



HOMELESS &
HOUSING
RESOURCE
CENTER

SNOFO Learning Community

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


March, 2024

Disclaimer

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 - Pamela Mitchell
 - Dave Gratzer
- Live transcription is available
 - Click Live Transcript  and then select Show Subtitle
 - Subtitles can be moved within the window and re-sized
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Welcome to Session 4

Increasing Access to Recovery Supports,
Treatment, and Harm Reduction



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



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 is critical to addressing disparate impact

Kariisa M, Davis NL, 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.mm7129e2>



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



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](#)



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?



A SUD System of Care



Learn More:

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



Increasing Access to Recovery Supports

Peers and Recovery Community Organizations



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](#)



Recovery Community Organizations

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



Recovery Community Advocacy



FACES & VOICES OF RECOVERY

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.

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.

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](#)

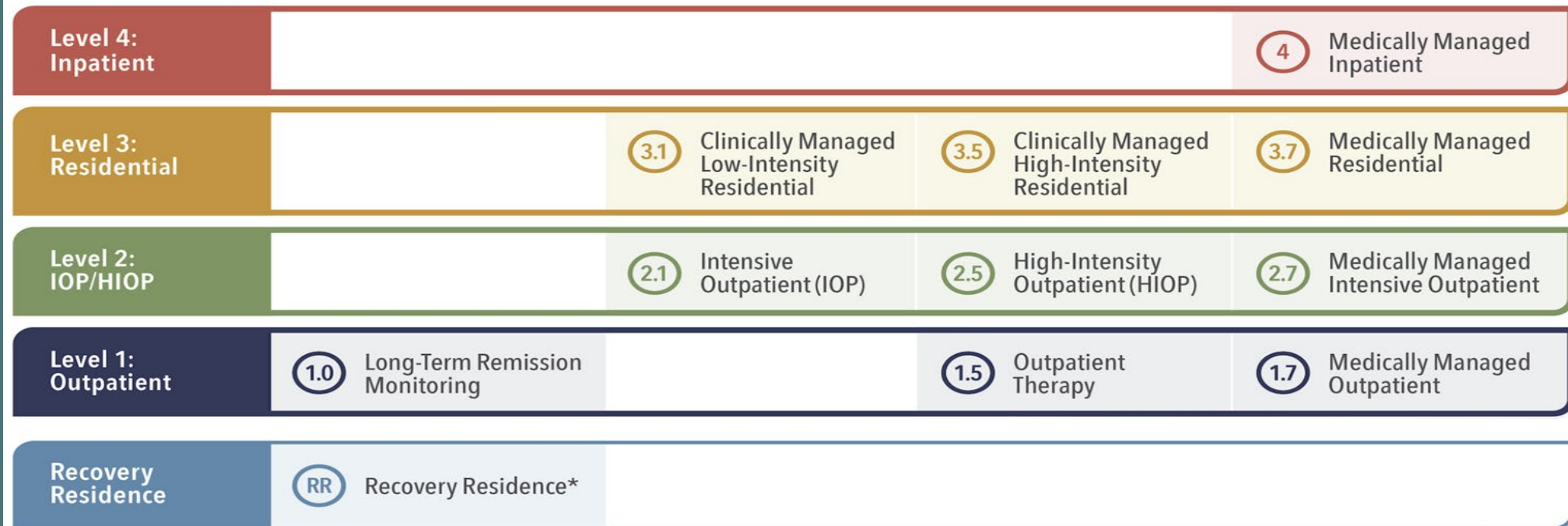


Increasing Access to Addiction Treatment



What is Addiction Treatment?

The ASAM Criteria Continuum of Care for Adult Addiction Treatment





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](#)



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



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	<ul style="list-style-type: none">-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



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



Increasing Access To Harm Reduction Services

Throughout the Community



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



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



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



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

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://hhrctraining.org/events-webinars/webinar/16424/xylazine-introduction>
- Co-location of syringe services in other programming

