Harm Reduction
March 2016
• Introductions & Icebreaker
• About Safeworks
• Addiction & Mental Health Overview
• Common Street Drugs
(Break)
• Harm Reduction Principles and Goals
• Harm Reduction Practice
  • Needle Exchange
  • Community Programs
  • Take Home Naloxone
• Tools to engage clients using substances
• Questions and Discussion
Introductions

- Name
- Role
- What you’re hoping to learn today
Outreach Delivery
Core Services

- Harm Reduction Resources
- Needle Exchange
- Health Assessments
- STI Testing, Treatment, Follow Up
- Hep C testing and referrals
- Vaccines
- Wound Care
- Sobriety Support
- Counseling & Referral
- Education
Why do people use substances?
Try to remember...

“People who use drugs are not expendable – they are human beings who come from families who love them. They are someone’s son, daughter, brother, sister, or parent.”

(Stephen Lewis, 2010)
Addiction

• Simple way of thinking about addictions is the 4 C’s:
  – Craving
  – Loss of Control of amount or frequency of use
  – Compulsion to use
  – Use despite Consequences

• Chronic disease of brain reward, motivation, memory and related circuitry

• Use becomes necessary to feel normal and avoid withdrawal symptoms
• Inability to abstain, impairment in behaviour control, craving, diminished recognition of significant problems, dysfunctional emotional response
Concurrent disorders

A person with a mental health problem has a higher risk of having a substance use problem, just as a person with a substance use problem has an increased chance of having a mental health problem.
Most Common Street Drugs

CNS Stimulants
- Crack/Cocaine
- Crystal Meth
- Club Drugs

CNS Depressants
- Opiates
- Benzodiazapines
CNS Stimulants

- Increases norepinephrine via stimulation of release and inhibition of serotonin and dopamine reuptake
- Causes dilated pupils, increased body temperature, tachycardia, decreased appetite, teeth grinding, mood swings, increased sex drive, etc. (1)
Crack/Cocaine

Street names:
- Powder Cocaine (Cocaine Hydrochloride)
  - Can be taken orally (parachuting), intranasally, or IV
- Crack Cocaine (Freebase Cocaine)
  - Smoked in crack pipe
Crystal Methamphetamine

- Street Names:
  Meth, Crystal, Ice, Glass, Jib, Crank, Speed, Tweak
- Is a synthetic man-made stimulant. The ingredients from common cold remedies (Sudafed) are extracted and cooked with chemicals such as acetone, drain cleaner, lighter fluid and antifreeze.
CNS Depressants

• All depressants work by slowing down the functioning of the central nervous system. This is usually done by enhancing the effect of a type of neurotransmitter called GABA (gamma-Aminobutyric acid)

• Causes constricted pupils, difficulty sleeping, decreased respirations and reflexes, constipation, dizziness, vomiting, lower sex drive, etc.\(^{(1)}\)
Opiates

- Heroin
- Morphine
- Oxycontin (Oxy-Neo)
- Fentanyl
- Methadone
Heroin

- In its pure form, heroin is a fine, white, bitter-tasting crystalline powder that dissolves in water.
- Color and consistency vary, depending on the manufacturing process and what additives it has been mixed, or “cut,” with. White powder, a brown and sometimes grainy substance or a dark brown sticky gum.
Street names include: Oxy, Oxycotton, Killer, Kicker, Hillbilly heroin

Introduced in 1996, OxyContin is a narcotic that contains oxycodone in a controlled-release tablet

Became a popular street drug because of the heroin-like euphoria when crushed to eliminate the time-release mechanism. Is cheaper than heroin

In some parts of the Canada and the US, the non-medical use of OxyContin replaced the use of heroin
Green Beans

There have been recent cases of people in Calgary overdosing on what was sold to them as oxycontin, when in fact it was actually fentanyl.

The drug being sold as oxycontin is forest green in color, 1/2 cm round, with markings of 80 on one side and CDN on the other.

