

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 1.5 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 of yourself

Agenda

- Philosophy and principles of harm reduction
- History of harm reduction
- Benefits of harm reduction approaches for clients and communities
- Risks of substance use disorders and corresponding harm reduction strategies
- Harm reduction strategies and readiness for change

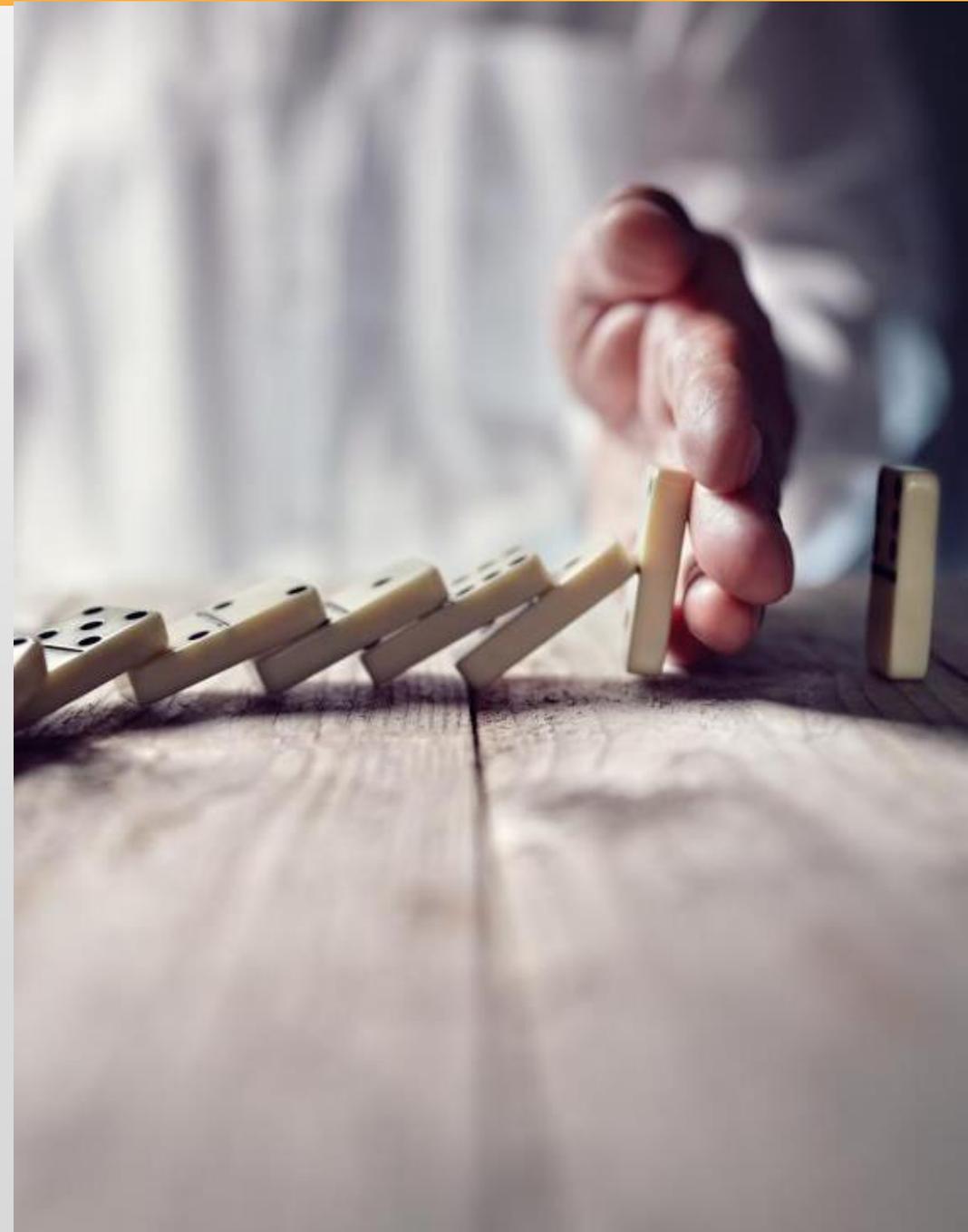


Harm Reduction 101



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

EXAMPLES OF HARM REDUCTION



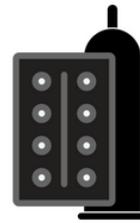
SUN
SCREEN



SEAT
BELTS



SPEED
LIMITS



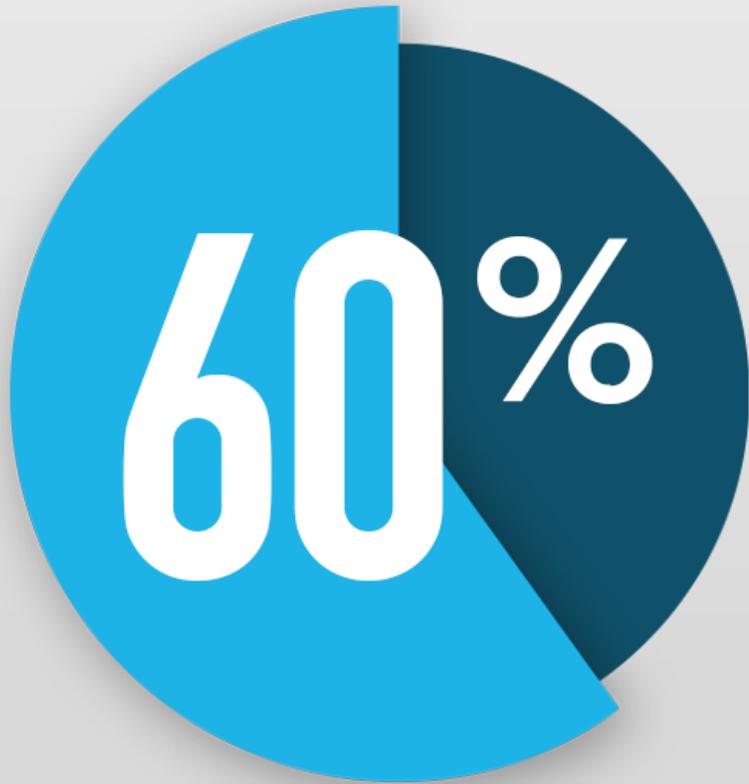
BIRTH
CONTROL



CIGARETTE
FILTERS

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

Why Harm Reduction?



