

**Everything you want to know
about harm reduction ... and
probably more.**

Lisa Raville

EXECUTIVE DIRECTOR

HARM REDUCTION ACTION CENTER

Housekeeping Items

- Use Zoom chat function to submit questions
- Webinar will be recorded for on-demand viewing
- Webinar is accredited for 1.0 contact hour of CE
- Registrants will receive a follow-up email regarding how to view the recording as well as how to claim the 1.0 CE

Disclosure Statement – no financial relationships to disclose

Lisa Raville

I have no relevant financial relationships with commercial interests pertaining to the content presented in this program.

Objectives

- Apply harm reduction principles when working with people who inject drugs amid an overdose epidemic.
- Identify syringe access programs and access to sterile syringes as a viable method to reduce HIV, Hepatitis B and Hepatitis C transmission
- Describe naloxone as an evidence-based public health intervention proven to save lives.
- Demonstrate proactive actions to better serve people who use drugs in their communities.

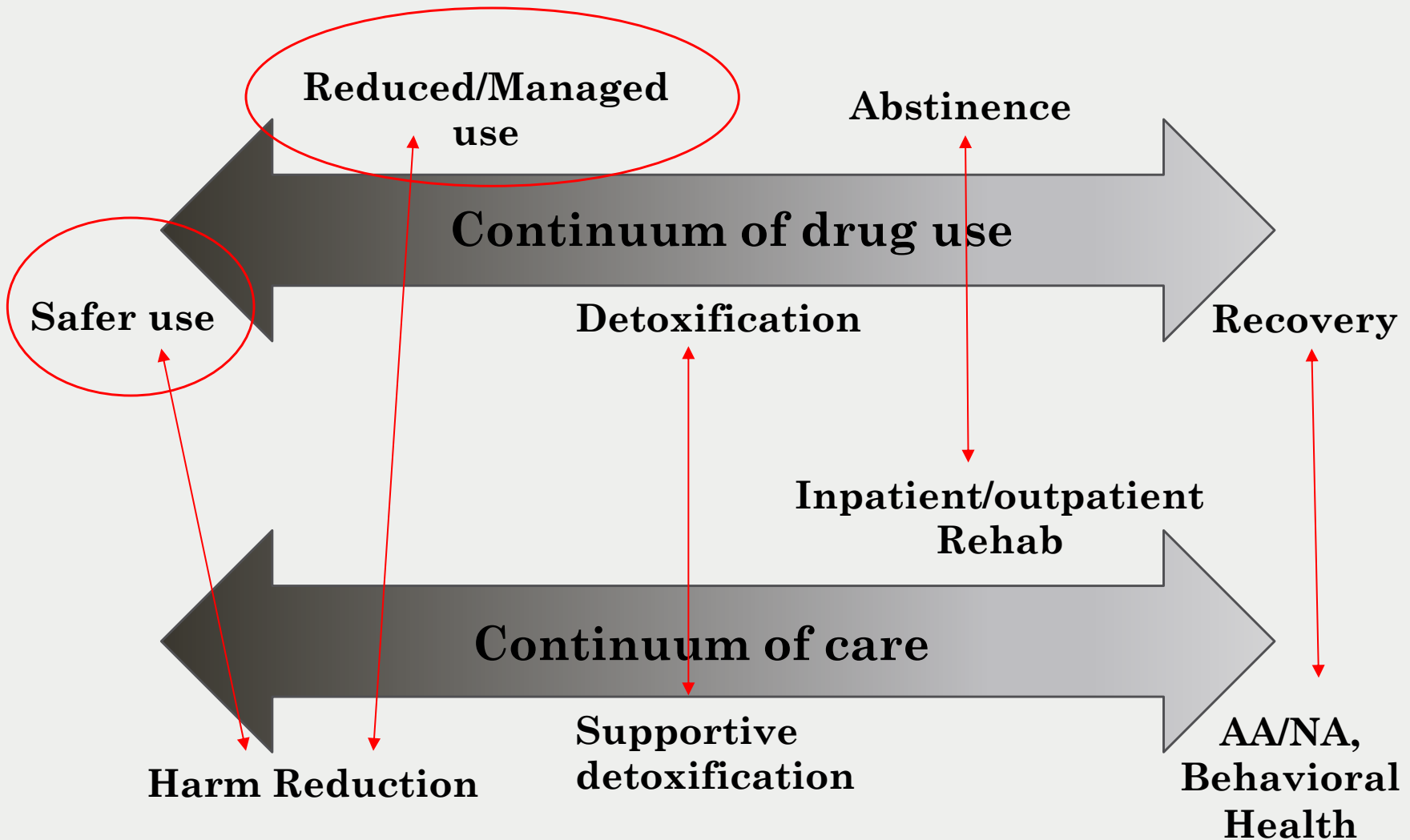
Harm Reduction

- Harm Reduction is Pragmatic
- Harm Reduction Respects Individuality
- Harm Reduction Focuses on Risks and Prioritizes Goals
- Harm Reduction Recognizes that Drug and Alcohol Consumption Exists on a Continuum
- Harm Reduction is Tolerant and Accepting
- Harm Reduction is about Empowerment
- Harm Reduction is NOT the Opposite of Quitting
- Other real life examples: Nicotine gum, seatbelts, airbags, designated drivers, sand in a playground, housing first, condoms, etc.

Harm Reduction is not revolutionary.



Meeting them “where they’re at”





Harm Reduction is no place for ego. It's a place to forget what you think you know and set aside your opinion, so that when you meet people where they're at, you can take the time to ASK THEM where they want to go.

-Dylan Stanley, Director of Community Outreach for Harm Reduction Ohio

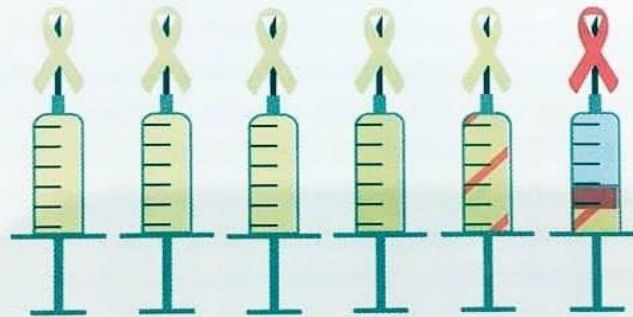
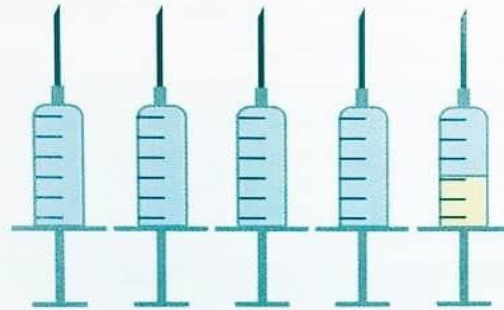
People Who Inject Drugs (PWID) Characteristics



- Further, stigma and misinformation surrounding PWIDs also lead to healthcare disparities for this population.
- PWIDs represent one of society's most heavily **stigmatized** populations.
- PWID health disparities are not dissimilar to other marginalized populations, such as racial/ethnic minorities, homeless people, and mentally ill populations.
- PWIDs experience disproportionately high morbidity and mortality from manageable infections, including viral hepatitis.
- Healthcare providers often have a misconception that PWIDs do not care about their health.

Who Are PWID?

More than 11 million
people inject drugs



1.4 million people who inject drugs
are living with **HIV**

5.6 million are living with hepatitis C

1.2 million are living with both
hepatitis C and **HIV**

4 Main Reasons a Person Decides to Inject

- Seeing someone inject- This takes the fear out of the act, the sky didn't fall, the cops didn't rush in, no one died, no big deal. We call this normalizing a behavior.
- Hearing people talk about the rush and other benefits of injecting- better, harder, faster etc.
- Feeling like the odd one out or that you're missing out: on a better high with a better drug experience, bonding with friends
- Learning that initially it is more economical to inject vs snorting or smoking
- Source: Neil Hunt, United Kingdom, Break the Cycle

Fun Facts About Syringe Access Programs (SAP)

Reduction of injection-related diseases (HIV, Hepatitis C) and the risk for injection-related bacterial infections

IV antibiotics for skin tissue infections cost on average \$6,000 per day, with an average of a 5 day stay. Alcohol pads cost a dime.

Improvement of Public Safety

In Portland, OR, improper syringe disposal dropped by almost two-thirds after the establishment of SAPs

Protection of Law Enforcement

A study of Connecticut police officers found that needle stick injuries were reduced by two-thirds after implementing SAPs.

Taxpayer Money Savings

People are living longer with HIV/AIDS; needles cost a dime.

Evidence-Based

SAPs are based on rigorously tested best practices to treat addiction as a health issues, NOT a moral issue

Syringe Access Programming Results at Harm Reduction Action Center (February 8, 2012- September 30, 2019)

~9,624 + unique clients to date! = largest SAP in CO

141,715 + syringe access episodes

- Average number of people represented per exchange: 3.4

66,275 referrals (testing, substance use treatment, mental health, etc.)

Overdose prevention: **3,389** trained, **1,314** lives saved.

