

Transforming Our Communities

Health, Equity, and Justice for People Who Use Drugs

Welcome



2020 Virtual Conference | Part 1

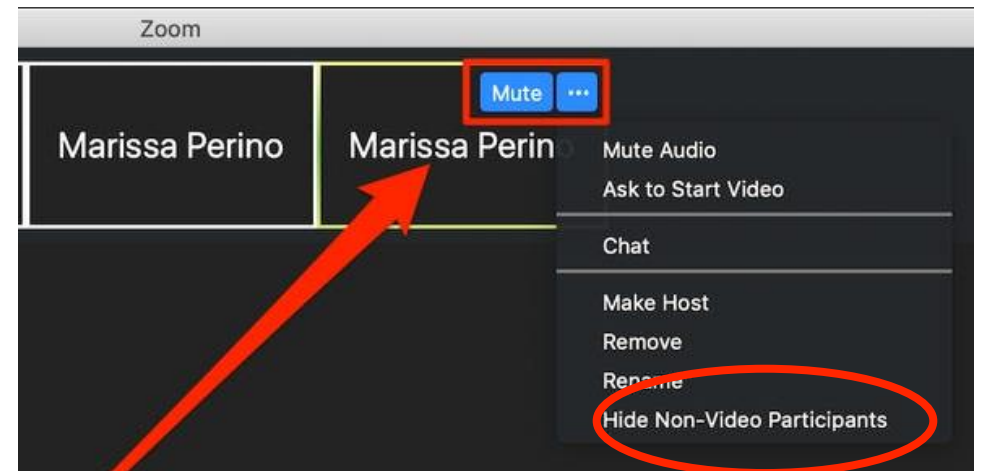
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ALCOHOL &
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Audio/Visual Notes

- Please stay **MUTED** and keep your **CAMERA OFF**. Use **CHAT** to ask questions or comment.
- This session is being **recorded**.
- **Hide non-video participants** to optimize your screen appearance.
 - Hover over upper-right corner of a participant box.
 - Click the 3-dot icon.
 - Select “Hide Non-Video Participants.”





Honorable Marilyn Scott

Vice-Chairperson of the Upper Skagit Tribe





Prohibition Creates Stigma and Discrimination

- **56-90 percent of drug users will be imprisoned** at some point in their life (Avert 2015)
 1. Criminalization of drug users fuels risky behaviors and overdose
 2. Criminalization marginalizes vulnerable and traumatized people
 3. Incarceration of drug users interrupts families, communities, employment, access to important health care benefits.
- **Stigma**- mark of disgrace associated with a particular circumstance, quality, or person.
- **Discrimination**-the unjust or prejudicial treatment of different categories of people or things, especially on the grounds of race, age, or sex.



Systemic Racism is Directly Linked to the War on Drug Users





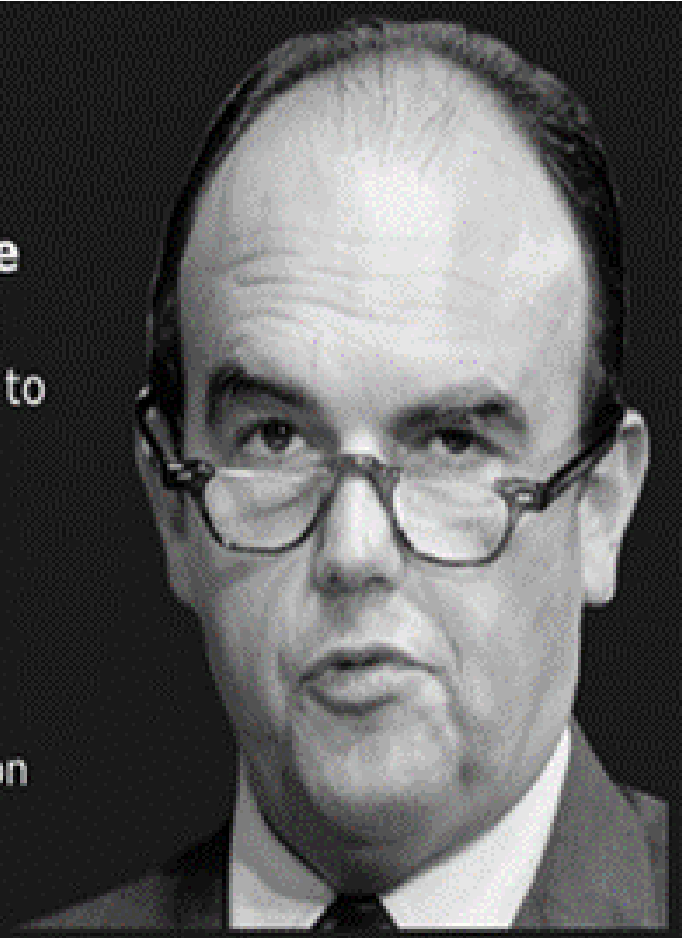
War on Drugs is a War on Drug Users

WHY THE WAR ON DRUG USERS?

"You want to know what this was really all about? Nixon had two enemies: the antiwar Left, and black people. **We knew we couldn't make it illegal to be either against the war or black.** But by getting the public to associate the hippies with marijuana and blacks with heroin, and then criminalizing both heavily, we could disrupt those communities. **Did we know we were lying about the drugs? Of course we did.**"

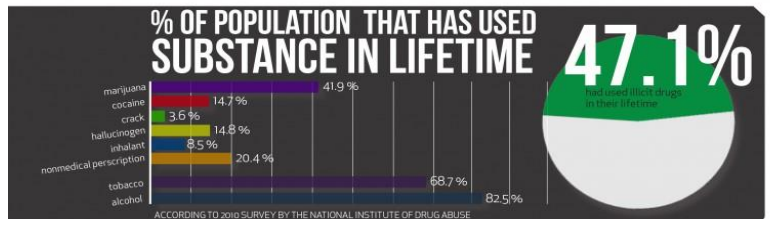
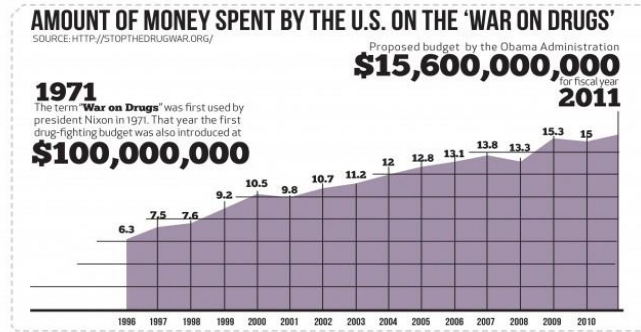
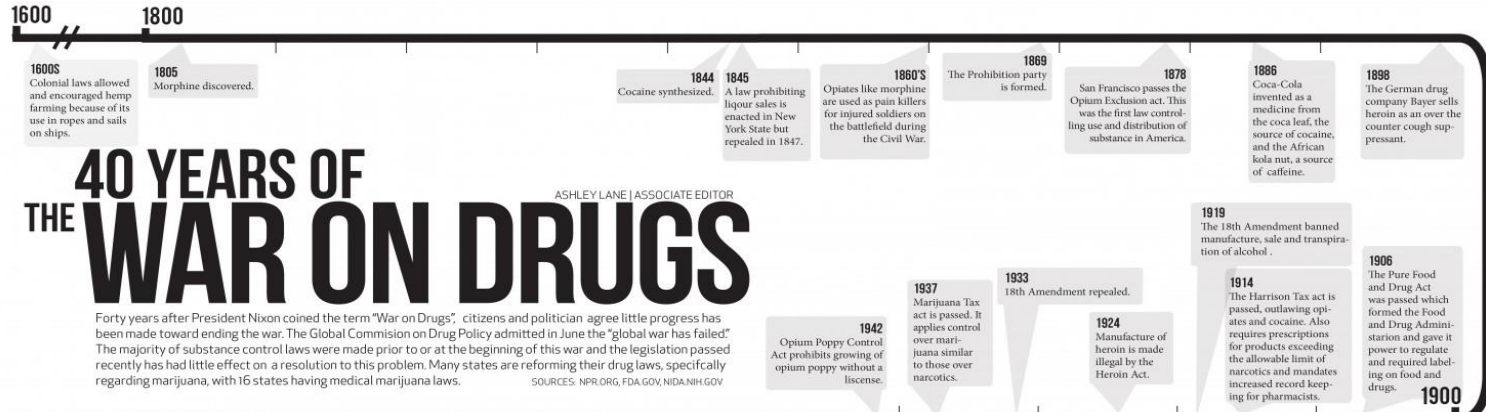
-- John Ehrlichman, Counsel and Assistant to US President Nixon

Interviewed in 1992. Full quote in "Truth, Lies, and Audiotape" (2012) by Dan Baum, journalist and author of *Smoke and Mirrors: The War on Drugs and the Politics of Failure*.