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



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 naloxbox.org

Telephone and App Based Overdose Prevention

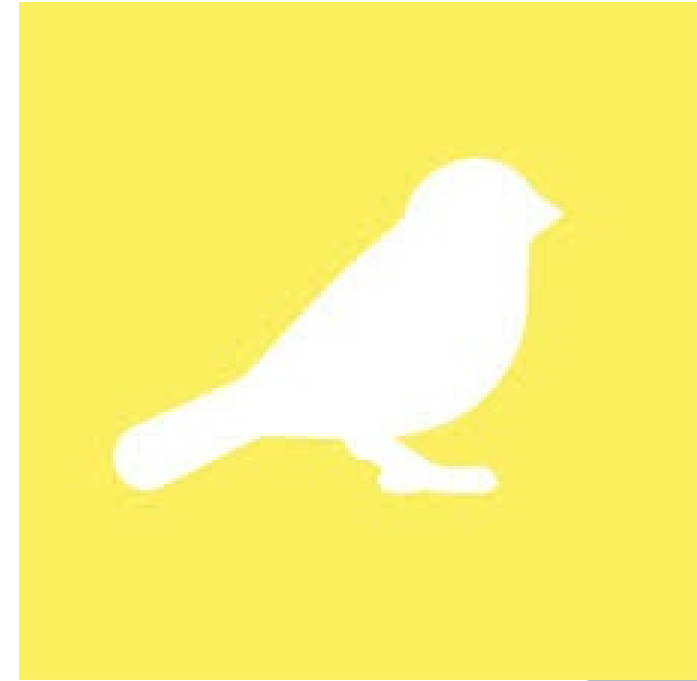


Brave

[Brave: Overdose Detection App](#)



[Hotline: Never use Alone](#)



[Canary: Overdose Prevention App](#)

Remember:

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





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



Safer Smoking
in Harm
Reduction



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



Jim Duffy
Director
Smoke Works

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SmokeWorks.org

Safer Smoking in Harm Reduction

Harm Reduction:

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



Safer Smoking in Harm Reduction

What does harm reduction offer?

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

For whom/what?

- Opioid injection drug use



Unaddressed:

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

Safer Smoking in Harm Reduction

Harm Reduction: Injection is not Universal Preference

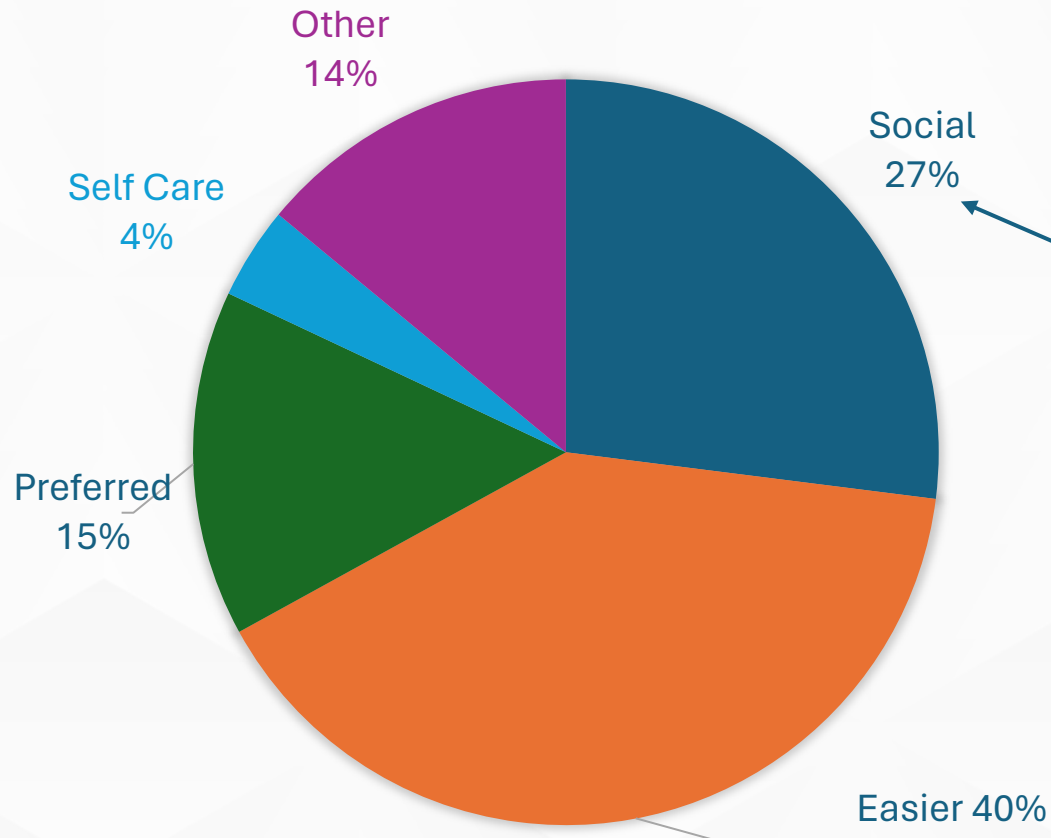


Table 8. Main reason for smoking rather than injecting

	Smoking opioids <i>n=460</i>	Smoking stimulants <i>n=633</i>
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%

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.

