



香港社會服務聯會
The Hong Kong Council of Social Service

Professional Certificate in Substance Abuse Counseling Session 12: Harm Reduction 緩減毒害

26/11/2013

1530-1700

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Definition

- Harm Reduction, Harm Minimization, Risk Reduction (used interchangeably)
- Harm Reduction refers to policies, programmes and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption. Harm reduction benefits people who use drugs, their families and the community. (www.ihra.net)

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Development

- 1920's heroin prescribed to treat addicts in UK
- 1970's legal use of cannabis in designated café in Netherland
- 1980's introduction of methadone treatment and needle exchange program in Netherland & UK
- 1980's widespread of AIDS

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Development

- Implementation of harm reduction in legislation, public health as well as social services rather than moral / disease / criminal penalty approach to drug use
- Consequence : reduce criminal activity, prevent HIV risk and other blood-borne virus, reduce overdose death, improve overall personal, social and family functioning

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Drug related harm

- Different levels of harm:
 - individual, community/family, societal
- Different types of harm:
 - health, social, economic, legal

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Areas for Harm Reduction

- Drug use
- Safer route of drug administration
- Alternative, safer substance
- Reduce frequency, dosage, intensity of drug use

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Areas for Harm Reduction

- Lifestyle
- Achieving safe sexual behavior
- Reducing criminal behavior
- Leaving the drug subculture
- Improving personal care
- Improving personal relationship
- Improving family life
- Improving personal economic survival
- Improving accommodation



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Examples of Intervention

- Needle and syringe program, e.g. ATRM in Macau



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Examples of Intervention

- Methadone and other replacement therapy, e.g. methadone treatment program in HK, 20 clinics, 8000 active patients, annual attendance more than 2 million, 98 % on maintenance treatment in 2010, education, free condom distribution, universal urine HIV testing since 2004

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Table 1 Outcome of MUT Programme, 2004 to June 2009

	2004	2005	2006	2007	2008	2009 (Jan-Jun)
Total attendees	9 899	9 619	8 793	9 000	9 259	4 278
Tests done	8 905	8 749	7 911	7 232	7 723	3 294
Testing coverage	90%	91%	90%	80%	83%	77%
HIV prevalence (95% C.I.)	0.20% (0.12%-0.32%)	0.32% (0.21%-0.47%)	0.36% (0.24%-0.52%)	0.36% (0.23%-0.52%)	0.47% (0.33%-0.64%)	0.47% (0.27%-0.76%)
No. of newly diagnosed positive patients	14	9	6	8	9	2
No. of new patients who attended HIV care	8	6	3	6	6	1

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- Department of Health, Public Health & Epidemiology Bulletin, Vol 19, no. 1, April 2010



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HIV situation in 2nd quarter 2013 at a glance

