Infectious Disease Control for Persons Who Inject Drugs through a Harm Reduction Approach

Robert L. Cook, MD, MPH
Professor of Epidemiology
University of Florida

Jesse Bennett, BSW
Harm Reduction Consultant
North Carolina’s Harm Reduction Coalition

Learning Objectives

➢ Increase their knowledge of trends and inter-relationship between the opioid and infectious disease epidemics

Robert L. Cook, MD, MPH

➢ Learn about engagement strategies and innovative approaches to opioid and infectious disease prevention

Jesse Bennett, BSW

➢ Understand evidence-based strategies for addressing the spread of infectious disease among persons who inject drugs

Jesse Bennett, BSW
Epidemiology of Infectious Diseases linked to Opioid Epidemic

Robert L. Cook, MD, MPH
Professor of Epidemiology
Director, SHARC Center for Translational HIV Research
University of Florida

This training is supported by Florida Department of Children and Families
Office of Substance Abuse and Mental Health

Points to be Reviewed

• Describe trends in opioid-related deaths in Florida
• Describe basic information about HIV and HCV infections
• Describe trends over time in opioid use, HIV and HCV, and how these vary by geography, gender, and age
• Discuss several specific interventions that can help to reduce opioid-related infectious diseases
• 2015 outbreak in rural Indiana linked to PWID needle sharing: 170 people infected with HIV\(^{(1)}\)

• Since 2000, the rate of deaths from drug overdoses involving opioid pain relievers and heroin increased 200\%\(^{(2)}\)

• 56\% of black transgender women had positive HIV test results compared to 17\% of white or 16\% of Hispanic transgender women \(^{(3)}\)

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• Almost 45\% of estimated new HIV diagnoses in the U.S. were among African Americans, who comprise 12\% of the U.S. population. \(^{(4)}\)

• More than 25\% of that 45\% were women.\(^{(4)}\)

• 7 in 10 new HIV diagnoses among Hispanics occur in gay and bisexual men.\(^{(5)}\)

\(^{(1)}\) Centers for Disease Control and Prevention
Integrate these slides with epi data; ensure data from presenters is consistent.
Cynthia Craig I, 11/28/2017

If using these stats, please ensure CDC citation is corrected, including dates, publication, links.
Cynthia Craig I, 11/28/2017

References have been added
Cynthia Berg, 11/30/2017

Slide 5 and 6 have been integrated into epi data as requested
Cynthia Berg, 12/6/2017

See previous comments
Cynthia Craig I, 11/28/2017

References have been added
Cynthia Berg, 11/30/2017

see previous comments
Cynthia Berg, 12/6/2017
Florida Data from 27,383 deaths investigated by medical examiners: 2016 vs. 2015

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<td>Total drug-related deaths</td>
<td>Increase 22%</td>
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<td>Opioid-related deaths (n=5725)</td>
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<tr>
<td>Prescription drugs</td>
<td>Found more often than illicit drugs</td>
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<tr>
<td>Heroin deaths</td>
<td>Increase 30%</td>
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<tr>
<td>Fentanyl deaths</td>
<td>Increase 97%</td>
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<td>Morphine, methadone</td>
<td>Increased deaths</td>
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Drugs that were most common cause of death in Florida, 2016

- Cocaine 1769
- Benzodiazepines 1421
- Fentanyl 1390
- Morphine 1338
- Fentanyl analogs 965
- Heroin 952
- Alcohol 948
- Oxycodone 723
- Methadone 330


Note: In 2011, District 13 (Stuart Palm Beach) data was inadvertently duplicated. The data has been corrected and is accurately reflected in this report.


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Historical Overview of Fentanyl Occurrences¹
(Present and Cause)
2003 to 2016

¹Prior to 2016, the number of fentanyl occurrences indicated includes occurrences of fentanyl analogs. Starting in 2016, fentanyl analogs were tracked separately.


Age and Fentanyl-caused deaths 2015

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Opioid Prescription Rate from Florida PDMP data, 2012-2015

Note: Oral opioid prescription rate is more concentrated in rural areas.