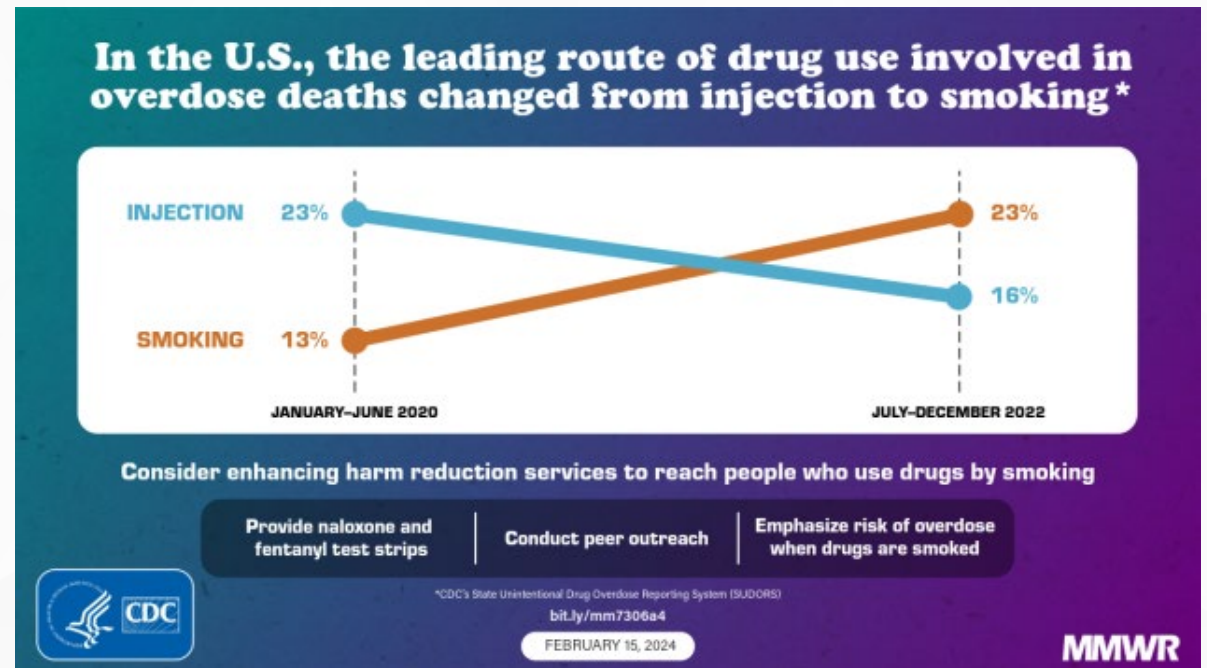
- “The number of deaths with evidence of smoking **increased 109.1%**.. and by 2022, smoking was the most commonly documented route of use in overdose deaths.”



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.

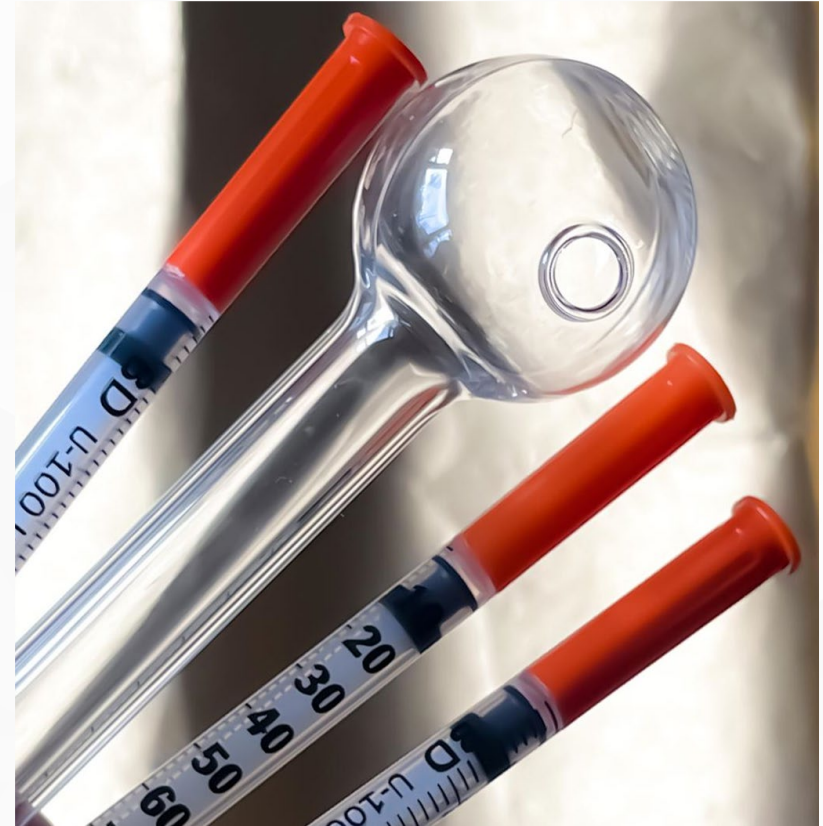
- From January–June 2020 to July–December 2022, the percentage of overdose deaths with evidence of injection decreased 29.1%



