

Harm Reduction and Stimulants: What do we know?

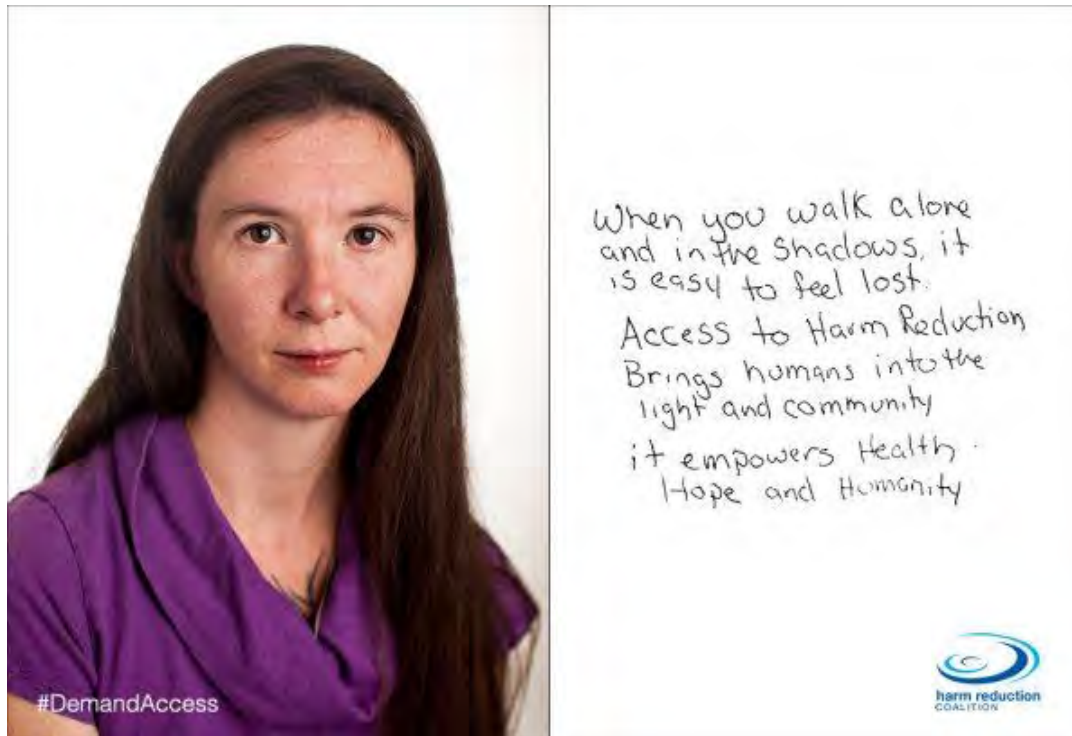
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Deputy Director

Department of Research and Academic Engagement

We are
the **Drug**
Policy
Alliance.

A Harm Reduction Overview



"harm reduction is a set of compassionate and pragmatic approaches for reducing harm associated with high-risk behaviors and improving quality of life"

(Marlatt, Larimer, & Witkiewitz, 2012, p. 5)

Some tenets and principles

- All societies have used mood-altering substances over course of history
- Drug use is NOT a moral issue, should not be a criminal issue either
- Drug use occurs on a continuum; as do harms
- “Don’t take away what you can’t replace”
- People have relationships with their drugs
- Everyone is motivated for something
- Abstinence is great and people deserve help regardless

