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**Mental Health and Substance Use Disorder Treatment Committee**

**March 12, 2024, Meeting Notes**

**Opening time**: 3:00pm

**23 Attendees:** Lacie Scofield, Kay Sanford, Helen Tripp, Loftin Wilson, Timeka Harper-Purcell, Roshanna Parker, Marc Strange, Anna Wallin, April Barnes, Arthur Payne, Carlyle Johnson, Dave Crispell, Dee Gray, Kimberly Chansen, Kristin Patterson, Larry Greenblatt, Linda Cuttler, Logan Adams, Michele Easter, Monica Washington, Quanesha Archer, Tina Clayton & Sherry Hodge

**Welcome & Introductions:**

Vice Chair Lacie Scofield called the meeting to order and asked that all in attendance introduce themselves.

**1st Speaker: Loftin Wilson – Harm Reduction Program Manager, NCHRC – Topic: Harm Reduction: Safer Smoking & Snorting as Harm Reduction**

Syringe Services Programs (SSPs) and other harm reduction programs can be sources of support, community and advocacy for people who are marginalized because of many different kinds of experiences: people who use drugs in ways other than injecting (snorting, smoking, etc.), who do sex work, who are unsheltered, who are transgender & who are diabetic, use steroids or have other reasons to need sterile injection equipment.

*Limited Immunity under GS 90-113.27*: Notwithstanding any provision of the Controlled Substances Act in Article 5 of Chapter 90 of the General Statutes or any other law, no employee, volunteer, or participant of a program established pursuant to this section shall be charged with or prosecuted for possession of any of the following: (1) Needles, hypodermic syringes, or other injection supplies obtained from or returned to a program established pursuant to this section. (2) Residual amounts of a controlled substance contained in a used needle, used hypodermic syringe, or used injection supplies obtained from or returned to a program established pursuant to this section.

Reasons why some SSPs provide safer smoking and snorting gear (despite no limited immunity)

1. Ethical Equity reasons: Stereotypes about who smokes drugs vs. who injects them and who uses heroin, who uses stimulants like crack and meth are often used to uphold disparities in law/ policy based in white supremacy,
2. Pragmatic reasons: Smoking and snorting drugs IS harm reduction – it is always safer to smoke or inhale a drug than to inject it. Additionally, though the risk is always lower, some viral infections like HCV can still be spread through shared smoking/ snorting equipment, so it’s important to have sterile supplies.

Any drug that you can inject, you can also smoke or snort. Smoking or snorting instead of injecting reduces risk: fewer opportunities for blood-to-blood contact equals less viral transmission for HIV and hepatitis C, fewer abscesses/ skin infections, fewer life threatening systemic complications of infection like endocarditis or osteomyelitis, reduced risk of overdose because the drugs get to the brain slower when you smoke vs. inject and even slower when you snort (however, overdose is still possible).

A small sample of research backing up smoking/ snorting as harm reduction. A 2023 study funded by the California Department of Public Health showed that people who inject fentanyl are 40% more likely to have overdosed and 253% more likely to have soft tissue infection than people who only smoke fentanyl. A 2007 study of people who use crack by the University of Ottawa found a significant decrease in both injecting and sharing of crack smoking materials after the local SSP distribution of smoking supplies. A 2022 study in Seattle similarly found that fentanyl/ heroin injection decreased after a local SSP began pipe distribution.

**Safer snorting supplies kit: *Blank card*** to be used as a surface, ***saline*** recommended for rinse, ***plastic razor*** to neatly lay lines, ***bump scoop*** to extract and test substance, ***BZK wipe*** to clean surface between uses and ***plastic straws*** in different colors to support multiple uses.

**Supplies for smoking fentanyl: *One-Use Foil*** because it is stronger that kitchen foil & is manufactured without any coatings, ***hammer pipes*** reduce high risk drug consumption behaviors among people who use heroine.

**Supplies for smoking crack: *Straight glass pipes, mouthpieces, screens/ filters & pushers***.

Safer smoking/ snorting supply distribution helps SSPs reach more PWUD and PWUD from diverse communities. In March 2023, NACCHO surveyed 370 harm reduction organizations nationwide about safer smoking services. Those SSPs who distributed safer smoking supplies helped rapidly increase #s of people reached and increased reach to BIPOC PWUD. These items are engagement tools, and they have harm reduction value in themselves, but they can also be a way of building relationships, engaging new people with a “high value” service, and then offering additional services over time (test strips, naloxone, HCV/HIV testing, vaccination, MOUD, etc.).

Loftin also shared about the continuum of excess, moderation, and abstinence. Increase in positive change and decrease in risk. Any steps towards decreasing risk are steps in the right direction.

Loftin also shared that DHHS is working on trying to get some changes in bills/ legislature to help with the use of SSPs & other harm reduction supplies.

**References:**

**https: //pubmed.ncbi.nlm.nih.gov/38128362/**

**https//www.sciencedirect.com/science/article/abs/pii/S0955395907000436**

**https: //pubmed.ncbi.nlm.nih.gov/36138407/**

**https://www.naccho.org/blog/articles/smoking-supplies-the-local-public-health-perspective-on-an-emerging-harm-reduction-strategy**

**2nd Speaker: Kay Sanford, MSPH – Overdose Prevention Centers: The Constellation Of All That is Best In Harm Reduction**

***Principles of Harm Reduction:*** The realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities affect both people’s vulnerability and capacity for effectively dealing with drug related harm. Also does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use.