The War on Drugs is Complicated and Persistent



51% of Federal Inmates are a direct result of a drug conviction

In 2009 the Federal Government spent **\$2,094,510,000** to house drug related prisoners at a cost of **\$22,000** per prisoner

SOURCE: DRUGWARFACTS.COM



Transforming Our Communities

Planning Committee



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Transforming Our Communities

Planning Committee



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Poll Question



Pre-summit Survey Results



Two Pre-Summit Surveys

- **Drug Use and Health Event Survey**

- December 2019 via Survey Monkey
- Targeting largely professionals with attempt to reach other groups
- Goal: identify most urgent issues re: substance use and health care

- **The Pre-Summit Survey**

- May-June 2020
- Targeting a wide, diverse group
- Goal: refine focus of the summit



“Drug Use and Health Event” Survey

- **345 respondents**
 - 75% professional who works with people who use drugs or related services
 - 5% community member/harm reduction advocate
 - 5% policy or lawmaker
 - 4% person with history of substance use
 - 4% participant of a harm reduction program/syringe services program
- **Responses from every county**
- **Professional fields** included substance use prevention and treatment, medical and mental health, social services, harm reduction, public health, criminal justice, policy



“Drug Use and Health Event” Survey

“I am most interested in these topics....” Top 10 List

| | | |
|---|-----|-----|
| 1. Reducing stigma | 56% | 191 |
| 2. Integrating harm reduction and clinical practice | 53% | 181 |
| 3. Health care for people who use drugs/drug user health | 50% | 171 |
| 4. Laws and policy about drug use | 45% | 152 |
| 5. Bridging gaps between harm reduction and recovery | 44% | 148 |
| 6. Role of peers/people with lived experience | 36% | 123 |
| 7. Law enforcement/diversion programs | 35% | 117 |
| 8. Harm reduction in criminal justice | 34% | 116 |
| 9. Community organizing/creating a statewide harm reduction coalition | 34% | 116 |
| 10. Intersection of substance use and infectious disease | 33% | 112 |



“Drug Use and Health Event” Survey

“At this event I would like to....”

| | | |
|--|-----|-----|
| Attend presentations from local experts | 71% | 191 |
| Hear ideas and insights directly from people who use drugs | 61% | 181 |
| Participate in interactive discussion groups | 50% | 171 |

“I would like special focus on....”

| | | | |
|--|-----|-----------------------------------|-----|
| People living unhoused | 56% | Youth | 37% |
| Rural communities | 50% | LGBTQ/sexual or gender minorities | 36% |
| People with criminal justice involvement | 49% | People involved in sex work | 36% |
| Persons of color | 42% | Women | 34% |
| Tribes | 38% | | |



Second Survey

- Survey sent out via Survey Monkey via a number of lists and networks
- **148 responses.** Participants from 25 of WA's 39 counties.
- **8/148 (5.4%)** identified as being a member of a tribe or tribal organization.

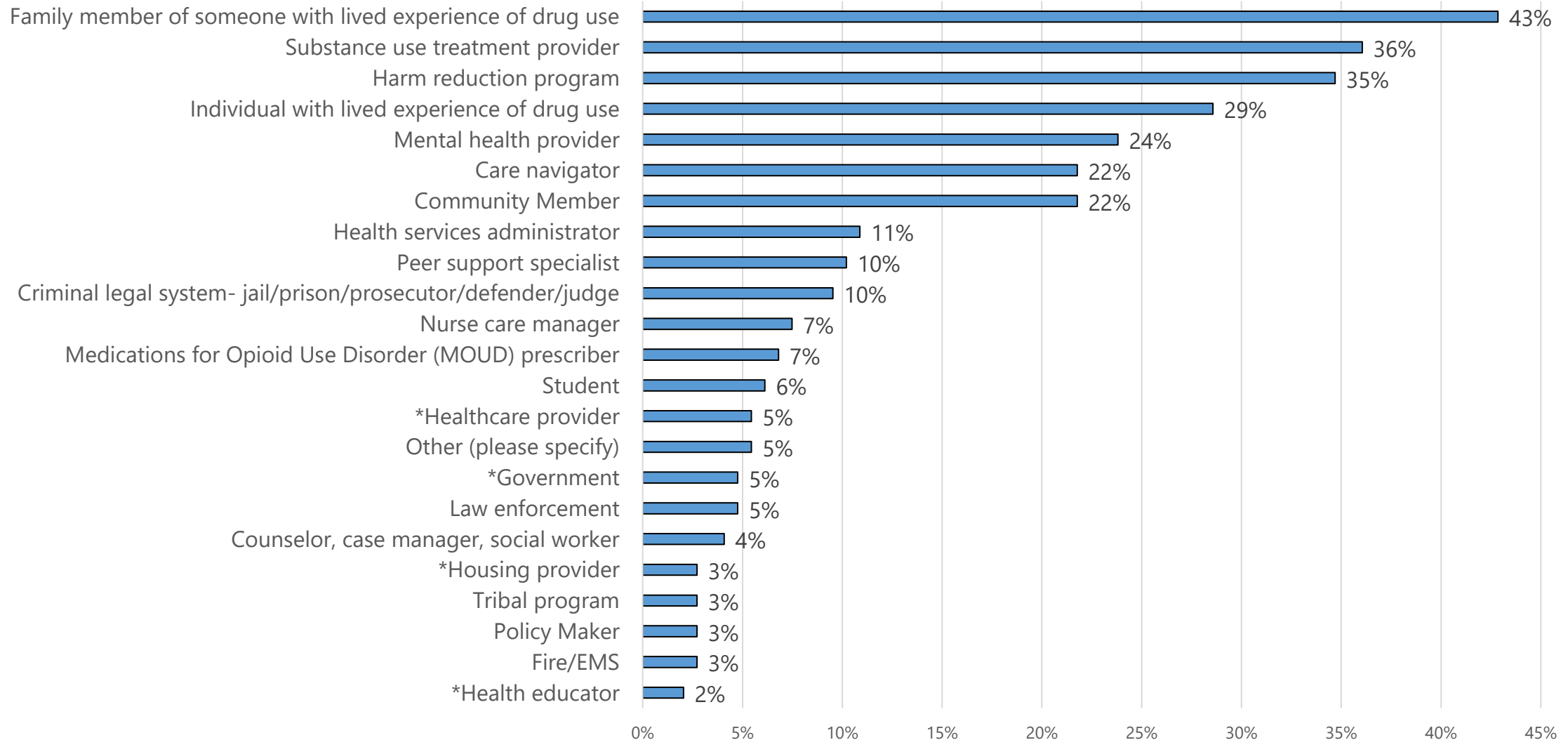


Summit Design

- Summit design evolved from in person to virtual to be safe during COVID-19.
- All but two respondents were able and willing to participate in the summit remotely; one said no, and one was not sure.
- Large majority, **85%**, wanted to participate in a drug use and health listserv.



