

Alice Bell, L.C.S.W.
Overdose Prevention Project
Prevention Point Pittsburgh

abell@pppgh.org

412-247-3404



Harm Reduction

- A common sense approach.
- Asks WHAT are the problems related to drug use? Eliminating drug use is often not feasible or even desirable. Are ways to address problems?
 - Heroin doesn't cause HIV or Hep C.
 - No one gets HIV, Hep C or Endocarditis from a sterile syringe.
- Much of the harm associated with substance use is due to legal status, stigma.

Harm Reduction

How does it differ from traditional models for addressing problems related to drug use ?

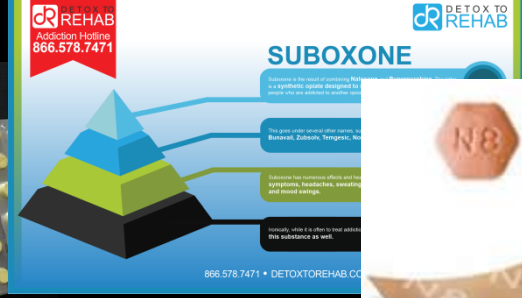
Harm Reduction Therapy

“While abstinence is considered the ideal goal for many, as are regular exercise, healthy diet, and a reasonable balance between work and play, HRP does not see the acceptance of abstinence as necessary to begin the process of change.”

“We do not require that anxious or depressed people give up their problems as a prerequisite for entering treatment.

“Nor do we consider successful treatment for anxiety to mean that a person will never have an episode of anxiety again in their lifetime.”

“-“Harm reduction Psychotherapy: Extending the reach of traditional substance use treatment”, Andrew Tatarsky, 2003

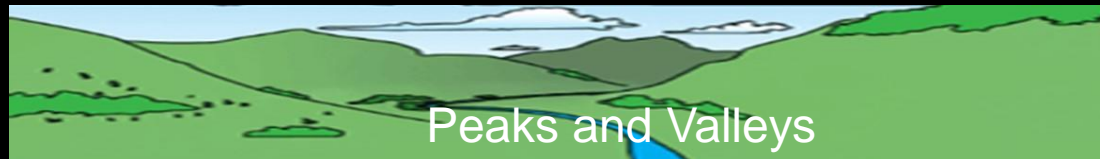


ANXIETY TREATMENT GOALS

- Develop strategies to reduce symptoms, or reduce anxiety and improve coping skills
- Increase understanding of anxious feelings.

DRUG TREATMENT GOALS

- Be free of drug/alcohol use/abuse
- Client will abstain from using substances and will manage withdrawal symptoms without relapsing



Peaks and Valleys

Demand Reduction

Understanding the positive function that drug use (or other potentially problematic behaviors) may play in a person's life, is just as important as looking at the negative consequences.

Without this understanding, a person's ability to change behaviors may be severely limited.

In times of extreme stress, many Americans use substances to cope and to ease pain.

[nytimes.com](https://www.nytimes.com)

The New York Times

TheUpshot

In Shadow of Pandemic, U.S. Drug Overdose Deaths Resurge to Record

By Josh Katz, Abby Goodnough and Margot Sanger-Katz July 15, 2020

Drug deaths in America, [which fell](#) for the first time in 25 years in 2018, rose to record numbers in 2019 and are continuing to climb, a resurgence that is being complicated and perhaps worsened by the coronavirus pandemic.

Nearly 72,000 Americans died from drug overdoses last year, according to preliminary data released Wednesday by the Centers for Disease Control and Prevention — an increase of 5 percent from 2018. Deaths from drug overdoses remain higher than the peak yearly death totals ever recorded for car accidents, guns or AIDS, and their acceleration in recent years has pushed down overall life expectancy in the United States.

[washingtonpost.com](https://www.washingtonpost.com)

Health

‘Cries for help’: Drug overdoses are soaring during the coronavirus pandemic

Suspected overdoses nationally jumped 18 percent in March, 29 percent in April and 42 percent in May, data from ambulance teams, hospitals and police shows.

[statnews.com](https://www.statnews.com)

POLITICS

Opioid overdoses have skyrocketed amid the coronavirus, but states are nevertheless slashing addiction treatment program budgets

By AMY SOKOLOW / JULY 16, 2020

Repor

HEALTH

[publicsource.org](https://www.publicsource.org)

Allegheny County hoped the tide had turned on the opioid epidemic. Early data suggests it may be surging again

It's unclear what's driving the overdoses increase. Some think COVID-19 could be making the problem worse, but the increase started before the pandemic.



Oliver Morrison | July 2, 2020

My Trauma Led Me to Self-Medicate With Heroin

PTSD and opioid addiction apparently go hand-in-hand.

SHARE



TWEET



Elizabeth Brico

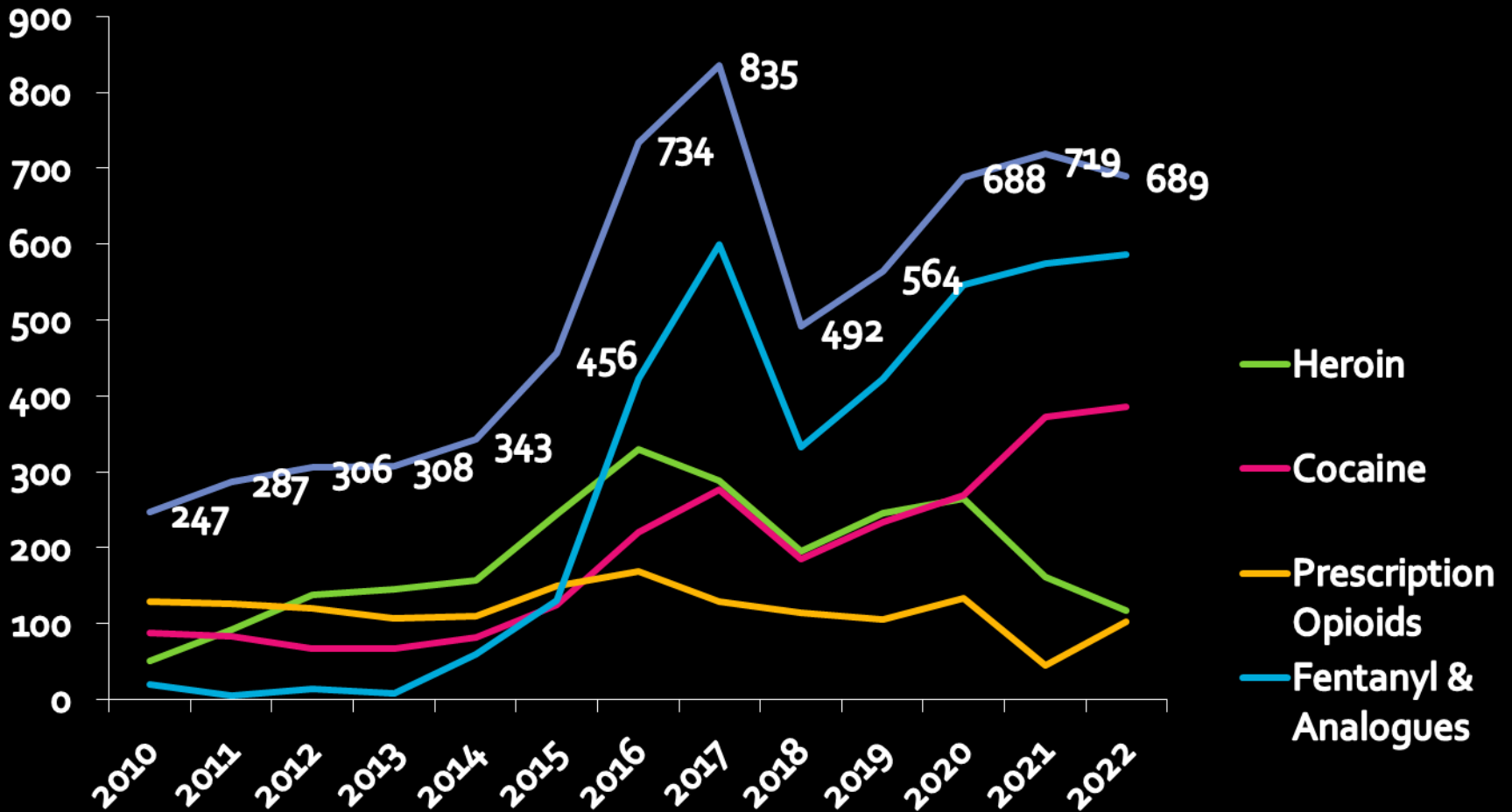
This story begins on day three.