HRAC PWID Behavior

Drugs injected most past 30 days (n=9,624)

3.2% =

percentage of clients that inject steroids



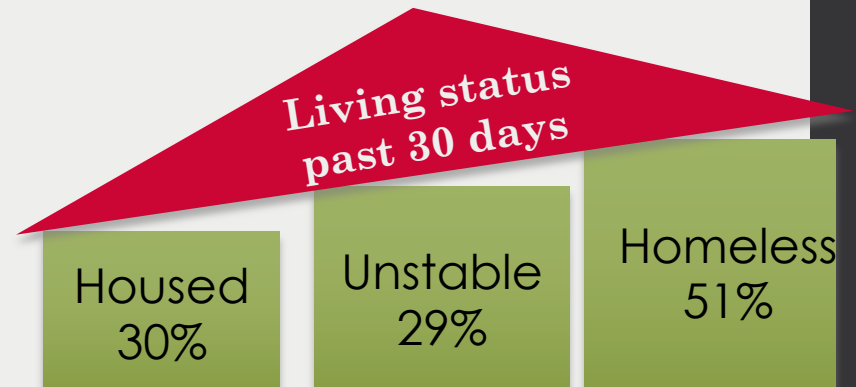
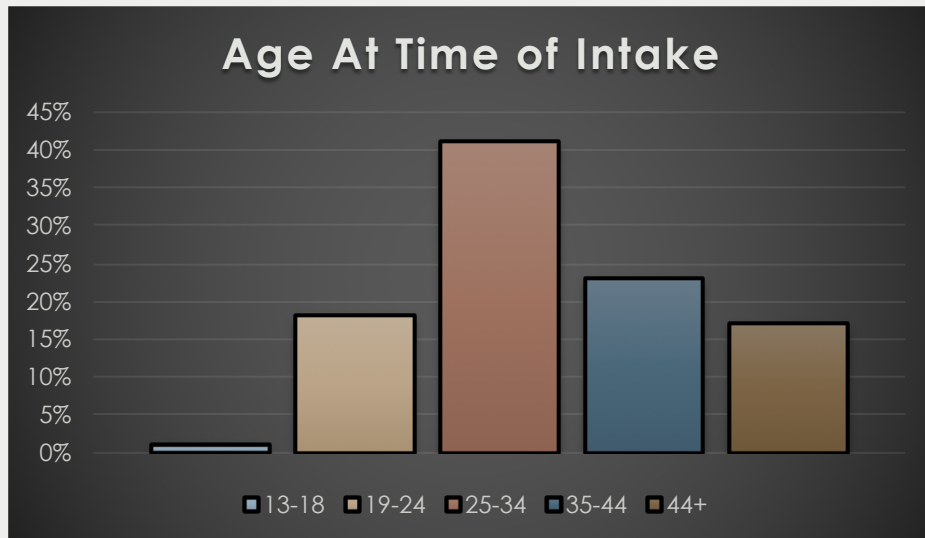
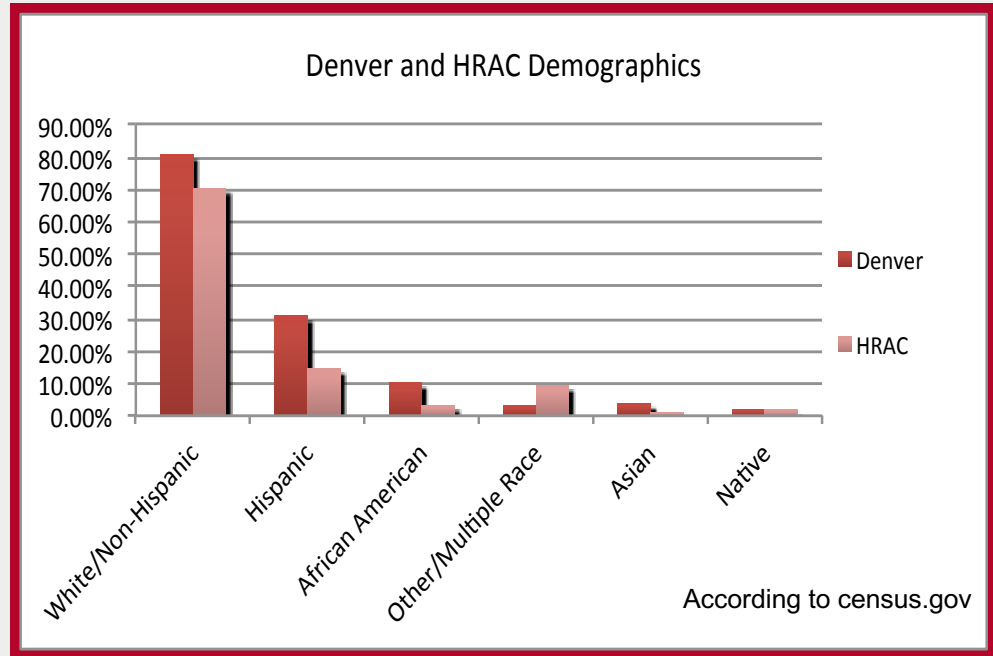
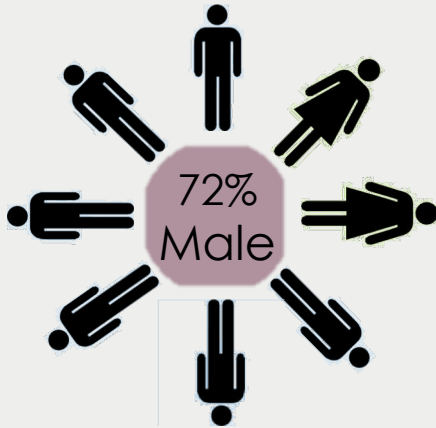
- Heroin 52%
- Methamphetamine 50%
- Speedball (heroin & cocaine) 12%
- Pharmaceuticals 5%
- Other 2%
- Cocaine 8%
- Goofball (heroin & meth) 15%

SMOKING??

CRACK:
27% of participants surveyed had smoked crack in the past year...14% of them have shared a crack pipe in the past 30 days..

METH:
81% of participants surveyed had smoked meth in the past year...70% of them have shared a meth pipe in the past 30 days.

HRAC PWID Client Demographics



HRAC PWID's in Denver (N=9,268)

Percentage of clients whose first time is at an SAP: 91%

How did you hear about us?

76% said from a friend, followed by online (9%), outreach (5%)
referral (4%) Other (3%) Missing (3%)

5% of female participants report exchanging sex for money, drugs, or a place to stay as compared to 3% for males

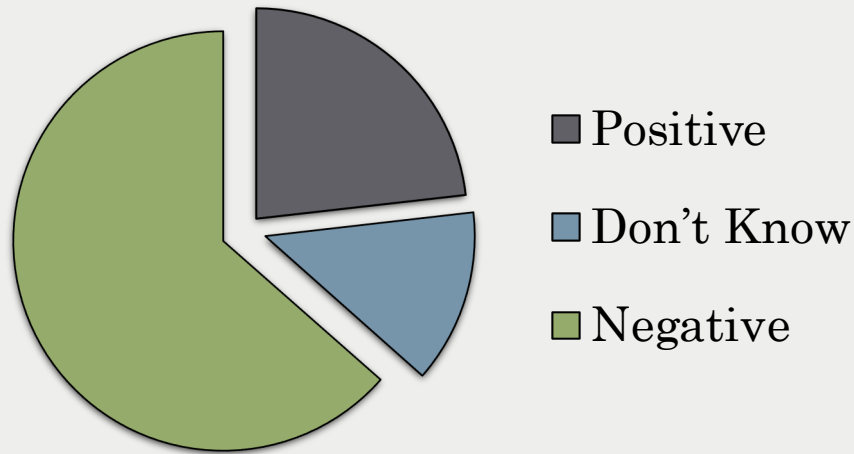
35% had no health insurance at time of intake

4% had CACP, 49% had Medicaid, 2% had VA assistance, 8% had Private insurance, and 2% had "other" insurance

HCV & HIV status at intake

Hepatitis C Status

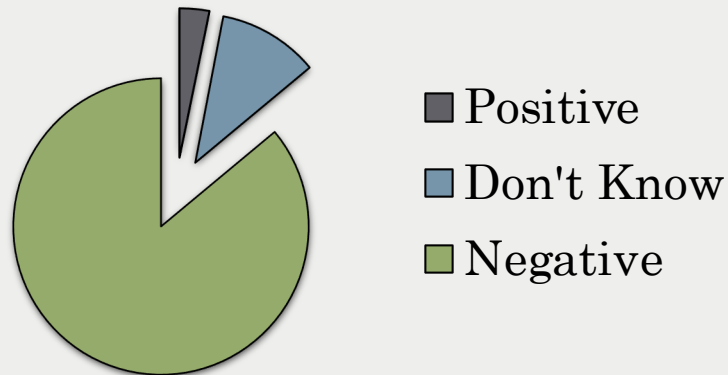
20 % Positive
17% Don't know
63% Negative



Other surveys estimate **56%** Denver PWID are HCV+ or show antibodies*

HIV Status

Nearly **21%** HIV+ Denver residents report being infected from syringe sharing*



4% Positive
12% Don't know
84% Negative

*Source: Denver Public Health, NHBS, 2009, 2012, 2015

“After reviewing all of the research to date, the senior scientists of the Department [of Health and Human Services] and I have unanimously agreed that **there is conclusive scientific evidence that syringe exchange programs, as part of a comprehensive HIV prevention strategy, are an effective public health intervention that reduces the transmission of HIV and does not encourage the use of illegal drugs.**”

-- David Satcher, MD, Assistant Secretary for Health and Surgeon General

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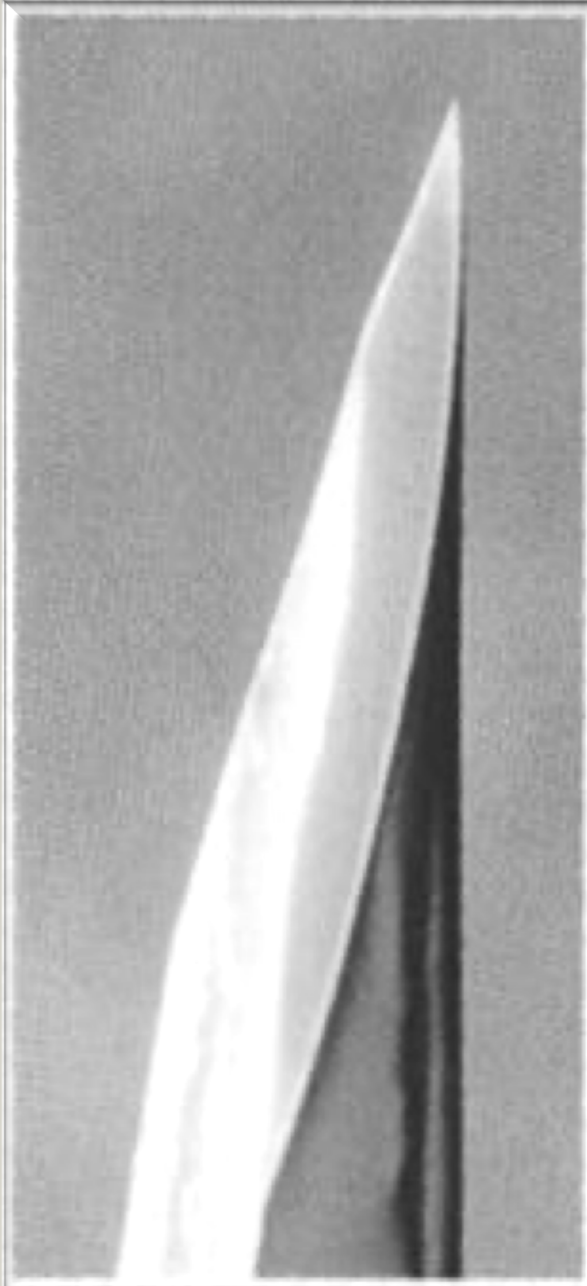
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April 1998

