

# Harm Reduction

Not Just for Syringe Service Programs and Substance  
Use Disorder Programs

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# Harm Reduction in the Care of People Who Use Drugs

- In the clinical context, harm reduction is an approach, and a set of practical strategies targeted to reduce the negative consequences associated with substance use. It is founded on respect for and the rights of those individuals who use drugs.
  - Harm Reduction Coalition



## Health Service Patterns (Medicaid)

Olfson M, et al. Service Use preceding opioid related fatality. Am J Psychiatry 2018;175(6):538-544.

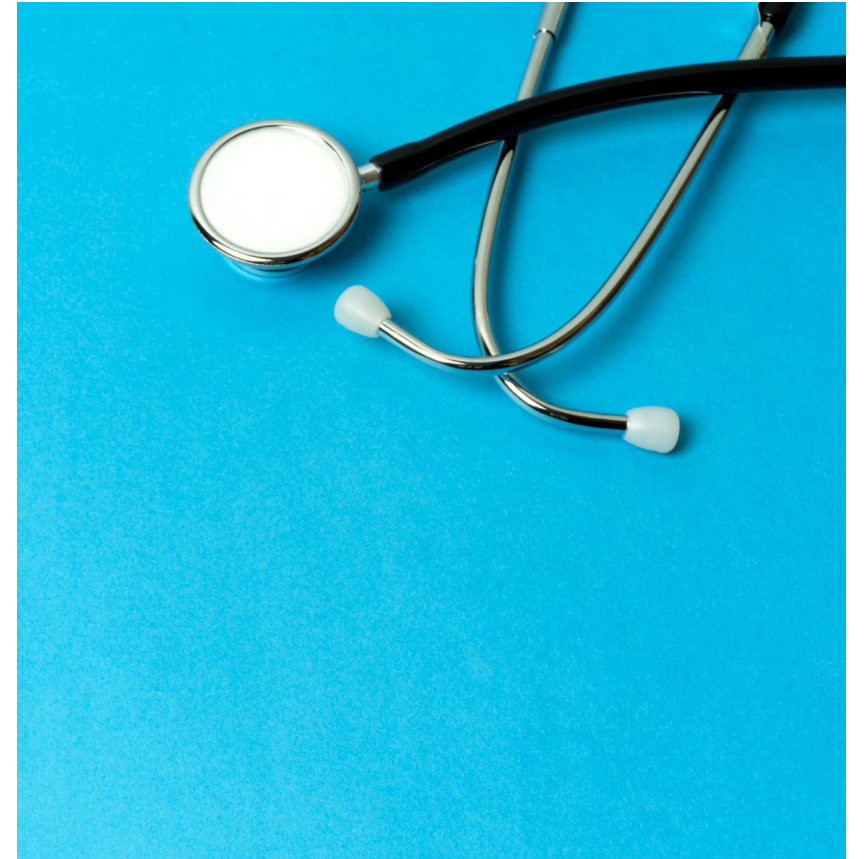
60% of decedents  
had 1 or more  
outpatient visits  
within 30 days of  
death!

Potential missed  
opportunities for  
overdose prevention.

