ABSTRACTS

10TH NATIONAL HARM REDUCTION CONFERENCE

OCT 23–26 2014 BALTIMORE

CROSSROADS & INTERSECTIONS

DOING TOGETHER WHAT WE CAN'T DO APART

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A SMITH BECKY SMITH DANIEL SMITH GRANT SMITH KIMHAI SO MARVIN SO JO L SOTHERAN
Y ANDREW TATARSKY MAGGIE TAYLOR MARLISS TAYLOR MISHKA TERPLAN SARAH THIBAULT
AFI TORRUELLA LORI TOSCANO ASHLEY TSANG MONIQUE TULA JAY UNICK SHEILA VAKHARIA
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E MONICA YORKMAN GABRIELA ZAPATA-ALMA CARLA ZELAYA JON ZIBBELL DOMINICK ZURLO

CONFERENCE 2014 ABSTRACTS

This is a listing of all presenters and presentation abstracts that were submitted to Harm Reduction Coalition when registering for the conference.

Mission Statement

Harm Reduction Coalition is a national advocacy and capacity-building organization that promotes the health and dignity of individuals and communities impacted by drug use. Our efforts advance harm reduction policies, practices and programs that address the adverse effects of drug use including overdose, HIV, hepatitis C, addiction, and incarceration. Recognizing that social inequality and injustice magnify drug-related harm and limit the voice of our most vulnerable communities, we work to uphold every individual's right to health and well-being and their competence to participate in the public policy dialogue.

Conference Objectives

- Provide a safe forum for the exchange of information, ideas, and strategies for incorporating harm reduction into direct services, public policy, and individual lives
- Offer technical information on program development and implementation
- Present current examples of effective harm reduction services and policies
- Encourage a dialogue between individuals from diverse disciplines, backgrounds, and personal experiences, including drug users and those with a history of drug use
- Explore and analyze our own attitudes about and relationships to drugs and drug users

Download this document online at:
www.harmreduction.org/conference

AGOSTINI, Saida

Freestate Legal Project

Co-Author(s):
Dominique Parris, *SMYAL*,
Saida Agostini,
FreeState Legal Project

Dominique Parris, M.Ed
Originally from outside of Philadelphia, Dominique earned her B.A. in International Relations from Wellesley College and her M.Ed. in Social Justice Education from the University of Massachusetts Amherst. Her graduate studies allowed Dominique to focus on issues of race, gender and sexual orientation and further develop her skills and passion for curriculum design, dialogue facilitation, and popular education techniques. While earning her M.Ed, Dominique supervised Peer Mentors as a part of the First Year Education program in the department of Residence Life at UMass Amherst. She especially enjoyed the opportunity to work closely with youth as they educated and empower

Narratives of Power and Resistance: Partnering with LGBTQ Youth and Families to Build Best Practices

Best practices are typically constructed using data collected from massive studies that often relegates the stories of LGBTQ youth, families and other advocates in the margins. SMYAL (Supporting and Mentoring Youth Advocates and Leaders) and FreeState Legal Project have partnered together to construct best practices for service providers, educators, and other stakeholders, that are grounded in the rituals of resiliency that have helped LGBTQ youth overcome multiple oppressive barriers. The workshop will highlight new models for peer engagement, discuss the importance of creating best practices that utilize storytelling, and are grounded in resiliency. The facilitators will also discuss the cultural shift required to ground best practices in a celebration of resiliency and agency, as opposed to pathology, and what it means to partner with LGBTQ youth and families to codify these narratives.

AGUS, Deborah

Behavioral Health Leadership INstitute

Co-Author(s):
Coriless Jones, *Dee's Place*,
Lena Franklin, *Recovery in Community*

Deborah Agus received her law degree from Cornell Law School in 1979 and has spent most of her career in field of public mental health policy. As Counsel and Director of Policy at Baltimore Mental Health Systems, Inc., the local mental health authority for Baltimore City, Deborah designed and implemented a case rate pilot project for persons suffering from serious and persistent mental illness who were targeted as the State's heaviest users and a system-wide crisis service. After leaving BMHS, she served as a consultant to local governments on issues of system design and also helped to develop case rate models in other jurisdictions. She is currently the Executive Director of the Behavioral Health Leadership Institute.

Reaching Out to Reach In: Providing Buprenorphine Treatment in Grassroots Settings

Opioid addiction is a devastating health problem especially for people living in poverty. There is a need to increase access to effective treatments. Buprenorphine is a highly effective medication that is used in the outpatient treatment of opioid-dependent patients but is under-utilized due to shared stigma on the part of users, clinicians and policy-makers and additional barriers to access including rigid programs and unwelcoming providers. The BHLI model is to co-locate high-quality professionals within a community-based peer recovery setting, thus integrating medical treatment with support by peers and paraprofessionals. The focus is on treating the addiction with a non-judgmental, open approach. The treatment is included within a program that includes participation in recovery meetings, counseling and optional yoga. The two recovery sites are Dee's Place and Recovery in Community, each of which are peer-managed thresholds to recovery sites. The presentation panel will include a client from the program who now works with new clients to support their recovery, a peer recovery outreach specialist from the site, the Director of Recovery in Community and a member of the clinical team. The panel will explain how the model works so that it can be expanded to provide effective treatment while promoting hope and recovery.

AKERS, Naomi

St. James Infirmary

Co-Author(s):
Stephany Ashley, *St. James Infirmary*

Naomi Akers, MPH, has worked as a sex worker rights advocate in San Francisco for 20 years. For 7 years she was the Executive Director of the St. James Infirmary (SJI), a free medical clinic for sex workers where she has worked since 2002, and has been a client since 1999. Naomi's areas of interest center around harm reduction approaches, social justice and health as a human right, particularly for Sex Workers, and drug users. Since 2012 Naomi Akers has served as a Commissioner on San Francisco's Entertainment Commission. In October 2013 Naomi transitioned from her role as Executive Director to the St. James Infirmary Board of Directors.

No Condoms as Evidence Campaigns: Why what should be a "no brainer" is actually an uphill political and legal battle

Throughout the United States, law enforcement agencies confiscate condoms as evidence of prostitution and prostitution related crimes. As a result of advocacy by St. James Infirmary founding members (then with COYOTE) and other sex worker rights activists, in 1994, the San Francisco Board of Supervisors signed a resolution urging the San Francisco Police Department (SFPD) and the San Francisco District Attorney (SFDA) to discontinue this practice as it discourages the use of condoms, undermines the City's current policy and the labors of health professionals, and counters the efforts behind the enactment of San Francisco's "State of Emergency" (the same policy that paved the way for syringe access programs in San Francisco). Then District Attorney Arlo Smith signed an agreement that the DAs Office would not use condoms as evidence for 647(b) cases (soliciting for prostitution, State CA Penal Code) as an "act of furtherance". This agreement was on a trial basis and was intended to include an active review with the Health Department and Police Department on the results of the demonstration agreement. The review never occurred. The agreement was honored by the SFDA for many years, however under the leadership of Kamala Harris in 2003 the agreement was disregarded. Over the next 10 years, the confiscation, photographing and use of condoms as evidence by the SFPD, SFDA and the ABC (Alcohol Beverage & Control) against sex workers and groups profiled as sex workers proliferated. St. James Infirmary began an 8-year battle urging the City to resume the 1994 resolution and SFDA agreement. Finally, as a result of collaboration between Human Rights Watch, the SF Human Rights Commission and the SF AIDS Office, in April 2013 the SFPD and the SFDA agreed to not use condoms as evidence of soliciting or loitering in prostitution related cases. This presentation will provide an overview of the use of condoms as evidence in 4 major cities and then outline the history of this political battle in SF, the steps involved, the benefits and challenges of the collaborations, and will also include data related to a 90 day review of prostitution cases without the use of condoms as evidence. Furthermore the St. James Infirmary presenters will examine the pros and cons of a pending/current California bill to end the statewide use of condoms as evidence and discuss the ongoing efforts to evaluate the outcomes of the "no condoms as evidence" policy change among sex workers and those targeted as such in San Francisco.

ALBIZU-GARCIA, Carmen

Graduate School of Public Health, UPR

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Nancy Vega-Ramos, *Vital Records, Puerto Rico Department of Health*,
Patricia Vélez, *Forensic Sciences Institute, Puerto Rico*

My academic career has been characterized by a strong commitment to training health professionals sensitive to population needs and capable of understanding the contributions of research to policy and services. I dedicated a great deal of my effort during my tenure as Academic Dean in two medical schools in Puerto Rico to the incorporation in the curriculum of a bio-psycho-social model from which to comprehend and manage health and illness. From these leadership positions I also gained an understanding of the complexities of academic institutions and the challenges that one must overcome to promote change and innovation.

The Declining Trend in Drug Overdose Deaths in Puerto Rico

Fatal and non-fatal overdose events are preventable. Between 1990 and 2000, the rate of overdose deaths in Puerto Rico (PR) nearly tripled and by the end of the decade attained a rate three times greater than that reported for the US population. The rate of overdose deaths in the US has markedly increased with many deaths accounted for by misuse of prescription pain killers, which has led health authorities to address overdose deaths as a prevention priority. During the last decade Puerto Rico had not been monitoring fatal and non-fatal accidental overdose events in spite of the rising trend experienced previously. In December of 2013, the Administrator of the MHAASA convened an inter-public agencies work-group and academia to address the need for data that quantifies the number of deaths and identifies factors associated with overdose events from illicit drugs and medications to inform policy and prevention. Analysis of deaths from the PR Forensic Institute and preliminary analysis of Vital Statistics for the period 2000-2012 reveal a marked decrease in OD mortality in the Island. We will present overall standardized rates of OD mortality as well as by gender and age groups. We will present and discuss preliminary data that may support potential explanations for the observed trend.

ALEXANDER, Irina

At The Crossroads

Co-Author(s):
Lauren Johnson, *At The Crossroads, Berkeley Needle Exchange*,
Irina Alexander, *At The Crossroads, Youth Rise*,
Brun Gonzalez, *Espolea, Youth Rise*,
Jenna Mellor, *Covenant House*

Lauren "LJ" Johnson is an Outreach Counselor with At The Crossroads, a support organization that works with homeless youth and young adults in San Francisco, CA . She is also a member of Berkeley Needle Exchange Emergency Distribution.

Irina Alexander's currently an Outreach Counselor with At The Crossroads, sits on the International Working Group of Youth Rise, and also does psychedelic harm reduction work through MAPS.

Jenna is a former Outreach Manager at HIPS and currently works as a Global Health Corps Fellow at Covenant House.

Brun is the Harm Reduction Coordinator with Espolea, a harm reduction organization in Mexico City, and is also a member of Youth Rise.

The Heart of Harm Reduction: Individualizing Services to Meet Clients' Needs

A client-centered approach prioritizes the knowledge, experience, and abilities of individuals while working to support them moving towards their self-directed goals. While many nonprofits understand this type of approach to be at the core of their direct service work, both structural and organizational barriers prevent this buzzword from becoming a reality. Incorporating perspectives from multiple agencies, this session will discuss various strategies for moving organizations towards a more client centered model. Expanding the application of harm reduction practice, we will discuss various approaches to supporting clients with a focus on mental health, substance use, and street economies."

ALEXANDRIDIS, Apostolos

UNC Injury Prevention Research Center

Co-Author(s):
Nidhi Sachdeva, *UNC Injury Prevention Research Center*,
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Kathleen Clark, *Independent Consultant*,
Robert BB Childs, *North Carolina Harm Reduction Coalition*,
Co-Presenter

We are a team of researchers and public health practitioners working to increase access to naloxone in North Carolina. Our team consists of academics, harm reduction advocates, community outreach workers, and local health departments. Though we have diverse affiliations, we are united in our common goal of reducing opioid overdose in North Carolina.

Tracking and Understanding Naloxone Use and Overdose Reversal Statewide in North Carolina

Background: Many questions concerning the use of naloxone in community settings remain unanswered, including: the method of administration, involvement of EMS and law enforcement, gender and age of overdose victims, timing of doses, and the origin of the naloxone used.

Methods: We have designed a system to label most naloxone kits distributed in North Carolina with unique ID codes that include distributing county and entity (e.g. Local Health Department or North Carolina Harm Reduction Coalition (NCHRC)). These labels also contain a link to a short, online, anonymous survey for adults who have used the kit to reverse an overdose.

Because of our existing efforts to evaluate overdose prevention programs statewide, the most crucial questions of naloxone use, location and date of use, were placed at the beginning.

Revisions to the initial survey questions were influenced by a review of the questions with the NCHRC Users Group and community stakeholders. We programmed the survey using Qualtrics Survey Software.

The survey is embedded in a website that could also act as a clearinghouse for information on naloxone access, legislation, and use.

Discussion: Several compromises were made in our survey. Our questions, initially chronologically ordered, were reordered by relevance to our research team to account for the likelihood of incomplete surveys.

It was also important to devise questions that would be applicable to all opioid users, including injection drug users and users of prescription analgesics. The former population is smaller, but has a higher risk of overdose (SAMHSA 2013, Seal 2011).

We expect our ID system to increase the fidelity of county-of-origin information. The ability to identify where naloxone kits originated and where they are used will enable us to determine the most efficacious methods of naloxone distribution by local government agencies and statewide NGOs.

References: Seal KH. 2001. Predictors and prevention of nonfatal overdose among street-recruited injection heroin users in the San Francisco Bay Area, 1998-1999. American journal of public health, 91(11), 1842-6.

Substance Abuse and Mental Health Services Administration (SAMHSA). 2013. Results from the 2012 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-46, HHS Publication No. (SMA) 13-4795. Rockville, MD: Substance Abuse and Mental Health Services Administration.

ALI, Adiba

Clark County Public Health

Co-Author(s):
Sandi Kendrick,
Clark County Public Health

Sandi Kendrick has been a health educator with Clark County Public Health for her entire career of 35 years. She has a BA in Community Health Education. She has been educating youth, adults and community members throughout her career on sexuality and harm reduction. She has always strived to give vulnerable adults and youth a voice and a safe place to get information, share stories and become empowered to help themselves.

Adiba Ali is an epidemiologist at Clark County Public Health, in Vancouver, WA. As a program evaluator, she works closely with the syringe services program, and is passionate about reducing harm among our most vulnerable citizens.

Saving Lives with the Overdose Prevention Program in Clark County, Washington.

Background: The Clark County Harm Reduction Center in Vancouver, WA includes syringe exchange, health screenings, and referrals to community resources such as health care, drug treatment, and social services. Statement of Problem: Opioid-related deaths and hospitalizations have significantly increased in the last several years. Strategies/Methods: Clark County Public Health initiated an overdose prevention program to provide education and distribute naloxone, a medication that reverses opioid overdoses. Harm Reduction Center staff, volunteers, and clients are receiving overdose management training, and under the prescribing authority of the Health Officer, naloxone is distributed to persons at risk for having or witnessing an opioid overdose. Partners: Key partners, including homeless youth outreach and law enforcement agencies, have supported overdose prevention efforts through referrals and increasing community awareness and education. Evaluation results: Training effectiveness is being evaluated through participant surveys, and overdose reversals are being tracked through naloxone program enrollment and refill forms. Through collaborations with Vital Records and Emergency Medical Services, we expect to track real-time overdose-related deaths and local use of naloxone. Conclusions: Providing overdose prevention tools to at-risk individuals can reduce opioid-related deaths, increase access to care, and enhance community awareness and education.

ALLEN, Sean

The George Washington University

Co-Author(s):
Monica Ruiz,
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The George Washington University

Sean Allen, MPH, DrPH(c), is a graduate student in the Doctor of Public Health (DrPH) program in Health Behavior at the Milken Institute School of Public Health at The George Washington University in Washington, DC. He currently serves as a Research Associate on a study (PI: Monica Ruiz) that explores policy change as a structural intervention for HIV prevention among injection drug users in three US cities (Baltimore, MD, Philadelphia, PA, and Washington, DC). Mr. Allen's current research interests include using mixed-methods analyses to examine substance use and high risk sexual behaviors, with specific attention on the role of spatial access to harm reduction services for HIV prevention.

The Evidence Does Not Speak for Itself: The Role of Research Evidence in Shaping Policy Change for the Implementation of Publicly Funded Syringe Exchange Programs in Three US Cities

Background: Policies that facilitate the creation and implementation of structural interventions for HIV prevention, such as syringe exchange programs, may help lower HIV incidence among injection drug users (IDU). Ideally, public health policies are informed by research evidence; however, the role of evidence in shaping public policy is dependent on a variety of factors, including the interpretation of research findings and windows for policy change. Though existing studies have explored the role of research evidence in policy change processes, few focus on its use in shaping policies for harm reduction programs that serve IDU. Studies on applications of research evidence frequently divide its use among three typologies: instrumental, conceptual, and symbolic. Using these typologies as a framework, this study examined the role of research evidence in shaping policy change for the implementation of publicly funded syringe exchange services in three US cities: Baltimore, MD, Philadelphia, PA, and the District of Columbia (DC).

Methods: In-depth qualitative interviews were conducted with key stakeholders (N=29) from each of the three cities. Stakeholders were asked about historical, social, political, and scientific contexts in place prior to, during, and after the policy change event in their city. Interviews were transcribed, coded, and analyzed for common themes pertaining to applications of research evidence in policy change processes.

Results: In Baltimore and Philadelphia, the typological approaches to the applications of research evidence used (instrumental and symbolic/conceptual, respectively) by syringe exchange proponents were effective in producing the political momentum required to facilitate policy change processes that allowed for the implementation of syringe exchange services. Applications of research evidence were less successful in DC because legislative decision-making was driven more by political ideologies opposing harm reduction strategies than objective consideration of research evidence supporting the public health utility of syringe exchange services.

Conclusion: While typological applications of research evidence are useful for understanding policy change processes, their efficacy falls short when policy makers ignore the merits of scientific research. Advocates for policy interventions for HIV prevention may benefit from understanding the utility of applications of research evidence and how each typology may be used to overcome legislative hurdles.

Note: This abstract is part of a suggested panel, "SEP in the City."

Missed Opportunities for Harm Reduction: Using GIS to Understand the Impact of Policies That Restrict Needle Exchange Services

Background: Syringe exchange programs (SEPs) have been shown to reduce transmission of HIV among injection drug users (IDU). Policies related to their implementation and operation may place severe restrictions on their service delivery. In the District of Columbia (DC), SEPs are prohibited "within 1,000 feet of a public or private elementary or secondary school (including a public charter school)." This policy restriction is damning for SEPs given that DC had more than 200 schools in operation during the 2013-2014 school year and that the District is a mere 68.5 sq. miles. Further, DC is divided into 8 wards that have unequal burdens of HIV infection. This study uses GIS mapping to understand the relationship between areas impacted by the 1,000-foot rule ban and wards with greatest prevalence of persons living with HIV.

Methods: Data from the DC Geographic Information System (DC-GIS) were used to overlay bodies of water and areas under federal jurisdiction (national parks and military installations) that prohibit SEP activities. Data from the DC Public

Charter School Board, DC Public Schools, and Independent Education were used to geocode locations for charter schools, public schools, and private schools, respectively, that met the criteria of the 1,000-foot rule. Preliminary geocoding was conducted using a program developed by the DC Office of the Chief Technology Officer that matched schools to the DC Master Address Repository (MAR). This matching process output identifiers of each school location that were then matched to a dataset from DC-GIS that geocoded the physical property boundaries of each school location. A 1,000-foot buffer was then applied to each of the school property boundaries. Geospatial analyses were conducted to determine the impact of policy restrictions on SEP service delivery areas in each ward and compared to 2012 HIV prevalence data by ward from the DC Department of Health.

Results: Bodies of water, national parks, and military installations resulted in a loss of 7.3, 10.7, and 2.8 sq. miles, respectively, or 30.4% of the total area of DC where SEPs can operate, which left 47.7 sq. miles as potential SEP operational space. Among the schools that met the criteria of the 1,000-foot rule (n=227), 99.6% (n=226) generated matches to the DC MAR. Applying a 1,000-foot buffer around school property boundaries resulted in a total loss of an additional 25.2 sq. miles of potential SEP operational space. This means that the policy prohibits SEPs in 52.8% of the total potential SEP operational space in DC. Paradoxically, ward 3, which has the lowest HIV prevalence in DC, has only 37.8% of its potential SEP operational space banned due to school proximity, while ward 1, which has the greatest prevalence of HIV in DC, has 78.2% of its potential SEP operational space banned due to school proximity.

Conclusions: The disconnect between wards with the greatest prevalence of HIV and areas where SEP service provision is legal creates missed opportunities for HIV prevention. Policy reform efforts should focus on revising restrictions that place unnecessary burdens on access to harm reduction services."

How far will they go?: Assessing the travel distance of current and former IDU to access harm reduction services

Background Utilization of syringe exchange programs (SEPs) offer significant benefits to injection drug using (IDU) populations who often experience stigmatization, financial barriers, and other disincentives when trying to seek care from traditional medical providers. Because these programs offer more user-friendly services, it is not uncommon for clients to seek out these services, even when other services are available and located more conveniently. While prior research has explored spatial access to SEPs among active IDU, there is little information available about service utilization at SEP sites by former IDU. This is an important gap in the literature given the cyclical nature of addiction and that drug users may experience positive health outcomes when engaging with providers who understand their substance use history. This study uses data collected as part of an IDU population estimation study in Washington, DC to examine differences in geographical access between active and non-active IDU seeking services at a mobile SEP.

Methods: Data from an IDU population estimation study that took place during March and April 2014 in Washington, DC were used to measure walking distance from residence to the mobile exchange site where a person engaged with the SEP. There are two mobile exchange sites in DC; for this analysis, only data from the largest mobile exchange program were used. Mobile exchange sites were matched to a corresponding address using Google Maps. To protect the clients' anonymity, data on home zip codes (but not addresses) were collected. ArcGIS was used to calculate latitude and longitude coordinates for the centroid points in each zip code. A SAS macro was then created that used Google Maps to plot each pair of data points (location of SEP site and centroid of home zip code) and calculate walking distance. Independent samples t-tests were used to determine if statistically significant differences existed in walking distance measures between persons who reported active IDU and those who reported no active IDU in the past 30 days on the date of engagement with the SEP.

ALLEN, Sean (continued)

Results: During the capture phase of the population estimation study, 201 persons completed study forms at the mobile exchange site. Among this sample, 64 forms were excluded due to persons reporting residence outside of Washington, DC and/or having missing data for the variables assessing engagement in injection drug use or zip code of residence. Distance calculations were conducted on the remaining sample (n=137). Of these, 29.2% (n=40) reported not injecting in the last 30 days. Differences in mean walking distance between active and non-active injectors were statistically significant ($p<.05$), with non-injectors having a mean walking distance of 1.80 miles and active injectors having a mean walking distance of 2.75 miles.

Conclusions: The results of this study suggest that persons who are engaging with SEPs primarily for non-needle exchange services (i.e. medical services) may be less willing to commute greater distances to access SEP services than their active IDU counterparts. This research provides support for expanding SEP operations such that non-IDU clients have shorter commutes to access services. Increasing service accessibility may help resolve unmet needs among former and active IDU."

ALSUM, Steve

The Grand Rapids Red Project

Co-Author(s):
Brandon Hool,
The Grand Rapids Red Project

Steve Alsum is the Executive Director of The Grand Rapids Red Project. He serves as co-chair for the Michigan HIV/AIDS Council, serves on Kent County's Community Health Advisory Committee, and as a board member of Recovery Allies of West Michigan. Brandon Hool manages the Clean Works syringe access program of The Grand Rapids Red Project. Both Brandon and Steve have personal experience with overdose, as well as experience training other community members to prevent and respond to overdose situations.

Naloxone Distribution in Substance Use Disorder Treatment: Lessons Learned in a Small MidWestern City

The Grand Rapids Red Project has been working to address overdose in Grand Rapids, a small mid-western city, for the last 6 years. We began training clients at our syringe access program, Clean Works, how to prevent and respond to overdose situations with Naloxone in October of 2008. In 2013 our program saw a major expansion, and we now provide overdose prevention and response training, with and with-out Naloxone distribution, on-site at most major substance use disorder treatment facilities in Grand Rapids. Community partners in our overdose prevention efforts include medication assisted treatment facilities, intensive outpatient programs, detox facilities, drop-in centers, and temporary housing agencies.

Our presentation will analyze lessons learned from overdose prevention efforts in Grand Rapids, Michigan, with a focus on working with traditional substance use disorder treatment providers. We will discuss forming and maintaining relationships with providers, benefits and challenges of providing naloxone distribution from a treatment facility, and meeting substance use disorder treatment providers where they're at in order to access their clients.
The Grand Rapids Red Project believes it is a basic human right for people to have access to the knowledge, tools, information, and support they need to stay healthy. For people who use opioids, naloxone is one of these tools, and as harm reduction service providers it is our job to make it easily accessible. Traditional substance use disorder treatment providers can successfully serve as a point of distribution for naloxone, and integrating overdose prevention training is mutually beneficial to our efforts and theirs."

AMATO, Chelsea

Hepatitis Education Project

Co-Author(s):
Bryn Hannon,
Hepatitis Education Project

Chelsea Amato and Bryn Hannon are outreach, education, and prevention project coordinators at the Hepatitis Education Project. In addition to providing testing, vaccination, and education at community-based programs and events, they currently manage HepTLC, a CDC-funded grant linking HCV-positive patients from testing to care at two sites in Seattle, WA: Evergreen Treatment Services, a methadone clinic, and the People's Harm Reduction Alliance, a syringe exchange program. Both Chelsea and Bryn are passionate about working with the viral hepatitis community to prevent and treat HCV, and provide advocacy to combat the stigma and oppression surrounding the hepatitis C epidemic.

Viral Hepatitis, Early Identification, and Linkage to Care for Persons Who Inject Drugs: HepTLC

Introduction: This project is funded through Public Prevention Health Funding by the Centers for Disease Control and Prevention (CDC) as 1 of 10 sites around the country. Through a collaboration with Public Health- Seattle & King County the Hepatitis Education Project (HEP) is providing free hepatitis C antibody screening and PCR confirmatory testing for antibody positives onsite at Evergreen Treatment Services (ETS), a methadone clinic and the People's Harm Reduction Alliance (PHRA), a syringe exchange program. For participants who receive a positive PCR result, HEP and ETS are offering post-test counseling, medical case management and linkage to care.

ANDERSON, Kenneth

HAMS: Harm Reduction for Alcohol

Kenneth Anderson is the author How to Change Your Drinking: a Harm Reduction Guide to Alcohol—a self-help manual for safer drinking, reduced drinking, or quitting alcohol altogether. He is also the founder of HAMS Harm Reduction for Alcohol. He has worked in the field of harm reduction since 2002. He has worked 'in the trenches' of harm reduction doing needle exchange in Minneapolis, served as Online Director for MM, and served as Director of Development LESHRC. He has presented the HAMS program to addiction counseling classes at NYU, The New School University, and many other venues. He hosts a harm reduction podcast and writes a blog for Psychology Today called Overcoming Addiction.

A Safety Manual For Recreational Opioid Users.

This book is our response to the opioid overdose crisis. In this book we inform recreational opioid users about safe ways to use opioids recreationally as well as dangerous ways to use them which risk death. We cover all methods of opiate use ranging from prescription pills to heroin injection. We discuss dosage, drug mixing, and tainted drugs such as heroin laced with fentanyl. We cover overdose prevention, Narcan, and Good Samaritan laws. We discuss ways to chip without becoming addicted. There is also information on overcoming opioid addictions as well as information for the loved ones of opioid users. We intend this book to be not only a companion to 'Getting Off Right,' but also to reach beyond the population of urban injection drug users most traditionally served by harm reduction programs by reaching out to suburban users and prescription drug users as well.

Defining Recovery: Abstinent, Non-Abstinent, and Harm Reduction Outcomes for Licit and Illicit Substances

We will be examining what recovery from addiction means in terms of DSM and other criteria for licit substances such as alcohol and tobacco and whether these same definitions should hold for illicit substances such as heroin, cocaine, and marijuana. We will discuss various forms of maintenance ranging from buprenorphine and methadone to wet housing, e-cigarettes, and cannabis substitution. We shall look at Miller's Behavioral Self Control Training outcomes in terms of abstinence, moderate drinking, harm reduction, and unimproved outcomes and use these concepts as a springboard towards a realistic definition of recovery from problematic substance use, aka addictive behavior. We shall also look at neurobiology, neuroplasticity, their protective effects, and the ability of the brain to return to baseline.

ANGELINI, Frank

VA Medical Center

Frank Angelini, Ph.D., is a psychologist and program director of a residential substance abuse treatment program at the Coatesville VA Medical Center. He has worked in the field of substance abuse treatment for the past 15 years and is a member of the Motivational Interviewing Network of Trainers (MINT). Previously, he directed a residential substance abuse treatment program in a Federal prison. He is an adjunct faculty member at Villanova University. He lives outside of Philadelphia with his wife and daughter.

Introducing Harm Reduction to Established Treatment Programs: A Consideration of Best Practices

A significant challenge in introducing the concepts of Harm Reduction to established treatment programs is how to gain "buy-in" from staff who do not understand or have misconceptions of the aims of Harm Reduction. Poorly thought-out attempts at introducing these concepts to established treatment programs may undermine such efforts and alienate staff who do not understand the aims of Harm Reduction. Ideally, efforts to introduce these concepts would themselves reflect the values of Harm Reduction. It is further suggested that contemporary models of counseling, such as Motivational Interviewing, can help inform such efforts. Motivational Interviewing, a client-centered, collaborative approach to fostering change, has been described by Miller (2013) as having potential for guiding organizational change.

The aim of this roundtable session is to start a discussion of how to introduce Harm Reduction to established treatment programs. Specifically, the following four questions will be discussed:

1. What should be the "contents" of efforts to introduce a culture of harm reduction to existing treatment programs?

2. To what extent can current models of counseling and psychotherapy, such as Motivational Interviewing, inform such attempts?

3. How can we balance respect for staff with views differing from Harm Reduction with the introduction of Harm Reduction?

4. Considering the above, what might be some guiding principles or best practices in efforts to introduce Harm Reduction to existing treatment programs?"

ANTONIO AGUILAR, Jose

Skid Row Housing Trust's (SRHT)

Co-Author(s):
Stephen Butler,
Skid Row Housing Trust's (SRHT),
Rachel Karman,
Skid Row Housing Trust's (SRHT)

Housing First & Harm Reduction: Lessons from Skid Row

The Skid Row Housing Trust's (SRHT) vision for harm reduction is that by utilizing a housing first approach, we are able to provide permanent-supportive housing to all chronically homeless, disabled individuals throughout Los Angeles County. Housing First means an individual moves straight from the street, into their own permanent apartment; no requirement of sobriety, medical home, or income level. Our philosophy is that once we provide these individuals with secure, safe housing, we can work to address the underlying circumstances that led to their homelessness by offering substance abuse counseling, mental health services, medical care, job training, and skills building... and, it's working!

SRHT's dynamic combination of property management and services allows us to assist individuals as they transition from the streets of Los Angeles, in to their own apartment. Once they have moved in, residents complete a comprehensive interview with their designated service coordinator, whom assess their needs, then work to develop a collaborative service plan in order to identify, set, and achieve goals. Residents are encouraged to engage in numerous enrichment activities from group therapy; fitness courses; cooking classes; special outings; and various, strengths-based groups – aimed at increasing individuals socialization; enhancing self-care; improving communication skills, psychoeducation, cultural competency; and emphasizing cognitive and behavioral treatments within our diverse community. This strategy has allowed us to serve individuals on Skid Row for over 25 years, and in any given year over 1700 men and women from all walks of life will call an SRHT building home, with 80% of chronically homeless residents staying for more than a year.

This workshop will teach people how to utilize the Harm Reduction philosophy within a permanent-supportive housing environment. The approach we will focus on will be creating a continued quality improvement plan and implementing it. The workshop will use the cutting edge approach of The Skid Row Housing Trust, LA's leading housing first agency on Skid Row.

ARONOWITZ, Shoshana

Howard Center Chittenden Clinic

I am an RN at a methadone and buprenorphine clinic in Burlington, VT and a nurse practitioner student at University of Vermont. I am passionate about harm reduction, substance abuse resources and care, drug users, the incarcerated and previously incarcerated populations, and community building.

Prison and Opioid Addiction: The Experiences of Individuals Incarcerated Without Opioid Maintenance Treatment

Background: Opioid maintenance therapy (OMT) is an effective method of treating individuals with opioid addiction, which involves using the medications methadone or buprenorphine to reduce cravings and withdrawal symptoms. Fifty to eighty-five percent of incarcerated individuals in the U.S. have a history of substance abuse, with 9%-13% reporting opioid use on a regular basis. Although the National Institute on Drug Abuse includes OMT in its principles for addiction treatment of the inmate population, more than 80% of inmates with known opioid addiction history do not receive treatment while incarcerated. Many incarcerated individuals with an addiction history were treated with OMT in a substance abuse clinic setting before incarceration and then were weaned off of treatment at the time of incarceration because it was not offered in the institution where they were incarcerated. Little is known about the lived experiences of individuals who were weaned off of opioid maintenance therapy (OMT) when incarcerated. It is critical to have an understanding of the experiences of these individuals in order to improve health outcomes both during incarceration and after release.

Purpose: The purpose of this study is to explore individuals' experiences of incarceration, release, and reintegration back into the community after being tapered out of OMT at the time of incarceration.

Methods: Interpretative phenomenological analysis (IPA) will be employed using semi-structured, in-depth interviewing of a convenience sample of approximately 8-12 individuals until data saturation. Sampling will take place at a OMT community-based clinic in Northern New England. Data collection will take place from June-August 2014. Thematic analysis utilizing the IPA method will identify major themes that capture the essence of the participants' experiences.

AVRUCH, David

Health Care for the Homeless

Co-Author(s):
Bilqis Rock, *Health Care for the Homeless, Baltimore*

Bilqis Rock is a Social Worker at Health Care for the Homeless in Baltimore. David Avruch is a Mental Health Therapist at Health Care for the Homeless in Baltimore.

The Clinical Is the Political: Talking Social Justice in Treatment Settings

Mental health and addictions service providers are typically not expected to address social oppression as part of their everyday practice. But is it our professional responsibility to help clients contextualize their life experiences within macro-level framework of institutionalized injustice? How will it impact clients? Is it our place to help clients disempowered by racism and patriarchy find language to describe their experiences? And, once it's out there, what next? In this knowledge-generating workshop, facilitated activities designed to address these issues will ultimately generate specific questions and talking points for participants to use with clients in their own practice, helping to further the work of activating and engaging the directly-affected populations we serve.

The target audience for this workshop is direct-level service providers in mental health, substance use and any other clinical context.

BAILEY, Harold

America Works of Maryland, Inc, Baltimore Ex-offender Reentry Employment (BERE) Program

Harold Bailey holds a Master's Degree in Rehabilitation Counseling from Coppin State University. He worked as the Program Manager at America Works of Maryland, Inc. overseeing the Baltimore Ex-offender Reentry Employment (BERE) Program, a program that he designed. In 2012, Harold was awarded an Open Society Fellowship to provide reentry employment services. Harold was incarcerated in the Maryland prison system for 20 consecutive years. While behind bars, he earned a Bachelor of Science degree in Applied Psychology. Harold has spoken at the offices of Congressional representatives, on radio shows to address the challenges that ex-offenders confront upon reentry.

Effective Strategies for 21st Century Reentry Workforce Development

Prisoners, post-release, confront multiple barriers during the process of reintegration from confinement to liberty. Even for formerly incarcerated individuals with pre-confinement work histories, there are formidable obstacles to obtaining and maintaining meaningful employment. Barriers to employability, both real and imagined, have economic, social, and psychological consequences. This paper examines components to successful prisoner reentry, focusing specifically on implementing 21st Century job readiness standards to improve employment outcomes. Although research has been conducted in this area, by combining current research on prisoner reentry with knowledge obtained by 2 self-conducted empirical studies, it is possible to gain a better understanding of how these obstacles impede successful reintegration. Furthermore, this paper addresses the need to develop policies and programs that recognize the unique contributions individuals with criminal histories can add to the body of reentry knowledge.

BAJRACHARYA, Rickson

Dristi Nepal

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Rickson, *Ashok Adhikari,*
Bandana Rayamajhi, *independent*,
Puja karki, *independent*

Drug Use scenario of 15 district – Nepal

Nepal youth and Recovering Nepal (Network of organization working with Drug users) in Nepal. It aims to influence policies that improve the quality of lives of Drug users & plwha.reinstate their rights and create a supportive environment. Nepal youth and RN works to empower drugs users and mitigate negative consequences of Drug use including blood borne infections and create an enabling environment for universal access for DUs and PLWHA in Nepal.

Nepal youth and Recovering Nepal entered into a partnership with GIZ in implementing the Back up initiative project for organization working on Drug and drug led harms in Nepal. Back up stand for r to t Building alliance-creating knowledge-updating partner to fight Drug and Aids, HCV,Tuberculosis and malaria and other priority disease. It was established by GIZ in 2002, shortly after the creation of the global fund .Back Up offers needs oriented technical supports to different types of organization to enable them to make effective use of global health financing in responding to these diseases.

The information we collect through study conducted in 15 districts of Nepal from January 13 to December 13 .2013. The primary goal of this exercises was identify needs of services of service providers (SPS) working with DUs and to comprehend the drug and HIV scenario of the district and respective regions. In specific ,the objective of the needs assessment was to draw finding based on which ,Capacity development training activities would be devised to enable SPs to make more effective use of the global health financing system in the future"

BEHAR, Emily

Substance Use Research Unit at the San Francisco Department of Public Health

Co-Author(s):
Phillip Coffin, *San Francisco Department of Public Health,*
Glenn Milo Santos, *Substance Use Research Unit at the San Francisco Department of Public Health*

Phillip Coffin, MD, MIA, is the Director of the Substance Use Research Unit at the San Francisco Department of Public Health and an Assistant Clinical Professor in the Division of HIV/AIDS at the University of California San Francisco. He is a board certified, practicing internal medicine and infectious diseases clinician.

Emily Behar, MS is a Project Coordinator in the Substance Use Research Unit at the San Francisco Department of Public Health. Ms. Behar helps coordinate the Unit's overdose prevention studies, including an evaluation of the feasibility of clinic-based naloxone prescribing and a project to determine the efficacy of rapid naloxone training at syringe distribution sites.

Integrating naloxone into primary care practice

Naloxone distribution, designed for heroin users, has been increasingly employed in primary care settings, which has expanded access to patients using prescribed opioids. In San Francisco, widespread naloxone distribution has been associated with a dramatic decline in heroin-related deaths, but there is a persistent toll of deaths from prescription opioid overdose. To reach this population, San Francisco Department of Public Health (SFDPH) primary care clinics initiated a program in March 2013 to offer naloxone prescriptions to patients receiving long-term opioids for pain. We received funding from the National Institutes of Health for a study, Naloxone for Opioid Safety Evaluation (NOSE), to evaluate the feasibility and acceptability of this program.

NOSE is a cross-system collaboration between providers, public health personnel, pharmacists and SFDPH researchers that has expanded naloxone access to six diverse city clinics and has accounted for over 500 naloxone prescriptions to date. Our research has exposed fascinating themes in naloxone prescribing, such as shifting terminology from "overdose" to "opioid safety" because of a rejection of the concept of "overdose" among patients. Similarly, we have explored ways providers can use naloxone as a communication tool to introduce broader discussions around opioid safety to patients.

In our workshop, we will outline how to adapt traditional street-outreach naloxone distribution into a clinic-based prescription model, focusing specifically on common issues like how to identify which patients to prescribe to, how to adapt opioid safety messaging for pain patients, how to address insurance coverage and pharmacy stocking issues, and how to dispense atomizers for intranasal kits. At our workshop we will distribute tools and materials to help the audience successfully integrate naloxone prescribing into clinic practice.

NOSE is a dynamic and transferable model of naloxone integration that can be adapted for a broad scientific and public health community. Integrating overdose prevention services into primary care is a promising programmatic practice that may decrease opioid analgesic overdose mortality. Sharing our analysis will influence the way public health providers design and implement naloxone prescribing interventions in the future.

BELL, Alice

Prevention Point Pittsburgh

Co-Author(s):
Gerald Cochran, *University of Pittsburgh, School of Social Work*,
Alex Bennett, *Institute for Special Populations Research*,
Bethany Brodie, *University of Pittsburgh, School of Social Work*

Alice Bell has served as Project Coordinator for Prevention Point Pittsburgh's Overdose Prevention Project since its inception in 2002. She collaborated on implementation of Overdose Prevention training in the Allegheny County Jail and other settings, and naloxone prescription at Prevention Point/s syringe exchange. She is also a Licensed Clinical Social Worker and outpatient psychotherapist and co-facilitates the Opioid Safety and Naloxone Network (OSNN), formerly NOPE.

Community-Based Naloxone Program in Pittsburgh, PA, Analysis of Data, 2005-2013.

This presentation reports exploratory retrospective data analyses for community-based naloxone delivery program run by Prevention Point Pittsburgh, a small program with physician prescription of intramuscular naloxone to heroin and other opioid users operated within an urban needle exchange . The program is run similarly to other comparable programs; however, data collected over a period of 8 years indicates a high rate of reversals reported compared to other similar programs in other cities. In the period studied, there were 1809 total cases of naloxone dispensed and reports of 872 reversals. A total of 260 individuals reported these 872 total overdose resuscitations, indicating a smaller subset of individuals responsible for administering naloxone multiple times. Additional findings indicated rescue breathing was implemented in 59% of incidents of overdose and 911 was called in less than 10% of overdose incidents, with 65% of those cases where 911 was not called reporting the reason as "afraid of police." Heroin alone was reported to be responsible for 35% of overdoses documented and heroin plus benzodiazepines were reported to be responsible for 61% of overdoses.

This has potential implications for peer delivery of overdose prevention knowledge which may be important in considering possibilities of community distribution using existing social networks of those who receive training and pass on knowledge they receive. We hope to engage discussion exploring programmatic implications suggested by this data and to compare this data with information from other naloxone programs in hopes of better understanding factors that may contribute to differences in findings.

BIGG, Dan

Chicago Recovery Alliance

Co-Author(s):
Karen Stanczykiewicz, *Chicago Recovery Alliance,*
John Gutenson, *Chicago Recovery Alliance,*
Cheryl Hull, *Chicago Recovery Alliance,*
Susie Gualtieri, *Chicago Recovery Alliance,* Co-Presenter

All presenters are either CRA staff or volunteers who have contributed mightily and for many years to CRA's overdose prevention efforts.

We have together strived to expand upon the impact naloxone distribution and training have had on CRA's outreach participants and others using drugs as well as those around them. Together, the presenters here have decades of experience in creating alliances for life through practicing the most effective harm reduction possible.

Naloxone: Then What?!

Many harm reductionists have put long and hard effort into the dissemination of naloxone over recent years and this is a very good thing but can it be improved?

This presentation looks at the crucial first step of having naloxone available to save lives but goes beyond it to the next step(s) to further help save lives.

Drawn from eighteen years of experience in assisting people to integrate naloxone into their lives CRA has been taught, sometimes the hard way, of important corollary improvements not only about more effective use of naloxone but also critical factors which more effectively utilize naloxone and acknowledge it is not a panacea in and of itself.

It is fitting that most of the measures which improve the impact of naloxone are also actions which greatly assist the reduction of drug-related harm in general. Overcoming the punishing effects of drugs and drug laws is often the goal of these efforts but CRA has gathered great experiences with these revolutionary measures and will share them in this presentation.

BISHOP, Kate

Star Track

Co-Author(s):
Jamal Hailey, *Star Track*,
Michael Franklin, *Star Track*

Kate Bishop is a social worker, sex educator, and playwright living in Baltimore City. In her current role with the STAR TRACK Adolescent HIV program at the University of Maryland School of Medicine, Kate provides LGBTQ cultural competency and other professional development trainings for health care providers. She has worked as an advocate for domestic violence survivors, abortion clinic counselor, sexual assault therapist, crisis hotline worker, Certified Resource Specialist, sex educator, HIV linkage to care specialist, and pelvic exam instructor. She holds a Bachelor of Arts in Gender Studies from Hiram College and a Masters in Social Work from Case Western Reserve University.

Sex Positive Approaches to Engaging Urban MSM Youth in HIV/STI Harm Reduction Efforts

In 2014, the population demographic at highest risk for acquiring HIV is African American Men who have Sex with Men (MSM) between the ages of 13-24 years old. In Baltimore City, 1 in 3 young Black MSM is living with HIV. Young men who love men have become inured to the fear-based tactics employed by some well-meaning HIV prevention programs, which promise doom if they ever have sex without a condom. Engaging streetwise urban youth to invest in their sexual wellness requires relevant and innovative prevention messages.

When health educators shift their focus from how sex will make you sick to how you can incorporate safer sex practices in increasing your pleasure, young MSM listen. Sex positive approaches regard sexuality as a healthy, natural, joyful part of life. Health education from this perspective emphasizes pleasure, self-exploration and connection rather than fear and shame through comprehensive instruction and frank discussion affirming of all consensual sexual activity. A sex-positive approach is especially appealing to LGBTQ young people as a counterpoint to cultural bias that so often shames their sexual expression. Pleasure-affirming education naturally compliments harm reduction techniques that aim to meet clients where they are and support their own goals in decreasing high-risk behavior.

This workshop will introduce sex positive philosophies, tie this approach to harm reduction interventions, and give participants a toolbox of techniques to incorporate sex positive philosophies in HIV/STI screening, small group health education sessions, outreach events, and brief interventions with youth in clinic visits.

BLACKBURN, Natalie

Oak Ridge Institute for Science and Education, CDC

Co-Author(s):
Rebecca L. Morgan, *Centers for Disease Control and Prevention*,
Anthony Yartel, *CDC Foundation*,
Don Des Jarlais, *Beth Israel Medical Center*,
Holly Hagan, *New York University*

Natalie A. Blackburn, MPH, is an Oak Ridge Institute for Science and Education (ORISE) fellow on the Prevention Research and Evaluation Team in the Division of Viral Hepatitis at the Centers for Disease Control and Prevention in Atlanta, GA. She earned her Master of Public Health in Behavioral Sciences and Health Education from Emory University in May 2013.

Hepatitis C Virus Infection and Risks Associated with Non-Injection Drug Use

Background: Non-injection drug use (NIDU), through smoking, sniffing, or snorting, may present a risk for transmission of hepatitis C virus (HCV) infection; NIDU risk behaviors such as sharing crack pipes and snorting implements have been linked to HCV infection, but the data are limited. Historically, the global prevalence of HCV among persons who use non-injection drugs ranges from 2% to 35%. Estimates of HCV prevalence among persons who use non-injection drugs lack precision due to a difficult to reach population and the mischaracterization of persons who use drugs through both injection and non-injection routes as having the same behavioral risks as those who only use drugs through non-injection routes; both issues have limited the ability to analyze research and surveillance data on this subject.

Methods: To determine the prevalence of HCV infection among persons who report never injecting but do report consuming drugs through sniffing, snorting, and smoking, we conducted a systematic review of studies published between January 2006 and December 2013 in the Cochrane Database, PubMed, EMBASE, DARE, Web of Science, and CINAHL. Two investigators independently reviewed and abstracted full articles to determine inclusion. Articles were included if in English, if HCV infection was laboratory confirmed, if study participants were currently using drugs, and if persons reported having never injected drugs. Persons who used marijuana or "club drugs" (e.g. ecstasy) were only included if they reported such drug use in addition to sniffing, snorting, or smoking (i.e., methods where exposure to blood is feasible).

Results: The search identified 11,360 articles and of those, we screened 144 full articles. Among the full article review, 25 studies, featuring 27 independent study populations, met our inclusion criteria. Among the independent study populations, HCV prevalence ranged from 0.6% to 40%. The 27 different populations represented 17 different countries across North America (n=7), Mexico and Central and South America (n=7), Europe (n=6), Asia (n=3), the Middle East (n=2), Africa (n=1), and Australia (n=1). Study recruitment occurred in a variety

BLACKBURN, Natalie (continued)

of locations, including multiple locations within studies, with the majority of recruitment occurring in drug treatment centers (n=12), community outreach settings (n=6), and correctional facilities including detention centers (n=4). Only 10 studies provided an explicit definition of the NIDU population included in the sample. Where it was explicitly stated, the definitions of "non-injection" drug use varied. Example definitions include, "Those who sniff, snort, or smoke drugs such as cocaine, heroin, crack, or methamphetamine" and "No history of ever injecting". The studies provided limited data on all types of drugs used by study participants, though cocaine (n=9) and crack-cocaine (n=8) were discussed most frequently.

Conclusions: The data for HCV infection prevalence among persons engaging in NIDU demonstrate some burden of disease, but public health research examining HCV infection in this population is limited. More studies are needed to develop a standardized definition for NIDU, exclusive of any injection drug use, in order to develop more targeted interventions. This review found limited evidence of relationships between mode of drug administration and HCV risk. Further well-designed research is needed to characterize the mode of administration of drugs being used by persons engaging in NIDU and whether the risk for HCV transmission varies by NIDU mode. A better understanding of these issues is critical to improve HCV prevention, testing, and care strategies.

BLOCK, Jeanne

Project ECHO, University of NM

Jeanne Block is a registered nurse with a master's degree in health education. Her 30 years of health care experience includes 8 years of HIV prevention and case management work and 5 years of university teaching. She has been a harm reduction nurse since syringe exchange began in New Mexico in 1998. She is a coauthor of 'New Mexico Treatment Guidelines for medical providers who treat opioid addiction using buprenorphine,' published in September 2012, and co-facilitator of certification training for the NM Pharmacist Prescriptive Authority for Naloxone protocol. Jeanne is the Harm Reduction Coordinator for La Familia Healthcare for the Homeless in Santa Fe and the coordinator of the Community Addictions Recovery Specialist (CARS) Program.

Expanding Access to Naloxone: Pharmacists Prescriptive Authority in New Mexico

On March 14, 2014, New Mexico became the first state in the nation to allow certified pharmacists to prescribe naloxone under their own licenses to patients at high risk for opioid overdose, including patients 'as determined by pharmacists using their professional judgment.' As of June 2014, 81 pharmacists and 6 4th-year pharmacy students had completed the certification training. This presentation will include information on strategies used to gain approval for implementation of the NM pharmacist naloxone protocol, content of the certification training, development of required documentation and educational forms, and barriers to full implementation of the protocol.

BLUE, Alex

UMB Star Track

Co-Author(s):
Kurt Ragin, *University of Maryland Star Track Program*,
Michael Franklin, *University of Maryland Star Track Program*,
Jamal Hailey, *University of Maryland Star Track Program*

Alexander Blue: Youth Advocate at UMB Star Track Program. Works closely with HIV positive youth ages 12-26 doing both medical and non-medical case management. A group facilitator for the program working specifically with black lgbt youth and HIV positive youth. Alex Blue is also a junior at Morgan State University majoring in Elementary Education.,

Does Anyone Care About Us? Building Safer Spaces for Black MSM in Baltimore

As funding opportunities and resources targeting inner city communities dwindle, youth are tasked with facing developmental and social challenges without appropriate support and guidance. This is particularly true for young Black men who have sex with men (MSM) who face additional challenges due to racism and homophobia. Safe youth meet-up spaces, drop-in centers, and other community resources are crucial elements in helping young Black MSM build self-esteem and interpersonal skills; and develop healthy sexual identities. Without these structured activities and culturally affirming resources Black MSM are more likely to experience drug use and engage in HIV related risk behaviors. This workshop will: (1) explore non-traditional programming needed to create safer spaces for Black MSM; (2) increase participant's ability to actively engage youth in the development of harm reduction efforts; and (3) increase participant's ability to develop culturally affirming programs that uplift Black MSM.

BLUTHENTHAL, Ricky

University of Southern California

Co-Author(s):
Alex Kral, *RTI International*

Ricky N. Bluthenthal, Ph.D., is a Professor in the Department of Preventive Medicine and the Institute for Prevention Research at the Keck School of Medicine, University of Southern California. His research has established the effectiveness of syringe exchange programs, tested novel interventions and strategies to reduce HIV risk and improve HIV testing among injection drug users and men who has sex with men, documented how community conditions contribute to health disparities, and examined health policy implementation.

Impacts of harm reduction strategy implementation differences on risk and health among people who inject drugs (PWID): A comparison of Los Angeles and San Francisco.

Background: Implementation challenges continue to plague harm reduction prevention and treatment interventions. The consequences of inadequate implementation continue to warrant attention.

Objective: To examine the health and risk consequences of inadequate implementation of harm reduction strategies by comparing HIV testing, overdose prevention education, HIV and HCV testing, and syringe coverage among people who inject drugs (PWID) in Los Angeles and San Francisco.

Methods: Quantitative interviews were conducted with PWID recruited in community-settings in Los Angeles and San Francisco (N=813) during 2011-13. Interviews covered demographics, drug use practices and history, history of HIV, HCV testing, participation in overdose education and prevention, and syringe coverage (ratio of clean needles received to total injections in the last 30 days).

Results: San Francisco has an exemplary history of implementing harm reduction interventions including syringe exchange programs (1988 vs. 1992 for Los Angeles), overdose preventions (2001 vs. 2005), and widespread access to HIV prevention and treatment services. In bivariate analysis, SF PWID were significantly more likely to have overdose prevention education ($p<0.0001$), HCV testing ($p<0.0001$), and adequate syringe coverage (100% or more; $p<0.0001$). Not surprisingly, receptive syringe sharing (SF, 10% vs. LA, 16%; $p=0.001$) and distributive syringe sharing (SF, 10% vs. LA, 16%; $p=0.01$) were higher in most LA areas as compared to SF. In multivariate analysis controlling for potential confounders, being in Los Angeles was associate receptive syringe sharing (Adjusted odds ratio [AOR]=1.95; Confidence Interval [CI]=1.17, 3.25), distributive syringe sharing (AOR=2.33; CI=1.45,3.75). DISCUSSION: Inadequate implementation of evidence-based harm reduction strategies continues to be a significant public health problem in the California and likely contributes to HCV and HIV transmission among PWID.

BONNELL, Joseph

Outside In

Co-Author(s):
Haven Wheelock, *Outside In*

Haven Wheelock is the Coordinator for the Injection Drug User Health Services at Outside In, the largest syringe exchange in Portland, Oregon. She has also worked with the Oregon Health Authority to draft the state of Oregon's "Naloxone Training Protocol" and oversees Outside In's Naloxone distribution program.

Joseph Bonnell is the Health Navigator for homeless youth at Outside In in Portland, Oregon. He has experience working with runaway and homeless youth, people with disabilities, queer and trans folk and in HIV prevention. He is currently studying to be a mental health counselor with a focus on working with people with disabilities and drug users.

Increasing Health Access for Drug Users and Homeless Youth: Benefits and Challenges of Working Across Systems

For many of us, accessing health services is a confusing and potentially traumatizing process. This fact is especially true for folks who have experienced discrimination or other barriers within health care systems, specifically drug users and homeless young people. Outside In is an organization in Portland, Oregon with programs that include a Federally Qualified Health Center, transgender specific health services, a syringe exchange, and homeless youth treatment and social service programs. This workshop will focus on strategies for supporting drug users and homeless young people in accessing health care. The workshop will draw from the examples of Outside In's injection drug user health services and health navigation for homeless young people.

During the last year Outside In has expanded programming and increased collaboration among its programs to address gaps in healthcare. For syringe exchange, this has included a naloxone distribution program and vaccine drives. The Youth Care Team, a collaboration between Outside In's clinic and homeless youth programs, is a pilot project designed to address health barriers specific to homeless youth. The workshop will describe successes and challenges of these programs specifically when involving collaboration between programs and agencies. These include the opportunities and barriers inherent in operating syringe exchange and homeless youth specific services alongside medical services. The workshop will focus on working in these systems to increase access for medical care for vulnerable people, most specifically homeless young people and drug users.

BOTT, Jim

St. Luke's/Roosevelt Hospital

Jim Bott Psy.D. is a clinician and supervisor who has worked in the Outpatient Rehabilitation Program at Roosevelt Hospital in New York City for the last ten years while maintaining his own psychotherapy practice. Dr. Bott was awarded the title of Addiction Psychologist of the year in the State of New York (2013, OASAS).

Abstinence is Not Required: Support for Motivational Diversity in Group Treatment

Despite current support for harm reduction methods and the proliferation of treatments such as Motivational Interviewing the abstinence-only approach to group treatment remains the norm. A global review of alcohol treatment published in 2013 found that the "existing treatment system (is) dominated by total abstinence" (van Amsterdam & van den Brink). This "high bar" for entry into treatment appears to be most prevalent in North America (Schippers & Nelissen, 2006)

This presentation will examine the existing research and clinical theory that supports an approach to drug/alcohol treatment that does not require abstinence to participate in group treatment. First, the data on the significant benefits found in simply reducing use will be presented. Second, the existing research on what occurs when abstinence is required (and when it is not) will be explored. And third, some clinical and ethical considerations of setting abstinence as the only acceptable treatment goal will close off the presentation.

BRAINE, Naomi

Brooklyn College,
City University of New York

Naomi Braine is a Sociologist and harm reduction activist. She is currently an Associate Professor at Brooklyn College, CUNY, and prior to that was employed at NDRI and the Chemical Dependency Institute, Beth Israel Medical Center. Her work addresses drug policy, harm reduction, community action, gender and sexuality.

Policy, prejudice, and the marginalization of sexual minority women who use drugs.

The attention given to marriage rights for same sex couples conceals the continued marginalization of low income and otherwise vulnerable sexual and gender minorities. The policy areas that primarily affect the lives of women at SEPs do not mention sexual orientation or gender presentation, but nonetheless result in systematic marginalization of sexual and gender minorities. In the summer of 2012, qualitative interviews were conducted with 34 sexual minority women, current or former users of heroin or crack, recruited from harm reduction programs in NYC. Interviews focused on women's experiences with health insurance and medical care, housing, shelters, drug treatment programs, and mental health care. This presentation will examine the interaction of policy and prejudice in the lives of study participants, with particular attention to how social interaction and the realities of policy interpretation shape discrimination and marginalization.

BRATBERG, Jeffrey

Co-Author(s):
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Jeffrey Bratberg is a Clinical Professor of Pharmacy Practice at the University of Rhode Island (URI) College of Pharmacy. He collaborates with physicians on infectious diseases patient consultations at Roger Williams Medical Center in Providence, RI, and he teaches in and coordinates all of the infectious diseases courses at URI. His research interests include expanding pharmacists' roles in public health, particularly in emergency preparedness, HIV, prevention of opioid drug overdose and death, and expanding immunization access. Jeffrey is a bioterrorism, immunization, drug overdose prevention and emergency preparedness consultant to the Rhode Island Department of Health.

Expanding Naloxone Distribution through Community Pharmacy Practice Settings

Drug overdose deaths increased for the 11th consecutive year causing 38,329 deaths in the United States in 2010, with nearly 60 percent of the those deaths (22,134) involving pharmaceutical drugs. Opioid analgesics, such as oxycodone, hydrocodone, and methadone, were involved in about 3/4 pharmaceutical overdose deaths. This trend continues to grow, despite opioid harm reduction strategies such as medication formulations that decrease methods of abuse, education initiatives (www.AwareRX.org), public medication take-back events, proper prescribing initiatives, and state-run Prescription Drug Monitoring Programs. When these efforts fail to prevent an overdose, a proven avenue to reduce morbidity and mortality is the use of naloxone, a pure opioid antagonist. Rescue strategies are needed that reach beyond emergency response systems, thus becoming more accessible to the general public. Although programs of distribution continue to expand across the country, nineteen (76.0%) of the 25 states with 2008 drug overdose death rates higher than the median and nine (69.2%) of the 13 states in the highest quartile did not have a community-based opioid overdose prevention program that distributed naloxone.

Proper education and training is essential as the potential benefits of naloxone are temporary; all users are instructed to call for emergency assistance as part of standard protocols. Community-based pharmacy practitioners have worked toward overcoming logistic and cultural barriers to make naloxone distribution for overdose a standard and acceptable practice. This poster describes the steps taken to successfully implement a collaborative practice agreement statewide with a corporate pharmacy partner in Rhode Island.

BRATBERG, Jeffrey

University of Rhode Island College of Pharmacy

Jeffrey Bratberg, PharmD, is a Clinical Professor of Pharmacy Practice at the University of Rhode Island (URI) College of Pharmacy. He collaborates with physicians on infectious diseases patient consultations at Roger Williams Medical Center in Providence, RI, and he teaches in and coordinates all of the infectious diseases courses at URI. His research interests include expanding pharmacists' roles in public health, particularly in emergency preparedness, HIV, prevention of opioid drug overdose and death, and expanding immunization practices. Jeffrey is a bioterrorism, immunization, drug overdose prevention and emergency preparedness consultant to the Rhode Island Department of Health.

How to Partner with Pharmacists to Expand Naloxone Access

The opioid antagonist naloxone has been shown to have saved 10,000 or more lives when used by trained bystanders equipped with this medication. As overdose death rates continue to climb from an already unacceptably high rate, urgent measures are needed to increase community access to overdose education and training on how and when to administer naloxone. Pharmacists are the most accessible health care provider in the community, working in highly visible and convenient locations over longer hours than other providers. Pharmacists in many states already participate in harm reduction public health activities for people at risk of opioid overdose, from providing new needles over the counter to dispensing and counseling patients on buprenorphine. Evidence shows that pharmacists who participate in these activities are more likely to accept the notion of providing naloxone to caregivers of potential overdose victims. All pharmacists dispense the prescription opioids that results in 60% of all reported opioid overdose deaths, and thus are key stakeholders in harm reduction activities including stocking naloxone, promoting naloxone co-prescription, and initiation of naloxone through collaborative practice agreements. Participants in this workshop will develop specific, step-by-step, concrete plans to reach out to local and state pharmacy leaders and organizations to advocate for greater independent and corporate pharmacy participation in harm reduction, focusing on naloxone access to patients at risk of opioid overdose.

BREVELLE, Jean-Michel

Maryland Dept. of Health and Mental Hygiene

Co-Author(s):
M. Saida Agostini, *FreeState Legal Project*,
Becky Savadkin, *Baltimore Mayor's Office of Human Services*

Jean-Michel Brevelle has been training non-profit groups for over 18 years. He has provided workshops on a broad range of practice areas including disability rights, domestic violence prevention, programming for at-risk youth, coalition building, and non-profits and advocacy. He served as the Associate Director for Public Policy at the National Association of People With AIDS (NAPWA) for four years, and worked with Equality Maryland as the lead organizer in achieving passage of the Baltimore transgender antidiscrimination ordinance. As a member of the transgender community, he brings insight into the challenges and opportunities commonly experienced by transgender people seeking services.

Community-Led Efforts to Support the Health and Wellbeing of Transgender Persons Engaged in Sex Work

Workshop Description: The Transgender Action Group (TAG) is a grassroots response to identify and address the health, legal, and housing needs of transgender men and women engaged in sex work in Baltimore City. Formed in October of 2012, TAG is organized as an ad hoc coalition of a diverse group of community members and service organizations that conduct street-based harm reduction twice a month. Volunteers and stipended sex workers from the community work together to distribute safer sex kits, provide legal services and HIV/STI testing, and provide information about transgender- safe resources. A panel of TAG members will provide an overview on the development of the coalition and discuss both challenges and achievements, including community-level engagement in harm reduction work. The panel will also discuss its conscious transition to a peer led model.

Workshop Goals: At the end of the workshop, participants will be able to:

* Identify grassroots strategies for replicating the TAG effort in their area
* Discuss core resources needed for forming and maintaining this type of effort
* Evaluate funding and in-kind support resources
* Discuss harm reduction strategies within the context of transgender persons engaging in sex work
* Inventory and predict challenges and desired outcomes of harm reduction work with transgender persons engaging in sex work

BROPHY, Angel

Southern Arizona AIDS Foundation

Co-Author(s):
Jai Smith,
Southern Arizona AIDS Foundation,
Erin Butler,
Southern Arizona AIDS Foundation

Angel Brophy is a Senior Health Education Specialist working at the Southern Arizona AIDS Foundation. She has worked with youth and children for over ten years. Angel is an Arizona Credentialed Prevention Specialist and a certified QPR Gatekeeper Instructor.

Jai Smith is a Health Education Specialist with the Southern Arizona AIDS Foundation. He has a BA in Sociology from the University of Arizona.

Jai and Angel have a vested interest in the health of their community and approach their work in prevention with the revered responsibility to advocate for youth.

Let's Talk About It: Harm Reduction Strategies with Youth

Harm Reduction is a non-judgmental, non-coercive, client-centered approach to substance use prevention. During this workshop, participants will learn how the harm reduction model can be applied when working with youth as an effective substance use prevention strategy. Exercises will explore values regarding drugs and alcohol and how personalizing risk with individual substances can be utilized to motivate behavior change and develop critical thinking regarding substance use.

During this workshop, participants will learn how evidence based models can be adapted within a harm reduction framework when working with youth as an effective substance use prevention strategy.

BROUDO, Melissa

Sex Workers Project,
Urban Justice Center

Co-Author(s):
Serpent Libertine, *Sex Workers Outreach Project-Chicago*

Serpent Libertine is a sex worker of 10+ years, activist, and sex educator based in the Chicago-area. She is a board member and organizer with Sex Workers Outreach Project-Chicago, a volunteer with Chicago Recovery Alliance, and is currently part of the team behind Adult Industry Truth (AITResearch) and the Erotic Labor Market Survey (ELMS), examining responses to human trafficking within the sex trade and erotic labor industries. She regularly conducts trainings and lectures on issues related to sex work and human trafficking at various non-profit organizations and universities in the midwest.

Rights, Not Rescue: A Harm Reduction Approach to Fighting Human Trafficking

"#Not your rescue project" has become a rallying cry amongst sex workers and allies in the face of the dominant mainstream discourse on human trafficking. Unfortunately, the predominant model in regards to trafficking is punitive and shaming, focusing primarily on prosecuting traffickers, and also stigmatizing and punishing workers and clients of sex workers. In the hysteria to "rescue" people that society has deemed unsavory, sex work and human trafficking is conflated, and criminalization is heralded as the solution. This is not only ineffective, it is also downright harmful to sex workers and survivors of trafficking, who are pushed further into the shadows by criminalization and stigmatization, and who fear reporting incidences of abuse or coercion because of the dominant punitive schema. More people are being arrested for prostitution under the guise of "rescue" or anti-trafficking initiatives, and are forced into diversion programs that further punish, stigmatize, and preach. This grandiose rescue narrative removes the following critical facts: a) the sex industry is very complex, with people engaging in erotic labor for various reasons and in a wide variety of circumstances; b) sex workers and allies are deeply concerned about coercion within the sex industry and are invaluable in the fight to end trafficking. Utilizing the principles of harm reduction, sex workers and allies are developing, and continue to develop, new approaches to identifying survivors of trafficking, working with survivors, and shaping and re-framing harmful policies.

This discussion will delve into the numerous ways in which rights-based and harm reduction-centered sex workers and allies are encountering this issue. The first part will focus on fighting trafficking from a harm reduction perspective, including: 1) how sex workers are rallying and organizing to fight trafficking; 2) working directly through legal and social services with survivors in a non-judgmental way; and 3) engaging policymakers and anti-trafficking networks to work against end demand policies, harsh criminalization, and to push for amnesty for workers that come forward to report abuses. The second part will discuss diversion programs for prostitution, and how they are a misguided attempt to dole out more lenient punishment (akin to drug diversion programs), but instead reinforce shame, stigma, and rescue.

BROWN, Angel

HIPS

Drug Abuser to User and Accuser:
How to Go from Drug User to a Service Provider Who Uses Drugs.

This presentation is about being an active drug user and sex worker and will cover topics like 'finding a balance' and 'currently using while working', as well as my personal success stories and challenges. I'm hoping this workshop can open the eyes to the rest of society in how Harm Reduction DOES actually work- and also give a platform for peers to learn from each others' experience in that transition phase.... from chaotically using drugs to maintaining your use, and effectively helping others...

BROWN, Sandi

Georgia Department of Public Health

Co-Author(s):
Kimi Sato,
Georgia Department of Public Health,
Irene Solomon,
Georgia Department of Public Health,
Deepali Rane,
Georgia Department of Public Health

Sandi Brown graduated from Paine College in 2008 with a Bachelor's Degree in Biology. She then pursued her Master of Public Health (MPH) Degree from Florida Agricultural and Mechanical University and graduated in 2010. Ms. Brown currently works at the Georgia Department of Public Health as a Program Consultant for the Georgia HIV Behavioral Surveillance (GHBS) Program. Ms. Brown works to plan, implement, and evaluate GHBS activities (National HIV Behavioral Surveillance Survey and HIV testing).

