Thank you for joining us!
Dial the phone# below to ensure connection to the audio portion of this webinar:

Call-in number: INSERT PHONE NUMBER
Meeting ID: INSERT MTG I.D.

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We will start promptly at 11am (eastern)

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Harm Reduction Approach

WEBINAR

October 5, 2016
11am-1pm eastern standard time

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Director of Capacity Building

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Senior Trainer
*MUTE*

your phones please!
Harm Reduction Coalition

• Founded in 1993 by needle exchange providers, advocates, and drug users.
• National advocacy and capacity-building organization to promote the health and dignity of individuals and communities impacted by drug use.
• Our work is driven by a commitment to drug user rights and social inclusion of marginalized communities.
National Conference 2016
November 3-6
San Diego!
Webinar Details

- **Mute** the telephone you are using, please.
- The last 30 minutes are reserved for Questions.
- We will use **Chat Box** throughout the workshop to check-in on today’s content, too.
Step 1
Activate the chat feature at the top of the screen by clicking the chat bubble

Step 2
In the send to bar, select “Host & Presenter” to be sure your question reaches the moderators

Step 3
Type your question in the chat box and click *Send*
Chat Box

- Chat Box is located on the bottom right of the screen.

- Hit Reply All if you want everyone to get the message.

- It’s okay to send your question or response directly to us, too (don’t hit Reply All).
1. Training Overview
Who this training is for:
Health and human service providers in the general public, with an interest in preventing HIV/AIDS.

What this training is about:
This workshop will provide an overview of Harm Reduction. We will look at harm reduction as a practical set of strategies that are designed to prevent disease and promote health.
Agenda

1. Training Overview
2. Harm Reduction
3. Drug Use
4. Sexual Activity
5. Strategies
6. Questions & Answers
Workshop Goal

The goal of this webinar is to provide an introduction to basic philosophy and practices of HIV/STI/Hep C harm reduction with regards to substance use and sexual risk behavior.
Training Objectives

By the end of this training, you will be able to:

1. Define harm reduction as it is used in HIV/STI/Hep C prevention;

2. List at least three elements of the harm reduction model;

3. Identify at least three attitudes about using a harm reduction approach;

4. Identify at least three examples of harm reduction options for substance use behaviors and sexual behaviors;

5. Identify negotiated safety techniques for injection risk reduction and sexual risk reduction.
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>PWID</td>
<td>People Who Inject Drugs</td>
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<tr>
<td>PWUD</td>
<td>People Who Use Drugs</td>
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<tr>
<td>PLWHA</td>
<td>People Living with HIV/AIDS</td>
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<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
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<td>SAS</td>
<td>Syringe Access Services</td>
</tr>
<tr>
<td>SSP</td>
<td>Syringe Service Programs</td>
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<tr>
<td>ESAP</td>
<td>Expanded Syringe Access Program</td>
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Sexual Orientation
To whom we are sexually attracted.

Gender Identity
Sense of self as male or female, neither or both.

PGP
Preferred Gender Pronoun

LGBTQ
Lesbian, Gay, Bisexual, Transgender, Queer/Questioning
2. Harm Reduction
Why Is There A Need For Harm Reduction?

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

• Since 2000, the rate of deaths from drug overdoses involving opioid pain relievers and heroin increased 200%

• 56% of black transgender women had positive HIV test results compared to 17% of white or 16% of Hispanic transgender women
• Almost 45% of estimated new HIV diagnoses in the U.S. were among African Americans, who comprise 12% of the U.S. population.

• More than 25% of that 45% were women.

• 7 in 10 new HIV diagnoses among Hispanics occur in gay and bisexual men.

Centers for Disease Control and Prevention
What Good Comes Out of Harm Reduction?

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

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

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

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

- Applies evidence-based interventions to reduce negative consequences of these behaviors.
  - Ex: syringe access, naloxone, PrEP
Moves past judgment of another person to address their drug use and sexual activity and the harm that’s occurring to that person.

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

Harm reduction does not mean “anything goes.”

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

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

- Individual
- Community
- Institutional
Harm Reduction

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

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

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

- No Use
- Experiment
- Situational Use
- Severe Persistent Chemically Dependent
- Social & Ritual Use
- Binge Use
- Abuse Habit Chronic
The degree of harm associated with a risk behavior may vary based upon numerous factors, including drug, set, and setting.
Key Principles of Harm Reduction

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

Providers treat program participants with respect.
(2) Participant-Centered

Providers offer services **without judging** the participant. Programming is **low-threshold** and accessible.

[Photo of people's feet wearing flip flops, photo by Maliz Ong]
(3) Participant Involvement

Providers ensure the people you are serving have a real voice in the creation of programs and policies designed to serve them.
(4) Participant Self-Rule

Providers recognize participants are experts in their own lives. It is the participant who makes their own changes, when they feel they can make them, under their own circumstances.
(5) Impact of Inequalities and Injustices

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

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

Approach the keyboard if you'd like to share what you think
1) Which Principle is most Challenging?

- Health and Dignity
- Participant-Centered
- Participant Involvement
- Participant Self-Rule
- Recognize Inequalities and Injustices
- Practical and Realistic
2) Which Principle **Resonates** the most?

