
Harm Reduction and Opioid Use Disorder

Introduction

Harm reduction refers to a set of strategies aimed at decreasing the negative effects of drug use and other potentially harmful behaviors. As a treatment approach, harm reduction accepts that substance use is an inevitable aspect of our society. Therefore, the goal of harm reduction is to improve patient health rather than focus on full abstinence.

Examples of Harm Reduction

- *Syringe service programs (SSPs)*: Formerly known as needle exchange programs, these harm reduction services provide sterile equipment for injection drug use. Early programs typically exchanged used needles and syringes for new ones, though most programs nowadays just provide sterile needles without collecting ones that have been used. They often offer additional services, including safe disposal options, wound care, overdose education, naloxone distribution, fentanyl and xylazine test strips, and referrals to substance use treatment. SSPs have been shown to decrease transmission of HIV and viral hepatitis, and they are present in at least 39 states. Your patients can locate the nearest one on the website www.harmreduction.org.
- *Fentanyl and xylazine test strips*: Originally developed for urine samples, test strips can detect fentanyl or xylazine now frequently found in street drugs. A small sample of drug is dissolved into a few milliliters of water and the strip is dipped into it. These days, almost all illicit opioids contain fentanyl, and many may contain xylazine, depending on your geographic location. Fentanyl is finding its way into other drugs such as cocaine, amphetamines, and pressed pills, so patients should be encouraged to test non-opioid drugs for the presence of fentanyl as well. Test strips are distributed by many harm reduction organizations and can be easily purchased online.
- *Supervised consumption sites*: These are clinical settings with trained medical staff where clients come to use drugs, most commonly intravenous opioids. Clients are given sterile injection equipment and staff can respond to an overdose if one were to occur. Addiction treatment, basic medical care, housing, and employment services may be offered as well. Because of legal hurdles and community opposition to such sites, there are only a few of them functioning in the US, primarily in New York City—though other large cities are planning to open new ones soon.
- *Naloxone distribution*: Great efforts have been made to increase access to naloxone, which can be used to reverse opioid overdoses. In addition to people who use opioids, naloxone is being regularly given to law enforcement, EMS workers, and friends and family of those who use drugs. Many states allow naloxone to be given without a direct prescription under legislation called a “standing order,” and new over-the-counter formulations of naloxone nasal spray have recently become available.
- *Pre-exposure prophylaxis (PreP)*: Patients at high risk of contracting HIV can decrease their chance of infection by >90% if they take daily antiretroviral medication. People who engage in high-risk sexual practices or use drugs intravenously are good candidates for PreP. The most common regimen is tenofovir disoproxil fumarate 300 mg–emtricitabine 200 mg (also known as TDF-FT), one tablet daily, to be taken as long as the patient is at high risk of infection.

How to Frame Harm Reduction Strategies With Your Patients

To keep things simple, the National Institute on Drug Abuse suggests that you give the following basic tips to all your drug-using patients:

- *Carry naloxone*: Help your patients figure out how to obtain naloxone, which is often free at pharmacies or SSPs.
- *Never use alone*: Using drugs alone increases the risk of a fatal overdose, as there may be no one present to help or administer naloxone in case of an emergency. If patients are using alone, they should connect with the National Overdose Prevention Lifeline, which is staffed with trained peers who can monitor them during use. Have patients visit www.neverusealone.com or call (877) 696-1996.
- *Go slow*: Starting with a small dose and consuming it slowly is especially important if a person has been abstinent for some time, as their tolerance may have decreased, increasing the risk of overdose. Going slow allows your patient to gauge their body’s reaction to the drug and determine the “right” amount needed to achieve the desired effect.

The National Harm Reduction Coalition is an excellent resource for both general information and for information about services that are available in your area: www.harmreduction.org