

Harm Reduction: what it is, what it isn't, why it matters

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Slides adapted from Jessica Gregg MD PhD

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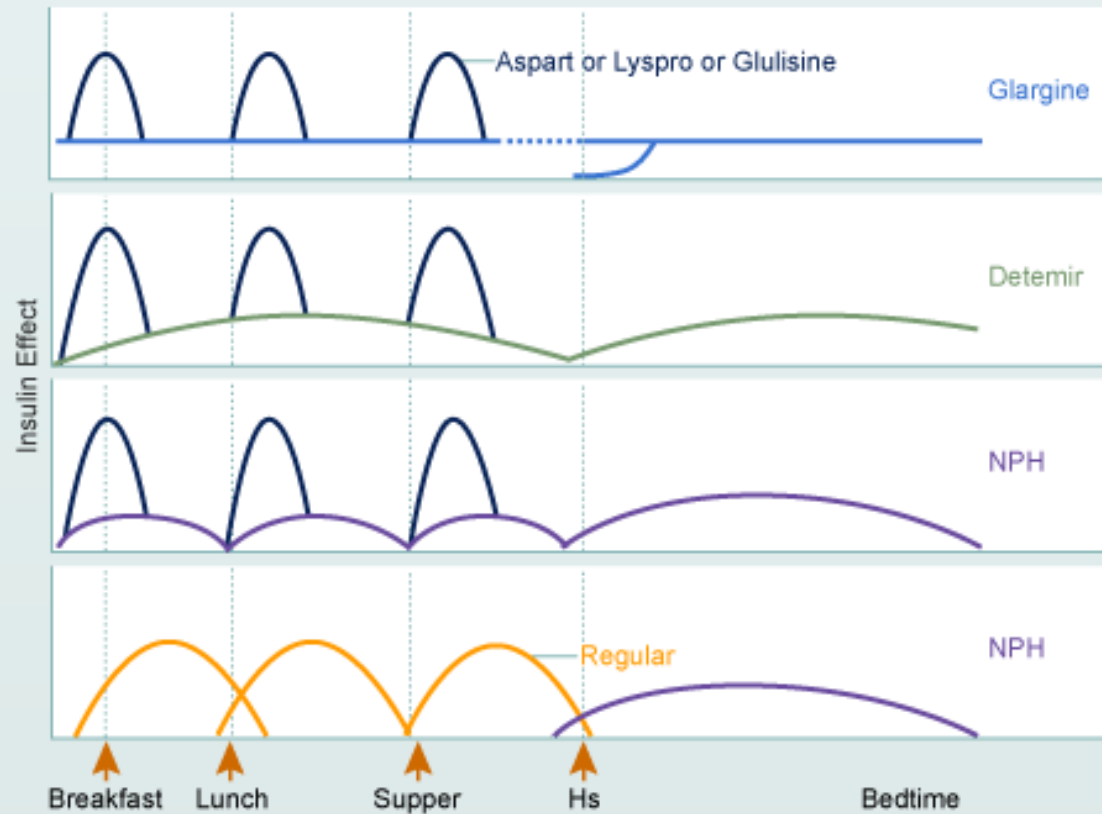
Objectives

- Review **what** harm reduction is (and what it isn't)
- Discuss examples of **why** harm reduction matters & **how** it has been applied
- Consider the application of harm reduction in different settings

Something all of us do, every day



Sliding Scale Insulin Regimens for Type 2 Diabetes Using Multiple Daily Injections



AMERICAN COLLEGE of CARDIOLOGY

ASCVD Risk Estimator Plus

Estimate Risk

Therapy Impact

Advice

Current Age *

Age must be between 20-79

Sex *

Male

Female

Race *

White

African American

Other

Systolic Blood Pressure (mm Hg) *

Value must be between 90-200

Diastolic Blood Pressure (mm Hg) *

Value must be between 60-130

Total Cholesterol (mg/dL) *

Value must be between 130 - 320

HDL Cholesterol (mg/dL) *

Value must be between 20 - 100

LDL Cholesterol (mg/dL) *

Value must be between 30-300

History of Diabetes? *

Yes

No

Smoker? *

Current

Former

Never

On Hypertension Treatment? *

Yes

No

On a Statin? *

Yes

No

On Aspirin Therapy? *

Yes

No

Do you want to refine current risk estimation using data from a previous visit? *

Yes

No

So, what is harm
reduction as it is applied
to substance use
disorders?

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm reduction is also a movement for social justice built on a **belief in, and respect for, the rights of people who use drugs (and alcohol).**

<https://harmreduction.org/about-us/principles-of-harm-reduction/>



People who use drugs and alcohol are people first -- friends, neighbors, brothers, sisters, relatives.



Harm reduction is NOT

Encouragement to use drugs or alcohol

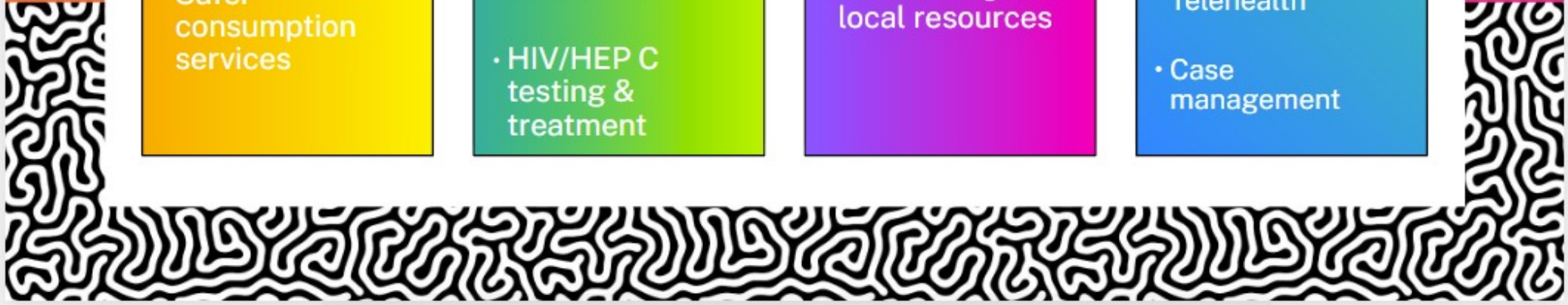
Incompatible with other substance use disorder treatment

Giving up

Excerpt from the Native Harm Reduction Toolkit

All of this is Harm Reduction

DEATH PREVENTION	DISEASE PREVENTION	HEALTHCARE	TREATMENT
<ul style="list-style-type: none">• Naloxone• Fentanyl Test Strips• Safer consumption services	<ul style="list-style-type: none">• Needle exchange programs• Safer sex materials• HIV/HEP C testing & treatment	<ul style="list-style-type: none">• Emergency housing• ER after OD• Connecting with local resources	<ul style="list-style-type: none">• Medication assisted treatment (MAT)• Counseling through Telehealth• Case management



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EXAMPLE 1: Syringe Service Programs



WHY?





