

Christin D'Ovidio:

Welcome to the Power of Prevention Podcast. In each podcast, we will go deeper into the topic of prevention in New Hampshire. We'll share our best interviews with you, of people who are working tirelessly for their professions, their families, and their communities to stop something unwanted from happening. In this case, substance misuse. This is a podcast for people who are looking for solutions and want to make New Hampshire a better place where we all have the opportunity to live, learn, and thrive. We are hoping to make your lives a little better with these inspirational stories about substance misuse prevention.

In New Hampshire and across the country, there is an urgent need to reach out to people who are struggling with substance use and offer them hope and options around safe use treatment and recovery. As the opioid and polysubstance overdose crisis continues, states aren't implementing innovative models to better meet the needs and safe lives of people with substance use disorder. It's a sad reality that few people with substance use disorder receive the care and the treatment that they really need. And this calls on all of us to be prepared with strategies that can help individuals who use substances and help them keep themselves and others safe and alive until they're ready for treatment.

New Hampshire has a strong and caring network of nonprofits and community-based groups providing sterile syringe services, peer recovery, harm reduction, and other essential services to individuals that are vulnerable. They're working together to reduce the negative consequences of substance use by providing options like naloxone, sterile syringes, and housing. So we're fortunate to have in our studio today, Phoebe Axtman. She's a director of education with the New Hampshire Harm Reduction Coalition. Her primary role there is educating New Hampshire residents on the importance of harm reduction and how to apply evidence-based practices for preventing overdose.

I would like to welcome you today, Phoebe. Thank you for joining us.

Phoebe Axtman:

Thank you so much. I'm happy to be here.

Christin D'Ovidio:

So in preparing for this interview, we talked about harm reduction as a range of options for practices that individuals or communities can employ to reduce the negative consequences of substance use. So as we start the interview, I think, Phoebe, it would be helpful if you could set the stage for us with our listeners and define what harm reduction is, and then maybe give us some examples of the approaches.

Phoebe Axtman:

Yeah, I can definitely do that. So harm reduction, the definition from the National Harm Reduction Coalition is that harm reduction is a set of practical strategies and ideas aimed at reducing the negative consequences associated with drug use. It's also a movement for social justice, and it's built on the belief in and the respect for the rights of people who use drugs. So

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harm reduction, I would say a primary pillar of it is meeting people where they're at. So as you noted before, these practical strategies that address safer use, address managed use, and maybe address not using substances. It's also about addressing the conditions of use along with the use itself. So for example, addressing the healthcare needs of people who are using substances not once they're ready for treatment, but doing this throughout the whole spectrum of use.

I do want to note that there's no blanket solution in implementing harm reduction. We have unique individuals and community needs. It's important that we don't restrict access to these harm reduction services. I don't see that as the solution. And thinking about prevention. Prevention has its purpose. Treatment addresses the needs of those who are ready to stop using. But harm reduction really meets the needs of people who are still using and want to continue to use drugs. So thinking about how can we meet people where they're at and take care of people while they're still in the community using.

Christin D'Ovidio:

Harm reduction strategies are evidence-based practices that take care of people's basic needs, including healthcare for people who use drugs. Harm reduction or safe use does not equate with more use. Phoebe helps us understand why harm reduction approaches are so important.

Phoebe Axtman:

Thinking about syringe service programs, these are SAMHSA and CDC best practices. They are recommended by the CDC and SAMHSA. And for those who don't know, a syringe service program is a tool to implement syringe exchange, but also it is a bridge to treatment. It is a way of safely disposing of syringes. It is a way of providing people with healthcare needs and with items that they might need to keep themselves safe while using drugs. And also, there's a large connection between people that are unhoused in substance use. And so meeting the needs of people that are not housed, like sleeping bags or hand warmers in the winter. We know New Hampshire can be really cold. So these practices are evidence-based. For example, naloxone, Narcan, is an evidence-based way of reversing an opioid overdose. These tools are so important for us to reduce the harms of drug use and also keep people alive and safe because without naloxone, we're not able to reverse an opioid overdose. So it's really important that people have that in hand and carry it in our communities.