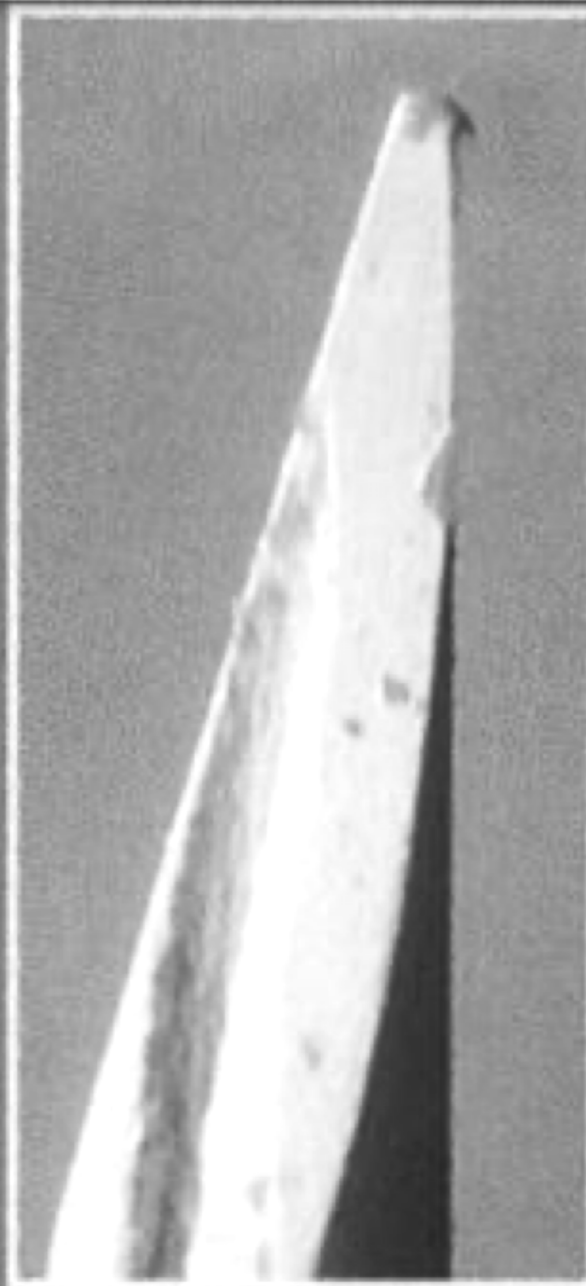
The number of Coloradans with hepatitis C continues to climb, partly because the opioid epidemic has spurred a rise in people sharing needles and other equipment with infected blood. About 100,000 Coloradans were diagnosed with hepatitis C between 1993 and 2016, according to the Colorado Department of Public Health and Environment (CDPHE), although it is difficult to determine how many still live with it.

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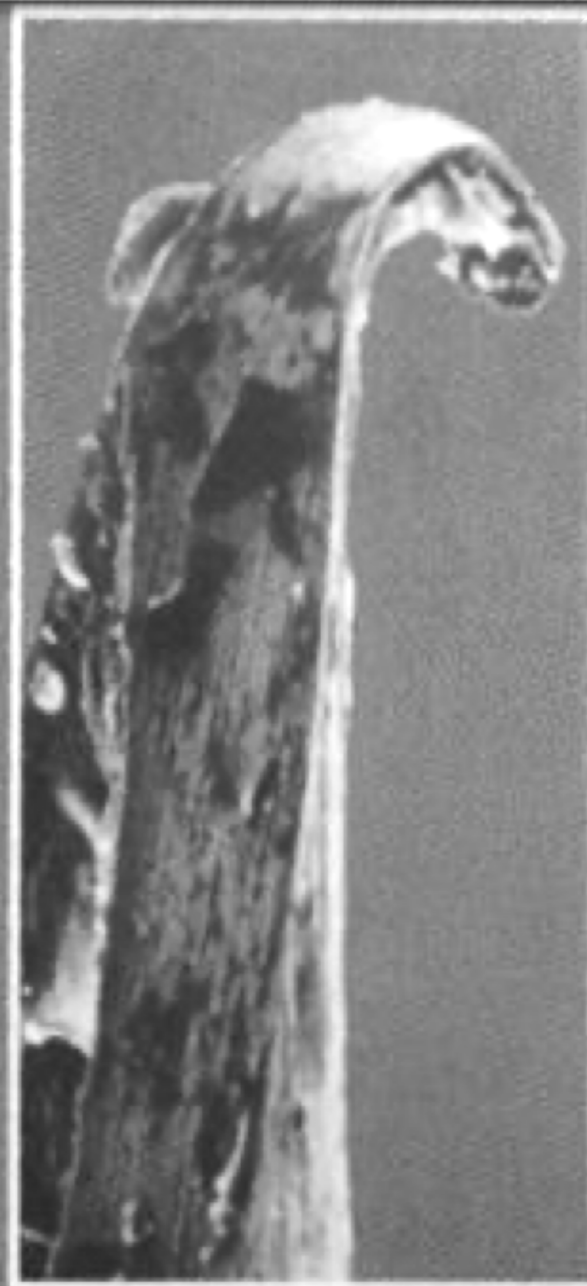
What we do know is CDPHE reported 41 new cases of acute hepatitis C in 2016, up 17 percent from 35 newly reported cases in 2011. Acute hepatitis C is a short-term infection that can, for some, go away without treatment.



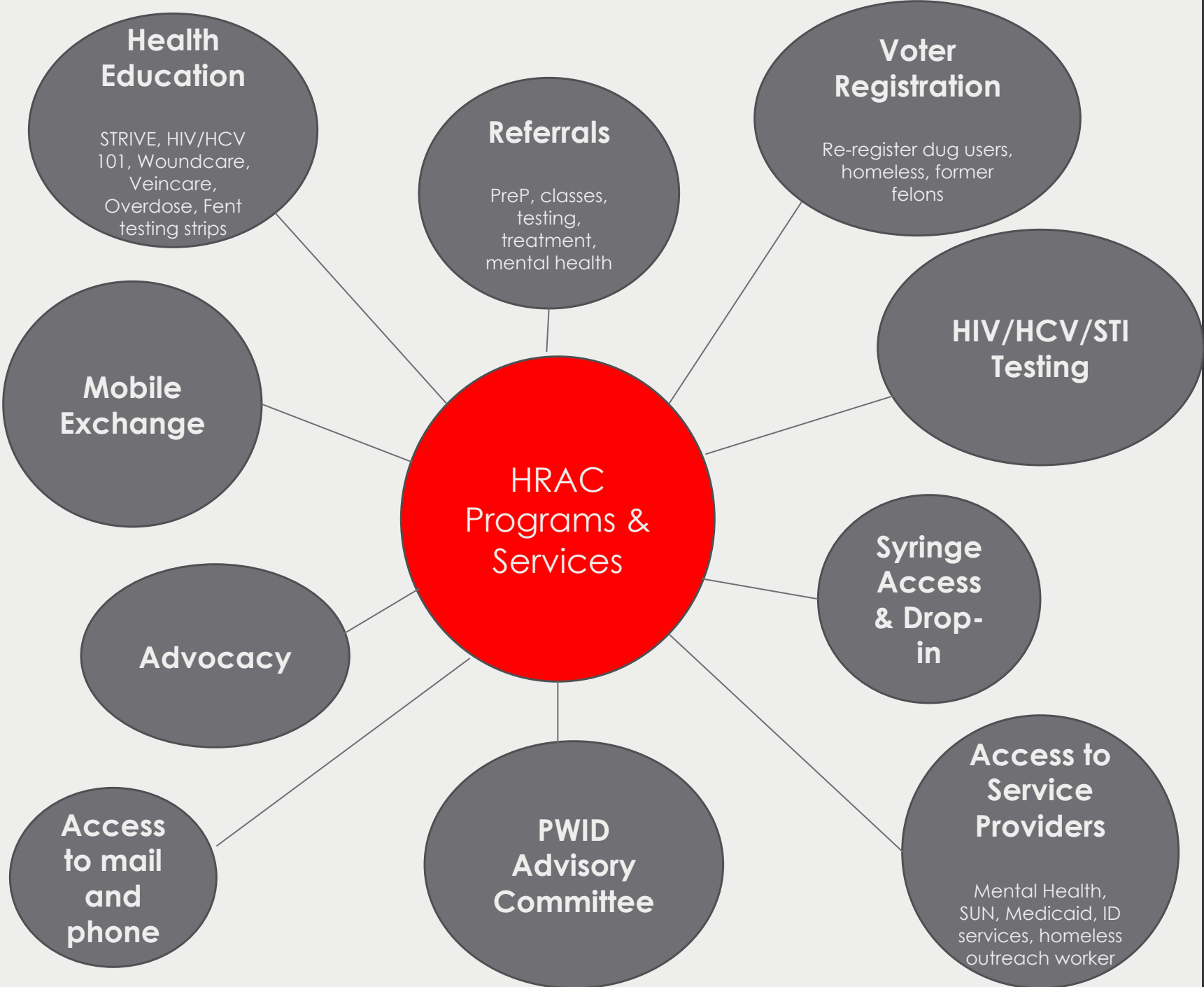
BEFORE USE



AFTER 1 USE



AFTER 6 USES



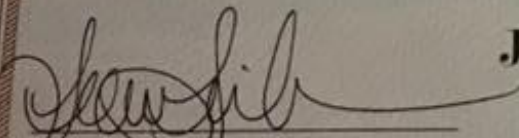
Capitol Hill United Neighborhoods
presents the

