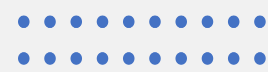

Harm Reduction 2020: Staying Alive in the Age of Fentanyl and COVID

Charles Atkins, MD

atkinsunlimited@aol.com email

drchaswood@aol.com web site

Harm Reduction—What is it?

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.

Harm Reduction Coalition

Harm reduction is a set of policies, programs, services and actions that aim to reduce the harm to individuals, communities and society related to drugs, including HIV infection. Harm reduction is key in the prevention of HIV infection among people who inject drugs (PWIDs) and their sexual partners.

World Health Organization

Harm Reduction 2021

- No single definition.
- While the evolution of contemporary Harm Reduction began with people who use drugs, it has been an effective tool in battling the spread of HIV and Hepatitis and the core principals can be applied with any behavior, or situation, that increases a person’s risk for injury/harm.

Harm Reduction Is not all Sex and Drugs

- Risk Behavior
  - Go to work
  - Go to work in the COVID pandemic
  - Visit family during COVID
  - Go to the beach
  - Garden
  - Newborn
- Risk
- Risk Reduction

A bit of Modern History

- First hints of HIV in individuals with IDU, but widespread testing is not available.
- 1984 Amsterdam the Junkiebond (organization of drug users) initiated needle and syringe exchange programs to decrease the transmission of Hepatitis, and later, HIV (access to broader testing not available until 1985).
- 1990 First International Harm Reduction conference in Liverpool.
- 1997 International Harm Reduction Association
- Harm reduction strategies often involve collaborations between activists and public health professionals and scientists.
- The North American Syringe Exchange Network (NASEN) grew rapidly from approximately 50 programs in 1995 to over 100 programs by 1997. As programs spread so too did the opportunity to research and evaluate them. https://www.nasen.org/

HIV/AIDS and the Demand for Action

Abstract

The clinical findings in eight young homosexual men in New York with Kaposi's sarcoma showed some unusual features. Unlike the form usually seen in North America and Europe, it affected younger men (4th decade rather than 7th decade); the skin lesions were generalized rather than being predominantly in the lower limbs, and the disease was more aggressive (survival of less than 20 months rather than 8-13 years). All eight had had a variety of sexually transmitted diseases. All those tested for cytomegalovirus antibodies and hepatitis B surface antigen or anti-hepatitis B antibody gave positive results. This unusual occurrence of Kaposi's sarcoma in a population much exposed to sexually transmissible diseases suggests that such exposure may play a role in its pathogenesis.

