



**Translating Research into Practice on Alcohol and Polysubstance Use Disorders  
by Educating the Interprofessional Primary Care Team**

# **Harm Reduction**

## **Theory, Principles, and Practice**

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# Learning objectives

***By the end of this session, participants will be able to...***

1. Describe the history of harm reduction by examining its roots in grassroots activism and evidence-based research
2. Apply the principles of harm reduction to patient care by integrating pragmatism, humanistic values, a focus on reducing harm, a balanced consideration of individual and societal costs and benefits, and a flexible hierarchy of goals tailored to patient needs

# History and Theory

# Harm reduction as a movement

**Harm Reduction has a dual history in the United States**



**Activism**



**Research**

**Both of these forces are, in ways, reactionary to Prohibition and the War on Drugs**

# Drugs and racism

The war on drugs and racism are inseparable. Nixon's adviser John Ehrlichman summarized it best, saying:

“

*The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiwar left and black people. You understand what I'm saying? We knew we couldn't make it illegal to be either against the war or black, but by getting the public to associate the hippies with marijuana and blacks with heroin, and then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news.*

”

# Drugs and racism, cont.

**Additionally, anti-drug attitudes were used to justify anti-immigrant standings by tying groups of people to specific drugs, such as...**

- The Chinese and opium
- Mexicans and marijuana
- The Irish and alcohol

# Drugs and racism, cont.

**Demonizing drugs and people who use them led to criminalization**

- A crime gets policed
- A crime gets punished
- A crime gets no compassion



# HIV and harm reduction

## Harm reduction really begins with HIV

- IDU and unprotected sex both led to the spread of HIV
- Needle exchanges were revolutionary and life saving harm reduction services
  - New Haven, CT had one of the earliest needle exchange programs in the late 1980's
- Even condoms are harm reduction

# HIV and harm reduction, cont.



# HIV and harm reduction, cont.

**bleach syringe**

**INSTRUCTIONS**  
PLEASE READ CAREFULLY.

- DRAW UP BLEACH INTO WORKS, SHAKE WELL AND SQUIRT OUT. THEN REPEAT.
- DRAW UP WATER INTO WORKS, SHAKE WELL AND FLUSH OUT. THEN REPEAT.

**N.B**  
ALWAYS MAKE SURE THAT ALL TRACES OF BLEACH HAVE BEEN RINSED OUT COMPLETELY.

**N.B**

- DO NOT PUT USED BLEACH BACK INTO BOTTLE.
- ALWAYS RINSE WORKS TWICE TO MAKE SURE YOU LEAVE NO TRACES OF BLEACH.
- IF BLEACH COMES INTO CONTACT WITH SKIN RINSE WELL WITH WATER.

KEEP OUT OF CHILDREN'S REACH

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**drug services unit**

**... AIDS ... AIDS ... AIDS ... AIDS ... AIDS ... AIDS ... AIDS ... AIDS ... AIDS ... AIDS ... AIDS ...**

**THE BEST PROTECTION IS NO INJECTION, but if you still inject, HERE'S HOW TO REDUCE YOUR RISK.**

- use a clean set of works every time.
- keep your works safe, don't mix them up with other people's works.
- when you've finished with your works, dispose of them safely by putting them into a container which has a lid, so they can't be used by anyone else. Check with your chemist if your chemist offers a disposal service — use it or you can bring your used works to the syringe exchange scheme (details below).
- never** share your works with anyone else.
- don't leave your works around where people can get accidentally stabbed.
- don't mix your fix in a spoon someone else has used, or flush out works with water someone else has used.

**PROTECT YOURSELF BY PRACTISING SAFER SEX**

Whether you are heterosexual, homosexual or bisexual, safer sex will protect you. Safer sex does not mean no more sex, but it does mean changing the way you have sex.

- avoid any contact with your partner's semen or their blood.
- have sex where you don't come inside your partner's body.
- if you do want to come inside your partner, male or female, wear a condom every time.
- if you want a man to come inside you — make sure he wears a condom.
- getting pregnant is risky for you and your unborn child, safer sex is the only protection from these dangers.

**REMEMBER:** Any form of penetrative sex is risky for both men and women. Wear a condom every time.

**... DON'T TAKE RISKS ... DON'T TAKE RISKS ... DON'T TAKE RISKS ... DON'T TAKE RISKS ...**

You can buy your works from the chemists listed below or anywhere you see this sign

PAINE'S	82, Bartholomew Street, Newbury
G.K.	51, Northbrook Street, Newbury
G.K.	14, King's Centre, The Broadway, Thatcham

The syringe exchange scheme is at 21 Craven Road (opposite Royal Berkshire Hospital) and is open on Mondays 5.00-9.00pm, Wednesdays 2.00-5.30pm, Thursdays 5.00-9.00pm, Fridays 2.00-5.30pm  
Please use this entrance — it is signposted

