Harm Reduction and Safer Injection

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WHO: A non-profit, non-partisan national association founded in 1992 that represents public health officials who administer HIV and hepatitis programs funded by state and federal governments.

WHERE: All 50 U.S. states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, seven local jurisdictions receiving direct funding from the Centers for Disease Control and Prevention (CDC), and the U.S. Pacific Island jurisdictions.

MISSION: NASTAD’s mission is to end the intersecting epidemics of HIV, viral hepatitis, and related conditions by strengthening domestic and global governmental public health through advocacy, capacity building, and social justice.

VISION: NASTAD's vision is a world free of HIV and viral hepatitis.
Harm Reduction Coalition

- Founded in 1993 by needle exchange providers, advocates, and drug users
- Challenge the persistent stigma faced by people who use drugs
- Advocate for policy and public health reform
Introductions

Please share your name, the organization you work with and how you work with people who use drugs
Training Objectives

1. Define harm reduction.
2. Recognize key principles of harm reduction, key harm reduction strategies and the need for harm reduction, with a PWUD focus.
3. Identify the impact of drug related stigma and discrimination upon participants and their ability to engage in services.
4. Recognize safer injection supplies and equipment needed to prevent disease and infection.
5. Provide harm reduction messages and education tailored to PWID’s unique circumstances including safer injection.
6. Recall good practice in relation to delivery of harm reduction and syringe service programs in a variety of settings.
Group Agreements

- Step up, Step Back
- Non-Judgment
- Use “I” Statements
- Agree to disagree
- Confidentiality
- WAIT/PUSH/ELMO
# Agenda

## Harm Reduction and Safer Injection

1. Workshop Overview
2. Harm Reduction
3. Stigma, Cultural Competency, and working with PWUD’s
   - **Break**
4. Syringe Access and Safer Injection
5. Safer Injection Practices
6. Closing & Evaluations
Harm Reduction
BRAINSTORM:
How do you define Harm Reduction?
Harm Reduction Defined

• A set of practical strategies that reduce the negative consequences of drug use and other risk behaviors (i.e. sexual risk).

• In relation to drug use it incorporates a spectrum of strategies from safer use → managed use → abstinence.

• Harm reduction strategies meet people "where they're at" (but don’t leave them there).
Harm Reduction/Risk Reduction

• Harm reduction employs various strategies and approaches to reduce individual physical and social harms associated with risk-taking behaviors.

• The degree of harm associated with a risk behavior may vary based upon numerous factors, including drug, set, and setting.

• Applies a holistic approach, considering individual circumstances and tailoring prevention messages to address unique risk behaviors.
What are factors related to a person who injects drugs?
Summary: Contributing Factors and Harms

- **Physical**
  - Poor health outcomes
  - Violence
  - OD

- **Psychological**
  - Depression
  - Isolation
  - Stigma

- **Social**
  - Relationship issues
  - Lack of community
  - Isolation from community

- **Spiritual**
  - Isolation
  - Not connecting to life

- **Economic**
  - $ to acquire drugs
  - Loss of housing
  - Loss of or trouble finding jobs

- **Legal**
  - Discrimination
  - Arrest
  - Incarceration
What Does Harm Reduction Look Like?

- Risk Reduction
- Prevention Support Wellness
- Advocacy Linkages Testing
- Education Safer Sex Safer Use HIV/HCV/STIS
- Individual Counseling Group Support
- Outreach SAPs Prevention Supplies
Six Key Principles of Harm Reduction
Principles of Harm Reduction

- Health and Dignity
- Participant-Centered
- Participant Involvement
- Participant Self-Rule
- Recognize Inequalities & Injustices
- Practical and Realistic
(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
Participant Involvement

3. Ensures that participants and communities impacted 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. 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.
Harm Reduction
A holistic approach to working with People Who Inject Drugs

As providers, we can be gatekeepers providing more comprehensive care that is:

Convenient - Positive - Honest - Productive - Client-centered - Pragmatic - Evidence-based - Without Bias
BREAK
Stigma, Cultural Competency, and Working with PWUDs
Continuum of Drug Use

- Experimental
- Social/Ritual
- Situational
- Binge Use
- Misuse
- Dependence
- Chaotic
Stages of Change

Harm Reduction utilizes the Transtheoretical Model (Stages of Change) as a framework to help participants identify where they are in terms of their drug use & risk behaviors then offer harm reduction interventions, approaches & materials at each stage.
Stages of Change

- Prochaska, DiClemente & Norcross - 1992
- Transtheoretical Model
  - Change is gradual
  - Change is cyclical and constant
  - Change is progressive and sequential
  - Change has six basic stages
  - Relapse is likely and still progress
  - Important to meet people at their stage not yours
1. PRE-CONTEMPLATION “Not an Issue”
2. CONTEMPLATION “Thinking About It”
3. PREPARATION “Planning To Do It”
4. ACTION “Doing It”
5. MAINTENANCE “Staying With It”
6. RELAPSE/RECYCLE “Return to Use or Adopt new goals and begin again”
Effective Communicators DO NOT...

• Act as “expert” or do most of the talking
• Diagnose, label, judge
• Argue the person has a problem and needs to change
• Prescribe solutions
• Pressure, threaten consequences, act punitively
Motivational Interviewing (MI) is a collaborative, goal-oriented & person-centered counseling style that helps to resolve client ambivalence about health behavior change by building intrinsic motivation and strengthening commitment.

(Miller & Rollnick, 2002)
Motivational Interviewing

Directive and Participant-Centered

• Focused and goal-directed
• Elicits exploration of ambivalence
• Guides client toward acceptable resolution that stimulates behavioral change
• Change comes from the participant, its not imposed
• Provider and Participant relationship is collaborative
Motivational Interviewing

Expresses Empathy

• Understanding of individual’s perspective and frame of reference

• Explores fears or hesitations regarding change; comfort with current habits, rituals, environment, etc.

• Counselor conveys understanding and builds an alliance through reflective listening
Motivational Interviewing

Encourages Self-Efficacy & Motivation

• Does the participant perceive change as being important?

• Look for recognition/discrepancy around issues (change talk):

  “I guess it doesn’t really make sense.
  I don’t even enjoy getting high anymore.
  It’s just making my problems worse.”

• Is the participant confident they’re able to make the change?

• Look for optimistic expressions around change and note client progress even if small
Motivational Interviewing

Reflection and Reinforcement

• Reinforces the perceived importance of making a change

“That’s great you feel ready to make a change, and moderating your use sounds like a really positive step!”

• Highlight strengths, resources, abilities, history, and belief that change is possible

• Expect success!
Try Prompt Talk

Do you ever need to re-use your needle?

Can I leave you with a few more so you don’t have to re-use as often?

Can I give you extra cookers?

If you re-use do you have enough bleach to rinse them out?

Do you have a way to clean out or boil your cookers?

Have you ever tried a different sized needle?

How do you prefer to shoot or take your drugs?

Would you like to take a few different sizes to try?
Scenarios
ACTIVITY INSTRUCTIONS

- Gather in small groups
- Together read through each Scenario
- Discuss which Stage the question afterwards asks about
- Spend a few min each Scenario
- We’ll go over responses together as large room
BRAINSTORM: What is Stigma?
STIGMA

STEREOTYPES
(IDEAS)

PREJUDICE
(BELIEFS)

DISCRIMINATION
(ACTIONS)

PEOPLE WITH
ARE
INCAPABLE, FRAGILE,
DANGEROUS AND CANNOT
RECOVER.

THEM ARE SCARY,
SHAMEFUL, OR
LESS THAN.

I DON'T WANT
THEM TO LIVE NEXT
DOOR, BE A CO-
WORKER, OR MARRY
INTO THE FAMILY.