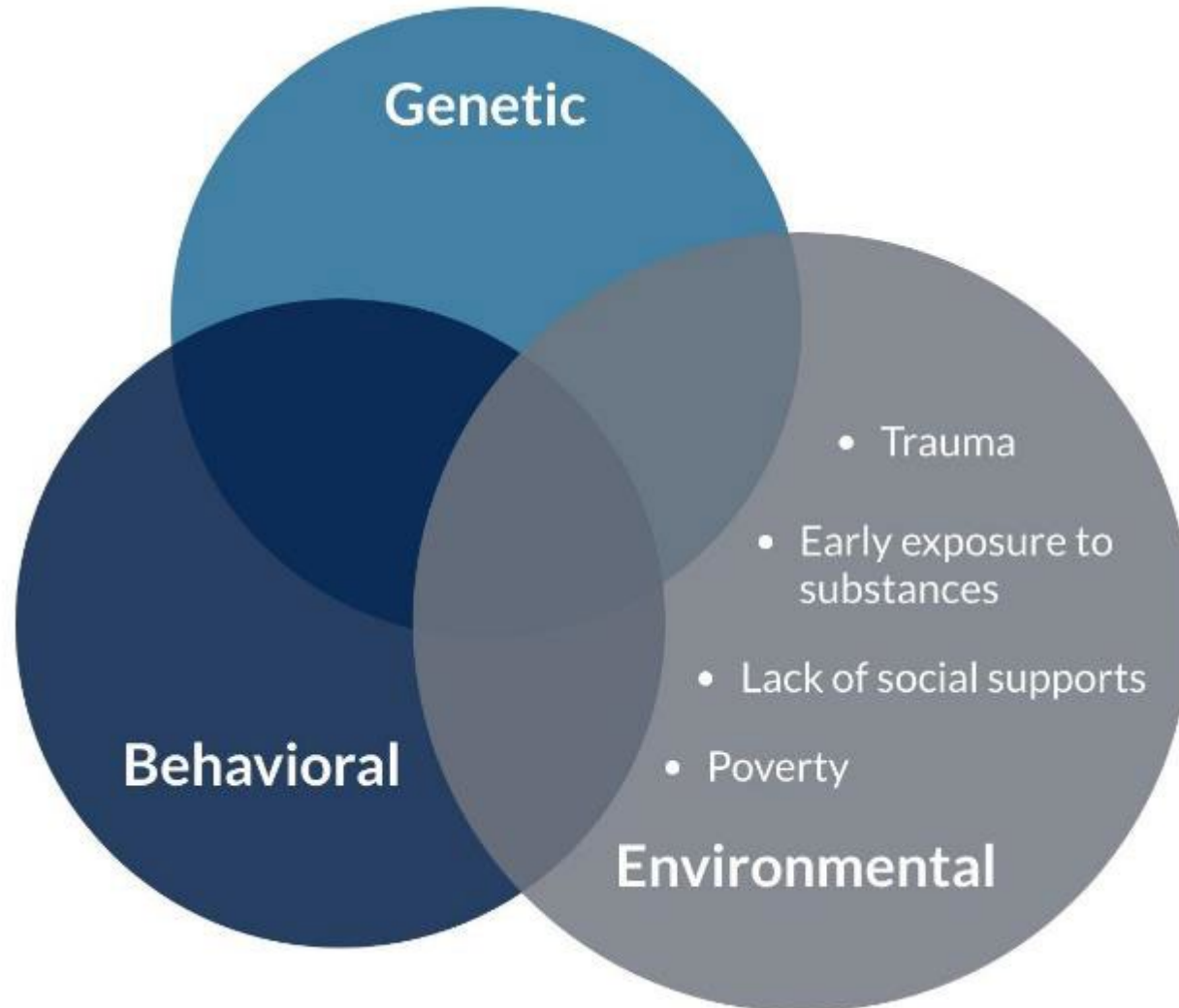
# Why Should Providers Be Involved?

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- Telling people to stop substance use is not effective and not being ready for treatment is not a barrier to education.
- Multiple quit attempts are common with and without treatment.
- Intermittent return to use is common during the recovery process, as well as use of other substances.
- **Opportunity to reduce the person's health risk with naloxone, safer drug use supplies, and education. No wrong door.**
  - General medical clinics, e.g., primary care, OB
  - Emergency departments, Urgicare
  - Acute care hospitals
  - Behavioral health units and clinics
- Creates a therapeutic alliance setting the stage for improved health with developing trust and receptiveness for medical care and treatment.



# Recognizing Substance Use Disorder as a Chronic Condition



McLellan, A.T., Starrels, J.L., et al. (2014, Jan). *Public Health Reviews* (35)2. Maté, G. (2008). *In the realm of hungry ghosts: Close encounters with addiction*. Random House Digital, Inc.

# COMPARING SUD TO OTHER CHRONIC ILLNESSES

- Heritability
- Influenced by environment and behavior
- Responds to appropriate treatment
- Without adequate treatment can be progressive and result in substantial morbidity and mortality
- Has a biological/physiological basis, is ongoing and long term, can involve recurrences

# Principles Apply to Many Medical Conditions

Alcohol use, diabetes, eating disorders, cardiovascular disease, etc.

Counseling is provided on how people can make healthier choices, even if they are still engaging in behaviors that carry risks.

