



NATIONAL COUNCIL of  
URBAN INDIAN HEALTH

COMMUNITY OF LEARNING SERIES

# NURTURING THE THREE SISTERS:

COMMUNITY, CULTURE, CONNECTION IN URBAN INDIAN HIV CARE

## **Rooted in Resilience: Urban Indian Harm Reduction for HIV Prevention**

**March 14, 2023 | 2-3 p.m. EST**

*Jessica Rienstra, RN, ECHO Case Manager at Northwest Portland Area Indian Health Board (NPAIHB)*

## **Growing Strong Together: Creating 2SLGBTQIA+ Inclusive Health Care Services**

**April 12, 2023 | 2-3 p.m. EST**

*Hannah Warren, HIV/STD Prevention Program Manager at Alaska Native Tribal Health Consortium (ANTHC)  
Connie Jessen, MA, Alaska Indigenous Research Program Director at Alaska Native Tribal Health Consortium (ANTHC)*

## **Branching Out: Wellness Programming for Patient-Centered HIV Care from an Urban Indian Perspective**

**June 8, 2023 | 2-3 p.m. EST**

*Ethan Landry, Wellness Coordinator and PrEP Navigator at San Diego American Indian Health Center (SDAIHC)  
Jennifer Khong, Public Health RN Case Manager at San Diego American Indian Health Center (SDAIHC)*

**Register at [ncuih.org/events](https://ncuih.org/events)**

This Community of Learning series is made possible by the Minority HIV/AIDS Fund through the Indian Health Service.



# Rooted in Resilience: Urban Indian Harm Reduction for HIV Prevention

Tuesday, March 14, 2023 | 2:00 PM – 3:00 PM EDT

**PRESENTER:** Jessica Rienstra, RN, ECHO Case Manager,  
Northwest Portland Area Indian Health Board (NPAIHB)



# DISCLAIMER

This event is made possible by the  
Minority HIV/AIDS Fund through the  
Indian Health Service



# AGENDA

TIME ALLOCATED	TOPIC	PRESENTER
2:00 PM EDT / 11:00 AM PDT	Welcome	Kayla Emrick
2:02 PM EDT / 11:02 AM PDT	<ul style="list-style-type: none"><li>• About NCUIH</li><li>• Zoom Etiquette</li><li>• Introduction of Presenter</li></ul>	Kayla Emrick
2:10 PM EDT / 11:10 AM PDT	NPAIHB Content Delivery	Jessica Rienstra, ECHO Case Manager, NPAIHB
2:45 PM EDT / 11:45 AM PDT	Q&A Session	Jessica Rienstra Kayla Emrick
3:00 PM EDT / 12:00 PM PDT	Adjourn	Kayla Emrick



## ABOUT

# NCUIH

NATIONAL COUNCIL *of* URBAN INDIAN HEALTH

The National Council of Urban Indian Health (NCUIH) is the national non-profit organization devoted to the support and development of quality, accessible, and culturally-competent health and public health services for American Indians and Alaska Natives (AI/ANs) living in urban areas.

NCUIH is the only national representative of the 41 Title V Urban Indian Organizations (UIOs) under the Indian Health Service (IHS) in the Indian Health Care Improvement Act (IHCIA). NCUIH strives to improve the health of the over 70% of the AI/AN population that lives in urban areas, supported by quality health care centers.



# HOUSEKEEPING

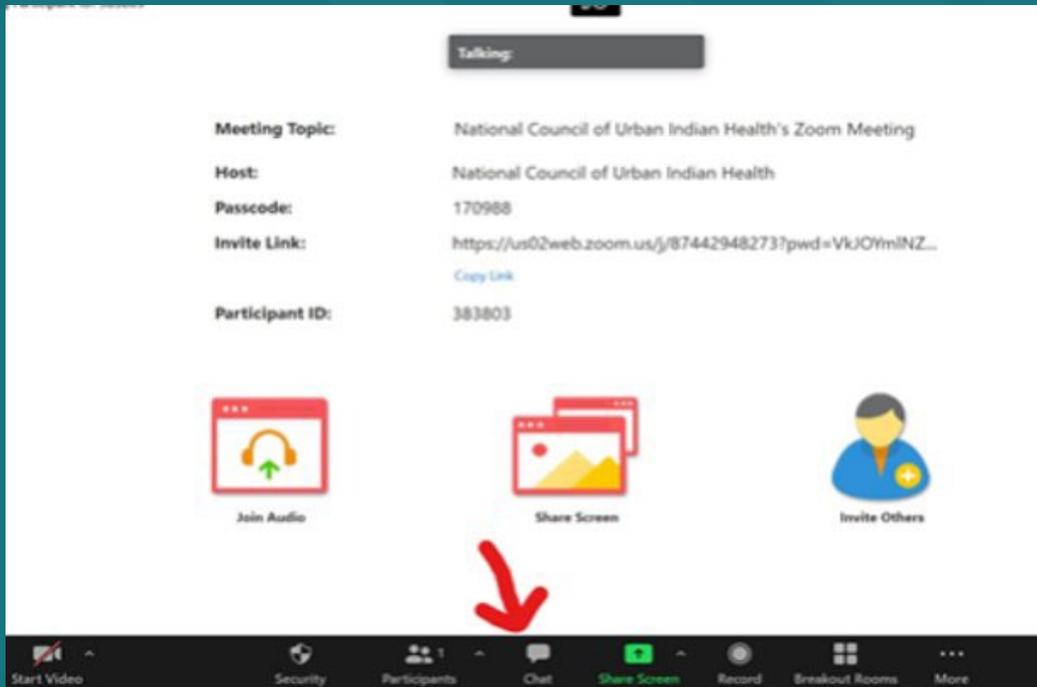
- This session is being recorded.
- All mics have been muted (unless otherwise directed)
- Questions can be typed into the chat box
- Q&A session will follow at the end of the session
- Please note the QR code at the bottom of the slide – scan this with your phone to access our feedback survey!



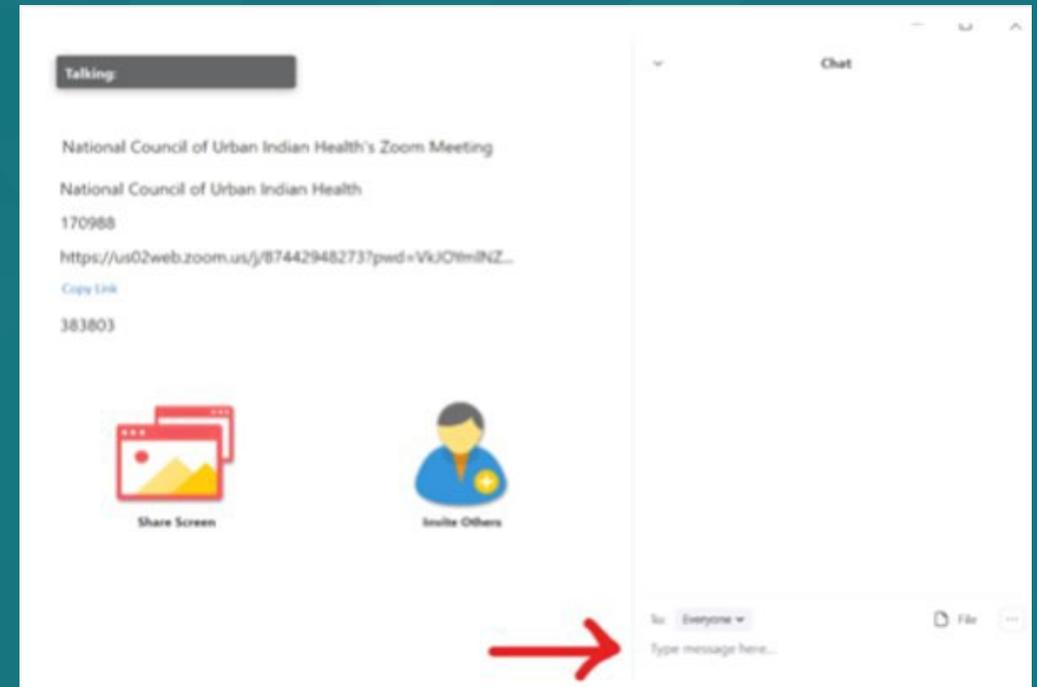


# ASK A QUESTION OR COMMENT

First, select “Chat” at the bottom of your ZOOM screen



Then type your question or comment into the chat box that will appear on the right





