

# **HARM REDUCTION**

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# OBJECTIVES

- 1) Define harm reduction
- 2) Define stigma and look at how to reduce it
- 3) Discuss types of harm reduction with emphasis on medication assisted treatment
- 4) Explore benefits and goals of harm reduction
- 5) Describe the peer support role and how we can practice harm reduction
- 6) Discuss why harm reduction is important
- 7) Learn overdose risk factors, signs and symptoms, and how to respond with emphasis on Naloxone/Narcan

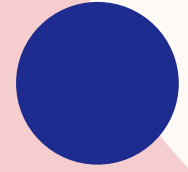
If you use any of these...



...You practice harm reduction!


**Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm reduction is also a movement for social justice, built on a belief in, and respect for, the rights of people who use drugs.**

# **THE 8 PRINCIPLES OF HARM REDUCTION**



# THE 8 PRINCIPLES OF HARM REDUCTION

1. Accepts, for better or worse, that licit and illicit drug use is part of our world, and chooses to work to minimize its harmful effects rather than simply ignore or condemn them




2. Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe use to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others




3. Establishes quality of individual and community life and well-being—not necessarily cessation of all drug use—as the criteria for successful interventions and policies

## 8 PRINCIPLES OF HARM REDUCTION

4. Calls for the non-judgemental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm




5. Ensures that people who use drugs and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them



6. Affirms people who use drugs(PWUD) themselves as the primary agents of reducing the harms of their drug use and seeks to empower PWUD to share information and support each other in strategies which meet their actual conditions of use

