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# Harm Reduction

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Harm Reduction is a practical set of strategies that aim to reduce the negative health, social and economic consequences that can occur with higher-risk behaviors.

It is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.

**When we talk about Harm Reduction, we often reduce it to a public health framework, one of reducing risks. That's harm reduction with a small h-r. harm reduction is meeting people where they are at but not leaving them there.**

**But Harm Reduction with a capital H and R—this is the movement, one that shifts resources and power to the people who are most vulnerable to structural violence.**

-Monique Tula

Executive Director of the Harm Reduction Coalition

# **Harm Reduction is meeting people where they are at but not leaving them there.**

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- **Physically:** Where are you offering your services? Is it easy to get to? Are you doing outreach? Providing transportation?
- **Emotionally:** Who is leading the conversation? Who is making the decisions? Is language value-neutral and realistic?
- **Practically:** What are you realistically able to offer? And what do you actually know about? (don't fake it)



**I AM NOT THE  
EXPERT OF  
ANOTHER  
PERSON'S  
EXPERIENCE**

[www.odaidfw.org](http://www.odaidfw.org)

# Syringe Services Programs: More than Just Needle Exchange

What is an **SSP**? A community-based program that ideally provides comprehensive services



Free sterile needles and syringes



Safe disposal of needles and syringes



Referral to mental health services



Referral to substance use disorder treatment, including medication-assisted treatment



HIV and hepatitis testing and linkage to treatment



Overdose treatment and education



Hepatitis A and B vaccination



Other tools to prevent HIV and hepatitis, including counseling, condoms, and PrEP (a medicine to prevent HIV)

# Prevention Point Pittsburgh Services Offered:

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- Sterile Injection Equipment
- Testing for HIV, Hepatitis C, and STIs
- Education on disease prevention, safer injection, and wound care
- Case Management Services
- Free safe injection training and wound care consultation with a nurse or doctor
- Crisis Intervention & Counseling
- Condoms (male and female)
- Overdose Prevention & Response Training
- Fentanyl Test Strips
- Naloxone Prescription (Narcan)
- All Services Free, Anonymous, and Confidential



In 2017, Prevention Point Pittsburgh distributed 416,950 sterile syringes through 3533 encounters across all sites.

252 individuals participated in syringe services for the first time.

