



harm reduction
COALITION

Syringe exchange exposed! Amazing secrets from the frontlines of harm reduction

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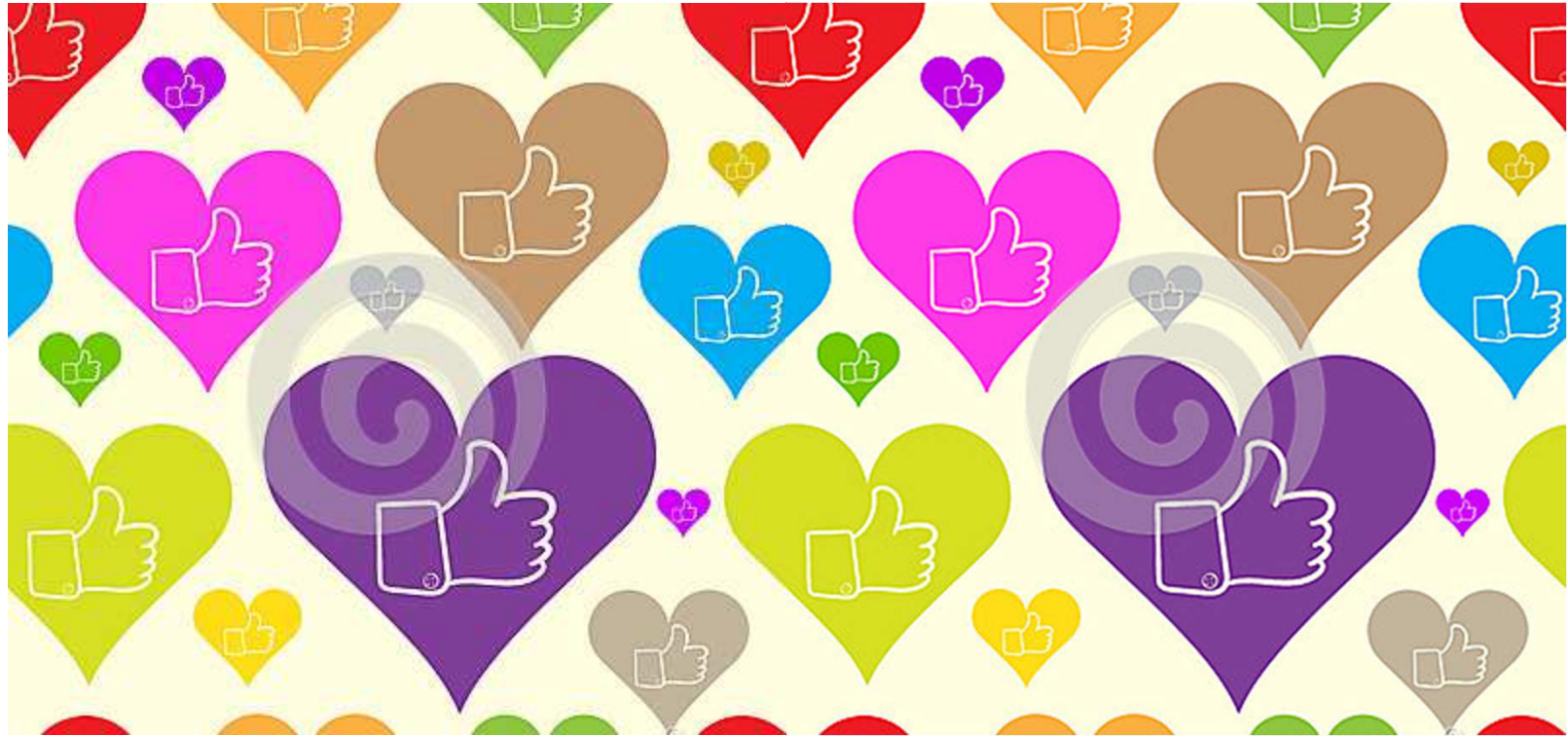
www.harmreduction.org



The Lollipop Principle



No secrets, no shame



Like > Love



HR-to-HC pipeline
(under construction)



We invented ~~the remix~~ naloxone!



