

Welcome!

Harm Reduction Law and Policy
Strategies to Address Disparities
in Infectious Disease Prevention

July 17, 2023 4:00-5:30 pm EST



Agenda

- Welcome and Housekeeping
- CDC's Harm Reduction and Health Equity efforts
- More on Health Equity
- Literature Review
- Case Study Findings
- Q&A/Discussion

Learning Objectives

1. Examine the impact of Syringe Services Program (SSPs) laws and policies on health disparities.
2. Share lessons learned from a case study of drug control policies on the health of people who use drugs.
3. Advance harm reduction and health equity efforts by forging partnerships to improve the health of people who use drugs and prevent the spread of HIV and viral hepatitis.



CDC'S Harm Reduction and Health Equity Efforts

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Health and Racial Equity Team



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Statement on Positionality

Sabrina Selk



National Network
of Public Health Institutes

About PHIMC

- PHIMC advances health justice and strengthens public health through innovation and partnerships that align people, strategies, and resources.
- Systems that impact how we live, work, and play are compassionate, affirming, and racially equitable, supporting health and well-being for all people.
- Equity * Authenticity * Responsiveness * Togetherness



Harm Reduction Policies Literature Review

- Collaborate with NNPHI and our researchers from DePaul University and Network for Public Health Law
- Continuation of our work with NNPHI on national opioid issues
- Consistent with the collaborative spirit of the Network and its members, using partnership to improve outcomes





Harm reduction policy and programs and health equity: A scoping review

Corey Davis

July 17, 2023

Background

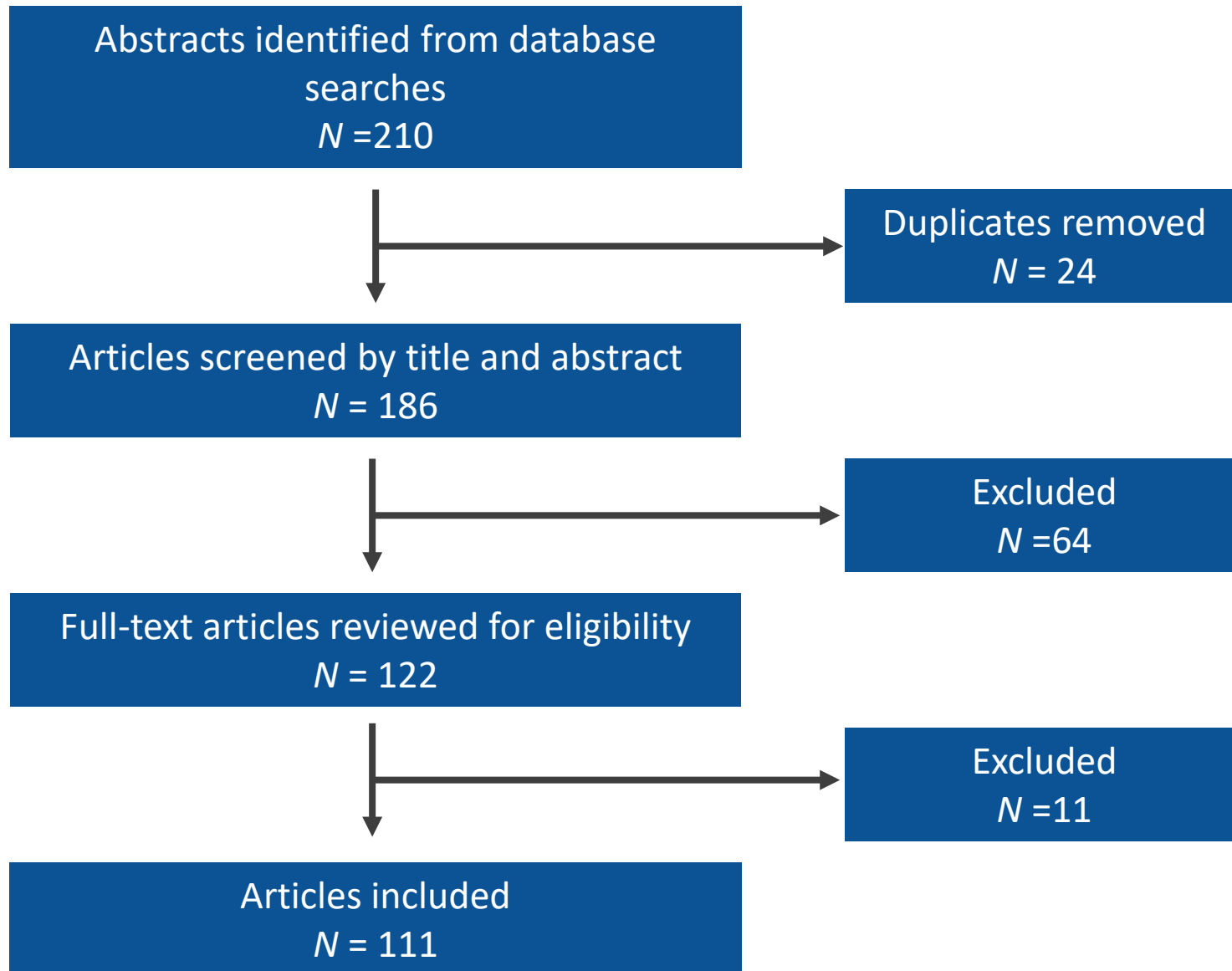
- **The US continues to experience high rates of drug-related harm**
- **While overdose prevention/treatment is extremely important, injection-related harms are increasing as well**
- **Acute hepatitis C infections – which overwhelmingly result from shared injection equipment – doubled between 2013 and 2020**
- **More than half of PWID are estimated to have hepatitis C**
- **PWID also experience high rates of hepatitis B**
- **Rates of injection-related endocarditis are also at or near all-time highs**
- **As with many health-related harms, these conditions are impacted by law, policy, and practice, and often disproportionately impact BIPOC and LGBTQ communities**

Background

- Conducted a scoping review of the peer-reviewed literature on the impact of harm reduction policies and programs on health disparities
- **Particularly focused on disparities in incidence and prevalence of HIV and viral hepatitis**
- Examined the impact of drug policy on the health of people who use drugs and others at risk of HIV and viral hepatitis
- » **Focused on disparities in access to prevention and treatment for injection-related infections and other harms**

Outline

- **Summarize existing literature on disparities among individuals who access or would access harm reduction programs (like SSPs)**
- **Summarize literature regarding impact of criminal legal barriers on PWUD and harm reduction interventions**
- **Summarize successful programs designed to serve the needs of BIPOC and other marginalized individuals**
- **Discuss gaps in the literature and suggestions for future work**



