



Department of
**Mental Health &
Substance Abuse Services**

Overdose Prevention and Harm Reduction: What It Is, How it Happens, and Why It Works

2022

The Science of Addiction

Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, and the environment, and an individual's life experiences.



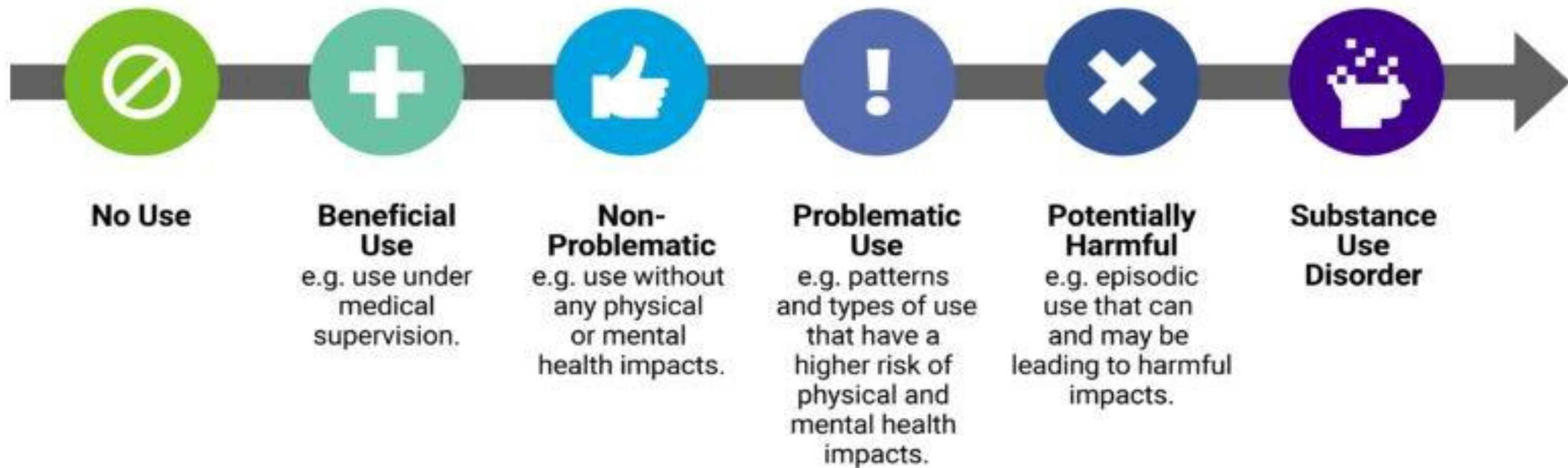
Just as cardiovascular disease damages the heart, addiction damages the brain, making it difficult to function as it should.