Go forth and multiply



Baby, it's cold outside





Where the boys* are

* and girls, and harm reductionists
of all genders

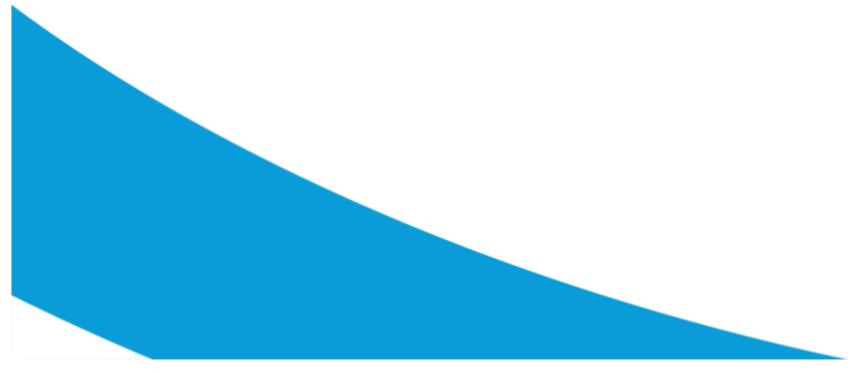


Emergence of Harm Reduction: HIV/AIDS Epidemic

- Intersection of illicit drug use & infectious disease
 - Traditional demand & supply reduction strategies insufficient to prevent rapid spread of infection
 - Traditional public health infectious disease control strategies inadequate to contain an epidemic driven by injection drug uses
 - Syringe exchange as a grassroots-led strategy emerged to fill the gap
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**Backup slides:
Harm Reduction**

