

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

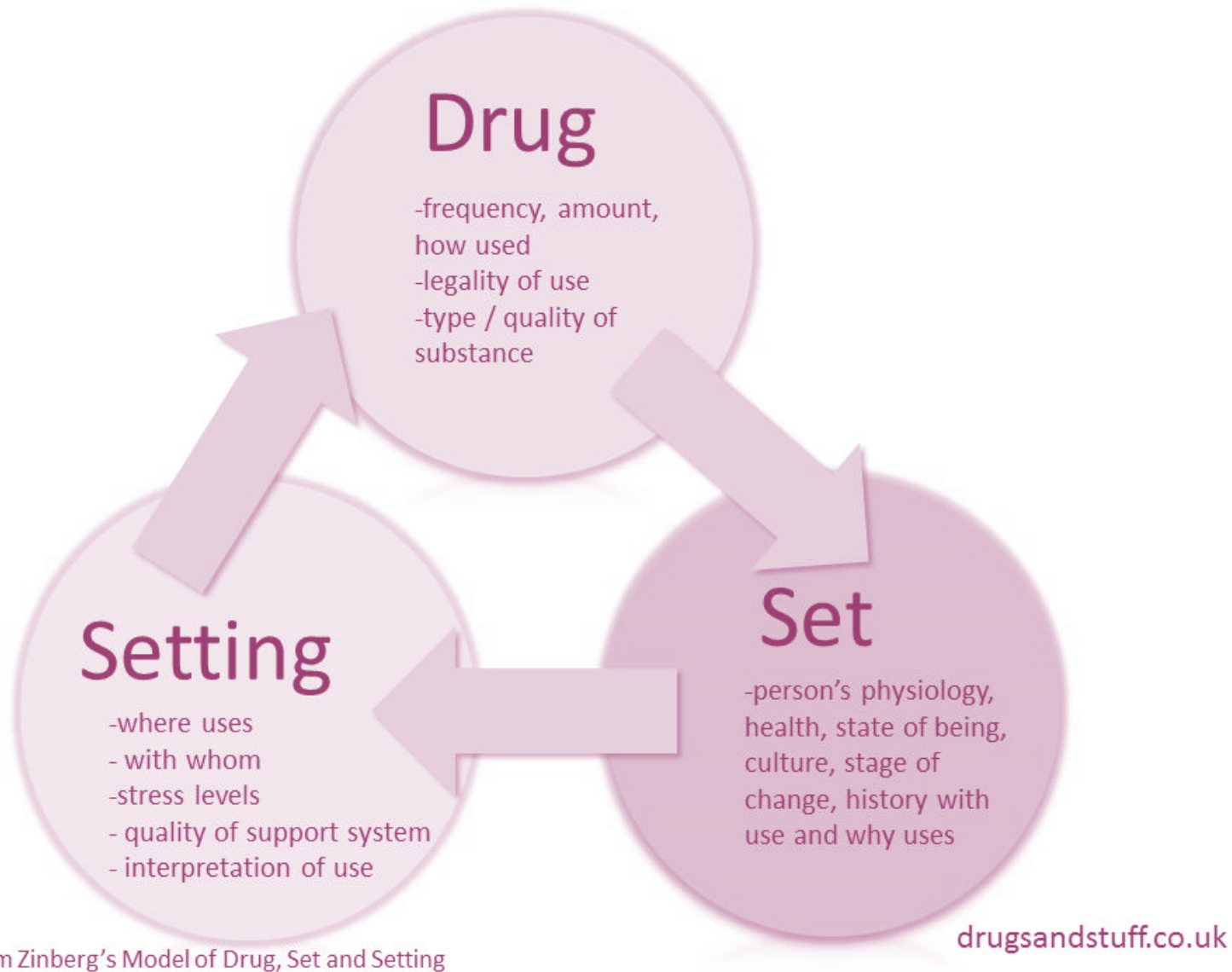
HOW DO YOU DEFINE HARM
REDUCTION?

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*).



