



Harm Reduction: Preventing Overdose Mortality

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Disclosures

Bill Brooks has no financial conflicts of interest to disclose

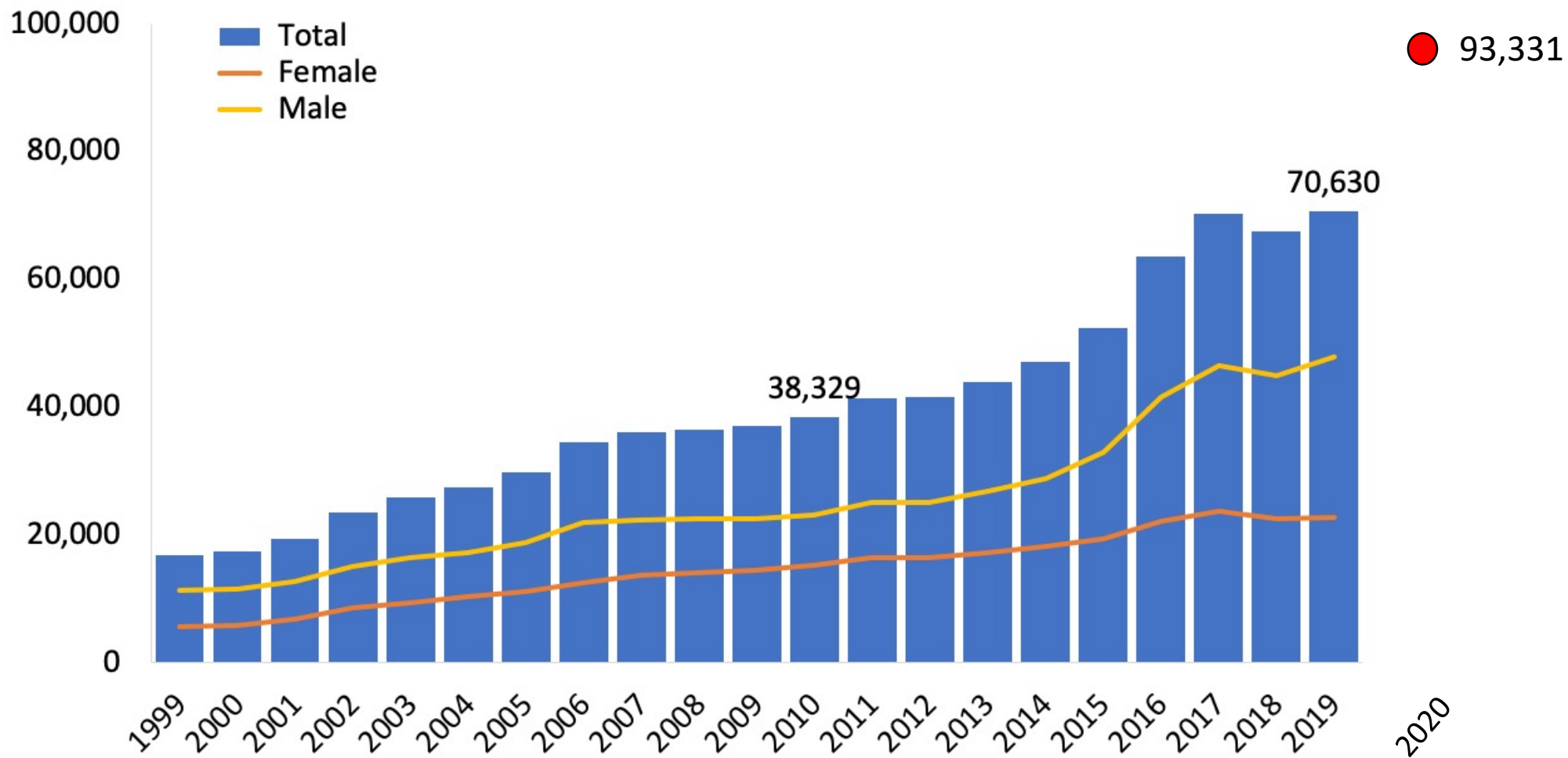




Learning Objectives

- I. Trends in drug overdose
- II. Risk factors for misuse, abuse and overdose
- III. Harm reduction and how it can prevent overdose
- IV. Incorporating HR into your primary care or addiction medicine practice

