

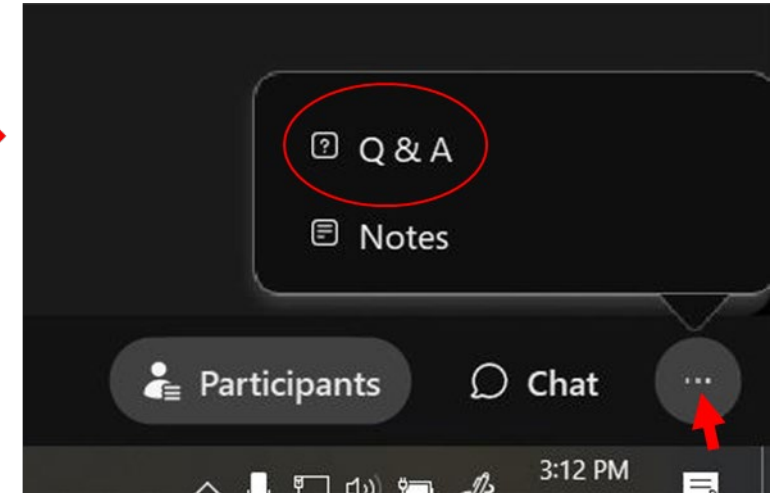


# Harm Reduction for Homeless Service Providers

Josh Leopold, Anna Bosch, Cody Bassett, Minnesota Department of Health  
John Tribbett, Avivo | Morgan Weinert, Minnesota Community Care

PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

- Introductions
- Housekeeping
  - Attendees are muted
  - Submitting questions for discussion
  - Recording and slides will be posted on our website once accessible
  - Follow-up survey



- Make connections between homelessness and harm reduction fields
- Share resources on how to keep people alive and healthy
- Discuss where additional guidance or resources are needed

- What best describes your field of work or advocacy?  
(choose all that apply)
  - Homeless outreach
  - Shelter or transitional housing
  - Government
  - Supportive housing
  - Harm reduction
  - Other

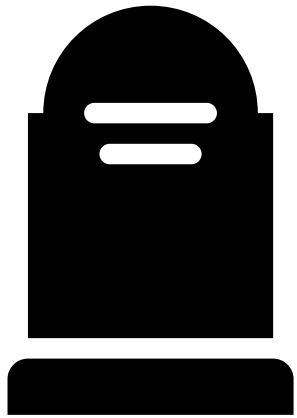
- Overview of homelessness and drug-related harms
- Syringe Service Programs and Harm Reduction
- Naloxone: what it is and where to find it
- Harm reduction in healthcare
- Housing First and Harm Reduction
- Discussion



# Homelessness and Drug-Related Harms

- Lots of people use drugs for lots of reasons
- Rental costs and vacancy rates are the main predictors of homelessness
- Substance use can be a factor in homelessness
- Homelessness can affect how people use substances

