Message from Maria

Dear friends;

Few topics illicit the strong emotional reactions that harm reduction does. I will admit that my thinking has evolved quite a bit in the last five or so years. It can feel uncomfortable to have conversations with people who are new to recovery about how to keep themselves safe in the event that they relapse. I would worry – "am I suggesting that I don't believe in this person's ability to sustain their recovery?" "Will I be sending an implicit message that it's okay to use?" And, to be honest, sometimes proposing Narcan can cause those reactions in the people

Where There Is Life There Is Hope

Drug overdose is one of the leading causes of accidental death in the United States. Provisional data from the U.S. Centers for Disease Control and Prevention’s National Center for Health Statistics predicted that 68,500 Americans died of drug overdoses in 2018, compared to about 72,000 the year before. The approximate 5% decrease can be attributed to multiple efforts including improved availability of substance use treatment, increased prevention efforts and harm reduction efforts such as the distribution of naloxone.

The overarching goal of harm reduction is to encourage positive steps toward improving a person's health and wellness, no matter how a person chooses to define it. Improved wellness for some means abstinence, for others it means using less. For some it means managing the risks of drug use (e.g., needle exchange, naloxone, etc.), until the person is ready for treatment and recovery. Harm reduction is often controversial because it doesn't subscribe to the abstinence-only school of thought and is often believed to be "sending the wrong message" or "enabling drug use".

In actuality, harm reduction programs promote life saving measures. Syringe exchange programs distribute sterile syringes to people injecting drugs, collect used syringes, and offer wraparound services such as HIV testing and connect people to drug treatment programs. Providing those who are at risk for overdose and their loved ones with naloxone, usually sold under the brand name; Narcan, has saved countless lives. Naloxone is a medication called an “opioid antagonist” used to counter the effects of opioid overdose. It only works if a person has opioids in their system and has no effect if opioids are absent. There is no risk of addiction to naloxone and it has no potential for abuse.
we serve – because no one WANTS to relapse, and everyone wants to have their people believe in them.

Our broader culture struggles as well. I find that this usually has to do with fear of some of the same outcomes named above, on a larger scale. People wonder if by distributing Narcan and clean needles and having conversations about safe use, we are enabling addiction to continue.

Remember the horror of the AIDS epidemic in the 80’s and 90’s? Remember the tough lessons we learned from all that heartache? That by distributing condoms, we weren’t causing people to have sex. That by making sure people had access to clean needles, people didn’t decide to start shooting heroin. That by educating people about mitigating risk, they did not increase their risky behaviors. We learned that people will most likely continue to do what they’re doing – even if we lecture, cajole or make a logical argument against it. We learned that by keeping people alive, they can access care. Most importantly, we realized that by opening our doors, our communities and our hearts to people who had previously felt marginalized, there were trusting relationships built that healed and allowed for that crisis to largely be eradicated.

We have seatbelts and airbags in our cars, we wear helmets on our bikes and carry epi pens for severe allergies. This does not embolden riskier behavior, it keeps us safer in the event of an accident.

Some might argue that by providing naloxone, society is enabling people to using drugs to take greater risks and use more because they “know they can be saved by naloxone”. However, this school of thought is simply wrong, according the Dr. Judy Glance, Medical Director of Addiction Medicine Services at the University of Pittsburgh Medical Center. “When people are addicted, they’re going to use regardless of whether or not there is an antidote or a reversal agent, because their brains have really been hijacked and the addiction has taken over,” she said. “At that point, my patients will tell me, ‘In the moment, yes, I know I could die. I know I could die, but there’s nothing stopping me.’”

Glance said she believes the idea of naloxone as a green light to take excessive risks with opioids has been sensationalized in the media. “But who wants to have naloxone used on them? It’s going to send the patient into withdrawal. It’s not comfortable. So, I don’t think people who are addicted to opiates are thinking, ‘Now we can use as much as we want. We don’t have to worry.’” You can read the entire article by clicking this link.

In Connecticut, pharmacists who have been trained/certified are now able to prescribe and dispense naloxone/Narcan to anyone needing it and are required to educate the person on how to administer Narcan. A list of naloxone prescribing pharmacists in Connecticut is available by clicking this link. In addition to certified pharmacists, Connecticut law allows other prescribers, including physicians, surgeons, Physician Assistants (PAs), Advanced Practice Registered Nurses (APRN)s, and Dentists to prescribe, dispense and/or administer the medication. Similar programs are available in all 50 states in direct response to the overdose crisis.

In 2011, a “Good Samaritan Law” was passed to protect people who call 911 seeking emergency medical services for an overdose from arrest for possession of drugs/paraphernalia. As of 2014 anyone can administer Naloxone to someone they believe to be overdosing and be protected from civil liability and criminal prosecution.

If you or a loved one is in need of Naloxone, needle exchange or information on harm reduction programs please contact Lauren Pristo, Litchfield County Opioid Task Force Coordinator at 860-626-3194.

McCall’s Heart

The McCall Center for Behavioral Health is fortunate to have a remarkable group of staff members who are dedicated to our clients, our community and our agency. Beginning this past January, and continuing throughout the year, we will be featuring a staff member. We know how amazing our staff is and we think it is important for you, our readers, to get to know a little bit about them as well. For McCall staff this is not just a job, they love this agency, believe in its mission, have hope for their
Winston Churchill said; Never, never, never give up. Not everyone is ready for recovery the first, second or tenth time the idea is proposed. In the meantime, harm reduction keeps people alive until they are ready. It conveys a message of compassion, of understanding. It is NOT an endorsement of use. It does NOT suggest that recovery is impossible or even that relapse is inevitable. We, all of us, are capable of having the hard but honest conversations about just how powerful the disease of addiction is and the measures available to stay safe. Where there is life, there is hope my friends.

My best to you,
Maria

Make a difference in someone’s life and support McCall today.

Our mission is to provide comprehensive integrated substance abuse and mental health treatment to help people lead healthier and more productive lives.

Your donation will directly support our prevention, recovery and community programs and help us provide clients with the support they need-regardless of their ability to pay. Click here to donate today!

Hometown: Torrington, Connecticut
Position: Substance Use Disorder Technician, Carnes Weeks Center

My favorite quote:

My Quote for life is (DO OR DO NOT, THERE IS NO TRY)

What I love about my job is the smile and greetings I get from my clients every day when I arrive at work. And what I love about McCall is that they always have their arms open to clients no matter how many time they fall and that we never give up on them. Just like they never gave up on me when I needed them the most.