

# Harm Reduction

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

Jonathan Irwin, BSN, RN



Conflicts of Interest:

None

Employer:

Providence H&S (OR)

Sponsorship:

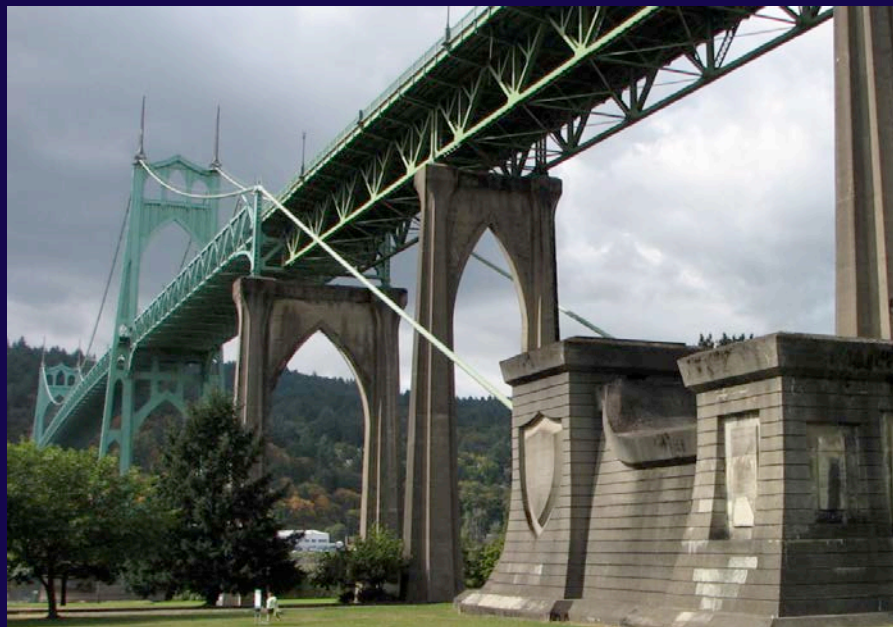
STTI - Omicron Upsilon

Credits:

Cora McSperitt, BSN, RN

Kahea Young, BSN, RN

Amber Vermeesch, PhD, MSN, RN, FNP-C



# 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

# Addiction

## Harm reduction

Evidence based practice

Action report

Advocacy

Drug war

Supervised injection facilities





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Breaking Bad -- AMC Terms & Usage



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**Drug:** noun \ 'dræg\

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

1*b* : 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**

*Merriam-Webster (11<sup>th</sup> ed.)*

**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”



Courtesy of [drgabormate.com](http://drgabormate.com)

# Bruce K. Alexander

Simon Fraser University

## “Rat Park” (1981)

or

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.

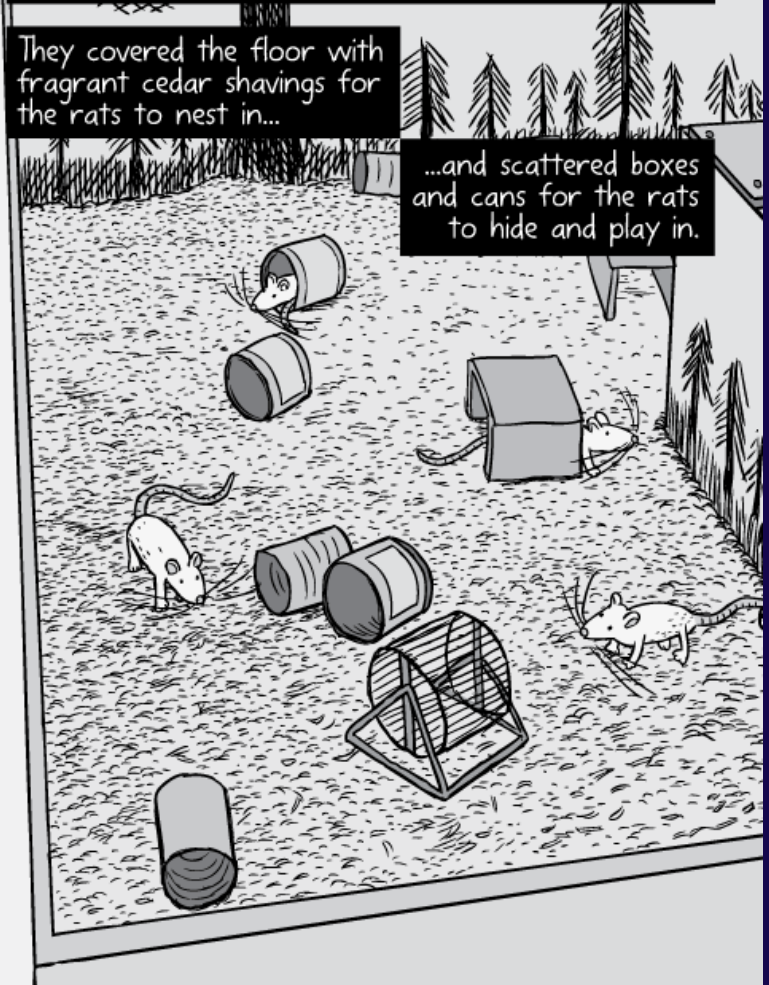


Killing themselves through neglect.

