

Harm Reduction:

Supporting Drug User Health via Syringe Access

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HIV Harm Reduction Navigator Training

- Commissioned by NYC DOH National Capacity Building Program for Health Departments and CBOs who have outreach staff and peers providing prevention services for people who use drugs.
- Particular focus on PWID and health care issues.
- Materials are drawn from HRC's long experience and other Harm Reduction program peer training programs.

You are experts in the field Everyone brings relevant experiences & perspectives to this work.



Group Agreements

- Step up, Step Back
- Non-Judgment
- Use "I" Statements
- Agree to disagree
- Confidentiality
- ELMO



Training Agenda

Session 1

- Welcome & Introductions
- Terminology/ Stigma
- Defining the problem

Session 2

- What is Harm Reduction?
- The Context of Syringe Exchange Programs



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

NEP- Needle Exchange Program

HRSEP- Harm Reduction SEP

AOD – Alcohol & Other Drugs

Sexual Orientation >> to whom we are sexually attracted

Gender Identity >>
 sense of self as male or female, neither or
 both

LGBTQI

Lesbian, Gay, Bisexual, Transgender, Transsexual, Two Spirited, Questioning, Intersex



Stigma – What is it?

Stigma is defined as a set of negative beliefs that a group or society holds about a topic or group of people. According to the World Health Organization (WHO), stigma is a major cause of discrimination and exclusion and it contributes to the abuse of human rights. When a person experiences stigma they are seen as *less than* because of their real or perceived situation. Stigma is rarely based on facts but rather on assumptions, preconceptions, and generalizations; therefore, its negative impact can be prevented or lessened through education. Stigma results in prejudice, avoidance, rejection, and discrimination against people who have a socially undesirable trait or engage in culturally marginalized behaviors, such as drug use (Link, 2001).

• Family, friends and the general public can carry negative feelings about drug use or behavior. They may even use derogatory terms such as "junkie," "alcoholic," or "crackhead." These thoughts, feelings, and labels can create and perpetuate stigma.



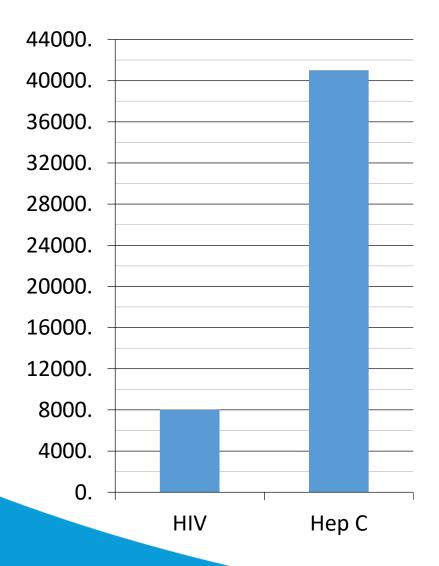
What Can We As Individuals, Organizations, and Communities Do To Change This?

- Offer compassionate support.
- Display kindness to people in vulnerable situations.
- Listen while withholding judgment.
- See a person for who they are, not what drugs they use.
- Do our research; learning about drug dependency and how it works.
- Treat people with drug dependency with dignity and respect.
- Avoid hurtful labels.
- Replace negative attitudes with evidence-based facts.
- Speak up when you see someone mistreated because of their drug use.



What's the Problem?

HIV & Hepatitis C Rates



Newly infected each year in the U.S. due to syringe and equipment sharing:

□HIV: 8,000 people

□Hep C: 41,000

Overdose is now the leading cause of accidental death in the US.

Source: The Center for Disease Control and Prevention, AIDS United. http://www.aidsunited.org/policy-advocacy/issues/syringe-exchange/http://www.cdc.gov/idu/hepatitis/viral_hep_drug_use.htm



HIV/Hep C Co-infection Snapshot

- Because HIV affects the immune system, it can affect the body's ability to fight off Hep C.
- Treatments for both can be affected if co-infected.
- Some HIV meds may be less effective if also Hep C +
- Everyone's experience is different.
- It's important to discuss with a doctor what the options are and what to treat first.

What Are Opioids?

- Medicines that relieve pain
- Can be natural (from the poppy plant) or synthetic (manmade)

Common Prescription Opioids

- Hydrocodone (Ex: Vicodin, Lortab); Oxycodone (Ex: OxyContin, Roxicodone, Percocet)
 - Commonly prescribed for a variety of painful conditions, including dental and injury-related pain
- Morphine (Ex: DepoDur, Astramorph, Duramorph)
 - Often used before and after surgical procedures to alleviate severe pain
- Fentanyl
 - 50-100 times more potent than Morphine; Used to treat severe pain, often in patch form
- Codeine
 - Often prescribed for mild pain; Can also be used to relieve coughs and severe diarrhea



What Do Opioids Do?