Article Info

Publication History

Published: 19 September 1981

Identification

DOI: https://doi.org/10.1016/S0140-6736(81)92740-9

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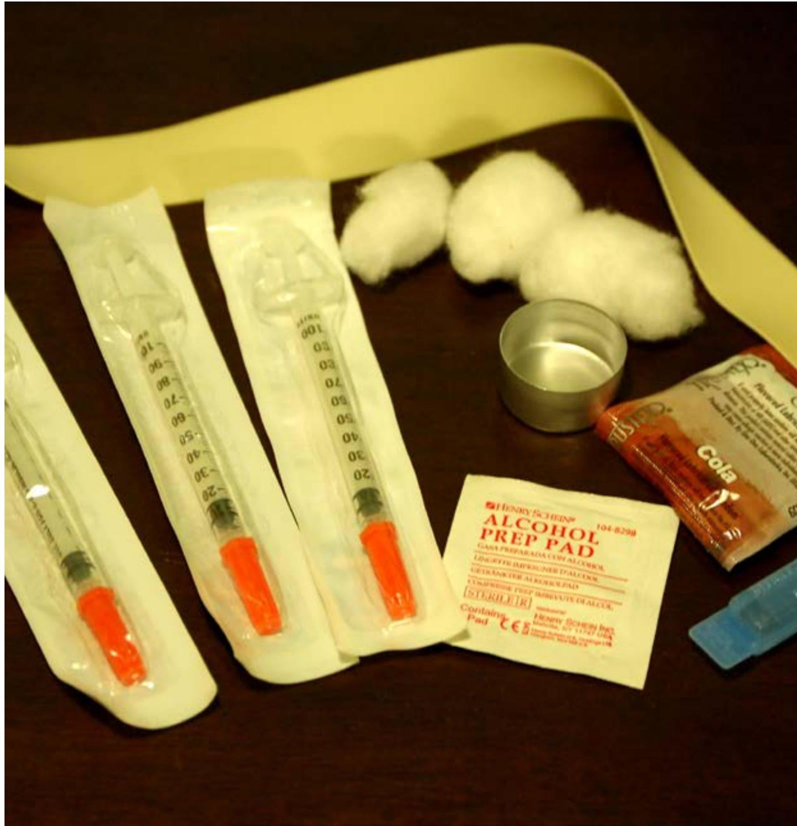
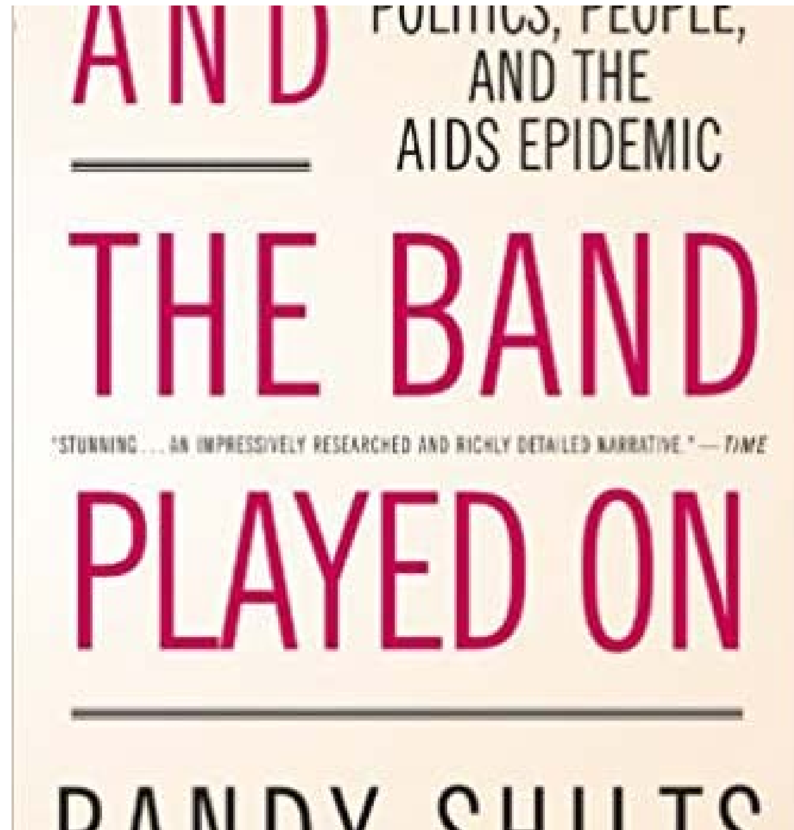
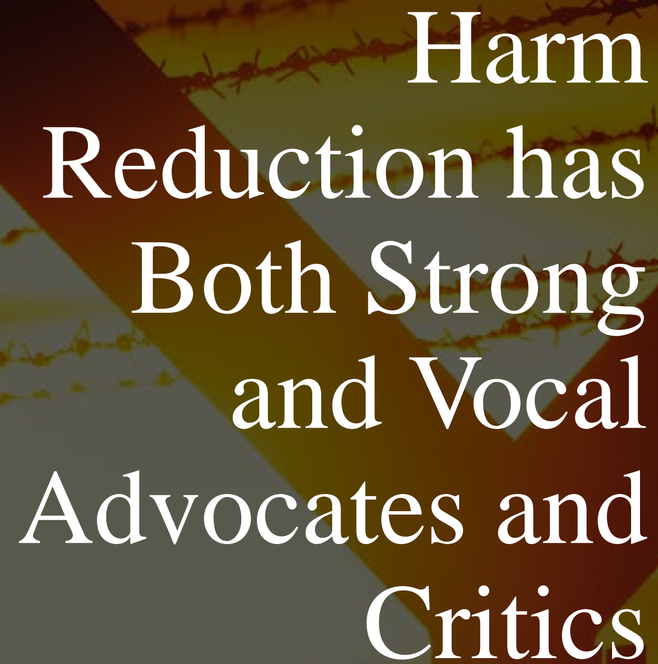
The Lancet





Harm reduction has a history of people who are impacted (consumers) advocating on their behalf for change.



Harm Reduction has Both Strong and Vocal Advocates and Critics

- Effective alliances are often found between public health agencies, the scientific community, and consumers.
- Critics and adversaries abound in political and fundamental arenas. Issues of race, poverty, and sexual discrimination often demonize the risk behavior and those perceived to most-engage in it.
  - The crack epidemic of the 80’s. War on Drugs. Lock em up.
  - The opioid epidemic with a more racially diverse makeup, “you can’t arrest your way out of the problem.”

Estimated Drug Overdose Deaths Averted by North America's First Medically-Supervised Safer Injection Facility

M-J. S. Milloy[1,2], **Thomas Kerr**[1,3], **Mark Tyndall**[1,3], **Julio Montaner**[1,3], **Evan Wood**[1,3]*

1 British Columbia Centre for Excellence in HIV/AIDS, St. Paul's Hospital, Vancouver, Canada, **2** School of Population and Public Health, University of British Columbia, Vancouver, Canada, **3** Department of Medicine, University of British Columbia, Vancouver, Canada

Abstract

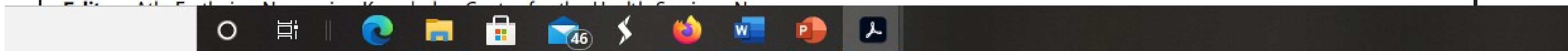
Background: Illicit drug overdose remains a leading cause of premature mortality in urban settings worldwide. We sought to estimate the number of deaths potentially averted by the implementation of a medically supervised safer injection facility (SIF) in Vancouver, Canada.

