

Harm Reduction

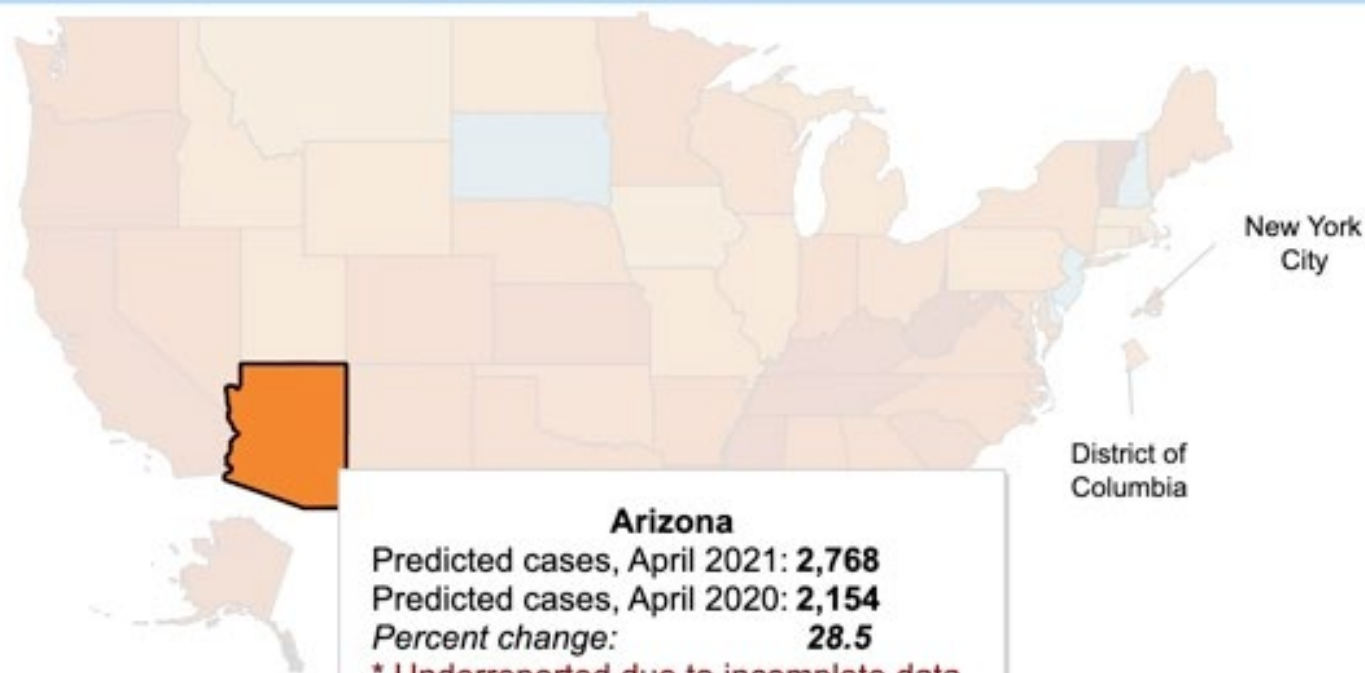
Dr. Elisa Gumm





**The number of
American lives
lost to drugs
every day.**

**Figure 1b. Percent Change in Predicted 12 Month-ending Count of Drug Overdose Deaths, by Jurisdiction:
April 2020 to April 2021**



Select predicted
or reported
number of deaths

● Predicted
○ Reported

**Percent Change for
United States**

28.5



Legend for Percent Change in Drug Overdose Deaths Between 12-Month Ending Periods

-19.8



79.2

Figure 2: Verified Fatal & Not Fatal Opioid Overdoses by Age among Males:
January 1, 2018-December 31, 2018