# PRESENTER



**Jessica Rienstra, RN**  
ECHO Case Manager, Northwest Portland  
Area Indian Health Board (NPAIHB)



# POLLING QUESTIONS



# SHARE YOUR THOUGHTS:

What perceptions do you have about harm  
reduction?

# Harm Reduction: what it is, what it isn't, why it matters

Jessica Rienstra, MSN

ECHO Case Manager

Northwest Portland Area Indian Health  
Board

# Objectives

- Review **what** harm reduction is (and what it isn't)
- Discuss two examples of **why** harm reduction matters & **how** it has been applied
- Consider the application of harm reduction in different settings
- Discussion



Something all of us do,  
every day







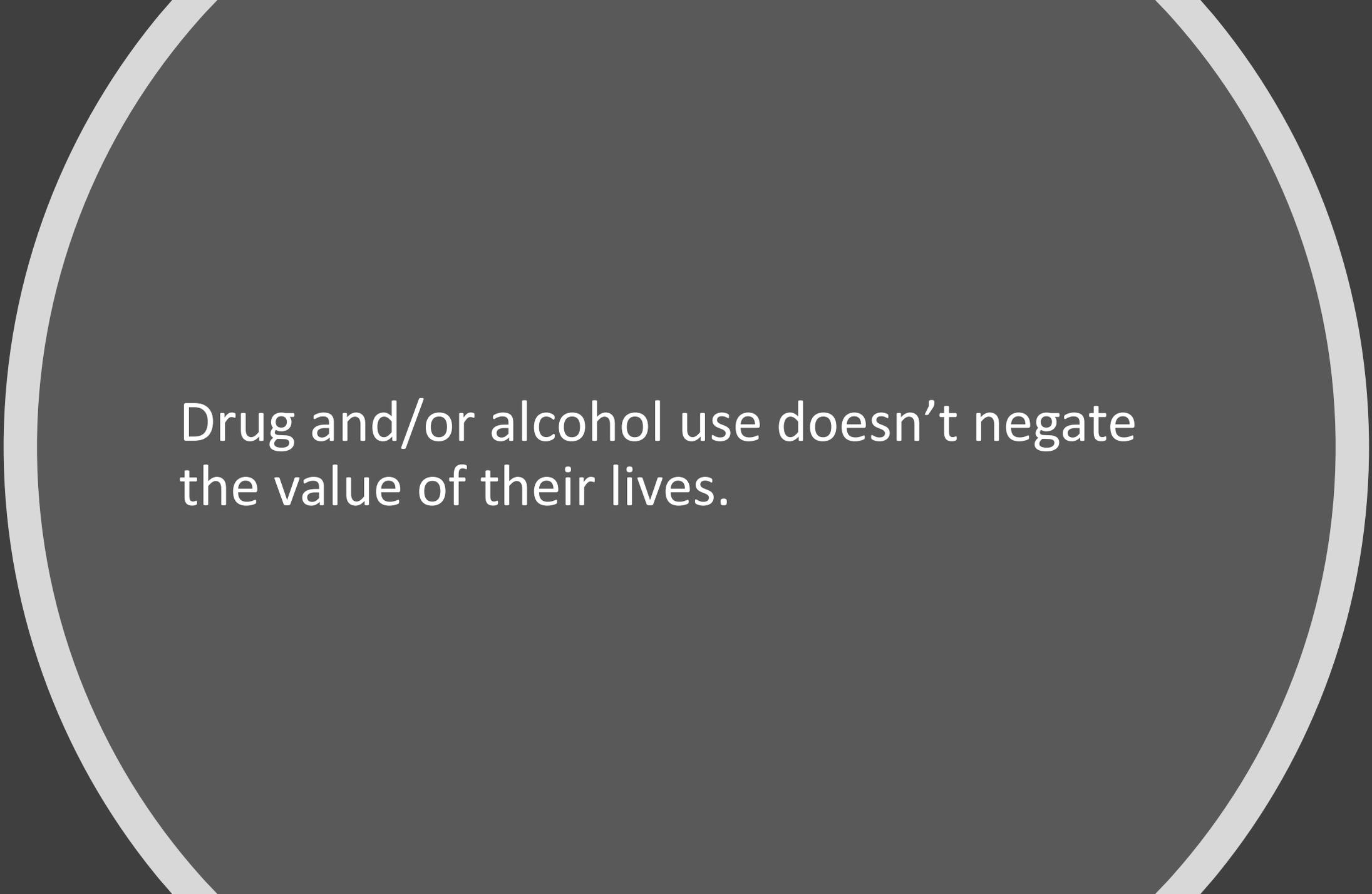
So, what is harm  
reduction as it is applied  
to substance use  
disorders?

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 (and alcohol).**

<https://harmreduction.org/about-us/principles-of-harm-reduction/>

**“a belief in, and respect for, the rights of people who use drugs (and alcohol).”**

People who use drugs  
and alcohol are people  
first -- friends,  
neighbors, brothers,  
sisters, relatives.



Drug and/or alcohol use doesn't negate  
the value of their lives.

First, and foremost: keep them safe, keep them alive, let them know they are loved.

Harm  
reduction is  
NOT

- Encouragement to use drugs or alcohol
- Incompatible with other substance use disorder treatment
- Giving up

# Objectives

- Review **what** harm reduction is (and what it isn't)
- Discuss examples of **why** harm reduction matters & **how** it has been applied
- Consider the application of harm reduction in different settings
- Question, Answer, Discussion

