

Harm Reduction

*Responding to the Needs of
our Clients and Communities*



Today's workshop is sponsored by BSAS



The Bureau of Substance Addiction Services:

- Provides access to addictions services for the uninsured
- Funds and monitors prevention, intervention, treatment and recovery support services
- Licenses addictions treatment programs and counselors
- Tracks statewide substance use trends
- Develops and implements policies and programs
- Supports the addictions workforce

Helpful Websites

BSAS:

www.mass.gov/dph/bsas

Helpline: www.helpline-online.com

Careers of Substance:

www.careersofsubstance.org

BSAS oversees the statewide system of prevention, intervention, treatment, and recovery support services for individuals, families, and communities affected by gambling and substance addiction

Required Disclosures for CEUs

ANCC Accreditation Statement

This continuing nursing education activity was approved by the Maryland Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation

Activity Purpose and/or Learning Outcomes

- Describe the philosophy and principles of harm reduction
- Explain the benefits of harm reduction approaches both for clients and communities
- Identify high-risk behaviors and corresponding harm reduction strategies
- Discuss how harm reduction strategies are related to readiness for change
- Evaluate how well your organization currently integrates harm reduction principles and practices

Successful Completion of this Continuing Nursing Education Activity

In order to successfully complete this activity and receive full credit for this CNE activity, you must:

- Attend all 3-hours of the course
- Participate in course discussions

Conflicts of interest

There is no conflict of interest for any planner or presenter of this activity

Trigger Warning & Self-Care



- This training discusses substance use and practices
- Please be advised and take care of yourself
- You are welcome to step out at any time if needed

Agenda

- Philosophy and principles of harm reduction
- History of harm reduction
- Benefits of harm reduction approaches for clients and communities
- Risks associated with substance use disorders and corresponding harm reduction strategies
- Harm reduction strategies and readiness for change
- Apply principles and practices of harm reduction in real world scenarios



Looking at Our Beliefs

Agree or Disagree?



- 12-step/abstinence-based programs are the best model for treatment/recovery services
- People who continually spiral down in their addiction, do so because they're not willing to truly apply themselves to their recovery
- Given the success rate of people utilizing Medication Assisted Treatment (MAT) vs. abstinence-based approaches, everyone with an opioid use disorder should be put on MAT immediately
- Because we have successful treatments for HIV and an outright cure for Hepatitis C, these two issues just aren't as important as they were many years ago
- It's not my job to discuss sexual behaviors with the people our program serves

Harm Reduction 101



What is Harm Reduction?

- A philosophy and set of strategies that reduces the negative consequences of harmful behavior
- Focuses on the prevention of harm rather than the prevention of behavior



What is Harm Reduction?

- We see harm reduction used in our everyday lives



- In behavioral health, it refers to reducing harm in high risk behaviors

Why Harm Reduction?



- Up to 60% of people who have a SUD will relapse at least once at some point in their recovery (NIDA, 2018)
- Relapse or slips ups are a normal, though not inevitable, part of the process of recovery
- Should a relapse occur harm reduction strategies can help to protect clients
- It also provides a framework for us to effectively support clients as they move towards recovery



Harm Reduction Philosophy

- Accepts, for better and or worse, that substance use is part of our world and chooses to work to minimize its harmful effects rather than ignore or condemn it
- Offers compassionate support without requiring abstinence as a precondition
- Focuses on keeping people who use drugs alive and protecting their health
- Recognizes that the use of drugs does not forfeit a person's right to health, quality care, and social services
- Honors the dignity and humanity of people who use drugs and treats them with respect accordingly
- Stands in stark contrast to the “war on drugs”- promotes compassion, education, and autonomy instead of judgment, punishment, and coercion

A photograph of a dandelion seed head (clock) set against a warm, orange and yellow sunset or sunrise sky. The seeds are backlit, creating a soft, glowing effect. A dark silhouette of a person's head and shoulders is visible in the bottom left corner.

Principles of Harm Reduction

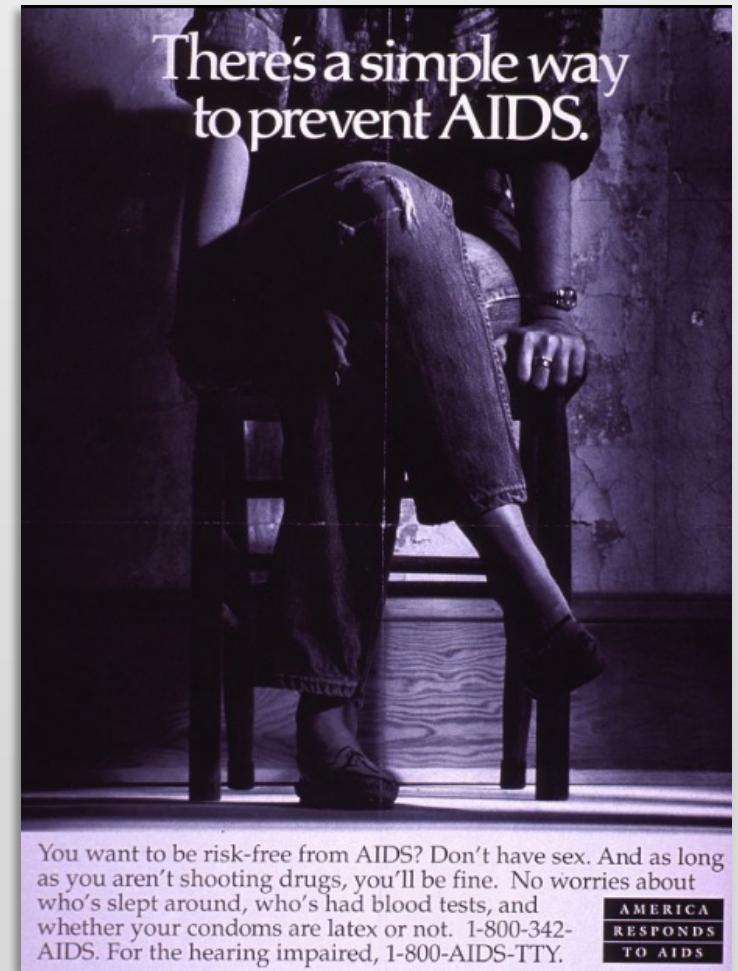
- Focuses on harm, not behavior
- Neither condemns or condones any behavior
- Offers a menu of practical options to minimize risk
- Attempts to meet clients where they are
- Sees client as the expert on themselves and the leader in the process
- Acknowledges recovery is a process and is nonlinear
- Defines success as ANY movement towards positive behavior change
- Provides non-judgmental, compassionate care
- Addresses individuals and risks holistically

History of Harm Reduction



History of Harm Reduction

- Begins with the HIV epidemic in the 1980s
- Initially education was believed to be key
 - “If you teach it, they will do it.”
- Used a “one size fits all” approach
 - Did not account for context of behavior, desire to make change, and barriers to doing so
- Morality tightly woven into the fabric of HIV prevention
 - Abstinence only approach; resistance to any interventions which appeared to condone drug use or sex
 - Stigma was rampant- the birth of “The 4-H Club”
 - Reduced urgency for interventions as they were viewed as “throw away” populations
 - People reluctant to get tested, seek services, and share their status



A large blue sign with the letters "CDC" in white, set against a background of vertical blue and white stripes. Below the letters, the text "CENTERS FOR DISEASE CONTROL AND PREVENTION" is written in blue, and "EDWARD R. ROYBAL CAMPUS" is written in blue below it.

