



Massachusetts Department of Public Health

HARM REDUCTION

What's happening in Massachusetts

Harm Reduction Commission
November 20, 2018

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Commissioner



National Academy of Sciences Engineering and Medicine

- Drug dependence is a complex, chronic, relapsing condition accompanied by health, economic, legal, and social consequences
- It is manifested by a complex set of behaviors including compulsive drug craving, seeking, and use that interferes with functioning
- Like other chronic conditions, such as heart disease or diabetes, individuals can ***stabilize their condition*** by making behavioral changes and with the use of appropriate medications
- Increased rates of medical (including HIV/Hepatitis) and psychiatric comorbidity and increased risk of premature mortality

What is Harm Reduction?

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.

The defining features (of harm reduction) are the **focus on the prevention of harm**, rather than on the prevention of drug use itself, and the focus on people who continue to use drugs.

<https://harmreduction.org/about-us/principles-of-harm-reduction/>

<https://www.hri.global/what-is-harm-reduction>

Origin of Harm Reduction

- **Amsterdam**

- 1984: First city to recognize drug use as a disorder and that medical care and social supports were needed if individuals were going to have a chance to access recovery. A needle exchange, opened by a recognized organization of injection drug users.

- **United Kingdom**

- 1984: Liverpool, the Mersey Harm Reduction Model concentrated on reducing the harms of drug use, rather than trying solely to reduce drug use itself. The emergence of HIV and the danger of infection from non-sterile injection equipment played a key role in the development of this program.

- **United States**

- 1988: Tacoma, Washington. First full service needle exchange program
- Response to HIV epidemic drove increased access to needle exchange services nationally



<https://www.addictioninfo.org/articles/256/1/Harm-Reduction-History-and-Definitions/Page1.html>

<https://www.ncbi.nlm.nih.gov/pubmed/17689357>

Abstract <https://www.addictioninfo.org/articles/256/1/Harm-Reduction-History-and-Definitions/Page1.html>

Potential Benefits of Harm Reduction-Based Programming

- To engage vulnerable, hard-to-reach populations
- To reduce fatal overdoses
- To reduce infections associated with injection drug use
- To support individuals to protect their health while using as they consider treatment and recovery
- To keep individuals engaged if they relapse or are not currently abstinent from alcohol or drugs
- To reduce stigma associated with drug use
- To improve individual and public health

Examples of Harm Reduction Strategies from Massachusetts

- Using skin alcohol wipes to prevent abscesses
- Avoiding sharing needles, syringes, water, cottons, and cookers
- Using syringe services programs to access sterile injection equipment
- Getting tested and treated for HIV, HCV, STIs
- Getting vaccinated against hepatitis A and B
- Using test shots when injecting an unknown substance
- Trying not to use alone
- Trying to prevent the development of tolerance by limiting use
- Having naloxone available to respond to overdose
- Knowing how to seek help for yourself and your friends

Current Harm Reduction Efforts through MDPH

- DPH Syringe Services Programs (SSPs)
- DPH Overdose Education and Naloxone Distribution programs (OEND)

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DPH Harm Reduction Program: Syringe Services Programs (SSPs)

In Massachusetts, SSPs provide:

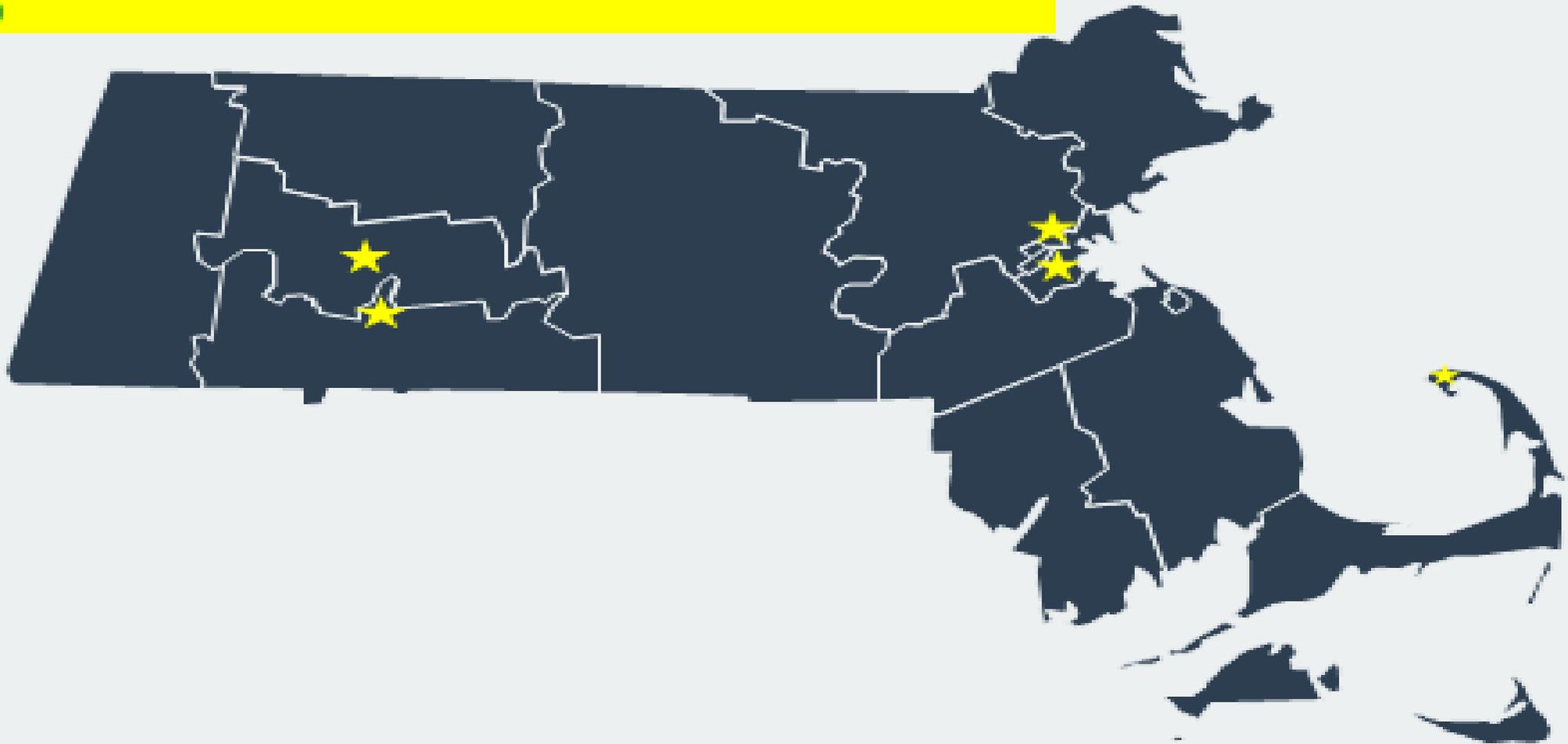
- access to sterile injection equipment
- proper syringe disposal services
- referrals to substance use disorder treatment
- HIV, HCV, STI education and risk reduction counseling
- HIV, HCV, STI testing
- linkage to primary care and case management
- overdose prevention and naloxone distribution

SSP Expansion

- Fiscal Year 2017 (FY17) state budget signed by Governor Baker contains an outside section (Section 65 of Chapter 133 of the Acts of 2016) with language amending [M.G.L. c.111 s.215](#).
 - **Original statute:** DPH was authorized to establish up to 10 pilot syringe service programs with local approval (local approval being undefined in the statutory language)
 - **Revised statute:** DPH is authorized, without a cap on the number of programs, to establish syringe service programs with the approval of local boards of health.
- The revised statute change allows DPH, with **local board of health approval**, to contract with eligible organizations to deliver syringe service programs in the context of comprehensive health promotion services for persons who inject drugs (PWIDs).

