



MASSACHUSETTS
GENERAL HOSPITAL

PSYCHIATRY ACADEMY

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

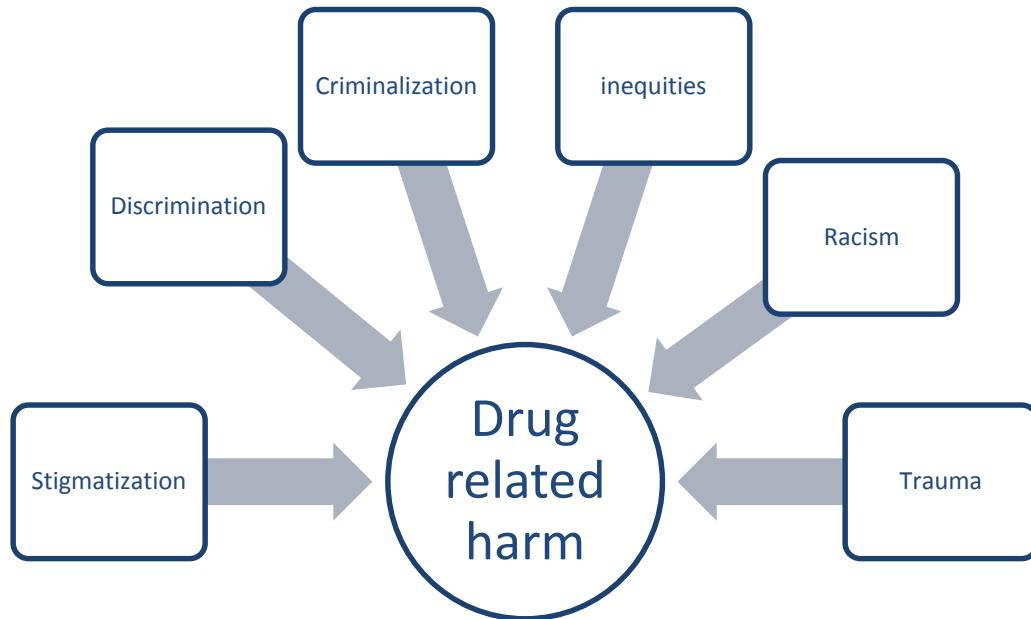
Harm reduction as a public health strategy

- 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}



<https://www.saf.org/resource-library/needle-exchange-in-san-francisco/>

Harm reduction as a movement for structural change



<http://www.whosestreets.photo/aids.html>

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

Harm reduction is....

- A public health strategy
- A movement for structural change
- A clinical approach

Health promotion & risk reduction



- Immunizations
- Counseling about sun exposure

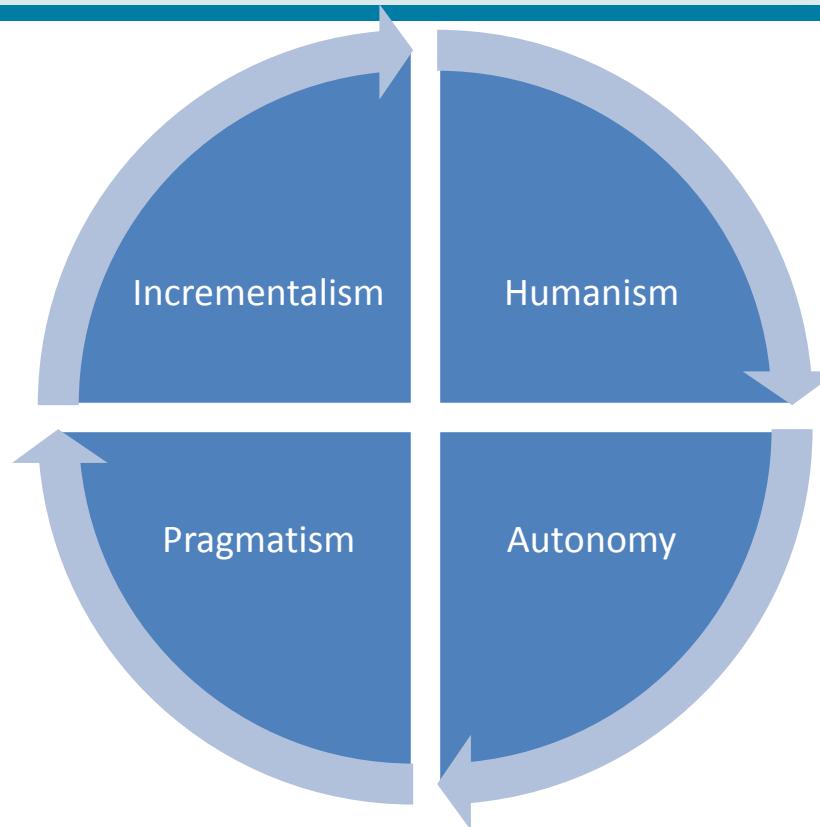


- Low dose CT screening
- Pap smears/HPV testing



- Insulin for DM
- Casting an injury after a skiing accident

Harm reduction principles for clinical encounters



Hawk M, Coulter RWS, Egan JE, et al. Harm reduction principles for healthcare settings. *Harm Reduct J.* 2017;14(1):70. doi:10.1186/s12954-017-0196-4

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....

