

Short Title: Good Samaritan Law/Naloxone Access. (Public)

Sponsors: Senators Bingham and Altman (Primary Sponsors).

Referred to:

A BILL TO BE ENTITLED

AN ACT TO PROVIDE LIMITED IMMUNITY FROM PROSECUTION FOR (1) CERTAIN
DRUG-RELATED OFFENSES COMMITTED BY AN INDIVIDUAL WHO SEEKS
MEDICAL ASSISTANCE FOR A PERSON EXPERIENCING A DRUG-RELATED
OVERDOSE AND (2) CERTAIN DRUG-RELATED OFFENSES COMMITTED BY AN
INDIVIDUAL EXPERIENCING A DRUG-RELATED OVERDOSE AND IN NEED OF
MEDICAL ASSISTANCE; AND TO PROVIDE IMMUNITY FROM CIVIL OR
CRIMINAL LIABILITY FOR (1) PRACTITIONERS WHO PRESCRIBE, DISPENSE,
OR DISTRIBUTE AN OPIOID ANTAGONIST TO CERTAIN THIRD PARTIES AND
(2) CERTAIN INDIVIDUALS WHO ADMINISTER AN OPIOID ANTAGONIST TO A
PERSON EXPERIENCING A DRUG-RELATED OVERDOSE.

The General Assembly of North Carolina enact:

SECTION 1. Article 5 of Chapter 90 of the General Statutes is amended by adding
a new section to read:

"§ 90-96.2. Drug-related overdose treatment; limited immunity.

(a) As used in this section, "drug-related overdose" means an acute condition including
coma, hypoxia, extreme physical illness, convulsions, or death resulting from the consumption of one
of a controlled substance, or another substance with which a controlled substance was
combined, and that a layperson would reasonably believe to be a drug overdose that requires
medical assistance.

(b) A person acting in good faith who seeks medical assistance for an individual
experiencing a drug-related overdose shall not be prosecuted for (i) a misdemeanor violation of
G.S. 90-95(a)(3), (ii) a felony violation of G.S. 90-95(a)(3) for possession of less than one gram
of cocaine, (iii) a felony violation of G.S. 90-95(a)(3) for possession of less than one gram of
heroin, or (iv) a violation of G.S. 90-113.22 if the evidence for prosecution under those sections
was obtained as a result of the person seeking medical assistance for the drug-related overdose.

(c) A person who experiences a drug-related overdose and is in need of medical
assistance shall not be prosecuted for (i) a misdemeanor violation of G.S. 90-95(a)(3), (ii) a
felony violation of G.S. 90-95(a)(3) for possession of less than one gram of cocaine, (iii) a
felony violation of G.S. 90-95(a)(3) for possession of less than one gram of heroin, or (iv) a
violation of G.S. 90-113.22 if the evidence for prosecution under those sections was obtained
as a result of the drug-related overdose and need for medical assistance.

(d) Nothing in this section shall be construed to bar the admissibility of any evidence
obtained in connection with the investigation and prosecution of other crimes committed by a
person who otherwise qualifies for limited immunity under this section."



Outreach to Vulnerable Communities



Robert Childs, MPH
Executive Director
North Carolina
Harm Reduction Coalition



NCHRC

OUTREACH TO VULNERABLE COMMUNITIES

- NCHRC
- Harm Reduction
- Four Pillars Health Model
- Outreach to Vulnerable Communities:
 - Legislation That Saves Lives
 - Media
 - Overdose Prevention/Naloxone Access
 - IDUs-Street Drug/Pill Users
 - Crack Users
 - Sex Workers
 - Law Enforcement



North Carolina Harm Reduction Coalition (NCHRC)

NCHRC is the state's only comprehensive harm reduction program, engaging in grassroots advocacy, resource development, coalition building and direct services for law enforcement and those made vulnerable by drug use, sex work, overdose, STIs, HIV and hepatitis.



North Carolina Harm Reduction Coalition

- Service Area Primary: All of NC
- Service Area Secondary: Georgia and other Southern States
- Main Focus Area:
 - Triangle (Raleigh, Durham, Chapel Hill)
 - Appalachia
 - Triad (Winston-Salem, Greensboro, & High Point)
 - Fayetteville
 - Atlanta Metro
- *User Unions*
 - Greensboro and Charlotte
- *Naloxone Dispensers:*
 - Atlanta, Marietta, Franklin, Hendersonville, Asheville, Clyde, Weaverville, Marion, Charlotte, Hickory, Greensboro, Durham, Raleigh, Cary, Rocky Mount, Fayetteville, Winston Salem, Clarkson, Lumberton, Aberdeen and Wilmington
- Law Enforcement Naloxone Programs/Partnerships
 - Operating: Holly Springs PD (GA), Kennesaw State University Police (GA), Carrboro PD (NC), Pitt County Sheriff (NC)
 - In Development: Winston Salem PD, Bethel PD, Waynesville PD, Atlanta PD, Wilmington PD, and Durham County Sheriff
- Key EMS Partnerships
 - Statewide EMS, Guilford County EMS



North Carolina Harm Reduction Coalition

- **Staffing/Membership:**
 - **NCHRC is made up of:**
 - *Two* FTE staff members
 - *One* ½ time employee
 - *Six* key consultants working 1-8 hours a week
 - 20 Naloxone Dispensers
 - NC State, NC Central, UNC-CH Interns
 - 50+ Key Volunteers
 - >5,100 action team members
 - **2/3 of NCHRC staff and consultants are law enforcement, veterans or formally incarcerated**
 - Detective Sergeant Martin (Law Enforcement)
 - Captain Attilio (Veteran)
 - Officer Earls (Law Enforcement)
 - Mannie (Retired Dealer, Formally Incarcerated)
 - Louise + Trixy (Formally Incarcerated, User Union Leaders)



What is Harm Reduction?