Syringe Services Programs in Massachusetts as of 2015

Locally approved Syringe Services Programs in Massachusetts (as of 2015)



SSP Cities/Towns

- Boston
- Braintree
- Brockton
- Cambridge
- Chelsea
- Chilmark*
- Dartmouth
- Edgartown*
- Fairhaven
- Fall River
- Framingham*
- Gloucester
- Greenfield
- Holyoke
- Lawrence
- Lowell*
- Lynn
- North Adams
- Northampton
- Oak Bluffs*
- Pittsfield
- Provincetown
- Quincy
- Salem
- Springfield
- Tisbury*
- Taunton
- Wareham
- West Tisbury*
- Worcester

* Indicates new SSP approval; program not yet operational

Efficacy of SSPs

SSPs provide a safe environment for PWIDs who are not ready for treatment and will not access other support or medical services. National research has shown the efficacy of syringe service programs:

- Eight federal studies have shown that SSPs **do not promote or result in increased drug use.**
- SSPs help people who inject drugs to access substance use disorder treatment programs, **increasing substance use treatment enrollment**, and are associated with “**substantially reduced injecting or cessation of injecting.**”
- Programs are a proven **cost-effective** approach for **preventing transmission of HIV and viral hepatitis** among injection drug users and engaging injection drug users in substance use disorder treatment programs.
- SSPs also help clients infected with HIV or hepatitis C learn their status: in 2010, 67 percent of SSPs surveyed nationally offered **hepatitis C testing**, and 87 percent offered **HIV testing and counseling.**