# Homeless Mortality Study: Data Sources



Minnesota state  
death data



Minnesota Homeless  
Management Information  
system (HMIS) data



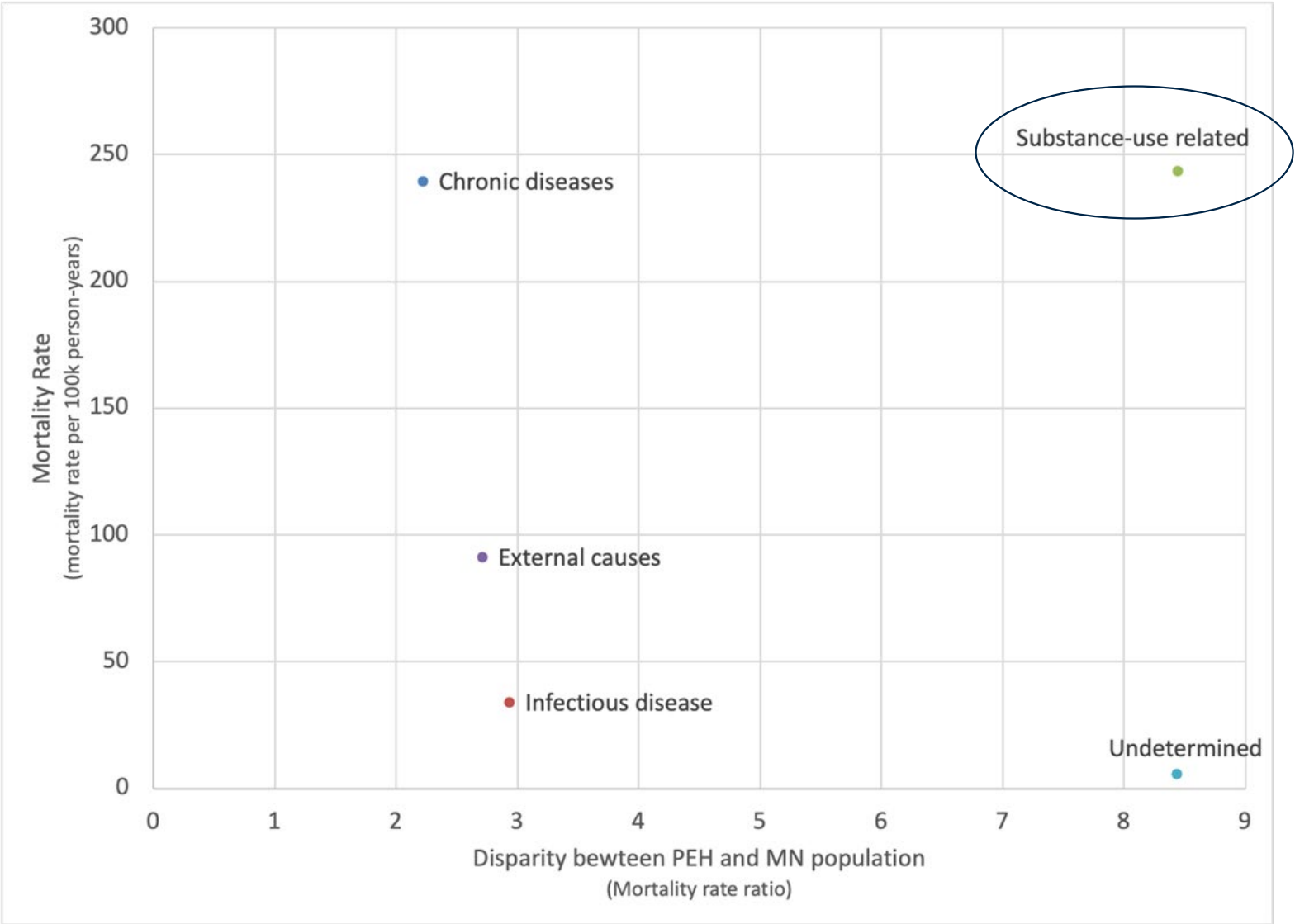
Minnesota  
population data



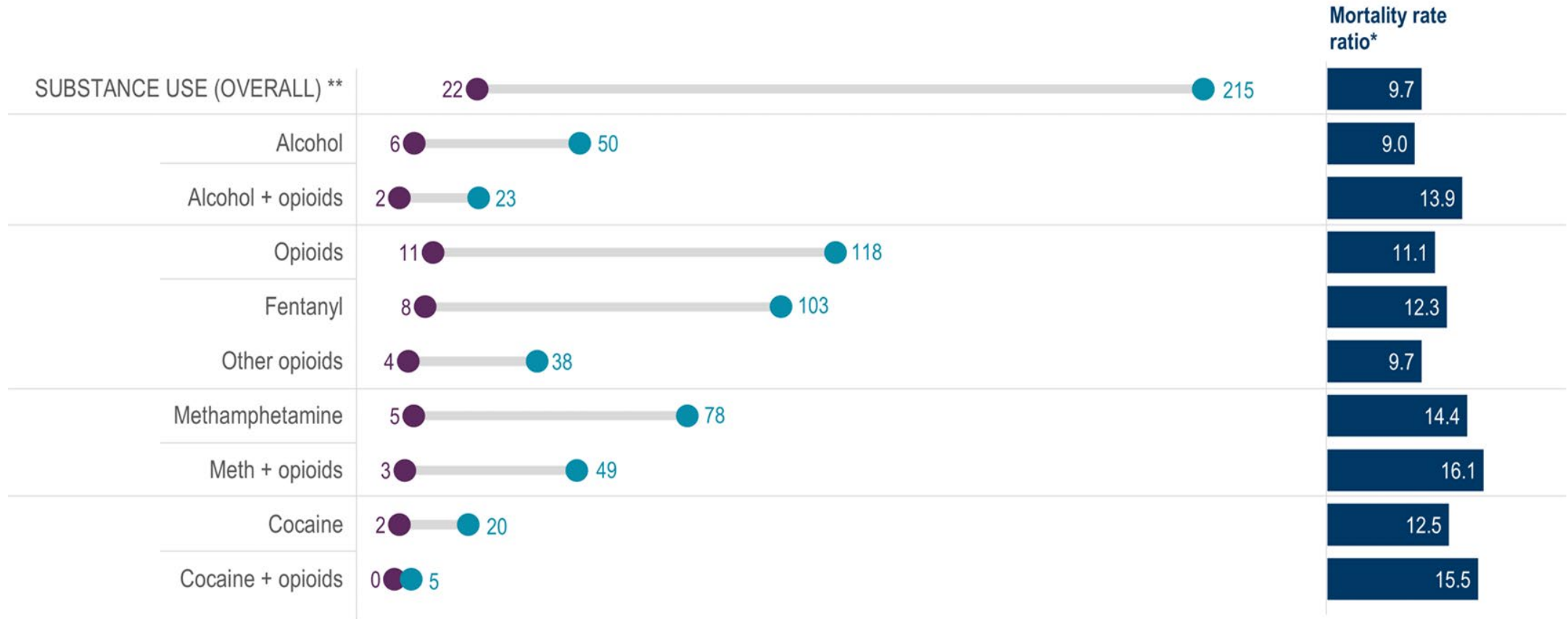
# Homeless Mortality Study: Key Findings

- The rate of death is triple for people who experience homelessness than the general population.
- For American Indian People Experiencing Homelessness the rate is five times higher
- Substance use related death rate is 10x higher than the general MN population.

# Mortality Rates by Cause of Death



# Substance Use Deaths by Substances Involved



Age and gender adjusted mortality rates per 100,000 person years

# Homelessness in MNDOSA

*MDH developed MNDOSA to understand substance misuse and drug overdose patterns in real-time.*

MNDOSA...



helps identify clusters of substance misuse.



illuminates the types of substances used in Minnesota.



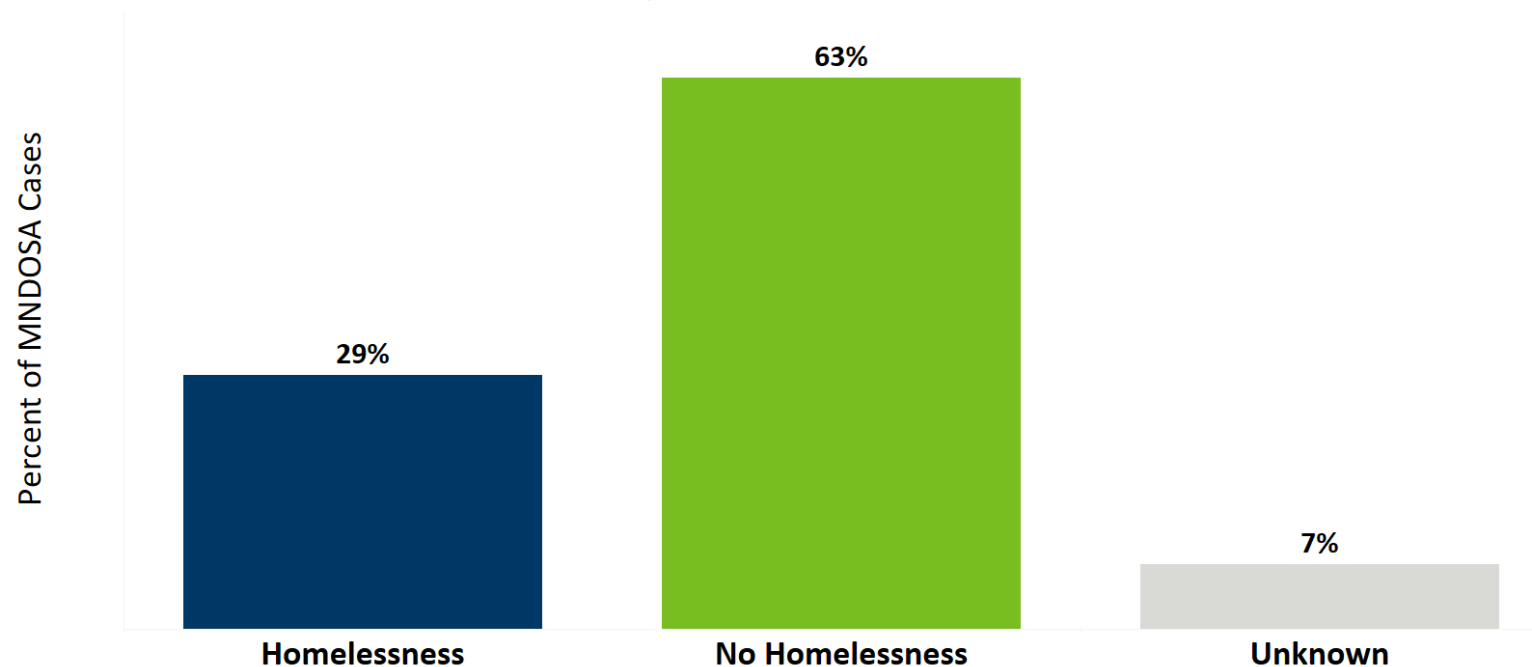
sites report cases seen in the emergency department as a result of substance misuse.



can inform clinicians, community partners, and the public about substance use trends and can guide prevention efforts.

# Homelessness in MNDOSA

- From November 2017 through October 2021, 459 emergency department visits were reported involving severe/unusual symptoms of substance misuse.
- 134 (29%) cases were patients experiencing homelessness.



SOURCE: Minnesota Drug Overdose and Substance Misuse Surveillance Activity Data, Injury and Violence Prevention Section, Minnesota Department of Health, 2017-2021.



# Syringe Services and Harm Reduction

Anna Bosch, she/her/hers, HR program specialist

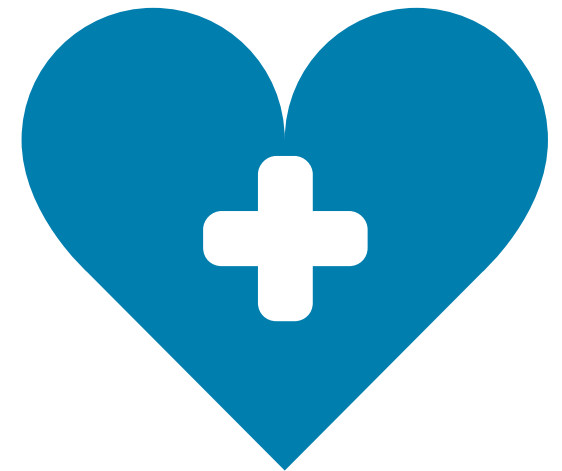
# What is Harm Reduction?

- Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.
- Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.

-National Harm Reduction Coalition

# Principles of Harm Reduction:

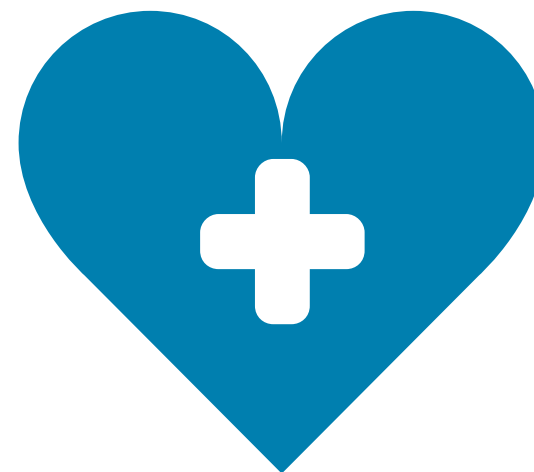
- Accepts drug use as a part of our world, chooses to minimize harms
- Does not ignore real harms associated with using drugs
- Acknowledges that some ways of using drugs are safer than others
- Focuses on quality of individual/community life
- Non-judgmental and non-coercive





# Principles of Harm Reduction, Cont.

- Includes the voice and insights of people who use drugs and people who use drugs are primary agents in reducing harm
- 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



-National Harm Reduction Coalition



# Syringe Access and Syringe Services Programs

# What is a Syringe Services Program? (SSP)

“Syringe services programs (SSPs) are community-based prevention programs that can provide a range of services, including linkage to substance use disorder treatment; access to and disposal of sterile syringes and injection equipment; and vaccination, testing, and linkage to care and treatment for infectious diseases.” –CDC

# SSPs: not just syringes

## Minnesota Department of Health-funded SSPs provide:



HIV & Hepatitis C  
prevention,  
testing & linkage  
to care



Education about  
overdose prevention,  
including safer  
injection practices



Sharps containers  
& safe disposal  
of used  
syringes



Referrals to  
medical, mental &  
sexual health  
services



Naloxone kit  
distribution,  
training &  
education



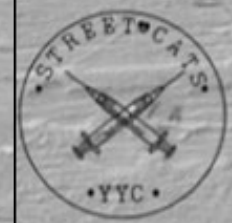
Sterile syringes  
at no cost



Referrals to  
substance use  
disorder treatment &  
recovery supports

- Fentanyl Test strips
- Wound care kits
- Safer smoking and snorting supplies
- Community syringe collection and clean-up

HARM REDUCTION IS MORE THAN JUST THE TOOLS



HARM REDUCTION IS... AN ACT OF RADICAL LOVE

- EMPATHY
- HEALTH CARE
- COMPASSION
- LEARNING
- RELATIONSHIPS
- RESPECT
- EDUCATION
- DIGNITY
- KINDNESS
- SOCIAL JUSTICE
- SUPPORT
- ACCESSIBILITY
- ADVOCATING
- HUMANITY
- ACCOUNTABILITY
- HUMAN RIGHTS
- HEALING
- TRAUMA-INFORMED
- RESPECT

IN YOUR COMMUNITY

Image source: Street Cats YYC

- SSPs and staff created a trusted **space** to discuss conditions of use
- SSPs are a trusted **bridge** to other services
- Sometimes SSP staff/volunteers may be the only trusted service providers
- Word of mouth is key
- Engaging participants in program design, as employees and volunteers



# MDH IDEPC-Funded Syringe Services Programs: 2023-2024

Our six MDH IDEPC-funded syringe services programs (SSPs) are:



# Other Syringe Service Programs in MN

- White Earth Harm Reduction Coalition
- Access Points - Valhalla Place (Brooklyn Park)
- Rural AIDS Action Network (RAAN) – Mankato, Virginia, Hibbing
- Indigenous Peoples Task Force (Mpls)
- Aliveness Project (Mpls, site-based and mobile unit)
- Red Door Clinic (Mpls)
- Rainbow Health (Mpls)
- Health Finders Collaborative (Faribault)
- Many other spaces centered in provision of tools of





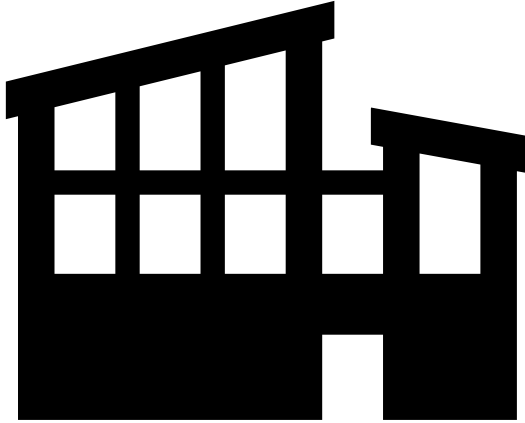
# 6 MDH-Funded Syringe Services Programs: 2020 to 2021

Year	Sterile syringes out	Used syringes in	Exchanges	Unique participants served		New Participants	Rapid HIV tests	Rapid Hepatitis C tests	Naloxone doses out*	Overdose reversals reported by participants**
				Jan-June	July-Dec					
2020	1,162,789	668,346	19,410	4,972	5,339	5,276	538	217	31,163	947
2021	1,796,622	937,614	27,703	7,217	7,624	2,865	820	370	51,682-63,610 doses	1,195
2022	1,710,511	1,128,137	29,042	5,771	6,419	3,312	694	408	65,186-83,222 doses	1,195

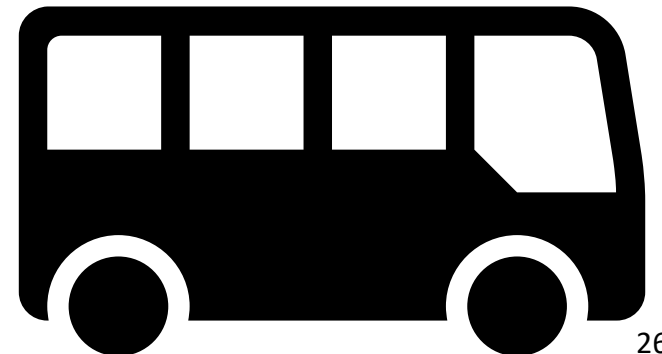
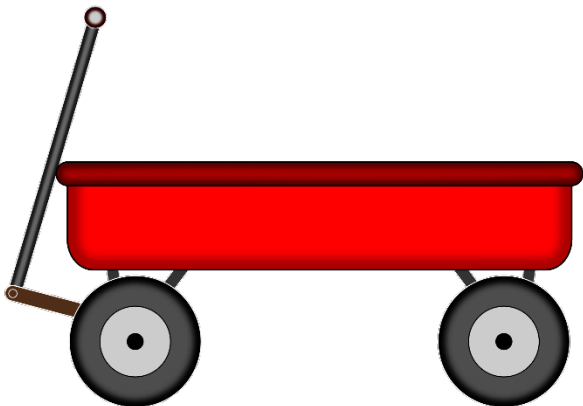
\*best estimate as some SSPs report on kits given out, which contain varying doses of naloxone (2-4)

\*\*not all SSPs track this, voluntarily reported by participants

# SSPs: Meeting People Where They Are



- Many (most?) participants of SSPs are people experiencing homeless.
- Services are provided:
  - In mobile vehicles
  - Delivery-based
  - Pop-ups
  - At your service location?
  - Brick and mortar
  - Some via mail
  - All seasons



