2022 National Recovery Month: Harm Reduction

Announcer:

Welcome, and thank you for listening to this recording, part of the Comprehensive Opioid, Stimulant, and Substance Abuse Program (or "COSSAP") podcast series. COSSAP provides financial and technical assistance to states and units of local and Indian tribal governments to plan, develop, and implement comprehensive efforts to identify, respond to, treat, and support those impacted by the opioid epidemic. Since 2017, BJA has supported innovative work on these COSSAP sites across the nation.

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Jacob Walls:

Hello, and welcome to our podcast for the Comprehensive Opioid, Stimulant, and Substance Abuse Program, known as COSSAP. It is an initiative of the Bureau of Justice Assistance. I'm your host, Jacob Walls, with TASC's Center for Health and Justice. CHJ is one of the technical and training assistance providers under the COSSAP grant. We are here to celebrate National Recovery Month. This podcast series highlights the role harm reduction, specialized case management, and peer support services play in deflection and recovery journeys. These conversations are joined by panelists from across the country who are experts in their respective fields that strive towards helping individuals suffering from a substance use disorder.

For the first responder at deflection podcasts, reducing harms associated with substance abuse and co-occurring mental health issues through first responder deflection, CHJ is joined with Dr. Brandee Izquierdo with the Stop the Addiction Fatality Epidemic, known as the SAFE Project, and Cameron Breen, who is an overdose response technician from Waterbury, Connecticut, through their Warm Handoff Program. Drawing on harm reduction philosophies, this first podcast will cover how they implement harm reduction and deflection programs. Briefly explaining the neuroscience of addiction, this podcast will cover what harm reduction programming and deflection looks like and why it works.

Thank you, Brandee and Cameron, for being panelists for our Podcast One, *Reducing Harms Associated With Substance Use Disorder and Co-Occurring Mental Health Issues Through First Responder Deflection*. For the first question, I'll go to you, Brandee. Tell us about your harm reduction philosophy and how your program has impacted your participants.

Brandee Izquierdo: Yeah, thanks, Jacob. For us, we're a national nonprofit, so I think in terms of harm reduction, one of our main missions or goals is to save lives, and the harm reduction philosophy is really embedded in that saving-life scenario. It's really about . . . to be honest and candid, no one can seek a path of wellness if they're not here. So, when we talk about harm reduction, it's how do we alleviate or mitigate harm for that person as they identify it? So, it's really important for us to meet people where they are within their process and within their journey and not really push one specific pathway of recovery over another onto individuals. So, that's really how our philosophy permeates throughout the nation. And what I find interesting is we've been practicing harm reduction for years, decades; it's just now coming to the light that with the high overdose rates, the high fatality rates, that it's really important for us, as a nation, to recognize that the prime goal here is to reduce those harms so that we can keep people alive and start their journey of wellness.

Jacob: Thank you for that answer, Brandee. And Cameron, I'll turn over to you about Waterbury's harm reduction philosophy, how that's impacted their participants.

Cameron Breen: So, just as Brandy was stating, it's really about meeting people where they're at and, again, not pushing one specific pathway of recovery. Our harm reduction philosophy of, again, piggybacking on what Brandee said, is that we cannot reduce harm and reduce risk if the person is no longer alive. So, our goal of implementing our Warm Handoff to Care Program was to get recovery coaches on-scene with police department officials, officers, to connect the overdose survivors to treatment, harm reduction supplies, exactly where they're at, making sure the families have it, making sure the person who may still be experiencing substance use disorder has it, making sure family members are connected to support resources for themselves as well as overdose survivors across the spectrum.

So, if they're interested in detoxes or inpatient/outpatient facilities, truly meeting the individual where they're at, not trying to push them, but kind of utilizing a little bit of motivational interviewing to get them maybe to that next step to move towards change through that next step of the stages of change. To try to get them . . . maybe they say they're

on the scale of "how close are you to being ready to go to treatment today?" And they might say, "Three." "How can I get you to four? Or how can I get you to a five today? What do we need to do to try to start your path of recovery today?"

Jacob: Thank you for that, Cameron. And I know Brandee mentioned that they've been practicing, on the national scale, their harm reduction techniques for several years now. How long has Waterbury been practicing their harm reduction philosophy?

