



“I Think One Enhances the Other”: Use of Harm Reduction & Drug Treatment Among Participants of Syringe Services Programs

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- THANK YOU!
- Background
- Methods
- Findings
- Recommendations
- Your thoughts!



Thank you!

- Thanks to all the wonderful participants who agreed to be interviewed for this work.
- Thank you SO much to you all (the SSPs) for being partners in this work.
- Thank you to the WA State Health Care Authority for funding this work.



Research questions

- How do people use harm reduction programs?
- How do people use treatment programs?
- How do these ever overlap?
- What do people think about using both kinds of support at the same time?



Methods

- Eligibility included:
 - being 18 or over,
 - current drug use,
 - and having participated in drug treatment in the last 2 years
- Qualitative interviews were conducted using a semi-structured guide.
- Interviews were recorded and transcribed.
- Analysis was conducted using rapid qualitative methods.

Demographics

<i>Participant Demographics, n=27</i>					
Gender			Race/ethnicity		
Woman	14	52%	White	19	70%
Man	13	48%	Latino/Hispanic	2	7%
Age			Native American	2	7%
Mean	42		Black	1	4%
Range	20-64		White + Latino	1	4%
Housing Status			White + Pacific Islander	1	4%
Unhoused	14	52%	White + Native American	1	4%
Housed	5	19%			
Temporary	8	30%			

