

HARM REDUCTION IN THE SUD TREATMENT CONTINUUM

As a leading substance use disorder (SUD) treatment provider, Gaudenzia is committed to keeping individuals safe and alive while actively working to reduce known barriers to access treatment. By embracing evidence-based harm reduction approaches like Medication-Assisted Treatment (MAT) and mobile recovery support services as part of our comprehensive SUD treatment continuum, our organization is unique among residential treatment providers.

Consistent with our mission, Gaudenzia will continue to implement and support evidence-based harm reduction strategies that meet the evolving needs of the populations we serve, placing the health and safety of our clients and communities above all else.

Harm Reduction: An Overview

The illicit drug market continually evolves, whether to evade detection or to keep people who use drugs (PWUD) caught in a cycle of substance use. In recent years, a rise in stimulant and poly-substance use in some areas speaks to the way those producing and selling illicit drugs may have adapted to recent global events — such as national border closures related to the Covid-19 pandemic — that made it more difficult to procure substances like heroin.

Substance use disorder (SUD) treatment providers have also seen highly potent synthetic drugs like fentanyl, and adulterants like xylazine, overtake the illicit drug market. By way of example, the Philadelphia Department of Public Health no longer considers fentanyl as an adulterant, but rather a primary composite, meaning drugs sold as street opioids in the city are presumed to be fentanyl. Alarmingly, analysis of street drugs in Philadelphia in 2022 found that 90% of opioid samples contained xylazine, making fentanyl the primary composite and xylazine the most common adulterant.



The consequences of these changes in substances and an increased prevalence of substance use have been devastating. A record number of overdose deaths — topping 100,000 annually in the U.S. in 2021 — underscores the urgent need for SUD treatment providers to adapt as well. In response to the unprecedented overdose crisis, evidence-based harm reduction interventions have moved from the margins into mainstream healthcare continuums, most notably via its decisive inclusion in the Department of Health and Human Services' four-pillar strategy to reduce overdose deaths and the National Institute of Drug Abuse's (NIDA) five-year strategic plan.

¹Gaudenzia, Inc. FRONTLINE REPORT FY:2022. (9 Sept. 2022). <https://www.gaudenzia.org/wp-content/uploads/2022/09/2022-FrontLine-Report.pdf>

²Philadelphia Department of Public Health Substance Use Prevention and Harm Reduction. (2022, December 8). Health update: Xylazine (tranq) exposure among people who use substances in Philadelphia. https://hip.phila.gov/document/3154/PDPH-HAN_Update_13_Xylazine_12.08.2022.pdf/

³Abuse, National Institute on Drug. "COVID-19 & Substance Use." National Institute on Drug Abuse, 25 Feb. 2022. nida.nih.gov/research-topics/comorbidity/covid-19-substance-use

⁴Press release: Drug overdose deaths in the U.S. top 100,000 annually. (2021, November 17). The Centers for Disease Control and Prevention. https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2021/20211117.htm

⁵US department of health and human services overdose prevention strategy. (2022). HHS. <https://www.hhs.gov/overdose-prevention/>

⁶NIDA. "Director's Message." National Institute on Drug Abuse, 21 Jan. 2023. <https://nida.nih.gov/about-nida/2022-2026-strategic-plan/directors-message>



What is Harm Reduction?

Harm reduction is an approach for individuals with a habit or condition that impacts them in a negative way, but who may not be ready to commit to a complete change. Instead, changes are made incrementally while tracking progress. One example is an individual with diabetes who is not ready for a complete diet overhaul. A harm reduction approach may involve educating the individual and loved ones on the symptoms of hyperglycemia, carrying treatment for hyperglycemia, and incrementally switching to healthier food and drink alternatives over time.

As it relates to SUD treatment, harm reduction refers to evidence-based practices and services that are known to help reduce or prevent overdose deaths and harmful health outcomes related to substance use and SUDs. This includes reducing instances of life-threatening infections, as well as reducing the transmission of chronic diseases like HIV and hepatitis among people who use drugs (PWUD).

