In our own words: Sex worker activists speak out about the significant harms of criminalization on the lives of sex workers and explain why only rights can amend these wrongs.

Policy makers frequently approach sex work-related laws through a moralistic-lens, or a distorted attempt to protect the public safety. Rarely are the basic civil liberties, labor rights and voices of sex workers included in the very policies that impact their lives. In this panel, we will analyze a variety of legal and policy interventions targeting sex workers, and expose the devastating ways in which these legal frameworks run contradictory against sex worker-safety. From the St James Infirmary in San Francisco, Naomi Akers and Cyd Nova will compare conflicting regulatory approaches against sex workers—the use of condoms as evidence of prostitution and mandatory condoms/compulsory testing for porn and legal brothel workers—and the subsequent increased vulnerability to HIV. Deon Haywood will present the steps her organization, Women with a Vision, is taking to dismantle the draconian usage of “Solicitation of a Crime against Nature” laws in Louisiana to require persons convicted of prostitution to register as sex offenders. Kelli Dorsey from Different Avenues in Washington, DC will illuminate the consequences of the conflation of sex work and trafficking, which include creating barriers for accessing HIV prevention, and the recent implementation of legislation that punish CBOs for providing HIV services.

Attempts to regulate the porn industry gone wrong

In the past decade, the Adult Film Industry has been under continuous scrutiny for the lack of mandated condom use in porn and HIV/STI transmissions among adult performers. Adult industry actors and producers are resisting problematic regulation at the state and county level to mandate testing and condoms. In an effort to inform policy makers about the necessity of including the voices of porn actors in policy, the St. James Infirmary conducted a series of surveys and forums of porn actors. Results revealed a clear divide between Los Angeles porn actors (mostly straight and involved in studio mandated clearance to work through HIV/STI screenings) and San Francisco porn actors (mostly gay and not involved in the manda-
tory testing scheme, with the exception of SF-based Kink.com). In 2010, the Adult Industry Medical Healthcare Foundation in Los Angeles was shut down after their medical database was hacked and released on the Internet. Naomi Akers from the St. James Infirmary will present the trajectory and aftermath of these events, the results from the survey and forums with porn actors and the outcomes of our clinics collaboration with the Free Speech Coalition and Kink.com in providing testing for porn actors in San Francisco.

*Naomi Akers is a passionate advocate for the sex worker rights movement since 1995. In her life, she has worked in a variety of sex work venues, both legal and illegal including several Nevada brothels; escorting/internet dating in San Francisco; and as a stripper, massage parlor worker and street walker in San Francisco and Los Angeles. She has also studied at length on issues related to sex work both nationally and globally.*

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**Silence & Articulation: To Prevent HIV, Hepatitis-C.**

The term ‘Silence & Articulation’ may be a new global beginning for health professionals to prevent HIV, hepatitis-C, drug use and sexual practices. Silence & articulation helps to realize vulnerable groups about their risky practice, change behavior and take necessary actions. It helps to come back the right tract and prevent the diseases. BCC, supporting guidance, counseling, silence & articulation helps to provide all information positively. Efficient silence helps the people to think fast, then analysis about his/her practices & perception, then critical & creative thinking continuously occurring and finally a wise or constructive decision make and efficient articulation for go ahead & take right decision. Silence may be a tools, just looks like a one pair of still eyes of guidance towards his/her little child and articulation may be another tools for effective communication. Actually, silence & articulation means so many thinks of beneficiaries; all thinks make a bundle of self-realizing or self-assessment tools. The correct method of sexual practices, blood & needle sharing will be shared to all persons by silence & articulate method. In view of that the term it is hard to change behavior; but by effective practicing of silence & articulation helps to make a global change after a certain period of time. Careful and analysis should be taken before finalizing this concept as an effective tool.

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**The need for overdose prevention efforts**

Over the past ten years, the number of opiate-related deaths has been on the rise in Washington (WA) State and Clark County. Most of these deaths are attributable to prescription-opiates. In 2009, the Washington State Department of Health reported an incidence rate of 7.1 and 4.7 per 100,000 deaths related to prescription-opiates, in WA and Clark County, respectively. In order to better understand these alarming rates, the Clark County Harm Reduction Center initiated a survey among Needle Exchange clients in December 2011. Clients were interviewed privately and were asked about basic demographics, drug use, overdose, knowledge of the Good Samaritan Law, and interest in Naloxone. Over the course of 3 months, 200 injection drug users participated in the survey. Most survey participants (68%) reported primarily using heroin over the past 3 months, and 62% reported using opiate pain medications before using heroin. Over half the clients reported witnessing at least one overdose in the last year, and about half of these overdose witnesses called 911. Only 35% of participants reported knowledge of the Good Samaritan Law. Participants reported experiencing an average of 2 lifetime overdoses, and most participants expressed interest in obtaining and learning to administer Naloxone. These results highlight the need for overdose prevention and potential benefits of Naloxone.

*Sandi Kendrick has been a health educator with Clark County Public Health for over 30 years. Working towards ensuring health equity and reducing health disparities has been foremost in her career and continues in her current work with coordinating the syringe services program for Clark County.*
Adiba Ali is an MPH student at Oregon Health Sciences University studying Epidemiology and Biostatistics. She has been volunteering with the Clark County Needle Exchange Center since July 2011.

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Alcohol & Drugs Harm Reduction: Theory & Practice
This presentation discusses practical strategies for reducing the harms associated with alcohol, injection drugs, and other drugs. We identify which harm reduction strategies apply in the same ways across alcohol and all other drugs and we also discuss how some harm reduction strategies are very drug specific. For example, overdose prevention is a high priority with opiates whereas accident and violence prevention is a high priority with alcohol. We also address the shortcomings of the hijacked brain theory in describing real-life change processes of drug users and propose a dynamic tension model to better explicate observed phenomena of safe use, controlled use, and spontaneous remission of addiction. We also show how this model relates to trauma, choice theory, and contrast the phenomena of gradualist vs. abrupt change.

Choosing A Harm Reduction Goal
It is often difficult for substance users to decide if their best SUM (Substance Use Management) goal is a non-abstinence goal which can involve safer use strategies or reduced use strategies or if their best option is the abstinence goal of quitting altogether. This presentation explores some tools which can help substance users to choose a SUM (Substance Use Management) goal of safer use, reduced use, or abstinence. These tools can also be of use to harm reduction therapists in helping their clients to make goal choices. We emphasize flexibility in letting substance users move back and forth between goals without shame. We also recognize that users may opt to have different SUM goals with regard to different substances.


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From philosophy to logistics: Translating harm reduction principles into practical operations in a buprenorphine-based therapy program.
Drug war stigmatization equals institutionalized assaults on the competency, efficacy, and dignity of drug users. Some of the most insidious places this happens is in traditional service programs. SANE’s buprenorphine-based treatment program utilizes harm reduction principles to recognize, respect, and support the competency, efficacy, and dignity of drug users. Rather than prescribing a belief system and/or behavioral regimen for patients, SANE treats program participants as adults, capable of making decisions about their lives and of being active, significant participants in their treatment plans and program. We start with the question, “Is there anything you wanted to achieve while you were using that you haven’t achieved and would like assistance and/or support in attempting to achieve now?” Combined with SANE’s other programs, such as syringe exchange, overdose prevention and response, abscess prevention and care, and satellite syringe exchanger training and support program, the drug treatment program is one more service users can choose to access, when and how they deem appropriate, as they make decisions about positive changes to improve their overall health and enhance their quality of life. This presentation will discuss the processes and policies SANE employs to put harm reduction principles into practical operation.

Rachel Anderson’s professional focus is to advocate for the human rights of drug users and to document and decrease the adverse consequences associated with injecting drug use (IDU) through harm reduction-based services and research. She has worked in the Sacramento Region of Northern California as a drug treatment counselor, an epidemiologist at the University of
California, Davis, and the Executive Director of Safer Alternatives thru Networking & Education (SANE), a community-based organization providing syringe exchange and other harm reduction services to drug users. Rachel has provided technical and political assistance to emergent syringe exchange programs (SEP) as well as guidance on addressing women’s issues to harm reduction service providers in many Eastern European countries. Rachel advocates a harm reduction approach in addressing issues related to HIV, gender, and drug use.

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Public Health Follow up as Harm Reduction: Using Harm Reduction while working with HIV+patients in San Francisco Department of Public Health

Public Health Follow up as Harm Reduction: Using Harm Reduction while working with HIV+patients in San Francisco Department of Public Health. LINCS (Linkage Integration Navigation Comprehensive Services) is a new program for integrated linkage to care, partner services, and re-engagement in care in the San Francisco Department of Public Health (SFDPH). LINCS helps people living with HIV link to and remain in HIV care and provides partner services to newly diagnosed individuals in order to identify other infected persons who are not in care. We consider this “public health follow up” of local HIV testing programs. LINCS is a safety net under other support services at SFDPH medical clinics and community-based HIV test sites. LINCS works with SFDPH medical providers and community testing staff to ensure that HIV+ persons are offered partner services and are engaged in medical care in a compassionate and non-judgmental way. The mission of LINCS is to both improve HIV health outcomes and reduce the rate of new HIV infections by increasing the number of people living with HIV accessing antiretroviral therapy in San Francisco. LINCS provides a safety-net to catch patients “falling through the cracks” of the public health system by: identifying persons with unmet needs (e.g. new diagnosis, unsuppressed HIV viral load, not in care); assisting newly diagnosed HIV+ patients with communication needs and other partner services; providing navigation services to re-engage individuals who have dropped out of care; and coordinating linkage and re-engagement services to ensure that all clients are provided with the appropriate care. LINCS staff meet patients where they are at and provide warm handoff linkage to care, partner services, and active referrals to ancillary service providers at clinical and community based organizations. Navigators arrange and escort patients to appointments, as well as provide direct counseling and problem-solving assistance to patients to overcome barriers to engagement in care.

Erin Antunez has worked in public health for the past 14 years as an outreach worker, HIV test counselor, an underground needle exchange worker, a harm reduction based risk reduction counselor, a research assistant for studies working with active substance users, and as a trainer of other counselors. Her current work at the San Francisco Department of Public Health is as a Linkage to Care and Navigation Coordinator for HIV+ patients in the DPH system.

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Low Threshold, High Regard: Housing as Harm Reduction and Cultural Humility

Larkin Street Youth Services is a nonprofit organization in San Francisco that serves runaway and homeless youth ages 12-24. The agency’s continuum of care, designed to help youth permanently exit street life, includes: outreach and drop-in center services; emergency, transitional, and permanent housing programs; case management; mental health, substance abuse and medical services; education and employment services; and support services for HIV-positive youth. Larkin Street employs a harm reduction approach throughout all of its programming. This philosophy is relevant not only to substance use, but generally aims to remove barriers to entry for youth seeking services and “meet youth where they are,” focusing on the impact of behaviors in a non-judgmental setting. Strategies for engaging youth include multiple points of entry/reentry, housing as an intervention, and motivational interviewing techniques. This workshop will examine how harm reduction principles can be effectively implemented in different ways across programs. Larkin Street Youth Services have developed an integrated framework for providing drop-in and low threshold housing programs implemented with high regard for youth and
community resiliencies. The dialectics of low threshold/high regard is foundational in providing culturally responsive harm reduction counseling in the context of housing programs for youth. Matching program intervention with the sociocultural context of choice is a community based practice that integrates harm reduction counseling with cultural humility and builds a youth culture (service culture) that sustains clients’ changes over time. The presenters will share their experiences implementing harm reduction approaches in a variety of housing settings which serve unaccompanied, homeless and runaway youth. Participants will engage in an exchange of ideas, and learn new strategies to integrate harm reduction in programs. The session will consist of a presentation and small group activities.

Aimee Armata is the Clinical Director at Larkin Street Youth Services. Aimee has worked in gender specific, co-occurring treatment contexts, with adolescent girls involved in the juvenile justice system and in innovative community clinics providing “treatment on the margins.” Aimee has worked in forensic and low threshold community mental health settings from a wellness and recovery perspective. Aimee works as both a cultural anthropologist and a clinician engaged in social and psychological transformation and situates her work as an intervention in socially sanctioned forms of violence affecting youth, marginalized communities and youth with mental illness.

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Integrating Harm Reduction in Rapid HIV Testing
This presentation discusses harm reduction oriented rapid HIV testing and shares innovative tools to assist providers in developing and maintaining effective programs. Rapid HIV testing presents unique challenges to the counselor and potential to do harm is increased compared to non-rapid HIV testing due to limited preparation time the counselor has to deliver results and provide additional services such as blood-work and additional counseling. Establishing protocols before testing can prevent and reduce any physical/mental harm associated with rapid HIV testing in any population or setting. Methods: Preventative measures, such as a client readiness assessment can prepare the counselor for physical or psychological complications that may arise. For HIV preliminary positive cases, resources must be initiated before offering testing, such as; immediate confirmatory blood draws, linkage to care systems, mental health services, scheduled follow-ups, partner notification services and referrals to easily accessible resources to meet the needs of the client outside counselor care. Lastly, protocols for responding to emergencies such as violence, suicide ideation, fainting, etc., can reduce the harm associated with rapid HIV testing. Results and Conclusion: Our planning and evaluation has reduced harm in rapid HIV testing while increasing counselor-client safety and satisfaction. Extensive preparation increases response times and improves harm reduction services.

Brandon Baca has a B.S. in Psychology from the University of New Mexico with honors, four years of HIV/STD/Hepatitis prevention experience in New Mexico & Rwanda, Africa. State of New Mexico Evaluation and Planning Committee Co-Chair, Decision Making Member of NMCPAG. Certified in, HIV Counseling & Testing (Rapid & Oral), STI & Hepatitis Integration, Syringe Exchange/Harm Reduction, Overdose Prevention, Motivational Interviewing, Mental Health First Aid, Personalized Cognitive Counseling, and Sexual Assault Advocacy

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Syringe Access Laws in California: They Keep A’Changin
New laws went into effect in California in 2011. The ones that allows purchase and possession of syringes from pharmacies is supposed to sunset the last day of 2014. What happens after that, and more importantly perhaps, what happens before that to keep the law alive after 2014? Another bill and set of laws that allows the California Department of Public Health to authorize new syringe exchange programs anywhere in the state is in effect, but the regulations hadn’t been published (as of June
2011 when the abstract was written). What’s the status of syringe exchange law in CA? Who can and can’t be prosecuted for syringe possession and distribution? How do we get programs legalized where they are needed? What is the practical effect in the lives of drug users? What is the plan to push the policies to be more fair, just and understandable?

Glenn Backes has worked and volunteered in HIV prevention since 1987, and harm reduction since 1990. He’s been an outreach worker to homeless youth in New York City, an HIV prevention educator in California high schools and juvenile jails, a needle exchange volunteer in Brooklyn. Glenn directed the International Harm Reduction Development Program at the Soros Foundation, developing HIV control and drug treatment programs in the former Soviet Union. In 2001, Glenn moved to Sacramento to direct the California Capital Office of Drug Policy Alliance. In his five years there he worked in collaboration with associations of physicians, health officers, pharmacists, drug treatment associations and advocacy groups to pass legislation to prevent the spread of hepatitis and HIV in communities and prisons, to combat addiction, to prevent drug use among young people, and to end the over-reliance on incarceration as the main government response to addiction and drug use. Glenn now free-lances as a public policy consultant and researcher.

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The Mobile Outreach Addictions Team

People living in the inner city who hope to access addiction services face many barriers. Accessing traditional addictions services can be both confusing and overwhelming, and without the assistance of a professional “middle man”, it can seem virtually impossible. The presenters will describe the Mobile Outreach Addictions Team [M.O.A.T] in Edmonton, Alberta, as a team that delivers hybrid services consisting of traditional addictions services, outreach, and a strong Harm Reduction stance in practice and philosophy, as opposed to abstinence-only options. The team works on a spectrum from relationship building and support, to facilitating formal addictions services, to providing aftercare and assistance with relapse prevention, to maintaining relationships with people who return to their drug use. Essentially, M.O.A.T can be considered the supportive “middle man” between traditional services and no services at all. The presenters will discuss strategies, staffing, statistics, lessons learned, partnerships and how networking plays an important role in service delivery. The presenters will also share stories of people the team has worked with to illustrate the broad spectrum of addiction services that can and should be provided, and how having a “middle man” helps people get to where they want to be.

Chantelle Bailey attended the University of Lethbridge where she earned a BHSc with a major in Addictions Counselling. Throughout her schooling, internships and work experience, Chantelle has learned the importance of Harm Reduction and the privilege of working with people who face many barriers. Since graduating, Chantelle has moved from Lethbridge to Edmonton, where she is now the Team Leader for the Mobile Outreach Addictions Team [M.O.A.T] with Boyle Street Community Services.

Baker, Roxanne NAMA-Recovery, Santa Cruz, CA
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“Words Are Things in the MAT Community”

Learn what feeds stigma in the methadone community. Learn how to educate others just by telling them the difference between a “Patient and a Client” Recovery is a real thing and can be had on MAT.

Rokki has been involved in Harm Reduction and Methadone Advocacy for 20 years. She is the latest recipient of the AATOD’s “Richard Lane/Robert Holden” Award for her work in Methadone Advocacy. She has worked in the trenches with NEP for 10 years helping to educate about Harm Reduction and is lovingly called by her peers “The Language Police”. One of her mantras is “Knowledge is Power”
Community Based Participatory Research: Drug Users

Dominant knowledge about drug use is frequently rooted in “expert” research conducted by doctors, psychiatrists, social workers, policy-makers, criminologists and/or social justice advocates, and devalues knowledge that comes from lived experience with drug use. This workshop will focus on Community Based Participatory Research (CBPR) as an approach confronting traditional knowledge hierarchies, and placing drug users’ experiences at the forefront of knowledge generation and policy-change efforts. We will draw on three examples of CBPR which demonstrate the value of blending community and “expert” knowledge in order to understand the rich and diverse nature of drug use in different contexts. The topics of these projects include: methadone patients’ experiences with doctors, pharmacists and the criminal justice system with the aim of enhancing well-being and equity for people taking methadone; drug using women’s experiences with police and the importance of including women’s voices in discussions of community safety; and the deconstruction of government drug use surveillance trends through a gender-based lens. We will also discuss strategies for overcoming challenges in academic collaborations, benefits of using CBPR as a tool for building community power, and ways of moving drug users’ knowledge from the margins to the center to challenge oppression and create change.

Gender & Drug Use: A Harm Reduction Evaluation

Gender is largely ignored in drug use research. In Toronto, Canada, most harm reduction programs see an average of 60 – 80% men, and research seems to focus on questions which highlight drug-using trends amongst men. However, in order to understand drug use patterns and create effective harm reduction practices, it is critical to evaluate drug use through a gender-based lens. The Gender and Drug Use Study, a partnership between the University of Toronto and South Riverdale Community Health Centre, explores gendered practices in drug use trends and the use of drug combinations including prescribed and non-prescribed drugs. Our preliminary, informal research reflects substantial difference between men and women’s drug using patterns. This more formal study explores these differences, drawing on drug use surveillance data and other “expert” research on drug use trends. The study merges a quantitative model with a community based action approach. This presentation will highlight the work of eight drug users who completed a detailed training, reviewed and modified established research tools, and conducted 100 interviews with drug users at our center. Findings will be used to examine the existing ways that harm reduction and drug policy can create gender informed approaches to harm reduction.

Molly Bannerman has worked in the harm reduction and social justice field for more than 10 years, with a focus on drug using women, the criminal justice system, and social change. Initially working in the field of restorative and transformative justice, Molly worked in the federal women’s prison system and in court referred victim offender mediation. More recently, Molly has been working from a health promotion perspective to support drug using women in advocating for social change.

Barrett, Fay, William F. Ryan Community Health Center, NY, NY

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Everyone is Connected

The Ryan Community Health Network’s, the Harm Reduction Program model is open, flexible, and representative of the populations we serve; using Peer Educators to facilitate connections to the community. Staff are hired from a pool of consumers, and many stay with the Center for many years, helping to maintain clients in care. The multi-faceted Program includes a testing van that visits sites in the community, offering rapid HIV, Hepatitis tests and individual counseling, with collaboration of community and faith-based partners. The staff ensures a connection to medical care for anyone testing positive. Every Ryan Adult medical practitioners treats HIV positive patients, and achieved the designation of HIV specialist allowing for discreet and confidential treatment of HIV. Dental, supportive services, specialties, women’s health and mental health are available all under one roof as well. The Harm Reduction program provides seamless individual and group counseling that is patient-centered, with techniques including motivational interviewing and other evidence-based interventions.
Topics are adapted to clients’ requests, creating vibrant social interactions and client investment in the program which adds in retention and recruitment. Ryan’s successful case finding and engagement with positives substance users demonstrates that with the right support, active users can be maintained in care.

Fay Barrett, MPH, is the Coordinator of the Prevention Education and Outreach Department at the William F. Ryan Community Health Network. Ms. Barrett has been employed by the Ryan Network for 19 years. Ms. Barrett first came to the Ryan Center in 1992 as a Counselor/Case Manager working with the Center’s Ryan White program.

**Bartholow, Lydia Anne,** Independent, Portland, OR

**The Physiology and Stewardship of Trauma**

What is the effect of stress and trauma on the body? Can medical science confirm what many care providers known intuitively: that the body, mind and social context are interdependent and connected? What are the lasting effects on our body and soul when we are overly stressed or oppressed? Why is it so imperative for all of us - both the directly traumatized and the vicariously traumatized - to care for ourselves? This workshop seeks to answer these questions, and more by following the physiological path of stress and trauma within our bodies and reviewing the evidence that society, economics and culture affect chronic stress levels and overall physical and mental health. It concludes by offering concrete suggestions for engaging with trauma, both personal and cultural, in a new way while simultaneously promoting wellness within yourself.

Lydia Anne Bartholow is an advanced practice registered nurse, specializing in mental health, trauma and addictions. She is an educator, herbalist, writer, prison-justice organizer and the physiology instructor at the Arctos school of Botanical Studies in Portland, Oregon. Current and past roles within health care have placed heavy emphasis on harm reduction, trauma informed care and health justice.

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**Naloxone: Beyond Syringe Exchange**

Prevention Point Pittsburgh collaborated with local and national activists to develop a decentralized model for naloxone prescribing for areas, like Pittsburgh, with little or no support from health departments or other large institutions. With the greatest rise in overdose deaths coming from prescription opioids, it is essential that we branch out to provide naloxone beyond urban syringe exchange programs. To reach non-injecting opioid users, Prevention Point collaborated with physicians and other prescribers, pharmacists and pharmacy students, to develop a model for naloxone prescription in traditional medical settings where opioids. Medical providers in HIV clinics, family practice settings, free clinic and pharmacy settings have begun to prescribe naloxone when opioids are prescribed for pain or for patients using opioids illicitly. Materials developed include a brief naloxone training video, specifically targeting pain patients. This model strives to move away from identifying substance misuse as the primary reason for prescribing naloxone, to increase access to naloxone and decrease stigma associated with risk of opioid overdose by encouraging naloxone prescription whenever opioids are prescribed. This presentation offers examples of how relationships developed with physicians and pharmacists, and obstacles as well as challenges to increasing naloxone availability in areas without institutional support.

Alice Bell has been the Coordinator for Prevention Point Pittsburgh’s Overdose Prevention Project since its inception in 2002. She implemented Overdose Prevention training in the Allegheny County Jail and other settings, and naloxone prescription at the local syringe exchange. She co-facilitates the Naloxone and Overdose Prevention Education Working Group.
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Matters of Substance: Media Representations of Harm Reduction.

Despite the efforts of advocates, researchers, and fieldworkers, harm reduction remains poorly understood by the popular media. Even as needle exchanges were defunded nationally, journalists remained mum about the deeper principles this funding ban violated. This presentation offers an overview of the trends and fallacies in media coverage of HR, touching on both the individual level depictions and the greater framing of policy debates in print, broadcast and online outlets. Do media representations adequately describe harm reduction as a philosophy? Does the narrative presented promote humane and effective interventions for substance users and other vulnerable populations, or does it promote a needlessly radicalized perspective on the practice? What can professionals involved in research and outreach do to recontextualize harm reduction and push it towards common acceptance? Mainstream media narratives will be critiqued, alternative sources for news and information on harm reduction presented, and a model communications strategy for engaging the popular press proposed.

Carson Benowitz-Fredericks is a Masters of Science in Public Health student at Johns Hopkins Bloomberg School of Public Health. He has worked with academic harm reduction research at the Haight Ashbury Free Clinic, and journalistic coverage as a writer for the Faster Times, among other venues. He is currently engaged in researching and promoting risk behavior control strategies at the Stanford Center for Prevention Research.

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The Safe Recovery Project: High Impact Prevention for Injection Drug Users

The Safe Recovery Project is a comprehensive risk reduction intervention for people who use injection drugs. It employs a combination of structural, behavioral and biomedical interventions that make innovative use of technology, incentivized testing and case management in order to have a high impact in reducing HIV and HCV infections in Vermont, and link individuals to care and treatment. This project involves a partnership between Vermont’s largest hospital and primary provider of HIV medical care, Vermont’s largest human service organization, the University of Vermont, and the Vermont Department of Health. Six components make up the Project and include: an intervention to enhance HIV and Hepatitis knowledge and reduce risk behaviors; incentivized HIV/HCV testing; enhanced linkage to care for HIV and HCV positive individuals; case management- a comprehensive spectrum of services to support behavior change and safer, healthier behaviors; syringe exchange services and supply distribution; and technical assistance and training to human service providers on increasing provider awareness around service provision to IDU. Project evaluation will identify which combinations of interventions are most effective at statistically increasing knowledge and reducing risks among Project participants. The Safe Recovery Project is funded as a demonstration project through the CDC’s Divisions of HIV/AIDS Prevention.

Ashley Berliner, MPA is the research and evaluation coordinator in the Vermont Department of Health’s HIV/AIDS, STD and Hepatitis Program. Ashley has experience developing, implementing and evaluating HIV prevention interventions throughout Vermont. Ashley uses surveillance and intervention data to analyze trends, characterize the state’s HIV epidemic, and to guide future program planning. Co-author: Stacey Sigmon, Ph.D. is an Associate Professor in the Department of Psychiatry in the University of Vermont College of Medicine, an Adjunct Associate Professor at the Dartmouth College of Medicine, and Director of the Chittenden Center- Vermont’s only Methadone clinic. Dr. Sigmon has extensive experience developing and implementing computer assisted assessments and educational interventions for evaluating, characterizing and enhancing HIV- and hepatitis-knowledge and risk behaviors across a range of high-risk populations. She also has extensive experience developing, implementing and evaluating behavioral treatments and interventions.
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The Legal Fight for Harm Reduction
The Downtown Eastside of Vancouver, Canada, is home to 4600+ injection drug users. In the 1990s, a dramatic rise of HIV, hepatitis C, and overdose deaths saw the commitment to create the only legally sanctioned medically supervised injection site in North America. In eight years of operation, Insite has become the most thoroughly studied medical facility in Canada, producing dozens of empirical and social science studies. In 2008, the federal government sought to close Insite for ideological reasons. Following a three-year legal battle ending in the Supreme Court of Canada, it was ordered that Insite must be allowed to remain open. In a stunning legal ruling, the high court held that if evidence demonstrated that the health services reduced harm to drug-addicted individuals, the state cannot interfere with their provision. This talk analyzes the role of research in constitutional rights cases, using Insite as a case study. Exploring the quality and nature of the evidence presented in this case, we analyze the introduction of scientific evidence into court proceedings and techniques by which evidence-based policy can be imposed by a court of law. The Insite case is unique in the nature of evidence produced to support a constitutional right to harm reduction. It serves as a profound teaching tool for legal advocates litigating the right to harm-reduction services, and for scientists and researchers on the judicial treatment and reliance upon expert evidence in constitutional lawsuits. The expert evidence produced in this case was critical for persuading the court to declare a legal right to operate Insite, and served to trump non-evidence-based policy. As Canada explores other innovative ways to deal with the harms of drug use, this court decision will become a model for introducing scientific evidence into rights determinations on the path to harm reduction.

Scott heads up Pivot Legal Society’s Health and Drug Policy Campaign Scott received a Master of Science from the University of Wisconsin in Environmental Studies and a law degree from the University of British Columbia. Scott has worked on several notable public interest constitutional cases, including taking part in the InSite supervised injection site litigation that was before the Supreme Court of Canada in 2011.

Berton Martinez, Joanna, Independent, Boston, MA
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PSA Yay! Make a Public Service Announcement ↑↑ From Cell Phone to Internet
The purpose of a public service announcement is to persuade. The objective of a PSA is to, 1) raise awareness, and 2) change public attitudes. THIS HAS HARM REDUCTION WRITTEN ALL OVER IT! The pleasure of a PSA is that you don’t have to pretend to be unbiased, fair or objective. Make a PSA to make a point. Have an opinion and get creative. PSAs are short – anywhere from 30 to 60 seconds – this means the message has to be clear and on point! This workshop will give an overview of what makes a good PSA and will offer cost-saving suggestions on production, like using the camera in your phone or signing up for the local cable access network or futzing around on your friend’s lap top. We will also talk about where to post the PSA after it’s made because how are people going to do what you want them to if they don’t know you want them to do it? WORD

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Injection Drug Users’ Perceived Barriers to Using Self-Initiated Harm Reduction Strategies.
Injecting drug users (IDUs) engage in self-initiated harm reduction strategies inconsistently. To better understand IDUs’ use of such strategies, and their perceived barriers to using specific strategies, we interviewed 90 IDUs recruited from needle exchanges. Participants were asked about behaviors they use to reduce the risks of injecting and about perceived barriers to using two specific harm reduction strategies (i.e., test shots and pre-injection skin cleaning) designed to reduce two health outcomes (i.e., overdose and bacterial infections, respectively). Participants described using a range of risk reduction prac-
practices; the most frequently mentioned were using clean works, avoiding sharing works, and cleaning the injection site before injecting. The most frequently cited barrier for both strategies was being in a rush to inject. Less commonly cited barriers were strategy-specific (e.g., buying drugs from a known dealer as a reason not to do test shots; not having access to cleaning supplies as a reason not to clean skin). Barriers reported often differed from those described in other investigations, perhaps due to differences in the sample recruited or in the harm reduction behaviors investigated. We recommend that outreach workers help IDUs identify and overcome personally-relevant barriers to employing harm reduction.

Erin E. Bonar, Ph.D. is a post-doctoral Research Fellow at the University of Michigan Addiction Research Center. The research to be presented is part of Dr. Bonar’s doctoral dissertation completed at Bowling Green State University mentored by

Co-Presenter: Dr. Harold Rosenberg. Harold Rosenberg, Ph.D. is Professor in the Department of Psychology at Bowling Green State University.

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How Motivational is the Treatment Program?
At the conclusion of this presentation participants should have a better understanding of how Motivational Interviewing (MI) is put into practice by existing drug treatment programs. This project will explore how one of the earliest and most critical decision points in working with a client—that of setting goals specific to drug use—is addressed by three relatively large programs in New York City, all of whom state that they are guided by the tenets of MI in conducting their drug treatment groups. Initially the presentation will outline some basic principles of MI posited by Miller and Rollnick (1991, 2002) such as fostering motivation and the clinical significance of ambivalence. Following this, the results of interviews with program staff will highlight how MI principles are applied or transformed in the actual treatment setting. Similarities and differences among programs on such fundamental issues as self-determination and the arena of clinical tension will be highlighted in a series of charts. The clinical rationales for the widely different treatment approaches from programs all purporting to be guided by MI will also be addressed.

Jim Bott is a clinical psychologist working at St. Luke’s/Roosevelt Hospital and in private practice in New York City. For ten years, he has been a part of large hospital treatment team attempting to offer services from a harm reduction model to clients at all income levels.

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Pharmacy Access in Massachusetts and the Impact on Needle Exchange Programs
In September 2006 Massachusetts legalized over-the-counter sales of syringes in pharmacies; it was one of the last four states in the union to do so. Directly after the legislation was passed, syringe exchanges in the state saw a sharp decline in the number of program participants. Several years after the factnumbers in some exchanges are on par with or exceeding what they were before pharmacy access. Reports from participants about their experiences and potential reasons for the returning to syringe exchange programs include misinformation, poor treatment, and price gouging at pharmacies. Additionally participants do not receive any information about safer injection strategies, there’s no access to mental health/substance use treatment options and there’s no community knowledge sharing or support. I will discuss how even though pharmacy access is important for prevention of HIV and viral hepatitis our experiences in Massachusetts show that are unforeseen challenges stemming from syringe access without complimentary information, services and support
Sexual minority women, drug use, and marginalization

Throughout the HIV epidemic, there has been growing evidence that women who have sex with women (WSW) IDUs experience greater levels of marginalization than exclusively heterosexual women IDUs. Some studies have found that WSW IDUs have elevated risks for HIV in comparison to heterosexual women and men, while others have found greater behavioral and contextual risks but not higher levels of infection. Lack of access to services, including invisibility to and/or prejudice from staff, may be one factor affecting levels of contextual risk, including homelessness, inadequate medical care, and dependence on illegal sources of income. This presentation will explore the growing literature on WSW IDUs, and present preliminary data from a qualitative study of barriers to care for WSW IDUs and NIDUs in NYC. The experiences of this population illustrate the intersection of multiple forms discrimination and marginalization, as well as strategies used by drug users to manage their lives and reduce the destruction caused by systematic marginalization.

Naomi Braine is an Associate Professor of Sociology at Brooklyn College, City University of New York and a lifelong queer social justice activist. She has published in Social Networks, AIDS Education and Prevention, Culture Health and Sexuality, and other public health and social science journals. Her primary research interests include HIV and drug use, the social Construction of gender and sexuality, and social policy. She came to research on drug use and HIV through her work as a harm reduction activist.

UPRISE Peer Training Program

New York Harm Reduction Educator’s UPRISE [Uniting Peers for the Rights of Injectors and Sex workers Everywhere] Peer Training program includes a rigorous 14-week workshop training program and a supervised 6-month Field Practicum during which UPRISE Peers further develop the expertise they need to be effective community educators and advocates. UPRISE workshops focus on harm reduction, health education, sexual health, violence prevention, legal rights, and political advocacy. UPRISE is both a return to NYHRE’s activist roots and a next step in addressing community need through the efforts of community members themselves. Our Peers are individuals who belong(ed) to social networks of substance users and/or sex workers whose members regularly interact with each other because of their reciprocal needs to obtain and use drugs and/or exchange sex for money. NYHRE Peers are able to easily engage these individuals, provide them with information and help them to live healthier and more stable lives. Our model challenges the traditional relationship between an “all-knowing” provider and a “helpless” client because we work with participants in a way that respects and honors their autonomy and individuality while also creating a very real foundation for self-empowerment and self-efficacy. This empowerment then extends into the community as participants find their voices and begin to share their experiences and knowledge with others in order to combat stigma and discrimination. Upon completion of UPRISE, NYHRE participants become exceptionally active in empowering their communities to respond to inequities in public arenas such as public benefits administration, homelessness and affordable housing provision, methadone maintenance treatment, and discriminatory law enforcement and the criminal justice process. Additionally, NYHRE Peers provide program support in the areas of prevention outreach, syringe exchange, and health education for NYHRE participants. The proposed workshop will focus on the challenges and benefits of developing a peer training program for individuals who use drugs and/or engage in sex work, and explore the correlation between peer based interventions and increased levels of empowerment, self-advocacy and social capital.

Johanna Breyer is the Co-Founder of the Exotic Dancers Alliance (EDA), and Co-Founder and Former Executive Director of the St. James Infirmary (SJI). Johanna received her BA in Sociology and Counseling from San Francisco State University in 1993, and MSW from the University of California at Berkeley in 1998. Johanna worked with several different CBOs in the San Francisco Bay Area for over 17 years, and is a recipient of the Harvey Milk LGBT Democratic Club Community Service Award.
Bad Date Lists—A Multi-City Comparison and Discussion

One of the core principles of harm reduction is safety, and the necessary minimization of attendant harms that may occur as a result of certain activities. Sex workers, whether in the industry by choice, circumstance, or coercion, are often subject to physical violence, abuse, and sexual assault while on the job. While systemic oppression and discrimination renders protection more difficult for sex workers, the Bad Date List (BDL), a tool used within the industry, is one way to minimize violence and take back the power that our institutions seek to deprive those in the industry. This Panel will explore how the BDL has been implemented in various cities across the United States and Canada (specifically Chicago, Toronto, New York City, Durham, and Washington, D.C.), with sex workers and advocates discussing the creation and dissemination of local BDLs, their impact, and issues that arise in the BDL process for workers and advocates (such as figuring out the appropriate format and venue, legal liability, etc). This Panel seeks to inform others who may be starting a BDL in their home city, as well as the larger harm reduction community, of a critical prevention tool.

Policing Sex Work—The Harms of Criminalization

The criminalization of prostitution and related crimes (however defined by the state) has a deeply negative impact on the health, welfare, and exercise of basic human rights of sex workers. Practices such as the use of condoms as evidence by police and prosecutors, as well as the criminalization of various sexual, racial, and gendered persons have a severe impact on sex workers or those perceived to be sex workers. This panel will explore a few widespread law enforcement policies that fly in the face of harm reduction, including: the use of condoms as evidence, harsher penalties for people perceived to be outside of the “norm,” and the profiling of certain individuals (such as transgender women). Best practices and solutions to these issues will also be discussed. The panel will include experts from cities across the country, including: New York City, Washington, DC, New Orleans, and a multi-city perspective by Human Rights Watch.

Melissa Sontag Broudo is a staff attorney with the Sex Workers Project at the Urban Justice Center in New York City. Ms. Broudo provides legal advocacy, advice, and information to sex workers and survivors of trafficking on a variety of issues, including criminal law, civil consequences of convictions, family law, and internet privacy/copyright law. Ms. Broudo has worked to implement the innovative “Vacating Convictions” law that allows survivors of trafficking to vacate prior prostitution and loitering for the purposes of engaging in a prostitution offense cases in New York. Ms. Broudo is currently on the board of the Desiree Alliance and Best Practices Policy Project, two national sex workers’ rights organizations, as well as the PROS (Providers of Resources and Services to Sex Workers) Network, a New York City-based coalition. She is also an active member of the Sex Workers Outreach Project’s New York City chapter. Ms. Broudo received her Juris Doctor from Georgetown University Law Center, her Master in Public Health from the Bloomberg School of Public Health at Johns Hopkins University, and her Bachelor of Arts Degree from Brown University with a focus in Gender Studies.

Implementing a Pharmacy-Based Syringe Access Program

Several states have enacted legislation allowing for over-the-counter purchase of syringes. Although these laws have dramatically improved access to sterile syringes for injection drug users, there are several limitations. First, the cost associated can pose a significant barrier and varies by pharmacy. Second, syringes themselves are the only items provided through purchase; and third, there is no direct contact established between the program and its participants. In this workshop, participants will learn about how one program in New York State has addressed these limitations and evaluate whether such a program would work in their state/locality. The workshop format will foster dialogue among participants about how such programs might be expanded and improved.
Keith Brown, Associate Executive Director of Catholic Charities AIDS Services in Albany, NY has been working in HIV/AIDS and Harm Reduction for over twelve years. Keith spearheaded the establishment of the first Syringe Access, Syringe Exchange, and Overdose Prevention program in the Capital Region of New York State. The program, Project Safe Point is the only one of its kind in this part of NY, covering a large 14 county geographic region.

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Maintenance
Their usage cannot do so by abstaining. At HIPS, we offer a daily “maintenance group” where our participants can receive goal setting skills, education and support centered around their particular drug of choice while at the same time, also meeting their needs whether it’s to eventually abstain from using or finding a way to “manage” their drug use rather than have their drug use “manage” them. We would like to propose running an hour long 1-2x daily mixed gender Maintenance Group alongside the traditional NA/AA groups offered at the conference this year.

Stages of Change
A short workshop on how to apply the stages of change to manage your drug use.

Angel Brown came to HIPS as a full time volunteer in 2009, giving as many as thirty-five (35) hours each week of her time. She was invited to join the Peer Education Program and has grown through that program to her current position. Angel provides one-on-one counseling, HIV testing and linkage, assistance with referrals and works with HIPS Diversion Program.

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Decriminalization of Substance and the Family
One of the most serious issues confronting family stability and cohesiveness is substance use/abuse. This paper is focused on the decriminalization of substance use. The use of substances attacks the core of the family creating dysfunction. This is compounded if the family member is charged criminally or incarcerated and given a record. Stigma becomes an inevitable challenge both parties have to address. Stigmatization begins with labeling a person a criminal and leads to alienation from friends and family. The user who is criminally charged has a good chance of never being able to recover socially or financially no matter how much education or skills they learn. They are felons. The criminal record leads to children being taken away from parents, denied a stable family unit and becoming unwanted in society. Family Therapist may want to begin a discussion of decriminalization as a mechanism for bolstering the family unit and creating a healthier family atmosphere in the United States. In over thirty years Dr. Cardoso have developed experience in health policy, research, education, health promotion, and public health; as well as an understanding of service programs and programs that increase access to services. Dr. Cardoso has had the opportunity to provide technical support on the design and execution of demographic, social and health systems research tools and procedures for state, federal and private research agencies. He has leadership for the design of studies on the quality and accessibility of primary health care services and participated in collaborative research, capacity building activities, program development in the United States through the National Institutes of Health (NIH), The National Institute of Child and Human Development (NICHD), the Office of National Drug Control; Policy (ONDCP), the National Institute on Drug Addiction (NIDA), the Research triangle Institute (RTI), Maternal and Child Health and the Center for Substance abuse Treatment (CSAT). The research and programs in which Dr. Cardoso was involved consisted of medical, social and behavioral health determinants. All of these research projects were longitudinal in nature.

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Candelas, Alma, New York State Department of Health, AIDS Institute, NY, NY

Overdose Plenary

Alma Candelas is currently retired from the NYS Department of Health, AIDS Institute. While at the Institute she served as the Director of the Division of HIV, STD and Hepatitis C Prevention in the AIDS Institute, New York State Department of Health, where her responsibilities included the supervision and oversight of the Bureau of Community Based Services, the Bureau of Special Populations and the Bureau of HIV/STD Field Services. In addition, Ms. Candelas directly supervised the NYS HIV Prevention Planning Unit, the LGBT Health and Human Services Unit, the Opioid Overdose Prevention Program and the New York State Condom Program. Ms. Candelas first came to the AIDS Institute in 1990 as the Director of the Substance Use Services Section after 17 years at PROMESA, a multi-service substance abuse treatment program, where she served in various roles, including Coordinator of Social Services, Administrator and Clinical Director. Her responsibilities in the Institute were expanded in 1992 when she became the Director of Substance Abuse and Women’s Services. Two years later, she was appointed as the first Director of the Bureau of Special Populations. Under her guidance, many key initiatives of national stature were conceived and developed. These include collaboration on the implementation of the Obstetrical Initiative, which later evolved into Early Identification and Intervention Services; the co-location of HIV counseling and testing—and later of HIV primary care—in substance abuse treatment settings; New York State’s syringe exchange and harm reduction programs; the public/private collaboration with the United Way of New York City, which is known as the Women’s Supportive Services Initiative; the creation of a unit specific to the HIV prevention needs of LGBT populations; the Expanded Syringe Access Program; and the Opioid Overdose Prevention Program. Her expertise working with specific populations and leadership facilitated the implementation of these various programs and initiatives. Ms. Candelas has a Master’s in Public Health from the University of Puerto Rico and has worked in a number of public health capacities within the departments of health and education in the Commonwealth of Puerto Rico prior to coming to New York. She is currently working in the development of the Harm Reduction Medicaid Redesigned Proposal.

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Harm Reduction and Hispanics/ Migrant Workers.

Hispanic migrant workers and farm workers are one of the groups most affected by lack of access to syringes. Farm workers often inject medicine, hormones or pain killers so they can perform their jobs well. However, due to language difficulties, isolation and lack of transportation, the workers have little access to clean syringes, and may share one syringe among a camp of 30 workers. Also, lack of access to safe sex supplies and cultural stigma against using condoms leads to rampant STD infections among camps. This presentation will propose the reasons that this often neglected group should be a focus for outreach and harm reduction and ways that outreach workers can reach out to farm workers who are often hidden and afraid of outside.

Harm Reduction Media

In southern states especially, most people are not familiar with the term ‘harm reduction’. There is a need to raise aware-
ness through methods that can reach many people, especially young people to expand their perceptions of harm reduction and what it means. This presentation proposes to explain how to offer tips on how to reach thousands of new readers through blogging, newsletters, interviews with harm reduction advocates and social media. The presentation will also explain how to build relationships with local media reporters, TV crews and radio hosts to gain their buy-in on harm reduction issues.

Tessie Castillo serves as Coordinator for the North Carolina Harm Reduction Coalition. Tessie runs NCHRC’s outreach (incarcerated, drug user, sex worker and migrant laborer), education and advocacy programs and is NCHRC lead reporter for NCHRC media pieces. Prior to joining NCHRC, Tessie was an outreach worker for farm workers, a case manager for refugees settling, and a Spanish interpreter for survivors of human trafficking.

Prison Health Now: mobilizing for needle and syringe programs in Canada’s prison

Almost 20 years after an expert committee acknowledged the need for prison-based needle and syringe programs (PNSPs) and despite mounting evidence in support of such programs and numerous requests from community organizations, PNSPs do not exist in Canada. This is in spite of rates of HIV and hepatitis C virus (HCV) that are at least 10 and 30 times higher in prison than in the population as a whole. Not only is this a public health concern, but a violation of prisoners’ constitutional rights. Repeatedly, the Canadian government has denounced PNSPs and clung to a “zero tolerance policy” on drugs in prison. However, significant investments in drug interdiction initiatives have yielded little success and rates of drug use remain steady behind bars. New legislation will also swell Canada’s already overcrowded prisons with people serving sentences for drug-related offences. Having advocated for PNSPs, with little success, before parliamentary committees, with public health and correctional officials, and through public education and media campaigns, a constitutional challenge was initiated by a former prisoner and four HIV organizations. The case will principally rest on the Canadian Charter of Rights and Freedoms, which protects prisoners’ rights to life, liberty and security of the person and to equal treatment before and under the law, and equal protection and benefit of the law without discrimination. The various forms of advocacy undertaken before the launch of the constitutional challenge were instrumental in building public support for PNSPs and helped to identify an applicant who was infected with HCV while incarcerated. A first volume of materials in support of the challenge was filed in September 2012, complemented by a website and video campaign. The applicants seek an order directing Canada’s correctional service to ensure the implementation of PNSPs, in accordance with professionally accepted standards.


The Substance Abuse Mental Health Services Administration through the Bringing Recovery Supports to Scale Technical Assistance Center Strategy contract is developing a Shared Decision Making (SDM) tool that will focus on the question of whether someone should seek Medication Assisted Treatment (MAT) for the experience of an opiate addiction. The SDM tool will help service users to consider the implications of their decisions about MAT. Through the use of video testimonials and
carefully presented information—the tool will help a person in the initial stages of recovery discern the MAT options that best meet their needs.

Wayne Centrone is a physician and public health professional who has dedicated his career to working with high risk and marginalized homeless and underserved populations around the world. Dr. Centrone is a Senior Associate in Health Policy with the Center for Social Innovation in Boston. He is involved with developing policy, formulating research for marginalized populations.

Cherashore, Paul, Harm Reduction Garden Project/ INPUD, Philadelphia, PA
Elizabeth Saracco, HIPS, Washington, D.C.
Dominic Vitiello, School of Design, University of Pennsylvania
Jude Byrne, INPUD

Getting' our Hand Dirty: "Poppies to the People: Harm Reduction and Urban Farming"

While gentrification is on the rise in many of our cities, many of our urban neighborhoods are feeling a myriad of negative effects including lack of social and health resources, poor nutrition, isolation, poverty, discrimination and crime. These factors in turn lead to a cycle of physical and mental health challenges that increasing numbers of urban dwellers cope with by turning to drug use. Harm Reduction, with its origins in traditional public health practice, recently are expanding, calling attention to the root causes of social inequality across our society. While at first glance the harm reduction and urban agriculture/sustainability movements seem an odd pairing, there is strong relevance to their being brought together in a DIY effort to improve the health and quality of drug users’ lives, and address broader community-wide issues of economic empowerment and social cohesion. It is well documented the less engaged people are in their community the more exacerbated any physical or mental health issues become. Disempowered people do not take care of their health or their environment. Urban gardening projects seek to undo these destructive dynamics by reconnecting people to each other and the earth from where their sustenance comes from. Individuals who are routinely marginalized and unable to compete on a level playing field with the connected employed urban population desperately require a project and environment that can provide them with social contact, human warmth, some semblance of food and economic security and a sense of community connectedness. The concept of using urban gardens as a harm reduction technique is inspired by the need to address these extremely important and complex dynamics for the target population of active drug users, including the right to care for one’s own physical and emotional well-being with traditional forms of plant-based medicines.

Paul Cherashore, INPUD, is the former editor of Harm Reduction Communication, and a founding member of ICARE and NAUU, 1990’s-era drug user groups. Paul lives near Philadelphia, where he is at work on land access issues at the intersection of public health and economic and social justice, as well as building philanthropic and policy connections across communities. In his spare time Paul grows vegetables, sometimes does really offbeat comedy and is trying to sell an unfinished screenplay about life in the age of AIDS. He rides a 1988 Bianchi Columbus SL frame with a mix of Campy and Japanese parts. His poppy seed collection is limited to Red American Legion.

Domenic Vitiello, University of Pennsylvania, is an assistant professor of city planning and urban studies at the University of Pennsylvania. His research includes books and articles on planning history and community development, with a focus on industrialization, migration, and urban agriculture. He was founding president of the Philadelphia Orchard Project and has worked with community organizations, city governments, and foundations to build urban agriculture support systems and food policy.

Jude Byrne, INPUD, is the current Chairperson of the International Network of People Who Use Drugs (INPUD). Jude has been a leading advocate for the health and human rights of people who use drugs for over 25 years both within Australia and internationally. She was both a founding member and first funded staff member the Australian Injecting and Illicit Drug Users League(AIVL,) the national peer based organisation for drug user groups in Australia. Jude was on the first Australian National Council on Drugs in 1998, has been a member of numerous federal ministerial advisory committees in the areas of BBVs and Illicit drugs in Australia. Internationally Jude is a member of the WHO/ HCV Working Group and the Coalition of Children Affected by AIDS (CCABA) Jude
is a tireless activist in the national and international movement of people who use drugs and is highly respected among her peers and other stakeholders. She recently received the International Rolleston Award in recognition for her work in harm reduction.

