Harm Reduction:
General Principles and Care Delivery

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Disclosures

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

• Describe harm reduction through three different lens (public health, advocacy, clinical care)

• Identify harm reduction principles for healthcare settings

• Apply harm reduction principles to a clinical encounter
Harm reduction as a public health strategy

- Syringe service programs\(^1,^2\)
- Overdose Education and Naloxone Distribution (OEND)\(^3\)
- Supervised consumption spaces/overdose prevention sites\(^4,^5\)
- Heroin Assisted Treatment\(^6,^7\)

Harm reduction as a movement for structural change

Principles of Harm Reduction - Harm Reduction Coalition.
http://harmreduction.org/about-us/principles-of-harm-reduction/

http://www.whosestreets.photo/aids.html
Harm reduction is....

☑️ A public health strategy

☑️ A movement for structural change

☑️ A clinical approach
Health promotion & risk reduction

**Prevention**
- Immunizations
- Counseling about sun exposure

**Screening**
- Low dose CT screening
- Pap smears/HPV testing

**Management**
- Insulin for DM
- Casting an injury after a skiing accident
History taking

• Use practices/patterns: route, co-use, frequency, context...

• Reasons for use: euphoria, creativity, energy, coping with stress/pain/withdrawal/cravings...

• Downsides of use: financial, health, criminal legal...

• Goals: decrease use, abstain, use in different environments, different route....
“...a collaborative, goal-oriented style of communication with particular attention to the language of change...designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person’s own reasons for change within an atmosphere of acceptance and compassion.”

Harm reduction messaging

• Done with humility
• Tailored

Examples, by route:

<table>
<thead>
<tr>
<th>Injection</th>
<th>Nasal insufflation (snorting)</th>
<th>Smoking</th>
<th>Per rectal (booty-bumping)</th>
</tr>
</thead>
<tbody>
<tr>
<td>rotate injection sites, safer veins, sharp syringes, skin/hand hygiene</td>
<td>rotate nostrils, saline rinses</td>
<td>sugar free gum, chapped stick</td>
<td>Dilute in solution, inject w/needle-less syringe, lubrication</td>
</tr>
</tbody>
</table>

For all: use sterile equipment (syringes/pipes/straws); clean equipment if reusing and sharing necessary; overdose prevention
# Example interventions for PWID

## Medications

| Medication for opioid use disorder (MOUD) | Consider for people who inject opioids. Opioid agonist therapy (buprenorphine or methadone) preferred over extended-release naltrexone. |
| HIV Pre-exposure prophylaxis (PrEP) | PrEP for HIV negative PWID with any sharing of injection or drug preparation equipment in past 6 months. Can be prescribed by primary care physician; consider ID consult for guidance and linkage to care. |
| Naloxone (Narcan) | For all PWID – overdose prevention for patients and communities |

## Screening tests

| HIV | Ag/Ab at initial visit and every 3 months depending on injection and sexual risk factors. Ag/Ab+ at 3 weeks, HIV VL + at 2 weeks. |
| Hepatitis C | Initial visit, at least annually, more frequently depending on injection practice and other risk factors. Use the HCV viral load to screen for re-infection in patients with prior cleared or treated infection. Refer all patients with a viral load for treatment. |
| Hepatitis B | Initial visit, vaccinate if non-immune (see below). Vaccines saves lives! |
| GC/chlamydia | Initial visit and annually. More frequently if increased risk. Self-collected vaginal swab (preferred for individuals with vaginas), or urine. Also send oropharyngeal swabs and rectal swabs for patients who have receptive oral or anal sex, respectively. |
| Syphilis | Initial visit, at least annually, more frequently for patients placed at increased risk; rates among PWID are increasing in the US |
| Latent TB | Consider at initial visit with periodic rescreening based on risk; only conduct if there is intent to treat if LTBI is detected. |

## Vaccines

| Influenza, TDAP, HPV | Important vaccinations for PWID. Follow guidelines for general population |
| Hepatitis A | Indicated for all PWID; **Recent Boston HAV outbreaks among PWID with housing insecurity. |
| Hepatitis B | Indicated for all PWID; consider empiric vaccination if status unknown. |
| Meningococcal conjugate | All PWID with housing insecurity **Recent Boston outbreaks among people experiencing homelessness |
| PPSV-23 | Age 19-64: Consider for patients who smoke, have concurrent alcohol use disorder, liver disease, lung disease or other qualifying condition. Age 65+: Everyone |

## Counseling

| Overdose prevention | Always carry naloxone (Narcan), never use alone, use one person at a time, use a test dose, consider fentanyl test strips. |
| Protection against infections | Don’t share or reuse syringes (if you do → bleach); wash hands/use hand sanitizer; alcohol swabs before injecting; use sterile water and clean cottons. Options for safer injection supplies: pharmacy, clinic, syringe service programs |
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Thank you!
Citations