

HOMELESS & HOUSING RESOURCE CENTER

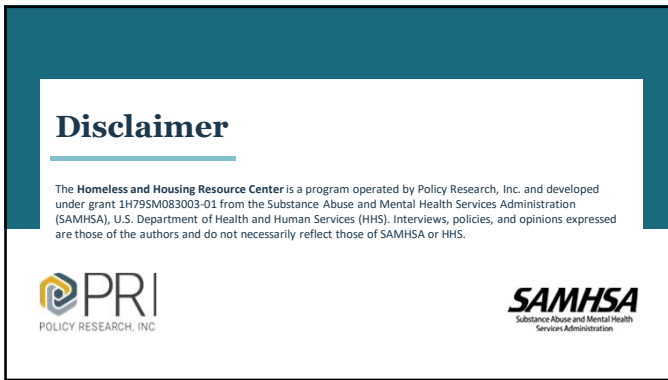
SNOFO Learning Community

Serving people who use drugs and those with co-occurring mental health needs

SAMHSA
Substance Abuse and Mental Health Services Administration

March, 2024

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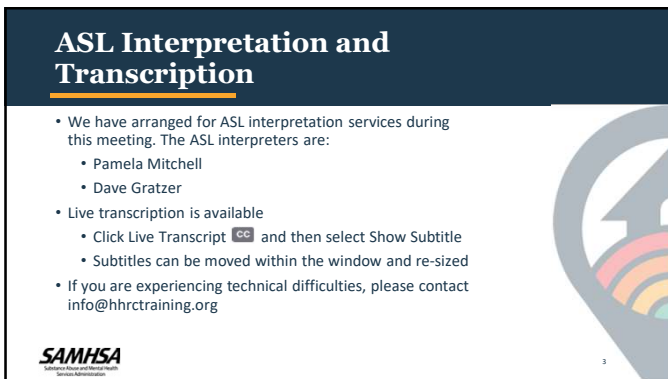
Disclaimer

The Homeless and Housing Resource Center is a program operated by Policy Research, Inc. and developed under grant 1H79SM083003-01 from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). Interviews, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.


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ASL Interpretation and Transcription

- We have arranged for ASL interpretation services during this meeting. The ASL interpreters are:
 - Pamela Mitchell
 - Dave Gratzler
- Live transcription is available
 - Click Live Transcript  and then select Show Subtitle
 - Subtitles can be moved within the window and re-sized
- If you are experiencing technical difficulties, please contact info@hhrctraining.org

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Welcome to Session 4

Increasing Access to Recovery Supports,
Treatment, and Harm Reduction

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Agenda

- Increasing access to addiction treatment
- The role of Peer Recovery Providers
- Expanding harm reduction & overdose prevention in your community
- Guest Expert: Jim Duffy, Smokeworks

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Disparate Impacts of Substance Use


- Over 107,000 people died from opioid overdose last year and there were an estimated 140,000 alcohol related deaths
- Opioid overdose death rates increased 44% for Black people and 39% for American Indian and Alaska Native (AI/AN) people from 2019-2020.
- Individuals with mental disorders are at increased risk for overdose.
- Increasing access to culturally responsive prevention and treatment, as well as expansion of harm reduction in critical to addressing disparate impact

Karissa M. Davis N.L., Kumar S., et al. *Vital Signs: Drug Overdose Deaths, by Selected Sociodemographic and Social Determinants of Health Characteristics — 25 States and the District of Columbia, 2019–2020*. *MMWR Morb Mortal Wkly Rep* 2022;71:940–947. DOI: <http://dx.doi.org/10.15585/mmwr.mm7129a2>

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Impact of Stigma

- Stigma results in lack of prioritization of funding for a comprehensive and culturally responsive a SUD system of care, including those that address co-occurring mental illness
- Stigma prevents people from getting care they need, leading to poor health outcomes
- Less than 10% of people who have a substance use disorder receive treatment
- One study showed that of people who died from overdose only 51% had accessed treatment in the 12 months prior

Larochelle MR, Bernstein R, Berman D, Land T, Szepka T, Rose AJ, Bharel M, Liebschutz JM, Walley AY. Touchpoints: Opportunities to predict and prevent opioid overdose: A cohort study. *Drug Alcohol Depend*. 2019 Nov 1;204:107537. doi: 10.1016/j.drugalcdep.2019.06.039. Epub 2019 Sep 3. PMID: 31321956; PMCID: PMC6720266




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No Wrong Door/Multiple Pathways

