

HARM REDUCTION 101

HARM REDUCTION SERIES



ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM

WELCOME TO HARM REDUCTION 101

Please introduce yourself in the chat box with your:

Full name

community

and organization (if applicable)



ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM

AGENDA

- Introduce ANTHC, team and speakers
- Technical support and information
- Continuing Education
- Speakers present
- Discussion and Q+A



OUR SUPPORT TEAM

Marla Werhli – AmeriCorps VISTA
(Facilitator)

Hannah Warren – HIV/STD Prevention Program Manager
(Technical support and chat monitor)

Jenn Summers – Substance Misuse Prevention Program Manager
(Technical support and chat monitor)

Jeni Williamson – HIV/STD Prevention Project Coordinator
(Continuous education credits)

HARM REDUCTION 101

HARM REDUCTION SERIES

What inspired you to join today?



ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM

HARM REDUCTION TRAINING SERIES – CONTINUING EDUCATION

Approved Provider Statements:

Alaska Native Tribal Health Consortium (ANTHC) is accredited by the Washington State Medical Association to provide continuing medical education for physicians.

ANTHC is approved as a provider of nursing continuing professional development by the Montana Nurses Association, an accredited approver with distinction by the American Nurses Credentialing Center's Commission on Accreditation.

Contact Hours:

ANTHC designates this live activity for a maximum of 18 *AMA PRA Category 1 Credit(s)*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

ANTHC designates this activity as meeting the criteria for one nursing contact hour credit for each hour of participation up to a maximum of 18 hour(s).

Conflict of Interest Disclosures:

None of the presenters and planners for this educational activity have any relevant relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Requirements for Successful Completion:

To receive CE credit please make sure you have your attendance recorded by staff, contact info acquired and kept on-hand in a secure, confidential place by the staff/moderators and the ANTHC Approved CE Provider Unit. Partial credit of 1.5 contact hours provided for each monthly session of participation.

The credit certificate for each session is automatically provided to the learner upon completion/submitted electronic evaluation form accessed through this link: <https://forms.gle/C3C8QHtGJvg8cVo36>.

For more information contact jlfelder@anthc.org or (907) 729-1387



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Technical Support

- Series is recorded
- Your line will be muted during the presentation.



A photograph of a theater interior. The foreground is filled with rows of red upholstered seats. In the background, a stage is visible with a large white rectangular screen. The screen displays the text: "This event is being recorded." followed by "Audio is now broadcasting." on the next line. Red curtains are visible on either side of the stage. The theater is dimly lit, with some blue light reflecting off the floor in the aisles.

**This event is
being recorded.**

Audio is now broadcasting.



**ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM**

OUR VISION:

Alaska Native people are the
healthiest people in the world.



ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM



WELLNESS AND PREVENTION

Promoting wellness through culturally responsive prevention services



SUBSTANCE MISUSE PREVENTION - HIV/STD PREVENTION

- Preventing substance misuse and dependence.



- Reducing prevalence of STI's and HIV in Alaska, promoting sexual health and healthy relationships.

Providing free prevention resources, testing kits, educational materials.
iknowmine.org

HARM REDUCTION TRAININGS

We will discuss harm reduction strategies and resources in Alaska. Our guest speakers are Alaska-based experts in the field of harm reduction.

The goal is to support, inspire and learn from one another to increase the well-being of individuals in our communities.

What is harm reduction?

A set of strategies that seek to reduce the harms (legal, social, health) associated with drug use and drug policies.

- demands access to non-judgmental care, programs and policies that promote optimal health and social inclusion.

TODAY'S EXPERT SPEAKERS

Annette Hubbard

Claudette Thor



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TRIBAL HEALTH
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Annette Hubbard, BHA
Outreach Coordinator
Harm Reduction Advocate
MAT Case Manager

**“People don't care how much
you know until they know how
much you care”**

-Theodore Roosevelt

LEARNING OBJECTIVES

- Understand the basic principles of harm reduction and harm reduction for people using drugs.
- Understand various harm reduction supplies and resources for people who use drugs
- Understand how harm reduction practices can be implemented into a community
- Understand how to access/order harm reduction supplies, resources and educational materials

ABOUT ME

- BHA I/MAT case manager/peer support/outreach- Ninilchik Traditional Council
- TA Provider for NASTAD- Tribal, PNW, Plains
- Volunteer/Board member- Homer Syringe Exchange (only rural syringe exchange in Alaska CURRENTLY)
- Co-facilitator of the Alaska Drug User Harm Reduction Network
- ECHO Hub Team Member for: Co-Occurring Disorders, ANTHC Addiction Medicine

BASICS OF HARM REDUCTION

- A harm reduction approach acknowledges that there is **no ultimate solution** to the problem of drugs in society, and that **many different interventions** may work. Those interventions should be based on science, compassion, health and human rights.
- Harm reduction is a public health philosophy that seeks to lessen the dangers that drug abuse, and our drug policies cause to society
- Motivational Interviewing in action

Harm reduction seeks
to restore basic human
dignity to people who
use drugs.

