An Introduction to Harm Reduction

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Submitting Questions and Comments

• Submit questions by using the Q&A feature. To open your Q&A window, click the Q&A icon on the bottom center of your Zoom window.

• If you experience any technical issues during the webinar, please message us through the chat feature or email RCORP-TA@jbsinternational.com.
Overview

• Part 1
  • An Introduction to Harm Reduction

• Part 2
  • Harm Reduction Services at the Eastern Band of Cherokee Indians in Rural Western North Carolina

• Part 3
  • Law Enforcement and Harm Reduction: Reflections From a Rural Sheriff Investigator

• Part 4
  • Q&A
Speakers

• Robert Childs, MPH
  • JBS Technical Expert Lead
  • Prior experience
    • 9 years as the Executive Director of North Carolina Harm Reduction Coalition
    • Prior harm reduction work in New York City, New Hampshire, and Oregon
  • Specializes in harm reduction, drug policy reform, legislative advocacy, coalition building, media relations, pre-arrest diversion, and law enforcement harm reduction initiatives
  • Available for harm reduction technical assistance with HRSA RCORP grantees
Speakers

• Ginger Parker-Southard, RN, BSN
  • Syringe Services Program Supervisor (2016–present)
    • Eastern Band of Cherokee Indians
  • Prior experience
    • RN for 14 years in local ER and ICU
  • Specializes in infection prevention/control, trauma-informed care, and advocacy
  • Provides education to her community and guides people to find their path to healing

Tribe’s Syringe Services Program working on ‘harm reduction’
Speakers

• Donnie Varnell
  • Investigator at Dare County Sheriff
  • Prior experience
    • Law Enforcement Assisted Diversion Coordinator at NC Harm Reduction Coalition
    • Special Agent in Charge at the State Bureau of Investigation
    • Wilson County Sheriff
    • U.S. Army
  • Specializes in advocacy, overdose prevention, harm reduction, pre-arrest diversion, criminal investigations, and dealing with prescription narcotics and environmental violations
Overview

• Why Do People Use Drugs?
• Why Don’t People Go to Drug Treatment?
• The Need for Services for Active Drug Users
• Harm Reduction
• U.S. Harm Reduction Program Examples
  • Naloxone
  • Syringe Exchange
Why Do People Use Drugs?
Why Do People Use Drugs?

Reasons why people use drugs. Having one of the items listed below does not imply one would use drugs or have difficulty stopping, but it may be a factor.

• Personal Coping
  • Pleasure
  • Drug dependence
  • Trauma history
  • Pain management
  • Mental health
  • Sleep-insomnia or trying to stay awake
  • Fitting in
  • Love
  • Money
  • Criminal record
  • Employment stress

• Law Enforcement Practice
  • Criminal record
  • People leaving jail/prison

• Barriers to Treatment
  • Lack of access to methadone/buprenorphine
  • Lack of health insurance
  • Criminal record
  • Money for treatment (transportation, cost of program, job loss, housing loss)
  • Child care
  • Love

• Societal/Institutional Disparities/Discrimination
  • Racism
  • LGBTQI
  • Housing
  • Culture
  • Exposure to drug use practices
  • Supply issues around drug
  • Cost of drugs (legal and illegal)

Source: People Who Use Drugs in NC, Robert Childs, National Harm Reduction Coalition and NC Harm Reduction Coalition
Why Don’t People Go to Drug Treatment?
Why Aren’t People Going to Treatment?

- Cost
- Loss of labor (your job)
- Loss of housing
- Stigma/shame
- Transportation barriers
- Lack of childcare options
- Lack of access to healthcare coverage
- Loss of partner/family relationships
- Lack of treatment options that provide for chronic pain management strategies
- Personal or a friend’s negative experience or negative perception of treatment
- Lack of medication-assisted treatment (MAT) options
- Lack of information that treatment exists
- Criminal history or pending criminal charges
- Ambivalence/lack of confidence about change
- Untreated mental health/trauma issues
- Gender/racial/cultural bias
  - Lack of services to female populations
  - Lack of services to trans populations
  - Lack of appropriate language services
  - Lack of culturally competent services/providers
  - Lack of LGBTQI-specialized services
- Hours of treatment service conflict with obligations
- Law enforcement/criminal justice practices that discount treatment diversion or treatment referral after incarceration
- Geographical access barriers
- Knowledge of sites
- Extended waiting lists for services

Source: People Who Use Drugs in NC, Robert Childs (JBS), John Roberts (JBS), National Harm Reduction Coalition and NC Harm Reduction Coalition
If people are not able to access treatment or currently stop using drugs, we need something to help them prevent potential isolation, disease exposure, criminal charges, and death.