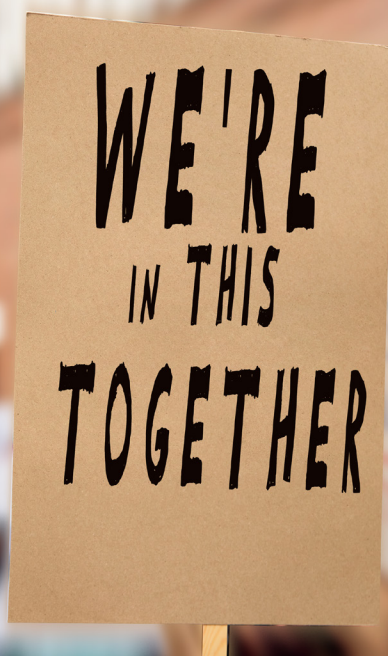
Given current data that shows fewer than 7% of 43.7 million Americans with an SUD received treatment in 2021, harm reduction is a pragmatic approach to saving lives and minimizing risks for those who may not be ready for treatment. The goal of harm reduction is not to enable individuals to continue their drug use indefinitely, but rather to promote low-barrier entry to treatment and recovery services when individuals are ready. Harm reduction is a form of person-centered, individualized care that recognizes how and why traditional treatment methods, including abstinence-only approaches, do not work for everyone.

Synergistic with the spirit of evidence-based therapeutic techniques like Motivational Interviewing (MI), harm reduction respects the autonomy and agency of PWUD. A harm reduction approach aims to meet an individual where they are at in terms of their readiness for change and supports any positive change that individual is willing to make.

HARM REDUCTION AS A SOCIAL JUSTICE MOVEMENT

While harm reduction broadly refers to a set of practices and services, many advocates view it as a mindset and a movement for social and racial justice. Research shows that substance use and SUD-related harms disproportionately impact Black, Indigenous, and other people of color, collectively referred to as BIPOC communities. Socioeconomic disparities also make some individuals more vulnerable to the harmful effects of substance use and SUDs than others.

As a social justice movement, harm reduction initiatives work directly with impacted communities, collaborating with individuals in a respectful, judgment-free manner to provide equitable and accessible solutions to their most pressing health and social needs.



²SAMHSA. (2022, December). Highlights from the 2021 national survey on drug use and health. <https://www.samhsa.gov/data/sites/default/files/2022-12/2021NSDUHFFRHighlights092722.pdf>

³Alexander, M. J., Kiang, M. V., & Barbieri, M. (2018). Trends in Black and White Opioid Mortality in the United States, 1979–2015. *Epidemiology*, 29(5), 707–715. <https://doi.org/10.1097/ede.0000000000000858>

⁴Baptiste-Roberts K, Hossain M. Socioeconomic Disparities and Self-Reported Substance Abuse-related Problems. *Addict Health*. 2018 Apr;10(2):112-122. doi: 10.22122/ahj.v10i2.561.



Common Harm Reduction Strategies

Harm reduction approaches can be tailored to address specific risks or needs related to substance use and SUDs. The primary goal of harm reduction is to reduce or eliminate unnecessary risks and adverse health effects for individuals and communities, and ultimately, to support linkages to SUD treatment and long-term recovery.

HARM REDUCTION STRATEGIES MAY INCLUDE THE FOLLOWING:

MEDICATION-ASSISTED TREATMENT (MAT)

MAT uses FDA-approved medications to treat individuals with opioid use disorders (OUD), and in some cases, individuals with alcohol use disorder (AUD). MAT helps stabilize brain chemistry, ease withdrawal symptoms and cravings, and blocks the euphoric effects produced by substances like opioids. Studies show that MAT helps reduce opioid overdose deaths, helps reduce illicit opioid use, and increases treatment retention.