Is significantly more toxic than pharmaceutical-grade fentanyl. Fentanyl overdoses are harder to reverse than other opioids and might require significantly higher dosages of naloxone.
Other Drugs Commonly Used

- Inhalants (solvents)
- Benzodiazepines: Valium, Xanax, Ativan
- Other prescription drugs: Seroquel, Wellbutrin, Adderall, Ritalin, Gabapentin
- Anabolic steroids
Common Health Risks

- Inhalation
- Oral ulcers
- Brillo Injury
- Crack Lung
- HCV
- Overdose

- Injection
- Embolism
- Vein collapse
- Abscesses
- Cellulitis
- HCV
- HIV
- Overdose
What does harm reduction mean to you?
WHAT IS HARM REDUCTION

A spectrum of strategies designed to minimize or reduce the internal and external harms caused by using drugs and associated high-risk behaviours (e.g. sex trade)

Emphasizes **any** positive change and meeting people where they’re at.
I DON'T PROMOTE DRUG USE.
I DON'T PROMOTE CAR ACCIDENTS EITHER, BUT I STILL THINK SEATBELTS ARE A GOOD IDEA.

Harm Reduction - practicing common sense since the 1980's.
“Harm reduction refers to policies, programmes and practices that aim to reduce the harms associated with the use of psychoactive drugs in people unable or unwilling to stop. The defining features are the focus on the prevention of harm, rather than on the prevention of drug use itself, and the focus on people who continue to use drugs”. (Harm Reduction International 2013)
There is no universal definition of harm reduction, nor does it represent a single activity or dynamic.

Harm reduction focuses on supporting people’s efforts to make positive changes in their lives.

To be effective, harm reduction must be client-centred. Any positive change must be defined and prioritised by the client.

Harm Reduction is based on the premise that each client is the expert on his or her life. This means that clients must play an active role in identifying the behaviour change they would like to make in developing a plan to implement that change.

The life circumstances of clients who use drugs as well as their reasons for drug use, are varied, diverse and complex.
History of Harm Reduction

“The threat to individual and public health posed by HIV and AIDS is much greater than the threat posed by drug misuse” Advisory Council on the Misuse of Drugs (1988)

1984  First NEP was introduced in Amsterdam, the Netherlands (Junkies Union)
1985  HIV antibody test introduced
1986  First Needle Exchanges in UK
1988  First “above ground” Needle Exchange in North America
1986  First Supervised Injecting Site in Bern, Switzerland
1988  The First Reduction of Drug Related Harm Conference – Liverpool UK
1989  The WHO endorse Harm Reduction in key documents
1996  The International Harm Reduction Association (IHRA) launched
Global Harm Reduction

“The CNA and CANAC recognize harm reduction as a pragmatic public health approach aimed at reducing the adverse health, social and economic consequences of at-risk activities...

(CAN and CANAC Joint Statement on Harm Reduction)

“The CMA fully endorses harm reduction strategies and tools, including supervised injection sites...CMA's position is that addiction should be recognized and treated as a serious medical condition.”

(Review of the Controlled Drugs and Substances Act, Canadian Medical Association, March 2014)

“The WHO strongly supports harm reduction as an evidence-based approach to HIV prevention, treatment and care for people who inject drugs.”

(Evidence for Action Technical Papers: Effectiveness of Sterile Needle and Exchange Programming in Reducing HIV/AIDS in Injecting Drug Users)
PRINCIPLES OF HARM REDUCTION

- Evidence based and cost effective
- Incremental
- Dignity and Compassion
- Pragmatism
- Focus on harms
- Prioritization of goals
COMMON CONCERNS

• Enables drug use and entrenches addictive behaviour
• Encourages drug use among non-drug users
• Drains resources from treatment services
• Trojan horse for decriminalization and legalization
• Increases disorder and threatens public safety & health
COST/BENEFIT

An estimated 15.9 million people inject illicit drugs in a reported 158 countries and territories worldwide. Globally, it is estimated that 3 million people who inject drugs are living with HIV. It is further estimated that up to 10% of all HIV infections globally are related to unsafe drug injecting.