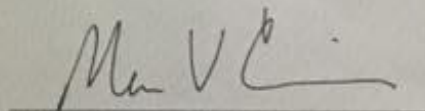
Award for
Creating a Safe
Neighborhood

to

Lisa Raville
Harm Reduction Action Center

January 11, 2018


Travis Leiker, Co-President


Mark Cossin, Co-President

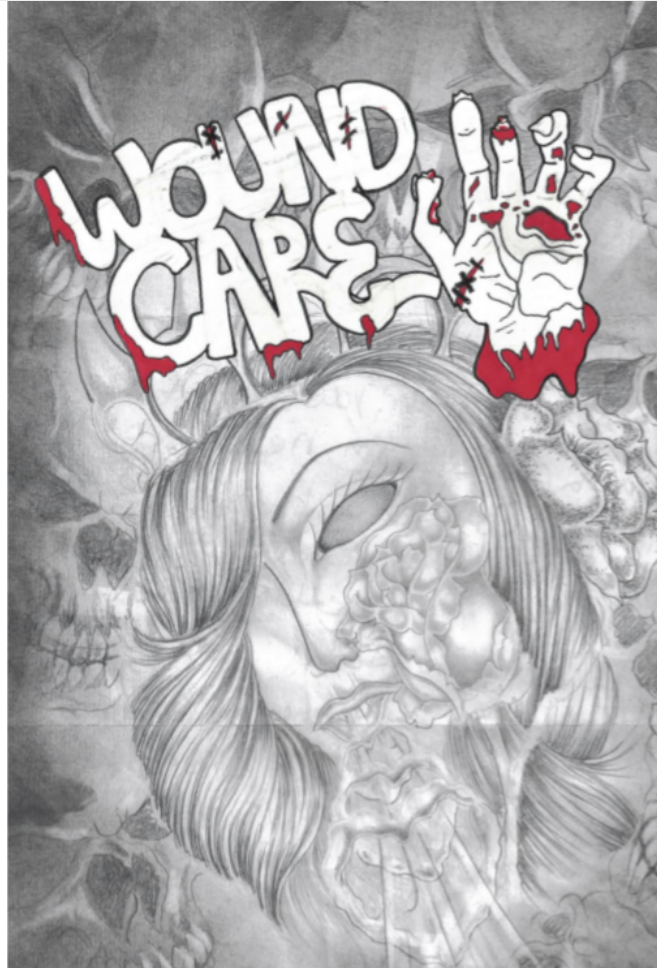


The Question of Enabling

"I got into harm reduction to enable people who use drugs. I enable them to protect themselves and their communities from HIV and hepatitis C and overdose. I enable them to feel like they have someone to talk to, someone who cares, someone who respects them and their humanity.

I enable them to ask for help and to help others in turn. I enable them to find drug treatment and health care, to reconnect with their families, to rebuild their lives. And I enable people who use drugs to take personal responsibility for their health and their futures. If that makes me an enabler, I'm proud to claim that term" -- Daniel Raymond, [Harm Reduction Coalition](#) (aka, the mothership)

Remember – there is no wound fairy. If you've passed the point of self-care for a wound, be sure to go see a healthcare provider.



Drugs involved in U.S. overdose deaths, 2000 to 2016

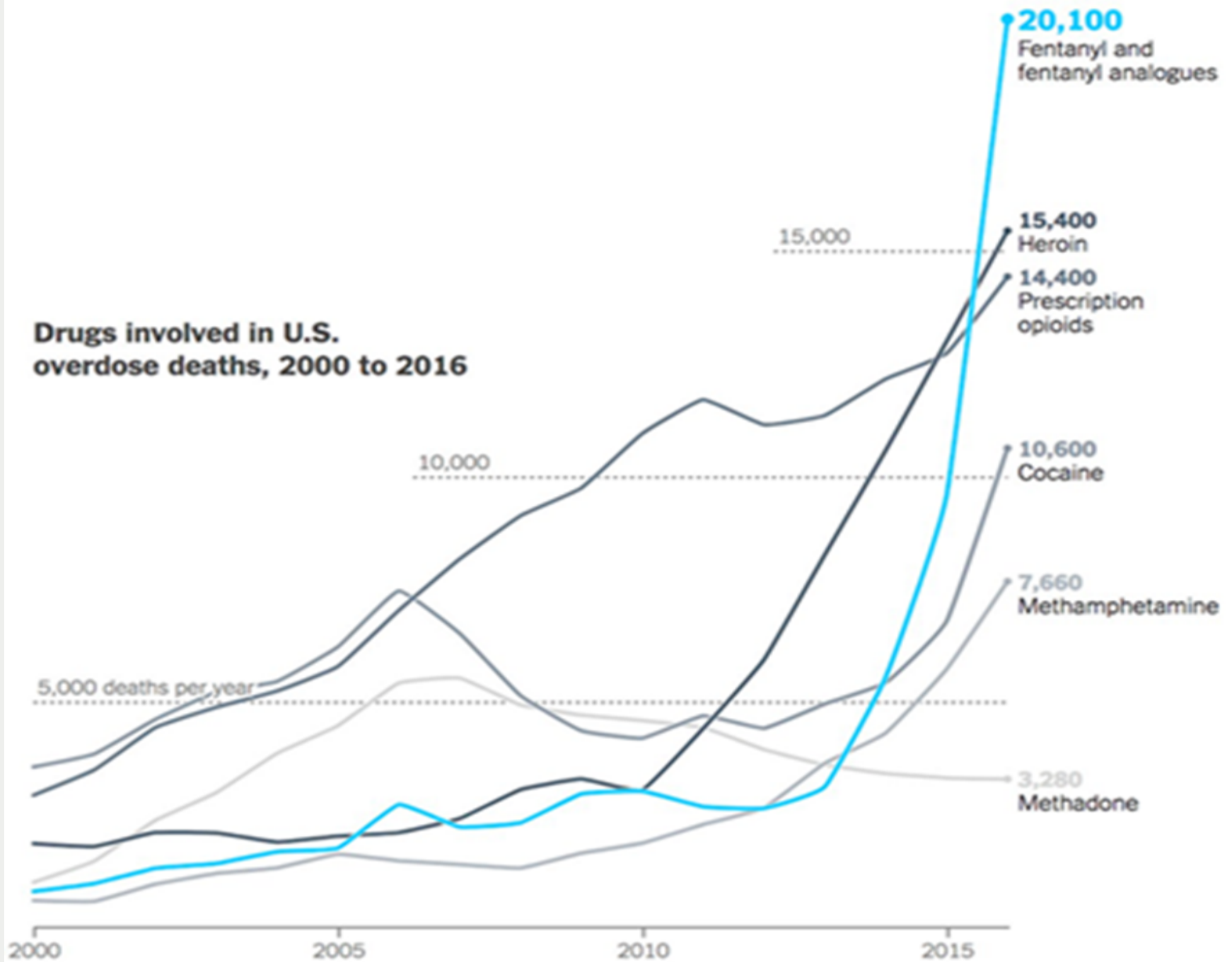
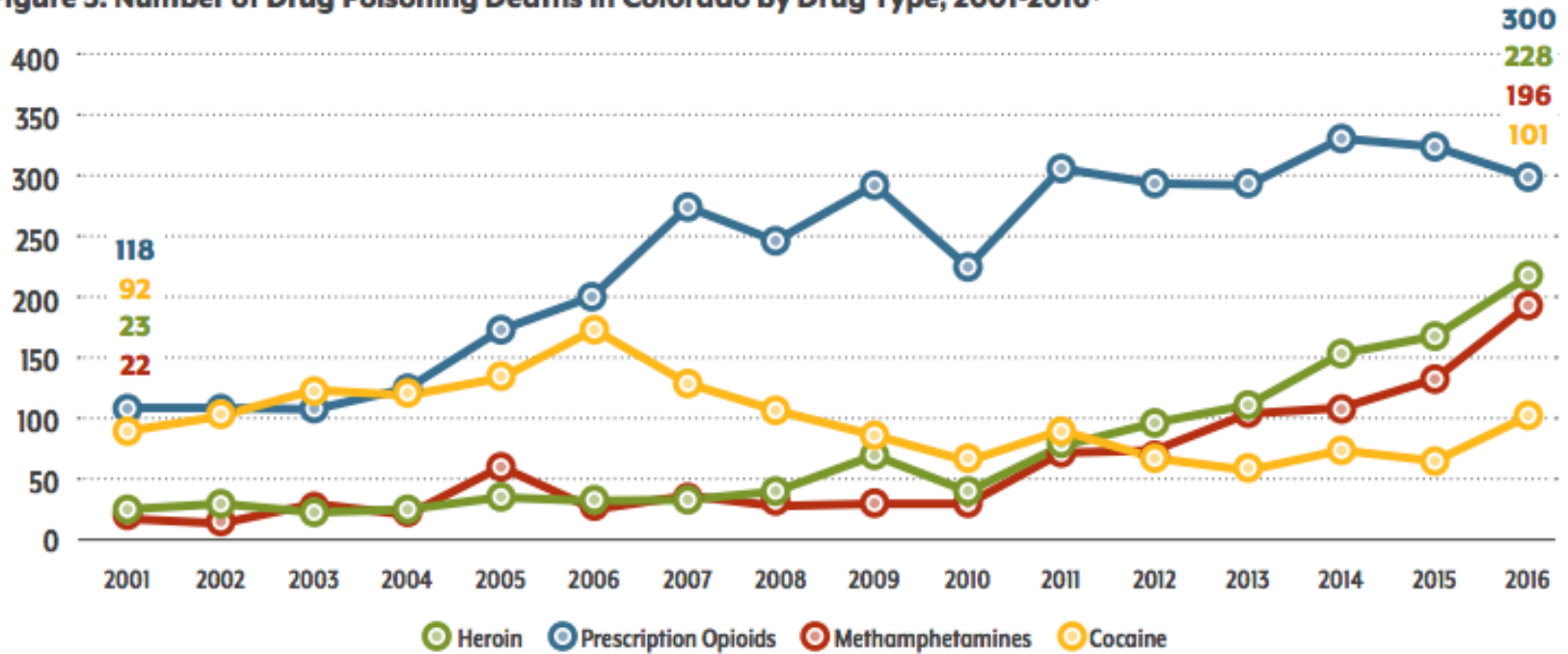