Non-injection drug use and HIV among injection drug users in Atlanta, GA, 2012

At the end of 2012, the total number of people living with HIV infection in Georgia was 50,436. In Georgia, the HIV burden is especially prevalent in the Atlanta Metropolitan Statistical Area (MSA), which is home to approximately 64% of all Georgians living with HIV/AIDS, and is characterized by poverty, men who have sex with men (MSM), and drug use. Injection drug use, alcohol use, and non-injection drug use are closely associated with an increased risk of HIV infection. Injection Drug Users (IDUs) who use multiple drugs simultaneously often engage in risky sexual behaviors and have an increased risk of HIV infection. Although past research is available on drug use and HIV, there is limited research on non-injection drug use among IDUs and its impact on HIV risk and infection. This study explores the use of both injection drugs and non-injection drugs and the prevalence of HIV among a sample of 564 male and female IDUs who took part in the 2012 National HIV Behavioral Surveillance survey in the Atlanta MSA.

Of the 564 IDUs included in the final sample, 87% were Black, 11% were White, and 1% were Hispanic. The overall HIV prevalence was 15%. Overall, 78% of all IDUs surveyed reported using non-injection drugs in the past 12 months. Of the 79% of male IDUs that also reported using non-injection drugs in the past 12 months, the majority were Black (85%), 50 years or older (58%), received a high school diploma or equivalent (39%), and reported an annual income of $0-$19,999 (86%). In comparison, 79% of all female IDUs reported using non-injection drugs in the past 12 months and followed similar demographic trends as the males. Among male and female IDUs who also used non-injection drugs, HIV prevalence was 16% and 11%, respectively. Among male and female IDUs who did not use non-injection drugs, HIV prevalence was 18% and 11%, respectively.

In order to examine risk factors associated with IDUs having a positive HIV test result, we used multivariate logistic regression analysis, with significance at the ?=.05 level for significance testing. All analyses were conducted using SAS version 9.2. Findings indicated that among all IDUs, IDUs with a college degree or post-graduate education were 3.68 ($p<0.05$) times more likely to have a positive HIV test result compared to those with less than a high school education. Among female IDUs, those with a high school diploma or equivalent were 0.2 ($p<0.05$) times less likely to have a positive HIV test result compared to females with less than a high school diploma. Our findings did not indicate that overall use of non-injection drugs was linked to an increase in HIV infection.

In conclusion, findings indicated that the majority of IDUs (78%) also used non-injection drugs suggesting that non-injection drug use may be a common practice among injection drug users and highlight the importance of HIV prevention and intervention programs to address injection and non-injection drug use. Our findings did not indicate that overall use of non-injection drugs was linked to an increase in HIV infection. Further analysis is needed to determine whether specific non-injection drugs result in increased risk for HIV due to riskier sex behaviors. Further exploration is also needed to better understand factors contributing to the association among males between college degree or post graduate education and HIV infection.

BROWN, Shoshana

Washington Heights CORNER Project

Co-Author(s):
Jessica O'Neill,
Washington Heights CORNER Project

Shoshana Brown is a social worker by training, community organizer, dancer and healer. Recently joining the harm reduction community, she comes with a background of work in the criminal injustice system and organizing among various social justice issues. She hopes to transform the justice system by way of working with and empowering those most targeted. Jessica O'Neill is a Case Manager at Washington Heights CORNER Project.

Innovative Case Management on a Shoestring Budget

Syringe Exchange Programs are typically designed to be basic services delivered simply and clear. Case management is an intense service as compared to other services generally delivered by SEPs as a result of the necessary level of engagement, intimacy, and follow up associated. Often times, following up with a client in the context of a SEP can be nearly impossible however follow up is the only way to track the success of case management...or is it? In this workshop, participants will explore a new and innovative model for case management developed by Washington Heights CORNER Project, and explore what methods and models can be utilized to effectively deliver case management services with very few resources.

BRUNSDON, Nigel

Injecting Advice

Nigel Brunsdon has been working in harm reduction services in the UK for over a decade. He's currently the community manager for HIT in Liverpool and a freelance trainer, in his spare time he runs the popular harm reduction website injectingadvice.com. Only one person has ever needed medical attention following one of his presentations.

Arguments against harm reduction: a collection of logical fallacies

As anyone who has spent time working in harm reduction knows, harm reduction works. The body of evidence is clear, from the hundreds of papers examining the effectiveness of the Insite supervised injecting room, studies of the financial savings in reduced crime and health costs from areas delivering needle exchange to the thousands of studies into substitute prescribing.

But all the evidence available had to be put up against populist arguments that make great soundbites for politicians. These are rarely backed up by any form of evidence. This session will look at the arguments used against harm reduction and how they fit quite neatly into a set of known 'Logical Fallacies' (arguments that stem from poor reasoning). Following this session people will be far more familiar with terms like 'no true Scotsman' and 'texas sharpshooter' and possibly even a bit of everyday Latin.

BRUNSDON, Nigel

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Nigel Brunsdon has been working in harm reduction services in the UK for over a decade. He's currently the community manager for HIT in Liverpool and a freelance trainer, in his spare time he runs the popular harm reduction website injectingadvice.com. Only one person has ever needed medical attention following one of his presentations.

Utilizing drug use rituals to affect change

While the image that first comes to mind when talking about ritual might be one of witches around a fire or of religious ceremony, in reality most of our daily lives are made up of small rituals and patterns. Drug use is no different to this, and if anything the rituals are made stronger by the addition of a drug effect a the climax.

This session will explore how and why we develop rituals as well as how these rituals impact peoples daily risks levels (both in a negative way but also as a protective tool). We'll also explore how to work to change these behaviors by using aspects of the ritual itself from the point of view of both long term one to one work and shorter interventions during needle exchanges.

BUCKLER, Smitty

Smitty spent most of their twenties doing grassroots organizing artists with intersecting oppressions (centered on Trans and Queer People of Color) and has communally written many performance pieces. Currently, they are TAing classes in Transformative Justice Models of Conflict Resolution and researching Trans Healthcare via anthropology and epistemology.

Harm Reduction Theatre

We all believe in harm reduction and many have learned to embody harm reduction in the work we do but teaching it to new people is often nebulous. Harm Reduction Theatre utilizes theatre techniques pulled from Theatre of the Oppressed and Personal Clowning to address systems of injustice. This workshop will start with some acting warm ups then split into small groups to learn techniques to develop a short piece. Participants will leave with some ideas of how incorporate theatre into the work that they do.

BURK, Katie

Harm Reduction Coalition

Co-Author(s):
Skylar Panuska,
Harm Reduction Coalition

Medical Providers on Providing Treatment to Active Drug Users: Challenges, Benefits, and Best Practices

Background: This project explores medical providers' experiences with engaging active drug users in HIV treatment and identifies best practices for treating them. The NHAS identifies IDUs as highly vulnerable to acquiring HIV. Research has demonstrated that drug users are capable of successfully adhering to a HAART regimen; however, it also suggests that medical providers hold negative preconceptions about users and lack confidence in treating them. Methods-HRC conducted four focus groups and three interviews with medical providers. Providers were recruited via convenience sample at clinics or conferences. Providers answered open-ended questions about their experiences, including challenges faced in working with users, concerns about prescribing HAART and pain medication, and advice for physicians new to working with this population. HRC staff recorded and transcribed sessions, and qualitatively analyzed them using grounded theory. Results-Twenty medical providers participated in four focus groups and three interviews. Medical providers' experiences working with drug users were mixed. They identified personal and structural challenges that made treating users difficult, including rigid institutional regulations, propensity for users to miss appointments, and witnessing users' suffering and death. Providers recommended practitioners engage the support of a multidisciplinary treatment team, familiarize themselves with substance abuse resources and treatment modalities, and practice self-care. Participants encouraged measuring treatment success by quality of life or viral suppression rather than drug use cessation. Conclusions-Providers described varied experiences and strategies for engaging drug users in care that warrant further examination. Development of tools and information on best practices for engaging active users in medical care is recommended.

BURTON, Carline

Housing Works

Co-Author(s):
Dr. Andrew Tatarsky,
The Center for Optimal Living

Carline Burton currently works at the Housing Works as the Director of Clinical Services for the 822-OASAS Supervised Outpatient Chemical Dependence Program at the East New York Community Health Center (FQHC). Ms. Burton has been instrumental in the development and integration of the new STATE approved harm reduction policy and procedure within the Housing Works 822-OASAS program. Through this ground-breaking development, Ms. Burton execute a two-tier model of treatment approach (1) Harm Reduction and (2) Recovery Ready within the OASAS program through qualitative work within a culturally diverse community.

The Paradigm of Harm Reduction Psychotherapy and Effective Treatment Approaches

Housing Works has been certified by the state to provide Medically Supervised Chemical Dependence Treatment Services through our OASAS Part 822 Program located in HW's ENY Brooklyn Health Center since 2008. Based on needs assessment of the ENY community, a Harm Reduction Policy/Procedure was subsequently submitted to the State, to which Housing Works was approved to provide the first "Harm Reduction" treatment services under an 822 Supervised Chemical Dependence Certificate. Currently, Housing Works remain the only organization NY State has approved to provide the "dual" treatment modality of (Harm reduction) and (Recovery Ready).

Since our inception, the program has successfully grown and has shown to have very positive impact in the lives of individuals – whether in Harm Reduction or Recovery Ready track. The program goal strives to significantly improve clients health outcome through the reduction of Alcohol and Other Drug use, improvements in personal health and sustained improvements in functioning (e.g. vocational/employment, interpersonal skills). Our work with clients focuses on the reduction of harm associated with active/chronic substance use and alcohol through the utilization of clinical engagement (1:1 sessions), group work and interventions techniques guided towards goal achievement and objectives.

BUXTON, Jane

BC Centre for Disease Control

Co-Author(s):
Yuko Baljak, *School of Public Health and Social Policy*,
Ashraf Amlani, *British Columbia Centre for Disease Control (BCCD)*,
Drug Overdose Alert Partnership,
British Columbia

Dr. Jane Buxton is an Associate Professor in the School of Population & Public Health at the University of British Columbia and the harm reduction lead at the BC Centre for Disease Control. She is the practicum director for the masters in public health program at UBC, and she chairs the Royal College of Physicians and Surgeons of Canada Public Health and Preventive Medicine Specialty Committee. In her research Jane uses quantitative, qualitative and participatory methods. Her research interests includes harm reduction, illicit drug use epidemiology, prison medicine, hepatitis A, B and C and knowledge, attitudes and behaviours regarding immunization.

Communicating Drug Alerts

Background: BC lacks evidence-based guidelines for issuing alerts about drug-related harms such as overdoses due to changes in drug potency or the presence of toxic substances in street drugs. Messaging, indicating an increase in drug strength, may cause unintended harms by promoting drug-seeking behaviors.

Objective: To develop evidence-based guidelines to effectively communicate illicit drug alerts to service providers and people who use drugs (peers).

Methods: We reviewed published and grey literature to identify best practices for communicating drug alerts. Four focus groups were conducted with people who use drugs in Vancouver's downtown east side, and five front-line service providers were interviewed to explore how best to communicate and receive warnings. Participants were asked to identify how they typically receive information about adverse events related to street drugs and quality assurance practices employed to protect themselves. Participants were also asked about the appropriate language, content, preferred mode of communication and frequency of warning messages. Audio-recordings were transcribed verbatim, organized in NVivo and analyzed using standard iterative qualitative methods.

Results/Discussion: We found limited literature around best practices for communicating warning messages about street drugs to peers. Focus groups participants were 17 males and 15 females between 23 to 70 years and over half self-identified as Aboriginal. Peer informed guidelines for public health entities to communicate warning messages to service providers and peers included using language that implies harm (e.g. toxic vs. potent), dating the poster and removing in timely manner, signs and symptos to look for and actions to avoid and respond, sharing information through many different outlets, including traditional print media (free newspapers), social media channels Facebook) and flyers.

Conclusions: Engaging peers and service providers can improve appropriateness and effectiveness of alerts to reduce harms in this stigmatized and marginalized community.

BUXTON, Jane

BC Centre for Disease Control

Co-Author(s):
Jeff Walsh, *Interior Health Authority*,
Donald Macpherson, *Canadian Drug Policy Coalition*

Dr. Jane Buxton is an Associate Professor at the School of Population and Public Health at the University of British Columbia and is the harm reduction lead at the BC Centre for Disease Control. She oversees the distribution of safer sex and safer drug use supplies across the province and spearheaded the development of the BC Take Home Naloxone program.

Jeff Walsh is the harm reduction coordinator at BC's Interior Health Authority, a geographically diverse region with a mix of urban and rural populations.

Donald Macpherson is the Director of the Canadian Drug Policy Coalition and Adjunct Professor in the Faculty of Health Sciences at Simon Fraser University.

Time to Wake Up – Accessing Naloxone in Canada

Background: Opioid overdoses are a public health concern in Canada. The BC Take Home Naloxone (THN) program reduces harms associated with opioid overdose by educating clients about overdose prevention, recognition and response, including administering naloxone. It is the only provincial THN program in Canada in continuous operation for over a year. As of June 2014, 22 months after its launch, the program is in operation in 47 sites and over 110 overdose reversals have been reported.

Objective: To describe successes and challenges to improving access to naloxone in rural and urban communities within BC and across Canada

Presenter 1 (Jane Buxton): will describe the BC THN program model and the role of the Community Advisory Board and participation of people who use drugs whose feedback is essential to improve the program. She will share results from ongoing evaluations, including challenges accessing naloxone; discuss how such programs create healthy connections between the service systems and people who use opioids; and how THN training empowers people who use drugs.

Presenter 2 (Jeff Walsh): will describe how the BC THN program has been implemented in urban and rural communities within Interior Health. He will also share how the THN program operates at the Royal Inland Hospital, Canada's first Emergency Department to provide training and naloxone to patients who are admitted due to an overdose or who have been identified as at high risk for overdose.

Presenter 3 (Donald Macpherson): will illustrate the differences in uptake of THN programs across Canada and discuss the policy barriers to increasing accessibility. He will highlight key recommendations outlined in CDPC's recent policy brief: *Opioid Overdose Prevention and Response in Canada*.

B

BUXTON, Jane

BC Centre for Disease Control

Dr. Jane Buxton is an Associate Professor in the School of Population & Public Health at the University of British Columbia and the harm reduction lead at the BC Centre for Disease Control. She is the practicum director for the masters in public health program at UBC, and she chairs the Royal College of Physicians and Surgeons of Canada Public Health and Preventive Medicine Specialty Committee. In her research Jane uses quantitative, qualitative and participatory methods. Her research interests includes harm reduction, illicit drug use epidemiology, prison medicine, hepatitis A, B and C and knowledge, attitudes and behaviours regarding immunization.

Drug Overdose and Alert Partnership, multi-sectoral collaboration to reduce harms associated with illicit drugs

Background: In 2011, a warning issued about increased deaths due to higher-purity heroin led to concerns about misperceptions and missed opportunities to provide effective overdose prevention strategies. BC experts formed the Drug Overdose and Alert Partnership (DOAP) to coordinate stakeholder communication and action.

Objective: To illustrate the importance of multi-sectoral collaboration to improve timely and informed communication about harms from adulterated street drugs including fentanyl

Methods: DOAP has representatives from law enforcement, health, ambulance, drug and poison information centre (DPIC), coroner's office, research, and people who use drugs (PWUD). Surveillance data and concerns are shared on a password-protected webpage; members meet quarterly or as issues arise, to bring insights and interpret the data.

Results/Discussion: DOAP developed a process to support knowledge transfer; following a pharmacy break-in DPIC provides information regarding effects of stolen drugs; health service providers' work with police and PWUD to ensure appropriate messaging. Early 2013, an increase in deaths where Fentanyl (a strong opioid) was detected led to a public alert by the provincial health officer. DOAP members continued to monitor the situation and reported an increased availability of fentanyl pills (green monsters/fake oxy) and fentanyl powder. Analysis of a large seizure of illicitly produced pills found considerable variation of fentanyl content. Overdoses in the East Kootenay region prompted local health officials to issue a fentanyl alert which resulted in decreased availability. Police responded to an increase in non-fatal overdoses by sending implicated samples for analysis to determine drug composition.

Conclusions: DOAP enables timely communication between partners and to the public to provide relevant information to reduce illicit drug related harms.

CABÀN, María

BOOM!Health

Co-Author(s):
Robert Cordero, *BOOM!Health*,
Nunzio Signorella, *BOOM!Health*,
Candia Richards-Clarke, *BOOM!Health*

In 2013, Dr. María Cabàn joined BOOM!Health as the Director of Evaluation. As a sociologist and public health advocate, she is committed to addressing the needs of vulnerable, and often times, marginalized populations. She has over 15 years of evaluation and community-based participatory research experience, focusing on racial/ethnic health disparities, homelessness, HIV/AIDS, and mental health. She enjoys helping programs/organizations identify aspects of their work that can be translated to evaluation efforts.

Integrating Evaluation and Harm Reduction Work: The BOOM!Health Participant Survey – from Demographics to SIFs

Evaluating the needs of participants and identifying the impact of services is an integral component of BOOM!Health's comprehensive care management model. The BOOM!Health Model actively removes the barriers to accessing primary medical care and prevention services, while supporting participants' wellness and self-sufficiency. Community-based evaluation efforts can complement the work to improve access to and quality of care for individuals coping with addictions. The Participant Survey (PS) was developed to identify the needs of participants accessing services at the Harm Reduction Center (HRC). The PS captured data on demographic characteristics, substance use, service needs and utilization, knowledge about Supervised Injection Facilities (SIFs) and perceptions of services impact to better engage and retain participants in health/supportive services.

In its efforts to build program evaluation capacity, HRC administered the site-wide PS in January 2014. A total of 185 unduplicated individuals completed the survey. The majority of the participants were Latino males with a median age of 45. In addition to demographics and substance use data, analysis was conducted to identify differences in risk behaviors by length of time receiving services from the HRC among the 125 participants who reported ever injecting drugs. The PS also explored participants' knowledge and opinions about SIFs. Over 70% reported never hearing about SIFs and 50%, once defined, reported they would use one if it became available, especially if was a short walking distance.

Community based organizations can conduct evaluation activities with limited resources to inform their programs, their participants and potential funders. Non-rigorous research methods can effectively be implemented to collect information that inform our work in improving the lives of our participants and support the integrated provision of services.

CABÀN, María

BOOM!Health

Co-Author(s):
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Evelyn Rivera, *BOOM!Health*

In 2013, Dr. María Cabàn joined BOOM!Health as the Director of Evaluation. As a sociologist and public health advocate, she is committed to addressing the needs of vulnerable, and often times, marginalized populations. She has over 15 years of evaluation and community-based participatory research experience, focusing on racial/ethnic health disparities, homelessness, HIV/AIDS, and mental health. She enjoys helping programs/organizations identify aspects of their work that can be translated to evaluation efforts.

The Bronx Peer Connect Program: Training Peers in Support Recovery

BOOM!Health's Bronx Peer Connect (BPC) program enables participants to achieve and maintain recovery from addiction and improve their quality of life by training peers in support recovery. BPC offers comprehensive recovery support services in conjunction with health care and drug treatment. BPC has been designed and is being delivered by people who have experienced addiction and are solidly grounded in recovery. BPC provides benefits to the individual participant, peer supporter, counselors, health care providers and surrounding community. The peer-to-peer (P2P) services are based on the values of freedom of choice and peer control.

As of June 2014, five training cycles have been completed since the inception of the program in October 2013. A total of 100 individuals, 53% male, participated in the support recovery program. Forty-five percent (45%) of the participants were Latino and over half (55%) were African American and 71% were 45 years of age or older. Seventy percent (70%) report not using illicit drugs/alcohol in the past 30 days during enrollment in the program. Over half (62%) of the participants describe their health as being excellent/very good/good since participating in the program. BPC has not only engaged participants in care, it has also assisted participants in reestablishing social connectedness with 79% reporting interaction with family and/or friends that are supportive of recovery and 77% report turning to family or friends when having trouble.

Qualitative data was also collected at the local level; participants were asked:

What led me to the path of recovery...

- "I was tired of hurting myself as well as those closest to me"
- "My health"
- "I wanted to make a change in my life and help others like me get clean"
- "It was time to stop the self destruction and self medicating"

What my future in recovery looks like...

- "The best thing that can happen for me"
- "My future in recovery looks promising to me because there's no looking back only good things are to come"
- "Bright and full of promise, finding out who I am, working the steps & becoming a better person"

Peer led recovery programs are effective culturally-informed modalities for decreasing substance use, accessing health care and supportive services, increasing treatment adherence, and improving quality of life. The use of data entered in federally established database systems (i.e. GPRA, NOMS) can be used to inform and enhance programs.

CALLAWAY, Kat

Urban Survivors Union

Kat Callaway has followed a long career with the Federal Government, as a Contracting Officer/Project Manager for the Navy and GSA, with a new passion for activism. This direction began with her involvement with the AIDS crisis during. She has worked at the San Francisco Drug Users Union, promoting community outreach, and is now an independent activist following the call of the cause.

Come As You Are and Don't Be A Dick: Harm Reduction in the Support Group

The Sixth Street Exchange Hep C Support Group was based upon and run by two principles: 1) come as you are; and 2) don't be a dick. These two principles were, and are recited and followed to create a support group based on the acceptance of each individual "as they are."

The use of the HR model has developed a group that supports each other in an almost fierce fashion, and an open environment where each individual states his or her status for both HIV and HCV, often adding current or past drug use. Drugs are discussed openly and with knowledge, each group member sharing DOC, issues, program involvement, and ultimate goals for drug use (whether abstinence, or reduction, or maintenance at current level. The group opens with a meditation, and ends with each group member stating an individual harm reduction goal to work on during the next week. A needle exchange follows the meeting, open to group attendees.

HR Principles originating in response to the AIDs epidemic, create an environment that is particularly applicable to stigma laden subjects such as HCV, with value for all peer driven groups;

The environment promotes open discussion and topic selection, minimizing stigmas and judgment of individuals, paving the way for honest discussion of potentially sensitive and sometimes explosive issues. Individuals are accepted without a value judgment, making a diverse range of lifestyles, health care, and drug use topics covered in depth, and from a wide range of perspectives.

The success of the group has not been measured scientifically but examples of events illustrate its value. Not to be minimized is the driving force behind the group, Mr. Pauli Gray of the San Francisco AIDs Foundation. Combining his knowledge of HR principles, group dynamics, drug use and HCV, Mr. Gray has made the group a success and the application of HR principles the cornerstone. He is joined by co-facilitators and volunteers.

In summary, it can be stated that groups operating on HR principles teach an individual about harm reduction, providing the tools and environment to take the acceptance and equality within the group to experiences and attitudes outside of the group.

CARDELLE, Clara

Washington Heights CORNER Project

Co-Author(s):
Robert Suarez, *VOCAL-NY*,
Samantha Olivares,
Washington Heights CORNER Project

Robert Suarez is a community organizer for VOCAL-NY after being a peer educator for 3 years at Washington Heights CORNER Project. Samantha Olivares is an outreach workers for Washington Heights CORNER Project and started as a participant of the agency three years prior. Clara Cardelle is an outreach worker and started as a participant of the agency one year ago. All three individuals have experience with starting as participants of a harm reduction organization, serving in peer educator roles, and being promoted to staff positions within three years of first coming to the agency.

Then and Now: Peer Educators Share What Makes a Peer Program Successful

Peer education program and peer-delivered-syringe-exchange is the foundation of harm reduction. Peers offer a unique experience, smarts, and skill set to engage with the most marginalized individuals who may not access harm reduction services in traditional mobile or office-based venues. Walking the line of being a peer educator versus an employee of an organization has its challenges, particularly related to personal wellness and maintaining confidentiality. How can programs support peer educators in their agency? What does professional development and promotion look like? We invite peer educators and program directors/coordinators to attend this round table to share what elements of peer programs have been successful for peer development and wellness.

CARDEN-GLENN, Diannee

Advocate Harm Reduction

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Care for the Caregiver

The goal of this submission is to be provided a forum, whether it be a roundtable discussion with a moderator or a break-out session with two moderators, to explore both the needs and input from harm reduction frontline workers around self-care. The conference provides a exemplary venue not only for networking but for providers of harm reduction work to examine the dynamics of the challenges, the stress and the potential for "burn-out". Additionally such a session can provide fertile ground for the development of self-care practices both with input from attendees and information from moderator(s). An online forum platform will be presented as well as other possible strategies to ensure harm reduction professionals have a solid plan for self-care.

Method: After an unofficial, non-scientific random survey of colleagues and harm reduction caregivers it was determined there is a need for the harm reduction provider/ caregiver to have a forum for their own self-care. The purpose of this forum is two-fold; gather information from attendees as to practices they use to ensure their own self-care weekly, if not daily and to brainstorm and discuss self-care.

Often for "caregivers" or those providing harm reduction services the work is fast-paced, challenging both around funding and collaborating with other agencies and can produce a multitude of stresses on the body, mind and spirit most especially noted for those performing overdose prevention and/or lobbying for overdose prevention. Caring for yourself may feel like self-indulgence when the need for services is so great and the funding for employees is often inadequate. In reality self-care is self-preservation and hopefully insurance that the quality of services remains optimum for those receiving services.

Often while networking at conferences and training venues there is a general consensus; professionals who work day after day fighting for the rights of the underserved and working one on one with those who only ask to be acknowledged and treated with respect don't have a place for themselves except in small pockets of friends and/or peers

CARDEN-GLENN, Diannee (continued)

Summary: In the often busy life of the non-profit caregiver/harm reduction professional, self-care is seen as another "to do" on an already huge workload. Harm reduction caregivers may over-extend, neglect their own health and wellbeing. The work is often fueled by the urgency of the work or sometimes, martyrdom, potentially leading them to a burned out state of being. The suggested roundtable discussion or break out session participatory session will provide the safety and freedom to discuss the feasibility of an online resource center and how such a resource could help both professionally and personally as well as any other viable strategies produced from the session.. Suggestions for discussion include a closed internet group as a forum for issues, strategies and accomplishments. An internet forum could also be a place for persons working in Harm Reduction to come forward for personal support if they are struggling without fear of judgment or reprisal.

CAREY, Corinne

New York Civil Liberties Union

Co-Author(s):
Glenn Backes, *independent*

Corinne A. Carey is Assistant Legislative Director of the New York Civil Liberties Union where she engages in advocacy around a wide range of civil liberties issues, from public health and medical privacy to criminal justice and reproductive justice. Corinne graduated summa cum laude from SUNY Buffalo School of Law in 1998. She began her legal career with a fellowship from the Open Society Foundation as founder and director of the Harm Reduction Law Project where she represented homeless and marginally-housed clients from New York City's syringe exchange programs on matters relating to drug law prosecutions, collateral consequences of conviction, privacy, and discrimination.

Backlash: What Terrible New Laws Follow in the Wake of the New (and Future) Drug Epidemics & What You Can Do About Them

Tremendous gains have been made in recognizing that the war on drugs failed miserably, and lawmakers across the country are grappling with how to undo the mess of mass incarceration. However, following the overdose deaths of high profile actors & a spate of media depictions of a new heroin 'epidemic' sweeping the nation, state lawmakers seized the opportunity to show their constituents that they were still tough on crime. They resurrected failed drug war policies like sentencing enhancements and criminalizing more conduct, and some even reached back to the forced treatment policies of an even earlier failed approach to drugs. The presenters will debunk the mythology of the new heroin epidemic, discuss the backlash against the gains that the movements to end mass incarceration, for harm reduction, and for decriminalization have made, and discuss ways to identify allies and fight against these reactionary policies. Participants will share their own experiences from across the country, and get tips about how to lobby their own lawmakers to adopt sound, rational, and compassionate responses to the real problems experienced by drug users and those they love.

CARLBERG-RACICH, Suzanne

Chicago Recovery Alliance

Co-Author(s):
Dan Bigg, *Chicago Recovery Alliance*,
Greg Scott, *Chicago Recovery Alliance / DePaul University*,
Matt Curtis, *VOCAL-NY*,
Daliah Heller, *Consultant*

Suzanne Carlberg-Racich, PhD, MSPH has been working with the Chicago Recovery Alliance for the past thirteen years, and DePaul University since 2007. She is currently a Visiting Assistant Professor in the Master of Public Health Program, where she teaches a variety of public health courses. Prior to her work with DePaul, Suzanne spent over a decade working with the Midwest AIDS Training & Education Center doing training, evaluation & research related to HIV and drug use.

Documenting Harm Reduction: The use of digital storytelling in recording history and creating change.

Harm reduction work is grounded in a non-judgmental approach, and assists in any positive change as an individual person defines it for him or herself. Yet, harm reduction is limited by draconian policies that inhibit growth and interfere with the ability to meet basic needs for sterile injection equipment, naloxone, and other critical services. This collaborative roundtable will describe two projects that aim to capture personal experiences with harm reduction through digital storytelling, and to discuss the potential for these projects to be a resource for those who work in harm reduction or advocate for change.

Project 1: A Voice for Change: Using digital storytelling and shared narrative to illustrate the value of harm reduction

The aim of this project is to capture the meaning of harm reduction in the voices of the participants in a large, metropolitan harm reduction program. Specifically, participants will share the value of harm reduction through photography and the creation of a shared narrative. The photos and shared narrative will be used to give individuals a voice in the advocacy process as they tell the story about the critical importance of harm reduction in their lives. The ultimate goal of the project is to prompt crucial dialogue with national partners who work in harm reduction or drug reform about the use of digital storytelling in creating change.

Project 2: U.S. Harm Reduction History: A Collective Digital Storytelling Project

Our purpose is to build an interactive, multi-media, living archive documenting the 25-years-long social movement for Harm Reduction services in the United States. The HR History Archive is a user-friendly, collectively generated, and communally curated online resource intended to serve as (1) a historical reference for community activists, policy advocates, and grass-roots service providers working to address the negative health and social consequences of drug use, and (2) a movement-building tool for information- and strategy-sharing among individuals and groups involved in local, state, and national drug policy reform.

CHASTAIN, Ashley

Washington Heights CORNER Project; CUNY Graduate Center

Co-Author(s):
Sarah Deutsch, *Washington Heights CORNER Project,*
Daniel Waits, *CUNY School of Public Health at Hunter College*

Ashley Chastain is employed as the Data Entry Manager at WHCP; she is also a candidate in the Doctor of Public Health (DPH) program at the City University of New York (CUNY) School of Public Health. Sarah Deutsch is employed as the Outreach Program Manager at WHCP. She received a Bachelor of Arts from Columbia University.

Daniel Waits is currently in his senior year as an undergraduate at the City University of New York (CUNY) School of Public Health at Hunter College.

Successes and Challenges with Community Hazardous Waste Mapping in the Upper Manhattan Communities of Washington Heights and Inwood

Current in-field exchange and in-office syringe disposal options offered by Washington Heights CORNER Project (WHCP), a syringe exchange program (SEP) located in New York City, have not eliminated the issue of community hazardous waste in the neighborhoods the agency serves. An on-going project at WHCP, launched in January 2013, aims to decrease needlestick injuries and reduce community hazardous waste in the Upper Manhattan communities of Washington Heights and Inwood through changes in WHCP's hazardous waste mapping and collection procedures, in addition to SEP participant and community member education surrounding safer syringe disposal. In Summer 2014, the third phase of the project was conducted and included formal mapping of hazardous waste collection routes in the Upper Manhattan communities of Washington Heights and Inwood via a handheld GARMIN¬ GPS device. Throughout this project, WHCP staff and peers identified successes and challenges with using word-of-mouth reporting when expanding community mapping, navigating collaborations and educating local Parks Departments, seasonal issues with hazardous waste collection, developing a limited-literacy training for non-conventional use of complex GPS devices, data management and analysis, and volunteer and peer management. Attendees of this poster presentation can learn how route tracking, geo-tagged photos, and mapping via GPS can be incorporated into community hazardous waste identification and collection efforts by SEPs. Attendees will also come away with certain staff and volunteer management and training considerations which are useful for hazardous waste identification and collection efforts.

CHERNIWCHAN, Ashley

University of Calgary

Ashley started her nursing career in critical care in Edmonton, Alberta. Early on, while working in critical care, she realized that many of her patients suffered from homelessness, mental health & addictions, and other high-risk behaviours. This motivated her to pursue nursing on a "street" level to connect with individuals prior to hospitalization. Her love for improving delivery and access of health services to marginalized populations motivated her to further her education. While completing her MN/NP at the University of Calgary, she works as the Clinical Instructor at Safeworks, is a member of the CDPC and the CSSDP, and is active in community development.

Nurse Practitioners: The Future of Harm Reduction

Nurse Practitioners are gaining recognition throughout the US and Canada as integral health care providers. Yet, have not been utilized in Harm Reduction programs to their full extent. Harm Reduction has evolved from needle exchange and safer sex programs into the Harm Reduction programs we see today: programs that offer comprehensive support and health services for higher-risk clients in order to reduce the burdens of disease and social inequities. Harm Reduction focuses on health promotion, disease prevention, and empowering clients to make positive changes. These foci align with that of Nurse Practitioners. With advanced nursing education and experience, the Nurse Practitioner may autonomously diagnose, order and interpret diagnostic exams, prescribe pharmacological and non-pharmacological interventions, and perform a variety of specialized therapies (CNA, 2008).

A review of the Harm Reduction literature identifies a gap in service delivery and health care access for many higher-risk individuals. The Nurse Practitioner is equipped with the skills and knowledge to provide services to individuals who may not be able to or willing to access other health or social services. The Nurse Practitioner is also able to provide services in a variety of mobile and outreach environments, provide extensive and ongoing support and education, all whilst providing mentorship, leadership, and developing programs and policies. For these reasons, Nurse Practitioners are the future of Harm Reduction.

CHILDS, Robert

North Carolina Harm Reduction Coalition

Co-Author(s):
Tessie Castillo, *North Carolina Harm Reduction Coalition*

Advocating for Harm Reduction in Red States

Red states face unique barriers and challenges to advocating for harm reduction issues. The absence of public funds for harm reduction, a hostile political climate and low public support can leave advocates feeling frustrated, isolated and irrelevant. But recent successes from North Carolina and Georgia around overdose prevention, naloxone distribution and syringe decriminalization have shown that even in the South, allies can be found in the unlikeliest of places. Success will come to those with the creativity and determination to fight for it.

During this presentation participants will learn about the unique challenges facing harm reduction advocates in red states. Facilitators Robert Childs and Tessie Castillo will lead participants in exploring ideas for overcoming these challenges, drawing on recent successes in North Carolina and Georgia. Participants will brainstorm potential allies for harm reduction advocacy, key stakeholder groups, volunteer recruitment and ideas for messaging that take into account the unique political climate of red states. By the end of the presentation, participants should have the makings of a plan for how to gather supporters, secure nontraditional allies, and launch consistent messaging campaigns to advocate for harm reduction issues in their state.

CICCARONE, Dan

UCSF

Dan Ciccarone, MD, MPH, has been providing community based primary care in the San Francisco Bay Area for over 20 years. He has provided harm reduction based clinical services at several syringe exchanges and was on the Board of Directors for the Homeless Youth Alliance. 'Dr. Dan' has been actively involved in expanding the use of clinical harm reduction technologies and practices including buprenorphine for opiate detox, naloxone for opiate overdose and the prevention and treatment of skin abscesses. At the University of California San Francisco, he is Professor of Family and Community Medicine and directs a number of research projects related to infectious disease and drug use.

Fire in the vein: heroin acidity, vein loss and abscesses

Background: The loss of functioning veins is a root cause of suffering for long-term heroin injectors. In addition to perpetual frustration and loss of pleasure/esteem, vein loss leads to myriad medical problems including skin infections, eg abscess, and elevated HIV/HCV risks due to injection into larger neck/groin veins. The etiology of vein loss is unknown and users' perceptions unexplored. We hypothesized that vein loss was related to heroin acidity when prepared for injection and devised a pilot study to measure heroin pH and explore users' perception of the caustic nature of the drugs they inject.

Methodology: Convenience samples of long-term heroin users were recruited in Philadelphia (n=21) and London, U.K. (n=9; including one injecting pharmaceutical heroin). Each participant consented to and participated in an audio recorded interview, pH testing of a 1-2 unit (10-20 microliter) prepared drug sample (heroin, cocaine and heroin + cocaine) and observed injection in a natural setting.

Results: All London participants struggled with vein loss, most injected into their groin veins; many attributed this to the added acids (citric and ascorbic) needed to dissolve locally available "brown" heroin and complained of vein/skin burning when injecting. Philadelphia participants attributed vein loss not to heroin alone but to cocaine and speedball injections. The pH of London heroin samples varied from 2.6 (citric, n=5) to 3.4 (ascorbic, n=3); Philadelphia heroin, speedball and cocaine alone samples had mean pH of 4.7, 4.2 and 3.6 respectively. Pharmaceutical heroin, the least acidic sample, had a pH of 4.8. [pH log scale: 1=extremely acidic to 14=basic; 7=neutral/water.]

Conclusion: Heroin pH testing in natural settings is feasible. In London, heroin prepared with citric acid was as acidic as vinegar and almost 10 times more acidic than heroin mixed with ascorbic acid. London heroin and Philadelphia cocaine were more than 10 times more acidic than Philly heroin. Our vein loss-drug acidity hypothesis is supported by these observations. These preliminary findings, if replicated in a larger more generalizable sample, have potentially broad, vital and readily implementable harm reduction implications including acid choice (London) drug choice (Philly) and hypothetical use of buffering agents.

CLARK, Lamont

Baltimore City Health Department

Lamont Clark, a Baltimore native, has worked at the Baltimore City Health Department's Community Risk Reduction Services as a health educator since 2002. He has been the Coordinator of the overdose prevention and response program since December 2013. However, he has worked in conjuction with the program since it was implemented in 2004.

Preventing opioid overdose deaths in active drug users

The CDC has reported that opioid overdose deaths have been increasing since the turn of the century. The Baltimore City Health Department's Staying Alive program, the first overdose prevention training program in Maryland, which trains drug users to recognize and respond to opioid overdoses by performing rescue breathing and administering naloxone. Since the program began in 2004, over 10,718 injection drug users, inmates and drug treatment clients have been trained, and over 228 reversals have been reported. This presentation will provide a brief history of the program and will cover its basic components including training, funding, and supplies.

CLARKE, Ananda

Positive Resource Center

Co-Author(s):
Andy Chu, *Positive Resource Center*

Ananda Clarke is a Staff Attorney at Positive Resource Center, a nonprofit organization providing free legal representation on social security disability claims from a harm-reduction and client-centered approach for individuals living with HIV/AIDS or mental health issues, and a passionate advocate for individuals with disabilities. She has represented active substance users on Supplemental Security Income and Social Security Disability Insurance cases since 2009. She is a dedicated practitioner of harm reduction and is committed to encouraging a harm reduction approach among other advocates.

Making the System Work: A Harm Reduction Approach to Assisting Actively Using Clients in Achieving Social Security Disability Benefits

Positive Resource Center is a nonprofit organization providing free legal representation on Social Security disability claims from a harm-reduction and client-centered approach for individuals living with HIV/AIDS and/or mental health issues. We represent many historically underserved members of our community with 94.7 % of our clients being extremely low income, 48.6% LGBT, and 52.3% with racial minority status. In this presentation, participants will learn practical solutions on how to assist actively using, disabled clients in achieving Social Security disability benefits, namely, Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) from a harm reduction, client-centered approach.

Case managers, advocates, substance counselors, medical providers, social workers, and others who employ the harm reduction approach often find themselves walking a tightrope when assisting actively using clients in Social Security cases, due to the Social Security Administration's stand on active substance use. Social Security will deny a disability application if it determines that substance use is "material" to the claimant's disability. While the materiality issue can be simply stated as "whether a person would continue to be disabled if he/she stops using substance," it is often misapplied in practice due to ignorance, stigma, and outright discrimination against substance use. For example, Social Security adjudicators often invent arbitrary standards such as requiring an individual to have 12 months of non-use to find the substance use not material to the disability. Active substance users also face bias and prejudice throughout the appeals process, particularly at administrative law hearings where judges discriminate against active substance users and choose to ignore numerous Social Security rulings related to materiality. In this presentation, participants will learn knowledge and skills to combat these unjust governmental actions against active substance users. Specifically, participants will learn best practices regarding:

1. Social Security's materiality rule and related regulations

2. How to help active substance users develop a medical record that can overcome the problem of materiality

3. How to properly document disabling symptoms and limitations for active substance users who are applying for SSI/SSDI

4. How to help active substance users prepare for testifying at disability hearings

5. How to demonstrate substance use is immaterial to an underlying mental or physical disability

6. How to meet active substance users "where they are at" and without judgment in the context of applying for SSI/SSDI

This presentation is designed for direct service providers and other harm reductionists who regularly work with active substance users who apply for SSI/SSDI. By using this knowledge and practicing these skills, participants will be in a better position to utilize practical solutions to assist their clients in securing lifesaving disability income and healthcare benefits.

CLIFASEFI, Seema

University of Washington

Co-Author(s):
Susan E. Collins, *University of Washington-Harborview Medical Center*,
LEAP Advisory Board Members, *Downtown Emergency Service Center*

Seema L. Clifasefi, PhD is an Assistant Professor at the University of Washington. Her current focus involves research, training and evaluation in the development and dissemination of community-based, harm-reduction oriented programs and services for individuals with lived experience of homelessness and alcohol use. She is the co-director of the Harm Reduction Research and Treatment Lab (HaRRT Lab) at the University of Washington-Harborview medical center.

Dr. Clifasefi will be joined by members of the LEAP Community Advisory Board.

Community-based participatory research aiming to reduce alcohol-related harm and improve quality of life for single-site Housing First residents

Community-based participatory research (CBPR) has been described as, "a collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings" (WK Kellogg Foundation Community Health Scholars Program, 2006). This CBPR project--the Life Enhancing Alcohol-management Program (LEAP)-- involves one such partnership between members of an academic institution (University of Washington), a community-based agency (Downtown Emergency Service Center) and residents of a Housing First (HF) program who have the lived experience of chronic homelessness and serious alcohol problems (1811 Eastlake). The aim of this project is to co-develop and evaluate culturally relevant, acceptable and effective HF programs geared towards reducing alcohol-related harm and improving quality of life for formerly homeless individuals living in single-site HF. This panel presentation will offer multiple perspectives from the research partnership regarding key principles towards ensuring a successful research partnership, focused on building and maintaining trust.

COFFIN, Lara

UCSF

Co-Author(s):
Phillip Coffin, *SFDPH*,
Shilo Murphy, *PHRA*

Phillip Coffin is a cocky know-it-all who thinks you may have a chance because he's not competing.

Lara Coffin is certain you will have a good time.

Shilo Murphy is joining this year because he wishes he was a Coffin.

3rd Harm Reduction Trivia Night

Think you know something? Come test your wits at harm reduction trivia night! With past highlights like name that condom flavor, babyface harm reductionist matching, what's grosser than pus, and the perennial celebrity round, this is where you can strut your stuff and win fabulous prizes.

COFFIN, Phillip

San Francisco Department of Public Health

Phillip Coffin is an infectious disease physician and the director of substance use research at the San Francisco Department of Public Health. He has been working in harm reduction for over 20 years. He provides outpatient HIV care and inpatient infectious disease and internal medicine management, and has expertise in viral hepatitis as well as buprenorphine maintenance. He directs several federally funded trials of pharmacologic and behavioral therapies to assist people who use drugs in reducing the medical sequelae of drug use.

The Weird and the Wonderful: Infectious and Other Medical Complications Among Drug Users

[this is a similar, updated, presentation of a workshop delivered at the 2012 conference in which I reviewed various infectious and other medical sequelae of drug use with the intent of providing service providers with a unique insight into triaging different clinical presentations and management of complex medical problems]

People who use drugs frequently encounter medical problems and often must interact with medical systems. This process can be confusing and frustrating for both patients and their other service providers. This talk will review the major infectious and other medical complications that often occur among people who use drug, including soft tissue infections; toxic reactions to drugs and contaminants; cardiac, pulmonary, renal, and neurologic disorders; and bloodborne viruses. This portion of the workshop is designed to be interactive, allowing the audience to direct and emphasize topics of particular interest and to raise questions and concerns with diagnoses and management. We will conclude with a review of what drug users should expect from primary care services, with an emphasis on preventive care that should be offered.

COHN, Randall

Avenues for Homeless Youth

Co-Author(s):
Zach Johnson,
Minneapolis Harbor Light Center,
Jade Lichtsinn,
Women's Housing Partnership,
Trish Thacker,
Minneapolis Harbor Light Center

Randall Cohn currently works as the program supervisor at Avenues for Homeless Youth, in North Minneapolis. Previously, he coordinated the housing case management program and helped supervise the Hennepin County 'Top 51' pilot program at the Minneapolis Harbor Light Center. He has worked as a street outreach worker and shelter advocate, and was a founding member of the Minnesota Harm Reduction Coalition. He has also worked in higher education, labor organizing, legal publishing, and the service industry. He has a bachelor's degree in fine arts and a master's degree in political science, and currently attends law school part-time.

Harm Reduction and "Ending Homelessness": Minneapolis, MN

Minneapolis, MN is in the 8th year of its 10-Year Plan to End Homelessness, which – though outcomes have fallen well short of the goal – has partially served as a model for similar initiatives at municipal, state, and federal levels. The plan seeks to increase coordination, communication, and resource sharing among the many institutional and community stakeholders involved in providing services and support to Minnesotans who have been identified as homeless or housing insecure. Its implementation has brought public entities, non-profit and for-profit service agencies, and activist organizations operating from a wide (and not always compatible) range of values, objectives, and philosophies – into dialog. Although the words 'harm reduction' do not appear anywhere in the official plan, harm reductionists and agencies which profess to practice harm reduction have played an active role in this dialog, and have successfully brought (some) harm reduction principles into the mainstream discourse around the plan.

In the proposed panel, workers from several homeless services agencies in Minneapolis will describe the opportunities and obstacles they have encountered while trying to build harm reduction capacity in their organizations and in the broader community, as they have simultaneously responded to pressures towards centralization and standardization of services. Key to this conversation is an exploration of the tensions between a service orientation directed at a specific (arguably symptomatic) social problem – in this case providing housing to those who are homeless – and the holistic orientation required to practice effective harm reduction. Presenters will sketch the landscape for harm reduction and housing justice in Minneapolis, and provide space for open conversation with conference participants looking for the opportunity to compare notes and strategies with peer organizations about how to get better and more responsible at our harm reduction practices without capitulating to a model of service provision that becomes too rigid to respond to the real needs of the populations we serve.

COLECLOUGH, Liz

C

Johns Hopkins
School of Public Health

Co-Author(s):
Denise Hansen, *Healthcare for the Homeless*,
Ariella Zbar, *Johns Hopkins School of Public Health*,
Lawanda Williams, *Healthcare for the Homeless*
Annick Barker, *Healthcare for the Homeless*,
Tiffany Chavis, *Healthcare for the Homeless*

Liz Coleclough is a PhD Candidate at the Johns Hopkins School of Public Health. For her dissertation, she has partnered with a team of staff and clients at Healthcare for the Homeless (HCH). The goal of this collaboration is to incorporate Trauma-Informed Care (TIC) into agency practices. She is working on a similar effort at House of Ruth Maryland (HRM).

In conjunction with her PhD, Ms. Coleclough is also pursuing a Masters in Social Work (MSW) at the University of Maryland School of Social Work. By exploring each track, she is hoping to build her expertise in both the 'Macro' and 'Micro' aspects of working towards social justice.

Process of Implementing Trauma-informed Care (TIC) in a Homeless Outpatient Setting

Trauma is a stress reaction to an experience that involves the threat of death, physical harm, or sexual assault. Typical markers of trauma include fear, helplessness, and loss of control. This interferes with the ability to cope, self-regulate, and maintain healthy relationships.

Mounting evidence suggests that trauma is a principle factor in homelessness. Research shows both how trauma can lead to homelessness, and how homelessness can exacerbate an individual's exposure and reaction to trauma. Traumatic experiences also underlie harmful/risky behaviors such as substance use and risky sex. As such, this is an important consideration for harm reduction practice.

Based on this research, the literature points to Trauma Informed Care (TIC) as an umbrella approach that agencies can use when working with individuals who have a history of trauma. The two primary goals of TIC include (1) limiting the possibility of triggering and re-traumatization and (2) helping people in their recovery from trauma. Research indicates that trauma recovery is a key strategy to building healthy coping behaviors and minimizing risk behavior.

In addition to client needs, TIC addresses the stressors that staff members can encounter in their work with trauma victims. It includes strategies to protect these employees from vicarious trauma and burnout. As a final area of focus, this approach also considers ways to enhance communication and engagement in organizations that are collectively experiencing stress.

While the research increasingly recommends TIC as a valuable approach, real-world agencies can struggle to translate this into practice. Employees may lack the time, resources or knowledge base to incorporate TIC strategies.

Staff-led coalitions charged with implementing TIC may face challenges in dividing labor, determining agency needs and gaining support from staff at various levels. While the literature provides some guidance, there is a limitation of concrete and practical examples – ones which take into account the specific needs of an agency and which explore the realistic challenges of shifting a workplace culture.

This presentation describes the process through which one organization – Healthcare for the Homeless Baltimore – has embraced this effort. We will share the process of establishing an oversight committee and facilitating an organizational assessment.

COLLINS, Susan

University of Washington

Co-Author(s):
Project Vivitrol Study Participants

Susan E. Collins, PhD, is an Associate Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington - Harborview Medical Center in Seattle, WA. As Codirector of the UW Harm Reduction Research and Treatment (HaRRT) Lab, she conducts NIH- and internally funded grants. She has authored over four dozen, peer-reviewed scientific articles and is the recent recipient of the G. Alan Marlatt Memorial Research Award.

Dr. Collins will be joined by former study participants who have the lived experience of homelessness and alcohol dependence and will provide their perspectives on the research study.

Combined Medication and Harm Reduction Counseling for Chronically Homeless People with Alcohol Dependence: Research Study Findings

Traditional, abstinence-based alcohol treatment is minimally effective for chronically homeless individuals who are often multiply affected by psychiatric, medical and substance-use problems and have high levels of publicly funded service utilization. Treatments focusing on alcohol-harm reduction instead of alcohol-use reduction or abstinence may be more effective for this population. Extended-release naltrexone (XR-NTX), a monthly injectable formulation of an opioid receptor antagonist, is safe and effective for active drinkers and may be used to support alcohol harm reduction. This study's aim was to document initial feasibility, acceptability and alcohol outcomes following XR-NTX and harm-reduction counseling for chronically homeless individuals with alcohol dependence. This single-arm, open-label, 12-week pilot was conducted at two, community-based agencies in a mid-sized city in the US Pacific Northwest. Participants were currently or formerly chronically homeless individuals with alcohol dependence representing diverse racial and ethnic backgrounds. Measures included self-reported alcohol craving, quantity/frequency, problems and biomarkers (ethyl glucuronide [EtG], liver transaminases). This treatment was feasible and acceptable: 43 of 45 individuals approached were interested in participation. The first injection was received by 31 participants, and 24 complied with all study procedures. Participants evinced significant decreases in alcohol craving, use, problems and EtG level (ps<.05). Liver transaminase levels did not significantly change. XR-NTX and harm-reduction counseling are promising means of supporting reductions in alcohol use and alcohol-related harm among chronically homeless, alcohol-dependent individuals for whom abstinence-based treatment is unacceptable or ineffective. A larger-scale, randomized, placebo-controlled trial is underway to provide a rigorous confirmatory test of these initial findings.

COOKE, Mark

ACLU of Washington

Mark Cooke is a Policy Counsel with the ACLU of Washington working on criminal justice and drug policy issues. He also served as a Policy Advisor for New Approach Washington, the organization which successfully campaigned for the passage of Initiative 502. Mark graduated from Washington University in St. Louis in 2007 with a law degree and a master's in social work. While in St. Louis, he worked at the Missouri Institute of Mental Health researching drug policy issues, including methamphetamine laws and needle exchange programs. Prior to joining the ACLU, Mark practiced family law in Seattle.

Overcriminalization – How Do We Get Out of This Mess? Strategies for Decriminalizing Low-Level, Non-Violent Offenses

Advocates have long been aware of the problem of "mass incarceration" in the United States, and the public is increasingly aware of the shocking statistics. One in 100 adults is behind bars. Our nation represents 5% of the world's population but houses 25% of its inmates. However, not many are thinking about the fact that almost one-third of Americans have criminal records. Being convicted of a crime, or even being charged with one, produces records that create barriers to employment, housing, and education. It harms people by turning them into second-class citizens even if they never spend a day in jail. Treating everything as a crime can also amplify social problems and undermine public safety. One way to prevent people from being convicted of crime is to decriminalize the underlying activity itself. This presentation will look at Washington State's overcriminalization problem and provide policy suggestions to improve the system, such as decriminalizing low-level, non-violent offenses. Focusing on the front-end of the criminal justice system will keep people out of the criminal justice system altogether and reduce the harm of an arrest and conviction.

COSTLEY, Brenda

Baltimore City Health Dept

Brenda Costley is a Community Health Educator II for the Needle Exchange Program at the Baltimore City Health Department. Ms Costley has been with BCHD since 2010. Ms. Costley started her work as an outreach worker with Power Inside a non-profit agency in Baltimore City that also implements the harm reduction model within its programs. She has also worked at JHU-Besure a HIV surveillance study as a research program assistant. Ms. Costley previously presented at the harm reduction conference in Miami in 2008.

How the Baltimore Needle Exchange is Saving Lives

The purpose of this presentation is to share with you how we run the Needle Exchange Program (NEP) in Baltimore. Our program is operated through the Baltimore City Health Department. This presentation will discuss how we bring different services into the community and how it is associated with harm reduction. We will also speak about the pros and cons of running a government program. The NEP has been in operation in Baltimore for the past 20 yrs and uses the harm reduction model to interact with active drug users. The program has bought awareness and education into communities throughout the city of Baltimore.

COURTNEY, Braunz

HEPPAC

Co-Author(s):
Loris Mattox, *HEPPAC*

Mr. Courtney is a professional in the field of Harm Reduction program development and quality assurance of community health screening in clinical/non clinical settings throughout Oakland CA. Braunz is also the Co-owner and Executive producer of his company Main Vein Productions which captures social justice issues in multimedia fashion to eliminate stigma and increase self-efficacy to his viewers.

Originally from the Bay Area, Ten years ago Mr. Courtney joined HIV Education and Prevention Project of Alameda County (HEPPAC). His individual mission consists of providing the most high quality advanced services using cutting edge techniques, which have lasting impressions on people's lives.

The Drop Box: An effective tool to control the proliferation of hypodermic needles in public right of way

Summary: City staff from the Department of Human Services (DHS) and the Public Works Agency (PWA) and HIV Education and Prevention Project of Alameda County (HEPPAC): offered the Needle Drop Box Pilot Project to the Interagency Working Group. Staff has developed a prototype hypodermic needle drop box and has worked with potential social services partners to establish a supporting maintenance and public education program.

Background: During fall 2009, City staff and Bay Area Rapid Transit (BART) made a presentation to the Interagency Working Group on the BART Earthquake Safety Program, West Oakland Aerials Project. In the course of clean-up of the affected rights of way, a severe proliferation of hypodermic needles was discovered throughout the project area. The needles had been discarded by intravenous drug users, some of whom are associated with homeless encampments and vagrancy in the affected areas. The hypodermic needles represent a public health and safety problem that affects both workers and the general public using these rights of way.

Pilot Program Description: On the physical side, PWA staff has constructed a prototype needle drop box in its fabrication shop. The box is made of welded quarter inch steel plate with a hinged access cover. Secure, tamper-proof recessed locks are used. A removable plastic sharps container will be mounted inside the box. A drop slot is cut in the side of the box that lines up with the mouth of the sharps container. Used needles dropped through the slot will fall into the sharps container. By unlocking the box, the entire sharps container can be removed by maintenance personnel without having to contact the needles themselves. The box is mounted securely in the field, either to a pole, pillar or concrete support structures.

On the programmatic side, staff has had discussions with the HIV Education and Prevention Project of Alameda County (HEPPAC). Partially funded by the Alameda County Public Health Department, HEPPAC is a 501(c)(3) organizations known in the community as 'Casa Segura,' which means Safe House. HEPPAC works to in partnership with the AIDS Project of the East Bay to help stop the spread of HIV/AIDS and Hepatitis C among injection drug users (IDUs) and other at-risk populations in the city of Oakland and throughout Alameda County. Casa Segura operates a needle exchange program and performs related outreach activities to the intravenous drug community.

COURTNEY, Braunz (continued)

Data is collected about the number of needles collected, the number of persons participating in services through Casa Segura, and the number of persons referred to treatment and recovery options. At the conclusion of the pilot period, the program would be evaluated for effectiveness in addressing public health and safety issues and reduction of maintenance costs

Programmatic Context: The Department of Human Services envisions the Needle Drop Box Pilot Program as playing a niche role in the Oakland's overall PATH Strategy to End Homelessness. The PATH Strategy is the Oakland-specific implementation plan for the County-wide Everyone Home Plan, Alameda County's HUD-mandated Ten Year Plan to End Homelessness. As first reported to the Oakland City Council in 2007, the PATH Strategy includes outreach, harm reduction, case management and housing resources to persons living in homeless encampments in the City of Oakland.

CURRY, Shannon

Evergreen Health Services

Shannon Curry has been a Harm Reduction Counselor with Evergreen Health Services' syringe exchange program Project S.A.F.E for a year. She has just completed her Masters degree in Community Mental Health Counseling, and lives in Buffalo, NY.

Trust Me, I'm Not a Doctor Part 1:
A Holistic Approach to Vein Care and Safe Injection Counseling
Injection difficulties often result from a multitude of biopsychosocial stressors, and indicate a need for more comprehensive assessment and care planning from Harm Reduction Counselors. Encounters centered around vein care and safe injection practices can be an incredible opportunity for counselors to utilize creative assessment skills and deductive reasoning, ensuring all aspects of the participants biopsychosocial needs are met. This workshop is designed to help counselors learn how to make the most out of an encounter by going beyond the presenting problems in non-judgmental and compassionate ways.

Trust Me, I'm Not a Doctor Part 2:
Exploring the path from prescribed painkillers to heroin while working with individuals who have chronic pain.
There is little public awareness regarding heroin addiction among individuals who transitioned from painkillers that were prescribed for a chronic illness or acute injury. Treatment options often exclude those with a history of chronic pain, and outcomes are less optimistic if the initial cause of the pain is not addressed. Utilizing a combination of specific harm reduction and therapeutic behavioral techniques can increase the likelihood of improved treatment outcomes.

CURTIS, Matt

VOCAL-NY

Co-Author(s):
Maria Caban, *BOOM!Health*,
Jamie Favaro, *Injection Drug Users Health Alliance*,
Taeko Frost, *Washington Heights CORNER Project*,
Carolina Lopez, *New York Harm Reduction Educators*,
Co-Presenter Anne Siegler

The facilitators represent the Injection Drug Users Health Alliance (IDUHA), a coalition of 14 New York City syringe exchange providers, as well as the New York City Department of Health and Mental Hygiene. IDUHA's Monitoring & Evaluation Committee formed in the Fall of 2013 to support data collection and analysis by member organizations, and to design and carry out original research in the service of improving harm reduction services and promoting supportive public policies.

Do-it-Yourself High Quality, Low Cost, Action Oriented Research for Harm Reduction

Purpose: To teach harm reductionists and other interested people how to carry out low cost, high-quality research designed to support program development, advocacy, and other goals. Participants will be exposed to

Background: Between November 2013 and January 2014, the Injection Drug Users Health Alliance (IDUHA), a network of 14 New York City harm reduction organizations, designed and carried out a survey-based study involving more than 1,000 harm reduction participants in all five NYC boroughs. The study was approved by the Institutional Review Board of the NYC Department of Health and Mental Hygiene and supported by a $9,000 grant from the NY State Department of Health AIDS Institute. A major objective of the study was to capture and use data on services utilization, drug use, mental health, and healthcare access that are not collected through contract-mandated reporting.

The IDUHA study will serve as a practical example of a large project driven by harm reductionists that mirrors academic research methods, which may inform many aspects of research projects at any scale. In addition, workshop facilitators will use examples from small, rapid assessment projects and community-based participatory research to convey a range of useful strategies. The workshop will presume participants have limited prior research experience.

Workshop Format: Workshop facilitators will present a practical overview of key elements of research from study design through project planning, funding, personnel, community input, analysis, and communicating results. Three examples will be used to frame the presentation and discussion: the 2014 IDUHA study; a community-based participatory research study with people in methadone programs; and a small syringe gap study. In the final part of the workshop, participants in groups will work with facilitators identify research questions and an initial plan for design and needed resources. Overall, the session will seek to demystify' research and leave participants ready to develop action-oriented projects back home.

Learning Objectives: Through the workshop participants will understand:

- How to identify unmet data needs and research objectives
- Tailoring study design toward outcome objectives
- Staffing, training, Funding, and project infrastructure considerations
- Working with IRBs and other ethical concerns
- Study coordination
- Analysis: basic statistics, using focus group and other qualitative data
- Strategies for communicating results

CURTIS, Matt

VOCAL-NY

Co-Author(s):
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Jeremy Saunders, *VOCAL-NY*,
Laura Thomas, *Drug Policy Alliance*,
Robert Tolbert, *VOCAL-NY* / Co-Presenter,
Glenn Backes, Facilitator

The workshop facilitators are experienced advocates, lobbyists, and community organizers from harm reduction and drug policy groups in California, New York, and North Carolina.

How to Pass a Law

Purpose: To share skills and experience for designing and carrying out legislative advocacy campaigns for harm reduction and drug policy reform, with a focus on local and state politics.

Background: Over the past 25 years harm reductionists have taken the movement from a marginalized, often underground response to health crises to an increasingly mainstream approach to drugs and drug use that is shaping many other fields and policies at all levels. Legislative change has been an important marker of progress, from the original fights to legalize syringe exchange to efforts to reform criminal drug laws, win greater access to health and social services, and the widespread adoption of overdose prevention laws.

But passing a law is still an uphill battle. Most advocates in the harm reduction community are first and foremost service providers, often with a great deal of relevant knowledge but little spare time or formal advocacy training, and often working in environments with relatively few allied organizations or lawmakers. This session will focus on ways we take the narrative on harm reduction and

drug policy from within our communities and turn it into successful legislative campaigns, with a focus on practical strategies and real world case examples.

Workshop Format: Advocates from California, New York, and North Carolina will present organizing strategies and lessons learned from successful (and unsuccessful!) legislative campaigns, as well as information on lobbying rules and other considerations. Facilitators will guide participants through a series of exercises and group discussion designed to develop thinking about their own campaign work, and will leave participants with written and other resource materials.

Learning Objectives: Through the workshop participants will understand:

- General legislative processes for passing local and state laws, including bill drafting and introduction, committee structures, and local and state legislative rules.
- Research for legislative campaigns
- What 501(c)3 organizations need to know about federal and state law governing lobbying
- Coalition strategies and the local political landscape
- The role of community organizing for campaigns
- Campaign tactics: lobbying and other forms of issue education, earned and self-produced media, bird-dogging, and direct action.
- Strategies for winning over unnatural allies and neutralizing opponents
- How to think about compromise versus pulling support for legislation
- Winning (or losing) right: building power for the next campaign

DAVEY-ROTHWELL, Melissa

Johns Hopkins Bloomberg School of Public Health

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Karin E. Tobin, *Johns Hopkins Bloomberg School of Public Health*,
Carl A. Latkin, *Johns Hopkins Bloomberg School of Public Health*

This project will be presented by a team from the Lighthouse, a community-based research center at Johns Hopkins Bloomberg School of Public Health. The Lighthouse works with communities at-risk and impacted by HIV/STIs and urban health issues.

An exploration of stigma and sex exchange among men and women in Baltimore, MD

Introduction: Stigma is associated with HIV/AIDS, depression and substance abuse, as well as diminished access to and utilization of social services (e.g., healthcare, HIV testing). Trading sex in exchange for resources has also been consistently associated with increased STI/HIV risk. Individuals participating in sex exchange are often members of marginalized or stigmatized groups. However, little is known about the relationship between stigma and sex exchange, or how this relationship varies by gender or the type of resources received in exchange for sex. The purpose of this study is to assess the relationship between stigma and sex exchange in order to better understand how this association may place men and women at increased risk of HIV/AIDS.

Methods: This cross-sectional study was conducted at the Lighthouse, a community-based clinic in Baltimore, MD. The sample of N=763 participants was made up of 56.5% men and 43.5% women. The majority of the sample (82.3%) identified as African American. Approximately 42% (N=320) of the sample reported having sex in exchange for money or drugs, and 13.5% (N=103) of participants reporting exchanging sex for food or shelter at least once in the previous 90 days. After obtaining written informed consent, participants answered survey questions assessing personal experiences of stigma as well as sexual behavior. Bivariate analyses were then conducted to assess the relationship between stigma and sex exchange by gender and type of exchange sex.

Results: While sex exchange was common among both men and women, women were significantly more likely than men to report exchanging sex for drugs or money ($x2= 94.69$, $p<.001$) and shelter or food ($x2= 3.85$, $p=.05$) in the past 90 days. Additionally, both men and women who reported exchanging sex for drug and alcohol or shelter and food reported higher levels of stigma.

Conclusions: Results of this study suggest that practitioners should address the role that stigma plays in different types of exchange sex for both men and women. Future harm reduction interventions with individuals participating in sex exchange should include strategies to subvert societal structures, which drive stigma, as well as positive individual coping strategies.

DAVIDSON, Peter

University of California San Diego

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Eliza Wheeler, *DOPE Project / Harm Reduction Coalition*,
James Proudfoot, *UCSD*,
Ronghui Xu, *UCSD*,
Karla Wagner, *UCSD*

Peter Davidson has been conducting research and harm-reduction based intervention development around heroin-related overdose, hepatitis C transmission, and sexually transmitted infections among people who inject drugs in Australia and the United States since 1997. He is currently an Assistant Professor at the University of California, San Diego.

Impact of naloxone distribution on overdose death rates in California

Opioid-related overdose is now the leading cause of accidental death in the United States. Since the late 1990s, an increasing number of overdose prevention programs in California have distributed naloxone, an opioid antagonist, to drug users and other lay individuals to assist them in responding to overdose. Using data from the California Department of Public Health on overdose deaths and data from a survey of naloxone programs in California carried out by the DOPE Project, we used four statistical models using four different denominators to assess the impact of naloxone programs on accidental opioid-related overdose deaths. We found that from 1999 to 2010, 14 of 58 counties in California were served by one or more naloxone programs. In two of the four statistical models, naloxone distribution was significantly associated with a reduction in the rate of accidental overdose deaths. Repeating the analysis for 2005-2010 (when most programs were active) we found the overall effect of naloxone distribution to be a statistically significant reduction in the rate of accidental overdose deaths in all four models.

In this presentation, we will describe these results in detail, along with their implications for programs seeking to reduce overdose related deaths in their communities. We will also describe how programs which distribute naloxone, no matter how small and under-resourced, can contribute to gathering data that will help describe the impact of naloxone programs on overdose deaths.

DAVIS, Alan

Bowling Green State University

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Kirstin J. Lauritsen, *BGSU*

Alan is a doctoral candidate in clinical psychology at BGSU. His research interests include harm reduction, substance use-reduction, craving of psychedelic substances, and acceptability of non-abstinence in addiction treatment. Clinically, he is interested in addiction treatment, trauma-related pathology, and using psychedelic substances as an adjunct to psychotherapy. He plans to pursue a career as a clinical scientist and clinical supervisor.

Acceptability of non-abstinence among students enrolled in addiction studies programs in the United States

A recent investigation (Rosenberg and Davis, 2014) found that, overall, addiction professionals were more accepting of non-abstinence as an outcome goal for clients who use alcohol or cannabis than they were accepting of non-abstinence from other substances (amphetamine, heroin, cocaine, MDMA/ ecstasy) and polydrug use. However, for the subset of clients diagnosed with dependence and who selected non-abstinence as their final outcome goal, notably small proportions rated non-abstinence as either somewhat or completely acceptable across all seven drug conditions.

Rosenberg and Davis (2014) reported on a sample comprised of older (average age = 53), experienced (average number years of experience = 16), addiction professionals, and the acceptability of non-abstinence might be different among younger, emerging professionals who are enrolled in addiction studies programs in the United States. To evaluate this question, we emailed 317 college and university programs that offered addiction-specific training and asked them to send our recruitment script to their students. Of the 189 students who agreed to participate, 170 completed over 90% of our primary measures. Respondents were primarily female (75%), between18 and 35 (55%), and most were enrolled in an undergraduate (51%) or graduate (23%) degree program.

Results indicated that more respondents rated non-abstinence at least somewhat acceptable as an intermediate goal for clients diagnosed with a moderate cannabis (57%) or alcohol (45%) use disorder, than for clients diagnosed with a moderate cocaine, amphetamine, opioid, MDMA/ecstasy, or hallucinogen use disorder (32 to 35%). Similarly, larger proportions of respondents rated non-abstinence as acceptable as a final goal for clients diagnosed with a moderate cannabis (37%) or alcohol (31%) use disorder, than for clients diagnosed with a moderate cocaine, amphetamine, opioid, MDMA/ecstasy, or hallucinogen use disorder (19 to 23%).