CDC's “ABCs of HIV Prevention” (2008)

→ **A**bstain

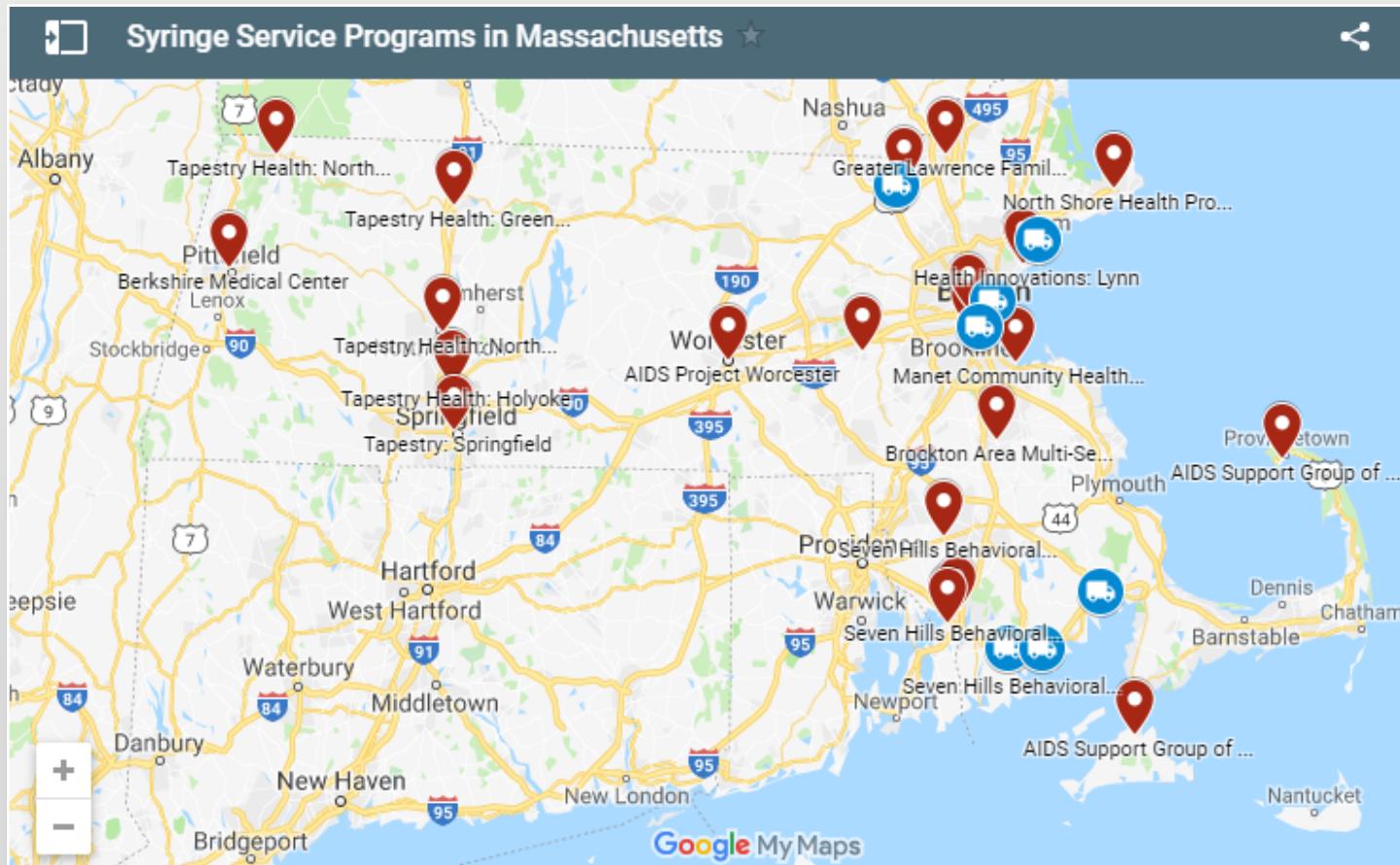
→ **B**e faithful in marriage,
and, when appropriate,
use

→ **C**ondoms

History of Harm Reduction

- Despite knowledge of transmission, HIV diagnoses continued to rise
- After hearing of success in Europe, illegal Syringe Services Programs (SSPs) begin to pop up in the NE
- The first legal SSP is established in Tacoma, Washington in 1988
- By the early 1990s, legal and illegal SSPs were started in major urban areas, primarily on the west and east coasts
- Today, the Centers for Disease Control (CDC) estimates that there are nearly 200 regulated SSPs in more than 36 states
 - Most are still concentrated in urban centers, where IV drug use tends to be highest and where politicians and communities are more willing to use them as a preventative tool

SSPs in Massachusetts



[Link](#)

Scientists, including those at the Centers for Disease Control and Prevention (CDC), have studied SSPs for more than 30 years and found that comprehensive SSPs benefit communities.



SSPs save lives by lowering the likelihood of deaths from overdoses.



Providing testing, counseling, and sterile injection supplies helps prevent outbreaks of other diseases. For example, SSPs are associated with a 50% decline in the risk of HIV transmission.



Users of SSPs were three times more likely to stop injecting drugs.



Law enforcement benefits from reduced risk of needlesticks, no increase in crime, and the ability to save lives by preventing overdoses.



When two similar cities were compared, the one with an SSP had 86% fewer syringes in places like parks and sidewalks.



Harm Reduction & the Opioid Epidemic



Harm Reduction & Opioid Use Disorder

- 2.1 million people in the U.S. currently have an opioid use disorder (OUD)
- 275,000 people in Massachusetts have an opioid use disorder
- Harm reduction reduces risks associated with OUD, including strategies for **injecting safely, reducing overdose, and preventing infectious diseases**



Harm Reduction: Injection practices



[Link to Video](#)

Harm Reduction: Crack Cocaine

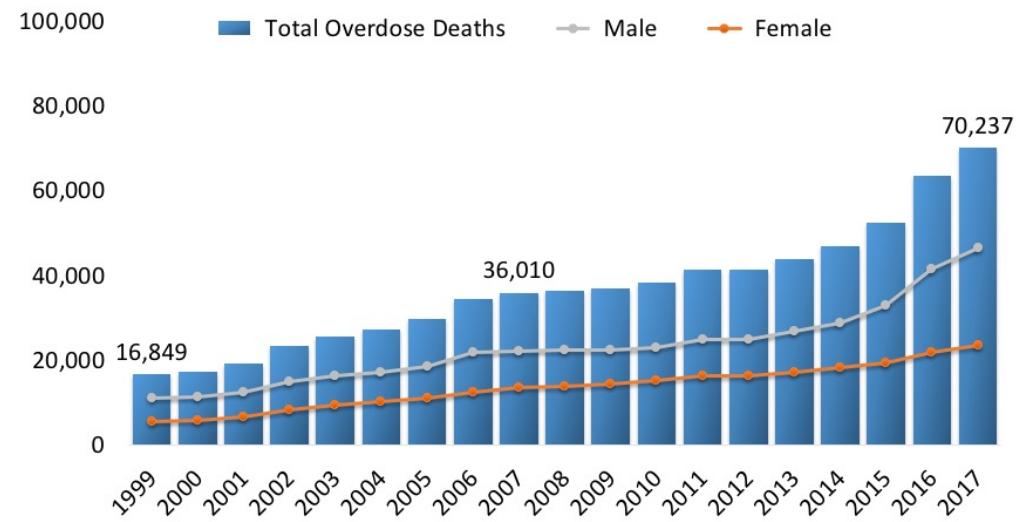
- Crack is a rock-like form of cocaine (which normally comes in a powder form)
 - Cocaine is a powerfully addictive stimulant made from the leaves of the coca plant native to South America
 - Triggers flood of dopamine which creates intense feelings of extreme happiness and energy
 - Crack was developed as a cheaper alternative to cocaine, which is expensive to buy on the streets
- Acids, such as lemon juice and vinegar, are used to transform the rock into a soluble form that can be heated & smoked or pulled into a hypodermic syringe for injection
 - The name “crack” derives from the crackling sound that is produced when the drug is heated



Harm Reduction: Opioid Overdoses

From 1999 to 2017, the overdose death rate more than quadrupled with over 700,000 deaths in the U.S.

