Building a Harm Reduction Philosophy

COLORADO
Department of Health Care Policy & Financing

COLORADO
Behavioral Health Administration

HMA
Health Management Associates

Agenda

1. Introduction to Harm Reduction Principles
2. Examples in Practice Settings
3. Harm Reduction Programs Evidence-Based to Reduce Overdose Mortality
4. Summary

Learning Objectives

Following the training, participants will be able to:

- Define a harm reduction approach.
- Identify at least 3 risk reduction tools that are offered by harm reduction programs.
- Examine their own organization's barriers and facilitators to integrating a harm reduction approach.

Part 1: Introduction to the Harm Reduction Principles

Harm Reduction on Three Levels

(H)arm (R)eduction:

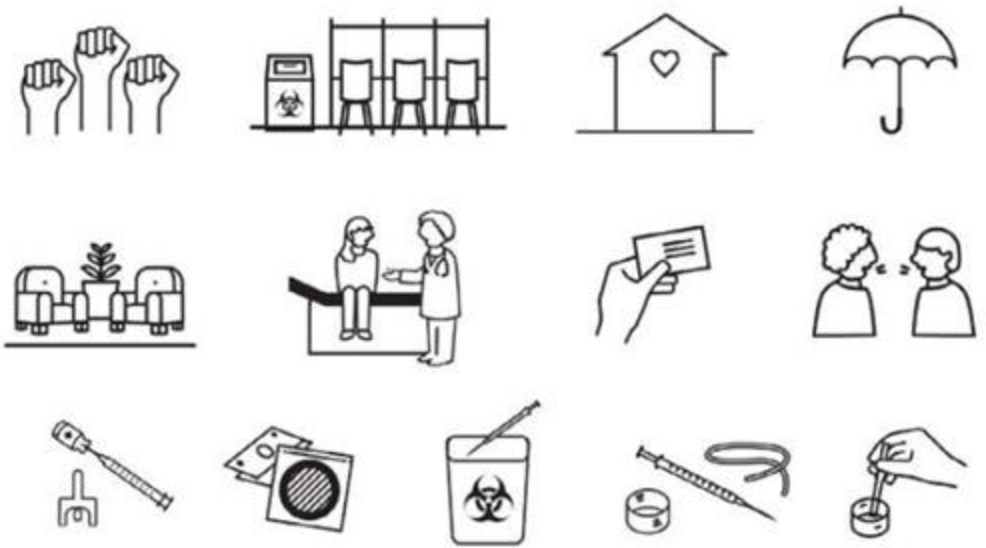
A philosophical and political movement focused on shifting power and resources to people most vulnerable to structural violence

(h)arm (r)eduction:

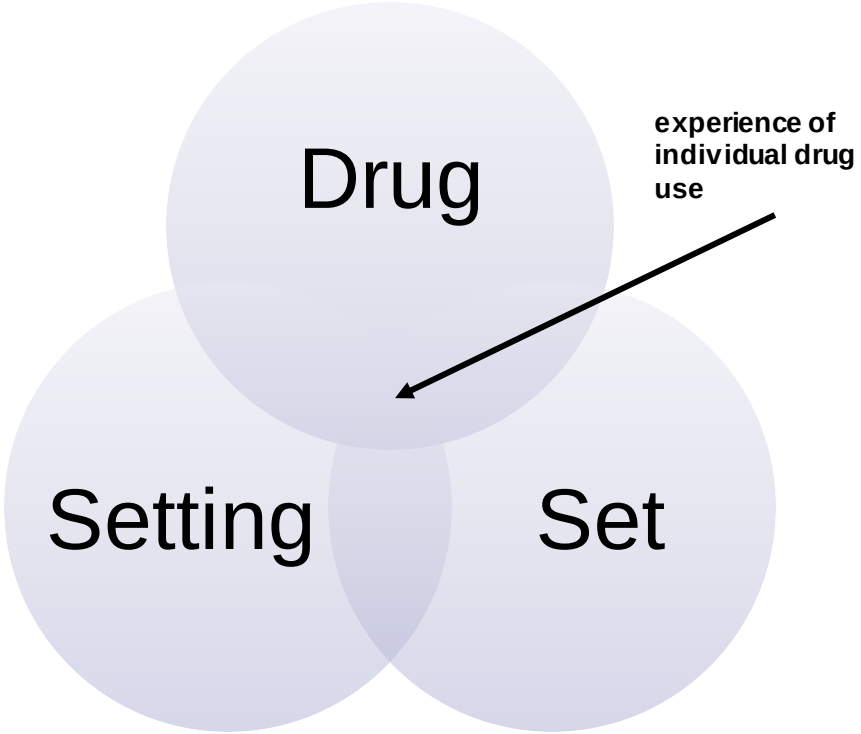
The approach and fundamental beliefs in how to provide the services

risk reduction:

Tools and services to reduce potential harm



Drug Set and Setting



- Original study that showed the importance of context when considering risk of addiction
- Does not consider the drugs to be the sole driver of addiction
- Challenged an abstinence-only approach

Zinberg, 1984

Continuum of Drug Use

- Many reasons and ways in which people use drugs
- Challenges a binary conception of drug use as addicted or abstinent
- Bolsters Zinberg's conclusions that people use differently in part, depending on their environment

Harm Reduction Principles

1	2	3	4
Accepts, for better or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them	Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe use to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others	Established quality of individual and community life and well-being – not necessarily cessation of all drug use – as the criteria for successful interventions and policies	Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm

National Harm Reduction Coalition, 2024

Harm Reduction Principles

5

Ensures that people who use drugs and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them

6

Affirms people who use drugs (PWUD) themselves as the primary agents of reducing the harms of their drug use and seeks to empower PWUD to share information and support each other in strategies which meet their actual conditions of use

7

Recognize that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm

8

Does not attempt to minimize or ignore the real and tragic harm and danger that can be associated with illicit drug use

Principles Build on Themselves

Create a nonjudgemental environment in which drug use is acknowledged and accepted.

Write and enact program policies that reflect this reality, and so are supportive and not punitive.

There is a safe dialogue between providers and people served, strong feedback loops that inform programs, and harm reduction resources available.

People are more involved in their own care, they spread the word about your services, and feel more supported to take steps to improve well-being.

Approaches for Healthcare Settings – adapted from Hawk et al. 2017

1. **Humanism**: providers value, care for, respect, and dignify patients as individuals, understanding why patients make decisions
2. **Pragmatism**: none of us will ever achieve perfect health behaviors, so abstinence is neither prioritized nor assumed the goal of the patient
3. **Individualism**: every person presents with their own needs and strengths
4. **Autonomy**: provider-patient partnerships are based on the current state of the patient and shared decision making
5. **Incrementalism**: any positive change is a step toward improved health
6. **Accountability** without termination: patients are responsible for their choices and behaviors but not discharged/penalized for not achieving goals

Approaches for Treatment Settings – adapted from Taylor et al. 2021

1. **Prevent overdose**: take home naloxone kits, counsel on risk reduction
2. **Provide treatment on demand**: same-day intakes and accommodate walk ins or late arrivals; offer telemedicine
3. **Take a patient-centered approach**: in-office and community-based buprenorphine inductions (or telehealth), do not require abstinence, use urine drug testing only when results will change management
4. **Prevent and treat infection**: comprehensive HIV, hepatitis, and STI testing and on-site treatment, vaccinations, condoms, and safe injection equipment
5. **Provide harm reduction supplies**: distribute condoms, sterile injection equipment, fentanyl test strips, and talk to patients about community access
6. **Discuss safer injection technique**: ask patients how they inject, discuss sterile technique from drug preparation to identifying injection sites

Engagement – Centering Voices

Ask patients and/or clients (people with lived experience) for their feedback on services

Create an advisory committee, or ensure there is a seat for current program participants, patients and/or clients (people with lived experience) on existing committees

Ask for input on program development, such as

- outcomes measures
- data collection processes and forms
- marketing materials

Part 1 Summary

Harm reduction is a tool or resource, an approach, and a liberatory movement for people who use drugs.

The values of harm reduction can be applied in multiple settings.

Creating a nonjudgemental and compassionate environment for people who use drugs will lead to better outcomes.

Thought Exercise #1

Take a moment to consider the following questions

- Do you see the harm reduction principles applied in the setting in which you work?
- How do you practice and maintain a nonjudgemental approach?

