



Community Perception of Harm Reduction Efforts



During January 2021, the West Virginia Drug Intervention Institute, Inc. will conduct an analysis of community opinions on SUD, harm reduction and syringe exchange. The project is not intended to assess or evaluate any specific program but will assess community perceptions and attitudes and determine gaps that exist in addressing SUD (specifically in Kanawha County).

The research will include an online (anonymous) short-survey individuals can complete. The survey will be open to the public via the Institute's website, www.wvdii.org, from January 8 through 22, 2021. Individuals wishing to participate in additional discussion (listening sessions or focus groups in late January) can choose to identify themselves and share contact information. The project will culminate the release of a document summarizing the survey data and focus groups along with recommendations for addressing SUD in Kanawha County and the State.



KEY DEFINITIONS

1 HARM REDUCTION

As defined by the Centers for Disease Control, **harm reduction** is any behavior or strategy that helps reduce risk or harm to yourself or others.

2 SUBSTANCE USE DISORDER (SUD)

Substance Use Disorder (SUD) “is a disease that affects a person's brain and behavior and leads to an inability to control the use of a legal or illegal drug or medication. Substances such as alcohol, marijuana and nicotine also are considered drugs. When you're addicted, you may continue using the drug despite the harm it causes.

3 SYRINGE SERVICE PROGRAMS (SSP)

SSPs are "community-based prevention programs that can provide a range of services, including linkage to substance use disorder treatment; access to and disposal of sterile syringes and injection equipment; and vaccination, testing, and linkage to care and treatment for infectious diseases.”

4 LOW BARRIER VERSUS HIGH BARRIER

Low barrier (or low threshold) syringe service programs make minimal demands on the patient before they are provided with clean syringes. For example, a low barrier program may not require a patient to present identification, and/or may not restrict the number of syringes provided to the patient.

Alternatively, a **high barrier** (or high threshold) syringe service program will make greater demands on the patient before they are provided with clean syringes. For example, a high barrier program will likely require formal identification and will likely restrict the number of syringes provided to the patient.

5 WV DII

The **West Virginia Drug Intervention Institute, Inc.** (WV DII) is a non-profit who is fiercely dedicated to reducing deaths in West Virginia from opioid and drug abuse by being (a) an independent advocate for life-enhancing drug policies and practices, (b) a hub for coordinating drug response activities, and (c) an educational center to address the prevalence of drug abuse and the stigma of drug addiction.

6 HELP LINE

The **Help Line** aka HELP4WV. HELP4WV offers a 24/7 call, chat, and text line that provides immediate help for any West Virginian struggling with an addiction or mental health issue. The helpline staff offers confidential support and resource referrals, including self-help groups, out-patient counseling, medication-assisted treatment, psychiatric care, emergency care, and residential treatment.

7 QUICK RESPONSE TEAM (QRT)

QRTs are an evidence-based intervention teams that include interdisciplinary overdose follow-up and engagement with survivors to link individuals to treatment during the critical period following overdose.

8 NALOXONE

Naloxone is a medication approved by the Food and Drug Administration (FDA) designed to rapidly reverse opioid overdose. It is an opioid antagonist—meaning that it binds to opioid receptors and can reverse and block the effects of other opioids, such as such as heroin, morphine, and oxycodone.

Centers for Disease Control and Prevention

The CDC supports a needs-based approach to harm reduction, deeming it the best approach. Additionally, the CDC states that the delivery model should be informed by thorough and ongoing needs assessments. The CDC tells us that partnerships are key to successful implementation, and believes that SSPs should link persons who inject drugs to care, whenever possible and desired.

American Medical Association

In April 2020, the AMA urged states to adopt the syringe exchange policy that was adopted in Maine via Executive Order. The Maine Executive Order temporarily suspended 1-to-1 needle exchange limits, allowing individuals to receive multiple sterile needles and exchanges.

In June 2020, the AMA stated that it included new provisions in its AMA model state legislation in order to help increase access to sterile needles and syringes as well as provide liability protections for syringe service programs.

National Institutes of Health

The NIH has not released a stance on what it believes to be the best approach. However, the NIH has said this: Implementation of a needs-based syringe distribution model can increase the effectiveness of syringe service programs by increasing individual syringe coverage, which reduces high-risk injection behavior, such as syringe reuse and sharing.

U.S. Department of Health & Human Services

The U.S. HHS also has not released a clear stance on what it believes to be the best approach. However, the Assistant Secretary for Health states: Comprehensive Syringe Service Programs (SSPs) have the proven ability to help combat the opioid crisis and prevent the spread of infectious disease linked to injection drug use.

1:1 Exchange

1:1 exchange — a practice of restricting syringe access by providing a participant only the number of syringes that the participant returns to the SSP for disposal

1:1 Plus Exchange

1:1 plus exchange programs modify the basic concept of the strict one-for-one exchange programs by providing a predetermined number of extra syringes beyond one for one.

Needs-Based Distribution

Needs-based distribution — a syringe distribution practice that allows participants as many syringes as they say they need, regardless of how many syringes they return to the SSP for disposal.



ADDITIONAL RESOURCES

CDC Syringe Service Program Document

- <https://www.cdc.gov/ssp/docs/SSP-Technical-Package.pdf?fbclid=IwAR0RxYold2P24jIHDqRI6yP2tSqeitkeTDDj5IVv2xDmIMFSHHEVrwO1-aA>

The Need for Harm Reduction Programs in West Virginia West Virginia Department of Health and Human Resources Bureau for Public Health White Paper

- https://oeps.wv.gov/harm_reduction/documents/training/hrp_white_paper.pdf

West Virginia Bureau for Public Health Harm Reduction Program (HRP) Guidelines and Certification Procedures

- https://oeps.wv.gov/harm_reduction/documents/about/HRP_Guidelines.pdf

Making the Case for Syringe Services Programs, United States Surgeon General Jerome Adams, MD, MPH

- <https://journals.sagepub.com/doi/full/10.1177/0033354920936233>

SOURCES



1. <https://www.cdc.gov/ssp/docs/SSP-Technical-Package.pdf?fbclid=IwAR0RxYold2P24jIHDqRI6yP2tSqeitkeTDDj5lVv2xDmIMFSHHEVrwO1-aA>
2. <https://www.ama-assn.org/press-center/press-releases/ama-urges-states-adopt-new-maine-needle-syringe-exchange-policy>
3. <https://www.ama-assn.org/health-care-advocacy/advocacy-update/june-5-2020-state-advocacy-update>
4. <https://pubmed.ncbi.nlm.nih.gov/33084122/>
5. <https://www.hhs.gov/blog/2019/11/06/substance-misuse-infectious-disease-powerful-potential-syringe-service-programs.html>