

Paving a Path Towards Healthcare-Based Harm Reduction in the Veterans Health Administration: Key Lessons Learned from Three VHA Facilities

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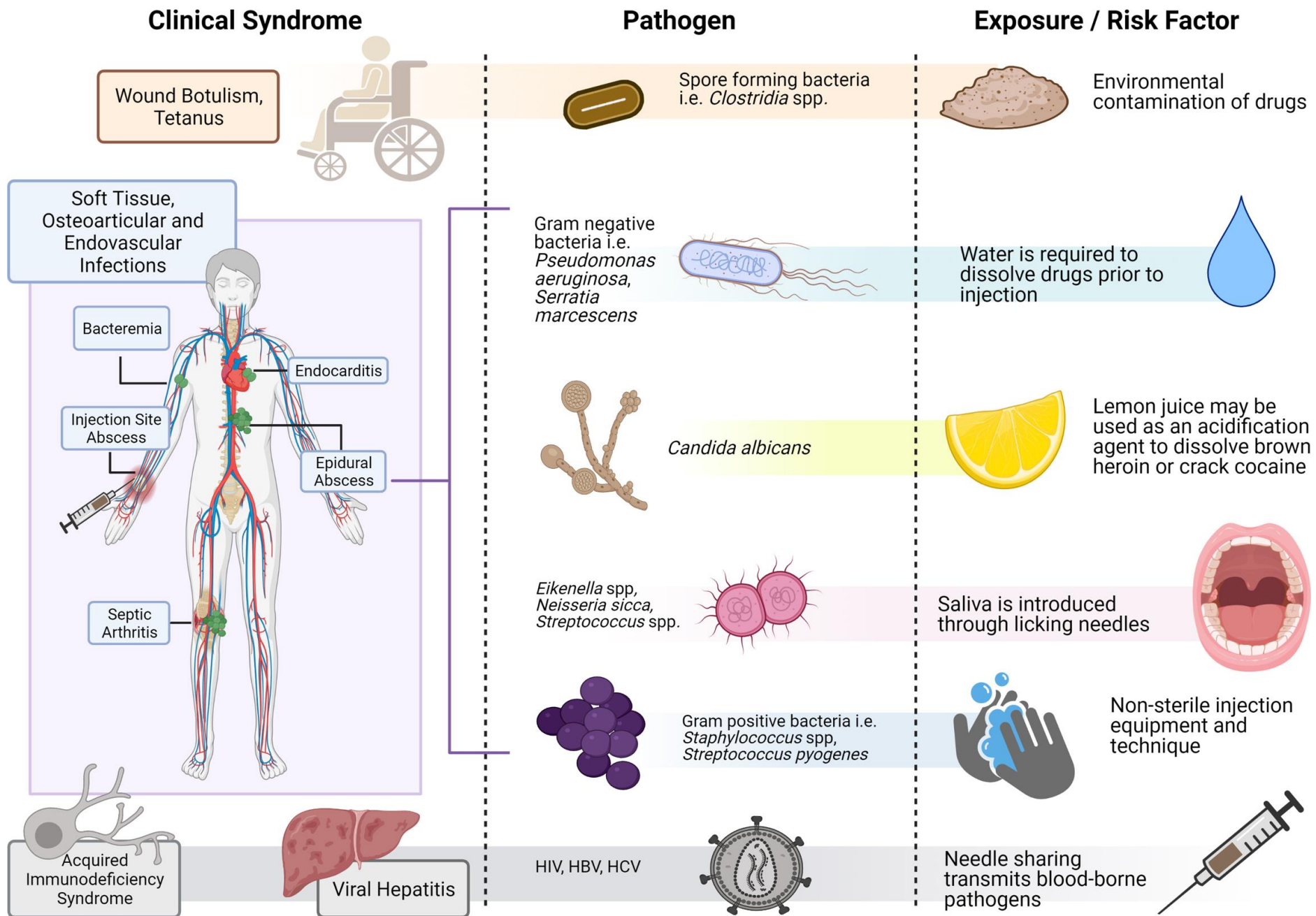
This views expressed in this presentation are those of the authors and do not necessarily reflect the position or policy of the Department of Veterans Affairs or United States Government.

```
// hx of HCV GENOTYPE: 1a
- non-cirrhotic by calculation, but cirrhotic by fibroscan in 2016
- 2016 CT abd/pel no mention of liver cirrhosis
- Treatment Start Date: 10/07/16
- Treatment Stop Date: 12/29/16
- Treatment Regimen: Harvoni x 12 weeks
```

```
// Hepatitis C
- VL: 10,6000,000 AFP: pending
- APRI: 0.283, FIB4: 0.81
- HIV serostatus: 01/21/22
- Hepatitis A serostatus: immunized 2017
- Hepatitis B serostatus: immunized 2019
- ETOH use: three-four 24oz beers/day
- Drug use: ivdu, heroin/cocaine
```