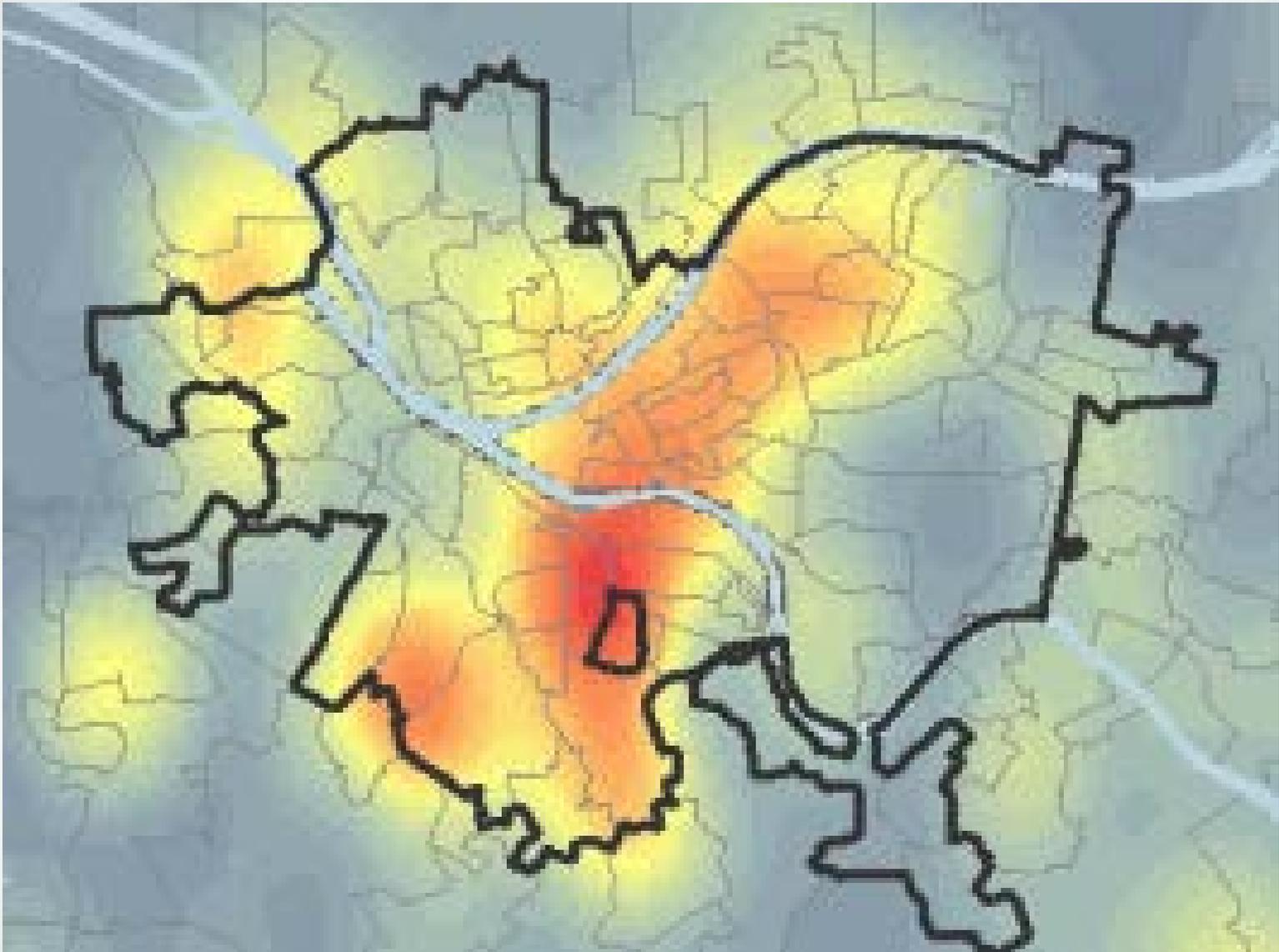


In 2017, 676 new naloxone prescriptions were written and filled, and 1,218 refills were provided.

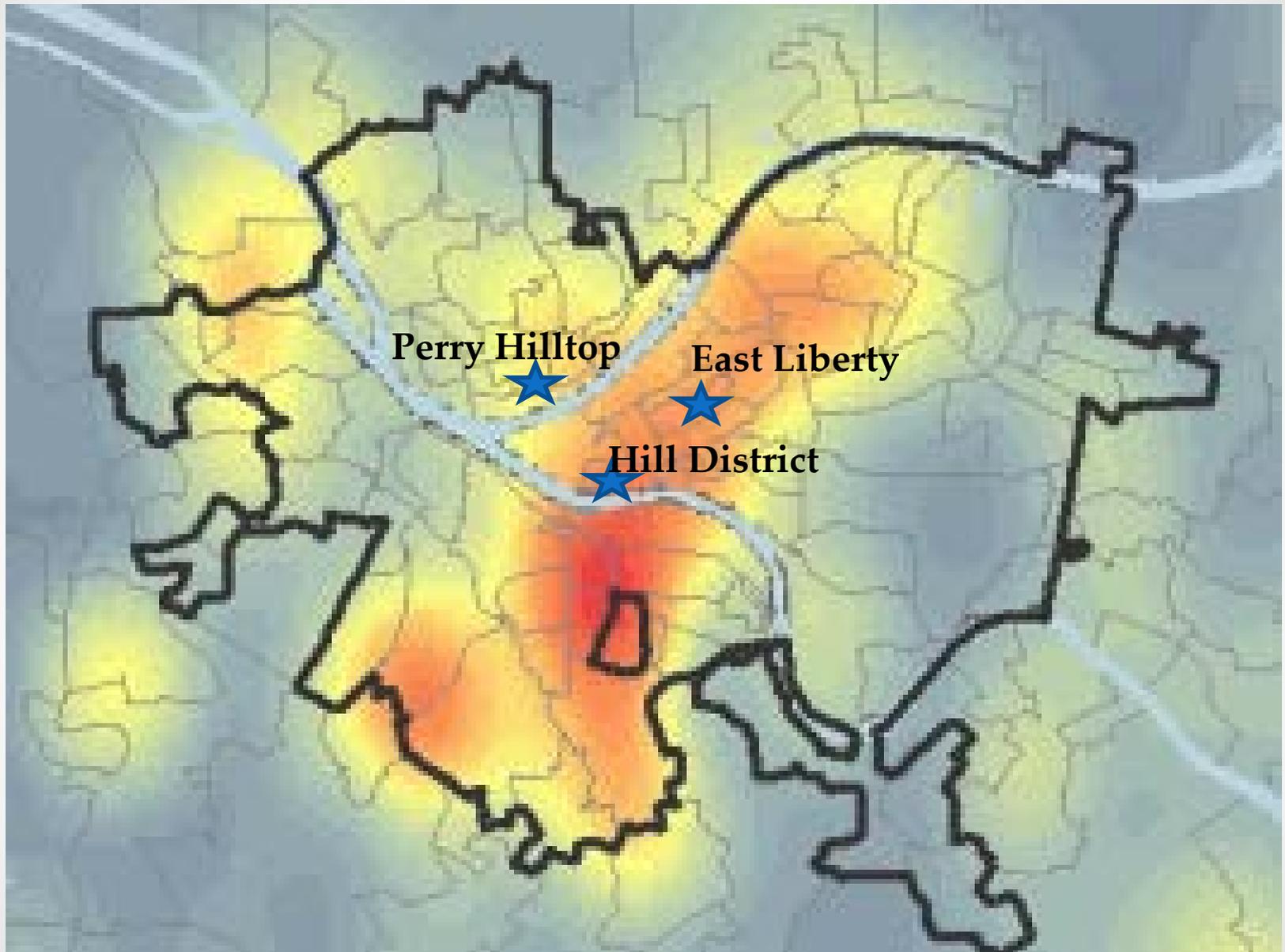
3788 total doses, or 1,894 kits, of naloxone were distributed.



