

Harm Reduction 101



410-222-1842

aapower@aacounty.org

Welcome



Introductions and Icebreaker

- Let's get started
- Introduce yourself, where you are from
- What is one skill that you think everyone should have?

Guidelines and Housekeeping

- Please silence cell phones or mute mic
- Be respectful of others and their opinions
- Ask questions as they arise and do participate
- There will be a brief break at half-time
- Anything else?

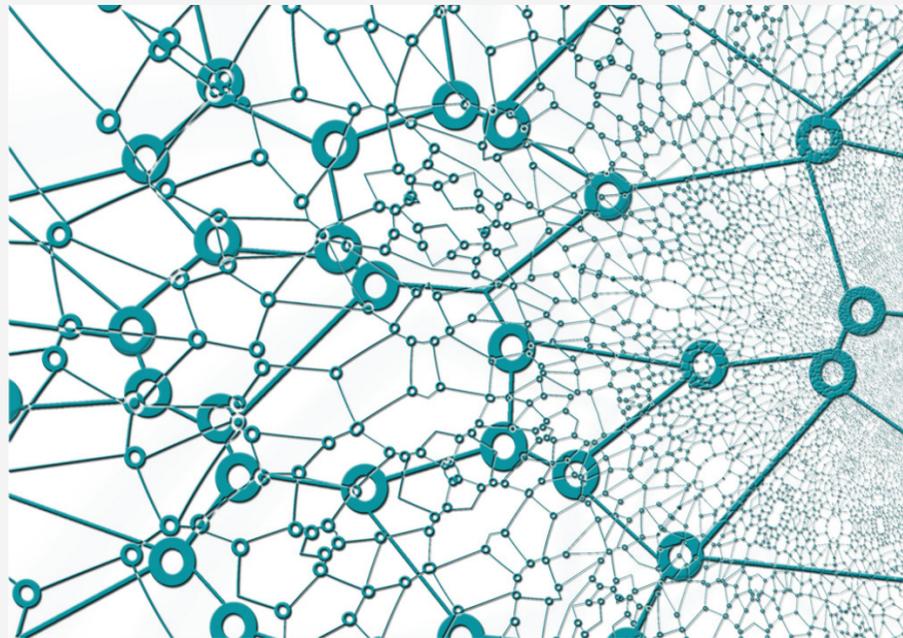
Acronyms

These acronyms will be used
in the presentation

- SSP - Syringe Services Program
- HR - Harm Reduction
- OD - Overdose
- ORP - Overdose Response Program
- AAPOWER - Anne Arundel Peers Offering Wellness Education and Resources Program
- **PWUD - People who use drugs**
- **PWID - People who inject drugs**
- SUD - Substance Use Disorder
- MOUD - Medication for Opiate Use Disorder
- HCV/HBV - Hepatitis C and Hepatitis B Virus
- HIV - Human Immunodeficiency Virus
- STI - Sexually Transmitted Infection
- RCC - Recovery Care Coordination

Learning Objectives

What this training will cover



Define harm reduction and the principles of harm reduction for people who use drugs.

Demonstrate the need for harm reduction interventions and explain relevant theory.

Present data on the effectiveness of harm reduction and dispel myths about it.

Describe the harm reduction programs at the Anne Arundel County Department of Health.

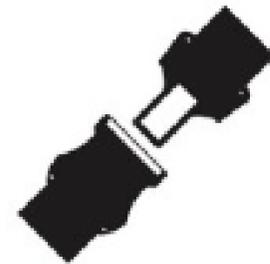
Share available resources and contact info, answer any questions and cover next steps.

What is Harm Reduction?

“Harm reduction refers to interventions aimed at reducing the negative effects of health behaviors without necessarily extinguishing the problematic health behaviors completely.” - Hawk, Coulter, Egan et al.



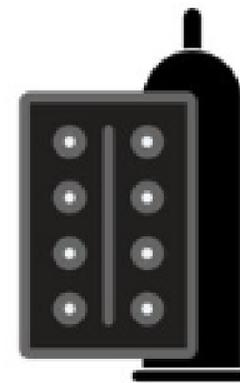
SUN
SCREEN



SEAT
BELTS



SPEED
LIMITS



BIRTH
CONTROL



CIGARETTE
FILTERS

What is Harm Reduction?

“Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.” - National Harm Reduction Coalition (HRC)



**Free
Condoms**



**Syringe
Exchange**



**MAT
Programs**



**Free
Naloxone**

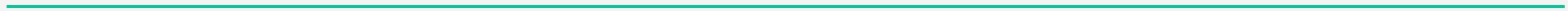


**Rights of
PWUD**

A Thought to Ponder

"We accept the fact that drugs are part of our world. We accept the fact that people are, for various reasons, using drugs. And we make sure that we are very empathetic and supportive and let them know that we care."

- Unknown



What are some reasons people use drugs?

To feel good

Stimulants may lead to feelings of power, self-confidence and increased energy. Depressants tend to provide feelings of relaxation and satisfaction.

To feel better

People may use substances to reduce social anxiety or stress when building connections with others or to reduce symptoms associated with trauma or depression.