Cameron: Waterbury's Warm Handoff to Care Program, the program where we respond with the police officers to overdose scenes, has been implemented since 2020. We were modeled off a crisis intervention team where social workers responded to mental health calls with the police, and that has been going on in the city of Waterbury for the past 17 years. So, it's a model that's tried and true that works in the mental health field of connecting individuals to care when they're at risk of harming themselves or others, or just psychotic incidents or breaks with reality, stuff like that, making sure they're assessed, they go to the hospital, they're looked at. This was modeled after that, started in July of 2020, we actually started responding to overdose calls in August of 2020, so we're just sitting that kind of two-year running mark of recovery coaches being paired with police department officials, getting to the scenes of overdoses and hard-hit areas of the community, trying to make sure Narcan is out or naloxone is out, fentanyl testing strips, other harm reduction supplies are getting out to the community members that need them the most.

Jacob: And I know you mentioned that you really focus your harm reduction on hard-hit communities, but those communities of marginalized communities, can you touch a little bit more about that specialized harm reduction that you do?

Cameron: As far as the specialized harm reduction that we do, I mean, we're monitoring ODMAP, we're monitoring the overdoses that come in through the police department's data. So, every report that is an overdose, labeled as an overdose, is forwarded to ORT, which is my title, which is Overdose Response Technician, and so we get that, we see . . . Obviously, working in a city for a long time, you just know the marginalized communities and the hard-hit areas, but we see kind of the patterns that are happening and then we conduct outreaches in those areas as far as . . . like if a large number of overdoses are coming in Bishop-Bronson area, you know what I mean, we'll get out there, we'll do outreach with the outreach workers, cause it's an entire prevention unit here.

So, underneath COSSAP, we have the Warm Handoff Program, but we also have outreach workers who go out to the hot-spot areas and marginalized communities. And then we have . . . so that's kind of prevention before the overdose happens, and then once the overdose occurs, that's kind of where the overdose response technicians and the Warm Handoff Program comes in. And then we also have outreach workers that work with the HIV population. We do STI testing, STD testing. It's kind of all in one house under one umbrella.

Jacob: Thank you for that answer, Cameron. Now, I'll shift up with Brandee. You mentioned that your harm reduction philosophy, you work on a national scale, how has it been implementing that and the strategies you've used to use that national community, especially as we've known, depending on where you live in this country, harm reduction is viewed in different ways. So, tell me about that strategy of implementing those harm reduction philosophies.

Brandee: First of all, thank you for teeing me up for that because I'm sitting here diligently writing notes and it's just my brain keeps turning because, honestly, it's been difficult, and I say it's been difficult because when we talk about the harm reduction philosophy, that philosophy swings on a pendulum, and it really depends on who you're working with in terms of workforce and their paradigm and how they've been trained. For instance, law enforcement perhaps has not been trained necessarily on how to respond to harm reduction techniques or overdoses. And it's interesting to me sometimes because there is such a political pull across the nation on who accepts or embraces the harm reduction philosophy where others perhaps don't necessarily. You hear quite often, in the lay of the land from a national scale, that if we're practicing harm reduction, we're giving permission for individuals to use drugs.

And quite frankly, when we talk about the use of drugs or people who are using drugs, you're caught in the grips of addiction. There's a disease of addiction out there, and we have to look at it from a different perspective in terms of education. So, it's about impacting individual work forces, behavioral health, maybe a little more inept to accept harm reduction techniques, whereas law enforcement, perhaps not, because there are two different missions and two different goals. And it's really about us educating on a national scale so that we can really get the word out that if law enforcement's really specific goal is public safety, it's not a pick-and-choose public safety. It's public safety for all, all our citizens, whether they're people who are experiencing the disease of addiction, whether they're going out to do wellness checks for someone who perhaps is having suicidal ideologies, or whether there's someone out there that is experiencing a diabetic episode.

So, it's really important for us to understand that if we're talking about equity, it's equity for all and it's public safety for all. So, it's really important for us to actually educate individuals on the disease of addiction and what that looks like. Quite often, individuals who are still currently using know that there could be fatality associated with that. And quite frankly, there are certain people that will stigmatize that population, will say that it's a moral failing when it's not. And it's really important for us to really turn the tide on the perception of people who use drugs and understand that it's not a moral failing, it's a disease. And it's extremely hard, especially, for example, if someone is hit with Narcan or naloxone, just to say, "Well, you can stop using now." Being a person in recovery myself, I can tell you firsthand the shame associated with my use and having law enforcement or authoritative figures who continued to penalize me as a former justice-involved individual.

