

Harm Reduction and the Opioid Epidemic

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Introduction

Harm reduction means to lessen pain or consequences of an action and, in many instances, to improve quality of life. Harm reduction approaches can be applied to many different public health situations, such as drugs, sex, HIV transmission, and many daily activities. This paper will discuss the origins and history of harm reduction ideals, a description of its basic principles, and examples of how these can be applied to the opioid epidemic. Abstinence may not be attractive or attainable for many addicts, and that is where harm reduction concepts may be useful.

Developing a Concept

“Bentham and Mill both attacked social traditions that were justified by appeals to natural order. The correct appeal is to utility itself. Traditions often turned out to be ‘relics’ of ‘barbarous’ times, and appeals to nature as a form of justification were just ways to try to rationalize continued deference to those relics.” (Driver, 2014).

The Harm Principle

In his piece “On Liberty”, John Stuart Mill discusses liberty and the utilitarianism approach to inform law and social policy. This underlies various arguments by Mill in favor of free speech and women’s suffrage (Driver, 2014). Utilitarianism is the view that actions which are morally right will produce the most good. This translates to the harm principle in that choosing the morally right actions and putting them into play will support the greater good.

“That principle is, that the sole end for which mankind are warranted, individually or collectively in interfering with the liberty of action of any of their number, is self-protection. That the only purpose for which power can be rightfully exercised over any member of a civilized community, against his will, is to prevent harm to others.” (Mill, 1860, p. 5).

The idea of utilitarianism, coupled with the harm principle, poses the issue of considering oneself versus society, or the greater good (Driver, 2014). “To justify that, the conduct from which it is desired to deter him must be calculated to produce evil to someone else. The only part of the conduct of any one, for which he is amenable to society, is that which concerns others.” (Mill, 1860, p. 6). To some people, drug use is only a harm or danger to the individual abusing the substances. However, issues that arise and demonstrate how drug abuse is a detriment to society include used needles on the ground, witnessing drug sales and use, overdoses, and potential violence from drug sales.

The War on Drugs

Declared by Nixon in 1971, the War on Drugs was responsible for several tactics, policies and programs that were implemented to fight against the presence and use of drugs in the United States (Levinthal, 2012). For example, the Comprehensive Drug Abuse Prevention and Control Act [1970] established five different schedules of drugs based on their medical uses, dependence and abuse potentials. This Act, also known as the Controlled Substance Act, placed drugs like marijuana and heroin under Schedule I (no medical benefits, high risk of abuse/dependence), and drugs like Xanax and Valium under Schedule IV drugs (lower abuse potential, low risk of dependence). Schedule V drugs include many OTC medications, such as cough suppressants, with high medical use and low risk of dependence and abuse (DEA.gov).

Levinthal (2012) describes other programs and initiatives that began after the declaration of a ‘War on Drugs’ aimed to reduce supplies at home and overseas entering the U.S. (interdiction and eradication), and financing treatment programs. Inpatient detoxification, therapeutic communities, and methadone maintenance were among the programs implemented, and seemed to be successful at the end of Nixon’s term (Levinthal, 2012). However, when Ford took office, with lower numbers of drug abuse and overdose, the focus shifted and the problem began to rise again (Levinthal, 2012).

Anti-Drug Abuse Act

MacMaster (2004) describes the Anti-Drug Abuse Act of 1988, and how it translates to harm reduction approaches. The Anti-Drug Abuse Act declared all non-medical drug use as illegal. This pushed fines and imprisonment, but claimed that anyone seeking abstinence would have help available. This Act aimed for complete abstinence from drug use, and became the tagline, “a drug-free America” (MacMaster, 2004). However, this did not seem to be a realistic goal for many, as abstinence may not be attractive to all drug users, and each individual has a unique journey to sobriety. MacMaster (2004) describes the recovery process as several stages, and that harm reduction approaches will focus on a single stage to make abstinence seem more attractive, as well as accelerate motivation and the potential of a continuous process.

Description of the Literature

Harm reduction is a more complex approach than many think; the following research presents several principles that can influence policies and programs. Marlatt (1996) presents four components of harm reduction, while Rhodes (2009) discusses the concept of ‘risk environment’.

Central Assumptions, Principles and Values (Marlatt, 1996)

1. Harm reduction is a public health alternative to the moral/criminal and disease models of drug use and addiction.

Many potential solutions are derived from the idea that addiction is a disease and users need help [disease model], or that drug use is immoral and deserves punishment [moral model]. Harm reduction will offer an alternative to both models; shifting focus from the use of drugs to the consequences of drug use and abuse and offers practical solutions with measurable outcomes.

2. Harm reduction recognizes abstinence as an ideal outcome, but accepts alternatives that reduce harm.

Both the moral and disease models focus on abstinence; harm reduction focuses on decreasing the harms associated with drug addiction. Harm reduction is not a zero-tolerance idea, and approaches sobriety as a step-down approach; this can be applied to both legal and illegal drugs (e.g., nicotine, heroin, cocaine, alcohol).

