilization of PMP, Evidence-based opioid prescribing, Overdose risk assessment



State Government – Optimizing PMP, Good Samaritan laws, 3rd party prescribing laws, Criminal and Civil Liability



Federal Government – FDA: Supply and pricing of Naloxone, CDC: Research and epidemiology, NIH: Funding of research for harm reduction, SAMHSA: Public education initiatives

Harm Reduction Program and Strategies

(Cheung, Y. W., 2000)



Needle exchange programs



Medication Assisted Treatment (MAT) – Suboxone, Methadone, Vivitrol



Cooperation with law enforcement – LEAD Pilot Program



Outreach programs for high-risk populations

Key Points

- Things needed to reduce harm:
 - Access to treatment.
 - Multi-tier education
 - Funding for research and development of harm reduction programs and strategies.

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Expanding Syringe Access in Idaho: A Stakeholder Analysis

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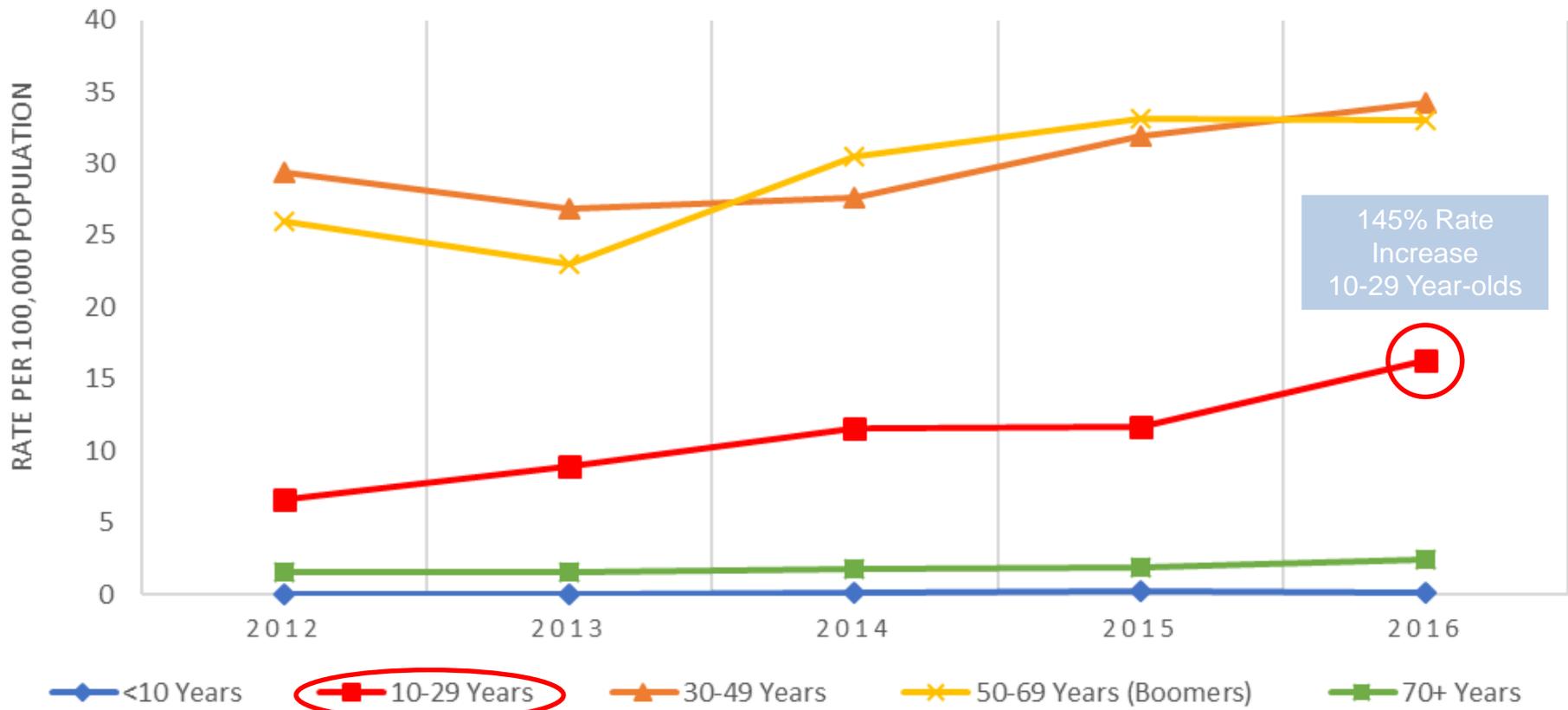
DNP-FNP program

Emerging Population?