Source: American Society of Addiction Medicine

Continuum of Substance Use

Continuum of substance use

Substance Use Continuum



Recurrence/Return to Use

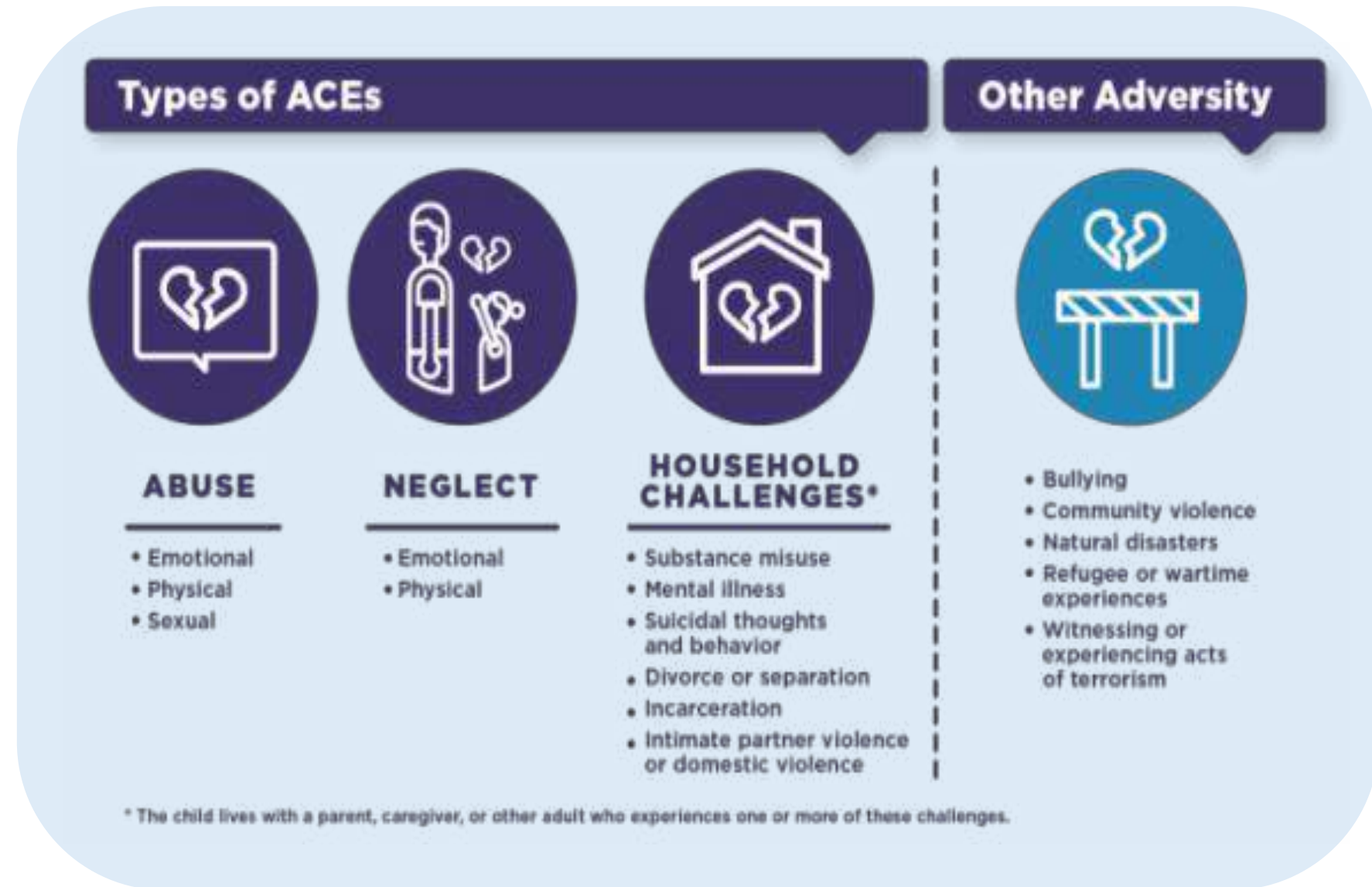
- Chemical response in the brain
 - Dopamine response
- Common part of recovery journeys
 - Not a failure/failure of treatment
 - **40%-60%** will have a recurrence
- Opportunity to develop/utilize skills

50-70%
with high blood
pressure require
yearly medical
attention

Source: SAMHSA

Trauma/Adverse Childhood Experiences

- ACEs are common
 - 6 out of 10 US adults have 1 ACE
 - 1 out of 8 have four or more ACEs
- Increase vulnerability to lifetime health outcomes
 - 5+ ACEs: **7-10x more likely** to use illicit substances
 - 6+ ACEs: **46x more likely** to inject substances



Source: Center for Disease Control and Prevention



Stigma of Substance Use Disorder

Substance Use Disorder

Patient failed drug test for third time. Patient is non-compliant with treatment regiment to abstain from drugs. Patient refuses to stay clean. Patient was told that if they had another dirty drug screen they would be dismissed from the program.

Diabetes

Patient failed A1C test for third time. Patient is non-compliant with treatment regiment to only eat healthy foods and exercise daily. Patient refuses manage their diabetes. Patient was told that if they had another high A1C they would be dismissed from this doctor's care.

Substance Use

Patient failed drug test for third time. Patient is non-compliant with treatment regiment to abstain from drugs. Patient refuses to stay clean. Patient was told that if they had another dirty drug screen they would be dismissed from the program.

Diabetes

Patient failed A1C test for third time. Patient is non-compliant with treatment regiment to only eat healthy foods and exercise daily. Patient refuses manage their diabetes. Patient was told that if they had another high A1C they would be dismissed from this doctor's care.

Role of Stigma

When a person experiences stigma they are seen as *less than* because of their real or perceived health status (National Institute of Drug Abuse)

- Experiencing stigma can reduce a person's willingness to seek treatment, take other actions to reduce harm, or ask for help
- Stigma among medical and social services reduces the quality of care
- Delayed treatment can cause additional harm to an individual

Source: NIDA

Language Matters

Do away with labels and use “person first” language
(Person with substance use disorder **not** Addict)

Say this...



