NH DIVISION OF Public Health Services
Department of Health and Human Services

maternal and child health
Serving Families & Communities

7 BEST PRACTICES FOR COMMUNITY HARM REDUCTION

NH Nursing | HRETA
Harm Reduction Education & Technical Assistance

NHHRC
NH Harm Reduction Coalition

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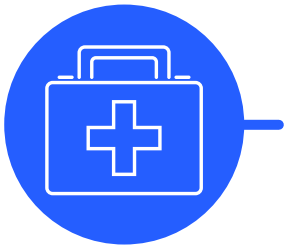
FOUNDATIONS

HARM REDUCTION 101



HARM REDUCTION PROMOTES PRACTICAL STRATEGIES to reduce the negative consequences of substance use. Harm reduction empowers people who use drugs (PWUD) as the primary agent of reducing harm and some of its strategies include syringe access, Narcan, and medications for opioid use disorder (MOUD). **Harm reduction does not condemn drug use, rather, accepts that drug use encompasses a spectrum, from chronic use to total abstinence.** Harm Reduction celebrates any positive change in behavior.

8 PRINCIPLES CENTRAL TO HARM REDUCTION

THE NATIONAL HARM REDUCTION COALITION PUTS FORTH THE FOLLOWING PRINCIPLES AS CENTRAL TO HARM REDUCTION PRACTICE:

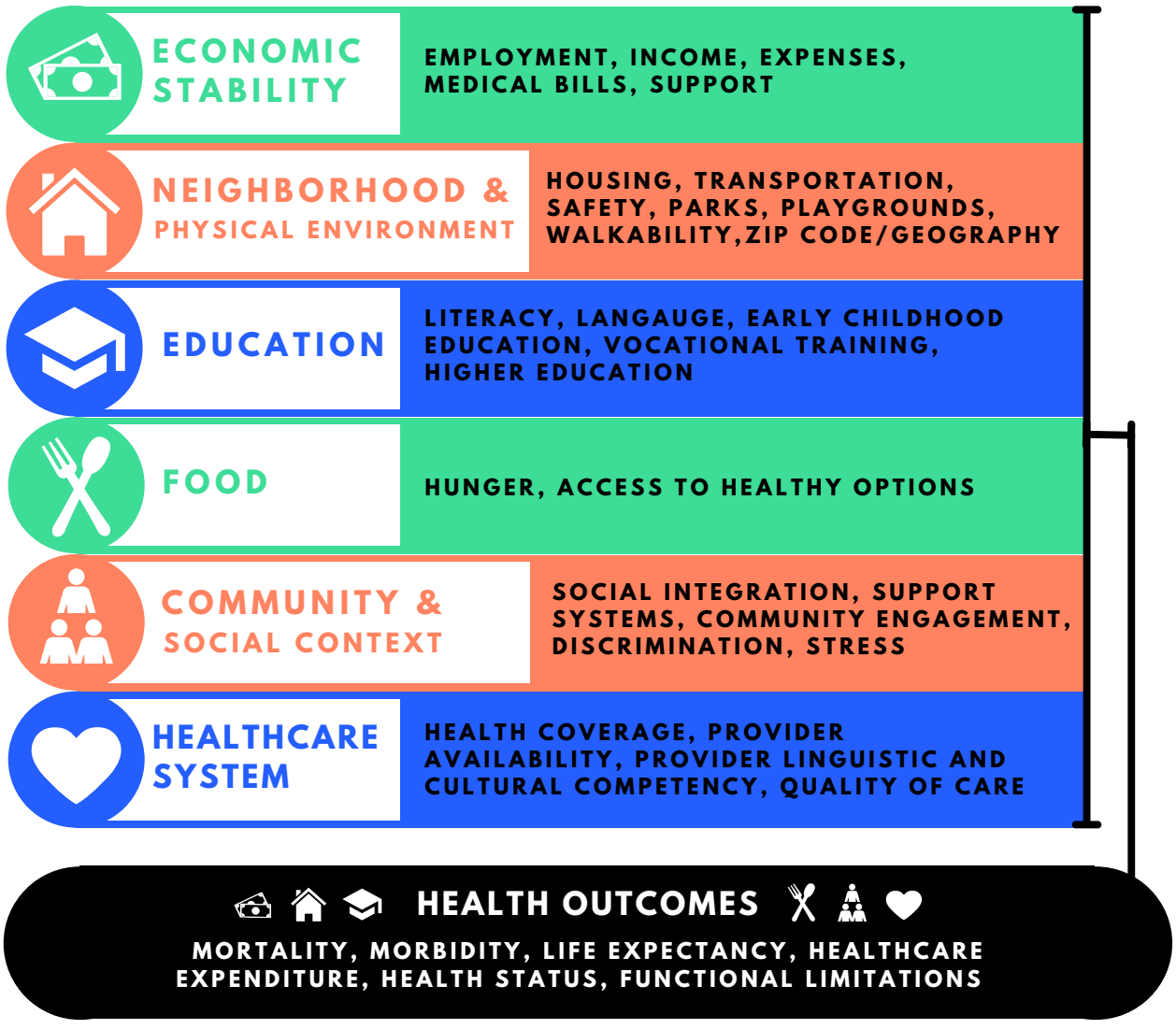
1. Accepts that drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them
2. Understands drug use as complex and acknowledges that some ways of using drugs are safer than others
3. Establishes quality of individual and community life and well-being as the criteria for successful interventions and policies
4. Calls for non-coercive provision of services for PWUD
5. Ensures that PWUD have a real voice in the creation of programs and policies designed to serve them
6. Affirms PWUD as the primary agents of reducing the harms of their drug use and seeks to empower PWUD to share information and support each other
7. Recognizes that poverty, class, racism, social isolation, past trauma and sex-based discrimination affect people's vulnerability to and capacity for effectively dealing with drug-related harms
8. Does not attempt to minimize or ignore the real and tragic harm and danger that can be associated with drug use

