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This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Institute for Medical Quality/California Medical Association (IMQ/CMA) through the joint providership of Cardea and Northwest Portland Area Indian Health Board. Cardea is accredited by the IMQ/CMA to provide continuing medical education for physicians.

Cardea designates this in-person training for a maximum of 6.75 *AMA PRA Category 1 Credit(s)*TM. Physicians should claim credit commensurate with the extent of their participation in the activity.



DISCLOSURES

COMPLETING THIS ACTIVITY

Upon successful completion of this activity 6.75 contact hours will be awarded
Successful completion of this continuing education activity includes the following:

- Attending the entire CE activity;
- Completing the online evaluation;
- Submitting an online CE request.

Your certificate will be sent via email

If you have any questions about this CE activity, contact Michelle Daugherty at mdaugherty@cardeaservices.org or (206) 447-9538



CONFLICT OF INTEREST

Lisa Townshend-Bulson is a principal co-investigator on a grant that is partially funded by Gilead.

None of the other planners or presenters of this CE activity have any relevant financial relationships with any commercial entities pertaining to this activity.



Acknowledgement

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The Indian Health Service HIV Program
and

The Secretary's Minority AIDS Initiative Fund



Starting a Syringe Services Program at a Primary Care Facility

Jessica Rienstra RN

The Lummi Tribal Health Center is located in Bellingham, Washington on the Lummi Nation.



Established in 1978, LTHC serves close to 6,500 patients. The Lummi Nation operates an ambulatory direct care facility under a Self-Governance Compact with the IHS. The center offers general comprehensive medical and dental, mental health and substance abuse counseling, WIC, family planning, community health outreach (CHR) and health education. 60% of LTHC employees are community members.

Overview

- Lummi Tribal Health Center started a Needle Exchange Program in 2013, which successfully exchanged 3430 needles, however the program came to a halt during it's first year.
- Restarting in late 2015, the needle exchange program (now Primary Integrated Care Syringe Service Program) has reformatted to an integrated primary care visit that offers increased privacy as well as access to primary care

Principles of Harm Reduction

Harm reduction incorporates a spectrum of strategies from safer use, to managed use to abstinence to meet people who inject “where they’re at,” addressing conditions of use along with the use itself. Because harm reduction demands that interventions and policies designed to serve users reflect specific individual and community needs, there is no universal definition of or formula for implementing harm reduction.

Why did LTHC PICSSP begin?

American Indian and Alaska Native alone account for 3.2% of Whatcom County's population.

In 2012 40% of new HCV cases in Whatcom county were Native American. This identified a significant health disparity.

In an effort to prevent and decrease transmission and acquisition of blood borne infection, a needle exchange program was started at LTHC in 2013. A policy was developed by clinic staff.

Purpose

The purpose of the Syringe Services Program (SSP) is to:

- Decrease transmission and acquisition of blood borne infections.
- Reduce the amount of contaminated syringes and needles in public places.
- Reduce the sharing behavior of all parts of the drug preparation and injection process
- Promote wellness through individualized education, referrals, medical care, specific testing and treatment

