Harm Reduction

Evidence-Based Practice, Drug Policy, and the Promotion of Harm Reduction in Nursing and Society

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Conflicts of Interest: None
Employer: Providence H&S (OR)
Sponsorship: STTI - Omicron Upsilon
Credits:

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Learning Objectives

• Identify underpinnings for and examples of harm reduction
• Illustrate one’s own use of the philosophy
• Critically reflect on how stigmatizing behavior and public policy contribute to the drug epidemic
• Summarize key findings of existing research on supervised injection facilities
• Initiate or propose language and policy change in professional organizations
Harm reduction

Addiction

Evidence based practice

Action report

Advocacy

Drug war

Supervised injection facilities
Drug: noun \ˈdrəg\ 

1a *obsolete*: a substance used in dyeing or chemical operations

1b: a substance used as a medication or in the preparation of medication

...  

...  

3: something and often an illegal substance that **causes addiction, habituation, or a marked change in consciousness**
So drugs causes addiction?
Dr Gabor Maté: *In the Realm of Hungry Ghosts*
Vancouver, BC

- Addiction Circuits for love, brain circuits = connection, and safety
- Very high correlation between (childhood) trauma histories and addictive behavior
- Treatment involves trauma-informed therapy not punishment

“All addictions come from emotional loss, and exist to soothe the pain resulting from that loss”
Bruce K. Alexander
Simon Fraser University
“Rat Park” (1981)

The researchers watched on as the caged rats self-injected powerful psychoactive drugs.

Dominated by their habits, some of the rats would choose drug injections in preference to food and water.

Killing themselves through neglect.

The researchers painted the walls with scenes of woodlands, and natural environments.

They covered the floor with fragrant cedar shavings for the rats to nest in...

...and scattered boxes and cans for the rats to hide and play in.

Stuart McMillen, ratpark.com
Dr Carl Hart, *High Price*
Columbia University

“This Is Your Brain on Drug Education”

- Harmful effects of crack & meth drug are exaggerated
- Political goals: “at any cost to specific users, i.e., the poor and minorities.”

Images courtesy of drcarlhart.com
Mass incarceration

- US: 25% of world prisoners
- 3.2% US population under correctional control

Racial bias

- Black Americans are incarcerated at 6 times the rate and twice as long as White Americans
- Latinos are jailed 3 times as often
- Black Americans represent 12% of users, but 59% of those in state and federal prison for drug offenses
If not drugs then what?

Forming bipartisan consensus:

• Drug war has failed to address drug epidemic
• Trauma-informed & relationship based interventions are needed
Next you’re gonna say drugs don’t kill people...
### Table 2.

**Estimated number of drug-related deaths and mortality rates per million persons aged 15-64 years, 2012**

<table>
<thead>
<tr>
<th>Region</th>
<th>Number of drug-related deaths</th>
<th>Mortality rate per million aged 15-64</th>
<th>% of population of countries where mortality data is available</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Best estimate</td>
<td>Lower estimate</td>
<td>Upper estimate</td>
</tr>
<tr>
<td>Africa</td>
<td>36,800</td>
<td>17,500</td>
<td>56,200</td>
</tr>
<tr>
<td>North America</td>
<td>44,600</td>
<td>44,600</td>
<td>44,600</td>
</tr>
<tr>
<td>Latin America and the Caribbean</td>
<td>4,900</td>
<td>4,000</td>
<td>7,300</td>
</tr>
<tr>
<td>Asia</td>
<td>78,600</td>
<td>11,400</td>
<td>99,600</td>
</tr>
<tr>
<td>Western and Central Europe</td>
<td>7,500</td>
<td>7,500</td>
<td>7,500</td>
</tr>
<tr>
<td>Eastern and South-Eastern Europe</td>
<td>8,700</td>
<td>8,700</td>
<td>8,700</td>
</tr>
<tr>
<td>Oceania</td>
<td>1,900</td>
<td>1,600</td>
<td>1,900</td>
</tr>
<tr>
<td><strong>Global</strong></td>
<td>183,100</td>
<td>95,500</td>
<td>225,900</td>
</tr>
</tbody>
</table>


Note: Data for Africa have been adjusted to reflect the 2012 population. The wide range in the estimates for Asia reflects the low level of reporting from countries in the region. The best estimate for Asia is placed towards the upper end of the reported range because a small number of highly populated countries reported a relatively high mortality rate, which produces a high regional average.

