Evaluating Harm Reduction Programming Across Localities

Harm Reduction Services for People Who Use Drugs: Exploring Data Collection, Evidence Gaps, and Research Needs – A Workshop

National Academies of Sciences, Engineering, and Medicine

January 30th, 2023

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people place & health collective

PPHC
at Brown University

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Disclosures

My program of research is supported by grants from the:

- National Institutes of Health

- Arnold Ventures

- Vital Strategies

- Open Society Foundations

I serve as an expert advisor to the Rhode Island Governor's Overdose Task Force and the state of Rhode Island Opioid Settlement Advisory Committee

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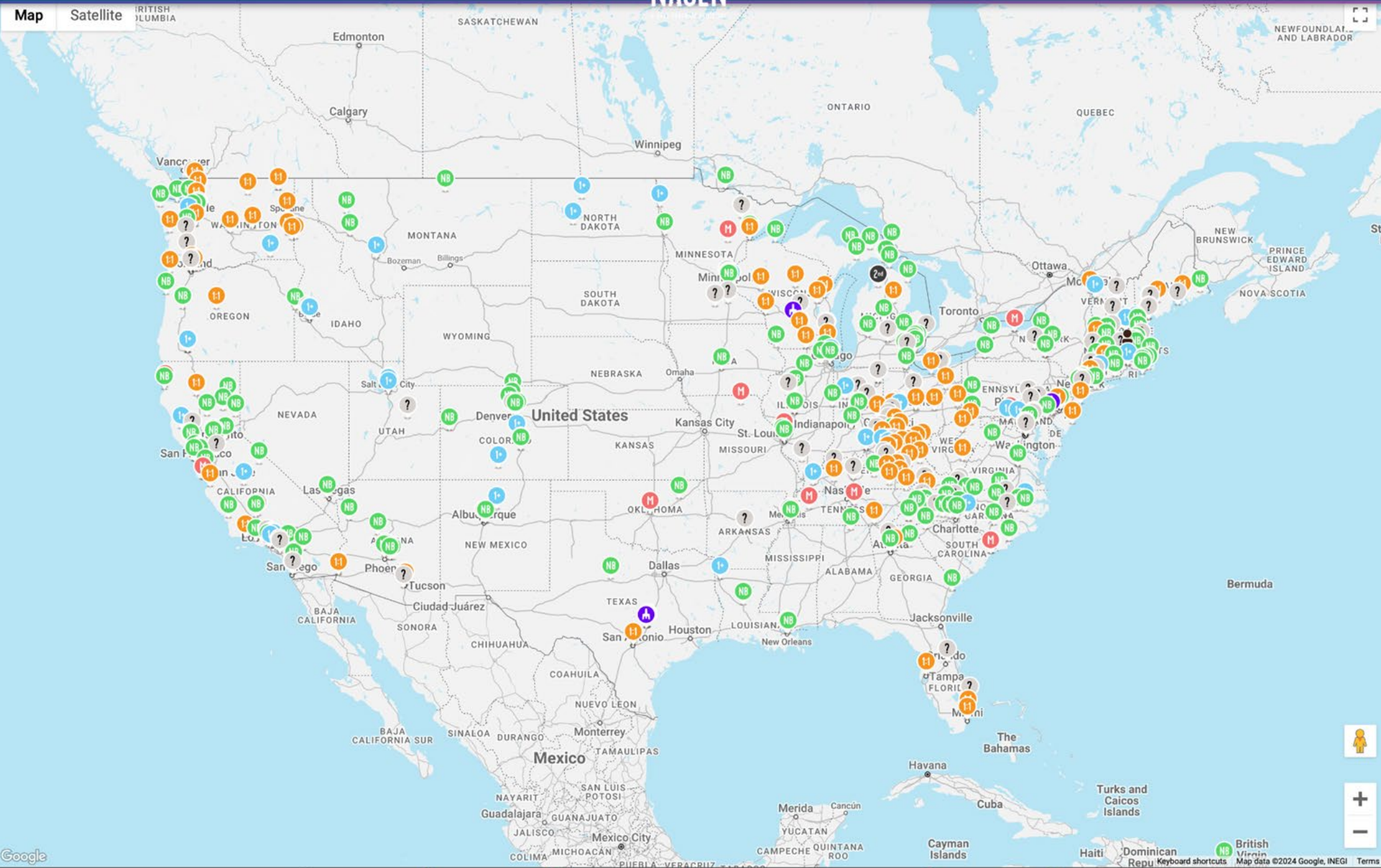BROWN
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Session Objectives

