



Substance Use Disorder Panel

Harm Reduction Approach: Working with Persons Who Use Drugs

By

Ramon Rodriguez-Santana, MBA, MPH

CT DPH HIV Prevention Program

2022



Presentation Outline

- What is a substance use disorder?
- Commonly used substances
- Drug consumption methods
- Substance use disorder treatment
- What is the Harm Reduction Approach to Drug Use?
- Overdose deaths stats in Connecticut
- Syringe Services Programs (SSPs) in CT
- Conclusion

What is a substance use disorder?

Substance use disorder occurs when a person's use of alcohol or another substance (i.e., drug) leads to health issues or problems at work, school, or home.

Commonly Used Substances

- **Opiates and other narcotics.** These include fentanyl, heroin, opium, codeine, and narcotic pain medicines that may be prescribed by a doctor or bought illegally.
- **Stimulants.** They include cocaine and amphetamines, such as drugs used to treat ADHD (methylphenidate, or Ritalin).

Commonly Used Substances (Cont.)

- **Depressants.** They include alcohol, barbiturates, benzodiazepines (Valium, Ativan, Xanax), chloral hydrate, and paraldehyde.
- **LSD, mescaline, psilocybin ("mushrooms"), and phencyclidine (PCP, or "angel dust").** These substances can cause a person to see things that are not there (hallucinations) and can lead to psychological addiction.
- **Marijuana.** (cannabis, or hashish)*

Drug Consumption Methods

Smoking:

- Using a pipe, stem or bong.

Make sure everyone has their own pipe or mouthpiece. If you are smoking crack, use a filter.

Snorting:

- Crush powder as fine as possible.

Make sure everyone has their own straw. Alternate nostrils between hits.

Swallowing:

- Pills, crushed in thin paper, or a drink.

Make sure to mix your own drink so you know how strong it is. It can take up to an hour to kick in, so wait a while before consuming more.

Drug Consumption Methods (Cont.)

Booty Bumping:

- Use a turkey baster or syringe without a needle.

Make sure to avoid sharing equipment and get vaccinated for hepatitis A.

Injecting:

Make sure to use your own sterile syringes and gear. If you need to reuse syringes, wash with cold water, bleach and then water again.

Substance Use Disorder Treatment

There are many options that have been successful in treating substance use disorder, including:

- behavioral counseling
- medication
- medical devices and applications used to treat withdrawal symptoms or deliver skills training
- evaluation and treatment for co-occurring mental health issues such as depression and anxiety
- long-term follow-up to prevent relapse

Treatment should include both medical and mental health services as needed.

What is the Harm Reduction Approach to Drug Use?

Pragmatic public health approach to drug use.

- minimize risk
- take precautions
- reduce negative consequences
- Address health and racial inequities

