

Harm Reduction

It's More Than Just Needles

Elizabeth Coffey
State Harm Reduction Program Coordinator
September 20, 2018
Glade Springs Resort



An Overview: The Opioid Epidemic “Story”

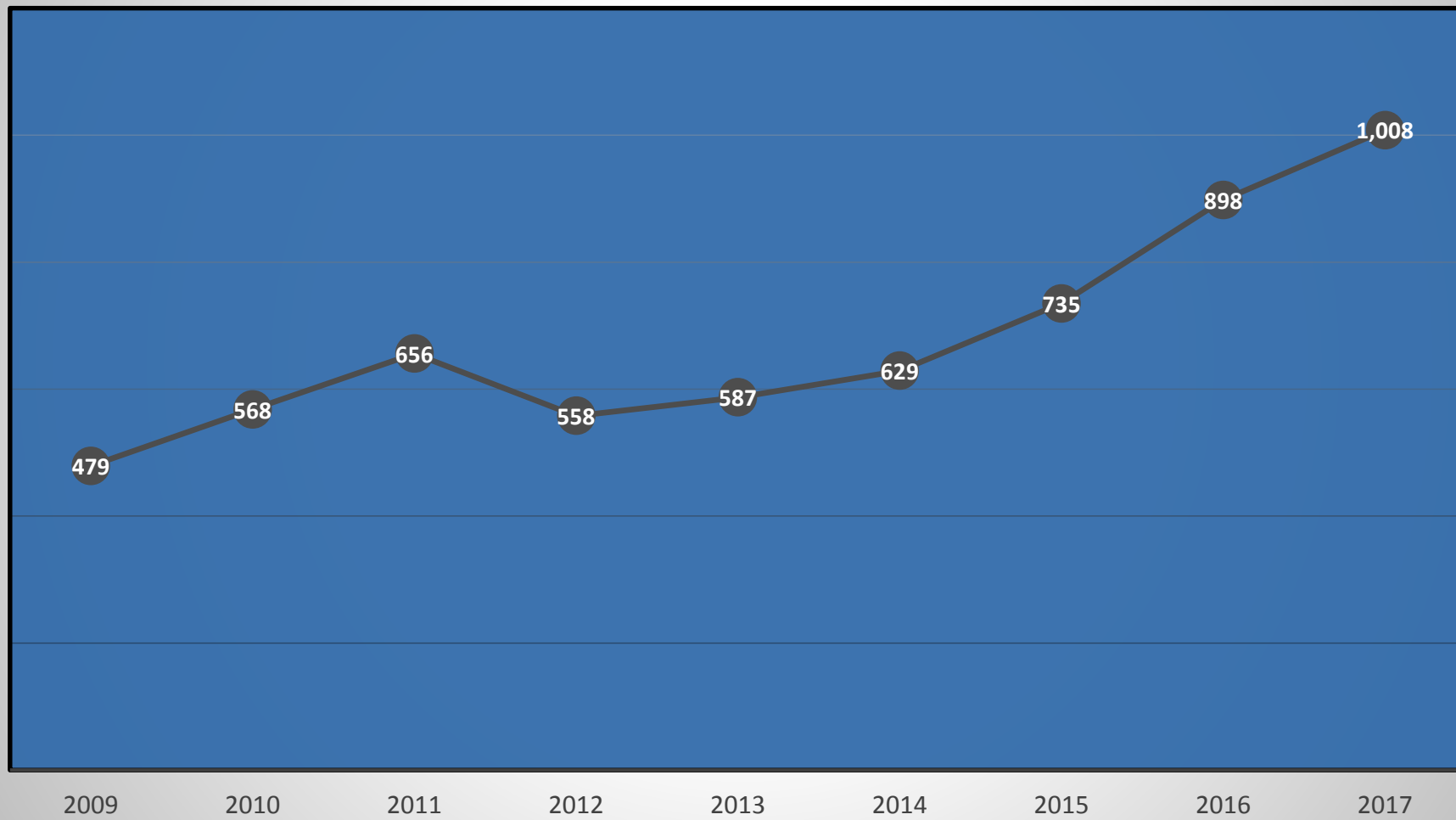
- Drug Overdose Deaths: A Tragic Ending.
- Bloodborne Diseases: hepatitis B (HBV), hepatitis C (HCV), and Human Immunodeficiency Virus (HIV).
- A Vulnerable Population.
- Potential Impact.
- One Way to Change the Story’s Outcome – Harm Reduction.
- It Takes a Village – Building and Sustaining a Program.
- How One Person Can Make a Difference.
- Questions, Answers, and Discussion.