1. Examine the current state of data collection coverage and gaps at the local and state levels

2. Explore the tension between data demands and ability to provide harm reduction services to PWUD

3. Discuss whether harm reduction data ought to be shared across programs, and if so, how

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4. Discuss evidence on barriers to the implementation of harm reduction services at the local and state levels

5. Discuss evidence needs to guide implementation strategies

6. Discuss the effects that laws can have at state/local levels as barriers or facilitators

NASEN

Map | Satellite

Legend:
- **?** Undisclosed
- **1:1** One-to-one
- **1+** One+
- **NB** Need-based
- **2nd** Secondary
- **M** Mobile
- **Naloxone**

Harm reduction data at the state/local level

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Current approaches mostly focus on **distribution** (process metrics) rather than **coverage** (a metric of meeting needs) or **health outcomes** (outcome metrics)

Challenges include:

- Lack of resources

- Tension between data collection and service provision

- Need for anonymous data collection

Maine Drug Data Hub Home

Welcome to the Maine Drug Data Hub

Syringe Access Program

Click on the map points to view SAP website.

Source: Maine Center for Disease Control and Prevention, Syringe Service Programs in Maine Annual Report, 2020.

Total and New Enrollees in Syringe Access Programs, 2006-2022
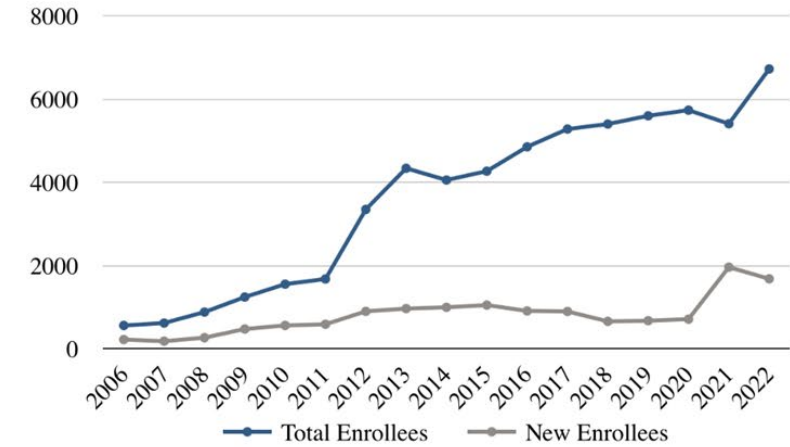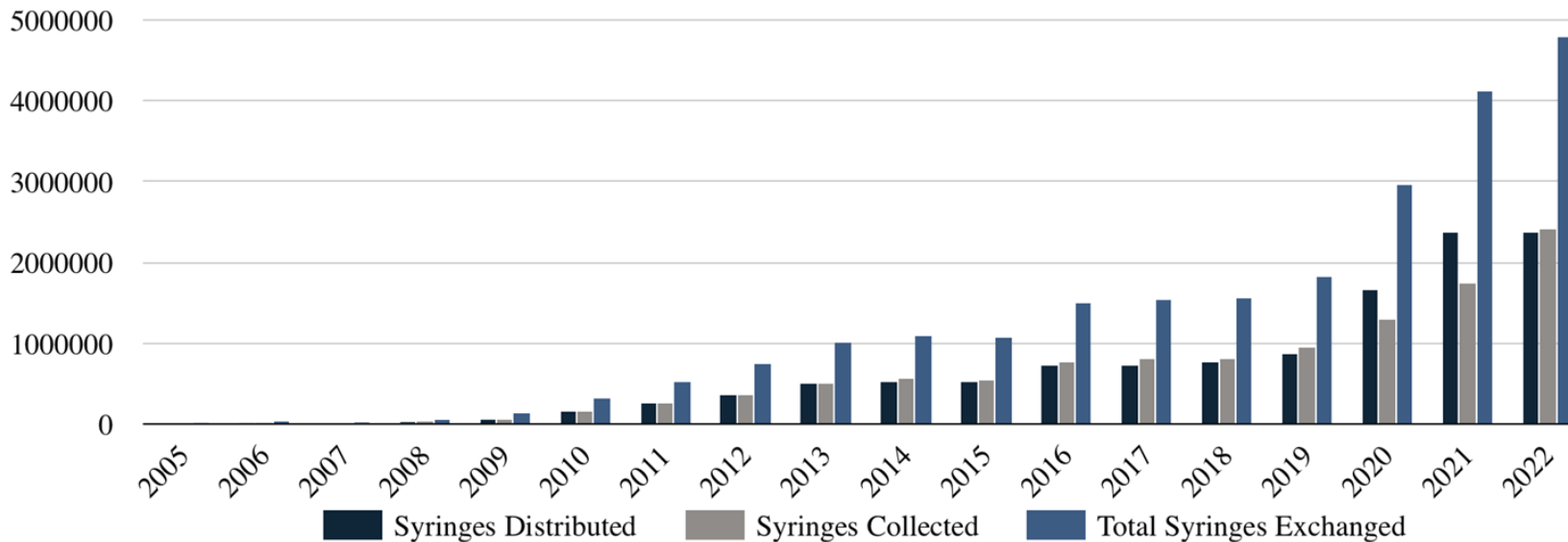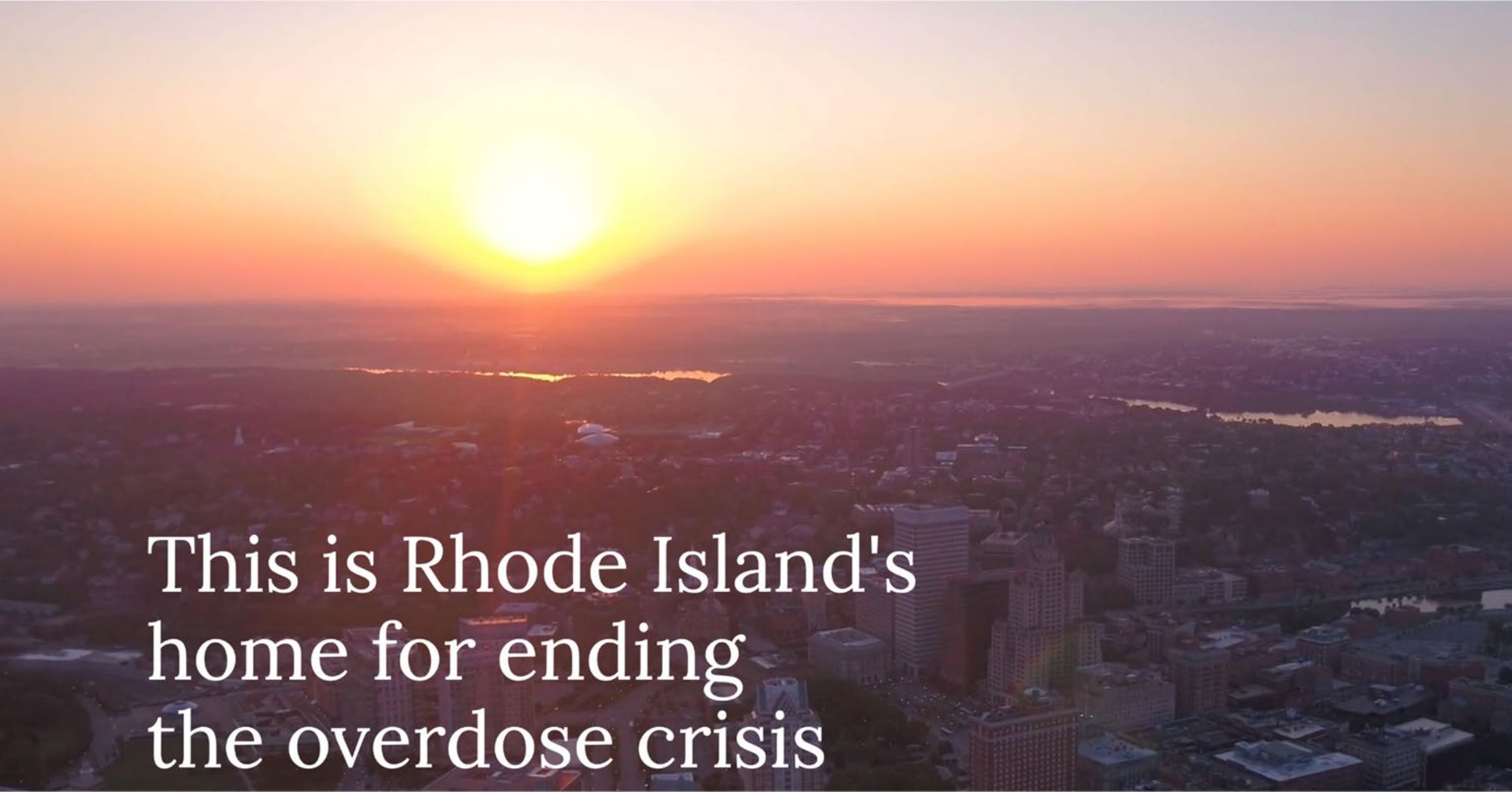

