

# Preventing Harm from Substance Use: **Harm Reduction**

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# What is Harm Reduction?

- ◆ A pragmatic response that focuses on keeping people safe and minimizing death, disease and injury associated with higher risk behaviour, while recognizing that the behaviour may continue despite the risks.
- ◆ (Harm Reduction: A British Columbia Community Guide, Ministry of Health 2005)

# Types of Harm Reduction

- ◆ **Harm reduction practices are entrenched in our society in many ways, including:**
  - ▶ Seat belts and airbags to prevent injury and death from occurring while using motor vehicles,
  - ▶ Helmets for cycling, skateboarding, skiing, snowboarding,
  - ▶ Use of condoms to prevent sexually transmitted infections and unwanted pregnancy

# Harm Reduction & legal drug use

- ◆ **Harm reduction is effective for reducing harms from the use of legal drugs:**
  - ▶ Campaigns to reduce drinking and driving
  - ▶ Smoking restrictions to reduce the harms associated with second-hand smoke
  - ▶ Nicotine replacement for smoking
  - ▶ Plastic (rather than glass) mugs in drinking establishments

# Harm Reduction & illegal drug use

- ◆ **Harm reduction is effective for reducing harms from the use of illegal drugs**
  - ▶ Needle Exchange Programs to prevent HIV, Hepatitis C and other infections
  - ▶ Methadone Maintenance Treatment to stabilize the individual and prevent injection-related harms (e.g. infections, overdoses)
  - ▶ Supervised consumption to prevent overdose deaths, HIV, HCV and other infections
  - ▶ Education and Outreach
  - ▶ Crack pipe distribution to prevent the spread of disease