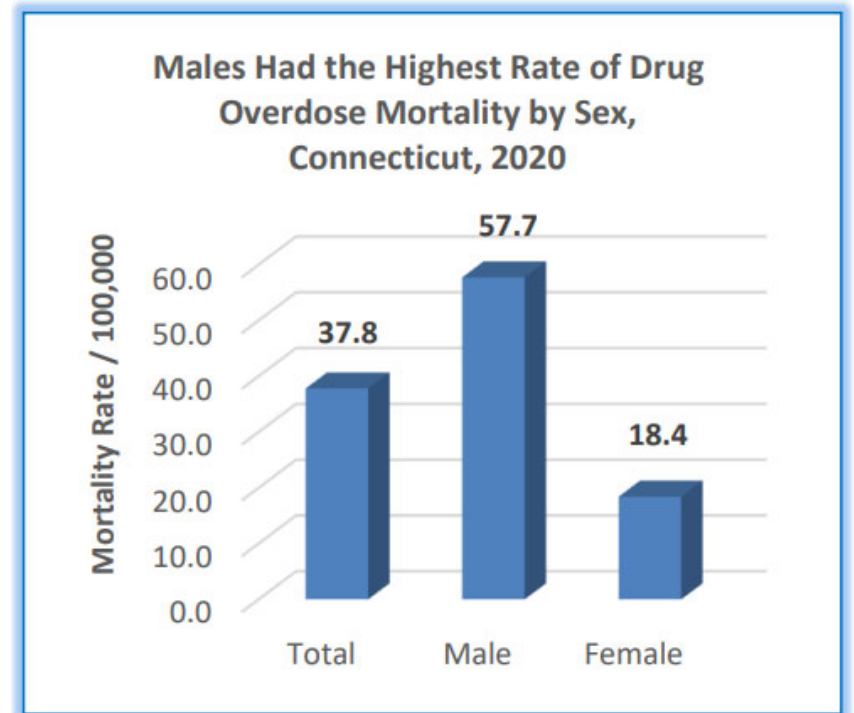
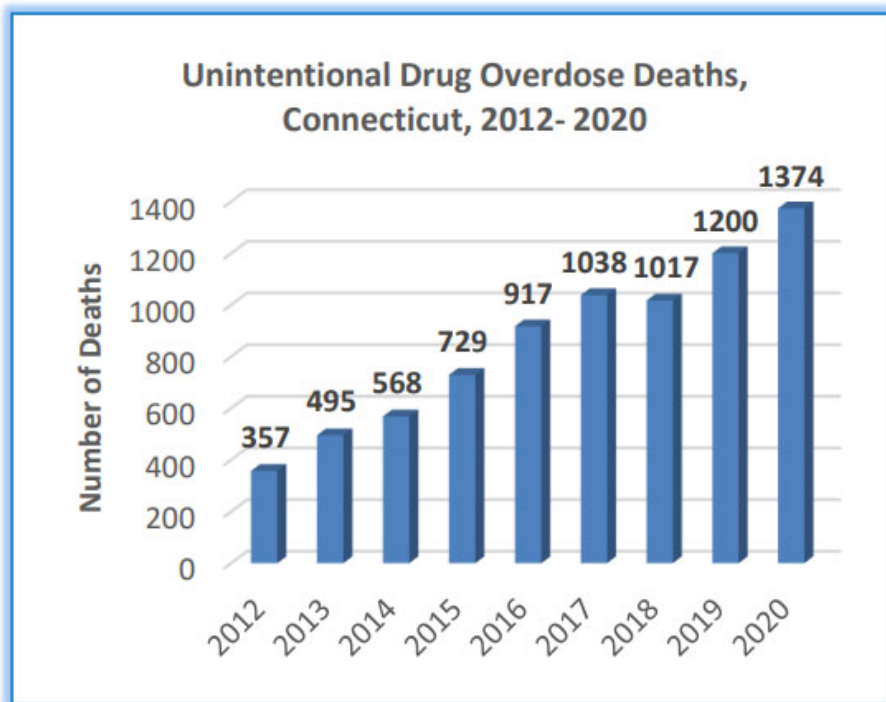


What is the Harm Reduction Approach to Drug Use? (Cont.)

