

Harm Reduction: Frameworks and Local Resources

Lansing Syringe Access

Objectives

- Present on the work of Lansing Syringe Access
- Explore frameworks for understanding harm reduction
- Applications to primary care settings

Local Program Description

Lansing Syringe Access

- Supplies for safer drug use
- Education on safer drug use practices

Supplies

- Sterile syringes
- Other IV drug use supplies (tourniquets, cookers, water)
- Naloxone (nasal and injection)
- Safer smoking supplies (rubber tips, copper filter, lip balm)
- Internal and external condoms
- Menstrual hygiene supplies

Education

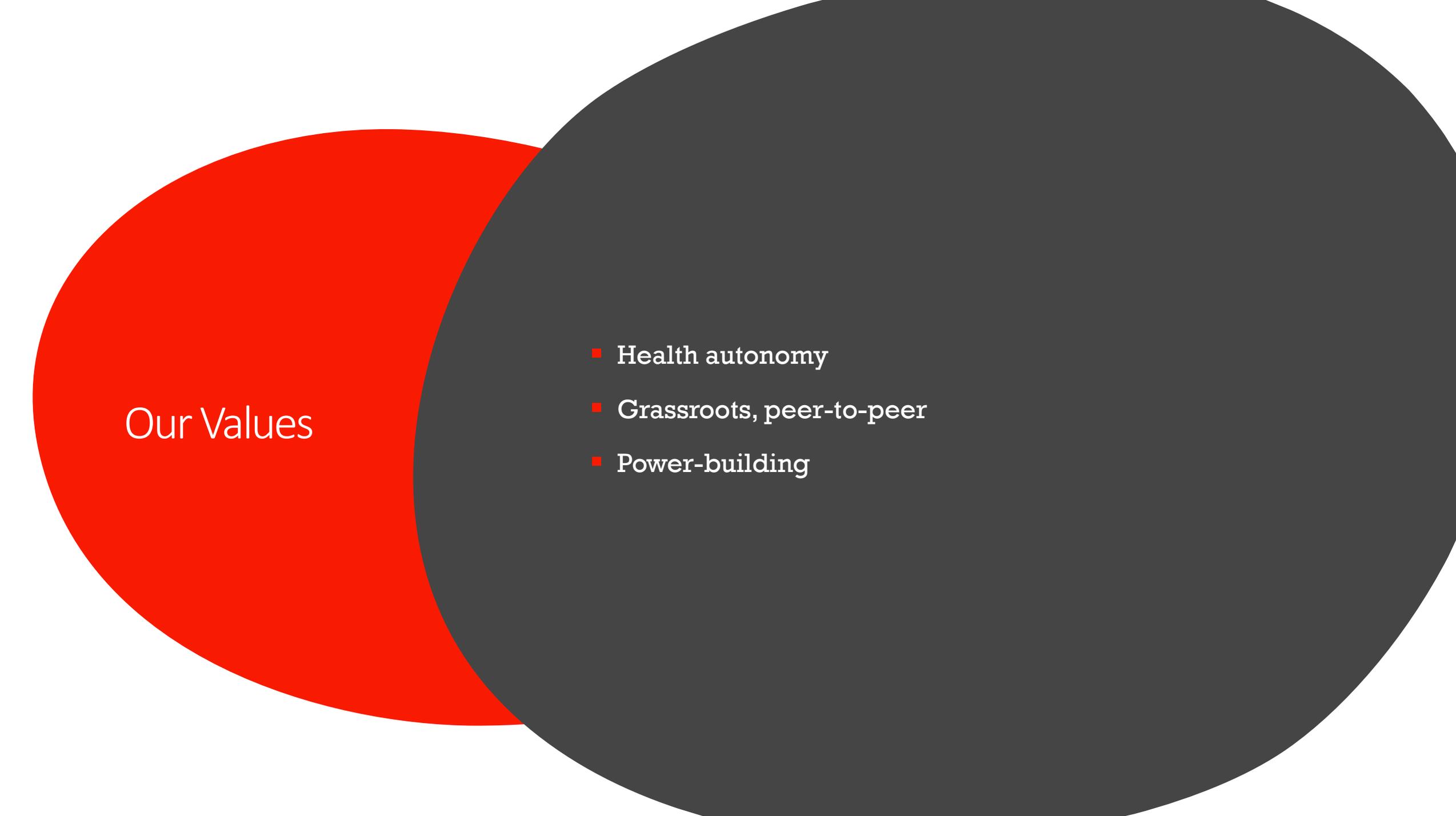
- **Best practices for injecting and other drug use methods**
- **HIV, HEP B & C testing and resources**
- **PrEP information**
- **Safer sex practices**