It was not withdrawal...that made my addiction so difficult to escape—it was having PTSD, and the relief from those symptoms that the drug brought me.

"PTSD is an anxiety disorder," McCarthy explains, "so you get all this stress and anxiety and stuff and opiates calm it down."

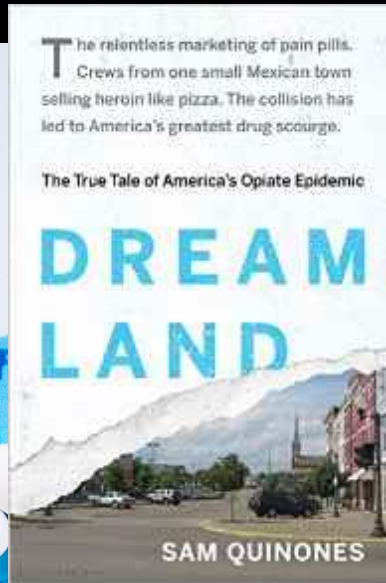
...living with post-traumatic stress disorder is like being stuck in time. On heroin, time moved forward. Off heroin, I was seventeen and being beaten endlessly . It seemed to me then, as the agony of recovery grew nearer, that I was better off strung out.

Allegheny County, Pennsylvania Accidental Drug Overdose Deaths 2000-2022**



*Data from Allegheny County Medical Examiners Annual Reports. Includes all overdose deaths where these drugs were present at time of death, alone or in combination with other substances.. ** PO data for 2022 is an estimate

Yes, but only part of the story.



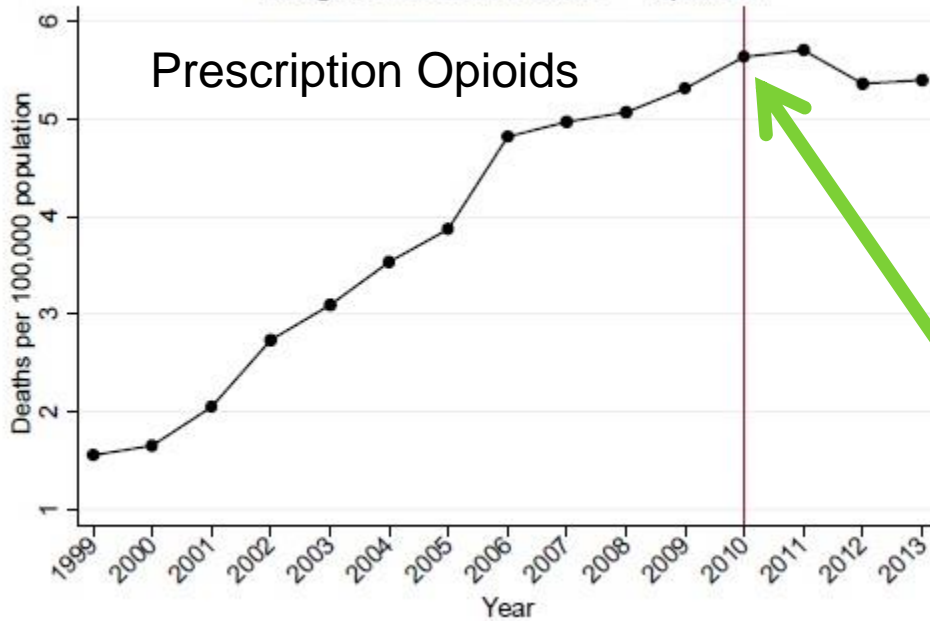
Lawsuit Details How The Sacklers, Family Behind OxyContin, Made More Than \$4 Billion

January 31, 2019

By [Christine Wilmsen](#) and [Martha Bebinger](#)



