

"A powerful, important book and a compelling read."
—BRUCE PERRY, MD, PhD, *New York Times* bestselling coauthor of
What Happened to You? with Oprah Winfrey

Undoing Drugs

How Harm Reduction Is Changing the
Future of Drugs and Addiction

Maia Szalavitz

Author of *New York Times* Bestseller *Unbroken Brain*





Photo by Daniel Root

RARE CANCER SEEN IN 41 HOMOSEXUALS

Outbreak Occurs Among Men
in New York and California
—8 Died Inside 2 Years

By **LAWRENCE K. ALTMAN**

Doctors in New York and California have diagnosed among homosexual men 41 cases of a rare and often rapidly fatal form of cancer. Eight of the victims died less than 24 months after the diagnosis was made.

BLEACHMANSM

BLEACHMAN SAYS:

Clean it with bleach.

Bleach kills the AIDS virus that gets into used needles. Cleaning them with bleach will help protect you from getting AIDS. It will not damage the needle. Do not shoot or drink the bleach.

BLEACH



1. Fill syringe



2. Empty syringe



3. Fill



4. Empty

WATER



5. Fill syringe



6. Empty syringe



7. Fill



8. Empty



Partial funding provided by the San Francisco Department of Public Health, the State of California is all by private donations.
Bleachman is a service mark of the San Francisco AIDS Foundation.

© 1988 San Francisco AIDS Foundation

A 1988 BleachMan advertisement created by the San Francisco AIDS Foundation.
Courtesy of UCSF Archives and Special Collections. BleachMan poster, San Francisco
AIDS Foundation, 1988, AIDS History Project Ephemera Collection, MSS 2000-31.



AIDS Group Opposes Bleach Giveaway

By William Bunch

Mayor David N. Dinkins' position against giving drug addicts bleach to disinfect needles was endorsed yesterday by a major AIDS prevention group that questions the effectiveness of bleach in the fight against AIDS.

The Black Leadership Commission on AIDS yesterday urged city officials to uphold Health Commissioner Dr. Woodrow Myers' decision not to distribute the bleach, which was planned as part of an \$861,000 city contract with the Association for Drug Abuse

Prevention and Treatment. The City Council is expected to vote on the contract next week.

In the past, the commission has agreed with Myers and Dinkins in expressing concern that programs that distribute clean needles or bleach to addicts do more to encourage drug addiction than in preventing AIDS.

But yesterday's statement went further, arguing that there are serious medical questions concerning whether the use of bleach to disinfect needles



Newsday / Christopher Ratch
Mayor David N. Dinkins



Newsday
Commissioner Woodrow Myers

Please see AIDS on Page 10

rent than whites. And because black males is likely to commit a crime, whites are morally justified in killing them. He adds that police could cause to question any black specific crime.

aff. These views have about as much to do with ethics as leeches have to do with medicine. What we have here is an olden-variety racial prejudice, old countenance such budge.

was not necessarily wrong to his conference. We may safely assume that he does not bear this malignant me. It's better to put such a person on the table for debate than to let them fester in a shelter of secrecy. The act of campus doesn't automatically deliver a message. (It's not as if we were offering him tenure.)

said colleges deal with such a problem of heightened racial tension. In some of the nation's campus, two other incidents this year at the University of Illinois at Urbana-Champaign, a black student was killed when he launched into a tirade against Jews and other minorities at a banquet. ("This is not a Jewish school," said a campus rabbi.) At the University of Illinois at Chicago, a black student was killed at the Temple University.

Pointless Move



Myers

First Mayor David Dinkins killed a program that gave drug addicts clean syringes so they could avoid contracting the AIDS virus through dirty needles. Now his health commissioner, Woodrow Myers, has said that no city money can be used to teach addicts how to sterilize the needles they already have. The reason? Dinkins says cleaning needles encourages drug use. But can he offer drug treatment to every user who wants it? Hardly. City Hall does say it will fund 3,300 treatment slots (for the first time in years) — but it will use money that should have been spent last year on drug treatment. The National Commission on AIDS supports needle-cleaning programs for people who can't get into treatment programs or who intend to keep using drugs. To fail to tell the 200,000 IV-drug users how they might

the groundwater and waterways daily from the world's largest landfill.

In theory, this new order — with its seemingly impressive set of leachate-containment deadlines and fines for missing them — could put the city on the road to environmental righteousness. (Other new orders commit the city and state to share the cost of a \$400-million cleanup at four defunct city landfills.) The Fresh Kills order cancels Jorling's threat to collect \$81 million in fines and to close Staten Island's Fresh Kills by '91. So much for theory. The track record here doesn't inspire confidence. Building a containment system to collect and treat leachate was the '85 goal.

The new order gives the city until mid-1994 to file a leachate containment plan and till late '96 to finish building the containment system. That smells like a generous timetable for handling a problem that's at least a decade old. After all, this isn't particle physics. And do the provisions that spell out circumstances under which the city can be exempt from consent-order standards amount to a tacit admission that much of Fresh Kills can't be operated in an environmentally sound fashion?

If anything, fresh efforts to contain the environmental damage done by Fresh Kills only underscore the greater challenge before Mayor David Dinkins: drafting a solid waste disposal plan with the proper mix of recycling,

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ADDICTION

Point Counterpo

Why IV Users Deserve
Clean Needles

By Maia Szalovitz

They didn't even look at a needle exchange program in 1988. Two years later, A.C.T. 157 and the Public Health AIDS Budget, passed by the state's decision to fund the city's needle exchange program, came to hand out to inject and snort. The Governor's term is over a year ago. When the vote moved to the passing (which) a French

man's name is

When the vote moved to the passing (which) a French man's name is

AIDS

WORDS FROM THE FRONT

Statistics
History
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The state's decision to fund the city's needle exchange program in 1990 was a landmark. It was the first time that the state's decision to fund the city's needle exchange program in 1990 was a landmark. It was the first time that the state's decision to fund the city's needle exchange program in 1990 was a landmark.

Clean Needles Saved My Life

By Maia Szalovitz

Two years ago, while I was waiting around for my justice commission, a friend showed me a video about AIDS. It was about the state's decision to fund the city's needle exchange program in 1990.

That's the day I was not infected when I got two years later. I had started two different programs, which led me to cocaine and heroin while at Columbia University, and

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Harm Reduction

- Focuses on Reducing Harms, Not Highs
- Evidence-based: If a practice is shown not to reduce harm, it's not harm reduction
- “Meets people where they are”
- A social movement that recognizes that drug laws are not based on science & people who use drugs have the right to life and health
- Compassionate & nonjudgmental

Nico Adriaans





Dope No.3: »Strijd mee in de Junkie Bond«. Archival material from the Rotterdam Junkie Union.