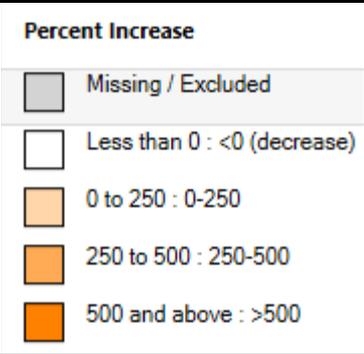
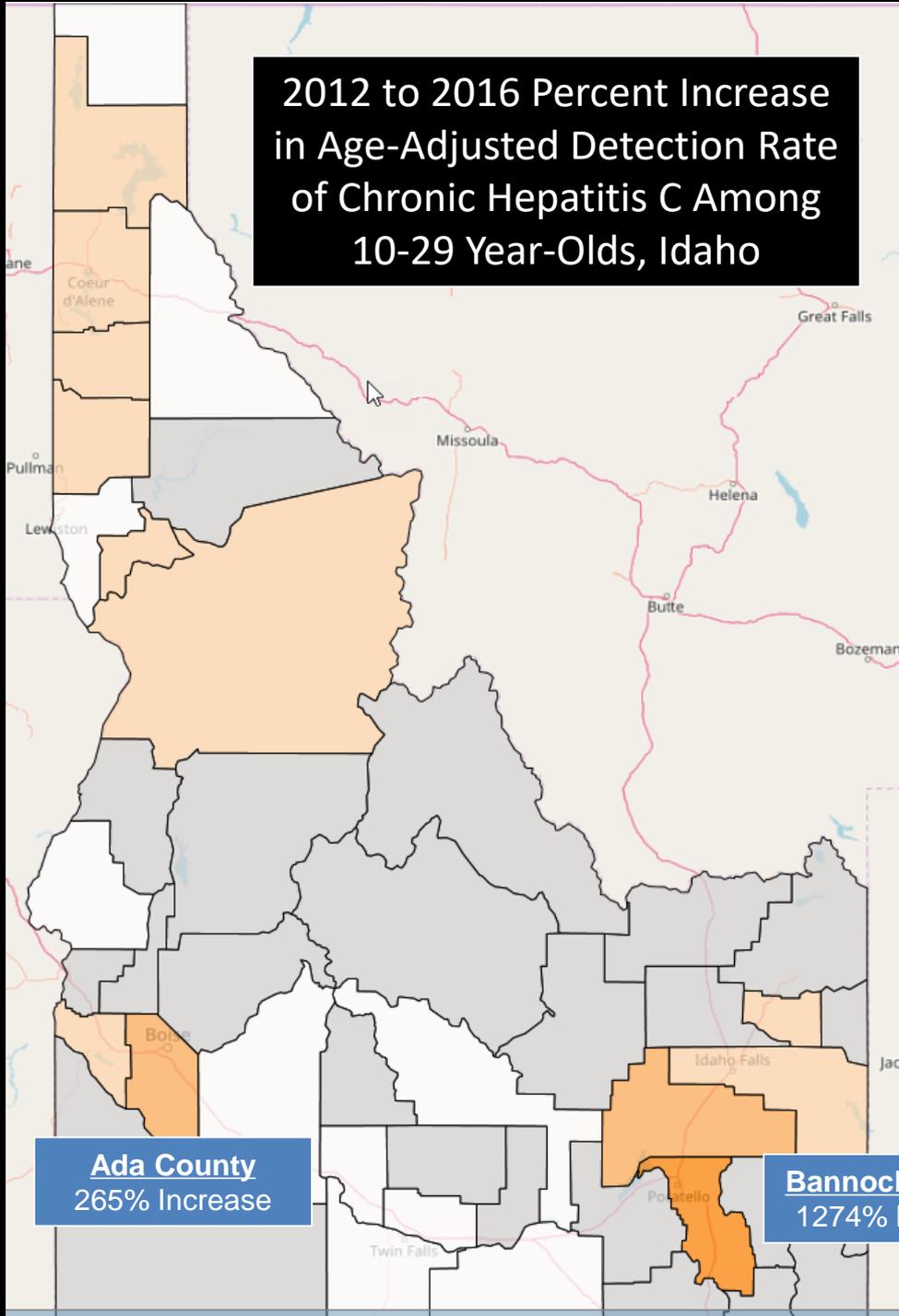
IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH

TRENDS IN AGE-SPECIFIC INCIDENCE RATE OF CHRONIC HEPATITIS C, IDAHO 2012-2016



2012 to 2016 Percent Increase in Age-Adjusted Detection Rate of Chronic Hepatitis C Among 10-29 Year-Olds, Idaho

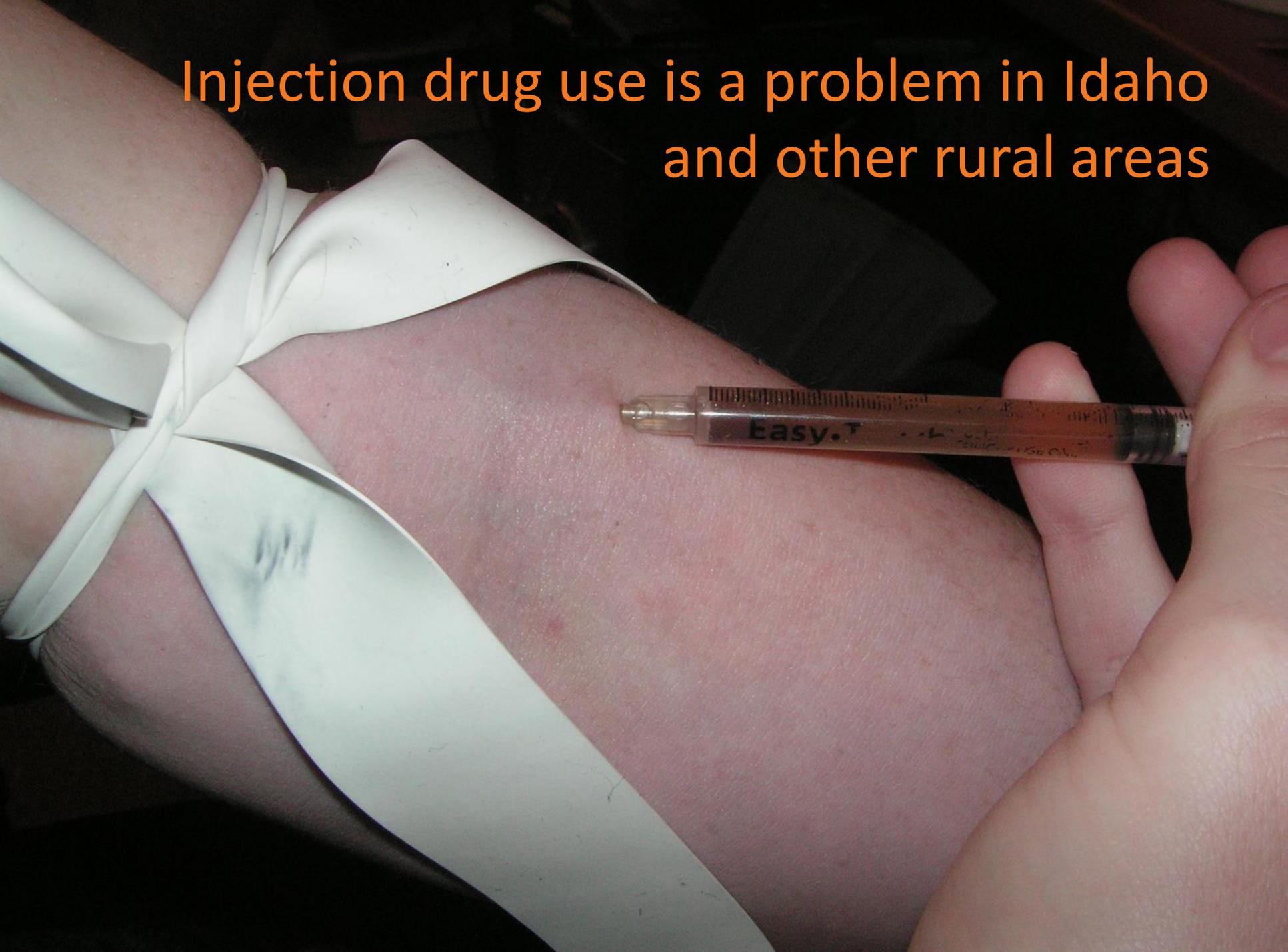
Source: Idaho Department of Health and Welfare: Pedersen, 2018