- Harm reduction is one of the most rigorously evaluated and best proven public health interventions.
- A growing body of literature demonstrates the cost of the failure to act and attests to the cost effectiveness of harm reduction programs such as needle and syringe exchange and opioid substitution therapy.
- Research shows the returns on investment in effective harm reduction are amongst the highest in public health. *(Harm Reduction International 2012)*
- HIV/AIDS is costing Canadians $1.3 million per each new diagnosis of HIV. *(Canadian AIDS Society 2011)*
Individual Outcomes

- Improves self-esteem
- Develops partnerships
- Increases sense of control
- Increases options
- Improves health

Allows individuals to be the experts in their own lives
Community Outcomes

- Lower health care costs
- Decreased rates of infection (e.g. HIV/Hepatitis C)
- Safer environments
- Less stigma and discrimination
- Improves overall health of the community
Goal: Macro-Level

Reduce or minimize effects of harm to substance users as a whole through legal measures, policy change, and attitude shifts.

Society change
Best Practice Recommendations

• Developed for programs that provide service to people who use drugs and are at risk for HIV, HCV and other harms

• Improve **consistency and quality** of harm reduction services

• Recommendations aim to:
  - Improve **effectiveness** of harm reduction programs
  - **Reduce transmission** of HIV, HCV, HBV and other harms
  - **Inform** decisions about practice
  - **Advocate** for better resources in harm reduction
  - Identify targets for improvement
Needle and syringe distribution

- Best practice policies facilitate use of a sterile needle/syringe for each injection
- Provide needles in number requested, without requiring returned used needles
- No limit on number
- Encourage return and/or proper disposal of used needles/syringes
- Offer variety to meet needs
- Educate clients
- Provide pre-packaged and individual supplies
Cooker distribution

- Best practices to facilitate use of sterile cooker for each injection
- Provide individually pre-packaged, sterile cookers with flat bottoms in number requested with no limits
- Offer cooker with each needle
- Dispose of used cookers in accordance with local regulations for biomedical waste
- Educate about risks associated with sharing and proper disposal
Filter distribution

• Best practices facility use of **sterile filter for each injection**

• Reduce spread of disease as well as prevent other health complications (such as DVT)

• Provide **pre-packaged, sterile 0.22um filters in quantities requested**

• Offer filter with each needle

• Dispose according to biomedical waste regulations

• Educate about risks if not using filters, sharing filters, making “washes” from filters
Ascorbic acid distribution

- Best practices to facilitate use of ascorbic acid to dissolve drugs to reduce risk of vein damage and infections
- Ask client if ascorbic acid required to dissolve drugs being injected
- Provide single-use sachets in quantities requested
- Educate about risks associated with sharing acidifiers, (ie. fungal infections associated with spore contaminated lemon juice) and instructions on how to determine amount required
Sterile water distribution

- Best practices to prevent transmission of BBP as well as bacterial infection from use of non-sterile water and other fluids
- Provide **single-use 2ml plastic vials with twist-off caps** in quantities requested by client
- Educate clients about risks of sharing water and/or using other fluids for mixing and rinsing
- Provide **water with each needle**
Alcohol swab & tourniquet

- Best practices to facilitate use of sterile alcohol swabs and a clean tourniquet for each injection
- Provide **individual pre-packed and sterile swabs** and **thin, pliable, easy-to-release, non-latex tourniquets** in quantities requested
- Offer both with **each needle**
- Educate about risks associated with sharing swabs and tourniquets
- Educate clients about proper use of swabs and tourniquets
Safer crack cocaine smoking equipment

- Best practice policies are to facilitate smoking with a **pipe (stem, mouthpiece and screen)** which is made from non-hazardous materials and has never been shared
- Provide stems, mouthpieces, screens and push sticks in quantities requested
- Integrate into existing harm reduction programs
- Provide safe disposal options
- Educate about use of safer smoking equipment

www.albertahealthservices.ca
Disposal and handling

- Best practices to facilitate **disposal of all used injection equipment** in accordance with local, provincial/territorial and federal regulations regarding disposal of biomedical waste
- Educate clients on how to **properly handle, secure and dispose** of used injection and non-injection equipment
- Encourage clients to return and/or properly dispose of used injection and non-injection equipment
- **Provide tamper resistant sharps containers in a variety of sizes**
- Provide multiple, convenient locations for safe disposal of used equipment
Local Response to Opioid Misuse

• Detox, treatment and methadone maintenance
• Needle exchange services and supervised injection sites
• Naloxone
General Overdose Prevention

How can we support clients who are actively using opioids?
Educate about overdose prevention!