Escalating rates of addiction are fueling a dramatic increase in infectious diseases associated with injection drug use.

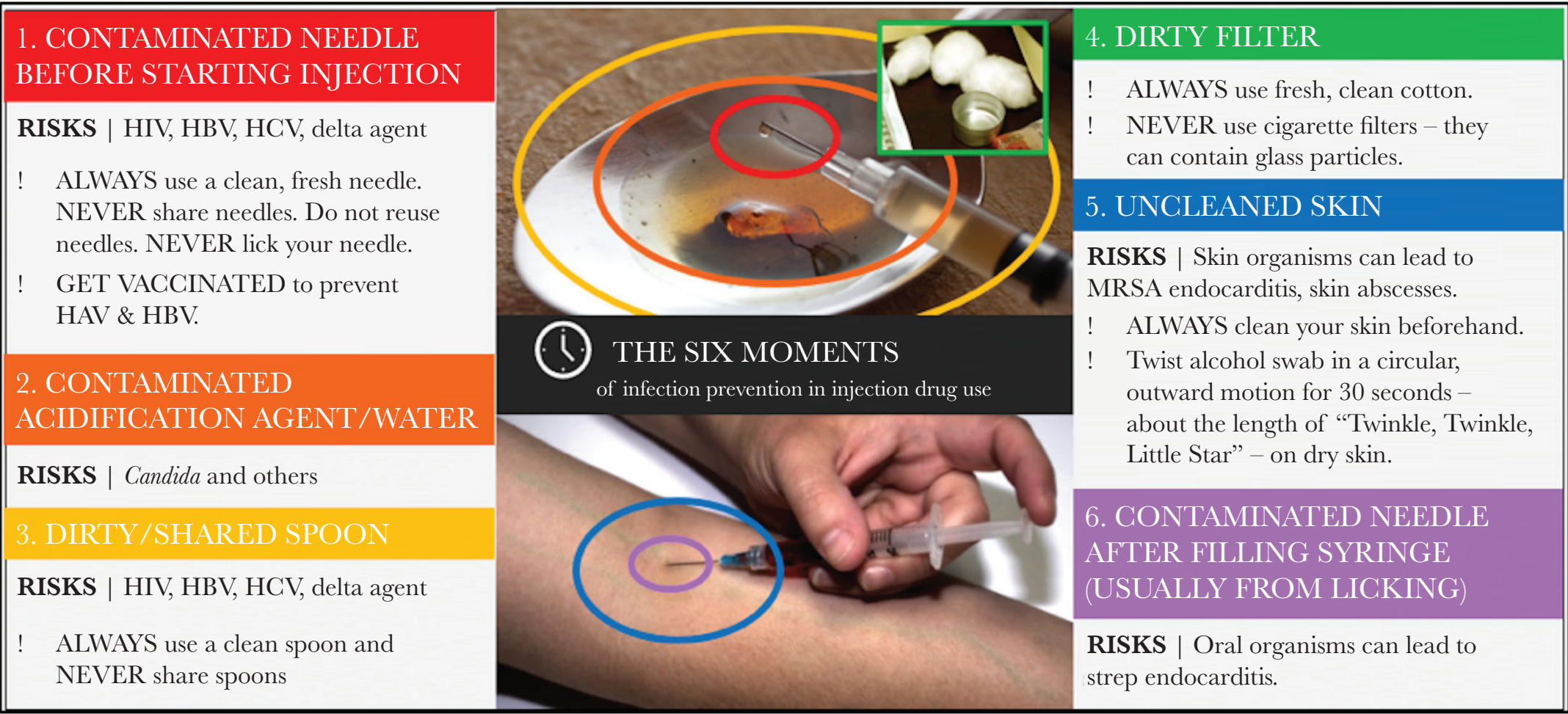
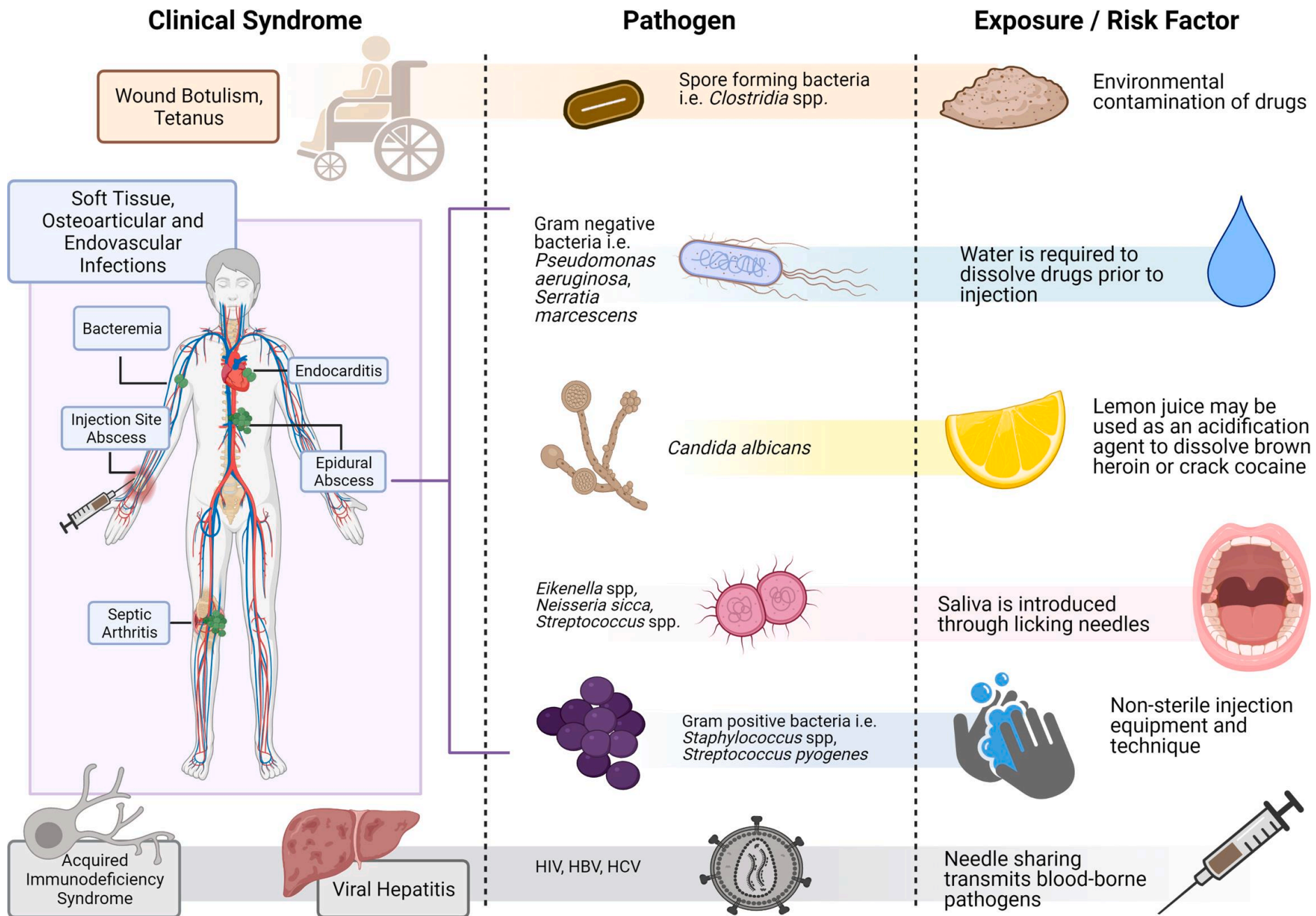