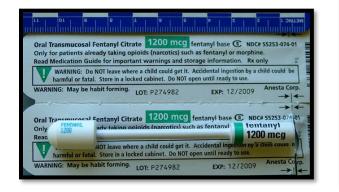
- Reduce and relieve pain
- Can sometimes create a sense of euphoria
- HIGHLY habit-forming and addictive
- SIDE EFFECTS:
 - Drowsiness and sedation
 - Mental confusion
 - Nausea and vomiting
 - Constipation
 - Pinpoint (constricted) pupils
 - Slowed or depressed vital signs
 - Body temperature, blood pressure, pulse and respiration rates
 - Overdose and Death





Prescription Fentanyl

- Short-acting, synthetic opioid analgesic
- Not detected on standard urine screening tests
- 50-100 times more potent than Heroin
- Primary use is for managing surgical/postoperative pain, severe chronic pain, and breakthrough cancer pain*









Opioid Misuse/Dependence Signs and Symptoms

Physical Signs

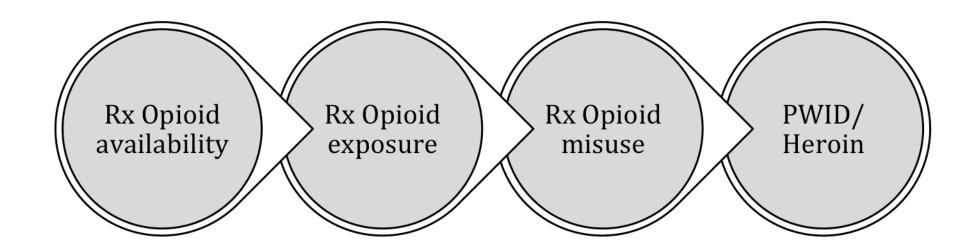
- Change in appetite
- Pupil size
 - Small: opioid intoxication
 - Large: opioid withdrawal
- Nausea
- Vomiting
- Sweating
- Shaking

Behavioral Signs

- Change in personality/attitude
- Change in friends
- Change in activities, sports, hobbies
- Poor attendance / grades
- Increased isolation; secrecy
- Wearing long sleeved shirts
- Moody, irritable, nervous, giddy, or nodding off
- Stealing



Drug Trend in the U.S. Opioid Epidemic





What is HEROIN?

An illegal narcotic used recreationally to achieve effects similar to those caused by prescription opioids

- How Does It Make You Feel?
 - Relieves pain; Instant rush of good feelings and happiness, followed by slow, dreamlike euphoria
- Heroin comes from the opium poppy flower
 - It can look like a white or brown powder, or black tar
 - Other names for it: horse, smack, junk, and brown sugar
- How It Is Used
 - Inject (most common and most dangerous), snort, or smoke it
 - No matter how you use it, it gets to the brain quickly
 - HEROIN IS HIGHLY ADDICTIVE you quickly build a tolerance for it and need more each time to feel the same results



What is HEROIN?

- Heroin is stronger, cheaper, and easier to get than prescription pills
 - Also more dangerous you never know what it is cut/mixed with
- SIDE EFFECTS and RISKS ASSOCIATED WITH HEROIN:
 - Slows vital signs (heart and pulse rate, breathing, blood pressure)
 - Itching
 - Nausea and vomiting
 - Collapsed veins
 - Infections of the heart lining and valves
 - Skin infections like abscesses and cellulitis
 - High risk of contracting HIV/AIDS, hepatitis B, and hepatitis C
 - Lung diseases like pneumonia and tuberculosis
 - Miscarriage



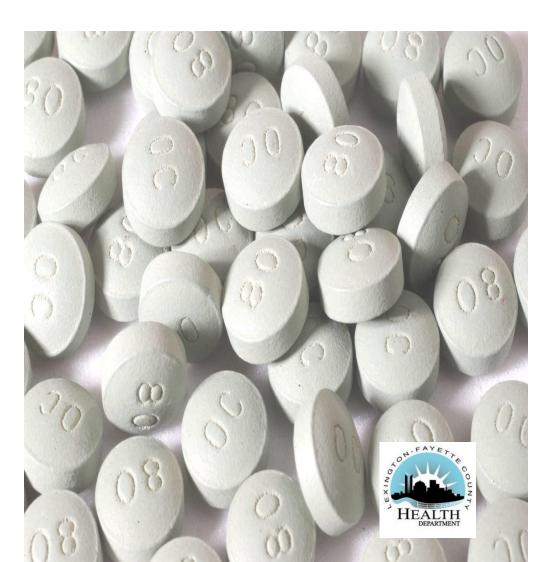
Drug Overdose Deaths in the United States, 2000-2016

650,000

drug overdose deaths since 2000

4x

as many opioid deaths in 2018 as 2000



The epidemic is national.