For patients with SUD, applies such principles to substance use to reduce the risk of infectious disease transmission, and complication such as endocarditis, skin and soft tissue infections and overdose morbidity and mortality.

# Medication-First Philosophy



Engagement as the initial primary goal, **even if it is only low-threshold with harm reduction interventions**



Informed consent regarding options, **including non-medication**



**Person-centered and outcome-centered**



**Consistent team messaging!!!**



# Harm Reduction is Patient Centered Care

- Engagement is primary goal
- Building a trusting and welcoming environment crucial
- Balances risks and benefits

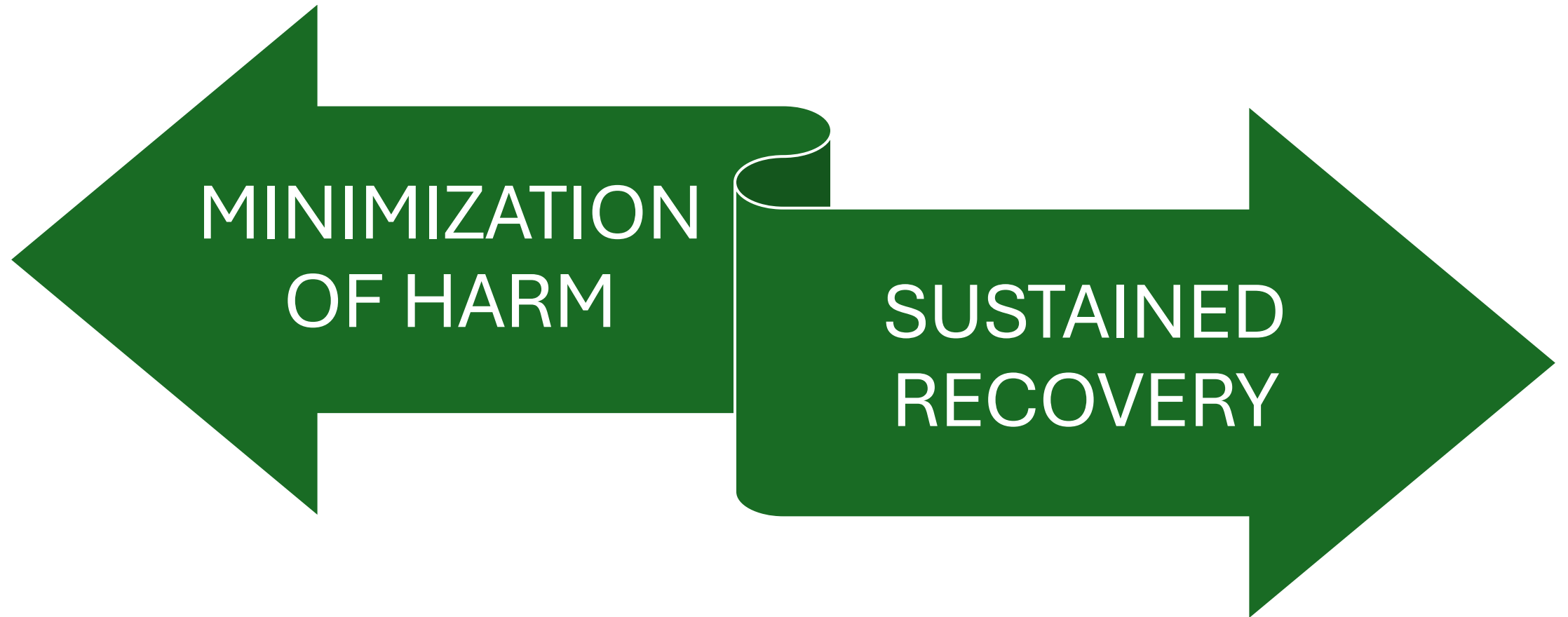


# Harm Reduction in Clinical Care

## *Key Elements*

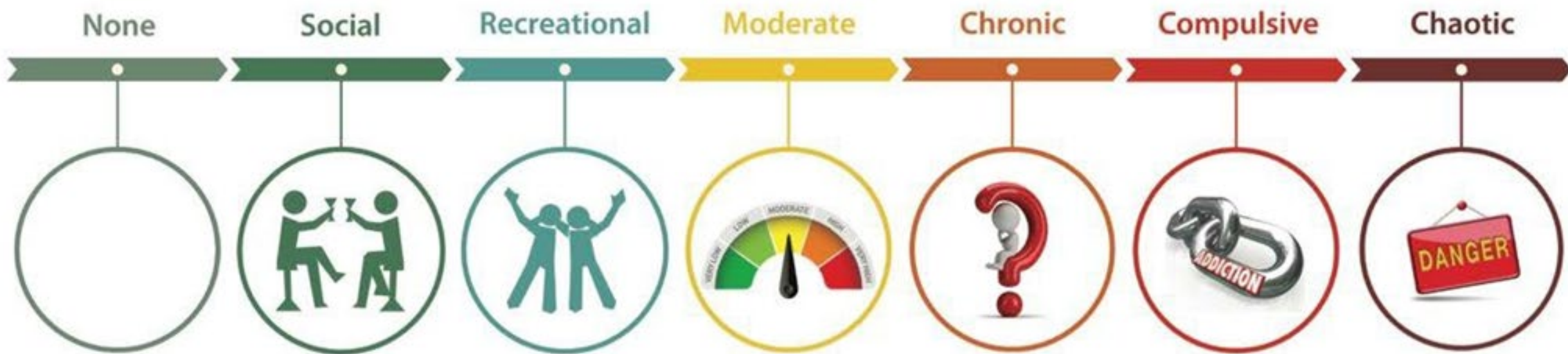
1. Pragmatic
2. Prioritizes trust and therapeutic alliance—emphasizes value of the person.
3. Engagement is the primary goal—motivational interviewing skills are a key element.
4. Balances risk and benefits
5. Celebrates any positive step
6. Supports patients' goals of care
7. Focuses on reducing negative consequences of ongoing use

# TREATMENT GOALS—a Treatment Continuum



# Harm Reduction Continuum

— Substance use and behaviors occur along a continuum from no use to chaotic use



# ADDRESSING STIGMA IN OUD TREATMENT TO ACHIEVE LASTING CHANGE

- **Expanding evidence-based treatment** of OUDs and **reducing the harms of ongoing opioid use**
- Access to **sterile injection equipment** to reduce secondary transmission of HIV and hepatitis C. SSPs are associated with a 10 to 40% reduction in HIV and hep C incidence!
- Expansion of **overdose education and naloxone distribution** to reduce the case-fatality rate of opioid overdoses
- Change language used when describing Substance Use Disorders and people diagnosed with SUD



1 sharps container containing all of the following:

- 6 alcohol prep pads
- 1 - 10 pack bag of 1 mL sterile syringes
- 4 cooker basins
- 4 tourniquets
- 2 bags of cotton balls
- Fentanyl test strips

# Universal Precaution Messaging

1

Expect fentanyl

2

Never use alone

3

Carry naloxone and  
know how to use it

4

Test your drugs—  
fentanyl, xylazine.  
Consider test doses.

5

Start low and go  
slow.