EMPLOYERS DO
NOT HIRE | SUPPORT
RECOVERY
EDUCATION LACKS
EFFECTIVE SUPPORTS
FOR SUCCESS
HEALTH INSURANCE
DOESN'T PROVIDE
EQUAL COVERAGE

Image Credit: wisewisconsin.org/blog/what-is-stigma/
Stigma

A social process which can reinforce relations of power and control.

Leads to status loss and discrimination for the stigmatized.

Link and Phelan

Conceptualizing Stigma, 2001
Stigma is the belief.

Discrimination is the action.
Forms of Stigma

- Stigma from Individuals
- Institutional Stigma
- Self-Stigma (Internalized)
- Stigma through Association
Elements of Stigma

- Blame and Moral Judgment
- Criminalize
- Pathologize and Patronize
- Fear and Isolation
Functions of Stigma

*The “3 Ds”*

- **Difference**
  - Keep people out
- **Danger**
  - Keep people away
- **Discrimination**
  - Keep people down
Strategies for Challenging Stigma

**Individual Level**
- Language
- Relationships, honesty & authenticity
- Disclosure and dialogue
- Education and personal development

**Organizational Level**
- Training and education
- Outlets for feedback
- Assessment of practices
- Hiring drug users

**Community Level**
- Participant Advisory Boards
- Awareness campaigns
- Policy and advocacy
- Events
Lunch
1 hour
Best practices for Syringe Services Programs
Benefits of SSPs:
Reduction in HIV Incidence

• Syringe access programs are an effective, evidence-based HIV prevention tool for people who use drugs

• Seven federally funded research studies found that syringe exchange programs are a valuable resource

• In cities across the nation, people who inject drugs have reversed the course of the AIDS epidemic by using sterile syringes and harm reduction practices.

Benefits of SSPs: Reduction in HCV Incidence

- Almost 1/3 of IDUs (31.8%) report “sharing” syringes and other equipment*
- Many participants of SAPs have been injecting for some time
- Large number of PWID already infected with HCV

*Source: HIV-Associated Behaviors among Injecting Drug Users—23 Cities, United States, May 2005-Feb 2006. The CDC. MMWR. April 10, 2009 / 58(13);329-33 Available at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5813a1.htm
Benefits of SSPs:
It’s not just syringes!

- Detox and drug treatment programs
- Medical, dental & mental health services
- Counseling and referrals
- Case Management
- HIV/HCV services
- Housing services
- Safer sex supplies & education
- Overdose prevention
- Prevention for non-injectors
Characteristics of Effective SSPs

- Ensures low-threshold access to services.
- Promotes secondary syringe distribution.
- Coordinates linkages to health and social services.
- Ensures PWID have a VOICE.
- Includes diverse community stakeholders in creating a social and legal environment supportive of SAPs and PWID.
- Includes participants in improving on existing services.

How can this be achieved in your area?

Recommended Best Practices for Effective Syringe Exchange Programs in the United States: 2009
SSP Practices to Avoid

- Supplying single use syringes
- Limiting frequency of visits & number of syringes
- Requiring one-for-one exchange
- Imposing geographic limits
- Restricting syringe volume with unnecessary maximums
- Requiring identifying docs.
- Requiring unnecessary data documentation
OSHA’s Bloodborne Pathogen Standard

• Employees and healthcare workers covered by this standard include those who:
  • Have direct patient/resident contact
  • Draw blood
  • Work with blood and other bodily fluid specimens
  • Handle contaminated equipment, biohazardous or infectious waste
  • Clean up blood spills or blood by-products
Universal Precautions

- **Universal Precautions** is an approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious for HIV, HBV and other bloodborne pathogens.

- United States Department of Labor, OSHA
Specific Universal Precautions

• If a syringe is found, act as if it has been used and apply Universal Precautions to dispose of properly.
Used Sharps

• **Used Sharps** is when the device has been used and is no longer new or sterile.