Location	n	%
Aberdeen	15	56%
Shelton	5	19%
Vancouver	7	26%

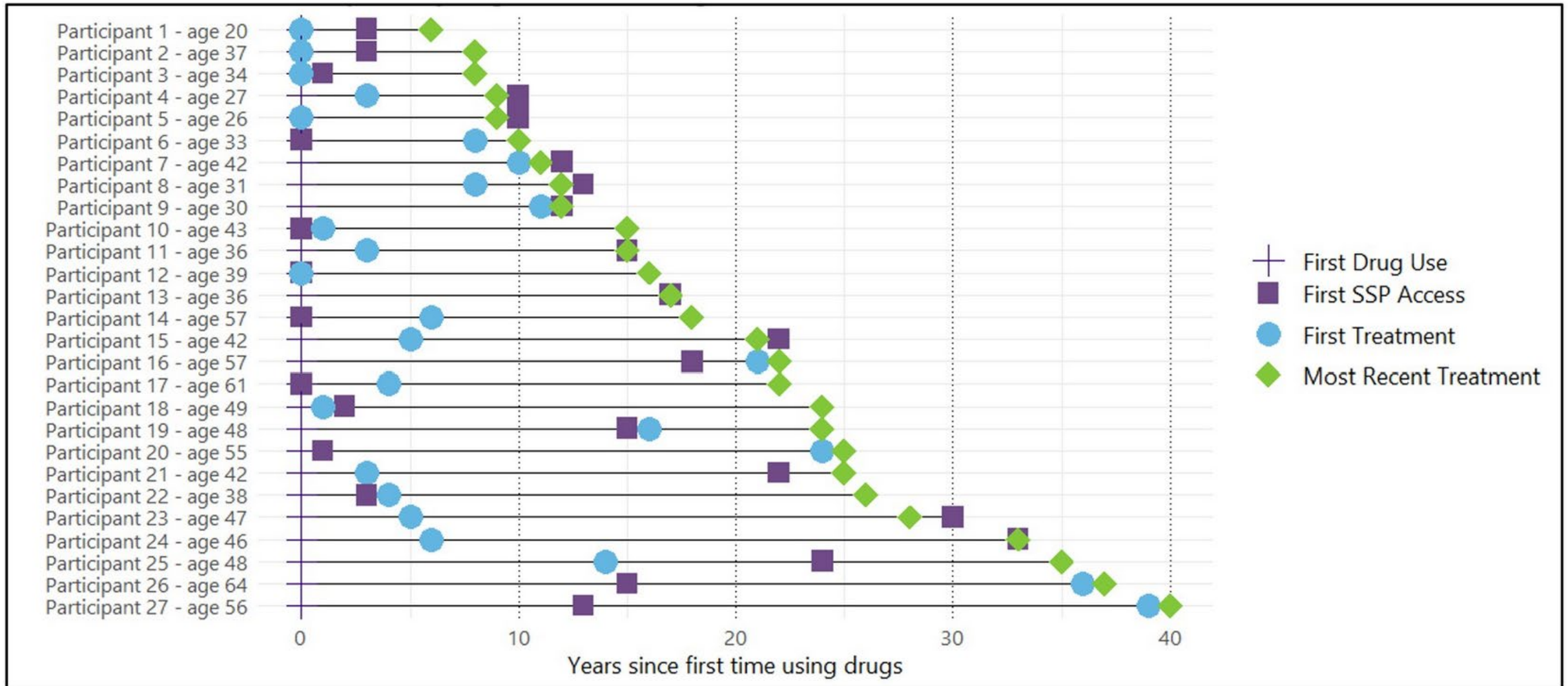
Drug use

Drug use patterns, n=27

<i>Drugs used in the past week</i>			<i>Main drug</i>		
Methamphetamine	27	100%	Methamphetamine	11	41%
Fentanyl	17	63%	Fentanyl	9	33%
Heroin	6	22%	Fentanyl & methamphetamine	3	11%
Benzos	2	7%	Heroin	2	7%
Cocaine	2	7%	Cannabis	1	4%
<i>Route of ingestion</i>			Fentanyl/methadone	1	4%
Smoke	17	63%	Methamphetamine and heroin	1	4%
Smoke & inject	7	26%			
Inject	3	11%			

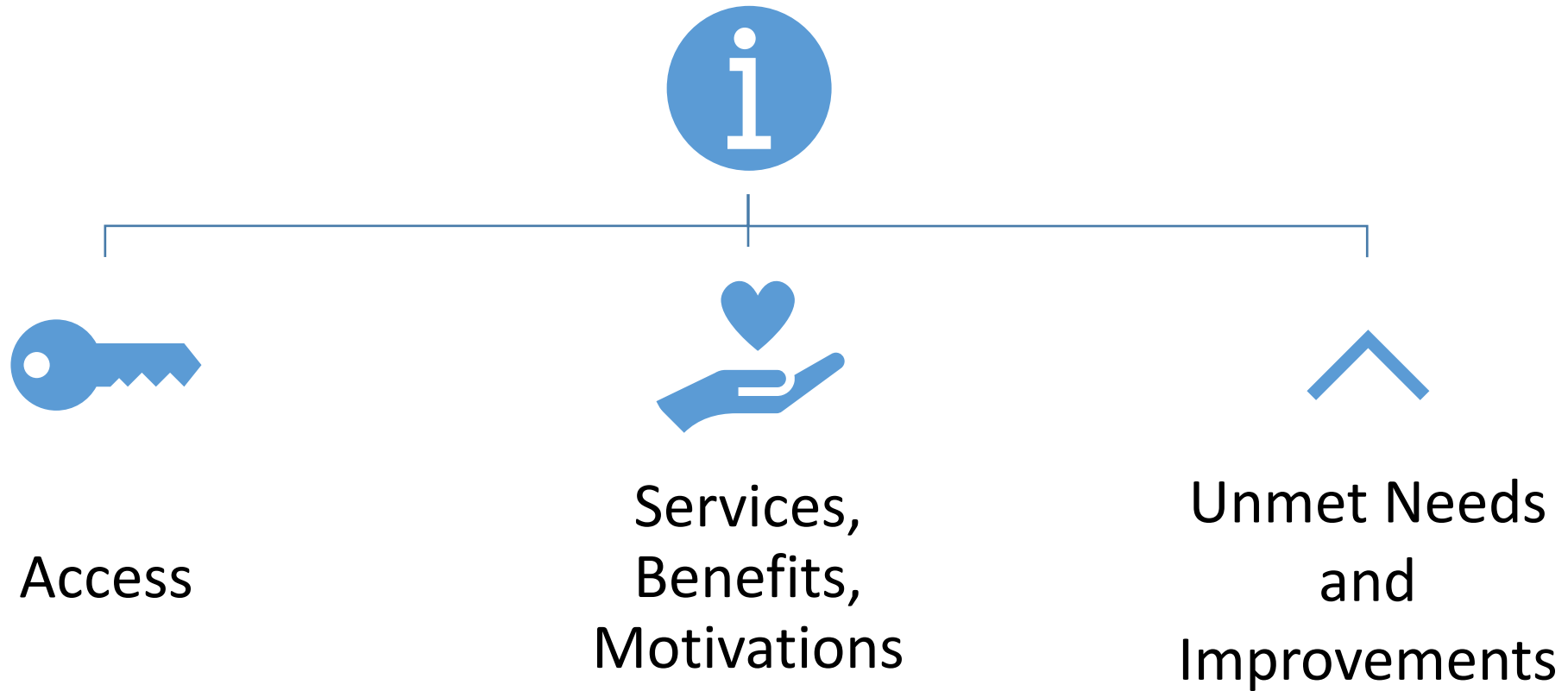
Timeline

Participant Syringe Service Program and Treatment Access Timelines



Harm Reduction

Overview



Access

- Variation in duration accessing services at current SSP
- 20% started going to SSP in 2024
- About 50% learned about SSP from friend or social network
- Others learned by walking by or encampment outreach
- Transportation was sometimes a problem

Harm Reduction

Services, Benefits, and Motivations - Quotes

"I think it's cool. I think it's handy... it's nice to know what's in a drug."

