Compassion, Action, and Healing

Working with Injection Drug Users in Native Communities

National Native American AIDS Prevention Center (NNAAPC) Mission Statement

To eliminate HIV/AIDS and confront related health and social determinants that negatively impact American Indian, Alaska Native, Native Hawaiian and Indigenous peoples.

NNAAPC Vision

Indigenous communities free of HIV where health, wellness and balance are celebrated.

In fulfillment of its mission and vision, NNAAPC helps organizations that serve Native communities to plan, develop and manage HIV/AIDS prevention, intervention, care and treatment programs.

Dedication

In honor and in memory of **Phyllis Scharr** (Karuk), **Kory Montoya** (Jicarilla Apache), **Marty Lynn Prairie** (Oglala Lakota) and many other Native leaders who fearlessly advocated for the HIV prevention needs of substance users in American Indian, Alaskan Native and Native Hawaiian communities.

And in remembrance of our family and friends who struggled with addiction and passed on before us.

May they all continue to watch over and guide us as we continue on our journey.

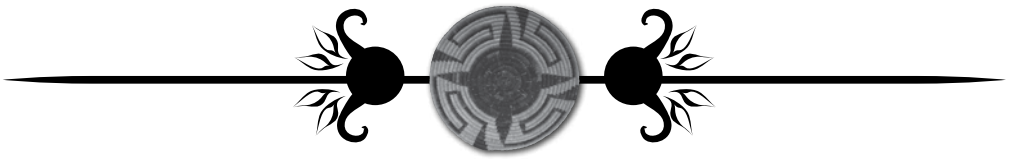

Table of Contents

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Native Syringe Service Advisory Group

Compassion, Action, and Healing was developed in partnership with NNAAPC's Native Syringe Service Advisory Group. The group is comprised of Native and non-Native individuals who are currently addressing injection drug use in their respective communities. The group's collective expertise and experience includes: current injection drug users, individuals who are in recovery, drug treatment providers, traditional health advocates, health department representatives and social service providers. Their guidance and input helped shaped not just the document's content, but the intent as well.

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Contributions

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NNAAPC Staff

All NNAAPC staff plays a role in every project and publication produced. Thank you to the entire staff of NNAAPC for their ongoing dedication in preventing the spread of HIV and related health disparities in Native communities: Rachel Bryan-Auker (Kaigani Haida/Tlingit), Alvin Chee (Navajo), Robert Foley, Jamie Folsom (Oklahoma Choctaw), Shannon Francis (Hopi/Diné), Michaela Grey (Diné), Matt Ignacio (Tohono O'odham), Sandra Janis (Lakota), Iona Long Soldier (Lakota), Elton Naswood (Navajo) and Vicki Peterson.

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The information and opinions expressed in this document are based upon research and statistics supplied from multiple sources, and the vast experiences and observations of NNAAPC staff, Native Syringe Service Advisory Group, and Community Advisory Council. There is no single, best way to implement a syringe service program in Native communities because of the diversity that exists within such communities; the variety of public opinions regarding syringe services, substance use and drug users; resources that are available; and the state of public policy and laws regarding syringe services; the use of funding for syringe services; and drug use/possession. Please read through this document and know that this is meant to introduce these topics for discussion and consideration – to inform, enlighten and create interest.

For more information regarding syringe service programs and assistance that may be available to support your community, please contact:

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Purpose

There are many things to be shared with the Four Colors of humanity in our common destiny as one with our Mother the Earth. It is this sharing that must be considered with great care by the Elders and the medicine people who carry the Sacred Trusts, so that no harm may come to people through ignorance and misuse of these powerful forces.

- Resolution of the Fifth Annual Meeting of the Traditional Elders Circle, 1980

As Native people we have been taught to honor and share the lessons given to us as a way to preserve our traditions and culture. In essence, that is the goal of this guide: to share health information relevant to injection drug users (IDUs) and those who work with drug injectors, as a way to prevent the spread of HIV and other harms in our communities. Through the use of front-line perspectives, skills-building information, and peer-to-peer knowledge sharing, this guide intends to:

- Provide an overview of injection drug use and the harms associated with it
- Provide an overview of harm reduction approaches and services for people who inject drugs
- Generate discussion on the need to create services and linkages for Native people who inject drugs
- Generate community dialogue about injection drug use and HIV

Getting people to talk about HIV is a success; helping people understand the risks and harms associated with injecting drugs is a success; and helping people who inject drugs take steps to reduce harm for themselves is a success! In addition, there are cultural implications in this work as well.

Cultural Value of Giving Back by Sharing What We Know

We, as Native people, have a responsibility to educate ourselves, and share the information with those in our family and community. When we give back what we have learned we demonstrate gratitude, concern, and love.

Cultural Value of Helping Others

IDUs can be stigmatized, judged, vilified, demonized, and ignored; yet they are part of our family, they are part of the circle. It is our responsibility to care for and help our own people, including those who inject drugs. When we help those who put themselves at risk for harm and disease, we honor the tradition of helping others.

Cultural Value of Respecting All Life

A person who injects drugs is someone's mother, father, sister, daughter, son, and friend. We can be effective helpers when we set aside our own judgments and see the person for who they are – a human being. When we educate ourselves, address the health needs of IDUs, and respond compassionately, we honor our traditions of sharing what we know, helping others, and respecting all life.

> *I try to use our traditional values to guide me in the work that we do. I look at our values such as respect – 'to feel or show honor or esteem for someone or something' – we are all on this circle of life and everyone and everything is important. I have always felt showing respect is the basic law of life. We must listen with our hearts, respecting what others have to say. My grandfather taught me from my earliest recollections that the golden rule of 'doing unto others…' held particularly*

true for us as Native people and that 'the hurt of one is the hurt of all.'

- Clinton Alexander (Anishinaabe - White Earth Ojibwe Nation): Mahnomen, Minnesota

Communities as a whole may harbor negative judgments and feelings toward people who use drugs. For many reasons there may be feelings of embarrassment, anger, frustration, and hopelessness when thinking about the negative impact substance use has had on our people. As a result, we may choose to ignore the reality of the situation. However, if we ignore the real harms associated with injection drug use, we are putting those who inject drugs, those who are sexually active with drug injectors, and our entire community at risk for HIV and other diseases. If we have learned anything from our collective past, it is that our silence will not protect us from harm.

Lastly, it is important to remember this guide is not advocating, endorsing, or promoting injection drug use. Rather, it offers practical suggestions on how to effectively deal with and reduce HIV and Viral Hepatitis infection rates in communities where injection drug use is taking place.

Understanding HIV and Viral Hepatitis

What is HIV?

HIV is an acronym for human immunodeficiency virus. It is the virus that can lead to Acquired Immune Deficiency Syndrome, otherwise known as AIDS. HIV attacks the immune system (white blood cells) in a person's body, weakening it to the point where the body cannot fend off common diseases and infections. At this time there is no cure for HIV. The Centers for Disease Control and Prevention (CDC) estimate that more than 48,000 people in the United States contracted HIV in 2010 (CDC, 2012c).

HIV is most commonly transmitted through: (CDC, 2011):

- Sharing of used syringes and/or injection equipment
- Vaginal and/or anal sex without a condom
- Mother to child transmission

What is AIDS?

AIDS is the late stage of HIV infection when a person's immune system is severely damaged and has difficulty fighting diseases and certain cancers (CDC, 2011). Before the development of certain medications, people with HIV could progress to AIDS in just a few years. Currently, with proper treatment people can live much longer - even decades - with HIV before they develop AIDS, and then even after a person is diagnosed with AIDS, the individual can continue to live a high quality life with proper treatment and guidance. However, in many Native communities access to HIV treatment is not always an option.

What is Hepatitis C?

Hepatitis C (HCV) infection is the most common chronic blood borne infection in the United States and is caused by the Hepatitis C virus. Approximately 3.2 million people are chronically infected (an infection that remains in the body), and about 17,000 more will get the virus each year (CDC, 2010). HCV is most efficiently transmitted when the blood of a person with HCV enters the bloodstream of another (e.g., percutaneous, syringe puncture through the skin exposure). This most commonly occurs through the use of shared syringes and other injection equipment for drug use, or transfusion of blood from unscreened donors. HCV attacks the liver and can lead to liver inflammation, decreased liver function, cirrhosis (hardening of the liver), and liver failure (CDC, 2010).

The following people are considered to be at high risk for HCV infection:

- Current or former injection drug users, even those who injected only once
- Recipients of blood transfusions or solid organ transplants prior to July 1992 (before testing of blood donors became available and mandatory screening of donate blood and blood products took effect)
- People with known exposures to HCV
  - Health care workers after needle sticks involving HCV-positive blood
  - Recipients of blood or organs from a donor who tested HCV-positive
- People with HIV infection
- Children born to HCV-positive mothers

Currently there is no vaccine to prevent HCV infection. However, there are very effective treatments for HCV. Treatment might not be available or suitable for all HCV-positive individuals depending upon the state of their current health, other medications, lifestyle, or disease progression, so all people with questions about HCV treatment should consult with their local health care providers for more details.

Recent research has demonstrated that HCV infection is associated with more deaths in the US than HIV infection. HIV medication regimens have allowed people with HIV to live longer, while by 2007 more than 4 per every 100,000 deaths were associated with HCV infection (compared to fewer than 4 per 100,000 for HIV) (Ly, et. al., 2012).

What is Hepatitis B?

Hepatitis B is an infection of the liver caused by the Hepatitis B virus (HBV). An estimated 800,000 – 1.4 million people in the United States have chronic HBV infection. HBV is not spread through food or water, sharing

eating utensils, breastfeeding, hugging, kissing, hand holding, coughing, or sneezing. HBV is spread through direct contact with infected blood, and can cause liver inflammation and cirrhosis, but is also highly associated with liver cancer.