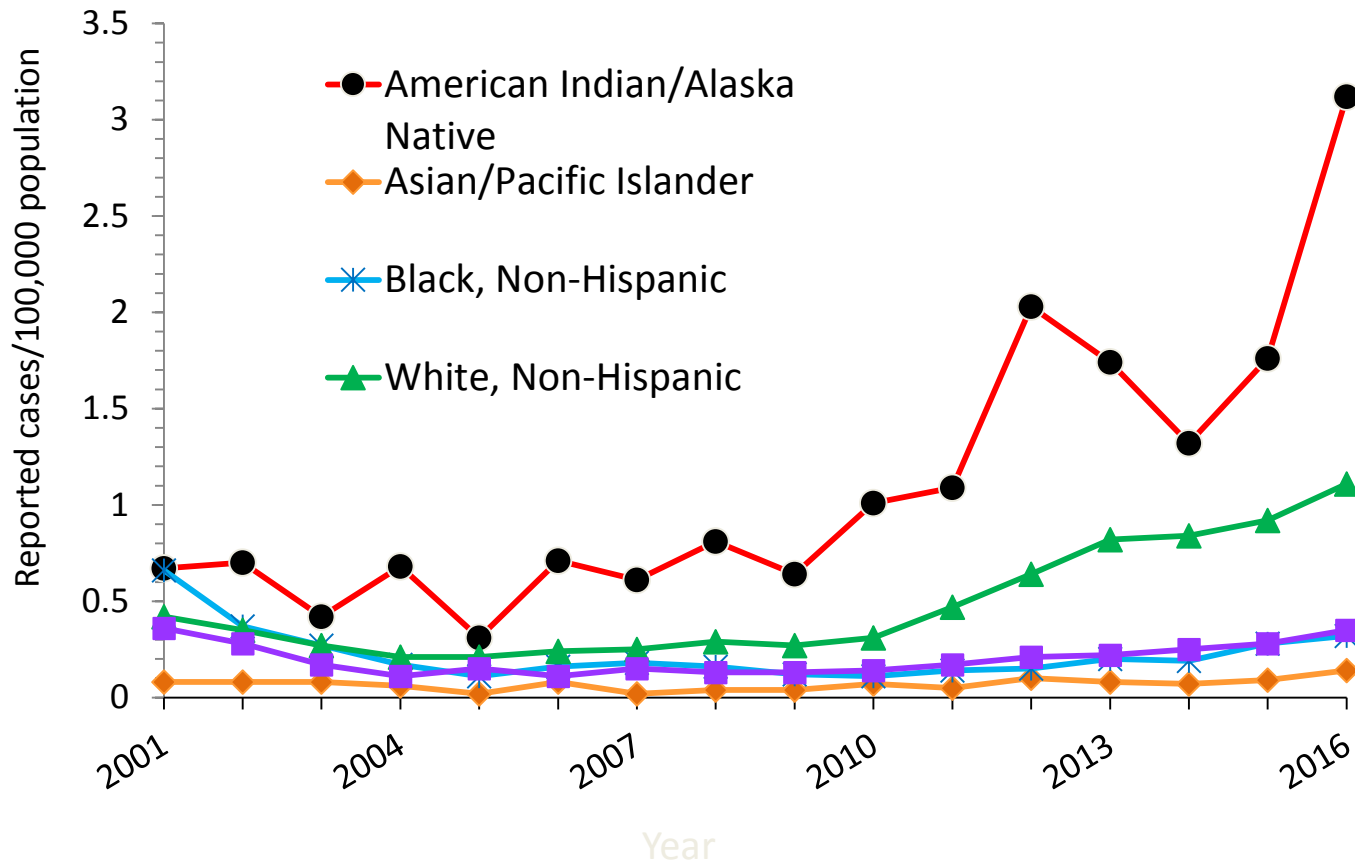
Harm Reduction: Materials, services and strategies that reduce the likelihood of blood borne diseases and negative consequences of substance use

Procedure

1. The syringe services program is open to anyone desiring to exchange syringes on the Lummi reservation
2. The nurses and public health nurses at Lummi Tribal Health Center (LTHC) conduct the PICSSP. Trained volunteers may provide program support.
3. The nurses or trained volunteers provide Harm Reduction materials and education during each point of contact.
4. The PHN or other nurses or trained volunteers will assess and determine the type and quantity of supplies necessary.

LTHC posts signs stating “LTHC Does Not Tolerate Illegal Drug Activity On The Premises”.