When asked about their acceptability of non-abstinence with clients diagnosed with a severe substance use disorder, more respondents rated non-abstinence at least somewhat acceptable as an intermediate goal for clients whose primary substance was cannabis (42%) or alcohol (34%) than for clients whose primary substance was cocaine, amphetamines, opioids, MDMA/ecstasy, or hallucinogens (28 to 30%). Similarly, larger proportions of respondents rated

non-abstinence as acceptable as a final goal for clients diagnosed with a severe cannabis (26%) or alcohol (22%) use disorder, than for clients diagnosed with a severe cocaine, amphetamine, opioid, MDMA/ecstasy, or hallucinogen use disorder (14 to 16%).

These results suggest that emerging addiction professionals may be more accepting of clients who decide to pursue a non-abstinence outcome goal regardless of which substance they are attempting to moderate, the severity of their SUD, and the finality of their outcome goal when compared to older clinicians. These differences could influence the future availability of treatment options for individuals who wish to pursue non-abstinence and could create challenges for agencies with current policies that might prevent younger clinicians from translating their beliefs about non-abstinence into clinical practice.

DENNING, Patt

Harm Reduction Therapy Center

Jeannie Little is the Executive Director of the Harm Reduction Therapy Center, a nonprofit agency providing harm reduction therapy for drug and alcohol users with complicating emotional, social and health problems. She is a Licensed Clinical Social Worker and Certified Group Psychotherapist. She specializes in dual diagnosis and in individual and group treatment of substance use problems. She is a trainer in the areas of dual diagnosis and group treatment, and she provides ongoing consultation to staff groups in outpatient clinics, outreach and drop-in centers, case management programs, and housing facilities for multi-diagnosed clients.

Harm Reduction Supervision

Supervision in harm reduction treatment or support programs is the critical process whereby leaders of programs that serve vulnerable clients assure that the quality of service to those clients is competent, caring, and ethical. What this means is that, in addition to continually teaching and monitoring staff's core competencies, supervisors have to help staff manage the many less-tangible aspects of their jobs – to hear and hold painful stories, to manage difficult interactions (aggressive, withdrawn, or psychotic), to maintain hope in the face of tragic life circumstances, and to stay fresh and resilient over years of practice. Supervising staff in behavioral health programs thus involves a complex supervisory mix of skill-building, accountability, and emotional support. In this workshop, the leaders will describe their supervision model, interspersed with role plays and discussion of real scenarios presented by participants.

DES JARLAIS, Don

Mount Sinai Beth Israel

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Don C. Des Jarlais, Ph.D. is Director of Research for the Baron Edmond de Rothschild Chemical Dependency Institute at Mt. Sinai Beth Israel, Professor at Columbia University Medical Center and Guest Investigator at Rockefeller University in New York.

Public funding of syringe exchange in the US: The challenges of failures and successes and the new heroin injectors

Objective: To assess the current situation of syringe exchange programs in the United States.

Methods: Multiple data sources were utilized: 1) A national survey of SEPs in the US (the Dave Purchase Memorial survey) conducted by NASEN and Mount Sinai Beth Israel, 2) Analyses of state laws regarding legal status of syringe exchange and pharmacy sales programs in the US based on data from Lexis/Nexis and HeinOnline, and 3) Analyses of newly reported cases of HIV among persons who inject drugs (PWID) and the numbers of PWID in large metropolitan statistical areas to estimate state level incidence among PWID.

Results: Data on program operations in 2012 were obtained from 142 SEPs in the US. A total of 39.2 million syringes were exchanged, SEPs budgets totaled $19.4 million, of which 81% came from state and local governments. Based on estimated national incidence of HIV among PWID and the Granich et al. classification of incidence < 0.1/100 person-years as an "elimination phase" of an HIV epidemic, we classified "high incidence" as ? 0.2/100 person-years and low incidence as <0.2/100 person-years. We were able to estimate HIV incidence among PWID for 24 states plus the District of Columbia. Public funding was strongly associated with trends in estimated HIV incidence at the state level: 8 of these states had continuously low incidence, of which 5 had public funding of SEPS, 11 of these states had trends from high to low incidence, of which 9 had public funding of SEPs, and notably, 5 of these states had incidence that remained high and 1 state went from low to high incidence. None of the states with current high incidence had public funding of SEPs. 3 of the 4 states with high estimated incidence also had very high numbers of newly identified cases of HIV among PWID, with > 100 newly identified cases in the most recent reporting year. Public funding was also strongly associated with numbers of syringes exchanged by programs (R squared = 0.42) a possible causal mechanism for reducing HIV transmission, the number of on-site services provided (R squared=0.52), and whether SEPs provided HIV counseling and testing (R squared = 0.45). SEPs also reported considerable funding pressure, with 72% reporting lack of resources/lack of funding.

Conclusions: With the long-term ban on funding for syringe exchange in the US, funding for SEPs has primarily become a state and local government responsibility. Continued high incidence of HIV among PWID is occurring only in states that have not provided public funding for SEPs. There is the problem of HIV prevention funding being reallocated from successful SEPs just as the numbers of new heroin injectors are increasing.

DESANTO, Paula

Minnesota Alternatives

Co-Author(s):
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Charles Hilger, *Valhalla Place, Inc.*,
Miles Hamlin, *Minnesota Overdose Awareness*

Paula DeSanto, MS, LSW, has developed and directed programs that serve adults with mental illness and/or substance use disorders for over 25 years.

Adam Fairbanks is a defender of marginalized, stigmatized, and neglected populations. He has spent the last 4 years developing effective HIV prevention strategies for gay and bi-sexual men.

Charles Hilger, LADC, MSW has worked in the field for 18 years and is currently the Executive Director of Valhalla Pace, Inc.

Miles Hamlin is an addiction counseling student with associate degrees in both addiction counseling and criminal justice. Miles is one of the co-founders and program director of Minnesota Overdose Awareness.

How to Infiltrate Corporations, Harm Reduction Style

The purpose of this workshop is to share examples of how grass roots harm reduction efforts (syringe exchange, overdose awareness/prevention, Naloxone distribution) have teamed up with treatment providers within cooperate structures in the home of the Minnesota Model (heart of conventional/abstinence based) treatment.

The panel will provide an overview of harm reduction efforts, share the history of these partnerships, and explain how the agencies philosophies made it possible. The group will also discuss broad systemic changes underway in Minnesota that embrace harm reduction and more person-centered approaches.

DEUTSCH, Sarah

Washington Heights CORNER Project

Co-Author(s):
Katherine Logan, *Mailman School of Public Health / WHCP*

Sarah Deutsch has worked in community health education since 2010, working in a rural Ecuadorean hospital and mobile NYC SEP. She has managed the outreach program at Washington Heights CORNER Project since 2012. Sarah Deutsch received a Bachelor of Arts from Columbia University.

Katie Logan is a Master of Public Health candidate at Columbia University's Mailman School of Public Health. She has worked with Drug Policy Alliance to pass Good Samaritan legislation in Ohio and Pennsylvania and has worked as a consultant with the IDLO. Katie received her BA in Biochemistry and Political Science from DePauw University. She has been a volunteer at Washington Heights CORNER Project since 2013.

Relationship-Building with Pharmacies

PWID face stigma in many public situations, including when faced with customer service representatives who nurture prejudice. In 2001, New York State introduced a pilot program called the Expanded Syringe Access Program (ESAP) that became permanent in 2009. Pharmacies registered for ESAP can sell syringes (up to 10/transaction) over the counter to anyone over the age of 18. However, a 2009 study by Battles, et al. found that 53% of ESAP customers surveyed had been refused at some point when trying to purchase a nonprescription syringe at a pharmacy. What are the potential repercussions for syringe users if denied? How can pharmacy registration and adherence to ESAP be increased? WHCP has explored several ways to ensure effective referral to after-hours syringe access at pharmacies, including a secret shopper project to gauge pharmacist attitudes and promoting an accessible list of friendly pharmacies. What is the future of syringe access, and what can collaboration look like? We invite attendees to a conversation about partnership between pharmacies and SEPs in New York State and beyond.

DIAZ-TELLO, Farah

National Advocates for Pregnant Women

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Farah Diaz-Tello is a Staff Attorney with National Advocates for Pregnant Women.

Harm Reduction and Civil Disobedience: Resisting Opioid and NAS Hysteria

Meeting human need while lessening the harmful impact of laws and policies that marginalize drug users have always been central to Harm Reduction. These ends have historically been accomplished through public education, policy advocacy, and even acts of civil disobedience.

For example, syringe exchange programs were illegal in many parts of the U.S., often unwelcome within local communities, and opposed by political leaders. But courageous users, advocates, and medical professionals undertook decades of combined policy advocacy and civil disobedience, leading cities and public health departments throughout the United States to decriminalize, fund, and recognize needle exchange programs as a critical component in reducing HIV and Hepatitis C.

Right now, as state legislators and federal agencies focus their attention on rising opioid use and Neonatal Abstinence Syndrome (NAS), harm reduction advocates have a real opportunity to use policy advocacy as well as civil disobedience to shift the way that U.S. political leaders, judges, activists, and health care providers address this public health problem.

For example, Tennessee was the first state to require hospitals to report diagnoses of NAS to the State Department of Health. Legislators then used this information as the primary justification for the 2014 Pregnancy Criminalization Law – which allows prosecutors to charge women with the crime of fetal assault -- with a special focus on women who use "illegal narcotics" and give birth to babies diagnosed with NAS. Several other states are following in Tennessee's footsteps and have passed laws requiring tracking of NAS, with little or no opposition.

Advocates and medical groups opposed Tennessee's law on the basis that healthcare providers would be forced to act as an arm of law enforcement. Arrests of and Forced Interventions on Pregnant Women in the United States, 1973-2005: Implications for Women's Legal Status and Public Health, a 2013 study by Paltrow and Flavin, showed that this threat is not only plausible, but proximate. The study identified at least 413 cases in which women were arrested or subjected to an equivalent deprivation of liberty because they were pregnant. Far from protecting patient privacy and confidentiality, healthcare providers were the ones who reported the woman to state authorities in 112 of these cases, showing that providers have significant power in whether people who seek help receive treatment or punishment.

This panel will discuss the ways in which seemingly neutral state laws can provide the foundation for dangerous and counterproductive legal and regulatory schemes that target drug users and those with a history of drug use and actions that can be taken to oppose these laws and reduce their harm.

DOBBINS, Sarah

Co-Author(s):
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Emma Dobbins, *University of California San Francisco Medical School,*
Josh Bamberger, *Veterans Administration*

Sarah Dobbins is a public health researcher from San Francisco. At the San Francisco Department of Public Health Sarah works with clinicians, health program planners and public health professionals to administer a homeless housing program. Sarah performs epidemiological research to studying issues of homelessness. She has recently developed harm reduction education materials for a mobile clinic serving the homeless and she is a volunteer at a DOPE project needle exchange program.

(In)visibility and overdose: The interplay of harm reduction & drug use when homeless adults move into supportive housing in San Francisco

Introduction: For those who are working to end homelessness, Housing First means harm reduction. The Housing First model is designed to provide stable housing as quickly as possible and then give residents access to services after they move-in. Treatment is not a prerequisite for prospective tenants and sobriety is not required during housing. In San Francisco, the Housing First Program - Direct Access to Housing Program (DAH) - is funded primarily by the City and County of San Francisco and is administered by the Department of Public Health (SFDPH). Shelter itself is just one way that supportive housing helps to decrease the risks associated with drug and alcohol use; on-site services such as case management, nursing care, harm reduction education, naloxone prescriptions, support groups, and sense of community and belonging all contribute to the prevention of negative outcomes from drug and alcohol use, in particular overdose.

Though the need for housing is critical for many homeless adults in San Francisco, some people who are referred to DAH supportive housing program decline housing once it is offered to them. They say they value their sobriety too much to live among people actively using, and they have fears about the triggering aspects of in the Tenderloin, a neighborhood in which many housing sites are situated. This choice – to accept or decline permanent housing – is a critical moment in the lives of the people we serve; unfortunately, in many cases they see it as a choice between sobriety and housing, a choice no one should have to make. This research project was undertaken to evaluate the rates of overdoses observed for people who live/d in DAH support housing in San Francisco.

Methods: A prospective experimental study design was used. People who entered housing in 2012 and stayed housed for at least 1 year were randomly selected from an SFDPH database. The medical records of 204 people who lived in supportive housing were reviewed. Overdoses that resulted in Emergency Department (ED) admissions were recorded. For each individual, the number of overdoses (if any) before and during housing was recorded. The incidence rate of overdose per unit of person-time was generated; person time at risk was estimated based on medical records. The person-time-at-risk incidence rate can be calculated as follows: p-t = number of overdoses occurring during a specific time period / total person-time units at risk.

Results/Discussion: Demographics: The cohort was 73% males, 23% females, and 4% transgendered people. Thirty-seven percent identified as black, 18% Hispanic and 33% white. Fifty percent had a history of heavy alcohol use or were currently abusing alcohol, and 60% had a history of regular use of illicit or unprescribed psycho-active drugs (including opiates, opioids, cocaine, methamphetamines, benzos, and/or hallucinogens). Almost half the cohort (47%) had a history of incarceration in San Francisco, with a median of 80 days spent in jail or prison over the past 5 years. The mean age at entry to DAH was 52 years. During the study period, 20 individuals in this group moved out of housing, of which 6 died.

Overdoses: In the 8 years prior to moving in to housing, there were 44 non-fatal overdoses resulting in ED admissions. This represents .0034 overdoses per person-year. During housing, there were 6 non-fatal overdoses over an average of 1.7 years in this group, representing 0.016 overdoses per person year, over four times the incidence per person in the year before housing. Among those who moved into DAH housing in the Tenderloin, there were 0.012 overdoses per person-year while housed; among those living outside the Tenderloin there were 0.0045 overdoses per person-year, nearly one-third the rate of those living in this neighborhood. Overdose was positively associated with clinical depression ($p<0.01$) and Axis-1 mental health illnesses ($p<0.05$).

Conclusion: In this small, hypothesis generating study we saw that moving into housing in a dense urban neighborhood with high rates of drug selling may increase the risk of emergency department visits for non-fatal overdose while housed. Interventions that may mitigate the risk of overdose while in supportive housing such as widely available naloxone, tenant education, reduction in the dose of opioids prescribed in primary care clinics and easier access to effective drug treatment may all help to reduce this observed increase in risk.

DOBBINS, Sarah

Sarah Dobbins is a public health researcher and illustrator from San Francisco. Sarah performs epidemiological research to study issues of homelessness. She has recently developed harm reduction comics for a mobile clinic serving the homeless and she is a volunteer at a DOPE project needle exchange program. Sarah is involved with graphic medicine and presented about public health and comics at their recent meeting.

Comics for harm reduction: Narratology, Graphic Medicine & Public Health

Graphic medicine refers to comics and illustrative narratives used by patients and caregivers in the study and practice of medicine and health care. A comic can be used as a narrative device that informs, educates, entertains, develops critical inquiry, and re-frames the experience of health for a reader/viewer. Comics are one channel through which health communication is possible. The translation of daily, lived experience into stories can teach through the psychological and cognitive effects of narrative.

This workshop will explore narratology (the theory of narrative) for public health communication. I will tie together concepts of narratology and public health, and showcase a project that uses comics for harm reduction communication for those who utilize needle exchanges and mobile health clinics in San Francisco.

This workshop is for anyone who wishes to explore comics as a method of communication. Anyone can make a comic! Autobiographical comics, comics as applied to medicine and other comic formats will be explored. The workshop will teach three simple binding techniques in a participatory activity.

This workshop has implications for service providers, community outreach workers, peers, activists and advocates. This workshop will bring a new understanding of the way that comics can teach, inform, compel and heal to the audience.

DODD, Zoe

South Riverdale Community Health Centre

Zoe Dodd is a harm reduction and drug user activist with almost a decade of front line social service experience in the Downtown East Side of Toronto. She has been a part of number of campaigns organizing around issues of shelter, income, housing, gentrification and policing. She is a member of AIDS ACTION NOW, Toronto Drug Users Union, The International Network of People Who Use Drugs, Ontario Coalition Against Poverty and the Toronto Harm Reduction Alliance.

'We Live Here' — Drug Users Not Welcome: How the targeting of drug users is an effective NIMBY strategy to push and expand gentrification

The Not-In-My-Backyard (NIMBY) phenomenon often specifically targets people who use drugs and yet there has been little discourse about the intersection of gentrification and drug users. By creating a climate of fear around drug use and the drug user; communities mobilize with developers, resident associations, police, police liaison committees, politicians, and business improvement associations, to displace or block services for people who use drugs (such as methadone clinics) and to harass, intimidate, incarcerate, and displace people who use drugs from their communities. In this workshop I will use examples from the Downtown Eastside of Toronto to show how a community that was once neglected and of no interest to middle class people has become a contested and rapidly gentrifying neighbourhood. People from all socio-economic classes use drugs and yet poor people who use drugs are among the most vilified and demonized group in society. Targeting drug users has become an effective tool and cover for the persecution of poor people. Harm reductionists, housing advocates and drug user activists should be organizing in solidarity with people who use drugs and their rights to safe affordable housing in their own communities.

DRAYTON, Maisha

Evergreen Health Services

Maisha Drayton, MS, is the Senior Director of Staff Development for the Evergreen Association in Buffalo, NY. The Evergreen Association is the parent company of Evergreen Health Services (formally AIDS Community Services of WNY)an organization whose mission is to foster healthy communities by providing medical, supportive and behavioral services to marginalized individuals and families in Western New York. Maisha has worked for the organization for 10 years starting as a Community Educator, HIV testing Coordinator, and Director of Behavioral Health where she managed the local Syringe Exchange Program and other Harm Reduction Initiatives.

Merging HIV & Harm Reduction Services: the best of both worlds...

Rationale: With the creation of the HIV/AIDS strategy, High Impact Prevention and the focus on integrating services it has become imperative for organizations to find the most creative and cost effective ways to survive. Many organizations have not survived the changes in HIV prevention and as a result are forced to close or merge. Evergreen knows all too well the difficulties around merging and has identified key lessons learned around our own process for integrating HIV programs and Harm reductions services under one organization.

DUNCAN, Michael

Co-Author(s):
Noeen Sarfraz,
Oklahoma College of Medicine,
Matt Curtis, *VOCAL-NY*

Mike Duncan is a physician assistant who has been serving New York City residents who inject drugs since 1998.

Developing Best Practices for Peer Based Cocaine Harm Reduction Interventions

We will present findings from an attempt at developing a suite of peer level interventions targeting cocaine users, including cocaine 'overdose' recognition and response, and cardiac health education and blood pressure monitoring using automatic home pressure measuring devices. Participants will present their experiences with cocaine harm reduction work, provide feedback on presentations, and help develop recomendations for cocaine harm reduction best practices.

DYER, Coronado

Co-Author(s):
Michael Franklin, *University of Maryland STAR TRACK,*
Jamal Hailey, *University of Maryland STAR TRACK*

Coronado CJ Dyer is a community outreach worker at the University of Maryland STAR TRACK. He has been working in the field of public health for two and a half years with a special interest in working with sexual minority youth. As a community outreach worker, Coronado has used his talents in graphic design, promotions and marketing to engage other youth appropriately on social media to participate in safe space and health related events. He is also the program facilitator for Morgan State University's S.E.X. Me (Safe Experiences Xcite Me) Program where he trains gay/bi/same gender loving college age male students on how to have risk reduction conversations with their peers.

"ChemSex" – Sex, Substances, Safety, and Realities

Sex is a taboo subject for much of America. There is a dearth of opportunities to learn about sex and sexuality in a safe and healthy manner. Substance use is an equally if not more taboo subject. Aside from messages inhibiting drug use, rarely do we discuss substance use in non-punitive frameworks. The proposed workshop will examine "chemsex" (the act of purposely engaging in sex while under the influence) and specifically how "chemsex" impacts communities in Baltimore. The workshop will focus on understanding the "chemsex" cycle and how it impacts youth in Baltimore specifically. Participants who attend this workshop will engage in structured values clarification activities; leading them to reflect on their beliefs and values concerning sex and substance use. Participants will be tasked with examining how their beliefs impact messages provided around "chemsex". Participants who complete this workshop will learn how to openly discuss this "chemsex" with consumers and effectively construct ways to reduce harm around the intermingling of sex and substances.

EBER, Gabe

ACLU National Prison Project

Co-Author(s):
Brad Brockmann, *Center for Prisoner Health and Human Rights,*
Josiah Rich, *Brown University, Medical School, The Miriam Hospital*

Gabriel Eber, JD, MPH, is Staff Counsel at the American Civil Liberties Union National Prison Project. He is an Associate in the Department of Epidemiology at the Johns Hopkins Bloomberg School of Public Health and an Adjunct Professor of Law at Georgetown Law School. He monitors and evaluates medical and mental health care at prisons and jails across the United States and maintains an active docket of federal cases involving unconstitutional conditions of confinement and human rights abuses. He has conducted research and published at the Centers for Disease Control and Prevention, Harvard Medical School, and the Center for Law and the Public's Health. He earned his AB from Harvard College.

"Thanks for the Bus Ticket, but Where's My Methadone?" Towards a Constitutional Right to Opioid Replacement Therapy Before and After Discharge from Jail

Forty years ago, Texas inmate J.W. Gamble filed a lawsuit claiming that prison officials subjected him to cruel and unusual punishment by failing to provide him with adequate medical care. Two years later, the United States Supreme Court established that prisoners have a right to receive health care for their serious medical needs. In the intervening decades, courts have held that the constitution requires that inmates have access to a broad array of health care services while incarcerated. Some courts have similarly held that this right requires prison officials to provide limited care during the transition back to the community. However, despite changing attitudes toward incarceration and drug policy, a well-established constitutional right to opioid replacement therapy (ORT) remains elusive.
This panel will explore (1) the current state of the law; (2) the evidence base supporting the initiation of ORT during incarceration and the continuation of ORT upon discharge; (3) the legal and political barriers blocking implementation; and (4) examples of successful ORT programs in jails and prisons. Panelists will also discuss the place of ORT in a broader program of harm reduction interventions in correctional settings.

EISENBERG, Lawence

Guilford College

Co-Author(s):
Brian Fuss, *Harm Reduction Coaliton*

Lawrence Eisenberg is a former psychotherapist and current professor of psychology and leadership consultant. Brian Fuss is a long term human services worker, college professor, and Education Director at the Harm Reduction Coalition

Building Leadership Through Building Strength

Developing as a leader might be one of the most significant and import at opportunities you have as a professional. Chances are at some point in your life you will have the opportunity to lead; in fact, you may already have served as a leader several times. Learning and emerging as a leader is a process that takes knowledge, skills, practice, and it requires you to be intentional in how you use your talents. Strengths can help you develop as a leader by increasing your self awareness. Effective leaders know what they do well and they find ways to apply their talents authentically and productively. Understanding your talents is an important step in cultivating self awareness as a leader deepening your knowledge and appreciation of others talents. As you learn more about your own talents you will begin to see the uniques talents in others. The best leaders understand the teams with a diversity of talents achieve the best outcomes Although leaders need not be well rounded, teams should be. Understanding each team members talents is crucial to getting the most out of a team – and in a way that honors the contributions each person can make, helping others to affirm develop and apply their talents. As a leader who understands your own talents you can lead others to develop and apply their own talents.

Participants will take a 45 minute computer assessment prior to attending the workshop , print out and bring the ten page result section. Workshop will consist of exploring, discussing, and comparing individual results. The assessment costs $20

EMERSON, Jessica

The Women's Law Center of Maryland

Co-Author(s):
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Leigh Goodmark,
University of Maryland School of Law

Harm Reduction Lawyering: Using Harm Reduction Principles to Effectuate Social Change in Baltimore

While harm reduction is typically thought of as a philosophy and accompanying set of strategies aimed at reducing the negative consequences associated with drug use and addiction, social-change lawyers have begun applying these principles in an effort to challenge the unbalanced legal systems that overwhelmingly lead to negative outcomes for their clients, and to mitigate the harm caused by the involvement of multiple oppressive systems. Whether it is through the implementation of ground-breaking anti-criminalization relief for victims of crime, the use of technology to help homeless Veterans better access services, or the application of 'new' legal theory to 'old' legal problems, social-change lawyers are using human rights and harm reduction principles to promote and protect the rights of marginalized populations and to increase their access to justice.

This panel will feature three Baltimore-based attorneys currently utilizing harm reduction techniques in their legal work. At the conclusion of this panel, participants will be better able to: 1) Identify non-traditional ways of applying harm reduction principles to legal problems; 2) Understand how a human rights framework and a holistic approach to care supports a harm reduction approach to lawyering; and, 3) Begin thinking outside the box about ways to utilize harm reduction strategies in their own legal practices.

ENGELMAN, Ariel

Naloxone and Overdose Prevention Education Program/
RI DMAT, West Greenwich, RI

Co-Author(s):
McDonough, Erin,
RI DMAT, West Greenwich, RI

E

Ariel Engelman, NRP CCP-C, is the Coordinator and Co-Founder of the Naloxone and Overdose Prevention Education Program of Rhode Island (NOPE-RI). She is a Critical Care Paramedic and has worked in public safety for the past ten years.

Erin McDonough is the Coordinator of the RI Medical Reserve Corps (RI MRC) and serves as the statewide MRC Coordinator for Rhode Island. She is the Co-Founder of the Naloxone and Overdose Prevention Education Program of Rhode Island (NOPE-RI).

Utilizing Disaster Medical Resources to Address the Opioid Overdose Epidemic

Disaster medical resources are an important part of the local, state, regional, and national response to declared disasters and public health emergencies. These assets have not traditionally held a role in chronic public health management or sub-acute public health emergencies, however this unique group of medical professional volunteers hold the skills, knowledge, and experience to effectively address these issues. Our program, the Naloxone and Overdose Prevention Education Program of Rhode Island (NOPE-RI), is a project of the Rhode Island Disaster Medical Assistance Team and Medical Reserve Corps (RI DMAT/MRC).

We originally chose to tackle the opioid overdose epidemic not only because it was a significant public health problem affecting our state, but because we had something unique to offer in terms of our capabilities and resources. Using the same process for recruiting, training, and deploying medical volunteers in response to declared disasters, we credential trainers to provide original programming on overdose prevention, recognition, and response, specifically designed for the medical community and public safety professionals. In addition to our in-person education, we serve as a clearinghouse for naloxone and overdose prevention resources in the state, as well as encouraging and supporting efforts to expand access to naloxone.

The NOPE-RI program has trained over 1000 healthcare and public safety professionals in the first half of 2014 utilizing 168 volunteer hours. This has enabled the RI State Police and multiple other law enforcement agencies to carry and administer naloxone, and behavioral health and medical providers to incorporate the messages of harm reduction and overdose prevention into their work with clients and patients. Public health affects the ability of communities to prepare for and recover from a disaster. Engaging disaster medical resources prior to declared emergencies can reduce the impact of disasters by strengthening the overall health, wellness, and resilience of the population. NOPE-RI strives to serve as a mode for the disaster medical community as we rethink our role in both acute and ongoing public health emergencies.

ENGELMAN, Ariel

Naloxone and Overdose Prevention Education Program /
RI DMAT, West Greenwich, RI

Ariel Engelman, NRP CCP-C, is the Coordinator and Co-Founder of the Naloxone and Overdose Prevention Education Program of Rhode Island (NOPE-RI). She is a Critical Care Paramedic and has worked in public safety for the past ten years.

Naloxone Use by Law Enforcement in Rhode Island

Law enforcement and other public safety professionals are in a unique position to intervene and potentially save a life in the case of opioid overdose. However, in Rhode Island, and most other states, law enforcement was not involved in this epidemic other than from an enforcement standpoint. Just as with automated external defibrillator (AED) programs, law enforcement naloxone programs can deliver simple, time sensitive, and potentially life saving interventions.

The Naloxone and Overdose Prevention Education Program of Rhode Island (NOPE-RI) set out to create a basic, yet comprehensive original training curriculum with the assistance of key stakeholders throughout the state. The one hour course includes information on the opioid use and overdose epidemic both in Rhode Island and nationally; background information on addiction, overdose, and risk factors; training on how to recognize and respond to an overdose, including the administration of intranasal naloxone; issues specific to the law enforcement community, including the RI Good Samaritan Law; and hands-on practice. This curriculum, as well as a train-the-trainer version, have been submitted to the Police Officers Commission on Standards and Training (POST) and formal approval is pending. A comprehensive toolkit has been created that will assist agencies in implementing simple, cost-effective, evidence-based strategies to combat the epidemic of opioid abuse and overdose.

The NOPE-RI program has trained nearly 500 law enforcement officers in the first half of 2014, including all RI State Police. Many statewide and municipal agencies have expressed interest or are in the process of training their officers. This program and its successes confirms that non-medically trained public safety professionals have an important role in overdose prevention, and that minimal, but standardized, training is necessary to create a thriving program.

ENGLANDER, Whitney

Harm Reduction Coalition

Co-Author(s):
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Corey Davis, *Network for Public Health Law,*
Fred Brason, *Project Lazarus*

Policy and Politics: Engaging Medical Societies and Other Important Stakeholders in your Advocacy Efforts

Practical, skills-building session for state advocates working to promote harm reduction policies and programs. There has been a groundswell of state level activity to expand access of naloxone and Good Samaritan legislation. This session will help attendees expand upon earlier legislative success to get support for syringe exchange, program funding, and other harm reduction priorities. Will look to future challenges, such as reimbursement, and advise attendees how to successfully work within a state bureaucracy. Building on the momentum of support for access to naloxone, how to create a supportive legal and regulatory environment for all harm reduction programming. Discuss how the public discourse around prescription drug abuse is impacting support for harm reduction strategies.

ERNST, Erica

Grais Apartments

Erica has worked in the fields of mental health and substance use for 22 years, the last 19 being at Thresholds. Erica is currently the Program Director of Grais Apartments, which is a 44 apartment Harm Reduction focused permanent residence for formerly homeless individuals who have a diagnosis of a mental illness as well as substance use. Erica has volunteered with the Chicago Recovery Alliance for the last 5 years. Erica previously was a supervisor of the Mobile Assessment Unit CTA Project, and initiated the HIV/AIDS Prevention Project.

Implementing Harm Reduction and Housing First in Permanent Supportive Housing

In transitioning to Housing First with a Harm Reduction approach, ground work has to be laid on micro, mezzo and macro levels. We will explore the mezzo and macro levels briefly, while focusing on the micro; the residence, staff and participants themselves. We will explore the existing strengths of this program, and those of which are being built upon. Practical strategies around this will be discussed. Interventions that have been utilized and those that are currently being implemented with both staff and participants will be explored and evaluated. What has been helpful and what hasn't will be shared. Training that has been provided and current and future needs will be discussed. Team building, inclusion of integrated healthcare, and staff longevity and retention will be reviewed. Trial and error, and the realities involved will be explored. Need for very flexible staff and participants. Audience participation will be encouraged within each learning objective.

At the beginning of the session, attendees will be provided with post-its and markers with which to write answers to several questions that will be posed on poster board throughout the room. These questions will touch on each of the learning objectives including: what is one of the existing strengths of your program? What is one strength that you could build upon in your program's journey? Is your program currently practicing Housing First/ Harm Reduction/ Trauma Informed?

FAIRBURN, Ashley

Women Organized to Respond to Life-threatening Diseases (WORLD)

Ashley Fairburn's background includes syringe access at both a fixed-site program and outreach to homeless encampments; working with youth in schools and as a sex education outreach worker; and feminist organizing around women's sexual and reproductive rights. She has a B.A. in Women's Studies and another in History, and is the proud mother of the coolest german shepherd around. Ashley works with WORLD to connect women to care who have fallen out of care, as well as reaching out to women in the community for the purposes of prevention and support.

WOW! HIV Testing for Women: Identifying and Addressing Gaps in Prevention Programs for Women

Women represent the fastest growing population of new HIV infections within the HIV epidemic. In Alameda County, African American women face the most severe burden of infection rates, representing 58% of new female HIV infections. While the increasing impact of HIV among women is known, funding and programming remains geared toward the more visible segments of the epidemic, namely men who have sex with men (MSM). In the case of HIV testing for women in community clinics, funding typically prioritizes women who fall into the "high-risk" categories of injection drug users, sex workers, and women with multiple partners. These traditional categories do not represent the entirety of women's particular HIV risks, such as being a victim of intimate partner violence (IPV) or having an adulterous husband. Consequently, women often access Oakland clinics after having been turned away from HIV testing in various San Francisco clinics. Presumably these women were turned away as a result of not being identified as members of the high risk categories during the counselor's initial screening. This workshop will seek to interact with participants to promote awareness of women-specific issues within HIV prevention and to demonstrate the process of creating a women's testing program from scratch.

Issues: In 2013, Women Organized to Respond to Life-threatening Diseases (WORLD) began building a gender-responsive, trauma-informed prevention program called Oakland WOW! (Women Outreaching to Women). This new testing program offers testing to women on a broader basis then the traditional risk categories and even incorporated an IPV screening component. Initially, WORLD collaborated with a number of clinics in Oakland, who assisted with HIV testing while offering WORLD invaluable training and experience on how to run an outreach and testing prevention program. WORLD had the opportunity to work with these clinics in a number of venues, including needle exchanges, during targeted street outreach excursions, and at a variety of health fairs throughout Oakland. Currently at the start of year two, Oakland WOW! is moving into a new phase in which WORLD has obtained its own certification to offer onsite HIV testing specifically geared toward women. Through street outreach and incentivized testing, WORLD will offer testing to women in an environment specifically tailored to the needs of women, particularly women of color. As an agency with a history of providing services to HIV+ women, Oakland WOW!'s testing program has been designed to respect the confidentiality of existing clients while creating a safe space to get tested for a community historically reluctant to address HIV.

Strategies: This exciting new phase of Oakland WOW! began in April 2014, but year one has given WORLD ample lessons with which to build this next year. So far, WORLD has identified strategies to draw hard-to-reach women to our testing site, including opening our doors during non-traditional hours and incentivizing clients and test participants those who have already tested with WORLD to bring in women within their social networks to get tested for HIV. Other lessons have demonstrated the need for gender-responsive testing. As stated previously, a lack of cultural competence around women's issues in MSM-oriented specific clinics to work with women has not only led to women being turned away without the opportunity to learn their status, but at times a lack of trauma-informed counseling has meant women in a compromised state did not receive the counseling that they needed. Often women's greatest risk factor for HIV is being in an abusive relationship, a fact that calls for both sensitivity to the issue and the ability to aid a woman in creating an HIV risk reduction plan that accounts for the controlling partner's effect on her HIV risk. WORLD prides itself on being a trauma-informed agency and continues to seek training to further this trauma-informed testing program.

There are many factors impacting women's ability and willingness to get tested.

FEELMYER, Jonathan

Beth Israel Medical Center

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Mount Sinai Beth Israel,
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Mount Sinai Beth Israel,
Anneli Uuskula, *Department of Public Health, University of Tartu*

Jonathan Feelemyer is an Epidemiologist with the Chemical Dependency Institute at Beth Israel Medical Center. Mr Feelemyer's research interests include harm reduction and behavioral interventions, particularly focused on drug users. His meta-analysis work focuses on examining these factors in low and middle income countries.

Adherence to Antiretroviral Medications among Persons who Inject Drugs in Low and Middle Income Countries: An international systematic review

Background: Adherence to antiretroviral (ARV) medication is vital to reducing overall morbidity and mortality among HIV infected persons. People who inject drugs (PWID) represent a population at an elevated risk for HIV. In this review, we assess adherence levels to ARVs among HIV positive PWID in TLMIC.

Methods: Systematic review was conducted to locate studies documenting adherence to ARVs among samples of PWID in TLMIC. Studies had to include at least 90% drug injectors with longitudinal measures of ARV adherence. Meta-analysis of adherence levels were calculated along with variation among study results.

Results: There were 15 studies were included in the review, representing 7 different countries; n=21258. Follow-up periods ranged from 30 days to 12 years (average: 27 months). Adherence levels ranged from 33% to 97%; the average rate was 72%. Heterogeneity among studies was very high (I2 = 99.7%). Meta-regression showed higher adherence was associated with more precise measurement of adherence (over shorter time periods) and in studies conducted in Eastern Europe and East Asia.

Conclusions: The great heterogeneity in results precludes generalization to TLMIC as a whole. Given the critical importance of ART adherence, more research is needed on ARV adherence among PWID in TLMIC. Using standardized methods for conducting the research will be important, and initial recommendations for standardized methods based on this review will be presented. These will include: 1) use of multiple methods for assessing adherence, 2) description of program policies and procedures, and 3) use of guidelines for transparent reporting (CONSORT, TREND, MOOSE).

FEFFER, Rich

Hepatitis Education Project

Rich Feffer is the Correctional Health Programs Manager at the Hepatitis Education Project in Seattle, WA. He teaches viral hepatitis classes to inmates in 13 Washington Department of Corrections facilities, trains inmates to be peer educators for HIV/HCV risk reduction, and directs the National Hepatitis Corrections Network, a coalition of public health advocates working together to increase access to hepatitis prevention, testing and treatment in correctional facilities.

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Is Harm Reduction Possible in Prison?

People in prison have higher rates of infectious diseases than the general population, including hepatitis C (HCV) and HIV. One reason for this is that prisoners are more likely to have engaged in high risk behavior, including injection drug use, unsafe sex, and unsafe tattooing, both prior to and during incarceration.

While we don't know exactly how much disease transmission occurs inside prison walls, we do know that people who choose to engage in risk behaviors while incarcerated have virtually no access to harm reduction resources. Zero-tolerance policies for drug use, sexual behavior, and tattooing have essentially shut out access to clean syringes and injection supplies, safer sex tools, and sterile tattoo equipment in the correctional setting.

Yet, there are some models for harm reduction behind bars. International examples show that prison-based needle exchange programs do not increase violence or drug use and may decrease disease transmission. Additionally, vocational tattoo programs in prison have the potential to reduce disease transmission while simultaneously helping participants build valuable job skills for release. There are examples of condom distribution in correctional settings.

Perhaps the most well-received examples of harm reduction in prisons are harm reduction education programs. The most successful of these programs are peer-based. The Hepatitis Education Project (HEP) has run Project SHIELD, a peer-based HIV/HCV risk reduction program rooted in harm reduction in Washington State prisons. HEP is currently working to develop a compendium of peer education programs and universal implementation strategies for peer-based health education in corrections.

This presentation will discuss challenges to bringing harm reduction resources to prisons and jails and present examples of successful correctional harm reduction programs. Additionally, information will be presented about our successful peer-education program for HIV/HCV risk reduction, Project SHIELD.

FELD, Jamie

Boulder County Department of Public Health

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Widd Medford, *Addiction Recovery Center, Boulder County,*
Carol Helwig,
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Jamie Feld, MPH comes with a backg round in HIV implementation research at the U.S. Department of Veterans Affairs. She was a CDC Public Health Associate in Arizona, and a Europubhealth Masters Recipient to Spain and France. She works at Boulder County as a Communicable Disease Epidemiologist.

Patty Brezovar has worked for over 15 years in HIV prevention, first as a manager at Planned Parenthood and currently at Boulder County Public Health as the HIV Clinical Coordinator. Patty has substantive experience in interagency collaboration, counselling, mediation, interpersonal communication, and harm reduction programming. She currently oversees coordination between the four SAP sites.

"Collaboration Gone Wild": A 25-year-old syringe access program, a statewide coalition, and a collective impact model

Historically, inter-and intra-collaboration with other providers and the community has been critical to the development of The Works Program, in Boulder, Colorado. The syringe access program (SAP) began in 1989 with a local agreement among the Director of Public Health, the District Attorney and law enforcement, twenty-one years before state legislation legitimized syringe access programing in Colorado. Since SAPs became legal, opportunities for partnership and collaboration have expanded, and the Boulder Works Program has adapted to its new legal status while simultaneously assuming a leadership role as initially being the only SAP in the state. Currently, syringe access services are provided at the local AIDS service organization (Boulder County AIDS Project), a 24 hour detox facility (The Addiction Recovery Center) and the two original public health sites. Recently, the Harm Reduction Coalition has been supporting the development of a statewide syringe access provider coalition in Colorado that includes the Boulder Works Program and other existing and potential state SAPs. This interactive workshop will outline successes and challenges of partnerships with multiple agencies. We will explore questions such as:

- How can agencies with different mission statements and varying levels of resources equitably contribute to a collective effort?
- How does collaboration look amongst providers who may be competing for funding opportunities?

We invite workshop attendees to share experiences of collaboration with multiple agencies and comment on areas for growth.

The findings gathered during this session will guide our identification of partner agencies and creation of a collective impact model. The collective impact model seeks to move away from isolated impact to collective success. Elements of the model include a common agenda, shared measurement system, continuous communication, and backbone support organizations. How the model can be applied to syringe access programs will be explored.

FITZPATRICK, Veronica

University at Albany, School of Public Health

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Rachel Hart-Malloy, *New York State Department of Health*

I am a Doctorate of Public Health student at the University at Albany, with a concentration in community health. I received my masters in public health (MPH) in 2010 with a focus on disease prevention and health promotion. I have been working on a study that focuses on the demographics of HCV positive persons throughout New York State.

Assessing the burden of Hepatitis C among individuals with drug overdose deaths in New York State

Background: Drug overdose is the single most preventable cause of death in the United States. Hepatitis C (HCV) is the most common bloodborne infection in the United States with approximately 2.2 million people infected whose seroconversion can be attributed to injection drug use. It is important to determine the burden of HCV among individuals with a drug overdose death in an attempt to reduce the morbidity associated with drug use and HCV infection. Therefore, the objective of this study was to better understand the proportion of overdose deaths in New York State (NYS) that occur among persons with HCV.

Methods: Individuals identified as HCV positive in NYS through required laboratory reporting were matched to the multiple cause of death file to determine primary and contributing causes of death for those individuals determined to be deceased. HCV positive persons with a primary cause of death specific to overdose were compared to all NYS residents with a primary cause of death of overdose.

Results: From 2008 to 2011, 10.8% of persons in NYS who died from an overdose were HCV positive. Of those who died of an overdose related to heroin, 6.5% also had HCV. Within this group, there was no significant difference by gender, with 6.3% of males and 7.0% of females who had HCV. However, the distribution of age at death showed variation; 44.6% of overdose deaths from heroin among individuals 55 and older also had HCV.

Conclusion: This study shows a strong overlap between overdose deaths and HCV with roughly 11% of overdose deaths occurring among persons with HCV. No apparent trend over time was found suggesting any fluctuations in overdose deaths by year are paralleled for persons with HCV. Harm reduction efforts should be geared toward overdose prevention with special consideration given to intravenous drug users who may also be HCV positive. These finding support the need to further educate individuals who are diagnosed with HCV who might be at risk of overdose.

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FIUTY, Phillip

Santa Fe Mountain Center

Co-Author(s):
David Koppa,
Santa Fe Mountain Center,
Jeanne Block, *Santa Fe Health Care for the Homeless*

Phillip Fiuty, Co-Presenter, provided underground syringe and naloxone distribution in rural New Mexico in the early 1990's, was a harm reduction volunteer for the Aids Resource Center of Wisconsin, a harm reduction outreach specialist for Albuquerque Healthcare for the Homeless, and the Harm Reduction Program Manager for NMDOH. He has also been involved with efforts around methamphetamine, safe access to medical marijuana, and Ibogaine for the treatment of addiction. He has been providing harm reduction services for the Santa Fe Mountain Center since November 2013. David Koppa, Co-Presenter, has been a part of the Santa Fe Mountain Center's Harm Reduction Program since 2009 and has been its Program Coordinator since 2011. David is a certified Harm Reduction Trainer for the State of New Mexico Harm Reduction Program. He actively engages in harm reduction and opioid overdose trainings, and in collaborations with community leaders and stakeholders to address the needs of the communities served. He has been a long time resident of Santa Fe and Northern New Mexico and earned his Bachelor's degree from the University of New Mexico.

Rural and Frontier Harm Reduction in Northern New Mexico

Historically, heroin has been considered an urban problem, although recently the availability of prescription pain medications has paved the way for heroin use and its attendant issues to appear in many rural areas where its use was previously unknown. New Mexico is in the unfortunate position of leading the nation in per capita heroin/drug overdose deaths, with the rural community of Española, the village of Chimayo, and the surrounding frontier communities in Rio Arriba County largely driving this condition. In 1997, a unique opportunity to address substance use and its complications was created when Governor Gary Johnson signed the Harm Reduction Act mandating that the NM Dept. of Health provide harm reduction services to the state's injection drug using population. This opportunity was built upon in 2001 with the passage of the Opioid Antagonist Act allowing for the distribution of naloxone.

Since 2005, the Santa Fe Mountain Center (SFMC) has been providing the predominantly Hispanic communities of Española, Chimayo and surrounding areas in Rio Arriba County with mobile syringe exchange, naloxone and related services. The SFMC has become New Mexico's largest harm reduction provider, exchanging close to one million needles in fiscal year 2014.

This presentation will highlight the development and maintenance of the necessary relationships and inroads in these traditional, family centered, isolated, suspicious, and sometimes hostile communities. Building on the harm reduction philosophy, SFMC is literally "meeting people where they are at" in one of the most economically disadvantaged counties in the US. The harm reduction model includes: naloxone distribution; collaborations with local stakeholders, such as the hospital, county health and social services and law enforcement; responding to community concerns and needs; the logistics of communication and high mileage outreach; and customizing the education and our interactions with participants that allow the harm reduction team to operate as both a trusted buffer and point of contact for the marginalized members of an already compromised population.

FLYNN, Colin

Maryland Department of Health and Mental Hygiene

Colin Flynn is the Chief of the Center for HIV Surveillance, Epidemiology and Evaluation at the Maryland Department of Health and Mental Hygiene. He has been engaged in HIV and AIDS research, policy, and program administration since 1992.

Dramatic Changes in the Epidemiology of HIV in Injection Drug Users in the Baltimore Metropolitan Area

Background: Injection drug use is prominent in the Baltimore metropolitan area (estimates of 60,000 in a population of 2.8 million, with a concentration in Baltimore City, population of 620,000). The first cases of HIV were reported in 1981 and by 1988 IDU was the predominant HIV transmission category in Baltimore. During the 1990's, over two-thirds of the 1,400 average annual HIV cases were directly or indirectly associated with IDU. By 2012, IDU were less than 12% of new HIV cases.

Methods: HIV and AIDS diagnoses in residents of the Baltimore-Towson, Maryland metropolitan statistical area reported by providers, laboratories, and health department investigations to the Maryland HIV/AIDS case registry were analyzed by demographics, geography, transmission risk, disease progression, and mortality for the period 1981-2012.

Results: IDU associated HIV diagnoses grew from 4 in 1981 (67% of all cases) to 1,283 (70%) in 1992 and then declined to 84 (11%) by 2012. The proportion of IDU associated HIV diagnoses directly attributed to IDU decreased from 100% to 78%, the proportion that were men who had sex with men and inject drugs increased from 0% in 1981 to 27% in 1985 and then decreased to 7% by 2012, while the proportion reporting heterosexual sex with an IDU partner increased from 0% in 1981 to 15% by 2012. Concomitantly, the proportion male decreased from 75% to 58%. In 1981 all were non-Hispanic Black, changing to 78% non-Hispanic Black, 16% non-Hispanic white, and 1% Hispanic by 2012. Cases grew steadily older during the epidemic among both new diagnoses (mean 27.5, median 28 in 1981 to mean 45, median 48 in 2012) and living cases (mean 26.7, median 27 in 1981 to mean 46.6, median 48 in 2012). In 1981 all the new IDU HIV diagnoses were residents of Baltimore City. By 2012 this was 60% residents of Baltimore City, 22% residents of suburban counties, and 18% inmates in state correctional facilities. Almost 10,000 IDU have died with an AIDS diagnosis. Annual AIDS deaths increased from 1 out of 15 HIV cases in 1981 (6.7%) to 749/8,862 (11.3%) in 1995 before decreasing to 194/8,932 (2.2%) in 2012.

Discussion: IDU was the primary driver of the Baltimore HIV epidemic, but new IDU HIV diagnoses decreased steadily since the early 1990's. Despite high mortality levels, survival times increased resulting in increasing age among living cases and among the new diagnoses. The IDU HIV epidemic has become more demographically and geographically diverse. High transmission rates early in the epidemic and high mortality among IDU most at risk, coupled with the introduction of effective treatment (1996) and prevention activities, such as syringe exchange (1994), likely contributed to the observed changes in the epidemic.

FOGEL, Molly

Harlem United

Molly Fogel, LCSW is a Clinical Director currently working at Harlem United with Housing and Health Homes Programs. Molly also works within Harlem United's training department, identifying training needs and skill building opportunity for the staff. In the field for 10 years, Molly has spent her career working in a variety of roles ranging from case manager to program coordinator to improve health and wellness for the mentally ill and substance using population.

Molly has had variety of clinical positions, starting her work in New York City on the Bowery serving the homeless, providing case management services.

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Promoting Growth through Clinical Supervision

This presentation is geared to Clinical Supervisors who supervise individuals who are not trained clinicians, but have regular client contact and varying education backgrounds. Paraprofessionals make up essential and growing part of the new era of managed care and cost effective services. Examples of such staff are HIV testers, case managers, substance use counselors, and receptionists, among others. Attention will be given to the specific demands of these workers and the areas for growth that arise, including confidentiality, boundaries, ethics, and professionalism.

For clinical supervisors, it can be challenging to describe components of clinical work to individuals and groups without clinical training. In this presentation, we will offer ways to break down different learning styles, concepts of motivational interviewing, assessment skills, and clinical jargon; making them more accessible to paraprofessionals. One does not need to be a clinician to see things with a clinical lens. Therefore, developing the ability to use this lens, direct line staff ultimately enhances their work with their clients on a daily basis and improves the overall quality of care and program outcomes.

Session attendees will learn techniques to provide optimal clinical supervision for staff without formal clinical training, but who have regular client contact. Special considerations and challenges in working with this type of staff will be addressed and discussed. Attendees will be encouraged to participate in the discussion, asking questions and offering insights based on their professional experience.

Panel Discussion "Integrating Harm Reduction Psychotherapy in an Agency Setting with Non-Clinicians"

This proposed panel will focus on introducing and integrating the components of Harm Reduction Psychotherapy to non-clinicians in an agency setting. This discussion operates under the belief that for many consumers in agency settings, their needs are often being met most often by non-clinicians. These non-clinicians include outreach workers, testers, case managers and substance use counselors. These are the individuals who most often build a strong rapport and have the optimal engagement with consumers. However, this staff group does not always have the formalized clinical skills to introduce the most beneficial interventions, which we see facilitated through Harm Reduction Psychotherapy techniques.

For clinical supervisors, it can be challenging to describe components of harm reduction psychotherapy to individuals and groups of staff who may be lacking clinical training. In this panel, we will offer ways to break down different learning styles, concepts of harm reduction, motivational interviewing, and assessment skills; making them more accessible to the non-clinical staff. One does not need to be a clinician to see things with a clinical lens. What will be explored in detail through this panel is how through further developing the ability of non-clinical staff to use this lens, which includes understanding harm reduction as a concept that is successful within the field of substance use and other high risk behaviors, will increase client outcomes as well as satisfy the deliverables of the agency.

Session attendees will be able to see, through panel discussion, perspectives from leading Harm Reductionists, clinical directors working with the agency staff, and direct care workers using these skills. Case examples will be discussed and time for involvement from the audience will be provided to troubleshoot concerns within their agency setting and share further expertise.

FRANK, David

CUNY Graduate Center

David Frank is a research fellow with the National Development and Research Institute (NDRI) while also pursuing his Ph.D. in sociology at the CUNY Graduate Center. He is particularly interested in critically examining the frames of knowledge we commonly use to understand drug use, addiction, and treatment issues. He is also a long-time drug user who has been a participant in Methadone Maintenance Treatment (MMT) for approximately 10 years.

Methadone Maintenance Treatment (MMT) in the 'recovery' era: Implications for harm reduction

Methadone Maintenance Treatment (MMT) has been undergoing a cultural and epistemological shift away from an approach that emphasized client stabilization and a reduction of social harms towards one grounded in values associated with the recovery movement. These changes include promoting a view of drug use grounded in the disease model as well as efforts to make abstinence (from all substances except methadone) and ancillary services such as recovery coaching/counseling, programs emphasizing proper citizenship, and concern for clients' spirituality necessary parts of the program. As such, the shift towards recovery may conflict with some harm reduction perspectives that emphasize drug user rights and reject attempts to medicalize drug use/users. This view, which incorporates a structural critique of the war on drugs, argues that MMT often functions as a pragmatic strategy to manage drug use and/or avoid associated harms (such as withdrawal, jail, transmission of disease, etc.) rather than solely as a means to "recover" from drug use. Thus, debates over the increasing focus on recovery in MMT necessarily involve questions about what MMT is and who it is intended for that also engage with different conceptions of harm reduction. This study uses a content analysis of online forums to examine how the shift towards recovery affects the ways that MMT, harm reduction, and addiction more generally are being constructed by individuals involved with MMT. Preliminary results demonstrate that most individuals view MMT as a recovery-based intervention justified through the disease model of addiction and reject perspectives that advocate for individuals' rights to use drugs or that position MMT as a pragmatic strategy for reducing harms related to drug use and/or criminalization. Although some individuals expressed a belief in the tenets of harm reduction and defined MMT as a harm reduction-based treatment, it was generally within a larger cultural context that positioned drug use as innately pathological and abstinence as the proper aim of treatment. These ideological shifts are important not only for what they say about discourses of addiction, treatment and harm reduction, but also for their potential to significantly affect individuals who benefit from MMT, but outside of the context delimited by recovery.

GALLAUGHER, Kelly

Santa Clara County Mental Health Department

Kelly Gallaugher, MSW provides services for vulnerable individuals and families whose issues include substance use, HIV/AIDS, mental illness, chronic homelessness, and frequent incarceration. For over a decade, she has worked in various capacities including teaching harm reduction in county jail protective custody units, case managing HIV+ clients in the Tenderloin neighborhood, and supporting individuals in Shelter+Care housing to retain their homes. While in graduate school, Kelly completed a qualitative research project on chronic homelessness and reasons that individuals decline housing. Kelly currently works as Rehabilitation Counselor/Housing Support Liaison for the Santa Clara County.

Housing Round Table: What Works

Research has found that just getting someone a place to live isn't enough. Those who were previously chronically homeless need ongoing supportive services to increase their chances at housing retention. As more programs adopt a Housing First approach, there is increased opportunity for sharing what works.

The target population for this round table is those who provide direct services for clients in housing programs. The goal is to provide a place to discuss successes and lessons learned utilizing harm reduction in housing retention. The hope is that providers will feel energized and inspired by their work with clients when they return home.

GEORGE, Unick

University of Maryland School of Social Work

Co-Author(s):
Christopher Welsh, *University of Maryland School of Medicine,*
Suzanne Doyon,
Maryland Poison Control Center,
Erin E. Haas, *Maryland DHMH/ Behavioral Health Administration*

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The panel includes a social worker/ academic researcher with 10 years in heroin and opioid treatment and epidemiology, the consulting substance abuse psychiatric at the University of Maryland Hospital, the director of the Maryland State Poison Control Center, and the overdose prevention coordinator for the State of Maryland.

Developing a Non-Fatal Opioid Surveillance System

Increases in fatal opioid-related (heroin and prescription opioid) overdoes have received increasing attention from media, policy makers, and public health officials. While focusing on fatal overdoses is important, fatalities represent the tip of the opioid-related overdose iceberg. Non-fatal opioid-related overdoses are markers for future fatal opioid-related overdoses and various drug related harms, including heart disease, pneumonia, brain, neurological and muscular damage. Unfortunately, incidences of non-fatal opioid-related overdoses are harder to detect and less well understood. Our lack of knowledge about the incidence of non-fatal overdoses is limited due to the lack of clarity about what is an overdoses, complexity of overdose cases, and uncertainty in the coding and documentation of overdose episodes that present in hospital emergency rooms.

An accurate real-time surveillance system for non-fatal opioid-related overdoses will allow for better public health responses to clusters of preventable opioid-related overdose, there by reducing harm associated with drug use. Furthermore, identifying the demographic risk factors, along with mental and physical health comorbidities associated with non-fatal opioid-related overdoses will improve the ability of public health officials to identify communities at risk who could benefit from targeted overdose prevention efforts.

To improve the public health surveillance system for identifying the non-fatal opioid-related overdoses requires collaboration between various stakeholders. The purpose of this presentation is to discuss one such collaboration between university researchers, poison control officials, public health officials, and hospital to improve surveillance of nonfatal opioid-related overdoses using existing clinical data. The presentation will discuss:

- The challenges, questions, and core issues to be addressed in developing a responsive, real time nonfatal opioid overdose surveillance system;
- Challenges and efforts in defining and identifying non-fatal opioid-related overdoses;
- How medical professionals and hospitals code opioid-related overdoses; and
- What can be done to improve the identification and reporting of appropriate cases.

We will also report on the preliminary findings of the number of non-fatal opioid-related overdoses.

Given the increasing focus on harms associated with opioid use, it is a critical time to build a responsive public health infrastructure that can accurately identify and respond to overdoses. By sharing our experience and opening a discussion with other harm reduction advocates we hope to facilitate other collaborate efforts and build on wealth of experience in the harm reduction community.

GERMAIN, Andree

University of Ottawa

Co-Author(s):
Lynne Leonard, *University of Ottawa,*
Sarah Vannice, *University of Ottawa,*
Andrea Poncia, *Youth Services Bureau, Ottawa*

Andree Germain holds a Masters of Social Work and a BA in International Development and has conducted HIV prevention research in both Canada and Central Asia. Under the direction of Dr. Lynne Leonard, Andree has worked as a Project Coordinator and Research Manager with the HIV and HCV Prevention Research Team at the University of Ottawa, Canada for the past eight years.

Crack is How the Light Gets In: Trauma and Resiliency Among Youth Who Smoke Crack

This paper draws on finding from qualitative interviews carried out in Phase 2 of Project Rock, in order to highlight how our systematic failure to protect children and youth from abuse or to adequately support them in their healing, has resulted in youth who use crack and other drugs as an emotional shield to protect themselves against their continued re-victimization.

Background: Objectives of this study were to identify and characterize the HIV and HCV-related risks and prevention needs of youth in Ottawa who smoke crack in order to inform the development of targeted HIV and HCV prevention interventions.

Methods: Using a thematic guide which was collaboratively developed with youth who have experience with crack, nine one-on-one in-depth interviews were carried out in spring 2012 with youth who smoke crack. Transcripts from these interviews were then analyzed by members of the research team for key themes. Two member-checking workshops were subsequently carried out in order to further explore emerging themes and assumption.

Results: 1) In all cases youth described complex histories of abuse and neglect by those who were meant to protect them. 2) Most youth described their initiation to crack at a time when they became homeless and were taken in by older users or a street family. 3) Youth described a love-hate relationship with crack based on how dependent they were on the high to provide them some escape from their depression and post-traumatic stress, especially within the context of their continued poverty and homelessness. 4) Young women described the cycle created by crack use, low self-esteem and homelessness whereby they can end up living in 'trap houses' where sex or other illegal activity are traded for drugs with little way out. 5) Youth described how their attempts at drug treatment had been unsuccessful because programs always pushed them too quickly to speak about and come to terms with their experiences causing relapse.

Conclusion: Traumas experienced in the form of sexual, physical and emotional abuse have erected barriers for youth who smoke crack in the form of low self-esteem, and mental health and anxiety disorders which when coupled with poverty and homelessness make it very difficult for them to exercise control over their participation in behaviours resulting in increased risk for HIV and HCV infection. Understanding crack use as a tool for self-preservation among youth who have experienced abuse, may help us to better design our treatment and support programs to better meet the needs of this population.

GERMAN, Danielle

Johns Hopkins

Co-Author(s):
Ju Park, *Johns Hopkins,*
Christine Powell, *Johns Hopkins,*
Colin Flynn, *Maryland Department of Health and Mental Hygiene*

Danielle German is currently an Assistant Professor in the Johns Hopkins Bloomberg School of Public Health, Department of Health, Behavior, and Society. Her research uses qualitative and quantitative methods to understand and address the social and structural context of health behavior, with particular emphasis on issues related to urban health, HIV transmission, drug use and mental health, and LGBT health. Her public health career started with early harm reduction work with the Chai Project in New Jersey. She later became one of the early Atlanta Harm Reduction Center crew and served as Board President for about five years. She still misses working with Mona every day.

Trends in HIV prevalence, injection behaviors, and syringe exchange utilization among Baltimore injection drug users

Background: We examined data from three waves of data collection since 2006 among Baltimore injection drug users (IDUs) to identify trends in HIV, syringe and injection equipment sharing, and utilization of needle exchange for access to free syringes and injection equipment.

Methods: As part of CDC's National HIV Behavioral Surveillance Project, the BESURE study in Baltimore conducted comprehensive behavioral surveys and voluntary HIV counseling and testing at three time points (2006, 2009, 2012) among current IDUs recruited through respondent driven sampling (n=690, 518, and 641). We conducted chi-square tests for trends among the full sample, and stratified by race, age, and gender to account for sample composition differences across the three waves.

Findings: Overall, the data show substantial reductions in shared syringes, reported always using sterile needles, and use of syringe exchange for syringe and equipment access, and increased HIV prevalence across the three waves. Demographic differences were observed. Reported syringe sharing decreased from 36-20% among African-Americans and from 53%- 30% among White IDUs. Reported equipment sharing decreased from 71%-54% among White IDUs only. Reported always using sterile needle increased from 17-26% among White IDUs and from 29%-36% among African Americans. Syringe exchange utilization increased to approximately 50% in both groups. HIV prevalence increased from 17-25% among African-American IDUs, with significant increases among women and those over 45. HIV prevalence among White IDUs did not change, with 7% prevalence in 2012.

Conclusion: The HIV epidemic among IDUs in Baltimore remains a critical public health concern. These data show considerable behavior change among Baltimore IDUs over a relatively short period. These data highlight the value of prevention efforts to date and a continued need for HIV prevention and syringe access in this community, particularly among African-American women and older IDUs.

GILBERT, Michael

HSPH; Epidemico; Harvard School of Public Health

Co-Author(s):
Nabarun Dasgupta, *Epidemico; Project Lazarus; UNC,*
Terry Morris, *San Francisco AIDS Foundation; Speed Project*

'Magnet Content' / 'Sneak Attack' Strategies for Harm Reduction Information

Using the examples of StreetRx and Broke but not Bored in SF, we will discuss how to make non-health-specific media that are interesting and useful to people who use drugs, while also offering information on harm reduction and wellness. Meeting people who use drugs 'where they're at' is an important part of any harm reduction program. Cultural competency and respect for people's values and beliefs are part of making sure that services are appropriate and effective. This panel will focus on ways to apply those practices in the design and content of informational materials for people who use drugs. These strategies focus on the social, economic and entertainment interests of people who use drugs as the basis for engagement, rather than expecting them to seek out health-centric harm reduction information. We believe that this approach can reach beyond already-engaged audiences and effectively meet people who use drugs 'where they're at'.

GILLESPIE, Kevin

Integrated Services of Appalachian Ohio

Kevin has many years of experience combining direct service, system development and administrative management, mostly throughout the Appalachian region of Ohio. He is a registered nurse with much of his work focused on creating collaborative solutions with partners across health and human service systems and in alliance with therapeutic, housing and employment professionals. Related to his responsibilities as Executive Director of Integrated Services and through recent involvement with an array of healthcare reform ventures, Kevin is exploring themes of social innovation to reframe a sustainable local network approach to build a strong home and community dimension for person centered health.

Collaborative Helping: A Framework for Change

The Appalachian region is experiencing a time of intense public policy interest in prescription drug use and misuse. Integrated Services of Appalachian Ohio is partnering with treatment and primary care professionals to develop an approach that tracks health care reform trends toward person centered health homes. We have created a Health Priority Alliance to rise to the challenge. Within a broad framework of Collaborative Helping, we work across sectors finding new ways to "meet people where they are" in the primary care setting, in neighborhoods and throughout communities with a more holistic approach to health. Physicians, behavioral health professionals and community leaders are all pitching in to confront policy challenges with culture based solutions. We will present progress and share future planning for supportive housing, primary care integration and home-based services for Appalachian communities. The Collaborative Helping framework will be fully described through stories and anecdotes.

GILLMORE, Sarah

The Shine Initiative

Co-Author(s):
Z! Haukeness, *The Shine Initiative*

Sarah Gillmore, CRC, is founding Executive Director of The Shine Initiative, a small non-profit devoted to using the principles of harm reduction while providing a comprehensive daytime resource center for individuals experiencing homelessness and other high-risk life situations. Gillmore has been active in the harm reduction community since her work with Housing First in 2003.

The Shine Initiative: How HRC Conferences helped us start a harm reduction nonprofit in Wisconsin

This presentation will outline information gathered and connections made from attending the national HRC conferences in 2006 (Oakland), 2008 (Miami), 2010 (Austin), and 2012 (Portland). We will share about challenges and detail how we over came them. We will talk about future partnerships and other opportunities for agency growth. We will also share information on our future planning, for sustainability. Our agency is genuinely guided by people with lived experience of homelessness and other high-risk situations, which is rare in Wisconsin.

GIULIANO, Ro

SFNE

Co-Author(s):
Kyle Ranson, *independent*

Ro Giuliano Co founded S.F.N.E., a youth focused needle exchange and harm reduction program in San Francisco, California, with Matty Luv in 1998. During that same year they began SF's first overdose prevention and management program, training hundreds of users and provided them with naloxone. Ro has a Master of Science degree in Traditional Chinese Medicine and is a licensed acupuncturist and herbalist. She has worked in the harm reduction movement and with injection drug users for over sixteen years.

Beyond 'Don't Get High Alone' — Overdose Prevention for Solitary Users

This workshop will be a safe space for users and harm reductionists to explore the reasons why people chose to get high alone, and how to create a more meaningful dialogue about solitary use and overdose prevention. We will facilitate a discussion and skill sharing session with the goal of creating relevant prevention messages and tools for solitary users.

Unfortunately, even when we utilize the best harm reduction and public health interventions available, one still cannot take all the danger out of Heroin and other opiates. The answer to the 'overdose epidemic' is not found by pathologizing the behavior of using drugs. Harm reductionists need to move beyond using messages like 'don't get high alone', because to so many, it sounds like 'just say no' and is not based in their day to day reality of drug use. The current thought seems to be that if we address the issues of shame, stigma, 'addiction', and access to treatment, and flood the world with "evidence based interventions" and narcan no one will ever die of an OD again. Unfortunately, this is simply not true and in the process dismisses the aspect of pleasure that is inherent in many users' drug experience. A sizable percentage of users simply like to get really high, and regularly chose to use alone. Even with the best harm reduction interventions users still experience fatal overdoses, and they always will.

There are many reasons for solitary opiate use and this workshop will explore each one; stigma, shame, economics, logistics, safety, and relapse. However, there is one key reason that is not often talked about that will be discussed in depth, the pleasure of getting high.

Heroin gets you high in a way that no other drug can. It takes you there, right to the veil, that place between worlds, between the living and the dead. It's a place where pain doesn't exist, where it is all sensual, based in pleasure, intimacy, and privacy and this often fuels the choice to use alone. It is from this perspective that we wish to have an open and honest dialogue about solitary use, the best tools for using alone and to be able to provide a platform for users to create relevant prevention messages for overdose prevention in the realm of solitary use.

GODDARD, Perilou

Northern Kentucky University

Co-Author(s):
Sara Sharpe, *Northern Kentucky,*
Lisa Holt, *independent*

Perilou Goddard, Ph.D. (presenter), has been a professor of psychology at Northern Kentucky University since 1989. Her training is in clinical psychology, with research and teaching specialties in drug policy. She is currently working with People Advocating Recovery and the local Heroin Impact Response Team to address the region's heroin epidemic.

Sara Sharpe (presenter) will earn her Bachelor of Science degree in psychology from Northern Kentucky University in May 2016. She has collaborated on multiple research projects with Dr. Goddard, including her Honors in Psychology project (2014-15).

Lisa Holt, RPh/DPh, is a graduate of the University of Tennessee Health Science Center in Memphis.

Overdose Prevention Is Fine, But I'm Not So Sure About Needle Exchange: Factors Related to Support for Specific Heroin-Related Harm Reduction Programs

Northern Kentucky is mired in a heroin epidemic, and activists are advocating for several harm reduction programs, including overdose prevention via naloxone distribution, medication-assisted treatment (buprenorphine and methadone prescribing), and needle exchange. Opposition from the public remains widespread; however, anecdotal evidence suggests that some forms of harm reduction (e.g., overdose prevention) are more palatable to the public than others (e.g., needle exchange). The purpose of this study was to identify factors associated with attitudes toward specific heroin-related harm reduction strategies.