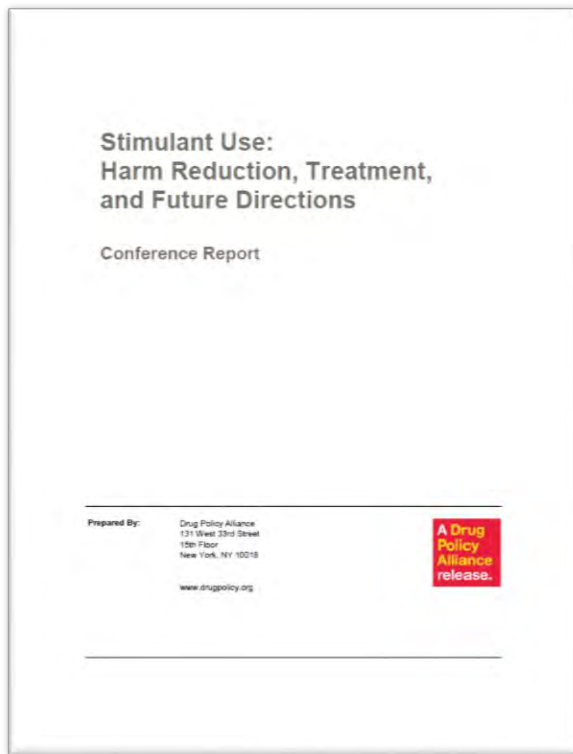
Background

STIMULANT USE: HARM REDUCTION, TREATMENT, AND FUTURE DIRECTIONS

**September 25th
9 AM – 5:30 PM**

Japanese American National Museum
100 North Central Avenue
Los Angeles, CA 90012

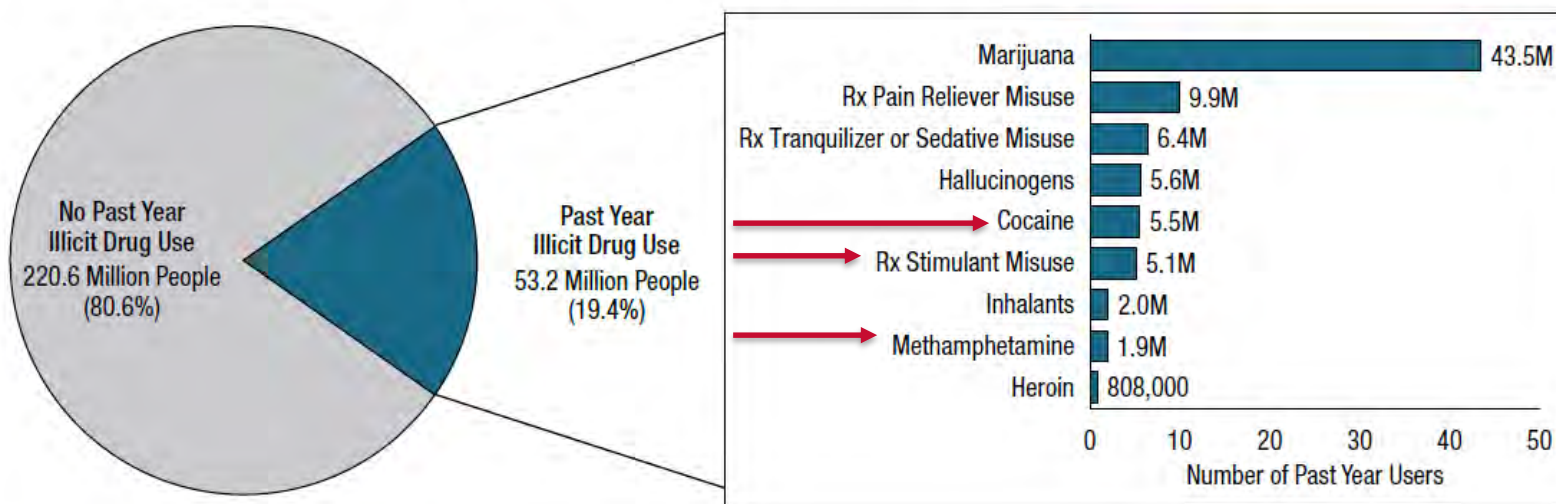
Conference Report Released



- » Available online at
- » www.drugpolicy.org/resources/browse
- » Search for 'report' and 'harm reduction'

Stimulants most widely used class of illicit drugs after marijuana

Figure 10. Past Year Illicit Drug Use among People Aged 12 or Older: 2018



Rx = prescription.