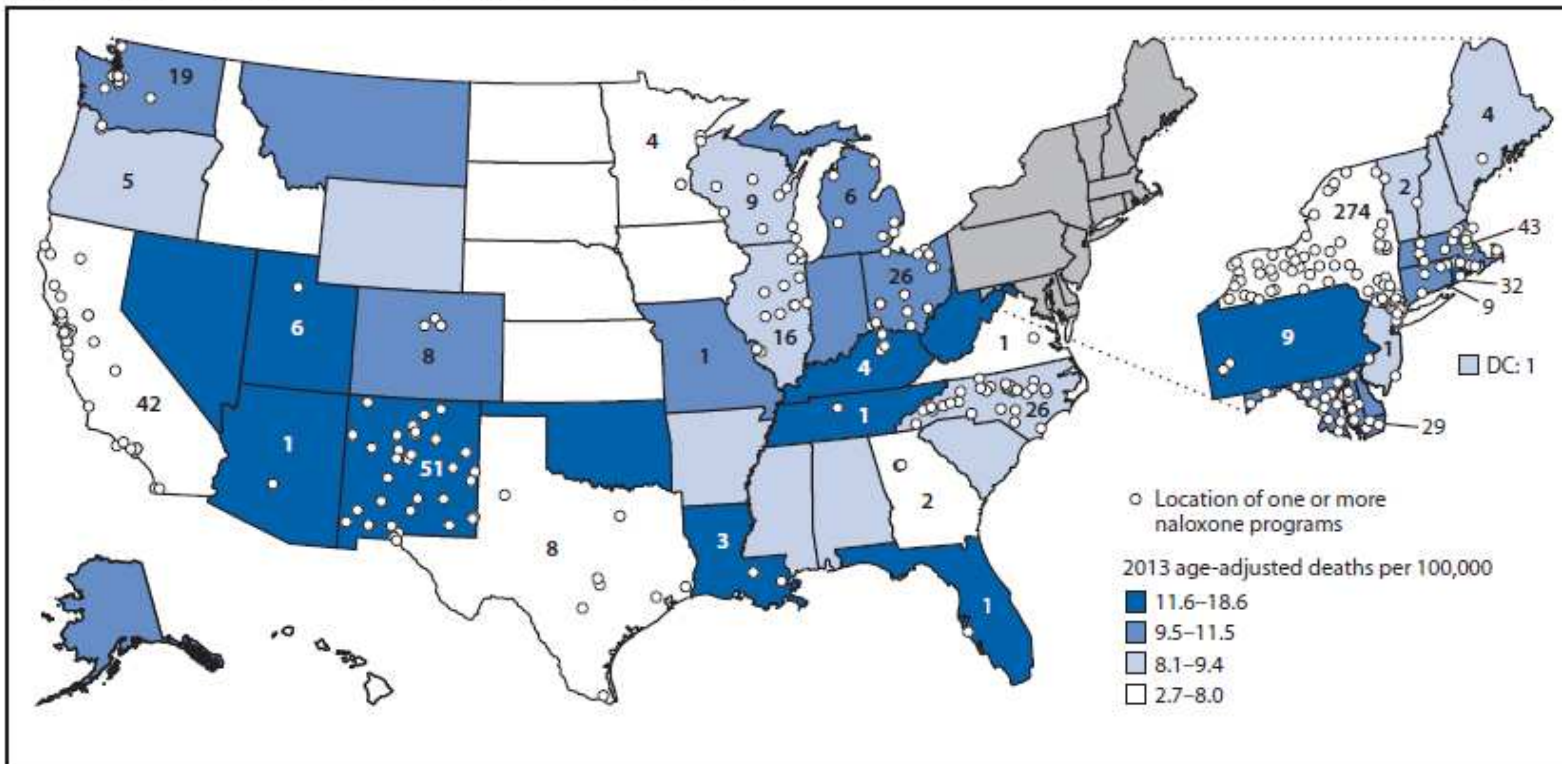


Overdose Education & Naloxone Distribution (OEND) in the community

- ❑ Pioneered in the late '90s by harm reduction programs reaching out-of-treatment heroin users
- ❑ Diverse settings: syringe exchange, health departments, recovery organizations, parents groups, drug treatment, drug courts....
- ❑ Largest evidence base: feasibility, acceptability, impact, cost-effectiveness
- ❑ Through June 2014, OENDs provided over 150,000 naloxone kits & received reports of 26,463 overdose reversals

OEND programs as of June 2014

FIGURE 2. Number* and location of local drug overdose prevention programs providing naloxone to laypersons, as of June 2014, and age-adjusted rates† of drug overdose deaths§ in 2013 — United States



