Snapshot of Harm Reduction in Rhode Island (February 2021–January 2022)

ERIN BROWN, MPH; SARAH BIESTER, MPH; CATHY SCHULTZ, MPH; SARAH EDWARDS, CCHW, CPRS; ANNAJANE YOLKEN, MPH; DENNIS BAILER; RAYNALD JOSEPH; KATHARINE HOWE, MPH

BACKGROUND/INTRODUCTION

In December 2021, the Substance Abuse Mental Health Services Administration (SAMHSA) announced $30 million in grant funding for Harm Reduction programs. This unprecedented opportunity signaled a shift in the national overdose prevention strategy, with harm reduction included as one of the four pillars of President Biden's strategy.[1] Harm reduction is a vital part of Rhode Island's approach to reducing overdose deaths and the transmission of HIV and hepatitis C virus (HCV). Due to the work of the harm reduction organizations, less than 4% of newly-diagnosed cases of HIV were identified in people who inject drugs from 2016–2020.[2] This shift in strategy at the national level comes at a critical time when overdose deaths across the nation are projected to be higher in 2021 than 2020.[3] Similarly, after declining from 2016–2019, in 2020 the number of lives lost to overdose in Rhode Island increased 25%, from 308 in 2019 to 384 in 2020. It is projected that 2021 data will result in even more lives lost to an overdose.[4]

According to the National Harm Reduction Coalition, "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."[5] One of the most recognized harm reduction strategies is syringe service programs (SSPs), which is an evidence-based intervention that saves lives, decreases the risk of infectious disease transmission, decreases injection drug use, and encourages proper disposal of used syringes.

Rhode Island has a long history of harm reduction that started in 1994 with a legislative bill enacting a pilot SSP at AIDS Care Ocean State (ACOS).[6,7] In 1997, it became law that the state was required to support a needle exchange program to prevent the spread of infectious diseases. In addition to syringe exchange, these programs are required to include education materials, HIV counseling and testing, and other infection and overdose prevention resources.[8]

For many years, ACOS was the primary provider of harm reduction services in Rhode Island, providing services in a variety of locations including walk-in services, mobile outreach, walking routes, home delivered services, and, most recently, harm reduction vending machines. This multifaceted approach allows for services to be provided in a way that is most comfortable to the client, decreasing stigma and respecting people who use drugs. As the need for harm reduction services has increased, due in part to the overdose epidemic, the Rhode Island Department of Health (RIDOH) has invested additional resources to increase capacity and expand harm reduction services in other organizations such as Project Weber/RENEW (PWR), which was founded to support sex workers of all genders, and the Hope Recovery C.O.R.E. (Community Outreach Response Efforts) Team at the Parent Support Network (PSN) of Rhode Island, which conducts mobile outreach across the state targeting suburban and rural communities. These harm reduction organizations provide critical services to people who use drugs by distributing safer drug use supplies (e.g., sterile injection, snorting, and smoking supplies, fentanyl test strips, and naloxone). They also provide direct peer support and case management particularly related to treatment and wrap-around services (e.g., housing, employment, and the provision of basic needs).

This article describes the population served by the outreach services of three harm reduction organizations in Rhode Island: ACOS, PSN, and PWR. These organizations, funded in part by the RIDOH, provide harm reduction services to prevent HIV and HCV infections and overdoses with dignity and compassion to persons who use drugs throughout Rhode Island. This analysis presents descriptive statistics related to the demographic characteristics of individuals who access harm reduction services from these organizations.

METHODS

The data used in this report were collected by outreach team members at ACOS, PWR, and PSN during each encounter with a client. The data collected includes demographic information about registered clients. Although each organization's data collection practices vary slightly, data are generally recorded on a shift sheet, entered in an organizational database, and submitted to RIDOH monthly, which is then aggregated and analyzed to identify data trends. RIDOH-funded harm reduction organizations have been working in the community for years, but reporting was not standardized across all organizations until February 2021. For this reason, one year of data between February 1, 2021, and January 31, 2022, is included in this report.

To receive harm reduction supplies and services, individuals are asked to register with each harm reduction organization. Individuals are provided with an anonymous client ID that they ask to be provided at any future encounters. In certain situations, harm reduction supplies and services are provided to individuals without requiring them to register, including instances where they are provided to a business or at community-based trainings/events. These encounters were excluded from our demographic summary of clients (**Table 1**).

Table 1. Demographic Characteristics of Clients Receiving Harm Reduction Services in Rhode Island by Frequency of Encounters (February 2021–January 2022)

	All Clients n (%)	1–3 Encounters n (%)	4–12 Encounters n (%)	>12 Encounters n (%)
Unique Clients	**5,922**	**5,166 (87.2%)**	**557 (9.4%)**	**199 (3.4%)**
Gender				
Male	3,598 (60.8%)	3,124 (60.5%)	352 (63.3%)	122 (61.3%)
Female	2,055 (34.7%)	1,816 (35.2%)	172 (30.8%)	67 (33.7%)
Non-Binary	13 (0.2%)	13 (0.3%)	0 (0.0%)	0 (0.0%)
Transgender	60 (1.0%)	51 (1.0%)	8 (1.4%)	1 (0.5%)
Race and Ethnicity				
Hispanic	1,156 (19.5%)	1,032 (20.0%)	99 (17.8%)	25 (12.6%)
Non-Hispanic, White	3,421 (57.8%)	2,959 (57.3%)	320 (57.5%)	142 (71.4%)
Non-Hispanic, Black	857 (14.5%)	754 (14.6%)	85 (15.3%)	18 (9.0%)
Non-Hispanic, Other	117 (6.3%)	97 (1.9%)	15 (2.7%)	5 (2.5%)
Unstably Housed During At Least One Encounter	3,577 (60.4%)	2,930 (56.7%)	463 (83.1%)	184 (92.5%)

The purpose of this analysis is to provide a comprehensive snapshot of individuals who are accessing the harm reduction programs and services that are provided through these organizations.

