

HIV/HCV: HARM REDUCTION FOR OPIOID USERS

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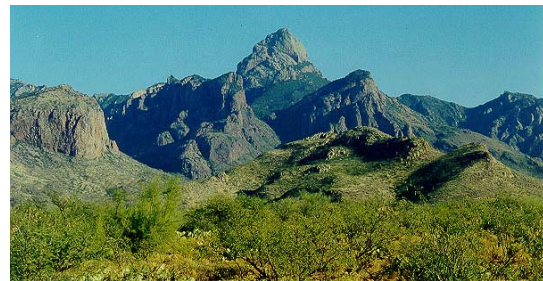
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Agenda:

- Key Concepts
- Overview of Harm Reduction
- HR Intervention Models
- Injecting Opioids (and Other Drugs)
- Addressing Opioid Use in Community



KEY CONCEPTS

Key Concepts: Cultural Values

Giving Back by Sharing What We Know:

- Responsibility to educate ourselves, share information with those in our family .

Helping Others:

- Despite stigma, it is our responsibility to care for and help our own people – even those who inject drugs.

Respecting All Life:

- Someone who injects drugs is someone's mother, father, sister, daughter, son and friend. We can be effective helpers when we set aside our own judgments and see the person for who they are – a human being.

Key Concepts: Cultural Values

- When we educate ourselves on the health needs of those who abuse drugs and respond compassionately – we honor our traditions of sharing what we know, helping others and respecting all life.

Key Concepts: HIV/AIDS Transmission

HIV Risk (a continuum)

- Sex - having anal, vaginal or oral sex without a condom or dental dam;
- Mother to child - pregnancy, birth or breast feeding;
- Syringes - sharing syringes, equipment, or paraphernalia that has not been cleaned properly to inject drugs, hormones, steroids or vitamins.

Key Concepts: HCV Transmission

Viral Hepatitis Transmission:

- Hepatitis A: Ingestion of fecal matter, sexual contact, contaminated food and drink;
- Hepatitis B: Contact with infectious blood, semen or other fluids, sexual contact, sharing injection equipment, needle sticks;
- Hepatitis C: Contact with infectious blood – primarily through sharing needles AND other injection equipment.

OVERVIEW OF HARM REDUCTION

Harm Reduction:

- Definition: Harm Reduction is a perspective and a set of practical strategies to reduce the negative consequences of drug use, incorporating a spectrum of strategies from safer use to abstinence.
- Historical Context: Public health policy in Western Europe out of the epidemics of Hepatitis and HI.V

Harm Reduction:

- Cessation of drug use does not have to be the first goal of intervention
- Abstinence is an excellent form of harm reduction if the client wants to stop using drugs
- Many clients have not made a decision to stop or may state they wish to continue to use drugs, but still need assistance
- Service providers can be effective helpers with clients anywhere along the continuum of drug use
- Service providers meet clients where they are, not where we would like them to be

Harm Reduction:

- Ensures that drug users and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them
- Affirms drugs users themselves as the primary agents of reducing the harms of their drug use, and seeks to empower users to share information and support each other in strategies which meet their actual conditions of use

Harm Reduction:

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

Modes of Administration

- Injection
- Inhale
- Snort
- Ingest
- Smoke
- Transdermal absorption

Continuum of Use

- Experimental
- Social and ritual use
- Intermittent use
- Regular use
- Binge use
- Abuse
- Dependence
- Severely and persistently chemically dependent; chronic relapse

Historical Approaches to Addressing Alcohol/Drug Use

- Locating the problem in the person, not the substance (Solution: Demand reduction)
- Locating the problem in the substance, not the person (Solution: Criminal justice model; 'War on drugs'; Supply reduction)
- Harm reduction movement: Locates the problem in the relationship between the person and the substance (drug, set, and setting), which may change over time

HARM REDUCTION INTERVENTION MODELS

Model: Disease Prevention

- Goal: To reduce transmission (primary or secondary prevention) of blood-borne pathogens (i.e., HIV or Viral Hepatitis)
- Applications: Needle exchange or needle distribution (over the counter syringe sales)

Model: Harm Elimination and Abstinence

- Goal is to assist clients in achieving and maintaining abstinence
- Used in drug treatment programs, some abstinence-based housing programs ("dry" housing), and some mental health programs

Model: Recovery Readiness

- Model: work with clients/consumers who are actively using alcohol/drugs and help them achieve abstinence/recovery in a particular time period (usually three to six months)
- Applied in AIDS services organizations, usually focused on how alcohol/drug use interferes with safer sex practices
- Applied in “damp” housing programs, shelters
- Applied in mental health programs addressing how drug use affects medication adherence

Model: Moderation and Controlled Use Strategies

- Goal: To reduce the harm by reducing consumption (use less) or controlling episodes/situations of use (use only on weekends) or switching mode of administration (smoking versus injecting)
- Applied in self-help support groups (Moderation Management), some needle exchange programs, some housing programs (“damp” housing) and some dual diagnosis programs

Model: Substitution Therapy

- Goal: Replace one drug with higher associated risk with another drug of lower risk (heroin isn't quality controlled; methadone is pharmaceutically pure and dispensed in a clinic by trained medical providers);
- Application: 'Warm Turkey' nicotine replacement strategies: patches and nicotine enhanced chewing gum.

