

Broadening Perspectives to Narrow the Treatment Gap

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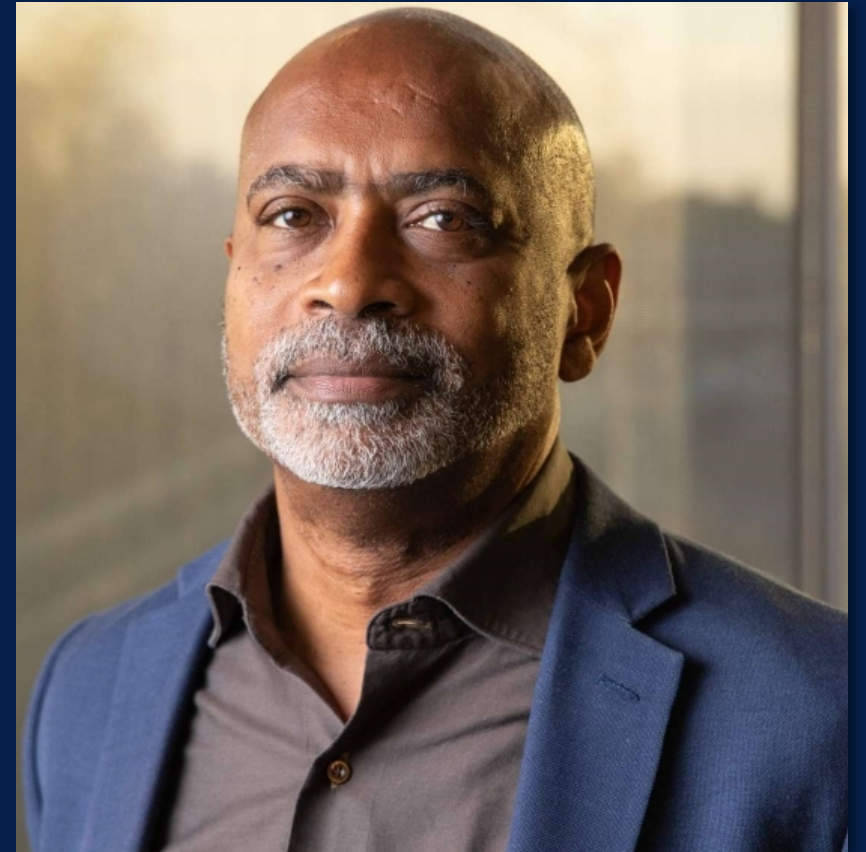
Disclosure Information

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No financial disclosures



Learning Objectives

- ☀ Provide context and a brief history for the development in harm reduction in the United States
- ☀ Described the vital role of people with living and lived experiences in the development of evidence-based prevention and care services
- ☀ Argue for increase collaboration between harm reduction and addiction medicine

Harm reduction is a movement for social justice built on a belief in, and respect for, the rights of people who use drugs

Accepts, for better or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them

Establishes quality of individual and community life and well-being – not necessarily cessation of all drug use – as the criteria for successful interventions and policies

Ensures that people who use drugs and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them

Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm

Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe use to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others

Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm

Affirms people who use drugs (PWUD) themselves as the primary agents of reducing the harms of their drug use and seeks to empower PWUD to share information and support each other in strategies which meet their actual conditions of use