- Person with a Substance Use Disorder
- Positive or Negative Toxicology
- Sterile or used needles
- Not using substances
- Person living in recovery


...Not That



- Not Addict or Junkie
- Not clean or dirty screen
- Not clean or dirty needles
- Not clean
- Not ex-addict

Source: NIDA

Language Resources



LANGUAGE GUIDANCE

"ALL BIG CHANGES OF THE WORLD COME FROM WORDS."
- Marianne Celuszka

Language Guide Table

quick reference of easy language fixes with big impact

GENERAL GUIDANCE	TRY THIS	INSTEAD OF THIS	LEARN WHY
	transmit or acquired	infect became infected	The word "infection" carries stigma and often invokes blame. Acquisition and transmission are simple and accurate substitutions.
	people living with _____ person living with _____	_____ infected people _____ positive(s) _____ carrier(s) people infected with _____ case(s)	Person-first language centers the person first rather than the health condition. This simple shift says, "I see you first, before your health condition".
	people with _____ person with _____		For health conditions that have a cure, such as hepatitis C, it is also acceptable to say, "people/person with _____".
	people without _____ person without _____	_____ uninfected people _____ negatives _____ unaffected	The word "infected" carries stigma. The meaning of the word "negative" is unclear. "Unaffected" is inaccurate as we are all directly or indirectly impacted by transmissible health conditions.
	new _____ diagnoses people newly diagnosed with _____ person newly diagnosed _____	new _____ case(s)	"Cases" takes away the humanity of the people impacted by a particular health condition and implies their care/diagnosis is work.



Terms to use, terms to avoid, and why

The chart below can help you choose words to reduce stigma and use person-first language when talking about addiction.

Talking About Yourself or Others with Substance Use Disorder

Use...	Instead of...	Because...
<ul style="list-style-type: none">Person with a substance use disorder¹⁰Person with an opioid use disorder (OUD) or person with opioid addiction	<ul style="list-style-type: none">AddictUserSubstance or drug abuserJunkie	<ul style="list-style-type: none">Using person-first language shows that SUD is an illness.Using these words shows that a person is a problem.
<ul style="list-style-type: none">Person with alcohol use disorder	<ul style="list-style-type: none">Alcoholic	<ul style="list-style-type: none">The association...

NIDA “Words Matter”

- Articles
- Terms list
- Free CME/CE module

Research & Training Clinical Resources Grants & Funding News & Events About NIDA

Health Professions Education / CME/CE Activities / Words Matter - Terms to Use and Avoid When Talking About Addiction: A CME/CE Activity

Words Matter - Terms to Use and Avoid When Talking About Addiction: A CME/CE Activity

Description

This CME/CE activity informs clinicians on how they can show leadership in how language can destigmatize the disease of addiction. It is focused on using person-first language, as well as terms to avoid to reduce stigma and negative bias when discussing addiction.

Start the Activity

EndTheSyndemicTN.org



Harm Reduction

For no other medical condition would we start with the most extreme option. What makes us think this would work for a condition as complex as addiction?

-Dr. Mark Tyndall

Epidemiologist, Physician, Public Health Expert

Ted Talk: The Harm Reduction Model of Drug Addiction Treatment

Examples of Harm Reduction Definitions

...emphasizes engaging directly with people who use drugs to prevent overdose and infectious disease transmission, improve the physical, mental, and social wellbeing of those served, and offer low-threshold options to treatment and healthcare (SAMSHA)

Meeting people where they are, without judgment, stigma, discrimination
(Overdose Prevention Strategy-Health and Human Services)

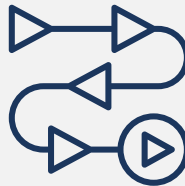
Harm Reduction is a way of **preventing disease** and **promoting health** that **meets people where they are.**

Not everyone is **ready or able** to **stop substance use**; therefore, **scientifically proven** ways of decreasing risks are **essential.**

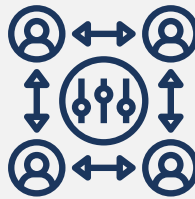
Harm Reduction Core Principles



Non-judgmental approach with a focus on **enhancing quality of life**



Behavior change is an **incremental process**



Complex social factors influence vulnerability to substance use and substance-related harm (e.g., poverty, social inequality, trauma)



Empower those who use substances to be the primary agents in reducing the harms of their substance use

Using a harm reduction lens

Patient failed drug test for third time. Patient is non-compliant with treatment regiment to abstain from drugs. Patient refuses to stay clean. Patient was told that if they had another dirty drug screen they would be dismissed from the program.

Drug screen shows recent opioid use. Patient reports reducing use from 10 times to 8 times a day. Patient is participating in regular counseling sessions. Provided information packet and discussed HIV prevention.