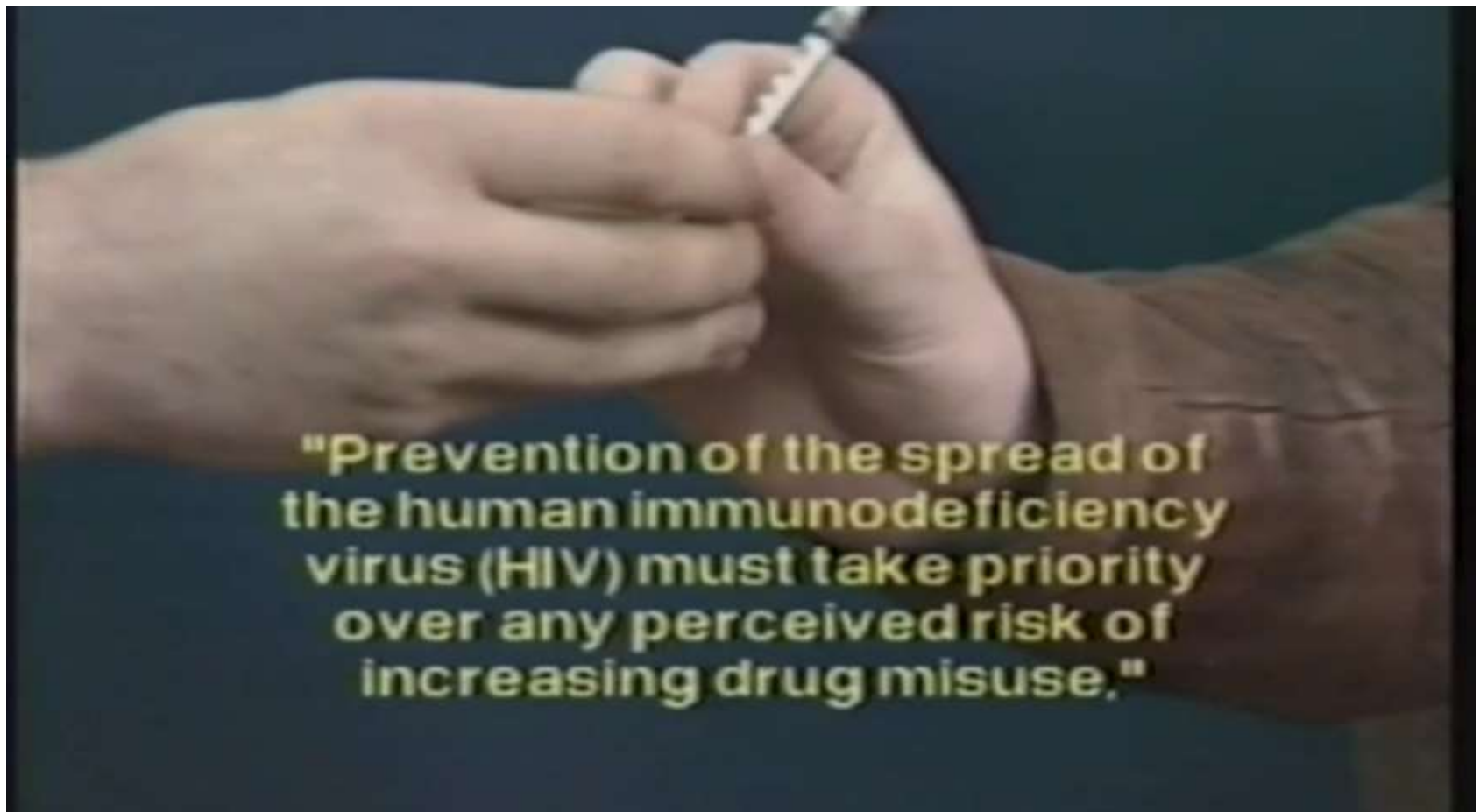


Muirhouse Medical Group, Dr Robertson's surgery, was stigmatised in the 1980s due to his work with drug users — Copyright: Courtesy of Dr Roy Robertson

World Aids Day | How did Edinburgh become the 'Aids capital of Europe' in the 1980s?

Updated: 03/12/2019

Scottish HIV Committee, 1987
50% of injectors in Edinburgh HIV+





There's No Preaching, Just the Clean Needles

By STEVE LOREN

Reprinted from the New York Times

LIVERPOOL, England — Peter McDermott, a 30-year-old Liverpool drug addict, is a regular at the Hope Street clinic here, Britain's largest program for giving out clean needles to drug addicts in an effort to curb the spread of AIDS.

The 17-month-old program, according to Dr. McDerrett, has been popular with local drug addicts largely because of the attitude of the people running it. "The service is completely neutral — no one is preaching to you," he said. "There's no pressure at all on you to stop using drugs."

The program has attracted attention internationally, especially in the United States, because showing the spread of acquired immune deficiency syndrome among drug addicts is increasingly viewed as crucial to curbing the epidemic. Drug addicts are one of the groups most at risk of contracting AIDS.

Last month New York State health authorities, receiving an earlier grant, decided to allow New York City to begin an experimental pro-

gram of distributing needles to drug addicts, expected to start soon. In New York City, there is fear of America's heroin wars, addicts and their relations now make up the majority of AIDS patients in the city.

Shooting an U.S. Visit

Already, the proposed New York City program has been subjected to some questions as a well-meaning effort that may nonetheless continue drug use. "It stands out the average that it is all right to shoot drugs," bellowed Johnson Jr., the city's special prosecutor for narcotics, last month.

The director of the Liverpool program, John Perry, who is the chief and a full-time position for the Liverpool Regional Health Authority, has just begun a two-week visit to the United States to discuss his program with national and local health officials, politicians and academics in Washington, New York and Boston.

The Liverpool program seems to be extremely promising, said Arnold Yonick, a professor at American University and president of the Drug Policy Foundation, a Washington-based nonprofit research group. "It is one model we in the United States should be studying and willing to experiment with."

The Liverpool program is a low-budget affair, with the syringes and needles distributed in a converted bathroom of a four-story property in the Hope Street clinic. Boxes of several varieties of syringes and needles, alcohol swabs and bottles of water's disinfectant are packed along shelves and on top of the new, second toilet. Each person coming in is given an identifying number, though confidentiality is strictly maintained.

The addicts cannot escape the "safe use" message. Posted in the walls are several bullet-pointed pamphlets on AIDS, safe sex and sterile injection. AIDS here, everyone is told to use a condom. By higher, the walls are adorned with posters for "Candida Book is Confidential." A recent survey of those in the clinic's needle program found that 28 percent said they used condoms regularly, more than twice the national average for British adults.