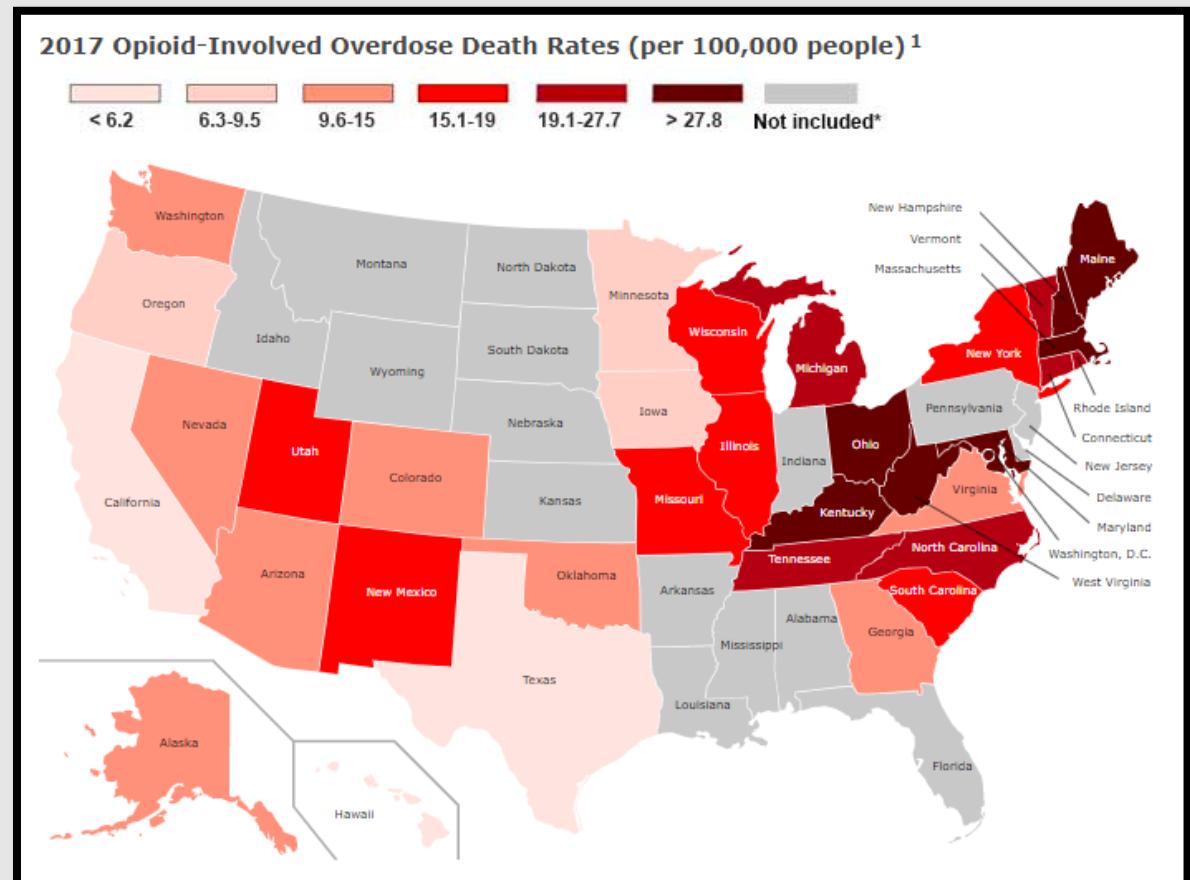
Figure 1. National Drug Overdose Deaths
Number Among All Ages, by Gender, 1999-2017



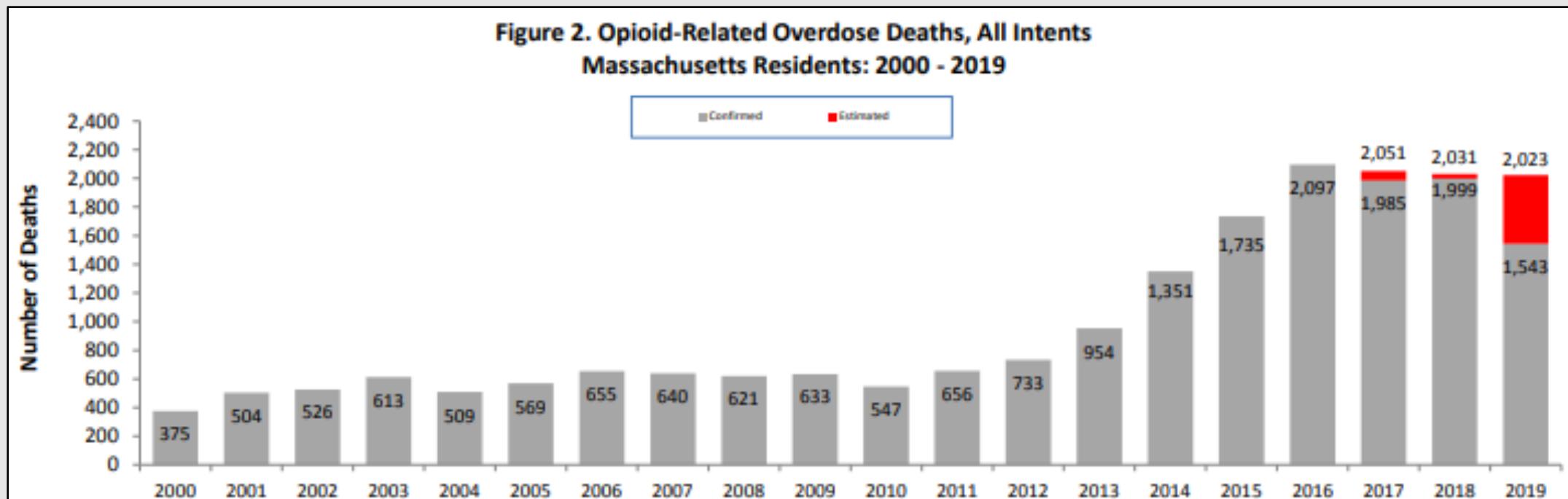
Source: : Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018

Opioid Overdoses

- Number one cause of accidental death in MA and the U.S.
- On average, 130 Americans die every day from an opioid overdose
- In MA, on average, 5 people die each day from an opioid overdose



Opioid Overdoses



MDPH, 2020



Overdose Harm Reduction Strategies

- Do not use drugs alone
- Reduce frequency and/or intensity of drug use
- Use a safer route of administration
- Go low and slow
- Use only one drug at a time
- Stay with same dealer
- Keep Naloxone nearby and visible
- Plan ahead

