



# ANTHC Clinical ECHO Series

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ANTHC is accredited by the Washington State Medical Association to provide continuing medical education for physicians.


ANTHC is approved as a provider of nursing continuing professional development by the Montana Nurses Association, an accredited approver with distinction by the American Nurses Credentialing Center's Commission on Accreditation.

AKPhA is accredited by the Accreditation Council for Pharmacy Education as a provider of Continuing Pharmacy Education.

## Contact Hours:

ANTHC designates this Live/Virtual Activity for a maximum of 12 AMA PRA Category 1 Credit(s)™ for the entire series, provided in 1 credit/session certificates. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

ANTHC designates this activity as meeting the criteria for one nursing contact hour credit for each hour of participation up to a maximum of 12 hour(s) for the entire series, provided in 1 contact hour certificates/session attended.

 The Alaska Pharmacists Association (AKPhA) is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. Through a Joint Providership, ANTHC and AKPhA designates this pharmacist activity for a maximum of 1 hours(s) per session. To receive CE credit, participants must be included in attendance record of facilitator/virtual format moderator with the NABP e-profile number including MM/DD birthdate, and complete the evaluation or post session survey. CPE credit will be posted to the online CPE Monitor System within 60 days of activity completion. CPE credit is offered at no charge to ANTHC/SCF employees and AKPhA members. Fees may apply to participants not affiliated with either organization.

Approved for 1 CHAP CE

## Conflict of Interest Disclosures:

None of the presenters and planners for this educational activity have any relevant relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

## Requirements for Successful Completion:

To receive CE credit be sure you are included in attendance record as directed by the facilitator/session moderator, and complete the course evaluation or post session survey via this link: <https://forms.gle/QhwCeGTf4zLNwpBX7>

For more information contact Jennifer Fielder at [jfielder@anthc.org](mailto:jfielder@anthc.org) or (907) 729-1387

# Conflict of Interest Disclosure

- ▶ No COI's to disclose

# Objectives

- ▶ Participants will be able to describe the key principles of harm reduction
- ▶ Participants will be able to list three resources available around harm reduction in Alaska



Annette Hubbard, BHA  
Outreach Coordinator  
Harm Reduction Advocate  
MAT Case Manager