Dianne Carden Glenn works in Eastern NC to expand harm reduction services.
Photo: NC Harm Reduction
Before We Talk About Drugs and Harm Reduction, Let’s Talk about the Volvo!
CARS and Harm Reduction

- Seatbelts
- Side impact beams
- Airbags
- Less breakable glass
- Speed limits
- Banning cell phones (NY)
- Not texting
Harm Reduction Principles & Goals

What is Harm Reduction?

Any Positive Change
- Reduces negative consequences from managed use to abstinence
- Meets people “where they’re at”

Reality Based
- Accepts, for better or worse, that drug use is part of our world.
- Does not minimize real, tragic harms of illicit drug use.

How it Works
- Non-judgmental, non-coercive collaboration.
- Quality of life as standard for success, not necessarily cessation of use.

Empowering
- People who use drugs are primary agents of change.
- Gives people who use drugs a real voice in policies

Social Justice
- Recognizes social inequalities increase harms
- Works to abolish racialized drug policies and dismantle oppressive systems

Image Used with Permission from Indiana Recovery Alliance
What Is Harm Reduction?

• Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use, drug policy, drug laws, sex work, sex worker policy, and sex worker-related laws.

• Harm reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs and sex workers.

Sources: [http://www.harmreduction.org](http://www.harmreduction.org) and [https://www.hri.global/what-is-harm-reduction](https://www.hri.global/what-is-harm-reduction)
What Is Harm Reduction?

• Harm reduction
  • Focuses on positive change
  • Non-judgmental care
  • Fights discrimination
  • Does not require abstinence
  • Is not against abstinence
  • Does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use

Sources: http://www.harmreduction.org and https://www.hri.global/what-is-harm-reduction
What Is Harm Reduction?

• Harm reduction includes a range of cost-effective and evidenced-based public health and social services that may be applied to the consumption of drugs and sex work.
  • Syringe exchange programs
  • Wet housing
  • Drug checking
  • Condom distribution
  • Overdose prevention
  • Mental health services (*that don’t require abstinence*)
  • Guidance on safer drug use
  • Safer consumption spaces
  • Safer sex work guidance

Sources: [http://www.harmreduction.org](http://www.harmreduction.org) and [https://www.hri.global/what-is-harm-reduction](https://www.hri.global/what-is-harm-reduction)
Harm Reduction Principles via Harm Reduction International

1. Respecting the rights of people who use drugs and sex workers
   • Protect human rights
   • Improve public health of people who use drugs and do sex work
   • Treat people with compassion and dignity
   • Ensure people have a right to health care and social services
   • Protect people’s right of privacy
   • Protect people’s right to have quality health care without judgment

Source: https://www.hri.global/what-is-harm-reduction

Steve “Gator” Daniels
Harm Reduction Hero
Winston Salem, NC
Photo Credit: Hadley Gustafson
Harm Reduction Principles via Harm Reduction International

1. Respecting the rights of people who use drugs and sex workers

2. A commitment to evidence
   - Harm reduction interventions are committed to being evidenced based
   - Harm reduction interventions are practical, realistic, effective, safe, and cost effective

Source: https://www.hri.global/what-is-harm-reduction

Karen and Michelle of Olive Branch Ministries, a faith-based harm reduction group that distribute syringes, naloxone, referrals, and love in the rural foothills of NC.

Photo Credit: Olive Branch Ministries
Harm Reduction Principles via Harm Reduction International

1. Respecting the rights of people who use drugs and sex workers
2. A commitment to evidence
3. A commitment to social justice and collaborating with networks of people who use drugs and sex workers
   - Work toward service inclusion
   - Fight unnecessary service barriers
   - Fight unnecessary legal barriers
     - Criminalization of condoms, syringes, etc.
     - Legal barriers to naloxone access
   - Include people who use drugs and sex workers in designing, implementing, and evaluating programs and policies

Source: https://www.hri.global/what-is-harm-reduction
Harm Reduction Principles via Harm Reduction International

