

Welcome to DH Learning Collaborative

- *As you join you will be promoted to presenter.*
- *You will be muted.*
- *Please unmute yourself by clicking on the microphone icon for asking questions and participation in discussions.*
- *You may also put your questions and comments in the Chat box.*
- *We encourage active participation!*

Monthly Webinars

- ***Virtual CO MAT Learning Forum***

1st Thursday 12:30pm-1:30pm

[REGISTER](#)

- ***Induction Basics: Tips from the Trenches****

2nd Tuesday 7:30am-8:30am

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*
same topic each month

- ***Denver Health Learning Collaborative***

3rd Wednesday 12:15pm-1:15pm

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Denver Health Addiction Journal Club

Scheduled dates for 2020

- *Every fourth Tuesday January-October*
- *November 10th*
- *December 8th*

Time; noon to 1 pm

To join; email ITMATTTRs2@UCDENVER.EDU

- See our website for previous presentations & resources as well as upcoming topics
 - <https://www.practiceinnovationco.org/opioids/mat-forum/>

HARM REDUCTION, SYRINGE ACCESS, AND SAFE INJECTION

Joshua Blum MD

February 19, 2020

Objectives

- Understand harm reduction principles as they apply to safe injection
- Gain awareness of local SAPs
- Review some of the skills taught to drug users who participate in vein care classes
- Gain facility with terminology and with the issues facing injection drug users in order to provide brief interventions skills to enhance safe injection including:
 - Site selection
 - Skin prep
 - Safe injection techniques

INTRODUCTION TO HARM REDUCTION PRINCIPLES

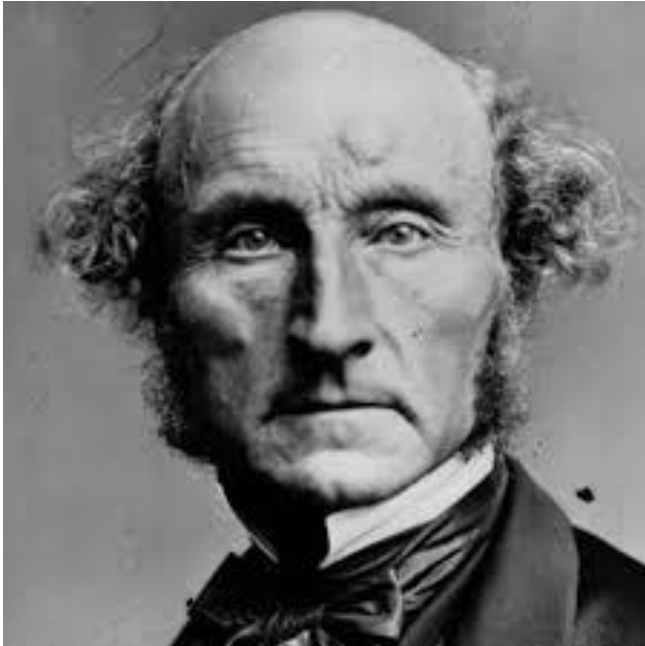
Deontological ethics



Lev-Ran S et al. *Is J Psychiatry Rel Sci* 2014
Christie T et al. *Int J Drug Policy* 2008

- Categorical Imperative test
 - Universal ethics
 - Emphasis on personal choice and autonomy
 - Consequences irrelevant
- “First, do no harm”

Utilitarianism



- Action is moral if it promotes the greatest benefit for the greatest number

Lev-Ran S et al. *Is J Psychiatry Rel Sci* 2014
Christie T et al. *Int J Drug Policy* 2008

Virtue ethics



Lev-Ran S et al. *Is J Psychiatry Rel Sci* 2014
Christie T et al. *Int J Drug Policy* 2008

- Focus on the character of the agent, rather than the act
- Takes into account context and consequences
- Provides an ethical foundation without resorting to utilitarianism

What is Harm Reduction?