Drug
Checking



"I'm pretty sure that if it wasn't for this exchange right here doing what they're doing, **I would either be dead or I would not have legs because they're what kept me in my medical supplies so I can keep my wounds clean...** So this exchange has been really wonderful."

Medical
Supplies



"I like the newer products I didn't know were here, so yeah. Like **nicotine patches, toilet paper**. The things you didn't expect to be here. Like the **antibiotic ointment, wound kits** [...] And, like the **allergy things** and the **antacids**. Doing certain drugs may cause you stomach problems and whatnot, allergies."

Basic Needs

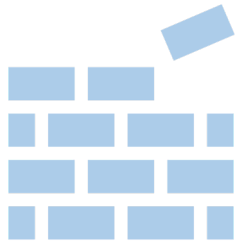


"Just that I guess I get **some positive interaction with somebody**, where people that aren't demeaning or...judgmental. **It's one of the greatest things about dealing with the people, here.**"

Positive Regard



Harm Reduction



Current Barriers

Limited hours of service

Consistency of location

Transportation



Improvements and other needs

Dental care

Relapse prevention

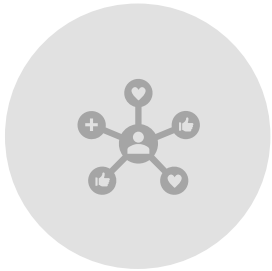
Hygiene services (specifically: showers, laundry)

Injectable naloxone

Smoking supplies

Alternative service model (mail order, drop off, home delivery)

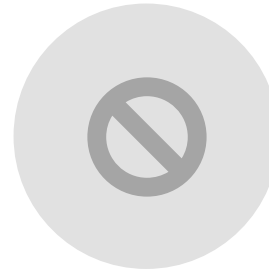
Treatment



EXPERIENCES



MOTIVATIONS/BENEFITS



ACCESS/BARRIERS



RECOMMENDATIONS

Treatment Experiences

Experiences included:

- Methadone from an OTP
- Buprenorphine: From a healthcare provider, including Suboxone and the buprenorphine mono-product, and on the street
- Inpatient detox
- Outpatient SUD treatment
- Inpatient SUD treatment
- 12-step programs
- One person mentioned having used Vivitrol (naltrexone).

Patterns

- Most people had tried SUD treatment multiple times.
- Varying lengths of periods of non-use.
- Some people reduced but did not stop use during treatment.



Treatment

Motivations

**Stop, reduce,
or better
control drug
use**

**Avoid overdose
and death**

Improve health

**Regain custody
of children**

Avoid jail

**Access housing
or shelter**

**Required by
court or
housing
program**

Benefits

Learn coping skills

Supportive staff

**Access to MOUD provided
stability**

**Improved health and well-
being**

Drawbacks

Rigid program rules

**Ineffective program
staff**

Difficult to access

Program not a good fit

**Involuntary treatment
not effective**

Quotes about Treatment

Motivations

"I'm 20. I have so much time in my life that I don't want to waste out here. I don't know. It's not worth it, chasing something that's never going to satisfy you. So I'm just tired of this lifestyle. I'm tired of these people. And I'm either going to end up in the grave or behind bars, and I'm not really trying to go to jail, and I don't want to die, so."

Benefits

"I just needed to-- well, I mean, I wanted to change my internal dialogue. I have this small voice in my head telling me these things that I thought were...then I went to treatment, and everything that I was speaking was confirmed by somebody really smart."

Drawbacks

(Regarding treatment requirements) "They're like, "You get a dirty UA you're getting kicked out." and I'm like, "Shit"... It was terrifying."



Treatment: Recommendations

- “One-stop shop” would be helpful
- Easy access: location, telehealth, affordable
- Flexible programs
- Supportive staff, including people with lived experience
- Support after treatment ends

Harm Reduction + Treatment

We asked about:



- What participants thought about using harm reduction and treatment at the same time?



- If harm reduction programs should offer more information about treatment?