- Internalized stigma impacts the choice and design of services offered
- Abstinence-only ideologies in many communities can lead to punitive measures against those who cannot achieve it
- The role of the provider is to support people in their self-identified goals and to expand services so that people have choices that meet their needs
- Housing Choice philosophy necessitates that both Housing First and Recovery Housing be available
 - [National Harm Reduction Coalition](#)
 - [HUD Recovery Housing Policy Brief](#)




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Self Assessment Questions

- How am I actively working to reduce stigma around substance use and co-occurring mental illness?
- Does my agency employ peer recovery providers? If not, which agencies can we partner with that do?
- How can I advance partnerships with Recovery Community Organizations?
- Are there policies and practices in my agency that value one pathway to recovery over others (abstinence only, 12-step)?
- What can I do to shift policies and practices so that they are more encompassing?



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A SUD System of Care

Learn More:
[Boosting the Power of Harm Reduction Fact Sheet](#)

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Increasing Access to Recovery Supports

Peers and Recovery Community Organizations

HHRC **SAMHSA**

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Peer Providers

- Employing peer providers can reduce stigma, enhance outcomes, and promote self-determination
- Peer Recovery Center of Excellence: [Peer Workforce Development Resource](#)
- HHRC Toolkit: [Expanding Peer Support Roles in Homeless Services Delivery](#)

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Recovery Community Organizations

Recovery Community Organizations (RCOs) are nonprofit organizations, founded and led by members of the local recovery community.



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Recovery Community Advocacy

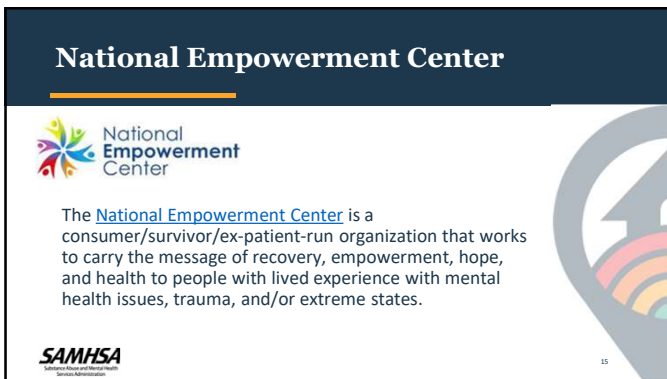


Through collective efforts in recovery advocacy, community support, and education, [Faces & Voices of Recovery](#) promotes the right of every individual and family to recover from substance use disorder, while demonstrating the value and impact of long-term recovery.


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National Empowerment Center



The [National Empowerment Center](#) is a consumer/survivor/ex-patient-run organization that works to carry the message of recovery, empowerment, hope, and health to people with lived experience with mental health issues, trauma, and/or extreme states.

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National Alliance on Mental Illness



The National Alliance on Mental Illness, is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.

Find your Local NAMI [here](#)




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Increasing Access to Addiction Treatment




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What is Addiction Treatment?

The ASAM Criteria Continuum of Care for Adult Addiction Treatment

| | |
|-----------------------------|---|
| Level 4: Inpatient | 14 Medically Managed Inpatient |
| Level 3: Residential | 11 Clinically Managed Low Intensity Residential, 15 Clinically Managed High Intensity Residential, 17 Medically Managed Residential |
| Level 2: IOP/HOP | 11 Intensive Outpatient (IOP), 12 High Intensity Outpatient (HIOP), 17 Medically Managed Intensive Outpatient |
| Level 1: Outpatient | 10 Long Term Remission Monitoring, 13 Outpatient Therapy, 17 Medically Managed Outpatient |
| Recovery Residence | 10 Recovery Residence* |

American Society of Addiction Medicine



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Increasing Access to Medication

- New Federal Guidance: [Federal Register: Medications for the Treatment of Opioid Use Disorder](#)
 - No longer need to have used opioids for a year to initiate treatment,
 - EDs can now provide methadone for 72 hours (BMC study), and
 - All MOUD initial exams can be administered via telehealth.
- Mobile Units
- FQHC Medication Units (Ohio) [Improved Opioid Treatment Programs Would Expand Access to Quality Care](#) | [The Pew Charitable Trusts \(pewtrusts.org\)](#)
- Bridge clinics
- Street Medicine
 - Example: [Kraft Community Health](#)

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How Programs Can Support MOUD Access

- Build relationships with MOUD providers to help re-engage people in care
- If you deliver street-medicine, make sure providers can prescribe MOUD
- Facilitate telehealth initiation
- If you have a brick-and-mortar location discuss storage considerations so people can take home doses

