

# 2023 NACo LEGISLATIVE CONFERENCE

Paving a Path through the Overdose Epidemic: Enhancing Health and  
Safety through Harm Reduction

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Sunday, February 12, 2023: 3:30-4:45pm



**NSI STRATEGIES**

Consulting Support for  
Integrated Healthcare Environments





# Greetings!

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# Learning Objectives and Goals

By the end of this workshop, attendees will:

- Learn how harm reduction services operate in three counties.
- Evaluate the role of harm reduction in achieving an effective system of care for people with substance use disorders.
- Discuss how county leaders can advance evidence-based policies and the availability of harm reduction services in their home jurisdictions.

## Paving a Path through the Overdose Epidemic





# The Path that got us here

- Crisis-oriented
- Professionally-directed
- Acute-care approach
- Discrete treatment episodes
- Limited options

**Insanity:**  
Doing the same thing  
over and over again  
and expecting  
different results.

# Harm Reduction and the Pavers of a New Path

- Evidence-based Care like MOUD/MAT
- ROSC – Recovery Oriented Systems of Care
- TIC – Trauma Informed Care
- Measurement-based Care – Abstinence is overrated as an indicator - doesn't tell the story
- SBIRT

# SUD Treatment Continuum of Care

## Enhancing Health

- Promoting optimum physical and mental health and wellbeing through health communications and access to health care services, income and economic security and workplace certainty

## Primary Prevention

- Addressing individual and environmental risk factors for substance use through evidence-based programs, policies and strategies

## Early Intervention

- Screening and detecting substance use problems at an early stage and providing brief intervention, as needed, and other harm reduction activities

## Treatment

- Intervening through medication, counseling and other supportive services to eliminate symptoms and achieve and maintain sobriety, physical, spiritual and mental health and maximum functional ability

## Recovery Support

- Removing barriers and providing supports to aid the long-term recovery process. Includes a range of social, educational, legal and other services that facilitate recovery, wellness and improved quality of life



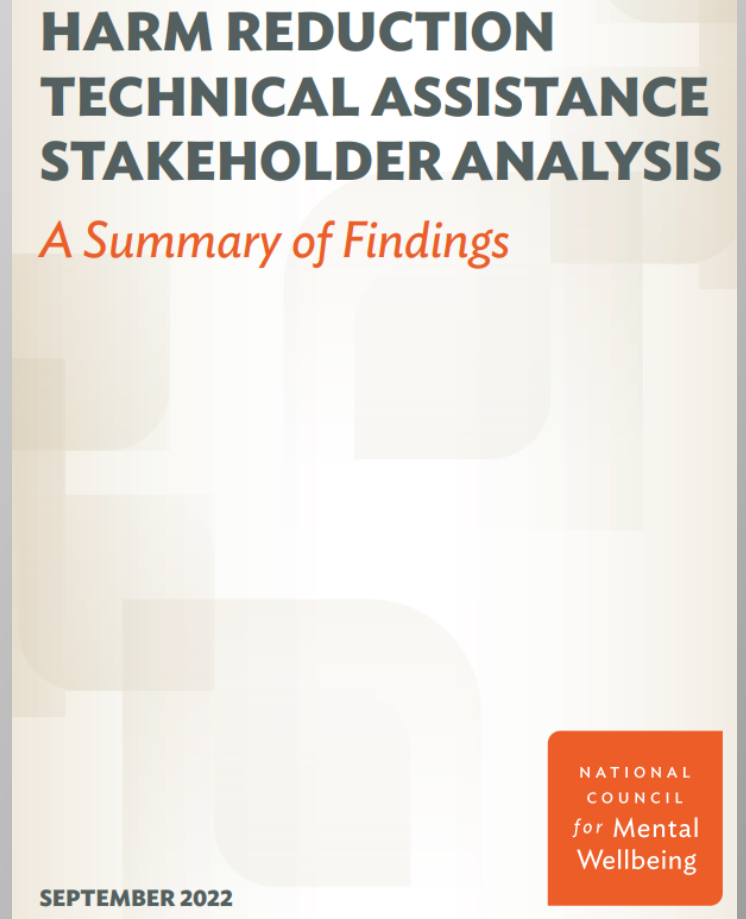
[www.TheNationalCouncil.org](http://www.TheNationalCouncil.org)

NATIONAL  
COUNCIL  
for Mental  
Wellbeing

U.S. Department of Health and Human Services (HHS), Office of the Surgeon General. (2016, November). Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health.

