



Harm Reduction in the Community and Healthcare

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Disclosures

Bill Brooks has no financial conflicts of interest to disclose

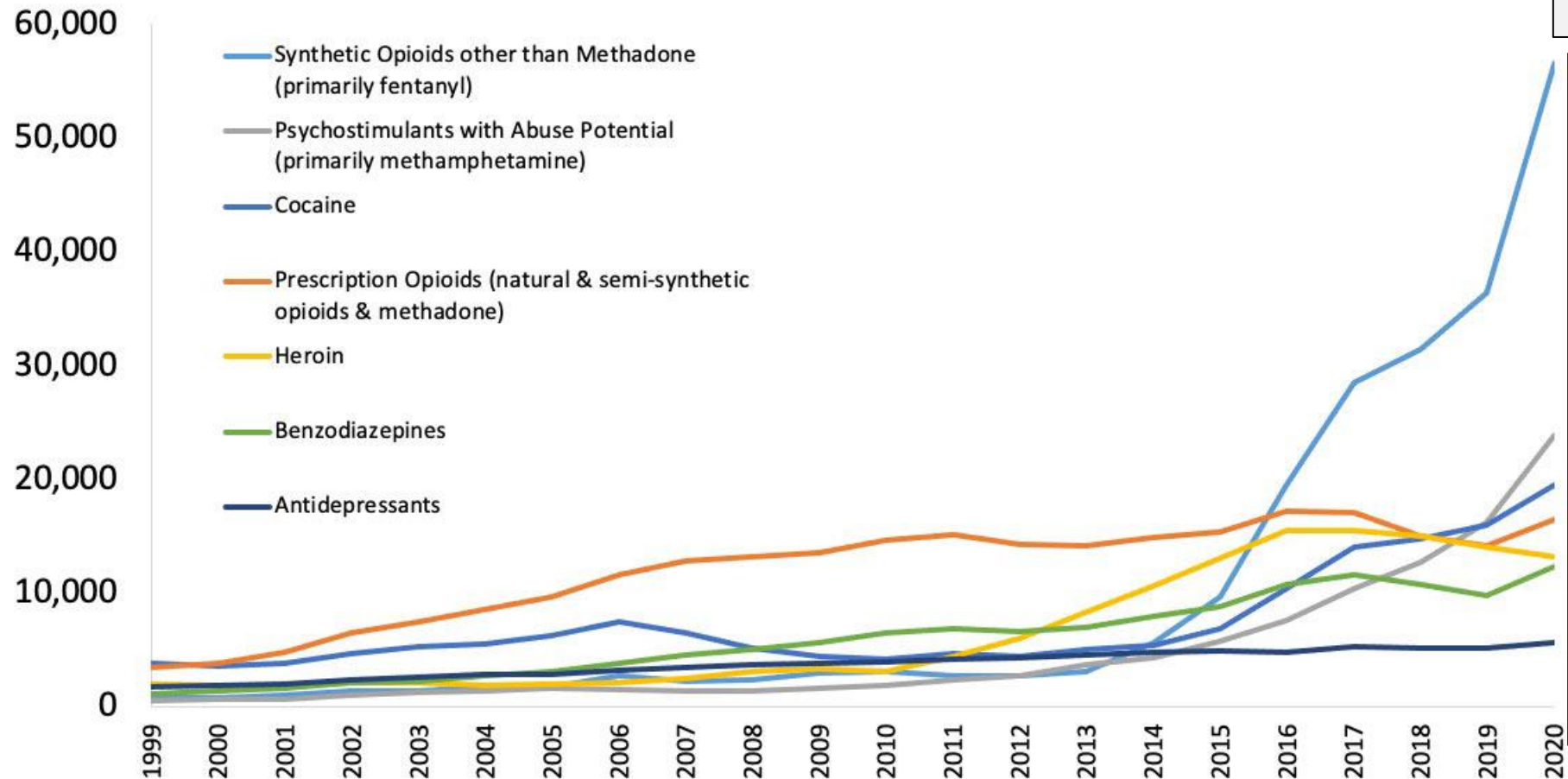




Learning Objectives

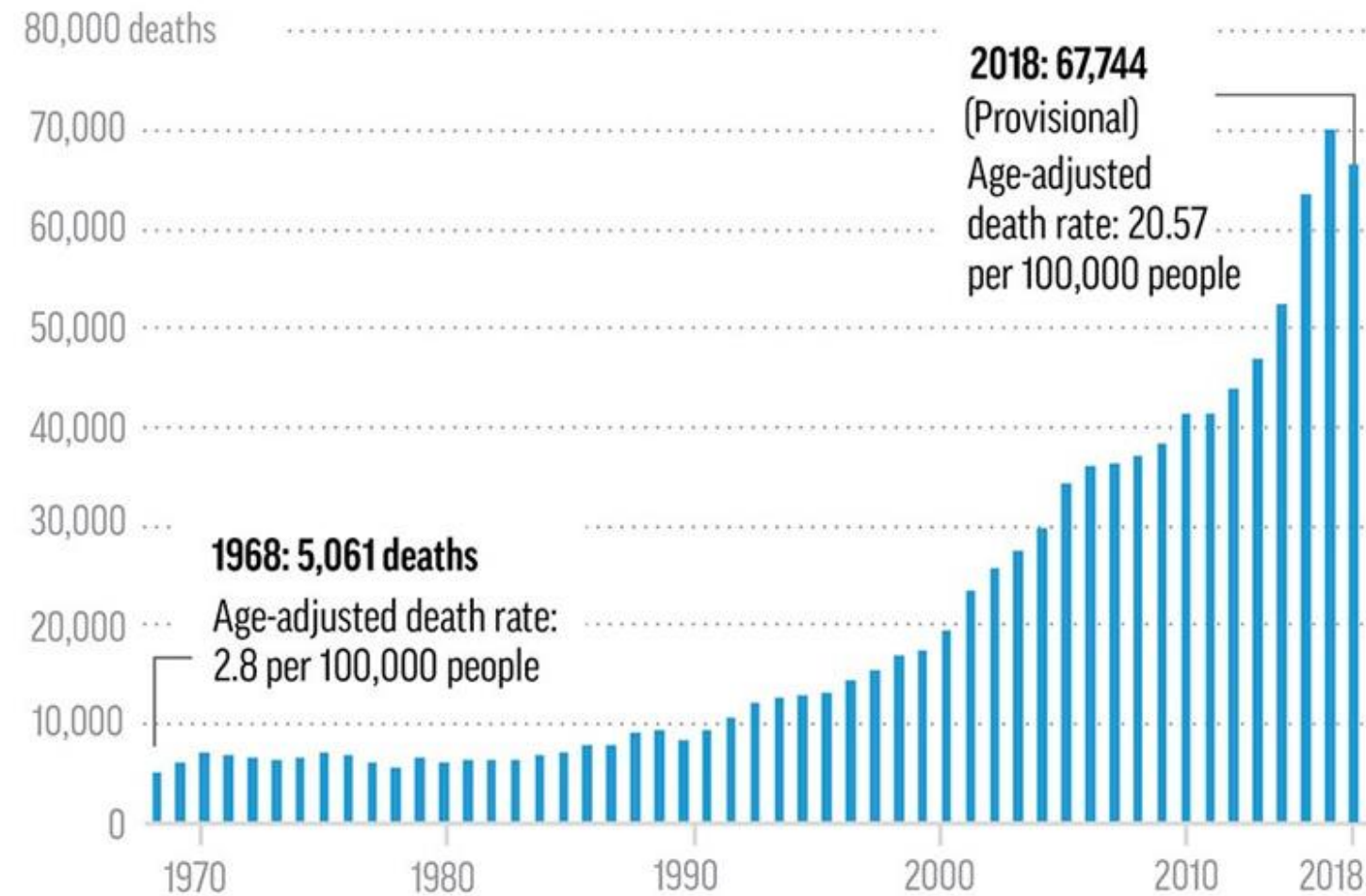
- I. Trends in drug overdose
- II. Overdose Prevention and Management
- III. Communicating with patients who use drugs
- IV. Stigma reduction
- V. Screening, Brief Intervention and Referral to Tx

Figure 2. National Drug-Involved Overdose Deaths*, Number Among All Ages, 1999-2020



*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 1999–2020 on CDC WONDER Online Database, released 12/2021.

Drug overdose deaths in US



SOURCE: Centers for Disease Control and Prevention

AP

History of Substance Use

- Betel Nut – 13,000 years ago
 - Timor
 - Thailand
- Opium – 5,400 years ago
 - Sumerians (Joy Plant)
 - Mesopotamia
- Cocaine – 5,000 years ago
 - Ecuadorians
 - Western Andes (7,000 years ago)
- Khat (ephedrine analog) – 13th Century
 - Ethiopians
 - Northern Africans



Evolutionary Context

- Drugs provide false sense of fitness
- Drugs once provided increased fitness
 - Tolerance to thermal fluctuations
 - Increase energy
 - Decreased fatigue
- Evidence that our central nervous systems evolved alongside psychoactive plants
- Euphoria vs. Happiness
 - Drugs may have created euphoria possibly correlated with increased fitness
 - Modern drug use is often correlated with superfluous happiness and false sense of fitness
- Salience (wanting) is unregulated in the modern brain because we are wired to rely on limited resources of ancient times