* Total N = 644; numbers on map indicate the total number of programs within each state.

† Per 100,000 population.

§ CDC, National Center for Health Statistics; Compressed Mortality File 1999–2013 on CDC WONDER Online Database, released January 2015.

Wheeler E, Jones TS, Gilbert MK, Davidson PJ; Centers for Disease Control and Prevention (CDC). Opioid Overdose Prevention Programs Providing Naloxone to Laypersons - United States, 2014. MMWR Morb Mortal Wkly Rep. 2015 Jun 19;64(23):631-5.





Principles of Harm Reduction (1)

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.

Harm Reduction Coalition



<http://harmreduction.org/about-us/principles-of-harm-reduction/>





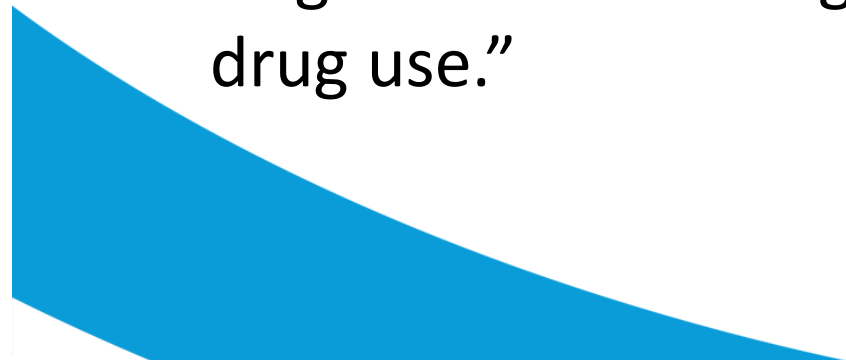

Principles of Harm Reduction (2)

