
The Harm Reduction Approach to Overdose Prevention

Harm reduction is the public health approach to overdose prevention and intervention.

- Harm reduction improves the health and safety of individuals and communities. It is comprised of policies and practices that help people who are using drugs to stay alive and protect their health, such as from overdose, HIV, or Hepatitis C.
- Harm reduction is not coercive — it reflects a compassionate approach for people with substance use disorder, their families, and their communities. The choice to use drugs should not need to result in death.
- But for harm reduction programs, many people suffering from substance use disorders would not have the opportunity to seek treatment, get healthy, and succeed in recovery.

The harm reduction approach for drug use has two common goals:

1. Prevent disease (HIV, Hepatitis C), injury or death (overdose) related to drug use.
 - Naloxone is a medication that reverses the effects of opioid overdose. When used at a population level, [naloxone can reduce opioid deaths by 11%](#).
 - Fentanyl test strips allow for people to test for the presence of fentanyl, thereby alerting them to potentially deadly contamination.
 - Syringe service programs (SSPs) provide people who inject drugs with new sterile syringes and collect used supplies, reducing the spread of HIV or hepatitis infection.
 - Safe smoking supplies and other sterilized equipment can stem the spread of communicable diseases borne by sharing substances.
2. Connect people who are using drugs to substance use disorder (SUD) treatment and other services
 - Harm reduction programs engage people who are often otherwise disconnected from care and services

Harm reduction programs are community-based public health services that include a range of services.

- These services can extend beyond substance use. These services can include, but are not limited to:
 - Linkages to SUD treatment services;
 - Respite and support for basic needs, such as food and clothing.
 - HIV, Hepatitis C, and STI testing;
 - Vaccination;
 - Basic healthcare services, and linkages to comprehensive care.

Harm reduction is time-tested and supported by scientific evidence.

- Communities in the United States have been implementing SSPs since the 1980s, and [a New York-based program showed that these programs were effective at connecting people who inject drugs into long-term treatment](#).
- SSPs in the Netherlands and United Kingdom have shown to be effective, scaling from city- to country-wide efforts after initial piloting in the 1980s.
- The CDC estimates that [SSPs have resulted in a 50% decrease in the incidence of HIV and Hepatitis C](#). Despite this success, they have failed to secure the sustainable federal funding needed to implement larger-scale efforts. To date, [only 13% of counties in the U.S. provide SSPs](#).
- Naloxone was approved by the FDA for use in emergency medicine in the 1970s, but since the 2000s, it has become widely-recognized, life-saving tool for laypeople to reverse an overdose in the community.
- Between 1996 and 2004, [nearly 27,000 overdoses were successfully reversed through naloxone administration](#).

Supporting evidence-driven harm reduction programs can make a difference.

- Supporting strategies such as distribution of naloxone and fentanyl test strips and syringe service programs not only saves lives, but also restores the sense of compassion needed to properly support people with addiction.

Additional Resources

- <https://www.samhsa.gov/find-help/harm-reduction> <https://www.supportharmreduction.org/>
- <https://www.cdc.gov/ssp/index.html>
- <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2021/03/syringe-distribution-programs-can-improve-public-health-during-the-opioid-overdose-crisis>
- <https://harmreduction.org/about-us/principles-of-harm-reduction/>
- <https://oneill.law.georgetown.edu/publications/harm-reduction-is-essential-to-u-s-drug-policy/>