Case Presentation

54yo Veteran presented for voluntary admission for detox. Veteran found to have hepatitis C. Initially treated back in 2016 with Harvoni x 12 weeks. Subsequent HCV viral load negative in 2019. He reports relapsing with injecting and sharing syringes. Admits to injecting heroin/cocaine 2-3x per week. Veteran reports long history of substance use starting when he was 16, drug of choice is opioid and cocaine. Reports overdose / Suicide attempt incident in 2013 with respiratory failure.



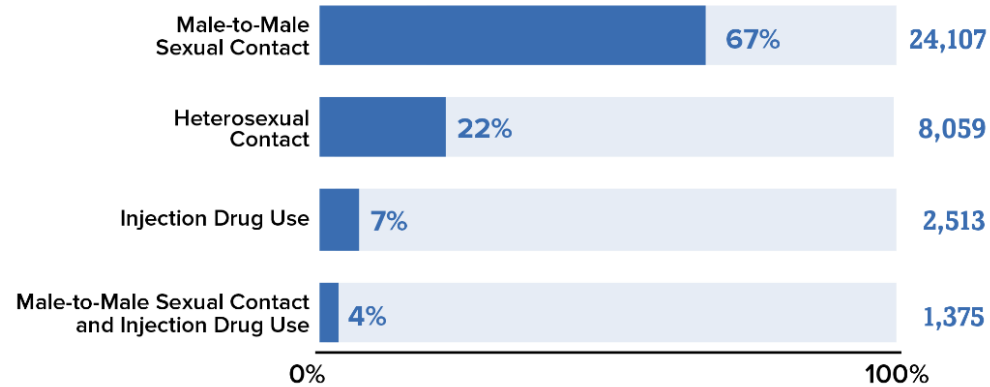
Reported risk behaviors or exposures*† among reported cases of acute hepatitis B virus infection — United States, 2019

| Risk behaviors/exposures | Risk identified* | No risk identified | Risk data missing |
|----------------------------------|------------------|--------------------|-------------------|
| Injection drug use | 631 | 1,149 | 1,412 |
| Multiple sexual partners | 241 | 801 | 2,150 |
| Surgery | 120 | 1,139 | 1,933 |
| Sexual contact § | 92 | 807 | 2,293 |
| Needlestick | 73 | 1,121 | 1,998 |
| Men who have sex with men ¶ | 79 | 374 | 1,568 |
| Household contact (non-sexual) § | 17 | 882 | 2,293 |
| Dialysis patient | 34 | 1,258 | 1,900 |
| Occupational | 2 | 1,536 | 1,654 |
| Transfusion | 4 | 1,269 | 1,919 |

Reported risk behaviors or exposures*† among reported cases of acute hepatitis C virus infection — United States, 2019

| Risk behaviors/exposures | Risk identified* | No risk identified | Risk data missing |
|----------------------------------|------------------|--------------------|-------------------|
| Injection drug use | 1,302 | 650 | 2,184 |
| Multiple sexual partners | 223 | 594 | 3,319 |
| Surgery | 179 | 888 | 3,069 |
| Sexual contact § | 142 | 334 | 3,660 |
| Needlestick | 91 | 886 | 3,159 |
| Men who have sex with men ¶ | 42 | 315 | 2,114 |
| Household contact (non-sexual) § | 36 | 440 | 3,660 |
| Dialysis patient | 61 | 1,249 | 2,826 |
| Occupational | 7 | 1,278 | 2,851 |
| Transfusion | 3 | 1,105 | 3,028 |