Harm reduction includes **evidence-based practices and services** that result in the reduction of overdose deaths, life-threatening infections related to substance use, and chronic diseases such as HIV and hepatitis, among others.

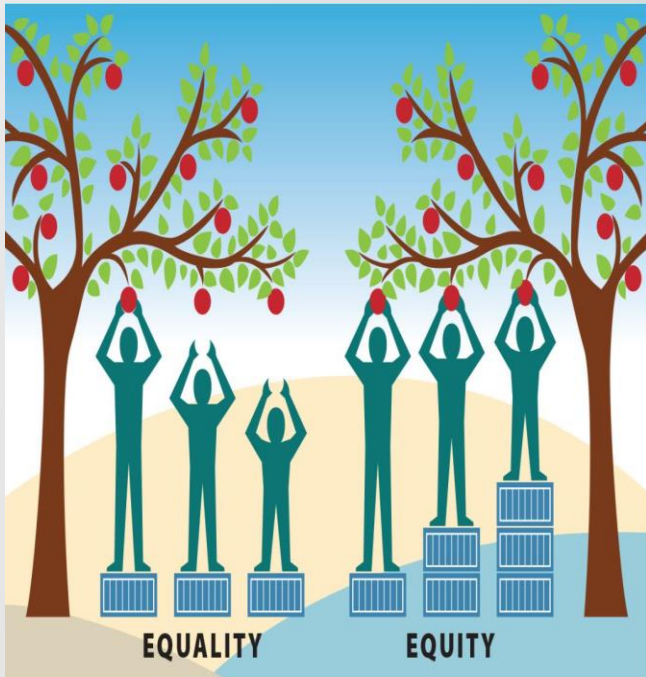
Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of PWUD (National Harm Reduction Coalition, 2020; SAMHSA, 2022).





# Harm Reduction is...

## Health Equity



## Health Engagement



Spoiler Alert! It's also not new to healthcare and wellness.

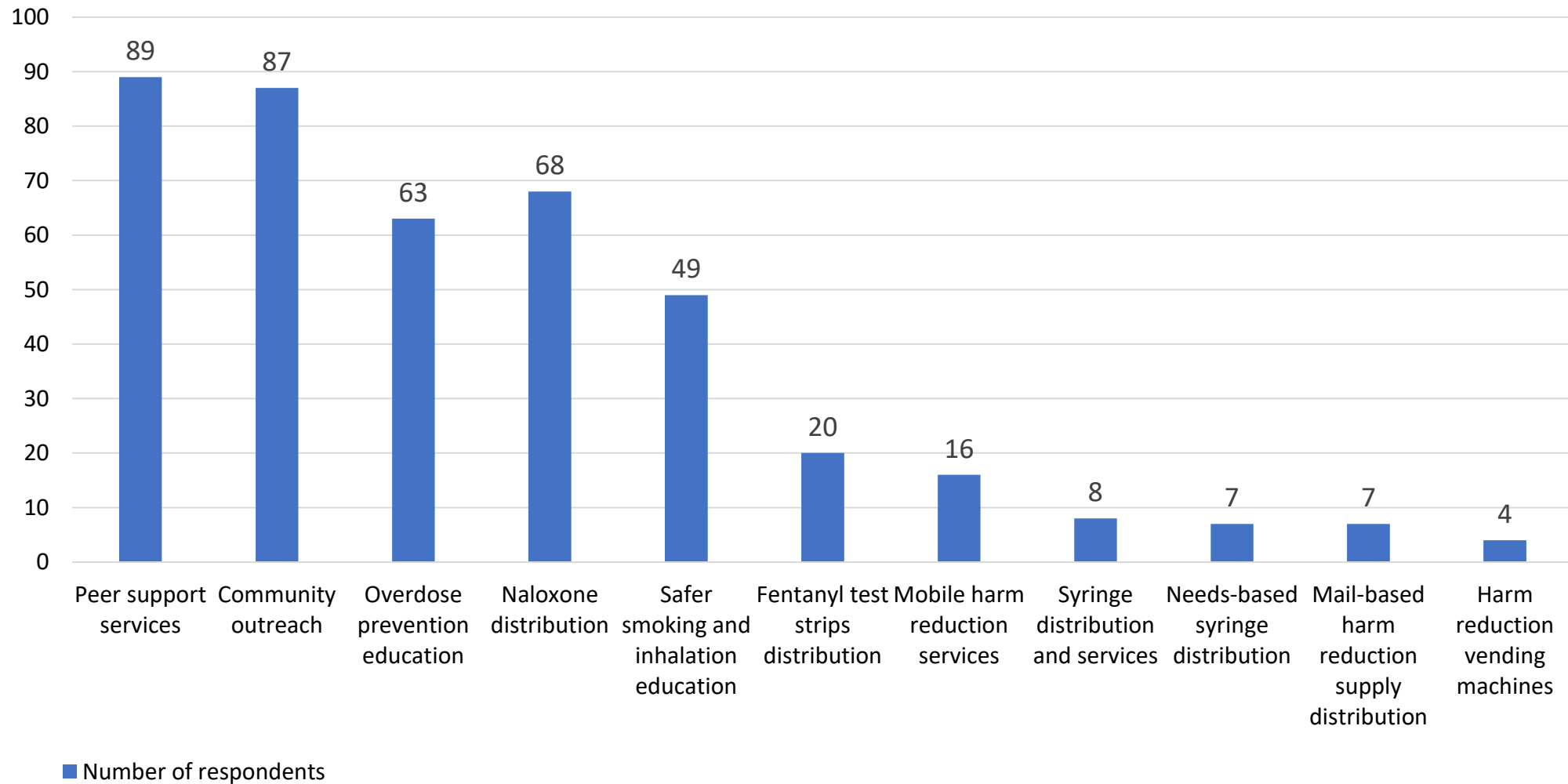
# Addiction Is Not an All or Nothing Issue

