

Harm Reduction's Role in Helping People Return Safely from Prison and Jail

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Why Harm Reduction Matters (1)

- An effective approach to reducing the harms of drug use, supported by evidence and experience
- People who end up in prisons and jails are also at risk of harm from substance abuse disorder (SUD) and criminal justice policies. Leaving prison is acutely risky for people who use drugs

NB: The social harm of drug use = the harms caused by the drugs + the harm caused by the regulation of drugs



Harm Reduction in the Matrix of Interventions

	Individual factors	Clinical and social services	Laws, policies and legal practices
Before incarceration	Education Work SUD Housing	Housing support Access to MAT Access to harm reduction services	LEAP and other non-arrest strategies Integrate MAT into drug court options Drug decriminalization
During incarceration	Education Work SUD	Access to MAT Discharge planning to maintain MAT Access to harm reduction services, including naloxone and OD training	Reduce legal barriers to MAT
After release	Understanding of overdose risks Education Work SUD	Access to MAT Housing, vocational and educational services and supports Access to harm reduction services	Regulation to protect users from exposure to poor quality treatment and fraud Ban the box Access to public housing, student loans etc



Key Harm Reduction Interventions

- Syringe Access Programs
- Naloxone training and distribution
- Good Samaritan Laws
- Safe Injection Facilities (CUES)

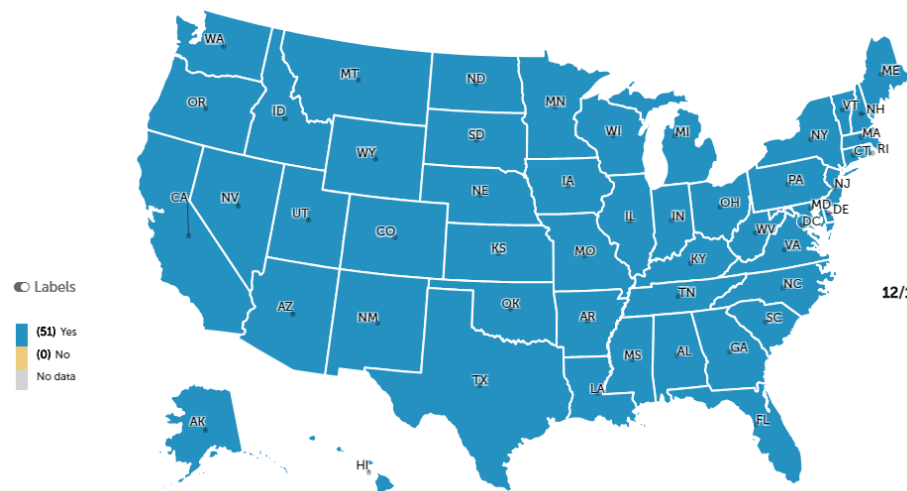
+

→ *Low-threshold MAT*

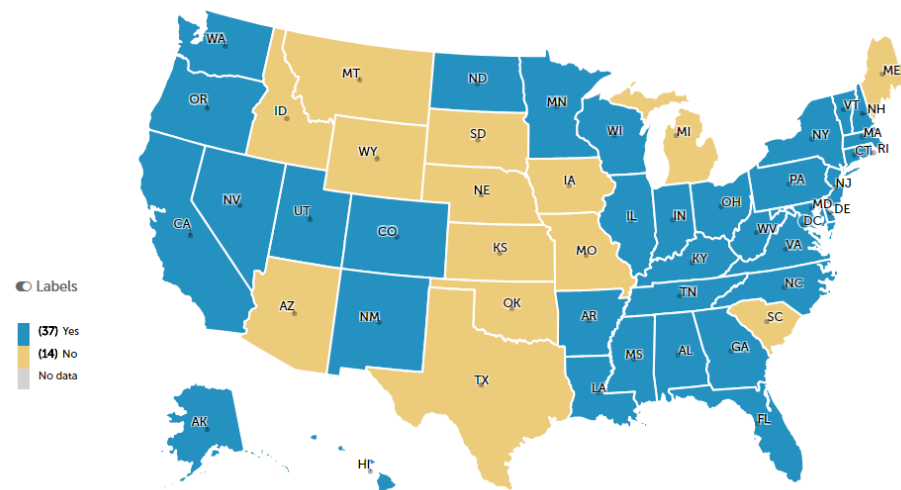


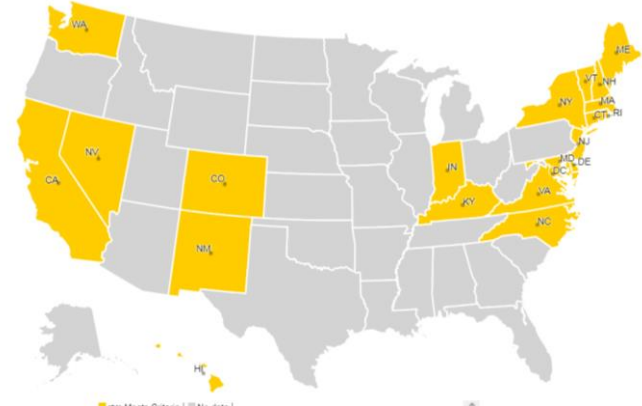
Naloxone: Universally Adopted Good Samaritan: Not So Much

7/1/17 Does the jurisdiction have a naloxone access law?