Harm Reduction
Our definition of Harm Reduction means that it's possible to find safer ways of doing things. For example, Condoms are harm reduction because they can prevent HIV and pregnancy. It also means that we find ways to reduce harm to our communities and to people. Our definition of harm reduction means

- The basic concept of harm reduction is to take an activity that could be inherently dangerous and making it safer for the individual and the community.
 - Although driving is a dangerous activity, we follow speed limits and wear seat belts to make it safer.
- Harm reduction involves “meeting people where they are at” and “providing the help the person wants, not the help we think they need”.
 - While abstaining from using drugs is the best way to prevent overdose and the spread of infectious diseases through drug use, the concept of harm reduction acknowledges that some people will continue to use drugs, and it is best to keep these people and their communities safe until the person decides to enter drug treatment.
- The practice of medicine IS the practice of harm reduction.

The Swiss Four Pillars Policy

- Prevention, treatment/therapy, *harm reduction*, and enforcement.
- By *setting attainable, incremental goals*, it became possible to improve health and social conditions, to work on motivation and to aim for progressively higher goals.
- “Drug users who are unable to break the cycle of compulsive consumption continue nonetheless to have rights which address their specifically marginalized status – the first of these is to stay alive.”

The Swiss Four Pillars Policy

- The successful implementation of these Four Pillars resulted in a significant decrease in problems related to drug consumption.
- The number of new heroin users declined rapidly, from 850 in 1990 to 150 new users in 2005.
- Significant reductions in the number of deaths directly attributable to drug use (overdose) and of deaths indirectly related (HIV and hepatitis).
 - Drug-related death toll decreased by more than 50% from 1991 to 2004
 - Levels of drug-related HIV transmission were divided by 8 within 10 years

The Swiss Four Pillars Policy

- Number of drug users in treatment increased significantly, indicating that more people were choosing to engage in a 'rehabilitation dynamic'
 - It was the most problematic drug users , those who had not accessed abstinence-focused treatment, who entered alternative treatment programs in large numbers.
- A significant decrease in drug-related crimes was observed that could be attributable to the more active and inclusive approach toward drug users.
 - Heroin prescription removes the pressure caused by the need to find money to buy drugs.
 - After one year of treatment, patients report a 100% drop in criminal behavior (mostly burglary) and an 83% drop in the sale of hard drugs.
 - Incidents of delinquent behavior by drug users following a heroin-prescription treatment fell by 40%, and the number of crimes committed by drug users fell by 60%.

THE SWISS FOUR PILLARS POLICY: An Evolution From Local Experimentation to Federal Law

*Jean-Félix Savary, Chris Hallam and Dave Bewley-Taylor **

INTRODUCTION

Switzerland, or the Swiss Confederation, assumed its present political shape in 1848 when the Federal system was constituted. The administrative regions of Switzerland or *Cantons* are 26 in number and reflect the country's ethnic and cultural diversity. With a population of over 7.5 million, of which 65% are ethnic German, 18% French and 10% Italian, Switzerland has a long tradition of neutrality and internationalism. It is a major centre of banking and finance, and is possessed of one of the world highest per-capita GDPs.

A distinctive feature of the Swiss political system is its extensive use of the referendum process, with the country consequently regarded by some as "almost a carnival of direct democracy."¹ With this as a backdrop, November 30, 2008, saw the Swiss electorate vote in favour, with a figure of 68%, of ratifying an historic federal law on narcotics. This ratification finally established in legislation the principle of 'Four Pillars', a policy that has been practiced in many Swiss cities since the end of the 1980s, and spread across the country over the following years. The November vote thus represented the definitive adoption of health-oriented measures undertaken fifteen years earlier at local levels to counter many of the issues

This popular referendum, the results of which took many observers by surprise, put to rest an impassioned political debate that had shaken the country for over twenty years. Further, it highlighted that years of policy 'experimentation' served to convince many sceptical citizens of its worth, particularly in those regions that had initially expressed strong doubts about the health-oriented approach. Indeed, in November voters from both urban *and* the traditionally more conservative rural areas pronounced themselves strongly in favour of adopting this policy as federal law. This indicated that it has been possible for innovative drug policy to transcend traditional ideological divisions within the country as a whole.

This Briefing paper aims to relate lessons learned by the incremental implementation of the Four Pillars Policy in Switzerland. Initially innovative and centred in 'progressive' urban areas, the Four Pillars Policy spread little by little throughout the nation. Considered politically radical at its inception, the principle of harm reduction² gradually gained the support of the population as a whole.

As such, Switzerland's case demonstrates that in certain socio-political settings it is possible for an integrated drug policy centred on health to overcome the ideological imperatives previously motivating governing authorities to adopt a law

Legislation That Saves Lives

Media

People at Risk of Overdose (Opiate and Opioid Users)

Injection Drug Users (Pills/Street Drugs)

Crack Users

Sex Workers

Law Enforcement



NCHRC OUTREACH TO VULNERABLE COMMUNITIES



- 2014: Georgia HB 965**
- 911 Good Sam Components
 - Naloxone Access
 - Reduces OD related death



- 2013: North Carolina SB 20**
- 911 Good Sam Components
 - Naloxone Access
 - Reduces OD related death
 - First Republican bill of its kind



- 2013: North Carolina HB 850**
- Decriminalizes syringes and sharps when declared to officer prior to a search
 - Reduces officer needlesticks
 - Decrease HIV/HCV
 - First Republican bill of its kind

Legislation to Improve the Lives of Vulnerable Communities

Legislation That Saves Lives

Media

People at Risk of Overdose (Opiate and Opioid Users)

Injection Drug Users (Pills/Street Drugs)

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NCHRC OUTREACH TO VULNERABLE COMMUNITIES

We Know What to Do

Harm Reduction and Human Rights in North Carolina

SEPTEMBER 13, 2011

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Harm reduction is a way of preventing disease and promoting health that "meets people where they are" rather than making judgments about where they should be in terms of their personal health and

CAROLINA JOURNAL TV

Fri, March 1, 2013

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AlterNet / By Tessie Castillo

COMMENTS

Southern States Outlaw Syringe Exchanges Used to Prevent Disease

Southern syringe exchange programs struggle with little funding, limited supplies and unfavorable public opinion.