Adapted from the National Harm Reduction Coalition

THE SOCIAL DETERMINANTS OF HEALTH FRAMEWORK

describes that in conjunction with **health-related behaviors, socio-economic and environmental factors are responsible for 80-90% of health outcomes**. It is critical that community-based solutions outside the traditional healthcare and addiction treatment systems are utilized, to adequately respond to the opioid epidemic (Bohler, Clark & Horgan, 2021).

The Social Determinants of Health (SDoH) are "the conditions in which people are born, grow, live, work, and age" (Argita & Hinton, 2018). The healthcare system is only one of many factors that influence health outcomes. Economic stability, neighborhood and physical environment, education, access to food, and community and social contexts are equally as influential. Understanding, assessing, and addressing barriers that exist in domains outside of the healthcare system can drastically impact health outcomes.



Adapted from the Kaiser Family Foundation

TALK

MINIMIZE ASSUMPTIONS, MAXIMIZE COMPASSION

People who use drugs (PWUD) often face great adversity in accessing quality healthcare. This includes stigmatization, betrayals of trust, and outright of denial of care (Visconti et al., 2019). By embracing **non-judgmental, non-coercive service provision**, PWUD will be able to discuss substance use without fear of stigmatization.

DISCUSS DRUG, MINDSET & SETTING

Not all substances are created equally. There are many variables that can impact PWUD. These variables include what the mindset of the person using drugs brings into the experience, the physical setting in which the drug is used, and the drug itself. Changes in supply and mixing substances can have unintended interactions.

ACCEPT AMBIVALENCE

Readiness is key to substance use treatment efficacy. Untimely pushes for abstinence can be alienating. Encourage risk reduction in the interim and highlight opportunities for further education. Keep people engaged in healthcare to increase access to substance use services (SAMHSA, 2019). PWUD are interested in and capable of making changes to improve their health and safety.

TALK

USE PERSON-FIRST LANGUAGE (PFL)

PFL affirms the identity of a person who uses drugs as a human over their status as a user of drugs. It is a non-stigmatizing substitute for outdated, harmful terminology.

For example: Instead of labeling an individual as a 'druggie' or an 'addict', **person-first language affirms their personhood** by calling them a 'person who uses drugs' or 'person who injects drugs'.

SAY THIS

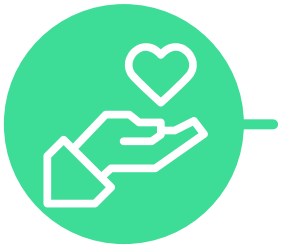
- Person with a substance use disorder
- Person in recovery
- Person living with an addiction
- Chooses not to at this point
- Medication is a treatment tool
- Had a setback
- Maintained recovery
- Positive drug screen

NOT THAT

- Addict, user, alcoholic, junkie, druggie, drug abuser
- Ex-addict
- Battling/suffering from an addiction
- Non-compliant/bombed out
- Medication is a crutch
- Relapsed
- Stayed clean
- Dirty drug screen