GOALS OF HARM REDUCTION

- To save lives: prevent the spread of HIV/HCV and other communicable diseases.
- To save money: prevention of HIV/HCV, overdose reversal medication is accessible, medical services are often available as well as other social services
- To promote public safety: collect and properly dispose of used syringes
- Dignity and well-being: we reject discrimination and scapegoating of people who use drugs and instead work to build communities where individuals are valued and have the opportunity for any positive change.

Is Harm Reduction enabling?

No

People are already engaging in high-risk behaviors such as: sex without condoms, driving fast, using drugs.

Yes

- Keep themselves safer while they engage in behaviors that can be harmful
- Reduce HIV & hepatitis C transmission
- Be honest about their drug use or behavior
- See their own strengths and what they can do... and be successful

HARM REDUCTION THERAPY

Harm Reduction Therapy works because it is:

- **Individualized:** Each individual's relationship with drugs and alcohol is different -substance misuse develops from a unique interaction of biological, psychological, and social factors. We understand that people use drugs for a variety of reasons, and we work hard to help each client understand their own motivations.
- **Client directed:** We empower clients to prioritize which problems they want to address and to set treatment goals. We do not insist on specific outcomes, and research tells us that when clients select their own goals, success is much more likely. And one success leads to another!
- **Respectful and compassionate:** We are committed to developing a deep understanding of our clients and helping create positive outcomes for them.
- **Non-dogmatic:** We do not ask that our clients adopt labels such as "alcoholic or addict", or to believe that they have a disease, in order to change or quit substance use.

WHAT DO WE DO AT A SSP/SAP?

- Safe environments for open discussion—everyone is welcome, and everyone’s health is important
- Education on best practices for safer substance use (i.e. safer injection techniques, safer injection sites, methods to reduce the spread of disease or reduce risk of infection), opioid overdose treatment and prevention, safer sexual behaviors, and other related topics
- Sterile injection equipment (i.e. needles, syringes, cookers, cotton, alcohol swabs), Sterile smoking supplies
- Safe syringe disposal
- Distribute NARCAN, Fentanyl Testing Strips (if available)
- HIV and Hepatitis C testing
- Linkage to care, or coordination of care to additional services (i.e. treatment programs, housing, transportation)
- Support of basic human needs, which may include assistance with gathering clothing, personal hygiene items, food/water, and other basic life necessities.

People that use substances and participate in SSPs are more likely to seek out and begin treatment, likely because they feel empowered to make that choice when they feel ready.

American Indian/Alaska Native (AI/AN) people in the U.S. who use drugs experience a health disparity in elevated rates of blood-borne viruses (BBV), such as Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV) compared to the drug using population overall. Injection drug use (IDU) is a predominant risk factor for HIV and HCV exposure in AI/AN populations. Recent national reports indicate a strong correlation among opioid abuse, IDU, and BBV. People who inject drugs (PWID) are at risk for HCV and HIV infection through sharing needles and drug-preparation equipment. Rates of HIV infection, viral hepatitis, Sexually Transmitted Diseases (STDs), and Tuberculosis (TB) are much higher among people who use drugs illicitly compared to those who do not. Additionally, Hepatitis A infection outbreaks have been reported among PWIDs, and are thought to occur through both percutaneous (through the skin) and fecal-oral routes. A population's risk for acquiring and transmitting infectious disease reflects the prevalence the infection in the population, the efficiency of transmission, and the burden of infectious diseases and risk behavior patterns in which the population engages.

SYRINGE ACCESS PROGRAMS

If a patient is using IV drugs, they should be provided with information about safer injection practices and connected to resources to access clean injection equipment.

In Alaska, syringe access programs currently operate in Anchorage, Fairbanks, Juneau and Homer.

The state of Alaska has no laws prohibiting SAPs, nor does it have any laws criminalizing drug paraphernalia, although local ordinances may vary.