The following behaviors are considered high risk for acquiring HBV:

- Sharing injection needles, syringes, or drug-preparation equipment
- Being punctured by a needle or sharp instrument that has been exposed to HBV (e.g., used syringes, tattoo equipment, etc.)
- Sharing items such as razors or toothbrushes with an infected person
- Having sex with an person who has HBV (HBV can be spread through sexual contact)
- Mother to child transmission
- Contact with blood or open sores of a person living with HBV

It should be noted that Asian and Pacific Islander people are at significant risk for HBV – greater than any other race or ethnicity in the US. Asian and Pacific Islanders comprise less than 5% of the total US population, but account for more than 50% of Americans living with chronic Hepatitis B (CDC, 2012a). This may be attributed to the increased prevalence of HBV in Asia, and the fact that many Asian and Pacific Islander people are born to a parent with HBV (CDC, 2012a).

There is a vaccine available to prevent Hepatitis B, and it can be given at the same time as the vaccine for Hepatitis A (another liver infection caused by the Hepatitis A virus). Vaccination is highly recommended for most children and adults, and acknowledgment of a specific risk factor is not a requirement for vaccination (CDC, 2005a). Please consult

with your local health care provider for more details.

Injection Drug Use and Sexual Behavior

When under the influence of drugs and/or alcohol, a person's decision-making ability is impaired. A person under the influence might engage in sexual or other drug-using behaviors they wouldn't normally do when not under the influence. For example, an intoxicated person might not remember to use condoms, use sterile syringes, or use either properly while under the influence. They may not be aware or in control of their surroundings while under the influence. They may not be aware of what drugs are being used, how much is being used, or how the substances are being used. This can put people in situations where their health, safety and well-being are at risk.

How is HIV Transmitted through Injection Drug Use?

One of the most effective ways for HIV to be transmitted is for HIV-infected blood to directly enter a person's blood stream. That can happen when a person shares syringes while injecting drugs. When someone uses a syringe to puncture their skin, trace amounts of their blood can enter the syringe and remain in the barrel of the syringe. This environment is ideal for the virus to remain alive for a period of time, largely because of the hermetic seal (i.e. closed and airtight environment). If the syringe is then used by another person, there is a possibility that the small amount of blood left behind by the previous user will be injected directly into the vein or muscle of the new user. Furthermore, there is the possibility that small amounts of blood can contaminate cookers, water, and other injecting equipment and transmit HCV to other people who use them.

Intersection of Injection Drug Use and HIV

Injection drug use has been recognized as a primary mode of HIV transmission since the beginning of the epidemic. It is estimated that injection drug use has directly accounted for more than one-third (36%) of deaths among people living with AIDS in the United States since the beginning of the epidemic (inclusive of IDU and men who have sex with men (MSM)/IDU transmission categories) (CDC, 2013). Recent data from the National HIV Behavioral Surveillance System (NHBS) show that of more than 10,000 IDUs who participated, 9% tested positive for HIV, and 45% of them were unaware of their infection (CDC, 2012b).

As Native people, we must begin to understand that injection drug use has significantly impacted our communities.

According to the CDC (2012):

- 11% of new HIV infections in 2011 among American Indian/Alaska Native males acquired HIV through injection drug use
- 7% of American Indian/Alaska Native males acquired HIV through the combination of MSM contact and injection drug use:
  - A combined total of 18% IDU-related acquisition
- 37% of American Indian/Alaska Native females acquired HIV in 2011 through injection drug use
  - This was the highest percentage of IDU acquisition when compared to all other racial and ethnic groups in 2011
- 6% of Native Hawaiian/Other Pacific Islander (NHOPI) males acquired HIV in 2011 through injection drug use
- 10% of Native Hawaiian/Other Pacific Islander women acquired HIV through injection drug use

When combined, these statistics tell us that 18% of all new HIV diagnoses in 2011 among Native American people

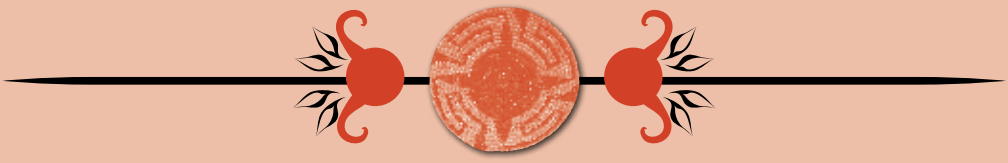
were attributed to IDU-related behavior.

What Can We Do?

Meeting the basic health needs of injection drug users (IDUs), and those who are sexually active with IDUs, is an excellent way to prevent drug harm (e.g. wounds, injury, and overdose) and disease infection, such as HIV and/or HCV.

Basic health needs include:

- Accurate drug, health, and risk information
- Skills-building education
- Access to condoms and lubricant
- HIV and HCV testing and counseling
- Access to medical and other supportive services
- Access to sterile syringes



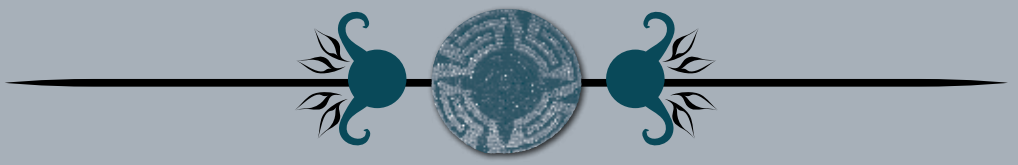
The State of HIV and Native People

In some of our Native communities HIV is less of a priority, particularly when placed against issues with far more visible and tangible impacts that have fewer stigmas such as: diabetes, obesity, tobacco cessation, and economic development. This can hinder wide-spread HIV prevention efforts such as education, HIV testing efforts, and treatment options. However, national statistics show us that HIV is a significant problem in our communities:

- Native Hawaiians/Other Pacific Islanders and American Indians/Alaska Natives have the 3rd and 4th highest rates of new HIV infections per 100,000 respectively, compared to other races/ethnicities (CDC 2013).
- Of people diagnosed with AIDS, fewer American Indian/Alaskan Natives survive; only 81% live longer than 3 years (CDC, 2013) – the lowest percentage of all races/ethnicities.
- The number of new HIV infections among AI/AN people increased by almost 9% between 2007 and 2010. This is the greatest percentage increase during this time when compared to other races/ethnicities (CDC, 2013).
- 45% of NHOPI people progressed to an AIDS diagnoses within 12 months of their HIV diagnosis (CDC, 2013).
- 38% of AI/AN people progressed to an AIDS diagnoses within 12 months of their HIV diagnosis (CDC, 2013).
  - These are the highest and second highest percentages of disease progression among all races and ethnicities

Consistent, respectful, and culturally relevant education is a key step in preventing HIV in our communities. Our efforts must be focused on teaching how HIV is transmitted and how injection drug use plays a role. Simultaneously, we must combat prevalent myths about HIV, drugs, and drug users. These are vital components to eradicating the myths, untruths, and prejudices that exist in our communities.

Accurate education also provides community members with the basic knowledge to begin to talk to their friends, sexual partners, family members, and health care providers about HIV. Therefore, knowing what HIV is and how it spreads must be the foundation of all our efforts.



Overview of Injection Drug Use

The values I need to work successfully with IDU's is the fact that I have been living with HIV for twenty-three years and have a personal understanding of the risk each person takes when having to reuse or share needles. As for my attributes, I believe my compassion for people living with addiction and the need to lower their risk of infection, of any sort, is apparent in my peer advocacy work.

- Marilyn Shupe (Colville and Pomo): Clear Lake, California

What is Injection Drug Use?

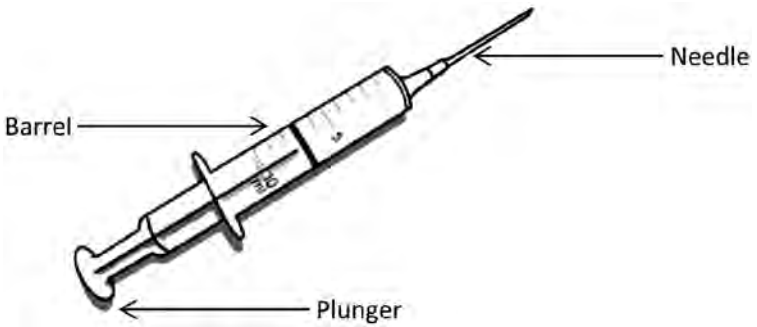
Injection drug use refers to the specific way a person introduces or administers drugs into their body. When we say 'injection drug use' or use the term 'IDU' for short, we are most often referring to injecting illegal drugs such as methamphetamine, heroin, cocaine, and others. However, the term 'IDU' may also refer to those who inject other drugs such as prescription medications, hormones, and steroids. Most often, a hypodermic syringe is used to pierce the skin and intravenously (through a vein) inject a drug directly into the blood stream. Drugs can also be injected intramuscularly (directly into a muscle tissue) or subcutaneously (just beneath the skin).

What Equipment is Involved?

- **Needle**: This is the thin, hollow, metal tube that comes in different sizes, through which substances are drawn up into the barrel and then injected into the body. The end of the needle is sharp enough to puncture the skin, tissue and vein so that a drug can be administered directly into a vein (or muscle). Needles may also be called sharps or points.
- **Syringe**: A simple pump consisting of a plunger that fits tightly in a tube. A syringe is attached to a needle

to puncture the skin and together they administer an injection. A syringe can be plastic or glass.

- **Plunger**: This is the part of a syringe that can be pulled and pushed along inside a cylindrical tube (called the barrel), allowing the syringe to take in or expel a liquid.
- **Barrel**: This is the hollow, central part of a syringe that holds the liquid to be injected. Barrels can be different sizes depending on how much drug is meant to be administered. The barrel will generally have graduated marks indicating the volume of fluid in the syringe.
- **Cooker**: Since some drugs are sold as solids, powder, crystals/rocks, or tablets, they have to be dissolved in water and then sometimes heated before they can be injected. A cooker is the tool or container that is used to dissolve and heat the drugs. Bottle caps, spoons, and the bottom of drink cans can all be used as cookers.
- **Cotton**: Most injection drug users use small pieces of cotton to filter particulate matter from their drug solution before injecting. They pull the drug solution up into the syringe through the cotton.
- **Water**: Water is mixed with the solid drug to dissolve the drug and create an injectable solution.
- **Other supplies**: Tourniquets, alcohol pads, bandages, and wound care kits are necessary for safer injection.



Why Do People Inject Drugs?