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

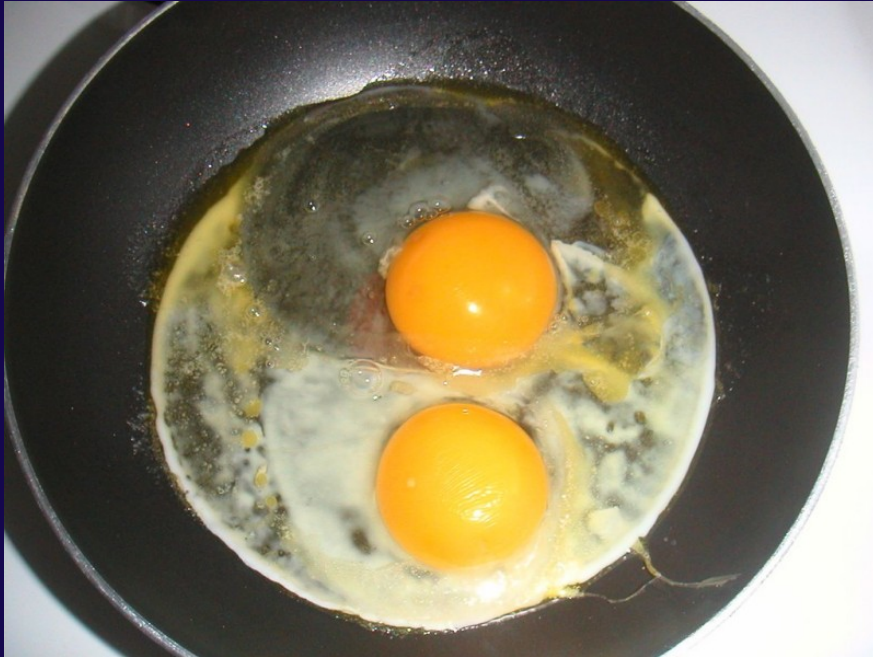
They covered the floor with fragrant cedar shavings for the rats to nest in...

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

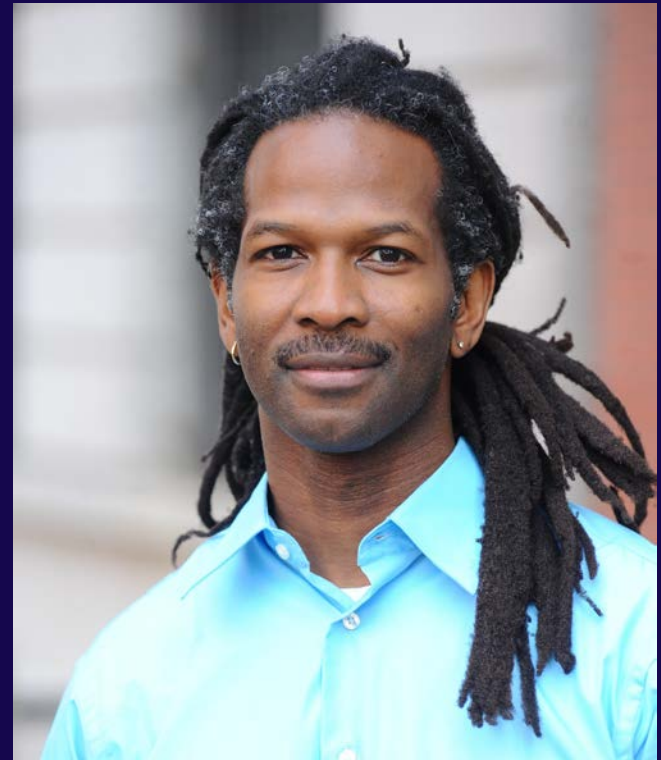


# Dr Carl Hart, *High Price*

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.”

## 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

## 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...**

# Problem: morbidity & mortality

**Table 2.** Estimated number of drug-related deaths and mortality rates per million persons aged 15-64 years, 2012

Region	Number of drug-related deaths			Mortality rate per million aged 15-64			% of population of countries where mortality data is available
	Best estimate	Lower estimate	Upper estimate	Best estimate	Lower estimate	Upper estimate	
Africa	36,800	17,500	56,200	61.9	29.4	94.3	..
North America	44,600	44,600	44,600	142.1	142.1	142.1	100
Latin America and the Caribbean	4,900	4,000	7,300	15.1	12.6	22.7	80
Asia	78,600	11,400	99,600	27.7	4.0	35.0	9
Western and Central Europe	7,500	7,500	7,500	23.2	23.2	23.2	100
Eastern and South-Eastern Europe	8,700	8,700	8,700	37.9	37.9	37.9	100
Oceania	1,900	1,600	1,900	77.5	65.3	78.5	75
<b>Global</b>	<b>183,100</b>	<b>95,500</b>	<b>225,900</b>	<b>40.0</b>	<b>20.8</b>	<b>49.3</b>	

