



Harm Reduction and Syringe Service in Alachua County

Keeping With the Pace – An HIV Update

October 27th, 2023

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WHAT IS (H)arm (R)eduction?

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.

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WHAT IS Harm Reduction?

Harm reduction incorporates a spectrum of strategies that includes education, prevention, safer use, managed use, and abstinence, by meeting and involving people who use drugs "where they're at" in their drug use.

Because harm reduction demands that interventions and policies designed to serve people who use drugs reflect specific individual and community needs, there is no universal definition of or formula for implementing harm reduction.

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Principles of Harm Reduction

- Accepts that drug use is a reality of our world
- Acknowledges that some ways of using drugs are safer than others
- Works to minimize the harms associated with drug use
- Improved quality of life is the goal, not abstinence
- Success is based on the goals of the individual
- Any positive change is celebrated
- Meet people where they're at
- Abstinence is harm reduction

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Values of Harm Reduction

- Autonomy
- Self-determination
- Non-judgmental, non-coercive
- Compassion
- Respect
- Dignity and worth of every human being
- Service
- Advocacy
- Social justice
- LOVE. LOVE. LOVE.

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Harm Reduction in Action

- Overdose reversal education
- HIV and HCV prevention education
- HIV and HCV testing, treatment, and linkage-to-care
- Naloxone distribution
- Supplies to promote sterile injection
- Substance test kits
- Safer-sex kits
- Wound care supplies
- Written educational materials
- Access to MAT and MOUD

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Origins of the need for Harm Reduction in the US

- 1909- Smoking Opium Exclusion Act- Used existing racist language to identify a new criminal class
- 1914- Harrison Act sought to regulate the manufacture and sale of drugs, but in actuality it shifted the public conversation from a discussion about regulating a legal activity to eliminating an illegal one.

Initially targeted Chinese workers who used opium and Black communities as site of crime and miscegenation.

As such, People Who Used Drugs became the target of law enforcement.

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Origins of the need for Harm Reduction in the US

"We knew we couldn't make it illegal to be either against the war or black, but by getting the public to associate the hippies with marijuana and blacks with heroin, and then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news. Did we know we were lying about the drugs? Of course, we did."- John Ehrlichman (Domestic Policy Chief under Nixon)

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A Focused Beginning- HIV/AIDS Prevention- It all starts with a clean needle and a kind heart

- 1989- Outside/In (Portland, OR) and Point Defiance AIDS Projects (Tacoma, WA). Kathy Oliver and Dave Purchase.
- Late 1980s/Early 1990s- AIDS Coalition to Unleash Power (NYC, Bronx, Brooklyn, San Francisco, Chicago, Atlanta, Boston, Seattle, Philadelphia, Buffalo, and many others)
 - Often "underground" and under or un-funded. amFAR first significant funder
- 1980s/1990s- AIDS Brigade- (NYC, Key West, Boston, and other cities- John Parker)
- 1992- Saint Ann's Corner of Harm Reduction (Bronx- Joyce Rivera Beckman)
- Mid-1990s- Rapid Expansion of grassroots expansion (Nashville, New Hampshire, Miami, Western North Carolina, and others)

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1994- Baltimore Needle Exchange Program

(1995 Journal of AIDS Study)

- Although 72% of respondents thought needle exchange programs would attract injection drug users to the neighborhood, 65% favored needle exchange, and 47% favored selling needles in a pharmacy without a prescription.
- Factors independently associated with acceptance of needle exchange programs included:
 - that needle exchange programs decrease the number of discarded needles on the street
 - that needle exchange programs do not encourage a person's injection drug
 - that needle exchange programs decrease HIV incidence.

Despite concern about attracting injection drug users to the neighborhood, support for needle exchange programs was high.