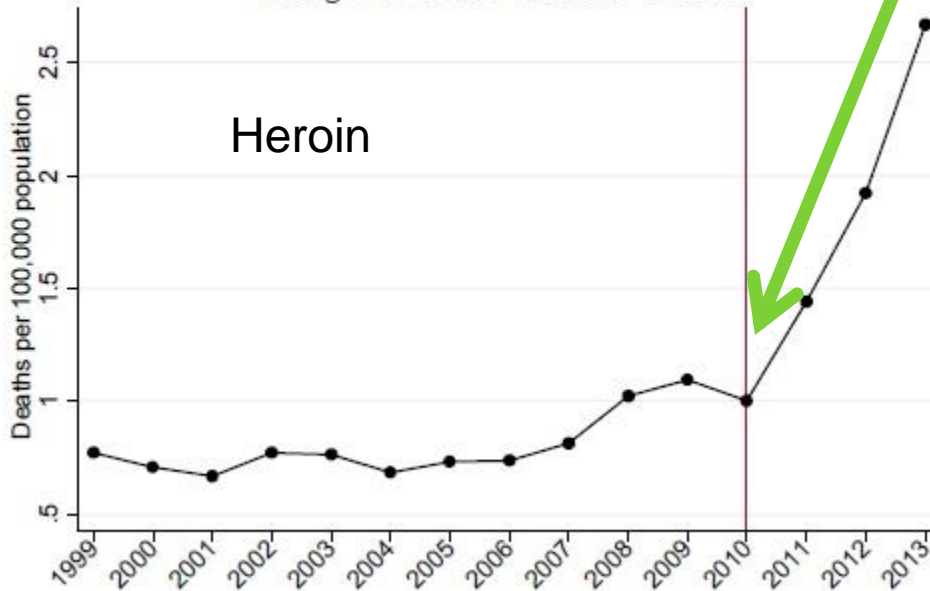
Drug Overdose Deaths - Opioids



**OxyContin
Reformulation**

Each percentage point reduction of OxyContin misuse due to reformulation is shown to increase heroin mortality by 3.1 deaths per 100,000.

Drug Overdose Deaths - Heroin



No evidence that reformulation affected overdose rates overall (across all drugs).

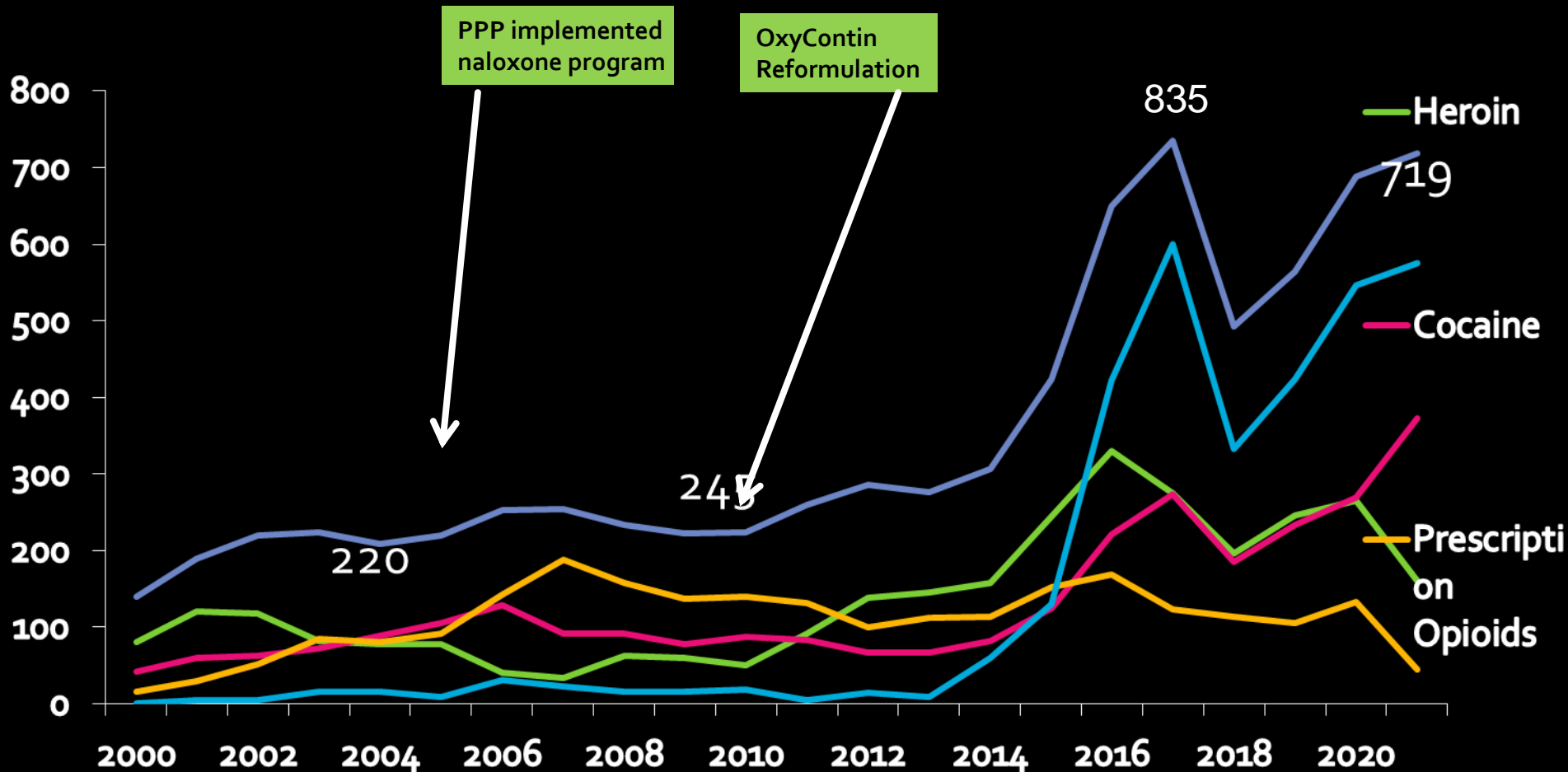
Substitution of heroin and illegal fentanyl unraveled benefits of reformulation in three years following reformulation.

Supply-Side Drug Policy in the Presence of Substitutes: Evidence from the Introduction of Abuse-Deterrent Opioids, Alpert, Powell, Pacula .
National Bureau of Economic Research, Jan. 2017

Allegheny County Accidental Drug Overdose Deaths 2000-2021*

80% of cases include more than one drug

What if, in 2010 we had started giving naloxone with every OP prescription? How many lives saved?



How Prohibition Causes Deaths From Fentanyl-Spiked Heroin

The more successful drug warriors are, the more dangerous drugs become.

Jacob Sullum | Sep. 30, 2015 7:30 am

Remember the guy who bought 80-proof vodka that turned out to be 190-proof Everclear and died from alcohol poisoning? Probably not, because that sort of thing almost never happens in a legal drug market, where merchants or manufacturers who made such a substitution, whether deliberately or accidentally, would face potentially ruinous economic and legal consequences.

In a black market, by contrast, customers frequently get something different from what they thought they were buying: something weaker, something stronger, or some other substance entirely. As *The Washington Post* [notes](#) in a story about fentanyl-laced heroin, the results can be fatal.

Supply Reduction Without Increased Access to Treatment and to Naloxone Had Devastating Consequences.