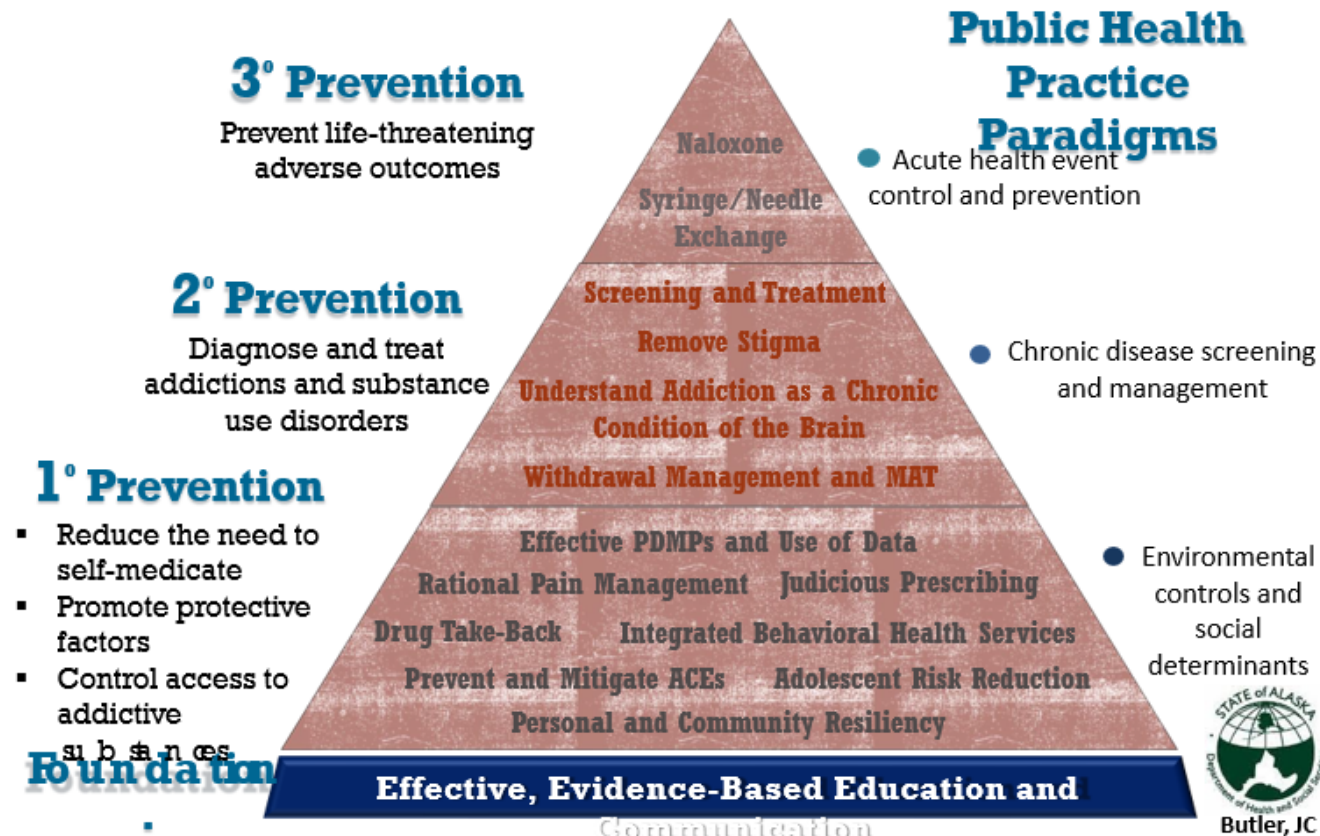
**“People don't care how much  
you know until they know  
how much you care”**

**-Theodore Roosevelt**

# Prevention

## Conceptual Framework

### PUBLIC HEALTH APPROACHES TO PREVENTING OPIOID MISUSE AND ADDICTION



# What is Harm Reduction?

- ▶ A harm reduction approach acknowledges that there is no **ultimate solution** to the problem of drugs in society, and that many different interventions may work. Those interventions should be based on science, compassion, health and human rights.

- ▶ Examples:

- ▶ Syringe Access Programs
- ▶ MAT Programs
- ▶ PrEP
- ▶ Talking with people who use substances about their use
- ▶ Providing wound care kits
- ▶ Overdose prevention and post-vention
- ▶ Case Management/Outreach
- ▶ Apps

# Goals of Harm Reduction

- ▶ To save lives: prevent the spread of HIV/HCV and other communicable diseases.
- ▶ To save money: prevention of HIV/HCV, overdose reversal medication is accessible, medical services are often available as well as other social services
- ▶ To promote public safety: collect and properly dispose of used syringes
- ▶ Dignity and well-being: we reject discrimination and scapegoating of people who use drugs and instead work to build communities where individuals are valued and have the opportunity for any positive change.

\*\* Injection Drug Users Health Alliance  
in New York



# Is Harm Reduction enabling?

No

People are already engaging in high risk behaviors such as: sex without condoms, driving fast, using drugs.

Yes

- Keep themselves safer while they engage in behaviors that can be harmful
- Reduce HIV & hepatitis C transmission
- Be honest about their drug use or behavior
- See their own strengths and what they can do... and be successful

# Harm Reduction Therapy

Harm Reduction Therapy works because it is:

**Individualized:** Each individual's relationship with drugs and alcohol is different -substance misuse develops from a unique interaction of biological, psychological, and social factors. We understand that people use drugs for a variety of reasons, and we work hard to help each client understand their own motivations.

**Client directed:** We empower clients to prioritize which problems they want to address and to set treatment goals. We do not insist on particular outcomes, and research tells us that when clients select their own goals, success is much more likely. And one success leads to another!

**Respectful and compassionate:** We are committed to developing a deep understanding of our clients and helping create positive outcomes for them.