6

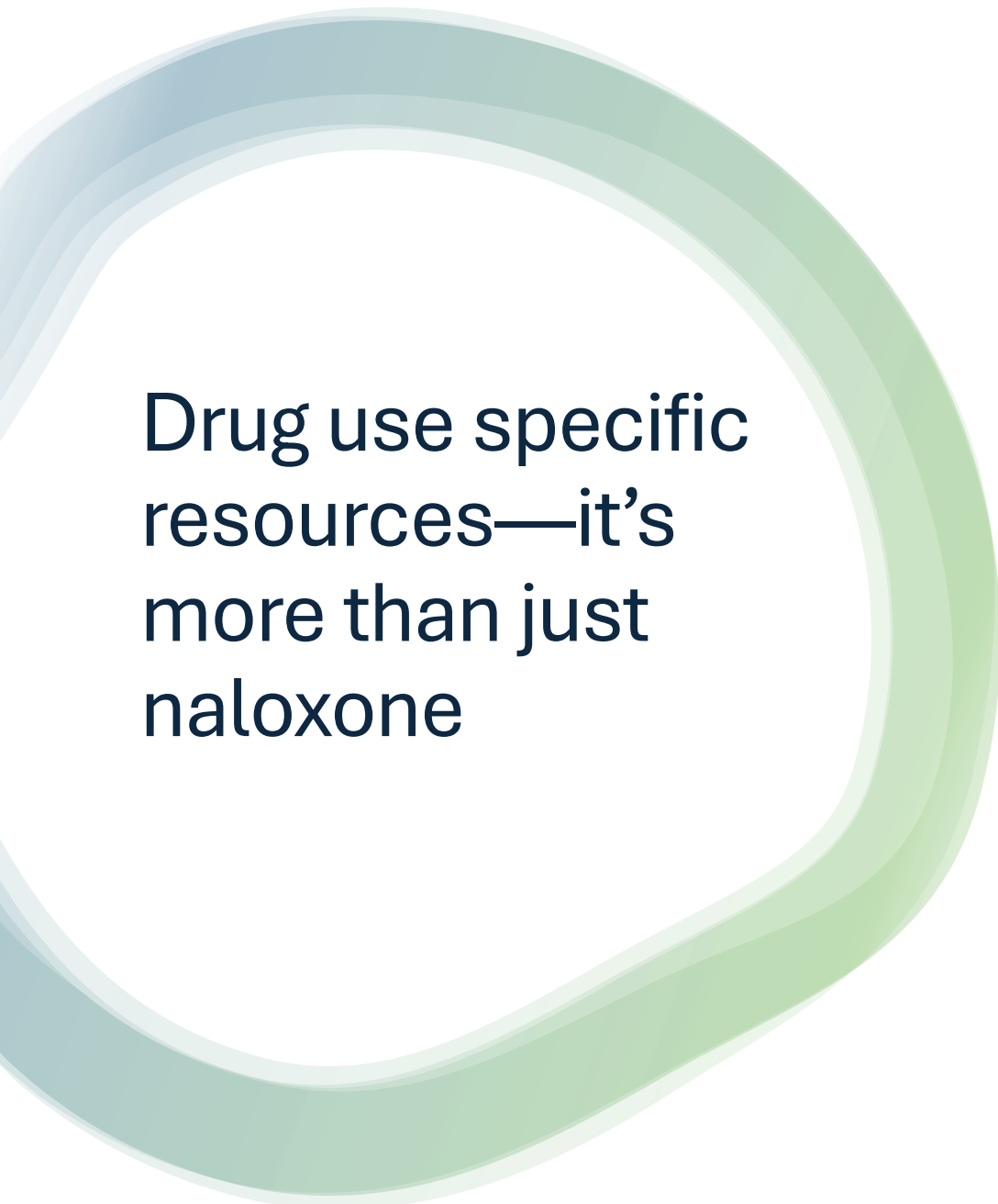
Manage your  
relationship with  
drugs.

# Characteristics of Drug Overdose Deaths among Persons Aged 10-19 Years of Age

(July 2019 to December 2021)

Evidence of Overdose Circumstances	Total (N=2231)
Potential bystander	1252 (66.9%)
No documented OD response by bystander	849 (67.8%)
Naloxone administered	563 (30.3%)
Involved fentanyl	1871 (83.9%)





## Drug use specific resources—it's more than just naloxone

- Getting Off Right; [nextdistro.org](https://nextdistro.org)
- Skin Care Guide for People Who Inject Drugs; [nextdistro.org](https://nextdistro.org)
- Transitioning Routes of Administration From Snorting to Injecting to Eating to Smoking to Booty Bumping; [nextdistro.org](https://nextdistro.org)
- Safer consumption Tips for New Users; [nextdistro.org](https://nextdistro.org)
- Getting Started with Safe Injection; [nextdistro.org](https://nextdistro.org)
- Rectal Administration: AKA Booty Bumping, Boofing, or Plugging; [nextdistro.org](https://nextdistro.org)
- Resources:

[bridgetotreatment.org](https://bridgetotreatment.org), National Harm Reduction Coalition; [openaidalliance.org](https://openaidalliance.org) (Montana)

[bridgetotreatment/resource/substance-use-navigation-toolkit/](https://bridgetotreatment/resource/substance-use-navigation-toolkit/)

Hawk, Mary, DrPH, et al. Communication about HR with Patients who have OUD. JAMA Jan 14, 2025, 333, 2.

# Team!

Find your  
champions

All  
knowledgeable?

Peer support,  
maybe?

- Bridge uses Substance Use Navigators—  
more training than “peer support”