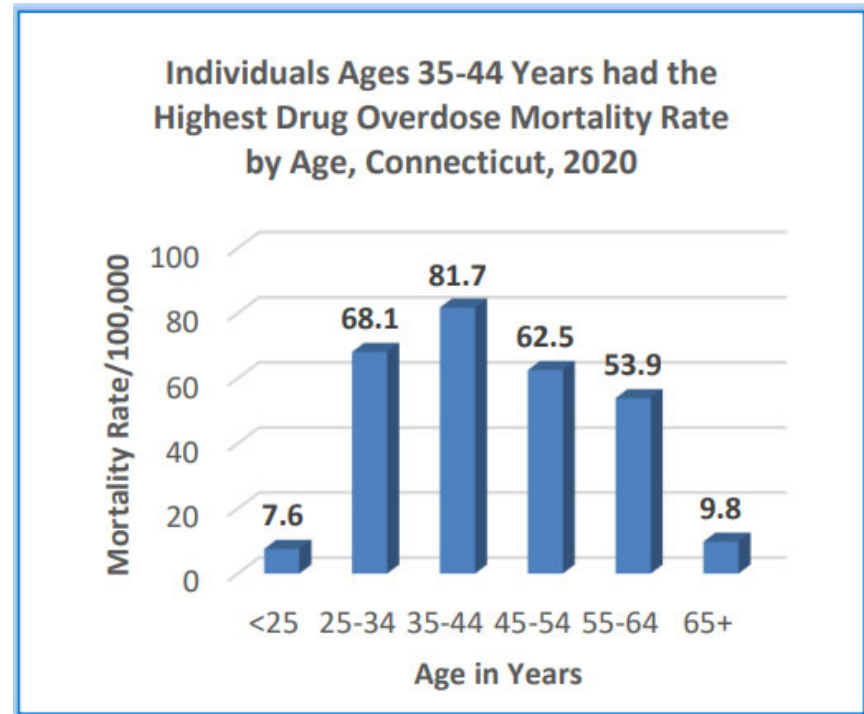
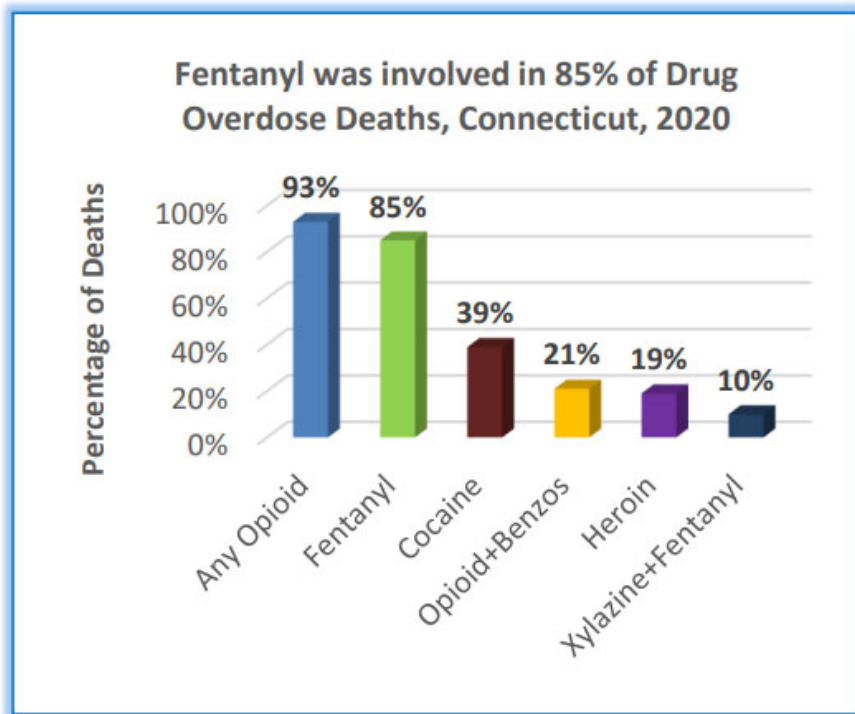
Harm Reductionist Use People First Language

- A person is a person first, and a behavior is something that can change — terms like “drug addict” or “user” imply someone is “something” instead of someone
- Stigma is a barrier to care and we want people to feel comfortable when accessing services
- People are more than their drug use and harm reduction focuses on the whole person