To do better

The increasing pressure to improve performance leads many people to use chemicals to “get going” or “keep going” or “make it to the next level.”

To explore

Some people have a higher need for novelty and a higher tolerance for risk. These people may use drugs to discover new experiences, feelings or insights.

Video on Harm Reduction

The image shows a YouTube video player thumbnail. At the top left is the NIH logo (National Institute on Drug Abuse) and the title "What is Harm Reduction?". To the right of the title is a "Share" button with a white arrow icon. Below the title is a dark grey box with the text "From a US national research authority" and a white right-pointing arrow. The main text of the video is "AT THE INTERSECTION: Stories of Research, Compassion, and HIV Services for People Who Use Drugs". A large red play button is centered over this text. Below the main text is a white horizontal line, followed by the title "WHAT IS HARM REDUCTION?" in large, bold, white capital letters. At the bottom left is a dark grey box with the text "Watch on" followed by the YouTube logo and the word "YouTube". The background of the thumbnail is a dark blue with a pattern of overlapping white and light blue geometric shapes, and a faint image of hands holding papers.

Principles of Harm Reduction

From the National Harm Reduction Coalition

1

Accepts, for better or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them

2

Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe use to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others

Principles of Harm Reduction

From the National Harm Reduction Coalition

3

Establishes quality of individual and community life and well-being – not necessarily cessation of all drug use – as the criteria for successful interventions and policies

4

Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm

Principles of Harm Reduction

From the National Harm Reduction Coalition

5

Ensures that people who use drugs and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them

6

Affirms people who use drugs (PWUD) themselves as the primary agents of reducing the harms of their drug use and seeks to empower PWUD to share information and support each other in strategies which meet their actual conditions of use

Principles of Harm Reduction

From the National Harm Reduction Coalition

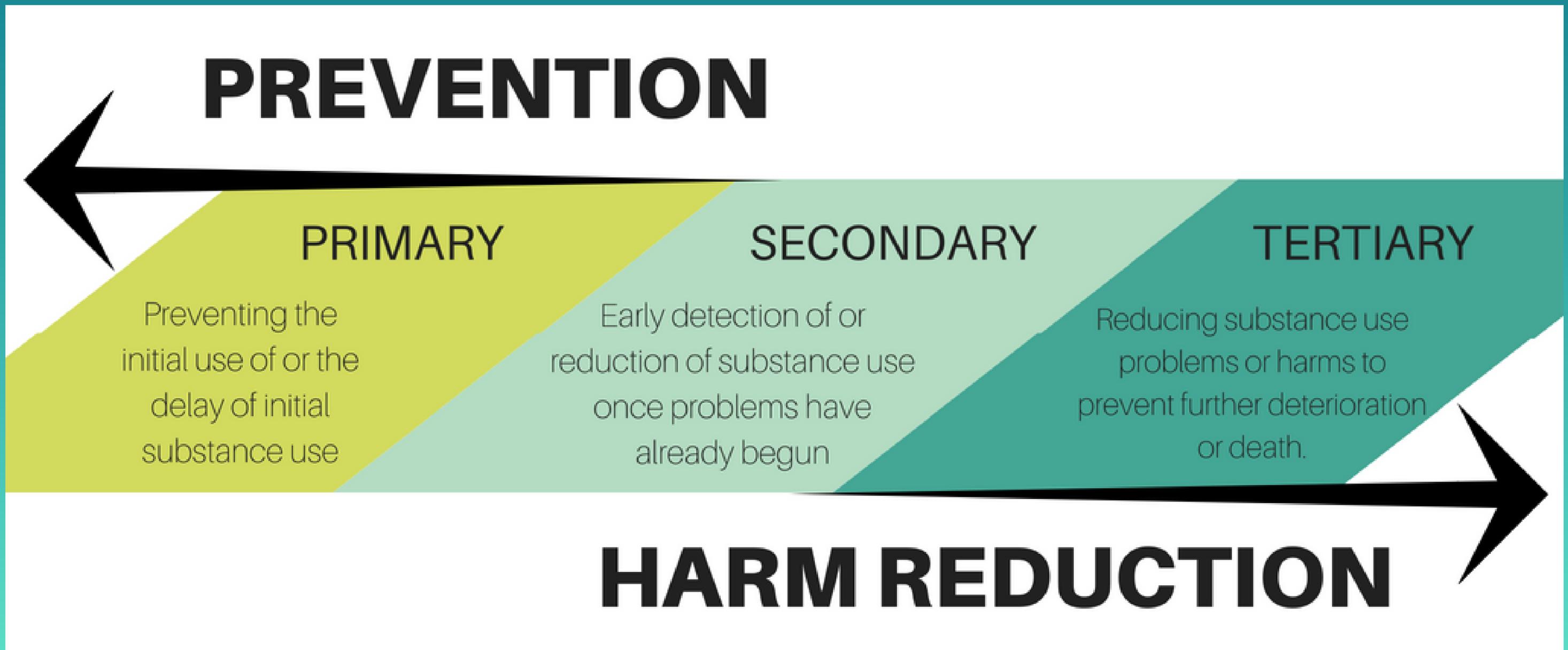
7

Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm

8

Does not attempt to minimize or ignore the real and tragic harm and danger that can be associated with illicit drug use

