USING HARM REDUCTION TO ADDRESS RACIAL EQUITY

HEALTHCARE SETTINGS: IMPACT OF NON CLINICAL MOBILE MEDICAL MODEL

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AGENDA

• WELCOME
• POLL QUESTION
• HARM REDUCTION 101
• WHY HR
• MINDSET
• STRATEGIES
POLL QUESTION #1

PROMOTING SAFER USE OF DRUGS ENCOURAGES DRUG USE.

1. Yes
2. No
HARM REDUCTION QUICK N DIRTY

- HARM REDUCTION EMBRACERS ALL POSSIBLE RESPONSES TO RISK BEHAVIOR
- FROM TOTAL ABSTINENCE TO CONTINUED DRUG USE
- SUPPORT AT ANY AREA OF THE SPECTRUM
HARM REDUCTION EVERYDAY LIFE

- UPROTECTED SEX
- TABACCO USE
- DRIVING
- GAMBLING
- CONFRONTATION (DRAMA)
SUBSTANCE USE / CROSSING THE LINE

DRUGS;

A SUBSTANCE RECOGNIZED IN AN OFFICIAL PHARMACOPOEIA OR FORMULARY. (2) : A SUBSTANCE INTENDED FOR USE IN THE DIAGNOSIS, CURE, MITIGATION, TREATMENT, OR PREVENTION OF DISEASE. (3) : A SUBSTANCE OTHER THAN FOOD INTENDED TO AFFECT THE STRUCTURE OR FUNCTION OF THE BODY.
BEST DRUG (POLL QUESTION #2)

BEST DRUG
A. ALCOHOL,
B. WEED,
C. NICOTINE
D. COFFEE
WORST DRUG (POLL QUESTION #3)

A. NICOTINE
B. CRACK
C. METH
D. HEROINE
LICID DRUGS / ILLICIT DRUGS

- LICID MEDICATION PRESCRIBED BY A PHYSICIAN. OVER-THE-COUNTER MEDICINE THAT IS TO BE USED AS DIRECTED BY THE PACKAGING. ALCOHOL, CAFFEINE, AND NICOTINE ARE ALSO CONSIDERED LICIT DRUGS.

- ILLICIT DRUGS ARE SUBSTANCES THAT EITHER STIMULATE (SUCH AS COCAINE OR AMPHETAMINES) OR INHIBIT (SUCH AS HEROIN OR SEDATIVE-HYPNOTICS) THE CENTRAL NERVOUS SYSTEM OR CAUSE HALLUCINOGENIC EFFECTS (SUCH AS MARIJUANA OR LSD) TO THE EFFECT THAT THEIR USE HAS BEEN PROHIBITED GLOBALLY.
WHEN DOES IT CROSS THE LINE

- NORMAL RECREATION AND SOCIAL FUN
- CHAOTIC STAGE OF USE, MORALLY WEAK
HARM REDUCTION MINDSET

- Safety is more important than abstinence
- People know themselves best
- Some methods of using drugs are safer than others
- People are more likely to connect when they feel respected
- Drugs serve a purpose for some people and may make it life easier
CHECK YOUR EXPECTATIONS

• Medical professions have to check their bias and own personal feelings at the door. Each participant’s circumstances are different. Even if you have lived experience or witnessed a method that worked for your personal situation.

• Be careful how you deliver the information and education to clients especially when your triggered. Body language is a powerful form of communication.
CONTINUUM OF USE SPECTRUM

- ABSTINANCE
- EXPERIMENTAL
- OCCASIONAL
- CASUAL
- HEAVY

THERE'S LEVELS

TO THIS SHIT
HARM REDUCTION STRATEGIES

- ENGAGEMENT
- ASSESSMENT
- TREATMENT / PLAN
- SERVICES DELIVERY
- MOTIVATIONAL INTERVIEWING

PRECONTEMPLATION
Build awareness for my need to change

CONTEMPLATION
Increase my pros for change and decrease my cons

PREPARATION
Commit and plan

ACTION
Implement and revise my plan

MAINTENANCE
Integrate change into my lifestyle
STIGMA AT THE MEDICAL HOME

- Combating multiple viruses HIV, HCV, COVID along with racism as a virus
- Many people assigned to medical homes don’t go on a regular basis due to racial, social economic stigma
- Check ups consist of emergency department only in severe cases
- Medical check ups become punitive (what you should not do) vs how are you doing what you do?
- Medical staff are not harm reduction (this is what you get for using drugs)
- 15 min of fame, and on to the next
- Non personal experience, lack of compassion and understanding open dialog
- Abstinence based approach / just stop
- White savior complex associated with larger FQHC

Coronavirus (COVID-19)
HARM REDUCTION SPECTRUM

- ACCEPTS, FOR BETTER AND 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.

- UNDERSTANDS DRUG USE AS A COMPLEX, MULTI-FACETED PHENOMENON THAT ENCOMPASSES A CONTINUUM OF BEHAVIORS FROM SEVERE ABUSE TO TOTAL ABSTINENCE, AND ACKNOWLEDGES THAT SOME WAYS OF USING DRUGS ARE CLEARLY SAFER THAN OTHERS.