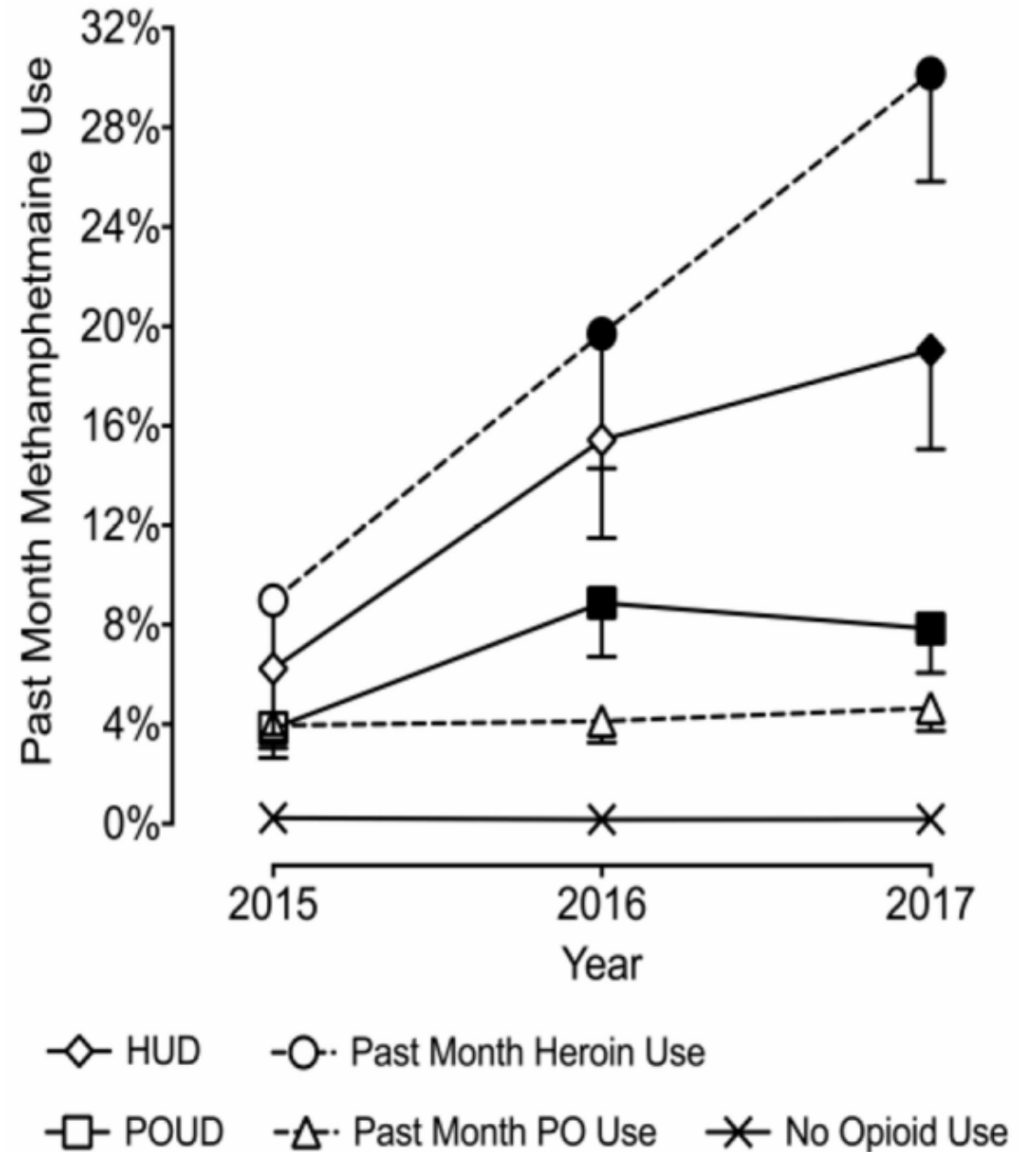
Figure 1. National Drug-Involved Overdose Deaths* Number Among All Ages, by Gender, 1999-2019