Figure 1. Six Moments of Infection Prevention in Injection Drug Use Model. Abbreviations: HAV, hepatitis A virus; HBV, hepatitis B virus; HCV, hepatitis C virus; HIV, human immunodeficiency virus; MRSA, methicillin-resistant *Staphylococcus aureus*.



Reports of acute hepatitis C virus (HCV) infection doubled from 2014-2021 a 129% increase, and **the majority of new HCV infections are due to injection drug use.**

Over 2,500 new HIV infections occur each year among people who inject drugs (PWID).

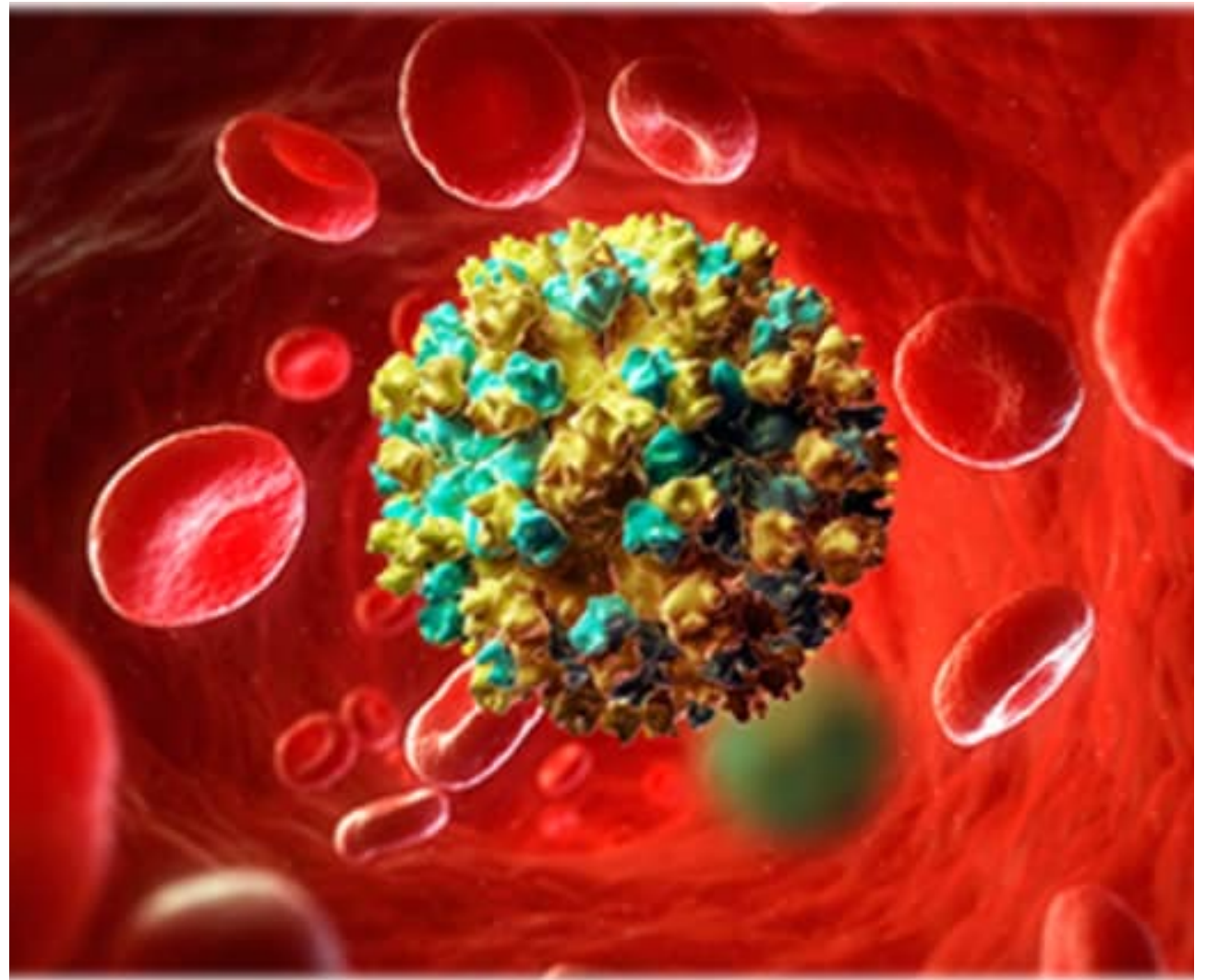
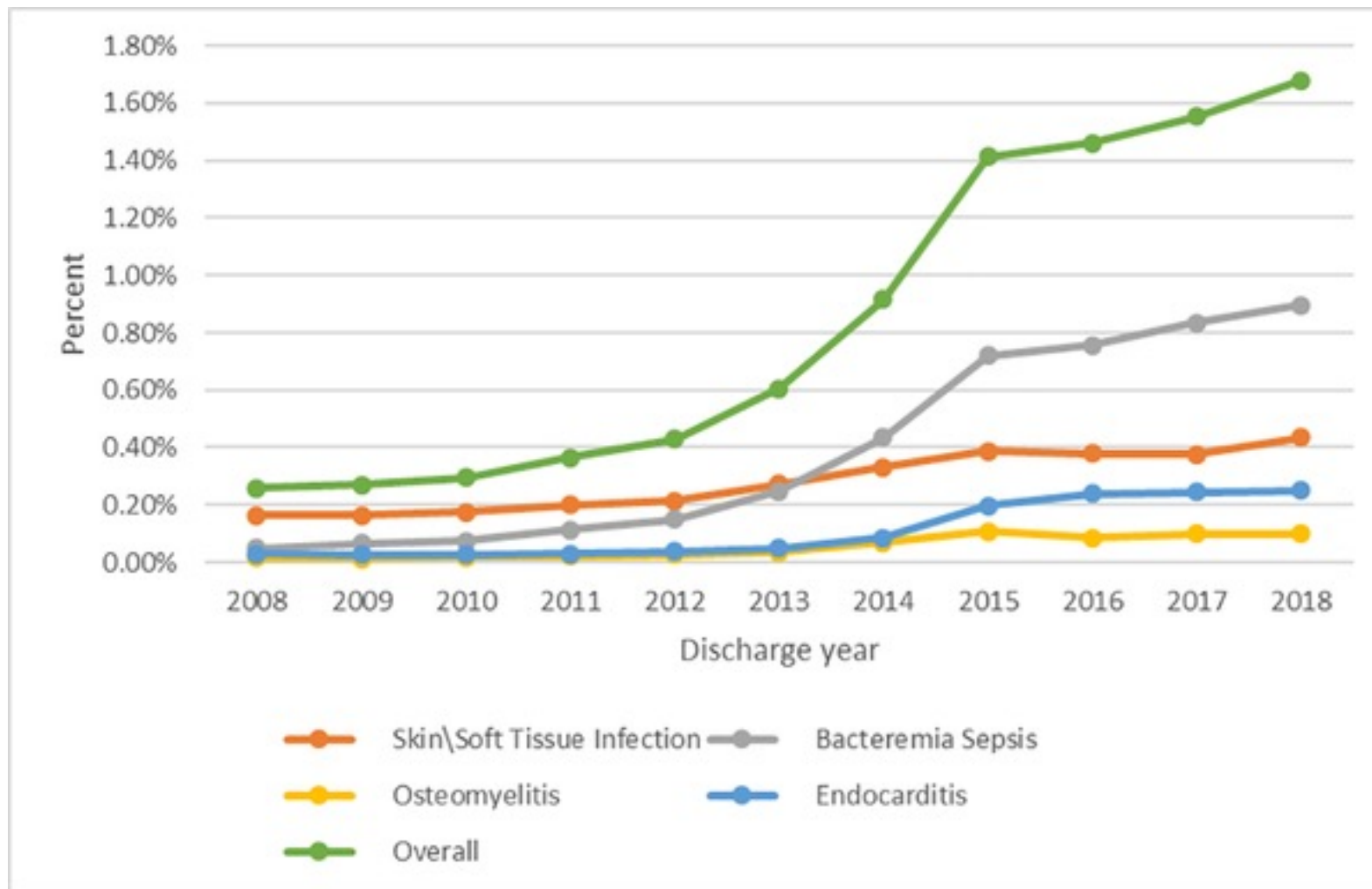


Fig 1. Injection drug use-related SBI hospitalizations, overall and by SBI type, as a percentage of all hospitalizations, Hospital Discharge Data, Oregon, 2008–2018.



Capizzi J, Leahy J, Wheelock H, Garcia J, Strnad L, et al. (2020) Population-based trends in hospitalizations due to injection drug use-related serious bacterial infections, Oregon, 2008 to 2018. PLOS ONE 15(11): e0242165. <https://doi.org/10.1371/journal.pone.0242165>
<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0242165>



There were 81,000 drug overdose deaths in the 12 months ending May 2020, the highest number ever recorded in a 12-month period

- Largely driven by increased fentanyl in drug supply
- Likely exacerbated by isolation and fear during COVID pandemic

A life-saving
intervention

SSPs are associated with a **50% reduction in HIV and HCV incidence.**

When combined with medications that treat opioid dependence, HCV and HIV transmission is reduced by over two-thirds.

Centers for Disease Control and Prevention. [Surveillance for Viral Hepatitis — United States, 2016 pdf icon\[PDF – 1.5 MB, 75 pages\]](#).

Centers for Disease Control and Prevention. Estimated HIV incidence and prevalence in the United States, 2010–2015. [HIV Surveillance Supplemental Report. 2018;23\(No. 1\) pdf icon\[PDF – 2 MB, 77 pages\]](#)

Platt L, Minozzi S, Reed J, et al. Needle syringe programmes and opioid substitution therapy for preventing hepatitis C transmission in people who inject drugs. Cochrane Database Syst Rev. 2017;9:CD012021. doi:10.1002/14651858.CD012021.pub2.

Fernandes RM, Cary M, Duarte G, et al. Effectiveness of needle and syringe programmes in people who inject drugs – An overview of systematic reviews. BMC Public

AND...

