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harm reduction

HARM REDUCTION

History of WNCAP

The Western North Carolina AIDS Project (WNCAP, pronounced win-cap) was founded in 1986 by a small group of committed volunteers. During the early years of the AIDS epidemic, WNCAP founders provided food, comfort, and care to people with AIDS-related illnesses.

In the 1990s, WNCAP developed **prevention education** and a **case management program.** Later, WNCAP also added **harm reduction** and **pharmacy services.**

Today, WNCAP serves **thousands of people across 18 counties** in Western North Carolina: Cleveland, Avery, Mitchell, Yancey, McDowell, Rutherford, Polk, Henderson, Buncombe, Madison, Haywood, Transylvania, Jackson, Swain, Macon, Graham, Clay, and Cherokee.

All WNCAP services are 100 percent free and confidential.

Our Vision and Mission is simple…

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We **envision** a community free of HIV, Hepatitis C, and overdose deaths.

Our **Mission** is to provide equitable access to care and reduce harm from HIV, Hepatitis C, and drug use.

Content Warning

This presentation includes discussions of sensitive and/or possibly triggering topics. The training includes syringes and discussion of overdose.

Please feel free to leave the presentation at anytime if you feel uncomfortable.

What is the definition of Harm Reduction ?

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.

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

What Does Harm Reduction Look Like ?

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Principles of Harm Reduction

- Harm reduction recognizes that substance use is inevitable in a society and that it is necessary to take a public health-oriented response to minimize potential harms.

- Individual choice is considered, and judgement is not placed on people who use substances. The dignity of people who use substances is respected.

- An individual's substance use is secondary to the potential harms that may result in that use.

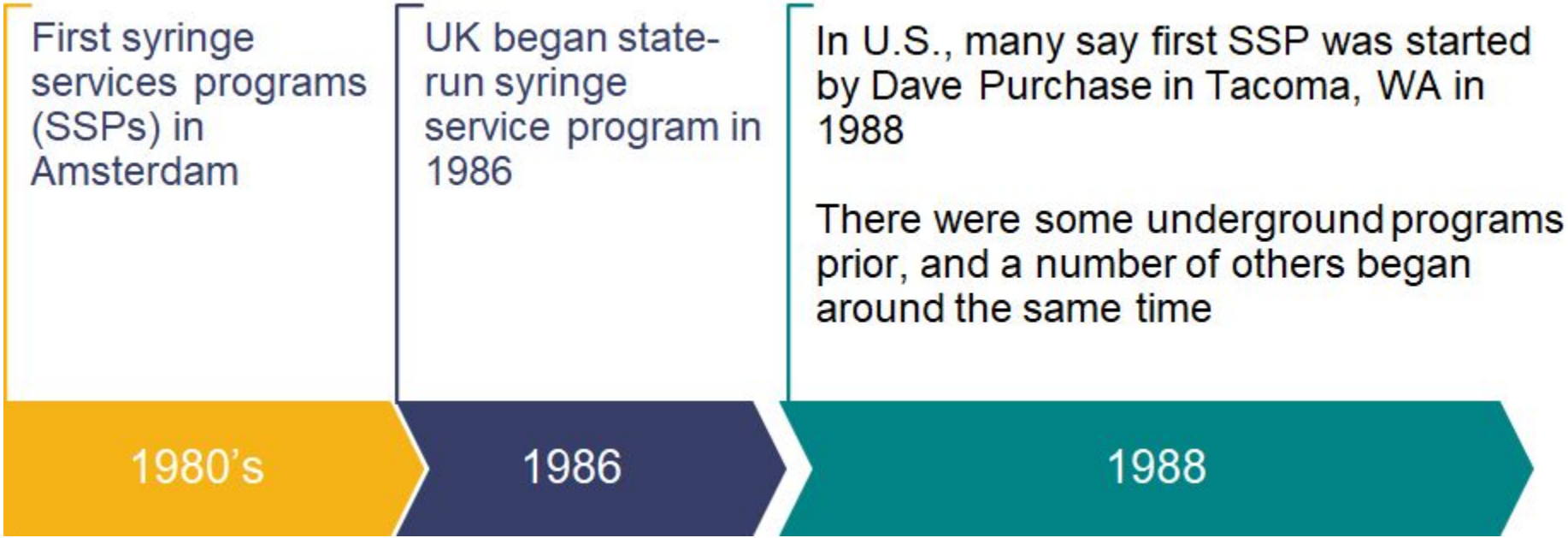
A word from the Godfather of Narcan

“Any positive change as a person defines it for him or herself is our definition of recovery.”