Model: Relapse Prevention

- Goal: To prevent return to drug use following a period of successful abstinence
- Applied in drug treatment programs (outpatient as well as inpatient)
- Objectives: Understand high-risk behavior and high-risk situations

Model: Overdose Prevention

- Goal: To prevent death and negative health consequences
- Applied in needle exchange programs with active users; drug treatment programs as part of relapse prevention strategies; jails and prisons in pre-release programs

Model: 'Alternative' approaches

- Goal: Ancillary, supportive services to active and former drug users
- Applications: Acupuncture programs (for detox and relapse prevention), massage therapy, Reiki, nutrition information.

Model: Education

- Goal: Prevention of drug-related harm
- Applications: Increase awareness of harms of drug use through educational forums, drinking/driving campaigns, binge drinking reduction strategies

INJECTING OPIOIDS AND OTHER DRUGS

Native Context:

- Communities may harbor negative judgments towards people who use drugs
- Service providers may have negative judgments and biases – both personal and professional
- Individually, we might feel embarrassed, angry, frustrated and hopeless when thinking about the negative impact substance use has had on our people
- As a result, we may choose to ignore the reality of the situation

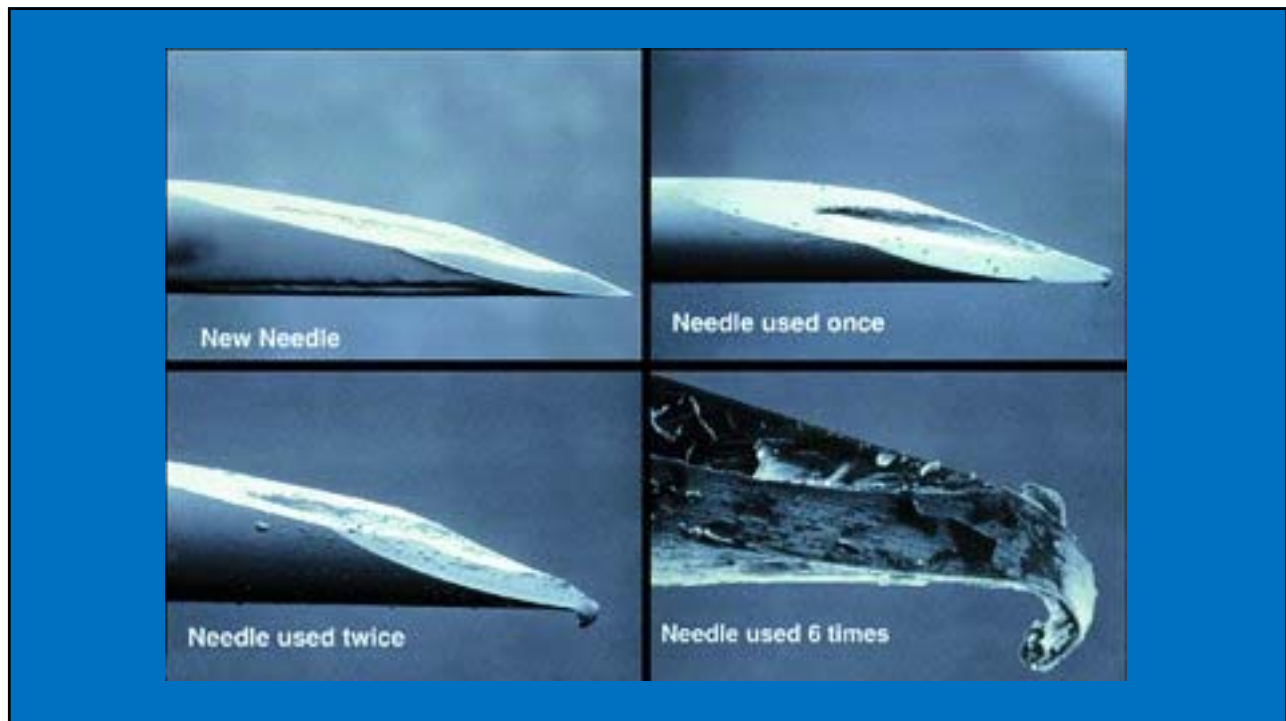
What is Injection Drug Use?

- Injection drug use refers to a specific way a person administers drugs into their body.
- When we say 'injection drug use' or use the term 'IDU' for short, we are most often referring to injecting drugs such as, opioids, methamphetamine, and others.
- Can also refer to those who inject other drugs such as: prescription medication, hormones and steroids.

What is Injection Drug Use?

A hypodermic syringe is used to pierce the skin:

- Intravenously (through a vein) inject a drug directly into the blood stream.
- Intramuscularly (through the muscle tissue) inject a drug directly into a muscle.
- Subcutaneously (just beneath the skin) inject a drug, sometimes referred to as "skin popping."