Elizabeth Saracco has been meeting “traditional” social service providers “where they are at” and bringing a Harm Reduction approach to services for Sex Workers and Drug Users since 2000. Elizabeth has developed and implemented numerous interventions including, “Choices” in collaboration with NJ DOH’ Division of Mental Health and Addiction Services and “Charm School” for HIPS, both of which, provide peer support, health education, goal setting and advocacy geared towards women who use drugs and trade sex. Elizabeth has held various positions at HIPS since 2003, most currently serving as Deputy Director. She has served as a consultant for NECAPT (Northeast Center for the Application of Prevention Technologies) and has presented various workshops and trainings on peer based strategies regarding public health and issues around the sex work and drug user communities at national and international conferences. Elizabeth possesses an AA in Liberal Studies from Harcum College, BA in Interdisciplinary Studies from Virginia Commonwealth University, and a MS in Clinical Psychology from California Coast University. While not doing HIPS stuff she likes collecting 80’s punk and metal records, watching Arsenal F.C. matches, drinking whiskey and experimenting with eye shadow.

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Law Enforcement as Harm Reduction Advocates

Injection drug users (IDUs) account for 16% of all new HIV infections and comprise 25% of the 1.1 million adults living with HIV in the U.S. Particularly hard hit is the South with more people living with HIV and dying of AIDS than in any region in the country. Similar to national trends, in North Carolina minority communities are disproportionately impacted further disenfranchised by higher rates of poverty, unemployment, geographic rurality and virtually non-existent state and local support for harm reduction services. Evidence has shown that syringe exchange programs (SEPs) are an effective public health prevention strategy that can reduce the spread of HIV/AIDS, by keeping communities clean and also by protecting law enforcement personnel at risk from needle stick injuries on the job. This presentation will highlight pre/post test pilot data from North Carolina Harm Reduction Coalition’s law enforcement trainings across the entire state regarding their attitudes on injection drug use, syringe decriminalization, and harm reduction. Findings offer practical first steps to further efforts to incorporate this kind of training to other Southern States, to highlight the benefit of harm reduction advocates and law enforcement, two unlikely partners, collaborating together in order to reduce the spread of HIV/AIDS and syringe related public health issues within North Carolina. The presenters will also discuss how to incorporate law enforcement into legislative advocacy and discuss examples of how to do this, using examples from North Carolina Harm Reduction Coalition’s law enforcement syringe decriminalization campaign that uses law enforcement as advocates.

Robert Childs has served as NCHRC’s Executive Director since 2009 and was named one of five people who made a difference in HIV in the USA in 2011 by thebody.com. In addition to performing executive functions, he is involved in all program activities including service delivery, program design, innovation and evaluation, resource development and organizing. Prior to joining NCHRC, Robert served as a Public Health Operations Manager and Program Director at Positive Health Project in New York City, where he oversaw the syringe exchange, arts programming, law enforcement relations (between drug users, sex workers and law enforcement), harm reduction programs serving drug users and sex workers and led research on the public health effects of people injecting in the public domain. Robert has worked in harm reduction for over 10 years and is considered an expert on syringe access, harm reduction, law enforcement and drug user interactions, sex work and overdose prevention and has spoken on such at the United Nations, the FDA, New York City Council and the North Carolina, New Hampshire and Oregon Legislatures.
Epidemics of HIV & HCV among MMT entrants in China.

Needle-syringe programs (NSPs) have been substantially rolled-out in China since 2002. This study aimed to investigate the association between needle-syringe distribution and risk behaviors among IDUs recruited from NSP sites, community settings and mandatory detoxification centers in Hunan province, China in 2010. Participants took part in an anonymous face-to-face interview and were stratified into low (0-3 syringes), medium (4-7 syringes) and high (8-10 syringes) access groups based on the last 10 syringes acquired from NSPs. Of the total 402 participants, 35%, 14% and 51% participants indicated low, medium and high accessibility to NSPs, respectively. A significantly higher proportion of IDUs (77.3%) from the high-access group reported ≤2 injecting episodes per day compared with medium (46.3%) and low-access (58.8%) groups. Only 29.0% of high-access IDUs re-used syringes before disposal, which was significantly lower than those in the medium (43.1%) and low access (41.3%) groups. Reported levels of sharing of injecting equipment decreased significantly as accessibility to NSPs increased (16.3%, 12.7% and 2.5% in the low, medium and high access groups). HIV, HCV and syphilis prevalence were 3.5%, 42.6% and 0.3%. Increased NSP accessibility is associated with decreased levels of injecting frequency, repetitive use and sharing of injecting equipment among Chinese IDUs.

Evaluating the impact of NSP in Hunan, China

Harm reduction programs, namely methadone maintenance treatment (MMT), for drug users began in 2003 in China. This study aims to estimate the magnitude and changing trends of HIV, HCV and HIV-HCV co-infections among entry clients to MMT clinics in China during 2004-2010 through a systematic review and meta-analysis of published literature. Electronic databases including PubMed, CQVIP, CNKI and Wanfang Data were used in this study. The prevalence estimates were summarized and meta-analyses were carried out. Ninety eligible articles were selected in this review. Nationally, the pooled prevalence of HIV, HCV and HIV-HCV co-infection among MMT clients was 6.0% (95%CI: 4.7%-7.7%), 60.1% (95%CI: 52.8%-67.0%) and 4.6% (95%CI: 2.9%-7.2%), respectively. No significant temporal trend was found in pooled prevalence estimates. Study location is the major contributor of heterogeneities of both HIV and HCV prevalence among drug users in MMT. Prevalence of HCV is markedly higher than prevalence of HIV among MMT clients. It is recommended that health educational programs in China promote the earlier initiation and wider coverage of MMT among injecting drug users (IDUs), especially HIV-infected IDUs.

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Where Harm Reduction Meets Housing First

Background: Housing first (HF) programs provide low-barrier, non-abstinence-based, immediate, supportive and permanent housing to chronically homeless people who often have co-occurring substance-use and/or psychiatric disorders. Project-based HF programs offer housing in the form of individual units within a larger housing project. Recent studies conducted at a specific project-based HF program that serves chronically homeless individuals with alcohol problems found housing provision was associated with reduced publicly funded service utilization, decreased alcohol use, and sizable cost offsets. No studies to date, however, have qualitatively explored the role of alcohol use in the lives of residents in project-based HF.

Methods: We collected data in a project-based HF setting via naturalistic observation of verbal exchanges between staff and residents, field notes taken during staff rounds, and audio recorded staff focus groups and resident interview sessions. Qualitative data were managed and coded using a constant comparative process consistent with grounded theory methodology. The goal of the analysis was to generate a conceptual/thematic description of alcohol’s role in residents’ lives. Results: Findings suggest it is important to take into account residents’ motivations for alcohol use, which may include perceived positive and negative consequences. Further, a harm reduction approach was reported to facilitate housing attainment and maintenance. Residents and staff reported that traditional, abstinence-based approaches are neither desirable nor effective for this specific population. Finally, elements of the moral model of alcohol dependence continue to pervade both residents’ views of themselves and the community’s perceptions of them. Conclusions: Findings suggest it is necessary to set aside traditional models of alcohol use and approaches to better understand, align with, and address this population’s needs. In doing so, we might gain further insights into how to enhance the existing project-based HF approach by applying more tailored, alcohol-specific, harm reduction interventions.

Seema Clifasefi, PhD is an Acting Assistant Professor at the University of Washington and has been part of the academic team working in partnership with the Downtown Emergency Service Center to evaluate its project-based Housing First (HF) approach since 2006. Her current focus involves research, training and evaluation in the development and dissemination of substance use interventions.

Coauthors: Elizabeth A Dana; Michele P Andrasik; Natalie Stahl; Megan Kirouac (University of Washington), Callista Welbaum; Margaret King; Daniel K Malone (Downtown Emergency Service Center)

Coffin, Lara, People’s Harm Reduction Alliance, Oakland, CA
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Vein Care Tips and Tricks.

Loss of veins can be devastating for a person who injects drugs. The risk of losing peripheral (arm or leg) veins, and having to rely on muscling, skin popping, femoral or jugular veins, increases with certain types of drugs, qualities of drug, and approaches to injection. This workshop will review the risks and consequences of losing veins, discuss some approaches drug users have found to cope with worsening vein access, demonstrate a vein care session, and consider what we can do as service providers to help drug users maintain or even improve their peripheral veins.

Lara Coffin, MPH, is a public health researcher, consultant, and provider. She has been involved in harm reduction for the past 17 years with programs and investigations in Santa Cruz, San Francisco, Ann Arbor, New York, and Seattle. Topics of particular interest to Lara include naloxone distribution program evaluation, blood-borne pathogen prevention, HIV and hepatitis C education and prevention and vein care. She also has a thing for steam punk.
Coffin, Phillip, San Francisco Department of Public Health, San Francisco, CA  
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What Should a Drug User Get from Primary Medical Care.
This talk will review a hypothetical care package that all drug users should receive from primary medical providers. Such care includes screening for blood-borne infections, sexually-transmitted infections, and tuberculosis; multiple vaccinations that are not otherwise offered to most adults; access to condoms, syringes, naloxone, and education about vein access; utilization of multiple agonist maintenance or related therapies to modulate consumption of opioids, methamphetamine, tobacco, alcohol, and possibly other agents; aggressive primary and secondary cardiac care; and appropriate access to treatment for HIV and viral hepatitis.

Weird infectious complications of drug use
Last time all you wanted was the “weird stuff” so this year that’s what you’ll get. This talk will review unusual infections related to drug use, such as tetanus, botulism, mycobacteria, anthrax (yes, anthrax), and mucor. This will be both case-based and a review, with the intent of aiding participants in distinguishing rare infections from common problems - to ensure our clients get the care they need. This is intended for those involved at any level in direct care for drug users - and who can tolerate graphic images.

Phillip Coffin is a substance use and infectious disease clinician and investigator at the San Francisco Department of Public Health. He has been working in harm reduction for nearly two decades, with particular emphasis on syringe access, hepatitis C, opioid overdose, and methamphetamine. He is also a proud co-director of Harm Reduction Trivia Night.

Collins, Mara, Atlanta Harm Reduction Coalition, Stone Mountain, GA  
marabobara@gmail.com

New Approaches to Dual Diagnosis using Harm Reduction and Existentialism
In harm reduction, we move through the 5 stages of change – pre contemplation, contemplation, preparation, action, maintenance and relapse. In Existentialist therapy we address the four basic paradoxes that underscore the experience of anxiety. These are - isolation/connection, meaning/meaninglessness, choice/responsibility and death/striving for life. As an individual progresses through the stages of change, their relationships to these paradoxes-and to anxiety itself-may shift a great deal. When mental health professionals work with dually diagnosed individuals, we have to take into account the underlying causes for self-medication, and to also understand the toll that might exact from a person. During this workshop we will examine and share the challenges and victories of working in the arena of drug use and mental health, how our own existential paradoxes come into play and how to work with our clients as they wrestle with these essential questions. This will be a high-participation workshop with sharing, case studies and small group work.

Raised in Sweet Home, Oregon, Mara Collins practiced child couple and family therapy in Atlanta Georgia. She volunteers with the Atlanta Harm Reduction Coalition and is a member of the Kindred Southern Healing Justice Collective. She is committed to the transformative potential of Harm Reduction practices.

Collins, Susan, University of Washington, Seattle, WA  
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Project-based Housing First and Harm Reduction
Project-based Housing First (HF) programs provide low-barrier, non-abstinence-based, immediate, and permanent supportive housing to homeless people in the form of individual units within a single housing project. The low-barrier and non-
abstinence-based aspects of project-based HF make it compatible with the broader set of harm-reduction approaches. In the first half of this workshop, we will define the project-based HF model and recount its historical development. Next, we will discuss the principles of project-based HF and insights into its day-to-day implementation in a population of chronically homeless individuals with alcohol problems. In the second half, we will present findings from the research partnership between the University of Washington (UW) and Seattle’s Downtown Emergency Service Center (DESC) that show significant associations between project-based HF and reduced harm for affected individuals and their community. Specifically, we examined the associations between project-based HF and two-year alcohol use, substance-use treatment attendance, motivational factors, and criminal justice outcomes. Although project-based HF was not associated with increased formalized treatment attendance, residents nonetheless showed significant decreases across alcohol and criminal justice outcomes as a function of time in housing and their own intrinsic motivation to change. Further efforts to decrease alcohol-related problems via harm reduction interventions will be discussed.

Susan E. Collins, PhD, is a licensed clinical psychologist and Research Assistant Professor at the University of Washington – Harborview Medical Center. She specializes in substance use treatment and research and has published over two dozen journal articles and book chapters. Since 2007, she has been part of the UW team working with DESC to evaluate its project-based HF approach.

Mark Cooke, ACLU of Washington, Seattle, WA
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Implementing Portugal’s Decriminalization Laws in the U.S.

In 2001, Portugal decriminalized the possession of all drugs intended for personal use. This groundbreaking policy change has successfully kept individuals out of the criminal justice system and connected them with services. It has not led to increases in drug usage or drug tourism. But can this type of system ever be implemented in the United States? Although adopting a system identical to Portugal’s in a state or local jurisdiction in the United States is unlikely in the immediate future, a variety of legislative and policy changes can be adopted, now, that are similar to Portugal’s law. As we’ve seen with the introduction of drug courts and diversion programs, drug de-penalization policies can survive politically in the War on Drugs. However, these policies still criminalize drug possession and rely on the discretion of courts and prosecutors to operate, which can lead to arbitrary enforcement. What are needed are broader policies that decriminalize drug possession and offer services for all offenders. To that end, policies and legislation can be introduced that more broadly apply decriminalization principles to drug use. This panel presentation will focus on legislative strategies that will put state and local jurisdictions on the path to full decriminalization.

Data Visualization – Marijuana Enforcement in WA

Statistics are a valuable tool when advocating for changes to drug policy and highlighting the effectiveness of harm reduction practices. They allow people to tell complicated stories in an efficient manner. Unfortunately, statistics are frequently used in a dry and unclear manner which limits their impact. One way to avoid this is to use visually appealing representations of data, such as graphs, tables, and maps. These visualizations are pleasant to look at and make complicated statistics easy to understand. Luckily, a variety of new software tools now exist which make it easy to turn boring data into more user-friendly visualizations. This panel presentation will provide examples of data visualizations that specifically focus on drug policy and harm reduction. It will also provide strategies for obtaining good data and compiling it in a manner suitable for public use. A recent data visualization project focusing on the enforcement of marijuana laws in Washington State will serve as the primary illustrative example for this presentation.

Mark Cooke is a Policy Advocate with the ACLU of Washington working on drug policy issues. He graduated from Washington University in St. Louis in 2007 with a law degree and a master’s in social work. While in St. Louis, he worked at the Missouri Institute of Mental Health researching drug policy issues, including methamphetamine laws and needle exchange programs. Prior to joining the ACLU, Mark practiced family law in Seattle. Before going to graduate school, he worked in the foster care system.
Harm Reduction and Law Enforcement Working as a Collaborative.

Law Enforcement Assisted Diversion Program (LEAD): Challenges-Successes of Collaborative Efforts for Social Workers and Law Enforcement Entities practicing the Harm Reduction Philosophy. Is it possible for law enforcement and social workers to “work together” and practice harm reduction when working with low-level drug users, and street based sex workers? Yes. One approach is through pre-booking diversion. Evergreen Treatment Services, The Defenders Association, and Seattle Police Department (SPD) have implemented a program called Law Enforcement Assisted Diversion. Although there have been some challenges with social service providers and law enforcement we are making great progress. Operating from a harm reduction philosophy social service providers are working with law enforcement to keep low-level drug dealers, and street based sex workers out of jail and provide them services. Despite occasional differences of opinions on what the individual consequences should be we have attempted to reduce both addiction and crime in one of the more prevalent open-air drug markets in the downtown core of Seattle. Since the project began in October 2011, ETS, along with all other entities such as The Defenders Association, and SPD have been able to work together to assist individuals with their addiction problems, find stable housing and access the necessary services these individuals need. Working from the harm reduction philosophy, allows the individual to become engaged in supportive services and gain some form of stability.

Eileen Corcoran is a recovering IDU, who has been providing HR advocacy and street based outreach to chronically homeless IDU since 2001. In that time Eileen has played a major role in the Seattle community as an advocate for street based sex workers, and low level drug dealers who operate in the open air drug market of downtown Seattle. Eileen is currently a case manager with the new LEAD program, and also an University of Washington MSW candidate class of 2013. Eileen say’s Harm Reduction saved her life.

Networking for Safe-T: a community effort to deliver primary health care to an invisible, marginalized, uninsured, undocumented, previously un-served transgender population.

We describe local efforts by several individuals who have been establishing channels to reduce harm and provide basic care for Spanish-speaking transgender people living in the Triangle Area of NC (Durham, Raleigh, Chapel Hill). The essential threat has been the networking between local activists and certain concerned providers who work in community Health Departments, non-profit organizations, and Planned Parenthood Affiliate Clinics. These providers have access to key resources and provide services towards competent patient evaluations, legitimate prescriptions for medications and proper (WPATH, SOC-based) continuous medical care. Transgender people without insurance or access to health care are often desperate to correct their bodies to look and match their gender identities. Without proper, medicinal/exogenous hormones, they also take matters into their own hands and use what they can to attempt these corrections (e.g. orally taking or injecting illegal and dangerous synthetic hormones or other substances “off the street”). We hear from prospective patients that itinerant Latin “experts” travel around offering “silicone parties” in Mexico and the US, where industrial-grade silicone oils are injected into the bodies of male to female (MTF) transpeople for cosmetic enhancement (face, breasts, hips, gluteal muscles, etc). Some of them already have breast implants and silicone injections, known to be potentially toxic. They have done this for personal and/or “business” reasons, as some work as escorts and/or performers in drag shows at official and unofficial LGBT clubs, an increasing trend in the area (albeit do “modeling”). These environments are also known to foster drug/alcohol abuse, and provide the links for risk-loaded sexual practices. By building a local network from people and resources that already existed in our community, we feel we have reduced expensive emergency room visits, lowered some risks and shifted the health care load to a preventive approach for those who use these services. These efforts serve as a clear example of how activists and health care providers can work together with harm reduction goals in mind and provide working “social preventive medicine” practices to this transgender population.
Cornwell, Carissa, DanceSafe, Madison, WI
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2012 Festival Attendees Survey Results

DanceSafe has gone on tour this past summer and set up at several major festivals throughout the United States, providing outreach to approximately 160,000 festival attendees. For the first time ever DanceSafe will have a survey of the attendees of music festivals to gather data on several topics such as patterns in drug use, new drugs, risky sexual behaviors while under the influence of drugs, etc. DanceSafe will reveal the results from the survey so that we can better serve our population of recreational drug users to provide the best harm reduction services.

Summer Festival Survey Results

DanceSafe has gone on tour this past summer and set up at several major festivals throughout the United States, providing outreach to approximately 160,000 festival attendees. For the first time ever DanceSafe will have a survey of the attendees of music festivals to gather data on several topics such as patterns in drug use, new drugs, risky sexual behaviors while under the influence of drugs, etc. DanceSafe will reveal the results from the survey so that we can better serve our population of recreational drug users to provide the best harm reduction services.

For over twelve years Carissa Cornwell has been a pillar within the electronic music community and known best for her work with DanceSafe. In 1999 she started a DanceSafe chapter in Madison, Wisconsin, which expanded into Midwest DanceSafe. In 2003 she joined the Board of Directors and currently is the secretary. Carissa is the National Outreach Director and responsible for all volunteers and chapters. Developments of training curriculum and outreach strategies are just a few of her tasks.

Cozier, Naima and Powers, Juli, JSI Research and Training Institute, Inc.

Are we there yet? Assessing Agency Readiness for Program Evaluation

This presentation provides an overview of key areas that contribute to an organization’s capacity to implement effective program monitoring and evaluation including the organizational environment, available resources and support, motivational forces, and workforce and professional development. Presenters will share an evaluation readiness tool that can assist agency staff to identify evaluation strengths and areas of improvement. The tool is based on the steps outlined in the CDC Framework for Program Evaluation in Public Health.

Financing Harm Reduction: Writing a Successful Grant Proposal

This workshop will lead participants through the grant process and describe the main components of a typical grant proposal. Facilitators will describe effective proposal planning strategies, as well as approaches to drafting an effective response. Discussions will include qualifying for the grant, determining if the organization’s goals are compatible with the purpose of the grant, deciding whether or not to submit an application, and evaluation criteria.

Juli Powers, MPH has over ten years of experience as a trainer, program manager, and evaluator. Juli has been a Consultant at JSI Research and Training Institute for the last five and half years. She currently provides training and technical assistance on HIV prevention interventions, monitoring and evaluation, and organizational infrastructure to community based organizations (CBOs) across the country as part of the Centers for Disease Control and Prevention (CDC) Capacity Building Assistance (CBA) project. Juli
Naima Morales Cozier, MSPH has worked in HIV prevention for more than 10 years and is Currently a Consultant at JSI Research and Training Institute Inc. (JSI) where she has worked on a variety of evaluation and capacity building projects. As Capacity Building Assistance Provider for the Centers for Disease Control and Prevention (CDC), Division of HIV/AIDS Prevention, Capacity Building Branch. Naima provides technical assistance for community-based organizations (CBOs) on organizational infrastructure, implementation of evidence based interventions, and using data for program improvement. She is a national trainer for Safety Counts, Self-Help In Eliminating Life-threatening Disease (SHIELD), Project AIM, and Fundamentals of HIV Prevention Counseling. She holds a Master in Public Health in Global Reproductive Health and Population Studies from Emory University.

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“I don’t want to hurt you or myself: An Awareness of and Addressing Depression in Black gay men”

For many people dealing with depression, hurting him or herself is an expression of loss of self-worth, self-love, self-acceptance, and the absence of self-confidence, to name a few, which results and is manifested in various types of behaviors, mannerisms, attitudes and actions. Some forms of self-harm are either physical – as in cutting of hands, wrists, forearms; injection drug use and abuse; or mental – constantly thinking that they are no good, have no purpose or reason, do not belong. These are usually acted out in language and behavior, or in the extreme as in suicide, which can be from the traditional methods: shooting self, hanging, jumping off of a height or in front of a fast moving vehicle, slitting wrists, overdosing with pills, to the non-traditional such as placing one’s self in a situation where he is shot by the police, in an environment or situation where he is caught in gang cross-fire, traversing neighborhoods where he can be attacked and beaten or killed for being gay, or engaging in promiscuous and unprotected sex to contract HIV. The American Foundation for Suicide Prevention states that every nine and a half minutes, someone, somewhere in the United States commits suicide. The World Health Organizations states that by 2020, depression is projected to become the leading cause of disability and the second leading contributor to the global burden of disease. The US Centers for Diseases Control estimates that up to 50 percent of people with HIV have a mental illness such as depression, and 13 percent have both mental illness and substance abuse issues; that one in five Black gay men is dealing with depression. The Archives of General Psychiatry suggests that as many as one in three persons with HIV may suffer from depression, and studies have revealed that some gay men described engaging in unsafe sex when depressed because they were less concerned about the consequences. Faced with stigma, homophobia and internalized homophobia, racism and intra-racism, discrimination, bullying and a host of other negative reactions, some Black gay men have painfully navigated the treacherous waters of their lives to arrive at a semblance of who they imagined themselves to be, constantly living with the pain of their past, while others have been burdened, weighed down by that hurt inflicted on them by their families, peers, colleagues, classmates, so-called friends, church community, wider community and society as a whole. A presentation, examining depression in Black gay men, at this conference brings to the forefront a discussion that is intrinsic to constructions of harm – whether of self or to and by others. This discussion suggests that those who are dealing with depression, a treatable mental illness, are often victims of a world already biased against them for who they are, and suffer either at their own hands or at the hands of others. It is proposed that during this discussion, to examine some of the underlying elements/contributing factors to depression in Black gay men, including sexuality, sexual orientation, identity and gender identity, and racism; sexual abuse and trauma; the constructs of religion and its dictates which denies a person and causes psychological harm; an HIV diagnosis, which further alienates an HIV positive Black gay man; and the additional issues connected to an older Black gay man.
As a contributing writer for Out In Jersey magazine and The Bilerico Project, Antoine reported for FORTUNE Small Business magazine, the Villager Newspapers in Northeastern Connecticut, The Bronx Times Reporter and The Bronx Times. He has written for The New York Amsterdam News, was the assistant editor with The Network Journal, a contributor to mainstreet.com, and a senior correspondent and editor with GBMNews.com. As a journalist, Antoine began to investigate why Black gay men commit suicide and formed an organization Depressed Black Gay Men. Through the stories of Black gay men for a book, a documentary and community discussion forums nationwide, he is striving to raise awareness of depression. In 2008, for his reporting which led to a change in New York City public policy Antoine earned an award from the New York Association of Black Journalists (NYABJ). Antoine graduated from Bernard M. Baruch College of the City University of New York (CUNY) with a degree in journalism.

Crowe, Stephen, Harlem United, NY, NY
scrowe@harlemunited.org

Working with Substance Using Sex Workers from a Harm Reduction Perspective.
This workshop will familiarize participants with the diversity of roles within the sex work industry (porn star, escort, lap dancer, street-level prostitutes/hustlers, etc.), will present harm reduction strategies of intervention targeting the substance use of sex workers, especially street-level sex workers, and will explore gender-specific interventions among male, female and transgender sex workers. Upon completion of this workshop, participants will be able to gain a better understanding of the sex work industry and the correlation with substance use, become familiar with harm reduction interventions that target substance use among sex workers, and understand the need for interventions that are gender specific for substance using sex workers.

Increasing Access to Care and Support Services for HIV Positive Homeless Individuals: Harlem Model Implementation.
This presentation/workshop will explain a model of care coordination/patient navigation that is effective in eliminating barriers to accessing and retaining people in health care who are living with HIV/AIDS (PLWH/A) and those with chronic illnesses. Details on necessary elements of the model, services provided, and resources needed, will be presented. At Harlem United (HU), a community-based organization in Harlem, New York, a program called “Access to Care” (ATC) employs a continuum of care, addressing the need to link and retain PLWH/A in care, and provide effective support services. The program aims to provide supportive case management, patient navigation and re-engagement services, and supportive services, such as treatment adherence counseling, housing support, benefits enrollment, and mental health services. ATC facilitates re-entry into care for PLWH/A, high-risk homeless individuals, high utilizers of emergency rooms and detox facilities, and individuals with co-occurring substance use and mental health disorders. Using the ATC program as an example, participants will learn how to implement a similar model in their own organization.

Stephen Crowe is currently the Managing Director of Access to Care (ATC) & Supportive Services at Harlem United in New York, NY. He completed his Master’s of Science in Social Work from Columbia University in May 2012. He is co-founder of the PROS Network (Providers and Resources Offering Services to sex workers). He has been working in the fields of harm reduction and HIV/AIDS services for over a decade, specializing in advocacy for sex workers and LGBT individuals.

Cullen, Denise, Broken No More, Indio, CA
deniseecullen@broken-no-more.org

What does Harm Reduction Mean to Parents, Family and Friends
This panel will explore ways in which parents (and more broadly, family members) can apply the principles of harm reduction when dealing with a child or loved one who is using drugs, helping them to stay healthy and alive until a time that they may (or may not) achieve sustained recovery. Three mothers who lost their children to drug overdose will share their experiences coming to terms with and applying harm reduction with their children. They will also discuss strategies for coping with grief, loss and trauma. While this panel will be framed largely from the parent perspective, it will touch on broader
themes of how to integrate harm reduction strategies and principles into our personal lives when family, friends and loved ones outside of a service context are using drugs.

Denise Cullen has worked as a Clinical Social Worker in the medical field since graduation from USC’s School of Social Work in 1993. Her expertise has been in HIV/AIDS and working with terminally ill patients. Because of this work, and efforts to learn how to be more effective through continuing education classes and seminars, she has a special ability in the area of death, dying and grief. Her patient population included a large number of Intravenous Drug Users, and so she has professional experience working with patients suffering from addiction as well as personal experience. She has also become certified by the Grief Recovery Institute as a Grief Recovery Specialist. By nature of being a social worker, advocacy is sort of “built in”. The work necessary to effect the changes Broken No More is about is not easy; but through professional training and personal characteristics, Denise is well suited for the challenges.

Davidson, Peter, University of California, San Diego, CA
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Similar Vectors, Different Risks: Hepatitis C Virus (HCV), Drug Injecting, and the Limits of HIV-Based Prevention Interventions.

Over the last thirty years applied research has made great strides in reducing HIV transmissions among persons who inject drugs (PWID), yet significant public health obstacles remain. While HIV prevalence has dropped substantially, HCV continues to plague injectors, with prevalence exceeding 70% in some regions of the country. This upsurge in injection-related HCV infections indicates that successful HIV-based prevention interventions - like syringe service programs, HIV counseling and testing, and AIDS advocacy - have been less effective at reducing HCV transmission. This is particularly disconcerting given that both viruses are blood borne pathogens and similarly transmitted through the sharing of injection equipment and the spaces, surfaces and contexts where injections occur. We suggest that current risk-reduction models - those based on HIV’s behavioral profile - are ill-adapted to reduce the threats posed by HCV. The urgent need to incorporate HCV’s unique risk profile into prevailing prevention services and safer injection protocols informs the scope of this panel. What are the virological differences between HIV and HCV and how do these variances contribute to different behavioral risk profiles? What are the limitations of employing an HIV-focused, risk-reduction model as an approach to HCV prevention, counseling and testing, and advocacy? Has our fixation on syringe access reduced the status of preparation equipment and other physical vectors (e.g. the injection setting and context) in our models of safer injection and risk reduction? If so, has this contributed to increases in HCV infections among PWID? Does striving for a “totally hygienic injection” lead to unattainable safer injection techniques? How can ethnographic research contribute to the development of effective and relevant safer injection techniques? What is the role and responsibility of harm reductionists with respect to HCV advocacy and activism?

Dr Davidson has been conducting research and harm-reduction based intervention development around heroin-related overdose, hepatitis C transmission, and sexually transmitted infections among people who inject drugs in Australia and the United States since 1997. He received his Ph.D. in medical sociology from the University of California, San Francisco in 2009, and is currently an Assistant Professor in the Division of Global Public Health at the University of California, San Diego.

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Public Education and 911 Good Samaritan Laws

The most common reason people cite for not calling 911 in the event of an overdose is fear of police involvement. The best way to encourage overdose witnesses to seek medical help is to exempt them from arrest and/or criminal prosecution, an approach often referred to as 911 Good Samaritan immunity laws. In the past five years, six states have passed such laws. But even once such laws have been passed; the fear of arrest often still persists among people who use drugs. Following
the passage of New York’s innovative 911 Good Samaritan law – the only state law that offers protection from arrest as well as prosecution – advocates created a public education campaign to inform the public about the law. This presentation will discuss what we learned from the process of getting buy-in from government agencies, as well as the potential opportunities the 911 Good Samaritan laws present to educate the public about overdose prevention policy in general. What are the best strategies to demonstrate to people that calling 911 will not lead to arrest and prosecution? How can public education campaigns also educate government agencies? Can 911 laws be used to educate people about other aspects of overdose prevention, or is it best not to “muddy the message”? 

Benefit Maximization

Since many drugs, such as psychedelics and marijuana, have proven therapeutic and medicinal uses, a harm reduction strategy not only seeks to reduce the harms that drugs can cause, but also to maximize their potential benefits. People who use psychedelics sometimes have challenging emotional experiences that can become dangerous when they lead to counterproductive medical interventions or contact with law enforcement. In response, some harm reduction services aim to empower people who use psychedelics and their peers with techniques for assisting others through difficult experiences and, in doing so, to provide a new framework for looking at “bad trips” as opportunities for psychological growth. What are the policy implications of psychedelic harm reduction services? And how might the scientific research community, policy advocates, and harm reduction practitioners work together to improve and expand existing theoretical models and on-the-ground practices?

Jag Davies is the publications manager for the Drug Policy Alliance, where he directs the content and production of the organization’s reports, advocacy materials, and organizational literature. Davies previously served as policy researcher for the ACLU Drug Law Reform Project. He also previously served as director of communications for MAPS, a nonprofit pharmaceutical company conducting FDA clinical trials aimed at developing psychedelics and marijuana into prescription medicines.

Davis, Alan, Bowling Green State University, Bowling Green, Ohio
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Acceptance of Non-Abstinence by Clinicians

Previous research has found relatively limited acceptance of non-abstinence goals in addiction treatment settings in the United States. Because such attitudes may have changed over time, this study was designed to assess the current acceptance of non-abstinence goals by addiction professionals as a function of type of substance (alcohol vs. drug), severity of the disorder (DSM-IV abuse vs. dependence) and finality of the outcome goal (intermediate vs. final). The sample comprised 913 members of a national association of addiction professionals who completed a web-based survey. Over one-half of respondents rated non-abstinence as somewhat or completely acceptable as both an intermediate and final outcome goal for clients with alcohol abuse, but considerably smaller proportions rated non-abstinence an acceptable intermediate or final outcome goal for clients with alcohol dependence. Regarding drug-taking clients, one-half and one-third of respondents rated non-abstinence somewhat or completely acceptable as an intermediate goal and final outcome goal, respectively, for clients with drug abuse, but fewer rated non-abstinence an acceptable outcome goal for clients with drug dependence. Although acceptance varied by substance, diagnosis and finality of outcome goal, supporting clients who want to pursue non-abstinence holds promise to: a) attract and retain in treatment those who reject or are ambivalent about abstinence, b) provide a respite from excessive, unhealthy consumption to improve the health and wellbeing of addicted clients, and c) reduce the harmful impacts of excessive consumption on the larger, non-substance abusing or dependent population.

Confidence to Reduce Alcohol Use and Related Harm

To reduce both excessive consumption of alcohol and its consequences, people may employ protective behavioral strategies intended to reduce the amount of alcohol they consume and to slow the speed of their drinking. However, studies have found that young adults use these forms of harm reduction inconsistently. The present study had two aims: 1) Combine research with a harm reduction intervention by distributing T-shirts, printed with six drinking-reduction strategies, as compensa-
tion for participation, 2) evaluate the drinking-reduction strategies they employed most commonly, and 3) the relationship between self-efficacy to use alcohol reduction strategies and level of intoxication. Breath Alcohol Concentration (BrAC) samples and self-report drinking and self-efficacy data were collected from 100 young adults in a small Midwestern college town, as they walked to (Time 1 Assessment) and from (Time 2 Assessment) the local bar district. Commonly employed strategies included: Keep track of number of drinks consumed; Avoid starting a new drink until finished with old; Sip rather than gulp or chug; and Avoid drinking in rounds. Furthermore, those with lower self-efficacy to employ alcohol reduction strategies had higher BrAC readings at Time 2. This project found that self-efficacy is associated with level of consumption and demonstrated an innovative way of promoting alcohol-related harm reduction strategies.

Alan Davis and Harold Rosenberg are with the Psychology Department at Bowling Green State University in Ohio. Their research and clinical interests include drug craving, behavioral self-control skills to restrain one’s drinking and drug use, and acceptability of harm reduction. Alan is also a licensed chemical dependency counselor (II-Ohio) and worked for five years in an addictions treatment program in North Carolina.

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**The Legal and Regulatory Environment Affecting Opioid Overdose Interventions: Current Situation and Thoughts for the Future**

The number of overdose deaths has risen five-fold since 1990 and is now at the highest level ever recorded. Drug overdose is now the leading cause of accidental death in the United States, surpassing even car accidents. This increase, which is mostly driven by prescription opioids such as oxycontin and hydrocodone, is particularly troubling because opioid overdose is typically reversible through the timely administration of naloxone. Although naloxone is not a controlled substance and has no abuse potential, it is only available by prescription, which decreases its availability. Since by definition the person to whom the drug is prescribed cannot use it on him or herself, some practitioners are wary of prescribing it for fear of civil liability. Further, people who witness an overdose are often wary of summoning medical help because of fear of arrest. This presentation will describe laws and regulations that have been passed to encourage the prescription and use of naloxone and the summoning of medical aid in the event of an overdose. Common themes will be identified, and thoughts for moving forward will be discussed.

Corey Davis is currently a Staff Attorney with the Network for Public Health Law, where he advocates for the health rights of underserved and low-income people. From 2005-2008 he directed the legal clinic at Prevention Point Philadelphia, and he has published over a dozen articles on the intersection between law and public health. He is currently President of the Board of the North Carolina Harm Reduction Coalition, a member of a county board of health, and Co-PI of a research project evaluating the effectiveness of prescription monitoring programs.

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**Too Late to Wait: Preventing HCV Among Young Adults**

High HCV incidence and rapidly increasing HCV prevalence have been observed among young IDUs. Recently, anecdotal reports in several cities show increases in young adults utilizing syringe exchange and drug treatment programs as well as increases in accidental overdose. After only one year of injecting, about 20% of IDUs will become HCV+; after five years, 45% will be HCV+. We cannot wait to provide education and services to young adults. There is an urgent need for prevention programs for young adult IDU. Despite the fact that in the US, more people are infected with HCV than HIV, more people die of HCV than HIV, and the costs of treating HCV-related illness far exceeds the cost of treating HIV-related illness, there have been few research-based model programs for HCV prevention among young adults. The UFO Model program is based on 15
years of research and services with young adults at risk for HCV, HBV and HIV. We have developed a Replication Manual for the UFO Model and training and TA products. The UFO Model is modular and adaptable to communities, and our products are available for free online (www.ufomodel.org).

Pamela DeCarlo is the Project Director for UFO Presents! and has over 20 years’ experience as a writer and editor, synthesizing scientific reports and articles into concise and understandable materials for non-academic service agencies and the general public. She uses non-traditional methods such as new media to foster bi-directional communication between scientists and consumers of research.

Co-authors: Alice Asher RN MSN CNS, Caycee Cullen, Nickie Tilsner, Giuseppe Cavaleri, Alya Briceno MPH, Kimberly Page PhD MPH

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The Effects of Exposure Response Prevention on Reducing Addictive Cravings
Exposure Response Prevention is a behavior therapy technology that reduces a person’s pre-disposition to respond to a set of stimuli. For example, ERP has been used to treat phobias and compulsions by exposing the person to the phobic situation or thing [stimuli set] and then preventing them from executing their dysfunctional response.

ERP has been applied to the problem of substance abuse. One of the key hurdles a person must overcome is to remain substance free is to refrain from using when exposed to stimuli (people, places, & things) formerly conditioned to their substance abuse. Failure to behaviorally ignore such conditioned stimuli is the primary cause of relapse among substance abusers. The range of stimuli conditioned as triggers of substance abuse is varied and individualized. There are, however, common triggers. These are the sensory stimuli associated with the substance of choice, its acquisition and preparation for use. Secondly, there is the typical use setting, such as bars, time of day or special event. Finally emotional stressors while more individualized are another frequent trigger. ERP Therapy helps a client extinguish his substance seeking behavior & impulses by systematically exposing them, in a controlled environment, to a sampling of the three sets of stimuli. It also reconditions the client’s cognitive self-talk over a period of sessions. ERP is an eclectic therapy that is another piece of the recovery process. It is compatible with community support groups like AA, NA, etc.

Robert DeLetis, CASAC for the past 15 years. Mr. DeLetis is an international and nationally certified alcohol and drug counselor (CADC). He is also the co-author of Kill the Craving, a book that introduces Exposure Response Prevention (ERP) to professionals and their clients. Mr. DeLetis has been utilizing this process to help the residential and outpatient clients to fight their addictions for the past 14 years. He has developed training seminars, in-service trainings, as well as created a full professional ERP kit. Over the years Mr. DeLetis has been employed in the criminal justice field, as a probation officer, and as a mental health counselor.

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The unspoken Politics of Drug Treatment: How Drug Policy Mirrors and Creates Drug Treatment in the United States
For too long drug treatment in the United States has hidden under a veil of arrogant self-righteousness. Questioning the principles or practices of the Minnesota Model of treatment constitutes blasphemy and often results in being accused of being an enabler, or worse, a murderer. While public health professionals and policy advocates have pushed an agenda of harm reduction and other pragmatic and humane strategies, drug treatment has been allowed to sit in the shadows doing business as usual…the disease model, 12 Step, abstinence only, confrontational style of getting people “clean and sober”. This workshop will detail the need for a nationwide advocacy and training effort to transform the drug treatment system
and bring it in line with evidence-based harm reduction methods. Examples of discrimination, job loss, and other civil rights violations will be given to highlight the problems that can arise after a person “admits” to an alcohol or other drug problems and/or enters traditional treatment or is required to attend 12 Step meetings.

Patt Denning has worked in Community Mental Health and private practice as a clinician and program director since 1975. She has written several articles as well as a book for the general public (Over the Influence: The Harm Reduction Guide for Managing Drugs and Alcohol. Guilford Press. ). The 2d edition of her first book, Practicing Harm Reduction Psychotherapy was released in the Fall of 2011 (with co-author Jeannie Little). Patt has completed the Diplomate-Fellow training in Psychopharmacology and also was named to the Drug Policy Resources Directory for the Media in the area of Dual Diagnosis. She is a certified addiction specialist.

Perri Franskoviak, has worked in community and teaching settings since the early 1990’s. she has experience with infants and their mothers, seriously disturbed adults in both inpatient and outpatient settings, as well as providing clinical care to people caught up in the criminal justice system. Perri trains and consults with several large organizations, including housing and HIV care agencies. She also trains community police and San Francisco Business District community guides in the management of people with mental illness. She is a senior therapist, supervisor, and trainer for HRTC and will soon take a faculty position at Notre Dames College, teaching substance abuse and counseling students, bringing a much needed harm reduction perspective to an academic setting. She has coauthored articles on community programs as well as supervision.

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Disparities of HIV infection among racial/ethnic minority people who inject drugs (PWIDs): Results of an international meta-analysis

Higher HIV rates exist among racial/ethnic minority PWIDs internationally. A social justice approach to addressing HIV infection among PWIDs requires focusing on these disparities. A systematic review and meta-analysis of the international literature on racial/ethnic HIV disparities among PWIDs was conducted 12/2008-03/2012. Our meta-analysis includes data from various racial/ethnic groups representing 25 countries. Maps were constructed to show the geographic range of minority populations and their HIV-infection rates relative to local majority populations. Researchers screened 43,394 abstracts published from 1985-2010; examined 5,616 full-text articles; 215 were eligible. Analyses conducted to date of 267 R/E comparisons showed 121 (45.3%) comparisons had higher HIV prevalence among minority PWIDs, 137 (51.3%) showed no meaningful difference, and 9 (3.4%) found lower HIV prevalence among minorities. The mean weighted odds ratio (OR) for HIV prevalence in US Black: White comparisons was 2.41 (CI 2.09-2.77). This was greater than the OR for all minorities: majority comparisons, 1.99 (CI 1.84-2.16). There was great heterogeneity in the ORs, I2 = 74.1%. Addressing disparities in HIV infection will require tailoring to local conditions. A large overall effect of minority group membership is associated with higher HIV prevalence; however, great heterogeneity implies that a single solution approach is unlikely to be effective.

Don C. Des Jarlais, Ph.D., is Director of Research for the Baron Edmond de Rothschild Chemical Dependency Institute at Beth Israel Medical Center and a Research Fellow with the National Development and Research Institutes, Inc. Dr. Des Jarlais began his research on AIDS in 1982 and HIV/AIDS has been the primary focus of his career. He is currently a Core Group Member of the UNAIDS Reference Group on HIV and Injecting Drug Use and a member of the President’s Emergency Plan for AIDS relief.

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Harm Reduction in VA Supportive Housing

Transition to the Housing Fist Model in the Puget Sound Veterans Administration Supportive Housing Program (“VASH”) has involved cooperation and support from local public housing agencies, landlords, government partners, and non-government community partners, as well as rethinking what constitutes “readiness” for housing. We now serve Veterans who still struggle with substance use disorders, many of whom have mental health and medical issues as well. Our presentation focuses on Harm Reduction as a crucial part of our work with these Veterans.

Elizabeth R. Devine, LICSW, CDP is the Clinical Supervisor for the VA Supported Housing Program (VASH) at the American Lake VA. She received her MSW from the University of Washington in 2004. She has also earned a Certificate in Psychological Trauma; is a Chemical Dependency Professional; and has additional training in psychodynamic psychotherapy. Elizabeth’s Social Work practice has also included work with chronically mentally ill populations and managing housing for late-stage alcoholics.

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The Hepatitis C Case Management Program: Recommendations for Accessing Hepatitis Medical Care

This year, the Hepatitis Education Project launched a hepatitis C medical case management program in Seattle, Washington. This program extends support to hepatitis C patients by linking them to appropriate medical care and social services. Since hepatitis C is transmitted through blood-to-blood contact, injection drug users comprise a significant part of the population. Studies have determined case management interventions a beneficial tool in linking recently diagnosed patients to medical care. Case management programs are inexpensive, highly utilized, and produce effective results. Patients enrolled in a case management program are more likely to receive early treatment; this is significant because hepatitis C has successful treatment options. This presentation illustrates barriers to accessing hepatitis medical care, outlines various components of a case management program that was developed to overcome these challenges, and suggests preliminary recommendations of such a program for the harm reduction community.

As a California native, Poonum earned her MPH from the University of Southern California and spent one year as a Fulbright scholar in India. She is an experienced project manager and researcher, with a passion for innovative approaches to health education. At the Hepatitis Education Project, Poonum is responsible for planning, implementing, and maintaining the Hepatitis C Medical Case Management program.

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The Gray Areas of Rape: A Harm Reduction Approach.

Through my work as the Harm Reduction Coordinator at the Streetwork Project, a youth program of Safe Horizon, I work with runaway and homeless youth focusing in the areas of sexual health, trauma, and drug use through counseling and group facilitation. In my work with youth I have found that discussing consent is critical to understanding sexual health, but because of the ways that sexual trauma is stigmatized in our society, it is often difficult to address the topic at all. By taking a Harm Reduction approach to the issue I often bear witness to youth who have experienced sexual assault, as they take steps in working through their trauma and preventing further harm. I have found that the subject of rape and sexual assault can be accessed most effectively by beginning with a discussion about sexual consent and asking questions that do not assume someone’s individual experience with the issue. By approaching the topic of sexual consent without judgment,
we make room for both survivors and perpetrators of sexual assault and rape to safely engage in conversation around the
issue. Sexual assault is both a public health and social justice issue. Engaging young people in individual and group discus-
sion around consent in ways that feel safe is an important part of interrupting cycles of violence in vulnerable communi-
ties. Participants in this Round Table Discussion will gain skills in teaching about consent within a Harm Reduction model;
addressing consent as a sexual health issue; and looking at Harm Reduction techniques in facilitation, engagement, and
sensitivity to individual experience of sexual assault and rape trauma.

Originally from Milwaukee, WI, Rebecca Di Meo received her MA in Community Arts from the Maryland Institute College of Art
in Baltimore where she worked as a documentary video instructor. In 2010 Rebecca began her work as the Coordinator of Harm
Reduction with the Streetwork Project, a youth program of Safe Horizon, where she currently works in Manhattan’s Lower East
Side with runaway and homeless youth, around sexual health, drug use, and trauma.

Dixon, Aaron, Independent, San Francisco, CA

Dope and Revolution: Left responses to the Drug War during the 1960s and 1970
This panel will explore the anti-drug war stands of the Black Panther Party for Self Defense, White Lightning and other New
Left groups of the 1960s and 1970s. Their organizing took seriously the impacts of race, class and empire both in addiction
and the emerging Prison Industrial Complex. The work of these organizations and approaches do not fit fully within the
Harm Reduction or the personal pathology frameworks. Yet, their work in the early skirmishes on the War On Drugs
provide insights and strategic approaches for organizers of today. Mainstream media portrayals trace the bulk of the blame
for today’s drug epidemic on the permissiveness of the 1960s counter-culture. To hear these accounts, the United States
was virtually free of drug use until 1966, as the New Left turned a blind eye to the consequences of the abundance of illicit
drugs in working-class communities. This tidy myth has been exploited to discredit progressive approaches to drugs such
as Harm Reduction, prison abolition, and sentencing reform. The organized Left’s actual relationship to drugs during this
time was far more complex. In the influential pamphlet “Capitalism Plus Dope Equals Genocide,” Michael Tabor of the Black
Panther Party for Self Defense laid out a blistering critique of both the political economy of drugs and the nascent recovery
industry. Framing the presence of drugs both as a social control mechanism and a natural outgrowth of market capitalism.
Panther chapters often featured drug counseling and intervention service programs that integrated individual recovery with
a systematic analysis of the abundance of heroin and cocaine in low-income communities. Inspired by Tabor, White Light-
n ing, a self-organized group of white addicts in recovery working in the South Bronx played a major role in challenging the
implementation of the Rockefeller Drug Laws by forming “United Parents Who Care,” a truly grassroots coalition of families
whose children received long-sentencing. The coalition dissolved under considerable pressure stemming from the COIN-
TELPRO activities of the federal government.

Darnell White, former member of the Black Panther Party (San Francisco) and current Director of the Harder House (Seattle).

Nora Callahan, November Coalition (Colville Washington)

Chuck Armsbury, former political prisoner and member of the 1960s Patriot Party, an organization of poor whites modeled after,
and in alliance with the Black Panthers.

Gil Fagiani, former member of White Lightning (South Bronx) and retired Addiction Counselor.

Aaron Dixon is the former Captain of the Seattle branch Black Panther Party for Self Defense. He joined the party after work in the
South as part of the Student Nonviolent Coordinating Committee. He has since founded Central House, a nonprofit that provides
transitional housing for youth, and was one of the cofounders of the Cannon House, a senior assisted-living facility. Aaron ran for

What can we gain from the collaboration of artists and health care professionals? Can visual communication improve education, outcomes and interventions in public health and social justice movements? These are questions that we will address in a panel discussion about the feasibility of a multidisciplinary approach to community health outreach. We aim to highlight not only the feasibility, but the importance of such an approach. Drawing on the experiences of a recent project aimed at improving drug overdose harm reduction training, we will discuss the process of integrating visual communication into community health outreach. The specific aims of the discussion include: 1) Relating our particular experience of collaboration in harm reduction training and education; 2) Discussion of barriers and successes in integrating visual communication and preventative healthcare for the community; 3) Act as a resource for answering logistical as well as theoretical questions about such collaborations based on our individual expertise and experience with the project; and 4) Invite discussion of future directions as well as areas of public health, activism, and social justice that may benefit from a multidisciplinary approach.

Sarah Dobbins is a scientific artist & illustrator and a public health researcher at SFGH. She has been developing a practice that combines art and science with the goal of improving health and access for vulnerable populations. She graduated from Marlboro College with a dual degree in Art and Biology. She completed a Masters in Public Health at the University of Pittsburgh Graduate School of Public Health, and later, a post-baccalaureate year at the School of the Museum of Fine Arts Boston.

Community Arts and Harm Reduction: Promoting Health, Building Community, Creating Change.