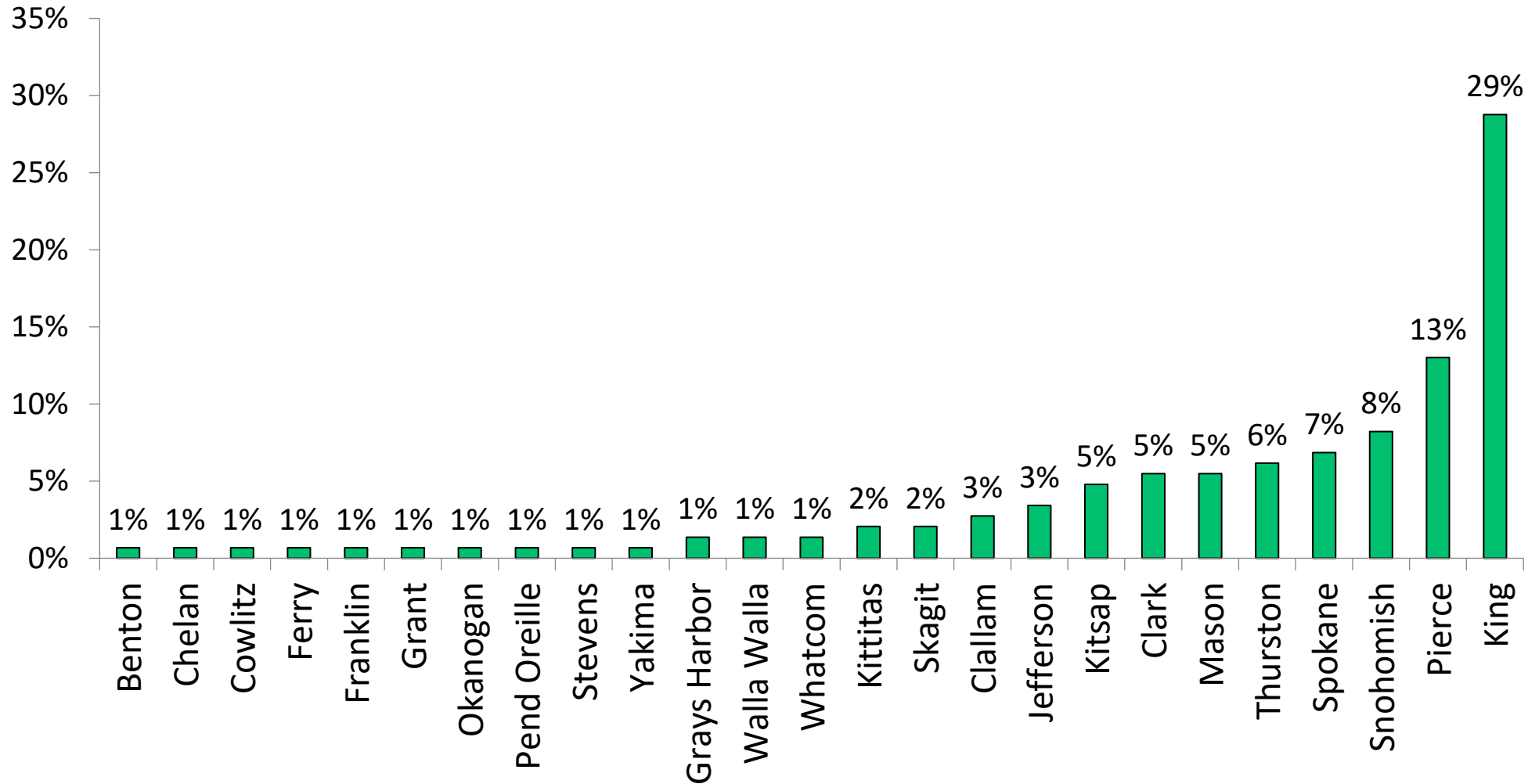
Self-Description of Summit Participants



n=147



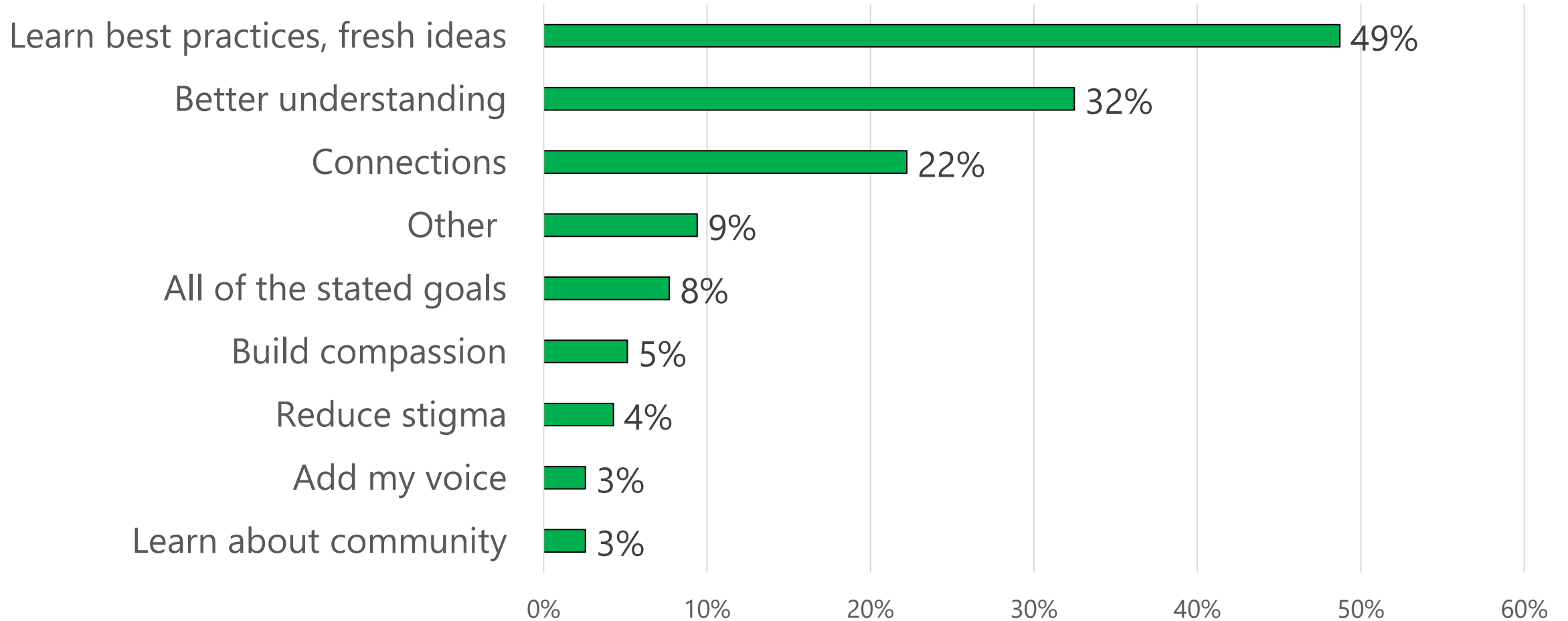
County Where You Usually Reside or Work



n=146



What Do You Hope to Get Out of This Gathering?



n=120



What Do You Hope to Gain From This Gathering?

- *"Inspiration, ideas, and a shared sense of purpose."*
- *"I hope to help other people with lived experience feel welcome and important."*
- *"Find ways to mobilize our community to decrease stigma and improve social determinants for people who use drugs."*
- *"Increasing insight and compassion."*
- *"Join in conversation and network and add the voice of the previously incarcerated."*



Thank you!

We are grateful for your feedback,
thoughts, and ideas!



