

# 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

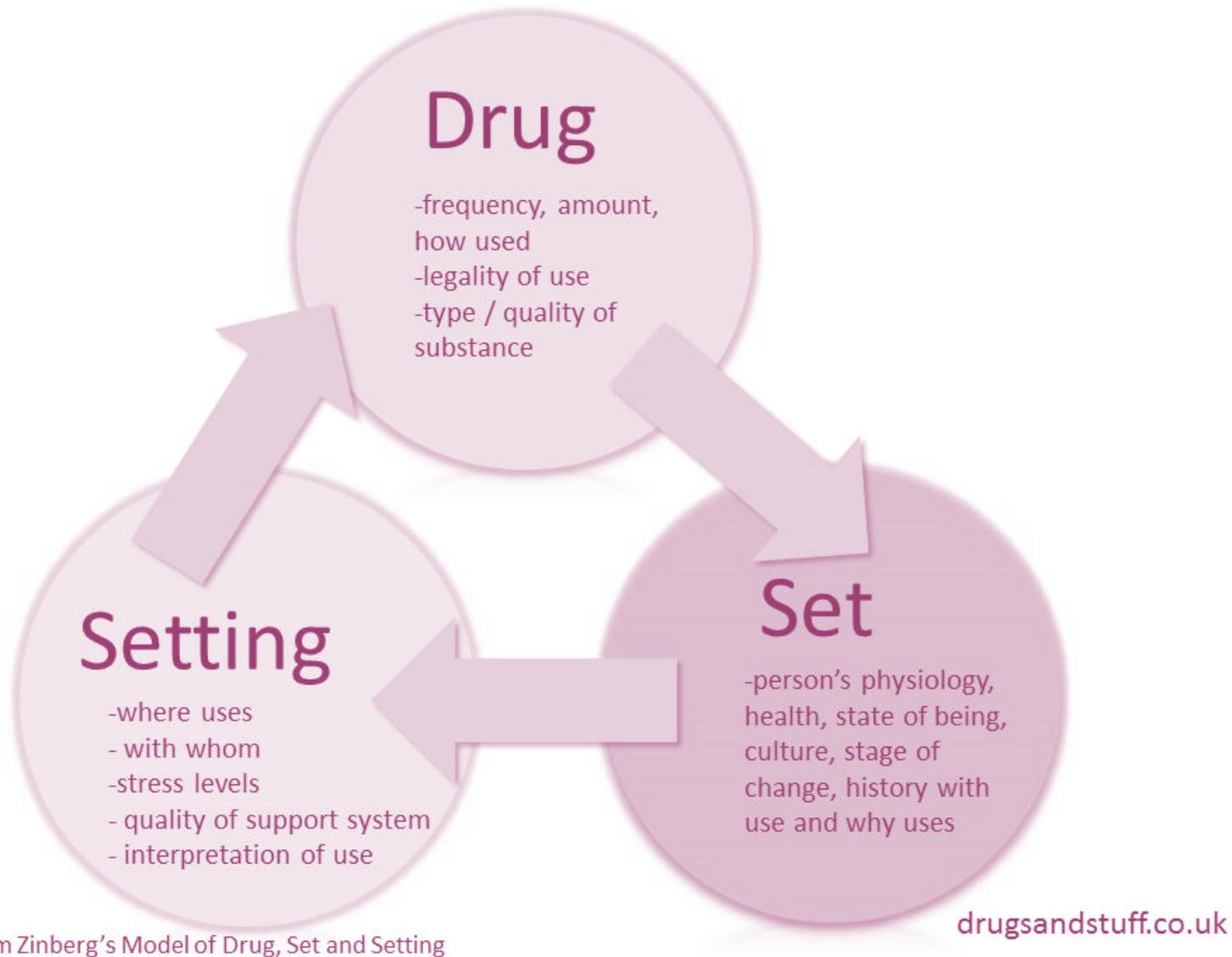
HOW DO YOU DEFINE HARM  
REDUCTION?

80 PERCENT OF  
THOSE WITH OPIOID  
USE DISORDERS ARE  
NOT RECEIVING  
TREATMENT

[HTTPS://JAMANETWORK.COM/JOURNALS/JAMA/FULLARTICLE/2456156](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*).