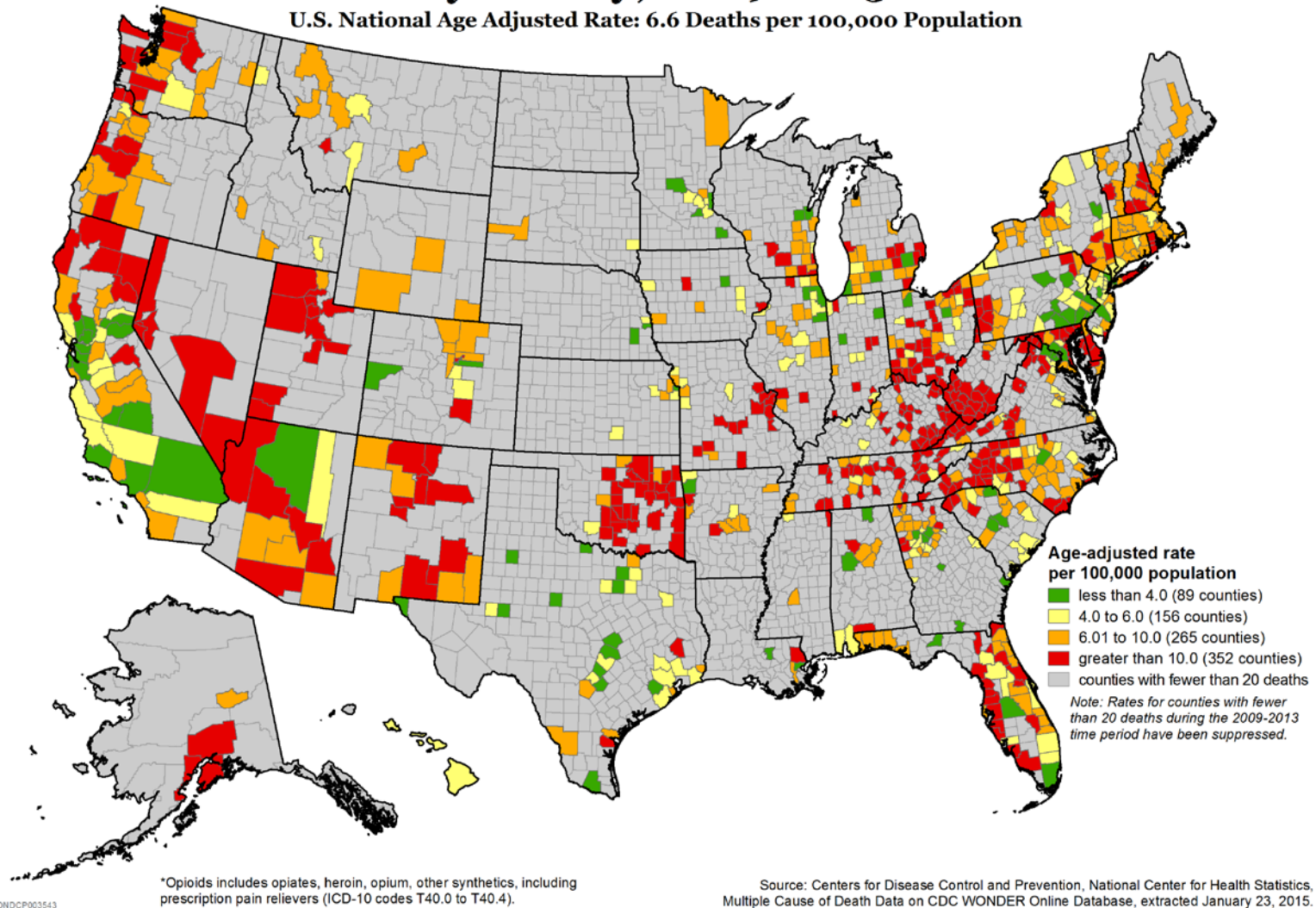
Source: UNODC annual report questionnaire; Inter-American Drug Abuse Control Commission; Louisa Degenhardt and others, "Illicit drug use", in *Comparative Quantification of Health Risks: Global and Regional Burden of Disease Attributable to Selected Major Risk Factors*, vol. 1, chap. 13, M. Ezzati and others, eds. (Geneva, World Health Organization, 2004).

