

Highlights from the Interactive Global Recovery Dialogue

Moderated by Michael Botticelli

Global Recovery Network (GRN) Chair

March 7, 2024

"Harm Reduction in the Context of Recovery"

Welcome by Nancy Dudley: The Interactive Global Recovery Dialogue Series is five-part soft launch event, leading up the official launch of the Global Recovery Network in June of 2024 at the "Art of Healing" Global Conference in Greece.

Presentation by Hendrée E. Jones, PhD LP, Professor within the Department of Obstetrics and Gynecology and Senior Advisor at UNC Horizons School of Medicine at the University of North Carolina at Chapel Hill (UNC-CH).

Dr. Jones described the historical roots of the international harm reduction movement. In 1986, in Liverpool, England, a needle exchange program was instituted next to a methadone clinic. The needle exchange program was in response to the sharing of unsterile syringes by injecting drug users and its role in the alarming spread of HIV-AIDS. This early harm reduction program of needle exchange was viewed by its proponents as an effort to "keep people alive."

Since 1986, harm reduction programming remains a highly controversial and debated topic. *Even in 2024, there is no universal definition of or formula for implementing harm reduction.* Nevertheless, the national coalition on harm reduction in the US has set forth 8 principles of harm reduction:

PRINCIPLES OF HARM REDUCTION

- ✦ Accepts, for better or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them
- ✦ Establishes quality of individual and community life and well-being — not necessarily cessation of all drug use — as the criteria for successful interventions and policies
- ✦ Ensures that people who use drugs and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them
- ✦ Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm
- ✦ Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe use to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others
- ✦ Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm
- ✦ Affirms people who use drugs (PWUD) themselves as the primary agents of reducing the harms of their drug use and seeks to empower PWUD to share information and support each other in strategies which meet their actual conditions of use
- ✦ Does not attempt to minimize or ignore the real and tragic harm and danger that can be associated with illicit drug use

Participants were invited to ask themselves the following questions:

1. How do you see harm reduction and recovery working together?
2. What examples do you have of how harm reduction has helped people find recovery?
3. What are some concerns or benefits of harm reduction in the context of recovery?

Discussion facilitated by Michael Botticelli, GRN Chair

Following are some key points made during a lively and respectful dialogue:

Some Benefits of Harm Reduction:

- The biggest driver of addiction is shame and guilt; harm reduction reduces them
- Recovery and harm reduction are similar; each looks for positive change in behavior
- Recovery and harm reduction are built on meeting a person “where they are”
- AA is much like harm reduction: membership doesn’t require abstinence; only its pursuit
- Medication-assisted treatment = harm reduction = an initial door to recovery

Some Concerns Regarding Harm Reduction raised by Dialogue Participants:

- **The distinctions between harm reduction measures and enabling are not strictly defined.**
There are many points of view on when harm reduction ends and enabling begins.
 - ✓ One view is that harm reduction is driven by meeting a person wherever they are in the spectrum of drug use with no predetermination of the next step.
 - ✓ Another view is that needle exchange for IV drug users is “legitimate” harm reduction while providing a safe space for injection in a “safe injection site” is “enabling.”
 - ✓ A third point of view is that providing harm reduction services of any kind without simultaneously offering SUD treatment is enabling and unethical.These are three illustrative opinions and not definitive “answers” to the issue of making a distinction between approaches that enable drug use and those that reduce harm.
- **Harm reduction programming may be diverting scarce funds that could go to treatment:** Funds to address the entire spectrum of drug demand reduction needs are always subject to limitations.
 - ✓ Each community must determine its own answers for proper allocation based on local needs.
 - ✓ The evidence base of proven approaches for producing outcomes is a valid marker for policymakers to navigate challenging funding decisions.
- **Participants questioned whether harm reduction has limits and whether prescribers should be able to prescribe heroin or cocaine to people with substance use disorder as a harm reduction measure.**
 - ✓ In considering this issue it is important to point out that prescribers can provide methadone and buprenorphine which are highly evidence-based medications to treat opioid use disorder. Evidence shows that these two medications which are frequently labeled as “harm reduction” can successfully engage and retain individuals in treatment and can play a significant role in allow an individual to become exposed to and engaged in the longer-term process of recovery,

As with all topics inclined to stimulant a diversity of opinions, the GRN approach to harm reduction is to ground our dialogues and resources in evidence-based approaches that have been shown by peer reviewed research to reduce overdose risk and mortality and to guide individuals towards treatment and recovery.

NEXT GLOBAL RECOVERY DIALOGUE:

“Stigma: An Inside Job”

Presenter: Warren Cornelius

Recovery Advocate, Capetown, South Africa

Join us on April 11, 2024, 8AM Washington DC time

Your Invitations to Register is Coming Soon