



# Harm Reduction in the Post-Acute and Community-Based Care Settings

---

**Sarah Kattakuzhy, MD, MPH**

Associate Professor, Institute of Human Virology

Division of Infectious Disease, Department of Medicine

Division of Addiction Research and Treatment, Department of Psychiatry

# OBJECTIVES



Understand why harm reduction is foundational to the care of addiction



Define harm reduction in principle and in practice



Understand how to apply to individuals in the post-acute or community settings


# Harm Reduction

Foundation of Addiction Care

# US Drug Overdose Deaths 1999-2021



# Disease Model of Addiction

- 
- Addiction is an acquired disease of the brain
  - Stages of addiction are consistent across substances
  - Addiction is neither voluntary, nor a failure of personal responsibility
  - Medical management improves outcomes

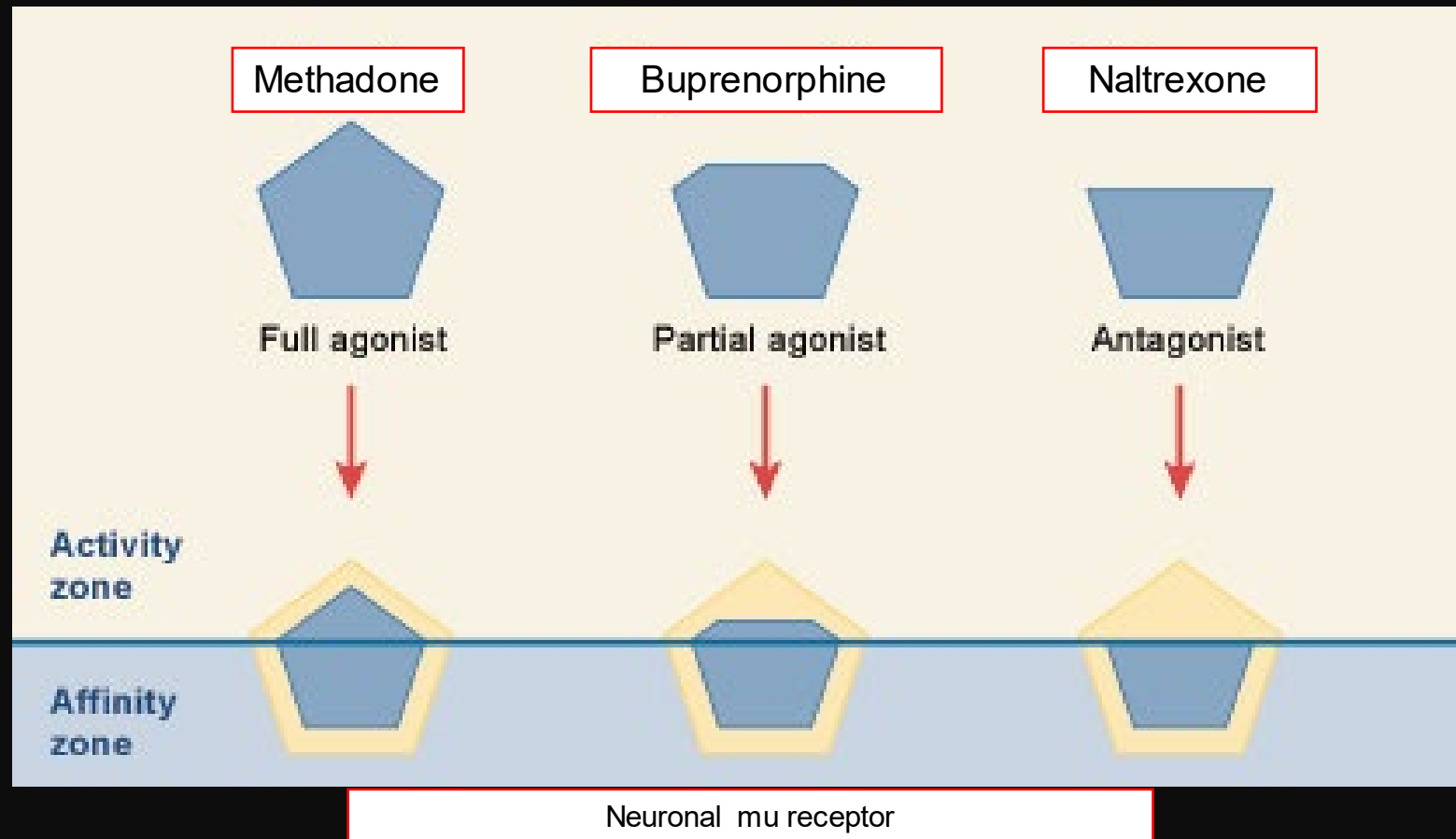
# Diagnostic Criteria

**A problematic pattern of substance use leading to clinically significant impairment or distress, manifested by 2 or more criteria within 12 months:**

- **Taking increasing amounts**
- **Persistent desire or unsuccessful efforts to cut down**
- **Spent time obtaining, using, or recovering**
- **Craving**
- **Use prevents fulfilling obligations**
- **Social or interpersonal problems**
- **Giving up important activities**
- **Physically harmful situations**
- **Physical or psychological problems**
- **Tolerance**
- **Withdrawal**