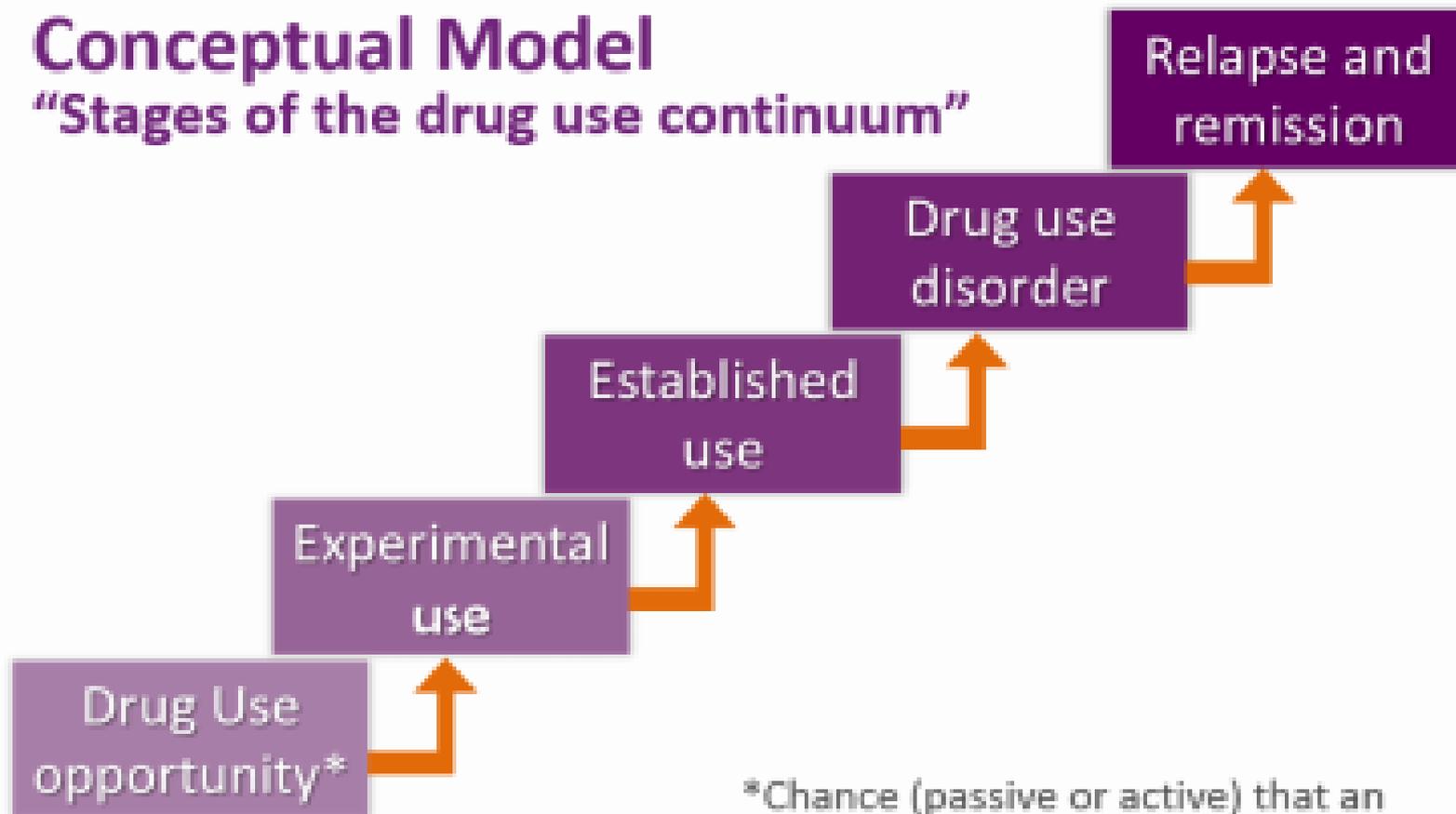
Adapted from Zinberg's Model of Drug, Set and Setting

# Harm Reduction SU Paradigms

- Rational Actor
- Disease Model
- Biopsychosocial

# Conceptual Model

## "Stages of the drug use continuum"



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

Van Etten ML, et al. *Drug Alcohol Depend* 1997;49:1-7



# Continuum of Use

Experimental  
Use

Situation  
al Use

Abuse

Severely  
and  
Persistently  
Chemically  
Dependent

Social &  
Ritual  
Use

Binge  
Use

Dependenc  
e



# 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

# WHAT HARM REDUCTION IS NOT

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.