- It gives us a framework to effectively engage clients into treatment and support them as they move towards recovery
- It also provides strategies to protect our clients should relapses occur
 - 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
- Abstinence only/Punishment doesn't work
 - 83% of people incarcerated in the U.S. are re-arrested within 9 years of their release ([U.S.J.D., 2018](#))



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 pre-condition
- 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

The War on Drugs

- War on Drugs was a largely unsuccessful campaign to end drug use in the U.S.
- Started with the Nixon administration when he declared drug abuse as “enemy number one”
- Contributed to mass incarceration rates
 - People incarcerated for nonviolent drug offenses went from 25,000 in 1980 to 400,000 in 1997
 - U.S. continues to have the highest incarceration rate in the world at 665 people per 100,000
 - Currently 2.2 million people are incarcerated in the U.S. ([Bureau of Justice Statistics, 2018](#))
 - Disproportionately impacted people of color



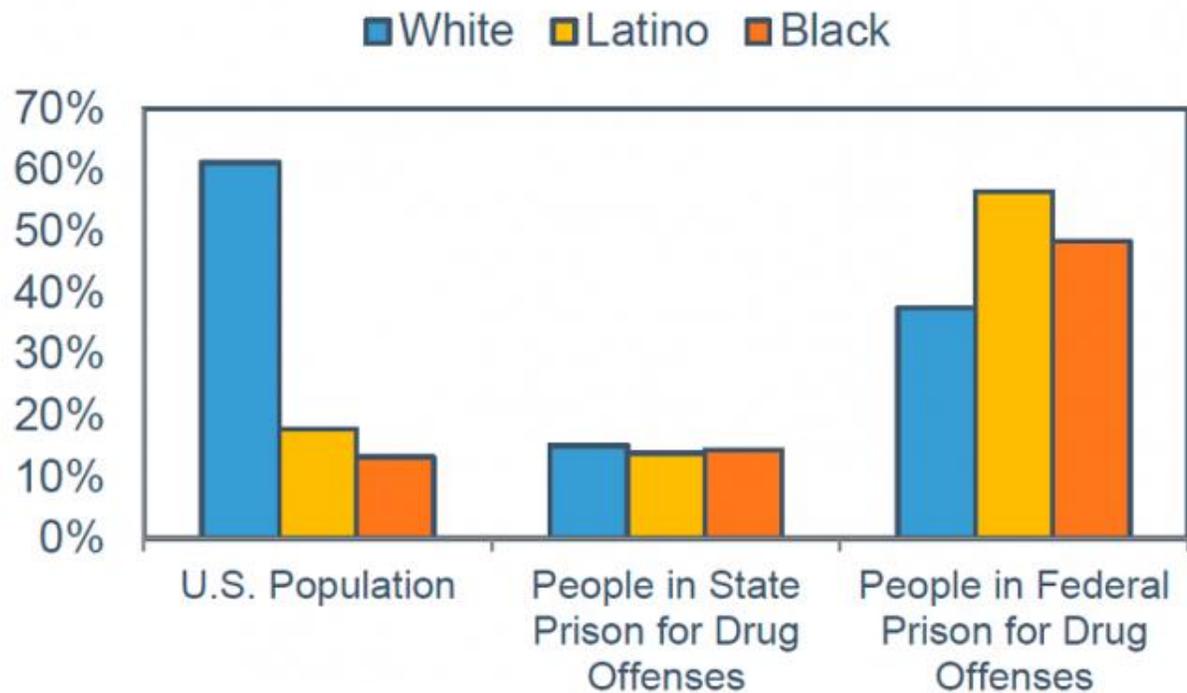
**THIS IS A
BRAIN ON
DRUGS.**



D.A.R.E.
**TO KEEP KIDS
OFF DRUGS.**

The War on Drugs

Disproportionate Impact of Drug Laws on Black and Latino Communities

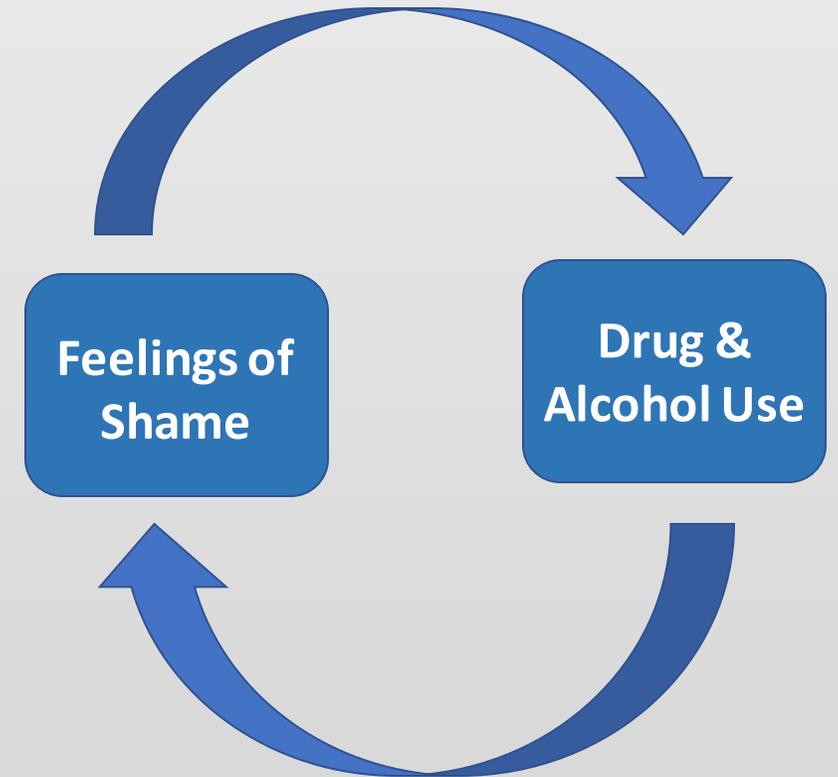


Sources: U.S. Census Bureau; Bureau of Justice Statistics

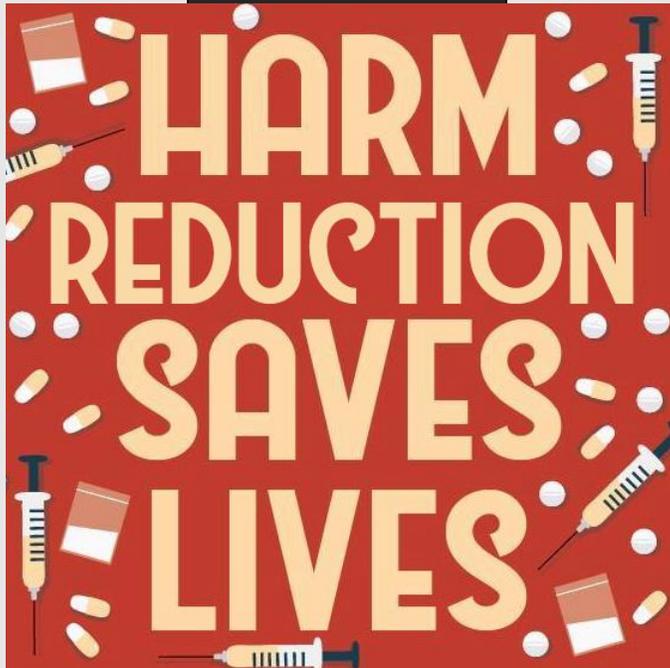
- Historical discrimination and trauma sustained by communities of color has led to a wide mistrust of health care, social services, and justice systems
- People of color (PoC) may be reluctant to share substance misuse for fear of punishment
- PoC seek treatment at lower rates than their white counterparts
- How can programs be more inclusive and what strategies can they use in their services to engage, retain, and support Black and Brown persons?