Note: The estimated numbers of past year users of different illicit drugs are not mutually exclusive because people could have used more than one type of illicit drug in the past year.

**People
use
stimulants
for many
reasons**



Theories of Problematic Use & Addiction

Dislocation Theory of Addiction (Alexander)

“The opposite of addiction is not sobriety; the opposite of addiction is social connection” Johann Hari

Self-Medication Hypothesis (Khantzian)

The use of substances to quell underlying mental health problems, stress, trauma, or pain

Behavioral/Reinforcement Theories

Positive reinforcement a driver for ongoing use despite consequences

Biological Theories

Neurotransmitter systems - rewarding effects and compulsive use

Special Subpopulations Impacted

- People who are experiencing homelessness,
- Men who have sex with men,
- Trans and cis women,
- College students and young adults,
- People who inject drugs,
- People on methadone maintenance treatment, and
- Sex workers.

Special Considerations

- Social Determinants are an important factor
 - Unmet physical needs can drive use which may be adaptive
- Greater Sensitivity to Gender Identity and Sexuality
 - Transphobia, homophobia, and sexism can drive use
- Social Norms influence Use
 - Expectations, pressures, and positive reinforcement can impact use

What are the risks associated with use?

- Physical, Psychological and Cardiovascular Effects
- “Overamping”
- Risky Injection Practices
- Sexually Transmitted Infections

Growing role in OD deaths in US

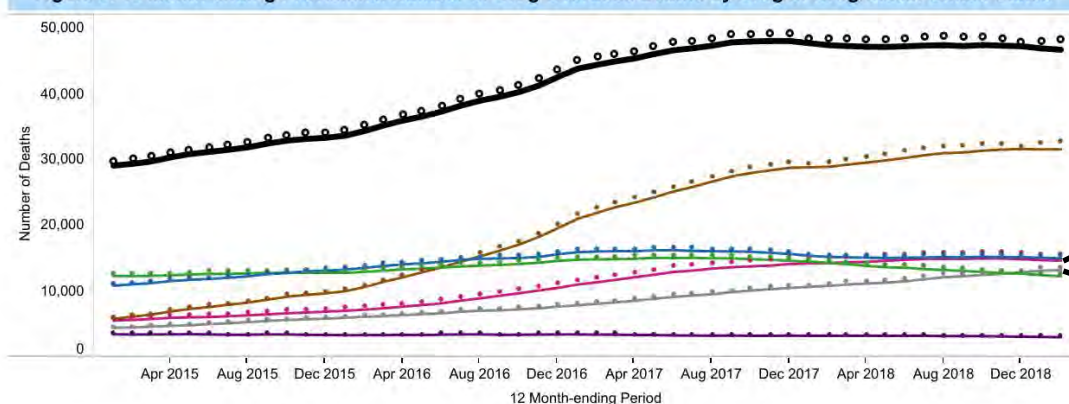
Based on data available for analysis on:

9/1/2019

Select Jurisdiction
United States

Select specific drugs or drug classes
Multiple values

Figure 2. 12 Month-ending Provisional Number of Drug Overdose Deaths by Drug or Drug Class: United States



Cocaine

Methamphetamine

Legend for Drug or Drug Class

Opioids (T40.0-T40.4, T40.6)

Heroin (T40.1)

Natural & semi-synthetic opioids (T40.2)

Methadone (T40.3)

Synthetic opioids, excl. methadone (T40.4)

Cocaine (T40.5)