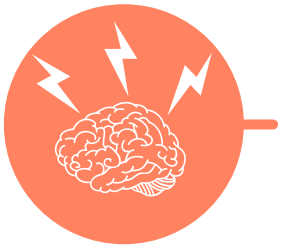
Adapted from DrugAbuse.gov

CARE



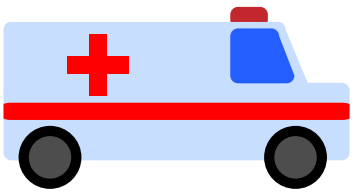
PERSON-CENTERED CARE PLANNING

Treatment is not one-size fits all. Be open to everyone's unique experience. By approaching clients with unconditional positive regard, care workers can assess what a client's individual goals are and truly support PWUD where they're at. Training on motivational interviewing (MI) can further develop these skills. MI resources are available for free from Psych Wire



YOU DON'T KNOW WHAT YOU DON'T KNOW

Cultivating cultural humility is a lifelong practice that requires ongoing reflection, personal critique, and bias recognition. It extends beyond the limits of the cultural competence framework and includes consideration of intersecting identities like race, gender, ability status, sexual orientation, economic status, etc. Although cultural humility is an ongoing learning process, resources like the cultural humility webinar series by the Association for Addiction Professionals can establish the foundation.



CARE

ACCESSIBILITY MATTERS

While accessibility has been traditionally associated with the ability to access a needed service physically or geographically, the onset of widespread telehealth use has brought a new set of challenges to accessing care for PWUD. **These barriers include not having reliable access to a phone, computer, internet, power, or privacy.** It is also important to consider accommodations like access to translation services and solutions to transportation obstacles.

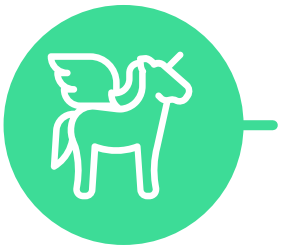
EXAMPLE: PROJECT FIRST

Project First is a hub and spoke program that empowers first responders to talk about options available to PWUD, including treatment. The program goals are to reduce the number of opioid overdoses and opioid overdose deaths, increase the number of at-risk individuals referred to recovery and treatment resources, and increase the number of first responders trained to administer Narcan. These goals are achieved by building connections between specially trained first responders, PWUD, and their communities (NH Dept. of Safety, Division of Fire Standards and Training & Emergency Medical Services, 2020).

New Hampshire Fire Academy & EMS

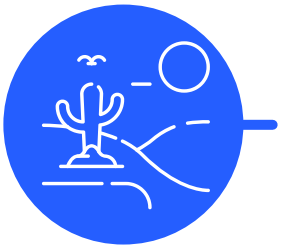
You may learn more about Project FIRST by visiting their website: https://nhfa-ems.com/nhprojectfirst/

SERVICES & REFERRAL



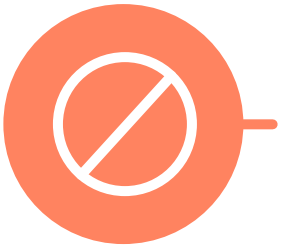
HOUSING FIRST

Prioritizing PWUD's quality of life and well-being over objectives and requirements like full drug abstinence are more realistic and lead to sustained long-term behavior changes. **Requiring unhoused people to address all of their problems at once, including behavioral health problems or substance misuse, only creates a higher barrier that sets many up to fall short.** Research supports a Housing First approach to secure essentials like food and a place to live for unsheltered people before attending to things like employment or treating substance use issues (Padgett, et al., 2011).



TREATMENT DESERTS

New Hampshire does not have uniform access to medically assisted recovery (MAR) for substance use. Combined with a lack of public transportation and a shortage in recovery housing and sober houses, especially ones that allow participants to be enrolled in MAR, folks seeking less intensive treatment (intervention, inpatient) can face challenges attending all of their appointments.



ONE SIZE DOES NOT FIT ALL

All treatment is not created equally. **Simply put, care is a continuum and different people will require different levels of care.** Some PWUD may only require mild behavior interventions and can be given outpatient care for the treatment they seek, but some may require residential treatment or intensive inpatient services.

SERVICES & REFERRAL

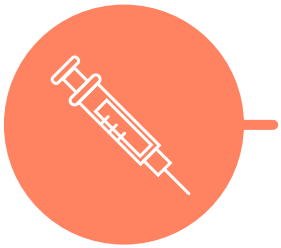
EXAMPLE: THE RECOVERY CLINIC AT CONCORD HOSPITAL

The Recovery Clinic at Concord Hospital – Laconia and Concord Hospital – Franklin is a Medication for Opioid Use Disorder (MOUD) program. Their services are dedicated to helping clients connect to medication to assist in their treatment of Substance Use Disorder (SUD). The program aims to reduce barriers, helping clients find treatments that are suitable for their life while encouraging ongoing progress towards their recovery goals. Treatment plans are individualized and staff recognize that MOUD may be used to stabilize a patient for varying lengths of time before they are able to engage in other services. The Recovery Clinic recognizes that clients often have a learning curve in recovery, and need understanding and flexibility as they learn to navigate their lives without substances.

