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Harm Reduction Interventions in Substance Abuse Treatment

Philosophy/Overview[1]

- Harm reduction is a client-centered philosophy that engages clients in the process of behavior change even if they are not motivated to pursue abstinence from substance use[2] or refrain from engaging in other risk-taking behaviors as a treatment goal.
- Harm reduction challenges the traditional notion of abstinence as a universal treatment goal for problem substance use. It focuses on reducing the harm of drug use to the user and society (health, social, and economic consequences) for people unable or unwilling to stop using drugs rather than requiring abstinence as a condition of treatment.
    - Harm reduction strategies are community-based, user-driven, non-judgmental and address systems that isolate and marginalize individuals.
    - Harm reduction acknowledges that clients often seek out substance abuse treatment services to address risky injection practices and sexual risk-taking behavior, even when they are not interested in changing substance use patterns.
- Many people who use drugs prefer to use informal and non-clinical methods to reduce their drug consumption or reduce the risks associated with their drug use. Thus, harm reduction is a public health philosophy and service delivery model to reduce the risks of drug use while respecting the dignity and autonomy of individuals.
    - Harm reduction policies and practices emphasize the human right for the highest attainable standard for health of people who use drugs.
    - The approach is based on the belief that it is in both the user's and society's best interest to minimize the adverse consequences of drug use when the person is unable or unwilling to discontinue using.
- Harm reduction is considered as another therapy tool rather than a cure.
- Harm reduction approaches include elements of safer use, managed use, and medication-supported treatment plans. Harm reduction is designed to address the circumstances of the addiction in addition to the addiction itself, striving to minimize the harmful effects of addiction rather than condemning them altogether.
- Harm reduction has been depicted as fostering “user-friendly” relationships, allowing providers to engage and retain clients in services perhaps more effectively than abstinence-only approaches.
- Although harm reduction is often viewed as a stepping stone to treatment, it need not lead to treatment to be valuable. Drug use is a complex phenomenon and factors such as past trauma, poverty, racism, social isolation, sex-based discrimination, other social

[1] Denning P. (2002). Harm reduction psychotherapy: an innovative alternative to classical addictions theory. *American Clinical Laboratory, 21*(4): 16–18.; Denning P. (2001). Strategies for implementation of harm reduction in treatment settings. *J Psychoactive Drugs, 33(*1): 23–26.; Harm Reduction Coalition. Retrieved from: http://harmreduction.org/about-us/principles-of-harm-reduction/ ; Mancini, M., Linhorst, D., Broderick, F., & Bayliff, S. (2008). Challenges to Implementing the Harm Reduction Approach. *Journal of Social Work Practice in the Addictions, 8*(3), 380-408.; Eversman, Michael. (2012). Harm reduction practices in outpatient drug-free substance abuse settings. *Journal of Substance Use,17*(2), 150-163.
[2] Note: Relevant to all psychoactive drugs including controlled drugs, alcohol, tobacco and pharmaceutical drugs

inequalities and stigma are realities that affect people's vulnerability to and capacity/ interest in embracing treatment and recovery. Thus, harm reduction understands drug use as multi-faceted, encompassing a continuum of behaviors from severe abuse to total abstinence, and acknowledges some ways of using drugs are clearly safer than others.
    - Embracing harm reduction approaches alongside treatment approaches should be done in a manner that is well-coordinated and grounded in the idea of meeting drug users "where they are at" with dignity and respect.
    - Harm reduction ensures that drug users routinely have a real voice in the creation of programs and policies designed to serve them.
- Harm reduction does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use.

Definition

- Similar terms are used somewhat interchangeably; these include risk reduction, harm reduction and harm minimization. However, it is harm reduction that has become the generally preferred term and this is the term that will be used throughout this document.
- The most common definition found in the literature is: *Harm reduction refers to policies, programs and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs*[3] *without necessarily reducing drug consumption*.[4]
- A position statement of the International Harm Reduction Association (IHRA) defines harm reduction practices as those "*that aim to reduce the harms associated with the use of psychoactive drugs in people unable or unwilling to stop*."[5]
- The key issues related to harm reduction and drug misuse include:[6]
    - Improving access to services providing sterile, single-use supplies
    - Educating individuals about safer drug use practices to reduce risky behavior
    - Preventing transmission of blood borne viruses and pathogens between people (e.g. HIV, Hepatitis B and C) and various sexually transmitted infections
    - Reducing the risk of overdose through distribution of prevention kits
- Harm reduction strategies aim to reduce drug-related harms not just for the user, but also for families, friends and communities.