History

- Working group formed in late 2017
- North American Syringe Exchange Network startup grant
- Red Project support
- Health Department authorization
- Lansing Area Aids Network hosting

Numbers to date:

- 26,000 syringes
- Safer smoking supplies to 60 people
- Reached approximately 250 people through primary and secondary distribution
- 400+ naloxone kits
- 80 reported overdose reversals



Our Values

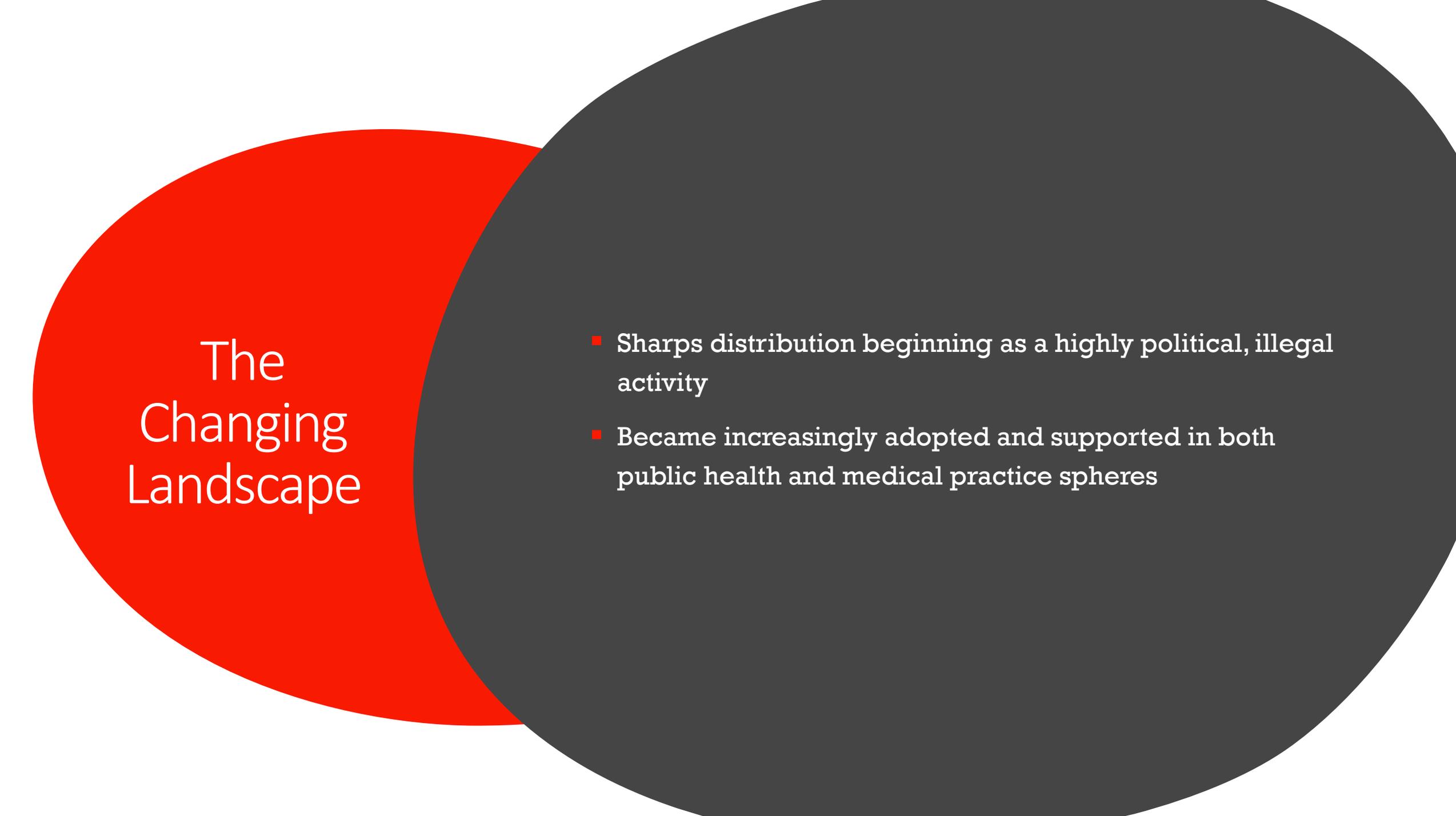
- Health autonomy
- Grassroots, peer-to-peer
- Power-building

