

IRIS Fellowship Research Project Write Up

Title: Utilization of Peer-Delivered Harm Reduction Services Within a Rural County

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Introduction

The stigma around harm reduction is a barrier for services within a rural community. A lot of people associate harm reduction services with enabling active addiction. However, this stigma may be caused by misunderstanding around what harm reduction services are, how they are provided, and the many lives they save each day. Drug overdose has accounted for over one million deaths nationwide since 2000, and most of these are caused by opioids (Klobucista & Martinez, 2023). Maryland has been hard hit, with thousands of individuals dying and numbers that rose during the pandemic. Though Baltimore city has been deeply affected, opioids have also significantly impacted rural parts of Maryland. Data from 2013-2015 indicate that the Maryland jurisdictions with the highest rates of overdose deaths include Baltimore City, Washington, Cecil, Caroline, Kent, Worcester, Calvert, Carroll, and Baltimore counties (Eilenberg, 2017). Addiction is a disease and people who use drugs (PWUD) are not wanting to die, they just can't break the controlling cycle of addiction.

Kolla and Strike (2020) emphasize that real harm reduction focuses on the harm caused for PWUD, such as infectious diseases and harms caused by the lack of regulated quality control within the drugs themselves. Harm reduction services can test the drug paraphernalia and find out if it is mixed with Fentanyl or any other highly deadly substance. Fentanyl is now the number one cause of overdose deaths in the country, surpassing heroin by a large margin. Originally manufactured for pain treatment in cancer patients, the synthetic opioid is about 100 times more potent than morphine, and its illegal use continues to be on the rise across the United States. The importance of harm reduction services provides much more than a syringe exchange, which itself is very important. Not only do harm reduction services provide safe use supplies, but they also provide other beneficial services by connecting individuals with peer recovery specialists (PRS).

Calvert County Harm Reduction Program utilizes PRS within the workforce to help gain rapport with participants. PRS are people in long term recovery who work to provide support to others with mental illness, substance abuse, or co-occurring disorders and help them achieve their personal recovery goals. PRS achieve this by promoting self-determination, personal responsibility, and the empowerment inherent in self-directed recovery. PRS brings a different insight and perspective to the table when dealing with the opioid epidemic.

The purpose of PRS is to help individuals become and stay engaged in the recovery process and help reduce likelihood of relapse. PRS are engaged in a wide range of treatment processes including advocating, mentoring, resource brokering, setting recovery goals, and building rapport within their community. PRS learn to develop these skills through several professional training courses. These trainings are mandated for PRS to sit for the certification exam and to become a Certified Peer Recovery Specialist (CPRS). PRS are expected to learn how to communicate effectively with participants and to promote hope within a recovery lifestyle. What makes PRS so unique is their personal lived experience. PRS can relate to

participants and display themselves as a role model and show that recovery is possible. The reintegration and connection between like-minded individuals create a strong bond between PRS and recovery program participants. Drug overdoses, both fatal and nonfatal, continue to impact our nation. The opioid crisis is a public health and economic crisis that is eroding the quality of life. People are dying and families are devastated. It impacts every sector of our economy, including healthcare, education, business, and local governments. The opioid crisis recognizes no neighborhood, no race, and no class. It is neither limited to backstreets in urban settings nor isolated in rural communities.

This research will explore how many participants have been served since the start of Calvert County harm reduction program in 2021 and with what types of services. The launch of the program was mainly to reach the population that is still in active addiction. PRS participate in street outreach daily and make connections with the people currently in active addiction. PRS offer supplies such as clean syringes, wound care supplies, sharps container, Narcan, sleeping bags, tents, food, hygiene kits and resources for clothes if needed. Each participant receives support on a case-to-case basis. For example, there are homeless participants that may need additional supplies to live in the outside element. The purpose of this research is to examine the integration of PRS within a harm reduction program, how PRS meet clients where they are at, giving them the opportunity to become knowledgeable of services and to know where help is available. Towards this end, the study will answer the following research questions.

1. How many people are served by Calvert County's Harm Reduction Team, overall and by city?
2. What are the levels of service requests made by program participants per service type, including PRS?

Method

Harm reduction team (HRT) collects participants data by utilizing a Google form that captures data in response to specific program related questions. Every participant that is engaged is considered as an unduplicated encounter. Each unduplicated encounter is logged within the Google form with a unique identifier. This brings confidentiality to the participant and to abide by the legal rights of individuals. The Google form is very brief on collecting personal information. The data was collected by the Harm Reduction Program staff during street outreach for two full years from March 1st,2021 to March 1st, 2023. Using frequency counts, outreach measures of individuals who engaged with the Calvert County Harm Reduction Program in select cities/towns are examined. The data includes statistics on the number of unduplicated individuals that were served through the program. Data was also analyzed to determine the number of individuals that requested peer services through referral. These data will be analyzed and separated into each city within Calvert County where the participants were served.

