

# Harm Reduction and Safer Injection

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#### About NASTAD

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

POLICY & ADVOCACY

TRAINING & CAPACITY BUILDING

OVERDOSE
PREVENTION &
ADVOCACY

NATIONAL & REGIONAL CONFERENCES

RESOURCES & PUBLICATIONS

## 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
	LUNCH
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.

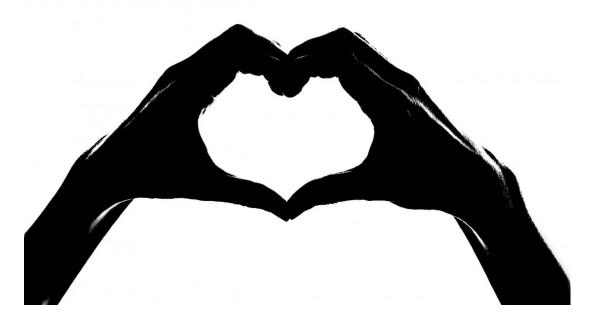


foto by George Hodan

#### (2) Participant-Centered Services

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



foto by Maliz Ong

#### **Participant Involvement**

3. Ensures that participants and communities impacted have a real voice in the creation of programs and policies designed to serve them.



#### (4) Participant Autonomy

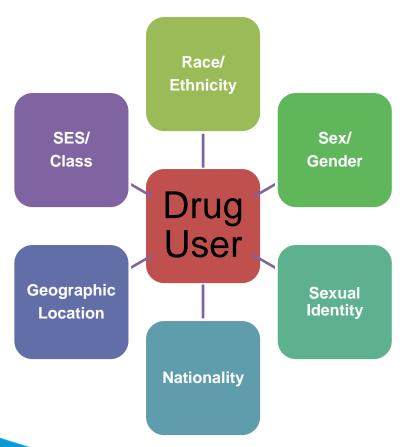
Affirms people who use drugs themselves as their own **primary agents of change** 



foto by CDC/James Gathany

#### **Sociocultural Complexity**

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



HRC Hepatitis C Prevention Poster

#### Harm Reduction

A holistic approach to working with People Who Inject Drugs

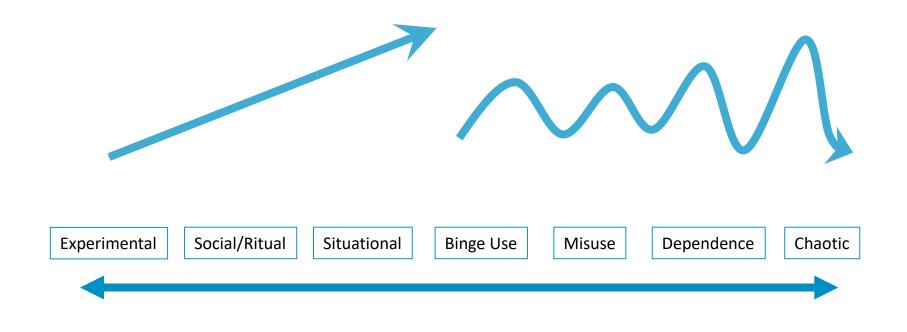
As providers, we can be gatekeepers providing more comprehensive care that is:

- Convenient Positive Honest Productive Client-centered Pragmatic
  - Evidence-based Without Bias

# **BREAK**

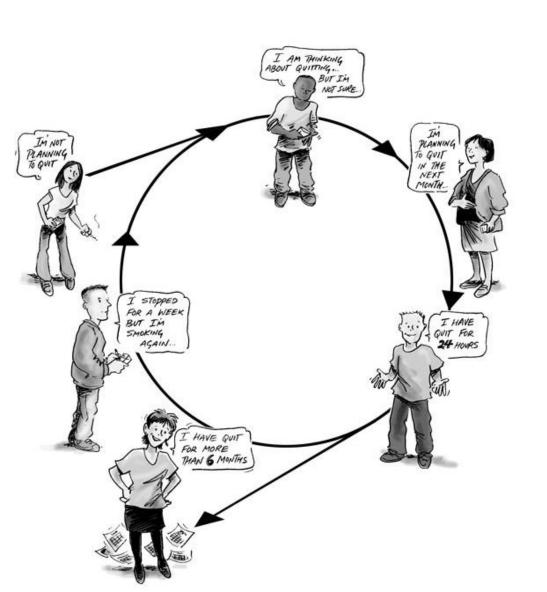
# Stigma, Cultural Competency, and Working with PWUDs