Here are some examples of reasons why someone might want to inject drugs:

- **To get an increased and quicker effect of the drug:** Injecting a drug intravenously reaches the brain quickly, which can create a rapid and strong onset. This can produce sensations not found with other modes of administration.
- **To get a more efficient dose of the drug:** Users can potentially get a stronger effect from the same amount of the drug, depending on the purity of the drug and the user's tolerance of the drug.
- **To avoid withdrawal or sickness:** There is an increased chance of chemical dependency or addiction among those who inject drugs. Withdrawal from some substances is extremely uncomfortable (e.g., nausea, increased heart rate, muscle tension, tremors, vomiting, and sweating), and may seem life threatening. One way to quickly avoid withdrawal symptoms might be to inject.

Other possible reasons people may inject drugs:

- **Self-medication:** People sometimes use drugs to self-medicate. Past or current traumas, mental health disorders, physical/bodily pain, and/or challenges in life can lead someone to use any substance, including alcohol, methamphetamine, heroin and other substances. When issues negatively impact people's lives, they may turn to drugs and alcohol as a way to cope. However, in using drugs and/or alcohol as a way to cope, people run the risk of developing dependency or addiction, as well as creating harms such as legal issues, personal injury, relationship problems, acquiring or spreading diseases, unintentional overdose or death.

Because I work with all Native clients
I mention the trauma of our ancestors
(historical trauma), how medicines were used
for healing, and maybe in some way their
drug use is a form of their need for healing.

- Antonia Osife (Pima): Los Angeles, California

- **Learned Behavior:** Social and peer pressure, as well as spending time with those who inject drugs, may place a person at increased risk for injecting themselves. Someone may have been initiated into or shown how to inject drugs by an experienced injector, or a person may feel pressure from peers to inject rather than smoke, snort, or ingest a drug.

Physical Harms Associated with Injecting Drugs:

- **Increased chance of disease transmission:** When sterile syringes are not made available in the community, the chances of users sharing syringes increases. The risks associated with sharing syringes and equipment might be increased if the user is going through withdrawal. Avoiding withdrawal and its painful symptoms may lead a user to disregard safety measures.
- **Increased chance of overdose:** Injecting drugs directly into the bloodstream produces a stronger, quicker, more rapid onset of the drug's affect. Variables such as purity of the drug, tolerance to the drug, and environment (e.g., no access to emergency services or a phone to call 911) can create an immediate emergency if the user begins to overdose. Furthermore, issues of misjudging a dose or using after periods of abstinence (e.g. serving time in jail) put injectors at increased risk for overdose. It can be harder to gauge the effects of the drug when injecting, as opposed to if a user is smoking or snorting. When the user is smoking or snorting, doses can be increased incrementally until the desired effect is

achieved, whereas injectors feel the full onset of the drug's effect almost immediately.

- **Forgetting to take HIV medications:** Now more than ever, we know the value of consistently and correctly taking HIV medications. Doing so reduces a person's viral load (amount of HIV virus in the body), and not only keeps a person healthy but can also prevent transmitting HIV to someone else. An active drug user may forget to take his/her medications regularly and can jeopardize the health of themselves and their sexual partners.
- **Increased chance of skin infections:** Infections on or around the injection site can occur for a number of reasons. The most common reason, not cleaning the injection site with an alcohol pad before injecting, can leave bacteria and dirt on the skin which can infect the injection site.
- **Abscesses:** An abscess is a collection of pus in any part of the body that, in most cases, causes swelling and inflammation around it. Abscesses can result from accidentally injecting in the tissue surrounding the vein (instead of the vein itself), injecting a solution with a lot of particles in it, failing to clean the injection site prior to injecting, using contaminated injection equipment, or injecting drugs just beneath the skin which causes damage to muscle tissue and skin.
- **Scarring of the veins:** Scarring can occur from using dull or blunt needle points. This can be a result of re-using the same syringe. Each time a syringe is used, the tip of the needle gets microscopically bent and dull. This not only increases the size of the injection site, but also damages the veins.
- **Track marks:** Injecting drugs directly into the vein can cause darkening of the veins due to scarring and toxin buildup. This produces track marks along the length of the veins.

The physical effects of intravenous drug use becomes apparent over time when someone continues to use which adds to the shame and guilt that in turns becomes a barrier to getting clean and sober. There seems to be a lot of pride in making things appear as if they are okay and not using drugs in 'that way'. They seem to be distant from their families because their using is not accepted like drinking is accepted. Some Native clients who are traditional, believe they are doing wrong (bad medicine) when they were taught to live in the way of their ancestors. Therefore, they keep their distance and isolate themselves from family members and this creates more issues for families with children.

- Antonia Osife (Pima): Los Angeles, California

- **Dependency:** Dependency is characterized by continued, on-going use of drugs and alcohol despite the problems that are produced by long term use. Problems can be associated with family, friends, employment, finances, legal systems, and physical health. Drug dependency may also be characterized by unsuccessful attempts to stop, as well as physical dependence (the body's need for higher doses of the drug to avoid withdrawal symptoms).

Social consequences associated with injecting drugs:

- **Stigma:** For many reasons, stigma is attached to injection drug use. Stigma and shame can be experienced from strangers, family, friends, and co-workers. Furthermore, social services, health care, and drug treatment providers may also stigmatize IDUs. This

can be a barrier for IDUs to access services such as HIV testing, medical treatment, emergency room visits, and drug counseling. Stigma can also be experienced from other drug users who do not inject drugs (e.g., 'I may smoke pot, but at least I don't shoot up').

> *Stigma from within the community and programs facilities that work with the people we serve is one of the biggest challenges we face. Lack of awareness and accurate information lends itself to reinforcing the stigma associated with IDUs.*

- Clinton Alexander (Anishinaabe – White Earth Ojibwe Nation): Mahnomen, Minnesota

- **Isolation:** Because of stigma and discrimination, and to a larger extent a lack of understanding, IDUs are often an invisible population. Rejection, marginalization, and isolation from the larger community, family and friends can exacerbate drug use and dependency. More importantly, physical, mental, social and spiritual health issues may go unresolved when users are in isolation.
- **Compromised cultural values:** Using substances outside of Native ceremonial or religious purposes may be viewed as bad or disrespectful, so known users may not be welcome. Additionally, users, out of respect, might remove themselves from traditional or ceremonial practices. This may prevent them from accessing traditional healers, medicine and ceremonies as a means to healing and recovery.
- **Joblessness:** Individuals who inject drugs may have no gainful employment or ability to pay for drugs or basic needs. This could be a result of drug use or may have occurred before, but it creates a system where they have few means to support themselves. Furthermore, discrimination from employers regarding drug use (past or present) may deter someone from seeking

employment.

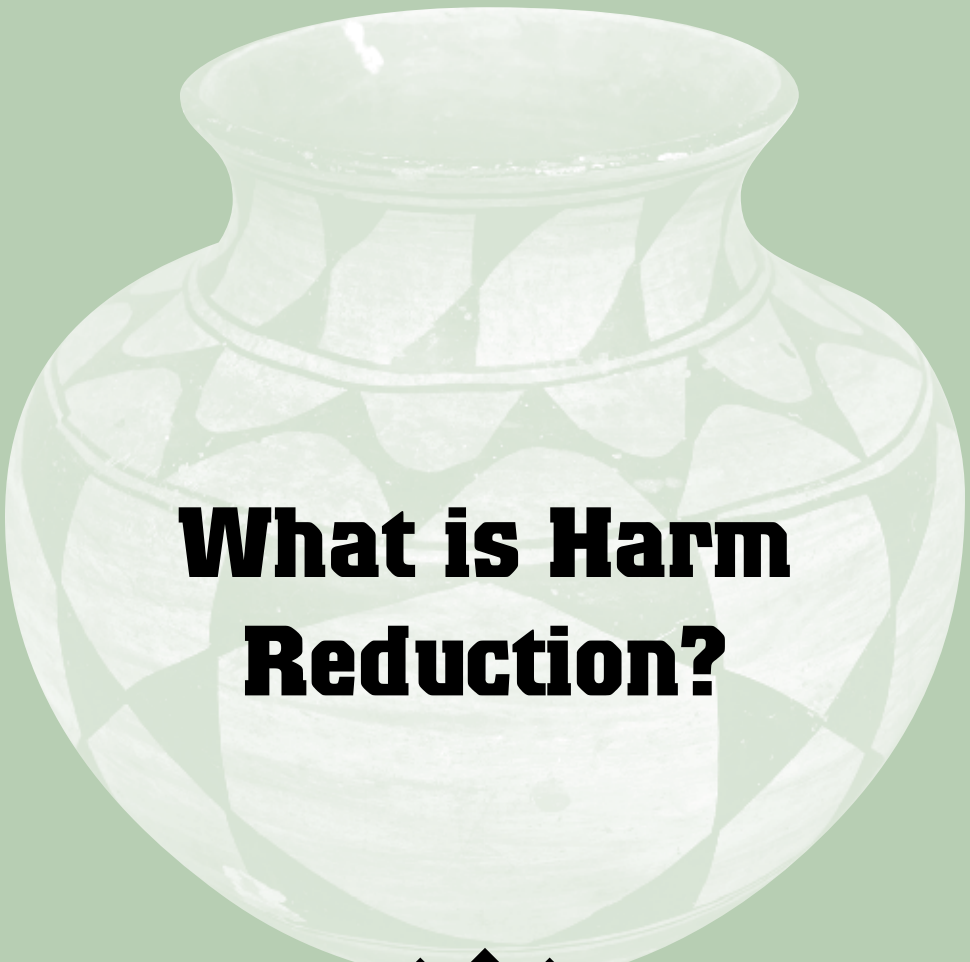
- **Sex work:** Sex work, or using sex in exchange for drugs, housing, or survival, might seem like a viable option for some who use drugs. Sex work is a complex issue and should be met with a non-judgmental approach. Related issues to sex work include: HIV/AIDS, discrimination, poverty, violence, and trafficking.