The Recovery Clinic works to maintain relationships with local organizations, such as Navigating Recovery of the Lakes Region, in order to support clients in accessing services and other low-barrier resources when they are ready. Their aim is to make sure that people seeking treatment are able to receive support in accessing those resources and to eliminate many of the bumps in the road that may interfere in beginning or while maintaining recovery.

NARCAN

NARCAN SAVES LIVES

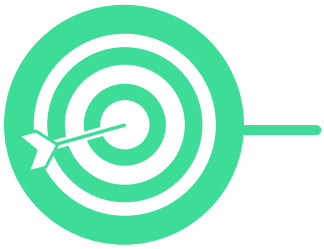


In 2020, New Hampshire lost 417 people to drug overdose deaths. For the 6th year in a row, NH has had per capita overdose death rates above 30 per 100,000 people (NH Drug Monitoring Initiative, 2021). This is ~50% higher than the national rate around 20 per 100,000. **These deaths are preventable.** Narcan is legal and safe to use for a suspected opioid overdose. Narcan has no effect on a person not experiencing an overdose. Increasing access to Narcan can significantly reduce overdose deaths (Pew Charitable Trust, 2020). In NH, Narcan can be dispensed to anyone by pharmacists, regardless of whether it is to protect themselves or others.

JUST CARRY NARCAN

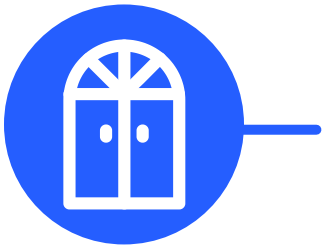
All people should carry Narcan, especially those most likely to witness an overdose. Those with the greatest likelihood of reversing an overdose are people who use opioids and their loved ones. With increasing reports of fentanyl being found in methamphetamine and other drugs not traditionally associated with opioids, those who use drugs not prescribed to them should carry Narcan. The U.S. Department of Health and Human Services (2018) also recommends prescribing Narcan to those who have respiratory conditions, have been prescribed benzodiazepines, have any substance use disorder, report excessive alcohol use, or have a mental health disorder -all regardless of opioid use.

NARCAN



TARGETED OUTREACH

Targeted outreach to PWUD through Syringe Service Programs, community meals, street outreach, and by-mail provides Narcan directly to the people who use it and their secondary contacts.



ACCESS

Individuals can get Narcan at **The Doorways, Recovery Community Organizations or Syringe Service Programs.** Organizations can obtain Narcan from the **Public Health Networks.**

EXAMPLE: NEW HAMPSHIRE HARM REDUCTION COALITION

The New Hampshire Harm Reduction Coalition is a statewide grassroots organization dedicated to the implementation of public health strategies that reduce the harm associated with drug use and misuse, including operating several Syringe Services Programs (see next page).

Hand-Up Health Services and Queen City Exchange, the two largest Syringe Service Programs in the state, not only distribute sterile syringes and safe injection kits to people who inject drugs, but also distribute Narcan. From Dec 2020-Dec 2021, Hand-Up and QCE (combined) distributed 5,272 doses of Narcan and participants reported reversing 1,926 overdoses.

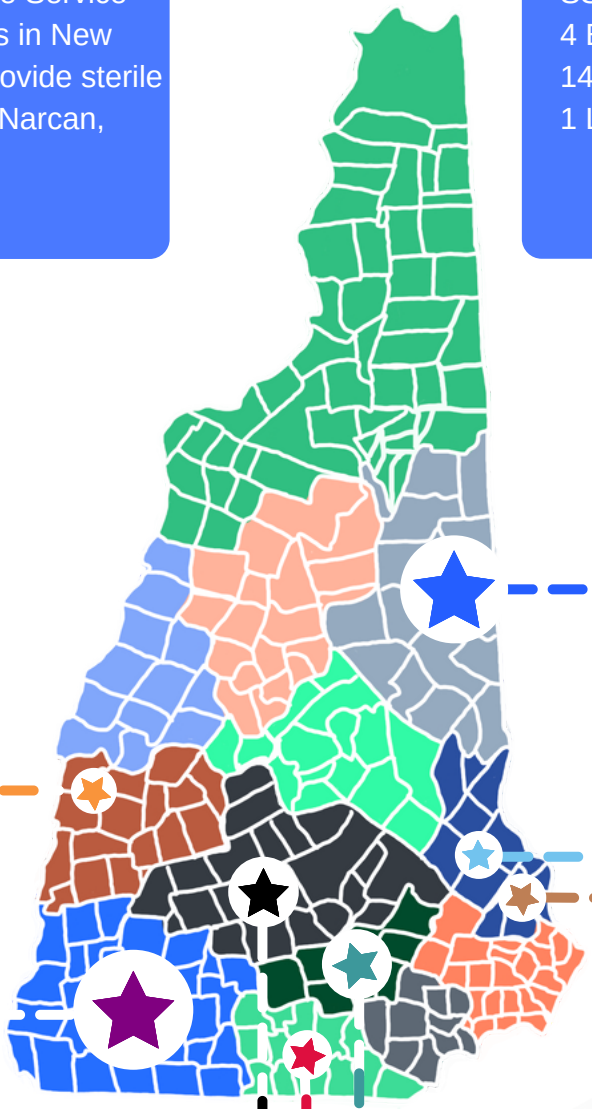
Learn more about NHHRC here: www.nhhrc.org

