Community Spotlight

'There's No Stigma Here'

<u>Harm reduction</u> is an evidence-based approach to engaging with people who use drugs and helps provide information and tools they can use to potentially save their lives, according to the US Substance Abuse and Mental Health Services Administration. These practices can help prevent <u>drug-involved overdose deaths</u> and prevent the spread of infectious diseases such as <u>HIV</u> and <u>hepatitis C</u>. RIDOH recently spoke with Ray Joseph, prevention supervisor for <u>AIDS Care Ocean State</u> (ACOS), about the agency's harm reduction efforts and how ACOS helps reach all Rhode Islanders living with or affected by HIV, AIDS, and hepatitis C.



ACOS team members Oz (left) and Ray Joseph at a Waterfire event.

Q: What services does AIDS Care Ocean State provide?

A: AIDS Care Ocean State has grown so much over the years—we service the whole state from Woonsocket to Westerly and all parts in between. We offer <u>prevention</u>, <u>case management</u>, <u>housing</u>, <u>clinical services</u>, and early intervention services.

Q: What is your role at ACOS?

A: I've been with the agency since 2004, and I've been the prevention supervisor since 2008. I oversee all things prevention, including our <u>needle exchange program</u>, HIV and hepatitis C <u>testing</u>, <u>street outreach</u>, and our <u>speakers bureau</u>.

Q: What have you learned during your decades with ACOS?

A: When I first started, my supervisor sent me to Colorado for advocacy training. I hadn't had much training in HIV and AIDS beyond a week or two of sex ed in high school. That was my first time meeting people living with HIV or AIDS and really seeing how it affects people. One of my fondest memories is of my roommate, who was from Alabama. He showed me all the medications he took throughout the day. It literally looked like a handful of Skittles candy. That's when it really clicked for me: This is more than a job, it's about helping people. Today, medication regimens for people living with HIV or AIDS are one or two pills once or twice a day. There's been a lot of innovation in the last 20 years.

Q: What brought you to this work?

A: I was downtown one night, and an outreach worker asked me if I wanted free condoms and told me about AIDS Care Ocean State. I took the condoms and said, 'Hey, can I get a job doing this?' I interviewed the next day and was hired. I started as an outreach worker and moved my way up to prevention.

Q: Let's talk about HIV and hepatitis C rates in Rhode Island. What do you most want readers to understand?

A: We don't know exact hepatitis C rates in Rhode Island. There are theoretical models and doctors can estimate how many people are living with the disease. HIV is different—we've done a great job with<u>HIV</u> <u>surveillance and tracking</u>. New cases of HIV have plateaued some. That means prevention efforts are working, but there are still people in Rhode Island who have HIV and don't know their status. We want people to know that anybody can be infected with HIV and to use the tools we have, including abstinence, condoms, and <u>pre-exposure prophylaxis (PrEP)</u>, to help stop the spread of HIV.

Q: Harm reduction helps protect against the spread of hepatitis C and HIV. Tell us about your organization's efforts.

A: Our newest approach is the use of harm reduction vending machines. These are vending machines that contain safer injection kits with clean syringes, fentanyl



test strips, and naloxone (Narcan®). Our first machine, here at 557 Broad St., was installed on Dec. 1, 2021. At 2 a.m. on Dec. 2, the first client used the machine. Now, we have five harm reduction machines located in Providence, West Warwick, and Woonsocket.

We also have a machine in Kennedy Plaza that dispenses only nasal Narcan. Anyone can enter a Rhode Island zip code and get as much as they need. We also have six public health vending machines located in Department of Corrections facilities and parole offices. Those contain hygiene products, pregnancy tests, safer sex supplies, and nicotine replacement therapy, but no syringes.

Q: How do clients use the harm reduction machines?

A: Clients need a code to use the harm reduction machines because they contain syringes. They can get three of each item from the machine per week. We created these limits to make sure we still have face-to-face contact so we can check in with clients and make sure they're OK. The vending machines let them get supplies during off hours, holidays, and days they can't get to us.

Q: So, clients can't use harm reduction machines anonymously?