*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



# 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

## Syringe Exchange Clients Report (2011):

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

# 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% coinfectd with Hep C

## Public Health **State of Emergency**:

- Monroe, Madison, Fayette, Lawrence, & Scott counties
- Senate Enrolled Act 461
- 15 counties in process



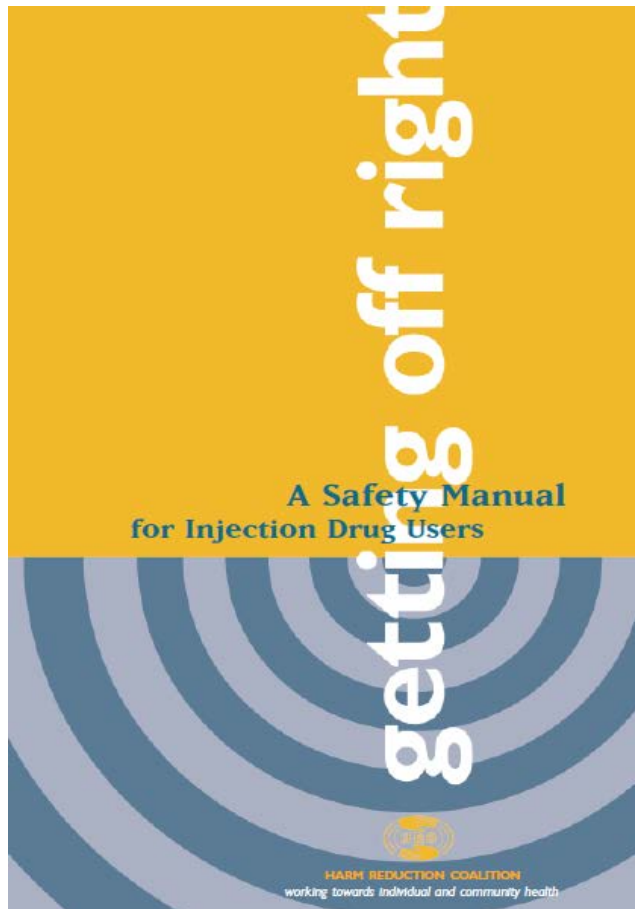
# Harm reduction



- 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:



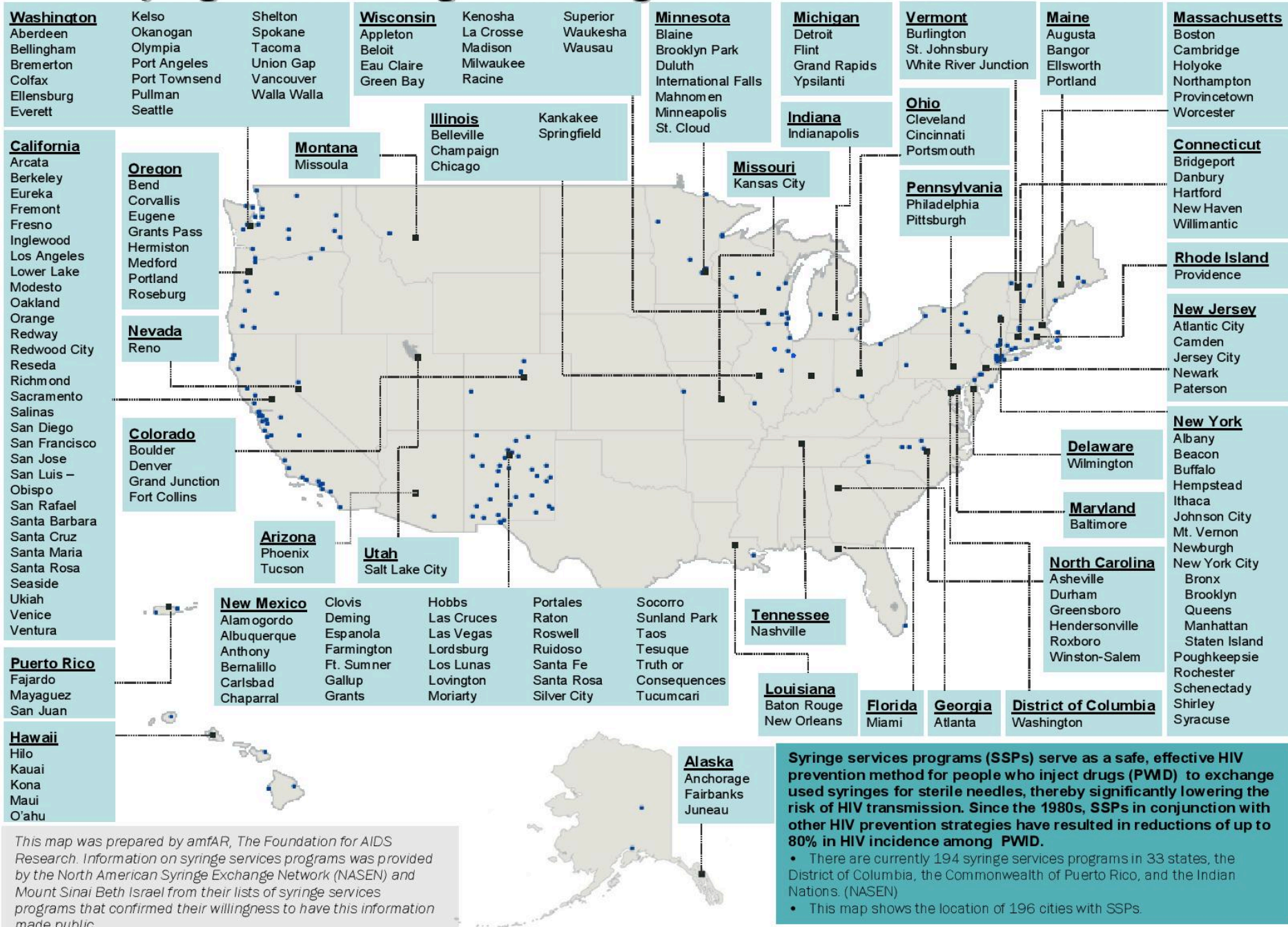
Publicly available [harmreduction.org](http://harmreduction.org)