SYRINGE SERVICE PROGRAMS

There are eleven Syringe Service Program (SSP) locations in New Hampshire. They can provide sterile supplies, safe disposal, Narcan, support and referrals.

SOS Recovery is now operating 3 SSPs at the following locations:
4 Broadway, Dover
14 Signal St, Rochester
1 Lafayette Rd Bldg 1, Hampton

Visit sosrco.org or call 603-841-2350



Mt. Washington Valley Support Recovery Coalition
603-662-0668

Valley Regional Hospital
By appointment, call/text
603-448-8887

Wentworth-Douglass Hospital: The Doorway
Call 2-1-1 and select option #1
M-F 8AM-5PM

NH Harm Reduction Coalition: Hand Up Health Services
207-370-7187
Dover, Somersworth & Rochester

Keene Serenity Center: GROW Syringe Services
By appointment, call/text
603-903-4049

NH Harm Reduction Coalition: Concord
Visit nhhrc.org

NH Harm Reduction Coalition: Queen City Exchange
(603) 496-9229
Visit nhhrc.org/queen-city-exchange/

Revive Recovery Center (formerly SSANA)
Visit http://www.reviverecovery.org/

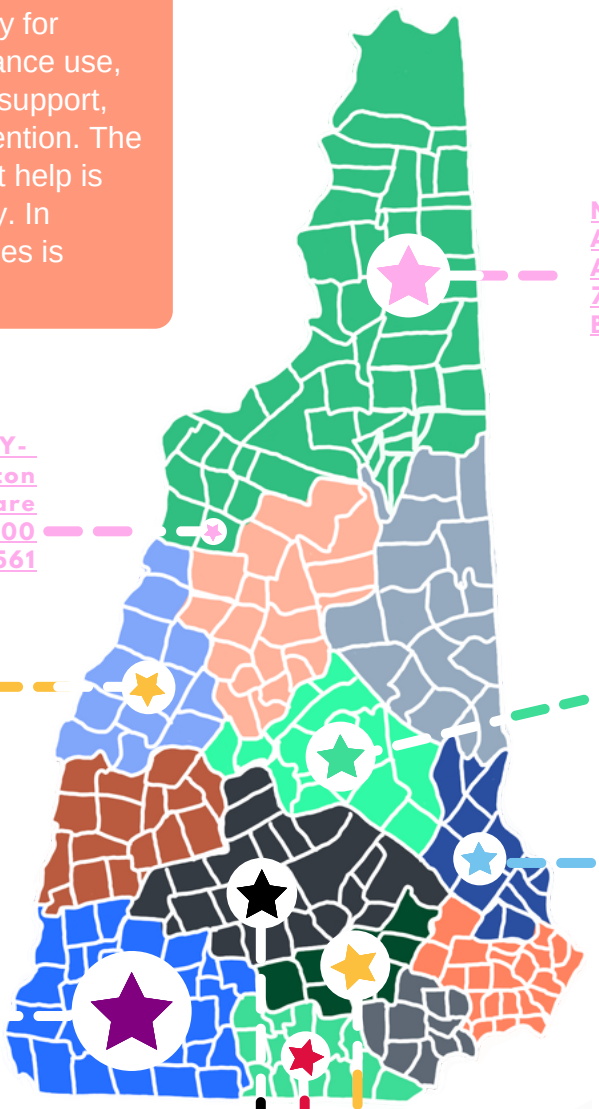
https://www.dhhs.nh.gov/dphs/bchs/std/documents/sspregistrations.pdf

THE DOORWAY

2·1·1 Get Connected. Get Help.™ An Initiative of Granite United Way

Connect to the Doorway by calling 211
or visiting www.thedoorway.nh.gov

There are nine Doorway locations, each providing a single point of entry for people seeking help for substance use, whether they need treatment, support, Narcan, or resources for prevention. The regional Doorways ensure that help is always less than an hour away. In addition, 24/7 access to services is available by dialing 211.