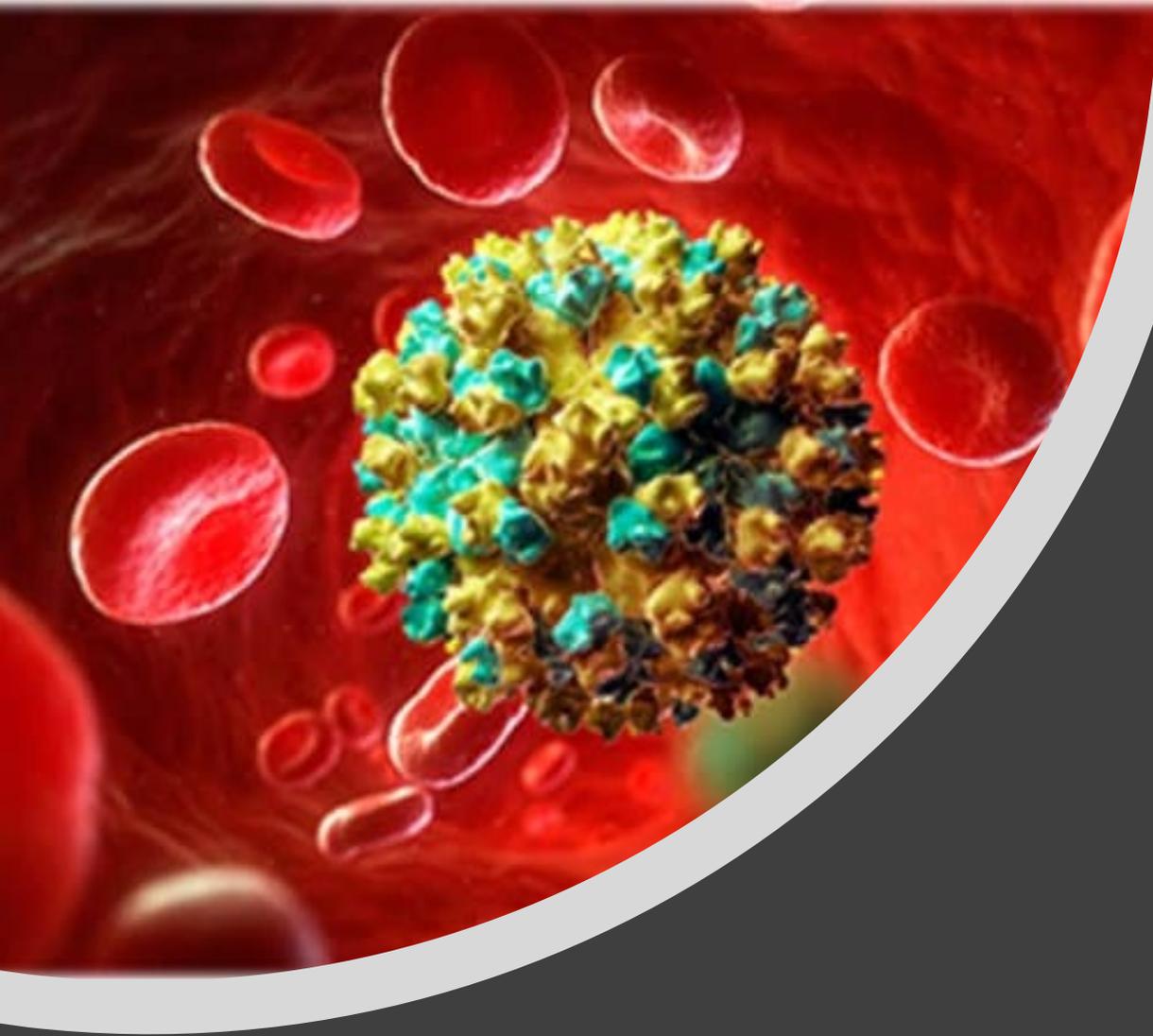


# EXAMPLE 1: Syringe Service Programs

WHY?



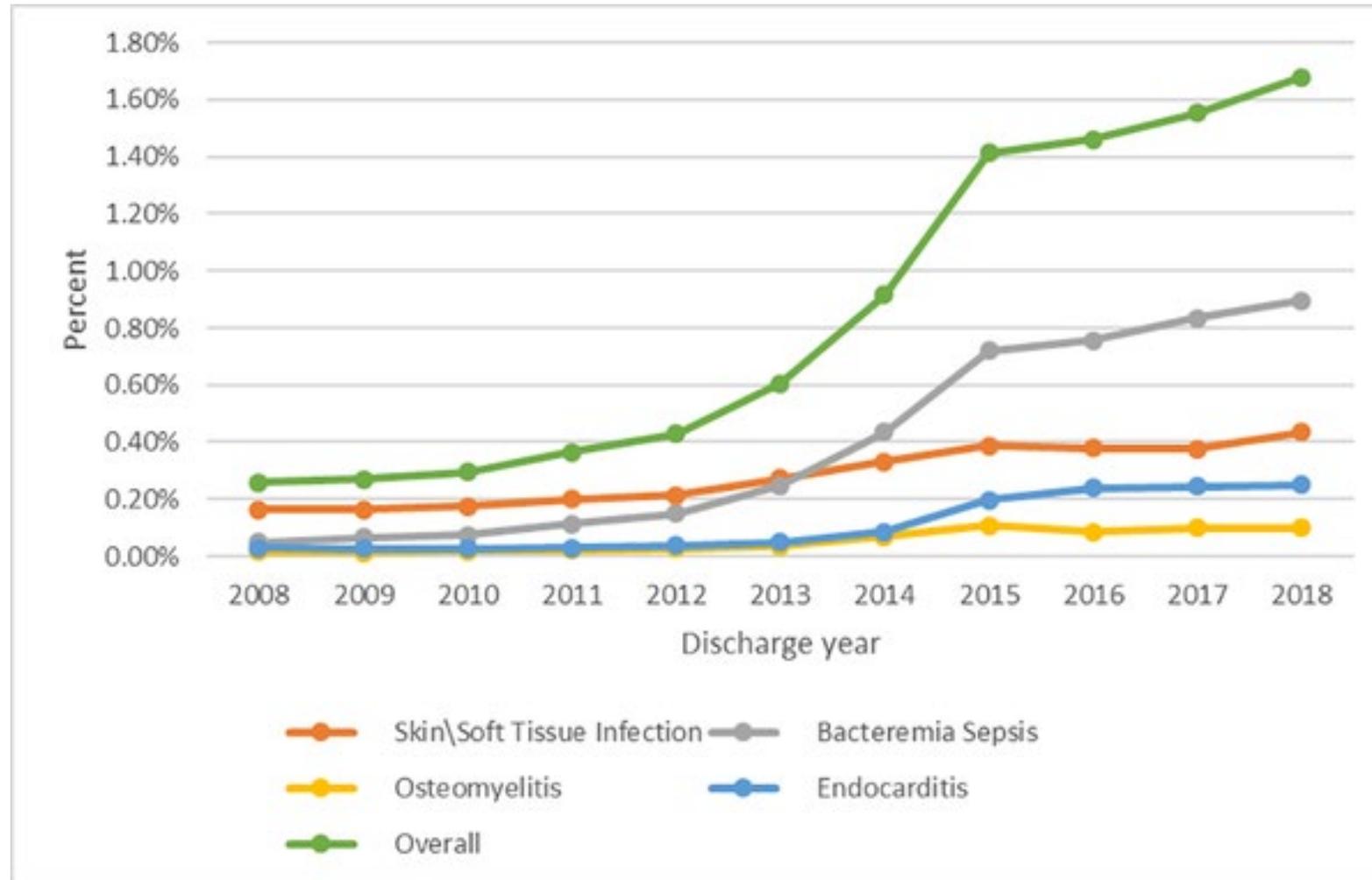
Escalating rates of addiction are fueling a dramatic increase in infectious diseases associated with injection drug use.



