

# Any Positive Change: *Harm Reduction is Public Health*

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November 9, 2023



**Kentucky Public Health**  
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**TEAM**   
**KENTUCKY**<sup>®</sup>  
CABINET FOR HEALTH  
AND FAMILY SERVICES

# WELCOME!

We're glad you're here.

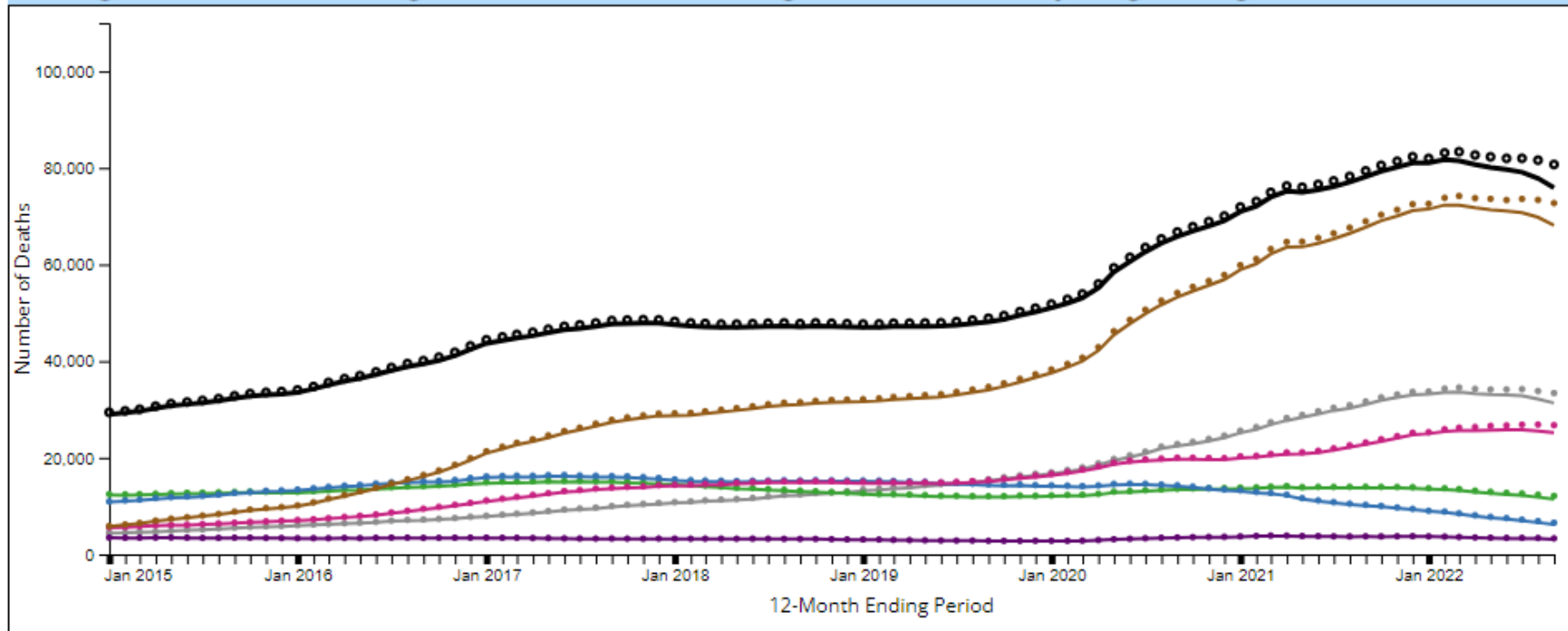
# Content Notice

Today's presentation discusses substance use and overdose.

This may be difficult content to hear.

In early 2020, an emerging epidemic claimed tens of thousands of lives in the United States.

Figure 2. 12 Month-ending Provisional Number of Drug Overdose Deaths by Drug or Drug Class: United States



Legend for Drug or Drug Class

- Cocaine (T40.5)
- Heroin (T40.1)
- Methadone (T40.3)
- Natural & semi-synthetic opioids (T40.2)
- Opioids (T40.0-T40.4, T40.6)

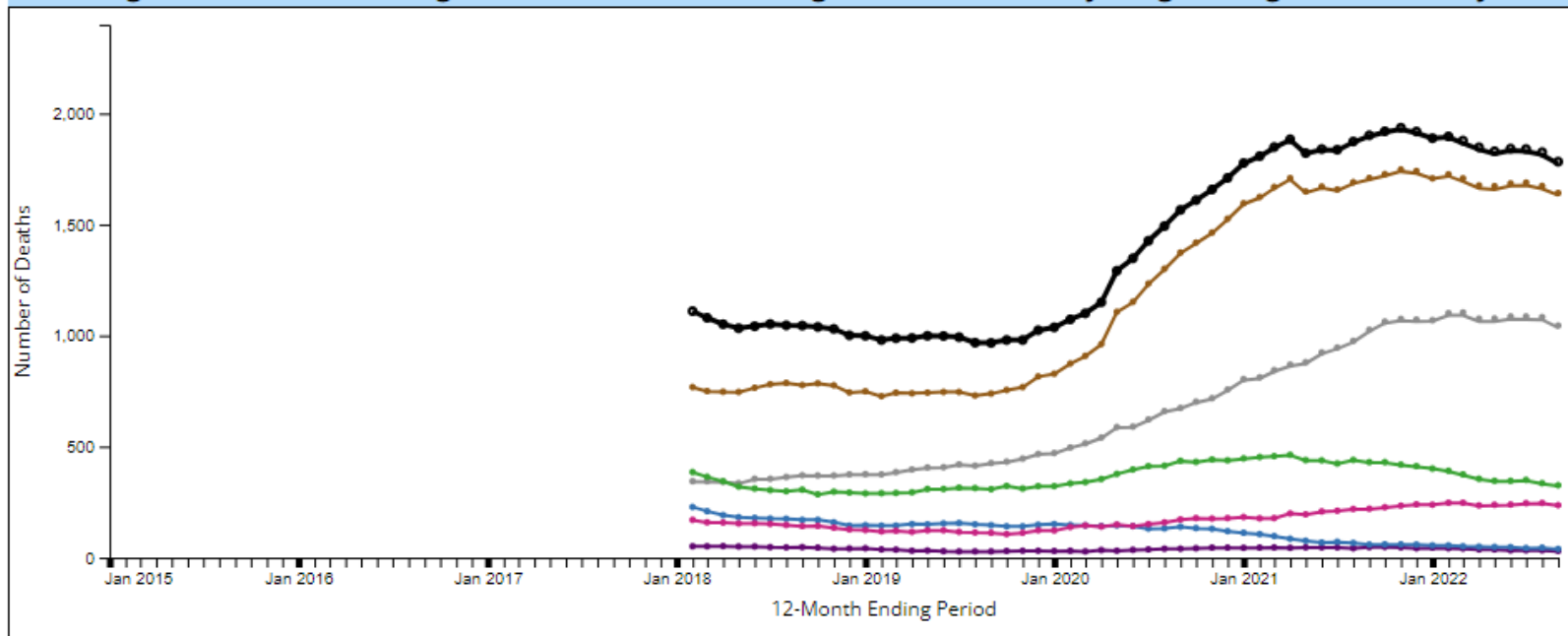
- Psychostimulants with abuse potential (T43.6)
- Synthetic opioids, excl. methadone (T40.4)