We surveyed 99 students at the largest university in northern Kentucky and assessed factors including closed-mindedness; political identity; and consideration of authority, fairness, and harm when making moral decisions. We then used these factors to predict attitudes toward needle exchange, medication-assisted treatment, and overdose prevention. Overall, we found that overdose prevention was the most acceptable and needle exchange was the least acceptable approach. Closed-mindedness and greater emphasis on authority issues were associated with disapproval of two of the three harm reduction programs. However, most predictors were uniquely associated with only one of the three harm reduction approaches. For example, greater emphasis on fairness predicted support for overdose prevention but not needle exchange or medication-assisted treatment. Our findings suggest that advocates may be more successful if they tailor their messages to specific factors relevant to each individual harm reduction strategy.

GRAU, Lauretta

Yale School of Public Health

Co-Author(s):
Weihai Zhan, *Yale School of Public Health,*
Robert Heimer, *Yale School of Public Health*

Dr. Grau is currently involved in several projects: a longitudinal study on HIV risk among suburban injectors, a qualitative study to understand how family dynamics may serve as barriers or facilitators to initiation of or adherence to HIV or substance abuse treatment, and a study of opioid-involved accidental deaths in Connecticut. Her research interests include HIV prevention and health promotion among injection drug users and studying novel approaches to harm reduction efforts in Russia, Vietnam, and Ecuador. In general, she is interested in research that will result in the development and implementation of individual, family, and community-based HIV prevention interventions.

Results of the SHERPA Project: A Comparison of Knowledge, Risk Behaviors, and Seroprevalence between Non-Urban Residents of Towns of Southwestern Connecticut who Inject Most Frequently in Urban vs. Non-Urban Locales

Non-medical drug use, including injection drug use, has increased in suburban areas, but few studies among suburban residents who inject drugs have been conducted. Between 2008 and 2012 we enrolled 462 people who inject drugs (PWID) in a longitudinal, multiple-methods study that assessed risks for and prevalence of syringe-borne diseases. All study participants resided in towns of Fairfield or New Haven counties (outside of the cities of Bridgeport, New Haven, Norwalk, Stamford, and Waterbury) and were recruited using chain referral sampling that takes advantage of social contacts among people who inject drugs. Participants meeting eligibility requirements -- including at least six months' residence in an eligible town and physical evidence recent injection drug use – were interviewed to obtain demographic, medical, psychological, behavioral, and service use information and phlebotomized to obtain specimens for HIV, HBV, and HCV antibody testing. Findings will be presented from the primary analyses of the baseline data in which the knowledge levels, injection-associated risk behaviors, and the prevalence of HIV or hepatitis B or C co-infection between PWID who primarily injected in non-urban locales to those who did not were compared. Over half the sample (54.1%) reported having engaged in at least one of seven injection-associated risk behaviors within the 30 days prior to baseline interview. The most commonly reported risk was sharing drug in either dry or liquid form (52.3%) although sharing of drug-mixing (33.8%) or rinse (31.2%) water were other frequently occurring risks. Those injecting most often in non-urban areas were more likely to have health insurance (80.7% vs 64.7%; $p < 0.001$), be older (37.2 vs 31.4 years; $p < 0.0001$), and have longer injection careers (12.1 vs 9.3 years; $p < 0.01$). No differences between injection locales were noted for either HIV, hepatitis, and overdose knowledge or for prevalence of co-infection. Those who injected most often in urban settings were 1.74 times more likely to engage in at least one injection-associated risk behavior than their non-urban counterpart ($p = 0.02$). Recommendations concerning potential innovative harm reduction interventions and services will be discussed.

GRIGG, Ronnie

PHS Community Services

Co-Author(s):
Joseph Klymkiw, *independent*

I am a harm reduction worker in Vancouver's Downtown Eastside. The Downtown Eastside is the neighbourhood where as a single father I have raised my family and where I care for my neighbours through activism and my employment at Insite, Vancouver's supervised injection site.

Youth Street Stories

Emphasizing the necessity to tell stories and the need to break through stigma a selection of youth and young adults are given the opportunity to tell stories via this film project.

GUARNOTTA, Emily

Emily Guarnotta, M.A. is currently working toward her doctorate in clinical psychology with an emphasis in addiction treatment. She has worked at various addiction treatment facilities and also as a long-term outpatient therapist. She is currently doing her predoctoral internship at Sovereign Health of California, which is a substance abuse treatment facility in Orange County.

A Comparison of Abstinence and Perceived Self-efficacy for Individuals Attending SMART Recovery and Alcoholics Anonymous

Alcohol use is prevalent throughout the United States and around the world (SAMHSA, 2010). While some individuals only experiment with alcohol, a significant portion of Americans meet the criteria for an alcohol use disorder. Alcohol use can have negative consequences both personally for the individuals that use them, as well as for the societies that they live in (Bouchery, Harwood, Sacks, Simon, & Brewer, 2011). Individuals with an alcohol use disorder may choose to enter formal treatment, attend self-help group meetings, or both (Moos, 2003). While Alcoholics Anonymous (AA) is currently the most popular SHG in the world, its emphasis on the disease model has been cited as a reason for high drop-out rates (White & Madara, 2002). A newer group of non-12 step self-help groups have emerged, including SMART Recovery which emphasizes building motivation and personal empowerment (Horvath, 2011). However, despite the availability of both self-help groups and treatment programs, relapse rates remain high (Monahan & Finney, 2006).

Several studies have demonstrated that higher levels of self-efficacy, or a person's belief in his or her ability to complete specific tasks or demands (Bandura & Wood, 1989), are correlated with more days abstinent from drugs and alcohol and better long-term recovery for individuals in treatment (Ibraham, Kumar, & Samah, 2011). Research examining the relationship between self-efficacy and abstinence for AA members is limited, but has found that participation in AA is linked to higher self-efficacy in regards to abstinence from drugs and alcohol (Connors, Tonigan, & Miller, 2001; McKellar, Ilgen, Moos, & Moos, 2008). Research in general on SMART Recovery is limited due to its more recent formation (Horvath, 2000). Therefore, little is known about the relationship between abstinence and self-efficacy for individuals attending SMART Recovery, and how this compares to the relationship between self-efficacy and abstinence for individuals attending AA.

This study will contribute to the literature by examining the relationship between abstinence and self-efficacy for individuals that participate in SMART Recovery, and how this compares to individuals in AA. Specifically, it will examine if individuals with higher or lower levels of self-efficacy are attracted to certain self-help groups. This study will enhance the current understanding of SMART Recovery and its mechanisms of change, while at the same time improving the current understanding of the similarities and differences between AA and SMART Recovery. Specifically, this study will measure self-efficacy and abstinence time in individuals that have been attending either AA or SMART Recovery meetings.

GUZMAN, Maria Mercedes

NYU / NYCDOH

Co-Author(s):
Rachel Hart-Malloy, *NYState Department of Health*

Ms. Guzman began the current project as a internship assignment through New York University, which launched a deep interest in drug use research among communities of color and the health disparities that impact them. Ms. Guzman hopes to continue to investigate the macro-context in which a higher risk for blood-borne disease infection is created for communities of color.

Drug Use, Equipment Sharing Practices and Independent Correlates of HCV Infection Among Hispanic Injection Drug Users in New York City

Background: Injection drug use (IDU) has been shown to be a major risk factor for Hepatitis C Virus (HCV) infection, a potent virus capable of causing severe liver damage and death. With millions of people infected with HCV in the United States, studies suggest that IDU accounts for nearly 68% of all current HCV infections. Little research has explored Hispanic IDUs and the risk factors associated with HCV among this population. An investigation of possible differences in risk among Hispanics IDUs compared to other race/ethnicities in New York City (NYC) was done to better understand this population.

Methods: We analyzed NYC data (n=412) from a previously conducted cross-sectional study of adult IDUs across New York State to determine: 1) associations between race/ethnicity and both socio-demographics and injection behaviors, and 2) the prevalence and independent correlates of direct and indirect sharing practices and HCV reactivity among Hispanic IDUs. Data on socio-demographics and injection behaviors were previously collected through face-to-face surveys and HCV reactivity was determined from HCV rapid testing.

Results: Hispanic IDUs had the highest prevalence of HCV reactivity by rapid test compared to non-Hispanic whites and non-Hispanic blacks (69% compared to 61% and 34%, respectively; p-value: <0.0001). A significantly higher percentage of Hispanic IDUs (46%) reported engaging in equipment sharing (cookers, cotton, mixing & rinsing water) than non-Hispanic whites (37%) and non-Hispanic blacks (29%) (p-value: 0.02). Prescription opiate injection was higher among Hispanics though the association was not significant. Risk factors significantly associated with HCV reactivity among Hispanic IDUs were: injecting prior to the age of 30, sharing needles for drug use, currently injecting heroin or crack, reporting a history of drug treatment and utilizing a syringe exchange program (SEP). A high percentage of Hispanic IDUs who were HCV reactive and reported using an SEP also reported sharing equipment and needles (50% and 38%, respectively).

Conclusions: HCV reactivity and reported sharing of drug use equipment was higher among Hispanic IDUs in this study population. Awareness that HCV transmission is facilitated by sharing practices of drug use equipment is needed among Hispanic IDUs. In addition, the variables associated with HCV reactivity among Hispanic IDUs present an opportunity for education and other interventions. Given high risk individuals were found to access SEPs, this could serve as an opportunity to access this population. Lastly, migration, social & support networks and drug use practices in Latin American countries may have an important role in drug use among Hispanic IDUs.

HAAS, Erin

Maryland Department of Health and Mental Hygiene

Co-presenters:
Michael Collins, *Drug Policy Alliance,*
Joshua Greenfeld, *Maryland Delegate Jon Cardin*

Erin has worked on the ground for a syringe exchange program as well as at the state level in policy development, currently at the Maryland Department of Health and Mental Hygiene. Michael Collins works for the Drug Policy Alliance as a policy manager, and has first-hand experience advocating for harm reduction issues and pushing important drug-related policy through Congress. Joshua Greenfield is the Chief of Staff for Maryland Delegate Jon Cardin as well as policy director on his campaign for Attorney General of Maryland. His direct work in politics, in particular in passing Maryland's first legitimate Good Samaritan law

The Importance of Political Involvement for Harm Reduction Organizations

The strong impact of policy on harm reduction programs necessitates increased participation of advocacy groups in the legislative process. As harm reduction policies expand, increasingly due to top-down decisions, the movement is at a crossroads. In order to ensure harm reduction policies are adopted properly, relevant organizations need to be involved and have a voice, which includes directly communicating scientific best practices to law makers. Organizations may face challenges, such as the need to maintain harm reduction values while adhering to new program and policy requirements, and the utilization of limited resources in the demanding political arena, but engagement in politics is nevertheless important.

The presentation will focus on defining top-down change, as opposed to bottom-up, and provide current examples of how to do this. The goal of the presentation will be to engage the audience in a discussion that ultimately inspires greater participation in politics, and offer basic tools to appreciate the process. These tools include an understanding of the difference between advocacy and lobbying, tactics for engaging the public, how a bill is proposed and becomes a law, what makes a bill likely to pass, and how individuals and organizations can influence these political processes. In short, we wish to discuss methods to bridge the gap between idealism and pragmatism in the harm reduction movement.

HAAS, Erin

Maryland Department of Health and Mental Hygiene

Co-Author(s):
Emily Heinlein, *Behavioral Health Systems Baltimore*

Erin Haas, Overdose Prevention Community Coordinator at the Department of Health and Mental Hygiene, provides technical assistance to the pilot fatality review teams. She is the point of contact at the state level for the provision of data to the teams and responsible for evaluating the OFR pilot project.
Emily Heinlein, Director of Public Health Initiatives at Behavioral Health System Baltimore, coordinates the Baltimore City OFR team. Her role in launching the Baltimore City team and managing its logistics and data collection efforts inform her part of the presentation. She will provide the local perspective on program implementation and management.

Overdose Fatality Review Teams

Among the recent initiatives at the Maryland Department of Health and Mental Hygiene focused on reducing drug and alcohol overdose deaths is the establishment of Overdose Fatality Review (OFR) teams coordinated by local health departments. These teams are multidisciplinary and model the successful Child Fatality Review program in their case review process. The presentation will provide an overview of the Overdose Fatality Review program and implementation procedures from the state and local perspective.

The goals of the OFR process are:

1. to develop an understanding of overdose risk factors, as well as where and when individuals have interacted with service providers and public systems,
2. to improve interagency coordination,
3. to develop recommendations regarding where to target intervention efforts, and
4. to recommend system-level and policy change to prevent future overdose deaths.

The Maryland Alcohol & Drug Abuse Administration has worked with the Office of the Chief Medical Examiner and Vital Statistics Administration to develop an overdose death data file for use by local OFR teams. Members of local teams bring information from their respective agencies and organizations to augment the information provided by the state and inform the case review. To date, formal case review focusing solely on drug and alcohol overdose exists only in Maryland.

HAIL-JARES, Katie

Georgetown University

Co-Author(s):
Cyndee Clay, *HIPS,*
Matt Curtis, *VOCAL,*
Peter Davidson, *University of California-San Diego,*
Z. Jennifer Huang, *Georgetown University*

Katie Hail-Jares is a team leader and long-term volunteer with HIPS. Over the past four years, she has collaborated with HIPS on a number of research projects. Currently, she is working on Changing Neighborhoods, Changing Dangers, a community-driven project to examine the impact of gentrification on street-based sex work and seeks to engage neighbors in harm-reduction. Additionally, Katie serves as the Researcher Community Liaison within the Georgetown University's School of Nursing and Health Studies. She is finishing a PhD in Justice, Law & Criminology at American University.

Fostering the Community Partner-Researcher Relationship

Researchers frequently view harm reduction organizations as the gatekeepers to at-risk and hard-to-reach populations, including drug users and sex workers. Unfortunately, these relationships can be stressed by perceived or real power imbalances, particularly when researchers direct much of the process. Community partners may not have information about the research grant process, their rights (and the rights of their clients) in the university Institutional Review Board process, or little input in the final data and methods decisions. In this panel, researchers and community partner representatives discuss positive (and some not so positive) collaborative experiences. They review ways that your organization can establish preliminary research contracts, establish your rights, and communicate what you want both your organization and your clients to gain from the process. The panel will conclude with tangible ways that your organization can take a more active and empowered role in future collaborative research.

HAIL-JARES, Katie

Georgetown University

Co-Author(s):
Catherine Paquette, *HIPS*.

Katie Hail-Jares is a team leader and long-term volunteer with HIPS. Over the past four years, she has collaborated with HIPS on a number of research projects. Currently, she is working on Changing Neighborhoods, Changing Dangers, a community-driven project to examine the impact of gentrification on street-based sex work and seeks to engage neighbors in harm-reduction. Additionally, Katie serves as the Researcher Community Liaison within the Georgetown University's School of Nursing and Health Studies. She is finishing a PhD in Justice, Law & Criminology at American University.

"I am the bad date": What bad date reports can teach us about client-initiated violence

Since 2004, HIPS in Washington, DC has collected bad date reports from sex workers throughout the metro area. These reports are gathered and distributed weekly throughout the sex worker community, alerting individuals to new and ongoing violence. Though these reports offer a wealth of information about client-initiated violence, researchers have rarely used them as a data set. Two years ago, HIPS started a project to analyze their bad date reports, and determine what client-initiated violence "looked" like in the DC area. To complement this project, the organization also worked with a long term volunteer to create stroll histories for the city. Collectively, these histories enriched the story told by bad date reports. Ultimately, the analysis suggested that differences between types of stroll did impact the client-initiated violence. In this presentation, these findings are discussed. We will also discuss practical implications of these findings and how your organization can do a similar analysis for your own city.

HARDING, Robert

Northern Nevada HOPES

Co-Author(s):
Melanie Flores, *Nevada Public Health Alliance for Syringe Access,*
Joshua Livernois, *Nevada Public Health Alliance for Syringe Access,*
Abigail M. Polus, *Change Point Harm Reduction Center,*
Robert W Harding, *Change Point Harm Reduction Center*

Melanie Flores is a Native Nevadan who currently works as the Wellness and Health Promotions Manager at the Nevada Division of Public and Behavioral Health in the Chronic Disease Prevention and Health Promotion section. Melanie began her passion as an advocate for the HIV/AIDS community in graduate school. Her final project was a statewide needs assessment for syringe access which helped lead to the passage of SB 410. Upon completion of her degree, she continued advocacy efforts as a community organizer for the Harm Reduction Coalition in Nevada and a board member of the Northern Nevada Outreach Team to see through efforts to pass legislation.

Creating the Public Health Alliance for Syringe Access: Policy Reform in Nevada

Of 8,563 Nevadans living with HIV/AIDS in 2011, 15% cited injection drug use as a primary risk factor. In Washoe County which includes Reno; from 2009-2010, 32% of people arrested for paraphernalia charges, were charged for carrying hypodermic needles on their person. In Clark County which includes Las Vegas, the figure is 15 %. A conservative estimate suggests that 4,632 injection drug users reside in Nevada. Despite this evidence a negative policy environment slowed the availability of syringe access. We will outline how effective grass-roots organization has started to overcome these obstacles and changed the legislative environment.

In 2010, the Nevada Statewide AIDS Advisory Task Force, created an ad hoc policy committee, The Public Health Alliance for Syringe Access (PHASA), with the goal to reform policy to better support state activities dedicated to the reduction of injection-related transmission of HIV/AIDS. With the sponsorship of Senator David Parks, the group pushed forth Senate Bill 335 to deregulate the possession of hypodermic devices from the current paraphernalia law. This legislation did not pass.

In late 2011, PHASA reconvened committed to utilizing the interim period to address:

- Language of the bill: Decriminalization vs. regulatory
- A lack of testimony from the injection drug use community
- Lack of localized data and research
- A lack of support from the State Health Officer
- Opposition from law enforcement

PHASA, with sponsorship by Senator Parks, pushed forth another bill in 2013, Senate Bill 410. Through targeted community mobilization, conducting a state-wide needs assessment and addressing the fears of the opposition, Nevada was able to pass legislation to deregulate syringes and allow for syringe services programs. In 2014, the first syringe services program opened in Nevada, Change Point.

After passing SB 410 PHASA realized that their work was still not done. Naloxone is not easily accessible anywhere in the state of Nevada currently. It is the intention of PHASA to use data, engage the drug using community and educate the opposition to change the Nevada law regarding Naloxone access as well as implementing Good Samaritan Laws.

HAUSSLING, Damien

Co-Author(s):
Dwayne (Tony) Simmons, *Faces of Homelessness Speakers' Bureau*
Vanessa Borotz, *Faces of Homelessness Speakers' Bureau,*
Mark Schumann, *Faces of Homelessness Speakers' Bureau,*
John Gaither, *Faces of Homelessness Speakers' Bureau,*
Mary Beth Dobrzynski, *Faces of Homelessness Speakers' Bureau* / Co-Presenter

H

Damien Haussling is serving as an Americorps VISTA coordinating the Faces of Homelessness Speakers' Bureau. Haussling received his B.S. Degree in Psychology and Mathematics from the Mary Washington College (now The University of Mary Washington). He taught high school mathematics shortly thereafter while working towards his Ph.D. After personally experiencing homelessness, Haussling resolved to work to end it.

More than Statistics: Starting Your Own Community-Based Speakers' Bureau

We all know that people struggling with drug addiction, reintegration after incarceration, and commercial sex work are the real experts. While those who make a career out of combating these issues do good work, the perspective of those who have the direct experience is much more profound.

The Baltimore Area Faces of Homelessness Speakers' Bureau is a group of individuals with direct experience of homelessness who give presentations at local schools, houses of worship, and governmental legislatures sharing personal perspectives and dispelling stereotypes about homelessness. We have found that it is more effective for those with direct experience to give presentations rather than the "experts" in nearly every case.

This workshop will discuss ways that people who are formerly incarcerated, drug users, sex workers or members of other disadvantaged sections of our population can get together and start a speakers' bureau. This workshop and panel question and answer session will talk about the nuts and bolts of recruiting participants and reaching out to the broader community.

HAUSSLING, Damien

Damien Haussling is serving as an Americorps VISTA coordinating the Faces of Homelessness Speakers' Bureau. Haussling received his B.S. Degree in Psychology and Mathematics from the Mary Washington College (now The University of Mary Washington). He taught high school mathematics shortly thereafter while working towards his Ph.D. After personally experiencing homelessness, Haussling resolved to work to end it.

The Baltimore Injustice Tour

The Baltimore Area Faces of Homelessness Speakers' Bureau offers an "Injustice Tour". This is an approximately 3 mile tour of the "real" Baltimore. This is not the tour that City Hall wants you to experience. We will offer a 30 to 45 minute reflection session at the hotel afterwards. The tour is available as a walking or bus tour.

HAYASHI, Kanna

British Columbia Centre for Excellence in HIV/AIDS

Co-Author(s):
Huiru Dong, *British Columbia Centre for Excellence in HIV/AIDS,*
M-J Milloy, *British Columbia Centre for Excellence in HIV/AIDS,*
Evan Wood, *British Columbia Centre for Excellence in HIV/AIDS,*
Thomas Kerr, *British Columbia Centre for Excellence in HIV/AIDS*

Dr. Kanna Hayashi is a Research Scientist at the British Columbia Centre for Excellence in HIV/AIDS and a postdoctoral fellow with the faculty of Medicine, the University of British Columbia in Vancouver, Canada.

Gender-based differences in causes and predictors of death among people who inject drugs in a Canadian setting, 1996–2011

Background: High mortality among people who inject drugs (PWID) has been well documented. However, little is known about gender-based differences in mortality patterns in the wake of recent advances in HIV treatment and harm reduction interventions. Therefore, we undertook a gender-based analysis to identify causes and predictors of death among male and female PWID in Vancouver, Canada.

Methods: Data were derived from two prospective cohorts of PWID between May 1996 and December 2011. Semi-annually, participants have completed an interviewer-administered questionnaire and have undergone serologic testing for HIV and HCV. Cohort data were linked to the British Columbia Vital Statistics database to ascertain rates and causes of death. Overall and cause-specific mortality rates were analyzed using direct and indirect standardization. Predictors of all-cause mortality were identified using multivariate Cox regression. All analyses were stratified by sex.

Results: Of 2317 participants including 794 (34.3%) women, there were 483 deaths during follow-up. Overall mortality rates were 33.21 (95% confidence interval [CI]: 29.74_37.09) deaths per 1000 person-years among men and 30.12 (95% CI: 25.99_34.92) among women. Standardized mortality ratios were 7.28 (95% CI: 6.50_8.14) for men and 15.56 (95% CI: 13.31_18.07) for women. While leading causes of death were similar among men and women, including HIV-related, overdose and other non-accidental causes, women were significantly more likely to die from homicide ($p < 0.05$). In multivariate analyses, age and HIV seropositivity were independently and positively associated with all-cause mortality among both men and women, whereas unstable housing (adjusted hazard ratio [AHR]: 1.37) and enrollment in addiction treatment (AHR: 0.67) were associated with mortality among men only, and daily cocaine injection (AHR: 1.67) among women only (all $p < 0.05$).

Conclusions: The findings suggest that the excess mortality burden was primarily attributable to HIV infection among both male and female PWID, indicating a continued need to improve access to HIV treatment among PWID in this setting. However, female PWID were more likely to die from homicide and less likely to benefit from addiction treatment, indicating a need for gender-specific interventions to reduce mortality among female PWID in this setting.

HEIMER, Robert

Yale University

Co-Author(s):
Lauretta E. Grau, *Yale University*,
Weihai Zhan,*Yale University*

I have been conducting research on the medical and social consequences of injection drug use and evaluating programs to reduce the negative consequences for two dozen years. My research combines laboratory, operational, behavioral, and structural analyses that can provide health and prevention practitioners with information needed to assist their educational and advocacy efforts.

H

Prevalence and Experience of Chronic Pain in Suburban Drug Injectors

Using data from a cross-sectional study of 460 individuals who reported injecting drugs in the month prior to interview and showed evidence of injection stigmata, we focus here on the reporting of chronic pain. Data included serological detection of infection with HIV or hepatitis B and C viruses and a detailed quantitative interview covered (i) sociodemographics, (ii) current and past drug use and drug injection practices, (iii) interactions with drug treatment, criminal justice, and harm reduction, (iv) medical issues including chronic pain using the Brief Pain Inventory, (v) knowledge regarding HIV, hepatitis B and C, and opioid overdose, and (vi) clinical assessments including the Addiction Severity Index (ASI), the CESD depression index, the Beck Anxiety Index, and the AUDIT-C for problematic alcohol use. Serological testing was conducted for HIV and hepatitis B and C. One-third of participants (n=152) reported chronic pain. These individuals were different from those not reporting chronic pain on characteristics that included older age, lower educational achievement, and injection of pharmaceutical opioids. They also reported experiencing more psychological and family problems on the ASI and higher levels of depression and anxiety. Four of five individuals with chronic pain (117 of 148 providing chronology data) reported that they abused opioids prior to the onset of chronic pain. Based on these findings we conclude that chronic pain was common among drug injectors in our study population although it was unusual for chronic pain to have triggered opioid abuse. The higher levels of psychological problems in injectors with co-occurring chronic pain can poise significant treatment issues.

HEINZ, Melissa

New Mexico Department of Health

Melissa Heinz earned her Master's in Public Health in 1995 from University of North Carolina/Chapel Hill. Worked in San Antonio, TX with the University of Texas Center for Drug and Social Policy Research. Joined the New Mexico Department of Health (NMDOH) in 2001 in HIV Prevention. Managed the NMDOH Hepatitis Program from 2004-2012 Currently serves as Prescription Opioid Overdose Prevention Coordinator for NMDOH.

Expanding Access to Naloxone in New Mexico: Policy, Pilots and Political Will

New Mexico has long paid a heavy price of lives lost and communities ravaged by drug addiction and overdose. In the past decade overdose death has increased by 80% and the increase has been driven largely by prescription opioids. Deaths involving prescription drugs now outnumber deaths due to heroin by 60% and the trend toward prescription opioid dominance in drug overdose death in New Mexico began as early as 2004.

Since 2001, the Department of Health Harm Reduction Program has directed naloxone and overdose prevention services through syringe exchange sites to injection drug users and their friends and family members – a program that led the nation in establishing harm reduction practice and has saved thousands of lives based on reports of use since the program's inception.

This presentation will focus on efforts that began in late 2011, in response to growing awareness and alarm relative to the epidemic of prescription opioid misuse and overdose. The political and policy landscape has changed dramatically with calls for increased access to naloxone and awareness of the critical need for broader availability of the rescue medication. Policy and rule shifts have taken place with remarkable speed and community-based planning efforts have led to an unprecedented level of collaboration and engagement with community, healthcare providers and local as well as state government partners. The convergence between heightened awareness in national media, a deepening epidemic of prescription misuse and overdose, political will, community outcry and willingness of stakeholders to step up to the plate, has provided tremendous opportunities to broaden response to the drug overdose epidemic in our state.

This presentation will review the efforts that have taken place from 2012 to date, from multiple levels of partners, including state and local government agencies, local advocacy groups, healthcare licensure boards, professional associations, and healthcare workers, pharmacists and educators from around the state. The presentation will seek to detail the efforts and the policy changes that have ensued in New Mexico, and provide opportunity to review lessons

learned to inform discussion and expand the tool box for activists and policy makers working on this issue in communities across the country.

Specifically, the presentation will review and describe the following:

- Epidemiology of opioid overdose in New Mexico, including death, hospitalization and emergency department data, prescription opioid sales, and prescription writing behavior patterns and trends
- New Mexico Department of Health Naloxone Co-Prescription Pilots
- Partnering with Public Safety on City, County and State levels (Naloxone on release from county detention facilities, naloxone carry and administer policy development with law enforcement, OD prevention community education with Fire Dept.)
- Medicaid Coverage of naloxone rescue kits
- Expanded Prescriptive Authority for Pharmacists (Naloxone)

HENDRICKS, Daniel

Health Care for the Homeless

Co-Author(s):
Katie League, *independent*

Dan Hendricks is the Public Benefits Associate at Health Care for the Homeless in Baltimore, Maryland. He works to address complex issues related to health insurance, assuring clients' easy access to necessary and life-saving care. As a Veteran of the Marine Corps, Dan is accutely familiar with the challenges of complex systems and works to decrease these barriers for the clients he serves.

Harm Reduction and the Affordable Care Act: Increasing Access to Treatment

Health insurance should not be a barrier to those seeking treatment for addiction. The Affordable Care Act (ACA) provides access to longer term treatment (28 days) and increased access to outpatient treatment programs including methadone and buprenorphine. Analysis will focus on both the effectiveness and short fallings of the ACA to provide better access to care. This presentation will explore the impact of state's decisions on Medicaid expansion in reference to access of treatment programs. Attendees will gain insight into on-the-ground successes and challenges of implementing health care reform for individuals experiencing homelessness as well as individuals seeking treatment for drug addiction. For those who live in states that did not expand, the presentation will provide important advocacy tips to motivate their states to expand Medicaid. Through presentation, open discussion, and examination of collected data, attendees will leave with tools and strategies to inform future practice.

HENEGHAN, Chris

Windham Harm Reduction Coalition Inc.

Co-Author(s):
Shawn Lang, *AIDS Connecticut*

Chris Heneghan is the Director of the Windham Harm Reduction Coalition (WHRC), in Willimantic, Connecticut. WHRC's mission is to empower and make a difference in the lives of drug users, commercial sex workers, and their partners and families through offering user-friendly harm reduction services, education, and training.

Shawn Lang is the Director of Public Policy at AIDS Connecticut (ACT). In partnership with its member agencies, ACT's mission is to improve the lives of people impacted by HIV through care and supportive services, housing, advocacy and prevention.

Coalition Building for a Legislative Victory in Support of a Multi-Pronged Approach to Scale Up Naloxone Access in Connecticut.

The Connecticut Overdose Prevention Work Group formed in 2013 in response to the impact of the national overdose epidemic on Connecticut residents. With a statewide, interdisciplinary team of stakeholders, which includes representatives from relevant state departments, treatment providers, syringe exchange programs, physicians and researchers, the group is working on a multi-pronged approach for scaling up education about, and access to Naloxone.

During the 2014 legislative session, the group was successful in supporting the passage of Public Act 14-61. The bill contains broad language which supports prescribing and administering Naloxone in a wide range of settings.

This presentation will provide an overview of drug policy and legislative history in Connecticut which lead to the formation of the working group, the story behind the passage of Public Act 14-61, accomplishments and collaborations, and the strategies to ensure it has a lifesaving impact.

HENEGHAN, Chris

Windham Harm Reduction Coalition Inc.

Co-Author(s):
Chris Heneghan,
University of Connecticut

Chris Heneghan is a Master of Public Health Degree Candidate at the University of Connecticut. He is also the co-founder and Director of the Windham Harm Reduction Coalition in Willimantic, CT.

15 Seconds to Safety: The Reach of Health Slogan Recognition in a Peer Driven Health Intervention, and the Impact on Risk Behavior.

The Risk Avoidance Partnership, (RAP) conducted in Hartford Connecticut tested a program to train active drug injectors and crack cocaine users as 'Peer Health Advocates, (PHAs)' to deliver a modular HIV, hepatitis, and STI prevention intervention to hard to reach drug user in their networks and others in the city. This poster presentation will provide a quantitative overview of the high risk sub populations reached by RAP Intervention, and the associated reduction in risk behaviors in these groups.

HILLIARD, Insha

Insha Hilliard, MSW, is a Senior Trainer at the CUCS Institute. In her role, she provides training on topics related to mental health, substance abuse, and clinical practice techniques, amongst others. She has also led numerous agencies nationwide in the implementation of Evidence Based Practices, including Critical Time Intervention and Wellness Self Management. Ms. Hilliard has over 20 years of experience in social service delivery and program development. Prior to joining the Institute, she helped design, implement, and coordinate New York City's Single Point of Access (SPOA) for Case Management and Assertive Community Treatment (ACT), an initiative created to expedite and promote access to services for people with psychiatric disabilities and to gather information about consumers' needs to inform service system development. Ms. Hilliard's career has also involved directing supportive housing, managing continuing day treatment, and providing direct service to adolescents diagnosed with ADHD. She has a Masters of Social Work from Hunter College School of Social Work.

Maximizing Transition Through Critical Time Intervention

Critical Time Intervention (CTI) is an evidence-based practice designed to prevent recurrent homelessness, incarceration recidivism, and other adverse outcomes during the period following placement into the community from shelters, hospitals, prisons / jails, and other institutions. This-time limited intervention stresses the importance of community linkages (both formal and informal) and is delivered in three phases (each usually lasting 3 months); each phase decreases in service intensity, resulting in participants better self-managing their housing and life stability. The workshop includes an overview of CTI and reviews the specific treatment areas supported by this intervention.

HOFFMANN, Cynthia

Cynthia is a Harm Reduction therapist that has provided individual, family and group Harm Reduction Therapy in both agency and private practice settings in San Francisco.

She has worked with Youth, Adults with Co-Occurring Disorders, Homeless and Formerly Homeless Adults, Formerly Incarcerated Adults and those who participate voluntarily and as part of mandated treatment.

Cynthia also provides clinical supervision and training to various agencies in San Francisco, and teaches a Substance Abuse course from a Harm Reduction Perspective at Saybrook University.

Running Harm Reduction Introductory Psycho-educational Groups

Group therapy has often been cited as the treatment of choice for those dealing with substance misuse. Harm Reduction Groups allow members to relate to others, reducing the isolation, depression, anxiety and shame that can accompany substance misuse. Group therapy also helps members more effectively express their feelings, receive support from those with similar issues and learn new information about the substances with which they are struggling.

In this workshop, we will talk about Introductory Psycho-educational groups. Upon completing this workshop, you will have tools and ideas for creating Harm Reduction Psycho-educational Groups in your workplace. The various topics that we will explore didactically and somewhat experientially will include: Using a Decisional Balance, Identifying Feelings, Goal Setting, Drug Education, Urge Surfing and Relaxation and Mindfulness to name a few. We will also review using Motivational Interviewing in Psycho-educational Groups.

HOOD, Dan

Dan Hood is a retired sociology professor and the author of two books on addiction treatments.

Drug Stories, Set, and Setting: some positive uses of "war stories" in a harm reduction setting

From the outset, abstinence-based treatments for drug problems (aka addiction) have condemned the practice of people in treatment telling stories that "glorify" drug use or other "negative" behaviors (sex work or games; petty crime) that are supposedly "symptoms" of the "disorder." Here I will report on my participant-observation of a three-month proactive training group for people with HIV/AIDs and drug use involvement — a possible model for what Edith Springer has called harm reduction treatment. Over the course of this Open Society supported research, drug user and sex worker "war stories" became a regular part of the program. While it remains an open (pun intended) question whether this practice contributed to long-term benefits or detriments to the participants, it is the conclusion of this researcher that the stories participants shared with each other about their successes and failures, their joys and sorrow while involved in their druggin' and sexin' lives (past and present), they definitely added to the bonding experience that was central to the proactive focus of the training group. These "research-based" speculations run counter to traditional drug treatment ideology and are another way this program put users interests before reigning temperance-influenced ideologies of abstinence in thought, word, or deed.

HURAIUX, Emalie

Co-Author(s):
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Center for Health Law & Policy Innovation, Harvard,
Emalie Huriaux, *Project Inform,*
Phillip Coffin, *San Francisco Department of Public Health*

Malinda Ellwood, JD joined the Center for Health Law and Policy Innovation at Harvard University in September 2011. Her work focuses on health care reform implementation, with a focus on increasing access to care for individuals living with hepatitis C virus (HCV) and/or HIV, including increasing access to food and nutrition services. In 2013, she was the primary author of the Massachusetts SHARP HCV Report, a comprehensive report looking at challenges, successes, and opportunities for improving prevention, testing, and access to care and treatment for individuals living with HCV in Massachusetts.

Nothing About Us Without Us: The Systematic Exclusion of People Who Use Drugs from Hepatitis C Treatment

On the 25th anniversary of the identification of the hepatitis C virus, we are on the verge of eliminating hepatitis C through large-scale testing efforts and the availability of new medications that can cure over 90% of people living with the virus. Elimination of the virus requires a "treatment as prevention" paradigm. The promise of eliminating hepatitis C cannot be realized unless people who use drugs have access to hepatitis C treatment, because the majority of new hepatitis C infections are transmitted through shared drug injection equipment. The new hepatitis C medications are expensive and payers, like state Medicaid programs, have expressed much concern over the high price of the medications in relation to program budgets. In an effort to combat costs, throughout the country, state Medicaid programs are developing treatment utilization policies for the new hepatitis C medications that limit access to new medications, many of which include prohibitions on treating people use drug unless they engage in abstinence and/or drug treatment. Many of these abstinence and/or drug treatment requirements are not necessarily grounded in evidence-based practice about how to treat hepatitis C in active drug users but are instead based on stigma. We will review the medical literature related to treating people who use drugs for hepatitis C, provide an overview of various state Medicaid utilization policies with respect to individuals who use drugs and/or who have other substance use disorders, and describe strategies to advocate for greater access to treatment for this population, using California as a case study.

HURAIUX, Emalie

Project Inform

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Colleen Flannigan, *New York State Department of Health,*
Robin Lord Smith,
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Jill Wolf, *Caring Ambassadors Program* / Co-Presenter

Emalie Huriaux is Director of Federal & State Affairs at Project Inform and is responsible for the organization's hepatitis C policy activities at the national level and in California. Prior to this, she worked at the San Francisco Department of Public Health, where she oversaw viral hepatitis integration efforts; designed HIV and hepatitis C testing programs; managed federal funding for HIV testing in substance use programs; and co-chaired the San Francisco Hepatitis C Task Force. She is a trainer and provider of capacity building assistance to health departments and community organizations on topics including hepatitis C, HIV, harm reduction, overdose, serving women, and syringe access.

Hepatitis C Policy Roundup: What's Worked, What Hasn't, and Where Do We Go From Here?

Given the great strides in hepatitis C testing, care, and treatment that have been made in recent years, advocates in a number of states promoted legislation to build on these advances and ensure people at risk for and living with hepatitis C know their status and have access to the services they need. New York State offered a successful example of hepatitis C policy advocacy when, in 2013, advocates were able to secure passage of legislation requiring the one-time offer of an hepatitis C test to all Baby Boomers (those born between 1945 through 1965). A number of other states, including California, Colorado, Connecticut, Illinois, Florida, Maryland, Massachusetts, New Jersey, Oklahoma, and Pennsylvania utilized the New York legislation as a model, with variations in legislative language and mixed results. In addition, advocates in Washington State worked to increase state funding for hepatitis C services. Panelists will outline the various legislative efforts undertaken in these states, describe lessons learned, and discuss legislative and non-legislative policy strategies for advocates to use as we work to eliminate hepatitis C.

HUSS, Laura

National Advocates for Pregnant Women

Co-Author(s):
Denicia Cadena, *Young Women United,*
Kari Ann Rinker, *independent,*
Jodi Jacobson, *RH Reality Check,*
Nina Martin, *ProPublica*

Laura Huss, MPhil, Research & Program Associate, National Advocates for Pregnant Women. Ms. Huss received her BA from Kenyon College and her MPhil in Development Studies from the University of Cape Town in South Africa. Her graduate studies and research addressed social movements and activism. Ms. Huss then worked as a researcher at the Gender, Health & Justice Research Unit in Cape Town focusing on issues relating to the incarceration of women, gender-based violence, and sexual assault. At NAPW Ms. Huss has worked extensively to raise awareness about media misinformation fueled by the war on drugs as well as the unconstitutional criminal prosecutions of drug-using pregnant women in Alabama.

H

Harm Reduction Strategies to Curb Media Misinformation & Stigma
Harm Reduction principles call 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." Achieving this goal, however, is extremely difficult if the information that the public and most policy makers get is inaccurate, stigmatizing, and judgmental. This workshop/panel/roundtable will discuss the application of harm reduction principles to media reporting about drug use and drug users, with particular attention to pregnant women, parents, alarm over increasing use of opioids, and misinformation about medication-assisted treatments. Journalists, people directly affected, activists, and advocates will discuss strategies that can be used to reduce the harm of rampant biased and inaccurate reporting.

The media has played a major role in perpetuating drug war myths that spread medical misinformation and stigmatize those who use drugs, treatment to address drug addiction, and doctors who provide effective treatment. This type of reporting not only misinforms the general public, but also influences public policy, including the criminal and civil prosecution systems and the healthcare system. For the last four decades, pregnant and parenting people (especially those of color) who use drugs have been key targets of media alarm that has contributed to an expansion of the war on drugs to the civil child welfare system and ongoing counterproductive criminal prosecutions. Moreover, the media created and continues to assert the existence of "crack babies," "meth babies," "oxytots," and babies "born addicted to drugs."

This roundtable will address harm reduction strategies to curb media misinformation and the stigma it fuels. With many tools now available to more readily identify and correct this type of reporting (social media, online communication, etc.), we are well equipped to continue implementing harm reduction strategies to debunk and correct myths perpetuated by drug war propaganda. For example, by combining a targeted social media strategy and harm reduction methods, National Advocates for Pregnant Women has used *#ScienceNotStigma* to address myths, direct journalists to scientific information, connect writers to informed experts and treatment providers willing to speak about the issue, and bridge the gap between science and media. Additionally, Young Women United (YWU) organizes in New Mexico with women and people who have been pregnant and/or parenting and substance using. Alongside organizers and local artists, we created a humanizing public education campaign, 'We Are More Than Addiction.' YWU continues to organize to center their expertise of those most impacted policies that criminalize drug use with the New Mexico Legislative Sub Committee for Criminal Justice Reform.

Hear from journalists and media about what has most influenced their reporting and coverage, people directly impacted by the perpetuation of these myths, and strategists, activists, and advocates applying harm reduction principles in order to change the course of our media history and provide coverage of positive and accurate messages moving forward.

HYMAN, Alyson

Ipas

Co-Author(s):
Wyndi Anderson, *Provide,*
Lynn Paltrow, *National Advocates for Pregnant Women*

Alyson Hyman, MPH, joined Ipas in 1999 as Vietnam Team Leader where she was instrumental in conceptualizing, designing and implementing the comprehensive abortion care (CAC) model that has become a global model for Ipas and colleague organizations. Now as Senior Advisor in the Community Access global unit she provides technical assistance on various programs, leading the team's work in harm reduction, pharmacy/medicine sellers, community assessments, and medical abortion. Before joining Ipas, she lived in Hanoi, Vietnam where she was Family Health International's Resident Coordinator and she consulted for a variety of international agencies on HIV and AIDS and maternal and child health.

Harm Reduction Isn't Just for "Drug Users" Anymore: Applications to and Intersections With Safe Abortion

Efforts to control the use of certain drugs and to control reproduction have much in common. Both as a matter of history and increasingly current policy, the punitive strategies used to control the use of certain drugs and those to control some reproductive decisions, the populations targeted for enforcement of those policies, and the barriers to drug treatment and to reproductive health care are remarkably similar – and sometimes exactly the same. This panel and discussion will explore the value of Harm Reduction approaches in response to these punitive, counterproductive policies in both contexts.

Although the 1973 Supreme Court decision in Roe v. Wade decriminalized abortion in the United States, abortion remains a crime in many countries around the world, and despite Roe, punitive criminal and civil justice responses are increasingly being used in the US today to respond to pregnant women whether they seek to terminate a pregnancy, go to term, or experience a pregnancy loss. In addition, as a result of legislative attacks on abortion, access to abortion service has decreased significantly and women are turning to methods of potentially safe (the drug misoprostol) and unsafe self-induced abortion. Moreover, unintended pregnancy remains a reality for many women worldwide. Half of pregnancies among American women are unintended, and four in ten of those pregnancies end in abortion. Information and services about pregnancy options is often limited and inaccurate due to stigma, political controversy and criminalization. Because we know that prohibition and criminalization do not work (people continue to use criminalized drugs/take steps to control their reproductive lives) and actually undermines rather than protects public health, implementing harm reduction approaches in both contexts can reduce negative health consequences, empower individuals, and help build a movement for reproductive and drug policy justice.

In this panel we will discuss how basic information for women seeking access to abortion, prenatal care, and drug treatment can lead to better outcomes for women and families, and potentially lead to a more supportive community for health care providers who serve stigmatized communities. We will share examples of "harm reduction" before Roe as well as current approaches used in several developing countries to increase access to safe abortion care and reduce unsafe abortion. Finally, we will lead an audience discussion about the intersections between harm reduction for drug users and pregnant women and the value of working together to advance human rights and health for all.

IQBAL, Sadat

Lower East Side Harm Reduction Center

Sadat Iqbal is the Director of Syringe Exchange & Outreach Services at the Lower East Side Harm Reduction Center (LESHRC). A community organizer and social worker in training, Sadat is interested in the intersections of public health and social justice. Having worked at LESHRC for over four years, Sadat has come to personally experience and strongly believe in the healing impact of harm reduction practice.

Preparing for a Sexual Revolution: The Potential for PrEP in Harm Reduction Practice

The use of Truvada as Pre-Exposure Prophylaxis for HIV has been FDA-approved since 2012, but has not seen considerable uptake among health care consumers. In the past year, however, with the issuance of federal, state, and local-level clinical guidance and promotion of this intervention, PrEP has received significant attention as a viable HIV prevention option, and has also stirred much controversy within the HIV/AIDS field and general public.

This presentation invites participants to consider how PrEP shifts the discourse on safer sex, and the practical applications of promoting PrEP in a harm reduction context. Sharing the Lower East Side Harm Reduction Center's experience conducting community education and care coordination of PrEP, the presentation will include an exploration of best practices in crafting effective messages promoting PrEP, targeted outreach efforts to reach those most at risk of HIV infection, and how to incorporate PrEP as a prevention option within harm reduction practice. Particular focus will be given to the potential for PrEP in case-finding and service provision for MSM who engage in 'barebacking' practices, or sex without condoms, within a harm reduction framework.

ISHIGURO, Sonya

UBC School of Population and Public Health

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Sonya Ishiguro is a Master of Public Health student at the University of British Columbia, and completed her practicum in harm reduction at the BC Centre for Disease Control. Sonya has previous degrees in microbiology and law, and is interested in using public policy to promote the health of marginalized populations.

Patterns of Opioid Use in British Columbia, Canada: Results of the Survey on Drug Use in Harm Reduction Clients, 2013

Background: Prior to 2012, understanding of high-risk drug use in British Columbia, Canada was largely based on data from two major cities, Vancouver and Victoria. To obtain more comprehensive data, a province-wide survey was piloted through the existing harm reduction (HR) distribution network in 2012. This survey identified regional differences in drug use, informing HR planning to improve health in this marginalized population. The survey was revised and expanded in 2013.

Methods: The survey tool included questions on demographics, HR site usage, sharing behaviour, overdose experiences and drug use by region. Harm reduction distribution sites (n=34) received surveys in July 2013 and had 8 weeks to complete a maximum of 40 surveys. Survey data was entered into an MS Access database and analyzed using SPSS.

Results: In 2013, 779 surveys were completed. Two thirds of respondents reported using any opioid in the 7 days prior to survey completion. Of opioid users, 53% had used heroin in the past week, and 82% had used prescription opioids. The most commonly used prescription opioids were morphine (30%), methadone (24%) and Dilaudid (18%). Regional differences in opioid use were evident. At urban sites, two thirds of opioid users reported using heroin in the past week, while at rural sites only 21% of opioid users reported recent heroin use. In addition, three quarters of opioid users at urban sites reported using prescription opioids in the past week, while 98% of opioid users at rural sites reported recent prescription opioid use.

Conclusions: The survey continues to involve stakeholders and leverage the existing HR network in BC, to engage with HR site clients, identify individual needs, and generate data useful for regional HR planning. In particular, data on opioid use can be used to target overdose prevention education like the Take Home Naloxone program to areas of highest need.

The relationship between needle sharing and needle distribution in British Columbia, Canada: Results of the survey on drug use in harm reduction clients, 2013

Background: Prior to 2012, understanding of high-risk drug use was largely based on data from two major cities, Vancouver and Victoria. To obtain more comprehensive data, a province-wide survey was piloted through the existing harm reduction (HR) distribution network in 2012. This survey identified regional differences in drug use, informing HR planning to improve health in this marginalized population. The survey was revised and expanded in 2013.

Methods: The survey tool included questions on demographics, HR site usage, sharing behaviour, overdose experiences and drug use by region. Harm reduction distribution sites (n=34) received surveys in July 2013 and had 8 weeks to complete a maximum of 40 surveys. Survey data was entered into an MS Access database and analyzed using SPSS. Overall survey results were weighted to account for population differences in participating communities. Needle distribution data was obtained from the provincial harm reduction program administrative records.

Results: In 2013, 453 of the 772 survey respondents reported injection drug use within the past week. Of these injection drug users, 7% reported injecting with a used needle in the past month; however, rates of needle sharing varied across British Columbia's five geographic health regions. Injection with a used needle was highest in Northern Health Authority (12%) and Interior Health Authority (11%), and lowest in Vancouver Coastal Health Authority (8%) and Vancouver Island Health Authority (7%). The number of needles distributed per person in 2013 also varied substantially by health authority. Needle distribution was lowest in Fraser Health Authority (0.49 needles per person) and highest in Vancouver Coastal Health Authority (4.6 needles per person).

Conclusions: In 2013, there were regional differences in both needle sharing and distribution in the province of British Columbia. There was some correlation between reduced needle availability and increased needle sharing; however, there are clearly additional factors that influence rates of sharing.

JANUAR, Rico

School of Public Health
University of Sriwijaya, Indonesia

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Comorbidity Narcotic Addicts in Drug Dependency Hospital Jakarta

Narcotics are abused can lead to dependence. The longer experiencing drug dependence will worsen the quality of health care. In injecting drug users, complications such ashepatic, comorbidities, pulmonary TB, and HIV/AIDs also higher. The purpose of this study was to determine the comorbidity of drug abusers and its determinant. The method is a cross sectional study using secondary data, medical records at the Drug Dependence Hospital Jakarta in 2013. The population in this study were all drug dependent patients who are hospitalized, undergoing rehabilitation and outpatient care, and sample is total population of 303 people. Data were analyzed using univariate, bivariate and multivariate analyzes. The results showed that patients treated in outpatients and comorbidities associated with drug addicts. The final model of multivariate analysis showed that longer using drugs is the most influential variable on the comorbidity of drug addicts.

JONES, Stefanie

Drug Policy Alliance

Co-Author(s):
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Lisa Raville, *Harm Reduction Action Center,*
Robert Suarez, *VOCAL*

Stefanie Jones is nightlife community engagement manager at the Drug Policy Alliance, based in New York. In this role she introduces harm reduction principles and drug policy alternatives to partygoers, public health officials and city nightlife regulators across the U.S. In her past eight years with the organization, she has produced four progressively larger editions of the biennial International Drug Policy Reform Conference, as well as numerous local policy conferences, fundraisers and coalition-building meetings.

More Harm Reduction! Integrating Drug Checking & Other Services for Young People at Your SEP or Drop-In Center

Young people have access to and are interested in using drugs other than opiate drugs. Is your syringe exchange program or drop-in center ready for their questions? Can you provide up-to-date information on what's out there, particularly within the nightlife, festival and rave scene? Come learn about molly, new synthetic drugs, how to screen various substances for adulterants and other ways to keep young people safe and informed.

JONES, Stefanie

Drug Policy Alliance

Co-Author(s):
Missi Wooldridge, *DanceSafe*

Stefanie Jones is nightlife community engagement manager at the Drug Policy Alliance, based in New York. In this role she introduces harm reduction principles and drug policy alternatives to partygoers, public health officials and city nightlife regulators across the U.S. In her past eight years with the organization, she has produced four progressively larger editions of the biennial International Drug Policy Reform Conference, as well as numerous local policy conferences, fundraisers and coalition-building meetings.

Preventing Overdoses at Music Festivals

Overdoses at music festivals most often come as a result of "molly" — the powder supposed to be the drug MDMA but often adulterated wholly or in part with other substances — whether by itself or in combination with other drug and alcohol use. What are safer use practices for this drug? In what ways are drug policies contributing to the problem of overdoses? What can and should event producers be doing to make festivals safer and what can traditional opiate drug harm reduction advocates do to amplify this message?

KA, Kalash

St James Infirmary SF

Co-Author(s):
Durt O'Shea, *St James Infirmary SF*

Kalash, CMT, MSW, ELC is a Certified Massage Therapist/Empathic Life Coach/St James Infirmary SF, Billing Coordinator, dedicated to helping others obtain their optimum physical and emotional balance. Experienced in Deep Tissue, Pregnancy and Postpartum Massage, Thai Massage, Sports Massage, Stretching and Mobilization, Craniosacral, Trigger Point Therapy, Aromatherapy, Somatic Arts, and much more. Kalash is a graduate of the SF School of Massage & Bodywork, Bodywork Therapist Program and a teacher of Mind/Bodywork in life and private practice.

Holistic Wellness Self-Care for Sex Workers, Practitioners, Healers of the Human Body

St James Infirmary provides weekly peer-education and holistic services to our community participants. Holistic medicine is the art and science of healing that addresses care of the whole person - body, mind, and spirit. The practice of holistic medicine integrates conventional and complementary therapies to promote optimal health, and prevent and treat disease by addressing contributing factors.

As sex workers, marginalizes populations, people or color communities, and under resourced populations, disease is understood to be the result of physical, emotional, spiritual, social and environmental imbalance. Healing, therefore, takes place naturally and organically when these aspects of life are brought into proper balance.

With the objectives of self-care and body-awareness as guides, the individual must do the work - changing lifestyle, beliefs and old habits in order to facilitate healing using comfortable harm reduction and self-care approaches.

Holistic Wellness Self-Care for Sex Workers, Practitioners, & Healers of the Human Body is an exercise/self-examination of somatic roots through daily engagement in self-care activities and meditation practice seeking optimum self-healing, happiness, self-maintenance, and professional success.

Awakening

- In this exercise of Breath Awareness Meditation you will find that you are able to follow the breath over a period of time, while exploring the stillness in the breath meditation. We will follow the core Chakra system and its anatomical relation to examine body-awakening/enlightenment.
- Posture: It is preferable to sit while doing these breath meditations. Sitting up is more conducive to meditation as the mind is more likely to remain alert. Sit upright with the spine as straight as possible while remaining comfortable. Don't strain in any way to make the spine straight. It is important to stay comfortable and safe in your body.

Happiness/Alertness

- What makes me happy? This simple yet complex question can be a challenge. In this self care exercise, we are going to allow space for thinking about "simple happiness" by using art, writing and a little processing. Answering the question "What makes Me happy?!"
- Participants will put on small groups with supplies (ie: paper, pens, markers, glitter, glue) and give 15 minutes for 'exploring their happiness'.
- This a time for individuals to self-reflect on their specific personal ambitions, happy moments, what relaxes you, and what supports and sustains you.
- Each participant will be given time (approx 3 mins) to share with their small group members.

Self-Care Maintenance

- How can we carry this happiness forward in self-care maintenance and personal-growth?
- As a group we will explore successes in self-care what works for us and create mock self care planner that is practical for our forever changing, nebulous lives.

KARAKUS, Duysal

Community Access, Inc

Co-Author(s):
Karen Rosenthal,
Community Access, Inc.,
Rachel Easterly,
Community Access, Inc.

Duysal Karakus is a social worker and practice specialist at Community Access. She has professional and volunteer experience working with various NGO's and non-profit agencies both in Turkey and the States. She is passionate about using social work and human rights advocacy experience to address social justice related issues in service provision and uses a harm reduction approach as a foundation to her work. Duysal strongly advocates for providing alternative services for individuals who have mental health diagnosis, actively use drug/alcohol, have drug/alcohol use histories and have experiences related to sex work.

There is no 'Us' vs. 'Them': Combatting Organizational and Worker Stigma

Community Access, Inc. provides services for individuals who have experienced stigma and discrimination not only related to their drug/alcohol use and sex work experience, but from additional "labels" they experience connected to their psychiatric diagnosis, histories of incarceration, homelessness and health concerns. As we know from the research, stigma expressed by direct service workers towards people is entrenched and problematic. Therefore, at Community Access we vigorously pursue and implement agency-wide stigma and discrimination reduction practices so that we are not contributing to iatrogenic services that harm rather than help and heal.

This presentation describes how Community Access combats workforce stigma via training and hiring practices, the use of person-first language, the intake process and agency policies & documentation. This presentation helps harm reduction specialists to learn more about mental health stigma & discrimination and it has a special focus on how a harm reduction approach can be used for de-stigmatizing individual's mental health experiences and behaviors. It provides in depth information about how mental health diagnostic criteria contributes to stigma attached to certain diagnosis and how it can be challenged organizationally.

KEENEY, Elizabeth

The Bronx Defenders

Co-Author(s):
Emma Ketteringham,
Family Defense Practice

Elizabeth Keeney has been a social worker at The Bronx Defenders since 2009 and supervising since 2012. She completed an MSW and an MPA in Social Policy at Columbia University. During her graduate studies, Elizabeth interned with The Bronx Defenders and the Open Society Institute's International Harm Reduction Development Program, where she fell in love with harm reduction.

Emma Ketteringham started at The Bronx Defenders as a criminal defense attorney and is now Managing Attorney of the Family Defense Practice where she supervises attorneys representing parents accused of child abuse and neglect. Emma was also Director of Legal Advocacy for National Advocates for Pregnant Women.

Holistic Defense as Harm Reduction: Stories from 161st Street

Low-threshold and holistic service provision has long been a defining feature of harm reduction programming. The Bronx Defenders' model of holistic defense shares those tenets of harm reduction philosophy, providing holistic, and client-centered criminal defense, family defense, civil legal services, social work support and advocacy to indigent people of the Bronx.

This workshop, co-facilitated by the Supervising Social Worker for the Criminal Defense Practice and Managing Attorney of the Family Defense Practice, will focus on the ways in which holistic defense breaks down traditional barriers between impoverished communities and legal service providers and reduces the punitive harms individuals and families experience because of drug-related allegations in criminal and family court proceedings. Outreaching and organizing with the community to provide legal education and rights trainings, defending individuals in the courtroom and partnering with allies and neighbors at the policy level to decriminalize drugs, Bronx Defenders advocates fight stigma, profiling, arrest, incarceration of, and collateral consequences to, drug users. Despite working in systems that perpetuate outdated, racist and baseless notions about drug use, addiction and recovery, interdisciplinary teams are able to keep folks out of jail, reunite them with their kids and minimize collateral damages in housing, immigration and benefits.

KELLOGG, Scott

New York University

Scott Kellogg, PhD, is a Psychotherapist at the Chairwork/ Schema Therapy Treatment Project and a Clinical Assistant Professor in the New York University Department of Psychology. He is the President-Elect of the Division on Addictions of the New York State Psychological Association and one of the Directors of the Harm Reduction and Mental Health Project at NYU.

Toward a Humanistic Addiction Psychotherapy

Drawing on the wisdom and insights of Harm Reduction Psychotherapy, Relapse Prevention, Gestalt Chairwork, Schema Mode Therapy, and other psychological approaches, I have been engaged in an on-going project to create a model of Addiction Psychotherapy that is humanistic, progressive, and effective. This presentation will introduce this model to the participants. At present, this therapeutic work is centered on these treatment components:

- Therapeutic Alliance — The therapeutic alliance is seen as being central to any addiction work.
- Gradualism — While the ultimate goals of the work are to help patients achieve abstinence, moderation, or a non-addictive relationship with their substances, this is done within a Gradualist framework in which change is fostered one small step at a time.
- Multiplicity and Complexity — patients are understood as containing many parts, voices, and selves and the patient's problems and strengths are understood within this vision of the self.
- Motivational Work — Using the Decisional Balance and the Gestalt Chairwork Technique, enactments are created that allow the parts that are invested in the continued use of substances to encounter the parts that want something different. Personally meaningful solutions begin to emerge out of the creative encounter of these polarities.
- Horizontal and Vertical Dimensions — The work alternates between the horizontal work — which addresses the problematic use of drugs — and the vertical work — which works with the underlying pain and anguish.
- The Full Range of Techniques — The therapy draws on the full range of harm reduction, relational, cognitive, behavioral, existential, and experiential techniques to help foster change and healing.
- Contingency Management — The use of Positive Reinforcement systems is a foundational component of this therapy as it is a deeply empowering way to help patients begin the journey of change and recovery.

Time permitting, clinicians will be invited to consult on difficult clinical situations.

KIDORF, Michael

Johns Hopkins University SOM

Co-Author(s):
Van King,
Johns Hopkins University SOM,
Jessica Peirce,
Johns Hopkins University SOM

Dr. Michael Kidorf is an Associate Professor of Psychiatry at the Johns Hopkins University School of Medicine, and Associate Director of the Addiction Treatment Services at Hopkins Bayview (ATS). He has worked closely with Baltimore Needle Exchange Program for the past 15 years to develop and evaluate strategies to bridge syringe exchange and substance abuse treatment participation. Dr. Kidorf has also used the ATS treatment setting to conduct a wide range of clinical studies evaluating novel models of care for improving treatment engagement and outcome in substance users.

Benefits of 15-Years of Harm Reduction Research in Syringe Exchange

This panel will include three presentations covering the past 15 years of our work in the Baltimore Needle Exchange Program (BNEP) and an overall discussion of these findings and their implications. The first presentation by Dr. Van King will characterize the high prevalence of substance use and psychiatric disorders in this subgroup of injection drug users and how these variables relate to their HIV drug use and sexual risk behaviors. This data will show that the BNEP is very successfully reaching a very vulnerable and otherwise difficult-to-reach population of injection drug users. In the second presentation, Dr. Michael Kidorf will review data on the generally low rates of substance abuse treatment participation in syringe exchange users and the benefits of using behavioral reinforcement and other motivational interventions to increase enrollment into substance abuse treatment. Data will be presented to show that these interventions are associated with increased rates of treatment entry and reduced rates of drug use and injection risk behavior, and that these good outcomes were sustained over at least one year. Findings will also be presented on strategies to get treatment drop-outs re-engaged in substance abuse treatment services. The third presentation by Dr. Jessica Peirce will report on the high rates of traumatic event exposure and re-exposure in BNEP participants, and how these variables relate to drug use, HIV risks, and treatment-seeking. Dr. Kidorf will moderate the discussion, provide an overall summary of this work, and discuss its implications for present and future efforts. This summary will include a discussion of the use of social support and network interventions to enhance reductions in HIV risk behaviors and transform personal social environments to support recovery efforts in these injection drug users. Creating opportunities for structured interactions between injection drug users and underutilized drug-free community resources hold considerable potential to enhance the strong harm reduction benefits of syringe exchange participation and reduce stigmas for the disorder and its treatment often faced by this vulnerable population.

KINKAID, Hawk

HOOK ONLINE / Rentboy.com

Born and raised in the Midwest, Hawk Kinkaid is the founder and current president of HOOK ONLINE (hookonline.com), the American-based harm reduction non-profit project by, for and about men in the sex industry started in 1997. HOOK ONLINE's programs include Rent University (rent-u.com), a workshop series for sexworkers. He participates at conferences internationally including the European Network on Male Prostitution, Gay Men's Health Summit, National Harm Reduction Conference, the first Southern Summit on Sex Work and the 2013 Sexual Freedom Summit. Recently, he became the first COO for Rentboy.com.

Bodies of Work:
How Men in the Sex Industry Respond to Harm Reduction Messaging

Your goal may be now (or in the future) to reach this large audience of sexually active men (cis and trans) working in the sex industry, but this amorphous audience may not be getting your message. Find out why. This workshop focuses on the evolving facets of the indoor/online sex industry, the many identities of men choosing to work in the sex industry and how you can hone your approach to speak with men working in the sex industry (even if they are already in your programs!) in themes and concepts that resonate with their experiences. The workshop compiles existing research as well as two decades as the only grassroots non-profit project and program by, for and about men in the sex industry. We'll include insights culled from other programs as well as have a group conversation about what is and is not working for your program.

KINNARD, Elizabeth

Brown University

Co-Author(s):
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Thomas Kerr, *Department of Medicine, University of British Columbia*,
Brandon D.L. Marshall, *Department of Epidemiology, Brown University*

Elizabeth Kinnard is a recent graduate of Brown University, where she earned a B.A. in Public Health. This fall, she will return to Brown as a Master of Science candidate in Behavioral and Social Sciences Intervention, focusing on reducing harm among people who use drugs. Lizzy has worked on various harm reduction projects in the U.S. and abroad to prevent overdose and transmission of infectious disease, as well as promote health and social equity for people who use drugs. Her advisor at Brown University is Brandon Marshall, PhD, who is a member of the evaluation team of InSite in Vancouver, BC.

An Evaluation of Syringe Disposal Methods and Drug Use Behavior Change Following the Opening of a Supervised Injecting Facility in Copenhagen, Denmark

Background: In Denmark, the first standalone supervised injecting facility (SIF) opened in Copenhagen's Vesterbro neighborhood on October 1, 2012. The purpose of this study was to assess whether use of services provided by the recently opened SIF was associated with changes in injecting behavior and syringe disposal practices among people who inject drugs (PWID). We hypothesized that risk behaviors (e.g., syringe sharing), and unsafe syringe disposal (e.g., dropping used equipment on the ground) had decreased among PWID utilizing the SIF.

Methods: Between February and August of 2013, we conducted interviews using a survey (in English and Danish) with forty-one people who reported injecting drugs at the SIF. We used descriptive statistics and McNemar's test to examine sociodemographic characteristics of the sample, current drugs used, sites of syringe disposal before and after opening of the SIF, and perceived behavior change since using the SIF.

Results: Of the interviewed participants, 90.2% were male, and the majority were younger than 40 years old (60.9%). Three-quarters (75.6%) of participants reported reductions in injection risk behaviors since the opening of the SIF, such as injecting in a less rushed manner (63.4%), fewer outdoor injections (56.1%), no longer syringe sharing (53.7%), and cleaning injecting site(s) more often (43.9%). Approximately two-thirds (65.9%) of participants did not feel that their frequency of injecting had changed; five participants (12.2%) reported a decrease in injecting frequency, and only two participants (4.9%) reported an increase in injecting frequency. Twenty-four (58.5%) individuals reported changing their syringe disposal practices since the opening of the SIF; of those, twenty-three (95.8%) changed from not always disposing safely to always disposing safely (McNemar's test p-value < 0.001).

Conclusions: Our findings suggest that use of the Copenhagen SIF is associated with adoption of safer behaviors that reduce harm and promote health among PWID, as well as practices that benefit the Vesterbro neighborhood (i.e., safer syringe disposal). As a public health intervention, Copenhagen's SIF has successfully reached PWID engaging in risk behavior. To fully characterize the impacts of this and other Danish SIFs, further research should replicate this study with a larger sample size and longer follow-up.

KIRSCHNER, Jennifer

Baltimore Student Harm Reduction Coalition

Co-Author(s):
Michael Gilbert, *Harvard SPH Student Harm Red. Promotion Society,*
Dinah Lewis, *Baltimore Student Harm Reduction Coalition*,
TBA, *Student Global AIDS Campaign*

Jennifer Kirschner is a Certified Health Education Specialist (CHES) and founding member of the Baltimore Student Harm Reduction Coalition (BSHRC). One of her responsibilities as the staff person for BSHRC includes overseeing their Overdose Education & Naloxone Distribution Pilot Project, which targets both potential bystanders of opioid overdose and health professionals who interact with people who use opiates. Jen received her MSPH in Health Education and Health Communication in 2012 and is passionate about overdose prevention, comprehensive sex and sexuality education, combating stigma, and winning Spider Solitaire.

Engaging University Students in Harm Reduction (Education, Advocacy, & Service): Lessons from the Field

Although young adults are the greatest consumers of illicit drugs in the US, we have been underutilized in harm reduction and drug policy efforts. But, often in the shadow, students at colleges and universities across the US are fighting for harm reduction initiatives, like naloxone distribution and comprehensive sex education. During this panel, students from several organizations will talk about the harm reduction-related education, advocacy, and service work they've done on and around their campuses. Panelists will share and discuss lessons learned and we will dedicate time to Q & A. Audience members will leave with practical insights for engaging students and other young adults in harm reduction-related programming and projects.

KLEMS, Julia

Co-Author(s):
Jane Pham, *San José State University MPH Program*,
Henry Fisher Raymond, *San Francisco Department of Public Health*

Julia Klems is a Master in Public Health student at San José State University, on a quest to bring her harm reduction experience to public health practice, starting with assistance in analysing epidemiological surveillance data. She has worked as a lay clinician and counselor in the Hepatitis Section at the Berkeley Free Clinic, and as overdose prevention coordinator at NEED, Berkeley's needle exchange program.

Hepatitis C Status' Influence on the Decision To Receptively Share Injection Equipment: Injectors in San Francisco, 2012

Receptive sharing of drug-injection equipment bears a significant risk for infection with hepatitis C virus (HCV). HCV infection is sufficiently prevalent among US injection drug user (IDU) communities in order for users to be aware that their injection partners may be infected and represent a transmission risk. Few studies, however, have examined whether the knowledge of one's own hepatitis C status significantly influences the decision whether to engage in receptive sharing ("following") of injection equipment, and conflicting conclusions have been reached in the limited research on the subject.

