

Risk Reduction Counseling for Hepatitis B, C, and HIV

Rich Feffer, MS, CCHP
Correctional Health Programs Manager

Chelsea Amato, BSW
Outreach Programs Manager



Harm Reduction Theory

Adopted from the Harm Reduction Coalition's definition:

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with risky behaviors. It is built on social justice and a respect for the rights of individuals who engage in those behaviors.

Harm Reduction Theory

*Harm reduction incorporates a **spectrum** of strategies from **safer** behavior, to managed behavior, to abstinence.*

*Harm reduction approaches meet people “where they are at,” addressing **conditions** of behavior along with the behavior itself.*

Brief Discussion – 5 Minutes

How does a harm reduction approach differ from an abstinence approach?

How have you engaged in harm reduction?

Risk Reduction Vs. Abstinence

Abstinence

- Provides a single option for behavior change and risk reduction
- Does not take into account individual differences or circumstances
- For a variety of reasons, may be extremely difficult for an individual to achieve
- May feel coercive or judgmental from the perspective of the individual being counseled

Risk Reduction

- Provides a broad range of options for an individual to choose healthier behaviors
- Meets a person “where they are at” and takes into account an individual’s personal circumstances
- Focuses on what is achievable for the individual being counseled
- Feels less judgmental

BOTH philosophies aim to help people reduce the harms people experience because of their behavioral choices and they can be used together.

Risk Reduction Counseling

- Abstinence is always the safest option
- When abstinence is not possible or not desired by an individual, or even when it potentially is, engaging in risk reduction counseling can empower a person to examine their own risky behavior by helping an individual understand risk and learn to reduce the harm caused by potentially dangerous behaviors

SHIELD P.E.E.R. Communications Skills

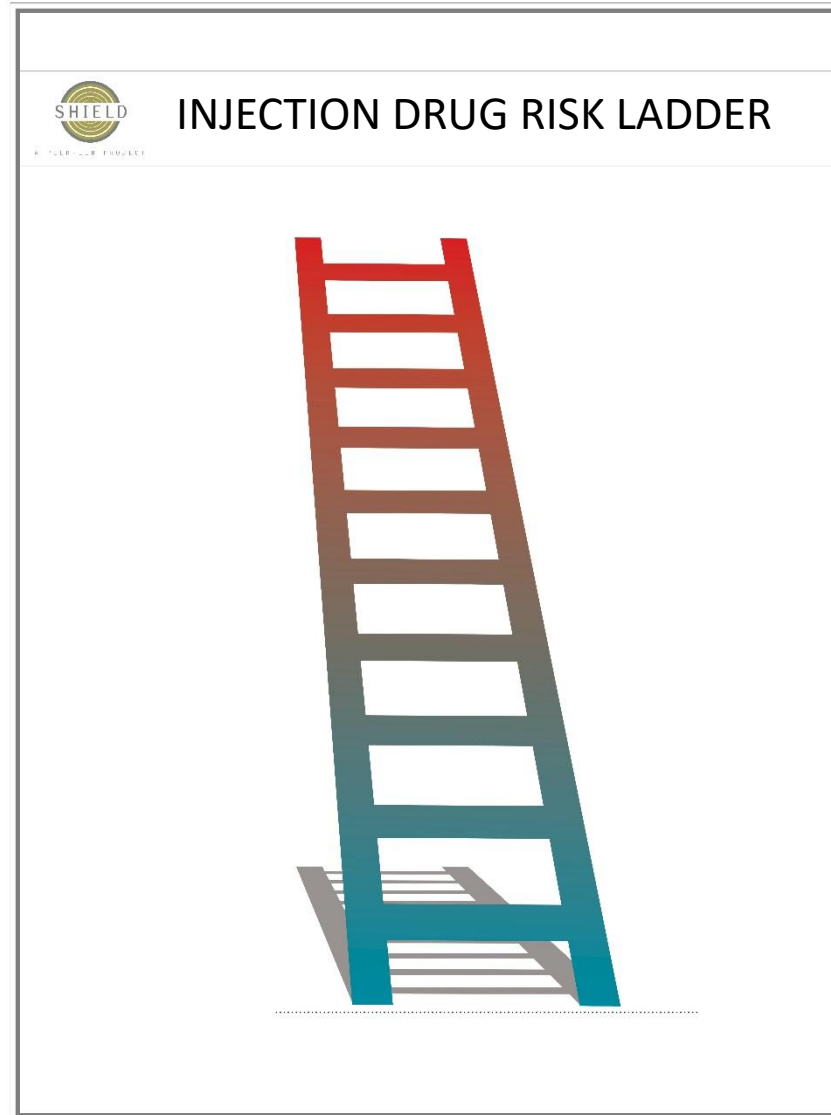
- Pick the right time and place
- Evaluate their situation
- Explore Safer Options
- Provide resources and referrals