Intersection of Prevention and Harm Reduction



The Stages of Change Model



- With substance use or any other behavior, people go through discrete stages of change
- There is no set amount of time that a person will spend in each stage and people generally cycle back and forth between stages
- HR has something to offer PWUD regardless of what stage of change they are in, with respect to substance use behaviors, and can help motivate progress through the stages

History of Harm Reduction

- The context of the War on Drugs (1960s → present), criminalization of drug use
- A grassroots activist response to the AIDS crisis in the 1980s and beyond
- Current opioid overdose epidemic and public health emergency in the U.S. resulting from:
 - Prescription opioid misuse
 - Prevalence of illicit fentanyl
- Emerging risks in the drug supply (e.g., xylazine)



The Need for Harm Reduction: Bloodborne Infections



- Opioid crisis increased the incidence of bloodborne infections (e.g., HCV, HBV, HIV)
- PWID are at higher risk for contracting bloodborne infections from using and sharing contaminated syringes and injection equipment
- SSPs provide materials PWID need to avoid sharing syringes (second riskiest behavior for getting HIV), cookers and cottons, clean syringes with bleach if sharing is unavoidable, and split substances safely

The Need for Harm Reduction: Other Injection-Related Infections



- PWID are at high risk for bacterial and fungal infections directly related to injection, including:
 - Endocarditis: infection of the heart lining; can result in sepsis and death
 - Skin and soft tissue infections: cellulitis, subcutaneous abscess and necrotizing fasciitis; can lead to amputations and death
 - Cotton fever: flu-like symptoms caused by bacteria from used cottons and injection supplies
- Using new, sterile syringes and safer injection tools and practices reduces the likelihood of developing infections
- Wound care materials and techniques mitigate the harms associated with injection-site infections

The Need for Harm Reduction: Opioid Overdoses

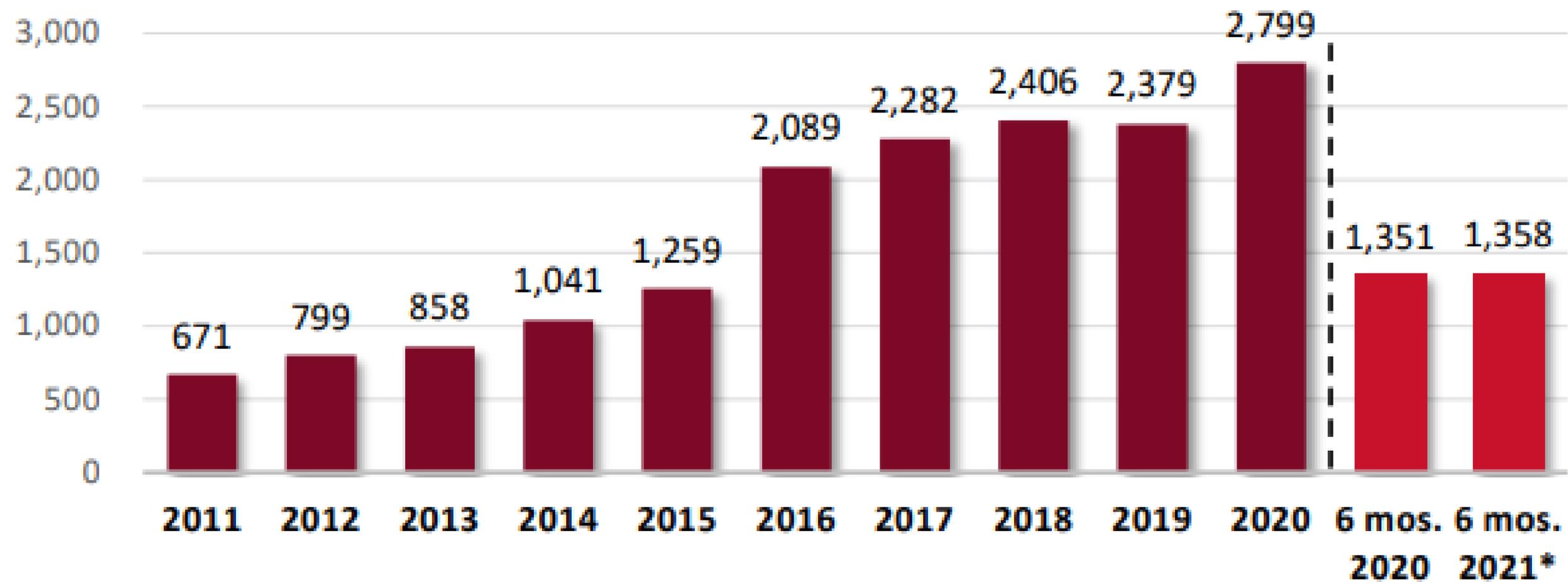


- In 2021, there were 106,699 drug-involved OD deaths in the U.S. (CDC)
- In Maryland, opioid-related fatal ODs have increased by almost 500% over the past decade (2,800 people in 2020).
- Fentanyl was involved in over 50% of fatal ODs in Maryland and is largely responsible for the increase in fatal ODs.
- ORPs provide education about how to prevent, detect, and respond to opioid ODs
- ORPs teach how to use and distribute naloxone (medication used to reverse OD) to PWUD and other community members in order to reverse opioid ODs