Ada County
265% Increase

Bannock County
1274% Increase

Injection drug use is a problem in Idaho
and other rural areas



- Since 2004, nonmetropolitan areas have had higher rates of drug overdose deaths than metropolitan areas (Mack, Jones, & Ballesteros, 2017)

- Injection drug use is more common in the western United States than the country as a whole or any other region (Oster et al. 2015)

- Between 2012 and 2016 drug and narcotic violations in Idaho gradually increased from 8,039 violations in 2012 to 11,302 violations in 2016 (Bureau of Criminal Identification, 2017)

- Heroin use in Idaho equals the national average
- Idaho has the fifth highest rate of prescription pain reliever misuse in the country (Center for Behavioral Health Statistics and Quality, 2017)

Increasing injection drug use prevalence will likely increase the spread and burden of blood borne pathogens



- Of the nearly 974,000 people currently living with an HIV diagnosis in the United States, more than 126,000 are believed to have contracted the infection via injection drug use (Hess et al., 2016)

- 55 out of 100,000 people who have ever injected illicit drugs will contract HIV
- 43,126 out of 100,000 will contract HCV (Lansky et al., 2014)

- Injection drug use is the most common cause of HCV transmission in the US
 - About 1/3 of 18-30 year old injection drug users are estimated to be infected
 - Up to 90% of older or former injection drug users (those who injected drugs in the 1970s or 1980s) are estimated to be infected (Centers for Disease Control and Prevention, 2016)



Injection drug use-related outbreaks pose a significant human and fiscal threat to Idaho and other rural states

- Each HIV infection costs an average of \$379,668 to manage
- On average, Idaho accrues \$15 million in lifetime HIV treatment costs every year (Centers for Disease Control and Prevention, 2017)

- HCV infections cost approximately \$40,000 to treat with medication, but treating long-term sequelae of HCV infection, such as cirrhosis, can cost far more (Centers for Disease Control and Prevention, 2016).
- Idaho currently has approximately 16,400 residents who have been infected with HCV (Rosenberg et al., 2017).

- Rural communities that have high rates of substance abuse are at risk for catastrophic HIV outbreaks.
 - In 2015, a rural Indiana county of only 4,200 persons with a historical incidence of less than 5 new cases of HIV per year had 135 new HIV infections in less than 3 months due to the rapid spread of HIV through an established illicit drug syringe-sharing network (Conrad et al., 2015).