Opioid Overdose Resources

Overdose Education and Naloxone Distribution (OEND) Programs in Massachusetts

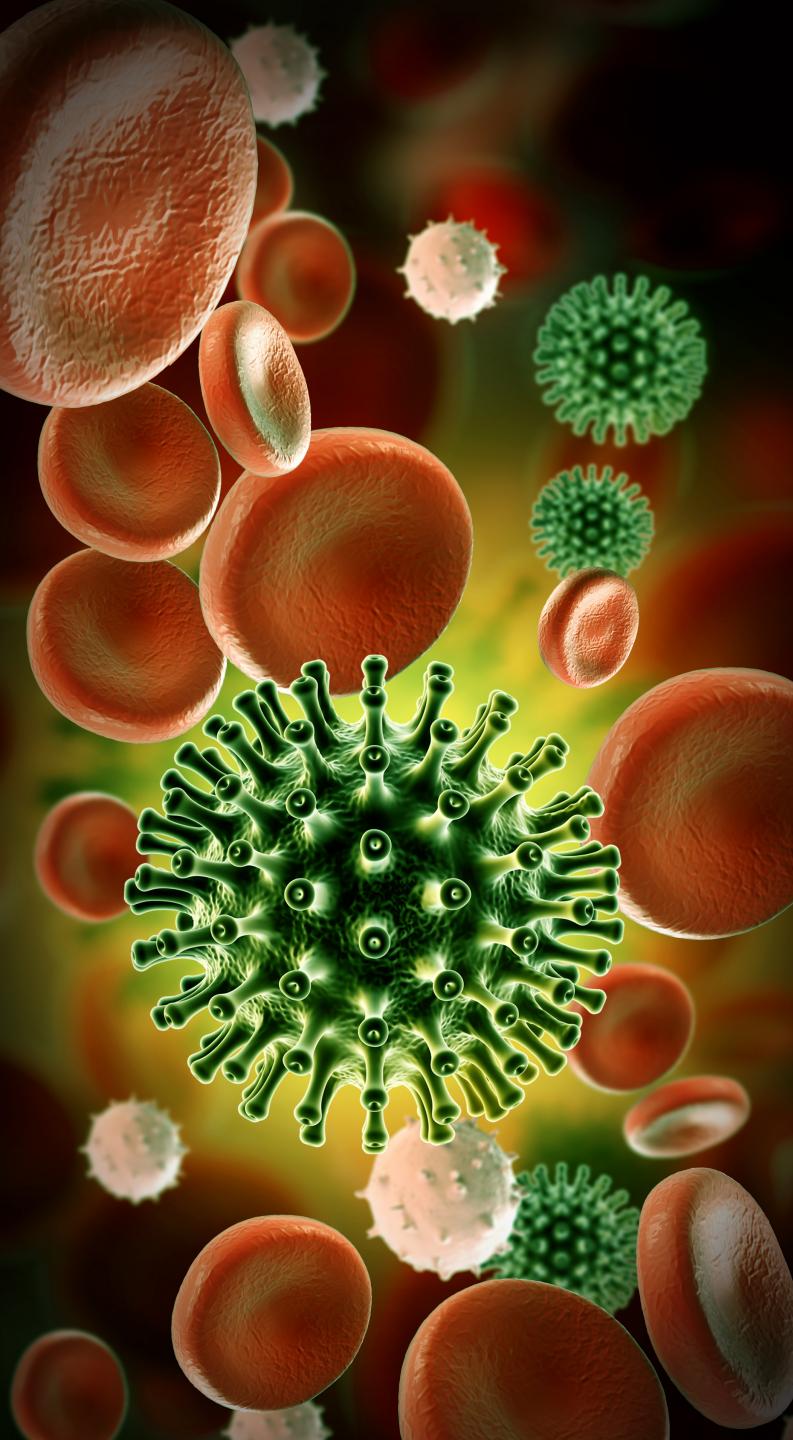
| Boston | Central | Northeast | Southeast | Western |
|---|--|---|---|--|
| ACCESS, Drug User Health Program <i>Fenway Health</i> 617-599-0246 Serving Boston, Cambridge, Somerville, and surrounding towns | AIDS Project Worcester 508-755-3773 Serving Worcester County | Greater Lawrence Family Health Center 978-989-4533 Serving Lawrence and Essex County | AIDS Support Group of Cape Cod Hyannis: 508-778-1954 Martha's Vineyard: 508-487-9445 Provincetown: 508-487-8311 Serving the Cape and the Islands | Healthy Steps <i>Berkshire Medical Center</i> 413-447-2654 Serving Pittsfield |
| AHOPE <i>Boston Public Health Commission</i> 617-534-3976 Serving Boston | Metro West Manet Community Health Center 857-939-4108 Serving Braintree, Hull, Quincy, and Weymouth | Healthy Streets <i>Health Innovations</i> 339-440-5633 Serving Beverly, Chelsea, Lowell, Lynn, Peabody, Salem, and Saugus | The COPE Center <i>Brockton Area Multi-Services, Inc.</i> 508-583-3405 Serving Brockton and Plymouth | Holyoke Community Health Center 413-420-2255 Serving Holyoke |
| Drug User Health Project <i>Victory Programs</i> 617-927-0836 Serving Boston | | Lowell Community Health Center 978-221-6767 Serving Lowell | Project Aware <i>SSTAR</i> 508-324-3561 Serving Fall River | New North Citizen's Council 413-746-4885 Serving Springfield |
| North Suffolk Mental Health 617-912-7554 Serving Revere | Program RISE <i>Justice Resource Institute</i> 508-935-2960 Serving Ashland, Framingham, Natick, Westborough and surrounding towns | Lowell House 978-459-8656 Serving Lowell | Seven Hills Behavioral Health New Bedford: 508-996-0546 Fall River: 508-235-1012 Taunton: 508-967-7170 Serving the South Coast | Tapestry Health Greenfield: 413-475-3377 Holyoke: 413-315-3732 North Adams: 413-398-5603 Northampton: 413-586-0310 Springfield: 413-363-9472 Serving Western MA |

Infectious Diseases

Hepatitis C Virus (HCV):

- Hepatitis C is a viral infection that causes liver inflammation
- Spreads through contaminated blood
 - Most common blood-born infection in the U.S. and MA
- Left untreated it can lead to cirrhosis of the liver, liver cancer, and death
- In MA, HCV increased 1133% between 2011 and 2015 (CDC, 2015)
- There is a cure for HCV, but many don't access it



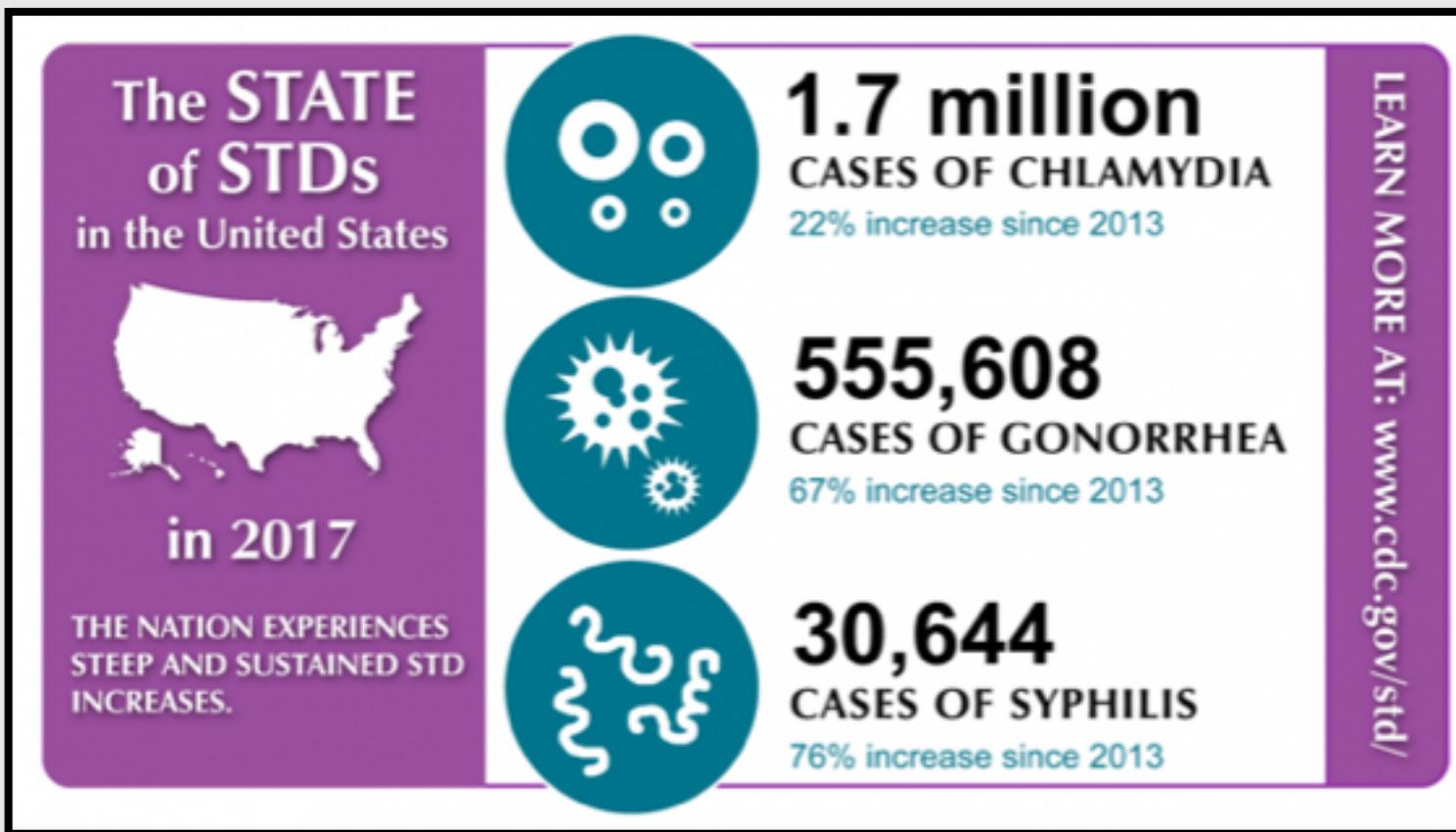


Infectious Diseases

HIV and AIDS:

- Virus which destroys the immune system and the body's ability to fight infection and other diseases
- Spread by contaminated bodily fluids primarily through sex or IV drug use.
- In MA, new HIV diagnoses more than doubled from 2014 to 2016
- No cure currently, but with proper care it can be managed

Infectious Diseases



- Sexually transmitted Diseases (STDs) continue to be on the rise
- STDs are caused by bacteria, parasites, yeast, and viruses
- There are more than 20 types of STDs
- In Mass, between 2010 to 2017:
 - Chlamydia increased by 38%
 - Syphilis increased by 56%
 - Gonorrhea increased by 329%

Infectious Diseases Harm Reduction Strategies

- Using new/clean needles and syringes
 - If using/sharing with others, use first or early in line
- Pre & Post Exposure Prophylaxis (PrEP & PEP)
- Using condoms or other barriers
- Participating in lower-risk sexual behaviors
- Being monogamous or limiting number of partners
- Lube!!!
- Prepare for spontaneity
- Getting tested/knowing status/adhering to meds



A Menu of Options...



Appetizers

KISSING (sucking face, necking, smooching)

Kissing..... No Risk

FELLATIO (giving/getting head, blow job, sucking off)

Receiving No Real Risk

Giving Low Risk

CUNNILINGUS (eating out, diving, going down)

Receiving No Real Risk

Giving Low Risk

ANALINGUS (rimming, tossing salad, eating out)

Receiving Low Risk

Giving No Real Risk

Analingus may carry risk for Hepatitis A

These dishes are also available a la mode (with a condom). Using a condom substantially reduces the risk of infection if you are giving or receiving. Using a water-based lubricant is also a great way to increase stimulation and decrease risks.



Finger Foods

DIGITAL/MANUAL INTERCOURSE (anal or vaginal)

Receiving No Real Risk

Giving No Real Risk

SEX TOYS (vibrators, dildos etc)

Unshared..... No Risk

Shared, with a new condom No Real Risk

Shared, disinfected and rinsed No Real Risk

Shared Low Risk



Hors d'Oeuvres

SCATOPHILIA (Scat, Poop play, brown)

Onto the body (on unbroken skin) No Risk

Into the body No Real Risk

UROLAGNIA (urinating, golden showers, watersports)

Onto the body No Risk

Into the body No Real Risk



Entrees

VAGINAL INTERCOURSE (Getting laid, screwing, making love)

With a condom Low Risk

Without a condom High Risk

ANAL INTERCOURSE (anal, screwing, getting laid, making love)

With a condom Low Risk

Without a condom High Risk

Use of condoms with Nonoxytol-9 (a chemical that kills sperms and prevents pregnancy) is considered risky because the harsh chemicals in it can damage the lining of the vagina or rectum and provide a transmission route for HIV.

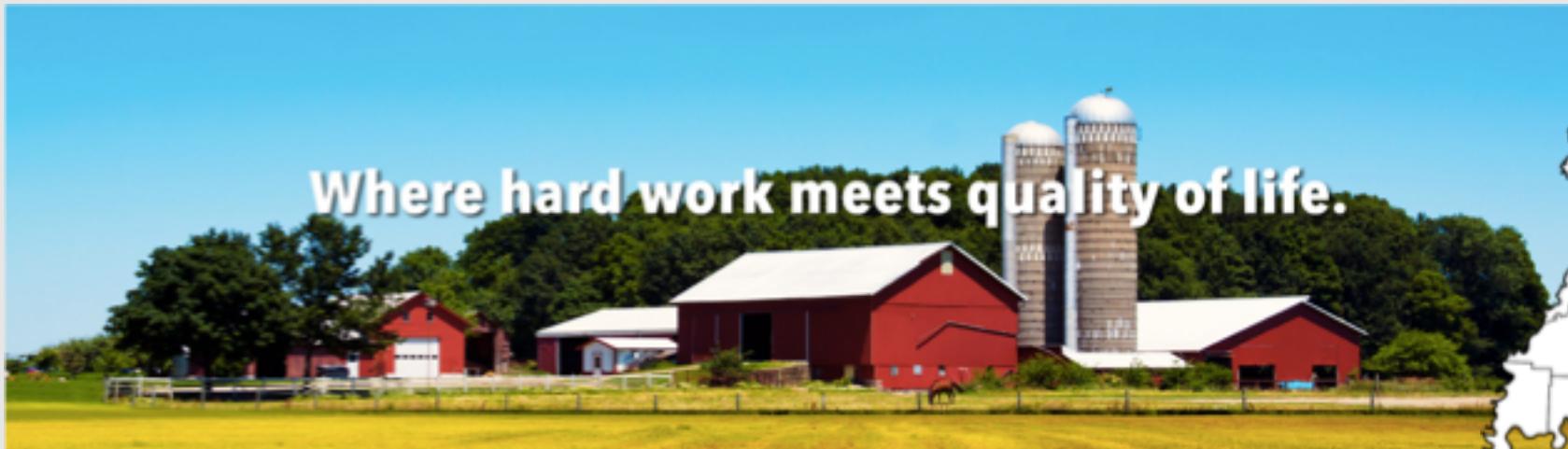


Chef's Specials

All of the best establishments suggest you always bring your own condom-ents. For a special taste sensation, try flavored, water-based lubricants and flavored latex condoms. They are just as safe and won't leave you with a bad taste in your mouth.

The Case for Harm Reduction: Scott Co, IN

“At the Crossroads of America sits a shining example of Midwestern opportunity. Discover the advantages of Scott County, Indiana.”