Frameworks

Harm Reduction: What and Why

“Syringe access programs respect, value and prioritize the human rights and dignity of people who use drugs, while challenging drug-related stigma.”

- Harm Reduction Coalition



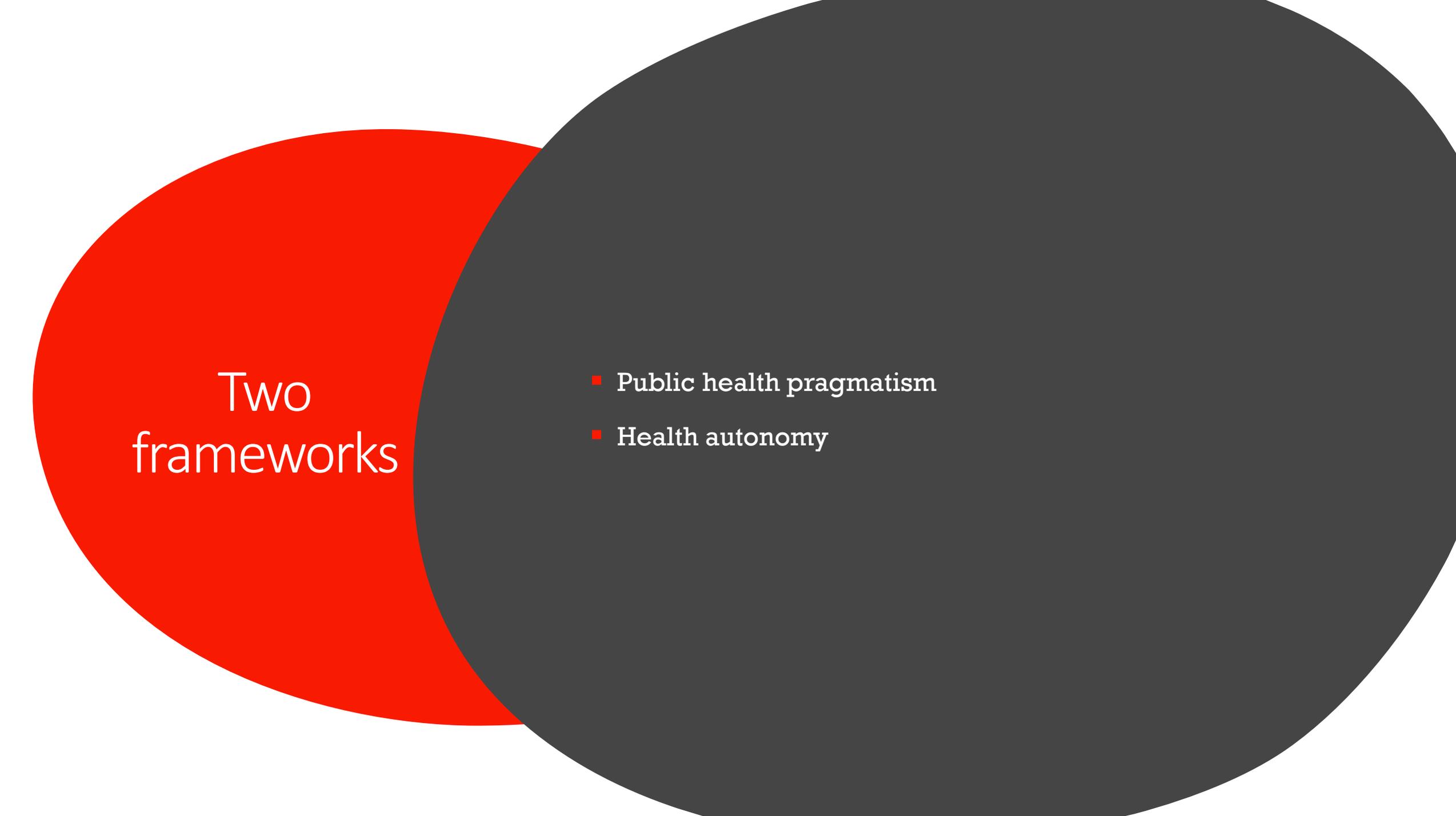
The Changing Landscape

- Sharps distribution beginning as a highly political, illegal activity
- Became increasingly adopted and supported in both public health and medical practice spheres