Source: http://frost.med.ufl.edu/frost/

Infectious Diseases and Injection Drug Use

- Human immunodeficiency virus (HIV)
- Hepatitis C infection (HCV)
HIV Infection

- Human immunodeficiency virus
- Attacks cells in the human immune system (CD4)
- First cases of AIDS in US described in 1981
- Risk factors
  - Sexual transmission
    - Men who have sex with men (MSM)
    - Heterosexual transmission
  - Blood transmission
    - Injection drug use
    - Blood transfusion

HIV Infection: History

- Combination antiretroviral therapy - 1996
- HIV viral suppression possible, with ART but no cure (yet)
- HIV Viral suppression associated with
  - Improved survival
  - Reduced transmission of HIV to others
- Diagnosis and treatment of individuals is key part of HIV prevention strategy
HIV Infection- Epidemiology

- 1.1 million people living with HIV in US
- 37,600 new HIV infections in 2015
  - 5% decrease overall
- 7% of new infections due to injection drug use

Source: www.cdc.gov/hiv/statistics/overview/ataglance.html

HIV Infection- Florida 2015

- 4868 newly diagnosed cases (5.8% increase)
- Highest number of new infections in US
- Miami/Broward/Palm Beach highest rate new infections in the US
- Most new infections in younger, minority, men who have sex with men
- Injection drug use also important risk factor

2015 outbreak in rural Indiana linked to PWID needle sharing: 170 people infected with HIV

CCI18  Integrate these slides with epi data; ensure data from presenters is consistent.
     Cynthia Craig I, 11/28/2017

CCI19  If using these stats, please ensure CDC citation is corrected, including dates, publication, links.
     Cynthia Craig I, 11/28/2017
State of the HIV Epidemic in Florida, 2015

Florida Department of Health
HIV/AIDS Section
Data as of 06/30/2016

Division of Disease Control and Health Protection

To protect, promote and improve the health of all people in Florida through integrated state, county, and community efforts.


HIV Cases by Year of Diagnosis, Florida, 2006–2015, Florida

Number of Cases over Time

Year of Diagnosis


5,673 6,519 6,073 5,204 4,720 4,674 4,501 4,374 4,600 4,868
HIV Infection Case Rates\(^1\) by County of Residence\(^2\) Diagnosed in 2015, Florida

Statewide Data:
N= 4,868
State Rate = 24.5
Rate per 100,000 population

\(^1\)Population data were provided by Florida CHARTS as of 6/23/2016.
\(^2\)County totals exclude Department of Corrections cases (N=97). Numbers on counties are cases diagnosed.


Adult Female HIV Infection Cases by Mode of Exposure and Year of Diagnosis, Florida

Adult Male HIV Infection Cases, by Mode of Exposure and Year of Diagnosis, Florida


Adult HIV Infection Case Rates by Sex and Race/Ethnicity Diagnosed in 2015, Florida

Ratios:
- Males: Black to White, 6.0 to 1; Hispanic to White, 3.3 to 1
- Females: Black to White, 11.1 to 1; Hispanic to White, 2.2:1
May need a key or explanation that MSM refers to Males having Sex with Males

Cynthia Craig I, 11/28/2017
Hepatitis C (HCV) Infection

- HCV is virus – affects the liver
- Transmission via blood transfusion (in the past) and injection drug use
- Can lead to cirrhosis and liver failure over time
- Worse outcomes in persons co-infected with HIV and HCV
Add acronym (HCV) in title
Cynthia Craig I, 11/28/2017

added
Cynthia Berg, 11/29/2017
HCV can be cured
HIV/HCV Co-infected Adult Cases, by County of Residence,*
Living and Diagnosed through 2014, Florida

HIV/HCV Co-infected Adult Cases
N=10,107

- 0 Cases
- 1 – 50 Cases
- 51 – 100 Cases
- 101 – 150 Cases
- Over 150 Cases

Note: Of the 109,791 living adult (age 13+) HIV/AIDS cases in Florida, 10,107 (9.2%) are known to be co-infected with HIV/HCV.
*County totals exclude Department of Corrections cases (N=665).

http://www.floridahealth.gov/diseases-and-conditions/hepatitis/co-infection.html

HIV/HCV Co-infected Adult Cases, by Race/Ethnicity,
Living and Diagnosed through 2014, Florida