Background/Brief History[7]

[3] Relevant to all psychoactive drugs including controlled drugs, alcohol, tobacco, pharmaceutical drugs.
[4] Marlatt, A. (2002). *Harm Reduction: Pragmatic Strategies for Managing High-Risk Behaviors.* Guilford Press.
[5] International Harm Reduction Association. (2010). What is harm reduction? Retrieved April 15, 2018, from http://www.ihra.net/what-is-harm-reduction
[6] Ontario Harm Reduction Distribution Program (OHRDP). Retrieved April 24, 2018 from http://www.ohrdp.ca/about-us/harm-reduction/
[7] Des Jarlais, D. (2017). Harm reduction in the USA: The research perspective and an archive to David Purchase. *Harm Reduction Journal, 14*(51). Nadelmann, E. & LaSalle, L. (2017). Two steps forward, one step back: Current harm reduction policy and politics in the United States. *Harm Reduction Journal, 14*(37).

- In the United States, drug-free (i.e. non-drug substitution) substance abuse treatment services are guided by abstinence-only-based approaches, such as disease and 12-step (such as Alcoholics Anonymous) paradigms.
    - Complete abstinence from addictive substances works for many addicts, but it does not work for everyone.
    - Furthermore, while it works for some, research finds the moral connotations surrounding many 12-step programs alienate some drug users and can prevent them from receiving treatment altogether.[8]
    - Relapse or resumed substance use is also a common post-discharge outcome for clients in abstinence-only treatment services.[9]
- The harm reduction approach was popularized in European countries in the 1980s, when government officials were searching for ways to combat the growing HIV epidemic.
    - Harm reduction began to be discussed frequently after the threat of HIV spreading among and from injecting drug users was first recognized.
    - Harm reduction became an approach not only for reducing transmission of blood-borne infection but for treating substance use disorders.
    - However, within the context of the crack cocaine epidemic in the 1980s, it was very difficult to implement any programs that appeared to "condone" drug use.
- Aside from needle exchange, drug user organizing, overdose prevention, and the breadth of drug user-based services delivered by community-based organizations all led to a gradual integration and greater acceptance of harm reduction by local and state governments. The impact such work had on significantly reducing HIV in the United States was greatly due the critical role that advocates and activists played in promoting harm reduction and syringe exchange in the United States. A significant portion of this work was carried out by people who use drugs or who have a history of drug use.
- The history of harm reduction in the United States has led to the development of some of the most important methods for treating persons for drug use disorders. However, there remains some fierce political resistance to the implementation and scale-up of harm reduction in the United States due in part to the moralistic condemnation of intoxication and of dependence on psychoactive drugs, the stigmatization of those who use drugs and the tradition of science to address health problems.

Balancing Risk[10]

[8] Mendola, A., and Gibson, R. (2016). Addiction, 12-Step Programs, and Evidentiary Standards for Ethically and Clinically Sound Treatment Recommendations: What Should Clinicians Do? *AMA Journal of Ethics, 18*(6), p. 646-655.

[10] Ballon, B. (2012). Substance use problems. In A. Khenti, J. Sapag, S. Mohamoud & A. Ravindran (Eds.), *Collaborative Mental Health: An Advanced Manual for Primary Care Professionals* (pp. 179–194). Toronto, ON: Centre for Addiction and Mental Health.; Brands, M.G. & Marsh, D. (2003). Phases of treatment: Stabilization. In G. Martin, B. Brands & D.C. Marsh (Eds.), *Methadone Maintenance: A Counsellor's Guide to Treatment* (pp. 99–119). Toronto, ON: Centre for Addiction and Mental Health.; Centre for Addiction and Mental Health. (2002). *CAMH and Harm Reduction: A Background Paper on Its Meaning and Application for Substance Use Issues*. Toronto, ON: Author.

- People often misunderstand the concept of harm reduction and do not realize that this approach to care balances the person's right to self-determination within the broader public health model of care.
- Even in abstinence-oriented programs, there are three compelling reasons to introduce harm reduction strategies in the stabilization phase:
    - *Clients seldom achieve abstinence overnight.*
    - *Relapse is a common event in treatment.*
    - *Some harm reduction strategies have little to do with whether or not the client continues to use the substance.*
- For clients who are dependent on opioids or substances such as heroin, morphine and codeine, overdose is the immediate danger. Research suggests that educating clients about overdose is an appropriate intervention for harm reduction because it drives empowerment and self-determination.
- Harm reduction is not synonymous with legalizing drugs; it is about balancing control and compassion within a framework of respect for individual rights.
- Therefore, the availability harm reduction information, services and other interventions can help keep people healthier and safer.

Guiding Principles of Harm Reduction[11]

Harm reduction helps care providers to adopt a less judgmental stance in working with clients who continue to use substances while seeking to reduce the stigma associated with the substance use. Harm reduction is built on various guiding principles:

- *Pragmatism*: Harm reduction recognizes that drug use is a complex and multi-faceted phenomenon that encompasses a continuum of behaviors from abstinence to chronic dependence and produces varying degrees of social harm. Harm reduction accepts that some level of drug use in society is normal, although this assessment varies considerably across different groups of drugs and communities.
- *Focus on harms*: The focus of harm reduction policy and programs is on reducing harmful consequences of substance use without necessarily requiring any reduction in use because a change in the way a substance is used may also reduce harm. The fact or extent of an individual's drug use is secondary to the harms from drug use. While harm reduction emphasizes a change to safer practices and patterns of drug use, it recognizes the need for strategies at all stages along the continuum of drug use.
- *Prioritizing goals*: Harm reduction prioritizes each person's goals to emphasize immediate, realistic reductions in drug-related harm rather than hoped-for, longer-term outcomes. Harm reduction starts with "where the person is" in their drug use, and the most pressing needs. It establishes a hierarchy of achievable interventions that taken one at a time can lead to a fuller, healthier life for drug users and a safer, healthier