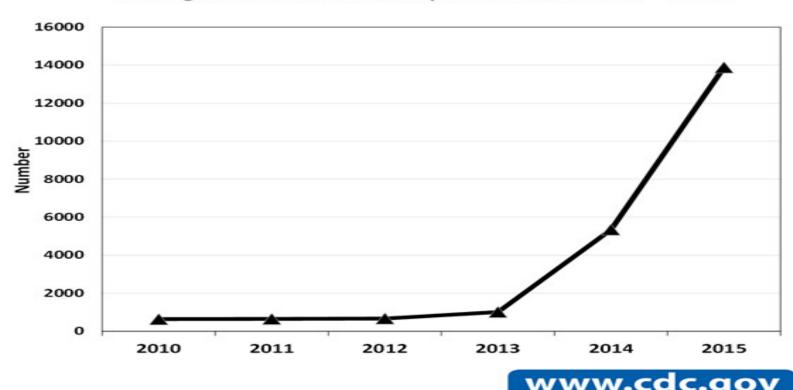


78 people

die every day from heroin and opioid overdoses in the U.S.

Source: National Vital Statistics System, Mortality file

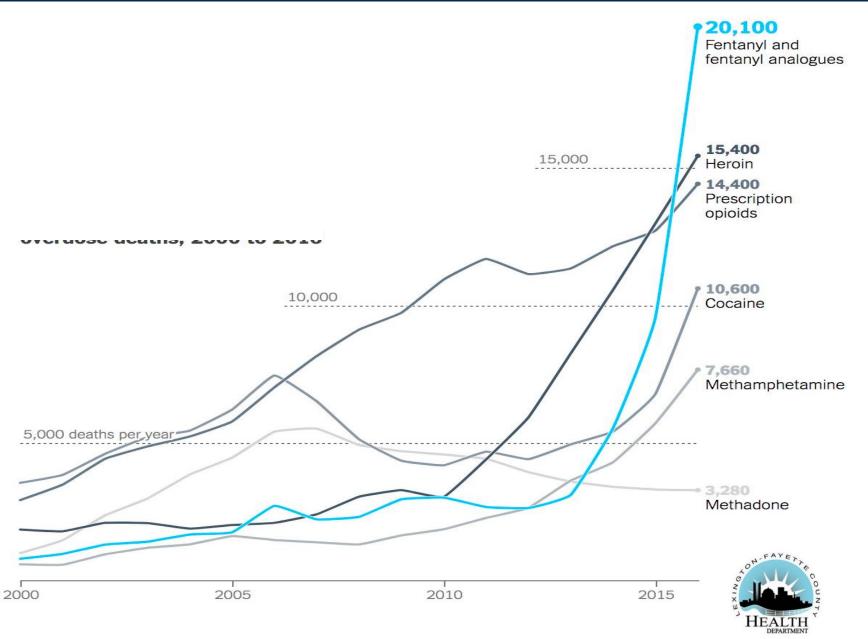
Number of Reported Law Enforcement Encounters Testing Positive for Fentanyl in the US: 2010 - 2015