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Increasing Access to Addiction Treatment Through Partnership

| Logistical Barriers | Solution or Partnership |
|----------------------|---|
| Identification | Partnerships with DMV, vital records, healthcare providers, can regular visits to these places be part of programming |
| Transportation | Use resources to provide transport, some cities partner with public transit |
| Access to Cellphones | Purchase cell phones, support people in accessing free phones, use program phones |
| Lack of resources | -Build connections with addiction treatment providers, and develop partnerships to overcome hurdles to admission - Use resource mapping to understand the continuum of care in your region |

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Increasing Access to Addiction Treatment Through Partnership, Cont.

| Barrier | Solution or Partnership |
|--|---|
| Requests for medical assessment/clearance | Partnership with urgent care, local emergency room to streamline request, mobile physician |
| Requests for behavioral health assessment | Partnership with mobile crisis, use of internal clinical resources like social workers |
| Eligibility criteria | Resource mapping, partnership with Single State Agencies and know their regulations |
| Access to medication in residential settings | Partnering with MOUD providers, waiver mobile physicians, coordinating guest dosing with MOUs, 72 hour rule changes |

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Increasing Access To Harm Reduction Services


Throughout the Community

HHRC

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What is Harm Reduction:


'Person centered practices and policies that empower people to make decisions about their health and lessen the negative social, psychological, and physical consequences associated with drug use'

-National Harm Reduction Coalition

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Harm Reduction is a movement

“Harm Reduction with a capital ‘H’ and ‘R’—this is the movement, one that shifts resources and power to the people who are most vulnerable to structural violence.”

-Monique Tula, Former Executive Director
National Harm Reduction Coalition, 2018




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Why Expand Access to Harm Reduction Services in Your Community?

- Abstinence isn't everyone's goal & recovery is person-defined
- Harm reduction and treatment are not mutually exclusive
- Our systems must support all community members.
- Large numbers of people don't interact with traditional treatment systems
- Harm reduction services are critical touch points that reduce mortality and promote health and wellbeing




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Not Just Narcan: Expanding Harm Reduction to Meet Community Need

- People we work with can and will let you know what they need. They must be involved in all stages of assessment and design of supports offered
- Our job as providers is to deliver and operationalize participants' feedback
- Expand the range of what harm reduction services you offer to encompass identified needs including:
 - Safer sex/sex work kits
 - Wound care
 - Safer Smoking
 - Reproductive health



*Willingness to provide some services but not all identified should be a flag to revisit core values



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In Your Community



- Use partnership to expand reach of services
- SSP Locator <https://www.nasen.org/>
- Use of service recipients/peer networks in paid roles for resource distribution
- Street medicine addressing changing needs ex Xylazine <https://hhrcetraining.org/events-webinars/webinar/16424/xylazine-introduction>
- Co-location of syringe services in other programming

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In Shelters and Supported Housing

- Make Naloxone, safer use kits, and fentanyl/xylazine test strips widely available
- Examine policies and procedures to reduce barriers to drug users trying to access shelter and housing
 - Holding on to safer use materials vs confiscating
 - Reducing/eliminating drug use-related service suspensions
 - No restrictions on coming and going
- Have overdose response protocols
 - Staff and guest training
 - Reverse motion detection
 - Bathroom check protocols

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To Expand Overdose Prevention Strategies

- Utilize Virtual Overdose Prevention Training and mail-based programs.
 - Example: <https://nextdistro.org/>
 - Links to resources by state
 - If a person is unable to access these resources they can use the website to request via mail
 - Consider having a site-based mail service for this purpose (e.g. day center or shelter address)
 - Building in-house capacity/ train the trainer
 - Make Naloxone and test strips widely available
 - Example: [MA CNPP](#) program




Image from nalobox.org




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Telephone and App Based Overdose Prevention




Brave: Overdose Detection App



Hotline: Never use Alone



Canary: Overdose Prevention App




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Remember:

People who use drugs are the most likely to save a life and reverse an overdose. Give them the tools they need.



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Guest Expert: Jim Duffy: Smokeworks


Jim Duffy, a national advocate for the expansion of harm reduction, focuses on safer smoking and services for stimulant users. Lived experience brought Jim to the AHOPE needle exchange in Boston, which helped pioneer safer smoking initiatives, leading to the development of Smoke Works, now advancing access to injection alternatives nationwide




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Safer Smoking
in Harm
Reduction



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1. Who is overlooked by harm reduction?
2. What do people need?
3. Risk mitigation
4. Results & challenges





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Safer Smoking in Harm Reduction

Harm Reduction:

- Pragmatic
- Focus is not an exclusion
- Engagement based on autonomy, not coercion

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Safer Smoking in Harm Reduction

What does harm reduction offer?