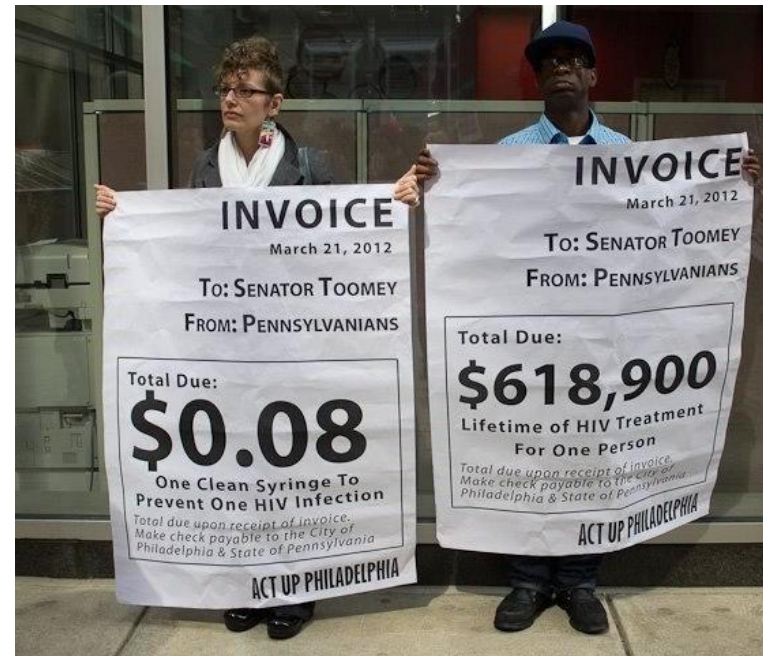
New users of SSPs are **five times** more likely to enter drug treatment and **three times** more likely to stop using drugs than those who don't use the programs.

<https://www.cdc.gov/ssp/syringe-services-programs-factsheet.html>

Fernandes RM, Cary M, Duarte G, et al. Effectiveness of needle and syringe programmes in people who inject drugs – An overview of systematic reviews. BMC Public Health. 2017;17(1):309. doi:10.1186/s12889-017-4210-2.

Harm Reduction is Cost Effective

Syringe services programs have been found to be an effective and cost-effective strategy for preventing and addressing community outbreaks of HIV and HCV. An outbreak in rural Scott County, Indiana, beginning in 2015 led to more than 200 people being diagnosed with both HIV and HCV. The Indiana State Department of Health credited syringe services programs with halting the increase in transmissions and saving taxpayers an estimated \$120 million



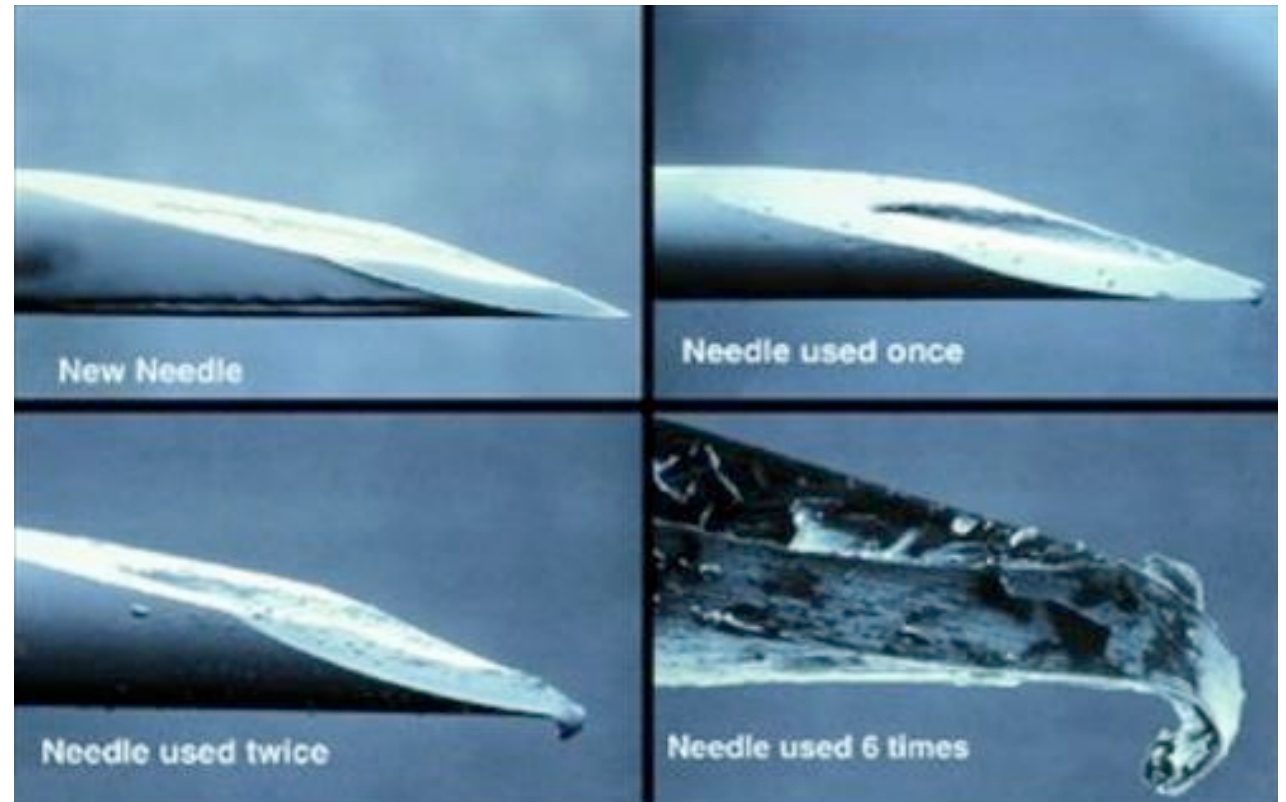
Every dollar invested in SSPs results in
\$7 in savings
just by preventing new HIV infections.¹



HOW?

Sufficient supply of needles means less need to share.

New needles decrease infection in other ways as well.