- CHAOTIC DRUG USE –ABSTINENCE (YOUR GROWN) HOW DO YOU HANDLE THE AMBIVALENCE OF YOUR DRUG USE. DRUG / SET / SETTING, BEHAVIOR CHANGE ISN’T EASY
UTILIZATION IN NON CLINICAL SETTINGS

- Non traditional medical settings
- RVs, SSPs, Drop In Centers, Street Corner/Tents
- Geographically meet folks where they are at
- Street medicine is effective in reaching most vulnerable
- Normalize access to medical in these settings
PROVEN EFFECTIVE

- Creates trust between medical and patient (That’s MY Dr)
- Initiates follow to medical homes access to other Social services
- Normalizes HR settings as 1 stop shops, medical, food, prevention, open discussions, education, Training
- Strength based approach (how are you surviving)
- Alternative to systems that were not impactful
- Meet folks where there at with in their use and decisions
HARM REDUCTION IS FOR BIPOC

- It’s how we relate our experience choices to action steps to maintain health.
- For us by us FUBU, not the designer meet me where I’m at with no judgement, out side of the club, the trap house, at the public sex park at the function.
- Historically the method of which we stayed safe, alive and addressed harm related to being black or of a minority with little to no access to medical.
- It’s not what we do but how we do it.
- Social justice platform for social determinants of health.
- Street politics, drug supply, behavior change.
CONSISTENCY IS KEY

- Show up, be present (lay it out on the table)
- Educate, Evaluate and Entertain (Be personable)
- Strength based approach, how are you staying healthy during drug use, sex work etc.
- Welcome to the network.
UNCOMFORTABLE CONVERSATIONS

• TALK ABOUT RACE AND HOW TO COMBAT RACISM IN EVERY DAY LIFE
• DISCUSS PROTECTIVE FACTORS FOR WHEN RACISM OCCURS; POSITIVE AFFIRMATIONS
• ALTERNATIVES TO GET WHAT YOU WANT (CANT CHANGE PEOPLE BUT CAN CHANGE YOUR DIRECTION)
• BLACK DRUG USERS HEALTH HUB B-DUHB AND SIMILAR STRUCTURES
HARM REDUCTION SAVES LIVES

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OVERDOSE PREVENTION, RESPONSE AND SURVIVAL

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Syringe Access Program

Casa Segura Drop-In Center

Helpful & Working Harm Reduction Strategies

Community Outreach (Mobile Harm Reduction Services)

HIV & HCV Screening and Health Care Access

OPEND: Overdose Prevention and Education

COVID-19
In collaboration with Community Organized Relief Effort (CORE) and Alameda County Public Health Department we offer Free low barrier screening at HEPPACs Drop in Center.
DRUGS 101
OPIOIDS

What are opioids?

• Opioids are drugs that are most commonly used for pain relief and can give you a euphoric high. They are a depressant that relaxes your respiratory system.

Why do we focus on opioids with Narcan?

• Narcan will only work on Opioids, it will not work on any other substances.
FENTANYL

What is fentanyl?

- A synthetic opioid 50-100x stronger than morphine and heroin
- Short-acting Opioid
- Legally prescribed in transdermal patches
- Illicitly manufactured and has been introduced into many drug lines as heroin, counterfeit pills, and cocaine.

Common myths

Narcan doesn’t work on fentanyl
Narcan will work on all opioids, including synthetic opioids. You may need to act quicker or use more doses due to its potency.

People who use fentanyl always overdose and die
A lot of people use fentanyl daily and do not overdose.
COMMONLY USED DRUGS

**DEPRESSANTS**
- Opioids
  - Heroin
  - Fentanyl
  - Lean
  - Pain Killers
- Benzodiazepines
  - Xanax
  - Klonopin
  - Valium
- Alcohol

**STIMULANTS**
- Crack
- Cocaine
- Methamphetamines
  - Meth/Speed/Crank
- Amphetamines
  - Ritalin
  - Adderall
- MDMA
  - Molly
  - Ecstasy

*Marijuana*
OVERDOSE FROM STIMULANTS

Stimulant “Overamping”
WHAT IS OVERAMPING??

• **Overamping** is the term we use to describe what one might consider an “overdose” on speed or cocaine. It is sometimes physical, your body will feel off, and other times it is psychological, like paranoia, anxiety or psychosis—or a mixture of the two.
RECOGNIZING “OVERAMPING”

Signs & Symptoms

There are various side effects of using stimulants. Many are non life-threatening which can make overamping difficult to recognize. However, if you are noticing signs of overheating, seizure, stroke, or a heart attack, call 911 immediately.