Methods

- **The Medline database was systematically searched using a series of text queries**
- **Both qualitative and quantitative articles were eligible for inclusion**
 - Exclusions: Non-research articles (commentaries, editorials, etc); articles not in English; articles that reported solely on interventions outside the US
- **After eliminating duplicates, 186 abstracts were deemed potentially relevant and manually reviewed**
- **Each relevant article was read, abstracted, and categorized into one or more themes**

Disparities by race and ethnicity: risk factors

- Black PWID are, on average, more likely than white PWID to live in environments associated with vulnerability to adverse HIV and HCV-related outcomes
 - **More likely to live in ZIP codes with higher poverty and violence rates and lower access to SUD treatment and syringes**
- Black and Latinx individuals are much more likely than white people to be arrested for paraphernalia and have injection equipment confiscated
- Methamphetamine injection has been increasing among Black people, and American Indian/Alaska Native individuals report meth use at about 4x the rate of the overall population
- Black individuals report higher rates of being refused syringes at pharmacies

Disparities by race and ethnicity: outcomes

- Members of minoritized communities continue to experience disproportionately high rates of OD and preventable disease
- Black people have experienced the greatest annual increase in OD mortality
- In 2020, Black people accounted for nearly 42% of new HIV cases in the US
- It's estimated HIV prevalence is ~11% among Black PWID, nearly 2x that of white PWID
- Chronic hepatitis B is ~12 times higher among Asian/Pacific Islander individuals compared to white people
- American Indian/Alaska native individuals report the highest rates of hepatitis C

Disparities by gender and LGBTQ status

- Research on the impact of interventions on the health of LGBTQ individuals is relatively sparse – most focuses on MSM
- Data from some localities suggests that meth use has increased among MSM
- Female-oriented participants of a mail-based distribution program reported significantly lower odds of using exclusively safe sources for injecting supplies
- Numerous studies show that ensuring services are offered in settings that are accessible and welcoming help increase uptake of those services – meeting people where they are, literally and figuratively

Criminalization increases harm

- There is strong evidence that arrest, prosecution, and incarceration of PWID increases health risks
 - Arrest of Black individuals in young adulthood increases risk of SUD
 - Being arrested is associated with higher rates of drug and sex risk
 - Policy activity reduces SSP use and access to MOUD
 - Syringe confiscation is associated with increased HCV seropositivity
- Drug-related arrests fall disproportionately on BIPOC individuals
- 43% of SSPs report that their clients experience police harassment at least monthly; 31% reported that syringes are confiscated at least monthly
- Police violence appears common among SSP participants

Impact of harm reduction interventions

- Injection drug use is not, by itself, a risk factor for bloodborne disease and infective endocarditis
- Lack of access to syringes is associated with syringe sharing
- SSPs are associated with increased access to syringes and other resources
- SSPs reduce incidence of infectious disease among PWID
- Criminalization of drug paraphernalia, drug use, and people who use drugs continues to be a key barrier to initiation and scale-up of evidence-based services and a key driver of preventable disease prevention
- Unsanctioned SSPs provide benefits, but do not serve nearly as many people as legal SSPs
- Laws that limit SSPs or SSP services decrease access to evidence-based prevention and support

Importance of culturally appropriate services

- Strong evidence that SSPs are a good source of access to all kinds of services and supports
- Good models of integrating HCV and HIV testing – as well as PrEP - into SSPs
- Good models, such as Bmore POWER, that use peer-led strategies to destigmatize harm reduction and empower marginalized groups
- Good – but underfunded – models (such as “Ladies Night”) for providing safe, supportive spaces
- Also some reports of SSPs operated by and for Native Americans
- SSPs are also a great source of entry into MOUD – which is associated with ART adherence

Gaps and next steps

- The literature is relatively sparse
 - **Heavy on single-site quantitative studies and qualitative reviews**
- In particular, little peer-reviewed research focuses on women and non-MSM LGBTQ individuals
- Because many studies focus on SSP clients, they miss people who are not accessing SSP services
- Few existing frameworks to measure the impact of harm reduction interventions on health equity, and those that do exist are not widely used
- Need for more and better data, more diverse research methods, and greater inclusion of directly impacted people into research

Conclusion

This scoping review found that members of BIPOC and LGBTQ communities are often at increased risk of overdose, criminal-legal-related harm, and HIV and viral hepatitis infection.

It also found a relative paucity of research into effective policies and practices to reduce those harms.

While existing evidence is consistent – increased access to harm reduction reduces harm - research into how to improve harm reduction law, policy, and services to increase health equity and reduce disparities should be a key priority.

Questions?

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Drug Paraphernalia Access & Equity: A Washington State Case Study

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Consultant, Public Health Institute of Metropolitan Chicago

Associate Professor & Director, Master of Public Health Program, DePaul University

Director of Research, Chicago Recovery Alliance



Methods

- Elements of exploratory and descriptive case study methods (Yin,2018)
 - Search & review materials about legal changes & paraphernalia in Washington
 - Conduct in-depth, semi-structured interviews with experts
 - Most significant limitation - *time*
- N=6 in-depth interviews completed via Zoom
 - Representation of state and local perspectives
 - Intentional variation in experience to enrich understanding
- 600+ pages of written transcripts
 - Verified by researcher post-interview
 - Descriptive analysis conducted in qualitative analysis software
 - *These are preliminary findings*