**Non-dogmatic:** We do not ask that our clients adopt labels such as “alcoholic or addict”, or to believe that they have a disease, in order to change or quit substance use.

“I have seen people use toilet water to shoot dope. I have watched needles fall into public toilets, then be used again. I have used a needle 3-4 times. The Exchange has enabled me to get Hep C testing, get access to supplies, obtain Narcan and access other services.”

-someone who eventually got into a MAT program thru going to the Exchange

# Syringe Access Programs

Syringe access programs (SAPs) distribute clean injection equipment (syringes, cotton filters, alcohol wipes, disposable cookers and sterile water) to people who use IV drugs, help patients safely dispose of used syringes and offer free HIV/Hep C testing, Narcan kits and information about treatment services. In fact, clients that use SAPs are much more likely to seek SUD treatment services. SAPs have been shown to be highly cost-effective way to reduce the spread of viral infections, and they have been shown to not increase drug usage.

<https://www.cdc.gov/hiv/pdf/risk/cdchiv-fs-syringe-services.pdf> If a patient is using IV drugs, they should be provided with information about safer injection practices and connected to resources to access clean injection equipment. **In Alaska, syringe access programs currently operate in Anchorage, Fairbanks, Juneau and Homer.** The state of Alaska has no laws prohibiting SAPs, nor does it have any laws criminalizing drug paraphernalia, although local ordinances may vary.

# SSP Supplies



Sterifilt



## What's in a needle exchange kit and why?

Syringe-exchange programs geared to intravenous drug users aren't always restricted to needles. Sometimes cookers and other items are handed out as well, also in the name of preventing the spread of disease. The Utah Harm Reduction Coalition aims to launch a syringe-exchange program in Ogden. Here's a look at some of the items they have typically handed out in programs elsewhere:



### Syringes:

Sharing needles can lead to the spread of Hepatitis C and the HIV virus and program proponents aim to stem that by distribution of clean syringes.



**Alcohol swabs:**  
Used to clean area of injection.



### Cooker:

Intravenous drug users heat drugs in these containers, typically with water.

### Tourniquet:



Tied around biceps, they help cause veins to pop out, allowing drug users to find injection points. Without them, users sometimes repeatedly jab themselves with syringes while searching for an injection spot, causing harm to themselves.

### Cotton:

When drawing drugs into a syringe, users typically use small cotton balls to filter out small, hard substances. Users sometimes share cotton, potentially leading to the spread of disease.



**Twist tie:** Used to wrap around and hold a cooker as it's heating.



# Write the RX

- ▶ **Pharmacy distribution:** “Many argue that pharmacies are an important but under-utilized resource in preventing the transmission of HIV and other blood-borne infections among people who inject drugs. Pharmacists are some of the most accessible healthcare professionals and are in an ideal position to reach this group who are often socially marginalized and wish to remain anonymous”
- ▶ By Alaska state law, a prescription is required to purchase syringes at a pharmacy (includes mail order), however, a pharmacist may dispense syringes at their discretion without a prescription. Unfortunately, some pharmacies require patients to sign logbook, and this lack of anonymity can discourage use. Pharmacies that do sell syringes may limit the number a patient can purchase, and patients living in remote areas may not have access to a pharmacy. If you have a pharmacist in your area, talk with them about allowing patients to purchase syringes anonymously there.

**An example of a prescription for syringes:**

*Diabetic syringes*

***29g, 1/2in or 31g, 5/16in -AKA***

***“shorts” (ask patient which they prefer)***

***1/2 or 1 cc (ask patient which they prefer, 1/2 cc is more common)***

***Dispense #\_\_ boxes of 100 syringes***

***Refill PRN***

# For people who Smoke “non-Injection Users”

## Rubber Tips



Sugar Free Gum-  
to prevent tooth  
decay.



“Chore Boy”  
Chore Boy is used  
inside a crack  
pipe to hold the  
crack ‘rock’ in  
place.