It exacerbated the situation; it didn't help the situation. So the more we can get those tools and those resources and not necessarily the expectation that law enforcement is a one-and-done deal, but bringing people like Cameron in, those overdose response technicians and those peer support specialists, people with lived experience who continue with that engagement and get people from a three to a five in accessing services. That's what this is all about, and that's how we, as an organization at SAFE Project, are really changing the way we talk about people who use drugs and how we refer to substance use disorder and understanding the risks associated with it, but not stigmatizing and shaming people, really getting them to a point where they can explore their particular path of recovery. And that's impactful and, honestly, that saves lives.

Jacob: Thank you for that, Brandee, mentioning that equity for all, and a huge part of equity is the empathy, and having people like you involved with harm reduction, seeing the other side, the empathetic side, is really important in saving lives and seeing the other point of view with addiction. I'll turn over to Tom [Thomas Bashore with TASC's Center for Health and Justice].

Tom Bashore: Thank you, Jacob. Cameron, I wanted to ask if you had any or have experienced any resistance from law enforcement officers in reference to your harm reduction efforts and what is their involvement with the harm reduction outreach that you all do?

Cameron: The Waterbury PD is very involved and I would say, honestly, very progressive doing what they did with CIT 17 years previous when not a lot of Connecticut police departments had it. I wouldn't say I've seen much resistance. I would say that I've seen questioning of tools like fentanyl testing strips and what the use is for those just based on kind

of that law enforcement mentality of where we've come from and the way that we've looked at addiction as a moral failing, as Brandee was saying, and it is absolutely not the case. So, I wouldn't say I've seen a ton of resistance. I conduct, as well as others conduct, trainings with the police department, with the cadets, when they go through the cadet training on substance use disorder, and the CIT workers train the cadets on some of the mental health disorders, the other mental health disorders. So, I wouldn't say I've seen any resistance.

I think it allows the officer . . . I'm a person with lived experience as well and in long-term recovery, and I think it allows the officer to somewhat take a step back from the situation that they may or may not know how to engage with this individual after an overdose or when they're in the grips of substance use disorder and active addiction, to take a step back and say, "We have a team that will come here and speak with you about this, and they care very much and they want to see you do well." And they can kind of stay in the situation but take a little bit of a step back, and we say, "Hey, I'm absolutely here to help you, and I've been through it," and show that true, true empathy that sometimes law enforcement officers . . . I know that is an insanely hard job to do and it is very easy to get compassion-fatigued in that job. So, it allows us to kind of step in and really try to offer that helping hand to pull them out.

Tom: So, the field of deflection is growing tremendously over the past several years. And so, Brandee, I just want to kind of ask you, from a national perspective, what is it that, other than education which you mentioned earlier, because there are those law enforcement officers out there as well as community members that are still . . . don't buy into the harm reduction, so what is it that other places can do to kind of change the hearts and minds of those law enforcement officers or community members that are just dead-set against harm reduction efforts?

Brandee: I think there are many things that can be done. One, coming at it from a solutions-focused approach, as Cameron mentioned, we can't rely specifically or in totality on law enforcement to do this work. This is going to take a collaborative effort. So it's important for us, as a community, to make sure that when we do broach the topic of deflection, that we have resources available and that we start to create a collaborative partnership across all arenas, whether it's treatment service providers, community-based services—that's number one. Number two, law enforcement who are resistant or just don't buy into the concept, there are two different ways that I move and shake through those conversations. One is understanding the what's-in-it-for-me concept. So perhaps you may have law enforcement that may not buy into the harm reduction piece of it, but they may buy into the safety

of their officers' piece. They may buy into the concept that it will save money.

So, you really have to take the same concept that we utilize for community-based services and engaging individuals who are currently using, and also understanding that we need, as far as saying meeting them where they are, we also have to meet communities and law enforcement where they are and move them in the right direction. And that means that we have to perhaps change our messaging. So, we know that we're very compassionate—Cameron, I can feel it just from you talking—that we're very compassionate about the people that we work with and that we engage with. But it's also important for us to understand that it's not necessarily the message that we are conveying, but how that other individual is receiving that message. So, if I'm talking to a law enforcement officer who may perhaps be a little bit resistant, I'm going to change that scenario and change that concept so that it's a buy-in for them—"What's in it for me?"