> *Because I am an HIV peer advocate in my community, I have the privilege of working closely with either sex workers or IDUs in helping them receive healthcare and teaching the ladies ways to lower their risk of infection, co-infection and infecting others. I have one young HIV+ lady who wasn't sure how to 'just quit' sharing needles without raising a red flag. We decided that her telling them that she had a 'scare' and has decided that scare was big enough that she no longer wanted to share needles. It worked!*
>
> - Marilyn Shupe (Colville and Pomo): Clear Lake, California

- **Law enforcement:** With any illegal drug use, experiences involving law enforcement, drug courts, incarceration and probation/parole are not uncommon. Issues with the criminal justice system can exacerbate the user's drug use and negatively impact their overall health and wellness. Unfortunately, even if the user has maintained sobriety for many years, a criminal record can negatively impact the user for a lifetime.
- **Homelessness:** For many of the same reasons that have already been mentioned, people who have, or are actively using drugs may have difficulties securing the money necessary to afford or pay rent consistently. Those with a criminal record or poor credit may not

qualify under some housing requirements or even housing assistance.

Not all Native people who use drugs will be subjected to all of these consequences. The drug use experience is different for each person and is largely dependent on the environment in which they live. An experience for a person living on a reservation with family may be very different from that of a single person living in an urban area apart from their primary social support system.



What is Harm Reduction?

We believe whole-heartedly in working within the framework of harm reduction. Non-judgmental and compassionate care provides us the opportunity to really listen to the needs of IDUs and have them inform our programs for relevancy. In addition, humor, a helpful smile, and remembering people's names and telling them you are glad they are here; really work in accessing this marginalized community.

- Lisa Raville: Denver, Colorado

Overview of Harm Reduction

Harm reduction is an approach, a perspective, and a set of practical strategies aimed at reducing the harms associated with drug use, without demanding abstinence as a goal. Some people in our community are familiar with 'abstinence' as it relates to drug use, but might not be too familiar with harm reduction approaches. Although abstinence does not work for everyone, it is an excellent form of harm reduction. In fact, abstinence is harm elimination! Some examples of drug harm as they relate to injecting drugs include: infections, wounds, injury, trauma, violence, overdose and death. A harm reduction approach seeks to minimize the occurrence and impact of these harms as well as other social harms. Harm reduction approaches can apply to the users themselves, their sexual partners, friends, family, and the community-at-large.

Engagement

A critical element of working from a harm reduction perspective is the provider's non-judgmental stance of the client's drug use. Very often you might hear harm reduction being described as, 'meeting clients where they are at.' This describes working with any drug user, regardless of what drugs are being used, how much is being used and how ready and able the user can make healthy changes. We can

be effective helpers anywhere along the continuum of drug use, from severely and persistently chemically dependent to total abstinence.

When we work with a client from a non-judgmental stance we:

1) Are able to authentically respond to the client's needs
2) Build trust between the client and the provider
3) Get buy-in from the client in the development of achievable goals!

Settings in which harm reduction approaches are most often used include HIV/AIDS services, mental health services, alcohol and drug counseling, safety planning in domestic violence, crisis counseling settings, supportive housing programs and emergency room visits.

Modifying Aspects of Drug Using Behavior

Another critical aspect of harm reduction is helping to identify ways in which drug users can modify their behavior to reduce or eliminate harm. For example, rather than drink an entire 6-pack of beer every night, a participant's goal might be to consume 4 beers per night and need your help identifying strategies to achieve that goal. If the same participant's goal was to stop drinking alcohol altogether, we would help identify ways to reach that goal. Most often goal setting is a collaborative process between the participant and the provider, affirming the participant and the provider, affirming the participant as the expert in their own drug use.

> *Patience is key when working with IDUs. You have to remember that everyone is at a different place on the continuum of behavior change and we have to support them exactly where they are. Having a sense of humor and being willing to learn from clients are also attributes I have found helpful. Recognizing*

that they are the experts about their drug use and honoring that has gained me respect from clients, as well never talking down to them and asking questions when I don't understand what they mean or need.

- Tuesday Johnson: Deschutes County, Oregon

Behavior change most often happens in small, incremental steps. Relapse, slips, and 'getting off track' are common aspects for any type of behavior change. Behavior change often reflects the user's willingness, ability and motivation for change, as well as the response and support from family, friends and community. For example, most of us did not learn how to ride a bike the first time we attempted to. It requires support, practice and patience. As we learn how to ride a bike on our own, we accept the fact we may fall down. Learning how to pick ourselves back up and having the courage and strength to try again is part of the process. This can be especially true for people dealing with drug use and dependency issues.

Harm reduction is a philosophy and set of strategies for working with individuals engaged in potentially harmful behaviors. The main objective is to reduce the potential dangers and health risks associated with such behaviors, even for those who are not willing or able to completely stop. Harm reduction uses a non-judgmental, holistic and individualized approach to support incremental change and increase the health and well-being of individuals and communities.

- Heather Lusk: Honolulu, Hawai'i

Here's an example:

Participant: *Yeah, I drink and sometimes do drugs on the weekends with my friends. But when I do drugs, I forget to take my medication. I want to stay on track with my medication, but I am not sure how.*

Provider: *It sounds like staying on track of your medication is important to you. Can you think of anything that might help you remember to take your medication?*

In this example, the client is self-reporting that he or she does not remember to take their prescription medication when using drugs. A harm reduction approach might be to strategize with the client on ways to remember to take their medication. The client never stated their goal was to stop using, therefore that is not the focus of our work. Again, we are 'meeting the clients where they are at' and helping the client to identify goals and ways to reduce drug harm. The client may not be ready or able to stop using drugs on their own. Therefore, telling the client to stop using drugs altogether is an ineffective message.

Example (continued):

Participant: *Well, I could take them before I use…and maybe carry them with me so I don't forget.*

Provider: *One idea is to take medication before you use; another idea is to carry them with you so you won't forget. Do you think these strategies are realistic?*

Example (continued):

Participant: *Sure. I mean I am pretty sure. I don't see why not.*

Provider: *Can you think of any other ideas?*

Participant: *I don't know.*

Provider: *Let's strategize on how we can work with these two ideas.*

Harm reduction approaches are uniquely developed by communities, programs and individuals. However, the Harm Reduction Coalition embraces the following principals as central to harm reduction practice (Harm Reduction Coalition, 2013):

- Establishes quality of individual and community life and well-being – not necessarily cessation of all drug use – as the criteria for successful interventions and policies.
- Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs, and the communities in which they live in order to assist them in reducing attendant harm.
- Ensures that drug users and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them.
- Affirms drugs users themselves as the primary agents of reducing the harms of their drug use, and seeks to empower users to share information and support each other in strategies which meet their actual conditions of use.
- Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm.
- Does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use.

Challenges of Using a Harm Reduction Approach

Research and experience support the value of using a harm

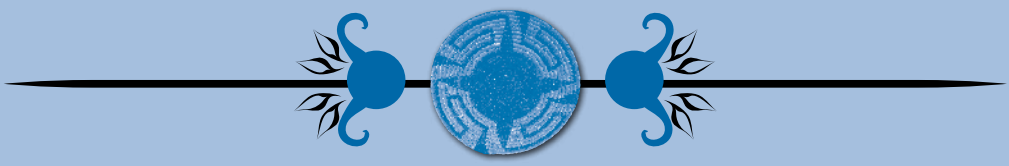
reduction approach. More importantly, the philosophy aligns with many of our traditional Native beliefs: sharing what we know, helping others and respecting all life. However, many still struggle with harm reduction approaches as a viable HIV prevention framework. It is important not to become discouraged. Other communities have found that through individual conversations, gaining the support of community gatekeepers, and providing community education opportunities, these challenges can be overcome.

Here are some examples of common harm reduction challenges that you may encounter while doing this work:

- **Competes against drug treatment:** People may not see harm reduction approaches (including syringe service programs) and drug treatment as complementary. Syringe services do not compete with drug treatment. Syringe service programs acknowledge the fact some people are not in a place to enter or explore treatment as an option, particularly if it is not available. A harm reduction approach uses public health strategies to help people stay safer and healthier. In fact, syringe services can be a bridge for people to access further services and treatment, and many drug treatment programs actually use elements of harm reduction in developing a treatment plan that matches a participant's motivation and readiness. Remember, keeping drug users safer and healthier means keeping the community safer and healthier.
- **Perception that harm reduction approaches reinforce drug use:** There is a strong belief that by supporting harm reduction and syringe services, a tribe, health department, or community is demonstrating their acceptance of drug use and ultimately reinforcing drug use. Studies have shown that syringe exchange programs, in fact, do not encourage drug use among their participants and furthermore, they do not promote

initiation of new drug users (CDC, 2005a).

- **Negative perceptions by drug users:** Drug users can be difficult to engage; they often avoid services and service providers. Drug users may perceive that there are no services or welcoming environments for them. There may also be a perception that any attempt to provide outreach to the IDU community is just an attempt to lure people in the door so they can be forced into a treatment program or jail.
- **Service providers do not trust drug users:** Service providers, especially those new to the field or new to working with drug users, may see drug users as manipulators who lie, cheat and steal to get their drugs. These perceptions may be based on stereotypes, and it is helpful if providers can be made aware of how these perceptions may negatively impact their ability to work with this hard to reach population.
- **Providers do not have time to learn about harm reduction:** It takes time to learn about any new approach. There are excellent materials on syringe services and harm reduction that are available, however, service providers may not have the time to sit and read through them, attend trainings, map out services, meet with supervisors, and adapt their programs accordingly. Tribes and programs, especially those in rural areas, may not have the resources or access to educational opportunities to provide them the support they may need (V. Peterson, personal communication, March 8, 2012).



What are Syringe Service Programs?

The main way I am building community here in Deschutes County is by always mentioning syringe exchange whenever I do community presentations about HIV and Viral Hepatitis. Currently, I do presentations in local drug treatment facilities as well as the county jail. At community presentations, I always hand out safer sex kits which include condoms, lube, and testing information. Prior to going mobile with syringe exchange, I met with the captains of our city police and county sheriff to discuss what the program will be doing and where the van will be going. Local law enforcement has been very supportive of the program.

- Tuesday Johnson: Deschutes County, Oregon

Think About It

For other high-risk behaviors such as unprotected anal and vaginal sex, condoms are easily and readily available. Condoms are an excellent option for those who want to reduce the risk of HIV and other sexually transmitted infections (STI), as well as reduce the likelihood of pregnancy. Most often there is access to free condoms at clinics, hospitals, health fairs, and sometimes pow-wows. Someone who makes the decision to use condoms each and every time they are sexually active should be applauded, not judged. They are taking charge of their own health and safety, and the safety of others.