Non-judgmental approach

Focus on quality of life

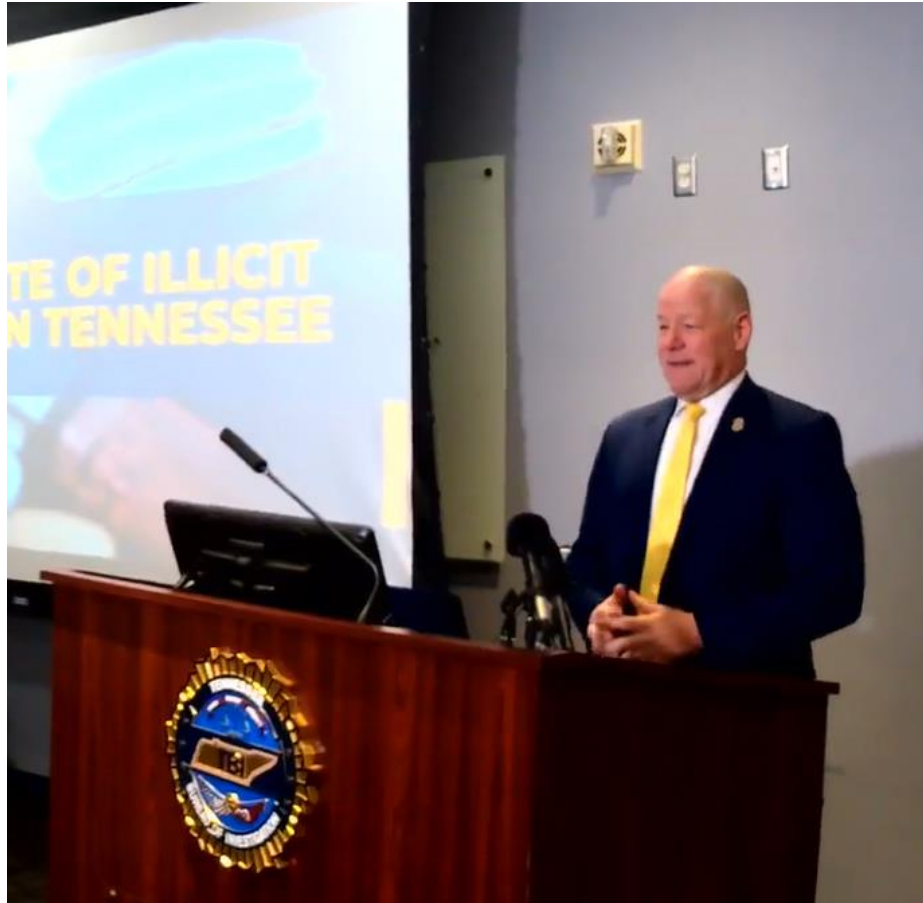
Incremental change

Empower individuals

Reduce harm



Harm Reduction Strategies in Tennessee



State of Illicit Drugs in TN, 8/31/22

*“There are **harm reduction strategies** that have great evidence behind them and those are the ones that we are consistently talking about and **consistently looking to see how we can implement them**, with guardrails, in Tennessee to protect our citizenry.”*

-David Rausch

Director, TN Bureau of Investigation

Harm reduction in TN

Key Features

Utilizing Evidence-Based Practice

Providing education and information

Recognizing/supporting different paths
to recovery

Providing tools that reduce negative
consequences

Connection to resources/care
coordination



Approaches

Training, outreach and education

MAT/MOUD

Fentanyl Test Strips

Naloxone distribution

Syringe Service Programs (TDH)



Training and Education

Training and Education

- Overdose Prevention/ Awareness Training
 - Formal Trainings done by ROPS
 - Overdose data/trends, harm reduction, stigma, responding to overdose, compassion fatigue/burn out
- Brief naloxone training
 - High risk individuals
- Specialty Trainings/Resources
 - Fentanyl, Stimulants
- Community outreach

Available to treatment agencies, community services/resource agencies, civic/community groups, churches/religious groups, any that is interested!

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MAT/MOUD

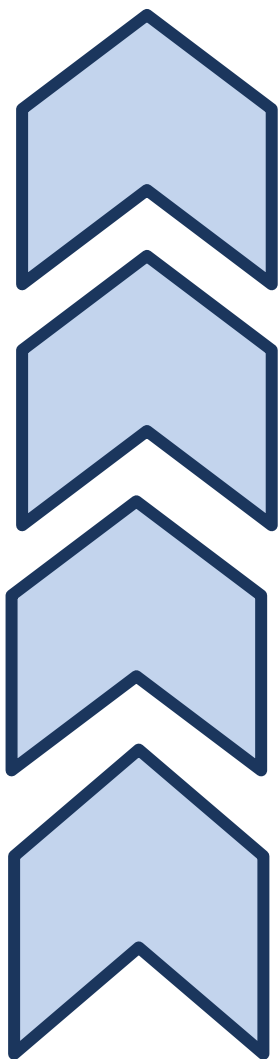
Medication Assisted Treatment (MAT)

- Medication Assisted Treatment (MAT) and also known Medication for Opioid Use Disorder (MOUD)
 - Buprenorphine, Methadone, Suboxone, Vivitrol, Sublocade
- Medications that normalize brain chemistry, block the euphoric effects of drugs/alcohol, relieve cravings and normalize body functions
- Medically proven tool to **support and sustain recovery** in both short and long term use
 - *Endorsed by the American Society for Addiction Medicine, American Medical Association, and the Substance Abuse and Mental Health Services Administration*