Harm Reduction: Trauma

- Individuals with a deep sense of shame are linked to higher rates of substance use which often starts as a form of self-medication
- However, the use of alcohol and drugs (or other addictions) creates further feelings of shame, creating a downward spiral
- Providing non-judgmental compassionate care works to reduce resistance and break the cycle of shame



Principles of Harm Reduction



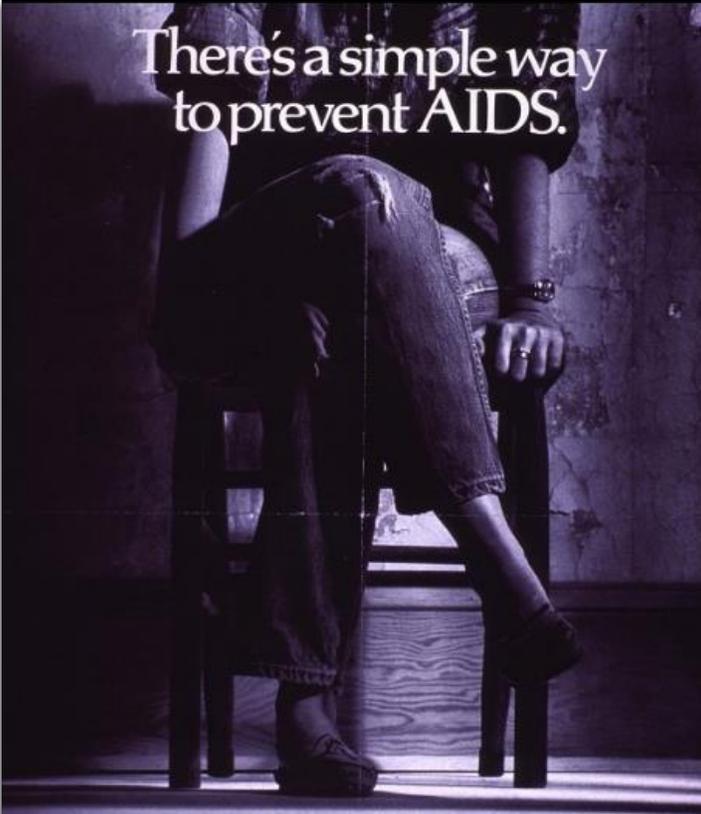
- Focuses on harm, not behavior
- Attempts to meet clients where they are
- Provides non-judgmental, compassionate care and consistent positive regard
- Offers a menu of practical options to minimize risk
- Sees client as the expert on themselves and the leader in the process
- Defines success as ANY movement towards positive behavior change
- Addresses individuals and risks holistically
- Recognizes that people are doing the best they know how
- Acknowledges recovery is a process and is nonlinear



THE RECOVERY PROCESS

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 HIV prevention
 - Stigma was rampant- the birth of “The 4-H Club”
 - Reduced urgency for interventions as they were viewed as “throw away” populations
 - Abstinence only approach; resistance to any interventions which appeared to condone drug use or sex



There's a simple way to prevent AIDS.

You want to be risk-free from AIDS? Don't have sex. And as long as you aren't shooting drugs, you'll be fine. No worries about who's slept around, who's had blood tests, and whether your condoms are latex or not. 1-800-342-AIDS. For the hearing impaired, 1-800-AIDS-TTY.

AMERICA
RESPONDS
TO AIDS



CDC

CENTERS FOR DISEASE
CONTROL AND PREVENTION

EDWARD R. ROYBAL
CAMPUS

CDC's "ABCs of HIV Prevention" (2008)



Abstain



Be faithful in marriage,
and, when appropriate,
use

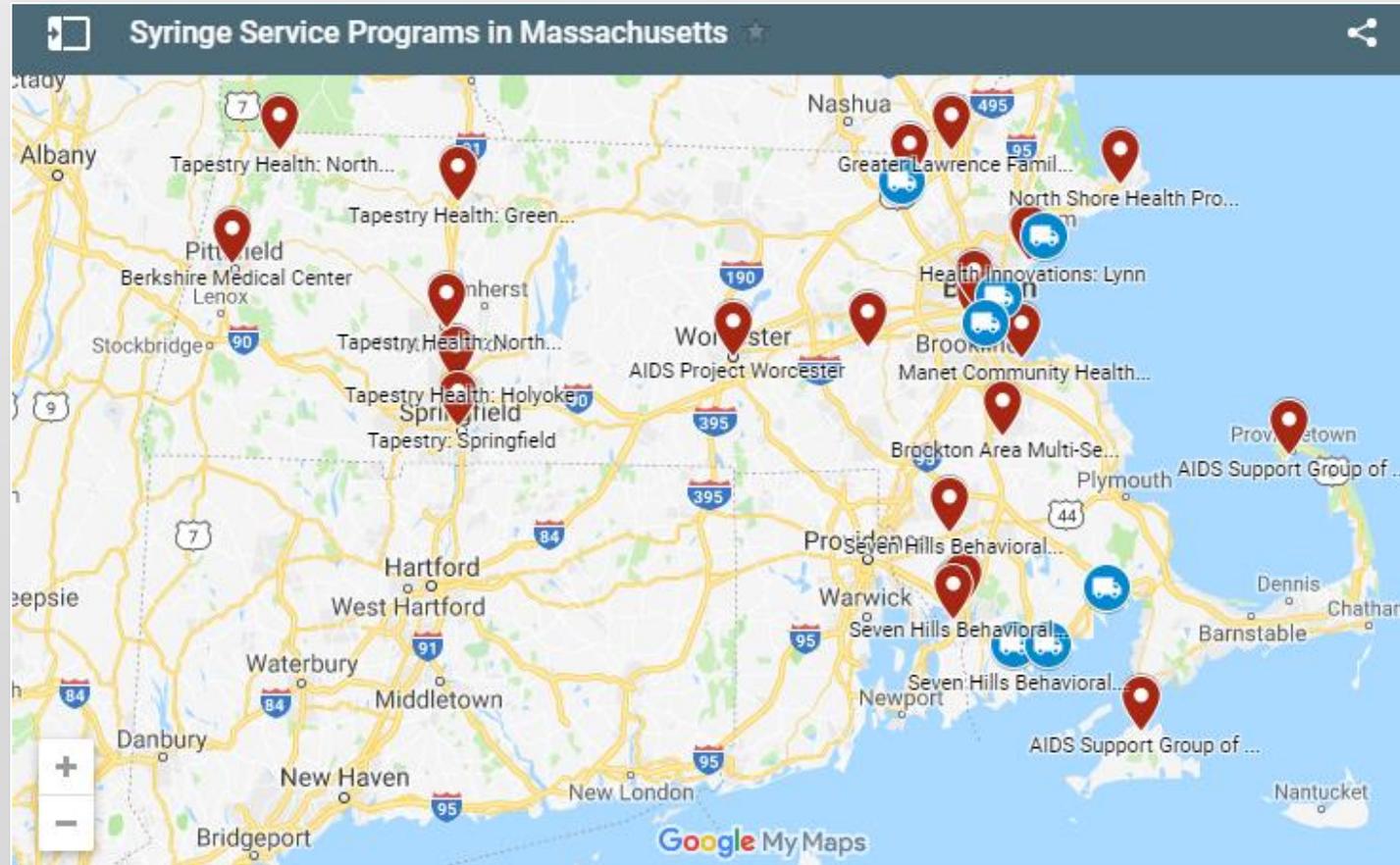


Condoms

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 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



Syringe Service Programs

- SSPs provides supplies, education, and referrals to ensure that those who use drugs have the information and resources to use in the safest possible way
- Services usually include:
 - Free, legal, and anonymous needle exchange and risk reduction supplies (including cookers, cotton, sterile water, condoms, etc.)
 - Overdose prevention education and Narcan training
 - Risk reduction counseling
 - Safer injection education
 - Referrals to all levels of substance use treatment
 - Free STI testing and referrals to treatment
 - Referrals to medical care
 - Referrals for legal, housing, and other support services



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.