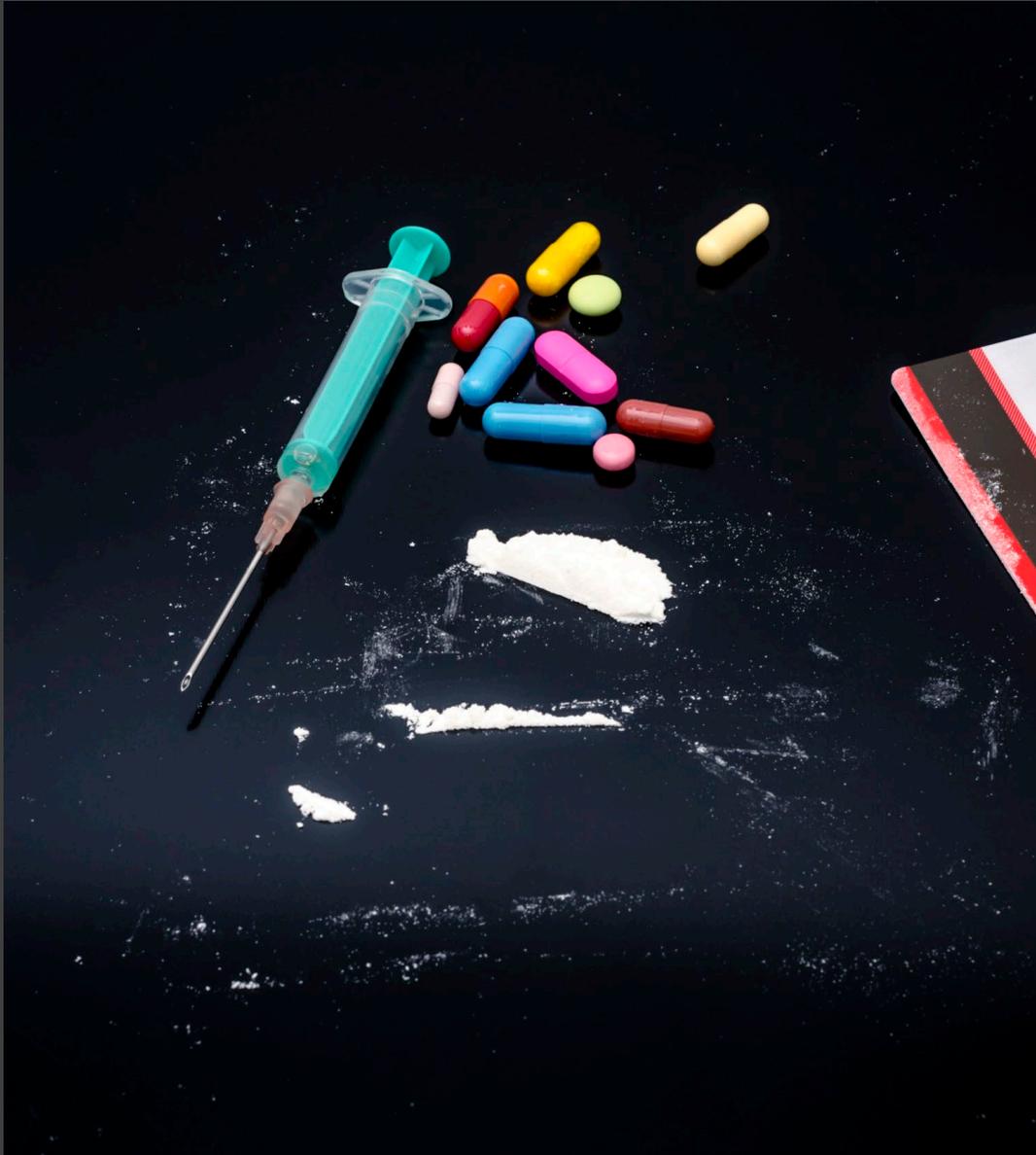
Reports of acute hepatitis C virus (HCV) infection rose 3.5-fold from 2010 to 2016, and **the majority of new HCV infections are due to injection drug use.**

Over 2,500 new HIV infections occur each year among people who inject drugs (PWID).

Fig 1. Injection drug use-related SBI hospitalizations, overall and by SBI type, as a percentage of all hospitalizations, Hospital Discharge Data, Oregon, 2008–2018.



Capizzi J, Leahy J, Wheelock H, Garcia J, Strnad L, et al. (2020) Population-based trends in hospitalizations due to injection drug use-related serious bacterial infections, Oregon, 2008 to 2018. PLOS ONE 15(11): e0242165. <https://doi.org/10.1371/journal.pone.0242165>  
<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0242165>



There were 81,000 drug overdose deaths in the 12 months ending May 2020, the highest number ever recorded in a 12-month period

- Largely driven by increased fentanyl in drug supply
- Likely exacerbated by isolation and fear during COVID pandemic

A life-saving  
intervention

SSPs are associated with a **50% reduction in HIV and HCV incidence.**

**When combined with medications that treat opioid dependence, HCV and HIV transmission is reduced by over two-thirds.**

Centers for Disease Control and Prevention. [Surveillance for Viral Hepatitis — United States, 2016 pdf icon\[PDF – 1.5 MB, 75 pages\]](#).

Centers for Disease Control and Prevention. Estimated HIV incidence and prevalence in the United States, 2010–2015. [HIV Surveillance Supplemental Report. 2018;23\(No. 1\) pdf icon\[PDF – 2 MB, 77 pages\]](#)

Platt L, Minozzi S, Reed J, et al. Needle syringe programmes and opioid substitution therapy for preventing hepatitis C transmission in people who inject drugs. *Cochrane Database Syst Rev.* 2017;9:CD012021. doi:10.1002/14651858.CD012021.pub2.

Fernandes RM, Cary M, Duarte G, et al. Effectiveness of needle and syringe programmes in people who inject drugs – An overview of systematic reviews. *BMC Public*

AND...

New users of SSPs are **five times** more likely to enter drug treatment and **three times** more likely to stop using drugs than those who don't use the programs.

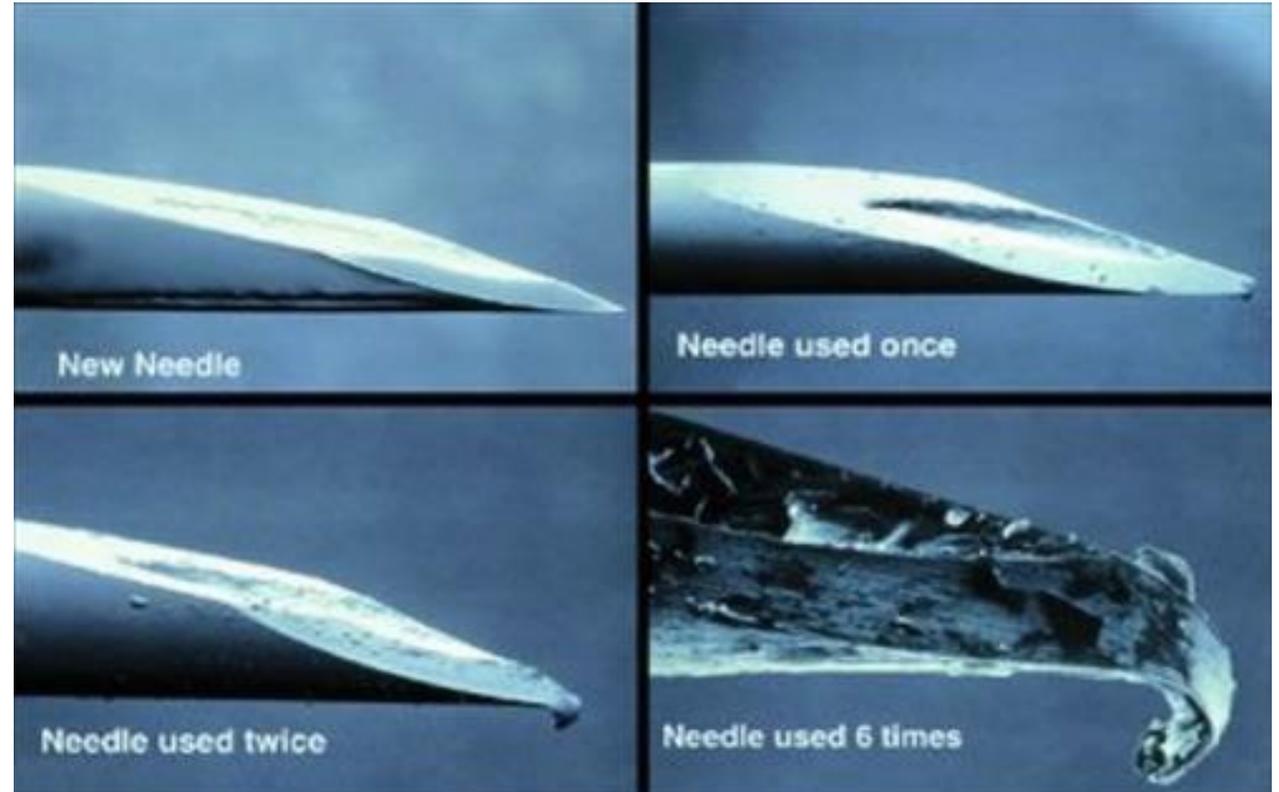
<https://www.cdc.gov/ssp/syringe-services-programs-factsheet.html>