Figure 3. Number of Drug Poisoning Deaths in Colorado by Drug Type, 2001-2016*



- *Sasha – Health Foods Grocery Store
- *Eric – Grocery Store
- *Rachel - coffee shop
- *Jesse - stair well of the parking lot for the 13th and Speer King Soopers
- *AJ - medical campus outside of their ambulance bay
- *Daniel - abandoned house in Cap Hill
- *Andrew - outside in a park
- *Amanda - under the bridge at 14th and Speer
- *Seth - lawn of an abandoned building in Cap Hill
- *Josh - abandoned car
- *Eddie - tent at a camp
- *Luke - tent at a camp
- *Will - abandoned building at 13th and Umatilla St
- *Trey - abandoned building in the Baker neighborhood
- *Joseph - field next to the I25 and Evans
- *Jack - car
- *Angelina – I25 viaduct
- *Tony – on the bike path 14th & Speer

Risks for Overdose - Prevention Strategies



Change in quality of opioid

- Ask others
- Tester shots

Change in tolerance

- After release from hospital, rehab, jail, illness
- Tester shots

Mixing

- If mixing, use less
- Opioids first

Using alone

- Leave door unlocked; call someone trusted

What are the Signs/Symptoms of an Overdose?

- Body very limp
- Face very pale
- Pulse (heartbeat) is slow, erratic, or not there at all
- Throwing up
- Passing out
- Choking sounds or a gurgling/snoring noise
- Breathing is very slow, irregular, or has stopped
- Awake, but unable to respond

REALLY HIGH	OVERDOSE
Muscles become relaxed	Deep snoring or gurgling (death rattle)
Speech is slowed/slurred	Very infrequent or no breathing
Sleepy looking	Pale, clammy skin
Nodding	Heavy nod, not responsive to stimulation
Will respond to stimulation like yelling, sternal rub, pinching, etc.	Blue or ashen skin tinge (usually lips/fingertips)
Normal heart beat	Slow heart beat

Opioid Overdose Deaths Are Preventable

We have the antidote: naloxone (Narcan)

- Safe
- Highly effective

Paramedics use to immediately reverse effects of opiate overdose

Having available before paramedics arrive saves lives and decreases possibility of brain damage

Community programs and first responders expanding access across the country

Naloxone

Opioid antagonist

>40 years experience by emergency personnel for OD reversal

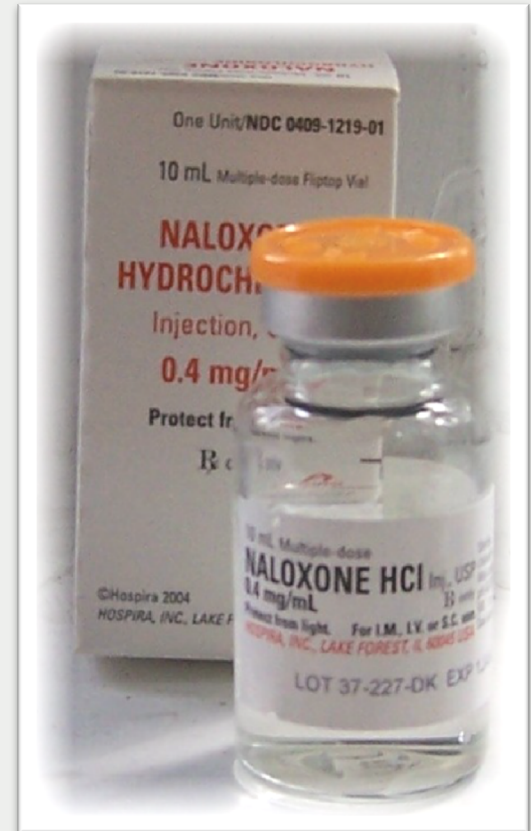
Not addictive; no potential for abuse; no agonist activity

Not a scheduled drug but RX needed

No side effects except precipitation of withdrawal (dose-sensitive)