二零一三年第二季愛滋病流行情況一覽

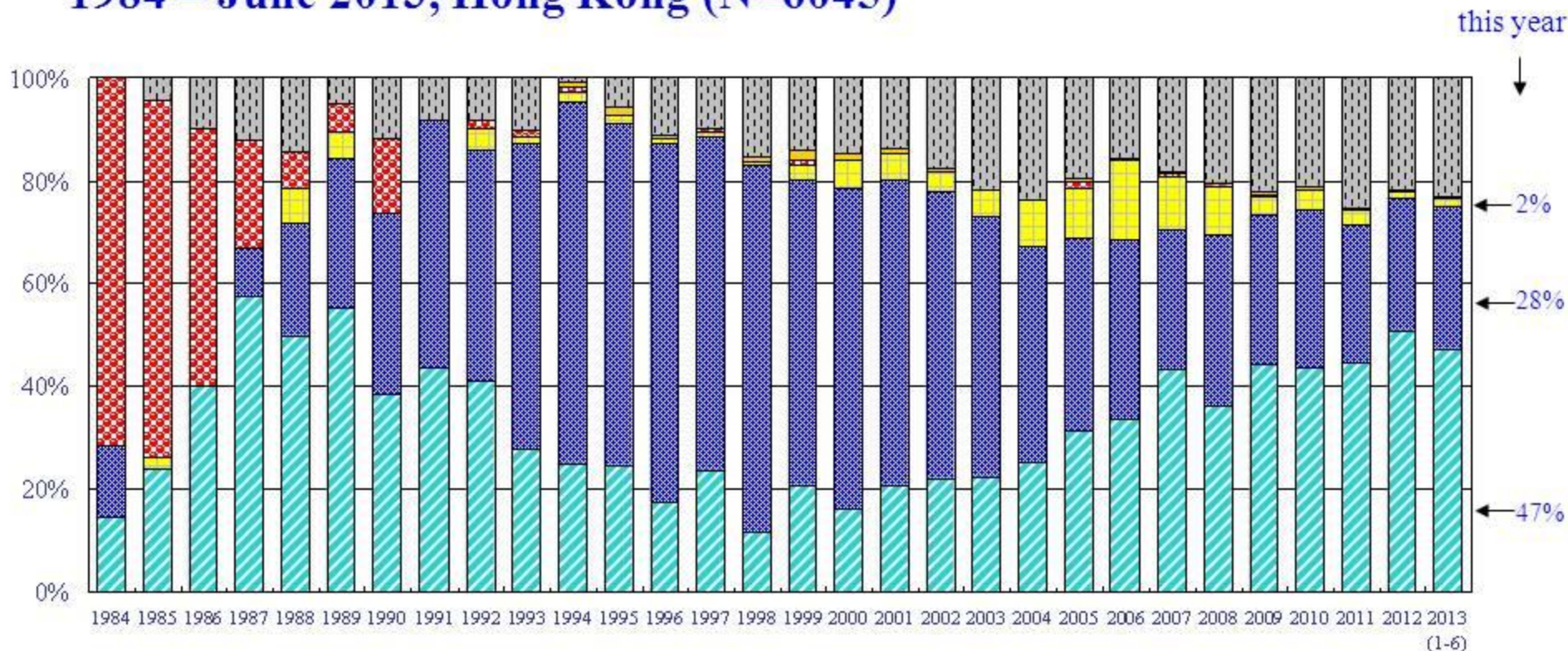
HIV infections reported	123
愛滋病病毒感染呈報個案	
Male/Female 男/女	105/18
Chinese/Non-Chinese/Unknown 華裔/非華裔/不詳	87/27/9
Route of transmission 感染途徑	
Heterosexual 異性性接觸	27
Homosexual 同性性接觸	58
Bisexual 雙性性接觸	6
Injecting drug use 注射毒品	2
Blood/blood product infusion 輸入血液 / 血製品	1
Perinatal 母嬰傳播	0
Undetermined 不詳	29
AIDS reported	22

愛滋病呈報個案

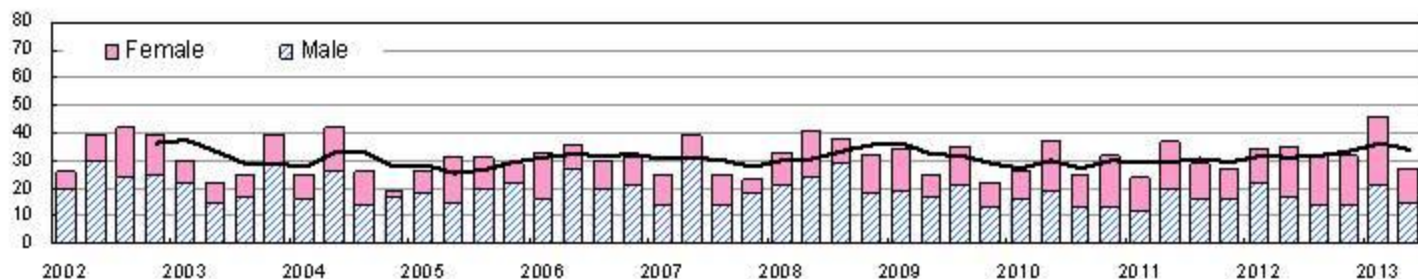
Route of transmission of HIV infection

香港每年感染愛滋病毒人士之傳染途徑分佈

1984 – June 2013, Hong Kong (N=6045)