Harm reduction incorporates a spectrum of strategies from safer use, to managed use to abstinence to meet drug users “where they’re at,” addressing conditions of use along with the use itself. Because harm reduction demands that interventions and policies designed to serve drug users reflect specific individual and community needs, there is no universal definition of or formula for implementing harm reduction.

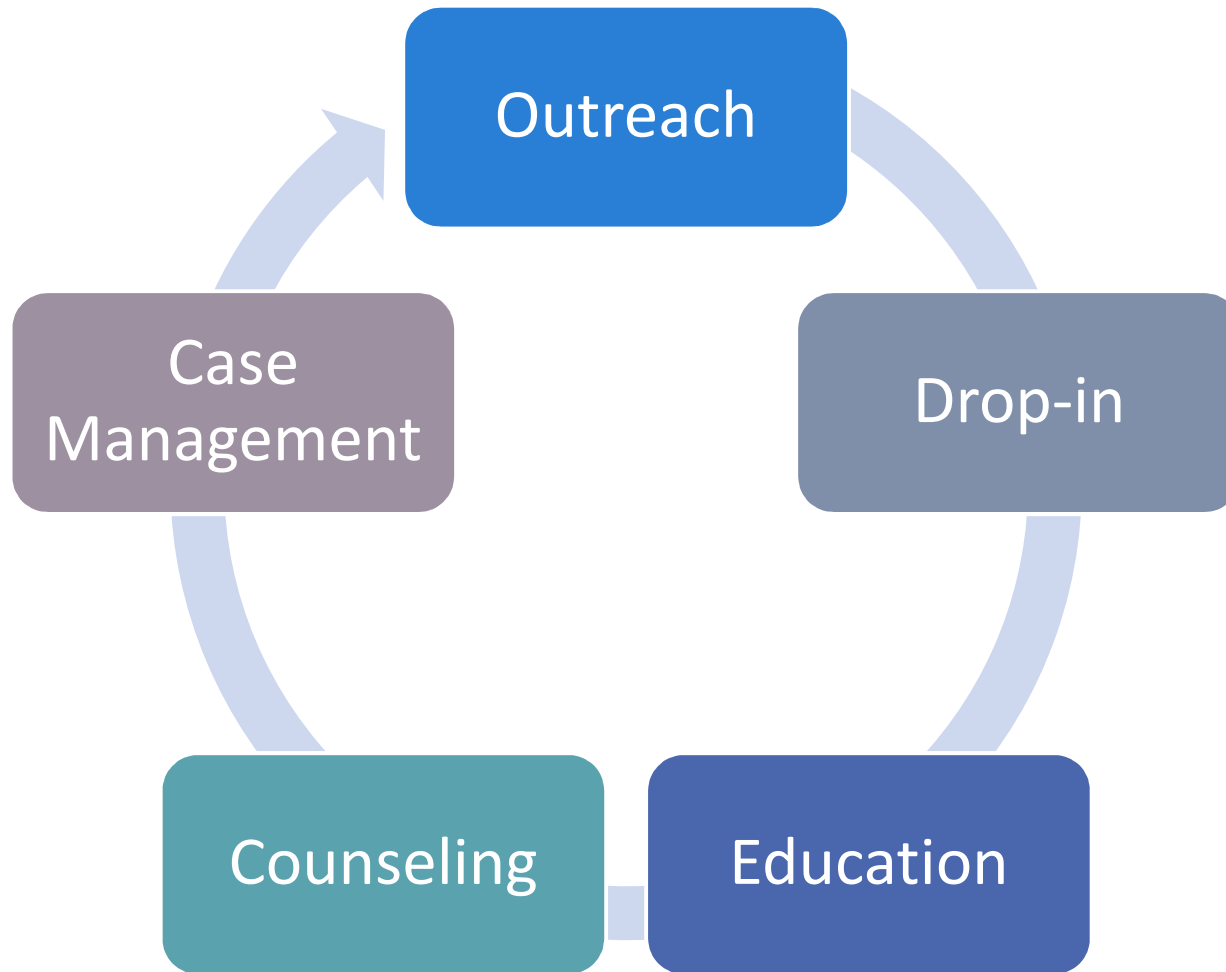




Principles of Harm Reduction (3)



- Continuum of drug use
 - Quality of individual & community life
 - Non-judgmental, non-coercive provision of services
 - Drug users as primary agents in reducing harms
 - Socioeconomic/structural factors & trauma
 - “Does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use.”
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Harm Reduction in Practice





Broader Lens

- *Transforming our response to people who use drugs*
 - *Innovation and impact on urgent public health challenges (HIV, overdose)*
 - *Low-threshold gateway to higher-threshold services*
 - *Emphasis on engagement and retention*
 - *Continuity with treatment and recovery*
 - *Countering the damage of stigma and social exclusion*
- 
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Harm Reduction Priorities



Immediate health
and safety risks

Stabilization &
supports

Recovery readiness





Core Ingredients of Harm Reduction Practice

- Therapeutic alliance
 - Holistic assessment
 - Motivational interviewing
 - User involvement
- 
- 





Core Characteristics of Harm Reduction Practice

- Client-centered
 - Strengths-based
 - Incremental change
 - Non-judgmental
 - Culturally competent
 - Trauma- and stigma-informed
- 
- 





Harm Reduction & Stigma-Informed Strategies

- Stigma fuels dynamics of opposition & avoidance
 - Stigma & trauma can overlap and compound each other
 - Successful policy approaches require active attention & responsiveness to the dynamics of stigma
 - Recognizing the harms of stigma helps community healing and reconciliation
- 
- 



Harm Reduction or Drug Treatment?



- Drug treatment is not a magic bullet: chronic nature of substance use disorders = high relapse rates if outcomes prioritize sustained abstinence
 - Relapse related to individual & social characteristics, addiction severity, co-occurring mental health issues
 - Harm reduction approaches:
 - Consistent with real-world treatment outcomes (reduced use/reduced harms)
 - Relevant to both ***recovery*** and ***recidivism*** goals
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SAMHSA Working Definition of Recovery

“A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”