What is Injection Drug Use?

- HIV and Hepatitis C (HCV) can be transmitted very easily via injecting and sharing syringe.
- Trace amounts of blood can enter the syringe and remain in the barrel.
- Environment is ideal for the virus to remain alive for a period of time largely because of the hermetic seal.

What is Injection Drug Use?

- If the syringe is used by person A, then same syringe is used by person B, the blood left behind person A is injected into person B.
- The possibility of blood contaminating other injecting equipment can transmit harms to people who share them.



Why Inject Drugs?

- To get an increased and quicker effect of the drug: Injecting a drug intravenously reaches the brain quickly, which can create a rapid and strong onset.
- To get a more efficient dose of the drug: users can potentially get a stronger effect from the same amount of the drug.
- To avoid withdrawal or sickness: Withdrawal from certain types drugs are extremely uncomfortable (e.g., nausea, increased heart rate, muscle tension).

IDU Harms:

- Increased chance of overdose: Injecting drugs raises the risk of OD'ing partly b/c of rapid, strong onset.
- Increased chance of skin infections: Bacteria and dirt on the skin can infect the injection site.
- Scarring of the veins: Scarring can occur from using dull or blunt needle points

IDU Harms:

- Forgetting to take medications: An active drug user may forget to take his/her medications regularly
- Track marks: Injecting drugs directly into the vein can cause darkening of the veins due to scarring and toxin buildup
- Dependency: Dependency is characterized by continued, on-going use of drugs and alcohol despite the problems that are produced by long term use

IDU Harms:

- Stigma: Stigma and shame can be experienced from strangers, family, friends, and co-workers. Furthermore, social service, health care and drug treatment providers may also stigmatize IDUs
- Isolation: Because of stigma and discrimination IDUs are often an invisible population. Rejection, marginalization, and isolation from the larger community, can exacerbate drug use and dependency
- Compromised cultural values: Using substances outside of Native ceremonial or religious purposes may be viewed as bad or disrespectful, so known users may not be welcome

ADDRESSING OPIOID USE IN COMMUNITY

Reflection:

- Most of us did not learn how to ride a bike the first time we attempted to. It required support, practice and patience. As we learned how to ride a bike on our own, we accepted the fact we may fall down.
- Learning how to pick ourselves back up and having the courage and strength to try again is part of the process of learning new skills and behaviors.

Community Approach:

- Change is an incremental, invisible, lifelong process
- Setting goals, being supported and celebrating small success are critical elements of behavior change;
- Relapse, 'slips', 'getting off track' are often part of behavior change;

Community Approach:

Getting Users Involved: user involvement in the planning, mobilizing and implementation of services is critical for success. Programs must reflect the values, customs and social norms of the target population.

- In other words, programs must strive for drug-user and Native-specific cultural competency.

Individual Approach:

Overall, We As Providers...

- Work from a strengths-based perspective
 - As opposed to a deficit-model
 - Locating the "problem" within the individual
 - Not taking into account the individual's environment, skill-sets, knowledge, access to, etc...
- Non-judgmental (multiple attempts to change)
- Identify strengths
 - Inherent, cultural, survival, spiritual, etc...

Individual Approach:

And, We As Providers Also...

- Work from a Client-Centered Approach
 - Client's needs are met, not ours (ex. timelines)
- Meet the client where he or she is at (i.e., motivation, drug use, sexual risk factors)

Individual Approach:

Cultural Strengths:

- Adaptability
- Community Strength
- Self-determination
- Spirituality
- Connection with the past
- Family and Elders
- Holistic Thinking
- Cultural Pride
- Many Others!

Organizational Approach:

Strive to Provide Services That Are:

- Culturally Affirming
 - Beyond cultural competency to cultural humility
 - Holistic approaches to wellness
 - Inclusive of spiritual, traditional and cultural needs

Organizational Approach:

- May is Hepatitis Awareness Month
- May 11-15: "Needle Disposal Week"
 - "Drop to Stop" events, anyone can participate, referrals can be made
- May 19: National Hepatitis Testing Day
- July 28: World Hepatitis Day
- August 31: International Overdose Awareness Day

Our Strength, Our Future:

It takes just one person: Though many communities experience limited resources, time and time again, it is that one person – the lone champion who stands up and makes HIV and HCV a priority for their community.

Overcoming Challenges:

There have been many success stories within our Native community with many clients being able to maintain and commit themselves to a sober lifestyle. The connection clients have with other clients who demonstrate care and concern for them, along with their involvement in 12-step programs, as well as religious and cultural activities – help bring meaning to a new life. There is one person that stands out in our community, a woman who for years used intravenously and reconnected with traditional ceremonies and today facilitates a monthly woman's talking circle and has worked diligently to obtain her Associates Degree for Drug and Alcohol counseling and education. This woman is a positive role model for other Native women in the Los Angeles Community. She demonstrates her strong beliefs of helping others and giving back to her community.

- Antonia Osife (Pima): Los Angeles, California

Thank You!

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