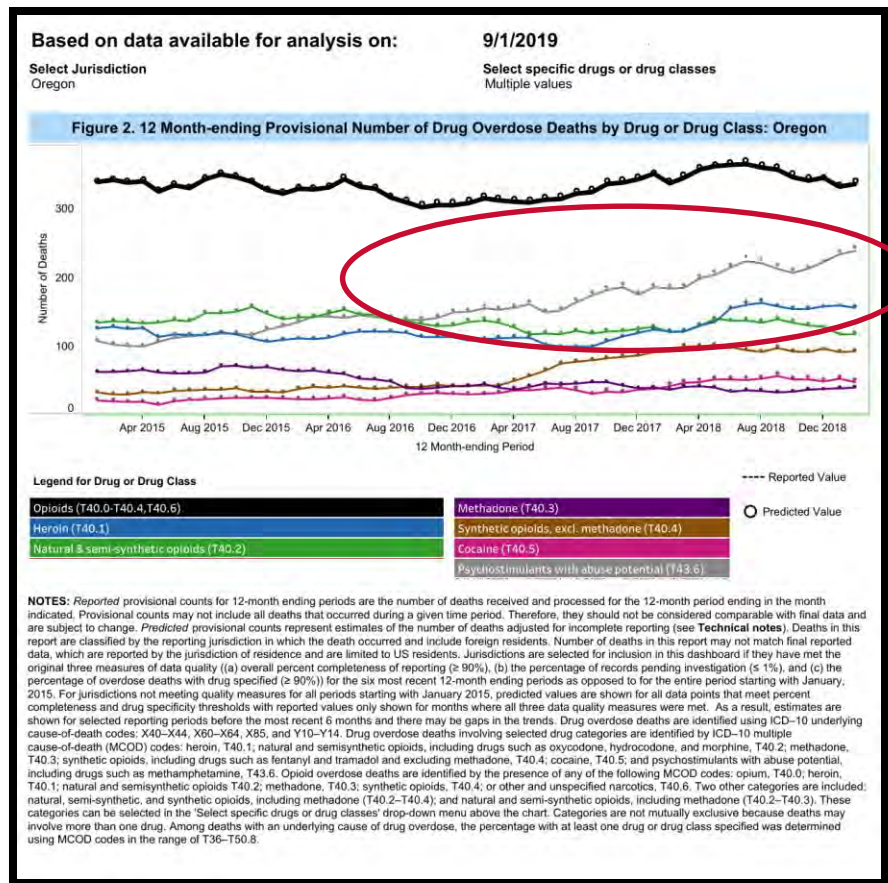
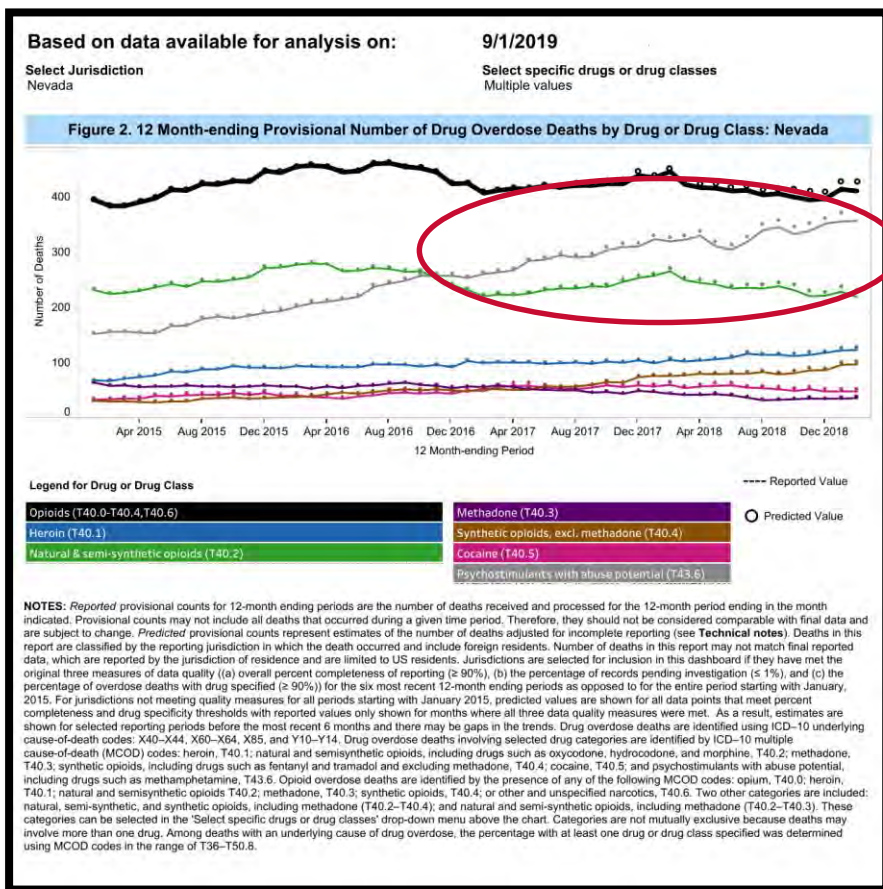
Psychostimulants with abuse potential (T43.6)