- Reported Value
- Predicted Value

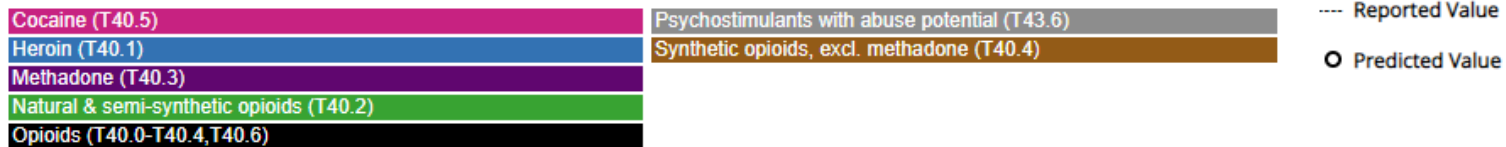
CDC – Provisional Drug Overdose Death Counts

# In Kentucky, opioid overdose deaths followed the same epidemiological curve.

Figure 2. 12 Month-ending Provisional Number of Drug Overdose Deaths by Drug or Drug Class: Kentucky



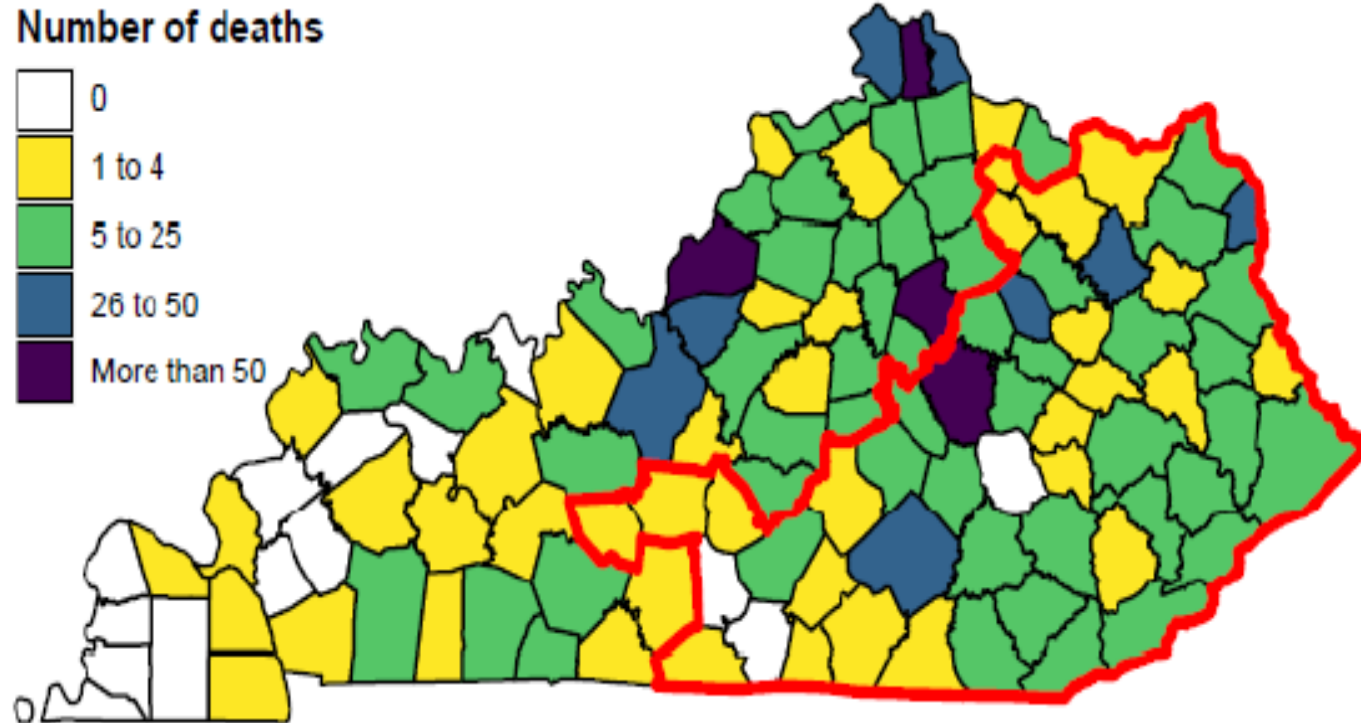
Legend for Drug or Drug Class



CDC – Provisional Drug Overdose Death Counts

## Number of Drug Overdose Deaths with Fentanyl Identified through Toxicology by Kentucky County of Residence, 2021

Red line denotes Appalachian counties



Produced by the Kentucky Injury Prevention and Research Center, as bona fide agent for the Kentucky Department for Public Health. May 2022.