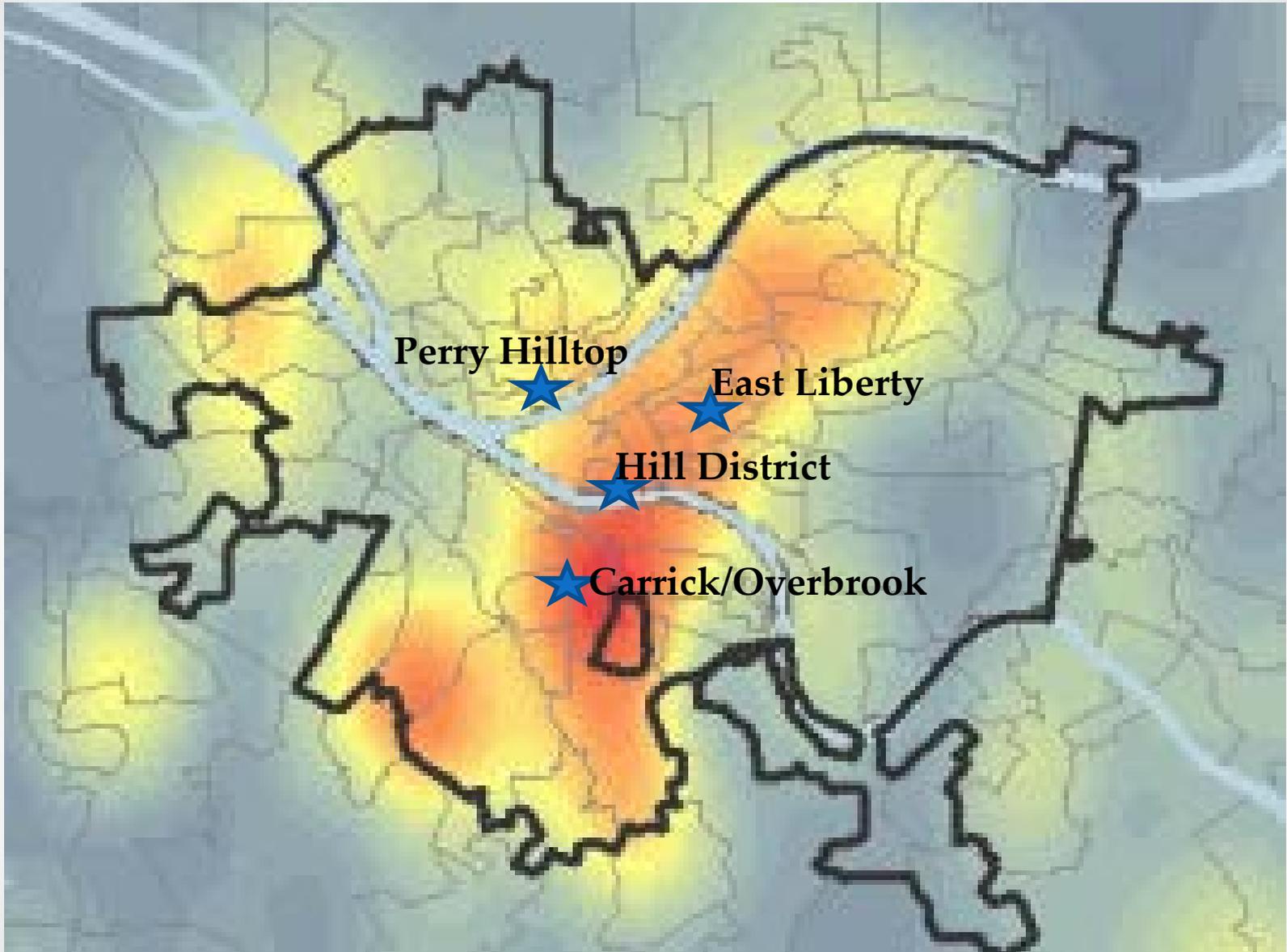
# Heat Map of Overdose Death Density in Allegheny County, 2016