***Definition of Harm Reduction***: A range of public health policies to reduce the harmful consequences of drug use, sex work, and other high-risk activities. Accepts that drug use is part of our world and chooses to work to minimize its harmful effect. An approach that accepts people where they are (not where we would like them to be) but does not leave them there.

**Examples of Harm Reduction**: **Sex** – condoms, **Alcohol** – designated drivers, **Driving** – Seatbelts/ speed limits, **Drugs** – Naloxone & Overdose Prevention, Syringe exchange programs that are now called Syringe Services Programs (SSPs), Medication for Opioid Use Disorders (MOUD), Safe Injection Sites now called Overdose Prevention Centers (OPCs)

**History of Harm Reduction**: HR movements began in the U.S. during the 1980s in response to the draconian policies on people who use drugs and the high prevalence of HIV/ AIDS among people who inject drugs. The first HR program in NC started by Thelma Wright in 2004 in Greensboro, NC. Teaching of HR by NCHRC in the criminal/legal system in NC began in 2009.

**History of OPCs:** 35 years of research documents reduction in OD fatalities; reduce risk of acquisition/ transmission of HIV hepatitis; increase connection to health services. OPCs reduce public use of drugs and discarded syringes. Reduce risk of physical or sexual violence to PWUD. OPC were first started in the 1980s and have been open in Europe, Australia, and Canada for decades. OPCs in the US, legal centers began in 2021.

**Rationale of OPCs**: Provide the resources, tools, and support PWUDs and PWESW need to enhance the quality of their lives and live with dignity. Participants bring their own drugs. Trained staff provide sterile supplies and intervene if an overdose occurs. OPCs connect people with addiction services and social support, including voluntary treatment.

**Services Provided by OPCs:** Provide an array of low-threshold (minimum barrier) services under one roof. Create a safe and loving environment for people who use drugs, are at risk of overdose death, and lack access to critical health and stabilization services. Prevent overdose death and other health risk associated with drug use, facilitate connection to care and reduce public drug use and hazardous waste in public spaces. The OPCs are well lit rooms with tables or booths around the room and enclosed, ventilated spaces for smoking. Trained harm reduction staff and access to all other HR services. Sinks for handwashing and sterile supplies. Booths and smoking rooms as inhalants often now contain fentanyl. On-site treatment with buprenorphine while waiting of Tx.

Legal Constraints to OPCs: At the Federal Level: at least 2 sections of the federal controlled substance act restricts establishment of OPCs, section 844 prohibits drug possession and applies to all clients at an OPC, section 856 known as the crack house statue prohibits knowing open knowing open or maintain or manage or control a place for the purpose of unlawfully using a controlled substance. Blind eye (or not) by the Department of Justice active prohibition during the Trum administration (applicable to Philadelphia) and blind eye to On-Point in NYC and Rhode Island in Biden Administration.

**OnPoint NYC OPCs 1st year findings & impacts**: Used by 2,841 unique participants, there were 48,533 utilizations of the OPCs, saved 636 lives – 10 times the rate of other NYC services. Prevented many more overdose through safer practices such as smaller doses, alternate modalities of use and drug checking. Trained staff were present for the onset of concerning symptomology and intervened within second. 83% of opioid overdoses were resolved without the need for naloxone. By prioritizing the use of oxygenation, agitation reduction and monitoring in our overdose response protocol. Intervened in 146 cases of stimulant overamping. More than 75% of OPC participants accessed wrap-around services. 1 in 5 participants were referred to housing, detox, treatment, primary care, or employment. 100% of OPC participants who wanted to go to detox, or inpatient substance use treatment were connected to outside providers. Out of 48,533 OPC utilizations, EMS was called 23 times3.0% overdose interventions 0.05% of visits. OPC’s saved EMS, local hospitals, and law enforcement millions of dollars in unnecessary emergency services activations. OPCs averted public drug use in 81% of visits, tens of thousands of instances of drug use that would have occurred in public spaces did not occur. 435, 078 units of hazardous waste kept from public parks, streets, and buildings. Additional findings of no significant change in violent crimes, property violations, 911 calls for crime or medical incidents also 311 calls for drugs or unsanitary conditions. Significant decline in low level drug enforcement for drug possession and criminal court summonses.

Next Steps for North Carolina: Begin talking about the advantages and disadvantages of expanding harm reduction services and establishing OPCs. What would need to be done. Who would we need to work with. What are the dangers of working harm reduction activities during a political year. What are the dangers of not working on OPCs. OPC National Advocates: model OPCs on OD Awareness Day, August 31, 2024.

Quanesha Archer (FIT Program) stated that she had the opportunity to meet Sam Rivera (Director of OnPoint) while she was in California and enjoyed his presentation.

Loftin Wilson also added that when he visited the OPC in Barcelona/ Spain they use the wrap around model that gave a whole person approach.

Carlyle Johnson would like to see local law enforcement ss a partner in these efforts.

Note: With the drug “Trank” Narcan will start them back breathing but will not make them conscious. Do not give more Narcan but stay with them until they are responsive. Revive will be available soon. Revive recommended by Kay over Narcan.

Kay Sanford can be reached at [kay.sanford@gmail.com](mailto:kay.sanford@gmail.com) or 919-294-4986 (landline) or 919-246-4824 (cell) and Kay would love to hear from you. As per Kay Sanford let’s start talking about this in Durham.

**Program Updates**

No Program updates were shared.

**Announcements**

**EMS-** Helen Tripp announced the retirement of a Community Paramedic of 31 years (Phil) in April 2024.

Meeting Adjourned at 4:32pm