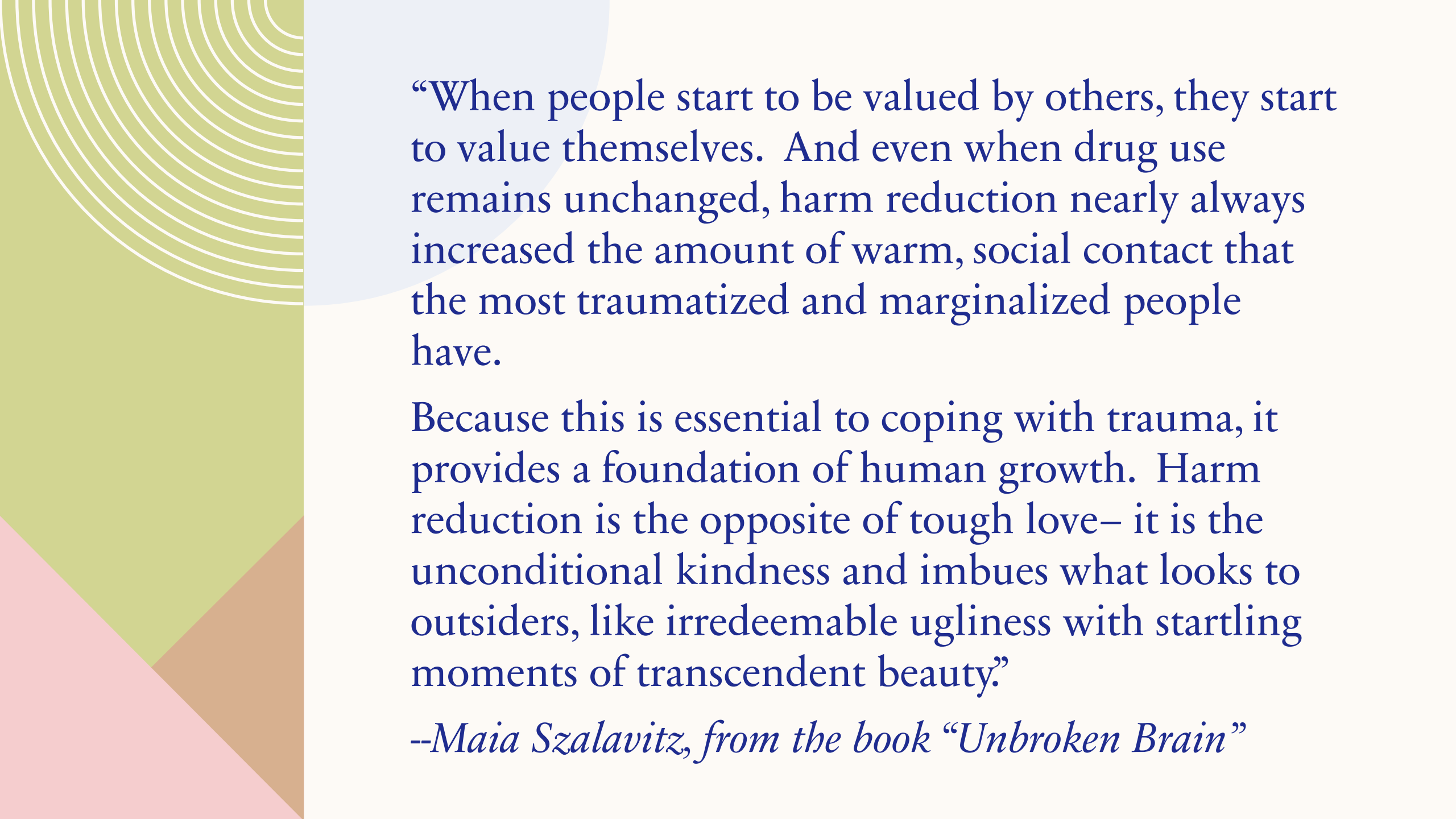
# 8 PRINCIPLES OF HARM REDUCTION

7. Does not attempt to minimize or ignore the real and tragic harm and danger that can be associated with illicit drug use



8. Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug related harm





“When people start to be valued by others, they start to value themselves. And even when drug use remains unchanged, harm reduction nearly always increased the amount of warm, social contact that the most traumatized and marginalized people have.

Because this is essential to coping with trauma, it provides a foundation of human growth. Harm reduction is the opposite of tough love– it is the unconditional kindness and imbues what looks to outsiders, like irredeemable ugliness with startling moments of transcendent beauty.”

*--Maia Szalavitz, from the book “Unbroken Brain”*

# **SIMPLE EXPLANATION OF HARM REDUCTION**

It means reducing the harm from using is even more important than reducing the consumption. Approaches are facilitative, not coercive and aim to reinforce positive change, no matter how small or incremental the change may be. 80% of something is greater than 100% of nothing!

# What Harm Reduction is NOT

- Rigid
- Forced
- Top-down
- Abstinence only
- Judgemental
- Moralistic
- Based on punishment
- Based on the idea that people who use drugs are bad people

# WHY IS BEHAVIOR CHANGE DIFFICULT?

- Substance Use Disorder (SUD) is a disease—not a choice or moral failing
- The behavior meets some kind of need
- The cycle of guilt and shame
- A big change is overwhelming
- Co-occurring disorders complicate change

# CONTROVERSIAL VIEWS ABOUT HARM REDUCTION

- “Boot Strap” mentality- They can quit if they wanted to
- Harm reduction supports illicit substance use
- Harm reduction gives permission to use
- Medication Assisted Therapy just trades one drug for another
- Harm reduction enables people to continue using
- Syringe exchange/distribution will litter neighborhoods
- Harm reduction programs only focus on making it easier to use

# WHAT IS STIGMA?? 4 TYPES OF STIGMA

1. **Individual stigma**-from one person to another, someone using words like “junkie”
2. **Institutional stigma**-when negative beliefs about PWUD become cultural norms, laws, and institutional policies, such as with child protective services, social services, and laws
3. **Community stigma**-collective negative beliefs and stereotypes held by healthcare providers, employers, and neighbors, can be seen in the negative language used by community members and media to describe PWUD
4. **Internalized stigma**-when individuals absorb societal beliefs and believing they deserve pain and suffering, can lead to shame, anxiety, isolation, and loss of self love, more easily accept injustice, increased risk of overdose due to shame leading them to use alone

# PERSON FIRST LANGUAGE

- ❑ Stigmatizing language perpetuates harmful stereotypes and creates barriers to health and social services
- ❑ Use of substances does not mean that people forfeit their human rights for respect and dignity
- ❑ Using person first language demonstrates that you value the person and not defining them by their substance use

Instead of using...	Use...
Addict, Abuser, Alcoholic, Junkie, Drunk	Person who uses drugs, Person with substance use disorder, Patient, Person in recovery
Habit	Substance Use Disorder
Clean	Testing negative, not actively using being in remission/recovery
Addicted baby, Crack baby	Baby with neonatal opioid withdrawal, Newborn exposed to substances
Opioid Substitution, Replacement Therapy	Medication assisted therapy, Medication assisted recovery, pharmacotherapy