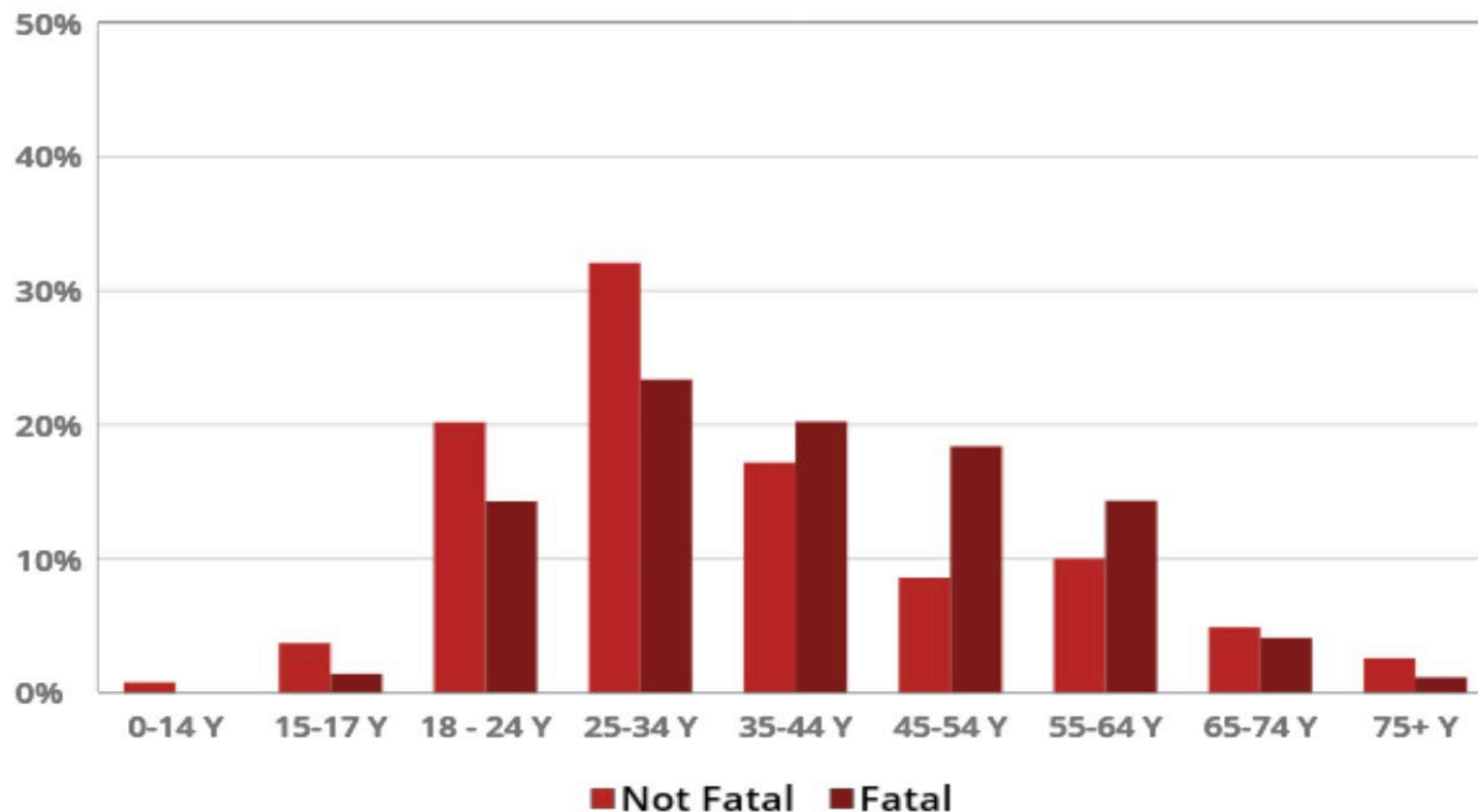