We examined cross-sectional self-report data from San Francisco IDUs interviewed during the 2012 Round of the CDC's National HIV Behavioral Surveillance Survey (NHBS) to determine if those who had tested negative for HCV or had undergone treatment for hepatitis C were more likely to refrain from following with injection equipment than those who had been diagnosed HCV-positive and were untreated. After stratifying by known confounders, we found that all but a few strata showed no such association. This suggests that other factors, such as having housing, access to injection equipment resources, comparatively higher concern about HIV acquisition, and cultural factors associated with ethnicity and injection-length cohort exerted greater influence over the decision to follow than did apparent concern about HCV seroconversion. Implications for intervention practice will be discussed.

KRAL, Alex

Harm Reduction Coalition

Co-Author(s):
Pete Davidson

Alex Kral has been conducting research focusing on substance use in community settings for two decades and is a long-time board member of the Harm Reduction Coalition.

Using Drugs Safely in Bathrooms of Community Based Organizations

It is a well-known secret that people sometimes use illicit drugs in bathrooms of all kinds of community based organizations (CBOs). Lesser known, and a bigger secret, is that some CBOs systematically make it feasible for drug use to happen in their bathrooms. This is often done for safety reasons, precipitated by overdoses in their bathrooms or finding potentially infectious blood on various bathroom surfaces. Because it is illegal to use drugs, having drug use occur in bathrooms of CBOs puts the person using the drugs as well as the CBO at risk of criminal prosecution. If it can be shown that CBOs are knowingly allowing illicit drug use in their bathrooms, they also risk having their funding revoked or non-renewed as well as eviction. This leaves CBOs with having to make very difficult decisions, balancing reducing mortality and morbidity with the threat of criminal prosecution and extinction of their programs. Given these realities, it is not surprising that there is almost no evaluation of this public health intervention, as no CBO would want its attendant unwelcome attention. Since March of this year, we have provided program evaluation technical assistance to an un-named CBO in an un-named part of the United States. This presentation will involve sharing quantitative data on drug use in a bathroom of a CBO, discussing the complex logistics of allowing and evaluating drug use happening in bathrooms, and providing an open forum for discussing next steps along the harm reduction continuum.

LANGIS, Gary

independent

Co-Author(s):
Humberto Sanchez, *Boston Public Health Commission,*
Mary Wheeler, *Health Innovations*

Currently Gary is a technical assistance specialist at Educational Development Center (EDC) working on the State funded (Massachusetts Technical Assistance Partnership for Prevention) MassTAPP. MassTAPP provides TA for state funded Underage Drinking, MassCall2 overdose prevention, and Partnership for Success grants throughout the State of Massachusetts. He also provides Naloxone enrollment through Massachusetts Department of Public Health's Narcan Pilot Program.

Mary Wheeler, Director of Healthy Streets Outreach program. Has several years' experience both in underground and state Narcan pilot site.

Humberto Sanchez, Manager of the Boston Public Health Commissions' Narcan Pilot Site.

Sleeping with the Enemy

Overdose Education and Naloxone Distribution (OEND) in Massachusetts is the result of joint public health system and community advocate efforts fueled by unacceptable levels of death and sorrow. OEND efforts began in the late 1990s by a few committed activists who were working with injection drug users in Massachusetts who were tired of seeing their friends, family members and program participants die from preventable overdoses. They obtained naloxone from some colleagues in the harm reduction movement and began informally distributing it to drug users. They collaborated with needle exchange staff at a Massachusetts AIDS Service Organization to present the need for an OEND program to agency leadership and public health officials at the city and state level. At this time, there was little interest in adopting what was seen as a controversial and untested intervention, so the activists continued their distribution of naloxone without "official" approval or oversight from a medical professional. The harm reductionists who were distributing naloxone recognized that while they were putting lifesaving tools into the hands of drug users, they were also putting programs and participants who distributed or carried naloxone at risk for legal complications. (HRC)

Since 2007 Massachusetts has been providing Naloxone through its OEND program beginning with 8 pilot programs. The program has expanded to 24 locations, incorporated Police and Fire Departments, and Parent Support Groups, into program. Work has also taken place in communities dealing with opioid overdose to build infrastructure within municipalities to address both non-fatal and fatal overdose. In 2012 Massachusetts passed Good Samaritan legislation. In April of 2014 Governor Deval Patrick declared a Public Health Emergency on Opioid use and Overdose putting 20 million dollars in place to address the problems.

Many of the activists that provided these services on the underground with limited funding but much support continue to advocate for these services today, some from behind the scenes, others working on the front lines and in lobbying and policy work.

The panel will discuss how their work has evolved and how bridges were built with former adversaries, from being arrested to fostering relationships with medical, state, municipalities, prisons, and law enforcement members that have arrested us in the past. Also the changing cultures within the institutions

Presentation:

- Will explore the strategies used to incorporate this from an activist level to statewide distribution working with unlikely partners.
- Changing culture in the activists and law enforcement
- Working with municipalities, city budgets and local health departments
- Working to change local social norms

Participants will walk away with strategies to work with a wide range of community members and mobilize coalitions in their community to address overdose at several levels.

LAVENDER, Jamie

Harm Reduction Therapy Center

Co-Author(s):
Ashley Merriman,
Tenderloin Housing Clinic

Maurice Byrd is a therapist with the Harm Reduction Therapy Center where he provides mental health services in community programs and private practice. He has an MS in Counseling Psychology and is currently working toward an MFT license. He is a Certified Anger Management Facilitator. Since beginning his work in CBO's in 2004, he has facilitated groups focusing on anger management, substance use issues, and harm reduction, including a unique Harm Reduction Marijuana Group that he led for nearly seven years at a jail diversion project in San Francisco. He has worked diverse populations in a wide range of settings, including high schools, San Francisco County jails and San Quentin prison.

Harm Reduction Groups

All groups are therapeutic. They give the feeling that "I am not alone" and instill hope as individual group members get better. People also experience their strengths — they can be helpful as they are being helped. What makes a harm reduction group different from traditional substance use treatment groups? Harm reduction groups welcome, integrate and work with people at all points on the continuum of drug use and at all stages of change. They give drug users a sense of belonging in a treatment world that values abstinence over all else. This workshop will present group models in community drop-in settings and in supportive housing. The building of group culture and of community is powerful in both settings, but is quite distinct. Workshop leaders will share group norms and examples of group interactions. They will conduct a short demonstration group.

LAVENDER, Jamie

Harm Reduction Therapy Center

Co-Author(s):
Teresa Lopez-Castro,
Center for Optimal Living

Jamie Lavender is a licensed Marriage and Family Therapist. For 9 years, he has been a staff psychotherapist and Community Program Coordinator with the Harm Reduction Therapy Center, providing individual and group psychotherapy to people with substance use issues in low-threshold community mental health settings and private practice, oversees the care of 400 clients by five staff in two community-based drop-in centers, and provides training and clinical consultation for staff at a variety of community-based organizations. He has also worked with children and families, adults navigating the criminal justice system, and with opiate users accessing opiate replacement treatment.

Harm Reduction Therapy Is Trauma-informed Treatment

The majority of people who misuse substances have a histories of trauma, including childhood physical or sexual abuse or neglect, rape, abusive adult relationships, or combat experiences. Less well-documented in the trauma literature are experiences of racism, poverty, and immigration. This workshop will discuss how such traumatic experiences affect people at the levels of experience, symptoms, and biology. The relationship between trauma and drug use will be clear. The workshop will then present all of the ways in which harm reduction therapy is trauma-informed, and will make recommendations that can be incorporated into anyone's practice or agency.

LEONARD, Lynne

HIV and HCV Prevention Research Team, U of Ottawa

Co-Author(s):
Andree Germain, *HIV and HCV Prevention Research Team, U of Ottawa,*
Rob Boyd, *OASIS Program, Sandy Hill Community Health Centre*

The presenters comprise academic and community-based researchers and front line harm reduction service providers experienced in the distribution of harm reduction materials and services to people who smoke crack.

Staying Safe on Crack Cocaine

This workshop will:

- Provide and discuss the scientific evidence base to scale up harm reduction programs to include the provision of safer inhalation resources for people who smoke crack cocaine.
- Provide and discuss the evaluation results of a safer inhalation program in Ottawa, Canada.
- Demonstrate the recommended devices to smoke crack based on published best practice recommendations and results of focus groups and interviews among people who smoke crack.

LERMAN, Karen

Harlem United

Co-Author(s):
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Rebecca Goldberg, *Harlem United,*
Becky Smith, *Harlem United*

Karen Lerman, Managing Director of Harm Reduction and Recovery Support Services, has been working in the field of social services for 12 years; she has spent the past 7 years focused on harm reduction services, where she has provided administrative oversight and guidance to numerous programs within Harlem United Community AIDS Center. With a background in Social Work and Public Health, Karen understands the unique intersection of prevention and intervention, and how the two work in tandem to diminish health disparities and advance public health efforts.

A Harm Reduction Approach to Measuring Outcomes in a Structured World

Harlem United Community AIDS Center, Inc (HU) holds true to a harm reduction approach to working with clients across the agency. We are often faced, however, with the competing demands of funders and to the policy landscape, in general, to produce tangible outcomes for system-level and client-level service provision. HU routinely incorporates evaluation into program management and extracts "lessons learned" from activities to improve programming and develop solutions to program and organizational challenges. As HU has learned, for evaluation activities to be successful they need to be parsimonious — objective, relatively limited in scope, and integrated, as much as possible, with existing tools and procedures and the values of the agency. To ensure the greatest impact, HU's evaluation processes are "staff-owned and operated." All levels of HU staff routinely collaborate with the evaluation team and data managers on project design, tools and procedures, evaluation plans, and use data to make informed decisions about service provision. In 2014, the Harm Reduction program embarked on an endeavor to measure harm reduction outcomes for clients participating in the Healthy Living Project EBI.

This workshop will present a general overview of the Harlem United's quality management system, focusing specifically on the integration of outcome evaluation with client and funder needs. We will present a step-by-step process of evaluating an evidence-based intervention that includes generating staff and client buy-in, measurement development, and outcome evaluation. The workshop will also offer members of the harm reduction community the opportunity to participate in a dialogue about strategies for ensuring adaptability to funder requirements and shifting policy landscapes while still holding true to their mission and model.

LESSIN, Barry

Co-Author(s):
Stephanie Josephson,
Drexel University Medical School,
Denise Cullen, *Broken No More*

Barry Lessin is an addiction psychologist in private practice in Philadelphia with over 35 years experience working with adolescents, young adults, and their families.

He is also the Clinical Director of Broken No More, a non-profit organization whose mission is to advocate for drug policy reform, reality-based drug education, and effective substance use treatment.

Effective Parenting Using Harm Reduction Principles: Strategies to Empower Yourself and Your Children

Children growing up in marginalized communities can have unique challenges in developing self-efficacy and positive self-worth. Parents of children have to cope with the effects of their own marginalization and to meet the demands of their children's struggles as they cope with stigma and exclusion.

LGBTQ parents and parents of drug misusers are two examples of parent populations whose own stigmatization and that of their children often creates conflicts for the children that can result in childrens' emotional and behavioral problems that the parents must contend with.

The presenters will demonstrate how harm reduction principles that have informed effective public health contexts can be used to empower parents to be more confident and effective in raising children in marginalized communities.

Specific parenting strategies and approaches will be identified that integrate harm reduction principles with existing non-stigmatizing, collaborative, strength-based parenting approaches that have been developed for working with children with oppositional behavior ("The Explosive Child", Ross Greene, 2010) and with drug using children ("Addiction Proof Your Child", Stanton Peele, 2007).

The discussion will embrace a developmental perspective to parenting and will cover the periods from infancy through young adulthood.

LEVIN, Mary

Georgetown University School of Medicine

Co-Author(s):
Kali Lindsey, *amfAR*,
William McColl, *AIDS United*

Ms. Levin has been working in the field of HIV disease for 26 years. This work has taken her to Brazil, Barbados, Rwanda, Sri Lanka, Thailand, Canada, Switzerland, Ukraine, South Africa, India and the US. Her focus has been on managing programs to meet the needs of vulnerable and marginalized communities (youth, injection drug users, sex workers, etc) and the health care providers who serve them, as well as to recruit partners outside of the health sector (government, transport, the press, private sector) to address HIV. She works as independent consultant (currently working with amfAR) and is an Associate Professor at the Georgetown University School of Medicine.

Syringe Exchange: Public Health Meets Public Policy — Making the Case for Getting Support

Summary: Funding and political support continue to be issues for harm reduction services, perhaps most prominently because Congress restored the ban on the use of federal funding for syringe exchange in 2011. This workshop will review current policy efforts at the national and local levels, new data, best practices, and tools for advocacy. Participants will have an opportunity to engage in advocacy onsite during the workshop.

Background: After a two-year reprieve, Congress restored the 21 year ban on the use of federal funding for syringe exchange. This was both surprising and discouraging given that syringe access is among the most effective and well-researched methods of HIV prevention available. In response, advocates re-evaluated their efforts, taking a harm-reduction approach, meeting policymakers "where they are at". New partners, new messages and new data informed this response. It involved a broader look beyond HIV to include viral hepatitis, prescription drug misuse, drug overdose, access to drug treatment, health disparities among African-Americans and Latinos, economics, public safety, and local perspectives. There are new and ongoing efforts to take a fresh look at the issue, not only among politicians but among health, law enforcement, religious authorities, and local service providers.

Approach: Advocacy regarding the expansion of harm reduction services faces many ongoing challenges. Firstly, the restored ban on the use of federal funds for syringe exchange often causes local and state officials to withhold their support. Secondly, myths and misunderstandings still persist despite abundant and unambiguous data about their success. Because of this, HIV, harm reduction, and other coalitions must keep organizing and mobilizing to increase the knowledge about syringe exchange and other harm reduction services. However, given the demands of service provision, individuals and programs often do not have the capacity to develop and test advocacy materials and approaches. In partnership with a coalition of national and local organizations, a collection of "ready to use" materials have been developed and successfully utilized to meet this need.

Methodology: A presentation on the history of the ban and current efforts will be followed by a walk-through of the various advocacy tools now available. This will include showing a ten minute film which has been used in a congressional briefing, fundraising for a local syringe exchange, and the sensitization and mobilization of medical professionals. After a robust discussion and question and answer session, participants will utilize another tool presented by engaging in a call-in to their congressional representatives.

LIN, Jessica

San Francisco AIDS Foundation

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Alicia Ayala,
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Albert Plenty,
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Edwin Charlebois,
University of California San Francisco,
Co-Presenter

The PACE (Pacing Alcohol Consumption Experiment) is a collaboration between the San Francisco AIDS Foundation and Center for AIDS Prevention Studies at the University of California at San Francisco to examine connections between alcohol consumption and HIV risk among gay, bi, and trans men in the San Francisco Bay Area.

"I just have learned to feel my body and how I feel": Alcohol management techniques among bar-going gay and bisexual men

Background: Research shows that alcohol consumption is linked to unsafe sexual behavior, decreased safer sex negotiation, condom failure, and risks for HIV acquisition and transmission. Among gay and bisexual men, the prevalence of alcohol use during sex is estimated to be particularly high. However, much remains unknown about their drinking behaviors and techniques for managing alcohol intake.

Methods: We conducted semi-structured qualitative interviews with 50 men recruited at gay-identified bar and club settings in San Francisco and Oakland, CA. Men were eligible to participate if they: 1) were over 21 years of age; 2) spoke English; 3) self-identified as a gay or bisexual male; and 4) had consumed alcohol on the day in which they were recruited. We used grounded theory to identify and analyze participants' perceptions of community drinking norms and adoption of drinking management techniques. Interviews were transcribed and coded using Atlas.ti by a team of coders.

Results: Men described a number of social and environmental factors that influenced their drinking patterns, including a bar culture of cheap, strong, and often free drinks; the prevailing usage of bars as a primary venue for gay men to socialize and cruise; the influence of friends on drinking behaviors; and the desire for social connectedness. Although they frequently described situations of drinking more than intended or being unable to maintain control over their actions, participants also discussed successfully implementing harm reduction techniques to manage alcohol intake. Pacing alcohol use with water or food; drinking lower or fixed alcohol content beverages (such as beer) rather than mixed drinks; bringing a set amount of cash for the night; and selectively choosing one's drinking company were among the different techniques described by participants. Our findings suggest potential pathways for both individual and structural level interventions to reduce alcohol-associated harms.

LITTLE, Jeannie

Harm Reduction Therapy Center

Co-Author(s):
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Tenderloin Outpatient Clinic

Jeannie Little is a Licensed Clinical Social Worker with 25 years' experience working with dual diagnosis of substance abuse. She is Executive Director of the Harm Reduction Therapy Center, a non-profit providing harm reduction treatment for drug and alcohol users. Since 1990 Ms. Little has been at the forefront of developing harm reduction treatment services for complex dually diagnosed clients. She trains and provides ongoing consultation to staff in outpatient clinics, outreach and drop-in centers, case management programs, and housing. She is co-author of the books Over the Influence: The Harm Reduction Guide for Managing Drugs and Alcohol and Practicing Harm Reduction Psychotherapy.

Transforming your Agency, Transforming your Practice

What does it take to practice harm reduction? It takes willingness to practice radical neutrality and radical compassion; to tolerate, accept and understand difficult behaviors; to be taught by our clients and to truly view them as experts of their own experiences, capable of self-determination and autonomous decision-making; to relinquish the role of authority, judge or expert; and to partner with our clients. It takes the belief that people know what they need; that people will tell the truth if they have no cause to fear punishment for doing so; that any step is progress; that complexity is good; that ambivalence and resistance are natural parts of any change process; and in the power of relationship over technique. Practicing harm reduction requires commitment, training and self-reflection on the part of practitioners. It also requires the adoption of entirely new policies and procedures for agencies or practitioners who have adhered to abstinence-only values. This workshop will offer experiences of transformation and a roadmap for the steps that it takes to make such a transformation.

LOPEZ, Luis

FIT, New York State Psychiatric Institute

Co-Author(s):
Forrest 'Rusty' Foster, *FIT, New York State Psychiatric Institute,*
Nancy Covell, *FIT, New York State Psychiatric Institute*

Luis O. Lopez, MS, is an Implementation Specialist for the Focus on Integrated Treatment (FIT) Initiative at the Center for Practice Innovations (CPI), Division of Mental Health Services and Policy Research, New York State Psychiatric Institute. Luis joined the CPI team in February. He has been involved in the implementation and application of Evidence Based Practices since 2003. He has facilitated educational sessions on Ethics, TraumInformed Care, Motivational Interviewing, Integrated Treatment, Family Psycho-Education, Cultural Competency, Stages of Change, Harm Reduction, WRAP and Wellness Self Management. Luis has presented at 30+ conferences — including the NYS-OMH ACT Conferences.

Teaching Harm Reduction Strategies by Using Distance Technology

Harm reduction is one of the most important clinical disciplines and practices in our work today. Arguably, this has been the case for the past 15 years. Most of the current practices, including the Evidence Based Practices, incorporate harm reduction as part of their methodology. Even so, many agencies, programs, and clinicians continue to encounter challenges with this approach.

The Center for Practice Innovations (CPI) at Columbia Psychiatry and the New York State Psychiatric Institute supports the New York State Office of Mental Health's mission to promote the widespread availability of evidence-based practices to improve mental health services, ensure accountability, and promote recovery-oriented outcomes for consumers and families. As part of this mission, CPI supports teams throughout NYS with their implementation of harm reduction practices, such as Motivational Interviewing, CBT, and Stage Wise Treatment. CPI has also worked with teams to help develop a culture of positive attitudes toward harm reduction.

For the past 3 years, we have worked with NYS Assertive Community Treatment (ACT) Teams in the area of Harm Reduction, Reflective Listening and Rolling with Resistance – Motivational Interviewing techniques. ACT teams are mobile clinical teams that provide treatment in the community to people, many of whom have co-occurring mental health and drug and alcohol problems.

This presentation will review our approach to teaching Harm Reduction, as well as our experiences with NYS agencies using distance technologies to support and teach harm reduction. The presentation also will illustrate some of the challenges ACT Team clinicians encounter with the practice of Harm Reduction. Finally, the presentation will focus on how CPI assists teams with their implementation of a Harm Reduction approach in their programs.

LORVICK, Jennifer

Urban Health Program, RTI International

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Christina Powers, *RTI International,*
Christopher Krebs, *RTI International,*
Alex H. Kral, *RTI International*

Jennifer Lorvick conducts community-based research in San Francisco and Oakland, CA. Her current work focuses on the influence of the criminal justice system on health disparities among women who use drugs.

Community Corrections among Women who use Drugs in Oakland, CA

This presentation will explore the influence of community corrections on health and harm among women who use drugs in Oakland, California. The vast majority (85%) of women involved in the criminal justice system are in "community corrections," meaning they are on either probation or parole. In community corrections, women are subject to the authority of the criminal justice system while living in community environments that can be challenging in terms of avoiding harm. On one hand, the link to the criminal justice system could facilitate access to services that may reduce harm in community settings, such as housing and health care. On the other, being under criminal justice system supervision may contribute to instability and stigma. In a community-based study of 700 women who use drugs in Oakland, we found that women in community corrections, compared to those not in the criminal justice system, experience a higher prevalence of harms such as homelessness and violent victimization, while receiving little in the way of enhanced access to resources. Potential strategies to reduce harm among women in community corrections will be explored.

LYNCH, Pamela

MIWhoSoEver

Co-Author(s):
Tyler Michley, *MIWhoSoEver*

Pamela Lynch, is Co-Director of a small CBO in Traverse City Michigan named MIWhoSoEver, and an addictions therapist at Northern Lakes Community Mental Health. She has nearly 20 years experience establishing syringe access, and harm reduction programming in rural and urban settings in different areas of the United States.

Syringe Access in Rural Red Places

Syringe Access in many areas of this country is still a challenge. Rural northern Michigan is an area in which drug war ideology and practice is deeply entrenched while volumes of people contract Hepatitis C and other blood born pathogens through the sharing of used injection equipment. This presentation will discuss information,issues and experiences that have been part of the process of establishing rural northern Michigan's first and oly harm reduction program.

MADDOX, Leigh

Law Enforcement Against Prohibition

Moving the Reform Conversation from Marijuana to Herion: Perspectives from Cops, Docs and Clergy

This panel discussion will focus on helping the harm reduction community with the background and language necessary to help move mainstream drug policy reform discussion from cannabis to other drugs, specifically heroin. Perspectives will be offered by leading experts in law enforcement and medicine. Acknowledging the importance of restoring the communities harmed by the multigenerational war on drugs, clergy will also offer a perspective for future steps.

The focus will be on building alliances to promote wellness and community.

MARS, Sarah

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George Karandinos,
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Daniel Ciccarone, *University of San Francisco, Callifornia*

Sarah Mars is a researcher at the University of San Francisco, California. Her interests include addiction, injectable drugs and user activism. Originally from the UK, where she studied the history of prescribing in the treatment of addiction (published as 'The Politics of Addiction'), she has lived in the US for 11 years. She very much enjoyed last year's Harm Reduction conference in Portland.

"Wow I want some of that!" Explaining patterns of heroin overdose on the East and West Coasts of the United States

Most of the heroin sold on the West Coast is Mexican-sourced "black tar" and "gunpowder", while the East Coast's supply is chiefly Colombian-sourced powder heroin. Recent research from our Heroin Price and Purity Outcomes Study found geographical differences in the number of admissions to hospital for heroin overdose, controlling for purity, in areas with black tar and gunpowder compared with areas with powder heroin. To consider what might be causing these variations, we carried out ethnography and in-depth interviews with heroin injectors in the cities of San Francisco (black tar/gunpowder heroin) and Philadelphia (powder heroin). We found that there were important differences between the two cities in the way heroin was distributed, marketed and prepared for injection which may explain the varying likelihood of overdose. In Philadelphia's open street market, competition though heroin branding and free samples allowed users to share information about the highest purity heroin available on a given day. Users sought out brands thought to have caused overdoses as a sign of high purity. Heroin retailing using personal contacts and beeper/cell phones, more commonly used in San Francisco, may limit users' sharing of information, reducing overdose risk. The amount of water injectors need to dissolve the different heroin source-types and therefore the number of injections required for an equivalent dose may also influence their risk of overdose.

MASON, Kate

South Riverdale Community Health Centre

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Erica Glossop is a partial-load professor at George Brown College in Toronto where she teaches psychology, sociology and cultural studies courses. Her research interests include gender studies, mental health and drug use issues.

Non-fatal overdose and post-traumatic stress disorder (PTSD): A community-based study of drug use in Toronto, Canada

Background: A significant body of evidence exists on the association between exposure to trauma or post-traumatic stress disorder (PTSD) and problematic substance use. However, the relationship between these issues and particular adverse outcomes from drug use, such as non-fatal overdose events, is less well understood. This study sought to evaluate associations between diagnosis of PTSD, individual-level drug use patterns and history of nonfatal lifetime overdose events to determine which characteristics may be most predictive of overdose.

Methods: This study employed a community-based, participatory research approach. The authors used data from a sample of 103 individuals who use illicit drugs and access services in central Toronto. Peer researchers were trained to administer face-to-face interviews at a community based health care centre in central Toronto over a six-week period in 2012. The goal of this analysis was to assess factors associated with a lifetime history of non-fatal overdose events. Factors hypothesized to be associated with the history of lifetime overdose were analyzed in multivariate logistic regression.

Results: 51.5% of participants identified as male and 47.6% as female with a mean age of 47.0 years. The majority was receiving social assistance income

(94.2%) and had stable housing (79.6%). Overall, 97.1% of participants reported a lifetime use of opiates. Roughly, half of the sample had used a total of seven or more opioid drugs in their lifetime. Lifetime use of crack cocaine was also high at 98.1%. Overall, 62% had experienced at least one lifetime non-fatal overdose event and 25% reported a diagnosis of PTSD. Bivariate analysis showed that individuals who experienced at least one non-fatal overdose in their lifetime where significantly more likely to have reported a diagnosis of PTSD, lifetime use of seven or more opioid drugs, as well as use of speedballs (cocaine and heroin together) and benzodiazepines. In the final age and sex-adjusted multivariate model, three variables were identified as independent predictors of lifetime nonfatal overdose; PTSD (4.21; 95%CI, (1.14-15.56); P<.05), lifetime use of speedballs ((3.21; 95%CI, (1.18-8.77); p<.05) and benzodiazepines (2.98; 95%CI, (1.03-8.64); p<.05).

Conclusions: In our cohort, after controlling for demographics and accounting for a lifetime use of drugs/drug combinations known to be associated with overdose, such as speedballs and benzodiazepines, a strong independent association between the risk of lifetime nonfatal overdose and PTSD was found. Given that PTSD may be associated with adverse substance use outcomes, it is important that clinicians and harm reduction services are aware of the relatively high prevalence of the PTSD among people who use drugs, and consider PTSD as a potential intervention target to reduce the risk of overdose. Further investigation regarding this association is merited.

MASON, Kate

South Riverdale Community Health Centre, Toronto

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Zoe Dodd, *South Riverdale Community Health Centre, Toronto,*
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Arlene Pitts is the coordinator of COUNTERfit's Women's Harm Reduction Program and a sex worker activist who has been involved in the national sex worker movement fighting for the decriminalization of sex work in Canada. Arlene is currently studying for her Master's in Public Policy Administration in Law at York University, concentrating her studies on oppressive policies that affect sex workers and women who use drugs. In 2014 she won the Toronto Community Foundation's Vital People Award.

Women & the War on Drugs: Unique Issues, Unique Strategies

Women who use drugs face additional and unique challenges and yet most harm reduction programs, communities and research about drug use continue to underrepresent women and/or fail to address their unique needs and issues.

This workshop will provide a space for women to discuss new research that examines the impact of gender on drug use, as well as share their own experiences of the challenges and strategies of being a woman who uses illicit drugs.

The workshop will present findings from three studies which examine issues of gender and drug use: (1) a community-based, participatory study based on surveys with drug users at a community health centre; (2) an analysis of policies that directly affect sex workers and women who use drugs; (3) an examination of the health and social impacts of child custody loss for women drug users.

In addition to identifying some of the issues, patterns, challenges and strengths of women who use drugs, this workshop will also discuss how class and race intersect with gender and influence how women use drugs and the impact of this use. The workshop will present and invite discussion of strategies and recommendations to address some of the gaps and issues identified.

We would like to propose that this workshop be a women/women-identified only space. If accepted, we will reach out to our contacts in Canada and the US and invite additional women to co-facilitate this workshop to ensure a diversity of backgrounds and perspectives on these issues.

The above authors all share an affiliation with South Riverdale Community Health Centre (SRCHC) in Toronto, Canada. SRCHC's COUNTERfit program runs one of the largest harm reduction programs in Toronto and one of the only harm reduction programs designed specifically for women.

MATA, Hector

Washington Heights CORNER Project

Co-Author(s):
Samantha Olivares,
Washington Heights CORNER Project,
Evelyn Milan, *VOCAL-NY,*
Holly Bradford, *SFDU*

Mr. Hector Mata previously worked as a security guard at Northern Manhattan Improvement Corporation. In his work with NMIC, he became interested in harm reduction and engaged with WHCP staff about the mission and vision of the organization. He began volunteering in 2010 and solidified an investment in helping his community through harm reduction education. Ms. Samantha Olivares has been a Washington Heights resident for the past 15 years. Ms. Olivares began as a volunteer in 2010, became a Peer in 2011, and was promoted into a full-time staff position in 2012 due to exemplary work as the "go to" Peer for participant needs and staffing gaps.

Participant Bathroom Management: let's continue the conversation!

We're enthusiastic to follow up on our bathroom management conversation from the Harm Reduction Conference, hosted at Portland OR, 2012. The following harm reduction topics will be covered during our bi-annual discussion. Does your program have a bathroom for participants to use? How do we have a discussion with the program community about protecting the safety and legality of the program while still recognizing the service a bathroom may provide an injection drug user? What about if you have two bathrooms? Or a shower? How do we work to ensure safety for any private room where overdose may occur? What are your messages about drug use in the bathroom does your program communicate and in what way? What is the future of SEP bathrooms? What are the possibilities for a Safer Injection Facility?

We invite attendees to share their experiences at this round table to critically think about your program and what could be done better to protect participants and staff. This discussion may be particularly helpful for staff who are working in new programs or programs that have added participant bathrooms, to existing programs that may not have the knowledge and experience of those in the room services. We hope that, in the context of SIFs still being illegal this conversation will add to and foster the movement of the conversation that began with this same workshop two years ago.

MATEU-GELABERT, Pedro

NDRI

Co-Author(s):
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Lauren Jessell, *NDRI,*
Anastasia Teper, *NDRI,*
Elizabeth Goodbody, *Oberlin College,*
Travis Wendel, *St. Ann's Corner of Harm Reduction*

Pedro Mateu-Gelabert Ph.D., has extensive research experience on the epidemiology of drug use and HIV/HCV both USA based and internationally. He is currently principal investigator of the NIDA funded research: HIV, HCV and STI Risk Associated with Nonmedical Use of Prescription Opioids.

Prescription Opioid Misuse and Harm Reduction: A missing link?

Background: Rates of nonmedical prescription opioid (PO) use have dramatically increased throughout the U.S. in recent years, particularly among young adults, with concomitant increases in adverse consequences such as emergency department visits, accidental overdose, and opioid dependence.

Methods: Forty-six New York City young adults (ages 18-32) who reported nonmedical PO use in the past 30 days were recruited for digitally audiotaped, 1.5-hour-long, semi-structured interviews. Interviews focused on motivations for and contexts surrounding initial PO use, drug use trajectories and practices, and evolving perceptions of POs versus heroin. Interview data were transcribed and content analyzed for key themes.

Results: Participants' mean age was 25.3 years. Mean age of PO use initiation was 17.9 years. Most initiated PO use in a recreational context with high school peers as part of a poly-substance/poly-pharmaceutical use pattern. Despite initial perceptions of POs as less addictive and safer than illegal drugs, PO misuse often led to long-term opioid dependence and transition to heroin use and drug injection. Within one year or less, 70% (32/46) of the sample eventually began using heroin. The majority of those who had ever used heroin (30/32) also transitioned to, or experimented with, drug injection. Injectors reported sporadic syringe-sharing, frequent sharing of non-syringe injection paraphernalia and selective sharing with fellow injectors who were presumed "clean" (uninfected). Participants reported little knowledge of HCV injection-related risks and safer injection practices. Participants tended to see themselves as distinct from traditional heroin users, were often outside of the networks reached by harm reduction services (e.g. SEPs), and were unlikely to utilize such services.

Conclusions: Young adult nonmedical PO users are at risk of transition to heroin use and drug injection. Prevention efforts targeting this population should aim to prevent escalation of opioid use – in particular to transition to heroin use and drug injection. For those who do inject, increased awareness of safer injection

practices and the HCV risk associated with drug injection is needed. Harm reduction services should make concerted efforts to reach young nonmedical PO users, many of whom, our data suggest, do not use SEPs.

MAYNARD, Robyn

Stella

Co-Author(s):
Liam Michaud, *CACTUS*

Robyn Maynard is an outreach worker at Stella, a Montreal-based sex workers advocacy and service organization. She also writes about the impacts of criminalization at: www.robynmaynard.com

Liam Michaud is a street outreach worker with CACTUS-Montreal, a needle exchange program and harm reduction community centre. He is also involved with AQPSUD, a drug users rights and advocacy group, and STTIC, a harm reduction front-line workers union.

The limits of professionalization in harm reduction: ensuring meaningful participation and supportive workplaces for workers with lived experience.

Harm reduction movements and organizations have become increasingly professionalized in recent years. This has been in part in to secure funding, as well as an attempt to appear more 'legitimate' as a movement. While this has led to certain important gains, this professionalization has come with certain costs: it often involves more bureaucratic workplace practices, less space for directly impacted people in decision-making structures, and a greater distance between workers and service users. Often, people who have a direct relationship to the work, including drug users, sex workers and people living with HIV and Hepatitis C are shut out or tokenized in the process.

This discussion will bring together harm reduction workers with lived experience of sex work, drug use, and HIV and Hep C. Drawing on work with by-and-for / user-led non-profits and union organizing, this workshop will discuss the impacts of professionalization. It will help create strategies about how we can create healthy workplace practice that counters professionalization, puts the principles of harm reduction into practice in our workplaces, and ensures the meaningful support and leadership of workers.

MAZZELLA, Silvana

Prevention Point Philadelphia

Co-Author(s):
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Dr. Laura Bamford, *independent*

Silvana has been the Director of Programs at PPP for the past five and half years. Prior to working at PPP she worked at Philadelphia Department of Public Health, as a Medical Case Manager at an ID clinic and hospital, and before that as a Community Organizer for nearly a decade.

Nidia Flores has been an HIV tester, Outreach Worker, and Harm Reduction Specialist at PPP for the past two years. She is currently the Patient Navigator and assists with Case Management in Clinica Bienestar.

Integrating HIV Primary Care in a Harm Reduction Setting: Challenges and Success and Opportunities for Replication

Background: After African Americans, Latinos represent the racial/ethnic group most burdened by the HIV epidemic in the U.S. Latino injection drug users possess the highest HIV prevalence rate of all ethnic/racial groups. Latinos face multiple barriers to accessing primary HIV medical care which interfere with engagement in HIV care resulting in poorer clinical outcomes compared to Non-Hispanic Whites. PPP is located in the zip code in Philadelphia with the highest prevalence of HIV and where 77 percent of the city's Latino population resides. In the community where Philadelphia's above ground syringe exchange program is located, HIV prevalence due to IVDU is highest, and though there are several HIV PCPs in the community, not all employ a harm reduction focus in their approach to HIV care.

Methods: Philadelphia FIGHT, a comprehensive AIDS service organization and Prevention Point Philadelphia (PPP), a syringe exchange program, have established a culturally appropriate clinical collaboration called Clinica Bienestar to provide HIV primary care at PPP. Though the primary target patient population is Latino, and specifically Puerto Rican, the clinic is enrolling any patient that is a regular participant of PPP's syringe exchange or other services, who is na¥ve to or lost to HIV primary care. This project aims to provide medical care to over 130 HIV positive IDUs who not currently engaged in care over a five year period. Culturally appropriate case management, care navigation, care outreach, referral services, and educational programs are provided and will be expanded. Though the overall goal of the project is to examine the effectiveness and sustainability of this intervention in improving adherence to HIV treatment among Puerto Rican IDUs, for PPP this project presents an opportunity to address barriers to HIV care that disproportionately affect IDUs who are mono and/or co-infected.

Results: In just 4 months of services, we have so far referred 21 HIV positive individuals who were previously na¥ve to or lost to HIV primary care, have so far successfully linked 17 individuals, 7 of whom are HIV positive Puerto Rican

individuals. Six of the Latino individuals and three of the non-Latino individuals have already achieved HIV viral loads of < 200 copies/ml on combination antiretroviral therapy. With the assistance of PPP's case managers, care navigator/outreach coordinator, and community established trust in PPP, subsistence needs are being addressed, appropriate social service and mental health referrals are being completed, and the barriers to accessing care are being overcome.

Conclusions: HIV viral load suppression has become a key indicator of effective engagement in HIV primary care. However, the CDC estimated in 2011 that only 26 percent of Latinos have a suppressed HIV viral load. Thus, additional novel approaches like Clinica Bienestar that address HIV treatment barriers specific to Latinos and IDU are needed to improve HIV specific clinical outcomes and decrease HIV incidence among this vulnerable population. Co-locating HIV primary care with a harm reduction focus within a syringe exchange is a valuable tool in HIV treatment and prevention. Challenges to treatment outcomes have included appointment scheduling, keeping the service confidential, addressing adherence in the context of homelessness and active drug use, and actually limiting the number of medical visits per patient as high comfortability with PPP has resulted in increased adherence related visits even when clinical success is achieved.

MAZZELLA, Silvana

Prevention Point Philadelphia

Co-Author(s):
Charles Thomas, *PPP*,
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Charles Thomas has been an HIV tester, Outreach Worker, and Harm Reduction Specialist at PPP for the past two years. He recently became the Syringe Exchange Program Coordinator for PPP. Prior to PPP, Charles has worked in HIV AIDS, Recovery services, and community building for the last three decades.

Sheila Dhand is a registered nurse at Temple University Hospital, and volunteers at Prevention Point Philadelphia and the Catholic Worker Free Clinic. She currently teaches a community nursing course that operates at PPP, and is starting a wound care clinic at PPP.

Integrating Overdose Risk Assessment, Education, and Medication Dispensing in a Harm Reduction Focused Street Medicine Setting, and Replicating the Model

Background: Prevention Point Philadelphia, PPP, is a multi-service organization whose primary focus is syringe exchange. PPP also hosts a public drop in center, runs five free clinics a week providing mostly triage care, runs a suboxone program, a small HIV clinic, and conducts case management, HIV testing and linkage, and HCV testing and linkage. PPP also runs an overdose prevention program that began in 2006. The program has primarily operated as a group education session where prescriptions and medication is distributed at the end of a 20 minute session. Sessions primarily happened at the busiest syringe exchange program sites, and were advertised by fliers and in person recruitment from the staff. On average, approximately three sessions were held on a monthly basis for the past six years, averaging an attendance of between 3 and 9 participants. A specific staff member was identified to conduct the trainings. To date, PPP has conducted 980 trainings, and has had participants self-report over 245 reversals. PPP has struggled with more effective ways to market overdose prevention trainings, with a limited staff and resources.

Structural Change in Overdose Education and Naloxone Distribution: During the past year, the organization looked at ways to improve overdose education and naloxone distribution, both within the organization, and with partner providers. PPP is currently beginning a third year of work to integrate routinized and bundled HIV and HCV testing and linkage out if its medical clinics, with the understanding that individuals utilizing the syringe exchange program often refuse an HIV or HCV test because of stigma, but do use PPP's street based free triage medical clinics, both on the street and in the building. During the past two years of integrating testing within PPP's medical clinics to target exchangers, PPP actually increased testing to IDU utilizing the exchange. PPP used this model to identify additional services at PPP where the integrated routinized testing model could be applied to overdose prevention. PPP worked to routinize overdose screening, education, and naloxone distribution in the free medical clinics, in the case management program, in the suboxone program, and in the HIV and HCV testing program. To do so, staff were re-trained, medical volunteers were trained, the training was condensed based on feedback regarding the most useful aspects of the training, and a framework was developed for evaluating change throughout the year. In addition, a risk assessment regarding overdose was incorporated in the free clinic history and physical, the offer of naloxone training was routinized at the exchange, and outreach was done specifically regarding fentanyl and specific stronger stamps of heroin.

MAZZELLA, Silvana (continued)

Results: In just the first 6 months of routinizing overdose risk assessment, education, and naloxone distribution in the free clinics, suboxone clinic, and case management services, PPP has increased the number of participants receiving education and naloxone by over 100%. In the 6 months prior to the project, PPP trained and distributed medication to 76 individuals. During the six months after making a few structural changes in the overdose program, PPP has trained and distributed medication to 172 individuals, and trained another 48 individuals in settings where they could not or would not take the naloxone, In addition, training was provided to 3 Infectious Disease clinics PPP partners with, and participants self-reported over 80 reversals in the last six months.

Conclusions: There is a way to increase the number of individuals receiving risk assessment for overdose, overdose prevention education, and naloxone by making structural changes to existing services, assisting any and all direct service staff to conduct overdose education, and by empowering medical providers to see overdose as a medical condition that can and should be screened for and addressed like other medical conditions, and in so doing, can make a huge difference in engaging active IDU in continued medical care.

MCLAUGHLIN, Jamie

Positive Health Clinic / The Open Door, Inc

Co-Author(s):
Christina Farmartino,
The Open Door, Inc.

M

Jamie McLaughlin, MSW, is an employee of the Positive Health Clinic, one of two Ryan White Clinics treating individuals living with HIV/AIDS in the Pittsburgh, PA are. She received her masters of social work degree at California University of PA and has been working in the HIV community since 2006. She has been an Open Door Inc. board member for 4 years, a local nonprofit that offers safe affordable housing and services to individuals living with HIV/AIDS. She is also a member of the Phi Alpha social work national honor society.

Christina Ascension Farmartino, MPH, CPH, has been working in public health practice since 2009.

A Representative Payee Program; An Innovative, Harm Reduction Approach for Improving Clinical Outcomes of High-Risk Individuals Living with HIV/AIDS.

The Open Door, Inc. is a nonprofit agency whose mission is to provide supportive housing and related services that improve the health of the forgotten population of high risk, chronically homeless people living with HIV. The primary service of The Open Door, Inc. includes the provision of safe, affordable housing together with representative payee services. A representative payee is an individual or entity to whom a client's income is entrusted, and who then satisfies the clients' financial responsibilities. Through in-depth interviews with past and current clients of The Open Door, Inc., we found that having a representative payee was a major factor in a clients' sense of financial independence and medication adherence. These findings led The Open Door to create a free representative payee service open to all individuals living with HIV/AIDS. The purpose of this proposal is to discuss the use of the representative payee services from a client-centered approach, as a critical, cost-effective, harm reduction intervention technique to address the barriers of engagement in HIV-related care such as housing instability or homelessness. It is our belief that by reducing financial and housing chaos it will enable individuals to prioritize their health, which in turn will improve clinical outcomes. While many representative payees use their services as a "bargaining chip" for engagement in care, The Open Door, Inc. fosters an innovative, non-coercive, harm reduction approach in order to meet our clients "where they are at". Surveys and detailed interviews with past and current clients of The Open Door, Inc. were completed. Each participant completed self-report surveys and interviews to assess overall client satisfaction and the impact of services on housing stability, treatment adherence, and substance use. We found that having a client-centered representative payee reduced chaos, increased financial independence and housing stability, helped control substance use, and increased engagement and retention in medical care and treatment. In a previous study, results indicated that 72% of clients using our representative payee program reached viral load suppression. This is drastically higher than similar vulnerable populations with adherence rates ranging from 13-32%. This presentation will include information on our approach to representative payee services from a harm reduction perspective, as well as, our previous and current survey findings with emphasis on clinical outcomes.

MCLEAN, Rachel

CA Department of Public Health

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Rachel McLean, MPH, is the Viral Hepatitis Prevention Coordinator and STD Health Care Policy Analyst with the California Department of Public Health. Previously, she has worked on policies affecting youth and adults who are incarcerated as well as people returning from prisons and jails to the community with the Ella Baker Center for Human Rights in Oakland, CA; the Council of State Governments Justice Center in NY, NY; and with Power Inside while at Johns Hopkins School of Public Health in Baltimore, MD. She also worked as an outreach worker with homeless youth and founded the Drug Overdose Prevention and Education (DOPE) Project in San Francisco.

Emerging Models for HIV, Viral Hepatitis Prevention, and Harm Reduction in the Era of Health Care Reform (Part I of II)

The landscape of HIV and viral hepatitis prevention has changed significantly since the passage and implementation of the Affordable Care Act. People with pre-existing conditions can no longer be denied insurance; Medicaid coverage has been expanded to low-income people in many states; and preventive services recommended by the U.S. Preventive Services Task Force must be offered by health plans with no patient co-pays. Yet, many barriers to care remain for persons who inject drugs, including stigma and a lack of integration of primary care and behavioral health services. This workshop, the first in a two-part series, will review health reform implementation and discuss its implications for drug users, such as the potential for increased access to health insurance, primary care, specialty care, and drug treatment. The second part of this two-part series will explore the implications of health care reform for harm reduction organizations and how they are adapting to this changing landscape.

MCLEAN, Rachel

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City University of New York,
Cyndee Clay, *HIPS,*
Shoshanna Scholar, *Los Angeles Community Health Outreach Project,*
Taeko Frost, *Washington Heights CORNER Project,*
Georgette Watson, *South Jersey AIDS Alliance* / Co-Presenter

Rachel McLean, MPH, is the Viral Hepatitis Prevention Coordinator / STD Health Care Policy Analyst with the California Department of Public Health. Previously, she worked on policies affecting youth and adults who are incarcerated or returning from prisons and jails to the community with the Ella Baker Center for Human Rights in Oakland, CA; the Council of State Governments Justice Center in NY, NY; and with Power Inside in Baltimore, MD while at Johns Hopkins School of Public Health. She also worked with homeless youth and founded the Drug Overdose Prevention and Education (DOPE) Project in San Francisco.

Emerging Models for HIV, Viral Hepatitis Prevention, and Harm Reduction in the Era of Health Care Reform (Part II of II)

The health care landscape has changed significantly since the passage and implementation of the Affordable Care Act. Many low-income people are newly insured; some preventive services offered by harm reduction organizations are now covered by insurance; and funders are now shifting away from disease specific funding. Some harm reduction organizations are identifying ways to leverage these changes to better serve their clients and increase their access to primary care and substance use services, while ensuring the organization remains financially sustainable. Roundtable participants will discuss how their organizations are adapting to these changes—what opportunities and challenges they are facing, and where they see their organizations going in the future. The roundtable, the second of a two-part series, will include time for discussion.

(List of roundtable presenters subject to change.)

MCNEIL, Ryan

BC Centre for Excellence in HIV/AIDS

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Will Small, *Simon Fraser University*

Ryan McNeil, PhD, is a Post-Doctoral Fellow at the British Columbia Centre for Excellence in HIV/AIDS and Faculty of Health Sciences at Simon Fraser University.

An Ethno-Epidemiological Study of the Impacts of Regulatory Changes to a Provincial Methadone Program on Drug-using populations

Background: While regulatory frameworks governing methadone maintenance therapy (MMT) require highly regimented treatment programs, little research has examined the effects of regulatory changes to these programs on those receiving treatment. In British Columbia (BC), Canada, provincial regulations governing the delivery of MMT have recently undergone several changes, including: replacing the existing methadone formulation with Methadose¬ (a pre-mixed and 10 times more concentrated formula); prohibiting pharmacy delivery of methadone, except for people defined as having ïsevere mobility restrictions'; and, prohibiting pharmacies from providing monetary and non-monetary incentives when dispensing prescriptions. We undertook this study to examine the impacts of these changes on people enrolled in MMT in Vancouver, BC.

Methods: Qualitative interviews were conducted with 28 people enrolled in MMT recruited from two ongoing observational prospective cohort studies of drug-using individuals, subsequent to changes to the MMT program. Interview transcripts were analyzed thematically, and by drawing on the ïRisk Environment' framework and the concept of ïstructural vulnerability'.

Findings: Regulatory changes to MMT increased structural vulnerability to health and social harms by disrupting treatment. The introduction of Methadose¬, in some cases accompanied by changes to dosing schedules, led some participants to experience methadone withdrawal. Participants positioned poverty and social isolation as ïsevere mobility restrictions', and articulated how these made it difficult for them to access MMT following the discontinuation of delivery services. The loss of monetary and non-monetary incentives further limited access to material supports that participants relied upon to address survival needs. Collectively, these changes produced a range of harms, including re-initiation of injection opiate use and high-risk income-generating strategies.

Conclusion: Structural-environmental factors should be considered when modifying MMT programs, and comprehensive environmental supports should be provided to minimize treatment disruptions. Consultations with those enrolled in MMT should be undertaken to ensure that regulatory changes do not compromise treatment outcomes.

MCNEIL, Ryan

British Columbia Centre for Excellence in HIV/AIDS

Co-Author(s):
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Ryan McNeil, PhD, is a Post-Doctoral Fellow at the British Columbia Centre for Excellence in HIV/AIDS and Faculty of Health Sciences at Simon Fraser University.

"We need somewhere to smoke crack": An ethnographic study of an unsanctioned safer smoking room in a Canadian setting

Introduction: Many cities around the globe have experienced substantial increases in crack cocaine use. Despite growing evidence of the health impacts of crack smoking, public health programmes in North America have only recently begun to address crack smoking, primarily through the distribution of safer crack use equipment. More comprehensive safer environmental interventions, specifically safer smoking rooms (SSR), have been implemented only in select European cities. However, none have been subjected to rigorous evaluation. This ethnographic study of an ïunsanctioned' SSR operated by a drug user-led organization in Vancouver, Canada, explores its impacts on crack smoking practices.

Methods: Ethnographic fieldwork was undertaken at this SSR from September to December 2011, and included approximately 50 hours of ethnographic observation and 23 in-depth interviews with people who smoke crack. Data were analyzed by drawing on the ïRisk Environment' framework and concepts of 'symbolic', 'everyday', and "structural' violence.

Findings: Our findings illustrate how a high demand for SSRs was driven by the need to minimize exposure to policing (structural violence), drug scene violence (everyday violence), and stigma (symbolic violence) that characterized unregulated drug use settings (e.g., public spaces). Although resource scarcity and social norms operating within the local drug scene (e.g., gendered power relations) perpetuated crack pipe-sharing within unregulated drug use settings, the SSR fostered harm reduction practices by reshaping the social-structural context of crack smoking and minimized the potential for health harms.

Conclusion: Given the significant potential of SSRs in reducing health and social harms, there is an urgent need to scale up these interventions. Integrating SSRs into public health systems, and supplementing these interventions with health and social supports, has potential to produce further health improvements among crack-smoking populations.

MCREYNOLDS, Tori

Co-Author(s):
Harriet Smith, *Baltimore Racial Justice Action,*
Katy Bishop, *STAR TRACK, University of Maryland*

Tori McReynolds is a Community Organizer whose professional experience includes work in the fields of higher education, service to youth, HIV prevention, political advocacy, and organized labor. She earned a Master of Social Work degree in 2013 from University of Maryland, Baltimore. Her academic focus was Management and Community Organizing, with a special interest in philanthropy. She lives in Baltimore.

Harm Reduction Through a Racial Equity Lens

Has "harm reduction" (HR) become code for work with low-income and indigent persons, much the way "urban" is often coded to mean "Black/African American"? If so, what does this mean for both professionals and clients who use HR as a guiding principle? Is it a bad thing if the term "harm reduction" connotes other marginalized identities?

Despite the origins of harm reduction as a modality developed by and for those who need it most, the expansion of HR into increasingly professionalized fields of service presents the opportunity for HR to be co-opted by persons and entities who do not share a political vision for racial equity. How is a vision for racial equity expressed in the concept of HR? How can the strategic deployment of HR advance racial equity? How do those of us working toward social justice prevent HR from becoming a top-down modality that expects little of clients, who become viewed as people "unable to help themselves"?

This workshop aims to ground discussions of HR in a vision for racial equity that encompasses both the design and the delivery of services. The discussion will build upon a framework of racial equity and use this frame to examine the intended and unintended impacts of our work.

MEEKS, Sherri

Sherri Meeks is a powerhouse currently holding down two full time health care jobs in Washington, DC. She is a trans woman of color who has a passion for working with her peers to navigate, often times, a non trans friendly social system to get them the services and care they need to live healthier lives.

My name is Sherri, and I'll be your Community Health Worker today.
Working as a sober black transgender woman in the health care field in two salaried full time positions has its challenges. Setting boundaries with my fiends and acquaintances who are now my clients, pulling up my co-workers on their trans-cultural competency, gaining the trust and loyalty of homophobic clients and being recognized and earning the respect of a healthcare provider instead of being tokenized as the "black trans woman" at the organizations has been quite a journey. During this presentation I would like to share my personal lessons learned and challenges I have overcome, and talk about the extra work that I do day to day that's not in my job description that allows me to be successful in the harm reduction health care field.

MERRICK, Jason

People Advocating Recovery in Northern Kentucky

Jason Merrick works in the field of substance use treatment for Transitions Inc.. He is a board member for the Northern Kentucky Agency for Substance Abuse Policy, and is the chairman for People Advocating Recovery in Northern Kentucky.

Model for Engaged Community Efficacy
This presentation is designed to illuminate the processes implemented by a concerned activist and his community in a region hit extraordinarily hard by an influx of heroin and opioid pain medication. It is structured as an equation for community engagement so others may address paramount community issues and concerns with a productive and efficient format.

MILLER, Kahn

Project SAFE

Co-Author(s):
Lindsay Roth, *Project SAFE, SWOP-Philadelphia*
Gus Grannan, *SWOP-Philadelphia, Cyndee Clay, HIPS*
Sue Purchase, *Morpheus Project*

Kahn Miller is a native Philadelphian who has been active in the region's harm reduction movement for five years. She is a founding member of SWOP-Philadelphia and former Director of Project SAFE, an all-volunteer organization for and by women in Philadelphia's sex trade, providing harm reduction services city-wide with a focus on women in street economies. After returning to Temple University to complete a degree in public health, Kahn now serves as the Project SAFE Community Educator, spreading the harm reduction gospel to student groups, non-profits, health care providers, and anyone with a burning desire to learn more about sex worker and drug user rights.

No Money, More Problems:
Navigating the Non-Profit Industrial Complex
As inherently harm reduction movements, sex workers, drug users, and allies fighting to end the stigma and violence against criminalized communities have always called for proper funding of supportive, peer-led services which honor lived experience as much as formal education. Institutional dismissal of these methods as too radical is still pervasive, but the landscape is changing: harm reduction practice has begun to appear in, or even form the basis of, formal non-profits. The same cannot be said for funding sources. Where — and who — the money comes from shapes direct services and programming down to the street level. What happens when the priorities of private donors, local health departments, and federal grants don't line up with your harm reduction beliefs? How do you find money for new programs, decide who gets paid and who stays a volunteer, and work with — or around — constraints that come with much needed financial resources? The demographics of the majority of funding sources do not reflect the populations facing stigma, marginalization, and an oppressive criminal justice system. What would it look like if these communities, particularly sex workers, LGBTQ folks, drug users, and people of color, had a say in the services they utilize? Can we really call it harm reduction when they don't? Our aim is to create a space in which workers and allies, philanthropists and people using drugs, case managers and policy makers, can openly and honestly discuss the current state of money surrounding harm reduction in the non-profit world. Please join us for a discussion on the challenges, strategies, politics, and success stories of staying with/in harm reduction — without going broke.

MILLER, Kahn

Project SAFE

Co-Author(s):
Lindsay Roth, *Projecy SAFE, SWOP-Philadelphia*

Kahn Miller is a native Philadelphian who has been active in the region's harm reduction movement for five years. She is a founding member of SWOP-Philadelphia and former Director of Project SAFE, an all-volunteer organization for and by women in Philadelphia's sex trade, providing harm reduction services city-wide with a focus on women in street economies. After returning to Temple University to complete a degree in public health, Kahn now serves as the Project SAFE Community Educator, spreading the harm reduction gospel to student groups, non-profits, health care providers, and anyone with a burning desire to learn more about sex worker and drug user rights.

The New Radicals: Women Junkies and Whores of all Genders

The harm reduction movement began with junkies and whores, united under criminalization and marginalization as much as any shared engagement in risky behavior. Today syringe access – though still extremely limited – has expanded and harm reduction principles increasingly form the basis of non-profits. Organizations for sex workers and women substance users have seen little of that support. This disparity is reflected in the narrow identities women and people in the sex trade are allowed to occupy in harm reduction-based services. Programming for people trading sex reaches primarily cisgender women, while cisgender men and sex workers of trans* experience are considered a sub-population for LBGTQ-centered organizations. When services for women are discussed, drug use is always second to sex work. (There are, of course, individual groups that contradict this.) Gendered aspects of drug use and syringe access are ignored, and sex worker rights treated as a related but ultimately separate movement, even as reproductive rights for women who use drugs are under assault and the anti-sex work, pro-criminalization rescue industry flourishes.

Without 501(c)3 status, a staff, or even a budget, organizing in the streets and fighting for their lives, the radical origins of harm reduction exist today with women junkies and whores of all genders. Their exclusion from formalized harm reduction service providers is rarely intentional but still discredits and weakens the movement as a whole. When intersecting oppressions and identities define so many of our lives, no one should have choose just one to receive care and support. It's time to take the criticisms we (rightly) aim at medical, criminal justice, and other oppressive institutions, and turn them inward. We want to facilitate a productive discussion on the ways power and privilege are reproduced within our movement, and what can be done to support those activists currently working and surviving on the front lines of today's harm reduction. All are welcomed and encouraged to join, but this space will prioritize the voices of people with experience in the sex trade, women substance users, as well as people of color and those who are queer/trans* identified.

MILNER, Rob

Safeworks- Alberta Health Services

Co-Author(s):
Jodie Edwards, *independent*

Jodie Edwards is a registered nurse from Calgary, Alberta. She began her career nursing in an emergency and urgent care setting. She currently holds a part-time position on Safeworks Harm Reduction Team, and also works casually with the Calgary Sexual Assault team, Southern Alberta HIV clinic, and Sexual and Reproductive Health Clinic.

Rob Milner is a registered nurse from Calgary, Alberta. He has worked in the field of addictions and mental health for the past seven years, and is a member of Calgary's harm reduction team 'Safeworks'.

A Rapid Approach: The Experience of HIV Point of Care Testing in Unique Outreach Settings

It is estimated that 25% of people in Canada are unaware of their HIV status (PHAC 2013). Rapid HIV point of care (POC) testing is an effective public health strategy that can lead to early diagnosis and treatment to improve individual and population health outcomes. More often, Rapid POC tests are offered in conventional settings such as clinics, emergency departments and labour and delivery wards. For many people with a history of addictions and homelessness, access to HIV testing and education is challenging. The Safeworks program practices within a harm reduction model that emphasizes prevention, education, SIT/BBP testing and follow up to high risk groups. The nurses and social workers recognize the many barriers in place to get tested and committed to developing partnerships within the community to establish unique, non-conventional settings to provide HIV POC testing. These settings include the bathhouse, detox centres, treatment centres, and mobile outreach. Marginalized populations that are only able to access to acute-care facilities and walk-in clinics for healthcare may not seek HIV testing due to past negative experiences from actual or perceived stigma from staff, procedures such as requiring proof of address and identity, and lack of confidentiality. Being able to offer these clients POC testing in a safe, non-judgmental setting of their choice minimizes these concerns as well as other issues such as anxiety caused by wait times for results. The Safeworks Team has an open mind, and a true desire to serve this challenging and complex population and strive to offer intensive, individualized care and attention. This presentation will explore the use of POC rapid HIV testing for high risk populations, discuss case studies, as well as analyze strengths and challenges faced by health care workers and clients. We will focus on our partnership between our team, HIV Community Connect Heat worker, and the local Bathhouse.

MOGHIMI,Yavar

Whitman-Walker Health

Co-Author(s):
Randall Ehrbar, *Whitman-Walker Health*,
Christopher Straley, *Whitman-Walker Health*
Joshua Riley, *Whitman-Walker Health*

Dr. Moghimi is an addiction psychiatrist that has been working at Whitman-Walker Health for three years. His main area of interest is integration of mental health and addiction services into mainstream medical settings. He is currently a research fellow at Brown University's Initiative in HIV and AIDS Clinical Research for Disadvantaged (Underrepresented) Communities where he is developing a direct linkage model for clients entering buprenorphine treatment to Hepatitis C assessment and care.

Lessons from Integrating a Buprenorphine Maintenance Program into an HIV Community Health Center Along the Harm Reduction-Abstinence Continuum

Integrating buprenorphine substitution treatment (BST) into community health centers specializing in HIV & Hepatitis C care is an ideal model for providing substance misuse and behavioral health services in mainstream medical settings. Starting in 2011, Whitman-Walker Health, the largest provider of HIV care in Washington D.C., began a co-occurring BST program that operates under the principle of gradualism along the harm reduction-abstinence continuum. The focus of the program has always been about engagement in psychosocial services and positive change and less about penalizing ongoing drug use. This approach has allowed for ongoing participation in substance misuse treatment as well as linkage to other needed services (medical, legal, dental, job-training). We will discuss the evolution of our model of care and the future of our program as we enter a new era of Hepatitis C treatment.

MORRIS,Terry

San Francisco AIDS Foundation

Harm Reduction and harm reductionists stole Terry Morris's heart in 2001 when she began volunteering with the Atlanta Harm Reduction Center. Terry has coordinated the Speed Project (Stonewall/San Francisco AIDS Foundation) a harm reduction program for gay, bi, and heteroflexible men in the Tenderloin since 2005. 2014 marks a lucky 13 years of syringe exchange, facilitating come as you are harm reduction groups, drop-in spaces, vein care and harm reduction counseling, talking sex and sexuality, developing harm reduction publications, being inspired by and learning from my harm reduction comrades.

Shooting with Care and the Safer Injection Slideshow

The safer injection slideshow is a collection of information and images borrowed from harm reduction websites and publications about injection technique/vein care, the circulatory system, drug/set/setting, overdose prevention, stigma, initiation experiences, relationship dynamics and injecting, and HIV/HCV prevention. This session will include tips on using the slideshow for conversations with groups and individuals and offer suggestions about outreach, harm reduction worker self-care, hospitality, and facilitation. The safer injection slideshow is available online at www.tspsf.com.

MURPHY, Shilo

The People's Harm Reduction Alliance (PHRA)

Shilo Murphy is a former homeless person and long-time resident of Seattle's University District. He has worked at the University District needle exchange program for the past 18 years and is a co-founder and executive director of PHRA. Shilo is also a co-founder and national president of the Urban Survivors Union. Most importantly, he is a proud drug user.

Giving Stems To The Masses

In 2008 the People's Harm Reduction Alliance (PHRA) launched one of the nation's first safer crack use programs. Over the past 6 our service has become increasingly popular. PHRA now distributes hundreds of crack kits each month and demand continues to grow. In this presentation, we will describe the history behind PHRA's safer crack use program and what this service looks like today. Our presentation will focus on the practical steps other organizations can take to design and implement a successful program. We will discuss (1) how to reach a previously unserved drug using community, (2) sourcing and purchasing crack kits, (3) difficulties with fundraising, (4) dealing with the media, and (5) addressing stigma between different groups of drug users.

MURPHY, Shilo

The People's Harm Reduction Alliance (PHRA)

Co-Author(s):
Tom Fitzpatrick, *independent*

Shilo Murphy is a former homeless person and long-time resident of Seattle's University District. He has worked at the University District needle exchange program for the past 18 years and is a co-founder and executive director of PHRA. Shilo is also a co-founder and national president of the Urban Survivors Union. Most importantly, he is a proud drug user, and he hates the east coast harm reduction soccer team with a passion deep in his heart.

Engaging drug users in your organization

The People's Harm Reduction Alliance (PHRA) is guided by a philosophy of peer control. We believe that services designed and implemented by peers are the most effective at protecting the health and fundamental rights of drug users. To make good on PHRA's commitment to peer-control, we have made increasing drug user participation at all levels of our organization a priority. In our presentation we would like to share the successes PHRA has enjoyed as a result of our inclusionary policies and also discuss the challenges we've encountered in the process of implementing peer control.

We will emphasize how PHRA's experiences might be applied to other programs and make specific suggestions as to how other organizations might take practical steps to increase user participation. Specific topics will include (1) making the transition from an exclusionary to an inclusionary harm reduction organization, (2) defining who is a peer, (3) codifying peer control, (4) protecting individual privacy, and (5) managing staff in an organization that distinguishes between users and non-users.

NACE, Tara

Harlem United

Co-Author(s):
Gwen Didier, *Harlem United*

Harm Reduction and Health Homes: Health Improvements Among People Who Have Multiple Chronic Health Conditions

Harlem United Community AIDS Center, Inc. NY, NY

Issue: Harlem United Health Home has been operating for a little over two years. Health Homes were created in an effort to lessen Medicaid cost and concurrently reduce preventable hospitalizations, Emergency Room (ER) visits and unnecessary care for Medicaid members. Harlem United Health Home is a care management service model where all of a member's providers communicate with one another so that the member's medical, behavioral health and social service needs are addressed in an inclusive way. Health Homes serve Medicaid users with multifaceted chronic health and behavioral health conditions (such as HIV/AIDS, Substance Use Disorder, Diabetes, Asthma, Heart Disease) who's needs are often not well coordinated. Harlem United's Health Home operates in teams of two composed of a Care Manager and a Care Navigator who oversee and coordinate all of member's needs in order to reach and maintain best possible health outcomes thus prevent over-usage of ER, inpatient hospital stay. Outreach workers are assigned to the care teams once to twice a week to assist with the tracking of clients lost to care. One of the main differences between Health Home and former case management programs is the caseload size. Each

team works with a caseload that is in the range of 100 to 150 clients. For that reason, Harlem United Health Home program had to strategize to best efficiently serve such large caseloads of clients and provide them with the same quality care as former case management programs. A need to revamp traditional case management methods and a need to train new hires on this new approach to case management was identified. Harlem United Health Home Care management teams face the challenge of serving 100+ clients each living with multiple chronic conditions and multiple needs ranging from housing, to poor adherence to medical care.

Description: Harlem United Health Home staff practices harm reduction techniques through a unique case management style. Because of large caseloads, the team model works best. Time management and a certain level of organization is necessary in order to best coordinate each team's 100+ clients medical care and other high priority needs. The care manager's duties within the health home model consists of comprehensive care management that focuses on improving client care by assisting in helping consumers manage their health care more successfully. Health home care management teams educate clients on the importance of adherence to all medical appointments and medication regimens thus reducing the usage of emergency room visits. Through care coordination tactics with multidisciplinary teams Health Home is able to effectively gauge client needs with regard to medical monitoring, service implementation, individual and family support, and referrals to community and social support services. The developed Health Home case management training curriculum addresses some of the obstacles that care managers face when trying to reduce the harm for 100+ cases per care team.

Recommendations: A clear and concise educational training process to care coordinate service providers and clients on the Health Home model can be effectively implemented. A cap on the caseload size would allow the execution of quality core services for the client. Having an outreach worker permanently assigned to each team would be extremely beneficial to the quality and efficiency of services offered. Finally, a better understanding from outside providers on what Health Home is would allow for a better transition from the old COBRA model.

NAGEL, Jessica

Community Access, Inc.

Co-Author(s):
Karen Rosenthal, *Community Access, Inc*

Jessica Nagel is a Harm Reduction Coordinator with Community Access, Inc. She is a former substance user, a former sex worker, and a passionate practitioner of the harm reduction philosophy of social services. Through her own lived experiences, Jessica witnessed peers struggle to find stable housing, access medical care, manage substance use, and stay clear of legal troubles. She is particularly drawn towards the pragmatic and compassionate nature of harm reduction, and is dedicated to helping people make positive choices and changes through this approach.

Staying Out of Harm's Way: Negotiating Personal Challenges and Stressors While Working Within a Harm Reduction Model

This workshop presents an overview of the harm reduction philosophy and approach to service provision, and describes personal challenges and stressors that peer-identified workers may experience while engaging with the individuals they serve. The session illustrates specific harm reduction strategies, discusses various work-related stressors, and offers suggestions for self-care.

Presenters identify as part of the peer workforce at Community Access, Inc., and will draw from their practical experiences providing person-centered, harm reduction services to guide the session. Peer-identified workers will gain practical knowledge around topics such as self-disclosure, triggers, boundaries, counter-transference and self-care. For example, peer providers who are not currently using substances, and who provide services for active users, will learn strategies to help manage uncomfortable feelings that may arise from feeling triggered.

