Understanding the Role of Harm Reduction in Preventing Opioid Overdose

> *We're talking for the first time about affirming and even rejoicing in improvement—not perfection. Humans are really good at improvement. We are not so good at perfection.*
>
> *– Dan Bigg, Director of the Chicago Recovery Alliance*

The opioid crisis is galvanizing individuals across disciplines to play a role in prevention, response, and treatment activities. All-hands-on-deck collaboration among prevention practitioners, law enforcement, primary care practitioners, first responders, and people who use drugs (including those who love and support them) has the potential to transform the way we understand the problem and prevent it.

To support these efforts, many community professionals are drawing on the tools of a public health approach called harm reduction: a set of practical strategies, policies, and programs to reduce the negative consequences associated with the misuse of drugs. Harm reduction focuses on the harms caused by drug use and identifies steps to reduce them.[1]

To support collaboration with the harm reduction field, this tool offers prevention practitioners an introduction to the harm reduction philosophy, how harm reduction approaches are being used to prevent the consequences of opioid misuse, and the role of prevention practitioners in supporting these approaches.

WHAT IS HARM REDUCTION?

> ***People are often practicing harm reduction, but they aren't calling it that. They aren't recognizing it as that.***
>
> *– Valery Shuman, Senior Director, Heartland Center for Systems Change*

Most people are familiar with harm reduction strategies used to address other public health problems, such as alcohol use. For example, designated driver campaigns are not designed to prevent drinking, but rather to prevent injury and death caused by drunk driving. These programs

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acknowledge that many people regularly drink alcohol to excess, and so provide practical, judgment-free options—such as designated drivers and free transportation on New Year's Eve—to prevent the potential harm produced by this behavior.

The same approach can be applied to opioid misuse. Like designated driver programs, harm reductions programs that involve the distribution of the opioid overdose reversal medication naloxone, or that provide clean syringes, are designed to keep people who use opioids safe. "Having the overdose reversal medication naloxone on hand at a party where people are taking drugs is the same as having a designated driver at a party where drinking is happening," says Eliza Wheeler, a leading practitioner and researcher in the harm reduction field.[2]

Research has shown that harm reduction approaches have the potential to make a difference.[3] Harm reduction approaches like overdose prevention education and the distribution of naloxone to people who use drugs are associated with increased calls for help,[4] increased overdose responses (like rescue breathing),[5] and reduced number of deaths from opioid misuse.[6]

RESPECT FOR THE INDIVIDUAL

> ***"People with substance use disorders are people with problems, not problem people.***
>
> *– Patt Denning, Director of Clinical Services and Training, Center for Harm Reduction Therapy*

At the core of harm reduction is a commitment to the rights and autonomy of people who use drugs. This means respecting their decisions, as well as their behavioral goals. So instead of focusing solely on preventing substance use, harm reduction approaches support any positive change in behavior, as defined by the individual. In the context of opioid misuse, this means recognizing the huge, productive middle ground between out-of-control addiction and total abstinence. Harm reduction works to support positive change and improvement within this middle ground.

Harm reduction practitioners are committed to fighting the entrenched belief that drug use is a moral failing, and that people who use drugs are less deserving of help and support than those who do not. Harm reduction avoids judgements about how lives should be led, and instead focuses on celebrating life and keeping people safe.

To this end, harm reduction practitioners are also committed to fighting the stigma and prejudice that prevent many people who use drugs from seeking the services they need. One critical way to do this is by eliminating language that dehumanizes them. For example, rather than labeling people the pejorative "addict," which defines the person solely by their problem, practitioners have shifted to using the phrase "people who use drugs," which acknowledges that an individual's drug use is just one aspect of who they are. This adjustment also acknowledges the array of experiences of people who use drugs and challenges the false dichotomy wherein people are either abstinent from drugs or "addicts."

Consistent with this focus on respect and autonomy, harm reduction programs strive to structure their service environments, policies, and procedures in a way that continually engages and welcomes people at any stage of their drug use. Harm reduction programs favor services that are easy to access and provide opportunities for people to participate in varied ways. For example, many programs invite people to use basic services, such as hygiene supplies or food, or to request something more, such as a referral to drug treatment or mental health services. Simply being welcomed into a service environment can lead a person eventually to request additional help.[7,8]

HARM REDUCTION STRATEGIES TO PREVENT THE CONSEQUENCES OF OPIOID MISUSE AND OVERDOSE

> ***"As a family medicine doctor, I don't get to cure very many diseases. But I can prevent the harm that diabetes does. I can prevent the harm that HIV does. That's what harm reduction lets us do. We can prevent a problem from creating other problems.***
>
> *– Dr. Sharon Stancliff, Medical Director, Harm Reduction Coalition*

Research has identified a variety of strategies shown to be effective in reducing the harm produced by opioid misuse, including overdose. These include the following:

- **Medication-Assisted Treatments (Methadone and Buprenorphine).** These therapies aim to prevent or reduce illicit opioid use by providing a stable and consistent dose of an opioid in a supervised setting to individuals with opioid use disorder. Just as nicotine replacement is used to reduce the urge to smoke, these medications reduce opioid cravings and withdrawal symptoms. Combined with behavioral therapies, these medications can help people manage their opioid addiction and focus on their recovery. These and other medication-assisted treatments (MAT)—specifically naltrexone, which blocks the effects of other narcotic—have been shown to be effective in preventing opioid overdose.[9] MAT has been linked to decreased mortality, both from natural causes and overdoses; reductions in illicit opioid use, HIV risk behaviors, and criminal activity; and is believed to have an impact on overall health.[10,11]

