

Harm Reduction Training Series: Session 2

Common Risk Factors & Interventions for People Who Use Drugs

Presenter Introductions

- **Aislinn Bird, MD, MPH (she/her) - Alameda County
Healthcare for the Homeless**
- **Dax Jackson (they/them)**

Housekeeping

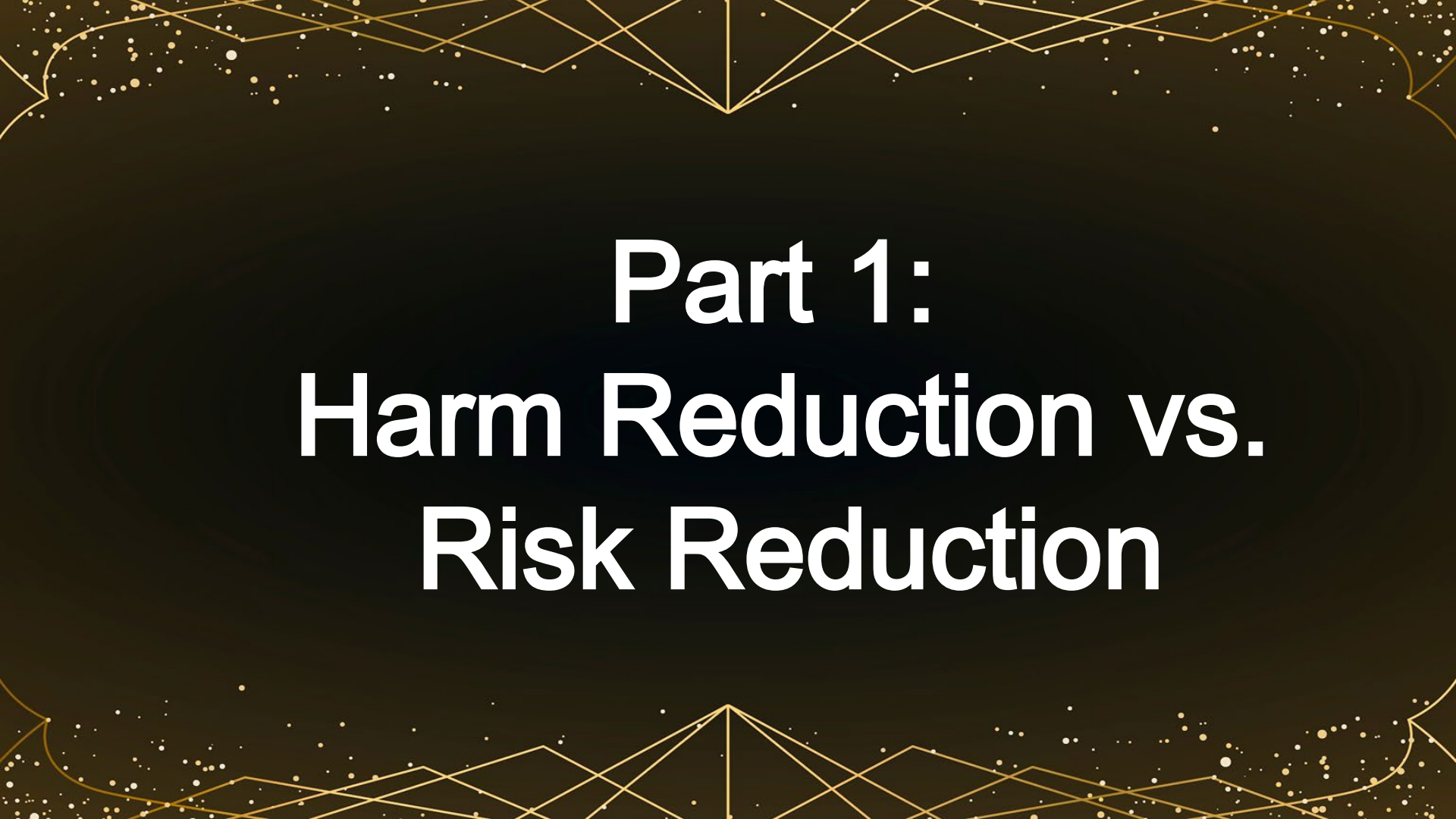
- **Please keep yourself muted and have your video on**
- **Use the chat to ask any questions you may have**
- **Majority of questions during a Q&A at the end of each session**
- **Everyone here is an expert**
- **We will be using some terms interchangeably**
- **This session will be recorded if you wish to review it later**