Drug Overdose Mortality Rates

- In 2016 alone, drug overdoses killed more Americans than the entire Vietnam War which lasted 20 years.
- Drug overdoses are killing at nearly double the rate of car accident and firearm deaths.
- West Virginia had the highest drug overdose death rate per capita in the United States at 52 per 100,000 people.

West Virginia Drug Overdose Mortality Rates

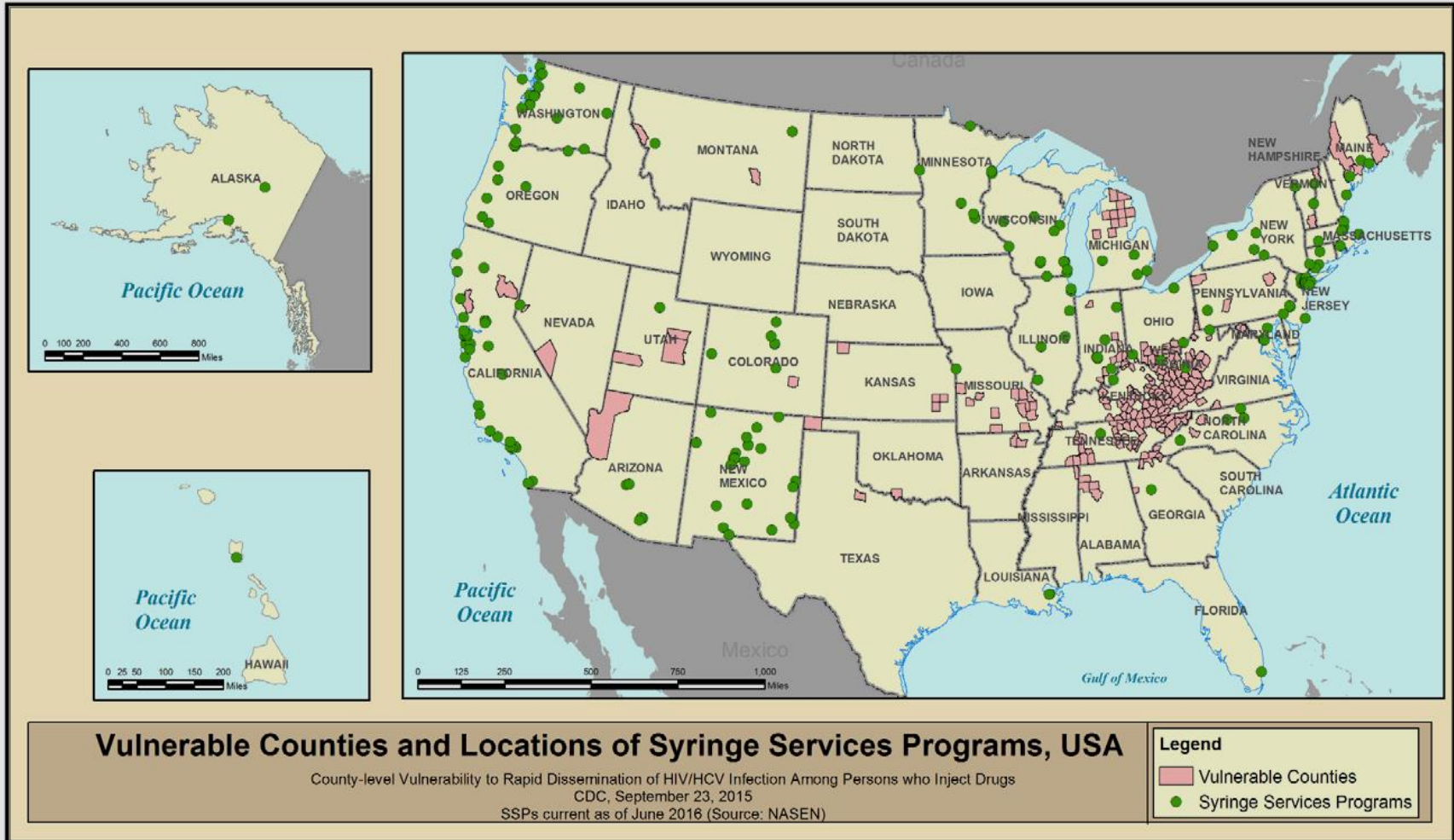
(All Drugs)