# PPP Needle Exchange Sites, 2015-2019



# PPP Needle Exchange Sites, 2019



# PPP Needle Exchange Outreach Staff





# NOTHING ABOUT US WITHOUT US

*A manifesto by people who use illegal drugs*

*We* are among the most vilified and demonized groups in society. Simply because we use illegal drugs, people and governments often deny us our rights and dignity.

*We* are the “junkies” and “crackheads” of the popular media.

*We* are tagged as “undeserving troublemakers” even among some of those who provide services to us.

*We* have been hard hit by the epidemics of HIV/AIDS and hepatitis C.

*We* are often sent to prison or to compulsory detoxification and rehabilitation, instead of having access to the evidence-based prevention and treatment programs we need.

*We* suffer oppression and human rights abuses in countries waging a “war against drugs” that all too often has turned into a war against people who use drugs.

*We* are regularly excluded from the decisions that affect our lives and those of our brothers and sisters.

*We* are your sons, daughters, fathers, mothers, brothers and sisters.

*And we have the same human rights as everyone else.*

*We* have the right to meaningfully participate in decision making on issues affecting us.

*We* have the right to be able to make informed decisions about our health, including what we do or do not put into our bodies.

*We* have unique expertise and experiences and have a vital role to play in defining the health, social, legal and research policies that affect us.

*Today, we demand to have a say.*

**We have the capacity to:**

- educate and be educated;
- form organizations;
- represent our community;
- serve on government consultative committees; and
- be employed in a variety of roles

## We need to:

- ⊗ be treated as **equals** and respected for our expertise and professionalism in addressing drug use, HIV, hepatitis C, overdoses and the other health, social and human rights issues that affect our lives;
- ⊗ be **recognized** for the work we do, often without funding, in addressing the problems facing people who use drugs;
- ⊗ be adequately **funded** and provided with the resources to represent and address our needs;
- ⊗ be **supported** when demonized and attacked in the media and by the community because of who we are;
- ⊗ be **supported** in fighting the fear, shame and stigma that keep us from fully participating in our communities and from accessing health services, and that contribute to health problems like HIV and hepatitis C;
- ⊗ be **supported** to develop the skills and knowledge necessary to be good peer educators and advocates and to run professional organizations;
- ⊗ be meaningfully **involved** at all levels of the organizations that provide services to us;
- ⊗ be **included** in consultative processes, as well as in decision-making or policy-making bodies and advisory structures dealing with issues affecting us; and
- ⊗ be **involved** in research that affects us, including through community review committees and community consent processes.