As with using a condom, someone who uses sterile syringes each time they inject drugs then properly disposes of it, is taking charge of their own health and safety, and the safety of others. We may never fully understand what motivates a person to inject drugs, but we do know ways in which we can help reduce the harms and health risks associated with drug injection. By offering easy access to sterile syringes,

safer injection equipment (ex. alcohol pads, sterile water and Band-aids), HIV testing, drug counseling and linkages to care, we create opportunities for IDUs to begin the process of addressing not only their drug use, but their overall health and wellness.

Organizations such as the American Medical Association, American Public Health Association, Substance Abuse and Mental Health Services Administration, U.S. Conference of Mayors, World Health Organization, and the Centers for Disease Control and Prevention have publically acknowledged the benefits of making sterile syringes available at no cost to IDUs, and in one form or another have supported these programs or made statements to their efficacy and/or effectiveness (American Medical Association, 1999; American Public Health Association, 1994; American Psychological Association, 1992; American Psychological Association, 2005; Department of Health and Human Services, 2010; National Institutes of Health, 1997; U.S. Conference of Mayors, 1996; World Health Organization, 2004).

> *There are a variety of skills, values and attributes necessary when working with persons who inject drugs which include patience, flexibility, compassion, and most importantly being non-judgmental. If people feel like you truly care about their health without any sort of judgment attached (despite the fact they inject drugs) they will open up to you and continue to return for services, even when they have stopped injecting.*
>
> - Tuesday Johnson: Deschutes County, Oregon

What are Syringe Access and Syringe Service Programs?

The term syringe service program (SSP) is used to describe any service to IDUs in relation to the distribution, proper

use and disposal of their injection equipment as a way to reduce HIV and hepatitis transmission in a given community. When there is no access to sterile syringes, IDUs might end up re-using one, or using a syringe that has been used by someone else. The term SSP is inclusive of syringe access, disposal, and syringe exchange programs, as well as referral and linkage to HIV prevention services, substance abuse treatment, and medical and mental health care (DHHS, 2010).

- **Syringe access programs (SAP)** – programs that distribute syringes in a given community at little to no cost, without a prescription from a doctor. The goal is to make syringes readily accessible to community members. This may be achieved through agreements with local pharmacies or as part of a community-based, prevention program, and minimizes the need of users to re-use their own syringes or use those in their drug using networks.
- **Syringe disposal programs (SDP)** – programs that provide locations to properly and safely dispose of used syringes and injection equipment. This may include setting up drop off locations and times, working with pharmacies to accept used syringes, or placing 'sharps' containers (common name for puncture-proof containers) strategically in various locations. This provides users with options for safer disposal of used injection equipment and protects community members from unintentional injury. An example of a syringe disposal program is the sharps containers that are provided in public bathrooms for diabetics and others who use syringes.
- **Syringe exchange programs (SEP)** – programs that provide new, sterile syringes in exchange for a used syringe. Syringe exchange programs are often a combination of syringe access and syringe disposal programs, and in most cases they offer other supportive services (e.g. HIV testing, condom distribution, safer injection education, etc…).

Ideally, syringe service programs should be implemented as part of a comprehensive approach that addresses a variety of needs. The National Institute on Drug Abuse (2011) listed the following principles of HIV prevention in drug using populations and their communities:

- **Community-based outreach and prevention:** Front line and outreach workers offer a unique perspective – the ability to identify trends, provide risk-reduction strategies (including interventions and structured programming) and make referrals.
- **Drug abuse treatment:** Treatment may not always be available or an option; individual counseling might be a more realistic option in some Native communities. When available, drug treatment is also a source of disease prevention.
- **Syringe access programs:** These programs act as a bridge to services such as testing, counseling, treatment, or HIV prevention interventions.

> *Trust-building, anonymity, non-judgment and flexible schedules/locations are essential to overcoming some of these barriers to ensure people have what they need to make healthier decisions.*
>
> - Heather Lusk: Honolulu, Hawai'i

Benefits of Syringe Service Programs

The scientific evidence from multiple domestic and international studies shows the effectiveness of syringe services on reducing the transmission of HIV (World Health Organization, 2004). In 1997, during the height of the epidemic, the National Institutes of Health Consensus Panel on HIV Prevention stated: "An impressive body of evidence suggests powerful effects from needle exchange programs... Studies show reduction in risk behavior as high as 80%, with estimates of a 30% or greater reduction of HIV in IDUs."

The impact of SSPs on HIV is well-supported; however, we cannot ignore the broader public health impact of implementing an SSP. Other research has shown that making sterile syringes more available increases the likelihood that a user will engage in other protective harm reduction practices (Cooper, Des Jarlais, Ross, Tempalski, Bossak, and Friedman, 2011).

- **Connects people to service:** Establishing IDU-specific services in the community creates an effective opportunity for IDUs to receive other supportive services, such as HIV/STI/Hepatitis testing, drug counseling, and medical/drug treatment (Vlahov, 1998).
- **Bridge to stopping use:** Through their referrals to substance abuse treatment, syringe exchange programs can help IDUs stop using drugs (Vlahov, 1998).
- **Builds trust:** When users see that services are created with their best interests in mind, and are willing to work directly with them to support their health, bridges are built and walls are torn down. This is an opportunity to bring people who had previously been ignored or ostracized back into service.
- **Promotes new community norms:** A norm is a communally held attitude about the way that things should be. Norms shape over periods of time, and impact behavior on a large scale - sometimes without people consciously being aware. Harm reduction and syringe service programs can shape norms around injection drug use, community acceptance, and the nature of service delivery to hard-to-reach populations.
- **Protecting community members from accidental exposures:** Creating IDU-specific services can decrease the risk for non-injectors such as law enforcement, sanitation works, and community members of being accidently injured by a needle stick with a used syringe. By providing safe syringe disposal, used syringes are

removed from public spaces, playgrounds and vacant lots.

- **SSPs are scalable, widespread programs:** In a time of diminishing resources, tribes, governments, and programs are being asked to do more with less money. Programs are looking at their budgets and asking themselves, "How can we reach more people with what we currently have?" This question reflects the concept of scalability. SSPs can be scalable, widespread interventions.
- **SSPs encourage community communication:** SSPs cannot succeed without the support of the community at large. Since HIV and drug use are seen as community health concerns, it makes sense that strategies to address these concerns are also in the hands of the community. If you are interested in implementing an SSP, you will need to explore opportunities to connect and learn from the local drug using community. You will also need to seek out opportunities to educate others in your community and to obtain their support, and this could include local stakeholders, community decision-makers, elders, and other service providers.
- **Cost effectiveness:** In a time of discussions about shrinking budgets, service providers have to ensure that they are spending their money effectively and responsibly. Studies have clearly demonstrated that the implementation of SSPs is a cost-effective prevention strategy. One way to think about examining cost effectiveness simply is to ask, "Did I spend less money to prevent this condition than I would've spent treating it at a later date?" Each syringe distributed costs an average of $0.97 (Lurie, Gorsky, Jones, and Shomphe, 1998). When that number is broadened, a total program may run on a budget of approximately $131,000 a year (about $20 per drug user per year), whereas a single, new HIV infection will cost $120,000 in public health expenditures (US

Conference on Mayors, 1996). The cost per HIV infection prevented by syringe exchange programs has been calculated to be between $4,000 to $12,000 (Holtgrave, 1997), demonstrating a significant savings in preventing a single infection with an SSP.

The Department of Health and Human Services (DHHS) has outlined guiding principles for potential funding. It is important to consider these principals if you are thinking about developing services to receive future funding.

- Programs should adhere to state and local laws, regulations, and requirements related to such programs or services.
- Syringe service programs should be implemented as part of a comprehensive service program.
- Programs should coordinate and collaborate with other agencies, organizations, and providers involved in syringe service programs.
- Programs or services should offer safe disposal of used syringes and other bio-hazardous injection equipment. Syringe service programs typically offer other services such as: HIV, sexually transmitted infection and hepatitis C testing, short-term mental health services, emergency food and clothing services, wound care kits, safer injection supplies.
- In addition to these guidelines, there may be additional tribal, city, county and state guidelines. Please check with your local jurisdiction for more details.

The Centers for Disease Control and Prevention have also published a guidance for the implementation of SSPs. It is written for those entities that receive funds from CDC, but also contains some good general information as well. It can be found at: http://www.cdc.gov/hiv/resources/guidelines/syringe.htm (CDC, 2010).

Putting the Work Into Context

Challenges I've experienced with IDUs in my community is denial. Our people don't want to talk about the fact that intravenous drug use is more common than ever. Our younger generation has found that shooting meth and Oxycontin is acceptable amongst their peers. Because diabetes is so prevalent in Native American communities (and is managed by injectable insulin), syringes are readily available. Also, with the rise of prescription pain medication, 'helping yourself' to pills is more prevalent than ever.

- Marilyn Shupe (Colville and Pomo): Clear Lake, California

As we begin to think about providing HIV prevention services targeting IDUs and their sexual partners, let's examine some of the common challenges many of our communities already experience. Some of these challenges are more relevant to rural/reservation areas and some are more relevant to urban areas. It is important, however, to consider pre-existing challenges in order to respond effectively. Many of us are already familiar with these challenges. However, we forget the inherent strengths we as Native people already possess. Rather than only focusing on the challenges, here are some common community strengths to help in the development and delivery of services.

CHALLENGE

Shame and stigma: Social services, medical providers, and community members may be biased or judgmental towards a person's past or current drug use. When people are discriminated against or negatively judged, it can

create or reinforce the negative feelings they already have about themselves. Negative judgment, perceptions of shame, and the actual shame experienced by drug users can prevent users from accessing HIV testing, health care, or counseling services or disclose important risk information.

STRENGTH

Targeted messaging is a cultural strength: One way to counteract stigma is to develop population-specific messaging in brochures, public service announcements, radio advertisements, flyers and posters. For example, we know that Native people respond favorably to tribal specific or Native-specific prevention messages in waiting rooms and other public areas. The same can be said for drug users; displays of health information (brochures, posters, flyers) that are not shame-based, but inclusive in nature and aimed towards drug users can help eliminate issues of shame and stigma.