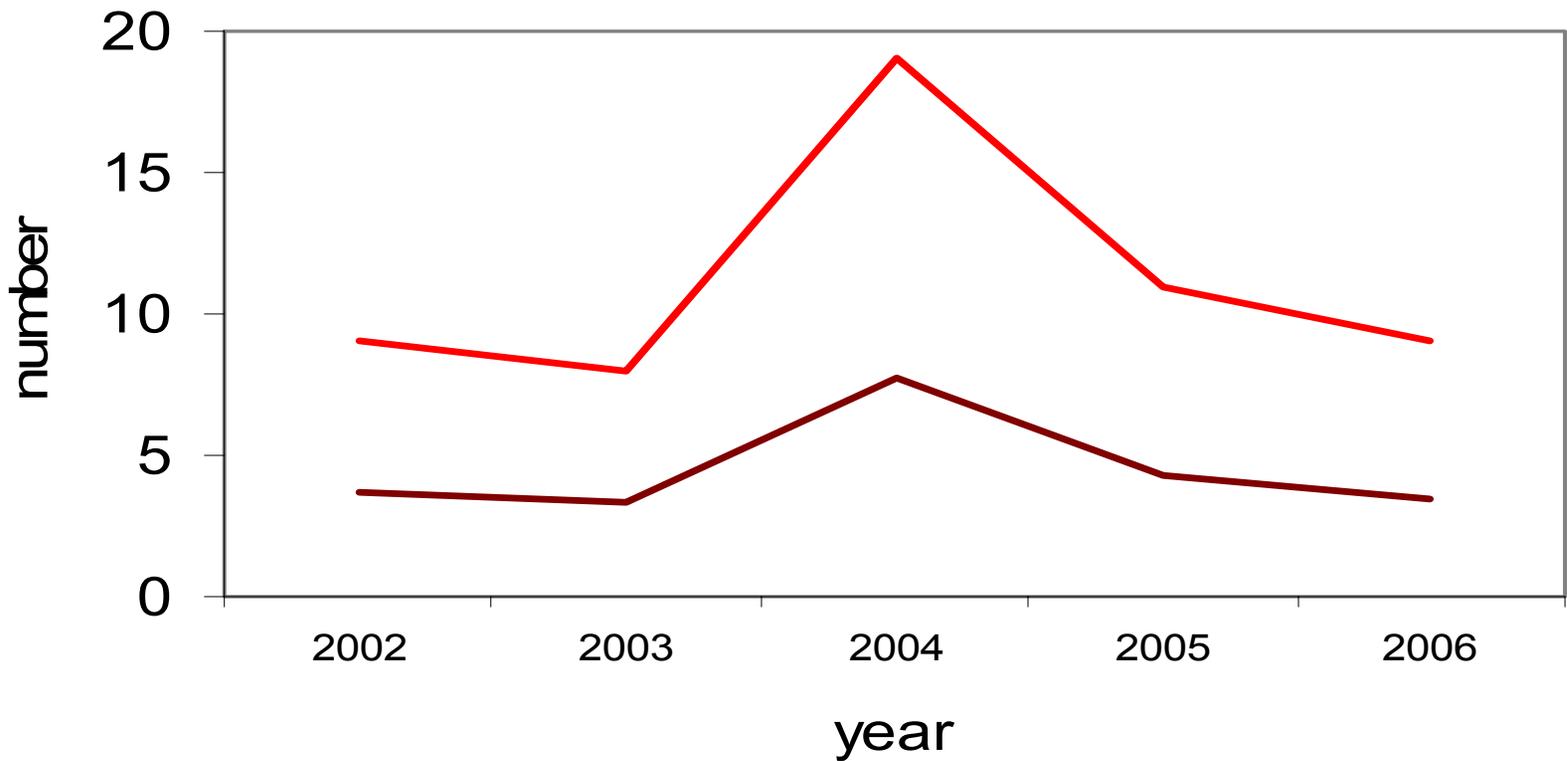
# Substance use: legal vs. illegal

- ◆ The focus of harm reduction is on minimizing the harms that can occur from use
- ◆ Therefore, healthcare providers must remain neutral to the legal status of the substance that is used
- ◆ From population health perspective, two of the most dangerous substances are legal: tobacco and alcohol
- ◆ Many health harms stem from the inability to enforce product quality or marketing and distribution methods

## Does harm reduction promote drug use?

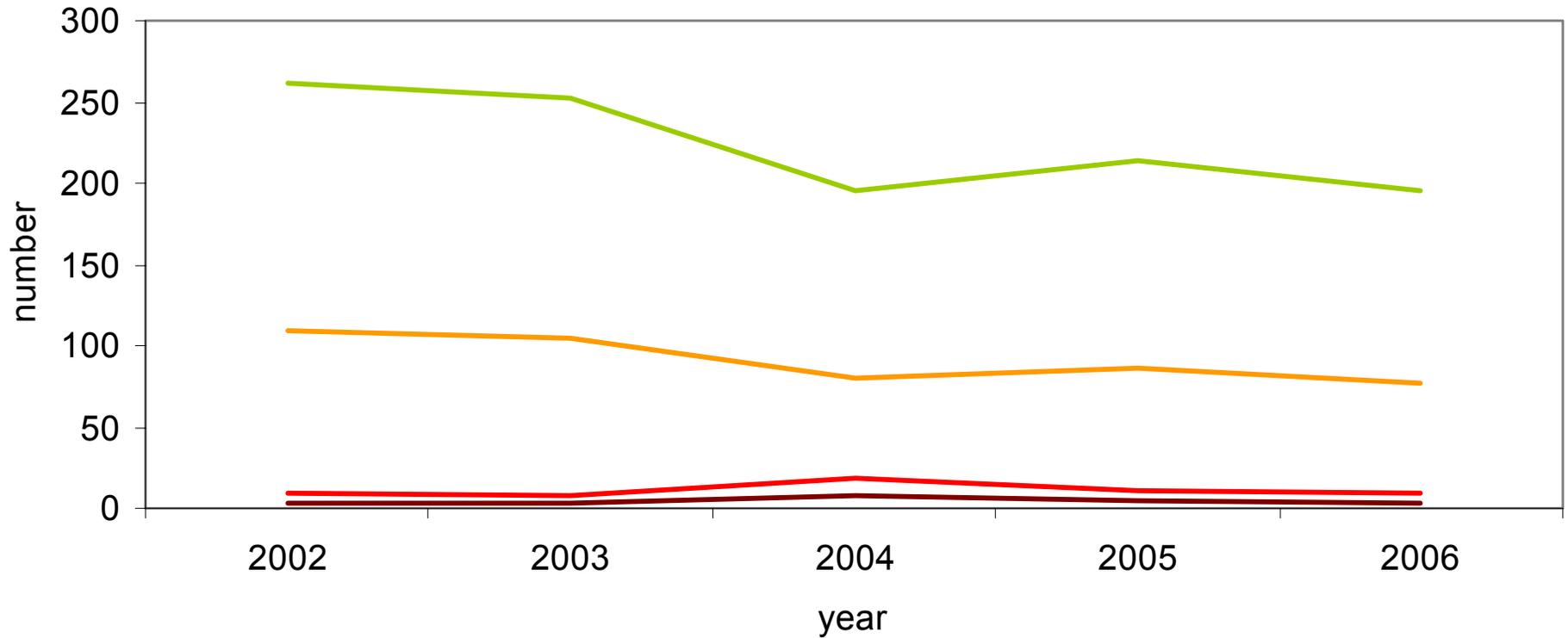
- ◆ Harm reduction focuses on those who are unable or unwilling to stop use
- ◆ Harm reduction is not incompatible with abstinence
- ◆ Research shows that harm reduction activities do not encourage substance use