# Syringe Services Program Calendar

## Syringe Services Program Calendar

(<https://rainbowhealth.org/community-resources/syringe-services-program/>)

Operated by Rainbow Health

Updated list of locations, times, services and contact information for Twin Cities Metro and Greater MN Syringe Service Programs

Calendar Key: **VAX**= COVID Vaccine **SY**=Free Syphilis Testing

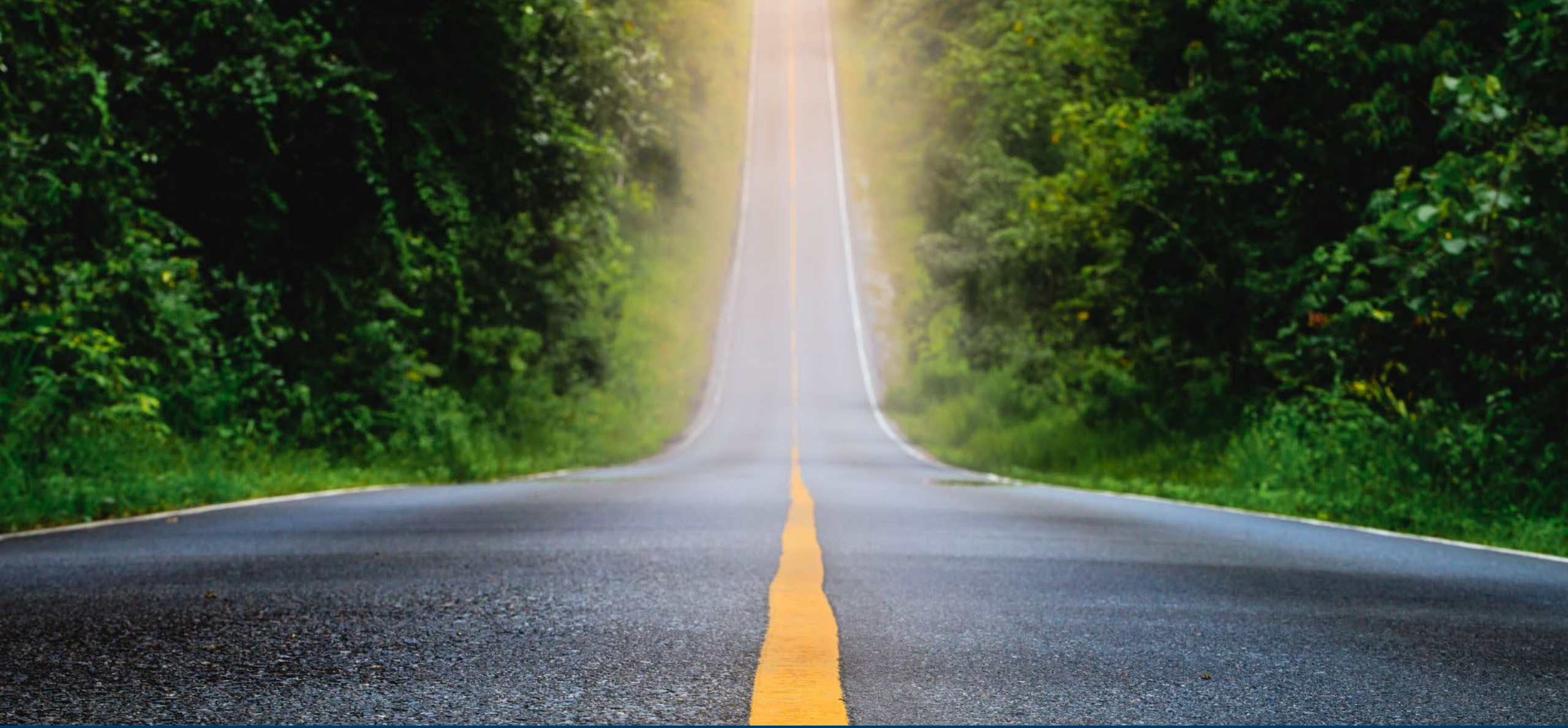
**S** = Syringes **W**= Works **F**=Fentanyl Test Strips

**N**=Naloxone **HCV**= Free Hep C Testing **WC**= Wound Care Kits

**HIV**= free HIV testing **HY**= Hygiene kits **MPX**= Monkey Pox Vaccine

## Twin Cities Syringe Exchange Calendar

	Sunday	Monday	Wednesday	Thursday
<b>Clinic 555</b> 555 Cedar St, St Paul 651-266-1295		<b>1pm-4:30pm</b> S/W/N/HIV/HCV/VAX/SY/F/WC Hep A vaccines available	<b>1pm-6:30pm</b> S/W/N/HIV/HCV/VAX/SY/F/W C Hep A vaccines available	<b>1pm-4:30pm</b> S/W/N/HIV/HCV/VAX/SY/F/WC Hep A vaccines available
<b>Indigenous Peoples Task Force</b> 1335 E 23 <sup>rd</sup> St Mpls For Syringe Exchange questions call 651-808-3965		<b>1pm-4pm</b> S/W/N/HIV/HCV/F	<b>1pm-4pm</b> S/W/N/HIV/HCV/F	<b>1pm-4pm</b> S/W/N/HIV/HCV/F
<b>NACC- 1213 Franklin Ave S Mpls</b> In the old Dollar Tree space!		<b>11:30am-2pm</b> S/W/N/HY/HIV/HCV/VAX/F/WC Hep A Vaccines Available		
<b>In 'n' Out-NorthPoint</b> 710 West Broadway Ring doorbell. Call/Text 612-267-0305 or 612-223-3682			<b>2-5pm</b> S/W/N/HY/HIV/HCV/F/WC	<b>2-5pm</b> S/W/N/HY/HIV/HCV/F/WC
<b>Rainbow Health-Mainline</b> MCC- All God's Children 3100 Park Ave Mpls 612-919-7788		<b>1pm-5pm</b> S/W/HIV/HCV/N/SY/F/WC Smoking supplies available but limited!		<b>2pm-5pm</b> S/W/HIV/HCV/N/SY/F/W C Smoking supplies available but limited!
<b>Red Door Clinic</b> 525 Portland Avenue Mpls 4 <sup>th</sup> Floor 612.543.5555, press 3 for triage nurse		<b>8am-4pm</b> S/W/N/HIV/VAX/F/WC/MPX Hep A vaccines available	<b>8am-4pm</b> S/W/N/HIV/VAX/F/WC/M PX Hep A vaccines available	<b>8am-4pm</b> S/W/N/HIV/VAX/F/WC/MPX Hep A vaccines available
<b>Southside Harm Reduction services</b> Mobile team text: 612-615-9725		<b>Monday-Wednesday 2pm-8pm S/W/N/F/WC</b> Text for delivery- text same day before 2pm- limited spots available. Smoking supplies available but limited! <b>612.615.9725</b> For referrals, connect to support, and questions about Harm Reduction- 612-335-1267 See southsideharmreduction.org for map of delivery area		