N.C. poll: police support removing needles from drug paraphernalia law

Story Comments

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Posted: Saturday, January 19, 2013 5:13 pm

Paul Garber/Winston-Salem Journal

An organization that has pushed for reform of drug

N.C. Harm Reduction Coalition's Robert Childs makes the case for syringe decriminalization



Robert Childs, executive director of the N.C. Harm Reduction Coalition.

the fix addiction and recovery, straight up

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Should Syringes Be Decriminalized?

Advocates argue that lifting laws against syringes would make officers safer.

Harm reduction advocates in North Carolina are currently **pushing** for a bill on syringe decriminalization to be introduced to the state legislature. Currently, syringes that are used for (or intended to be used for) the injection of illicit drugs are illegal. Naturally, this doesn't actually stop IV drug use—but it does encourage addicts to re-use or share contaminated needles.



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Featured

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Advocates Analyze Advantages of Syringe Access

JUNE 19, 2012 by KELSEY TSIPIS in FEATURED, HEALTH REFORM, INFECTIOUS DISEASE, PUBLIC HEALTH

Advocates for legalizing syringes met with NC legislators this month to discuss how decriminalizing syringes could keep police officers safe and bring down the state's HIV transmission rate.

By: Kelsey Tsipis

Jen Earls still remembers in vivid detail the day she was stuck by a needle working as a police officer in Chicago ten years ago.

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Organization at NC State hands out life-saving, anti-overdose drug

Posted: Mar 04, 2014 4:26 PM EST

Updated: Mar 18, 2014 4:26 PM EDT

by Jonathan Rodriguez, WNCN News - bio | email

RALEIGH, N.C. - College students at North Carolina State University are getting easier access to a drug that can end up saving a life.

Members of the North Carolina Harm Reduction Coalition were on campus Tuesday to raise awareness about drug overdose.

Volunteers were handing out information about resources available to



States combat alarming drug overdose deaths

Michael Ollive, Pew/Stateline Staff Writer 9:56 a.m. EST February 20, 2014

17 states and D.C. have passed "Good Samaritan" laws that grant limited immunity to drug users who seek help for someone who has overdosed



(Photo: Spencer Platt, Getty Images)

STORY HIGHLIGHTS

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When Stephen Cardiges slipped into unconsciousness from a heroin overdose in the back of a Honda Civic two years ago, his two companions just kept driving around suburban Atlanta, hoping Stephen would come to on his own.

They didn't want to call 911 or the police, for fear of inviting their own arrests for drug use. But Cardiges, an Eagle Scout who planned to join the U.S. Navy

THE BLOG

Featuring fresh takes and real-time analysis from HuffPost's signature lineup of contributors

Tessie Castillo Become a fan
Advocacy and Communications Coordinator, North Carolina Harm Reduction Coalition

A Conservative Argument for Harm Reduction

Posted: 01/13/2014 6:45 pm EST Updated: 03/15/2014 5:59 am EDT

133 54 89 1 4 0

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MORE: Harm Reduction, Drugs, War on Drugs, Libertarian, Conservatives, Politics News

Last year the North Carolina Harm Reduction Coalition surprised the nation by working with conservative legislators to pass two new drug policy laws in their state. But although the harm reduction philosophy of "meeting people where they are at" is sometimes at odds with conservatives' stricter approach to drug use, the alliance shouldn't have come as a surprise. In fact, the two ideologies frequently align by

AlterNet / By Tessie Castillo

10 COMMENTS

Why Every State Should Let Law Enforcement Use Lifesaving Overdose Prevention Drug Naloxone

Every person who dies from an overdose was someone's son or daughter, sister or brother.

10 COMMENTS

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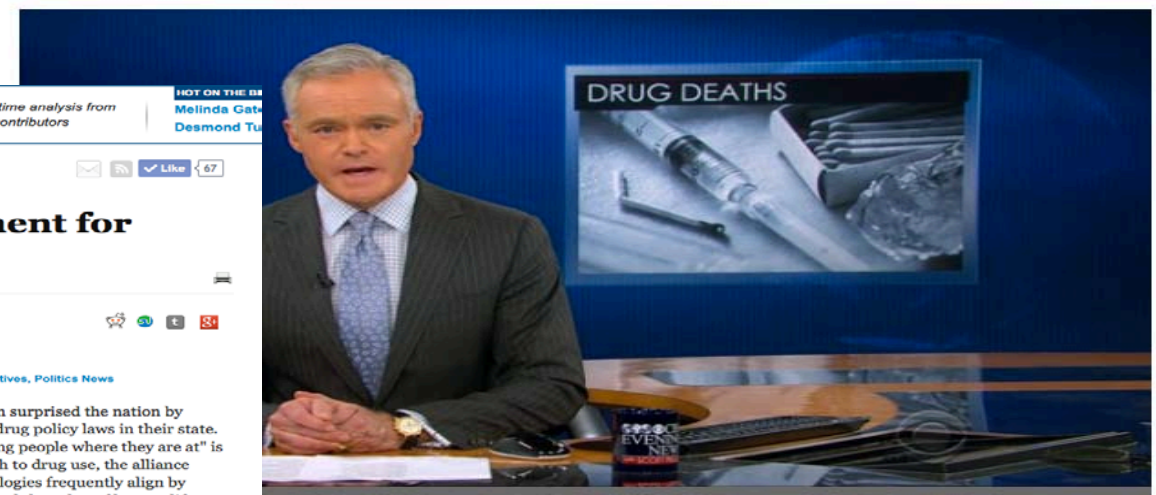
March 14, 2014 | Lieutenant Tanya Smith of Georgia rushed to the scene of a heroin overdose unlike any other in her law enforcement career in February 2012.