Unmasking underlying medical problems

Administered via intramuscular and intranasal routes in community programs



Naloxone types

Intranasal



Evzio auto-injector

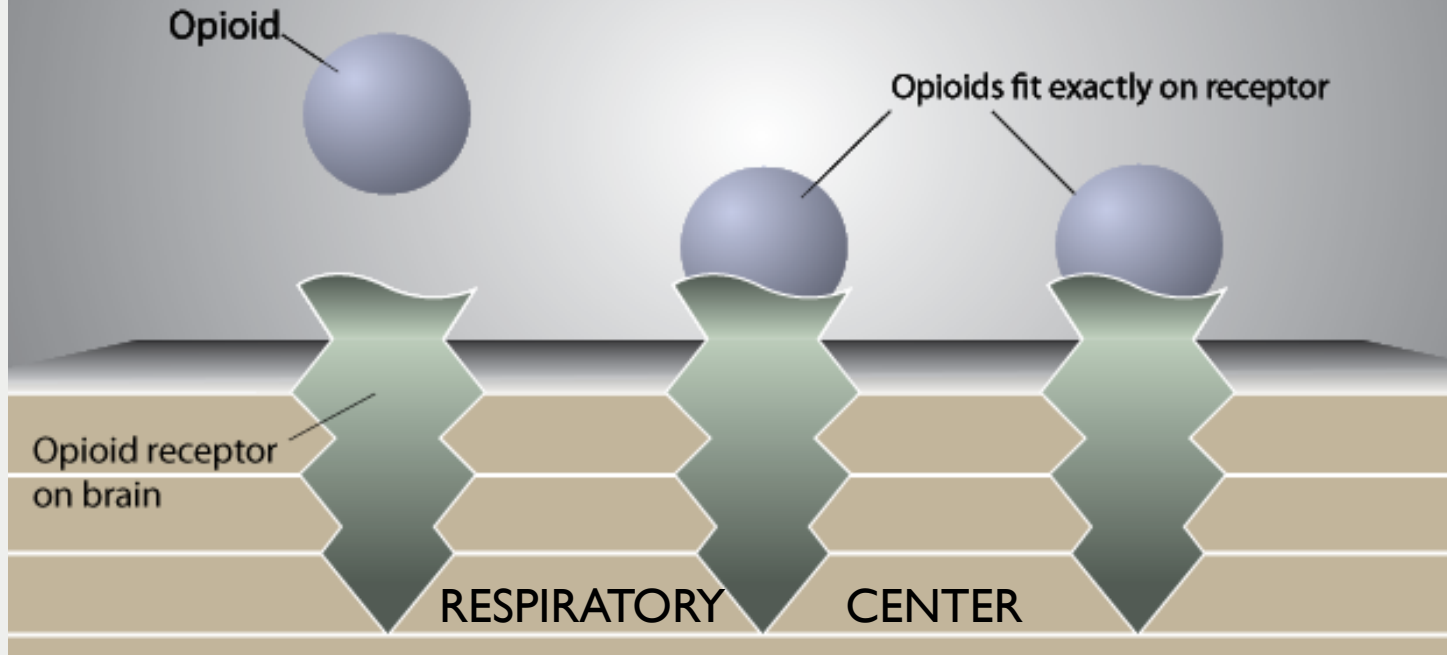


Injectable

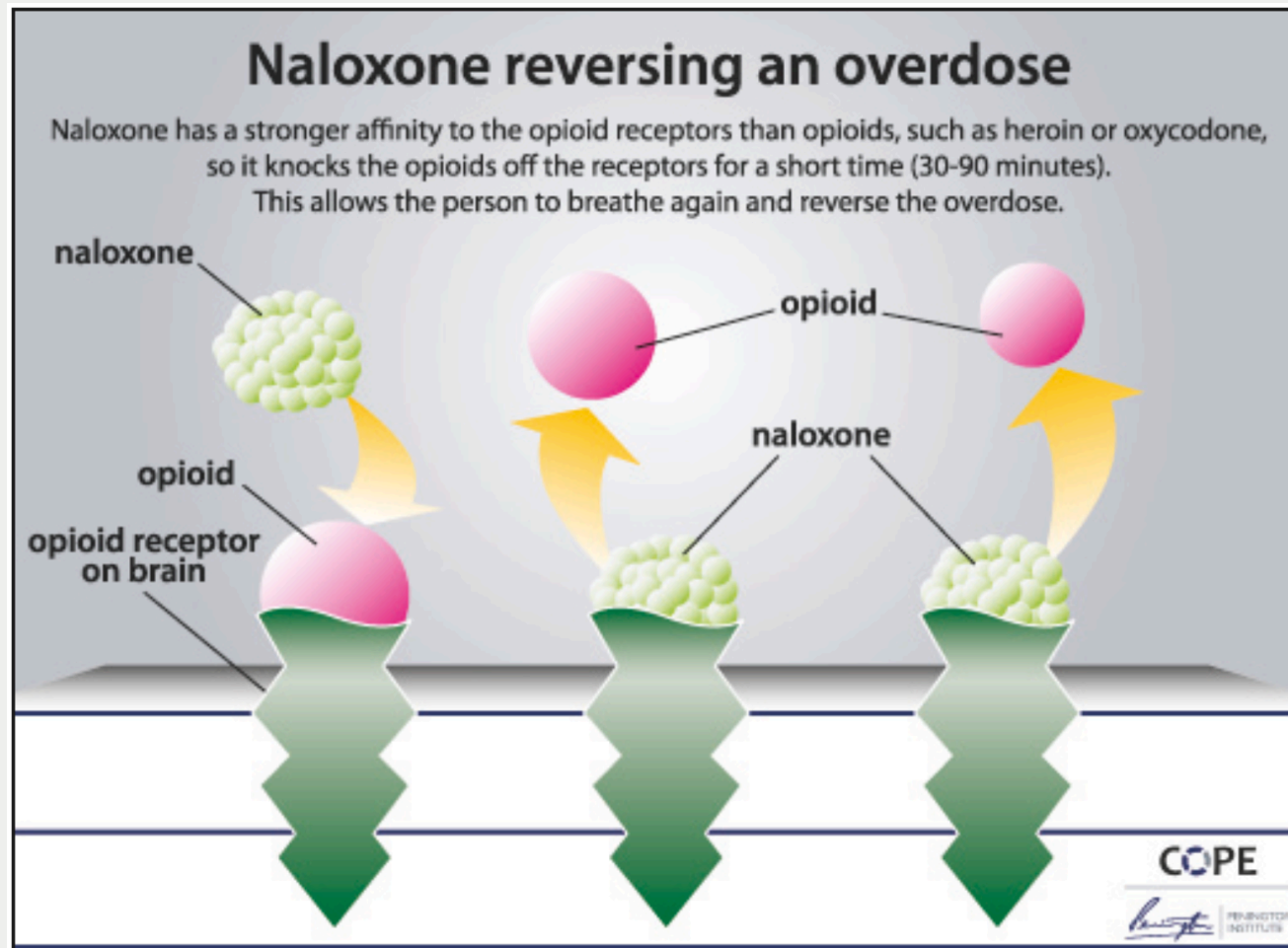


How it works

The brain has many, many receptors for opioids. An overdose occurs when too much of any opioid, like heroin or Oxycontin, fits in too many receptors slowing and then stopping the breathing.



How it works



Source: Adapted diagram from *Guide To Developing and Managing Overdose Prevention and Take-Home Naloxone Projects* <http://harmreduction.org/our-work/overdose-prevention/>

Responding to Overdose

Are you alright?

Are you ok?

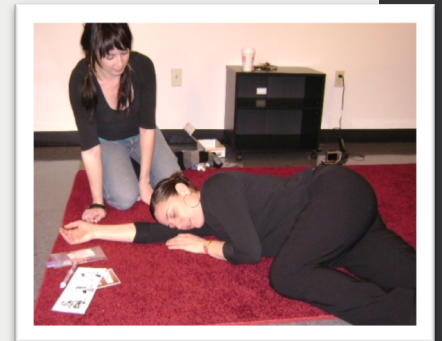
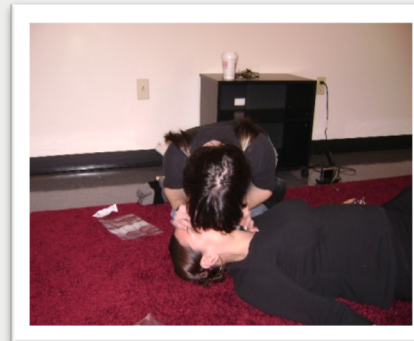
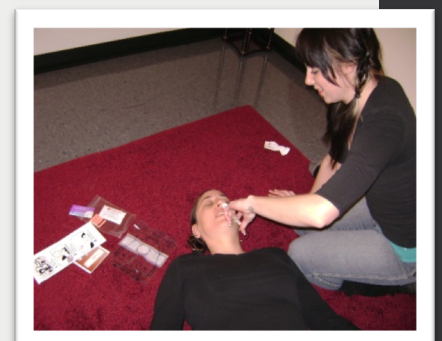
Pain Stimulus

If no response call 9-1-1

Rescue Breathing

Naloxone

Rescue Breathing



Training

Can be done by staff or pharmacists with standing orders

Must include discussion of:

- Risk factors for OD
- Recognition of OD
- Calling 911
- Rescue Breathing
- Administration of Naloxone



Colorado Harm Reduction Legislation



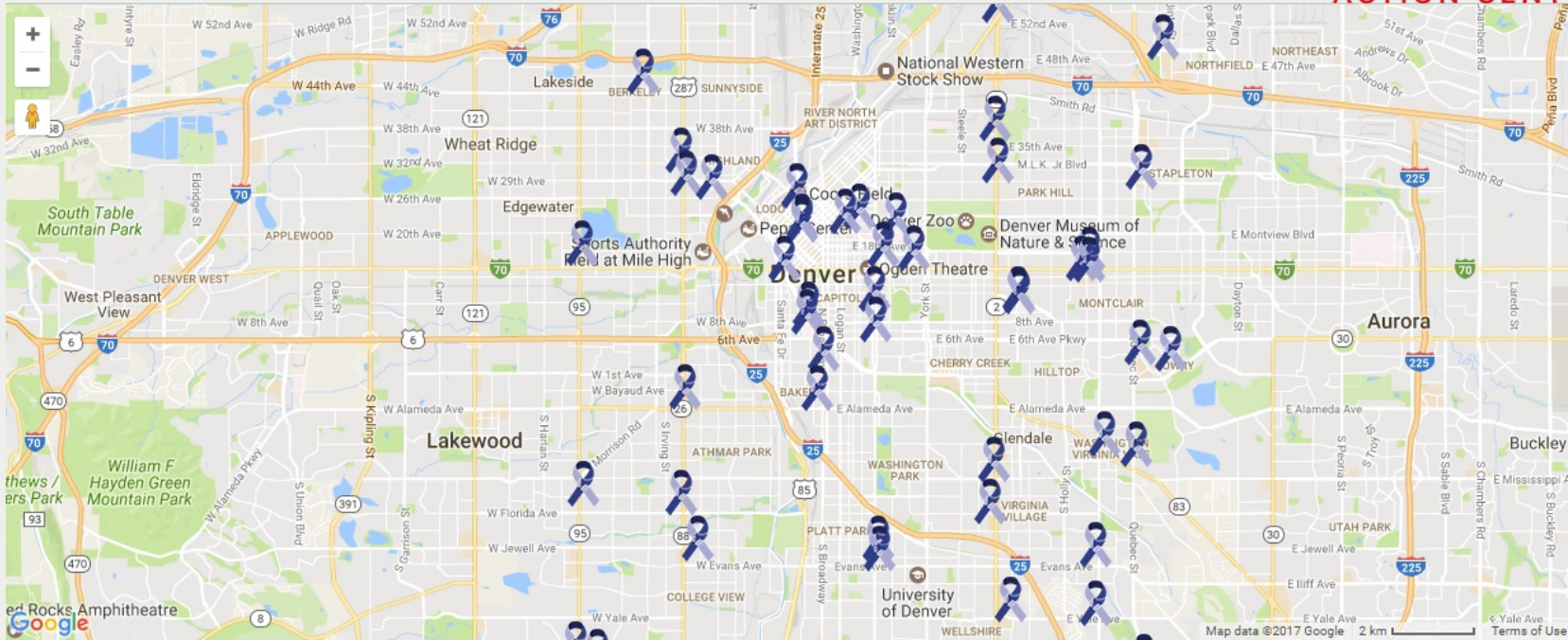
Senate Bill 14 for Third Party Naloxone distribution

Senate Bill 14 passed in the Colorado Legislature in May, 2013. This bill allows medical providers to prescribe the lifesaving medication Naloxone—which reverses the effects of an opiate overdose—to 3rd parties likely to witness an overdose, including friends and family members of opiate users, and all homeless service providers. There have been 1,445 lives saved so far!

Harm Reduction Action Center - Denver
Denver Health & Hospital – Denver
University Hospital

Pharmacies & First Responders – We need your help.

HARM
REDUCTION
ACTION CENTER



- Walgreens, CVS, KS, Rite Aid pharmacies, etc
- 202 Police and Sheriff's Departments
- 6 jails

Colorado Harm Reduction Legislation

- Syringe Exchange – SB 10-189
- 911 Good Samaritan Law – SB 12-020 & HB 16-1390
- Participant Exemption – SB 13-208
- 3rd party Naloxone Access – SB 13-014
- Needle stick Prevention – SB 15-116
- Standing Orders with Access to Naloxone – SB 15-053

Safer Syringe Disposal Initiative



- Used syringes are discarded in public places around Denver. Improper disposal of bio-hazardous waste exposes city employees and the general public, to potential needle stick injuries. 1,500 were disposed between October 2015 – October 2016.

Barriers to proper disposal:

- Pharmacies can sell syringes but don't allow disposal
- Hours of operation for syringe access programs - limited
- Fear of ticketing, additional days incarcerated
- Difficulty disposing, public disposal access is rare
- Issue for homeless diabetics



“

People living in chaotic drug use tend to be more successful at making positive changes in their lives if they first have their most basic needs met, like food and shelter, access to health care, meaningful connection, and being treated with dignity, regardless of whether or not they continue to use drugs, and not contingent on if the difficult circumstances in their lives have changed.

CHRIS ABERT

SOUTHWEST RECOVERY ALLIANCE



Fentanyl Testing Strips



Offered to all participants **at the syringe access table**

Staff provides a **5 minute training** on how to use the strips

Participants are requested to **return with their results**: which drug they tested, positive or negative, etc.

Fentanyl Stats:

Self Reported Results Collected 6/14/18-9/30/19:

RESULTS: (n=1,132)

POS: 45%

NEG: 53%

DIDN'T WORK: 2%

TRAINED:

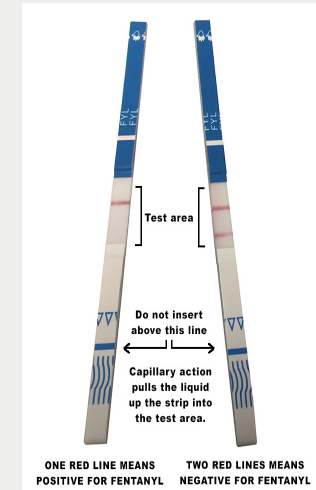
1,220 unique participants trained on how to use fentanyl checking strips.