- Syringe access
- Naloxone distribution
- Drug checking / testing
- HIV/STI testing
- Medical & recovery services

Unaddressed:

- Stimulant use
- Increased injection rates
- Chemsex
- Polysubstance use
- Insufflation
- Fentanyl contaminated non-opioids
- Illicit "pressed" pill consumption

For whom/what?

- Opioid injection drug use

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Safer Smoking in Harm Reduction

Harm Reduction: Injection is not Universal Preference

| Table 8. Main reason for smoking rather than injecting | | |
|--|--------------------------|-----------------------------|
| | Smoking opioids n=607 | Smoking stimulants n=693 |
| Can't hit veins anymore | 23% | 19% |
| Smoking is more social | 15% | 27% |
| Smoking is more available | 12% | 7% |
| Reduce risk of overdose | 11% | 3% |
| Easier/faster than injecting | 10% | 12% |
| Prefer the high from smoking | 7% | 15% |
| Negative view of injection | 5% | 5% |
| No clean syringe available | 4% | 2% |
| Protect or save veins | 2% | 1% |
| Miscellaneous | 11% | 9% |

Results from the 2021 WA State Syringe Service Program Health Survey

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Safer Smoking in Harm Reduction

Routes of Drug Use Among Drug Overdose

Tanz LJ, Gladson RM, Dinwiddie AT, et al. Routes of Drug Use Among Drug Overdose Deaths — United States, 2000–2022. *MMWR Morb Mortal Wkly Rep* 2024;73:124–130.

“The number of deaths with evidence of smoking increased 109.1%.. and by 2022, smoking was the most commonly documented route of use in overdose deaths.”

Consider enhancing harm reduction services to reach people who use drugs by smoking

Prevent relapse and prevent new drugs
Conduct peer outreach
Reduce risk of overdose when drugs are smoked

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Safer Smoking in Harm Reduction

Routes of Drug Use Among Drug Overdose

Tanz LJ, Gladden RM, Dinwiddie AT, et al. Routes of Drug Use Among Drug Overdose Deaths — United States, 2020–2022. MMWR Morb Mortal Wkly Rep 2024;73:124–130.

- From January–June 2020 to July–December 2022, the percentage of overdose deaths with evidence of injection decreased 29.1%

In the U.S., the leading route of drug use involved in overdose deaths changed from injection to smoking*

| Route | 2020 (Jan–Jun) | 2022 (Jul–Dec) |
|-----------|----------------|----------------|
| INJECTION | 47% | 18% |
| SMOKING | 13% | 32% |

*Consider enhancing harm reduction services to reach people who use drugs by smoking
 †People observed on housing visit only ‡Conduct peer outreach ††Evidence of overdose when drugs are smoked

EDC MMWR

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Safer Smoking in Harm Reduction

Routes of Drug Use Among Drug Overdose

Tanz LJ, Gladden RM, Dinwiddie AT, et al. Routes of Drug Use Among Drug Overdose Deaths — United States, 2020–2022. MMWR Morb Mortal Wkly Rep 2024;73:124–130.

- Reduce overdose deaths by **strengthening harm reduction services for smoking**
- Harm reduction programs have adopted **safer smoking supplies** to reach new drug using populations

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Safer Smoking in Harm Reduction

Risk mitigation is available for all people who use drugs.

Injecting

Smoking

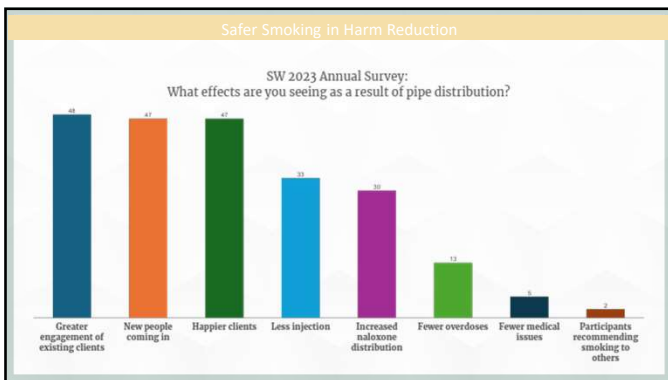
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Safer Smoking in Harm Reduction