# The Problem



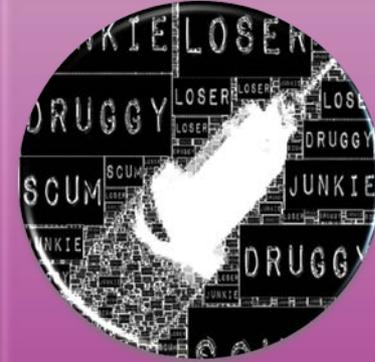
Focus on criminalization rather than treatment



Traditional drug treatment is not always viable or successful



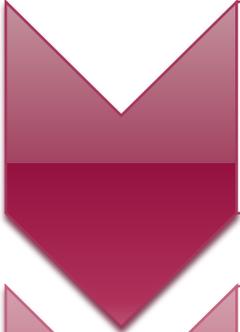
Syndemic of HIV, Hep C, and overdose

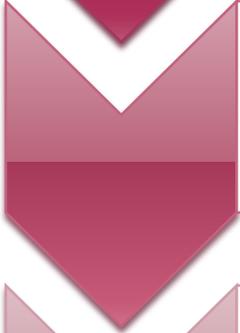


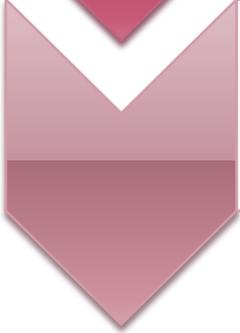
Continued drug user stigma



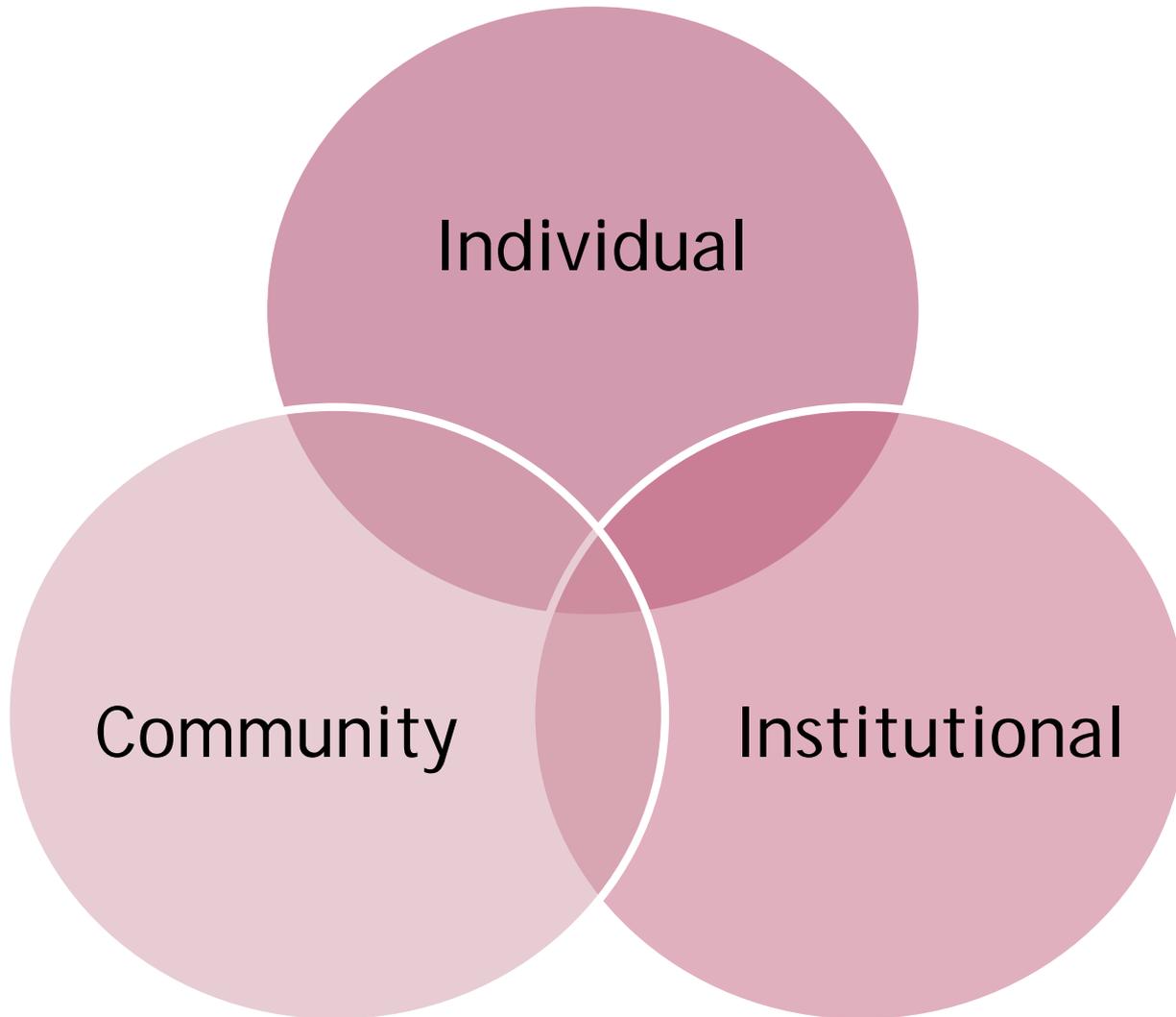
# WHY IS THERE A NEED FOR HARM REDUCTION?