Injection Drug Use and HIV/Viral Hepatitis

- In the United States, injection drug use and needle sharing are responsible for about 10% of HIV cases annually.
- Viral hepatitis (including hepatitis B and hepatitis C), like HIV, can be transmitted through the use of injection drugs, at birth from an infected mother, and unprotected sexual contact with an infected person.
- Of those living with HIV, co-infection rates with hepatitis C among people who inject drugs (PWIDs) and needle sharers are 80%.
- Most people with hepatitis C are unaware of their infection. This can result in significant damage to the liver including the development of life-threatening conditions.
- Among people living with HIV, liver disease due to hepatitis C is the most common cause of non-AIDS related death.

HIV/HCV Vulnerable Locations



Why Is This Important?

- Every community is impacted by the current opioid epidemic.
 - Personal
 - Financial
 - Community-Based Organizations
 - Social Services
 - Medical
 - Public Health
 - Schools
- Warning signs give us the opportunity to take action in order to avoid a public health crisis.
- You may not be personally impacted, but chances are you know someone who is impacted by the crisis.

How Harm Reduction Makes a Difference

Harm Reduction is a way of preventing disease and promoting health rather than making judgments about where drug users “should be” in terms of their personal health and lifestyle.

Harm Reduction programs focus on limiting the health risks associated with unsafe drug use which is linked to serious adverse health consequences, including HIV transmission, viral hepatitis, and death from overdose.

Harm Reduction programs provide essential health information and services while respecting individual dignity and autonomy.

How Harm Reduction Makes a Difference (cont'd)

Harm Reduction protects law enforcement officers, Emergency Medical Services (EMS) staff, firefighters, and the general public from needlestick injuries – accidental pricks to the skin from handling hypodermic needles.

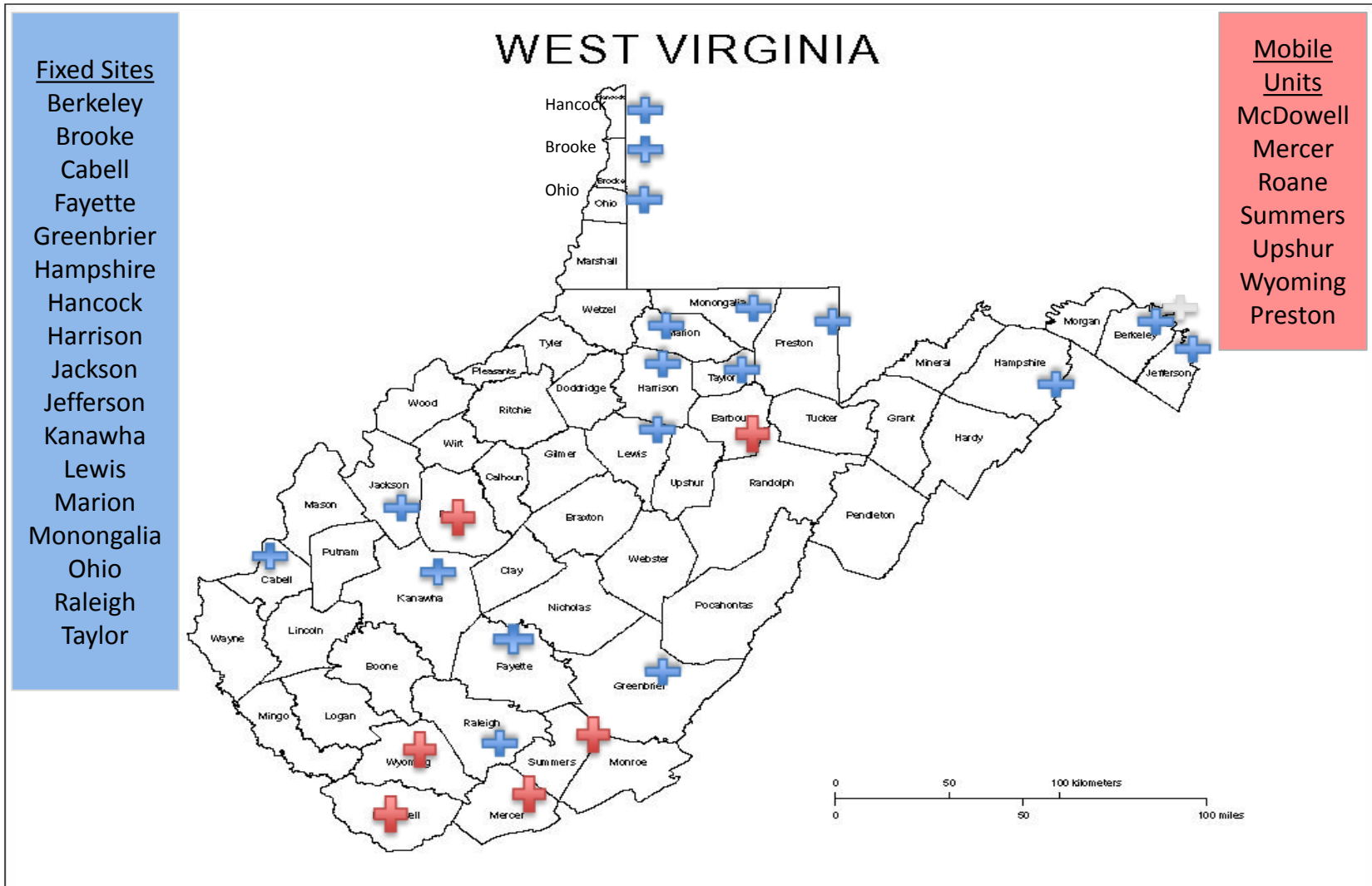
By providing safe disposal of injection equipment, *harm reduction* programs reduce the number of contaminated syringes circulating in the community.