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

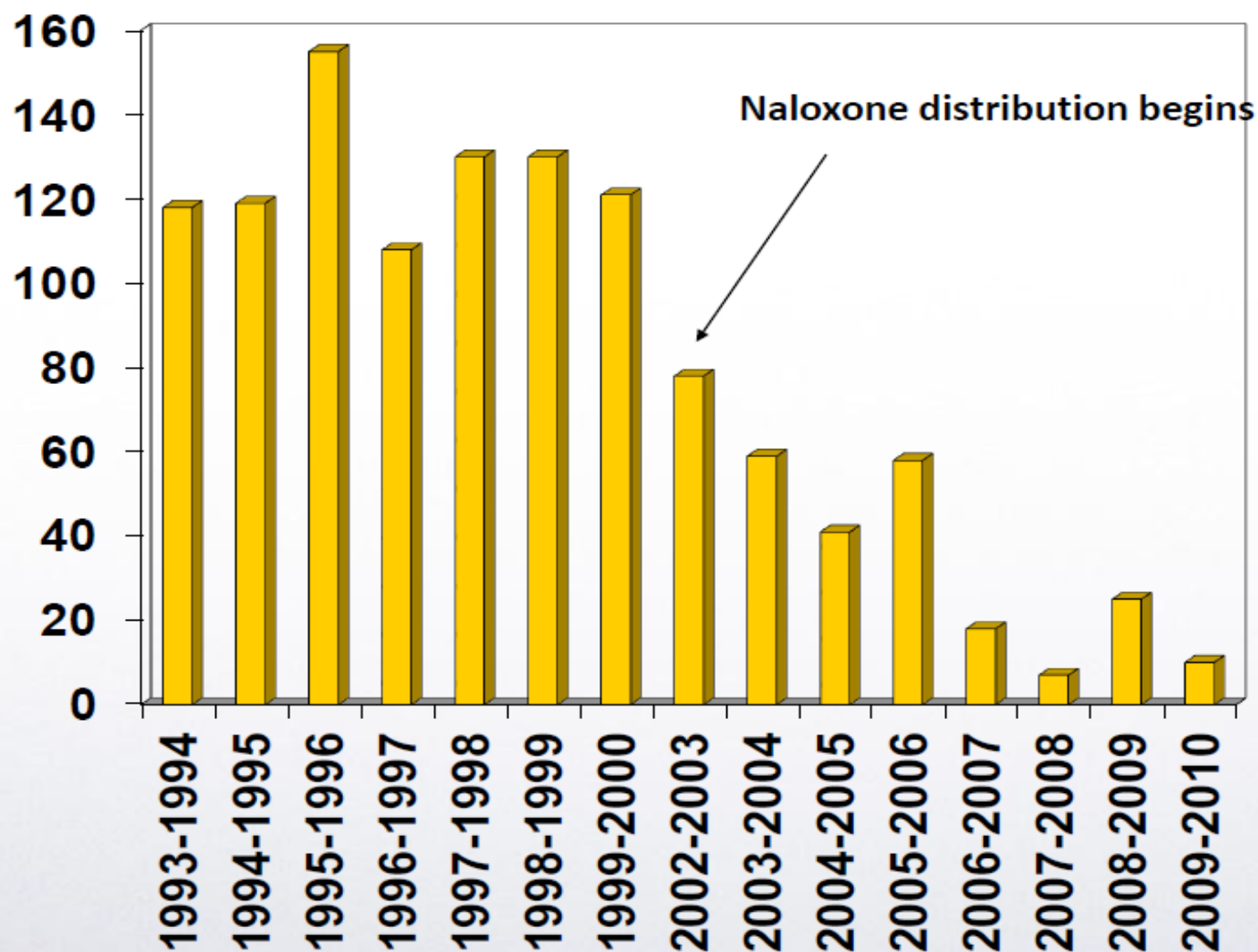
# Syringe Services Program Coverage in the United States – June 2014





