

**Prioritizing Harm Reduction Services to Reduce the Burden of Substance Use: A Joint Position Statement of the International Society for Psychiatric Mental Health Nurses (ISPN) and the International Nurses Society on Addictions (IntNSA)-USA Chapter**

**Introduction**

The International Society for Psychiatric Mental Health Nurses (ISPN) and the International Nurses Society on Addictions (IntNSA)-USA Chapter jointly recognize the need to promote harm reduction services to reduce the burden of substance use across the world. ISPN's mission is "to support advanced-practice psychiatric-mental health nurses in promoting mental health care, literacy, and policy worldwide." IntNSA's mission is "to advance excellence in nursing care for the prevention and treatment of addictions for diverse populations across all practice settings through advocacy, collaboration, education, research, and policy development." Together, ISPN and IntNSA-USA seek to make recommendations to improve the quality of and access to harm reduction services for individuals with substance use-related problems.

**Background**

Across the world, substance use remains a public health problem and a significant contributor to morbidity, mortality, and reduced quality of life. Globally, the prevalence of drug use disorders is estimated at a rate of 2,150 per 100,000 persons (Castelpietra et al., 2022). In Europe alone, substance use accounts for 2.1 million deaths annually, representing approximately one in five deaths, and is associated with 48.5 million years of life lost (Rehm et al., 2019). In the United States, more than 10% of adults reported having ever been diagnosed with a substance use disorder (Jones et al., 2020), with rates of current substance use disorders impacting about 4% of the population (Vilsaint et al., 2019). In primary care settings, the

majority of patients with substance use disorders present with multimorbid substance use issues (John et al., 2018). Consequences and sequelae of substance use disorders and substance-use-related issues are far-reaching and include cardiovascular disease, cerebrovascular injury, oncological conditions, infectious diseases (i.e., HIV/AIDS, hepatitis B and C), pulmonary conditions, and mental health problems (National Institute on Drug Abuse [NIDA], 2020). In addition to adverse health outcomes, individuals who use substances, particularly those who use illicit substances, are at higher risk for homelessness, incarceration, and unemployment (Azagba et al., 2021; McVicar et al., 2019; van de Baan et al., 2022). Globally, attributable disability-adjusted life-years (DALYs) are estimated at 27.8 million for illicit drug use (Peacock et al., 2018). Across the United States, it is estimated that the economic impact of substance use disorders exceeds \$3.73 trillion annually (Recovery Centers of America, 2020).

Despite the clear consequences associated with substance use, most patients with substance use disorders *do not* receive treatment. In the United States, only 6.5% of individuals with a substance use disorder receive treatment annually (Substance Abuse and Mental Health Services Administration [SAMHSA], 2020). The primary reasons for not seeking treatment include lacking health care coverage or affordability issues, inability to identify the type of treatment program desired, and concerns about stigmatization (SAMHSA, 2020). Recent Centers for Disease Control and Prevention (CDC) data has highlighted that over 100,000 individuals in the United States died from a drug overdose between 2020 to 2021 (Ahmad et al., 2022). Given these harrowing statistics, ensuring that individuals with substance use issues have pathways to treatment is paramount. Harm reduction is a strategy that emphasizes engaging with individuals with substance use disorders to prevent overdose and infectious disease transmission, to improve physical, mental and social well-being, and to offer options for accessing treatment and/or other

health care services (SAMHSA, 2022). It is critical to note that harm reduction strategies not only reduce morbidity and mortality associated with substance use disorders and related issues but also are **evidence-based as lifesaving interventions**. Harm reduction interventions can include, but are not limited to, naloxone distribution, fentanyl test strips, and syringe services programs, each of which will be discussed in this position statement.

### *Naloxone Distribution*

Naloxone (Narcan) is a rapid-acting opioid antagonist that can be used to reverse the signs and symptoms of opioid overdose. Naloxone is a well-tolerated and *lifesaving* intervention. It has been established that increased availability of naloxone within communities is associated with a 12-21% reduction in opioid overdose deaths (Naumann et al., 2019; Townsend et al., 2020). In addition to reducing morbidity and mortality, naloxone distribution is a cost-effective public health intervention. For every \$1 invested in naloxone distribution programs, approximately \$2,700 is saved by deaths avoided (Naumann et al., 2019). However, naloxone is a prescription medication and thus might be difficult to access for those who are uninsured or underinsured. Naloxone access laws (NALs), include third-party prescribing (i.e., allowing prescribers to order naloxone for a patient that they did not personally examine), non-patient-specific dispensing models (i.e., standing order prescriptions), and lay dispensing immunity (i.e., civil or criminal immunity for non-healthcare providers (such as the police) administering naloxone). NALs have been found to increase the number of naloxone prescriptions dispensed (Xu et al., 2018), in addition to reducing opioid mortality (Abouk et al., 2019; Rees et al., 2019; Smart et al., 2021).