PEER SUPPORT SERVICES

Peer support services are provided by individuals with lived experience when it comes to substance use, SUDs, and recovery. Services may include outreach, education, and linkages to SUD treatment and other support services.

DRUG TESTING/DRUG CHECKING STRIPS

The alarming rise in deadly synthetic opioids like fentanyl makes it impossible for PWUD to know what they are consuming. Distributing drug testing strips and providing education on the importance of drug testing helps PWUD detect substances like fentanyl and take protective measures. One study in North Carolina found that 81% of individuals with access to fentanyl test strips regularly tested drugs before use. Those with positive test results were 5 times more likely to change their drug use behavior to reduce the risk of overdose.

NALOXONE DISTRIBUTION

Naloxone, sometimes also referred to as Narcan, is a life-saving opioid overdose reversal medication. Providing free naloxone to members of the public and to PWUD equips more individuals to reverse overdoses as they occur, thus saving more lives. One national study showed that opioid overdose deaths decreased by 14% in states after they enacted naloxone access laws.

COMMUNITY OUTREACH

Community outreach involves providing services to individuals who may not otherwise have access to — or knowledge of — those services. Outreach initiatives may include providing education, supplies, and services like wound care on-site where individuals are located.

¹⁰Ma, Jun, et al. "Effects of Medication-Assisted Treatment on Mortality among Opioids Users: A Systematic Review and Meta-Analysis." *Molecular Psychiatry*, vol. 24, no. 12, 22 June 2018, pp. 1868–1883, <https://doi.org/10.1038/s41380-018-0094-5>.

¹¹Mattick, Richard P, et al. "Methadone Maintenance Therapy versus No Opioid Replacement Therapy for Opioid Dependence." *Cochrane Database of Systematic Reviews*, 8 July 2009, <https://doi.org/10.1002/14651858.cd002209.pub2>.

¹²Nicholas C. Peiper, Sarah Duhart Clarke, Louise B. Vincent, Dan Ciccarone, Alex H. Kral, Jon E. Zibbell. Fentanyl test strips as an opioid overdose prevention strategy: Findings from a syringe services program in the Southeastern United States. *Int J Drug Policy*. Sep 28, 2018.

¹³McClellan, C., et al., Opioid-overdose laws association with opioid use and overdose mortality. *Addictive Behaviors*, 2018. 86: p. 90-95.



HARM REDUCTION STRATEGIES CONTINUED:

MOBILE HARM REDUCTION SERVICES

Mobile harm reduction services provide low barrier access to treatment in areas where individuals cannot easily access care. Services are brought directly to communities and may include syringe exchange, naloxone distribution, and referrals to MAT and other treatment services.

OVERDOSE PREVENTION EDUCATION

Education initiatives on how to prevent overdoses may include educating individuals on how to avoid overdose when using substances, how to recognize the signs of an overdose, how to administer naloxone, how to perform rescue breathing, and how to ensure that an individual receives appropriate care following an overdose.

SAFER SMOKING AND INHALATION EDUCATION

Distributing safer smoking supplies and providing education to people who smoke drugs, rather than inject them, helps reduce the risk of HIV and hepatitis C (HCV). Harm reduction programs may provide safer smoking supplies like glass stems and pipes, plastic mouth pieces to prevent burns, and sanitization items.

SYRINGE SERVICES PROGRAMS (SSPS)

SSPs are community-based programs that typically facilitate the safe disposal of syringes, provide safe injection supplies and education, and offer linkages to STI testing, medical care for infectious diseases, and SUD treatment. SSPs are estimated to help reduce HIV and HCV incidence by 50%.

SUPERVISED CONSUMPTION SITES

Monitored spaces where PWUD can bring their own, pre-obtained illicit substances and use in a safe, supervised setting. Staff members do not assist with drug use, but may provide safe injection supplies, educate individuals on safe injection practices to prevent injury and infection, and monitor for overdose. One study found a 26% reduction in overdose deaths in the area surrounding a supervised injection site in Vancouver, Canada, compared to the rest of the city.