CBS EVENING NEWS w/ SCOTT PELLEY FULL EPISODE

By DON DAHLER / CBS NEWS / February 21, 2014, 7:22 PM

More police keeping overdose antidote Narcan on hand



Legislation That Saves Lives

Media

People at Risk of Overdose (Opiate and Opioid Users)

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NCHRC OUTREACH TO VULNERABLE COMMUNITIES

NCHRC Naloxone Kits and OD Prevention Outreach



Wider Use of Antidote Could Lower Overdose Deaths by Nearly 50%

Distributing naloxone and training people to use it can cut the death rates from overdose nearly in half, according to a new study.

Centers for Disease Control and Prevention
MMWR

Weekly / Vol. 61 / No. 6
Morbidity and Mortality Weekly Report
February 17, 2012

Community-Based Opioid Overdose Prevention Programs Providing Naloxone — United States, 2010

Drug overdose death rates have increased steadily in the United States since 1979. In 2008, a total of 36,450 drug overdose deaths (i.e., unintentional, intentional [suicide or homicide], or undetermined intent) were reported, with prescription opioid

shelters, and substance abuse treatment programs). These services include education regarding overdose risk factors, recognition of signs of opioid overdose, appropriate responses to an overdose, and administration of naloxone.



BMJ

BMJ 2013;346:f174 doi: 10.1136/bmj.f174 (Published 31 January 2013) Page 1 of 12

RESEARCH

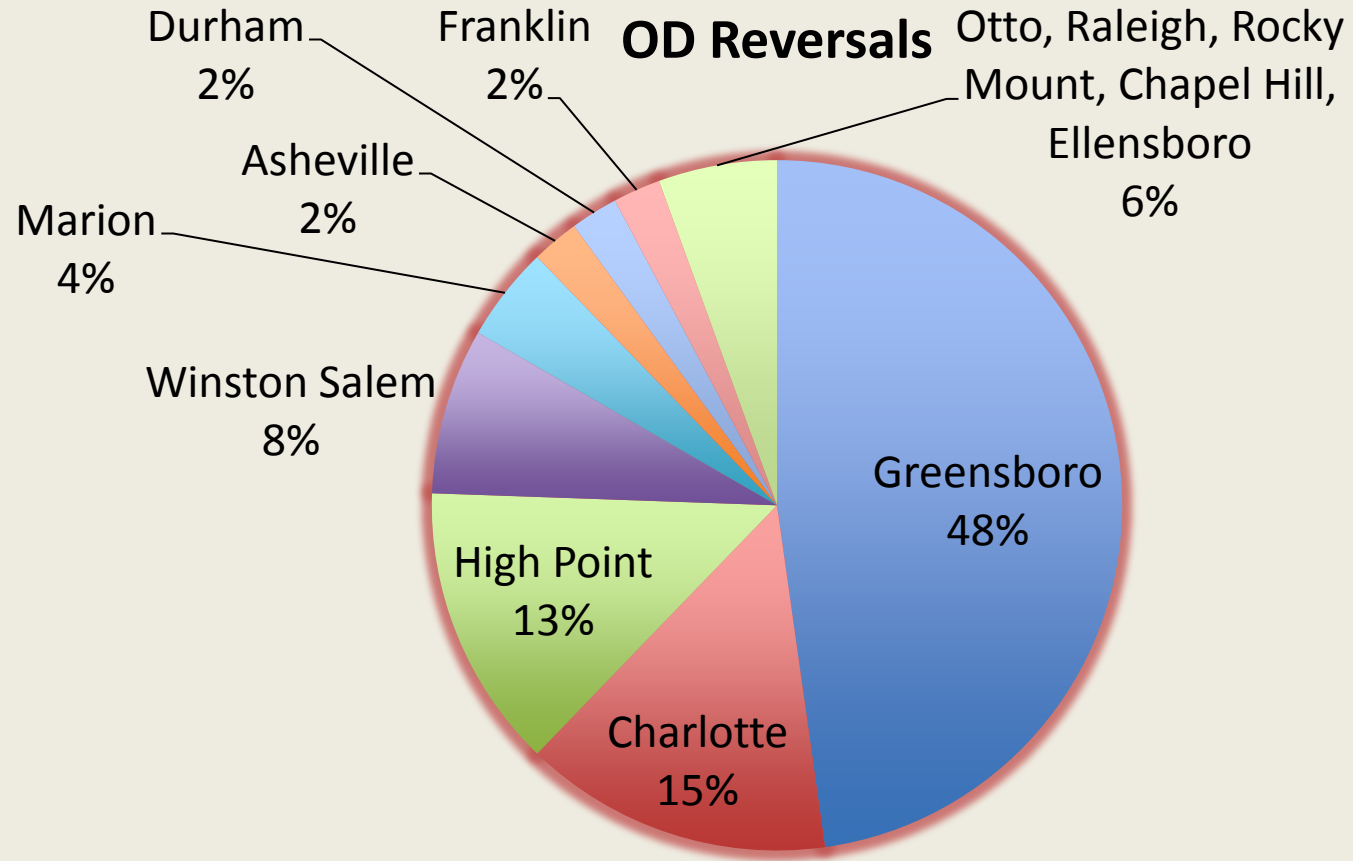
Opioid overdose rates and implementation of overdose education and nasal naloxone distribution in Massachusetts: interrupted time series analysis

CC BY NC OPEN ACCESS

Alexander Y Walley assistant professor of medicine, medical director of Massachusetts opioid overdose prevention pilot^{1,3}, Ziming Xuan research assistant professor², H Holly Hackman epidemiologist³, Emily Quinn statistical manager⁴, Maya Doe-Simkins public health researcher¹, Amy Seronson-Alward program manager¹, Sarah Ruiz assistant director of planning and

NCHRC OD Reversals

8/1/13-8/11/14 (116 Total)



Legislation That Saves Lives

Media

People at Risk of Overdose (Opiate and Opioid Users)