[11] BC Harm Reduction Strategies and Services. (2011). *Harm Reduction Training Manual: A Manual for Frontline Staff Involved with Harm Reduction Strategies and Services*. BC Centre for Disease Control (BCCDC); Marlatt, G. (2000). Harm Reduction: Basic Principles and Strategies. *The Prevention Researcher. 7*(2): 1-4.

community. Harm reduction is based on the importance of incremental gains that can be built on over time.

- *Flexibility and maximization of intervention options*: Initiatives are flexible and collaborative to account for the uniqueness of each person. Harm reduction recognizes that people who use drugs benefit from a variety of different approaches. There is no one prevention or treatment approach that works reliably for everyone. It is providing options and prompt access to a broad range of interventions that helps keep people alive and safe.
- *Autonomy*: Emphasis is placed on personal choice, responsibility and management. The person's decision to use is acknowledged as a personal choice for which the person takes responsibility. Harm reduction acknowledges an individual drug user's right to self-determination and supports informed decision making in the context of active drug use.
- *Evaluation*: Initiatives must reduce drug-related harms and priority must be given to policies and programs that demonstrate their effectiveness within the limits imposed by available resources.

How it Works/Treatment Strategies

- As aforementioned, harm reduction does not in any way condone or promote substance use. Instead it asserts that to treat drug abuse effectively, multiple options must be considered. Ultimately, substance abuse treatment must be personalized, because each addiction and individual are unique. Harm reduction respects the whole person and seeks to help them recognize their strengths and motivations toward positive change.
- Harm reduction interventions are facilitative rather than coercive, and are grounded in the needs of individuals. Harm reduction is designed to be relevant to all psychoactive drugs including controlled drugs, alcohol, tobacco and pharmaceutical drugs. The specific harm reduction interventions may vary for different types of drugs.
    - To meet individual needs, the harm reduction approach offers individuals a spectrum of strategies, including but not limited to:
        - Safer substance use (via sterile injecting equipment and other services)
        - Substance use management (SUM) (includes education for minimizing risk associated with active substance use, for example, information and strategies on safer use of a given substance, information about dosing and mixing of substances, safer methods and routes of substance use and overdose prevention education)[12]
        - Abstinence
        - Meeting substance users "where they're at"
        - Psychoeducational approaches/harm reduction counseling
        - Case management
        - Support groups
        - Medical services

[12] Eversman, Michael. (2012). Harm reduction practices in outpatient drug-free substance abuse settings. *Journal of Substance Use,17*(2), 150-163.

        - Linkage to health care and drug treatment services
    - Specific harm reduction referrals may include:
        - HIV education, testing and treatment referral
        - Hepatitis B and C education, testing and treatment referral
        - Naloxone (NARCAN) training and administration
        - Syringe exchange programs (SEPs)
        - Safe injection sites (also known as Drug Consumption Rooms)
        - Drug replacement and maintenance treatment
            - Opiate substitution therapy (OST)
            - Methadone maintenance treatment programs
            - Heroin-assisted treatment
- Harm reduction offers people who use drugs a nonjudgmental guide to exploring both the benefits and the harms of their use.
    - Frontline providers and people who use drugs should ascertain:
        - What are the specific risks and harms associated with the use of specific psychoactive drugs?
        - What causes those risks and harms?
        - What can be done to reduce these risks and harms?
    - Other questions asked may include “why do you drink?”, “what benefits to you derive from your drugs?”, and “what would you like to change?”
    - The science of harm reduction is translated into step-by-step strategies that use to figure out which aspects of their habits may be harmful, what they would like to change, and how to put their intentions into action.[13]
- Research finds engaging young people in harm reduction psychotherapies may be a fundamental strategy to halting the staggering trends in morbidity and premature mortality among people who use drugs.[14]
- Example Treatment Model: The *Stonewall Project Harm Reduction*[15]
    - The Stonewall Project model translates evidence-based interventions such as the Matrix Model[16] into a clinical setting with a harm reduction focus.
    - Consistent with the harm reduction philosophy, the Stonewall Project model assists clients with pursuing self-identified treatment goals as a means of engaging individuals who might not otherwise initiate or remain in abstinence-based substance abuse treatment.