Washington Drug Policy Landscape since 2020: A brief summary

Pre-Blake

Drug possession a felony; some diversion programs in isolated jurisdictions

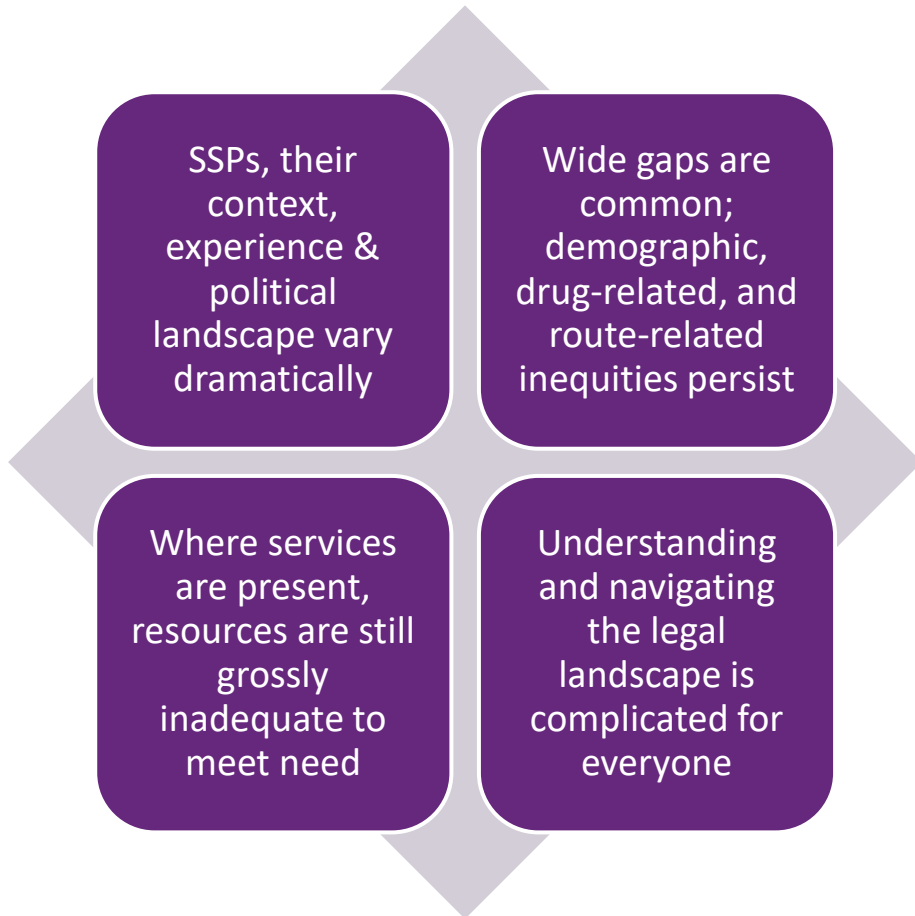
Parallel movement with Oregon in 2020 preparing a ballot initiative toward decriminalization, interrupted by COVID

Pivoted to legislative strategy in 2021 -
very similar to ballot initiative

State v Blake (February 2021) declared
drug possession law unconstitutional



SSPs have varying levels of power & control



“I'm not working at my own nonprofit...like I know it sounds very romantic to just say, Oh, just do it. But like that could make my entire program shut down. You know what I mean?”

“I always say it's really easy to do harm reduction work in X because we have community support. But if you want to see where people are really fighting the battles get outside of Tacoma, Olympia, Seattle. Those places are really -especially east of the Cascades- they're really fighting the tough fight.”

“... When Blake happened, what happened is, they, it overturned possession for small amounts of personal use, but, passing out pipes was still a crime. And it went from a criminal infraction though to a civil infraction. So, for 2 years, almost 2 and a half years, we've been passing out pipes risking like a hundred dollar fine for every pipe we give out.”



Current barriers to paraphernalia distribution

Limited hours/locations due to policies & lack of resources

- “And people were definitely reusing. People are still reusing. Our program is not perfect. There are a lot of things that I think are programmed as really poorly, which I'm hoping we will be able to change. But you know we're still, I think a lot of it is, our hours, our locations, still are huge barriers for people getting access....”

Politics – not just local

- “So, we've had some update of distribution of test strips, of smoking supplies, of other things. But it's been sort of sporadic, you know... it hasn't been broadly accepted, the way syringe distribution has, and I think part of it is that this it's living in a legal gray area. And I think some of it is, even if the law changed, it might not matter, because the political acceptability isn't there.”

Restrictive policies

- “We're one for one. And so that's an issue. And so, we've really tried to make satellite exchange accessible, and we kind of like encourage that because we know that lack of transportation is just about our biggest issue in our community. So yeah, there was very little access to paraphernalia, and there wasn't really any Naloxone access.”



Photo Credit: Participant at the Chicago Recovery Alliance



Current Barriers to Safe Paraphernalia Access: Restrictive Policies

1. Concerns about arrest when carrying used paraphernalia
2. Lack of housing interferes with capacity to carry more equipment
3. Politics and community complaints prompt agency practices

“You know, we have community members that question when they find needles, they assume it's, you know, they find needles on the street and they call us and assume it's because of us and so, you know, my boss watches very intently how many needles go out and how many needles come back in. And you know, our health officer wants numbers. They want those numbers to be pretty equal.”

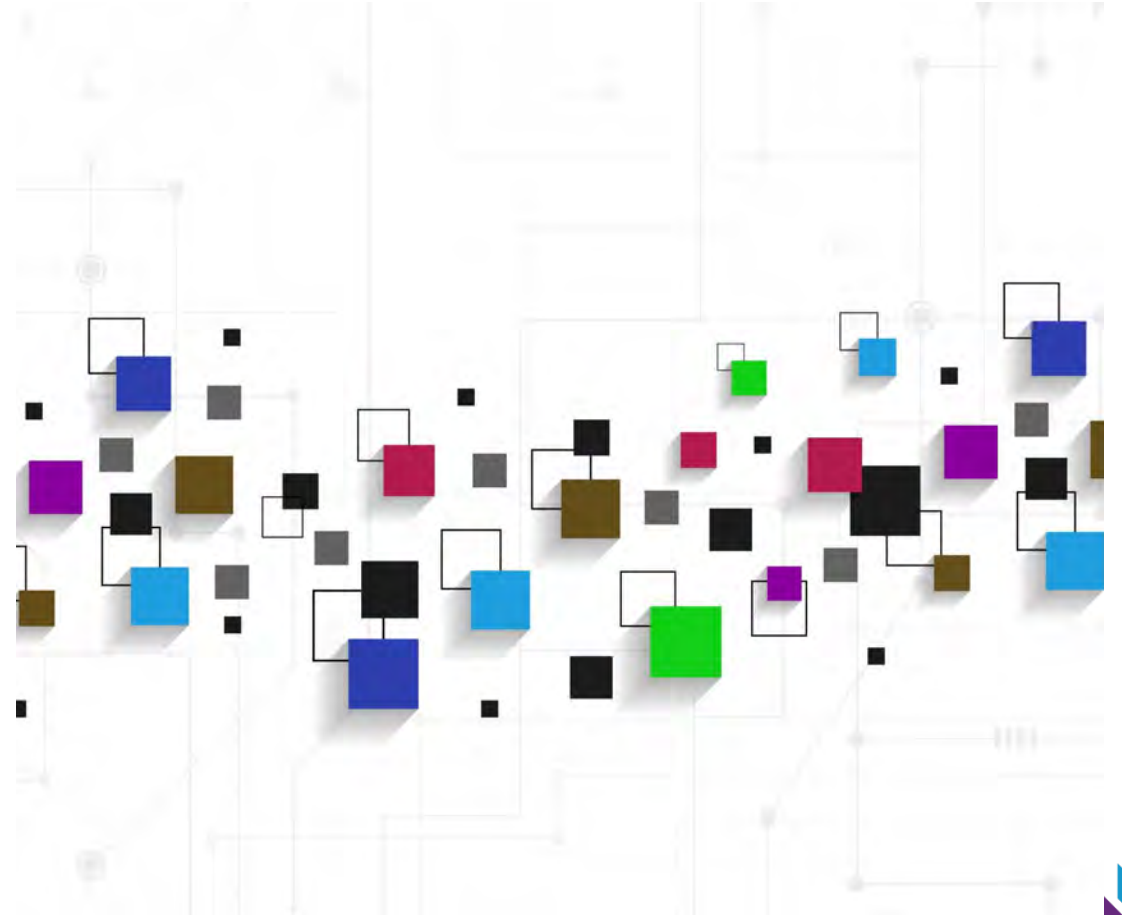
“The grant that my boss is now writing for has to be a needs-based exchange, and she is writing for an exception to that, so that we don't have to be a needs-based exchange.”