Video: Lived Experience Narratives



[video will be embedded on a slide here]



2019 Syringe Services Programs Health Survey Process



2019 Syringe Services Programs Health Survey Process

Goals:

- Understand roles of various types of prevention including harm reduction
- Learn about the process and findings from the WA State SSP Survey
- Get ideas about why and how to collect such data



2019 Syringe Services Programs Health Survey Process

- **Introduction & terminology**
 - "Prevention"
 - Syringe Services Programs
 - "Harm reduction"
- **Examples of harm reduction & evidence base**
- **WA State SSP Survey**
 - Why and how
 - Sample findings
- **Uses of local SSP data**



Introduction & Terminology

“Prevention”:

PRIMARY PREVENTION

Prevent disease from developing

“Prevention”



SECONDARY PREVENTION

Detect & treat disease early.
Prevent reoccurrence.

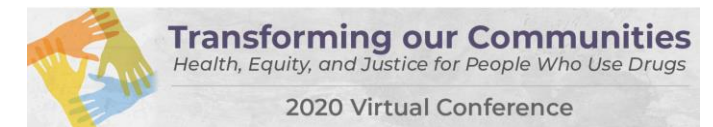
“Treatment”



TERTIARY PREVENTION

Improve quality of life, reduce the symptoms, & prevent death.

“Harm reduction”





Introduction & Terminology

Syringe services program:

- Syringe service programs provide clean syringes and dispose of used ones along with many other services
- The primary goal of SSP's is to reduce harm, not to prevent drug use or treat substance use disorder
- SUD treatment is also a form of harm reduction as it:
 - Reduces death rates, illegal behaviors, costs, infectious diseases &
 - Improves quality of life and overall functioning



Introduction & Terminology

Syringe services program:

W University of Washington

September 2015

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ADAI INFO BRIEF

Overview of Syringe Exchange Operations in Washington State

This report provides a descriptive overview of the 18 syringe exchange programs (SEP) that participated in the 2015 Washington State Drug Injector Health Survey. The survey was conducted in King County by Public Health – Seattle & King County and coordinated across other sites statewide by the Center for Opioid Safety Education (located within the Alcohol & Drug Abuse Institute, University of Washington), with supporting funds from the Washington State Division of Behavioral Health and Recovery.

| On-site service | # SEPS where available |
|---|------------------------|
| HIV testing (weekly, monthly, to quarterly) | 11 |
| Hepatitis C testing (weekly, monthly or quarterly) | 11 |
| Wound care | 7 |
| Case management or intake/assessment for drug treatment | 7 |
| Apple Health enrollment | 6 |
| Vaccinations | 5 |
| Substance use counseling by a Chemical Dependency Counselor | 5 |
| STD testing | 3 |
| Family planning/emergency contraception | 2 |
| No direct services available on site (i.e., referrals only) | 3 |

| Supply item | How many SEPs give it out |
|--|---------------------------|
| alcohol wipes, tourniquets, cookers, cottons, male condoms | 18 |
| water vials, packets | 13 |
| lubricant | 13 |
| personal size sharps box | 13 |
| paper clips | 10 |
| wound care kits | 9 |
| hygiene supplies | 9 |
| female condoms | 8 |
| band aids, antibiotic cream | 8 |
| hand sanitizer | 4 |
| snacks, cookies | 2 |
| bleach for cleaning own syringes | 2 |
| latex gloves | 3 |



Introduction & Terminology

Harm reduction:

- “Harm reduction” literally means to work to **reduce harm vs. completely eliminating** all harmful behaviors.
- Harm reduction is the normal approach to most health care conditions- heart disease, diabetes, obesity, mental health....



Introduction & Terminology

Harm reduction:

- For many reasons (some described previously) substance use has been viewed differently:
 - Good vs Bad
 - Black vs White
 - Illegal vs Legal
 - Clean vs Dirty
- And these ways of looking at things often result in adversarial vs. collaborative approaches
- There are not consequences for the normal course of the disease- too much salt, too many cookies, relapsing to substance use that lead to stopping care
 - **The goal is to connect and engage and stay engaged**



Harm reduction is:

- “A set of **practical strategies and ideas** aimed at reducing negative consequences associated with drug use.
 - Also a **movement for social justice** built on a belief in, and respect for, the rights of people who use drugs.
 - 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.”





Principles of Harm Reduction

- ...licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them.
- Understands drug use as a complex, multi-faceted phenomenon ...and acknowledges that some ways of using drugs are clearly safer than others.
- Establishes quality of individual and community life and well-being—not necessarily cessation of all drug use—as the criteria for successful interventions and policies.





Principles of Harm Reduction

- Calls for the **non-judgmental, non-coercive** provision of services and resources to people who use drugs and the communities in which they live ...
- Ensures that drug users and **those with a history of drug use routinely have a real voice** in the creation of programs and policies designed to serve them.
- Affirms drug **users themselves as the primary agents of reducing the harms of their drug use**, and **seeks to empower users to share information and support each other** in strategies which meet their actual conditions of use.





Principles of Harm Reduction

- Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm.
- Does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use.





SSP Process & Collaboration



Everett Maroon

- Executive Director, Blue Mountain Heart to Heart



[ABOUT](#) [CARE SERVICES](#) [PREVENTION](#) [GET INVOLVED](#) [EVENTS](#) [NEWS](#) [CONTACT](#)

ABOUT

Off and Running

We are thrilled that our new "Meds First" program for opioid recovery has launched with so much early success. Eleven weeks after launch we have talked with more than 70 people interested in starting recovery, and have 29 patients adherent to the buprenorphine medication. We run a yoga group for clients in this program (next session is October 15 at 1:30 at our Alder Street office), and are nearing an announcement about community acupuncture for our clients as well. Our thanks go out to the University of Washington, the Paul G. Allen Foundation, the Washington State Division of Behavioral Health and Resources, and the Greater Columbia Accountable Community of Health for their support of this innovative, critical program.

Our Mission

Blue Mountain Heart to Heart works to promote public health and increase wellness among our community members with advocacy, education, harm





Examples of Harm Reduction for Substance Use

- New syringes/Syringe disposal
- Naloxone/Narcan OD reversal
- Good Samaritan overdose/MIP laws
- Injecting equipment
- Condoms
- Fentanyl testing strips
- Law Enforcement Assisted Diversion
- Safe injection/consumption services
- Wound care clinics...



**See an overdose
CALL 911!**

Washington's Good Samaritan law protects you!

If you get medical help for an overdose or alcohol poisoning, you and the victim cannot be charged for drug use, possession, or underage drinking.

**Never let someone
"sleep it off."**

WA RCW 69.50.315

Programs respond to client needs and research evidence



Evidence Base - Example

These are research backed interventions. Though the interventions may be controversial to some, the evidence base is not controversial.

CDC Centers for Disease Control and Prevention

Search [Advanced Search](#)

Syringe Services Programs (SSPs)

Fact Sheet

- The opioid crisis is fueling a dramatic increase in infectious diseases associated with injection drug use.
- Reports of acute hepatitis C virus (HCV) cases rose 3.5-fold from 2010 to 2016.¹
- The majority of new HCV infections are due to injection drug use.
- Over 2,500 new HIV infections occur each year among people who inject drugs (PWID).²
- Syringe Services Programs (SSPs) reduce HIV and HCV infections and are an effective component of comprehensive community-based prevention and intervention programs that provide additional services. These include vaccination, testing, linkage to infectious disease care and substance use treatment, and access to and disposal of syringes and injection equipment.

- Helps prevent transmission of blood-borne infections
- Helps stop substance use
- Helps support public safety

The 22 research articles documenting these health outcomes of SSP's are available at

<https://www.cdc.gov/ssp/syringe-services-programs-factsheet.html>



Goals of our SSP's

3 goals:

- Reducing infectious disease transmission
- Reduce injection associated morbidity/poor health
- Place to repair how they communicate with and link to other resources
 - Possible due to kindness and building trust



How SSPs Benefit and Use Data



WA State SSP Survey

- Statewide data are available online
<https://adai.uw.edu/wa-state-syringe-exchange-health-survey-2019-results/>
- Local data are available from your local syringe exchange

The screenshot shows the ADAI website header with the logo and navigation menu. Below the header is a banner image of a modern building with the text "The Alcohol & Drug Abuse Institute". The main content area features a breadcrumb trail: "Home > WA State Syringe Exchange Health Survey, 2019 Results". The title "WA State Syringe Exchange Health Survey, 2019 Results" is displayed in a large, bold font. Below the title, the authors are listed: "Caleb Banta-Green, PhD, MPH, MSW; Alison Newman, MPH; Susan Kingston; Sara Glick, PhD, MPH; Joe Tinsley; Sarah Deutsch, MPH." The publication date is "Published April 2020." A link to "Download printable PDF of this report." is provided at the bottom of the page.