— Total Enrollees   — New Enrollees

Chart by Visualizer

Source: Maine Center for Disease Control and Prevention, Syringe Service Programs in Maine Annual Report, 2020.

Total Number of Syringes Distributed and Collected at Syringe Access Programs, 2005-2022

■ Syringes Distributed   ■ Syringes Collected   ■ Total Syringes Exchanged
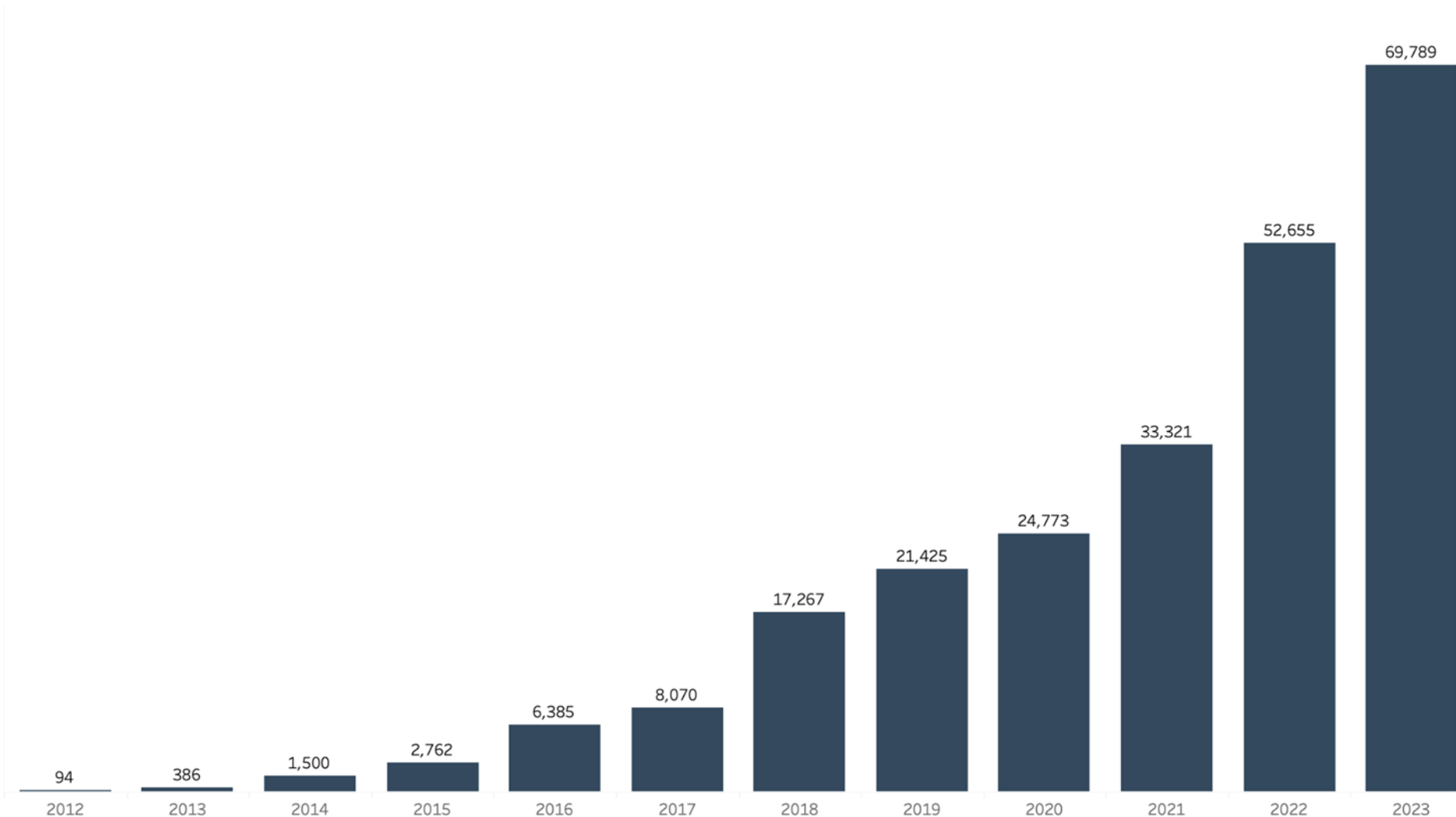
https://mainedrugdata.org/