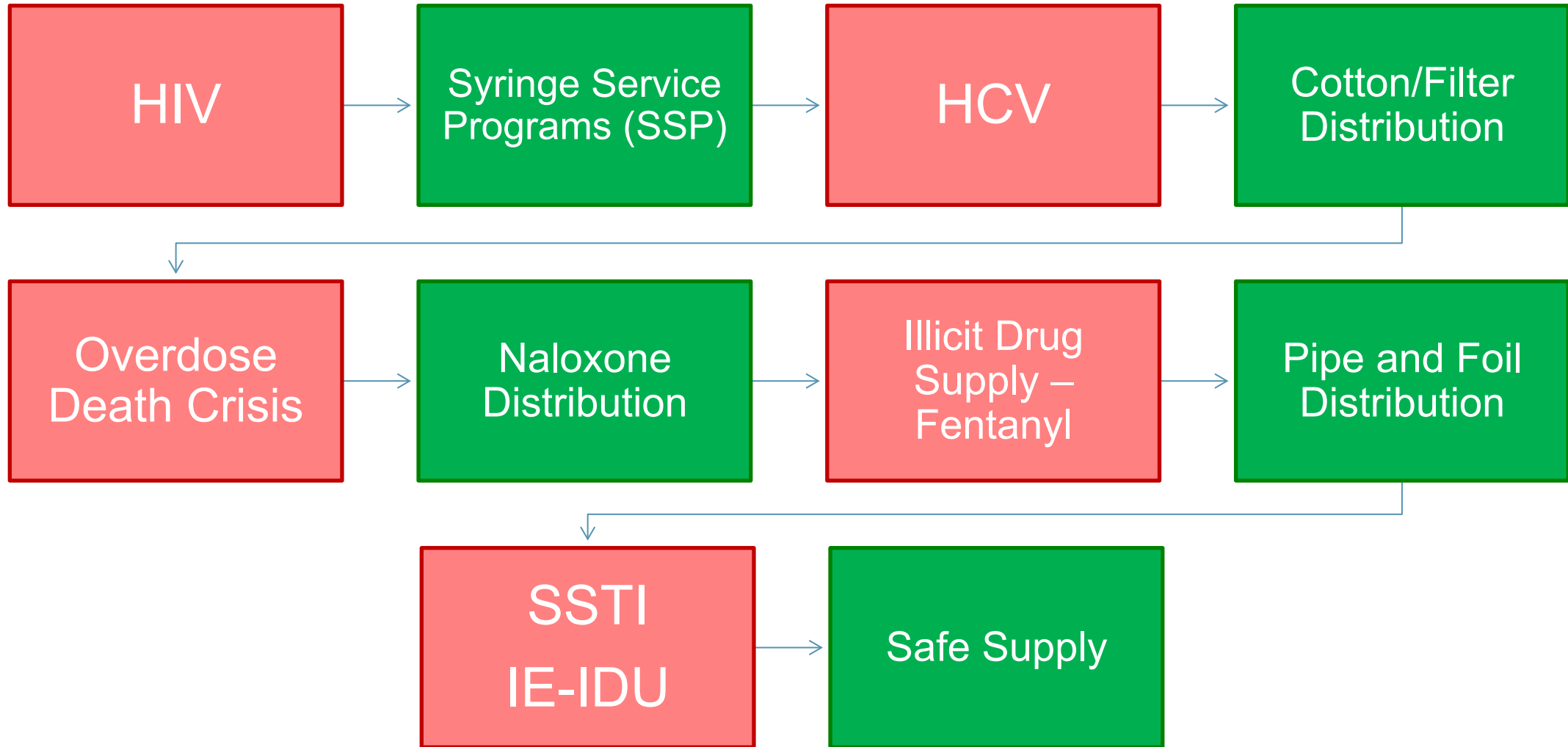
Does not attempt to minimize or ignore the real and tragic harm and danger that can be associated with illicit drug use

Harm reduction strategies by health challenges

People who use drugs and their organizations have developed many of the effective responses to substance-related health risk

Emic strategies by direct or indirect impact	HIV	HCV	Overdose	Fentanyl
SSPs	Direct	Direct	Indirect	Indirect
Naloxone distribution			Direct	Direct
Safer injection facilities	Direct	Direct	Direct	Direct
Smoking supplies	Direct		Direct	Direct