NAGEL, Jessica

Community Access, Inc.

Co-Author(s):
Karen Rosenthal,
Community Access, Inc

Jessica Nagel is a Harm Reduction Coordinator with Community Access, Inc. She is a former substance user, a former sex worker, and a passionate practitioner of the harm reduction philosophy of social services. Through her own lived experiences, Jessica witnessed peers struggle to find stable housing, access medical care, manage substance use, and stay clear of legal troubles. She is particularly drawn towards the pragmatic and compassionate nature of harm reduction, and is dedicated to helping people make positive choices and changes through this approach.

"Harm Reduction in a Supportive Housing Environment: Collaborative, Compassionate, and... Creative!"

Community Access, Inc. is a supportive housing agency in NYC that significantly promotes the values of low-threshold housing and harm reduction in its efforts to combat homelessness. This workshop begins with a brief overview of the harm reduction philosophy and model of service provision, and a short introduction to the concept of low-threshold housing. Presenters move on to highlight less-discussed experiences, such as voice-hearing, "paranoia," and expressions of people wanting to kill themselves that are common in the lives of some individuals.

This session illustrates how Community Access, Inc. creatively infuses harm reduction practices around less-discussed experiences and other behaviors labeled as risky such as sex work, drug use, self-injury, eating patterns, etc. in a supportive housing setting. It is designed to encourage involvement and creative thinking to increase the capacity of workshop attendees, and will conclude with a discussion of the challenges harm reduction service providers often face.

NICULESCU, Alex

Baltimore Student Harm Reduction Coalition

Co-Author(s):
Dinah Lewis, *BSHRC*,
Laura Vail, *BSHRC*,
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Brooks Puchner, *BSHRC*,
Jen Kirschner, *independent*

Alex Niculescu currently coordinates a clinical research study at Johns Hopkins and the Baltimore City Health Department on Hepatitis C infection and linkage to care.

Overdose Education and Naloxone Distribution for Friends and Family of Opioid Users: A BSHRC Pilot Project for Maryland

Members of the Baltimore Student Harm Reduction Coalition (BSHRC) will discuss their pilot project pairing overdose education and response trainings with on-site naloxone distribution for friends and family of individuals at risk of opioid overdose. BSHRC is a student-driven organization that received authorization from the state of Maryland to conduct these trainings under new legislation allowing naloxone prescription for ïthird parties.' With an enhanced version of the Maryland curriculum, the trainings emphasize knowledge of overdose and its risk factors, recognizing and responding to overdose, and applying harm reduction strategies to conversations with loved ones about overdose prevention. By having a physician on-site to provide naloxone prescriptions, BSHRC minimizes the loss to follow up that often complicates outreach addressing stigmatized issues such as overdose. Through collaborations with community partners across Central Maryland, BSHRC now offers trainings for a variety of populations that have not traditionally had access to Overdose Education and Naloxone Distribution programs.

The talk will first discuss the Maryland legislation that enables third parties to receive prescriptions for naloxone. We will then review the development and organization of the project, including how BSHRC became certified as a training entity; how a majority student- and volunteer-driven organization received funding for the pilot project; and how partnerships with a physician and harm reduction researcher helped guide the project and its evaluation. We will conclude by presenting preliminary data from pre/post test surveys assessing knowledge, attitudes, and self-efficacy surrounding naloxone use.

NOVA, Cyd

St James Infirmary

Cyd Nova is the programs director for St James Infirmary, a clinic for current and former sex workers. He has been a sex worker for over 10 years, working in various aspects of the industry all over the US and in Australia. Through this time he's been involved in harm reduction and HIV advocacy and activism, along with penning articles for PolicyMic, PrettyQueer, the Rumpus and Tits and Sass.

Connecting the Dots: The increasing Criminalization of California Sex Workers

Within the past two years, California sex workers have faced a tremendous amount of legislative change and law enforcement targeting leading to increased surveillance of sex workers and criminal justice consequences for those who are in the sex industry, who work in the surrounding business and those who are clients The increasing rhetoric of sex workers as sex slaves. through the anti-trafficking movement, has enabled a multi-pronged approach to shut down peoples ability to work, and means that those who do are risking criminal offenses, sex offender registry and huge fines. This conversation seeks to educate attendees about the specific ways in which sex workers are being pressured, how these particular campaigns inter lap, what the consequences are and talk about possibilities towards shifting the dialogue forward.

NYROP, Kris

Public Defender Association

Kris is Program Director for the Law Enforcement Assisted Dviersion (LEAD) project in Seattle, WA. He was Executive Director of Street Outreach Services in Seattle from 1997-2007 and has worked as an outreach worker, researcher, and trainer in the area of HIV/AIDS prevention, hepatitis C prevention, syringe access, harm reduction, and drug policy reform since 1988. He has worked on the LEAD project since 2009 and works on program design, implementation and evaluation.

Law Enforcement Assisted Diversion (LEAD): Three Years In, What Do We Know?

The Law Enforcement Assisted Diversion (LEAD) project is a harm reduction based diversion program for drug sellers/users and street based sex workers. Unlike other diversion programs (such as drug courts), LEAD diverts people out of the criminal justice system at the point of contact between police officers and those engaged in illicit drug sales use or sex work, has no fixed requirements, and abstinence is neither mandated nor expected. The service model for LEAD is based on intensive case management with a focus on trying to provide a full continuum of services as close to on-demand as possible. Services are entirely client driven and are not based on jumping through hoops (e.g., participants must do X in order to get in order to get Y).

Started in October 2011 on a pilot basis in one downtown Seattle neighborhood, LEAD expanded in 2014 to cover all of downtown Seattle, has been implemented in Santa Fe, NM, and is being considered in several other areas (both nationally and internationally). This presentation will focus on the unique aspects of LEAD (police, prosecutors, and case managers working collaboratively on a harm reduction driven, non-abstinence based project) and on initial evaluation results (recidivism in particular). We will also explore lessons learned (for better or worse) after three years of operations.

O'ROURKE, Allison

George Washington University

Co-Author(s):
Monica S. Ruiz,
George Washington University,
Sean T. Allen,
George Washington University

Mrs. O'Rourke is a Research Scientist at the Milken Institute School of Public Health at The George Washington University in Washington, DC. She currently works on a study (PI: Monica Ruiz) that explores policy change as a structural intervention for HIV prevention among injection drug users in three US cities (Baltimore, MD, Philadelphia, PA, and Washington, DC). Over the past 10 years she has worked as a statistician and data manager in the field of substance use and its co-morbodities including HIV, criminal behavior, and domestic violence.

Not Just About Your Backyard: Understanding the Impact of Syringe Exchange Programs on Crime at the Individual Client Level

Introduction: Although there is considerable evidence that syringe exchange programs (SEPs) do not increase crime in areas where they are implemented, the public often remains fearful of their implementation. While SEP advocates cite empirical studies that show that such programs offers a range of societal and public health benefits, opponents maintain that SEPs increase crime. Multiple studies have found that SEPs do not increase crime in neighborhoods where they are implemented, but no study has examined crime at the individual level for persons who access SEP services. The primary objective of this research was to examine the relationship between engagement with SEP services and criminal charges among injection drug users (IDU) in Washington, DC.

Methods: Crime data from January 1, 2000, to December 31, 2011, were obtained from the District of Columbia Metropolitan Police Department. IDU who registered with a SEP that operated from 1996 to 2010 in Washington, DC were matched to the charge dataset by first name, date of birth, and race. In order to be a match, all three items had to be identical. For purposes of this analysis, only clients who were 18 years of age at time of registration and who registered with the SEP on or after January 1, 2000 were included (N=4644). This date was selected to align registrations with downstream charge data. To ensure the analysis was limited to active IDU, only charges which occurred after each client's registration date were included in the analyses. A dichotomous variable (no charge vs. one or more charges) was created for each of 5 crime areas of interest: any charge, any drug charge, any heroin charge, any drug paraphernalia charge, and any release violation (i.e., probation violations, warrants, etc.). Chi-square and Student t-tests were used to identify differences in demographic and exchange engagement measures. We then used logistic regression for each of the 5 categories of interest that included demographics (gender, race, age at registration), and client engagement measures (number of times a client requested a referral to drug treatment, number of times a client engaged with the SEP). Gender (male vs. female) and race (African-American vs. White) were both entered as dichotomous variables while client age at time of registration (18-75), number of times a client requested a referral to drug treatment (0-13), and number of times client engaged in syringe exchange (1-325) were measured as continuous variables.

Results: The results of our Chi-square and Student's t-tests showed significant differences between those with and without a charge by race (44.3% of AA vs. 29.4% of White clients, $p<.0001$), number of times clients requested referrals for substance use treatment (.23 vs. .44, $p<.0001$), and the number of times the client engaged with the SEP (5.9 vs. 10.15, $p<.0001$). Because gender was marginally significant ($p=.09$) and there is existing research that shows it has an impact on criminal activity, we included it in all logistic regression models. Age at time of registration was not shown to have any significant differences (43.6 vs. 43.4, $p=.5610$) however age has been linked to engagement in criminal activity so this variable was included in the final model. No interaction was identified between race and gender.

Our overall logistic regression model predicting client engagement in criminal activity showed increased odds of being charged with a crime were associated with older age at time of registration with the SEP (OR=1.026, $p<.01$), being Male (OR=1.215, $p<.01$), and being African-American (OR=2.243, $p<.01$). Having more frequent SEP visits (.991, $p<.01$) and more client-initiated referrals to substance abuse treatment (OR=.827, $p<.01$) were associated with decreased client odds of being charged with a crime. These findings held true across each of the 4 remaining logistic models predicting being charged with any drug charge, any heroin charge, any paraphernalia charge, and having any release violation.

Conclusions: This research shows that service engagement factors have an impact on clients' criminal activity. In order to decrease the likelihood of criminal charges for SEP clients, SEPs should strive to engage clients earlier in their injection drug use careers, make substance abuse treatment readily available upon client request, and develop a comfortable relationship with clients to retain them in services.

O'ROURKE, Allison

George Washington University

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Mrs. O'Rourke is a Research Scientist at the Milken Institute School of Public Health at The George Washington University in Washington, DC. She currently works on a study (PI: Monica Ruiz) that explores policy change as a structural intervention for HIV prevention among injection drug users in three US cities (Baltimore, MD, Philadelphia, PA, and Washington, DC). Over the past 10 years she has worked as a statistician and data manager in the field of substance use and its co-morbidities including HIV, criminal behavior, and domestic violence.

Estimating the population of injection drug users in Washington, DC

Introduction: Harm reduction and HIV prevention service providers must have an accurate estimate of the size of their injection drug using (IDU) client population if they wish to ensure sufficient service provision to meet their clients' needs. Such knowledge is also critical for accurate resource allocation and program planning purposes. Until recently, there were no accurate, evidence-based estimates of the size of the IDU population in Washington, DC. In partnership with two local harm reduction service organizations, we employed capture-recapture methodologies to obtain a more accurate estimate of the number of injectors in the District of Columbia.

Methods: The WHO and UNAIDS Guidelines on Estimating the Size of Populations Most at Risk to HIV were used as the framework for this study. Two staggered periods of data collection -- a capture and a recapture phase -- were defined a priori. Each period was two weeks in duration. During the capture phase, all individuals who accessed services at the collaborating harm reduction agencies were approached for study inclusion and, after providing consent, were asked to complete a one-page anonymous survey to obtain basic demographic data and information about injection drug use. During the recapture phase, eligible individuals in the community were approached for study inclusion by outreach workers and secondary exchangers and, following consent, were asked to complete the same survey that was used in the capture period.

Results: A total of 951 surveys (238 capture, 701 recapture) were completed during the course of the study. Of those completing the survey, 532 individuals (55.9%) reported injection drug use in the past 30 days. Individuals reporting IDU were predominantly African-American/Black (78.8%), male (69.0%), 40-59 years old (59%), and District residents (89.8%). Most of the individuals reporting recent IDU (83.0%) also reported being younger than 30 years old at time of first injection. Injection drug(s) of choice were heroin (39.5%), heroin combined with cocaine (13.8%), and cocaine (11.7%). Participants reported a preference for obtaining clean injection equipment through syringe exchange providers (48.1%) and from a friend or through secondary exchange (15.0%). Using the WHO/UNAIDS formula for estimating population size, we estimated that there are approximately 11,898 (95% CI: 7,336 and 16,459) injection drug users in Washington, DC.

Conclusions: The data from this study provides a more accurate and current estimation of the number of injection drug users in the District of Columbia. These data are not only useful for harm reduction service providers with regard to estimating program delivery needs, but can be helpful in the allocation of resources to harm reduction and HIV prevention service providers to ensure that that have the capacity to meet the needs of the almost 12,000 DC residents at disproportionate risk for HIV and HCV acquisition.

Notes: This abstract is part of a suggested panel, "SEP in the City".

OGBUE, Christine

Co-Author(s):
Allysha Robinson, *Johns Hopkins Bloomberg School of Public Health,*
Ju Park, *Johns Hopkins Bloomberg School of Public Health,*
Colin Flynn, *Maryland Department of Health and Mental Hygiene,*
Danielle German, *Johns Hopkins Bloomberg School of Public Health*

Christine Powell Ogbue is originally from Miami, Florida. She has been the Project Manager for the BESURE Study for three years and is completing her Doctorate in Public Health at Morgan State University.

Uninsurance and Related Factors Among Injection Drug Users in Baltimore: Implications for Harm Reduction and Healthcare Programs

Introduction: Research suggests that there are under-identified healthcare needs of low-income, predominantly African-American, injection drug users (IDU). Being uninsured and having untreated chronic conditions leads to poor healthcare utilization among IDUs, including increased emergency rooms visits and healthcare expenditure, as compared to non drug-users. Therefore, the purpose of this study was to identify descriptive factors associated with insurance status and access to a healthcare provider.

Methods: Data were from the 2012 Behavioral Surveillance Research Study, the Baltimore arm of the National HIV Behavioral Surveillance System. Participants were Baltimore residents ages 18-65, who were recruited via respondent driven sampling, and had injected drugs in the past year. Participants completed health surveys via a computer assisted personal interviews with a trained interviewer. The outcome of interest was having visited a healthcare provider in the past 12 months. Covariates included insurance status, education level, race, and gender. Univariate frequencies were calculated, and chi-squared analyses were conducted to examine correlates of healthcare utilization.

Results: Of the 544 participants, 16% were uninsured. Of those who were uninsured, 75% were African-American, 63% were male, and 76% were over the age of 45. Nearly half of those uninsured (46 %) had graduated from high school or had a GED, 64% were unemployed and 23% were homeless at some point in the past 12 months. Additionally there was a significant positive association between having health insurance and having seen a healthcare provider in the past 12 months ($p<.01$).

Discussion: Findings indicate that health insurance is associated with healthcare utilization, as expected. Findings also suggest a high prevalence of uninsurance among older, unemployed, African American IDU males, a finding which is supported by the IDU literature. This population may be most amenable to health care access outreach and interventions.

Relevance to this conference: This study contributes recent data estimates of healthcare trends among IDU, a vulnerable population that is consistently under-represented in research. Findings can inform harm reduction strategies in Baltimore City, and also has implications for other low-income urban communities with high rates of IDU and possible other co-occurring conditions. Increasing access to insurance and harm reduction programs through initiatives such as the Affordable Care Act and needle exchange programs can improve health outcomes for vulnerable populations such as IDU.

ORRELL, Nikki

The Cambridge Centre

Co-Author(s):
Chris Long, *The Cambridge Centre, UK*

I am the Chief Executive of The Cambridge Centre a charity in North Yorkshire which is recognised for being one of the leaders in harm reduction in the UK. The organisation provides services to some of the most chaotic and vulnerable in our community: substance misusers, injecting drug users, alcohol users, offenders, street drinkers, rough sleepers and people with mental health problems. I have worked for the charity for the last 20 years both as a practitioner and manager. My training is in social work and worked in Child Protection prior to my career in substance misuse. Two years ago I successfully achieved my MSc in Criminology.

Enhanced Body Image and Performance in the UK: The Personal Cost

The Cambridge Centre is an independent charity operating out of North Yorkshire in the UK. For the last 30 years it has provided needle exchange services to drug injectors. These have predominantly been heroin, cocaine and amphetamine users but in addition we have consistently provided paraphernalia for injecting Image and Performance Enhancing Drug (IPED) users who have at times accounted for up to 30% of our activity latterly this has increased to 40% – 45% in 2013/2014. In the last five years we have seen an increasing number of young men who state that they want to change their body shape to improve their confidence and self esteem as the image of masculinity in the UK media becomes more focussed on athletic physique. These are not the traditional group of IPED users who are body builders and gym enthusiasts just young men who want to increase their bulk and muscle definition and believe they can achieve this through the use of IPED's without the physical workout needed.

Anabolic steroid use is relatively widespread, with an estimated 59,000 people aged 16-59yrs in England and Wales having used them in the past year (Drug Misuse: findings from the 2012 to 2013 Crime Survey for England and Wales). Our experience has shown us that this is a very difficult group to engage in accessing needle exchange services as these have been traditionally run by drug treatment agencies whose client group is significantly opiate users. IPED users have told us they feel embarrassed and reluctant to attend the needle exchange as they are ïnot druggies'. Other reasons for non engagement include: stigma, negative perceptions of drug services, ignorance and concerns around confidentiality. Rather than engage with services IPED users have reported ordering their paraphernalia online or through secondary exchanges from their peers. The result of this is poor levels of information and guidance around the use of IPED's and safer injecting practices.

Latterly this issue has been significantly helped with the recent launch of the NICE public health guidance Needle and Syringe programmes.

Regardless of previous reluctance and resistance to engage The Cambridge Centre has persisted to try to engage this group in dialogue and service provision because we have been acutely aware of the risks to this group who are ïputting themselves at risk of bacterial and fungal infections and the transmission of blood-borne viruses (NICE. Needle and Syringe Programmes. March 2014). In consultation with service users we have pursued the opportunity to provide secondary exchange through gym settings in order to formalise the process of secondary exchange, improve the quality of advice and information, be better able to record distribution and signpost IPED users to other services for instance for BBV and HIV screening. With the assistance of a forward thinking local gym owner and the engagement of some IPED users we have been successful in 2014 in supporting a secondary needle exchange from a gym setting. This has two approaches: a peer led exchange run by the gym owner and an IPED worker led ïgym clinic'.

The gym secondary needle exchange has been operating as a pilot since February 2014 and this young na¥ve group of injectors are being given good harm reduction advice and their wellbeing is being monitored closely in order to sustain their good physical and mental health. Outcomes will be closely monitored and we will engage with IPED users to get their feedback about the service and how we can reach more users. We are keen to replicate this secondary exchange model across the county of North Yorkshire as this appears to be the most effective way to provide services to harder to reach groups of injectors. Perhaps if high risk groups do not want to access services in the community they may access equipment from their peers or in settings that they trust. We are also keen to explore the effectiveness of peer mentoring and harm reduction work by engaging more experienced IPED users in gym settings to support younger more vulnerable peers. We aim to take the learning from this pilot to inform future development with an aim to reach more IPED users and ensure increased supply of clean and sterile injecting equipment to this group.

OYOLA-SANTIAGO, Tamara

The New School

Co-Author(s):
Tracy Robin, *The New School,*
Rachel Knopf Shey, *The New School,*
Kristen Harvey, *The New School*

Tamara Oyola-Santiago is Assistant Director of Wellness and Health Promotion, Student Health Services, at The New School where she mobilizes health promotion grounded in social justice and empowerment education for and with students. She graduated from the University of California, Los Angeles, with an MA (Latin American Studies) and an MPH (Community Health Sciences).

Currently, Tamara is part of the Board for QUEEROCRACY, an activist organization cultivating the leadership of queer folks and people living with HIV/AIDS in NYC; it is dedicated to ending the AIDS crisis and the stigma, discrimination and criminalization that fuel its existence.

Auricular Acupuncture and Acupressure in a University Setting

The National Acupuncture Detoxification Association (NADA) protocol, also known as Acu Detox, has been used as an adjunct to comprehensive substance abuse treatment since the 1970s. The 5 points in the ear that are stimulated during the NADA protocol are Shen Men, a point in Traditional Chinese Medicine that is known for its strong analgesic properties, and kidney, lung, liver, and sympathetic nervous system. The New School, a private not for profit university in New York City, provides the NADA protocol to its students as a tool for harm reduction and stress management, and teaches students and staff to use acupressure on the Shen Men point for themselves and others. This presentation will describe how the program got started and how harm reduction as NADA can be adapted for university settings. In addition, Shen Men acupressure seed placement will be taught and provided to participants.

PALTROW, Lynn

National Advocates for Pregnant Women

Co-Author(s):
Carl Hart, *Columbia University,*
Sharon Stancliff, *Harm Reduction Coalition,*
Dinah Ortiz, *Bronx Defenders,*
Emma Ketteringham, *Bronx Defenders Family Defense Practice,*
Jess Cochrane,
Sahra Kant, *Family Law & Cannabis Alliance (FLCA)* / Co-Presenter

Lynn M. Paltrow, JD, Executive Director, founded National Advocates for Pregnant Women in 2001. Ms. Paltrow is a graduate of Cornell University and NYU School of Law. Ms. Paltrow has served as a senior staff attorney at the ACLU's Reproductive Freedom Project, as Director of Special Litigation at the Center for Reproductive Law and Policy, and as Vice President for Public Affairs for Planned Parenthood of NYC. As Executive Director of NAPW, Ms. Paltrow combines legal advocacy with grassroots and national organizing and policy work to secure the human and civil rights, health and welfare of all women, focusing particularly on pregnant and parenting women. She is a Gemini and mother of twins.

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Is Harm Reduction Relevant to Pregnant Women and Parents in the Child Welfare System?

Harm Reduction provides a public health alternative to abstinence only responses to drug dependency problems. Harm Reduction is also an approach that helps save lives and families. Yet, pregnant people and parents in or threatened with child welfare interventions often find that abstinence is the only option if they hope to retain their right to parent their children. This roundtable will discuss the ways in which the child welfare system has become a vector for expanding the war on drugs and families and a mechanism for discriminating against parents who receive maintenance treatments. It will also be an opportunity for the roundtable participants to discuss ways in which they have used successful harm reduction techniques and arguments in their lives, cases, and advocacy efforts.

Background: While extensive attention has been paid to the ways in which the criminal punishment system is used to advance the war on drugs, comparatively little attention has been paid to an equally insidious and destructive mechanism for expanding the war on drugs and attacking the health and well-being of America's most vulnerable families: the child welfare system. Indeed, this system is becoming a primary mechanism for challenging and potentially undermining new state laws legalizing medical and recreational marijuana.

Today, the federal Child Abuse Prevention and Treatment Act (CAPTA), state child welfare laws, and court decisions increasingly treat any evidence of a pregnant woman or parent's drug use as a form of child abuse and evidence of parental unfitness. Every day, in family and juvenile courts around the country, in proceedings that are closed to the press and public, the same myths and misinformation about illegal drugs that fuel arrests and long prison sentences are being used to permit state policing of mothers, fathers and children through a highly intrusive and punitive child welfare system.

Typically, child welfare cases involving allegations of drug use progress through the court system without the input of a single expert, allowing junk science and drug war mythology to get reinforced in numerous published and unpublished court opinions. As a result, the greatest threat to children is portrayed as a woman who used any amount of any illegal drug during pregnancy or a parent who uses drugs, even without evidence that the parent's drug use is affecting his or her child. This provides the basis for placing families under extraordinary surveillance and control and removing children from their parents (most of whom are poor and a disproportionate number of whom are of color) and placed into an already overburdened foster care system where they may be denied a consistent nurturing caretaker and placed in greater risk of neglect and abuse.

And while excellent work is being done to challenge "stop and frisk" practices and expose the racial disparities in marijuana arrests, far less is being done to address the child welfare interventions the follow from marijuana arrests and the searches that pregnant women are subjected to in hospitals. See, 'WEED OUT: More than a dozen city maternity wards regularly test new moms for marijuana and other drugs' (http://www.nydailynews.com/new-york/weed-dozen-city-maternity-wards-regularly-test-new-mothers-marijuana-drugs-article-1.1227292); 'No Cause for Marijuana Case, but Enough for Child Neglect' (http://www.nytimes.com/2011/08/18/nyregion/parents-minor-marijuana-arrests-lead-to-child-neglect-cases.html?pagewanted=all&_r=0)

This critical roundtable will address the ways in which the child welfare system acts as a major vector for the "war on drugs" as well as successful strategies for brining harm reduction principles to that system.

PAPPAS, Alexi

Baltimore Student Harm Reduction Coalition

Co-Author(s):
Jennifer Kirschner, *Baltimore Student Harm Reduction Coalition*

Alexi and Jennifer are founding members of the Baltimore Student Harm Reduction Coalition (BSHRC). Alexi is a lifelong resident of Baltimore and a fourth-year medical student at the University of Maryland. He represents BSHRC on Baltimore City's Needle Exchange Program Oversight Committee. Jennifer is the current Executive Director of BSHRC, originally having come to Baltimore to attend the Johns Hopkins School of Public Health by way of New Jersey. Both Alexi and Jen have been very active in the creation of BSHRC's overdose prevention initiatives and are excited to talk about naloxone distribution in Baltimore!

Encouraging Urban Healthcare Providers to Promote Opioid Overdose Education and Take-Home Naloxone

One of the greatest barriers to widespread uptake of naloxone for patients and third-parties is clinicians' unwillingness to prescribe. This may be due to several factors, including lack of familiarity with naloxone as a take-home medication, uncertainty about the legal status of prescribing naloxone, and insufficient attention to assessment of overdose risk. As part of their efforts to reduce overdose incidence in Central Maryland, Baltimore Student Harm Reduction Coalition (BSHRC) has begun an initiative to engage and train health professionals to increase screening and discussion of opioid overdose risk and prescription of take home naloxone. Presenters will talk about their process and training content, as well as outcomes and lessons learned so far.

PAQUETTE, Catherine

HIPS

Co-Author(s):
TBA, *HIPS*

Catherine Paquette is the Mobile Services Manager at HIPS in Washington, DC. She manages HIPS' syringe exchange program, mobile outreach programs, and two 24-hour hotlines. She is also responsible for the recruitment, training, and supervision of over 100 volunteers each year. When she's not working at HIPS' basement office or on the overnight outreach van, Catherine practices self-care by surrounding herself with friends and loved ones and soaking up sunshine.

A Big, Messy, Powerhouse: How to Recruit, Train and Retain Volunteers from all Walks of Life to do Harm Reduction Work

When we get calls from people who are trying to start or improve their volunteer program, they always ask two questions: how do you find and retain all your volunteers? And then: how do you train people with no personal sex work/drug use experience to do outreach to drug users and sex workers? Let's face the facts: many of the people with the time and resources that allow them to volunteer will be people with privilege. College students and young professionals might have time and motivation, but they won't necessarily have personal experience with sex work or drug use. Peer-based volunteer programs are seen as the ideal, but there are many barriers faced by sex workers and drug users who want to give their time for free.

HIPS has been relying on a cohort of over 100 volunteers to staff a 24-hour hotline and overnight outreach programs, among many other important roles, for over a decade. Our volunteer cohort includes students, activists, service providers, policy-makers, peer educators, people of color, LGBTQ folks and allies, and current and former sex workers and drug users. In this interactive workshop, you'll get an inside look into how HIPS has created and maintained a program in which hundreds of hours of volunteer work each month keep our programs alive, year-in and year-out.

PAQUETTE, Catherine

HIPS

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Maurice Abbey-Bey, *HIPS*

Catherine Paquette is the Mobile Services Manager at HIPS in Washington, DC. She manages HIPS' syringe exchange program, mobile outreach programs, and two 24-hour hotlines. She is also responsible for the recruitment, training, and supervision of over 100 volunteers each year. When she's not working at HIPS' basement office or on the overnight outreach van, Catherine practices self care by surrounding herself with friends and loved ones and soaking up sunshine.

We're Not Just Throwing Needles Out of the Window: Integrating Outreach, Needle Exchange, and Wrap-Around Supportive Services for Sex Workers and Drug Users

The services offered through harm reduction outreach programs tend to be quite limited – clients might get needles, condoms, and referrals, but it can be difficult to provide the kind of consistent wrap-around services that they would get if they could see a case manager, tester, or community health worker at your office. Especially for clients who are transient, don't have regular cell phone access, and have barriers to accessing transportation, coming to a traditional office environment might not be possible, and by using an outreach program just to deliver supplies, you may be missing opportunities to address the deeper issues that your clients are facing. In this interactive workshop, we'll share strategies for making the move from "Outreach" to "Mobile Services," including identifying the underlying needs of your most hard-to-reach clients, offering practical solutions for providing supportive services in the field, and avoiding common pitfalls that organizations face when integrating their services. Participants will hear from HIPS staff who work at all stages of the continuum of care (mobile syringe exchange, HIV/HCV testing, case management, and linkage) how they created an integrated network of care for clients reached through their needle exchange and sex worker outreach programs.

PARK, Ju Nyeong

Johns Hopkins Bloomberg School of Public Health

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Colin Flynn, *Maryland Department of Health and Mental Hygiene,*
Danielle German, *Johns Hopkins Bloomberg School of Public Health*

Ju Park, MHS currently works as Field Supervisor and Data Manager for the BESURE study. She also works part-time as Program Coordinator for BSHRC's Overdose Education and Naloxone Distribution program in Baltimore.

Socio-demographic Correlates of Accessing Needle Exchange Programs Among People Who Inject Drugs in Baltimore: A Comparison of 2009 and 2012 Data

Background: Needle exchange programs (NEP) are evidence-based programs that have been instrumental in reducing the incidence of infectious diseases such as HIV and providing preventative and linkage to care services for people who inject drugs (PWID), an often stigmatized population. Our aim is to compare the socio-demographic characteristics of PWID who attended an NEP in the prior year to individuals who did not attend an NEP.

Methods: The Behavioral Surveillance Research (BESURE) study is a community health study that measures the prevalence of HIV, health and social issues, health-related behaviors, and access to services in Baltimore. BESURE is the Baltimore site of the CDC-funded National HIV Behavioral Surveillance system, which includes 20 sites. In 2009 and again in 2012, individuals residing in Baltimore were recruited using respondent-driven sampling. Participants for these recruitment cycles were eligible for BESURE if they were aged at least 18 years, identified as male or female and reported injection drug use in the past 12 months. The current analysis was restricted to non-seed participants residing in Baltimore City or Baltimore County who completed the survey and HIV test. Bivariate and multivariate logistic regressions were conducted in Stata/SE 12.0.

Results: Data from 513 and 636 PWID were included in the analysis from 2009 and 2012. In 2012, 66.9% were male, mean age was 50 (range 21-74), 88.1% were Non-Hispanic Black (NHB), 7.2% were Non-Hispanic White (NHW), 4.7% were other race/ethnicity, 57.8% had attained at least grade 12 or GED, 40.7% were currently unemployed, 32.4% experienced homelessness in the past 12 months, and 73.1% of participants met the DHHS definition for experiencing poverty. In 2009 and 2012, 60.2% and 65.6% respectively had accessed a needle exchange program to receive sterile needles, injection cookers, cotton, or water in the past year. In 2009, NHW were less likely to access NEP than NHB and homeless individuals were more likely to access an NEP ($p<0.05$). In 2013, there were no significant differences in NEP access by age, gender, race/ethnicity, highest educational level attained, employment status, experiences of homelessness, incarceration in the past year, poverty level, or HIV status. However, variations in NEP access between ZIP codes of residence were observed in both years (for ZIP codes with sample size $n>14$, NEP access ranged from 41.9%-75.0 in 2009 and 56.8%-75.6% in 2012).

Conclusions: While some differences in NEP access were observed in 2009 for race/ethnicity and current homelessness, no socio-demographic differences in prior year NEP access were observed in 2012 and the observed geographic differences were further mitigated. These data suggest that the Baltimore NEP is successfully reaching a broad range of PWIDs, with minimal disparities in access. Continued attention to potential geographic barriers may be warranted.

PARK, Ju Nyeong

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Louis Spencer, *Johns Hopkins Bloomberg School of Public Health,*
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Ju Park, MHS currently works as Field Supervisor and Data Manager for the BESURE study. She also works part-time as Program Coordinator for the BSHRC Overdose Education and Naloxone Distribution Program.

A Changing Epidemic: Drug Use Trends Among Baltimore Residents from 2010 to 2013

Background: In Maryland, the number of drug- and alcohol-related deaths in Maryland rose 7% from 799 to 858 between 2012 and 2013 and disproportionately affected Non-Hispanic Black (NHB) individuals and Baltimore City and County residents [2, 3]. In this analysis, we characterized changes in drug and alcohol use patterns in Baltimore from 2010 to 2013.

Methods: The Behavioral Surveillance Research study (BESURE) is a community health study that measures the prevalence of HIV, health and social issues, health-related behaviors, and access to services in Baltimore. BESURE is part of the CDC-funded National HIV Behavioral Surveillance system, which takes data from 20 U.S. sites to monitor trends in HIV prevalence and risk behaviors across the country. In 2010 and 2013, men and women residing in Baltimore were recruited using respondent-driven sampling. Eligibility criteria were: aged 18-60 years, identified as male or female, currently lived in the Baltimore-Towson MSA, and had sexual intercourse with a member of the opposite sex in the past year. The current analysis was restricted to Baltimore City and Baltimore County residents who completed the survey and HIV test. The nonparametric test for trends across ordered groups was conducted in Stata/SE 12.0.

Results: 372 and 479 participant data from 2010 and 2013 were included in this analysis. Half of individuals were male, mean age was 37 (SD=12), the majority identified as NHB (94.9% and 88.3% respectively), over 40% were unemployed and past year homelessness was common (39.1% vs 16.9%). The demographic profile of participants between the two samples significantly differed on age ($p=0.005$) and homeless in the past year ($p<0.001$). The prevalence of non-injection drug use (NIDU) in 2013 among all participants were as follows: marijuana (56.8%), painkillers (24.0%), heroin (18.2%), crack cocaine (15.5%), benzodiazepines (15.0%), ecstasy (11.7%), and powdered cocaine (10.9%). Use of benzodiazepines increased significantly between 2010 and 2013 (8.6% to 15.0%, $p=0.005$) and the use of ecstasy decreased (16.7% vs. 11.7%, $p=0.04$). Prevalence of using non-injection heroin, crack cocaine and/or powdered cocaine in the past year was stable at 14.2% ($p=0.3$).). The prevalence of weekly binge drinking in the past year decreased from 38.2% to 31.5% ($p=0.04$) and 9.2% of individuals reported weekly binge drinking and any heroin use in the past year ($p=0.2$).

Conclusions: These data highlight that after marijuana use, prescription drugs were the most common non-injected drug used non-medically in Baltimore, followed by heroin, crack cocaine, ecstasy and powdered cocaine. Benzodiazepine abuse increased significantly between 2010 and 2013 whereas other drug use did not differ. This finding will be explored further using multivariate models. The generalizability of the findings will also be discussed. In sum, prevalence of illicit non-injection drug use in Baltimore supports the need for continuing harm reduction services such as needle exchange programs, drug and alcohol treatment services and overdose prevention programs. These data may be useful in informing the design and delivery of such health services in Baltimore.

[1] Centers for Disease Control and Prevention.

[2] Drug and Alcohol-Related Intoxication Deaths in Maryland, 2013. Maryland Department of Health and Mental Hygiene June 2014

[3] U.S. Census Bureau

PATERSON, Kiefer

HIPS

Kiefer Paterson is a community organizer, activist, and most recently a case manager at HIPS. He continues to try and find ways to effectively merge his dual worlds of direct service and social justice organizing. He has worked on LGBT justice, economic justice, and gender justice issues and believes strongly in an intersectional model of service and advocacy.

Beyond Needles and Condoms: Harm Reduction in Supportive Services

As changes to funding landscapes continue to shift many agencies are expanding the scope of their services to include a wider variety of supportive services. While an overall positive thing, many of these supportive services have not traditionally been harm reduction centered, and often grant/reporting requirements run counter to our philosophy of 'meeting people where they're at'. Other times our supportive services require us to assist clients in accessing resources that might be controlled by agencies that take a strictly abstinent approach to substance use. In this interactive workshop, we will discuss strategies for staying true to our harm reductionist roots while providing supportive services such as case management in the face of systems which serve as gate keepers to our clients. Participants will hear from a HIPS staffer who has transitioned from outreach worker, to community healthcare worker, and finally to case manager and the challenges faced at providing an increasing scope of services in a harm reductionist fashion. Participants will also examine several 'case studies' and discuss practical tips on helping clients meet their goals in housing, treatment, or employment in the face of restrictive external program requirements while remaining client centered and empowerment oriented.

PATRY, Emily

The Miriam Hospital

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Lauri Bazerman,*The Miriam Hospital,*
Irene Kuo, *George Washington University,*
Nickolas Zaller, *University of Arkansas*

Emily Patry, Senior Research Assistant at The Miriam Hospital in Providence, RI from 2008 to present. Past and current research topics include engaging persons living with HIV in health care pre/post incarceration, rapid HIV/HCV testing initiatives with incarcerated populations, rapid HCV education and testing program with persons involved with community corrections. Americorp VISTA volunteer 2007 to 2008 with AIDS Care Ocean State, worked on a variety of HIV/HCV prevention and testing programs.

Opportunities for Rapid Hepatitis C Testing Among Persons Involved with Community Corrections

Background: Hepatitis C (HCV) testing has largely been ignored among community correction (i.e., probation and parole) populations with even less attention focused on offenders' risks and behaviors. In contrast to jail and prison inmates, individuals on probation and/or parole have more opportunities to engage in HCV risk related behaviors, such as unprotected sex and injection drug use. Many individuals released from prison often resume their pre-incarceration patterns of drug use and risky sexual behavior upon release. HCV risk among individuals released from corrections is also increased due to structural factors such as poverty, unemployment, lack of adequate health care, homelessness, and untreated mental illness. Additionally, factors related to being on probation or parole may increase HCV risk behaviors; for instance, fear of being charged with a parole/probation violation may inhibit probationers who inject drugs from accessing needle exchange services and/or other harm reduction services.

Aim: To conduct a feasibility and acceptability study of rapid HCV testing within community corrections offices in Rhode Island.

Methods: Individuals currently on probation and parole and with unknown HCV serostatus were recruited and enrolled at one of two community corrections offices in the greater Providence, RI area. All participants provided informed consent, completed a risk assessment questionnaire, viewed a pretest counseling video, and were offered rapid HCV testing. Those with reactive results were referred for viral load testing for confirmation and persons confirmed with chronic infection were referred to care.

Results: Of the 86 individuals enrolled in the study, 83% were male, 16% were female and 1% was transgender. Study participants self identified as white (63%), black or African American (20%), Native American (6%), more than one race (2%), or Pacific Islander (1%). Eight percent of participants reported another unspecified race or refused to answer. Eighty one participants (94%) completed rapid HCV testing, and of those, 12% had a reactive rapid test. Thirty percent of those with a reactive rapid HCV test presented for confirmatory viral load testing.

Conclusion: Rapid HCV testing appears both feasible and acceptable in the community corrections setting, and the preliminary proportion of positive rapid tests was relatively high. It is important to acknowledge that barriers existed to rapid HCV testing in this setting, specific to each community corrections office, which limited the uptake of rapid HCV testing by community corrections involved persons. Barriers included location of the community corrections office and staff knowledge of services being offered.

POLLINI, Robin

Pacific Institute for Research and Evaluation

Co-Author(s):
Dallas Blanchard, *Fresno Needle Exchange Program,*
Kris Clarke, *Fresno State University,*
Patricia Case, *Northeastern University*

Robin Pollini is a Senior Research Scientist at PIRE and Principal Investigator of a NIDA-funded study examining pharmacy-based syringe access in the Central Valley. Patricia Case is a Research Associate Professor at Northeastern University and a Co-Investigator on the NIDA study. Dallas Blanchard has led the Fresno Needle Exchange Program for two decades and serves is a consultant on the study. Kris Clarke is an Associate Professor in the Department of Social Work Education at Fresno State University, where she conducts harm reduction research and works to introduce students to harm reduction concepts and practice.

The 'Other' California: Harm Reduction Challenges and Successes in California's Central Valley

Communities in California's Central Valley have some of the highest rates of injection drug use in the U.S. but political support and funding for harm reduction in this region lag far behind San Francisco, Los Angeles, and other metropolitan areas. In this workshop we will provide a brief overview of the factors that contribute to high rates of injection drug use and low support for harm reduction in this region, followed by a more detailed discussion of the challenges and successes that grassroots harm reduction workers in the Central Valley have encountered in their efforts to provide much needed services. We will also discuss how harm reductionists and researchers are working together to better understand and document barriers to safer injection in the Central Valley and develop interventions. The overarching goal of this workshop is to provide a forum for presenters and attendees to discuss issues that are unique to predominantly non-urban, politically conservative, and under-resourced communities across the U.S., using the Central Valley as a case study. The workshop is also designed as an opportunity for information exchange, mutual support, and collaboration around these issues.

POWERS, Christina

RTI/Urban Health Program

Christina Powers received her Masters in Social Welfare from UC Berkeley in 2011 with a focus in community mental health. From 2003 to 2005, she worked with dually diagnosed single homeless adults as they transitioned to supportive housing. From 2005 to 2009, she worked as an investigator for the Habeas Corpus Resource Center – a California state agency that represents death row inmates through their appeals process. She currently works as a clinical case manager for HIV-positive drug users on probation or parole.

Working with HIV-positive Drug Users During California's Prison "Realignment"

In 2010 the California Supreme Court ruled that conditions stemming from California's prison overcrowding constituted cruel and unusual punishment. This decision effectuated a period in California known as "realignment." During this time California's prison population was significantly reduced and sentences for low level non-violent offenders shifted from prison to county jail.

Although 40,000 inmates were released from prison back to the community during realignment, community services for this population varied in California from county to county.

Former offenders face institutional barriers to housing and income. Parolees and probationers with additional stressors of mental health and drug use not only struggle with long term stabilization, but many have a hard time getting their basic day to day needs met.

Project Bridge is part of a five year study funded by The National Institute of Mental Health. Project Bridge provides a novel case management model for formerly incarcerated people who are HIV positive, homeless, and have serious mental illness or drug addiction, with the goal of maximizing HIV care and decreasing recidivism rates.

Drawing on my work with Project Bridge, I will talk about the challenges of working with this population during California's historic period of realignment. Using case vignettes I will illuminate the difficulties this population face in the community as well as some of the successes achieved in spite of overwhelming institutional obstacles.

PUCCIO, Joelle

People's Harm Reduction Alliance

Through experiences as a teenager, I learned enough to know that everything I was taught about illicit drugs in nursing school was false. I got into harm reduction because I saw terrible oppression on a marginalized population based on these false beliefs. I have been Director of Women's services at the People's Harm Reduction Alliance in Seattle for over 4 years. I have been working in Neonatal Intensive Care and Post-Partum (after birth) at a community hospital for over 10 years.

Changing the System from the Inside: Healthcare for Childbearing Drug Users

In 2013, I was given permission by my Clinical Nurse Educator to rewrite our hospital's policies regarding maternal drug use, neonatal abstinence syndrome (withdrawal), and child protective services. In this presentation, I will discuss the current state of service in the Seattle area, how it compares to research and Health Department recommendations, and my experiences as a young radical trying to change the deeply ingrained habits of healthcare professionals.

PUCHNER, Brooks

Baltimore Student Harm Reduction Coalition

Co-Author(s):
Dinah Lewis, *Baltimore Student Harm Reduction Coalition,*
Kristine Johnson, *Division of Infectious Disease, Johns Hopkins University*

Brooks and Dinah are volunteers with the Baltimore NEP Wound Care Clinic and active members of the Baltimore Student Harm Reduction Coalition (BSHRC). They are also third-year medical students at Johns Hopkins and founders of Hopkins Med for Harm Reduction, a BSHRC affiliate. Wound care and needle exchange advocacy aside, they are also involved in the creation and implementation of BSRHC's overdose prevention and naloxone distribution initiatives.

Wound Care Aboard the Needle Exchange Program Vans: Implementation of a Mobile Wound Clinic for a Population at Risk in Baltimore, MD

People who inject drugs (PWID) comprise a population particularly at risk for developing abscesses and chronic wounds. All too often, however, PWID must navigate complexities of the health care system with limited social support and many PWID delay seeking care for their wounds. In 2012, the Baltimore Needle Exchange Program (BNEP) and the Johns Hopkins Wound Healing Center coordinated efforts to develop a mobile wound care clinic for BNEP clients. Operating aboard the BNEP vans and staffed by infectious disease physicians, nurses and volunteers, the mobile Wound Care Clinic provides an array of services to PWID in Baltimore, offering acute and chronic wound care, wound care supplies, referrals, and follow-up for patients with wounds and infections.

We will discuss how our partnership has managed to effectively provide specialized wound care, free of charge, to a population particularly at risk for wounds and prone to limited follow-up care. This presentation includes updates since the 2012 National Harm Reduction Conference, where we first introduced the BNEP Wound Care Clinic. We will provide the latest collected data, describe how the program has evolved, outline our current strategies and, ultimately, demonstrate our ability to successfully deliver accessible and cost-effective wound care.

RALSTON, Meghan

Drug Policy Alliance

Meghan Ralston is the harm reduction manager for the Drug Policy Alliance. Based in Los Angeles, Ralston's work since joining DPA in 2006 has included implementing over-the-counter pharmacy syringe sales throughout Los Angeles County and leading DPA's work on California's 911 Good Samaritan law and California's pharmacy naloxone access bill. Prior to joining DPA, she created and ran Street Medicine, a volunteer-driven project to assemble and distribute first aid kits to homeless populations throughout Los Angeles.

Furnished Upon Request: Eliminating Barriers to Naloxone in Pharmacies

Washington, Rhode Island, New Mexico and California are just a few of the states where pharmacies have recently begun reducing barriers to naloxone purchase. This panel will explain the various ways naloxone is becoming increasingly accessible in pharmacies and provide practical strategies for pursuing this in your state.

Cops, Naloxone, Asset Forfeiture and Drug Users: It's Complicated

Millions of dollars generated by civil asset forfeitures are now being directed toward law enforcement for naloxone purchase and training. Equipping officers with naloxone is gaining strong support from ONDCP, the United States Attorney General and many harm reduction advocates across the country. While some believe the use of seized assets (via civil asset forfeiture) is an appropriate, if not ideal, way to spend those funds, others have raised concerns about the ethics of using these funds for anything at all, recommending we instead encourage law enforcement to look elsewhere for naloxone funding, and dismantle or dramatically overhaul asset seizures. Join us for this panel, where we'll learn: how asset forfeiture works; the pros and cons of using these funds for naloxone acquisition; the impact asset seizures can have on people who use drugs; and how to better understand both sides of the issue.

RAMOS GOMES, Bruno

Centro de Convivência É de Lei

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Roberta Marcondes Costa, *É de Lei*

Bruno Ramos Gomes is a psychologist, with master degree on Public Health at Public Health School – Sao Paulo University, and coordinates Centro de Convivência *É* de Lei, an harm reduction community center and outreach work at Sao Paulo Downtown. Works at Cracolandia, a poor region at Sao Paulo downtown with constant street Crack use since 2004. Has already worked with homeless children using drugs and also a few months at Espoir Goutte D'Or, in the 18ème parisienne.

Harm Reduction with Crack Users: the Experience of A de Lei at Cracolandia in Sao Paulo, Brasil

Cracolandia (Crackland) is a psychotropic territory, a region with hundreds of people using and selling Crack publicly in Sao Paulo downtown. Centro de Convivencia *É* de Lei (Community Center 'It's Legal') works with a harm reduction team there since 2003. An outreach team distributes preventive materials for drug users on the streets and support their process of taking care of themselves and accessing public services. In the community center, we receive the drug users and develop different activities, such as debates, audiovisual and digital workshops, and a more individual approach to care. This presentation pretends to present the overview of this experience.

REDMOND, Helen

Silver School of Social Work, New York University / Gibb Mansion

Co-Author(s):
Sylke Scharrenbroich, *Pratt Area Community Counsel / Gibb Mansion*

Helen Redmond LCSW has over a decade of experience working with adults with co-occurring disorders in medical and community settings. She is adjunct faculty at the Silver School of Social Work at New York University, a trainer for the Harm Reduction Coalition NYC, she is an independent journalist and writes about drugs for the websites AlterNet, Socialist Worker and SUBSTANCE.

She has a consulting business called: Nicotine Harm Reduction Consultants.

Nicotine Addiction, Mental Illness and Electronic Cigarettes

There are phenomenally high rates of smoking among people who have a mental illness. For schizophrenics, the rate is almost 90 percent.

A study by The Journal of the American Medical Association reported that 44.3 percent of all cigarettes in the US are consumed by individuals who live with a mental illness and/or a substance use disorder. This is because nicotine has powerful, fast-acting, anti-anxiety and anti-depressant effects. But smoking takes a deadly toll. The National Alliance on Mental Illness estimates that smoking kills about 200,000 people with a mental illness every year.

Now, because of the availability of electronic cigarettes, it's possible to dramatically lower the rate of mortality for this population. E-cigarettes deliver pure nicotine with no carcinogens. But the use of electronic cigarettes is controversial and opposed by numerous public health organizations on the grounds that a person continues to be addicted to nicotine. Laws have been passed around the country banning 'vaping.'

In this workshop we discuss electronic cigarettes and nicotine addiction within a harm reduction framework.

We will discuss the challenges of helping low income clients who smoke tobacco transition to electronic cigarettes.

It really is a matter of life and death.

RENNO, Stephanie

Department of Veterans Affairs

Co-Author(s):
Lindsey Neuman, *Department of Veterans Affairs*

Creating a collaborative 'Road Map': Family-Based Harm Reduction Treatment Planning

At the termination of this workshop, the participants will have an outline for running a family-based treatment planning session for a client who is utilizing a harm reduction approach to making changes to substance use. The participant will have an understanding of the underpinnings of a harm reduction approach, as well as a specific step by step plan to lead a session. The treatment plan will be developed using the analogy of a Road Map, describing the recovery process as a journey with many steps along the way. This progressive approach allows for flexibility in goal setting and in the ability to meet the client where they are at. The family and client will collaborate to develop markers and places to identify progress. Additionally, the family will create 'Rules of the Road' a way to develop specific behavioral and emotional boundaries for all members of the family. The rules will be a collaboration between the client, the family and the clinician, using research-based guidelines for family involvement in recovery as well as the families own ideas as to what will be helpful for them. The model for this session will set the clinician up for clinical success; the family should experience an increase in communication, an increase in involvement and support in recovery and an increase in investment in the recovery of the individual.

RENTE, Kevin

Harlem United

Kevin Rente, MA, is currently Vice President of Harlem United Community AIDS Center, an organization that provides community-based healthcare, prevention, advocacy, and housing services to people living with HIV/AIDS. His responsibilities include overseeing 14 programs with over 23 government contracts, and overall compliance and quality assurance efforts throughout the Supportive Housing Division which includes over 500 supportive housing units and supportive services.

Harm Reduction and Health Improvements Among HIV Positive Clients Residing in a Permanent Supportive Housing Program in New York City

Issue: Since the inception of supportive housing programs for persons living with HIV/AIDS (PLWH/A), Harlem United has been at the forefront of addressing health disparities by recognizing the need for harm reduction services for clients with substance abuse and mental health issues. Homeless and unstably housed PLWHA, many whom have additional co-morbid and substance abuse issues are less likely to receive appropriate health care and experience higher rates of opportunistic infection. Moreover, data still suggests that among PLWH/A the greatest unmet service continues to be housing. For PLWHA in supportive housing with multiple co-occurring illnesses, connection to medical care is essential to stabilize health and reduce viral loads.
Description: Within our supportive housing programs, individuals are provided harm reduction services with a full continuum of medical, mental health and social support services to stabilize health. The presentation will discuss our harm reduction program model to facilitate greater housing stability, reduced risk and improved access to care.

Lessons Learned: Evaluation of our harm reduction supportive housing services has shown consistent housing stability, increased connection to medical care, and viral load stability among previously homeless clients residing in our supportive housing programs.

Despite clients having a history of homelessness with multiple co-morbid conditions, over 74% (n=494) were able to achieve an undetectable viral load. For these clients housing stability is critical to maintaining health.

Recommendations: Supportive housing which adopts harm reduction strategies are shown to help clients remain housed, increases access to health care, stabilizes health, and mitigates the staggering death rates among PLWH/A.

REYNOLDS, Andrew

Andrew Reynolds is the Hepatitis C Education Manager for Project Inform, and Board Member of the San Francisco Drug Users Union. He has worked in the field of HIV, HCV and STD prevention and treatment for nearly 20 years.

Engaging People who Smoke Crack: HIV and HCV Prevention in a Crack Pipe Distribution Program

At the January 9, 2014 HIV Prevention Planning Council meeting, the Council recommended the distribution of crack pipes as an HIV prevention intervention. It has since garnered much attention and press, and officials from the San Francisco Department of Public Health have strongly voiced their opposition to the proposal. Crack has been identified as a driver for HIV in San Francisco (SF HIV Prevention Plan, 2010). Additionally, rates of HCV are higher in non-injecting people who smoke crack than in the general population (Macias et al in Liver International found an HCV prevalence rate of 12.6% in non-injection drug users). Although HIV transmission may occur from the sharing of crack pipes, the behaviors associated with crack use (loss of inhibition, trading sex for crack) do carry risk of HIV and STD transmission. Additionally, people who smoke crack have higher rates of tuberculosis and pneumonia. A crack-pipe distribution program has the benefits both preventing infectious disease transmission and engaging people who do not inject drugs in harm reduction services like health education, counseling and referrals. Several cities in Canada have shown that this is an effective intervention, and the Urban Survivors Union of San Francisco has begun an unsanctioned crack-pipe distribution program to address this unmet need for this population. This presentation will review the health consequences of crack smoking, with particular emphasis on HCV, review key principles and practices for crack-pipe distribution programs, and end with a call for advocacy for improved health and harm reduction services for people who smoke crack.

RHODES, Evelyn

Mount Sinai Icahn School of Medicine

Co-Author(s):
Michael Andreae, *Mount Sinai Icahn School of Medicine,*
Debbie Indyk, *Mount Sinai Icahn School of Medicine,*
Tyler Bourgiose, *Mount Sinai Icahn School of Medicine,*
Henry Sacks, *Mount Sinai Icahn School of Medicine,*
Rosamond Rhodes, *Mount Sinai Icahn School of Medicine*

Evelyn Rhodes received her masters in public health from the Johns Hopkins Bloomberg School of Public Health in 2013. She focused on social and behavioral health, specifically using qualitative research methods. Rhodes began working with the Mount Sinai Icahn School of Medicine in the Bioethics and Clinic Trials department in 2013. She currently lives in Baltimore, has been a member of the Baltimore Student Harm Reduction Coalition since 2012. In Baltimore, she works in public health research and is the Executive Director of the Baltimore Youth Kinetic Energy (BYKE) Collective, a youth bicycle program in Midtown, Baltimore.

Community Deliberation Overcomes Bias and Perceived Barriers to Research on Controlled Substances.

Bias against schedule I drugs, such as heroin and marijuana, presents a barrier to researching therapeutic potential of these substances. For people living with HIV, highly addictive drug use can result in biomedical complications and further disease transmission. While tightly controlled drugs can negatively impact individuals and society, the same substances could provide relief and harm reduction to HIV patients. Cocaine, ketamine and ecstasy (MDMA) have therapeutic potential for a variety of physical and mental illnesses. Heroin, cannabis and other illegal drugs are potent analgesics, some prescribed routinely in Europe. Cannabis might even have therapeutic benefits as treatment of HIV itself. The absence of studies on therapeutic uses of controlled drugs suggests that strict regulations, fear of legal consequences, and stigma associated with abuse and populations using illicit drugs may hinder research on controlled drugs for HIV related disease. We hypothesize that bias and social stigma related to drugs of abuse are barriers to research, but simply through focused deliberation, those barriers are diminished.

Methods: We use qualitative research methods, including Focus Group Discussions (FGDs) and In-Depth Interviews (IDIs) to explore and compare the attitudes of three relevant stakeholders: (a) people living with HIV, (b) clinicians/ researchers, and (c) IRB members. We study three drugs (a) gabapentin, (b) heroin, and (c) cannabis as illustrative examples of potential therapeutic targets; each substance differs in the domains of stigma, legal status and addiction potential.

Findings: We recruited 19 IRB members, 18 clinicians and 40 individuals living with HIV to participate in FGDs. Stakeholders varied greatly in basic demographic characteristics. The IRB members and clinicians were predominantly White (56% and 93% respectively), while the patients were predominantly Black (73%). All (100%) of IRB members and clinicians had graduate school level academic attainment, while most (66%) patients achieved high school levels or lower. The clinicians and IRB members had comparable average reported yearly incomes (over $100,000), while the average patient reported less than $20,000/year.

All stakeholder groups, regardless of demographic characteristics, initially responded negatively to researching schedule I substances for HIV symptom therapy. However, stakeholder groups differed in their primary concerns. Patients were concerned about reporting bias and drug seeking behavior. Clinicians were worried about legal and regulatory restrictions. IRB members focused on ethical concerns for both subjects and researchers. Disagreement among stakeholders of the key reasons to avoid research indicates personal biases and inadequate discussion for a comprehensive understanding of why Schedule I substances should or should not be researched.

By the end of each focus group discussion, however, stakeholders came to similar conclusions. They concurred that conducting research would be complex, but not impossible. Through deliberative democracy, participants illuminated and challenged perceived barriers. Analysis revealed four fundamental arguments that demonstrated biases and negated opposition to research:

(1) Harm reduction: the potential benefit a controlled substance can provide to mitigate other risks for individuals and society, such as improper self-medication, avoidable illness and egregious side effects, or crime.

(2) Exceptionalism: the medical risks associated with heroin and marijuana are similar to those of other, studied and prescribed substances, such as chemotherapy, oxycontin and nicotine, and should not be considered differently.

(3) Benefit: the potential for marijuana and/or heroin to provide effective, affordable, and accessible treatment for refractory pain and other symptoms.

(4) Knowledge: Thorough research will yield information that will advance the understanding of the drugs' effects and how to safely administer them.

Conclusion: Stakeholder disagreement on relevant barriers to research suggests biases and the need for further deliberation of current policy. FGDs facilitated community-based participatory deliberation that ultimately diminished perceived barriers that resulted from stigma and biases. This process can be used for further research, as well as implemented intervention in understanding the barriers to researching therapeutic potential of illicit substances for HIV.

RIDDLE, Julia

Co-Author(s):
Susan Sherman, *independent*

Julia Riddle is a third year medical student at Johns Hopkins School of Medicine. Julia's previous research was in the development of smartphone applications to improve medication adherence among persons with HIV and co-morbid drug use. She also assisted in the evaluation of the barriers to smoking cessation counseling in Maryland's mental health clinics. She hopes to continue her work on prescription drug abuse in exotic dance clubs while finishing medical school.

Prescription Painkillers and Transactional Sex in Exotic Dance Clubs in Baltimore, MD

Transactional sex in exotic dance clubs has been linked to the initiation and escalation of heroin, crack, and alcohol use and to the maintenance of STI and HIV transmission rates. Current research seeks to understand the role of prescription painkillers in Baltimore's exotic dance clubs. Preliminary research looked at the perceived prevalence of painkillers in relationship to the perceived prevalence of transactional sex and other drugs.

Data was collected in the summer of 2013 in 26 exotic dance clubs throughout Baltimore City and surrounding suburbs. Three hundred and sixteen club staff (ie. dancers, bartenders, doormen, managers) completed a survey on club practices including perceptions of transactional sex and drug use.

Analysis showed that all clubs had a baseline perceived prevalence of drug and/or alcohol use. Painkillers ranked third highest after alcohol (1st) and pot (2nd) and significantly higher than heroin (injected or snorted), crack (injected or snorted), and ecstasy. The perceived use of painkillers was positively associated with the perceived prevalence of the sale of oral and anal sex, but not with vaginal sex (trending with other drugs, except drinking).

Prescription painkillers misuse has proven to be a national "epidemic" and programs are continually arising to attempt to curb the trend. Research on painkiller misuse in young adults has shown that many young adults are using painkillers to self-treat depression, pain, and posttraumatic stress from sexual assault or witnessed violence. Exotic dancers in Baltimore face unique challenges and exposures in their work environment. As research continues to explore painkillers, we will need to consider how to create or modify (ie. Needle-exchange) programs to help reduce the potential risks associated with painkiller misuse among exotic dancers.

RILEY, Shannon

Insite

Co-Author(s):
Danielle Cousineau, *Insite*

Shannon Curry has been a Harm Reduction Counselor with Evergreen Health Services' syringe exchange program Project S.A.F.E for a year. She has just completed her Masters degree in Community Mental Health Counseling, and lives in Buffalo, NY.

Stabilizing Veins, Stabilizing Lives: Nursing at Insite

When we come on shift, we must be immediately ready to multitask. We start by getting the shift change report and then check the emergency kits for supplies while simultaneously surveying the injection booths for signs of someone overdosing. The next task is figuring out if anyone needs help finding a vein for injecting. Meanwhile, we notice a participant (an individual using the services at Insite) taking additional harm reduction supplies. "Are you using off site?", we say. "Did you know we can train you to administer Naloxone in overdose scenarios, for when you are unable to come to Insite?" Many participants are not aware that this is even an option, but most agree it's a valuable skill they would like to learn.

Insite is still one of only two Supervised Injection Facilities (SIFs) for supervised drug use on this continent, located in Vancouver, Canada. Both the city and the country need more SIFs, yet the Federal government continues to fight this expansion. For us, working at Insite continues to reinforce how essential this service is for preventing accidental overdoses as well as various acute and chronic infections. We are also continuously working to rebuild the relationship between the community and healthcare services such as detox facilities, stable housing, primary care, tertiary care, etc. At Insite our care is delivered in collaboration with staff from a wide range of backgrounds, including former and current individuals who use injection drugs. This model helps initiate diverse conversations among staff and clients, allowing the site to constantly evolve and provide the best care possible to our clients.

This presentation will focus on the nursing role at Insite and our perspective on why this service is absolutely essential for injection drug using communities.

RITCHIE, Andrea

Streetwise and Safe (SAS)

Co-Author(s):
Mitchyll Mora, *Streetwise and Safe,*
Meredith Dank, *Urban Institute*

Andrea J. Ritchie is a police misconduct attorney and organizer whose research, writing, advocacy and litigation has focused on the experiences of women and LGBT people of color with police profiling, violence, and criminalization. She is currently the Coordinator of Streetwise and Safe (SAS), which partnered with the Urban Institute to conduct this study. Mitchyll Mora, a graduate of SAS' leadership development program, served as the primary peer researcher on this project, and has spoken extensively on issues relating to LGBTQ youth in the sex trades. Meredith Dank, principal investigator on the study, is a researcher at the Urban Institute.

We Know What We Need: LGBTQ Youth in the Sex Trades

Researchers will present the preliminary findings of a two year study of the experiences, service needs and visions for change of LGBTQ youth in the sex trades in New York City. Using respondent-driven sampling, researchers conducted 300 peer-led interviews with LGBTQ youth who are or are profiled as being engaged in the sex trades, as well as interviews and focus groups with service providers, law enforcement and other system stakeholders, court observations, and field observations. The goals of the research were to uncover the characteristics of LGBTQ youth involved in the sex trades, methods of entry and structure of involvement, harm reduction strategies used, experiences with child welfare, law enforcement, and the juvenile and criminal legal systems, and service needs. The findings of the research overwhelmingly support ensuring universal, voluntary access to harm reduction based services tailored to individual needs, low threshold access to emergency, short term and long term housing options, living wage jobs, and gender affirming health care.

RITCHIE, Andrea

Streetwise and Safe

Co-Author(s):
Mitchyll Mora, *Streetwise and Safe*,
TBA, *Access to Condoms Coalition*

Andrea Ritchie the Coordinator of Streetwise and Safe and is a member of the Executive Committee of the Access to Condoms Coalition, a broad based coalition of harm reduction, public health, sex worker, LGBTQ, reproductive rights, and anti-trafficking organizations fighting to end the use of condoms as evidence in New York State. She is also the coauthor of the recently released Roadmap for Change: Federal Policy Recommendations for Addressing the Criminalization of LGBT People and People Living with HIV, which calls for an end to this practice across the US.

Access to Condoms — A Campaign to Fight the Use of Condoms as Evidence

Possession or presence of condoms continues to be used by police and prosecutors to justify harassment, arrest, and as evidence of intent to engage in prostitution-related offenses, critically undermining condom distribution and harm reduction efforts. The Access to Condoms Coalition has been fighting to pass legislation and change police department and prosecutorial policies in New York State to ban this practice over the past several years, with some success. Just last year, a bill banning the use of condoms as evidence in all prostitution-related trials passed one house of the New York State legislature, the New York City Police Department announced that it would no longer collect condoms as evidence of certain prostitution-related offenses, and District Attorneys have announced that they would no longer introduce condoms as evidence. Advocates and people directly impacted by this dangerous practice will share data gathered, strategies used, and lessons learned through the campaign.

RIVERA-LOPEZ, Nilda L.

El Punto en la Montaña, Inc. (EPM)

Co-Author(s):
Yesenia Aponte-Melendez, *EPM*

Nilda L. Rivera-Lopez has been El Punto's Coordinator since January 2013. Also a renowned Puerto Rican print maker, she holds a BA from the School of Fine and Visual Arts of Puerto Rico and is currently a graduate student at the University of Puerto Rico, specializing in Informational Sciences.

Yesenia Aponte-Melendez is El Punto's Co-founder and Board Vice-President. She holds a MA in Sociology from CUNY and is currently a Ph.D. candidate in sociology at the New School for Social Research, New York City.

"Tsunami": The Impact of the War on Drugs Over the Rural Body

Ever since 1971, Puerto Rico has emulated the United States' "War on Drugs" (WOD), incarcerating and stripping drug users, particularly those from impoverished neighborhoods, from life-saving services such as syringe access, housing, education and drug treatment. Over 40 years after, Puerto Rico has one of the largest drug using populations and one of the highest drug user incarceration rates in Latin America. As it compare to the Caribbean, it also has the highest prevalence of HIV/AIDS and Hepatitis C as a result of unsafe injection drug use. While the lack of disease prevention services in Puerto Rico is routinely identified as the main source of this epidemiologic and human rights problem, there is little to no governmental interest in addressing it.

Since December 1st 2007, syringe exchange program (SEP) in Puerto Rico "El Punto en la Montaña" (EPM) has been deeply immersed in the provision of harm reduction services to rural injection drug users (IDU). Since then, over 1,000 IDU have received our services. While our small budget limits service provision (hours and supplies), which often translates into harm continuation, the WOD exacerbates and further endangers the health of our IDU community. While is it known that lack of access to sterile syringes and other supplies is conducive to otherwise avoidable harm, less attention is paid to the inevitability of harm that drug prohibition (i.e., the WOD) perpetuates. This presentation will highlight how the legal context, specifically as it relates to law enforcement (policing) and drugs ("tsunami"), is responsible for some of the harshest physiological scarring among our IDU.

ROBELO, Daniel

Drug Policy Alliance

Daniel Ernesto Robelo serves as research coordinator for the Drug Policy Alliance (DPA), where since 2006 he has worked to promote evidence-based drug policy reform. A second-generation Nicaraguan-American, Robelo also assists DPA in its efforts to raise awareness in the U.S. about the drug war's impact on Latin American and Latino communities. He is a co-author of various DPA reports, and his writings have appeared in several publications, including The New York Times, El Nuevo Herald and Oregon Law Review.

Robelo graduated from the University of California, Berkeley in 2005 with degrees in Political Science and History. Born in San Francisco, he currently lives in Oakland.

Harm Reduction in Illicit Drug Markets: The Role of Replacement Therapies

Harm reductionists have for decades recognized the efficacy of medication-assisted treatments for people who struggle with dependence to heroin and other opioids. Often called replacement therapies, these programs permit doctors to prescribe one or more pharmaceutical drugs„including not only methadone and buprenorphine but also heroin-assisted treatment (HAT) – to people with drug-related problems in order to improve their mental and physical well-being. These interventions have proven enormously successful in dozens of cities in Europe and Canada in terms of reducing the harms of drug misuse. They also provide links to treatment and thus have the potential to reduce the demand for illegal drugs. But another, less well-recognized outcome is that these programs regulate the supply of drugs for a limited subsection of the using population – who, while a minority of all users, consume the vast majority of all drugs. By extension, evidence suggests these programs can succeed in shrinking the size of illicit drug markets – an important but neglected fact in the evolving international debate about alternatives to drug prohibition.

HAT programs are the best understood, but by no means the only, medicalization model for currently illicit substances that succeeds in reducing harm, reducing demand and regulating supply. Emerging research suggests that potential replacements for stimulant dependence could be developed through further study of dextroamphetamine, modafinil or other stimulant medications. Medical marijuana has also proven a successful model for regulating the marijuana supply for a select (but growing) group of consumers in the 16 states and DC where it is legal, and best estimates suggest that in so doing these programs have removed over one million consumers from the illicit marijuana market.