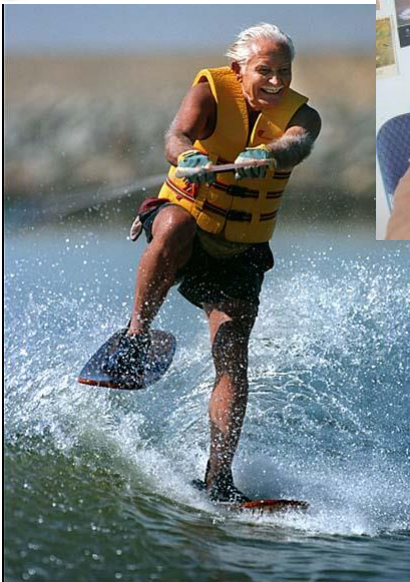
“A set of practical strategies that *reduce negative consequences* of drug use, incorporating a spectrum of strategies from *safer use*, to *managed use* to *abstinence*”

“Harm Reduction is also a movement for **social justice** built on a belief in, and respect for, the rights of people who use drugs.”

Key principles of Harm Reduction for medical providers

1. Accepts that 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 abuse to total abstinence, and *acknowledges that some ways of using drugs are clearly safer than others*.
3. Establishes *quality of life* and well-being – not necessarily cessation of all drug use – as the criteria for successful interventions and policies.
4. Practices *non-judgmental, non-coercive provision of services* and resources to people who use drugs in order to assist them in reducing associated harms.
5. Affirms drugs users themselves as the primary agents of reducing the harms of their drug use, *and seeks to empower users* in strategies which meet their actual conditions of use.
- 6. Does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use.**

Harm Reduction is not revolutionary!



Slide courtesy of Sarah Axelrath

Harm reduction is...

- Compassionate
- Collaborative
- Human rights-oriented
- Data-driven
- Autonomy
- Beneficence
- Non-maleficence
- Justice

“Pragmatic beneficence vs. unattainable ideal beneficence”

INJECTION DRUG USE AND SYRINGE ACCESS PROGRAMS

Syringe access programs CO

The Works

Boulder, CO | *Boulder County Public Health*

Colorado Springs AIDS Projects

Colorado Springs, CO | *Colorado Health Network*

Harm Reduction Action Center

Denver, CO

Denver Colorado AIDS Project/Access Point

Denver, CO

Northern Colorado AIDS Project

Ft Collins, CO

Rocky Mountain Morpheus Project

Georgetown, CO

WestCAP Access Point

Grand Junction, CO | *Western Colorado AIDS Project*

Options Treatment LLC

Louisville , CO

Know the facts

Slide courtesy of Lisa Raville, HRAC

2.6% of the U.S. population age > 13 (~6.6 million people)¹ will inject at least once in their lives

- This is the same percentage as American adults who have ever had a stroke²

43% of PWID live with HCV and 2% live with HIV³

- PWID comprise 2.6% of the US adult population but account for 22% of all persons living with HIV
- In some cities, HIV seroprevalence among past-year PWID is as high as 9%

¹Lansky, A. et al. *PLOS* 2015 9(5): 1-9.

²CDC. National Center for Health Statistics: Cerebrovascular Disease or Stroke. (Oct 2016)

³CDC. Risk prevention and testing behaviors related to HIV and hepatitis infections – national HIV surveillance system: injecting drug users, May 2005 – February 2006 HIV special surveillance report. 2011.

Know their reality

Slide courtesy of Lisa Raville, HRAC

- **Stigma**

- Results from Implicit Association Test (N = 899) reveal that participants associate PWID with being deserving of punishment rather than deserving of help; this association was particularly strong for non-white PWID (Kulesza et. al 2016)¹

- **Social Barriers**

- In a study of cities with high levels of HIV, more than half (51%) of HIV positive PWID reported being homeless, 30% reported being recently incarcerated, and 20% reported having no health insurance in the last 12 months (CDC 2016)²
- Among PWID (N = 1,689), 45.7% of females and 50.4% of males experienced at least one incident of violence over the study period (Kennedy et. al 2017)³

- **Healthcare discrimination**

- 60.4% of third year medical students report satisfaction from treating patients with substance use disorder; this percentage decreases linearly with each year of subsequent medical training to only 26.7% by residents' fourth year (Lindberg et. al 2006)⁴