NORTH COUNTRY-
Androscoggin Valley Hospital (AVH)
AVH Professional Center
7 Page Road
Berlin, NH 03570

NORTH COUNTRY-
The Doorway at Littleton Regional Healthcare
11 Riverglen Lane Suite 100
Littleton, NH 03561

UPPER VALLEY-
The Doorway at Dartmouth-Hitchcock
85 Mechanic St Suite B3-1
Lebanon, NH 03766

WINNIPESAUKEE-
The Doorway at LRGHealthcare
80 Highland St.
Laconia, NH 03246

STRAFFORD COUNTY-
The Doorway Operated by Wentworth Douglas Hospital
798 Central Ave.
Dover, NH 03820

GREATER MONADNOCK-
The Doorway at Cheshire Medical Center
24 Railroad St.
Keene, NH 03431

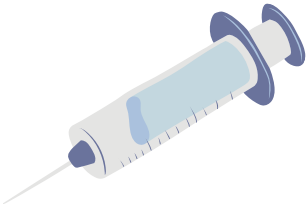
CAPITAL AREA-
The Doorway at Concord
40 Pleasant St
Concord, NH 03301

GREATER MANCHESTER-
The Doorway of Greater Manchester
60 Rogers Street Suite 210
Manchester, NH 03103

GREATER NASHUA-
The Doorway of Greater Nashua
268 Main St
Nashua, NH 03064

New Hampshire's Doorway program receives funding from the U.S. Substance Abuse and Mental Health Administration - State Opioid Response (SOR) grant. This federal support is enabling New Hampshire to expand medication-assisted treatment (MAT), peer recovery support services, access to recovery housing, and evidence-based prevention programs.

INFECTION PREVENTION



1 NEEDLE + 1 SYRINGE + 1 TIME = 0 INFECTIONS

Injecting drugs can present additional risks beyond the drug itself including the spread of HIV, Hepatitis B and C, cellulitis and abscesses (infections of the skin), endocarditis (infection of the heart), and overdose. **Using a sterile syringe for every injection is the best way to reduce the risk of infection.** Reusing syringes can damage veins in the process and transmit infection. Syringe, cooker, and cotton reuse or sharing have a risk of infection including viruses and bacteria. If syringes must be reused, they should be rinsed with water to remove all blood, rinsed with bleach, & then rinsed in water again until water runs clear and there are no signs of blood.

DISCUSS SYRINGE ACCESS AND REUSE

A sample conducted in Western New Hampshire found that **75% of NH PWUD lack easy access** to sterile syringes & **67% reported sharing** a needle in the past 30 days. (Stopka, et al. 2019). Under NH law, pharmacists may sell sterile syringes. Check whether your local pharmacy has decided to sell syringes and if not encourage them to provide this service (NH Board of Pharmacy, 2019).

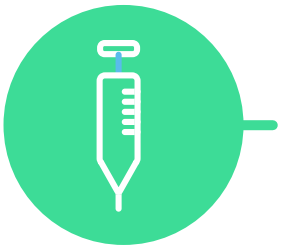
REFER TO SYRINGE SERVICE PROGRAMS

Bring increased awareness of and access to Syringe Service Programs (SSPs). SSPs aim to reduce HIV and Hep C among PWUD and are **proven and effective** public health programs (CDC, 2019). A SSP is a central location where PWUD can get sterile supplies, safe use tips, care referrals, and Narcan.

FOR MORE INFORMATION ABOUT INFECTION PREVENTION VISIT:
https://mypages.unh.edu/sites/default/files/harmreductionproject/files/development_of_a_syringe_service_program.pdf

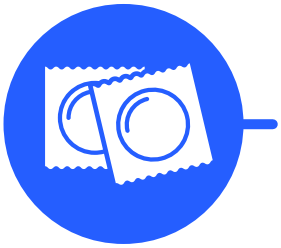
INFECTION PREVENTION

PREVENTION



Prevention measures like **testing and immunizations** prevent disease spread. All people who inject drugs should get tested for HIV and Hepatitis C at least once a year. Check Tdap, HPV, Hepatitis A and B, Influenza, COVID-19 and Tetanus vaccination status and immunize as needed. All pregnant people should be tested for syphilis, HIV, and Hepatitis B early in pregnancy.

