

Why Harm Reduction?

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Historical Perspectives

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Historically, the main stimulus to the development of harm reduction policies and programs was the identification of the role of injecting drug use and the sharing of needles and syringes in the transmission of HIV/AIDS.

More or less in parallel, a number of countries re-examined the tension between policies that prioritized the reduction of drug use and those with reducing harm, drawing conclusions that, the threat to individual and public health posed by HIV and AIDS was much greater than the threat posed by drug misuses.

Historical Perspectives

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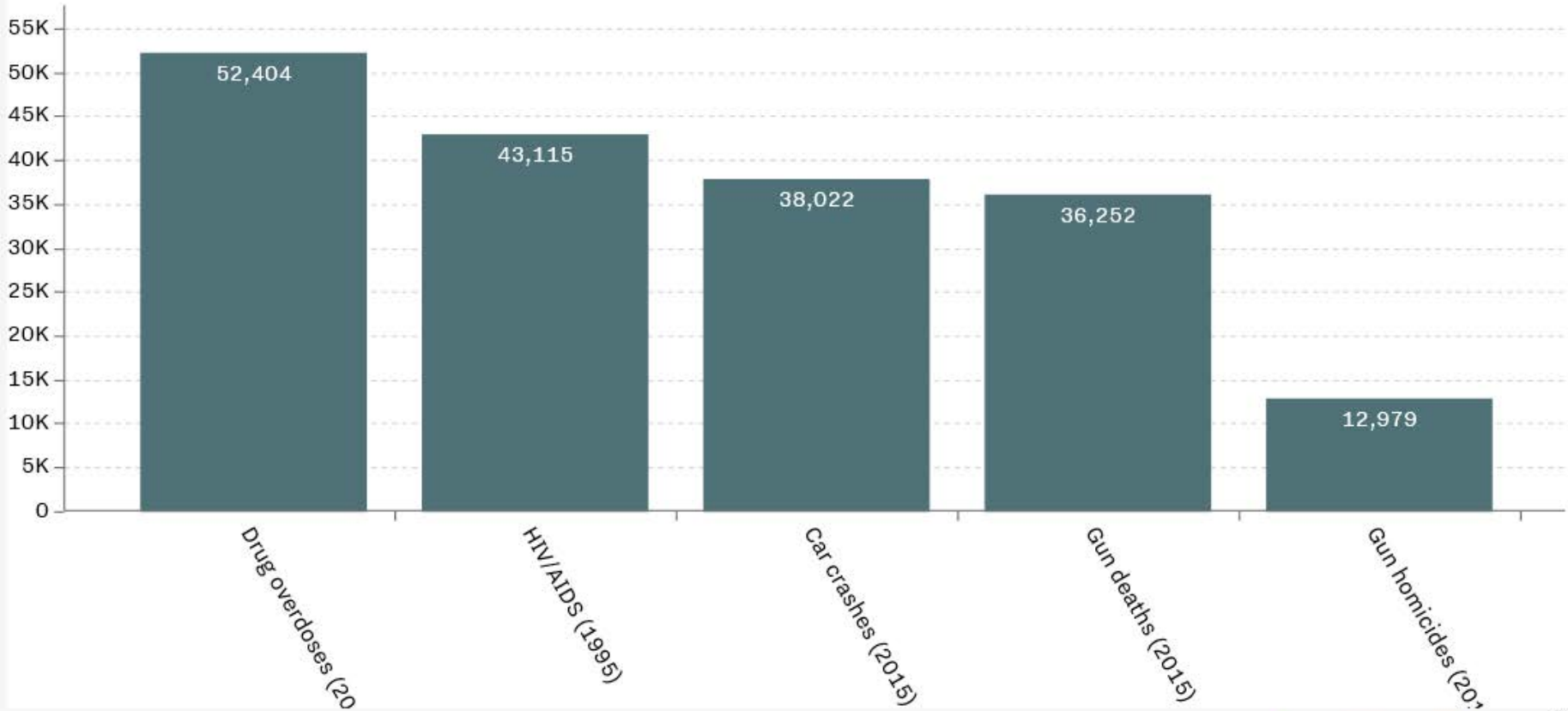
The perspective of HIV/AIDS being more of a public health issue in the late 1980's led to the conclusion that a hierarchy of goals should be pursued as follows:

- 1st Reduce the incidence of sharing injecting equipment
- 2nd Reduce the incidence of injecting
- 3rd Reduce the use of street drugs
- 4th Reduce the use of prescribed drugs
- 5th Increase abstinence from all drug use.