## As organizations of people who use drugs, our organizations have an important role to play in advocating for our rights and for our health and well-being. Our organizations:

- ⊗ need to **work** towards being governed, managed and run by people who use illegal drugs, with power and control held by people who use drugs;
- ⊗ are often **best placed** to ensure appropriate representation to governments, non-drug user organizations and other relevant stakeholders;
- ⊗ need to be recognized as **valid and valued** participants in any policies and programs dealing with drug use, and must be supported and strengthened;
- ⊗ need to be recognized as **participants** also in policies and programs dealing with other health and social issues that affect our lives, such as mental health, housing, welfare;
- ⊗ must be treated with **respect** in all partnership arrangements with governments and other organizations;
- ⊗ have a responsibility to the larger movement of people who use drugs to strive to **empower and include** all people who use drugs, regardless of the types and routes of drug consumption, by promoting tolerance and fostering a culture of inclusion and active participation, and respecting the diversity of backgrounds, knowledge, skills and capabilities;
- ⊗ need to devote particular attention to meaningfully **including women** who use drugs and to ensuring that the needs of women who use drugs are addressed;
- ⊗ are **committed** to the principles of harm reduction, peer education and support, and community development; and
- ⊗ fight for the **health and human rights** of people who use illegal drugs.



Through collective action, we will **challenge** existing oppressive drug laws, policies and programs, and work with governments and international agencies to formulate evidence-based policies and programs that respect our human rights and dignity and protect and promote our health.

And we stand in **solidarity** with our brothers and sisters in other countries who often suffer great abuses of their human rights. We demand that our governments take action in our countries, but also at the international level, so that our health and human rights are respected, protected and promoted, and we are involved in all decisions that affect our lives.

*We are part of the solution,  
not part of the problem!*

# Employing People who Use Drugs is an Evidence-Based Practice

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- There is an increase in positive mental health outcomes and exchange of health-based information from the people who inject drugs when peers are employed at a needle exchange program (Hay, Henderson, Maltby, & Canales, 2017).
- Peer workers in an emergency shelter system were reported to be better able to respond to overdoses and to provide safe injection education because of trust between shelter client and peer workers (Doe-Simkins et al., 2014)
- People who use drugs are more likely to be at the scene of an overdose and to use naloxone for overdose reversals than people who do not use drugs (Bennett et al., 2018)
- People who engaged in a risk reduction education group were 3 times more likely to report reduction of injection risk behaviors and 4 times more likely to report increased condom use with casual sex partners (Latkin, Sherman, & Knowlton, 2003)

