

Harm Reduction Strategies for the Hospital Setting



OVERVIEW

Harm reduction promotes the health and dignity of individuals and communities affected by drug use by employing a set of practical strategies and ideas aimed at reducing the negative consequences associated with drug use. Harm reduction is a movement for social justice, built on a belief in, and respect for, the rights of people who use drugs. It incorporates a spectrum of strategies from safer use, managed use, abstinence, and meeting drug users 'where they are' to address conditions of use while addressing the use itself.

Harm reduction provides a space for people to be open about their drug use and sexual behavior so it's not hidden, which can perpetuate feelings of isolation. Rooted in evidence-based practices that have shown decreases in health and social harms, harm reduction keeps individuals engaged in care if they relapse and at any stage in their drug use. Since stigma creates a barrier to care, people who use drugs should feel comfortable when accessing services. People are more than their drug use, and harm reduction focuses on the whole person.

National Harm Reduction Coalition has partnered with CA Bridge to pilot and adopt harm reduction strategies for the hospital setting.

REVIEW AND EDIT HOSPITAL MATERIALS

- Review language in brochures, one-pagers, posters, and patient documents. Are you using person-first language (i.e., a person who uses opioids)? Do your materials create narratives about "good" and "bad" people who use drugs (i.e., pain patients vs heroin addicts)? Do your current materials reflect harm reduction principles? Replace any outdated materials with new materials.
- When developing new materials seek input from various stakeholders, including people who use drugs. Ask people who use drugs what they need or want to see when accessing treatment.

HIRE STAFF DEDICATED TO NAVIGATING PEOPLE TO TREATMENT

- Ideally, this person is someone with lived experiences of drug use who can bring their expertise to the role and relate to barriers and concerns people may experience within healthcare settings.

USE PERSON-FIRST LANGUAGE

- A person is a person first, and a behavior is something that can change. Terms like "drug addict" or "user" imply someone is "something" instead of describing a behavior that can change.
- Look at the language that is in electronic communication and medical records. This language can affect someone's healthcare experience beyond their interactions with you.

Words Matter. The decision to use words that de-stigmatize substance use disorder must be intentional.

INSTEAD OF...	USE...	BECAUSE...
Addict User Substance or drug abuser Junkie Alcoholic Drunk Former addict Reformed addict	<ul style="list-style-type: none"> Person with opioid use disorder (OUD)/substance use disorder (SUD) or person with opioid addiction Patient Person in recovery or long-term recovery <p>For heavy alcohol use:</p> <ul style="list-style-type: none"> Unhealthy, harmful, or hazardous alcohol use Person with alcohol use disorder 	<ul style="list-style-type: none"> Person-first language. The change shows that a person “has” a problem, rather than “is” the problem. The terms to avoid elicit negative associations, punitive attitudes, and individual blame.
IV drug user	<ul style="list-style-type: none"> Person who injects drugs 	<ul style="list-style-type: none"> Person-first language.
Habit Relapse	<ul style="list-style-type: none"> Substance use disorder Drug addiction Return to use/slip 	<ul style="list-style-type: none"> Inaccurately implies that a person is choosing to use substances or can choose to stop. “Habit” may undermine the seriousness of the disease.
Clean	<p>For toxicology screen results:</p> <ul style="list-style-type: none"> Testing negative <p>For non-toxicology purposes:</p> <ul style="list-style-type: none"> Being in remission or recovery Abstinent from drugs Not drinking or taking drugs Not currently or actively using drugs 	<ul style="list-style-type: none"> Use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions. Set an example with your own language when treating patients who might use stigmatizing slang. Use of such terms may evoke negative and punitive implicit cognitions.
Dirty	<p>For toxicology screen results:</p> <ul style="list-style-type: none"> Testing positive <p>For non-toxicology purposes:</p> <ul style="list-style-type: none"> Person who uses drugs 	<ul style="list-style-type: none"> Use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions. May decrease patients’ sense of hope and self-efficacy for change.