Data source: Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services.

Here, the increase in overdose mortality in 2020 was among the highest in the nation.

NEWS > LEX 18 IN-DEPTH



## CDC: Drug overdose deaths spike across U.S., Kentucky had 2nd highest increase in the country



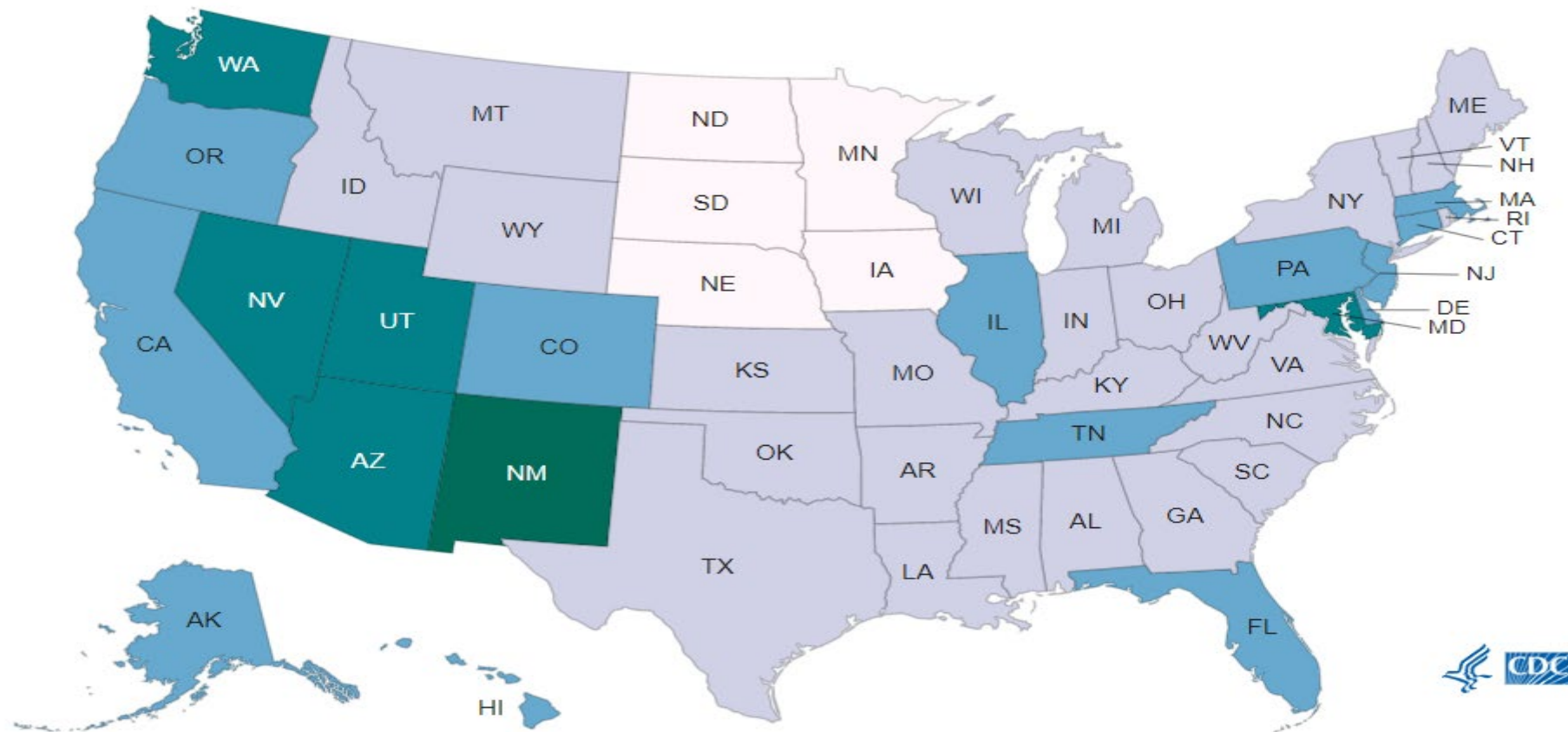
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LEX18