**Simplified views of addiction can harm public health efforts and increase stigma**

- A SUD is a chronic medical condition, characterized by obsessive drug seeking, that causes structural and functional changes in the brain.
- Brain changes impair one's ability to make rational and consistent choices despite negative consequences.
- A SUD **does not** eradicate free will; people with SUDs can and do exert self control. *However*, this control is often opposed by **overpowering** impulses.



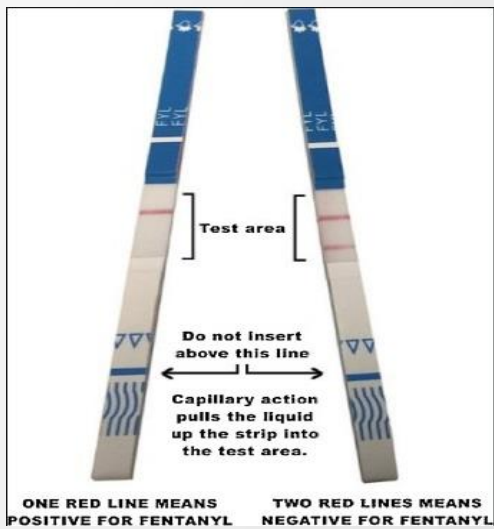
# Macro level Harm Reduction Services Offered



# Macro Level Harm Reduction

- A social justice movement built on practical strategies aimed at *reducing* negative ***consequences*** of behaviors.
- Focuses on prevention of harm, not prevention of behaviors.
- Aims to “meet people where they are at” AND does not leave them there.
- Does not attempt to minimize or ignore the real harm and danger associated with drug use.
- Supports any positive change and it doesn’t require change.





- Drug Checking Strips
- Syringe Service Programs (SSPs)s
- Supervised Consumption Sites (SCSs)
- Sobering Centers & Sedation Observation Programs



*"SPOT" at BHCHP*



# Mezzo Level Harm Reduction: Policy Considerations

- Same day buprenorphine starts/Starting medication prior to completion of intake and intake labs.
- “Allowing” patients to do home-initiations with telephone follow up.
- Eliminating counseling requirements prior to medication initiation.
- Evening or off-hours appointment availability/Walk-in availability.