Risk reduction for HIV, HBV, HCV

- Reducing risk for infectious disease is about reducing potential exposure to potentially infectious bodily fluids
 - HIV: Blood, semen, vaginal fluid, breast milk
 - HBV: Blood, semen, vaginal fluid
 - HCV: Blood

Let's Practice!

HIV, HBV, HCV Injection Drug Risk



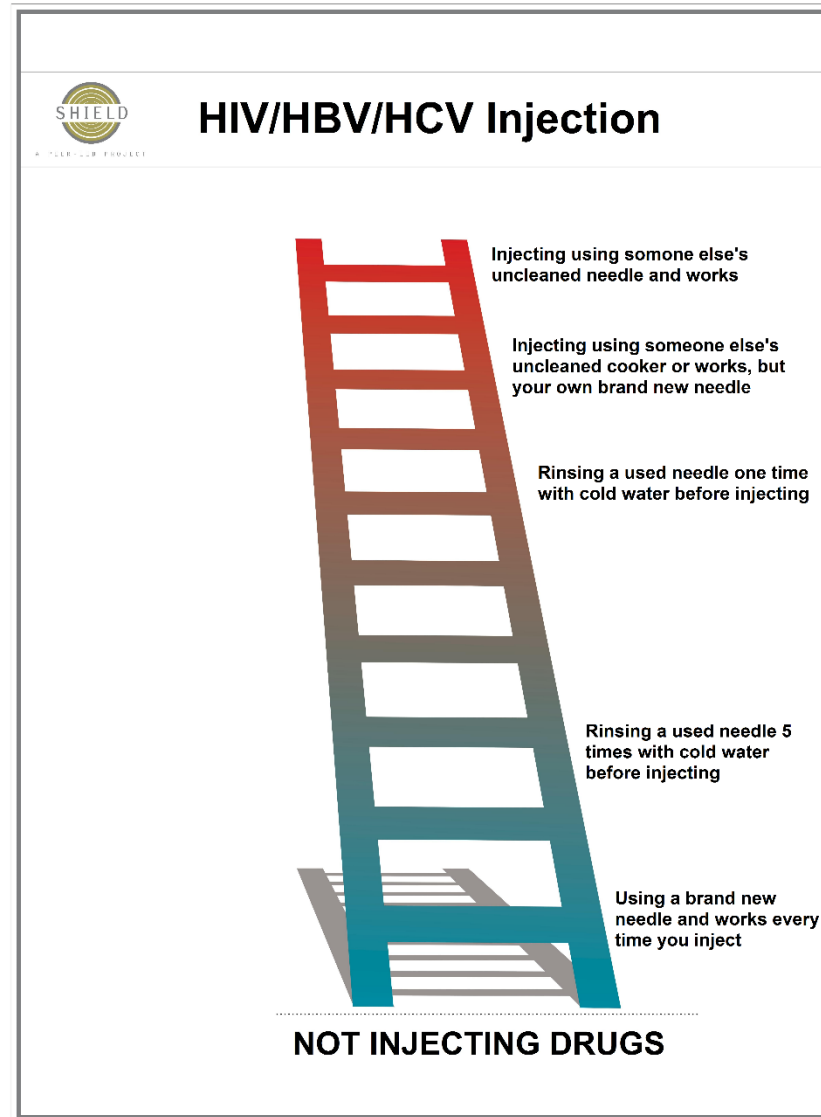
Options:

- Rinsing a used/shared needle 5 times with cold water before injecting
- Injecting using someone else's used cooker or works, but using your own brand new needle
- Not injecting drugs (ie smoke, snort)
- Using a brand new needle and works every time you inject
- Injecting using someone else's needle and works
- Not using drugs

HIV, HBV, HCV Injection Drug Risk

Highest Risk
Behaviors

Lowest Risk
Behaviors



NOT USING DRUGS

Some notes on injection drug risk

- HBV and HCV can remain infectious on all equipment for 5-7 days or longer
- Equipment may include needles, syringes, cookers, cottons, rinsewater, bandages, tourniquets – this equipment may be improvised
- Handling equipment with bare hands is common
- Common street myth – can I get it from myself?
- Cleaning equipment reduces risk
 - Cold water
 - Bleach
 - Boiling/burning equipment – what do we think?