Series Overview

- Session One: Harm Reduction Foundations & Engagement Strategies
- **Session Two: Risk Factors & Harm Reduction Interventions**
- Session Three: Practicum & Case Study

Session 2 Overview

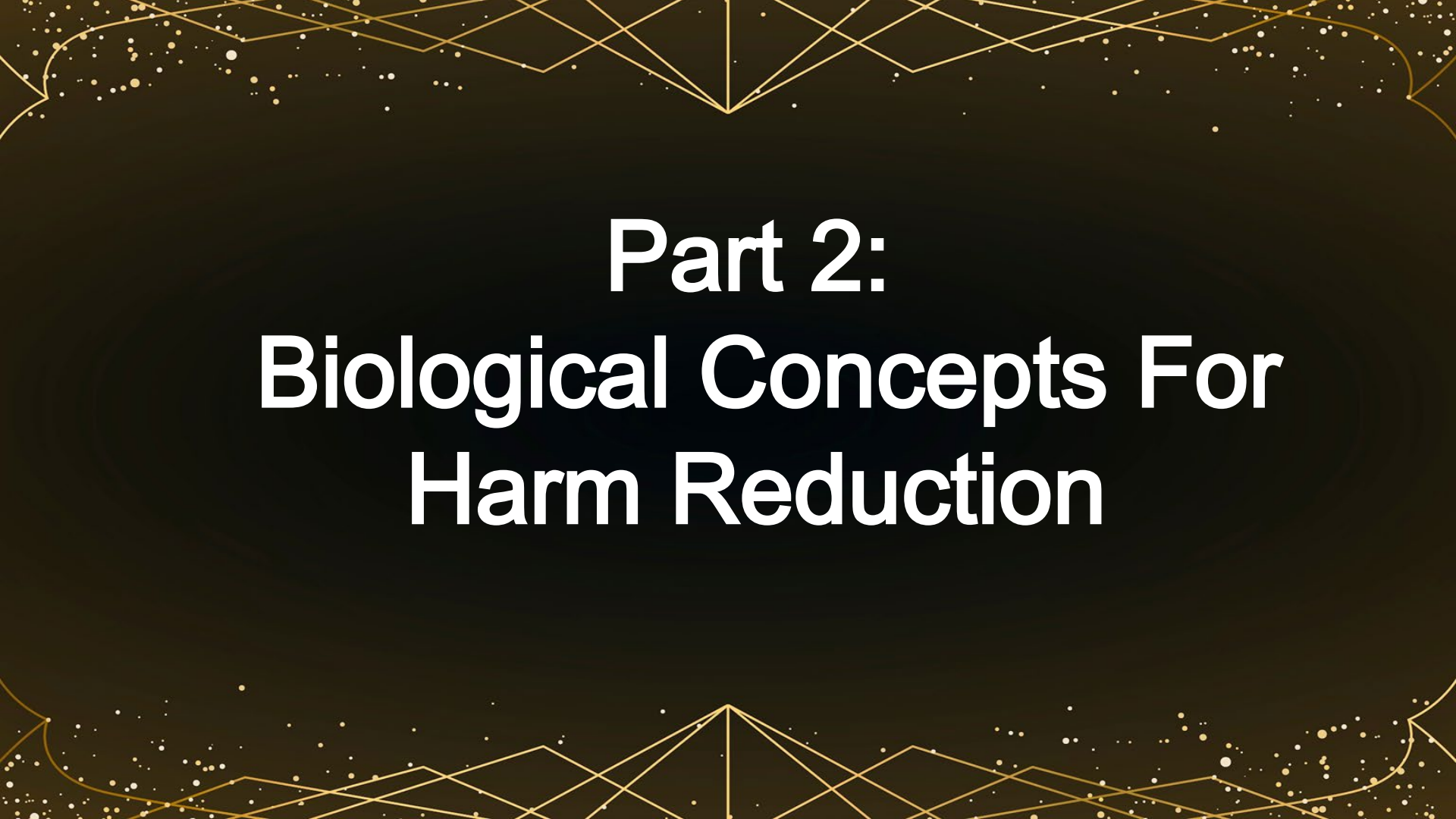
- **Risk Reduction & Threat Modeling**
- **Pharmacological Concepts for Harm Reduction**
- **Common Risk Factors & Interventions**
 - **Dosing**
 - **Adulteration & Misrepresentation**
 - **Fentanyl Strip Demo**
 - **Drug Interactions**
 - **Unsafe Consumption Techniques**



