HARM REDUCTION
IN THE CARE OF PEOPLE WHO USE DRUGS

"In the clinical context, harm reduction is an approach and a set of practical strategies targeted to reduce the negative consequences associated with substance use. It is founded on respect for and the rights of those individuals who use drugs."
adapted from Harm Reduction Coalition

HARM REDUCTION IN TREATMENT OF SUBSTANCE USE DISORDERS

For people who use drugs, whether or not they are engaging in substance use treatment, clinicians should continue to offer medical care including HCV and HIV treatment and offer or refer for harm reduction services and counseling on safer drug use.

IMPLEMENTING A HARM REDUCTION TREATMENT PLAN:

- **Collaborate with patients to set treatment goals**; goals other than full abstinence are acceptable (e.g., changes in use resulting in increased well-being and decreased harm or potential harm).
- **Ask about the role and effects of drug use** in daily lives to assist patients in planning and reaching treatment goals.
- **Clinicians and patients should decide on an appropriate level of care** (e.g., venue and intensity) based on: recommended treatment for the patient's substance use disorder(s); the patient's need for other support and services, such as medical or mental health care and psychosocial support; availability of care; patient preference.
- **Offer pharmacologic treatment** for substance use disorder, when indicated.
- **Clinicians should not discontinue substance use treatment** due solely to recurrences or continuation of use.

DEVELOP A SAFETY PLAN FOR PEOPLE WHO INJECT DRUGS:

Provide counseling to avoid sharing and reusing any drug injection equipment (e.g. needles, sniffing implements, pipes/stems, etc) using alone, and mixing drugs.
Provide counseling about fentanyl, a common and unidentified additive to heroin, cocaine and other drugs that can increase likelihood of a fatal overdose.
Educate patients regarding fentanyl test strips.
Offer to prescribe needles and syringes.
Discuss other options for accessing sterile needles and syringes, including use of the Syringe Service Programs.
Offer pre-exposure prophylaxis (PrEP) for HIV prevention.
Provide overdose prevention education and naloxone.

SYRINGE USE AND RISK

Safer

1. Use a new and sterile syringe every time
2. Use your own syringe if re-using
3. Rinse syringe w. bleach + water if sharing
4. Rinse stringe w. water if no bleach
5. Rinse syringe w. water + liquid soap if no bleach

Higher

Source: Kimberly Sue, MD, Medical Director, Harm Reduction Coalition.

REDUCING STIGMA

Examine your assumptions and decisions for any personal biases that may affect ability to provide effective care for persons who use drugs.

Use neutral terms to describe all aspects of substance use and avoid language that perpetuates stigma.

CHANGING THE LANGUAGE OF SUBSTANCE USE: USE NEUTRAL TERMS

Stigmatizing term	Neutral alternative
Substance abuse	Substance use
Drug addict, drug abuser, alcoholic, junkie, crackhead, tweaker, etc	A person who uses drugs, alcohol, or substances
"Clean" or "dirty" toxicology results	"Negative" or "positive" toxicology results; "unexpected" or "expected"
Got clean	A person who formerly used drugs or alcohol
Relapse	A recurrence of use or "return" to use

For more information on words to use, please visit: *https://www.recoveryanswers.org/addiction-ary/*
For more information on Drug User Health and Harm Reduction, please see full guidelines at: *www.hivguidelines.org/* and *www.ceitraining.org*
To speak with a clinician experienced in managing Drug User Health call the CEI Line at

866-637-2342

CEI CLINICAL EDUCATION INITIATIVE