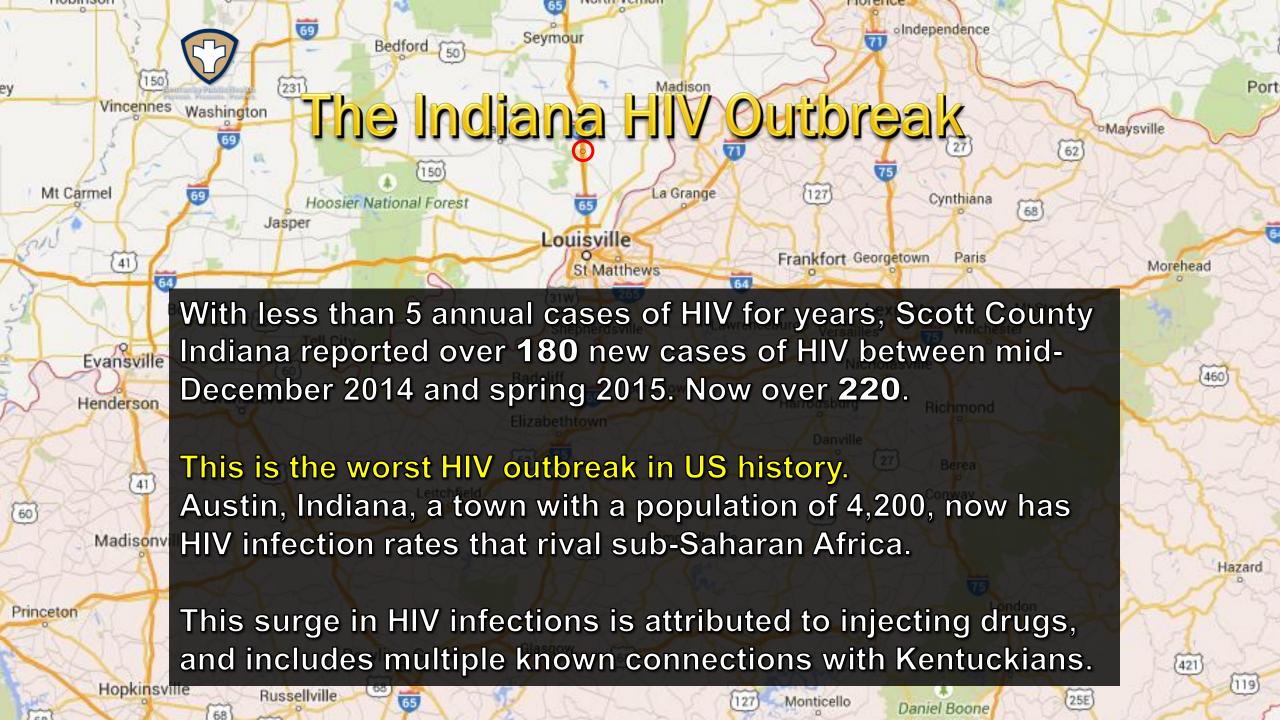
Your Source for Credible Health Information



Drugs Involved in OD Deaths, U.S., 2000-2016*







Meanwhile in Kentucky, Hepatitis C rates soared out of control, and an HIV epidemic was happening 30 miles from our border.

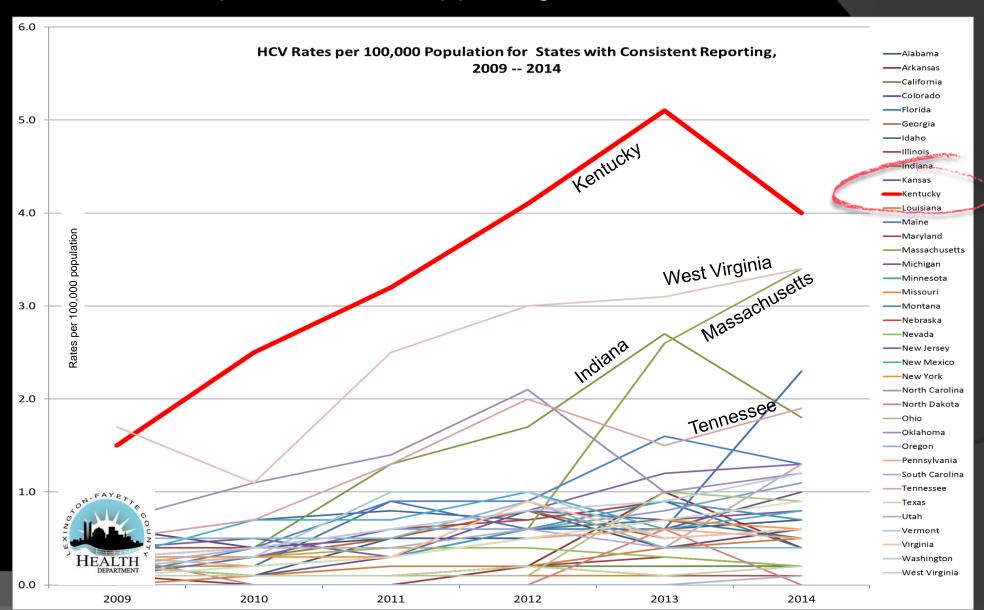
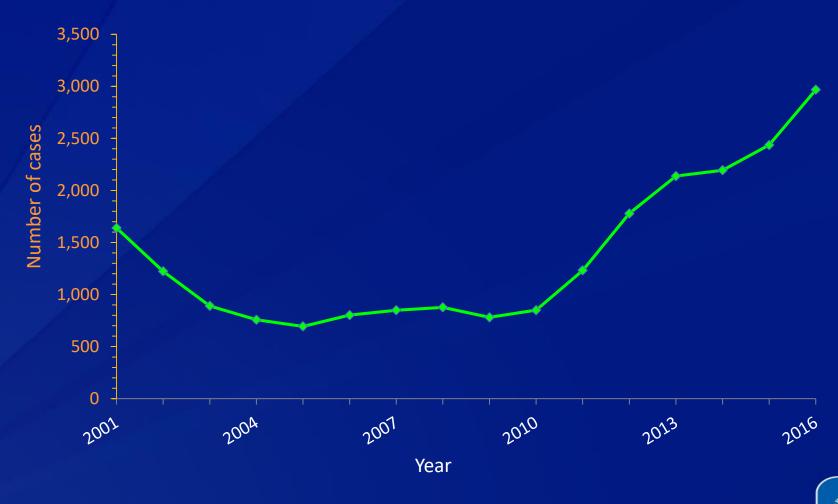