FINDINGS:

Of the 45% of test results positive for the presence of fentanyl or fentanyl analogues:

Drug breakdown of positive results:

- Heroin: 40%
- Meth: 28%
- Goofball (meth + heroin): 15%
- Polysubstance use (multiple drugs, other than goofball): 15%
- Other (cocaine, crack cocaine, other opioids/pills): 2%



Initial Findings from pilot

OTHER FINDINGS:

- 99% of participants using strips report feeling that using a strip to detect fentanyl makes them feel better able to protect themselves.
- 91% of participants who reported positive results took some kind of action to protect themselves or others ranging from: using less, pushing their plungers more slowly or only part way, snorting instead of injecting, ensuring they had someone with them in the case of overdose, sharing results with a friend, and combinations thereof.
- 44% of participants with positive results reported either using less, or throwing out their drugs entirely.
 - Of the 8% of participants who report throwing away drugs entirely (or throwing away their drugs in combination with other methods such as telling others about their results), 75% of participants who reported throwing away their drugs after a positive result also reported checking methamphetamine alone, cocaine alone, or crack cocaine alone for fentanyl or fentanyl analogues, reaffirming the importance of the availability of fentanyl checking strips for stimulant and otherwise non opiate tolerant using drug users.

Pitfalls in the Treatment of PWIDS

- Afraid of being warrant checked
- It is not uncommon for clinicians to assume that drug users don't care about their health; such misperceptions are noticed by patients. Fearing this negativity and condescension, many drug users avoid the emergency department by trying to "doctor" themselves.
- Some providers automatically undertreat or minimize pain when they suspect drug-seeking behavior, or perform procedures (eg, abscess drainage) with inadequate anesthesia in order to "teach the patient a lesson."
- Health care providers occasionally bring in other colleagues to gawk at patients without their permission. However, these insensitive "Look at the crazy thing this junkie did to herself/himself!" conversations are inappropriate.

Pitfalls in the Treatment of PWIDS

- Vague or unrealistic aftercare plans are futile.
- Long speeches and shaming life lectures about drug use can and should be replaced by educational information about risk reduction.
- Patients often overhear health care providers talking about them negatively outside of the room or behind a curtain. Assuming the patient can't hear them, clinicians can be heard warning other providers about the “druggie” or “drug seeker.”

Supervised Consumption Sites are legally sanctioned and designed to reduce the health and public order problems associated with injection drug use. They enable the consumption of pre-obtained drugs in an anxiety and stress-free atmosphere, under hygienic and low risk conditions.

Commonly, the purpose of SUS's are to reduce public disorder and enhance public safety, reduce overdoses, reduce transmission of HIV and hepatitis C infections, decrease skin tissue infections, and improve access to other health and social services.





Numerous peer-reviewed scientific studies have proven the positive impacts of SIFs. These benefits include:

- Increased access to drug treatment, especially among people who distrust the treatment system and are unlikely to seek treatment on their own.
- Reduced public disorder, reduced public injecting, and increased public safety.
- Attracting and retaining a high risk population of people who inject drugs, who are at heightened risk for infectious disease and overdose.
- Reduced HIV and Hepatitis C risk behavior (e.g. syringe and other injection equipment sharing, unsafe sex).
- Reducing the prevalence and harms of bacterial infections (e.g. staph infection, endocarditis).
- Successfully managing overdoses and reducing overdose death rates.
- Cost savings resulting from reduced disease, overdoses, and need for emergency medical services, and increased preventive healthcare and drug treatment utilization.
- Not increasing community drug use.
- Not increasing initiation into injection drug use.
- Not increasing drug-related crime.



Public Restrooms Become Ground Zero In The Opioid Epidemic

Public bathrooms become clandestine epicenter of opioid crisis

The new front line in opioid abuse fight: public restrooms

Overdoses in public bathrooms are turning baristas and other service workers into unwitting first responders.



Jonathan Giftos, MD

@jonathan_giftos

Following



We need to play that game where we require politicians to finish every sentence denouncing supervised injection facilities with the phrase, “and that is why I think injecting alone in a McDonald’s bathroom is better.”

9:03 PM - 5 May 2018

104 Retweets 234 Likes



5



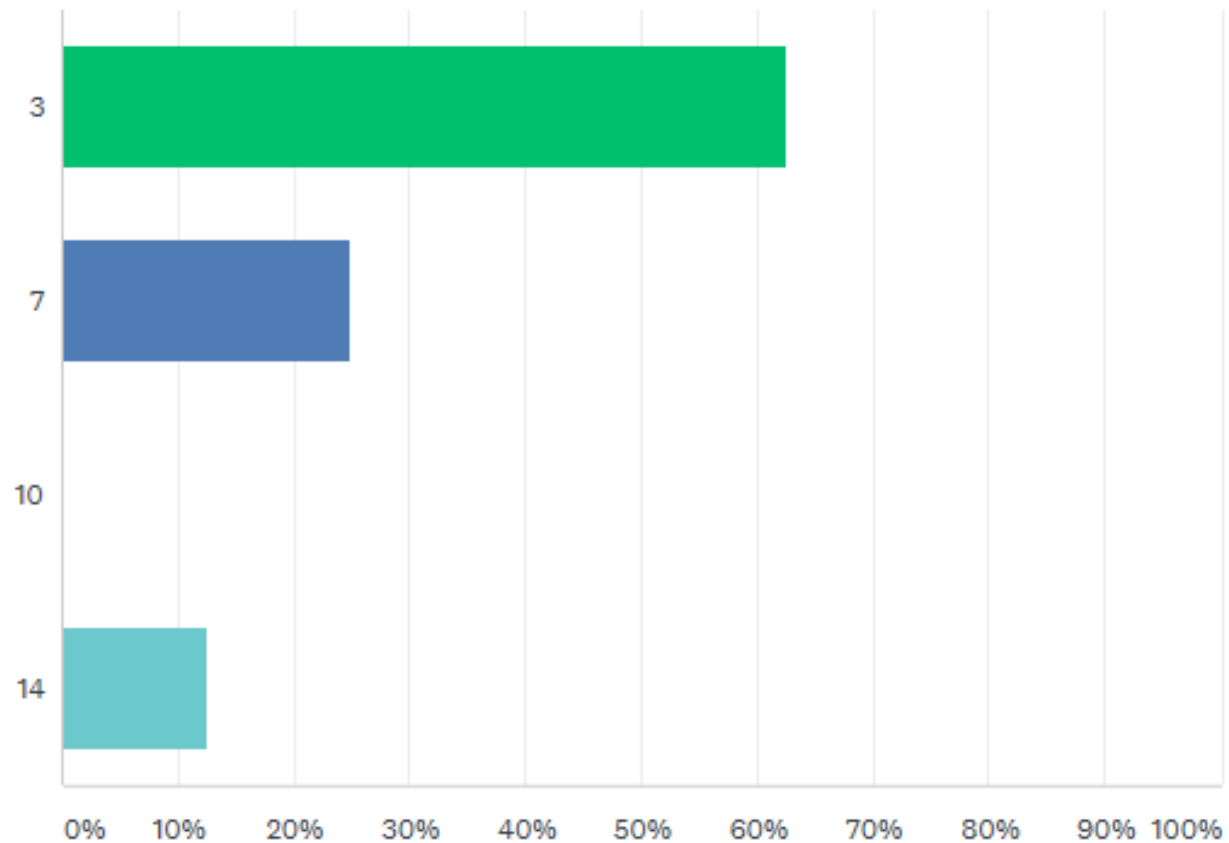
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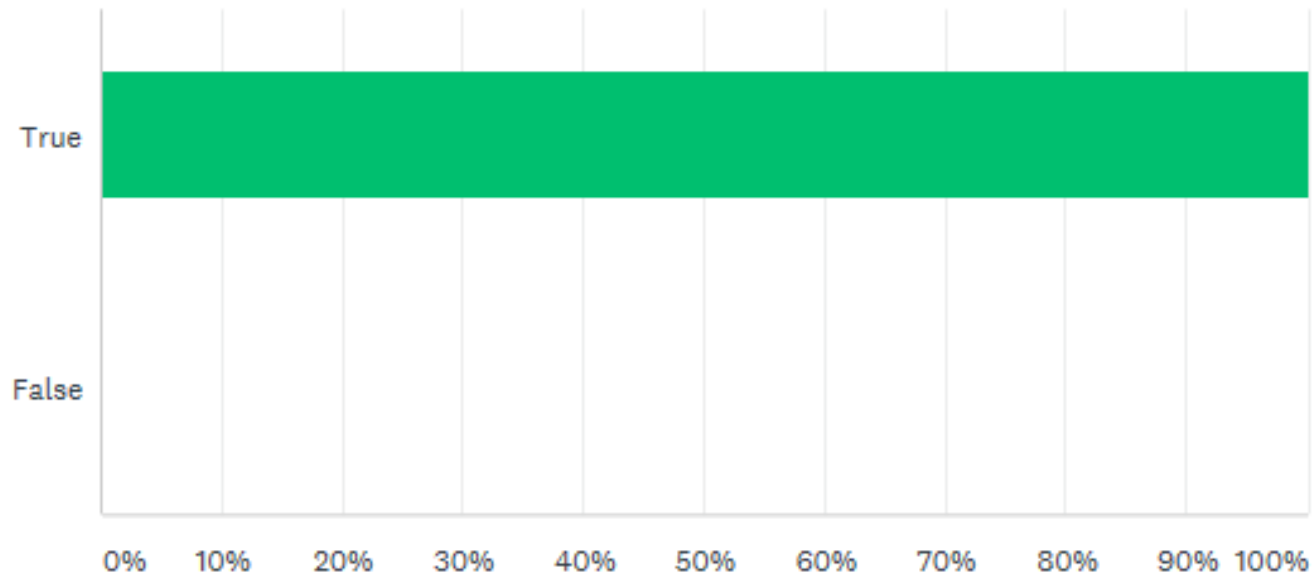
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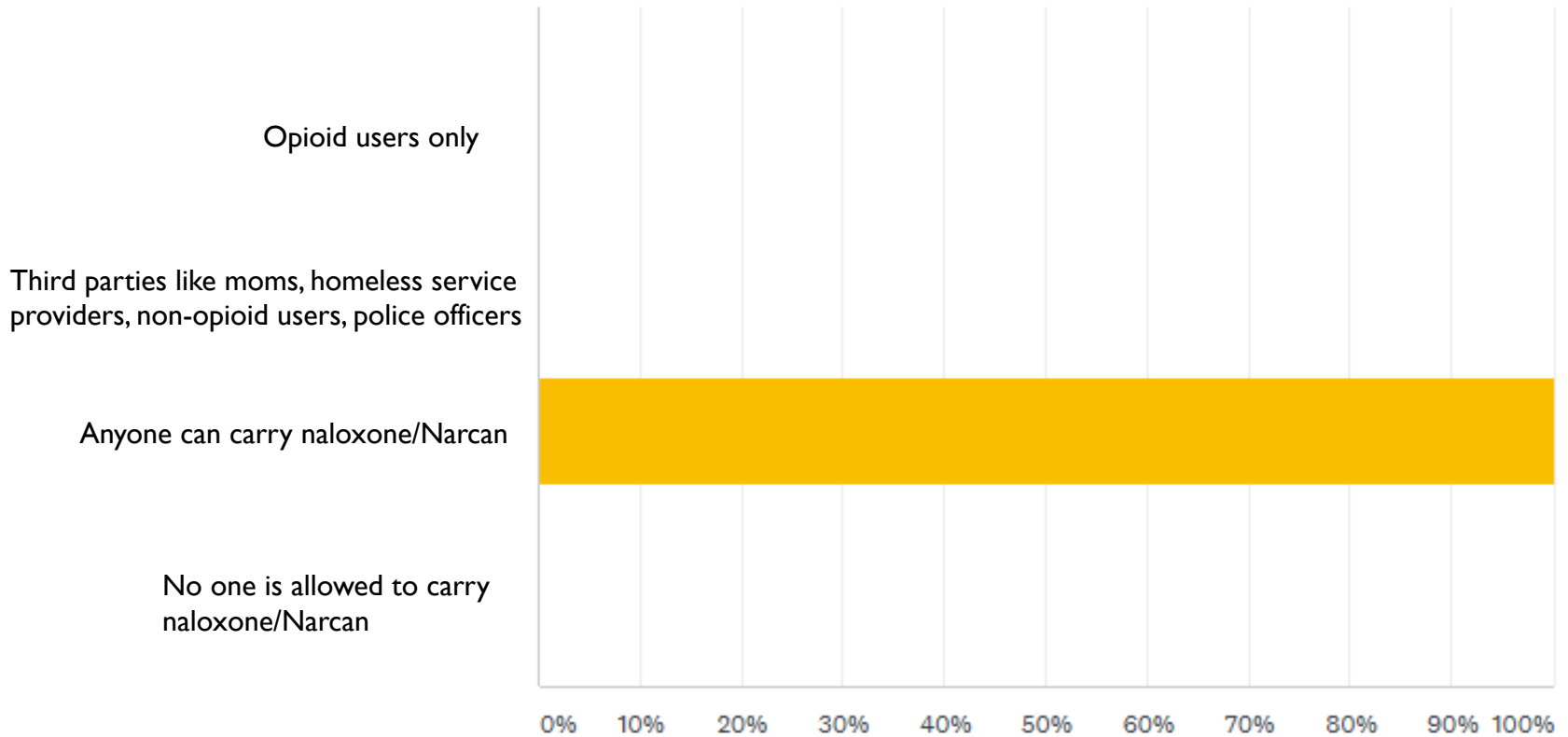
How many syringe access programs are in the State of Colorado?