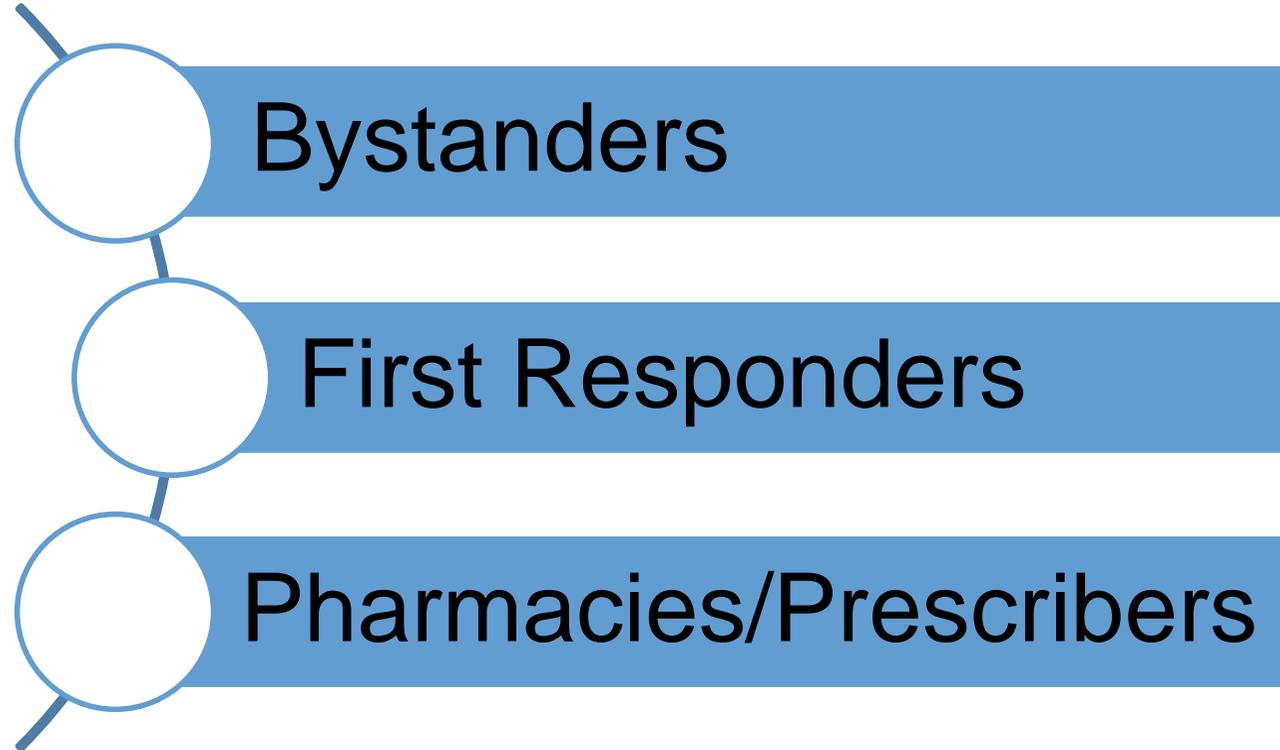
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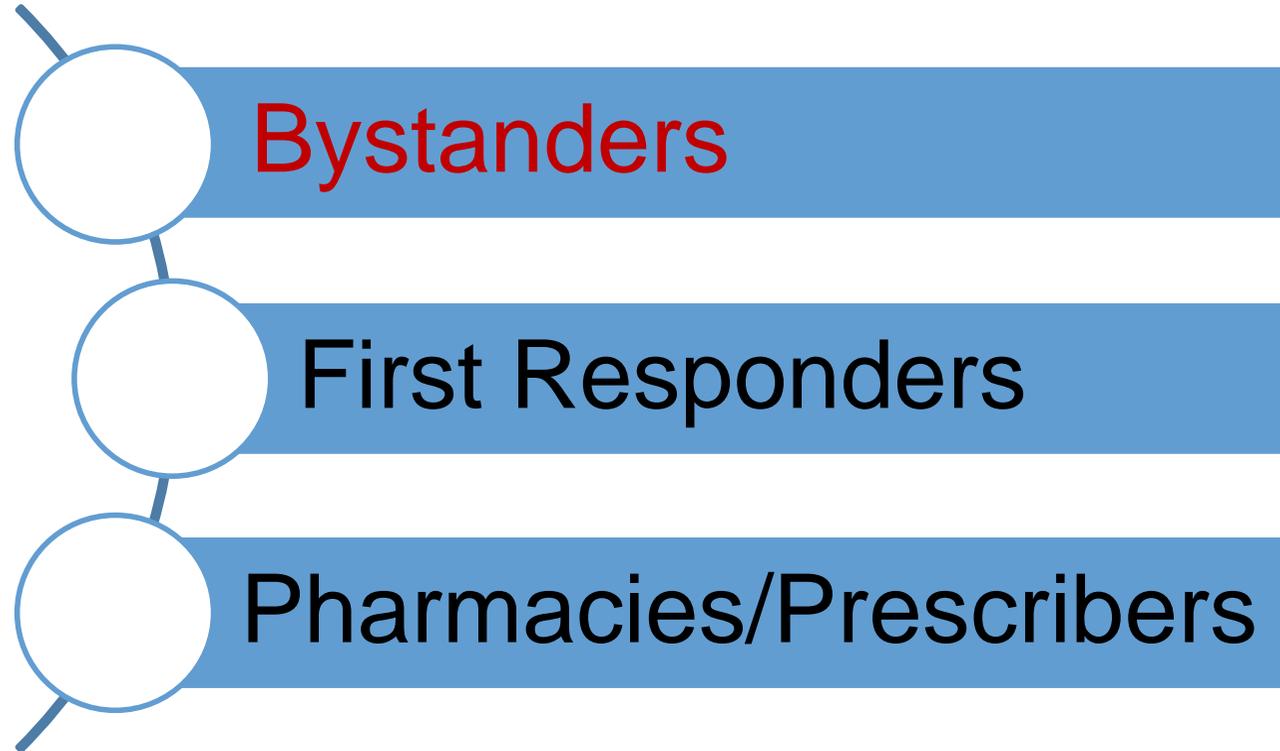
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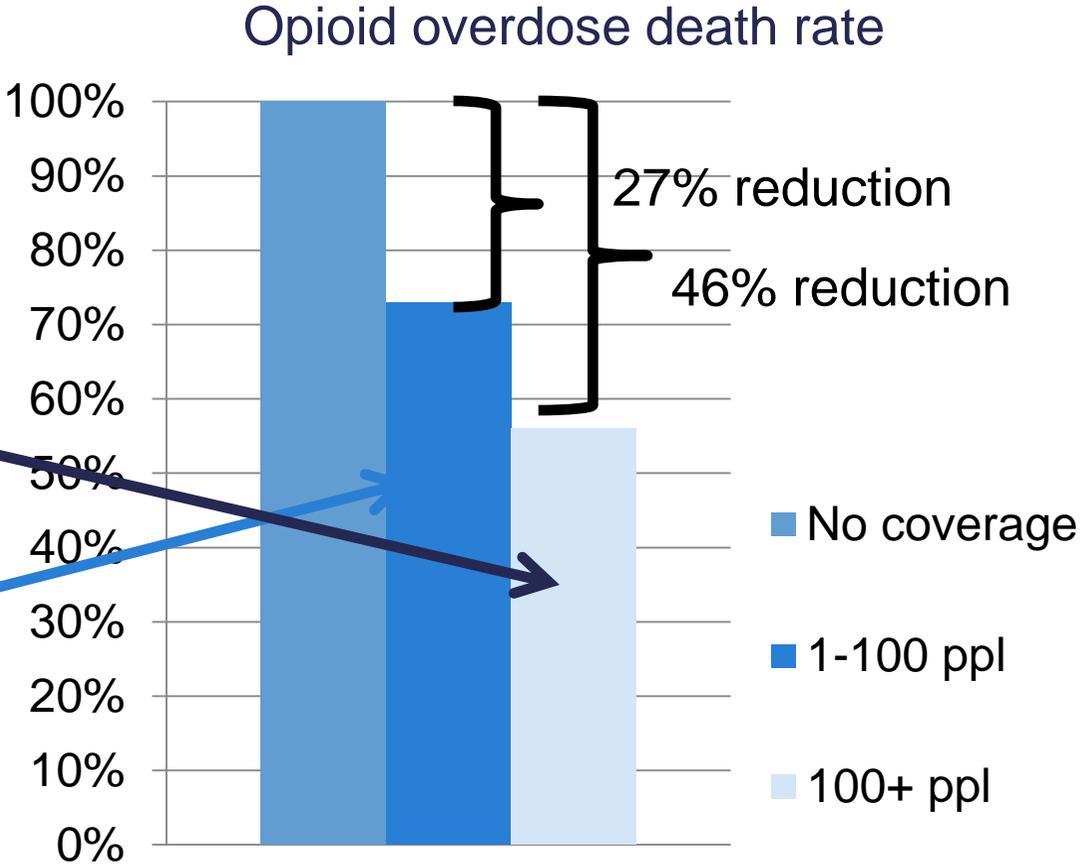
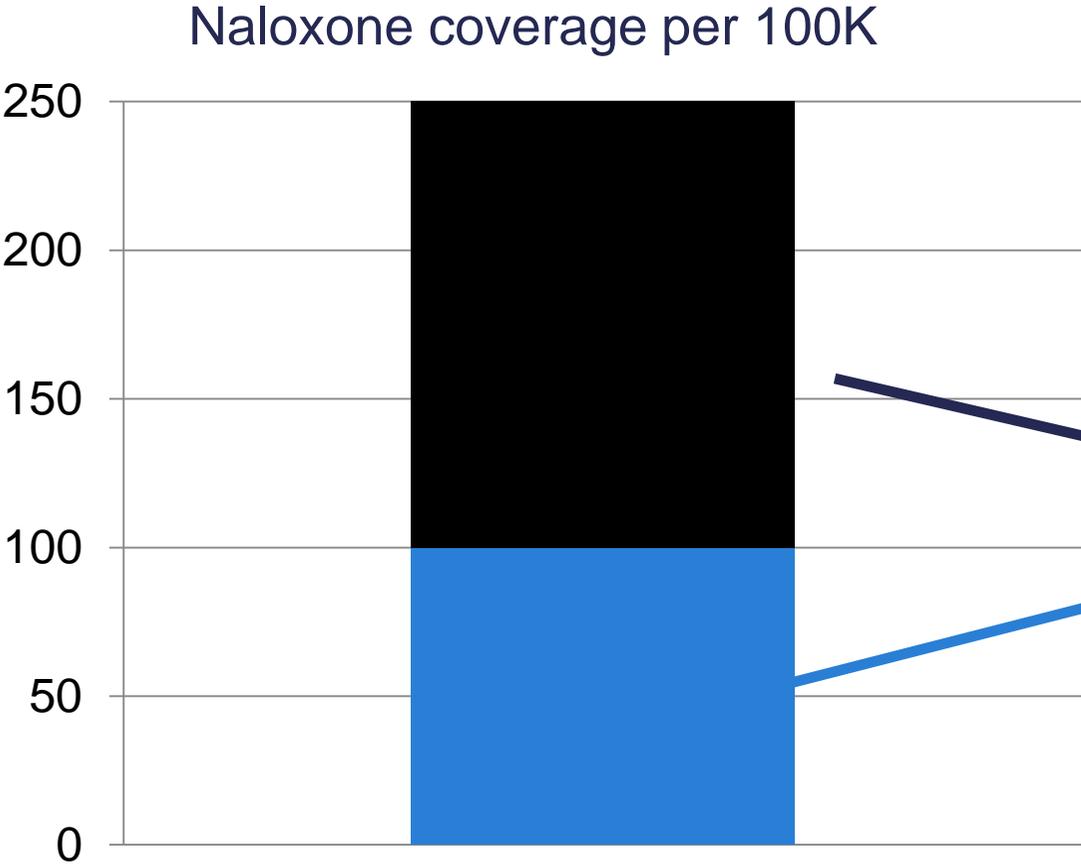
Three Key Focus Areas in Naloxone Expansion:



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Fatal opioid overdose rates reduced where OEND implemented



Walley et al. *BMJ* 2013; 346: f174.

OEND in Massachusetts

MDPH

- Purchases naloxone
- Funds health and human services organizations with access to priority population
- Oversees management of data collection and reporting
- Provides medical oversight to programs and staff

OEND Sites

- Majority of OEND programs are also Syringe Services Programs that provide needle exchange and drug user health services
- Offer an array of services including HIV / HCV / STI testing and linkage to care
- OEND programs provide overdose prevention groups to BSAS Addiction Treatment programs, street outreach, criminal justice settings, etc.

Participants

- Receive education on overdose prevention and are encouraged to share that knowledge with their social networks
- Participants return to OEND sites to report rescues and get more naloxone

Different Forms of Naloxone



Narcan Nasal Spray
“Single-Step”

Adapt Pharma



Nasal with separate atomizer
“Multi-step”

Amphastar Pharmaceuticals



Auto-injector

Kaleo Inc.

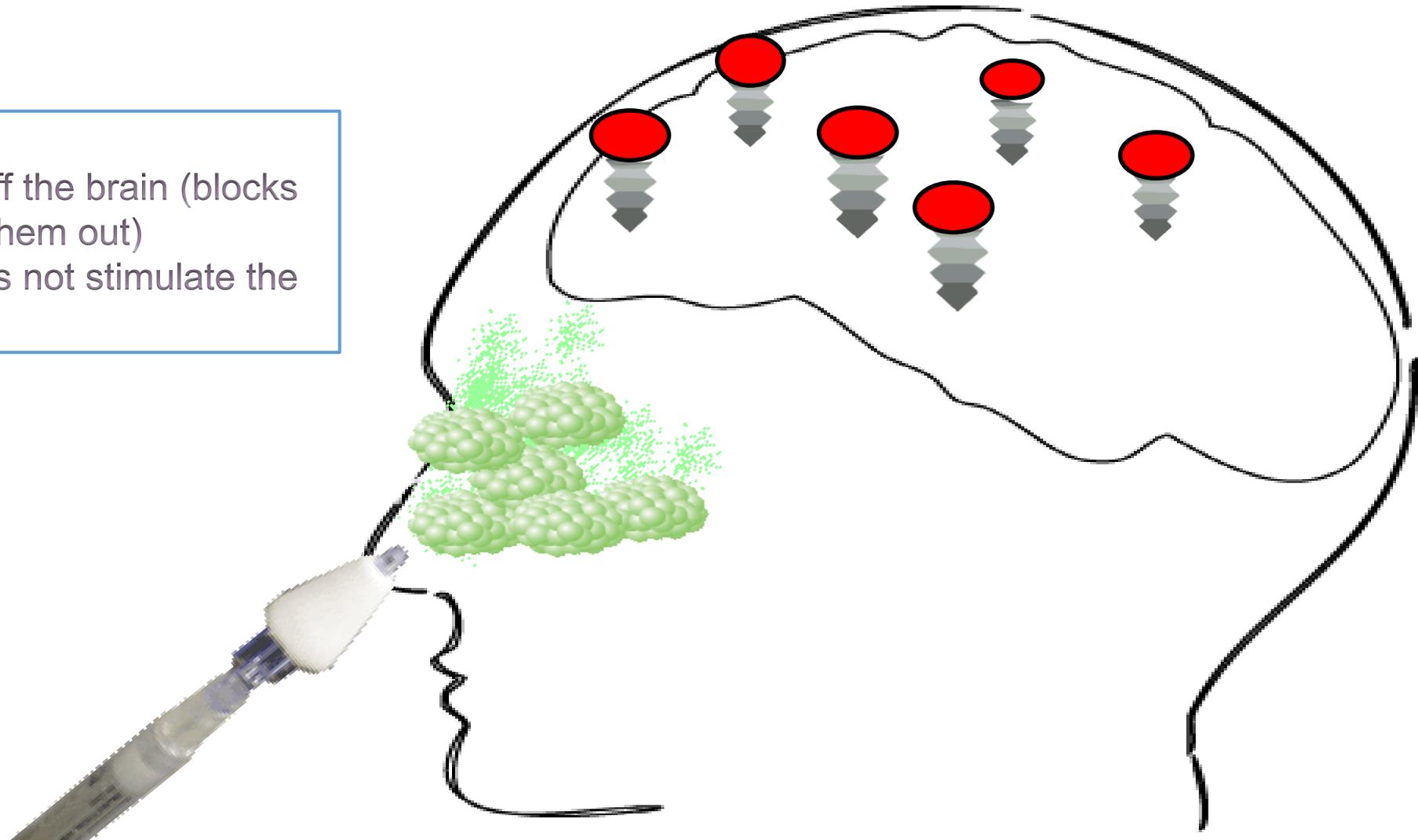


Intramuscular Injection

Various Companies

How does naloxone affect overdose?