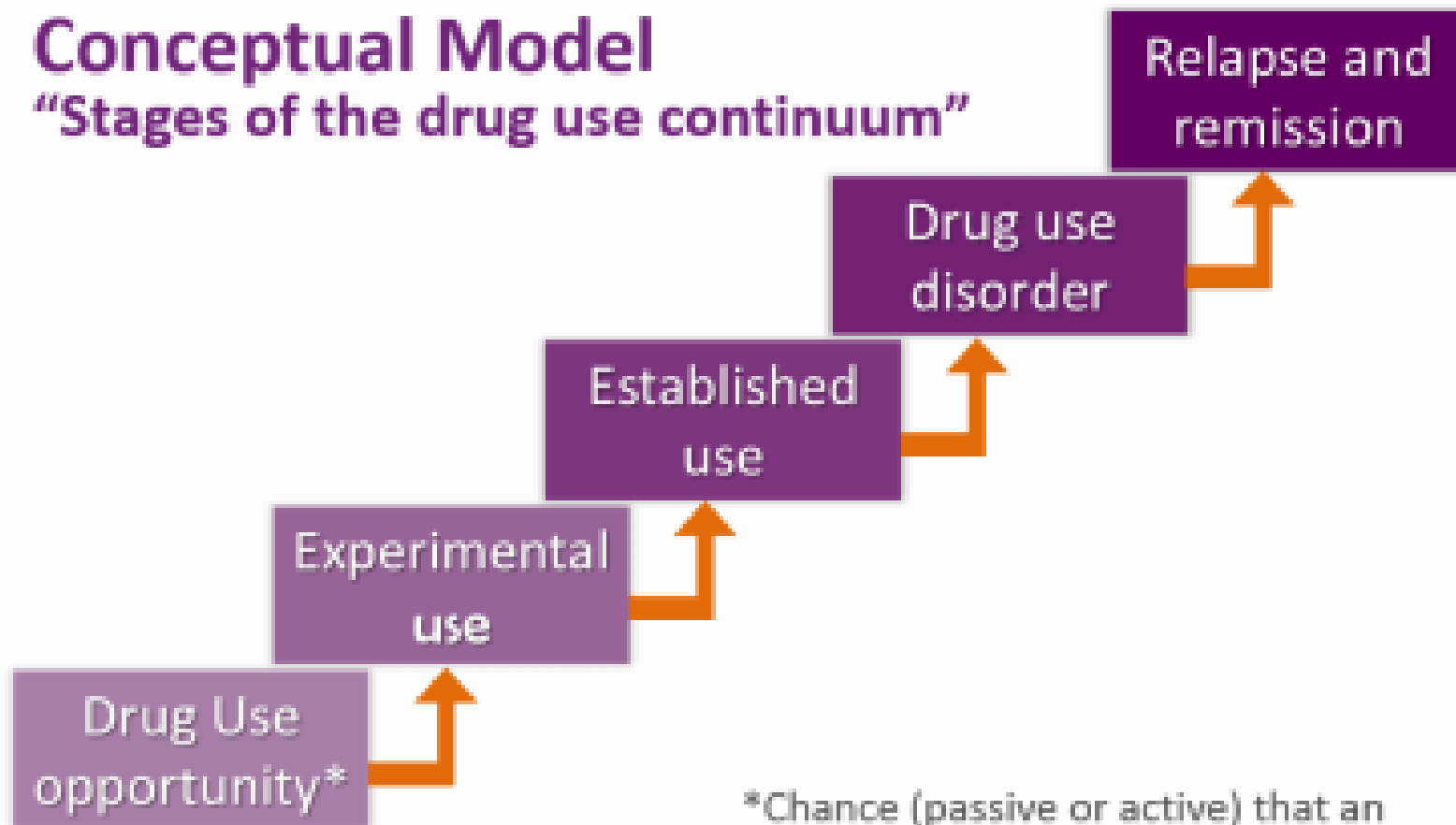
Adapted from Zinberg's Model of Drug, Set and Setting

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



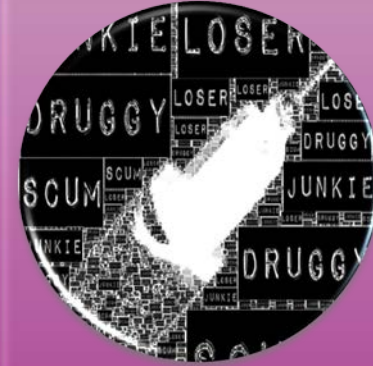
Focus on
criminalization
rather than
treatment