Art has been an integral tool used in harm reduction initiatives in East Toronto to engage street-involved and homeless people who use drugs in storytelling, creating, remembering, healing and advocacy to address stigma and discrimination, and to create social and political change. Our presentation will discuss different community arts initiatives by people who use drugs, including a paper-mache mask project with women survivors of trauma, a meditation painting group, storytelling with women who have lost custody of their children, body mapping and photo voice by people living with hepatitis C, and the creation of a public memorial monument to raise awareness of the Drug War and commemorate loved ones who have died. Approaching art and activism as important social determinants of health in our communities, our graphically facilitated presentation will weave together learning’s from our arts-based initiatives. We will discuss ways in which arts participation has contributed to health, community empowerment, social connectedness, and presented opportunities for addressing issues of inequality, stigma, poverty and social exclusion.

"The Meaningful Involvement of People with the lived experience of HCV in an Interdisciplinary Model of Treatment, Care and Support.”

The meaningful involvement of people with lived experience of HCV has been critical to the success of the East Toronto Hepatitis C Program (ETHCP) with important impacts for clients, health care providers and the larger community. The ETHCP is a community-based, interdisciplinary model of Hepatitis C treatment, group support and education for home-less and low-income individuals primarily for people who actively use drugs and/or have mental health issues and/or HIV co-infection. The program has been offering health care, treatment and support since 2006 and is a partnership between three community health centres, with specialist support from nearby hospitals. This presentation will focus on the role of peer support and on the meaningful participation of people with the lived experience of HCV in the development, implementation and direct service provision of this innovative model of HCV treatment. It will explain how the integrated peer support, training and advisory components of the ETHCP has improved Hep C treatment uptake and care, as well as their
indirect effects on client well-being and Hep C prevention in the larger community. The ETHCP interdisciplinary model has improved access to HCV treatment for illicit substance users and other marginalized individuals, with SVR rates that are comparable to clinical trials. The program has empowered clients to take control of their health and has created a network of peer educators, advocates and mentors. Participation in the program has had positive impacts on self-esteem and sense of community-belonging. The involvement of people with the lived experience of HCV in program development helps to ensure high quality care, relevancy and accountability. Zoe Dodd is the Hepatitis C Program Coordinator with the East Toronto Hepatitis C Program at South Riverdale Community Health Centre. She has over 8 years’ experience facilitating Hepatitis C psycho-educational support groups for people who are Hepatitis C positive and actively using drugs. Zoe is an activist and a community organizer. She is a member of the Toronto Harm Reduction Alliance (formerly SCUC), the Toronto Drug Users Union, INPUD and AIDS ACTION NOW!

Prison Health Now: mobilizing for needle and syringe programs in Canada’s prison

Almost 20 years after an expert committee acknowledged the need for prison-based needle and syringe programs (PNSPs) and despite mounting evidence in support of such programs and numerous requests from community organizations, PNSPs do not exist in Canada. This is in spite of rates of HIV and hepatitis C virus (HCV) that are at least 10 and 30 times higher in prison than in the population as a whole. Not only is this a public health concern, but a violation of prisoners’ constitutional rights. Repeatedly, the Canadian government has denounced PNSPs and clung to a “zero tolerance policy” on drugs in prison. However, significant investments in drug interdiction initiatives have yielded little success and rates of drug use remain steady behind bars. New legislation will also swell Canada’s already overcrowded prisons with people serving sentences for drug-related offences. Having advocated for PNSPs, with little success, before parliamentary committees, with public health and correctional officials, and through public education and media campaigns, a constitutional challenge was initiated by a former prisoner and four HIV organizations. The case will principally rest on the Canadian Charter of Rights and Freedoms, which protects prisoners’ rights to life, liberty and security of the person and to equal treatment before and under the law, and equal protection and benefit of the law without discrimination. The various forms of advocacy undertaken before the launch of the constitutional challenge were instrumental in building public support for PNSPs and helped to identify an applicant who was infected with HCV while incarcerated. A first volume of materials in support of the challenge was filed in September 2012, complemented by a website and video campaign. The applicants seek an order directing Canada’s correctional service to ensure the implementation of PNSPs, in accordance with professionally accepted standards.

Zoe Dodd is the Hepatitis C Program Coordinator with the East Toronto Hepatitis C Program at South Riverdale Community Health Centre. She has over 8 years’ experience facilitating Hepatitis C psycho-educational support groups for people who are Hepatitis C positive and actively using drugs. Zoe is an activist and a community organizer. She is a member of the Toronto Harm Reduction Alliance (formerly SCUC), the Toronto Drug Users Union, INPUD and AIDS ACTION NOW!

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How to Engage Prescribers in Overdose Education and Naloxone Distribution

Prescribetoprevent.org is a website created by a group of naloxone access advocates in 2011 as a resource for prescribers (doctors, nurse practitioners, and physician assistants) interested in prescribing naloxone for overdose prevention to their patients. The website - informed by lessons learned nationally- contains a training video and several tools, including a prescription template for both intranasal and intramuscular naloxone that can be printed and used by prescribers. The templates include simple instructions on preventing, recognizing and responding to an opioid overdose with naloxone. The website also includes resources on barriers to prescribing naloxone and how to surmount them, including medical legal concerns, billing, and accessing naloxone from a pharmacy. We will present the history and components of the website, traffic and use statistics and lessons learned to date in a variety of locations. The workshop will include an in-depth discussion with the audience of how to engage prescribers (doctors, nurse practitioners, and physician assistants) and surmounting the barriers to prescription naloxone.
Alexander Y. Walley, MD, MSc is the medical director of the Massachusetts Department of Public Health Opioid Overdose Prevention Pilot Program. He published the first study of the implementation of an intranasal OEND program via a public health department and is currently leading a CDC-funded evaluation of the program.

Sammy McGowan facilitates Preventing Overdose Naloxone Intervention Program (PONI), Rhode Island’s only Naloxone Distribution Program. He is a Research Assistant under Dr. Josiah Rich at Brown University Medical School, where, in addition to facilitating project PONI, contributes to research on opiate overdose and addiction, correctional health, and HIV/AIDS.

Nabarun Dasgupta, MPH is a quantitative epidemiologist who studies the use and nonmedical use of prescription opioid pain relievers and heroin.

Caleb Banta-Green, PhD, MPH, MSW is a Research Scientist & Epidemiologist at the University of Washington’s Alcohol & Drug Abuse Institute.

Terri Kroh, RPh is the Director of the Center for Pharmacy Services at Duquesne University.

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Capacity-building resources to support integrating overdose prevention practices in drug and alcohol treatment programs

Since 2009, SPHERE has delivered capacity-building trainings on overdose prevention to drug and alcohol treatment providers, corrections officers and homeless service workers. In developing its engaging curriculum, SPHERE has created a variety of resources that can be used in trainings to enhance the learning experience, and then can be applied by training participants as they integrate overdose prevention into their work. Developing user-friendly resources that are rooted in the participant’s experience and support integration are hallmarks of SPHERE’s capacity-building services. The resources developed by SPHERE to support overdose prevention integration have been downloaded, used and adapted by hundreds of health and human service providers in Massachusetts, across the country and the world. They continue to meet provider’s needs, support integration, generate great reviews, and inspire new tools for providers as well. The presentation will highlight and describe several of these resources: the SPHERE Overdose Prevention Inventory: An Action Planning Tool, SPHERE’s Card Game to use in group education, SPHERE’s “Conversation Starter” posters and stickers, SPHERE’s Cue Cards on Overdose Prevention, and its Group Curriculum for group education. Capacity-building resources to support integrating overdose prevention practices in drug and alcohol treatment programs.

Capacity-Building Overdose Prevention Training for Drug and Alcohol Treatment Providers: Meeting Providers Where They’re at

In 2008 and 2009, SPHERE, a program of Health Imperatives, conducted statewide surveys of drug and alcohol treatment providers in Massachusetts on their experience with overdose and their knowledge of preventing unintentional overdoses. The results revealed gaps and strengths in knowledge, and attitudes of treatment providers to offer overdose prevention in their work. The results of the surveys were used to develop training and resources for providers that have proven to be successful in increasing the knowledge and skills of training participants. The presentation will review the survey that was used and its audience, findings. We will review how particular findings were used in defining training objectives and creating overdose prevention training that was embraced by drug and alcohol treatment providers who participated in the training.

Mindy Domb is the program director for SPHERE and The Statewide Homeless/HIV Integration Project (SH/HIP), programs of Health Imperatives. Mindy has worked on issues of HIV/AIDS, harm reduction, substance use, overdose prevention, adult learning, poverty, and health disparities since 1982. She has been an activist, advocate, community organizer, trainer, curriculum...
developer and evaluator, congressional aide, and caseworker. She has a B.A. from Barnard College and is working towards her M.Ed. in Adult Learning from Teachers College.

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Cocaine Overdose Harm Reduction
The cocaine molecule has multiple effects on the central nervous system and cardiovascular system, and it’s use is implicated in 40% of drug related emergency department visits (DAWN 2009) and over half of illicit drug related deaths (NYC DHMH 2010). Fred Johnson and myself will discuss the epidemiology of cocaine use, mechanisms of cocaine “overdose”, and harm reduction techniques for cocaine use from a user’s perspective.

Cocaine Use Prevalence, New York City, 2004
An estimate of past year cocaine use in the non-institutionalized New York city population aged 20+ is presented based on self-reported survey data and biomarker/toxicology measurements.

Mike Duncan has been working in harm reduction for over 15 years. After volunteering for the Berkeley California needle exchange program, he went to New York City to attend physician assistant school and has worked as a PA first in orthopedics then in harm reduction, primarily distribution naltrexone and syringes and supervising HIV & HCV testing programs. He went to public health school to find out why the US health care system is so dysfunctional.

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Treatment Readiness: Beyond the harm reduction/recovery binary
This presentation focuses on treatment readiness, a low threshold/harm reduction approach that regards individuals as full participants in their own treatment, where, for example, the individual’s interest in change may be to improve functionality and risk management s/he is concerned with in a domain of her/his everyday life. Piloted with Ryan White funds in NY and Chicago at needle exchange programs and in the context of provision of primary care for people living with HIV, treatment readiness puts the emphasis on change as defined by clients, departing from segregated specialist models of treatment that divide people into abstinent or not, in recovery or using. The approach has also been introduced and adapted by the presenter in two countries of Central Asia, where it offered a counterpoint to a Soviet era, top down, highly medicalized detoxification process that required registration with state and police and was ineffective. The presentation focuses on the concepts of treatment readiness and uses the international example to reflect on the possibilities of adaption. (Includes photographs)

Wearing Two Hats: Applying a Harm Reduction Approach with Drug Users for Individuals Who Themselves are in Recovery
Concerns of individuals in recovery working currently with active and relapsing substance users in social service and medical care settings. This workshop will provide an opportunity to express and reflect on conflicts participants perceive between their own experience with recovery and helping or being expected to support a client who: [1] is interested or concerned about one drug but sees no problem with his use of others; [2] is ambivalent about or resistant to any change in his drug use; [3] is not interested in recovery. Participants are introduced to several concepts including that of the reflective practitioner and “parallel process.” In a safe and non-judgmental environment, through open dialog and interactive discussion, participants will be able to clarify and affirm their own value systems, while learning to develop effective strategies that expand their capacity to identify and reframe interactions with clients that are not working, in the process developing a professional mindfulness and inner supervisor, to more effectively tune in to client’s readiness for change. Includes discussion of principles underlying the early practices of Alcoholics Anonymous and the life of AA co-founder Bill Wilson and his sponsor, along with an examination of commonalities between AA meetings and key principles of harm reduction. 3. Proposed curated panel
Moving from the Margins: Challenging the Isolation of Harm Reduction By The Mainstream

This panel would be one I moderate and present on, which would emphasize the need for harm reduction to have greater currency among decision makers in the drugs field, and propose steps to get us there. I have some ideas for participants, and I’m sure you have also received appropriate proposals. My presentation would identify several areas where we have failed to communicate harm reduction as an approach effectively. Specifically, in both national and international arenas harm reduction is 1) mischaracterized simply as a set of interventions like needle exchange, without recognizing that the approach requires working with drug users in a way that recognizes that they are rational actors, that they have the capacity to manage risk, that they should be treated as full participants in every aspect of services involving them. As needle exchange and other health interventions targeted to drug users have moved from their grass roots origins to top-down, centralized programs by large international donors, a recognition of the philosophical orientation of harm reduction and the critical role of drug users and outreach workers cannot be taken for granted; 2) Locked out of major technical assistance streams and guidance, such as that provided by SAMSHA. By allowing practitioners of treatment orthodoxy to define what constitutes the mainstream, we have allowed the marginalization of harm reduction; and 3) Misrepresented by those who claim it is enough to call their work HIV prevention for drug users, but in reality create programs that go “behind the backs” of drug users, define “peers” in epidemiological terms but ignore drug user social networks, and focus not on drug user generated ideas of change but on “getting” clients to participate in predetermined unit of services. The presentation includes suggestions for how to move forward from the margins, in the process remaking the mainstream rather than diluting the spirit of harm reduction.

Richard Elovich holds a Ph.D. in medical sociology and a Masters in Public Health. He is a specialist in public policy and program development and implementation in HIV/AIDS and substance use, with an emphasis on harm reduction and innovative and low-threshold treatment services for at risk populations. He has over twenty years’ experience in the U.S. and internationally. In New York, he was Director of HIV Prevention programs for GMHC, the oldest and largest non-governmental AIDS organization in the U.S. He is an experienced advocate, having been appointed to the Mayor’s HIV Planning Council of New York City, and chairing its substance abuse services work group from 1991-1996. Elovich was an organizer of underground needle exchange programs in New York City and San Juan, Puerto Rico. He has been a full-time instructor in the Urban Public Health program at Hunter College’s School of Health Sciences, City University of New York and a guest lecturer at numerous universities and colleges. Since 2003, Elovich has worked as a consultant on HIV/AIDS and drug use issues throughout the former Soviet Union, including Central Asia, Nepal, Thailand, Indonesia and Mexico.

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Harm Reduction & Integrated Care Environments; Challenging Staff’s Bias to Focus on Outcomes

The experience and expertise of the Community Engagement Program (CEP), a program that has utilized a harm reduction approach for the past 9 years. CEP has been nationally recognized for its services which include a community outreach approach to the most vulnerable individuals who are experiencing chronic homelessness and significant disabilities. Pulling from the experiences of staff who come from varying backgrounds including their own addictions, mental health concerns and homelessness, we will provide an interactive discussion to address struggles faced by individual staff, programs and agencies to define harm reduction and develop reportable outcomes for a model that demonstrates success individually.

Design and Outcomes of an Integrated Harm Reduction Approach

Poster presentations will provide an overview of the Community Engagement Program including the Mission statement developed by the program staff, outline of the integrated services provided in the program, staffing –types and levels, case studies of program participants benefiting from a harm reduction approach and presentation of a cost avoidance study conducted with program participants as well as other data that demonstrates long-term stability for individuals in the program.

Sonja Ervin is the former Program Manager for the Community Engagement Program (CEP) and Housing Rapid Response (HRR),
and current Director of Cultural Development and Specialty Services, Central City Concern in Portland, Oregon. Sonja received her Masters in Counseling Psychology/Counseling Education from Western Michigan University and has been working in social services for the past 22 years. She has been working with individuals experiencing homelessness, addictions and mental health issues.

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“Tell All Your Friends About It”: Incentive Driven Client Recruitment in Rural Communities
Client recruitment in rural communities is hampered by unique challenges. The majority of Injection Drug Users (IDUs) in the immediate vicinity of the Syringe Exchange Program (SEP) are aware of the services available and may already be enrolled. For IDUs that live within a 50-mile radius, where transportation is frequently noted as the main reason they do not have consistent access to services, entire groups of IDUs are unaware and/or unable to access the SEP. Additionally, IDUs in rural communities tend to use at home and are less likely to be open about their use. These factors create a situation in which there are few public places where “traditional” street outreach can be conducted; it is difficult to reach out to an underground community using aboveground approaches. The incentive driven model relies on existing social networks and empowers individuals to engage in harm reduction education within those networks. Every participant is offered the opportunity to refer up to five of his or her peers to the SEP and both current and new participants receive an incentive for each new enrollment. The program accounted for approximately twenty-percent of new enrollments in 2011. The data collected from the program has also been instrumental in determining the geographical areas that are most in need of SEP services.

Lillian Fan, MA, is currently the Syringe Exchange Program (SEP) Coordinator at Southern Tier AIDS Program (STAP). She began working in HIV prevention and syringe exchange shortly after receiving her Masters in Anthropology from Binghamton University in 2007. In her role, Ms. Fan oversees storefront and peer delivered syringe exchange services at SEP locations in Ithaca and Johnson City, New York. Ms. Fan also provides HIV prevention education in the community, HIV/HCV testing, and conducts outreach with law enforcement agencies regarding syringe access.

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High coverage needle/syringe programs for people who inject drugs in low and middle income countries: a systematic review
Persons who inject drugs (PWID) are at an elevated risk for HIV and hepatitis C (HCV) infection. Although extensive research has shown successful community level needle/syringe exchange programs (NSP) in high-income locations that reach at least 50% of PWID, little is known about the success of NSP in low and middle income countries (LMIC). In this review we collected primary study and national report data on NSP program coverage and changes in HIV and HCV biomarkers over time among PWID in LMIC. Studies had to include laboratory measures of HIV or HCV coupled with 50% coverage of PWID. Countries with structural level NSP for PWID include Bangladesh, Brazil, China, Estonia, Iran, Lithuania, Taiwan, Thailand and Vietnam. HIV prevalence decreased in six of the eight studies while three studies documented decreases in HCV prevalence. HIV incidence decreased in three of the four national reports, and one study reported a stable level of HCV incidence. The data indicate that structural level NSPs are as likely to be effective in LMIC as in high income countries. Additional research is needed to understand the situations in which NSPs did not lead to decreases in HIV and/or HCV infection.

Don C. Des Jarlais, Ph.D., is Director of Research for the Baron Edmond de Rothschild Chemical Dependency Institute at Beth Israel Medical Center and a Research Fellow with the National Development and Research Institutes, Inc. Dr. Des Jarlais began his research on AIDS in 1982 and HIV/AIDS has been the primary focus of his career. He is currently a Core Group Member of the UNAIDS Reference Group on HIV and Injecting Drug Use and a member of the President's Emergency Plan for AIDS relief.

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Crisis on The Inside: Hepatitis in Prison and Jail

While the national rate of chronic Hepatitis C (HCV) infection stands at about 2%, it is estimated that as many as 40% of incarcerated persons in the U.S. are infected with HCV. Most HCV infected persons, as many as 75%, are unaware of their infection. The astounding prevalence of HCV in correctional settings creates particular issues for inmates of our penal institutions. Specific issues include access to hepatitis testing and vaccines, HCV transmission and prevention in prison, eligibility for and access to the latest HCV treatment, and HCV/HIV co-infection. Prison is a high-risk setting for hepatitis, and educational and medical resources are often limited in prison facilities. These concerns particularly affect injection drug users and racial/ethnic minority populations, who are disproportionately affected by HCV and disproportionately incarcerated. This roundtable discussion will provide in-depth information on issues related to HCV in prison and will discuss current initiatives and programs aimed at educating prison populations and increasing access to quality healthcare and treatment for all incarcerated people, including the Hepatitis Education Project’s prison and jails outreach programs. Participants from related health and advocacy organizations will be encouraged to participate and share ideas, issues, and initiatives.

Rich Feffer has a background in sociology, criminology, and community development. He currently runs hepatitis education, outreach, and advocacy programs at Seattle’s King County Jail and all Washington State Prison facilities for the Hepatitis Education Project (HEP). He also works with HEP to facilitate the National Hepatitis Prison Coalition. Rich has a master’s degree in community development from Illinois State University.

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Drugs and Creativity: A Support Group for Active Drug Users

Many drug treatment agencies utilize individual and group support based on talking therapies using techniques such as Motivational Interviewing, Cognitive Behavioral Therapy and psychotherapy among many. There are multiple other ways to explore emotions and inner conflict particularly when it relates to drug use. Creative Arts are an effective way to help active and former drug users explore their relationship to drugs and their drug using behavior. The UCSF-Alliance Health Project currently runs a Creative Arts group for active drug users to explore themes such as sexuality, relationships, triggers, emotions and goals. The groups uses images, pens, paper, music, poetry and movement to help participants express their concerns and get support from others about how to address multiple issues. Some participants may find it difficult to speak up in group settings or meetings and the Creative Arts groups provides a safe setting to express oneself without having to speak. This presentation will provide specific information on the history of the Creative Arts group, how themes are planned, the structure of the group, managing active drug users in a group setting and will also provide specific examples and quotes from participants. This workshop will be particularly useful to those working in harm reduction community agencies. These support groups can be useful in building community, creating alliances, exploring alternative ways of expression and providing participants with a different outlet to their concerns.

Drug User Led Peer Support Groups

The UCSF-Alliance Health Project has been providing peer support groups for people with HIV for over 25 years. The Groups Program trains community members to facilitate support groups during an experiential weekend, based on a peer-group model. Providing active drug users with the training and resources they need in order to serve as facilitators of peer support groups can result in safe, non-judgmental groups which serve as emotional and social support for participants, as well as a forum where members can share information and referrals. This presentation will provide specific information on peer group basics and key facilitation skills which can be taught to drug users so that members can run groups, with and without staff support in community agencies, hotels and day programs. The presentation will cover topics such as creating safety, encouraging group interaction and managing conflict and differences among group members. Participants will learn the
basics of the Alliance Health Project peer group model and how to pass on these skills to drug user groups to create safe peer-led groups for the purpose of social and informational support. Also, it will provide suggestions on how to set up different types of groups such as drop-in groups and groups with specific themes.

Claudia Figallo, MPH has been advocating and supporting drug user health through harm reduction for over 10 years. She assists drug users in exploring their using practices and make wiser choices about their health. Claudia works as a substance abuse counselor and group facilitator at the UCSF-Alliance Health Project, trains community members to lead peer led groups and is a Board Member for the Harm Reduction Therapy Center in San Francisco. She has a post-graduate diploma in Drama and Movement.

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Implementing Peer Control: From Philosophy to Policy
Services designed and implemented by peers are the most effective at protecting the health and fundamental rights of drug users. To make good on this commitment, we have made increasing drug user participation at all levels of our organization a priority. In our presentation Shilo Murphy and Tom Fitzpatrick will share the successes PHRA has enjoyed as a result of our inclusionary policies and also discuss the challenges we’ve encountered in the process of implementing peer control. We will emphasize how PHRA’s experiences might be applied to other programs and make specific suggestions as to how other organizations might take practical steps to increase user participation. Specific topics will include (1) making the transition from an exclusionary to an inclusionary harm reduction organization, (2) defining who is a peer, (3) codifying peer control, (4) protecting individual privacy, and (5) managing staff in an organization that distinguishes between users and non-users.

Tom Fitzpatrick has worked at UDNEP for the past six years and is a co-founder and board president of PHRA. In 2010 Tom worked with newly-formed harm reduction programs in China through a Fulbright research grant.

Shilo Murphy has worked at Seattle’s U. District Needle Exchange Program (UDNEP) for the past 16 years and is a co-founder and executive director of PHRA. Shilo is also president of the Urban Survivors Union. Most importantly, he is a proud drug user.

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Buprenorphine therapy has something for almost everybody: Opiate dependent people and their families, service providers and, yes, even law enforcement. So why isn’t it more popular?
In our experience with approximately 400 clients, buprenorphine maintenance and detox therapy offers opiate-dependent people unique advantages over methadone or using just to ‘stay well’. These include: freedom from rigid methadone program rules (monthly, not daily, visits; more autonomy; etc.); virtually no withdrawal symptoms on maintenance; little or no opiate craving while on therapy, allowing return to work without the constant distraction of drug-seeking; normalization of cognition and mood improvement; increased involvement with family and friends; decreased involvement with law enforcement; respite from the hustle, during which users can make more informed choices about their long term goals; detox if/when desired; safety from overdose and low long-term toxicity; lower cost than street use of pills or heroin; and surprisingly good pain relief. Of those who have received buprenorphine treatment at our clinic, retention in therapy has been >50% at one year and clients report very positive assessments of buprenorphine therapy. Despite these advantages, buprenorphine remains grossly underutilized. Although we targeted street injectors, the majority of our patients are pill users. Using clinical vignettes and data we will explore these findings and remaining barriers to realizing buprenorphine’s full potential.
Neil Flynn, M.D., M.P.H. has focused most of his nearly 40 year career in medicine on treatment and prevention of HIV/AIDS - primarily among drug users. As a result of working with drug users, he has developed a growing interest in buprenorphine substitution therapy for opiate dependence. He is an advocate for drug user rights, and believes strongly in decriminalization of drug use as much as possible, replacing it with a public health, medical, and psychosocial model. He considers the current criminalization model a violation of human rights, and decries its racist and classist policies. Dr. Flynn received his undergraduate degree from UCLA in bacteriology in 1970, his medical degree from Ohio State University in 1973, completed his residency in internal medicine at Loma Linda University in 1976, his specialty training in infectious diseases from the University of California Davis, and his master of public health degree from UC Berkeley in 1995. He has published articles in peer-reviewed journals on the topics of hospital-acquired infection, various infectious diseases including MRSA, and HIV/AIDS treatment and prevention. He retired from UC Davis in 2009.

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**Satellite Syringe Exchange: Building Collaboration**

As an answer to getting clean syringes to IDUs who cannot access syringe exchange programs (SEPs), many providers have set up participants as satellite syringe exchangers (SSE). To reach out further and get clean syringes to underserved communities, we can improve our SSE programs through collaboration. In San Francisco, all SEPs are now under one contract, working collectively to provide underserved neighborhoods, build alliances with law enforcement and city residents and assess the real needs of community members. Using this as a model for developing an SSE collaborative, it seems essential that SSE participants should come together, share their knowledge, gain some new tools with which to feel empowered and become leaders in their endeavors. The purpose of this workshop is to help HRC attendees come up with ways to widen syringe distribution, empower SSE participants and continue dialogue around the importance of SSE programs. This workshop will feature statistics showing how many people are served by SSE participants in contrast to how many are served at fixed sites. There will be a discussion on what makes a collaborative work and how to manage challenges as they arise. Surveys conducted among SSE’s will illustrate the success of this effort.

Sam Formo is the Syringe Access and Disposal Program Coordinator at St. James Infirmary, an occupational health and safety clinic for current and former sex workers. Sam’s dedication to providing harm reduction options and overdose prevention strategies to active drug users is rooted in the belief that this population deserves human rights as much as anybody else. Sam has implemented and maintained a satellite syringe exchange program and is currently working on building an SSE collaborative.

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**Participant Bathroom Management**

Drug users get high in public bathrooms, perhaps especially if the bathroom is in a syringe exchange program. As program staff, how do we maintain an accessible, safe space for participants and still protect fellow participants and staff from needle stick injury, blood exposure and septic system shut down? How do we monitor the bathrooms to prevent fatal overdose? Striking the balance between access, safety, and efficiency is challenging: what has and hasn’t worked in your program? What message about drug use in the bathroom does your program communicate and in what way? We invite attendees to share their experiences at this round table to critically think about your program and what could be done better to protect participants and staff. This discussion may be particularly helpful for staff who are working in new programs or programs that have added syringe exchange to an existing program that may not have the knowledge and experience of those in the room. We hope that this conversation will be the first of many to continually work to support participant and staff safety around participant bathroom management in the context of SIFs being illegal.
Taeko Frost, MPH, is currently the Program Director for Washington Heights CORNER Project (WHCP) syringe exchange program in NYC. Taeko has been involved in HIV prevention work for 10 years, working at Planned Parenthood and Community Healthcare Network prior to WHCP. Taeko is currently in the process of obtaining a DPH in health policy and management at the CUNY Graduate Center. Taeko is interested in pursuing research specific to medical provider training and treatment of drug users.

Co-Facilitators: Robert Childs (NCHRC—Durham, NC), Nick van Breda (WHCP/Sydney SIF), Mary Howe (HYA—San Francisco, CA), Willie Dudley (Casa Segura—Oakland, CA)

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Strategies to provide infectious disease services: A case study of syringe exchange programs (SEPs) in NYC

In 2010, the New York City Department of Health and Mental Hygiene (DOHMH) began a special initiative entitled Program Collaboration and Service Integration (PCSI) to integrate tuberculosis (TB), viral hepatitis, sexually transmitted diseases (STDs), and HIV activities, both within local government systems and services to the public. We identified syringe exchange programs (SEPs) as important partners, because they serve a population at high risk for these infectious diseases. Methods: We conducted a case study of NYC SEPs to assess strategies that programs use to deliver integrated HIV, STD, TB and viral hepatitis services. Findings NYC SEPs are located throughout all 5 boroughs of NYC, receive state and city funding and work with different populations including men, women, immigrants, gay and transgender individuals, homeless individuals, and youth. Funding challenges, staff expertise and different client populations impact the strategies that SEPs use to provide integrated health services for HIV, viral hepatitis, STDs and TB. SEPs report that most funding for testing services is based on disease-specific grants that are often short-term and include extensive reporting, into separate reporting systems. Availability of disease specific funding varied and did not always match client needs: funding for HIV testing was most widely available, viral hepatitis testing and vaccination funding was very limited and little or no funding for STD and TB services. To address the instability of funding for health services and to meet client needs, NYC SEPs have implemented different models to provide critical services for their clients ranging from a mobile van, formal linkages with nearby community health centers, patient navigation services and co-location with a federally funded community health center. Conclusions: SEPs are often the only source of medical care for injection drug users and integrated funding streams are critical to ensure that clients receive needed services. Organizations working with populations at risk for HIV, viral hepatitis, STDs and TB can learn from NYC SEPs’ experiences and gain valuable strategies to provide services for clients, even with funding challenges. At the same time, efforts to improve the availability of integrated funding streams are needed to ensure uninterrupted services for HIV, STDs, viral hepatitis and TB.

Jennifer Fuld is the PCSI Coordinator in the Division of Disease Control for the New York City Department of Health and Mental Hygiene. PCSI, Program Collaboration and Service Integration, is a CDC initiative to integrate tuberculosis (TB), viral hepatitis, sexually transmitted diseases (STDs), and HIV activities, both within local government systems and services to the public.

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How to be Successful in Multi-Agency Collaboration

Project Metamorphosis in Portland, Oregon, is an innovative program that has addressed Addiction and Mental Health of homeless youth for over 10 years. Project Metamorphosis has been very successful in engaging street youth, collaborating with Portland’s Homeless Youth Continuum, and employing young adults as Recovery Transition Advocates (Peer Mentors). Our presentation would be an overview of our Project, what has worked, as well as the barriers and pitfalls we have faced. We have had many inquiries about Project Metamorphosis from around the country. We believe our presentation would benefit many agencies who are moving in the direction of agency collaboration and youth involvement.
Patti Davis, CADCII, has more than 20 years of experience working with youth and adolescents. She has worked with the Homeless Youth Continuum in Portland, Oregon since 2001. Her current program, Project Metamorphosis, is an innovative collaborative project that brings chemical dependency and mental health services to street-entrenched youth. She is the current chair for Mt. Hood Community College advisory board, and sits on the Steering Committee for Commercially Sexually Exploited Children.

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Deportación y drogas inyectables en frontera

Tijuana es la frontera con mayor tránsito a nivel mundial y principal puerto de deportación de Estados Unidos (EEUU) a México. El Departamento-de-Seguridad de EEUU reportó para 2010 354,982 deportaciones; el Instituto-Nacional-de-Migración de México reportó 405,455 deportaciones en 2011 y entre Enero-Febrero de 2012 se reportaron 1,000 deportaciones diarias. Alrededor del 50% de los deportados se quedan viviendo en zonas marginales de Tijuana, compartiendo condiciones de vulnerabilidad con usuarios de drogas inyectadas (UDI). Encuestas realizadas entre 2005-2007 con UDI en Tijuana encontraron que entre 30 y 40% de la muestra eran personas deportadas con menos de un año viviendo en Tijuana. Los datos demuestran que UDIS migrantes tienen 2.55 veces mayor probabilidad de vivir con VIH que aquellos nacidos en Tijuana [p=0.02]. Los usuarios con menor tiempo viviendo en Tijuana, tienen dos veces mayor probabilidad de haber compartido jeringas en comparación con aquellos con mayor tiempo viviendo en la ciudad [p=0.00]. Se encuentra prevalencia de VIH de 4% y de Hepatitis-C (VHC) de arriba del 95%. El uso de drogas inyectadas, el aumento de VIH y VHC son problemas de salud pública binacional dada la porosidad de la frontera México-Estados Unidos. La criminalización de población migrante y la deportación unilateral son factores que contribuyen al aumento de condiciones de riesgo y vulnerabilidad en Tijuana, siendo urgente diseñar intervenciones de reducción de daños y una estrategia de deportación coordinada entre México y EEUU, involucrando a los ministerios de salud pública para prevenir la expansión del VIH y VHC en la frontera.

Secretary of the Mexican Harm Reduction Network, work at Ser, A.C a local CBO has Harm Reduction coordinator, also coordinating interviewers in a research with Female Sex Workers. Certificated in Drug Addiction and related harms in 2012, Graduated in 2011 as Clinic Psychologist, have worked in HIV prevention programs with young male deprived of liberty, and also applying rapid HIV test. In 2010 collaborate in a research about the consistent condom use among young population.

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Outreach Off of the Grid: Creative Engagement Strategies using Harm Reduction Models

Can we find and connect with people who are deliberately hiding from the institutions that alienate and stigmatize them? Once we find them, how do we identify and assess individuals with high needs and link them to support services? Using a non-judgmental client-centered approach, our outreach team includes a nurse and case managers who slowly build trust and rapport in extremely marginalized communities. In order to really meet people where they are, we have workers who specialize in reaching out to different groups, including IDUs, people with HIV/AIDS, Spanish speaking adults, Native Americans, and Veterans. We rely on staff expertise as well as relationships within the street community to help us identify and build trust with isolated, apprehensive individuals. Once connected, our extensive community collaborations allow us to find the best possible fit to bring support to people with extremely complicated lives. Our model addresses staff safety and support to sustain the work in spite of the challenges encountered around an active drug using lifestyle.

Creating an Effective Work Environment: Harm Reduction and Staff Resiliency

To be discussed is how our program addresses the risks/impact on us as caregivers for individuals who have long histories of addiction, trauma and marginalization. We are intentional about fostering an organizational culture that draws on each team member’s perspectives and strengths and have high staff retention and satisfaction. Even so, the work can be difficult...
and stressful. In order to provide the best client-centered services possible, we need to ensure ongoing staff support and space for dialogue about the impact of working with people who are suffering. We will talk about organizational vitality and congruence between our philosophy, values and mission in regard to serving clients and supporting staff.

Chloe Gale is Co-Director and co-founder of the REACH Program at Evergreen Treatment Services in Seattle, WA. REACH has provided street outreach and client-centered intensive case management to homeless addicted adults since 1996. In addition Chloe has worked with homeless youth, gang-involved youth, prevention programs, and mentally ill homeless adults. Chloe received her MSW from the University of Washington in 1995.

Kelley Craig is also the Co-Director and co-founder of the REACH Program at Evergreen Treatment Services. Kelley has worked in the addiction treatment field for almost 30 years and will receive her Masters in Non Profit Management from Seattle University in June, 2012.

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**Harm Reduction and the Transcultural Perspective**

The Transcultural Perspective provides a framework for addressing diversity. It was originally created by professors from the social work department at San Jose State University to meet the cultural competence requirement of the Council of Social Work Education. The perspective is composed of five interrelated concepts: 1) culture (recognizing the importance of culture at all levels of practice); 2) understanding dynamics of power, privilege, and oppression; 3) positionality and self-reflexivity; 4) respectful partnership; and 5) cultural competence (applying principles into culturally responsive practice). This workshop will introduce the perspective and provide some practical examples of its application. As harm reductionists, we are constantly seeking to enhance awareness around meeting our clients where they are. The Transcultural Perspective is a tool that is closely aligned with the philosophy of harm reduction and offers the versatility to be utilized by any practitioner in any discipline and at any level (micro, mezzo or macro) to improve quality of life for clients whether through direct service, administration, policy, or research.

Kelly Gallaugher has been involved in the harm reduction movement for over 10 years providing HIV and harm reduction education, counseling, and case management services to prisoners/parolees, LGBT, chronically homeless or marginally housed, active substance using, HIV+, and acute mental health populations. Kelly is currently a social work graduate student at San Jose State University.

**Soma Sen,** PhD.

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**Using The Body as a Form of Relapse Prevention**

Feel good now/hurt later is the hallmark of the addiction process...[Gorski 1989]. Most addicts have not learned that emotions are part of the charge/discharge cycle designed to balance hormones, blood pressure, fluid levels in tissues and bring the body back to a state of “streaming pleasure” and pulsation typically in 22 minutes...[Boyesen 1969, Boadella 1987, Young Andrade 1992]. There is a similar lack of understanding of the body’s natural restorative laws for coping with the agitation and immobilizing association with trauma and post-traumatic stress [Levine 1997].
Jacki Gethner (LMT, CADC1) is a renowned international health advocate, activist and educator. In 1987, she launched her practice Regenerative Therapies and she possesses over 25 years of experience in massage and bodywork. Jacki has a specialty in the field of HIV/AIDS where she has worked in collaboration with many civic and government agencies, health educators, faith-based organizations and pharmaceutical companies. Jacki is recognized as a pioneer and seasoned healer in prevention and self-care of AIDS patients and vulnerable communities through the use of integrative therapies. In 2009 she was the only individual recipient of the Kaiser Permanente National Diversity Award for her work in HIV/AIDS. She utilized that money to create Women Of A Certain Age or WOACA. She was awarded the Bank of America’s Neighborhood Excellence Award this last November. Most recently she was awarded the Multnomah County Public Health Community Leadership Award in April. She has been featured in Poz Magazine, Huffington Posts’ Greatest Person of the Day, the Lund Report and in other publications. For more information on Regenerative Therapies and WOACA (a 501c3) please see her site: www.jackigethner.com.

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Increasing Access to Naloxone in British Columbia

Background: Opioid overdose is a public health issue in British Columbia (BC). While BC has the first officially sanctioned supervised injection site in North America and is the first jurisdiction in Canada to recognize addiction as a chronic illness, current opioid overdose prevention initiatives are limited to diversion prevention efforts and altering pharmaceutical composition to prevent “abuse”. BC has not embraced the lifesaving potential of naloxone to the same extent as the US; current naloxone access in BC is restricted to health care providers in primary and acute care, and ambulance services. Results: Feedback from six major naloxone programs in the US emphasized the need to address prescribed and illicit opioids. All stakeholders engaged were highly supportive of a program. Current initiatives being mobilized include: increasing community capacity to administer naloxone, developing emergency room discharge plans to incorporate naloxone provision for patients treated for overdose, the development of a provincial Decision Support Tool for nurses and the feasibility of adding naloxone to the PharmaCare formulary, which provides assistance based on income, to reduce monetary barriers. Challenges of naloxone distribution in BC include: 1) naloxone must be prescribed by a physician to an individual patient, (there are no standing orders in BC) 2) the sole naloxone manufacturer in Canada has reduced production; distribution is by allocation only. Discussion: Comprehensive prevention of morbidity and mortality among people who use drugs includes naloxone and other wrap-around harm reduction initiatives.Engaging with multiple stakeholders has been key to ensure multi-level support. This project is timely as one prescription opioid medication is no longer available in BC, and changing to other opioids may have additional overdose risks.

Erin Gibson has worked in community as an outreach worker for over 12 years. More recently she has taken a new position at the BC Centre for Disease Control in British Columbia, Canada to develop an Overdose Plan for the province, including increasing access to naloxone. Furthermore, she is completing her Master in public policy at the University of Victoria.

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Drugs Are Disgusting: Moral Decision Making and Attitudes toward Drug Use and Harm Reduction

Disapproval of harm reduction may stem from a visceral sense of disgust that drug use violates the purity of the body [MacCoun, 1998]. Graham and colleagues [2009] have demonstrated that conservatives, in particular, place more value on issues of purity, authority, and ingroup loyalty when making moral decisions. Thus, harm reduction may challenge conservatives’ ingrained notions of morality. We tested these hypothesized connections in a sample of 263 college students, examining the correlations among measures of attitudes toward drug/alcohol use and harm reduction with measures of (a) sensitivity to disgust; (b) relevance of purity, authority, and ingroup loyalty issues to moral judgments; and (c) political conservatism. The hypotheses were supported. The more participants disapproved of drug/alcohol use and harm reduction, the more easily
disgusted they were, the more importance they attached to purity, authority, and ingroup loyalty in making moral decisions, and the more conservative they were. Our findings suggest that harm reduction advocates may need to directly address the purity, authority, and ingroup concerns of opponents, perhaps by framing harm reduction as a way to achieve good health, order, and happiness in our communities.

**Underage Drinking, Respect for the Law, and Fitting In: Were the Prophets of Prohibition Right?**

A common fear during Prohibition was that the widespread disregard for its laws would undermine respect for all law (Levine & Reinarman, 2006). Historians have also noted that law breaking in Prohibition transitioned from marginalized to mainstream behavior as the unpopular laws persisted (Okrent, 2011). We tested these observations in a contemporary context by examining the connection between the frequently violated laws against drinking under age 21, overall respect for the law, and cultural integration (feelings of fitting in). Midwestern college students [N=162] under age 21 anonymously reported the frequency of their drinking and completed a 16-item questionnaire measuring respect for the law and the Cultural Estrangement Inventory (Coazzarelli & Karafa, 1998). Drinking was common in the sample (83% lifetime and 50% past month prevalence) but was not significantly associated with respect for the law (r = -.14). However, higher drinking frequency was significantly correlated with higher cultural integration (r = .31, p<.001). Thus, frequent underage drinking did not undermine respect for the law in general but was associated with a stronger sense of fitting in to mainstream American society. Given this unintended consequence, perhaps it is time to reexamine drinking age laws.

Perilou Goddard, Ph.D. (presenter), has been a professor of psychology at Northern Kentucky University since 1989. Her training is in clinical psychology, with research and teaching specialties in drug policy. She has taught drug policy courses in the U.S., England, and Norway, and has given drug policy presentations in six countries.

Hope Dischar will earn her Bachelor of Science degree in psychology from Northern Kentucky University in December 2012. This presentation represents research she conducted for her Honors in Psychology project under the direction of Perilou Goddard.

Kathleen Fuegen, Ph.D., is Associate Professor of psychology at Northern Kentucky University. She received her doctorate in social psychology from the University of Kansas in 2002. Her research interests are in the areas of judgment and decision making, attitude change, and occupational health. With Goddard, she has mentored students interested in studying attitudes toward drug policy and drug users.

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**El Grupo’s reflection of Harm Reduction**

El Grupo is a harm reduction support group located in the Mission Neighborhood Resource Center (MNRC) in the Mission District of San Francisco. MNRC serves homeless/marginally housed adults and is largely composed of Latinos’ from across Latin America. In Latino culture a dominant form of substance use treatment has been abstinence, largely through Alcoholic Anonymous groups. This presentation will reflect how/what harm reduction means to participants. The group meets once a week at the MNRC and consists of 8-12 participants. It is an open drop-in group that has been running for approximately 8 years. Some of the participants have been together since the establishment of the group, giving the group a sense of family and loyalty. We have seen members of this group get support with medical issues, begin therapy, be granted asylum and visas, as a result of their engagement with this group.

Eveline has been working health and human services field for the past 8 years throughout Central/ Northern California and presently in San Francisco. She has worked as Case Manager/Crisis Intervention Specialist for homeless youth, low-income, vulnerable adults and families through resource centers and in the county jail of Sacramento.
A Harm Reduction Model for Addressing Community Interventions and Emergencies through Syringe Access Sites

The goals of Syringe Access Services at the San Francisco AIDS Foundation are broader than HIV, giving people Syringes, and basic supplies. We want to address the human interactions and interventions that are done that can often only be done through our sites. We are using two examples of how we work with the community to face immediate, important, and unaddressed challenges that our clients face.

The first intervention we’re looking at is HCV based. Beyond HCV testing (but also including the challenges of just that) we are doing Hep C support groups in Needle Exchange and street oriented settings. The folks coming to these groups are not necessarily interested in getting treatment or even testing yet but by making them aware that the neighborhood is full of HCV+ and co-infected people; we need to start looking at it. One thing that has come up is that Hep C progresses much more slowly than HIV does and is largely ignored as a threat. It’s not “in your face.” We want to get info, awareness and harm reduction rolling from client to client. We want to share Harm Reduction techniques of doing this.

Because we treat our clients as valued customers they do trust us and depend on us for important Info and services in many areas. That being said, we will also be looking at overdose prevention and education especially in the wake of an alarming and ongoing nationwide spike of Opiate overdoses and overdose fatalities. Using Syringe Access Services sites and resources is of utmost importance in this struggle and can be one of and possibly the most effective deterrent.

Pauli Gray has been doing Harm Reduction work in many arenas for 15 years. Harm Reduction, Drug Use, Needle Exchange, HIV and HCV trainings and work have taken him from San Francisco to the Ukraine and Africa. He is also an HIV Test Counselor, site supervisor, and a treatment access Counselor for the SFAF Syringe Access Services as well as working for the DOPE Project at HRC for almost eight years and has done trainings at HRTC

Adam Spangler has been working with SFAF Syringe Access Services for three years as a Site volunteer and now Site Supervisor. He deals with sites, logistics and also does HIV Test Counseling. He is dedicated to Harm Reduction as a Model and a Cause

Down and Dirty Data Workshop

Many harm reduction agencies have extremely limited resources to document their work or the people they work with. This beginner’s workshop will cover the nuts and bolts basics of how to collect data on harm reduction services that can be useful in advocacy or fundraising. The first section of the workshop will cover how to collect and record the most basic information on services and program participants that funders usually require. Questions covered will include: How do I get started? What kind of forms do I need? Do I want to put all the information into an electronic format? The second part of the workshop will cover the basic of how to expand data collection beyond the basic requirements that funders ordinarily seek. Attendees will examine a series of advocacy and epidemiology needs that are currently unaddressed, and will participate in developing a simple data tool to capture the information. Questions covered will include: What participant needs are ignored by the current services/advocacy system? What are some basic approaches to collecting this information? How can I collect this information in a low threshold harm reduction setting?

Donald Grove has worked with syringe exchange data in New York City since 1995, when the database used by the Lower East Side Needle Exchange broke down and he had to figure out how to make it work again. Since that time he has participated in local, State and national syringe exchange evaluation efforts. From 1998 until 2006, he managed data for the Harm Reduction Coalition. Since 2006, as a consultant he has provided technical assistance to harm reduction programs on data and evaluation.
Tá Ligado: Crackland in Rio de Janeiro

This abstract refers to the pilot project entitled “Tá Ligado” accomplished in 2010-11 in State of Rio de Janeiro, Brazil, led by NGO Psicotropicus – Brazilian Drug Policy Center. A partnership with state institutions concerned with social and health vulnerabilities related to illegal drugs and alcohol use, it was financed by UNODC/Ministry of Health. Activities took place in three municipalities of State of Rio de Janeiro, where a local agent, a harm reduction professional and the project coordinator assisted drug users. Field activities consisted in evaluating living conditions of users, referral to local health and social assistance services - whose professionals had previously undergone a week training course - and distribution of harm reduction material: pipes for smoking crack, balm lipsticks, condoms, and chocolate milk. Questionnaires were voluntarily filled by users to collect related data. We intend to present main obstacles, adjustments, advancements and challenges faced during the development of the project, considering similarities and differences in the dynamics of each municipality.

The presentation intends to show data related to the number of users accessed and registered; quantity of supplies distributed; referrals to local public services; users in these services; and users’ profile, including age, educational level, labor status, and habits such as use of condoms, sharing needles, straws or crack pipes, and frequency of use, as well as testing for HIV and hepatitis, hepatitis vaccination, and alcohol and drugs’ specialized treatment.

Paulo is the Founder and director of nine y.o. non-profit Psicotropicus, Guanabara has studied Social Sciences, Music and is a licensed Psychologist, lato sensu post-graduated in Short Term Psychotherapy. He is also a founder member of International Network of People who Use Drugs and board member of Brazilian Harm Reduction Network. Project “Tá Ligado” was the first time Psicotropicus worked together with the Ministry of Health, providing assistance mostly to poor, vulnerable crack users in Rio.

Current State of US Syringe Exchange Programs

Syringe exchange programs (SEPs) began in the US in the late 1980s and there are presently approximately 194 active SEPs. Since the late 1980s, HIV incidence among persons who inject drugs declined by 80%. A survey of US SEPs participating in the North American Syringe Exchange Network (NASEN) was conducted in Spring, 2011 requesting information on 2010 program operations. A survey soliciting information on 2011 operations went out in late April 2012. Data on 2010 and 2011 will be included. 149 of 194 programs provided 2010 data. SEPs were active in 119 cities in 33 states and in Washington, DC and Puerto Rico. 35.5 million syringes were exchanged, and reported budgets totaled $21.6 million, of which $17.6 million (82%) came from local and state governments. SEPs provided many other services including providing: male condoms (98%), HIV testing (90%), HCV testing (69%), STD screening (43%), naloxone (44%), and referrals to substance abuse treatment (81%).

The ban on federal funding for syringe exchange was recently reinstated and programs may be facing severe budget cuts due to fiscal problems among state and local governments. However, through the end of 2010 programs have been able to maintain syringe distribution despite fiscal difficulties.

Authors: Don C. Des Jarlais, Vivian Guardino, Ann Nugent, Dave Purchase

XXX Threat (HIV, IV Use, Sex Work)

Power point presentation discussing about Living with HIV, Importance of HIV Testing, What is HIV/AIDS, Myths and Facts of
HIV/AIDS, Life after Positive Diagnosis, Safe Sex, Risk Reduction to Lower the Transmission or Contracting Rate of Infection. HIV Statistic Rate in MSM (Men that have Sex with Men), Women, IV Drug Use, How to Reduce the Risk of HIV HepC while Injecting Drugs, Importance of Needle Exchange Programs, What is Philadelphia FIGHT (Programs) Resource Guide, AIDS Library, AIDS Education Month.

Philadelphia FIGHT Service’s and Being Positive

State-of-the-art, Client-Centered Treatment- The Jonathan Lax Treatment Center practices primary-care HIV medicine in a “one-stop shop.” If you have HIV, our mission is to serve you for life, regardless of insurance or ability to pay. Philadelphia FIGHT (FIGHT) is a comprehensive AIDS service organization providing primary care, consumer education, advocacy and research on potential treatments and vaccines. FIGHT was formed as a partnership of individuals living with HIV/AIDS and clinicians, who joined together to improve the lives of people living with the disease. Project TEACH (Treatment Education Activists Combating HIV) is an innovative health education program which trains people living with HIV/AIDS to act as peer educators, activists and advocates in the under-served communities hardest hit by the AIDS pandemic—low-income communities. TEACH focuses not only on prevention but treatment education, outreach and advocacy. Peer Education and support groups.