Source: SAMHSA

MAT/MOUD

Increases



Survival

Retention in treatment

Ability to gain and
maintain employment

Better health outcomes among
pregnant women with SUD

Decreases



Use of illicit substances

Criminal activity

Risk of contracting HIV, viral hepatitis C

Vulnerability to recurrence

Source: SAMHSA

MAT/MOUD Success

- After 6 months of MOUD use, patients reported
 - Less heroin, opioid and alcohol use
 - Improved overall health
 - Lower frequency of disability
 - Fewer symptoms and pain
 - Less worry, anxiety and depression

A holistic approach
facilitates holistic
healing

Source: Substance Abuse Treatment, Prevention and Policy



Fentanyl Test Strips

Fentanyl

Fentanyl is very strong opioid

- 50x stronger than heroin
- 100x stronger than morphine



Driving the increase in fatal overdoses in Tennessee
2,014 Tennesseans died of a drug overdose that involved fentanyl.

- **2 out of 3** fatal overdoses involved fentanyl.
- About 1 out of 3 fatal overdoses involved an opioid and a stimulant.

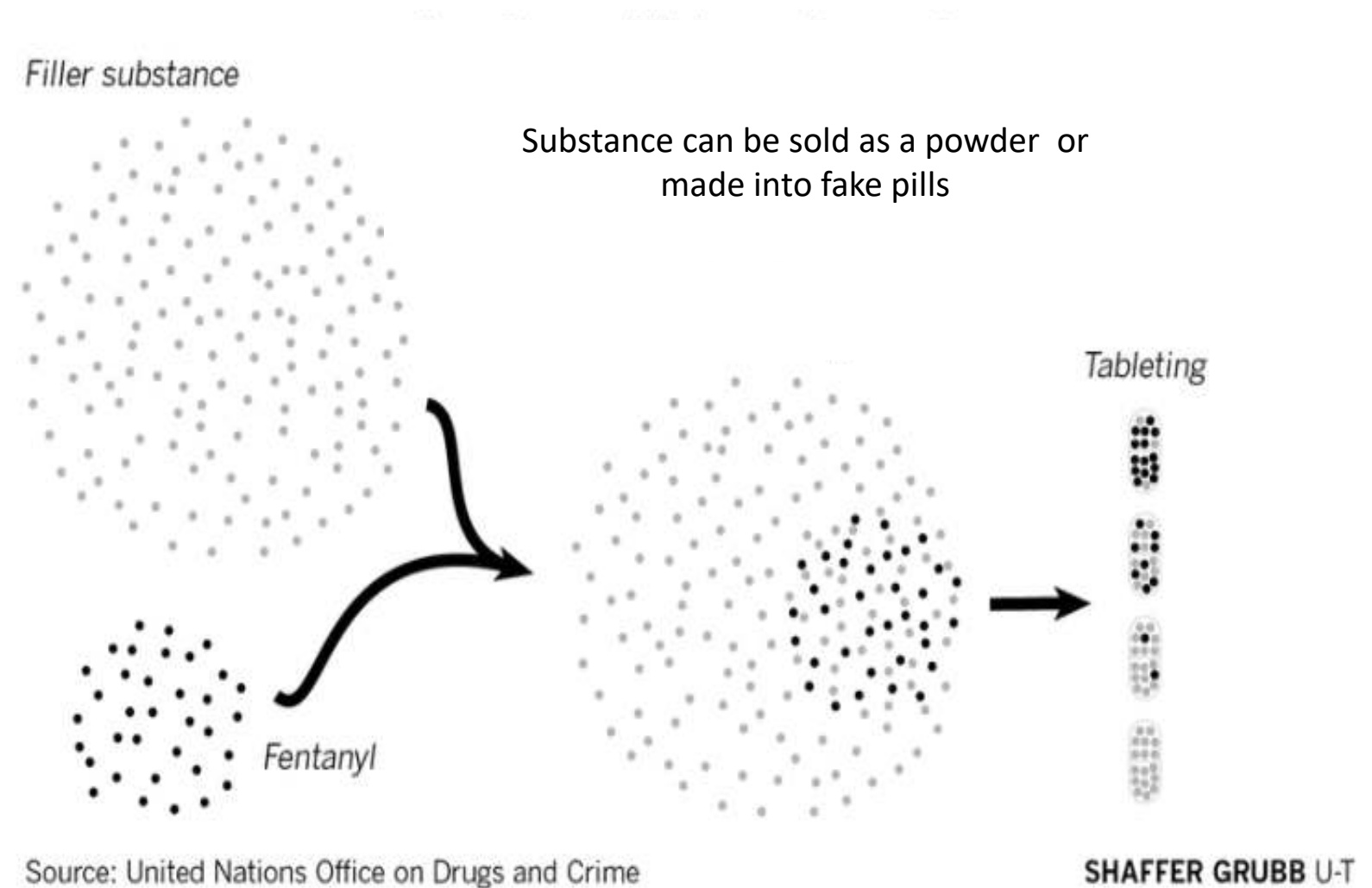


A deadly dose of heroin, fentanyl and carfentanyl.