A note on sharing injection drugs

- Splitting drugs dry vs. wet
- If splitting drugs wet, soup ladle analogy
- Sharing cottons, cookers, water, other equipment





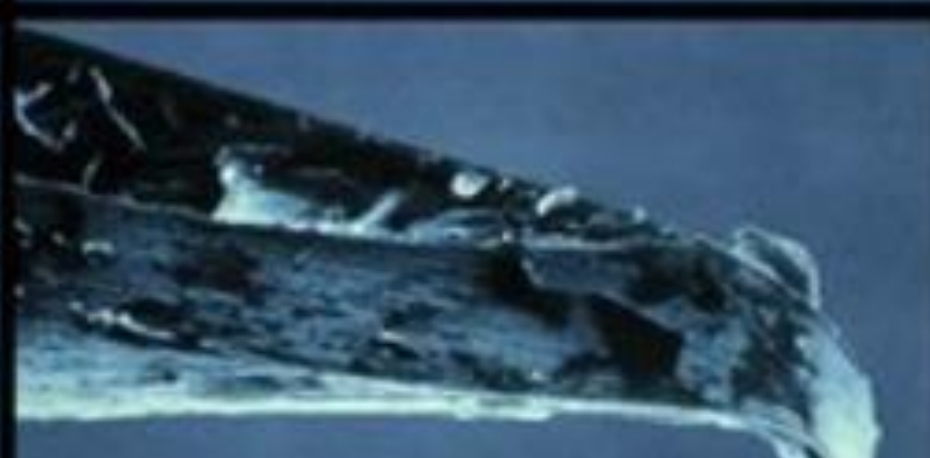
New Needle



Needle used once



Needle used twice



Needle used 6 times

Injection Risk: Group Discussion

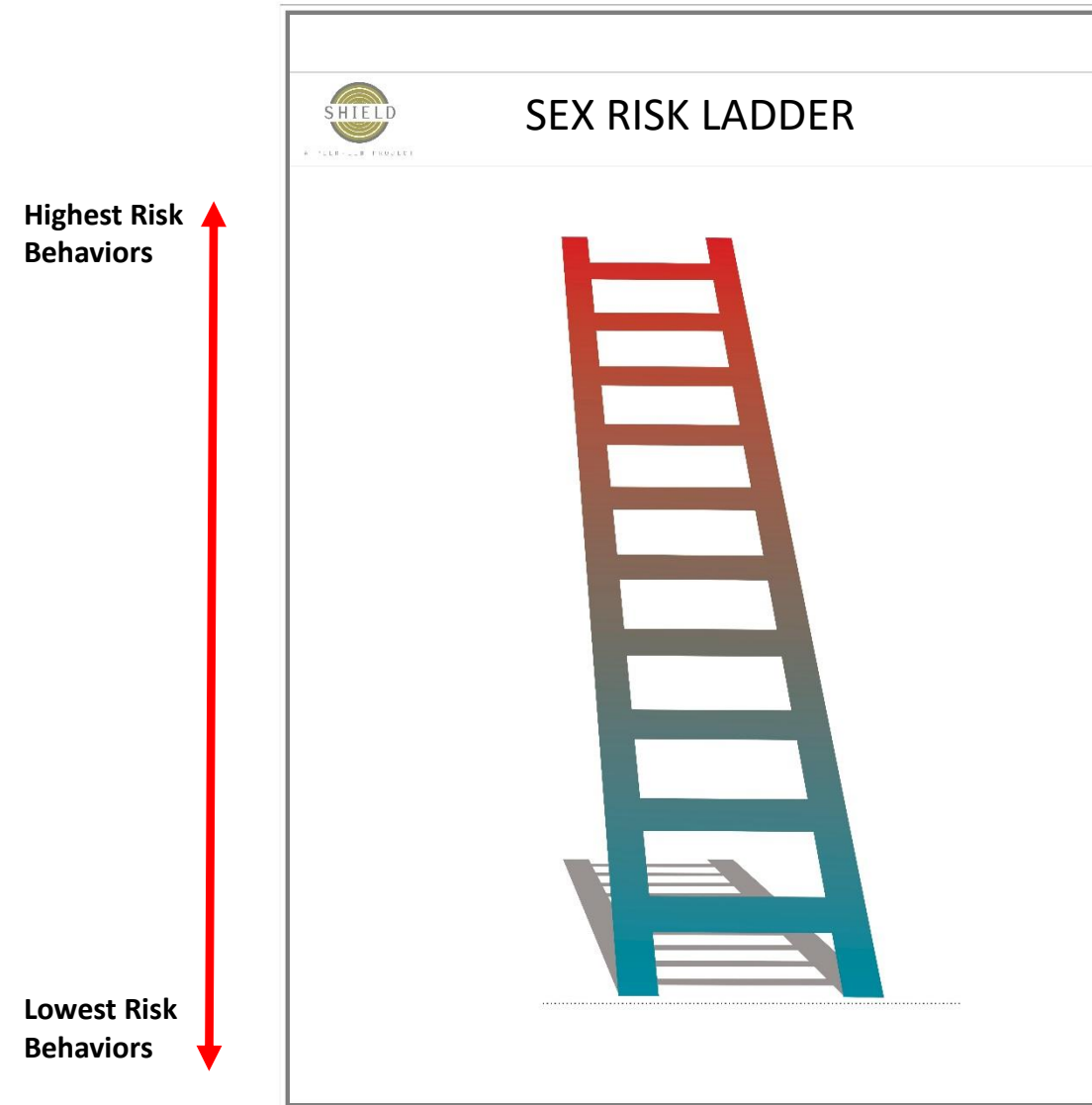
- Evaluate the situation – how do we meet this person where they are at? What is realistic? What is not realistic?
- Explore safer options – what options does this person have to reduce their risk?
- Provide resources and referrals – what tangible resources can you offer?