SAFER SEX



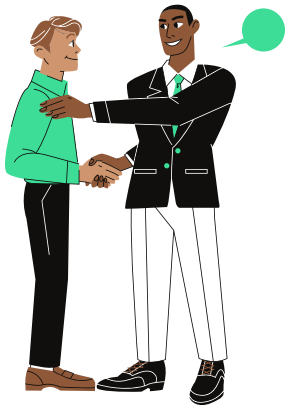
Discuss safe sexual practices. Offer internal condoms, external condoms, and lubricant. Review pregnancy prevention options if applicable. All people who engage in unprotected sex should be tested for HIV and STI's at least once a year. People who have multiple or anonymous partners, men who have sex with men, transgender women, & transfeminine people should be tested more frequently (i.e., every 3 to 6 months).

EXAMPLE: PROPHYLAXIS

PrEP (pre-exposure prophylaxis) is the use of antiretroviral medication to prevent transmission of HIV through sex and injection drug use. When taken as prescribed, PrEP is 99% effective for preventing transmission of HIV through sex and at least 74% effective for preventing transmission through injecting (CDC, 2021)

PEP (post-exposure prophylaxis) is the use of antiretroviral medication after a single high-risk event to stop HIV seroconversion. PEP must be started as soon as possible to be effective—and always within 72 hours of a possible exposure (CDC, 2021).

ENGAGE



START WITH MEANINGFUL ENGAGEMENT OF THE POPULATION YOU SEEK TO SERVE

People with lived experience are your strongest advocates and will be able to provide powerful insight into community needs. **Directly engaging program participants as the experts can determine the specific needs of the population you seek to serve.** Developing a needs assessment can provide insight, including identifying candidates for peer mentorship programs or an advisory board. Allowing people with lived experience to drive goal setting and define service needs will ensure program relevance. Historically, programs developed without meaningful engagement are costly, have minimal use and are less effective than participant led programs. Because of this, meaningful engagement can ultimately be a cost-saving measure. It is critical to include folks in active use in addition to people in recovery.

HIRE PEOPLE WITH LIVED EXPERIENCE

Recognize that lived experience is as valuable as formal education. People with lived experience bring a powerful perspective to the table.

ENGAGE

IDENTIFY KEY PARTNERS

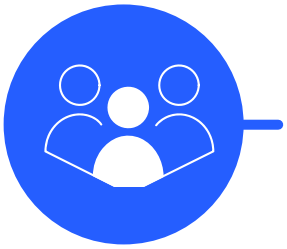
When launching a new service or program, contact and engage key partners - specifically PWUD - in your region to gauge the community needs and level of support (or resistance) to proactively address concerns within the planning process. **Early inclusion of such partners will prevent unanticipated roadblocks** and provide a better understanding of a community, ultimately strengthening programs.

EXAMPLE: RECOVERY FRIENDLY WORKPLACES

Recovery Friendly Workplaces (RFW) empower employers to provide support for people recovering from substance use disorder, including the placement of Narcan in hundreds of Granite State businesses. This free program fosters recovery-friendly environments and engages employees in prevention. RFWs encourage a healthy and safe environment where employers, employees, and communities can collaborate to create positive change and eliminate barriers for those impacted by addiction.

Learn more about RFW at www.RecoveryFriendlyWorkplace.com

SHARE



LEARN THE LOCAL LANDSCAPE

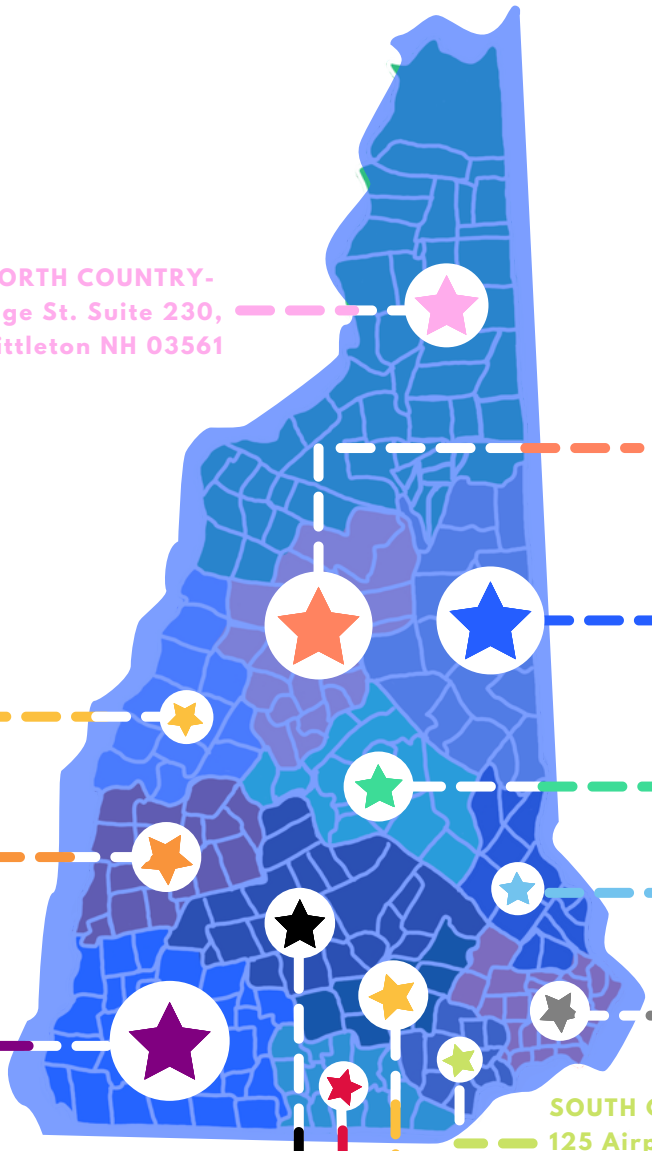
New Hampshire has **13 Regional Public Health Networks** (RPHNs). Their goal is to integrate public health initiatives and services into a common network of community stakeholders serving every community in the state. Each RPHN has a Public Health Advisory Council (PHAC) to identify regional priorities.