Methodology/Principal Findings: The number of potentially averted deaths was calculated using an estimate of the local ratio of non-fatal to fatal overdoses. Inputs were derived from counts of overdose deaths by the British Columbia Vital Statistics Agency and non-fatal overdose rates from published estimates. Potentially-fatal overdoses were defined as events within the SIF that required the provision of naloxone, a 911 call or an ambulance. Point estimates and 95% Confidence Intervals (95% CI) were calculated using a Monte Carlo simulation. Between March 1, 2004 and July 1, 2008 there were 1004 overdose events in the SIF of which 453 events matched our definition of potentially fatal. In 2004, 2005 and 2006 there were 32, 37 and 38 drug-induced deaths in the SIF's neighbourhood. Owing to the wide range of non-fatal overdose rates reported in the literature (between 5% and 30% per year) we performed sensitivity analyses using non-fatal overdose rates of 50, 200 and 300 per 1,000 person years. Using these model inputs, the number of averted deaths were, respectively: 50.9 (95% CI: 23.6–78.1); 12.6 (95% CI: 9.6–15.7); 8.4 (95% CI: 6.5–10.4) during the study period, equal to 1.9 to 11.7 averted deaths per annum.

Conclusions/Significance: Based on a conservative estimate of the local ratio of non-fatal to fatal overdoses, the potentially fatal overdoses in the SIF during the study period could have resulted in between 8 and 51 deaths had they occurred outside the facility, or from 6% to 37% of the total overdose mortality burden in the neighborhood during the study period. These data should inform the ongoing debates over the future of the pilot project.

Citation: Milloy MJS, Kerr T, Tyndall M, Montaner J, Wood E (2008) Estimated Drug Overdose Deaths Averted by North America's First Medically-Supervised Safer Injection Facility. PLoS ONE 3(10): e3351. doi:10.1371/journal.pone.0003351

Vancouver Canada. Downtown Eastside Neighborhood. *Insite* opened in March 2003.



Results

From the initiation of the SIF database on March 1, 2004 until February 6, 2008, there were 766,486 injections in the facility, resulting in 1004 overdose events (1.31 per 1,000 injections, or 0.63 per day) in the facility. None resulted in death. The physical manifestations, the substances consumed and the responses taken by staff to these overdose events are shown in Table 1. Of the 1004 overdose events, 453 (45.1% or 0.28 per day) required the provision of naloxone, a 911 call and/or an ambulance, and were included as potential fatal overdoses in our analysis. In approximately 68% of on-site overdose events during the study period, the primary substance injected was heroin, followed by cocaine (17%).

From 2004 to 2006, the British Columbia Vital Statistics Agency reported 32, 37 and 38 annual drug-induced deaths in the Downtown Eastside. The median number of drug-induced deaths per annum from 1998 to 2006 was 38.3. The model inputs for the number of fatal overdoses for each year of the study period, as well as all other model inputs, are reported in Table 2.

Core Principles

Distilled from:

Harm Reduction Coalition, Harm Reduction International, WHO, CDC, and other sources

Meet the person where they are.

People are People

Accepts that drug use, and many other risk behaviors, are part of being human and works to lessen the harms rather than ignore or condemn them.

Harm Reduction is Inclusive

Drug use is complex. It’s a continuum of behaviors from severe use to abstinence. Harm reduction acknowledges that some ways to use drugs are safer than others.

Outcomes Based, Science Driven, Person Centered

Establishes quality of individual and community life and well-being–not necessarily cessation of all drug use–as the criteria for successful interventions and policies.

Coercion and Judgment Free

Harm Reduction embraces a **non-judgmental**, **non-coercive** provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm.

Harm Reduction Means a Seat at the Table

Ensures that drug users and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them.

"Nothing about us without us."