- Since 2010 Prescription Opioid Overdose deaths plateaued, but overall opioid overdose deaths more than doubled, primarily driven by illicit fentanyl overdose deaths.
- In addition to overdose deaths, Hepatitis C infections increased 250% since 2010. Rural states saw Hep C increase of more than 350%.
- HIV Outbreaks: Over 200 injection-related HIV cases rural, Scott County, Indiana, from 2015 outbreak. Indiana just moved to close SSP's.
- Lowell/Lawrence, MA – 129 cases of HIV; CDC concerned about possible outbreaks in small towns/rural areas without access to SEP.
- Huntington WV - 80 injection-related HIV cases, up from 8 or 9 annually.
- Charleston, WV, with one of the highest rates of HIV in the US drastically restricts access to syringes.
- Restricting access to sterile injection equipment is not effective strategy.

How to Reduce HIV, Hep C, Soft Tissue Infections ? Decriminalize Syringes

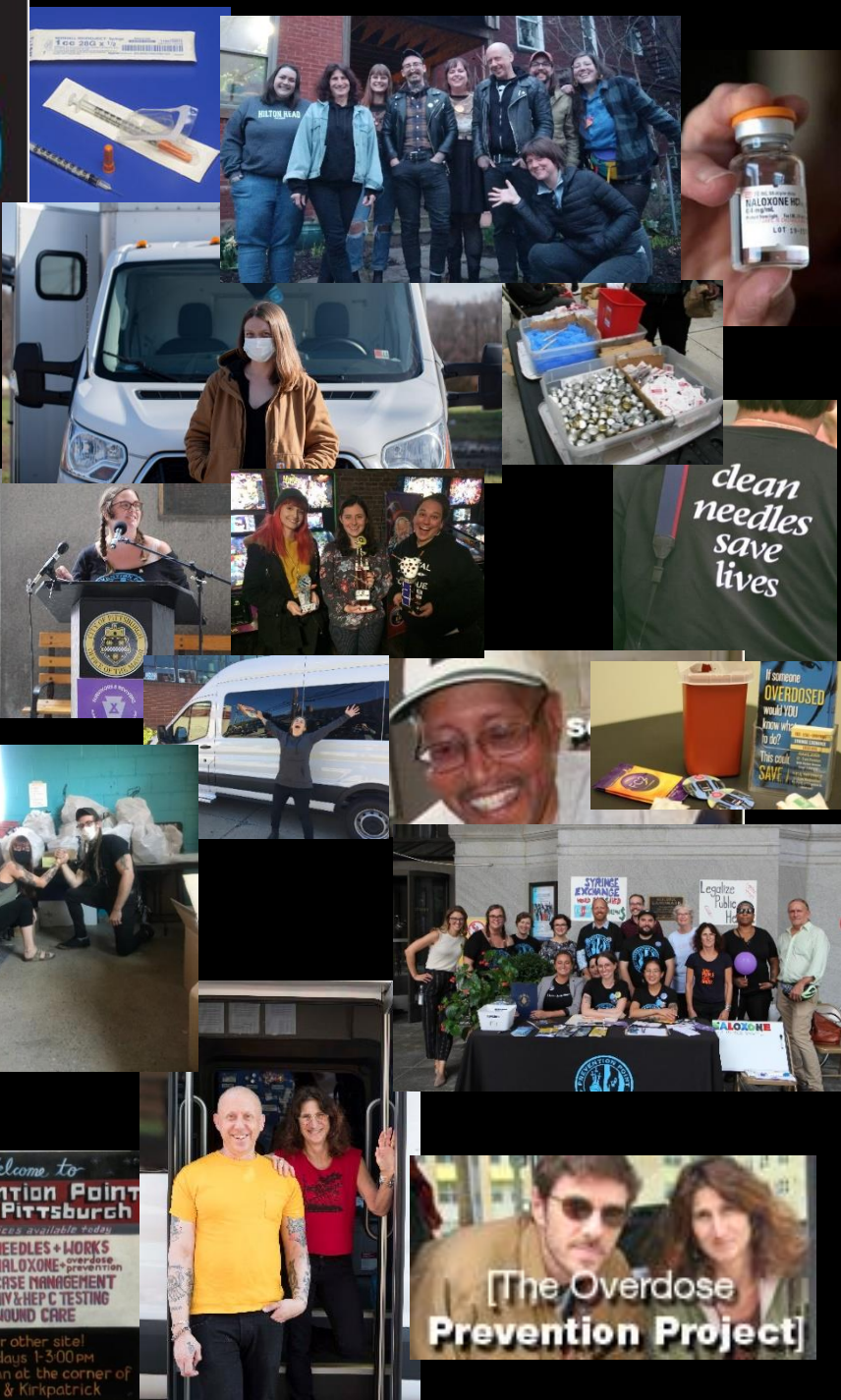
- Restricting supply of sterile syringes has been ineffective public health policy. We need to increase access to sterile syringes.
- We've had Syringe Service Programs in Pittsburgh and Philadelphia for over 27 years. It's time to allow expansion to other communities . Remove paraphernalia from The Controlled Substances, Drugs, Device, and Cosmetic Act.
- In 2023, it makes no sense that the simple public health measure of providing sterile injection equipment continues to be illegal in Pennsylvania.

Prevention Point Pittsburgh



Harm Reduction Services

- Providing Sterile Injection Equipment to prevent HIV & Hep C since 1995.
- Testing for HIV and Hepatitis C
- Case Management, assistance to treatment
- Overdose Prevention & Response Training
- Naloxone Distribution since 2005.
- Statewide naloxone mailing project
- Wound Care/Safer Injection Consultation Clinic
- Safer Smoking and Snorting Supplies
- Fentanyl test strips for drug checking since 2017
- Medical Van/buprenorphine prescribing
- All Services Free of Charge
- Anonymous/Confidential



Demand Reduction: Drug Treatment

- Opioid Replacement Therapy:
 - Methadone and buprenorphine (suboxone) very effective in reducing overdose deaths when there are no arbitrary limits on duration of treatment.
- Abstinence-based drug treatment:
 - Can play an important role in addressing problems, but only a small percent never use opioids again. Risk of overdose increases when relapse occurs. It is vital that programs make sure their participants have naloxone.
- Vivitrol/naltrexone:
 - Can also be useful treatment, but no evidence that it reduces risk of overdose. Vital that participants have naloxone!
- Different paths for different people.
 - Methadone or buprenorphine may not be best treatment for everyone, but everyone should have the option as this is most effective!

The Irrationality of Alcoholics Anonymous

Its faith-based 12-step program dominates treatment in the United States. But researchers have debunked central tenets of AA doctrine and found dozens of other treatments more effective.

<https://www.theatlantic.com/magazine/archive/2015/04/the-irrationality-of-alcoholics-anonymous/386255/>

J.G. decided to seek help... He spent a month at a center where the treatment consisted of little more than attending Alcoholics Anonymous meetings.

J.G. says it was this message—that there were no small missteps, and one drink might as well be 100—that set him on a cycle of bingeing and abstinence.