Jenkins & Toevs, 2014

# Heroin---related deaths, San Francisco





# Harm Reduction = Best Practice

## Multnomah County (2013-2015):

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

## Scott Co. Syringe Exchange (State of Emergency)

Shared:	Syringes to Inject		Syringes to divide drugs		Other equipment
Pre-SEP	34%		38%		44%
Post-SEP	5%	(↓ 85%)	10%	(↓ 74%)	11% (↓ 75%)

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

# **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



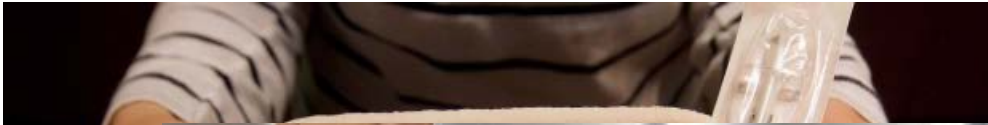
# Facilities: Insite (Vancouver, BC)



- 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

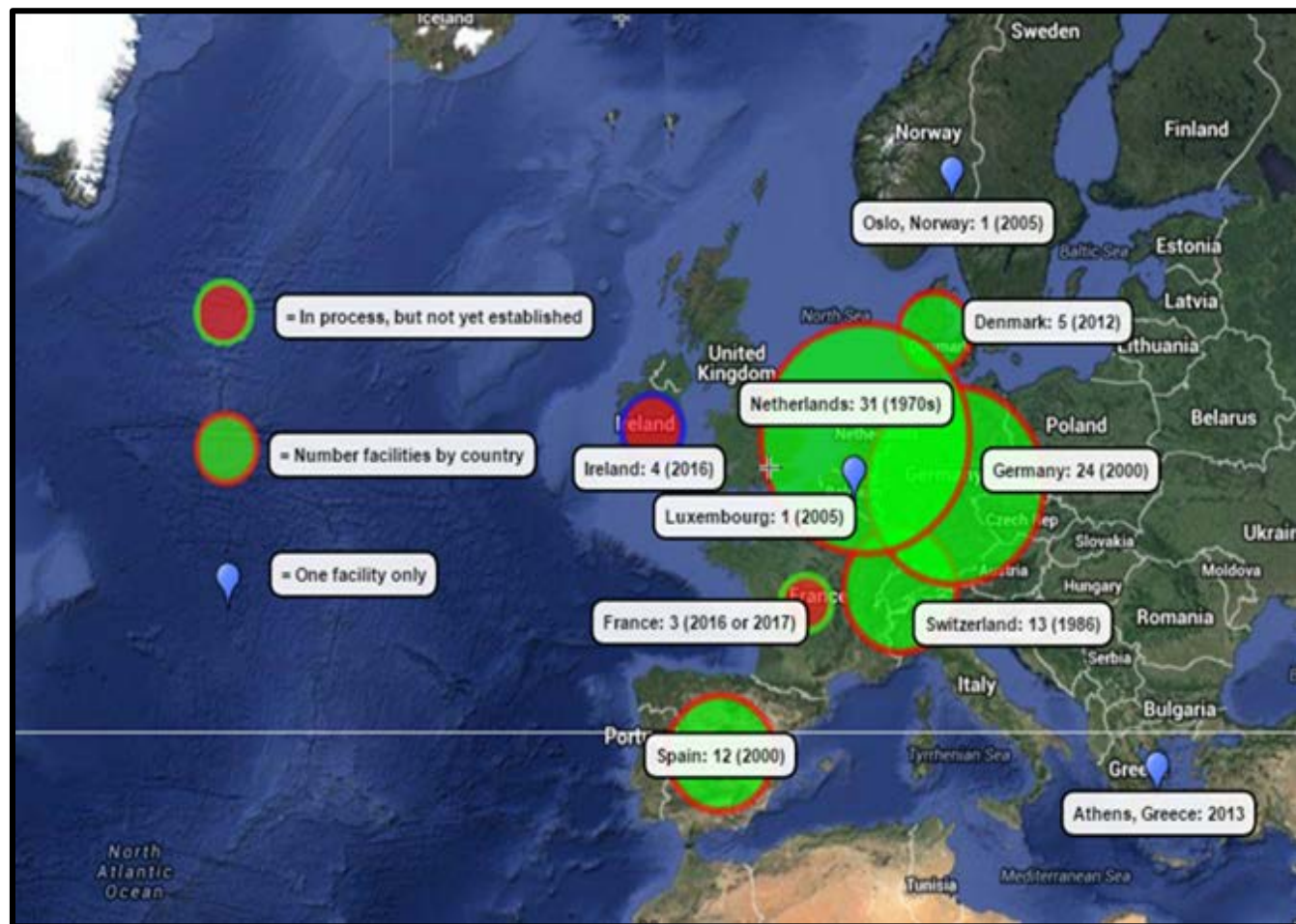
\*Scientific Evaluation of Supervised Injection cohort (n=1000)