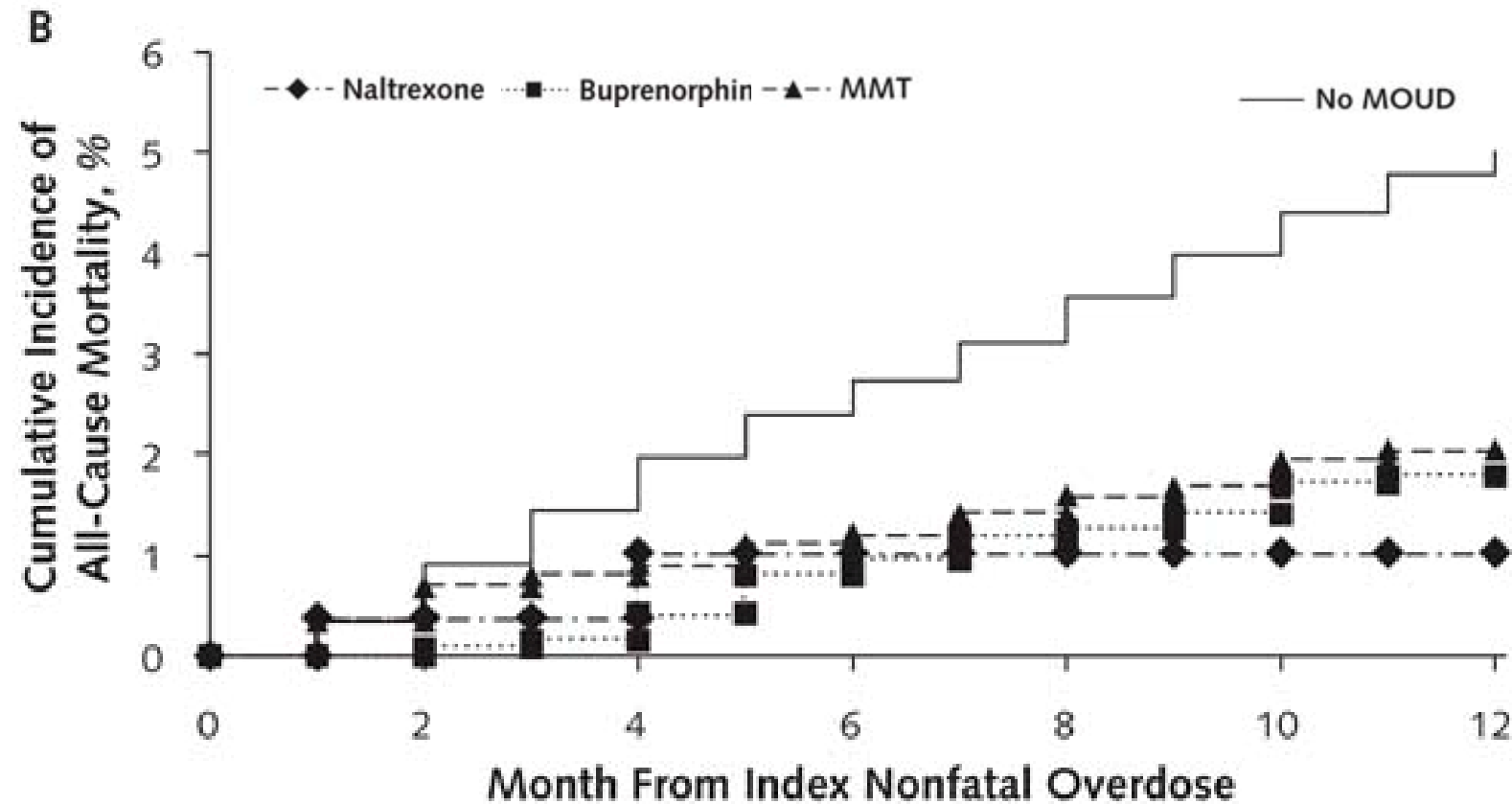


# Medications for Opioid Use Disorder



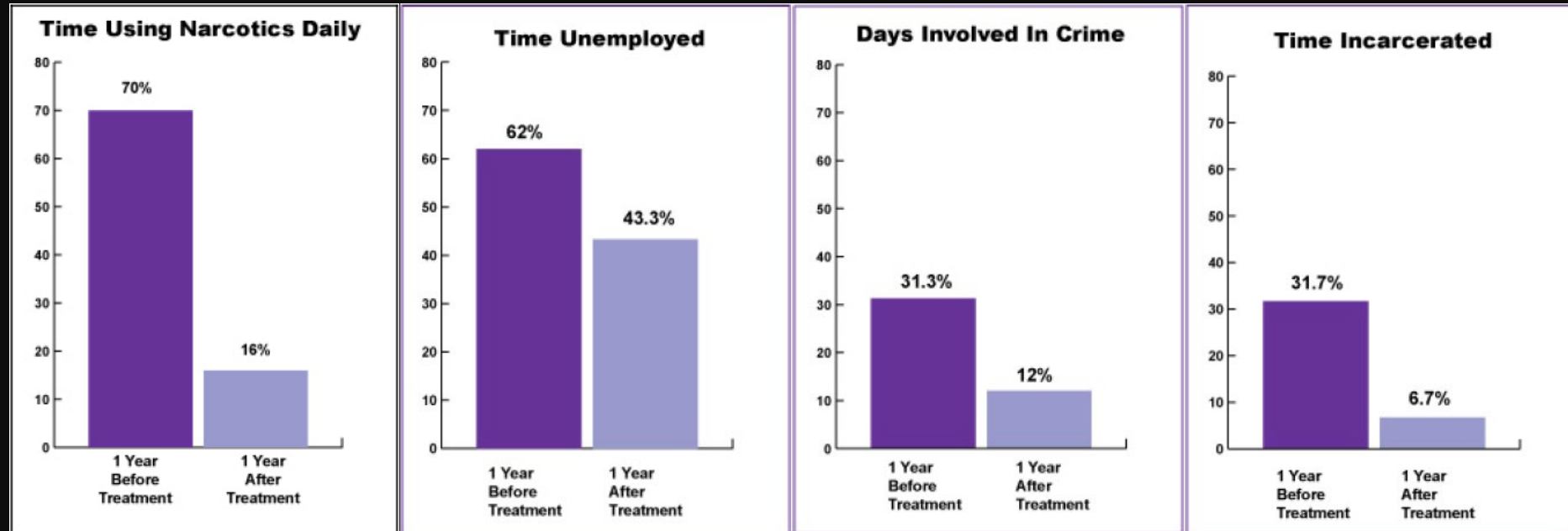
# mOUD Decreases Mortality

Secondary Exposure Classification: On Treatment†





# mOUD Therapy Reduces Harm



Improving access to evidence-based treatments for OUD has been associated with savings of \$25,000 to \$105,000 in lifetime costs per person

# However...



**Not all patients want to  
reduce or stop  
substance use**



**Not all patients want to  
be on medication for  
substance use**



**Patients who become  
abstinent may not stay  
that way**



# Stigma Discrimination



**Disregard for the  
disease model of  
addiction**