Two dots (..) indicate insufficient data. Also see footnote 4.
Drug Poisoning Deaths Involving Opioids* by County, 2009-2013

U.S. National Age Adjusted Rate: 6.6 Deaths per 100,000 Population

Age-adjusted rate per 100,000 population
- less than 4.0 (89 counties)
- 4.0 to 6.0 (156 counties)
- 6.01 to 10.0 (265 counties)
- greater than 10.0 (352 counties)
- counties with fewer than 20 deaths

Note: Rates for counties with fewer than 20 deaths during the 2009-2013 time period have been suppressed.

*Opioids includes opiates, heroin, opium, other synthetics, including prescription pain relievers (ICD-10 codes T40.0 to T40.4).

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Multiple Cause of Death Data on CDC WONDER Online Database, extracted January 23, 2016.
Local Impacts: Oregon

Oregon (2000-2012)
• **4182** Oregonians died due to drug overdose (**322/year**)
• **15,230** were hospitalized for OD (**$16-29k each**)  
• Most prevalent: methamphetamine, Rx opioids, & heroin

Portland/Multnomah Co (pop. 606,000)
• Average **102** overdose deaths/year (80% involved heroin)
• Portland Police: **4-5 thousand** drug arrests /year

• **58%** observed someone OD in year (1/2 called 9-1-1)
• **58%** have overdosed at least once (23% in last year)

Jenkins & Toeys. 2014; PPB. 2014
Local Impacts: Indiana

Indiana (2013)

• Overdose deaths **1179** (opioids, cocaine, amphetamines)
• **2,157** overdose-related ED visits
• **5,289** new HCV cases (2014)

Austin/Scott County, IN (2015)

• **181** new HIV cases among IDU (Pop. 23,972)
• 84.4% coinfected with Hep C

Public Health **State of Emergency**:  
• Monroe, Madison, Fayette, Lawrence, & Scott counties  
• Senate Enrolled Act 461
• 15 counties in process

(Kooreman & Greene, 2016)
Harm reduction

- Practical strategies and ideas aimed at reducing risks and harms associated with drug use.
- Spectrum of strategies (safer or managed use to abstinence) to meet drug users “where they’re at”
- Movement for social justice built on a belief in, and respect for, the rights of people who use drugs.
- Designed by users and public health workers to reflect specific individual and community needs.

Harm Reduction Coalition
Who & what:

- Syringe exchange
- “Housing first”
- Motivational Interviewing
- Naloxone distribution & training
- MAT (Methadone, suboxone)
- Good Samaritan law for ODs
- Safer use education

Publicly available [harmreduction.org](http://harmreduction.org)
Syringe services programs (SSPs) serve as a safe, effective HIV prevention method for people who inject drugs (PWID) to exchange used syringes for sterile needles, thereby significantly lowering the risk of HIV transmission. Since the 1980s, SSPs in conjunction with other HIV prevention strategies have resulted in reductions of up to 80% in HIV incidence among PWID.

- There are currently 194 syringe services programs in 33 states, the District of Columbia, the Commonwealth of Puerto Rico, and the Indian Nations. (NASEN)
- This map shows the location of 196 cities with SSPs.