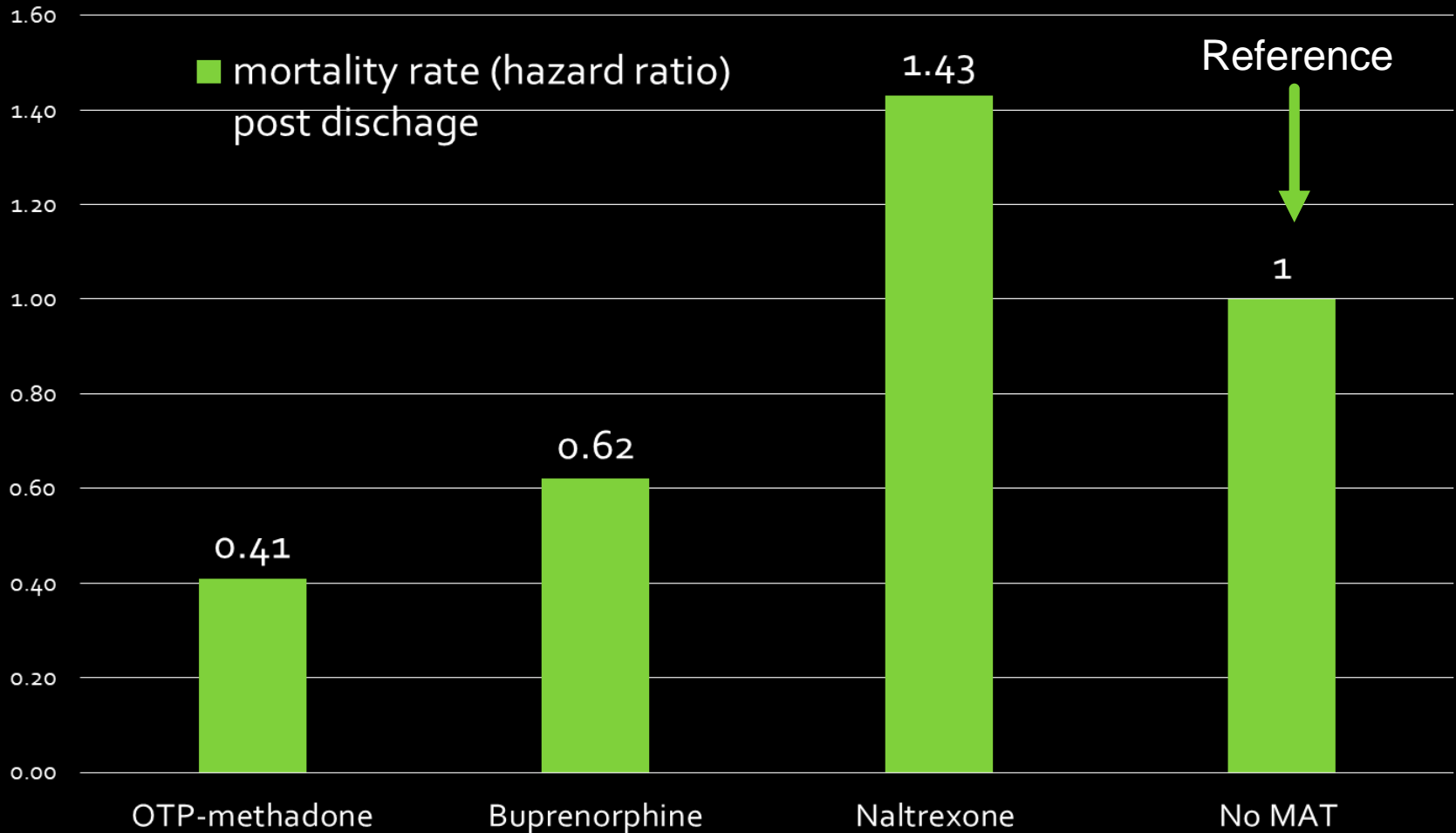
Each time he got sober, he'd spend months white-knuckling his days....Evening would fall and his heart would race as he thought ahead to another sleepless night.

“So I'd have one drink,” he says, “and the first thing on my mind was: *I feel better now, but I'm screwed. I'm going right back to where I was. I might as well drink as much as I possibly can for the next three days.*” [Abstinence Violation Effect AVE, Alan Marlatt]

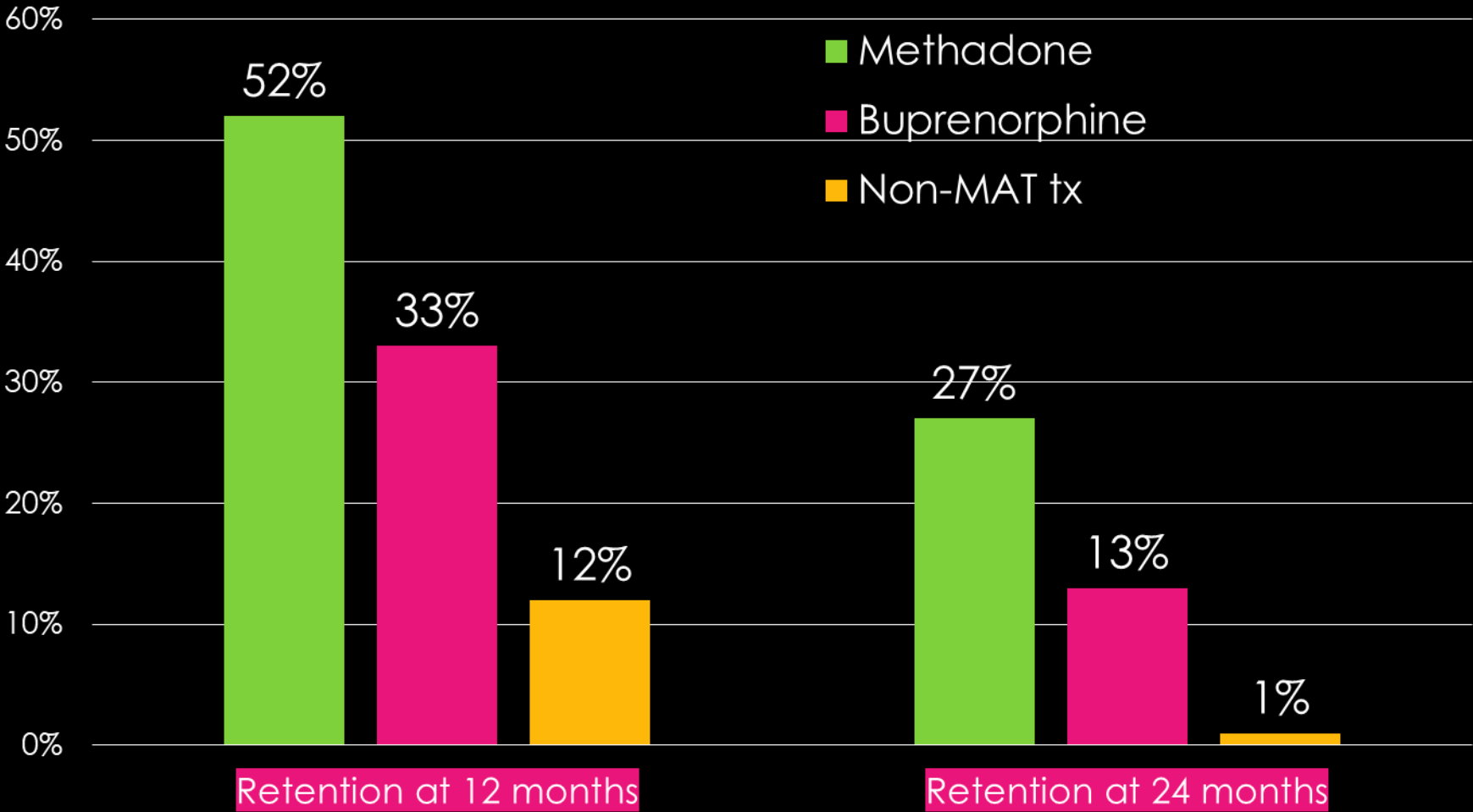
“Every person I spoke with told me there was no other way,” he says. The 12 steps are so deeply ingrained in the United States that many people, including doctors and therapists, believe attending meetings, earning one's sobriety chips, and never taking another sip of alcohol is the only way to get better.