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NCHRC OUTREACH TO VULNERABLE COMMUNITIES



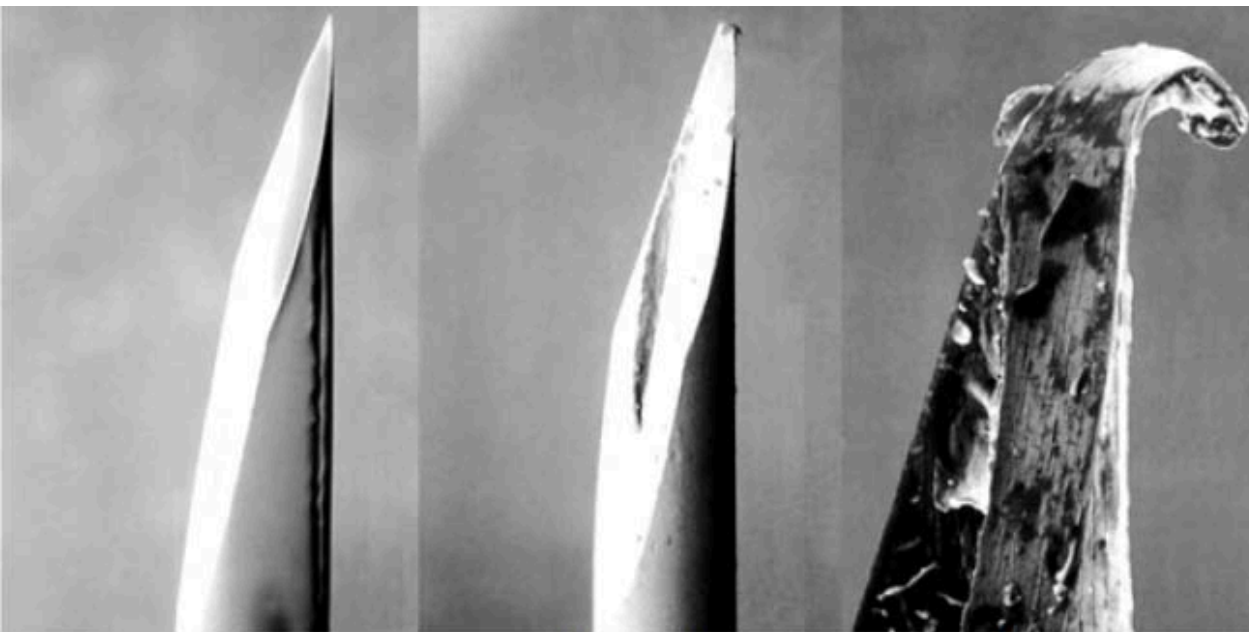
Short report

Racial differences in acquisition of syringes from pharmacies under conditions of legal but restricted sales

Elizabeth C. Costenbader^{a,*}, William A. Zule^b, Curtis C. Coomes^b

^a Family Health International, United States

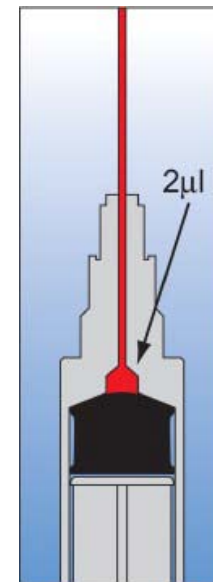
^b RTI International[®], United States



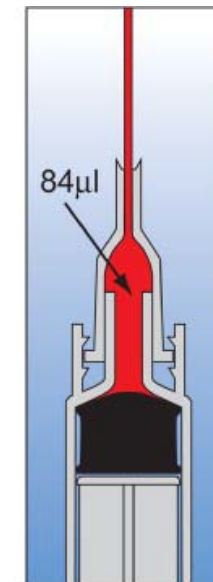
new

used one time

used six times



One-piece syringe



Two-piece syringe



- Naloxone Access
- Advocacy/Organizing
- User Unions
- Biohazard Collection
- Pharmacy Access Eduction
- Wound Care Education
- Pharmacy Education
- Street Health Education
- Dead Space Education

Syringe laws and pharmacy regulations are structural constraints on HIV prevention in the US

Jennifer A. Taussig, Beth Weinstein, Scott Burris and T. Stephen Jones

Objective: To review the legal and regulatory barriers that restrict pharmacy sales of syringes to injection drug users (IDUs) and to discuss how reducing these barriers can facilitate access to sterile syringes for IDUs and improve HIV prevention.

Background: IDUs' access to sterile syringes from community pharmacies in the United States is limited by state laws and regulations governing syringe sales. Restricted availability of sterile syringes from pharmacies is a structural barrier that greatly impedes HIV prevention for IDUs, who often share and reuse syringes because they cannot obtain and possess sterile syringes. These high-risk behaviors contribute to the transmission of HIV and other blood-borne pathogens among IDUs, their sexual partners, and their children.

State experiences: In Connecticut, because of high HIV prevalence among IDUs, restrictive syringe laws were changed. After the legal changes in Con-

Survival of Hepatitis C Virus in Syringes: Implication for Transmission among Injection Drug Users

Elijah Paintsil,^{1,2} Huijie He,³ Christopher Peters,⁴ Brett D. Lindenbach,⁴ and Robert Heimer²

Departments of ¹Pediatrics, ²Pharmacology, ³Epidemiology and Public Health, and ⁴Section of Microbial Pathogenesis, Yale University School of Medicine, New Haven, Connecticut