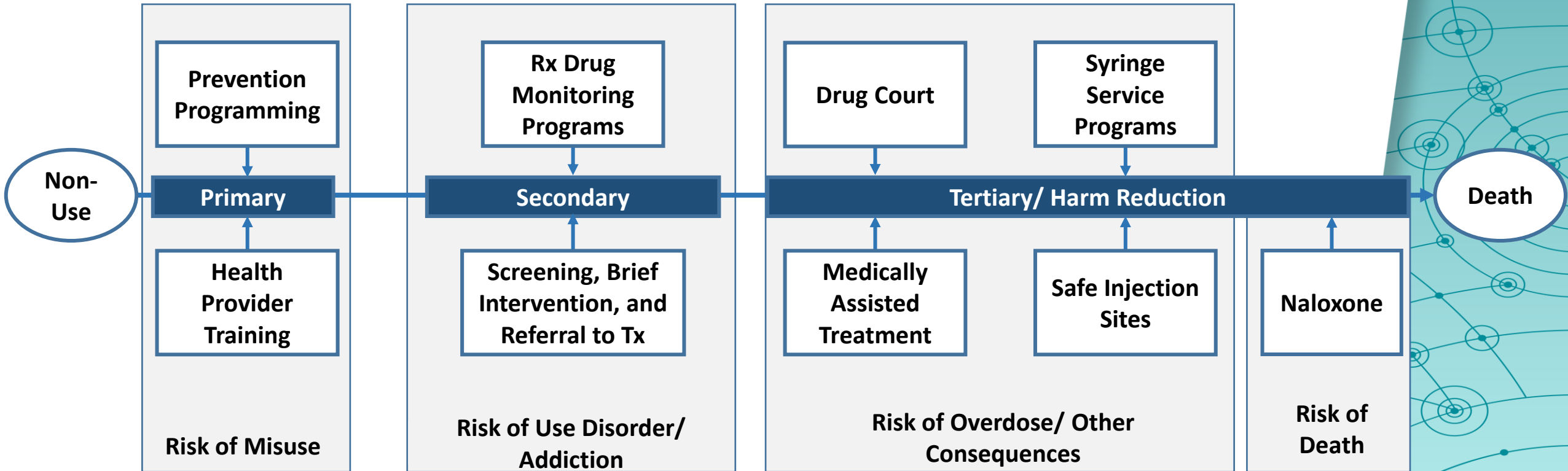


Harm Reduction

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.