Injection Drugs Risk: Case Study

One of your patients who is in recovery and living with HCV is being released in 5 weeks. This person comes to the clinic to talk to you because their partner, who he believes does not have HCV, still uses. This person is feeling anxious about relapsing when they get out. Using harm reduction techniques, how can you talk to them about being safer?

- Offer education about HCV transmission
- Talk about ways to reduce injection risk using risk ladder techniques
- Remind them that they can get tested for HCV in the community (clinic/doctor/syringe exchange)
- Provide syringe exchange resources

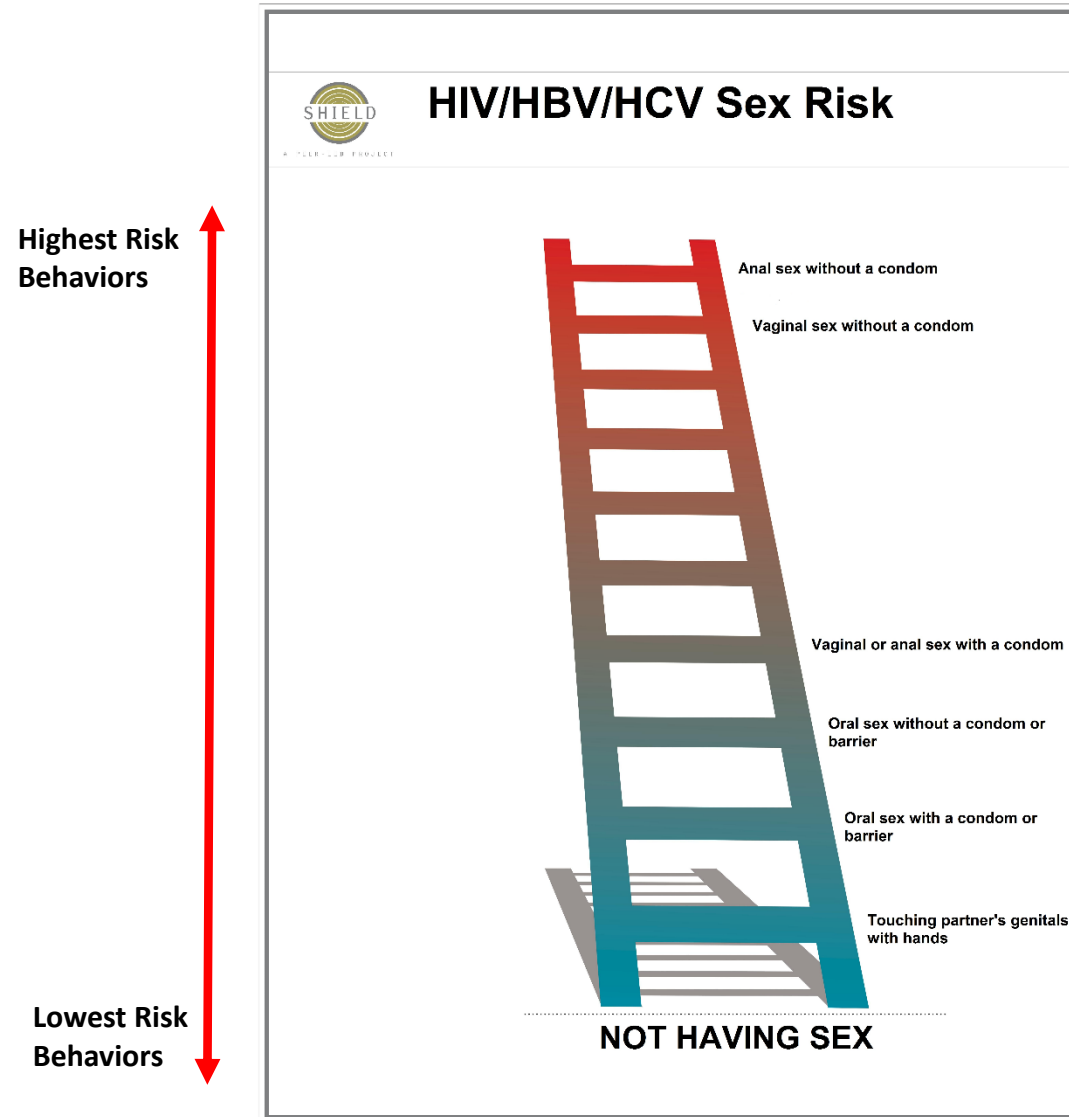
HIV, HBV, HCV Sex Risk



Options:

- Not having sex
- Oral sex with a condom or barrier
- Vaginal sex without a condom
- Vaginal or anal sex with a condom
- Touching a partners genitals with hands
- Anal sex without a condom
- Oral sex without a condom or barrier

HIV, HBV, HCV Sex Risk



ALSO: HAVING ONE SEX PARTNER or FEWER PARTNERS

What about lubrication?

- Lubrication can increase or decrease risk for disease transmission during sex
- Oil-based vs. Water-based
- Lubrication can cause inflammation
 - Nonoxynol-9 AKA “Spermicide”
 - Astroglide?
- Flavored condoms

Sex Risk:

One-on-one practice then role-play

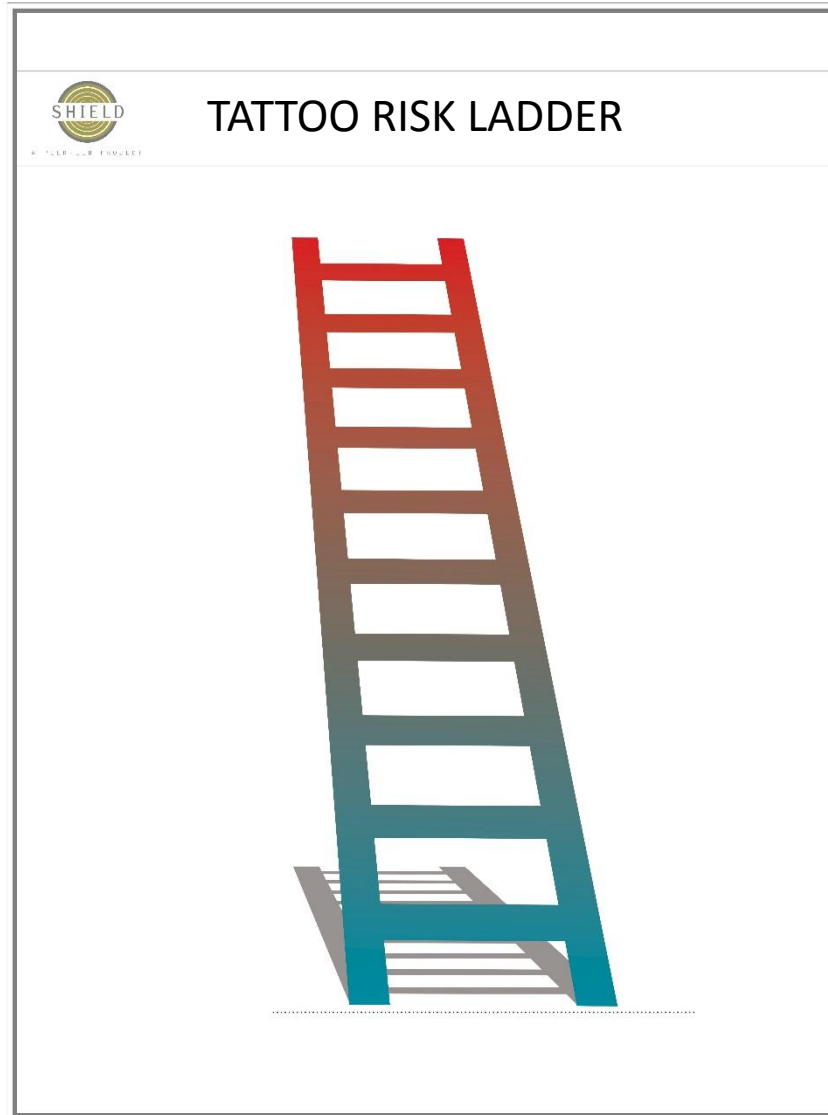
- Evaluate the situation – how do we meet this person where they are at? What is realistic? What is not realistic?
- Explore safer options – what options does this person have to reduce their risk?
- Provide resources and referrals – what tangible resources can you offer?

Sex Risk: Case Study/Role Play

You're speaking with a patient in the clinic, and they tell you about how they previously "tricked" on the