Hep C/HHARM ECHO

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Principles of Harm Reduction

Charlotte Willcox

Viral Hepatitis Coordinator Louisiana Department of Health Office of Public Health STI/HIV/Hepatitis Program

charlotte.willcoxela.gov

Acronymns

- PWUD People Who Use Drugs
- PWID People Who Inject Drugs
- PLHCV People Living With HCV
- SSP Syringe Service Program

Harm reduction

- Risk Reduction: Tools and services to reduce potential harm associated with drug use
- (h)arm (r)eduction: The approach and fundamentals to reduce potential harm
- **(H)arm (R)eduction:** A philosophical and political movement focused on shifting power and resources to people most vulnerable to structural violence, built on a belief in, and respect for, the rights of people who use drugs.

How do we define harm?

- Risks and negative consequences associated with drug use
- Stigma
- Discrimination
- Criminalization

Health and social impacts

Excess mortality, avoidable morbidity, poor quality of life, avoidable pain



Outcomes

Affected populations

Poor access to healthcare (avoidance, refusal of care), avoidable HCV transmission, healthcare not delivered in acceptable form, coercive healthcare

Organisations and institutions

Medical education, ED culture regarding PWUD, insufficient support for healthcare staff, overloaded healthcare system, harm reduction gaps



Manifestations

Stigma experiences

Health Stigma &

Discrimination

Framework

Internalised stigma: shame, embarrassment
Anticipated stigma: healthcare avoidance,
concealing identity, not revealing full history
Experienced stigma: healthcare denial, interactional
discrimination, intrusive questioning, indignity
Perceived stigma: Rudeness, long wait times

Stigma practices

Stereotypes about drug use, stereotypes about Indigenous patients, delay in healthcare, insufficient pain care for PWUD, permanent flags on records, PWUD and SW subjected to, not listening to PWUD and SW



Stigma Marking

Health condition-related stigma

Identity-related stigma

HCV, HIV, SUD, STI, 'street feet' injection-site wounds, injuries from beatings

Sex worker, PWUD, sexual orientation, disability, ethnic identity, subculture



Drivers

Social judgment of drug use and sex work, blaming patients for their conditions, lack of compassion or empathy, disrespect for PWUD and SW, distrust of subcultures

Facilitators

Healthcare worker training, hospital policy, Ministry of Health emphasis on equity, patient-centred care, traumainformed care, institutional culture

(Cunningham et al., 2024)

Foundations of Harm Reduction

Health and Dignity

Participant-Centered Services

Participant Involvement

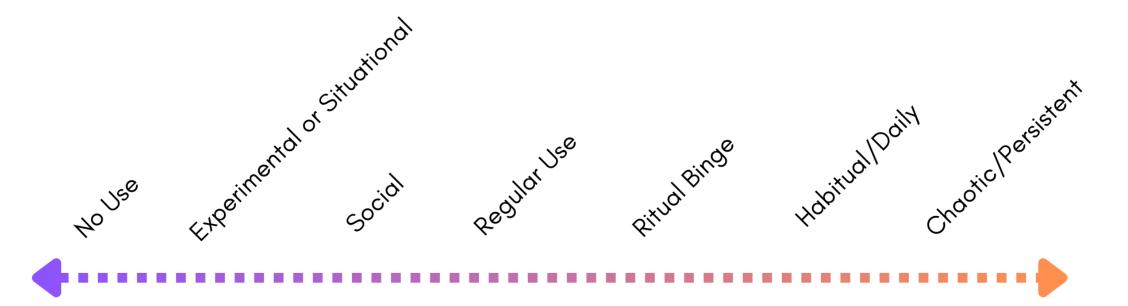
Participant Autonomy Sociocultural Factors

Pragmatism & Realism



Any Positive Change

Continuum of Use



DRUG: all factors related to the **drug** consumed. Quantity consumed, the potency, the purity, the way the drug is taken, and whether other drugs are consumed at the same time.

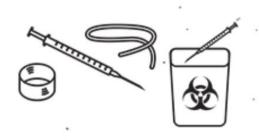
set: all factors related to the individual consuming the drug. Mental and physical state, genetic predispositions, gender, sleep, physique, nutrition, and any medications the individual is currently taking.