CHALLENGE

Substance Use: Native communities have a higher prevalence of illicit drug and alcohol use than other racial ethnic groups. The rate of past month binge alcohol use was higher among American Indian and Alaska Native adults than the national average (30.6 vs. 24.5 percent, respectively); and the same trend was true for past month illicit drug use (11.2 vs. 7.9 percent, respectively). The percentage of American Indian/Alaska Native adults who needed treatment for an alcohol or illicit drug use problem in the past year was higher than the national average for adults (18.0 vs. 9.6 percent). One in eight American Indian

or Alaska Native adults in need of alcohol or illicit drug use treatment in the past year received treatment at a specialized facility; this rate did not differ significantly from the national average of 10.4 percent (Substance Abuse and Mental Health Services Administration, 2010). The CDC has also reported that American Indian and Alaska Native women have the second highest percentage of HIV infection due to injection drug use (CDC, 2012c). Within the Native Hawaiian community, 5.6% of those living with an HIV diagnosis acquired the virus by injecting drugs (CDC, 2012c). However, 27.7% of Native Hawaiian youth reported using a substance by 12th grade, and 27.4% of Native Hawaiian youth said that they had used a substance within the last year (Goebert, Nishimura, Onoye, Boyd, Rehuher, and Christensen, 2009).

STRENGTH

Holistic healing is a cultural strength: As Native people, our teachings and culture can provide us with a roadmap to healing. Specifically, we can begin to place our drug use in the context of our own holistic health. Aspects of holistic health can include individual: mental states, spiritual selves, emotional health, and physical health, as well as other aspects of being. We can begin by asking questions of ourselves such as, "How can spirituality play a role in my healing?" or "How is my drug use affecting my overall physical health, and my community's overall health?" When we begin to ask these larger questions of ourselves, we gain insight and self-awareness, which is a cornerstone for any behavior change.

CHALLENGE

Mental health: Among racial and ethnic groups, Native Americans show the highest prevalence (19.17 percent) of lifetime Major Depressive Disorder, followed by Whites (14.58 percent), Hispanic/Latinos (9.64 percent), Black/African Americans (8.93 percent), and Asian or Pacific Islanders (8.77 percent), and increased odds of experiencing major depressive disorder at some point across the lifespan (Hasin, Goodwin, Stinson, and Grant, 2005). People who are depressed might be embarrassed to seek help, and may withdraw from the community, distancing themselves from services, and potentially turning to substance use as a coping mechanism.

STRENGTH

Community involvement is a cultural strength: For some individuals, getting involved in cultural activities is not only a good way to embrace their heritage, but also to be an active, vibrant member of the larger community. Reconnecting with aspects of our culture, either individually or within a group, can provide a means of healing and preventing mental distress. Cultural projects such as learning tribal languages, attending pow-wows, participating in dance groups, attending ceremonies, practicing beadwork, refining jewelry-making techniques, participating in shawl making circles, cooking and baking traditional foods, and other cultural activities can aid not just in preventing mental health problems, but also prevent substance use and other health related disparities!

CHALLENGE

Confidentiality: It is not uncommon for us as Native people to have friends, relatives or acquaintances who are employed at the local Native-specific social service agency or medical clinic. Because of this, community members might not access services for fear their personal information will be shared among staff and non-staff members. Information shared with other staff members should be on a "need to know" basis only, most often to garner professional guidance on best courses of action. Additionally, information that includes self-harm or intention to harm others must be reported to an appropriate party. Any breaches of confidentiality by an agency or clinic employee can lead to legal ramifications, as well as furthering the perception of non-trustworthy providers in the community.

STRENGTH

Unique family structures are a cultural strength: As Native people, we are often connected to distinct family and social support structures. There is great value placed on relationships with extended family and friends. The very word 'family' can include others besides blood relatives, such as in-laws, people of the same clan, distant relations, others in the community, and adopted members. Furthermore, we may be accustomed to explaining our membership to or within a given community or tribe by stating our tribal or community identity when meeting other Native people. Not only can these relationships connect us to the greater community, but they may also aid in our prevention and/or treatment efforts. When

we have the support of our families, we often feel more empowered to take control of our health regardless of what others may think.

CHALLENGE

Distrust of authority: Native peoples have a long and unique history with U.S. governmental entities. Distrust of authority is often a direct result of broken treaties, lost land, relocation acts, reservation acts, sterilization practices, Indian boarding schools, and the Indian urban relocation programs of the 1960s. Mistrust often extends to public health and social service providers. As a result, medical services may be accessed only as a last option or 'last resort.' A critical aspect of working with Native peoples often means establishing trust and building a positive working relationship before any work can be done. Simply creating a service and advertising it may not automatically bring people in the door.

STRENGTH

Native pride is a cultural strength: Being proud of our Native cultural heritage, family history and community are examples of Native pride. Being proud of who you are, having pride in representing your tribe or nation and/or showing pride for all Native peoples can foster feelings of self-worth and self-value. Preliminary research shows that fostering 'Native Pride' in young people can be one of the strongest prevention measures in youth (American Indian Youth Project NIDA/NIH 'R-24 DA 13937-01'). By taking pride in our own cultural heritage, the value placed on our health and emotional wellbeing increases and can

empower individuals to seek the help needed despite negative experiences in the past.

CHALLENGE

Historical trauma(s): Historical trauma is a cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma. For over 500 years, Native people endured physical, emotional, social, and spiritual genocide from European and American colonialist policies. The effects of historical trauma include: self-hate, addiction, shame, depression, high mortality rates, domestic violence, and child abuse. Though some of these may not have been experienced first-hand, the negative effects of these traumas have been passed down unknowingly from generation to generation (Yellow Horse Brave Heart, 2011).

STRENGTH

Resilience is a cultural strength: Despite the many hardships we as Native people have endured, either historically or in our own individual past, despite the adverse life events we may continue to face on a daily basis, we know we possess an inherent ability to recover or 'bounce back' fairly quickly. This is demonstrated through the stories of our elders, through our sense of humor, and through our spirit of generosity. The journey to heal might be a long one, but it is always possible to become healthy, even if we take small steps to achieve wellness.

CHALLENGE

Circular migration: Depending on the distance, many Native people travel daily, weekly or several times a year from reservation/rural areas to urban/city areas and vice versa. Travel can occur for many reasons, including: family visits, tribal ceremonies, employment, education, romantic relationships, social opportunities, drug use, friendship, and medical visits. This can limit availability for face-to-face interaction, appointments, and recurring sessions in either location. As a result, Native people might be mislabeled by service providers as 'non-compliant', 'hard to reach', 'un-motivated', or 'resistant', when in reality, the person may be taking care of a relative, searching for employment, is gainfully employed, and/or attending ceremonies. Circular migration can be a challenge to treatment plan adherence, attending medical appointments, safer drug using practices, and overall health and wellness.

STRENGTH

Bridging traditional wellness with Western medicine is a cultural strength: Incorporating traditional and cultural approaches to wellness with Western medical models is an asset! Most medical models focus on the individual, and for appropriate reasons (e.g. a broken arm only requires a cast on the individual). However, if an individual practices traditional approaches to wellness (utilization of ceremonies, medicine people, traditional medicines, value of community, etc…), they can find worthwhile ways to incorporate both.

CHALLENGE

Limited supportive services: Many Native communities have experienced longstanding economic disparities. This requires a prioritization or hierarchy of needs. Some examples of disparities might include: diabetes, cardiovascular health, immunization, pre-natal care, environmental toxicities, accidents, basic nutrition, education, and issues of incarceration, which can strain already limited financial resources. Because of this, there are very few existing resources designed specifically to work with IDUs.

STRENGTH

It takes just one person: Though many Native communities have limited resources, time and time again it takes that one person, the lone champion, to stand up and makes HIV a priority for his or her community. This person is someone who cares about their community and wants to prevent the spread of diseases. By becoming agents of change, these community members promote HIV awareness, education and testing. They not only create waves of change for their community, but add to the national Native mobilizing efforts as a whole.

Strategies for Building Community Support

In doing HIV and Hepatitis C prevention, I make sure we are focused on the efforts of our coalition. The problems associated with HIV, Hepatitis C and injection drug use is bigger than any one person or program. We cannot afford to make the mistake of trying to be everything for everyone. There is not a 'one-size-fits-all' approach that will work. We must understand our traditional values and use them to guide us in all that we do.

- Clinton Alexander (Anishinaabe – White Earth Ojibwe Nation): Mahnomen, Minnesota

Building community support takes time. It also involves building trusting relationships with community stakeholders, social service and health organizations, political entities, and most importantly the community which is intended to be served. When working with both Native and non-Native community members and stakeholders, it is important to be respectful of cultural norms, styles of interaction, organizational values, political structures, and family structures.

Even if injection drug use in not an issue in your community, it is still important to know the harms and disease prevention strategies associated with it. We, as Native people, can build upon the experience and science developed over the past 30 years in preventing HIV and other harms, as they relate to injection drug use. One way to begin the process is to educate ourselves and share this information with those in our circle.

Keys to success are communication and collaboration. The Department of Health and Human Services recommends coordinating and collaborating with other agencies, organizations, and providers involved in syringe service programs, substance abuse prevention and treatment, and HIV prevention activities (DHHS, 2010). Find out what

other people are doing before you recreate the wheel, then learn how efforts can complement each other. Below is a list of other considerations when creating a plan for building community support.

Get Users Involved

Involving users in the planning, mobilizing, and implementation of services is critical for success. Syringe service programs must reflect the values, customs and social norms of the target population. In other words, programs must strive for drug-user and Native-specific cultural relevance. By including IDUs in the decision making process from the start, you are tapping into an expertise that you individually may not have, and building positive relationships with the target population you aim to serve.