Dan Bigg

Co-Founder of Chicago Recovery Alliance

History of Harm Reduction



History of Harm Reduction

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- Through the 1990s, syringe services programs expanded rapidly in the U.S.

- Ban of federal funding for SSPs ended in 2009 (but only until 2011) and then again in 2016 (except syringes which are still banned under the Act listed below)

- The Health Omnibus Program Extension Act of 1988:

None of the funds provided under this Act or an amendment made by this Act shall be used to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs."

The Pioneers:

The first **Harm Reduction Working Group** meeting was held in **San Francisco in 1993**. In addition to Stephanie and Francie Comer, George Clark and Dan Bigg, participants at the first gathering hailed from different backgrounds and included Dave Purchase; George Kenney from Boston; Imani Woods, an advocate for harm reduction in African American communities; Jon Paul Hammond founder of Prevention Point Philadelphia; Renee Edgington, the pioneer of Los Angeles's needle exchange; Heather Edney from Santa Cruz Needle Exchange; Bay Area public health advocates Delia Garcia and Sara Kershner; Edith Springer; founder of NY Peer AIDS Education Coalition; and Joyce Rivera, who founded SACHR in the Bronx.

First Meeting of the Harm Reduction Working Group

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NATIONAL
HARM REDUCTION
COALITION

Edith Springer

“Remember that behavior change is a complicated process that happens over time. The key for the harm reduction worker is to develop a relationship with the participant so that there can be an open discussion about the complex reasons/motivations/and meanings surrounding the behavior. Trust is built over time.”

Edith Springer

Harm Reduction Workers: Best Practices

Edith Springer, 1996

- Remember that behavior change is a complicated process that happens over time. The key for the harm reduction worker is to develop *a relationship* with the participant so that there can be an open discussion about the complex reasons/motivations/and meanings surrounding the behavior. Trust is built over time. You are there to help the participant explore their feelings about their drug use, the meaning of their drug use, the roles played by the drug use, the costs and benefits of their drug use, and what would be missing if the drugs weren't there. Workers can help customers envision the drug use life that they want and how to get there "what would you like your drug use to look like?"
- You are not there to "fix" anybody, the participant is in the driver's seat and it is the participant's job to develop strategies and solutions that work for them at their own pace. Don't be attached to your desire for the participant to "change" – have your goals in mind, but let go of them and help the participant create their own goals and objectives. LET GO! **You aren't in control**, ideally you are a facilitator. Have a "you can DO IT" attitude that acknowledges who is responsible for what – the person in their own boss, the person is capable of having goals, making changes. Change is a process, not an event – usually long-lasting changes are achieved through incremental baby steps.
- It is healthy and normal for people to have conflicting feelings and be ambivalent – this is not "resistance" it is part of the change process.
- Don't impose your personal beliefs about drug use – if a participant believes in a particular theory or intervention – SUPPORT THEM – what workers do in their private lives, what they believe in, what they practice, and what works for them is IRRELEVANT to the participant.
- Maintain a stance or compassion and openness – be SINCERELY interested in what the participant is saying – don't be a "neutral" listener – be active and positive, caring about their feelings.
- Concentrated listening is HEALING – people have the chance to heal when the feel listened to.
- Participants deserve our attention and good will; they don't have to EARN it.
- You are playing a role – you act like a worker and not a friend, won't be out there for your own emotional needs and will maintain your boundaries, and will set limits. This makes it safe for the participant – be fair and treat everybody the same – not saying no or setting limits is disrespectful – treating a person like a child and not helping them develop as people and grow, not helping them learn to work within the real world where there are rules/appointments.
- Do not attempt to minimize the devastating impact substance use can have on individuals, communities, and families. Face it and stand with all the people affected by substance use "where they are at" and care about the next ten minutes (overdose prevention, disease prevention, healing moments a non-judgmental and compassionate attitude can have) and the next ten years (long-lasting behavior change, reduced emotional pain, linkages to HIV and other life-improving services).