Drug Set Setting

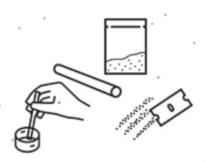
SETTING: all factors related to the **environment** a drug is consumed in. The people or friends around you, the weather, presence of law enforcement, and dangerous environmental hazards.

(Zinberg, 1984)

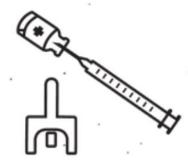
Examples of harm reduction services



Syringe Access and Disposal



Safer Drug Use Supplies



Overdose Prevention



Safer Sex Materials



Medication for Opioid Use Disorder



Safer Consumption Services



Drop-in Centers



Housing First

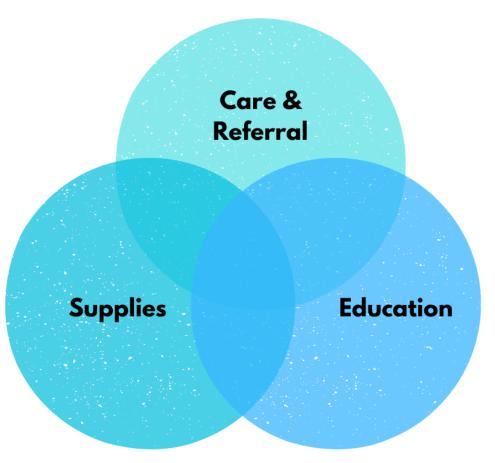


Referrals

HARM REDUCTION COALITION

(Roberts, 2021)

Syringe service programs



Community-based public health programs that provide comprehensive harm reduction services such as

- Sterile needles, syringes, and other injection equipment
- Safe disposal containers for needles and syringes
- Naloxone and drug testing equipment like fentanyl test strips
- HIV and HCV testing and linkage to treatment
- Education about overdose prevention and safer injection practices
- Referral to substance use disorder treatment, including medicationassisted treatment (MAT)
- Referral to medical, mental health, and social services
- Tools to prevent HIV, STIs, and viral hepatitis including counseling, condoms, PrEP, PEP, and vaccinations

SSP PARTICIPANTS ARE



more likely to report a reduction in injection frequency



more likely to enter a drug treatment program

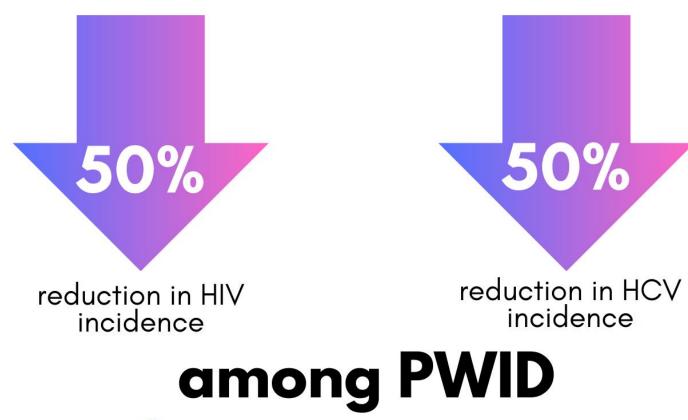


more likely to stop using drugs

THAN NON-PARTICIPANT PWID

(CDC, 2024)

SSPs associated with



(Substance Abuse and Mental Health Services Administration, 2023)

SHHP supported SSPs in Louisiana

- ★ The Philidelphia Center (Shreveport)
- ★ F.R.E.S.H. Works, CLASS (Alexandria)
- Be Safe, CARP (Baton Rouge)
- Women With a Vision (New Orleans)
 N.O.S.A.P., CrescentCare (New Orleans)