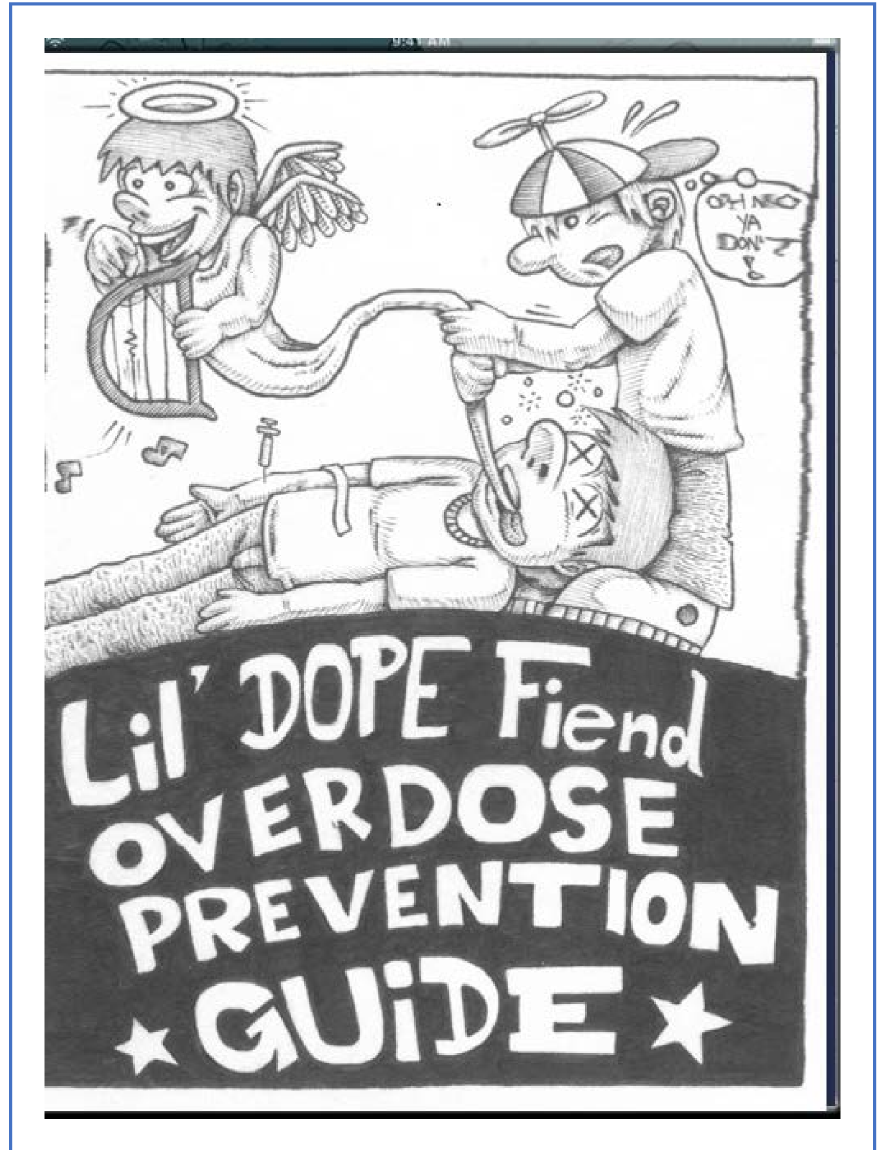
--mental health advocates

Empowerment

Drug users and people with risk behaviors are the prime agents to manage and reduce the related harms. Harm Reduction empowers users to share information and support each other in strategies which meet their specific circumstances and behaviors.

Underscores the importance of consumer and public health communication, collaboration, and free sharing of data-driven information.

- Examples
    - Testing drugs for fentanyl prior to use https://www.youtube.com/watch?v=gIovAAV-Amg
    - Disseminating strategies to dilute drugs
    - Disseminating strategies to prevent transmission of disease
        - PEP, PrEP https://www.youtube.com/watch?v=TR8-3uAuZGo



The Power of Peers

- Longstanding culture of mutual self help.
  - AA/NA/Rational Recovery/Double Trouble in Recovery
  - Increased on-line presence
    - Intherooms.com
    - Squirrel recovery
- Embedded peers in emergency rooms to work with people following overdoses and get them connected to treatment. (CCAR)
- Peers as counsellors
- Peers as advocates
- Peers as navigators and case managers

Harm Reduction acknowledges the realities of a person's entire life. This includes finances, class, racism, social isolation, family, past trauma, sex-based discrimination and social inequalities. All of these, and more, can affect both vulnerability to and capacity for effectively dealing with drug-related harm.

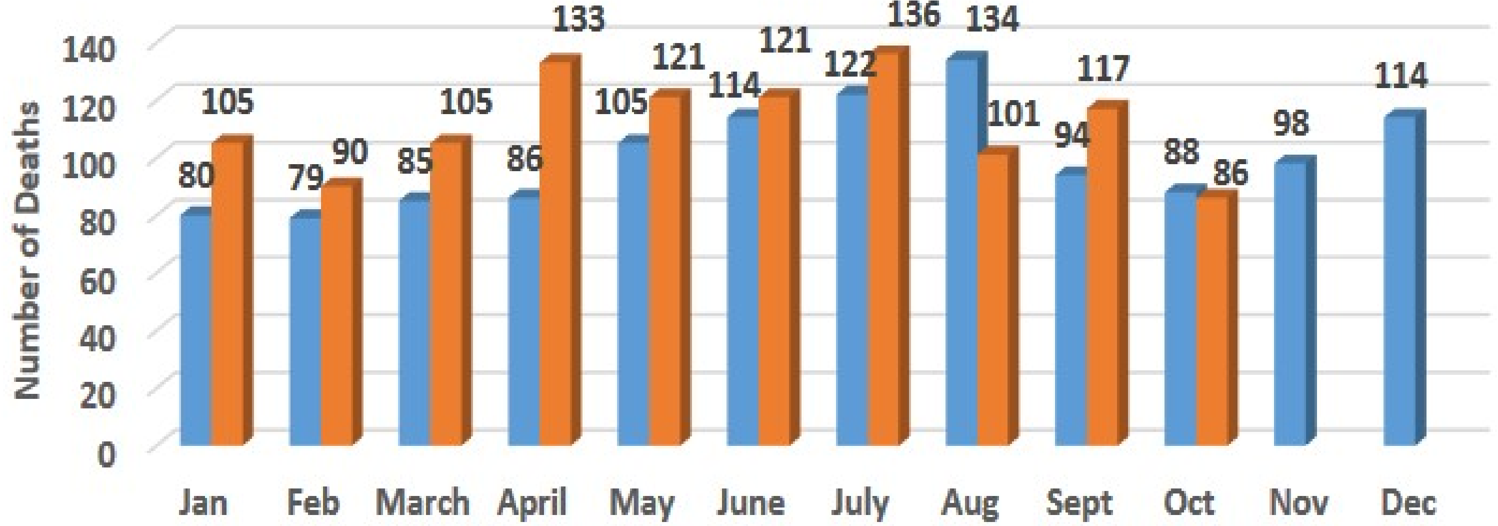
- In what ways has COVID influenced this?
- How do histories of trauma, depression and anxiety impact a person's choices?
  - "I don't like alcohol, but it get's me through."
  - "From that first hit of oxy, it was like, wow! For the first time in my life everything was okay. And I thought, thank you Jesus!"