outside. This person had a regular client who is living with HIV, and they used a barrier method about half the time when they hooked up. Using harm reduction techniques, how can you talk to them about being safer in the future?

- Offer education about HIV/HBV transmission
- Talk about ways to reduce sex risk in the future using risk ladder techniques
- Remind them that they can get HIV, HBV (STD) tests every 6 mos.

HIV, HBV, HCV Tattoo Risk



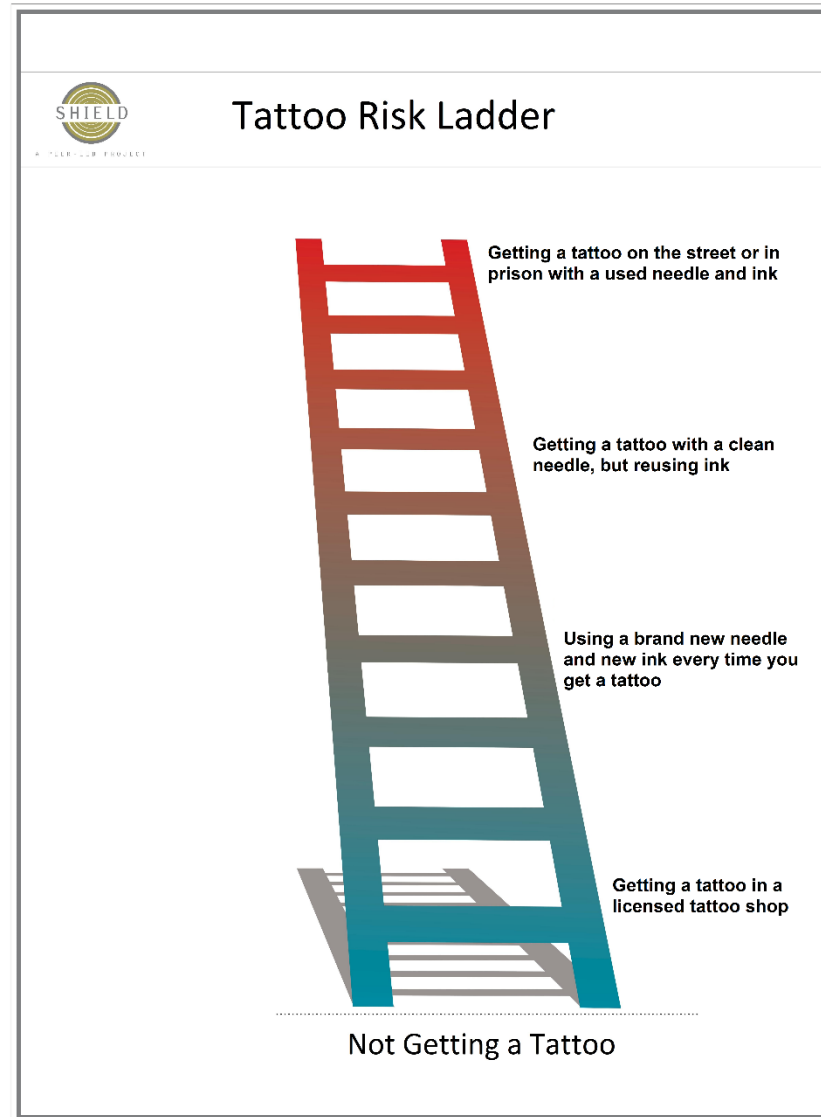
Options:

- Not getting a tattoo
- Getting a tattoo with a clean needle, but reusing ink
- Using a brand new needle and new ink every time you get a tattoo
- Getting a tattoo on the street or in prison with a used needle and ink
- Getting a tattoo in a licensed tattoo shop

HIV, HBV, HCV Tattoo Risk

Highest Risk
Behaviors

Lowest Risk
Behaviors



Discussion Question

How do you discuss risk-reduction for infractable behavior?

You're speaking with a patient in the clinic, and you notice a "fresh" tattoo poking out of their shirt. Using harm reduction techniques, how can you talk to them about being safer?

Other counseling for people with hepatitis C

- Alcohol reduction
- HAV/HBV Vaccination
- Maintaining a healthy weight
- Acetaminophen
- Reduce other drugs and tobacco
- What about cannabis?
- Good prevention

Other counseling for people with HIV

- Practice safer sex and safer drug use for prevention
- Get tested for other STIs
- Prevent other infections/illnesses
- Medication adherence
- Reduce smoking, alcohol, drug use
- Good nutrition

Tips for Success

- Safest options first and/or last
 - First: “Not using drugs is the only way to be 100% safe, but if you are using, it’s important not to share any equipment or to clean equipment.”
 - Last: “Make sure you use proper lubrication with condoms otherwise they can break, although ideally, you’ll know and trust your partner.”
 - Both: “If you want to get a tattoo, the safest option is a tattoo shop. Make sure if you do get one outside a shop not to reuse the ink, or you can always consider not getting that tattoo”
- Know your own limitations, empower the individual to discuss their own change
 - “I’ve never done that, why don’t you tell me what you think is realistic?”
- Any risk reduction is better than no risk reduction
 - “Flavored condoms should not usually be used for intercourse, but if there are no other options, it’s better to use a flavored condom than not to use a condom at all”
- Listen for “teachable moments”
 - If someone mentions using at a party – “That’s interesting, when you do that, how do you split up your drugs?”
- Remember, this is about them, not you. Even if you disagree with their behavior, take a patient-centered approach.

Seattle Area Syringe Exchanges

DOWNTOWN, Robert Clewis Center – 1-5pm Mondays to Fridays; and 2-4pm Saturdays

Address: 2124 4th Ave, Seattle WA, 98121

Phone: (206) 296-4649

CAPITOL HILL, Lifelong AIDS Alliance - 6:30pm – 8:30pm, Monday thru Saturday

Address: 1161 11th Avenue (on 11th Ave between Madison & Union)

Phone: (206) 296-4649

U DISTRICT, The People's Harm Reduction Alliance – Mon/Tues/Thur 5-7pm and Fri/Sun from 1-5pm

Address: 1415 NE 43rd St, Seattle WA, 98105

Phone: (206) 330-5777

PHRA also delivers clean needles anywhere in King County.

South King County Delivery service (SCORE –South County Referral and Exchange): 206-214-6040

North and East King County Delivery Service (PHRA): 530-454-5410

What resources and referrals can you offer
within DOC?

Where can I find accurate information?

- www.hcvadvocate.org
- <https://aidsinfo.nih.gov/education-materials>

Call us:

Hepatitis Education Project
911 Western Ave, Suite 302
Seattle, WA 98119
206-732-0311



Final Discussion Questions

- What do you find useful here? What is realistic?
- How will you practice risk reduction?
- What questions do you have and what resources do you need?