Strategies emerge from health challenges



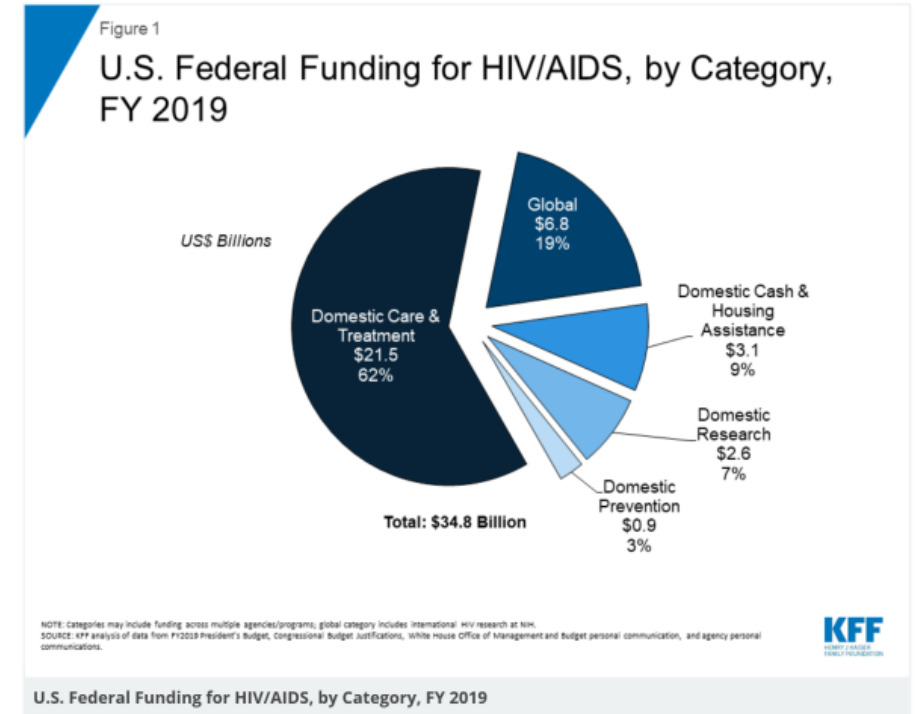
Harm reduction/Lived/Living experience advantages

- ☀ Low-cost
- ☀ Cost-effective
- ☀ Sustainable
- ☀ Adaptable

▶ 2021 Public Funds Invested into SUD Treatment (Est.)



▶ ¹ 2020 National Survey on Drug Use and Health. ² Estimate based on ages U.S. Census ages 18+. ³ National Drug Control Budget FY 2022. ⁴ SAMSHA 5



Harm reduction services ~\$60 million from all sources

Discrimination against people who use drugs

SUD Stigma

Criminality assigned to people who use drugs has been used to justify the exclusionary and dehumanizing responses to the overdose crisis⁴

Punitive Drug Laws

One in five people with opioid use disorder has experienced arrest⁵

Limited Treatment Access

30% of state prisons⁶ offer MOUD 5% in jails receive MOUD⁷
>50% of high-need-counties did not have a single buprenorphine provider⁸

Housing Discrimination

People with SUD excluded from public housing benefits despite HUD guidance⁹

Employment Discrimination

Hiring practices and work environments violate ADA¹⁰

Loss of Drivers License

Due to fees, community supervision requirements³

Food Discrimination

Food insecurity common¹¹ but people with SUD excluded from SNAP/TANF and/or subject to drug testing¹²

Reduced impact on payer strategies to address SDOH



Latimore, A. 2022. "Integrating social determinants of health into the public and private payer response to the opioid overdose crisis." National Academy of Medicine Opioid Collaborative Workshop. August 22. American Institute for Research.

Political opposition to health saving intervention for people who use drugs is common

**1980 –
2010s**

Federal prohibition on funding for syringe exchange programs from onset through 1998, 1999 to 2009, 2011 to 2016

**1970s –
present**

Drug paraphernalia laws made syringe possession illegal in many states

1990s

Distribution of condoms was banned in some locales

**1980s –
present**

State and local regulations, civil lawsuits, and de-implementation have occurred throughout the US

Social/Political Determinants of Health

Harm Reduction & Treatment

	Harm Reduction	Evidence-Based Treatment
Political Opposition	✓	✓
Geographic Restrictions	✓	✓
Detrimental Regulations	✓	✓
Insufficient Funding	✓	✓

What does collaboration look like?

- ☀️ Telehealth at SSPs
- ☀️ Buprenorphine prescribing at SSPs
- ☀️ Peer navigators in addiction medicine services
- ☀️ Harm reduction practices for hospitalized patients

What is at stake?