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A New Risk is Named

- Hepatitis C detection test developed in 1991
- Called non-A/B until mid-1990s
- Delayed reaction by Syringe Services Programs because HIV/AIDS progression was rapid before ART was widely available
- Early studies by Holly Hagan, Robert Heimer, Laretta Grau and others who actively involved People Who Use Drugs in study design
- Caused a shift in harm reduction services to include additional materials and prevention strategies and expansion of "target" populations
 - Move away from 1-for-1 exchange and bleaching
 - Addition of cookers, tourniquets, filters, and spark plug covers for smokers

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Harm Reduction Orgs in the South (sorry if I missed some)

- Florida Harm Reduction Collective
- Rebel Recovery West Palm Beach and Rebel Recovery Jacksonville
- South Carolina Harm Reduction Coalition
- Arkansas Harm Reduction Coalition
- TryStereo (New Orleans)
- Access Points Georgia (Athens)
- Georgia Harm Reduction Coalition (formally Atlanta)
- Tennessee Recovery
- VOCAL Kentucky
- IDEAs Miami, Orlando, Pinellas, Tampa and The SPOT Broward
- Virginia Harm Reduction Coalition
- Underground Recovery Jax, Pinellas Harm Reduction Initiative, Florida Harm Reduction Initiative (Tallahassee)
- Ladies Intervention Project for Success
- Texas Overdose Naloxone Initiative

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Harm Reduction in Florida – Present Day

- Infectious Disease Elimination Act (IDEA) 2019
- The Infectious Disease Elimination Act (IDEA), signed into law by Governor DeSantis in July 2019, allows County Commissioners to pass a local ordinance to implement a Syringe Service Program (SSP)

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SSPs are supported by:

- Center for Disease Control and Prevention (CDC)
- World Health Organization (WHO)
- Florida Department of Health
- Ending the HIV Epidemic (EHE): Plan for America

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IDEA Program Guidelines

- No state, county, or local funds can be used to implement or operate these programs
- Programs *must* follow a strict 1-for-1 syringe distribution model (despite the fact that best practice calls for a needs-based distribution)
- Programs *must* offer HIV and HCV testing
- Programs *must* offer referrals for substance use treatment

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Goal of IDEA Programs

- Disease elimination
- Harm reduction

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Why Syringe-Service Programs (SSPs)?

- SSPs are comprehensive and evidence-based
- SSPs are associated with an estimated 50% reduction in HIV and HCV incidence⁽¹⁾
- SSPs have been shown to be effective in preventing and responding to HIV outbreaks⁽²⁾
- SSPs serve as a bridge to other health services, including HIV and HCV testing and treatment⁽³⁾
- SSPs serve as a bridge to medication-assisted treatment for opioid-use disorder⁽³⁾

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2. Tashak H, Bartholomew T, S. Geary S, Mathias J, Prachtman K, Blackmore C, & Spencer E. (2020). Rapid identification and investigation of an HIV risk network among people who inject drugs—Miami, FL, 2018. *AIDS and Behavior*, 24(1), 246-256.

3. HIV and Injection Drug Use - USAID Sign - CDC Center for Disease Control and Prevention. <https://www.cdc.gov/odp/resources/sign.html>. Published December 2016.

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Why Syringe-Service Programs (SSPs)?

- SSPs help STOP substance use
 - New users of SSPs are **five times more likely** to enter drug treatment and **three times more likely** to stop using drugs than those who don't use the programs
- SSPs prevent overdose deaths by teaching safer-use practices to people who inject drugs, and teaching how to recognize, respond to, and reverse a drug overdose through the use of naloxone, an opioid-overdose reversal drug⁽⁴⁻⁹⁾

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Why Syringe-Service Programs (SSPs)?

- SSPs are highly cost-effective strategies
 - The lifetime cost of treating one HIV infection is \$324,000
 - The current cost to treat one HCV infection is \$84,000
 - In 2017, the cost to treat bacterial infections among people who inject drugs in the hospital was \$14.4 million⁽¹⁰⁾

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Why Syringe-Service Programs (SSPs)?

- SSPs protect law enforcement and the community
 - SSPs do not increase crime rates or enable people to use substances⁽¹¹⁻¹²⁾
 - SSPs protect first responders and the public by providing safe needle disposal and reducing the presence of discarded needles in the community.
 - A study conducted in Miami showed 50% less syringes improperly disposed of in the community after implementing an SSP⁽¹³⁻¹⁸⁾
 - SSPs partner with local law enforcement to provide trainings on how to reverse an opioid overdose⁽¹⁹⁾

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WHY DO WE NEED HARM REDUCTION TODAY?

The lives of People Who Use Drugs matter.

Just ask a parent who has lost a child

A partner who has lost a lover

A community who has suffered trauma from repeated loss of its members

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