Part 2: Harm Reduction Evidence-Based to Reduce Overdose Mortality

- Targeted naloxone distribution
- Approach to medications for opioid use disorder
- Supervised consumption spaces

Naloxone Distribution

- Most effective when prioritized to people who use drugs
- Harm reduction programs distribute the most naloxone to this priority population

Distribution of intranasal naloxone to potential opioid overdose bystanders in Sweden: effects on overdose mortality in a full region-wide study - 2024

Deceased from overdose before/during naloxone programme

Period	Deceased	Women		Proportion with X42 as the cause of death		Proportion with any SUD history*		Annual no per 100 000 inhabitants
	n	n	(%)	n	(%)	n	(%)	
2013–2017	211	34	16.1	140	66.4	162	76.8	3.9
2019–2021	96	23	24.0	65	67.7	64	66.7	2.8

*Substance use disorder (SUD) diagnosis during 5 years prior to death.

Harm Reduction Messaging for Overdose Prevention

- Avoid using drugs alone.
- Mixing drugs can increase risk of overdose or overamping.
- Have a buddy system.
- Know what is in your drugs, test them, ask people about what they have been experiencing, avoid drugs that may increase your risk (test strips available from the state of California).
- Snorting or smoking drugs carries slightly less risk than injecting drugs but can still cause overdose.

Low-Threshold Buprenorphine

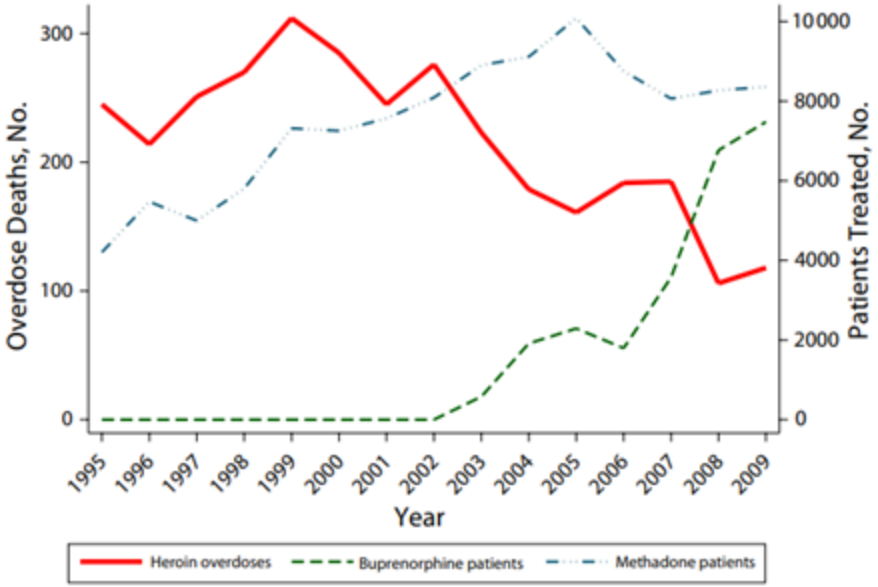


FIGURE 1—Heroin overdose deaths and opioid agonist treatment: Baltimore, MD, 1995–2009.

- Brings treatment where people are – through mobile units, street outreach, detention centers, primary care, etc.
- Consider a "medication-first" approach:
  - Provide medication as quickly as possible, prior to lengthy assessments or treatment planning sessions.
  - Maintenance medication is delivered without tapering or time limits.
  - Individualized psychosocial services are offered but not required.
  - Medication is discontinued only if the person's condition worsens.

Shwartz et al. 2013.

Supervised Consumption

- Individuals consume pre-obtained drugs in the presence of people who can respond to an overdose
- With immediate access to overdose response resources, no one dies
- Like any other harm reduction program, it creates an environment of trust
- Linkage to other resources are made, including treatment

Thought Exercise #2

Take a moment to consider which strategies seem feasible to implement in your program or community

- Do you see opportunities to implement harm reduction as an approach and as an intervention in your work or community?
- What are the barriers to harm reduction in your work or community?

Barriers to Implementation

- Criminalization cultivates stigma and exacerbates the risk environment for people who use drugs.
- The federal government controls access to life saving treatment for opioid use disorder (42CFR § 8.12)
- State governments determine overdose prevention resource allocation

De-implementation: the removal or reduction of practices, programs, or policies that no longer provide benefit to people or are not achieving intended outcomes.