# 1999 Drug Overdose Mortality by State

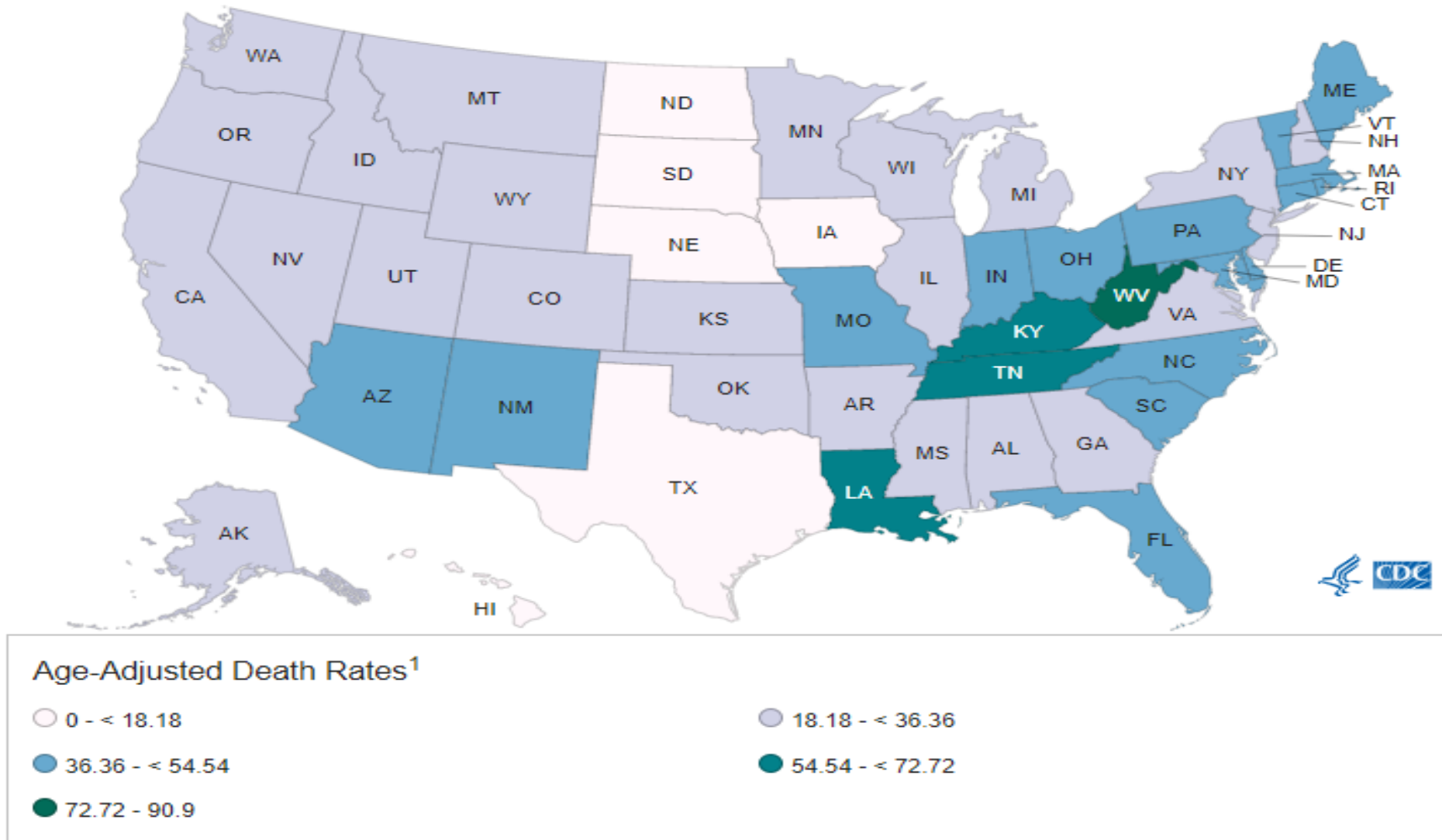


## Age-Adjusted Death Rates<sup>1</sup>





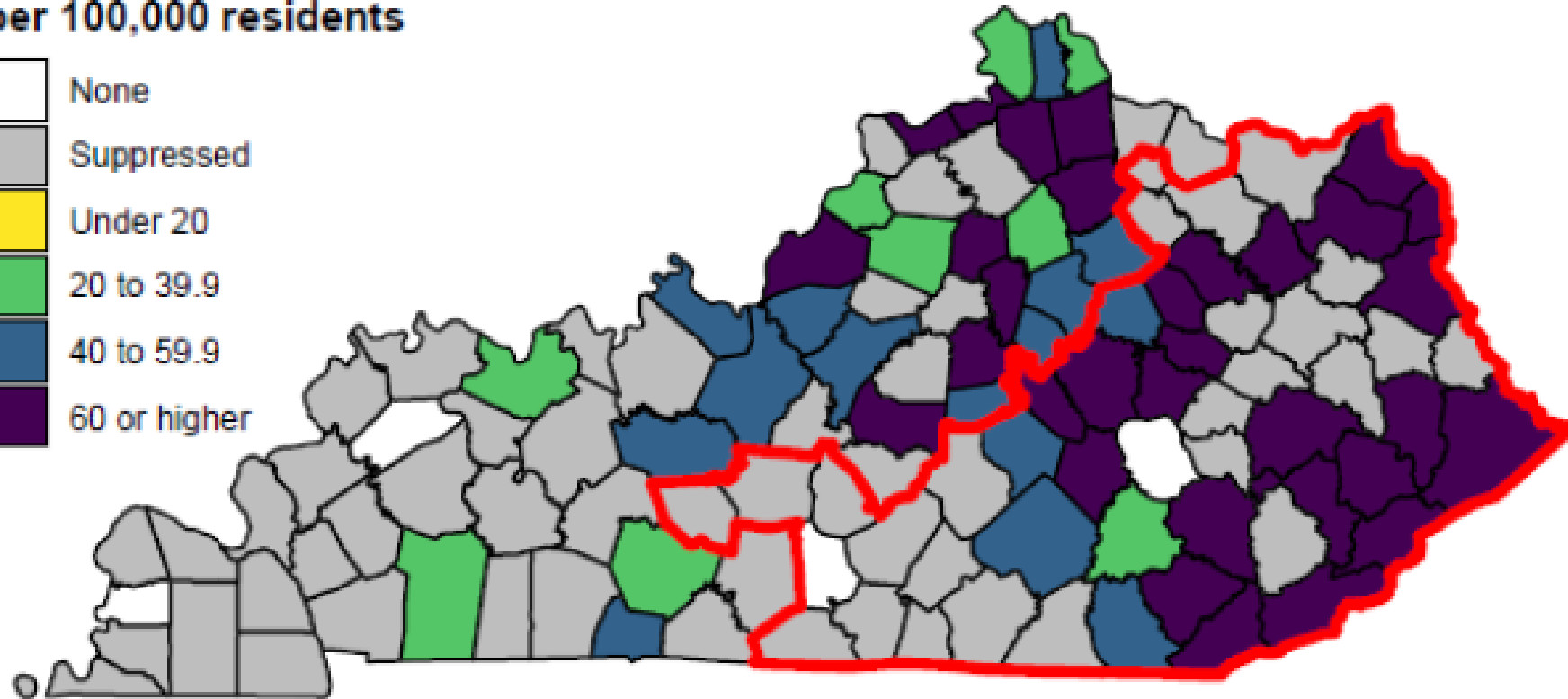
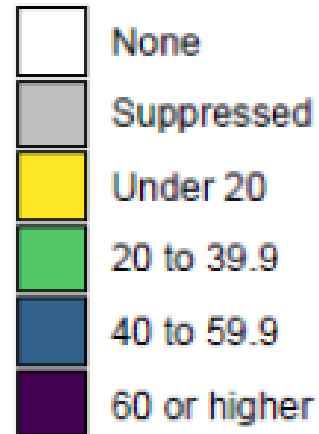
# 2021 Drug Overdose Mortality by State