Drug overdoses killed more people in 2015 than HIV/AIDS at its 1995 peak



Total deaths in America by cause and year



Source: <https://apps.voxmedia.com/at/vox-drug-overdoses-killed-more-people-in-2015-than-hiv-aids-at-its-1995-peak-1>

Historical Perspectives

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- Historical Trends:
 - Substance use treatment focused on reducing or eliminating drug use, neglecting the prevention of the adverse consequences of drug use.
 - More recently, rapid development of harm minimization interventions focused on reducing the negative outcomes of (licit or illicit) drug use to both substance-using individuals and their communities.
 - Harm reduction strategies are increasingly recognized and rapidly incorporated into the drug treatment strategies and policies of Europe and other countries

What is Harm Reduction?

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- *“Harm reduction can be viewed as the prevention of adverse consequences of illicit drug use without necessarily reducing their consumption.”*

(Costigan, Crofts & Reid, 2003, p. 35)

What is Harm Reduction?

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Harm reduction is *an approach* for substance use treatment that involves a set of practical techniques that are openly negotiated with individuals around what is most likely to be achieved.

The *focus is on reducing the negative consequences and risky behaviors of substance use; it neither condones nor condemns any behavior.* By incorporating strategies on a continuum from safer drug use, to managed substance use, up to abstinence, harm reduction practice helps individuals affect positive changes in their lives.

Harm Reduction Philosophy & Principles

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Philosophy

The harm reduction philosophy embraces respect, trust and a nonjudgmental stance as the essential components.

Principles

- Individual's decision to use is accepted
 - Individual is treated with dignity
- Individual is expected to take responsibility for his or her own behavior
 - Individuals have a voice
 - Reducing harm, not consumption
 - No pre-defined outcomes

Philosophy of Motivation Change

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A basic assumption with Harm Reduction is that individuals want to make positive changes and the skilled clinician uses “Motivational Strategies” to help move them along the change continuum as far as possible.

Relevance of Motivational Interviewing

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- Motivational Interviewing is an evidence-based treatment that addresses ambivalence to change. It is a conversational approach designed to help people identify their readiness, willingness, and ability to change and to make use of their own change-talk.
- Motivational interviewing is a technique in which you become a helper in the change process and express acceptance of your client.
- The five principles of motivational interviewing focus on empowering individuals, making the treatment different from more traditional therapies.
- Express and Show Empathy Toward the individual. ...
- Support and Develop Discrepancy. ...
- Deal with Resistance. ...
- Support Self-Efficacy. ...
- Develop Autonomy.

Four guiding principles, represented by the acronym RULE: Resist the righting reflex; Understand the patient's own motivations; Listen with empathy; and Empower the patient.

Why is Harm Reduction necessary?

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- Harm reduction is one treatment approach among many that is necessary to provide individuals with choice.
- Understanding the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities that affect both people's vulnerability and capacity to effectively deal with substance use, the harm reduction approach provides a holistic perspective for creating change.
- The harm reduction paradigm recognizes that the individual is the change agent who through individual self-direction seeks to minimize unhealthy practices and improve her overall health.

Myth or Fact about Harm Reduction?

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MYTH

- Harm reduction is opposed to abstinence and therefore conflicts with traditional substance use treatment
- Harm reduction encourages drug use
- Harm reduction permits harmful behavior and maintains an “anything goes” attitude

FACT

- Harm reduction is not at odds with abstinence; instead, it includes it as one possible goal across a continuum of possibilities.
- Harm reduction is neither for nor against drug use. It does not seek to stop drug use, unless individuals make that their goal. Harm reduction focuses on supporting people’s efforts to reduce the harms created by drug use or other risky behaviors.
- Harm reduction neither condones nor condemns any behavior. Instead, it evaluates the consequences of behaviors and tries to reduce the harms that those behaviors pose for individuals, families and communities.