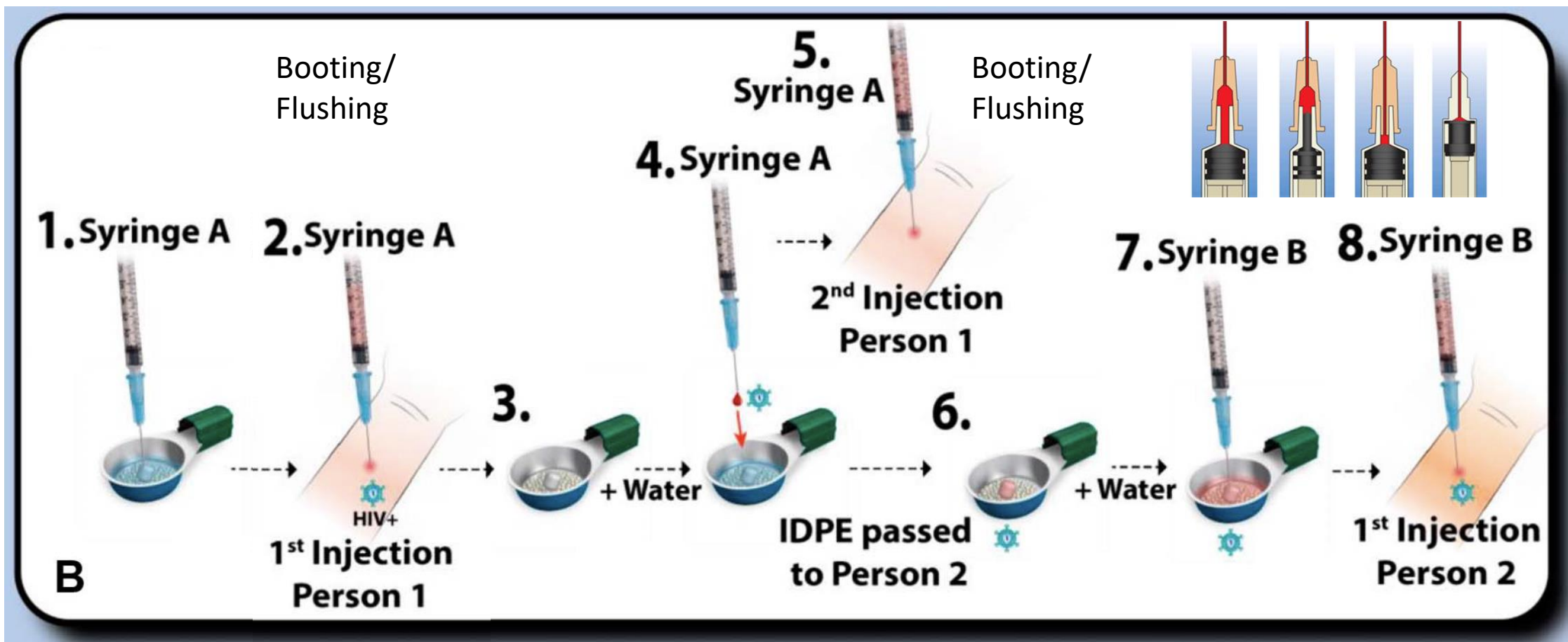
New HIV Diagnoses in the US and Dependent Areas by Transmission Category, 2021*



NOTE: Does not include *other* and *perinatal* transmission categories.
* Among people aged 13 and older.

Source: CDC. Diagnoses of HIV infection in the United States and dependent areas, 2021. *HIV Surveillance Report* 2023;34

Injection Risk Behaviors – Needle & Equipment Sharing



Harm Reduction in Healthcare

Aims to ↓ negative consequences of substance use through screening, pharmacotherapy, education

Human rights

- Approach w/ dignity, compassion, nonjudgmental acceptance. Support autonomy

Incrementalism

- Focus on immediate needs. Reinforce ANY positive change. Abstinence may not be goal

Pragmatism

- Drug use a complex phenomenon influenced by structural determinants. No one achieves perfect health behaviors

Syringe Services Programs (SSPs)

30+ years of evidence & widely endorsed

50% decrease in HIV & HCV incidence

Decrease Litter & Needlestick Injuries

No Increase in Crime

Decrease Overdose Deaths through education and Naloxone

SSP Participants 5x more likely to enter treatment & 3x more likely to stop using drugs

>400 U.S. SSPs, primary community based & few directly integrated into healthcare systems

Program Beginnings

Illiana VA HCS, 2017

- Veteran with active HCV and injection drug use unable to access sterile syringes
- Obtained syringes from community donors

Orlando VA HCS, 2019

- ID team observed increasing HCV reinfection rates
- Obtained syringes from community donors

San Francisco VA HCS, 2019

- Increasingly toxic illicit drug supply led to local increases in fentanyl-involved overdose deaths
- Awarded funding to purchase fentanyl test strips from UCSF

Legal Background (always consult General Counsel!)

