HARM REDUCTION
OVERVIEW
Training Objectives

By the end of this session you will be able to:

1. Define harm reduction.

2. Recognize key principles of harm reduction.

3. Identify the need for harm reduction, with a PWID focus.
Glossary

PWID—People Who Inject Drugs
PWUD—People Who Use Drugs
PLWHA—People Living with HIV/AIDS
SUDs—Substance Use Disorders
SAS – Syringe Access Services
SEP – Syringe Exchange Program
AOD – Alcohol & Other Drugs
HOW DO YOU DEFINE HARM REDUCTION?
80 percent of those with opioid use disorders are not receiving treatment

https://jamanetwork.com/journals/jama/fullarticle/2456156
2. HARM REDUCTION

- A set of practical strategies that reduce the negative consequences associated with drug use and other risk behaviors.
- Fertile ground between chaotic drug use and abstinence
- In relation to drug use it incorporates a spectrum of strategies including *safer use, managed use, abstinence*.
- Harm reduction strategies meet people “where they're at” (but don’t leave them there).
Harm Reduction SU Paradigms

• Rational Actor

• Disease Model

• Biopsychosocial
Conceptual Model
“Stages of the drug use continuum”

- Drug Use opportunity*
- Experimental use
- Established use
- Drug use disorder
- Relapse and remission

*Chance (passive or active) that an individual has to try a drug, prior to initiation of actual use

Continuum of Use

- Experimental Use
- Social & Ritual Use
- Binge Use
- Abuse
- Dependence
- Severely and Persistently Chemically Dependent
For Example

Never picked it up, or stopped it

At a party, have a drink

Only use on weekends or on vacation

Depending on the drug, treatment many require medical attention

Try cocaine at a friend’s house where people have cocaine

Each day after work you have to have a drink

If you don’t use heroin or substance you will get sick
Harm reduction does not mean “anything goes.”

Harm reduction does not enable drug use or high risk behaviors.

Harm reduction does not condone, endorse, or encourage drug use.

Harm reduction does not exclude or dismiss abstinence-based treatment models as viable options.
Focus on criminalization rather than treatment

Traditional drug treatment is not always viable or successful

Syndemic of HIV, Hep C, and overdose

Continued drug user stigma

The Problem
WHY IS THERE A NEED FOR HARM REDUCTION?

- Reduce Drug User Stigma
- Increase Trust and Improve Engagement with Clients
- Improve Individual and Community Health
LEVELS OF HARM REDUCTION

Individual

Community

Institutional
Traditional drug treatment is not always a viable option and not a silver bullet

• Limited availability.

• People may not be ready to quit or may never choose to.

• Other reasons?
PWUD will have other issues and needs

- High prevalence of other health problems.
- High prevalence of mental health issues.
- High prevalence of trauma.
- Poor social support.
- Higher levels of homelessness.
- Higher levels of previous incarceration.
- Poor relationships with healthcare system.
Although the majority of PWID are white, African-American and Latino PWID are 5X more likely to be diagnosed with AIDS.

PWID face stigma in all facets of their lives; institutions focus on criminalization over treatment, prevention, and care.

Overdose on the rise – overdose from opioids currently ranks #1 in accidental deaths in the U.S.

Stages of Change

*Transtheoretical Model of Behavior Change*

- **Pre-Contemplation**
  - “Not considering it”

- **Contemplation**
  - “Thinking about it”

- **Preparation**
  - “Planning to do it”

- **Action**
  - “Doing it”

- **Maintenance**
  - “Staying with it”

- **Return/Relapse**
  - “Stop doing it”
PRE-CONTEMPLATION “Not Considering It”
CONTEMPLATION “Thinking About It”
PREPARATION “Planning To Do It”
ACTION “Doing It”
MAINTENANCE “Staying With It”
RETURN/RELAPSE “Stop Doing It”
What are some risk factors related to a person who injects drugs?
CONTRIBUTING FACTORS & HARMs

Physical
- Poor health outcomes
- Violence
- OD

Psychological
- Depression
- Isolation
- Stigma

Social
- Relationship issues
- Lack of community
- Isolation from community

Spiritual
- Isolation
- Not connecting to life

Economic
- $ to acquire drugs
- Loss of housing
- Loss of or trouble finding jobs

Legal
- Discrimination
- Arrest
- Incarceration
More To Think About

- What are *possible harms* you anticipate in relation to drug use behaviors, and overall wellness?