Males
N=7,767

- White: 23%
- Black: 2%
- Hispanic: 36%
- Other*: 4%

Females
N=3,003

- White: 17%
- Black: 30%
- Hispanic: 61%
- Other*: 2%

Note: Of the living HIV/HCV Co-infected Adult Cases through 2014: among males 41% are black, 34% are white and 23% are Hispanic. Among females, 51% are Black, 26% are white and 17% are Hispanic. *Other includes Asian/Pacific Islanders, Native Americans, American Indians and Multi-racial individuals.

http://www.floridahealth.gov/diseases-and-conditions/hepatitis/co-infection.html
HIV/HCV Co-infected Adult Cases, by Sex and Current Age Group, Living and Diagnosed through 2014, Florida

Males
N=7,767

Females
N=3,003

Comment: In this snapshot of living HIV/HCV Co-infected Adult Cases through 2014, the highest proportion of cases for both males and females was among persons aged 50 or older.

http://www.floridahealth.gov/diseases-and-conditions/hepatitis/co-infection.html

HIV/HCV Co-infected Adult DOC/FCI* Cases, by Sex and Age Group, Living and Diagnosed through 2014, Florida

Males
N=567

Females
N=98

Note: There is a higher proportion of cases among adult males aged 60 or older living with HIV/HCV co-infection, similarly there is a higher proportion of cases among females aged 50 or older.

* DOC/FCI are acronyms for Department of Corrections and Federal Correctional Institution.

http://www.floridahealth.gov/diseases-and-conditions/hepatitis/co-infection.html
Goals in Hepatitis Action Plan

• Raise statewide awareness of viral hepatitis
• Develop and distribute educational information
• Coordinate and collaborate with other programs and entities regarding prevention and intervention efforts
• Track viral hepatitis case surveillance
• Conduct research and evaluation
• Reduce viral hepatitis morbidity and mortality
Facts about HCV in Florida

- Approximately 321,600 Floridians have chronic HCV
- 22,500 new cases of chronic HCV reported each year
- Approximately 80% of IDU are infected with hepatitis C
- Approximately 25% of HIV+ persons are infected with hepatitis C
- Treatment costs range from $83,000 to $130,000 per individual (medications, doctor visits, tests)

Sources of HCV Infection Data

- NHANES (HCV antibody testing)
- US Census
- National vital statistics system

Geographic Distribution of Absolute Numbers of HCV Infections in the US

A. Estimated Total Persons with anti-HCV

Data from NHANES National Survey – Blood Testing - HCV Antibody Tests
Represent Lifetime Infection

Source: Rosensberg et al CID 2017

Geographic Distribution of Rate of HCV Infections in the US

B. Estimated anti-HCV Prevalence Rate

Data from NHANES National Survey – Blood Testing - HCV Antibody Tests
Represent Lifetime Infection

Source: Rosensberg et al CID 2017
Factors associated with community vulnerability to opioid-related HIV and HCV epidemics

- Acute HCV infection rates were related to county-level variables including:
  - Drug-overdose deaths
  - Prescription opioid sales
  - Per capita income
  - White, non-hispanic race
  - Unemployment
  - Buprenorphine prescription capacity

Van Handel J IADS 2016

Note that Florida does not have any of the most vulnerable locations in the US according to this analysis

Source: J Acquir Immune Defic Syndr. 2016 Nov 1; 73(3)
Strategies to Reduce HCV-HIV in Persons Who Inject Drugs (PWID)

PrEP

PrEP is a new prevention method in which people who do not have HIV infection take a pill daily to reduce their risk of becoming infected.

HIV Prevention Strategies in Florida

HIV initiatives

The Florida Department of Health offers numerous specialized initiatives to benefit the health of Florida's communities. We invite you to learn more about our comprehensive HIV prevention strategies and to join our growing network of prevention HIV educators.
Syringe Services Programs: More than Just Needle Exchange

What is an SSP? A community-based program that ideally provides comprehensive services

- Free sterile needles and syringes
- Safe disposal of needles and syringes
- Referral to mental health services
- Overdose treatment and education
- Hepatitis A and B vaccinations
- Other tools to prevent HIV and hepatitis, including isoniazid (INH), directly observed therapy (DOT), and Hepatitis B antibody (HBV) or Hepatitis A antibody (HAV)
- HIV and hepatitis testing and linkage to treatment
- Referral to substance use disorder treatment, including
- Medical care and case management
- Psychosocial support
- Criminal justice involvement

