Substance Misuse & Harm Reduction

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No conflicts of interest or relationships to disclose.
How Do We Come Here?

• Name
• Where do you come from?
• What is your role in health care/public health?
• What is one strength you bring to your work?
What We Are Going to Talk About Today

• People Who Inject Drugs (PWID)
• Infectious Disease Transmission
• Opioid Epidemic and What Happened to Meth?
• Common Responses to PWID
• Alternative Approaches
People Who Inject Drugs

12 million people inject drugs

1.6 million are living with HIV

**Key:**
- Purple: Number of people in the population who inject drugs
- Orange: HIV prevalence among people who inject drugs

### Regional Breakdown

- **Asia:** 4,670,000, 12.5% HIV+
- **Eastern and SE. Europe:** 2,860,000, 22.9% HIV+
- **North America:** 2,080,000, 9.1% HIV+
- **Western and Central Europe:** 700,000, 11.2% HIV+
- **Latin America and Caribbean:** 670,000, 6.1% HIV+
- **Africa:** 630,000, 13.6% HIV+
- **Oceania:** 90,000, 1.3% HIV+

Hepatitis C Transmission

- Injection drug use: 60%
- Sexual: 15%
- Transfusion (before screening): 10%
- Other (hemodialysis; health care work; perinatal): 5%
- Unknown: 10%
HCV in Indian Country

Data from CDC
Demographic Changes

Changes in who is starting to inject drugs

Percent of new PWID by race suggests fewer blacks, and more whites, are starting to inject drugs

- 2005:
  - White: 38%
  - Hispanic/Latino: 19%
  - Black: 38%

- 2009:
  - White: 44%
  - Hispanic/Latino: 21%
  - Black: 29%

- 2012:
  - White: 44%
  - Hispanic/Latino: 21%
  - Black: 28%

- 2015:
  - White: 54%
  - Hispanic/Latino: 21%
  - Black: 19%

60%

Heroin use has increased more than 60% (114% in whites) in recent years. The heroin and prescription opioid epidemics could lead to new HIV outbreaks.

SOURCE: National Survey on Drug Use and Health, 2002-2013

Overdose Deaths

Overdose Deaths Involving Opioids, by Type of Opioid, United States, 2000 - 2016

- Any Opioid
- Other Synthetic Opioids (e.g., fentanyl, tramadol)
- Heroin
- Natural & Semi-Synthetic Opioids (e.g., oxycodone, hydrocodone)
- Methadone

Response to “Opioid Epidemic”

N.H. Lawmakers Approve $20 Million Of Federal Opioid Funding
New Hampshire Public Radio
2 days ago

Illinois gets $44 million in federal funds to fight opioid abuse
WQAD.com
2 days ago

Ohio getting $71M for more medication-assisted treatment, care for people battling...
WLWT Cincinnati
2 days ago

More for federal money for opioid epidemic

Opioid Addiction – Grants.gov Community Blog
https://blog.grants.gov/tag/opioid-addiction/

The following recent grant opportunities highlight the range of U.S. government agencies and programs currently addressing the opioid epidemic: Continue ...
The Drug Enforcement Administration saw a huge jump in methamphetamine seizures in North Dakota in 2018 as the drug becomes more accessible in the region.

For fiscal year 2018, which ended on Sept. 30, the DEA seized 61.82 pounds of meth in North Dakota, up from 3.08 pounds that were seized in the state the year before.

“Local and state law enforcement have probably seized an equal amount if not more,” said Ken Solek, assistant special agent in charge for the Minneapolis DEA Office.
Drug Misuse is a Public Health Issue

- Socio-economic deprivation
- Family history of addiction
- Homelessness
- Unemployment, poor working conditions and job insecurity
- Men are more likely to use illegal drugs
- Poor mental health is linked to drug misuse and vice versa

There are strong links between health inequalities and drug use but the picture is complex.
North Dakota’s Significant Health Needs as Identified by Community Health Needs Assessments

Aggregate Results for Rural and Urban North Dakota Hospitals and Public Health Units

Brad Gibbens, Center for Rural Health Deputy Director and Assistant Professor
Identified Community Health Needs