Four domains: health, home, purpose,
community



SAMHSA Guiding Principles of Recovery



Practical Implementation of an Opioid Overdose Response Policy

NATIONAL CONFERENCE ON ENDING
HOMELESSNESS

JULY 27, 2016



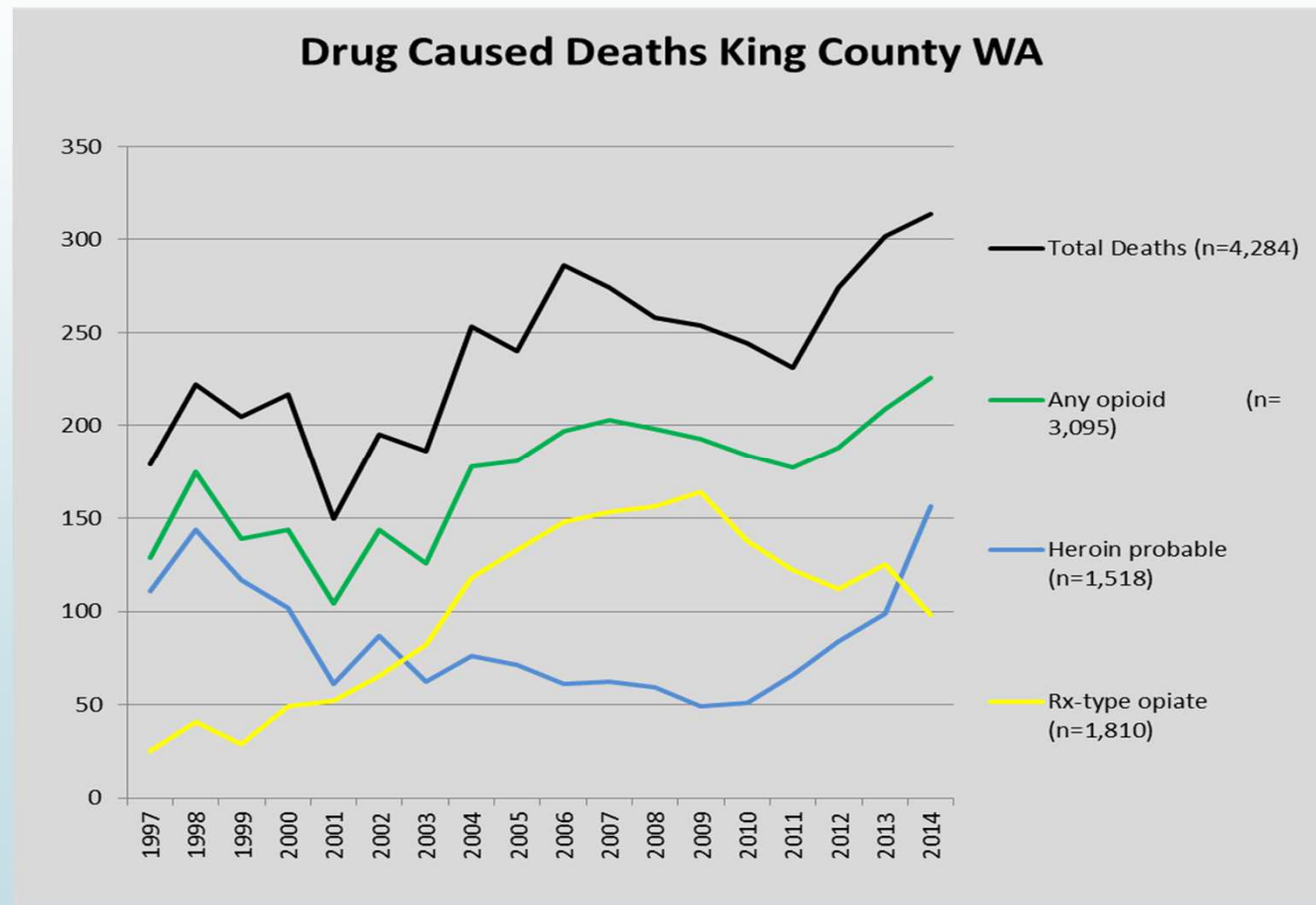
Opioid Overdose Response





Why is this important?

#1 Opioid Overdose is the leading drug-related cause of death in King County





#2 DESC clients are at high risk

At DESC, since 2014...

- There have been **35** Opioid Overdoses at our sites
- At least **6** clients died from Opioid Overdoses
- Non-medical staff performed **16** Naloxone Administrations
- Medical staff and clients have performed **4** administrations.

#3 Our Harm Reduction Approach





Washington State Laws

- ▶ **WA State law RCW 69.50.315** allows anyone “at risk for having or witnessing a drug overdose” to obtain naloxone and administer it in an overdose.
- ▶ **WA State's 2015 “Naloxone Law” ESHB 1671** permits Naloxone to be prescribed directly to an “entity” such as a police department, homeless shelter, or social service agency.
- ▶ **WA State RCW 4.24.300 “Good Samaritan Law”** provides immunity from civil liabilities when responding in a medical emergency.
- ▶ **WA State RCW 69.50.315** protects both the overdose victim and the person assisting in an overdose from prosecution for misdemeanor drug possession.