EXAMPLE:THE CAPITAL AREA SUBSTANCE MISUSE PREVENTION LEADERSHIP TEAM

The Capital Area Public Health Network convenes key stakeholders to identify the root causes of substance misuse and links those risk factors to evidence-based prevention strategies including assessment, capacity building, planning, implementation, evaluation, cultural competence, and sustainability. The statewide Substance Misue Prevention Network includes representatives from PHAC member organizations, as well as the six key community sectors, including: education, government, business, health, safety and community supports.

https://nhphn.org/

PUBLIC HEALTH NETWORKS



NORTH COUNTRY-
262 Cottage St. Suite 230,
Littleton NH 03561

CENTRAL REGION-
101 Boulder Point Dr. Suite 1
Plymouth NH 03264

CARROLL COUNTY-
1230 Rt 16, Suite 3
Ossipee NH 03864

UPPER VALLEY-
1 Medical Center Dr.
Lebanon, NH 03756

WINNIPESAUKEE-
67 Water St. Suite 105
Laconia, NH 03246

GREATER SULLIVAN-
5 Dunning St Claremont,
NH 03773

STRAFFORD COUNTY-
311 NH-108, Somersworth,
NH 03878

SEACOAST REGION-
128 NH-27,
Raymond NH 03077

GREATER MONADNOCK-
33 West St. Keene
NH 03431

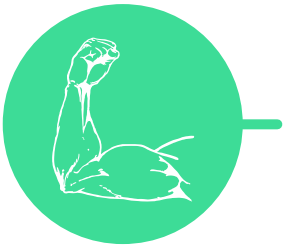
SOUTH CENTRAL-
125 Airport Rd Unit 3,
Concord NH 03301

CAPITAL AREA-
125 Airport Rd Unit 3,
Concord NH 03301

GREATER MANCHESTER-
1528 Elm St.
Manchester NH 03101

GREATER NASHUA-
18 Mulberry St, Nashua NH 03060

SHARE



EMPOWER YOUR COMMUNITY

New Hampshire has several examples of projects that tap into existing organizations on the frontlines of substance use to provide overdose response and be informed on treatment options.

EXAMPLE: COMMUNITY CARE TEAMS

Imagine a monthly meeting between essential services where individuals with multiple chronic illnesses can receive collaborative case management. The Community Care Team (CCT) model does just this. Interdisciplinary teams including healthcare providers, community health organizations, city welfare offices, and hospital staff convene regularly to coordinate services to vulnerable people. Implementation of this model effectively shifts care beyond traditional health care, simultaneously addressing health and social needs. The CCT model is of particular benefit to regions where resource sharing and referrals between organizations is already common or identified as a growth area.

Learn more about CCTs here: Center for HealthCare Strategies

www.chcs.org/community-care-teams-a-promising-strategy-to-address-unmet-social-needs/

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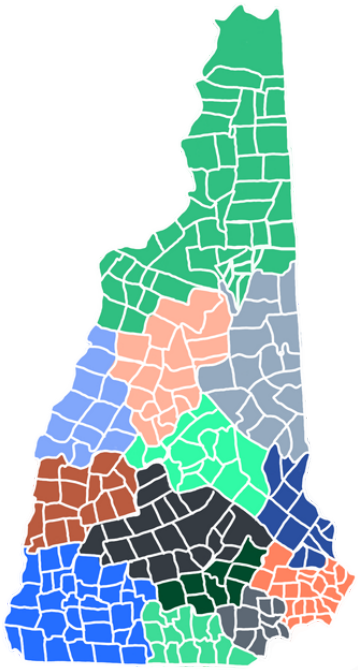

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