I think another area that really works well, and I have to reiterate what Cameron said, law enforcement experience is a lot of compassion fatigue. They are in this for public safety and to help their community, we know that, so they may be exhausted and really not know where to turn. So, it's important for us to also understand that law enforcement sees individuals at their lowest point or a crisis point. I encourage individuals with lived, not experience, Cameron, but expertise to go back to law enforcement. I like to call it exposure therapy, and I'm not talking about snakes or anything like that, but I'm talking about people who have actually found their journey and going back to law enforcement and saying, "Hey, this is who we are. We are human beings, just like you, and look, I've made it to the other side. I'm here."

Because they don't get a chance to see that very often. So, the more we can bring people back into that circle and show them that their efforts are actually making an impact, the more likely we are to create that buy-in. And quite frankly, if you can identify one law enforcement champion on your team who believes in that, it can create a ripple effect and it can create change and it can create permanency in change, and that can actually perpetuate throughout the community. So, I recommend all of that and not just being tunnel vision, but getting outside of our own bubbles and perhaps exploring other people's bubbles—and bursting them.

Tom: Exactly. No, that's excellent. I appreciate that response, Brandee, for all the different things. Cameron, I wanted to give you an opportunity to respond as well. Any resistance that you guys have experienced there

with either the community or law enforcement officers and what you did to kind of mitigate that?

Cameron: So, I think everything that Brandee said was so on point there and finding that maybe one officer or trying to get them to buy into different ideals in regards to harm reduction. And I've seen it with small things like, things like fentanyl testing strips and officers being concerned about the safety of their guys and their other fellow officers and needles being involved in all of those things, and that's when you kind of start to talk about how harm reduction actually can benefit those scenarios. And I like to try to get them to buy into the fact that harm reduction is a seatbelt, just the way that harm reduction is a needle exchange, simple things like that. And it was very well-implicated or we were added to the way Waterbury Police Department works very well with having an officer, a lieutenant, as a liaison and seeing it firsthand and even having some of the people that I'm working with calling and they're thanking the officer, the officer is joining us on a ride-along to get the individual to treatment.

Just like Brandee said, officers don't really get to see that that much. And I've definitely seen a shift, a major shift, in officers calling my phone, leaving messages, giving my cards out, giving my coworkers' cards out, knowing that they're a part of this solution, and being implemented with a lieutenant with the police department was super helpful and kind of getting the buy-in of all of the other officers who I'm sure some of them at the start were like, "What are we doing now? What is this about? We have another new program?" But they've seen the implications, they've seen the effects, they've seen while the rest of the country has gone up, fatal overdoses went down last year. So, a lot of small wins, but, in general, they become very big wins.

Tom: Awesome. So, Cameron, do you all have any plans to expand your program, and if so, what does that kind of look like? Or if you don't have any future plans, what has the expansion been like since you've been there?

Cameron: The expansion for our program, at one point the prevention unit was somewhat separate from the overdose response team. What has happened is we've incorporated all of them under one umbrella. So we have HIV/STI workers doing outreach with the community; we have prevention outreach workers going out, like I said, to hard-hit areas, making sure Narcan's out, the pre-overdose stuff, and that we have the overdose response team incorporated with all of that. We're all working together in outreach. And obviously, the COSSAP grant has allowed us to bring on a third overdose response technician, who will be covering some hours into the evening. The goal would, hopefully, with a program

like this, is to have . . .we're one of the few in the state of Connecticut that's doing real-time overdose response.

So, the goal would either for us to be modeled by other police departments or, at the very least, more coverage to the 16- to 24-hour range so that no matter what time of day an overdose comes in, that there is real-time response, there is real-time recovery coach on-scene with the police department, that we are making it to the fatal overdose calls and the nonfatal overdose calls, that every single one of these houses has the option to get naloxone in it at that moment. And those are all things that we've begun to implement, but across the board, getting the entire city and all of the partners kind of involved in this would be an absolute, wonderful, wonderful thing. And it is definitely a goal in expansion of our program.