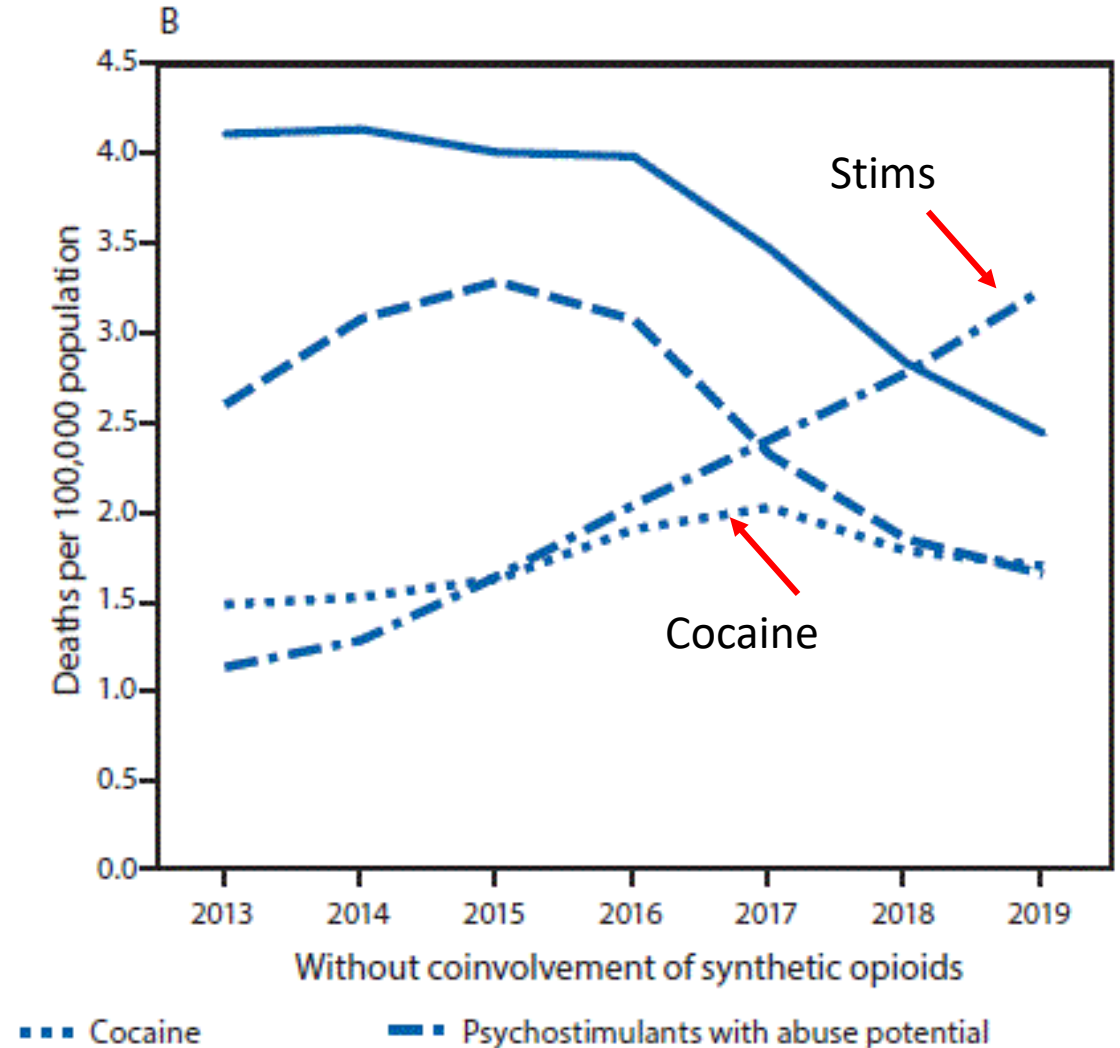
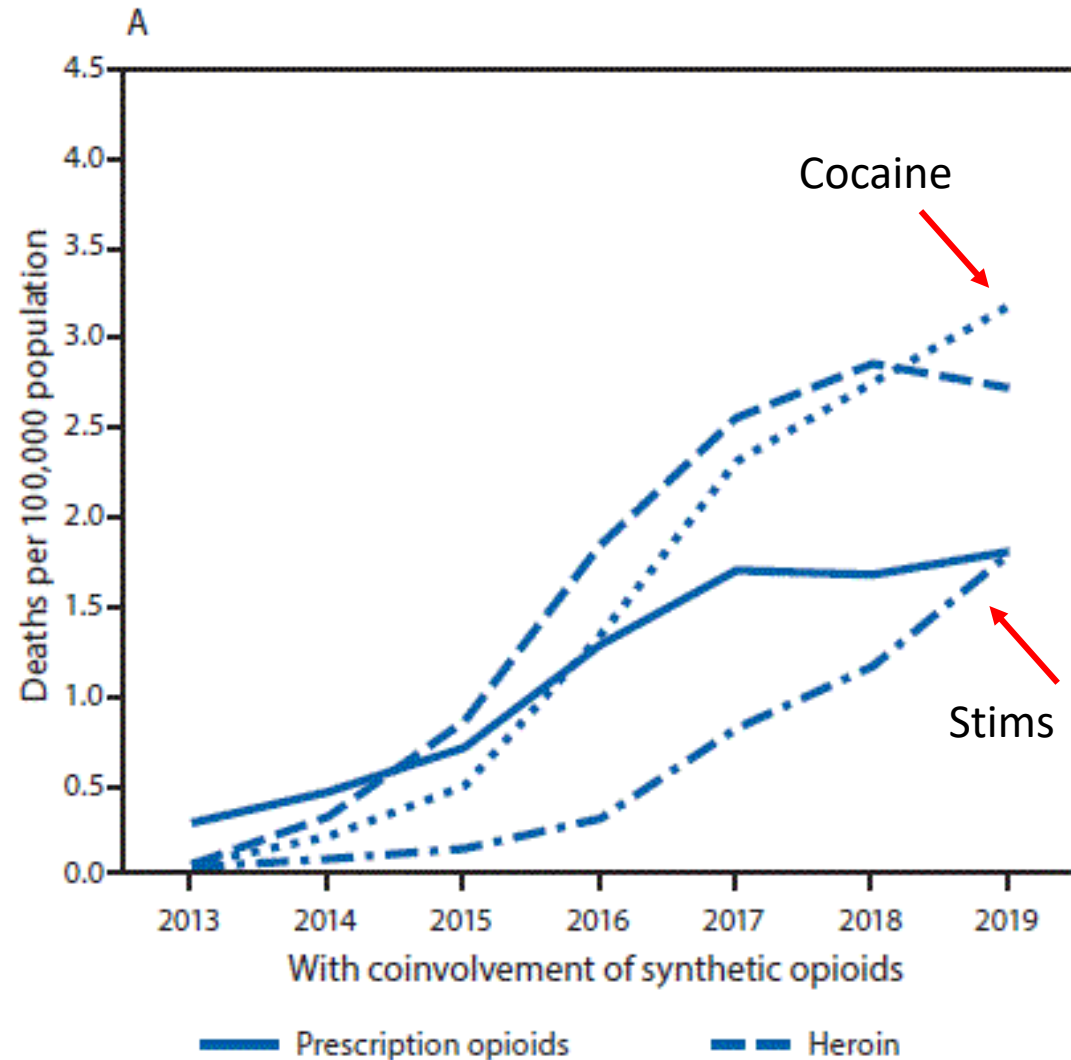
*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2019 on CDC WONDER Online Database, released 12/2020.