Christin D'Ovidio:

I think these are evidence-based, they're saving lives, these are interventions that at the partnership we are trying to get the word out about and share because again, there's so much stigma. What do you say to someone who is saying, "If you provide naloxone, you're enabling drug use," or people that are having a negative emotional reaction to people who have substance use disorder?

Phoebe Axtman:

It's a really great question. It's a question I get at probably every overdose prevention training that I do. There's a common misconception that providing these lifesaving tools are going to

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encourage people to use drugs and enable them. I think it's important to point out that naloxone is legal to carry, and it's a really simple thing to implement properly. Even if you don't use drugs, having access to naloxone and Narcan as a member of your community is so important because there's people around you, your friends, family might be using drugs. Your neighbor might be using drugs. You might be taking your dog for a walk and you might come across someone who's overdosing. And not having Narcan with you means that you can't save this person's life. So I do stress that it is really important to carry.

There is a lot of stigma with substance use. I think that's something that our organization, and I would say organizations throughout New Hampshire, are working really hard to reduce stigma in the substance use field, but also the mental health field. Yeah, so without naloxone, you're not able to reverse that opioid overdose. Access to naloxone does not increase the amount or frequency that someone is using drugs. It is just a best practice in saving people's lives.

Christin D'Ovidio:

Our guest understands the struggles that caregivers face when a loved one chooses to use substances. She helps us understand what we can do to keep our loved ones safe and fight stigma

I feel like when we first started as a community, a large community, to experience the opioid epidemic, people started to understand that substance use disorder doesn't pick and choose. That anyone can be someone who has a substance use disorder or develops one. And with the opioid crisis, we started to see that everyone knew someone, a family member, a loved one. What do you tell a parent or a friend or loved one that you realize is struggling with substance use?

Phoebe Axtman:

I've worked in the treatment field for a really long time. I don't think I've ever seen two people that are the same. I think my advice to people when a family member comes to me and says, "I don't know what to do in this situation," and they're scared, I think they're really scared, I think it's important to understand that change is a complicated process and that we really need to meet people where they're at in their current needs. And those current needs are unique. I think that's a tough question because it would be a lot of questioning of like, "What is going on with this person?" But I think doing our best to love people regardless of their drug using status is a really important thing, and providing them with the tools.

Just like in the trainings that I do, I meet a lot of people that are not ready or willing to implement all of the plethora of harm reduction practices that there are. And I always say, "If you're not ready to implement that, connect with us because we are ready to do that." So family members, I have done trainings with family members. I met with a great group of parents in Manchester. And like I said, fear was the biggest thing that came up. But providing these tools can save people's lives. If the goal is that that parent really wants their child to go to treatment, and when I say child, it could be an adult child, implementing these tools gives them more time to get there. And if people are dying, they're not able to access treatment if they're dead.

I know that's a really blunt, harsh reality, but I think it's important to point out that these tools save people's lives. And the tools that we have in New Hampshire, there are so many more harm reduction tools that we could be using as a community that could address our overdose death issue.

Christin D'Ovidio:

So I think that's another important thing to think about. So often people aren't... They're stigma, they're embarrassed and they put it on the individual or the individual that knows versus understanding about how a community could maybe come together. And so maybe you can talk about some of those things. What can communities do? What are some of the things you talk to groups about?

Phoebe Axtman:

Yeah, I think the biggest thing that we can't stress enough is that people need to not use alone. Using alone is extremely unsafe. If you experience an overdose while you are using alone, there isn't someone there to reverse that overdose. And so not using alone is really important. That message, spreading that message throughout your community and stigma is the biggest barrier for that message. People use alone because they are ashamed of their drug use or they want to hide it from someone, or they've been penalized or incarcerated for their drug use. So that puts a lot of weight on the individual. So then thinking about the way that this plays out, as people use alone, they hide and then they overdose and they die. We see this a lot with people recently leaving treatment. You just went to treatment for your use. You're at highest risk for an overdose death because your tolerance has decreased and then someone uses alone and dies. So I think that's a big one for that messaging in our communities.

Other things that we can be doing in our communities... And when I say community, I think we have to point out that there are a lot of barriers to communities doing more harm reduction practices because of what is accepted in our state and what our state allows us to do. So syringe service programs also called SSPs have a lot more freedom and what harm reduction practices they can implement. So they primarily, like I said, do syringe exchange, but they can also right now distribute fentanyl test strips. There's more of that leeway. Something that would really benefit our communities is having the availability or the access for people to know what's in their drugs, in their drug supply in real time. There's a lot of inferring what's in the drug supply, and that information is really delayed. I would say very delayed. So communities having that access is important.