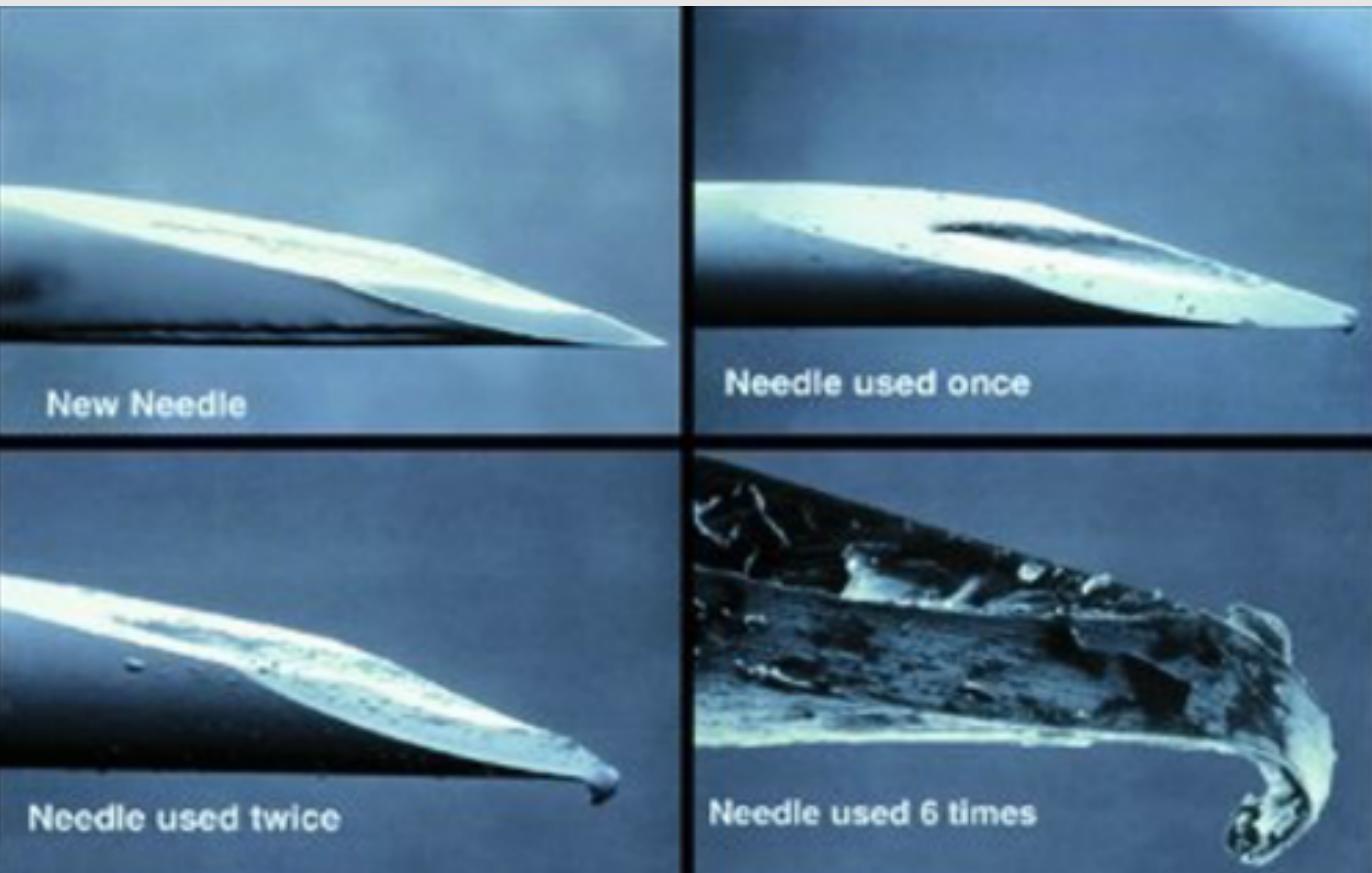
Scott County, Indiana

- In 2015, it saw rural America's largest drug-fueled HIV outbreak
 - From 2004 to 2014 Scott County had a total of 8 new HIV diagnosis
 - By the end of 2015, there were 180
 - As of October 2017 over 220 confirmed cases of HIV, 80% co-infected with HCV
- Most people began their opiate use via legal prescriptions and pill mills
- Opana is drug of choice in Scott Co.
 - When pills are swallowed, they release their painkilling ingredient over 12 hours; if crushed and snorted, the drug is released in a single dose
- Manufacturer changed formulas to be crush-resistant in an attempt to deter abuse, but it forced people to start injecting it
- Because of a state-wide ban on syringe exchange, people re-using and sharing syringes due to lack of access

Needle Reuse

New

1 Use



2 Uses

6 Uses

Scott County, Indiana

- Gov. called the CDC for help with the outbreak, and was directed to lift the ban on syringe exchange
 - Only lifted the ban on syringe exchange for Scott County
 - State ban remains in IN and SSPs can only open once a local “outbreak/epidemic is declared”
- Experts saying the epidemic has leveled off, but huge burden on systems of care remain
- CDC investigators have also indicated that 220 other counties in the United States are at risk of HIV and HCV outbreaks
 - In 2018, Mass saw outbreaks in Lawrence and Lowell



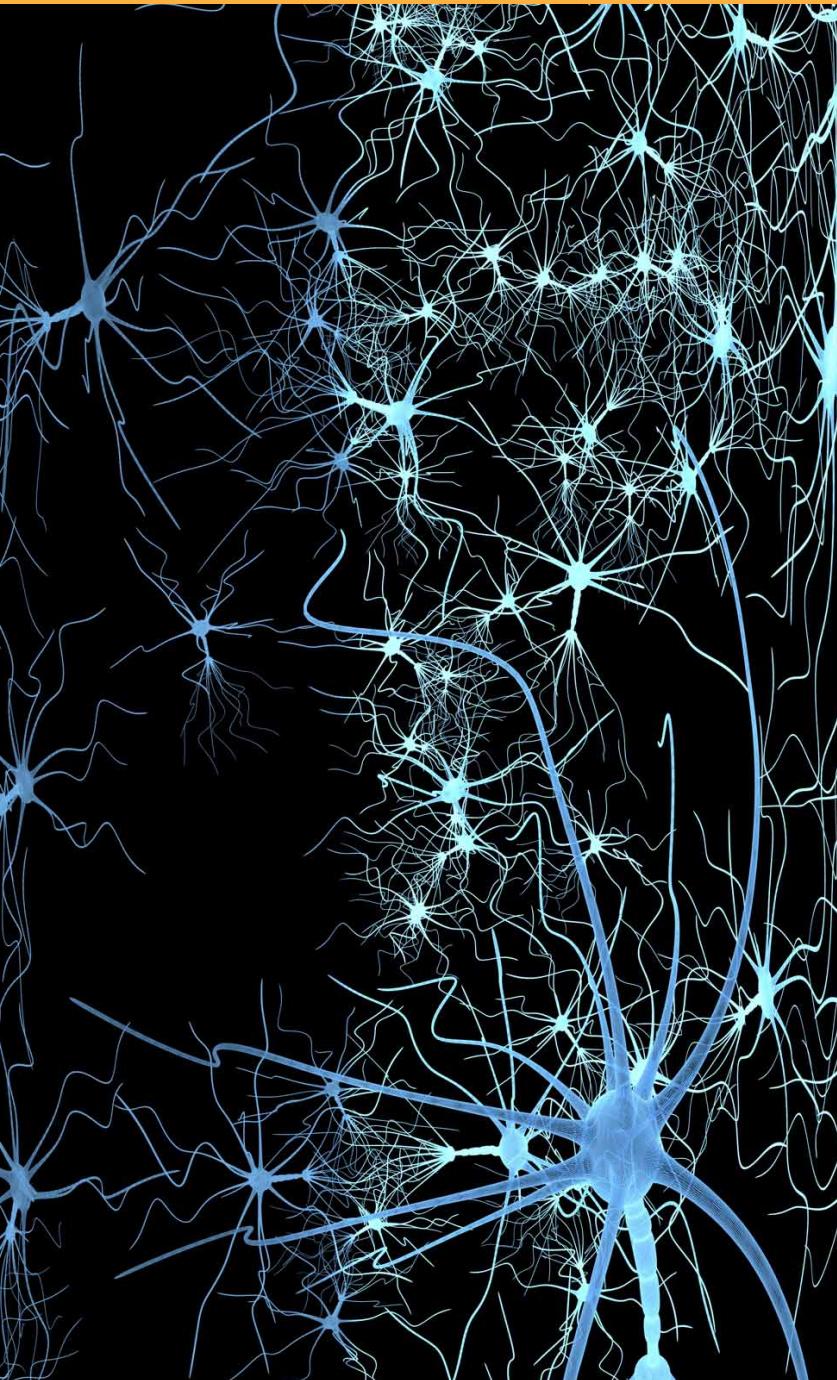
Meet Your Praxis Client

In groups, review your Praxis client and
discuss your initial impressions



Substance Use Disorder





Substance Use Disorder

Substance Use Disorder is diagnosed when a person experiences the following criteria in their substance use:

- Impaired control
- Impaired social functioning
- Increased risk behaviors
- Pharmacological changes (dependence and tolerance)

DSM-5, 2013

Substance Use Disorder

Risk Factors for SUD include:

- Genetics
 - It is estimated that up to 60 percent of an individual's vulnerability to addiction is attributable to genetics
- Early Exposure
 - Research shows drug and alcohol use early in life to be a risk factor for substance abuse problems in later life
- Environmental Factors
 - Environmental factors which can impact substance use may include socio-economic status, peer group, stressors, and substance accessibility
- Trauma
 - People who experience physical and/or emotional trauma are at greater risk for SUDs

Harm Reduction: Trauma

“Trauma is when we have encountered an out of control, frightening experience that has disconnected us from all sense of resourcefulness or safety or coping or love.”