• Key messages:
  • Do not use alone
  • Use safer routes
  • Do a test hit first
  • Know the signs and symptoms of an OD
  • Do not mix drugs
  • Carry Naloxone
  • Call 911 if someone is overdosing
  • Know where to find resources
THN KITS

- Over 270 deaths in 2015
- Naloxone kits available since July 2015
- Tuesdays at the Sheldon Chumir Health Centre Safeworks office (by security) 4pm – 8pm
- 2\textsuperscript{nd} and 4\textsuperscript{th} Thursday of the month at Sheldon Chumir Health Centre on the 3\textsuperscript{rd} floor – group training
- Safeworks outreach sites
- CUPS
- AHS sites
Values of Harm Reduction

- Promote safe, compassionate, competent and ethical services
- Promote health and well-being
- Promote and respect informed decision making
- Preserve dignity
- Maintain privacy and confidentiality
- Promote justice
- Be accountable
Dignity and compassion

- Accept people as they are and avoid being judgmental
- Oppose the deliberate stigmatization of people who use drugs
- Terminology and language should always convey respect and tolerance.
HARM REDUCTION PRACTICE

- Be non-judgemental and self-aware
- Be patient with yourself and the client
- Be realistic in your expectations
- Listen well – actively and empathetically
- Regular participation in the harm reduction process can reduce “magical thinking” or disassociate behaviours associated with substance use
- Create an opportunity for the client to think of themselves as part of a community
- Remember you are witnessing their important events and struggles. You will be affected
SUPPORTIVE STRATEGIES

• Focus on the risks, not the substances
• Focus on any positive change
• Build change based on the client’s strengths
• Invest in the process, not the outcome
• Engage your client’s ambivalence
• Challenge your own ambivalence
• Show people they have some control
• Treat your client the way you would want to be treated
The Challenge: Different Health Priorities

High Priority

#1 - Getting high & using habits
Avoiding withdrawal
Emergencies
Sleep
Nutrition
Getting tested, etc.

Low Priority
The Challenge: Personal Vs. Professional Values

Harm reduction does not judge drug use or high-risk decisions as ‘good’ or ‘bad’, but looks at a person’s relationship to drugs.

It may be difficult to work with people who are engaging in high-risk behaviours.
The Challenge: Addiction

Big barriers to abstinence include:

- Tolerance – wanting to avoid withdrawal
- Challenges to Quitting – friends, family, self
- Reasons for Substance Use – denial, avoidance
- Pain – chronic, physical, psychological

Harm reduction helps create a safer space for your client to contemplate change!
The Challenge: Boundaries

Issues that may cause concern:

- Agency policy
  - Harm reduction can complement types of programming, abstinence-based
- Safety
  - Increasing your comfort and reviewing agency policy
- Ethics (dilemmas)
Taking Harm Reduction to Work: Create Relationships

Things we all need to remember:

- Be patient
- Listen and offer positive feedback
- Expect boundaries to be tested
- Allow the client to be the expert in his own life
- Don’t push personal goals or values
- You cannot ‘save’ them
- Stay non-judgmental
- Always respect
- Build trust
Taking Harm Reduction to Work: Create Relationships

Things we all need to remember:

- Try not to act superior for having made different choices
- People won’t quit until they are ready
- Learn from your clients, they have a surprising amount of knowledge and expertise
Taking Harm Reduction to Work: Get Involved

- Refer, refer, refer!
- Help manage those “related issues” (housing, nutrition, income support, etc.)
- Spend time creating trusting relationships

You don’t have to be a harm reduction program to do harm reduction!
Scenario

Client lives in housing through a program that does not allow clients to use drugs/alcohol on the premises. You hear from other clients housed at same place that client has been going out a lot lately, coming home late, appears intoxicated although they don't think he is bringing anything back to house or using at the house.

You are his case manager, what would you do?
Scenario

You have a client who is actively injecting drugs and is staying in housing where harm reduction is practiced. In one of your initial visits the client has told you he is Hep C positive although he has no interest in following up on it at this time.

As a case manager, what would you do?