

# Harm Reduction 101: Starting a Program at I/T/U Sites

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# Disclosures

- I have no conflicts of interest to disclose.

# Objectives

- Describe the benefits of harm reduction services, such as syringe exchange and naloxone deployment
- Define the components of comprehensive harm reduction services
- Apply planning strategies to develop and implement effective harm reduction practices in a variety of settings

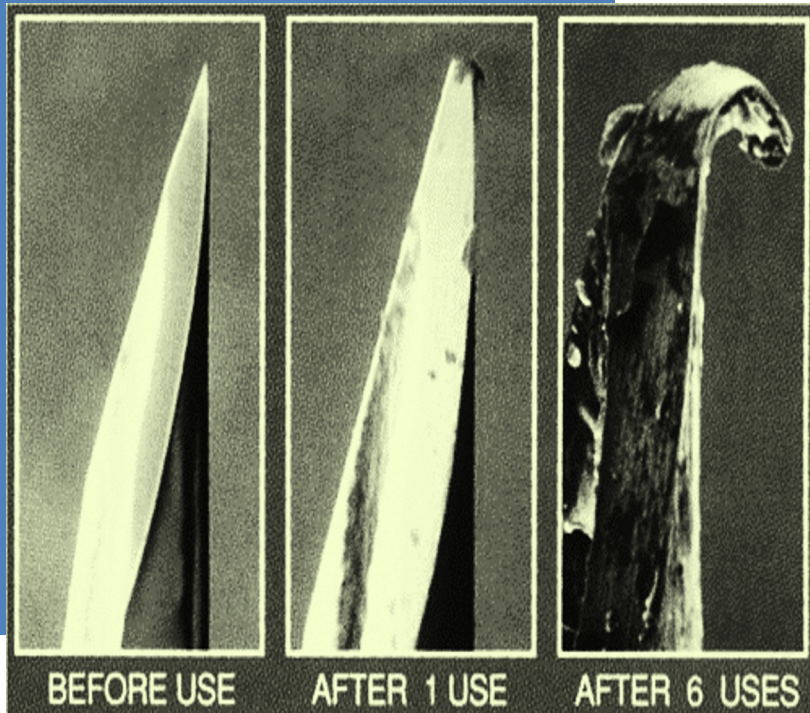
# Glossary of Terms

- **SSP** – Syringe Service Program
- **HCV** – Hepatitis C Virus
- **HIV** - Human Immunodeficiency Virus
- **OD** – Overdose, often referring to opiate-related central nervous system depression
- **Stigma** - A destructive force, according to our US Surgeon General it is nation's #1 Killer

# Background

- The number of ODs and new cases of HCV has been noted to increase in many areas across the United States.
  - **Harm Reduction programs** are often created as a result of those numbers, in effort to save lives and prevent the spread of disease.
- **FACTS**
  - Acute HCV incidence more that doubled since 2013, with a 124% increase
  - Rates of acute HCV are highest among American Indian / Alaska Native persons
  - 66% of HCV cases with risk information reported injection drug use
  - HCV can be cured AND is preventable

# Background



- Injecting substances puts people at risk of various harms:
  - Acquiring viral hepatitis
  - Acquiring HIV
  - Endocarditis
  - Soft tissue infections (abscesses, cellulitis)
  - Vein damage
  - Damage to circulatory system, loss of limbs, and tissue
  - Overdose
  - Jail/prison
  - Stigma, shame, loss of family, friends, work & home
  - Inability/difficulty to feel joy (high) in other ways

How can we address  
these risks?

# Harm Reduction Programs



- Harm Reduction:

- Includes practical strategies to reduce negative consequences of drug use and sexual risk
- Education focuses on health safety skills, stigma reduction, short and long term goals
- Respects and encourages positive change, which happens when people feel safe and supported
- Meets people 'where they're at' ... *but doesn't leave them there*



'Meeting  
them where  
they're at...'



- **Addiction is a disease—not a choice**
  - The road to addiction and journey to recovery is different for everyone
- **Recognizes the importance of:**
  - **Humanism**—treating people as people
  - **Pragmatism**—none of us will ever achieve perfect health behaviors
  - **Individualism**—everyone has their own set of strengths and needs
  - **Autonomy**—everyone's choices are their own
  - **Incrementalism**—baby steps count! Any step forward is a positive one.
  - **Accountability without Termination**—people are responsible for their own behaviors. We don't 'fire' them for not achieving specific goals.

What can we do to  
practice harm  
reduction?

# Harm Reduction



# First and Foremost: Words Matter

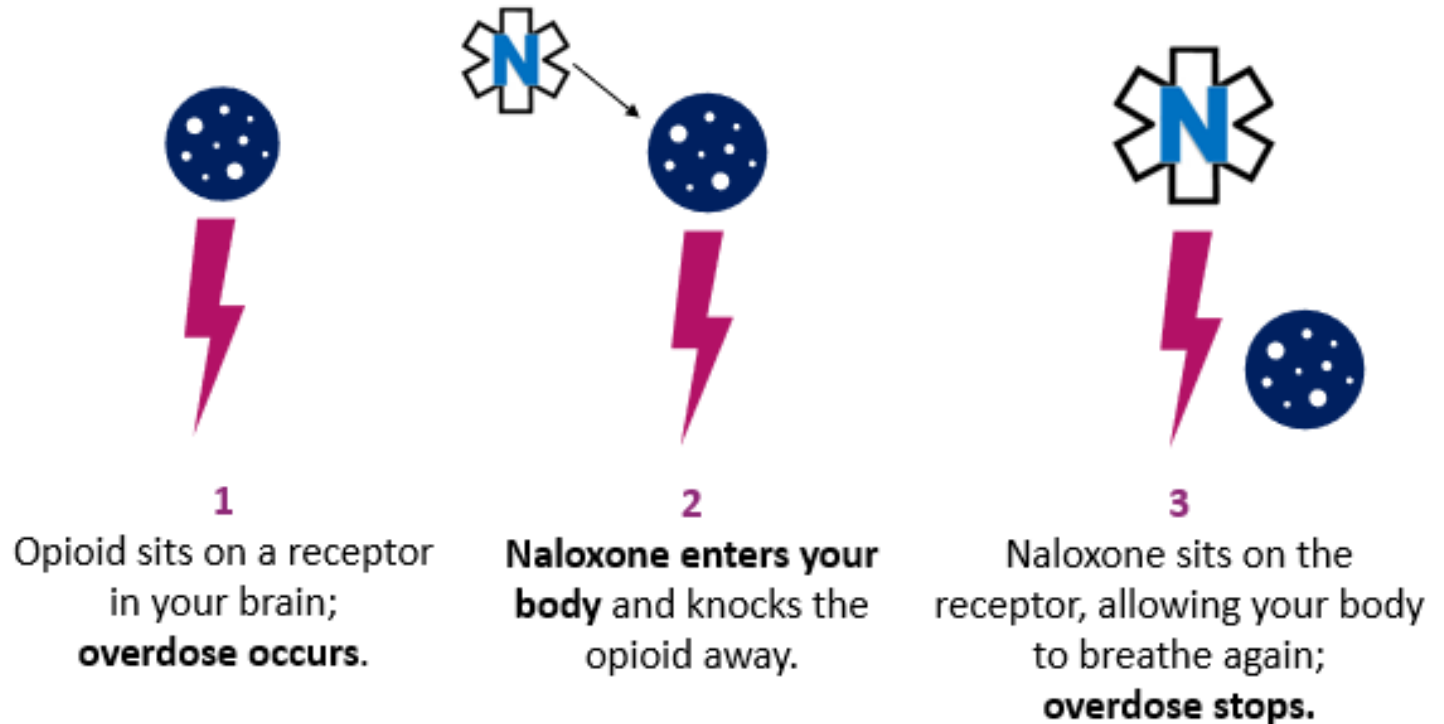
- **Use words in thoughtful ways**
  - Research shows language and labels can negatively impact quality of care by healthcare professionals in addition to treatment outcomes<sup>1</sup>
  - Historically people struggling with SUD have been viewed more negatively than people with psychiatric and physical disabilities, which may prevent them from seeking treatment<sup>2</sup>.
  - **Person-first language**
    - Reduces stigma and promotes honest discussion
    - Can help build positive relationships between patients and healthcare and harm reduction professionals
- **Employ universal substance use screenings**

1. Ashford, R.D., Brown, A.B., Curtis, B. (2018). Substance use, recovery, and linguistics: The impact of word choice on explicit and implicit bias. *Drug and Alcohol Dependence* 189: 131–138.

2. Botticelli, M. & Koh, H., (2017). Changing the Language of Addiction (2016). *Journal of the American Medical Association*, 316: 13, 1362 accessed at [https://opioidpreventionandtreatment.ucsf.edu/sites/g/files/tkssra506/f/wysivvyg/Botticelli\\_Changing\\_the\\_language\\_of\\_addiction\\_JAMA\\_2016\\_jvp160103.pdf](https://opioidpreventionandtreatment.ucsf.edu/sites/g/files/tkssra506/f/wysivvyg/Botticelli_Changing_the_language_of_addiction_JAMA_2016_jvp160103.pdf).

# Harm Reduction Strategies: Naloxone Access

- Naloxone reverses opioid overdose by acting at receptor sites
- Given IV, IM, or intranasal
  - Multiple doses may be needed
  - Must wait 2 min between doses
- Naloxone saves lives!



# Harm Reduction Strategies: Syringe Service Programs

- Created in the late 1970s in response to the AIDS epidemic, causing an immediate reduction in spread of HIV & other infections by giving people injecting substances sterile needles while taking used ones – **the practice of syringe exchanging spread worldwide and has saved countless lives!**
  - Offer real and immediate help - snack, tea, water, band-aids, socks, hygiene supplies and support for homeless as well as vulnerable adults
  - Staff teach safer injection practices, overdose reversal, and safer sex education, etc.
  - Provide HCV, HIV, syphilis screenings, with basic wound care
  - Refer people for medical care, counseling, CD treatment, housing and more

**Focuses on THE PEOPLE and what they need**

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.

# SSP Benefits



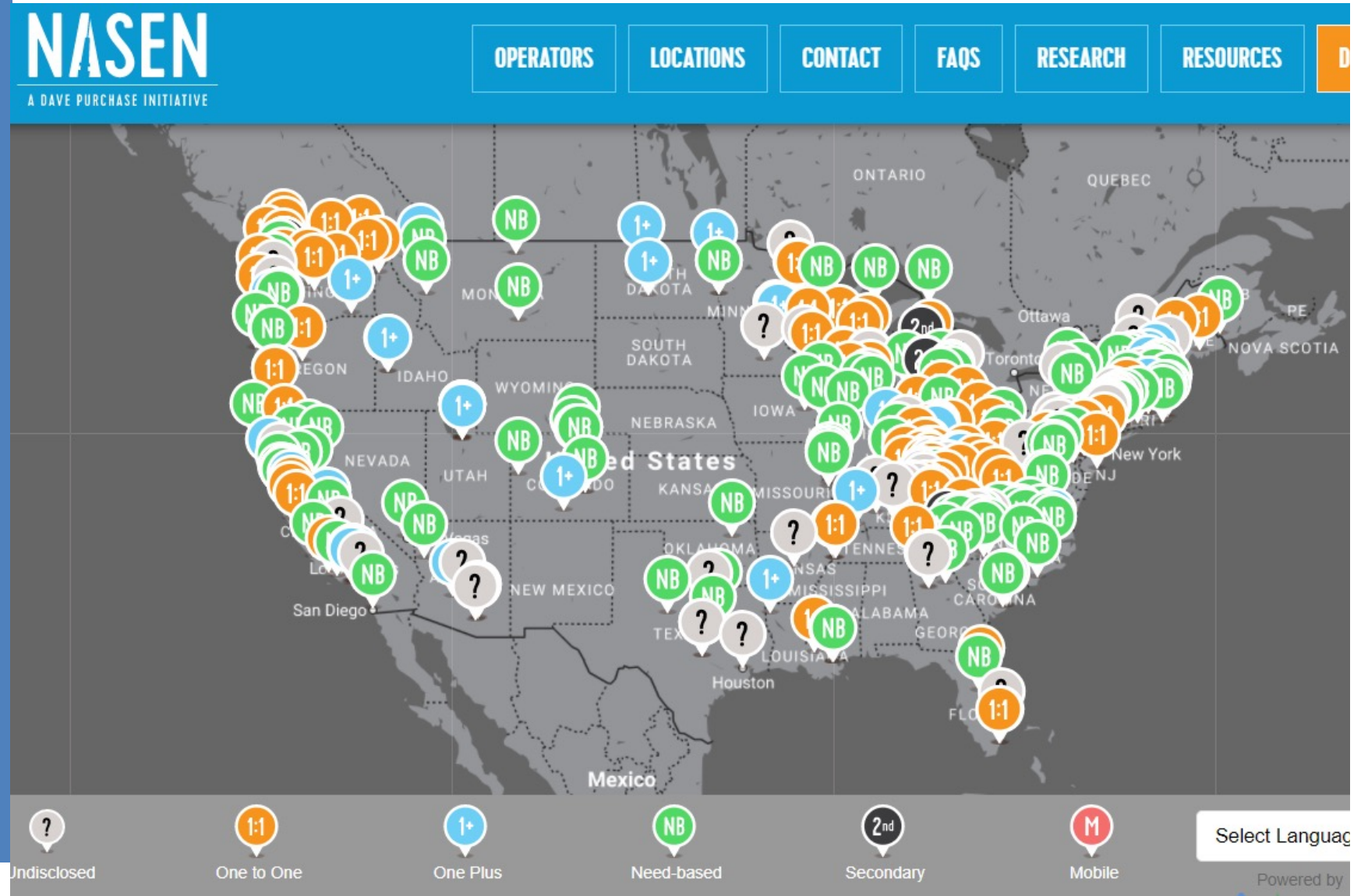
Law enforcement benefits from reduced risk of needlesticks, **no increase in crime**, and the ability to save lives by preventing overdoses.



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

## Over 350 in the US listed through Nasen

Where are these programs?



\*\*\*Many tribal SSPs are not listed due to eligibility requirements.\*\*\*



# Harm Reduction Strategies: Drug Checking Equipment

Urine test strips can be used to identify the presence of fentanyl in illicit drugs. If positive for fentanyl, further strategies can be employed by persons with substance use disorder to prevent overdose such as:

- Using less drug
- Avoiding IV injection
- Avoiding use of illicit drugs while alone
- Carrying naloxone



**No drug use is 100% safe.**

**Use with someone else around and always have naloxone**

# FTS: Education Documents

## FENTANYL TEST STRIPS

information to help prevent opioid overdose

### FENTANYL CAN CAUSE OVERDOSE QUICKLY

*It's really strong and puts you at higher risk of overdose. Sometimes it is added to the products you use. Fentanyl test strips (FTS) can help you test your supply to see if it has fentanyl in it.*

### HOW TO TEST YOUR SUPPLY:

- IF INJECTING:** mix as much of your product as possible with sterile water (stir well). Load your shots and set them aside. Add about 10 drops of water to your cooker.  
**IF SNORTING:** add 10 drops water to the baggie your supply came in.  
**IF USING PILLS:** crush them in a bag and dump out the powder. Add 10 drops water to the baggie and mix.

### ALWAYS TEST YOUR RESIDUE BEFORE USING A DOSE!

- Open the FTS package and remove the bottom plastic piece. Dip the end of your test strip (the skinny part) in the residue water and wait 15 seconds. Remove from the water and wait 5 minutes.



- Look for lines on the strip. One line means you **HAVE** fentanyl in your supply. Two lines mean you **DO NOT** have fentanyl in your supply.



<https://preventoverdoseri.org/fentanyl-test-strips/>  
<https://harmreduction.org/issues/fentanyl/fentanyl-use-overdose-prevention-tips/>

## 18 FENTANYL TEST STRIPS

information to help prevent opioid overdose

### WHY SHOULD I TEST MY WHOLE SUPPLY?

When substances are 'cut' with fentanyl (mixed with a dry tablet or powder), there can be more in some spots than others (like blueberries in a muffin). Mixing your supply with water allows for it to distribute evenly, so you know the strength will be consistent after mixing. This is much safer for you!



### WHAT TO DO IF FENTANYL IS IN YOUR SUPPLY

- Don't use alone, or stagger use with others.
  - Have naloxone ready with someone available to give it.
  - Consider using a smaller dose.
- Wait 30 seconds after to see how you feel before deciding if you need more.
- Use caution with supply that gives a negative test.
- Other things may be mixed in that cannot be seen on the FTS.

<https://www.indiancountryecho.org/harm-reduction/topic-presentations/may-4-2021/>



Quick Video: <https://youtu.be/0kw7eeBFAhE>

# Promising Harm Reduction Strategies: Never Use Alone

NO JUDGEMENT, NO SHAMING, NO  
PREACHING, JUST LOVE!

# (800) 484-3731

If you are going to use by yourself, call us! You will be asked for your first name, location, and the number you are calling from. An operator will stay on the line with you while you use. If you stop responding after using, the operator will notify emergency services of an "unresponsive person" at your location.

FACEBOOK

CONTACT US



- Call the phone above
- A person gets your first name, location, and number—**STAYS ON THE LINE** when you use
- Activates emergency response system if no patient response

# Community Implementation

# Where to Start

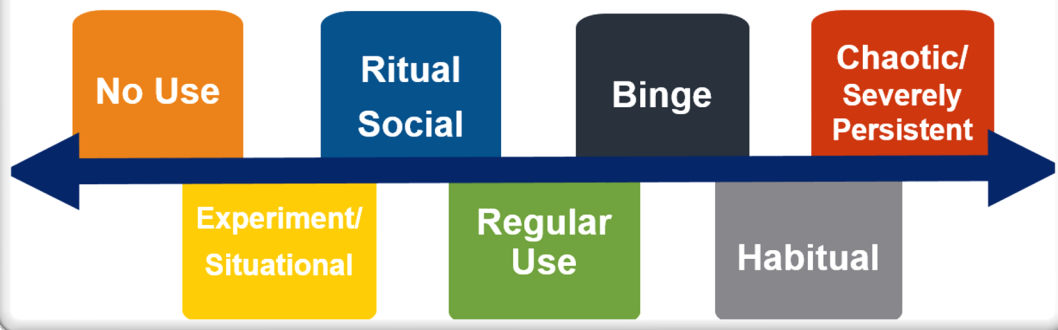
## Community needs assessment

- What are people's understanding of the problem?
  - Do they view addiction as a disease or a choice?
- Are programs in place to support people throughout Continuum of Drug Use?
  - Consider working on areas where your profession can make an impact.

## Stakeholder Assessment:

- Who would support harm reduction strategies within the community?
  - Substance users, family members, healthcare providers
- Who **NEEDS to be on board** to develop a sustainable program?
  - Tribal administration, law enforcement, community members, hospital administration (if supported by IHS staff)
  - Tribal Code in tribal areas

### Continuum of Drug Use



## Where to Start

### Assessing Readiness for Change

- Reinforcement vs. Enforcement
  - Harm reduction strategies **reinforce positive health behaviors instead of trying to enforce abstinence**
- Consider current community approaches and opportunities for collaboration
  - Identify reasons to make this form of public health outreach apply to everyone needed for program success and sustainability

*Education and empathy can  
change the community  
narrative!*

# Naloxone Distribution

## Expand access to naloxone

- Consider your definition of first responders
  - Include community programs, volunteers, etc.
- Place with AEDs, within schools, transportation programs, etc.



**Recognize a potential  
opioid overdose.**



**Call emergency  
services.**



**Give naloxone.**

Video: <https://www.youtube.com/watch?v=nVRm1GQgJmc>

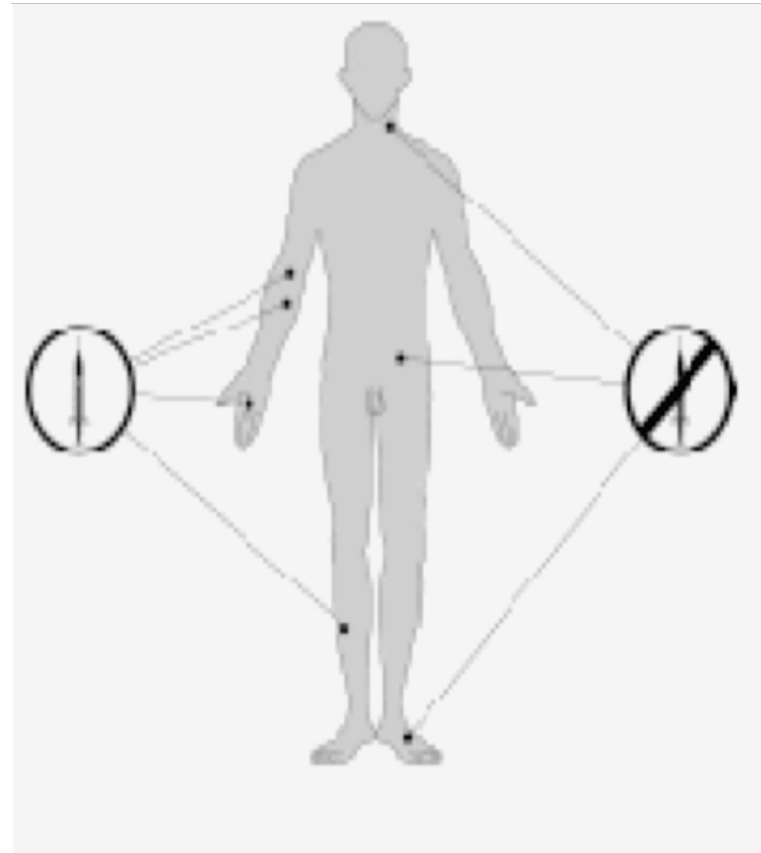
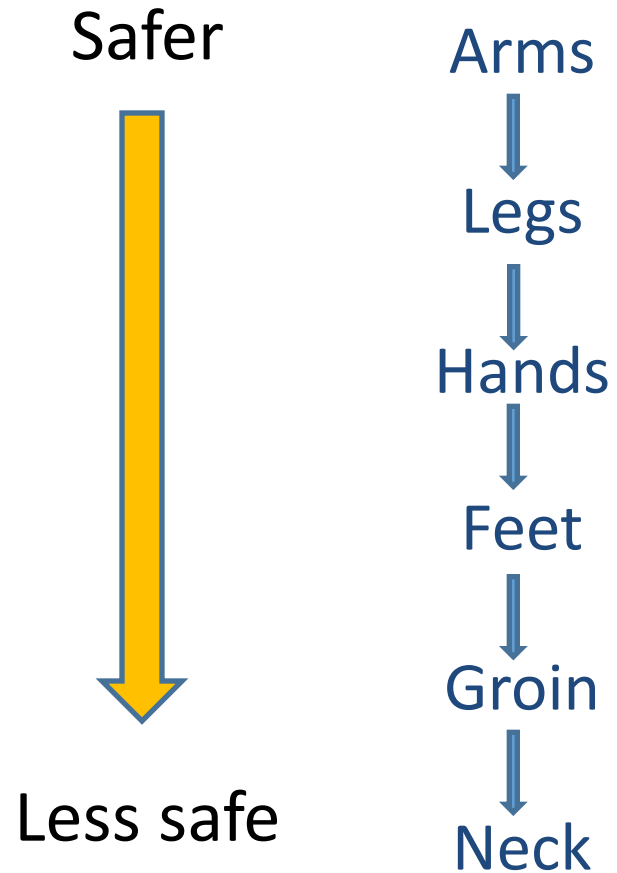
# Education Considerations



- Consider outreach activities for staff, healthcare providers, law enforcement, and the community on:
  - **Soft skills**
    - To meet people where they're at (VITAL for program staff)
  - **Safe Injection Practices**
    - Vein care
      - Where to inject
      - Rotate sites
      - Move downstream
    - Hierarchy of water supply
    - Clean needle every time
  - **Sexually Transmitted Infection Prevention**
    - Safer sex practices
  - **Healthy Behavior Promotion**
    - Through motivation interviewing and Screening, Brief Intervention, Referral to Treatment (SBIRT)
  - **Care Coordination**
    - Identify resources for additional services (i.e. mental wellness, housing, suicide prevention, etc.) and ensure everyone involved is aware of referral mechanisms
    - **Consider universal screenings in healthcare settings**



# Hierarchy of Injection Sites



**Always shoot towards the heart!**

# Hierarchy of Water Source

Safer



Less safe

- Use sterile water from vial
- Use water after boiling 10 min
- Use cold water from tap or bottled water
- Use water from toilet but PULL FROM TANK, then DISCARD in BOWL
- Avoid water from puddles or another stagnant source



# Sexually Transmitted Infection Prevention

- Condom distribution, snag bags, etc.
- Point of care testing and prompt treatment
- Education!



## Let's Talk About Sex...

*Whether you have sex for pleasure or work, there are things you can do to stay safe.*

### USE BARRIER PROTECTION

- Anything that keeps a barrier between your body and someone else's provides protection from sexually transmitted infections (STIs). \*

- Male or female condoms

### KNOW YOUR PARTNER'S HIV AND STI STATUS

- It's okay to ask! Understanding your risk is important so that you can take precautionary measures if needed.

### CONSIDER PROTECTIVE MEASURES FOR ORAL SEX

- Barrier protection, like condoms, reduce

# Drug Checking Equipment Distribution



**Strategy can be used as single or comprehensive harm reduction strategy**



**Multiple procurement sources available**



**Lots of educational materials online**



**Consider distribution point to provide greatest access, labeling considerations, education regarding legal considerations**

## Additional Harm Reduction Options

- Consider HR kits if an SSP isn't possible in your community
  - Contents may include:
    - Sharps container
    - Safer injection supplies
    - Safer smoking/snorting supplies
    - Naloxone
    - STI prevention materials
- Kiosks
- Sharps collection receptacles

# For Comprehensive Programs

## CREATING A TEAM

- Identify those with the time, resources, and community connection needed to reach those in need
- In Red Lake this includes:  
Comprehensive Health Nursing, Outpatient Nursing, Pharmacy, and Lab

## DEVELOPING A PROGRAM

- Create comprehensive policies/procedures and identify staff training topics
- Secure space for services and identify funding sources for all program components
  - Grants vs Federal
- Tribal support can be requested to purchase other materials at low cost

## COLLABORATION

- **Internal**
  - Resources within
- **External**
  - Tribal collaboration for program development, staffing, funding
  - State support for trainings, product recommendations,
  - Midwest AIDS Teaching and Education Center (MATEC) and MN Dept of Health great resources in Red Lake

## DESIGNING A SPACE

- Muted, calming colors with soft music
- Family friendly— areas for coloring, reading, remembering those lost to overdose
- Clear representation of 'rules' for staff and participants posted

## Overcoming Barriers

# Roll with Resistance!



Success comes  
through this mantra...





Questions?

*Thank You*

# Resources

- <https://www.ihs.gov/opioids/harmreduction/>
- <https://www.cdc.gov/ssp/index.html>
- <https://www.cdc.gov/hepatitis/statistics/2020surveillance/hepatitis-c.htm>
- <https://harmreduction.org/>
- <https://www.davepurchaseproject.org/index.php>
- <https://www.davepurchaseproject.org/>