# Peer Programs of Prevention Point Pittsburgh

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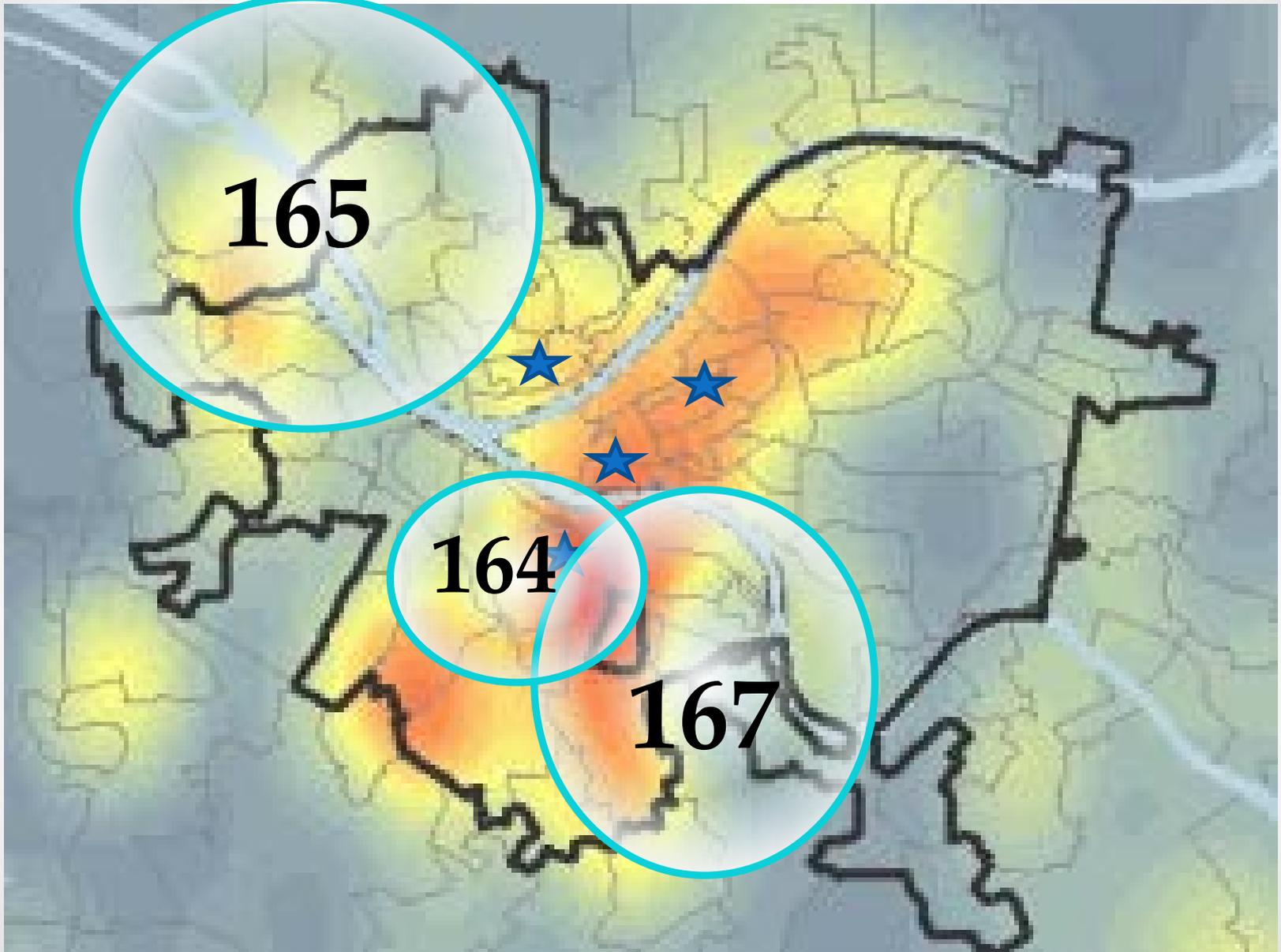
- Community Health Advocates
  - Overdose prevention training and naloxone distribution
- Hep C Peer Mentor Group
  - Peer educators about prevention, testing, and treatment for Hepatitis C
- Mobile Health Advocates
  - Work on mobile testing van performing Hep C testing and assisting people get linked to confirmatory testing/further medical care

# Community Health Advocates

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- Distribute approx. 10 kits each month to 10 different people. This can be done through informal hangouts with people in the community, or through scheduled events at locations like libraries, shelter, community centers, or halfway houses.
- The three CHAs distributed 525 kits in 18 months
- Reported 94 refills/recorded overdose reversals
- Share harm reduction education materials and encourage people to go to needle exchange

# Areas that CHAs covered, 2017-2019



# Hep C Peer Mentor Group

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- Based off the TLC (Test\*Link\*Care) Project at the Lighthouse Studies at Peer Point, a project of Johns Hopkins University
- Utilizes the idea that anyone can be a “natural leader” or “secondary exchange of information.” Financial incentives for attending each class.
- Evidence-based, interactive education sessions not only focus on facts about Hep C, but also on skills on how to talk to people about Hep C (with lots of no-pressure practice opportunities in class)

# Mobile Health Advocates

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- The Mobile Outreach Health Advocates help with the PPP Harm Reduction Outreach Van.
- The MHAs will work 8 hours a week helping with Hepatitis C testing on a new mobile van (parked alongside needle exchange van in Hill, Perry Hilltop and Carrick)
- Their role is to assist in testing at mobile syringe exchange sites, teaching about Hep C prevention, testing, and linkage to care.

# Job duties include:

- Learn Hep C Testing Procedures
- Test people for Hep C using Orasure Test products
- Learn skills around talking with people about Hep C:
  - Ways to prevent contracting Hep C
  - Ways to get tested for Hep C
  - Ways to get linked to care/treatment for Hep C
  - Help with making appointments to get confirmatory tested
  - Help with making appointments for getting Hep C treatment
  - Checking in with people

# Ways We Can Improve

- Employ more peers
- Provide more paid training for needle exchange participants
- Create a drug users union
- ????

**If you are trying to transform  
a brutalized society into one  
where people can live  
in dignity and hope,  
you begin with the empowering  
of the most powerless.**

**You build from the ground up.**

**-Adrienne Rich**

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