A Rx does not make a syringe legal if intended for injecting illegal drugs

- Recipient at risk for possession charge

Fentanyl test strips = paraphernalia in some states

- [Legality of drug checking equipment in the United States](#)

Nuances to every state

- [Prescription Drug Abuse Policy System \(PDAPS\)](#)
- [Legislative Analysis and Public Policy Association](#)

Key Helpful Contacts

- [Harm Reduction Legal Project - Network for Public Health Law \(networkforphl.org\)](#)
- <https://www.healthinjustice.org/harm-reduction>

Federal Funding Restrictions

Depts of Labor, Health and Human Services, and Education

- Prohibited from using federal funds to purchase syringes that may be used to inject illegal drugs

Congress

- Passed additional limits on funding for pipes used for illegal drugs
- Restriction may also be limited

Impacted Departments may use federal funds for all other non-prohibited SSP-related purposes, so long as

- CDC determined jurisdiction where SSP operates is experiencing/at risk for significant ↑ in HCV/HIV due to injection drug use
- Program is operating in accordance with state/local law

VHA Interim Guidance on SSPs (2021)

Under Federal law and regulations, VHA has clear legal authority to operate SSPs.

VHA Medical Centers develop SSPs or ensure Veterans enrolled in VA care have access to SSPs where such programs are not prohibited under state, county, or local law

SSPs meet criteria of Medical Benefits Package (38 CFR §17.38)

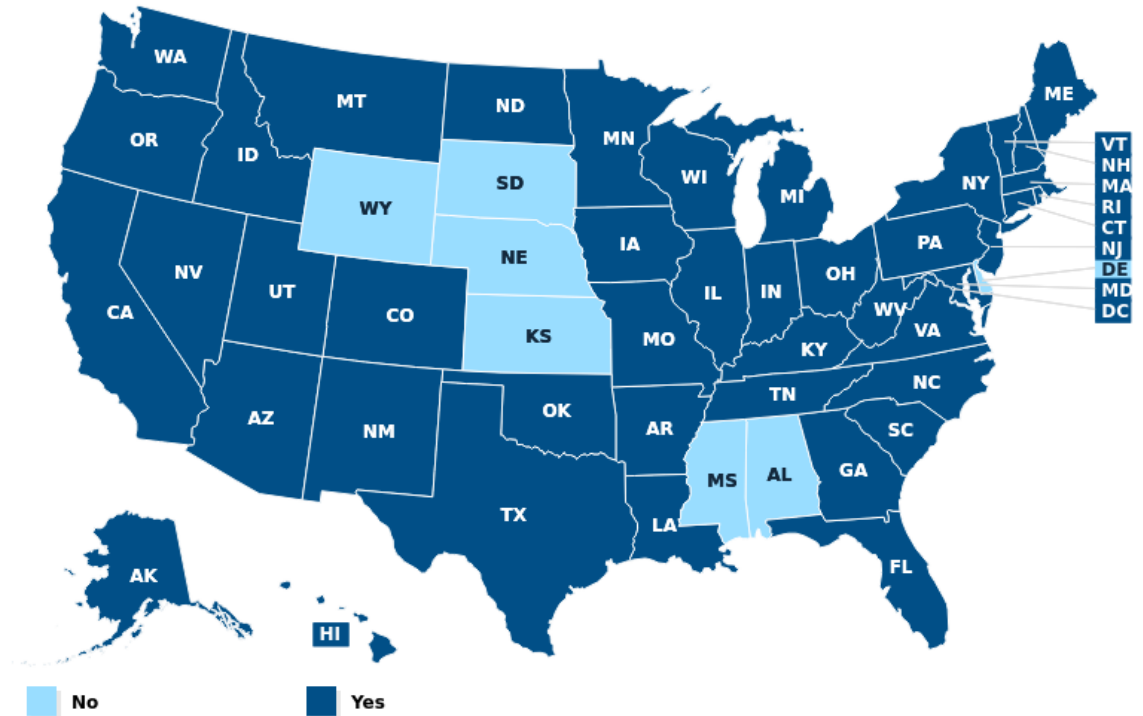
Prohibitions against using certain Federal funds to purchase syringes do not apply to VA.