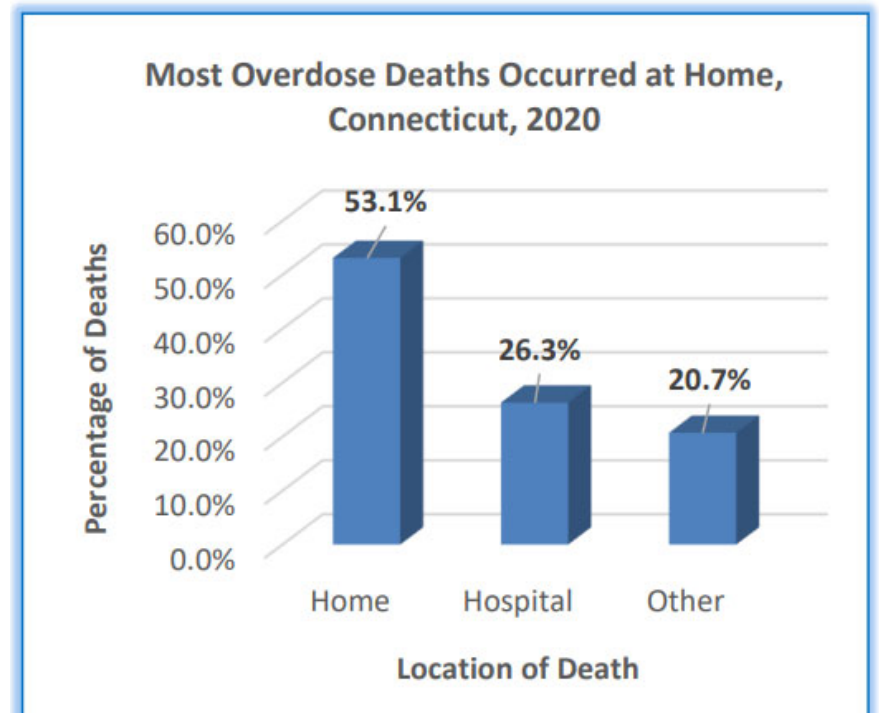
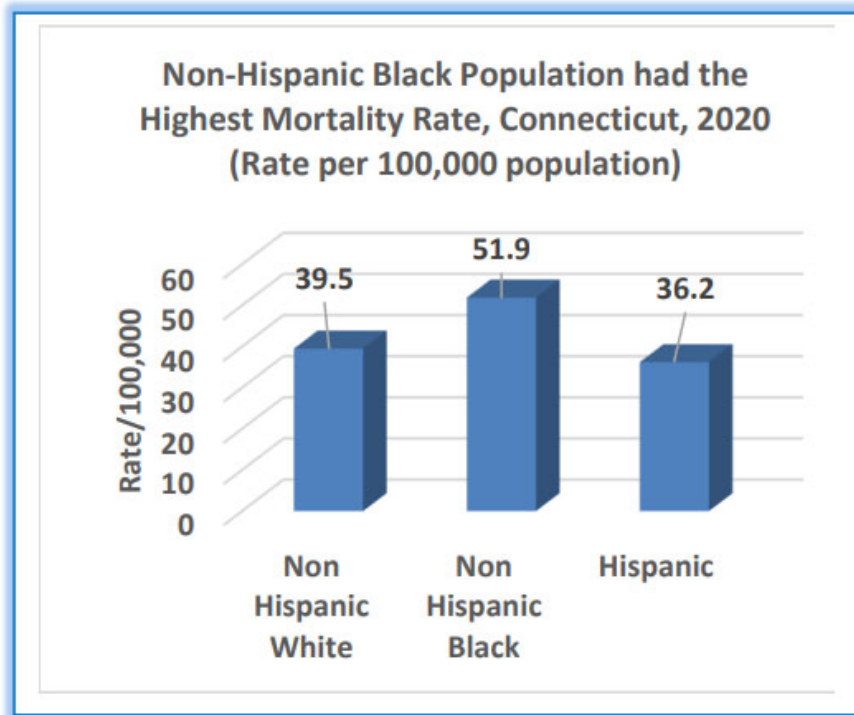
Overdose Deaths in Connecticut



Overdose Deaths in Connecticut (Cont.)