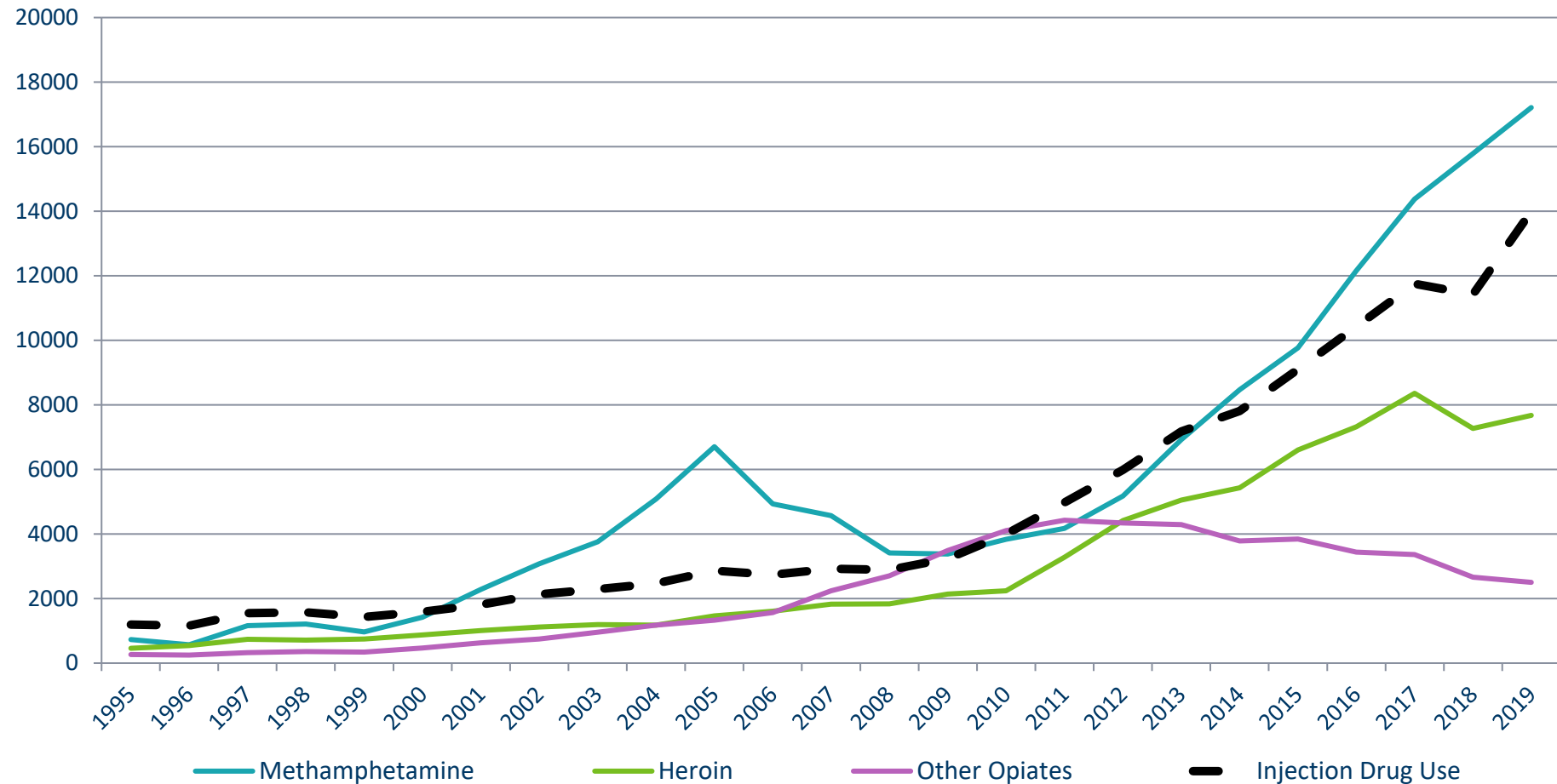


# The Need for Syringe Services Programs

# Need for SSPs

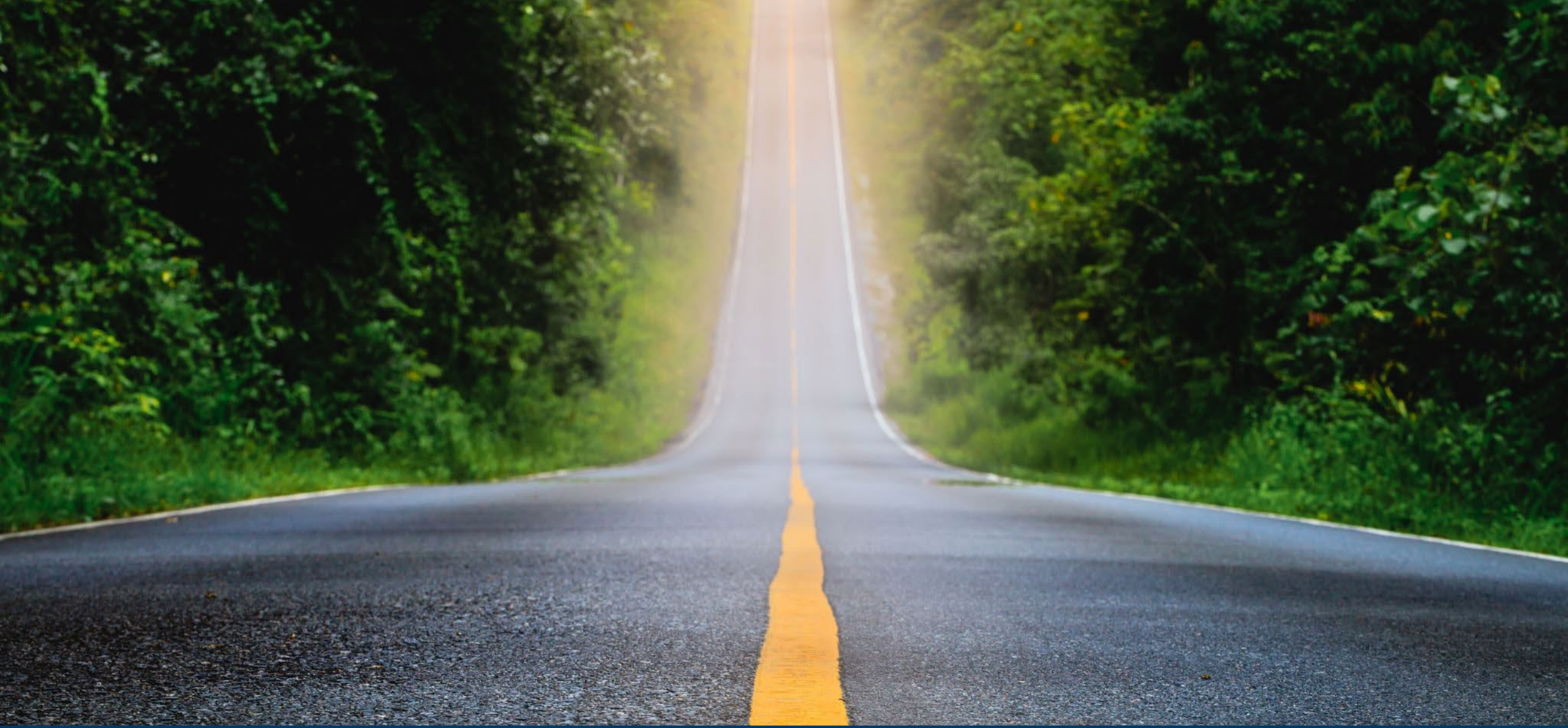
- Over 330% increase in injection drug use from 2009 to 2019
- IDU presents particular risks
- Intro of fentanyl > more frequent injection

Primary Substance at Admission to SUD Treatment Services for Adults CY1995 - CY2019



Source: Minnesota Department of Human Services, BHD, DAANES (11/1/2021), Minnesota SUDORS, Injury and Violence Prevention Section, Minnesota Department of Health, 2019-2021

- Hepatitis C (HCV):
  - 75% of US cases due to IDU, or more specifically, sharing syringes/supplies
  - Majority of new cases of HCV in MN are linked to IDU.
  - In 2021, 22% of HCV tests conducted at MDH IDEPC-funded SSPs were positive
- HIV:
  - In 2021, there were 298 new cases of HIV in MN, 11.4% of which reported injection drug use.
  - 2 HIV outbreaks in MN impacting people inject drugs, people experiencing homelessness
- Overdose rates