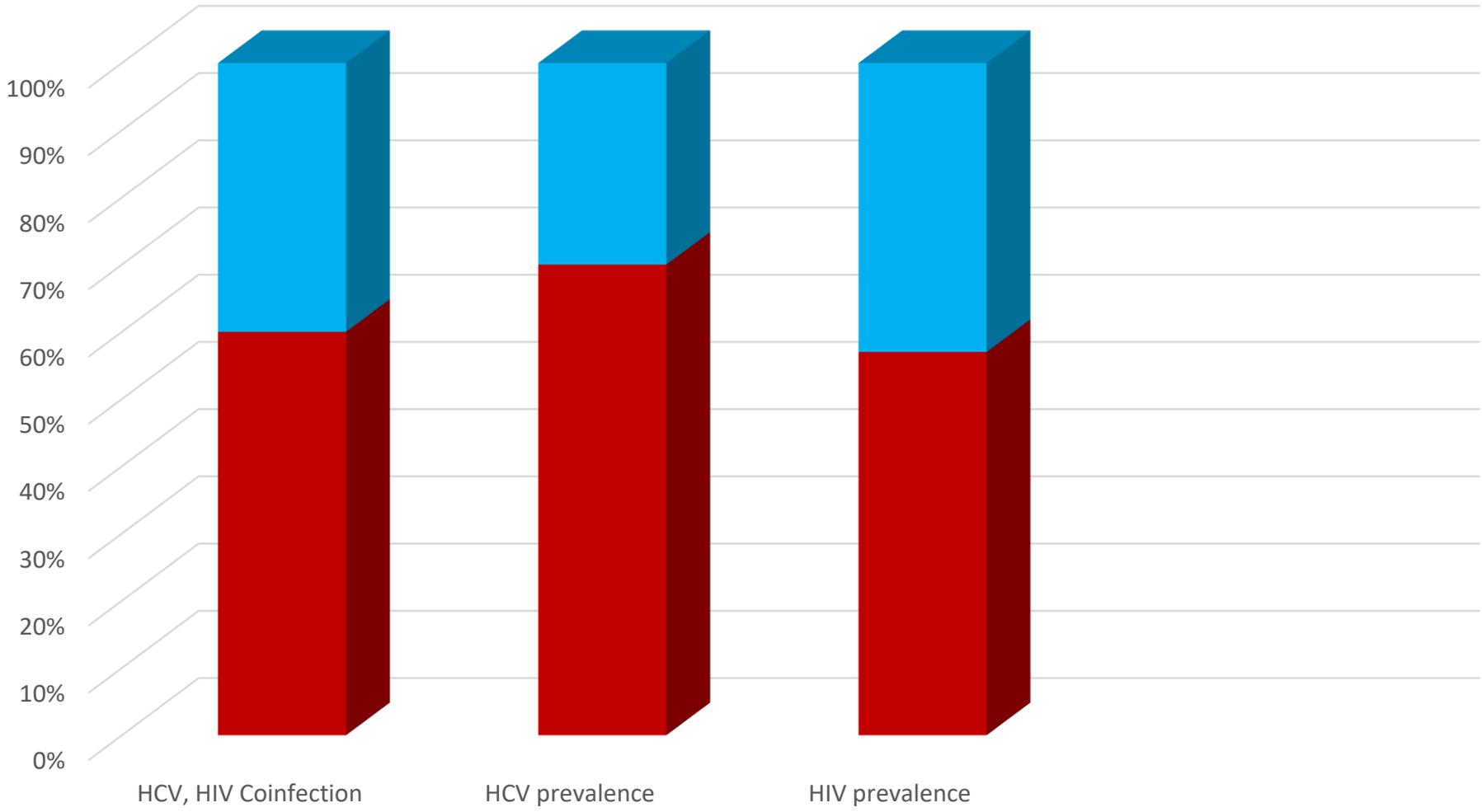
- In 2008, five new cases of HIV were detected among a group of injection drug users in rural southeastern Idaho.
 - Researchers used HIV-1 sequence data to confirm epidemiological linkages between these cases, and in the process discovered that a separately reported, new case of HIV from a town 30 miles away with no known contact to individuals in the outbreak had a virus with enough genetic similarity to the original virus to indicate transmission from a common source (Nett et al., 2010).



Expanding legal access
to sterile syringes can
reduce the spread of
blood-borne
pathogens