**Misconceptions about  
mOUD**

**“Replacing one addiction  
with another”**



**Criminalization of  
substance use disorder**




# **What is harm reduction?**

**A set of practical strategies and concepts aimed at reducing the negative consequences associated with drug use.**

**A movement for social justice built on the belief in, and respect for, the rights of people who use drugs.**

# Why engage in harm reduction?

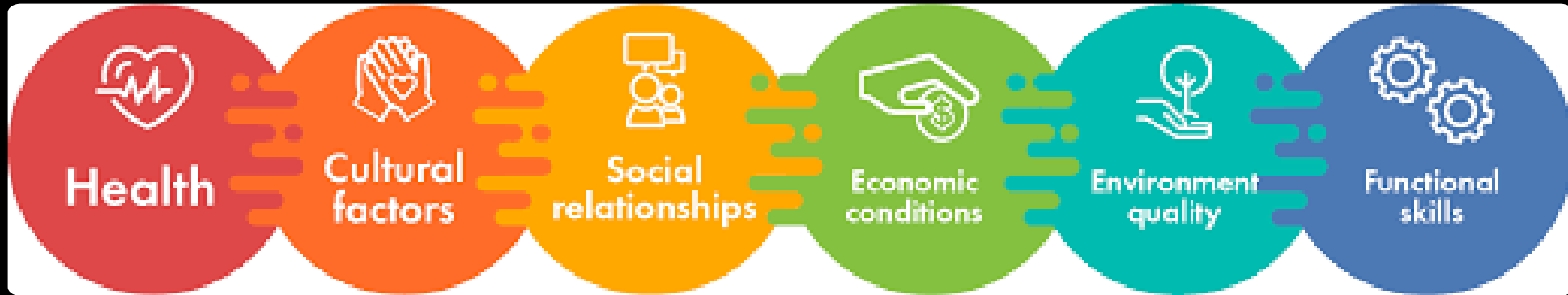
- 
- To focus on where patients are, not where we want them to be
  - To empower and support patients in their decisions and goals
  - To destigmatize drug use
  - To reduce barriers to care
  - To keep patients engaged in care