Nancy Gunnarson is a HIV Positive Women that works for Philadelphia FIGHT as a Tester and Counselor an outreach Former Heroin Addict an Methadone and clean for 8yrs. A Graduate of Project TEACH and TEACH Outside, Peer Educator, Graduate of AmeriCorps, Member of the Positive Women’s Network, ACT-UP Philly member, Advocate for the Homeless, Advocate for Philadelphia Needle Exchange Program, making a Difference in the Community.

Co Presenter Roy Hayes

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Media Activism for Harm Reduction Workshop

Journalism is a powerful tool in the quest for human rights and social justice for some of the most vulnerable populations. There is an authenticity and persuasiveness in seeing people and hearing or reading their direct words, or first-person testimony, that cannot be matched. The North Carolina Harm Reduction Coalition has used media to tell the stories of drug users, sex workers, law enforcement, and people of transgender experience, immigrant farm workers and more. Learn how you can use video, photography and written articles to educate about and advocate for harm reduction issues and further your mission, how to find subjects and get them participate, how to conduct a successful interview, and how to do everything on a budget.

Hadley Gustafson believes that journalism is a powerful tool in the quest for human rights and social justice. In addition to being videographer for the North Carolina Harm Reduction Coalition, Hadley is also currently a volunteer for the Duke Center for Documentary Studies. Hadley graduated from the University of North Carolina at Chapel Hill School of Journalism and Mass Communication with an MA in multimedia journalism (documentary storytelling and motion graphics) in December 2011.

Robert Childs, MPH, has served as NCHRC’s Executive Director since 2009 and was just named one of five people who made a difference in HIV in the USA in 2011 by thebody.com. In addition to performing executive functions, he is involved in all program activities including service delivery, program design, innovation and evaluation, resource development and organizing.

Tessie Castillo serves as NCHRC’s Harm Reduction Coordinator. Tessie runs NCHRC’s outreach (incarcerated, drug user, sex worker and migrant laborer), education and advocacy programs and is NCHRC lead reporter for NCHRC media pieces.
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International Drug Policy 101

Heather Haase is an attorney and an advocate for harm reduction and drug law reform at the international level. In the last few years she has traveled to Budapest to study the international drug control treaties, and has partnered with Harm Reduction Coalition to advocate for overdose prevention and other harm reduction measures at the annual sessions of the UN Commission on Narcotic Drugs in Vienna. She currently serves as Chair of the New York City Bar Association Committee on Drugs & the Law, and authors the blog FullCircle US, a light-hearted look at the UN and the international drug control system. When she is not making fun of the UN, she practices law at the New York office of Carlton Fields.

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Ring the Alarm, We Have a Fire to Put Out!: Using a Harm Reduction Approach to enhance Protective Factors Among Black MSM

Historically, HIV prevention has been operating from a risk based perspective. This risk based perspective zooms in on the deficits of individuals which can keep them in the pre-contemplation and not willing to overcome barriers to changing behaviors. A strength based approach enhances the protective factors of individual, therefore, allowing them to be transparent around traumatic experiences and using that as a fuel in moving them from pre-contemplation to contemplation. Incorporating strength based practices to deflect trauma can be a viable support for service providers who are implementing evidence based interventions to Black MSM. Overall this workshop focuses on addressing social and structural determinants while balancing risk based HIV prevention work with their strength based counterparts.

Aunsha Hall is a capacity building specialist with Latino Commission on AIDS. Prior to that, Aunsha served as Manager of LGBT Services at North Jersey Community Research Initiative, one of New Jersey’s largest comprehensive AIDS service organizations, based out of Newark, NJ. Hall has been working in the non-profit for the past 10 years, primarily with those most at risk for HIV/AIDS as well as with other populations that experience social and economic hardships. Currently Hall working on is Masters in Leadership and Public Administration at Centenary College in Hackettstown, NJ, and is a proud graduate of the University of Kentucky where he received is B.S. in Family Studies.

Dorinda Coleman is a Substance Abuse Prevention Coordinator with North Jersey Community Research Initiative. Dorinda has dedicated her work to integrating HIV and substance abuse programming for various populations, while introducing a mental health component to that integration. A native of Newark, NJ, Dorinda has been an advocate to insure the social equality of minority populations and those that have been marginalized along the way. Ms. Coleman is a graduate of Kean University located in Union, NJ, where she received her B.S. in Psychology. Dorinda is also a certified alcohol and drug counselor with Straight and Arrow located in Paterson, NJ.

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The Need for HIV Care Linkage through Syringe Exchange

Syringe exchange programs (SEPs) are cost-effective and evidence-based interventions that reduce HIV and Hepatitis virus
transmission, and can serve as a bridge to medical care. The current study aims to examine the prevalence of HIV and entry into care among clients of the Baltimore City Health Department (BCHD) run SEP. Methods: During 2011, there were 1,251 IDUs who had visited SEP at least once. As the only confidential SEP in the U.S., it was possible to obtain HIV testing and care data for SEP clients from BCHD’s internal databases. Recent HIV testing and HIV care were defined as having been tested or visiting an HIV care provider at least once within the past year. SEP clients were primarily male (65.8%) and Black (59.2%) with an average age of 43.2 years. The overall HIV prevalence for clients was 12.2% (n=153) and only 27.5% of them have received HIV care in the past 12 months. 72.5% need to be referred to Ryan White for additional follow-up and re-linkage to care. Based on these findings, BCHD SEP is developing a specific strategy for a better HIV care linkage process to increase access and improve continuity of HIV care among IDUs.

Jennifer Han, has been trained in infectious disease epidemiology from Johns Hopkins School of Public Health. She is a Public Health Prevention Service (PHPS) fellow from the Centers of Disease Control (CDC) and has been assigned to the Baltimore City Health Department’s Needle Exchange Program. She has been working in the HIV/AIDS field since 2002 in various capacities including research assistant, HIV test counselor, and HIV case manager.

Hansen, Kiera & Panichelli, Meg, Independent, Portland, OR
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A Critical Discussion of a Community Needs and Resource Assessment of Sex Work in the Portland Metro Area

The needs of a community are frequently decided by those who create policies and programs without having acquired input from community members or recognizing the skills already being utilized by marginalized individuals to meet daily needs, stay healthy, and provide for family and their communities. We will discuss our experiences utilizing a harm-reduction model while soliciting community voices to create and change local programs through the use of a needs and resource assessment of sex workers and those who trade or exchange sex and/or sexual services for money, food, drugs, housing, clothes, and/or transportation in the Portland metropolitan area. We will share what we have learned about sex work in the Portland and the skills and knowledge used by communities we have worked with. We will also critically reflect on how our own identities as white, feminist, and queer, as well as our shifting roles of “ally” and “community member,” while being entrenched in academia, have an impact on this work. In addition, we will share the challenges and successes of implementing an assessment that includes sex workers of all genders and sexual orientations with the goal of reaching individuals who work in a variety of sex work venues.

Kiera identifies as a white radical queer femme. For the past 9 years, Kiera has been working with sex workers, queer communities, trans-identified folks and/or individuals experiencing houselessness in various capacities including: sexual health education, queer activism, as an IPV advocate supporting survivors of sexual and domestic violence, and syringe exchange. Kiera will be graduating with a Master in Social Work in June.

Meg is a white queer femme finishing her first year of Ph.D school. Before moving to Portland she lived in Philadelphia where she worked for six years in harm reduction with folks who used drugs and traded sex for money. She is interested in critical social work, intersectionality, anti-racist feminisms and teaching social work classes that center on feminist, queer and Anzulduan theories, sexualities, and anti-oppression

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H.E.R. Pregnancy Program

The H.E.R. (Healthy, Empowered, Resilient) Pregnancy Program For a number of reasons, there are many street-involved
pregnant women who are not accessing the holistic prenatal care that they require and deserve. Knowing this, the H.E.R. Pregnancy Program utilizes the diverse knowledge and experiences of 2.4 pregnancy support workers (all with a shared history with the women), a registered nurse and a social worker, in assisting women to connect with supports both within the program and the rest of the community. Based out of a community center needle exchange in downtown Edmonton, the team works to provide wrap around care for the client addressing both social and health issues operating within a Harm Reduction context. The program has a large outreach component, is client-driven and strength based. All team members work together, sometimes taking on unconventional roles such as kick count teaching and fetal heart rates to assist women to engage with the pregnancy. The group has found great success in their informal Wednesday afternoon drop-ins and weekly recreation events in building therapeutic relationships not only with staff but amongst participating clients. In this session we will be discussing the details of our program and how our innovative team empowers women and their babies to be safer and healthier.

Samantha Hardeman, BScN RN, joined Streetworks the same month she graduated with her BScN from Grant MacEwan College and the University of Alberta in 2010. Here she spent time providing frontline care to injection drug users and sex trade workers, and had lead their Overdose Prevention Program. Currently Samantha is the team lead of Streetworks’ H.E.R. Pregnancy Program, working in an interdisciplinary team to engage and support street-involved pregnant women in accessing prenatal care.

Addressing Disparities and Social Stigma: Health Promotion with Crack Smokers

Crack-cocaine smoking is associated with an increased risk of HIV, STIs, HCV, oral sores, burns, respiratory injuries, and infections. Together with pervasive demonization, our criminal justice and public health systems exacerbate these health risks and produce massive health disparities between even injection drug users and crack smokers. Offering crack smokers relatively paltry resources denies this already marginalized, vulnerable population any of the numerous direct or ancillary benefits of harm reduction participation. In response to the obvious need for increased engagement with, and service provision to, crack smokers, we pursue the hypothesis that material distribution to crack smokers addresses these needs and should be significantly expanded. We investigate client attitudes about harm reduction in general and notional crack pipe distribution in particular. Distributing harm reduction materials to crack smokers creates opportunities to engage and educate a high-risk, underserved population. Crack pipe distribution would augment these opportunities, further incentivize interaction with outreach workers, and by expanding the appeal of these efforts, attract more crack smokers. Offering crack pipes through syringe access programs could extend the concomitant health benefits, such as increased likelihood of entering treatment, adopting safer smoking techniques, educating peers, and addressing sexual risk behaviors, to crack smokers.

Paul and Alli work for Glide in the Tenderloin area of San Francisco - we provide Community Outreach Services - Syringe Access Services and HIV CTL. Most of our clients are from marginalized populations. Paul has worked in the Tenderloin for 12 years and Alli for 8 years. We are proud of the work the harm reduction movement has done here, there is more work to be done, and other areas of the country really need our support.
existing institutional stakeholders, considerable financial challenges, and professional cultural norms and beliefs represent immediate and significant barriers to change. The presenter will discuss results from research interviews conducted with physicians and nurses around the country who are contending with these issues in clinical care. Findings suggest opportunities for transforming care, in light of new and existing policies and practices, towards the development of a comprehensive continuum of substance use services in general health care.

Daliah Heller works on public health approaches to drug and alcohol use. Her interests include healthcare integration, social program innovations, surveillance methods, and policy and epidemiologic analysis for structural influences on drug and alcohol use. Over the past 16 years, she has served in leadership roles in both the governmental and not-for-profit sector, including 9 years as Executive Director of a leading harm reduction program, and more recently, as an Assistant Commissioner at the New York City Health Department. She is currently a Visiting Scholar at the Center for Health Media and Policy in the Hunter-Bellevue School of Nursing, City University of New York.

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Using Civil Disobedience to Establish a Public Health Norm; An overview of a transiting Model for Naloxone Distribution in CT

In 2010 the Windham Harm Reduction Coalition (WHRC), began an underground Naloxone distribution program as an act of civil disobedience to fight the emerging epidemic of opioid overdose fatalities. Since then WHRC has worked extensively in partnership with public health advocates on lobbying efforts to obtain bipartisan support for legislation to increase access to Naloxone outside of traditional medical settings.

In April 2012, The Connecticut House of Representatives passed House Bill 5063. This bill allows health care professionals to prescribe Naloxone to a broader group of individuals to prevent drug overdose.

This presentation will provide an overview of WHRC’s model for underground Naloxone distribution and the impact it has had on reducing opioid overdose deaths in Northeast Connecticut. It will also cover the programs transition to a legal model for Naloxone distribution under new legislation and WHRC’s current efforts to ensure new legislation in the state is effective in increasing access to Naloxone.

Chris Heneghan currently works as the Director of the Windham Harm Reduction Coalition in Willimantic, CT. The Mission of the Windham Harm Reduction Coalition is to empower and make a difference in the lives of commercial sex works and their partners/ families through offering comprehensive user driven harm reduction services, education and training.

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Comprehensive Health of Sex Workers in Rural Eastern Washington: Opinions of Health Care Workers in Regards to Female Meth Users and Sex Work and Sex Workers Access to Comprehensive Health Care and Harm Reduction.

Survival sex work, is very common among injection meth users and women that smoke meth and crack Therefore, this study was undertaken to determine factors associated with engaging in sex work among long-term meth addicts. Rural areas are hotspots for the use of crystal methamphetamine (‘meth’) in the United States, yet there is little ethnographic data describing meth use in these areas. This study draws upon 3 years of ethnographic work conducted. Ultimately, this research expands the discussion of the risk for meth use in rural America, as well as the processes that favor cessation of meth abuse. Methods: Data from ongoing interviews with women using meth and involved in sex work. Results: A total 53.6% of women reported engaging in sex work in at least one of the research visits. At initiation, women who were younger and had fewer
years of education were more likely to be engaged in sex work. The multivariate logistic generalized estimating equation regression analysis determined that psychological symptoms, and high illicit heroin, meth and cocaine use correlated with women’s involvement in sex work during the study period. Conclusions: Women using injection drugs and engaging in sex work represent a particularly vulnerable group showing poorer psychological health and a higher use of heroin, meth and cocaine compared to women not engaging in sex work. These factors must be taken into consideration in the planning and provision of harm reduction in order to improve outcomes with this population.

Kimberly is a 43 year old single mother of three boys eighteen, fifteen, and six. A nontraditional student, single working mother that has returned to college after a seventeen year break raising children. A recent breast cancer, ovarian cancer and vertical spreading melanoma survivor and a public health major with a specialization in nursing and a recovering addict that is passionate about harm reduction.

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Beyond the Bubble Bath: Harm Reduction & Self Care
Join an interactive discussion and workshop on utilizing harm reduction principles applied to care for self and care for others. Discuss what activities, routines, schedules and connections make us feel the most restored, inspired, creative and connected to ourselves and community. Discuss 8 principles of harm reduction as applied to self-care and walk away with a very flexible self-care plan.

Karen Hixson is a counselor, educator and student living in Portland, Oregon and can often be found about town doing those very things: counseling, teaching and learning. When she is mindful of her own self-care, she can be found hiking in the Columbia River Gorge, leisurely drinking coffee in a Southeast Portland establishment, cuddling on the couch with her sweetie or cackling endlessly with friends.

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The Female Condom as a Viable Harm Reduction Tool: The Development of the National Female Condom Coalition (NFCC)
This interactive workshop describes the development and mobilization of a national coalition to ensure prioritization of female condoms (FC) as a viable harm reduction tool in the U.S, through collaboration, training, and advocacy. The FC is the only receptive partner-initiated, physical barrier method available that protects against HIV/STIs and unintended pregnancies. The NFCC was created in response to the lack of FC awareness, acceptance, and access among communities at risk and the providers who serve them. The NFCC is a formalized collaboration among eight FC jurisdictions and approximately 50 agency partners. The engagement of FC programs and diverse stakeholders, including organizations that serve injection drug users and people in the sex trade, enabled the development of a Coalition solely dedicated to advancing FCs as a viable harm reduction method among US women, men, and trans-people. Participants of this session will receive information about the development of NFCC and its bridge to harm reduction. At the session’s end, participants will have learned about the NFCC national agenda, how they can support it, will be invited to join the Coalition, and will have had the chance to communicate their own ideas about how to support greater access to FCs in the US.

National Female Condom Survey on Awareness, Attitudes, Access and Use
The FC is the only receptive partner-initiated, physical barrier method available that protects against HIV/STIs and unintended pregnancy but lack of awareness and accessibility limits the use of the FC significantly. The National Female Condom Coalition (NFCC), comprised of advocates, community partners, program administrators, health departments, researchers,
and academics, works to increase awareness, access, and use of female of condoms through education, advocacy, and collaboration. A national survey was conducted to gather data from July – December 2011 on awareness, attitudes, access and use of FCs. The NFCC disseminated the survey via Survey Monkey through local, regional and national networks and organizations focused on harm reduction, HIV/AIDS, sexual and reproductive rights, gay men’s health, etc. The results suggest that educational efforts should focus on teaching people how to use FCs for both vaginal and anal sex, as well as the effectiveness of the FC as a harm reduction tool. The information provided will enhance education and training efforts and assist with developing strategies to improve FC availability and build community support. This survey provides the first nationwide snapshot of FC attitudes and barriers to use for vaginal and anal sex. The conference poster will highlight the survey background, methods, results and conclusions.

Hanna Hjord has over ten years of progressive public health and non-profit experience, including homeless advocacy, STD/HIV prevention, and relief work in Malawi. She has a BA degree in International Relations and French from Claremont McKenna College and an MPH with a concentration in Community Health Education from San Jose State University. She is responsible for coordinating San Francisco’s Female Condom (FC2) Campaign and multiple clinical research studies with DPH-STD Prevention & Control.

Hobbs, Heather, AIDS Vancouver Island & Allies of Drug War Survivors, Victoria, British Columbia
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Community Grassroots Organizing for Health Services in Victoria, BC, Canada

On May 31, 2008, one of Canada’s oldest needle exchange services was shut down in Victoria, BC. The local health authority’s own service plan attests to the need for “comprehensive needle exchange” including testing, counseling, and other health services and social supports offered together at accessible locations, yet not a single fixed location currently exists. Inflammatory media coverage of Victoria’s “drug problem” played a significant role in bolstering “not-in-my-backyard” sentiments, as has heavy-handed policing of poverty, and lack of coordinated institutional action. Services have been scaled back in the face of multiple recommendations over the course of a decade to enhance local harm reduction initiatives, including the provision of supervised consumption services. In the face of community opposition and absence of political will, grassroots organizing in support of health services for people who use(d) drugs has been persistent from allied organizations, Allies of Drug War Survivors and the Society of Living Illicit Drug Users (SOLID)

Radical Accompaniment

“Radical Accompaniment” (R.A.) is a process of creating solidarity among people who are seeking social justice. While the term “ally” resonates as a hollow pronouncement of solidarity, it is our belief that solidarity is a fluid and negotiated space rather than a state one achieves. R.A. is both a statement and a reaction to helping professionals missing opportunities to answer the calls for social justice among those that they “serve.” We believe it is incumbent upon those working with “marginalized” people to seek justice in a collaborative and committed manner. The essence of R.A. is a process of “walking with”, of learning to identify individual and community knowledge and strengths as we work together to challenge institutional and systemic oppression.

Heather Hobbs’ paid and unpaid work over the last 8 years in Victoria, BC, has focused around health and social issues related to illicit drug use, poverty and stigma. She has a bunch of letters behind her name but knows that’s not what really matters in the work she does. Many of the people that have taught her the most, made her laugh the hardest, and ignited the fire in her guts have been people who use(d) illicit drugs and the community organizers who work hard to be allies. She works at AIDS Vancouver Island as the Coordinator of Harm Reduction and Outreach Services and organizes with Allies of Drug War Survivors. She occasionally wears hot pants, boas, and fishnets in the name of harm reduction.

Shane Calder has been a community organizer and activist in Victoria for nearly 20 years. Currently working at AIDS Vancouver Island, Shane works closely with Allies of Drug War Survivors to combine activism and his work with Victoria’s only fixed-site
needle exchange program that was shut down in 2008 and forced to provide mobile-only service since then. Over the years Shane has worked primarily as an anti-poverty/anti-racist organizer, and finds these experiences are front and centre in the fights against the War on Drugs. Shane received a Bachelor of Social Work from the University of Victoria, but please do not hold that against him. If there is beer involved, Shane likes long walks on the beach, candlelight dinners, and “connecting” with people. He is fond of talking loudly, embarrassing the people around him, and penis jokes.

Kim Toombs is a long-time community activist in Victoria and has worked with people who use(d) drugs for over 12 years. Kim worked at Victoria’s former fixed site needle exchange and spent 2 years in Toronto while completing a graduate degree in Adult Education & Community Development. There, she worked on peer-driven harm reduction initiatives with people who use crack. Kim currently organizes with Allies of Drug War Survivors and is on maternity leave (we have that in Canada) from her position as Program Coordinator at SOLID. When she’s not agitating in the community, wearing various get-ups that often include sexy cop uniforms and spandex, she answers to her new bosses, baby boy Wren, and his big brother, Ash.

Jill Cater is a Board Member with the Society of Living Illicit Drug Users (SOLID) in Victoria, BC. At SOLID she provides general office support, facilitates a monthly women’s night and does peer support - both formally and informally. She is passionate about harm reduction being a way of life, advocates for it, and identifies it as saving lives. She is committed to ending the stigma faced by people who use drugs and believes that by working together we can change things in our society. She is interested in identifying the complex roles of both allies and peers to enable us to make those changes. She is also a mother, a poet, a part-time student at the University of Victoria and part of a Peers Helping Peers program at Our Place (a drop-in centre for the street community in Victoria, BC). Jill has a great sense of humour.

Katie Lacroix is an outreach shift supervisor for the Society of Living Illicit Drug Users (SOLID). She provides peer support at SOLID’s monthly women’s night and at a weekly “mind-body drop-in” at the Access Health Centre, and she provides harm reduction information to her peers as a Hep C resource in the community. Katie is an active participant in the Street College program and serves on the program’s advisory committee. She is a University 101 graduate at the University of Victoria and is currently completing University 102. She is a sought-after speaker in the community and is generous with her time, knowledge and experience in teaching about harm reduction, compassionate health care, and combating stigma and marginalization.

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Working with Adults on Probation and Parole

Working from a Harm Reduction Perspective when working with those on probation and parole presents a number of challenges for therapists and social workers. The relationship we build with clients is a central part of treatment and an excellent foundation for using motivational interviewing and other Harm Reduction Therapy techniques. However, the fact that treatment is mandated changes the dynamics and can create a barrier to establishing trust. In this presentation we will discuss the Harm Reduction practices used when working with those involved in the criminal justice system. We will introduce the blend of psychodynamic theory and cognitive behavioral therapies for reducing recidivism, improving quality of life, increasing self-esteem and supporting clients with complex trauma to navigate the system with increased success.

Harm Reduction when working with SMI populations

In this presentation I will provide both practical and evidence based practices for working effectively and meaningfully with the severely mentally ill (SMI) and homeless or previously homeless populations from a harm reduction perspective. The SMI populations served in intensive case management programs often have co-occurring substance use issues along with co-occurring medical illnesses, often HIV, Hep C, diabetes, high blood pressure and COPD. The purposes of these programs are to keep participants living in the community, reduce hospital and psychiatric facility admissions and to help them participate in meaningful activities. These clients often face barriers to increased independence as a result of struggles with substance use, victimization in the community and a tendency to be infantilized by their support services. I will share harm reduction techniques and philosophies that have been used effectively by intensive case management programs. These include harm reduction groups that focus on psycho-education and discuss substance use, stages of change and mindful
decision making. I will also talk about the risk reduction practices we teach clients in their use of drugs and participation in sexual activities, and that help reduce medical and mental health symptoms.

Cynthia Hoffman, MFT is a psychotherapist in private practice in San Francisco. She also currently works in a parole re-entry program providing clinical supervision and direct services, and is a member of the Harm Reduction Therapy Centers’ Board of Directors. She has been practicing and teaching Harm Reduction Psychotherapy for over 13 years in both private practice and agency settings.

Hopper, Allen, ACLU of Northern California, San Francisco, CA
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On Our Way to Decriminalization!
In California, a broad coalition of social justice, civil rights, and public health groups have come together behind a proposal to reduce the penalty for simple drug possession from a felony to a misdemeanor. This roundtable, with audience participation, will discuss how the effort came about, what it took to move it forward, and what is left undone.

The Truth About Coercion
This roundtable discussion, with audience participation, will discuss the evidence and the ethics around coerced treatment, elected officials’ obsession with coerced treatment and alternative policy ideas for those working to end the criminalization of drug users.

Allen Hopper is the Criminal Justice and Drug Policy (CJDP) Director at the ACLU of Northern California, where he develops and implements strategies to reform California’s criminal justice system and drug policies. Specific areas of focus include down-sizing California jails and prisons, criminal justice realignment implementation, drug law enforcement, medical marijuana implementation issues and broader marijuana law reform. Mr. Hopper published an analysis of the continued validity of state medical marijuana laws after the U.S. Supreme Court’s 2005 decision in Gonzales v. Raich, and a similar analysis of the constitutional validity of California’s 2010 marijuana legalization voter initiative, Proposition 19. He has been quoted extensively in the national news media on numerous marijuana law reform topics, including federalism, preemption, and other issues related to the intersection of federal and state drug laws. He has litigated these issues in federal and state courts, including, among other cases, defeating San Diego County’s challenge to all California medical marijuana laws as preempted by federal law and bringing a Tenth Amendment challenge to federal law enforcement practices targeting medical marijuana patients and providers working collaboratively with local government officials. Mr. Hopper also testified as a constitutional law expert in October, 2009 before the California State Assembly Public Safety Committee during its historic hearings on the legalization of marijuana. Mr. Hopper received his undergraduate degree in 1988 from New College of Florida, the independent public honors college for the state of Florida, and his law degree from the University of California, Davis, School of Law in 1992, where he was the recipient of the Martin Luther King, Jr., Award for Public Service. Before joining the ACLU, Mr. Hopper worked in private practice focusing on criminal defense, prisoners’ rights and police misconduct litigation and was also a staff attorney for the California Appellate Project in San Francisco, established by the California Supreme Court and the State Bar to oversee and provide case assistance to the lawyers appointed by the Court to represent death row defendants in their state and federal post-conviction proceedings.

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Providing Legal Services to Drug-Involved Persons
Due to The War on Drug’s criminalization of drug activity, individuals using drugs may be arrested, charged, and convicted of
a criminal drug offense. The likelihood of criminal justice involvement disproportionately increases for people of color and low-income communities. With criminal justice involvement, unfortunately, comes a hefty collateral consequence, which may include barriers to housing, employment, driver’s licenses, benefits, and other resources critical to being a citizen of our society. Given this chain of events, legal services should not be overlooked as an important service for drug-involved individuals. One example of this can be found in the pre-booking diversion pilot program, Law Enforcement Assisted Diversion (LEAD), operating in the Belltown neighborhood of Seattle, WA. LEAD allows law enforcement officers to redirect low-level offenders engaged in drug or prostitution activity to community-based services, instead of jail and prosecution. While case managers develop and implement an individual intervention plan to address the needs of each participant, they also have access to a program lawyer to address their participants’ legal needs. This built-in component of legal services has been key to LEAD, as many participants have found themselves entangled in a web of numerous legal issues, such as criminal cases, court fines, driver license suspensions, child support, child custody, debt, benefits termination and denial, and so on. This panel discusses common legal issues faced by individuals with criminal justice involvement, strategies for accessing legal resources, and obstacles to providing legal resources to this population.

Hong Tran is a staff attorney at the Defender Association’s Racial Disparity Project. Hong brings 20 years of legal experience in both criminal defense and civil legal aid to her work at the RDP. Prior to joining the RDP, Hong served as a staff attorney at The Defender Association for four years, a staff attorney and volunteer coordinator at The Unemployment Law Project between 2006-2008, a staff attorney and advocacy coordinator at the Northwest Justice Project between 1996-2006, and a staff attorney at the Spokane Legal Services from 1995-1996. Between 1993-1994, Hong was the Clifton W. Everett Fellow at the Legal Services for the Blue Ridge in Boone, North Carolina. Throughout her diverse career, Hong has represented individuals in felony and misdemeanor trials, unemployment proceedings, landlord-tenant actions, as well as public benefits, consumer law, family law, and immigration matters. Hong received her B.A. from Agnes Scott College in 1988, and her J.D. from University Utah College of Law in 1992.

Howe, Mary, Homeless Youth Alliance, SF, CA
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A Culturally Competent Approach to Working with Homeless Drug Using Youth

This presentation will provide a look at the Homeless Youth Alliance, a program founded and fully staffed by young people who have histories of homelessness. We value the experiences of our staff and the unique contributions they are able to make and share with those who walk through our doors. The youth who utilize our services also actively shape the program to suit the needs of this marginalized population by attending and participating on the hiring committee and advisory board ensuring all voices are heard. Homeless youth are as diverse as the rest of the population, though there are several subcultures and differences of lifestyle that reflect the substances they use and abuse. Often these subcultures don’t get along on the street, though at HYA they are able to peacefully interact and draw strength from each other. We at HYA constantly strive to re-enforce community bonds and facilitate connections through a variety of topic and process related drop-in groups. Our interventions range in scope and include conducting regular outreach in parks and on the street; hosting a daily drop-in where youth can eat or crash without fear; conducting educational, health, and artistic expression groups; needle exchange; and case management, medical, and mental health services. All of our services are aimed at reducing harm to the individual and larger community, while fostering a sense of building community amongst the youth and facilitating interactions with social services.

Mary is a formerly homeless youth who has dedicated her career to developing and implementing interventions that empower young people to improve their own lives and those of their peers, and to addressing the structural causes of poverty and homelessness. She brings 12 years’ experience in direct service and outreach with marginalized and underserved populations. She still works on the front lines every day and wouldn’t have it any other way.
Ingram-Diver, Betsy, Hepatitis C Association, Cloquet, MN
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Hepatitis C in 2012
Hepatitis C Virus (HCV) is considered the most common blood-borne infection in the United States. HCV is also the leading cause of liver transplantation among adults in the United States. HCV transmission occurs primarily through exposure to infected blood. Direct percutaneous exposure is the most efficient method for transmitting HCV, and injection drug use accounts for more than two-thirds of all new infections in the United States. Methadone treatment programs, needle and syringe exchange programs, and comprehensive risk-modifying educational programs have been shown to be effective in preventing HIV transmission and are likely to be useful for decreasing HCV transmission. The training begins with a pre-test, lecture and slide presentation, followed by a post-test/review and Q & A session. This training ultimately provides clinical staff basic Hepatitis Education and supportive materials, enabling them to better serve patients, especially those with Hepatitis C.

Betsy Ingram-Diver has been working with the Hepatitis C Association for several years, education patients and clinical staff. She is a faculty member at Lake Superior College in the Psychology Department.

Iqbal, Sadat, Lower East Side Harm Reduction Center, NY, NY
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Street Smart on the Lower East Side: Youth Based Programming in a Harm Reduction Setting
Syringe exchange programs have been extremely effective in curbing HIV infection rates amongst injection drug users in New York City, yet at-large, HIV infection rates are on the rise, and in particular within certain communities, such as young adults. This presentation explores the changing terrain of harm reduction in New York City, and how the Lower East Side Harm Reduction Center has adapted to this changing environment, highlighting the process of implementing a CDC intervention, Street Smart, to meet the needs of diverse communities, including young adults who are homeless, travelers, substance users, sex workers, and LGBTQ. The presentation will cover the many steps undertaken to launch this new initiative, including needs assessments, recruitment, and preparation for introducing a new population at LESHRC, the adaptation of a CDC curriculum to better fit the lived experiences of the youth we serve, and the importance of monitoring and evaluation in the initiation of this intervention and the creation of future programming. This presentation will also address how the physical and mental health of the youth we serve are impacted by social, economic and political realities faced by homeless youth in New York City, and how these needs are addressed through advocacy efforts, community organizing, and leadership development, to bridge the gaps between public health and larger struggles for social justice.

Sadat Iqbal joined Lower East Side Harm Reduction Center in 2010 as an Outreach Worker. Since 2011 Sadat has served in the role of Outreach Coordinator, overseeing the Outreach, Peer Delivered Syringe Exchange, and Youth Programs, which are part of the LESHRC’s Prevention Services Department. Sadat has a Bachelor of Arts in Diaspora Studies, values working on issues at the intersections of public health and social justice, and plans to pursue a Master of Social Work in the near future.

Janiszewski, Melissa, AIDS Foundation of Chicago, Chicago, IL
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Utilizing Volunteers to Effectively Increase Visibility
The AIDS Foundation of Chicago launched the Chicago Female Condom Campaign (CFCC) to increase awareness, access, affordability, and use of female condoms (FCs) through education, training, and advocacy. The CFCC counts over 35 diverse Illinois organizational partners committed to promoting FCs as viable prevention tools for women and men. Through har-
nessing the power and energy of community partners and AmeriCorps members, the CFCC has built a successful FC training program with 22 certified trainers that have trained more than 400 service providers from 101 organizations. This workshop will use Chicago’s experience to help participants learn how to:

- Creatively leverage human and financial resources to expand female condom education
- Lead activities that drive community engagement and increased consumer participation and interest in female condoms
- Build a statewide network of female condom advocates and trainers using a “train the trainer” approach to empower other female condom advocates and service providers to educate and engage their own communities.
- Develop and conduct on-the-ground monitoring of female condom access and availability in agencies and clinics

Melissa Janiszewski currently serves as the Public Policy Community Education Coordinator for the AIDS Foundation of Chicago, managing various programs, including the AmeriCorps Caring Counts program placing individuals in agencies who work in the HIV/AIDS sector, the Chicago Female Condom Campaign Training Corps, and the Illinois Coalition of Harm Reduction Providers, which provides funding sources and capacity building for needle exchange programs throughout Illinois.

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Police and Overdose

In 2011, the number of fatal heroin overdoses in the Portland, OR area (Multnomah County) increased 59% from 2010 (90 to 143 deaths). We surveyed clients at Portland-area syringe exchanges in December 2011 about their use of 911 in overdose situations, and subsequent police presence and response (n=498). Among participants who called 911 after witnessing an overdose (n=135), the majority (72%, n=97) reported that police responded to the call and appeared at the scene. Of those, 13% said their drugs or paraphernalia were confiscated (n=13) and 11% said someone was arrested at the scene (n=11). It is well-documented that drug users may hesitate to use emergency medical services, for fear of arrest. Among several interventions, increased and ongoing outreach to local police departments may improve 911 usages among overdose responders and consequently, overdose survival rates. How has this relationship changed since needle exchanges started in Portland, and what have we learned? Note: our survey language for these questions was borrowed from similar surveys done in Seattle, WA in 2011 as part of their evaluation of Good Samaritan legislation. Drug use and its related crime, health, and social impacts are popular topics in the media. Organizations doing harm reduction work may be called upon by journalists to describe new trends, concerns, and solutions. In some cases, media coverage may benefit the harm reduction cause and populations served and damage it in others. What are some examples of both, and what advice can we provide to organizations who receive media requests?

Haven Wheelock, Haven is the Coordinator for the IDU Health Services program at Outside In, Portland OR. She was introduced to her passion for this work while volunteering at the Positive Health Projects in NYC and plans to continue this work as she moves forward in acquiring her public health degree.

Lindsay Jenkins, Lindsay is a Research Analyst for the Multnomah County Health Department STD/HIV/Hepatitis C program in Portland, OR. She works with data related to syringe exchange, HIV prevention and care, and STD surveillance.
Building Trust: Experiences with a Community Research Project in Oakland, CA

In the African American community, research projects are not always welcomed. We all know the history of the Tuskegee study, and many African Americans today question the effects of some HIV medication on their health. These are some reasons why people in the African American community distrust research and researchers. I am currently the Project Coordinator of the Urban Health Study 2, a research project conducted in Oakland, California, that focuses on drug users with a history of criminal justice involvement. Our project seeks to recruit, interview, and provide HIV testing for 2,250 people and facilitate HIV treatment for those in need. Oakland is a city that has been the subject of many research studies, but has yet to see much improvement in the plight of its African American community. In my presentation, I will speak about how I have used my 24 years of experience working in Oakland to address the challenges of coordinating a research project in a community that distrusts research.

Tazima Jenkins Barnes has over 24 years of experience working in HIV prevention and care in Alameda County, predominantly among African Americans in Oakland. She currently works for RTI International as the Project Coordinator for the Seek, Test, Treat Study, which investigates criminal justice involvement and HIV risk among drug users. Her contributions have been recognized with numerous awards for community service, and published in the Journal of Evidence-Based Social Work in 2010.

Yoga Helps With Self Care

I would love to come teach yoga to the participants of the conference. Yoga helps with self-care and burn out prevention and I feel like it’s part of the harm reduction model in a lot of ways, meeting yourself where you’re at on a daily basis. Working on the front lines of trauma in our bodies, it is a great way to move it through and make room for the next person we are meeting where they are at.

I love Yoga! I feel like it saved my life in a way, My name is Khristine and I am the founder of Yoga Punx in San Francisco California. I’ve avidly practiced yoga for 6 years and knew right from the beginning that there was something profound for me in the practice.

Nightlife by Number: Electronic Dance Music & Drug Use in 2012

Harm reduction for “party drug” users isn’t just about raves anymore. In the nearly ten years since the RAVE Act became law, the electronic dance music scene has gone legit – and mainstream. This explosion in popularity means that not only are there more people using drugs within these contexts than ever before, but also that the range of party styles, venues and drugs themselves have diversified. Get a numbers-focused breakdown of what the contemporary dance music scene and its patterns of drug use look like, and empower your outreach efforts to this underserved population.

Stefanie Jones is event manager at the Drug Policy Alliance, where she has coordinated the last three progressively bigger International Drug Policy Reform Conferences. She received her master’s degree from the Gallatin School at New York University, where she wrote her thesis on participant attitudes toward dance and drug use in New York City’s mega clubs. Before moving to New York City she was a promoter for a weekly dance music club night in L.A. and earned her undergraduate degree from USC.
Kajimura, Trisha, Life Foundation, Honolulu, Hawaii
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Ke Ola Pono - Native Hawaiian HIV Services
The Life Foundation’s Ke Ola Pono program is a culturally-based HIV case management program for Native Hawaiians living with HIV. Native Hawaiian participants increase engagement in care and overcome barriers by learning how to incorporate cultural values and practices that complement western care.

Methods: The program has four categories of activity: 1. The Hui, a planning group of clients that generates ideas for the program. 2. Events – quarterly events for cultural activities, socializing and health and wellness information. 3. Medical Case Management – Native Hawaiian Case Managers serve clients in accordance with unwritten cultural protocols. 4. Supportive Services – referral for public benefits, housing and food assistance, transportation, dental care, financial counseling, vision care, mental health and substance abuse services. Results: In one year, 71 Native Hawaiians living with HIV received program services. Monthly Hui meetings had an average attendance of 6 members. Quarterly events were held averaging 35 attendees. 69% of program participants made good or better progress on their service plan goals. Conclusions: Engagement in care for HIV-positive Native Hawaiians can be improved by providing culturally-based services connecting Native Hawaiians with their ancestry, cultural pride and self-esteem. Lessons learned can help other organizations design and implement culturally-based care programs.

Trisha Kajimura has been the HIV Care Services Director at the Life Foundation for three years after ten years of HIV caregiving experience. Her connection to Hawaiian culture is through hula, which she has been studying since childhood. As part of her position at the Life Foundation, Trisha coordinates and does the grant writing for the Ke Ola Pono program. She recently completed an MPH degree with a capstone project on Prevention with Positives. Malulani Orton brings an educational background.

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Addressing gaps in Hepatitis C clinical management among Denver, Colorado’s injection drug users through understanding dynamics of utilization: A Formative Study
Injection drug users (IDUs) face complex problems of homelessness, unemployment, history of incarceration, discrimination, poor mental and physical health. IDUs experience physical, social and cultural barriers to quality healthcare leading to an increased likelihood of morbidity and mortality associated with Hepatitis C (HCV) and other normally manageable infections. Patient-provider mistrust is often associated with historically real or perceived discrimination further exacerbated by low health literacy and limited health communication skills. As a result, IDUs are more inclined to forego primary care health services and are less likely to establish a medical home. Few studies have captured IDU perceptions of being HCV-positive, care service experiences, and patient-provider dynamics. This study examined recent healthcare service utilization and overall attitudes towards healthcare providers among 219 IDUs residing in the Metro-Denver area. The purpose of this study was to: a) characterize the utilization of healthcare services among Denver IDUs, and b) define and elucidate attitudes and beliefs towards healthcare providers that influence care utilization. This session lends itself to translational applications in improving access to culturally sensitive care, and the how-to’s of increasing HCV treatment adherence, HCV management, or comorbidity-centered management in clinical care settings.

Ruth Kanatser has been the Harm Reduction Action Center’s (HRAC) Senior Health educator for nearly ten years. Respected as both health educator and social justice advocate, Ms. Kanatser has gained the respect of both colleagues and clients, and was the first recipient of the Josephine Roche Award. Ms. Kanatser is also proud to be titled with the role of directing Denver’s most active syringe exchanges.
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“Minding the Gap,” From Vision to Implementation: A Qualitative Study of Service Provider Understandings of Harm Reduction

Harm reduction is central to the service philosophy of California’s Full Service Partnerships (FSPs), programs that were established under California’s Mental Health Services Act to improve the delivery of health services to people with serious mental illness, often with co-occurring drug/alcohol use and homelessness. The FSPs are one example of how harm reduction is becoming part of a nation-wide vision for providing services to drug and alcohol users. While there is still work to be done to gain full acceptance of harm reduction in national policy and public discourse, even in programs where harm reduction has been adopted in principle, challenges remain in implementation. Based on an analysis of over 100 interviews with service providers at 20 FSPs selected from a statewide sample, gaps are identified between state and program level visions of harm reduction and how it is understood and practiced by program staff. We identify how service provider understandings serve as either barriers to or facilitators of effective implementation of harm reduction. We conclude with a discussion of how this research can contribute to developing a working model of harm reduction that can be replicated by service providers and community stakeholders working with similar populations.

Marian Katz, Ph.D., is a medical sociologist whose research focuses on improving the delivery of person-centered health care. She is currently an assistant researcher at the UCLA Division of General Internal Medicine and Health Services Research and a co-investigator of an AHRQ-funded study of California’s Full Service Partnerships, which are programs designed to deliver innovative, evidence-based care to people with serious mental illness, often with co-occurring substance use disorder and home.

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Transformational Chair work and Harm Reduction

The field of addiction treatment is currently undergoing a period of dramatic transformation. At the heart of these changes is an increasing recognition that: (1) people use substances for reasons; (2) these reasons need to be respected; and (3) the forces underlying drug use may need to be addressed, in part or in whole, before the patient will be willing to reduce or cease his or her use of drugs and alcohol. Integrative Harm Reduction Psychotherapy (IHRP) and Schema Mode Therapy (ST) can be integrated to create a structure that provides a sophisticated way of understanding both the drug use and the forces that underlie it. Transformational chair work provides practitioners with a simple, yet profound, therapeutic method for actualizing these clinical concepts. The proposed workshop will: (1) provide attendees with a conceptual overview that integrates IHRP and ST; and (2) provide participants with the opportunity to engage in a manual-driven, scripted role-play that is focused on using chair work and psychotherapeutic dialogues in the treatment of problematic drug and alcohol use. If time permits, the session will include a demonstration of the use of the chair work technique.

Re-Envisioning Addiction Treatment: A Six-Point Pl

Concerned about the shortcomings of mainstream addiction treatment, the Six-Point Plan was developed as a possible vision of what an effective treatment model would entail. Drawing on Harm Reduction, Harm Reduction Psychotherapy, other psychological approaches, and the work of grassroots organizations, we have developed a paradigm that includes these six components:

1. Formally and comprehensively define and treat addictions as a psychiatric/mental health disorder.
2. Give central importance to the therapeutic alliance.
3. Conceptualize and treat patients using models based on personal complexity and multiplicity of self.
4. Make contingency management a standard practice in all treatment settings.
5. Understand change and healing through the lens of identity theory.
6. Integrate formal treatment with recovery culture.

Scott Kellogg, PhD, is a Psychotherapist at the Schema Therapy Institute and a Clinical Assistant Professor in the New York University Department of Psychology. He is also the Past-President of the Division on Addictions of the New York State Psychological Association and the Co-Director of the Harm Reduction and Mental Health Project. His websites are: http://gradualismandaddiction.org and http://transformationalchairwork.com.

Kelly, Nancy, Kelly & Yamamoto Productions, Greenbrae, CA
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TRUST: Second Acts in Young Lives

Using the moving, intimate, and celebratory documentary TRUST: Second Acts in Young Lives by Nancy Kelly and Kenji Yamamoto, this participatory workshop for adults will explore the power of the arts for addressing issues such as sexual violence and related drug-related harm, and for promoting awareness and healing. Yet beyond that, the documentary offers an intimate view of many obstacles that immigrant youth have to overcome to survive and thrive within their families and in this nation. The session will be co-facilitated by Sara Kershnar from generation FIVE and will include excerpts from TRUST, which follows Marlin, a young Hondurena, a survivor of child sexual abuse, who tells her story to a neighborhood teen theater company, and the company creates an original play based on her story. TRUST follows Marlin and the young, mostly Latino actors as they transform through courage, storytelling and community. This story will serve as the jumping off point for a workshop about the power of arts for addressing sexual violence issues, the benefits and risks of collaboration between community organizations and artists, the support provided by the theater company leaders for Marlin, (the rape survivor whose private story becomes public); the young theater company members; and for the audience. Also the workshop will discuss the support provided for the audience members during screenings.

Sara Kershnar, after her father tested positive for HIV, Sara began her organizing and social justice work in the harm reduction and HIV movements. As a founding member of the Harm Reduction Coalition (HRC), Sara participated in building a movement to reduce drug-related harm through community-based programs, political advocacy and movement building. Later, Sara co-founded GenerationFIVE, an organization committed to preventing and responding to child sexual abuse.

Nancy Kelly, Veteran independent filmmaker Nancy Kelly co-founded Kelly+Yamamoto Productions and made a documentary trilogy about the transformative power of art: TRUST: Second Acts in Young Lives; SMITTEN; and DOWNSIDE UP. She and Sara Kershnar have been collaborating on the TRUST community engagement work since 2009.

Kendrick, Sandra, Clark County Public Health, Vancouver, WA
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The need for overdose prevention efforts

Over the past ten years, the number of opiate-related deaths has been on the rise in Washington (WA) State and Clark County. Most of these deaths are attributable to prescription-opiates. In 2009, the Washington State Department of Health reported an incidence rate of 7.1 and 4.7 per 100,000 deaths related to prescription-opiates, in WA and Clark County, respectively. In order to better understand these alarming rates, the Clark County Harm Reduction Center initiated a survey among Needle Exchange clients in December 2011. Clients were interviewed privately and were asked about basic demographics, drug use, overdose, knowledge of the Good Samaritan Law, and interest in Naloxone. Over the course of 3 months, 200 injection drug users participated in the survey. Most survey participants (68%) reported primarily using heroin over the past
3 months, and 62% reported using opiate pain medications before using heroin. Over half the clients reported witnessing at least one overdose in the last year, and about half of these overdose witnesses called 911. Only 35% of participants reported knowledge of the Good Samaritan Law. Participants reported experiencing an average of 2 lifetime overdoses, and most participants expressed interest in obtaining and learning to administer Naloxone. These results highlight the need for overdose prevention and potential benefits of Naloxone.

Sandi Kendrick has been a health educator with Clark County Public Health for over 30 years. Working towards ensuring health equity and reducing health disparities has been foremost in her career and continues in her current work with coordinating the syringe services program for Clark County.

Adiba Ali is an MPH student at Oregon Health Sciences University studying Epidemiology and Biostatistics. She has been volunteering with the Clark County Needle Exchange Center since July 2011.

Mothers’ grief, loss and work for change

Society most often associates the combination of illicit drugs and parenting with neglected children and inadequate parenting. This school of thought is deeply entrenched in the political ideology of the war on drugs and abstinence-based frameworks, and ignores the social, economic and cultural realities shaping parental drug use. It fails also to mention strategies parents may use to mitigate risks of drug use, as well as the longstanding fracturing of family relationships that can result from the removal of children and termination of parental rights. Our presentation will discuss learning’s from a bereavement and social action initiative by women drug users in Toronto who have lost custody of their children. The initiative brings women together to share and learn from each other’s’ stories of loss and survival, support one another, discuss coping strategies, create art, and mobilize community power to work towards transforming the child welfare system. We will also discuss the use of art as a central medium for storytelling, consciousness-raising, and advocacy. Finally, we will discuss steps taken by women to educate child welfare system representatives, health practitioners, mothers and allies about their vision for systemic change in the hope of shifting child welfare practice towards harm reduction.

Kathleen Kenny, MHSc, works with the COUNTERfit Harm Reduction Program at South Riverdale Community Health Centre, coordinating low-barrier health promotion initiatives with people who use drugs.

Amy Druker is a Social Worker and printmaker. In her current position, she works with youth and their families using Narrative Therapy. Narrative ideas are founded on the idea that the stories we tell about who we are shape our identities.

Building and Sustaining a Multidisciplinary Student Harm Reduction Coalition

Interested in bringing together students and beginning professionals who value or practice harm reduction in your community? Representatives from the Baltimore Student Harm Reduction Coalition (BSHRC)—established January 2011—will demonstrate that you, too, can start a harm reduction group at your college or university! In this presentation, members will share lessons learned in building and sustaining a multidisciplinary, grassroots coalition. Topics covered will include recruitment, event planning, and funding; a substantial portion will be dedicated to Q & A.
Jennifer Kirschner, Co-Presenter is a recently graduated from the Johns Hopkins School of Public Health with an MSPH in Health Education and Health Communication. She is a Certified Health Education Specialist (CHES) and founding member of the Baltimore Student Harm Reduction Coalition.

Alexi Pappas, Co-Presenter is a second-year medical student at the University of Maryland School of Medicine and a founding member of the Baltimore Student Harm Reduction Coalition. He also volunteers with the Baltimore City Health Department's "Staying Alive" opiate overdose prevention program and serves as a medical Spanish translator at a clinic for the homeless in Baltimore.

Ju Park, Co-Presenter is a Master of Health Science candidate at the Johns Hopkins School of Public Health interested in HIV prevention among marginalized populations. She previously worked in the areas of outreach, drug counseling and hepatitis C research in Sydney, Australia.