Harm Reduction approaches are practical, feasible, effective, and cost-effective.

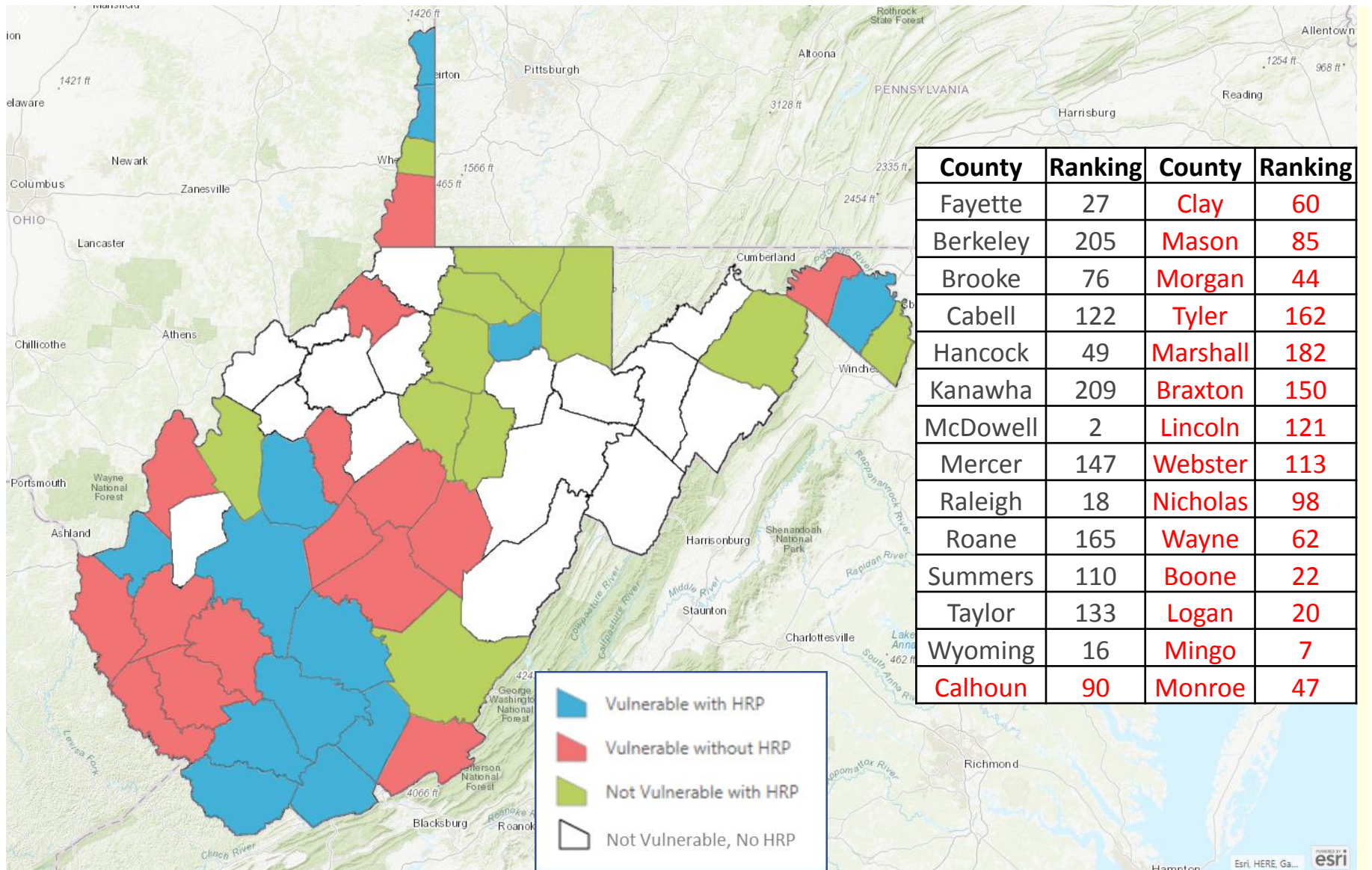
www.hri.global

www.nchrc.org

Harm Reduction Programs in West Virginia



HIV/HCV County Level Vulnerability



| County | Ranking | County | Ranking |
|----------|---------|----------|---------|
| Fayette | 27 | Clay | 60 |
| Berkeley | 205 | Mason | 85 |
| Brooke | 76 | Morgan | 44 |
| Cabell | 122 | Tyler | 162 |
| Hancock | 49 | Marshall | 182 |
| Kanawha | 209 | Braxton | 150 |
| McDowell | 2 | Lincoln | 121 |
| Mercer | 147 | Webster | 113 |
| Raleigh | 18 | Nicholas | 98 |
| Roane | 165 | Wayne | 62 |
| Summers | 110 | Boone | 22 |
| Taylor | 133 | Logan | 20 |
| Wyoming | 16 | Mingo | 7 |
| Calhoun | 90 | Monroe | 47 |

Needs-Based

- No limit on the number of syringes a participant may receive
- Number based on current injection needs.
- Participants are not required to return used syringes in order to receive new, sterile syringes.
- May or may not have a cap on number of syringes dispensed
- Model most likely to receive community opposition.

One For One

- For every used syringe a participant returns, he/she will receive one sterile syringe.
- Participant required to return used syringes.
- Does not take into account valid reasons the participant may not have enough syringes to return.

Syringe Transaction Models (cont'd)

- May serve as a barrier to seeking comprehensive harm reduction services.
- Typically has a cap on number of syringes dispensed.
- Model most likely to be accepted by the community.

One for One Plus

- For every one used syringe returned, it is possible for the person who injects drugs (PWID) to receive more than one sterile syringe.
- Usually still a requirement for participants to return used syringes.
- More flexibility when participants don't have enough, or possibly, any syringes to exchange.
- May face community backlash.

Fixed Site

- Syringe exchange in a specific building.
- Offers greater opportunity to integrate other services, including HIV and HCV testing, abscess and wound care, recovery coaches, etc.
- Creates a “safe place” for building trust.
- Privacy for participants.
- Can become the focus of community opposition.

Mobile

- Syringe exchange at designated locations and times.
- Harder to deliver ancillary services.
- Lack of privacy.
- Often used in conjunction with fixed site.