#### Continuum of Drug Use



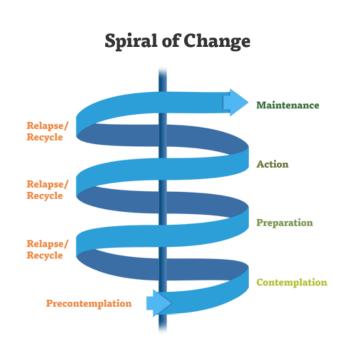
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#### Stages of Change



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...**

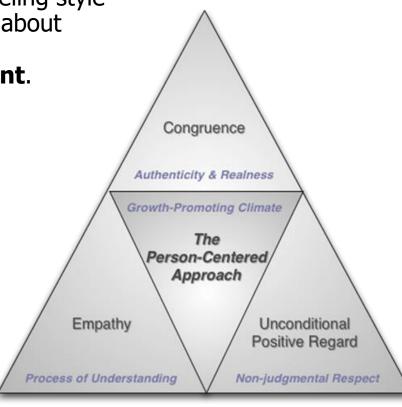
- Act as "expert" or do most of the talking
- Diagnose, label, judge
- Argue the person has a problem and needs to change
- Prescribe solutions
- Pressure, threaten consequences, act punitively

A Person-Centered Approach

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)





#### **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

#### **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

#### **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

#### 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?



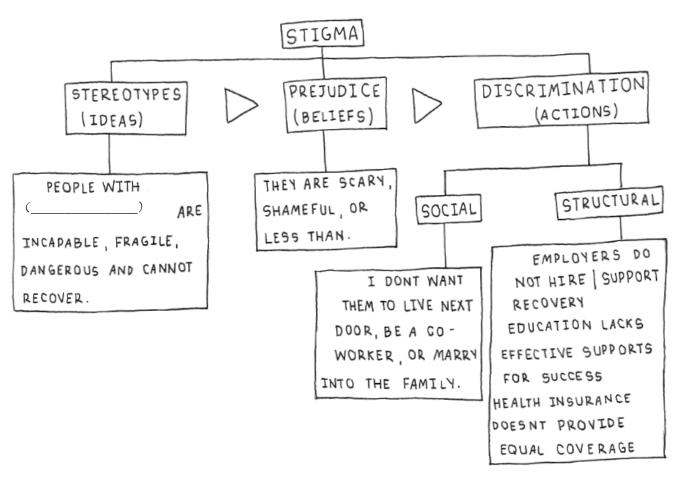


Image Credit: wisewisconsin.org/blog/what-is-stigma/

### 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, evidencebased 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.

Office of the Surgeon General (2000): Evidence-based Findings on the Efficacy of Syringe Exchange Programs: An Analysis of the Scientific Research Completed Since April 1998. US Department of Health and Human Services: Washington DC.

#### 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

<sup>\*</sup>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?