Fernandes RM, Cary M, Duarte G, et al. Effectiveness of needle and syringe programmes in people who inject drugs – An overview of systematic reviews. BMC Public Health. 2017;17(1):309. doi:10.1186/s12889-017-4210-2.

HOW?

Sufficient supply of needles means less need to share.

New needles decrease infection in other ways as well.



<https://www.cdc.gov/ssp/syringe-services-programs-factsheet.html>

Fernandes RM, Cary M, Duarte G, et al. Effectiveness of needle and syringe programmes in people who inject drugs – An overview of systematic reviews. BMC Public Health. 2017;17(1):309. doi:10.1186/s12889-017-4210-2.

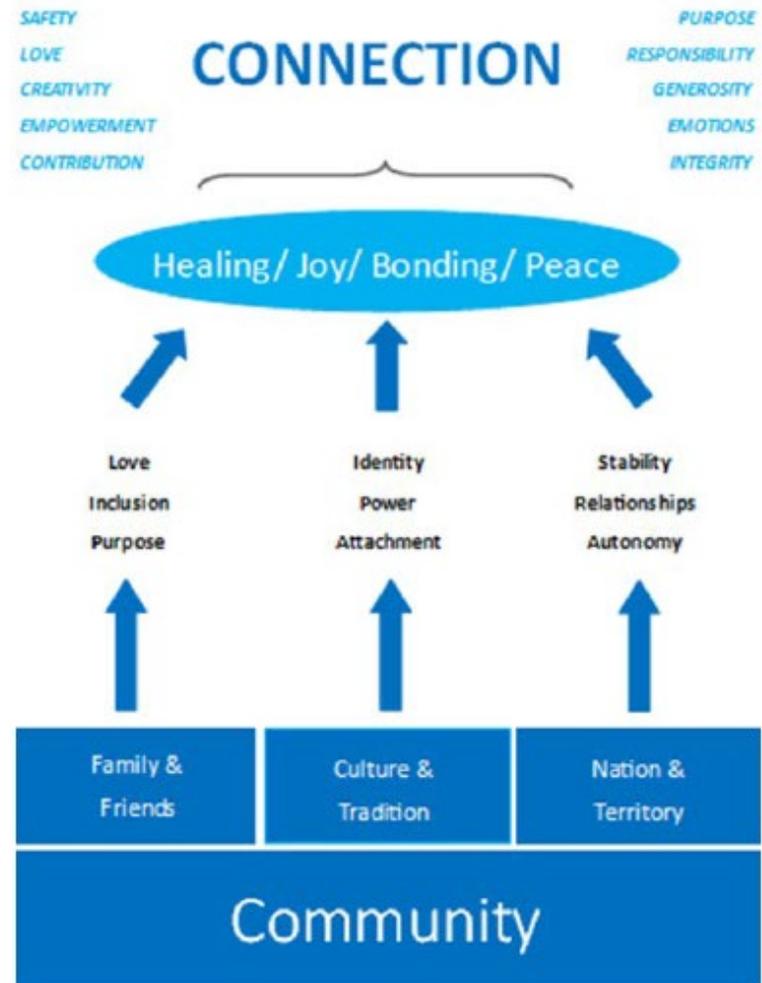
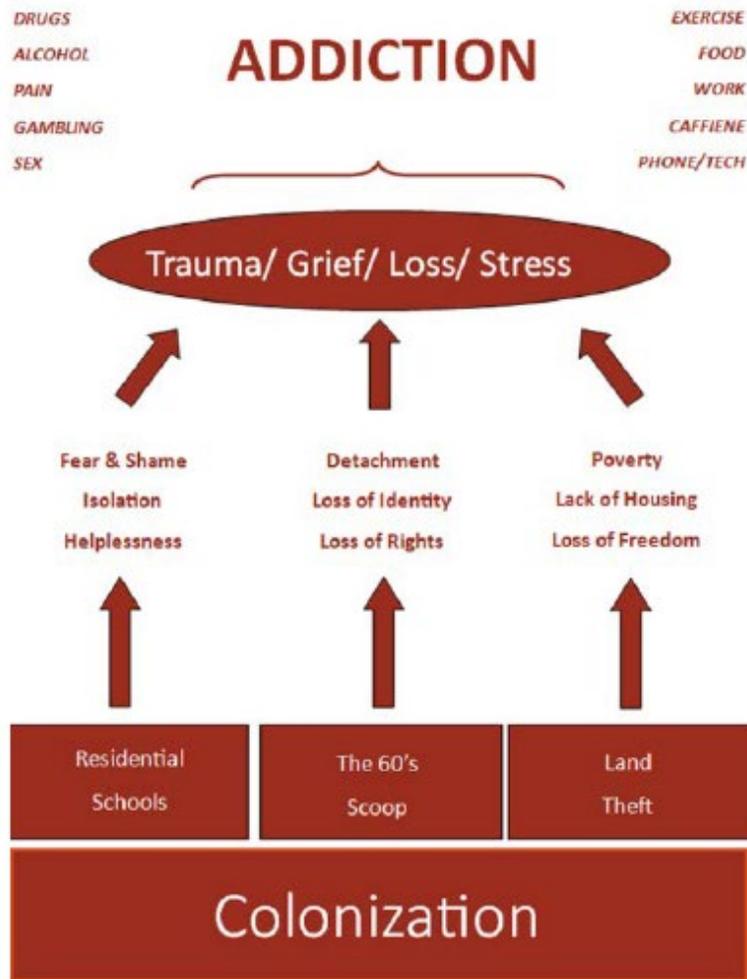


# SSPs provide more than just needles

<https://www.cdc.gov/ssp/syringe-services-programs-factsheet.html>

Fernandes RM, Cary M, Duarte G, et al. Effectiveness of needle and syringe programmes in people who inject drugs – An overview of systematic reviews. BMC Public Health. 2017;17(1):309. doi:10.1186/s12889-017-4210-2.