Motivational interviewing

“...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**.”

-Miller W, Rollnick S. *Motivational Interviewing: Helping People Change*. 3rd ed. New York, New York: The Guilford Press; 2013.

Harm reduction messaging

- Done with humility
- Tailored

Examples, by route:

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

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

Example interventions for PWID

Medications

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|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Medication for opioid use disorder (MOUD) | <ul style="list-style-type: none"> Consider for people who inject opioids. Opioid agonist therapy (buprenorphine or methadone) preferred over extended-release naltrexone. |
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| HIV Pre-exposure prophylaxis (PrEP) | <ul style="list-style-type: none"> 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. |
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|-------------------|-------------------------------------------------------------------------------------------------------------------|
| Naloxone (Narcan) | <ul style="list-style-type: none"> For all PWID – overdose prevention for patients and communities |
|-------------------|-------------------------------------------------------------------------------------------------------------------|

Screening tests

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| HIV | <ul style="list-style-type: none"> 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. |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Hepatitis C | <ul style="list-style-type: none"> 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. |
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| Hepatitis B | <ul style="list-style-type: none"> Initial visit, vaccinate if non-immune (see below). Vaccines saves lives! |
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| GC/chlamydia | <ul style="list-style-type: none"> 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. |
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| Syphilis | <ul style="list-style-type: none"> Initial visit, at least annually, more frequently for patients placed at increased risk; rates among PWID are increasing in the US |
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| Latent TB | <ul style="list-style-type: none"> Consider at initial visit with periodic rescreening based on risk; only conduct if there is intent to treat if LTBI is detected. |
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Vaccines

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| Influenza, TDAP, HPV | <ul style="list-style-type: none"> Important vaccinations for PWID. Follow guidelines for general population |
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| Hepatitis A | <ul style="list-style-type: none"> Indicated for all PWID; **Recent Boston HAV outbreaks among PWID with housing insecurity. |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------|

| | |
|-------------|---------------------------------------------------------------------------------------------------------------------------|
| Hepatitis B | <ul style="list-style-type: none"> Indicated for all PWID; consider empiric vaccination if status unknown. |
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| Meningococcal conjugate | <ul style="list-style-type: none"> All PWID with housing insecurity **Recent Boston outbreaks among people experiencing homelessness |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|

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|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PPSV-23 | <ul style="list-style-type: none"> 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

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|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Overdose prevention | <ul style="list-style-type: none"> Always carry naloxone (Narcan), never use alone, use one person at a time, use a test dose, consider fentanyl test strips. |
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| Protection against infections | <ul style="list-style-type: none"> 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

1. Syringe Services Programs (SSPs) | CDC. <https://www.cdc.gov/ssp/index.html>. Accessed December 7, 2020.
2. Aspinall EJ, Nambiar D, Goldberg DJ, et al. Are needle and syringe programmes associated with a reduction in hiv transmission among people who inject drugs: A systematic review and meta-analysis. *Int J Epidemiol*. 2014;43(1):235-248. doi:10.1093/ije/dyt243
3. Walley AY, Xuan Z, Hackman HH, et al. Opioid overdose rates and implementation of overdose education and nasal naloxone distribution in Massachusetts: Interrupted time series analysis. *BMJ*. 2013;346(7894). doi:10.1136/bmj.f174
4. Marshall BD, Milloy MJ, Wood E, Montaner JS, Kerr T. Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility: A retrospective population-based study. *Lancet*. 2011;377(9775):1429-1437. doi:10.1016/S0140-6736(10)62353-7
5. Potier C, Laprévote V, Dubois-Arber F, Cottencin O, Rolland B. Supervised injection services: What has been demonstrated? A systematic literature review. *Drug Alcohol Depend*. 2014;145:48-68. doi:10.1016/j.drugalcdep.2014.10.012
6. Karow A, Reimer J, Schäfer I, Krausz M, Haasen C, Verthein U. Quality of life under maintenance treatment with heroin versus methadone in patients with opioid dependence. *Drug Alcohol Depend*. 2010;112(3):209-215. doi:10.1016/j.drugalcdep.2010.06.009
7. Oviedo-Joekes E, Brissette S, Marsh DC, et al. Diacetylmorphine versus Methadone for the Treatment of Opioid Addiction. *N Engl J Med*. 2009;361(8):777-786. doi:10.1056/nejmoa0810635
8. Principles of Harm Reduction - Harm Reduction Coalition. <http://harmreduction.org/about-us/principles-of-harm-reduction/>. Accessed February 17, 2018.
9. Hawk M, Coulter RWS, Egan JE, et al. Harm reduction principles for healthcare settings. *Harm Reduct J*. 2017;14(1):70. doi:10.1186/s12954-017-0196-4
10. Miller W, Rollnick S. *Motivational Interviewing: Helping People Change*. 3rd ed. New York, New York: The Guilford Press; 2013.