• Applying Universal Precautions is acting *as if* the used sharp has been infected, even if you’re not sure.
KEEP YOUR COMMUNITY SAFE

USE A SHARPS CONTAINER

Used sharps are hazardous waste. When not discarded properly, they can cut and infect others. Protect your community by always discarding your used sharps in a sharps disposal container. Free sharps containers may be available through your doctor, hospital, health insurance or medication supplier. You can also buy one from your pharmacist or online.
Post-Exposure Protocols

1. Wash needlestick or cut with soap and water
2. Report the incident to SSP supervisor
3. Seek medical treatment options immediately
Post-Exposure Prophylaxis (PEP)

- PEP uses anti-retroviral medicines to prevent HIV infection
- Most effective when initiated immediately after exposure, within first 48-hours
- Regimen lasts 28 days
- Only works if HIV-negative before exposure
- Getting on PEP immediately after exposure can prevent HIV
- There is no PEP equivalent for Hepatitis C, to date
  
  - *Get PEP treatment at nearest Urgent Care or ER*
SSP Models & Interventions

- Storefront
- Street-Based Mobile Outreach Van/Backpack
- Secondary or Peer-Delivered (PDSE)
- Pharmacy
So how do you figure out which is right for your community?
Some considerations for Rural and Suburban Syringe Service Programs

1. **Ask your participants!** Include participants and staff who are trusted by local PWUDs in the planning.

2. **Assess mobile vs. fixed (or both)!** Mobile models can operate effectively on their own or be a good complement to a fixed site. Talk to existing programs and community stakeholders about benefits, drawbacks, and legality/acceptability.

3. **Encourage peer exchange models where possible!** Peer programs are very important to consider in rural areas where both geography and lack of trust are big barriers to engaging folks.
4. **Respect your participant’s right to privacy!** Rural areas can offer less anonymity making it harder for folks to access fixed sites or ensure participant’s anonymity in their community (This is where home visits and peer programs can play an important role)

5. **Diversify how you get the word out!** Use promotion through social media, peer-to-peer word of mouth, and partner with other community services that PWUDs frequent

6. **Educate your community on how to care for its members!** Community education on SSPs, overdose prevention, and naloxone distribution can create cultural safety within the community, increase access to naloxone, and engage people who need services but may be isolated
Safer Injection Practices
BRAINSTORM:
What are Potential Harms of Injecting?
Potential Harms of Injecting

- Exposure to HIV
- Exposure to viral hepatitis
- Soft tissue infections (abscesses, cellulitis)
- Vein damage
- Overdose/OverAmp (Speed overdose)
- Accidental death
- Damage to circulatory system, loss of limbs, and tissue
- Stigma
- Jail
- Inability/Difficulty to enjoy getting high in other ways
- For some people, injecting makes a difference on how they manage their drug use
Supplies and Equipment

- Needles & Syringes
- Cookers
- Cotton
- Sterile water
- Tourniquet
- Alcohol pad
- Band aid, Gauze
- Bleach
- Ascorbic acid
Needles and Syringes

“If you are injecting, the best needle to use is the shortest, thinnest one that will reach the site and enable you to inject without it breaking.”
Anatomy of a Syringe
BETORE USE  |  AFTER 1 USE  |  AFTER 6 USES
Hierarchy of Syringe Use

Safest

1. Use a new and sterile syringe every time
2. Use your own syringe if you have to re-use
3. Rinse syringe with bleach + water if you share
4. Rinse it with water if there is no bleach

Less safe
Hierarchy of Water Source

Safest

➢ 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

Less safe

➢ Avoid water from puddles or another stagnant source
Factors to Injecting
Most people don’t realize how many veins there are to choose from.
Most people don’t rotate veins and tend to stick to the same ones they usually inject.

