



Free markets. Real solutions.

R SHEET ON OPIOID AND INJECTION DRUG USE HARM REDUCTION

May 2019

BACKGROUND

The worsening epidemic of opioid misuse in the United States demands new, effective solutions. Harm reduction strategies, like syringe exchanges and naloxone access programs, can reduce the risk of overdose and disease transmission by “meeting users where they are”—the primary tenet of harm reduction.

Harm reduction programs offer crucial services that save lives and decrease disease transmission. They also encourage interaction with medical professionals, which can improve individual and community health in the short term and potentially lead to treatment and recovery in the long term.

CURRENT DEBATE

Intravenous use of opioids and other drugs has skyrocketed in the last five years, causing a dramatic rise in overdose deaths, and HIV and Hepatitis C outbreaks in localized areas. To mitigate these harms, many policymakers are proposing time-tested harm reduction strategies to save lives. However, some are concerned about the moral and practical implications of expanding certain harm reduction services and view them as tacit endorsements of risky and sometimes illegal behaviors.

For example, syringe exchanges, which distribute unused syringes and safely dispose of used ones, are a mainstay of injection-drug harm reduction. They are highly effective at minimizing transmissions of blood borne infections and decrease the risk of accidental needle sticks from improperly disposed syringes. However, organizations often face pushback from local communities when trying to open such facilities. Some opponents fear that the presence of syringe exchange facilities will increase property crime in the surrounding area while others raise concerns about the normalization of drug use.

SUMMARY

- Though controversial, harm reduction strategies like syringe exchanges and naloxone access programs have the potential to save lives on a population level.
- Syringe exchange programs have proven effective in decreasing transmissions of blood-borne infections from intravenous drug use.
- Uncertainty about the legality of supervised injection facilities has discouraged states from utilizing this harm reduction technique.
- Decreasing financial barriers to obtaining naloxone and medication-assisted treatment will help at-risk populations.
- Expanding access to naloxone is most effective when combined with other harm reduction methods.

Syringe exchange programs reduce disease transmission, but cannot prevent overdoses. Thus, some cities are considering supervised consumption sites where drug users can use in a safe location under medical supervision. In other countries, this approach has successfully decreased fatal overdoses and offered addiction treatment referrals to those who are interested. But in the United States, such facilities face the same objections as syringe exchange programs, in addition to being illegal under federal law.

The availability of medication-assisted treatments like methadone, buprenorphine or naltrexone is another area of debate. These medications often require additional training and licensing for prescribers, and access can be overly burdensome for patients. Some of these treatments have the potential for abuse, and their distribution is carefully monitored and limited to approved facilities. While these pharmaceutical interventions have proven

effective, balancing regulation to maximize their efficacy while decreasing the potential for abuse or diversion is important.

Another pharmaceutical intervention, naloxone, is used to reverse opioid overdoses. While all states have passed laws that increase access to naloxone, there is still substantial debate about how the product should be distributed and how to cover the associated costs for those who cannot afford it.

Finally, as fentanyl has become a common contaminant in the illegal drug supply, drug checking has emerged as an additional harm reduction strategy. Fentanyl test strips allow a person to check their drugs for the presence of fentanyl and take appropriate safety measures if the drugs are contaminated. But test strips are considered drug paraphernalia in many states, which limits their distribution to at-risk populations.

ACTION ITEMS

R Street promotes the expansion of harm reduction interventions beyond syringe exchange programs, naloxone distribution and medication-assisted treatments, and encourages policymakers to acknowledge the need for interventions that reduce risks for people unable or unwilling to abstain from opioid use.

At the federal level, it is vital for the Department of Justice (DOJ) to clarify the definition of drug paraphernalia to ensure programs can supply unused syringes and other lifesaving tools without fear of prosecution. The DOJ should also modify its position on the legality of supervised consumption facilities. Additionally, the Food and Drug Administration should expedite the approval of naloxone for sale over the counter.

Congress should advance legislation to legalize the operation of syringe exchanges in all states and localities. As harm reduction programs are a cost-effective prevention measure, Congress should also enact policies that expand the ways states and localities can use federal funds for harm reduction programs like syringe exchanges and naloxone distribution.

Though every state has implemented some form of expanded access to naloxone, these laws vary widely. States that have not passed legislation to protect prescribers, distributors and administrators of naloxone from legal action should amend their existing policies to include these provisions. Additionally, states that do not permit third-party prescribing and layperson dispensing

should expand existing laws to include these allowances. Because naloxone access is most effective when combined with other harm reduction strategies, states that have not legalized syringe exchange programs should pass legislation that allows communities and nonprofits to offer these services. States should also consider allocating funds to provide medication-assisted therapy to incarcerated individuals.

Localities should focus on establishing syringe exchange programs if allowed by state law. They should also host prescription drug disposal events on a regular basis to limit the potential for misuse of unused opioids. Finally, municipalities should offer overdose prevention workshops to the public. These training sessions teach citizens to administer naloxone and identify the signs of opioid-use disorder among members of their community.

If implemented widely and in conjunction, these strategies have the potential to save millions of lives across the country. In the face of this national epidemic, lawmakers should put away political scruples and act in the best interest of their communities.

CONTACT US

For more information on this subject, contact the R Street Institute, 1212 New York Ave. N.W., Washington, D.C. 20005, 202-525-5717.



Carrie Wade
Director, Harm Reduction Policy
and Senior Fellow
cwade@rstreet.org
612-695-3506



Chelsea Boyd
Research Associate,
Harm Reduction Policy
cboyd@rstreet.org
202-525-5717