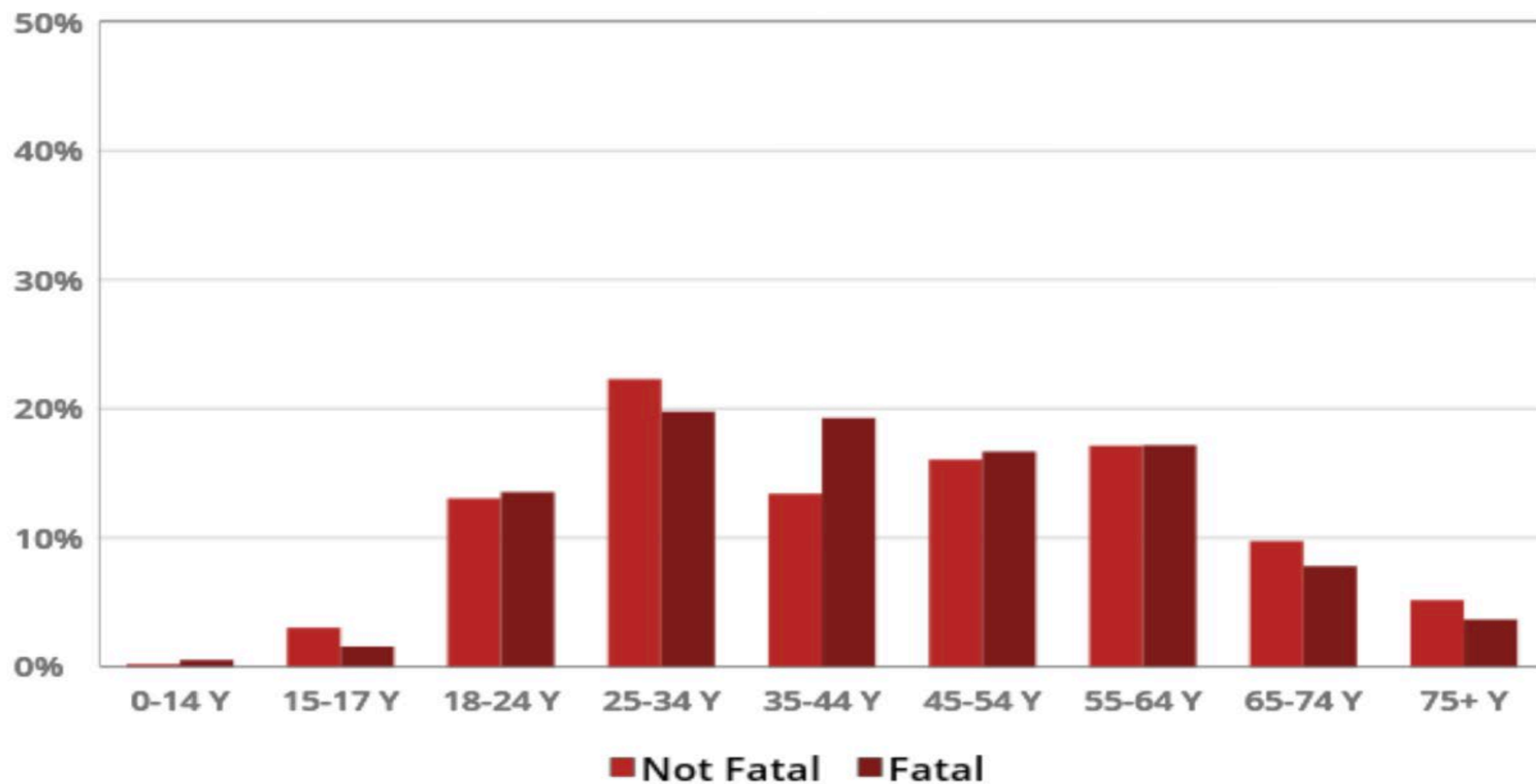