# Harm Reduction Strategies for Opioid Use Disorder (OUD)

- **Infection Prevention**

- Safer injection techniques
- Clean supplies
- Sharing of equipment
- Hygiene

- **Overdose Prevention**

- Avoid mixing substances
- Review increased risks of overdose or cardiac event
- Never use alone
- Assess potency



# Micro Level Harm Reduction

## Harm Reduction:

- Is dynamic and not just one thing.
- Is both a philosophy and a skillset.
- Involves the belief that any interaction can be the starting point of someone's recovery.
- **Seeks to engage a person into treatment at a level they are comfortable pursuing.**
- "Compassionate Pragmatism"
  - Support not Punish – "despite harmful consequences"
  - Authoritarian – "surrender" I know what you need and how you need to do it
  - Prescriptive – Pre-Determined treatment plan

**Harm reduction  
is strengths-  
based  
and client-  
centered.**

# Harm Reduction Impact

## NALOXONE ACCESS SAVES LIVES

- Between 1996 and 2014, **SSPs** across the United States distributed more than 150,000 naloxone kits, resulting in **tens of thousands of opioid overdose reversals** by *community members*.



## SYRINGE SERVICE PROGRAMS...

- Prevent Overdose, Disease
- Reduce Crime (and litter!)
- Link people to Substance Use Disorder Treatment
- Reduce Substance Use:
  - 4 in 5 SSP participants are interested in reducing or ceasing their substance use
  - **twice as likely to reduce** the frequency of their substance use and more than **three times as likely to stop** using substances entirely compared to those who do not

Source: <https://www.naco.org/resources/opioid-solutions/approved-strategies>

# Paving the Path with Resilience

1. **Integration:** A need exists for **mental health and SUD treatment organizations** to increase their adoption of harm reduction services and to establish partnerships with community-based harm reduction organizations.
2. **Resources:** Challenges include funding, staff capacity, and policies and laws;  
❖ however facilitators also exist, including leadership and staff support, peer support workers and people with lived experience, and support from local and state health departments.
3. **Motivation:** An opportunity exists to expand harm reduction-related technical assistance to mental health and SUD treatment organizations, and there is high interest in receiving technical assistance.
4. **Stigma and Discrimination**

Source: <https://www.thenationalcouncil.org/resources/harm-reduction-stakeholder-analysis-a-summary-of-findings/>



# National Harm Reduction Technical Assistance Center

## NATIONAL HARM REDUCTION TECHNICAL ASSISTANCE CENTER

The National Harm Reduction Technical Assistance Center (NHRTAC) provides free help to anyone in the country providing (or planning to provide) harm reduction services to their community. This may include syringe services programs, health departments, programs providing treatment for substance use disorder, as well as prevention and recovery programs.

Offering harm reduction services is an effective approach for preventing overdose, the spread of infectious disease, and other harms resulting from drug use. The goal of NHRTAC is to improve the capacity and performance of harm reduction programs throughout the United States by ensuring access to high-quality, comprehensive technical assistance.

Programs implementing harm reduction services and other activities in support of the health and wellness of people who use drugs, should have easy access to resources and help. This TA Center will connect harm reduction programs to resources and experts that can help programs better serve their communities.

CDC established and expanded the NHRTAC in collaboration with SAMHSA to ensure comprehensive support of the integration of harm reduction strategies and principles across diverse community settings and within a treatment framework.

### Frequently Asked Questions (FAQs)

Browse FAQs related to the National Harm Reduction Technical Assistance Center or browse resources by topic below.

### Browse Resources By Topic

HARM REDUCTION PROGRAM  
BASICS & GETTING STARTED

HARM REDUCTION PROGRAM  
DEVELOPMENT, PLANNING, &  
SUSTAINABILITY

HARM REDUCTION PROGRAM  
DATA & EVALUATION

[Get Help Now](#)

REQUEST ASSISTANCE

**Disclaimer:** The information collected through this site will be used to access and respond to your questions and needs. No personal, or identifying, information will be shared to any parties not directly involved in the provision of technical assistance.

### Meet the Technical Assistance Providers

#### NASTAD

A non-profit representing public health officials who administer HIV and hepatitis programs, including harm reduction services

#### NHRC

A nationwide advocate and ally for people who use drugs that works to bring harm reduction strategies to scale

#### University of Washington

UW and NYU collaboration with harm reduction expertise in data collection, analysis, and monitoring and evaluation for SSPs

#### Prevention Institute

Supports approaches to strengthen community assets and resources to prevent substance misuse and support long-term recovery

#### National Council for Mental Wellbeing

Builds the capacity of mental health and substance use treatment organizations

# Opioid Response Network



Opioid  
Response  
Network  
STR-TA/SOR-TA

Education  
and Training  
Start Here.

