



It's time for Allegheny County physicians to embrace harm reduction

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Allegheny County's opioid-related overdose rate rose from 2014 to 2017 and is currently higher than that of Pennsylvania and the nation. Heroin was the most frequently identified substance in fatal overdoses from 2008 to 2015, when fentanyl overtook it. And loss of life does not capture the impact of opioid use disorder (OUD) extending beyond all those tragic deaths. People who use opioids experience greater negative consequences associated with use, such as high-risk behaviors, co-occurring mental health issues, family conflict, contact with the legal system and health-related issues. Injection drug use, in particular, is associated with increased transmission of blood-borne infections such as HIV, Hepatitis B and C, endocarditis, as well as sexually transmitted infections and tuberculosis.

Something has to change, because what we're currently doing to stop the opioid epidemic clearly isn't enough. It's time for physicians in Allegheny County to embrace harm reduction. The continuum of strategies to combat OUD and substance use disorder (SUD), more broadly, goes from prevention to treatment to recovery support; interventions and services need to be expanded in all those areas, including incorporating harm reduction techniques with more conventional

evidence-based approaches.

According to the Harm Reduction Coalition (HRC), "Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. It is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs."¹ Harm reduction addresses the conditions of use in addition to the use itself, recognizes that people who use drugs (PWUD) have the power to reduce the harms of their use, and works via collaboration with users and communities to provide the tools and education needed to promote, maintain and improve health.

Overdose prevention and rescue with naloxone hydrochloride (naloxone) is an increasingly prevalent harm reduction strategy. Naloxone is an opioid antagonist that immediately reverses the effects of an opioid overdose. There were 481 successful naloxone reversals in Allegheny County in 2017. Regularly utilized by first responders, it can be administered by lay persons with little or no formal training, and anyone can legally administer it in this county. It's available by prescription or without a prescription at pharmacies with a standing order; dispensers of naloxone often provide education about overdose prevention and recognition. Naloxone has proven to be

a valuable tool in combating overdose deaths and associated morbidity. Barriers to naloxone availability include cost, access and lack of buy-in from "traditional prescribers."

Syringe service programs (SSPs) allow people who inject drugs (PWID) to exchange used needles and syringes for new, sterile needles and syringes. Developed in the mid-1980s to combat the HIV epidemic by reducing the spread of blood-borne diseases among PWID, many SSPs have become multiservice organizations, providing health and social services to participants, such as HIV and HCV testing, peer education, and linkage to care and treatment for SUD. There are seven SSPs in Pennsylvania, including Prevention Point Pittsburgh. These programs have been proven to be effective, safe and cost effective in reducing HIV transmission and increasing SSP users' access to other medical and social support services. Barriers to the establishment of SSPs include a lack of social and/or political will and legal impediments. Needle exchange is illegal in 15 states, including Pennsylvania, although local jurisdictions (e.g., Philadelphia and Pittsburgh) have granted authority to operate SSPs.

Opioid substitution therapies (methadone maintenance and agonist pharmacotherapy) provide a less

harmful opioid (methadone) or an opioid-receptor agonist (e.g., buprenorphine) under medical supervision in both specialty and outpatient clinics. Buprenorphine is both a partial agonist and antagonist, effectively blocking other opioids while allowing for some opioid effect of its own to suppress withdrawal symptoms and cravings. Some would say that medication-assisted therapy (MAT) is treatment, not harm reduction, but in the context of abstinence-only treatment, it would be considered the latter. Several reviews have identified opioid substitution as effective in reducing illicit opioid use, HIV risk behaviors, criminal activity and opioid-related deaths. The demand for MAT in Allegheny County exceeds the availability.

Safe injection facilities (SIFs), also called drug consumption rooms, supervised injection rooms – or, in Philadelphia, the planned Comprehensive User Engagement Site – are legally sanctioned facilities where PWID can inject pre-obtained drugs under medical supervision. These facilities provide sterile injection equipment, information about reducing harms, health care, treatment referrals and access to medical staff. Some offer counseling, hygienic amenities and other services.

More than 25 studies have been published documenting significant reductions in needle sharing and reuse, HIV and hepatitis transmission risk, overdoses, injecting/discarding needles in public places, reduction in fatal overdoses and increased enrollment in detoxification and SUD treatment, although the quality of the research has come into question recently and the concept of SIFs remains highly controversial.

Allegheny County physicians can play a vital role in supporting and facilitating access to harm reduction services. Physicians can prescribe naloxone if appropriate for their practice, educate themselves about sources of naloxone and share that information with patients. We can support the expansion of SSP services within Allegheny County, such as the new proposed Prevention Point Pittsburgh site in Carrick. Physicians' voices advocating for the removal of syringes from the definition of drug paraphernalia in state statute would help facilitate the legalization of SSPs, opening up the potential for funding from multiple sources. Physicians can incorporate Screening, Brief Intervention, and Referral to Treatment (SBIRT) into patient encounters, become knowledge-

able about treatment resources, and consider providing MAT, if appropriate. We can follow the research on SIFs in order to form educated opinions. It's essential to get to know our public health, social service and nonprofit colleagues working on SUD to identify opportunities for greater collaboration. Most importantly, we must assess our individual preconceptions and biases to determine factors that might keep us from mobilizing the tremendous resources within the physician community to end the opioid epidemic.

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The opinion expressed in this column is that of the writer and does not necessarily reflect the opinion of the Editorial Board, the *Bulletin*, or the Allegheny County Medical Society.

Reference

1. Harm Reduction Coalition. About Us. Principles of Harm Reduction. Retrieved from: <https://harmreduction.org/about-us/principles-of-harm-reduction/>.



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