# UNCONDITIONAL POSITIVE REGARD

- ❑ Assumes people are inherently good
- ❑ Means when you talk to someone, you address the whole person instead of focusing on their substance use
- ❑ You believe that they are competent and capable of choosing what is right for them based on their unique circumstances
- ❑ You respect their right to make important decisions about their body and their health
- ❑ Acknowledges that everyone is different
- ❑ When people are trusted to make their own decisions and are treated with dignity and respect, they are more likely to be honest





# HARM REDUCTION SERVICES

Syringe services

HIV and HCV testing

Moderation Management

Vaccinations

HCV Treatment

Fentanyl Test Strips

Naloxone Distribution

Medication Assisted Recovery

Abcess and Wound Care

Mental Health Care

Recovery Support and Services

# MEDICATION ASSISTED TREATMENT/RECOVERY



**Methadone**-Used when high tolerance is present-using fentanyl and other synthetic opioids, only prescribed at specific MAT clinics



**Buprenorphine (Subutex)**-Pill form, no need for detox prior to initiation, helps with withdrawal



**Naltrexone (Vivitrol)**-Fully blocks the effects of opioids, reduces cravings, must have detox prior to initiation



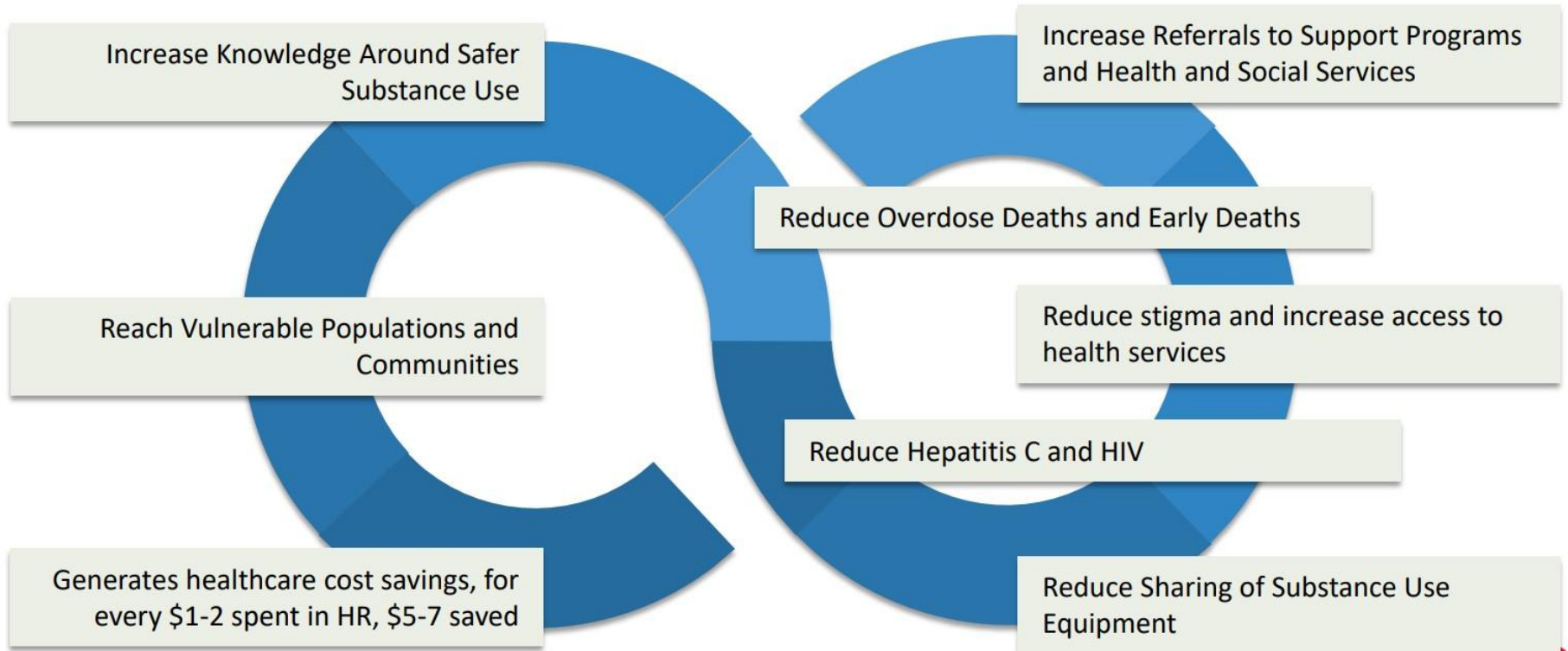
**Buprenorphine/Naloxone combo (Suboxone/Sublocade/Brixadi)**-Can be sublingual strips or monthly injection, helps with withdrawal and cravings, long half life