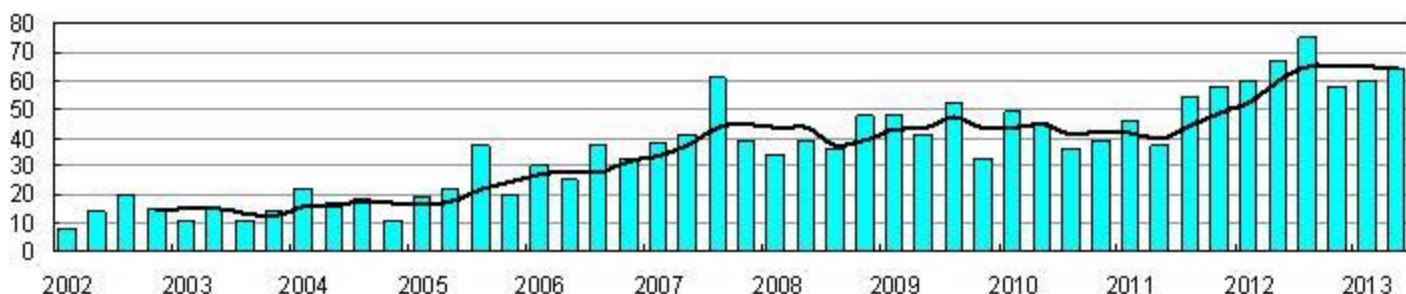


Heterosexual transmission 異性性接觸感染個案



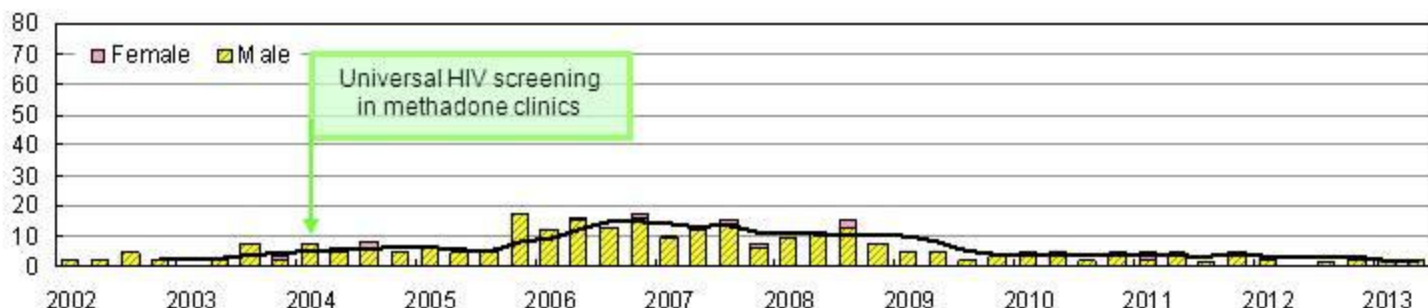
No. of reports remained at a stable level
報告數字保持平穩

MSM transmission 男男性接觸感染個案



No. of reports stayed high
報告數字維持高企

Transmission through injecting drug use 注射毒品感染個案



No. of reports remained at a relatively low level
報告數字保持相對偏低

Examples of Intervention

- Overdose prevention : take home naloxone



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BE A LIFESAVER! OVERDOSE PREVENTION AND SURVIVAL



1. CALL 911
Llame al 911



2. RESCUE BREATHING
Respiración
de Boca a Boca



3. GIVE NARCAN
Administra Narcan

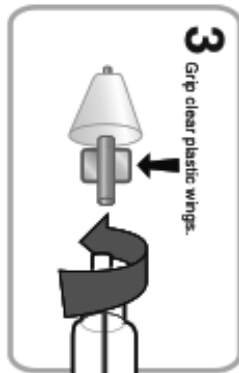
HOW TO GIVE NASAL SPRAY NARCAN



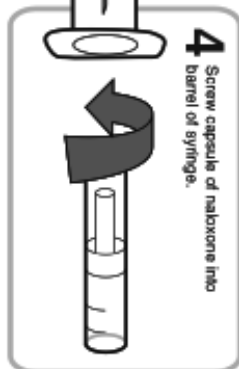
1 Pull or pry off yellow caps



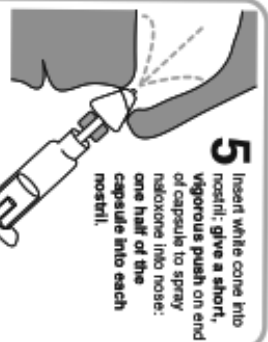
2 Pry off red cap



3 Grip clear plastic wings.



4 Screw capsule of naloxone into barrel of syringe.



5 Insert white cone into nostril; give a short, vigorous push on end of capsule to spray naloxone into nose: one half of the capsule into each nostril.

6 If no reaction in 2-5 minutes, give the second dose.

Push to spray.

HARM REDUCTION COALITION
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The Drug Overdose Prevention and Education Project

is a program of the Harm Reduction Coalition

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OVERDOSE IS MOST COMMON WHEN:

- Your tolerance is down due to not using—whether you took a break, were in treatment, jail or had cut down on your use.
- When you mix drugs, especially a few kinds of downers, like heroin, methadone, benzos/pills and alcohol or any combo of those.
- When you get stronger drugs than you're used to. If the supply changes or you go to a new dealer or you're new in town.
- When you're alone—nobody is around to help if you go out.
- When you've been sick, tired, run down or dehydrated—your body can't handle the drugs as well if it is not healthy and nourished.