SOURCE: Vital Signs, December 2016

HIV and Injection Drug Use

Syringe Services Programs for HIV Prevention

Sharing needles, syringes, and other injection equipment puts people who inject drugs (PWID) at high risk for getting HIV and other infections, including hepatitis. Annual HIV diagnoses among black and Hispanic/Latino PWID were cut in half between 2005–2014, but diagnoses among white PWID dropped by only 26%. One reason may be that fewer blacks and Hispanics/Latinos are sharing needles and syringes, while whites are more likely to share them. Syringe services programs (SSPs) can play a role in preventing HIV and other health problems among PWID. They provide access to sterile syringes and should also provide comprehensive services such as help with stopping substance misuse, testing and linkage to treatment for HIV, hepatitis B, and hepatitis C; education on what to do for an overdose; and other prevention services. State and local health departments can work with their lawmakers and law enforcement to make SSPs more available to PWID.

State and local health departments can:
- Use data on HIV, hepatitis, substance use, and overdoses to determine where services are needed.
- Work with law enforcement and local leaders to expand access to SSPs, where permitted by law.
- Provide HIV and hepatitis testing and prevention services for PWID.
- Ensure treatment is available for overdoses, HIV, hepatitis, and substance use disorder, and inform first responders about

1 in 10 HIV diagnoses are among people who inject drugs (PWID).

50%
More than half of PWID used a syringe services program in 2015.

1 in 4
Only 1 in 4 PWID got all their syringes from sterile sources in 2015.
CCI1    Citation missing. Bottom of slide is cut off. Are these stats national?
        Cynthia Craig I, 11/28/2017

CCI14   This slide should be included with Harm Reduction/Best Practices section of presentation
        Cynthia Craig I, 11/28/2017

CB2      Added to Harm Reduction ppt.
        Cynthia Berg, 11/29/2017
Miami Infectious Disease Elimination Act (IDEA) Exchange

- Founded in 2016 as harm reduction program
- Provides clean syringes in exchange for used
- Offers anonymous HIV/HCV testing
- Offers linkage to infectious disease and substance abuse treatment services
- Partners with local law enforcement
- Provide information to community about overdose prevention
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Infectious Disease Control for Persons Who Inject Drugs through a Harm Reduction Approach

Jesse Bennett, BSW
Outreach Worker/Harm Reduction Consultant

This training is supported by Florida Department of Children and Families
Office of Substance Abuse and Mental Health

Points to be Reviewed

• Information/trends about the inter-relationship between opioid misuse and infectious disease

• What measures can be taken to effectively address this public health emergency

• Evidence-based behavioral interventions and innovative approaches to infectious disease prevention for persons who inject drugs will be discussed
Slide 1

CCI1  Infectious
Cynthia Craig I, 11/28/2017

CB1  Corrected
Cynthia Berg, 11/29/2017

Slide 2

CCI3  Remove first paragraph. Heading should be Learning Objectives
Cynthia Craig I, 11/28/2017

CB2  Corrected
Cynthia Berg, 11/29/2017
Harm Reduction

Why Is There A Need For Harm Reduction?

- Respond to disproportionate disease and fatality rates
- Reach vulnerable populations
- Keep individuals engaged if they relapse or are not abstinent from drugs or sex
• 2015 outbreak in rural Indiana linked to PWID needle sharing: 170 people infected with HIV\(^\text{1}\)

• Since 2000, the rate of deaths from drug overdoses involving opioid pain relievers and heroin increased 200% \(^\text{2}\)

• 56% of black transgender women had positive HIV test results compared to 17% of white or 16% of Hispanic transgender women \(^\text{3}\)

• Almost 45% of estimated new HIV diagnoses in the U.S. were among African Americans, who comprise 12% of the U.S. population. \(^\text{4}\)

• More than 25% of that 45% were women.\(^\text{4}\)

• 7 in 10 new HIV diagnoses among Hispanics occur in gay and bisexual men.\(^\text{5}\)

\(^{\text{1}}\) Centers for Disease Control and Prevention
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Cynthia Craig I, 11/28/2017

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Cynthia Craig I, 11/28/2017

References have been added
Cynthia Berg, 11/30/2017

See previous comments
Cynthia Craig I, 11/28/2017

References have been added
Cynthia Berg, 11/30/2017
What Good Comes Out of Harm Reduction?

