

Harm Reduction: Principles and Evidence

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Principles of 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.”

NATIONAL

HARM REDUCTION

COALITION

8 Principles of Harm Reduction

- Accepts, for better or worse, that drug use is part of our world and works 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
- Establishes quality of individual and community life and well-being — not necessarily cessation of all drug use — as the criteria for successful interventions and policies

8 Principles (continued)

- 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
- 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
- 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

8 Principles (continued)

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

Examples of Harm Reduction

- Naloxone (Narcan) distribution
- Needle and Syringe Distribution Programs
- Supervised Injection Sites
- Medications for OUD Treatment
- Non-abstinence housing (Housing First)
- Decriminalization of the possession or use of drugs

Harm Reduction vs Abstinence Programs

- A client presents after 1 month of treatment and reports consuming five drinks on each of the past three nights.
 - **Abstinence-based program** would count that as a failure.
 - **Harm reduction** practitioner would ask how much the client drank at the beginning of therapy. If the client were drinking 10 drinks every day, then the consumption of five drinks a day would be a therapeutic success, or steps in the right direction.
 - If the client's goal were to abstain, then the therapist would continue to work with the client.
 - If the client's goal was to avoid blacking out, and five drinks would keep the blood alcohol level below the risk of blacking out, then treatment would be a success.

Motivational Interviewing

- Intervention with some evidence to support its effectiveness in reducing the abuse of substances ([Livingston, Milne, Fang, & Amari, 2012](#))
- The focus is not on convincing the person to follow a particular course, but rather to examine the consequences of current behaviors and potential behavior changes ([Smedslund et al., 2011](#)).
- Motivational Interviewing entails:
 - Expressing empathy to build rapport with the client
 - Developing discrepancy between what the client wants and where he or she is currently
 - Rolling with client resistance to build the relationship and move toward change
 - Supporting self-efficacy in the client to take the necessary steps.

College Student Drinking

- Alcohol Skills Training Program (ASTP) combines cognitive-behavioral skills, norms clarification, and motivational enhancement techniques in a group setting
- Post-intervention weekly drinking decreased from 14.8 drinks at baseline to 6.6 drinks 12 months later
- Compared with an alcohol information group reduction of 19.4 drinks at baseline to 12.7 drinks at follow-up
- Assessment only condition increase of 15.6 drinks at baseline to 16.8 drinks at the same follow-up

Workplace Programs

- National surveys have estimated that over 70% of heavy drinkers and drug users are employed full-time (Substance Abuse and Mental Health Services Administration [SAMHSA], 1999)
- Adding a brief intervention to an employee assistance program's produced decreases in drinking and associated consequences at 3-month follow-up.
 - Intervention participants reported decreases of 7.56 peak drinks per occasion at baseline to 4.78 peak drinks at follow-up
 - Treatment-as-usual participants decreased from 6.27 drinks to 6.07 drinks

Medications for Opioid Use Disorder (MOUD)

- The therapies were identified to provide a less harmful opioid (e.g., methadone or buprenorphine) under medical supervision in both specialty and outpatient clinics.
- Several reviews have identified MOUD as effective in reducing:
 - Illicit opioid use
 - HIV risk behaviors
 - Criminal activity
 - Opioid-related death (Connock et al., 2007; WHO, 2004).

Needle and Syringe Distribution Programs

- Developed to reduce the spread of blood-borne diseases (e.g., HIV and hepatitis) among people who inject drugs. These programs have been around since the mid 1980s, often include drug treatment referrals, peer education, and HIV prevention
- Thorough review of 45 studies concluded that these programs are effective, safe, and cost effective ([Wodak & Cooney, 2006](#)) with no evidence of deleterious effects ([Strathdee & Vlahov, 2001](#))

Supervised Injection Sites (SIS)

- People who inject drugs can use their own drugs using clean equipment in the presence of medically trained personnel
- Over 25 studies have been published documenting:
 - Significant reductions in needle sharing and reuse, overdoses, injecting/discarding needles in public places ([Strathdee & Pollini, 2007](#))
 - Reduced fatalities due to overdose ([Kerr, Tyndall, Lai, Montaner, & Wood, 2006](#))
 - Increased enrollment in detoxification and other addiction treatments ([Wood, Tyndall, Zhang, Montaner, & Kerr, 2007](#)).
- First government-authorized supervised injection site in the United States began operating in New York City in 11/2021

Advocacy on Federal Level

“Harm reduction is an important part of the comprehensive approach to addressing substance use disorders through prevention, treatment, and recovery where individuals who use substances set their own goals.”



Bottom Line

Many of our most successful addiction treatment strategies are rooted in the principles of harm reduction

Questions to the Group

Is involuntary commitment/compulsory treatment compatible with the principles of harm reduction?

AND

If not, is that a concern?

Additional Literature for Consideration

- “Why Forced Addiction Treatment Fails” by Maia Szalavitz
 - New York Times Opinion Guest Essay Piece
 - 4/30/22
 - Alternative narrative providing thorough review of evidence

<https://www.nytimes.com/2022/04/30/opinion/forced-addiction-treatment.html>

Citations

- National Harm Reduction Coalition. <https://harmreduction.org/>. Accessed on 10/23/22.
- Logan DE, Marlatt GA. Harm reduction therapy: a practice-friendly review of research. J Clin Psychol. 2010 Feb;66(2):201-14.
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