---- Reported Value

○ Predicted Value

NOTES: Reported provisional counts for 12-month ending periods are the number of deaths received and processed for the 12-month period ending in the month indicated. Provisional counts may not include all deaths that occurred during a given time period. Therefore, they should not be considered comparable with final data and are subject to change. Predicted provisional counts represent estimates of the number of deaths adjusted for incomplete reporting (see **Technical notes**). Deaths in this report are classified by the reporting jurisdiction in which the death occurred and include foreign residents. Number of deaths in this report may not match final reported data, which are reported by the jurisdiction of residence and are limited to US residents. Jurisdictions are selected for inclusion in this dashboard if they have met the original three measures of data quality ((a) overall percent completeness of reporting ($\geq 90\%$), (b) the percentage of records pending investigation ($\leq 1\%$), and (c) the percentage of overdose deaths with drug specified ($\geq 90\%$)) for the six most recent 12-month ending periods as opposed to for the entire period starting with January, 2015. For jurisdictions not meeting quality measures for all periods starting with January 2015, predicted values are shown for all data points that meet percent completeness and drug specificity thresholds with reported values only shown for months where all three data quality measures were met. As a result, estimates are shown for selected reporting periods before the most recent 6 months and there may be gaps in the trends. Drug overdose deaths are identified using ICD-10 underlying cause-of-death codes: X40–X44, X60–X64, X85, and Y10–Y14. Drug overdose deaths involving selected drug categories are identified by ICD-10 multiple cause-of-death (MCOD) codes: heroin, T40.1; natural and semisynthetic opioids, including drugs such as oxycodone, hydrocodone, and morphine, T40.2; methadone, T40.3; synthetic opioids, including drugs such as fentanyl and tramadol and excluding methadone, T40.4; cocaine, T40.5; and psychostimulants with abuse potential, including drugs such as methamphetamine, T43.6. Opioid overdose deaths are identified by the presence of any of the following MCODE codes: opium, T40.0; heroin, T40.1; natural and semisynthetic opioids T40.2; methadone, T40.3; synthetic opioids, T40.4; or other and unspecified narcotics, T40.6. Two other categories are included: natural, semi-synthetic, and synthetic opioids, including methadone (T40.2–T40.4); and natural and semi-synthetic opioids, including methadone (T40.2–T40.3). These categories can be selected in the 'Select specific drugs or drug classes' drop-down menu above the chart. Categories are not mutually exclusive because deaths may involve more than one drug. Among deaths with an underlying cause of drug overdose, the percentage with at least one drug or drug class specified was determined using MCODE codes in the range of T36–T50.8.

