



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

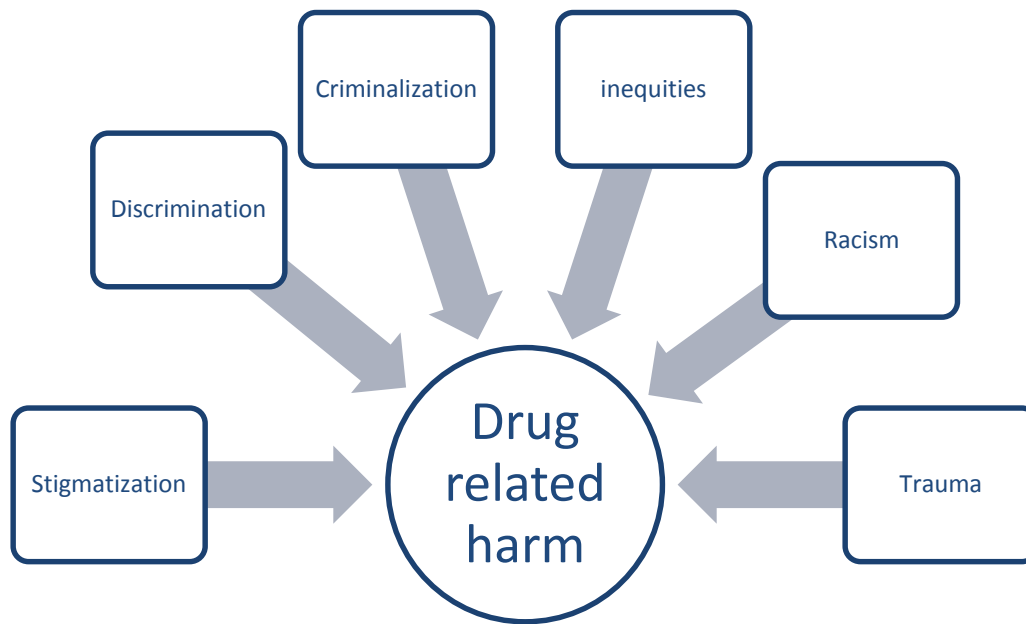
Harm reduction as a public health strategy

- 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.sfaf.org/resource-library/needle-exchange-in-san-francisco/>

Harm reduction as a movement for structural change



Brooklyn 1989
ACT UP demonstration at Kings County Hospital.

<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

Prevention

- Immunizations
- Counseling about sun exposure

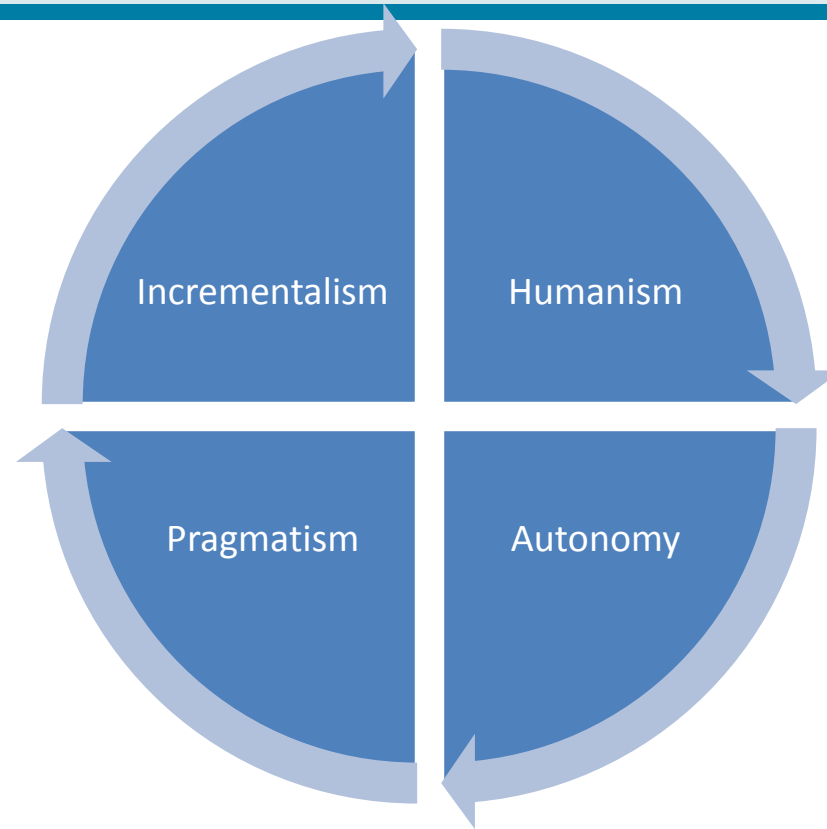
Screening

- Low dose CT screening
- Pap smears/HPV testing

Management

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

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/needleless syringe, lubrication

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)	<ul style="list-style-type: none"> Consider for people who inject opioids. Opioid agonist therapy (buprenorphine or methadone) preferred over extended-release naltrexone.
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.
Naloxone (Narcan)	<ul style="list-style-type: none"> For all PWID – overdose prevention for patients and communities

Screening tests

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.
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.
Hepatitis B	<ul style="list-style-type: none"> Initial visit, vaccinate if non-immune (see below). Vaccines saves lives!
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.
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
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.

Vaccines

Influenza, TDAP, HPV	<ul style="list-style-type: none"> Important vaccinations for PWID. Follow guidelines for general population
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.
Meningococcal conjugate	<ul style="list-style-type: none"> All PWID with housing insecurity **Recent Boston outbreaks among people experiencing homelessness
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

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.
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

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