This map was prepared by amfAR, The Foundation for AIDS Research. Information on syringe services programs was provided by the North American Syringe Exchange Network (NASEN) and Mount Sinai Beth Israel from their lists of syringe services programs that confirmed their willingness to have this information made public.
States with naloxone laws, as of Oct 2015 (in yellow)

Jenkins & Toevs, 2014
Heroin-related deaths, San Francisco

Phillip Coffin, MD, San Francisco Dept of Public Health  (Jenkins & Toevs, 2014)
Multnomah County (2013-2015):

- **2,061** clients trained and dispensed Naloxone
- **1,045** overdoses reported reversed

Scott Co. Syringe Exchange (State of Emergency)

<table>
<thead>
<tr>
<th>Shared:</th>
<th>Syringes to Inject</th>
<th>Syringes to divide drugs</th>
<th>Other equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-SEP</td>
<td>34%</td>
<td>38%</td>
<td>44%</td>
</tr>
<tr>
<td>Post-SEP</td>
<td>5% (↓85%)</td>
<td>10% (↓74%)</td>
<td>11% (↓75%)</td>
</tr>
</tbody>
</table>

WHO: Syringe exchange and opioid substitution a mainstay of combatting HIV & viral hepatitis

Jenkins & Toevs, 2014; Patel et al., 2015; WHO, 2015
Non-CD examples of Harm Reduction

Pre-exposure prophylaxis (PrEP) for high risk men who have sex with men (MSM)

Condoms and resources for sex workers

Domestic Violence & Abuse

Navigating Alcohol Use
How have you used harm reduction in your practice or personal life?
What’s missing?
Supervised Injection Facilities

• Nursing-supervised drug consumption in a safe & legally protected space, using clean supplies

• Users bring their own supply. No drug sales.

• Most facilities also:
  • **Teach** safer practices & overdose response
  • **Distribute** naloxone
  • **Refer** people to detox programs
  • **Preventative healthcare:** HIV/Hep C testing, wound treatment, care coordination
  • **Low barrier access** to other services
Facilities: Insite (Vancouver, BC)

- Founded 2003, Downtown East Side (greatest concentration IV drug users, sex workers, unhoused people & First Nations people)
- 1000+ visits/day, >2 million since opening; reversed >2400 overdoses; 0 deaths
- Grant funding for SEOSI research

*Scientific Evaluation of Supervised Injection cohort (n=1000)*
Facilities: Insite (Vancouver, BC)

Images obtained from Insite (supervisedinjection.vch.ca)
Global Supervised Injection Facilities

Map images produced using ScribbleMaps.com
Safe-injection sites: Seeking a solution to public IV drug use

by Emily Green | 27 Aug 2015

As public drug injection draws criticism in Portland, other U.S. cities fight for a controversial solution

On the concrete floor of a public restroom, inside a parking garage in Portland's Old Town, a heroin addict took his last breaths. He was overdosing while his 'street brother' pounded aggressively on the locked door that stood between them.

"I don't know if it was stronger or if he did more than usual," says Raymond Thornton, as he recounts his 40-year-old friend's untimely death. He had been a couple of blocks away from the SmartPark garage on Northwest Na勇士 Parkway and Davis Street when he heard news of the overdose. When he arrived, he saw an ambulance, "but he was already gone," Thornton says.

This was one of 60 heroin-related deaths in Multnomah County in 2010. There would be 284 more over the next four years. All deaths where heroin is found present in the bloodstream are categorized as heroin-related deaths by the state medical examiner.

"There's been a significant increase in heroin use in the last few years in the Portland area," says Kim Toews, Multnomah County Health Department harm reduction manager.
Evidence based practice

Step 1: Ask a burning question
Step 2: Collect the most relevant & best evidence
Step 3: Critically appraise the evidence for validity, reliability, & applicability
Step 4: Integrate the evidence with clinical expertise & patient preferences
Step 5: Evaluate outcomes of practice change
Step 6: Disseminate outcomes of practice change
PICOT Question

For injection drug users (P), how have implementations of supervised injection sites (I) affected local rates of overdose (O) compared with pre-implementation rates (C)?
### Search Strategy

<table>
<thead>
<tr>
<th>Database (2000-2015)</th>
<th># of hits for inject*</th>
<th># of hits for supervis*</th>
<th># of hits for overdose</th>
<th># of hits for death</th>
<th>1, 2, 3 AND 4, 5 AND 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>CINAHL</td>
<td>39,769</td>
<td>15,206</td>
<td>3,826</td>
<td>91,495</td>
<td>40</td>
</tr>
<tr>
<td>MEDLINE</td>
<td>376,663</td>
<td>33,063</td>
<td>10,128</td>
<td>411,305</td>
<td>65</td>
</tr>
<tr>
<td>Cochrane library</td>
<td>661</td>
<td>123</td>
<td>18</td>
<td>1,642</td>
<td>8</td>
</tr>
<tr>
<td>Academic premier search</td>
<td>236,517</td>
<td>59,508</td>
<td>10,226</td>
<td>470,296</td>
<td>81</td>
</tr>
</tbody>
</table>