**Disulfuram/Antabuse**-one of the oldest forms of MAT, will make the individual violently ill if alcohol is consumed, must be fully detoxed prior to initiation

- Also known as MAT or MAR-Individuals take medication in order to help with the recovery process. There is a variety of medication that offers assistance with cravings, withdrawal symptoms, and can potentially help in allowing the individual to partake in recovery.

# Benefits of Harm Reduction



# GOALS OF HARM REDUCTION

- Save lives
- Safer drug use
- Reduced drug use
- Improved emotional state
- Improved health & relation w/ healthcare system
- Better nutrition
- More stable income
- Better social relationships
- Reduction in stigma
- Reduction in isolation
- Increased support system
- Risk reduction (HIV, HCV)
- Better living environment
- More intact, better functioning families
- Less criminal activity
- Greater ability to love and be loved
- ANY POSITIVE CHANGE!

# WHERE DO PEERS FIT IN?

“Peer support is about understanding another’s situation empathically through the shared experience of emotional and psychological pain. When people find affiliation with others whom they feel are “like” them, they feel a connection. This connection, or affiliation, is a deep, holistic understanding based on mutual experience where people are able to “be” with each other without the constraints of traditional (expert/patient) relationships.”

-Mings & Cramp (2014)

# PEER SUPPORT AND HARM REDUCTION ALIGNMENT

- Opens up a dialogue about substance use
- Gives the peer the opportunity to be heard without having to fear being judged
- Promotes strategies that are proven to reduce health complications and strengthen community relationships
- Allows the peer to be in control instead of being told how to live
- Educates the peer on alternative options and gives opportunity for the peer to use their own judgement based on what they have learned

# HOW CAN AN AGENCY SUPPORT INDIVIDUALS IN REDUCING RISK BEHAVIORS USING THESE FOUR STRATEGIES?

## Harm Reduction Strategies

			
<b>EDUCATION</b> Information Knowledge Application	<b>ACCESS</b> To Harm Reducing Tools	<b>SUPPORT</b> Basic Health and Social Needs	<b>LINKAGES</b> To Services HIV, HEP C, SUD, Mental Health



# HOW TO PRACTICE HARM REDUCTION:

- ✓ Addressing basic needs-Meet the individual where they are
- ✓ Building relationships
- ✓ Exploring options rather than being directive to facilitate positive change
- ✓ Motivational interviewing-exploring the benefits of changing, reducing, or eliminating high-risk behaviors
- ✓ Defining and re-defining success
- ✓ Helping individuals build motivation
- ✓ Working with individuals to develop adaptive coping strategies
- ✓ Being non-judgemental and providing balanced, factual information
- ✓ Recognizing decision-making power rests with the individual



# EXAMPLE TOOLS TO USE

## GENERAL HARM REDUCTION STRATEGIES

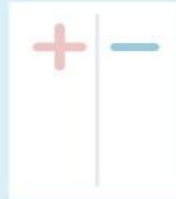
Keep track of how much you use. This may reduce your use, even if that was not your original goal.



Set limits on when and where you use, like waiting until after 5:00 to drink.



Make a list of the pros and cons of stopping and continuing to use.



Attend support groups like Moderation Management, SMART Recovery, Narcotics Anonymous, or Alcoholics Anonymous.



Avoid using opioids, benzos, alcohol, or other depressants (downers) when you are alone, if possible.



Set personal limits of how often and how much you use. For example, you won't use more than 2 bags of heroin every 8 hours.



Avoid driving or making important decisions when using drugs.