Syringe Decriminalization

- **SB 10-189**
 - Clean Syringe Exchange Programs
- **SB-13-208**
 - Participants of authorized syringe access programs exempt from possession of injection devices (syringes)
- **SB 15-116**
 - Exception to ticketing, arrest, or filing of charges for possession of drug paraphernalia if the person being searched informs the peace officer that he has a needle or syringe in his or her possession prior to search

Good Samaritan Law

- **Senate Bill 20, the 911 Good Samaritan law**
 - Signed into law May of 2012
 - Provides legal immunity from prosecution for small amounts of drugs and paraphernalia to individuals who call 911 in response to an overdose emergency.
 - Update 2016: immunity from arrest

Harm reduction and illicit opioids/drugs of abuse

- Syringe access programs
 - Sterile syringes
 - Vein care classes
 - HIV/HCV testing
 - Overdose prevention
 - Linkage to treatment

What do all of these agencies have in common?



Slide courtesy of
Sarah Axelrath

Syringe access is effective and saves lives

- \$4,000-\$12,000 to prevent one HIV infection
 - Lifetime HIV medication cost: \$405,000-\$648,000
- NYC syringe access program: Cost **savings** of \$1300-\$3000 per client
- ROI of \$7.58 for every \$1 spent

Belani, H.K. and P.A. Muennig, *Journal of HIV/AIDS & Social Services*, 2008;7:229-240.
Nguyen, T.Q., et al., *AIDS and Behavior*, 2014;18(11):2144-2155

HARM REDUCTION IS SPREADING TO NOVEL SETTINGS



Darwin Brandis/Adobe Stock

The increasing morbidity and mortality from opioid and other substance use disorders is a call to action for ID providers.

EMERGING & RE-EMERGING INFECTIONS

With the Opioid Epidemic, Communities See Dramatic Increases in Infectious Diseases

By Hermione Hurley, MD, MBChB; Alia Al-Tayyib, PhD, MSPH; and Sarah E. Rowan, MD

The morbidity and mortality associated with the opioid epidemic are substantial and increasing in the United States. Over the past 2 decades, heroin use and heroin-related overdoses have increased dramatically. Heroin use increased 65% between 2002 and 2013,¹⁻³ and drug overdoses accounted for 70,237 deaths in 2017, with 68% of those involving an opioid.^{4,5}



Hermione Hurley, MD, MBChB

The US overdose epidemic is associated with 2 distinct but interconnected trends: a 15-year

increase in fatal overdoses due to prescription opioids and a recent surge in fatal overdoses due to illicit opioids such as heroin and fentanyl.⁶⁻¹⁰ Rapidly rising increases in heroin use are paralleled by increases in injection drug use, thus increasing exposure to blood-borne infections such as viral hepatitis, HIV, and serious bacterial infections. The estimated per-act probability of acquiring HIV from an infected source via needle sharing during injection drug use is 63 per 10,000 exposures compared with 138 per 10,000 exposures for condomless receptive anal intercourse.¹¹ Young

(continued on page 16)

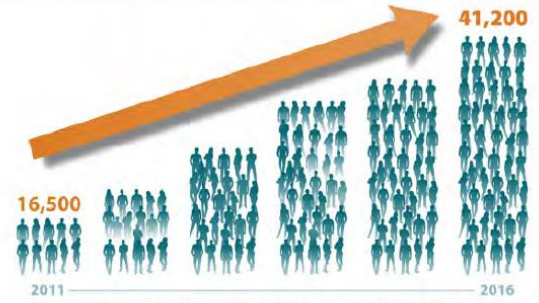


- Increasing rates of SSTI
 - 12x increase in hospitalizations for endocarditis among NC drug users 2000-2015
- HCV rates 3x

EMERGING & RE-EMERGING INFECTIONS

FIGURE. New Hepatitis C Infections in Wake of Opioid Crisis^a

IN THE SHADOW OF THE OPIOID CRISIS, NEW HEPATITIS C INFECTIONS HAVE MORE THAN TRIPLED



Visit www.cdc.gov/hepatitis for more information



^awww.cdc.gov/nchstp/newsroom/images/2018/vh/HCV-infections-increase-highres.jpg



ALIA AL-TAYYIB, PHD, MSPH

Al-Tayyib is an associate research scientist at Denver Health and Hospital Authority who is trained in infectious disease epidemiology, with a research focus on substance use.