#### **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





#### 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

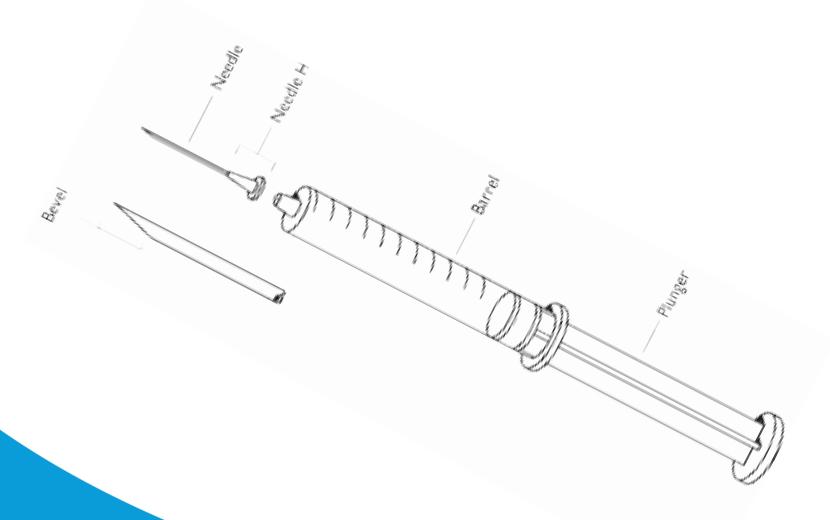


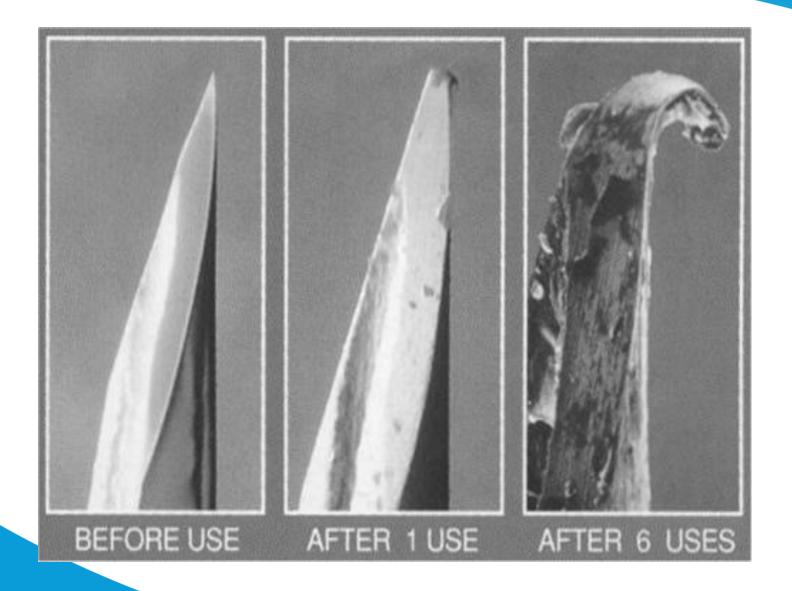
#### **Needles and Syringes**

"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**





#### **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**



# "Go with what you know"

- 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

# Using the wrong gauge

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

## Stressful environment

- 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

#### **Changing Priorities**

 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**



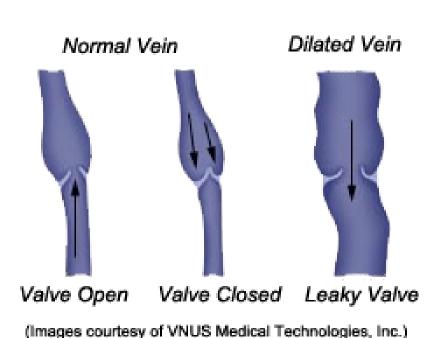
# Video

http://www.catie.ca/en/resources/safer-injection-demo



#### **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!

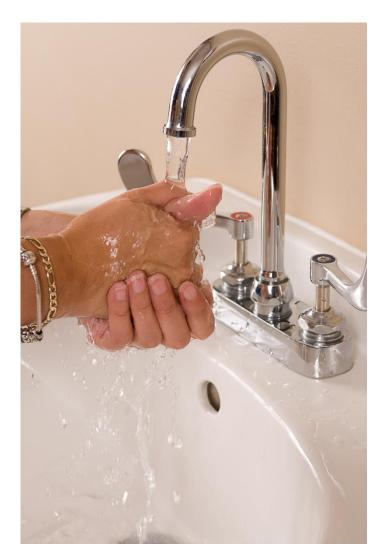
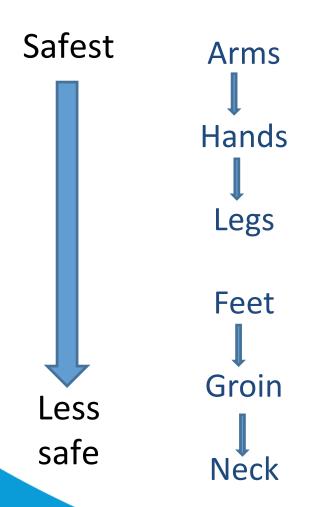


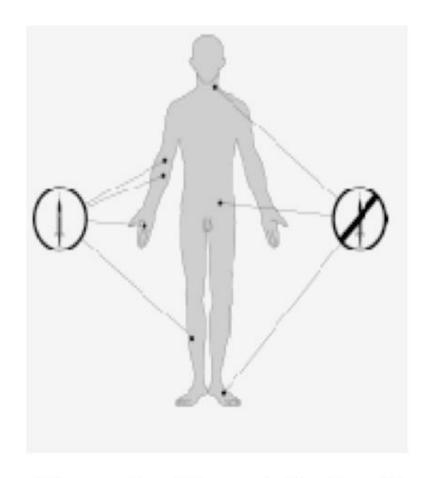
Foto: CDC/Amanda Mills

### Bevel up!



#### **Hierarchy of Injecting Sites**





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



draw up the hit and empty half into each of the syringes.

#### **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 mornings 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 <u>Better Vein Care/Safer Injection Guide</u>

North Carolina Harm Reduction Coalition \* www.nchrc.org

<u>Safer Injection Drug Use</u>

Merchants Quay Ireland \* www.mqi.org

<u>Safer Injecting...Reducing the Harm Associated with Injecting Drug Use</u>

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

Harm Reduction Coalition \* www.harmreduction.org

<u>Getting Off Right</u>, A Safety Manual for Injection Drug

<u>Users</u>

<u>Guide to Developing and Managing Syringe Access</u>

<u>Program</u>

NASTAD and HRC thank you for participating in this workshop!

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