SSP SUPPLIES



What's in a needle exchange kit and why?

Syringe-exchange programs geared to intravenous drug users aren't always restricted to needles. Sometimes cookers and other items are handed out as well, also in the name of preventing the spread of disease. The Utah Harm Reduction Coalition aims to launch a syringe-exchange program in Ogden. Here's a look at some of the items they have typically handed out in programs elsewhere:



Syringes:

Sharing needles can lead to the spread of Hepatitis C and the HIV virus and program proponents aim to stem that by distribution of clean syringes.



Alcohol swabs:

Used to clean area of injection.



Cooker:

Intravenous drug users heat drugs in these containers, typically with water.

Tourniquet:



Tied around biceps, they help cause veins to pop out, allowing drug users to find injection points. Without them, users sometimes repeatedly jab themselves with syringes while searching for an injection spot, causing harm to themselves.



Cotton:

When drawing drugs into a syringe, users typically use small cotton balls to filter out small, hard substances. Users sometimes share cotton, potentially leading to the spread of disease.

Twist tie: Used to wrap around and hold a cooker as it's heating.

FOR PEOPLE WHO SMOKE



Rubber Tips- helps to not burn lips, for people who might share pipes, helps prevent spread of infectious diseases

Bubbler



Sugar Free Gum- to prevent tooth decay.



“Chore Boy”
Chore Boy is used inside a crack pipe to hold the crack ‘rock’ in place.

PROJECT HOPE

- Organizations eligible to apply to distribute Narcan® as a partner in Project HOPE may include, but are not limited to: public health centers, law enforcement agencies, fire departments, community and faith-based organizations, social service agencies, substance use treatment programs, shelters and transitional housing agencies.
- Every patient who receives a prescription for opioids, a new MAT patient, a family member or someone who knows someone who knows uses opioids **should be provided a Narcan® kit.**
- The best way to make Narcan® kits available- hand them out to people who use. They can be the best first responders.

If you have questions about Project HOPE, or would like to learn more about offering kits, email: ProjectHOPE@alaska.gov.

WRITE THE RX

- **Pharmacy distribution:** “Many argue that pharmacies are an important but under-utilized resource in preventing the transmission of HIV and other blood-borne infections among people who inject drugs. Pharmacists are some of the most accessible healthcare professionals and are in an ideal position to reach this group who are often socially marginalized and wish to remain anonymous”
- By Alaska state law, a prescription is required to purchase syringes at a pharmacy (includes mail order), however, a pharmacist may dispense syringes at their discretion without a prescription. Unfortunately, some pharmacies require patients to sign logbook, and this lack of anonymity can discourage use. Pharmacies that do sell syringes may limit the number a patient can purchase, and patients living in remote areas may not have access to a pharmacy. If you have a pharmacist in your area, talk with them about allowing patients to purchase syringes anonymously there.

An example of a prescription for syringes:

Diabetic syringes

29g, 1/2in or 31g, 5/16in -AKA “shorts”

(ask patient which they prefer)

1/2 or 1 cc *(ask patient which they prefer, 1/2 cc is more common)*

Dispense #__ boxes of 100 syringes

Refill PRN

LEGALITIES

In 2016 Congress lifted the use on using federal funds for syringe access programs. While you are not able to pay for **syringes** with federal money, you are able to pay employees, rent, transportation, outreach activities, counseling and other misc. expenses with federal funds.

OTHER WAYS FOR ACCESS

- Have access to sterile injection supplies at local clinics →
- A provider may choose to **purchase some syringes in bulk to distribute to patients** in need at their clinic. The cost of syringes purchased through non-profit buyers club can be significantly lower than retail, as little as \$35 per case of 500. (NASEN)

MAT AND HARM REDUCTION

Medications for Addiction Treatment as a form of Harm Reduction

Buprenorphine and Methadone treatment (Opioid Users)

Increase retention in HIV treatment programs and compliance with antiviral medications

And Reduce:

- Overdose death
- Use of Opioids
- Risky injection behavior (such as sharing syringes)
- Transmission of HIV/Hep C

Methadone is only available at an OTP (methadone clinic)

Buprenorphine is available at a doctor's office

New monthly injectable forms of buprenorphine allow access to patients who have been denied treatment before due to polysubstance use, missed appointments, trouble taking meds consistently, etc.