Tara Brach, 2011

Trauma impacts how one sees one's self, sees another, and sees the world

Harm Reduction: Trauma

How might survivors you know complete these sentences?

- *The world is...*
- *They always think I...*
- *I will never be...*
- *Because of me...*
- *I am...*



Trauma is a Thief

It steals...

a sense of safety; trust; belief in the goodness of self, other people and world; self-regulation, inner calm, feeling of centeredness; ability to problem-solve; ability to respond vs. react; control, autonomy, empowerment; confidence; health/protective factors; self-esteem, connection to one's own body...



Harm Reduction: Trauma

Traumatic events overwhelm the ordinary systems that give people a sense of control, connection, and meaning

ACE Study

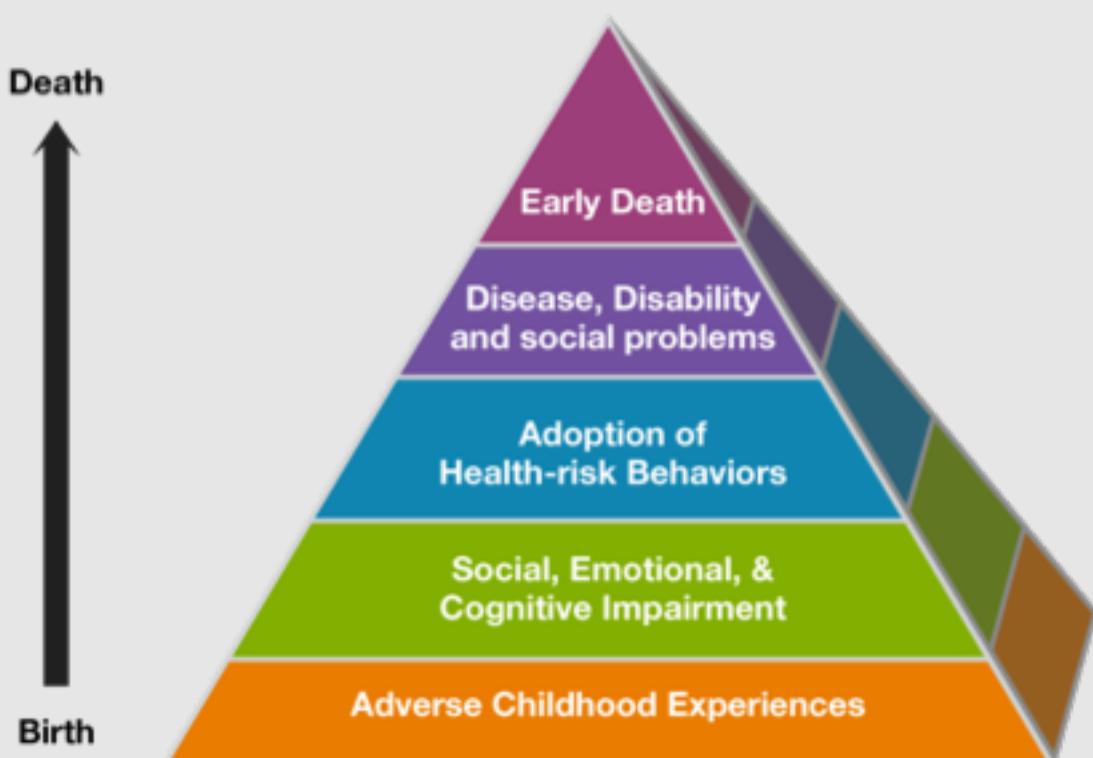
- Adverse Childhood Experiences
- Ongoing study which began in the mid-1990s as a collaboration between the CDC and Kaiser Permanente HMO in California
- Found correlation between trauma and poor health outcomes in later life
 - People with SMI & SUD die on average 25 years earlier than the general pop.

ACEs are measured by experiences in 10 categories of potential trauma:

ACE Categories

- Verbal Abuse
- Physical Abuse
- Sexual Abuse
- Physical Neglect
- Emotional Neglect
- Divorce/Death/Loss of a family member
- Incarceration of a parent/household member
- Substance abuse by a parent/household member
- Mental Illness in a parent/household member
- Domestic violence in the home

Harm Reduction: Trauma



People who have an ACE score of 4 or higher are:

- 242% more likely to smoke
- 222% more likely to be obese
- 298% more likely to contract an STD
- 443% more likely to become addicted to illicit drugs
- 555% more likely to develop alcohol use disorder
- 1220% more likely to attempt suicide

Harm Reduction: Trauma

- What we perceive to be bad habits or coping skills are actually survival skills (to numb and avoid)
- Most behaviors are adaptations and rooted in the history of a person's experiences
- Attempting to stop a bad habit without addressing the underlying causes or replacing it with healthier coping skills will set a person up for failure
- Understanding trauma and its impacts is essential for providing effective interventions



Substance Use Disorder

Protective Factors

- Protective factors are elements that decrease the likelihood for development of a substance use disorder (they protect the individual)
- They mitigate the effects of risk factors to reduce vulnerability and enhance individual resiliency
- They are experienced on an individual, family, and community level

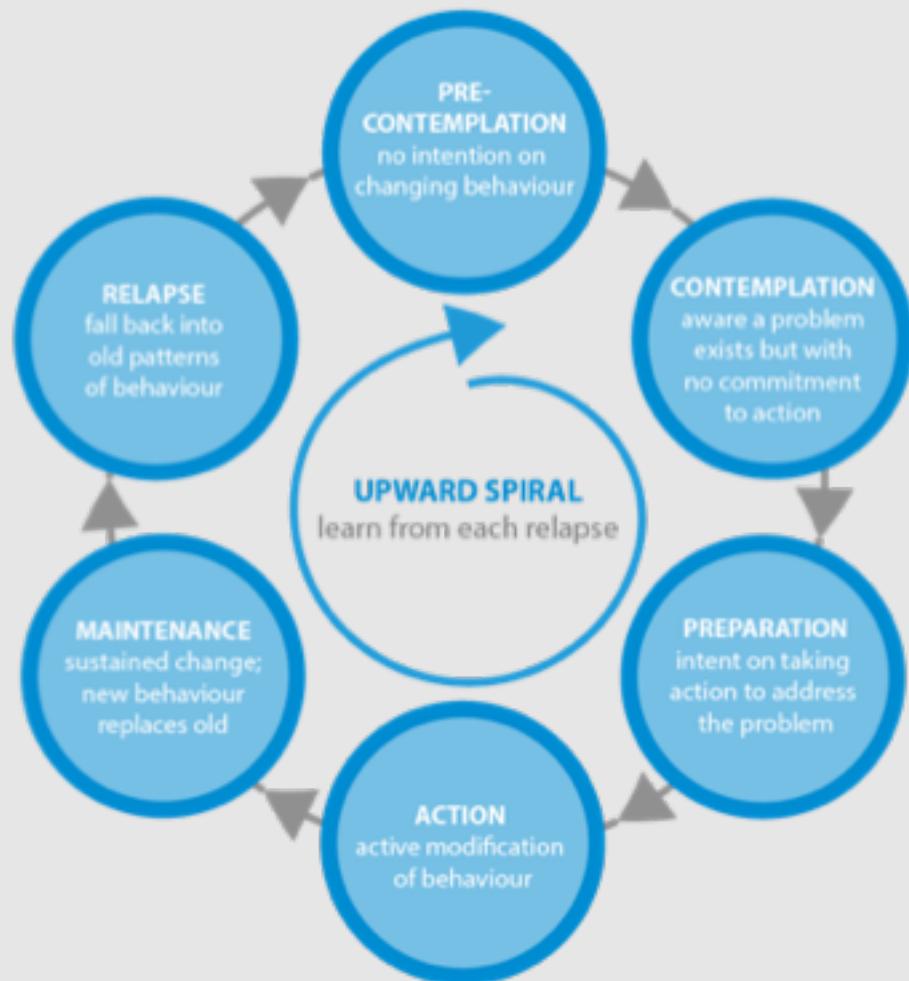
| Domain | Protective Factors |
|------------|---|
| Individual | Good coping skills, high self-esteem, academic success, positive peer relationships |
| Family | Supportive parenting, good boundaries & clear expectations, stability |
| Community | Safety, prosocial engagement opportunities, economic security |

Meet Your Praxis Client

What risk factors and protective factors
can you identify?