# Legalities

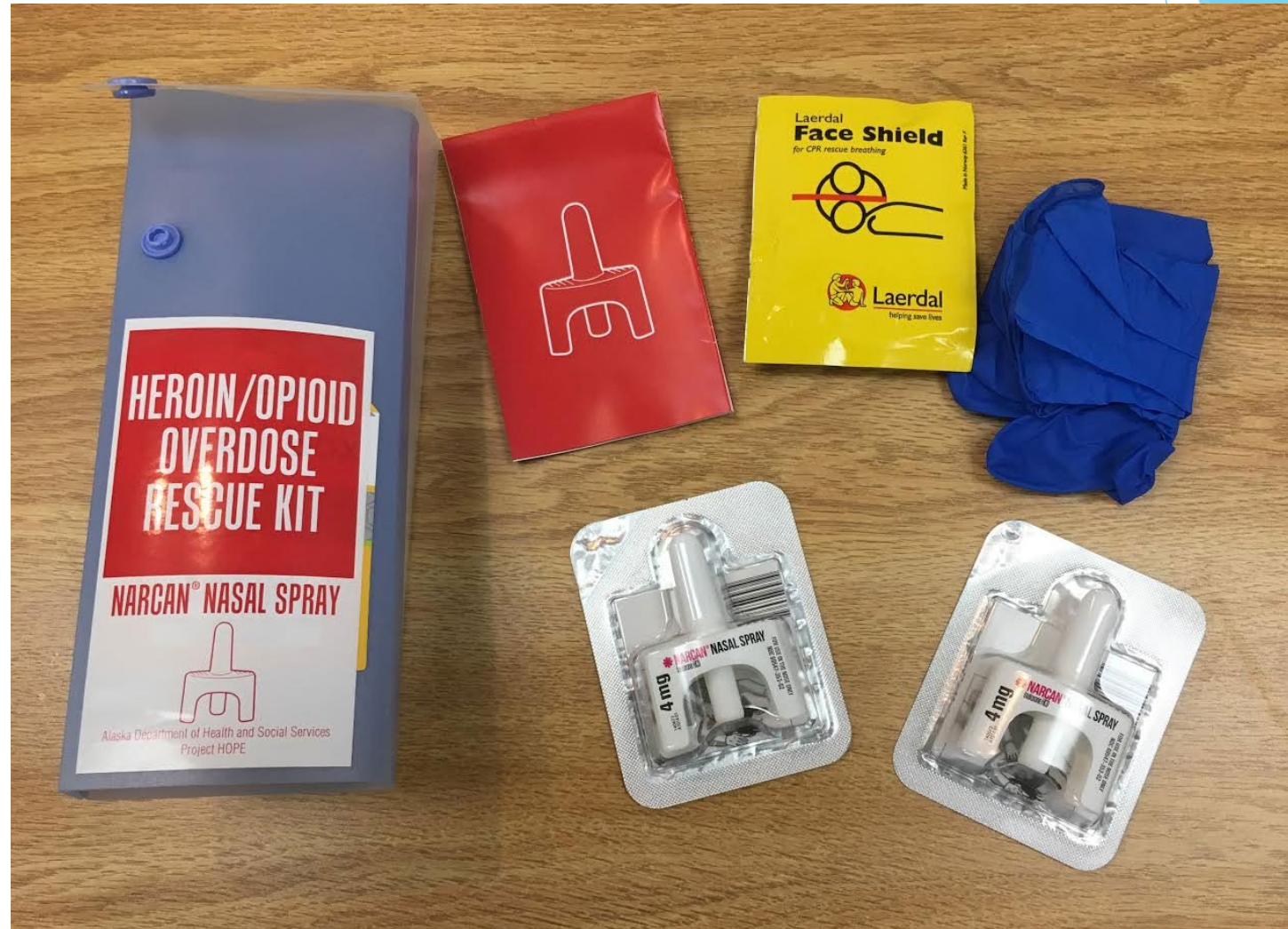
In 2016 Congress lifted the use on using federal funds for syringe access programs. While you are not able to pay for **syringes** with federal money, you are able to pay employees, rent, transportation, outreach activities, counseling and other misc. expenses with federal funds.