# Age-Adjusted Rates of Drug Overdose Deaths by Kentucky County of Residence, 2021

Red line denotes Appalachian counties

Number of deaths  
per 100,000 residents



Produced by the Kentucky Injury Prevention and Research Center, as bona fide agent for the Kentucky Department for Public Health. May 2022.

Data source: Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services.

# Why is this happening?

To understand this staggering increase in drug overdose fatalities, it is helpful to examine the history of what is usually called the ***OPIOID CRISIS.***

# Why is this happening?

The history of recent opioid use in the United States is often thought of as occurring in three distinct phases.

- Phase 1: OVERPRESCRIPTION
- Phase 2: DECREASING PHARMACEUTICAL USE → INCREASING STREET LEVEL USE
- Phase 3: FENTANYL

# Why is this happening?

**MME =**

**morphine milligram equivalents**

**MORPHINE = 1 MME**

**OXYCODONE = 1.5 MME**

**HEROIN = ~ 2 MME**

**FENTANYL = 100 MME**

**CARFENTANIL = 1000 MME**



DEA

# Why is this happening?



Vidya Hattangadi

The presence of fentanyl in the drug supply can be seen as evidence of the Iron Law of Prohibition.

> [Int J Drug Policy](#). 2017 Aug;46:156-159. doi: 10.1016/j.drugpo.2017.05.050. Epub 2017 Jul 18.

## Today's fentanyl crisis: Prohibition's Iron Law, revisited

[Leo Beletsky](#)<sup>1</sup>, [Corey S Davis](#)<sup>2</sup>

Affiliations + expand

PMID: 28735773 DOI: [10.1016/j.drugpo.2017.05.050](#)

### Abstract

More than a decade in the making, America's opioid crisis has morphed from being driven by prescription drugs to one fuelled by heroin and, increasingly, fentanyl. Drawing on historical lessons of the era of National Alcohol Prohibition highlights the unintended, but predictable impact of supply-side interventions on the dynamics of illicit drug markets. Under the Iron Law of Prohibition, efforts to interrupt and suppress the illicit drug supply produce economic and logistical pressures favouring ever-more compact substitutes. This iatrogenic progression towards increasingly potent illicit drugs can be curtailed only through evidence-based harm reduction and demand reduction policies that acknowledge the structural determinants of health.

**Keywords:** Opioids; Overdose; Pain; Policies; Prohibition; Supply-reduction; Treatment access.

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Beletsky & Davis, 2017



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DEA

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Beletsky & Davis, 2017

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**~~OPIOID CRISIS.~~**

# Why is this happening?

To understand this staggering increase in drug overdose fatalities, it is helpful to examine the history of what we can now call the ***OVERDOSE EPIDEMIC.***

Why is this happening?

The  
***OPIOID CRISIS***  
is an  
***OVERDOSE EPIDEMIC.***



# Why is this happening?

The  
***OVERDOSE EPIDEMIC***  
is  
***crisis of supply.***

# Why is this happening?

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Beletsky & Davis, 2017

# What's harm reduction?

- **ANONYMOUS**
  - Syringe Service Programs (SSPs)
- **CONFIDENTIAL**
  - FREE naloxone distribution
  - FREE rapid HIV and hepatitis testing
  - Treatment referrals

# Why?

We know that people use drugs.

We know that using drugs can be risky.

We want to help minimize that risk.

This is harm reduction.



When SSPs give out syringes,  
distribute naloxone,  
test for infectious disease,  
or refer people to treatment,  
that's harm reduction.

When we wear a seatbelt,  
eat healthy food,  
or put child locks  
on the cabinets,  
that's harm reduction too.

Harm reduction  
means  
*any*  
positive change.

# What's harm reduction?

*Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.*

-National Harm Reduction Coalition, 2020

# Syringe service programs (SSPs) are proven to:

- reduce the spread of HIV and viral hepatitis by 50%
- reduce the incidence of non-bloodborne infections
- reduce the amount of improperly disposed syringes
- reduce overdose deaths

CDC, 2019

# Syringe service programs (SSPs) are proven to: *reduce drug use.*

- People who use syringe service programs are five times more likely to seek substance use treatment than people who don't use SSPs.
- People who use syringe service programs are three times more likely to reduce or stop injecting drug use than people who don't use SSPs.

CDC, 2019

# SSPs in Kentucky

- In 2015, Kentucky Senate Bill 192 granted approval for Local Health Departments to operate substance abuse treatment outreach programs which
  - These programs allow participants to exchange hypodermic syringes.
  - The law states that items exchanged at the programs shall not be deemed drug paraphernalia while located at the program.
- Kentucky Department for Public Health (KDPH) published guidelines for Local Health Departments implementing harm reduction and SSPs.