# Facilities: Insite (Vancouver, BC)



Images obtained from Insite ([supervisedinjection.vch.ca](http://supervisedinjection.vch.ca))

## Global Supervised Injection Facilities



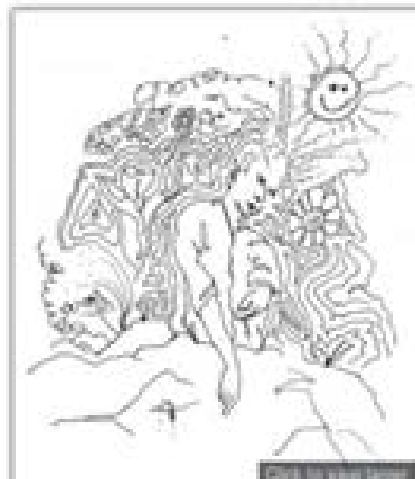
Map images produced using ScribbleMaps.com



## 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 Nato 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.

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Vancouver's supervised injection site providing a safe place for changing lives

Officials boost efforts to prevent opiate abuse, overdoses in Oregon

# 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



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

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)

# Excerpts, Kerr et al. (2007)

## **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

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

# Why SIFs? Why nurses?



**Association of Nurses in AIDS Care**

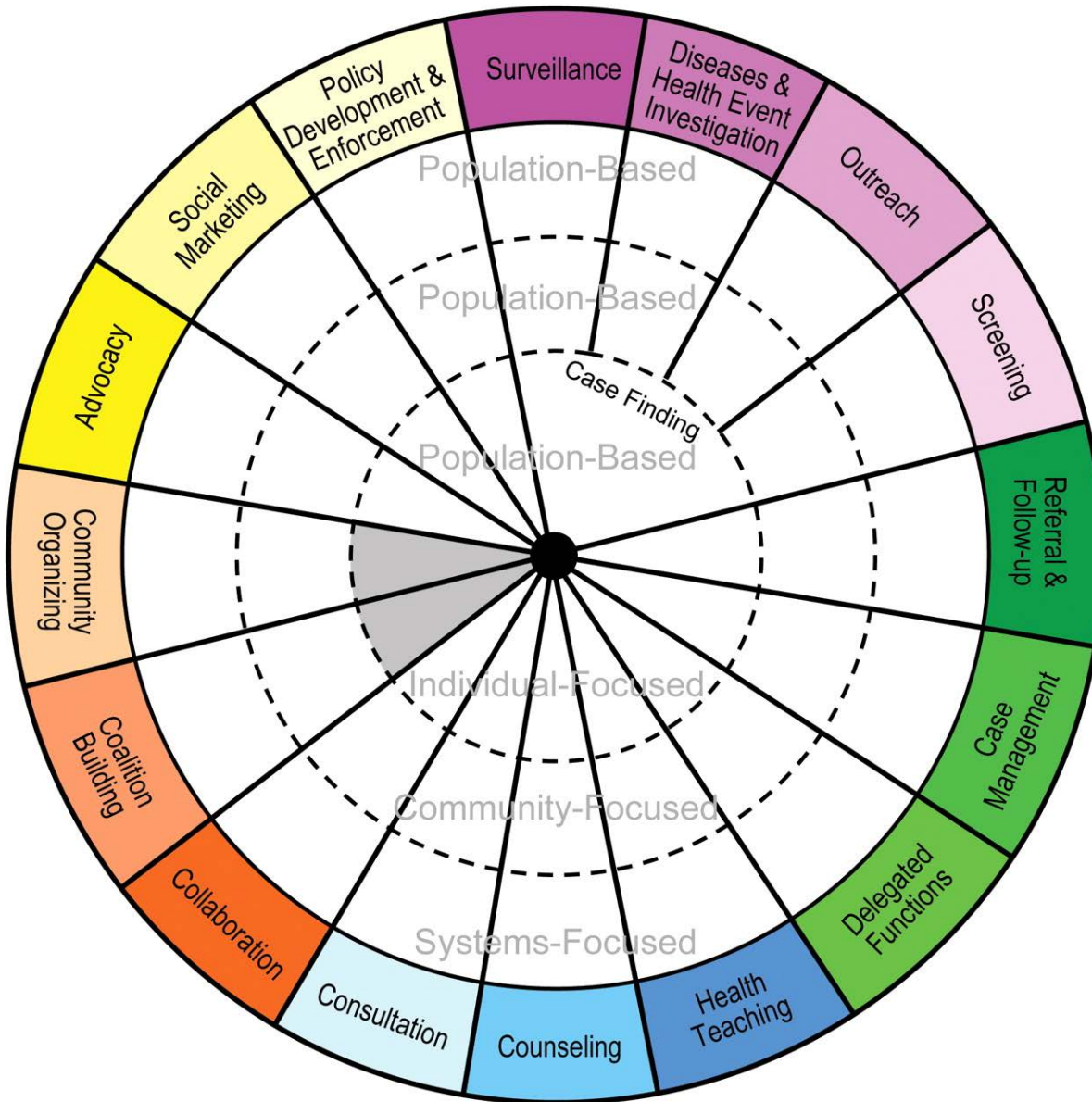
**Canadian Nurses Association**

**Nurses for Safer (Supervised) Injection  
Facilities**