VHA provider must write patient-specific outpatient prescription for VHA pharmacy to provide prescription fulfillment services for syringes.

Partner with Community

- Ask what services they are/are not offering
- Discuss legal questions
- Request training → they are the experts!
- Volunteer/shadow
- County/State Public Health
- Possibility for supply donations if you're unable to purchase

Sterile Syringe Exchange Programs: Has Syringe Exchange Program?, 2022



SOURCE: Kaiser Family Foundation's State Health Facts.

Utilize Community & Free Resources

Naloxone and SSP finder maps

- [Harm Reduction Resources Near You | National Harm Reduction Coalition](#)
- [NASEN | North America Syringe Exchange Network: NASEN Directory](#)

Free, online, mail-based harm reduction supplies

- <https://nextdistro.org/>

Overdose prevention hotlines and apps

- [Home - Massachusetts Overdose Prevention Helpline \(massoverdosehelpline.org\)](#)
- [Never Use Alone – No Judgment, No Shaming, No Preaching, Just LOVE!](#)
- [Brave App](#)
- [Canary App | RCORPTA \(rcorp-ta.org\)](#)

Understand Stigma & Discrimination

Reality

Drug addiction = MOST stigmatized (and one of few criminalized) conditions

Only 10% people w/ SUD receive treatment, often due to fears (e.g., negative opinions and consequences)

52% of public see addiction = medical illness

Health professionals' attitudes toward patients w/ SUD often negative, contribute to suboptimal care

Impact

Delay/avoidance of tx

Poor mental/physical health

Mistrust of healthcare system

↓ quality & healthcare utilization

↓ willingness for policy reform, funding, access

Faulty understanding of SUD & tx

Reduce Stigma in Communication

Use

- Person-first language (e.g., a person with/who...)
- Inclusive communication for people across identities and conditions (e.g., people with disabilities, LGBTQ)

Avoid/Eliminate

- Pejorative terms (e.g., addict)
- Labels (e.g., manipulative)
- Weaponizing quotes (e.g., patient reports the pain is 'so bad')
- Blaming patients (e.g., refuses)
- Leading with social identifiers which reinforce systemic biases (e.g., race)
- Poor verb choice (e.g., patient claims)

Address Common Misconceptions

Myths

SSPs lead to ↑ drug use (i.e., is enabling)

SSPs lead to ↑ litter on the streets

SSPs lead to ↑ crime

Facts

New users of SSPs 5x more likely to start treatment, 3x more likely to stop injecting drugs¹

86% ↓ in used syringes on the streets¹, ↓ needlestick injuries², ↑ safe disposal²

No difference in crime in areas with and without SSPs^{1,2}

¹Hagan H et al, J Substance Abuse Treatment (2000); ²What are Syringe Services Programs (SSPs)? Centers for Disease Control and Prevention. https://www.cdc.gov/ssp/docs/Syringe-Services-Program-Infographic_508.pdf; ³Syringe Services Programs (SSPs) Fact Sheet. Centers for Disease Control and Prevention. <https://www.cdc.gov/ssp/syringe-services-programs-factsheet.html>; ⁴Marx MA et al, Am J Public Health (2000); ⁵Galea S et al. J Acquir Immune Defic Syndr (2001)

Other Common Barriers & Concerns

Barriers

Lack of funding, full-time staff, physical storage space

Lack of federal precedent (must follow local laws)

Lack of ability for social workers to carry and administer naloxone

Staff refusal to

- Purchase harm reduction supplies
- Process prescriptions for harm reduction supplies
- Acknowledge the program

Negative press

Concerns

Contradicts healthcare provider goal of abstinence

Does not fit in abstinence-based treatment programs

Not in my backyard (NIMBY)ism

Being the first VA to offer

Having facility leadership/
national VA buy-in

Political climate – election year

Offer Rx and Free Supplies

Infection Prevention

- Alcohol pads
- Bandages
- Antibiotic ointment
- Gauze pads
- Stretch gauze
- Tape
- Skin closure strips
- Latex and vinyl gloves

Safer Use Supplies

- Naloxone
- Drug checking test strips (e.g., fentanyl, xylazine)
- Sharps containers
- Insulin syringes (27G-31G)
- Luer lock syringe tips
- Needle tips (19G-25G)
- Sterile saline and water single-use vials
- Ascorbic acid powder
- Cookers
- Filters
- Rectal use kits
- Snorting/sniffing kits
- Smoking kits