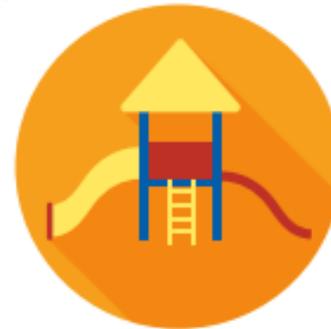
Providing testing, counseling, and sterile injection supplies helps prevent outbreaks of other diseases. For example, SSPs are associated with a **50% decline** in the risk of HIV transmission.



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.



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.”



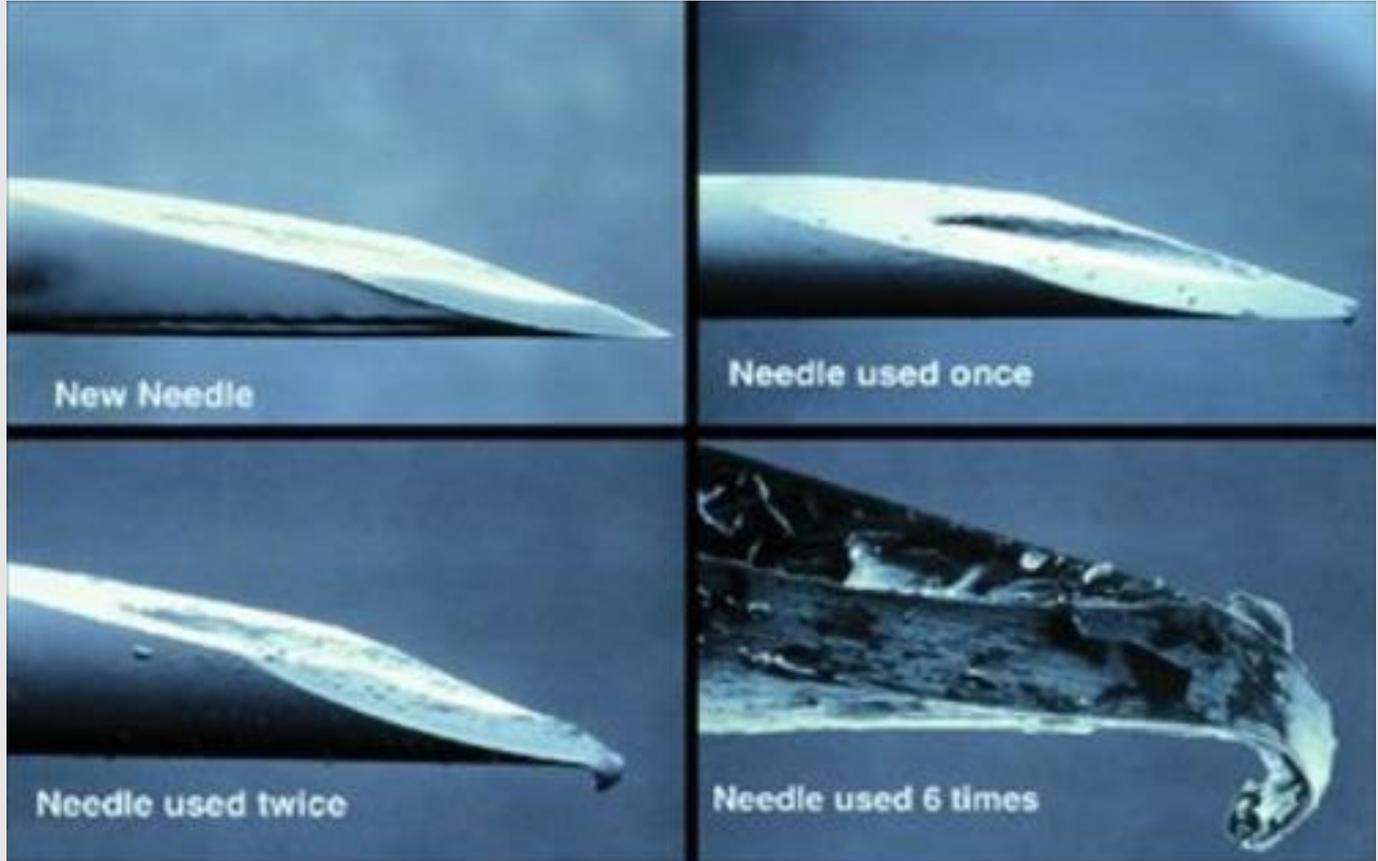
Scott County, Indiana

- 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



Harm Reduction & the Opioid Use Disorder



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**
 - **Preventing infectious diseases**