Harm Reduction steps away from Judgment-laden language

- If we view substance related disorders as disorders, why use moralistic and judgment laden terms?
  - Would we describe a person with diabetes as having dirty blood sugar?
  - Would we terminate treatment for a person with high cholesterol who takes their medications inconsistently?
  - What other diseases will more readily land you in jail than in treatment?

Unintentional drug overdose deaths, by month, Connecticut, 2019 – October 2020: There was a 13% increase in unintentional drug overdose deaths as of October 2020 in Connecticut, when compared to the same time frame of January to October of 2019. October 2020 numbers may increase as there are 66 cases pending waiting for toxicology confirmation. The chart below represents the monthly count of confirmed drug overdose deaths.

Number of Drug Overdose Deaths, by Month, Connecticut, 2019 - October 2020*

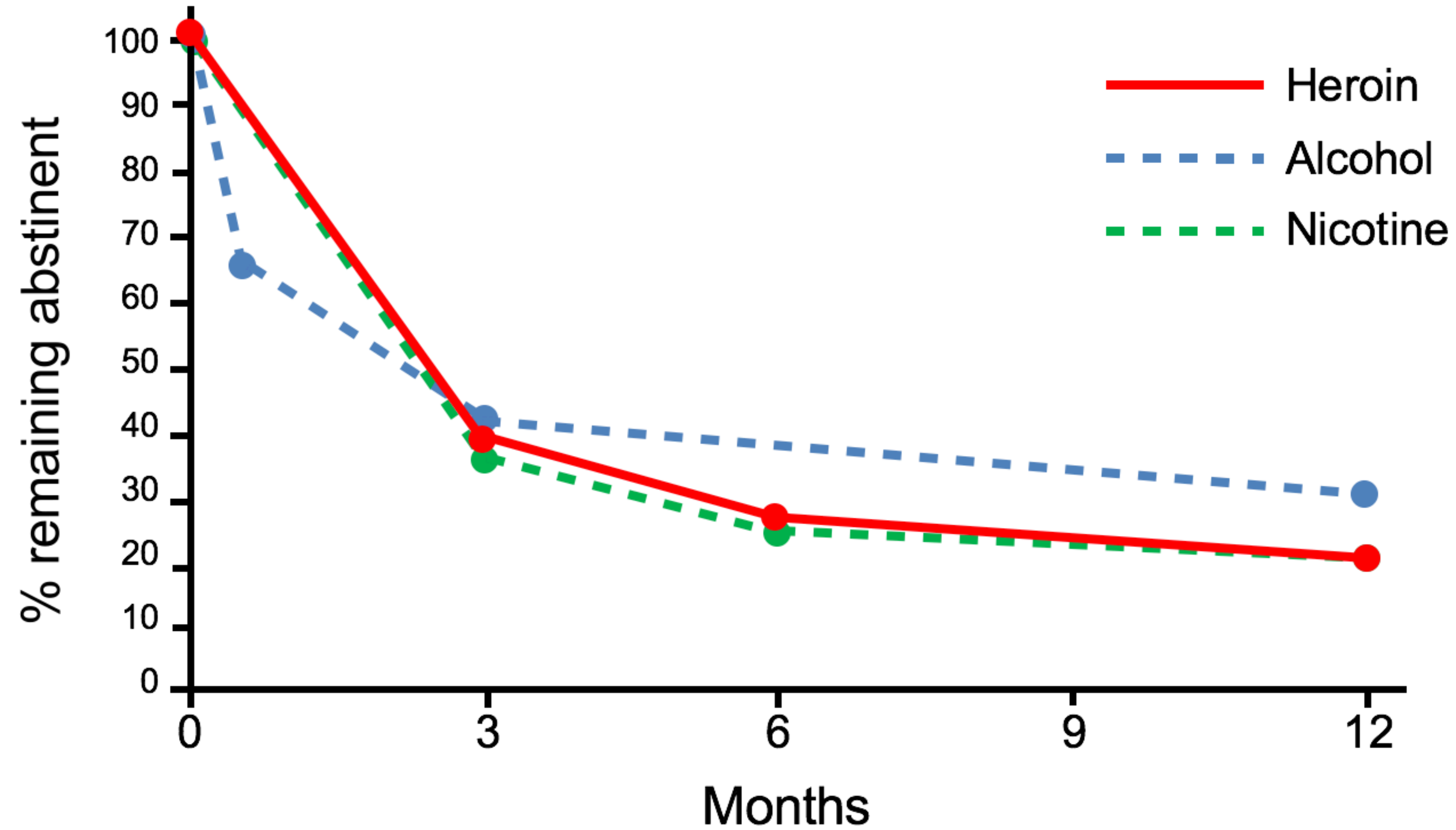


2019 2020*

*Data subject to change