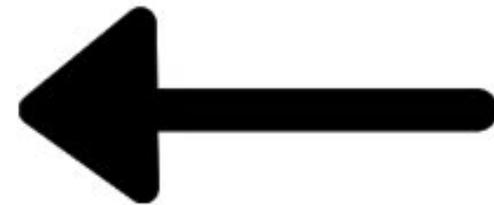




ONE LINE  
FENTANYL!



TWO LINES  
NO FENTANYL





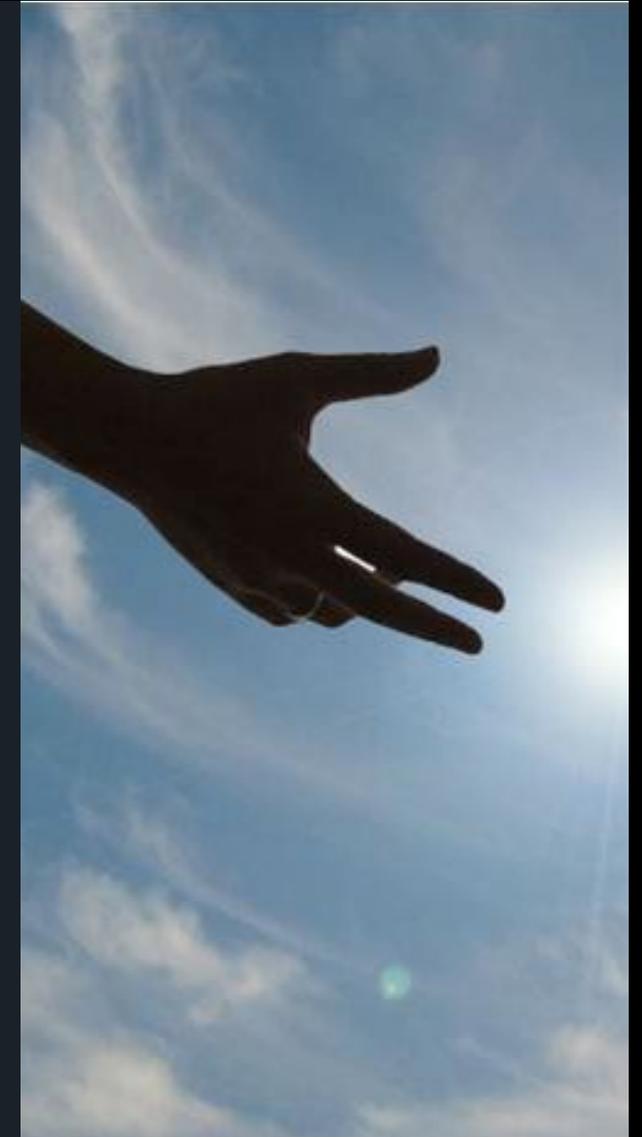
**SSPs provide naloxone directly to individuals who use drugs.**

**This matters because persons who use drugs perform the majority – over 80% -- of reported overdose reversals.**

<https://www.cdc.gov/media/releases/2020/p1218-overdose-deaths-covid-19.html>

World Health Organization. Community management of opioid overdose. Geneva, Switzerland: World Health Organization; 2014.

SAMHSA <http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit-Updated-2014/SMA14-4742>



## Siletz Harm Reduction Program: Lending a Hand to Community Members Others Struggle to Reach



*Francisca "Sissy" Rilatos and a colleague at a syringe exchange booth in the community.*

In 2018, the Siletz Community Health Clinic was awarded an **HIV Early Intervention Services and Outreach** grant from the Oregon Health Authority. With this funding, the Siletz Harm Reduction Program is able to offer syringe exchange, distribute naloxone nasal spray (used to reverse an opioid overdose), provide rapid HIV and hepatitis C testing, and connect clients to needed medical and social services.

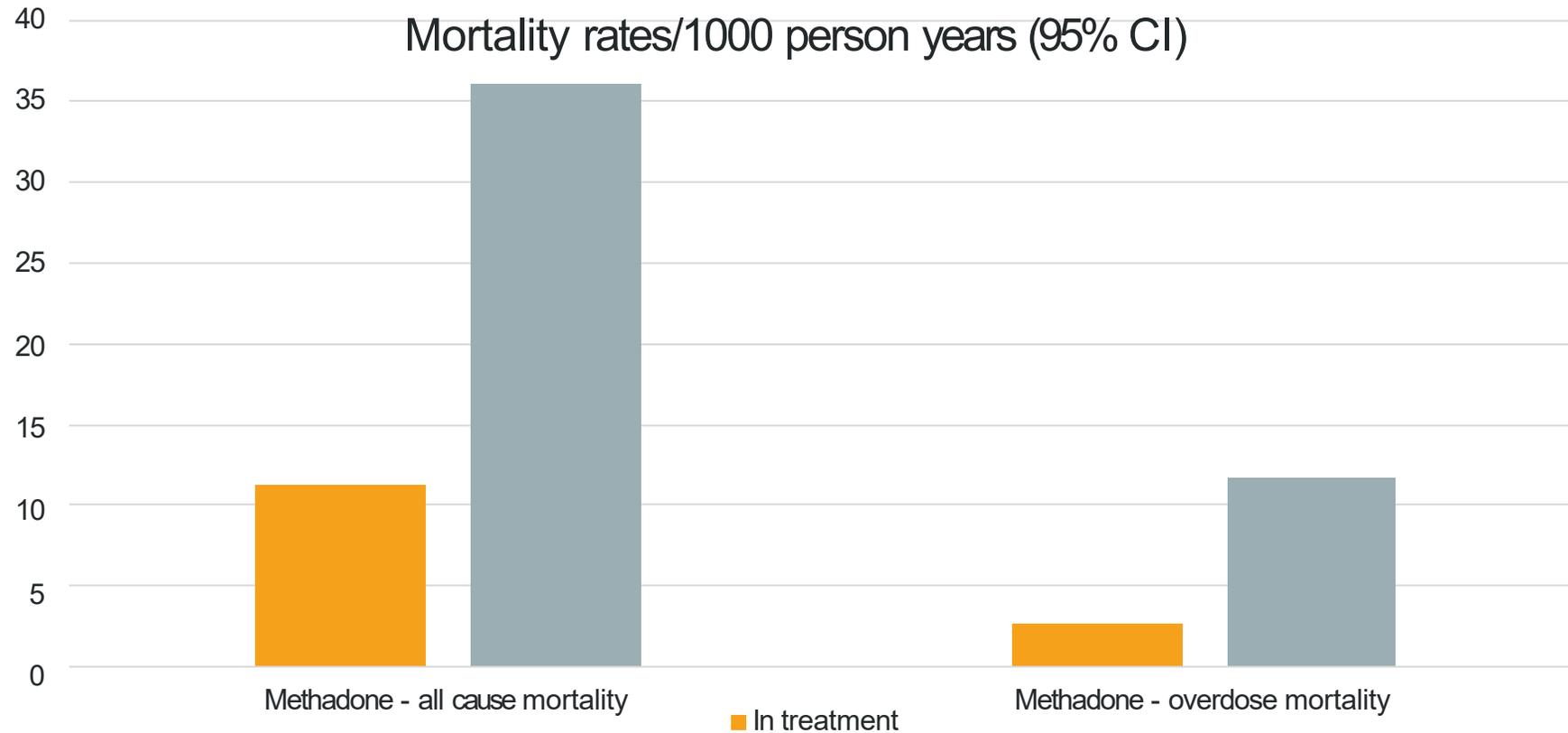


## Example 2: Medication to Treat Opioid Use Disorder



WHY?