Figure 3: Verified Fatal & Not Fatal Opioid Overdoses by Age among Females:
January 1, 2018-December 31, 2018



“Harm Reduction”

Interventions aimed to help people avoid negative effects of drug use and meet people where they are with kindness and respect.

Harm reduction services include...



Syringe Access



Syringe Disposal



Safer Drug Use



Naloxone



Medication Assisted Treatment



Supervised Consumption Services



Drop-In Centers



Housing First



Pharmacy Access



Referral & linkage

Harm Reduction Principles

- 1 Accepts, for better or 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
- 2 Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe use to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others
- 3 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
- 4 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

Harm Reduction Principles

5 Ensures that people who use drugs and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them

6 Affirms people who use drugs (PWUD) themselves as the primary agents of reducing the harms of their drug use and seeks to empower PWUD to share information and support each other in strategies which meet their actual conditions of use

7 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

8 Does not attempt to minimize or ignore the real and tragic harm and danger that can be associated with illicit drug use

Harm Reduction Principles in Healthcare

Principle	Definition	Approaches
1. Humanism	<ul style="list-style-type: none"> Providers value, care for, respect, and dignify patients as individuals. It is important to recognize that people do things for a reason; harmful health behaviors provide some benefit to the individual and those benefits must be assessed and acknowledged to understand the balance between harms and benefits. Understanding why patients make decisions is empowering for providers. 	<ul style="list-style-type: none"> Moral judgments made against patients do not produce positive health outcomes. Grudges are not held against patients. Services are user-friendly and responsive to patients' needs. Providers accept patients' choices.
2. Pragmatism	<ul style="list-style-type: none"> None of us will ever achieve perfect health behaviors. Health behaviors and the ability to change them are influenced by social and community norms; behaviors do not occur within a vacuum. 	<ul style="list-style-type: none"> Abstinence is neither prioritized nor assumed to be the goal of the patient. A range of supportive approaches is provided. Care messages should be about actual harms to patients as opposed to moral or societal standards. It is valuable for providers to understand that harm reduction can present experiences of moral ambiguity, since they are essentially supporting individuals in health behaviors that are likely to result in negative health outcomes.
3. Individualism	<ul style="list-style-type: none"> Every person presents with his/her own needs and strengths. People present with spectrums of harm and receptivity and therefore require a spectrum of intervention options. 	<ul style="list-style-type: none"> Strengths and needs are assessed for each patient, and no assumptions are made based on harmful health behaviors. There is not a universal application of protocol or messaging for patients. Instead, providers tailor messages and interventions for each patient and maximize treatment options for each patient served.
4. Autonomy	<ul style="list-style-type: none"> Though providers offer suggestions and education regarding patients' medications and treatment options, individuals ultimately make their own choices about medications, treatment, and health behaviors to the best of their abilities, beliefs, and priorities. 	<ul style="list-style-type: none"> Provider-patient partnerships are important, and these are exemplified by patient-driven care, shared decision-making, and reciprocal learning. Care negotiations are based on the current state of the patient.
5. Incrementalism	<ul style="list-style-type: none"> Any positive change is a step toward improved health, and positive change can take years. It is important to understand and plan for backward movements. 	<ul style="list-style-type: none"> Providers can help patients celebrate any positive movement. It is important to recognize that at times, all people experience plateaus or negative trajectories. Providing positive reinforcement is valuable.
6. Accountability without termination	<ul style="list-style-type: none"> Patients are responsible for their choices and health behaviors. Patients are not "fired" for not achieving goals. Individuals have the right to make harmful health decisions, and providers can still help them to understand that the consequences are their own. 	<ul style="list-style-type: none"> While helping patients to understand the impact of their choices and behaviors is valuable, backwards movement is not penalized.

WORDS MATTER:

What we say and how we say it makes a difference to our patients with substance use disorder.

✓ NON-STIGMATIZING LANGUAGE

- Person with a substance use disorder

✗ STIGMATIZING LANGUAGE

- Substance abuser or drug abuser
- Alcoholic
- Addict
- User
- Abuser
- Drunk
- Junkie

- Substance use disorder or addiction
- Use, misuse
- Risky, unhealthy, or heavy use

- Person in recovery
- Abstinence
- Not drinking or taking drugs

- Treatment or medication for use
- Medication for addiction
- Positive, negative, brain

- Drug habit
- Abuse
- Problem

- Clean

Language Matters



Reducing Risk Conversations



Go low and slow

- Even if your drugs look the same as usual, they might have a different purity level or could be cut with something different.
- Test dose any drugs you get. Start with a quarter of what you would normally use and see how you feel. Also do this if you're switching from one opioid to another.
- You might want to snort rather than inject right now, as this is less risky. If you're injecting, don't 'slam' your hit. Depress the plunger slowly, pausing to allow the familiar dose to take effect. If you feel it is unusually strong or sedating, pull it out.

Don't mix

- Don't mix heroin or pills with alcohol, as this is very dangerous. If you do this, make sure you use the heroin first so you can judge the effects. Alcohol and benzos impair your judgement so you may not remember how much you've had.
- A dose you took hours ago could still cause a fatal overdose if you take something else as well. This is known as the stacking effect.