Stimulant Use

- Heroin + Meth tripled from 9% to 30.2%, 2015-2017
- Methamphetamines can be used as a bridge between opioid doses.



Mortality: The Role of Synthetic Opioids





Misuse and Use Disorder Risk Factors

- Poor mental and physical health
- Adverse childhood experiences
- Poor social support
- Family history of substance use
- Access
- Lowered Perceived Risk (Rx)





What is Harm Reduction?

A set of policies, programs and practices aimed at reducing negative consequences associated with drug use or other risky behavior





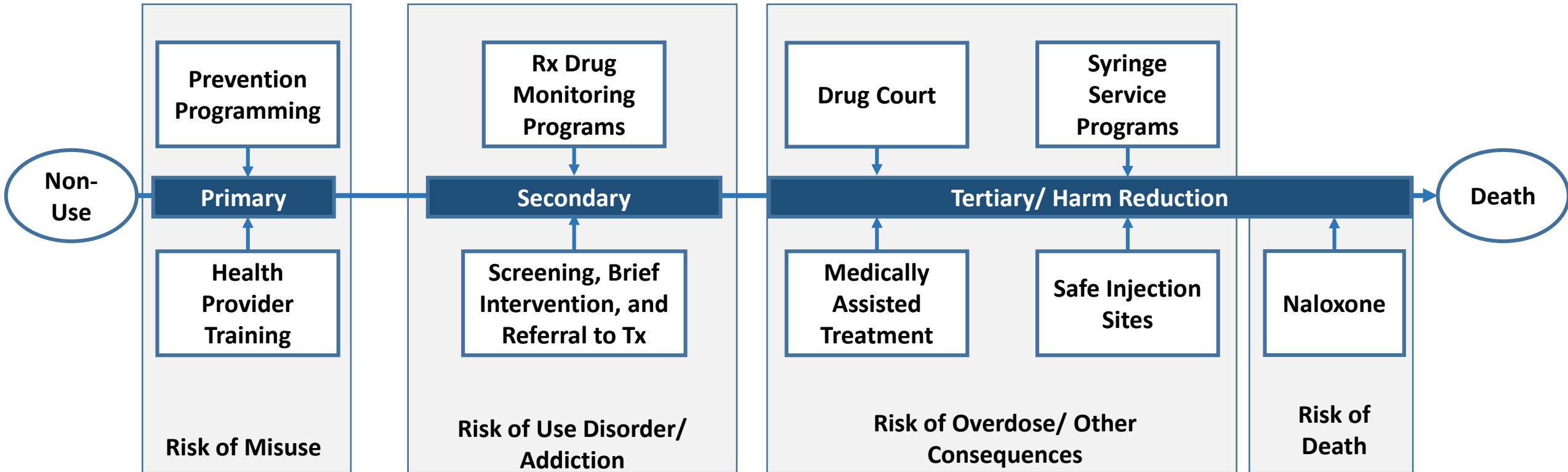
Harm Reduction Strategies

- Reduce the stigma/prejudice surrounding this disease
- Increase access to evidence-based treatment
- Increase access to naloxone for overdose prevention
- Teach safer injection practices and safer use
- Provide access to needle & syringe exchange
- Consider implementing sites for safer injection?