And for people that are hesitant about syringe service programs and they're like, "Oh, I don't want to be involved with that," or like, "I don't understand why we have syringe service programs," there's a lot of information from CDC and SAMHSA about the benefits of syringe service programs. So safe disposal of syringes, which reduces the syringes loose in your community so that community safety. Syringe service programs reduce crime in our communities. It reduces the amount of healthcare dollars going towards people with HIV and Hep C. So when I look at the factual information of what syringe service programs provide for our community, for me it's a no-brainer of why we do this work.

Christin D'Ovidio:

It's so important for people to understand the signs of an overdose. I feel like we really put this information out there a lot, but it's so hard to really reach everyone. Can you talk a little bit about what are the signs people should look for during a situation like this? And maybe touch on too, some of the... It's really been in the media a lot, there's some other substances coming out that are in the drug supply. And how does that affect the situation? How do you respond to that?

Phoebe Axtman:

I love that you asked this question because when I do the overdose prevention trainings, there's these themes that come up throughout time. I usually see that there's something in the news, then it transitions to people echoing what they heard, and there's a lot of misinformation and miseducation. So I did want to specify that the use of naloxone is a tool for an overdose response. So in our training that we provide, we go into the best practices in preventing an overdose from occurring in the first place. These types of tools are drug testing strips, never using alone, encouraging people when they are using to go low, go slow. So take their time, only use a small amount. That these are the tools that we can use in preventing an overdose from happening in the first place.

And then thinking about the signs and symptoms of an overdose, it could be someone is struggling to breathe, so there's a gurgling noise that they're experiencing. Their complexion might change. Their presentation of their body might change, they might be excessively rigid or their body is limp. And then the biggest sign is loss of consciousness.

So I would really recommend that people take our training to get the full idea of what are the signs and symptoms and how to properly use naloxone. But I will say, and the reason why I'm happy that you asked this question is, is the topic of xylazine. So xylazine is a non-opioid veterinary medication. It is resistant to Narcan because it is not an opioid. Narcan only works on an opioid. That being said though, you still want to use Narcan if you assume that there's xylazine present. The reason why this is because xylazine is most commonly found in fentanyl. We're seeing that information from our neighboring states. Maryland has done a lot of lengthy research on xylazine over many years. I want to stress that you should still use Narcan when you think xylazine is present because it will reverse the overdose of the fentanyl where xylazine is being put. So I think if you presume that there is an overdose of fentanyl or an opioid, having access to Narcan is really important.

Christin D'Ovidio:

And to administer Narcan when there's not an opioid present, it doesn't do anything negative. Is that correct?

Phoebe Axtman:

Correct. So if you used a stimulant like meth and someone uses Narcan on you and there's no opioid present in that meth, it will have no effect on you. Just like right now, if I were to use Narcan on myself, it would have no effect. There's another misconception that people use Narcan to get high. That's not true. It has no impact on people. It can't hurt people unless

thinking about if you have an opioid in your system, it will send someone into precipitated withdrawals. So it is important to also recognize that when someone overdoses and we use Narcan, it is an uncomfortable experience and it does impact people in that setting.

Christin D'Ovidio:

Thank you. I think when you're in a stressful situation and you're not sure what to do or what's going to happen, of course there's more fear involved. Even if you're not sure how to do CPR perhaps or any of those pieces too, but you want to do something. How do people access the trainings that you offer? Where can I go? Where can another parent or person go to do that?

Phoebe Axtman:

Yeah. So all of our trainings are on our website and we can provide that link. But our trainings are accessible for people. We are currently in the process of creating a short Narcan training video. I don't know if you're aware of the new [inaudible 00:19:50] boxes that people will start seeing in our communities there. These hard plastic boxes that can be put next to AEDs and be put in public bathrooms for people to have access to Narcan during an emergency or distribution of Narcan. So there will be a QR code on the ones that we're distributing. And this video will also be put up publicly for people to access. And so our full training you can sign up for online on our website, and then we'll have that shorter video for people.