Worker Stances for Clients Who Use Drugs

Edith Springer, 1996

(These are also great Worker Stances/Best Practices for Participants who Self Sex, are Homeless, etc. – Maria Bennett, 2016.)

- Show client unconditional regard and caring. Acknowledge her or his intrinsic worth and dignity.
- Be a real person. Let the client see you as you really are. "Blank screens are for movie theaters".
- Don't get caught up in the client's urgency; take your time - practice mindfulness.
- Be non-judgmental toward the behaviors of the client.
- Be consistent with setting limits: control oneself not the client.
- Empower the client.
- Work through one's behavior or enabling: when is it positive? When is it negative?
- We are not responsible for rescuing the client who is responsible for his or her own life. We are responsible for the intervention process: the client is responsible for the outcome. Trust the client's strength and ability.
- Never take away defenses until alternatives are developed. Introduce new coping strategies and shore up those used previously.
- Avoid the expert trap, especially if you aren't one. Use the client as a consultant and collaborator. Act out of a place of humility.
- Explore one's own values about drugs, drug users [and sex and sex workers, homelessness and the homeless…].
- Be mindful of the stages of change. Set the table. Provide options non-judgmentally and non-coercively. Any reduction in harm is a step in the right direction.
- Reinforcement is more effective than punishment. Use incentives when available.
- Use supervision to process emotional responses and attitudes.
- The agenda for change belongs to the client; the worker facilitates – rather than implements – the agenda.
- Consider the client's relationship with drugs [and sex…]- the positives and the negatives, rather than the judging the use itself. Focus on behaviors.
- Quality of life and well-being are the criteria for measuring success, not reduction in the consumption of drugs.

NC Syringe Access Laws

90-113.27. Needle and hypodermic syringe exchange programs authorized; limited immunity.

https://www.ncleg.net/EnactedLegislation/Statutes/PDF/BySection/Chapter_90/GS_90-113.27.pdf

Good Samaritan, Naloxone and Syringe Exchange Laws.

2013

- GS 90-96.2 & 90-12.7: 911 Good Samaritan/naloxone
- GS 90-113.27: Syringe/sharps decriminalized if declared to an officer

2015

- SL 2015-94: Expansion of 911 Good Samaritan Immunities/naloxone access
- SL 2015-241: $50,000 for naloxone in state budget
- GS 132-1.4A: Decriminalization of residue in syringes/sharps if declared to an officer AND established biohazard collection programs

2016

- GS 113.27: Law Enforcement Body Cams and Syringe Exchange
- GS 90-12.7: DHHS Medical Director Can Issue Naloxone Standing Order for Pharmacies
- LEAD funding in State Budget