Current Barriers: Stigma

“You know, and I think this is probably not just for Washington but for everywhere. There's this pervasive idea that drug users are people who've made bad moral decisions, and we shouldn't help them.”

“It feels like the stigma is just never going to end. We have a huge homeless crisis here. Which the community equates to drug use. Which equates to, you know, we were enabling them with our syringes. So. That's, the ballpark of it.”



The legal gray area is problematic



“Syringes were okay prior to the Blake decision, but everything else remained in the gray, from cottons to crack pipes.”



“Drug Checking - I'm not sure how much it's used. Cause it's technically, illegal? I think now it is legal, but at the time it was, at the time it started, it was illegal.”



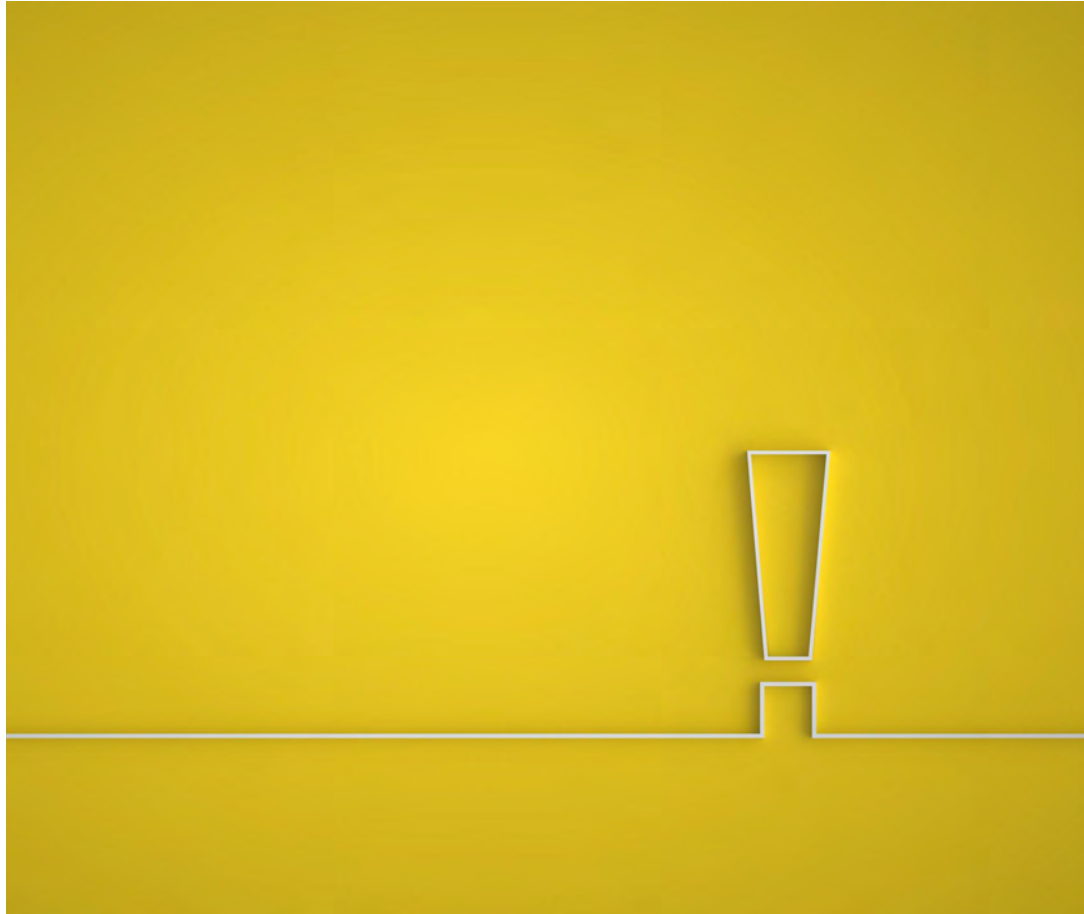
“Yes, yeah, potentially. So, some programs have said, we don't care what the law is. Right? We do what we want. That's fine. Other programs have said, we care a lot what the law says, and we're not gonna venture into this gray territory...”



“We actually had conversations, with our law enforcement partners, and they were like, we don't really like love the idea of giving out more paraphernalia, but we won't get in the way of a public health decision...but because of that law, my director said “No” which is funny, because all the other things we give out totally fall under the exact same language.”



Research needs – smoking paraphernalia



- Lack of evidence

“You know what I mean? There’s not a body of evidence with like best practices that we can really share.”
- Lack of service equity & attention to most significant needs
- Lack of attention to areas that demonstrate potential
 - Supplies as a tool of engagement
 - Reduction in more harmful routes of administration, soft tissue infections, etc.
 - Supply access = physical autonomy

Working on the new law

What is compassion *with* accountability?

“There was a general discourse about compassion. I do think there's a broad desire to help people. I think there is a lot of education that could be done to better inform policy makers about the evidence around what works and what doesn't work when responding to substance, use and working with people who are experiencing substance use disorder. And I think a lot of issues got conflated with people's feelings about homelessness and visible homelessness.”

“Compassion and accountability. What does that mean? But the idea was that accountability was incarceration or having the threat of incarceration. So, there was sort of a universal interest in diversion, and giving people services, but that you still needed something to hang over their heads to make them accountable.”



Responses to SB 5536: relief, confusion, frustration, and concern

Individual-level protections for paraphernalia have improved

Gross misdemeanor charges for possession will cause frustration, clog the system, and cause harm to PWUD

Local jurisdiction control over harm reduction services is a 'gaping red light'

There is genuine confusion over how local governments should respond





On the new law...

“So, we're not, the bill that just passed is extremely disappointing. On many levels:

One, because we've recriminalized this population.

Two, because of the inequity of people of color and incarceration right there.

Three, because excuse me, it gives our local jurisdiction, which are some very conservative lawmakers, the ability to criminalize paraphernalia if they see fit.”



Funding and federal policy to enable needs-driven paraphernalia distribution is urgently needed

“Need help getting around the laws. And funding. Those are the two things right there.”