# Harm Reduction

Principles

# Principles of Harm Reduction

*Focus on quality of life*





# Principles of Harm Reduction



• *Minimize harm, Maximize safety*





# Principles of Harm Reduction

- *No judgement*
- *No coercion*



# Principles of Harm Reduction

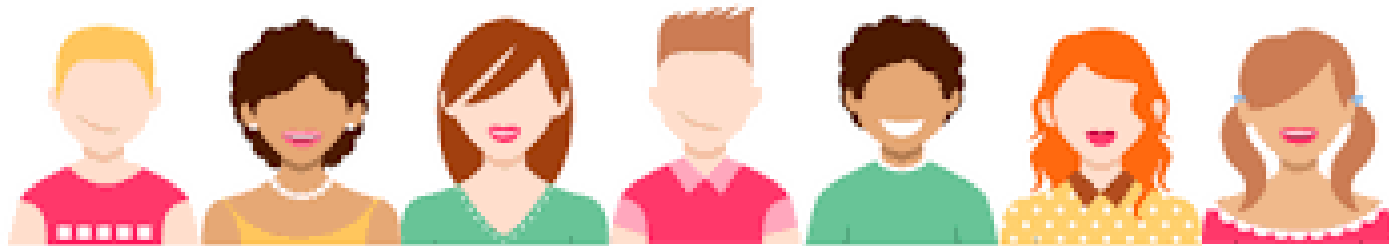
*Affirm agency*



# Principles of Harm Reduction

19

*Center the lived experience*



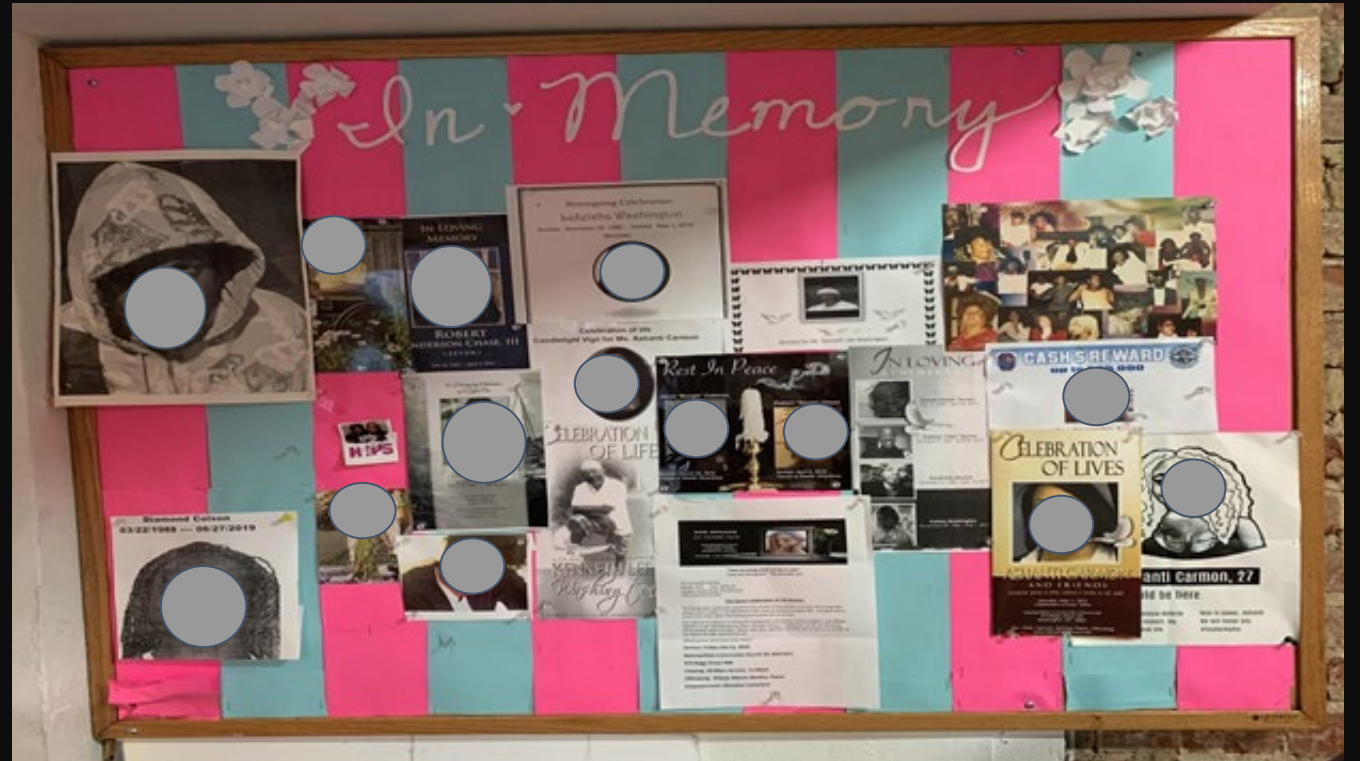
**Peer support changes lives.**

# Principles of Harm Reduction

---

*Risk is real*

---



# Harm Reduction

Practices

# Avoid Stigmatizing Language

---

Instead of:	You can say ...
"Drug abuse"	Substance use disorder
"Addict" or "Junkie"	Person with a substance use disorder
"Alcoholic"	Person with alcohol use disorder
"Dirty urine"	Abnormal, positive, or unexpected urine test result
"Clean urine"	Normal or negative urine test result
"Clean" (Referring to a person)	Abstinent, in remission, or in recovery
"Dirty" (Referring to a person)	In a period disease exacerbation or relapse
"Shooting up"	Injection
"Shooter"	Person who injects drugs
"Tweaker"	Person under the influence of methamphetamine
"Aggressive"	Person experiencing protective behaviors
"Delusional"	Person experiencing altered perception of reality

---



# Needle and Syringe Programs

---





# **Needle and Syringe Programs in Baltimore**

---

**Baltimore City Health Department Van**

---

**Charm City Care Connection (East)**

---

**Baltimore Harm Reduction Coalition**

---

**Avenue Drop In (St. Luke's Basement)**

---

**Healing and Recovery Practice (1001 W Pratt)**

# Safer Drug Use Counseling

Method	AKA	Risks/Cons	Benefits/Pros
Intranasal	Snorting	<ul style="list-style-type: none"><li>• Damage to nose</li><li>• Moderate risk of OD</li><li>• Sharing straws</li></ul>	<ul style="list-style-type: none"><li>• Easier to control high</li><li>• Less risky than injecting*</li><li>• No track marks*</li></ul>
Inhalation	Smoking	<ul style="list-style-type: none"><li>• Irritation to lungs &amp; teeth</li><li>• Sharing straws or pipes</li><li>• Wasteful</li></ul>	<ul style="list-style-type: none"><li>• Getting a rush</li><li>• Less OD risk than smoking</li></ul>
Anorectal	Booty bumping	<ul style="list-style-type: none"><li>• Irritation to anus/rectum</li><li>• Sharing equipment</li></ul>	<ul style="list-style-type: none"><li>• Getting a rush (absorbs quickly)</li></ul>
Oral	Swallowing	<ul style="list-style-type: none"><li>• Takes longer to feel effect</li><li>• Difficult to control high</li></ul>	<ul style="list-style-type: none"><li>• Less wasteful than smoking</li></ul>