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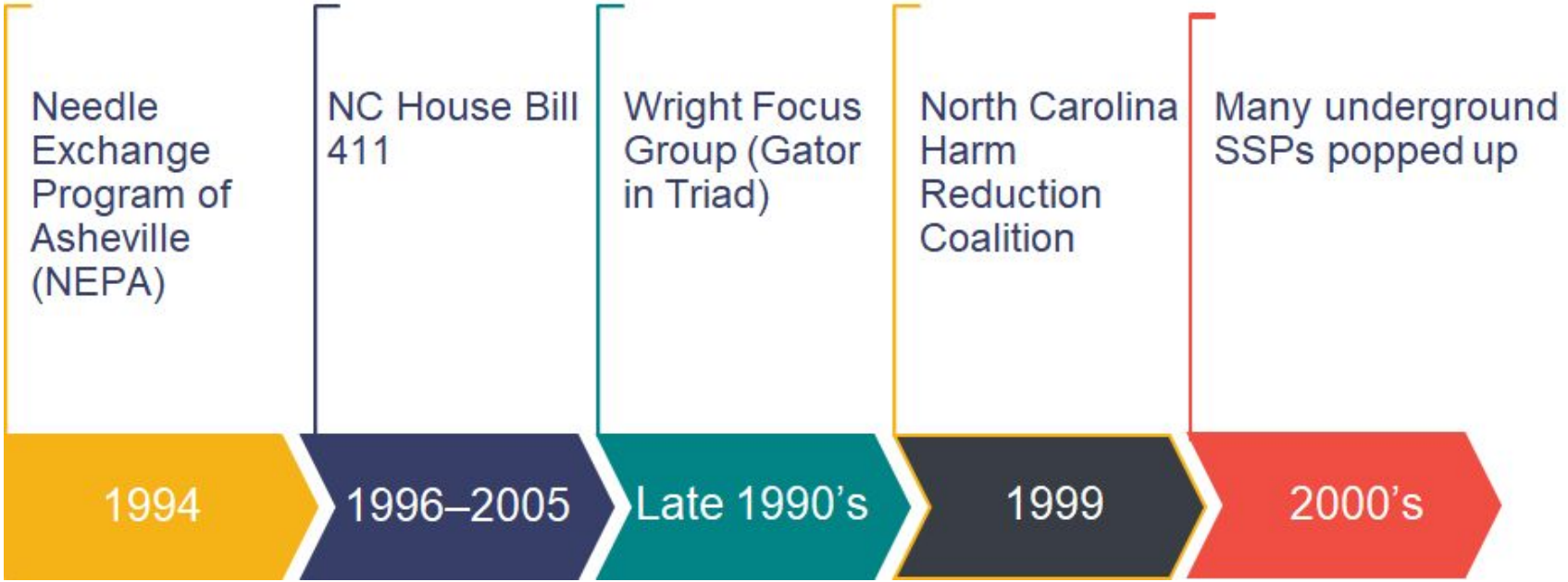
Harm Reduction in North Carolina



Harm Reduction in Western NC

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-**NEPA** (Needle Exchange Program of Asheville), founded in 1994 by **Michael Harney & Marty Prairie.**

-There were some underground SSP's. **NEPA operated openly** in the community long before the legalization.

-We have been part of the national research survey since the mid 90s, data has been collected for over 20 years!

-**WNCAP's Harm Reduction program** now serves participants from over **18+ counties and 4 states** at 2 fixed locations and through our mobile unit

-**Visit this website to see a listing of all SSP in NC:** https://www.ncdhhs.gov/divisions/public-health/north-carolina-safer-syringe-initiative/syringe-services-program-north-carolina


Sunrise Community
For Recovery & Wellness


STEADY
COLLECTIVE


Olive Branch
Ministry


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NCDHHS
Division of Public Health


HOLLER HARM
REDUCTION


NCAIDSACTION
NETWORK


Injury & Violence
PREVENTION Branch


UNC
INJURY PREVENTION
RESEARCH CENTER


NORTH CAROLINA
IN SOLIDARITY
HARM REDUCTION COALITION


T
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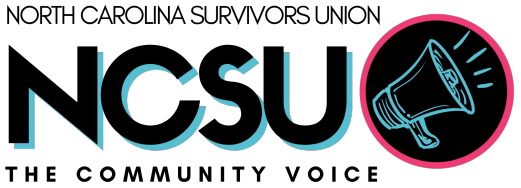
TWIN CITY HARM REDUCTION COLLECTIVE


NORTH CAROLINA SURVIVORS UNION
NCSU
THE COMMUNITY VOICE

What services do we offer?