- If treatment should offer more information about harm reduction?
- What participants thought about accessing treatment at the SSP?

Harm Reduction + Treatment

- More than half indicated use of both HRx and Tx at the same time would be beneficial.

“I think it would be pretty helpful (to use both at the same time). Having services to keep myself a cleaner version and going to treatment to learn all the coping skills and what not to do with cross addiction and stuff like that would help a lot.”



Harm Reduction + Treatment

Participants emphasized the positive impact of harm reduction as a practical support *while* working to decrease drug use and accessing treatment programs.

"I think one enhances the other. The treatment ...I feel like it was really hard to quit. But with needle exchange it's like slowly wean yourself down, and they can work with you on like [decreasing use] stuff like that."

"I think it'd be good. Yeah. Because, like I said before, it helps people with having access to clean rigs and stuff like that, keep some away from the diseases and everything. So if they're still using it, it's still a possibility."



Harm Reduction + Treatment

However, some participants also raised concerns about accessing harm reduction and treatment at the same time.

“I don't know. I don't think that mixes. You can't still be using it and doing-- you either commit to it [treatment] and you actually take the steps to do it, or you're just contemplating it. I mean, that's where that lies. And so I don't think that that is a (good) mix.”

“...well, you got to pick. You got to pick one or the other, so.”

Harm Reduction + Treatment

Information sharing:

- Participants thought treatment programs could offer education about available harm reduction programs and services and also could provide some of the same HR services and practical education to patients to promote health and safety.
- And: more information about Tx from HRx programs could be beneficial, too.

“I think, all the information that a person can get, maybe a person might not know. And they come and use this program and they see it. Hey, information is power. Definitely.”



Harm Reduction + Treatment

Information sharing:

However, some participants expressed **concern about sharing information** about treatment through harm reduction sites, as this could foster judgment about drug use and potentially push participants away.

“No, you shouldn't push anything on anybody. Yeah, no.”

“No. I mean, I guess, to me, if somebody wants it-- and I don't want it pushed on me and especially people that are deep in using because then they'll stop coming. I don't want somebody who's constantly, ‘Well, are you sure you want to talk about this? Do you want to see this?’”



Harm Reduction + Treatment

More than half of participants thought offering **treatment services at the SSP** could provide several benefits, including:

- lower-barrier care access,
- a more casual environment
- kind, understanding staff who have personal experience with drug use and treatment.

*“I would probably be more likely to engage with that (Tx at SSP) than going into a treatment facility like I had before. It would be **easier** to do here. I’m going to say the **relationship** that we have with the people that run the program and the ease to which-- I mean, I feel at ease here and don’t feel as judged. I don’t know exactly how to express what I’m trying to say, but it’s a less clinical setting.”*

*“That would probably be helpful to a lot of people because some people just don’t like to go into the offices and talk to people that don’t seem like they’re very helpful. Some of the people that are provided (in treatment settings) **never used before**, some people have. And then so that is an issue amongst some addicts. But I think it’d be helpful. I don’t know, a one-stop shop.”*



Limitations

- Majority of participants were unhoused, may not be representative.
- We did not explicitly ask about other types of services.
- Convenience sample.
- Only talked to people currently at SSPs.



Summary

- For SSPs participants appreciated:
 - easy access to SSPs,
 - positive interactions with non-judgmental and caring staff,
 - and the availability of essential resources that were hard to get otherwise.
- Benefits of SUD treatment included:
 - help to reduce or stop drug use,
 - better coping skills,
 - and reconnection with children/family.
 - Many felt buprenorphine or methadone provided stability.



Summary

- Although harm reduction and SUD treatment have different approaches and intentions, **the majority of participants felt these programs could be complementary.**
- Using both harm reduction and SUD treatment programs had substantial benefits.



Summary

- **Participants expressed broad support for the cross-pollination** of SUD treatment and harm reduction services.
 - This included support for providing both types of services in the same location
 - and for providing education about both types of services in different programs.
- People expressed **interest in obtaining treatment and other services at the SSP** because of the lower-barrier access.
- People endorsed **expanding access to low-barrier and flexible programs** where supportive staff could provide holistic care and offer supplies to meet basic needs.

Thank you & some resources:

- Contact us about the report: alison26@uw.edu
- Read the full report: <https://adai.uw.edu/hr-tx-ssp-report-and-webinar/>
- Attend the webinar on July 9th at 9am:
- https://washington.zoom.us/webinar/register/WN_reXeK67fSy-M6dtVtnwlg#/registration
- Ask a question now!

Webinar registration:

