Harm Reduction Works

Harm Reduction History and Principles

Harm Reduction and Naloxone in Indiana

Opiate Overdose Reversal Training
Objectives

1. Define harm reduction.

2. Recognize key principles of harm reduction.

3. Identify the need for harm reduction, with a PWID focus.

4. Be able to respond to an opiate overdose.
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?
Harm Reduction

- A set of practical strategies that reduce the negative consequences associated with drug use and other risk behaviors (ex: sexual risk).

- 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).
Harm Reduction: The Continuum of Use

- Experimental Use
- Social & Ritual Use
- Situational Use
- Binge Use
- Abuse
- Dependence
- Severely and Persistently Chemically Dependent
Any Positive Change
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.
• Limited availability.
• People may not be ready to quit or may never choose to.
• Other reasons? insurance, pregnant, health issues, rent, employment, child care, DCS, probation, drug court...
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.
(2) Participant-Centered Services

Non-judgmental and non-coercive provision of services and resources.

foto by Maliz Ong
(3) Participant Involvement

Ensures people have a real voice in the creation of programs and policies designed to serve them.

"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.
“How does this work?”

“You give me an old one, I give you a sterile one, and it keeps your butt alive”
Reduction in Hep C Transmission Risk

- Almost 1/3 of IDUs (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.

MMWR 2009
42 New Cases HCV in Lawrence County = $4,200,000
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.

Syringe Access: Indiana Harm Reduction

- 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
- County Hepatitis C emergency, SAS proposal, ISDH approval
200 cases of HIV Scott County

$220,000,000
We involve people who use drugs in meaningful ways at every level. We don't ask intrusive questions. We don't track them. We don't make people sign consent forms. We don't make them identify themselves. We don't try to force solutions on to them that they might not be receptive to. We don't judge people. We do outreach with them where they tell us they'd feel comfortable meeting, not where it's most convenient for us. We tell them we love them and want to see them again, no strings attached.

**Put simply, we meet them where they are...but we don't leave them there.**
Harm Reduction is Low Barrier

- Jackson County and naloxone distribution

- Stigma and criminalization as barriers
HIV vs. HCV tactics

**HIV**
Reduce viral load to reduce likelihood of transmission

**HCV**
Refuse treatment until F3/F4, highest viral loads, most infectious
It’s Not Just Syringes: Benefits of Syringe Access

- Detox and drug treatment programs
- Medical, dental & mental health services
- Bad Date Sheet/Bad Dope Sheet
- Hep A + B Vaccinations
- HIV/Hep C services
- Housing services
- Safer sex supplies & education
- Overdose prevention
What Is The Indiana Recovery Alliance?
What We’re Doing in Monroe County

- Meeting people “where they’re at,” but not leaving them there
- Almost 90,000 syringes collected
- 90 Tx referrals, 35 people in long term treatment
- Thousands of naloxone kits distributed, hundreds of overdose reversals
- Participants = volunteers, offer identity outside of “junkie” or “felon”
- Clothes, blankets, street supplies
- Nursing triage
- Protecting anonymity and lowering barriers
- Providing access to other services for hidden population (around 600 unique PWID participants, average 100 new every month, thousands of community members engaged)
What We’re Doing in Monroe County

- Testify in Washington DC to a joint House/Senate briefing on the need to lift the ban on funding.
- Share our experience with the White House Office of National Drug Control Policy in the Executive Office of the President.
- Host and co-facilitate four well attended Harm Reduction training’s.
- Open four low barrier sober living houses.
- Educate community members about both qualitative and quantitative aspects of addiction (financial and human costs)
Overdose on the rise – overdose from opioids currently ranks #1 in accidental deaths in the U.S.

What Can We Do?

- Learn About Naloxone
- Learn How To Administer Naloxone
After you ingest opiates, opiate receptors in brain are filled

Depressed breathing results

The more of the drug taken, the more breathing becomes depressed to the point of not breathing at all (overdose)

More than 5 minutes of not breathing could lead to permanent brain damage

Rescue breathing will keep a person alive
THE IRA AND NALOXONE

Three Things IRA Must Do to Distribute Naloxone
1. Instruct how to use naloxone
2. Offer treatment referral
3. Instruct to call 911

Aaron’s Law/Standing Order
1. No special certification needed for Indiana resident to carry and administer naloxone
How Does Naloxone Work?

- **Antagonist**
  - Stronger affinity for opiate receptors than opiates
  - Kicks opiates out for up to 90 minutes
  - Allows resumption of breathing
  - No euphoria

- **Many ways to administer**
  - IV fastest
  - Intramuscular next fastest
  - Subcutaneous slowest, but longest lasting

- **Works on ALL opiates**
What are common opiates?
What To Do In Case Of An OD

S.C.A.R.E.  M.E.

- Stimulate
- Call 911
- Airway Cleared
- Rescue Breathing
- Evaluate if Naloxone would help
  - Muscular injection
  - Evaluate and Support
SCARE ME

**Stimulation**
- Can they be awakened?
  - Yell “Cops!”
  - Yell “Narcan!”
  - Sternal Rub

**Call for help**
- If the person is not responsive
- Call 911
- Tell them your friend is not breathing
Airway:
- Roll on back
- Clear airway
- Tilt head
- Pinch Nose

Rescue Breathing
- **First**: 2 quick breaths
- **Then**: 1 big breath every 5–7 seconds
- **Make sure**: Watch the chest to make sure it rises & falls

You are NOT doing CPR just rescue breaths

Don’t forget...
**Evaluate**

- Are they better?
- Can you get naloxone quick enough for them so they don’t go too long without assisted breathing?

**Muscular Injection**

- Only 1cc / 1ml
  - Could safely do 2, or 3, or 10 cc/ml
  - BUT they will be more sick and possibly combative
- Thigh, upper arm or ass / hip
- Needle will go through clothing, leather, etc

**THIS IS NOT PULP FICTION**
Is the person breathing on their own?
Is another dose needed?
They will start feeling better in about 15 minutes
30 – 90 minutes naloxone will wear off, OD could come back on long acting opioids (methadone, oxy, very rare to return)
Support them and stop them from using again, Naloxone works for 30–40 minutes, so on long lasting opiates (methadone, oxy) overdose may return
RECOVERY POSITION (lying on the side) is used to prevent aspiration
Where And How To Get Naloxone
Contact – Volunteer, Donate, Get Help, Get Educated

Indiana Recovery Alliance

Please visit indianarecoveryalliance.org for links to over 30 years studies concerning Harm Reduction

Follow us on Facebook (/indianarecoveryalliance) to stay up to date with our efforts

PO Box 394
Bloomington, IN 47402

indianarecoveryalliance@gmail.com