Incidence of Acute Hepatitis C by Race/Ethnicity (USA)

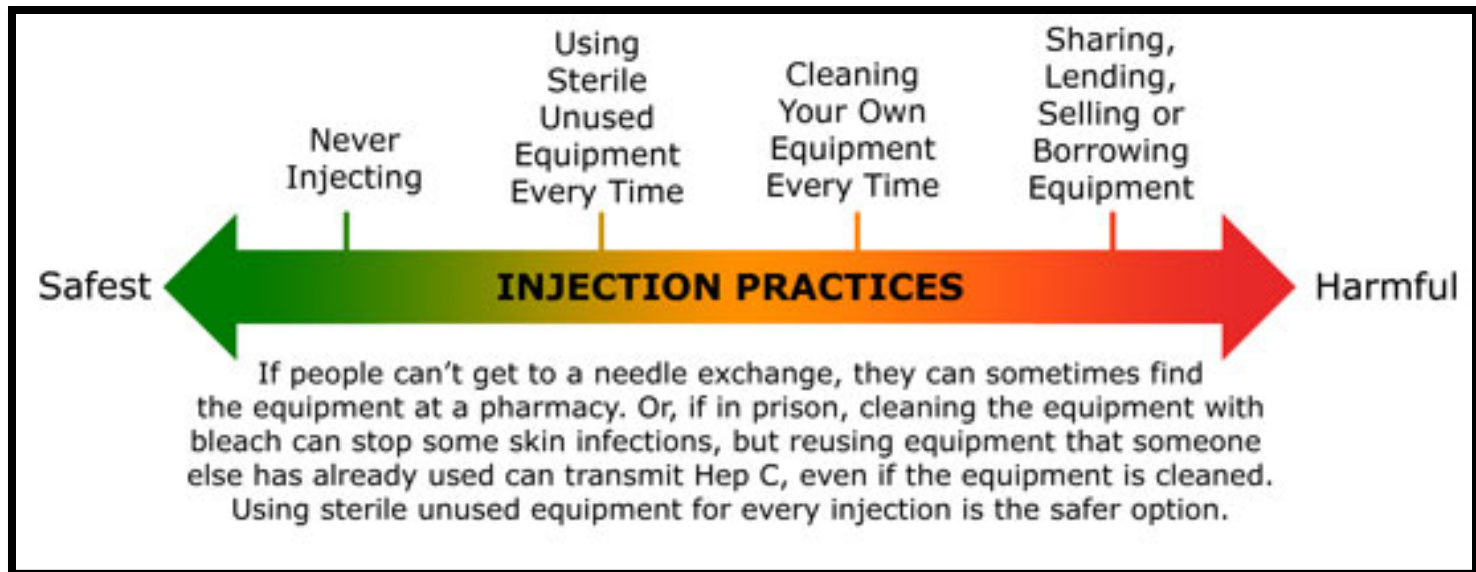


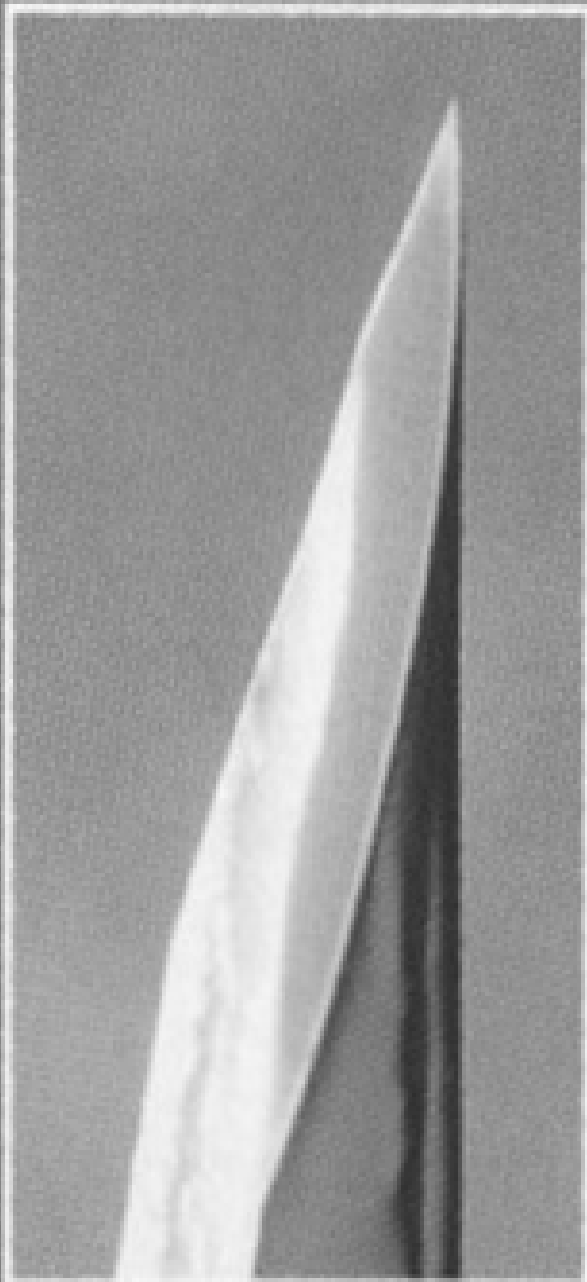
**ALL PATIENTS
DESERVE ACCESS TO
TREATMENT**