**Canadian Medical Association**

**Harm Reduction Coalition**

# Minnesota Public Health Wheel





# Advocacy

# ANA Code of Ethics

**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.

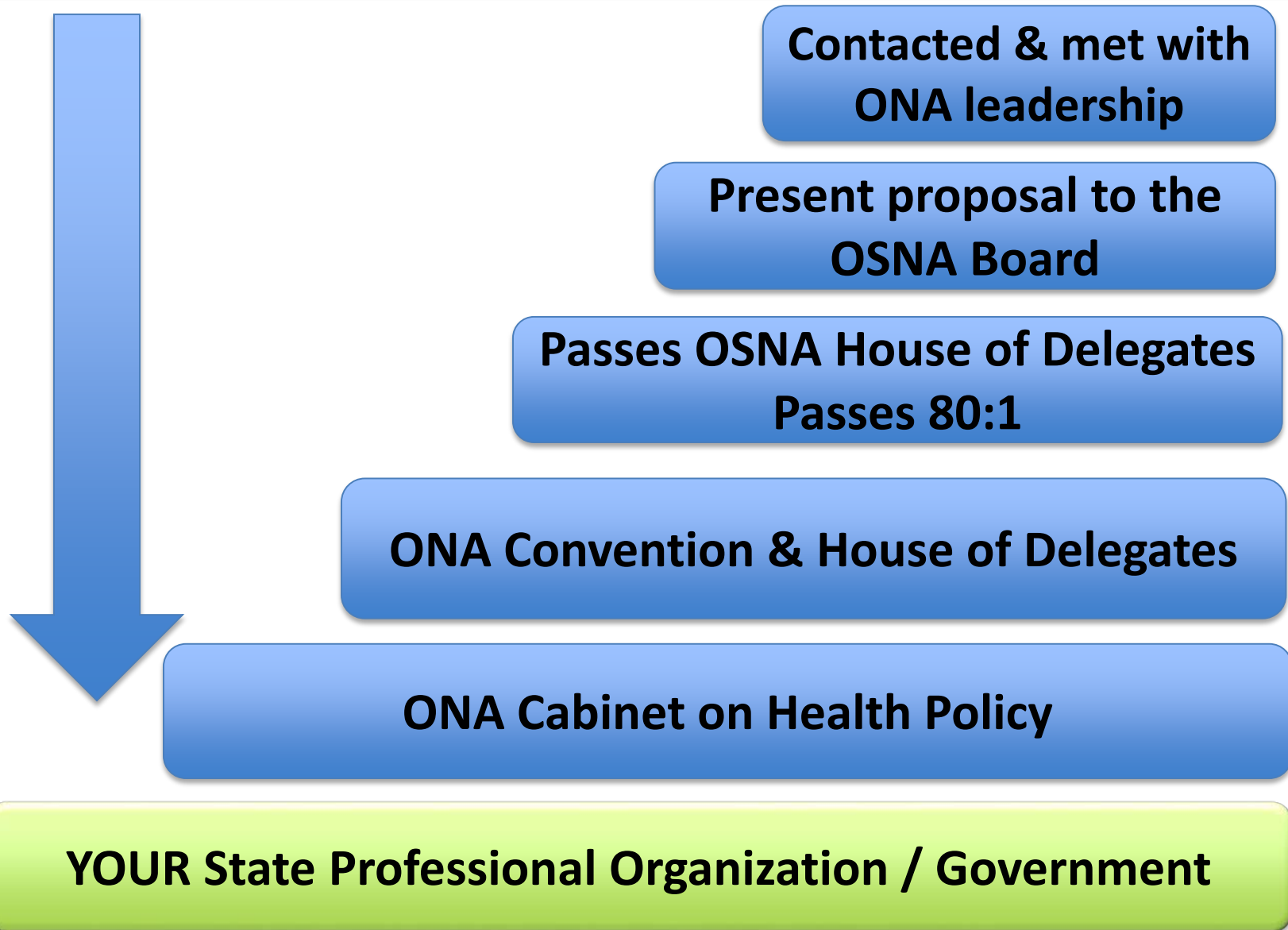
The **preponderance of evidence** demonstrates that education, resources, and conditions that facilitate safer use reduce morbidity and mortality, engage more users in care, and improve the health and safety of all individuals, families and communities.



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.

# Practice Change as a Process



# 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

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CARE**



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COALITION of NURSES  
and NURSING STUDENTS for  
SUPERVISED INJECTION SERVICES

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# QUESTIONS?

Public health

Harm reduction

Evidence based practice

Action report

Advocacy

Drug war

Supervised injection facilities

Jonathan Irwin, BSN, RN  
irwinj17@up.edu