MEDICATION ASSISTED TREATMENT FOR OPIOID USE DISORDER

Table 1
FDA-Approved Drugs Used in MAT²¹

Medication	Mechanism of action	Route of administration	Dosing frequency	Available through
Methadone	Full agonist	Available in pill, liquid, and wafer forms	Daily	Opioid treatment program
Buprenorphine	Partial agonist	Pill or film (placed inside the cheek or under the tongue)	Daily	Any prescriber with the appropriate waiver
		Implant (inserted beneath the skin)	Every six months	
Naltrexone	Antagonist	Oral formulations	Daily	Any health care provider with prescribing authority
		Extended-release injectable formulation	Monthly	

MEDICATIONS TO TREAT STIMULANT USE DISORDERS

- **There are NO FDA approved medications to treat stimulant use disorders**

MEDICATIONS LACKING EFFICACY FOR METHAMPHETAMINE DEPENDENCE

- Desipramine (Shoptaw et al., 1994)
- Imipramine (Galloway et al., 1996)
- Fluoxetine (Batki et al., 2000)
- Sertraline (Shoptaw et al., 2006)
- Gabapentin (Shoptaw et al., 2006)
- Baclofen (Shoptaw et al., 2006)
 - (Baclofen showed possible effect in adherent subjects)
- Aripiprazole (Tiihonen et al., 2007)
 - (Amphetamine/methamphetamine)