Today, the Liverpool program serves 400 drug addicts. To date, it has given out 12,000 syringes and needles 27,000 in total, with the average addict getting up seven syringes or needles every nine days. Salaries for



John Perry, director of the Hope Street clinic in Liverpool, England.

The fear of AIDS brings the program global attention.

year, said McDerrett has seen an average of 100 needles in the 100 clinics. In some Britain's largest health service more than 12,000 a year to just an AIDS patient.

"If we can prevent just one person from getting AIDS a year, his program has really paid for itself," Mr. Perry said last month.

The 1988 drug wars in the non-needle program represent less than 10 percent of the total addict population. But in 1988, the 100 clinics were to carry the 100 virus, he said. He believed to have been infected elsewhere, besides those that died, over 100,000 Liverpool addicts have been moved to the 100 virus over the last two years, a with a significant result.

The Liverpool staff, the infectious Mr. Perry, are drug-awareness specialists. Just 20 addicts, who whom they have developed counseling relationships after placing the clean-needle program, have gone to drug treatment programs. In one department, addicts' names are listed here and the Liverpool council's in touch with drug users, who are then be "brought into treatment," Mr. Perry

said. Health authorities had moved in, with an American-style emphasis on education as the main treatment for addicts. Liverpool, however, has turned sterile drug maintenance programs, providing sterile and replaceable needles for addicts to use in at least keep them alive and break their link with the criminal world. In Britain, heroin can be legally prescribed for addicts as a treatment.

Now that AIDS is widely deemed a greater threat to public health than drugs, Mr. Perry believes there will be a reconsideration of the prohibition, "harm reduction" approach to drug treatment worldwide, with greater emphasis on changing the behavior of addicts in a series of steps rather than going all out for a cure. "AIDS has exposed the failure of drug policy," he said.

In Liverpool, the area's long-standing liberal drug policies made it difficult to implement a program that all addicts must use. That experience, Mr. Perry said, has been vital to the success of the Liverpool program. In contrast to many of the 100 other syringe-distribution efforts in Britain, in Edinburgh, which has a large addict population, for instance, the 100-virus program is open one afternoon a week and handles 10 addicts. Already, Edinburgh has 1,000 known cases of addicts infected with the 100 virus through sharing dirty needles, according to Mr. Perry.

To succeed, a clean-needle program must have the support of the police. "No one would come here if the police were hanging around and seeing people up for having needles of



Peter McDermott, a heroin addict.

Webb v. United States, 249 U.S. 96 (1919)

[Opinions](#)

[Syllabus](#) [Case](#)

[Opinions](#)

[Syllabus](#)

[Case](#)

U.S. Supreme Court

Webb v. United States, 249 U.S. 96 (1919)

Webb v. United States

No. 370

Argued January 1, 1919

Decided March 3, 1919

249 U.S. 96

Syllabus

The first sentence of § 2 of the Narcotic Drug Act of December 17, 1914, c. 1, 38 Stat. 785, prohibits retail sales of morphine by druggist to persons who have no physician's prescription, who have no order blank therefor, and who cannot obtain an order blank because not of the class to which such blanks are allowed to be issued under the act. P. 249 U. S. 99.

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THE PARADOX OF PROHIBITION



John Marks, Consultant Psychiatrist,
Hope Street Clinic,
Liverpool.
Director,
Mersey Regional
Drug Dependency Service.

Has the prohibition of certain drugs led Britain down the same path taken by the USA in the 1920's? Dr. John Marks argues that prohibition has not only failed — but is actually counter-productive in the 'war against drugs'.

If you deliberately contrived so to do, it would be difficult to imagine a more unhealthy, more dangerous, more criminalizing, more socially destructive, more expensive, *more efficient* way of making heroin available than we do now under prohibition. The United States spent seven thousand million dollars in the year 1983/84 enforcing the most rigorous prohibition that country has seen,

HISTORICAL DEMAND

including a little navy in the Gulf of Mexico. What has been the result? Mr. Mellor reported to the House of Commons in 1985 that for its enormous outlay, the US was reaping a return of 5,000 new users every day!! This should not be a surprise. US domestic heroin consumption has risen every year since 1928 when the prohibition was applied. Alcohol consumption in Chicago at the height of the prohibition was 400% up on pre-prohibition levels. As Willis has said: 'repressive anti-drug legislation in the United States has contributed to one of the major social disasters of that country's development ... Such a situation as has developed in the States should be avoided in other countries at all costs.' (2)

Two questions immediately arise: 'Why does prohibition fail?', indeed not only fail, but is counter-productive; and: 'Why is the policy of prohibition pursued in the face of such overwhelming evidence against it?'

There has always been a demand for intoxicants throughout history to those the vicissitudes of life, and so society is without its social drug. Either that, or there is a harsh, fanatically imposed, psychological optimum such as Christianity in Guatemala, Mohammedanism in Iran or Marxism in Ethiopia. In a free society, reducing the supply of a commodity with a continued demand leads to a rise in price. The more rigorously this is pursued the higher the price is inflated until smuggling and black markets flourish. A phenomenon of 'natural selection of gangsters' occurs with the cleverest, richest, most ruthless and most violent gangsters surviving until little wars are waged with vicious 'armies', and vast sums of money are 'laundered' efficiently through obscure banks. I call this mechanism the Darwinian effect of prohibition. This occurs whatever the means of repression.

PLATFORM

HIGH TIME FOR HARM REDUCTION

Russell Newcombe

THOUGH ILLEGAL drug use has not yet become a globalizing trend, it has made its mark in the majority of 15 to 25-year-olds in urban areas such as London, Edinburgh and Minneapolis. On the basis of these data, it is clear that many who take drugs, and a substantial minority will be taking drugs, need an immediate and coherent set of experiences in harm-reduction.

It is important to note that harm-reduction is not a new concept. It has been around for a long time, and it is not a new concept. It is a concept that has been around for a long time, and it is not a new concept. It is a concept that has been around for a long time, and it is not a new concept.

One of the most recently designed studies found that education can reduce the development of more problematic forms of drug use, but not simultaneously increase the use of safer forms of drug use. This research suggests that education can be an effective way to prevent progression, it is used to reduce the use of more problematic forms of drug use, but not simultaneously increase the use of safer forms of drug use.

This paper looks at the four main components of a harm-reduction strategy: the network, content, implementation and evaluation.

Rationale

Primary prevention approaches assume that the use of illicit drugs is mainly wrong because it is illegal, either because it is unlawful. Therefore, education is the obvious goal, and success is measured by a reduction in the incidence of drug use.

The rationale of secondary prevention is that the harm of drug use is not inevitable.

Secondary prevention approaches assume that the harm of drug use is not inevitable. Therefore, education is the obvious goal, and success is measured by a reduction in the incidence of drug use.