This presentation reviews the existing research about how HAT programs reduce the number of heroin consumers who rely on the illegal heroin market. It will also explore the evidence from the U.S. of how medical marijuana programs have similarly reduced the number of marijuana consumers who rely on the illicit market –both for marijuana (through regulation) and for other illicit drugs (through substitution). Finally, the presentation will conclude with an update on the state of research into novel replacement therapies for stimulant dependence (e.g. methamphetamine and cocaine). Throughout, the presentation will situate the overwhelmingly positive results of research into medicalization within the broader context of the growing debate on legalization, decriminalization, regulation and other alternatives to global prohibition.

ROIG FORTEZA, Aura

ATS (Corporación Acción Técnica Social)

Aura Roig Forteza has a Master's degree in Criminology and Legal-Penal Sociology from the University of Barcelona and a Bachelor's degree in Social and Cultural Anthropology from the Autonomous University of Barcelona. Currently she is conducting research for her PhD in Social Anthropology.

She has worked since Spring 2007 in shelters, treatment centers and supervised injection sites in Barcelona and in Vancouver. In 2013, she worked as technical assistant for Open Society Foundations for the implementation of Needle Access Programs (NAP) in Latin America. Currently, she has moved to Colombia to coordinate the implementation of the first NAP in the country (http://www.proyectocambie.com)

Learning from women who use drugs in a non problematized way/ Aprendiendo de las mujeres que usan drogas de una manera no problematizada.

Women who use drugs, and in particular intravenous drug users, are both invisible and strongly stigmatized. What we know about them is often not more than a demonized image of the stereotypical compulsive drug user. Most drug use by women is experimental, occasional or regular but not compulsive, avoiding the difficulties related with problematic use.

To improve knowledge of drug use by women and their access to adequate harm reduction, an argument can be made for a more nuanced analysis of the gendered experience of functional drug use and the factors influencing the harm reduction strategies adopted by women throughout the trajectory of their drug use. This would necessarily include an examination of: the risk and the protective factors in every stage of the career of drug use; the importance of self image and self esteem; the role of the partner in the initiation and the maintenance of the drug use; the mechanisms of maintenance of abstinence; the weight of the social network; and, the importance of the perception of the drugs by the people who use drugs and their setting.

These women are ordinarily hard to reach solely through the lens of their drug use, however their testimonies offer valuable insights and are the key to bringing to light the information required for undertaking the above analysis.

ROSS, Alessandra

CA Dept Public Health

Alessandra Ross is currently the IDU Specialist for the California Office of AIDS, where she works to expand access to sterile syringes throughout the state. Alessandra has worked in HIV prevention since 1987, as a volunteer, trainer, and counselor. Her previous experience includes working as a trainer with HRC, and working with two different teams to help set up needle exchanges in Eastern Europe. Alessandra has a lot (too much?) of experience dealing with groups hostile to harm reduction. She believes that it's how we respond – rather than what precisely we say – that can transform confrontation into something that brings us closer to real collaboration.

Responding to Objections to Harm Reduction

"Don't You Think That Harm Reduction Is Just Enabling?"

As harm reduction becomes more integrated into mainstream medical and social service systems in the U.S., more harm reductionists will find themselves explaining„and defending„the basic principles and practices of the work. People who do the work of teaching, explaining and persuading are often confronted with significant resistance or attack from groups and individuals, whether it comes in the form of provocative questions, direct challenges or hostile arguments.

In this experiential workshop participants will review the most common objections to harm reduction and practice some simple strategies to respond to questions, diffuse tension and win allies. The session will include practice using tactics that work with specific groups (such as police) that have traditionally opposed harm reduction, as well as tactics that work in group settings like community meetings.

Format: This is a 90 minute, interactive workshop.

ROSS, Alessandra

CA Dept. Public Health

Co-Author(s):
Rachel McLean, *CA Department of Public Health*

Alessandra Ross is currently the IDU Specialist for the California Office of AIDS, where she works to expand access to sterile syringes throughout the state. Alessandra has worked in HIV prevention since 1987, as a volunteer, trainer, and counselor. Her previous experience includes working as a trainer with HRC, and working with two different teams to help set up needle exchanges in Eastern Europe. Alessandra has a lot (too much?) of experience dealing with groups hostile to harm reduction. She believes that it's how we respond – rather than what precisely we say – that can transform confrontation into something that brings us closer to real collaboration.

California Harm Reduction Meeting

Meeting of harm reductionists living, working, volunteering in California. Agenda to be set on the fly, while we're there and when we get a sense of what we need.

ROTH, Lindsay

Project SAFE

Co-Author(s):
Cassie Warren, *Broadway Youth Center*

Lindsay Roth is the Director of Project SAFE, which provides harm reduction services to women working in street-based economies in Philadelphia. She also serves as President on the Board of Directors of SWOP-USA (Sex Workers Outreach Project), a nationwide network of sex workers and allies committed to ending stigma and violence towards individuals in the sex trade. She is interested in mediating the impact that the criminalization of sex work and the war on drugs has on individual lives and public health initiatives, especially regarding HIV prevention and treatment. Lindsay is a Masters of Social Work Candidate at Columbia University and a PxROAR member at AVAC.

Biomedical HIV Interventions in Harm Reduction Settings: A community dialogue for women, youth, providers and allies

Women and youth, especially those who are engaged in the sex and/or drug trades, have a complex history with HIV prevention. They have been consistently considered at high risk for HIV transmission but largely omitted as stakeholders in their own prevention practices. Behavioral interventions often fail to acknowledge the lived realities or individual motivations of these populations, such as an absence of a discourse of pleasure or regard for the transnational nature of some sexual encounters. Prevention measures have generally failed to acknowledge fundamental causes of HIV/AIDS, which include criminalization, racism, sexism and homonegativity that have historically estranged these populations from resources and knowledge. The focus on biomedical prevention has in some ways alienated these populations even further, moving the conversation away from addressing these structural barriers.

No biomedical preventions will be taken up or taken properly without the help of community advocates, sexual health educators, outreach workers, and testing counselors. While there are hesitations around biomedical interventions for myriad reasons, historically criminalized, marginalized and oppressed populations stand to benefit from additional modes of HIV prevention so long as these are implemented as a part of larger harm reduction framework where those who stand to benefit will have a leading voice in their utilization. It is imperative that grassroots activists continue to engage with communities if biomedical innovations are to be viable options.

In this workshop, we intend to explore these biomedical interventions with self-identified members of these populations, service providers and allies; including PrEP, PEP and Treatment as Prevention. This project is two-fold, including a brief presentation on up-to-date and accurate information on biomedical HIV prevention, namely ARV-based prevention, in plain, easy to digest language. The second portion will be reserved for a facilitated dialogue on the potential uses of biomedical preventions as a compliment to behavioral interventions within a harm reduction framework.

RUBIN, Stacey

Stacey Rubin is a Nurse, a Certified Professional Coach, a Harm Reduction Trainer, and works with a variety of Holistic healing modalities. She has been involved in Harm Reduction for over two decades, providing street based services, counseling, program development, facilitated groups, authored curricula, and most importantly, held space and bared witness to hundreds of people at different points on their journey through life.

In her work with homeless youth, persons with AIDS, and now the dying, she strives to provide compassionate, reality based, non-judgmental care. She sees harm reduction as an art, and calls on the creative spirit in each of us to inspire and guide our work.

Harm Reduction and End Of Life

We all face a final chapter in this life – some suddenly – with no notice – and others of us through illness or slow decline. How can we approach this reality with dignity and respect for who we are and the life we have lived? How do we advocate for our clients, our loved ones, or our selves, towards making empowered choices and living our final days to the fullest?

Can we help someone have "a good death"?

The core underpinnings of Harm reduction; A reality based, self directed, non-judgmental approach, provides a rich framework to discuss options and choices at end of life.

The historical background of the Harm Reduction and Hospice philosophies are profoundly similar. Each of these movements operates outside of the mainstream, and offers an alternative, humane perspective to address emotionally charged, often taboo, issues.

This session will explore Harm Reduction principles as applied to End of Life Care, including an overview of Hospice and Palliative care models. We will highlight challenges particular to drug users and marginalized populations. Participants will walk away with a clear understanding of the issues and considerations that arise at end of life. We will review resources and offer practical tools to support ourselves, and each other, during the profound transition at end of life.

RUGGIERO, Joe

Addiction Institute of NY

Joe Ruggiero PhD is a clinical psychologist who has worked in the addiction field for about twenty years. He is Assistant Clinical Director of the Addiction Institute of New York which is part of the Mount Sinai Hospital System, Roosevelt Division. He is also co-founder and Director of the Crystal Clear Project which specifically addresses methamphetamine use in gay men. He is also in private practice and has published and spoken about various substance use issues.

LGBT Clients: How Do Agencies Make Sure They Are Sensitive and How Do We Handle Things When They Go Wrong!

Research indicates that lesbian, gay, bisexual, and transgender communities may be at higher risk for substance use problems when compared to the general population. There can be a large numbers of barriers to treatment with clients facing discrimination or a lack of recognition of the importance of sexual identity as well as sexual orientation. Agencies often state that they are LGBT sensitive but it is unclear what this entails. In addition, there are times where clients may be biased against in certain agencies and these incidents fail to get processed. Examples of bias and microaggressions will be presented and the way to process and heal will be examined. An examination of one's counter-transference with LGBT clients will be explored as well as an understanding of the agency.

RUIZ, Monica

George Washington University

Co-Author(s):
Allison O'Rourke,
George Washington University,
Sean T. Allen,
George Washington University

Monica S. Ruiz, PhD, MPH, is an Assistant Research Professor at the Milken Institute School of Public Health at The George Washington University. Dr. Ruiz's career has focused predominantly on research pertaining to HIV prevention. Her current interests include addressing behavioral, social, and policy issues pertaining to the development and implementation of non-vaccine HIV prevention strategies and examining the social and structural factors that impede HIV prevention efforts in vulnerable and disenfranchised populations. She is the Principal Investigator of DC POINTE: Policy Impact on the Epidemic, a research project funded by the National Institute on Drug Abuse.

Impact evaluation of a policy intervention for HIV prevention in Washington, DC

Background: Policies that facilitate structural interventions such as syringe exchange programs (SEPs) can lower HIV risk among injection drug users (IDU). Injection drug use has significantly contributed to new HIV infections in the District of Columbia (DC). In 1998, the U.S. Congress passed legislation ("DC Ban") prohibiting DC from using municipal revenue for SEPs. The legislation remained in place until December 2007; municipally funded SEP services started in May 2008. The true epidemic impact of this change has, until now, remained unclear. This research utilizes ARIMA forecasting and interrupted time series analysis (ITSA) to measure the impact of the lifting of the DC Ban on new cases of IDU-related HIV in DC.

Methods: Surveillance data for newly diagnosed, IDU-associated HIV/AIDS cases between September 1996 and December 2011 were divided in to monthly observations and used to build an ARIMA (0,0,1)X(0,0,1)12 model. Then two analyses were completed to measure the impact of the policy. First, we forecasted the expected number of HIV/AIDS cases in DC for the 24-month period after the removal of the DC Ban if it had remained in place. These forecasted numbers were compared with the observed number of cases during the same 24-month period to estimate the number of averted cases. Second, an Interrupted Time Series Analysis (ITSA) was conducted to assess for significant step and slope changes between the pre and post-policy implementation date. For the purposes of this project, May 2008 was used as the date of implementation since this was the month when services first became available in the community. The 144 months before the interruption served as the pre-implementation period and the 44 months after the lifting of the ban served as the post-implementation period. A dichotomous pre- and post-period variable was created and entered as a predictor to measure for a significant step change. To measure slope change, we created and entered a continuous variable (starting at one and increasing by one each month during the post period) as a predictor.

Results: Surveillance data from the DC Department of Health report 176 observed IDU-associated HIV cases in the 2 years following the repeal of the DC Ban. In contrast, the ARIMA model forecast that 296 HIV infections would have occurred had the policy remained in place. Thus, the policy change allowing for municipal support of SEPs and implementation of services based on that policy change resulted in 120 averted HIV cases in DC in two years. Based on estimates for average lifetime costs for HIV care (380,000 USD/yr), these averted infections have resulted in an approximate savings of 45.6 million USD. The ITSA found a significant immediate level change (?=-6.0355, p=.0005) and slope change (?=-.1241, p=.0427) with the removal of the ban. This shows that the lifting of The Ban continues to impact the number of new cases of HIV/AIDS in IDU in the DC.

Conclusions: Policy change is an effective structural intervention for HIV prevention, particularly as it facilitates the creation or scale up of prevention services most needed by vulnerable and marginalized populations such as IDU. In addition to having important impact on health outcomes, the availability and utilization of preventive services by at-risk populations can result in substantial costs savings in terms of infections averted.

Notes:

1. This abstract is part of a suggested panel, "SEP in the City.

2. While this abstract focuses on the epidemic impact of policy change in DC, we are currently analyzing the data from our other research sites in Baltimore and Philadelphia. By the time of the NHRC, we should be able to present data on the epidemic impact of policy change for HIV prevention in those cities as well.

How changing SEP policy in Washington, DC, affects IDU access to HIV prevention and treatment services

Background: Policies that facilitate structural interventions such as syringe exchange programs (SEPs) can lower HIV risk among injection drug users (IDU). Injection drug use has significantly contributed to new HIV infections in the District of Columbia (DC). Although syringe exchanges have been in operation in DC since 1996, the U.S. Congress passed legislation ("DC Ban") in 1998 prohibiting DC from using municipal revenue for SEPs. The legislation remained in place until December 2007; municipally funded SEP services started in May 2008. This research examined whether or not the removal of the DC Ban had an impact on SEP clients' access to harm reduction services (measured both by numbers of exchanges and new registrations with the SEP), and to addiction treatment.

Methods: Data pertaining to syringe exchange program operation were obtained from the sole harm reduction provider in DC from 1996-2008, prior to the removal of the DC Ban. These data included records of individual exchanges and referrals to other health services. Periods for which there were incomplete or missing data (2002-2004) were recreated as much as possible through the examination of program reports. Data for the time periods following the change in policy (2008-2012) were obtained through the DC Department of Health, which formed a SEP network consisting of multiple harm reduction service organizations. These data included monthly counts of syringe distribution and referrals to other health services. Using both data sets, we were able to create a historical record of syringe exchange activities including number of clean syringes distributed, new client registrations, exchange encounters, and referrals to substance abuse treatment/detox.

Results: Due to missing data for the 1998-2003 time period, we were unable to analyze the data for the entire pre-policy change period. However, available data show that there was a statistically significant decrease in the mean number of monthly exchanges made by clients during the pre-policy change period compared to the post-policy change period (843.8 [781.0, 906.6] vs. 631.6 [579.9, 683.2], $p < .0001$). However, while the number of exchanges decreased, the actual number of syringes distributed during this same time frame increased substantially. The number of syringes distributed annually during the time of the DC ban fluctuated between a low of 83,104 in its first full year of operation and a high of 375,779 during its peak year, 2004. Since the lifting of the ban the number of clean syringes has increased annually growing its distribution of syringes by 282% to 683,597 distributed in 2013. With regard to SEP registration, we observed an initial increase in new registrations immediately following the policy change, but this change was not maintained through subsequent years. With regard to access to addiction treatment, we found no significant differences in the number of referrals to treatment or detox between the pre-policy and post-policy time periods.

Conclusions: Policy changes that facilitate the implementation of SEPs can not only serve to increase clients' access to sterile injection equipment, but also have the potential to link clients to other important health services, such as addiction treatment. The fact that this study found no significant differences in the numbers of referrals to substance abuse treatment speaks to the lack of availability of treatment on demand. More efforts should be focused on increasing IDUs' access to this and other important health services. These efforts could have substantial impact on reducing IDUs' risk of HIV and other infection diseases, as well as potential impact on the longer term quality of drug users' lives.

SAFAIE, Afshin

MOH Iran

Dr Afshin Safaie is the former general director for Iran's Ministry of Health and Medical Education.

HIV prevalence and risk behaviours among people who inject drugs in Iran: The 2010 National Surveillance Survey

Abstract: Objectives To assess the prevalence of HIV and related risk behaviours among people who inject drugs (PWID) in Iran.

Methods: We conducted a national cross-sectional biobehavioural surveillance survey between March and July 2010, interviewing male PWID from a geographically dispersed sample through a facility-based sampling method.

Results: We recruited 2480, and tested 2290 PWID. The overall prevalence of HIV was 15.2% (95% CI 9.7% to 23.1%). Among those who had injected drugs over the last month, 36.9% had used a non-sterile needle, and 12.6% had practiced shared injection. Over the past 12 months preceding the interview, 30.4% had sold sex for money, drugs, goods or a favour. In the multivariate analysis, the prevalence of HIV had a positive association with age, while having above high school education, and permanent job were protective.

Conclusions: Unsafe injection, and sexual risk behaviours are still frequent and the prevalence of HIV among PWID remains high. Intensified efforts are needed to prevent the further spread of HIV among Iranian PWID and their sexual partners.

SAIDU, Hindowa

Foundation for Democratic Initiatives and Development

Co-Author(s):
Melissa Ditmore, *independent*

Hindowa Saidu is the founder and director of Foundation for Democratic Initiatives and Development, an organization for youth and people who use drugs in Sierra Leone.

Grassroots harm reduction and naloxone in Sierra Leone

Sierra Leone is a small, poor country in West Africa recovering from civil war, which ended a decade ago. Drug use increased during the conflict, and includes cocaine and its derivatives, opiates, and other substances including pharmaceuticals. Overdose is a problem among users and the country does not have a culture of harm reduction at this time. In late 2013, naloxone was introduced in Sierra Leone. Injectable naloxone was made available by US harm reduction agencies. It was distributed to 'hideouts' where people use drugs in Freetown, the capital of Sierra Leone. Since November 2013, and they have been used. While the medicine is in demand and more is needed, obstacles to wider distribution include importing, in part because the drug remains unapproved in the country, and advocacy is needed to encourage the government to approve it, and cost. There is a need to train people to teach others to use naloxone effectively. Obstacles to use include that it is sometimes difficult to know what drugs have been used.

SAMUELS, Liz

Brown U / RI Hospital / RI OD Prev & Rescue Coalition

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Edward Bernstein, *Boston Med Ctr / Boston U / Project ASSERT*,
Michelle McKenzie, *Miriam Hosp / RI OD Prevention & Rescue Coalition* /
Co-Presenter

Liz Samuels is currently an emergency medicine physician in Providence, RI. She has been involved in community organizing and a harm reduction advocate for the last thirteen years. She currently works at the Rhode Island, Miriam, and Hasbro Children's Hospitals, is a member of Rhode Island's Overdose Prevention and Rescue Coalition, and is partnering with Anchor Recovery Center to bring peer recovery coaches into RI emergency departments to offer peer support and distribute naloxone.

The Emergency Department & Harm Reduction: Three Approaches to Naloxone Distribution

The emergency department underutilizes harm reduction strategies to prevent HIV and Hepatitis C, deaths due to overdose, and for referral to addiction treatment if/when people want to stop using. In response to the increasing crisis of overdose deaths, some emergency departments have set up initiatives to distribute naloxone to people at risk for overdose and their friends and family members. This panel will compare and contrast several different models of naloxone distribution from the emergency department, including the emergency department based Project ASSERT at Boston Medical Center, a peer recovery coach model recently started at several hospitals in Rhode Island, and direct prescribing to patients. Key questions we will consider are how successful these programs are at preventing overdose deaths and helping to empower and support people who use drugs, their families and friends, and people in recovery.

SARACCO, Elizabeth

HIPS

Elizabeth Saracco is celebrating her 12th year at HIPS (formerly Helping Individual Prostitutes Survives) serving as their Director of Programs. She is responsible for HIPS program supervision, evaluation and staff development as well as acting as a liaison to community stakeholders. Along with her 'street experience' Ms. Saracco brings an AA in Liberal Studies from Harcum College, BA in Interdisciplinary Studies from Virginia Commonwealth University, and a MS in Clinical Psychology from California Coast University. She is an avid Celtic FC supporter, likes working on crazy art projects inspired by her work , and is the proud owner of Bo, the pekingese that accompanies her to HIPS everyday.

Holdin' It Together with Spit and Glue: A Roundtable for Harm Reduction Managers

Overseeing the day to day services at a Harm Reduction Agency can keep you on your toes and wear holes in the soles of your shoes. You're wearing 10 different hats, while often putting out multiple fires and working with a 'buffet' of different, often, strong and vibrant personalities, yet at the end of each day you're organization is making a positive difference in your participants lives. This round-table will allow fellow managers in the field to come together and break out into small groups to discuss lessons learned, 'tricks of the management trade', and to hash out mini brainstorming sessions on improving management skills with their peers.

SAWYER, Anne

Community Risk Reduction Services, Baltimore City

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Anne Sawyer is the Epidemiologist/Special Programs Assistant for Baltimore City Health Department's Community Risk Reduction Services.

Derrick Hunt is the Acting Program Director for Baltimore City Health Department's Community Risk Reduction Services.

Promotion of Safe Syringe Disposal

Baltimore will make the transition from a 1-for-1 exchange to a distribution model on October 1, 2014. When the bill was going through the state legislature in Annapolis, many delegates expressed concern that without a 1-for-1 exchange policy to provide incentive for NEP clients to return syringes, used needles would soon fill our streets and playgrounds. This certainly is in part due to stereotypes of drug-users as people who do not care about the environment or their communities. On the other hand, Baltimore is a place where littering is common. It is not unusual to see people open their car doors and drop fast food bags or toss empty beverage containers as they walk down the street. There is very little evidence in the scientific literature to show that improper disposal does not increases when dispensation policies change and become more liberal. We hope to contribute to the scientific literature so that other programs can use the evidence in their legislative efforts to move from strict exchange to needs-based distribution. We agreed to monitor the areas around our exchange sites monthly and record the number of syringes found to determine whether there has been an increase in improper disposal of syringes after October. We will also be monitoring disposal by asking clients how they have disposed of their syringes when they visit the van and by asking about it in a survey of 200 clients. In Baltimore it is legal to throw syringes away in household garbage if they are in labeled puncture proof plastic containers. We plan to distribute pamphlets on how to make and label such containers for safer sharps disposal. We would like to hear how other programs have successfully encouraged clients to return syringes or to dispose of them safely.

SAWYER, Anne

Community Risk Reduction Services, Baltimore City

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Derrick Hunt is the Acting Program Director for Baltimore City Health Department's Community Risk Reduction Services.

Anne Sawyer started volunteering on The Block a few weeks after the needle exchange van started providing services there and is currently the Epidemiologist/Special Programs Assistant for Baltimore City Health Department's Community Risk Reduction Services.

How the Baltimore City Health Department's Needle Exchange Program Learned to Fit in on The Block

Linked to Abstracts:

1. Working across the lines: Innovative work with exotic dancers – Reproductive Health Needs. Mishka Terplan
2. How to achieve community engagement with hard to reach populations – lessons learnt from work in Baltimore's exotic dance clubs. Katherine Footer
3. Examining the risk environment of exotic dance clubs: laying the groundwork for community-level interventions. Susan G. Sherman, Steve Huettner, K Footer, Pam Lilleston, Meredith Reilly, Carla Zalaya

Each mobile needle exchange site is unique and accommodations must be made at each one in order to gain the trust and support not only of clients, but also of community members. The Block, however, has provided some special challenges for the Baltimore City Health Department's Community Risk Reduction Services since it became a Needle Exchange Program (NEP) site in May 2008. Presence of the NEP van did not please the owners and managers of the exotic dance clubs who were concerned that it would drive away customers by calling attention to activity they denied were taking place in their establishments, injection drug use and commercial sex work. Additionally, the site is in very close proximity to the building that houses the Baltimore City Police Headquarters and the Central District Police Station. The client population is different from that at other NEP sites because it is a mix of men and women who work in and around clubs on The Block, people who are downtown to access homeless services, and those who live and work elsewhere. This presentation will cover the unique challenges faced by the program and how they were addressed. The process by which additional services, including overdose prevention training, case management through Health Care Access Maryland, and reproductive health care, were added will be described as will the program's relationships with various researchers.

SAWYER, Anne

Community Risk Reduction Services, Baltimore City

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Jeff Long is the Acting Program Manager for Baltimore City Health Department's Community Risk Reduction Services.

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Contentious Issues in Harm Reduction: Can We Have a Civil Conversation?

There are many ways in which harm reduction programs operate. Dispensation policies range from strict 1-for-1 exchanges to nearly unlimited needs-based distribution. Some programs are anonymous while others are confidential. Some collaborate closely with researchers while others do not. Some work closely with or are even run by local health departments while others operate independently. While we're all doing harm reduction, our programs end up looking very different.

The Baltimore City Health Department's Needle Exchange Program (NEP) seems to be at one extreme. NEP has been a 1-for-1 exchange since its inception in 1994, but will transition to a distribution model in October 2014. The program enrolled clients anonymously until 2009 when clients' information became confidential. There is a great deal of collaboration with researchers from Johns Hopkins and the University of Maryland.

It is difficult to argue the benefits of a 1-for-1 exchange, and we are pleased to be able to legally distribute enough syringes so that clients will not have to reuse or share syringes, but being a confidential program and partnering with researchers have given us advantages we think outweigh the disadvantages for our program. We know the way our program operates may not be the best way for other programs to operate. We would like to be able to talk about the differences between programs and how those differences are shaped by the populations we serve and the environments in which we work. We would like to discuss ways we can be more supportive of each other despite doing things differently.

SCOTT, Greg

DePaul University

Co-Author(s):
Erin Scott, *Sawbuck Productions,*
Matt Curtis, *VOCAL-NY*

Greg Scott, PhD, is director of Sawbuck Productions, and an associate professor and director of the Social Science Research Center at DePaul University. Greg also serves as the pro bono director of research for the Chicago Recovery Alliance.

Erin Scott is Sawbuck Production's Director of Operations, where she serves as a producer and editor as well as handles much of the business operations.

Matt Curtis is policy director for VOCAL-NY, a grassroots membership organization that works to build power among low-income New Yorkers who use drugs, people living with HIV and hepatitis, and the formerly incarcerated.

Low Threshold Digital Video Storytelling for Harm Reduction Advocacy, Activism, and Education

Workshop objective: Sawbuck Productions and VOCAL New York propose a two-session, low-threshold workshop that will prepare participants to conceive, produce, distribute, and use digital videos in harm reduction advocacy, practice, and training. The workshop presumes no video production competency on the part of participants and begins on the assumption of limited access to production and editing resources. Workshop activities will involve accessible everyday equipment, including cell phone cameras, inexpensive digital audio recording devices, handheld lighting, and free video editing software.

Workshop format: The first workshop session will present a guided "tour" of effective uses of video in harm reduction over the past decade. Workshop facilitators will provide a basic and practical overview of digital video storytelling approaches and techniques. Participants will share their own experiences with video-making and identify ways in which they would like to use video in their future harm reduction efforts. The second session will entail a dialectical, hands-on "skillshare" modality, wherein facilitators and participants will work together as a collective to develop, produce, and edit a short film using participants' cell phone cameras and editing freeware. In addition to training materials, participants will receive a flash drive with sample video materials and the open source Avidemux video editing software.

Learning outcomes: Participants will understand:

- How to tell a compelling story
- Types of video content
- How to collaborate with video participants (participatory action video-making)
- Pre-Production:
  - Developing a focus
  - Storyboarding (visual planning of a story told through moving images)
  - Identifying necessary resources
  - Framing the story and selecting modality (interview, observation, etc.)

- Production:
  - Video shot composition and video literacy
  - Shooting video in anticipation of editing and storytelling
  - Guidelines for conducting and filming interviews
  - Best practices for observational filming
  - Capturing high quality sound
- Post-Production
  - Using freeware editing software
  - Organizing, tagging, and cataloguing footage
  - Creating and arranging clips and sequences
  - Shaping a story from arrayed sequences
  - Outputting a completed, edited movie to a variety of formats
- Distribution
  - Burning to DVD
  - Internet distribution

SCOTT, Greg

DePaul University

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/ Co-Presenter

Greg Scott is a sociologist and filmmaker at DePaul University in Chicago. He is also the Director of Research for the Chicago Recovery Alliance (CRA), one of North America's largest street-level harm reduction/ syringe distribution programs. Greg is helping to organize the Chicago Area Network of Drug Users, the city's union for active drug users. In May 2014 Greg's media company, Sawbuck Productions, released the short film 'We ARE the People,' a documentary on drug user organizing in the U.S.

Drug User Union Organizing in the United States

In recent years active users of illegal drugs (namely heroin, cocaine, and methamphetamine) have banded together in several American cities to form unions and engage in organized activism. This past autumn the original five drug user unions in the U.S. convened at the International Drug Policy Reform conference in Denver, Colorado. In the course of this historic meeting, the five unions formed a national federation: The United States Alliance of Drug User Unions (USADUU). This panel will be comprised of leaders and members from all five of the original U.S. drug user unions: VOCAL-NY; Users United (NYC); Urban Survivors Union (Seattle); San Francisco Drug Users Union; and the New England Drug Users Union. The panel also will include members and leaders from emerging unions in Chicago (Chicago Drug Users Union), San Francisco (Urban Survivors Union), and Greensboro, NC (Urban Survivors Union). Panelists will discuss the history of their respective unions with emphasis on (1) the causes and circumstances of their formation, (2) their development of services by and for active drug users; (3) the nature of drug user organizing and activism vis-a-vis their shared struggle against the War on Drugs; (4) the problems and prospects of drug user union formation and growth; and (5) opportunities and obstacles to the drug user unions' attempts to form lasting and mutually advantageous relationships with other radical organizations in The American Left.

SEILER, Naomi

George Washington University

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Naomi Seiler is an Associate Research Professor in the Department of Health Policy at George Washington University. Her research centers on implementation of the Affordable Care Act, focusing on the intersection of health reform and public health. She worked for nearly eight years as Counsel to Rep. Henry Waxman, helping develop public health legislation, including the prevention and wellness provisions of the House health reform bill. She also served as lead House staffer on the reauthorization of the Ryan White Care Act and staffed hearings and legislative markups on federal mental health and substance use disorder programs, health disparities, and other public health topics.

Medicaid Reimbursement for Take-Home Naloxone: What Advocates Should Know

Naloxone is an opioid antagonist drug used to counter the effects of an opiate overdose. It can be administered in medical settings, such as an emergency room, or prescribed as a take-home medication to be used in case of an emergency. Currently, most types of insurance will cover and reimburse for naloxone administered directly in a medical setting. However, coverage of prescription take-home naloxone is limited. The Medicaid program provides health insurance for a large and growing number of low-income Americans. Therefore, securing Medicaid coverage for take-home naloxone – including costs of counseling/training and for the medicine itself – should be a critical priority for advocates. This workshop will educate people who are interested in advocating for this goal by providing background information on naloxone, the Medicaid program, and Medicaid drug coverage policies. It will also describe success stories from Washington State, North Carolina, California and New York, highlighting important lessons for advocates.

SHIRREFFS, Alex

Div of Disease Control PDPH

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Alex Shirreffs wants to live in a world where hepatitis C has been eradicated. As Philadelphia's Viral Hepatitis Prevention Coordinator, she has joined together hep C stakeholders from all corners of the city within the Hep C Allies of Philadelphia (HepCAP) coalition. Under Alex's leadership, clinicians and clients, CBOs and government agencies, hospitals and harm reductionists, are working together to improve the continuum of care for ALL Philadelphians. Sometimes she takes a break from hepatitis to read, write, and road trip.

C Change: Improving the Hep C Care Cascade in an Urban Setting Through Partnerships

The Philadelphia Department of Public Health (PDPH) is working closely with community partners to make hepatitis C virus (HCV) services more available to people who inject drugs (PWID). Integrating a harm reduction philosophy into the hepatitis activities of our public health department has involved three primary efforts:

1) Using hepatitis surveillance data to better understand how HCV is being clinically managed for PWID,

2) Partnering with the city's only syringe exchange program, Prevention Point Philadelphia (PPP), to provide targeted testing, educational, and care linkage resources, and

3) Using our local HCV coalition, the Hepatitis C Allies of Philadelphia (HepCAP), to mobilize healthcare providers, community agencies, and policy makers to collaborate to improve HCV services for at-risk populations, including PWID.

PDPH initiated its enhanced viral hepatitis surveillance program in November 2012. The goal of this effort is to better understand the burden of viral hepatitis and to estimate the level of clinical management for these diseases in Philadelphia. Surveillance information is now being used to inform patient and provider educational efforts and identify additional areas for public health action. One project compares how effectively HCV-positive PWID and non-drug users are moved through the HCV care continuum from HCV antibody (Ab) screening, HCV RNA confirmation, engagement in care, and treatment. These data will be used to highlight the level of attention required to assure that PWID receive the medical care they need.

PPP has taken many important steps to address the needs of its HCV-positive clients, including offering free HCV rapid antibody testing as a stand-alone test as well as bundled with a rapid HIV test, hosting monthly HCV support and education groups, and piloting implementation of a replicable model for HCV care coordination and linkage to treatment, including appointment scheduling, referral coordination, escort to care, and adherence counseling. In January 2014, PDPH began a partnership with PPP to help increase the proportion of HCV antibody-positive clients who receive confirmatory RNA testing. Once a week, two PDPH hepatitis investigators draw blood from clients at PPP and return it to the Health Department lab for testing. The following week, clients are given their results and escorted to medical care, if necessary.

Through HepCAP, local HCV advocates are helping link HCV-positive PWID to clinicians who have experience treating PWID and apply a harm reduction oriented approach to their patient care. Through a local peer-to-peer education program, these clinicians will soon be training other clinicians, not only to use new HCV treatments but also to understand harm reduction strategies that they can apply to treatment of patients with a history of substance use.

Through this workshop, PDPH, Prevention Point, and a clinical partner will share strategies for building partnerships that improve the continuum of hepatitis C testing, treatment, and prevention services in a resource-limited urban setting.

SIEGLER, Anne

NYC Department of Health and Mental Hygiene

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Anne Siegler is Director of Initiatives and Evaluation in the Bureau of Alcohol and Drug use at the NYC Department of Health and Mental Hygiene. She has worked for the NYC Health Department for 6 years. She has an MPH from Columbia University Mailman School of Public Health and is a doctoral candidate in Epidemiology from the CUNY Graduate Center.

Experiences with Drug Overdose Among a Population of NYC Drug Users Who Received Training on Naloxone Use

Background: Up to two thirds of drug users experience overdose (Bennett, 1999; Darke, 1996; Dark, 2007). Eighty-five percent of overdoses are witnessed (Sporer, 2003), suggesting an opportunity for intervention. One prevention strategy is to train at-risk individuals to recognize overdose (OD) and administer naloxone to reverse opioid OD, but little is known about the rate at which overdose prevention training (OPT) recipients witness overdoses and respond by calling 911 and administering naloxone. To date in NYC, over 30,000 OD rescue kits with naloxone have been dispensed to individuals, and approximately 500 uses of naloxone have been reported. We suspect this is an underestimate. The objective of our study was to describe OPT recipients' frequency of witnessing OD, and use of and experience with naloxone and calling 911.

Methods: A convenience sample of NYC individuals completing OPT at six syringe exchange programs (SEPs) and two methadone maintenance treatment programs (MMTPs), was enrolled in a longitudinal cohort study. Trainings used a standardized curriculum which consisted of risk factors for, signs of, and effective responses to opioid OD including naloxone administration. Immediately following OPT, individuals completed baseline interviewer-administered surveys and follow-up interviews three months later. Outcomes of interest were retention of self-reported knowledge about naloxone and confidence in naloxone use, witnessing OD, and use of naloxone. We describe OPT recipients' demographics (gender, race/ethnicity, age, educational achievement) and program participation history (MMTP enrollment, SEP participation).

Results: Between June 2013 and January 2014, 398 OPT recipients were enrolled. Males made up 65.8% (n=262) of the sample, and 54.8% (n=218) were Hispanic. Median age was 48. Almost half (44.7%, n=178) of participants were current members of an SEP and slightly over half were enrolled in a MMTP (55.5%, n=233). Three months after enrollment, 289 participants completed follow-up surveys (73.7% retention rate). Of those, 86.5% (n=250)still had the naloxone kit they received at baseline, 90.3% (n=261) reported remembering how to use the naloxone kit, 92.0% (n=266) reported being "somewhat confident" or "very confident" that they could reverse an OD using naloxone. One quarter of participants (24.9%, n=72) reported having witnessed one or more ODs in the months between study enrollment and the follow-up. The number of ODs witnessed per person ranged from 0 to 12. In total, 124 OD events were witnessed. Among the individuals who witnessed an OD, 54% (n=39) reported

using naloxone on the victim. Naloxone was administered by the participant in 51.6% (n=64) of the events. In 97% (n=62) of the events in which naloxone was administered, the victim was known to have survived. The victim died in one event and outcome was unknown in two events. The most common adverse reactions reported were symptoms of withdrawal (anger 27%, vomiting 23%, nausea 6%). The most common reasons why naloxone was not administered were that another bystander administered naloxone (41.3%), the participant did not have naloxone on hand (28.2%), emergency personnel arrived before the participant could administer it (19.5%), and the victim responded to the sternal rub or another method to determine level of responsiveness (6.6%).

Conclusions: In this study, we report high rates of OD-related knowledge retention, confidence in ability to use naloxone, and naloxone kit retention three months after OPT. Witnessing OD was not uncommon, consistent with previous studies. Naloxone was administered in the vast majority of OD events witnessed by OPT recipients, either by recipients themselves or other bystanders. The rate of naloxone utilization in the three months following OD training, by more than one out of every ten individuals trained, appears to be much higher than the rate reported through the current reporting system in place in New York State. These results are very promising; they suggest that OPT effectively prepares people to respond to an OD, and that OPT is reaching a high-risk population that is willing and able to use their training to aid those suffering a suspected opioid OD. Results presented at the conference will include data from the six-month follow-up interviews currently in progress,in addition to the three-month data presented here.

SIEVER, Michael

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Michael D. Siever, Ph.D. is a licensed psychologist, psychotherapist, community organizer, and consultant. Until recently, he was the Director of Behavioral Health Services at the San Francisco AIDS Foundation where he oversaw mental health, substance use, and HIV services. Over 15 years ago, Michael founded The Stonewall Project which provides harm reduction counseling to gay and bisexual men in San Francisco who do methamphetamine and other substances. He is also one of the founders of Magnet, a community space and sexual health center for gay men in the heart of the Castro.

Effectiveness of Community-Based Harm Reduction Substance Use Treatment with Methamphetamine-Using Men Who Have Sex with Men: The Stonewall Project

Although there is ample empirical evidence that harm reduction strategies such as sterile syringe distribution and supervised injection facilities are highly effective, there have been few programs that provide outpatient drug treatment informed by the principles of harm reduction and even fewer studies to determine the effectiveness of such programs. While empirical evidence is not always sufficient to sway policy makers, it is very difficult to make change without it.

The Stonewall Project is a comprehensive harm reduction program that has been providing support, education, and outpatient counseling & treatment to gay men and other men who have sex with men (G/MSM) for over 16 years. Stonewall provides a broad range of options for G/MSM to deal holistically with the multiple intertwined issues affecting their lives: alcohol and other drug use that sometimes veers out of control; emotional and psychological issues such as depression, manic depression, ADHD, and post-traumatic stress; and the myriad ways that HIV has impacted G/MSM over the past 33 years whether affected or infected.

We will present the results of two outcome studies that together demonstrate the effectiveness of Stonewall's harm reduction approach. We will discuss the history and development of the multiple strategies employed by Stonewall to reach G/MSM wherever they are at in their use of alcohol and other drugs. We will discuss how to analyze local realities and do the community organizing required to create effective programs and get the needed support for their creation and sustainability.

SILVESTRO, Samuel

Emma Goldman Youth and Homeless Outreach Project

Co-Author(s):
Cassie Burke, *EGYHOP,*
Max Goldsmith, *EGYHOP,*
Samuel Silvestro, *EGYHOP*

The Emma Goldman Youth and Homeless Outreach Project (or EGYHOP for short)is a group of people who distribute emergency supplies in downtown Olympia to those who need them. This panel comprised of EGYHOP volunteers will offer an opportunity for cross- community and organizational dialogue.

Out of the Boxes, on the Margins: Wingnut To Wingnut Affinity and Direct Street Outreach

EGYHOP (Emma Goldman Youth and Homeless Outreach Project) in partnership with The People's Harm Reduction Alliance, is an all volunteer run, bicycle-powered street outreach organization that distributes food, clothes, basic necessities, and operates a syringe exchange and naloxone distribution program on the streets of Olympia, Washington seven nights a week, 365 days a year, since 1998. We operate on a budget of $5,000 per year.

Our volunteer membership is steered by women, queer, and trans* people and comprised of current and former drug users, sex workers and houseless people, students, and activists. Our experiences are drawn from a wide spectrum of age, class and educational backgrounds. We are a compassionate direct service group- our primary directive is to meet people where they are at by providing consistent, accessible, street-based services without intakes, barriers, or conditions. As people with complicated and nuanced experiences and identities, we work to deconstruct the gate-keeper relationship that can often exist between participants and service providers. We would like to discuss our methods and gain insight from other organizations in hopes of broadening the conversation about what harm reduction can look like in practice.

SIMMONS, Janie

NDRI, Inc.

Co-Author(s):
Alexander Walley, *Mass. Dept. of Public Health Opioid Overdose Prog.*,
Maya Doe-Simkins, *Independent,*
Sharon Stancliff, *Harm Reduction Coalition*,
Sara Jahnke, *NDRI, INc.*,
Caroline Baptista, *Columbia University*

The team was led by Janie Simmons, EdD, PI at SSIC, Inc. and NDRI, Inc. The team was composed of Co-Is Alexander Walley, MD, MSC, Med. Dir. of the Mass. DPH Opioid Overdose Prevention Pilot; Sharon Stancliff, Med. Dir. of the HRC; Maya Doe-Simkins, Independent Investigator; Sara Jahnke PhD, Dir. of the Center for Fire, Rescue & EMS Research, NDRI, Inc.; Caroline Baptista, RN, Intern & Hillman Fellow; and Expert Panelists Nabil El Sanadi, MD, MBA, F.A.C.E.P. Chief Med. Officer, Emergency Medicine and Todd LeDuc, Chief Fire Officer, both of Broward County, FL; and Michael Dailey, Dir. of Prehospital Care and Education, Albany Medical College; and Michael Grabinski, Pres., Red5, LLC.

Extending the Reach of Overdose Prevention Education and Naloxone Distribution, Online

Presentation and discussion of how to extend the reach of overdose prevention with two online modules: one for Bystanders and the other for First Responders (Police, Firefighters, EMTs). Module development was funded by NIDA and developed by a team of physicians, nurses, researchers, curriculum designers, illustrators and animators. Modules can be used as stand-alone trainings or complement face-to-face trainings.

SLIM, Said

Integración Social Verter A.C.

Programa de Reducción de Daños en la frontera Mexicana.

Investigaciones antropológicas sobre uso de drogas inyectadas y metodología en reducción de daños.

Implementación de Proyectos internacionales de Reducción de Daños dirigidos a Usuarios de Drogas Inyectadas en México Global Fund.

Programa Nacional de Prevención Combinada con Promotores Pares de Salud para Prevenir el VIH e ITS en México.

Experiences and Expressions of the Corporeality by Injected Use Drugs of Migrant Women In Sex Work Context on the Border Between Mexico and the United States

This research aims to address the experiences and representations that migrant women who use drugs and sex workers in the border city of Mexicali. The qualitative study was conducted with 45 migrant women who are part of an ongoing program of harm reduction on the Mexican border. The importance of addressing migrant women in sex work and injecting drug use is to visualize your high socially vulnerable to the violation of their fundamental human rights and to identify some policies and interventions to reduce their risk of acquiring HIV and other STIs.

In addition, the research provides crucial to develop strategies that offer a minimum package of services to meet the key to this research population information.

The anthropological approach using this research as a theoretical and methodological tool, it allows a serious and innovative work on the corporeality of injection drug use.

SMITH, Alana

Baltimore Crisis Response, Inc.

Co-Author(s):
Alana Davenport,
Baltimore Crisis Response,
Bethany Henderson,
Baltimore Crisis Response

Alana Davenport is a Licensed Graduate Social Worker who earned her MSW from the University of Maryland School of Social Work in 2013. She is currently the director of the No Wrong Door Program at Baltimore Crisis Response, Inc. She is involved in the Black Treatment Advocates Network for Baltimore City.

Bethany Henderson is a Licensed Graduate Social Worker, who graduated from the University of Maryland School of Social Work in 2013 with her MSW. Bethany is involved in both the Transgender Response Team and the Black Treatment Advocates Network for Baltimore City.

HIV and STI Harm Reduction Strategies in Crisis Services and Community Mental Health Clinics

Baltimore Crisis Response, Inc. (BCRI) has been providing community-based mental health crisis services since 1993. Initially implemented as a pilot project, BCRI has expanded over time to include a full range of crisis intervention services including a 24 hour telephone hotline, mobile crisis teams, residential crisis unit, case management, psychiatric evaluations and medication management, and medical detoxification (detox) services. Designed to be part of the public mental health system, BCRI provides crisis services in a non-restrictive environment without consideration of the client's ability to pay. Additionally, there are multiple mental health agencies throughout the city that provide psychiatric rehabilitation programs and case management for those living with a mental health diagnosis that collaborate with BCRI through a two way referral system.

In October 2012, BCRI was asked to pilot the No Wrong Door Project, a program to integrate primary care, and in particular, HIV testing, harm reduction strategies, sexual health education, and linkages to care into our crisis services, and was funded by the Maryland Department of Health and Mental Hygiene Prevention and Health Promotion Administration. The pilot project was a huge success and BCRI was asked to expand the project to include mobile and outreach HIV testing, education for clients and staff, and linkage to care services to community mental health agencies throughout the Baltimore City area.

BCRI has been trained on the facilitation of a number of CDC Diffusion Evidence Based Interventions (DEBIs), which are provided as weekly groups on the crisis residential unit and the medical detox unit. The No Wrong Door Outreach Specialist provides harm reduction strategies and free, confidential HIV testing to clients at eleven different mental health agencies in Baltimore City. The No Wrong Door program has also collaborated with the University of Maryland, Baltimore County, to aid in implementing a comprehensive screening tool that examines sexual risk factors, as well as mental health, substance abuse, and primary care issues. This tool will be used at BCRI as well as introduced to the community agencies to aid in the referral process and assist clients with co-occurring conditions.

This workshop will review the BCRI model of care and how HIV services and harm reduction strategies have been integrated into the system to help clients understand and feel comfortable negotiating condom use and making HIV testing routine as part of their primary care. There will be a review of the treatment

scope, levels of care protocol, admission criteria, and high risk issues. Additional discussion will talk about the challenges in the implementation of HIV and STI services, screening tools, and DEBIs in various community mental health settings. At the conclusion of the workshop, participants will be able to identify the essential components of comprehensive community crisis services and the benefits and limitations of an HIV harm reduction model of care that the No Wrong Door Project has introduced to its clients and staff members. Lastly, we will discuss the ethical implications in providing HIV testing to a vulnerable population and the issues of sustainability for the future.

SMITH, Becky

Harlem United Community AIDS Center

Co-Author(s):
Shoshana Brown, *Washington Heights CORNER Project,*
Sadat Iqbal, *Lower East Side Harm Reduction Center,*
Mike Selick, *New York Harm Reduction Educators*

Shoshana Brown is a social worker by training, community organizer, dancer and healer with a background of work in the criminal injustice system and organizing among various social justice issues.

Sadat Iqbal is a harm reduction practitioner and social worker in training focusing on the intersections of public health and social justice issues.

Mike Selick is a social worker, community organizer, and policy advocate who has worked in East Harlem and the Bronx on issues of housing and civil rights throughout his career.

Becky Smith is a harm reductionist and social worker who was introduced to harm reduction in New Mexico and has continued her work at Harlem United in New York City.

Measuring Success in Harm Reduction Practice

Measuring success in any social service agency is challenging. Funders often require quantitative measurements of impact in order to demonstrate a "bang for their buck." This does not necessarily capture what success may look like within harm reduction practice. As harm reductionists, we are tasked with finding alternative and innovative ways of measuring success.

How is success defined and measured within harm reduction practice? How is it demonstrated to others? How can we share our clients' "success stories" with funders to prove our impact in the communities we serve? How can we incorporate community rituals as participatory ways to celebrate and track our success? This roundtable discussion invites attendees to share their success stories, by discussing best practices in capturing and sharing their impact with the community, funders, and policy makers. This conversation may be particularly helpful to underground or new programs looking to build their capacity in program evaluation and development.

SMITH, Daniel

NYU, Center for Drug Use and HIV Research

Co-Author(s):
Joan Combellick, *NYU, Center for Drug Use and HIV Research,*
Ashly Jordan, *NYU, Center for Drug Use and HIV Research,*
Holly Hagan, *NYU, Center for Drug Use and HIV Research*

Dr. Holly Hagan (New York University, Center for Drug Use and HIV Research) trained as an epidemiologist at the University of Washington and is an expert in the infectious disease consequences of illicit drug use. Her work on the etiology, epidemiology and prevention of HCV in substance users has informed public health and harm reduction practices in the US and abroad. Dr. Hagan served on the Institute of Medicine Committee on the Prevention and Control of Viral Hepatitis in the United States. She is Director of the Transdisciplinary Research Methods Core in the Center for Drug Use and HIV Research within NYU College of Nursing. She has more than 150 publications in peer-reviewed journals.

Hepatitis C (HCV) Disease Progression Among People Who Inject Drugs (Pwid): A Systematic Review and Meta-Analysis.

Background: HCV is the most common blood-born infection in the US, chronically infecting an estimated 5.2 million people. HCV is hyperendemic among people who inject drugs (PWID) or have a history of drug injection. Despite the fact that roughly three quarters of PWID are currently infected with HCV, these individuals are the least likely to receive needed HCV care and treatment. Public health strategies to prevent and manage HCV infection at a national level requires a better understanding of HCV disease progression, particularly among PWID. This systematic review sought to examine the natural history of HCV infection in PWID, specifically rates of clearance, time to significant clinical outcomes, and mortality.

Methods: Searches were conducted in the electronic databases of OVID, ProQuest, PubMed, and Web of Science, and the reference lists of included articles and other relevant reviews and methodological papers. Eligible studies were from the US or other high-income countries; were published or presented between 1990-2013; and included data on disease progression rates among HCV RNA positive, HIV-negative current or former PWID. Weighted pooled estimates of mean and median fibrosis progression rates (FPR) standardized to Metavir units were calculated.

Results: Thirty-two articles from the US, Australia, Canada, China, Norway, Switzerland, and the European Union met the study inclusion criteria; 17 studies examined clearance of HCV and an additional 15 reported on fibrosis progression. The proportion of PWID who cleared infection varied from 1.4%-42.1%. The weighted mean fibrosis progression rate (FPR) per year was 0.094 Metavir units (range 0.05-0.35; n = 1223 PWID).

Conclusion: New HCV treatments are highly effective but also costly. Understanding factors contributing to the wide variability of HCV disease in PWID will guide more targeted clinical management in this population. Conducted as part of the HCV Synthesis Project, this review will develop recommendations for HCV control strategies in the US.

SMITH, Grant

Drug Policy Alliance

Grant Smith serves as the deputy director in the Drug Policy Alliance's Office of National Affairs in Washington, D.C. Grant lobbies to reduce the harms associated with drug use and the war on drugs. Grant works to advance DPA's federal legislative agenda in Washington and helps to shape policy both at the federal level and within the District of Columbia. A primary focus of Grant's work in recent years has been educating members of Congress about overdose prevention and supporting federal legislation that would provide federal funding for community-based overdose prevention and naloxone distribution efforts.

Speaking Up and Out for Harm Reduction: Advocacy Training for Beginners

Deaths from accidental drug overdose have nearly tripled since 2000 and today represent a major public health crisis. Yet, lawmakers in Congress and in many states have been slow to respond to this crisis and have largely relied on policies that crack down on prescription pain medications and emphasize law enforcement driven responses. As a result, scarce resources largely go to law enforcement rather than lifesaving harm reduction programs, and few federal dollars goes towards aiding overdose prevention efforts. Elected officials at all levels of government often dismiss the philosophy of harm reduction and like to claim that their constituents do not support harm reduction techniques. Elected officials may take oppositional stances on harm reduction because their constituents are not sufficiently holding them accountable on this issue.

This workshop seeks to empower conference attendees to learn the basic techniques that can help them become effective advocates for harm reduction by taking participants step-by-step through the process of 1) contacting their elected official by phone, letter and email; 2) requesting a face-to-face meeting with an elected official or their staff; 3) preparing for a meeting; 4) what to do and say during the meeting; 5) how to effectively follow-up after the meeting occurs; 6) tips on writing a letter to the editor and submitting an op-ed; and 7) tips on effective advocacy.

SO, Kimhai

KHANA /
Kiry Heng

Co-Author(s):
Makara Tout, *Soklin Meng*

This is the third document which drawn from harm reduction implementation for three year project in Cambodian. The harm reduction staffs also joint international conference which organized at Liverpool and Lebanon and ICCAP in Thailand as well. Staffs shared harm reduction work in Cambodia through oral presentation, poster presentation and plenary discussion. We have experiences to present related Rational of the project, key achievement, challenges and lessons learn, recommendations for improve the quality of services.

Family Acceptance to improve the health and well-being of methadone patient

Nowadays, there are three NGO to provide comprehensive servicer for HIV prevention among injecting drug user including high risk behavior of ATS user in Phnom Penh, Cambodia. Based on IBBS data in 2012 showed that, the HIV prevalence rate is 24.8 % people injecting drugs (PWID) and 4.1% people use drugs (PWUD). More than 70% of people injecting drug are living in slum areas, on the street and marginalize group because they were abandoned from their family and community. Thus, Drug users face many difficulties as health information, HIV prevention knowledge, and how to deal with stress and depression and lack of their self-esteem, discrimination and stigmatize toward to them. Joint afford between community based organization and government (Center for Mental Health and Drug Dependency) struggle to promote methadone adherence amongst methadone patients who referred to methadone clinic and the dropped out rate is very high.

Mondul Meanchey is KHANA's demonstration center funded by AusAID/HAARP to operate a comprehensive harm reduction program since Jul 2010 in Phnom Penh. The project always conduct need assessment among injecting drug user to identify what is their strength and work closely with clients how to address the issue which encountered before refer the patient MMC clinic. The project has observed that injecting drug user are facing with mental health problem and lack of acceptance of family and community to increase an illegal activities and high risk behavior to HIV transmission and other blood borne infection. Through assessment the project starts working with their family by integrating clients to their family, provide family therapy, drug awareness, health information related to benefit of methadone, and develop plan to follow up patient. Health team uses different approach by working closely with family of drug users, peer outreaches, and communities to follow up regularly. The family of drug users and community changed positive behavior and perception by encouraging the patient to access methadone on a regular basis, observing the negative behaviors and report back to the project to deal problems and to prevent relapse to injecting drugs.

Recently, 78 injecting drug user were enrolled for MMT through Mondul Meanchey indicated that the retention rate 74%. More than 70% family of patient has strong collaboration with the project to support the patients to receive methadone daily basic, ARV adherence, and health follow up. Family and community acceptance among drug user is to reduce high risk behavior, promote dignity, trustworthy and their self-esteems to increase access health service and drug recovery.

SO, Marvin

Harvard School of Public Health

Co-Author(s):
Paula Cushner, *Cambridge Health Alliance,*
Marie-Louise Jean-Baptiste, *Cambridge Health Alliance*

Marvin So is a graduate student at the Harvard School of Public Health, studying Social and Behavioral Sciences. Marvin has a diverse background in patient navigation, case management, harm reduction, and quality improvement research working primarily with homeless and urban underserved children and families. Marvin hopes to earnestly serve those most impacted by health inequalities through the implementation and evaluation of evidence-based community health interventions.

The Whole Health Action Group: A mixed-methods evaluation of a theory-informed peer health promotion group for homeless men in recovery

People engaged in substance use recovery have higher rates of co-morbid medical and physical health conditions, and are much more likely to face significant challenges in appropriately managing these conditions. The purpose of this study is to examine how a peer-driven, harm reduction-based, and theory-informed health education program can influence positive health behavior change in homeless men, and support the long-term goals of: enhanced self-management of health (as measured by Hillard's Patient Activation Measure), enhanced health literacy (as measured by the Short Test of Functional Literacy in Adults), and enhanced comfort with the medical system (as measured by the Trust in Physician Scale). 32 men placed into a residential substance use treatment program are receiving the group intervention, which involves a bi-weekly health education support group around topics salient to the experiences of homeless men in recovery. To date, the intervention has proven effective in hitting targeted process measures for men receiving the intervention compared to men in the control group, and maps well onto the investigators' proposed theory of change. Although these results are largely preliminary, they point to the potential efficacy of delivering health education to this vulnerable and often disengaged patient population.

SOTHERAN, Jo L.

Jo L. Sotheran, PhD, is a consultant based in Brooklyn, NY. She specializes in grant development, evaluation, and writing, especially in areas related to drug use and users, health access, HIV and HCV services, and community-based services. In direct services, she has also served on the Board of NAMA recovery (the major MAT patient advocacy organization), and on several federal panels for best practices and regulatory structures for methadone treatment.

You need what? A practical introduction to needs assessment and needs statements

The competitive funding and organizational environment has increased the importance of being able to identify (through formal or informal needs assessment processes) the service needs of community members, and to present these needs (through needs-statement documents) to potential sponsors and funders. However, harm-reduction organizations are often small and lack specialized expertise in these areas, and are often challenge to, for example, find data on the number of drug users in an area, or what they feel their needs are. Oriented to development, administrative, and program staff, this capacity-building workshop will be presented at an entry level and oriented to practical methods. It will describe some of the very most basic concepts used in needs assessment (such as the three types of need), suggest possibilities for low-resource organizations to identify and secure relevant data from different types of sources (for example, local and regional surveillance data, other organizations, and internal resources), and outline the overall presentation structure usually used in needs-statement documents for funders. Examples will be drawn from topical areas including such as outreach to and services for active drug users, drug treatment, and the presentation will encourage participants to raise questions drawn from their own needs and experiences.

SPRADLEY, Elizabeth

Baltimore City Health Department

Co-Author(s):,
Kristine E. Johnson,
Dinah Lewis, *BCHD NEP wound care*,
Elizabeth Spradley, *BCHD NEP wound care*,
Brooks Puchner, *BCHD NEP wound care*

Wounds and Inject Drug Users: Wound Care 101 for Medical Providers

Wounds-both acute and chronic-are a common problem among people who inject drugs (PWID) that is associated with high morbidity as well as local and systemic infections, tissue scarring, and long-term complications with an affected area. This workshop is designed for medical providers who work with the PWID population to educate how to provide wound care. This workshop addresses risk factors and barriers to wound care, wound types and their healing processes, and associated treatments and interventions.

STANTON, Megan

University of Pennsylvania

Co-Author(s):
Sambuddha Chaudhuri, *University of Pennsylvania*,
Lynn Walker, *Housing Works*,
Virginia Shubert, *Housing Works*,
Toorjo Ghose, *University of Pennsylvania* / Co-Presenter

This research is a result of an ongoing partnership between academic researchers from the School of Social Policy and Practice at the University of Pennsylvania and Housing Works, Inc which exames the impact of housing as a structural intervention to support the health of people living with HIV/AIDS.

Harm Reduction-based Housing as a Structural Intervention for Transgender People Living with HIV/AIDS

Background: While a harm reduction approach has gained traction with some high risk groups, there has been little research examining the impact of a harm reduction housing model on the health of transgender people living with HIV AIDS (TPLHA). TPLHA have to negotiate a complex risk environment consisting of stigma, criminalization, rejection from family, violence, poverty, mental illness and forced engagement in transactional sex. These factors result in high rates of homelessness, HIV risk behaviors, substance use and low adherence to HIV medication. While housing has been shown to be effective in negotiating some of these barriers, no study has examined housing as a structural intervention that reduces HIV risk and improves adherence among TPLHA. Additionally, no study has specifically examined the impact of a harm reduction housing model with this population. Utilizing a mixed methods approach, we examine the effectiveness of a housing-first based transitional housing program for TPLHA; the Transgender Transitional Housing Program (TTHP) located in New York City.

Methods: Setting: Participants were drawn from the TTHP, a use-tolerant, low-threshold transitional supportive housing program designed for individuals who identity as transgender or gender non-conforming. TTHP is a program of Housing Works Inc. Residents live in scattered site housing and are supported through case management, psycho-educational and support groups, and referrals. Residents also have access to the full continuum of Housing Works care, including medical care.

Data Collection and Analysis: 90 TPLHA who completed their stay in the TTHP (assessed at program exit) were compared to 90 homeless HIV-positive clients on HIV medication, matched by race and age. Multiple regression analysis was used to evaluate the effect of program participation on viral load suppression. In-depth semi-structured interviews were conducted with 30 TTHP residents. Thematic analysis was conducted to identify emergent themes.

Results: Quantitative: After controlling for other factors, compared to the comparison group, a significantly higher proportion of TTHP completers had suppressed viral loads (67% vs 32%, $p<.01$) suggesting positive impact of program participation on HIV health.

Qualitative: The qualitative results indicated that stable housing undermined chaotic and risky physical environments and facilitated service-utilization that ultimately reduced HIV risk and improved adherence. Specifically, sexual risk behaviors were reduced, and adherence improved through housing facilitating:

1. harm reduction processes: where it allowed residents to trust the stability of their housing, regardless of substance use, and maintain agency and ownership over their personal decisions. This gave residents the space to make positive health changes on their own terms and at a realistic and sustainable pace.

STANTON, Megan (continued)

2. risk management: where it shielded residents from exposure to violence, substance use, harassment from pimps and the police, and unsafe sex environments;

3. health management: where it facilitated connections to treatment services and service-utilization;

4. privacy-establishment: where it allowed residents control over their living space, improving self efficacy and the ability to negotiate societal stigma; and

5. public space-taking : where it allowed residents ownership over a physical and visible location in the community, thereby facilitating their claim on public space, articulating their rights as social citizens and improving collective efficacy as transgender people.

Conclusion: Housing-first housing programs operate as both prevention and treatment for TPLHA undermining their HIV risk environment and improving their ability to adhere to medication. A harm-reduction model is central to the success of such a program. The TTHP needs to be utilized as a structural intervention for marginalized and stigmatized communities living with HIV.

STEVENS, Precious

HOPE

Co-Author(s):
Thomas Hicks, *HOPE,*
Rosemary Jefferson, *HOPE*

Ms. Stevens is an expert through experience and a peer advocate who believes in second chances. and she is living proof that recovery is possible. She has been committed to working with the ACT (After Care Transition) Workshop at the Maryland Correctional Institution for Women helping them transition back into society after incarceration. She has also successfully completed the Leadership Empowerment Advocacy Project (LEAP). She continues to dedicate her time to adopting Trauma-Informed Practices at the HOPE center. The quote that guides her is "I learned to give not because I have so much, but because I know exactly what it's like to have nothing."

Happy to Be Alive: Life After Addiction

People experience a variety of traumatic events throughout their life. Whether Addictions, chronic or temporary Mental or Physical Illness, Physical, Sexual, Financial or Emotional Abuse, Death and Loss, Deceit or Theft, War or other Vulnerable events. So how do we get from trauma to gratitude? Finding happiness for the gift of the life we were given along the road of healing and resiliency?

Participants will hear real life stories; learn proven self-directed care strategies toward their own true happiness for life, and resiliency through traumatic events. Walking away with tools and strategies to the internal processes we develop, in response to intense life stressors, which facilitate healthy functioning.

Learn strategies that you can use to begin building more resilience in your life today! You will walk away with the inspiration you need to be happy to be alive, because of your story and where you are today!

SZOTT, Kelly

Syracuse University; NDRI

I am a graduate student in the sociology of department of Syracuse University and a pre-doctoral fellow in the Behavioral Science Training program at the National Development and Research Institutes (NDRI). Before graduate school I worked as a harm reduction counselor at a methadone clinic and as a research assistant on a study of hepatitis C among young people who inject drugs.

Risk and Illness: The Health Concerns of People who Inject Drugs

This presentation examines how people who inject drugs describe their health concerns in their own words. By conducting qualitative interviews with 40 people who inject drugs in New York City I noticed that some described concerns over risk while others discussed on-going illnesses. Among some narrations of risk there emerged an affinity with the foci of harm reduction interventions„HIV/AIDS, hepatitis C and overdose. Thus, the health interventions offered by harm reduction aligned with the primary health concerns of these individuals. However, most of the health concerns expressed were unrelated to drug use, HIV/AIDS, hepatitis C or overdose, having more to do with chronic conditions whose impact is often stratified by class, such as diabetes, hypertension and asthma. In this talk I will present discussions of risk alongside two particularly interesting narratives of illness from individuals that articulated a direct link to poverty. In setting up this analysis I will offer background by briefly discussing the sociological literature on contemporary conceptualizations of what health means. This presentation will end with a discussion of what harm reduction could do and in what directions it might go toward addressing the self-stated health concerns of people who inject drugs.

TALLEY, Jen

The New School /
The Center for Optimal Living

Dr. Jenifer Talley is a clinical psychologist who specializes in the treatment of trauma and co-occurring substance misuse from an integrative harm reduction framework. Dr. Talley has expertise in providing mindfulness-based interventions and has conducted several trainings on the integration of mind-body practices in treating substance use and trauma. She is the Assistant Director of the New School for Social Research's Concentration in Mental Health and Substance Abuse Counseling and is the Assistant Director of The Center for Optimal Living, a treatment and professional training center in New York City.

Incorporating Mindfulness in the Treatment of Substance Misuse

Mindfulness practices are known to provide many benefits and are being embraced by clinicians working with a variety of populations. This workshop will provide an overview of mindfulness practices and how they can be applied to working with individuals who misuse substances in both individual and group therapy settings. The workshop will also include discussions about how to engage clients in an exploration of cravings so that they can begin to cultivate a new relationship to cravings that includes curiosity, acceptance, and compassion. The workshop will include guided practice with mindfulness meditations and discussions of how to apply these techniques in a variety of clinical settings.

TATARSKY, Andrew

Center for Optimal Living

Co-Author(s):
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Jenifer Talley, *Center for Optimal Living*

Author, *Harm Reduction Psychotherapy: A New Treatment for Drug and Alcohol Problems*; founder and director, the Center for Optimal Living; Professor of Professional Practice, Harm Reduction Psychotherapy Certificate Program, the New School for Social Research; President, Division on Addiction, New York State Psychological Association; clinical psychologist.

Harm Reduction Therapy: The Basics

Harm reduction therapy brings a therapeutic orientation to harm reduction settings and a harm reduction orientation to treatment settings thus bringing these worlds. Harm reduction therapy refers to all interactions with people that have a helping intent. This workshop will provide an overview of harm reduction therapy, teach and demonstrate basic techniques and offer participants skills building exercises. We will cover basic definitions, history, rationale, theory (the psychobiosocial/multiple meanings model of substance misuse), and a variety of techniques including: managing the therapeutic alliance, engagement skills, enhancing self-management skills (curiosity, mindfulness, breathing techniques and affect tolerance), urge surfing (awareness and conscious choice), embracing ambivalence, the Decisional Balance for enhancing motivation to change and Substance Use Management (Bigg). Participants are encouraged to bring difficult cases and questions to consider together. This workshop is appropriate for clinical and non-clinical workers who want to improve their ability to help: outreach workers, counselors, peer educators, receptionists, security guards, wait-staff, psychologists, social workers, nurses, doctors and others.

TATARSKY, Andrew

Center for Optimal Living

Andrew Tatarsky, Ph.D is founder and Director of the Center for Optimal Living in NYC, a treatment and professional training center based on Integrative Harm Reduction Therapy (IHRP). Author of Harm Reduction Psychotherapy: A New Treatment for Drug and Alcohol Problems, Dr. Tatarsky is the developer of IHRP and an internationally recognized leader in the treatment of substance misuse and other potentially risky behaviors. President-elect of the Division on Addiction of New York State Psychological Association, and is on the faculty of New York University and the New School for Social Research.

An Introduction to Integrative Harm Reduction Psychotherapy (IHRP)

IHRP is Tatarsky's integrative approach to harm reduction therapy. It is based on an emerging psychobiosocial model that views addictive and risky behavior as occurring in unique people within their social contexts. Drawing on relational, psychodynamic, cognitive, behavioral, mindfulness and body-oriented approaches, IHRP techniques are uniquely tailored to each person. Problematic behaviours are seen as carrying multiple personal and social meanings and functions. IHRP's central focus on therapeutic alliance and relationship creates a context in which to clarify these meanings and functions. IHRP addresses related personal and social issues concurrently with the problem behavior.