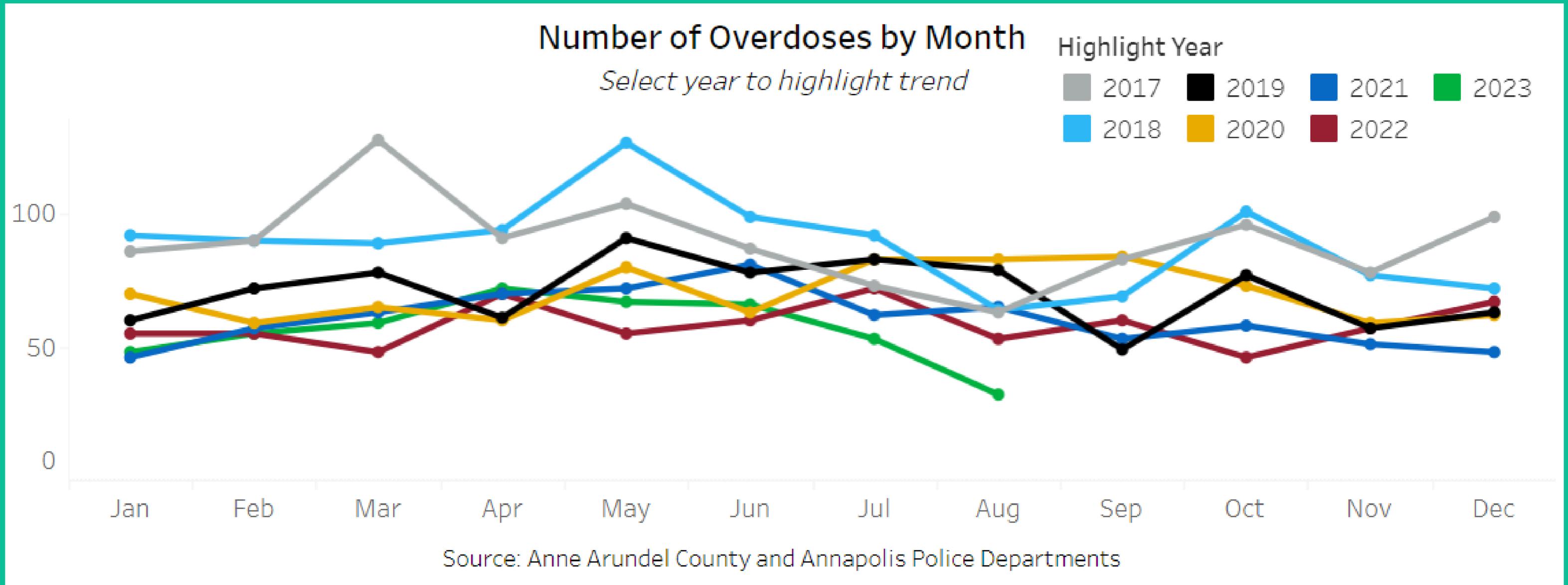
Spencer MR, Miniño AM, Warner M. (2022) and Maryland Opioid Operational Command Center

Overdose Rates in Maryland

Figure 1. Unintentional Intoxication Fatalities, All Substances
*2011 through the Second Calendar Quarter, 2021**



Overdose in Anne Arundel County



Goals of Harm Reduction

"Harm Reduction values life, choice, respect and compassion over judgment, stigma, discrimination and punishment."

- Unknown



Improve the health and well-being of PWUD, as well as their families and communities



Prevent drug OD deaths and related disability



Reduce illness and injury from high risk behaviors and reduce the spread of infectious diseases (HIV/HCV)



Increase access to health and social services, including treatment for SUD



Empower communities to make positive changes; Reduce stigma associated with substance use

Harm Reduction in Practice

Meeting people where they are at
and bringing them along towards
improved health and well-being



Harm Reduction in Practice

01

Provision of comprehensive services to PWUD, without the expectation that they stop using drugs

02

Non-judgmental, non-stigmatizing engagement of PWUD

03

Acknowledgement of the harms associated with drug use, while offering strategies and tools to reduce these harms as much as possible

04

Rooted in evidence-based practices that have shown decreases in health/social harms

Provision of health information that is accurate, complete and relevant



Connection. Care. Combating Stigma.

- Provides a space for people to be open about their drug use and sexual behavior so it's not hidden, perpetuating feelings of isolation
- Keeps individuals engaged in care



Nothing About Us, Without Us.

- Values people and their expertise so they feel empowered to determine and voice their own hierarchy of needs
- Action steps are defined by the participants

Truths about Harm Reduction

86%



In a 2012 NIDA-funded study, researchers found 86% fewer used syringes in parks and sidewalks in a community that had a SSP than in a similar community without an equivalent program.

Myths:

~~Having an SSP in the community increases drug traffic and leads to more used syringes littering the streets~~

SSPs are not associated with increased drug use, crime or syringe litter in communities.