Figure 4.1. Reported number of acute hepatitis C cases — United States, 2001–2016



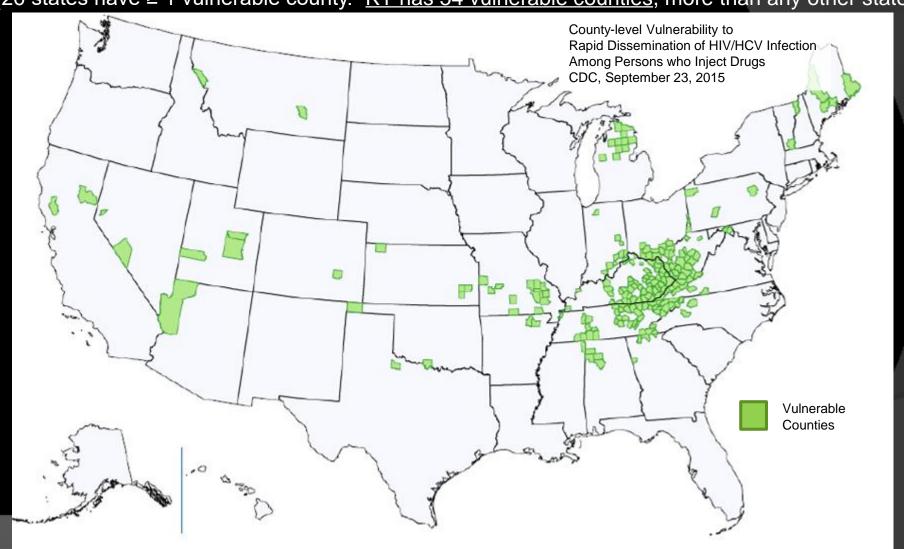




Top 220 U.S. Counties with Increased Vulnerability to Rapid Dissemination of HIV/HCV Infections Among People who Inject Drugs

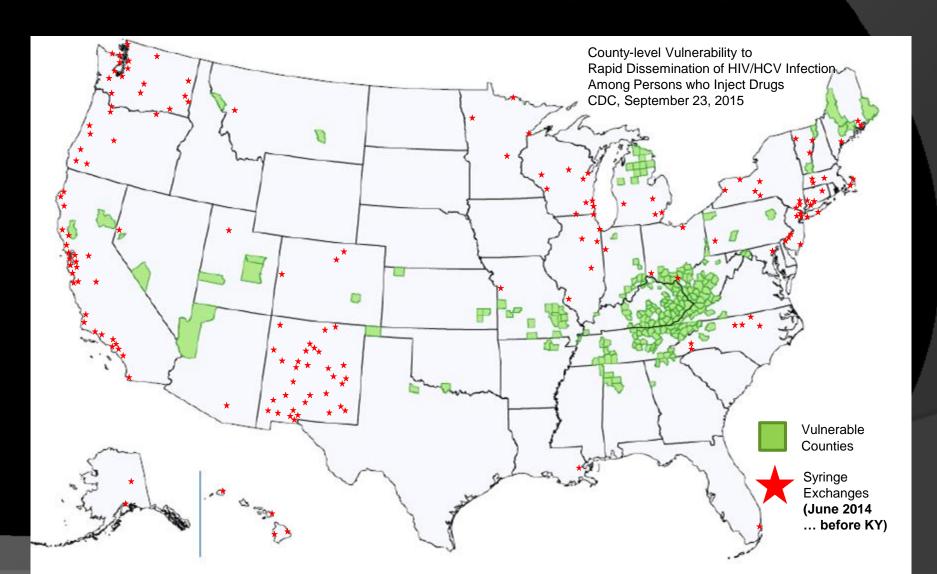
CDC's Vulnerability Analysis

(26 states have ≥ 1 vulnerable county. KY has 54 vulnerable counties, more than any other state)