Routes of Drug Use Among Drug Overdose

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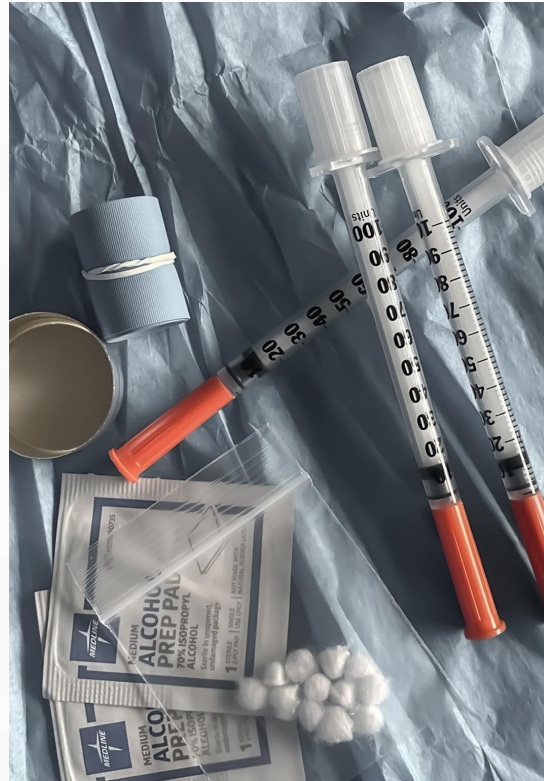
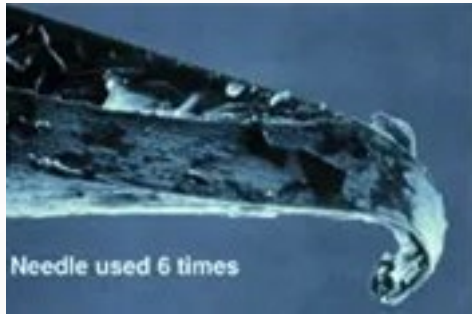
- Reduce overdose deaths by **strengthening harm reduction services for smoking**
- Harm reduction programs have adopted **safer smoking supplies** to reach new drug using populations



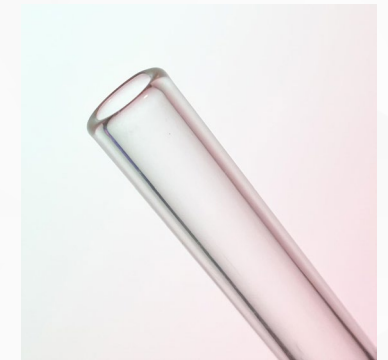
Safer Smoking in Harm Reduction

Risk mitigation is available for all people who use drugs.

Injecting



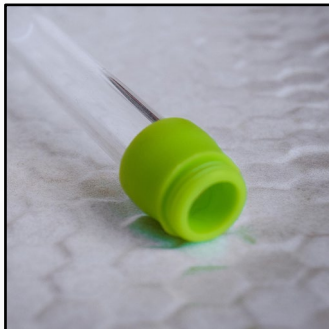
Smoking



Risk mitigation is available for all people who use drugs.