Intervention Across the Spectrum

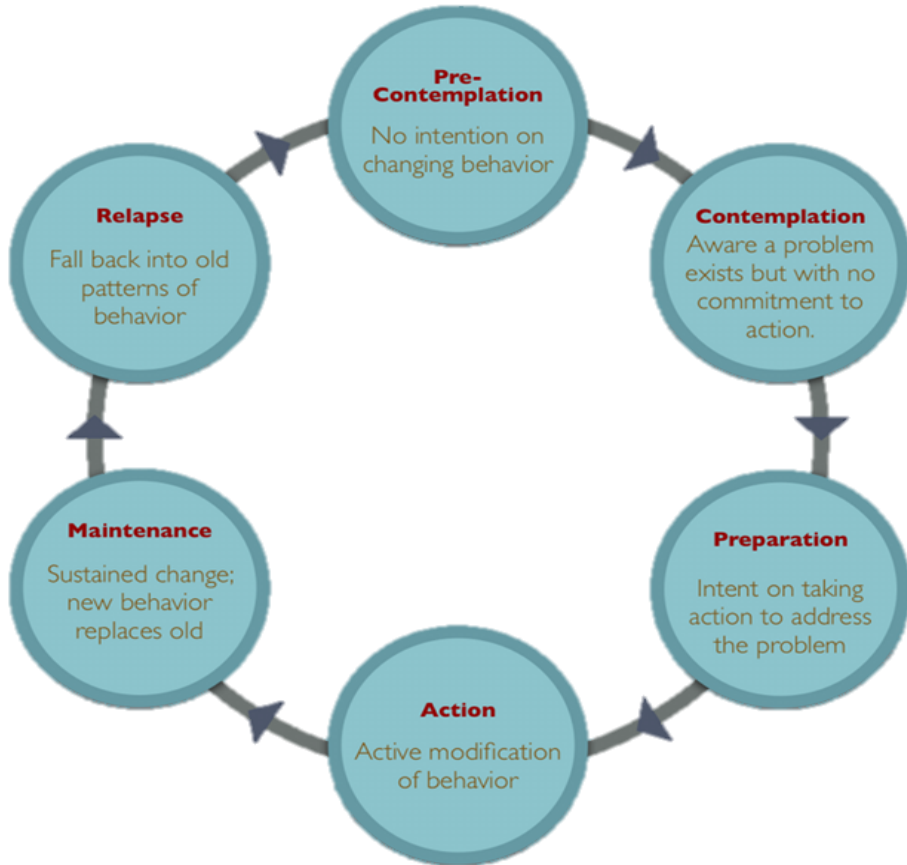


Harm Reduction



Key Harm Reduction Tenets

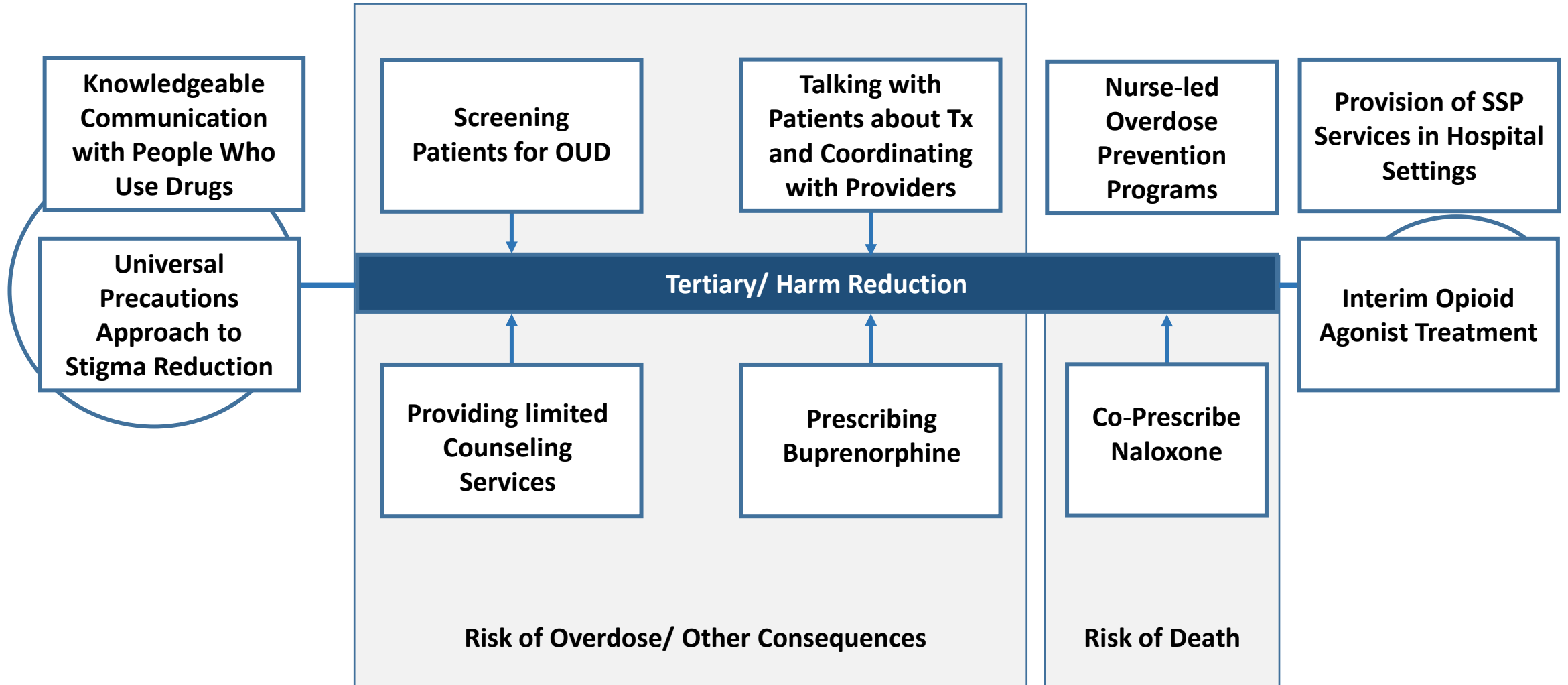
Stages of Change



- 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



Incorporating Harm Reduction into Clinical Practice?