## HIV Infections Central Vancouver Island 2002-2006



— Number of Infections — Rate per 100,000

## HIV and Hepatitis C Infections Central Vancouver Island 2002-2006



# Needle Exchange

- ◆ The evidence regarding the efficacy of needle exchange for communicable disease control is graded class A  
(Strathdee & Vlahov, 2001; Gibson, et al., 2002; Wodak & Cooney, 2006; Kerr & Wood 2007)
- ◆ Needle Exchange is an internationally established best practice, endorsed by:  
*World Health Organization / International Narcotics Control Board / Joint United Nations Program on HIV/AIDS (UNAIDS) / U.N. Office of Drugs and Crime / U.S. National Institutes of Health Consensus Panel / U.S. National Research Counsel / American Public Health Association / American Medical Association / U.S. National Academy of Sciences / U.S. Institute of Medicine / Ministry of Health, France / Australian National Council on Drugs / Swiss Federal Health Office / National Drug Office, Spain / United Kingdom National Pharmaceutical Association / Dutch Ministry of Welfare, Health and Cultural Affairs / U.S. Surgeon General*

# Provincial Harm Reduction Supplies Committee

- ◆ The BC Centre for Disease Control's Harm Reduction Supplies Program distributes harm reduction supplies across BC at no cost to recipients.
- ◆ Current supplies for distribution from the provincial inventory include: needles and syringes, alcohol swabs, water vials, lubrication and condoms
- ◆ Program is informed by the Harm Reduction Supply Services Committee—composed of public health representatives from all BC health authorities and the Ministry of Health
- ◆ Committee makes recommendations on the types of supplies to distribute based on evidence and best practices

# Reducing harm from substances that are smoked

## ◆ Tobacco

- ▶ Second-hand smoke by-laws
- ▶ Nicotine replacement therapy
- ▶ Smokeless tobacco

## ◆ Crack cocaine

- ▶ Sterile supplies (mouthpieces, glass stems)
- ▶ Safer supplies (screens instead of steel wool or brillo pads, shatterproof glass,)
- ▶ Safer crack kits most often include a glass stem, mouthpiece, metal screens, matches, Vaseline, condoms, lubricant, hand wipes, and alcohol swabs.
- ▶ Some kits also include lip balm, chewing gum, and information materials concerning safer crack use and treatment of oral sores and lesions.

# Crack Smoking: harms

- ◆ Crack smokers have a high prevalence of oral lesions (blisters, sores, cuts) on their lips and in their mouths, which may be caused by contact of the mouth and lips with hot smoke, hot glass or metal pipe stems, steel wool used as stem filters, or the sharp edges of glass pipe stems (Mitchell-Lewis, et al., 1994)
- ◆ Sores caused by crack smoking may facilitate oral transmission of blood-borne infections (Conry-Cantilena, et al., 1996).
- ◆ Crack pipe stems are frequently shared, and consequently crack users may have high-risk blood exposure through burned, blistered or cut lips (Tortu, et al., 2004; Porter & Bonilla, 1993).

# Crack: evidence

- ◆ Crack smokers at increased risk for infectious disease:
  - HIV, Hepatitis C, TB, sexually transmitted infections
- ◆ Crack use is an increasingly prevalent and significant drug use phenomenon in Canada
- ◆ No 'gold-standard' treatment or intervention available: must develop effective harm reduction interventions that target the specific needs and characteristics of crack smokers (Haydon & Fischer, 2005)
- ◆ Safer crack kit distribution – evaluation of this approach is warranted given the increasing harms of crack cocaine and the few tools available to address these growing concerns (Malchy, Bungay & Johnson, in press)

# Engagement

- ◆ Creating opportunities for engagement are critical
- ◆ Target marginalized populations who are not engaged with the health care system and for whom treatment is not an immediate realistic option
- ◆ Engage → link to health services → foster the trust and potential for accessing treatment

# Harm Reduction

↓ health costs

↓ risks to the health of the community

= preventing illness and saving lives.

= bringing marginalized populations  
back into society and linking them  
back into the health care system