# Project Hope

- ▶ Organizations eligible to apply to distribute Narcan® as a partner in Project HOPE may include, but are not limited to: public health centers, law enforcement agencies, fire departments, community and faith-based organizations, social service agencies, substance use treatment programs, shelters and transitional housing agencies.
- ▶ Every patient who receives a prescription for opioids, a new MAT patient, a family member or someone who knows someone who knows uses opioids **should be provided a Narcan® kit.**
- ▶ The best way to make Narcan® kits available- hand them out to people who use. They can be the best first responders.

If you have questions about Project HOPE, or would like to learn more about offering kits, email: [ProjectHOPE@alaska.gov](mailto:ProjectHOPE@alaska.gov).

# Overdose response training and distribution of naloxone kits



# Write the RX

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*Diabetic syringes*

***29g, 1/2in or 31g, 5/16in -AKA***

***“shorts” (ask patient which they prefer)***

***1/2 or 1 cc (ask patient which they prefer, 1/2 cc is more common)***

***Dispense #\_\_ boxes of 100 syringes***

***Refill PRN***

# Barriers to Syringe Access

- ▶ Paraphernalia laws
- ▶ Negative public perception
- ▶ Lacking experience to develop protocols
- ▶ Finding a location
- ▶ \$\$ funding \$\$
- ▶ Syringe disposal
- ▶ **Participants don't know what day of the week it is, so they miss it**

## Other ways for access

- ▶ Have access to sterile injection supplies at local clinics
- ▶ Peer distributed syringes
- ▶ A provider may choose to purchase some syringes in bulk to distribute to patients in need at their clinic. The cost of syringes purchased through non-profit buyers club can be significantly lower than retail, as little as \$35 per case of 500.



# Legalities

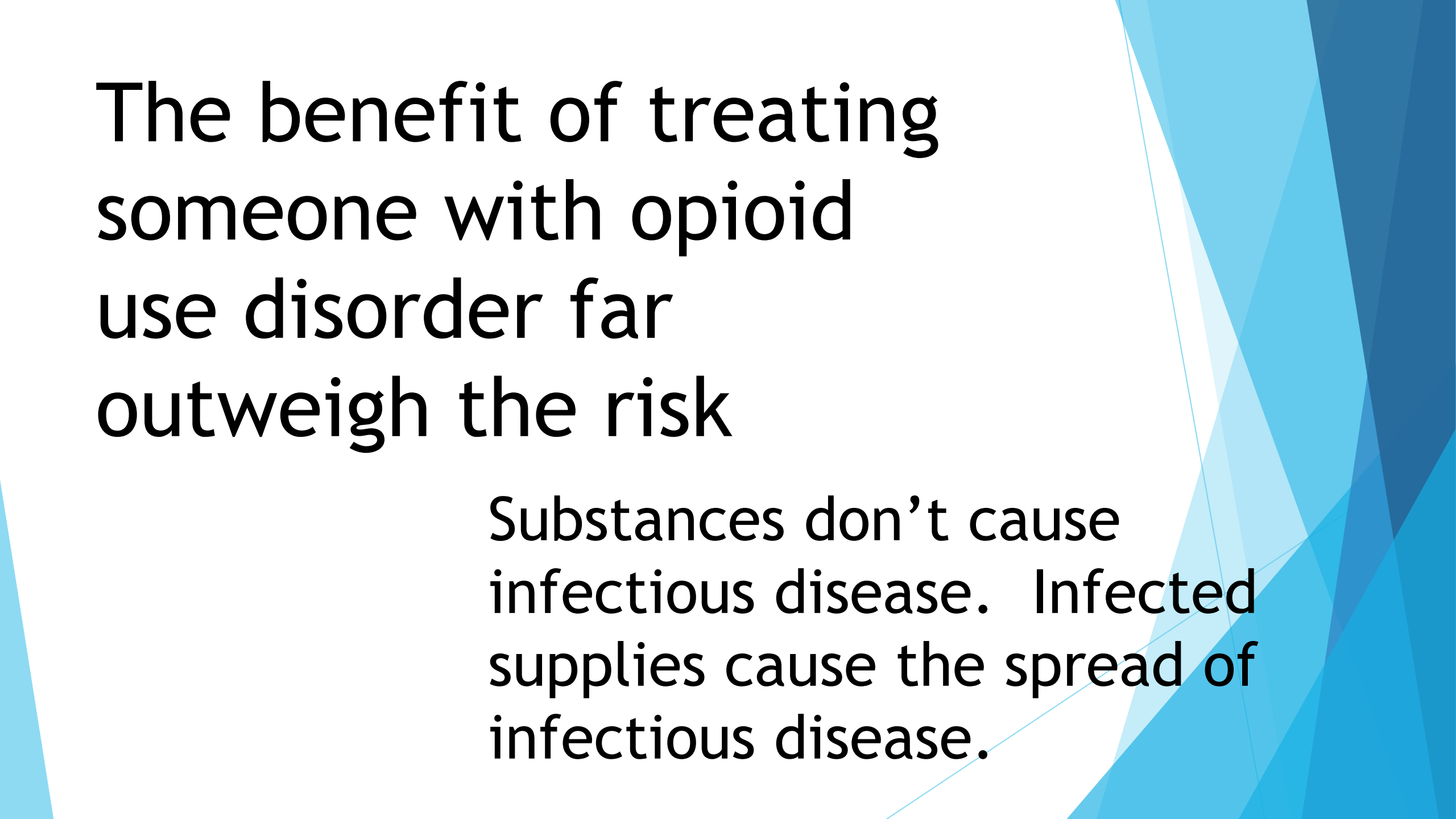
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# Medication assisted treatment