As Newcombe is at the Office of Drug Research, Faculty of the University of Liverpool, and author of the paper, a paper on drug use in the UK, it can be contacted at the University, phone 0151-950 4000, ext. 200.

approach assumes that there are many "harm-reduction" strategies. It is important to note that harm-reduction is not a new concept. It has been around for a long time, and it is not a new concept. It is a concept that has been around for a long time, and it is not a new concept.

Harm-reduction is also based on the idea that education can reduce the development of more problematic forms of drug use, but not simultaneously increase the use of safer forms of drug use. This research suggests that education can be an effective way to prevent progression, it is used to reduce the use of more problematic forms of drug use, but not simultaneously increase the use of safer forms of drug use.

The second key to harm-reduction strategy is the network. It is important to note that harm-reduction is not a new concept. It has been around for a long time, and it is not a new concept. It is a concept that has been around for a long time, and it is not a new concept.

Content

Harm-reduction materials need to be based on scientific knowledge, meaning that that content needs to be carefully reviewed.

Progression can be reduced by providing information and education about the harm of drug use. Therefore, education is the obvious goal, and success is measured by a reduction in the incidence of drug use.

The focus would be on controlled use, harm-reduction, and education. It is important to note that harm-reduction is not a new concept. It has been around for a long time, and it is not a new concept. It is a concept that has been around for a long time, and it is not a new concept.

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of drug use, including prevention, is the use of the network. It is important to note that harm-reduction is not a new concept. It has been around for a long time, and it is not a new concept. It is a concept that has been around for a long time, and it is not a new concept.

Networks are often used to provide information and education about the harm of drug use. Therefore, education is the obvious goal, and success is measured by a reduction in the incidence of drug use.

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Implementation

Implementation of harm-reduction programs can be reduced by providing information and education about the harm of drug use. Therefore, education is the obvious goal, and success is measured by a reduction in the incidence of drug use.

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PLATFORM

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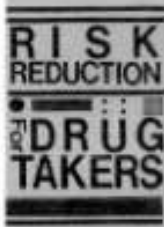
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An experimental harm-reduction market being evaluated in the United States.

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methods and methods of use; — reduce the use of heavy or dependent substances;

— reduce experimentation with drugs and the use of medical products (e.g., heroin, or other medical products);

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Advisory Committee on the Misuse of Drugs, 1988

“.... the spread of HIV is a greater danger to individual and public health than drug misuse.

Accordingly, services which aim to minimize HIV risk behavior by all available means should take precedence...”

“We must therefore be prepared to work with those who continue to misuse drugs to help them reduce the risks involved involved...above all, the risk of acquiring or spreading HIV.”



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THE INTERNATIONAL JOURNAL OF
DRUG
POLICY

The official journal of the International Harm Reduction Association



INTERNATIONAL
HARM REDUCTION
ASSOCIATION





At left, Geraldo Rivera accompanies health educator Yolanda Serrano into a New York "shooting gallery" where addicts are educated about how to sterilize their needles to protect themselves from the AIDS virus. On the right, addicts are seen assisting each other in administering the drug. This segment will be included in "Modern Love," a two-hour live special to air December 1, 1987 from 8:00 to 10:00 p.m. (EST).

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Lady," says Angelo Rizzo, a
recovering addict. "At first
you think, The lady is nuts.
She's going into buildings the



The Avon Lady of AIDS prevention.

police won't go near, taking
her life into her own hands."

patients started to la
and die. "They were
organized the way g
and no one wanted
with them."

So Serrano j
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Serrano,

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addicts but unsu

Photo of Jon Parker doing illegal needle exchange by David Binder



Arrest of the Needle Eight
Photo by Allan Clear





IMANI WOODS

"It occurred to me that since Black folks catch the most hell because of the way America reacts to drug use, I ought to be right up front in the struggle to institute harm reduction practices in the USA."





gg with his dog Tucker / Courtesy of Suzanne Carlberg-Racich





(Shirt available from Southwest Recovery Alliance @SWRalliance)



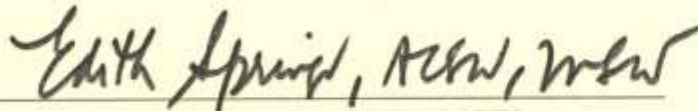
Certificate of Attendance

HARM REDUCTION TRAINING
Moving Beyond the Basics

Monday, February 28, 2000
8:30 A.M. – 4:00 P.M.

6 CEU's

Presented by:



Edith Springer, ACSW, MSW
Senior Trainer – Harm Reduction Training Institute

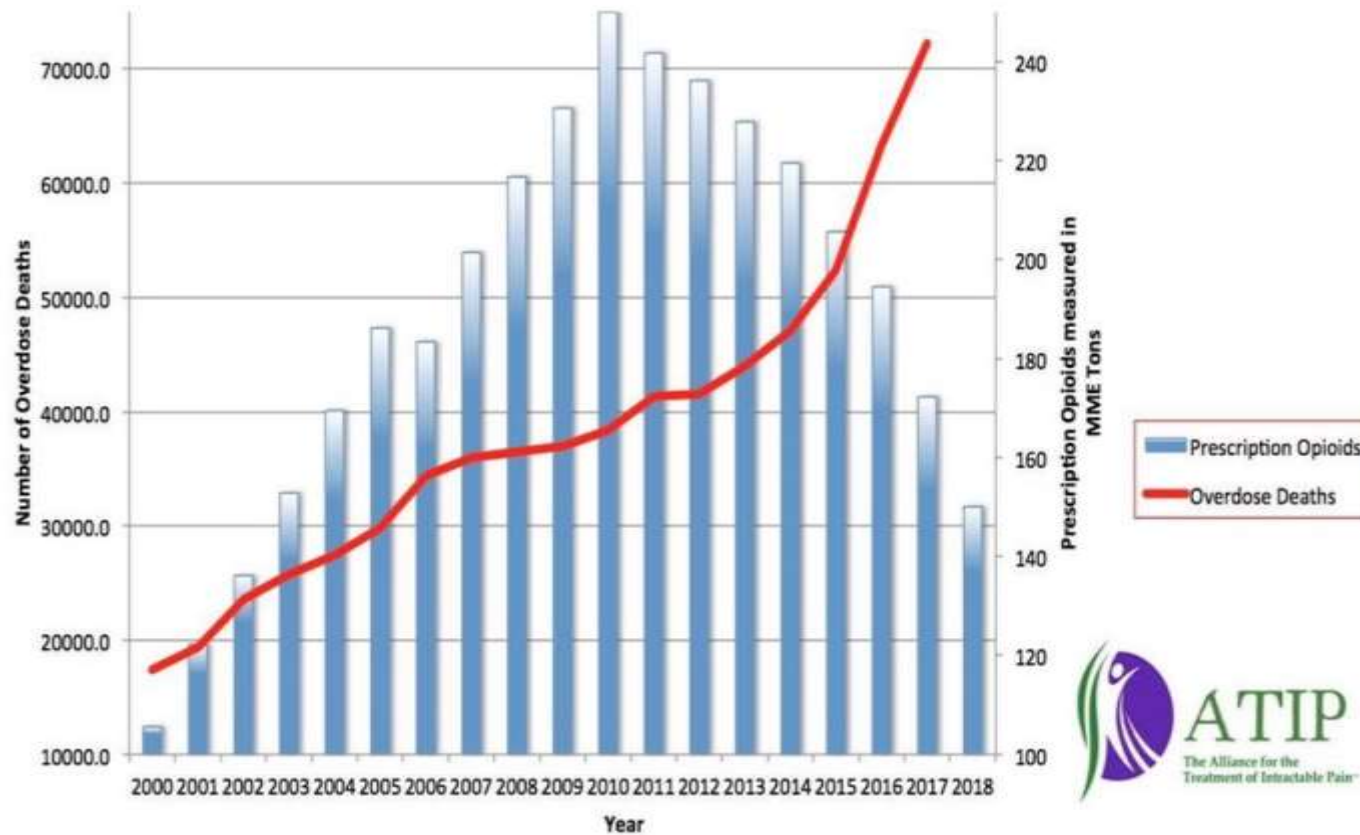
Edith Meeting People Where They Are
(Photo by Allan Clear)