Brandee: I guess I'll chime in here on what we're doing from a national scale, if everyone's okay with that. Cameron, you're doing fantastic work, and I completely commend you and appreciate you for that boots-on-the-ground effort. And I think this requires a bottom-up, top-down. No one is of more value than another, so we all need to collaborate and work together. And for us, one of the things that we're doing, obviously we advocate and educate on harm reduction and the philosophy of harm reduction, but what we're finding is for fentanyl testing strips or drug-checking material, that state by state, legislation is different. So we know, for example, SAMSA came down and said, "Hey, you can use some of your grant funding for fentanyl testing strips," but there's a lot of apprehension, especially in the law enforcement and first responder world, on distributing that, and quite frankly, we need to stop being underground about this and actually be out in the open about it.

So, we're educating and curating state-specific knowledge on what that looks like from a legislative level and having some talks there. I think another area too, we're, again with the fentanyl testing strips, the same with the syringe exchange, there are still legislative nuances associated with that. So how do we come out from under our rocks and start changing legislation and having these conversations to normalize it? Another area that we're closely looking at is access to treatment. So, for instance, Cameron can go in and provide overdose response to an individual, but if there's no access to treatment or if it takes three to five weeks for someone to have intake, that is just unacceptable. So, to us, looking at the healthcare system and really saying, "Hey, we're doing our efforts out here in terms of harm reduction," you basically have a 10-minute window, and I'm not joking, you have about a 10-minute window to engage an individual who wants to actually access some type of service or treatment. After that, it's a done deal and they're back out again.

So, it's important for us to have that response. And I can tell you, firsthand, that readiness to engage does not happen from nine to five, Monday through Friday. It typically happens on the weekends and in the evenings. So, if we don't have proper services set up, we're in big trouble, and I'm seeing it across the nation. I also think it's important for us, and that's one thing that we're doing, is ensuring that in every deflection program or anything in terms of first responder or law enforcement engagement, that people with lived expertise are part of that process and account it for in terms of outcomes, because we do help save lives, we keep people engaged, and we alleviate a lot of the issues of engagement for law enforcement and first responders, so they need to be utilized to their full capacity and have livable wages—I'm going to put that in there too.

And then two of the last things that we're also doing is we're making sure that we're taking that harm reduction language and transferring it over to youth and young adults—very scary place to be—but the reality is youth, especially youth under the age of 18, quite often dibble and dabble or explore with substances so it's really important for us to talk about harm reduction techniques in youth and young adult populations. I can also tell you, firsthand, that if you speak to anyone who was in recovery and asked them their first time of use, and it may not be a fatal substance, but a first time of use, it's probably under the age of 18. So, we need to have those conversations earlier. And then finally, for us, we have two specific initiatives that we're really trying to infiltrate in terms of harm reduction philosophy, and that are safe campuses, making sure that there's something in the collegiate space, both community college and universities, as well as trade schools.

And, also the workplace. The prime concept is drug-free workplaces. Well, we're changing that terminology because we know that employers may not want to recognize it, but the reality is substances are in the workplace. About 77 percent of employees actually use or have had a family member who has used a substance. So, we're doing that in all these areas. And then finally, Tom, I'll just say this: in some of the statistics, it's a 15-to-1 ratio. And what that means is for every one fatal overdose, there are 15 nonfatal overdoses. So, there's an opportunity here. So, individuals like Cameron are on the front lines doing this work and they need to work collaboratively with law enforcement and first responders so that we have that opportunity to provide access to services for that one that unfortunately we lost.

Jacob: Thank you again for having both Brandee and Cameron as panelists for this podcast and love the open conversation that you guys had, especially talking about your own lived expertise; I like that. And also talking about your programs as well. Thank you so much.

Brandee: Thank you for having us.

Cameron: Yes, thank you for having us very, very much.

Jacob: So, I want to say thank you again to our audience for listening to this podcast and to the panelists for their great discussion over this topic. We at CHJ invite you to check out the COSSAP resource page at www.cossapresources.org, which has guidance for you and your communities' overall strategy to support individuals in recovery and those that want to address substance use.

Announcer: Thank you for listening to this podcast. To learn more about how COSSAP is supporting communities across the nation, visit us at www.cossapresources.org. We also welcome your email at cossap@iir.com.