## **Benefits of Syringe Services Programs**

# Benefits of SSPs

- Areas with SSPs are associated with LESS syringe litter
- SSPs reduce needle-stick injury to law enforcement by 66%
- SSPs are not associated with increased crime in areas that they serve



# Reduction in Use and Linkage to Treatment

When people have access to an SSP they are:

- 50% less likely to acquire HIV and Hepatitis C
- **Five times more likely to enter treatment** for substance use disorder
- **Three times** more likely to reduce or stop injecting drugs
  - Transition from injection to smoking
- More likely to link to other avenues of care, including primary care

**Thank-you!**

Anna.R.Bosch@state.mn.us



# Naloxone

Cody Bassett | Naloxone Coordinator

# What is Naloxone?

*Naloxone, also known as Narcan®, is a potentially lifesaving drug that can reverse an opioid overdose. It can be administered as an injection or nasal spray.*

*When a person administers naloxone during an opioid overdose, naloxone disables an opioid's harmful effects to the brain, temporarily reversing an opioid overdose. It is only effective for an opioid overdose and is otherwise harmless.*

# Why is Naloxone Important?

- Overdoses increasing nationally
- Increased availability of Fentanyl, 50 to 100 times more potent than morphine
- Minnesota had a record setting number of overdose deaths in 2021.

# Important background

- 2016 – Minnesota Sessions Law, Regular Session, Chapter 124
- Minnesota Board of Pharmacy developed Opiate Antagonist Protocol where pharmacies can enter a protocol with prescriber of record
- Allowed pharmacies to prescribe naloxone upon request
- 2020 – Further legislation loosened the protocol and no longer requires pharmacies to enter a protocol with a prescriber

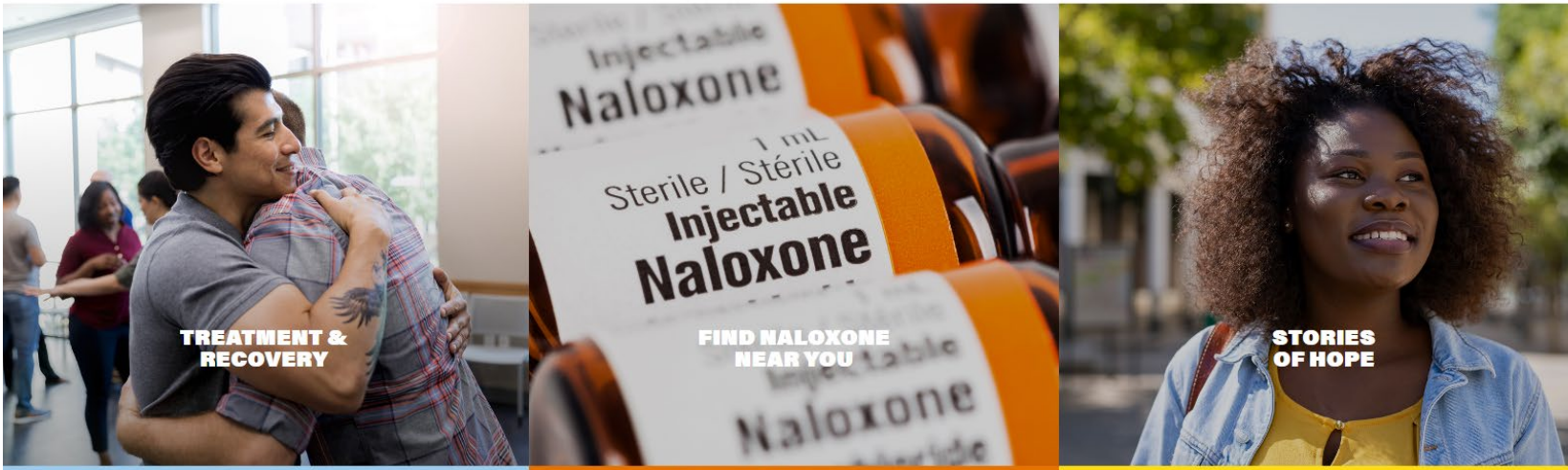
*“But where do I find naloxone?”*

# “Naloxone Finder” on www.knowthedangers.com

An opioid overdose requires immediate medical attention. Call 911 immediately if you or someone you know exhibits any of the [symptoms](#).

KNOWTHEDANGERS.COM [LEARN](#) [TREATMENT](#) [NEWS & RESOURCES](#) [GET HELP NOW](#)

## KNOW THE DANGERS OF OPIOID MISUSE



**TREATMENT & RECOVERY**

**FIND NALOXONE NEAR YOU**

**STORIES OF HOPE**

Pop Quiz  
**OPIOIDS KILL US AT TWICE THE RATE OF THE MAJORITY, SHOULDN'T WE BE TWICE AS INFORMED?**

[VIDEOS OF HOPE](#) [FEATURED NEWS](#) [STUDIES & DATA](#) [PODCASTS](#)

Maahkawitoon

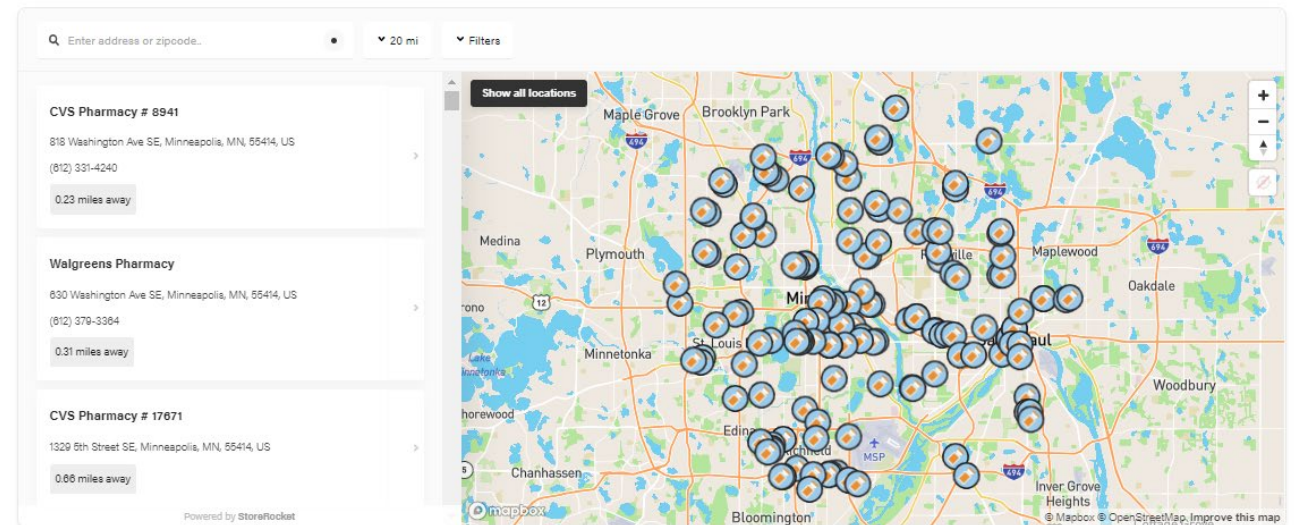
Jenny's Story Part I, Addiction

[Find Naloxone](#)



# The Naloxone Finder

- Over 800 locations
  - Pharmacies
  - SSPs
  - Steve Rummeler Hope Network-partnered Naloxone Access Points
- Enter an address or just a zip code and you find the nearest locations.