Methamphetamine most involved in West



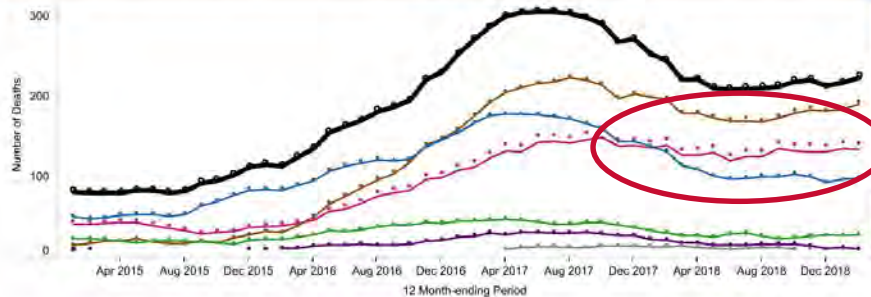
Cocaine most involved in East

Based on data available for analysis on: 9/1/2019

Select Jurisdiction
District of Columbia

Select specific drugs or drug classes
Multiple values

Figure 2. 12 Month-ending Provisional Number of Drug Overdose Deaths by Drug or Drug Class: District of Columbia



Legend for Drug or Drug Class

Opioids (T40.0-T40.4, T40.6)	Methadone (T40.3)
Heroin (T40.1)	Synthetic opioids, excl. methadone (T40.4)
Natural & semi-synthetic opioids (T40.2)	Cocaine (T40.5)
	Psychostimulants with abuse potential (T43.6)

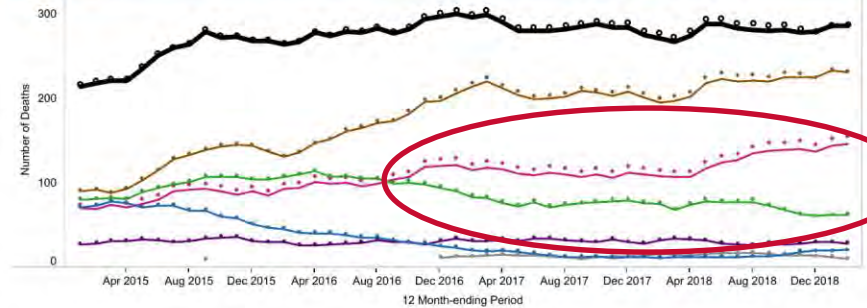
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Based on data available for analysis on: 9/1/2019

Select Jurisdiction
Rhode Island

Select specific drugs or drug classes
Multiple values

Figure 2. 12 Month-ending Provisional Number of Drug Overdose Deaths by Drug or Drug Class: Rhode Island



Legend for Drug or Drug Class

Opioids (T40.0-T40.4, T40.6)	Methadone (T40.3)
Heroin (T40.1)	Synthetic opioids, excl. methadone (T40.4)
Natural & semi-synthetic opioids (T40.2)	Cocaine (T40.5)
	Psychostimulants with abuse potential (T43.6)

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Midwest is Mixed

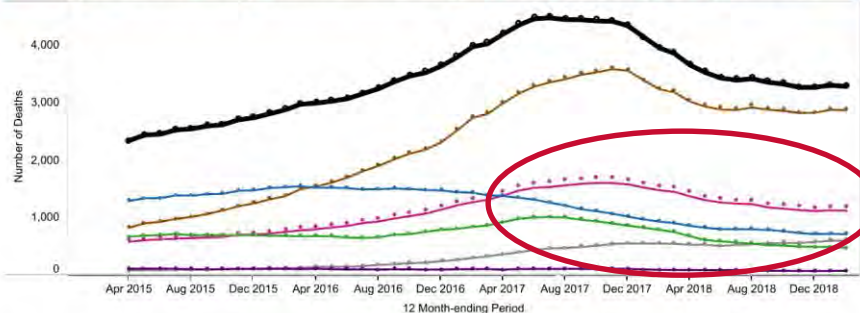
Based on data available for analysis on:

9/1/2019

Select Jurisdiction
Ohio

Select specific drugs or drug classes
Multiple values

Figure 2. 12 Month-ending Provisional Number of Drug Overdose Deaths by Drug or Drug Class: Ohio



Legend for Drug or Drug Class

Opioids (T40.0-T40.4, T40.6)	Methadone (T40.3)
Heroin (T40.1)	Synthetic opioids, excl. methadone (T40.4)
Natural & semi-synthetic opioids (T40.2)	Cocaine (T40.5)
	Psychostimulants with abuse potential (T43.6)