> *The Harm Reduction Action Center (HRAC) is very proud to be constituent-led. We operate an active IDU Advisory Committee that meets monthly to create a forum for all IDU community members to participate in decision-making processes involving suggestions on alternative approaches to issues, as well as solutions, group problem solving, a democratic/majority rule, which keep HRAC relevant with users. In addition, IDU advocacy-led events are done among intersections of communities regarding syringe exchange, methadone reform, and violence against the homeless.*
>
> - Lisa Raville: Denver, Colorado

Build Relationships with Tribal Leaders: Building relationships with any leader requires respect, trust, follow-through, and an open mind. Consistency is vital when building these relationships; be prepared to

meet repeatedly with tribal leaders over a period of time in order to inform them of your program, intent, and progress. Most of us, regardless of the issue, need accurate information, time to process the information, and an opportunity to ask questions. It is important to remain patient throughout the process. It might be helpful to gain the trust of someone who can introduce you to a tribal leader. And, as with any meeting, if you say you are going to do something, then do it, or trust is broken. Being respectful of local customs, traditions, patterns of speech and tribal law is critical. Knowledge of tribal history is also necessary.

Build Relationships with Traditional Healers: Some traditional healers may not have the comfort-level or experience to address the issues associated with HIV or injection drug use. Creating opportunities to share respectful information regarding the issues related to HIV and drug use can benefit not only the traditional healer, but the community as a whole. Again, the key is being respectful and patient. Rather than assuming someone wants to hear your information, it is best to ask if they are open to hearing what you have to say.

Work with Tribal/County/State Health Departments and Indian Health Service (IHS): With any public health agency, being respectful of their protocols is necessary. Patience and consistency are critical elements for success when working with such entities. In order to streamline future communication, it is helpful to record names, titles, and departments when talking with public health personnel.

> *We have a rigorous annual evaluation that collects data on our program and services which we use in an annual report and disseminate widely. This demonstrates*

the effectiveness of our program (almost 600,000 needles exchanged last year, low HIV prevalence rate in our IDUs) which we use to build community support for the program.

- Heather Lusk: Honolulu, Hawai'i

Build Relationships with Law Enforcement: It is important to get the support of law enforcement as early as possible. We need to remember that law enforcement officials have the community's best interest in mind; it is just a matter of making sure there is a shared vision and both parties benefit mutually. In some communities, respectful relationships between syringe service programs and the local law enforcement are based on ensuring safety for both law enforcement personnel and well-being for other community members. For example, supporting the safe disposal of used syringes at a local syringe service program is often in law enforcement's best interest, as it can prevent accidental injury or needle sticks with used syringes by officers who conduct bodily searches or 'pat downs.' Law enforcement officials may also understand the value of syringe service programs as a gateway for IDUs to access other health services, such as HIV prevention or drug treatment.

Build Relationships with Drug Treatment Providers: In an effort to create easy transitions for people who wish to enter drug treatment, it is important to develop ongoing professional connections with drug treatment providers. They may also be able to provide immediate answers to your questions and to assist you in getting a person into treatment more quickly. Expressing gratitude and offering your assistance when needed is part of the professional collaboration. Treatment providers may also be able to guide the structure of your IDU programs.

Build Relationships with Other Providers: Building positive relationships with other service providers equals building linkages to care. Other service providers can include: ambulatory/emergency room staff, sanitation workers, parks and recreation staff, and homeless/ domestic violence shelter staff. By working together, referrals and resources can be shared, particularly in smaller communities. A syringe access program can be a valuable resource for a community. It can offer training and education to other providers who may have limited knowledge about drugs and drug use. Providing services such as safe syringe disposal can be a selling point for other organizations who serve insulin dependent patients, steroid users and/or those who are on hormone therapy.

Provide Training and Capacity Building for Staff: Comprehensive training and ongoing technical assistance/ capacity building assistance for staff will also be important when seeking to expand or adapt programs, especially when it involves a new skill set. Potential training topics might include: foundations of harm reduction, how to incorporate harm reduction approaches, assessing the community (to identify trends, acceptability, and gaps in service), implementing syringe service programs, evaluating syringe service programs, working with IDUs, building collaborations, and engaging the larger community to obtain the needed buy-in.

Suggestions for Creating IDU-Specific Services

Things to Consider

This publication aims to provide the reader with ideas and suggestions of activities that can be adopted *today*, as part of a community-wide effort to reduce HIV and other harms in our communities as they relate to injection drug use. These ideas and suggestions are relevant whether you are just beginning to offer syringe services in your community or are in the middle of implementing a comprehensive program.

- **Educate yourself and share prevention information:** Sharing this information with someone you care about demonstrates the Native cultural values of: sharing what you know, helping others, and respecting all life!
- **Know your own HIV status:** Setting a good example by knowing your status is an excellent form of self-care.
- **Celebrate small successes:** Remember to acknowledge any positive change. Generating community interest, getting support from those in your circle, identifying potential allies, and spreading harm reduction messages in your community might seem like small successes, but actually they are significant when working to create social change.
- **Remember the importance of self-care:** Self-care and stress management techniques such as breathing exercises, leaving work 'at work,' and setting aside personal issues when arriving at work is essential to create balance. Taking care of oneself (i.e. adequate sleep, proper diet and ample exercise) not only makes it easier to deal with stress in general, but it allows us to be more present and mindful when working with clients.
- **Build relationships with active users:** Building individual and group-level relationships with IDUs is a way to enhance cultural understandings and knowledge of drug user issues. Though you may have your own

drug use experiences, you may not have on-going knowledge on emerging trends with different sub-populations of users.

- **Partner with other service providers:** Identify allies who work in diabetes and nutrition programs, Community Health Representative (CHRs) programs, social service and legal agencies, and tribal/local health departments, who are a great target audience for this information. Additionally, law enforcement, jail staff, and sanitation workers are also critical allies in providing IDU services.
- **Encourage HIV/STI/HCV testing for active drug users:** By identifying allies who offer HIV/STI and HCV testing at your local tribal or health department, you can make direct referrals, as well as offer educational opportunities for allies to engage and effectively work with drug users.
- **Identify linkages and resources for drug treatment and care:** In an effort to create easy transition for individuals who wish to enter drug treatment, it is important to develop ongoing professional connections with providers. They may have immediate answers to your questions and be able to assist you in getting the individual into treatment faster. Expressing gratitude and offering your assistance when needed is part of the professional collaboration.
- **Incorporate active users in program design:** This is a critical element for program success. Being supportive and fostering relationships with vested IDUs will help steer your program to become an effective and relied upon service in your community.
- **Train volunteers:** Topics could include: history of syringe exchange, basics of HIV and viral hepatitis, drug use trends in the community, explanation of all supplies given out at syringe service program (e.g. cottons for

filter, alcohol pads to clean injection site, antibiotic ointment, etc.), healthy vein care, crisis intervention, and the importance of being nonjudgmental (including both verbal and non-verbal communication). Confidentiality of program participants is also a critical topic to emphasize with staff volunteers.

- **Train peer educators:** Individuals who are sensitive to the needs of IDUs, who are non-judgmental and have the ability to communicate accurate health information, can be trained on IDU risk and health information. They can also distribute materials such as: condoms, lubricant, safer injection supplies, snacks, and personal hygiene products.

> *In doing HIV prevention and peer advocacy, I provide education to HIV positives as well as HIV negative people in our community. I talk at our local high schools regarding safe sex, condom use and help with opening dialogue regarding condom use. I help HIV positive women get much needed healthcare, help educate them regarding their medications (and the importance of taking meds daily), I help them disclose to loved ones and family members. Any chance I have in talking with community members regarding a syringe exchange program and the importance of it, I take it.*
>
> - Marilyn Shupp (Colville and Pomo): Clear Lake, California

- **Implement a readiness assessment:** This is a community assessment to see how ready your community is to engage with an issue. There are several different versions of community readiness assessments available, with the most popular coming out of Colorado State University; visit http://triethniccenter.colostate.edu/communityReadiness_home.htm or

http://www.happ.colostate.edu/ for more information.

- **Develop and refine standardized risk assessments:** Though you may not be offering IDU-specific services at this time, assessing someone's drug use and risk behaviors is a great way to begin assembling data to justify the provision of IDU-specific services. Again, working with a non-judgmental approach is critical. Standardized risk assessments, in combination with standardized trainings for all staff or volunteers, ensure non-biased ways to collect data.
- **Encourage vaccination for Hepatitis A and B (staff and clients):** The vaccination for hepatitis A and B is available at most community-based clinics. This vaccine is given over a course of three injections; the second dose one month after the first, followed by a third dose after another six months. The hepatitis A and B is not routinely given. Please consult with your local health care provider regarding availability and cost.
- **Develop easy to carry information cards:** Crisis hotline, emergency shelter, and emergency food assistance phone numbers and addresses are helpful information to print and hand out. Developing information cards on how to recognize an overdose, providing safer injection information, and other available services can be printed inexpensively on wallet-sized cards.
- **Condom and lubricant distribution:** Making condoms and lubricant easily available for IDUs can reduce infection from sexually transmitted infections such as: HIV, gonorrhea, chlamydia and syphilis.
- **Provide and monitor sharps containers:** Sharps containers are bio-hazard waste containers that are often red in color, made of puncture-proof plastic and clearly marked 'contains bio-hazardous material.' Ensuring that these containers are easily accessible and never over-filled is an excellent way to help people safely discard their used syringes and other injection

equipment.

- **Provide safer injection supplies:** You may not be able to legally distribute syringes in your area, but you can provide safer injection supplies such as: bandages, alcohol wipes, triple antibiotic, sterile water, tourniquets, cookers and cotton. These can help reduce hepatitis C transmission and prevent infections on or around the injection site.

Trainings to Offer

- **Provide safer injection trainings:** Safer Injection education is a common skills-building training that is available in print, online and in-person. Generally speaking, locating a vein, taking care of veins, cleaning the injection site, doing a test shot, shooting with people the user trusts, good needle insertion and how to properly dispose of used syringes is covered.
- **Provide overdose prevention training:** Overdose prevention is a common skills-building training for IDUs. Overdose prevention trainings often focus on opiate overdoses because of their powerful effect on slowing down or stopping the heart rate and breathing. Drug users learn how to recognize an overdose, correctly contact 911 (saying person is 'not breathing' instead of saying the person is experiencing a 'drug overdose'), perform rescue breathing, and properly administering Naloxone (Narcan). This training is also designed to help non-injecting or drug using friends and family to respond to the overdose of a loved one.

Events to Hold

- **Organize community awareness activities:** Organizing a community event is an excellent way to raise awareness about HIV and related issues of drug use, injection drug use, viral hepatitis, overdose prevention, and agency/ community updates.