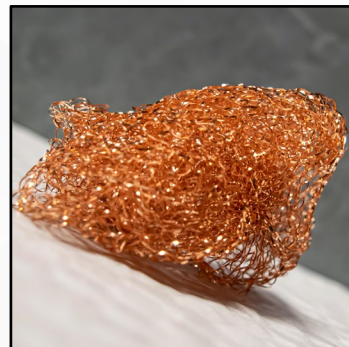
Mouthpieces

- Protect against HCV transmission
- Allow pipes to be shared with limited risk
- Can be cleaned and reused



Screens / Filters

- Replace traditional Chore with commercial made filters
- Reduce inhalation of chemicals



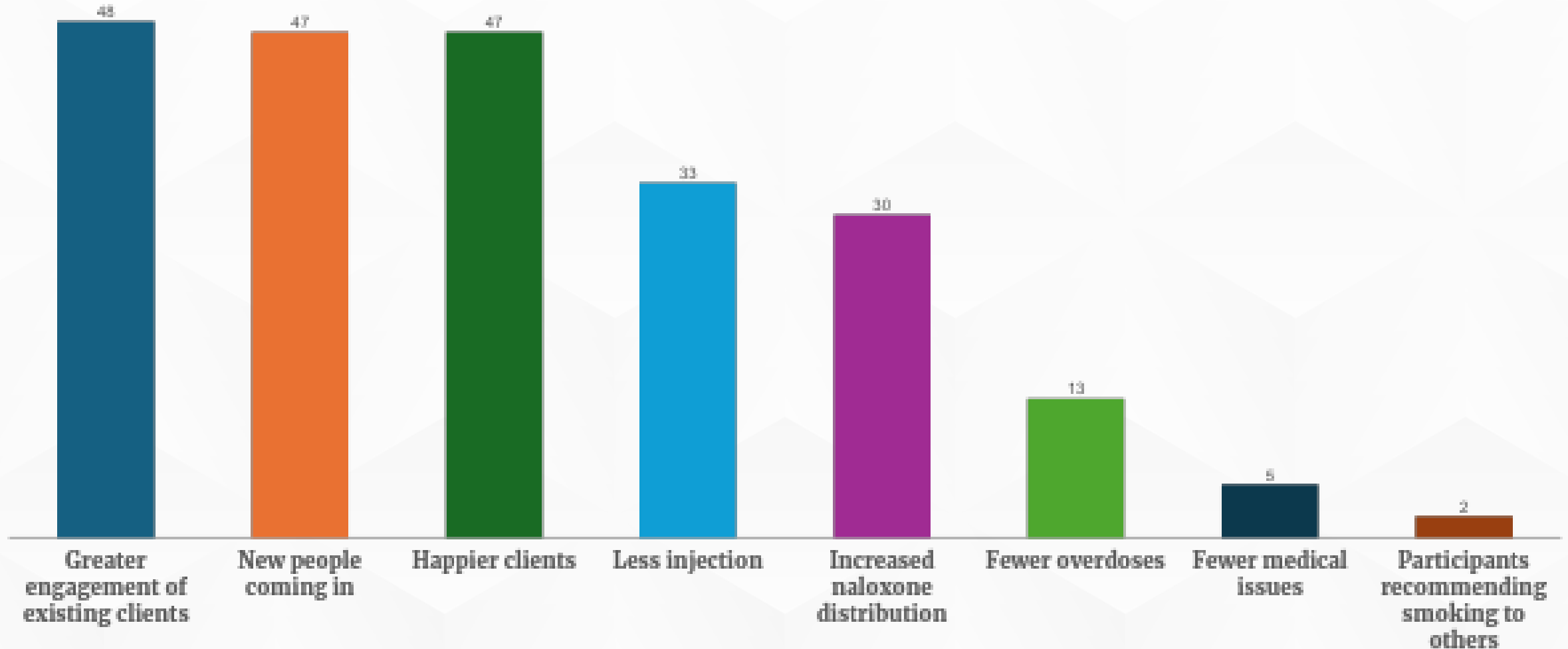
Syringes / Pipes

- Providing pipes alongside syringes creates options
- Every injection event replaced by smoking reduces likelihood of HIV exposure



Safer Smoking in Harm Reduction

SW 2023 Annual Survey:
What effects are you seeing as a result of pipe distribution?



Safer Smoking in Harm Reduction

Expanding Services: Advancing Health Equity with Harm Reduction



Public Health
Prevent. Promote. Protect.
Greene County



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

New SafeTrade Mobile Unit

- 10 new participants
- additional 66 ST interactions
- strengthened community partnerships

192% ↑ SSP interactions after
introducing Safe(R) Smoking &
Snorting kits.



What our participants are saying ...