**Part 1:
Harm Reduction vs.
Risk Reduction**

Harm Reduction vs. Risk Reduction

- **Broad approaches to addressing health & safety issues which overlap and are often used interchangeably, but with slight differences**
- **Harm Reduction: Addressing a *current* negative impact to health and safety and taking measures to address it (ex. infections due to use of dirty needles)**
- **Risk Reduction: Utilizing past and present information to project and mitigate potential *future* negative impacts to health and safety (often based on past or current events) and taking preventative measures to avoid them**



Part 2:
**Biological Concepts For
Harm Reduction**

Body Basics: Your Biology May Vary

- Most drugs have effects that can be anticipated with a degree of consistency, BUT **bodies are all different.**
- Different people's responses to the same drug can vary widely; **what's safe for one person may be risky to another**
- An individual's response to the **same drug** can also vary, both over time and in different situations
- Remember self-care! Eat, drink water, sleep, check-in with yourself



Part 3: Common Risk Factors & Interventions



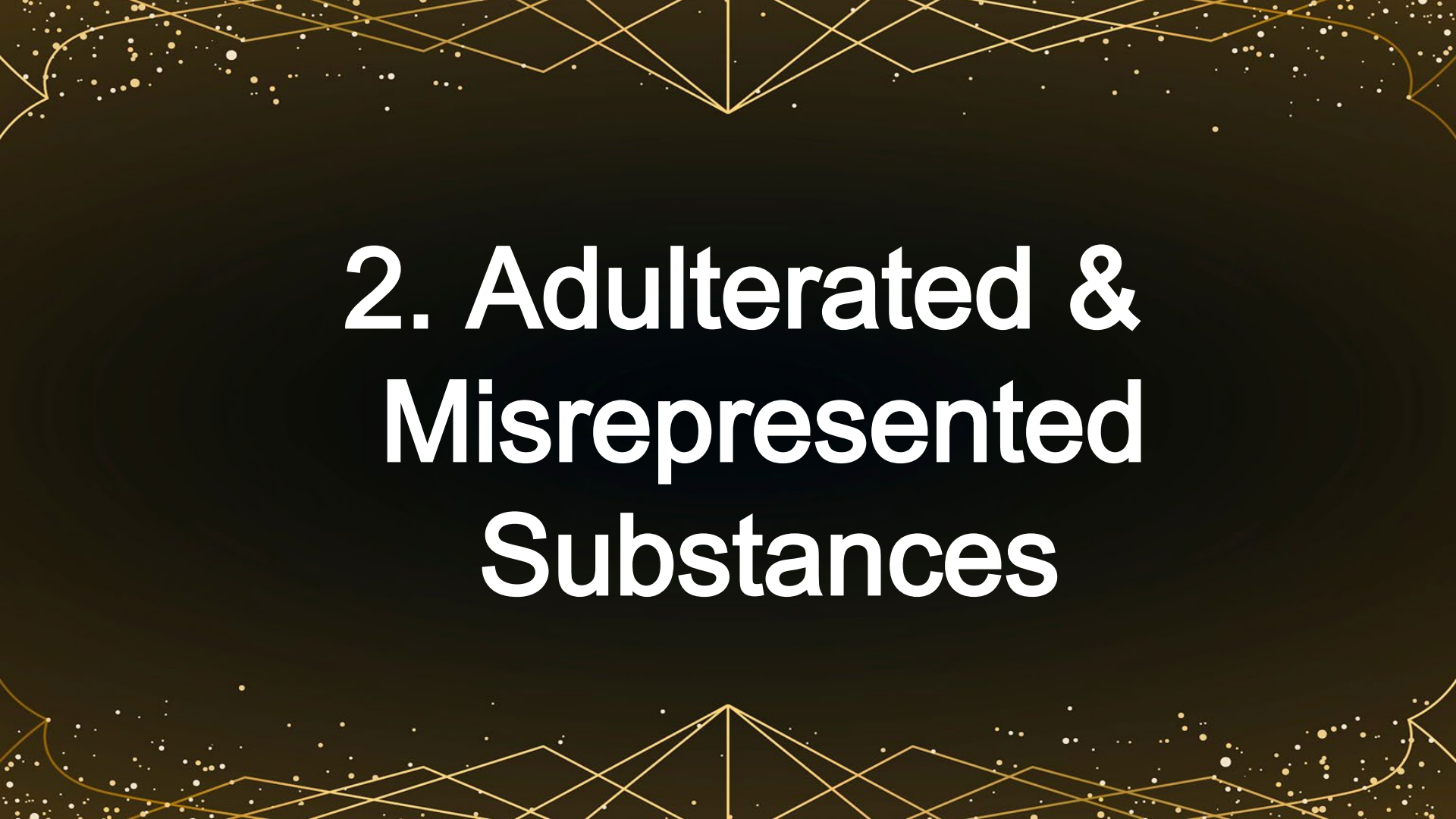
1. Dosing Issues

Common Dosing Issues & Interventions

- **Overdose:** Can be due to a variety of factors, including
 - **Overconsumption**
 - **Redosing too early (remember that redosing is additive)**
 - **Unexpectedly strong product (potency in underground markets can vary)**
 - **Misrepresented product (ex. fentanyl analogues instead of fentanyl)**
 - **Adulterated product (ex. meth cut w/ fentanyl, fentanyl cut w/ xylazine)**
 - **Drug interactions (ex. opioids & benzodiazepines, fentanyl & xylazine)**
- **Harm reduction interventions to reduce overdose risk:**
 - **Start Low, Go Slow (ex. low-dose test shots with new batches of product)**
 - **Using With Others (staggering use can improve response in in event of OD)**
 - **Having Naloxone (Narcan) nearby in case someone finds you unresponsive**
 - **Calling the Don't Use Alone Hotline: 877-696-1996**

Additional Dosing Concepts To Share With Clients

- **Wait for full effects of a dose to kick in before doing more (timing depends on how you consume substances: injecting: faster than smoking, booty bumping: faster than ingesting)**
- **Whenever possible, oral dosing is safest**
 - **Safety benefits of oral dosing include filtering of impurities by the stomach, slower onset time for effects to kick in (more time to get help if needed, and option to stomach pump if you OD)**