Ask someone to look out for you

- Speak with a support who you trust. Let them know when you plan to use, so they can call you before and after to check you're OK. If you're staying in different accommodation to usual, make sure they have your address. You might want to give them a spare key so they can get in if you don't respond when they call.
- Agree an overdose plan with them. This can be quite simple:
 1. Have a check-in phone call before you use.
 2. Make sure you both have naloxone, and you know how to use them.
 3. Have another check-in call or text them after you've used.

Tolerance

- If your tolerance could be lower, perhaps because you've just come out of prison, be extra careful and start with a very small amount. Your tolerance can go down even if you've only gone a few days without using or using less.
- If you're unwell, or you've been unwell, this is also likely to mean your tolerance is lower because your immune system is weaker.
- Do a tester shot and see how it affects you before using more.

Risk Factors

- Tolerance Shift
 - Recent sobriety
- Mixing Drugs
- Physical Health
 - Acute – Infection
 - Chronic - Cirrhosis
- Variation in strength/content
- Increasing prescribed Rx doses
- Switching route of administration
 - (oral, snorting, injection, etc.)
- Using alone
- Living in a rural area
- Aging





NALOXONE



What NOT TO DO during an OD

- Don't leave the person alone--they could stop breathing
- Don't put them in a bath--they could drown
- Don't induce vomiting--they could choke
- Don't give them something to drink--they could throw up
- Cooling down the core body temperature of someone is dangerous because it will slow down their body function even more
- Don't try to stimulate them in a way that could cause harm -slapping, kicking, burning, etc. can cause long-term damage
- Don't inject them with anything (saltwater, cocaine, milk)--it won't work any more than physical stimulation and can waste time or make things worse

Syringe Services Programs

Syringe services programs (SSPs) are also referred to as syringe exchange programs (SEPs) and needle exchange programs (NEPs). They are community-based programs providing access to sterile needles and syringes, facilitating safe disposal of used syringes, and providing and link to other important services and programs such as:

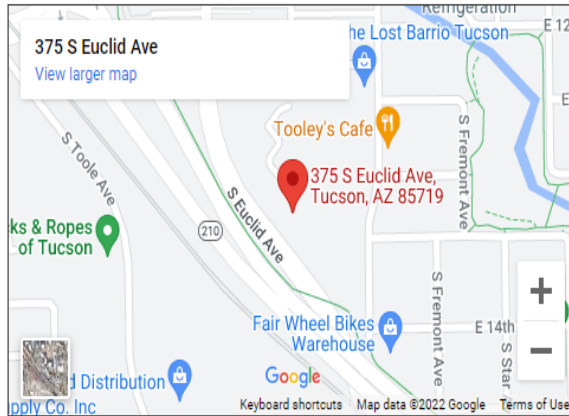
- Referral to substance use disorder treatment programs.
- Screening, care, and treatment for viral hepatitis and HIV.
- Education on overdose prevention & safer injection practices.
- Vaccinations, including those for hepatitis A and hepatitis B.
- Screening for sexually transmitted diseases.
- Abscess and wound care.
- Naloxone distribution and education.
- Referral to social, mental health, and medical services.



Southern Arizona AIDS Foundation Syringe Access Program

Southern Arizona AIDS Foundation | Tucson, AZ

AKA: SAAF



Overview

SAAF's Syringe Access Program (SAP) provides information, education, and referrals on HIV/AIDS, Viral Hepatitis, and Sexually Transmitted Infections to adults who are current or formerly using substances. As well as rapid HIV and Hepatitis C testing as well a linkage to Hepatitis C Treatment. The exchange is 1 for 1. Participants can always receive at least 10 syringes, even if they don't have any to exchange. You can exchange up to 100 syringes per visit. When available, we may also offer alcohol wipes, cookers, cotton, tourniquets, waters, wound care kits, & hygiene kits.