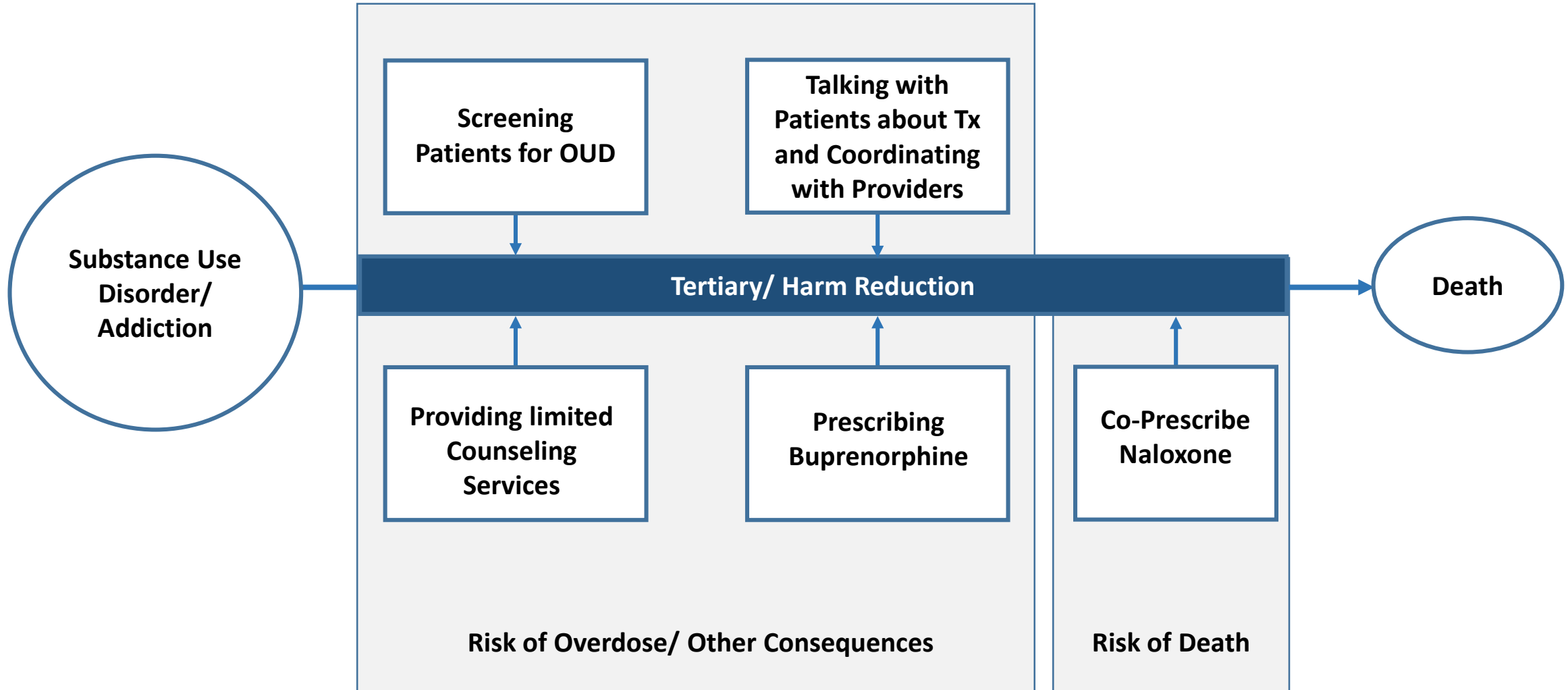
What is Harm Reduction?



Harm Reduction



Incorporating Harm Reduction into Clinical Practice?





MAT is evidence-based and is recommended course of Tx for opioid addiction.