- **Smoking is safer than IV dosing due to slower onset and lower risk of infections & abscess**
 - **If IV is desired and there is limited vein access, consider “booty bumping” (rectal administration), “skin popping” (injecting under skin), or “muscling” (injecting into muscle tissue rather than directly into veins)**



2. Adulterated & Misrepresented Substances

Common Adulteration & Misrepresentation Issues

- It is common for drugs sold in underground markets to be cut with harmful adulterants, whether they be other drugs or something pharmacologically inactive
- It is also common for drugs sold in underground markets to be misrepresented as substances they are not, including *analogue drugs*
 - Analogue drugs are substances that are chemically similar to familiar drugs
 - Analogues can have similar effects and are often sold as their common cousins, but can have very different safety profiles (ex. fentanyl vs. carfentanil)
- Counterfeit pharmaceuticals which look identical to their legitimate counterparts but contain other substances (ex. fake Xanax or Percocet containing fentanyl)

Drug Checking: Detecting Adulterants & Misrepresentation

- **Fentanyl/Xylazine Strips**

- The most accurate fentanyl strips on the market are sold by Dancesafe (no one there paid us to say this)
- Different substances need to be diluted at specific ratios in order for strips to give accurate results
- Achieving correct dilution ratios require a microscoop or milligram scale
 - Not always possible, nor a common recommendation, but it would be a great project to make microscoops available to clients

- **FTIR Services**


- More effective at determining purity than reagents, but some limitations
- Less sensitive than strips at detecting fentanyl & xylazine



Fentanyl Strip Demo

Understanding Test Results

- **Trust in a person is not the same thing as testing data about the contents of their product**
 - Remind patients that the same supplier's product may vary over time
 - Every new batch sets the safety clock back to zero; test every time
- **Remind clients that their supplier may not be testing their product**
 - This is typically out of ignorance, not malice
 - Violence towards street dealers is not warranted when adulterants are detected; adulteration usually happens at the manufacturing or upper distribution levels
- **Purchasing and testing larger batches can mitigate inconsistency**