"I still have **my job** because of that **bubble.**"

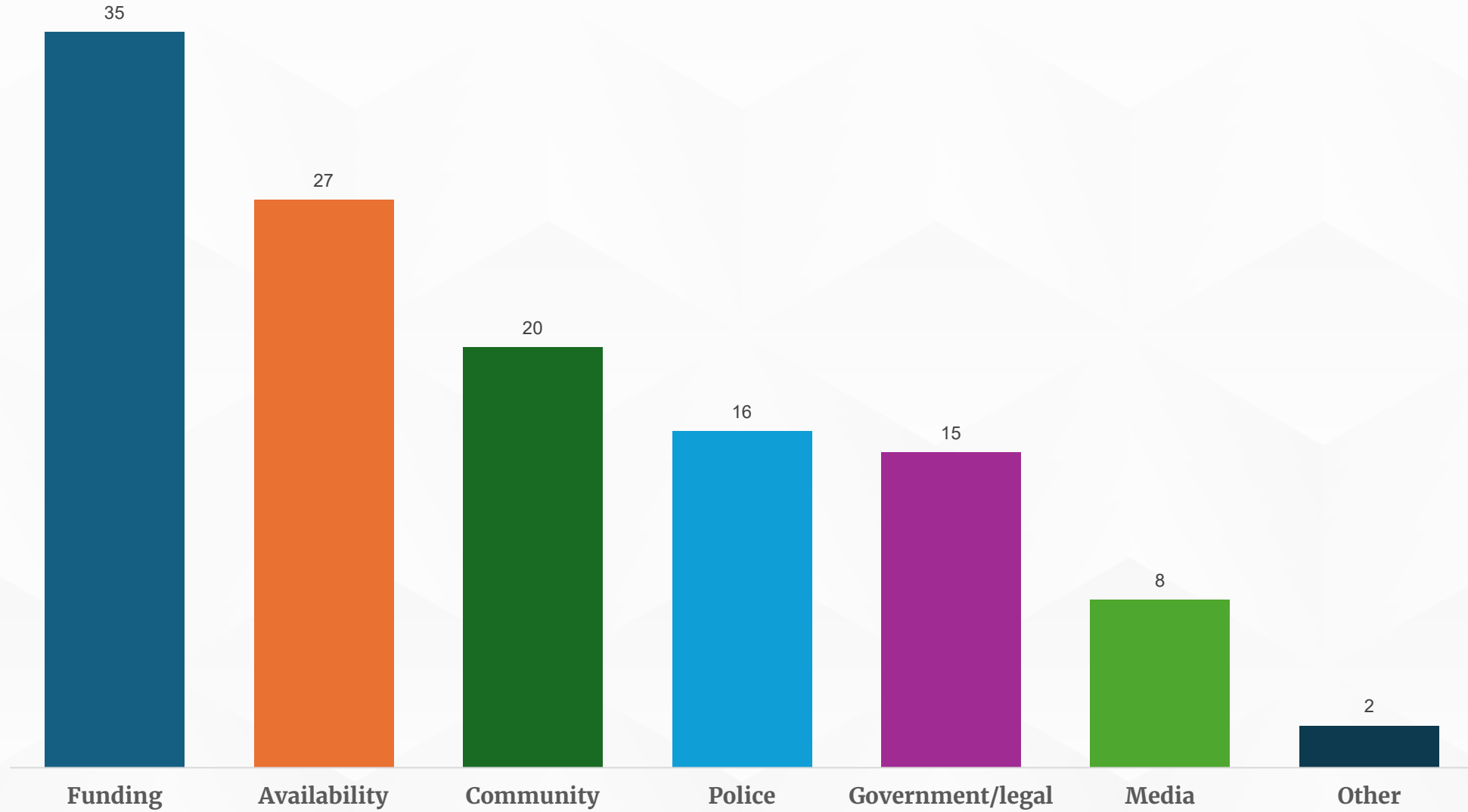
"The new supplies have **helped me a lot.** I'm a **hard stick**, now I have something to fall back on."

"I've had **less infections** in my arms."

"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."

Safer Smoking in Harm Reduction

Barriers to distribution



Safer Smoking in Harm Reduction

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

Safer Smoking in Harm Reduction

Why Pipes?

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

“

Pipe distribution has opened up so many conversations we didn't know about before. We now serve a wider range of people..

”

-Anonymous SW Partner Program

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

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

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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SmokeWorks.org



Learn More: Existing HHRC Resources

- [Expanding Peer Support Roles](#)
- [Xylazine 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](#)



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.”**



Evaluation and Certificate of Participation

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Contact Us:

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