WA State SSP Survey

Thank you to all of the SSP's for their hard work with us on this survey.

Thank you to programs' participants for their time and sharing their experiences.

Thank you to the Division of Behavioral Health and Recovery (WA HCA) for financial support.





Survey Overview

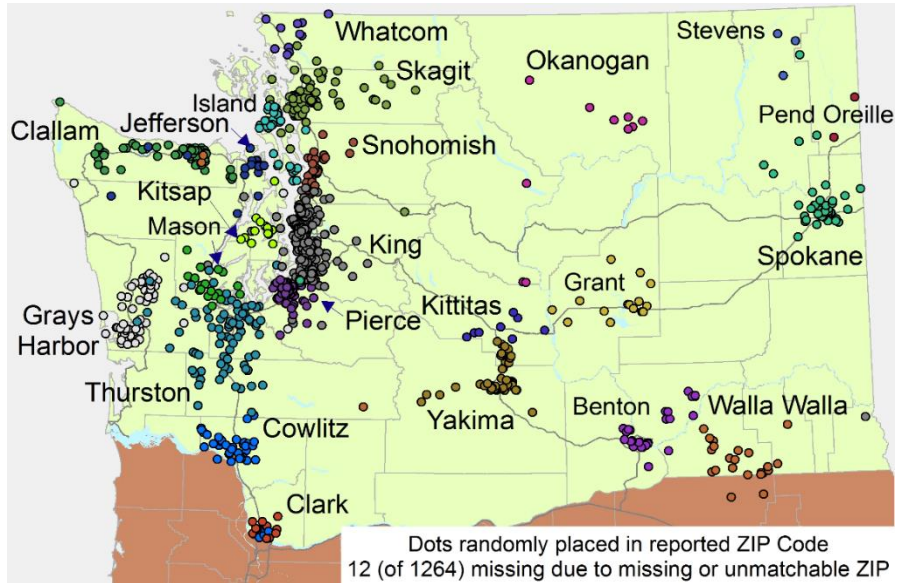
SSP staff and volunteers administered the voluntary, face-to-face questionnaire to individuals who came in for syringe exchange services in June-July 2019.

The survey includes topics such as:

- Client demographics.
- Drug use and injection practices.
- Utilization of syringe exchange and other health care services.
- Prevalence of opioid overdose, overdose risks, and naloxone.
- Prevalence of acute physical and psychiatric consequences of methamphetamine use.
- Interest in reducing or stopping drug use.
- Interest in specific services to help reduce or stop drug use.



SSP and Participant Locations



The map shows:
Where people slept the night before
& at what SSP they were surveyed

| | | | | | |
|---------------------|----|---------------------|-----|--------------------|-------------|
| Benton | 28 | King | 432 | Snohomish | 37 |
| Clallam | 75 | Kitsap | 15 | Spokane | 92 |
| Clark | 24 | Kittitas | 9 | Stevens | 3 |
| Cowlitz | 39 | Mason | 18 | Thurston | 82 |
| Grant | 16 | Okanogan | 10 | Walla Walla | 26 |
| Grays Harbor | 68 | Pend Oreille | 2 | Whatcom | 12 |
| Island | 37 | Pierce | 100 | Yakima | 51 |
| Jefferson | 18 | Skagit | 75 | Total | 1269 |

Green shading indicates first time participating in survey



Demographics

| Race (multiple responses allowed) | | |
|--|------|------------|
| White | 1037 | 82% |
| Black | 60 | 5% |
| Latinx/Hispanic | 84 | 7% |
| American Indian/Alaska Native | 142 | 11% |
| Asian/South Asian | 29 | 2% |
| Native HI/Pacific Islander | 21 | 2% |
| Other | 18 | 1% |
| Gender | | |
| Male | 720 | 57% |
| Female | 540 | 43% |
| Transgender | 6 | 0% |
| Other | 3 | 0% |



Housing, Incarceration, \$

| | | |
|---|-------|------------|
| Housing status | | |
| Permanent | 396 | 31% |
| Homeless | 501 | 40% |
| Temporary/Unstable | 371 | 29% |
| Jail or prison in the last 12 months | 470 | 37% |
| Legal Monthly Income | 477 | 57% |
| \$0 | 477 | 57% |
| \$1-\$499 | 75 | 9% |
| \$500-\$999 | 134 | 16% |
| \$1000-\$1999 | 80 | 10% |
| \$2000+ | 68 | 8% |
| <i>Mean</i> | \$568 | |
| <i>Median</i> | \$0 | |



Reported Main Drug & Drugs Used Last 3 Months

| | Used in the last 3 months | | Injected | Smoked | Main drug* |
|--------------------------------------|---------------------------|------------|----------|--------|------------|
| Heroin | 987 | 78% | 96% | 51% | 57% |
| Methamphetamine | 1062 | 84% | 73% | 79% | 26% |
| Meth & heroin together | 583 | 46% | 96% | 29% | 8% |
| Crack cocaine | 132 | 10% | 24% | 87% | 1% |
| Powder cocaine | 127 | 10% | 46% | 20% | 0% |
| Cocaine & heroin together | 87 | 7% | 95% | 14% | 1% |

*23 responses missing or other

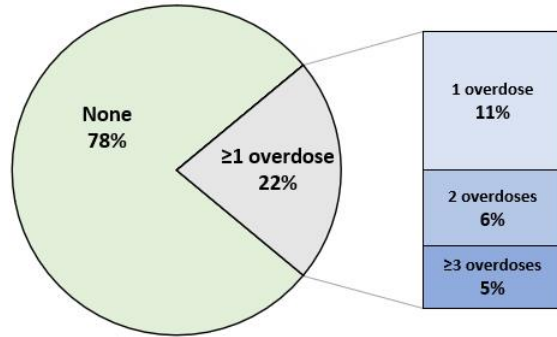
This survey only covers those who inject drugs.

Approximately 1/3 of heroin users and 2/3 of meth users do not inject in WA State, so findings may not apply to them.

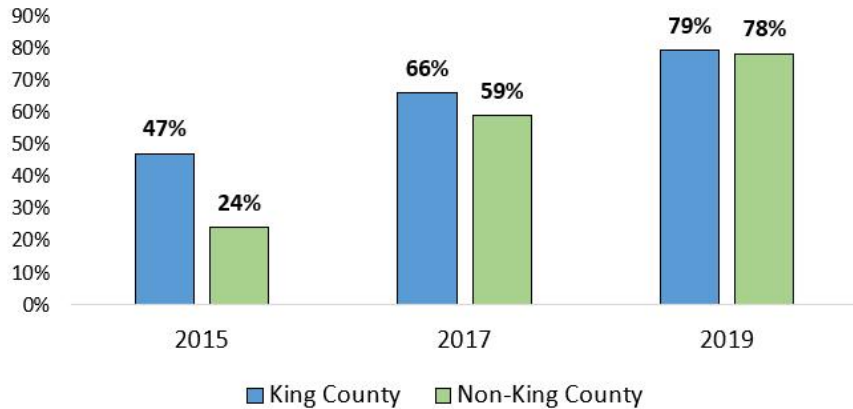


Health Conditions Past Year

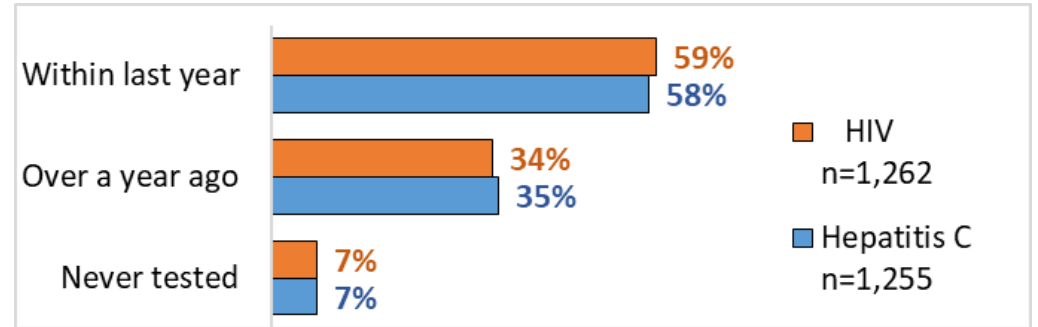
Number of opioid overdoses had in past 12 months among people who used opioids *n=1,044*



