Harm Reduction: An alternative approach to addressing substance dependence.

Amanda Reiman, PhD MSW
Policy Manager, CA
Drug Policy Alliance
Today’s talk

• How do we define substance abuse and dependence?
• How do people experience therapeutic change?
• What are drug related harms and are they more associated with the drug or prohibition?
• What are the principles of harm reduction and how are they related to therapeutic change?
• How does the decision to substitute one drug for another fit into a harm reduction framework?
• Case example of substitution with cannabis: Berkeley Patients Group
• Implications for prescription drug overdose and practice
2 categories of substance related diagnosis, DSM V added another

- *Substance Use Disorders*
  - Substance Abuse
  - Substance Dependence

- *Substance-Induced Disorders*
  - Substance Intoxication
  - Substance Withdrawal
  - Substance-Induced Delirium
  - Substance-Induced Persisting Dementia...
Substance Abuse

• Maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances

• Pre-empted by substance dependence

• Only holds if diagnosis of substance dependence for given drug has never been made

• Failure to fulfill role obligations
  – substance use in physically hazardous situations
  – recurrent legal problems stemming from use
  – continued use despite problems
Substance Dependence

- Cluster of cognitive, behavioral and psychological symptoms indicating that the individual chooses use despite negative consequences
- 3 or more symptoms must be present
- Plus looks for specifiers (red flags)
  - Tolerance, withdrawal, previous abuse and relapse, on methadone, in a restricted use environment
Therapeutic Change

How do people change?

4 beliefs about how people change:

1. Recovery as a process
   - Stages as incremental learning

2. Motivation
   - Remaining in treatment requires motivation

3. Self-help and mutual self-help
   - Treatment is not provided, rather made available

4. Social Learning
   - Recovery affected by who is learning what with whom and where
Harm Reduction and therapeutic change

- Abstinence not necessarily the goal
  - Motivation
- Values similar to social work
  - Self help/mutual help
- Examples: syringe access, condom distribution
  - Social learning
- Accepts that people will use drugs and seeks to reduce the harm associated with use
  - Process
What are drug related harms?

- Suffering due to physical/psychological illness
- Addiction
- Health care costs (illness and treatment)
- Disease Transmission
- Loss of incentive to seek treatment
- Restriction on medicinal uses of a drug
- Reduced performance (work/school)
- Poor parenting/child abuse
- Stigma of use
- Criminal experience
- Inflated price of the drug
- Accidents

- Fear, sense of disorder
- Property crime victimization
- Violence (psychopharmacological, economic)
- Reduced property values due to drug selling
- Criminal justice costs (including lost opportunities)
- Punishment for user and family
- Corruption of legal authorities
- Interference in countries that supply
- Violation of law
- Devaluation as arrest as a moral sanction
- Infringement on liberty and privacy
- Prevention/restriction on benefits of use
Harm Reduction Beliefs

• Drug use will continue to exist
• Users should have a voice in the formation of policies and treatments
• Drug use is a continuum
• The life of a user can be improved by methods other than abstinence
• Calls for non-judgment
• Recognizes and acknowledges poverty and social issues affecting drug use
• Does not minimize the harms associated with drug use
Examples of harm reduction

- Syringe access
- Safe Injection Facilities
- Substitution
  - Methadone, cannabis
- Heroin Assisted Treatment
- Naloxone access
- Condom distribution
- Wet housing
Definition of terms

• Substitution
  – Conscious/unconscious choice to use one drug instead of another
  – First substitution study: Mikuriya (1970)

• Relates to harm reduction...
  – safety
  – level of addiction potential
  – effectiveness in relieving symptoms
  – access
  – level of acceptance
Medical cannabis patients and substitution

• Regular use, stable supply, access to not granted under a standardized prescription system, yet still legitimized by a doctor’s recommendation (self-medication)

• Mikuriya et al. (2007) survey of 11 medical cannabis doctors in California
  – All doctors had seen patients who were using cannabis as a substitute for alcohol
    • One said that over half of her patients reported preferring cannabis to alcohol
    • Another reported that 90% of his patients reduced their alcohol use after beginning the use of medical cannabis
Medical cannabis patients and substitution

- Mikuriya (2004) study of 92 chart reviews for medical cannabis patients
  - 53% raised by at least one alcoholic/addict parent
    - 64% identified alcoholism as presenting problem
    - 21% had been injured in an alcohol related incident
    - 10% of those abstinent from alcohol for a year attributed it to cannabis
    - 21% had alcoholic symptoms return when they stopped using cannabis
Medical cannabis patients and substitution

- Reiman (2007) study of 130 medical cannabis patients
  - 19% reported previous alcohol treatment
  - 50% reported using cannabis as a substitute for alcohol
  - 47% reported using cannabis as a substitute for illicit drugs
  - 74% reported using cannabis as a substitute for prescription drugs
Case Example:

Cannabis as a substitute for alcohol and other drugs
Berkeley Patient’s Group Study

• N=350 anonymous patient surveys collected at Berkeley Patient’s Group in Berkeley, CA

• Male (68%) single (54%), White (66%), mean age 39, health insurance (including Medical) (74%), work full time (41%), have completed at least some college (81%), make less than $40,000 a year (55%)
Berkeley Patient’s Group Study

• 16% reported previous alcohol and/or drug treatment, 2% are currently in a 12-step or other recovery program

• 40% have used cannabis as a substitute for alcohol, 26% as a substitute for illicit drugs and 66% as a substitute for prescription drugs

• The most common reasons given for substituting were: less adverse side effects (65%), better symptom management (57%), and less withdrawal potential (34%) with cannabis
Implications for prescription drug overdose.

- Every 19 minutes someone in the U.S. dies from an accidental overdose.
- Marijuana has been shown to increase the efficacy of opiates without increasing the dose (see Ware; Abrams)
- Marijuana does not pose the same risks of overdose and dependence as some other prescription drugs and poses less of a risk of drug interaction.
- Consistent use of prescription medications can have a negative impact on liver functioning.
- Many patients claim it simply “works better”.
Implications for practice:

- Clients practicing harm reduction might face legal sanctions and stigma.
- Starting where the client is.
- Helping the client define goals (not set in stone)
- Advocating on behalf of clients for which this is working.
Conclusions

• Substance abuse and dependence are clinical diagnoses and the net is about to widen.
• There are many drug related harms and not all of them are related to the effects of a drug.
• The process of therapeutic change is important for those with problematic substance use or for those who might be headed in that direction.
• Harm reduction is one paradigm used to initiate and maintain such change and might be particularly useful for those who do not want abstinence.
• Substituting one drug for another is an example of harm reduction and has implications for crises such as overdose and substance abuse treatment practice.
Thank you!

- areiman@drugpolicy.org