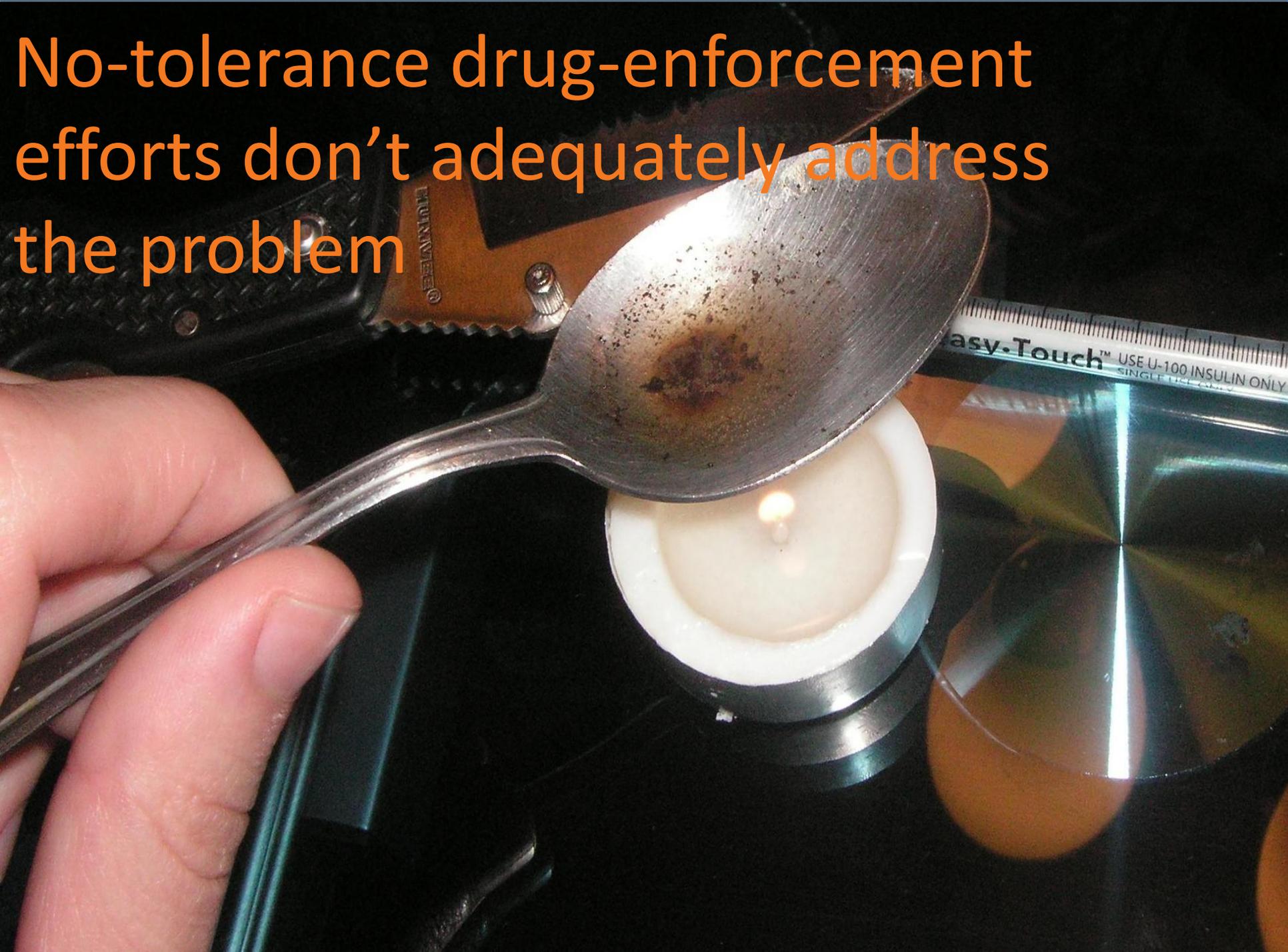
- A systematic review of syringe exchange programs demonstrated that they are associated with decreases in HIV and HCV prevalence
 - 40% reductions in HIV/HCV co-infection
 - 43% reductions HIV prevalence
 - 30% reductions in HCV prevalence (Abdul-Quader et al., 2013).

Effectiveness of structural-level needle/syringe programs to reduce HCV and HIV infection among people who inject drugs: A Systematic review



■ Reduction of Infection

No-tolerance drug-enforcement efforts don't adequately address the problem



- There is a statistically significant higher prevalence of HIV infection among injection drug users in the 96 largest US metro areas with...
 - the greatest number of police employees per capita
 - the highest number of arrests for cocaine and heroin sale and possession
 - the highest corrections expenditures (Friedman et al., 2006)

- There are not statistically significant reductions in the number of people who inject drugs in metro areas that...
 - have larger police forces
 - spend more on corrections
 - arrest more people for possession or sale of heroin or cocaine (Friedman et al., 2006)



Syringe access is politically
controversial and complicated

- 43% of syringe exchanges experience at least monthly conflict with law enforcement regardless of their legal status
 - low-visibility syringe dispensaries seem to be the least likely to have clients stopped by law enforcement (Beletsky, Grau, White, Bowman, & Heimer, 2011).



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“I think probably the only major thing I would change at the statute level is protections for people who are both conducting syringe exchanges as well as participants, as far as legal protections, because currently our drug paraphernalia law and our syringe exchange law are in conflict. Technically, even a provider conducting syringe exchange could be arrested for paraphernalia if they have used, collected syringes on them and they are stopped by the police... and we fear that it could potentially cause problems later on.” (H. Bush, personal communication, February 28, 2019).