- **Naloxone distribution programs.*** Naloxone is a recognized opioid overdose reversal medication, commonly sold under the brand names Narcan® and Evzio®. Distribution programs—run by needle exchange programs, medical organizations, public health agencies, and criminal justice entities—expand the availability of naloxone to those individuals most likely to encounter an overdose emergency. These include professional first responders, such as paramedics, emergency medical technicians, law enforcement officers,

*For more information on the laws that make naloxone easier to obtain, see the CAPT tool *Preventing the Consequences of Opioid Overdose: Understanding Naloxone Access Laws.*

and firefighters; and lay first responders, such as people who use drugs, their friends, their family members, and the people and organizations who work with these groups. Between 1996 and 2014, it is estimated that more than 26,000 overdoses were reversed using naloxone in the United States.[12] Studies indicate that 80% of people who administer naloxone in an overdose emergency are people who use drugs themselves.[13,14]

- **911 Good Samaritan laws.**[†] According to the Drug Policy Alliance, fear of police involvement is the most common reason people cite for not calling 911 to report an overdose.[15] 911 Good Samaritan laws address this fear by offering people who call 911 during an overdose protection from criminal liability. 911 Good Samaritan laws have been associated with greater use of 911 in the event of an overdose.[16] As of July 2017, 40 states and the District of Columbia have instituted these new laws and policies.

- **Syringe access and exchange programs.** These programs provide clean syringes to people who inject drugs, as well as a place to safely dispose used syringes. Many of these programs also provide participants with information about and/or access to other available services, including overdose prevention education, HIV and hepatitis testing, case management, and referral to treatment. Syringe access and exchange programs have been shown to be effective in reducing risky behaviors associated with injection drug use (such as sharing syringes and reusing syringes),[17] and in reducing the transmission of blood-borne diseases such as HIV and viral hepatitis, which are among the gravest risks for people who inject drugs.[18,19]

HOW CAN PREVENTION HELP?

> ***"Harm reduction and substance misuse prevention are both focused on reducing the adverse health and social consequences of substance use.***
>
> *– Daniel Raymond, Deputy Director of Policy & Planning, Harm Reduction Coalition*

Harm reduction is a vital component of any community's opioid overdose prevention approach. While many harm reduction strategies may be initiated outside the classic prevention sector—for example, by law enforcement or needle exchange programs—-prevention practitioners can play a vital role in supporting these strategies. Prevention practitioners are particularly well-positioned to do the following:

Promote community readiness to support harm reduction approaches. Harm reduction operates on the premise that there are many positive changes a person can make to reduce the negative consequences of their opioid misuse—including, but not limited to, complete abstinence. Some stakeholders may have difficulty embracing this perspective, convinced

[†] To learn more about the laws that protect individuals who respond to an overdose emergency, see the CAPT tool *Preventing the Consequences of Opioid Overdose: Understanding 911 Good Samaritan Laws*.

that any level of misuse is unacceptable. Others may believe that harm reduction approaches, such as naloxone distribution, might encourage continued and/or more dangerous use. Prevention practitioners recognize the importance of building readiness and support for prevention approaches and have experience crafting messages designed to correct misperceptions and build this necessary support.

Help people examine their prejudices and stigma.‡ Stakeholder reluctance to embrace harm reduction approaches is often fueled by negative attitudes about people who use drugs. Prevention practitioners can work to reduce the stigma and prejudice that prevent some stakeholders from supporting harm reduction approaches, by, for example, educating them about the nature of addiction and the recovery process, what substance use disorder (SUD)-related stigma is, and how to address it. Stigma-reducing strategies include:

- Promoting the use of non-stigmatizing language;
- Raising awareness of SUDs as treatable-diseases; and
- Encouraging treating those who suffer from SUDs with dignity and respect.[11]

Provide audience-appropriate education and resources. Prevention practitioners can take the lead in developing and/or tailoring pamphlets, tip cards, instruction sheets, and other informational resources to support harm reduction strategies on topics such as how to identify an overdose, use naloxone, reduce post-overdose risk, and access recovery supports. Practitioners also bring to the table experience developing and delivering trainings tailored to the needs of both lay and professional audiences, as well as expertise developing messaging designed to build awareness and support for selected interventions.

Coordinate strategy implementation. Well-versed in coalition-building and collaboration, prevention practitioners can help to ensure that the various sectors responsible for implementing harm reduction strategies know what one another is doing and merge their efforts into a coordinated response. For example, to increase access to naloxone for people at risk for overdose, prevention practitioners can bring together important community stakeholders (like emergency medical services providers and community health workers), facilitate a naloxone program planning process, help partners work through potential barriers to participation, and contribute financial resources (if allowed).

Link harm reduction work to more "upstream" prevention efforts. Prevention practitioners understand that a comprehensive approach to addressing the current opioid crisis requires a combination of "downstream" harm reduction strategies (designed to prevent opioid overdose and related consequences) and "upstream" prevention strategies (designed to reduce opioid misuse in the first place). Prevention practitioners can play an important role in linking these two approaches, for example, by referring family members of people who use drugs to prevention programs like *Strengthening Families* and the *LifeSkills Training* which

‡To explore the role that language plays in either perpetuating or reducing stigma, see the CAPT tool *Words Matter: How Language Choice Can Reduce Stigma.*

promote factors that protect against future substance misuse by building strong family ties, strengthening social skills, and establishing drug-resistance strategies.

Harm reduction offers stakeholders working across disciplines tangible and respectful ways to help people stay alive and healthy, and to feel like they are making a difference in the midst of a crisis that can often feel insurmountable. Harm reduction is not the only approach to preventing opioid overdose and its consequences, but it is an essential piece of the prevention puzzle. Prevention practitioners can play an important role in helping stakeholders understand and implement these strategies, and in finding ways to integrate these approaches into a coordinated prevention response.

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