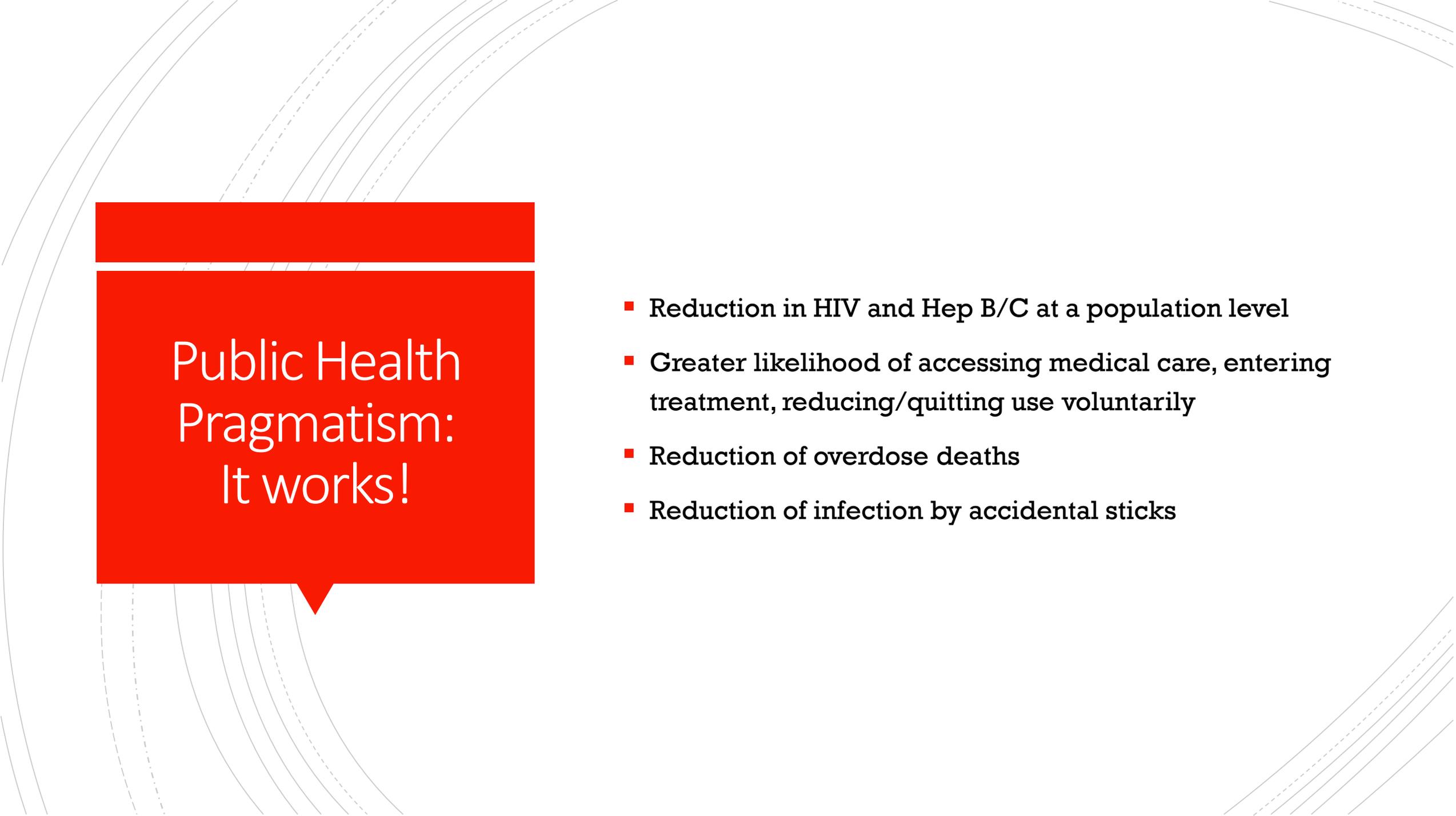
Supported by

- **Center for Disease Control and Prevention**
- **American Medical Association**
- **American Nurses Association**
- **American Psychological Association**
- **National Association of Social Workers**
- **World Health Organization**
- **American Society of Addiction Medicine**
- **Many more**