Make a parenting plan. Before any substance use - including alcohol use - arrange for childcare if necessary.



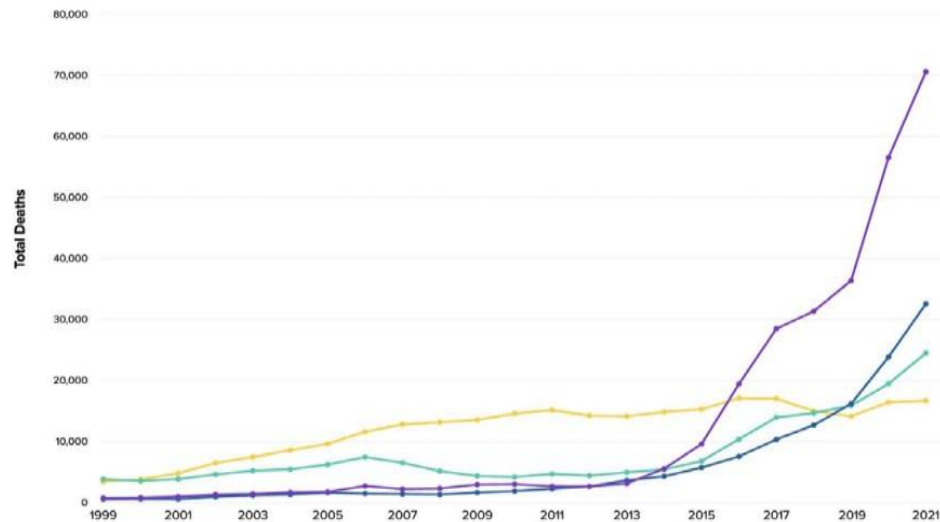
# WHY IS HARM REDUCTION IMPORTANT?

- US Overdose Crisis
- > 100,000 drug involved overdose deaths in 2023
- People who have recently survived an overdose are at heightened risk for death the next time they overdose
- Incarcerated people who are released to the community are between 10 and 40 times more likely to die of an opioid overdose than the general American population

## Fentanyl is Driving Overdose Deaths

### Trends in U.S. Drug Overdose Deaths (1999 - 2021)

The overdose crisis has evolved over time and is now largely characterized by deaths involving illicitly manufactured synthetic opioids, including fentanyl, and, increasingly, stimulants.