AA's actual success rate somewhere between 5 and 8 percent.

Odds Ratio of Mortality in MA after an OD



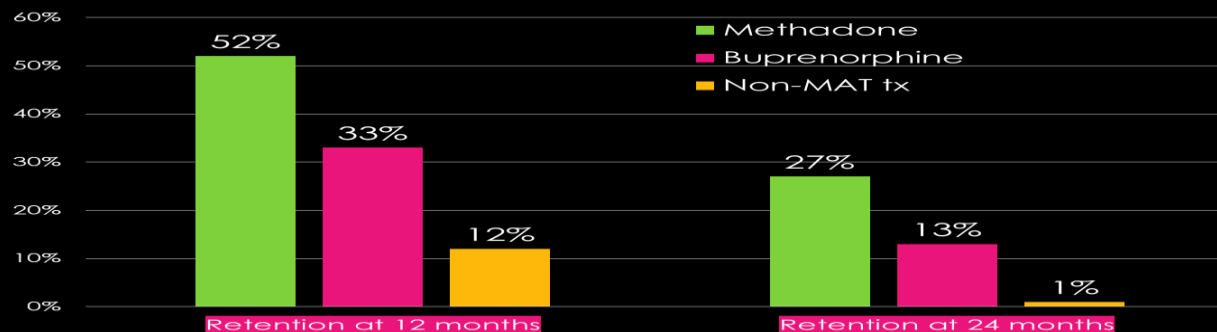
MA Retention in OUD Treatment



Medication ~~Assisted~~ Treatment

- The Medication IS the Treatment rather than “assisting.”
- Research shows people do just as well on bup or methadone alone as methadone plus counseling.
- Counseling, therapy, support groups can undoubtedly be beneficial for some, BUT the benefits of medication are not contingent on auxiliary treatment.
- In the age of fentanyl, refusing medication to someone because they don't go to counseling may be a death sentence!

MA Retention in OUD Treatment



Integrating Harm Reduction: Treatment and Harm Reduction

- Not either/or but both.
- Someone waiting to get into treatment needs works and naloxone.
- EVERYONE needs naloxone!
- People who are in treatment also need harm reeducation – it's not either/or
- Injecting suboxone
- Stable on methadone, but still likes to get high every now and then.
- People who used to get high and stopped but still come and pick up supplies for others.

Little Known Fact: Not Everyone Who Uses Drugs Needs Tx

The majority of people who use drugs, (even heroin) do not have a problem with drug use. Often the problems people DO have are related to legal status of drug, stigma, and social policies that deny people housing, education and other resources.

NIH National Institute on Drug Abuse
Advancing Addiction Science

enter keywords Search

Drugs of Abuse Related Topics Publications Funding News & Events About NIDA

Home » Publications » DrugFacts » Heroin

DrugFacts: Heroin

Email Twitter

DrugFacts

Revised October 2014

More DrugFacts

Health Effects of Specific Drugs

- [Anabolic Steroids](#)
- [Cigarettes and Other Tobacco Products](#)
- [Cocaine](#)
- [Cough and Cold Medicine Abuse](#)
- [Electronic Cigarettes \(e-Cigarettes\)](#)
- [Fentanyl](#)
- [Hallucinogens](#)
- [Heroin](#)
- [Inhalants](#)
- [Is Marijuana Medicine?](#)
- [Marijuana](#)

Heroin is an opioid drug that is synthesized from morphine, a naturally occurring substance extracted from the seed pod of the Asian opium poppy plant. Heroin usually appears as a white or brown powder or as a black sticky substance, known as "black tar heroin."

In 2011, 4.2 million Americans aged 12 or older (or 1.6 percent) had used heroin at least once in their lives. It is estimated that about 23 percent of individuals who use heroin become dependent on it.

Prescription Opioid Abuse: A First Step to Heroin Use?

Prescription opioid pain medications such as Oxycontin and Vicodin can have effects similar to heroin when taken in doses or in ways other than prescribed, and they are currently among the most commonly abused drugs in the United States. Research now suggests that abuse of these drugs may open

Español PDF (221KB)

Cite this article

Other Articles of Interest

NIDA Notes

- Long-Term Follow-Up of Medication-Assisted Treatment for Addiction to Pain Relievers Yields "Cause for Optimism"
- Study Points to Individualized Therapy for Opioid Addiction
- Animal Study Suggests Marijuana May Affect Future Offspring's Susceptibility to Heroin

