The harm reduction – treatment continuum: why it’s important
Journey back to harm reduction
What is our plan for improving health for the majority of individuals with problem substance use?

20.7 million people needed substance use treatment in 2017*

- 2.5 million people received SUD treatment
- 1 million people perceived a need for treatment and did not receive it
- 17.2 million people did not perceive a need for treatment and did not receive it

* National Survey on Drug Use and Health, 2017
What is Harm Reduction?

“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.”

1- Harm Reduction Coalition
What Harm Reduction is Not

• Arbitrary or haphazard
• A form of encouragement to use drugs or alcohol
• A perfect solution to negative consequences associated with drug and alcohol use
• Incompatible with substance use disorder treatment
Medication-Assisted Treatment

• Is MAT harm reduction or is it SUD treatment?

*Who cares what it’s called; it is an effective, evidence-based practice that improves the health and quality of life, and reduces mortality for many people who use drugs and/or alcohol!*

Expand MAT to include managed heroin.
Harm Reduction Examples

• Syringe access/needle exchange
• Overdose reversal medication (Naloxone)
• Drug checking
• Housing first
• Managed alcohol programs
• Decriminalization of illicit substances
• Safe consumption services
Substance Use Disorder and Chaotic Drug Use: Where We Are Today

• Over 70,000 overdose deaths in 2017

• Overdose is the leading cause of death for persons under 50

1: Centers for Disease Control
2: Centers for Disease Control
Supervised Drug Consumption

Drug consumption room in Canada
Benefits of Supervised Drug Consumption Sites*

✔ Increased connections to detox and substance use treatment
✔ Safer management of overdoses
✔ Reduced public drug use
✔ Reduced bacterial infections and transmission of HIV and hepatitis C
✔ Cost savings costs due to a reduction in disease, overdose deaths, emergency medical service use, and street clean-up
✔ Building connections with people not already connected with treatment for substance use or its effects
✔ Lives saved

* Drug Policy Alliance
Shifting Public Opinion

**Kensington’s hepatitis A outbreak another argument for supervised injection sites | Editorial**

Updated: August 8, 2019 - 5:39 AM

The Inquirer Editorial Board | opinion@inquirer.com

**Editorial: City-sponsored drug-injection sites can save lives**

Chronicle Editorial Board | February 6, 2018 | Updated: February 6, 2018 4:46pm

**Let Cities Open Safe Injection Sites**

By THE EDITORIAL BOARD | FEB. 24, 2018

An overdose is often a lonely way to die. Overdoses happen when a toxic amount

**Editorial: Helping addicts stay alive shouldn’t be a crime**

Los Angeles Times

**Safe Injection Facilities Save Lives**

To fight the opioid crisis, let substance users shoot up under medical supervision

**Maryland can stop overdoses by allowing safe consumption sites**

By BALTIMORE SUN EDITORIAL BOARD | FEB 20, 2019 | 8:00 AM
What are the Consequences of an Abstinence-Only Treatment System?

• Discharging clients from programs when the client needs us most
• Increasing stigma and shame associated with substance overuse
• Marginalization of people who use drugs
• Cherry-picking clients—treating only those who are “ready”
• Increasing risk for overdose
What Prevents SUD Treatment Providers from Integrating Harm Reduction Principles?

• Deeply held moral values and beliefs about substance use
  o Language of treatment and addiction recovery
  o Implicit bias and outright racist practices
• “What worked for me will work for you”
• Mythology of “hitting bottom”
• Concerns about “encouraging” drug use, and the language surrounding enabling
• Lack of exposure to research on harm reduction
• Lack of training/tools for implementing harm reduction
• Funder prohibition
• Legal prohibition and a punitive, inequitable justice system
Pathway to Better Health and an Improved Quality of Life

• Embedding harm reduction principles in substance use treatment
  o What does it mean to be truly client-centered?
  o What does it mean to meet clients where they are?

• Strive to make a multi-option system of care available, including housing first models of permanent supportive housing

• Assure that all clients remain connected to care

• Change how and what we measure

• Check judgements at the door
Challenges Embedding Harm Reduction

• How do we safely manage bringing together people who are ambivalent about recovery with people who are seeking recovery and desire a drug-free environment?
  ◦ Develop a system of care with harm reduction and substance-free options

• How do we expand how our staff and our clients think about substance use, recovery, and harm reduction?
  ◦ Conversation and training

• How do we change policy makers thinking about harm reduction and recovery?
  ◦ Conversation, education, advocacy, direct action
"WE CANNOT SOLVE OUR PROBLEMS WITH THE SAME THINKING WE USED WHEN WE CREATED THEM"
Acknowledgments and Resources


• Harm Reduction Coalition. https://harmreduction.org/

• Urban Survivors Union. http://ncurbansurvivorunion.org

• The People’s Drug User Union. https://urban-survivors.org


• Singer, J. A., MD. (December 13th, 2018). Harm Reduction: Shifting from a War on Drugs to a War on Drug-Related Deaths. *Cato Institute, Policy Analysis*.

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• Harm Reduction Coalition. https://harmreduction.org/

Thank you! Questions?

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