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- Storefront Syringe Service Programs in Asheville and Franklin
- Community Navigation
- Mobile SSP in Jackson Cty, Clay Cty and Graham Cty
- HIV and HepC testing and referral to care
- Naloxone distribution
- Wound care kit distribution
- Education and Trainings
- Food
- Clothing

What do we provide at our locations:

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- New Syringes, cookers, bandaids, sterile water, NARCAN kits, alcohol pads, filters, tourniquets, antibiotic ointment, fentanyl test strip, safer smoking supplies.
- We offer news and education on new substances that are appearing on the street and residue testing through the UNC Street Drug Analysis Lab.
- We also offers condoms, lube, dental dams, wound care supplies, water, food, clothing, BOMBA Socks, overdose reversal training, HIV/HCV testing and referral to treatment.
- During the cold weather we provide emergency supplies like hats, gloves, scarves, “hand-warmers”, emergency blankets, tents, sleeping bags, blankets and sheets
- We always provide a safe space to talk or just sit and rest and feel welcome. Coffee is always brewing..

Community Navigation

- Connection to local resources
- Client Driven Action Plans
- Help Access MAT
-1 on 1 Care and Connections
-Transportation

Program Data 2021

300+ Client defined action points.
180+ Successfully completed action points.
46+ Into Care (MAT & General Health)

Our Mobile Unit

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CALENDAR YEAR 2022

ALL LOCATIONS:

18,545 Program Visits

9,214 Unique Visits

1,434 Reversals Reported

8,610 Overdose Reversal Kits Distributed

152,767 Syringes Returned

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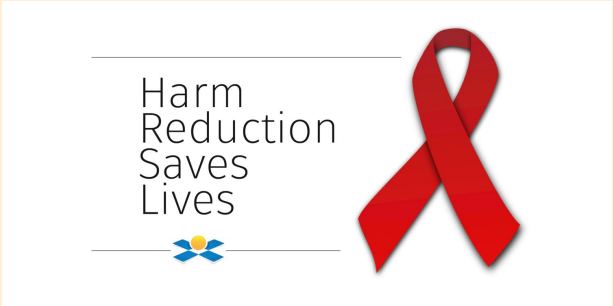

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Creating a Network

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What does Harm reduction & SSP's do for the community ?