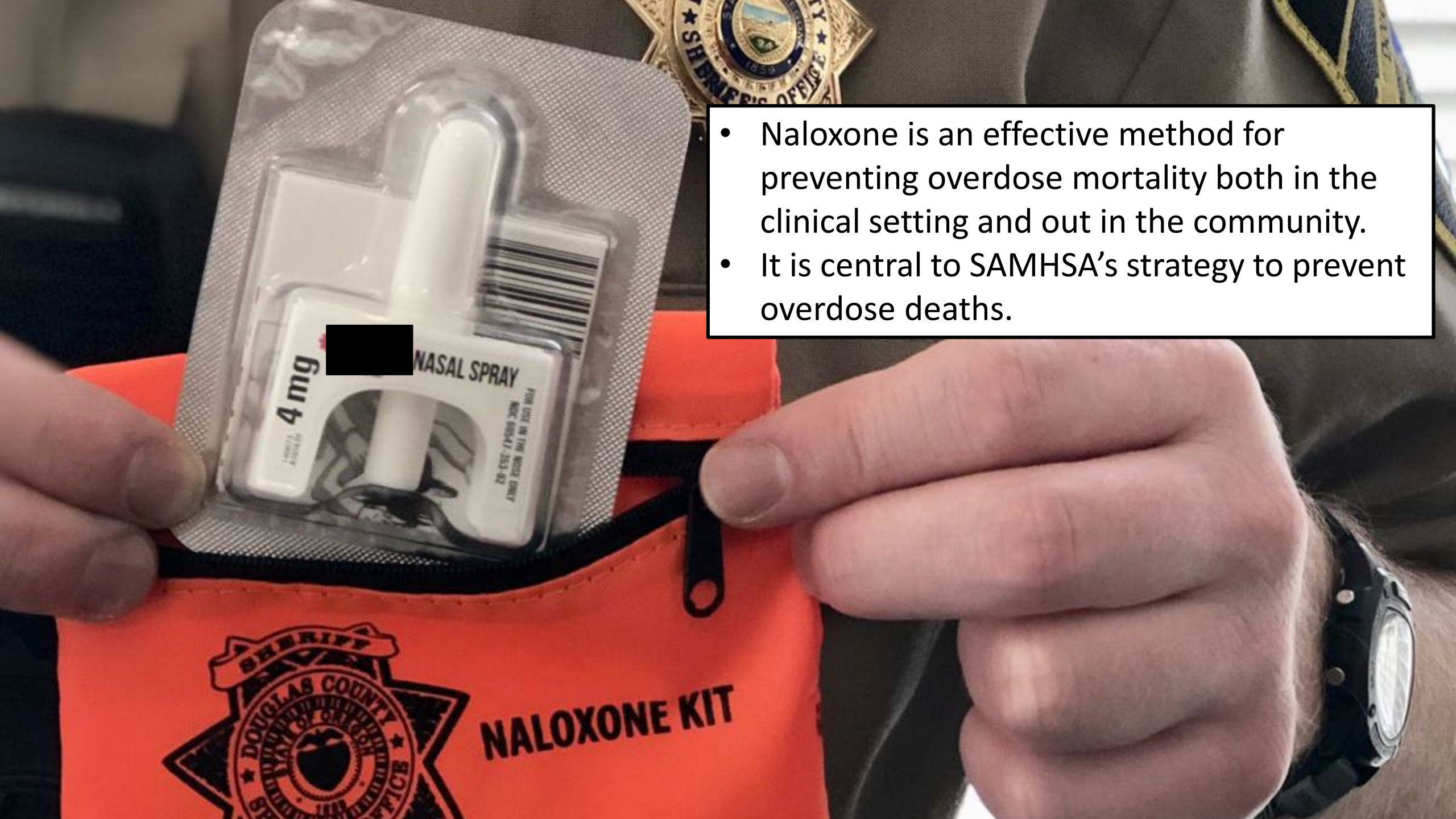
- American Academy of Addiction Psychiatry
- American Medical Association
- The National Institute on Drug Abuse
- Substance Abuse and Mental Health Services Administration
- National Institute on Alcohol Abuse and Alcoholism
- Centers for Disease Control and Prevention
- Others

Contingency Management for stimulant use disorder

- Rewards for negative UDS
- Increased number of weeks in treatment
- Increased duration of abstinence
- Some barriers to implementation including stigma and cost
- Currently working on a pilot at Quillen Addiction Clinic



- Naloxone is an effective method for preventing overdose mortality both in the clinical setting and out in the community.
- It is central to SAMHSA's strategy to prevent overdose deaths.