# SSPs in Kentucky

## *Steps of Approval:*







# SSP Services Are Wide-Ranging and Comprehensive

- Free sterile syringes
- Safe disposal of syringes
- Referral to mental health services
- Referral to substance use disorder treatment, including Medication for Opioid Use Disorder (MOUD)
- HIV and hepatitis testing, counseling, linkage/referrals to treatment
- Other HIV and hepatitis prevention resources e.g., internal and external condoms, lube, dental dams, etc.
- Overdose Education and Naloxone Distribution (OEND)
- Immunizations: Hepatitis A and B, Mpox, influenza, and COVID-19
- Linkage to community resources (transportation, employment, housing, & food)

Introducing .....



Located at:  
**The Lee County Health  
Department Annex**  
45 Center Street  
Beattyville, KY  
606-216-6483



- Recovery Coaching
- Offender Corrections Education
- Emergency Food & Clothing
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- SMART Recovery
- Parenting Classes
- Overdose Response
- Casey's Law Advocacy
- Substance Use Treatment
- Sober Living/Transitional Housing
- Employment Readiness
- Leave Behind Program
- New Beginnings Program
- Food Commodities (60+)
- Telehealth- physical & behavioral
- Anger Management

One Stop Resource Center for anybody in **Addiction** and **Recovery!**  
Come See Us!

# Whitley County Health Department

## *Collaborating With Corrections*



- Opioid overdose is the leading cause of death among people recently released from incarceration.

Wadell et al., 2020

# Whitley County Health Department

## *Collaborating With Corrections*



### **Whitley County Health Department**



**368 Penny Lane in Williamsburg:** Tuesdays & Thursdays

Call 606-549-3380, 8 am to 4 pm

**3750 Cumberland Falls Hwy in Corbin:** Mondays & Wednesdays

Call 606-528-5613, 8 am to 4 pm

- Vaccines
- Free confidential testing for HIV, Hepatitis C, and other sexually transmitted infections
- Narcan and overdose prevention
- Safe disposal of used needles
- Clean needles
- Treatment referrals and connection to services
- Education

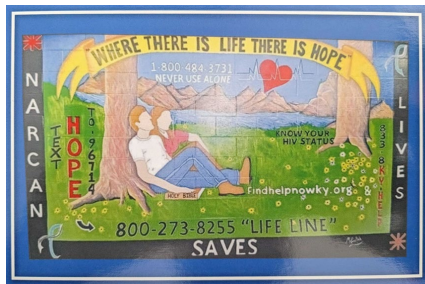
Never Use Alone: 1-800-484-3731

Treatment Help: Findhelpnowky.org or 1-833-8KY-HELP

Lifeline: 1-800-273-8255 or text HOPE to 96714

# Whitley County Health Department

## *Collaborating With Corrections*




The keys to finding treatment are at your fingertips.


ENTER treatment    SHIFT focus    CONTROL addiction

findhelpnowky.org

IN LESS THAN A MINUTE  
Get a list of every Kentucky-based addiction treatment provider accepting clients right now.



VISIT THIS WEBSITE:

 **FINDRECOVERY HOUSINGNOWKY.ORG**

Finding recovery housing options for your clients and patients is now easier than ever.

 **NEVER USE ALONE**

No Judgement  
No Shaming  
No Preaching  
**JUST LOVE!**

Call if you're going to use when you're alone. An operator will ask for your first name, EXACT location, and the # you're calling from. If you stop responding after using, we will notify EMS of an "Unresponsive Person" at your location.

1(800)484-3731  
[www.NeverUseAlone.com](http://www.NeverUseAlone.com)



Emergent BioSolutions

# Whitley County Health Department

## *Collaborating With First Responders*



People who use  
Harm Reduction Programs  
are taking a step  
toward being healthier.



When people take that step,  
we meet them with respect,  
*without*  
judgement, shame,  
or pressure.

When we meet people  
where they are,  
*with respect,*  
and we offer  
what we have,

folks are often  
encouraged,  
and choose to take  
another step.

# What's Harm Reduction?

*Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.*

-National Harm Reduction Coalition, 2020

People who use drugs face stigma.

# STIGMA

*is a preconceived negative judgement  
of any specific population.*

Sexism, racism, classism, homophobia,  
transphobia, ableism, and ageism  
are all forms of stigma.

People who use drugs face stigma.

**STIGMA**

*is the opposite of*

**RESPECT**

# People who use drugs face stigma

## from healthcare providers when:

- we communicate condescendingly or dismissively
- we shame or blame them for having health problems
- we make them wait longer than other patients
- we assume they are seeking drugs when they are seeking care
- we don't provide the same level of care that we provide to other patients
- we expect them to abstain from using
- we expect them to be trying to quit
- we call them *junkies*, *crackheads*, or *addicts*
- we call them *drug users* instead of *people who use drugs*

# People who use drugs face stigma.

When people who use drugs experience stigma from healthcare providers, they become less likely to seek care when they need it.

People who experience stigma are often unable to get what they need to stay healthy.



# Why Harm Reduction?

We know that people who use drugs face stigma.

We know that stigma places people at risk.

We minimize that risk when we treat people with respect.