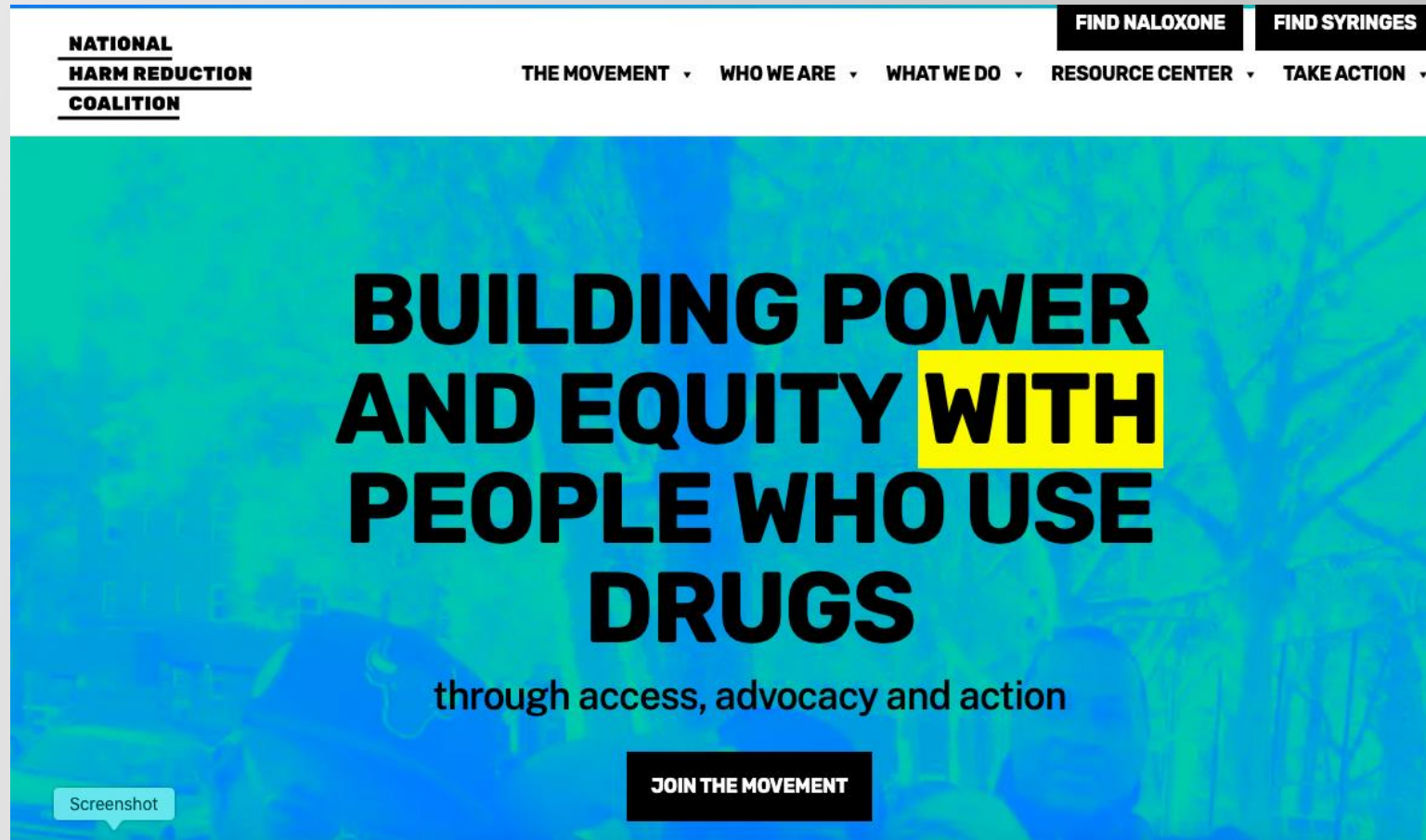


## Opioid Response Network: TA Requests

[https://docs.google.com/forms/d/e/1FAIpQLSc0a0KaxUDq01LGK8YhS6fVmW\\_YHjF84ZpoCiu9\\_czrz3xmw/viewform](https://docs.google.com/forms/d/e/1FAIpQLSc0a0KaxUDq01LGK8YhS6fVmW_YHjF84ZpoCiu9_czrz3xmw/viewform)