SOBERING CENTERS

Facilities that provide a safe environment for individuals under the influence of alcohol to become sober, reducing the number of inappropriate ambulance trips and emergency department visits. Sobering centers often serve uninsured, unhoused, and/or marginally housed individuals and provide alternatives to booking individuals arrested for public intoxication.

A HARM REDUCTION MINDSET INCLUDES THE BELIEF THAT ANY INTERACTION CAN BE THE START OF SOMEONE'S RECOVERY JOURNEY

¹⁴Syringe Services Programs (SSPs) Fact Sheet. (2019). The Centers for Disease Control and Prevention <https://www.cdc.gov/ssp/syringe-services-programs-factsheet.html>

¹⁵Levenson TW, Yoon GH, Davoust MJ, et al. Supervised injection facilities as harm reduction: a systematic review. *Am J Prev Med.* 2021;61(5):738-749



Federally Supported Harm Reduction Initiatives

The Department of Health and Human Services (HHS) outlines Federally supported activities that promote access and availability of evidence-based harm reduction services.



HHS HAS IDENTIFIED THE FOLLOWING PRIORITY INITIATIVES:

- ▶ Facilitating the use of Fentanyl Testing Strips (FTS) and drug checking in clinical and community settings.
- ▶ Implementing HIV services within Syringe Services Program (SSP) settings.
- ▶ Increasing access to opioid reversal treatments like naloxone.
- ▶ The SAMHSA Harm Reduction Grants program, which awards funding to support overdose prevention programs, syringe services programs, and related services.
- ▶ The CDC's Stop Overdose campaign, which educates PWUD on the dangers of potent drugs like fentanyl, the risks of mixing drugs, the benefits of naloxone, and available treatment options.
- ▶ The CDC-SAMHSA Harm Reduction Technical Assistance Program, which aims to implement a national SSP monitoring and evaluation program.

Harm Reduction: Misconceptions, Criticism & Concerns

Some harm reduction approaches continue to draw controversy despite scientific evidence of their effectiveness. This creates barriers to funding and implementation. While some critics feel that harm reduction strategies minimize the harms associated with substance use and enable PWUD to continue their drug use without consequence, advocates contend that such concerns stem from stigma, discrimination, and the outdated belief that SUD is a moral failing, rather than a chronic condition characterized by compulsive drug seeking.

Common misconceptions around harm reduction include the notion that harm reduction services increase drug activity and crime in neighborhoods. In reality, harm reduction initiatives have been shown to make communities safer, and services like supervised consumption sites tend to decrease open-air drug use and reduce overdose deaths. Syringe access programs often lead clean-up initiatives in the areas they serve and have been shown to decrease inappropriate needle disposals and accidental needle sticks.

¹⁶SA Overdose prevention strategies: Harm reduction. (2022). HHS. <https://www.hhs.gov/overdose-prevention/harm-reduction>

¹⁷Syringe services programs. (2022, July 15). National Institute on Drug Abuse. <https://nida.nih.gov/research-topics/syringe-services-programs>



Harm Reduction as Healthcare

Harm reduction programs can effectively support treatment providers as a pillar within the SUD treatment continuum. Initiatives can help individuals enter treatment in better health and with an established rapport with medical and behavioral health care providers. Introducing or supporting non-traditional models of care in historically under served communities can help build on an inclusive approach to serve diverse client populations more effectively. By increasing harm reduction services and strengthening relationships with local community-based harm reduction organizations, treatment providers can better address the myriad of challenges left in the wake of the Covid-19 pandemic and resulting workforce shortages.

NEED HELP?

Contact our 24-hour Treatment and Referral HelpLine
833.976.HELP(4357) OR HELPLINE@GAUDENZIA.ORG