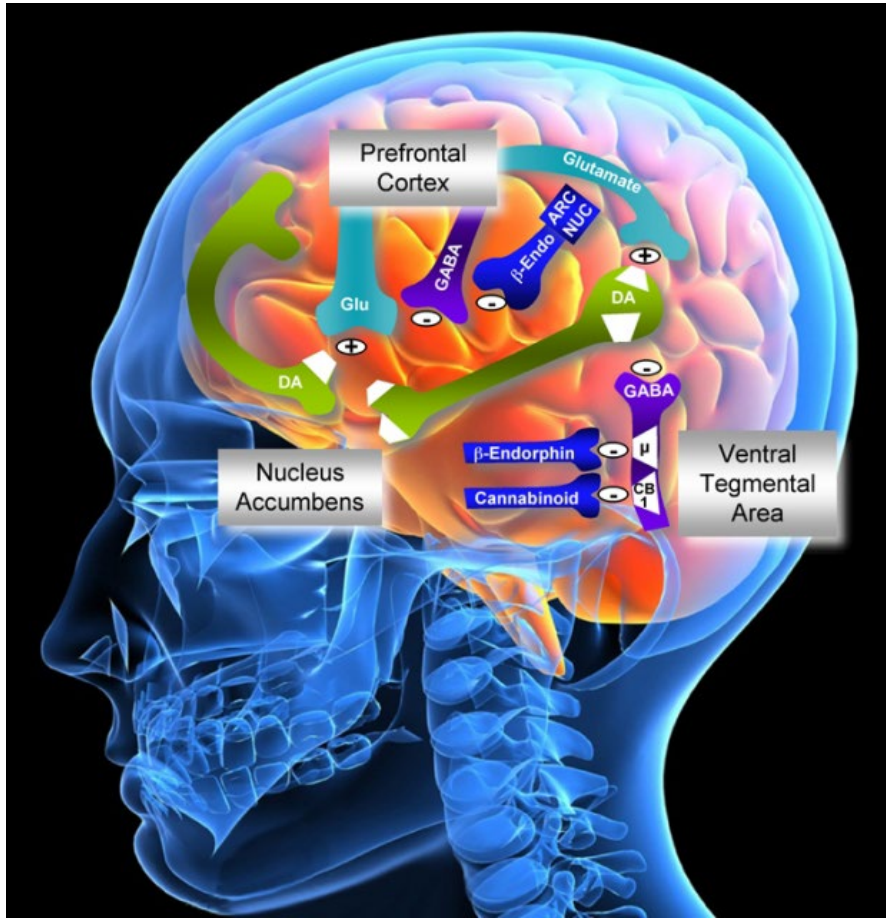
# This is Harm Reduction.

# People who use drugs face stigma.

“A particular feature  
of stigma in healthcare  
is that it persists  
despite evidence to the contrary.”

Liberto and Fornili 2013

# The evidence is this:

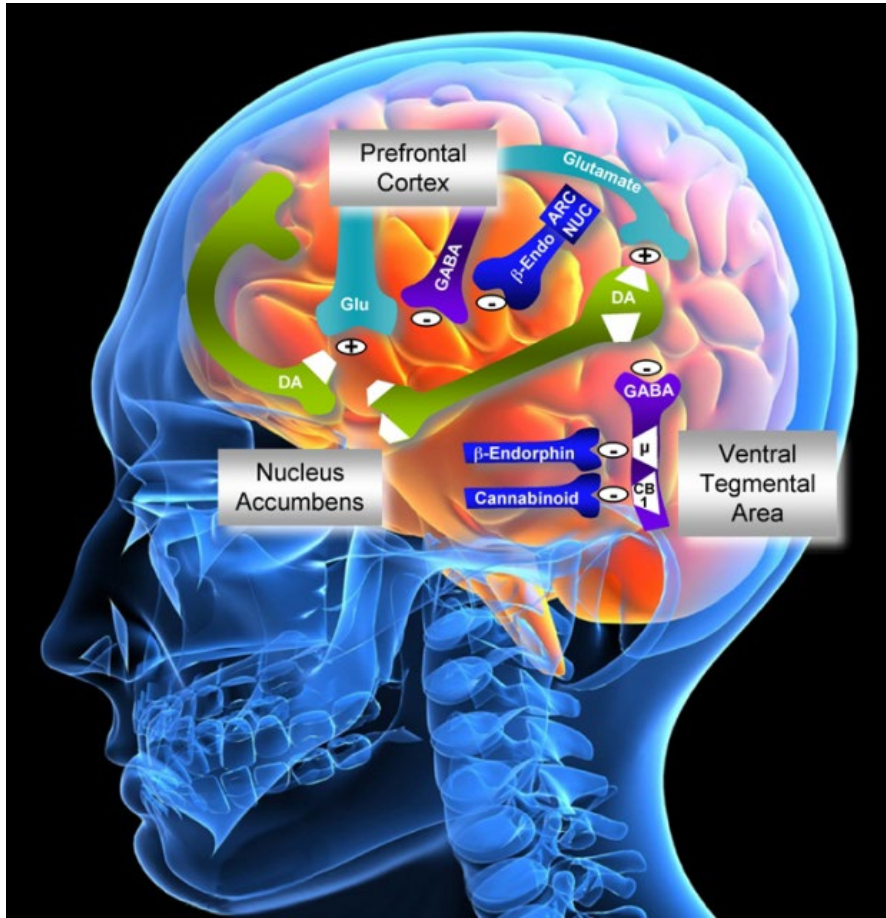


MAT Clinics

Substance Use Disorder  
(SUD)  
is the result of many  
complex changes  
that happen  
in the brain.