Source: NIDA, DEA

Fentanyl

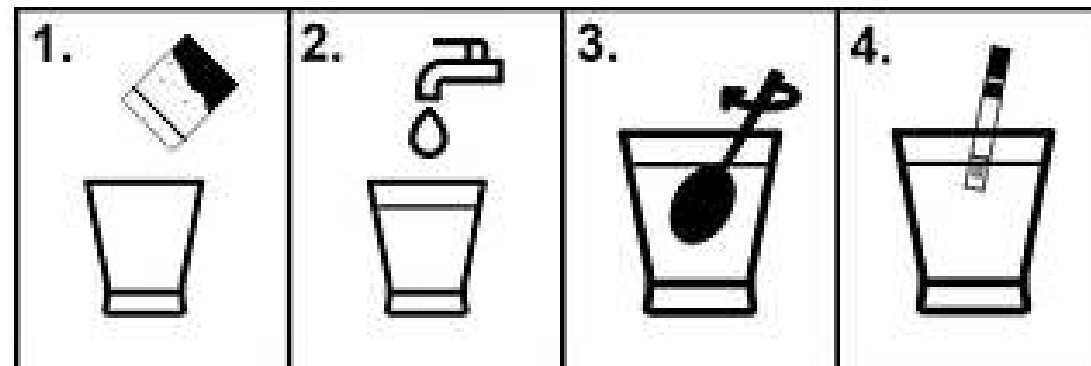
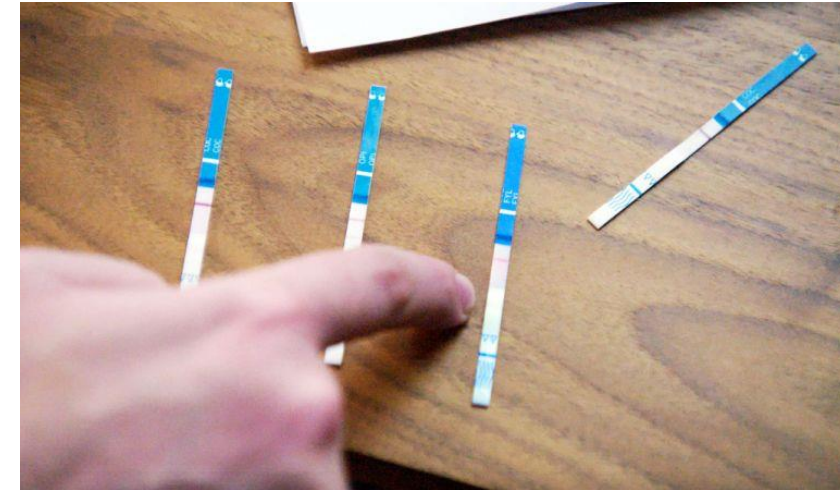
- Fentanyl is commonly mixed with
 - Cocaine
 - Methamphetamine
 - Heroin
 - Benzodiazepines
- A deadly dose of fentanyl can be as small as 2 mg
- Testing is the only way to know if fentanyl is there.
 - Does not have a distinct smell, color or taste.



Source: NIDA, DEA

Fentanyl Test Strips

- Small strips of paper that can detect the presence of fentanyl/fentanyl analogs in a substance
- Became legal (with guardrails) in TN in 2022
- Quick and easy to use
- Used before substance use
- Highly correlated with behavior change



Fentanyl Test Strips

Studies show that when drugs test positive for fentanyl, people change their behaviors such as

- *Made sure to have naloxone near by*
- *Not using alone/using with another person nearby*
- *Not using that drug*
- *Using only one drug; not mixing substances*

7 out of 10

of SSP* participants in SC would modify their behavior if they knew fentanyl was in their substance

**SSP: Syringe Service Programs*

Source: International Journal Drug Policy

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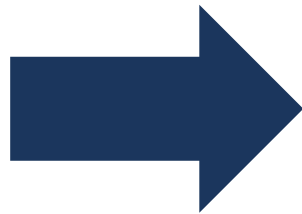
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Naloxone

Opioid Involved Overdoses

Drug
Overdose
Deaths- TN

3,032
(2020)



Opioid-Involved
Overdose
Deaths

2,388
(2020)

Bystander Present

74%
(2020)

