



Human Dignity and Harm Reduction

Homeless Service Provider Forum

June 28, 2021

Topics for Today

- Overview of harm reduction
- Sterile syringe access programs
- Preventing fatal opioid overdoses
- Human Dignity
- Stigma and Trauma
- Interactive Q & A

Human Dignity

Means that an individual or group feels self-respected and self-worth. It is concerned with physical and psychological integrity and empowerment.

Working Definition of Harm Reduction

Harm reduction is a set of practical public health strategies designed to reduce the negative consequences of drug use and promote healthy individuals and communities.

Key Principles of Harm Reduction

- Promotes public health interventions that minimize the harmful affects of drug use
- Understands drug use as a complex, multifaceted issue that encompasses behaviors from severe abuse to total abstinence
- Meets people where they are in the course of their drug use

Key Principles of Harm Reduction

- Ensures that people who use drugs have a real voice in the creation of programs
- Affirms people who use drugs are the primary agents of change
- Empowers communities to share information and support each other

Social and Environmental Factors

Harm reduction does not attempt to minimize the real dangers associated with legal and illegal drug use and how those issues impact our lives.

Harm Reduction Practice

- Nonjudgmental, noncoercive provision of services
- Low-threshold program models
- Resources to people who use drugs

Goals of Harm Reduction

- Prevent disease: sterile syringe access to prevent HIV and hepatitis
- Reduce mortality: Fatal overdose prevention with training and naloxone distribution; link to medical care and social services

Goals of Harm Reduction

- Treatment for drug dependence: buprenorphine, methadone, naltrexone, or suboxone
- Empower communities and reduce stigma: community organizing and engagement

Harm Reduction Resource

<http://www.harmreductioncoalition.org>

Sterile Syringe Access History and Timeline

- The first sterile syringe access program started in Holland in response to a hepatitis B outbreak in the 1980s.
- The first legal program in the United States started in Tacoma, Washington, in 1988.

Sterile Syringe Access History and Timeline

- The first Wisconsin program began in 1994.
- This program is rooted in activism and advocacy.

Efficacy and Outcomes

- Sterile syringe access programs are the most effective evidence-based HIV/hepatitis C (HCV) prevention tool for people who use drugs.
- At least seven federally funded research studies have been conducted and have found that syringe access programs are a valuable resource.

Efficacy and Outcomes

- The use of sterile syringes and harm reduction practices has reversed the course of the AIDS epidemic.

Sterile Syringe Access Programs

- Reduce HIV infection
- Reduce the risk for HCV infection
- Link participants to drug treatment, medical care, housing, and other social services

Sterile Syringe Access Programs

- Do not encourage drug use
- Do not increase crime rates
- Do not increase needlestick injuries in the community

Injection Drug Use: National Scope

- Injection drug use occurs in every socioeconomic and racial or ethnic group and in urban, suburban, and rural areas.
- The majority of injection drug users are men, but the number of women who inject is on the rise.

Need for Sterile Syringe Access Programs and Harm Reduction

- Over 8,000 people are newly infected with HIV every year due to syringe sharing.
- In 2020, 208 people were newly infected with HIV in Wisconsin, including six due to injection drug use risk.
- Over 15,000 people are newly infected with HCV every year due to syringe and equipment sharing.

Sterile Syringe Access Programs

- Programs in 44 states, Puerto Rico, and Washington D.C.
- Wisconsin programs provided by the Vivent Health, 16th Street Community Health Center, and several local health departments

Sterile Syringe Access Programs

- Syringe exchange
- Over-the-counter pharmacy sales
- Syringe prescriptions

The programs are endorsed by the American Medical Association and American Public Health Association, among many other legal, medical, and policy institutions.

Sterile Syringe Access Program Models

- Storefront
- Street-based
- Peer and secondary exchange through networks
- Underground, unauthorized programs

Harm Reduction Supplies

- Syringes or needles
- Cookers
- Cotton
- Alcohol wipes
- Antibiotic ointment
- Tourniquets
- Fentanyl Test Strips
- Naloxone

Preventing Fatal Opioid Overdose

- A majority of overdoses (85%) are witnessed.
- Naloxone reverses an opioid overdose.

Overdose Education

Overdose education and naloxone distribution (OEND) has been part of the harm reduction landscape for decades. OEND programs:

- Began with a focus on those at risk for overdose through syringe exchange programs.
- Provide crucial education on overdose risk.
- Support naloxone distribution as an empowerment tool for individuals and communities.

Evidence-Base for OEND

	Evidence
<p>OEND is feasible in many settings.</p>	<ul style="list-style-type: none"> • Walley et al. JSAT 2013; 44:241-7 • Bennett et al. J Urban Health. 2011: 88; 1020-30 • Enteen et al. J Urban Health 2010:87: 931-41 • Doe-Simkins et al. Am J Public Health 2009: 99: 788-791 • Piper et al. Subst Use Misuse 2008: 43; 858-70
<p>Participants demonstrate knowledge and skills after training.</p>	<ul style="list-style-type: none"> • Wagner et al. Int J Drug Policy 2010: 21: 186-93 • Tobin et al. Int J Drug Policy 2009: 20; 131-6 • Green et al. Addiction 2008: 103;979-89
<p>Naloxone does not lead to an increase in risky use, but does lead to an increase in drug treatment and a reduction in overdose death.</p>	<ul style="list-style-type: none"> • Seal et al. J Urban Health 2005:82:303-11 • Wagner et al. Int J Drug Policy 2010: 21: 186-93 • Galea et al. Add Beh 2006: 31: 907-912
<p>OEND contributes to reduction in overdose in communities.</p>	<ul style="list-style-type: none"> • Maxwell et al. J Addict Dis 2006:25; 89-96 • Evans et al. Am J Epidemiol 2012; 174: 302-8 • Walley et al. BMJ 2013; 346: f174

Trauma-Informed Approach

Trauma is the response to a deeply distressing or disturbing event that overwhelms an individual's ability to cope, causes feelings of helplessness, diminishes their sense of self, and their ability to feel the full range of emotions and experiences.

Language

Research demonstrates that the language we use about drug use can affect our attitudes toward people who use drugs.

- Our attitudes, in turn, impact our actions and our policies.
- When working with people who use substances it is important to use non-stigmatizing language.

More at: <https://facesandvoicesofrecovery.org/wp-content/uploads/2019/06/Changing-the-Language-of-Addiction.pdf>

Model Respectful Language

Avoid	Use Instead
Substance abuser Addict Junkie	Person with a substance use disorder, person who uses drugs
“Dirty” (person/syringe)	Positive urinalysis, used syringe
“Clean” (person/syringe)	Negative urinalysis, unused syringe, substance-free
Substance abuse	Substance use, substance misuse non-medical use, risky use

How to Respond to an Overdose

- Stimulate: Can they be awakened?
- Call 911
- Airway
- Rescue breathing
- Evaluate
- Muscular injection of naloxone or nasal spray
- Evaluate and support

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