Methods



Stakeholders included...

- local and state public health organizations
- local and state law enforcement organizations
- prosecutors
- elected local politicians
- pharmacists, nurses, physicians
- health professions educators
- homeless housing and support providers
- substance abuse counselors



Results

Stakeholders generally agreed...

- The spread of blood-borne pathogens by injection drug use, while not the most significant problem facing Idaho, is one that deserves political attention
- Expanding syringe access would be politically challenging
- On which groups would be opposed and which would be supportive of expanding syringe access

Stakeholders disagreed...

- On the suitability of syringe access for Idaho
 - 12/17 stakeholders were moderately supportive-supportive. This group included all public health and health professionals, a representative from homeless housing, a politician, and law enforcement officer.
 - 2/17 stakeholders were neutral. This group included a law enforcement officer and drug control official.
 - 3/17 stakeholders were moderately opposed-opposed. This group included a politician, a law enforcement officer, and a prosecutor.

Stakeholders disagreed...

- On the best model of syringe access for Idaho
 - Decriminalization and Deregulation: Public health, pharmacy, drug abuse counseling
 - Structured Syringe Exchange: Public health, politician
 - Provider Amnesty: Drug control, prosecution, politician, law enforcement
 - Any expansion: Public health, homeless housing, nursing, health professions education, physician
 - Unsure: Law enforcement

SELECTED THEMES

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Potential benefits of any syringe access

- Might reduce the spread of HIV and HCV and associated harms and costs
- Might reduce other costly and dangerous injection-associated infections
- Might reduce the illegal trafficking of syringes
- Might reduce syringe litter
- Might reduce needle-stick injuries to first responders
- Would make syringe access available as a harm reduction tool for routine or emergency use
- Might promote engagement of injection drug users in other health services

Potential benefits to structured syringe exchange

- Might allow for a more carefully considered implementation of syringe access
- Might better ensure that dirty needles are removed from circulation than other models

Potential harms of any syringe access

- May signal government acceptance of dangerous illegal activity, thereby increasing public acceptance and use
- May increase overdose deaths
- Might interfere with personal accountability
- Might expose organizations operating exchanges to increased liability

Potential harms of structured syringe exchange

- Might be less effective harm reduction
- Might result in increased arrests if not accompanied by decriminalization
- Might be less effective due to users' fear of arrest if not accompanied by decriminalization
- Might put extra regulatory burden on the state to administer and monitor the programs
- Might lead to prescribed medication errors (i.e. with insulin)



Discussion

Lack of awareness may have played a key role in the passage of HB 180

- “I guess I would like to read it (HB180). In fact, I’m going to look it up after we get off the phone and educate myself on it and the members of my organization. We do have a lobbyist as an organization and once I read HB 180, yeah, there’s a good chance my organization may come out against it.”

Future legislation may be needed

- Idaho's law has protection for harm reduction workers, unlike Utah's, but more protection may be needed for users and organizations
 - “Notwithstanding any provision of law to the contrary...”
- Lack of clarity regarding one-to-one exchange
 - “...facilitate the exchange of used syringes or needles for new syringes or needles...”
- Lack of funding for IDHW's administrative burden

A wide variety of stakeholders have input to provide and desire to be included

- It is very possible that a significant number of the groups about to be impacted by this legislative change are unaware of it
- Asking for input from stakeholders concerning future syringe access policies may increase effectiveness and acceptance

Directions for Future Research

- Additional, timely research is needed to assess the impact of this legislative change
 - Effects on prosecution and law enforcement?
 - Effect on needle stick injuries or syringe litter?
 - Effect on overdoses or substance abuse?
 - Effect on HIV and HCV prevalence?

Directions for Future Research

- A thorough review of syringe exchange regulation models from other jurisdictions is needed to support evidence-based rule-making for Idaho's new Syringe and Needle Exchange Act
 - How do we best encourage appropriate syringe disposal?
 - What can we do to increase capacity for newly identified resource-poor cases of HIV, HCV, or substance use disorder?
 - How can we increase acceptability among opposed groups while ensuring effective harm reduction?

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