AIDS Behav (2013) 17:2878–2892
DOI 10.1007/s10461-013-0593-y

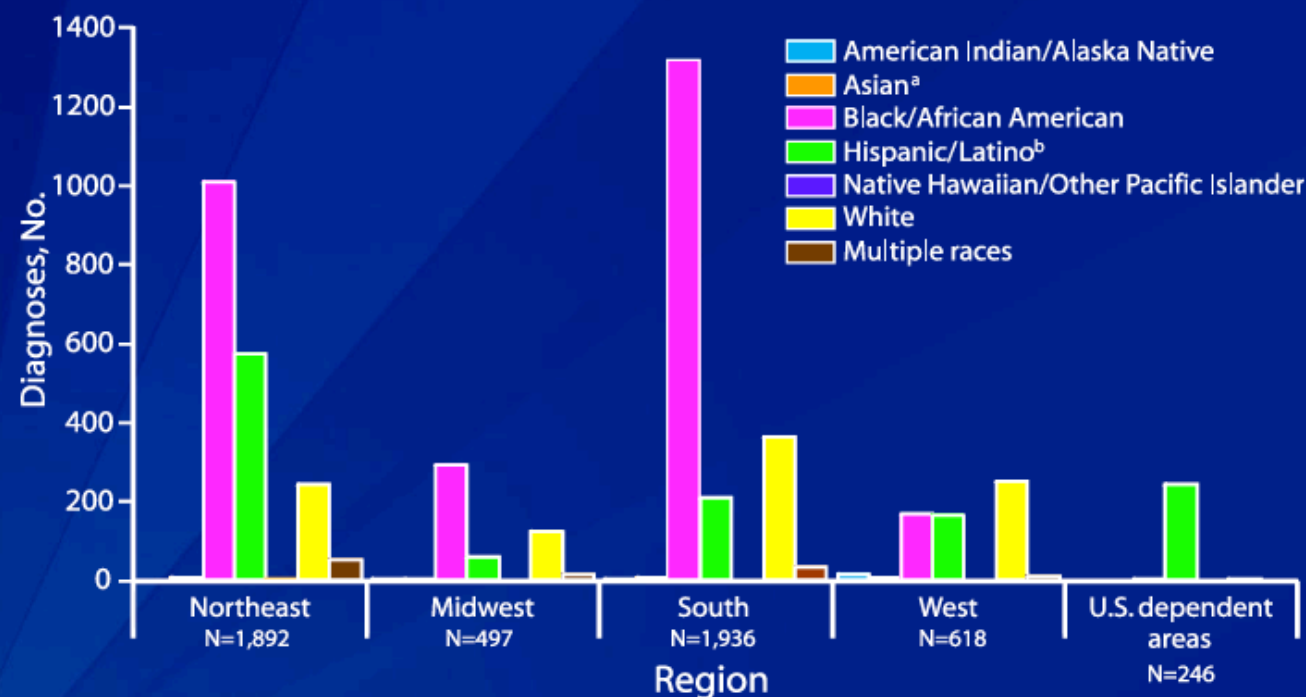
SUBSTANTIVE REVIEW

Effectiveness of Structural-Level Needle/Syringe Programs to Reduce HCV and HIV Infection Among People Who Inject Drugs: A Systematic Review

Abu S. Abdul-Quader · Jonathan Feelemyer ·
Shilpa Modi · Ellen S. Stein · Alya Briceno · Salaam Semaan ·
Tara Horvath · Gail E. Kennedy · Don C. Des Jarlais

Published online: 22 August 2013
© Springer Science+Business Media New York (outside the USA) 2013

AIDS Diagnoses among Injection Drug Users, by Region and Race/Ethnicity, 2009—United States



Addiction

RESEARCH REPORT

doi:10.1111/j.1360-0443.2010.02976.x

Modeling the effect of high dead-space syringes on the human immunodeficiency virus (HIV) epidemic among injecting drug users

Georgiy V. Bobashev¹ & William A. Zule²

RTI International, Statistics and Epidemiology;¹ RTI International, Substance Abuse Treatment, Evaluation, and Interventions Program;² Research Triangle Park, NC, USA

Legislation That Saves Lives

Media

People at Risk of Overdose (Opiate and Opioid Users)

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NCHRC OUTREACH TO VULNERABLE POPULATIONS



CLINICAL STUDIES

High prevalence of hepatitis C virus infection among noninjecting drug users: association with sharing the inhalation implements of crack

Juan Macías^{1,4}, Rosa B. Palacios¹, Evangelina Claro², Julio Vargas³, Salvador Vergara¹, José A. Mira¹, Nicolás Merchante¹, Juan E. Corzo⁴ and Juan A. Pineda⁴

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Keywords

crack – HCV infection – noninjecting drug use

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Received 13 August 2007

Accepted 16 December 2007

DOI:10.1111/j.1478-3231.2008.01688.x

Abstract

Background: Most of the prevalent cases of hepatitis C virus (HCV) infection are attributable to intravenous drug using. However, a substantial number of individuals, particularly noninjecting drug users (NIDU), report no identifiable source of HCV exposure. This may be interpreted as inaccurate reporting of past intravenous exposure or as the presence of an unidentified source of HCV infection. Because of this, we evaluated the prevalence of and factors associated with HCV infection among NIDU. **Methods:** One hundred and eighty-two individuals who were attended from 2003 to 2004 in a drug addiction facility because of noninjecting drug use were included. **Results:** HCV infection was detected in 23 (12.6%) participants. Sharing the inhalation tube of crack cocaine [adjusted odds ratio (AOR) 3.6, 95% confidence interval (CI) 1.3–9.8, $P=0.01$], presence of tattoos (AOR 3.5, 95% CI 1.3–9.1, $P=0.02$) and age ≥ 34 years (AOR 3.9, 95% CI 1.3–11.6, $P=0.01$) 3.9 were independently associated with HCV infection. **Conclusion:** The prevalence of HCV infection in NIDU is higher than in general population. HCV infection is more likely among older drug users, those with tattoos and crack cocaine users that share the inhalation implements.