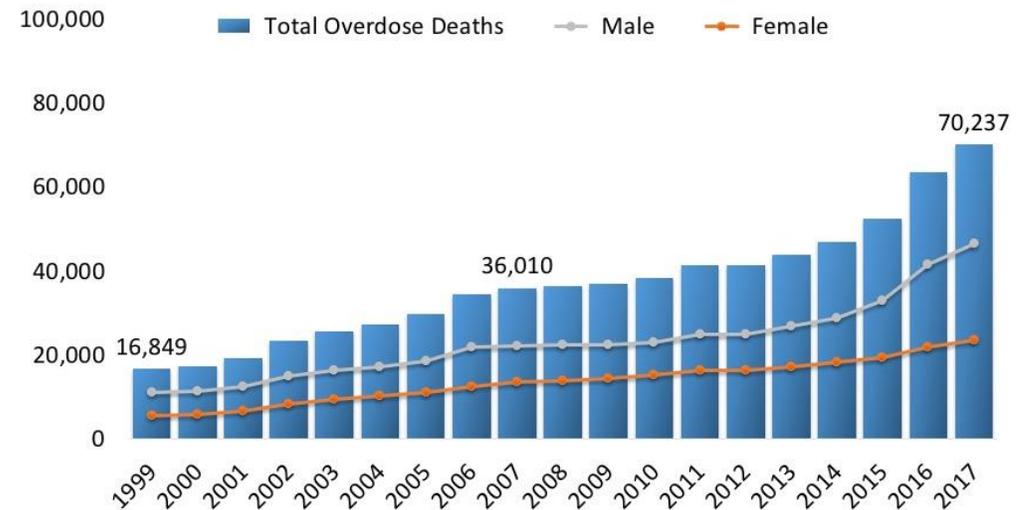
Harm Reduction: Injection practices



Harm Reduction: Opioid Overdoses

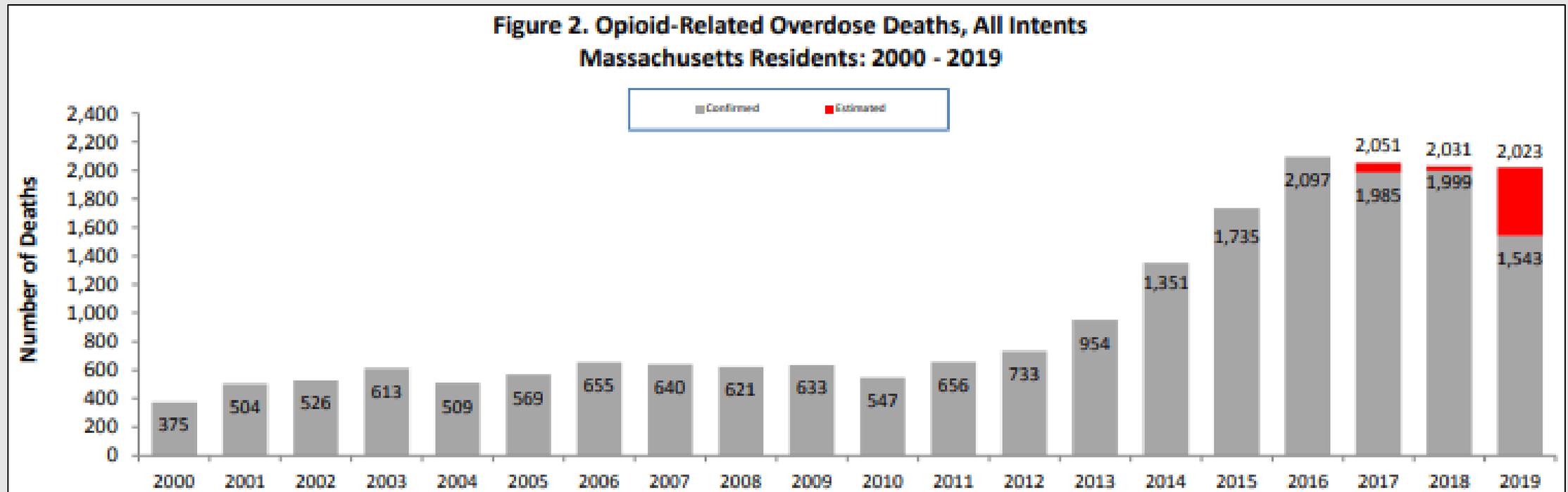
From 1999 to 2017, the overdose death rate more than quadrupled with over 700,000 deaths in the U.S.

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



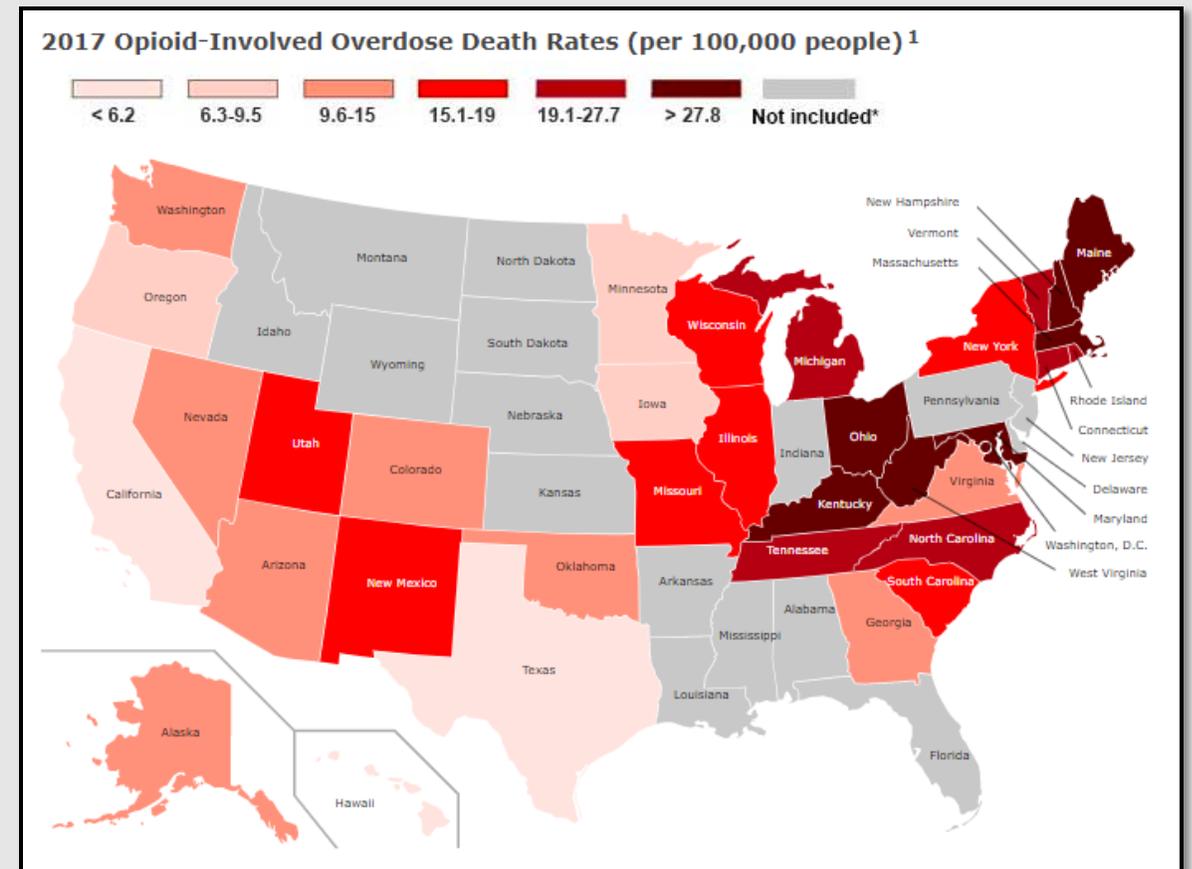
Source: : Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018

Harm Reduction: Opioid Overdoses



Opioid Overdoses

- Opioid overdoses are:
 - The number one cause of accidental death in MA and the U.S.
 - The leading cause of death of people under 45
- On average, 190 Americans die every day from an opioid overdose
- In MA, on average, 5 people die each day from an opioid overdose