# State-funded partners: organizational resources

For **organizations** seeking training, education, naloxone, and naloxone-related resources the following partners can be contacted:

- [Rural AIDS Action Network \(RAAN\) \(https://raan.org/\)](https://raan.org/)  
Focus = Greater MN
- [Steve Rummler Hope Network \(SRHN\) \(https://steverummlerhopenetwork.org/\)](https://steverummlerhopenetwork.org/)  
Focus = Metro

# State-funded partners: Resources for individuals

## Additional state-funded partners are available

- **[Southside Harm Reduction](https://southsideharmreduction.org/)** (<https://southsideharmreduction.org/>)  
Focus = South Minneapolis – Homeless Encampments
- **[Native American Community Clinic \(NACC\)](https://nacc-healthcare.org/)** (<https://nacc-healthcare.org/>)  
Focus = American Indian
- **[Hue Man](https://www.huemanpartnership.org/)** (<https://www.huemanpartnership.org/>)  
Focus = young and middle-aged men of color
- **[Northpoint](https://www.northpointhealth.org/helping-our-neighbors/help-with-addiction/harm-reduction-testing)** (<https://www.northpointhealth.org/helping-our-neighbors/help-with-addiction/harm-reduction-testing>)  
Focus = North Minneapolis
- **[Ka Joog](https://www.kajoog.org/)** (<https://www.kajoog.org/>)  
Focus = East African
- **[Red Door Clinic](https://www.reddoorclinic.org/)** (<https://www.reddoorclinic.org/>)  
Focus = Downtown Minneapolis and Little Earth
- **[Lutheran Social Services/Street Works](https://www.streetworksmn.org/)** (<https://www.streetworksmn.org/>)  
Focus = At Risk Youth

**Thank You!**

- Does your organization provide Naloxone to staff or clients? (choose one)
  - Yes, to staff
  - Yes, to staff and clients
  - No
  - Not sure
  - Not applicable

Which of the following are barriers to your ability to offer Naloxone in your work? (choose all that apply)

- Lack of knowledge about Naloxone and how it works
- Uncertainty about where to get Naloxone
- Costs
- Lack of training opportunities
- Staff hesitance
- Concern from leadership about liability or other risks



# Harm Reduction at MCC

- Minnesota Community Care was founded in 1972, and is the largest FQHC in Minnesota
  - We provide services regardless of ability to pay.
- MCC houses the Healthcare for the Homeless program in Ramsey Co.
  - Clinics are co-located at the Catholic Charities' Saint Paul Opportunity Center and Union Gospel Mission men's campus.
  - We also provide mobile health care and psychiatric care in collaboration with our partners at Radas, People Inc, and the city/county.
- We practice Harm Reduction in all aspects of care- not just related to substance use!

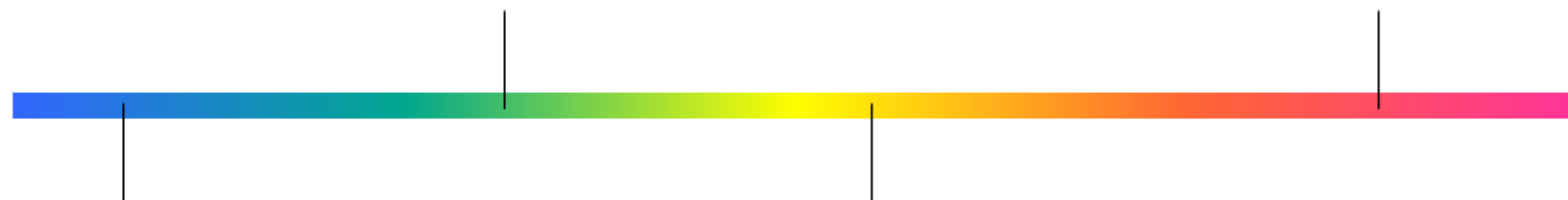
# Spectrum of Psychoactive Substance Use

## Casual/Non-problematic Use

- recreational, casual or other use that has negligible health or social effects

## Chronic Dependence

- Use that has become habitual and compulsive despite negative health and social effects



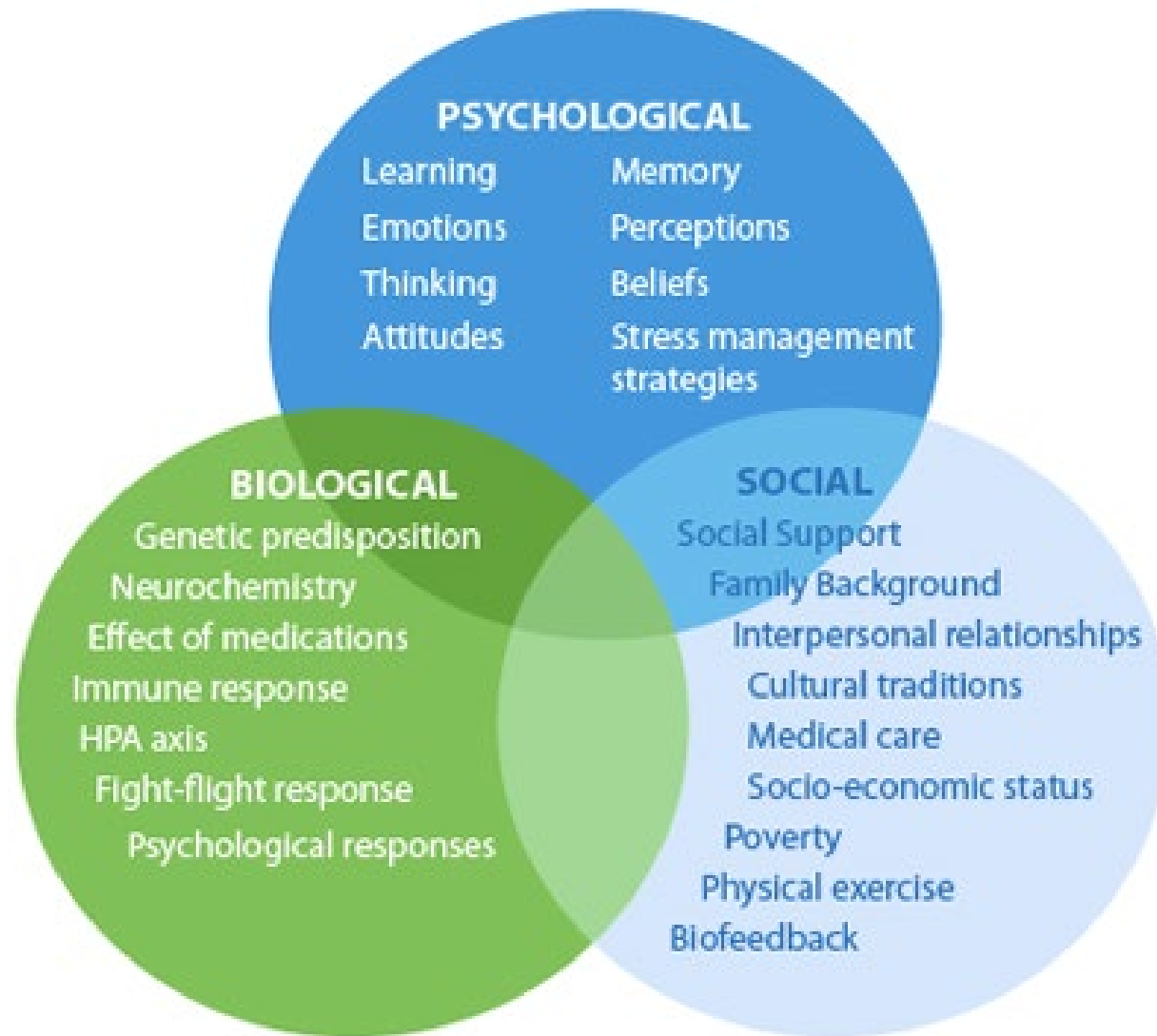
## Beneficial Use

- use that has positive health, spiritual or social impact:
- e.g. medical pharmaceuticals; coffee/tea to increase alertness; moderate consumption of red wine; sacramental use of ayahuasca or peyote

## Problematic Use

- use that begins to have negative consequences for individual, friends/family, or society
- e.g. impaired driving; binge consumption; harmful routes of administration





# Harm Reduction at MCC

Stimulants (energy + euphoria)	Depressants	Hallucinogens/ "designer drugs"
Cocaine, meth	Opiates, benzodiazepines	Ecstasy, MDMA, acid

- Because of changes in how drugs are produced, distributed, and sold, it is rare that a drug bought off the streets is purely what it is advertised as.
- Fentanyl, a very potent opiate, is now found in most other street drugs such as benzos, heroin, and meth.
- Overdose and unexpected adverse effects can happen when people ingest something they weren't expecting.