Incorporating harm reduction into your practice

Individual

- 1. Person-first language
- 2. Practices with clients who use drugs

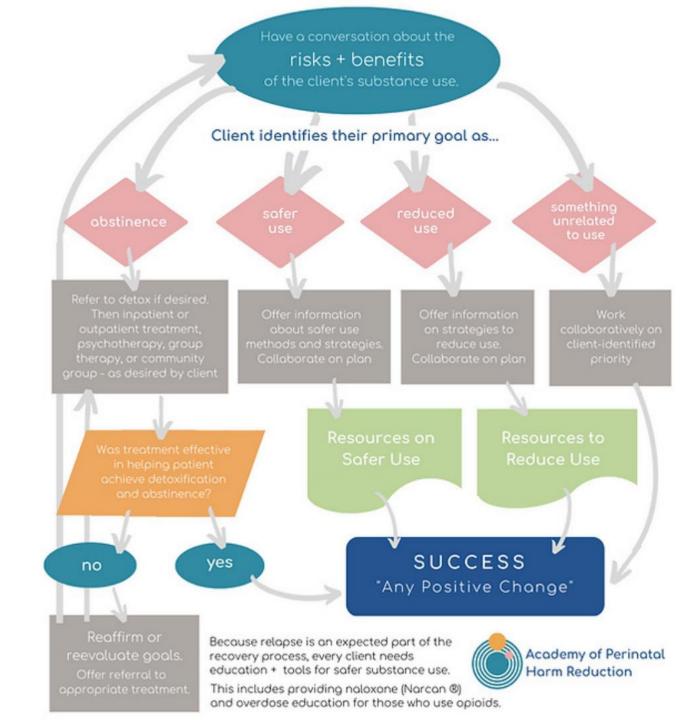


1 Person First Language

Words to Use	Words to Avoid
[person] who [behavior] people who use drugs person who injects drugs person who smokes stimulants person experiencing a period of chaotic use	addict junkie drug abuser suffering from addiction
drug use	drug abuse; drug misuse; problem use
sterile or new [supplies]	clean
used [supplies]	dirty
person in recovery person experiencing drug dependence person who is not actively using drugs	recovering/reformed/former/ex- addict; sober; drug-free; stayed clean

2

Practices with clients who use drugs



Organization

- 1. Feedback from clients who use drugs
- 2. Updating workflow and organizational policies and procedures
- 3. Expanding harm reduction services



1 Feedback from clients who use drugs

- Surveys
- Comment cards
- Kiosk questions
- Text messaging questions
- Online ratings
- Public meetings
- In-depth interviews
- Focus groups/panels
- Patient stories
- Ward rounds/observations
- Complaints/compliments

2 Updating workflow, policies & procedures

Workflow and programmatic considerations

- Consolidate appointments
- Point of Care testing
- Mobile outreach
- Transportation assistance
- Incentives

Policy and procedure considerations

- Internal human resources practices
- Required trainings for staff
- Requirements of clients to start or continue care
- On-site overdose safety planning

Harm reduction principles

Accepts that drug use is part of our world

Understands drug use is on a continuum of behaviors

Establishes quality of life—not abstinence—as the criteria for successful interventions

Calls for the nonjudgmental, noncoercive provision of services

Affirms drugs users as experts in their own lives

Recognizes that the realities of past trauma and social inequities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm

Does not attempt to minimize or ignore the real and tragic harm associated with drug use

Low-threshold program philosophy and structure

Accepts that some people's goal is to decrease, not stop, drug use

Provides or refers for safer drug use supplies and behaviors

Accepts that abstinence is not a necessary goal

Trains staff in strengths-based, antistigma practices

Creates an atmosphere for mutual information sharing

Establishes a trauma-informed environment

Holds people accountable to their personal goals

Anticipated program outcomes and postulated mechanisms

People are not dismissed for ongoing drug use, increasing retention in care

Lower overdose rate

People are not dismissed for polysubstance use Increasing retention in care

People are more likely to access, continue, and return to care

Participants and providers share knowledge about drug use and treatment options More likely to continue care

People are not retraumatized when receiving services and are more likely to continue care

People take responsibility for their involvement in the program Increasing retention in care

3 Expanding harm reduction services

- Offer MOUD
- Start a bridge program
- Naloxone distribution and overdose education
- Offer affirming primary care and medical services

Community

- Know the resources you have (and where your community has room to grow)
- Start conversations and build relationships with other organizations serving people who use drugs
- Support the creation and sustainability of harm reduction services in your area



RESOURCE COLLECTIONS

- National Harm Reduction Coalition Resource Center
- <u>NEXT DISTRO Resource Library</u>
- CDC's SSP resources
- Academy of Perinatal Harm Reduction
- NYS Department of Health AIDS Institute HIV Education and

<u>Training Programs</u>

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