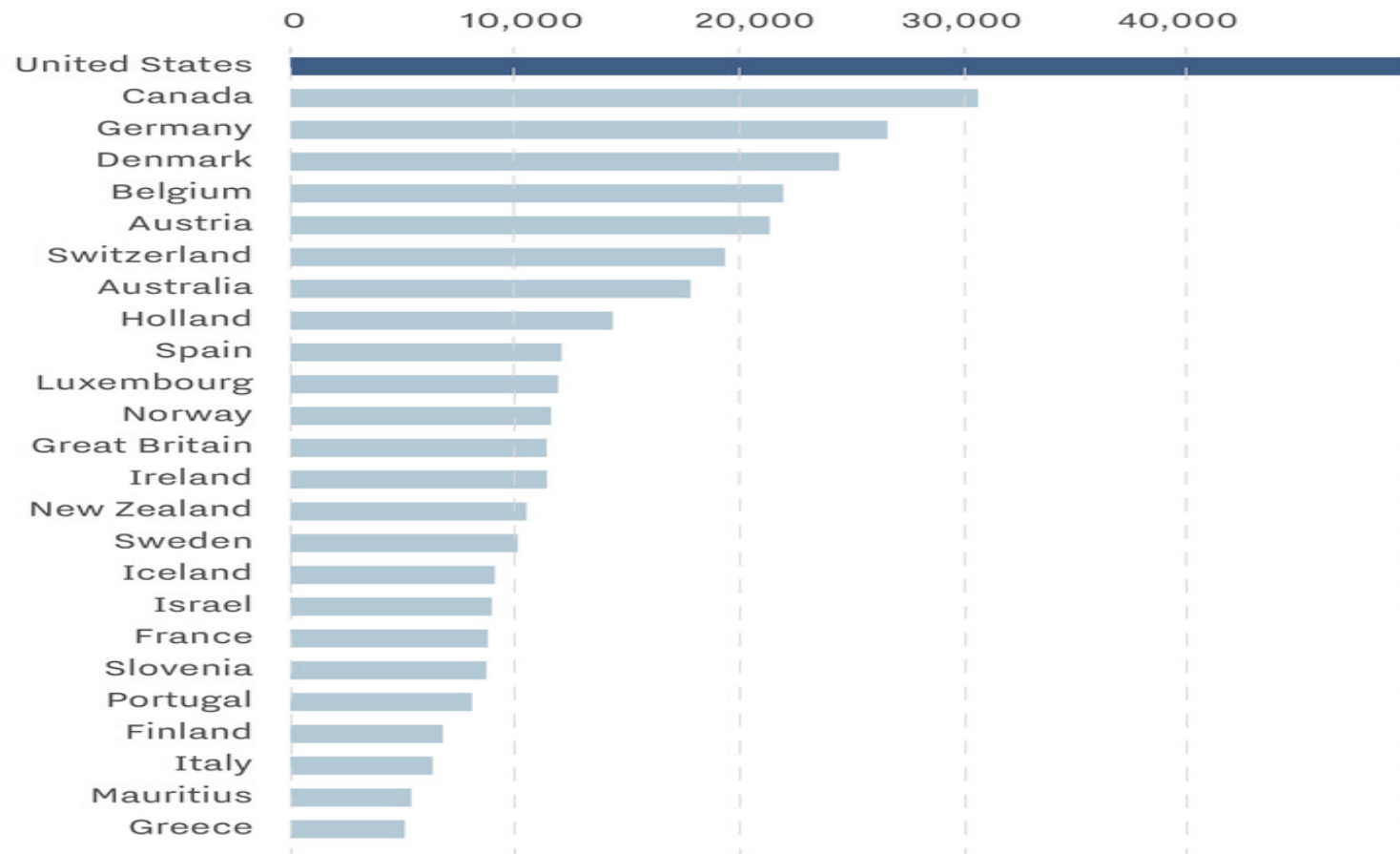
Medication Assisted Treatment (MAT)

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Medication assisted treatment (MAT) is the use of medications in combination with counseling and behavioral therapies for the treatment of substance use disorders. Opioid Replacement/Substitution Therapy is a component of MAT. The combination of medication and behavioral therapies is more effective in the treatment of substance use disorders, tightly coupled with a number of recovery support services for sustained recovery.