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[13] Denning, P., & Little, J. (2017). *Over the Influence, Second Edition: The Harm Reduction Guide to Controlling Your Drug and Alcohol Use*. New York: Guilford Publications, Inc.
[14] Calvo, M. (2017). Young people who use drugs engaged in harm reduction programs in New York City: Overdose and other risks. *Drug & Alcohol Dependence, 178*, 106-115.
[15] Siever MD, Discepola MV. *The Stonewall Project.* Available at http://www.stonewallsf.org/. Retrieved April 24, 2018.
[16] Shoptaw S, Reback CJ, Peck JA, et al. (2005). Behavioral treatment approaches for methamphetamine dependence and HIV-related sexual risk behaviors among urban gay and bisexual men. *Drug Alcohol Depend., 78*(2): 125–134.; Shoptaw S, Reback CJ, Larkins S, et al. (2008). Outcomes using two tailored behavioral treatments for substance abuse in urban gay and bisexual men. *J Subst Abuse Treat. 35*(3): 285–293.

- Regarding substance use, clients can choose to pursue abstinence as a treatment goal, but strategies for managing substance use are often a primary focus of treatment.
    - Selected substance use management strategies in the Stonewall Project model include:
        1. transitioning to less potent modes of methamphetamine administration (e.g., injecting to smoking, smoking to snorting);
        2. promoting self-care strategies while using methamphetamine (e.g., hydration, nutrition); and
        3. delivering education about safer injection practices with linkage to needle exchange and access to sterile syringes.
- The Stonewall Project model also delivers sexual risk-reduction interventions to promote condom use.
- As part of the Stonewall Project model, clients receive outpatient treatment that consists of weekly individual counseling, group counseling twice a week, and psychotropic medications where appropriate.
    - Unlike the Matrix Model clients are not asked to provide weekly urine samples to test for recent stimulant use as part of their ongoing treatment.
    - This one-year outpatient drug treatment program has been implemented for over 15 years by the community-based substance abuse treatment programs.

Collaboration[17]

- The success of harm reduction approaches is measured in terms of individual and community quality of health, not in consumption levels of the substance.
- Many harm reduction frameworks span multiple levels of society, bringing together individuals, community groups and organizations with a provincial mandate to establish measures designed to identify and reduce harms from substance use.
- A flexible system approach to harm reduction involves collaboration among provincial programs and policy-makers, family members, peers, community organizations, schools and spiritual or religious leaders.
- The opportunity to consider harm reduction initiatives does not always imply controversial dialogue. Many organizations and groups work together to integrate non-controversial harm reduction initiatives covering major topics such as alcohol and smoking.

[17] Ballon, B. (2012). Substance use problems. In A. Khenti, J. Sapag, S. Mohamoud & A. Ravindran (Eds.), *Collaborative Mental Health: An Advanced Manual for Primary Care Professionals* (pp. 179–194). Toronto, ON: Centre for Addiction and Mental Health.; Brands, M.G. & Marsh, D. (2003). Phases of treatment: Stabilization. In G. Martin, B. Brands & D.C. Marsh (Eds.), *Methadone Maintenance: A Counsellor's Guide to Treatment* (pp. 99–119). Toronto, ON: Centre for Addiction and Mental Health.; Centre for Addiction and Mental Health. (2002). *CAMH and Harm Reduction: A Background Paper on Its Meaning and Application for Substance Use Issues*. Toronto, ON: Author.

Benefits and Challenges from Providers[18]

- Service providers opposed to specific harm reduction practices are largely rooted in the implied (and perhaps idealized) purpose of drug-free treatment settings, namely abstinence, as providers identify a need to send, encourage and reinforce to clients a clear "message" of striving for and embracing abstinence from all substance use.
- Providers in drug-free treatment settings tend to view such clients as facing inevitable self-destruction short of total abstinence from all substances, a viewpoint borne of both professional and personal experience. Considering this, resumed substance use of any kind is understood as an "all or none" phenomena and not, for example, as occurring on a continuum of more harmful to less harmful.
    - Whether such a perspective can be reasonably described as critically informed or even empirical beyond anecdotal evidence does not diminish its influence in shaping providers thinking and influencing the bottom line of rendering harm reduction practices.[19]
- Another concern is a belief that harm reduction drains resources from treatment services.
    - However, research finds harm reduction interventions are relatively inexpensive and cost-effective. These interventions can in some cases save money by avoiding overdoses, repeated relapses and emergency interventions. They also can increase social and financial efficiency by interrupting the transmission of infectious disease at a lower cost, rather than waiting to treat complications of advanced illness at a much higher cost.[20]
- In a study by Mancini, et al (2008), participating behavioral health providers revealed a complex array of competing and contradictory attitudes about the harm reduction approach. Although many of the those studied revealed positive attitudes toward harm reduction, many others held reservations about the benefits of harm reduction and some voiced opposition to using the approach. Providers, overall, favored the approach's pragmatism and its focus on client engagement, but many were frustrated by its perceived ambiguity regarding long-term outcomes and client expectations.[21]
    - Providers in favor of the approach found that it helped them engage clients more effectively and build stronger, more trusting, and longer lasting relationships. Providers said that the flexible and accepting nature of the approach facilitated