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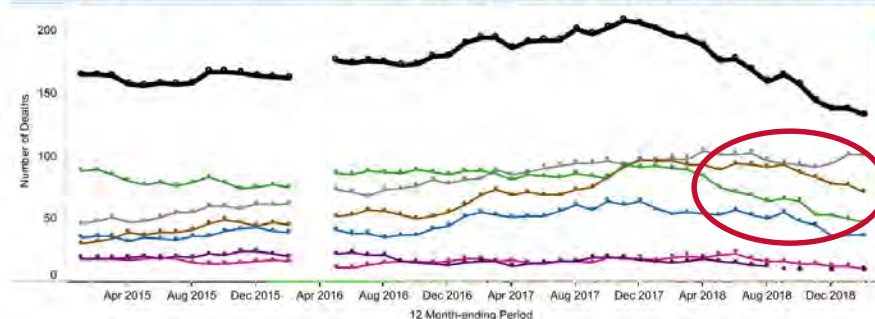
Based on data available for analysis on:

9/1/2019

Select Jurisdiction
Iowa

Select specific drugs or drug classes
Multiple values

Figure 2. 12 Month-ending Provisional Number of Drug Overdose Deaths by Drug or Drug Class: Iowa



Legend for Drug or Drug Class

Opioids (T40.0-T40.4, T40.6)	Methadone (T40.3)
Heroin (T40.1)	Synthetic opioids, excl. methadone (T40.4)
Natural & semi-synthetic opioids (T40.2)	Cocaine (T40.5)
	Psychostimulants with abuse potential (T43.6)

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Harm Reduction Interventions for PWUS

- Safer Equipment
 - For smoking, snorting, and injecting
 - Switching route of administration is harm reduction
 - Drug checking, including fentanyl test strips
- Resources, Support, and Education
 - Food, water
 - De-escalation techniques
 - Sexual risk reduction, PrEP
 - Housing!!
- Safer Consumption Spaces

Medication Assisted Treatment

No FDA-
approved
medication yet



Cochrane Database of Systematic Reviews

Efficacy of psychostimulant drugs for amphetamine abuse or dependence (Review)

Pérez-Mañá C, Castells X, Torrens M, Capellà D, Farre M



Cochrane Database of Systematic Reviews

Psychostimulant drugs for cocaine dependence (Review)

Castells X, Cunill R, Pérez-Mañá C, Vidal X, Capellà D

Challenges facing PWUS

- A uniquely stigmatized and marginalized population
- Opioid-centered programs
- Despite widespread use, PWUS mischaracterized
- Polysubstance use is the norm and can increase risks
- Adulterated drug supply
- Limited research
- Criminalization creates and perpetuates harms

Recommendations for Providers

- Improve the Quality and Efficacy of Services for PWUS
 - Increase training of staff
 - Challenge stigma
 - Integrate harm reduction principles into treatment settings
 - Integrate Motivational Interviewing and Contingency Management
 - Use input of PWUS in organizational planning
 - Discuss MAT and off-label prescriptions
 - Innovative strategies for outreach and engagement of hard-to-reach PWUS
 - Ensure low income people have equitable access

Recommendations for Policymakers (1)

- Implement a public health approach to drug use
 - Address underlying social determinants for health, motivations for use
 - Expand and fund HR and treatment across continuum of care
 - Consider novel policy models like medicalization and regulation
 - Expand drug-checking initiatives
 - End drug-testing for social services, housing, etc.
 - Expand funding for stimulant HR and treatment research

Recommendations for Policymakers (2)

- End Prohibition and Criminalization
 - Consider successful models of decriminalization
 - Support marijuana reform to increase access as substitution treatment
 - Redirect funds to diversion, treatment, and HR from policing
 - Early release of PWUS convicted of non-violent crimes
 - Repair harms to communities of color and poor people who were targeted and criminalized by the drug war

Thank you!

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