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Harm Reduction in Outreach Work & Engagement

Outreach work is essential for engaging with people involved in high risk behaviors. By practicing harm reduction, outreach workers remove traditional barriers to providing supportive services to this population and increase the opportunities for people to make positive changes in their lives. My experience has come from working with the homeless population in Chicago, IL. Using a harm reduction perspective has facilitated engagement with some of the most vulnerable people in our city who are disconnected from other support. Whereas some people would walk away from a person on the street who is actively using drugs, the harm reductionist sits down and meets them where they’re at. The outreach worker lays down a foundation for a trusting relationship when he tells a person that they can speak openly about their drug use or criminal background. A harm reduction provider doesn’t deny a person the ability to seek housing, employment or healthcare services because they are using drugs. By practicing harm reduction, an outreach worker is better equipped to seek out those with the greatest need and assist them with the issues that they want to address.

James Kowalsky is an outreach worker for the PATH Team at Heartland Health Outreach in Chicago, IL. He primarily works with people who are homeless and have a mental illness. He provides linkage to housing, healthcare services and benefits. He incorporates harm reduction into his work with clients engaged in behavior related to drug use, sexual activity, and interpersonal conflicts. James promotes a shift in public health policy supported by good research and compassion for drug users.

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Confronting the “War on Trafficking”: Empowerment-Based Alternatives to Anti-Prostitution Policing and Prosecution

The movement against human trafficking, especially domestic minor sex trafficking, has gained a momentum in the last several years, complete with celebrity supporters, media campaigns, and increased funding from public and private sources. But with its rigid anti-prostitution stance and focus on policing and prosecution of those deemed “pimps” and “buyers” of sex, the new coalition of social, religious, economic and national security conservative movements along with their unsuspecting mainstream or even progressive allies, are undoing decades of collaborative work that had brought together public health officials, anti-violence activists, and advocates of homeless people, youth, women, LGBT people, immigrants, and those who are in the sex trade. This workshop brings the audience up to speed on the activities of many of the organizations, funders, spokespersons, political leaders, and others that are promoting the ideologically based “War on Trafficking,” and how they are eroding the ability of our communities and institutions to take reality-based, harm reduction approaches to
addressing the needs of people who are vulnerable to violence and exploitation. The workshop then highlights some of the successful examples of grass-roots organizing efforts to counter this trend within and beyond the “anti-trafficking” frame using empowerment model.

**Embracing Negative Survivorship and Unhealthy Coping: A Harm Reduction Approach in the Movement against Domestic and Sexual Violence**

Movements against domestic and sexual violence have long challenged the society’s paternalistic and victim-blaming attitudes toward survivors of violence and abuse, but advocates and professionals working with the survivors have largely embraced the mainstream society’s relentless promotion of positive thoughts and outlook through affirmations, self-esteem exercises, and “inspirational” stories that focus on individual cognitive and behavioral transformation and achievement rather than institutional or societal changes. Negative survivorship is an approach informed by the principles of harm reduction as well as recent popular and scholarly works on embracing negative feelings, attitudes, and coping strategies in an effort to build an alternative to the compulsory optimism and hopefulness of the commercialized trauma recovery industry and to restore survivor-centeredness in the anti-violence movements. The presentation will also include an updated harm reduction principle for survivor advocacy which the presenter first published in 2001.

*Emi Koyama is a multi-issue social justice activist and writer synthesizing feminist, Asian, survivor, dyke, queer, sex worker, intersex, gender queer, and disability politics, as these factors, while not a complete descriptor of who she is, all impacted her life. She has presented workshops and keynote lectures at dozens of conferences and universities, and blogs about survivor activism, sex trade and trafficking, and other topics at [http://eminism.org/](http://eminism.org/)*

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**Using Phenergan to Get High From Methadone**

Promethazine (brand and street name is Phenergan or “phenagren”) is indicated for the treatment of allergic conditions, pre and post-operative sedation, nausea and vomiting, motion sickness, and adjunctive analgesia. In recent years, it has reportedly been used to potentiate the high from opioids. It may pose health risks when misused in combination with opioids including worsening respiratory depression (slowed breathing), increased risk of arrhythmia, and delirium. However we do not know how prevalent the use of promethazine is among opiate users. We conducted a study of promethazine use by testing urine samples among methadone maintenance clinic patients (N=334) and conducting a survey of community-based injection drug users (N=200). The prevalence of promethazine positive urine samples among the methadone maintenance patients was 26%. Among opiate injectors in the community-based survey, 17% overall and 24% among those reporting being a methadone patient reported having used promethazine in the past month. This provides compelling evidence of significant nonmedical use of promethazine among methadone patients and opiate users. Service providers, drug treatment staff, and physicians need to be made aware of the nonmedical use of promethazine. Further investigation is needed to develop specific harm reduction strategies for promethazine users.

*Alex Kral is the Director of the Urban Health Program at RTI International in San Francisco. He is an epidemiologist whose main research practice area is substance use and infectious diseases. He is also the Chair of the Board of Trustees of the Harm Reduction Coalition.*

*Brad Shapiro is Medical Director of the San Francisco Department of Public Health Opiate Treatment Outpatient Program at San Francisco General Hospital. He is an Associate Clinical Professor in the Departments of Psychiatry*
Beyond Stigma: Health Promotion with Crack Smokers

Crack-cocaine smoking is associated with an increased risk of HIV, STIs, HCV, oral sores, burns, respiratory injuries, and infections. Together with pervasive demonization, our criminal justice and public health systems exacerbate these health risks and produce massive health disparities between even injection drug users and crack smokers. Offering crack smokers relatively paltry resources denies this already marginalized, vulnerable population any of the numerous direct or ancillary benefits of harm reduction participation. In response to the obvious need for increased engagement with, and service provision to, crack smokers, we pursue the hypothesis that material distribution to crack smokers addresses these needs and should be significantly expanded. We investigate client attitudes about harm reduction in general and notional crack pipe distribution in particular. Distributing harm reduction materials to crack smokers creates opportunities to engage and educate a high-risk, underserved population. Crack pipe distribution would augment these opportunities, further incentivize interaction with outreach workers, and by expanding the appeal of these efforts, attract more crack smokers. Offering crack pipes through syringe access programs could extend the concomitant health benefits, such as increased likelihood of entering treatment, adopting safer smoking techniques, educating peers, and addressing sexual risk behaviors, to crack smokers.

Alli Kraus and Paul Harkin jointly researched and co-authored this abstract. Both authors work at Glide Health Services in San Francisco; Paul Harkin is the HIV Services Manager and Alli Kraus is the Syringe Access Coordinator. Together, they operate Glide’s Harm Reduction outreach services. The authors’ outreach experiences with crack smokers inspired this project.

Drug Law Reform

A disabled United States Air Force Veteran, Michael Krawitz served from 1981 to 1986 and was injured in an accident in Guam. Since 1999 Mr. Krawitz has been a leader in the international field of NGO drug policy work. Mr. Krawitz has done many TV, radio and print media interviews in his advocacy work including a spot on NBC network news just after the release of the landmark Institute of Medicine [IOM] medical marijuana report and another on FOX network news just after the new VA medical cannabis policy directive went into effect. Mr. Krawitz is on the board of advisers of Patients Out of Time, a leading medical cannabis patient advocacy organization offering continuing medical education credits to medical professionals and has more recently taken over the job of running all aspects of Veterans For Medical Cannabis Access.

Promoting Women’s Wellness in Syringe Exchange Program Drop-in Centers

Regularly scheduled groups at syringe exchange programs (SEP) provide excellent venues for education, discussion, linkage to care, and community building. Co-facilitated by a nurse practitioner, our SEP-based weekly women’s group allows for in-depth conversation about a wide range of health and wellness topics, in addition to direct access to on-site preventative and problem-based healthcare services. We would like to facilitate a panel with other conference attendees about experiences providing women’s services.

Nicole [Nikki] Krempasky is a board certified Nurse Practitioner in Women’s Health, and works in multiple settings providing sexual health and harm reduction services. Since February 2011, Nikki has been co-facilitating a women’s wellness initiative at
Understanding Drug Use to Inform Harm Reduction

In British Columbia (BC), understanding of high risk drug use trends are based on survey data from a limited number of BC cities. Harm reduction (HR) stakeholders from the 5 BC health authorities identified a need for core indicators on high risk drug use across BC, particularly in rural and remote regions, in order to inform regional HR activities. A survey tool on drug use was developed and piloted among HR clients at 28 HR sites across BC. The tool was designed with stakeholders, focused on drugs used in the last 7 days, and was administered by existing site staff and peers. A post-pilot interviewer survey evaluates the process for acceptability. Data is being collated and analyzed at the BC Centre for Disease Control. We will evaluate the rural-urban composition of the participating sites. 4 - 9 harm reduction sites in each health authority participated in the pilot. To date, 79% of surveys (683/860) are returned and responses entered into an Access database. Site staffs are completing a post-pilot acceptability survey. Preliminary analysis suggests differences in drug use by region. Results from the drug survey, the acceptability survey, and the rural-urban analysis will be available in June. This tool provides an indicator of drugs being used among persons actively using substances from each BC health authority, in both rural and urban settings. The provincial, regional, and rural-urban drug use information is valuable to HR stakeholders and the process is acceptable to repeat.

Margot Kuo, PT, MPH, is an epidemiologist at the BC Centre for Disease Control with the Harm Reduction team and the BC Harm Reduction Strategies and Services committee under the leadership of Dr. Jane Buxton. This work stemmed from a project to evaluate the potential for surveillance of drug trends at the existing harm reduction supply distribution sites across BC.

Smarter Sex: Anal Pleasure & Health

The HIV epidemic has narrowly focused attention on the harms of anal sex, despite the pleasure people find in practicing it. Thirty years later, workers are often hungry for solid information about anal sex that isn’t limited by a narrow focus on HIV prevention: how and why people are having anal sex, and ways they can lessen associated harms if they are not using condoms. This training aims to nourish workers who are interested in questions about anal health, by building comfort and confidence in exploring some of the pleasures, harms and harm reduction strategies associated with anal sex. By the end of the training, participants will understand how hidden values shape information about anal pleasure and health; be able to describe basic anal physiology with a focus on pleasure; and identify resources to further their education. Depending on the amount of time, we may dip into the Smarter Sex 201: We will delve into ways to communicate about anal sex with consumers of services, primarily rooted in the skills of motivational interviewing. Consider bringing your own cases to the training, so that we can collectively help one another discover best practices. By the end of the training, participants will deepen their understanding of how values shape the ways we relate to clients; will be able to verbally communicate basic anal physiology with a focus on both pleasure and harm; will practice using simple client-centered tools to communicate about anal health with a sexually diverse population of clients who are not ready, willing or able to use condoms; and will identify resources to further their education.

Autonomy as a predictor of natural recovery

Objective: Only 14.6% of people who meet lifetime criteria for an alcohol use disorder (AUD) have ever received treatment of any kind, whether formal treatment (like detoxification) or informal intervention (like Alcoholics Anonymous). In addition,
about 25% of people remit from AUD on their own, without treatment. The rarity of treatment and the prevalence of natural recovery suggest that the general population of people with AUDs may remit without treatment more often than they do with treatment. Yet alcohol treatment can be effective and if offered in a way that addressed people’s reasons for not seeking help might abbreviate the average 8-10 year lag between onset of symptoms and treatment contact. Methods: Using data from the National Epidemiologic Survey of Alcohol and Related Conditions (NESARC), we conducted exploratory factor analyses to construct a measure of respondent concern about protecting self-determination to choose when, how, and whether to change problematic alcohol use. This measure, called ‘autonomy,’ derives from self-reported reasons for not seeking help among people with a current AUD. We then tested whether autonomy is positively associated with natural recovery or type of treatment utilization within a three year follow up. Results: We found a positive relationship between autonomy and natural recovery (OR=3.3, 95% CI 2.8-4.0), and between autonomy and the likelihood of participating in formal treatment rather than informal intervention (formal vs. informal OR=1.5, 95% CI 0.1-35.8). Conclusion: Our results suggest that autonomy is an important predictor of natural recovery and possibly of treatment utilization among people with AUD who have previously expressed reluctance to seeking help. Our findings are exploratory, but may open avenues to future research, in the hope of making treatment more responsive to the population it aims to serve.

Bryan Kutner has worked in public health for the past 15 years, mostly with underserved populations. He consults with NGOs to develop harm reduction training and education materials related to organizational development, mental health, supportive housing, reproductive and sexual health, and HIV/AIDS. He recently finished an MPH in Epidemiology and is now a PhD candidate at University of Washington. He lives in New York City and Seattle.

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“Making a dollar outta fifteen cents, a dime and a nickel.”
How the economic down turn rallied a community in the support of an unlikely program, how we got their support and why we are still here. We will explore the journey of one syringe exchange program, from a function of government, to a valued member of the community. During this workshop we will talk about: how our program learned to access resources, created unlikely alliances, and promoted discussions of policy in our community in support of syringe exchange, treatment access, and harm reduction. Participants will get a chance to learn how to access these resources in their own community, explore the possibility of creating their own community education tools, and share strategies they are now using at a time of high risk for future funding.

Malika Lamont is an Education and Outreach Specialist with the Thurston County Public Health and Social Services department in Olympia, WA. She has spent the last six years coordinating their syringe exchange program, is a member of her state level HIV prevention planning group, a community educator and organizer, and former chair of the Olympia Free Clinic. Malika has worked to increase access to family planning, HIV testing and prevention services for hard to reach populations and syringe exchange activities in both rural and urban settings, and to reduce behavior related risks amongst people in and out of incarceration, foster care, mental health services, and those with a long history of addiction. She has provides crises intervention, support, and resource information to people at the exchange, and has facilitated community and team building exercises geared towards providing youth and families with wrap around support in the least restrictive and most natural environments.

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A Statewide Public Health Response to Overdose
During the mid to late 1990’s a group of advocates in Massachusetts working with members of the drug using community to help them access sterile syringes and to reduce other barriers to health related issues realized that not only blood borne
disease was threatening the lives of drug users, but death from fatal overdose was on the rise. At the time there were four
state sanctioned syringe exchange programs operating in Massachusetts and two known underground exchanges. Being a
state small in geographical size, most people working in these programs were very aware of each other and at times collaborated in sharing resources, information and participants. There were some attempts to organize the group so we could better serve the population. We would travel to national conferences and network with other like-minded folks from around the country and meet when we returned to MA to discuss strategies others were using in the US and beyond. While at the National Harm Reduction Conference in Miami 2000 some of us met with a colleague, Dan Bigg from the Chicago Recovery Alliance. Dan had worked diligently to spread the word about training members of the drug using community in the use of Naloxone with their peers during an overdose. With a small supply (50 bottles) of Naloxone provided by Dan we returned to MA and began planning to train and distribute this life saving medicine to participants of the New England Prevention Alliance (NEPA) underground needle exchange program. At the time both underground needle exchange and Naloxone distribution were illegal in MA. NEPA expanded its efforts in overdose prevention training and Naloxone distribution, ordering 400 10 mil bottles a month and providing services to drug users in Cambridge and the North Shore of Massachusetts. While doing some training at Cambridge Cares about AIDS (CCAA), concerns arose about legal ramifications and putting the agency at liability. All agreed that operations should seize immediately. CCAA Board members encouraged the advocates to meet with personnel from Boston Public Health Commission (BPHC) to explain what we had been doing and provide any data we had collected. In 2005 a committee was formed consisting of people from NEPA, CCAA and BPHC to discuss the feasibility of implementing a Pilot Naloxone Program in Boston. The program started shortly after these discussions (2006); in the meantime NEPA continued on an underground basis and served people mainly in the North Shore. In 2007 the MDPH appointed John Auerback the commissioner the BPHC as its new commissioner of public health and implements five Naloxone pilot sites throughout the state. During this time the state received funding for MassCall2, an initiative that focused on reducing both fatal and non-fatal opioid overdose from the Fed’s. The 3-year grants were awarded to fifteen (15) local municipalities in Massachusetts to build capacity in those communities through existing coalitions they are comprised of community members, parent groups, law enforcement, fire department personnel, health care providers, treatment providers, and persons working in harm reduction agencies. One of the stipulations in the grants was to implement harm reduction practices. Having such a diverse group work on this issue was trying at first with some participants confusing the grant as a tool to do drug prevention programming and others wanting to implement punitive measures, the first few months provided a lot time to educate folks in what harm reduction was about. In 2010 the SBIRT (Screening, Brief Intervention, Referral and Treatment) program at Boston Medical Center began to provide training and Naloxone to patients that presented at the hospital with a history of opioid use. Naloxone has been implemented in seven other SBIRT program sites in MA.

Out of these collaborations relationships were formed between strange bed fellows, harm reduction workers working with law enforcement that had only a short time before been at odds to say the least and in some cases some coalition members had been arrested for exchanging syringes by other coalition members. The parent group, Learn 2 Cope arranged to have some of their members trained in Naloxone use, fire departments were inquiring on how they could access Naloxone, and arrangements were made to bring overdose prevention training’s to patients in treatment. Currently in Massachusetts there are three police departments and two fire departments that carry Naloxone, the Learn 2 Cope groups have parents at their meetings that are authorized to train and provide Naloxone to other parents, there are 12 local Naloxone programs doing the same for members of the drug using community, and 7 SBIRT programs that train their patients in Naloxone use. The state funded Naloxone programs also provide training and Narcan at detox centers for persons who will be returning to their communities, overdose training is also conducted at several county jails though narcan is not provided during inmates incarceration, they are given incentives to report to a Naloxone site upon release. Another strategy of MassCall2 was to work on making it safer for witnesses to an overdose to call 911, MassCall2 members began to build a coalition to work on Good Samaritan Legislation. A meeting was arranged inviting persons and organizations that had worked on the Good Sam bill during the last legislation session. The meeting was held at AIDS Action Committee (AAC) offices in 2009, by this CCAA had completed a merger with AAC. Attending the meeting was staff of AAC, MDPH, MOAR, Julie Roberts who had worked for the Drug Policy Alliance leading the Good Sam bill in New Mexico and Gary Langis a private consultant working on overdose prevention initiatives for the MDPH and the MassCall2 coalition in Revere, MA. The group identify themselves as the Good Samaritan Coalition (GSC). The GSC has led the charge on moving the bills through education of law makers and community members in all areas of the state on the specifics of the GS bills. After much footwork and advocating by street advocates, drug users, persons in Recovery, treatment agencies, public health officials, parents, law enforcement and politicians, Massachusetts is immersing as a leader in the country on overdose prevention. This has been accomplished by individuals and groups willing to put their egos aside and work toward saving lives; from the frontline workers to board members at CCAA.
who brokered meetings with health officials in Boston eventually taken on by the MDPH who have integrated Narcan into their programs, and community members advocating for legislative change. During this time period several communities throughout the Commonwealth have held Overdose Vigils to remember those lost to overdose, it has also helped to reduce stigma related to drug use. The efforts of this wide and diverse spectrum of citizens have made the difference in the Commonwealth to those that are in dire need of help.

Gary Langis is an independent consultant and has over 20 years’ experience in both HIV Prevention & Education and Harm Reduction fields. Gary’s work began in the late 1980’s volunteering as part of an independent group providing underground needle exchange on the North Shore. In 1990 he began as an outreach educator for the Healthy Streets Outreach Program in Lynn, MA. In 1991 he accepted a position as Program Manager at Noddles Island Multi Service Agency working for the HIV Benefits Advocacy

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Critical pedagogy as a harm reduction intervention

Critical pedagogy is an educational strategy aimed at illuminating the deeper social and political contexts of a given educational objective. Techniques included directed dialogue and an examination of one’s social circumstances as they relate to the student’s action or experience. Famously used by Paulo Freire to educate illiterate peasants in Brazil, critical pedagogy can also be used as an intervention strategy for young adults engaged in high-risk behaviors related to alcohol and drug use. By deconstructing the political, social, and cultural underpinnings of risky health behaviors and choices, young adults may become empowered to make through a lens of personal empowerment. As a dialogical counseling method, weight is given to intellectual inquiry, the relationship between power and knowledge, as well as the potential legal and personal ramifications of actions. This presentation will explore the use of a critical pedagogical dialogue in one-on-one counseling interventions in a screening program for college students mandated to receive an intervention by a university judicial board. The use of critical pedagogy is examined through a qualitative analysis of counselors’ experiences delivering the interventions. Critical pedagogy will also be compared to other harm reduction-based counseling approaches.

Elena Larson is a first-year Masters student in Health Promotion in the Department of Applied Health Sciences at Indiana University. Her research deals with issues of health literacy and the pedagogical methods of health promotion, with a focus on high-risk behaviors in young adults. She is also the graduate assistant of the Indiana University Alcohol-Drug Information Center, where she is responsible for alcohol and drug risk reduction education.

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Harm Reduction Groups

A group is a collection of individuals that comes together for a common task. In the case of psychological treatment, that task is to work on each member’s emotional development or a specific life problem. Groups fall along a continuum from peer support groups to long-term psychotherapy groups. Whatever they are called, groups are always therapeutic. Why are groups therapeutic? They give the feeling that "I am not alone" and instill hope as individual group members get better. People experience their strengths – they can be helpful as they are being helped. In other words, group members are all "experts." Talking: By members talking about their thoughts and feelings, not acting them out, they learn to control their impulses. What makes a harm reduction group different from traditional substance use treatment groups? Sense of belonging: "Come as you are." Encourages self-efficacy: "I can decide what I need most" (hierarchy of needs). Members can visualize the continuum of drug use and "recovery" [steps toward health]. Diversity: of drug using patterns, of goals, and of progress toward change.

Jamie Lavender began working in human services in the Bay Area starting in 1998, beginning with HIV testing and counseling at Glide Health Services in San Francisco, and hospice work. As a senior therapist and community program manager at the Harm
Reduction Therapy Center, he leads drop in groups for methadone and buprenorphine users and homeless people in the Tenderloin. Throughout this time, Jamie also worked as a trainer for the Harm Reduction Training Institute, teaching counseling skills for working with active drug users and dually diagnosed clients to social service, public health, and criminal justice professionals.

Jeremy Rhoades has nine years of experience in the field. Jeremy currently provides bilingual harm reduction therapy to clients at the San Mateo County AIDS program. In his spare time, Jeremy studies nondual psychotherapy in the tradition of Buddhist meditation and explores creative somatic expression participates in Integral Transformative Practice.

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Reducing the Harm in, Harm Reduction
Presenting safety in creating a safe therapeutic environment [the key to proper assessment] for the

Have worked in the field of addiction for past twenty-five yrs, Greater K.C. Mental Health Foundation, Narcotic Addict Rehabilitation Act. Western Mo. Mental Health, Chemical Free program and the methadone maintenance program. Kansas University Medical Center; Program administrator, Methadone/buprenorphine. Kansas City Veterans Affairs Medical Center; HUD VASH, SUD Specialist, Addiction therapist. Focus on harm reduction with opiates, Alcohol, Benzodiazepines, in an outreach capacity

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Moving out of the Binary: Violence in Sex Work
The sex industry has long been divided into two separate camps: The trafficked and the voluntary, or trafficking “victims” and “Sex Workers.” While the history of this societal practice to divide those in the industry is rich, what is more relevant is the means by which social service providers and the sex workers’ rights movement itself facilitates a demarcation between designated “Sex Workers” who have experienced violence and designated “trafficking victims” who have experienced violence. Erotic service providers often face social environments that ask them to fragment their complex experiences with such varied aspects of the sex industry as violence in order to fit an existing ideology. What we have found at St. James Infirmary since the implementation of our violence programs is that violence in the lives of Sex Workers is too complex for these polarizations to be relevant any longer.

Laura LeMoon is a former Sex Worker and current intern at St. James Infirmary, a nonprofit community-based health clinic in San Francisco, California. Since beginning as an intern, she has implemented violence prevention and education workshops for the Sex Worker participant community at St. James as well as undergone the completion of a research assessment of job-related violence with sex workers of all genders in San Francisco. Laura recently received her bachelors from Mills College, Oakland.

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The Transforming HR Therapist: A multi-level approach to integrating harm reduction principles into a clinical practice. The divide between harm reduction- and abstinence-based addiction treatment approaches has become a sharper focus of study over the past 10 years. Harm reduction pioneer G. Alan Marlatt, in 2001 urged the clinical communities to look for ways “bridge the gap” between the two approaches. Patt Denning [2012] and Andrew Tatarsky [2007] extended Marlatt’s
work and developed models of harm reduction therapy. Tatarsky’s integrative model viewed harm reduction approaches as incorporating basic principles of “good clinical practice” into the treatment of addictive behaviors. Scott Kellogg (2009), in response to what he identified as a “crisis in treatment” as a result of the treatment community’s failure of providing effective substance abuse treatment, coined the term “gradualism” and established a website for the development and dissemination of information about this approach. Kellogg’s gradualism seeks “to utilize and integrate the best of the harm reduction, traditional, and scientific treatment approaches to create an effective and compassionate model for the treatment of drug and alcohol addictions”. Individual clinicians who have come to understand the value of integrating harm reduction into their practice have a daunting challenge because of the divide in field, which at times is very adversarial. Dee Dee Stout (2009) has identified the factors associated with the conflict from the perspective of individuals struggling to incorporate harm reduction in their work. As an addictions psychologist who has begun to make the transition from an abstinence-based orientation to integrating harm reduction approaches in my work, my transformation was influenced by my personal experience with addiction and co-occurring disorder in my family; as well as my involvement in public health advocacy to change the failed public health policies in our country that criminalize and stigmatize addiction problems. The combination of Tatarsky’s integrative model as a guide for clinical work with my clients, and the development of relationships with existing harm-reductionists in the national community as guide for a larger vision of my work, has informed my perspective of the challenges associated with “transforming” abstinence-based therapists such as myself.


Barry Lessin, M.Ed., CAADC, is an addictions specialist in private practice in suburban Philadelphia, Pa., with over 35 years’ experience as a clinician, researcher, educator, and administrator. A licensed psychologist and Certified Advanced Drug and Alcohol Counselor, Barry combines clinical practice with public health advocacy to reduce the barriers of stigma and failed drug policies preventing people from obtaining quality and effective addiction and mental health treatment

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Facing Institutional Bias in the AIDS epidemic

There are many of us who identify as people who use illicit drugs. Even those of us who represent drug users can face discrimination in both care and prevention. By discussing how we as individuals have reacted to discrimination we may be able to build support for each other and be better able to serve our communities.

Monte has been a social change activist for many years. He has worked within the AIDS epidemic as an MSM and IDU, doing both care and prevention in rural and urban communities. He has a long history of queer activism. He has worked with others in his community doing drug use prevention and has served on his State Prevention Planning Group for ten years.
Advanced Clinical Skills

Harm Reduction Therapy (HRP) has grown beyond the original intention, which was to provide an effective and humane alternative to traditional drug treatment as practiced in the United States. It is our belief that everyone who works with people struggling to improve their lives is offering a therapeutic relationship. And everyone can benefit from a clinical understanding of clients. This workshop will use the model of Drug, Set, Setting and the Decisional Balance to help participants think about people with complex issues and develop collaborative individualized assessment & treatment planning. This workshop is useful for people with a basic knowledge of HRP who want to expand their skills, whether you are a clinician, peer advocate, case manager, or housing staff. Participants are encouraged to come with a case that they would like to focus on.

Jeannie Little is the Executive Director of the Harm Reduction Therapy Center. She is a Licensed Clinical Social Worker and Certified Group Psychotherapist. She specializes in dual diagnosis and in individual and group treatment of substance use problems. She is a trainer in the areas of dual diagnosis and she provides ongoing consultation to staff groups in outpatient clinics, outreach and drop-in centers, case management programs, and housing facilities for multi-diagnosed clients.

Perri Franskoviak is a licensed psychologist and senior therapist/trainer at the Harm Reduction Therapy Center. She has extensive experience with seriously mentally ill people who use substances as well as working with people with traumatic histories. She also works in the area of Systems-Centered Training and provides consultation to shelters and case managers in multiple sites.

Libertine, Serpent

A Rights-Based Approach to Human Trafficking Utilizing Harm Reduction Principals

Sex workers and allies are deeply concerned about coercion within the sex industry. Utilizing harm reduction and human rights models, sex workers and allies are developing, and continue to develop, new approaches to identifying survivors of trafficking, working with survivors, and shaping and re-framing harmful policies. Unfortunately, the predominant model in regards to trafficking is punitive, reductive, and shaming, focusing primarily on prosecuting traffickers, and also shaming, stigmatizing, and punishing workers and clients of sex workers. This is not only ineffective, it is also downright harmful to sex workers and survivors of trafficking, who may fear reporting incidences of abuse or coercion because of the dominant punitive schema. This panel will delve into the numerous ways in which rights-based sex workers and allies are encountering this issue, including: 1) a new and comprehensive trafficking survey of workers and clients; 2) working directly through legal and social services with survivors in a non-judgmental way; and 3) engaging policymakers and anti-trafficking networks to work against end demand policies, harsh criminalization, and to push for amnesty for workers that come forward to report abuses.

Serpent Libertine is a veteran sex worker, organizer, filmmaker, and educator based in the Chicago-area. She is the current director of Sex Workers Outreach Project-Chicago, former media team coordinator for the Desiree Alliance, and a volunteer coordinator with the Chicago Recovery Alliance’s “Recovery Rags” program.

Melissa Sontag Broudo is a Staff Attorney with the Sex Workers Project in New York City, where she represents sex workers and survivors of trafficking utilizing the harm reduction.
Karen Loftin has worked within the field of HIV/AIDS, Harm Reduction for over 17yrs. She currently runs a success outreach ministry; she has supervised and coordinated outreach activities from Prisons to the Church. Tailoring information that has met clients of all walks of life successfully encouraging people to get tested, and practice safer drug use and safer sex practices. She presented at the Harm Reduction conference in New Orleans on outreach strategies.

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Sexual Transmission of HIV/HCVs among IDUs

The hepatitis C virus (HCV) prevalence among injection drug users (IDUs) has been documented to be over 90% along the U.S.-Mexico border. HCV sexual transmission rate varies by partner type (e.g. monogamous heterosexual couples [2-5%], men who have sex with men [1-7%]) and increases when sex partner is HCV/HIV co-infected. The purpose of this cross-sectional, pilot study is to assess the prevalence of HCV/HIV and known risk behaviors among IDUs and their non-injecting sex partners. Participants are recruited using convenience and snowball sampling, interviewed, and tested for HCV/HIV by outreach workers in Cd. Juárez, Mexico. HCV prevalence was 94.3% for IDUs (n=35) and 11.4% for non-injecting sex partners (N=35). One (2.9%) IDU is HCV/HIV co-infected. All sex partners who tested HCV positive had HCV positive partner. All IDUs reported heroin as the most frequent drug injected. Among those who reported using drugs or alcohol during sex, 69% of IDUs reported heroin and 75% of sex partners reported alcohol as the most frequent substance used. Most (62.5%) IDUs reported never cleaning syringes with bleach and water. Given the high prevalence of HCV among their non-injecting sex partners, future intervention and harm reduction efforts should include sex partners of IDUs.

Dr. Loza combined her analytical background and research experience and pursued a Ph.D. in Public Health (2009). Since then, she has joined the UTEP College of Health Sciences, Department of Public Health as assistant professor teaching epidemiology, statistics, and health research methods. Her research is on risks and interventions for HIV, sexually transmitted infections (STIs), and substance abuse among high-risk and vulnerable populations, including transgender women, migrants, and MSM.
Lucas, Philippe, Centre for Addictions Research of BC, Victoria, British Columbia
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Ayahuasca Therapy in the Treatment of Addiction
This presentation is a comprehensive overview of an observational study of ayahuasca-assisted addiction therapy for addiction and patterns of dependence recently concluded in British Columbia, Canada. The study tracked the progress of 20 aboriginal participants of the Working with Addiction and Stress retreats organized by Dr. Gabor Mate (author of In the Realm of Hungry Ghosts; Close Encounters with Addiction), which combines 4-5 days of psycho-spiritual counseling with 2 ayahuasca ceremonies in the Peruvian Shipibo aboriginal tradition. Findings This presentation will begin with an examination of “observational” research design to evaluate the therapeutic potential of illicit substances like ayahuasca, then discuss researcher observations of the retreat itself, which took place in the longhouse of a coastal First Nations band in cooperation with the Band Council and health office in June and September 2011. Ayahuasca-assisted addiction therapy was shown to have a significant positive impact on the lives of many of the retreat participants. This talk will close by sharing some preliminary study results for the first time in a conference setting, and a discussion of the challenges and opportunities of using ayahuasca-assisted therapy to reduce drug-related harms and address stress, trauma and problematic substance use in aboriginal and non-aboriginal populations.

Cannabis, The “Exit” Drug
This study examines the subjective impact of medical cannabis on the use of both licit and illicit substances - including pharmaceutical drugs, alcohol, tobacco, cocaine and heroin - via self-report from 405 medical cannabis patients recruited from 4 dispensaries in British Columbia, Canada. The aim of this study is to examine a phenomenon called “substitution effect”, in which the use of one product or substance is influenced by the use or availability of another. Our hypothesis is that the medical use of cannabis leads to changes in the use of other drugs, with a particular reduction in the use of alcohol, prescription drugs and illicit substances. For this community-based study researchers teamed with a staff representative from 4 BC medical cannabis dispensaries - 3 in Vancouver and 1 in Victoria – to gather background and demographic data of patient-participants as well as information on past and present cannabis, alcohol and substance use. A 44-question survey based on past research by co-investigator Amanda Reiman (2009) was used to anonymously gather data on the self-reported impact of medical cannabis on the use of other substances, including but not limited to reductions in patterns of problematic substance use. Over 41% of participants cite that they use cannabis as a substitute for alcohol (n=158), 36.1% use cannabis as a substitute for illicit substances (n=137), and 67.8% use cannabis as a substitute for prescription drugs (n=259). Reasons cited included fewer side-effects from cannabis use as compared to alcohol, illicit or prescriptions drugs (39.6%), less withdrawal from cannabis (67.7%), and better symptom management from cannabis (53.9%). While some studies have found that a small percentage of the general population that uses cannabis may develop a dependence on this substance, this study adds to the growing body of research on cannabis-related substitution effect suggesting that for many patients cannabis is not only an effective medicine, but also a potential exit drug to problematic substance use.

Philippe Lucas MA is a Research Affiliate with the Center for Addictions Research of British Columbia and a founding board member of the Multidisciplinary Association of Psychedelic Studies Canada and the Canadian Drug Policy Coalition. His current research interests, projects and publications include the use of cannabis, ibogaine, and ayahuasca in the treatment of addiction, and he is the Primary or Co-Investigator on a number of studies examining cannabis substitution theory, and Coordinator and Co-Investigator of an observational study of ayahuasca-assisted treatment for addiction and stress.

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Creating a Homegrown Harm Reduction Conference
Putting on a local harm reduction conference is an effective way to bring the community together, share harm reduction best practices and organize advocacy efforts. This presentation will focus on lessons learned through the development of four
local harm reduction conferences in Hawaii. These community-collaborative conferences embodied harm reduction from
the planning through implementation by eschewing the traditional hierarchy of conference planning and having in inclusive
model and consensus-based decision making. This interactive presentation will share tools and resources to support other
communities in creating a local homegrown harm reduction conference without breaking the bank.

**Syringes in Paradise: 20 Years of Hawaii’s SEP**

Hawaii was the first state to have statewide syringe exchange and over 20 years later, the CHOW Project continues to ex-
change needles across the islands. This presentation will review lessons learned over the past 20 years and will highlight
data from 20 years of annual research of the program and its participants. From trends in the type of drugs used to the age
of participants, the CHOW Project has experienced many changes

*Heather Lusk is the Program Director at the CHOW Project, Hawaii’s statewide syringe exchange and harm reduction agency. Ms. Lusk has over 18 years of experience working in the areas of HIV/STDs/viral hepatitis, sexual health and harm reduction. She has extensive experience in creating and facilitating trainings for health and social service providers and developing and monitoring effective sexual health and harm reduction-based programs.*

**Lutnick, Alexandra,** RTI International, San Francisco, CA

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**Building the bridge: Pharmacists as critical harm reduction partners**

In this presentation we will describe perspectives of pharmacists and IDUs in San Francisco, California about offering vari-
ous potential HIV, HCV, and overdose prevention services for IDUs in pharmacy settings. We conducted qualitative interviews
with 11 IDUs and 23 pharmacists, and quantitative interviews with 200 IDUs and 78 pharmacists. The majority (>75%) of
IDUs were in favor of all the proposed interventions, though they identified pharmacists’ and pharmacy staff’s attitudes as
a major barrier to their comfort with accessing services. Among the pharmacists interviewed, the majority (>70%) were in
favor of all the proposed interventions. However, certainty about the ability to implement the services was inconsistent and
dependent upon perceptions about the ease of implementation, and legal or financial barriers. Challenges to implementing
pharmacy-based preventive interventions include: time, space, staffing, training, legal considerations, pharmacists’ at-
titudes toward IDUs, financial concerns, and IDUs’ perceptions about pharmacists. This presentation will provide concrete
examples of the types of preventive services that pharmacists and IDUs enthusiastically support, and that pharmacists
consider feasible. Because pharmacists welcome the opportunity to expand their role as harm reduction partners, we need
to strategize on how best to utilize their support to improve the lived conditions of IDUs.

*Alix Lutnick, is a Project Director for the San Francisco–based Urban Health Program at RTI International. Her current work
focuses on assessing the feasibility of using pharmacies as public health venues for injection drug users (IDUs) and evaluating
programs that work with domestic minor victims of human trafficking. Alix is a doctoral candidate in the School of Social Welfare
at the University of California Berkeley.*

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**Harm reduction & drug treatment courts**

Drug treatment programs based upon the disease model of addiction typically require complete abstinence from sub-
stances. Little is known about how people in such programs engage with harm reduction practices. Based on a 2-year
ethnography of the Ottawa drug treatment court, this paper examines how some of the participants in the specialized court
resisted the conception of addiction as a disease and the strict requirements of abstinence. Rich ethnographic examples are
used to explore how participants viewed their addiction in more complex ways than the understanding put forth by the drug treatment court, and how some participants put into practice harm reduction techniques in order to self-manage their addictions, while negotiating legal and treatment orders to engage in complete abstinence. I conclude with suggestions of how to incorporate meaningful and genuine harm reduction practices into drug treatment courts and into treatment programs more broadly.

Tara Lyons, PhD, is a Postdoctoral Fellow with the British Columbia Centre of Excellence in HIV/AIDS. Tara completed her doctoral degree in Sociology at Carleton University and is a founding member and former executive director of the Canadian Students for Sensible Drug Policy (CSSDP). Tara’s postdoctoral research focuses on how sexuality and gender identity affect violence and HIV transmission among sex workers and people who use drugs in Vancouver.

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Use of technology to engage active substance users
The presentation will discuss two projects that use Health Information Technology and electronically delivered interventions to facilitate engagement with services for individuals who have been underserved by traditional services in both extreme rural Tennessee and urban areas of Nashville. Both projects focus on connecting with active substance users, individuals involved in sex work, individuals who are reluctant to engage with services due to stigma, and individuals who struggle with maintaining engagement with services due to other personal and structural barriers. The projects include web-based services, smart phones, and behavioral health electronic applications to expand and enhance the ability of service providers to communicate with persons loosely connected to services and to track and manage their health to ensure treatment and services are available where and when needed. The projects use technology that support positive change and resiliency efforts and promote wellness by improving service engagement utilizing electronically-delivered strengths based case management techniques and related evidence-based models. The proposed project specifically targets the African American community of Nashville, Tennessee; and rural areas of Sevier and Campbell counties in Appalachian areas of Eastern Tennessee. Both projects leverage other services that project primarily focuses on engaging out of treatment substance users with brief interventions and other support services, and facilitate access to services. These projects focus on providing computer and phone-based services to supplement the services to improve treatment engagement and retention rates.

Samuel MacMaster is an Associate Professor at the College of Social Work at the University of Tennessee where he conducts research on substance use and HIV.

Ronald Crowder (co-presenter) is the Executive Director of Street Works in Nashville, Tennessee Street Works provides HIV and other services to active substance users at times and places where risk is mostly likely to occur—late at night in “high-risk” venues.

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Pragmatism and compassion in harm reduction
In 1999 Portugal had the highest rate of HIV sero-conversion in Western Europe and as well as an extremely high rate of hepatitis C and multi resistant tuberculosis. A few people working within the field of addiction started pressuring the new government that something had to be done. Harm reduction came about in Portugal through the conjecture of three postures: compassion, pragmatism and public health. A group of experts were convened and asked to come up with a viable solution to the issue. The government committed itself to follow through on their suggestions. What they presented was total
decriminalization of personal amounts of drugs (could not legalize them due to accords signed with the UN), and an intensive investment in harm reduction and risk minimization. Thus Harm Reduction became the major priority in approaching the problems brought on by substance abuse and its derivatives. I was one of the people who wrote the project to implement this new policy in the city of Coimbra. I coordinated it for 3 years. 10 years later the

Maria Manuela is working at an NGO in Portugal in 1999, when the new Harm Reduction policies were made law. I participated in panel discussions and collaborated at the governmental level on how best to implement the policies. I was part of a project that I was responsible for implementing them in Coimbra. I am a Social Worker who moved back to the USA in 2005 and have worked with mentally ill/dually diagnosed individuals as well counseled people with cancer and their families. I recently moved to SF.

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The pill-studded path: Heroin initiation East&West

In the context of a rising epidemic in heroin- and opiate pill-related overdoses, this presentation explores the experiences of young/recent heroin injectors in San Francisco and Philadelphia. For many of these injectors the path to heroin began with a single pill. Some report starting with a pain relief prescription while others followed friends buying diverted oxycodone (Percocet and Oxycontin). Heroin could also serve as their introduction to injecting with all the associated risks; heroin’s lower prices, easier availability and quality of the high have drawn users away from pills as their habits and expenses have grown, sometimes at the suggestion of friends, co-workers and older injectors. Top-down changes such as reformulations of Oxycontin from injectable/pulverizable to non-injectable gel formulas and in prescribing policies drastically impact these transitioning users. With heroin they enter an unregulated market where cash is king and word of mouth is the chief guide to the product’s quality. Doctors and policy makers need to be aware of the increased risk being created by new policies on prescribing opiate pills. Simultaneously, harm reduction needs to expand successful overdose and infectious disease prevention strategies towards opiate pill users and heroin injection initiators.

Sarah Mars PhD is a historian who has been working in the field of drug policy since the 1990s. She is currently employed on the Heroin Price and Purity Outcomes Study at the University of California, San Francisco and is an Honorary Research Fellow at London School of Hygiene and Tropical Medicine. Her book The Politics of Addiction (Palgrave Macmillan, 2012) examines the conflict between publicly and privately funded doctors treating drug dependent patients in England. Dan Ciccarone, MD, MPH, has been providing community based primary care in San Francisco Bay Area for over 20 years. He has provided harm reduction based clinical services at several syringe exchanges and was on the Board of Directors for the Homeless Youth Alliance. “Dr. Dan” has been actively involved in expanding the use of clinical harm reduction technologies and practices including buprenorphine for opiate detox, naloxone for opiate overdose and the prevention and treatment of skin abscesses. At the University of CA San Francisco, he is Professor of Family and Community Medicine, directs many research projects related to infectious disease and drug use and teaches medical students about harm reduction.

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EGYHOP-Breaking the Rules Since 1998

We want to discuss our philosophy of social justice and harm reduction above all else in the context of direct service. EGYHOP consistently works to acknowledge the dignity and worth of each person within our community. We may not like everyone, but they do not deserve to use a dirty needle, sleep outside without a blanket, or go hungry. The baseline for success in our organization is not determined by statistics but by establishing trust between the outreach and street community and also within our organization. EGYHOP is a non-hierarchical, fully volunteer-run, 501c3. We believe that the structure of our organization mirrors the attitudes we have towards our community. Since 1998, we have provided the street community of
downtown Olympia with food, warm clothing, blankets, hygiene supplies and syringe exchange seven nights a week all year long. By sharing our approach to harm reduction we will demonstrate how our model of breaking the rules is a viable and effective option for communities concerned with social justice.

Lucy Peterson: EGYHOP volunteer since 2004, taught English composition at SouthPuget Sound Community College and currently runs her own fashion label.

Meg Martin: EGYHOP volunteer since 2008, is the primary exchange coordinator, is completing her MSW and plays guitar and sings in a “grunge” band.

Cassie Burke: EGYHOP volunteer since 2005, wrote the EGYHOP training manual, worked in homeless advocacy consistently since 2007, and is a carpenter

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Opioid Overdose Prevention: Who gets there first?
The New York State Opioid Overdose Prevention Program authorizes organizations to prepare community based overdose lay-responders to administer naloxone via intramuscular injection in cases of suspected opioid overdose. While the NYSDOH has made significant progress promoting Opioid Overdose Prevention Programs, many parts of the state, particularly rural areas, lack adequate availability of trained overdose responders. In these areas, emergency responders are likely to be the first on the scene, potentially playing an important role in reversing an opioid overdose. To address this gap, the NYSDOH is working with the Regional Emergency Medical Organization to prepare basic level responders in five regions across the state to administer intranasal naloxone in cases of suspected opioid overdose. Participants receive a 1 hour training on naloxone intranasal administration, including a 25 minute video. The project will look at responders’ confidence administering intranasal naloxone and its acceptability to emergency medical staff. We will discuss lessons learned and how this project may be replicated in other areas of the country.

Addressing the interplay of Sex and drugs
NYSDOH’s efforts to expand access to syringes, other harm reduction services and drug treatment options have contributed to reducing transmission of HIV among injection drug users by more than 80% since 1990. However, recent data suggests that sexual risk behaviors play a progressively greater role in newly identified cases of HIV among people who use drugs and alcohol. NYSDOH has developed a variety of training curricula to address the increasingly important interplay of substance use and sexual risk. Individuals may have sex and use drugs for similar reasons (pleasure, trauma or exchange.) People may use substances to enhance their sexual experience. Curricula focus on developing health and human service provider knowledge, attitudes and skills in communicating with clients about their sexual and substance use behaviors to tailor harm reduction strategies to reduce sexual risk. Curricula developed include:

- “Sex, Gender and HIV”
- “MSMs, Methamphetamines & HIV”
- “Addressing Sexual Risk with Drug Users and Their Partners”
- “Introduction to HIV, Sexually Transmitted Infection and Viral Hepatitis”

We will discuss strategies used to develop these curricula and share resources that may help other training providers.

Richard Cotroneo as Director of HIV Education and Training Programs for the NYSDOH and of the National Viral Hepatitis Technical Assistance Center, oversees the planning and implementation of trainings on HIV, STIs and viral hepatitis for health and human service providers in NYS.
Defying Pathologies within the Medical Model

PACT (Preventable Admissions Care Team), now in its second year at Mount Sinai, was created and designed to reduce the number of 30-day readmissions to the hospital. The PACT program is staffed with social workers who assess the individual needs of patients that are at high risk for readmission. During the 5 weeks following discharge, patients are followed closely in the community by their PACT social worker in an effort to improve health outcomes and empower patients around their medical needs. PACT social workers address a variety of social needs including housing, insurance, mental health and substance abuse issues, which are thought to be contributing to the individual’s readmissions. The goals and model of the PACT program create an opportunity for social workers to employ harm reduction strategies in the medical setting. Risk reduction is the central to engaging with all patients and is particularly relevant when working with patients struggling with mental illness and substance misuse. This presentation will outline how weaving harm reduction and psychosocial approaches into health care prevention and treatment may radically shift the medical model, as well as the role of social workers in the health care setting.

Caitlin Marie McInerney received her BA in Community Studies and Minor in Psychology at UC Santa Cruz and MSW from Smith College School for Social Work. Caitlin has eight years’ experience working as a social worker committed to harm reduction. Caitlin worked as an outreach worker, HIV test counselor, substance use group facilitator, and individual therapist with various populations including homeless youth, incarcerated individuals, mothers and children, and people with severe and persistent mental illness.

Fixing with Foucault: Using Social Theory to Think through Harm Reduction

This panel will familiarize attendees with various social and political theories that productively problematize the fields in which we work. Thinking reflexively about the fields of harm reduction and public health, we will offer a framework to understand the complicated power relations underwriting these fields. While acknowledging harm reduction programs remain politically embattled in many locales, we think there are legitimate concerns to be discussed in the theory and practice of harm reduction. We will elaborate several contemporary theoretical perspectives to talk about this with a view to improving acceptability to users, staff and community members. We aim to: 1. Provide an introduction to critical theories of risk, the new public health and bio-power 2. Discuss how these theories apply to our actual work 3. Identify concerns or areas of discomfort within practice and research 4. Propose how to talk critically about our work while still being an advocate.

Kate McLean is completing her PhD in Sociology at the City University of New York Graduate Center. Her dissertation, an ethnography of a needle exchange in New York, considers the framing and understanding of risk by different actors in harm reduction.

Kelly Szott is a doctoral student in the sociology department at Syracuse University and a pre-doctoral fellow at NDRI. Her dissertation uses qualitative interviews to investigate the medical management of people who inject drugs in New York C.
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HIV, Hepatitis, Health Care Reform, and Harm Reduction
Since the passage of the Affordable Care Act in March 2010, significant changes to the healthcare landscape have already gone into place: coverage of students up to 26 years of age on their parent’s insurance; bans on denying children insurance coverage due to pre-existing conditions; the creation of health insurance exchanges; the first-ever national prevention strategy. Yet, many aspects of health reform are not scheduled to go into effect until 2014. And the Supreme Court will issue an opinion in June 2012 on the constitutionality of the “individual mandate,” which requires that people buy insurance if they are not covered. This workshop will review health reform implementation—past, present and future—and discuss its implications for drug users and the community-based organizations that serve them. Specific issues to be discussed will include, among others: the integration of substance use and mental health services into primary care settings, such as federally qualified health centers; what it means to think about harm reduction as a package of services that can be billed to health insurance programs; and the importance of including HIV and viral hepatitis prevention, screening, and treatment, in the core quality measures used to monitor the success of health reform.

Rachel McLean is the Adult Viral Hepatitis Prevention Coordinator with the California Department of Public Health, STD Control Branch. Previously, she worked on policies affecting incarcerated youth and their families at the Ella Baker Center for Human Rights and on issues affecting people released from prisons and jails at the Council of State Governments Justice Center. She worked with homeless youth for many years and founded the Drug Overdose Prevention & Education (DOPE) Project.

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Exploring the impact of a Peer-Run ‘Unsanctioned’ Supervised Drug Consumption Facility On Assisted Injection Practices in a Canadian Setting
The Vancouver Area Network of Drug Users operates a peer-run, unsanctioned supervised drug consumption facility (DCF), which aims to accommodate people who require assistance injecting. People who require assistance injecting are unable to access Vancouver’s sanctioned supervised injection facility (SIF) due to operating regulations prohibiting assisted injections and this population is at an increased risk of overdose and HIV transmission. Peer workers at the DCF provide education and support, including manual assistance injecting. To understand how this peer-run initiative shapes assisted injection practices, ethnographic fieldwork was conducted at this DCF in 2011, including 50 hours of naturalistic observation and 23 in-depth interviews. Data were analyzed thematically and indicate that, by accommodating people who require assistance injecting, this DCF created a ‘safer environment’ that mitigated health risks normally associated with this practice (e.g., syringe borrowing, assault, etc.). However, the benefits of this intervention were restricted by the limited capacity of the facility (e.g., hours of operation, etc.). Our findings underscore the viability of providing manually assisted injections within a DCF. In the local context, there is an urgent need to expand peer-based services and revise operating procedures at the SIF to better address the harms stemming from assisted injections.