<https://www.cdc.gov/ssp/syringe-services-programs-factsheet.html>

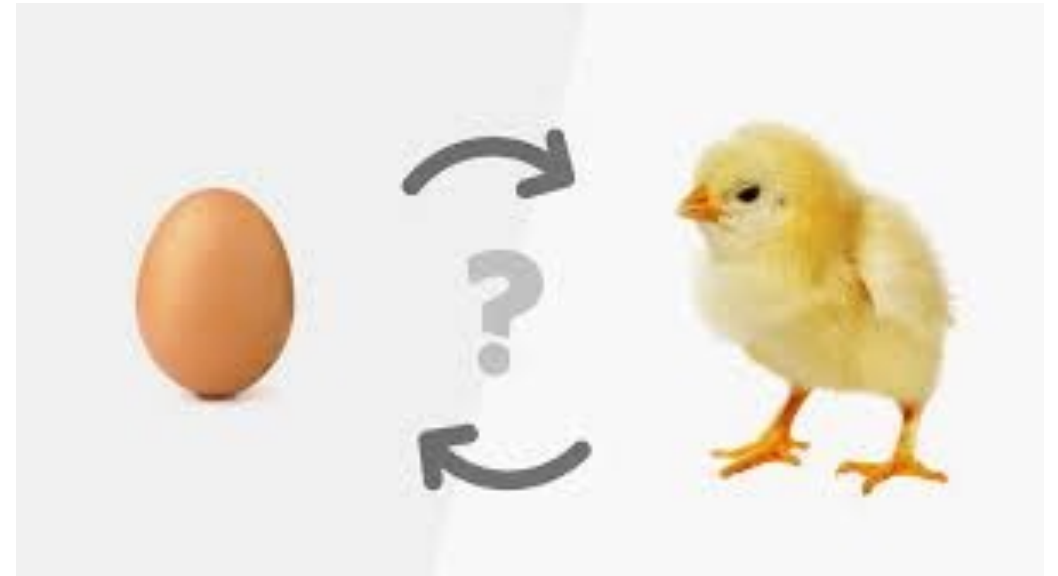
Fernandes RM, Cary M, Duarte G, et al. Effectiveness of needle and syringe programmes in people who inject drugs – An overview of systematic reviews. BMC Public Health. 2017;17(1):309. doi:10.1186/s12889-017-4210-2.



If people can't get to a needle exchange, they can sometimes find the equipment at a pharmacy. Or, if in prison, cleaning the equipment with bleach can stop some skin infections, but reusing equipment that someone else has already used can transmit Hep C, even if the equipment is cleaned. Using sterile unused equipment for every injection is the safer option.

Which comes first, Abstinence or Recovery Capital?

- Housing (Pauly et al., 2013)
- Social services (Rigaud, 2019)
- Caregiving (Patton, Best, & Brown, 2022)
- Mental health services
- Continued treatment (White, 2005)
- Acceptance in the recovery community (von Greiff, & Skogens, 2021)



DRUGS
ALCOHOL
PAIN
GAMBLING
SEX

ADDICTION

EXERCISE
FOOD
WORK
CAFFIENE
PHONE/TECH

Trauma/ Grief/ Loss/ Stress

Fear & Shame
Isolation
Helplessness

Detachment
Loss of Identity
Loss of Rights

Poverty
Lack of Housing
Loss of Freedom

Residential
Schools

The 60's
Scoop

Land
Theft

Colonization

SAFETY
LOVE
CREATIVITY
EMPOWERMENT
CONTRIBUTION

CONNECTION

PURPOSE
RESPONSIBILITY
GENEROSITY
EMOTIONS
INTEGRITY

Healing/ Joy/ Bonding/ Peace

Love
Inclusion
Purpose

Identity
Power
Attachment

Stability
Relationships
Autonomy

Family &
Friends

Culture &
Tradition

Nation &
Territory

Community



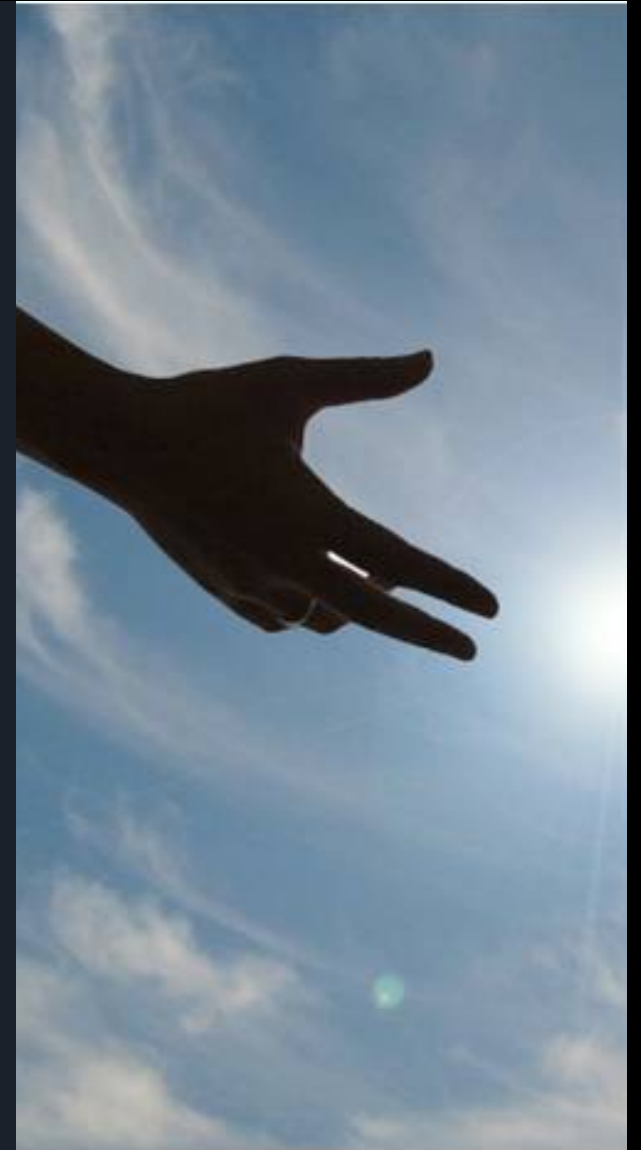
SSPs provide naloxone directly to individuals who use drugs.

This matters because persons who use drugs perform the majority – over 80% -- of reported overdose reversals.

<https://www.cdc.gov/media/releases/2020/p1218-overdose-deaths-covid-19.html>

World Health Organization. Community management of opioid overdose. Geneva, Switzerland: World Health Organization; 2014.