Risk mitigation is available for all people who use drugs.

| Mouthpieces | Screens / Filters | Syringes / Pipes |
|---|--|--|
| <ul style="list-style-type: none"> Protect against HCV transmission Allow pipes to be shared with limited risk Can be cleaned and reused | <ul style="list-style-type: none"> Replace traditional Choro with commercial made filters Reduce inhalation of chemicals | <ul style="list-style-type: none"> Providing pipes alongside syringes creates options Every injection event replaced by smoking reduces likelihood of HIV exposure |
|  |  |  |

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Safer Smoking in Harm Reduction

Expanding Services: Advancing Health Equity with Harm Reduction

Increased reach of BIPOC participants from 2% in 2022 to **12% in 2023**

Safe Smo' Trade Pilot Unit:

- 37 new participants
- additional 63 interactions
- strengthened community partnerships

192% ↑ SSP interactions after introducing Safe Smo' Trade Snorting kits.

What our participants are saying...

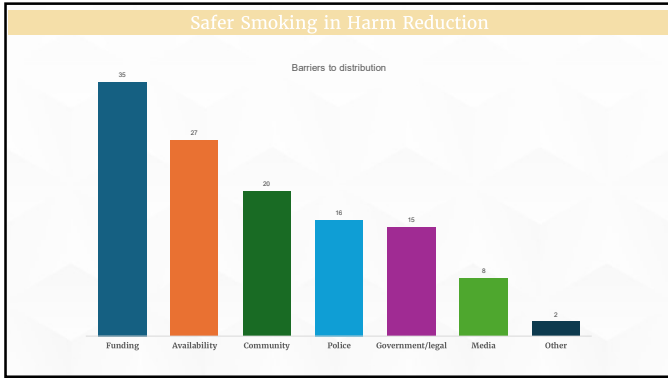
"I still lose my job because of that bottle."

"The new supplies have helped me a lot. I'm a hard luck now. I have something to fall back on."

"I've had less infections in my arm."

"I can get clean supplies and don't have to worry about using needles after people anymore. Also, he gave me info on HepC treatment and rehab."

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Why Pipes?

1. Autonomy
2. Engagement & Equity
3. Overdose Prevention
4. HIV/HCV Prevention

We had one patient go from constant injection related abscesses to NONE in about 2 months because the use of pipes allowed him to quit injecting.

-Anonymous SW Partner Program

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Safer Smoking in Harm Reduction

Why Pipes?

- 1. Autonomy
- 2. Engagement & Equity
- 3. Overdose Prevention
- 4. HIV/HCV Prevention

“
Most of our od's are folks seeking coke / crack, so this allows us to engage better with smokers and help them get test strips.
 ”

-Anonymous SW Partner Program

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Safer Smoking in Harm Reduction

Why Pipes?

- 1. Autonomy
- 2. Engagement & Equity
- 3. Overdose Prevention
- 4. HIV/HCV Prevention

“
Because we distribute pipes.. We have been able to test more people for infectious diseases and have connected with at least two people living with HIV who had fallen out of care.
 ”


-Anonymous SW Partner Program

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Safer Smoking in Harm Reduction

Why Pipes?


- 1. Autonomy
- 2. Engagement & Equity
- 3. Overdose Prevention
- 4. HIV/HCV Prevention



Jim Duffy
 Director
 Smoke Works

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Learn More: Existing HHRC Resources

- [Expanding Peer Support Roles](#)
- [Xylozine Basics](#)
- [Boosting the Power of Harm Reduction](#)
- [Whole Person Care for People Experiencing Homelessness and Opioid Use Disorder Toolkit: Part I](#)
- [Whole Person Care for People Experiencing Homelessness and Opioid Use Disorder Toolkit: Part II](#)
- [Methamphetamine Use and Housing](#)

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Questions and Answers


Additional Technical Assistance

Do you have a question about this Learning Community or SAMHSA technical assistance for your community? Reach out to your HUD TA coach or [submit a question to HHRC](#). Under the “Subject” section of the Contact Us form, please select “HUD SNOFO Grantee TA Question.”

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Evaluation and Certificate of Participation

<https://lanitek.com/P?s=447056>
(If you receive an error message, try again in a few minutes)



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Thank You!

SAMHSA's Homeless and Housing Resource Center provides high-quality, no-cost training for health and housing professionals in evidence-based practices that contributes to housing stability, recovery, and an end to homelessness.

Contact Us:
<http://hhctraining.org/> | info@hhctraining.org | 518-439-7415x4