# Resource:

## Harm Reduction Coalition





# STRATEGY BRIEFS



## Medication-Assisted Treatment ("MAT") For Opioid Use Disorder

A NACo Opioid Solutions Strategy Brief: CORE STRATEGY

### What is medication-assisted treatment ("MAT") for opioid use disorder?

The Food and Drug Administration (FDA) has approved three medications that safely and effectively treat opioid use disorder (OUD) to improve the health and wellbeing of people living with OUD. MAT is defined by on-going, long-term treatment with one of these three medications.

"Medication-assisted treatment works. The evidence on this is voluminous and ever growing... [F]ailing to offer MAT is like trying to treat an infection without antibiotics."<sup>10</sup>  
— Alex Azar II,  
Secretary of the U.S.  
Department of Health and  
Human Services, 2018-2021<sup>11</sup>

### How does MAT with medications for opioid use disorder (MOUD) work?

OUD is characterized by continued opioid use—or feeling incapable of controlling one's opioid use—despite negative consequences such as injury, illness, fractured relationships, arrest or incarceration.

Opioid cravings can pose challenges to people who want to stop or reduce their opioid use. When they do stop, people with OUD may experience withdrawal symptoms, including vomiting, diarrhea, fever, muscle aches, tremors, insomnia, anxiety or depression. Fear and avoidance are normal responses to withdrawal experiences and can be an obstacle for people who want to use less or stop using entirely. The FDA has approved three medications for treating OUD: methadone, buprenorphine and naltrexone. Methadone and buprenorphine work by reducing cravings and preventing withdrawal. Naltrexone works by blocking the effects of opioids in the body.

MOUD can help people living with OUD prevent overdose, achieve abstinence and "feel normal" again. Scan the QR code to hear Chase's story.



## Syringe Services Programs

A NACo Opioid Solutions Strategy Brief: CORE STRATEGY

### What are syringe services programs?

"High-quality syringe services programs can prevent the spread of disease, save lives, and connect people to other health services, including treatment for substance use disorder."

—Dr. Rahul Gupta, Director of the Office of National Drug Control Policy<sup>1</sup>

Syringe Services Programs (SSPs) provide low-barrier access to sterile supplies for safer substance use, naloxone and overdose prevention tools like fentanyl test strips and drug checking services. SSPs also provide a range of other services, such as options for safe syringe disposal, overdose recognition and response training and help accessing services for HIV, substance use disorders and more.<sup>12</sup>

Community-based SSPs are often led by people with lived experience of substance use who are committed to a harm reduction philosophy and foster a non-judgmental environment for people who are seeking support for their substance use but face discrimination, financial barriers or other challenges when interfacing with other healthcare institutions.<sup>1</sup>

### What evidence supports SSPs as a public health strategy?

**SSPs PREVENT OVERDOSE** SSPs are very effective at providing low barrier access to evidence-based overdose prevention tools, like naloxone<sup>13</sup> and fentanyl test strips.<sup>14</sup> SSPs are also very effective at linking people to medication for opioid use disorder (MOUD), which reduces the risk of overdose.<sup>15</sup>



The evidence that SSPs prevent overdose is so great that the CDC has endorsed SSPs as one of the most effective, scientifically proven overdose prevention strategies.<sup>2</sup>



## Treatment and Recovery for Pregnant and Parenting People

A NACo Opioid Solutions Strategy Brief: CORE STRATEGY

### What is effective treatment for opioid use disorder for pregnant and parenting people?

"Rather than discouraging discussions of drug use during pregnancy, we should be looking upon them as an opportunity to bring about positive, long-lasting change in the life of the [parent] and child, through effective treatment and support services."