Harvard Health Publishing, 2020

# The evidence is this:

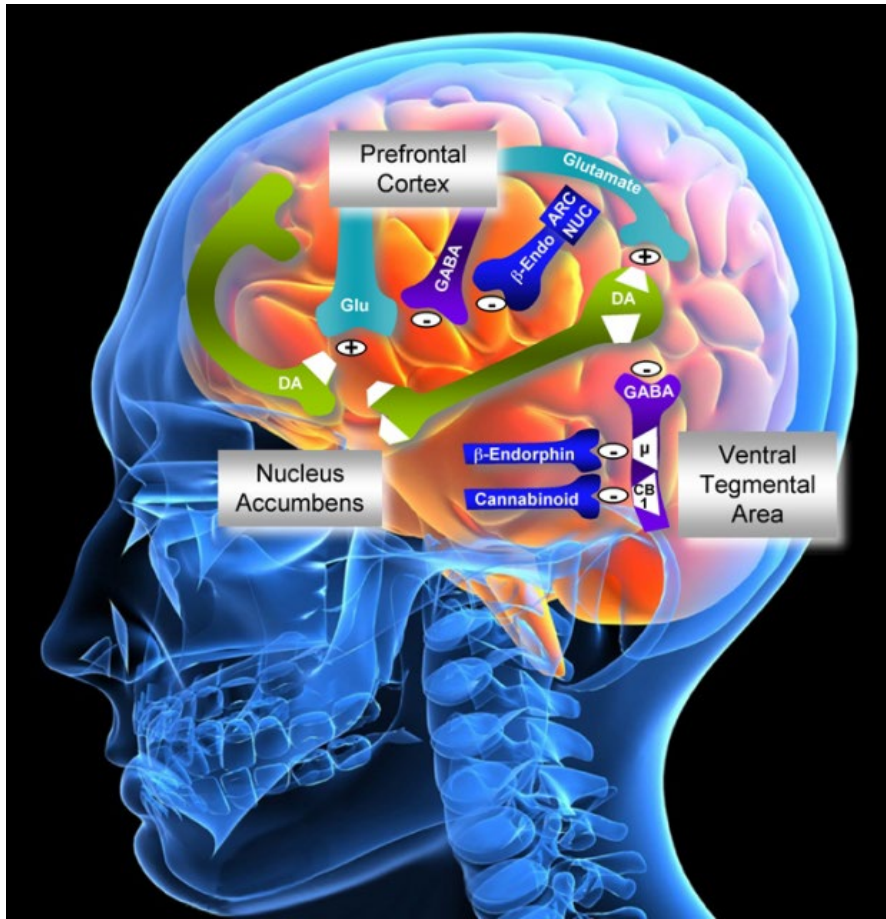


MAT Clinics

Research has shown that certain individuals are genetically more likely to experience these brain changes when exposed to pleasurable substances or activities.

Harvard Health Publishing, 2020

# The evidence is this:

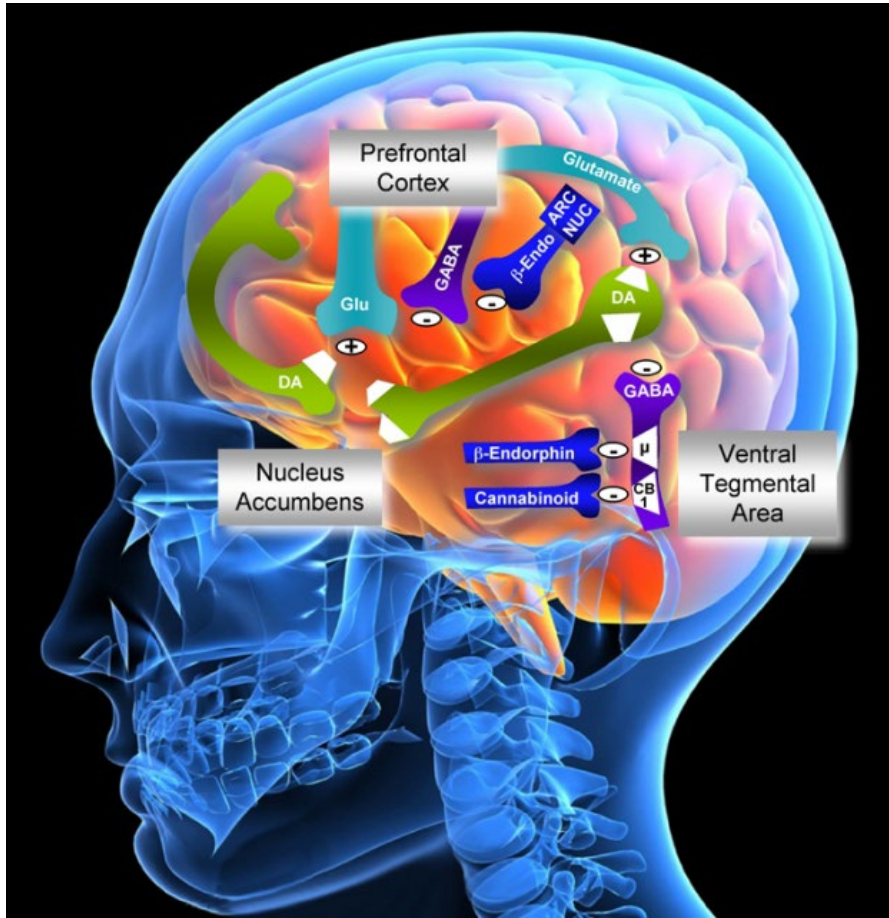


MAT Clinics

People with a history of adverse childhood experiences (ACEs), are far more likely to experience SUD than the general population.

SAMHSA, 2019

# Ignoring this evidence



MAT Clinics

perpetuates  
**STIGMA.**

Often, when  
people who use drugs  
first visit an SSP,  
they have not been in contact  
with the healthcare system  
for a long time.

So, we meet people  
where they are,  
with respect,  
and we say,



# WELCOME!

We're glad you're here.

# References:

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# How can agencies order free naloxone?

Healing Communities Study (HCS) Wave 2 Counties: Bourbon, Campbell, Carter, Greenup, Jefferson, Jessamine, Knox and Mason contact: [Jennifer.miles@uky.edu](mailto:Jennifer.miles@uky.edu)



check here to see if FR-CARA eligible:  
[FR-CARA NARCAN® \(naloxone\) Request Form - Kentucky Harm Reduction Program \(readyop.com\)](#)  
*order here if eligible*  
*(eligible counties change 9/23)*

NOT HCS Wave 2



NOT FR-CARA eligible



Law Enforcement (including School Resource Officers) can order here:  
[ODCP Law Enforcement Naloxone Request Form - Kentucky Harm Reduction Program \(readyop.com\)](#)



For ALL other requests, contact your local health department.



# Questions?

## Thank you!

Chris Smith RN, BSN

Program Manager, Overdose Prevention

[chriss@ky.gov](mailto:chriss@ky.gov)

502-229-2398



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