

Wisconsin Department of Health Services



Harm Reduction

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Topics for Today

- Overview of harm reduction
- Sterile syringe access programs
- Preventing fatal opioid overdoses

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Working Definition of Harm Reduction

Harm reduction is a set of practical public health strategies designed to reduce the negative consequences of drug use and promote healthy individuals and communities.

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Key Principles of Harm Reduction

- Promotes public health interventions that minimize the harmful affects of drug use
- Understands drug use as a complex, multifaceted issue that encompasses behaviors from severe abuse to total abstinence
- Meets people where they are in the course of their drug use

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Key Principles of Harm Reduction

- Ensures that people who use drugs have a real voice in the creation of programs
- Affirms people who use drugs are the primary agents of change
- Empowers communities to share information and support each other

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Social and Environmental Factors

Harm reduction does not attempt to minimize the real dangers associated with legal and illegal drug use and how those issues impact our lives.

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Harm Reduction Practice

- Nonjudgmental, noncoercive provision of services
- Low-threshold program models
- Resources to people who use drugs

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Goals of Harm Reduction

- Prevent disease: sterile syringe access to prevent HIV and hepatitis
- Reduce mortality: Fatal overdose prevention with training and naloxone distribution; link to medical care and social services

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Goals of Harm Reduction

- Treatment for drug dependence: buprenorphine, methadone, naltrexone, or suboxone
- Empower communities and reduce stigma: community organizing and engagement

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Harm Reduction Resource

<http://www.harmreductioncoalition.org>

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Sterile Syringe Access History and Timeline

- The first sterile syringe access program started in Holland in response to a hepatitis B outbreak in the 1980s.
- The first legal program in the United States started in Tacoma, Washington, in 1988.

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Sterile Syringe Access History and Timeline

- The first Wisconsin program began in 1994.
- This program is rooted in activism and advocacy.

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Efficacy and Outcomes

- Sterile syringe access programs are the most effective evidence-based HIV/hepatitis C (HCV) prevention tool for people who use drugs.
- At least seven federally funded research studies have been conducted and have found that syringe access programs are a valuable resource.

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Efficacy and Outcomes

- The use of sterile syringes and harm reduction practices has reversed the course of the AIDS epidemic.

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Sterile Syringe Access Programs

- Reduce HIV infection
- Reduce the risk for HCV infection
- Link participants to drug treatment, medical care, housing, and other social services

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Sterile Syringe Access Programs

- Do not encourage drug use
- Do not increase crime rates
- Do not increase needlestick injuries in the community

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Need for Sterile Syringe Access Programs and Harm Reduction

- Over 8,000 people are newly infected with HIV every year due to syringe sharing.
- In 2018, 216 people were newly infected with HIV in Wisconsin, including 13 due to syringe sharing.
- In 2017, 3,067 new reports of HCV in Wisconsin.
- Estimated 90,000 Wisconsinites have HCV, 50% are aware of it.

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**HARM REDUCTION:
SUPPORTING NEW
CONVERSATIONS
AND CHANGED
RELATIONSHIPS**

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HARM REDUCTION VS. CRIMINAL JUSTICE MODELS

<p>▶ Harm Reduction Goal: any positive change, individuals receiving support to achieve goals they set for themselves.</p>	<p>▶ Criminal Justice Goal: compliance, uniformity, enforcement of drug prohibition laws</p>
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<p>HARM REDUCTION</p> <ul style="list-style-type: none"> ▶ Provide opportunity to make better choices (i.e. sterile syringe access, naloxone distribution) ▶ Health education emphasis ▶ Decoupling access to healthcare and compliance with criminal laws ▶ Nonjudgmental healthcare access (i.e. safe consumption spaces). 	<p>CRIMINAL JUSTICE</p> <ul style="list-style-type: none"> ▶ "mass incarceration" ▶ Linking access to healthcare/visits with children to compliance with sobriety requirements ▶ Substance use as a moral failure requiring harsh treatment.
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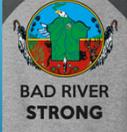
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<p>HARM REDUCTION MODEL</p> <p>Results: decrease in mortality among drug users; community health improvement</p>	<p>CRIMINAL JUSTICE MODEL</p> <p>Results: economic development by "nickel and diming" poor people of color and people who use drugs; high rates of recidivism; poor healthcare outcomes.</p>
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BAD RIVER HARM REDUCTION COMPONENTS