**Synthetic opioids** excluding methadone overdose deaths increased **97-fold**

**Psychostimulants with abuse potential** (primarily methamphetamine) overdose deaths increased **59-fold**

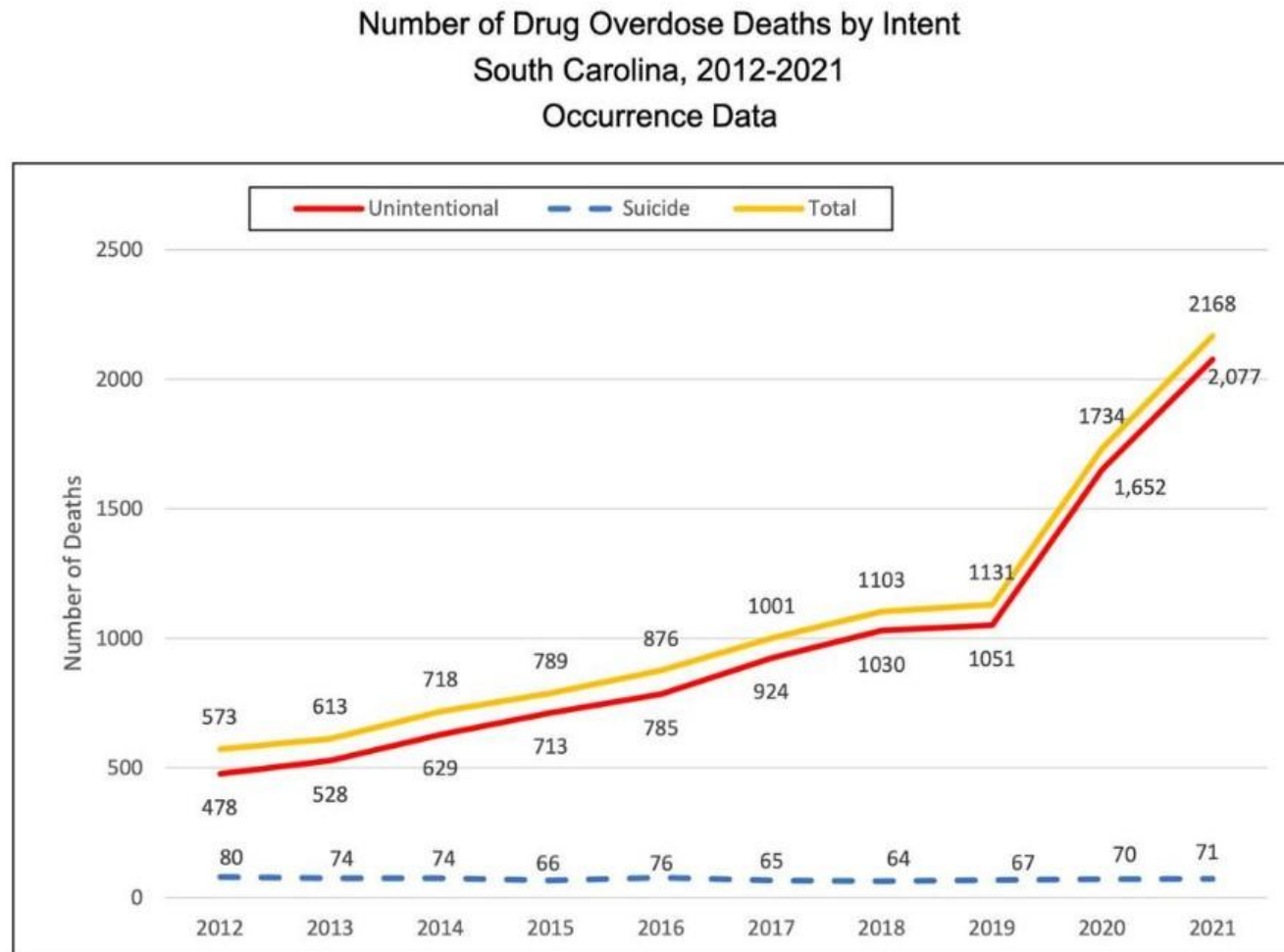
**Cocaine** overdose increased **6.4-fold**

**Rx opioid** overdose deaths increased **4.9-fold**

This graph shows the total number of drug overdose deaths in the United States from 1999 to 2021 (the 2021 are provisional). The data shows that overdose deaths involving synthetic opioids excluding methadone have increased 97-fold. Overdose deaths involving psychostimulants (primarily methamphetamine) with abuse potential have increased 59-fold. Overdose deaths involving cocaine have increased 6.4-fold. And overdose deaths involving prescription opioids have increased 4.9-fold. Source: National Vital Statistics System Mortality File

# SPECIFIC TO SC

- From 2020-2021 overdoses increased by > 25% to 2168-1494 of those due to fentanyl
- Deaths by fentanyl rose by > 35%
- Spartanburg county was #4 in the state with highest overdose deaths in 2021 with 153 deaths-105 of those due to fentanyl
- Continues to rise-in 2022 increased 6% to 2296 deaths



A graph that shows the rise in drug overdose deaths in South Carolina. screenshot Courtesy of the S.C. Department of Health and Environmental Control

# OTHER FACTORS THAT INFLUENCE <sup>28</sup> HEALTH OUTCOMES AND QUALITY OF LIFE

- Economic stability-employment, expenses, debt, poverty
- Physical environment-housing, transportation, safety
- Education-literacy, language, education level
- Food-hunger, access to healthy options, food insecurity
- Community and social context-support systems, discrimination, stress
- Healthcare system-insurance coverage, provider availability, quality of care

These are known as social determinants of health

# IMPACT OF SOCIAL DETERMINANTS OF HEALTH

- Social determinants of health such as lack of access to healthcare, insecure housing, involvement with the criminal justice system, and inadequate employment exacerbate risk factors for harm, including drug use.
- Therefore, harm reduction work often includes activities to address social determinants of health and mitigate harms associated with unmet needs
- Harm reduction cannot be done effectively and sustainably without addressing areas of health, wellness, and justice; because of this, harm reduction is seen as a part of the social justice movement
- Research shows that unequal access to resources negatively impacts health outcomes