- Does not minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use.

Abstinence



Hunt et al., 1971

Relapse is not the end… but it can be

- Relapses are expected, they should not be viewed as failures, but opportunities to learn. What led to the relapse and what came after. This will likely reveal areas of skills deficit, and/or other factors (people, places, things) that can be addressed to decrease the likelihood of a repeat.
- Negative emotions of shame, guilt, anger, sadness, and such, serve purposes but can prolong a relapse if not addressed.
- If treatment/recovery plans are well constructed there are logical responses to the relapse (contingencies)—increased frequency of visits, possible increase in level of care, need to modify the plan.
  - Don’t forget rewards for behaviors that promote recovery.
    - The fishbowl, CMHA’s store, positive reinforcement “well done!”

Lapse and relapse following inpatient treatment of opiate dependence

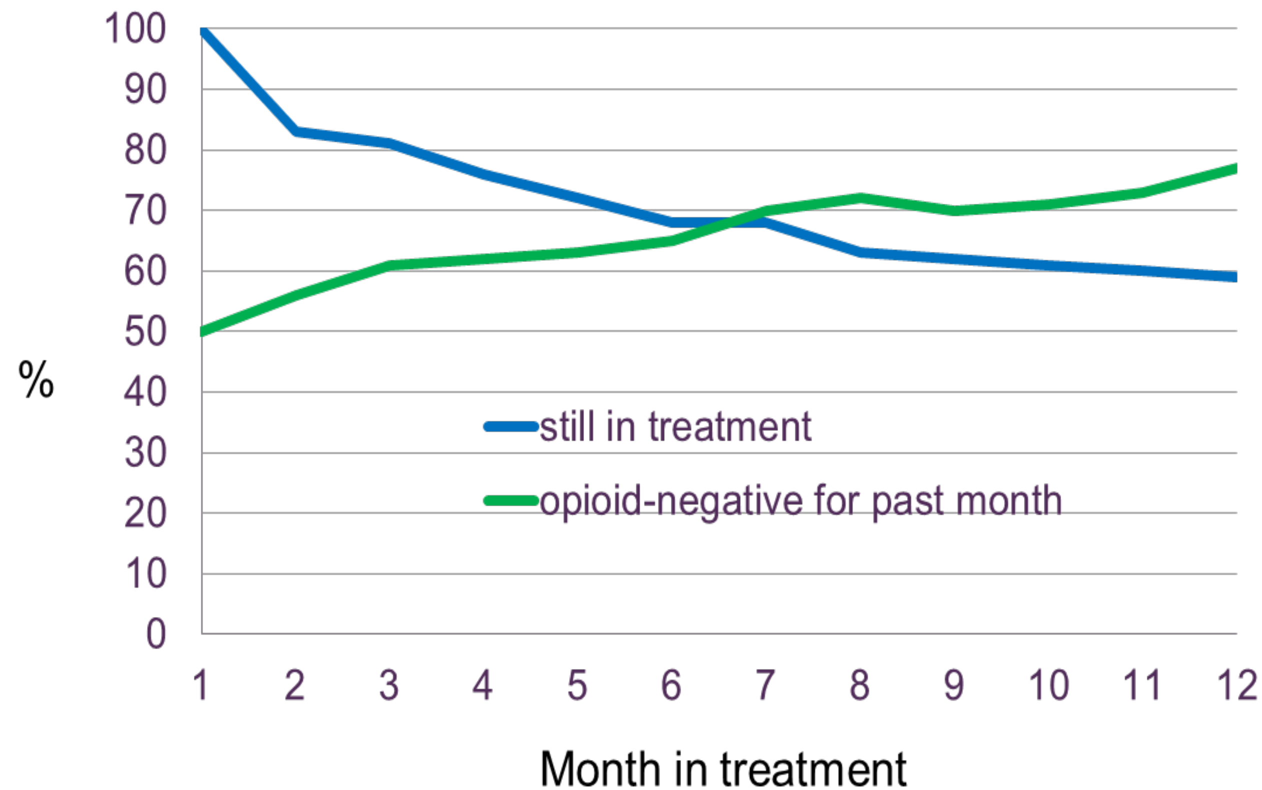
B P Smyth [1], J Barry, E Keenan, K Ducray