SAMHSA <http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit-Updated-2014/SMA14-4742>



ONE LINE
FENTANYL!



TWO LINES
NO FENTANYL



Siletz Harm Reduction Program: Lending a Hand to Community Members Others Struggle to Reach



Francisca "Sissy" Rilatos and a colleague at a syringe exchange booth in the community.

In 2018, the Siletz Community Health Clinic was awarded an **HIV Early Intervention Services and Outreach** grant from the Oregon Health Authority. With this funding, the Siletz Harm Reduction Program is able to offer syringe exchange, distribute naloxone nasal spray (used to reverse an opioid overdose), provide rapid HIV and hepatitis C testing, and connect clients to needed medical and social services.



USING A SHARPS CONTAINER CAN HELP PREVENT AN INJURY

BROKEN GLASS



INSULIN SYRINGES



SEWING NEEDLES



EPI PENS



CALL 911 then GIVE NARCAN (see box for complete instructions)

When the Person is Safe and Wants Outreach

To Request Outreach:

1. Call LVOC hotline, 360-312-2015. You may remain anonymous.
2. Give the name, phone number, & best place to meet the person wanting outreach.
3. A Lummi Behavioral Health counselor will provide outreach within 24 hours. The counselor can help connect the individual with services and support.

#ENDSTIGMA



THANK YOU FOR KEEPING THIS COMMUNITY SAFE!

OPIOID ADDICTION IS A DISEASE

Opioid addiction, also called opioid use disorder, is a serious medical condition. It is a chronic, relapsing brain disease with symptoms that include compulsive seeking and use of the drug, despite harmful consequences.

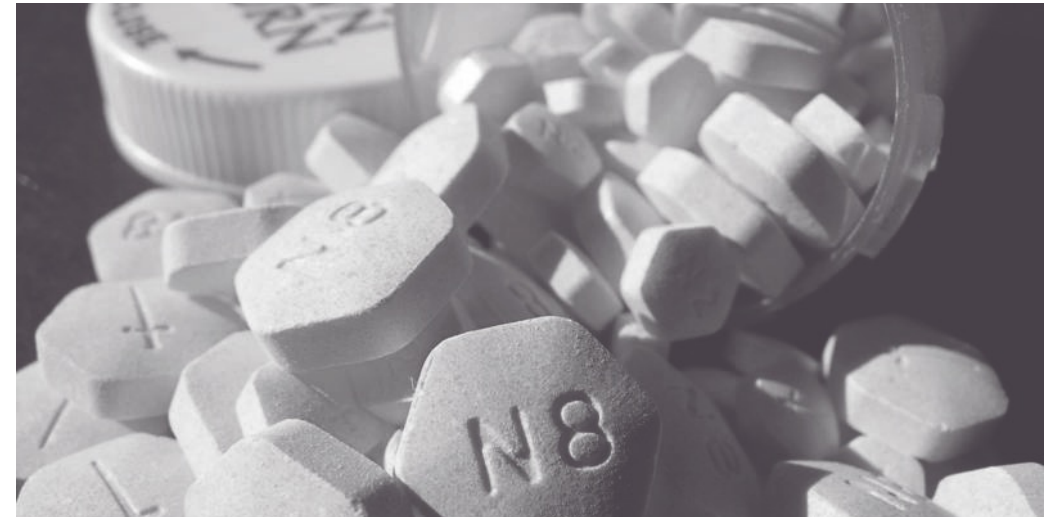
It is considered a brain disease because drugs change the brain; they change its structure and how it works. These brain changes can be long lasting and can lead to many harmful, often self-destructive, behaviors.

Opioid addiction, like other medical conditions, can be treated.



STOP THE STIGMA

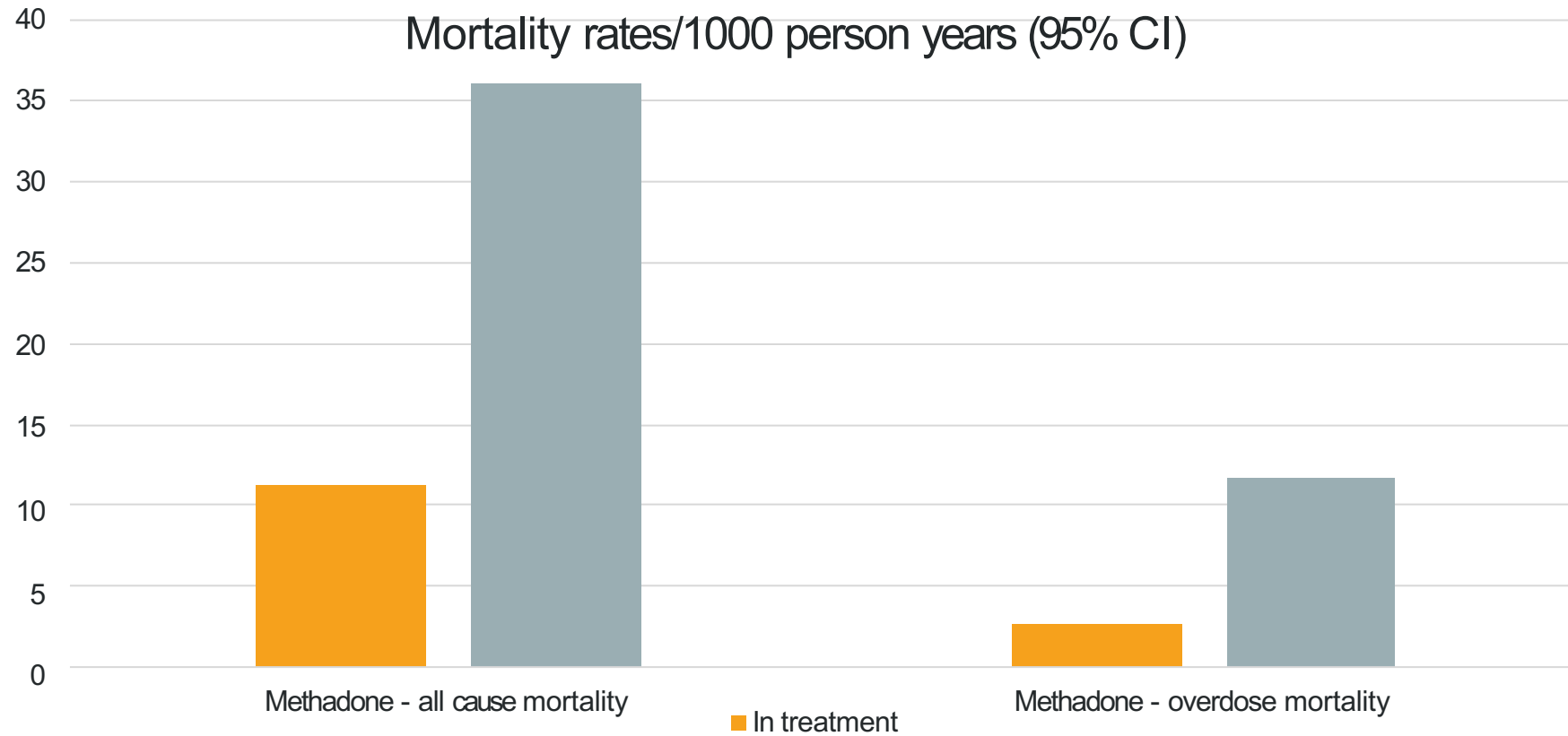
Example 2: Medication to Treat Opioid Use Disorder