DESC's Policy and Implementation



OPIOID OVERDOSE RESPONSE AND NALOXONE ADMINISTRATION

This is a DESC internal operational policy and procedure document (effective date: 08/26/2015).
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For more information, please contact:
Gang Josses, Director of Administrative Services
gjosses@hhs.wa.gov or 206-513-1342

1.0 Purpose

To provide guidelines for staff response to a suspected opioid overdose including the administration of the prescription medication naloxone, while awaiting the arrival of emergency medical personnel. Naloxone is indicated for reversal of respiratory depression or unresponsiveness in the setting of opioid overdose.

2.0 Revision History

August 26, 2015

3.0 Program Applicability

All Programs

4.0 Background

This procedure has been created to reduce the risk of fatal opioid overdose at all DESC sites and to support the health and well-being of DESC clients. The administration of naloxone (brand name: Narcan®) can reverse an opioid overdose and save lives. Naloxone distribution is recommended by the Centers for Disease Control and Washington State Health Department as a promising strategy to prevent overdose deaths. The American Medical Association and the American Public Health Association both have policies supporting the availability of take home naloxone. Naloxone is widely available through King County Public Health through the Needle Exchange Program.

5.0 Definitions (See Appendix A)

6.0 Applicable WACs (Washington Administrative Code) or RCW (Revised Code of Washington)

Washington State law RCW69.50.315 (also known as the 911 Good Samaritan Overdose Law) allows a person acting in good faith to receive a naloxone prescription, possess naloxone, and administer naloxone to an individual suffering from an apparent opiate-related overdose. RCW69.50.315 prevents prosecution for drug possession for people who have an overdose or who seek medical help for someone else having an overdose.



Staff Training Process

1. Initial All Staff Training in June 2015
2. New Staff read instructions on their first day of work
3. Created Opioid Overdose Response curriculum, which is a part of Health Safety Training
4. Created internal team of “Naloxone Trainers” to lead training
5. All staff attend Health Safety training in first month of work, then get “refreshers every 2 years.


General Guidelines



- ▶ All staff are mandated to act!
- ▶ Must call 911!
- ▶ Rescue breathing not required, but masks provided.
- ▶ Staff can use ANY kit available.



Staff Responsibilities

- 
- ▶ ALL staff are trained
 - ▶ One designated person per site oversees the kit.
 - ▶ Manager of Policy and Procedure
 - ▶ Manager of Internal Training

Delivery and Storage

- ▶ DESC prescription
- ▶ Delivered by our pharmacy, Kelly Ross
- ▶ Kept in Overdose Prevention Kits
- ▶ Standard signs at all sites



Staff Training



Intra-muscular Naloxone



Intra-nasal Naloxone







Results after almost 1 year...

14 Successful Naloxone Administrations

10 administrations done by staff.

3 done by medics after staff called 911.

1 done by a client.

Positive Impact on Clients

Our Naloxone program contributes to open communication about drug use and overdoses.

Clients have been the ones to notify staff of overdose in **8/14** of our overdose instances.

Clients have come to the front desk asking for the Naloxone Kit (even when it was not needed).

