Is a rose called by any other name still a rose? Applying the concepts of harm reduction to tobacco

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Presentation Outline

• Who I am and why am I here?
• What is harm reduction and how does it apply to substance use/misuse?
  – History of syringe access and HIV/AIDS
• Harm reduction similarities and differences: opiate use compared to tobacco use?
• Lessons learned
• Discussion
Disclosures

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DC Pointe

Policy Impact on the Epidemic
Harm Reduction for IDU

Harm reduction is a set of practical strategies that reduce negative consequences of drug use and other activities, incorporating a spectrum of strategies. There is no universal definition of or formula for implementing harm reduction. However, some central principles to harm reduction practice include:

- Pragmatism
- Humanistic Values
- Acceptance
- Focus on Harms

- Context
- Client-Centered Approach
- Self-Determination
- Representation
The need for structural interventions

• Individual level behavior change efforts can only take us so far in controlling the HIV/AIDS epidemic
  – Problems with sustained individual-level impact, limited resources for continued implementation
  – Social/structural factors may pose barriers to behavior change

• Structural interventions try to change the environments in which health risk occurs, without necessarily trying to change the individual
Needle Exchange (NEX) and HIV/AIDS
Syringe services programs (SSPs) serve as a safe, effective HIV prevention method for people who inject drugs (PWID) to exchange used syringes for sterile needles, thereby significantly lowering the risk of HIV transmission. Since the 1980s, SSPs in conjunction with other HIV prevention strategies have resulted in reductions of up to 80% in HIV incidence among PWID.

- There are currently 194 syringe services programs in 33 states, the District of Columbia, the Commonwealth of Puerto Rico, and the Indian Nations. (NASEN)

- This map shows the location of 196 cities with SSPs.
Harm reduction similarities
Public Confusion about what NEX is (and isn’t)

What was believed:

• Needle exchange promotes drug use!
• It increases crime!
• It undermines law enforcement’s efforts for drug control!
• It’s a hazard to public safety!

What we know now:

• No evidence that NEX increases drug use, crime.
• No evidence that NEX compromises public safety
• No evidence that NEX undermines law enforcement efforts
Polarization and politicization

• Believing and trusting the science (or not)
• Abstinence v. “non-abstinence” factions
• Prevention of sexual transmission was prioritized
• Public v. private funding for NEX
  — E.g., Federal Ban, DC Ban
Where are the data?

In the beginning:

• Early efforts were based on the need to do something/anything
• Driven largely as a result of community initiative
• Evidence of effectiveness came later

What we know now:

• Rationale for current efforts based on copious evidence of NEX effectiveness
• NEX efforts driven by both community organizations and state/local health departments
• Expanded access to sterile injection equipment has led to decreased needle sharing among PWID and reduced HIV incidence and prevalence
Regulatory and policy issues affect safe syringe access

- Drug paraphernalia laws
  - Sale, distribution, possession of syringes
  - OTC sales at pharmacies
- Prescription requirements for syringe sales
- Drug possession laws
- Explicit v. implicit legal authorization for access
Harm reduction differences
Evaluation

• Rigorous evaluations of public health campaigns in general tend to be in too short supply
  – Less so now than before
  – Usually happen as a result of partnerships with academic research institutions
  – Often more focused on behavioral outcomes than health outcomes

• Growing literature on cost effectiveness and policy evaluations
  – Evidence on individual v. societal benefit
### Research design

- **Policy change in Philadelphia allows municipal funding for SEP**
- **Policy change in Baltimore allows municipal funds for SEP**
- **Privately and municipally supported SEP begins in DC**
- **PreventionWorks! is incorporated**
- **Syringe exchange funding ban implemented in DC**
- **Dec. 2007: HR2764 passes; SEP funding restriction for DC lifted**
- **Mar. 2008: DC NEX implemented by DOH**
- **Dec. 2009: HR3288 passes; ban on use of federal funds for SEP lifted**

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**Study period: July 2011-June 2015**
Quantitative Methods

• **Interrupted time series analysis:**
  - Association of the removal of the ban with changes in SEP services, client access to services, etc.
  - Association of other structural factors with changes in sterile syringe access and # of clients served by SEP programs

• **Mathematical modeling:**
  - Net number of HIV infections averted by policy change as a structural intervention
Epidemic Impact of Policy Change, District of Columbia

Reported cases of HIV
Forecast cases of HIV
95% Lower CI
95% Upper CI
• Average lifetime cost of treating HIV infection = 380,000 USD
• 120 cases of HIV infection averted in Washington, DC, in 2008-2010
• Cost savings: 45.6 M USD
Legal status

• Heroin is a Schedule I substance
  – Illegal status
  – No regulatory control over the product itself

• Schedule II substances (prescription opiates) are legal but highly regulated

• Addiction to drugs other than tobacco and alcohol are still highly stigmatized
  – Significant barriers to effective treatment options

• PWID lack political clout: no real PWID “lobby”
Discussion questions

• Is harm reduction a good idea?
• What does harm reduction look like in a tobacco context?
• How much science is enough?