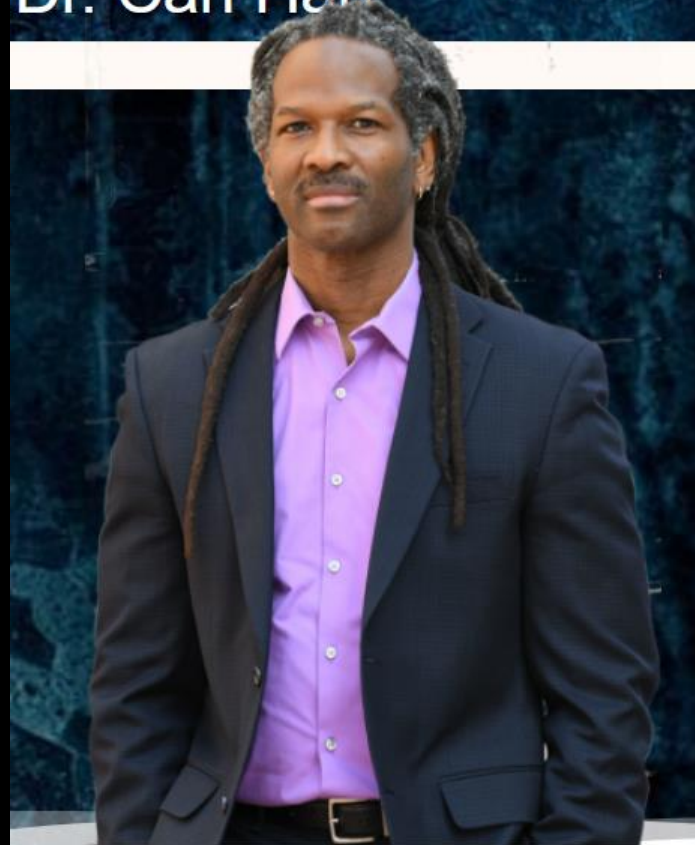
DRUG USE
FOR
GROWN-UPS



CHASING LIBERTY
IN THE LAND OF FEAR

DR. CARL L. HART

Dr. Carl Hart



Why do we fight a “war on drugs”?

HARPER'S M A G A Z I N E

MARCH 23, 2017: [TSA] [Supreme Court Confirmation Hearings]

[ARCHIVE / 2016 / APRIL](#)

[< Previous](#)

REPORT — From the April 2016 issue

Legalize It All

How to win the war on drugs

By Dan Baum

[Download PDF](#)

[Microfiche](#)

In 1994, John Ehrlichman, the Watergate co-conspirator, unlocked for me one of the great mysteries of modern American history: How did the United States entangle itself in a policy of drug prohibition that has yielded so much misery and so few good results? Americans have been criminalizing

ECT>:1

“I started to ask Ehrlichman [President Nixon's assistant for domestic affairs] a series of earnest, wonky questions that he impatiently waved away. ‘You want to know what this was really all about?’ he asked’The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiwar left and black people. You understand what I’m saying? We knew we couldn’t make it illegal to be either against the war or black, but by getting the public to associate the hippies with marijuana and blacks with heroin, and then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news. Did we know we were lying about the drugs? Of course we did.’

Least these leaders should be... Ehrlichman just answered.”

Peer Reversal: We have the antidote

Keeping people alive.

An emergency response to an emergency.



Deaths from Opioid Overdose are almost entirely preventable if oxygen is maintained through rescue breathing.

In addition, we have a safe, highly effective, very safe antidote, routinely used in Pre-hospital and hospital Setting form many decades.

No psychoactive effects



Naloxone in the Age of Fentanyl

- Does naloxone work on all types of fentanyl? YES
- Can you overdose from casual contact with fentanyl or with someone who has used fentanyl? NO

How many doses of naloxone does it take to reverse a fentanyl overdose? Typically 1-2

- Is there fentanyl in marijuana? NO
- In cocaine? POSSIBLY
- In methamphetamine? UNLIKELY
- In pills? VERY LIKELY
- In "heroin" ALMOST ALWAYS

Practical Strategies for Reducing Harm

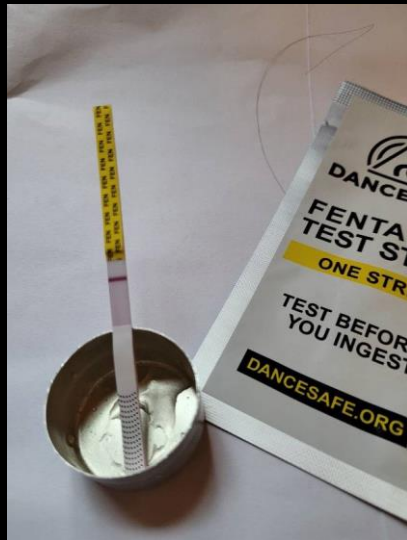
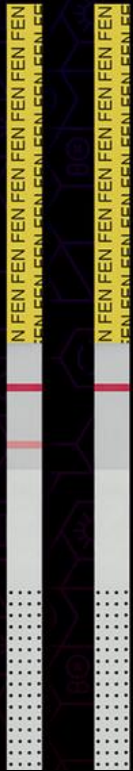
Fentanyl Test Strips

The idea: If you know they're about to inject, snort, smoke or swallow fentanyl, you'll take smaller doses, avoid using alone, and make sure you have naloxone handy in case of overdose.

Even when someone assumes they have fentanyl, the experience of testing the drugs and seeing positive confirmation that it's fentanyl has an impact.

It encourages people to use more safely.

(legal to possess and distribute in PA as of January 2023.)



SAFE SUPPLY

CONCEPT DOCUMENT

February 2019



Canadian Association of People who Use Drugs[®]

CAPUD.CA

#SAFE SUPPLY | CONCEPT DOCUMENT
#SAFE | TIME WE NEED | USE TO PREVENT HEROINE DEATH | MADE IN CANADA

HOW TO ACCESS SAFER DRUGS NOW



WHO IS ELIGIBLE?

- AT RISK OF COVID INFECTION OR HAVE A SUSPECTED CASE
- ACTIVE SUBSTANCE USE OF **OPIOIDS, STIMULANTS, ALCOHOL, BENZOS OR TOBACCO.**
- HIGH RISK OF WITHDRAWAL OR OD



WHO CAN PRESCRIBE?

- WORK WITH YOUR EXISTING DOCTOR OR NURSE PRAC.
- **DON'T HAVE ONE?** CONTACT **HEALTHLINK (811)** AND ASK TO BE CONNECTED TO A RAPID ACCESS CLINIC OR OUTREACH



WHAT ARE SOME OPTIONS?

- **OPIOIDS:** HYDROMORPH, M-ESLON, OR OAT
- **STIMULANTS:** DEXEDRINE, METHYLPHENIDATE
- **BENZOS:** DIAZEPAM, CLONAZEPAM
- **ALCOHOL / TOBACCO:** OPTIONS BASED ON AVAILABILITY
- *DOSAGE DEPENDS ON USE / ALTERNATIVE DRUGS MAY BE OFFERED*



HOW WILL IT WORK?