[18] Mancini, M., Linhorst, D., Broderick, F., & Bayliff, S. (2008). Challenges to implementing the harm reduction approach. *Journal of Social Work Practice in The Addictions, 8*(3), 380-408. Eversman, Michael. (2012). Harm reduction practices in outpatient drug-free substance abuse settings. *Journal of Substance Use,17*(2), 150-163.
[19] Eversman, Michael. (2012). Harm reduction practices in outpatient drug-free substance abuse settings. *Journal of Substance Use,17*(2), 150-163.
[20] Calvo, M. (2017). Young people who use drugs engaged in harm reduction programs in New York City: Overdose and other risks. *Drug & Alcohol Dependence, 178*, 106-115.
[21] Mancini, M., Linhorst, D., Broderick, F., & Bayliff, S. (2008). Challenges to implementing the harm reduction approach. *Journal of Social Work Practice In The Addictions, 8*(3), 380-408. Eversman, Michael. (2012). Harm reduction practices in outpatient drug-free substance abuse settings. *Journal of Substance Use,17*(2), 150-163.

more honest and open communication with clients that ultimately strengthened the worker–client relationship.

- The possibility that harm reduction fosters stronger therapeutic relationships is significant given the difficulty in engaging dually-diagnosed clients and retaining them in treatment. Providers in this study voiced frustration that traditional, abstinence-based practice models hindered their ability to form positive relationships with clients because it fostered a sense of shame and guilt in clients who were unable to achieve and maintain complete sobriety.
    - The ability of providers to foster stronger, more productive, and ultimately more satisfying professional relationships with their clients may also have positive implications regarding reducing staff frustration and burnout.
- The utilization of this approach is compatible with integrated treatment for dual disorders. For instance, integrated treatment utilizes the overall view that recovery from psychiatric disabilities and substance use disorders is a complex process that requires global and comprehensive lifestyle changes. Residential treatment programs that use an integrated treatment approach for clients with dual diagnoses have been shown to be most effective when intensive and long-term.
    - Therefore, the harm reduction approach may assist providers in helping retain clients in integrated treatment programs longer via stronger relationships and as a result help them move toward more advanced stages of sobriety.
- Providers not in agreement about the appropriateness of the harm reduction approach believed that it enabled their clients to use drugs by not holding them to the expectation of complete abstinence and that tolerating any drug use was in effect an endorsement of drug abusing behavior. A number of providers struggled with the idea that their clients would no longer feel the need to stop using drugs or work toward sobriety because the negative consequence of using drugs was removed.
- Some providers also struggled with the idea of accepting substance use behaviors, because these behaviors were, in and of themselves, harmful. Using substances undoubtedly can lead to harmful consequences such as overdose, victimization, incarceration, symptom exacerbation, and family disruption. Providers studied clearly struggled with the ethics of being accepting of behavior that could lead to such harm and the idea of being tolerant of substance use because they were trained in the traditional treatment approach that viewed abstinence from alcohol and drugs as the only legitimate outcome.
    - Indeed, academic and nonacademic training programs may not be adequately preparing practitioners to process these types of ethical issues.

While based on a limited sample size, this study's findings hold important systemic and programmatic implications for administrators and supervisors of community mental health and social service programs considering harm reduction.

Recommendations for Agencies Considering Implementation of Harm Reduction Approaches[22]

- The ambiguities and contradictions voiced by providers practicing harm reduction in Mancini, et al. (2008) have important implications for social service administrators considering the harm reduction approach.
    - One implication is it is probably beneficial to engage program staff in an ongoing and open dialogue to assess staff understanding and acceptance of a harm reduction perspective. Administrators should initially hold a series of intensive workshops for all agency staff in harm reduction philosophy and practice.
    - Training can be provided either by outside sources or via well-trained administrators and supervisors within the agency. In-service training in harm reduction techniques should be implemented at regular intervals, and opportunities should be made available for staff to attend harm reduction workshops and conferences outside of the agency.
    - In addition to open discussions and regular training, ongoing and well-informed clinical supervision is important for effective implementation.
    - Agency administrators and supervisors should be well trained in the harm reduction approach and be able to mentor staff on how to apply the approach in practice.
    - Finally, agencies using a harm reduction perspective should conduct ongoing evaluations of staff competency and acceptance of the approach, ideally by utilizing outside evaluators.
        - These evaluations can be used not only to determine how well staff members are implementing the harm reduction approach, but also to identify and reduce staff polarization regarding the approach through open dialogue and discussion.

Additional Research Evidence on Harm Reduction

- The International Harm Reduction Association (2010) states, “harm reduction approaches are practical, feasible, effective, safe and cost-effective. Harm reduction has a commitment to basing policy and practice on the strongest evidence available. Most harm reduction approaches are inexpensive, easy to implement and have a high impact on individual and community health.”[23]

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[22] Mancini, M., Linhorst, D., Broderick, F., and Bayliff, S. (2008). Challenges to implementing the harm reduction approach. *Journal of Social Work Practice in The Addictions, 8*(3), 380-408.; Eversman, Michael. (2012). Harm reduction practices in outpatient drug-free substance abuse settings. *Journal of Substance Use,17*(2), 150-163.