Truths about Harm Reduction



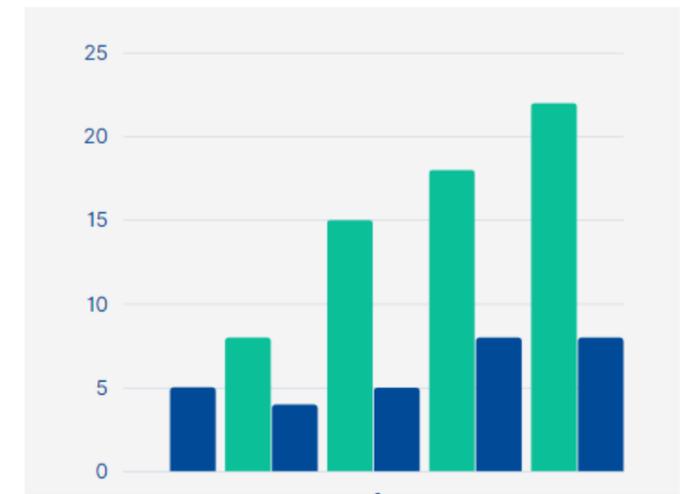
PWID who regularly use an SSP are more than five times as likely to enter treatment for SUD and nearly three times as likely to report reducing or discontinuing injection as those who have never used an SSP

Myths:

- HR interventions encourage and endorse drug use behaviors
- SSPs promote injection drug use by providing the equipment

SSPs serve as a bridge to other health care services including, treatment for SUDs, medication-assisted treatment and mental health care.

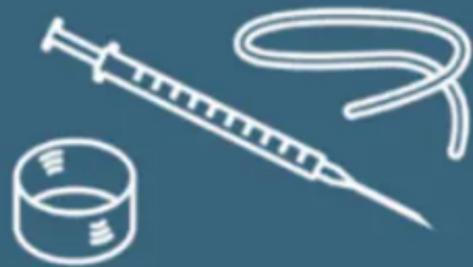
The Effectiveness of Harm Reduction Programs



- Nearly 30 years of research show that comprehensive SSPs are safe, effective and cost-saving tools that can prevent HIV, HCV and high-risk injection behaviors among PWID.
- SSPs protect communities by preventing infectious disease outbreaks and facilitating safe disposal of used syringes.
- SSPs serve as a bridge to other health care services by providing referrals to HCV and HIV diagnosis and treatment, primary care and SUD treatment (including medication-assisted treatment)
- ORPs reduce OD deaths by teaching PWUD and community members about how to prevent, detect and respond to an OD; distributing naloxone and training on how to use it.

HARM REDUCTION 101 QUIZ SHOW!

Examples of Harm Reduction



Syringe
Access



Syringe
Disposal



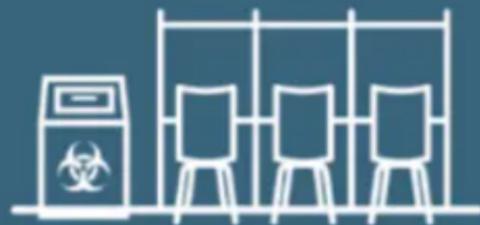
Safer Drug
Use



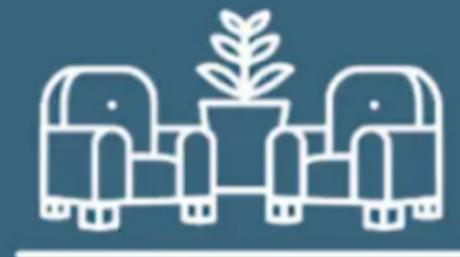
Naloxone



Medication
Assisted
Treatment



Supervised
Consumption
Services



Drop-In
Centers



Housing
First



Pharmacy
Access



Referral &
linkage



Mission Statement

Reduce the risks associated with drug use, such as OD and infectious diseases, and to improve the physical, mental and societal health for PWUD and our community.

A Harm Reduction Program that:

- Is peer-delivered and judgment-free
- Uses a person-first approach
- Focuses on quality of life outcomes
- Engages people with lived experience
- Conducts direct street outreach to provide HR services

Our Beliefs

- PWUD are the primary agents of change in their lives
- Meeting people where they are and in the voice of PWUD
- Treating people with compassion, dignity, using respectful language and avoiding stigmatizing terms