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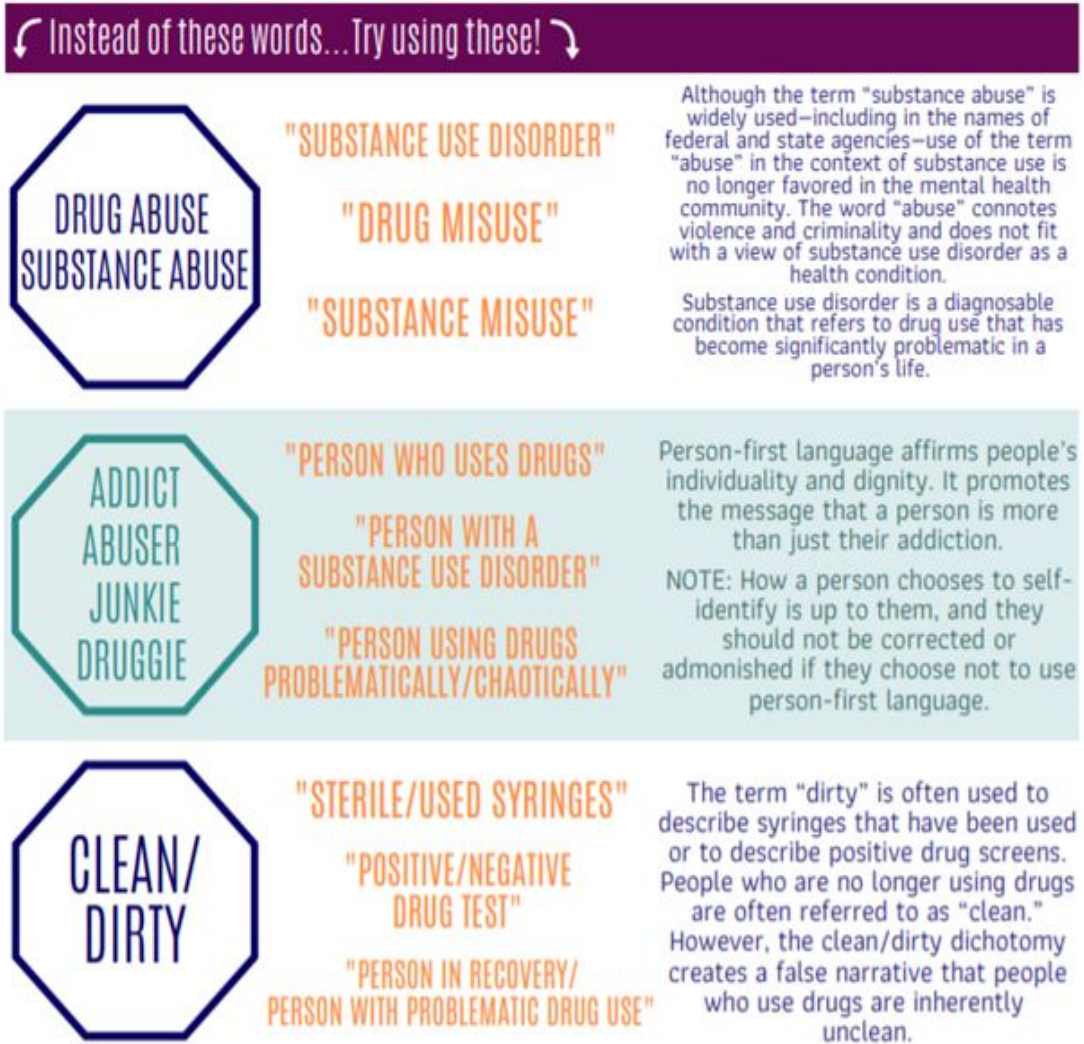
- Syringe Services Programs (SSPs) are associated with an estimated 50% reduction in HIV and hepatitis C virus (HCV) incidence. When combined with medications that treat opioid dependence (also known as medication-assisted treatment or MAT), HIV and HCV transmission is reduced by over two-thirds, according to research.
- SSPs serve as a bridge to other health services, including HIV and HCV testing and treatment, HIV pre-exposure prophylaxis (PrEP), and medication-assisted treatment.
- SSPs can also prevent overdose by teaching people how to recognize, respond to, and reverse a drug overdose (e.g., naloxone trainings).
- SSPs reach people who inject drugs, an often hidden and marginalized population. Nearly 30 years of research has shown that comprehensive SSPs are safe, effective, and cost-saving, do not increase illegal drug use or crime, and play an important role in reducing the transmission of viral hepatitis, HIV and other infections. Research shows that new users of SSPs are five times more likely to enter drug treatment and about three times more likely to stop using drugs than those who don't use the programs.[13] SSPs that provide naloxone also help decrease opioid overdose deaths. SSPs protect the public and first responders by facilitating the safe disposal of used needles and syringes.

Source: CDC - Summary of Information on The Safety and Effectiveness of Syringe Services Programs (SSPs)

Words Matter



Books

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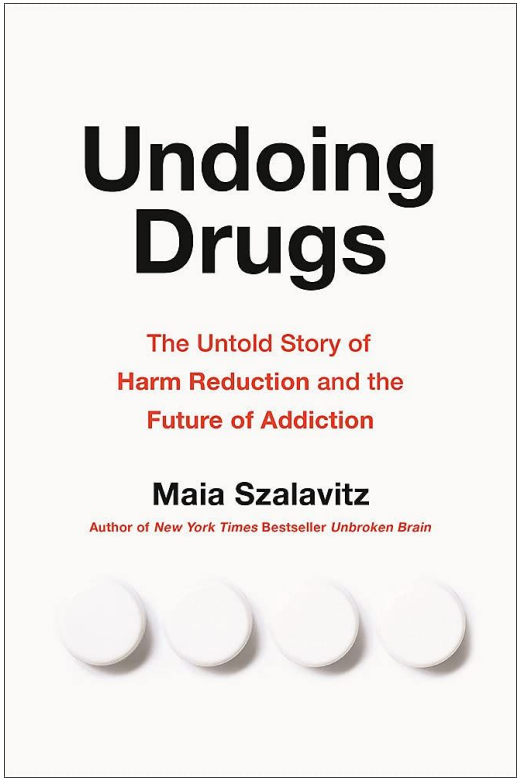

