HARM REDUCTION-A DEEPER DIVE

Harm reduction is no longer a phrase known only to insiders in addiction treatment circles. Due to the escalation of the opioid epidemic and an inconceivable number of overdose deaths, an increase in harm reduction approaches have appeared in the last few years as well. As referenced in the January LECSAGRAM from the broad availability of Naloxone, the overdose reversal drug to Fentanyl and Xylazine test strips to the more controversial overdose prevention centers (OPC's) harm reduction options have escalated in an effort to help prevent deaths. Advocates have stressed the life-saving nature of these interventions while opponents continue to imply these are merely a tacit approval for illegal drug use.

Support for OPCs, also referred to as supervised consumption sites has grown of late with more and more people buying into the concept that people cannot recover if they're not alive. These OPC facilities, are safe places where people can use drugs under medical supervision, receive medical care and be connected to treatment and social services. OPC services are proven to prevent overdose deaths, and are in use in jurisdictions around the world. According to reports there have been numerous overdoses in OPC's worldwide, (several hundred thousand by history over decades) yet there has never been a reported overdose death in any OPC. Onsite medical staff are available to respond immediately. A Health Department feasibility study found that OPCs in New York City would save up to 130 lives a year. There are now two such centers (OnpointNYC) operating in New York City. Onpoint released data indicating they averted 636 overdose deaths in the first year of operation while having 2,841 unique participants pass through the doors.

According to Healthline: In the 1960's, harm reduction strategies were already in place in the United States**.** Methadone Maintenance Treatment Programs (MMTP's) were utilized to help those seeking relief from heroin dependence but the birth of harm reduction as the movement recognized today is most often attributed to the initiation of needle/syringe exchange in response to the HIV/AIDS crisis in the early 1980s. Although more widely accepted than some other strategies, exchange program benefits are not well known including that new participants of syringe exchanges are five times more likely than those who've never utilized such services to enter treatment.

In clinical circles harm reduction is known as the Trans-theoretical Model of Change originally developed by James O. Prochaska and Carlo C. DiClemente in the 1970s. The Stages of Change model has been in use for now for several decades. Researchers have found that the Stages of Change model can be useful when

applied to addiction treatment. From helping individuals with substance use disorders to providing a framework to quit smoking or other addictions, this model has proven to be efficacious.

The model generally focuses on 5 of the 6 stages (relapse is stage number 6).

1. Pre-contemplation: At this initial stage, individuals have no immediate intention to alter their behavior within the next six months. Often, they may be unaware that their behavior is problematic despite being obvious to others.
2. Contemplation: In this stage, individuals are cognizant of their problem and actively contemplating healthy changes in the near future (within the next six months), though a firm commitment to action may be lacking. Ambivalence can and usually does persist despite recognition.
3. Preparation: Individuals in this stage express an intent to take action within the next 30 days, evidenced by initiating small behavioral changes toward their desired goal.
4. Action: This stage witnesses individuals actively changing their behavior in the past six months, committed to continued progress and the cultivation of healthy habits. Positive momentum becomes evident as new behaviors take root.
5. Maintenance: Participants in this stage have sustained behavior changes for an extended period (> six months), proactively working to maintain a commitment to ongoing action.

Individuals may not progress in a linear way through the stages of change; some take steps forward and then regress. For instance, someone aiming for alcohol abstinence may initially opt for moderation. Some may bounce or go back from one stage to another however the beauty of the model for clinical purposes is that a clinician can always just meet the individual in whatever stage they are in and then work from there. Indeed there are different ways to minimize the negative consequences of substance use focusing on reducing the harm associated with addiction rather than insisting on abstinence as the only measure of success. For instance someone injecting drugs may agree to stop injection drug use and to only smoke marijuana as a first step. The concept of recovery is highly individual today whereas complete abstinence was the only benchmark of success in days gone by.

It is becoming increasingly more accepted that there are multiple pathways of recovery. Historically, while effective for some the 12 step programs like Alcoholics Anonymous and traditional treatment models (clinical) have not been successful for a significant majority of people. Fortunately more and more we are seeing a demand for evidence based treatment practices that will produce the sought after result (sustained recovery). To that end many nontraditional pathways have emerged including the harm reduction techniques (medication supported recovery or MSR, etc.) faith based pathways, peer recovery support services (PRSS) which includes recovery coaching, and peer telephone-support as well as and many other pathways.

Considering that a mind boggling 301 people a day are dying from overdoses in the United States including 19 New York residents (roughly 6.5 % of the total) it makes sense to consider as many solutions as possible.

For confidential help with and alcohol or substance use issue, contact us today.