For the past 3 years we (myself & co-workers)

developed an event called Wellbrity (wellness & sobriety) Los Angeles, based on White Bison teachings, to recognize the individuals who have successfully completed treatment the prior year. At this event we have HIV testing, outreach workers, and educators who are on site who provide on-site testing, provide incentives for testing, and referrals for sex related health concerns. This has become an incentive to the alumni clients and given them a sense of purpose and meaning to give back to the community by reaching out to the community for support and providing give aways, raffles, breakfast, lunch and sobriety recognition.

- Antonia Osife (Pima): Los Angeles, California

- **Organize a NNHAAD event:** The first day of spring each year (generally March 20th), is National Native HIV/AIDS Awareness Day. The four seasons are highly respected in many Native cultures because they so closely represent the cycle of life. Spring represents a time of equality and balance. It is a time of profound change, new beginnings and birth. This day challenges Native people to work together in harmony, to create a greater awareness of the risk of HIV/AIDS to Native communities, to make a call for testing resources and early detection, and for increased treatment options. This day provides us an extra effort to decrease the occurrence of HIV/AIDS among Native people. For more information, please visit www.nnhaad.org.
- **Organize a May Hepatitis Awareness Month activity:** May is Hepatitis Awareness Month and the American Liver Foundation urges everyone to learn what can be done to prevent the spread of hepatitis. Many forms of hepatitis are preventable and many more can be

treated if detected early. For more information, please visit www.liverfoundation.org.

- **Organize a "Drop to Stop" event:** This can be organized any time during the year, however May 11th-15th is recognized as "Needle Disposal Week." You and/or your agency can sponsor an event to receive and safely dispose of used syringes for anyone (diabetics, IDUs, hormone injectors, steroid users), no questions asked. Referrals for other services can also be offered at these events such as HIV testing.
- **Organize a World Hepatitis Day event:** July 28th is World Hepatitis Day. Ideas include: tabling and providing information in a centralized location, creating a free information event and partnering with other providers to train and educate.
- **Organize an International Overdose Awareness Day event:** August 31st is International Overdose Awareness Day. People around the world join together on International Overdose Awareness Day to recognize the pain and loss associated with overdose and to call for policy changes that will save lives. According to the CDC, drug overdose now ranks as a leading cause of accidental death in the U.S., second only to motor-vehicle accidents. Most overdose deaths in the United States are now attributed to prescription opioid painkillers such as oxycodone. For more information, please visit www.drugpolicy.org.
- **Organize a World AIDS Day event:** December 1st is World AIDS Day and is an opportunity for people worldwide to unite in the fight against HIV, show their support for those living with HIV, and to commemorate and honor the people who have died because of HIV and AIDS. World AIDS Day was the first-ever global health day, beginning in 1988. Participants show their support for people living with HIV on World AIDS Day

by wearing a red ribbon, the international symbol of HIV awareness. For more information, please visit www.worldaidsday.org

Offering Services

- **Create a secondary distribution or exchange program:** Sterile syringes are distributed and collected via a designated person from a drug user network. Family, friends, and partners can also participate in this program. Designated participants should be people of trust who can obtain sterile syringes on behalf of those who do not have access to a syringe access program. This can also increase syringe access for 'hard to reach' groups (ex. transgendered and youth).
- **Distribute Narcan:** Naloxone (Narcan) is a low-cost, opioid antagonist that blocks the brain cell receptors activated by opioids, such as heroin, methadone, vicodan, oxycodone, and others. It is a fast-acting drug that, when administered during an overdose, blocks the effects of opiates on the brain and restores breathing within two to three minutes of administration. In the U.S. and around the world, overdose programs are currently used to train family, friends and drug users to correctly recognize an overdose and administer the drug, thereby greatly reducing the risk of accidental death. Nearly 3,000 lives have been saved due to overdose reversals in 16 distribution programs operating across the nation. Narcan has no potential for abuse and side effects are rare (Drug Policy Alliance, 2010).
- **Offer support groups:** Support groups provide a space for people to give and receive emotional support. They are typically made up of people with similar challenges in life. They also offer a great opportunity to exchange and receive information, including issues such as dealing with death, grief and loss. People often find

support groups to be a valuable resource, and such groups can be targeted for users, family members, and friends of users.

- **Offer individual counseling services:** Working with a trained mental health professional can help people identify and effectively cope with problematic issues or major concerns. Providing support to help develop strategies and build skills for coping with life challenges is another critical aspect of positive behavior change.
- **Implement peer education classes/structured interventions:**
  - **Self-Help in Eliminating Life-Threatening Diseases (SHIELD):** SHIELD is a group-level HIV prevention intervention that trains men and women (ages 18 years or older) who are current and former users of cocaine, heroin, or crack to become peer educators. Participants learn effective communication skills for conducting peer outreach to the people in their social networks, and are also taught HIV prevention information, and risk-reduction skills. For more information, please visit www.effectiveinterventions.org.
  - **Break the Cycle (BTC):** BTC was designed to help prevent injection drug users from initiating young people into injecting drugs. Injecting drugs is a technically complex activity and, without assistance, an individual may find it very difficult or impossible to inject for the first time. In Central Asia, as elsewhere, young people are most frequently initiated into injecting drugs by close friends, romantic partners, siblings who already inject drugs, and experienced drug injectors. In many cases, it is the non-user who pressures the current user to help him or her initiate. For more information, please contact the Harm Reduction Action Center or

visit www.harmreductionactioncenter.org or www.aidsprojects.com.

- **Safety Counts for Native Communities:** Safety Counts for Native Communities is an HIV prevention intervention for out-of-treatment active injectors and non-injecting drug users aimed at reducing both high-risk drug use and sexual behaviors. It is a behaviorally focused, seven-session intervention, which includes both structured and unstructured psycho-educational activities in group and individual settings. It was adapted by the National Native American AIDS Prevention Center for Native communities from the original Safety Counts intervention. For more information, please visit www.nnaapc.org or www.effectiveinterventions.org.
- **Study to Reduce Intravenous Exposure (STRIVE):** STRIVE is a 6-session, group-level, peer mentoring intervention designed to prevent high-risk drug injecting behaviors. The intervention is delivered by two trained facilitators to groups of 5 to 9 people. The program aims to reduce HCV transmission risks by training participants to mentor other IDUs to promote risk reduction information. For more information, please contact the Harm Reduction Action Center or visit www.harmreductionactioncenter.org.

Looking Forward

Below are some examples of change. Some are small, some big, but no matter how you measure it, change is always possible. The following stories demonstrate the value of 'giving back,' not only as something we do for our communities, but also things done, contributions made, by the very people we serve.

Why we do this work

There have been many success stories within our Native community with many clients being able to maintain and commit themselves to a sober lifestyle. The connection clients have with other clients who demonstrate care and concern for them, along with their involvement in 12-step programs, as well as religious and cultural activities - help bring meaning to a new life. There is one person that stands out in our community, a woman who for years used intravenously and reconnected with traditional ceremonies and today facilitates a monthly woman's talking circle and has worked diligently to obtain her Associates Degree for Drug and Alcohol counseling and education. This woman is a positive role model for other Native women in the Los Angeles Community. She demonstrates her strong beliefs of helping others and giving back to her community.

- Antonia Osife (Pima): Los Angeles, California

The Harm Reduction Action Center sees successes with IDUs every day, in every way. Any small positive change is supported by the HRAC staff, volunteers, and IDU community. We have a former client that was homeless

and used heroin for about 5 years. She made a plan to use 'weak dope' to get herself clean. She moved back home to her parents and got a job. After a year and a half, she continues to be in recovery and donated money to our agency as a 'thank you.'

- Lisa Raville: Denver, Colorado

I just met an ex-CHOW client the other day who exemplifies success. She used injection drugs for over a decade (introduced through a boyfriend) and had her kids taken away, acquired Hepatitis C and was estranged from her family. Now, she hasn't used drugs in over five years, is in the process of getting her kids back and reconciled with her family. She feels the syringe exchange kept her free of HIV (both through syringe exchange and the condoms she got from us) and the unconditional support and non-judgmental services helped her stay alive. She now wants to volunteer with us to give back. As she said, "I took from everyone for so long; it is time for me to give back."

- Heather Lusk: Honolulu, Hawai'i

I had one client who recently started his recovery and came back to visit me to update me on his progress. While in the depths of his injection drug use and throughout the time he used needle exchange, he promised he would someday make a monetary contribution to the program once he got clean. He stayed true to his promise and recently donated money to the program - a first since it began! He said he

appreciated access to the clean needles and equipment, but what he appreciated the most was the fact that he never felt judged when he came to exchange. And that is one of my goals with the program - to make people feel comfortable, accepted, and worthy of good health despite injection drug use!

- Tuesday Johnson: Deschutes County, Oregon

Knowing that in this work, we may not be able to prevent a young man or woman from using a needle to inject drugs to numb their pain or to escape, but I can do my part to find out why they are feeling that pain. With regard to harm reduction, I can do my part to educate that individual to increase the chances that they do not contract or spread HIV or Hepatitis C, or prevent that same 16 or 17 year old from developing liver cancer by the age of 35.

- Clinton Alexander (Anishinaabe – White Earth Ojibwe Nation): Mahnomen, Minnesota

A Skill I have on my side is the educational knowledge of living with HIV and the ability to share and pass that knowledge on.

- Marilyn Shupe (Colville and Pomo): Clear Lake, California

Last year during Break the Cycle, a program designed for IDUs to decrease initiation for non-injectors into injection drug use, 11% of our participants identified as Native American. This is an increase from 6% the previous year. It was very exciting to access this community! Specific challenges we've faced include the stigma that Natives feel within their own

community and they often tell us they don't have the opportunity to connect with their own community because of their drug use.

- Lisa Raville: Denver Colorado

Hawai'i, like many Native communities, is very small and everyone knows everyone and everyone's business. Therefore, it is a very real concern that someone may be caught accessing syringes or other services which could bring shame upon their family and loved ones.

- Heather Lusk: Honolulu, Hawai'i

Creating change either within our own lives or helping others to create change for themselves, is a process. It involves patience, support and compassion.

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Notes