- Health and Dignity
- Participant-Centered
- Participant Involvement
- Participant Self-Rule
- Recognize Inequalities and Injustices
- Practical and Realistic
3. Drug Use
What are some risk factors surrounding drug use?
People will have different reasons for using substances.

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

**Drug**

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

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

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

In withdrawal

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

Taking care of business when not in withdrawal

➢ PWUDs are not in a constant state of withdrawal, can take steps to cover basics (food, rent, cell phone) and set aside money for drug

➢ cultivate more than one dealer
Setting

Unstable housing or homelessness

➢ using in public or in compromised settings

Access to clean water

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

Using used needles

➢ only have one left (confiscated, busted, did not have a chance to visit SAP, no where to put sterile gear)

Using alone

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

Injected by another person

➢ unable to determine how much drug used, unable to use without this person
Risk factors surrounding drug use
Harm Reduction Options: Drug Use

How it is consumed

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

➢ use small amount of drug first to help determine if it’s too strong or just enough
➢ have a plan: tell others where to find your naloxone
➢ don’t use alone, or let someone know when you use
➢ clean hands or at least finger tips for drug prep
If injecting

- use new sterile syringe one time only
  - or re-use **your own** syringe
  - or flush used syringe w. water/bleach/water
- clean skin with soap and water
  - or clean **finger tips** with alcohol wipe
- use own safe injection supplies
- injecting arms/legs are safer than hands/feet
- properly dispose of used syringe so no one gets stuck by accident
Prevention During Drug Use

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

*abscess = swollen, infected sore
Syringe Access Programs

Our Roots in Harm Reduction!

“How does this work?”

“You give me an old one, I give you a sterile one, and it keeps your butt alive”

Doug Wilson

Syringe exchange is a science-based intervention that does not increase drug use, does reduce HIV + risk for Hep C, and increases the likelihood for program participants to seek treatment.
Syringe Access Service Models

- Storefront
- Street-Based Mobile Outreach Van/Backpack
- Secondary or Peer-Delivered (PDSE)
- Pharmacy
4. Sexual Behavior
What are some risk factors surrounding sexual activity?
Factors Related to Sexual Activity

Sex

What type of sex

- manual, or use of hands
- oral
- vaginal penetration and surface area
- anal penetration
Set

If PWUD too, where are they on the drug-use continuum?

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

If trade sex

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

Unstable housing or homelessness

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

Hygiene/Access to clean water

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

Low or no income

➢ decisions for survival-based or immediate needs
Risk factors surrounding sexual activity
Harm Reduction Options: Sexual Activity

Which sexual activity

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

➢ carry condoms + pocket lube
➢ use a ‘silent alarm’ or let someone know when you leave with another person to have sexual activity, and check-in upon safe return
➢ get tested regularly instead of between new partners
➢ bring own safer sex supplies to each encounter
More ideas

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

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

PrEP = Pre-Exposure Prophylaxis
Question

*Which of these can increase risk for harm?*

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

*ALL*
Contributing Factors & Harms

**Physical**
- Poor health outcomes
- Violence
- OD

**Psychological**
- Depression
- Isolation
- Stigma

**Social**
- Relationship issues
- Lack of community
- Isolation from community

**Spiritual**
- Isolation
- Not connecting to life

**Economic**
- $ to acquire drugs
- Loss of housing
- Loss of or trouble finding jobs

**Legal**
- Discrimination
- Arrest
- Incarceration
5. Harm Reduction Strategies
Because harm reduction interventions and policies are designed to reflect specific individual and community needs there is no universal definition of, or formula for, implementing harm reduction.
Education
Access
Support
Linkages
How can an agency support participants in reducing drug-related & sex-related risk behaviors?

1. Education
2. Access
3. Support
4. Linkages
Use *CHAT BOX* to send us questions
Examples for EDUCATION
Harm Reduction Strategies:

- HIV/STI prevention
- Overdose response
- Hep C treatment
Examples for **ACCESS**

Harm Reduction Strategies:

- Housing assistance
- Syringe access
- Safer sex supplies
Examples for **SUPPORT**

Harm Reduction Strategies:

- Active listening
- Case management
- Motivational Interviewing
Examples for **LINKAGES**

Harm Reduction Strategies:

- HIV/Hep C Treatment
- Drug/Alcohol Tx
- Mental health care
*CHAT BOX*

More Examples?

1. Education
2. Access
3. Support
4. Linkages
True or False?

Harm Reduction excludes abstinence as an option to reduce harms related to drug use or sexual activity.

FALSE

Harm Reduction includes abstinence as an option to reduce risk surrounding drugs and sex. It is one of several options a person can apply to addressing their own needs, and what they feel they can do at that time.
True or False?
Harm Reduction offers options so the person them self can determine what is right for them, at that time.

**TRUE**

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

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

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

**Apply**
Does your agency engage key principles of harm reduction? How can you integrate the harm reduction approach into daily work with clients?
6. Question & Answer Session
Ways to Keep the Work Going

- Attend our 11th National HRC Conference this November 2016 in San Diego, CA
  [http://www.harmreduction.org/conference](http://www.harmreduction.org/conference)

- Take more trainings!
  [http://www.harmreduction.org/training](http://www.harmreduction.org/training)

- Ask us about capacity building
  [http://www.harmreduction.org/cba](http://www.harmreduction.org/cba)
HRC thanks you for participating in this workshop!