### *Fentanyl Test Strips*

Fentanyl is a potent opioid analog that has become more widely available across the world. The rapid increase in fentanyl proliferation has contributed to increasing rates of opioid-related mortality (Wilson et al., 2020) despite the implementation of public health interventions that have been shown to reduce mortality, such as naloxone distribution or prescription drug monitoring programs. In fact, opioid overdose deaths related to fentanyl have increased by more than 500% across 10 states within the U.S. between 2013 to 2016 (O'Donnell et al., 2017), and have remained on the rise thereafter. Unfortunately, individuals who use drugs are unable to easily identify if their drugs are contaminated or adulterated with fentanyl, as fentanyl is similar in appearance to many other types of drugs. Given that fentanyl is estimated to be 50-100 times as potent as morphine, and given the rates of opioid overdose, it is critical that individuals who use drugs can discern whether their drugs are contaminated with fentanyl to reduce their risk of opioid overdose. It is also important to note that non-opioid substances (i.e., cocaine) have been shown to be contaminated with fentanyl (Tupper et al., 2018).

There is emerging data to suggest that fentanyl test strips reduce opioid mortality, although greater proliferation of this intervention is warranted (Kreiger et al., 2018; Park et al., 2020; Peiper et al., 2019). In Canada, a recent study of individuals seeking services at a supervised injection facility found that 80% of illicit substances were contaminated with fentanyl (Karamouzian et al., 2018). Approximately 50% of individuals who found that their substances were contaminated with fentanyl reported planning a behavior change in response to the results, including reducing the use or disposal of the substance, and this intended behavior was associated with a reduced risk of opioid overdose (Karamouzian et al., 2018). Other evidence has suggested that individuals who use opioids, specifically, are interested in fentanyl test strips and

willing to utilize them, however, do not regularly use them due to availability issues (Mistler et al., 2021).

### *Syringe Services Programs*

Syringe services programs are community-based programs that provide access to sterile needles and syringes, facilitate safe disposal of used syringes, and provide referrals and coordination of care with other healthcare and psychosocial services (Centers for Disease Control and Prevention [CDC], 2019). Syringe services programs have been adopted in multiple countries including Australia, Canada, India, Portugal, Ukraine, and the United Kingdom in addition to over one-half of states in the U.S. (Borges et al., 2020; Sweeney et al., 2019; Vidourek et al., 2019). Syringe services programs are well received by those who use drugs (Varma et al., 2020), and have been found to reduce rates of infectious diseases, such as HIV and Hepatitis C (Cotter et al., 2018; Lambdin et al., 2020; Mir et al., 2020). Furthermore, syringe services programs are cost-effective when compared to the costs of substance use-related sequelae (Sweeney et al., 2019). Additionally, from a psychosocial perspective, engagement in syringes services programs is associated with an increased likelihood of procuring stable housing and a reduced likelihood of future legal issues (Ashford et al., 2018). At this point, there are geographic disparities in syringe service program access, and many individuals who use substances globally might be unable to access these services (O’Keefe et al., 2018; Whiteman et al., 2020).

### **Summary and Recommendations**

Substance use remains a public health crisis, exacerbated by global fentanyl proliferation and ongoing disparities to care. In line with best practices, it is imperative that nurses and healthcare providers “meet patients where they are,” to address patient needs regardless of where

the individual falls in their readiness to change. Harm reduction is one modality that is patient-centered and can aid in not only reducing substance-related morbidity and mortality but also can aid in promoting long-term recovery. Psychiatric-mental health and addictions nurses are critical in advocating for improved access to harm reduction services. Therefore, the ISPN and IntNSA-USA jointly recommend the following:

1. **Improved access to naloxone and access to appropriate naloxone education.**

This can include the implementation of naloxone access laws. We also recommend that first responders carry naloxone and are educated on its use, and further recommend that naloxone be readily available in first aid kits and with automated external defibrillators (AEDs) in public settings. Naloxone should *not* be cost-prohibitive and thus we recommend funding to reduce the cost of naloxone for those that might be underinsured or uninsured. Given fentanyl proliferation in the community, naloxone and associated education should be provided to all individuals in the community who use community-obtained substances, including opioids but also cannabis, stimulants, or prescription medications.

2. **Increased proliferation of fentanyl test strips.** We recommend decriminalizing

fentanyl test strips, as in some areas these might be considered paraphernalia and possession of fentanyl test strips might be associated with legal consequences.

Furthermore, we recommend that healthcare providers are familiar with fentanyl test strips and, when possible, distribute fentanyl test strips to those who utilize drugs. Of note, given rates of fentanyl contamination in not only opioids but also non-opioids, we recommend that anyone using substances obtained from the community, including

cannabis, stimulants, or prescription medications, be provided with fentanyl test strips and associated education about fentanyl test strip use.

3. **Improved access to syringe services programs.** We recommend increased funding at the local, state, and federal levels to support access to syringe services programs. As above, possession of sterile needles obtained at syringe services programs should not be criminalized related to drug paraphernalia laws.

4. **Utilization of motivational interviewing as a harm reduction technique.** Lastly, we recommend that nurses, advanced practice nurses, and other healthcare providers globally are trained in motivational interviewing as a harm reduction technique to aid in the engagement of those with substance use issues.

\*This policy was jointly approved by the ISPN Board of Directors and the IntNSA-USA Board of Directors.

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