Traditional
drug
treatment is
not always
viable or
successful



Syndemic of
HIV, Hep C,
and overdose



Continued
drug user
stigma



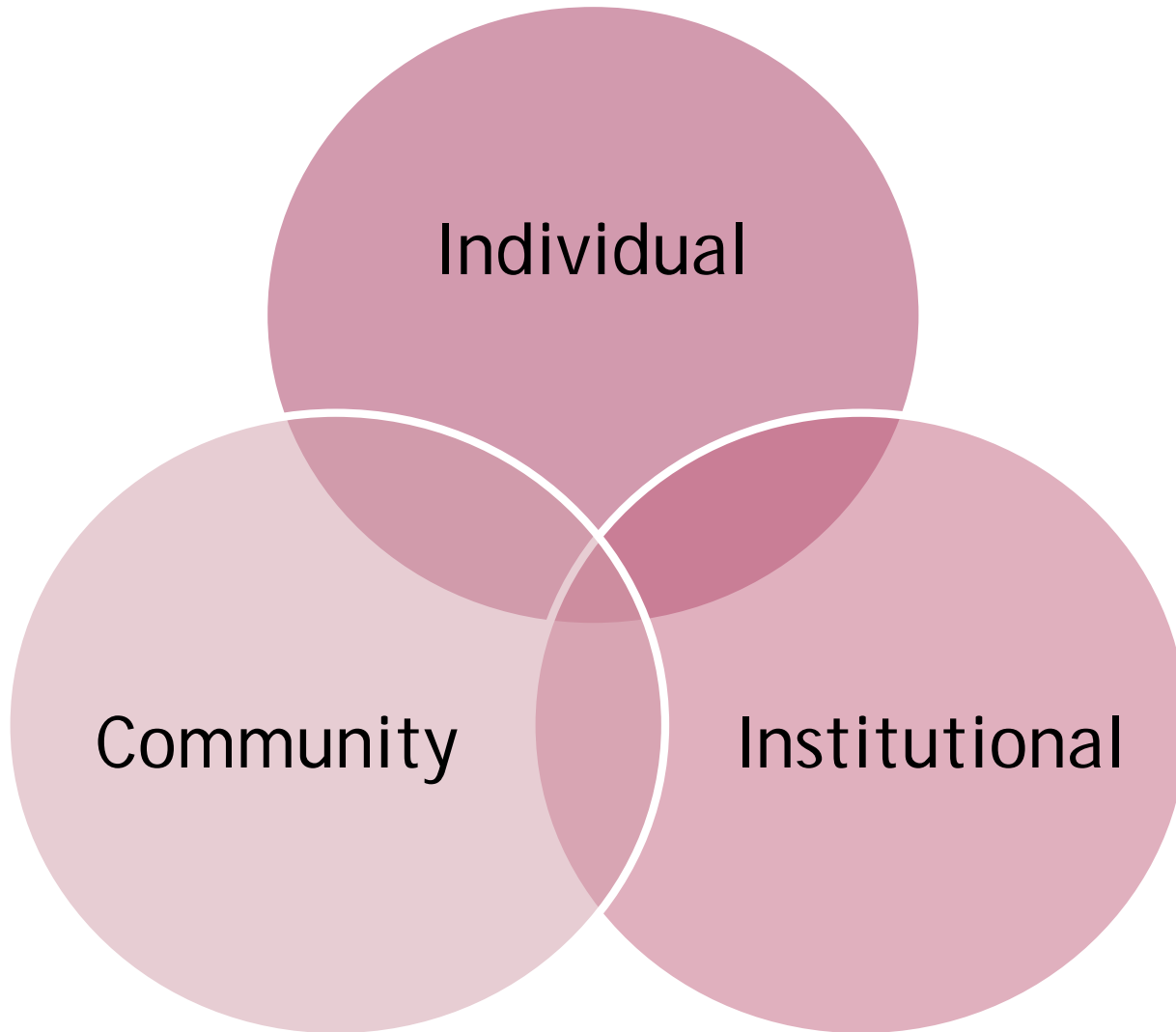
WHY IS THERE A NEED FOR HARM REDUCTION?