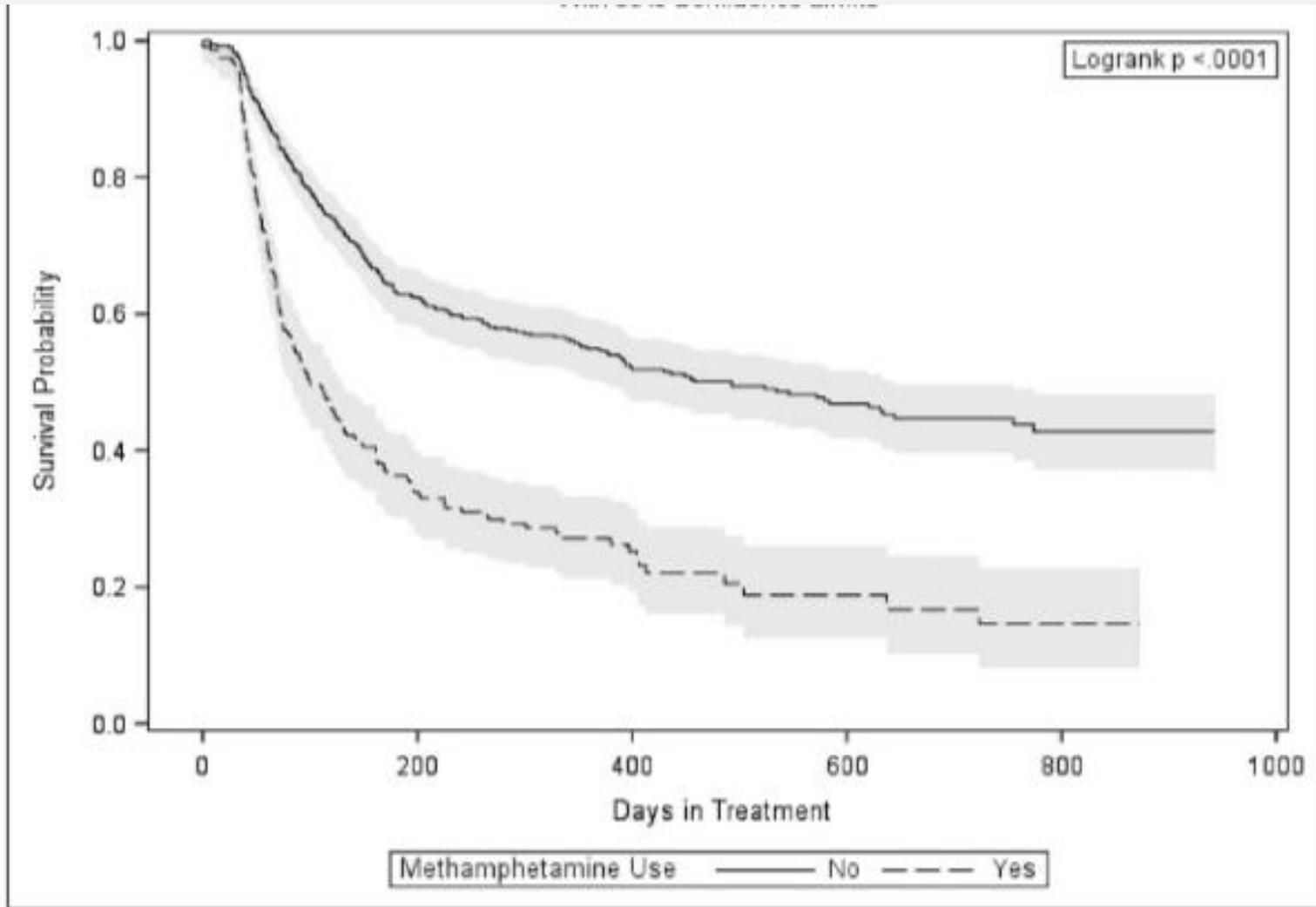


Fig. 1. Kaplan-Meier survival curves for methamphetamine users and non-users with 95% confidence bands ($n = 770$).

Meth users have poorer retention in MAT programs for OUD

But those who stay reduce their meth use

ECHOS

New ECHO starting Jan 28 occurring on the 2nd and 4th Thursday from 12-1 pm. Click link below to register.

[ANTHC Addiction ECHO Flyer](#)

[NPAIHB Harm Reduction ECHO](#)

1st Tuesday every month at 11 am Alaska time

ALTERNATIVE HARM REDUCTION WORK

OUTREACH

- Meets people where they are at
 - Physically, Emotionally, Mentally
- Helps people to meet their basic needs
- It's respectful and treats everyone with dignity
- Relationships are built on mutual respect and trust
- Creates a safe, open and friendly space in any setting
- Outreach workers serve:
 - As ambassadors and educators of programs offered by agencies
 - Serve as a bridge to access services
 - Navigators to our complex systems
 - Advocates for participants
 - Support to other team members
 - Offer support without motive

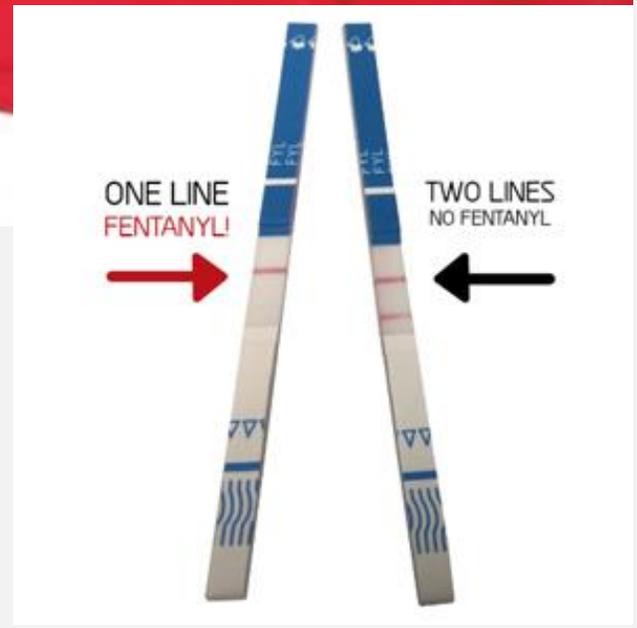
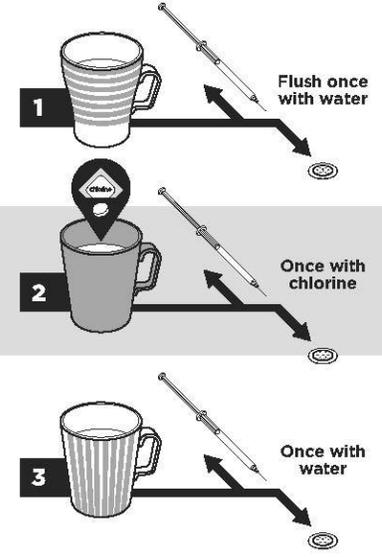
OFFER OVERDOSE PREVENTION/SAFE SUPPLIES/EDUCATION AND ADVERTISE IT

- NARCAN- [ProjectHOPE](#) (carry some with you at all times)
- [Fentanyl](#) Testing Strips
- [Chlorine Tablets](#)
- Safe disposal containers-different sizes
- [Vitamin C Tablets](#)
- Shoot first- talk about other [safe injection practices](#)
- [Harm Reduction Coalition Safe Injection Practice](#)



If you can, always use a new sterile syringe

If you have to re-use a syringe clean it like this.
Get three clean cups and fill with cold water.
Dissolve a chlorine tablet in one cup.