Stages of Change



Harm reduction allows us a safe interaction to promote intrinsic motivation for change

- The Stages of Change model sees change as a process over time
 - Before this model, behavior change had been seen as an “event” such as “quitting smoking” or “stopping drinking”
- Acknowledges relapse as a normal, though not inevitable, part of the process
- Allows interventions to be tailored to a person’s current stage of change
 - Helps providers to meet clients “where they’re at”
- How do we help a person to transition to a new stage?

Motivational Interviewing

- Motivational Interviewing is a method of interacting with someone which helps them to find their own internal motivation for change
- Radically client centered
- Can be used by all treatment team members

“They say you can lead a horse to water but you can’t make him drink. I say you can salt the oats.”

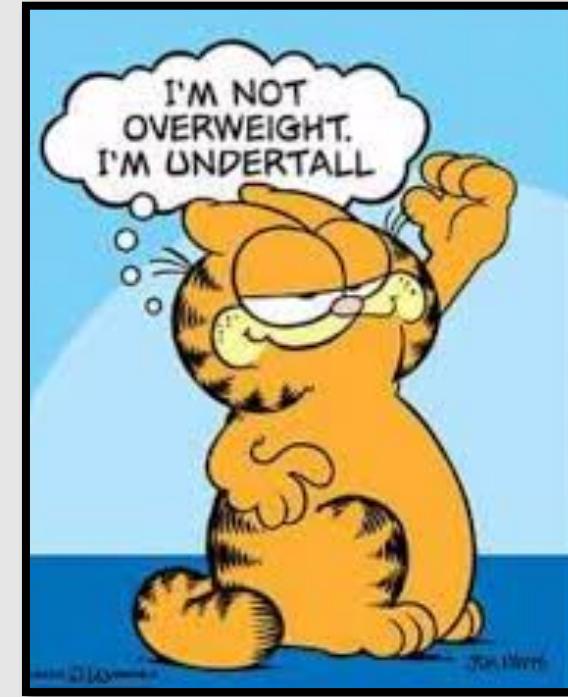
~ Madeline Hunter



Motivational Interviewing

Principles:

- Express Empathy
 - Conveys acceptance and builds rapport and trust
- Develop discrepancy
 - How does their behavior conflict with their goals?
- Avoid argument and direct confrontation
 - Avoids power struggles and defensiveness
- Roll with resistance
 - Reframe or shift directions
- Support Self-efficacy
 - The more a person believes in their ability to change the more likely they will



Motivational Interviewing

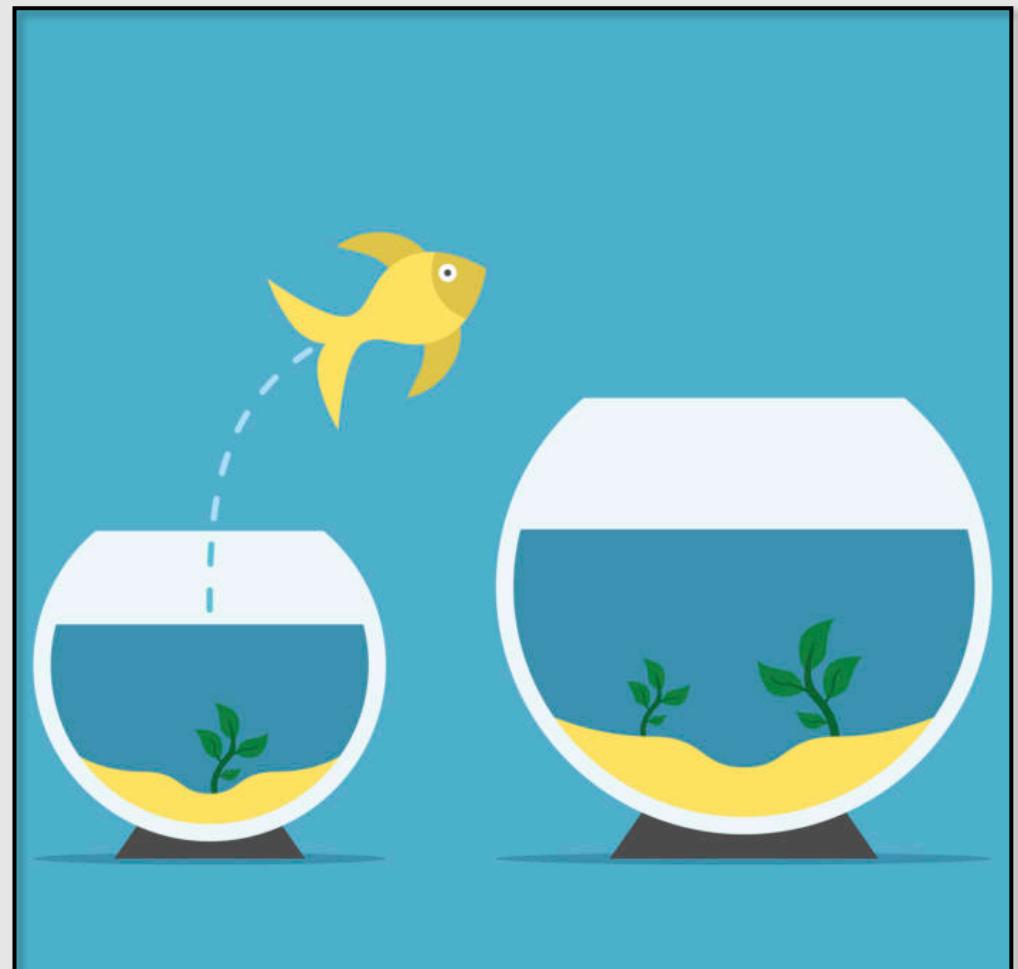
The Spirit of MI (PACE)

- **Partnership**
 - Coming alongside someone and facing their future together
 - Dancing rather than wrestling
 - Asking how can I support you in this process?
- **Acceptance**
 - Consistent positive regard
 - Supports autonomy and freedom of choice
- **Compassion**
 - “We seek a compassion that can stand in awe at what people have to carry rather than stand in judgment about how they carry it.”-Fr. Greg Boyle, author
- **Evocation**
 - Eliciting the person’s own knowledge, wisdom, strengths, and motivation
 - “You already have what you need, and together we will find it.”

Motivational Interviewing

Techniques:

- Seek permission
- O.A.R.S.
 - Open-ended Questions
 - Affirmation
 - Reflective listening
 - Summarizing
- Scaled questions



Meet Your Praxis Client

What stage of change are they in? What strategies would use when working with them?



Harm Reduction in Action



[Link to Video](#)



Discussion Questions:

- Which principles or strategies do you or your organization already use?
- Which principles or strategies do you think you or your organization could additionally incorporate?
- Do you perceive any barriers?
- Additional questions or comments?

A wide-angle photograph of the Boston skyline at dusk. The sky is a deep purple and pink. In the foreground, the Zakim Bridge is illuminated with red and blue lights. To the left, the Prudential Tower is visible. On the right, the John Hancock Tower and other skyscrapers are silhouetted against the colorful sky.

Thank You!

To access these slides, please visit us at
C4Innovates.com