1. Restores breathing
2. Knocks opioids receptors off the brain (blocks opioids but does not flush them out)
3. No activity → Naloxone does not stimulate the opioid receptor at all



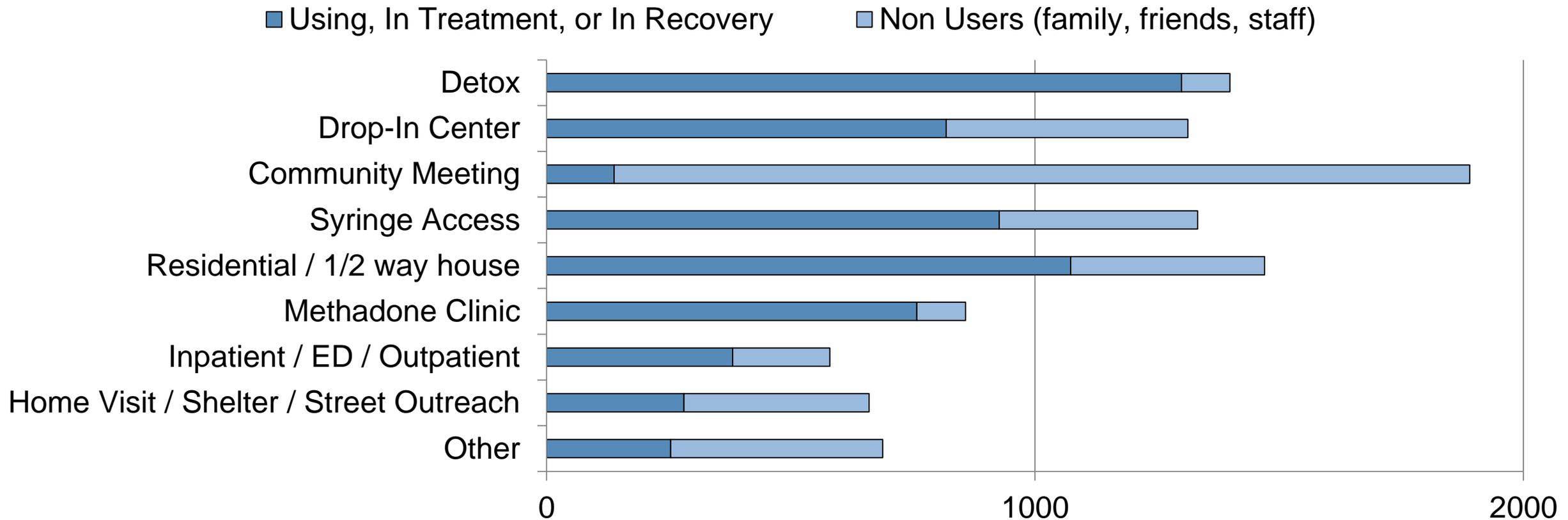
Overdose Education and Naloxone Distribution (OEND) Programs

- OEND training covers:
 - how to prevent and recognize an opioid overdose
 - the importance of immediately calling 911
 - how to perform rescue breathing
 - how to administer nasal naloxone
 - the importance of staying with the individual until help arrives

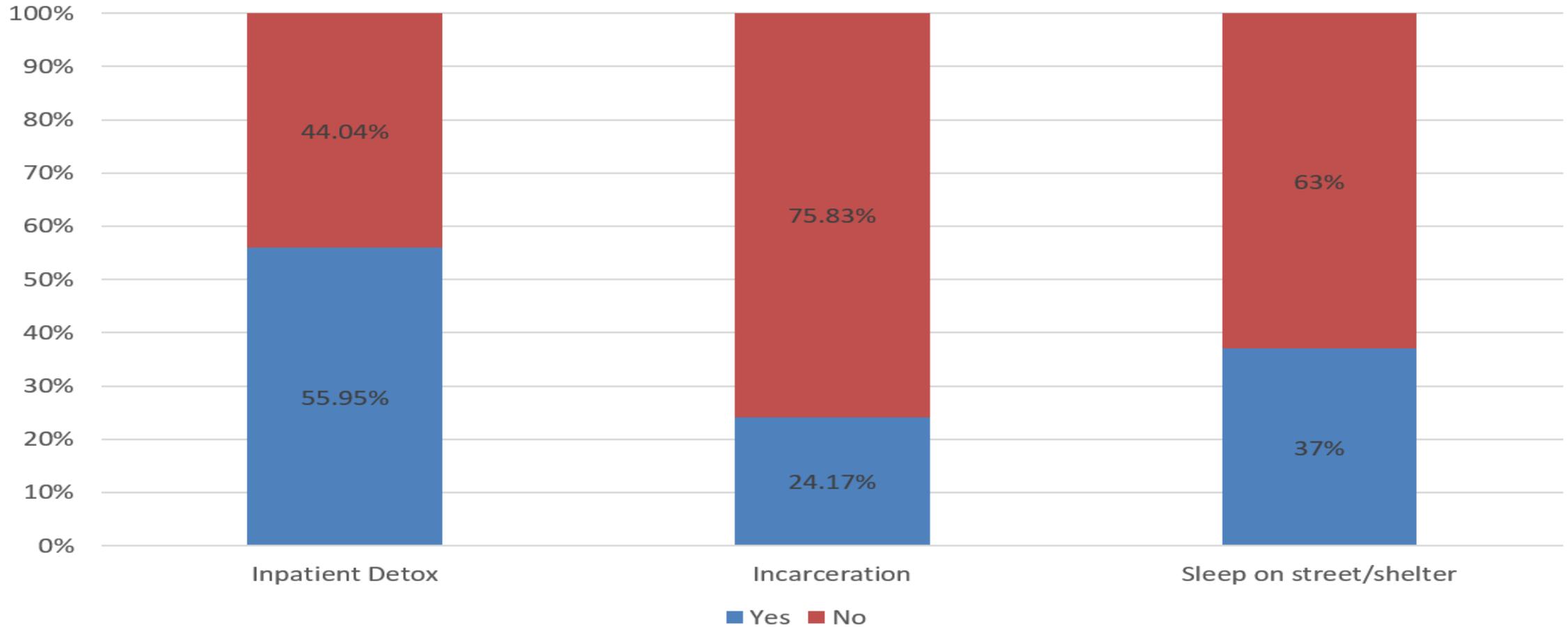


Enrollment Locations

Where are the initial points of contact?

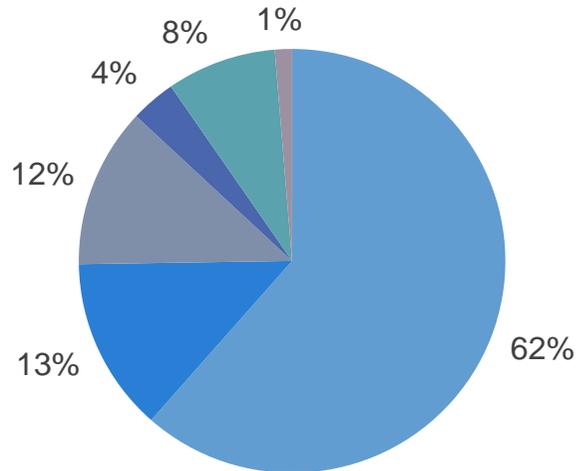


Past Year Experience at time of enrollment



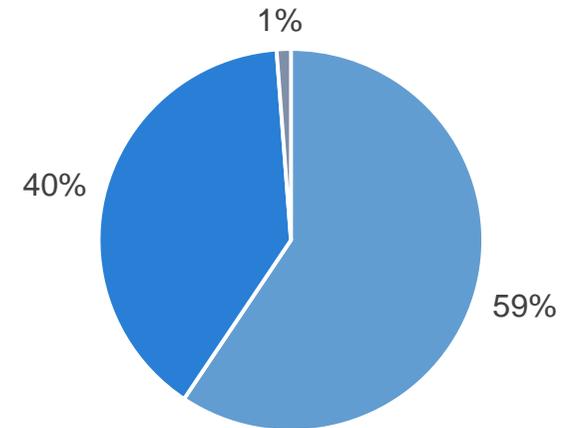
Rescue Experience

Who overdosed?