Integrating Supervised Injection Services into a Palliative and Supportive Care Facility for People Living with HIV/AIDS in a Canadian Setting: A Qualitative Analysis
Improvements in highly-active antiretroviral therapy (HAART) have prolonged the lives of people living with HIV/AIDS (PLWHA) and yet mortality rates remain PLWHA who use drugs due to barriers that they encounter to accessing and adhering to HAART. This population has complex end-of-life care needs but is typically unable to access end-of-life care services due to anti-drug policies in these settings. In Vancouver, Canada, the Dr. Peter Centre (DPC) Residence, a 24-bed HIV/AIDS care facility, has adopted a comprehensive harm reduction strategy, including supervised injection services. Qualitative interviews were conducted with 13 DPC residents to explore their perspectives on care provided by this facility and in particular the harm reduction policy. Participant accounts suggest that the harm reduction policy plays was critical in mediating
access to palliative care services, with the majority of participants reporting that they would have otherwise declined referrals to the DPC. Participants emphasized that the DPC was a preferred place-of-death in comparison to alternatives (e.g., drug scene venues, hospitals, etc.) due to the quality of care and non-judgmental environment. This study highlights how implementing a comprehensive harm reduction policy can serve to improve access and equity in palliative care services for PLWHAs who use drugs.

Ryan McNeil, MPhil, is a Qualitative Health Researcher at the BC Centre for Excellence in HIV/AIDS and a PhD candidate at the University of British Columbia.

Will Small, PhD, is an ethnographer and a postdoctoral fellow with Faculty of Medicine at the University of British Columbia. Dr. Small coordinates the qualitative research program for the Urban Health Research Initiative (UHRI) at the BC Centre for Excellence in HIV/AIDS.

Hugh Lampkin, is a local harm reduction advocate and President

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“Good Prison Health is Good Community Health”: Coalition Building for Reducing the Harm of Prisons

HIV/AIDS and prisons are connected – in the lives of the one in seven people with HIV who pass through correctional facilities each year, and also in the very fabric of our communities. For decades, individuals and organizations have been intervening in the criminal justice system to ensure that people with HIV have access to quality health care while incarcerated and reentry support after release. But efforts to address the pivotal role of mass imprisonment in driving the domestic AIDS epidemic have been far more limited. In 2010, Men and Women in Prison Ministries launched a Chicago-based Harm Reduction in Prison Coalition to ensure that people in prison have access to same harm reduction tools that are available in free society. Guided the slogan “Good Prison Health is Good Community Health: Reducing the Harm of Prisons,” this 100 member strong coalition is centering the leadership of formerly incarcerated people in legislative advocacy as part of a structural approach to HIV prevention at the prisons intersection. After successfully passing legislation to expand HIV prevention, treatment and care services for people in prison, coalition members have turned their sites to fighting for access to harm reduction tools in Cook County jail and Illinois state prisons (at present, condoms are only provided to people incarcerated in Los Angeles, San Francisco, Washington, D.C., Philadelphia and New York jails, and in Vermont and Mississippi state prisons). In this model program, coalition members have not only won lasting change for those still behind the walls, but they have also opened community-wide dialogue around the harm caused by prisons, thereby taking the first step towards transforming the structural environment of HIV vulnerability and prisoner stigma in Chicago. By analyzing lessons learned from the Harm Reduction in Prison Coalition in Chicago, this workshop will provide participants with a hands-on forum for exploring how to build vibrant community-based coalitions attentive to the harm reduction and prison issues in their own cities and states. Participants will be engaged as future coalition strategists for their own locally relevant harm reduction in prison mobilizations. Through information-sharing and skills-building, facilitators will break down the myriad obstacles to coalition building, emphasizing that it does not matter when or how participants begin work to challenge mass imprisonment as a structural driver of the AIDS epidemic; what matters is only that they start. A short video created by Illinois advocates on HIV in prison will open the workshop, laying the groundwork for a presentation on the process of community mobilization around harm reduction in Illinois prisons. Using the steps for building coalitions as group discussion prompts, facilitators will then lead a participatory strategy session to explore how a coalition might be developed and launched in participants’ own cities.

Reverend Doris J. Green has worked with the incarcerated population for over 29 years. She is the founder of Men & Women in Prison Ministries and the Director of Correctional Health & Community Affairs at the AIDS Foundation of Chicago.

Laura McTighe has been working at the intersection of HIV and mass incarceration for over 15 years. She is currently a PhD student in the Department of Religion at Columbia University and a board member at Men & Women in Prison Ministries.
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Principles and Practices of Harm Reduction in an HIV/AIDS Services Organization
Harlem United is a large multi-services HIV/AIDS services organization in New York City which embraces harm reduction as its over-arching model of service delivery. Services include supportive housing, primary care, dental care, mental health services, meals and nutritional counseling, prevention services (condom distribution and syringe exchange) as well as adult day health care. Between 2003 and 2004, the staff at Harlem United received training over the course of a year in harm reduction practices by three trainers through a contract with the Harm Reduction Coalition (HRC). At that time, the agency staff consisted of 83 people and has since grown to over 400. As the agency has continued to expand, harm reduction in-service training has continued to take place at regular intervals. As harm reduction has been adopted as the over-arching approach for the agency, training workshops focus on the principles and models of harm reduction practices. Findings from the 2004 post-year training evaluation by an outside evaluator indicated that those staff who found efficacy in harm reduction were the most likely to have remained at the agency. Recommendations included ongoing training and education for all staff to promote harm reduction practices and to increase staff retention. Presently, some supervisors at Harlem United have heard anecdotal reports of individual staff member’s harboring negative beliefs and perceptions about harm reduction and their difficulties in consistently applying this perspective. This suggests the need for more intensive trainings.

Harm Reduction and Supportive Housing: Health Improvements among HIV Positive Clients Residing in Supportive Housing in New York City
Since the inception of supportive housing programs for persons living with HIV/AIDS (PLWH/A), Harlem United has been at the forefront of addressing health disparities by recognizing the need for a housing-first model of care for clients with substance abuse and mental health issues. Homeless and unstably housed PLWH/A, many of whom have additional co-morbid and substance abuse issues, are less likely to receive appropriate health care and experience higher rates of opportunistic infections. Moreover, data still suggest that housing remains the greatest unmet service among PLWH/A. Connection to medical care is essential to stabilize health and reduce viral loads for PLWH/A in supportive housing. Within our supportive housing programs, individuals are provided harm reduction services with a full continuum of medical, mental health and social support services to stabilize health. The presentation will discuss our Housing-First program model to facilitate greater housing stability, reduced risk and improved access to care. Evaluation of our harm reduction supportive housing services has shown consistent housing stability, increased connection to medical care, and viral load stability among previously homeless clients residing in our supportive housing programs. Clients were able to achieve an undetectable viral load since placement despite their history of homelessness, co-morbid conditions (such as mental illness, substance use and Hepatitis C, 72% n=213). Housing stability is critical for these clients to maintain their health. Case studies will be presented to demonstrate benefits and challenges of utilizing harm reduction strategies with severely chemically dependent clients in a supportive housing program. Supportive housing programs that utilize harm reduction strategies are shown to help clients remain housed, stabilize their health, and mitigate the staggering death rates among PLWH/A.

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Working at the Intersections: Ending the Criminalization of HIV

Presenters will give an overview of the history and current status of HIV criminalization in the United States. Topics include a review of the current legal landscape and ongoing activism to repeal criminal HIV transmission and non-disclosure laws. Presenters will engage the audience in a strategy discussion on how to work together across the Harm Reduction, Sex Worker, HIV/AIDS and other movements to repeal laws that criminalize people HIV in the U.S.

Jim Merrell has worked in HIV/AIDS policy and advocacy since 2007. He currently works as National Coalition Development Coordinator at AIDS Foundation of Chicago (AFC). In this role, Jim helps to coordinate the HIV Prevention Justice Alliance – a national coalition of individuals and organizations working at the intersection of HIV/AIDS and social justice. He also leads Dose of Change, an evolving project that strives to build the community knowledge and organizing capacity of HIV/AIDS advocates. Previously, Jim worked as Policy Associate at AFC, where he was charged with leading the organization’s statewide grassroots organizing efforts. As resident ‘tech nerd,’ he has helped to integrate new technologies into AFC’s policy work, including electronic advocacy systems, virtual trainings and an ever-expanding list of websites. Jim is a Pisces, loves to sing and holds a B.A. in Political Science from Northwestern University.

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New Substances on the Scene

With the progression of globalization and the spread of information via the internet, new chemicals are moving from the lab to the recreational drug scene at an ever-accelerating rate. In 2012 the European Union’s Early Monitoring Centre for Drugs and Drug Addiction estimated a new drug was offered for sale every week on the internet. Over 100 novel substances were noted for the first time between 2009 and 2011. This presentation will broadly cover the classes of so-called legal highs or research chemicals and examine the harm reduction/public health concerns around their use.

Nathan Messer is the President of DanceSafe, a non-profit harm reduction organization with roots in electronic music subcultures. DanceSafe’s harm reduction mission is focused towards young recreational users of stimulants, psychedelics, and other ‘dance’ or ‘club’ drugs. DanceSafe distributes testing kits that help weed out adulterants in street drugs. They have chapters in several cities and DanceSafe.org reaches over half a million visitors a year.

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The Safer Injection Slideshow

The safer injection slideshow is a tool that invites folks who inject to share their expertise, experiences, and learn from others in the room. The slides and facilitation intend to show much respect for people’s individuality and choices. Slides have information about injection technique/vein care, the circulatory system, drug/set/setting, overdose, and HIV/HCV prevention. Slides and facilitation also invite folks to talk about their [complicated] relationships with drugs, other people, and about stigma and prejudice. The slideshow has traveled on a laptop to syringe exchange sites in garages, alleys, storefronts and vans and has lived large in conference rooms projected on walls. The slideshow is a tool for groups/workshops, one on one conversation, and is available online at www.tspsf.com for folks who would like to check it on their own. This workshop will instruct participants how to use the slideshow and offer suggestions about outreach, hospitality, and facilitation.
The Over the Influence Book Club

Over the Influence is an amazing self-help substance use management guide written by Adina Glickman, Jeannie Little, and Patt Denning of the Harm Reduction Therapy Center. For the past 3 years the Speed Project/Stonewall Project has hosted a weekly very low threshold (come high, come low, come sober, come as you are) Over the Influence Book Club. Folks are welcome to join anytime, on any chapter and we read and chat as we go. Over the Influence has been an incredible tool to invite folks into conversation, self-refection and self-discovery, community, and support for changes big and small. Terry Morris, Everett Holden, and Kevin Mosley, LCSW invite you check out how we market, host, and facilitate the book club.

Terry Morris began volunteering with the Atlanta Harm Reduction Center in 2001 learning from the fabulous Mona Bennett and exchange participants in the Bluff. Since 2005 Terry has coordinated the Speed Project (Stonewall/San Francisco AIDS Foundation) a harm reduction program for gay, bi, and heteroflexible men. Terry has had the pleasure of doing syringe exchange, facilitating harm reduction groups, and working side by side with amazing men and women from the community for the past 11 years.

Kevin Mosley, LCSW, started volunteering at the Thursday night Hemlock Alley location of the HIV Prevention Project (HPP) syringe exchange in 1998, then joined the program’s staff in 2000. Kevin was a volunteer with tweaker.org’s peer educator team, and in 2004 starting work as an individual and group counselor at The Stonewall Project, San Francisco’s only harm reduction substance use program for gay men. It’s been Kevin’s privilege & pleasure to learn from participants, as well as to work alongside some stellar harm reductionists. Xylor Jane, John Mullen, Kat Lamola & Alicia Rigby at HPP, Terry Morris at TSP, Sister MaeJoy B. and many others at Saint James Infirmary.

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PHRA giving stems to the masses

In 2008 the People’s Harm Reduction Alliance (PHRA) launched one of the nation’s first safer crack use programs. Over the past three and a half years our service has become increasingly popular. PHRA now distributes hundreds of crack kits each month and demand continues to grow. In this presentation, we will describe the history behind PHRA’s safer crack use program and what this service looks like today. Our presentation will focus on the practical steps other organizations can take to design and implement a successful program.

Organizing on Drugs

State of drug users unions in the western United States, Isaac Jackson, Lead Community Organizer, San Francisco Drug Users’ Union, Shilo Murphy, Executive Director, Urban, etc. Drug user organizing is relatively new to the Western United States. Two cities (San Francisco and Seattle) now have drug user unions. Both groups were founded around the same period (in the past three years) At HRC’s last conference in Austin 2010, both groups made their organizational debut

Shilo Murphy is a former homeless person and long-time resident of Seattle’s University District. He has worked at the University District needle exchange program for the past 16 years and is a co-founder and executive director of PHRA. Shilo is also a co-founder and president of the Urban Survivors Union. He also hates the East Coast harm reduction soccer team with every fiber in his body. Most importantly, he is a proud drug user.

Murray, David, NAOMI Patients Association, Vancouver, Canada

Heroin Assisted Treatment: NAOMI Research Survivors and Advocates

In January 2011, Dave Murray organized an independent group of participants from the North American Opiate Medication Initiative (NAOMI) heroin assisted clinical trials in the Downtown Eastside of Vancouver, BC. This group, the NAOMI Patients
Association (NPA), meets every Saturday at Vancouver Area Network of Drug Users (VANDU). The NPA offers support, education and advocacy to its members. Shortly after NPA began to meet they decided to work towards conducting their own research about their experiences as NAOMI research subjects. They were particularly interested in recording their experiences during and following NAOMI and making recommendations forfeiture heroin and drug substitution studies and programs. Their goal is to have alternative and permanent public treatments and programs, including heroin assistance programs, to improve consent and ethics, and ultimately to end drug prohibition. They are the only contemporary “research participants” in North America to receive heroin maintenance. They have unique knowledge about the NAOMI project and its impact. The following presentation draws from lived experience, advocacy, focus groups, creative writing and NPA meetings. The NPA will also discuss how US immigration policy and the war on drugs contribute to exclusion and discrimination of drug users. The NPA has been excluded from past US conferences due to restrictive immigration policy that bars people who have ever used criminalized drugs, sex workers, and people with a criminal record. The NPA was inspired by Allan Clear’s recent activism publicizing this issue in relation to the International AIDS conference held in Washington DC. We propose a panel or workshop at the National Harm Reduction Conference that highlights the ongoing issue of exclusion and discrimination, while bringing the experiences and advocacy of the NPA members to the National Harm Reduction Conference via Skype. We propose that the NPA members below use Skype (or any other technical medium that the conference can support) to virtually present at the National Harm Reduction Conference.

Dave Murray is the founder of the NAOMI Patients Association (NPA) and a volunteer at Vancouver Area Network of Drug Users (VANDU). Dave contributed to the NPA Report, NAOMI Research Survivors: Experiences and Recommendations. Dave is also a board member of the Downtown Eastside Neighborhood Council, BC Yukon Association of Drug War Survivors, PIVOT Legal Society, Pacific Hepatitis C Network, and Acting Secretary for the Canadian Association of People who use Drugs.

Dianne Tobin is the president of the British Columbia Association of People on Methadone (BCAPOM) and a board member of Vancouver Area Network of Drug Users (VANDU). Diane is a co-creator of the assisted 6 injection program at VANDU and co-authored two papers on assisted injection and was elected to the first board of the BC Yukon Association of Drug War Survivors in 2009. Dianne is a member of the NAOMI Patients Association (NPA) and contributed to the Report, NAOMI Research Survivors: Experiences and Recommendations.

Susan Boyd is a Professor in Studies in Policy and Practice at the University of Victoria. She is the author of Hooked: Drug films in Britain, Canada, and the US; From Witches to Crack Moms: Women, Drug Law, and Policy; Mothers and Illicit Drugs: Transcending the Myths; co-author of Raise Shit! Social Action Saving Lives; and co-editor of With Child: Substance Use During Pregnancy: A Woman-Centred Approach. With NPA, she co-authored the Report, NAOMI Research Survivors: Experiences and Recommendations.

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From the Ground Up
There is increasing evidence highlighting the meaningful involvement of people who used drugs in reducing stigma and discrimination associated with HIV, Hepatitis C, and health care issues. Groups led by peers are an effective mechanism to ensure meaningful participation in working with their peers to reduce barriers through education, advocacy, and support. Alberta Addicts who Educate and Advocate Responsibly (AAWEAR) is a group comprised of people who currently and/or formerly use drugs who serve as a provincial voice to represent the concerns and needs of community members across Alberta, Canada. The project evaluation report found that by giving people a voice, people who use drugs gain self-esteem. The increased self-esteem increases their capacity for self-care and the confidence to take on increasing levels of responsibility and leadership. Members and group facilitators highly value the AAWEAR model of engaging people who use drugs in collective support, and education, and in taking action that gives voice to their experience and strives to influence change. The report showed the need for the development of peer led outreach as an effective approach in providing information for safer use, health information and access to health, social and housing referrals. This approach has now been implemented.
as a successful addition to this initiative. Clients value the support of a stable peer who can provide advice and information from a perspective of shared and similar experience. The peer outreach workers lived experience contributes to the success of the initiative.

Diane Nielsen is a nursing graduate from the University of Ottawa. Her experience has taken her across Canada & Germany. Her last 15 years of experience has been working with high risk marginalized populations with a history of addiction. Her research & publications have focused on enhancing equality in policy & practice for those experiencing marginalization in relation to their health care.

Rosemary Fayant is a person with a history of addiction. She is an Outreach Worker with Streetworks.

**For Taking Care of Ourselves: A Peer Based Approach to Transgender Hormone Care**

The St James Infirmary started in 1999 as a way for sex workers to access non-judgmental healthcare from peers who understood life in the sex industry. When we developed our transgender care program, it was with those same principles - to create a hormone program that combined peer counseling and medical care with an informed consent, comprehensive mental and physical healthcare approach. In this workshop we will discuss the ins and outs of creating programming that builds a collaborative approach between providers and participants to empower trans people to be active in their health care decision making. In a marginalized community who has often been medically pathologized we believe that an approach that supports people in being honest and strategizing around their goals is vital to the overall well-being of trans people. Our workshop will cover our psychosocial questionnaire, the STRIDE zine, the harm reduction approach to medical care, support groups for the trans community, and doing needle exchange with hormone users.

Attendees will leave with an understanding of the benefits and difficulties of this approach to hormone care.

**ACT UP! RISE UP! Young people discuss grassroots AIDS organizing**

In a post -protease inhibitor world, grassroots AIDS organizing has diminished and been replaced by non-profit HIV service organizations. As the state approach to HIV prevention increasingly becomes rooted in a biomedical approach - social justice activists seeking to organize around decriminalization and ending stigma are forming community responses including direct action. This panel will focus on the experiences of the next generation of AIDS activists - people who came of age two decades after the AIDS crisis began. How do we draw inspiration from culture changers such as ACT UP, Queer Nation, and Diseased Pariah News in a new HIV/AIDS landscape? We will discuss the priorities of youth, the repercussions of trauma, and how we can create intergenerational networks to unite for HIV prevention and care justice. Panelists will be speaking from the experience of organizing to reform a San Francisco ACT UP chapter - What has and hasn’t worked for us and where do we go from here?

Cyd Nova is the harm reduction and STRIDE program coordinator for St. James Infirmary - a clinic serving current and former sex workers in the bay area. He is an organizer with Homonomixxx - a theatrical group of queers organizing for economic justice - and ACT UP – AIDS Coalition to Unleash Power.

**Law Enforcement Assisted Diversion: Reducing the Harm of Drug Law Enforcement**

Is it possible to reduce the harm caused by enforcement of drug laws? Is it possible to incorporate law enforcement into a
harm reduction project? The answer is yes. One approach is through pre-booking diversion. The Racial Disparity Project of The Defender Association and ACLU-Washington have worked to make arrest the strategy of last resort for non-violent drug and prostitution offenders in Seattle-King County. We worked with community leaders, elected officials (including the City Attorney and County Prosecutor), and, most importantly, law enforcement agencies to implement a pre-booking diversion program. This model was widely embraced by local stakeholders and began operating on a pilot basis in October 2010. Called Law Enforcement Assisted Diversion (LEAD), this project offers eligible arrestees diversion into case management at the point of arrest as an alternative to normal booking, charging and potential prosecution. The model will be evaluated for individual level impact, community perceptions of public safety, and cost benefit. We intend to demonstrate that this is cheaper than criminal justice system efforts and is replicable. This presentation will summarize: the development and implementation of LEAD, its core operational principles and practices, and preliminary results from the first year of operations. Is it possible to reduce the harm caused by enforcement of drug laws? Is it possible to incorporate law enforcement into a harm reduction project? The answer is yes. One approach is through pre-booking diversion. The Racial Disparity Project of The Defender Association and ACLU-Washington have worked to make arrest the strategy of last resort for non-violent drug and prostitution offenders in Seattle-King County. We worked with community leaders, elected officials (including the City Attorney).

Kris Nyrop is Program Director for the Racial Disparity Project at The Defender Association in Seattle, WA. He was the Executive Director of Street Outreach Services in Seattle from 1997-2007. He has worked as an outreach worker, researcher, and trainer in the area of HIV/AIDS prevention, hepatitis C prevention, syringe exchange, harm reduction and drug policy reform since 1988. He has consulted with projects throughout the U.S. as well as in Canada, Russia, and the Republic of Georgia.

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Drug user organizing in Eastern Europe

Eurasian Harm Reduction Network (EHRN) unites over 300 organizations and individuals from 27 countries of Eastern Europe and Central Asia. Since early 2000s it aims to support drug user organizing on national and regional levels, and to ensure their involvement in drug policy reform and human rights advocacy. For Eastern Europe, 2010 can be marked as a start of the new phase of regional drug user movement: in February 2010 EHRN helped to organize a meeting for drug users from 7 countries that led to creation of Eurasian Network of People Who Use Drugs (ENPUD). In 2011, EHRN and ENPUD organized active participation of people who use drugs in processes of Global Commission on HIV and the Law. Over 30 complaints illustrating a wide range of human rights violations were submitted to UNAIDS and the Global Commission, and used to create HIV and Law in EECA report which is used as a tool of drug user rights advocacy. In July 2012 EHRN and ENPUD will organize Kiev HUB – a special forum that will help to develop messages on behalf of people who use drugs for the International AIDS Conference and other international events.

Access to hepatitis C treatment

Epidemics of viral hepatitis C represent a growing public health catastrophe in most countries of Eastern Europe and Central Asia (EECA). Though hepC surveillance systems are not in place in many EECA countries and treatment demand is not well documented, existing evidence indicates that HCV prevalence among the region’s drug users is among the highest in the world and treatment access for members of this most-at-risk population is extremely limited. In 2011 - 2012, EHRN conducted a situation assessment in Georgia, Kazakhstan, Kyrgyzstan, Lithuania, Russia and Ukraine. As a result, HepC treatment prices in different countries have been compared, national HepC policies analyzed and treatment guidelines evaluated. EHRN uses results of the study to organize communities in the region around regional HepC strategy and umbrella campaign for better access to treatment.

Dasha Ocheret came into the sphere of harm reduction in 1998 as a volunteer of a Moscow outreach project, and her 13 years’ experience in harm reduction in the countries of Eastern Europe and Central Asia include information management, work of a
Working with the Media in Harm Reduction

Drug use and its related crime, health, and social impacts are popular topics in the media. Organizations doing harm reduction work may be called upon by journalists to describe new trends, concerns, and solutions. In some cases, media coverage may benefit the harm reduction cause and populations served and damage it in others. What are some examples of both, and what advice can we provide to organizations who receive media requests?

Kathy Oliver, Kathy Oliver is the Executive Director of Outside In, Portland OR. She began her work to establish one of the nation’s first syringe exchanges in 1987. She continues to be dedicated to harm reduction.

Kim Toevs, Kim is the Manager of the STD/HIV/Hepatitis C program at the Multnomah County Health Department in Portland, OR. Kim’s work in harm reduction started with needle exchange.

Tenderloin Blues and Silver Linings: voluntary substance use treatment with tenants in supportive housing

The Treatment and Supportive Housing (TASH) program of Community Housing Partnership is a SAMHSA funded out-patient substance use treatment program that serves tenants living in permanent supportive housing in San Francisco. TASH provides interventions targeted to clients in the “Contemplation” Stage of Change. Through creation of strong partnerships, assertive outreach, and creative opportunities for consumer participation, TASH supports clients address goals such as: housing retention, decrease in mental health symptoms, improved social connections, and civic engagement/employment. Identify three effective interventions for clients just starting to contemplate change around their substance use. Identify three replicable components of assertive outreach. 3rd goal: Identify three ways to increase consumer participation in creation of service provisions

Dara Papo, LCSW is the Clinical Services Director at Community Housing Partnership which runs the TASH and provides permanent supportive housing in SF. She has trained at HRTI on various topics related to mental health.

Sarah Thibault, MSW, is Treatment Coordinator with TASH and has worked in harm reduction for many years.

Jamie Chang is a research associate at Davis Y. Ja and Associates. She is the on-site evaluator for TASH.
Implementing a wound clinic on a needle exchange van: The Baltimore experience

Injection drug users (IDUs) are at a higher risk for injection-related wounds such as abscesses and chronic wounds. Multiple studies have found the prevalence of wounds in this population to be around 30 percent. Concerned about the high prevalence of wounds among IDUs, the Baltimore City Health Department Needle Exchange Program (BNEP) partnered with the Johns Hopkins Wound Healing Center to establish a wound care program on the BNEP mobile units. This collaborative wound care program offers clients free medical care for their wounds, including cleaning of the general area, incision and drainage, and prescription antibiotics, which are provided on site. The goal of the program is to decrease wound prevalence among BNEP clients by 20 percent, and decrease emergency room visits for wounds by 50 percent. This presentation will describe the development and implementation of the program, as well as lessons learned and resources for other programs looking to establish similar programs.

Ju Park is a Master of Health Science candidate at the Johns Hopkins School of Public Health interested in HIV prevention among marginalized populations. She previously worked in the areas of outreach, drug counseling and hepatitis C research in Sydney, Australia.

Harm Reduction and Supervised Injection: Policy lessons from Vancouver

North America’s first supervised injection site (Insite) opened in Vancouver, Canada in 2003 in response to a health crisis of increasing HIV and Hepatitis C infections and overdose deaths amongst intravenous drug users. As communities throughout North America look to reduce drug-related harms, many have looked to Vancouver for guidance. Understanding the social and political processes that shaped the development of Insite is a critical step toward identifying the factors that may catalyze the development of similar approaches in other communities. This presentation draws upon analysis of primary documents, including council minutes, and municipal drug policy reports, as well as qualitative interviews with sixteen members of provincial and municipal governments used to understand how harm reduction, and Insite went from taboo to mainstream. The presentation will discuss the findings that when public and political and community values align support for alternatives, including harm reduction programs and supervised injection, is possible. In September 2011, the Canadian Supreme Court upheld Insite’s right to operate, and since then interest in similar sites has grown. This presentation, in drawing on lessons Vancouver learned, helps create a base on which other cities looking for similar solutions can build.

Emily-Anne Paul completed her Master of Arts in Political Science in 2010 having studied the political decision making processes behind the development of harm reduction programs in two Canadian cities. Since graduating, Emily-Anne has worked in health policy and communications for governmental and non-profit organizations. Emily-Anne is currently based out of Vancouver, Canada.

Stigma is Injurious in All Circumstances: Redefining Harm Reduction Psychotherapy for the Managed Scare Era

This workshop will examine the challenges, rewards, and the lessons learned from partnering in harm reduction psychotherapy with people living with serious and persistent mental illness, HIV, disabilities, and a history of trauma and oppression. It will address the impact of stigma as it impacts advocates and their partners, creative best practices to prevent
burnout, and a harm reduction psychotherapy model that seeks to defy the fragmentation and resulting degradation of current care paradigms for the poor, sexual minorities, and those whose narrative is silenced by the very systems that claim to facilitate healing and change. This workshop will be interactive and draw upon actual cases and outcomes from the clinician/presenter’s work with clients living with multi-level vulnerabilities whose inspirational resilience and strength have redefined harm reduction psychotherapy to prevail and thrive in the managed scare era.

Lorraine Mary Pirro received a Master of Science in Social Work in Advanced Clinical Practice from Columbia University and a Master of Arts in Educational Theatre from New York University where she focused on utilizing drama in the therapeutic process with children. She holds a Bachelor of Arts in Psychology from Vassar College and is a licensed clinical social worker (LCSW) in New York.

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Bridging Correctional and Community Care
HIV-positive drug users face numerous barriers to staying in medical care and adhering to medications. Challenges include lack of housing, recidivism, co-occurring mental health issues, and lack of transportation. It is not uncommon for clients to receive consistent medical care while incarcerated, but to fall out of care when released into the community. Other people might be in good HIV care in the community, but don’t want to disclose their HIV status during incarceration. I will speak about these issues, drawing on my experience as a case manager with Project Bridge – a community based intervention working with HIV-positive drug users as they manage their HIV care through the revolving door of parole and probation and incarceration. What is Project Bridge and can it work? Project Bridge is designed to assist HIV positive drug users with their health care needs. By using a team-based approach of a doctor, social worker, and outreach worker, Project Bridge aims to increase continuity of care and medication adherence for HIV positive drug users by bridging:
— Correctional HIV care to community HIV care
— New and out of care positives in the community to HIV care
— HIV care to other services

Christina Powers received her Master’s in Social Welfare from UC Berkeley in 2011 with a focus in community mental health. From 2003 to 2005, she worked with dually diagnosed homeless adults. From 2005 to 2009, she worked as an investigator for the Habeas Corpus Resource Center – a California state agency that represents death row inmates through their appeals process. She currently works as a clinical case manager for HIV positive adults with substance abuse issues who are on probation or parole.

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Navigating Drug Use, HIV & Sex Work
Transgender women of color, particularly those who are homeless, marginally housed, and exchanging sex for money or drugs are among the most vulnerable, high-need, and poorly understood communities in New York City. Transgender people who want to improve their health and well-being experience numerous barriers and unique challenges not faced by other high-risk populations. Some of these barriers are deeply rooted in misconceptions and fears about transgender people and about those who use syringes to inject illicit drugs, silicone, or hormones and those who are sex workers. Positive Health Project successfully serves hundreds of women of color who are transgender annually using a harm reduction modality. Harm reduction is an affirming and pragmatic approach to diminishing the individual and social harms associated with drug use, especially the risk of HIV infection. It seeks to lessen the problems associated with drug use through methodologies that safeguard the dignity, humanity and human rights of people who use drugs. This session will demonstrate the efficacy of incorporating harm reduction as a modality to successfully engage and provide direct services to women of color who are of transgender experience navigating issues related to drug use, sex work and HIV/AIDS.
Race Matters: History of African Americans in HR

African-Americans have long played a central role in the development and implementation of harm reduction responses to the HIV/AIDS epidemic and its corresponding drug related harms; particularly given its disproportionate and sustained impact on this community. Yet harm reduction remains controversial and practitioners isolated. The history of African-Americans in harm reduction and outline how the emergence of harm reduction practices are tied to specific US historical, political and socio-cultural determinants. Exploring how harm reduction efforts led by African American practitioners can be mobilized to address social inequities—diminishing educational and economic opportunities, discriminatory law enforcement practices, questionable drug policies and the criminalization of drug use—that continue to drive the HIV/AIDS epidemic and drug related harms in African-American communities.

Ms. Amu Ptah joined Positive Health Project (PHP) in 2009 and currently serves as the Co-Executive Director and Chief Program Officer. PHP is a New York City based organization working to reduce the spread of HIV/AIDS and other diseases by providing holistic health and prevention services. Amu brings to PHP 18 years’ experience working with not-for-profit organizations committed to advancing community health, progressive social change and community empowerment.

Rachael, Duke, Home Forward’s Bud Clark Commons, Portland, Oregon
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It Takes a Village (and systems alignment)

Come hear from local (Portland) providers and the housing authority (Home Forward) about the conception and implementation of a unique housing resource that intentionally focuses 130 units of permanent supportive housing on people who are vulnerable and homeless. We will review our use of the Vulnerability Assessment Tool (courtesy of Seattle’s Downtown Emergency Service Center) and talk about the partnerships and services that support our residents in this housing first/ harm reduction community. We will share some lessons we learned and, if time permits, can even provide a tour of the Leed Platinum building - Bud Clark Commons- for those interested.

Rachael Duke is the Manager of Operations and Partnerships at Home Forward’s Bud Clark Commons which contains a men’s shelter and day center (both managed by a local non-profit) as well as 130 units of permanent supportive housing managed by Home Forward for formerly homeless individuals. Ms. Duke has worked at Home forward, previously known as the Housing Authority of Portland, for 11 years.

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Portuguese Drug Policy: Stay Human

Portugal decriminalized all drug use 10 years ago and stopped the war on drug users. With decriminalization the rates of drug addiction, in particular to opiates, did not increase. The government massively expanded drug treatment services and created a low threshold mobile methadone delivery system that serves up to 1300 per day. They created Commissions for the Dissuasion of Drug Addiction, staffed by social workers and psychologists that work with drug users in a non-punitive manner. I was recently in Portugal and interviewed drug policy experts and front line workers so this is an eyewitness account. The Portuguese have implemented drug policy and drug treatment that is based on harm reduction and the results are amazing.

The Portuguese model has important lesson for the United States which I will also discuss.

Helen Redmond is a licensed clinical social worker and a certified alcohol and other drug counselor. She has worked with drug users for over ten years as an individual therapist and a support group facilitator. Helen is adjunct faculty in the Addiction Studies
Cannabis, Meditation and Meth

An innovative substance abuse treatment venue that diverges from the traditional medical model is mindfulness practice. Mindfulness practice refers to an awareness of the relationship between thoughts and bodily sensations. The goal of mindfulness practice is to quiet outside noise and focus on enhancing that connection, often through breathing exercises and other meditations. In treating substance use disorders (SUD’s), mindfulness practices such as meditation are used to control cravings, help participants focus on the relationship between their addictive voice and their physical self, and aid in relapse prevention (Appel, Kim-Appel, 2009; Witkiewitz, Marlatt and Walker, 2005). Furthermore, it is posited that the act of stress reduction associated with mindfulness practice can reduce the likelihood of straying outside one’s self-imposed drug use boundaries (Marcus and Zgierska, 2009). Many medical cannabis patients are using cannabis as substitute for a more harmful substance. Reasons most often cited include less negative side effects from cannabis and less chance of dependence and withdrawal from cannabis (Reiman, 2009). Indeed, cannabinoids such as THC and CBD have been shown to block craving receptors in animal models for substances such as nicotine and opiates (Muldoon et al, 2011; Blume et al, 2011; Ramesh et al, 2011). It can then be hypothesized that the use of mindfulness practice in conjunction with cannabis use might facilitate a reduction in more harmful substances. The following study investigated this hypothesis by posing the question: Is mindfulness practice and cannabis use associated with a reduction in craving for methamphetamine? Method: This was a series of 8 single case studies utilizing a pre-post survey design. Data were analyzed both at the individual and aggregate level. The intervention consisted of six weeks of mindfulness training, each session meeting once per week, lasting one hour. In addition, participants were asked to track their meditation practice, cannabis and other substance use in between meditation sessions. Sample: The sample for this study originally consisted of 10 medical cannabis patients who are actively participating in harm reduction around their methamphetamine use. The sample was recruited from a local harm reduction program in San Francisco. All participants were medical cannabis patients and members of SPARC, a medical cannabis dispensary located in San Francisco. Two participants did not complete the study. Results: Overall, the program was successful in reducing cravings for methamphetamine and increasing mindfulness. Very low levels of methamphetamine and alcohol use were reported by participants, however, cannabis use remained high and most participants meditated outside of the weekly session. Outside meditation significantly predicted a reduction in cravings and an increase in mindfulness. On an individual level, one participant reported the greatest reduction in craving and increase in mindfulness. That participant also reported the most outside meditation, and had high levels of cannabis use. The cannabis, methamphetamine and alcohol use of this participant was similar to those with less successful outcomes. Points of Discussion for Presentation: Implications for the use of cannabis and mindfulness practice as a method of maintaining substance use boundaries and preventing craving and relapse will be discussed, as well as possible mechanisms for action for mindfulness interventions for substance dependence.

References:


Research Triangle Park, NC, USA, Page P2-21.


Amanda Reiman, MSW PhD is the Director of Research For Berkeley Patients Group, a community-based medical cannabis dispensary, an Affiliate Scientist at the Alcohol Research Group, and a lecturer in the School of Social Welfare at UC Berkeley. Dr. Reiman has published numerous articles on medical cannabis dispensaries, patients and the use of cannabis as a substitute for alcohol. Dr. Reiman is on the Medical and Scientific Advisory Board for Americans for Safe Access, and served as the Chairwoman

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Substance Use Education and Harm Reduction in Rural/Suburban Communities

In a rural/suburban setting, encounters with substance users are limited by various constraints; the number of resources available is insufficient to meet the needs of the population. Often, many users are unable to access treatment services when they are ready to recover. One means of providing harm reduction education is the Safety Counts DEBI, however, the curriculum was not designed for rural communities, as the using population is not large enough to sustain groups for a long period of time. Additionally, all treatment programs are abstinence based and a large percentage of users have a negative perception of the local resources from personal experience or the experience of their peers. A shift to a program based in harm reduction and the Transtheoretical Model of Behavior Change has proved successful as a stop-gap measure for substance users that are waiting for spots in treatment programs. An additional challenge has been engaging local providers to accept the program as an enhancement to care, rather than an alternative.

Alisa Reynolds is the Substance Use Outreach Coordinator for the Southern Tier AIDS Program (STAP). The Substance Use Outreach grant uses the Safety Counts curriculum, in addition to one-on-one meetings with individuals, to educate out of treatment active substance users, as well as individuals just starting their recovery process, regarding a variety of risk reduction strategies. This combination of services assists individuals with getting education, providing opportunities for behavior change and referrals to treatment, as well as promoting access to other needed services within the community.
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Anti-Oppressive Supervision & Therapy: Challenging Boundaries and Business as Usual

Providing psychotherapy and supervision in a harm reduction model challenges our traditional professional ideas about roles and boundaries. Our educational institutions in social work, psychology, rehabilitation and medicine teach us about the need for boundaries to create safety in which to work. Yet each of these disciplines lack a focus on the need for flexibility in these boundaries that facilitate the work across the intersection of identities, particularly those related to stigma and oppression such as race, class, poverty, mental health challenges and drug use. A structural analysis of how these identities are present in both the supervisory and therapeutic relationships provides a framework in which to revisit the notions of boundaries and individualize them based on the paired identities of the supervisor/worker and worker/therapy partner. The results of this analysis first play out in how the supervisor views the relationship, one of equal partnership and power, and how this dynamic is passed on from supervisee to therapy partner—and then—from the supervisee as supervisor over the longer term, transforming the paradigm. This analysis allows us to create a new blueprint in which to renegotiate boundaries, accounting for the complex manifestations of privilege and oppression and inviting the lived experience of people that we work with to shape the therapeutic/recovery process. Working from this analysis clarifies the effects of historical and ongoing trauma on the lives of people who are stigmatized and oppressed such as those who use substances and those with mental health vulnerabilities. It also helps us to regain our mutual humanity, maximize potential, and refocus our energy—all of which ultimately redefine and facilitate recovery rather than maintaining a focus on symptom management.

Dr. Riedel received a Ph.D. in Social Work from Columbia University School of Social Work in 1998 and an MSW from Hunter College School of Social Work in 1985. Since earning her MSW, Dr. Riedel has worked as a social worker with adolescents, people living with and affected by HIV/AIDS (PLWA), and people with problematic use of drugs and alcohol. She teaches, trains

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Building Communities 24/7/365 with Online Learning

With HRC/Oakland staff, we produced HRC's first video on-demand online training: “Overview of Harm Reduction”. Launching mid-2012, anyone with broadband internet and a credit card can immediately access training. Modeled after a classroom training, this online course has 2.5 hours of video subdivided into three modules:

— “What is Harm Reduction?”
— “Understanding Harm”
— “Principles & Practice”

Our live web-based demonstration will include:

— Highlights from video/slide content [including film clips from well-known Harm Reduction filmmakers].
— Excerpts that “address the many critical issues affecting the drug user community including overdose, HIV, hepatitis, incarceration and stigma” in line with 2012’s theme “From Public Health to Social Justice”
— Walking the audience through quiz questions; previewing the course CEU certificate; Our opinion: online trainings should not replace traditional trainings, but rather can increase training access for students who cannot afford the costs, travel/educational leave time for classroom trainings. While our workshop may not offer specific skills-building.

Chris Routh has over 20 years’ experience producing video-driven interactive media content—from Laserdisc video kiosks, interactive CD ROMs, websites, live and video-on-demand webcasts to DVDs and video on-demand online courses. His productions have won industry awards including a Gold New Media InVision Award, a Cannes Gold Lion- and “Best of the Web” accolades from CNET and Alta Vista. Chris’ online training clients include video on-demand webcasts of the nationwide PBS TV show ‘Mon-
eyTrack’, prenatal expert Sarah McMoyler’s “The Best Birth” parenting class- and now the Harm Reduction Coalition’s first video on-demand online training.

Shannon has been nursing for over a decade in both Canada and the US. She was introduced to harm reduction during a nursing student placement in the Downtown Eastside of Vancouver, BC, Canada. Since 2003, Shannon has continued her frontline harm reduction work as the functionally bilingual Clinic Manager of the Mission Neighborhood Resource Center- the only drop-in center for homeless adults in San Francisco’s primarily Latino Mission District. MNRC continues a multi-year collaboration with the Harm Reduction Therapy Center in Oakland.

Ristau, Shannon, Ecumenical Ministries of Oregon, Portland, OR
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Harm Reduction in a Community-Based Setting
Ecumenical Ministries of Oregon’s HIV Day Center is a community located in Portland, Oregon, that strives to address the basic needs of individuals living with HIV/AIDS in a manner consistent with the values of respect, compassion and safety. The drop-in center provides two hot meals and shelter four days each week. Additionally, clients have access to phones, a mail drop, computers with internet access, Wifi, washer and dryer, clothing, a shower, and hygiene supplies. Staffs are available for counseling, information and referral, and help with problem solving. The Day Center also provides therapeutic and recreational activities, including haircuts, foot care, bingo, and field trips in order to foster a peer community of support for individuals in managing their HIV disease and other daily challenges. The Day Center embraces the harm reduction model to serve those most in need and honor where clients are in their lives. Although we have a strict no drug or alcohol use policy, medical marijuana use and mental health symptoms which can present as substance use complicate our effort to provide clear boundaries and safety. How do you honor the needs of those in recovery and those still struggling with substance abuse in a community setting?

Shannon Ristau is a social worker at Ecumenical Ministries of Oregon’s HIV Day Center. She has been working in the HIV/AIDS community in Portland, Oregon since 2007. She received her undergraduate degree from Smith College in Northampton, Massachusetts, and her Masters in Social Work from the University of St. Thomas/St. Catherine’s University in St. Paul, Minnesota. Shannon is currently working on her clinical social work license.

Robelo, Daniel, Drug Policy Alliance, New York, NY
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Medicalization: Reducing Harm, Regulating Supply
Harm reductionists have for decades recognized the efficacy of medication-assisted treatments for people who struggle with dependence to heroin and other opioids. Often called replacement therapies, these programs permit doctors to prescribe one or more pharmaceutical drugs—including not only methadone and buprenorphine but also heroin-assisted treatment (HAT)—to people with drug-related problems in order to improve their mental and physical well-being. These interventions have proven enormously successful in dozens of cities in Europe and Canada in terms of reducing the harms of drug misuse. They also provide links to treatment and thus have the potential to reduce the demand for illegal drugs. But another, less well-recognized outcome is that these programs regulate the supply of drugs for a limited subsection of the using population – who, while a minority of all users, consume the vast majority of all drugs. By extension, evidence suggests these programs can succeed in shrinking the size of illicit drug markets – an important but neglected fact in the evolving international debate about alternatives to drug prohibition. HAT programs are the best understood, but by no means the only, medicalization model for currently illicit substances that succeeds in reducing harm, reducing demand and regulating supply. Emerging research suggests that potential replacements for stimulant dependence could be developed through further study of dextroamphetamine, modafinil or other stimulant medications. Medical marijuana has also proven
a successful model for regulating the marijuana supply for a select (but growing) group of consumers in the 16 states and DC where it is legal, and best estimates suggest that in so doing these programs have removed over one million consumers from the illicit marijuana market. This presentation reviews the existing research about how HAT programs reduce the number of heroin consumers who rely on the illegal heroin market. It will also explore the evidence from the U.S. of how medical marijuana programs have similarly reduced the number of marijuana consumers who rely on the illicit market - both for marijuana (through regulation) and for other illicit drugs (through substitution). Finally, the presentation will conclude with an update on the state of research into novel replacement therapies for stimulant dependence (e.g. methamphetamine and cocaine). Throughout, the presentation will situate the overwhelmingly positive results of research into medicalization within the broader context of the growing debate on legalization, decriminalization, regulation and other alternatives to global prohibition.

**Healing a Broken System: Harm Reduction & Veterans**

After returning from Iraq and Afghanistan, hundreds of thousands of U.S. veterans struggle with mental and physical illnesses and injuries that can lead to self-medication, addiction, incarceration, fatal overdose, homelessness and suicide. Without needed treatment and focused harm reduction interventions, many of these veterans will become casualties of the war on drugs. This presentation will give an overview of substance abuse and mental health problems among U.S. veterans, and some of the barriers veterans face in receiving effective treatment for these conditions—including lack of access to methadone and buprenorphine, medical marijuana, and naloxone. The presentation will also discuss the devastating effects of incarceration on veterans in need of treatment. It will then review the steps taken to-date to improve veterans’ care, and recommend harm reduction strategies urgently needed to ensure the health, promote the safety, and protect the freedom of returning service men and women. (Co-Presenter: Gelay, Jessica)

Daniel Ernesto Robelo is a Research Associate with the Drug Policy Alliance in Berkeley, California, where for the last seven years he has helped advance drug policy reform. He is co-author of DPA’s report, healing a Broken System: Veterans Battling Addiction & Incarceration. He also focuses on raising awareness about the drug war’s impact on Latin American and Latino communities. Mr. Robelo graduated from the University of California, Berkeley, with degrees in Political Science and History.

Jessica Gelay began advocating for medical cannabis patients in 2005 in southern California. She has worked with individual patients and physicians and representative groups to promote mainstream acceptance of cannabis as medicine and to diminish prevailing stigma surrounding cannabis’ harms. In 2005, when some CA counties still refused to issue ID cards to medical cannabis patients, Jessica pioneered a physician-driven online system to protect patient rights in the event of an encounter with law enforcement that, at its height, had over 150,000 active patients. Currently, as Policy Coordinator in the Drug Policy Alliance’s New Mexico office, she focuses on difficulties faced by US military veterans who may be helped by medical cannabis, but who’s access to quality care is often made difficult by current prohibitionist policies and the still pervasive negative opinions of many clinicians surrounding the use of cannabis as medicine. Jessica is working to pressure the VA to embrace harm reduction for the health of veterans by changing their policy to allow VA doctors to recommend cannabis. Jessica believes market alternatives to prohibition can improve the overall public health of our nation and the safety of our communities at home and abroad.

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**Cultural Adaptation of Overdose-training materials**

Studies have shown that injection drug users (IDUs) are at high risk for fatal opiate overdose (OD). Opioid OD leads to hypoxia and death by depressing respiration, yet opioid ODS are generally amenable to bystander response, which can increase the probability that OD victims survive. OD prevention training materials in Mexico are scarce. Educational materials developed in the U.S. tend to prioritize community-distributed naloxone use, currently an unheard of practice in Mexico, which limits their applicability. We set out to culturally adapt and translate a U.S. graphic novel (fotonovela) on OD prevention. In collaboration with volunteer IDUs, local hit doctors, and service providers in Tijuana, BC, Mexico, our first draft included OD stories...
with local barriers to OD prevention and response discussed in focus groups. The fotonovela concentrates on prevention: recognition of OD signs and symptoms, stimulation, rescue breathing, and recovery position as rapid responses. The importance of requesting emergency-responders and tips on how to reduce the risk of police response in this context are given in our collaborators’ vocabulary. Local myths about OD and OD mechanisms are also addressed. The resulting prevention material is specific to our community, the work of a true collaboration, ready to be distributed for printing amongst service providers, and already accepted by some members of the population it is bound for.

María Luisa Rolón is a 3rd year medical student at Universidad Xochicalco, School of Medicine in Tijuana, Mexico and a B.S. in Biochemistry from San Francisco State University, CA. She is currently working in Proyecto PAREJAS (PI: Strathdee) with the Division of Global Public Health at the UCSD School of Medicine as a HIV and border project outreach assistant in Tijuana, México. The materials of this presentation were created in the practicum part of the TIES2 certificate program she is in.

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NPEP Counseling as Entry Point for Harm Reduction
Non-Occupational Post-Exposure Prophylaxis (nPEP) Social Work Counseling as an Optimal Entry Point for HIV Risk & Sexual Harm Reduction Human behavior is complex and notoriously difficult to change. It has proven to be even more challenging to change behaviors linked to taboo and stigma-associated matters, namely human sexuality and drug use. Often, prevention and harm reduction efforts have either been very broadly focused towards “at risk” communities, leaving it up to the individual members of the targeted community to decide whether or not the message applies to them. Individual counseling during HIV testing & STD screening has also not proven to be extraordinarily effective in creating lasting change in individual’s sexual and drug using behaviors. Individuals who seek out nPEP treatment after a risky sexual or drug using encounter are a unique population who appear to be ripe for significant behavioral change. These are a group of people who are clearly engaging in risky behavior and who recognize that they are at risk for contracting HIV, and consequently are trying to protect themselves. Rarely do we as providers have access to individuals BEFORE they become infected; especially those who appear motivated to protect themselves. Social work intervention with recipients of nPEP treatment consequently could be an optimal entry point for HIV/HCV risk & sexual harm reduction.