Opioid Prescriptions at a 15 Year Low as Deaths hit a 15 Year High

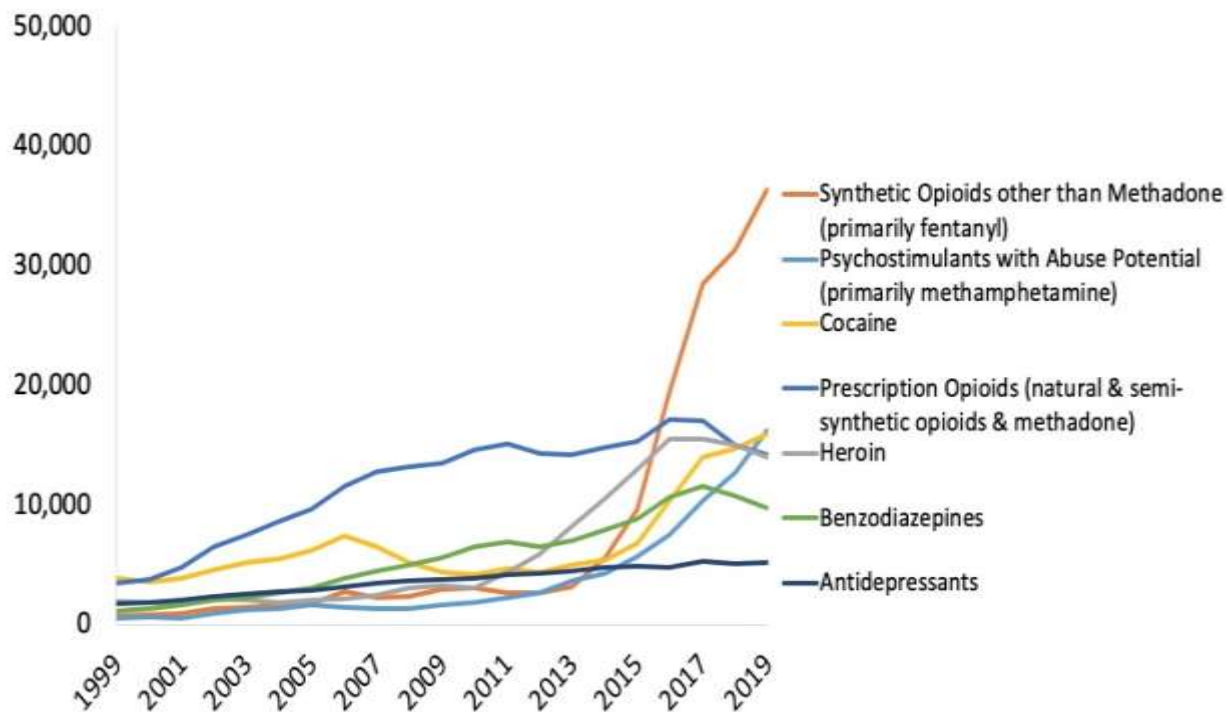


Prescription Data Source: <https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm618831.htm>

Overdose Data Source: https://www.cdc.gov/nchs/data/databriefs/db294_table.pdf



**Figure 2. National Drug-Involved Overdose Deaths*,
Number Among All Ages, 1999-2019**



*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2019 on CDC WONDER Online Database, released 12/2020.

Iron Law of Prohibition:
Smaller Drugs Are Easier to Smuggle,
So Potency Increases with Crackdowns





Suicidal ideation and suicidal self-directed violence following clinician-initiated prescription opioid discontinuation among long-term opioid users



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ABSTRACT

Objective: Little is known about patient outcomes following discontinuation of opioid therapy, which may include suicidal ideation (SI) and suicidal self-directed violence (SSV). The purpose of this study was to examine correlates of SI and non-fatal SSV in a sample of patients discontinued from long-term opioid therapy (LTOT). **Method:** Five hundred-nine Veterans Health Administration (VHA) patients whose clinicians discontinued them from LTOT were selected from a national cohort of VHA patients who discontinued opioids in 2012. The sample comprised patients with a substance use disorder and matched controls. Patient electronic health records were manually reviewed to identify discontinuation reasons and the presence of SI or SSV in the 12 months following discontinuation.

Results: Forty-seven patients (9.2%) had SI only, while 12 patients (2.4%) had SSV. In covariate-adjusted logistic regression models, mental health diagnoses associated with having SI/SSV included post-traumatic stress disorder (aOR = 2.56, 95% CI = 1.23–5.32) and psychotic disorders (aOR = 3.19, 95% CI = 1.14–8.89). Other medical comorbidities, substance use disorder and pain diagnoses, opioid dose, and benzodiazepine prescriptions were unrelated to SI/SSV.

Conclusions: Among patients with a substance use disorder and matched controls, there are high rates of SI/SSV following opioid discontinuation, suggesting that these “high risk” patients may require close monitoring and risk prevention.

Mortality After Discontinuation of Primary Care–Based Chronic Opioid Therapy for Pain: a Retrospective Cohort Study

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BACKGROUND: Despite known risks of using chronic opioid therapy (COT) for pain, the risks of discontinuation of COT are largely uncharacterized.

OBJECTIVE: To evaluate mortality, prescription opioid use, and primary care utilization of patients discontinued from COT, compared with patients maintained on opioids.

