

Messaging to People Who Inject Drugs (PWID)

Dean LeMire, NH Harm Reduction Coalition, Hand Up Health Services

About your 'customer'

- ▶ PWID are a traumatized population
- ▶ PWID are a historically underserved/marginalized population in NH
 - ▶ Lacking & abstinence-heavy care infrastructure
 - ▶ Punitive laws/policies concerning PWID
 - ▶ Likely to have had negative interactions w/ social institutions
 - ▶ Low trust/confidence in social institutions
 - ▶ Even 'Helpers'
 - ▶ Low confidence in self
- ▶ PWID are under-educated in **drug use safety**

2016 Study: Syringe Access among People Who Inject Drugs in Strafford County, NH

- ▶ Robin Pollini, PhD MPH
20 interviewees
Injected last 30 days



Health Care Interactions

Study: Syringe Access Among PWID in NH

- ▶ “I've had a couple of times when I went [to the hospital], they didn't obviously want to give me pain meds, so they sliced [my abscess] open and squeezed it pretty much as hard as they could. It was really, really painful. At that point, the next time I got them I just took care of it myself, drained it myself, because I didn't want to go back and do that.
- ▶ ‘...They couldn't find a vein in my arms. Luckily, I had a nice nurse. She came in and she was able to find one, she pretty much sat there until she did, but she told me that if I had had one of the other nurses come in, that they probably would have put it in my neck, pretty much. Just because they felt I deserved it.”

▶ 2016, *Pacific Institute of Research & Evaluation, unreleased report*)

Health Care interactions

- ▶ “Oh, yeah. I've heard so many people that even knowing I use, like doctors or anybody, especially the ones draining my abscesses, mumble under their breath. I'd be crying saying, ‘Don't judge me.’ ... It hurts because addiction's a disease. Anything can be an addiction. From food to anything, and to be judged like that it destroys your self-worth. It really does.”

▶ 2016, *Pacific Institute of Research & Evaluation, unreleased report*)

Accessing SUD Treatment

“Most in need of is free medical detox ... the number one reason anyone remains an addict is because they’re scared to go through withdrawals ... I would be clean right now if there wasn’t withdrawal from heroin. I think a lot of addicts would. And I would be clean right now if there was readily available medical detox that you could just go in, say “I’m an addict, I need help” and they admit you. I know programs like that are far and few between. Especially -- New Hampshire is the worst place for treatment in the country pretty much. I’ve tried so many times to get help and it’s almost like they try and run you around in a circle and pass you off to each other and just keep you going in circles and you get nowhere.”

- ▶ 2016, *Pacific Institute of Research & Evaluation, unreleased report*)

Police Interaction/Accessing SUD Treatment

“...When the cops get called about someone using in public like that, it's not like they come in and try and help you. They surround you. They throw you to the ground. They rip things out of your pockets. If you're sick, if you didn't get to feel better before they showed up, it is 100 times worse by the time you're done with them. My biggest thing when I was trying to get clean was that there was no help. I was trying to get into a rehab or into a program. There was no help. I had to go to the hospital and tell them that I was going to hurt myself.”

(46003)

- ▶ 2016, *Pacific Institute of Research & Evaluation, unreleased report*)

Case Study: 'Derek'

- ▶ Mother w/ mental illness - lifetime
 - ▶ Father died - age 24
 - ▶ Began injecting heroin/fentanyl - Age 25
 - ▶ Had child w/ girlfriend - age 27
 - ▶ Lost parental rights - Age 28
 - ▶ Homeless - age 28
 - ▶ **Met SSP outreach volunteer - April 2017**
 - ▶ Distributing naloxone/syringes - April 2017
 - ▶ 1st time attempting detox/treatment - June 2017
 - ▶ 2nd time attempting detox/treatment - August 2017
 - ▶ 3rd time attempting detox/treatment - August 2017
 - ▶ Stayed 3 days
- 28 years
- 4 months

Case Study: Dean

- ▶ High ACES age 0-12
- ▶ Began smoking cigarettes age 13
- ▶ Began drinking age 13
- ▶ Public intoxication age 15
- ▶ Alcohol Poisoning age 17
- ▶ Taking relative's oxy's age 18
- ▶ DWI age 19
- ▶ Academic suspension age 21
- ▶ Suicidal ideation age 23
- ▶ Injecting heroin chaotically age 25
- ▶ Possession arrest age 25
- ▶ Surrender @ hospital age 25
- ▶ Car crash/DUI age 26

26 years

- ▶ Admitted to inpt Tx Age 26
 - ▶ First addiction education
 - ▶ Exposed to supportive care/network
- ▶ Remission/Recovery age 26
- ▶ Health coverage Age 27
- ▶ Marriage! age 27
- ▶ Fatherhood! age 27
- ▶ Counseling age 28
- ▶ Salaried job age 28
- ▶ Homeowner!
- ▶ Present

5 years

About your customer cont'd...