Overdose Harm Reduction Strategies

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

Overdose Education and Naloxone Distribution (OEND) Programs in Massachusetts

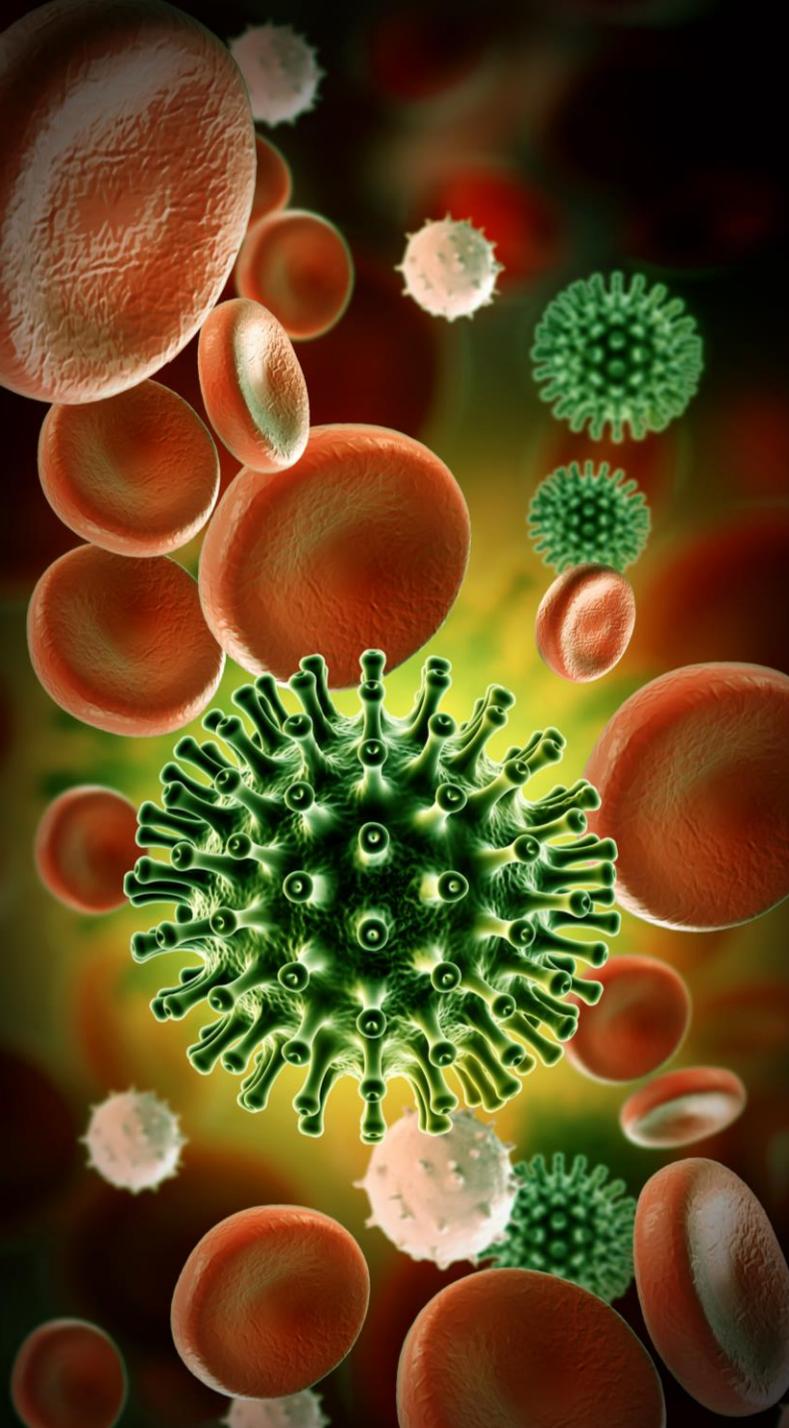
Boston	<p>ACCESS, Drug User Health Program Fenway Health 617-599-0246 Serving Boston, Cambridge, Somerville, and surrounding towns</p>		<p>AHOPE Boston Public Health Commission 617-534-3976 Serving Boston</p>		<p>Drug User Health Project Victory Programs 617-927-0836 Serving Boston</p>		
Central	<p>AIDS Project Worcester 508-755-3773 Serving Worcester County</p>			<p>Program RISE Justice Resource Institute Call 508-935-2960 or text 978-447-4735 <i>Online requests during COVID-19 may be made using the following link:</i> tiny.cc/RISE-GLASS_Supplies Serving Ashland, Framingham, Natick, Westborough and surrounding towns</p>			
Northeast	<p>Greater Lawrence Family Health Center 978-989-4533 Serving Lawrence and Essex County</p>	<p>Healthy Streets Health Innovations 339-440-5633 Serving Beverly, Chelsea, Lowell, Lynn, Peabody, Salem, and Saugus</p>	<p>Life Connection Center 978-935-1801 Serving Lowell</p>	<p>Lowell Community Health Center 978-221-6767 Serving Lowell</p>	<p>Lowell House 978-459-8656 Serving Lowell</p>	<p>Lynn Community Health Center 781-691-9441 Serving Lynn</p>	<p>ONESTOP North Shore Health Project 978-381-3170 Serving Gloucester and Cape Ann</p>
Southeast	<p>AIDS Support Group of Cape Cod Falmouth: 774-763-6656 Hyannis: 508-778-1954 Martha's Vineyard: 774-994-7935 Provincetown: 508-487-8311 Serving the Cape and the Islands</p>		<p>The COPE Center Brockton Area Multi-Services, Inc. 508-583-3405 Serving Brockton and Plymouth</p>	<p>Manet Community Health Center 857-939-4108 Serving Braintree, Hull, Quincy, and Weymouth</p>	<p>Project Aware SSTAR 508-324-3561 Serving Fall River</p>	<p>Seven Hills Behavioral Health New Bedford: 508-996-0546 Fall River: 508-235-1012 Taunton: 508-967-7170 Serving the South Coast</p>	
Western	<p>Healthy Steps Berkshire Medical Center 413-447-2654 Serving Berkshire County</p>		<p>Holyoke Community Health Center 413-420-2255 Serving Holyoke</p>	<p>New North Citizen's Council 413-747-5755 Serving Springfield</p>	<p>Tapestry Health Chicopee: 413-270-3277 Greenfield: 413-475-3377 Holyoke: 413-315-3732 North Adams: 413-398-5603 Northampton: 413-586-0310 Springfield: 413-363-9472 Serving Western MA</p>		

Harm Reduction: Infectious Diseases

Hepatitis C Virus (HCV):

- Hepatitis C is a viral infection that causes liver inflammation
- Spreads through contaminated blood
 - Most common blood-borne infection in the U.S. and MA
- Left untreated it can lead to cirrhosis of the liver, liver cancer, and death
- In MA, between 7,000-9,000 new infections every year
- 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
 - Transmission can occur through blood, vaginal fluid, semen, breast milk, and anal fluid
- In MA, there are more than 21,000 people living with an HIV infection
- No cure currently, but with proper care it can be managed and prevent transmission

Infectious Diseases

The **STATE**
of **STDs**
in the United States



in 2017

THE NATION EXPERIENCES
STEEP AND SUSTAINED STD
INCREASES.



1.7 million
CASES OF CHLAMYDIA
22% increase since 2013



555,608
CASES OF GONORRHEA
67% increase since 2013



30,644
CASES OF SYPHILIS
76% increase since 2013

LEARN MORE AT: www.cdc.gov/std/

- 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!!!
- 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

GivingLow 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

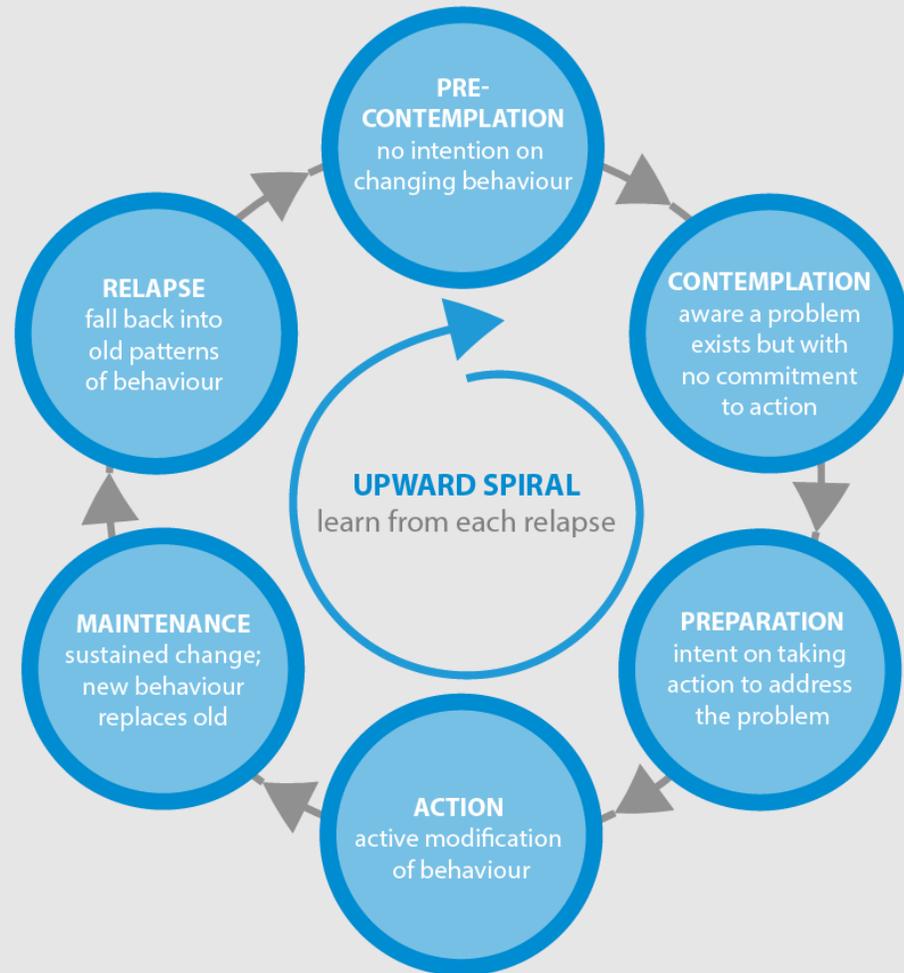
Use of condoms with Nonoxynol-9 (a chemical that kills sperms and prevents pregnancy) is considered risky because the harsh chemicals in it can damage the lining of the vagina or rectum and provide a transmission route for HIV.



Chef's Specials

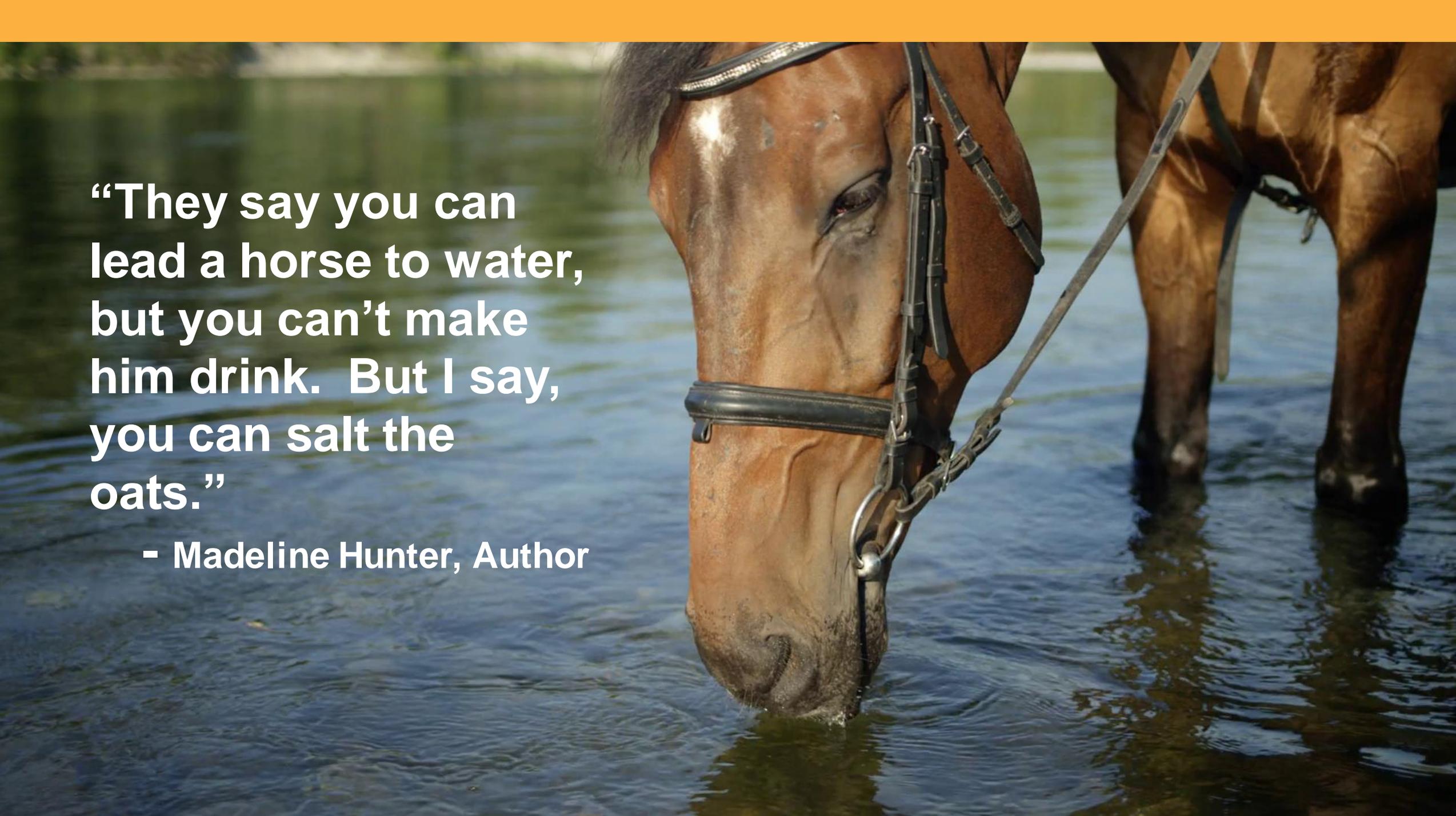
All of the best establishments suggest you always bring your own condom-ents. For a special taste sensation, try flavored, water-based lubricants and flavored latex condoms. They are just as safe and wont leave you with a bad taste in your mouth.

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?

