

HARM REDUCTION 101

PRINCIPLES OF HARM REDUCTION

Harm reduction is 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 strategies meet drug users “where they’re at,” addressing conditions of use along with the use itself.

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 upholds and actively affirms the dignity, humanity, and autonomy of people who use drugs, seeking to end the stigma perpetuated against people who use drugs and their communities.

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.¹

¹Source Text: Guide to Developing and Managing Syringe Access Programs, Emily Winkelstein for the Harm Reduction Coalition

- Accepts – for better and for 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.
- 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.
- 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.
- 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.
- 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 drug 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.
- 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.¹

¹Source Text: Guide to Developing and Managing Syringe Access Programs, Emily Winkelstein for the Harm Reduction Coalition

SOME COMMON PRACTICES IN DRUG USE HARM REDUCTION

- Syringe Access and Exchange/Disposal
- Overdose Prevention Training and Naloxone Distribution
- Safer Injection and Wound Care Training
- Safer Smoking and Snorting Supply Distribution
- HIV, HCV, Hep A & B, and other STI Risk Assessment, Testing, and Referral
- Safer Sex Education, Condom, and Lube Distribution
- Referrals to MAT, Detox, and Treatment
- Referrals to Primary and Mental Health Services
- Referrals to Food, Housing, Legal, and Other Assistance Programs

CURRENT SERVICE CAPACITY

- No Overdose Baton Rouge
 - Grassroots, Volunteer, Zero Funding
 - Underground Syringe Access
 - OD Prevention Training and Naloxone Distribution
- Be Safe Program
 - Minimal Funding
 - Syringe Access
 - Naloxone Distribution

SERVICE DEFICIENCIES AND NEEDS

- Comprehensive Community Needs Assessment and Formation of User Advisory Board - Link to Currently Circulating Survey:

https://docs.google.com/forms/d/1OOfpoR3y6_eaUYY6qTIOmy8Yp9vzfcGpjhagJUtju04/edit

- Major Expansion of Syringe Access and Disposal Capacity
- Major Expansion of Overdose Prevention Training and Naloxone Distribution
- Major Expansion of Access to MAT (Suboxone)
 - Currently, no certified Suboxone providers accept Medicaid OR private insurance
 - Single-most asked for service among people who use drugs
 - Prohibitively expensive when paid for out-of-pocket
- Anti-Stigma and Cultural Sensitivity Training for All Personnel in All Provider Orgs
 - Pervasive Stigma and Past Negative Interactions with Healthcare Professionals Lead to Distrust from the Community of People Who Use Drugs

BARRIERS TO EXPANSION

- Legal
 - Act 40 of the 2017 Regular Session of the LA Legislature allows local governing authorities to approve SAPs within their jurisdictions
 - Baton Rouge Municipal Code currently authorizes needle exchanges to operate, but only provides protections for orgs, their employees, and volunteers. There are no explicit protections for participants.
 - Orgs supervised by the federal government, such as FQHCs, must submit to governing authority, such as HRSA, for approval. Legality is a prerequisite for approval
- Financial
 - Groups interested in establishing SAPs will require funding sufficient to create and sustain program operations
- Stigma
 - There remains significant stigma against drug users in general, and against efforts to engage in non-abstinence treatment modalities

RESOURCES

- Harm Reduction Coalition – Guide to Developing and Managing Syringe Access Programs <http://harmreduction.org/issues/syringe-access/tools-best-practices/manuals-and-best-practice-documents/syringe-access-manual/>
- DHH Guidance for the Implementation of Syringe Service Programs <https://www.hiv.gov/sites/default/files/hhs-ssp-guidance.pdf>
- HRSA-specific Guidance for the Implementation of SSPs <https://www.hiv.gov/sites/default/files/hhs-ssp-hrsa-guidance.pdf>
- Harm Reduction Coalition – Compilation of Government Studies Supporting the Efficacy and Cost Effectiveness of SAPs <http://harmreduction.org/wp-content/uploads/2012/01/GovtStudiesinSupportofNeedleExchange.pdf>
- SAMHSA Guidance for the Implementation of SSPs <https://www.samhsa.gov/sites/default/files/grants/ssp-guidance-state-block-grants.pdf>

Q & A

THANK YOU FOR YOUR TIME AND ATTENTION!

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