This is Rhode Island's home for ending the overdose crisis

We need naloxone in every town in Rhode Island

In our state, community programs and pharmacies are working hard to get naloxone into the hands of people who need it. This bar chart shows us how many naloxone kits were distributed. The map below shows us where the naloxone kits were handed out in our state.

Naloxone Distribution in Rhode Island, 2012 through 2023

Year	Kits Distributed
2012	94
2013	386
2014	1,500
2015	2,762
2016	6,385
2017	8,070
2018	17,267
2019	21,425
2020	24,773
2021	33,321
2022	52,655
2023	69,789

Harm Reduction Data (Draft)

Note: This page displays data from RIDOH-funded harm reduction organizations in the state.

Note: Harm reduction data was standardized across RIDOH-funded harm reduction organizations in 2021. RIDOH-funded harm reduction organizations send data to RIDOH monthly.

Note: The RIDOH data hub harm reduction page is updated quarterly.

Harm reduction is a top priority for Rhode Island's overdose response.

Harm reduction is an evidence-based public health approach. It aims to provide tools, services, and education to keep people who use substances safer. Harm reduction organizations do this by giving supplies like **naloxone**, **fentanyl test strips**, and **sterile needles** to protect people from infections and overdose. Staff are trained to take a non-stigmatizing, person-centered approach. They connect people to basic needs like food, healthcare, housing, and peer-to-peer services.