A: We get to know our clients through our different modes of service, whether in the office, through street outreach, or home delivery. Clients literally open their doors to us, and we get to know them. We provide clients with a code that helps us understand how they are using our services. We can see when a client uses a vending machine, when they come in for testing, and when they get home delivery. It helps make sure we provide services to our clients in the ways that best suit them.

Q: What have you learned from looking at harm reduction vending machine usage?

A: In 2023, our machines distributed more than 8,000 safer injection kits and more than 2,000 doses of Narcan. More than 400 people have used the vending machines.

Q: Tell us about the ACOS needle exchange program.

A: Needle exchange, also known as drug user health or syringe services programs, lets clients drop off used syringes and pick up clean ones. Our clients don't have to return any syringes to get some. We always ask clients to take what they need for them and their partners so they're not sharing or reusing syringes. Before COVID, we were averaging about 8,000 syringes going out per month. During COVID, we saw those numbers jump to about 30,000 syringes per month. Today, roughly 35,000 syringes go out each month and 25,000 come back.

Not reusing or sharing needles helps stop the spread of HIV, AIDS, hepatitis C, and other bloodborne pathogens. A person who uses their own syringes and keeps their works —alcohol, bandages, antibiotic ointment, cotton, cookers, etc.—separate from their injecting partners is less likely to transmit disease. Collecting used syringes also helps make sure they're not found in neighborhoods. That's what harm reduction is. It's stopping the harm that one produces to one's self and the community.

We don't push abstinence or recovery on our clients. We make sure they know we're here to help them if they're looking for ways to stop using. But safety is key. Needle exchange helps make sure kids aren't finding used syringes in the streets.



ACOS team member Katelyn with one of the organization's harm reduction vending machines.

Q: How do you build relationships with your clients and help them feel safe in using harm reduction services?

A: We work hard to build rapport and trust with our clients. We're often their first step when they need help. They don't have trust with systems. They don't want to go somewhere where they'll be judged or stigmatized. When I see a client with a wound, I say, "I know where we can get that looked at by good people." They have that trust with me. They may take the next step and see a doctor. As that first step, trust is critical. We train our street outreach staff on the rule of the streets—when you give respect, you get respect. I talk to our clients the same way I talk to you or to our executive director.



Q: How do you talk to people who don't agree with harm reduction approaches and worry about drug use in their communities?

A: Some people think we're encouraging or promoting drug use. In my younger days, I'd hand them a syringe and say, "Are you going to go inject now because you have this syringe?" The answer is usually no because if you didn't inject drugs before, you're not going to start because you have access to syringes. Now, I talk them through statistics about drops in overdose rates, crime rates, and HIV and hepatitis C rates in areas where needle exchanges and overdose prevention centers operate.

Q: Stigma has historically been a big issue for people living with HIV and AIDS. How have things changed since you've been doing this work?

A: When I think about the past, there was a lot of misinformation about HIV and AIDS. People thought that if somebody sneezed on you or if you sat on a toilet seat after somebody who had HIV, you could get it. What we're seeing today is a lack of information. Young people may think, "If I just take this pill, I'll be fine." They know that Magic Johnson has had HIV for a long time and he's still doing fine. Younger people don't necessarily comprehend how serious this disease is.

Q: What other services does AIDS Care Ocean State offer?

A: We're open to anybody and everybody. People can come to our office at 557 Broad Street. We offer snacks, clothing when we have it, and safer smoking and snorting equipment for people who use crack cocaine, methamphetamines, and opiates. There's no stigma here. People can come in and our staff is here to help them. We're a phone call away at **401-781-0665**.



ACOS team members at RI PRIDE.



ACOS staff and volunteers hand out supplies in the community.

Resources

- Drug Overdose Prevention Program (RIDOH)
- Harm Reduction Centers (RIDOH)
- Hep C/HCV (Hepatitis C) (RIDOH)
- <u>HIV/AIDS Program (RIDOH)</u>
- Pre-Exposure Prophylaxis (PrEP) and Rhode Island PrEP Champions
- <u>Prevent Overdose RI</u>
- <u>Support AIDS Care Ocean State</u>