Our Free and Confidential Services

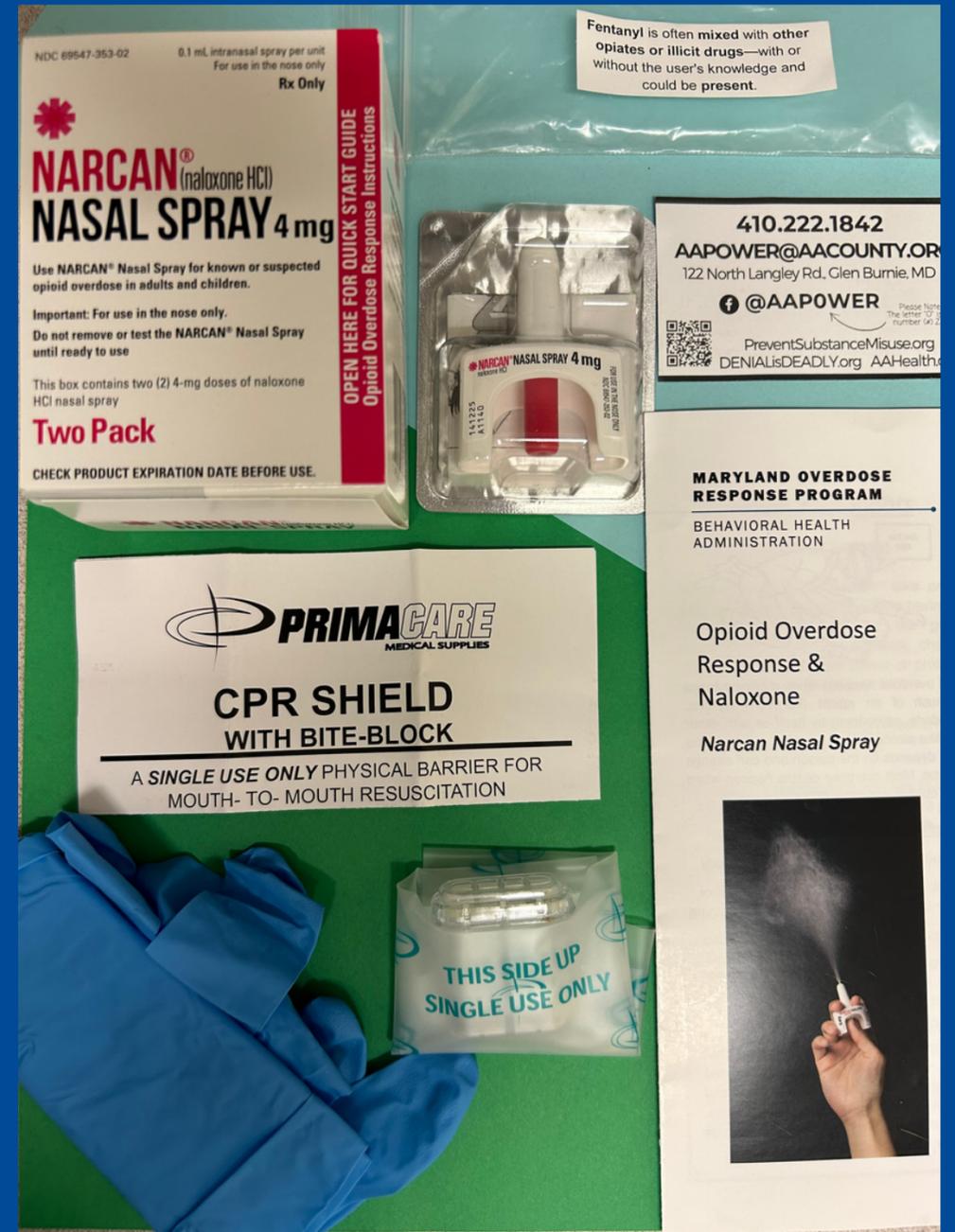