# RISK FACTORS/BEHAVIORS FOR OVERDOSE

Uses substances intravenously

< 30 years old

History of previous nonfatal overdose

High levels of substance use including alcohol

Low tolerance

Depression, feelings of hopelessness and/or suicidal ideation

History of co-occurring disorder

History of using combination of substances

Newly released from treatment or incarceration

Using alone

Underlying medical conditions that impact the respiratory system

Misusing prescription opioids

Changing route that substance is used or the strength of substance

# RECOGNIZING SIGNS OF OVERDOSE

Call 911 immediately if a person exhibits **ANY** of the following symptoms:

- Unresponsiveness
- Shallow, slow, or stopped breathing
- Lips/fingernails turning blue/gray/white depending on skin tone
- Pale/grayish skin
- Very limp body
- Vomiting or gurgling sounds
- Slow or stopped heartbeat

# RESPONDING TO AN OVERDOSE

Get	Call	Give	Begin	Give
<p>Get their attention: firmly rub your knuckles up and down the middle of the person's chest</p>	<p>If no response, call 911</p>	<p>Give naloxone</p>	<p>If the person has stopped breathing or if breathing is very weak, begin rescue breaths. If trained in CPR, do chest compressions</p>	<p>Give additional dose of Naloxone if there is no response withing 2-3 minutes of each dose</p>



# **NALOXONE (NARCAN) OVERVIEW**

- Naloxone is a medication that rapidly reverses the effects of an opioid overdose
- Evidence-based strategy to reduce overdose related death
- Comes in two FDA approved forms: injectable and prepackaged nasal spray
- All types of Naloxone can be used on children and adults
- Provided from pharmacy with all opioid prescriptions
- Can also be obtained from local recovery community organizations
- Everyone can carry naloxone! You never know when a situation may present itself for you to save a life!

# How does Naloxone work?

## HOW TO USE NALOXONE NASAL SPRAY

Naloxone is a lifesaving medication that can reverse an opioid overdose. Carrying naloxone can help you save a life if you see a possible overdose.

# 1

Call **9-1-1** then carefully remove naloxone from packaging.



# 2

Hold the nasal spray with your thumb on the plunger and **place the tip of the nasal spray in either nostril of the person experiencing an overdose** until fingers are touching their nose.



# 3

Firmly **press the plunger to release the entire dose of medication** into the nose.



# 4

**Wait 2-3 minutes** for the person to respond. If no response, give additional doses, switching nostrils, until help arrives.



# CDC'S 10 EVIDENCE-BASED STRATEGIES FOR PREVENTING OPIOID OVERDOSE

- 1) Targeted Naloxone distribution
- 2) Medication Assisted Treatment (MAT)
- 3) Academic detailing
- 4) Eliminating prior authorization requirements for medications for Opioid Use Disorder (OUD)
- 5) Screening for Fentanyl in routine clinical toxicology testing
- 6) 911 Good Samaritan Law
- 7) Naloxone distribution in treatment centers and criminal justice settings
- 8) MAT in criminal justice settings and upon release
- 9) Initiating Buprenorphine-based MAT in emergency depts.
- 10) Syringe service programs



# CONCLUSION

- Harm reduction can be controversial and have stigma associated with it
- There is broad spectrum of services included in harm reduction but for any of them to be successful, building a positive, empathetic relationship is the priority
- The ultimate goal of harm reduction is to reduce the risk of overdose death and other associated harms of using, while hopefully having quality of life improved
- Being knowledgeable and prepared to respond in the event of an overdose can save a life

# ADDITIONAL RESOURCES

[www.nasen.org/map-National  
Syringe Service Programs](http://www.nasen.org/map-National-Syringe-Service-Programs)

[MM TOOL BOX: 31 Days of  
Tools - Moderation  
Management™](#)

[www.harmreduction.org](http://www.harmreduction.org)

<https://neverusealone.com/>

## 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

Harm Reduction Coalition creates spaces for dialogue and action that help heal the harms caused by racialized drug policies.

NO SHAMING, NO JUDGMENT. NO  
PREACHING, JUST LOVE!

# NEVER USE ALONE

Meeting people where they are, on the other end of the line, one human connection at a time.

FACEBOOK