Site Visit Data – No “One Size Fits All”

Sixteen Site Visits Conducted To Date:

- Syringe Transaction Model - 1 needs-based; 7 one for one plus; 7 one for one, 1 needs-based modified (cap of 20)
- Service Delivery - 10 fixed site; 1 mobile; 5 both.
- Borders - 13 open borders; 3 closed borders.
- Syringes via Proxy - 5 allow (4 with restrictions); 9 do not allow.
- When Participants Are Informed of Comprehensive Services - 11 prior to syringe exchange; 3 during exchange; 1 before and during; 1 before, during, and after.
- Supplies Provided – All - syringes, alcohol swabs, and condoms; 12 - educational fliers; 11 -cotton filters; 10 - tourniquets, 9 - cookers; 8 - sterile water; 5 - bleach; 3 - Band-aids.

Summary of Activities and Interventions

- Outreach and education to reduce risks associated with drugs.
- Syringe Service Programs (SSPs).
 - Provide sterile syringes.
 - Syringe sharing less common among PWIDs who have a sufficient supply of sterile syringes.
- Referrals to drug treatment programs.
- Referrals to social services.
- Confidential counseling and testing for HIV, hepatitis, and other sexually transmitted or bloodborne infections.
- Overdose prevention.
- Provision of primary care.

What Can I Do In My Community?

- Engage community stakeholders in discussions about warning signs as well as benefits of harm reduction programs.
- Encourage meetings to include a wide range of community stakeholders.
- Gather data from local EMS, police, hospitals, and providers regarding statistics of overdose rates/locations, Naloxone use, arrests for drug-related crimes, and HIV and HCV rates.
- Understand federal, state, and local regulations.
- Develop community partnerships.

Community Partnerships

- Law Enforcement
- Hospitals
- Academic Community
- Pharmacies
- Community-Based Organizations
- Prosecutor's Office

Matt La Rocco, Harm Reduction and Outreach Specialist,
Louisville Metro Syringe Exchange Program

Eight Core Guidelines of Harm Reduction

1. Build community support prior to implementation of a Harm Reduction Program and maintain support for the duration of the program. This includes local government leadership, EMS, police, fire, prosecutors, and the general public.

Communicate with key stakeholders frequently. Listen to concerns and address them quickly. Without support, the program may fail.

2. Conduct routine program and process evaluation.
 - What are the program goals?
 - How are they measured?
 - What changes, if any, need made to meet the needs of the community and participants?

DHHR's Bureau for Public Health, [Harm Reduction Program Guidelines and Certification Procedures](#)

Eight Core Guidelines of Harm Reduction (cont'd)

3. Have a detailed community syringe retrieval plan in place for non-sterile syringes found in the community. Develop plan with input from key community stakeholders.
4. Emphasize Harm Reduction as a Pathway to Care – prevention, testing and treatment plus sterile syringes for those who are not ready for recovery until they are ready vs. syringe-focused only.
5. Emphasize increasing stability and reducing risk among harm reduction participants and fostering supportive relationships with harm reduction program personnel.

Eight Core Guidelines of Harm Reduction (cont'd)

6. Train caring and supportive staff to provide consistent messaging of sterile/safer injection technique, overdose prevention, proper syringe disposal, the importance of testing and immunizations, and availability of recovery coaches to help navigate multiple pathways to recovery.
7. As a recommended practice, dispense syringes in person, not via proxy. When individuals interface with caring staff, they have the opportunity to learn about comprehensive harm reduction services.
8. Have a mechanism to get patients in treatment when they are ready.

What Actions Can I Take?

- Use anti-stigma language when discussing substance use disorder issues.
- Adopt a non-judgmental perspective.
- Conduct your own research about harm reduction.
- Be a vocal advocate for harm reduction.
- Educate those who believe it's "just providing needles" or enabling an addiction.
- Be respectful and listen to those with opposing viewpoints.
- Learn to recognize signs of addiction and be willing to encourage loved ones to seek treatment.
- Serve as a volunteer in a program offering assistance to PWIDs.

“At the bottom of every person's dependency, there is always pain. Discovering the pain and healing it is an essential step in ending dependency.”

Chris Prentiss, [The Alcoholism and Addiction Cure](#)

Contact

Elizabeth Coffey

Harm Reduction Program Coordinator

West Virginia Department of Health and Human Resources

Bureau for Public Health

Office of Epidemiology and Prevention Services

Division of STD/HIV

350 Capitol Street, Room 125

Phone: (304) 356-4677

Fax: (304) 558-4744

Email: Elizabeth.J.Coffey@wv.gov