21  
Craven Road  
HOSPITAL SITE

Health Education Unit

**FOR INFORMATION AND ADVICE YOU CAN CONTACT:**

<b>The Drug Services Unit</b>	<b>391452</b>
Reading Area Aids Support Group	503377
(Mon. & Thurs. 8 - 10pm)	
National Aids Helpline	088 567 123
The Florey Unit	869898

**Medi-Swab**

For information and advice phone

The Drug Services Unit (AIDS) 391452  
Reading Area Aids Support Group 503377 (Mon & Thurs 8-10pm)  
The Terrence Higgins Trust 01-242 1010  
The Florey Unit 869898

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# Activism



## **The first Harm Reduction Working Group meeting took place in San Francisco in 1993**

- This group would eventually become the Harm Reduction Coalition
- This group set out to be not a group of experts and researchers but people who listened to the needs of people suffering from the scourge of HIV

# Research



- NIDA, amfAR, and RWJ funded early research on needle exchanges
- Federal funding was difficult to access due to negative attitudes towards drugs and people who use drugs
- Advocating for research was activism – the 1980's was marked by silence

## **Harm reduction works**

# Backlash

**Harm reduction isn't a straight line**

# Recent advocacy

- Oregon's decriminalization law
- Safe consumption/injection sites
- Large scale Narcan distribution
- State distribution of narcotics (Canada)

# Backlash

**Each of these has met some resistance along the way, but the resistance appears to be growing.**

- Philadelphia is a hot bed of drug overdose deaths and harm reduction efforts looked to make safe injection sites a standard.
  - Pennsylvania passes a bill banning them
- Narcan is the simplest and most effective tool we have for overdose prevention
  - Idaho passed a law limiting federal funding accepted for naloxone
- Oregon's decriminalization saw a reduction in overdose deaths but no change in use patterns
  - Oregon has since repealed the law
- Canadian health authorities have begun testing safe supply measures
  - Concerns over diversion have led to public outcry and proposed changes to legislation



**Share in the chat:**

*Do you have another example of resistance of harm reduction efforts in your community or across the nation?*

# Harm Reduction Principles

**Defining harm reduction**

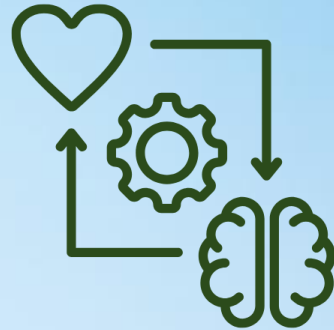
# Harm reduction definition

**A universal definition for harm reduction is hard to find. Early research defined what harm reduction does rather than exactly what it is.**

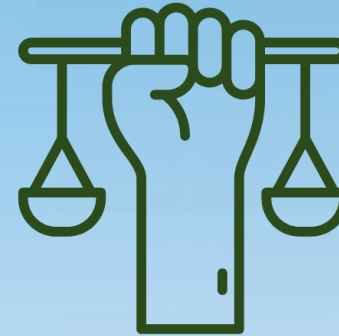
Harm reduction attempts to reduce the negative consequences of drug use among persons who continue to use drugs. Harm reduction emphasizes practical rather than idealized goals.

# Harm reduction: Principles

Harm reduction has two fundamental principles...



**Pragmatism**



**Respect for the human  
rights of people who use  
drugs**

# Harm reduction: Basic philosophy

- Ultimate public health goal is to reduce substance use itself
- Harm reduction approach recognizes the imperative to address immediate health risks for individuals who continue to use substances



# Summary of principles

- **Pragmatism:** Substance abuse will not be eliminated in society; so maybe limiting the abuse should be the goal
- **Humanistic values:** Respect individual's rights and dignity by accepting their decision to use
- **Focus on harms:** Minimize the negative consequences that come with drug and alcohol use
- **Balance of costs and benefits to individual and society:** Identify the consequences of drug use and the costs and benefits for preventing the consequences
- **Hierarchy of goals:** Address the most immediate goals of patients, and keep engaged in care



# Pragmatism

- Acknowledgement that some level of substance use is inevitable in society
- Limiting substance use- related harms is more feasible than eliminating use altogether
  - Example: Substance use linked to housing, poverty, education; cannot eliminate those disparities; what can be done is limit harms– the amount of use, the frequency of use, engage in healthcare.

# Humanistic Values

- Accepting an individual's decision to use substances respects their rights and dignity
  - For example: Forcing individuals to make a decision that they are not ready to make NEVER works. Instead, respect people's decisions, no matter what those are, while making sure they receive the support, education and help they need to move them towards making healthier decisions for themselves. This includes taking HIV medications, leaving an abusive partner.

# Focus on Harms

- Prioritizing reduction of the negative consequences of substance use to the user and others
- Neither excluding nor presuming abstinence as the long-term treatment goal

## Balance of Costs and Benefits to Individual and Society

- Identifying and measuring the relative importance of drug-related problems, the associated harms, and costs/benefits for intervention
  - Example: Alcohol related deaths remains higher than all drugs other than tobacco but get less attention for a variety of reasons. Focus on consumption reduction could yield higher benefits for lower costs.

