



# Yale SCHOOL OF PUBLIC HEALTH

## HARM REDUCTION IN LITCHFIELD COUNTY, CONNECTICUT: FINDING COMMON GROUND BETWEEN THE NEEDS OF PEOPLE WHO USE DRUGS AND LOCAL STAKEHOLDERS

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### BACKGROUND

The United States is in the midst of a growing overdose crisis. More than 100,000 Americans died of drug overdoses during the first year of the COVID-19 pandemic, an almost 30% increase from the year prior.<sup>1</sup> Between 2019 and 2020, all Connecticut counties saw an increase in overdose mortality rates, except for Litchfield County which dropped from 41.8 fatal overdoses per 100,000 people to 39.7.<sup>2,3</sup>

In response to increased rates of opioid-related overdoses in Litchfield County, The Litchfield County Opiate Task Force (LCOTF) was formed in 2013.<sup>4</sup> The LCOTF is an inter-community team that brings together representatives from public health services, local government, law enforcement, individuals with lived experience, and their loved ones. Having previously had the highest mortality rates in the state, The LCOTF believes the decrease in Litchfield County is notable and a testament to the county's existing substance use support systems. Together with The LCOTF, we aimed to assess community needs around current harm reduction services in Litchfield County with a focus on the voices and recommendations of people who use drugs (PWUD).

### OBJECTIVES

1. Evaluate how current harm reduction services can better meet the needs of PWUD
2. Explore local stakeholders' understandings of and attitudes toward harm reduction services
3. Identify existing strengths, barriers to accessing services, and directions for future services

### METHODS

#### Surveys

- 75 anonymous, electronic surveys were completed by LCOTF-affiliated community members
  - Likert-scale-based and open-ended questions explored individuals' experiences with drug use in the community, attitudes toward harm reduction, and recommendations for the future
- Quantitative data was analyzed using descriptive statistics provided by Yale Qualtrics and comparative analysis across three geographic categories<sup>1</sup> conducted in Excel.

#### Interviews

- 7 semi-structured interviews were conducted with PWUD at mobile harm reduction locations (The Rover) in Torrington, Winsted, and Waterbury
  - Interviews explored individuals' experiences accessing harm reduction services, unmet needs, and recommendations for future services
- 5 semi-structured interviews were conducted with community members affiliated with the LCOTF
  - Interviews explored individuals' understandings of and attitudes toward harm reduction services
- Qualitative data was analyzed in-line with rapid analysis techniques, utilizing RAP sheets and matrix analyses. Emerging codes and themes were discussed at team meetings as analysis occurred.

<sup>1</sup> These categories are as follows: Torrington, Litchfield County (excluding Torrington) and Non-Litchfield County sites  
EPH542b: Practice-Based Community Health Research

## KEY FINDINGS & RESULTS

### Survey

- LCOTF-affiliates were highly aware of existing services and reported high support for a range of additional harm reduction services
  - Awareness varied slightly by geography with all respondents reporting being somewhat aware of The LCOTF and all participants from Torrington reporting 'Yes' they were aware of the Task Force
- Awareness of harm reduction services in their area also varied by geography
  - 25% of respondents in Litchfield County outside of Torrington reported not being aware of harm reduction services in their area
  - 100% of respondents in Torrington and Non-Litchfield County respondents were at least somewhat aware of local harm reduction services
- 84% of respondents identified local barriers to the implementation of harm reduction services