Abstract

We conducted a prospective follow-up study of consecutive opiate dependent patients admitted to a residential addiction treatment service for detoxification. We measured the rate of relapse following discharge, and sought to identify factors that were associated with early relapse (i.e., a return to daily opiate use). Follow-up interviews were conducted with 109 patients, of whom, 99 (91%) reported a relapse. The initial relapse occurred within one week in 64 (59%) cases. Multivariate survival analysis revealed that earlier relapse was significantly predicted by younger age, greater heroin use prior to treatment, history of injecting, and a failure to enter aftercare. Unexpectedly, those who were in a relationship with an opiate user had significantly delayed relapse. Those who completed the entire six-week inpatient treatment programme also had a significantly delayed relapse. In order to reduce relapse and the associated increased risk of fatal overdose, services providing residential opiate detoxification should prepare people for admission, strive to retain them in treatment for the full admission period and actively support their entry into planned aftercare in order to improve outcom

Treatment Retention and Decreased Illicit Opioids on MOUD

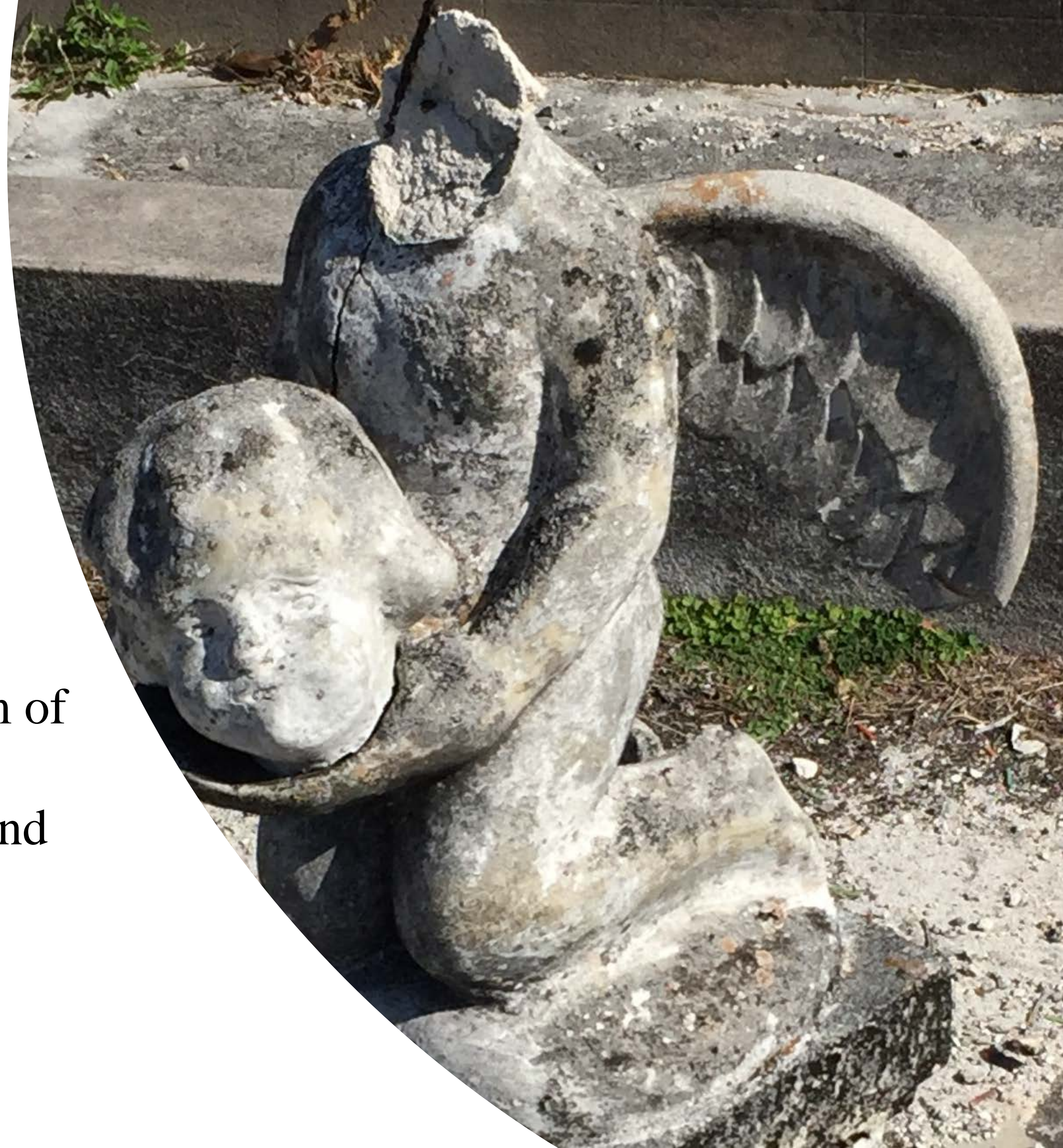
- Buprenorphine treatment retention



Kakko et al, 2003
Soeffing et al., 2009

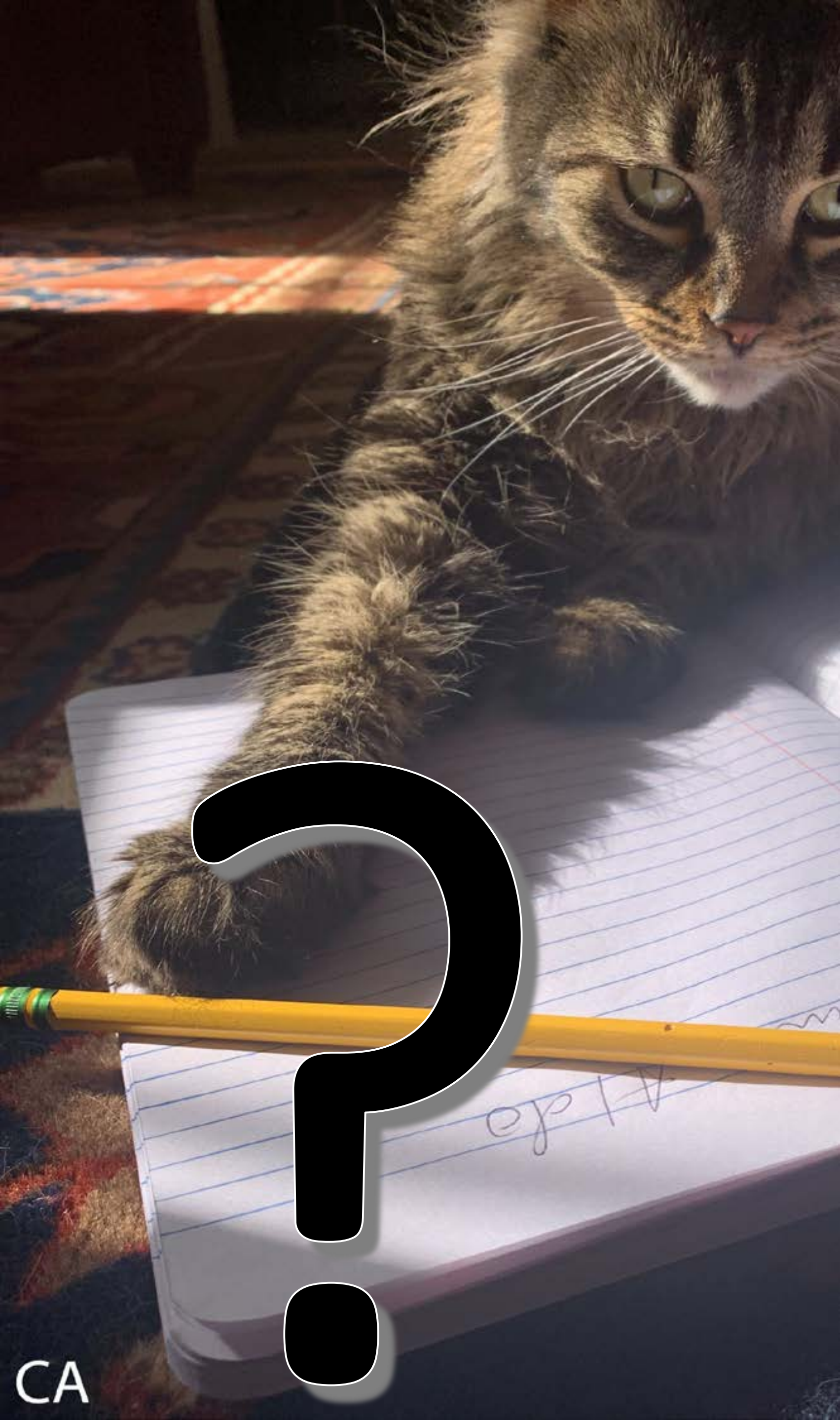
Bottom Line: Abstinence Only Models are Dangerous in the Opioid Discussion…and elsewhere

- High-risk scenarios:
  - Release from corrections. Highest single group for fatalities.
  - Release from traditional detox programs where the person is not put on some form of MOUD.
  - People who have been opioid abstinent and have a relapse.



Recovery and a Life Worth Living (Why stop drug use if that's all you enjoy?)

- Wellness: Nutrition, daily exercise, restorative sleep, attention to medical problems…
- Motivational Enhancement (Therapy)
- All forms of Cognitive Behavioral Therapy include real-world practice (home-work, commitments).
  - Tailor targets to the person and the diagnoses
- Mutual Self-Help
- Mindfulness-based therapies
- Faith based resources
- Peer supports
- Enhancement of sober networks, including family and friends.
- Meaningful activities: Work, hobbies
- Medication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