3. Harm reduction has emerged primarily as a ‘bottom up’ approach based on addict advocacy, rather than a ‘top-down’ policy.

Addict advocacy is an important focus of harm reduction, and focuses on the individuals’ needs and wants. A harm reduction approach contends that top-down practices and policies minimize choice for those in recovery, ultimately having a reduced effect.

4. Harm reduction promotes low-threshold access to services as an alternative to traditional high-threshold approaches.

Reducing barriers makes it easier for people to engage with programs, as well as reducing the stigma around drug use and addiction. Rather than focusing on the illegal nature of the behavior, harm reduction focuses on the harms to the individual and society, and increases access to services.

Risk environment

Risk environment is defined as “the space – whether social or physical – in which a variety of factors interact to increase the chances of harm occurring” (Rhodes, 2009, p. 193). Risk environment factors can be psychological, social or economic; by focusing on these, treatment programs can find ways to work around and overcome various factors and bring more success. The intensity of risk environment can be calculated by the type of environment a drug user is exposed to, and the level of influence of that environment (e.g., prominence of dealers, friends

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who abuse drugs, etc.). By modeling intervention programs to overcome the risk environment, outcomes may be more successful and reduce harm to the individual and their community.

Application to the Opioid Epidemic

Several harm reduction ideologies can be applied to the current opioid crisis. Examples include Needle Exchange Programs [NEPs], Syringe Exchange Programs (SEPs), Safe Injection Sites, and advocating for Medically Assisted Treatment [MAT] as opposed to incarceration. Overall, alternatives to incarceration may offer the best chance in avoiding relapse and further harm to the user and society. Each of these can be correlated to the ideologies from John Stuart Mill, in discussions of utilitarianism.

Alternatives to Incarceration [ATI]

Alternatives to Incarceration programs have grown in recent years and are used with special populations (e.g., youth, individuals with serious mental illness) as an alternative to the traditional incarceration methods. In shifting focus from incarceration to treatment, New York City has established an Alternatives to Incarceration [ATI] program to compare recidivism rates of ATI versus incarceration (Porter, Lee & Lutz, 2011). Results of these programs are favorable, with 60% retention for 180 days in programs, and just over half of participants remaining in substance abuse treatment program for the required amount of time (Porter, Lee & Lutz, 2011). Harm reduction is directly linked to individuals, while society still benefits if addicts receive treatment rather than incarceration. Advocates of ATI contend that jails can be riddled with drugs, provide limited or no drug treatment, or do not use clinical approaches to treatment, which often results in drug users leaving jail without the tools or resources to stay sober.

Medication Assisted Treatment [MAT]

Similar to ATI, alternate medications to wean off opioids can help individuals, and they do not necessarily have to be used the duration of someone's lifetime. Treatment with Suboxone, methadone, etc. can assist a drug user toward sobriety, which can benefit the community. MAT involves an individual in regular contact with a medical provider who oversees their progress.

Needle Exchange Programs [NEPs]

NEPs “are community-based programs that provide access to sterile needles and syringes free of cost” and help prevent the spread of disease (CDC, 2017). Though controversial, NEPs can be helpful to many; if users have nowhere to get clean needles, and nowhere to dispose of used needles, they may resort to reusing and tossing syringes on the ground. HIV/AIDS and Hepatitis

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C can be spread from sharing or using dirty needles, and if they are left on the ground a non-user could get pricked. NEPs provide users with clean needles and often encourage users to exchange used needles for clean needles. These programs also offer educational components, including safe injection methods, and treatment resources.

Safe Injection Sites [SIS]

Safe injections sites are legally sanctioned rooms or facilities where people can use [inject] their drugs, under medical supervision. These sites are designed to reduce health problems such as overdose, spread of disease, and other societal problems associated with drug use (Drug Policy Alliance, 2018). Most benefit is awarded to the individual, but there is some indirect benefits to society; individuals won't be using or overdosing on streets, in parks, etc. Individuals who attend SIS will have medical attention available in the event of an emergency, as well as information and assistance in connecting to treatment. There are currently no SIS in the United States (with the exception of one confidential program), as this intervention is not widely accepted. However, as recently as January 2018, Philadelphia's city officials approved a proposition to open the nation's first "above ground" SIS (Gordon, 2018).

Conclusions and Implications

The opioid crisis has increased dramatically over the past few years, and will continue to do so if action is not taken. Harm reduction has the potential to be effective, and programs include, medication-assisted treatment, needle exchange programs and safe injection sites. Though controversial, when examining these programs, studies have shown that they can provide many improvements to the quality of life of drug users and the population at large (see Turner et al., 2011 as an example of reducing the spread of HIV). However, there are drawbacks of this approach, such as used needles on the ground and open drug use. Future working paper topics will focus on the above applications of harm reduction (MAT, NEPs and SIS), including descriptions, their benefits and outcomes.

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