- Challenge Stigma
- Increase Trust with Clients and Foster Engagement
- Improve Public Health with Individuals and Community-wide

Harm Reduction is...

- A set of practical strategies to reduce negative consequences of drug use and sexual risk.

- Incorporates a spectrum of strategies including safer techniques, managed use, and abstinence.

- Meets people “where they’re at” but doesn't leave them there.
Does not attempt to minimize or ignore the harms associated with licit and illicit drug use and sexual activity.

Applies evidence-based interventions to reduce negative consequences of these behaviors.
  - Ex: syringe access, naloxone, Pre-Exposure Prophylaxis (PrEP)

Moves past judgment of another person to address their drug use and sexual activity and the harm that’s occurring to that person.

Works to elicit ANY POSITIVE CHANGE based on individual client need, circumstance, and readiness to change.
What Harm Reduction is Not

Harm reduction does not mean “anything goes.”

Harm reduction does not condone, endorse, or encourage drug use or high risk behaviors.

Harm reduction does not exclude or dismiss abstinence-based treatment models as viable options.

Levels of Harm Reduction

Individual

Community    Institutional
Harm Reduction

A holistic approach to working with people at higher-risk in relation to HIV, drug use, and sexual behaviors.

Programs can be:
Low-Threshold, Convenient, Evidence-based

Providers can be:
Positive - Honest - Productive
Pragmatic - Client-centered - Without Bias

Continuum of Use

No Use  Experiment  Situational Use  Severe Persistent Chemically Dependent

Social & Ritual Use  Binge Use  Abuse Habit Chronic
The degree of harm associated with a risk behavior may vary based on numerous factors, including drug, set, and setting.
Key Principles of Harm Reduction

- Health and Dignity
- Participant-Centered
- Participant Involvement
- Participant Self-Rule
- Recognize Inequalities and Injustices
- Practical and Realistic

(1) Health and Dignity

Providers treat program participants with respect.
(2) Participant-Centered
Providers offer services **without judging** the participant. Programming is **low-threshold** and accessible.

(3) Participant Involvement
Providers ensure the people you are serving have a **real voice in the creation of programs and policies** designed to serve them.
(4) Participant Self-Rule
Providers recognize participants are experts in their own lives. It is the participant who makes their own changes, when they feel they can make them, under their own circumstances.

(5) Impact of Inequalities and Injustices
Providers recognize complexities of poverty, class, racism, isolation, past trauma, sex-based discrimination and other inequalities affect people’s vulnerability, and capacity for effectively dealing with behavior-related harm.
(6) Practical and Realistic

Providers **offer practical tools and education** to address the real harms and dangers experienced by individuals with significant risk.

**Drug Use**
CCI11  Remove #3.
Cynthia Craig I, 11/28/2017

CB4  Presenter would like to keep slide
Cynthia Berg, 11/29/2017
What are some risk factors surrounding drug use?

People will have different reasons for using substances.

Considering factors surrounding these behaviors will be useful when brainstorming options to reduce risk for disease transmission.
**Factors Related to Drug Use**

**Drug**

*What type of drug*
- if it is liquid, pills, powder, gooey “tar”

*Potency of drug*
- might be less difficult to determine with prescription pills than illicit street drugs

*What the drug is cut or mixed with*
- household cleaners or poisonous and not designed for human consumption
- Fentanyl, a strong opioid that can increase overdose

---

**Factors Related to Drug Use Continued**

**Set**

*In withdrawal*
- will change circumstances regarding drug prep, drug use (e.g., not applying ‘best practices’ for disease prevention in prep, using in public place)

*Taking care of business when not in withdrawal*
- Persons who use or inject drugs are not in a constant state of withdrawal, can take steps to cover basics (food, rent, cell phone) and set aside money for drug
- cultivate more than one dealer
CCI15  Drug Use is not hyphenated
Cynthia Craig I, 11/28/2017

CB5    corrected
Cynthia Berg, 11/29/2017

Slide 28

CCI16  Drug Use is not hyphenated
Cynthia Craig I, 11/28/2017

CB7    corrected
Cynthia Berg, 11/29/2017

CCI17  spell out Persons who use or inject drugs
Cynthia Craig I, 11/28/2017

CB6    spelled out
Cynthia Berg, 11/29/2017
Factors Related to Drug Use Continued