Engage the real experts

“Ask people who use drugs. We don’t need to be the aggregator of what PWUD say, we are representing organizations serving PWUD. And provide something of tangible value. Remove the gift card stipulations. This isn’t equity.”

Current Needs & Guidance

Structure is helpful, but be thoughtful with broad policy measures

“I also know that harm reduction SSPs are so unique that one broad policy that benefits 70% may disadvantage the 30% that are to really struggling and doing really hard and good work.”

Recognize that harm reduction expertise must be local

“Step out of the way and let the experts do their job. And the experts really are people locally in the community who know what their population needs, and they need to support that.”



The federal government can set the tone for health-officer driven programs

“Our health officer isn't informed on a lot of these issues, and I feel like he looks to CDC for recommendations on these things and trust CDC. So. I feel like if there, you know, there's a backup from CDC that this is, these are, you know, these are best practices.”



“They don't listen to boots on the ground. They listen to organizations like that (federal agencies). But there's a big, you know, the push from, up top from where from our organization is. You know, just don't be seen. Just be quiet. That's been the MO for the past, you know, gosh, 10 years of this thing at least. You know, don't, so I feel like any change that's gonna happen is gonna have to happen up top and it's gonna have to be informed by people higher than me.”



“She was so on board with smoking, supplies, and then she did a Google search, and she saw all of the media, and she goes, “Oh, this is a bigger deal than I thought”.”



What the federal government can do

Education

Reduce stigma toward PWUD

Reduce stigma toward harm reduction

Endorse smoking supplies as public health intervention

Focus on social determinants of health – OPS/SCS endorsement

Paraphernalia laws are harmful to public health

Policy change

Change program funding restrictions

Reduce paperwork burden

Provide robust funding for needs-based HR

Remove physician requirements for sterile water, face shields, etc.



Washington State



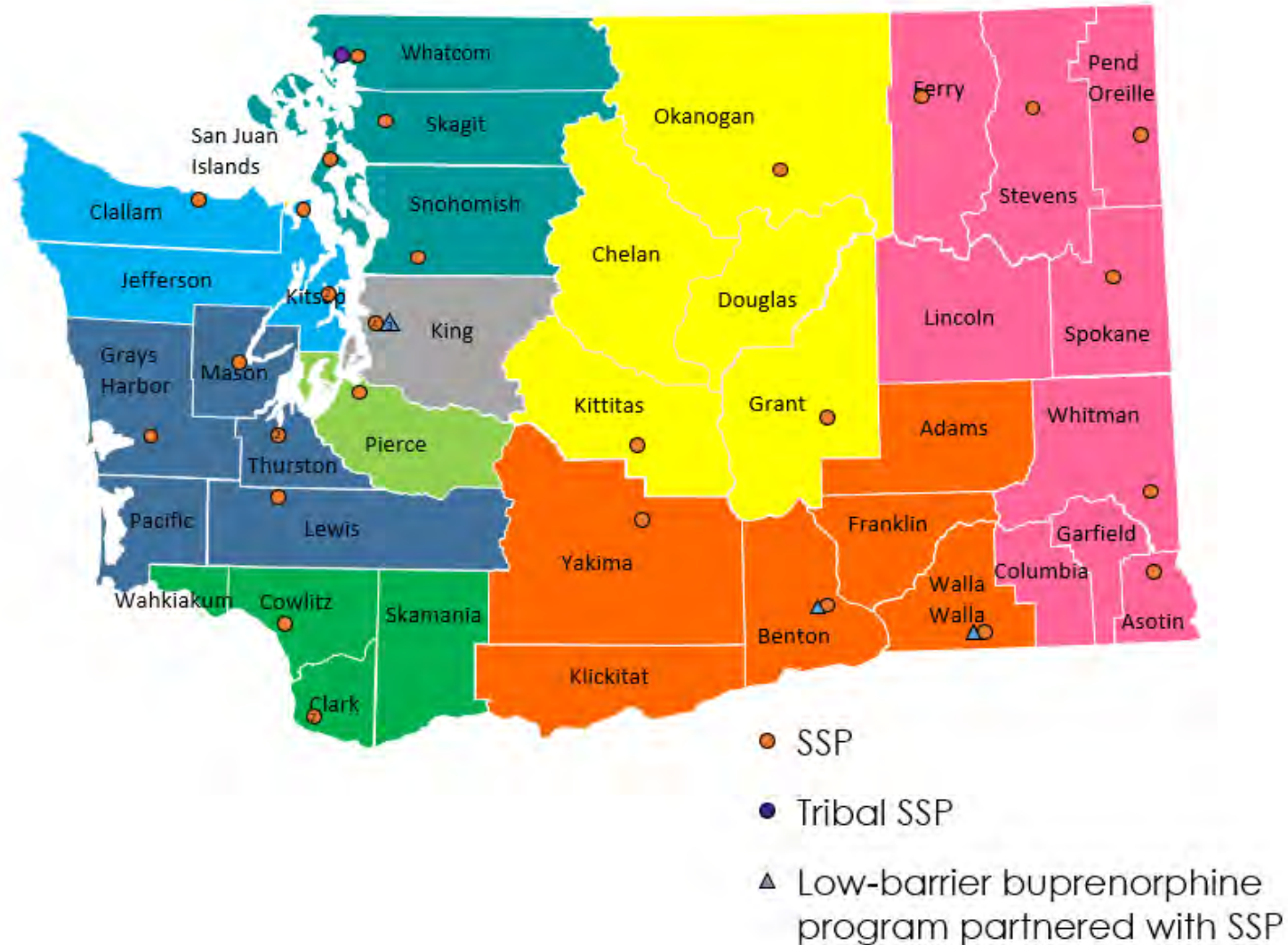
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Syringe Service Programs (SSPs) in Washington State



Washington State Department of Health's Role

- Financial support (direct funding and in-kind)
 - Contracts with several SSPs to cover basic operational costs (e.g., staff, rent), additional contracts with a handful to support harm reduction care coordination services.
 - Supply Clearinghouse
 - SSP supplies and other harm reduction supplies (e.g., pregnancy tests, emergency contraception, nicotine replacement therapy, hygiene supplies)
 - Naloxone (4mg intranasal and 0.4mg intramuscular formulations)
- Training and capacity building assistance
- Research summaries, issue briefs (“bully pulpit”)
- No regulatory role (unlike some other states, SSPs do not have register or apply with the state to operate)





Harm Reduction Supplies & Cognitive Dissonance

- In Washington, it has become widely acceptable to provide harm reduction supplies that are not used in the process of consuming drugs, e.g., naloxone and test strips.
- Despite 30+ years of evidence, still stigmatized to provide syringes and related injection supplies.
- Stigma is coupled with a lack of historical perspective that community naloxone distribution was started by SSPs, who built the evidence and paved the way for widespread naloxone distribution.
- This stigma is pronounced when considering supplies for engaging and supporting people who use drugs in other ways, such as smoking.