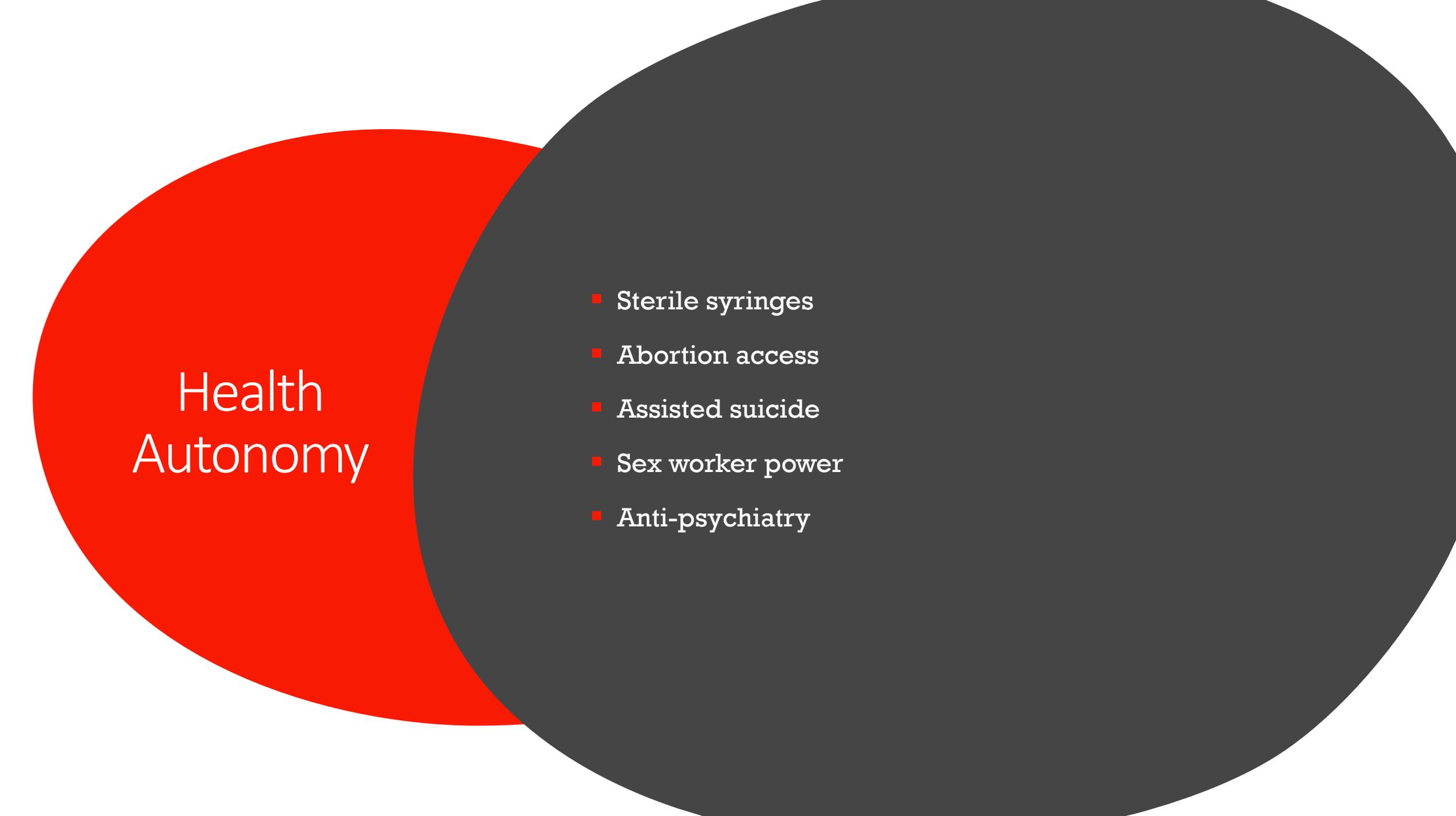
Two frameworks

- Public health pragmatism
- Health autonomy

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Public Health Pragmatism: It works!

- Reduction in HIV and Hep B/C at a population level
- Greater likelihood of accessing medical care, entering treatment, reducing/quitting use voluntarily
- Reduction of overdose deaths
- Reduction of infection by accidental sticks