# Safer Injection Counseling



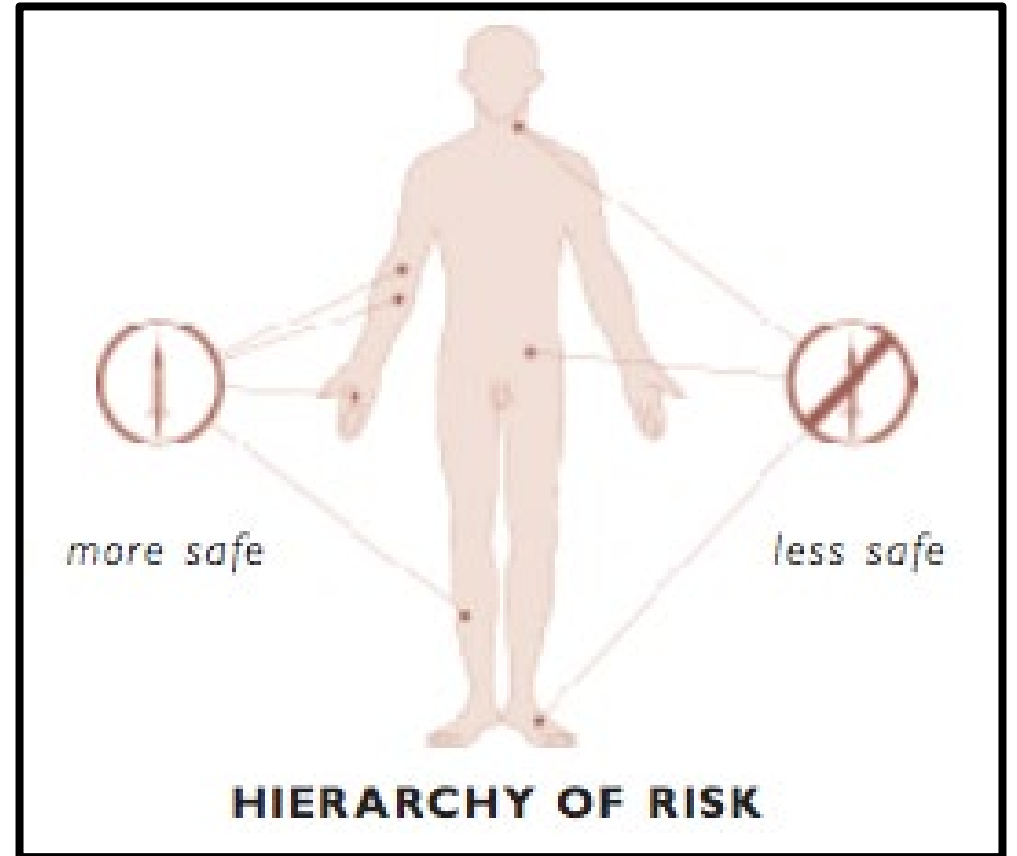
**Injection  
Site**



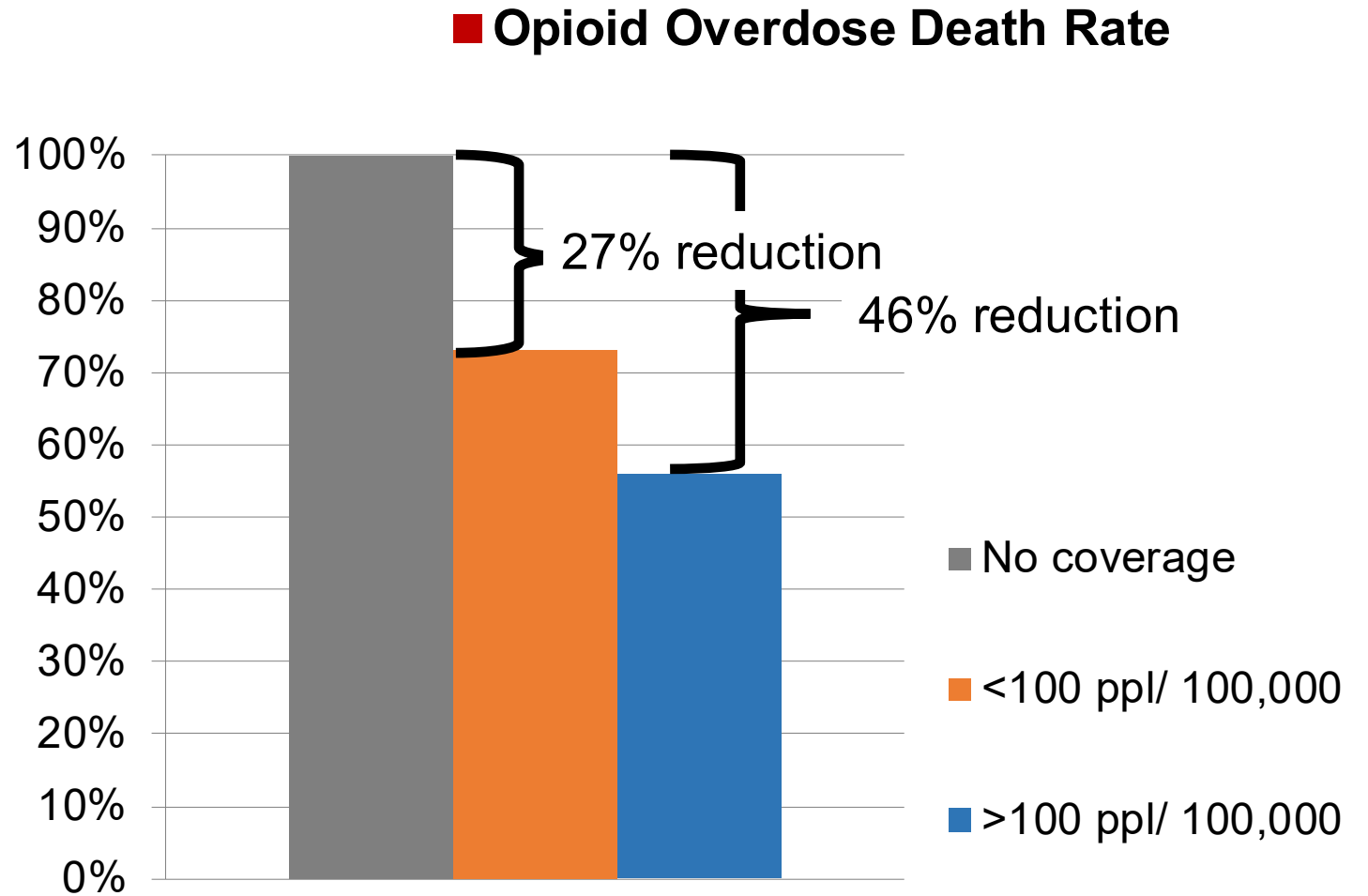
**Injection  
Technique**



**Sharing  
Techniques**



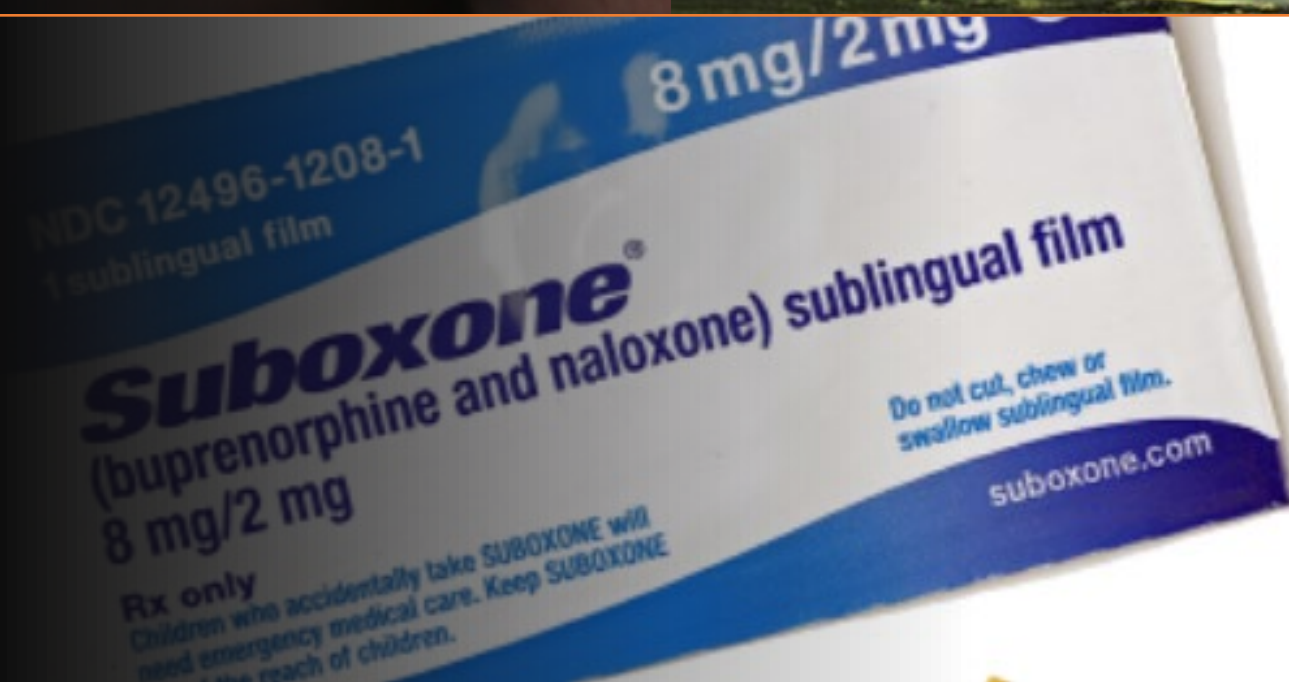
# Naloxone Distribution



Adapted from Alex Walley's slide, CRIT/FIT Program 2014



# Medication for Opioid Use Disorder



# Overdose Prevention Sites





# Overdose Prevention/ Safe Consumption Sites

---

- Increased entry into substance use disorder treatment
  - Reduction in the amount and frequency of drug use
  - Reduction in public disorder and public injecting
  - Reduction in risk behaviors associated with HIV and HCV acquisition
  - Increased delivery of medical and social services
- 





**THIS SITE SAVES LIVES  
ESTE SITIO SALVA VIDAS**



**December 2021:  
First OPS Opens in the  
United States**

**314 overdoses reversed in the first  
six months of operations**

# Harm Reduction

Applications to Home and Community-Based Care Settings

# Overdose Signs/Symptoms

- Nonresponsive to voice or sternal rub
- Pulse slow, erratic, or absent
- Breathing slow, irregular, or has stopped
- Grey or lighter lips and fingertips for deeper pigmented individuals
- Blue lips and fingertips for lighter pigmented individuals
- Limp
- Small, pin-point pupils



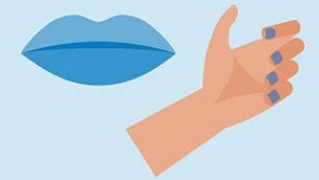
**Unresponsiveness or unconsciousness.**



**Pinpoint pupils.**



**Snoring or gurgling sounds coming from mouth.**



**Blue lips or fingernails.**



**Shallow, slowed or stopped breathing.**



**Cold or clammy skin.**



## Emergency Response for Opioid Overdose



nasal naloxone



### Try to wake the person up

- Shake them and shout.
- If no response, grind your knuckles into their breast bone for 5 to 10 seconds.