Owned a naloxone kit in the last 3 months among people who used opioids in past 3 months



HIV and hepatitis C testing



39% ever diagnosed with HCV

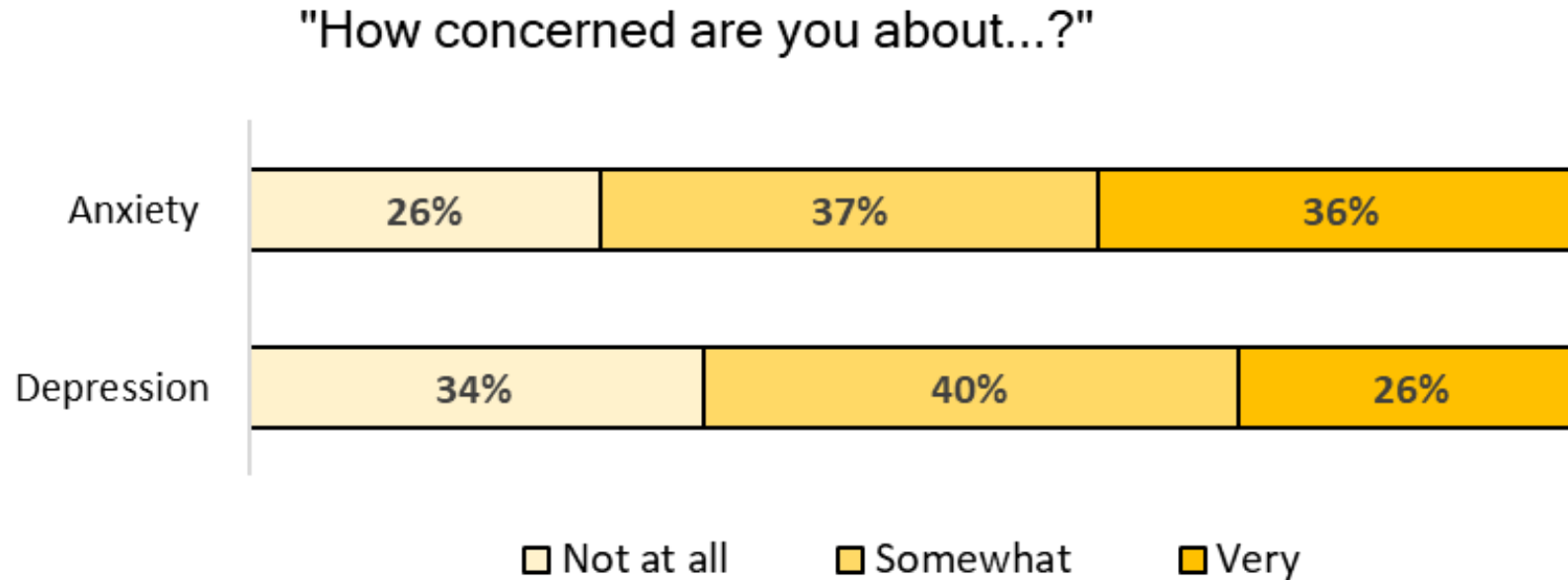
71% never treated

68% of those with untreated HCV

want treatment



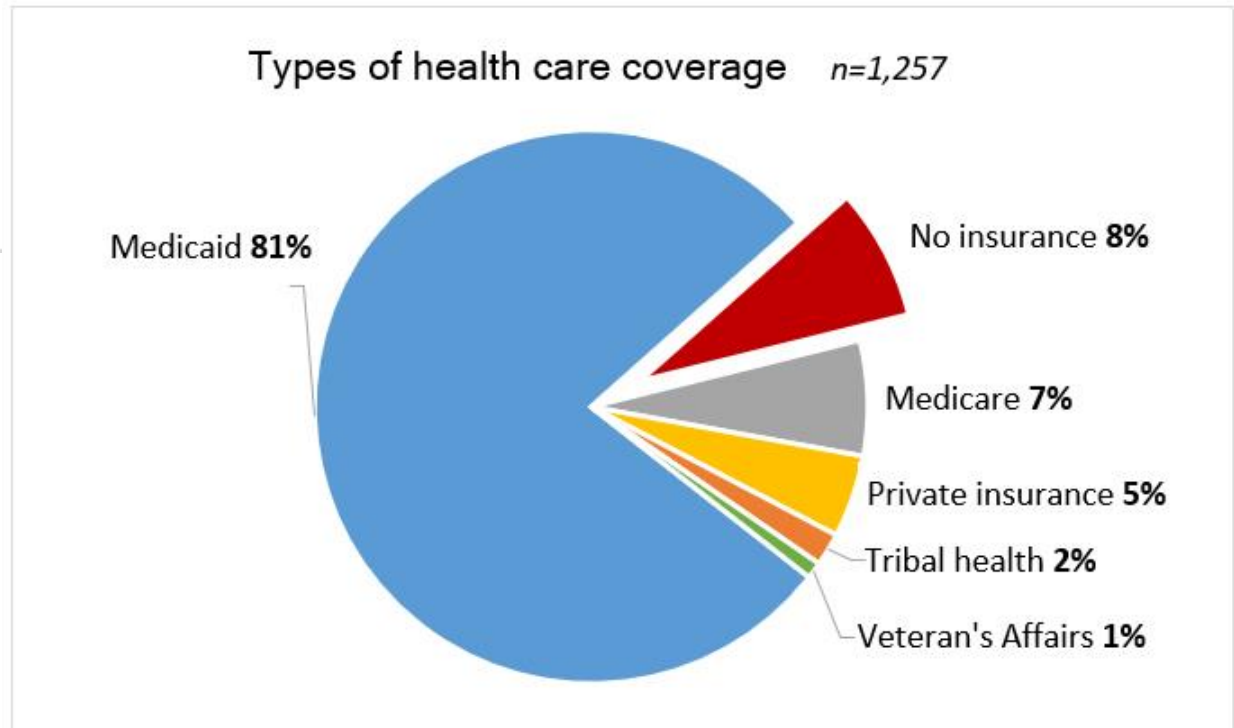
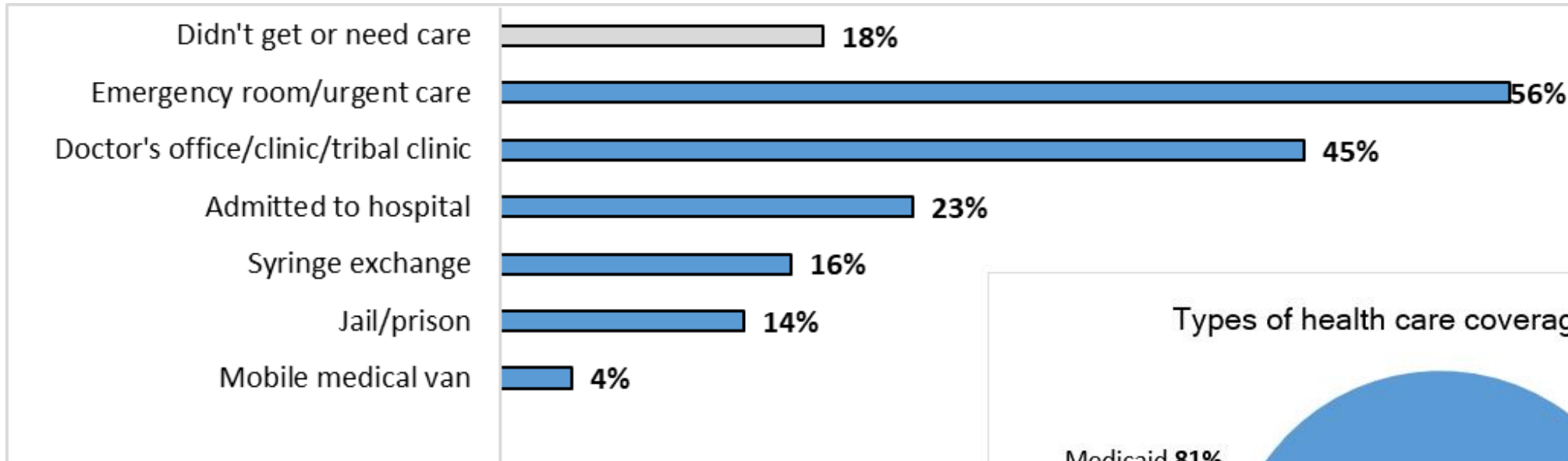
Mental Health Concerns