Learn More

Safer Drug Use Practices
Resources for People who Use Drugs
Fentanyl Test Strips

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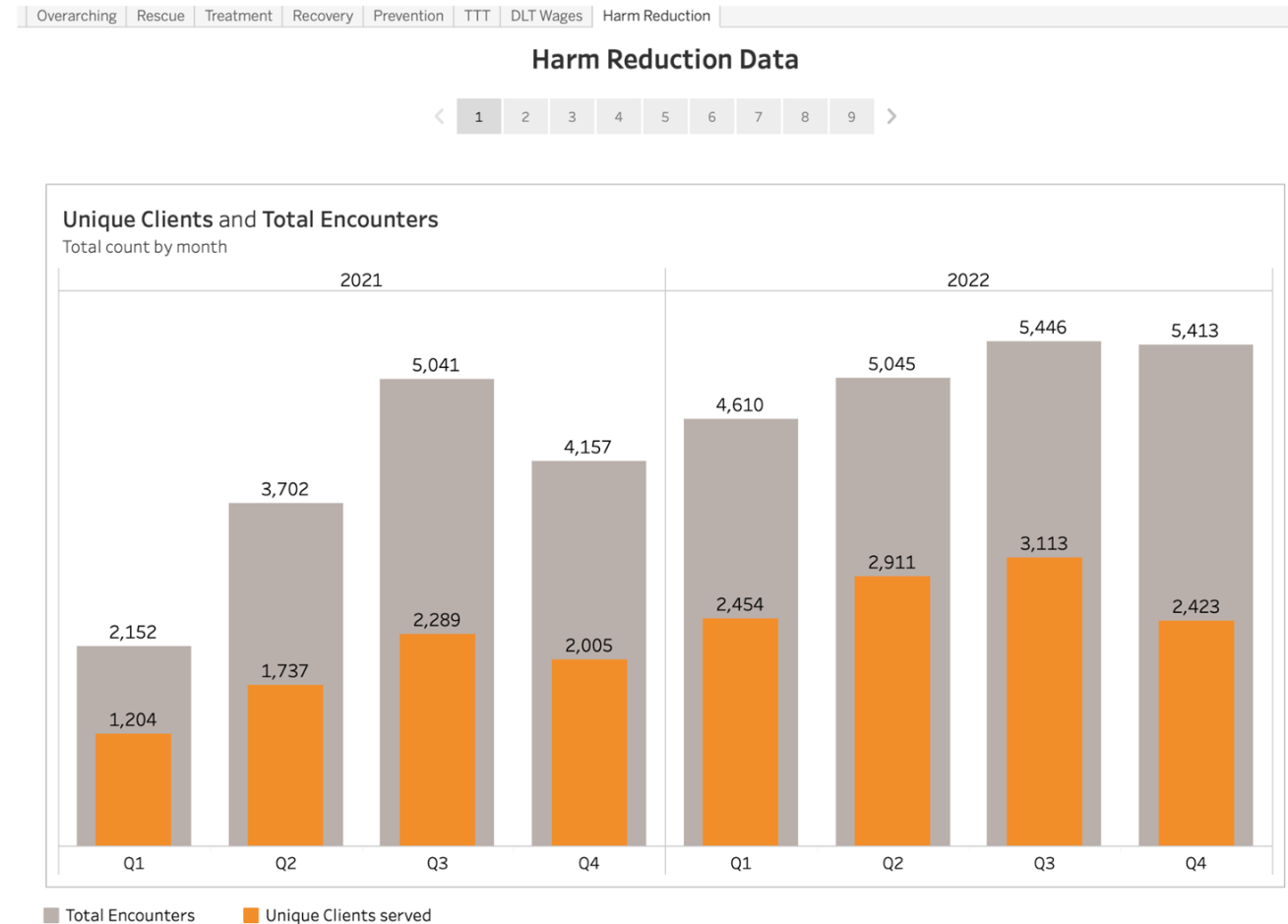
Learn More

Safer Drug Use Practices

Resources for People who Use Drugs

Fentanyl Test Strips

The need for harm reduction services is going up.

Our goal is to increase and diversify harm reduction resources across the state. These services help prevent infections and overdoses. They also connect people to supportive and health-based services.

When someone connects with a community-based organization for the first time, they are called a **unique client**. This graph tracks the total number of unique clients over time. Each time a unique client connects with the community-based organization for supplies or support, it is called an **encounter**. Encounters help us know how often unique clients get services.

Overarching | Rescue | Treatment | Recovery | Prevention | TTT | DLT Wages | Harm Reduction

Harm Reduction Data

‹ 1 2 3 4 5 6 7 8 9 ›

Unique Clients and **Total Encounters**
Total count by month

	2021				2022		

Total Encounters (gray): Q1 2,152; Q2 3,702; Q3 5,041; Q4 4,157; Q1 4,610; Q2 5,045; Q3 5,446; Q4 5,413

Unique Clients served (orange): Q1 1,204; Q2 1,737; Q3 2,289; Q4 2,005; Q1 2,454; Q2 2,911; Q3 3,113; Q4 2,423

■ Total Encounters ■ Unique Clients served

Collecting data requires **resources**

"It would be nice to have a broader support system. Meaning, like…provide us materials that would increase the way we do our data. Like, more computers, more people, and things like that."

"This is the shit that causes that burnout fatigue is like, you know, give us resources. Give us resources, it'll be a lot easier to collect this damn data. You'll get more accurate shit and we're going to stop playing the cat-and-mouse game."