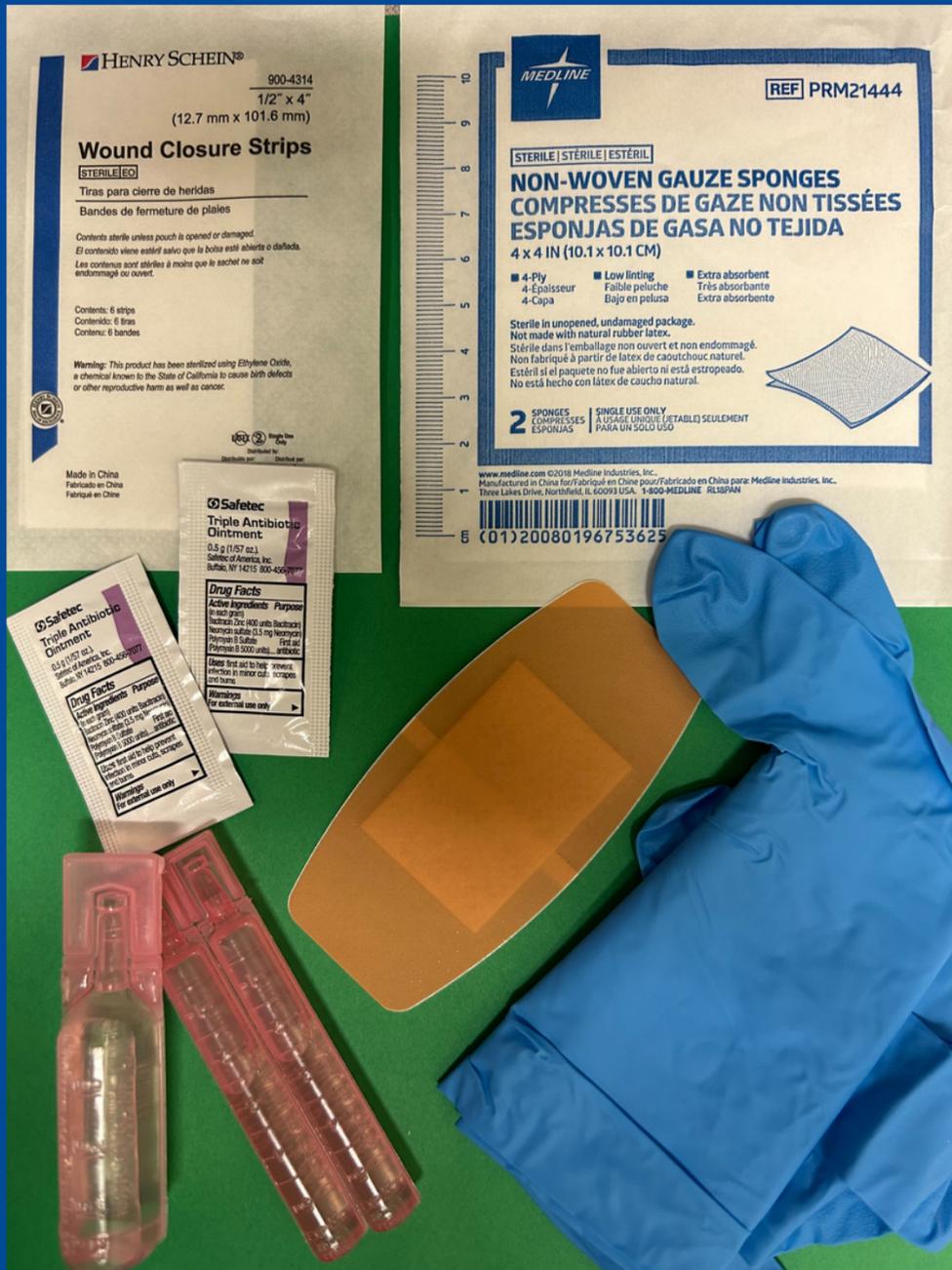
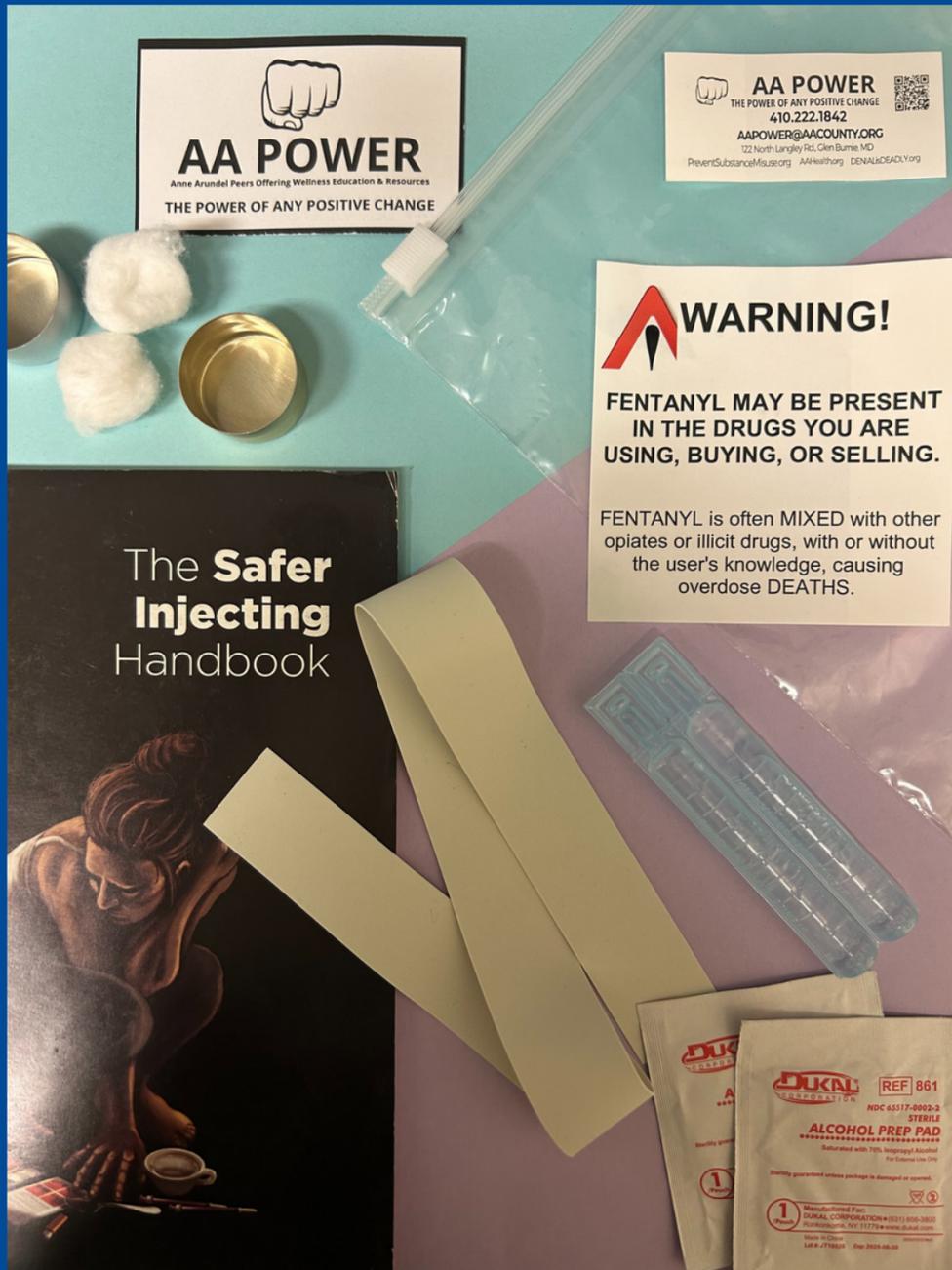
Overdose Response Program (ORP)