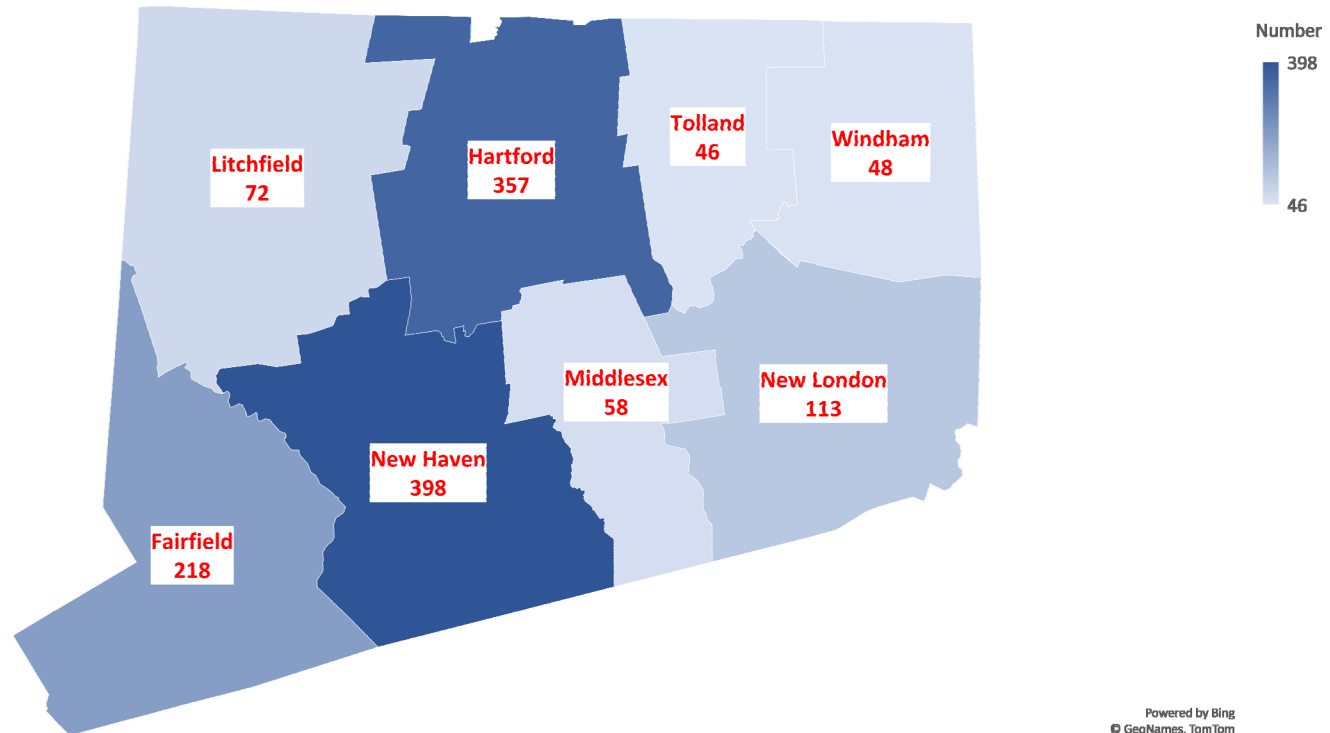


Overdose Deaths in Connecticut (Cont.)



Overdose Deaths in Connecticut (Cont.)