- red face & sweating heavily
- rapid or irregular heartbeat
- anxiety, paranoia, hallucinations
- rapid breathing or eye movement
- shaking or trembling
- fever or overheating
- stroke, heart attack or seizure
- exhaustion & dehydration
RESPONDING TO “OVERAMPING”

Helping When Medical Attention Isn't Needed

Sometimes, overamping does not need medical attention, but the person may still be uncomfortable. Here are eight practical ways to help:

- Talk to the person - ask what they want or need - this can help to calm them down and feel more relaxed.
- Have them sit down and try to relax.
- Try to get them to rest or sleep.
- Have them take a shower or bath.
- Go for a walk - getting fresh air can help.
- Offer them food - a meal or snacks.
- Work on calming their breathing and mind.
- Offer them something cold or hot to drink.

There is no “antidote” to a stimulant OD, like Naloxone. Sometimes the best thing you can do is call 911.
OPIOID OVERDOSE & RISK FACTORS

What puts someone at greater risk for opioid overdose?
WHAT IS AN OPIOID OVERDOSE?

- Opioids are sedatives, affecting the part of the brain that regulates breathing.
  - As you take opioids, your breathing gets relaxed
  - When people take high doses of opioids, it can lead to an overdose, with the slowing or stopping of breathing, which can lead to death if not caught in time.
- Overdosing does NOT always lead to death, BUT
  - When your brain goes without oxygen, it can lead to permanent brain damage, or death.
OVERDOSE RISK FACTORS

- Using Alone
- Tolerance
- Mixing
- Quality/Purity
- Physical Health
- Routes of Administration
DETECTING AN OPIOID OVERDOSE

Signs and Symptoms
**RESPONSIVENESS & STIMULATION**

**SIGNS OF AN OPIOID OVERDOSE**

- Signs someone is having an overdose:
  - Blue Lips or Nails
- Breathing slow or absent
- Cannot be woken up
- Choking or gurgling sounds
- Dizziness & confusion
- Pupils very small
- Cold or clammy skin

*RESPONSIVENESS & STIMULATION*
NARCAN /NALOXONE

- Narcan and Naloxone are the SAME thing!
- Naloxone reverses overdoses from opioids
- You cannot get in trouble for USING or HAVING Narcan
- There are NO physical side effects except those associated with withdrawal
- Expiration Date – Narcan is safe to use even after it has expired. The worst case, you have to use two doses instead of one!
Naloxone reversing an overdose

Naloxone has a stronger affinity to the opioid receptors than opioids, such as heroin or oxycodone, so it knocks the opioids off the receptors for a short time (30-90 minutes). This allows the person to breathe again and reverse the overdose.
GOOD SAMARITAN LAW

- California’s 911 Good Samaritan Law (AB 472) provides limited legal protection from arrest, charge or prosecution for anyone who seeks medical assistance at the scene of an overdose except for those on parole or probation.
OPIOID OVERDOSE RESPONSE

How do you recognize and respond to an opioid overdose?
Stimulation

- If you notice overdose symptoms – try and wake the person up
- Sternum Rub
- Call their name, say narcan
OPIOID OVERDOSE RESPONSE

Verbally Narcan

• Say you are going to Narcan them
• This gives them one last opportunity to respond before giving them Narcan
OPIOID OVERDOSE RESPONSE

Administer Naloxone

- Administer Nasal or Intramuscular naloxone
- Give one dose, wait 3-5 minutes
OPIOID OVERDOSE RESPONSE

Call 9-1-1

- If they don’t respond to noise or pain – call 9-1-1
- If you must leave the person alone to do this, put them in recovery position

1. 
2. 
3. 
4.
OPIOID OVERDOSE RESPONSE

Rescue Breathing

• Make sure nothing is blocking their airway, stuck in their mouth

• Tilt their head back, pinch their nose closed and give one slow breath every 5 seconds

• Watch their chest to ensure it is rising with each breath
OPIOID OVERDOSE RESPONSE

Evaluate & Support

- Are they breathing on their own?
- If the first dose of naloxone doesn’t work within 3-5 minutes, give a second dose
- The person will be in acute withdrawal, comfort them – ensure they do not use again
- Discuss with EMS what happened, dose of naloxone given and allow them to proceed with follow up care
LET’S PRACTICE

ADAPT Nasal Narcan & Pfizer Injectable Naloxone
INTRANASAL NALOXONE

Peel open package to remove device
Hold device with thumb on the plunger and two fingers on the nozzle
Insert tip of device into either nostril and press plunger to release dose

Nasal dose should work within 3-5 minutes, if the person is not responsive in that timeframe use 2nd dose
INTRAMUSCULAR NALOXONE

Draw up 1cc into syringe

Inject one dose (1cc) into one of muscle areas shown (upper arm, thigh or upper butt)

Continue rescue breathing after 1\textsuperscript{st} dose

Narcan should work in about 3-5 minutes, if it doesn’t give 2\textsuperscript{nd} injection
PUTTING IT ALL TOGETHER
5 STEPS TO SAVE A LIFE

FIRST
SHAKE their shoulders, RAKE their chest & SHOUT their name

SECOND
GIVE NALOXONE

THIRD
CALL 911, tell them someone is NOT BREATHING

FOURTH
PERFORM RESCUE BREATHS

FIFTH
SECOND DOSE after 2-3 minutes if there is no response
QUESTIONS?