Drug Smoking and Snorting

- Illicitly made fentanyl largely replaced heroin later in Washington than it did in many other parts of the country.
 - As has been seen in other locales, the presence of fentanyl has led to shift from injecting tar heroin to smoking fentanyl.
 - This shift has led many SSPs in Washington to report a decline in participant engagement as most programs do not offer smoking supplies.
 - Big concern among these SSPs is where are folks who transitioned to smoking now getting naloxone, education, and engagement in broader services that they used to get at SSPs?
- Stimulant use, particularly methamphetamine use, has been prevalent in the West and in Washington for several decades, and we have high rates of psychostimulant-related deaths.
- What about supplies, services, and low-barrier engagement for people who smoke and/or snort stimulants?



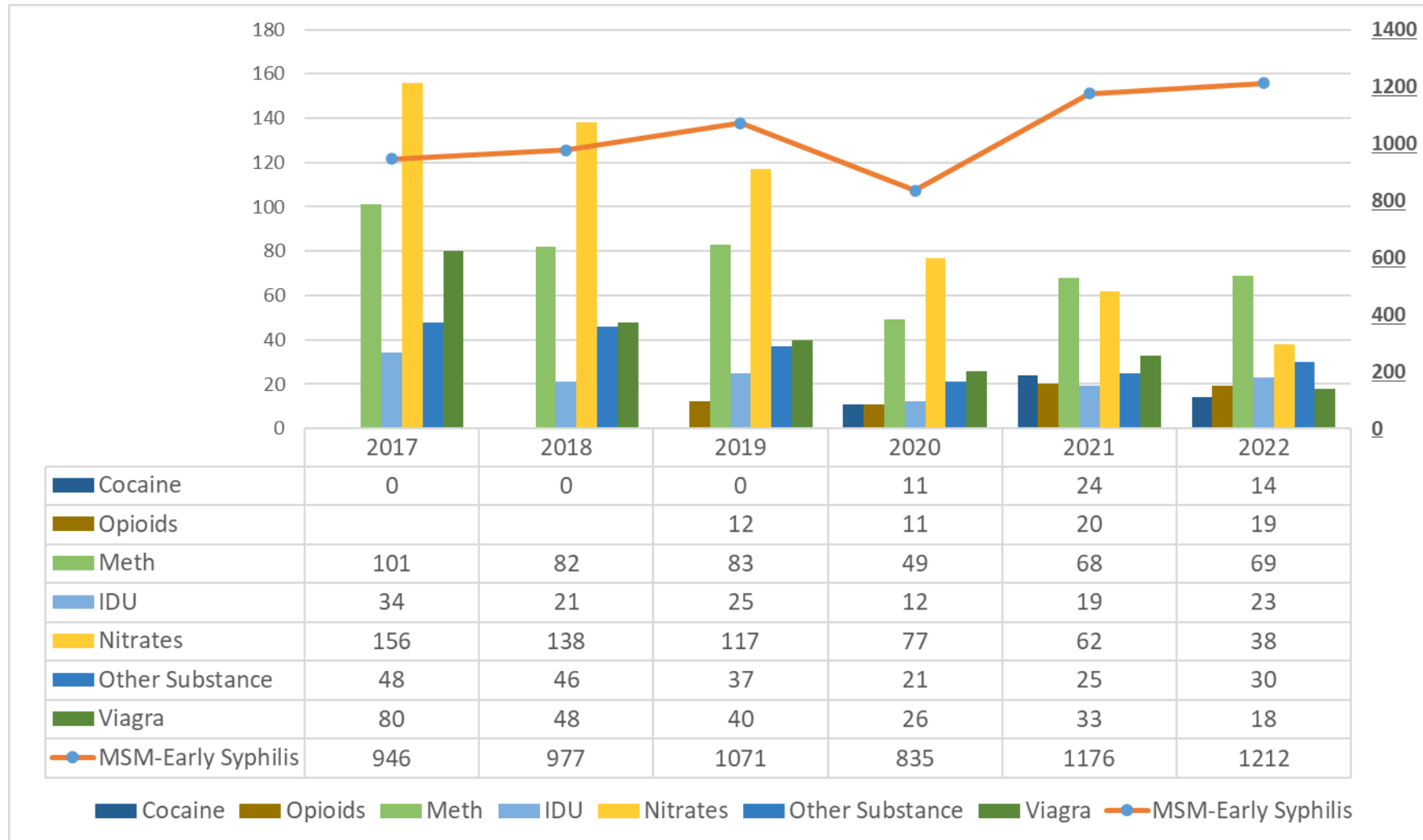
Drug Use and Infectious Disease Response: More than Safer Injection Supplies