Services

- Hepatitis testing/Education
- HIV testing/Education
- LGBTQ Services
- Naloxone Distribution/Overdose Ed.
- Safe Sex Items
- Syringe Services

Contact

375 S Euclid Ave
Tucson, AZ 85719

(520) 628-7223

bcantua@saaf.org
ado@saaf.org

<https://www.saaf.org/hiv-prevention-and-testing/prevention-programs/>

Hours

Monday, Wednesday and Thursday
from 4:00pm – 7:00 pm at our 375 S.
Euclid Location only

SSPs in AZ

[Southern Arizona AIDS Foundation Syringe Access Program \(Tucson, AZ\) | NASEN Directory](#)

[Shot in the Dark – Harm reduction and syringe access in Maricopa County \(sitdaz.org\)](#)



LifePoint

English / [Español](#)

What is LifePoint?

Is a needle exchange program supported by the Pima County Health Department and provided in collaboration with COPE Community Services.

Services we offer

- Rapid HIV & Hep C Testing
- Methadone and Suboxone information
- Needle Bank
- Referrals for HIV Medical Care

What is the purpose of LifePoint?

LifePoint Needle Exchange Programs is set up to provide: A non-judgmental program that promotes the safety of injectors. The exchange of used syringes for clean syringes to promote safer injecting practices. A venue for safe testing services. To assist in reducing the spread of HIV, HEP C and other blood borne diseases. Provide referrals for other services and treatment options

What can a person expect at LifePoint?

A syringe exchange program that provides a clean syringe for each used syringe you bring in. Alcohol wipes, cotton, and other safe injecting supplies. (supplies may vary due to funding) There is a one time registration form. Names and any other identifying information are protected by HIPAA laws and County regulations.

Can I be arrested by going to LifePoint?

Paraphernalia laws are still enforced by the police. Police have agreed to stay away from the needle exchange program as long as it does not cause problems. We strongly discourage people from having drugs on them when they come to the exchange or from injecting near the program. We have been running since Dec. 1996 and so far, things have gone very well.

LifePoint locations - please note dates & times vary by location

Location (click clinic name for hours)	Address	Phone line
Theresa Lee Public Health Center	1493 W. Commerce Court, Tucson, AZ 85745 *Use west-side door for entrance to Preparedness, Surveillance & Investigation	520-724-7900
East Clinic	6920 E. Broadway Blvd., Tucson, AZ 85710, Suite B	520-724-9650
North Clinic	3550 N. 1st Ave., Tucson, AZ 85705	520-724-2880



Fentanyl Test Strips (FTS)

A low-cost method of helping prevent drug overdoses and reducing harm. FTS are small strips of paper that can detect the presence of fentanyl in all different kinds of drugs (cocaine, methamphetamine, heroin, etc.) and drug forms (pills, powder, and injectables). FTS provide people who use drugs and communities with important information about fentanyl in the illicit drug supply so they can take steps to reduce risk of overdose

[Fentanyl Test Strips: A Harm Reduction Strategy \(cdc.gov\)](https://www.cdc.gov/drug-overdose/prevention/fts/index.html)

How to Use FTS

- Step 1: Put a small amount (at least 10mg) of your drugs aside in a clean, dry container.
- Step 2: Add water to the container and mix.
 - *Please note: For most drugs, you need ½ teaspoon of water. If you are testing methamphetamines, use 1 full teaspoon.*
- Step 3: Place the wavy end of the test strip down in the water and let it absorb for about 15 seconds.
- Step 4: Take the strip out of the water and place it on a flat surface for 2 to 5 minutes.



FENTANYL TEST STRIPS



Read the Results

- Positive results: A single pink line on the left-hand side indicates that fentanyl or a fentanyl analog has been detected.
- Negative results: Two pink lines indicate that fentanyl or a fentanyl analog has not been detected in your drugs. Remember that no test is 100% accurate and your drugs may still contain fentanyl or fentanyl analogs even if you receive a negative result.
- Invalid results: A single pink line on the right-hand side or no lines at all, indicates an invalid test. If you get an invalid result, test your drugs again using a new strip.

Other forms

- Medication Assisted Therapies
- Condoms
- Prep
- HIV and Hep testing
- Sterile injection or smoking equipment
- Vaccinations
- Abscess & Wound Care
- Mental Health Care
- Nicotine Replacement Therapy
- Birth Control
- Seat Belts



RESOURCES IN

Arizona

In 2020, there were [2550](#) opioid overdose deaths in Arizona.