Safer Sex

- External and internal condoms
 - Latex and non-latex options
 - Regular size and XL
- Lubricant
- Vaginal contraceptive gel and moisturizer
- Finger cots
- Dental dams

Basic Human Needs

- Hand sanitizer
- Sunscreen
- Deodorant, lotion
- Non-talc foot powder
- Soap, washcloth tablets, shower wipes, shave kits
- Shampoo, conditioner, comb
- Mouthwash
- Toothbrush, toothpaste
- Lip balm, sugar-free gum
- Feminine hygiene products
- Clothing, beanies, ponchos
- Blankets, sleeping bags, tents
- Body warmers
- Flashlights
- Face masks
- Food, water

Offer Education and Outreach

Team-based care | Consultative services | Drop-in services | Group classes | Housing facilities | Stand down events

A screenshot of a presentation slide titled "Harm Reduction". The slide contains two sections: "What is harm reduction?" and "What do harm reduction strategies prevent?".

What is harm reduction?

- Set of strategies that help reduce the negative impact of high-risk activities, such as substance use and risky sexual behaviors

What do harm reduction strategies prevent?

- Organ damage: Liver damage (alcohol), lung damage (smoking), Kidney damage (cocaine)
- Overdose and death
- **Infections: (our focus today)**
 - Sexually transmitted infections (STIs)
 - Hepatitis A, B, C
 - HIV
 - Bacterial infections (skin, bloodstream, heart valves)
 - Bone infections

Consent for photos of Veterans obtained and locally filed.



Consider Harm Reduction Vending Machines

- **Funding:** National VA program offices and VA facility
- **Cost:**
 - Free to Veterans
 - Machines are ~\$11k each + cost of supplies/stocking/maintenance
- **Access:**
 - One-time registration, Veterans only
 - Receive wallet card with unique bar code
- **Use:** Scan bar code at machine and enter item number
- **Limits:**
 - Daily or weekly depending on item size
 - Based on Veteran feedback

Russell, E., Johnson, J., Kosinski, Z. *et al.* A scoping review of implementation considerations for harm reduction vending machines. *Harm Reduct J* 20, 33 (2023). <https://doi.org/10.1186/s12954-023-00765-2>. [Implementing-Harm-Reduction.pdf \(amersa.org\)](https://www.amersa.org)

Education Resources



Training, technical assistance, and education resources

- [Request Training & Technical Assistance | NASTAD](#)
- [About Us - Opioid Response Network](#)
- [Grayken Center for Addiction TTA | Boston Medical Center \(addictiontraining.org\)](#)
- [Resources \(nahewd.org\)](#)

VA education resources for clinicians and patients

- [For Veterans and the Public - HIV \(va.gov\)](#)
- [Safer Injection Practices for People who Inject Drugs - HIV \(va.gov\)](#)
- [IB10-1691 HarmReductionandSyringe 508 P97128.pdf \(va.gov\)](#)
- [Academic Detailing Services - Opioid Overdose Education & Naloxone Distribution \(OEND\) - Pharmacy Benefits Management Services \(va.gov\)](#)

Community education resources for clinicians and patients

- [Resource Center | National Harm Reduction Coalition](#)
- [Resources- Drug Policy Alliance](#)
- [Safer Drug Use Technique | Bevel Up \(bvlup.com\)](#)
- [WTFentanyl — Correcting Fentanyl Misinformation](#)

Supply Vendors

[Syringe Supply Operators | NASEN](#)

[Total Access Group](#)

[1800safety2.com](#)

[Points of Distribution](#)

[Home | DanceSafe](#)

[Lochness Medical Supplies Inc.](#)

[Smoke Works Harm Reduction \(smokeworkspipes.com\)](#)

[Sharps Disposal Boxes - American Security Cabinets](#)

[Your Source for Overdose Emergency – windycitycabinet](#)

[Narcan Pouches and complete Naloxone Kits | Carry & Office solutions \(naloxkit.com\)](#)

Key Tips

Start with a small pilot program where you have more support

- Settings, programs, clinics, staff
- Specific types of supplies, education

Prepare to address staff concerns with evidence/data

Know you are not alone in addressing concerns/barriers

Take time to reflect on your own personal beliefs, biases, perceptions

Criminalization and local/regional laws have impact on perceptions

Many staff support sterile syringes but not safer smoking supplies

- Smoking is less risky than injecting, is a form of harm reduction
- Takes time to change mindset

Thank you!

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