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Med-Sci: Harm Reduction Fits in With Patient-Centered Approach

by ASAM Staff | April 17, 2014

The path to recovery is not a straight line. It takes some people longer to begin treatment, and relapse is common. A controversial tool some addiction medicine professionals use to help these patients is harm reduction, explained in a Friday workshop at ASAM's Med-Sci Conference.

“The fundamental principles of harm reduction are quite similar to a patient-centered approach we take in other realms of medicine,” said Sarah E. Wakeman, MD. She lead the Society of General Internal Medicine Collaborative Workshop, “Incorporating Harm Reduction into Addiction Medicine Practice.”

“There are some really important messages that our patients should be hearing whether they are in recovery, on the pathway to recovery, or actively using. Our main goal was to give a broader perspective of harm reduction that could be incorporated into addiction medicine,” said Dr. Wakeman, Medical Director for Substance Use Disorders at Massachusetts General Hospital, Center for Community Health Improvement.

During the session, speaker discussed interventions that could be integrated into an addiction medicine practice, including overdose prevention, naloxone rescue kits, and low-

threshold treatment models. They also explained how to educate patients about handling syringes and needles, and safer injection techniques.

“Our overall learning objectives were for the audience to understand the principles of harm reduction and see it as something that could be complementary to addiction medicine. We reviewed some harm reduction techniques that could be incorporated into practice,” Dr. Wakeman said.

A fundamental principle of harm reduction is to reduce the negative consequences of drug use by presenting a menu of options with a nonjudgmental, noncoercive approach. The goal is to keep patients safe and to engage, connect with, and empower patients in their care, she said. These methods include teaching clean injection practices to avoid infections.

“Some people may see this as enabling, or contradictory to the goal of addiction medicine or addiction treatment,” Dr. Wakeman said. “But this is a false dichotomy. It is not a choice between treatment or reducing the harm of drug use; these can and should be complementary.”

Speaker Alexander Y. Walley, MD, ABAM Diplomate, Assistant Professor of Medicine at Boston University School of Medicine, discussed strategies to address opioid overdose. They include overdose education and naloxone distribution, prescription drug monitoring programs to prevent duplicate prescriptions, prescription drug take-back events, safe opioid prescribing education for physicians, agonist treatment for opioid dependence, and supervised injection facilities.

Sharon Stancliff, MD, ABAM Diplomate, Medical Director for the Harm Reduction Coalition, discussed low-threshold opioid maintenance medications, with a focus on the goals of maintenance treatment being to reduce opioid misuse, death from overdose, transmission of viruses, and drug-related crime.

“There are myths about buprenorphine prescribing,” Dr. Wakeman said. She talked about the importance of longer treatment and explore the evidence for lower threshold treatment models.

The final speaker, Sarah Bagley, MD, an addiction medicine fellow at Boston University School of Medicine, examined using harm reduction when working with adolescents, where abstinence is emphasized.

“There is an impetus to minimize exposure to substances that can have different consequences in a developing brain compared to a fully developed brain,” Dr. Wakeman said. “There are unique issues that arise when working with adolescents, including working with families and the involvement of other agencies, like the Department of Child or Family Services.

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“Ultimately, we want to keep people safe, and improve the quality of their life and health. Our goal is for people to get into treatment and get into recovery, but we need keep them alive and well until they get there.”

An online live-captured version of the session will be available through *ASAM's e-Live Learning Center* in about a month.