Positive Impact on Staff

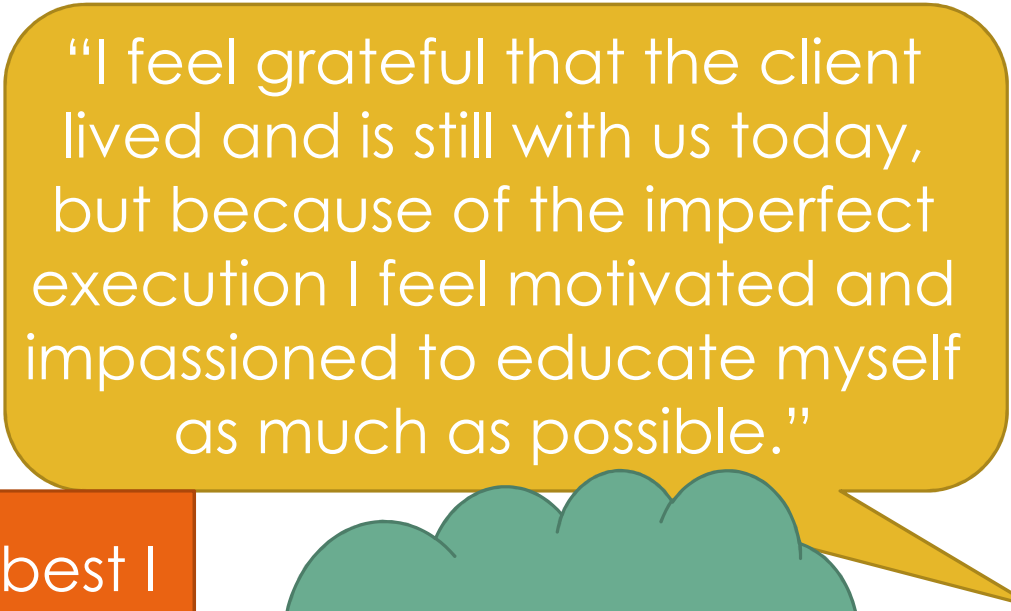
Increased staff knowledge of opioid overdose.

Staff are equipped to respond- they were the first to observe and initiate response in **6/14** of the instances.


Staff who have administered Naloxone feel good about what they did.



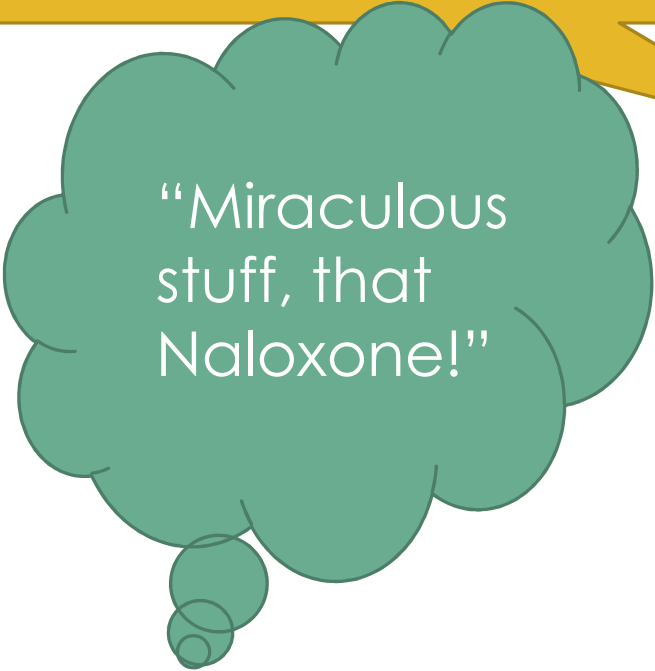
"All I can say is,
I'm really glad we
had the
opportunity to
practice with the
kit!"



"I feel grateful that the client
lived and is still with us today,
but because of the imperfect
execution I feel motivated and
impassioned to educate myself
as much as possible."



"I think I did the best I
could have, given the
circumstances. I feel
good about being
there, as I know I was
attentive and did my
best."



"Miraculous
stuff, that
Naloxone!"

Staff
Quotes

Resources

For resources, sample procedures, education, and consulting:

- ▶ Center for Opioid Safety and Education: www.StopOverdose.org!
- ▶ Alcohol and Drug Institute (ADAI)
- ▶ King County Overdose Prevention Partnership project.
- ▶ DESC policy online at www.desc.org/consultation.html



StopOverdose.org

Opioid overdoses can be prevented and reversed!

King County Heroin and Prescription Opiate Task Force

- ▶ Treatment expansion
- ▶ Bupe first
- ▶ Safe Consumption Facilities