WHY?



MORTALITY RISK DURING AND AFTER METHADONE TREATMENT



Mortality Risk during and after opioid substitution treatment: systematic review and meta-analysis of cohort studies. Sordo, et al. *BMJ* 2017.



HOW?

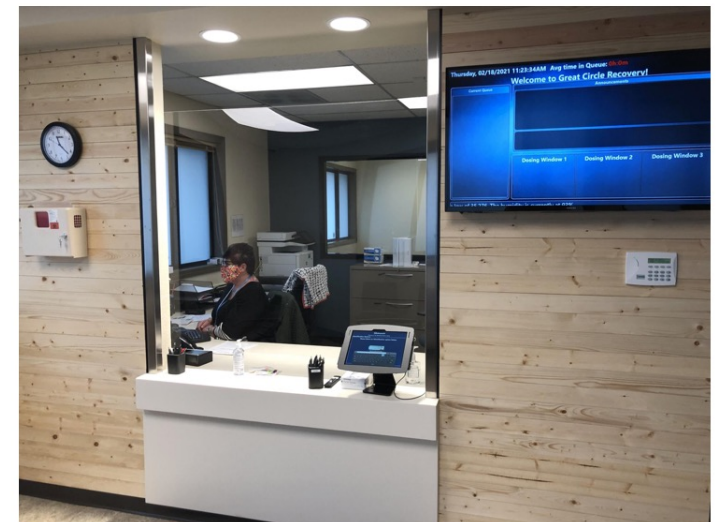
Update - March 22, 2021 | First Tribally owned Medication-Assisted Treatment Clinic opens | Great Circle Recovery

Great Circle Recovery, which is located near downtown Salem, is Oregon's first tribally-run opioid clinic. While the clinic is open to anyone, Great Circle will offer some treatment options that are culturally-attuned to Native Americans. These include the ceremonial burning of sage (smudging), as well as art therapy which includes the making of dreamcatchers.

Ribbon-cutting opening was held March 2021 and is now open to the public Monday through Friday 7AM - 3:30PM and Saturday 7AM - 11AM.

Contact information: 503-983-9900 | 1-888-983-9866 | <https://www.greatcirclerecovery.org/>

Address: 1011 Commercial Street NE Suite 110 Salem, Oregon 97301



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CASE REPORT: PDF ONLY



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Low-Threshold Buprenorphine via Community Partnerships and Telemedicine—Case Reports of Expanding Access to Addiction Treatment During COVID-19

Levander, Ximena A. MD; Wheelock, Haven MPH; Pope, Justine MPH; Lee, Abby EMT; Hartmann, Kerith MPAS, PA-C; Abuelkhair, Sarah; Gregg, Jessica L. MD, PhD; Buchheit, Bradley M. MD, MS

[Author Information](#) ☺

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If not here, then where?

Community-Based Organizations (CBOs)

- Needle Exchange Programs (NEPs)
- Mobile Harm Reduction Units

Primary Care Clinics

- Routine Screening and Referrals
- Medication-Assisted Treatment (MAT)

Hospitals and Emergency Departments (EDs)

- Overdose Management and Naloxone Distribution
- Post-Hospitalization Linkage to Care

Supervised Consumption Sites (SCS)

- Safe Injection Facilities
- Integrated Health Services

Pharmacies

- Syringe Access and Disposal Programs
- Naloxone Distribution

Mental Health Clinics and Substance Use Treatment Centers

- Counseling and Behavioral Interventions
- Dual Diagnosis Treatment

Public Health Departments

- HIV and Hepatitis C Testing and Treatment
- PrEP and ART Programs

Jails and Prisons

- Incarceration-Based Programs

Schools and Youth Centers

- Prevention Education
- Mental Health and Substance Use Counseling

Workplaces and Shelters

- Harm Reduction in Homeless Shelters
- Workplace Health Programs

Clinical and Hospital based interventions:

- Acknowledge drug and alcohol use in a non-stigmatizing way
- Prescribe methadone and buprenorphine immediately for those who want it, whether or not they plan to continue it
- Provide peers with no agenda other than support
- Care conferences: balancing patient goals, disease treatment goals, staff goals
- Provide naloxone on discharge and if patient leaves
- Provide safer use kits on discharge and if the patients leaves

Harm reduction in residential drug and alcohol treatment: a work in progress

Rapid access to buprenorphine for any resident who needs it

Systems of care conference

No reactive discharges: what is the context, what are the needs, what are the resources

Frame struggles as treatment mismatch, not failure.

Warm hand-offs to next levels of care

Naloxone on discharge

Safer use kits

Summary



Harm reduction is an evidence-based set of practical strategies that save lives



Harm reduction can take several forms



Harm reduction can be, and should be, applied in all treatment settings and is a key element in our syphilis treatment provisions



You are sacred and beloved

Thank you!

Please reach out with any questions

Jrienstra@npaihb.org