Implementing a Forecasting Dashboard for Harm Reduction and Overdose Prevention in Rhode Island (in preparation)

Tension between data collection and service provision

Provision of low-threshold, low-barrier harm reduction services is (and should) remain paramount

Innovations in anonymous, low-threshold harm reduction programs (mail order services, vending machines) increase access but further limit data collection

Data collection can interfere with relationship building during brief yet critical encounters (e.g., street outreach)

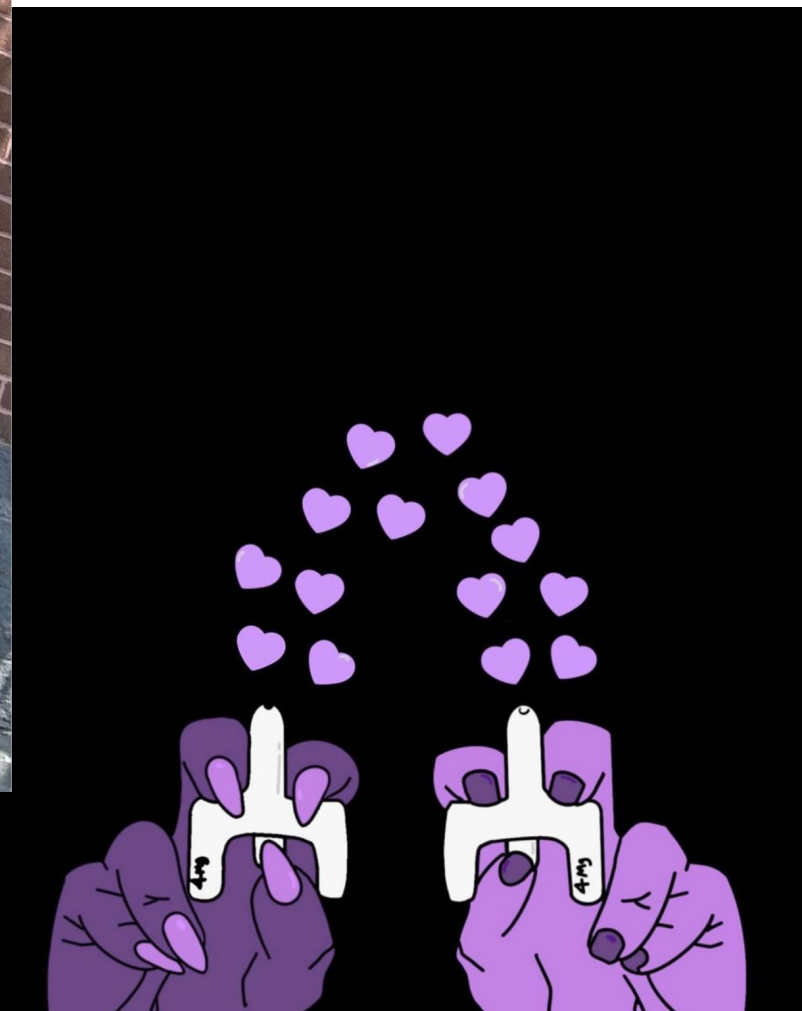# Structural determinants of data collection

Stigma, laws, and policies limit data collection, sharing, and analysis efforts

Anonymous data collection critical in many contexts,
but precludes linked analyses to study health outcomes

Much room for innovation:

- Neighborhood-based analyses

- Person-centered harm reduction surveillance

- Mathematical modeling

Original Investigation | Substance Use and Addiction

Comparing Projected Fatal Overdose Outcomes and Costs of Strategies to Expand Community-Based Distribution of Naloxone in Rhode Island

Xiao Zang, PhD; Sam E. Bessey, MS; Maxwell S. Krieger, BS; Benjamin D. Hallowell, PhD; Jennifer A. Koziol, MPH; Shayla Nolen, MPH; Czarina N. Behrends, PhD; Sean M. Murphy, PhD; Alexander Y. Walley, MD; Benjamin P. Linas, MD; Bruce R. Schackman, PhD; Brandon D. L. Marshall, PhD

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thank you!