All Arizonans deserve access to the resources and support they need to stay safe. All Arizonans deserve access to naloxone. In 2016, legislation was passed that allows for any community member to obtain and carry naloxone. Arizonans do not need a prescription to access naloxone, there are resources available for those who cannot afford naloxone and for those living far away from any facility that distributes naloxone. This means we can all be lifesavers we can all play a part in reducing overdose deaths and keeping our community connected.

If you are a person who uses drugs or if you are around people who use drugs, please consider learning how to respond to an opioid overdose and carrying naloxone (intranasal brand name: Narcan). Naloxone is a medication designed to reverse an opioid overdose. Opioids slow down the activity of the central nervous system. This can cause slowed or stopped breathing which may lead to death. Naloxone displaces the opioids from the opioid receptors in the brain which allows the person who is experiencing an opioid overdose to begin breathing normally. We have a [helpful FAQ](#) and are constantly updating it with questions from our site visitors. If you don't find what you're looking for, [let us know](#).



Naloxone Finder



Good Samaritan
Policy



Syringe Exchange



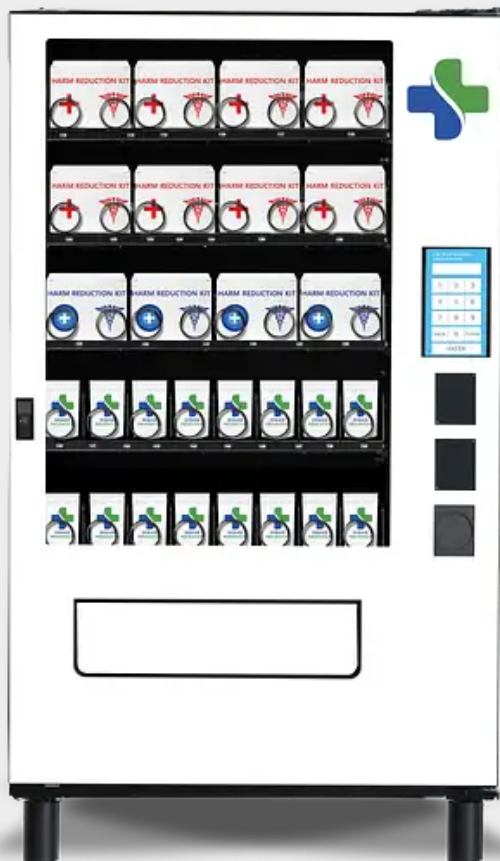
Pharmacy



Organizing

Easy Access: Key Areas





Harm Reduction Supply Dispenser

Harm Reduction Supply Dispenser

The Harm Reduction Supply Dispenser is an automated syringe dispensing system that securely dispenses harm reduction supplies in order to minimize health risks associated with drug use. This syringe vending machine allows for health officials to promote safe injections, safe smoking, and safe sex in their communities. With the assistance of the Harm Reduction Vending Machines, communities can deliver clean needles, clean syringes, and provide needle disposal containers for used needles.

[DOWNLOAD PRODUCT GUIDE](#)

WHERE TO START?



Opioid Overdose Education & Naloxone Distribution (OEND)



Dashboard



Priority Panels



Patient Report



VISN Trends



Facility Trends



Naloxone Rx History



Overdose / Naloxone Use

Other Resources



STORM (OMHSP)



OEND Dashboard

[Definitions](#)
[Export](#) [Feedback](#)

Update Status: **Completed**
Last Updates: 5/23/2022

As of 10/24/2020, new data for patients that comes from any of the Cerner sites (e.g., Spokane) will no longer be captured in any of the ADS data tools. This will continue to expand as new Cerner sites go live until our resources are revised. ADS will be posting announcements in the future as our tools go live with Cerner data.