Americans consume more opioids than any other country

Standard daily opioid dose for every 1 million people



Source: United Nations International Narcotics Control Board
Credit: Sarah Frostenson

Vex

Benefits of MAT

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1. Reduce the use of illicit or non-prescribed drugs and stabilize withdrawal symptoms
2. Improve physical health overall - reduce the dangers and lethality associated with drug misuse, particularly the risk of death by overdose, HIV, hepatitis B & C, and other blood-borne infections from injecting and sharing injecting paraphernalia; reduce the incidence of sharing injecting equipment
3. Reduce the duration of episodes of drug misuse and relapse
4. Reduce the need for criminal activity to finance drug misuse
5. Improve overall personal, social and family functioning; sustained employment/educational pursuits

Common *Divergent* Practices in Harm Reduction not Abstinence Based Treatment

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- Supervised Consumption Sites and Wound Care Training*
 - Safe injection facilities or drug consumption rooms
- Heroin Assisted Treatment and Safer Smoking and Snorting Supply Distribution*
 - Heroin maintenance involving pharmaceutical -grade heroin in specialized clinics, under medical supervision
- Cannabis/Medical Marijuana
 - Presumed to lower opioid treatment dosages and thereby reduced mortality (research inconclusive - Hurd, et.al 2015.)
- Syringe/Needle Disposal and Exchange Programs
 - Appropriate disposal and access to sterile syringes

*Illegal in USA

Common *Convergent* Practices in both Abstinence Based Treatment and Harm Reduction

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- Prescription Take Back Programs
- Overdose Prevention Training and Naloxone Distribution
- HIV, HCV, Hep A & B, and other STD Risk Assessments, Testing and Referral
- Safer Sex Education, and Condom Distribution
- Referrals to MAT, Detox and Treatment
- Referrals to Primary and Mental Health Services
- Referrals to Food, Housing, Legal, and Other Assistance Programs

Novel Convergent Practice

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Law Enforcement Assisted Diversion (LEAD) Programs

- Pre-booking diversion program in Seattle, WA, which redirects (“deflects”) low-level offenders to community services
- Major advantages:
 1. Avoids processing thru the criminal justice system
 2. Police and Prosecutors appreciate the discretion and options available with recurrent illegal possession offenses
 3. Pilot Program planned with NOPD 8th District, MHSD CNO, partnered with the McArthur Foundation

Can We Change Our Thinking?

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HISTORICAL PERSPECTIVE - "CHOOSE ONE"



HARM
REDUCTION

MAT

ABSTINENCE

Can We Change Our Thinking?

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CURRENT PERSPECTIVE - "THIS IS NOT THAT"