- What *contributing factors* may lead to high-risk behaviors and associated harm?

- What strategies can people in the scenarios adopt to *reduce harms* and *decrease risk in the moment*?

- Explore the possible “*whys*” someone is using certain drugs/alcohol.
4. Principles of Harm Reduction

- Health and Dignity
- Participant-Centered Services
- Participant Involvement
- Participant Autonomy
- Sociocultural Factors
- Pragmatism/Realism
(1) Focus on Health and Dignity

Establishes quality of individual and community life and well-being as the criteria for successful interventions and policies (rather than strictly abstinence).
(2) Participant-Centered Services

Non-judgmental and non-coercive provision of services and resources.
(3) Participant Involvement

Ensures people have a real voice in the creation of programs and policies designed to serve them.

"Nothing about us without us"
(4) Participant Autonomy

Affirms people who use drugs themselves as their own primary agents of change.
(5) Sociocultural Factors

Recognizes the various social inequalities which affect both people's vulnerability to and capacity for effectively dealing with potential harm.
(6) Pragmatism and Realism

Does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use or other risk behaviors.
5. Syringe Access Programs

Our Roots in Harm Reduction!
INDIANA, HIV, HEP C

- October 2014 IRA starts outreach
- February 2015 HIV cases in Austin, IN
- March 2015 State of Emergency Declared
- April 2015 SAS legislation passed
- May 2015 Aaron’s Law (naloxone) passed
- Monroe County Hepatitis C emergency, SSP proposal, ISDH approval of IRA to deliver services
Syringe Access: Reduction in HIV Incidence

- Syringe access is the most effective, evidence-based HIV prevention tool for people who inject drugs.
- Federal agencies for national health such as the CDC, SAMHSA, HRSA, and NIDA conclude the use of sterile syringes prevent the spread of HIV and other blood-borne infectious diseases.
- PWID have reversed the course of the AIDS epidemic by using sterile syringes and harm reduction practices.
- 80% decrease in new PWID HIV with SSP/MAT
Reduction in Hep C Transmission Risk

- Almost 1/3 of PWID (31.8%) report sharing syringes and other equipment in U.S.*
- Many participants of SAPs are referred to Hep B vaccination series and Hep C treatment.
- Safer injecting equipment education from an SAP assist PWID who do not have Hep C, to stay that way.
- Every $1 spent saves $7
- Over 700 new chronic HCV reported in Monroe County since 2011 = $63,000,000
- SSP's as effective structural-level interventions to reduce population-level infection
- SSP's are effective at increasing treatment of HIV and HCV infection

Community inclusion, access point
Detox and drug treatment programs (5x more likely with SSP)
Medical, dental & mental health services
Hep A + B Vaccinations
HIV/Hep C services
Housing services
Safer sex supplies & education
Overdose prevention
Prevention for non-injectors
IRA Harm Reduction 2017

2567 unique participants who use IV drugs

70% of our participants to other services (750 substance use referrals, 280 HIP referrals, 435 MH, and over 500 HIV/Hep C tests,

Distributed 10,456 doses naloxone w/1105 reversals.

Trained hundreds of volunteers to look for and dispose of improperly disposed syringes.

Open 7 days a week w/various locations at varied times.

General services (nursing triage, blankets and jackets, clothing, feminine products, camping gear).

Connection!
6. Ally and Provider Tips

**Do** say they don’t know when they don’t know.

**Do** celebrate small wins.

**Do** roll with the punches.

**Do** set limits and boundaries.

- **Do** keep their humor.
- **Do** learn from their mistakes.
- **Do** take care of themselves.
Avoid becoming a rescuer.
Avoid taking it personally.
Avoid the assumption they have the same goals as the person using drugs.
Avoid trying to do this alone.
Avoid manipulating or coercing PUD to change.