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Training for Law Enforcement and First Responders
The stigmatization of substance users, especially IDUs, in Tijuana, Mexico, has important health and social consequences. As first-responders (FRs), law enforcement officials, firefighters and EMTs, must understand the context of substance use in order to protect IDUs’ human rights. We set out to create a 15-hour training program to improve FRs’ attitudes and behaviors towards IDUs. We have also designed an evaluation component to determine the impact of the training program. The program is geared to improve FRs’ general knowledge (ethical obligations, rescue breathing, use of opioid-antagonists) and attitudes towards vulnerable populations, ultimately preventing overdose death by increasing service assistance. Training materials (presentations, study manual, evaluation system) were developed in collaboration with service providers and IDUs. In this course, FRs must understand, explain and interpret overdose mechanisms and will be able to recognize and respond to overdose. Lessons learned from this project may have applicability beyond Tijuana, Mexico.

Alfonso Romo, MD, Professor of Physiology and Pharmacology at Universidad Xochicalco, School of Medicine, and Universidad Autónoma de Baja California (UABC) in Tijuana, México. Dr. Romo is an Anesthesiologist and Medical Director at Hospital del Carmen in Tijuana. He is also a MSc candidate in Pharmacology at UABC. This work is the outcome Training, Internships, Exchanges, Scholarships [TIES2] Program US-México Binational Certificate on Drug Addiction & Related Harms.
Ross, Alessandra, California Department of Public Health, Office of AIDS, Sacramento, CA
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Aren’t you Just Enabling? Responding to Objections to Harm Reduction

As harm reduction becomes more integrated into mainstream medical and social service systems in the U.S., more harm reductionists will find themselves explaining—and defending—the basic principles and practices of the work. People who do the work of teaching, explaining and persuading are often confronted with significant resistance or attack from groups and individuals, whether it comes in the form of provocative questions, direct challenges or hostile arguments. In this experiential workshop participants will review the most common objections to harm reduction and practice some simple strategies to respond to questions, diffuse tension and win allies. The session will include practice using tactics that work with specific groups (such as police) that have traditionally opposed harm reduction, as well as tactics that work in group settings like community meetings. By the end of the workshop, participants will be able to: Describe some of the motivations behind the most common objections to harm reduction and effectively respond to key objections; Diffuse tension and encourage respectful debate within a variety of different contexts.

Alessandra Ross is currently the Injection Drug Use Specialist for the California Department of Public Health, Office of AIDS, where she coordinates the state’s efforts to reduce HIV and HCV infection among injection and other drug users. Alessandra has worked in AIDS education and prevention since the beginning of the epidemic. Her previous experience includes managing the training department at Gay Men’s Health Crisis in New York, and assisting the Harm Reduction Coalition in establishing their Training Institute. She has worked with two different teams to help set up needle exchanges in Eastern Europe. Alessandra has a Master’s degree in Public Health.

Ross, Jessi, St James Infirmary, Oakland, CA
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“Drug Dealer” Outreach

Workers of peer run programs at St. James Infirmary and People’s Harm Reduction Alliance share their experience with outreach and needle exchange services for people involved in the drug trade. They will share tips, answer questions, and refute stereotypes. Find out how to perform effective outreach to “drug dealers”, deconstruct the concept of “drug dealing”, and strengthen outreach and needle exchange services.

Jessi Ross is the Outreach Coordinator and Harm Reduction Counselor at St. James Infirmary, an occupational health and safety clinic for current and former sex workers and their partners. A proud ho and drug user who advocates for more peer-run programs and an end to stigma within the harm reduction community.

Ross, Sarah, Mount Sinai Hospital, New York, NY
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Defying Pathologies within the Medical Model

PACT (Preventable Admissions Care Team), now in its second year at Mount Sinai, was created and designed to reduce the number of 30-day readmissions to the hospital. The PACT program is staffed with social workers who assess the individual needs of patients that are high risk for readmission. During the 5 weeks following discharge, patients are followed closely in the community by their PACT social worker in an effort to improve health outcomes and empower patients around their medical needs. PACT social workers address a variety of social needs including housing, insurance, mental health and substance abuse issues, which are thought to be contributing to the individual’s readmissions. The goals and model of the PACT
program create an opportunity for social workers to employ harm reduction strategies in the medical setting. Risk reduction is the central to engaging with all patients and is particularly relevant when working with patients struggling with mental illness and substance misuse. This presentation will outline how weaving harm reduction and psychosocial approaches into health care prevention and treatment may radically shift the medical model, as well as the role of social workers in the health care setting.

Sarah Ross received her B.A. in Sociology from Reed College, and M.S.W., at Portland State University. Sarah spent 8 of the last 10 years as a youth worker in various capacities including youth gangs outreach, juvenile justice advocacy, crisis intervention, service learning, homeless youth housing case management and school social work. In January 2011, Sarah began work at Mount Sinai Hospital within the Preventable Admissions Care Team [PACT] providing post discharge case management for patients.

Ruggiero, Joe, Addiction Institute of New York, NY
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**Feeling "Stuck": Therapist Wellness**
Therapists may feel a lack of progress when they are working with clients even from a harm reduction perspective. This can be due to a lot of reasons: clients may feel they are making progress which the therapist can’t recognize, there may be other treatment options for the client, or the therapist may fail to see the client’s motivations. This workshop will involve didactics followed by some clinical vignettes. Afterwards, audience members will also be invited to discuss their struggles as clinicians. Lastly, there will be some discussion of how we care for ourselves as providers.

**Working With Gay Men Who Use Substances**
Often in drug treatment we fail to acknowledge the context of one’s use. For gay men, drug use often has a connection to sex, sexuality, identity, and homophobia. These issues need to be examined when helping gay men make changes in their use. This presentation will involve sharing clinical vignettes and discussion with audience members.

Joe Ruggiero PhD is a clinical psychologist who has worked at the Addiction Institute of New York for almost 15 years. The Addiction Institute of New York is part of the Department of Psychiatry at St Lukes Roosevelt Hospital. There he oversees various outpatient programs including a program for gay men who use methamphetamine. He has been in private practice and is a secretary of the NYSPA Addictions Division Executive Committee.

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**Changing What You Know: Three Recovery Phases**
Educating the client of what will occur and what should change to move toward a successful recovery.

Three Recovery Phases; Discusses what the client will experience in the first year of recovery. Three Recovery Phase address: “honeymoon” Phases [30 days]Physical Phases [1-6 months] and Emotional Phase [4-12 months] Five Belief Domains: Family, Peers, Religion [3 areas], Social, and Environmental. Explore age of each domain. Information bases on 15 years of addiction therapy gathered from assessment, consults, individual/group work and from education material or formats. Therapies to address the Three Phases and Five Domains included: Motivational Interview, CBT and REBT
Changing What You Know: The Five Belief Domains

Five Belief Domains: Family, Peers, Religion (3 areas), Social, and Environmental. Explore age of each domain. Information bases on 15 years of addiction therapy gathered from assessment, consults, individual/group work and from education material or formats. Therapies to address the Three Phases and Five Domains included: Motivational Interview, CBT and REBT. In 1993, Douglas Rumpza received MA in Counseling with focus on Marriage and Family from North American Baptist Seminary, Sioux Falls, S.Dakota. I have started two Harm Reduction Program; four years for State of North Dakota, one year for Fargo VA

Ruzsa, Joan, Rittenhouse: A New Vision, Toronto, Ontario
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Drug Use, HIV and Incarceration in Canada

Canadian laws target and criminalize people who use drugs and people living with HIV. Recently Canada has enacted legislation that makes non-disclosure of HIV status a criminal offense, and a recent crime bill passed by the federal Conservative government (Bill C-10) creating new mandatory minimums for drug crimes will increase the number of drug users in prison. A Correctional Service of Canada (CSC) study in 2010 showed that the prevalence of HIV in Canadian federal prisons is 15 times higher than the general population, and rates of Hepatitis C are 40 times higher. Other studies have shown that up to 70% of prisoners in the federal system are drug users. Because people who use drugs or people who live in poverty often lack access to the basic determinants of health, these populations are more likely to contract HIV/Hep C in the community, and because there is a lack of harm reduction programming within the prison system, prisoners are more likely to transmit HIV/Hep C while in prison. This workshop will look at the need to change Canada's archaic drug policies, help all people to get access to the social determinants of health, look at meaningful alternatives to incarceration and develop decarceration strategies, with the ultimate goal of abolition. In the meantime, harm reduction programs like needle exchange need to be made available to prisoners to fight the health crisis in the Canadian prison system, which is also a public health issue.

Joan Ruzsa has been the coordinator of Rittenhouse: A New Vision since 2000. Rittenhouse is an abolitionist organization that advocates for meaningful alternatives to incarceration, and provides support to prisoners, ex-prisoners and their families. Joan also works for Prisoners’ with HIV/AIDS Support Action Network (PASAN). PASAN advocates for proper health care for prisoners with HIV, as well as providing workshops about HIV/Hepatitis C and harm reduction in Ontario prisons.

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Networking for Safe-T: a community effort to deliver primary health care to an invisible, marginalized, uninsured, undocumented, previously un-served transgender population

We describe local efforts by several individuals who have been establishing channels to reduce harm and provide basic care for Spanish-speaking transgender people living in the Triangle Area of NC (Durham, Raleigh, Chapel Hill). The essential thread has been the networking between local activists and certain concerned providers who work in community Health Departments, non-profit organizations, and Planned Parenthood Affiliate Clinics. These providers have access to key resources and provide services towards competent patient evaluations, legitimate prescriptions for medications and proper (WPATH, SOC-based) continuous medical care. Transgender people without insurance or access to health care are often desperate to correct their bodies to look and match their gender identities. Without proper, medicinal/exogenous hormones, they also take matters into their own hands and use what they can to attempt these corrections (e.g. orally taking or injecting illegal and dangerous synthetic hormones or other substances “off the street”). We hear from prospective patients that itinerant Latin “experts” travel around offering “silicone parties” in Mexico and the US, where industrial-grade silicone oils are injected into the bodies of male to female (MTF) transpeople for cosmetic enhancement (face, breasts, hips, gluteal muscles, etc). Some of them already have breast implants and silicone injections, known to be potentially toxic. They have done this for personal and/or “business” reasons, as some work as escorts and/or performers in drag shows at official and unofficial
LGBT clubs, an increasing trend in the area (a few even do “modeling”). These environments are also known to foster drug/alcohol abuse, and provide the links for risk-loaded sexual practices. By building a local network from people and resources that already existed in our community, we feel we have reduced expensive emergency room visits, lowered some risks and shifted the health care load to a preventive approach for those who use these services. These efforts serve as a clear example of how activists and health care providers can work together with harm reduction goals in mind and provide working “social preventive medicine” practices to this transgender population.

I’m a retired, transgender, former biomedical researcher from Duke University. Have served at the Duke LGBT Task Force for many years. Currently facilitate two gender-issues support groups in Durham (one in English, one in Spanish). Also active at the International DES Research Network e-groups founded by Scott Kerlin PhD in 1999. Originally from Santiago, Chile, have lived in the US since 1994. Educated in the US, MA/MS (Physics), UNC 1979, MS (Physical Oceanography), UNC 1985.

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Putting Patient-Centered Evidence into Practice: Development and implementation of knowledge translation resources for disadvantaged urban patients who suffer from addiction

Health care plays a pivotal role in helping people who suffer from addiction; however, patients play an important role too, and may better meet their needs by sharing their experiences and learning about health care. This community-based project involved Edmonton, Canada’s inner city community members, the As It Is drug user advocacy group, and the Streetworks needle exchange program. Drawing upon past local research, a literature review, and lived experience, eight inner city community members wrote a patient navigation booklet covering such themes as where and when to seek care, what to expect during a visit, and how to negotiate with a health care team. A nurse and medical student helped with writing, and inner city health care providers and legal experts reviewed the booklet. A community consultant with lived experience in the inner city joined the team to reinforce the booklet’s messages, champion effective health care engagement, and strengthen communication between researchers and community partners. Preliminary results of our evaluation will be presented. The patient navigation booklet is undergoing wider distribution in the community. Community members have expressed satisfaction and developed writing, presentation, and negotiation skills through project participation. Communication between community partners and researchers has also been strengthened.

Applying the “knowledge-to-action” approach in a harm reduction setting

Good research, like harm reduction, goes beyond the simple generation of new evidence and engages with the community in which it is based. It considers what knowledge we need, and how what we know can be applied in the real world. Using a recent community-based translational research project as a case study, the similarities and differences between approaches to advocacy such as action research, knowledge translation, and harm reduction will be explored, and suggestions on what each tradition can learn from the other will be proposed.

Dr. Salvalaggio is the assistant director of the Edmonton Inner City Health Research and Education Network. She is an academic family physician with clinical, research, and teaching interests in the care of marginalized groups and patients who suffer from addiction. She has provided past weekly outreach primary care at the Streetworks needle exchange program in Edmonton, Canada. More recently she has been looking after Edmonton inner city patients in a family practice setting.

Santos, Nilamon, Washington Heights CORNER Project, New York, NY
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Outreach Expansion: Community Mapping Initiative

Co-Presenters: Nilamon Santos, Senior Outreach Worker at WHCP & Nick van Breda, WHCP Intern (past) and SIF Coordi-
nator in Sydney, Australia (present) As a small syringe exchange program with just a handful of outreach staff, how do you effectively [a] connect and engage drug users who may need services, [b] identify hot spots for outreach and [c] expand services geographically? For the last year, staff, peers and volunteers of Washington Heights CORNER Project have executed various strategies to learn about a neighboring, resource-limited neighborhood. Outreach teams conducted tabling events, a brief drug use survey, connected with CBos and SROs, and different walk-about mapping to gauge presence and type of drug use in a neighborhood. In less than a year, WHCP provided syringe exchange intakes to over 60 individuals, connected residents of the neighborhood to local services and gained access to numerous high-risk buildings to conduct outreach. Learn about what worked, what didn’t work, and more importantly what to pay attention to when expanding outreach services in a new area.

Nilamon Santos has been working in harm reduction in NYC with multiple syringe exchange programs. Nilamon currently works as the Senior Outreach Worker at Washington Heights CORNER Project and coordinates the outreach and peer programs. Nilamon has worked closely with medical providers at the Harm Reduction Coalition in NYC to do street-based and SRO-based overdose prevention training and naloxone distribution.

Saville, Sebastian, Independent, UK
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“The Teeth Project”
The importance of teeth – poor dental health is a critical and highly visible issue. For those seeking social reintegration it has an enduring adverse impact long after having addressed any drug problems. Among people who have taken great strides to address their drug problems, severely impaired dentition often remains. These problems are most pronounced for those people who have lost all or nearly all of their teeth, or who have extensive dental decay. This constitutes a form of facial disfigurement - readily being understood as a residual and socially disabling stigmatizing mark. It also impairs function thus hindering good diet choices. High quality restorative dental treatment is a potentially important component of a properly comprehensive treatment package that enhances health, well-being and social reintegration through a person’s personal relationships and work. This project focuses on state-of-the-art dental reconstruction that is currently prohibitively expensive yet would seem potentially to offer ‘best practice’ for those people with the poorest dental health. We will show how one man’s life was completely changed from July 2011 to April 2012. He had all his teeth extracted in prison in 1999 and has lived for the last twelve years with badly fitting dentures, which could be best described as a museum piece. Today he has what amounts to a new set of highly functional and natural looking fixed teeth. Work is currently taking place to make this life changing process more widely available. This will be an original presentation delving in to a hugely important subject that up to now has been largely ignored. Having filmed various stages of the process – we will be able to show a real “before and after” story.

Sebastian Saville was the executive director of Release from 2003-2011 (www.release.org.uk) - I left to concentrate on a number of projects that focus on reintegrating formerly incarcerated drug users back into mainstream society. The "Teeth Project" being one of these. I am also writing a book.

Brian is at Hunter College NYC studying for his psychology degree. He is also interning at the NYC HRC office where he is writing for the new blog.
Mental Health Needs of Adolescents in Detention

With an increasing population of adolescents in our nation’s jail and prison systems, it is vital for advocates to assess the mental health needs of this population. This forum will provide assessment tools to determine the mental health needs (including suicidal risk factors) of incarcerated adolescents, advocacy skills to use with judges and mental health personnel, and successful outcomes of clients discharged after receiving mental health services during their detention.

MS-School Counseling-1993-Long Island University, CW Post; LMSW-2002-CUNY-Hunter College. Employed for 4 years as a Day Hab Coordinator at the Assoc. for the Help of Retarded Children, 6 years at The Jewish Guild for the Blind assisting visually impaired individuals diagnosed with a developmental delay to acquire social, financial, and medical services, and for the past 10 years at The Legal Aid Society advocating for alternative for indigent clients arrested in Brooklyn, New York.

Soft Hand Offs: Integrating Syringe Exchange and Primary Care

A client of Outside In who has utilized syringe exchange, medical, behavior health, psychiatric services, youth services and the Street RISE program will participate in the presentation. Health Care Provider: Substance users rarely access medical services, and then only when they have an acute medical need. At Outside In we try to facilitate referrals from the many locations we engage with substance users, to maximize their access to medical services. Clients can be referred from the organization’s syringe exchange, youth services and outreach teams. In this presentation we will discuss how, during a visit for immediate needs, we work to address more comprehensive health concerns in a sensitive and culturally-appropriate way, such as safer injection practices, home management of skin infections, vaccinations, sexual health, nutrition, mental health services, substance abuse treatment and other preventive health issues. Each medical visit is a chance to form a relationship, so we can reduce barriers to access and encourage better health among Portland’s substance using populations.

A client will describe their experience interacting with the clinic and ways in which clinic staff has coordinated care with other programs at Outside In illustrating comprehensive client-centered care. Case Management: The Street RISE program at Outside In utilizes the evidenced based practices of Assertive Community Treatment (ACT) and Motivational Interviewing within a Harm Reduction framework to provide Outpatient Treatment services to Dual Diagnosis homeless young adults. Our practitioners develop positive treatment alliance through engagement services that promote low barrier access to medical care, psychiatric medication management, alcohol and drug counseling, syringe exchange, education and employment support, acupuncture, massage, social opportunities and basic needs services. Our ACT team uses the “warm handoff” technique to introduce participants to services available increasing participation and continued care. Case Management ensures ongoing continuity of care. We recognize people who use drugs as whole individuals often affected by stigmas of use, social inequalities, and complex trauma. We believe in their capacity to create change in their lives and address drug related harm. By incorporating supportive housing into treatment young people are able to work towards building stable lives without the inconsistency of homelessness. Participants are encouraged to identify long term hopes and dreams develop short treatment goals. Use of Suboxone: Outside In clients utilizing integrated case management and co-occurring disorder support through the StreetRISE Outpatient program have the opportunity to access Buprenorphine assisted treatment for opiate addiction. Clients are able to work with and receive ongoing support from a mental health practitioner or primary care physician for administration of Suboxone and their provider coordinates all progress with caser managers, addiction counselors and other client involved support staff. This client-based collaborative effort has been successful in providing opiate addicted clients the opportunity to progress into recovery and to fully participate in goal achievement. Syringe Exchange: The importance of non-judgmental and harm reduction informed health care crucial for the lives and health of IDUs. As a federally qualified health care clinic as well as one of the oldest syringe exchanges in the US, Outside In has worked hard to
integrate these to programs to provide access to acute and primary care to people who are injecting drugs. In this presentation I would like to address the benefits and the challenges for both clients and staff when programs like this merge. We will address our referral system how we lessen the barriers to getting clients care for all health concerns not just concerns associated with injection. By working together with clients we can increase the likelihood that they will make it back for follow up care where needed and by personally introducing clients to the clinic we can help people get care when people are hesitant to seek care for health concerns. The challenges of the federal funding band and concerns about client confidentiality are some possible issues that we would like to address as well. Case Management: The Street RISE program at Outside In utilizes the evidenced based practices of Assertive Community Treatment (ACT) and Motivational Interviewing within a Harm Reduction framework to provide Outpatient Treatment services to Dual Diagnosis homeless young adults. Our practitioners develop positive treatment alliance through engagement services that promote low barrier access to medical care, psychiatric medication management, alcohol and drug counseling, syringe exchange, education and employment support, acupuncture, massage, social opportunities and basic needs services. Our ACT team uses the “warm handoff” technique to introduce participants to services available increasing participation and continued care. Case Management ensures ongoing continuity of care. We recognize people who use drugs as whole individuals often affected by stigmas of use, social inequalities, and complex trauma. We believe in StreetRISE Alcohol and Drug Specialist at Outside In providing individual counseling and A&D specific group leadership to homeless youth.

**Soft Hand Offs: Integrating Syringe Exchange and Primary Care**

The importance of non-judgmental and harm reduction informed health care crucial for the lives and health of IDUs. As a federally qualified health care clinic as well as one of the oldest syringe exchanges in the US, Outside In has worked hard to integrate these to programs to provide access to acute and primary care to people who are injecting drugs. In this presentation I would like to address the benefits and the challenges for both clients and staff when programs like this merge. We will address our referral system how we lessen the barriers to getting clients care for all health concerns not just concerns associated with injection. By working together with clients we can increase the likelihood that they will make it back for follow up care where needed and by personally introducing clients to the clinic we can help people get care when people are hesitant to seek care for health concerns. The challenges of the federal funding band and concerns about client confidentiality are some possible issues that we would like to address as well.

Brandon Schwanz BS, CADC I is the StreetRISE Alcohol and Drug Specialist at Outside In providing individual counseling and A&D specific group leadership to homeless youth. Brandon received his degree from Portland State University and is a Certified Alcohol and Drug Counselor. Brandon has seven years’ experience in the Homeless Youth Continuum (HYC) including street outreach with Janus Youth and working collaboratively with HYC agencies in his position as Recovery Coordinator with Project Metamorphosis.

Haven Wheelock, Haven is the Coordinator for the IDU Health Services program at Outside In, Portland OR. She was introduced to her passion for this work while volunteering at the Positive Health Projects in NYC and plans to continue this work as she moves forward in acquiring her public health degree.

**What’s the difference? Urban/Rural Exchanges**

Having had experience working for a peer-run needle exchange program in an urban environment (Seattle, WA) and a rural government run needle exchange (Ellensburg, WA), there are very apparent differences in the ways that these entities operate. There are ways that the urban exchange is able to operate more successfully than the lesser funded rural programs, even with potential governmental support. On the flipside, rural needle exchanges have the potential to serve a greater percentage of drug users than even many urban exchanges. Especially today, with the current federal ban on funding for needle exchanges, the issue of sustainable funding continues to be an increasingly important issue.
Born and raised in Seattle. I spent many years on the streets around Capitol Hill and Belltown until one day I had woken up in Harborview Medical Center from a month-long coma sustained from an extensive bacterial infection of Necrotizing fasciitis. I spent a couple months between surgery, and the ICU in which I was not expected to survive. The infection had eroded the fascia layer of the entire surface of my right leg, but because of good medical and nursing care, I am alive today.

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Providing Methadone to Poly Drug Users
The Works is a full service harm reduction program operated by Toronto Public Health that provides a full range of harm reduction services including needles (cookers, swabs, tourniquets etc), crack kits, condoms, street outreach, nursing, counseling, primary care as well as other services. In 1996, the Works began operating a low threshold methadone program called Methadone Works, aimed at street involved opiate users who have difficulty accessing mainstream methadone clinics because of homelessness, multi drug use, transportation issues, as well as other mandated requirements for most methadone programs. Low threshold refers to reducing barriers to opiate users in accessing methadone, buprenorphine and other harm reduction services. There is no requirement to seek abstinence or reduce drug use, no supervised urines, no wait list, optional counseling services and referrals to primary care and other services.

Patrick Shaw is currently a counselor/case manager and street outreach worker with The Works and Methadone Works, programs of Toronto Public Health. He managed a harm reduction program for over14 years in the West End of Toronto and was a methadone program manager during this time. He has provided harm reduction services since 1989. Patrick has worked with drug users, homeless, prisoners, and youth in a variety of settings for over 30 years.

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Crack Cocaine Smoking - An Experimental Model
Crack cocaine is a free base form of cocaine. It is commonly adulterated with e.g. phenacetin, benzocaine, glucose, or mannitol [1]. Crack cocaine is taken in vapour form using home-made crack pipes constructed from readily available items e.g. drinks cans, bottles, medical inhalers. Some drugs services supply standardised pipes as a harm reduction measure [2].
Crack manufacture, adulteration, and delivery via a thermal process provides many opportunities for chemical degradation and modification of both cocaine and adulterants. The efficiency of this means of administration, by which chemicals are delivered to the users’ lungs, has not been previously reported.
An experimental model of crack cocaine smoking has been devised to investigate the performance of different types of crack pipe. Crack cocaine street samples contained cocaine and phenacetin plus unknown constituents probably including inorganic salts such as NaCl and NaHCO3. Using a standardised pipe, supplied by a harm reduction service, under optimised conditions, three replicates yielded an average recovery of cocaine 37.0% [s.d. 8.7], phenacetin 47.3% [s.d. 12.8]. It is clear from this preliminary study that the common adulterant and toxin phenacetin is efficiently delivered alongside cocaine with obvious risks to users’ health. MZS thanks the University of Bath for financial support.

I am Syrian activist in harm reduction domain. I studied Pharmacy in Damascus University, Syria. I am working in the University of Bath, Pharmacy and Pharmacology department. Our project in Pharmacy practice group focuses on analyzing street crack cocaine samples, and designing an intervention to evaluate the impact of analytical data on crack users’ behaviors.
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Alcohol and methamphetamine use during sex among Japanese men who have sex with men recruited through the Internet.

Aims: To examine the association between alcohol consumption and methamphetamine use during sex among men who have sex with men (MSM) in Japan. Methods: We recruited Japanese MSM (N = 6,757) to complete structured, anonymous questionnaires through Internet-connected mobile devices [such as smartphones] between August 2011 and January 2012. In total, 2,570 MSM who had consumed alcohol in their lifetimes were included in analysis. Results: The average age of subjects was 29.7 years; 69.0% identified as gay, 25.4% as bisexual, and 5.6% as “other.” Among the subjects, 66.7% reported alcohol consumption during sex, and 5.3% reported methamphetamine use in their lifetimes. The subjects who had consumed alcohol during sex were significantly more likely to have experienced methamphetamine use (6.1% vs. 3.6%) and methamphetamine use during sex (4.9% vs. 2.3%) than were MSM who had never consumed alcohol during sex. Conclusions: Our results suggest that alcohol consumption during sex can increase the risk of methamphetamine use in this population. Although alcohol and sex may both be triggers for the use of stimulant drugs, the coexistence of alcohol use and sexual behavior has the potential to synergistically increase the risk of methamphetamine use among MSM in Japan.

Takuya Shimane is a researcher in the Department of Drug Dependence Research, National Institute of Mental Health, National Center of Neurology and Psychiatry, Japan (NCNP). Takuya Shimane received his Bachelor of Pharmacy in 1998 from the Tokyo University of Pharmacy and Life Sciences, and his M.P.H. in 2008 from the National Institute of Public Health, Japan. He received his Ph.D. in epidemiology in 2008 from the Juntendo University of Tokyo, Japan

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Scaling Up a Response: Philly, HCV, & IDU

From 2000 through 2010, the Philadelphia Department of Public Health (PDPH) reported approximately 21,000 individuals in its hepatitis C registry. Given that up to 75% of people living with hepatitis C virus (HCV) do not know they are infected, tens of thousands more Philadelphians are living with undiagnosed HCV. While specific risk factor data on the HCV cases in PDPH’s registry is virtually obsolete, other city data sets indicate that drug use patterns are important factors for PDPH to consider when prioritizing HCV activities. According to the city’s Department of Behavioral Health, heroin use is consistently one of the top five drugs named upon admission to local drug treatment centers; prescription opioid abuse is on the rise; and over 1,250 uninsured people admitted into rehab in 2010 reported injection as route of drug administration (up from under 1,000 in 2009). This data suggests there is a sizable community of injection drug users in the city who could benefit from more access to harm reduction and HCV prevention resources. Given the limited resources available to scale up health department hepatitis programming, PDPH has made a push to improve the coordination of existing services for people living with or at-risk for hepatitis B and C by collaborating more closely with community partners. An important component of service coordination is the inclusion of harm reduction-oriented community partners and strategies. Improving integration of a harm reduction philosophy into the HCV prevention activities at PDPH is multi-faceted and ranges from small-scale (including harm reduction news and resources in the monthly hepatitis e-newsletter) to larger, policy-level activities (incorporating a section on drug user health into the city’s hepatitis action plan, commissioned by the Health Commissioner). The advantage of collaboration between the local health departments and members of the harm reduction/drug use community to address viral hepatitis is threefold: 1) PDPH will develop more effective and meaningful programs by collecting input on the needs and priorities of community members serving populations at highest risk for hepatitis C; 2) Harm reduction partners will be able leverage new opportunities to address viral hepatitis through collaborations; and 3) PDPH and community partners can exchange ideas, data, and priorities through public forums. One key project has been the development of a new hepatitis C coalition. In June 2011, PDPH convened a planning committee which included Prevention Point Philadelphia (the local SEP) and five other hepatitis-focused organizations. HepCAP (Hep C Allies of Philadelphia) launched in February 2012 with
participation from several organizations who advocate a harm reduction model, including the Drug Policy Alliance, Public Health Law Research at Temple University, and several AIDS service providers. PDPH will continue outreach to engage more partners who can speak to drug user health needs, including drug users themselves. Participation from harm reduction-oriented partners has resulted in several ideas for potential HepCAP projects that could target drug users including safer injection materials, an app to identify SEPs and other resources for drug users, and advocating for safer drug laws. Because both medical providers and community based agencies participate in HepCAP, this group will also result in improved linkage to care services for HCV-infected drug users by facilitating communication between groups that serve drug users and clinicians willing to treat this population. While engaging the harm reduction community is an ongoing process, the outcome for PDPH thus far is that trust between the health department and community partners has improved; PDPH leadership is open to enhancing harm reduction strategies; and a foundation has been laid to improve how PDPH addresses the health of drug users, particularly in regards to HCV.

As Adult Viral Hepatitis Prevention Coordinator at PDPH, Ms. Shirreffs focuses her efforts on improving the coordination of hepatitis B & C services in Philadelphia. Ms. Shirreffs came prepared to take on this task with an MPH from the University of Washington’s Community Oriented Public Health Practice program. Ms. Shirreffs is excited to be back in Philly, since this is where she got her start in public health, working for a local AIDS service organization after a stint in the Peace Corps.

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Parallel Process: Any Positive Change in Systems
This presentation will explore a two-pronged approach to organizational and systems change in housing services. Presenters will explore the successes and challenges of creating partnerships with other organizations and providers as well as the process of providing training and technical assistance to providers and organizations interested in moving toward a Housing First and Harm Reduction approach.

Social Justice through Community Art Making
Art Therapy can take many forms and is not limited to individual or group psychotherapy in an office. I have worked at the individual, group, community and teaching level with the goal of stigma reduction and social justice for drug users and other marginalized groups. Examples of practice in each of these areas will be shared and participants will be engaged in dialogue about how they might find creative and artful ways of achieving social justice.

Valery Shuman received her Masters in art therapy from the School of the Art Institute of Chicago in 2002. She is a board certified, registered art therapist and licensed clinical professional counselor. She has worked at Heartland Health Outreach in various capacities since 1998, primarily with formerly homeless participants with a serious mental illness and a substance use disorder. She now serves as the Associate Director of Heartland’s Midwest Harm Reduction Institute, providing training and technical assistance to agencies and organizations interested in moving toward a housing first and harm reduction approach. She has taught at the School of the Art Institute and Mount Mary College in Milwaukee, and presented at both local and national conferences. Valery’s interests include applying art therapy and other creative interventions in a harm reduction setting, and working to reduce the stigma associated with having a mental illness and/or a substance use disorder. In 2007 she oversaw the creation and development of ArtWorks in partnership with faculty from the School of the Art Institute. ArtWorks is a community-based art studio dedicated.
The Stonewall Project: A Harm Reduction Model for Working with Gay and Bi Men who use Alcohol and Other Drugs

The Stonewall Project, a program of the San Francisco AIDS Foundation, was developed and has evolved based on the principles of harm reduction and an integration of substance use, mental health, and HIV counseling approaches in order to effectively reach gay men and other men who have sex with men (G/MSM) who use alcohol and other drugs. G/MSM who drink heavily and/or do other drugs have among the highest HIV incidence and prevalence due to both sex while high and injection of drugs especially methamphetamine. Stonewall meets G/MSM where they are at and provides a broad range of services and activities—from no-threshold (e.g., websites and various other media), through low-threshold (e.g., drop-in activities including The Speed Project and PROP, yoga, acupuncture, and syringe access), to intensive behavioral interventions (i.e., substance use and mental health treatment). These services are available in English and Spanish. Participants set their own goals and have a choice of three tracks within the intensive behavioral interventions: Abstinence, Partial Abstinence, and Substance Use Management. Stonewall is one of the few programs that offers drug and alcohol treatment based on a harm reduction philosophy.

The program was created by and is staffed primarily by members of the community and has grown and changed along with the community - examples are the incorporation of The Speed Project and the Positive Reinforcement Opportunity Project (PROP), a contingency management program for guys who want to stop doing methamphetamine, into Stonewall and the shift in focus from primarily methamphetamine concerns to issues with all drugs including alcohol.

Michael Siever is the founder of The Stonewall Project and now the Director of Behavioral Health Services at the San Francisco AIDS Foundation and has presented at numerous regional, national, and international conferences. A psychologist by training, he has specialized in working with addictions and HIV and has over twenty years’ experience working with G/MSM who use alcohol and other drugs.

Mike Discepola is the Director of The Stonewall Project and has over twenty years’ experience providing HIV prevention services to G/MSM. He is a therapist by training and has 20 years of expertise in program development.

Rick Andrews is the Coordinator of Positive Reinforcement Opportunity Project (PROP) in The Stonewall Project and has worked in PROP when it was part of other agencies. He is also a yoga teacher and leads Healing Arts Thursdays which includes yoga, acupuncture and meditation for Stonewall participants.

Aligning Law Enforcement and HIV Prevention in Baltimore City

Almost two decades after its launch, the Baltimore Needle Exchange Program (NEP) has contributed to a 29.5% reduction of new HIV infections among IDUs and substantial cost-savings. Nonetheless, Baltimore boasts some of the highest rates of injection drug use and HIV in US, disproportionately affecting communities of color. Only about one fourth of the City’s IDU’s utilize the mobile NEP sites. While an amendment to the Maryland State Law protects NEP participants from arrest and syringe confiscation, police interference is a substantial barrier to program operations. The project, launched with joint efforts of the Baltimore City Health Department and Johns Hopkins University was designed to 1. Monitor client encounters with police, 2. Formulate a program of interventions to align police practice with the work of drug user services, including the NEP. The monitoring program included on site interviews with NEP participants seeking information on frequency and location of syringe confiscation. The intervention program included police trainings, collaboration-building activities, and mechanisms to incentivize police collaboration like an annual “award” for the officer most engaged with Health Department activities targeting IDUs. We present the results of the study and lessons learned for other drug user programs working with police.
Marina Smelyanskaya, MPH (presenter) is an independent public health consultant currently residing in Baltimore. For the last 6 years, she has worked with NGOs and policymakers domestically and abroad to improve the quality of health services for injection drug users. Leo Beletsky, JD, MPH (co-presenter) is an Assistant Professor for Law and Health Sciences at Northeastern University with an established portfolio of successful projects aiming to develop evidence-based policy and other structural interventions in the realm of substance abuse. Chris Serio-Chapman (co-author) is the Bureau Chief of Community Risk Reduction Services at the Baltimore City Department of Health. In that role, Chris directly supervises the City’s NEP program, and liaises with the City Police department on issues involving NEP implementation, police training, and other coordination. Susan Sherman, Ph.D, MPH (co-author) is an Associate Professor at the Bloomberg School of Public Health at Johns Hopkins University, where she has over a decade of experience working on issues of substance abuse and infectious disease among vulnerable populations.

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Speaking Up and Out for Harm Reduction: Advocacy Training for Beginners
Deaths from accidental drug overdose have become a major public health crisis. Yet, Congress has continued to largely ignore the crisis and few federal dollars goes towards overdose prevention efforts. Lawmakers have instead focused their efforts on policing the prescribing of prescription pain medications and criminalizing doctors and patients. As a result, scarce resources largely go to law enforcement rather than lifesaving harm reduction programs. Elected officials at all levels of government frequently dismiss the philosophy of harm reduction and like to claim that their constituents do not support harm reduction techniques. Elected officials may take oppositional stances on harm reduction because their constituents are not sufficiently holding them accountable on this issue. This workshop seeks to empower conference attendees to be effective advocates for harm reduction by taking participants step-by-step through the process of 1) contacting their elected official by phone, letter and email; 2) requesting a face-to-face meeting with an elected official or their staff; 3) preparing for a meeting; 4) what to do and say during the meeting; 5) how to effectively follow-up after the meeting occurs; 6) tips on writing a letter to the editor and submitting an op-ed; and 7) tips on effective advocacy.

Congressional Activity in Response to Prescription Drugs
Deaths from accidental drug overdose have become a major public health crisis. Yet, Congress has failed to support evidence-based harm reduction programs, and few federal dollars goes towards overdose prevention efforts. Lawmakers have instead responded to the surge in overdose deaths by focusing attention and resources on punishing the unsanctioned use and distribution of prescription drugs and criminalizing doctors and patients. Rather than direct scarce resources to lifesaving harm reduction programs, many lawmakers are adapting the same failed war on drugs strategy in the destructive belief that criminalization will reduce overdose fatalities. This presentation will provide an update on congressional activity in response to the diversion of prescription drugs and how Congress is failing to address fatal overdose or support the distribution of naloxone and other successful overdose prevention efforts. The presentation will identify ways that Congress can more effectively respond to the overdose crisis by shifting away from policing and expanding the reach of overdose prevention through education, research and dedicated funding. I envisage being a part of a panel discussion looking at the increasing role that prescription opioid medications plays in overdose prevention efforts or a panel discussion about legislative/policy responses to the overdose crisis.

Grant Smith is the federal policy coordinator at the Drug Policy Alliance’s Office of National Affairs in Washington, DC. Grant engages in lobbying efforts, research, policy analysis and the development of strategy; a primary focus of Grant’s work in recent years has been educating members of Congress about overdose prevention methods. Grant graduated from American University with a focus in criminal justice policy and congressional politics. Prior to joining DPA, Grant interned with Court Serv
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The Nine Aspects of the Awesome Self Harm Reduction Recovery Model
The pioneering members of the Nine Aspects of the Awesome Self Harm Reduction Recovery Model will present their experiences, struggles and successes of their personal recovery using the “The Nine Aspects of the Awesome Self” The Harm Reduction Recovery Model. More excitedly, they will present their Recovery Support Group Model to the audience in a manner that will make an impact on many lives. They will share with you the process and creation of the first Peer Support Group. This group will be a prototype that will help the members in creating a long lasting foundation for the future of “The Nine Aspects of the Awesome Self” Harm Reduction Recovery Model. This model represents a vitalizing paradigm shift to the twenty-first century recovery models. The creation of the model is the member’s commitment to supporting the goal of the founder of the model to improve the health and quality of life of 1,000,000 human beings by the year 2030. Explain how the model has influence and affected their own personal lives; As this is a new treatment modality pioneer members will teach the participant how the model works. At the end of the presentation participant will understand how the model works and clearly see how this model will be a direct assault against the stigma of addiction. Speak about becoming a part of the twenty-first paradigm shift; Since the paradigm shift “Nine Aspects of the Awesome Self” is about a recovery movement the participants Will know how to become of part of this movement and how the pioneer members vision of them being apart of the movement

As a Thirty five year practitioner of Nichiren Daishonin Buddhism, Walter John Smith II is a license Substance Abuse Clinician LADAC I, with over thirty years’ experience in the field. He has attended fine educational institutions such as Cambridge College and University of Massachusetts, and provided consultation to Harvard University. He has worked in many treatment modalities. Ranging from the (TC) Therapeutic Community, outpatient patient treatment, outpatient medicated assisted treatment and has done extensive work in the field of harm reduction. Walter is a graduated of FIRST INC and has had a 10 year work history in it. He also has a 10 year history with Historical Third Nail INC, holding both outpatient and residential treatment directorships. Walter also has over a ten work history with The Freedom from Chemical Dependency Foundation, teaching drug and alcohol education in private and public schools throughout the country and world. His experience includes developing Employee Assistance Program, developing and facilitating Substance Abuse Professional Interventions, developing video production programs, developing summer youth development program

Stancliff, Sharon

Overdose Plenary
Sharon Stancliff, M.D. is the Medical Director of the Harm Reduction Coalition. She oversees SKOOP, which provides overdose prevention services both directly in New York City and through education and capacity building nationally and internationally. She has been working with people who use drugs in New York City since 1990 including provision of primary care, drug treatment, HIV care and syringe exchange. Dr. Stancliff is a Family Practitioner and certified by the American Board of Addiction Medicine. She also completed the AIDS Institute-sponsored Nicolas Rango HIV Clinical Scholars Program at Beth Israel Medical Center in New York City.

Stella, Andréa, The Space at Tompkins, New York, NY
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The Space at Tompkins: New York City’s first Peer Delivered Syringe Exchange (PDSE) harm reduction organization reaching out to the transient homeless community
The Space at Tompkins (The Space) is a peer-run harm reduction organization that utilizes peer delivered syringe exchange
(PDSE) as the primary mode of syringe distribution for the transient homeless community in New York City. Started and run by users, The Space works within New York City’s PDSE syringe exchange model to distribute syringes to this hard to reach community by focusing on peer connections and exclusively conducting street outreach. The Space has harnessed the power of PDSE and recognized that peers have the best knowledge about how to reach their communities, which has enabled them to become a staple within the transient homeless community without any formal funding.

The Space at Tompkins (The Space) was founded by Andréa Stella in 2009, and has grown into a peer-run harm reduction organization in New York City. Ms. Stella has been involved in the harm reduction community for five years and started The Space as a response to the gap in services for the transient homeless community. The Space is anxiously awaiting an opportunity to have a portion of their services funded, until then, they will continue on as in-kind volunteers.

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Peer-delivered syringe exchange conference
Peer-delivered syringe exchange (PDSE) started in New York City in 2007. Peers are increasingly central to syringe exchange and education. In 2010, peer workers organized and ran a conference for the PDSE community. From this, the Peer Network was developed, an inter-agency coalition of peers that meets monthly. The second peer-led and facilitated conference will be held May 4, 2012. Throughout planning, peers have been active stakeholders. Objectives include encouraging growth, discussing strengths, challenges and future plans, and promoting dialogue with peers from Upstate New York. Our proposal is to present the 2012 PDSE Conference as a case study including successes, challenges, and lessons learned; specifically, the unique opportunity for capacity development and community building.

Hiawatha Collins has been working in harm reduction for eight years. He has worked at the New York City Department of Health and Mental Hygiene for four years as a harm reduction consultant.

Jennifer Stella is a medical student at the University of California, San Francisco, as well as a graduate student for MFA-poetry at Brooklyn College. She works as an intern in harm reduction at the New York City Department of Health and Mental Hygiene.

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Syringe Exchange Advocacy/National to Local
In this session, presenters will offer best practices and lessons learned from AIDS United’s policy and advocacy work around syringe exchange advocacy. Presenters will begin by providing information about AIDS United’s Regional Organizing Initiative. The purpose of the AIDS United Regional Organizing Initiative is to advance the National HIV/AIDS Strategy goals of reducing HIV incidence; increasing access to care and improvement of health outcomes for people living with HIV/AIDS; and reducing HIV-related health disparities. Through the Regional Organizing Initiative, our field organizers have been instrumental in working with community partners and activists on the ground to bolster their efforts and provide bi-directional communication between what’s happening on the Federal level as it relates to syringe exchange policy. Presenters will provide case studies and field stories to facilitate interactive dialogue with workshop participants. To create an even greater snapshot of effective syringe exchange advocacy, presenters will offer the following models to workshop participants [1] Coalition building models: How to build, sustain, and energize coalitions around syringe exchange advocacy. [2] Traditional and new media advocacy models: Audience members will receive tips on how to create letters to the editor and develop opinion pieces and press releases. From a social media perspective workshop participants will receive an overview of various social media platforms, the strengths and function of each, have the opportunity to develop sample tweets and Facebook status
updates, and sample blog topics. (3) Models for engaging elected officials: Workshop participants will learn about our work engaging elected officials. Workshop participants will learn about setting up visits with elected officials, crafting talking points or the “elevator speech,” and how to effectively follow up with elected officials once the meeting has occurred. Finally, workshop participants will receive tips on how to monitor and evaluate their advocacy efforts, including how to measure the impact and plan next steps after executing an advocacy strategy. Presenters will engage audience members in activities such as developing their own community organizing action plans, and providing information and tips about how to engage their community members in advocacy work. The mission of AIDS United is to end the AIDS epidemic in the United States through national, regional and local policy/advocacy, strategic grant-making, and organizational capacity building. With partners throughout the country, AIDS United works to ensure that people living with and affected by HIV/AIDS have access to the prevention and care services they need and deserve, including syringe exchange and similar programs for people who are at risk from injection drug use. AIDS United programs and initiatives include the development and implementation of sound public health policy in response to the HIV/AIDS epidemic. The organization works to advance federal policies that improve the quality of life and ensure access to treatment and care for all those living with HIV/AIDS.

Charles Stephens is the Southern Regional Organizer for AIDS United. He is also a part of the AVAC Prevention Research Advocacy Working Group, and Co-Chair of the HIV Prevention Justice Alliance Queer Working Group. He is has been a participant in the Black AIDS Institute’s Community Mobilization College and a past participant in the CDC Institute for HIV Prevention

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Pharmacy Access and Over-the-Counter Pharmacy Syringe Purchase among Injection Drug Users: Implications for HIV Prevention in California

Since 2005, California law has allowed over-the-counter [OTC] syringe sales subject to local authorization. While pharmacy sales of OTC syringes have been associated with reduced injection-mediated risks and decreases in HIV infection, little is known about access to OTC syringe-selling pharmacies and syringe purchase among injection drug users (IDUs) in California. We determined the demographic, risk, and geographic factors related to access to pharmacies and OTC syringe purchase among IDUs. In Los Angeles, we found that population size, median age and the percentage of households on public assistance were associated with access to pharmacies. We detected clusters of pharmacies that were distant from clusters of younger and poorer populations that are often at elevated risk for HIV. In San Francisco, age, race, injection frequency, type of drug injected and syringe source were associated with purchasing OTC syringes among IDUs. Notably, purchasing OTC pharmacy syringes was 53% lower among African-American IDUs and 35% higher among methamphetamine injectors compared to non-methamphetamine injectors. Two areas with high densities of IDUs had limited access to OTC syringes. Detecting regions with low sterile syringe access and knowing the characteristics of IDUs who use pharmacies for sterile syringes can help inform future disease prevention activities.

Tom Stopka is a Research Specialist with the Institute for Health & Aging at the University of California, San Francisco and the California Department of Public Health. He is an epidemiologist with a research focus on substance use and infectious disease, GIS, spatial epidemiology, and health disparities.

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Motivational Interviewing 3: Adding Compassion, Losing our Principles, & Looking at the Process that makes MI Unique

MI-3 (3rd edition) is due out Fall 2012 and we’re in store for some major changes! Since the first article on MI, written by William Miller, PhD, in 1983, MI has made a significant impact in the fields of health, criminal justice, interpersonal violence, and more. Due to the range and variety of impact of MI, Miller & Rollnick [co-author] have attempted to speak in a more
inclusive language in this edition, following what years of research on MI have shown regarding best practices in MI as well as what truly helps people make successful changes in their lives. MI-3 moves to looking at MI practice as 4 distinct Processes that must occur in sequence (‘The MI Hill’) - though some may overlap - in order for to reach the appropriate time for a Change Plan to be successful. With the loss of conversation around principles, changes in the definition of Spirit, and reframing Resistance, MI-3 also works to open the concepts of MI through less psychological terms to include 3 various definitions, and to focus on the most unique Process of MI: Evoking, or working to draw out from an individual what they want to change and how they might go about it as people move toward change.

Dee-Dee Stout is a member of the international Motivational Interviewing Network of Trainers (MINT), having received her training in MI in part from the developer, William R. Miller, PhD. Dee-Dee Stout has undergraduate degrees in Psychology (with honors) & Human Sexuality from San Francisco State University (SFSU) and earned her Special Major Master’s degree in Health Counseling from SFSU. Additionally, she is a California certified drug and alcohol counselor, level II (CADC-II), with international reciprocity (ICADC) and a licensed alcohol and drug counselor (LAADC). Ms. Stout holds several degrees including a Master’s in Health Counseling and has had extensive specialized training: Motivational Interviewing Supervisors’ Training (MIST); Solution Focus Brief Therapy (SFBT); Relapse Prevention; Creative Inquiry; Stages of Change; Cognitive Behavioral Therapies (CBT); Seeking Safety; Community Reinforcement & Family Training (CRAFT); Harm Reduction Psychotherapy; Client-Directed, Outcome-Oriented work (CDOI), and many more. Currently an Instructor at UC Berkeley Extension, Dee-Dee was Faculty at City College of San Francisco and Adjunct Faculty at San Francisco State University

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Opening the Door to Youth: Developing youth-specific services in traditional harm reduction organizations

When youth access services at adult-based harm reduction agencies they often experience an environment that does not address their needs as young people. Youth, specifically minors, have to interface with multiple systems like the foster care, juvenile justice, and public school systems that are in direct conflict with the values and principles of harm reduction. For example, laws around mandated reporting, lack of school-based sexual health education and abstinence-only interventions. The HIV Education and Prevention Project of Alameda County has a 20-year history as a harm reduction agency that has provided services mainly to adult substance users, but in the past five years the number of youth seeking STD/HIV testing services has increased significantly. HEPPAC is faced with evaluating and modifying its organizational culture and service provision to adapt to the needs of youth. In order to incorporate youth leadership throughout its programming and administrative work, HEPPAC has recruited youth participants for their advisory board. A youth outreach internship was also created as a job training program where youth are supervised and coached by a social worker. This workshop will explore barriers and facilitators around developing truly youth-specific programming and will look at how to incorporate youth voice throughout an agency.

Melissa Struzzo is currently the Programs Manager at the HIV Education and Prevention Project of Alameda County (HEPPAC). Prior to her current position, Melissa worked for more than 11 years in the nonprofit sector with a majority of her time working with LGBTQQ, homeless, incarcerated and runaway youth. While working in the homeless services arena, she held a variety of roles including, Community Health Outreach Worker, Health Educator, and Case Manager. Melissa is an anti-violence and social justice activist that is a proponent of harm reduction and applying up-stream community wide strategies to address health disparities. Melissa is currently a member of the Community Advisory Group for the San Francisco Department of Public Health HIV Research Section. Melissa graduated from San Jose State University in 2011 with a Masters in Public Health. She also holds a B.A. with Honors in History and Literature from the University of California Berkeley.