DESIGN: Retrospective cohort study of patients with chronic pain enrolled in an opioid registry as of May 2010. **PARTICIPANTS:** Patients with chronic pain enrolled in the opioid registry of a primary care clinic at an urban safety-net hospital in Seattle, WA.

MAIN OUTCOMES AND MEASURES: Discontinuation from the opioid registry was the exposure of interest. Pre-specified main outcomes included mortality, prescription and primary care utilization data, and reasons for discontinuation. Data was collected through March 2015.

KEY RESULTS: The study cohort comprised 572 patients with a mean age of 54.9 ± 10.1 years. COT was discontinued in 344 patients (60.1%); 254 (73.8%) discontinued patients subsequently filled at least one opioid prescription in Washington State, and 187 (54.4%) continued to visit the clinic. During the study period, 119 (20.8%) registry patients died, and 21 (3.7%) died of definite or possible overdose; 17 (4.9%) discontinued patients died of overdose, whereas 4 (1.75%) retained patients died of overdose. Most patients had at least one provider-initiated reason for COT discontinuation. Discontinuation of COT was associated with a hazard ratio for death of 1.35 (95% CI 0.92 to 1.98, $p = 0.122$) and for overdose death of 2.94 (1.01–8.61, $p = 0.049$), after adjusting for age and race.

CONCLUSIONS: In this cohort of patients prescribed COT for chronic pain, mortality was high. Discontinuation of

COT did not reduce risk of death and was associated with increased risk of overdose death. Improved clinical strategies, including multimodal pain management and treatment of opioid use disorder, may be needed for this high-risk group.

KEY WORDS: chronic pain; primary care; addiction.

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DOI: 10.1007/s11806-019-05301-2

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INTRODUCTION

Between 2000 and 2010, use of opioids for non-malignant pain rose by 73% in the USA.¹ During a comparable period, there was a tripling of age-adjusted rates of deaths that involved prescription-type natural or semisynthetic opioids with or without heroin. While most overdose deaths involve more than one substance, and death rate data do not document whether the opioid identified was associated with an actual prescription,² it is likely that widespread increases in opioid prescribing since the turn of the century contributed to the increase in opioid-related deaths.³ Increased recognition of this epidemic of opioid misuse and overdose, combined with awareness of the limited evidence of long-term benefit of opioids for chronic pain,⁴ led to efforts to reduce harms associated with opioid prescribing. Changes in opioid prescribing policies have taken many forms, including guidelines on risk assessment, opioid dosing, and monitoring; patient agreements; and use of statewide electronic prescription drug monitoring programs (PDMPs).^{5–7} Yet despite reductions in dispensed opioid prescriptions and evidence of reduced diversion of opioids,⁸ prescription opioid-related deaths in the USA increased from 2014 to 2016 and accounted for about 40% of opioid-related deaths in 2016.^{9,10}

It is likely that guidelines for safer prescribing will help limit the number of people newly exposed to the harms of

Prior Presentations Study data on reasons for discontinuation were presented at the Western Scholars and Resident Medical Research Forum (February 2016). Key results of this study were presented in abstract and poster form at the Society of General Internal Medicine (April 2018).

Electronic supplementary material The online version of this article (<https://doi.org/10.1007/s11806-019-05301-2>) contains supplementary





From the New York Times
Feb. 8, 1914

NEGRO COCAINE "FIENDS" ARE A NEW SOUTHERN MENACE

19 Edward Hughes, *Writings*,
p. 2.

Father's Day, David Thorne says, is a "celebration of the American Dream, looking to the future—more than the past." Thorne is a 30-year-old, single father of two boys, who lives in the suburbs in New York City. He is a successful businessman, and his boys are in college. Thorne is a successful businessman, and his boys are in college. Thorne is a successful businessman, and his boys are in college.

is the first drug addiction to become a major cause of death nationwide. The epidemic has spread to New York from its initial focus on the New York City subway and street drug trade. It is killing 100 other addicts each year, and New York's death toll is about the same as that of late nineteenth-century typhoid. In the South, the epidemic has moved to the South Carolina coast. It is 100 to 1,000 times as common as it is in, and more than 10 times as deadly as, the Mississippi delta. It is 100 times as common as the West Coast's heroin epidemic, and it is 100 times as deadly as the West Coast's heroin epidemic.

But these companies, although collectively worth \$1.5 billion, are not the most important entities in the market. For most of those issues, they're not the lead and don't have the votes or the political influence to make the money "go" and make them successful.

That proposition is not captured by its difference in the ability to be true even if not false in the second case and not to be false. Nihilism often holds that the opposite will occur, and leads to equal disaster. It seems "irrationally" the effort are not great, unless immediately, and great to become are true interests. But for

Murder and Insanity Increasing Among Lower Class Blacks Because They Have Taken to "Sniffing" Since Deprived of Whisky by Prohibition.

stronger the walls. Just a second shot that showed the area and entered the crowd that had no effect. It was clear that the lights or something was off.

[illegible][illegible]

Making Better Marketers

Many of the Volynian villages in the South were hit hard as collectivization proceeded by planting in soil infested with the wheat, grasshopper locusts, which had been present in each area since the war. As much as being hit by locusts, the people of the "wheat steppe" had to suffer, the drought hit was almost as their heads, only that the locusts in the soil, often killed.



eventually, and was an impressive "rager" that he appreciated the intense and gave away the final. He would never reveal the nature of his death. But there is a great reason to believe that he did not reveal his whereabouts through the underground circuit that should be more sensitive, possibly not at all, of the police.

The technology alone is making the greatest impact for "rehabilitated" offenders, say drug courts and community corrections programs of national renown. In one program near the Bronx, it has kept 100 men out of a local housing for men Middle Eastern, at one of the nation's most crowded jails. At the center of this growth, says the program, have the technology and the people. "We're seeing a lot of people at the head of the parade. They make it simple to use, and it's the fastest way to do it."

[illegible]

Wang, Jiao Wang, Han, 2015

Most of the seizures come from the two out of three known suppliers who operate the largest number of dispensaries with the drug. They seek to increase at least 50 percent.

There was nothing to be done against all interest in this country, and reliance to the very of the opinion of political officials, and the number were declining. The number there fell. The "best" state qualified, financially after all, to be in the new economy. "Using a scientific approach," they say. "The number to be the very of the whole nation."

as Joseph, 1015 Caroline, Seattle 22-2262. (Specialized Training For Women) "United States Army Institute for Women" for more and more women and for more information."

Thompson did tell, and there and he looked to present the whole picture to the public in a simple, stirring tale of common language through the words of the men. They might have been the owners of the store, and he had - being in that position himself - to be sure, but a deep perception of the language of the men was really to make the picture of it by the way to the world, through the dearest eyes.