[23] International Harm Reduction Association. (2010). *What is Harm Reduction? A Position Statement.* Retrieved from http://www.harm-reduction.org/library/what-harm-reduction-position-statement-international-harm-reduction-association

- More than 63,000 people in the US died from drug overdose in 2016, according to the US Centers for Disease Control and Prevention-more than the number of Americans killed in the Vietnam War.[24]
- The vast majority of individuals in need of drug treatment do not seek it. According to data from the *National Survey on Drug Use and Health* (NSDUH), of the 22.5 million Americans aged 12 or older who were recognized as needing treatment for a substance use disorder in 2014, only 4.1 million received any treatment in the past year (SAMHSA, 2015). By far, the most common reason cited in the NSDUH among individuals in need but not receiving drug treatment was "not feeling a need" for it.
    - Since drug use can cause many individual and societal harms, it is reasonable to ask whether a person with a drug addiction who does not seek treatment should be compelled to receive it.
        - Available evidence suggests that coercion is typically not an effective method for getting people into treatment and facilitating long-term treatment continuity and recovery. A systematic review of compulsory drug treatment concluded that, while the literature is limited, available evidence does not support its effectiveness in reducing long-term drug use or lowering recidivism.[25]
- Existing research on harm reduction in drug-free treatment settings in the United States has focused mostly on moderate use treatment goals for alcohol-using clients; clinical factors influencing provider support include client's gender, class and problem severity; and findings that overall agency and provider support is higher in outpatient settings. Findings for service providers outside the United States are similar.[26]
- While some research suggests that young people may face barriers to accessing harm reduction services, harm reduction psychotherapy that specifically targets youth have demonstrated greater success at engaging them in care, and reducing drug use risks.[27]
- Harm reduction can reduce overdose deaths, hepatitis and HIV transmission, and incarceration among individuals using drugs. Five approaches are worth highlighting:[28]
    - First, syringe services programs, which provide sterile equipment to injection drug users, have been shown to reduce blood-borne infections from needle-sharing.[29] In the HIV prevention field, harm reduction interventions such

[24] Hedegaard, H., Warner, M., Miniño, A.M. (2017). Drug overdose deaths in the United States, 1999–2016. *NCHS Data Brief*, no 294. Hyattsville, MD: National Center for Health Statistics.
[25] Werb, D., Kamarulzaman, A., Meacham, DC., et al. (2015). The effectiveness of compulsory drug treatment: a systematic review. *International Journal of Drug Policy, 28*, pp. 1-9.
[26] Ibid.
[27] Weiker RL, Edgington R, Kipke MD. (1999). A collaborative evaluation of a needle exchange program for youth. *Health Education and Behavior*, 26:213–224.; Sears C, Guydish JR, Weltzien EK, Lum PJ. Investigation of a secondary syringe exchange program for homeless young adult injection drug users in San Francisco, California, USA. (2001). *Journal of Acquired Immune Deficiency Syndromes, 27*:193–201.
[28] Saloner, B. (2018). Response to Pacula and Powell: Investing in Harm Reduction and Alternatives to Coerced Treatment. *Journal of Policy Analysis & Management, 37*(2), 446-450.
[29] Wodak, A., & Cooney, A. (2006). Do needle syringe programs reduce HIV infection among injecting drug users: A comprehensive review of the international evidence. *Substance Use & Misuse*, *41*, 777–813.

as needle exchange are widely considered to be effective and have been successfully implemented for decades.[30]

- In NYC, HIV rates among people who inject drugs have decreased to statistically negligible levels.[31]

- Second, naloxone, a quick-acting medication to reverse the respiratory effects of opioid overdose, is increasingly carried by first responders, drug users, and their family members and has been shown to reduce overdoses.[32]
- Third, safe consumption sites are spaces where individuals can legally use pre-obtained drugs under medical supervision. Studies of such sites operating in Canada, Western Europe and Australia found they decreased overdose deaths, HIV and hepatitis C infection, and have not increased crime or drug use in their surrounding neighborhoods.[33]
    - In Australia, a safe injection site in Sydney managed 3,426 overdose-related events without a single fatality over a period of nine years, according to a 2010 government report. The report also found that residents were half as likely to observe people injecting drugs in public at the end of the nine-year period.[34]
    - Currently, there are two cities in the United States that will allow operation of supervised injection facilities, Seattle (established Jan. 2017) and Philadelphia (established Jan. 2018). Approved in February 2018, the city of San Francisco also plans to open the first two facilities in July 2018, the beginning of its fiscal year.[35] Other US cities-including Ithaca, Denver, and New York are also considering opening sites.
- Fourth, anonymous drug-checking technology can reduce fatal overdoses by providing individuals with information on whether their drugs contain adulterants like fentanyl, and have been implemented in various European countries where guidelines have been developed.[36]
- Fifth, harm reduction–oriented policing involves changing law enforcement responses to drug-related offenses that do not pose significant public safety risk

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[30] Vlahov D, Des Jarlais DC, Goosby E, et al. (2001). Needle exchange programs for the prevention of human immunodeficiency virus infection: epidemiology and policy. *American Journal of Epidemiology, 154*(12 Suppl): S70–S77.