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Rural and Urban Syringe Exchange, Challenges of Serving Geographically Diverse Populations

After six years of running syringe exchange sites in rural and ten years in urban locations differing challenges and solutions have presented themselves. The programs vary by type of drug used, intergenerational drug use, availability of services, number of multiple exchangers and amount of stigma associated with accessing services. Using data collected from clients and anecdotal data from harm reduction workers in both settings facilitate a dialogue about the challenges facing sites in differing geographic locations and strategies to support them in a panel discussion. When operating geographically diverse exchange programs flexibility and communication is vital. Meeting differing needs of communities is challenging but possible when workers are culturally competent and aware of IDU community norms.

Joshua D. Swatek is the Men’s Health Project & Harm Reduction Program Coordinator at New Mexico AIDS Services BA of Government and History from New Mexico State University 2 years in HIV/STD/Hepatitis prevention, Certifications in HIV Counseling & Testing, Rapid HIV Testing, STI & Hepatitis Integration, Syringe Exchange/Harm Reduction, Overdose Prevention, Mental Health First Aid, State of New Mexico Evaluation and Planning Committee Co-Chair and Decision Making Member HIV Prevention NMCPAG.

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Evaluating and improving follow-up of reported hepatitis C cases in New Haven, CT: Assessing community resources and developing a pilot follow-up program

Follow-up of reported hepatitis C cases allows improved access to treatment and services and aids secondary prevention, however this occurs irregularly in Connecticut. A community resources assessment was conducted and a pilot follow-up program was developed. Screening is problematic, and mono-infection is a barrier to treatment and services. Statewide follow-up programs, access to integrated, coordinated care, community-level advocacy, and funding for mono-infected patients are recommended.

Community-based investigation of prescription opioid overdose outbreaks: Findings and responses from a three-site rapid assessment and response study

Drug overdoses, 75% of which involve prescription opioids, is the leading cause of adult accidental death in Rhode Island and Connecticut, making understanding such deaths and deriving prevention interventions critical. 146 interviews and 51 surveys were conducted over 12 weeks in 3 Connecticut and Rhode Island overdose outbreak sites. Identified causes of overdose risk included: opioid accessibility; limited treatment; poorly coordinated care; low overdose knowledge; and high denial and stigma. Identified responses include public awareness, Narcan distribution, medication drop boxes, treatment provision, safer prescribing and prescription monitoring program education, and policy change. Multi-faceted causes of overdose necessitate demand, supply, harm reduction, and structural responses.

Roza Tammer recently finished her MPH at the Yale School of Public Health. Her areas of interest include addiction, infectious disease surveillance, and applied epidemiology.
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**Integrative Harm Reduction Psychotherapy with Demonstration of Self-Management Skills Building Techniques for Urge-Surfing and Unwrapping the Urge**

Andrew will introduce Integrative Harm Reduction Psychotherapy for the broad spectrum of substance use and other risky behavior. IHRP integrates a relational psychodynamic approach with active skills building to facilitate positive changes in substance use and related issues. He will describe IHRP’s five domains of focus and seven therapeutic tasks. He will demonstrate self-management skills building techniques (curiosity, mindful awareness, body scan, breathing, affect management) and their application to “urge-surfing” and “unwrapping” the multiple meanings of addictive urges. Participants will have an opportunity to practice the techniques and discuss their application to clinical situations. Participants are encouraged to bring case vignettes for discussion. This is appropriate for case managers, counselors, outreach workers, peers and other health professionals.

*Dr. Andrew Tatarsky is Director of the Center for Optimal Living, founding board member, Division on Addictions of NYSPA, Chairman of the board of Moderation Management Network, Inc. and Clinical Advisor, New York State Office of Alcoholism and Substance Abuse Services. His book, Harm Reduction Psychotherapy: A New Treatment for Drug and Alcohol Problems has been published in the United States and Poland. He has a private practice in New York City and trains nationally and internationally.*

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**Keeping the Peace: Successfully Managing a Complex**

Staffing a program that provides a wide range of Harm Reduction services can be challenging. When a team consists of both professionals and people with street expertise, collaboration in a work environment becomes complicated. Whilst there are many commonalities, there are also stress-points. Understanding these dynamics will help a team be the most responsive to the community it serves. Challenges can include communication, boundaries, snobbery, misconceptions, trust, triggers, fear and power structures. This workshop will highlight the strengths of staffing a Harm Reduction program with people who have a variety of skills, experience and knowledge, as well as the pitfalls. The presenters will discuss the experience of a very successful Canadian program that employs a variety of people from a multitude of backgrounds and education. A panel of people, who have moved from being a member of the street community, to then working within a program that serves the community, will provide their insights and answer questions from the audience. The attendees will work in groups with members of the Streetworks team to discuss a number of scenarios to increase understanding and enhance the ability to work respectfully, peacefully and effectively.

Ashley Schwanke began working as the first and only LPN at Streetworks program in Edmonton, Alberta in 2010. Ashley is the team lead on a MAC funded project titled Youth to Youth: Keeping Kids Safer and Healthier.

Marliss Taylor is the Program Manager of the Streetworks program in Edmonton. After working in acute care settings and community health across the continent, she became Program Manager of the Streetworks 17 years ago. She has done projects in Siberia and Guyana.
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A Quiet Revolution: Drug Decriminalization Models across the Globe

Decriminalisation of drug possession offences has gained greater media and political attention due largely to the Portuguese system adopted in 2001. Portugal has provided drug policy reform advocates with significant evidence about the positive impact of adopting decriminalisation when coupled with investment in harm reduction and drug treatment services. However, Portugal is not the only jurisdiction to have adopted non-criminal sanctions for drug possession offences. In July 2012 Release published a review of a number of countries and states that had adopted decriminalisation of either all drugs or cannabis for personal use. The report, 'A Quiet Revolution: Drug Decriminalization Models across the Globe', defines decriminalisation as the removal of sanctions under the criminal law, with the option to apply administrative penalties. The premise of the report is to determine whether drug prevalence rates increase in states which have adopted this approach – a claim often made by opponents of this model. Over 20 countries or states have adopted some form of decriminalisation including Germany, Colombia, Czech Republic, Portugal, Poland as well as States in the USA and Australia. The report clearly demonstrates that the adoption of decriminalisation does not impact in any statistically significant way on rates of drug use within a jurisdiction. It also highlights some positive outcomes associated with the application of non-criminal sanctions for drug possession offences. This presentation will provide an overview of the report and will address the positive and negative aspects of advocating for decriminalisation as a policy option.

Christine is a lawyer who is passionate about human rights issues and helping to provide access to justice to marginalized members of society. She is experienced in working with vulnerable people, providing legal advice and representation to individuals who use drugs problematically and who face a multitude of socio-economic barriers. She has been involved in welfare reform consultations and policy work since joining Release.

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CA SB 1506: Sentencing Reform as Harm Reduction

A criminal justice coalition in California, including the Drug Policy Alliance, introduced a bill this year to roll back drug possession sentences from felonies to misdemeanors. California Senate Bill 1506 (SB 1506) proposed reducing all current drug possession felonies to misdemeanors. Felony convictions carry significant collateral consequences, including barriers to housing, employment, and benefits. There is no evidence that longer sentences reduce or prevent drug use. In fact, the states with misdemeanor charges have higher rates of intake to treatment and lower crime rates. SB 1506 would generate significant savings at the state and county level that could be redirected to mental health and substance use treatment. This presentation will discuss how drug sentencing reform is a key component to reducing the harms of drugs and drug prohibition, including how advocates in other states and localities can adapt the lessons of SB 1506 for their own campaigns to reduce drug sentences.

911 Good Samaritan Advocacy Roundtable

911 Good Samaritan legislation is designed to ensure that witnesses to overdoses are able to do the right thing and call 911 for emergency assistance without fear of arrest or prosecution for themselves or the person overdosing. This roundtable is for anyone working on 911 Good Sam legislation or thinking about working on it, as well as those who have successfully passed 911 Good Sam in their jurisdiction. Discuss the status of current efforts, identify allies and partners, learn from the successes and challenges of other advocates, and generate new ideas to win 911 Good Sam bills and policies.

Laura Thomas is the San Francisco deputy state director for the Drug Policy Alliance where she oversees the organization’s Model City Initiative for San Francisco as well as leading work on California harm reduction legislation. She has 20 years of experience in HIV and public health policy and has been a syringe access volunteer for 15 years. She graduated from the University of California, Berkeley in 1995 with a Masters in public health and a Masters in public policy.
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Harm Reduction Care for the Healer

Whether you are a professional healer, front-line worker or a caretaker of those who are in your life, stress management is essential. Stress is the most damaging toxin we create in our bodies. Unchecked long-term stress can lead to adrenal fatigue, burnout and other physical and emotional conditions. I will review the effects of stress on the body and show a number of tools that can be used to bring your–self back into balance in the moment, as well as holistic therapies to support the adrenals and other vital organs long term.

Dr. Jenny Tufenkian is a licensed naturopathic physician and clinical instructor at the National College of Natural Medicine (NCNM) in Portland, Oregon. She has been in private practice since 2000. She is the owner of Natural Choices Health Clinic in Southeast Portland. For Dr. Tufenkian, health is a fascinating journey she takes with her patients. It is a partnership between physician and patient that will ultimately lead to optimal health. Her role is part teacher, part educator, part counselor and, of course, healer. She listens carefully to her patient’s concerns and crafts a treatment approach that is as unique as each individual. Her patient’s role is to learn about their health issues and take the proactive lifestyle steps. Together doctor and patient form a partnership that will ultimately lead to a discovery of the root cause of health concerns and create a space in which the patient can begin to heal.

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Toward the Heart: Social Media Too

Background: The BC Harm Reduction Strategies and Services (HRSS) Committee is a unique collaborative initiative of health system stakeholders, including people who use drugs, who oversee the provision of harm reduction (HR) supplies (e.g., sterile syringes) in the province and development of tools for training and advocacy. The HRSS committee meets quarterly to discuss regional HR successes and challenges, and develop multi-stakeholder strategies to improve HR in the province. On April 1, 2012 the HRSS launched Toward the Heart a website serving as an online portal for HR stakeholders across the province to access a variety of HR information and resources (e.g., current news in HR, alerts, a catalogue of HR supplies, links to BC’s provincial guidelines, training materials, local research, etc.). Starting May 15, 2012 Toward the Heart will formally launch an e’Zine (electronic magazine), email distributions, Facebook, and Twitter channels to facilitate regular, two-way knowledge exchange between the HRSS team and their stakeholders. Objective: To describe and evaluate the dissemination tools used by the HRSS to facilitate best practice harm reduction knowledge exchange between the province, health authorities, service providers, and clients. Methods: Using Google Analytics, MailChimp email monitoring, Facebook Insights, and RowFeeder, levels of activity on the Towards the Heart website, email list, Facebook and Twitter, respectively, will be monitored. Results & Discussion: We will describe the evaluation results of the first 6 months of the project including regional (e.g. urban/rural) uptake of HRSS information; provide insight regarding the specific information being accessed by regional groups; and the platforms (website, email, Facebook, Twitter) that are most effective in attracting visitors to Toward the Heart’s resources. Actively assessing the needs of stakeholders across the province, in terms of appropriate communication channels and materials, will allow us to ensure the relevance of the information and resources we provide, and to monitor how information is being translated into services and policy.

Public Attitudes towards Harm Reduction in BC

Background: The vast majority of British Columbians agree that addiction and harms associated with addiction are important public health issues; however, addiction is frequently portrayed negatively in the media. Objective: To understand British Columbia’s attitudes towards harm reduction (HR) strategies in order to inform policy and public education development. Methods: The Harm Reduction Strategies and Services Committee telephone surveyed 2000 British Columbian’s about various HR strategies by random digit dialing. We compared level of support by age, sex, education level, and geographic location (D2). Logistic multivariate modeling was used to assess likelihood of supporting HR strategies, while ad-
justing for potential confounders. Results: Overall we found high support for HR strategies in BC: General HR (79%); needle distribution (76%); needle distribution in local community (69%); and safer inhalation equipment distribution (55%). In the multivariable analysis we found: males were 29% less likely to support HR than females (adjusted odds ratio (AOR) 0.71 95% confidence interval (CI) 0.56, 0.90), people 35-54 yrs were 29% less likely to support HR and people 55+ yrs were 47% less likely to support HR compared to those 19-34 yrs (AOR 0.71 95%CI 0.52, 0.98; AOR 0.53 95%CI 0.39, 0.73, respectively), and Fraser Health Authority was 45% less likely to support HR compared to Vancouver Coastal (AOR 0.55 95%CI 0.39, 0.79). Conclusions: Our results show high support for HR in BC, in contrast to some news reports. However, some segments of the population are less likely to support HR than others. Developing targeted messages towards these populations is important to reduce stigma and gain support for HR strategies that promote safer drug use practices and reduce associated harms for individuals, their families, and communities. Sharing the degree of public support regarding interventions to reduce harms for people who use drugs with local government officials can inform policy makers that their constituents support human rights and social justice issue, and that harm reduction should be on the agenda.

Despina Tzemis is the Harm Reduction Epidemiologist at the BC Centre for Disease Control overseeing the provision of harm reduction supplies in British Columbia, Canada. She also coordinates and facilitates translational research in Harm Reduction in BC. She completed her Master in Public Health at the University of British Columbia and has interests in HIV, Hepatitis C, and overdose.

Co-Authors: Margot Kuo, Harm Reduction Strategies and Services Committee, Jane Buxton

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Intertwined Epidemics: Rising Hospitalizations for

The rapid growth in the use of prescription opiates (PO), e.g., Percocet, Oxycodone and Vicodin, has dramatically increased PO overdoses and deaths. Currently, PO overdose is the most likely cause of death for 35-54 year olds nationwide. Public and political awareness of PO harms has focused on three supply-side interventions: law enforcement interdiction efforts, physician education and prescription surveillance, as well as changes to the delivery technologies for drugs, e.g. the gel formulation of Oxycontin, making them harder to misuse. While these efforts may reduce the harm associated with PO misuse, we hypothesize that some opiate dependent individuals will switch to heroin and other street based opiates when certain PO become less accessible. Using national hospital data for years 1993 to 2009 we will show evidence that groups such as whites, women and middle aged individuals, who were most at risk for PO overdose are also seeing the fastest increase in heroin-related overdose and that hospitals with the fastest increase in PO overdoses are seeing the fastest increase in heroin-related overdoses. The focus of PO abuse prevention efforts based solely on supply-based interventions may simply lead to a shift in opiate use rather than reduce harm.

Dr. Unick is a social worker whose work focuses on how structural factors affect individuals behavioral health related outcomes. Dr. Daniel Ciccarone, MD, MPH, has provided community based primary care for over 20 years. He has provided harm reduction based clinical services at several syringe exchanges and was on the Board of Directors for the Homeless Youth Alliance. Dr. Rosenblum is an economist and assistant professor at Dalhousie University in Halifax Canada.
The Effectiveness of Psychosocial Harm Reduction Interventions for Adult Substance Using

The purpose of the presentation is to evaluate the effectiveness of psychosocial interventions with harm reduction orientations on the reduction of problematic substance use and its negative consequences for adults. Methods: A systematic review of electronic bibliographic databases, web searches and article reference lists were used to identify randomized controlled trials on harm reduction interventions with adult populations. The Methodological Quality Rating Scale was used to assess studies that met the inclusion criteria (Miller, Wilbourne & Hettema, 2003). Treatment variables, outcomes and effect sizes were assessed. The level of empirical evidence for each intervention was determined based on established criteria (Chambless et al., 2008). A total of 19 studies were included in this review. Results: Findings suggest that psychosocial harm reduction interventions may be a useful intervention for adults who are problematic substance users. Conclusion: Many of the interventions reviewed produced statistically significant clinical gains when compared to no treatment or waiting list controls; however no interventions received adequate support to be considered an empirically validated treatment. Five interventions appeared to be probably efficacious for use with substance-using populations; more research is needed due to the limited number of studies in this area. Limitations of the review are presented. Applications to and recommendations for social work practice, education and research are discussed.

A Working Definition of Recovery Grounded in Harm Reduction

Harm reductionists generally accept that recovery from problematic substance use is a unique process to the individual, involving different pathways and manifesting in different forms. For some, it entails complete abstinence, yet for others, it may entail reduced or controlled use as long as the person is able to live a fulfilling and productive life. Interestingly, this perspective on recovery was very close to entering mainstream discourse very recently. A press release from SAMHSA in December 2011 reflected a reconceptualization of recovery which did not explicitly state that abstinence was required. This working definition was developed as a result of months of stakeholder input and feedback. Ultimately, recovery was defined as “a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential” (SAMHSA, 2011). Their definition simply stated that abstinence was the “safest” approach to recovery, yet there were many other “pathways” to recovery as well. Yet within just three months (and based on feedback from various other “stakeholders”), a new press release presented a revised working definition which more explicitly stated the role of abstinence in recovery and the harmfulness of any illicit substance use: “Abstinence from the use of alcohol, illicit drugs, and non-prescribed medications is the goal for those with addictions. Use of tobacco and non-prescribed or illicit drugs is not safe for anyone” (SAMHSA, 2012). This roundtable presents an opportunity for participants, as stakeholders themselves, to discuss and define recovery as they see it from their personal and professional experiences. It also provides a venue in which to discuss the barriers to the acceptance of different definitions of recovery.

Sheila Vakharia is a doctoral student at the Florida International University. She received her Master’s in Social Work from Binghamton University and a Post-Master’s Certificate in the Addictions from New York University. She was most recently employed as a harm reduction social worker at Housing Works. Research interests include harm reduction services, ethical issues in substance “abuse” treatment, drug user stigma and the disease construction of addiction. On twitter @MyHarmReduction.

Supervised Injection Clinics and the community

IV drug users face marginalization, lack of access to appropriate medical attention and public stigma of their drug use. Alarmingly, those who are aware of their HIV positive status may be inclined to falsely believe that HIV infection is a once in a lifetime occurrence. It is a public health concern to ensure that multiple HIV infection is prevented by delivering preliminary, follow-up healthcare as well as educating IV drug users. Supervised injection clinics provide these opportunities for
education, outreach and community support, as well as providing health care treatment options. By providing users with a safe, sterile environment with trained medical personnel on hand the overall likelihood for overdose, blood borne pathogen transmission and needle contamination are all significantly reduced. Supervised injection clinics provide an opportunity for follow-up care to a highly transient and vulnerable population. The model employed by INSITE is an effective template that other large urban centers can emulate in order to safely and effectively deal with the health risks associated with IV drug users. By providing high-quality treatment options and educating users, INSITE and other supervised injection clinics are at the forefront in harm reduction.

I recently completed my Bachelor of Arts degree with a Major in Psychology and a Minor in Criminology. I am a lifetime Vancouver resident who has personally seen the damage that IV drug use has on our citizens and strongly feel that outreach and education are integral to addressing these issues. I regularly participate in volunteer and community activities, and currently I am a research analyst for Some Day Is Now International, a Canadian-based charitable organization.

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**Outreach Expansion: Community Mapping Initiative**

As a small syringe exchange program with just a handful of outreach staff, how do you effectively [a] connect and engage drug users who may need services, [b] identify hot spots for outreach and [c] expand services geographically? For the last year, staff, peers and volunteers of Washington Heights CORNER Project have executed various strategies to learn about a neighboring, resource-limited neighborhood. Outreach teams conducted tabling events, a brief drug use survey, connected with CBOs and SROs, and different walk-about mapping to gauge presence and type of drug use in a neighborhood. In less than a year, WHCP provided syringe exchange intakes to over 60 individuals, connected residents of the neighborhood to local services and gained access to numerous high-risk buildings to conduct outreach. Learn about what worked, what didn’t work, and more importantly what to pay attention to when expanding outreach services in a new area.

Nick van Breda worked as a full-time intern the summer of 2011 at Washington Heights CORNER Project and assisted to spearhead the outreach expansion effort. Nick has worked in harm reduction in Kings Cross (Sydney, Australia) and with foster children. Nick is a musician and tells stories through his music, often with a social justice theme. Nick currently works as a Health Promotion Officer at a safer injection facility in Sydney.

Co-presenters: Nilamon Santos, Senior Outreach Worker at WHCP & Nick van Breda, WHCP Intern (past) and SIF Coordinator in Sydney, Australia (present)

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**Being the Change: Peer-Led harm Reduction within Communities of Color**

Statistics on disenfranchised communities are staggering: each year, people are continuing to be affected by structural racism. Poverty, unemployment, lack of adequate housing, equal education and quality medical care are tossing youth of color into challenging circumstances with little tools to successfully navigate the world they live in. Oftentimes youths are exposed to violence, incarceration, unintended pregnancy and sexual / reproductive health risks as a result of handling numerous obstacles in their lives due to the systems in place that limit their potential for growth. This roundtable discussion aims to take a realistic look at the issues facing youth of color and the ways that some are using sexual health education as a specific segue in tackling widespread oppression within their community. Resources permitting, Streetwork Project program participants will play an active role in the discussion. Demonstrating ways in which youth-led harm reduction efforts have im-
pacted the expansion of knowledge and awareness around HIV / STI’s and self-empowerment within communities of color.

Joean Villarin is a Sexual Health Coordinator at Safe Horizon Streetwork Project, a drop-in center for homeless youth located in New York City; she has previously worked as a Peer Prevention/Intervention Specialist with the NYC Board of Education’s SPARK Program. Joean currently resides on Staten Island with her partner and two children.

Vocal-NY Users Union, Brooklyn, NY

Hepatitis C: Strategies for building power to end an epidemic
Most drug users living with hepatitis C are unaware they are infected despite the availability of new rapid tests and effective treatments. Moreover, drug users living with chronic hepatitis C infection who know their status and are interested in treatment face numerous barriers, including limited care and support programs, a shortage of specialists offering hepatitis C treatment, and prejudice against active drug users. VOCAL-NY Users Union members have been successfully organizing around access to hepatitis C testing, prevention, care and treatment in methadone and other drug treatment programs, using these settings as a platform to offer care and support to drug users who have little to no connection to outside medical care. This panel presentation will discuss our organizing strategies, including a leadership development academy for drug users living with hepatitis C called “Hep C POWER Academy,” and specific policy change goals, including a better standard of care, adequate financing through Medicaid and grant-funded programs, and peer support and treatment literacy programs.

Getting to zero with overdose deaths: 911 Good Samaritan, naloxone and policy change to save lives
Overdose is an urgent health issue among people who use drugs that is beginning to receive more public attention and interest from lawmakers. In July 2011, New York became the fourth and largest state to pass a 911 Good Samaritan law to prevent fatal overdose. VOCAL-NY Users Union members helped pass the bill and had already been working to get the NYC shelter system, drug treatment programs (e.g. methadone programs) and other key institutions in the state to train staff and clients in overdose prevention training and naloxone. VOCAL-NY Users Union has also been part of efforts to distribute naloxone to drug users through syringe exchange programs following state level reform won by HRC that allows greater naloxone access. Ongoing monitoring and implementation advocacy have been essential for ensuring these policy changes actually translate into fewer overdose deaths. For example, VOCAL-NY Users Union members have met with government agencies dealing with parole and probation, corrections, public and subsidized housing, homeless shelters, child and family services and public assistance to discuss their role in implementation of the 911 Good Samaritan law, along with public protests calling on the NYPD and other law enforcement to educate the public about protections against arrest in the law.

Occupy Wall Street, drug use and what really happened
Occupy Wall Street has been a success in many ways; it has helped energize a more radical left, move the national debate a little more to the center than it has been in a long time (as opposed to Tea Party et al), and benefited community groups by bringing fresh attention to longstanding problems. However, one of the issues that came to define OWS and Occupy camps around the country was the presence of drug use. As OWS developed responses to active drug use onsite, the media sensationalized drug use in such a way that any reasonable spectator would assume that drug use at OWS was rampant and problematic. We are proposing a panel discussion that examines how the media framed drug use at OWS and Occupy sites and its accuracy. The panel will feature a healthcare provider who provided overdose trainings, an outreach worker who delivered peer-delivered syringe exchange, a community organizer who worked to plan actions with OWS and compare their experiences with what was portrayed in the media.

Community organizing to build power and political engagement among drug users
Building collective power among low-income drug users is an essential strategy for ending the war on drugs, promoting alternative approaches to drug use and protecting the fundamental rights of people who use drugs. While traditional community organizing methods are highly relevant to organizing drug users, there are special challenges created by the war on drugs and extreme marginalization many drug users face, including high levels of distrust, internalized stigma and other
barriers to becoming political active. Establishing trust is a challenge that all community organizers face, but these factors make community organizing with drug users especially challenging. This panel will discuss basic building blocks of community organizing, strategies for building trust among drug users, and connecting direct services and self-help approaches to social change.

Finding a Comfortable Grey Area - Working With Active Drug Users

Harm reduction recognizes that Drug Users are the ultimate authority on the work that we do and are uniquely well-suited for work in our field, especially for particular types of jobs. Moreover, drug users have developed and delivered harm reduction services at times and in places where there hasn’t been any funding. This roundtable will explore how harm reduction agencies can better promote the involvement of people who use drugs as employees, including best practices and effective strategies around addressing stigma, being flexible with health issues and life circumstances that active drug users may experience, and ensuring accountability while being flexible as needed. It will also explore the relationships between actively employees who are active users, their supervisors and other co-workers.

Beyond Methadone: Improving Health & Empowering Patients in Opioid Treatment Programs

Methadone programs represent an important opportunity to improve the health of people who use drugs, including offering harm reduction interventions for active users, while also trying to eliminate the punitive rules and stigma that patients often experience because of excessive regulation. VOCAL-NY Users Union began working on methadone as a result of an issue identification process that surfaced problems with methadone programs as a key concern among users in New York City. In 2010 and 2011, VOCAL-NY Users Union members (all of who were current or former methadone patients) interviewed over 500 methadone patients at nearly 30 different programs throughout New York City for a community-based research report on the unmet health challenges and concerns they faced. The recommendations covered five areas: harm reduction (including syringe access and overdose prevention), hepatitis C, treatment interruptions, patient rights and involvement, and security and policing. Methadone programs also became important sites for Users Union community organizing and outreach. This panel will explore the problems and opportunities methadone programs offer for improving drug user health and promoting basic rights. The presentation will include an explanation of how we started organizing around methadone programs, specific activities we did, lessons learned and a discussion of what methadone programs should ideally look like and how we can transform them.

Getting Vocal: Getting Bills Into Laws

In the wake of the now pandemic HIV/AIDS virus, drastic measures had to be taken to stem the wave of infections and associated issues that surrounded the people who were infected and affected by the virus. Since this virulent disease was new to the world, creative strategies and protocols had to be established to promote wellness. In this time, activists rose from the multitude to advocate for fair treatment and non-stigmatic intervention on the behalf of all people infected and affected. One intervention was to diagnose and treat those infected and find out exactly how the virus came about. Another was to acquire supportive services for those already infected. Still another strategy was to discover means of prevention so that new infections would cease. Through education awareness it was discovered that the virus was transmitted by means of unprotected sexual contact, blood transfusion (before 1980) and the sharing of injection equipment among intravenous drug users. Through the progressive stigmatization of the virus up to this date, there have been people in power who have opposed any intervention attempts for People Living with HIV/AIDS (PLWHA) and in order to effectively and legally develop wellness strategies, those nay-Sayers had to be convinced of the viability. It is this concern that Vocal-NY mobilized into a lobbying force to turn conventional thinking in our favor. After it was learned that the virus could be transmitted by sharing injection equipment it made sense to help current users from becoming infected by supplying them with clean syringes to indulge in their usage. Legal syringe exchange was not yet ratified so underground exchanges engaged users on the down low. This hindrance to wellness was at first met with the argument that drug use should be considered a medical issue instead of a legal issue. After protests, demonstrations and rallies to that effect, it was determined by Vocal leaders, that the only way to meet the opposition was to contest them head on, in the middle of our State Legislature. In the year 2010, Vocal NY successfully lobbied in Albany to reconcile the Health Code with the Penal Code and resulted in the Syringe Access Law. We have drafted a panel discussion on the who, what, when, where and why we did what we did. This panel is designed to draw interest to Users Unions, Harm Reduction agencies, crisis intervention centers, and Community Based Organizations on how to advocate in your respective communities for vital services that have not been provided. We would like our success
to be a model for action throughout North America and invite input and response from all attendees. We will open with a detailed explanation of how and why we acted. What it resulted in and closes with our next steps (implementation). Facilitating this panel will be Bobby Tolbert (Vocal Board Secy.), Hiawatha Collins (Vocal Board member) and Louis Jones (NY Users Union facilitator).

Presenters:

**Hiawatha Collins** (hiawatha.collins@gmail.com) is a Board member and community leader with VOCAL-NY Users Union, a grassroots organization building power among low-income people who use drugs in order to promote the health and human rights of our community. He helped lead successful campaigns to pass New York’s 2010 syringe access and 2011 “911 Good Samaritan” laws, and has worked with NYC Department of Homeless Services (DHS) to introduce overdose prevention and syringe storage policies. Hiawatha professionally works as a harm reduction educator and syringe exchange provider, and coordinates the New York City SEP Peer Network. He is a former marine, has been incarcerated for drug offences, and has experienced homelessness during the past decade.

**Erik Haberlen** (eric@vocal-ny.org) has worked as both a community organizer and syringe exchange outreach worker at VOCAL-NY Users Union since 2010. He has been a long-time peer activist around hepatitis C issues among drug users, and was a canvasser for VOCAL-NY’s “Beyond Methadone” participatory action research project to identify unmet needs among patients in opioid treatment program. He is a musician and occasional graffiti artist.

**Elizabeth Owens** (elizabeth@vocal-ny.org) is a Community Organizer for VOCAL-NY Users Union, where she coordinates the GROW (Grassroots Organizing to Win) program for member-led base building and mobilization. She has led base building efforts to campaigns to improve access to HCV services in drug treatment programs, implement New York’s 911 Good Samaritan law and VOCAL-NY’s broader social justice work. Prior to joining staff, Elizabeth had been a leader in the Users Union since 2010 and worked as a Peer at New York Harm Reduction Educators (NYHRE).

**Robert Suarez** (robertsuarez1211@gmail.com) is a Peer and Advocacy Liaison at Washington Heights CORNER Project, where he does syringe exchange, HIV/AIDS and hepatitis C education, and overdose prevention in Upper Manhattan. He is also a member of VOCAL-NY Users Union, where he helps lead campaigns to implement New York’s 911 Good Samaritan law, improve access to hepatitis C services, and design policies for syringe possession, storage and disposal in the shelter system. The biggest reward he gets is when people come up to him and tell him they’ve saved a life by using naloxone to reverse an overdose.

**Robert “Bobby” Tolbert** (bobby.vocal@gmail.com) is a Board member and community leader with VOCAL-NY Users Union, a grassroots organization building power among low-income people who use drugs in order to promote the health and human rights of our community. Bobby has been HIV-positive since 1995, was formerly homeless in the NYC shelter system, and has worked for much of the past decade as a peer health educator in the Bronx and Brooklyn. A long-time activist for social justice, he helped lead VOCAL-NY campaigns to expand syringe access, prevent overdose deaths and win progressive revenue as an alternative to healthcare cuts. As a member of an expert panel convened by the NYC Department of Health & Mental Hygiene (DOHMH), he helped develop the “Recommended Best Practices for Effective Syringe Exchange Programs in the United States” published in 2010 and continues to serve as an advisor to DOHMH around SEPs on a voluntary basis. Last year, he was arrested following a high-profile civil disobedience disrupting the House of Representatives debt ceiling debate that threatened massive cuts to Medicaid and Medicare, and was subsequently banned from the US Capitol for six months. He has been interviewed by numerous media outlets, including the Associated Press, Wall Street Journal, New York Daily News and Albany Times Union around his activism, and has blogged for the Huffington Post. He is a member of the Community Church of Astoria congregation in Queens, NY.

**Fred Wright** (fred@vocal-ny.org) coordinates base building, leadership development and member-involvement in VOCAL-NY Users Union campaigns, including advocacy to end fatal overdose, improve syringe access, expand access to hepatitis C services and improve patient rights in opioid treatment programs. Prior to joining VOCAL-NY in 2010, Fred worked as a community organizer in NYC for nine years, including running canvassing and electoral organizing projects for ACORN, Citizen Action NY, Working Families Party and other leading progressive base building organizations in New York.
Wagner, Karla, University of California, San Diego, La Jolla, CA  
kdwagner@ucsd.edu

“I’m Not Just a Junkie Piece of Shit”: A Qualitative Study of The Experience of Becoming an Overdose Responder

Overdose prevention/naloxone distribution programs (OPPs) train drug users and other community members to recognize and respond to opioid overdose. OPPs are based on an assumption that trainees will use their skills (and naloxone) to respond to overdoses they witness. Similar to peer-driven HIV-prevention interventions, OPPs succeed due to participants’ willingness to help others. However, participation in OPPs and responding to overdoses in the community may confer additional benefits to trainees, which translate into a form of psychological empowerment. We present findings from qualitative interviews with 30 participants from two OPPs in Los Angeles, CA from 2010-2011, who had responded to >1 overdose since being trained. Respondents described their motivations as stemming from their identities as “caretakers” and a sophisticated understanding of the sociopolitical context of overdose. Findings illustrate a social and psychological feedback loop related to OD responses, characterized by feelings of stress, responsibility, regret, competence, approval, disapproval and, overwhelmingly, pride in being able to help. Respondents described both strengthening social ties to overdose victims and cutting ties to risky individuals. Findings suggest that, in addition to reducing overdose mortality, OPPs may confer direct social and psychological benefits to trainees and responders.

Karla Wagner has worked with syringe exchange and overdose prevention programs in New York and Los Angeles since 1999. Her academic research focuses on understanding the individual, social and environmental factors that increase risk for HIV and OD. She currently has two research projects in Tijuana, Mexico, and is involved in community efforts to prevent overdose both in the US and Mexico.

Waldman, Elena, Lower East Side Harm Reduction Center, New York, NY  
elena@leshrc.org

Supporting Abstinence as One Vital Point on the Harm Reduction Spectrum

Our collective communities have supported and promoted various methodologies of harm reduction, most notably syringe access and overdose prevention and reversals. Staff of the Lower East Side Harm Reduction Center also recognize abstinence as a vital point on the harm reduction spectrum, and have implemented several programs and services to help clients get and stay abstinent from drugs and alcohol. To develop or evolve an informed opinion about abstinence on the harm reduction spectrum To increase understanding of best practices for abstinence services with the harm reduction context

Elena Waldman, co-presenter, has a background in social and economic justice, anti-violence, and community organizing. At the beginning of her career she worked for the New York City Housing Authority as a Youth Worker, in the Settlement House community, and now in harm reduction. She is a martial artist, practicing and teaching Karate and Self Defense, with a specialization in classes for the LGBTQ communities. She is a member of the National Women’s Martial Arts Federation.

José Sanchez, co-presenter, has a background in public health, and is a licensed phlebotomist and acupuncturist. He worked for the New York Academy of Medicine as an interviewer on research study exploring risk behaviors associated with HIV, Hep C, and Syphilis. José came to LESHRC as a street outreach worker, offering information, education, and syringe exchange. He is currently the Substance Use Counselor and Suboxone Program Coordinator. As such, he works collaboratively with our consulting psychiatrist. José is a lifelong Mets fan and devoted family man.
Have an Overdose Vigil: a How-To Workshop

Having a gathering to remember those lost to overdose is not difficult to do, all it takes is having heart. An Overdose Vigil is when service providers, program participants and people who live in town have a moment together; dedicated to the memory of someone they knew who died from overdose. This workshop will describe steps to take when planning a Vigil in your community, including using public space, incorporating art, organizing volunteers, and using the event to make something special, leaving out the politics and leaving in the memories of who we have lost. There are considerations, like if you need a public permit or not, who to invite to speak for a few minutes, scheduling the Vigil so at twilight participants can light a candle. These are only examples – having a local vigil means you can custom make it to fit how your people want to play it. A Vigil is simple in design and they only get better each time you have one – these can start small and grow at a slow and meaningful pace. Having a Vigil can bring home to the whole reason why we are busting our humps to make naloxone available and pass 911 Good Samaritan Laws. With the designation of August 30th as Overdose Awareness Day, it is time to begin remembering people we have lost to overdose on a national level. Organize one for your program’s 2013 calendar today! With the designation of August 30th as Overdose Awareness Day, it is time to begin remembering people we have lost to overdose on a national level. Organize one for your program’s 2013 calendar today!

Mary Wheeler is the Program Director for Healthy Streets Outreach program which operates a drop-in center for active drug users and sex workers in Lynn, MA. With her awesome team of staff she has organized the Lynn, MA Candlelight Vigil the last eight years and created the Not More Anonymous Death (NOMAD) Overdose Prevention Project. Mary has worked in harm reduction since 1999.

Joanna Berton Martinez has been the Creative Director for Lynn’s Annual Candlelight Vigil the last three years.

Challenges in implementing rapid HIV testing

Injection drug users (IDU) account for approximately 18.5% of people living with HIV. Most (69%) of CODA’s medication-assisted treatment patients (MAT) are former IDU and 84% reported ever receiving an HIV test. Among patients reporting no prior HIV tests, however, 50% stated they did not want a test. An additional concern is the lack of HIV risk awareness or appreciation of risk. Eight of ten (82%) IDUs at CODA reported they were at low risk, no risk or did not know their HIV risk. CODA provides free on-site rapid HIV testing (RHT). CODA’s implementation of RHT faced challenges consistent with the literature: 1) physical/structural characteristics, such as storage for testing kits, refrigeration of controls, patient testing location, record storage, etc; 2) philosophical, including staff and patient attitudes towards testing; 3) integration of RHT into the flow of the MAT program; 4) training staff to give RHT; 5) local/state regulatory compliance; 6) cost; and 7) referral and management of positive RHT. We will discuss CODA’s successful strategies to overcome these challenges. Despite the federal recommendations to incorporate RHT in substance use dependence (SUD) treatment, there are real and perceived barriers to implementation at the local treatment level.

Katharina Wiest, PhD, MSPH is Director of Research for CODA and an Affiliate Assistant Professor at Oregon Health & Science University in the Department of Public Health and Preventive Medicine. Dr. Wiest is principal investigator on a Massage Therapy Foundation grant, “Massage impact on chronic pain in opioid dependent patients.”

Sarah Haverly, BA is a Research Associate I at CODA. She served as research coordinator on two HIV related trials through the Clinical Trials Network of NIDA.
Internet-Based Harm Reduction for Meth-Using MSM

Methamphetamine-using MSM (MUMSM), many of whom are polysubstance users, have double to triple the probability of engaging in unprotected anal intercourse, even with episodic use. When working with men not receptive to traditional condom-based prevention messages, a harm reduction approach has the potential to reinvigorate HIV prevention by providing tailored information and support to reduce behaviors that increase the risk of infection. This presentation provides an overview of research that will lead to the development a mobile-enabled website for MUMSM and educators serving this population. Grounded in the Information-Motivation-Behavioral Skills (IMB) Model, the study will collect and analyze formative data needed to develop the website. Aim 1 compares patterns of polysubstance use and harm reduction in MUMSM who meet male sexual partners online to identify differences in IMB and predictors of risk behavior. Aim 2 identifies how MUMSM in different harm reduction classifications vary in their perception of online HIV prevention needs. Aim 3 identifies perceived online needs of educators. Aim 4 integrates data to identify content and design features of the website.

Among Men: A New Harm Reduction Program for MSM

Among Men is a new modular harm reduction program that educates and supports men at the group level – helping them develop a greater sense of confidence and belonging around their sexuality and sexual behaviors. It is designed for men of all ages and races who have sex with men – or are thinking about having sex with men. Our participants come from all walks of life and include men who are questioning their sexuality, those who are out, men who are HIV negative, and those who are HIV positive. The program works closely with community organizations, university groups, religious institutions, and HIV/AIDS care organizations to deliver these programs. The modules address sexual identity, emotional, mental, and spiritual health, and substance use and sexual harm reduction strategies. There are also modules that support conversations about sexual behaviors, including kink, hooking up, dating, and long-term relationships. Additional modules have been developed for men under age 25, men over age 40 who previously identified as heterosexual, and men living with HIV/AIDS.

J. Michael Wilkerson is principal investigator of two NIH-funded studies applying harm reduction to HIV-prevention research. One of his studies, parTy, is collecting formative data that will be used to develop a technology-based HIV prevention tool for U.S. methamphetamine-using men who have sex with men. The second study, ISHKonnect, is collecting formative data that will be used to develop a technology-based intervention for men in India who are using technology to find male sex partners.

Evaluation of a Small SEP: Trends and Next Steps

The syringe exchange program in San Luis Obispo County, California serves an area that is primarily agricultural with small city centers. Clients at the SEP are predominately white, male and young (18-25 years old), with a significant minority in an unstable housing situation (36.9%). The most common drugs injected recently include heroin, prescription opioids and methamphetamine. Many clients (40.5%) shared needles or supplies within the last month, and length of time at the exchange was not associated with whether or not sharing occurs. Frequency and number of drug categories injected, and injection of prescription opioids were associated with sharing behavior. Clients aged 18-25 and those in unstable housing were about three times more likely to share than their reference groups. These clients will be targeted for outreach efforts to better meet their needs. These data may also be used to change the SEP dispensation policies. The county dictates a capped, one for one exchange with no starter kits; policies known to negatively impact harm reduction efforts. Further, significant funding cuts impede increasing the hours and providing more syringes. Future evaluation efforts will be used to justify a change in policies and to obtain money needed to best serve the community.

Candace Winstead is a current assistant professor at California Polytechnic State University in Biological Sciences Department.
Prior to this, received Ph.D. from Loyola University Chicago in Microbiology and Immunology. Involved in San Luis Obispo syringe exchange evaluation solicited originally through the public health department since 2007. Coordinate undergraduate volunteers and maintain dialogue with syringe exchange manager to be sure our efforts are unobtrusive and serve the clients best interests.

Co-Authors: Dominic Picetti, Lydia Behm, Amy Miller, undergraduate student volunteers from Cal Poly who collect data and make figures. Janelle Barbier, Master’s student at Cal Poly who designed the initial evaluation tool. Soma Roy is a professor in the Statistics Department at Cal Poly who helped me analyze the data.

Wooldridge, Missi, DanceSafe, Denver, Colorado
missi@dancesafe.org

DanceSafe as a Harm Reduction Organization
DanceSafe is the only organization in the United States that targets its services toward recreational drug users within the nightlife and electronic music community. This presentation will provide the audience with information on providing harm reduction education and services to this community. Learn about DanceSafe’s educational models and principles. Find out how DanceSafe is expanding, intending to utilize data to move forward in community-based public health efforts, and how to support the organization’s efforts.

Missi Wooldridge graduated from the State University of New York at Potsdam with a B.S. in Community Health. She earned her Master’s in Public Health with a focus in Social Behavior and Community Health from the State University of New York at Albany. Her background is in health behavior theory, program planning, program evaluation, drug studies, and addiction as a public health concern. She was voted onto the Board of Directors in 2011. She has been a member of the electronic music community.

Wynacht, Adrianne, San Francisco Department of Public Health, San Francisco, CA
adrianne.wynacht@sfdph.org

Positive Outcomes for Harm Reduction Strategies in Supportive Housing
The San Francisco Department of Public Health has been providing “Housing First” permanent supportive housing targeting chronically homeless, mentally ill, substance using adults since 1999. At present, DPH manages approximately 1500 units of housing with an additional 400 units expected to be available by 2014. In eight of the thirty buildings, on-site nurse managed clinics provide nursing case management and adherence support utilizing harm reduction principles. Each site is staffed with supportive services in addition to nursing services. For individuals housed in these supportive housing apartments, analysis has shown that the cost of housing and on-site services plus healthcare costs after housing is less than the cost of healthcare services alone prior housing placement. A case study of two such sites which include a full-time Nurse-Managed Clinic show a decrease in need for emergency services, a decrease in average in-patient hospitalization days, a decrease in mental health relapse rate and increased housing retention, despite drug and alcohol use. Nursed-based medical and behavioral interventions with a basis in harm reduction in an outpatient setting can promote positive health and welfare outcomes.

Josh Bamberger, MD, is the Medical Director of Housing and Urban Health in the San Francisco Department of Public Health, which provides medical care and housing to more than 1500 formerly homeless residents of San Francisco.

Jamie Moore, Adrianne Wynacht, Liane Angus, Mike Arrajj, and Mary Magee are Registered Nurses providing on-site medical care and case management services within these supportive housing sites.
Zack, Barry, The Bridging Group, Oakland, CA
barry@thebridginggroup.com

Who’s doing what in
A consistent and relevant inquiry from jails with high prevalence of HIV is “what are other systems and facilities doing?” There is increased interest in “best-practices” as well as adapting community practices to the correctional setting. The Bridging Group, in collaboration with the Federal Office of HIV/AIDS Policy, surveyed 12 jail systems to document policies and practices related to HIV prevention, testing and linkages to care/treatment. The results will be shared with round-table participants and a lively discussion will follow....

Since 1986, Barry Zack has worked with NGOs, governments, and academia in the field of incarceration and community health. His focus is on infectious disease (HIV/STDs/TB and hepatitis), substance use and mental illness in prisons and other detention settings. He has worked in Central and Southeast Asia, Australia, Haiti, Israel, Kenya and throughout the United States.

Zanetti, Wanda, Richard C. Ward Treatment Center, Middletown, NY

Overdose Plenary
Wanda Zanetti, R.N. is the Nurse Administrator of the Richard C. Ward Addictions Treatment Center, a New York State in-patient rehabilitation center in Middletown New York. She is the Program Director of the Overdose Prevention Program at Richard C. Ward. She is a registered professional nurse certified by the NYS Education Department, Office of Professions. Wanda has been working as a Registered Nurse for 18 years in the fields of Community Mental Health, Forensic Mental Health, Developmental disabilities and Addiction treatment. She is also an advocate and group facilitator for SPAN, the Statewide Peer Assistance for Nurses program. A resource provided by New York State Nurses Association for all NYS licensed nurses coping with chemical dependency (alcoholism and/or drug addiction) problems.

Zevin, Barry, Tom Waddell Health Center, San Francisco, CA
barryzevin@hotmail.com

Drugs for Treating Addiction
A review of the current state of the art of medication treatment of addiction disorders. The various classes of medications will be reviewed with attention to FDA approved indications and “off label” indications, adverse effects, potential interactions with other drugs and foods, effects on functioning and thinking, and overall effects on health and well-being. With a few notable exceptions medication treatment of addiction disorders has been considered disappointing. This presentation will consider medication treatment models and outcomes from the point of view of harm reduction paradigms and contrast these with the emerging neurobiology of addiction paradigm and the traditional abstinence paradigm. Barriers to progress in this area and promising future possibilities will be discussed.

Dr. Barry Zevin works as a primary care physician with homeless people and other vulnerable and underserved individuals. He is board certified in internal medicine and is board certified as an addiction medicine specialist by the American Board of Addiction Medicine. Dr. Zevin’s interests include comprehensive health care for substance users, HIV medicine, Hepatitis C, transgender health, healthcare for the homeless, and addiction medicine. Dr. Zevin is physician specialist at Tom Waddell Health Center in San Francisco. Dr. Zevin is consultant to Harm Reduction Therapy Center in San Francisco. Dr. Zevin is board president of the San Francisco Coalition on Homeless.
Responding to the recent increase in HCV infections among young persons who inject drugs in upstate New York: CDC’s Action Plan for the Prevention, Care and Treatment of Viral Hepatitis as a model for federal, state and local collaboration

Hepatitis C virus (HCV) infection is highly prevalent among persons who inject drugs (PWID). A recent increase in newly reported HCV infections among urban and rural young PWID (<30 yrs.) is of special concern, as estimates indicate that upwards of 1/3 of recent initiates to injecting - in certain regions of the country - are currently HCV-infected. Many state health departments are currently involved in surveillance efforts to assess HCV prevalence among young PWID, while others are conducting research to investigate the individual and systemic factors contributing to the recent increase in new infections. As a result, comparable trends across states with respect to the types of injecting practices and patterns of use that are exposing young PWID to HCV are being detected. The possibility that these trends are not particular to individual states but represent a nationwide increase in HCV infections among young PWID requires a national action plan, one that can facilitate collaborations with states to identify emerging trends in drug use and viral hepatitis transmission and to accelerate the development of effective prevention strategies. This panel will outline CDC’s programmatic and research agenda for injection-related HCV infections and its efforts to prevent HCV-related morbidity and mortality among PWID by describing a CDC- New York State collaboration in responding to the recent emergence of new hepatitis C infections among young PWID in Cortland County. The panel will demonstrate the importance of federal, state and local collaboration as [1] a strategy to identify and respond to new HCV infections among young PWID; [2] a means to better understand the drug using practices that are putting young persons at risk of becoming HCV-infected; and [3] a model to design and implement evidence-based interventions to protect the health and quality of life of young persons who inject drugs.

Jon E. Zibbell, Ph.D., is a health scientist in the Division of Viral Hepatitis at the Center for Disease Control and Prevention where he conducts research on HCV prevention and treatment. Jon is a medical anthropologist with research experience in the areas of injection drug use, infectious disease, social policy, and public health. His work has appeared in both academic and professional journals and he contributes regularly to independent media on issues concerning the health and civil rights of people who use drugs.

Bryce D. Smith, PhD
Team Lead, Division of Viral Hepatitis, CDC, Prevention Research and Evaluation Team

Rachel Hart-Malloy, PhD, MPH
Epidemiologist, AIDS Institute, New York State Department of Health

John Barry, LMSW
Executive Director, Southern Tier AIDS Program (STAP), New York

Zurlo, Dominick, University of New Mexico, Albuquerque, NM
anthropo@unmalumni.com

Harm Reduction Education Program Development

Educational programs for Harm Reduction have evolved over the years, trying to reach participants in a more direct fashion. As an example, Overdose Prevention and Narcan Distribution Programs have become more focused and practical. These programs are not possible without the education of trainers and providers, ranging through the spectrum from peer educators to clinical staff. This presentation will focus discussion on the evolution of curriculum development, and implementation of training providers and participants. This will be accomplished while utilizing the example of the New Mexico Training...
of the Trainer (ToT) program in Harm Reduction, Overdose Prevention and Narcan Distribution. This includes what has been achieved by the program, the direction of education for providers and participants, as well as some of the plans for the evaluation of outcomes for Overdose Prevention programs.

Dominick V. Zurlo is the former Harm Reduction and Medical Cannabis Program Manager for the New Mexico Department of Health. He has over a decade experience managing and working with Harm Reduction Programs in New Mexico. He has earned a BA in Biological-Anthropology and a MA in Educational Psychology and is a current Ph.D. candidate at the University of New Mexico in Educational Psychology working in the area of evaluation and assessment in overdose prevention educational programs.
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