True or false: Colorado allows pharmacies to sell naloxone/Narcan under standing order.



Who is allowed to carry naloxone/Narcan in Colorado?



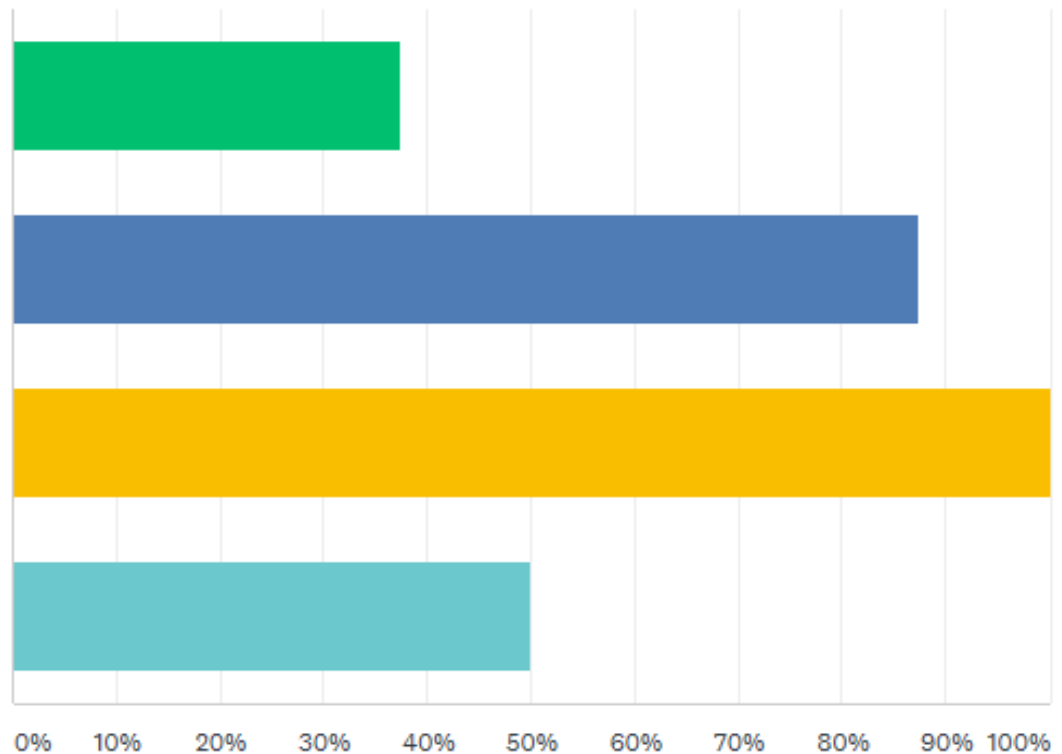
Which of the following statements about Colorado legislation is true? (Select all that apply)

Warning a police officer about the presence of a syringe before he or she searches a suspect protects the suspect against prosecution for drug paraphernalia.

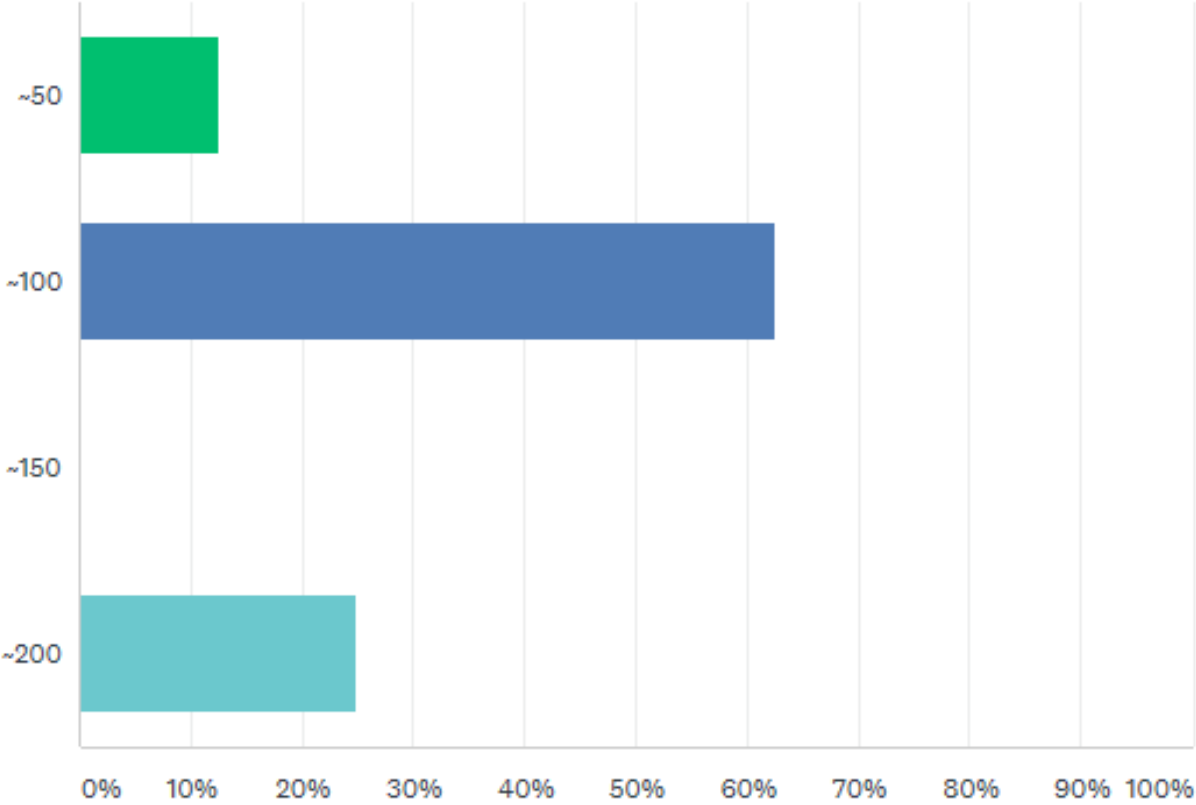
Lay persons may legally carry naloxone..

Good Samaritans who give naloxone are not held responsible for bad outcomes after responding to an overdose.

Drug users who stay with an overdose victim after calling 911 can't be prosecuted for having small amounts of drugs.



How many law enforcement departments in the state carry naloxone/Narcan?



Questions? Email:
Lisa.harm.reduction@gmail.com