PHONE APPS/HARDWARE

- [Canary](#)
- [BeBrave](#)- App/Hardware
- iPhone app search- "OVERDOSE"
 - Sorry I don't know much about Android phones

TECHNICAL ASSISTANCE/RESOURCES

- [National Harm Reduction Coalition](#)
- [NASTAD Regional Harm Reduction Technical Assistance](#)
- [Alaska Drug User Harm Reduction Network](#)

The **National Harm Reduction TA Center** seeks to build on proven methods of harm reduction technical assistance delivery—programmatic resources, peer support and mentoring, demonstration and program models—to provide coordinated TA to new and established community-led harm reduction efforts, including syringe services programs (SSPs), across the United States and territories.

NASTAD will work with AIDS United and other partners to field and respond to requests for TA and programmatic support from SSPs and community-based harm reduction organizations.

ASSISTANCE AVAILABLE THROUGH THE NATIONAL HARM REDUCTION TA CENTER INCLUDES:

- ✓ Consultation on program planning, design, and implementation
- ✓ Capacity building, workforce development and training
- ✓ Education and resource development
- ✓ Monitoring and evaluation, including best practices on data collection and synthesis
- ✓ Consultation on funding and grant writing
- ✓ Policy analysis and guidance



**Harm
Reduction
TA CENTER**

FOR MORE INFORMATION:

- 🖱️ NASTAD.org/druguserhealth
- ✉️ DrugUserHealthTA@NASTAD.org

TO REQUEST TECHNICAL ASSISTANCE:

- 🖱️ NASTAD.org/HarmReductionTA

OTHER RESOURCES

- IDUHA (Injection Drug Users Health Alliance) <https://iduha.org/connect/>
- iknowmine <https://www.iknowmine.org/>
- Harm Reduction Therapy <https://harmreductiontherapy.org/helping-harm-reduction-therapy/>
- NASEN (North American Syringe Exchange Network) <https://nasen.org/>
- Manitoba Harm Reduction Network <https://mhrn.ca/>
- [SSP Models](#)



iknowmine.org

- Healthy Relationships
- Sexual Wellbeing
- Mental Wellbeing
- Substances
- Ask Nurse Lisa
- Much more!

HARM REDUCTION IMPLEMENTATION

Front Street Clinic

Claudette Thor, MS HCH Clinic Manager

Todd Harper HCH Case Manager



WHO WE ARE...

- Federally Qualified Healthcare Center with a special focus on healthcare for the homeless and other underserved persons
- Services available to anyone regardless of ability to pay
 - *Sliding Scale*
 - *Alaska Native /American Indian Beneficiaries*
 - *Medicaid*
 - *Medicare*
 - *Private Insurance*
 - *Prescription co-pays on a limited basis*
- Onsite Services include:
 - *Medical*
 - *Behavioral Health*
 - *Dental*
- Additional services available at alternate locations

YOU WANT ME TO DO WHAT?



IMPLEMENTATION

- Feb 2019 Overview of Harm Reduction ANTHC/SEARHC
- March 2019 Training provided by ANTHC/SEARHC
- Staff Training/Discussion
- June 2019 Implementation
- March 2020 Covid-19 Pandemic
- April 2020 Partner w/4 A's
- To date over 1500 kits distributed

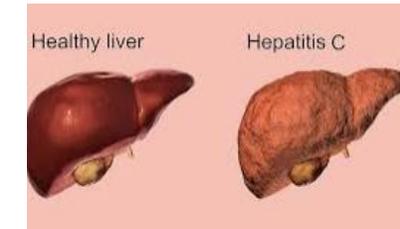
BARRIERS

- Stigma
 - Staff
 - Community
- How do we make this work with already limited staffing resources?
- Gaining trust of recipients

SUCCESSSES

- Development of new relationships
- Decrease in health issues
 - IV use related infection
 - STI's
- Increase in SUD/MH treatment admission
- Increase in HCV testing and treatment
- Over 1500 Harm Reduction Kits distributed

IT'S THE SMALL THINGS...



THANK YOU FOR JOINING US TODAY!

Email mjwehrli@anthc.org for questions, feedback and orders.

See our upcoming trainings at:

iknowmine.org/harm-reduction-trainings

March – Stigma, Empathy and Trauma Informed Care

April – Harm reduction in the times of COVID19 & Homelessness

To view and order supplies, visit:

www.iknowmine.org/shop



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