- YOU WILL LIKELY RECEIVE A SCRIPT FOR **23 DAYS**
- SCRIPT SHOULD NOT END ON WEEKEND OR MONDAY
- PRESCRIBER CAN HELP FIND A DELIVERY OPTION



REPORT ANY ISSUES

- IF YOU HAVE **ANY ISSUES, TEXT OR CALL BC YUKON ASSOCIATION OF DRUG WAR SURVIVORS (778-801-5920)**

THESE STEPS WERE CREATED FROM THE BCCSU GUIDELINES:
"RISK MITIGATION: IN THE CONTEXT OF DUAL PUBLIC HEALTH EMERGENCIES"

A RESOURCE BY: BC / YUKON ASSOCIATION OF DRUG WAR SURVIVORS

V 2.3

RISK MITIGATION

IN THE CONTEXT OF DUAL
PUBLIC HEALTH EMERGENCIES

<https://www.bccsu.ca/wp-content/uploads/2020/05/Risk-Mitigation-in-the-Context-of-Dual-Public-Health-Emergencies-v1.6.pdf>

The doctor from Wales who slashed crime and drug addiction – by giving out heroin

John Marks saw crime rates and junkie numbers plummet in an amazing experiment outlawed by the British government

By [James McCarthy](#)
18:45, 20 JUN 2015



In 1970, there were 1049 people who were dependent on heroin in the U.K. They were prescribed heroin by doctors. There was no crime associated with heroin use and virtually no illicit market for heroin.

In the 70's the UK succumbed to pressure from the U.S. to discontinue heroin prescribing.

In Liverpool, from 1985-1995, Dr John Marks used a special Home Office license to prescribe heroin to people who were addicted. Police reported a 96% reduction in acquisitive crime. Deaths from locally acquired HIV infection and drug-related overdoses fell to zero. But, under intense pressure from the U.S. government, the project was closed down. In its 10 years' work, not one of its patients had died. Within 6 months after the program shut down, 20 were dead, 41 were dead within 2 years. Today, Britain has 300,000 people using illegal opioids. Dr. Marks experiment has been written out of history.

What Happened in Portugal After Decriminalization

Overdose deaths decreased by over 80%

Prevalence rate of people who use drugs that account for new HIV/AIDS diagnoses fell from 52% to 6%

Incarceration for drug offenses decreased by over 40%

Drug Decriminalization in Portugal: Learning from a Health and Human-Centered Approach

Prepared By: Drug Policy Alliance
131 West 33rd Street
15th Floor
New York, NY 10001

drugpolicy.org

A Look Inside NYC's Supervised Drug-Injection Sites, The First In The Nation

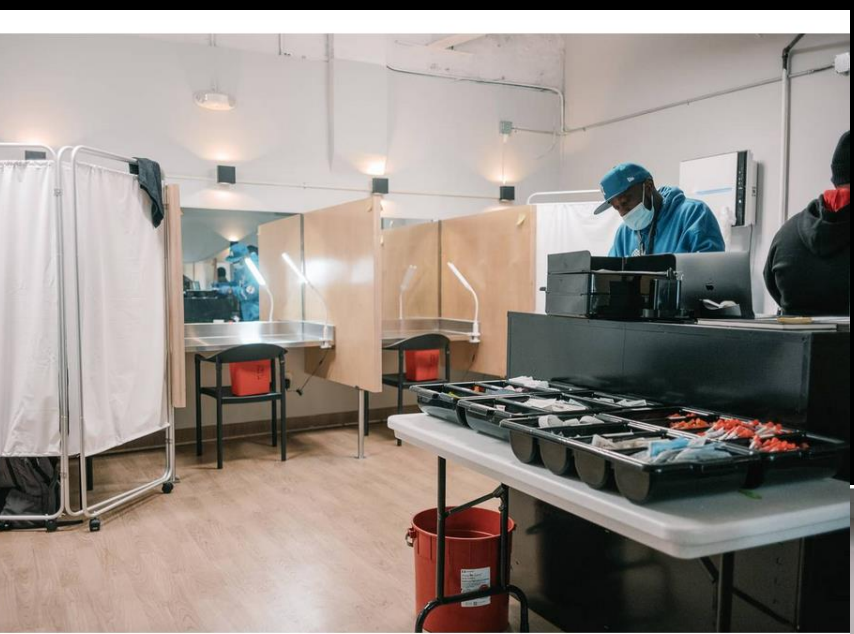
BY CAROLINE LEWIS
DEC 17, 2021 11:40 AM

In first year, they have often seen 300 people in a day, 575 overdoses have been reversed, most with just oxygen. ZERO deaths.

“We don’t talk to them about treatment, but they talk to us about it all the time!”
– Sam Rivera, Director OnPoint 2022



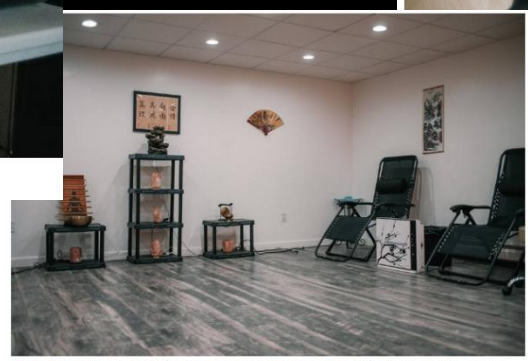
→ Clients use drugs at supervised booths in the overdose prevention center in Harlem. Mirrors make it easier for staff to keep an eye on the clients in case they need overdose treatment.
SCOTT REIMS FOR NYVC/GOTHAMIST



Staff stay nearby while a client uses drugs behind a privacy screen at the OnPoint NYC



es to inject drugs at one of the booths in the overdose prevention center in



→ At New York Harm Reduction Educators' overdose prevention site in Harlem, clients can also get acupuncture, reiki and other wellness services in the holistic room upstairs.

“It seems those in positions of power would have implemented better solutions by now if our lives were a priority.”

Elizabeth Gray, Washington Post May 27, 2022

<https://wapo.st/3MZZGNV>

There is only so much you can do if you also want to avoid serious change.

-Scott Burris, Director, Public Health Law Research Center,
Temple University Beasley School of Law



John Oliver, with Louise Vincent, Last Week Tonight 3.27.22

“If you are found to be a person who uses drugs and needs help, we start with disconnecting you.

I truly believe Addiction is the opposite of connection.

What we do is everything wrong to help a person

We disconnect people from their families, we disconnect people from their friends. We alienate people from work. We disconnect them from community. And then we disconnect them from their freedom. Finally. And when people finally have nothing left, then they will use until they die. “

Case Examples from CPS work

- Father who uses heroin
- 24 hour free child care
- Keep families out of the system whenever possible

Alice Bell, L.C.S.W.
Overdose Prevention Project
Prevention Point Pittsburgh

abell@pppgh.org

412-247-3404