Results

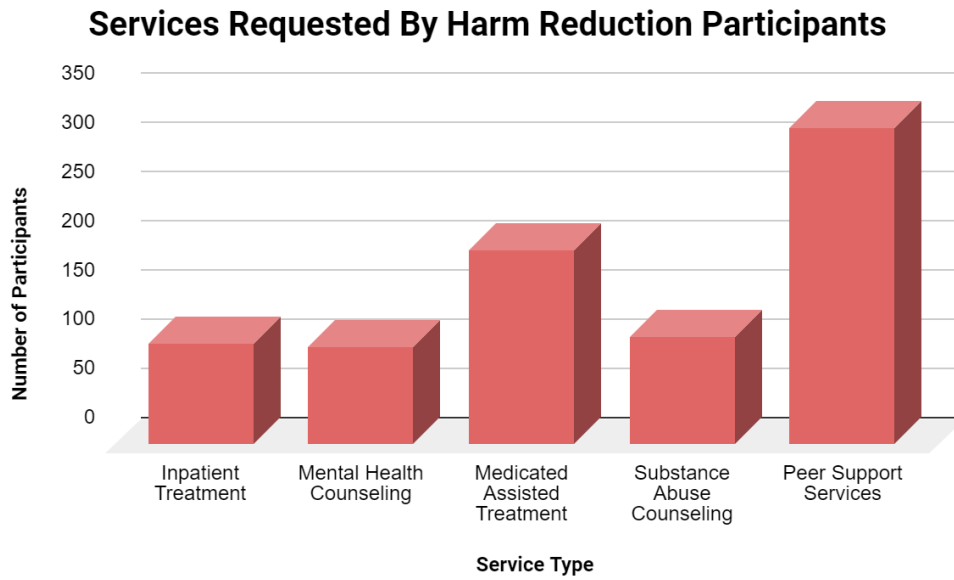
Results displayed in Table 1 represent different Calvert County cities and towns. The table shows the total population count in each city/town, the total number of unduplicated participants that engaged in Harm Reduction Program services between 2021-2023, and the percentage of these engaged individuals relative to the total population.

Table 1. Calvert County Population Served Through Harm Reduction Program, 2021-2023

Location	Population	Unduplicated Participants	% of Population Served
Saint Leonard	790	64	8.10%
Lusby	2,144	80	3.73%
Huntingtown	3,029	34	0.11%
Prince Frederick	3,433	487	14.19%
Chesapeake & North Beach	8,733	50	0.01%
Dunkirk	2,175	30	0.01%
Totals	20,304	745	3.67%

Table 2 below displays the number of different types of services requested by harm reduction participants. All participants are educated on what services the health department has available. These services are not independent. A participant can engage in one to all programs. Statistics show that Peer Support Services is the most requested service ($n=324$). Medication assisted treatment was also requested by numerous participants ($n=197$), with inpatient treatment and counseling related to mental health and substance use all receiving about 100 requests for service.

Table 2. Services Requested by Participants Through the Harm Reduction Program



Discussion

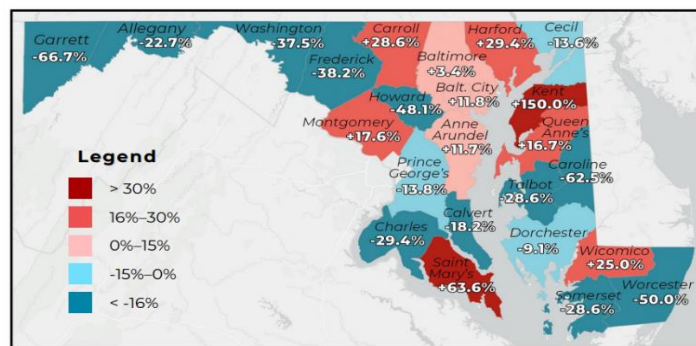
Kerr et al. (2006) emphasize that providing peer-led harm reduction services as a supplement to recovery support allows for engagement of individuals who are at risk of disease, such as Hepatitis C and HIV, and overdose. At-risk populations have been found to engage in treatment at higher rates with peer-based initiatives. For those interested in treatment initiation, peers proximity to recovery supports and treatment referrals provides a unique opportunity. Results from the current study indicate that individuals in active addiction have multiple engagements with PRS. Relatable peers with culturally specific knowledge should be used to increase culturally congruent services. This study highlights the importance of data collection and analysis for improved services for PWUD participating within harm reduction programs.

While this study provided a clear indication of relatively high PRS utilization, results indicated varied overall rates of service utilization across towns and cities. Prince Frederick (14.19%) and St. Leonard (8.10%) had the highest percentages of population served, and some places including Dunkirk and Huntingtown had rates of less than 1%. Further analysis is needed to assess how much each place is having its needs met, and to apply lessons learned from areas being optimally served to those in need of different approaches or additional types of support.

A strength of this study is that it shows harm reduction service utilization and peer engagement within a rural population setting. HRT participates in daily street outreach to meet people where they are and gives the opportunity for direct service. Further studies need to be explored by addressing harm reduction strategies. Future studies can incorporate mixed methods to best capture community impact and user experience. This will help us to scientifically identify opportunities to sustain life and stabilize health while helping to initiate and sustain substance use recovery.

While it is not possible to tie the decrease in Calvert County's overdose death rates shown in the Figure below (Opioid Operational Command Center, 2021) to implementation of the Harm Reduction Program, the downward trend is positive, services have been well utilized, and the choice of many residents to utilize PRS as part of their pathway to recovery is clear.

Figure 5. Percent Change in Opioid-Related Intoxication Deaths by County
January through June, 2020 vs. 2021*



*Data for 2021 are preliminary.



Conclusion

For being such a rural county, HRT in Calvert County have developed strong relationships and deeply engaged with the community. It was believed by Calvert County health leaders that harm reduction services being provided by a team of PRS would be beneficial for the community. This research project indicated a need for opioid overdose prevention services in Calvert County based on it having some of the highest overdose rates in the state. There were nearly 750 participants that utilized the program and PRSs were the top service requested by program participants. The Harm Reduction Program contributed to the recovery of many individuals in our County and was one important part of the recovery support system that contributed to a reduction in overdose deaths. Other rural counties and municipalities nationwide should consider expansion of harm reduction services and the use of PRSs to further support PWUD in their recovery and save more lives.

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