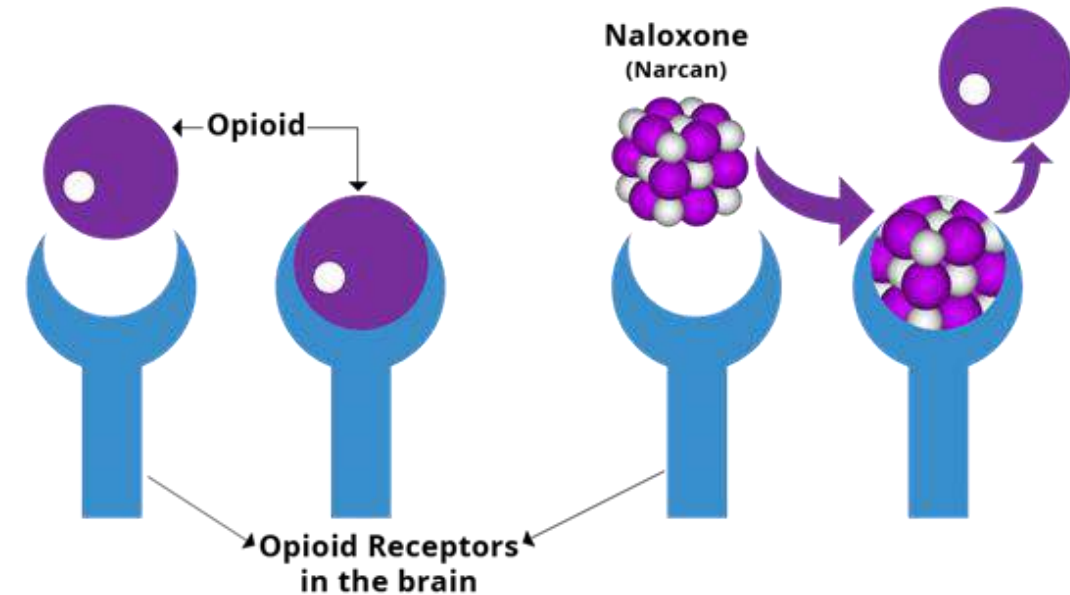
Occurred in
home/residence

76%
(2020)

Source: TN Dept of Health

Naloxone

- Opioid reversal medication
- Been in use by medical professionals since 1971
 - Intranasal version (Narcan) released in 2015
- Easy to use and rapidly restores breathing to someone experiencing an opioid-induced respiratory depression
 - Not addictive; no potential for abuse



Naloxone

- Access to naloxone does not increase opioid/substance use
- For \$1 spent on naloxone programs, there was a \$665 cost benefit
 - For every death avoided, there was a \$6,612 benefit

Since Oct 2017,
More than 51,000
Tennesseans have
had another chance

Source: Drug and Alcohol Dependency

The logo consists of a red square with the letters 'TN' in white, serif font. Below the square is a thin blue horizontal bar.

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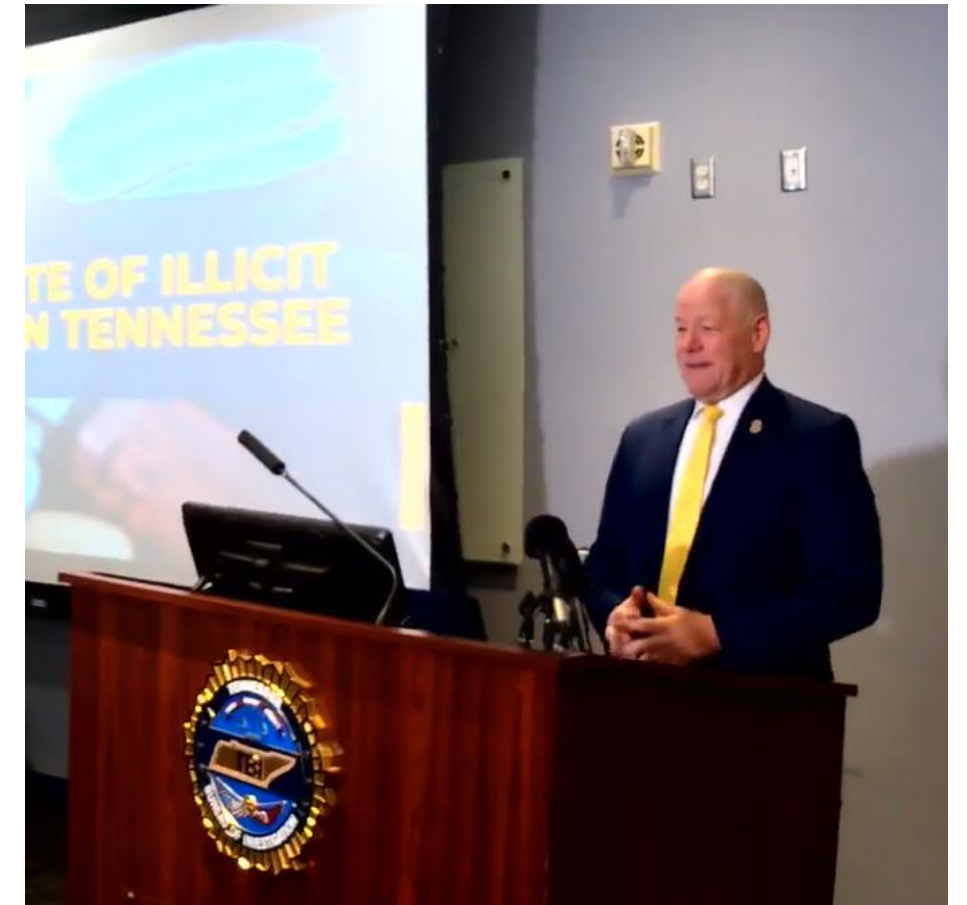
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Syringe Service Programs