1. Respecting the rights of people who use drugs and sex workers
2. A commitment to evidence
3. A commitment to social justice and collaborating with networks of people who use drugs and sex workers
4. The avoidance of stigma
   - Meet people where they are at
   - Use respectful language
     - Example: Avoid using the term “clean” because the opposite means people are dirty and unworthy of love
     - Example: Avoid using the terms “addict,” “junkies,” and/or “drug abusers”
     - Example: Avoid the term prostitute; use sex worker

Source: https://www.hri.global/what-is-harm-reduction
Goals of Harm Reduction

Harm reduction recognizes that many people are not able or unwilling to stop using drugs. Therefore, we must work with people on the following goals…
Goals of Harm Reduction via Harm Reduction International

1. Keep people alive and encourage people to work on healthy behavior change
   • Increasing condom utilization
   • Not sharing cookers
   • Using a new syringe for each injection
   • Reducing drug use by one session during the week

Source: https://www.hri.global/what-is-harm-reduction
Goals of Harm Reduction via Harm Reduction International

1. Keep people alive and encourage people to work on healthy behavior change

2. Reduce the harm of sex work and drug laws/policies
   - Example: Syringe access and possession laws
   - Example: Condom possession local ordinances (*Condoms as evidence of sex work*)

Source: https://www.hri.global/what-is-harm-reduction

Human Rights Watch published a brief on condom criminalization in four U.S. cities.
Goals of Harm Reduction via Harm Reduction International

1. Keep people alive and encourage people to work on healthy behavior change
2. Reduce the harm of sex work and drug laws/policies
3. Offer alternatives to approaches that seek to prevent or end drug use
   • Access to methadone and buprenorphine
   • Access to programs that reduce/end drug use
   • Care that is not forced/coerced

Source: https://www.hri.global/what-is-harm-reduction
Harm Reduction in Practice

*Example 1: Naloxone Distribution
*Example 2: Syringe Exchange
Naloxone

Art by Micha Lessard, Asheville, NC
Naloxone

- Non-addictive prescription medication reverses opioid overdose (OD)
- Distribution is associated with up to a 50% drop in OD fatalities
- Administer via intramuscular injection or nasal spray
- Cannot be abused or cause overdose
- Restores breathing and consciousness
- Onset: 1 to 3 minutes
  Duration: 30 to 90 minutes
Dan Bigg and the Chicago Recovery Alliance started the first community naloxone program.

Photo Credit: Greg Scott, Chicago Recovery Alliance
Case Study: North Carolina
911 Good Sam/Naloxone Legislation in North Carolina

• **2013**
  - 911 Good Samaritan Law, Community Naloxone Access

• **2015**
  - Good Samaritan Protections for People on Parole, Probation, Pretrial Release, and Pharmacy Standing Orders
  - Funding for naloxone

• **2017**
  - Stop Act: Provision Allowing for Enhanced Mechanism to Expand Syringe Exchange Funding
  - Naloxone funding

Art by Micha Lessard, Asheville, NC
Naloxone Kits Distributed by the North Carolina Harm Reduction Coalition, 8/1/2013 - 12/31/2018

101,731 kits distributed*

*287 kits distributed in an unknown location in North Carolina and 59 kits distributed to individuals living in states outside of North Carolina; includes 9,287 kits distributed to Law Enforcement Agencies and 1,706 kits distributed on the Cherokee Reservation

Source: North Carolina Harm Reduction Coalition (NCHRC)
Analysis by Injury Epidemiology and Surveillance Unit
Opioid Overdose Reversals with Naloxone Reported to the North Carolina Harm Reduction Coalition, 8/1/2013-12/31/2018

12,976 community reversals reported*

*39 reversals in an unknown location in North Carolina, 110 reversals reported on the Cherokee Reservation, and 286 reversals using NCHRC kits in other states reported to NCHRC

Source: North Carolina Harm Reduction Coalition (NCHRC)
Analysis by Injury Epidemiology and Surveillance Unit
Most overdose rescues in NC used low dose 0.4mg intramuscular naloxone and used 2 or fewer doses, in a state with a high amount of fentanyl-laced drugs.

Last month, 18% of reversals where dosage amount was reported (N=114) used 3 or more doses of naloxone.

*Percentage based on reversals with known dosage amount. Use caution when interpreting this data as a large percentage of each months’ reversals had unknown dosage amounts.