Benefits

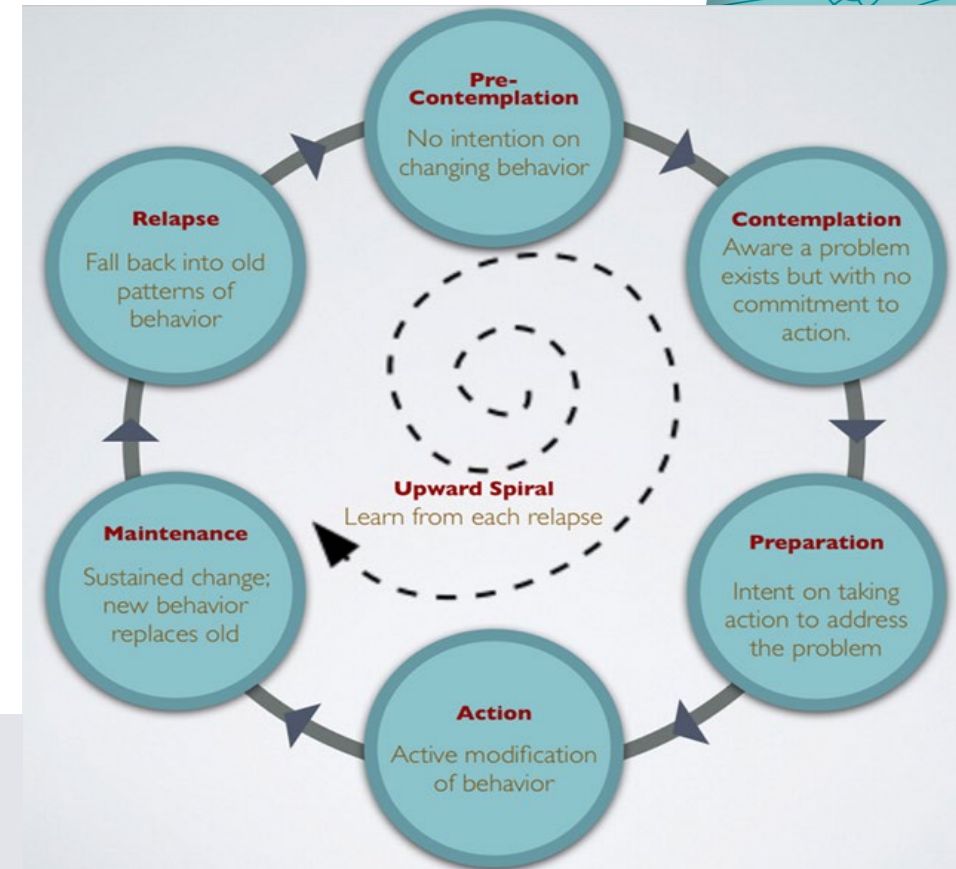
- Lower numbers of contaminated needles in a community
- Reduced drug-related behavior
- Reduced sexual-risk behavior
- Increased access to drug treatment referral services
- Increased access to testing and diagnostic services
- Increased access to education about substance abuse
- Increased communication with hard-to-reach populations
- Reduced prevalence of new infections



Key Harm Reduction Tenets

- Minimize harm vs ignore/condemn
- Functioning/wellbeing emphasis vs cessation
- Acknowledging continuum of behavior
- Recognizes the cumulative effect of social determinants
- Is neutral regarding legalization or decriminalization
- Maximizes the intervention options

Stages of Change





Ensure Access to Treatment for Individuals

- Effective treatment can reduce the risk of overdose and help people attain a healthier life
- Provide or know where to refer for treatment:
 - Medication-assisted treatment:
 - Methadone or buprenorphine – Opioid Treatment Program
 - Buprenorphine or naltrexone – Office based treatment
 - Counseling and other supportive services
- Information on treatment services in your community can be obtained from your state health department, your state alcohol and drug agency, or SAMHSA





What You Can do in the Office Setting

- Patient-centered care - offering a range of harm-reduction and treatment options to meet patient's stage of change-readiness
- Integrate primary and behavioral health care using a harm reduction approach
- Consider:
 - Offer medication treatment to any patient with an opioid use disorder.
 - Providing addiction counseling
 - Flexible treatment goals and desired outcomes
- Establish collaborative relationships with:
 - Treatment providers
 - Detoxification programs: encourage medication treatment on discharge
 - Inpatient and outpatient programs for cross referral and coordination
- Provide recovery oriented support services
 - Peer mentoring, group therapy, social services



Key Points...

- Harm reduction is the set of policies and activities that are meant to reduce the harms associated with drug use.
- If we are able to talk about addiction risks, screen for use disorders, and facilitate appropriate Tx, we can help prevent adverse outcomes for our patients.
- Replacement therapy (Buprenorphine – OUD) and co-prescribing of naloxone can go a long way to protecting our patients.
- Through respectful and appropriate engagement with people who use drugs we can create opportunity for intervention where there otherwise would be none.





References

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