- Behavioral Health: 23
- Mental Health: 20
- Health Workforce (e.g., physician and provider recruitment/retention, specialists): 17
- Obesity/overweight: 13
- Elderly services (e.g., availability of resources): 10
- Costs (e.g., healthcare, insurance, prescriptions): 9
- Wellness (e.g., lifestyle, exercise, physical activity): 9
- Childcare/daycare: 8
- Jobs with livable wages: 8
- Ability to attract young families: 6
- Illness and disease (e.g., heart disease, cancer, diabetes, hypertension): 4
- Housing: 4
- EMS: 3
- Access to healthcare: 2
- Poverty: 2
- Violence prevention: 2
- Sexual health/STD: 2
- Bullying/cyber-bullying: 2
- Assisted living: 1
- Transportation: 1
- Unemployment/underemployment: 1
- Healthcare for children: 1
- Dental access: 1
- Lack of knowledge of services: 1
- Flu vaccine: 1
Health Risks

- Collapsed veins
- Infection of the heart lining and valves
- Abscesses
- Constipation and gastrointestinal cramping
- Liver or kidney disease
- VIRAL HEPATITIS – ESPECIALLY HCV
- HIV
Public Health – Where to Start?

SAFER INJECTING

Avoid Your Wrists
Nerves, veins and arteries are all very close together in the wrists. Shooting up here is dangerous and should be avoided.

Avoid Your Groin
There are many major arteries in your groin area - if you hit one, you could lose a leg, lose a lot of blood, or even die. Never inject into or around your genitals!

Avoid Head & Neck
Overdosing is more likely when you shoot up near areas closest to the heart and brain. Abscesses are more dangerous here, too.

Use Your Arms
Use surface veins in arms if they are in good shape. Rotate sites regularly.

Carefully Use Your Legs
Blood flows slowly in the legs, so inject slowly and carefully. Be very careful not to hit the artery behind the knee. It is easier to get blood clots when you inject in your legs.

Use Your Hands & Feet
The veins on the back of your hands and the top of your feet are very sensitive. If you do inject here, it will hurt pretty badly. Inject slowly!

Thanks to our partners at:

Harm Reduction Coalition

ROTATE YOUR SPOT!

When you stick a needle in your skin, it leaves a hole that has to heal. The same is true with your veins! You can keep your veins in good shape if you let the spot heal before you hit it again.

If you don’t let your veins heal:
- Collapsed Veins
- Infections
- Leaky Veins (Wasted Shots!)
- Abscesses from Leaks

Sticking a needle through a hole that isn’t healed can push a blood clot into your bloodstream. This clot could get stuck somewhere else in your body and become dangerous!
Endocarditis
Abscess

- A swollen infected sore
- A painful collection of pus
- Usually caused by a bacterial infection
- Can develop anywhere on the body
- Can feel hot
- Can develop into a hard pus-filled core
Contaminated Hit

• A shot that makes someone sick or causes an abscess is a result of being contaminated.
• Contaminants in the water used to dissolve the drugs
• Bacteria, fungi, or other microbes from old cottons
• Chemicals in a cigarette filter used to filter a shot
• Contaminants in the drugs themselves
• Not washing the skin prior to injection
Importance of Water

- Veins need water to stay healthy
- Water that is mixed with the drug must be clean
- Water to mix drugs should not come from the same source everyone else uses or uses to rinse the syringe
Injection supplies

- Needles & syringes
- Cookers
- Cotton
- Sterile water
- Tourniquet
- Alcohol pad
- Band aid, gauze
- Bleach
- Ascorbic acid
The Syringe

Anatomy of a Syringe
What happens when reused . . .
Safe injection supplies
Filters

Cottons (Filters)

- Used to filter impurities in the drug
- Use %100 cotton: Q-tips, cotton balls and pellets
- Avoid cigarette filters, they have tiny bits of glass/plastic
Finding a vein
Question for the group . . .

• Based on what you have seen,

• How is HIV or HCV spread?
What is Harm Reduction?

“. . . A philosophy and set of strategies for working with individuals engaged in potentially harmful behaviors.

The main objective is to reduce the potential dangers and health risks associated with such behaviors, even for those who are not willing or able to completely stop.