RESULTS

Between February 1, 2021, and January 31, 2022, harm reduction organizations in Rhode Island engaged 5,922 unique clients across 15,825 total encounters. The majority of clients are male (60.8%), and most clients self-identified as non-Hispanic white (57.8%), followed by Hispanic (19.5%), and non-Hispanic Black (14.5%). Housing instability is a significant problem among clients accessing harm reduction services; more than half (60.5%) of clients indicate they are unstably housed during at least one encounter. Finally, most clients had limited engagement, only one to three encounters (87.2%), with harm reduction services.

We conducted further analyses to determine if there were differences between clients based on how frequently they interacted with harm reduction organizations. The distribution of gender was generally the same across all three frequency groups. By contrast, the racial and ethnic distribution changes between frequency groups. Of clients with one to three encounters, 57.3% were non-Hispanic white, 14.6% were non-Hispanic Black, and 20.0% were Hispanic. Among clients with four to 12 encounters, and even more so among clients with more than 12 encounters, the proportion of non-Hispanic Black and Hispanic clients decreased while the proportion of non-Hispanic white clients increased. Housing instability is an issue for the majority of all clients accessing harm reduction services; however, it is even more prevalent among clients with more frequent encounters. A staggering 83.1% of clients with four to 12 encounters and 92.5% of clients with more than 12 encounters self-reported housing instability during at least one encounter.

DISCUSSION

Rhode Island has started to invest additional funds in harm reduction in recent years. This is demonstrated by the large number of people who are served by these harm reduction programs. During the 12 months of data collection, there were 5,922 unique individuals who accessed harm reduction services. Each individual is issued a unique code which is used for subsequent harm reduction encounters; this accounts for individuals who may have accessed services multiple times in a month. There are many individuals (87.2%) who accessed supplies one to three times during the time frame. This could be caused by a variety of factors, including the transient nature of this population, individuals providing a different unique code when accessing services, newly enrolled individuals who have not had the opportunity to access supplies multiple times, or outreach events in which individuals may engage with harm reduction staff once and they do not follow up.

Racial disparities continue to be experienced among people who use drugs. Specifically, fatal overdose rates for non-Hispanic Black and Hispanic are increasing faster when compared to rates of non-Hispanic white Rhode Island residents.[9] Rhode Island's harm reduction organizations continue to raise up concerns around overdoses reported by people that use stimulants. In 2020, 74% of fatal overdoses among Black, non-Hispanic decedents involved cocaine, compared to 56% among Hispanic decedents or 47% among non-Hispanic white decedents in the same year.[9] As shown in the results above, harm reduction organizations saw a higher proportion of people who identify as non-Hispanic Black or Hispanic, compared to the distribution of these groups in the general Rhode Island population. Therefore,

harm reduction organizations are well-situated to continue to meet the needs and address the racial disparities.

One potential limitation to this analysis is that demographic data are collected at each encounter and is occasionally discrepant or missing. Therefore, for the purposes of this analysis, demographic data at first encounter during the time frame was used.

As these organizations continue to build their infrastructure around data and reporting, there is more opportunity for future analyses. It is evident from the increase in overdose deaths in recent years that there is still potential for further investment and scaling of these live-saving interventions. As data are better aligned across harm reduction organizations in Rhode Island, there is an opportunity to conduct further analyses of the types of services people are accessing, as well as examining the geographic distribution of harm reduction clients.

In conclusion, this recent increased investment in harm reduction in Rhode Island has been met with an unprecedented demand. The three highlighted Rhode Island organizations serve more than 5,000 people per year and provide them with lifesaving supplies and resources. Investment in harm reduction is an evidence-based practice that decreases infectious disease, keeps our communities safe, and utilizes an approach of respecting individuals who use drugs while decreasing unintended negative health consequences.

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Authors

Erin Brown, MPH, is a Prevention Program Evaluator in the Center for HIV, Hepatitis, STD, and TB Epidemiology at the Rhode Island Department of Health.

Sarah Biester, MPH, is the Policy and Evaluation Lead for the Drug Overdose Prevention Program in the Division of Community Health & Equity at the Rhode Island Department of Health.

Cathy Schultz, MPH, is the Overdose Data to Action Project Manager in the Division of Community Health & Equity at the Rhode Island Department of Health.

Sarah Edwards, CCHW, CPRS, is the manager for Parent Support Network's Hope Recovery Statewide CORE Team.

Annajane Yolken, MPH, is the Director of Programs at Project Weber/RENEW where she oversees the organizations data systems.

Dennis Bailer is the Overdose Prevention Program Director at Project Weber/RENEW.

Raynald Joseph is the Prevention Supervisor at AIDS Care Ocean State.

Katharine Howe, MPH, is the Prevention Program Manager in the Center for HIV, Hepatitis, STD, and TB Epidemiology at the Rhode Island Department of Health.

Correspondence

Katharine Howe, Prevention Program Manager
Center for HIV, Hepatitis, STD and TB Epidemiology
3 Capitol Hill
Suite 106
Providence, RI 02908
Katharine.Howe@health.ri.gov