SARAH E. ROWAN, MD

Rowan is the associate director of HIV and viral hepatitis prevention at Denver Health and Hospital Authority. She specializes in the care of patients with HIV, hepatitis C, and sexually transmitted infections.

North Carolina saw hospitalizations for drug dependence revealed nationwide drug use—associations being younger cohorts, who were bone, and joint l as well.²

sterile syringes, avoidance of shared equipment, and use of test strips to check for unintended opioids like methamphetamine cut with fentanyl. Providers should also offer vaccination for preventable disease and HIV pre-exposure prophylaxis for people with unknown or discordant injecting and sexual partners.

Effective medications to reduce substance-related death and increase ongoing engagement in care are available.^{31,32} Many medicines in an office-based setting or start them during a hospital admission.

Harm Reduction has moved beyond syringe exchanges and primary care

- Public Health Use Disorders (PHUD) clinic
 - Co-location of SSTI treatment with addiction management
- Inpatient Medical
 - Hospitalists and pharmacists are beginning to employ harm reduction principles.

Addiction treatment providers will play a crucial role in spreading HR principles

- More education is needed for medical specialists, particularly:
 - Emergency Medicine
 - Critical Care
 - Infectious Diseases

You're only as good as your 'worst' employee

- Beyond physicians, NPs, and PAs, who can play a big role in supporting harm reduction?
- Who may be most likely to shame a drug user?
- Education needed for clerks, medical assistants, nurses

ADDICTION TREATMENT
PROVIDERS ALSO NEED
ADDITIONAL HR TOOLS

Why is this important?

- Not everyone is ready to quit
- Providers may assume that drug users don't care about their health
- Drug users distrust the medical system, including providers
- *Demonstrating care and concern by giving a drug user suggestions for safe injection sends a message of respect and care, leaving the door open for future discussions*
- *It mitigates the frustration we may feel when caring for someone not interested in or ready for sobriety*

How can the healthcare providers implement additional harm reduction strategies?

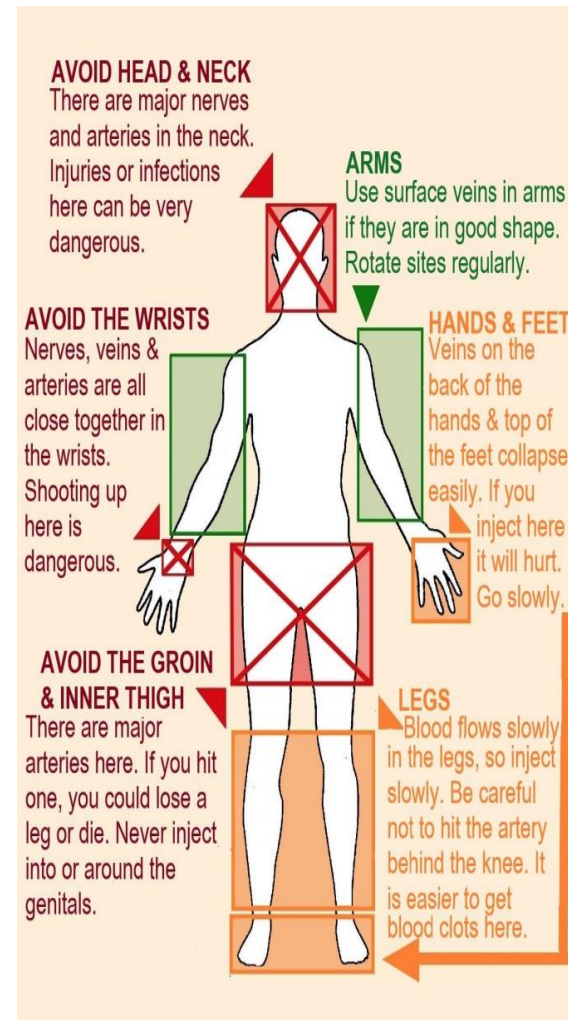
- Easy: naloxone for opioid users
- Medium: Referral to SAPs
- Harder: Discuss safe injection, including understanding terminology and talking about vein care, with clients