(Adapted from NIDA [Words Matter: Terms to Use and Avoid When Talking About Addiction](#))

PROVIDE ONGOING TRAINING FOR ALL HOSPITAL STAFF

- Advocate for and implement consistent and ongoing training at all levels for hospital staff.
- Introduce concepts of harm reduction using an ‘**all some**’ approach. **All** staff, clinical and non-clinical, receive an introduction to harm reduction during orientation or annual competencies because every interaction matters. Non-clinical interactions can range from parking, checking in, and interacting with security. **Some** staff, like clinical providers, receive deeper training on interventions.
- Provide key staff more in-depth training, offer focused training to providers, clinical champions, and others who have an opportunity to influence hospital culture. It is key to create a space for harm reduction practice among clinicians.

PROVIDE NALOXONE DIRECTLY TO PATIENTS

- Naloxone is an opioid antagonist that can reverse a potentially fatal opioid overdose. Emergency departments are familiar with naloxone use clinically, and it is often used by emergency responders in the field. For decades it has also been distributed directly to people who use drugs to reverse overdoses within their communities. Training laypeople who are at risk for overdose in overdose recognition and response, and equipping them with naloxone, is the most evidence-based effective and evidence-based way to prevent overdose deaths.
- Can your hospital provide patients with naloxone directly? If your hospital is unable to provide naloxone directly into people's hands, can you refer people to an agency that can?
- Consider having your hospital apply for the [Naloxone Distribution Project \(NDP\)](#), a California statewide program funded at the federal level by SAMHSA and administered by the Department of Healthcare Services (DHCS) to combat opioid overdose-related deaths throughout California. The [Guide to Naloxone Distribution](#) offers more information on how to set up naloxone distribution from the hospital.

OFFER SAFER CONSUMPTION SUPPLIES

- Syringe access is an essential component of the prevention of HIV and HCV among people who inject drugs. States vary on the legality of providing this evidence-based intervention yet research consistently demonstrates the effectiveness of syringe access in preventing transmission of infectious disease and skin and soft tissue infections, while also supporting the overall health and well being of drug users through linkages to drug treatment, medical care, housing, overdose prevention, and other vital social services.
- Some hospitals in various states have incorporated syringe access into comprehensive services for people who inject drugs, offering sterile syringes, biohazard containers, and smoking/injecting kits to anyone in the ED. This provides people with life-saving equipment and creates a connection that can foster entrance to drug treatment and other health services. If your hospital is unable to provide syringe access prioritize referring people to an agency that can. You can start by identifying your [local syringe services program](#).
- Investigate hospital policies about people who use drugs during any length of stay and advocate changing them if necessary. People should not be discharged, or law enforcement called if people use drugs inside the hospital. Drug use should trigger harm reduction and addiction treatment discussions, not punitive actions.

RESOURCES

Learning modules:

These learning modules were developed specifically for anyone working in the hospital setting to become more familiar with the harm reduction approach and how it pertains to work with patients.

- [Principles of Harm Reduction](#)
- [Harm Reduction Services](#)
- [Stigma Reduction for the ED](#)

Harm reduction tools:

- [Foundations of Harm Reduction](#)
- [Safe\(r\) Drug Use](#)
- [Respect to Connect: Undoing Stigma](#)

- *Words Matter: Terms to Use and Avoid When Talking About Addiction*

Additional resources on harm reduction:

- **National Harm Reduction Coalition** – National Harm Reduction Coalition’s mission is to promote the health and dignity of individuals and communities affected by drug use. As a national advocacy and capacity building organization that aims to shift power and resources to people most vulnerable to structural violence and racialized drug policies.
- **National Harm Reduction Coalitions Resource Center** – This content library contains issues central to the Harm Reduction movement and practical resources to promote the health and dignity of people affected by drug use. For each issue area, you’ll find up-to-date fact sheets, webinars, manuals, training guides, and best practices about evidence-based harm reduction strategies.
- **Local Syringe Services Programs** – North American Syringe Exchange Network (NASEN) website allows you to find which syringe access program is closest to you.
- **Mail-Based Harm Reduction Services** – Next Distro is an innovative model, providing an online and mail based harm reduction platform where you can directly access supplies and information.
- **Podcast: The Gold Standard with Dr. Kim Sue** – There are many ways that you can get medication for opioid use disorder into the hands of people who need it. Listen to The Gold Standard by National Harm Reduction Coalition’s Medical Director Dr. Kim Sue to learn more about innovative programs across the country.

REFERENCES

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This guide was last updated October 2020. Specific policies and regulations surrounding addiction care and medication dispensing and prescribing may have changed since that time.

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