Harm reduction uses a non-judgmental, holistic and individualized approach to support incremental change and increase the health and well-being of individuals and communities.”

Heather Lusk – p. 34
Challenges of Harm Reduction Approach

- Competes with abstinence only approach
- Perception that harm approach encourages drug use
  - Difficulty accessing drug users
  - Drug users do not trust the system
- Service providers do not trust drug users
- Providers do not have time to implement full harm reduction strategies within a clinical visit
Harm Reduction Best Practices

• Syringe Service Programs:
  - Syringe Disposal
  - Syringe Access
  - Syringe Exchange
Safe Injection Sites
Naloxone/Narcan

OPIOID OVERDOSE
You can save a life!

1. Shake 
   at shoulders
2. Call 911
   if unresponsive
3. Naloxone
   Inject 0.4 mg (1cc) of Naloxone
   into arm or leg muscle

Chest Compressions
Keep on the centre

MWAETC
Other people who are struggling aren't your enemy. It's embarrassing that this needs to be explained.
For more information:

• Harm Reduction Coalition: [https://harmreduction.org](https://harmreduction.org)

• Chicago Recovery Alliance: [https://anypositivechange.org](https://anypositivechange.org)

• Harm Reduction Action Center, Denver: harmreductionactioncenter.org

• Mandan Syringe Exchange, Bismarck, ND
RESPECT YOUR ANCESTORS, FOR YOU ARE THE RESULT OF A THOUSAND LOVES.
INTRODUCING THE AETC
National HIV Curriculum

FREE Online CME/CNE Training for Physicians, PAs, and Nurses

Visit www.hiv.uw.edu

- Six modules on HIV diagnosis, care, and treatment
- For novice to expert clinicians, faculty and students
- Clinical screening tools and calculators
- 400+ interactive board-review questions
- Modular learning in any order with progress tracker
- Easy to use antiretroviral medications guide and references
- Challenges and Controversies - national experts’ opinions
MWAETC Regional Programs

**AIDS CLINICAL CONFERENCE** - Educating healthcare professionals on the latest in HIV treatment and research through live and webcast lectures

**DENTAL PROGRAM** - Providing HIV oral health training and consultation to health care professionals

**HIV IN CORRECTIONS PROGRAM** - Training health care providers working in correctional settings

**INTER-PROFESSIONAL EDUCATION (IPE)** - Advancing workforce development for inter-professional teams in HIV primary care

**MWAETC HIV ECHO** - Building capacity of rural health care providers through weekly telehealth sessions including case discussions with an expert panel ([www.hivecho.org](http://www.hivecho.org))

**NATIONAL HIV CURRICULUM** - Offering comprehensive online HIV care and treatment content with free CE ([www.hiv.uw.edu](http://www.hiv.uw.edu))

**PRACTICE TRANSFORMATION PROJECTS** - Working with selected clinics to improve patient outcomes along the HIV care continuum

**PRECEPTORSHIP PROGRAM** - Arranging opportunities to shadow expert HIV providers in clinic settings
MWAETC Website Features (www.mwaetc.org)

• Trainings calendar – Information and registration links for state and regional events

• Regional program information

• Archived AIDS Clinical Conference presentations

• Resources:
  - CE Opportunities
  - For Providers
  - Population Specific Resources
  - For Patients
Online Curricula with Free CME/CNE

**National STD Curriculum**

[www.std.uw.edu](http://www.std.uw.edu) features self-study modules and Question Bank (board-review style) on a variety of STDs.

**Hepatitis C Online**

[www.hepatitisc.uw.edu](http://www.hepatitisc.uw.edu) features self-study modules for diagnosis, monitoring, and management of HCV infection; tools and calculators; HCV medications; and a resource library.
National HIV/AIDS Consultation Resources

- **Clinician Consultation Center**
  www.nccc.ucsf.edu

- **HIV/AIDS Management or Warmline**
  M-F, 6am - 5pm PST
  1-800-833-3413

- **PEPLine**
  Every day, 6am - 6pm PST
  1-800-HIV-4911

- **PrEPLine**
  M-F, 8am - 3pm PST
  1-855-HIV-PrEP

- **Perinatal HIV Hotline**
  24/7
  1-888-HIV-8765