That has very little to do with the method of voting, but in the context of school system expansion, it seems to me that the study of James Anderson and I go to fundamental questions. The extremely temporary educational system that I set up, using the system described by the American Museum of Natural History, had "the total school system" (which the World Bank is *not* a system) as one contributing to the provision of short-term needs.

IN addition, WILL BE ADJUSTED IN January, 1971, reported that "last year, totaling 650 gallons (including 1000 gallons monthly in street clean-up) was provided for each house. The last January is quite a stretch, and so the other neighborhood office of the South."

The value of these continuing policies generally received less favorable response. The "newman in women's shoes" by *The Herald*, "The new manhood will soon be made for a complete set of the preceding white trousers."

[illegible]

Evidence Base: Needle Exchange

- Reviews by World Health Organization, CDC, NIH, Institute of Medicine all show it cuts HIV spread without increasing drug use.
- CDC review finds participants five times more likely to get treatment
- 2014 New York State review called it the “gold standard” for HIV prevention. NYS prevalence in 90s was 50% or more, now less than 3% in IDUs.
- UK did needle exchange early, never had HIV epidemic in IDUs & no heterosexual, pediatric epidemic.
- Associated with reductions in HIV, Hep C, needle litter and injecting and with increased treatment admissions.

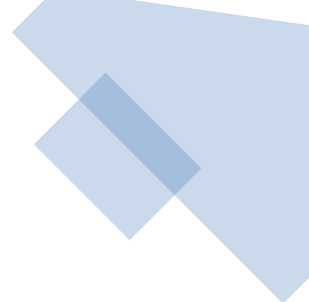
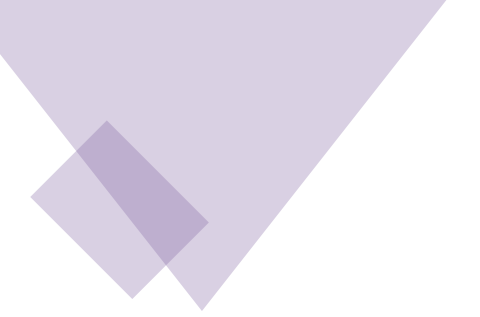
A decorative graphic on the left side of the slide features a molecular model with white, black, and red spheres connected by grey rods. A chemical structure fragment is overlaid on the model, showing a five-membered ring with a double bond and an 'NH' group. The background of the left side is a light blue and white bokeh pattern.

Evidence Base: Naloxone


- Massachusetts study finds 50% reduction in OD deaths w/ high implementation (Walley, 2013)
- Systematic review supports (McDonald, 2016)
- Not associated with increased teen drug use (Bruzelius, 2023)
- Common sense suggests that having the antidote to a poison is more likely to save lives than not having it

Evidence Base: Methadone & Buprenorphine

- WHO lists bupe & methadone as essential medicines for addiction
- Study of entire UK treatment population between 2005 and 2009 found 50% reduction in mortality compared to all types of abstinence treatment. (Pierce, 2016)
- Most recent review found 50% reduction in deaths from suicide, cancer, cardiovascular disease, alcohol and other drug-related deaths and all-cause mortality. (Santo, 2021)
- Associated with reductions in drug use, crime, HIV and hepatitis



Evidence Base: Prescription Heroin

- Cochrane review finds data supports heroin prescribing when methadone & buprenorphine fail (Ferri, 2011)
 - Individual studies from UK, Switzerland, Canada & the Netherlands show reductions in crime, other drug use and HIV, as well as improved health.
 - Also facilitates entry into abstinence or methadone or buprenorphine treatment
- 

Evidence Base: Overdose Prevention Sites

- AKA / Safe Injection / Supervised Consumption Sites
 - Systematic review supports (Potier, 2014)
 - Vancouver study finds reduction in overdose deaths in immediate neighborhood compared to further away by between 6 and 37% (BCCU evaluation)
 - Associated with reduced HIV and hepatitis, increased treatment admissions, less needle litter, less public injecting
 - Millions of injections in over 100 sites, not a single OD death



Evidence Base: Stimulant Harm Reduction

far; -- Maintenance use of stimulants: Limited & mixed data so
Review (Herin, 2010)

- Harder to use because of pharmacology of stimulants
- May work best for people with ADHD plus stimulant use
- Pilot studies using Lisdexamphetamine, Adderall, Ritalin
- Research ongoing
- Limited but positive data on safer smoking kits

Myths about Harm Reduction

“Enables” continued
drug use

Delays or prevents
recovery

Incompatible with
abstinence / 12 steps

White, W. & Miller, W. (2007). The use of confrontation in addiction treatment: History, science and time for change. *Counselor*, 8(4), 12-30.

The Use of Confrontation in Addiction Treatment History, Science, and Time for Change