- ▶ People with SUD are naturally progressing toward remission & recovery (White, 2012)
 - ▶ *Want to live, want to improve circumstances*
- ▶ PWID are the captains of their own care
 - ▶ *May need validation, education, navigation*
- ▶ No magic words
 - ▶ *Only effective vs. ineffective approaches*

Approaches to PWID

Object

Attitude

"I know best" for person or group

"I have the right" to determine circumstances for person or group

Perception



Action

Deny care
Narrow scope of care
Substandard care
Target for arrest/harass

Outcomes



Recipient

Attitude

"I know best" for person or group

(but I'll "give" opportunity to participate in my decision)

Perception



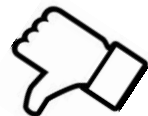
Action

'Sell' on particular 'product' or idea

Offer narrow scope of options

Lying/withholding truths

Outcomes



Resource

Attitude

"You know better than I do. Let me help you decide/improve/get where you want to be."

"I can learn from you"

Perception



Action

Educating
Goal-setting
Offer accountability

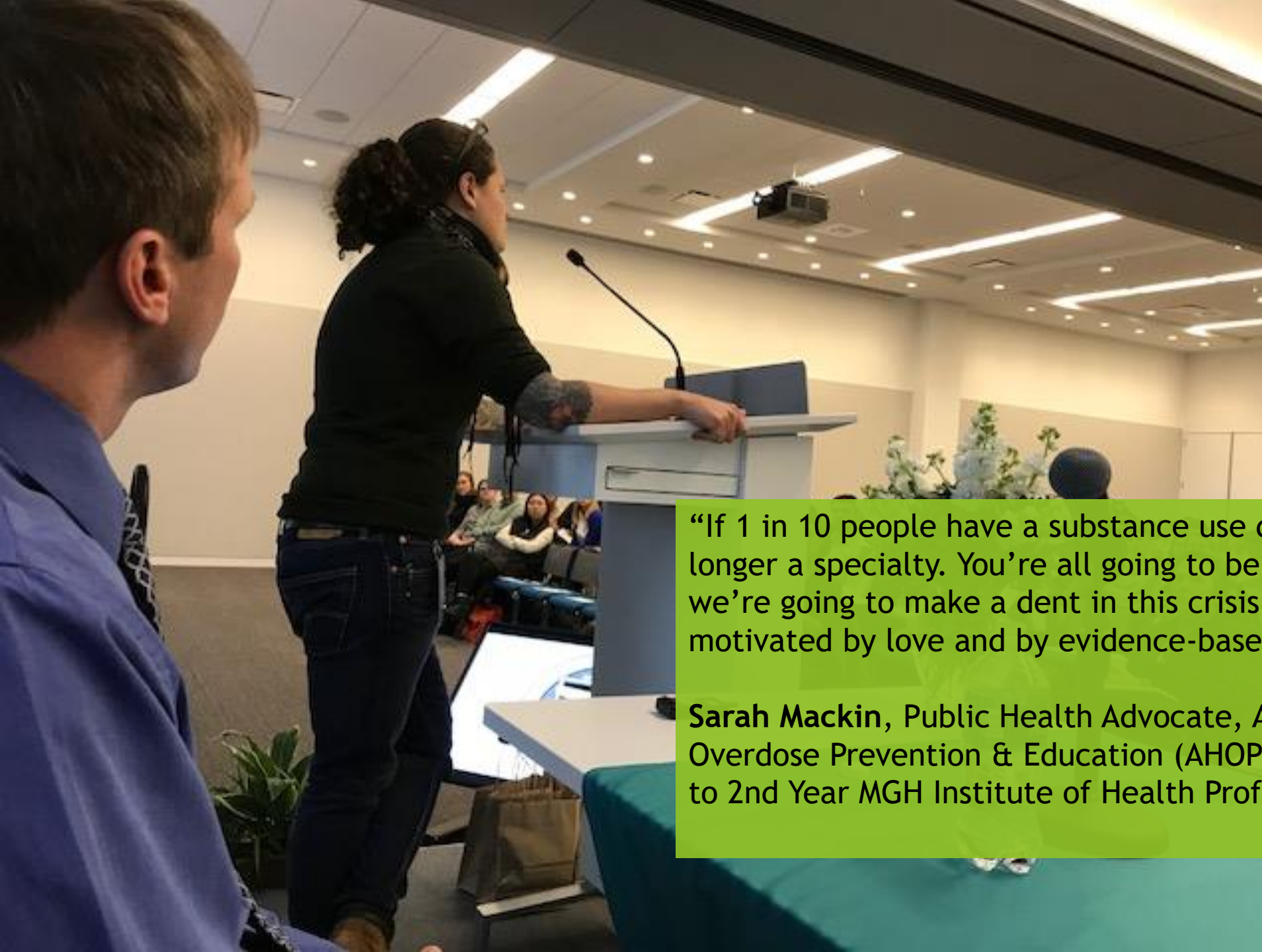
Outcomes



Try it out...

- ▶ Actions may precede attitude change
- ▶ Try a radical change in approach to PWID
 - ▶ Note any change in outcomes
 - ▶ Share your findings w/ colleagues

▶ **#MyPracticesHarmReduction**



“If 1 in 10 people have a substance use disorder, addictions is no longer a specialty. You’re all going to be addictions specialists... If we’re going to make a dent in this crisis we’re going to need to be motivated by love and by evidence-based solutions.”

Sarah Mackin, Public Health Advocate, Access, Harm Reduction, Overdose Prevention & Education (AHOPE) Needle Exchange Boston, to 2nd Year MGH Institute of Health Professions students 1/18/18