



Harm Reduction

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Outline

- What is harm reduction/minimisation?
- What are the “harms”?
- Harm reduction interventions?



Harm Reduction/Minimisation

- Harm reduction is concerned with the hazards, problems and risks associated with taking drugs
- It is ***not*** about getting people off of drugs!
- Remember:
 - Cure is **not** the only option in medical treatment
 - The role of medicine is to prevent further harms & deterioration in condition, and improve quality of life for patient & community



The Harms

- The harms need to be dealt with in a holistic way
 - Physical health
 - Mental health
 - Social well being
- What other harms?
 - To the families of drug users
 - To the community



Harms to the Drug User

- Harms from the drug
 - Overdose
 - “bad” hits
 - Loss of self control
 - Accidents
 - Unsafe sex
- Harms from injecting
 - HIV, Hepatitis B & C
 - DVT
 - Abscess
 - Septicaemia
 - Bacterial endocarditis
- Other bacterial and fungal infections
- Harms to psychological health
 - Self harm
 - Mental illness
- Harms to social well being
 - Poverty
 - Criminal activity
 - Family breakdown
 - Homelessness



Harms to the Community

- Crime
- Violence
- Drug Markets
- Community disruption
- Family breakdowns
- Community decline



Injecting

- HIV

- 1% - 3% prevalence in injecting drug users (IDU's)

- Hepatitis B

- 20% prevalence in IDU's
- Lower in those injecting for less than 5 years
- Effective vaccines available

- Hepatitis C

- 50-90% prevalence in IDU's
- 10% incidence rates in new injectors
- No vaccine available



Overdose

- One third of all injectors report having overdose at least once
 - The chances of dying from overdose increase with the number of overdoses
 - Largest cause of death amongst drug users
 - Average age of death c. 30 years
- Rates increased sharply in the 1990's
- 2300 deaths from OD annually
- Causes of OD
 - Injecting
 - Mixing drugs
 - Particularly other “downers” (CNS depressants)
 - Benzodiazepines, alcohol, other opioids
 - Low tolerance
 - From periods of abstinence or lower drug use
 - Higher purity drugs
 - Deliberate OD



Overdose: Who is at risk?

- Everyone!
- Risk factors
 - Previous Hx of OD
 - Long Hx of injecting
 - Large drug habits
 - Intoxication
 - Combining drugs
 - Alcohol use
 - Not being in a treatment programme
 - Suicidal ideation
 - Psychiatric co-morbidity
 - Low tolerance
 - Start of maintenance programmes (ie: methadone)



Reducing the Harms: What can be done?

- Reduce Drug Use
- Reduce high-risk drug taking activities
 - Needle exchanges
 - Safer injecting guidance
 - Alternatives to injecting
- Information on safer sex
 - Condoms
- Blood borne virus screening
 - Immunisation – Hep B
- Treatment
 - Maintenance
 - Detoxification
- Social Intervention
- Psychological Intervention



Evidence for Treatment

- Maintenance programmes
 - AIM
 - To reduce the harm caused by illicit drugs rather than abstinence
 - Preservation of health (physical and mental), improved social functioning, reduced criminal behaviour & reduce mortality
 - Shown to be effective in all of these areas!
 - *More information in management of drug use presentation*



The Duty of the Doctor

- Drug Misuse and Dependence – Guidelines for Clinical Management 1999:
 - *“it is the responsibility of all doctors to provide care for both general-health needs **and** drug related problems, whether or not the patient is ready to withdraw from drugs. This should include the provision of evidence based interventions, such as Hep B vaccination, and providing harm minimisation”*



Summary

- Not all drug users are ready to withdraw from drugs
 - In the meantime they should be provided with harm reduction interventions
- All doctors have a responsibility to provide drug using patients with harm minimisation
- There are numerous support services which provide help
 - Needle exchange schemes (Wicker Pharmacy)
 - Drugs Projects (ie Rockingham)
 - Sexual Health Services
- Harm reduction saves lives!