# MORTALITY RISK DURING AND AFTER METHADONE TREATMENT



Mortality Risk during and after opioid substitution treatment: systematic review and meta-analysis of cohort studies. Sordo, et al. *BMJ* 2017.

HOW?



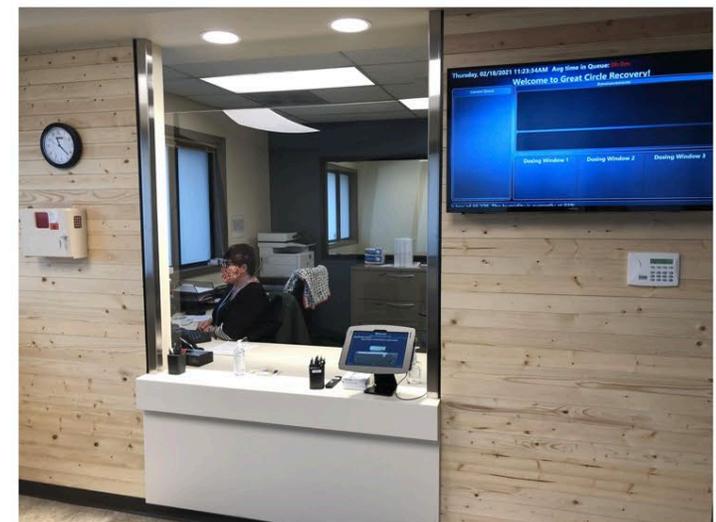
## Update - March 22, 2021 | First Tribally owned Medication-Assisted Treatment Clinic opens | Great Circle Recovery

Great Circle Recovery, which is located near downtown Salem, is Oregon's first tribally-run opioid clinic. While the clinic is open to anyone, Great Circle will offer some treatment options that are culturally-attuned to Native Americans. These include the ceremonial burning of sage (smudging), as well as art therapy which includes the making of dreamcatchers.

Ribbon-cutting opening was held March 2021 and is now open to the public Monday through Friday 7AM - 3:30PM and Saturday 7AM - 11AM.

Contact information: 503-983-9900 | 1-888-983-9866 | <https://www.greatcirclerecovery.org/>

Address: 1011 Commercial Street NE Suite 110 Salem, Oregon 97301





# Addiction Medicine

The Official Journal of the American Society of Addiction Medicine

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CASE REPORT: PDF ONLY



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## Low-Threshold Buprenorphine via Community Partnerships and Telemedicine—Case Reports of Expanding Access to Addiction Treatment During COVID-19

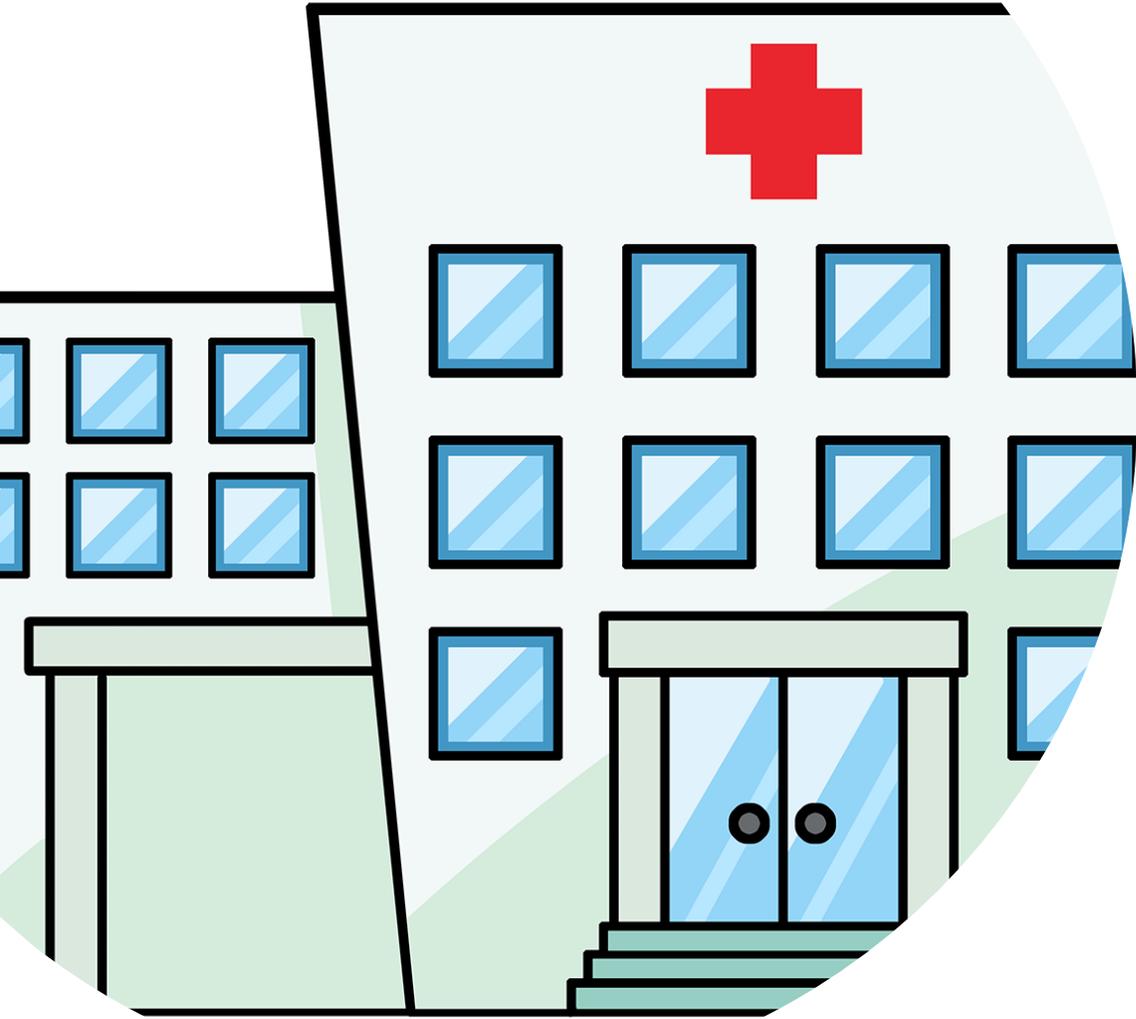
Levander, Ximena A. MD; Wheelock, Haven MPH; Pope, Justine MPH; Lee, Abby EMT; Hartmann, Kerith MPAS, PA-C; Abuelkhair, Sarah; Gregg, Jessica L. MD, PhD; Buchheit, Bradley M. MD, MS

[Author Information](#)

Journal of Addiction Medicine: February 19, 2021 - Volume Publish Ahead of Print - Issue -  
doi: 10.1097/ADM.0000000000000811

# Objectives

- Review **what** harm reduction is (and what it isn't)
- Discuss examples of **why** harm reduction matters & **how** it has been applied
- Consider the application of harm reduction in different settings
- Question, Answer, Discussion



Substance use may be directly related to the reason for clinical appointments or hospital admission - but substance use disorders are generally not addressed or treated

AND

Use of drugs or alcohol while in the hospital is not allowed

# IMPACT

- Multidisciplinary care team
- Treats substance use disorders through medication, behavioral interventions, connections to peers
- Connects patients to ongoing care after discharge
- Has created a “sea change” in terms of how individuals with SUDs are treated at OHSU



What about patients who don't want treatment & struggle to stop using drugs or alcohol in the hospital?