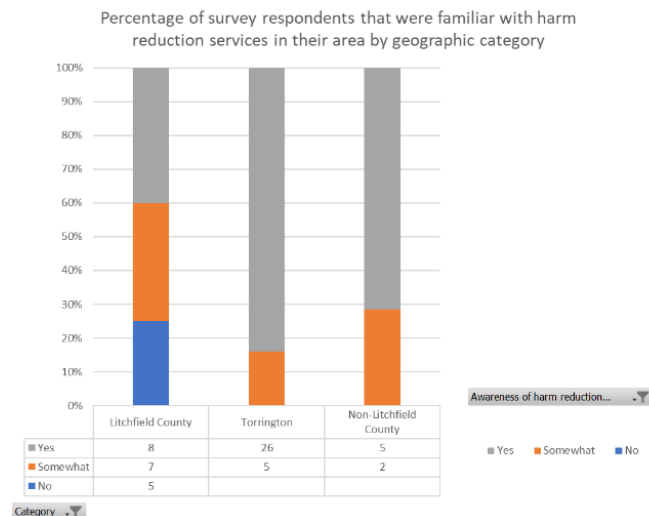


Figure 1: Bar chart representing awareness of local harm reduction services of survey respondents

### Interviews

- PWUD identified many existing strengths in Litchfield County: The Rover's convenience and low-threshold entry, The Rover's trustworthy and non-judgmental environment, and existing support systems among PWUD. Shared at right (or below) are some highlights reflecting these themes.

*I had always been under the impression that I had to, like, do some kind of elaborate... Like, I had to go to a certain pharmacy and tell them like the specific, like, "I need an insulin syringe ten CCs," you know, whatever... **But like, this is obviously way easier.***

(Service User in Torrington)

### Cross-cutting results from survey and interviews

- Service users and LCOTF-affiliated community members identified similar barriers facing harm reduction services in Litchfield County such as lack of transportation, stigma toward PWUD, and lack of political will.
- Service users and LCOTF-affiliated community members also identified similar opportunities for improvement such as the establishment of overdose prevention sites, increased awareness of current services, and expanded community education.

*Some people are embarrassed to come here. They're so sick they can't come here. I do a lot of errands for people and stuff like that. I try to help out. I always bring them food and stuff like that... You know, a lot of my friends don't want to come here into the soup kitchen and pick up dinner cans and stuff. So I give them to them and stuff. I know you guys don't really like that, I guess. **But I handed out [Narcan] to a couple friends and they saved somebody's life too.***

(Service User in Torrington)

### LIMITATIONS

- We had hoped to conduct more interviews with PWUD; however, time constraints and logistical challenges prevented us from reaching our recruitment goal.
- Because the survey was distributed through LCOTF-affiliated listservs, respondents are likely more familiar with and supportive of harm reduction services than the general community.
- Survey results may also be influenced by non-response bias in that individual who were most likely to respond likely felt the most strongly about the survey's content.

*It sounds like there's a lot of resources for people, but when you try to get there it's not easy to get them. It's not easy to find them, and we'll talk about things like rides... Ok so my daughter's going to her group, and she doesn't have a car now, and she doesn't live on a bus route or anything, so I provide rides.*

(Family Member Of PWUD)

## CONCLUSIONS & RECOMMENDATIONS

Service users and LCOTF-affiliated community members identified similar barriers to access and opportunities for improvement among harm reduction services in Litchfield County. Our five broad recommendations for The LCOTF's future work are as follows, with specific short-term and long-term strategies for implementation:

- 1. Creating a long-term means of amplifying the voices of active drug users**
  - Inviting service users to monthly Task Force meetings
  - Creating a Consumer Advisory Board made up of active drug users
  - Creating staff positions for active drug users and conducting community-driven research
- 2. Supporting and utilizing the support systems that exist among PWUD**
  - Offering to distribute extra supplies to Rover users for their social network
  - Compensating Rover users for getting the word out (providing stipends to distribute flyers, make referrals, etc.)
  - Offering formal peer support services as part of The LCOTF's initiatives
- 3. Delivering harm reduction services in non-traditional settings**
  - Offering more mobile services
  - Providing services in high-risk, highly-frequented locations beyond the traditional medical setting
  - Providing transportation services to and from brick-and-mortar service providers
- 4. Providing community education**
  - Targeting local politicians and law enforcement with educational efforts delivered by LCOTF-affiliated community members in these professions
  - Offering Mental Health First Aid trainings to the community
- 5. Centralizing services**
  - Continue to bring together service providers as part of The LCOTF
  - Prioritize the centralization of services when new services are created

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