Total number of articles = 194  
Number of duplicates = 166  
Number of articles irrelevant to the clinical question = 161  
Number of articles that did not meet search criteria (ex: RCTs were the only studies) = 21  
Final number of articles = 7
Key Findings

• **0 deaths** at any SIF, **fewer overdoses** & faster treatment

• Fewer risk behaviors, costs, & public nuisances. Increased referral to treatment (Potier, et al., 2014; Stoltz, et al, 2007)

• **Insite** (Vancouver, BC)
  • Ten-year savings of **$14 million**, **920** years of life, avoidance of **1191** HIV & **54** Hepatitis C infections (Potier, et al., 2014)
  • **35% case reduction** in deaths/person-years compared with 9.3% in neighboring area (Marshall, et al., 2011)

• **MSIC, Sydney, AUS**
  • **80% decrease** in ambulance calls in immediate surroundings compared with 45% in neighboring parts of the same district (Salmon, et al., 2010)
Rapid & measured response

“Once, at Insite. I stopped. . . . My breathing was very low. And at one point my breathing stopped. They called an ambulance. They Narcaned me. . . . and they do half the amount of Narcan that the paramedics would.

So when ... the paramedics woke me up they had a rig of Narcan ready to put into me, and I stopped them from doing that, ’cause Narcan is just gross. ... so they made me sign a consent form. . . . After that I went to the chill-out room.”

Reducing risks of injecting alone or in unsafe company

“I think it’s bad [injecting alone]. That’s when people get into lots of trouble, eh? Dead people are found in their rooms. They are not found at Insite.”

(Female Participant #50)

People feel safer taking their time

“That’s another thing. Ever since I’ve been going there [the SIF]. I practice safe—Yeah, I’ve started practicing a lot safer and cleaner  for sure. Now I stop and think, right? It’s like, “Well, I don’t have to rush.” . . .In the alley, you just don’t have time to do that.”

(Male Participant #40)
### Synthesis Table

<table>
<thead>
<tr>
<th>Author/Year</th>
<th>Design</th>
<th>Setting</th>
<th>Primary measure</th>
<th>Effect on overdose # &amp; lethality</th>
<th>Other core findings</th>
<th>LOE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potier, 2014</td>
<td>Systematic Review of cohort &amp; mixed</td>
<td>Europe, Vancouver, BC, &amp; Sydney, AUS</td>
<td>ODs, deaths, safety practices, costs, crime</td>
<td>↓</td>
<td>↓ risk behaviors</td>
<td>Ib</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>↑ treatment</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Large cost savings</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No deaths or crime increase</td>
<td></td>
</tr>
<tr>
<td>McNeil, 2014</td>
<td>Systematic Review of Qualitative</td>
<td>SIFs, peer harm reduction &amp; exchanges</td>
<td>Drug-related harms &amp; access to resources</td>
<td>↓</td>
<td>Refuge from street drug scenes; Safer, slower injections</td>
<td>V</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>↑ access to treatment</td>
<td></td>
</tr>
<tr>
<td>Marshall, 2011</td>
<td>Pre/post Case Control</td>
<td>Vancouver, BC</td>
<td>OD-Related Death Rates</td>
<td>↓</td>
<td></td>
<td>IV</td>
</tr>
<tr>
<td>Salmon, 2010</td>
<td>Pre/post Case Control</td>
<td>Sydney, AUS</td>
<td>Ambulance calls for opiate-related OD</td>
<td>↓</td>
<td>Ambulance calls drop precipitously</td>
<td>IV</td>
</tr>
<tr>
<td>Millroy, 2008</td>
<td>Quantitative Simulation</td>
<td>Vancouver, BC</td>
<td>Estimated deaths averted</td>
<td>↓</td>
<td>Correlates OD treatment with averted death</td>
<td>VI</td>
</tr>
<tr>
<td>Kerr, 2007</td>
<td>Qualitative</td>
<td>Vancouver, BC</td>
<td>Experience of OD &amp; risk behaviors</td>
<td>↓</td>
<td>Slower &amp; safer injection practices; fewer assaults</td>
<td>VI</td>
</tr>
<tr>
<td>Stoltz, 2007</td>
<td>Quantitative Descriptive</td>
<td>Vancouver, BC</td>
<td>Injection risk behaviors (for OD, viral transmission)</td>
<td>↓</td>
<td>↓ syringe reuse, rushing, public use</td>
<td>VI</td>
</tr>
</tbody>
</table>
Why SIFs? Why nurses?