[31] Des Jarlais, D.C., Kerr, T., Carrieri, P., Feelemyer, J., Arasteh, K., 2016. HIV infection among persons who inject drugs: ending old epidemics and addressing new outbreaks. *AIDS, 30*, 815–826.

[32] Giglio, R. E., Li, G., & DiMaggio, C. J. (2015). Effectiveness of bystander naloxone administration and overdose education programs: A meta-analysis. *Injury Epidemiology, 2*, 10.

[33] Potier, C., Laprévote, V., Dubois-Arber, F., Cottencin, O., & Rolland, B. (2014). Supervised injection services: What has been demonstrated? A systematic literature review. *Drug and Alcohol Dependence, 145*(Suppl. C), 48–68.

[34] KPMG. (2010). *Further evaluation of the Medically Supervised Injecting. Centre during its extended Trial Period (2007-2011). Final report.* KPMG. Retrieved from http://www.health.nsw.gov.au/mentalhealth/programs/da/Documents/msic-kpmg.pdf

[35] Lieber, M. (2018, February 7). Safe injection sites in San Francisco could be first in the US. *CNN.* Retrieved from https://www.cnn.com/2018/02/07/health/safe-injection-sites-san-francisco-opioid-epidemic-bn/index.html

[36] Harper, L., Powell, J., & Pijl, E. M. (2017). An overview of forensic drug testing methods and their suitability for harm reduction point-of-care services. *Harm Reduction Journal, 14*, 52.

(e.g., simple possession). For example, Seattle's Law Enforcement Assisted Diversion (LEAD) program involves law enforcement officers' diverting low-level offenders engaged in prostitution or drug use from criminal justice settings.[37]

- Harm reduction approaches have been found to facilitate, rather than deter, treatment entry. For example, safe consumption sites offer opportunities to connect individuals to services including withdrawal management, drug and HIV treatment, and primary health care and with social supports including housing and employment services.
    - Seattle's LEAD program provides immediate case management and linkage to drug treatment, as well as other important supports that can facilitate eventual treatment entry including housing assistance, job training, legal advocacy, and counseling. LEAD case managers have access to funds to support other critical needs, including food, motel stays, and clothing.[38]
    - Further facilitating linkages between harm reduction and drug treatment could save additional lives. For example, many individuals rescued with naloxone are not offered timely, evidence-based drug treatment. This increases the likelihood of a future overdose, which may reinforce anti-treatment stereotypes among first responders when they are called upon to repeatedly resuscitate the same individuals.[39]
- Carrico, et al. (2014) studied 211 methamphetamine-using men who have sex with men (MSM) in substance abuse treatment programs that were implementing an evidence-based, cognitive-behavioral intervention (i.e., the Matrix Model) from a harm reduction perspective. Findings indicated clients reduced stimulant use and concomitant sexual risk-taking behavior during harm reduction substance abuse treatment.[40]
- *SAMHSA's National Registry of Evidence-based Programs and Practices*[41] references the following five evidence-based practices which incorporate a "harm reduction approach" as a component.
    - Brief Alcohol Screening and Intervention for College Students (BASICS) is a prevention program for college students who drink alcohol heavily and have experienced or are at risk for alcohol-related problems.
    - AlcoholEdu for College is an online alcohol education, misuse prevention, and harm reduction course for undergraduate students in colleges and universities.
    - Housing First, a program developed by Pathways to Housing, Inc., is designed to end homelessness and support recovery for individuals who are homeless and have severe psychiatric disabilities and co-occurring substance use disorders.
    - Cognitive–Behavioral Stress Management/Expressive–Supportive Therapy (CBSM+) is a manualized group therapy designed to help enhance skills in

[37] Collins, S. E., Lonczak, H. S., & Clifasefi, S. L. (2017). Seattle's law enforcement assisted diversion (LEAD): Program effects on recidivism outcomes. *Evaluation and Program Planning*, **64**, 49–56.
[38] Saloner, B. (2018). Response to Pacula and Powell: Investing in Harm Reduction and Alternatives to Coerced Treatment. *Journal of Policy Analysis & Management, 37*(2), 446-450.
[39] Ibid.
[40] Carrico, A.W., Flentje, A., Gruber, V.A. et al. (2014). Community-Based Harm Reduction Substance Abuse Treatment with Methamphetamine-Using Men Who Have Sex with Men. *Journal of Urban Health, 91,* 555.
[41] https://www.samhsa.gov/nrepp

self-efficacy and reduce depression and anxiety for culturally diverse, disadvantaged women living with AIDS.
    - Critical Time Intervention (CTI) is a time-limited, care coordination model for people with severe mental illness who are transitioning from inpatient to community settings.
- In summary, there is a growing body of empirical research on harm reduction psychotherapy with an eye toward implications for clinical practice. Empirical support is available for the spectrum of harm reduction psychotherapy applications for youth, college students, and adults as well as for nicotine replacement, opioid substitution, syringe exchange, and safe injection sites.[42]