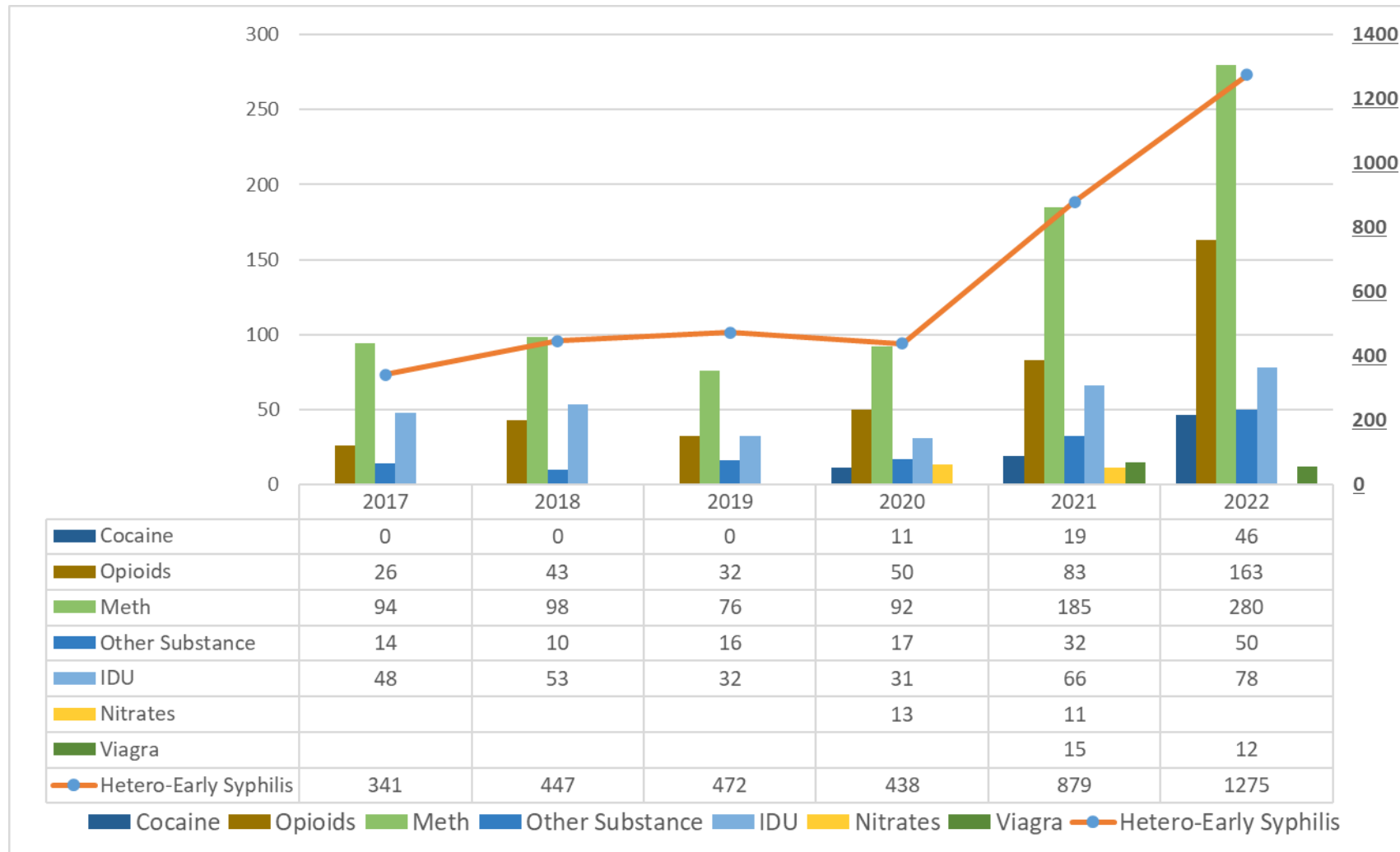
- SSPs are a cornerstone of our response to HIV and hepatitis C among people who inject drugs.
- Engaging people who use drugs in other ways (e.g., via smoking) has an important role in preventing, diagnosing, and treating infectious diseases.
 - Harm reduction approaches for stimulant use and sex have been well developed for gay and bisexual men and other men who have sex with men in urban areas (e.g., Seattle, San Francisco, Chicago, NYC).
 - Gap in harm reduction services for people who use stimulants, particularly women and heterosexual men and people in non-urban areas.



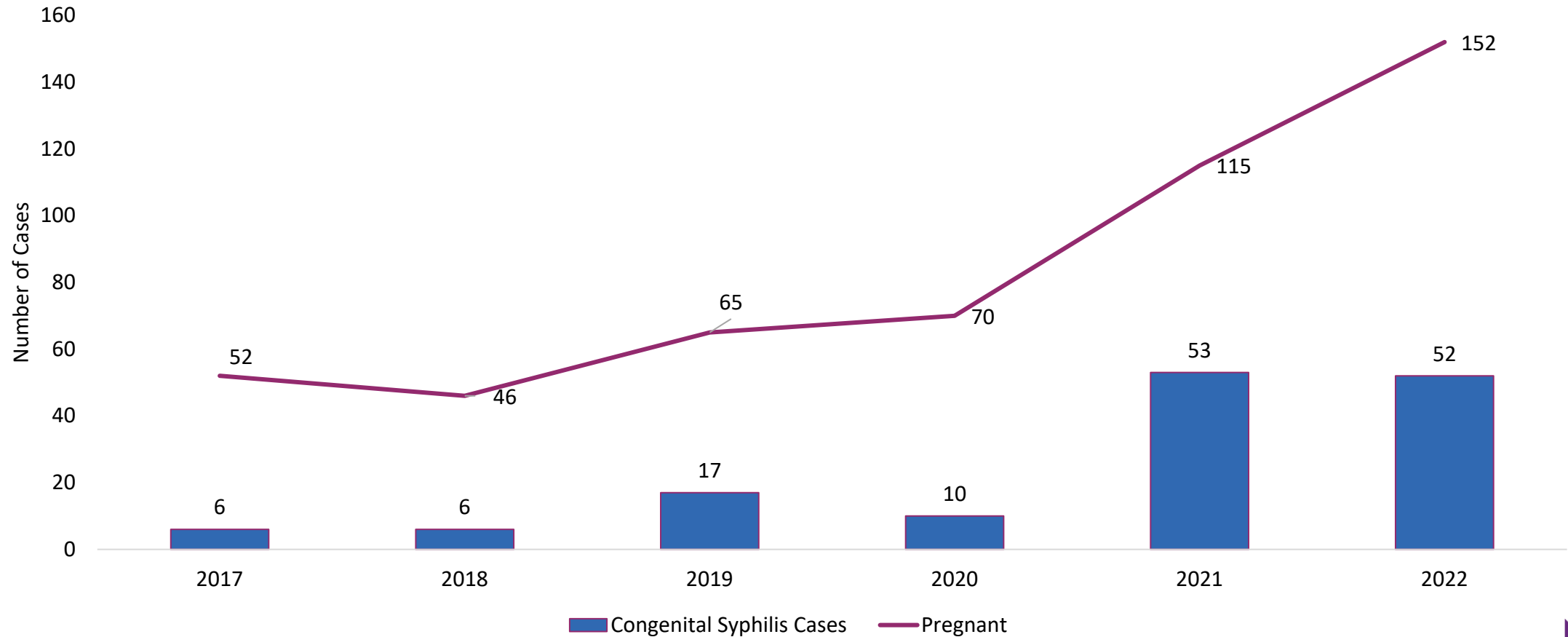
Early Syphilis & Substance Use: MSM Cases



Early Syphilis & Substance Use: Heterosexual Cases



Congenital Syphilis and Pregnant Syphilis Cases, 2017-2022, Washington State



Recent Change in Drug Policy in Washington ([E2SSB 5536](#))

- 2021 WA Supreme Court decision, State v. Blake, found WA drug possession law unconstitutional.
- In response, legislature passed temporary law that made knowing possession a simple misdemeanor with required law enforcement diversion and established expert committee to recommend long-term policy.
- Committee recommended decriminalization and expansion of harm reduction programs.
- In the last session, legislature did not follow this recommendation and passed a law establishing harsher criminal penalties, making possession a gross misdemeanor and encouraging (not requiring) diversion.