- Friend
- Partner-Family
- Stranger
- Client-Patient
- Self
- NA/Declined/Missing

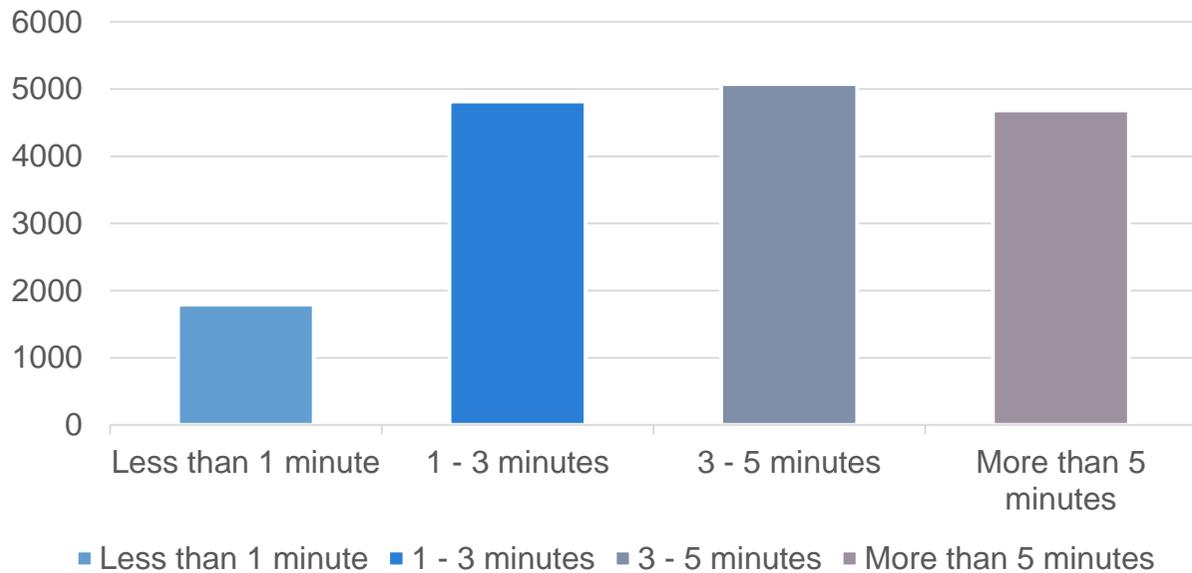
Where did the rescue attempt occur?



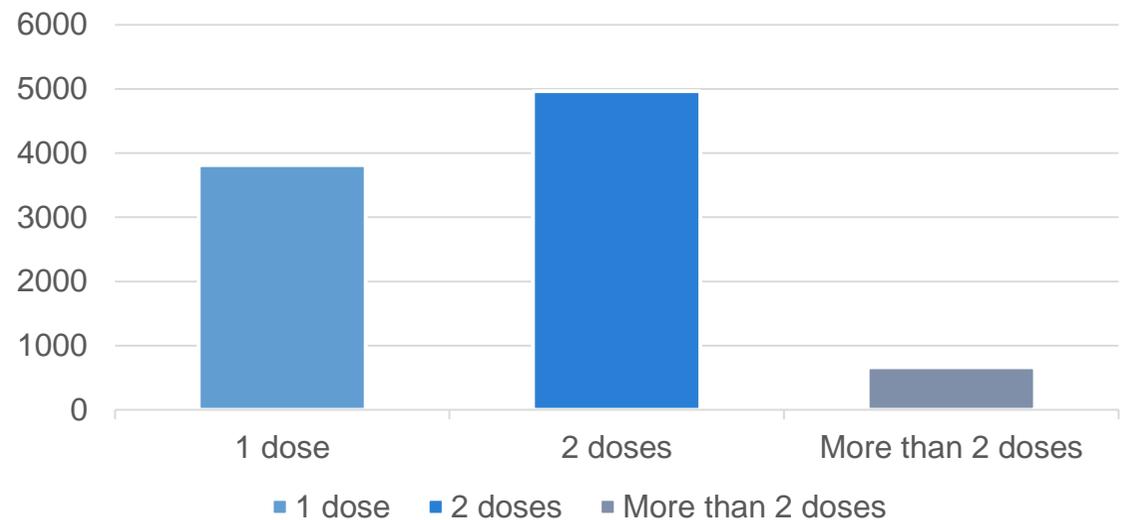
- Private Setting
- Public Setting
- NA/Declined/Missing

Rescue Experience

How long did the naloxone take to work?

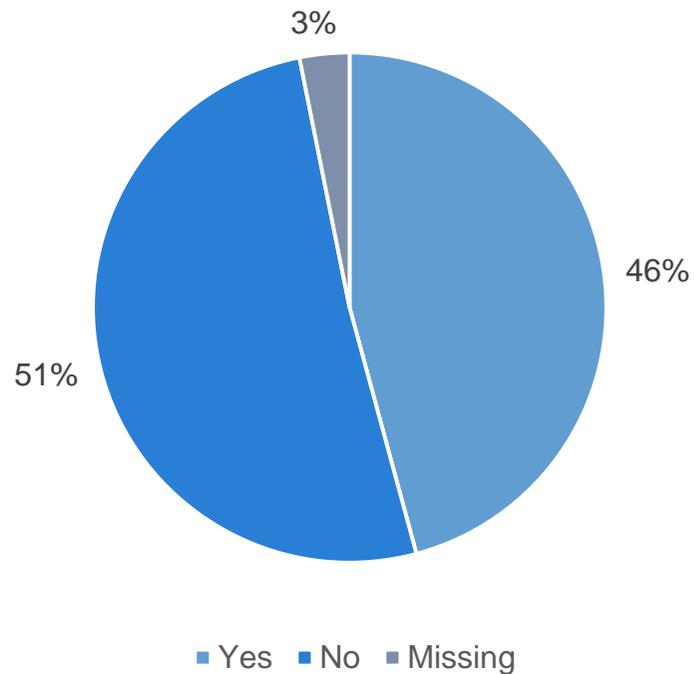


How many doses were used?