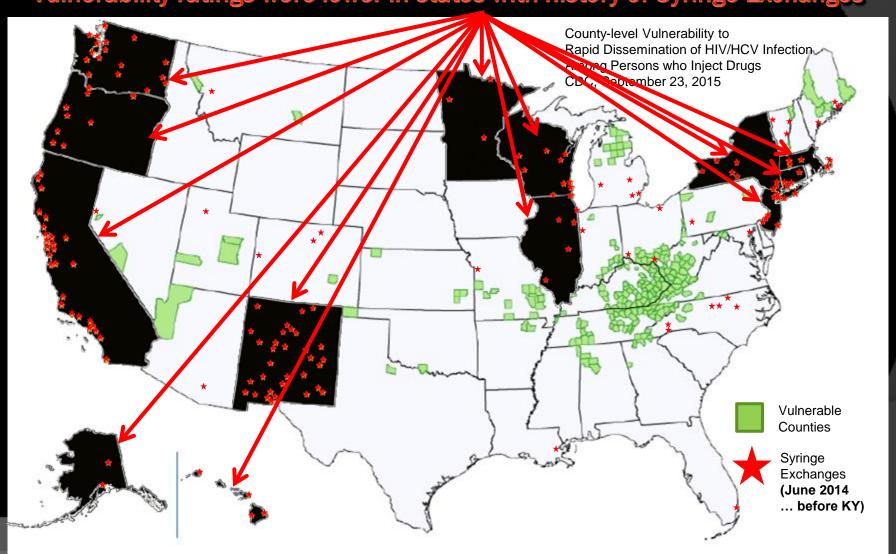
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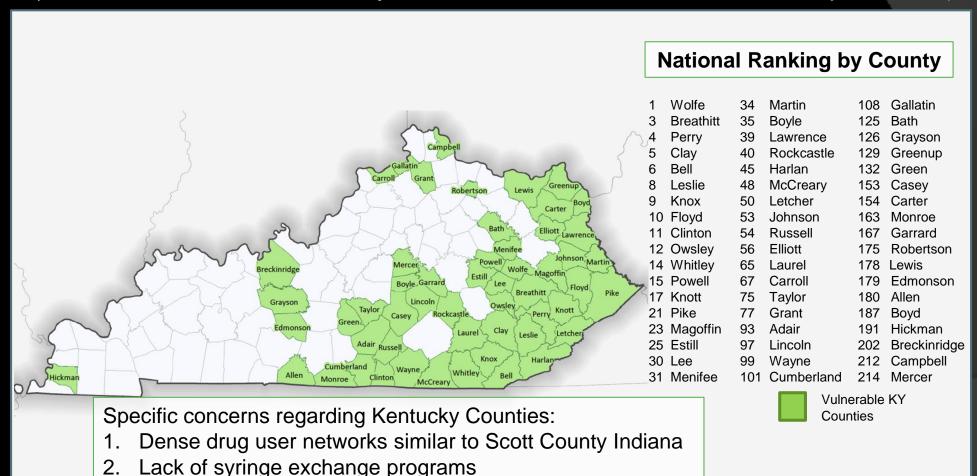
CDC's Vulnerability Analysis Vulnerability ratings were lower in states with history of Syringe Exchanges



Kentucky's 54 Counties with Increased Vulnerability to Rapid Dissemination of HIV/HCV Infections Among People who Inject Drugs

CDC's Vulnerability Analysis

(26 states have ≥ 1 vulnerable county. KY has 54 vulnerable counties, more than any other state)



NOTE: CDC stresses that this is a REGION-WIDE problem, not just a county-specific problem.

Little Victories





Break





With a potential HIV and Hep C outbreak looming in our state, what Prevention Efforts can we use to combat it?

Let's try Harm Reduction !!!



Working Definition of Harm Reduction

A set of practical, public health strategies designed to reduce the negative consequences of drug use and promote healthy individuals and communities.



Goals of Harm Reduction

- Increased health and well-being.
- Increased self-esteem and self-efficacy.
- Better living situations.
- Reduced isolation and stigma.
- Safer drug use.
- Reduced drug use and/or abstinence.



Six Key Principles of Harm Reduction

- 1) Focus on health and dignity
- 2) Participant-centered services
- 3) Participant involvement
- 4) Participant autonomy
- 5) Sociocultural complexity
- 6) Pragmatism and realism



VIDEO

"The Exchange" End the Ban on the Use of Federal Funds for Syringe Exchange (2013)

Syringe Exchange

Our Roots in Harm Reduction!

"How does this work?"