Injection drugs

- Heroin
 - Methamphetamine
 - Cocaine
 - Steroids
 - Pills
 - Poly-substance
- Intravenous use:
mainlining (also called pinning, jacking up, banging, slamming, shooting, booting)
 - Intramuscular use:
muscle popping, muscling
 - SC/Intradermal: skin popping
 - Rig: drug paraphernalia, especially syringe and needle. May also include cooker, etc. Other names: works, outfit

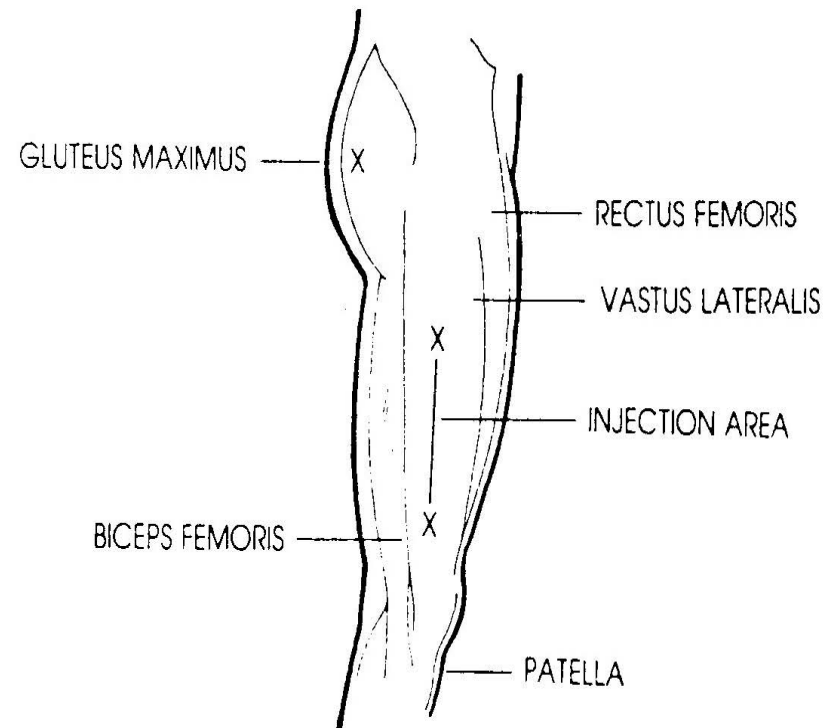
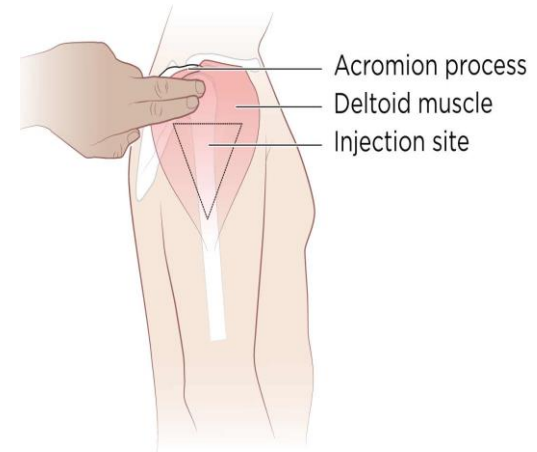
Intravenous Site Selection

- **Places to avoid**
 - Head and neck
 - Groin
 - Genitals
 - Palm side of wrist
- **Caution areas**
 - Feet and legs
 - Venous return is slower
 - Higher risk of skin ulcer, clot
- **Best areas**
 - Upper arm, forearm, back of hand



Intramuscular injection

- Upper outer quadrant of buttocks
 - Gluteus maximus/medius
- Lateral thigh
 - Vastus lateralis
- Shoulder
 - Deltoid body



Harm reduction review: cleaning syringes

- 1st choice: 1 shot, 1 syringe
- 2nd choice: Reuse, but no sharing
- 3rd choice: cleaning before sharing
 - Rinse with cold water, then fill syringe completely with bleach. Agitate for 2 minutes, then rinse with more cold water
 - Bleach substitutions: hydrogen peroxide > dishwashing liquid & water > rubbing alcohol > high-proof drinking alcohol