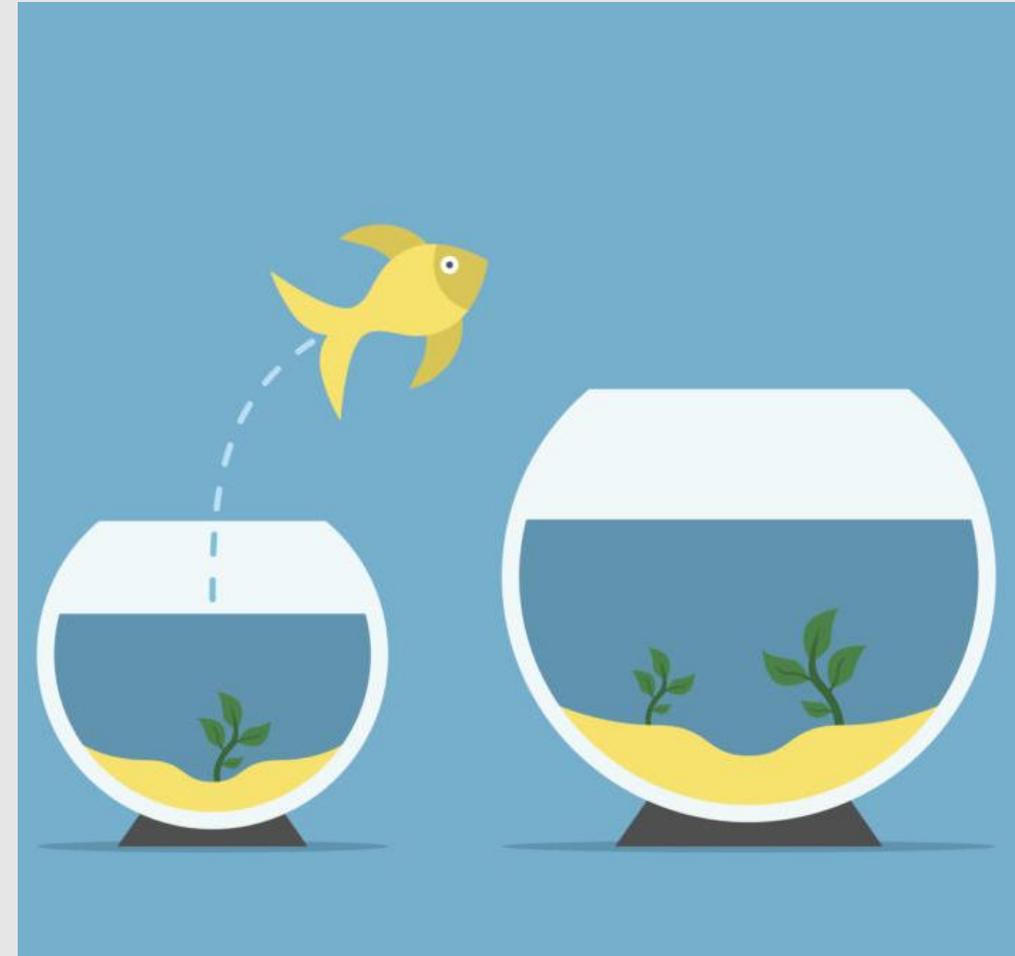
A close-up photograph of a brown horse's head and neck, partially submerged in shallow water. The horse is wearing a black halter with a metal ring and a lead rope. The water is clear and blue, reflecting the light. The background is a blurred green field.

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

- Madeline Hunter, Author

Motivational Interviewing (MI)

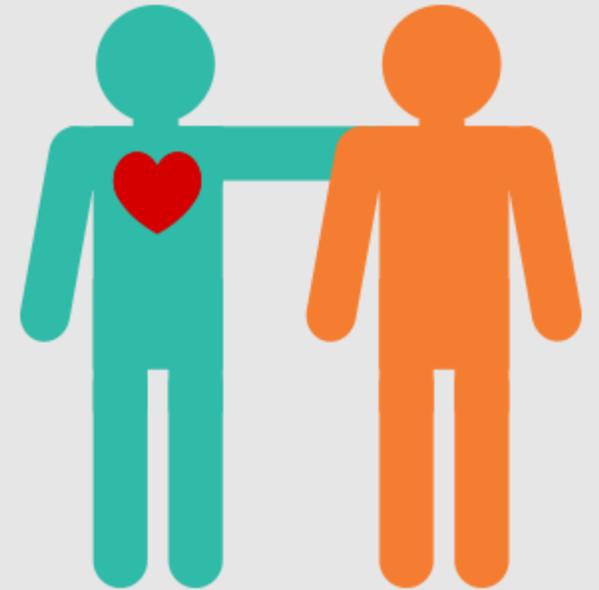
- **What MI is not:**
 - A big fancy counseling methodology for people with fancy degrees and six figure salaries
- **What MI is:**
 - A way of interacting with someone which helps them to find their own motivation for change
 - Radically person centered
 - Asks, “What’s in it for them?”



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, self-determination, 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, Tattoos on the Heart
- **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

MI Avoids:

- Confrontation
 - Instead focuses on consistent positive regard
- Arguing
 - Instead accepts what they say because it is true for them
- Power struggles
 - Instead is mindful that they are in control of their own path to recovery
- Righting reflex
 - Instead accepts that experience allows for growth



Motivational Interviewing

Supportive questions for change may include:

- If change, your reasons?
- If no change, what (if anything) would be at stake?
- If change, how to be successful?
- How confident you *could* change?
- If change, who/what could help?
- If change, next step(s)?





Case Study: Michael

Michael is a 36 year old man who has been using opioids for over 12 years, injecting for the last three. He currently lives at home with his elderly mother to help take care of her, though if he's honest, he has no place else to go.

Michael was the owner of a big construction company, living in a large house that he built, with his wife and their two kids. An injury on the job caused him to start taking prescribed opioids. His father died unexpectedly soon after, which he took hard. He found himself taking more and more pills and then switching to heroin when the prescriptions stopped and pills became too expensive.

He soon lost his business, his home, and then his family.

He's been to detox 4 different times, but only finished one program and relapsed again immediately after discharge. He wants to get sober for his kids, but he thinks that detox programs are "inhumane" and doesn't see the point of MAT because "you're still using dope." His habit is currently about 4 bags a day and he generally uses by himself. He states that he is trying to wean himself off slowly.



Case Study: Rochelle

Rochelle has just turned 17 a week ago. She lives at home with her mother who works 3 jobs and is not home much and she has a little brother, who is nine, she has to take care of.

She has a boyfriend, Duncan, but admits she sometimes has sex with other guys. She mostly “hooks up” with these other guys when she’s drunk or high at parties or clubs who lets her in, even though she’s underage. She also admits to having sex sometimes for drugs or money though that’s rare, usually when she’s in a bind.

She has been diagnosed with an STD on two separate occasions and finished most of the medications each time. She does not use birth control because she feels like since she hasn’t gotten pregnant yet, it’s not a high risk for her. When asked about using condoms, she said she’d consider it but her partner, and most guys she hooks up, with don’t want to use them and she doesn’t force it.

She reports that she’s thinking about dropping out of school because she wants to be a rapper/dancer and doesn’t see how school helps with that. She states that she gets drunk a couple of times a week, smokes “a lot of weed,” snorts and smokes coke when she can get it, and is always up for “pills.” She states she uses substances because they “make me feel good and help me get creative.”

Pop Quiz!

- Principle of harm reduction?
- Percentage of people with substance use disorders who will relapse at least once in their recovery?
 - **60%**
- Percentage of HIV risk decline associated with SSPs?
 - **50%**
- Name of the antidrug campaign which led to Mass Incarceration?
 - **War on Drugs**
- Three major STDs which are on the rise in both MA and the US?
 - **Chlamydia, Gonorrhea, Syphilis**

Pop Quiz!

- Three harm reduction strategies discussed for injection?
- Three harm reduction strategies discussed for overdoses?
- Three harm reduction strategies discussed for infectious diseases?
- Stages of change for HR interventions?
 - **Precontemplation, contemplation**
- Four elements of the spirit of Motivation Interviewing?
 - **Partnership, Acceptance, Compassion, Evocation**

Thank You!

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

Email us at
Praxis@C4Innovates.com

