Overview of Harm Reduction: From Philosophy to Practice

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Disclosures

“Neither I nor my spouse/partner has a relevant financial relationship with a commercial interest to disclose.”
Learning Objectives

• Understand the principles of harm reduction

• Describe synergy with goals of treatment

• Review harm reduction practices
Perceptions of harm reduction
WE TREAT ALL OUR PATIENTS...

WITH RESPECT

WE KNOW OUR PATIENTS WHO USE ALCOHOL, DRUGS, AND CIGARETTES VALUE THEIR HEALTH

OUR GOAL IS TO PROVIDE EVERY PATIENT THE BEST MEDICAL CARE WE CAN

WE'RE HERE TO HELP YOU, NOT JUDGE YOU
A false dichotomy

“Harm reduction is often made an unnecessarily controversial issue as if there was a contradiction between prevention and treatment on one hand and reducing the adverse health and social consequences of drug use on the other. This is a false dichotomy. They are complementary.”

UNODC, 2007
Principles of harm reduction

• Reduce negative consequences of use
• Provide menu of services
• Non-judgmental, non-coercive
• Focus on quality of life
• Patients engaged in plan
• Celebrate any positive change
“Human rights apply to everyone. People who use drugs do not forfeit their human rights, including the right to the highest attainable standard of health.”

Harm Reduction International
http://www.ihra.net/
Patient-centered care

• Relationship-based health care with an orientation toward the whole person

• Respects each patient’s unique needs, culture, values, and preferences

• Supports patients in learning to manage and organize their own care at the level the patient chooses
Why harm reduction?

• Congruent with general principles of medicine
  – Non-maleficence
  – Patient autonomy

• Addiction is a relapsing disease

• Pathway to recovery can be circuitous
Any positive change

• “If our goal is to promote health and reclaim lives, then we must understand the sometimes circuitous paths through which individuals achieve and sustain such health. We must meet each individual with fresh eyes in every encounter with a belief that each encounter is an opportunity for movement, no matter how small, towards health and wholeness.”
Evidence-based

- Syringe exchange programs (SEP) associated with reductions HIV, HBV, HCV

- SEPs do not increase rates of drug use

- Safer injecting facilities reduce HIV & overdose deaths

- Naloxone distribution is cost effective and saves lives

- Low threshold maintenance programs have good retention

Harm reduction: Practical Examples

- Needle/syringe exchange
- Supervised injection facilities
- Safer injection techniques
- Emphasizing non-injection routes of use
- Overdose prevention & naloxone
- Hepatitis vaccine programs
- Low-threshold pharmacological interventions
Safer Injecting
Overdose

Real life angels carry naloxone.
Low threshold treatment models

• Flexible, focused on engagement

• Reach marginalized populations with chaotic lives
  – Patients with high risk of blood-borne disease transmission and overdose, lower socioeconomic level, h/o incarceration, and high prevalence of co-occurring psych illness

• Cumulative treatment duration has positive health outcomes, even for patients who cycle in and out of care
Risk of death 10x ↑ on waiting list

Interim MMT improves outcomes

<table>
<thead>
<tr>
<th>Variable</th>
<th>Interim Group</th>
<th>Control Group</th>
<th>F_{(2,214)} Value</th>
<th>P Value</th>
<th>R^2 Value</th>
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</thead>
<tbody>
<tr>
<td>Time of heroin use in the past 30 d, d</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Baseline</td>
<td>29.5 (2.2)</td>
<td>29.8 (1.0)*</td>
<td>421.2</td>
<td>&lt;.001</td>
<td>0.60</td>
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<tr>
<td>4 mo</td>
<td>4.2 (8.6)</td>
<td>26.4 (8.8)</td>
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<tr>
<td>Time of cocaine use in the past 30 d, d</td>
<td></td>
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<tr>
<td>Baseline</td>
<td>7.2 (10.6)</td>
<td>6.1 (9.7)</td>
<td>12.3</td>
<td>&lt;.001</td>
<td>0.04</td>
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<tr>
<td>4 mo</td>
<td>2.4 (5.5)</td>
<td>5.8 (8.8)</td>
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<tr>
<td>Time of alcohol intoxication in the past 30 d,d</td>
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<tr>
<td>Baseline</td>
<td>7.5 (11.4)</td>
<td>7.2 (10.9)</td>
<td>11.5</td>
<td>&lt;.001</td>
<td>0.04</td>
</tr>
<tr>
<td>4 mo</td>
<td>4.0 (8.3)</td>
<td>8.5 (11.9)</td>
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<td>Money spent on drugs in the past 30 d, d</td>
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<tr>
<td>Baseline</td>
<td>883 (818)</td>
<td>813 (814)</td>
<td>20.1</td>
<td>&lt;.001</td>
<td>0.07</td>
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<tr>
<td>4 mo</td>
<td>76 (206)</td>
<td>560 (981)</td>
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<td>Illegal Income in the past 30 d, d</td>
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<tr>
<td>Baseline</td>
<td>459 (1046)</td>
<td>485 (1022)</td>
<td>5.5</td>
<td>&lt;.02</td>
<td>0.02</td>
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<tr>
<td>4 mo</td>
<td>36 (160)</td>
<td>412 (1391)</td>
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<tr>
<td>Opiate-positive drug test result†</td>
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<tr>
<td>Baseline†</td>
<td>192 (99.5)</td>
<td>111 (98.2)</td>
<td>.28</td>
<td></td>
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<tr>
<td>4 mo§</td>
<td>99 (56.6)</td>
<td>80 (79.2)</td>
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<tr>
<td>Cocaine-positive drug test result†</td>
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<td></td>
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<tr>
<td>Baseline‡</td>
<td>122 (62.9)</td>
<td>70 (61.9)</td>
<td>.87</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 mo¶</td>
<td>107 (61.5)</td>
<td>62 (62.6)</td>
<td>.85</td>
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</tbody>
</table>

Schwartz et al. Arch Gen Psychiatry. 2006;63:102-109
Outcomes

• Low threshold methadone:
  – 88% retention at 30 days, 64% at 1 year
  – Significant reduction in heroin & cocaine
  – Increased stable living conditions

• Low threshold buprenorphine:
  – Patients retention similar to “standard” bup
  – 68%, 63%, 56%, 42% retained at 3, 6, 9, 12 mo

Buprenorphine treatment in cocaine users

Cocaine users had:
• Reduced self-reported opioid use from 94% to 27%
• 6-month treatment retention of 59%
• No significant difference from non-users
Medical Management Alone

Fiellin DA et al.  A Randomized Trial of Cognitive Behavioral Therapy in Primary Care-based Buprenorphine
Am J Med 126:1 2013
Engagement & Hope

• “Hope and growing aspirations for a better life can be a catalyst to recovery as much as a desire to escape addiction-related pain. Our intent is to affirm the recovery option in every encounter and to provide the support that makes this movement toward health possible—either as a sudden dramatic leap or a process involving incremental steps over time.”

Summary: Harm Reduction

• Patient-centered, pragmatic, focus on engagement

• Incorporates dignity and autonomy

• Cost-effective and saves lives

• Reduces risks during pathway to recovery or during relapse

• Evidence-based approaches:
  – safer injecting education, naloxone, lower threshold treatment models
Thank you!

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