The workshop will explore IHRP's seven therapeutic tasks: Managing the Therapeutic Alliance, Relationship as Healing Agent, Enhancing Self-Management Skills, Assessment as Treatment, Embracing Ambivalence, Harm Reduction Goal Setting and Individualized Plans for Positive Change.

The workshop will combine didactic lectures and discussion, case presentations, demonstrations of specific techniques and skills-building sessions.

We will discuss how IHRP can be integrated into a variety of setting such as harm reduction programs, drug treatment, psychotherapy, medical practice and outreach work.

TAYLOR, Maggie

George Washington University

Maggie Taylor is a former member of the drug policy reform movement and a permanent member of the recovery community. She is studying philosophy and social policy at George Washington University.

No Choice Policing: On the Coerciveness of Law Enforcement Assisted Diversion

Seattle has gained national attention for its Law Enforcement Assisted Diversion Program (LEAD), which has police officers offering pre-booking diversion to some people arrested for drug crimes. Other jurisdictions are considering implementing similar programs, and some members of the harm reduction community are lauding this as a positive step toward "public health policing." This presentation will show that LEAD is at odds with the ethical requirements for health-based solutions to problematic drug use: it gives the illusion that arrested individuals are exercising choice to seek treatment, but by utilizing contemporary definitions of coercion, we will see that law enforcement remains in the ultimate position of authority over the lives of these arrested individuals. This approach lacks the basic requirement of voluntary consent that is essential to health-based treatment models; it is also at odds with prevailing moral theories of drug use that endow all individuals to make choices about their own bodies.

TAYLOR, Marliss

Streetworks, Edmonton

Co-Author(s):
Tia Smith, *HER Pregnancy Program / Streetworks*

Marliss Taylor RN BScN is the Program Manager of the Streetworks Program in Edmonton After working for 11 years in Intensive Care Units in Canada and the US, she moved to the high Arctic and worked as a Nurse Practitioner in the communities of Kugluktuk, and Gjoa Haven. In 1995 she became the Program Manager of the Streetworks program and has worked in Harm Reduction for the past 19 years. She has been involved in Health Promotion/ Harm Reduction Initiatives in Siberia and Guyana, and been recognized with several community awards.

The HER Pregnancy Program – Lessons learned in working with street-involved pregnant women

Streetworks, in Edmonton Alberta, Canada has been working with street-involved pregnant women since 2008. Women in the downtown core were not accessing prenatal care, often due to their fear of their children being apprehended. A unique program was developed that includes having staff with a street background, Harm Reduction philosophy and practice, and a woman-centered approach. A large evaluation was completed, covering 18 months and 130 pregnancies. A significant finding was that, while 95-100% of the women were expected to have had their babies apprehended by Children's Services, currently 52% are successfully parenting. This presentation will briefly give an overview of the project, discuss the 10 main lessons learned by doing the project, and show some of the more notable results.

TERPLAN, Mishka

Behavioral Health System Baltimore

Mishka Terplan is board certified in obstetrics & gynecology and addiction medicine. He currently serves as medical director of Behavioral Health Systems Baltimore and is adjunct faculty in the department of Epidemiology and Public Health at the University of Maryland. He is also a volunteer physician with the Baltimore City Health Department's Reproductive Health Project.

Working across the lines: Innovative work with exotic dancers – Reproductive Health Needs

Note this is a linked abstract to others in the same workshop: "What are the reproductive health needs of exotic dancers and how can we better meet them?

The reproductive health needs of exotic dancers are under-acknowledged and therefore often go unmet. We will describe an example from Baltimore City of how reproductive health services were incorporated into a needle exchange program (NEP). Baltimore has had an established NEP since 1994 and in May 2008 the program was expanded to a location in Baltimore's "Red Light" district. Following a needs assessment of exotic dancers in the neighborhood which demonstrated unmet reproductive health needs a weekly mobile reproductive health clinic concurrent with the NEP was established in 2009. Demographic, reproductive and contraceptive choice characteristics of the first 200 clients will be detailed with a particular emphasis on contraceptive adherence rates among those clients who returned for subsequent visits. Sixty nine clients initiated depot medroxyprogesterone acetate (DMPA) contraception of whom only 36% continued DMPA at 3 months. Interventions to increase contraceptive uptake and method adherence will be discussed. The importance of public health partnerships involving health departments, academic, and community-based organizations in program design and maintenance will be mentioned as well as financial models for program feasibility.

THIBAULT, Sarah

San Francisco Department of Public Health

Sarah Thibault, MSW, serves as a Medical Social Worker at Tom Waddell Urgent Care Clinic and as the Syringe Exchange Coordinator at Glide Memorial in San Francisco. She began her work in harm reduction 11 years ago as a peer volunteer.

Drug User Health 101

While health is a term encompassing many dimensions, this workshop focuses first on the physical health of drug users and then brief aspects of mental health in the context of socioeconomic factors. How often do we interact with medical staff who range from unfriendly to unethical in their treatment of drug users, and how can we advocate for users' needs? What are deep vein thrombosis, delusional parasitosis, bed bugs, diabetes, botulism, and TB and how can we understand and support folks coping with these and many other conditions? When is it prudent to support someone in securing medical support for detoxification? And what are a few basic ways that use may affect mental health, from coping with PTSD to inducing depression? These are some of the bases covered in this training, with hopes that participants will share their regional and community based experiences and knowledge.

Geared towards users, peers, case managers, outreach and needle exchange workers, and anyone who is curious. Please bring your ideas and expertise to add to the dialogue and learning pool.

THILL, Zoey

Montefiore Medical Center

Co-Author(s):
Marce Abare, *Montefiore Medical Center*

Zoey Thill studied medicine and policy at the University of Michigan. Zoey spent the summer of 2012 working with the FDA to increase access to Naloxone and worked with the Baltimore Student Harm Reduction Coalition (BSHRC) to organize Baltimoreans to attend the 2012 International AIDS Conference.

Marce Abare worked as an outreach intern for the Lower East Side Harm Reduction Center before attending medical school at the University of Michigan. In 2011, Marce helped to develop BSHRC while attending the Johns Hopkins School of Public Health.

Marce and Zoey now study Social Medicine at Montefiore Medical Center in the Bronx where they work as primary care resident physicians.

Thinking Outside the Box – The Role of the Health System in Reducing Racial Disparities in Health

Exposure to the criminal justice system portends lifelong exclusion from mainstream economic activities including access to federal loans for school, public housing assistance, and job eligibility for a range of positions that provide family-sustaining wages. Unemployment in particular is a powerful risk factor for both recidivism and a wide range of physical and mental health outcomes. In NYC as elsewhere in the US, racial and ethnic minorities are grossly overrepresented in prisons and jails, a statistical truth that magnifies health risks commonly observed in our hospitals and clinics. Increasingly, links between the criminal justice system, unemployment, and community health are emerging as critical intervention points when addressing health disparities.

In recent years multiple states, municipalities and private employers have joined a nationwide movement referred to as "Ban-the-Box," which aims to end the systemic exclusion of people with criminal records from the workforce by reforming hiring policies in alignment with the Equal Employment Opportunity Commission guidelines on nondiscrimination. In the spirit of Ban the Box, a coalition of residents, faculty and administrative leadership at an academic medical center in the Bronx have begun to assess the potential impact on community health of eliminating questions about criminal background from the standard employment application. In low-income urban neighborhoods, where the largest employers are increasingly hospitals, public declaration of related "justice-friendly hiring policies" could have widespread impact by leveraging the economic and symbolic weight of a community health system to mitigate the negative health effects of incarceration.

THOMAS, Charles

Prevention Point Philadelphia

Co-Author(s):
Sheila Dhand, *Temple University Hospital / PPP*

Charles Thomas has been an HIV tester, Outreach Worker, and Harm Reduction Specialist at PPP for the past two years. He recently became the Syringe Exchange Program Coordinator for PPP. Prior to PPP, Charles has worked in HIV AIDS, Recovery services, and community building for the last three decades.

Sheila Dhand is a registered nurse at Temple University Hospital, and volunteers at Prevention Point Philadelphia and the Catholic Worker Free Clinic. She currently teaches a community nursing course.

Integrating Overdose Risk Assessment, Education, and Medication Dispensing in a Harm Reduction Focused Street Medicine Setting, and Replicating the Model

Background: Prevention Point Philadelphia, PPP, is a multi-service organization whose primary focus is syringe exchange. PPP also hosts a public drop in center, runs five free clinics a week providing mostly triage care, runs a suboxone program, a small HIV clinic, and conducts case management, HIV testing and linkage, and HCV testing and linkage. PPP also runs an overdose prevention program that began in 2006. The program has primarily operated as a group education session where prescriptions and medication is distributed at the end of a 20 minute session. Sessions primarily happened at the busiest syringe exchange program sites, and were advertised by fliers and in person recruitment from the staff. On average, approximately three sessions were held on a monthly basis for the past six years, averaging an attendance of between 3 and 9 participants. A specific staff member was identified to conduct the trainings. To date, PPP has conducted 980 trainings, and has had participants self-report over 245 reversals. PPP has struggled with more effective ways to market overdose prevention trainings, with a limited staff and resources.

Structural Change in Overdose Education and Naloxone Distribution: During the past year, the organization looked at ways to improve overdose education and naloxone distribution, both within the organization, and with partner providers. PPP is currently beginning a third year of work to integrate routinized and bundled HIV and HCV testing and linkage out if its medical clinics, with the understanding that individuals utilizing the syringe exchange program often refuse an HIV or HCV test because of stigma, but do use PPP's street based free triage medical clinics, both on the street and in the building. During the past two years of integrating testing within PPP's medical clinics to target exchangers, PPP actually increased testing to IDU utilizing the exchange. PPP used this model to identify additional services at PPP where the integrated routinized testing model could be applied to overdose prevention. PPP worked to routinize

overdose screening, education, and naloxone distribution in the free medical clinics, in the case management program, in the suboxone program, and in the HIV and HCV testing program. To do so, staff were re-trained, medical volunteers were trained, the training was condensed based on feedback regarding the most useful aspects of the training, and a framework was developed for evaluating change throughout the year. In addition, a risk assessment regarding overdose was incorporated in the free clinic history and physical, the offer of naloxone training was routinized at the exchange, and outreach was done specifically regarding fentanyl and specific stronger stamps of heroin.

Results: In just the first 6 months of routinizing overdose risk assessment, education, and naloxone distribution in the free clinics, suboxone clinic, and case management services, PPP has increased the number of participants receiving education and naloxone by over 100%. In the 6 months prior to the project, PPP trained and distributed medication to 76 individuals. During the six months after making a few structural changes in the overdose program, PPP has trained and distributed medication to 172 individuals, and trained another 48 individuals in settings where they could not or would not take the naloxone, In addition, training was provided to 3 Infectious Disease clinics PPP partners with, and participants self-reported over 80 reversals in the last six months.

Conclusions: There is a way to increase the number of individuals receiving risk assessment for overdose, overdose prevention education, and naloxone by making structural changes to existing services, assisting any and all direct service staff to conduct overdose education, and by empowering medical providers to see overdose as a medical condition that can and should be screened for and addressed like other medical conditions, and in so doing, can make a huge difference in engaging active IDU in continued medical care.

TI, Mint

BC Centre for Excellence in HIV/AIDS

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Lianping Ti is a PhD Candidate in the School of Population and Public Health at the University of British Columbia. She is also an Assistant Project Coordinator with the Urban Health Research Initiative at the BC Centre for Excellence in HIV/AIDS.

Denial of pain medication by healthcare providers predicts in-hospital illicit drug use among people who use illicit drugs

Background: Undertreated pain is common among people who use illicit drugs (PWUD), and can often reflect the reluctance of healthcare providers to provide pain medication to individuals with substance use disorders. We sought to explore the impact of being denied pain medication by a healthcare provider on the use of illicit drugs in hospital settings.

Methods: Data were derived from participants enrolled in two Canadian prospective cohort studies between December 2012 and May 2013. Using bivariable and multivariable logistic regression analyses, we examined the relationship between having ever been denied pain medication by a healthcare provider and having ever reported using illicit drugs in hospital.

Results: Among 1027 PWUD who had experienced ? 1 hospitalization in their lifetime, 452 (44%) reported having ever used illicit drugs while in hospital and 491 (48%) reported having ever been denied pain medication. In a multivariable model adjusted for various confounders, having been denied pain medication was positively associated with having used illicit drugs in hospital (adjusted odds ratio = 1.42; 95% confidence interval: 1.10 – 1.83).

Conclusions: Our findings suggest the denial of pain medication is associated with the use of illicit drugs while hospitalized, which may reflect a form of self-management of undertreated pain among PWUD. These findings raise questions about how to appropriately manage pain among PWUD and further point to the potential role that harm reduction programs may play in hospital settings.

TI, Mint

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Crack pipe distribution and cessation of crack cocaine smoking among people who use illicit drugs in Vancouver, Canada: A longitudinal analysis

Background: In an effort to minimize the health-related harms associated with crack cocaine pipe sharing, a growing number of settings have implemented crack cocaine pipe distribution programs. Since there continues to be concerns that such harm reduction approaches enable drug use, we sought to examine crack cocaine smoking cessation among people who use illicit drugs (PWUD) during the scale-up of a large crack cocaine pipe distribution program in Vancouver, Canada.

Methods: Data were collected through two Canadian prospective cohort studies of PWUD. Bivariable and multivariable generalized estimating equations were used to examine the relationship between calendar year and cessation of crack cocaine smoking.

Results: Between January 2009 and December 2012, 1059 PWUD reported using crack cocaine and were included in this analysis. Among the study participants, 462 (43.6%) reported a crack cocaine smoking cessation event at some point during the study period. In a time-updated multivariable model adjusted for various confounders, we observed a positive association between later calendar year and increased odds of crack cocaine smoking cessation (adjusted odds ratio = 1.62; 95% confidence interval: 1.53 – 1.71).

Conclusions: Our findings demonstrate that crack cocaine smoking cessation increased during a period of crack cocaine pipe distribution scale-up. These findings suggest that efforts to reduce the harms associated with crack use through pipe distribution programs do not undermine conventional addiction treatment objectives.

TI, Mint

BC Centre for Excellence in HIV/AIDS

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Willingness to access a supervised injection facility in a hospital setting among people who use illicit drugs

Background: Despite the reliance on abstinence-based drug policies within hospital settings, illicit drug use is common among hospitalized patients with severe drug addiction. Of concern, hospitalized people who use illicit drugs (PWUD) have been known to leave hospital prematurely to use drugs and resort to high-risk behaviours within hospitals to conceal their drug use from health-care providers, including injecting alone in locked washrooms. Novel interventions to reduce the rate of high-risk behaviours among PWUD in hospital settings have not been well studied.

Methods: Data were derived from participants enrolled in two Canadian prospective cohort studies between June 2013 and November 2013. Using bivariable and multivariable logistic regression analyses, we examined factors associated with willingness to access a supervised injection facility (SIF) within a hospital setting.

Results: Among 734 participants, 500 (68.1%) were willing to access a SIF within a hospital setting. In multivariable analyses, factors positively and significantly associated with willingness to access an in-hospital SIF included: daily heroin injection (adjusted odds ratio [AOR] = 1.98; 95% confidence interval [CI]: 1.24 – 3.26), daily prescription opioid injection (AOR = 1.83; 95%CI: 1.18 – 2.90), having left hospital against medical advice (AMA) because wanted or needed to use drugs (AOR = 3.72; 95%CI: 1.05 – 23.66), and having used illicit drugs in hospital (AOR = 1.63; 95%CI: 1.18 – 2.27). Among participants who reported willingness to access an in-hospital SIF, the main reason reported was to reduce their drug-related risks (37.9%).

Conclusions: We found a substantial proportion of PWUD in our sample were willing to access an in-hospital SIF if it were available. Our results indicate that PWUD engaged in high intensity drug use, those who have left hospital AMA, and those who have previously used illicit drugs in hospital were more likely to

be willing to access an in-hospital SIF. These findings highlight the potential of in-hospital SIFs to complement existing harm reduction programs that serve IDU. Moreover, an in-hospital SIF may minimize the harms associated with leaving hospital prematurely among this population.

TOBIN, Karin

Johns Hopkins Bloomberg School of Public Health

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Karin Tobin is a social-behavioral scientist whose research interests consist of three areas: 1) examining social networks and health behaviors, 2) examining the spatial context of health and behavior and, 3) development and evaluation of empirically and theoretically-based behavioral interventions that aim to reduce disparities in HIV risk, specifically as this affects adult populations in urban environments including drug users and men who have sex with men.

Examining patterns of substance use among African American men who have sex with men (AA MSM) and associations with HIV risk

Background: It is well established that drug and alcohol use are contributing factors to HIV risk among men who have sex with men (MSM). However, substance-using MSM are not a homogeneous risk group. Empirically characterizing patterns of drug and alcohol use can provide a more sophisticated perspective of the intersection between drug use and HIV risk and can better inform tailoring of interventions to specific groups of substance-using MSM. The purpose of this study was to 1) use latent class analysis to empirically define and characterize drug and alcohol use patterns of African American men who have sex with men (AA MSM) and 2) to examine associations between substance use patterns and HIV risk.

Sample: Data from two samples of African American men who have sex with men were used in the present study (total n=359). Participants were recruited using a variety of methods including: street-based outreach, posted advertisements, referrals from community agencies and word of mouth. Inclusion criteria for both samples were: aged 18 years old or older, self-report African American/black ethnicity/race, self-report male sex and sex with another male in the prior 90 days. Drug and alcohol use in the prior 90 days was assessed via face-to-face interview and sexual behaviors in the prior 90 days was assessed using ACASI.

Analysis: Latent Class Analysis was conducted using MPlus 5.0 to empirically define subgroups of the sample based on their substance useThe following six substances were used to define the classes: (1) heavy alcohol use vs non heavy alcohol use; (2) binge drinking vs non binge drinking; (3) weekly cocaine use vs less weekly cocaine use; (4) weekly crack use vs less weekly crack use; (5) weekly marijuana use vs less weekly marijuana use; (6) weekly heroin use vs less weekly heroin use. we selected a three-class model for further analysis. To compare independent variables by class, ANOVA statistic was used for continuous variables and the Fisher's chi square for dichotomous variables.

Results: Three distinct patterns of substance use were identified by LCA. Membership to Class 1 was based on high probability of reporting heavy alcohol use, binge drinking, weekly use of heroin, cocaine, crack and marijuana. Membership to Class 2 was based on high probability of heavy drinking, binge drinking and marijuana use in the prior 3 months and low probability of heroin, cocaine and crack use. Membership to Class 3 was based on moderate probability of marijuana use and low probability of heavy and binge drinking and heroin, cocaine and crack use. Class 1 made up 5% (n=29), Class 2 made up 47% (n=173) , and Class 3 made up the remaining 48% (n=167) of the sample. Men in Class 1 were older (46.1 years) compared to men in Class 2 and 3 (37.8 and 38.9 years, respectively). A greater proportion of the men in Class 1 had health insurance and reported exchanging sex in the prior 90 days (63%) compared to the class 2 and 3 (23% and 13%, respectively). A smaller proportion of Class 1 reported having sex exclusively with men (26%) compared to the class 2 and 3 (59% and 62%, respectively). There were no statistical differences between classes In total number of sex partners or condom use.

Conclusions: We found that there are distinct patterns of substance use and that HIV risk varied by sex exchange behavior but not number of partners or condom use. Identifying and defining these patterns improves specification of risk groups, and more efficient allocation of treatment and prevention resources. Furthermore, it enables focus on groups that may be at risk of transitioning to more severe use and require more intensive treatment or intervention.

TOQUINTO, Signy

San Francisco State University

Signy is an activist/scholar interested in reproduction, urban health, harm reduction, discursive power, and health inequities. Signy has worked in reproductive health communities as a birth/abortion doula and educator, a perinatal teen clinic coordinator, and an outreach worker/advocate for unstably housed cis- and trans- women in the Mission. At SF State, she was a research assistant on a methadone study in Oakland and she currently works for the UCSF Positive Health Program on a research study with HIV positive marginalized populations. Signy plans to continue her research with socially vulnerable populations and to pursue a career as a Certified Nurse Midwife.

Obscured Reproduction: Street-Based Sex Work and the Experience of Pregnancy

This research explores street-based sex workers' subjective pregnancy experiences and the tensions between life and death that occupy the sex workers' bodily space. Pregnant street-based sex workers violate conventional and deeply held understandings of pregnancy and motherhood in the United States. The state takes great interest in preventing and ignoring the reproductive lives of homeless drug-using, sex-working women by vilifying poor women's sexuality and pathologizing their pregnancies. This neglect perpetuates the abuse toward street-based sex workers and allows for their suffering and premature deaths. Minimal research exists on experiences of pregnancy for street-based sex workers, instead focusing on quantitative risk analyses of pregnancy that frequently, if inadvertently, demonizes the pregnant sex worker. I use a feminist approach to qualitative strategies and argue that the construction of diverging social spaces„both the urban death-space and the bordering ordered spaces surrounding it„disrupts these women's pregnancy and motherhood experiences and contains women to abusive (non)existences. These systems of power operate to maintain racial, patriarchal, and heterosexual dominance and render invisible the ambiguity of reproductive street-based sex-working women.

TORRUELLA, Rafi

Intercambios Puerto Rico

Co-Author(s):
Roberto Pereira, *Intercambios Puerto Rico*

Descriminalizacion.org: An Advocacy Campaign to Decriminalize Drugs in Puerto Rico

Background: As of January 2014, there are two legislative measures that seek to change marijuana laws in Puerto Rico: one to reduce penalties for marijuana possession, and another to legalize marijuana for medicinal purposes. In 2011 Puerto Rico had an incarceration rate of 311 per 100,000, and an alarming 87.71% of prisoners were sentenced in cases related to drug use. Puerto Rico suffers an alarming HIV transmission rate (45.0 per 100,000) and more than 50% of those living with HIV acquired the virus through injection drug use.

Description: To combat the impact of Puerto Rico's failed drug policy, Intercambios Puerto Rico spearheads Descriminalización.org, a technology-enabled campaign that advocates for the decriminalization of drugs in Puerto Rico and is lobbying in support of these two proposed legislative measures. By stimulating research-based dialogue, critical analysis, and activism on issues related to drug use, abuse, and dependence, the campaign pursues its goal of controlling and reducing the transmission of illnesses such as HIV/AIDS, and advocating for substituting incarceration of nonviolent crimes with effective treatment options.

Lesson learned:

- Conducting a benchmarking process allowed us to craft and define the scope and goals of the campaign and distinguish it from others.
- Social media like Facebook and Twitter created more visibility and exposure for the campaign than the campaign's website.
- Paralleling social media with a likeable, knowledgeable spokesperson with academic credentials allowed us to push the claims of evidence-based approaches within regular media and academic circles.

Conclusions/Next Steps:

- Following the tenant that "drug policy is HIV policy", being successful in promoting policy change from criminalization of drug users to a public health model helps to: reduce stigma associated with drug use, HIV and Hepatitis C, promote educational/prevention messages, improve linkage to medical services and care, and the provision of treatment to drug users and HIV positive individuals

TORRUELLA, Rafi (continued)

- Focusing on the decriminalization of marihuana allows us to enter the policy drug reform discourse and advocate for the decriminalization of harder drugs which have a direct impact on HIV transmission (i.e. heroin & cocaine injection) by reducing stigma around drug consumption and promoting evidence-based treatment alternatives to incarceration.

TOSCANO, Lori

Safe Streets Baltimore

Co-Author(s):
R. Brent Decker, *Cure Violence*

Lori Toscano is the Director of Safe Streets Baltimore. Ms. Toscano has been with the initiative since its inception in June 2007, and has played a key role in the implementation, training, and monitoring of all Safe Streets sites. Ms. Toscano has over fourteen years of experience in working with high-risk populations, and over eight years of experience in implementing community-based programming in Baltimore City neighborhoods. Ms. Toscano is a graduate of Towson State University and was recently awarded a fellowship to continue her studies at the University of Baltimore.

The Science of Violence: A Health Approach to Reducing Shootings & Killings

Violence is a contagious disease that spreads from one person to another. Safe Streets Baltimore, the longest running National replication of the Cure Violence (formerly CeaseFire) model, works to interrupt the transmission of violence and change individual and community norms historically supportive of using violence to resolve conflict. We maintain that violence is a learned behavior that can be prevented using disease control methods. Using proven public health techniques, the model aims to prevent violence through a three-prong approach:

- Identification & detection
- Interruption, Intervention, & risk reduction
- Changing behavior and norms

Safe Streets Baltimore intervenes in crises, mediates disputes between individuals, and intercedes on group disputes to prevent violent events. Our staff is seasoned, well-trained professionals from the communities they represent with a background on the streets. In other words, they know who has influence, who to talk to, and how to de-escalate a situation before it results in bloodshed.

Safe Streets Baltimore works to change the thinking on violence at the community-level and for society-at-large. For disproportionately impacted communities violence has come to be accepted as an appropriate„even expected„way to solve conflict. At the street-level we provide tools to resolve conflict in another way.

Safe Streets Baltimore looks to shift the discourse toward the view of violence as a disease and placing the emphasis on finding solutions to end this epidemic.

TSANG, Ashley

Chicago Recovery Alliance

Co-Author(s):
Dan Bigg, *Chicago Recovery Alliance*

Ashley is from Chapel Hill, NC and graduated from the University of North Carolina at Chapel Hill in 2010 with a B.S in Public Health. Following graduation, Ashley spent two years as a CDC public health associate working in infectious disease epidemiology and harm reduction. Ashley is currently a 3rd year medical student at University of Chicago. As a medical student, Ashley served as a board member for the Maria Shelter Clinic, a free clinic in Chicago's Englewood. She also coordinates an overdose prevention program at Cook County Jail, and conducted research on HIV and social networks of people who inject drugs in Athens, Greece.

Overdose Prevention at Cook County Jail: A Pilot Program

Background: The number one cause of death for individuals leaving incarceration is overdose (OD) due to low tolerance.1 The CDC recommends training in OD prevention and provision of naloxone be standard treatment for substance users.2 OD prevention programs exist in several correctional facilities in the US, but not Cook County Jail, the largest single-site jail in the US.

Objective: To design, implement and evaluate an overdose prevention pilot program at Cook County Jail.

Program Design: Partnerships were developed between Chicago Recovery Alliance (CRA) and substance abuse treatment providers and organizations within Cook County Jail. The program included (1) OD prevention education for detainees and staff, and (2) naloxone kit provision. Detainees were given instructions on how to obtain OD kits from CRA outreach sites upon release. Staff received OD kits off jail property.

Program Experience: Approximately 50% of program participants had experienced overdose personally or witnessed overdose first hand. In total, 400+ detainees were trained to be OD prevention responders, and 20+ staff members were trained to become OD prevention educators. Working with Sheriff's Office to developing a way for detainees to receive a naloxone kit in their property when released. Challenges to program implementation included restrictions on data collection, reorganization and shifting policies at the jail, and permission to provide naloxone kits on jail property.

TSANG, Ashley (continued)

Conclusions: Former jail detainees with substance use histories return to environments that trigger relapse to drug use. Despite high risk of and significant experience with overdose, most detainees and staff were not trained in overdose prevention. Integrating overdose prevention into existing substance abuse treatment at Cook County Jail is a feasible and sustainable intervention to increase staff and detainee awareness of overdose prevention strategies and services. Next steps include expanding the program to include more detainees and staff, evaluating the efficacy of the OD prevention sessions, and improving access to naloxone for individuals upon discharge from Cook County Jail.

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TULA, Monique

AIDS United

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Monique Tula is currently the Director of Capacity Building for AIDS United, a national grant-making organization which supports more than 400 grassroots organizations annually that provide HIV prevention, care and support services to underserved individuals. Monique has extensive experience in program development, management, and capacity building. She is a former adjunct faculty member at UMass, Boston and is recognized as a vocal advocate who is committed to the inclusion of people at risk for and living with HIV/AIDS and viral hepatitis in the design and implementation of services and policies that impact them.

Harm Reduction Program Management:
'We Think We Do Great Work But Our Staff is Burnt Out!

Because of limited funding, harm reduction organizations often find it difficult to compete with well-funded agencies that are able to attract and retain qualified staff with high salaries. Often, passionate harm reductionists do not receive consistent supervision and the on-going professional development they need to do their jobs well, and remain happy and engaged in the work. Furthermore, supervisors often do not have clearly stated benchmarks or the evaluation tools necessary to supervise their staff in a supportive manner, while holding them to a high level of accountability. Happy, well-trained staff equals better outcomes for program participants.

This capacity-building training will provide participants with an overview of a program management model designed to ensure clients receive high-quality services, as well as promote staff development. The training will highlight the components of the model and provide examples of how to grow an organization that promotes strategic thinking by all of its staff members, while effectively integrating harm reduction at every level of the organization.

UNICK, George

University of Maryland School of Social Work

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Dr Unick is a social worker researcher with 15 years experience working with IDU populations to understand how different communities have different IDU related health risks.

Do different types of heroin produce different risks for developing abscesses and other skin and soft tissue infections?

Despite increasing heroin use, little is known about national rates of abscesses and other skin and soft tissue infections (SSTI) and their relationship to heroin quality and type. Use of "Black Tar" heroin (BTH), predominant in western US states, may have greater risk for SSTI compared with eastern US powder heroin (PH) due to its association with skin popping or possible contamination.

Using nationally representative data between 1992 and 2010, we looked at rates of hospital admissions for drug related SSTIs and how those rates were different in communities that were predominantly BTH versus PH.

Rates of heroin-related SSTI doubled from 0.5 to 1 per 100,000 nationally between 2000 and 2010. The rates of SSTI among 30-39 year olds increased from 9.9 to 22.9 per 100,000 between 2000 and 2010. Heroin market features were strongly associated with changes in the rate of SSTI. Each $100 decrease in yearly heroin price-per-pure gram was associated with a 2% increase in the rate of heroin-related SSTI hospital admissions. BTH-dominant cities had a 40% higher rate of SSTI hospital admissions compared to PH-dominant cities.

Heroin-related SSTIs are increasing and structural factors, including heroin price and source/type, are associated with higher rates of SSTI hospital admissions. Clinical and harm reduction efforts should educate heroin users on local risk factors (eg heroin type), promote vein health strategies and provide culturally sensitive treatment services for SSTI. Public health efforts should improve access to safer injection equipment and drug treatment services.

VAKHARIA, Sheila

LIU Brooklyn

Dr. Sheila P. Vakharia is an Assistant Professor of Social Work and is the Substance Abuse Concentration Coordinator for the Masters in Social Work Program at Long Island University in Brooklyn, New York. Prior to pursuing her doctorate, she worked with diverse populations of substance users as a clinical social worker-- within both rural and urban settings, in abstinence-only and harm reduction settings, with people living with HIV/AIDS, homeless and unstably housed individuals, injection drug users, and with members of the lesbian, gay, bisexual, and transgender communities.

Incoming graduate students in the health professions: What do they believe about addiction and how willing are they to work with addicted populations?

It is estimated that almost 10% of the American population over the age of 12 may meet criteria for a substance use disorder or engage in high-risk substance use in a given year. Given the prevalence of problematic substance use, health professionals are likely to encounter these individuals over their careers-whether or not they are employed specifically in substance use treatment settings. It is important for educators and supervisors to do as much as possible to prepare health professionals to work with diverse populations with a wide array of presenting concerns including problematic substance use and addictions because provider stigmatizing attitudes and biases can negatively impact the quality of care to vulnerable populations.

This presentation will present the preliminary findings of a survey administered to incoming graduate students in various health professions (e.g. physical therapy, social work, psychology, nursing) to assess their beliefs about addiction and their willingness to work with addicted populations upon graduation. Implications for further education and trainings for health professional graduate students will be discussed, as well as other recommendations and directions for future research.

VAN WERT, Michael

Johns Hopkins Bloomberg School of Public Health

Co-Author(s):,
Amanda Gatewood, *Johns Hopkins School of Public Health*

Michael Van Wert, LCSW-C, MPH is a clinical social worker at Johns Hopkins Bayview Medical Center.
Amanda Gatewood, MPH is a PhD student in the Department of Population, Family, and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health.

Perceived barriers to prescribing naloxone to third parties as an overdose prevention strategy: A qualitative study of physician, medical educator, and medical student attitudes

Objectives: To identify barriers perceived by members of the medical community to the prescription of naloxone to third-party contacts of opiate users.

Methods: Ten in-depth interviews and three focus groups were conducted with five medical educators and 23 medical students in the University of Maryland or Johns Hopkins University medical systems. The data was analyzed using three phases of coding.

Results: Medical professionals and students identified key barriers to third-party naloxone prescription. These barriers were related to the drug itself (route of administration, duration of action, expired prescriptions, medical risks, and lack of ability to treat addiction), related to providers (lack of knowledge/experience, medical community social norms, lack of time to address overdose, physician discomfort in discussing overdose, and fear of enabling drug abuse), and related to patients (risk compensation, self-administration of drug, repeat overdose, discomfort of withdrawal, decreasing contact with medical institutions, and stigma).

Conclusions: Addressing perceived barriers to naloxone prescription could increase acceptability and prescription practice among the medical community.

VIEUX LONCZAK, Heather

University of Washington / Psychiatry & Behavioral

Co-Author(s):
The LEAD Evaluation Committee

Heather Vieux Lonczak, PhD, is a Research Scientist at the Harm Reduction Research and Treatment (HaRRT) Lab within the University of Washington-Harborview Medical Center. She completed her Postdoctoral Fellowship in Alcohol Studies under the direction of G. Alan Marlatt, and was among the UW evaluators of Seattle's Housing First program. Dr. Lonczak has been involved in social science research for over two decades, specializing in CBPR among indigenous communities, harm reduction, risky and impaired driving, and positive youth development; and has published numerous scientific articles, book chapters, and children's books.

Seattle takes the Lead in Closing the Revolving Door: The Law Enforcement Assisted Diversion (LEAD) Program for the Reduction of Drug Use and Prostitution Offenses in King County, WA

Background: Traditional drug war policies of incarceration and prosecution have not helped to deter recidivism and slow-down the "revolving door" through which low-level drug and prostitution offenders so often cycle (Warner & Kramer, 2009; Wormith, 2002). This issue has been of particular concern in King County, WA, and especially Seattle's downtown area, where such tactics have not served to reduce arrests or visible drug activity, and have resulted in community pressure for change (Beckett, 2014). Further, the traditional criminal justice approach may even contribute to the revolving door cycle by limiting opportunities to re-enter the workforce (Fletcher, 2013). In response to these issues, various stakeholders in Seattle and King County implemented an innovative case management program designed to interrupt this harmful and costly cycle.

Methods: The Law Enforcement Assisted Diversion (LEAD) program was launched in King County, WA in October 2011. Grounded in harm reduction philosophy, LEAD represents the first pre-booking diversion program operating in the United States. The LEAD program is highly collaborative, involving a broad alliance of agencies, including the Seattle Police Department (SPD), the King County Sherriff's Office, the King County Prosecuting Attorney's Office, Seattle City Attorney's Office, Evergreen Treatment Services (ETS), The Defender Association, the ACLU of WA, the King County Executive, Seattle Mayor, King County Council, Seattle City Council, the Washington State DOC, and various neighborhood leaders and advisory boards. With cooperation of the SPD and DOC, four distinct officer squads have participated in this program. Within these squads, officer shifts were randomly divided into 'red and greenlight' shifts. Offenders who were encountered during greenlight shifts were screened for project eligibility, and following successful screening, were then diverted to the LEAD intervention (treatment group) rather than being processed-as-usual (control group). Instead of jail and prosecution, members of the treatment group were offered harm reduction-oriented case management through ETS. Case managers provided financial support as needed and connected participants with existing resources in the community (e.g., substance abuse treatment, legal advocacy, job training, housing assistance, etc.). LEAD participants also completed a series of interviews with case managers in order to assess substance-use outcomes, and various aspects of quality of life.

VIEUX LONCZAK, Heather (continued)

Analysis plan: The funders and partners of the LEAD program have authorized the University of Washington (UW) to conduct a program evaluation of LEAD's impact. The intent of this evaluation is to determine whether the LEAD program has met its objectives of reduced recidivism, reduced criminal justice service utilization and costs, and improvements in various aspects of psychosocial functioning. The bulk of information being acquired for this evaluation consists of criminal records data drawn from the National Crime Information Center (i.e., arrests); the Washington State Institute for Public Policy (i.e., charges and convictions); and Jail Health Services (i.e., number of bookings, jail days, and associated costs). Preliminary analyses indicate that the LEAD sample (N = 145) is 58.8% male; with an ethnic group break-down as follows: European American 24.8%, African American 58.6%, Latino(a) American 2.8%, Asian American 0.7%, Native American/Alaska Native or Pacific Islander 6.2%, More than one Ethnic Group 4.1%, and Other Ethnic Group 0.7%. The average age of LEAD participants at the time of arrest is 40.3 (with an age range of 18 to 65). A comparable group of individuals has been drawn from arrest cover sheets completed by officers during 'redlight' shifts (N = 186). Descriptive data comparing these groups, and preliminary findings will be included.

Conclusions: The LEAD program is a flagship, large-scale collaboration that exemplifies how agencies working in partnership can be successful in designing programs to reduce substance-related harm for affected individuals and their community, as well as costs associated with low-level drug-use, dealing, and prostitution. Implications will be discussed.

VINCENT, Louise

North Carolina Harm Reduction Coalition / Urban Survivor

Louise Vincent, MPH, Urban Survivor's Union Chapter President of North Carolina, Naloxone Consultant with North Carolina Harm Reduction Coalition, Director of underground SEP.

USER ISSUES – Female IDU's ...all injection drug users are not the same!!

The risk factors that affect men and women injection drug users vary. The literature is not consistent regarding the extent of women's risk for Hepatitis C compared to men; however what is evidenced is a great need to further understand the biological, economic, and social disadvantages that we know disproportionately increases women's vulnerability for disease (Montgomery, 2002). As the age of opiate use decreases there is an increased need to more fully understand what causes injection drug users to engage in high risk behaviors (ie share equipment and syringes) even after they understand the risk.

Gender strongly influences decision making and there is no exception for injection drug users. This panel discussion will:

1. Examine risk factors (Biological, behavioral and structural) that create differences for men and women who inject drugs.

2. Present information collected over the past 2 years from female injection drug users in North Carolina regarding why they engage in high risk behavior.

VINCENT, Louise

North Carolina Harm Reduction Coalition / Urban Survivor

Louise Vincent, MPH, Urban Survivor's Union Chapter President of North Carolina, Naloxone Consultant with North Carolina Harm Reduction Coalition, Director of underground SEP.

Drug User Organizing in the South!
How Legislative Success in North Carolina looks to the NC drug user, Major concerns with newly passed legislation.

Urban Survivors Union is national drug user union with chapters operating in three states across America. There are groups operating in Seattle, San Francisco, and North Carolina at this time. We are an organized union of drug users who are committed to ending the war on drugs, repairing the collateral damage caused by this war, as well as demanding a voice in the decision making processes that affect our lives.

North Carolina has made great legislative strides in spite of the extremely conservative political environment. The issues have been successfully framed as neither, liberal or conservative but rather, imperative scientifically proven public health measures which are designed to protect people from unnecessary and deadly illnesses; such as HIV and Hepatitis B and C.

North Carolina's Governor Pat McCroy signed both senate bill 20 and House bill 850 into law in 2014.

1) Senate bill 20, was an omnibus harm reduction bill that included a 911 Good Samaritan provision for reporting drug overdoses, a naloxone provision increasing access to the overdose reversal drug, and an alcohol amnesty giving underage drinkers the same protection from prosecution for reporting alcohol overdoses as the Good Samaritan provision provides for drug overdoses.

2) House Bill 850, was designed to protect police officers from needle sticks. The measure states that each time a law enforcement agent prepares to search a suspected drug user, the officer can ask whether the suspect has any needles or crack pipes and if the suspect turns over these items without the officer having to search and potentially get stuck by one of these sharp objects they will be immune from being charged with drug paraphernalia.

Every time new legislation is passed it requires some time before the effects of the policy changes can be assessed. At face value these legislative changes are amazing; however embedded within these policy changes one can find potential pitfalls. The Urban Survivors Union meets regularly in Greensboro NC and we are talking with drug users on the ground about how the laws are actually working and the affect they have had on their lives.

This panel presentation will include information and discussions regarding:

A) Drug User organizing in the South – importance of drug users being involved at every level of decision making

B) Discussion regarding how newly-passed laws are affecting drug users on the ground in NC.

WALKER, Jonny

Allies Linked for the Prevention of HIV and AIDS

Jonny Walker is the Executive Director of Allies Linked for the Prevention of HIV and AIDS, a community based HIV organization in Boise Idaho that provides HIV prevention programming including HIV and Hep C testing, harm reduction, linkage and retention in care services, supportive services, advocacy, and is home to the MPowerment BOI project. Jonny comes from an injection drug use background and has worked for the local health district, Boise's Ryan White Part C clinic, and represents injection drug users on the Idaho Advisory Council on HIV and AIDS (IACHA). Jonny has been an activist and advocate for 10 years and is currently working to provide syringe and naloxone access in Boise.

Revolution in a Red State: Taking action in a hostile environment

All of us have struggles in this work however there is a unique struggle in states with conservative super majorities. Some of us find ourselves working in communities where the general attitude is one of apathy and frequently very hostile to any program or legislation that might be compassionate to substance users. With draconian HIV disclosure laws, laws that make it a felony to "knowingly distribute drug paraphernalia", and unnecessary barriers to take home naloxone, we must find a way to either work with or around those with power. Using Idaho as an example, how have we found ways to build strong coalitions and get syringes and naloxone in the hands of people who need them?

WALSH, Jeff

Interior Health

Jeff Walsh is the Regional Harm Reduction Coordinator for Interior Health in British Columbia, Canada. He has a Bachelor of Social Work from Memorial University of Newfoundland in St. John's, Newfoundland and a post-Graduate Certificate in Harm Reduction from York University in Toronto. He will also be starting his Master of Social Work from Memorial University of Newfoundland in September 2014. Jeff has worked in the field of harm reduction and outreach substance use counselling since graduating with his social work degree in 2012.

Up in Smoke: Impacts of Foil Provision in Rural British Columbia

Harm reduction programs rise to meet the needs of those at risk in communities. These programs have demonstrated their effectiveness in reducing the spread of blood-borne infections, reducing overdose and countless other benefits to the community. North Okanagan Youth and Family Services Society (NOYFSS), AIDS Network Kootenay Outreach and Support Society (ANKORS) and Interior Health (IH) identified the need to pilot a foil provision program in two rural areas, along with a research component to identify the outcomes of the program. NOYFSS will launch their program in the City of Vernon (population: 40,000), while ANKORS will launch their program in the City of Nelson (population: 10,000), as well as various rural communities serviced by a mobile harm reduction program. Currently, few studies exist on transitions away from injection drug use, with only one study from the United Kingdom focusing on the use of foil provision as a transition away from injection drug use. This research study is modelled after the study from the United Kingdom. Through the use of a staff-administered pre and post-test, this study aims to evaluate the effectiveness of foil provision in producing behavioural changes for people injecting drugs. Furthermore, the study would hope to identify new service users accessing the harm reduction services because of the provision of foil. This foil provision program will also provide education around safer smoking practices and access to Naloxone kits. This program will be the first known formal foil provision program in the province of British Columbia and the first research study on the impacts of foil in harm reduction practice. The anticipated launch date for the programs will be August 2014 and data collection will continue over a 6 month period.

WELSH, Christopher

University of Maryland
School of Medicine

Christopher Welsh is an addiction psychiatrist at the University of Maryland School of Medicine in Baltimore, Maryland. He has worked extensively in the field of addiction and has a particular expertise in the treatment of opioid dependence. He has extensive experience with the use of buprenorphine and is involved with many local and national initiatives related to buprenorphine. He is one of the teachers of the course which is required by all physicians who are able to prescribe buprenorphine.

Resident Physicians' Prior Training in & Exposure to Harm Reduction

Background: Harm Reduction has traditionally not been taught as part of medical school curriculum.

Method: An anonymous paper questionnaire was administered to the incoming residents (n=248) at the University of Maryland Medical Center during their orientation in July, 2013. The questionnaire included basic demographic questions as well as questions about prior training in harm reduction, attitudes toward harm reduction, and several knowledge questions related to harm reduction.

Results: The average age of the residents was 29.7 years old, with 52.5% female. Many (83%) had heard of "harm reduction" or "risk reduction" but only 63% said they had heard something about it during medical school; 31% reported that it had been discussed in a formal lecture and 6% said that they had a formal rotation that included a clinical component involving harm reduction. 76% had heard of needle or syringe exchange, 52% had heard of an overdose prevention program or naloxone distribution, 17% had heard of safe injection rooms and 23% had heard of heroin prescription. 18% said that they agreed or strongly agreed that giving active drug users needles and syringes leads to increased drug use; 69% felt that needle exchange programs make sense from a public health point of view and 72.5% felt that it is a good strategy for helping reduce HIV and hepatitis C transmission. Only 9% felt that providing naloxone to opioid users leads to increased opioid use but only 23% felt that it was ethical for physicians to prescribe naloxone to someone in order to reverse an overdose in another drug user. 35% said that they feel that safe injection rooms make sense from a public health point of view. 81% felt that designated driver/free cab campaigns are a good idea for helping reduce the consequences related to heavy drinking yet only 8% felt that these programs led to more heavy drinking.

Conclusions: Medical schools need to increase education about harm reduction.

WELSH, Christopher

University of Maryland
School of Medicine

Co-Author(s):
Donald Gann, *University of Maryland Medical Center*,
Art Cohen, *University of Maryland School of Medicine*

Christopher Welsh is an addiction psychiatrist at University of Maryland School of Medicine who has worked in the field of addiction and harm reduction. He has been involved with opioid treatment as well as overdose prevention and needle exchange. Donald Gann is a social work who has worked in the firled of harm reduction for a number of years. Art Cohen is a counselor who has worked in the substance abuse field for decades. All three work at the University of Maryland Medical Center Substance Abuse Consultation Service which works with substance users who are hospitalized.

Harm Reduction and the Medically Hospitalized Patient

Substance use is a common contributing factor to hospitalization for various reasons related to intravenous drug use, overdose, injuries, cardiac events, various alcohol-related problems and cancer, respiratory and cardiac effects of tobacco. Patients come to (or are brought to) the hospital in various stages of recovery as far as their desire or ability to decrease or stop their substance use. In addition, many patients are treated in very judgmental ways by staff who may feel that the patient "deserves" what has happened to them. This can lead to inappropriate care and a viscous cycle with the patient becoming increasingly irritable in his or her attempts to receive appropriate care. This often creates challenges for hospital administration and staff related to the patients' attempts to continue to use substances during the hospitalization. All of this can lead to patients leaving "against medical advice" or being discharged before their medical treatment is complete, generally with further adverse consequences in the future. This session will address ways that hospitals and staff can work with patients (and visitors) from a harm reduction standpoint. In addition, ways in which hospital staff can assist patients with more effective engagement in treatment after hospitalization will be discussed. Ways in which people working with drug users can advocate with hospitals for better treatment will also be discussed.

WENGER, Lynn

Urban Health Program, RTI International

Co-Author(s):
Alex H. Kral, *Urban Health Program, RTI International,*
Andrea M. Lopez, *Urban Health Program, RTI International*,
Megan Comfort, *Urban Health Program, RTI International*

Lynn D. Wenger, MSW, MPH is a Senior Project Director with RTI-International. She has more than 20 years of experience coordinating and directing community based research with marginalized populations such as; People who inject drugs, people living with HIV, people who have been involved in the criminal justice system and people who are homeless and marginally housed. She has directed studies that focus on; initiation to injection drug use by older adults, methamphetamine use by women, understanding patterns of injection heroin use, syringe disposal practices by Injection drug users, and the acceptability and feasibility of implementation of a Safer Injection Facility in San Francisco.

Staying within my lane: Enacting harm reduction behind bars

People who are incarcerated in prison or jail encounter significant harms and develop survival strategies. These potential harms are not limited to their drug use and sexual behavior, but also include managing everyday safety, social relationships and chronic illness. In this presentation we share stories from our research with HIV+ individuals who have recently been released from incarceration. We describe the unique harms they encounter in jail and prison, the ways in which they learn to cope with these harms and the techniques they use to reduce harm while incarcerated. We hope that by recounting these experiences we will give individuals at risk for incarceration, and services providers who work with at risk individuals, concrete tools that could be used to reduce harm in a prison or jail environment. In addition, we hope to stimulate discussion about how harm reduction programs and practices can be implemented within criminal justice settings.

WHEELOCK, Haven

Outside In

Haven Wheelock is the Coordinator for the Syringe Exchange at Outside In, the largest syringe exchange in Portland Oregon. She was also worked with the Oregon Health Authority to draft Oregon State's Naloxone Training Protocol and oversees Outside In's Naloxone distribution program.

Jumping through Hoops: Using good communication to build buy-in for naloxone programs

At the time of our last Harm Reduction Conference, there was no place in the State of Oregon that was distributing naloxone. Over the last 2 years, Outside In has worked to advocate and pass a naloxone law in our state. Within one month of the Governor signing the bill, the state had outlined their rules around naloxone and within hours of finalizing these rules Outside In began training and distributing naloxone. Within the first year, we trained nearly 800 syringe exchange clients and nearly 100 program staff. We have worked with rural county health officials to begin naloxone distribution in more rural areas, as well as worked with pain management docs on co-prescribing practices. The change from not being interested-in-distributing naloxone to getting broad support from many different types of agencies has taught me lessons about the types of questions that different people have and how to work and alleviate people's concerns to while thinking to myself, "is this really a question in need to track down an answer for?". Skills in communicating with a broad range of individuals have been crucial in getting this program off the ground and in this presentation I will share things that worked and did not work to improving naloxone distribution in our area.

WHEELOCK, Haven

Outside In

Haven Wheelock is the Coordinator for the Syringe Exchange at Outside In, the largest syringe exchange in Portland Oregon. She was also worked with the Oregon Health Authority to draft Oregon State's Naloxone Training Protocol and oversees Outside In's Naloxone distribution program.

Don't get Stuck by the Federal Funding Ban: Bringing together Syringe Exchange and Federally Qualified Healthcare Center

The syringe exchange at Outside In is about to celebrate its 25th birthday. When we opened in November of 1989 however we were not a new organization. We had been running a free to low cost medical clinic for over 21 years. In 2002, Outside In's Medical Clinic achieved official FQHC status and currently roughly 30% of Outside In's total budget and roughly 36% of our health services budget comes as federal funding. Our syringe exchange program and the fact that there is a ban on using federal fund were factors that Outside In weighed heavily when we prepared to move forward with our application for FQHC status. In the years since we have qualified for these funds, we have been able to improve the quality of health care and the services we provide that we are able to provide to injection drug users. This presentation will address some of the challenges and the success we have had in being both an FQHC and a syringe exchange. In addition, we will talk about some of the many steps we have taken to insure that the syringe exchange program is not using federal funds even though much of our agency is federally funded.

WILHELM, Cecilie

Seattle University

Received Masters of Criminal Justice from Seattle University in 2014 with a specialization in Research and Evaluation. Involved in the harm reduction community since 2004, beginning in Chicago with the Chicago Recovery Alliance and briefly with the Austin Harm Reduction Coalition in Austin, TX in 2010. My goal is to create awareness of public health and its impact upon criminal justice through future research and education.

Evaluative Study of the Hepatitis Education Project in Washington Department of Corrections Facilities: Reducing Harm on the Inside and on the Outside

Within the American prisons injection drug use and other high risk behaviors related to infectious diseases is still ongoing, with only a limited number of harm reduction programs in place to address the increase of HIV and Hepatitis C transmission rates. This study will evaluate the Hepatitis Education Project and their Prison Program in various Department of Corrections facilities in Washington State. In addition, this study will formally evaluate a local harm reduction program provided to the incarcerated population in Washington State using primary data. A previous evaluative study of the Prison Program was performed using secondary data from inmate class evaluation forms (Dyess, 2012). The current study will provide richer data by using primary data through self-report surveys, observation, and qualitative interviews with program stakeholders. The goal is to assess prior and current risk behavior, measure inmate knowledge related to infectious disease such as Hepatitis, as well evaluate the effectiveness of the Prison Program in meeting these goals.

WILSON, Loftin

North Carolina Harm Reduction Coalition

Loftin Wilson grew up in a small town in central North Carolina. He has worked with the North Carolina Harm Reduction Coalition for four years, doing syringe access and overdose prevention work with a focus on the transgender community.

"I go by what I feel": emphasizing gender self-determination in harm reduction work

A workshop for harm reduction advocates interested in exploring ideas of gender self-determination and in learning how to emphasize these concepts as values in harm reduction programming, services, or organizing. Does your harm reduction organization or program include participants or staff who identify as transgender or gender-nonconforming? Are you concerned about making your services accessible and inclusive regardless of gender identity or expression? Does your program not serve transgender/gender-nonconforming participants or include transgender/gender-nonconforming staff members? Are you concerned about identifying institutional barriers to participation that may explain this absence?

This workshop will explore these issues and teach these skills from a framework of gender self-determination - a way of thinking about gender that emphasizes the natural diversity of gender expression and identity, and situates people who identify as transgender within a complex spectrum of gender expression that we all exist in, rather than as outsiders or others to a world of 'normal' gender. The workshop is intended to be accessible to people who may not yet have engaged deeply in ideas of gender but are curious and open to ways of thinking that may be unfamiliar.

WINKELSTEIN, Emily

National Development and Research Institutes

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Kelly Szott, *Syracuse University*,
Matthew Woodin, *SFDPH*,
Linda Flores de Leon, *NOLA Trystero Syringe Distro*

Emily Winkelstein is Project Director of the Collaborative Hepatitis Outreach and Integrated Care Evaluation Study (CHOICES) in NDRI's Institute for Infectious Disease Research. She has been working in the field of harm reduction and public health since 1996. From 2004-2010, Emily worked with the SWAN Project, an epidemiological study investigating the behavioral and biological correlates of hepatitis C infection among younger people who inject drugs in NYC. Emily was the Resource Development and Communications Manager at Harm Reduction Coalition from 2010-2013.

The Swan Project: Integrating research and service with a cohort of young people who use drugs at risk for hepatitis C in New York City

Background: The Swan Project was a community-based study in New York that determined prevalence and incidence of hepatitis C virus (HCV) infection in a population of young, mostly homeless people who injected illicit drugs, and identified specific injection-related risk factors for HCV transmission. SWAN employed a unique research model that integrated direct services like counseling, case management, and syringe access with research activities to encourage trust, meet needs, and foster community investment in project success.

Methods: Eligible participants were screened for HCV antibody and RNA and received prevention counseling. RNA negative participants were invited to return biweekly for interviews about risk behavior and HCV RNA testing. The study operated at an independent field site with drop-in space (open to study participants and non-participants) with a restroom, prevention resources and limited case management/counseling services. Efforts were made to challenge drug-related stigma and foster open dialogue about drugs/drug use. Participants were paid 20 USD for each research visit.

Results: We screened 714 eligible participants; 371 (52%) tested HCV negative; of these, 224 (60%) enrolled in the biweekly cohort. Engaging with participants repeatedly about the details of their injection practices over an extended period of time put researchers in a unique position to foster a deeper understanding of individualized risk and lifestyle, leading to better targeted, individualized prevention messages. Trust-building and assistance with needs like housing and mental health presented ways of reducing risk factors associated with HCV transmission. Challenging stigma led to more authentic conversations about drug use and risk.

Conclusion: Our model integrating research and services allowed for heightened consciousness about individual drug use and served as a platform for critical HCV prevention. Feedback from study participants supports the value of strategies for merging direct services with research to increase trust, community investment, and accountability without compromising research methodology.

WOLFSON, Kate

Safe and Sound Campaign

Co-Author(s)
Veronica Tucker-Scott, *Jericho Re-Entry*,
Brittany C. Thomas, *DPSCS-Community Supervision*,
Antoin Quarles-El, *Safe and Sound Campaign*

Kate E. Wolfson, Esq. has served as the Director of the Maryland Public Safety Compact (PSC) for the Safe and Sound Campaign since 2012. The PSC facilitates a shorter stay in prison for eligible inmates, resulting in safer re-entry with better outcomes for participants and public savings.

Kate graduated from the University of Baltimore School of Law in May 2012 and was admitted to the Maryland Bar in December 2012. She is currently a volunteer and mentor for Baltimore SquashWise and is a member of the Executive Committee for the Lawyers' Campaign Against Hunger.

Redirect Public Funds to Reduce Harm and Help People: A No-Brainer

This workshop will explore how to redirect public funds earmarked for adult incarceration to alternatives that cost less and reduce the rate of recidivism. The Maryland Public Safety Compact (PSC) is a financing agreement that seeds and then sustains funding for a reentry program for inmates who complete prison-based substance abuse treatment, cognitive behavioral therapy, and are returning to Baltimore City. The PSC is an agreement between private non-profit organizations – led by the Safe and Sound Campaign – and the Maryland Department of Public Safety and Correctional Services. The program is designed to release prisoners 2-10 years earlier than their mandatory release date, based on the availability of services behind the fence and upon re-entry. Following their release from incarceration, PSC participants work with case managers to secure the services they need to find jobs, get education, stay sober, and stay out of trouble. Participants receive education and job training in areas of interest and are prepared for the workforce. The centerpiece of the PSC is the Maryland Opportunity Compact, a negotiated signed agreement with Maryland Department of Public Safety and Correctional Services and Maryland Department of Budget and Management that commits the State to use a portion of the savings to sustain and grow the program and reinvest in the community providing opportunities and reducing harm on a larger scale. Using the Maryland and national standard to measure recidivism at three-year intervals post-release, the PSC is surpassing the state's average for program graduates. At the end of 2013, of the thirty-five (35) people who were released in 2010 and have graduated from the PSC program, only three (3) had been revoked or 9% recidivism vs. the Maryland statewide rate for 2010 releases of 41%. The program started in 2010 and currently serves more than 140 ex-prisoners in the community who we expect to meet the same level of achievement. As is evidenced by the success of the PSC, the government can make smarter choices with its money by facilitating earlier and safer releases from prison accompanied by resources and wraparound services and support, thus resulting in harm reduction and productive returns to community and family.

WYTHE, Ryan

Berkeley Needle Exchange Emergency Distribution

Co-Author(s):
David Showalter, *Berkeley NEED / UC Berkeley*,
Lauren 'LJ' Johnson, *Berkeley NEED / At the Crossroads*

Lauren aka 'LJ,' David, and Ryan are all collective members of the Berkeley Needle Exchange Emergency Distribution (NEED). Lauren aka 'LJ' also works as a street-based outreach counselor with At The Crossroads, a homeless youth support organization in San Francisco. David is a past volunteer with the Chicago Recovery Alliance and is currently a doctoral student in sociology at UC Berkeley, where he studies the politics and history of needle exchange and other Harm Reduction programs. Ryan also works as a mental health consultant using his background in Harm Reduction to help implement local programs that better integrate mental health, substance use, and physical health care.

Building Intergenerational Ties in the Harm Reduction Community

The field of harm reduction has undergone dramatic changes in the past several decades. Programs like opiate replacement, needle exchange, and overdose prevention are now more institutionalized features of public health and drug policy fields in many parts of the country, rather than political flashpoints. While the fight to expand harm reduction to new places and new issues is always ongoing, newer generations of harm reductionists entering the field today may often come from different perspectives, and confront different challenges, than their older peers. It is essential that the harm reduction community find ways to build connections between generations of drug users, activists, and service providers, in order to remember the battles we have fought and won, to learn the lessons of past missteps, and to build a better understanding of the political links and shared social justice aims between what can seem like siloed and fragmented projects. We propose two approaches to building intergenerational dialogue and knowledge transfer. First, we have begun an oral history project in the San Francisco Bay Area, interviewing longtime participants in community health, harm reduction, and social justice organizations, and would like to present some of our preliminary findings. As many pioneers in harm reduction move on to other work or into retirement, it is essential that we document their stories and experiences for the future. Second, we propose an intergenerational mentoring program for future Harm Reduction Conferences. HRC is an inspiring event, and is one of the few spaces where the opportunity to build these intergenerational and cross-national and international ties is possible. Such a component to future HRC events could facilitate these links, enhance our connectedness within the harm reduction community, as well as lead to collaboration between groups that otherwise might never meet. We plan to use the format of a roundtable discussion to both continue a dialogue about the progression of harm reduction over time and develop ideas for ways to facilitate and document this dialogue in the future. By bridging distances across age and experience, these two approaches will help to make the harm reduction community a more diverse and participatory place.

YORKMAN, Monica

Sistas of the 't'

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Em

Monica Stevens Yorkman is a 60 year-old parent of two, grandparent of three, and founding Member and Director of Sistas of the 't'.

Likes playing music and writing poetry (especially erotica)

Loves to make love to people with her food!

'I know you didn't mean any harm, but...

A frank and intimate discussion about harmful policies and practices of helping organizations toward trans-identified and other gender-variant people.

A solution-based interaction that takes a deeper look at how hetero-normative cultures that exist in many of these organizations, including LGBTQ organizations, disempower and disenfranchise trans individuals.

An honest discussion about the use and misuse of privilege and power by helping organizations that serve transgender people.

Discuss creative ways to create partnerships that help to empower trans-identified people and improve the effectiveness of organizations that serve them.

ZAPATA-ALMA, Gabriela

Chicago House & Social Service Agency

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Gabriela Zapata-Alma LCSW CADC, is the Director of Scattered-Site Housing Programs at Chicago House, overseeing 15 programs using Harm Reduction, Motivational Interviewing and Housing First as core interventions. They obtained their MSW from the University of Chicago, along with certifications in Evidence Based-Practice and Addictions. They began practicing Harm Reduction in 2003 while volunteering in street-based outreach HIV Prevention. They take a universal approach to Harm Reduction, and provide monthly Harm Reduction trainings in diverse areas, including: sex (& sex work), body modification (including injectable silicone), mental health, substance use, and co-occurring disorders.

Integrating Cultural Humility and Harm Reduction When Working With Highly Vulnerable Homeless Populations

Cultural Humility and Harm Reduction approaches share many core values and strategies in how to most effectively serve marginalized populations that often slip through the cracks of our service systems, yet it seems that these two practices are rarely considered side-by-side, much less the focus of integration into a service delivery system.

Highly vulnerable homeless populations often present with chronic needs, complex trauma, high ambivalence and diminished opportunities for self-determination as well as self-efficacy. As such, it can be challenging for service providers to engage these populations, and empower them to achieving greater stability and self-sufficiency. Often these populations are rejected by or discharged from social service settings due to the many barriers they encounter and present to accessing services. Additionally, many individuals and communities have developed mistrust of service systems due to experiences of both personal and historical trauma. Complex client needs coupled with significant barriers, requires service provision to be highly individualized and adaptable, while also engaging clients as experts in their own lives and building upon their existing strengths and resilience. Integrating cultural competence with harm reduction practices can provide a grounded framework for the flexible delivery of services to highly vulnerable populations across diverse cultures, communities, and needs.

Many times we work with individuals and communities that are different from our own, which can work as a natural reminder for us as service providers to reflect on our differences and how these may impact our clinical process and service delivery. This workshop will explore cultural humility not only where we experience difference, but also in contexts where we share culture with our clients; because often these interactions are the least examined from the lens of cultural humility, which in turn increases our risk for engaging interventions that are less effective.

This workshop integrates Cultural Humility and Harm Reduction into a unified framework, which attendees will become familiar with through brief lecture, case presentation, small group activities, and self-assessment/reflection exercises. Case examples and small group activities focus on many special populations, including Latinos, recent immigrants, LGBTQ+, as well as individuals and families whom experience domestic violence, incarceration, trauma, severe mental/behavioral health issues, substance use, and other chronic medical issues such as diabetes and HIV/AIDS.

ZELAYA, Carla

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Rapid observational assessments of the physical environment of exotic dance clubs: lessons from the field

Introduction: Despite evidence of high rates of drug use and sex exchange in exotic dance clubs (EDCs), few studies have examined the nature of occupational risk in these environments. EDCs may function as a risk environment for dancers, and features of the physical environment could serve as important indicators of risk. Formative observations often inform research questions and approaches to data collection (e.g., gaining access to hard-to-reach populations), but are rarely the focus of analysis. The primary objectives of this study were to test a novel observational data collection instrument and to identify physical characteristics associated with drug- and sex-related risk within EDCs.

Methods: As part of a comprehensive tool to quantify risk across multiple domains of the EDC environment (e.g., social, economic, and policy), we created a standardized instrument to elicit study staff observations of the physical environment. Structured items included the degree of lighting, presence of mirrors and video cameras, and evidence of private rooms; open-ended questions captured staff perceptions of cleanliness, décor, and other general EDC impressions.

During summer 2013, we conducted systematic, visual observations within EDCs across Baltimore City and County (N=26). Multiple observations per club were consolidated to an average value for quantitative items. As a first step to test the instrument, correlations between items within this instrument were explored. Quantitative analyses to estimate associations between observational items and other risk domain scores are underway. Qualitative data will be simultaneously analyzed and compared to the quantitative findings.

Results: A median of six observations were documented per club (range: 2-12). Certain quantitative items produced consistent observations (e.g., number of bouncers), while others proved more difficult to consolidate (e.g., number of cameras). Factors associated with variability in responses included time of observation and staff experience in the environment. Preliminary results suggest that lower degree of lighting may also affect the consistency in reporting of other items.

Conclusions: Shifting the focus away from individuals to consider environmental risks is important for developing effective interventions and to reduce harm among vulnerable and otherwise hard-to-reach populations. Despite some variability in reporting, this novel risk assessment method through visual observations may allow for rapid identification of important physical indicators of HIV risk in this and other environments.

ZIBBELL, Jon

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Jon E. Zibbell is a health scientist at the Centers for Disease Control in the Division of Viral Hepatitis where he conducts research on the prevention, care and treatment of hepatitis C virus (HCV) among persons who inject drugs. Jon is a medical anthropologist with over 15 years of field experience in the areas of illicit drug use, addiction, overdose and injection-related health. His work has appeared in both academic and professional journals and he currently holds a joint, adjunct appointment in the Center for the Study of Human Health and the Department of Anthropology at Emory University.

Hepatitis C infection and prescription opioid misuse among rural and suburban young adults who inject drugs: Considerations for confronting an emerging syndemic

In the United States, HCV prevalence among the population of young persons (<30 y.o.) who inject drugs (YPWID) has historically been lower than older PWID. Over the last decade, however, state-level and national reporting staff have identified the largest increase in newly reported HCV cases to be among YPWID from predominantly rural and suburban regions of the country. In contrast to the late 1990s, when HCV infections among PWID were highest among men, blacks, urban residents, and persons aged 40-49 years of age, these recent, cluster-associated cases are more likely to be young adults, most of whom are white and reside in rural and suburban areas. Another distinguishing feature of this change is the relatively high proportion of newly-infected, YPWID who report antecedent prescription opioid (PO) misuse. Since the burden of HCV prevalence has historically been concentrated in urban areas, rural disease prevention services for PWID are either minimal or non-existent. These circumstances thus require innovative approaches to reach YPWID and effective models for integrating delivery of interventions where people are thinly settled and sterile injection equipment and drug treatment programs are sparse. This panel will address the emerging syndemic between prescription opioid misuse and HCV infections among YPWID and then focus on the prevention efforts of two, rurally-located harm reduction organizations„a state-sanctioned SEP in Wisconsin and a drug user-run SEP in North Carolina„to describe what they are doing to reduce injection-related harm among this age cohort. Those attending will acquire an understanding of the factors contributing to this emerging syndemic as well as efforts employed by front-line, harm reduction programs to address it.

ZURLO, Dominick

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Dominick V. Zurlo has been working since 1989 in substance use and treatment. He has a bachelor's degree in Biological Anthropology and a Master's degree in Educational Psychology. He joined the Harm Reduction Program Manager at the NM Department of Health in 2008. In December 2011, he took a brief hiatus to focus on a Ph.D. in Educational Psychology at the University of New Mexico. He returned to the NMDOH in 2014.

John J. Murphy has been working in the HIV Prevention field for nine years. He has a bachelor's degree in Journalism and Mass Communication. He has been with the New Mexico Department of Health (NMDOH) for the last six years, including as a Harm Reduction Trainer.

From Heroin to Needle Sticks to Narcan. Practical training from impractical people

Training in Harm Reduction has been evolving. Originally trainings were often assembled from hastily pulled-together information and brochures. Now they incorporate evidence-based interventions, research and quantified results. Harm Reduction has developed some of the most innovative courses and training methods in recent years. To try to meet the demands and build capacity for informed training in a rural state, New Mexico has developed a one-day Harm Reduction Specialist Certification course and a three-day Training of the Trainer. They include a brief history of Harm Reduction, implementation of services, and overdose prevention, by using practical sessions on interviewing techniques, safer injection, rescue breathing and Narcan administration. This presentation will discuss and demonstrate some of the techniques used to help trainers teach more effectively and leave memorable impressions.

INDEX

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