- Naloxone (Narcan) Kits
- Fentanyl and Xylazine Test Strips
- Overdose Response Trainings and Education

Syringe Services Program (SSP)

- Sterile Syringes (several different types and sizes)
- Safe Injection Kits (Sterile Water Vials, Alcohol Swabs, Clean Cookers, Cotton Filters, Tourniquets)
- Split Safe Kits and Bleach and Clean Kits
- Wound Care Kits (Band-aids, Antibiotic Ointment, Motrin, Gauze)
- Disposal Sharps Containers (Individual and Multiuse)

Photos of AAPOWER Kits



Our Free and Confidential Services

Infectious Disease Prevention

- Safer Sex Items (pregnancy tests, condoms and lubricant)
- Sexually Transmitted Infection (STI), Hepatitis and HIV testing education and referrals
- Health education materials and communication

Referrals and Resources

- Peer Support Services for PWUD enrolled in the AAPOWER program
- HR Care Coordination (linkage to medical, mental, social, SUD treatment services, MOUD)
- Connections to other resources (food assistance, dental care, legal aid, housing/shelter services)

Personal Care Kits and Other Items

- Hygiene kits (razors, soap, toothbrush, toothpaste, sanitary napkins, deodorant, wipes, shampoo, conditioner, towels)
- Weather kits (hand warmers, emergency blankets, tents)
- Safety Kits (First Aid kits, flashlights, masks, hand sanitizer)
- Water, juice, and snacks



Harm Reduction Matching Game

Instructions

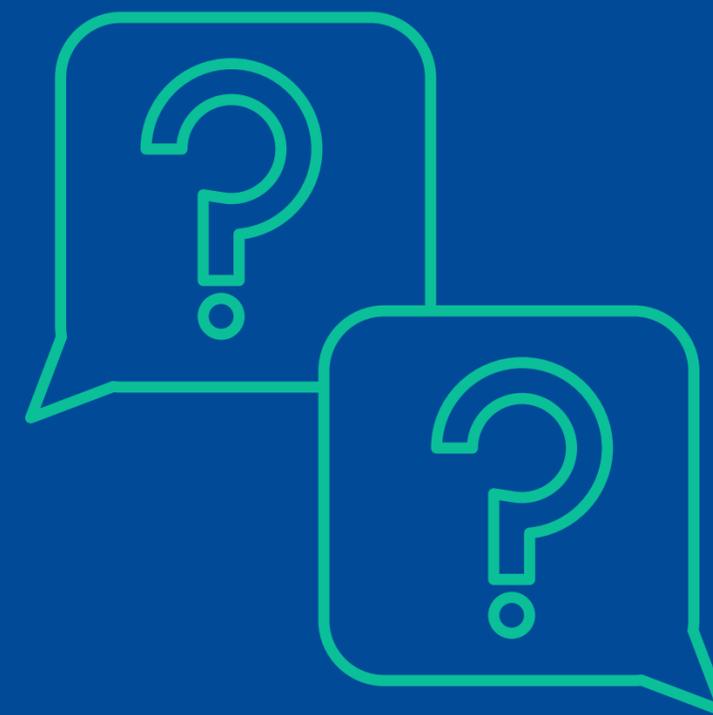
-  A potential harm that is reduced by use of the supplies
-  A harm reduction supply distributed by AAPOWER

1. Distribute cards.
2. Come up, read and post the .
3. Review all the  and post each one under the , which you think is the best match.
4. We will review the matches together and discuss why or why they are not correctly matched.

**There may be more than one correct answer.*

Questions and Next Steps

- Please complete the training evaluation form (paper or online)
- Completion certificates are available upon request
- Share ideas for other people and places who may be interested in the HR 101 Training or:
 - Stages of Change Model
 - Comprehensive Care Framework for PWUD
- We also offer Overdose Prevention and Response Training
- Show acceptance and compassion for PWUD in your community and life
- Participate in education and advocacy around HR: *Celebrate Any Positive Change!*
- Considering volunteering with the AAPOWER team



Volunteer With Us!



**SCAN
HERE!**



Kit-Making Sessions in Glen Burnie
Thursdays from 10 a.m. - 3 p.m.

Street Outreach with the AAPOWER Team
Training Coming Soon

Sign Up with this QR Code or at
AAHealth.org/harm-reduction-volunteer

Complete an application to receive
gift cards for volunteering



Thank you!



410-222-1842

aapower@aacounty.org

122 North Langley Road, Glen Burnie, MD



@AAP0WER

Please Note:
the letter "O" is the
number (#) Zero

AAHealth.org

PreventSubstanceMisuse.org

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