Number of Overdose Deaths by County of Residence, (n=1,310)*
Connecticut, 2020



Powered by Bing
© GeoNames, TomTom



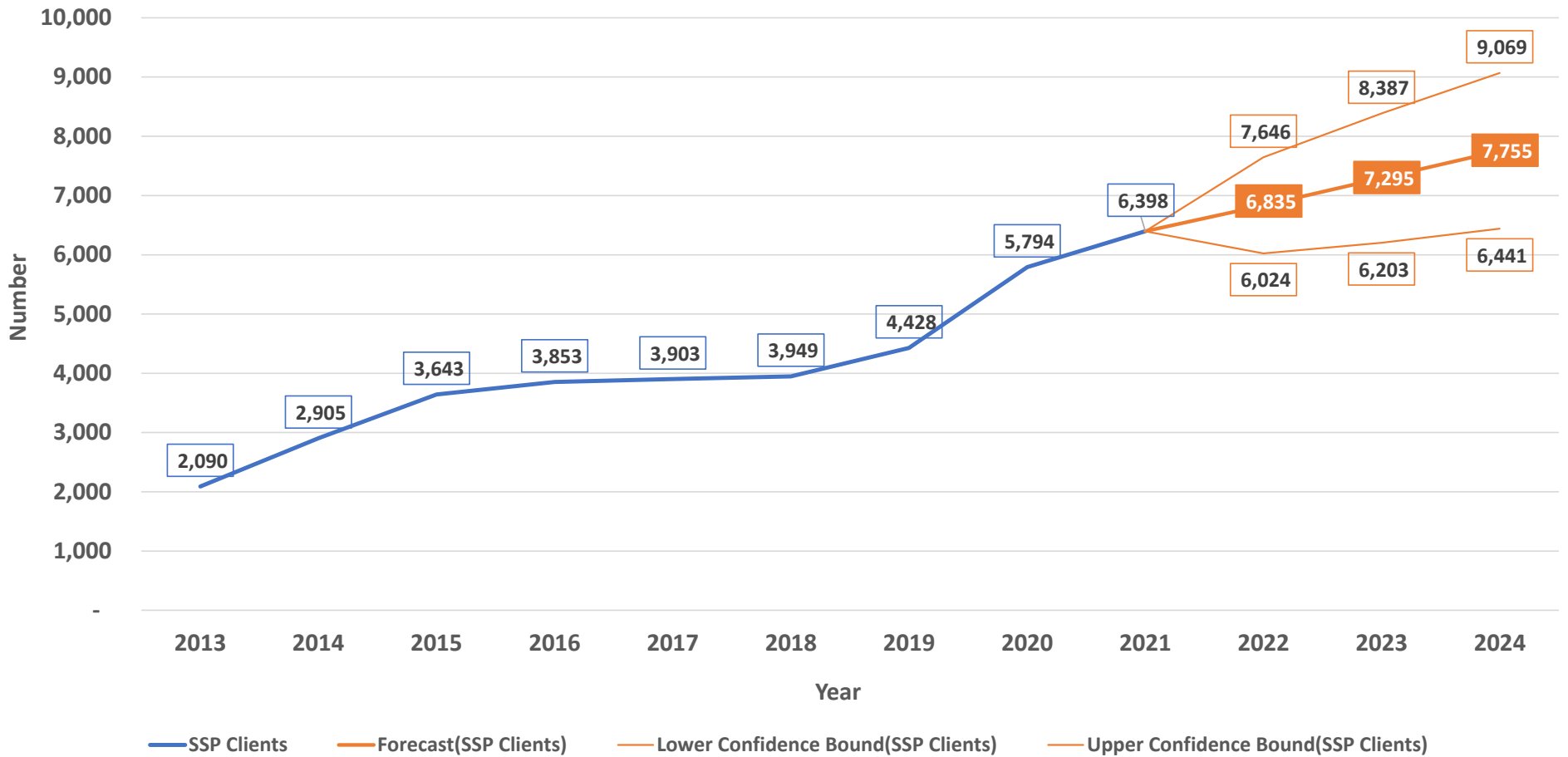
* = Residential information unavailable for 64 people

Information source: https://public.tableau.com/app/profile/heather.clinton/viz/SUDORS_Dashboard_final2/OverdoseDashboard