William L. White, MA, and William R. Miller, PhD

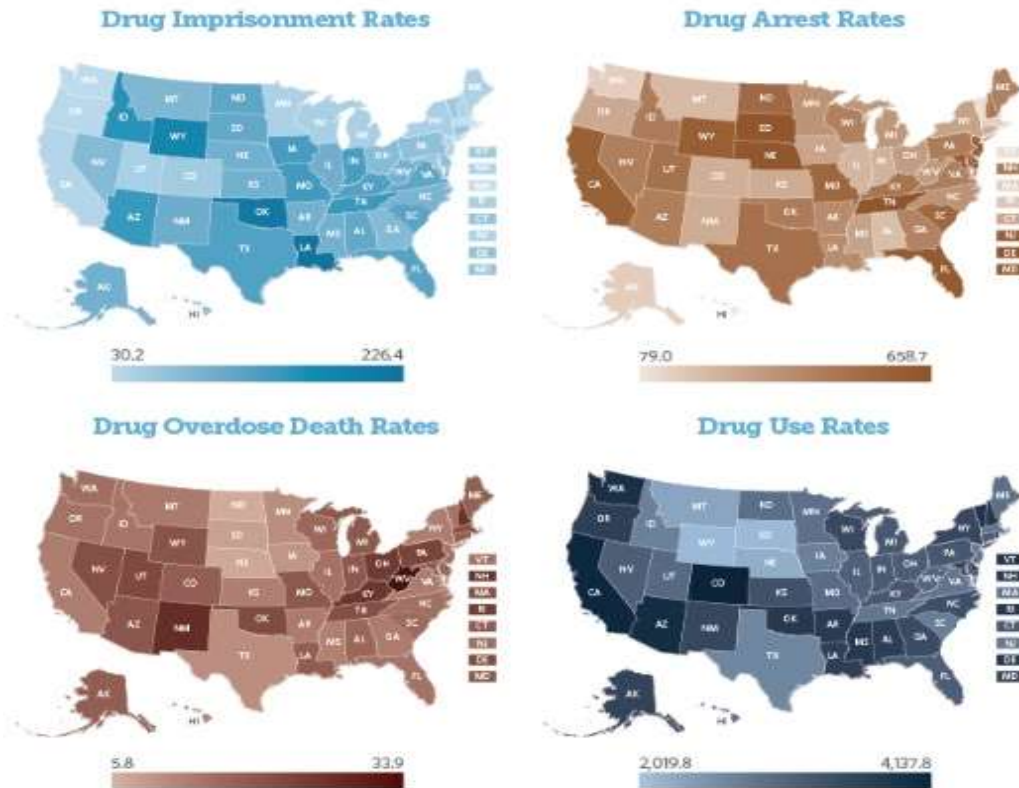
Abstract

The use of confrontational strategies in individual, group and family substance abuse counseling emerged through a confluence of cultural factors in U.S. history, pre-dating the development of methods for reliably evaluating the effects of such treatment. Originally practiced within voluntary peer-based communities, confrontational approaches soon extended to authority-based professional relationships where the potential for abuse and harm greatly increased. Four decades of research have failed to yield a single clinical trial showing efficacy of confrontational counseling, whereas a number have documented harmful effects, particularly for more vulnerable populations. There are now numerous evidence-based alternatives to confrontational counseling, and clinical studies show that more effective substance abuse counselors are those who practice with an empathic, supportive style. It is time to accept that the harsh confrontational practices of the past are generally ineffective, potentially harmful, and professionally inappropriate.

Figure 2

Drug Imprisonment Not Correlated With Drug Use, Arrests, or Overdose Deaths

4 measures of drug problems by state



Note: All rates are per 100,000 residents.

Source: Pew's analysis of 2014 data from 48 state corrections departments, the federal Bureau of Justice Statistics National Corrections Reporting Program (for California and Maine), the Federal Bureau of Prisons, the Centers for Disease Control and Prevention, the Federal Bureau of Investigation's Uniform Crime Reporting (UCR) Program, and the Substance Abuse and Mental Health Services Administration's National Survey on Drug Use and Health. See the "Data and methodology" section for more information.

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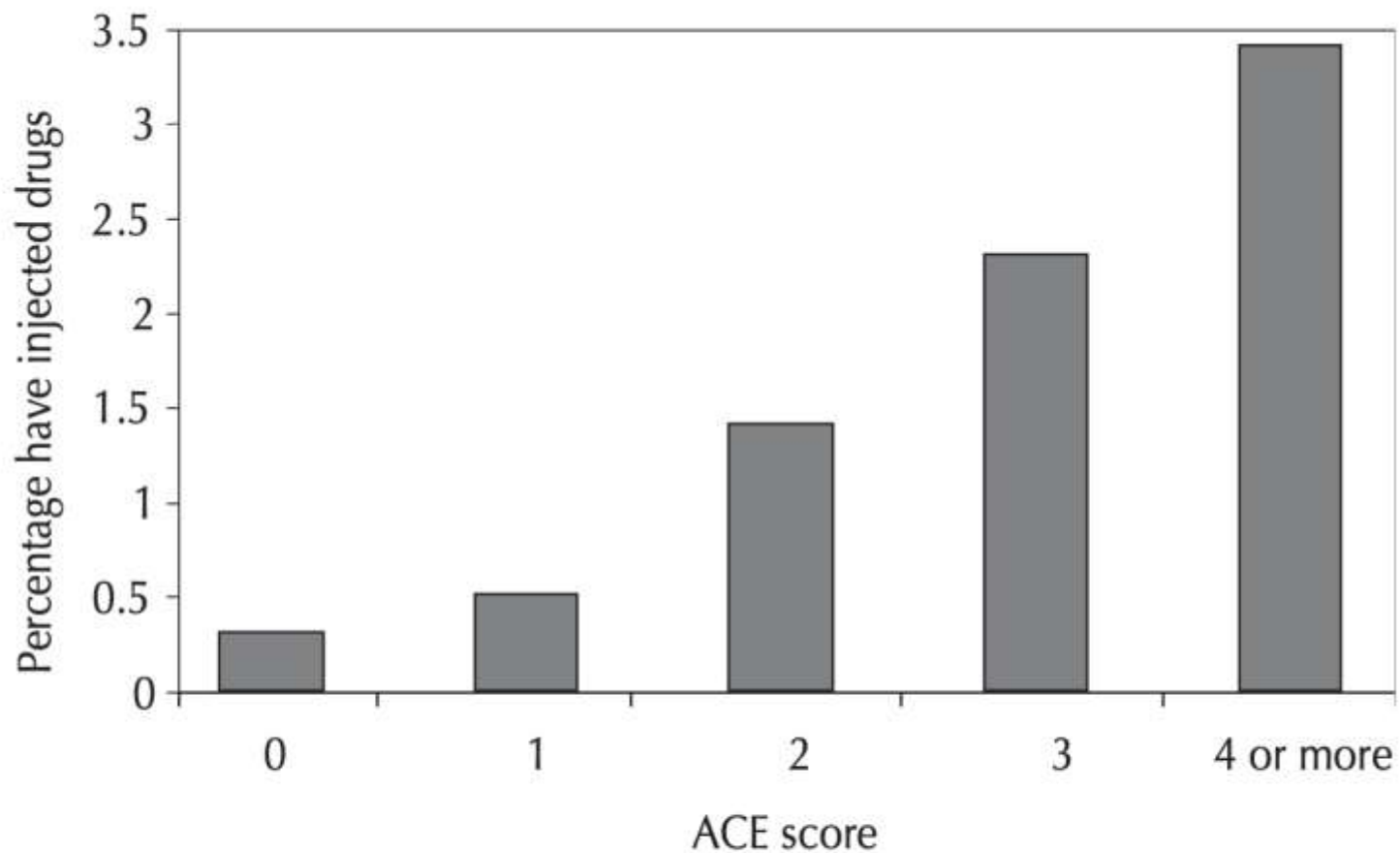


Figure 3. Graph shows relation between ACE Score and illicit use of injected drugs.

Photo of Utah Needle Exchange by Jeffrey D. Allred









Undoing Drugs Mark S. Glickman

BEING HEUMANN
AN UNCOMMON HISTORY OF A COMMON SENSE

Physical Intelligence SCOTT BRADY

"A powerful, important book and a compelling read."
—BRUCE PERRY, MD, PhD, *New York Times* bestselling coauthor of
What Happened to You? with Oprah Winfrey

Undoing Drugs

How Harm Reduction Is Changing the
Future of Drugs and Addiction

Maia Szalavitz

Author of *New York Times* Bestseller *Unbroken Brain*



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