Overdose Prevention and Management

- 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
 - Abstinence-based and peer-led recovery
 - [Info through SAMHSA or state health dept./ mental health dept.](#)
- Provide info on local and regional syringe service programs
 - Naloxone
 - Drug checking equipment
 - De-stigmatization
 - [North American Syringe Exchange Network \(NASEN\)](#)



Knowledgeable Communication

- Decreased patient anxiety, shared decision making, better outcomes
- Some Examples
 - Meth ODs as “overamping”
 - Patient perspectives on MAT
 - Phases of amphetamine-type stimulants (ATS) use
 - Protective behaviors PWUD use to survive and stay well
 - Counterfeit pills/ fentanyl delivery systems
- [National Harm Reduction Coalition Online Trainings](#)
- [Safety Manual for Injection Drug Users](#)

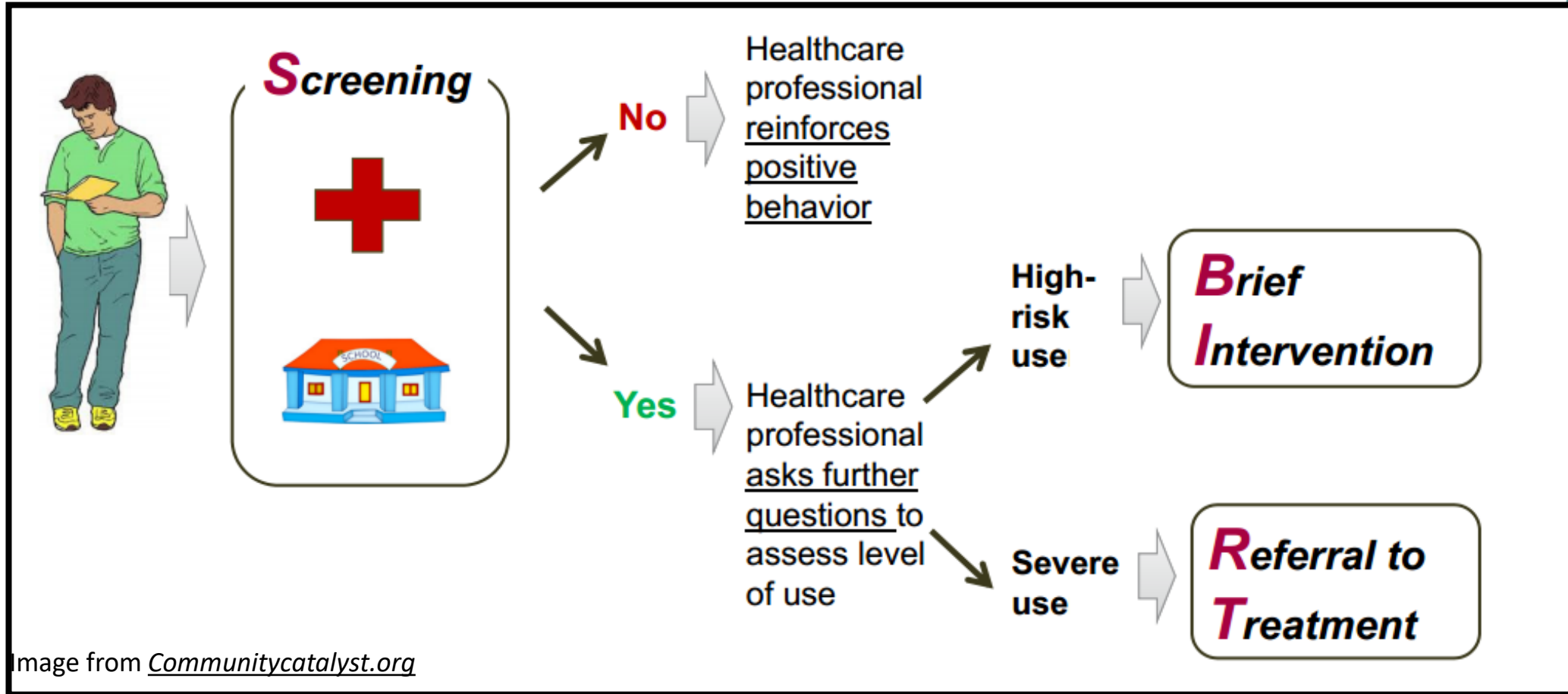


Stigma Reduction

- Limits participation, opportunity and social acceptance through discrediting and “othering”, enabling the enactment of discrimination
- Reduces healthcare utilization – HIV example
 - 21% less likely to use health services
 - 37% less likely to adhere to treatment
- Trauma Informed Care – 6 Key Principles
 - Safety
 - Trustworthiness & Transparency
 - Peer support
 - Collaboration & Mutuality
 - Empowerment, Voice, & Choice
 - Cultural, Historical, & Gender Issues
- [Strong Brain Institute Training](#)



Screening, Brief Intervention and Referral to Treatment (SBIRT)





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.





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