Websites/Online Resources

- The Harm Reduction Coalition is a non-profit organization committed to reducing drug-related harm to individuals and communities.www.harmreduction.org The Center for Harm Reduction Therapy (CA offices in Oakland, San Francisco, and Mill Valley).
- The Humboldt Area Center for Harm Reduction (HACHR) is dedicated to Harm Reduction in the Humboldt County community, and in accordance with partners at the HRC.
- The Canadian Harm Reduction Network is the virtual meeting place for individuals and organizations dedicated to reducing the social, health and economic harms associated with drugs and drug policies.
- Harm Reduction International is a leading non-governmental organization working to promote and expand support for harm reduction.
- Sistering, a women's drop-in in downtown Toronto, created a 5-minute promotional video What Is Harm Reduction? in which women explain harm reduction treatment at Sistering.
- Dr. Jenny Scott from the University of Bath in the United Kingdom provides a brief introduction into harm reduction, via a short video entitled 'Harm Reduction and Me'
- Ontario Harm Reduction Distribution Program provides harm reduction supplies, educational materials, knowledge translation and exchange opportunities to needle syringe programs across Ontario. Examples of OHRDP Publications include publicly available *Safer Injecting Pamphlet, Safer Crack Smoking Pamphlets, Safer Crystal Meth Smoking Pamphlets*
- *Nothing about Us without Us: Greater, Meaningful Involvement of People Who Use Illegal Drugs – A Public Health, Ethical, and Human Rights Imperative* summarizes the main issues addressed in the Legal Network's paper on greater involvement of people who use illegal drugs, particularly in Canada's response to HIV/AIDS, hepatitis C and injection drug use. The document also includes a manifesto written by people who use drugs.

Online Training and Manuals

[42] Tatarsky, A., & Marlatt, G. (2010). State of the art in harm reduction psychotherapy: An emerging treatment for substance misuse. *Journal of Clinical Psychology, 66*(2), 117-122.

- Harm Reduction Training Manual: A Manual for Frontline Staff Involved with Harm Reduction Strategies and Services (January 2011) (Free PDF format). Published by: BC Centre for Disease Control (BCCDC)
    - *Introduction:* This manual has been provided as a tool to assist providers in helping reduce the harms associated with drug use to individuals, families and within their community. Shared tools and information are provided to promote growth in the knowledge and understanding of harm reduction within communities.
    - *Purpose:* To build on the knowledge, skills, and attitudes necessary to maximize the distribution of products to reduce harms associated with substance use; and to engage, educate, and advocate for individuals. The manual outlines and encourages the use of best practice to colleagues and peers within their specific agencies and organizations. It provides a reference to what support and treatment resources are available to which they can refer individuals.
    - Specifically, frontline staff will be able to use the manual as a guide and reference tool for:
        - Individual engagement
        - Encourage and support needle collection and return (at the individual and community levels)
        - Inform individuals about reducing risks of blood borne pathogen transmission, and safer drug using and sexual practices
        - Engage with individuals to provide effective education regarding harm reduction practices associated with routes of use, substances used, and social use practices.
        - Respond to individuals who report a history of past or recent trauma, abuse or violence
        - Refer individuals (e.g. social services, housing, addiction and mental health treatment)
        - Advocate for individuals
        - Respond to community pressures and concerns.

- Harm Reduction: British Columbia Community Guide (2005) was written to assist municipalities in British Columbia in taking a leadership and a facilitative role in reducing the level of drug related harm in their communities. It provides an overview of harm reduction and various actions that can be taken at the municipal level to develop a strategy for mobilizing communities around harm reduction.

- Mental Health and Addiction 101 Series: Harm Reduction is a self-directed online tutorial offered by the Centre for Addiction and Mental Health that introduces harm reduction in a substance use and mental health context. The material is intended for people who work in non-clinical roles in these fields, or who have friends or family with substance use or mental health problems.

- York University offers the online Certificate in Harm Reduction consisting of 117 hours of instruction that introduce service providers, administrators and policy-makers to the principles,

concepts and practices of harm reduction and critically examine examples of harm reduction work.

- The Harm Reduction Coalition developed the following Curriculum Outline for Trainers-Understanding Drug-Related Stigma Tools for Better Practice and Social Change

- Canadian Harm Reduction Network is the virtual meeting place for individuals and organizations dedicated to reducing the social, health and economic harms associated with drugs and drug policies.

- The United Kingdom Harm Reduction Alliance is a campaigning coalition of drug users, health and social care workers, criminal justice workers and educationalists that aims to put public health and human rights at the center of drug treatment and service provision for drug users.

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