Goal: Improve care for patients with substance use disorders, whether or not the patient wants to decrease or stop their use

# Clinical and Hospital based interventions:

- Acknowledge drug and alcohol use in a non-stigmatizing way
- Prescribe methadone and buprenorphine immediately for those who want it, whether or not they plan to continue it
- Provide peers with no agenda other than support
- Care conferences: balancing patient goals, disease treatment goals, staff goals
- Provide naloxone on discharge and if patient leaves
- Provide safer use kits on discharge and if the patients leaves

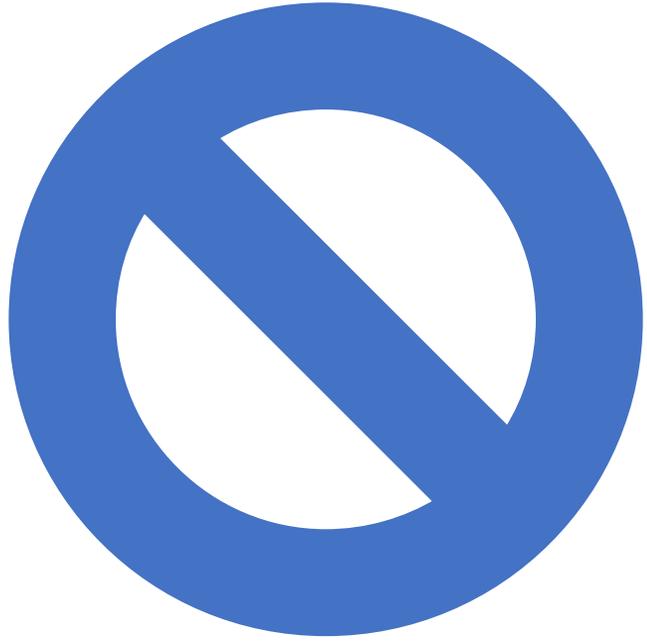
# Results?

Two-fold greater odds of receiving SUD treatment after discharge compared to similar patients who do not engage with IMPACT.

Interaction with IMPACT may also decrease mortality.



What about Residential Drug and Alcohol Treatment?



Use is not allowed

Individuals seek residential treatment largely **because** there is no use allowed

An individual's ongoing use may harm others in the environment



# Harm reduction in residential drug and alcohol treatment: a work in progress

Rapid access to buprenorphine for any resident who needs it

Systems of care conference

No reactive discharges: what is the context, what are the needs, what are the resources

Frame struggles as treatment mismatch, not failure.

Warm hand-offs to next levels of care

Naloxone on discharge

Safer use kits

# Summary



Harm reduction is an evidence-based set of practical strategies that save lives



Harm reduction can take several forms



Harm reduction can be, and should be, applied in all treatment settings

## Harm Reduction



## Culture & Tradition



Indigenizing Harm Reduction: <https://www.youtube.com/watch?v=pA3PyaksBYo>

# NPAIHB ECHO<sub>s</sub>

Lets do More for Our Patients and System



**PATIENT**

- Right Care
- Right Place
- Right Time

**PROVIDER**

- Acquire New Knowledge
- Treat More Patients
- Build Community of Practice

**TRIBE**

- Reduce Disparities
- Retain Providers
- Keep Patients Local

**INDIAN HEALTHCARE SYSTEM**

- Increase Access
- Improve Quality
- Reduce Cost

- Harm Reduction
- HCV Elimination
- Diabetes
- SUD
- Trans and Gender Affirming Care
- COVID-19
- MCH
- Peer Specialist

<http://www.npaihb.org/>

**Moving Knowledge - Not Patients**

Through telementoring, ECHO builds capacity and creates access to high-quality specialty care serving local tribes.



**Hub and spoke knowledge-sharing networks create a learning loop:**

I/T/U clinicians learn from specialists.  
 I/T/U clinicians learn from each other.  
 Specialists learn from I/T/U clinicians as best practices emerge.

**Join Indian Country ECHO @ IndianCountryECHO.org**

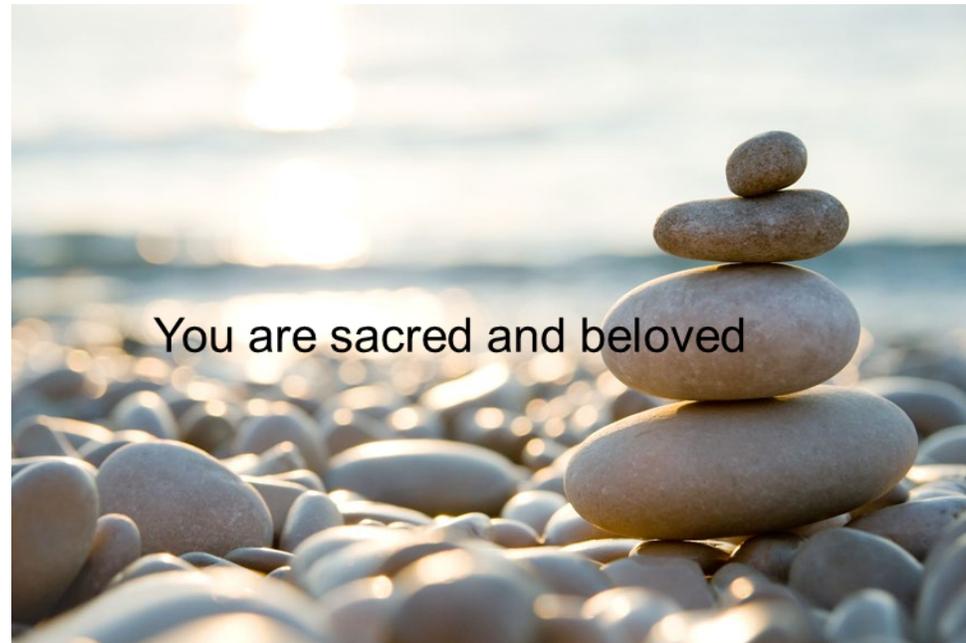


Questions/Thoughts/  
Concerns?

THANK YOU!

Please reach out with any questions

[Jrienstra@npaihb.org](mailto:Jrienstra@npaihb.org)





# POLLING QUESTIONS



# SHARE YOUR THOUGHTS:

What perceptions do you have about harm reduction? Have your perceptions changed throughout this presentation?



# Q&A



THANK YOU



Your feedback is  
important to us!





# UP COMING EVENTS

- 3/16/2023: Reflections on Burnout & IPC at UIOs: A Storytelling Approach
- 3/16/2023: CDC IPC PFL COL
- 3/22/2023: P2PSC: HIT Technical Assistance
- 3/29/2023: COVID-19 Supplement Open Forum
- 4/5/2023: MMIP Domestic Violence Training
- 4/6/2023: Honoring our Elders: Learning Lessons for Change
- 4/12/2023: Growing Strong Together: Creating 2SLGBTQIA+ Inclusive Health Care Services
- 4/13/2023: IHS CA Webinar #2 Veteran Health
- 4/18/2023: P2PSC: HIT Technical Assistance
- 4/19/2023: IHS CA Webinar #3 Workforce
- 4/20/2023: P2PSC: HIT Technical Assistance
- 4/26/2023: STI Community of Learning



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