

CHAPTER 3: Harm Reduction

Key Takeaway(s)

- Harm reduction approaches enable people who are unable to stop using opioids to make positive changes in behavior that can improve their health and minimize the risks of opioid use (ie: syringe services and naloxone distribution).

Recommendations

- The most effective and highest quality syringe services programs are needs-based distribution models that do not require one-for-one syringe exchanges, and offer a comprehensive package of harm reduction and health care services (Centers for Disease Control and Prevention, 2010; Fernandes et al., 2017), including:
 - Education on preventing transmission of hepatitis C and HIV.
 - Anonymous hepatitis C and HIV testing.
 - Counseling and medical care.
 - On-site drug treatment or referrals to that treatment.
 - Social and legal services.
 - Distribution of other injecting equipment like swabs, cookers, filters, and water ampoules to prevent the risk of blood-borne infection.
 - Distribution of naloxone and condoms.
 - Anonymous fentanyl-testing technologies.
 - States should scale up the availability of naloxone by:
 - Facilitating community-based distribution directly to persons at risk for opioid overdose.
 - Requiring first responders to carry and use naloxone.
 - Passing laws to ease restrictions on prescribing, dispensing, and possessing naloxone, which would facilitate naloxone's availability among persons at risk for opioid overdose and their family members and friends.
- Abatement funds could be used to scale other harm reduction approaches, such as HIV and hepatitis C education, harm reduction-oriented policing, and overdose prevention sites or "safe consumption sites."

Case studies/models/research findings

- A large, robust observational literature, including reviews by the World Health Organization (Wodak & Cooney, 2004) and the United Nations (UNAIDS, 2016), supports the effectiveness of syringe services programs in:
 - Reducing blood-borne infections, particularly transmission of HIV (Aspinall et al., 2014; Fernandes et al., 2017; Hurley et al., 1997; Platt et al., 2017; Strathdee & Vlahov, 2001; Wodak & Cooney, 2006).
 - Reducing injection risk behaviors, such as syringe borrowing and lending (Des Jarlais et al., 1995; Donoghoe et al., 1989; Vlahov et al., 1997).
 - Reduced frequency of injection, and increased drug treatment entry and retention (Hagan et al., 2000; Platt et al., 2017).
 - Non-clinical benefits, including averted treatment costs (Cabase & Sanchez, 2003; Gold et al., 1997; Jones et al., 2008; Kwon et al., 2012; Laufer, 2001; Nguyen et al., 2014; Sweeney et al., 2019; Wodak & Cooney, 2004).
- Studies suggest that broadening access to naloxone among laypersons in the community is effective in reducing opioid overdose mortality.
- Descriptive data found that community-based distribution programs in 30 states and the District of Columbia distributed 152,283 naloxone kits and reported 26,463 overdose reversals among kit recipients between 1996 and 2014 (Wheeler et al., 2015).

Implementation considerations (policy, costs, scaling, etc.)

- Nguyen and colleagues (2014) estimated that a new investment of \$10 million in syringe services would avert an estimated 194 HIV infections and avoid \$75.8 million in lifetime HIV treatment costs. A larger new investment of \$50 million would avert approximately 816 HIV infections and avoid \$319 million in lifetime HIV treatment costs (Nguyen et al., 2014).
 - Naloxone kits purchased in bulk would reduce per kit costs. Additional costs associated with scaling up naloxone distribution include:
 - Overdose prevention training for first responders and laypersons.
 - Storage and inventory.
 - Building an infrastructure for distributing naloxone to the people and places most likely to experience opioid overdoses.
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