HOW TO RECOGNIZE AN OVERDOSE:

- Blue or grayish lips and fingernails
- Clammy, sweaty skin
- Shallow or raspy breathing, snoring or gurgling sounds
- Won't wake up to yelling their name, or yelling "I'm going to Narcan you!"

If your friend is just in a heavy nod, but is still conscious and breathing, make sure to stay with them, walk them around, keep them talking and moving. Watch their breathing.

Someone can slip into an overdose hours after they got high!

Have your Narcan kit around just in case you never know when you'll need it.

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ACTIONS:

1. Check to see if they can respond

- Give them a light shake, yell their name. Any response? Are they breathing?
- If you can't get a response, try a STERNUM RUB (rub your knuckles on their chest bone for about 10 seconds).

2. Call 911

- You don't need to mention drugs on the call—stick to the basics:
 - Give the address and location
 - Say "my friend is unconscious and I can't wake them up" or "my friend isn't breathing"

3. Rescue Breathing

- Make sure nothing is in their mouth
- Tilt head back, lift chin, pinch nose
- Give a breath every five seconds

4. Give Narcan

- If you have the Nasal Spray Narcan, spray half up one nostril, half up the other.
- If you have the Injectable Narcan, inject 1cc into the muscle of the upper arm, upper thigh, or upper/outer quarter of the butt.
- Keep rescue breathing if they haven't started breathing on their own.
- Give second dose of Narcan if there is no response after about 3 minutes.

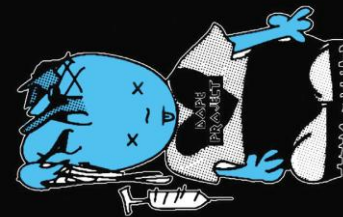
5. After Narcan

- Remind the person that Narcan will wear off in about 30-45 minutes.
- Stay with them until they go to the hospital or the Narcan wears off to make sure the overdose doesn't come back.

PREVENTING OVERDOSE

- Eat, sleep, drink water—keeping our bodies healthy can help reduce the risk of overdose!
- Be careful if you mix alcohol, benzos/pills, heroin or methadone—any combo of these drugs can cause your breathing and heart to stop working.
- Prepare your own drugs, know how strong your shot is and exactly what's in it.
- Have an OD plan with the people you use with. Empower yourself, learn how to do rescue breathing and get a Narcan kit!
- Always use with a friend or let someone know you're getting high so they can check on you. Keep doors unlocked so help can reach you if you're in trouble.
- Test out a new supply to see how strong it is—inject slowly or do less to start. Talk to others who copped from the same source.
- Go slow if you're just picking up after a period of not using, do a tester shot and have someone with you. Remember...you can always do more, but you can't do less!

got naloxone?



Examples of Intervention

- Depenalisation and the harms associated with criminal penalties for drug use, e.g. legal use of cannabis in Netherlands
- Information, education and communication, e.g. outreaching education by peer volunteers

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Examples of Intervention

- Safer injecting and other drug consumption room, e.g. InSite & OnSite in Vancouver, overdoses in the vicinity of the site have decreased by 35% - compared to a 9% decrease in the city overall.
- Pill testing : reduce risk of contamination and adulteration of drug
- Dental reconstruction – teeth project

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Criticism / Misconceptions

- Enabling : keep people stuck within a pattern of addiction, anti-abstinence
- Ultimate goal : legalization of drugs

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Principles

- According to Harm Reduction Coalition:

- 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.

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Principles

- 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.
- 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.
- Ensures that drug users and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them.

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Principles

- Affirms drugs users themselves as the primary agents of reducing the harms of their drug use, and seeks to empower users to share information and support each other in strategies which meet their actual conditions of use.
- 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.
- Does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use.

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Implication to counselling

- Low vs high threshold access to prevention and treatment programs, Active drug users can and do participate in treatment
- Tolerance vs zero tolerance, viewing severity of addiction on a continuum from no use, moderate use or persistent addiction

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Implication to counselling

- Recognize abstinence as an ideal outcome, but not the only goal and accepts other alternatives
- Focus on reducing harm caused by drug use , not on use

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Implication to counselling

- Assessment strategy must include biopsychosocial dimensions, the relationship between user and the drug of choice
- Engage the person in a process of incremental change

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Implication to counselling

- Prioritize needs and goals hierarchy (acknowledge other pressing problems than drug use)
- Importance of therapeutic alliance, client's motivation and self-efficacy
- Redefine nature of success : count any reduction as a success

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Conclusion

- Harm reduction vs zero tolerance
- Resistance to treatment vs retention in treatment
- Choice between undergoing treatment vs facing criminal proceedings (RESCUE drug testing scheme)

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~ Thanks ~



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