Christin D'Ovidio:

That's great. Are there some other harm reduction trainings that people might be interested in learning about and attending?

Phoebe Axtman:

Yeah, so we provide harm reduction 101 training, the overdose prevention training. And then for people that are providers, we have an enhancing provider skills training. So it's a training for medical providers, social workers to implement more harm reduction practices.

Christin D'Ovidio:

Can you talk a little bit about this misunderstanding that even one use of drug use can lead to addiction? It's kind of like this myth around substances and substance use disorder, but it plays into the stigma, I think, too.

Phoebe Axtman:

Yeah, it is a common misconception that using drugs even once, the person will form an obsession or addiction. There are many people who have used drugs once or have gone through an experimentation phase without ever developing a substance use disorder. There are even people who use on a regular basis, say they use on the weekends, and they don't see their use impact other areas of their lives. I think it's important to note the continuum of substance use, and I will describe the picture for people on one side of that spectrum, our continuum, we have abstinence, and then on the opposite side we have chaotic use. But in the

middle of those two very opposite things, we have people who are social users, experimentation. We have regular use, heavy use, and then eventually we get to chaotic use.

So we do note that there are safer ways to use drugs than others, and there are many people who safely use drugs and it does not impact their life. I think we really need to shift our focus to meeting the basic needs of people who are using drugs, so housing, food, healthcare. Those needs should not be excluded for people who want to stop using. Everyone deserves those needs to be met. And so people can socially use drugs and it cannot impact their lives. So that is a common misconception about substance use disorders.

Christin D'Ovidio:

Thank you. I think as a parent myself, but also with the partnership, we're trying to empower adults who care for youth to have conversations. If you start that conversation with one use is going to turn you into someone who has an addiction and then they see that that's not true, it blows up every other conversation that you're going to have about risk and putting yourself at risk for unknown substances or whatever. So it's great to hear that from you to empower adults who are speaking with youth about youth.

Phoebe Axtman:

Yeah, I think. So I was in the DARE generation. Simply telling a kid to just say no is taking a lot of beneficial conversation out of the picture. I think there are a lot of things that we can talk with youth about that if they were faced with this social dilemma of being offered drugs or the opportunity to use drugs, what are things that you would want them to know to prevent them from dying? So utilizing fentanyl test strips can be used with people. I think, again, that shame or also secrecy for youth who use drugs, they don't want their parents to know so they do it alone or they make geese choices that are unsafe and how do we want to prevent them from making unsafe choices.

Christin D'Ovidio:

Something important to talk about is stigma and the response people can have, sometimes very negative, to people that use substances. So how do you respond to this idea and this stigma?

Phoebe Axtman:

Yeah, so I think an analogy can help in understanding things that cause us fear using like a different approach to it or different way to think about it. So for example, if I teach you how to properly use a chainsaw, you're not going to use the chainsaw more frequently. You're just going to use it safely and properly. So drug use is no different. Providing people with the information of how to ensure safety and prevent illness and death will not increase their drug use. It's just going to make things safer for them.

Christin D'Ovidio:

That is a great analogy. Thank you.

Phoebe Axtman:

I love a good analogy.

Christin D'Ovidio:

Yeah. It makes it much clearer.

Phoebe Axtman:

Yeah. I also want to note, if we were to implement the tools that are being used in other states like New York, Massachusetts to give people the information of what's in their drug supply in real time, I think we would see the number of overdose deaths decrease substantially. The tools are out there, we just need to really push in our communities to be able to access those tools.

Christin D'Ovidio:

We like to ask all our guests at the end of the show the same question. And that is, what is your definition of prevention?

Phoebe Axtman:

Yeah, so prevention's the only section of substance use that I have not worked in. And so it has been something that just fascinates me of what prevention is all about and also thinking about what prevention is all about in this ever-changing world where we're pushed to do more and get outside of our comfort zone. I look at prevention as meeting the needs of an individual and preventing disease and death and thinking about harm reduction, really sitting in that third tier of prevention. So I would say that's the way I look at it.

Christin D'Ovidio:

Thank you. Well, I'd like to thank you so much for joining the show today. It's really been a wonderful conversation. I learned so much. So thank you for joining us, Phoebe.

Phoebe Axtman:

Thank you.