3. Dangerous Drug Interactions

Combining Drugs: Synergy & Contraindications

- **Two drugs which have manageable effects on their own can amplify each other's effects or behave in unpredictable ways when combined.**
 - **When combining drugs it's safest to Start Low, Go Slow and take the smallest possible dose of each to start**
- **When combining drugs, be mindful of which class of drugs each substance is from, as this may impact risk of overdose or other issues**
- **Drugs can also interact dangerously with different physical and mental health conditions (ex. LSD & psilocybin with schizophrenia, stimulants with various heart conditions)**

Drug Interaction Harm Reduction Interventions:

- **Avoid combining drugs from similar classes, especially depressants (ex. opioids, alcohol, benzodiazepines)**
- **Respect the Rule of Three - after three substances, it's exponentially harder to track the number of interactions at play**
- **Consider everything in the body that might have an interaction effect**
 - **This can include psychiatric medications, OTC medications, alcohol, caffeine, nicotine, some vitamins and supplements, & grapefruit**

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4. Unsafe Consumption Technique

Consumption Technique Risks

- Different Routes of Administration have a different risk profile
 - The fewer biological filters there are before the drug hits the bloodstream, the greater the potential health and safety risks
 - Getting higher, faster makes it easier to OD
- **Injecting:** Infection risk at injection sites, transmission risk from needle sharing
- **Smoking:** Superheated particulates damage lungs over time, transmission risk from pipe sharing
- **Snorting:** Particulates can damage sinus cavity over time.

Safer Consumption Interventions: Smoking

- **Pipes**
 - Clean pipes regularly
 - Disinfect before sharing
 - Chipped pipes are more likely to transmit blood-borne pathogens
 - Use your own mouthpiece to avoid burns and transmitting diseases
 - Keep lips moist with chapstick/ vaseline to avoid chapped lips
- **For this and following safer consumption interventions, co-create a plan with your client based on what's possible and achievable**

Safer Consumption Interventions: Snorting

- **Snorting**
 - Don't use rolled-up dollar bills to snort drugs: money is dirty and gross
 - Use a clean straw or rolled-up piece of paper if possible
 - Grind or chop product into the finest powder possible on the cleanest surface possible
 - Large chunks and crystals can damage sinus tissue and increase irritation/risk of infection
 - Don't share straws: this can be a vector for Hepatitis C transmission
 - When possible, use a sterile saline nasal rinse to clean sinuses after snorting

Safer Consumption Interventions: Injecting

- **Needles**

- Newer needles are safer needles: use fresh sharps as often as possible
- Don't sanitize with bleach, but if clean needles are not available and you absolutely must, sanitizing with bleach, wipe off the bleach fully before injecting
- Rotate veins: using the same location increases risk of long-term damage
- Clean and cover injection sites after use to prevent infection
- Use clean, sterile water (bottled water is okay)
- Clean skin with an alcohol wipe (ideally) or other means, before injecting

Safer Consumption Interventions: Booty Bumping/ Boofing

- **Booty Bumping/ Boofing**
 - Consuming substances rectally
 - Safer than injecting
 - Risk of tears, bleeding. Consider not receiving anal sex right afterwards
 - Use a clean syringe (no needle!)
 - Use lots of lube
 - Position: Whatever is comfortable- laying on your stomach, side, back, standing with one leg bent
 - Leave the syringe in for a few minutes so the liquid does not come out

Online Resources: Drug Interactions

- Drugs.com Interactions Checker (pharmaceuticals)
- TripSit Combinations Chart (recreational substances)
- Internet Search: [drug 1] [drug 2] contraindications OR interactions OR combination”

Online Resources: Organizations

- Dancesafe.org: Fentanyl Test Strips
- National Harm Reduction Coalition: harmreduction.org/

Local Harm Reduction Organizations:

- Punks With Lunch: www.punkswithlunch.org/
- HEPPAC: heppac.org/
- Berkeley NEED: www.berkeleyneed.org/

The image features a black background with a decorative border of gold geometric lines and sparkles. The text "Q & A" is centered in a large, white, sans-serif font. The gold lines form a complex, interlocking pattern that resembles a stylized star or a series of overlapping triangles. Small, white, circular sparkles are scattered throughout the gold lines, adding a shimmering effect to the design.

Q & A