—Loretta Finnegan MD<sup>1</sup>

During pregnancy, the evidence-based standard of care for opioid use disorder (OUD) is treatment with methadone or buprenorphine. These medications for opioid use disorder (MOUD) are safe to use during pregnancy and recommended by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA)<sup>2</sup> the American Society for Addiction Medicine (ASAM)<sup>3</sup> and the American College of Obstetricians and Gynecologists (ACOG).<sup>4</sup>

Even though MOUD is the standard of care, many pregnant and parenting people cannot access MOUD through existing healthcare infrastructures.<sup>14</sup> In addition, pregnant and parenting people with OUD may avoid the healthcare system out of justified concerns about child welfare involvement and the risk of losing their children.<sup>2,16</sup> Child removal associated with a greater risk of accidental overdose for the birth parent<sup>2</sup> and entry into the foster system is associated with worse outcomes for the child.<sup>17</sup> Effective treatment for pregnant and parenting people means expanding access to MOUD and adopting a family-centered approach that prioritizes keeping families together.<sup>11,18</sup>

Scan the QR code to watch a short video about Eat, Sleep, Console: a family-centered program for parents and newborns affected by substance use.



## Effective Treatment For Opioid Use Disorder For Incarcerated Populations

A NACo Opioid Solutions Strategy Brief: CORE STRATEGY

### What is effective treatment for opioid use disorder for people who are incarcerated?

"Individuals who are incarcerated are a vulnerable population and withholding evidence-based opioid use disorder treatment increases risk of death during detainment and upon release."<sup>19</sup>  
—American Society for  
Addiction Medicine<sup>20</sup>

Medication-assisted treatment (MAT) is considered the "gold standard" of care for opioid use disorder (OUD).<sup>13</sup> The FDA has approved three medications for treating OUD (MOUD): methadone, buprenorphine and naltrexone.

The American Society for Addiction Medicine (ASAM) and the National Commission on Correctional Health Care (NCHC) fully endorse treatment with MOUD in all criminal justice settings.<sup>14</sup>

Evidence-based OUD treatment for persons who are incarcerated consists of:

- Offering MOUD treatment initiation for those with OUD who were not receiving it prior to incarceration;
- Continuing treatment with MOUD for those who were receiving it prior to incarceration;
- Continuing MOUD treatment for the duration of incarceration (unless the patient requests to stop); and
- Working to prevent interruptions to MOUD treatment during intake, transfer or release.<sup>5</sup>

Treatment with MOUD can be combined with cognitive or behavioral therapy, psychiatric care or other forms of psychosocial support. Still, treatment with MOUD should be provided even in settings where these services are not available.<sup>4</sup>



"No justification exists for denying access to [MOUD] because psychosocial services are unavailable or individuals are unwilling to avail themselves of those services."

—U.S. Substance Abuse and Mental Health Services Administration<sup>4</sup>

Source: <https://www.naco.org/resources/opioid-solutions/approved-strategies>

# Resources

- [National Council Harm Reduction Resources](#)
- [Supporting Telehealth and Technology-assisted Services for People Who Use Drugs: A Resource Guide](#)
- [Harm Reduction Stakeholder Analysis: A Summary of Findings](#)
- [Medication-assisted Treatment for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit](#)
- [Deflection and Pre-arrest Diversion Tools and Resources](#)
- [Training and Educating Public Safety to Prevent Overdose Among BIPOC Communities](#)
- [Overdose Prevention and Response in Community Corrections](#)
- [Guidance on Handling the Increasing Prevalence of Drugs Adulterated or Laced with Fentanyl](#)
- [COVID-19 Pandemic Impact on Harm Reduction Services: An Environmental Scan](#)
- [Providing Harm Reduction Services in Native Communities](#)

# Resources

- [Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States](#) (CDC)
- [Harm Reduction Technical Assistance Center](#) (CDC)
- [National Harm Reduction Coalition](#)
- [NASTAD](#) (National Alliance of State and Territorial AIDS Directors)
- [NEXT Distro](#)
- [Harm Reduction Legal Project](#) (Network for Public Health Law)

## [\*\*Andrew Tatarsky\*\*](#) [September/October 2019](#)

- <https://www.psychotherapynetworker.org/magazine/article/2395/the-challenge-of-harm-reduction/eb92ce6f-b742-4205-93dc-6751391f17b1/oim?fbclid=IwAR2o7CeN6>





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## TONIGHT

NACo Conference-wide  
Football Watch Party  
6:00 pm to 10:00 pm  
International Ballroom  
Concourse Level

## TOMORROW

NACo Summit on Mental  
Health Solutions  
2:30 pm to 4:45 pm  
Columbia 5 & 7  
Terrace Level

# Thank you!

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