### Call 911

If you report an overdose, New York State law protects you and the overdosed person from being charged with drug possession, even if drugs were shared.



### Administer nasal naloxone

- Assemble nasal naloxone.
- Spray half up each nostril.
- Repeat after 2 to 5 minutes if still not conscious.



### Check for breathing

Give CPR if you have been trained, or do rescue breathing:

- Tilt the head back, open the mouth, and pinch the nose.
- Start with 2 breaths into the mouth. Then 1 breath every 5 seconds.
- Continue until help arrives.



### Stay with the person

- Naloxone wears off in 30 to 90 minutes.
- When the person wakes up, explain what happened.
- If you need to leave, turn the person on his or her side to prevent choking.

# Overdose Response

DO	DON'T
Attend to the person's breathing and cardiovascular support needs by administering oxygen or performing rescue breathing and/or chest compressions. This is the most critical step and should be continued until Emergency Medical Services (EMS) arrives.	Slap or forcefully try to stimulate the person; it will only cause further injury. If you cannot wake the person by shouting, rubbing your knuckles on the sternum (center of the chest or rib cage), or light pinching, the person may be unconscious.
Administer naloxone and use a second dose if no response to the first dose.	Put the person into a cold bath or shower. This increases the risk of falling, drowning, or going into shock.
Put the person in the "recovery position" on the side, if you must leave the person unattended for any reason.	Inject the person with any substance (e.g., saltwater, milk, stimulants). The only safe and appropriate treatment is naloxone.
Stay with the person and keep the person warm.	Try to make the person vomit drugs that may have been swallowed. Choking or inhaling vomit into the lungs can cause a fatal injury.

## Never Use Alone

Meeting people where they are, on the other end of the line, one human connection at a time.

[Home](#) [About](#) [Contact Us](#)

NO JUDGEMENT, NO SHAMING, NO  
PREACHING, JUST LOVE!

# (800) 484-3731

If you are going to use by yourself, call us! You will be asked for your first name, location, and the number you are calling from. An operator will stay on the line with you while you use. If you stop responding after using, the operator will notify emergency services of an \"unresponsive person\" at your location.