Prevalence of HCV Infection Among NIDUs

- 182 individuals in a drug addiction facility due to non-injection drug use (NIDU) participated in the study
- The study found that HCV infection among NIDUs is higher than in the general population:
 - Habit of sharing oral inhalation equipment of crack was associated with HCV infection
 - Prevalence of HCV infection among NIDUs attending drug addiction facility in Southern Spain (12.6%) is much higher than the estimated prevalence in the general population of western countries (1.6%)
- Increasing access to sterile inhalation equipment associated with crack use could decrease HCV infection among NIDUs

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CMAJ October 27, 2009 vol. 181 no. 9 First published October 19, 2009,
doi: 10.1503/cmaj.082054



Research

Smoking of crack cocaine as a risk factor for HIV infection among people who use injection drugs

Kora DeBeck, MPP, Thomas Kerr, PhD, Kathy Li, PhD, Benedikt Fischer, PhD,
Jane Buxton, MD, Julio Montaner, MD, Evan Wood, MD PhD

[+ Author Affiliations](#)

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NCHRC OUTREACH TO VULNERABLE COMMUNITIES

Sex-work harm reduction

Michael L Rekart

Sex work is an extremely dangerous profession. The use of harm-reduction principles can help to safeguard sex workers' lives in the same way that drug users have benefited from drug-use harm reduction. Sex workers are exposed to serious harms: drug use, disease, violence, discrimination, debt, criminalisation, and exploitation (child prostitution, trafficking for sex work, and exploitation of migrants). Successful and promising harm-reduction strategies are available: education, empowerment, prevention, care, occupational health and safety, decriminalisation of sex workers, and human-rights-based approaches. Successful interventions include peer education, training in condom-negotiating skills, safety tips for street-based sex workers, male and female condoms, the prevention-care synergy, occupational health and safety guidelines for brothels, self-help organisations, and community-based child protection networks. Straightforward and achievable steps are available to improve the day-to-day lives of sex workers while they continue to work. Conceptualising and debating sex-work harm reduction as a new paradigm can hasten this process.



Lancet 2005; 366: 2123–34
Published online
December 1, 2005
DOI:10.1016/S0140-6736(05)67732-X
British Columbia Centre for Disease Control, University of British Columbia, Vancouver
V5Z 4R4, BC, Canada
(Prof M L Rekart MD)
Correspondence to:
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Violence and Sex Work in North Carolina

Interviews with North Carolina Sex Workers

TESSIE CASTILLO
AND ROBERT CHILDS



Nyjhiee "Juicy" Mugler
FORMER SEX WORKER
28 YEARS OLD
FAYETTEVILLE, NC

Former sex worker Nyjhiee "Juicy" Mugler, in the video, *Former Sex Workers and Advocates Talk about Condom Use*, produced by NCHRC. Available online at: vimeo.com/49649959

Panel 3: Safety tips for sex workers

Appearance	Wear shoes that you can run in Avoid scarves, necklaces, and bags that can be used to hold or choke you Wear clothing that can be left on during sex in case you have to run away
Negotiations	Stick to a price list and time limit Pick your own parking spot or hotel Have a supply of condoms and lubricant Get money up front Use the same stroll
The car	Approach from the driver's side Arrange service and location while outside car Circle the car looking for other passengers Take down the licence plate (or pretend to) Do not fasten the seatbelt Wave goodbye to someone and shout the time of your return (or pretend to)
Oral sex	Learn to put on condom with your mouth At ejaculation, keep pressure on condom with your lips to prevent leakage Gargle with mouthwash or liquor afterwards, but do not brush your teeth
Vaginal sex	Use birth control Keep genital area well lubricated with water-soluble lubricant Do not douche or use vaginal-drying substances Position yourself on top, facing customer Keep hand on base of penis to keep it hard and to avoid spillage After ejaculation, remove penis from vagina immediately
Anal sex	Try to negotiate out of it Charge too much for the customer to afford Use extra lubricant
Self-defence	Use female condoms Do not carry weapons Use your voice and speed (eg, scream, hit car horn) Attack body areas that are easily injured (eg, throat, eyes, testicles) Run away against traffic, towards lights and people Work with friends Tell workmates about bad customers

Panel adapted from information in references 8, 12, and 118, with permission.



MALE SEXWORK HANDBOOK:

A BASIC GUIDE TO WORKING SAFE, SANE, AND SMART IN THE SEX INDUSTRY

GUIDE CONTENTS

SELLING THE CLIENT
CLOTHING
BODY

NEGOTIATING WITH A CLIENT
THE BASICS
PHYSICAL SELF-DEFENSE
LEGAL

THE SESSION
FELLATIO (BLOWJOBS/ORAL SEX)
FUCKING
TIPS FOR CONDOM USAGE

OTHER TRADE SECRETS
ANALINGUS (RIMMING/ASSLICKING)
SEX WITH PISS (WATERSPORTS)
SEX WITH SHIT (SCAT)
SCENEPLAY (BONDAGE/S&M)
BAREBACKING
MALE-TO-FEMALE (MtF) WORK

SELLING ON THE STREET
APPEARANCES
NEGOTIATING WITH CLIENTS
BODY
IN THE CAR

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HUMAN
RIGHTS
WATCH

Sex Workers at Risk

Condoms as Evidence of Prostitution in Four US Cities



Legislation That Saves Lives

Media

People at Risk of Overdose (Opiate and Opioid Users)

Injection Drug Users (Pills/Street Drugs)