Offering HCV treatment to all patients, including those actively or intermittently injecting, requires an optimization of a syringe program to minimize any future exposures.

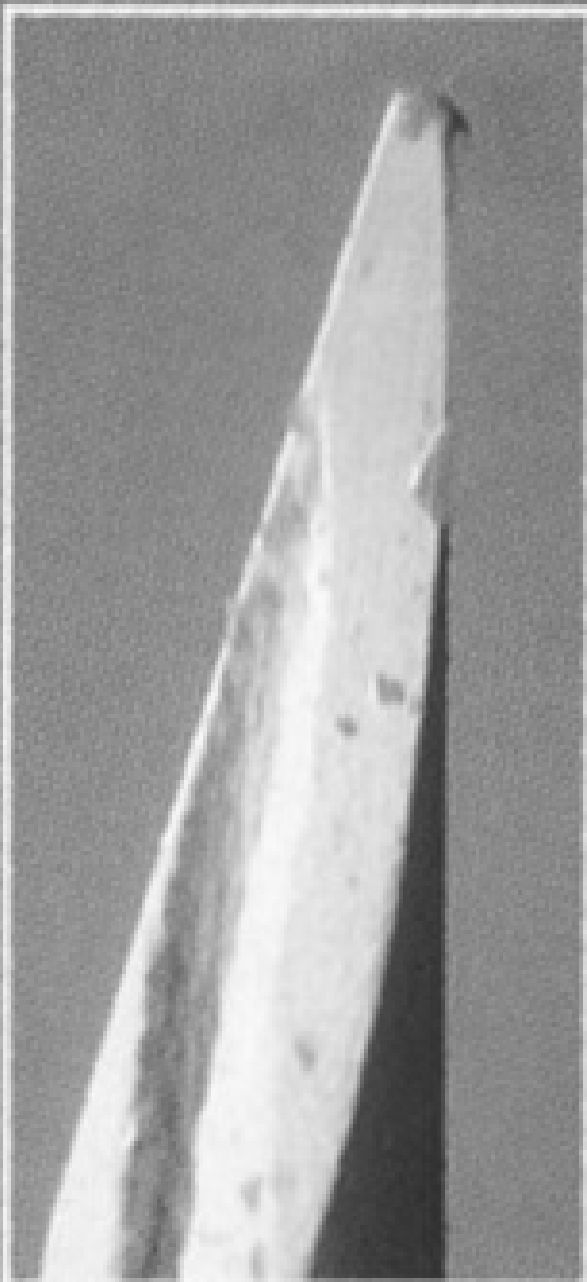
Lummi Tribal Health Center (LTHC) offers a Primary Integrated Care Syringe Service Program that allows patients to access harm reduction materials while maintaining anonymity.