- 
- 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

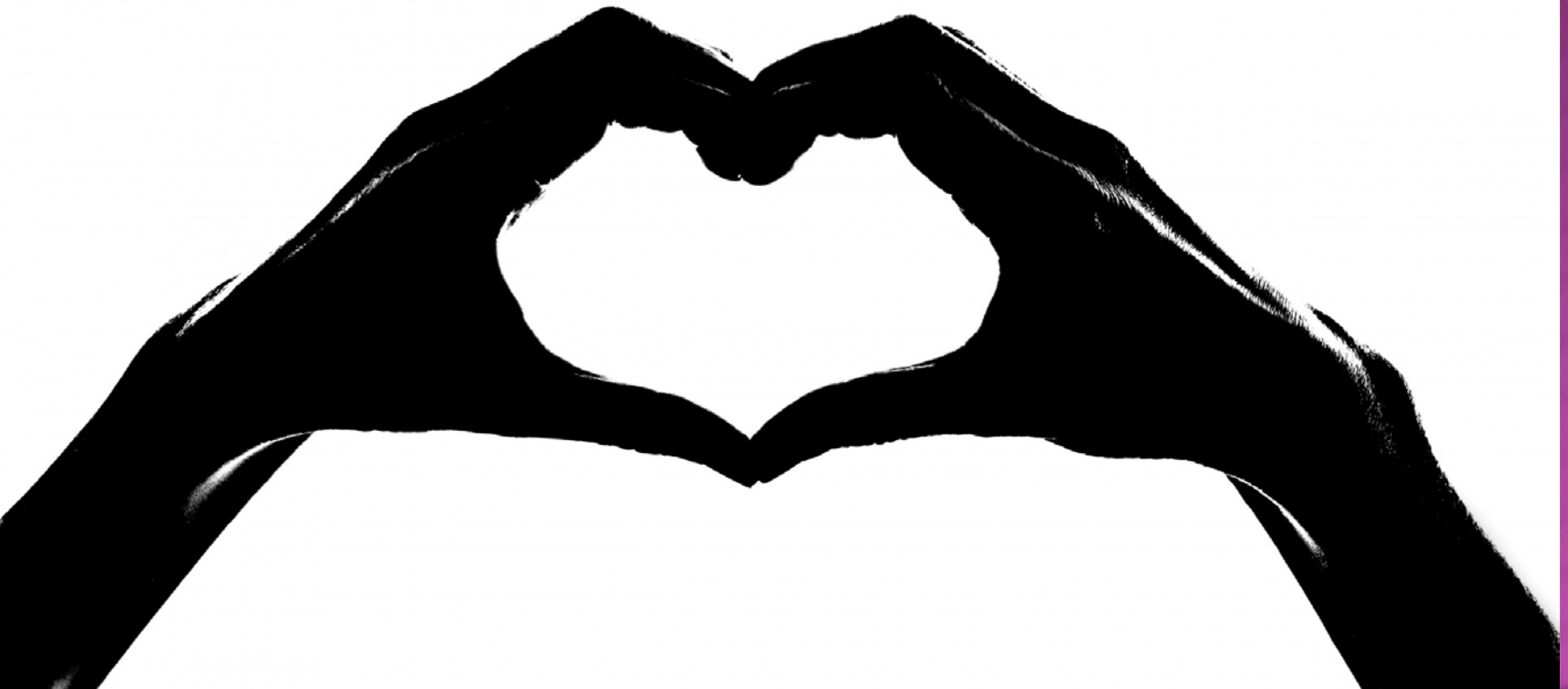
- What are *possible harms* you anticipate in relation to drug use behaviors, and overall wellness?
- What *contributing factors* may lead to high-risk behaviors and associated harm?
- What strategies can people in the scenarios adopt to *reduce harms* and *decrease risk in the moment*?
- Explore the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