20% were very concerned about depression **and** anxiety
Overall proportions very similar for main opioid and main methamphetamine



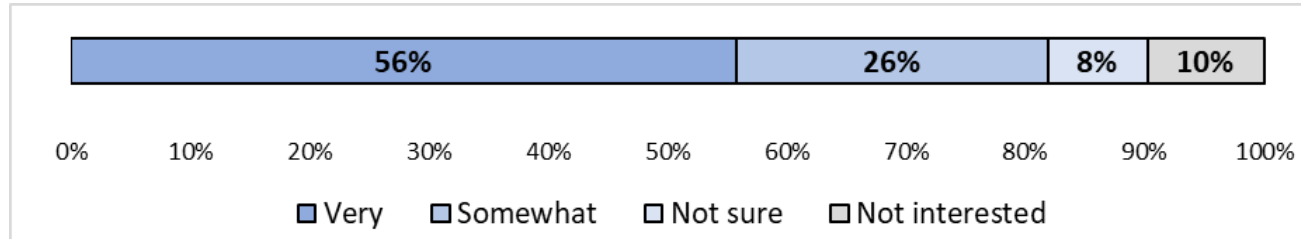
Places Used for Medical Care Past 12 months



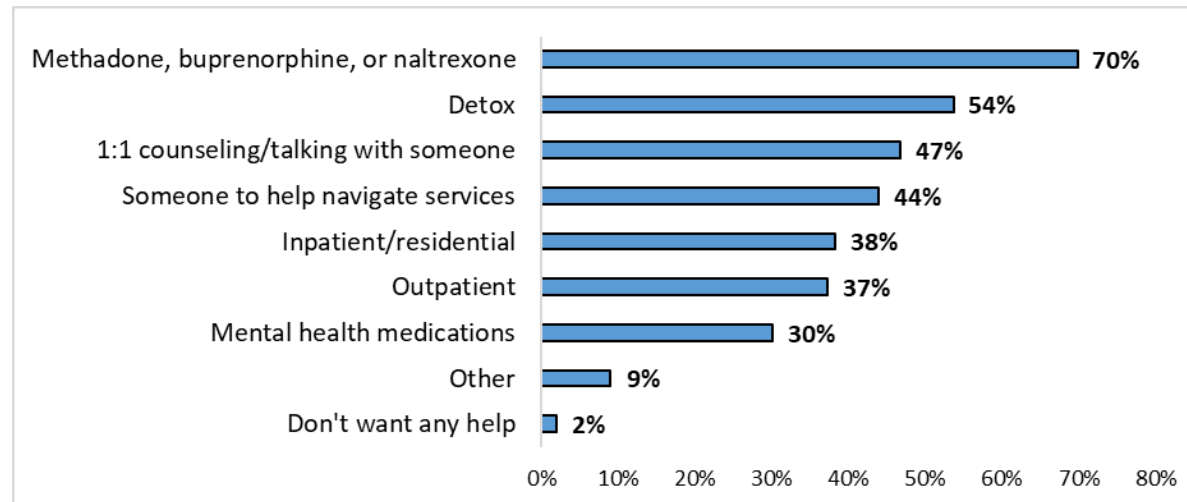


Heroin - Interest in Reducing Use & Services

Interest in reducing or stopping opioid use n=514
use among main drug heroin, not in treatment, and past week heroin use



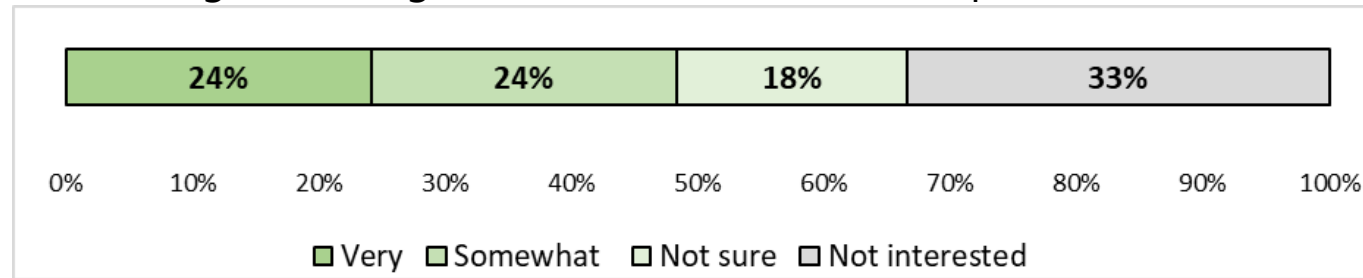
“What types of help would you want if they were easy to get?” n=421
among main drug heroin, past week opioid use, and somewhat or very interested in reducing opioid use



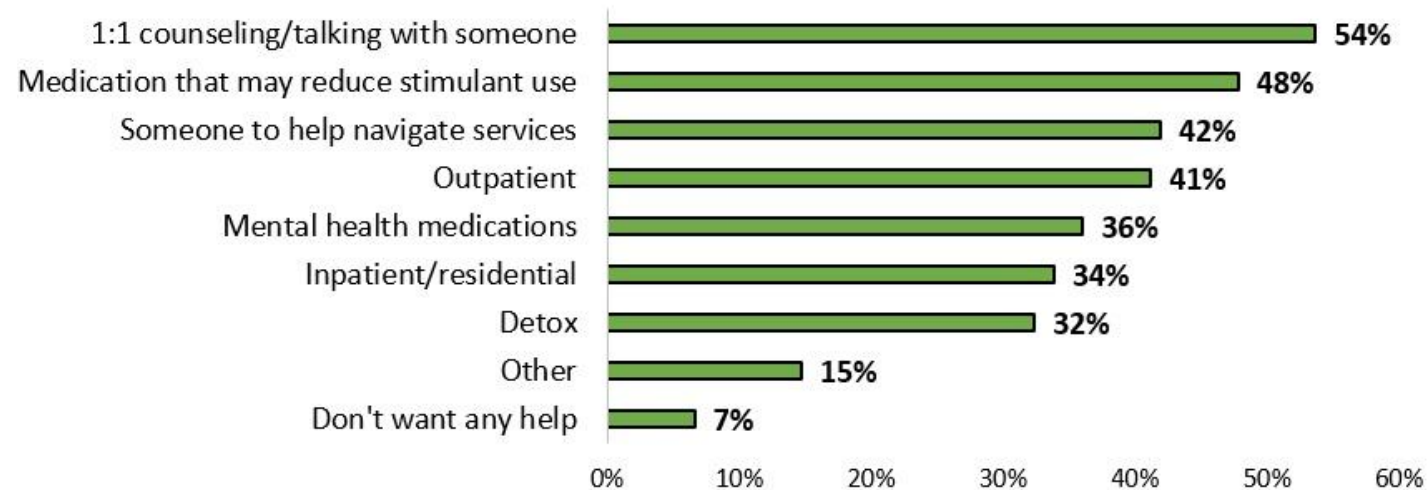


Meth - Interest in Reducing Use & Services

Interest in reducing or stopping stimulant use n=281
among main drug meth, not in treatment, and past week meth use