"You give me an old one, I give you a sterile one, and it keeps your butt alive"



Object the person of the perso



Syringe Exchange Programs

Provide free sterile **needles/syringes** and collect used **needles/syringes** from PWIDs to reduce transmission of bloodborne pathogens, including HIV, HBV, and HCV.



Benefits of Syringe Exchange Programs

Prevention Resources
HIV/HCV/STIs
Other Health/Wellness Issues
for PWID

Overdose Programs
Education & Support
Risk Reduction Supplies

Better Health Outcomes for PLWH/A and Hepatitis C
Linkages to Medical Care
"Health Coaching"

Treatment Options
Ancillary Services
Client-Centered Services

Fewer Deaths with Layperson Naloxone Administration





Recognizing Opioid Overdose

- Sometimes it can be difficult to tell if a person is just very high, or experiencing an overdose. The following will present some information on how to tell the difference. If you're having a hard time telling the difference, it is best to treat the situation like an overdose it could save someone's life.
- If someone is really high and using downers like heroin, or pills:
- Pupils will contract and appear small
- Muscles are slack and droopy
- They might "nod out"
- Scratch a lot due to itchy skin
- Speech may be slurred
- They might be out of it, but **they will respond to outside stimulus** like loud noise or a light shake from a concerned friend.
- If you are worried that someone is getting too high, it is important that you don't leave them alone. If the person is still conscious, walk them around, keep them awake, and monitor their breathing.

The following are signs of an overdose:

- Loss of consciousness, Unresponsive to outside stimulus, Awake, but unable to talk, Breathing is very slow and shallow, erratic, or has stopped
- For lighter skinned people, the skin tone turns bluish purple, for darker skinned people, it turns grayish or ashen.
- Choking sounds, or a snore-like gurgling noise (sometimes called the "death rattle")
- Vomiting, Body is very limp, Face is very pale or clammy
- Fingernails and lips turn blue or purplish black
- Pulse (heartbeat) is slow, erratic, or not there at all
- If someone is making unfamiliar sounds while "sleeping" it is worth trying to wake him or her up. Many loved ones of users think a person was snoring, when in fact the person was overdosing. These situations are a missed opportunity to intervene and save a life.
- It is rare for someone to die immediately from an overdose. When people survive, it's because someone was there to respond.

The most important thing is to act right away!

The Exchange is More Than Syringes

- Detox and substance treatment programs
- Medical, dental & mental health services
- Hep A + B Vaccinations
- HIV/Hep C testing and services
- Safer sex supplies & education
- Overdose prevention
- Prevention for non-injectors



Meeting Needs of PWID: Considerations

- Higher prevalence of mental health issues
- Higher prevalence of trauma
- Poor social supports
- Higher level of homelessness
- Higher levels of incarceration & recidivism
- Poor relationship with & access to healthcare system
- Higher prevalence of other health issues



Client-Centered SUD Treatment Issues

- Abstinence-based treatment is not always an option.
- Relapse is a part of the process.
- People may not be ready to quit or may choose not to.
- Providers can help to assess readiness and elicit change.

Motivational Interviewing is an approach to support people in making *their own* decisions regarding their own drug and alcohol use behaviors.



U.S. Surgeon Generals

Dr. David Satcher (1998-2002) Syringe exchange is "...an effective public health intervention that reduces the transmission of HIV and does not encourage the use of illegal drugs."

Dr. Joyceln Elders (1993-1994) "Silence about the importance of needle exchange programs is causing deaths of thousands of our bright young black and Latino men and women."

Dr. C. Everett Keep (1982-1989) "...if clean needles will do anything to contain a part of the epidemic, we should not have any foolish inhibitions about doing so."



Syringe Exchange Programs Do:

- ✓ Decrease spread of HIV
- ✓ Reduce risk for Hepatitis C
- ✓ Increase likelihood to link PWID with treatment



Syringe Exchange Programs *DO NOT:*

X Encourage drug use

X Increase inappropriately discarded syringes

X Increase needle stick injuries



Reduction in HIV Incidence

- ☐ Syringe exchange 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 bloodborne infectious diseases.
- □ **PWID** have reversed the course of the AIDS epidemic by using sterile syringes and **harm reduction** practices.



Reduction in Hep C Transmission Risk

□ Almost 1/3 of PWIDs (31.8%) report sharing syringes and other equipment in U.S.*

☐ Many participants of SEPs are referred to Hep A and Hep B vaccination series and Hep C treatment.

☐ Safer injecting equipment and education from an SEP assist PWID without Hep C to remain that way.



Benefits of SEPs: Cost Effectiveness



- The lifetime cost of medical care for each new HIV infection is \$400,000-\$600,000.
- For hepatitis C, the lifetime cost of medical care exceeds \$80,000-\$100,000
- The equivalent amount of money spent on syringe access could prevent dozens of new HIV infections annually.