Bill Amends Drug Paraphernalia Law

- Sec. 7: Law in support of public health efforts
 - Removes the term “giving” and references to “testing” and “analyzing”
 - Permits “distribution of public health supplies” including “smoking equipment” and “drug testing equipment”
- Sec. 8: State preempts the field of drug paraphernalia regulation, meaning municipalities can only pass laws consistent with the bill
 - EXCEPT *“nothing... shall be construed to prohibit cities or counties from enacting laws or ordinances relating to the establishment of harm reduction services concerning drug paraphernalia.”*
 - Legal gray area: What will this mean for SSPs? Will conservative municipalities try to shut them down or to limit what supplies they can provide?



Future Directions & Ongoing Challenges



- Expanding types of supplies offered through our clearinghouse given changes in drug use and new state law.
- Unpredictability in the implementation of new state law; policy debate will continue.
- Federal funding limitations (e.g., CDC, CMS/Medicaid) contribute to ongoing struggle to scale clinical services, including infectious disease testing and treatment services and vaccination services, sexual and reproductive health services.



How Policy Effects Local Programs: A Snapshot

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Mason County, WA

- Rural, conservative
- 12.8% population in poverty
- 87% White, 4.8% Native American, 1.5% Black, 1.3% Asian, 0.4% Native Hawaiian/Pacific Islander
- Skokomish Indian Tribe and Squaxin Island Tribe
- **No harm reduction programming until 2017/2018**
- **One of the highest opioid related death rates in the state**



2020...

- Drop off in SSP participation shortly after illicit fentanyl hit the local drug supply
 - Participant mentioned they barely inject anymore
 - Reduced tribal participation at reservation site after this (18% of SSP participants are AI/AN)
- Sharp increase in fatal opioid involved overdoses
 - Opioid involved deaths doubled from 2020-2022
- Introduced idea to start safer smoking supplies (SSS), but hesitancy from leadership due to media backlash around the federal funding controversy and paraphernalia law “legal gray area”
- Even with broad community support, the legality issue prevented SSS implementation
 - Did not get a “yes,” but DID get approval to explore this as an option



Policy matters

- Began state-wide workgroup, “Alternatives to Engagement,” for local health jurisdictions interested in exploring other strategies since traditional harm reduction programming was not reaching our community like it used to
- Even for counties with leadership support, the legal gray area was enough to prevent adopting safer smoking supplies as a strategy
- Interestingly, fentanyl test strips have been accepted and promoted even though it falls under the same legal language



Goal: Adapt program to meet the needs of the community, increase health outcomes

- Increase engagement with people who are smoking substances for linkages to care
 - 19% of participants get referrals to treatment and case management
 - 18% of participants get referrals to medical, dental, and other recovery and social supports
- Increase overdose prevention education and naloxone distribution
 - 69% of SSP visits get naloxone
 - Educate people who use stimulants on risks (lack of knowledge)
- Make harm reduction program equitable: serve all people who use drugs, not just injectors
 - SSP's offer a plethora of services and resources that would benefit all PWUD
 - Stimulant user health supplies: oral health program, electrolytes, nutrition shakes, and cold packs to reduce hyperthermia
- Reduce soft tissue infections and communicable diseases
 - Injection use has many complications that cause severe morbidity and mortality
 - smoking is a much safer way to consume drugs
 - 88% of SSP visits get wound care supplies
 - Injection drug use one of the leading causes of HIV and HCV disease transmission
 - SSPs provide vital HIV/HCV/STI testing and linkages to care, including PrEP and pregnant and parenting services



Data drives decisions-Overdose fatalities



Route of administration from fatal opioid involved deaths have clearly shifted from injection to smoking from 2021-2022.

We are not reaching people who are smoking fentanyl through syringe distribution programs for overdose prevention education and naloxone distribution (or linkages to treatment and recovery supports), yet this is the main driver of fatal OD.

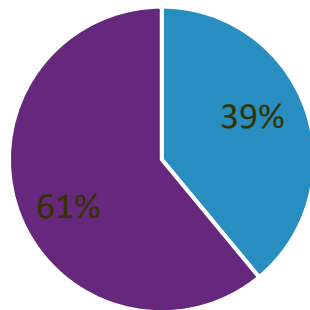
It is imperative that our programs adapt to engage with the people at the highest risk of overdose.



Data drives decisions-Participant surveys

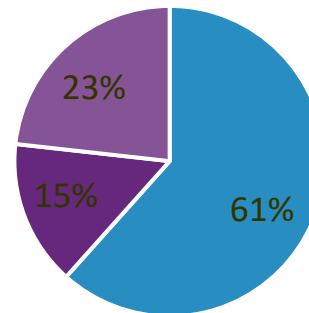
Survey of 132 SSP participants from January 2021-June 2023

Are you using fentanyl pills?



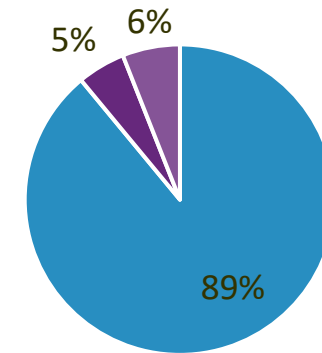
■ Yes ■ No

Are you injecting less often because you are smoking more?



■ Yes ■ No ■ N/A

Are your friends injecting less often because they are smoking more?



■ Yes ■ No ■ N/A



Data drives decisions-Participant surveys

- “Most people quit heroin and are just smoking pills. **I have because I can’t find veins.** About 20 friends barely shoot up anymore.”
- “Most people I know used to do heroin are just smoking them pills.”
- “That’s (fentanyl pills) what everyone is doing now. **Safer smoking supplies would definitely get people coming to you for Narcan.**”
- “I know people been slamming dope for 30 years and now don’t. **One of my friends would’ve died from slamming if she didn’t stop from wounds and now she’s ok.**”
- “I’ve actually seen a lot of people stop shooting.”
- “Everybody I know pretty much has given up the needle.”



Data drives decisions-Bacterial and soft tissue infections

Roughly 25% of Mason County Medicaid clients who received healthcare and report using substances that can be injected were treated for at least one infection associated with injection drug use in clinics and emergency departments between 2016-2019.

Kral et. al. found that “the number of days smoking fentanyl was associated with fewer number of injections.”

Transition from injecting opioids to smoking fentanyl in San Francisco, California. Drug and Alcohol Dependence. 2021.



Patient persistence leads to success

- The road to all harm reduction programming in Mason County has been through patient persistence
- Relationships built allowed this to even be considered
- Data was compelling, but the **SB 5536 language change around paraphernalia was the catalyst to real change**
- 6/8/2023 first foil and mouthpiece distribution
 - 22 people out of 35 wanted foil, 21 of those also received naloxone (5 of these were not injectors, only smokers)
 - Within first week people were already asking for it
 - Still no pipes, “county is not ready for it”
- Planning on implementing several other strategies to meet the dynamic needs of our community members who use drugs



THANK YOU



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Q&A!



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