**Setting**

**Unstable housing or homelessness**
- using in public or in compromised settings

**Access to clean water**
- if there is sterile or running water available to wash, drink to re-hydrate, or dissolve drug

**Using used needles**
- only have one left (confiscated, busted, did not have a chance to visit Syringe Access Program (SAP), no where to put sterile gear)

Factors Related to Drug Use Continued

**Setting**

**Using alone**
- no overdose response if occurs, people think you’re not using anymore so difficult to ask for help

**Injected by another person**
- unable to determine how much drug used, unable to use without this person
<table>
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| **CCI10** | spell out Syringe Access Program (SAP)  
Cynthia Craig I, 11/28/2017 |
| **CB9** | spelled out  
Cynthia Berg, 11/29/2017 |
| **CCI18** | Drug Use is not hyphenated  
Cynthia Craig I, 11/28/2017 |
| **CB8** | corrected  
Cynthia Berg, 11/29/2017 |

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</table>
| **CCI6** | formatting/spacing  
Cynthia Craig I, 11/28/2017 |
| **CB16** | Corrected  
Cynthia Berg, 11/30/2017 |
Harm Reduction Options: Drug Use

How it is consumed

- smoking a drug or swallowing in pill form will avoid a small hole exposure that results from injecting
- use own devices for snorting & smoking
- Hep C can spread from crack pipe or drug straw

Prevention During Drug Use

- Clean the skin before injecting to prevent getting an abscess*
- Use a new, sterile syringe each injection to prevent spread of HIV and Hep B
- Prevent a fatal overdose with rescue breathing, calling 911, and using naloxone
- Use safer injection equipment to reduce exposure to Hep C

*abscess = swollen, infected sore
Best Practices
to assist individuals in managing
substance use through harm
reduction education and
interventions

Manage Drug Use through Education

- Educate individuals to manage substance use to use small amount of drug first to help determine if it’s too strong or just enough
- Educate individuals to manage substance use to have a plan: tell others where to find the naloxone
- Educate individuals to manage substance use to not use alone, or let someone know when you use
- Educate individuals to manage substance use to clean hands or at least finger tips for drug prep
Maybe include title or introductory slide for context as it relates to Best practices to assist individuals in managing substance use through harm reduction education and interventions? This is directed as discussion with PWIDs not necessarily audience.
Cynthia Craig I, 11/28/2017

Present this information after prevention then
Cynthia Craig I, 11/28/2017

Introductory Slide added along with Title.
Cynthia Berg, 11/30/2017
If injecting

- Educate PWIDs to use new sterile syringe one time only
  - or re-use their own syringe
  - or flush used syringe w. water/bleach/water
- Educate PWIDs to clean skin with soap and water
  - or clean finger tips with alcohol wipe
- Educate PWIDs to use own safe injection supplies
- Educate PWIDs to injecting arms/legs as they are safer than hands/feet
- Educate PWIDs to properly dispose of used syringe so no one gets stuck by accident

Syringe Access Programs

Our Roots in Harm Reduction!

“How does this work?”

“You give me an old one, I give you a sterile one, and it keeps your butt alive”
see previous comment about audience and how to present this information.

Cynthia Craig I, 11/28/2017
Syringe exchange is a science-based intervention that does not increase drug use\textsuperscript{(6)}, does reduce HIV + risk for Hep C\textsuperscript{(7),(8)}, and increases the likelihood for program participants to seek treatment\textsuperscript{(9)}. 
Slide 37

CCI12  Is there a research citation for this slide?
Cynthia Craig I, 11/28/2017

Slide 38

CCI1  Citation missing. Bottom of slide is cut off. Are these stats national?
Cynthia Craig I, 11/28/2017

CCI14  This slide should be included with Harm Reduction/Best Practices section of presentation
Cynthia Craig I, 11/28/2017

CB11  Slide has been added from the Epi PPT as requested
Cynthia Berg, 11/29/2017
Syringe Access Service Models

Sexual Behavior
What are some risk factors surrounding sexual activity?

Factors Related to Sexual Activity

**Sex**

What type of sex
- manual, or use of hands
- oral
- vaginal penetration and surface area
- anal penetration
Factors Related to Sexual Activity Continued

Set
If persons who inject or use drugs too, where are they on the drug use continuum?