Modeling Health Benefits and Harms of Public Policy Responses to the US Opioid Epidemic, 2018

Allison Pitt, MS, Keith Humphreys, PhD, and Margaret Brandeau PhD

Objectives. To estimate health outcomes of policies to mitigate the opioid epidemic.

Methods. We used dynamic compartmental modeling of US adults, in various pain, opioid use, and opioid addiction health states, to project addiction-related deaths, lif
years from 2016 to 2025 for 11 policy responses to the opioid epider

Results. Over 5 years, increasing naloxone availability, promoting ne
medication-assisted addiction treatment, and increasing psychosocia
and quality-adjusted life years and reduced deaths. Other policies re
and related deaths but led some addicted prescription users to switc
heroin-related deaths. Over a longer horizon, some such policies may
outweigh the harms. No single policy is likely to substantially reduce deaths over 5 to 10 years.

Conclusions. Policies focused on services for addicted people improve population health without harming any groups. Policies that reduce the prescription opioid supply may increase heroin use and reduce quality of life in the short term, but in the long term could generate positive health benefits. A portfolio of interventions will be needed for eventual mitigation.

"Policies focused on services for addicted people improve population health without harming any groups."

Thought Exercise #3

Take a moment to identify a policy that could be perceived as a barrier to care for people who use drugs

- How would you go about changing it?
- How do you engage decision makers in this work?
- How do you engage front line staff?

Summary

- Harm reduction reduces drug-related adverse outcomes
- Communicating with and centering the voices of people who use drugs will improve program reach and effectiveness
- Consider harm reduction values in your care delivery and when identifying referral partners
- By focusing on people most at risk we are improving the wellbeing of the entire population.

To better inform our future trainings and request topics for office hours, please complete this short survey. Use the QR code or short URL to access it. Your feedback is important. Thank you!

https://bit.ly/bhprovidertrainingsurvey

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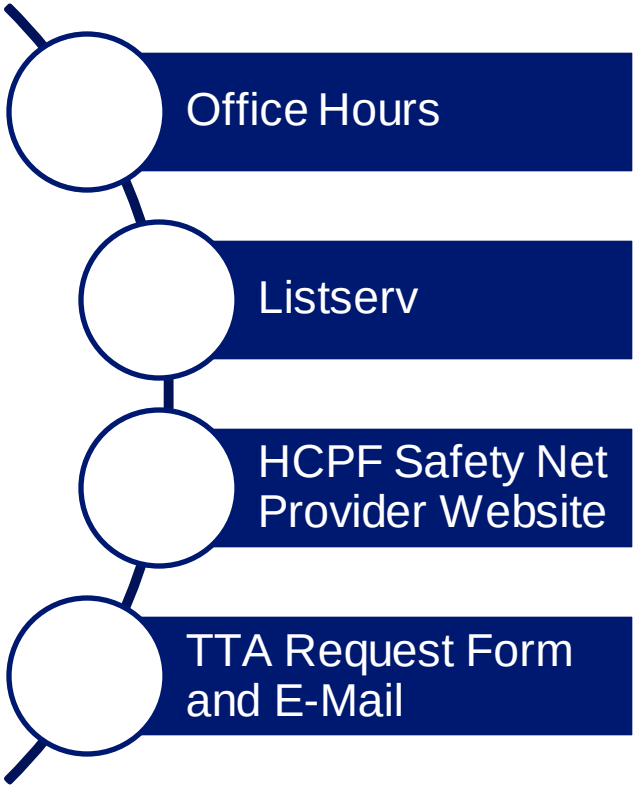
Appendix A: Additional Resources



Office Hours are offered on the last Friday of every month (through September 2024) at noon MT! Please visit the HCPF Safety Net Landing Page for details & registration information.

Join the Listserv to receive notifications of trainings, technical assistance, and other stakeholder engagement opportunities: Register Here

Visit the website for details on upcoming training topics and announcements, training recordings and presentation decks, FAQs and more: https://hcpf.colorado.gov/safetynetproviders

Request TTA support or share your ideas, questions and concerns about this effort using the TTA Request Form or e-mail questions and comments to: info@safetynetproviders.com

Appendix B: References

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Appendix B: References (continued)

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