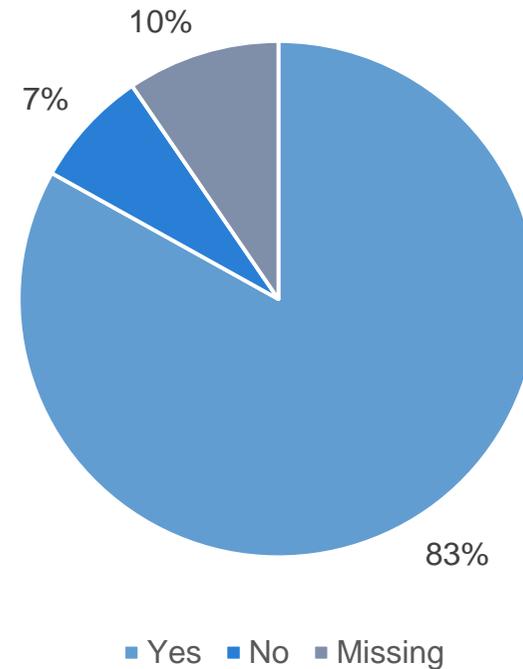


Rescue Experience

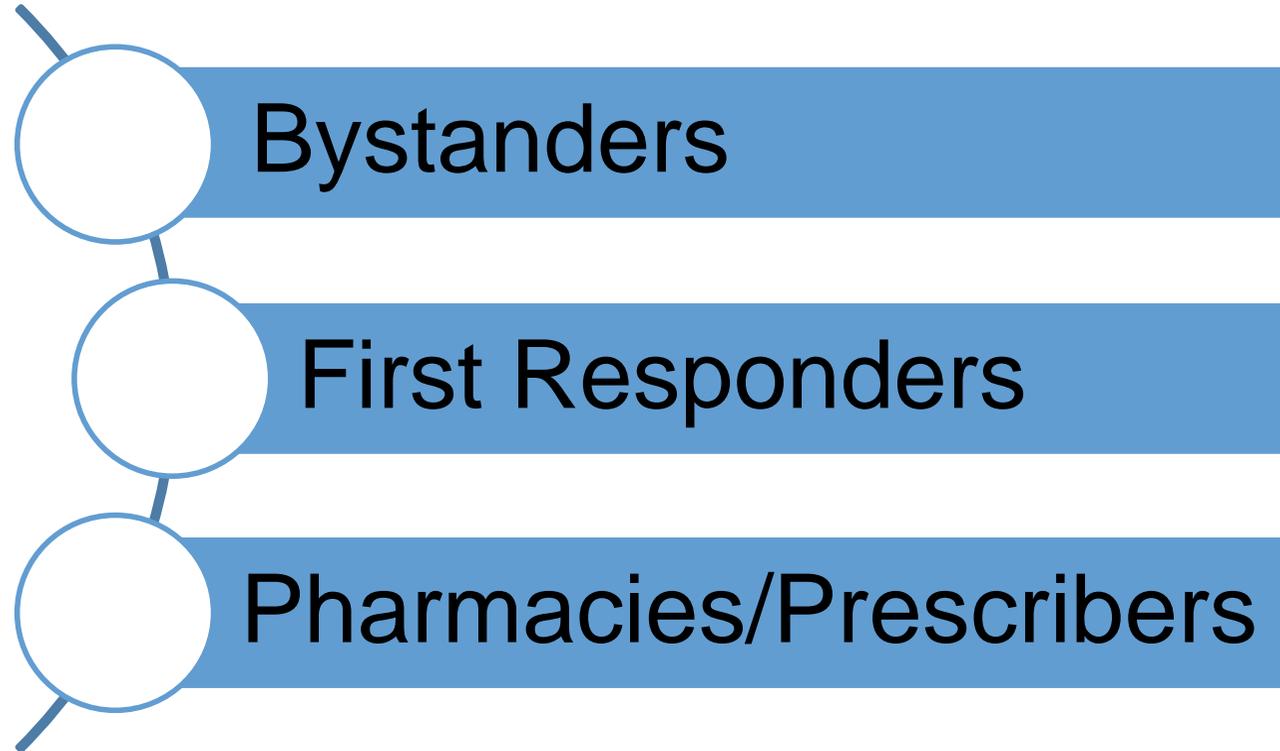
Help-Seeking



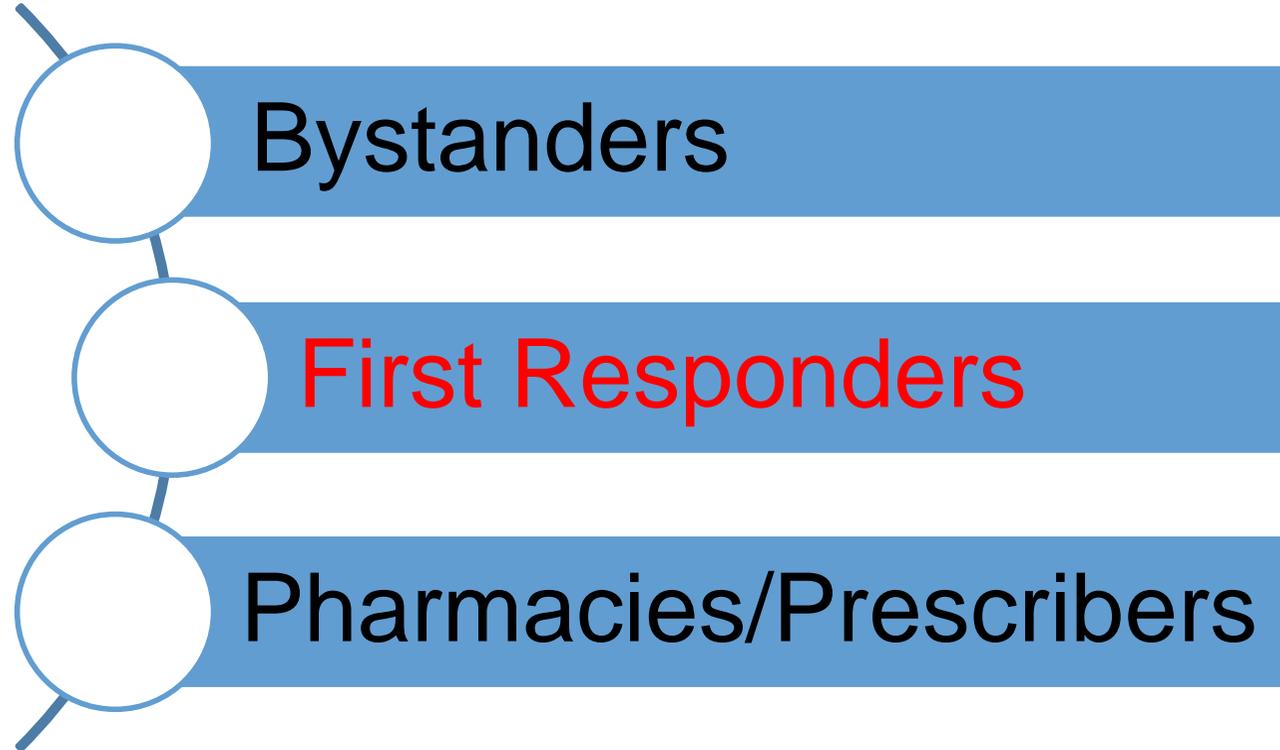
Did you stay until help arrived or naloxone wore off?