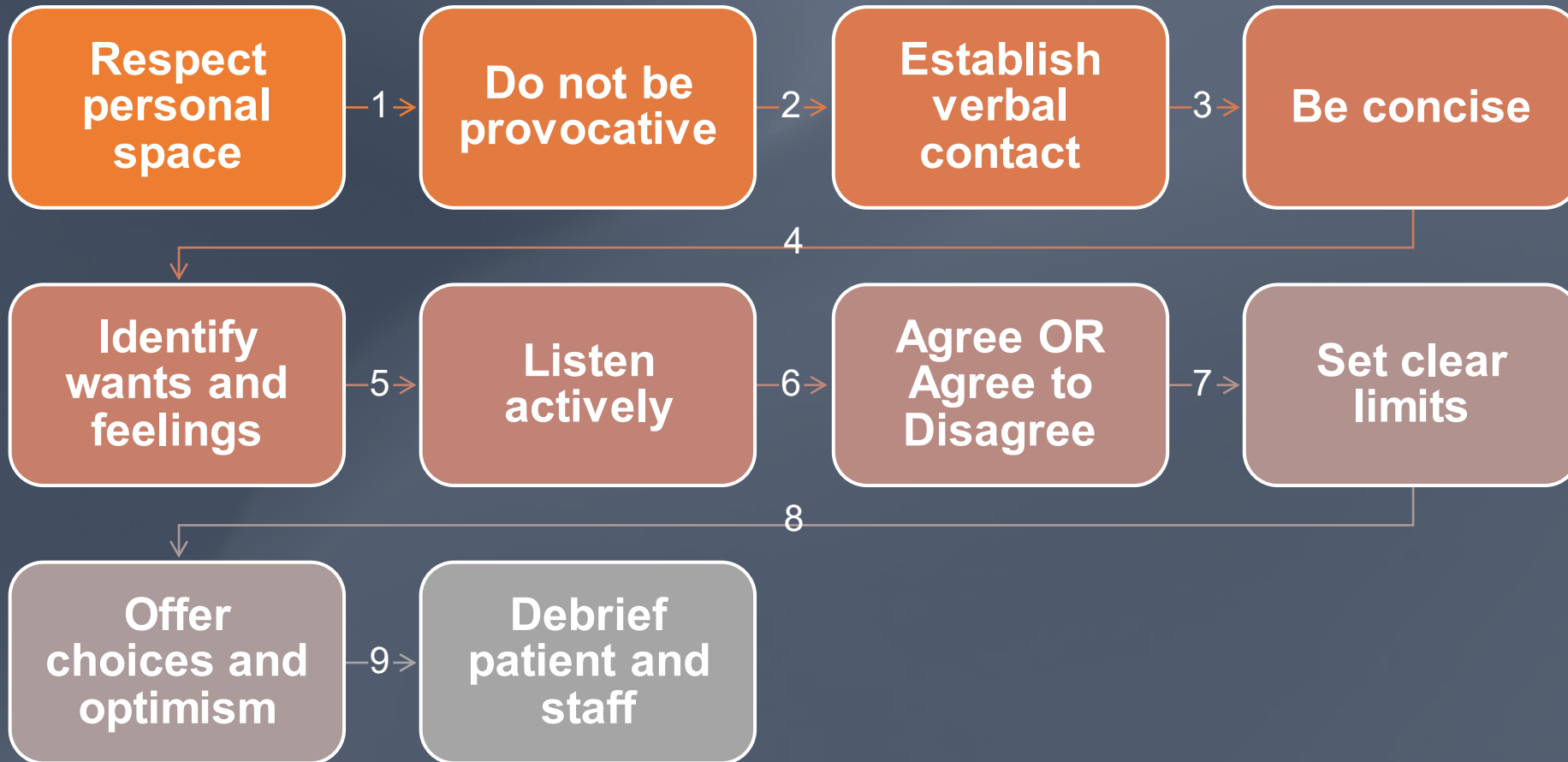


# National Hotline



# Intoxication

## Steps of De-Escalation



# Harm Reduction

Conclusions



# Stigma Discrimination



**Disregard for the  
disease model of  
addiction**



**Misconceptions about  
mOUD**

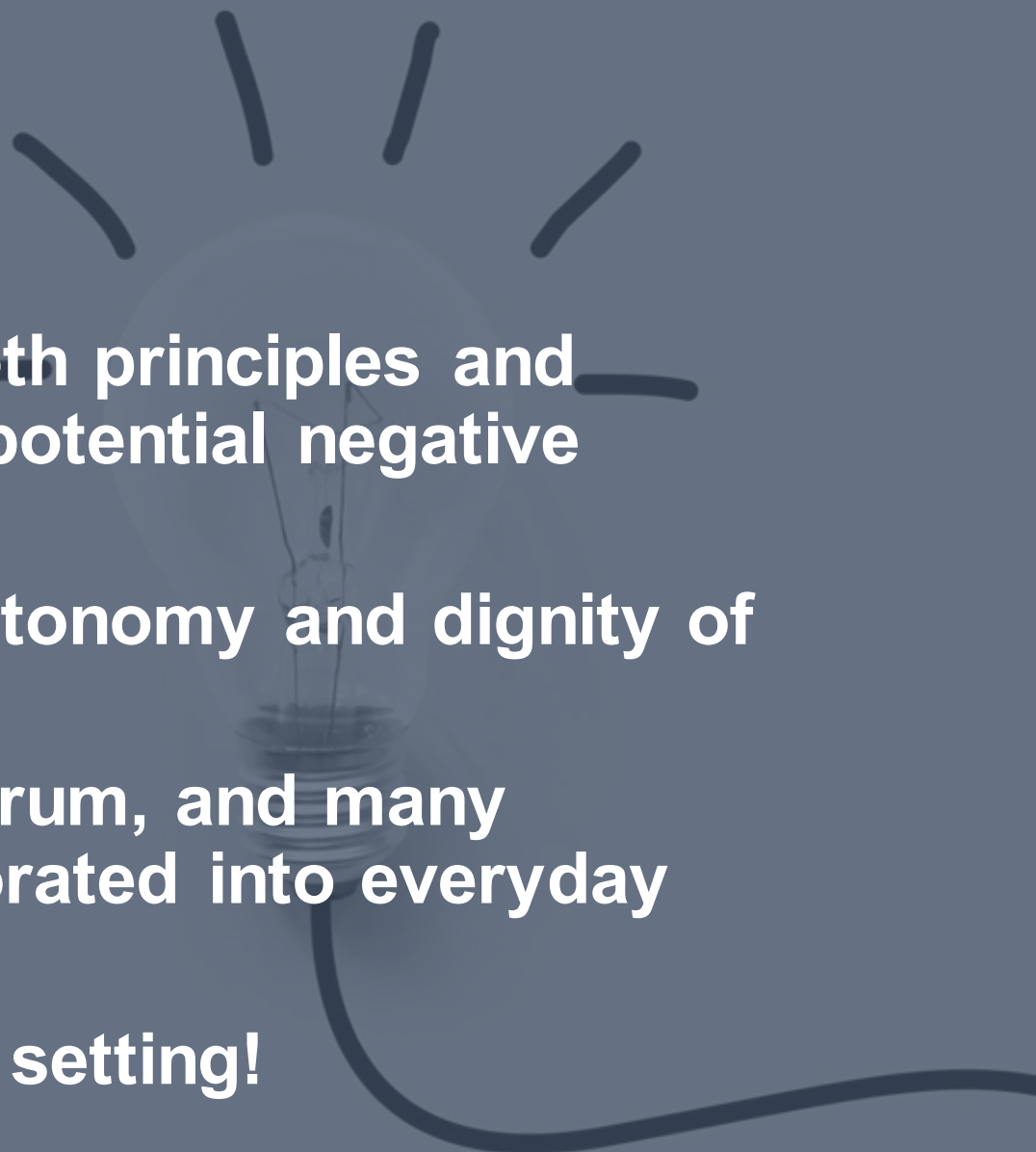
**“Replacing one addiction  
with another”**



**Criminalization of  
substance use disorder**



# Conclusion

- Harm Reduction encompasses both principles and practices that aim to mitigate the potential negative consequences of drug use
  - Harm reduction recognizes the autonomy and dignity of every person
  - Harm Reduction exists on a spectrum, and many components can easily be incorporated into everyday practice
  - Normalize harm reduction in your setting!
- 

# Resources

- **Maryland Addiction Consult Service**
- **Center for Harm Reduction Services, Maryland DOH**
  - Grants
  - Training and Technical Assistance
- **SAMHSA/Massachusetts DOH**
  - “The Care of Residents with Opioid and Stimulant Use Disorders in Long-Term Care Settings”
  - <https://www.mass.gov/doc/moud-in-ltc-toolkit/download>