Crack Users

Sex Workers

Law Enforcement

NCHRC OUTREACH TO VULNERABLE POPULATIONS

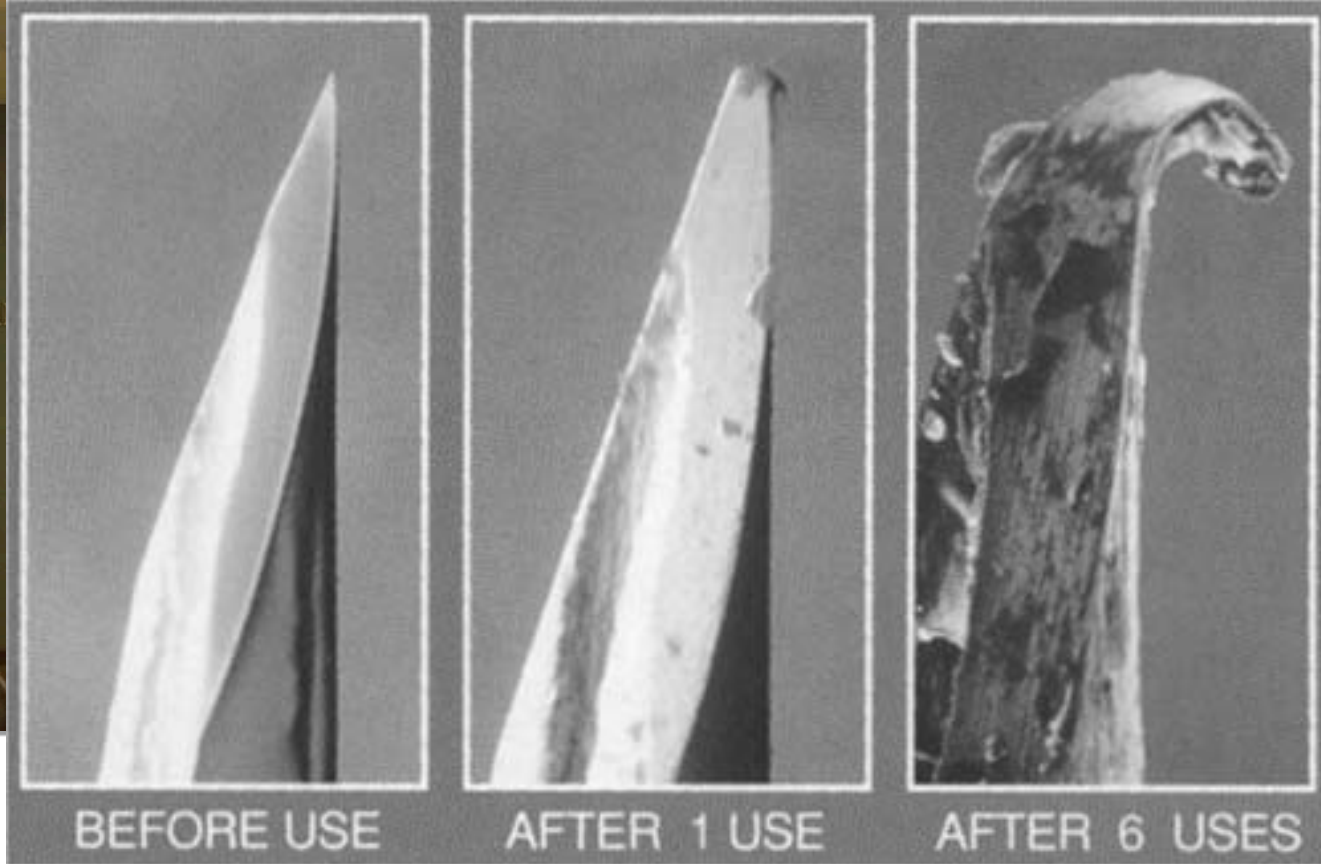
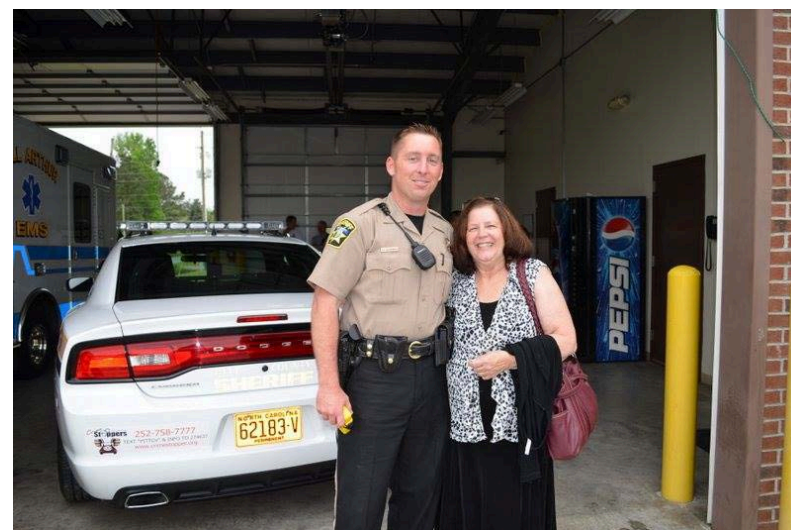
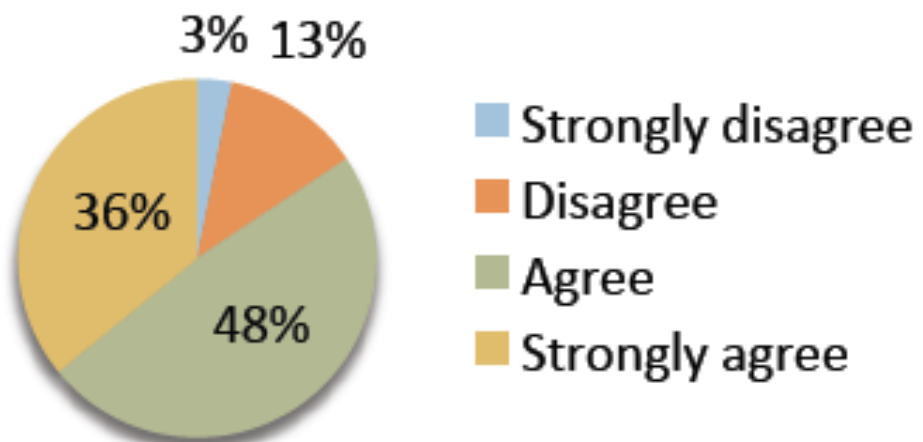


Figure 4. My impression of syringe decriminalization is positive.



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