- ▶ Gwayakobimaadiziwin Bad River Needle Exchange
- ▶ Naloxone standing order & community distributed naloxone
- ▶ Neonatal Abstinence Syndrome Ordinance



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GWAYAKOBIMAADIZIWIN BAD RIVER NEEDLE EXCHANGE

- ▶ Operating since 2015, with funding from tribal general fund, private foundations
- ▶ Volunteer based, run by Native women community members
- ▶ Program serves the area; not just Indians, with low barriers to access
- ▶ Goal: embody the seven teachings + forgiveness and incorporate the best practices of harm reduction



Practice tip: syringe exchange is legal in Wisconsin and the federal funding ban has been lifted with respect to staff time and space for locating syringe services (still in place for purchasing syringes and other supplies needed to inject)

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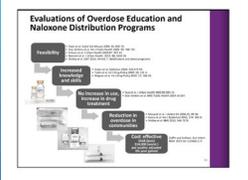
GWAYAKOBIMAADIZIWIN BAD RIVER NEEDLE EXCHANGE

- ▶ Operate with a call/textline app ("Textfree") to enable multiple volunteers to monitor and respond to calls.
- ▶ Provide participants with access to sterile injection equipment, naloxone, wound care and food on an as needed basis (when someone calls or texts).
- ▶ Encourage responsible disposal of used sharps by providing access & opportunity.
- ▶ Has distributed hundreds of naloxone kits, enabling community members to learn about risk factors of overdose, change behaviors and respond to overdoses when they do occur.

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COMMUNITY DISTRIBUTION OF NALOXONE ("NARCAN")

- FDA approved since 1961
- Communities have been distributing since 1996
- No potential for abuse
- Leads to treatment for substance use disorder
- Decrease in deaths much greater than amount supplied, indicating decrease in risky behavior as result of the educational process that is part of providing rx.



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NALOXONE ACCESS EXPANSION

- ▶ 2013 Wisconsin Act 200 provides for "good Samaritan" immunity for individuals using naloxone to reverse an overdose; relaxes requirements for layperson possession and distribution.
- ▶ 2015 Wisconsin Act 115 provides for issuance of "standing order" by a physician for pharmacists to distribute naloxone without a prescription. Still requires patient counseling regarding overdose reversal/use of naloxone.
- ▶ Statewide Standing Order Issued by Wisconsin DHS (2/23/2017) provides for Medicaid coverage.

Practice tip: The AIDS Resource Center of Wisconsin has been distributing naloxone for many years and serves as a resource for technical assistance for community organizations.



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NEONATAL ABSTINENCE SYNDROME ORDINANCE

- ▶ Part of the Bad River Children's Code, adopted in 2014.
- ▶ Requires the Tribe to file a petition based on NAS within 60 days of the child's birth.
- ▶ Establishes a presumption that a child with neonatal abstinence syndrome is a child in need of care, but can be overcome if parent establishes:
 - ▶ Medicated Assisted Treatment during pregnancy (Subutex or Methadone recommended for opioid dependent pregnant people);
 - ▶ Drug screening showing compliance with MAT program;
 - ▶ Participation in AODA services;
 - ▶ Obtaining necessary medical care, including prenatal care & mental health services.

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For more information/resources:
[Harm Reduction Coalition](#)
[Chicago Recovery Alliance](#)
[Network for Public Health Law: Drug Overdose Prevention and Harm Reduction](#)
[North American Syringe Exchange Network](#)

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Miiigwetch!