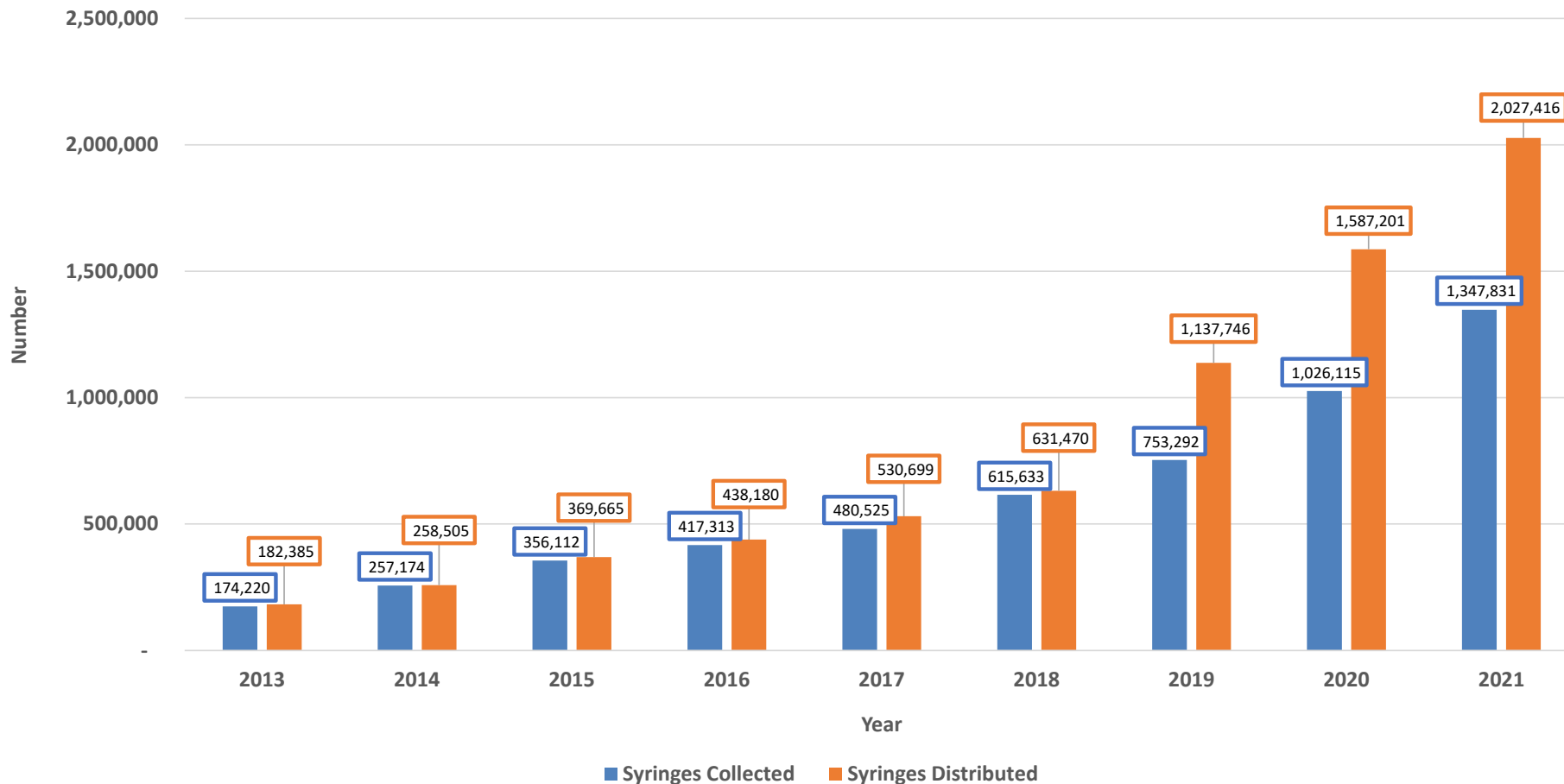
Syringe Services Programs (SSPs) in CT

- As of 2021, there are 10 DPH funded SSPs providing drug user health services in Connecticut
- Clients provided with harm reduction services and **LOVE!**
- Dispense syringes
- Collect syringes
- Dispense safe smoking kits
- Dispense condoms
- Dispense food, clothes, and hygiene kits
- Supply and Resupply naloxone kits
- Dispense fentanyl test strips
- Provide HIV/HCV testing
- Hep A/B vaccination
- Referral and Linkage to medical care and prevention services (e.g., HIV care, PrEP, Partner Services)
- Referral and Linkage substance abuse treatment (e.g., Medication-Assisted Treatment[MAT] and Medications for Opioid use Disorder [MOUD])
- Referral and Linkage to other services needed (e.g., housing, mental health services, social services, etc)

Trend and Forecast of Connecticut SSP Clients, 2013 to 2024, Connecticut



Trend of SSPs' Needles Collected vs Distributed, 2011 - 2021, Connecticut



In Conclusion

- People suffering from substance use disorder need our support and solidarity.
- No matter what door the people come in for services, referrals to other services should be routine in nature. For instance, using the 'Ending the Syndemic' active referrals approach to screening, HIV/HCV testing, linkage, treatment to care, and supportive services.
- Language matters!

In Conclusion (Cont.)

- Nothing about us without us- Engage people with lived-in experience at the table, hire and include in policy and advocacy of services for HIV Care and Prevention.
- Harm reduction is essential healthcare and saves lives. It increases safety, reduces the risk of diseases and injuries, and offers alternatives to more dangerous modes of substance use, including injection and using in isolation.
- Access to harm reduction services creates opportunities to establish relationships, build trust, and to connect people to compassionate care.

The End

Thank you!