Type of substance
Route of administration
How many times it takes to find a vein

Unsanitary conditions can cause location sites to become infected
Difficulty to steady the hands and take time to find veins and inject with less risk

Regardless of intentions, person’s behavior may be controlled by how sick they are feeling.
Not drinking enough water
- Dehydration conserves water
- Veins need water to stay healthy and plump
- Water is retained between muscle and skin obscuring veins

Sodium
Simple sugars
Caffeine
- Sodium or Salt increases water retention
- Sugar lessens body’s ability to expel sodium
- Caffeine contributes to dehydration

Tourniquet use
- A tie with no “give” can damage vein from the pressure
- Tying off too tight or too long can cut off circulation
Safer Injection Process
Video

Tips for Finding Veins

• Use a tourniquet
• Drink lots of water
• Don’t smoke beforehand
• Use warm compress
• Switch-up where you inject
• Exercise does help
• Breathe
• Avoid caffeine 20 min. beforehand
Injection Process

Find the safest, cleanest, and best well-lit spot possible that has a water source.

1. Wash your hands and prep the area
2. Cook drugs and use a filter
3. Find a vein, use a tourniquet
4. Bevel up and insert and register (flag)
5. Release the tie
6. Inject some drug solution, test strength & effect
7. “Taste” if its okay (not too strong) before doing more
What steps would I take to reduce contamination in this process?
Hand Washing

Clean Hands Save Lives

Wash your hands when you can and keep your fingers clean!
Bevel up!
Hierarchy of Injecting Sites

Safest

Arms
Hands
Legs
Feet
Groin
Neck

Always shoot towards the heart!
Other Routes of Administration

**Snorting**: Up the nose

**Smoking**: Through mouth to lungs

**Swallowing**: Mouth to stomach

**Booty Bumping/Plugging**: Rectally inserted
Veins Feel Different

- Veins should feel like wet spaghetti
- Veins feel like a bouncy tube or undercooked pasta
- Muscle feel like flat steak
- Tendons feel like stretched bungee cord
- Arteries have a pulse
If you hit an artery:

➢ Apply firm pressure to stop the bleeding
➢ At least for 30 min
➢ If possible, raise the affected area
➢ Lie down
➢ Dial 911 for an ambulance if bleeding does not stop
➢ Even if bleeding does stop, contact a doctor
Use an Extra Syringe to Split Drugs

**Backloading** (diagram>>)
- Draw up liquid into the back of each syringe after the plunger has been removed
- Also called **Piggybacking**

**Frontloading**
- Squirt drug carefully into the front of the other syringe that still has the plunger in it
- Need detachable needle type for this
Basic Safer Injection Messages

• After injecting apply gentle pressure to the puncture wound with tissue or cotton.

• But don’t use alcohol pads after you inject – they stop your blood from clotting, so you bleed more.

• Dispose of used syringes in a sharps container or something hard and puncture-proof with a lid like a detergent bottle or milk jug.
Basic Safer Injection Messages

- Take control of your own injection.

- Hep C is easy to acquire and transmit – only a very small amount of blood is required, and may survive outside the body much longer than HIV.

- Dispose of sharps containers at local syringe exchange.

- Avoid drawing up from a cooker if someone else has used it.
Reflective Exercise: Applied Harm Reduction

**Identify:** Identify specific areas where you may need more support applying specific harm reduction interventions

**Explain:** Describe to a colleague what harm reduction is in your own words. (has this changed from this morning's introduction exercise)

**Apply:** Does your agency follow the six main principles of harm reduction? How can you integrate these harm reduction messages into your daily work with clients?
Workshop Resources

Chicago Recovery Alliance * www.anypositivechange.org
Better Vein Care/Safer Injection Guide

North Carolina Harm Reduction Coalition * www.nchrc.org
Safer Injection Drug Use

Merchants Quay Ireland * www.mqi.org
Safer Injecting...Reducing the Harm Associated with Injecting Drug Use

Exchange Supplies * www.exchangesupplies.org
Better Vein Care/Safer Injection Guide

Harm Reduction Coalition * www.harmreduction.org
* Getting Off Right, A Safety Manual for Injection Drug Users
Guide to Developing and Managing Syringe Access Program
NASTAD and HRC thank you for participating in this workshop!
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