Association of Nurses in AIDS Care
Canadian Nurses Association
Nurses for Safer (Supervised) Injection Facilities
Canadian Medical Association
Harm Reduction Coalition
Minnesota Public Health Wheel
Advocacy
Provision 1. The nurse practices with compassion and respect for the inherent dignity, worth, & unique attributes of every person

1.4 The Right to Self-Determination: Patients have the moral and legal right to determine what will be done with and to their own person.

Provision 2. The primary commitment of the nurse is to the patient, whether an individual, group, community, or population.

5.5 Professional growth requires a commitment to learn about new concepts, issues, concerns, controversies, and healthcare ethics relevant to the current and evolving scope and standards of nursing practice.

Provision 8 The nurse collaborates with other health professionals and the public to promote human rights, promote health diplomacy, and reduce health disparities.
Policy Development
Advocate for expanding ONA’s drug policy to include HARM REDUCTION

1.4.4 Support least-restrictive, community-based mental health and wellness programs.

1.4.5 Support alcohol and drug education, prevention and treatment programs, including; diversion, insurance parity with physical illness, community programs, and programs for adolescents, children, pregnant women and other vulnerable populations.

1.4.6 Support the use of tobacco and other health-related settlement monies for health care, health education and prevention.

1.5 Support and participate in the health care reform process in Oregon under the Oregon Health Authority, using the following principles of reform.
Action Report
Proposal:
The ONA will add harm reduction to its Health Policy Platform:

1.4.5 Support alcohol and drug education, prevention and treatment programs, including: diversion, insurance parity with physical illness, community programs, harm reduction, and programs for adolescents, children, pregnant women and other vulnerable populations.

The Oregon Nurses Association affirms the following statement regarding harm reduction practices:
The Oregon Nurses Association recognizes and advocates for **harm reduction policies as pragmatic public health approaches** to reduce the adverse health, social and economic consequences of high-risk activities—in particular the use of psychoactive substances like alcohol, scheduled, and illicit drugs.

The **preponderance of evidence** demonstrates that education, resources, and conditions that facilitate safer use reduce morbidity and mortality, engage more users in care, and improve the health and safety of all individuals, families and communities.
Nurses and other health professionals have a responsibility to advocate for evidence-based harm reduction policies and interventions as effective components of prevention, treatment, and public health strategy for drug use.

With the institution of appropriate legal and ethical protections, nurses may consider developing programs like supervised injection facilities viable options for employment.
Contacted & met with ONA leadership

Present proposal to the OSNA Board

Passes OSNA House of Delegates
Passes 80:1

ONA Convention & House of Delegates

ONA Cabinet on Health Policy

YOUR State Professional Organization / Government
Goals

• **Start conversations** among nurses (& student nurses), lawmakers, & health departments

• **Encourage** nursing & medical associations to take public stances

• **Add our voices** as care providers to the advocacy of users, their families, and healthcare activists

• **Make the impossible a reality.** Practice change that goes against “conventional wisdom” seems impossible until accomplished.

• Encourage nurses to engage with health policy and **create downstream improvements in our patients lives**
 Everywhere But Safe: Public Injecting in New York
References


References (continued)


Harm reduction
Supervised injection facilities
Jonathan Irwin, BSN, RN
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