(In collaboration with TDH)

*When I was in Knoxville, one the things that we had brought to us from a coalition was **needle exchange**. And I was adamantly against it until they gave me the data and when we looked at the data, **we saw the number of hepatitis cases and AIDS cases that dropped as a result of needle exchange. It made perfect sense.***

-David Rausch
Director, TN Bureau of Investigation



State of Illicit Drugs in TN, 8/31/22

Infectious Diseases Associated with Substance Use

HIV

- 13% of people with HIV don't know they have it
- 7% of new HIV cases are among PWID
- Lifetime cost of treating HIV: \$450,000

Shelby County
-35.6% of new diagnoses
-36.1% of people living with HIV

Viral Hepatitis (HCV)

- Majority of new cases-PWID
- TN ranks 7th in nation for new HCV infections
- With unsterile injection equipment, 10x more infectious than HIV
- Cost to treat: \$40K-100k+

Syringe Service Programs

Proven and effective community-based prevention program that provides a range of services and supports, anonymously and confidentially:

- Sterile injection equipment
- Testing for HIV, Hepatitis, STIs and linkages to services
- Referrals to treatment, medical and social services
- Education and tools for overdose prevention and safer substance use

SSP Myth Busting

~~Are NOT
Supervised
Injection
Sites~~

~~Do NOT
allow drug
use onsite~~

~~CANNOT use
government
funds for
syringes~~

~~Do NOT
increase
crime~~

~~Do not sell
or
distribute
drugs~~

~~Cannot be
near
schools or
parks~~

~~CANNOT
provide
only
syringes~~

A Brief History of “Needle Exchange”

- Community response to crises
 - Began in the 1980s in Europe in response to Hepatitis B outbreak
 - Began in US in the late 1980s/early 1990s as response to HIV crisis
 - Was used in grassroots organizations before it became “evidence-based”
- Scott County, Indiana: HIV Outbreak of 2014/2015
 - Outbreak among rural residents who injected drugs
 - 215 cases linked to that outbreak
- CDC Vulnerability Index (2016)
 - 41 TN counties identified as most vulnerable to rapid spread of HIV/HCV among people who use drugs (220 counties nationally)

Syringe Service Programs in Tennessee

- Signed into law: May 18, 2017
- Non governmental organizations approved through Dept of Health
 - Recent amendment also allows county health departments to operate SSP
- What
 - Provide needles, hypodermic syringes, and other injection supplies at no cost
 - Needle and hypodermic syringe disposal
 - Educational materials
 - Access (or referral) to naloxone
 - Availability of on-site consultation for MH and addiction treatment
 - Provide SSP participants verification card

TN SSP Outcomes

- From January to December 2021:
 - Reported 54,008 client visits
 - Distributed 2.6 million syringes
 - Collect 2.1 million syringes
 - Distributed 53,314 naloxone kits
 - Performed 1,253 rapid HIV tests
 - Performed 945 rapid point-of-care HCV tests
 - Reported 13,409 overdose reversals

SSPs: Public Health Benefits

- SSPs are associated with a **50% reduction** in HCV and HIV
- Save healthcare dollars by preventing infections
- SSP participants are **3x more likely** to stop injecting substances than those who do not participant in an SSP
- People who inject drugs are **5x more likely** to enter treatment for substance use disorder when participating in an SSP
- Reduce overdose deaths through education, naloxone and other overdose prevention resources
- Connect difficult-to-reach populations to much need resources/services

Source: Centers for Disease Control and Prevention

SSPs: Public Safety Benefits

- Reduce needle stick injuries among first responders by providing proper disposal
- Reduces the number of syringes in public places by providing safe disposal of used syringes
 - When 2 similar cities were compared, the one with an SSP had **86% fewer syringes** in places like parks and sidewalks
 - When more syringes are provided by SSPs, the more likely people are to dispose of used syringes safely
- No increase in crime has been seen in areas with SSPs compared to areas without SSP

Source: Centers for Disease Control and Prevention

Conclusion

**Harm Reduction is a way of
preventing disease and promoting
health that
*meets people where they are.***

Contact Information

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