Location/Prescriber	# Naloxone Fills (All Time)	% Nasal Fills (90d)	% Auto-Inj. Fills (90d)	% IM Fills (90d)	# Naloxone Patients	# Naloxone Prescribers	# Naloxone Uses	# Successful Reversals
VISN 22	48,140	99.81	0.00	0.19	24,912	3,637	241	205
(678) Southern Arizona HCS	8,888	100.00	0.00	0.00	4,033	398	48	39

		Naloxone Rx Released to Patient (1 year) / Total Patient Cohort			
Location / Prescriber	Potential Risk Factor	Patient Cohort	Score	National Score	# Patients w/ No Fill
Risk Index for Overdose or Serious Opioid-Induced Respiratory Depression (RIOSORD)		RIOSORD Cohort Inclusive of All Opioid, OUD, and OAT Risk Group Patients			
VISN 22	RIOSORD Risk Class View Publication	All Patients	59.0%	64.4%	17,328
		⊠ Risk Class ≥ 8	75.8%	77.8%	50
		⊠ Risk Class 5-7	67.6%	67.9%	286
		⊠ Risk Class ≤ 4	37.1%	41.6%	16,992
(678) Southern Arizona HCS	RIOSORD Risk Class View Publication	All Patients	74.5%	64.4%	1,383
		⊠ Risk Class ≥ 8	70.0%	77.8%	3
		⊠ Risk Class 5-7	85.2%	67.9%	17
		⊠ Risk Class ≤ 4	58.3%	41.6%	1,363
Opioid Pharmacotherapy					
VISN 22	Opioid + Benzodiazepine	All Patients	60.8%	53.5%	244
	MEDD ≥ 50 (Last 30 days)	All Patients	63.0%	59.2%	732
	MEDD ≥ 90 in Past Year w/ No Fill in the Past 90 Days	All Patients	41.7%	31.0%	154
	Methadone (Outpatient Rx or Active Non-VA Medication)	All Patients	60.0%	57.5%	275
(678) Southern Arizona HCS	Opioid + Benzodiazepine	All Patients	79.4%	53.5%	14
	MEDD ≥ 50 (Last 30 days)	All Patients	87.2%	59.2%	39
	MEDD ≥ 90 in Past Year w/ No Fill in the Past 90 Days	All Patients	43.9%	31.0%	23
	Methadone (Outpatient Rx or Active Non-VA Medication)	All Patients	87.6%	57.5%	13
OUD & MOUD Pharmacotherapy					
VISN 22	OUD Diagnosis	All Patients	63.1%	64.0%	1,729
	Possible Overdose (3 Years)	All Patients	43.4%	49.0%	532
	Buprenorphine SL (Outpatient Rx or Active Non-VA Medication)	All Patients	78.3%	75.1%	323
	Naltrexone (Outpatient Rx, Active Non-VA, or Recent Clinic Order)	OUD Patients	61.9%	67.8%	24
	OUD-Related Fee Basis	All Patients			0
	Stimulant Use Disorder (New)	All Patients	21.1%	24.8%	6,225
(678) Southern Arizona HCS	OUD Diagnosis	All Patients	90.5%	64.0%	46
	Possible Overdose (3 Years)	All Patients	60.4%	49.0%	55
	Buprenorphine SL (Outpatient Rx or Active Non-VA Medication)	All Patients	98.9%	75.1%	2
	Naltrexone (Outpatient Rx, Active Non-VA, or Recent Clinic Order)	OUD Patients	100.0 %	67.8%	0
	OUD-Related Fee Basis	All Patients			0
	Stimulant Use Disorder (New)	All Patients	42.5%	24.8%	402

[Sonoran Prevention Works – Building a healthy Arizona for people who use drugs \(spwaz.org\)](http://spwaz.org)

[Arizona — NEXT Distro](#)

[Opioid and Substance Use Prevention and Support Services | Coconino \(az.gov\)](#)

[Southwest Recovery Alliance – Any Positive Change](#)

[NASEN | North America Syringe Exchange Network: NASEN Directory](#)

[NEXT Naloxone \(naloxoneforall.org\)](http://naloxoneforall.org)

[SAFE Project - Stop the Addiction Fatality Epidemic](#)

[Resource Center | National Harm Reduction Coalition](#)

[Shatterproof | Reversing the Addiction Crisis in the U.S.](#)

[Harm Reduction | SAMHSA](#)



[Southwest Recovery Alliance – Any Positive Change](#)