Source: North Carolina Harm Reduction Coalition (NCHRC) Analysis by Injury Epidemiology and Surveillance Unit
Syringe Exchange

Source: [https://imgur.com/Rh7RY](https://imgur.com/Rh7RY)
Syringe Exchange Benefits

• Lower incidence of HIV infection by up to 80% and hepatitis C infection by up to 50%
• Participants are five times more likely to enter drug treatment than non-participants
• Decrease law enforcement needle stick injuries by 66%
• Decrease crime by 11% through programs that connect people who use drugs to public and private social services
• Improve community by helping to eliminate improper disposal

Source: NC Harm Reduction Coalition Syringe Exchange Fact Sheet
“Law enforcement has been at the front lines of the drug problem and has witnessed the devastating effects of drug use and abuse. We are seeing more people use heroin, more people inject prescription drugs, and more people get sick from diseases like HIV and hepatitis C. Although the enforcement of drug laws is and always will be an integral part of police work, we also realize that we will not solely arrest our way out of this problem. I support syringe exchange programs because they are shown to lower the rates of disease and help connect drug users to the treatment that they need to combat this epidemic.”

- Chief Bill Hollingsed, Waynesville Police Department, Waynesville, NC, in Appalachia

Source: NC Harm Reduction Coalition Syringe Exchange Fact Sheet
Syringe Exchange Starts a Conversation

Syringe Exchange Services

- Educational Materials
- Syringe and Supply Access
- Secure Disposal
- Naloxone Kits and Referrals
- Consultations and Referrals

- Safer Use Education
- Support Groups and Advocacy
- Medical and Social Services, Referrals
- Overdose Prevention
- HCV, HIV Testing and Care

- Post-Overdose Response
- ED Care Linkages
- Endocarditis, Sepsis Education, Counseling
- MAT Access
- Expanded Sexual Health

People who use exchanges care about their health
Syringe Exchanges Should Work to Distribute:

- Non-judgmental care
- Syringes
- Cottons/filters
- Cookers
- Tourniquets
- Alcohol pads
- Ascorbic acid
- Sterile water
- Condoms
- Naloxone
- Drug checking strips, such as fentanyl test strips
- Food, clothes, toothbrushes, blankets, etc.
- Info on local methadone/buprenorphine access, housing, counseling, and mental health services
- Legal information on syringe, 911 Good Samaritan, and naloxone laws
- Other supplies that local users request
Case Study: Syringe Decriminalization and Syringe Exchange Legislation in North Carolina

- **2013**
  - Decriminalization of Syringes/Sharps Declared to Law Enforcement Prior to a Search

- **2015**
  - Community Biohazard Collection/Decriminalization of Residue in Syringes Declared to Law Enforcement

- **2016**
  - Syringe Exchange

- **2017**
  - Stop Act: Provision Allowing for Enhanced Mechanism to Expand Syringe Exchange Funding

Photo Source: NC Harm Reduction Coalition
Counties currently served by Syringe Exchange Programs (SEPs) as of December 31, 2018

Currently there are 29 active* SEPs covering 39 counties in NC

*There may be SEPs operating that are not represented on this map; in order to be counted as an active SEP, paperwork must be submitted to the NC Division of Public Health.

Source: North Carolina Division of Public Health, Analysis: Injury Epidemiology and Surveillance Unit
Lessons From NC Rural Harm Reduction Projects: Outreach Sites

- Rural syringe exchanges or the closest city site that may serve them
- Rural methadone and buprenorphine clinics or the closest city site that may serve them
- Detox centers
- Drug treatment facilities
- Jails
- Prisons
- Support groups for people who use drugs and those who love them
- Blood plasma centers
- The places in your community where people who use drugs congregate: pawn shops, gas stations, motels, laundromats, etc.
Guest Speaker: Ginger Parker Southard, *Eastern Band of Cherokee Indians*, Rural Naloxone and SEP Programs

Tribe’s Syringe Services Program working on ‘harm reduction’

DEDICATION: Ginger Parker-Southard, Syringe Services Program supervisor, shows some of the supplies they provide for free through their program – all in an effort to curb the transmission of HIV and Hep C. (SCOTT MCKIE B.P./One Feather photos)
Guest Speaker: Donnie Varnell, Dare County Sheriff’s Office, Rural Harm Reduction and Law Enforcement Safety Advocate
Your Questions for Robert, Ginger, and Donnie
Thank you

The purpose of RCORP is to support treatment for and prevention of substance use disorder, including opioid use disorder, in rural counties at the highest risk for substance use disorder.

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