HARM
REDUCTION

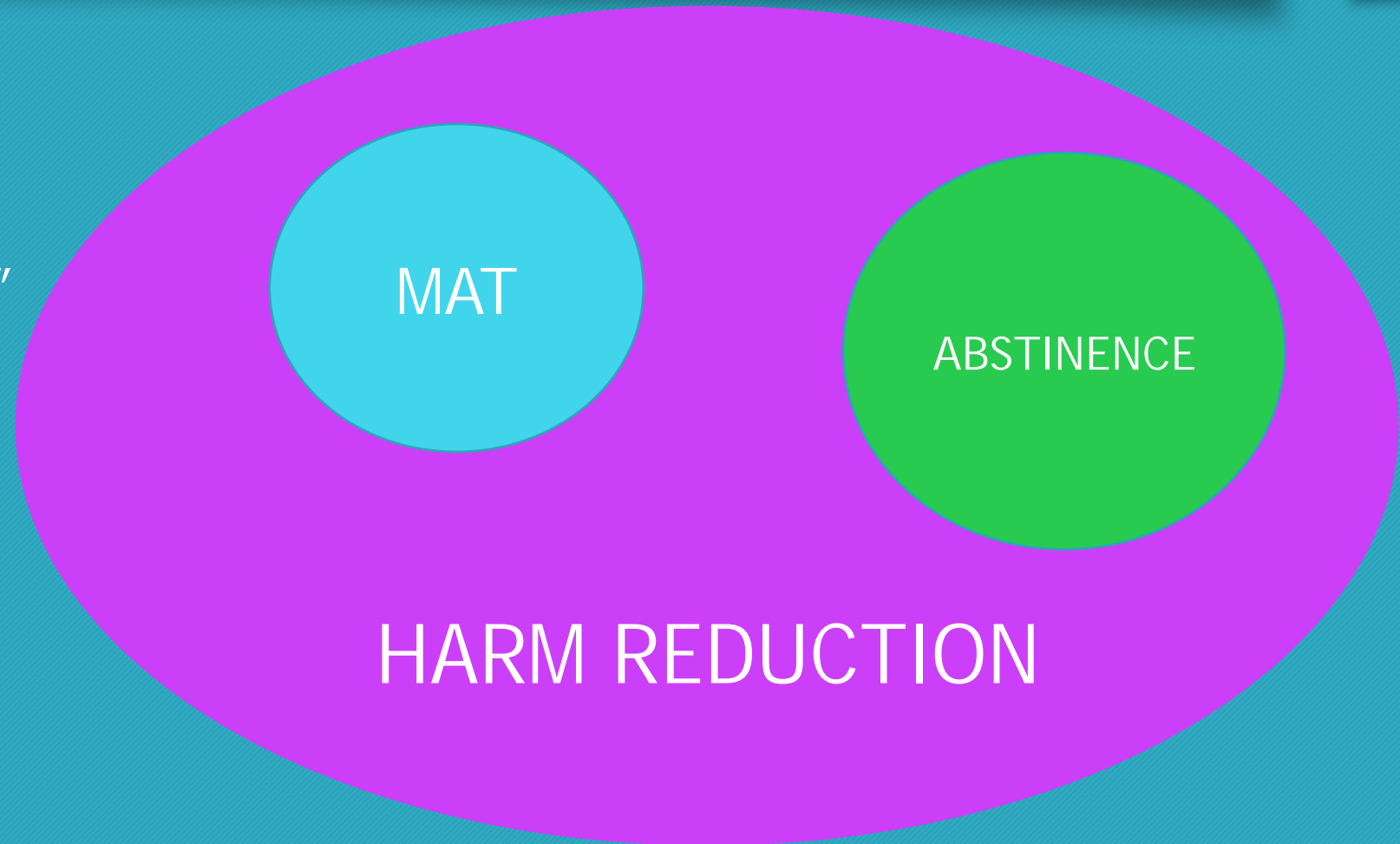
MAT

ABSTINENCE

Can We Change Our Thinking?

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FUTURE
PERSPECTIVE -
"IT IS WHAT IT IS"



HARM REDUCTION

What Are our Next Steps with Persons we Serve?

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Step 1: Reframe your perspective of Harm Reduction as the Rule not the Exception.

Step 2: Cultivate the broader perspective that everything we do is a component of Harm Reduction including MAT and Abstinence based treatment.

Step 3: Respect each individuals' right to choose and meet them where they are

Step 4: Be familiar with potential harms associated with all types of substance use behaviors and adopt reducing adverse consequences as the first priority.

Step 5: Assess harms and risks of behaviors and educate/explore discrepancies in their thinking

Step 6: Be a collaborator with them, exploring as many harm reduction possibilities as possible for each risky behavior

Step 7: Monitor behavior, reinforce any and all positive change while addressing difficulties

Step 8: Remember, It's Not About You

- SAMHSA TIP 43: [Medication-Assisted Treatment For Opioid Addiction ...](#)
- https://www.unodc.org/ddt-training/treatment/VOLUME%20D/Topic%204/1.Void_Topic4_Harm_Reduction.pdf
- Harm reduction approaches and harm reduction strategies.
- https://www.nhchc.org/wp-content/uploads/2011/09/harmreductionFS_Apr10.pdf
- Fact sheet from the National health care for the homeless council
- <https://harmreductionjournal.biomedcentral.com/track/pdf/10.1186/s12954-017-0157-y>
- Research on harm-reduction/syringe-exchange programs and how users define their progress since they aren't required to abstain from drug use to gain services.
- Crescent Care in New Orleans - www.crescentcare.org

Resources

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- Harm Reduction Coalition - Guide to Developing and Managing Syringe Access Programs
<http://harmreduction.org/issues/syringe-access/tools-bestpractices/manuals-and-best-practice-documents/syringe-access-manual/>
- DHH Guidance for the Implementation of Syringe Service Programs
<https://www.hiv.gov/sites/default/files/hhs-ssp-guidance.pdf>
- HRSA-specific Guidance for the Implementation of SSPs
<https://www.hiv.gov/sites/default/files/hhs-ssp-hrsa-guidance.pdf>
- Harm Reduction Coalition - Compilation of Government Studies Supporting the Efficacy and Cost Effectiveness of SAPs
<http://harmreduction.org/wpcontent/uploads/2012/01/GovtStudiesinSupportofNeedleExchange.pdf>
- SAMHSA Guidance for the Implementation of SSPs
<https://www.samhsa.gov/sites/default/files/grants/ssp-guidance-state-blockgrants.pdf>



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Questions and Comments