- compromise safer sex options while under influence
- immediate needs trump using safer sex supplies

If trade sex

- multiple partners, with greater frequency
- not practical to conduct in-depth risk assessment with each potential sex partner
- stigmatized, vulnerable population

Factors Related to Sexual Activity Continued

Setting

Unstable housing or homelessness

- activity in public or in compromised settings
- less likely to have storage, or carry safer sex supplies

Hygiene/Access to clean water

- able to keep hands, mouth, and body clean in between sexual encounters?

Low or no income

- decisions for survival-based or immediate needs
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<td>CB12</td>
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<td>Cynthia Berg</td>
<td>11/29/2017</td>
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Harm Reduction Options: Sexual Activity

Which sexual activity

- using hands for sex is safer than giving oral or taking penetration
- using lubrication if there is no condom
- avoid oral with a cold sore; stop the spread of herpes!

Best Practices for Individual’s to Manage Sexual Activity

- carry condoms + pocket lube
- use a ‘silent alarm’ or let someone know when you leave with another person to have sexual activity, and check-in upon safe return
- get tested regularly instead of between new partners
- bring own safer sex supplies to each encounter
See previous comments about audience and approach. Best practices for managing and preventing? Language should be revised to educate provider on how to educate PWID/PWUDs - not speak directly to PWID

Cynthia Craig, 11/28/2017

Corrected

Cynthia Berg, 11/30/2017
Best Practices for Individual’s to Manage Sexual Activity Continued

- chlamydia, gonorrhea and syphilis have a cure, get tested regularly
- ask for throat culture and anal swab
- complete Hep A + Hep B vaccination series
- get tested for HIV and Hep C
- carry handy-wipes
- use mouth wash in between encounters, wait to brush teeth when done for the day
- be familiar with menstrual cycle and when it’s due: blood is blood, ovulation window around day 10-14 from first day of period

Prevention During Sexual Activity

- Use condoms, gloves, and finger cots to prevent HIV, STIs, viral hepatitis, unwanted pregnancy
- See if you are a candidate for PrEP, the daily HIV medication for HIV-negative persons at significant-risk
- Getting tested for HIV/STIs regularly, instead of before each new sex partner

PrEP = Pre-Exposure Prophylaxis
Question

*Which of these can increase risk for harm?*

A. Unstable housing  
B. No or low income  
C. Feelings of isolation  
D. No access to safer supplies  
E. Not able to use supplies

---

**Contributing Factors & 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
Harm Reduction Strategies

Because harm reduction interventions and policies are designed to reflect specific individual and community needs there is no universal definition of, or formula for, implementing harm reduction.
How can an agency support participants in reducing drug-related & sex-related risk behaviors?

1. Education
2. Access
3. Support
4. Linkages
Examples for EDUCATION
Harm Reduction Strategies:

- HIV/STI prevention
- Overdose response
- Hep C treatment

Examples for ACCESS
Harm Reduction Strategies:

- Housing assistance
- Syringe access
- Safer sex supplies
Examples for **SUPPORT**
Harm Reduction Strategies:

- Active listening
- Case management
- Motivational Interviewing

Examples for **LINKAGES**
Harm Reduction Strategies:

- HIV/Hep C Treatment
- Drug/Alcohol Tx
- Mental health care
True or False?
Harm Reduction excludes abstinence as an option to reduce harms related to drug use or sexual activity.

FALSE

Harm Reduction includes abstinence as an option to reduce risk surrounding drugs and sex. It is one of several options a person can apply to addressing their own needs, and what they feel they can do at that time.

True or False?
Harm Reduction offers options so the person themselves can determine what is right for them, at that time.

TRUE

What works for one person may be very different from what another person needs. Harm Reduction provides a “bowl of options” of which the person can pull from, to utilize when circumstances allow.
Reflective Practice: Applied Harm Reduction

**Identify**
Identify areas where you may need more support in applying specific harm reduction interventions at work.

**Explain**
Describe to a colleague what harm reduction is in your own words. Has your definition changed over time?

**Apply**
Does your agency engage key principles of harm reduction? How can you integrate the harm reduction approach into daily work with clients?

---

Question & Answer Session
CCI13  Create Resources/References Slide. Citations included on slides within presentation should be included in addition to links to Harm Reduction Coalition materials on the web
Cynthia Craig I, 11/28/2017

CB19  Done
Cynthia Berg, 11/30/2017
References