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Harm Reduction in Dane County
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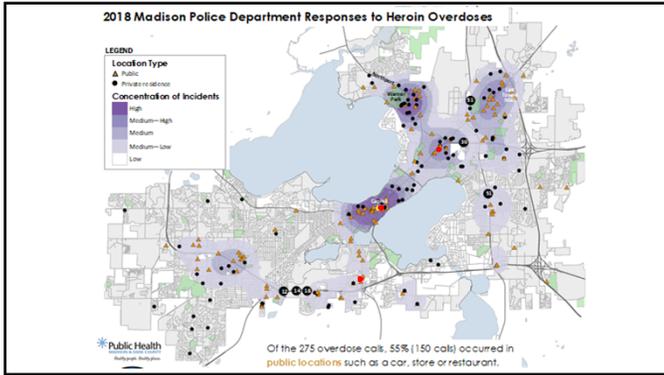


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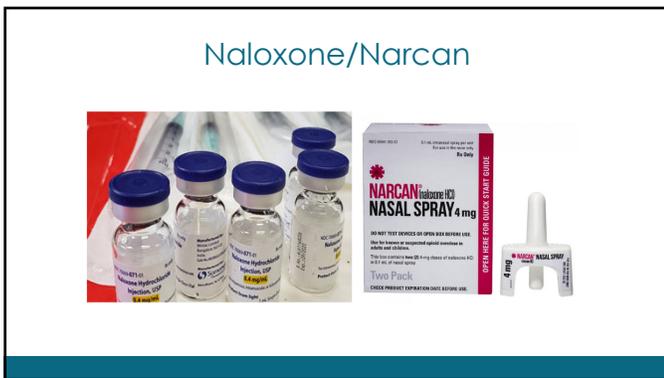
Syringe Services: 2018

- Over **136,000** needles
- Almost **6,100** encounters
- **\$1.026** per kit
 - Cooker \$0.044
 - Twist Tie \$0.0058
 - Tourniquet \$0.076
 - 10 Syringes \$0.699
 - 10 Alcohol Swabs \$0.06
 - 20 Cotton \$0.0332
 - Packaging \$0.105

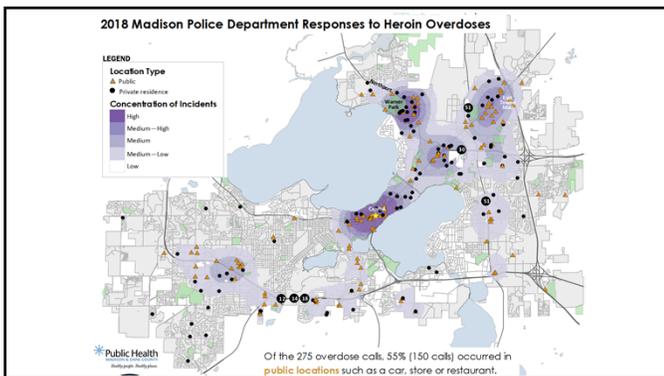
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We Can All Save A Life

OVERDOSE PREVENTION

Risk Factors

Anyone using an opioid — prescription pain medication or illicit drugs such as heroin — is at risk for an overdose, but some things increase that risk.

- USE STOPPED for a PERIOD**
Someone who has recently stopped the use of an opioid, even for a couple of days, is at an increased risk for an overdose if they start taking the drug again. Their tolerance to the drug has changed. This includes people coming out of detox, a treatment center, or jail.
- MIXING DRUGS**
Mixing opioids with other drugs, especially either "street" like benzos or alcohol increases the risk for overdose.
- CHANGES in purity** also increase risk. Fentanyl is an extremely powerful opioid being mixed into other drugs, sometimes without the individual even knowing. This mixture is very dangerous.
- USING ALONE**
Using alone is a risk factor. If someone uses alone, no one is there to call for help.