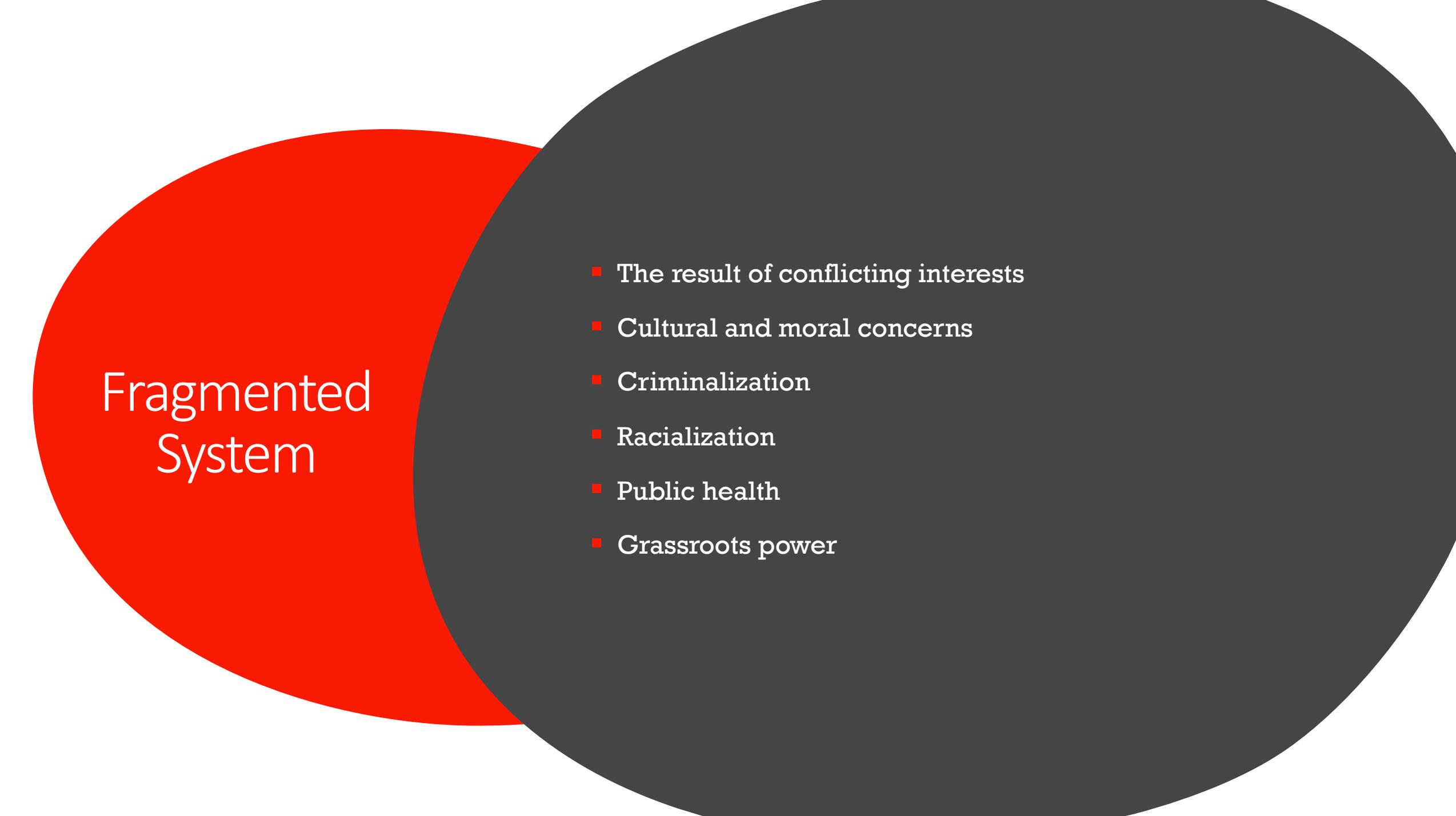


Health Autonomy

- Sterile syringes
- Abortion access
- Assisted suicide
- Sex worker power
- Anti-psychiatry

Building Social Connection

- Isolation is a function of stigma and criminalization
- Programming with which drug users can engage builds social connections
- Social connection = social capital
- Humanization