Table 1  
FDA-Approved Drugs Used in MAT<sup>21</sup>

Medication	Mechanism of action	Route of administration	Dosing frequency	Available through
<b>Methadone</b>	Full agonist	Available in pill, liquid, and wafer forms	Daily	Opioid treatment program
<b>Buprenorphine</b>	Partial agonist	Pill or film (placed inside the cheek or under the tongue)	Daily	Any prescriber with the appropriate waiver
		Implant (inserted beneath the skin)	Every six months	
<b>Naltrexone</b>	Antagonist	Oral formulations	Daily	Any health care provider with prescribing authority
		Extended-release injectable formulation	Monthly	

The background of the slide features abstract, overlapping geometric shapes in various shades of blue, ranging from light sky blue to deep navy blue. These shapes are primarily located on the right side of the slide, creating a modern, layered effect.

# The benefit of treating someone with opioid use disorder far outweigh the risk

Substances don't cause infectious disease. Infected supplies cause the spread of infectious disease.

# Medication assisted treatment

## ▶ Sublocade

- ▶ Patients who are unable to commit to weekly/biweekly schedule due to job or schedule, who are at high diversion risk, or who are stable
- ▶ Patients actively using other illicit substances
- ▶ Patients who have difficulty storing their medications
- ▶ Patients who have sold their medications in the past
- ▶ Covered by Medicaid
- ▶ Equal to 24 mg of Buprenorphine/day
- ▶ Pts receive 300 mg for the first 2 months. 100 mg following for maintenance therapy. The maintenance dose may be increased to 300 mg monthly for patients who tolerate the 100 mg dose, but do not demonstrate a satisfactory clinical response, as evidenced by self-reported illicit opioid use or urine drug screens positive for illicit opioid use.

## Hepatitis C treatment in active IVDU

- ▶ Targeting treatment to active IVDU can be an excellent way to reduce the spread of this virus among the highest risk population.
- ▶ Prior to initiation of treatment, patients should be education on safer injection practices and have access to clean injection supplies.

<https://www.worldhepatitisalliance.org/latest-news/infohep/3264401/combining-hepatitis-c-therapy-and-buprenorphine-leads-good-outcomes-people-who-inject-drugs>

# Alaska Native Tribal Health Consortium

## HIV/STD Prevention Program

### The iknowmine program

- Includes a redesigned website: offers holistic health education and resources to youth and caring adults in Alaska Native communities.
- Updated store: Free educational materials, safer-sex supplies and health kits are shipped statewide.
  - Recently added: HIV self-test kits, Narcan kits, harm reduction kits and substance misuse lesson plan.