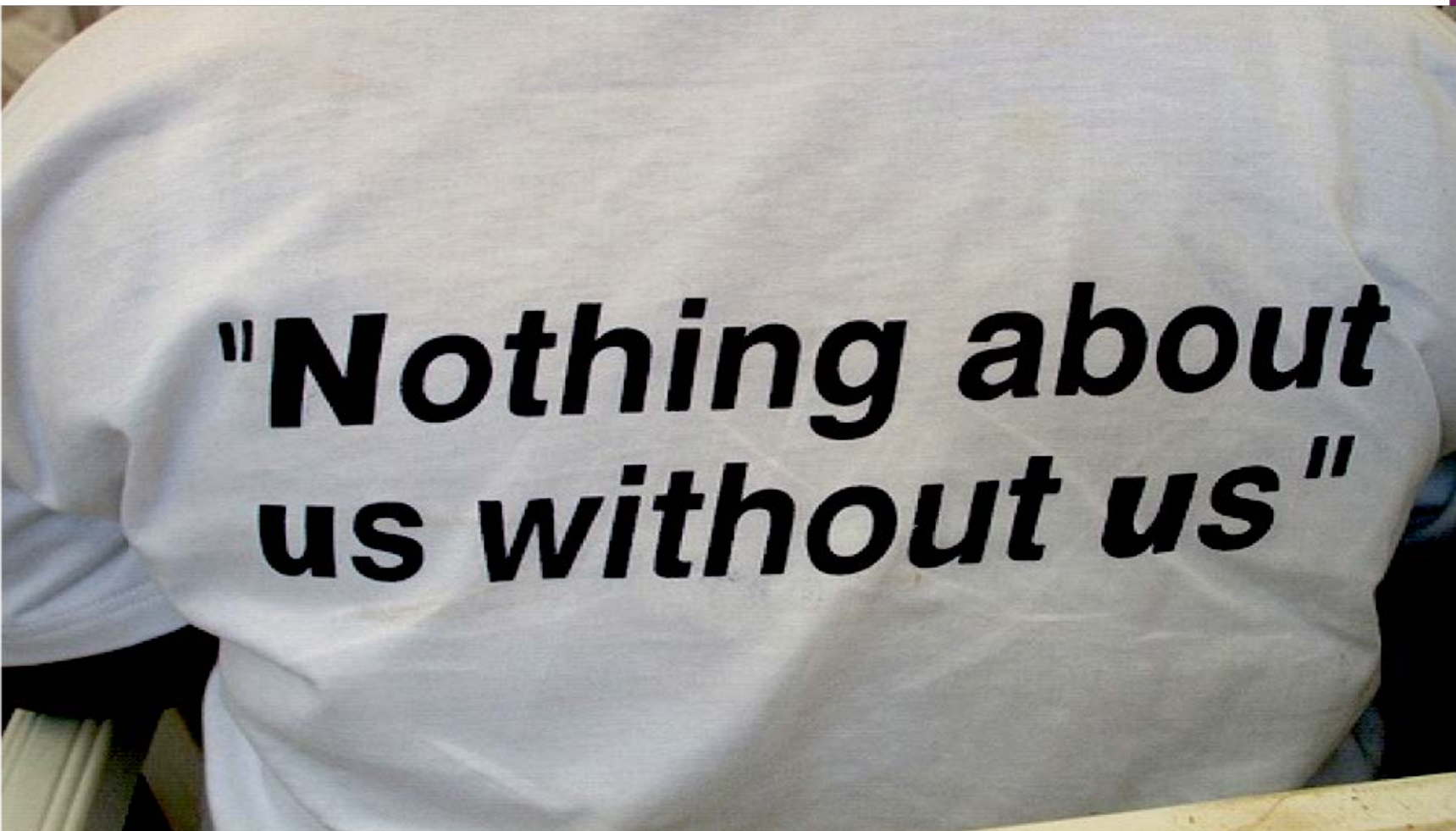
(2) Participant-Centered Services

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 reads "Nothing about" and the second line reads "us without us". The t-shirt is slightly wrinkled and appears to be hanging or laid flat. The background is dark and indistinct.

***"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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