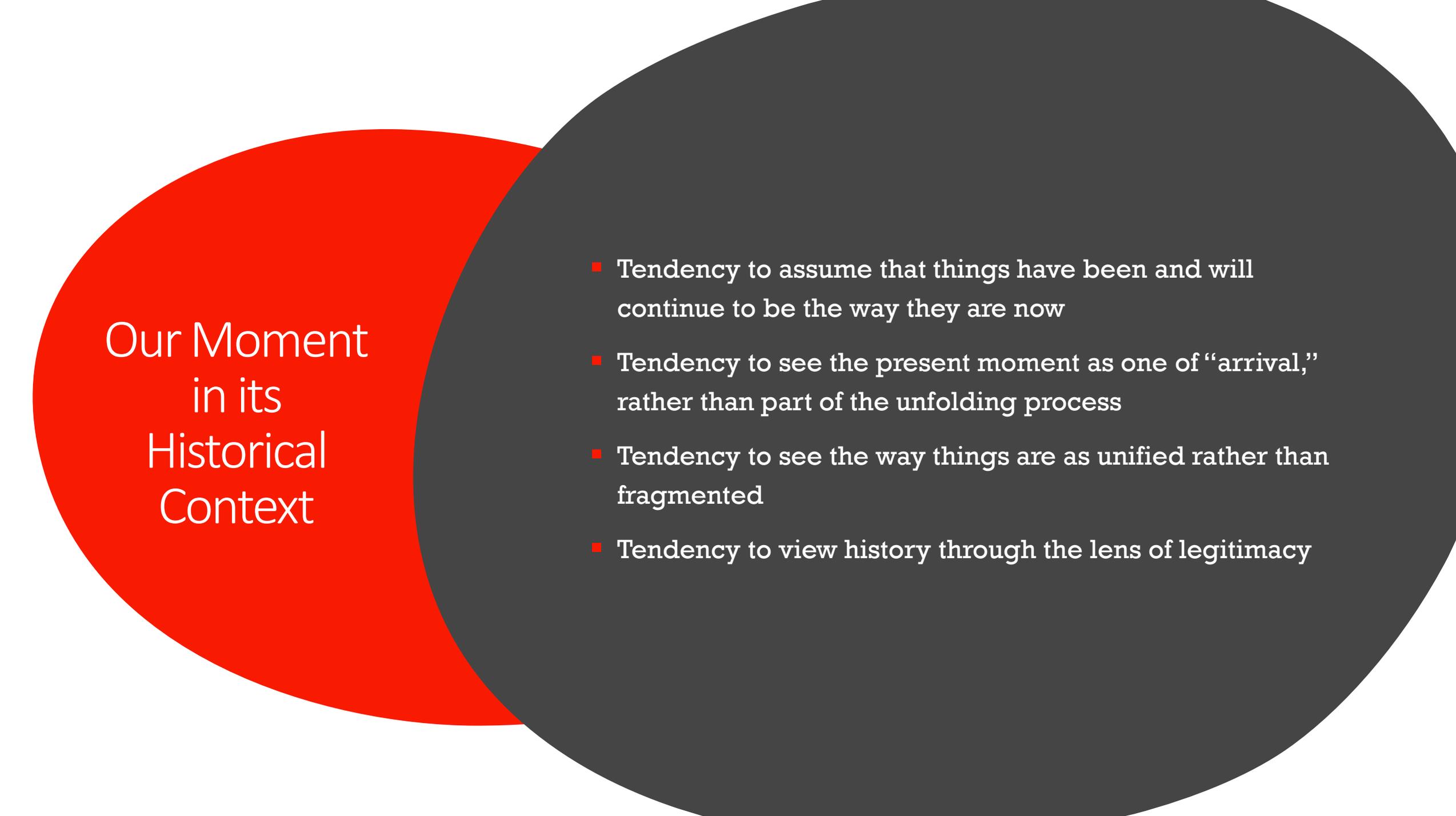
Fragmented System

- The result of conflicting interests
- Cultural and moral concerns
- Criminalization
- Racialization
- Public health
- Grassroots power

Where do we draw the line?

- “Good Samaritan” laws
- Overdose reversal
- Decriminalization
- Sterile syringe and other supplies distribution
- Safer use sites
- Free medical-grade drugs

Typically, the line gets drawn through conflict between fragmented interests rather than the rigorous and consistent application of a single framework.



Our Moment in its Historical Context

- Tendency to assume that things have been and will continue to be the way they are now
- Tendency to see the present moment as one of “arrival,” rather than part of the unfolding process
- Tendency to see the way things are as unified rather than fragmented
- Tendency to view history through the lens of legitimacy

Applications to Primary Care

Practical Harm
Reduction

- Be effective, not morally correct
- “What change is the patient ready for?”
- Retention is a victory

Analogous
to sexual
health

- Inherently risky
- Inevitable
- Abstinence-only education doesn't work
- Social construction a clash of culture, medicine, morality, social stratification
- Effective care means patient activation, fact-based education, and access to resources for minimizing risk in an inherently risky yet inevitable and pleasurable aspect of human experience.

Positive Health Behaviors

- Predict better health outcomes
- Promote overall well-being
- No barrier to getting started: You start where you are

Positive Health Behaviors

- Using sterile equipment when shooting up
- Good injection technique
- Safe sharps disposal
- Eating/hydrating regularly
- Maintaining a social connection
- Preventative medication (PrEP)
- Using drugs with a buddy rather than alone
- Wound care competency
- Keeping Naloxone on hand
- Following up with doctor

Working With Motivation

- What is important to the patient?
- What is the patient already doing right?
- What change is the patient ready for?
- Start where the patient is
- Interrogate your professional judgments; align with the patient
- Not just for IV heroin use: Applicable to all substances

Distribute supplies

- Like condoms
- Teach safe disposal
- Teach overdose reversal: *Anyone can learn*
- Inexpensive
- Demonstrated effectiveness
- Prescribe sharps to people who can afford them
- Encourage the use of safer supplies