“What types of help would you want if they were easy to get?” n=136
among main drug meth, past week meth use, & somewhat/very interested in reducing stimulant use





SSP Survey - Local Implementation

- Partner with UW ADAI in developing relevant questions
- Implement surveying with staff and volunteers during SSP
- Review statewide data to provide context for further analyses and report writing
- Receive a copy of the local data as well as a summary of the local data
- ADAI refers requests for local data to local SSP's



Uses of Local SSP Data

- Data are used for program planning, other local planning and provider, community, policy maker and media education
 - e.g. 2015 very low insurance rates compared to state average, insight internally
 - e.g. helps local SSP managers move beyond anecdotal evidence and helps them provide firmer footing when seeking funding, getting community support, etc.
- Data collection seems overwhelming- once you get process, becomes part of your routine, participants come to expect it. How explain value to clients?



Discussion

SSP survey is an example of collecting data to:

- Give voice to people with a stigmatized health condition
- Provide invaluable insights into peoples' lives
- Inform program/agency planning
- Inform local policy
- Inform state policy and funding



Poll Questions



Introducing the Regional Breakouts



Regional Breakouts

- Provide an opportunity to learn more about who is living and working in your region
- Build and strengthen partnerships and networks to better serve all community members
- Fill gaps, extend and share resources
- Create action steps



Regional Breakouts

- Name and organization
- What excites you about the gathering today?
- What are some gaps you see in serving people who use drugs in our community?
- What are some ideas you have for building/strengthening local partnerships and networks?
 - What do you need to make these things happen?
- Why are you here today?

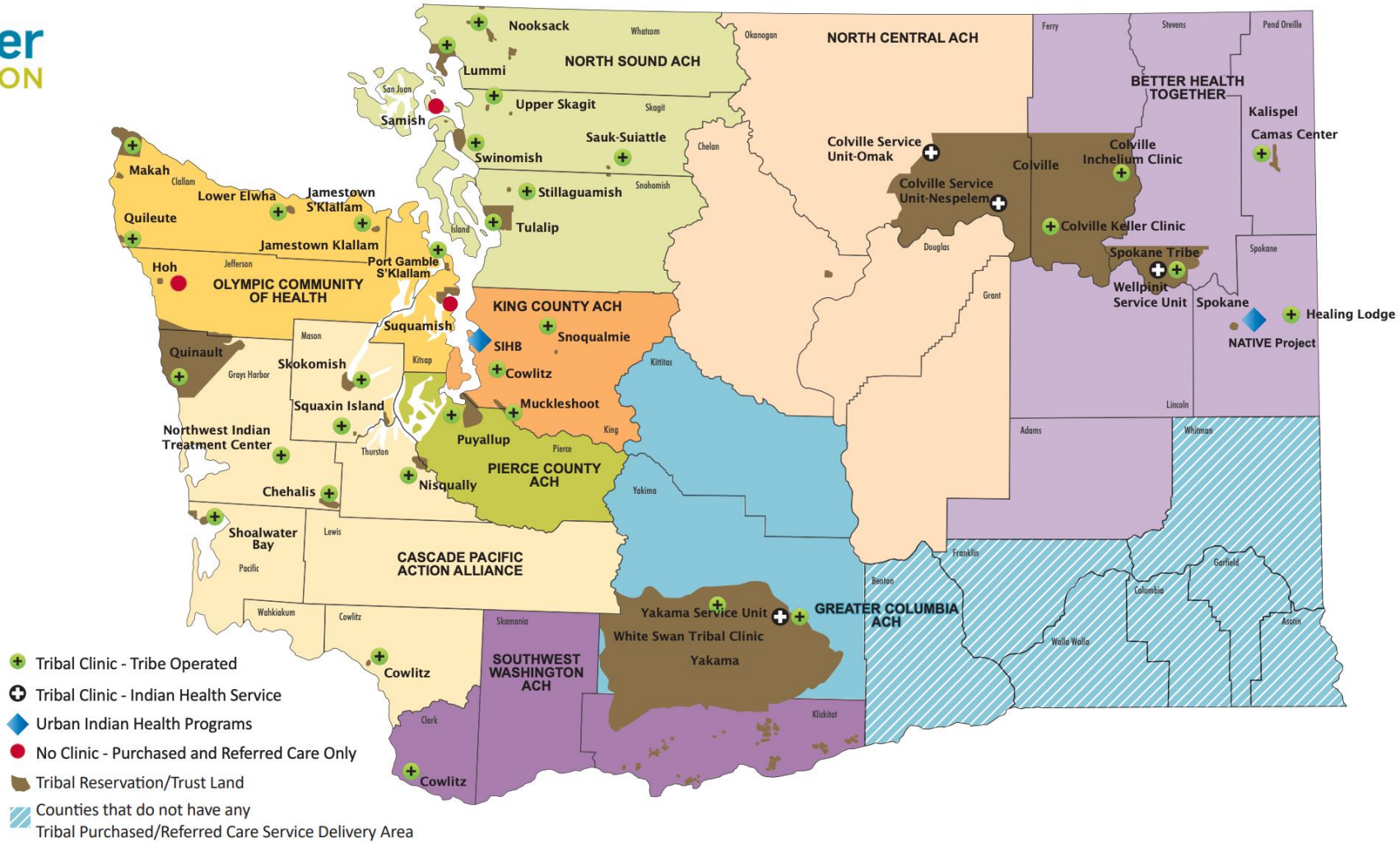


Regions by Counties

- **AIAN** – statewide
- **Olympic** – Clallam, Jefferson, and Kitsap
- **CPAA** – Grays Harbor, Mason, Thurston, Pacific, Lewis, Cowlitz, and Wahkiakum
- **King/Healthier Here** - King
- **North Sound** – Whatcom, Skagit, Snohomish, Island, and San Juan
- **Southwest** – Clark, Skamania, and Klickitat counties
- **Greater Columbia** – Kittitas, Yakima, Franklin, Walla Walla, Columbia, Garfield, Asotin, Whitman, and Benton
- **Better Health Together** – Ferry, Stevens, Pend Oreille, Lincoln, Spokane, and Adams
- **North Central** – Okanagan, Chelan, Grant, and Douglas
- **Pierce/Elevate Health** – Pierce



WA State Tribes & Tribal Health Clinics





Regional Breakouts

Find your Breakout Group:

<https://adai.uw.edu/toc-breakouts>



Day 1 Wrap Up



Moving Forward

- **ToC is a process**
- **Unique focus working from the “ground up”**
- **Today:**
 - Community guidance into the planning
 - Creating safer spaces with our language
 - Diverse participation and contribution
 - Guidance from people with lived experience – courageous narratives
 - SSP survey – relevant data and collaborative process
 - Opportunity for building and strengthening regional partnerships and networks



Next Steps

Day 2 will be July 7, 9:00am-12:30pm

- We will invite you to respond to an evaluation survey to inform the focus of the second day of the summit
- Like today, the first 2 hours will be a statewide gathering
- The last hour will be another opportunity for a deeper dive into building and strengthening regional partnerships and networks
- The evaluation survey will also ask if/how you want the regional gatherings to continue

Transforming Our Communities

Health, Equity, and Justice for People Who Use Drugs

Thank you!



2020 Virtual Conference | Part 1

ADAI

ALCOHOL &
DRUG ABUSE
INSTITUTE