LTHC offers screening and treatment for Hepatitis C through Primary Care Providers participating in ECHO sessions.

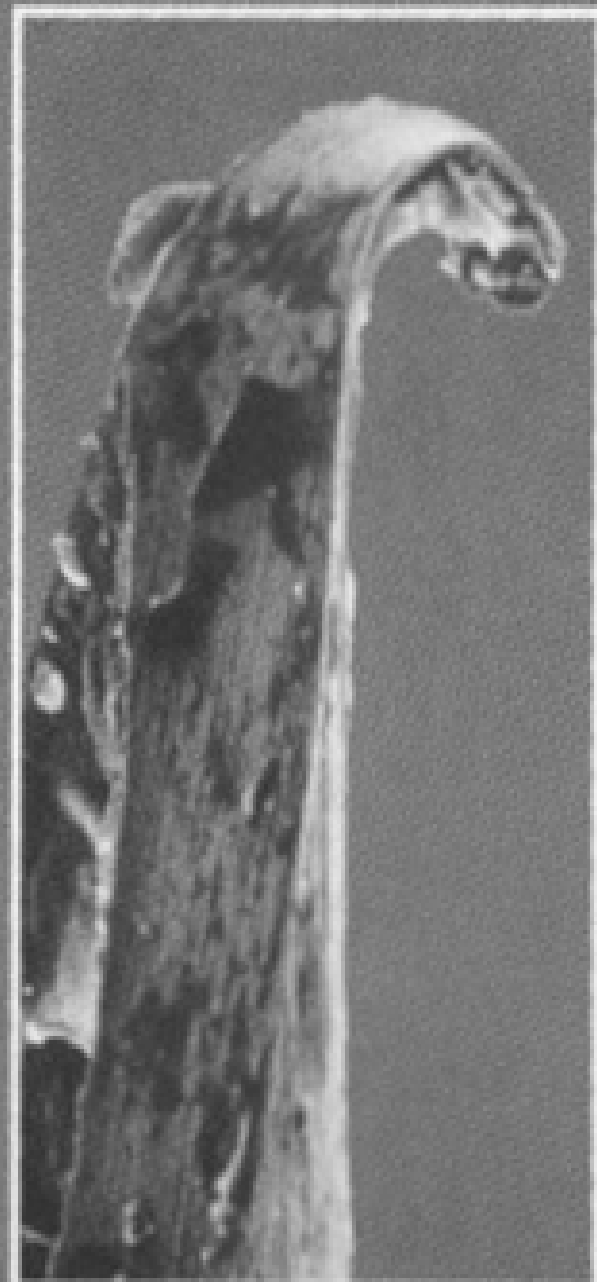




BEFORE USE



AFTER 1 USE



AFTER 6 USES

Supplies:

These may include but are not limited to the following prevention items:

- Sterile syringes 1 mL (generally with 27 g 1/2in needles)
- Alcohol prep pads
- Cookers
- Cotton filters
- Sterile water
- Bandages
- Condoms
- Tourniquet



Easy and SAFE access to Narcan



Basic Harm Reduction Principles

- Accepts, for better and or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them.
- Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe abuse to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others.
- Establishes quality of individual and community life and well-being—not necessarily cessation of all drug use—as the criteria for successful interventions and policies.
- Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities affect both people’s vulnerability to and capacity for effectively dealing with drug-related harm.
- Does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use.



Human-centered design. Meeting people where they are and really taking their needs and feedback into account. When you let people participate in the design process, you find that they often have ingenious ideas about what would really help them. And it's not a onetime thing; it's an iterative process.