### iknowmine.org: 2020 store snapshot...

- 5 HIV self-test kits ordered since the launch on Dec. 1, 2020
- 55 harm reduction kits ordered
- 20 Narcan kits ordered
- 1,818 medicine disposal Bags ordered
- 6,313 curriculum and educational materials ordered
- 46,450 safer sex supplies ordered

Hannah Warren, MPH – ANTHC HIV/STD Prevention Program Manager  
Email: [hewarren@anthc.org](mailto:hewarren@anthc.org) // Phone: 907.729.1651 // Web: [www.iknowmine.org](http://www.iknowmine.org)



ALASKA NATIVE  
TRIBAL HEALTH  
CONSORTIUM



# Fairbanks- Northern Exchange Syringe Service Program

- HIV education for individuals and groups at risk
- Education and support for HIV+ individuals to decrease their risk of infecting others
- Northern Exchange Syringe Service Program – providing safer injection supplies to injection drug users.
- Medication Assisted Treatment (MAT), which will reduce the risk of HIV transmission by decreasing or eliminating injection drug use among people dependent on opiates and by providing education and support for safer behaviors.

# Kenai Peninsula

- **Homer Syringe Exchange**
  - (CURRENTLY) the ONLY rural syringe access program in Alaska
  - We provide safe injection and smoking supplies, fentanyl testing strips and NARCAN kits
  - Peer distribution- we compensate our peer distributors with gas cards
  - Partner with local clinics to provide Hep C/HIV treatment, referral to MAT providers, general medical care
  - Screenings for HIV/HEP C and referrals for treatment. Screening kits were provided by another clinic
  - Supply distribution is need based. We hand out 200 syringes/participant (provided we have the supplies to distribute)
  - Offer incentives for participants to bring back used supplies. Participants bring back approximately 5,000 used syringes a month.
  - [Homer Syringe Exchange Facebook Page](#)



## Alaskan AIDS Assistance Association (Four A's) Four A's Syringe Access Program (FASAP)

- FASAP is currently the only Syringe Service Program (SSP) to serve Anchorage, Mat-Su and Juneau communities.
- FASAP utilizes the concept of Harm Reduction to reduce the negative impacts of injection drug use.
- Provides sterile syringes and clean works (supplies), Narcan, overdose prevention and education, HIV and Hep C rapid testing, condoms and risk reduction counseling, and referrals to foodbanks, housing, behavioral and medical services to persons who use and inject drugs.
- In 2019 we distributed 1,031,126 sterile syringes and took in 1,020,286 used syringes. We served 2844 unique participants and completed 647 new Intakes.
- In 2020 we distributed 795,144 sterile syringes and took in 647,662 used syringes. We served 1936 unique participants and competed 588 new intakes. In March 2020 we reduced our hours due to the pandemic and believe this is the reason for the lower numbers this past year.



# Other resources

- ▶ IDUHA (Injection Drug Users Health Alliance) <https://iduha.org/connect/>
- ▶ Harm Reduction Coalition <https://harmreduction.org/>
- ▶ I Know Mine <https://www.iknowmine.org/>
- ▶ Harm Reduction Therapy <https://harmreductiontherapy.org/helping-harm-reduction-therapy/>
- ▶ NASEN (North American Syringe Exchange Network) <https://nasen.org/>
- ▶ Manitoba Harm Reduction Network <https://mhrn.ca/>
- ▶ Alaska Drug User Harm Reduction Network <mailto:aduhhrn@outlook.com>

Thank you for joining us today.  
We appreciate your participation and hope  
to see you at the **NEXT ECHO Session:**  
**January 28, 2021 from 12pm -1 PM**

You will be receiving a follow up survey that we hope you will complete to help us improve. If you are requesting continuing education credits, you will be required to complete the survey to receive your CEs.