- 
- Reduce Drug User Stigma

- 
- Increase Trust and Improve Engagement with Clients

- 
- Improve Individual and Community Health

# LEVELS OF HARM REDUCTION



# INDIVIDUAL AND COMMUNITY LEVEL

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?

# INDIVIDUAL AND COMMUNITY LEVEL

## **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.

# INSTITUTIONAL LEVEL

- 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”*

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

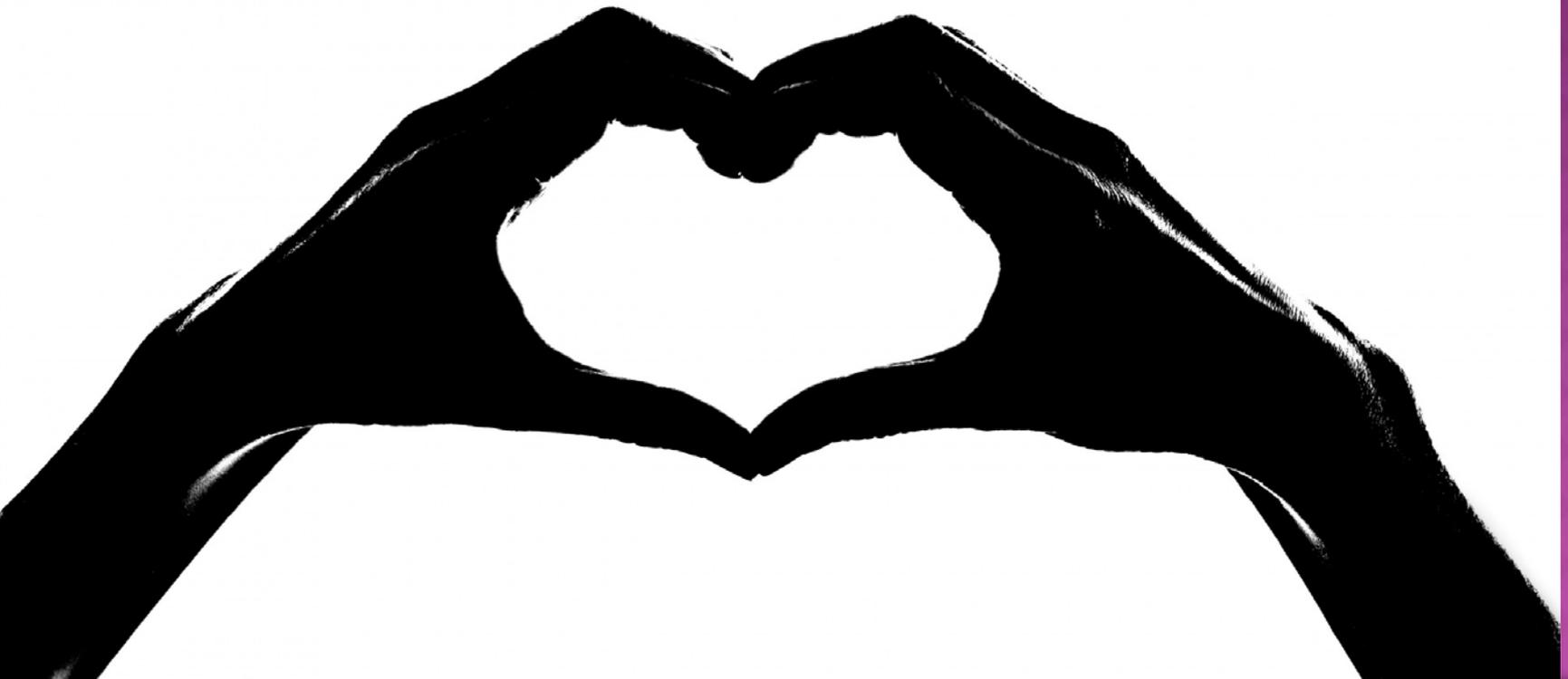
- What are *possible harms* you anticipate in relation to drug use behaviors, and overall wellness?
- What *contributing factors* may lead to high-risk behaviors and associated harm?
- What strategies can people in the scenarios adopt to *reduce harms* and *decrease risk in the moment*?
- Explore the 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).