— *Melinda Gates* —

HARM REDUCTION

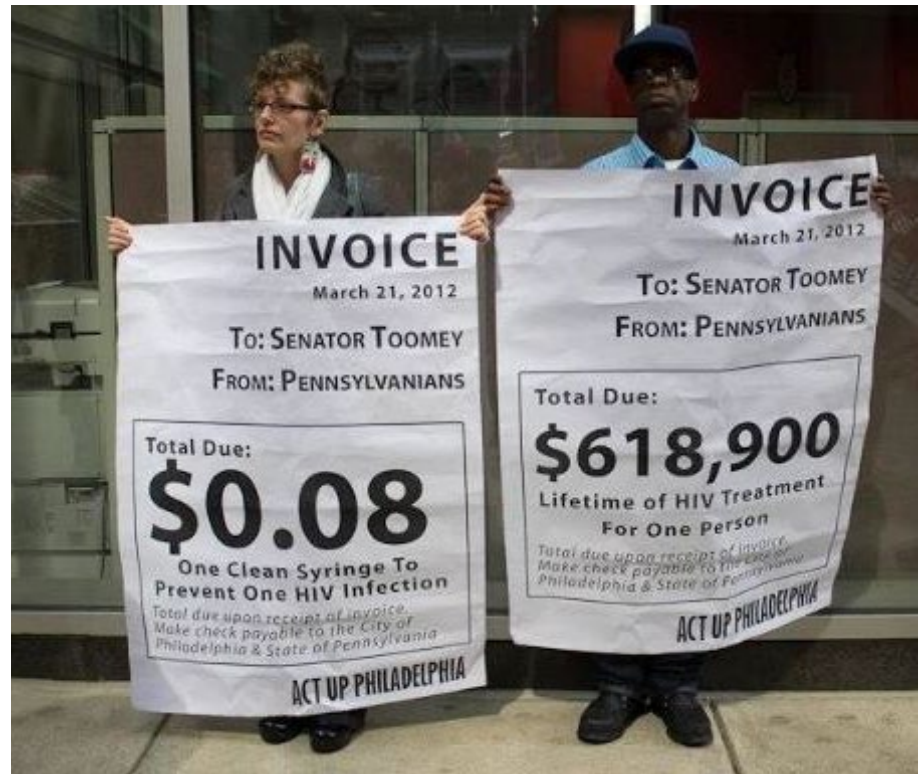
- Is a practical strategy that attempts to reduce negative consequences of drug use and other activities.
- Accepts that some will engage in dangerous activities, but does not attempt to minimize the harm or dangers involved.
- Focuses on the individual and their health and wellness needs.
- Places individuals in the greater social context.
- Places a value on drug users having a voice in the creation of programs and policies designed to serve them.

- Prevention of injection-related wounds
- Prevention of secondary infections (endocarditis, cotton fever)
- Safer injection technique
- Alternatives to injecting
- Overdose prevention and response
- Immunization
- STI testing
- Safer sex supplies
- Case management
- Addiction treatment
- Allows patients access to Primary Care that they previously did not seek out
- Connects patients to Recovery and Treatment options

Harm Reduction is Cost Effective

Every dollar invested in
SSPs results in
\$7 in savings

just by preventing new HIV
infections.¹



2015: 200

2016: 6155

2017: 8914

2018: ~15,000 and counting





SHARPS

LTAC



What is Addiction?

Addiction is defined as a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences. It is considered a brain disease because drugs change the brain—they change its structure and how it works. These brain changes can be long-lasting, and lead to the harmful behaviors seen in people who abuse drugs.

- Integrated primary care SSP offers patients a higher level of anonymity and has proved to be a successful change for our clinic.
- Fostering an individual connection with our patients has rebuilt trust and relationship with our PWI population and has strengthened our program and allowed for innovative changes.



THANK YOU!

Jessicar@lummi-nsn.gov

360 312 2426

RESOURCES

www.Harmreduction.org

<http://stopoverdose.org/>

<https://nasen.org/>

Local County Health Departments

Good Days Foundation : <https://www.mygooddays.org/for-patients/patient-assistance/>

Mary Beth Levin “Why Should Anyone Care” Harm Reduction