Sources:.

Press Release. Schackman B. The Lifetime Cost of Current Human Immunodeficiency Virus Care in the United States. Medical Care, Nov 2006; vol 44: pp 990-997.

Press Release. San Francisco Hep C Task Force Releases Recommendations for Fighting Epidemic. Available at http://www.natap.org/2010/newsUpdates/012611_04.htm



Treatment of Hepatitis C and HIV

- Hepatitis C Effective Hepatitis C treatment has recently been developed
 - (Ledipasvir/sofosbuvir)
 - Other antiviral drugs
 - Cost of approximately \$84,000 for 12 weeks of treatment
- HIV
 - Highly Active Antiretroviral Therapy (HAART)
 - Estimated total cost for one HIV patient is over \$480,000



Reduction of Needle Stick Injuries

Building a connection with law enforcement!

- •30% of law enforcement officers have experienced a needle stick injury (NSI).
- •66% reduction in NSIs among law enforcement officers following the implementation of SEPs.

Sources: Lorenz J, et al.

Occupational Needlestick Injuries in a Metropolitan Police Force. American Journal of Preventative Medicine, 2000. 18:146-150. Groseclose SL, et al. Impact of Increased Legal Access to Needles and Syringes on Practices of Injecting Drug Users and Police Officers—Connecticut 1992-1993; Journal of AIDS and Human Retrovirology; 10(1): 71-72.



SEP Models & Interventions

Storefront

Street-Based Mobile Outreach Van/Backpack

Secondary or Peer-Delivered (PDSE)

Pharmacy



Storefront /Fixed Site

Benefits

- House other services
- Shelter from streetbased activities
- Increased privacy
- On-site storage space
- Creating "safe space"

- Limited access
 (hours, location)
- Clients must come to you
- High overhead and upkeep
- Potential focus of community opposition



Street-Based

Benefits

- Flexibility if drug scene changes
- More acceptable to neighborhood
- Informal, low-threshold
- Meeting people where they are physically at

- Hard to include ancillary services
- Inclement weather can be a deterrent
- Privacy concerns
- Safety for outreach staff



Peer-Delivered

Benefits

- Taps into peer knowledge
- Can reach groups unlikely to access SEPs
- Empowers peers to take ownership
- Increased volume

- Training & supervision needed for peers
- Managing boundary issues
- Peers may need to collect and transport others' equipment



Pharmacy Access

Benefits

- Mainstream location
- May have more extended hours
- Could be located closer to where PWID live or hang out

- Pharmacists often refuse to sell syringes without a prescription
- Cost can be prohibitive
- No counseling services
- Other injection equipment not available



Characteristics of Effective SEPs

- Ensures low-threshold access to services.
- Promotes secondary syringe distribution.
- Coordinates linkages to health and social services.
- Ensures PWID have a VOICE.
- Includes diverse community stakeholders in creating a social and legal environment supportive of SEPs and PWID.
- Includes participants in improving on existing services.



SEP Practices to Avoid

- Supplying single use syringes
- Limiting frequency of visits & number of syringes
- Requiring one-for-one exchange
- Imposing geographic limits
- Requiring identifying docs.
- Requiring unnecessary data documentation



Basic Equipment









Basic Equipment

- Syringes in various sizes
- Cookers
- Cottons/Filters
- Tourniquets/Ties
- Health education literature
- Narcan kits
- Sterile water

- Alcohol swabs
- Condoms, safer sex supplies
- Gauze pads, bandages, abscess kits
- Sharps Containers



Repeatedly since 1995, the Kentucky HIV Prevention Community Planning Group (now the Kentucky HIV/AIDS Planning and Advisory Council) recommended that legislators legalize Syringe Exchange Programs in Kentucky. It took 20 years.



KRS 218A.500/510 Kentucky Syringe Exchange Remarks Syringe Remarks Syri

Kentucky Senate Bill 192 (2015) provides for the establishment of Syringe Exchange Programs in KY

- Local option for syringe exchange programs for People Who Inject Drugs to be run by <u>county</u> <u>public health departments</u>;
- "Good Samaritan" language that protects drug users from criminal charges if they report an overdose to the authorities;
- Expanded access to naloxone, a drug that can reverse the effects of a heroin overdose;
- More state funding and Medicaid support for addiction treatment programs.

Kentucky Public Health Prevent. Promote. Protect.

54 Kentucky Counties with Increased Vulnerability to Rapid Dissemination of HIV/HCV Infections Among People who Inject Drugs and Preventive Syringe Exchange Programs (SEPs)