Recognizing Overdose

Opioids affect the part of the brain that controls breathing. Taking opioids can lead to slower breathing, snoring and even death. Some things to look for:

- Pale, sweaty or clammy skin**
- Lips and fingernails may turn blue or purple**
- Slow or irregular breathing. The person may be gasping for air or stop breathing all together**
- They may appear to be sleeping and may even be snoring, but in the case of an overdose you can't wake them. You can try loudly calling their name or shaking or sternum rub to see if they respond to pain.**

Sternal Rub: Take your knuckles and rub them hard across the middle of the chest

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Key Elements

- Evidence-based program, rooted in science
- Barrier Free:
 - First point of contact
 - Non-judgmental
 - Data collection
- Stigma Free
 - Language matters

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Non-Stigmatizing Language

Instead of:

Addict/Alcoholic

Clean needles

Dirty needles

Former Drug User

Try:

Person with a substance use disorder

Unused/Sterile Needles

Used Needles

Person in Recovery

Words matter; they can build people up or tear people down. We all recognize that individuals who use our programs are people and should be respected.

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Introducing Fentanyl Test strips to Lifepoint participants in Wisconsin.

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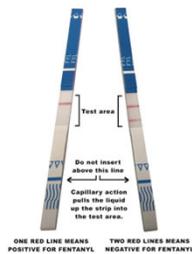
Lifepoint Needle Exchange

- In 2018 more than
- 43,000 clients were served
 - 5,000,000 syringes were distributed
 - 2,790 drug treatment referrals were accepted by the client



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Fentanyl Test Strips



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Benefits and Limitations

1. BTNX FTS have lowest detection level, and highest sensitivity and specificity for fentanyl compared to two more sophisticated drug analysis technologies.
2. Very easy to use with minimal instruction
3. Testing can be done in as little as two minutes
4. One need not give up any of their drug when using FTS
5. Several (but not all) fentanyl analogues are detected by FTS*
6. Other substances added to street drugs will not be detected
7. Due to high sensitivity of FTS it's essential unused cooker and syringe are used
8. Methamphetamine and MDMA have been known to show a false positive with FTS. Avoidable by diluting drug residue with ½ cup of sterile water

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BTNX FENTANYL ANALOGUE LIST



Cross Reactivity List	
CARFENTANIL	BUTYRYL FENTANYL
P-FLUORO FENTANYL	ACETYL FENTANYL
FENTANYL	FURANYL FENTANYL
VALERYL FENTANYL	OCFENTANIL
3-METHYL FENTANIL	REMIFENTANIL
SUFENTANIL	NORFENTANYL

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Testing Process



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Overdose prevention techniques.

1. Carry Naloxone, and wait until friend who knows what to do during an overdose is present, and take turns if using together.
2. Inject shot in smaller increments, waiting to gauge effects and potency
3. Split your shot. Take another syringe, take out the plunger. Inject some of shot from first syringe into second. Replace plunger and use rest later.
4. You may decide to not use if fentanyl present

If your drugs test negative for fentanyl it does not necessarily mean they are safe!

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Fentanyl Test Strips

- Piloted in Milwaukee Jan – April, Statewide May – June
- Initial data (January – late-June 2019)
 - 683 individuals received strips
 - 170 individuals who received strips (25%) reported 391 results



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Fentanyl Test Strips

- Type of drug tested
 - 361 tested heroin
 - 15 tested methamphetamine
 - 8 tested a combo
 - 3 tested other
 - 2 tested cocaine
 - 2 did not answer
- Test results
 - 129 tested negative for fentanyl
 - 260 tested positive for fentanyl
 - 224 tested before using
 - 32 tested after using
 - 4 did not answer
 - 2 tests didn't work

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	Pushed plunger more slowly	Pushed plunger partway	Sniffed instead of shooting	Threw away drug	Used with a friend	Used less than planned	Used the same as planned
Negative tests (N=129)	22 (17%)	7 (5%)	0	0	72 (56%)	5 (4%)	83 (64%)
Positive (before using, N=224)	95 (42%)	79 (35%)	3 (1%)	16 (7%)	140 (63%)	137 (61%)	45 (20%)
Positive (after using, N=32)	2 (6%)	3 (9%)	0	0	15 (47%)	2 (6%)	23 (72%)

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