# Harm Reduction at MCC



- Cocaine increases alertness, makes people feel more confident and energetic, and causes euphoria.
- Cocaine increases heart rate and blood pressure. It causes eyes to dilate and can make people sweat more.
- Cocaine can be smoked, taken orally, snorted or injected.

## WHEN TO GET HELP:

- The person is non-responsive
- Agitation/delusions that are life threatening
- Chest pain or tightness
- Shortness of breath

### Cocaine kinetics

Route of exposure	Onset of action	Peak action	Duration of action
Intravenous	<1 minute	3-5 minutes	30-60 minutes
Nasal	1-5 minutes	20-30 minutes	60-120 minutes
Smoking	<1 minute	3-5 minutes	30-60 minutes
Gastrointestinal	30-60 minutes	60-90 minutes	Unknown

# Harm Reduction at MCC



## Harm Reduction at MCC



- Meth increases energy and focus, causes euphoria, reduces appetite, and can cause hallucinations.
- When someone is high on meth, they may be sweaty, agitated, “manic” appearing, talking fast, unable to sit still, and have a fast heart rate. Sometimes meth causes delusions or psychosis.
- Meth can be eaten, injected, snorted, smoked, or administered rectally.

### WHEN TO GET HELP:

- The person is non-responsive
- Agitation/delusions that are life threatening
- Seizure

## Harm Reduction at MCC



- Opiates cause euphoria, pain relief, and sedation/calming.
- Opiate use causes pinpoint pupils. It may decrease heart rate and breathing rate. Sometimes people “nod off” and go between being awake and semiconscious.
- Opiates can be used orally, snorted, smoked, injected or via rectum.



### WHEN TO GET HELP:

- The person is non-responsive
- Blue lips
- Gasping/snoring or not breathing



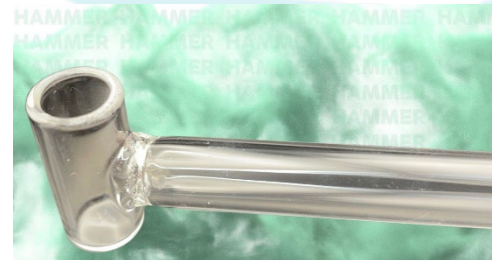


## Injection Safer Use Kit

- Can be used to inject into one's veins or muscle popping
- Substances that folks commonly inject meth, heroin, and other opiates. Though many substances can be injected
- Injection is the route with the most intense high due to the substance directly entering the blood stream

## Harm Reduction at MCC

- Public Health Harm Reduction vs Liberatory Harm Reduction
  - People who use drugs are the experts! They are helping keep their friends alive through harm reduction practices we may not know about/condone.
- All safer use kits also get info on our clinic and the local needle exchange, and condoms!
- Constraints on program due to supply and demand..  
Supplies purchased from Smokeworks Harm Reduction:  
<https://smokeworkspipes.com/>





# Housing First & Harm Reduction

John Tribbett  
Service Area Director  
Ending Homelessness Division




# Who is Avivo?

Avivo is **HERE**.

We work to end **Homelessness**.

We provide **Education** and training.

We support **Recovery** and mental health. We prepare people for **Employment** and success.

- 501(c)(3) Nonprofit located in Minneapolis, Minnesota
  - **3 Service Area Divisions**
    - Chemical & Mental Health
    - Employment Services-Career & Technical Education
    - Ending Homelessness
- 

# The Avivo Model:

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## **Full Continuum of Services: Street to Housing**

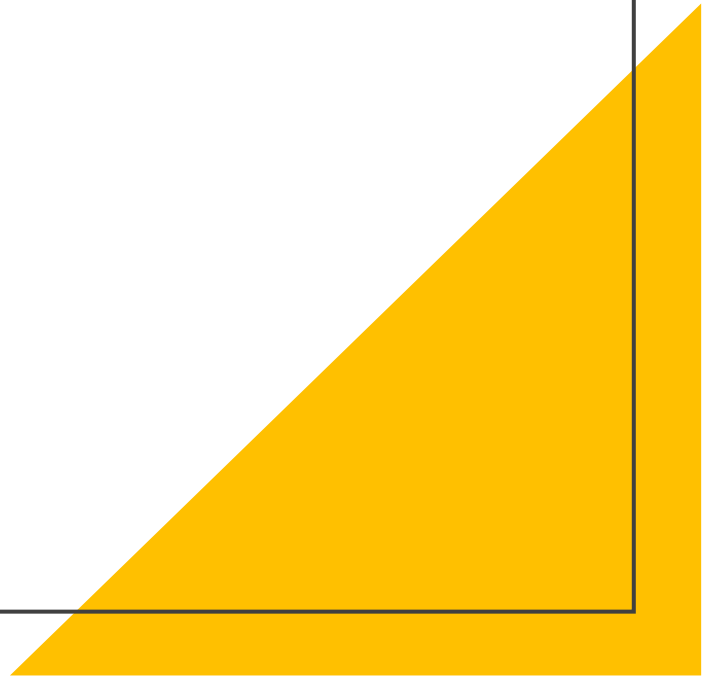
- Street Outreach Team – Focus on Individuals with SUD/ODU
- Avivo Village - Low barrier & culturally responsive shelter with individual “homes” focused on moving residents to permanent housing
- Site-Based Housing – High Fidelity to Housing First & Harm Reduction
- Scattered-Site Housing – A variety of programs funded by Housing Support, subsidies, etc.



# Goals:

- Integrate harm reduction throughout agency – saturation
  - Offer tools, techniques, and trainings to participants & staff
  - Meet people where they are at with dignity and respect
  - Unconditional positive regard
  - Keep people alive – dead drug users can't be housed & can't recover
  - Offer opportunities for flourishing
-

Harm Reduction  
does NOT mean anything goes.





Created in partnership  
with White Earth Nation  
around Ojibwe informed  
and meaningful  
epistemology, language,  
and symbolism.

## Avivo Indoor Village to open in March

The temporary shelter will house up to 100 individuals and help them find permanent housing before they leave.





Avivo Village



# Harm Reduction: A process of normalization

Meeting people where they are is  
just everyday life at the Village



# Strategies:

- Physical structure – bathrooms, staff checks, common area
- Access to Naloxone
- Safer use supplies, condoms
- OD protocols – roles, debriefs
- Ongoing training
- Medical support – wound care, HIV testing, mental health support
- Access to full spectrum of support – MAT, Chemical Health Assessments



# Challenges:

Harm Reduction is Hard Work...

It does not attempt to minimize or ignore the real and tragic harm and danger that can be associated with illicit drug use.

– *National Harm Reduction Coalition*

- Staff buy-in
- Staff burnout – moral injury in the face of suffering
- Security & safety
- Participant trust



**Thank You**