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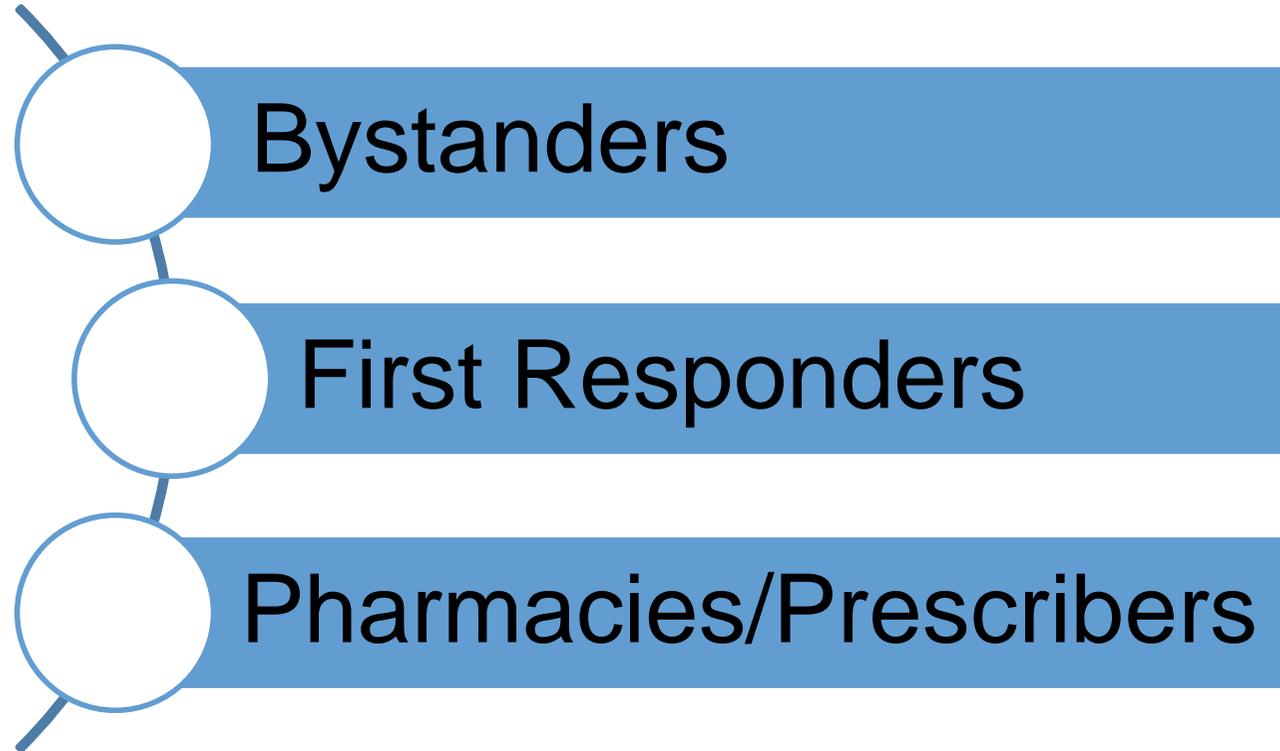


First Responders

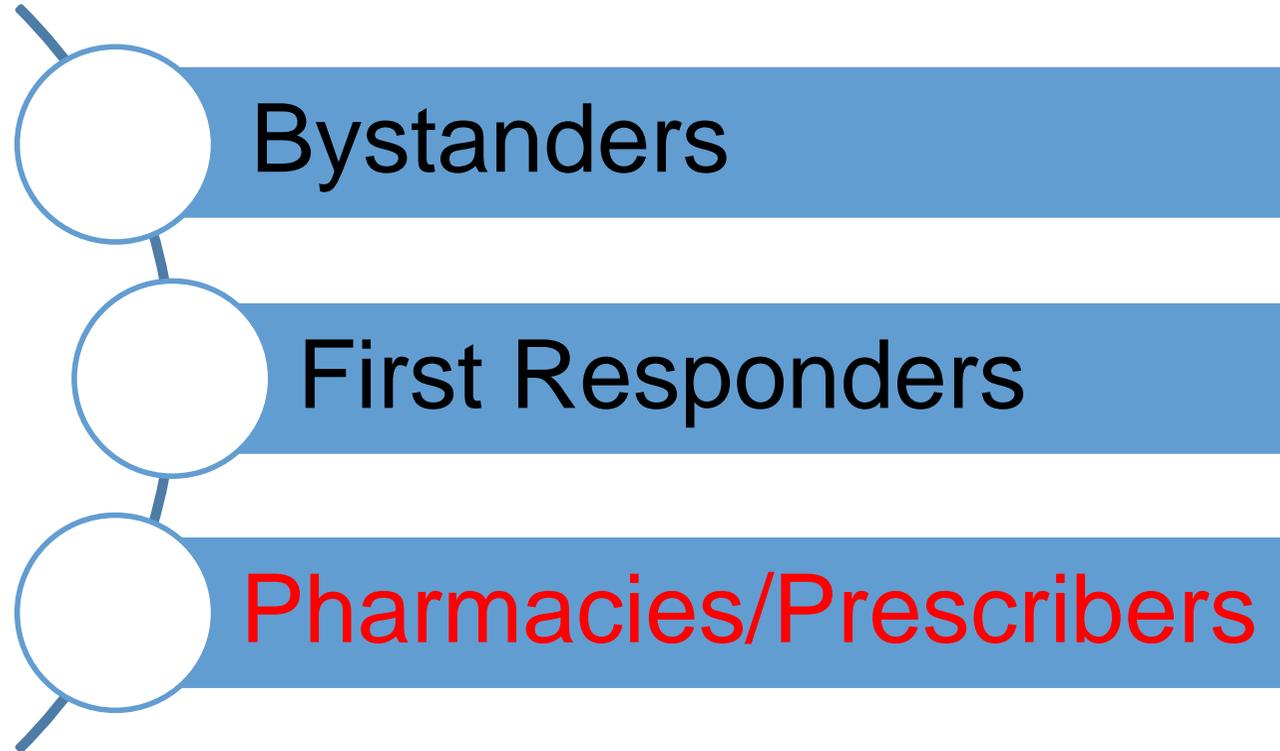
- 1st on scene: firefighters, police and EMS
- Over 100 municipalities carry naloxone now
- Can purchase at reduced price through the bulk purchasing program since 2015



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Naloxone Dispensing via Standing Order

- Chapter 165 of the acts of 2014 authorized pharmacies to provide naloxone to members of the public if the pharmacy had a standing order on file with the Department of Public Health.
- Chapter 208 of the acts of 2018 further expand access to naloxone:
 - The law authorizes a statewide standing order, rather than requiring each pharmacy to secure and file one
- All retail pharmacies located in Massachusetts must stock naloxone



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