Harm reduction review: cottons

- Cottons filter out particulates
- Split with others before using: impossible to clean
- 100% cotton (Q-tip, cotton ball) is best
 - Best substitutes: filter paper, small piece of tampon
 - Others: Rayon, other synthetic fibers, pocket lint, no filter
 - Unsafe: used cigarette filters (may contain glass, other harmful chemicals)

Harm reduction review: site preparation

- Wash hands
- Wash injection site with soap and water if possible
- Alcohol pads: wipe in one direction only
 - BZK pads, hydrogen peroxide, other disinfectants also good
 - No circular motion
 - Allow to dry
 - Don't touch cleaned site with bare hands
- Bring blood to vein

Harm reduction review: injection

- Tie tourniquet
 - Medical phlebotomy tourniquet is best
 - Alternatives: Socks, stockings
 - Last choice: belt (non-elastic, more difficult to undo)
- Insert needle
 - Bevel up
 - 15-35 degree angle
- Register return
 - Pull back on plunger and note venous blood
- Undo tourniquet
- Inject slowly

Other topics covered in vein care classes

- Syringe selection
 - Barrel size
 - Needle gauge
- Avoiding vein valves
- Avoiding arteries and what to do if an artery is accidentally punctured
- Skin and abscess care
- Site rotation
- Infections: cellulitis, blood stream, endocarditis, botulism, hepatitis, HIV

Other harm reduction techniques for injection drug use

- Not using alone
- Fentanyl test strips
- Dilution/Tester shots
- *Supervised use sites?*

Supervised Use Sites

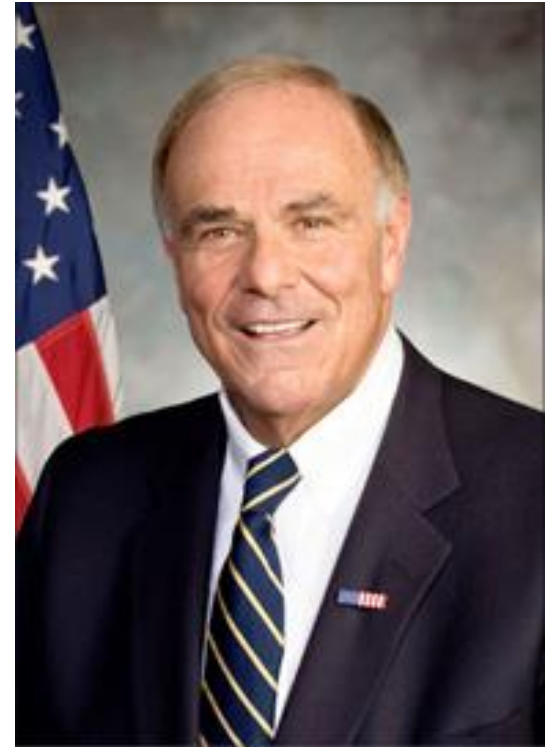
- Currently around 120 in 10 countries
- 0 overdose deaths
- 35% reduction in overdose mortality
- Increased access to treatment
- Promote safer injection practices
 - Reduced HIV, HCV
- Substantial cost savings
- Public nuisance?
 - No increase in PWID or crime in areas surrounding SIFs

Supervised use site in Denver

- November 2018: City Council approves bill to allow SUS if State law successfully changed
- State Sen. Pettersen proposed bill
- Significant push-back in January
 - Gov. Polis “skeptical”
- Bill not introduced in February

Philly restores momentum

- U.S. Court of Appeals 3rd Circuit
 - Supervised use site not in violation of federal laws
 - Purpose is not to dispense drugs but to save lives
 - U.S. DOJ vows appeal
- Ed Rendell, former PA governor
 - “I’ve got a message for Mr. Rosenstein....They can come arrest me first....”
- CO AG Weiser has sided with the decision



Resources and References

- <https://harmreduction.org/drugs-and-drug-users/drug-tools/getting-off-right/>
- <http://www.drugpolicy.org/issues/harm-reduction>

END