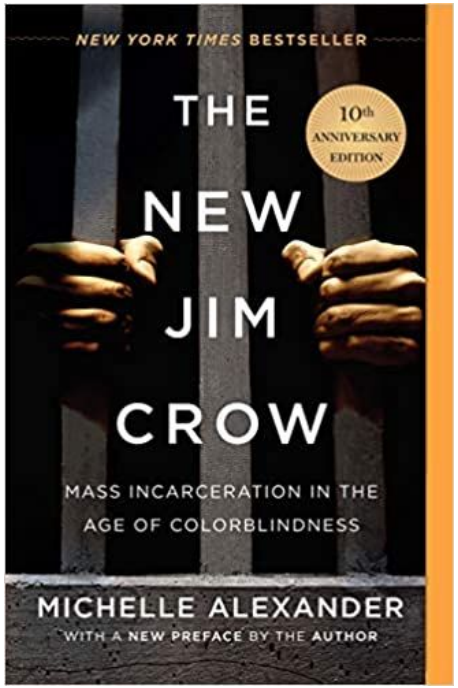

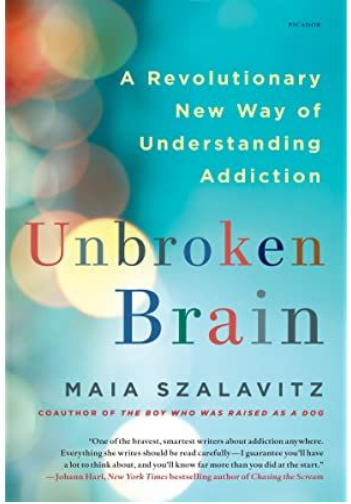

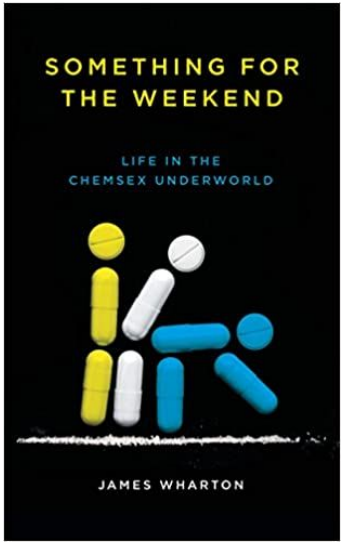

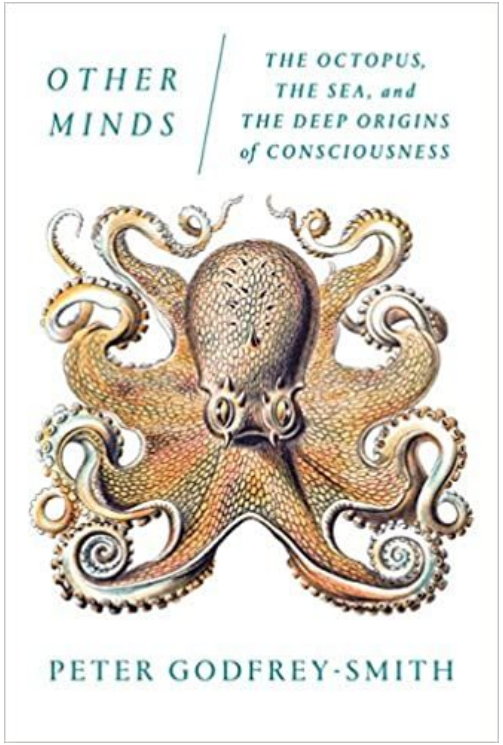

What our participants have to say...

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Conclusion & Questions

"...And there's love of humanity. That's the love that is right now needed the most, love of humanity."

Dr. L'Antoinette Stines

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Raymond Velazquez
Director of Prevention
(Pronouns: He/Him/His)

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