# A Hierarchy of Goals

- Achieving the most immediate and realistic goals, with the immediate focus on the person using engagement to address the most pressing needs
  - Example: Client expresses a desire for complete abstinence and a plan to quit cold turkey tomorrow. Client's physical safety takes a precedent over their desire and detoxification and continued use until they can access it becomes the goal.

# Harm reduction

- Offers people actively using substances:
  - Practical education and care
  - Health promotion skills
  - Basic health-care tools
  - All in non-judgmental framework
- Allows immediate access to medical treatment and psychiatric counseling and care while reducing overall morbidity and mortality in a greater public health framework



# Harm Reduction in Action

**How it works in practice**

# Harm reduction and other illnesses

- Harm reduction is used in primary care all of the time
  - Diabetes
  - Weight management
  - Chronic pain
  - Sexual health
  - Hypertension
- Strategies for all these conditions aim to reduce negative outcomes rather than “curing” the disease
- This is standard practice, not radical

# Themes

- It usually takes time for people to arrive at recovery
- Efforts to force that process along are well understood to be ineffective and often harmful
- People can be health*ier* while still actively using drugs
  - If health is a continuum, how can anything else be our goal?



# Never use alone

“ ‘Don’t die: That would be great,’ ” she repeated. “We can work with anything but death.”



Aymann Ismail

Still, she saw results immediately. Her daughter’s arms and skin began looking better, and she started looking healthier. She wasn’t complaining of fatigue. “What I knew is we were battling infection, and we were getting on top of it quickly. That’s when I knew I was doing the right thing,” she said. “If what she wants to do is continue to use, she should be alive and healthy to do so. If what she wants to do is one day kick it, she should be healthy.

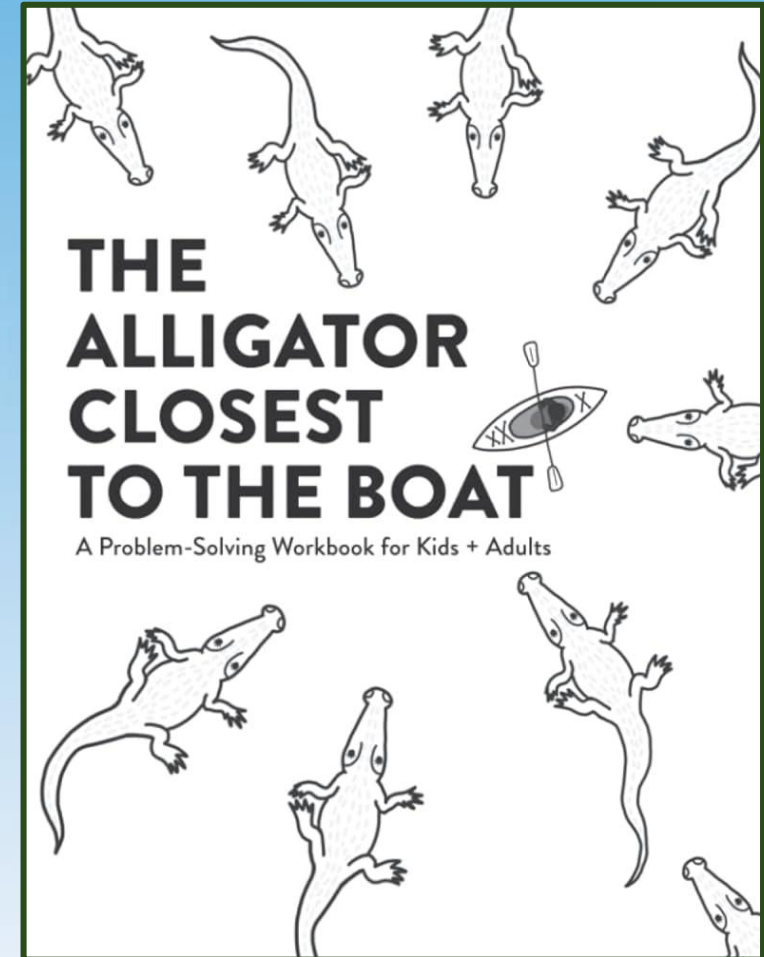
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[The Woman on the Line | Slate](#)

# A hierarchy of risks, a hierarchy of needs

- Not all risks are created equal
- Patients have multiple deadly risks
  - They won't all kill them equally fast
  - Smoking kills more than fentanyl, but fentanyl will kill you faster
- Addressing needs may reduce risks
  - Housing first programs have shown this clearly
- Address risks at their intersections with other risks
  - i.e. Suicide ideation and alcohol use



# Harm reduction is messy!

- The only relevant question with harm reduction is, “does it work?”
- What works will often be met with skepticism, criticism, and moral judgement
  - Needle exchanges
  - Safe consumption sites
  - Jessica Blanchard having her daughter use IV heroin at her kitchen table
  - Cutting off drinkers at bars and getting them a cab
- All of these save lives – that must be the goal!



# Questions?

**Feel free to unmute or put your  
questions in the chat!**