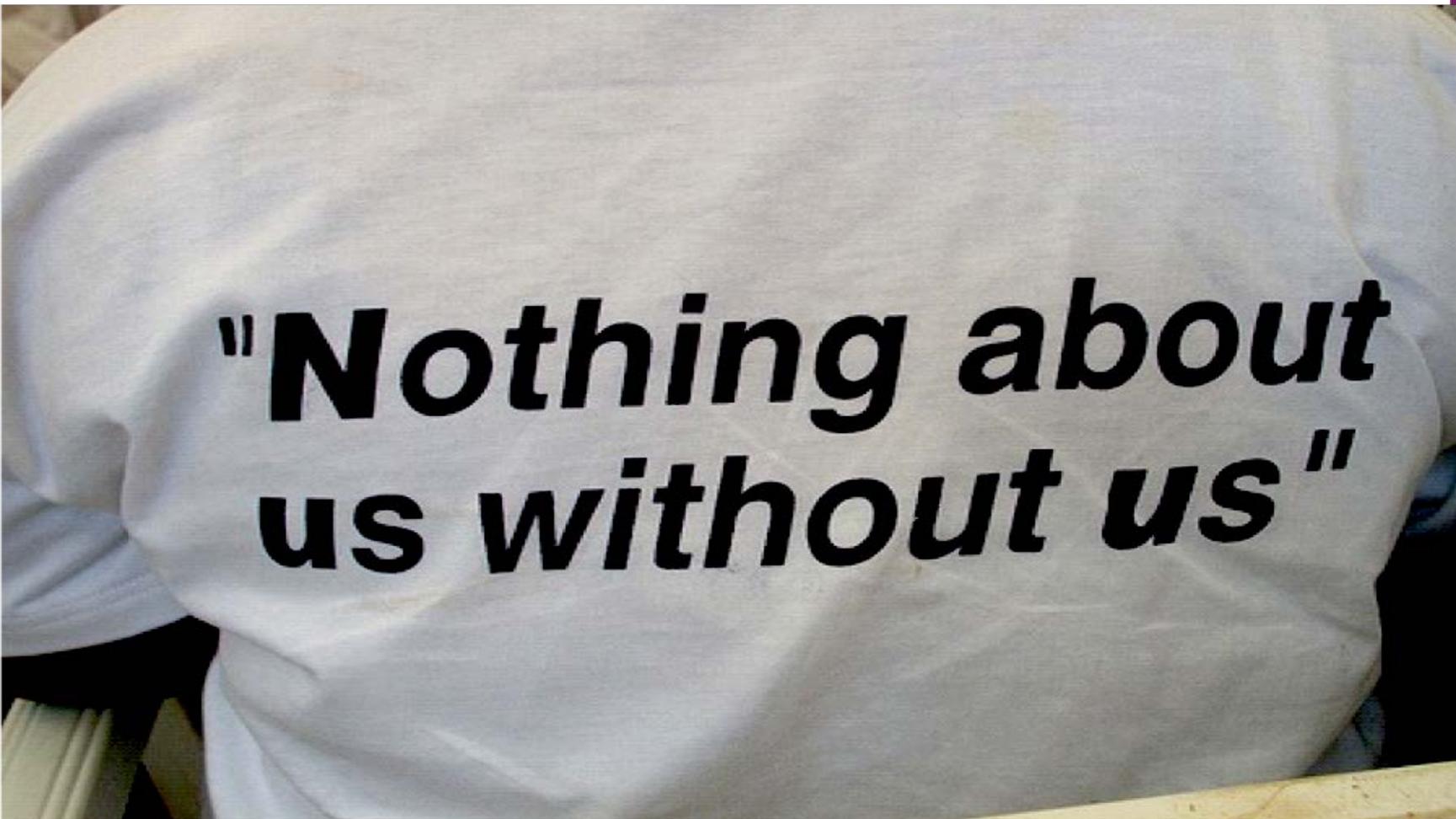
## (2) Participant-Centered Services

**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.

A photograph of the back of a white t-shirt. The t-shirt has the text "**Nothing about us without us**" printed on it in a bold, black, sans-serif font. The text is arranged in two lines: the first line says "Nothing about" and the second line says "us without us". The t-shirt is slightly wrinkled and appears to be hanging or laid flat. The background is dark and out of focus.

***"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!*

MUTUAL  
*Aid*  
+



Doug Wilson  
Dave Purchase handing out syringes on his own in Tacoma, Wash., in the late 1980s.  
*New York Times*, January 27, 2013

# 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

# IT'S NOT JUST SYRINGES: BENEFITS OF SYRINGE ACCESS

- ◉ 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.

# Ally and Provider Tips

**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.



**THANK  
YOU**

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