12/1/16 Does the jurisdiction have a drug overdose Good Samaritan Law?





Positively Authorizes SEP

Counties for which estimated vulnerability scores or their upper 90% confidence interval exceeded the 95th percentile. Map produced by the Geospatial Research, Analysis, and Services Program (GRASP).

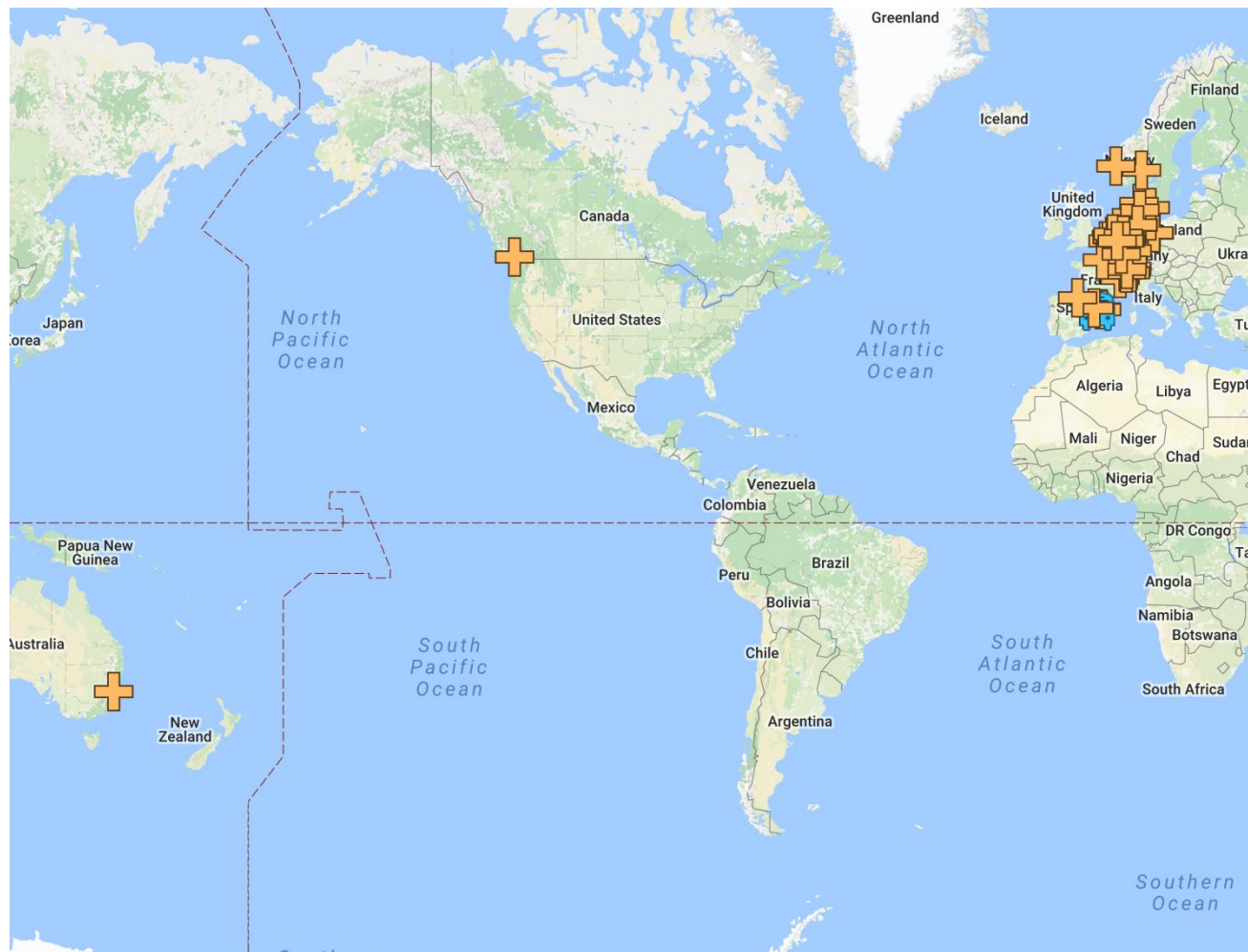


A Safe, Hygienic Space to Inject



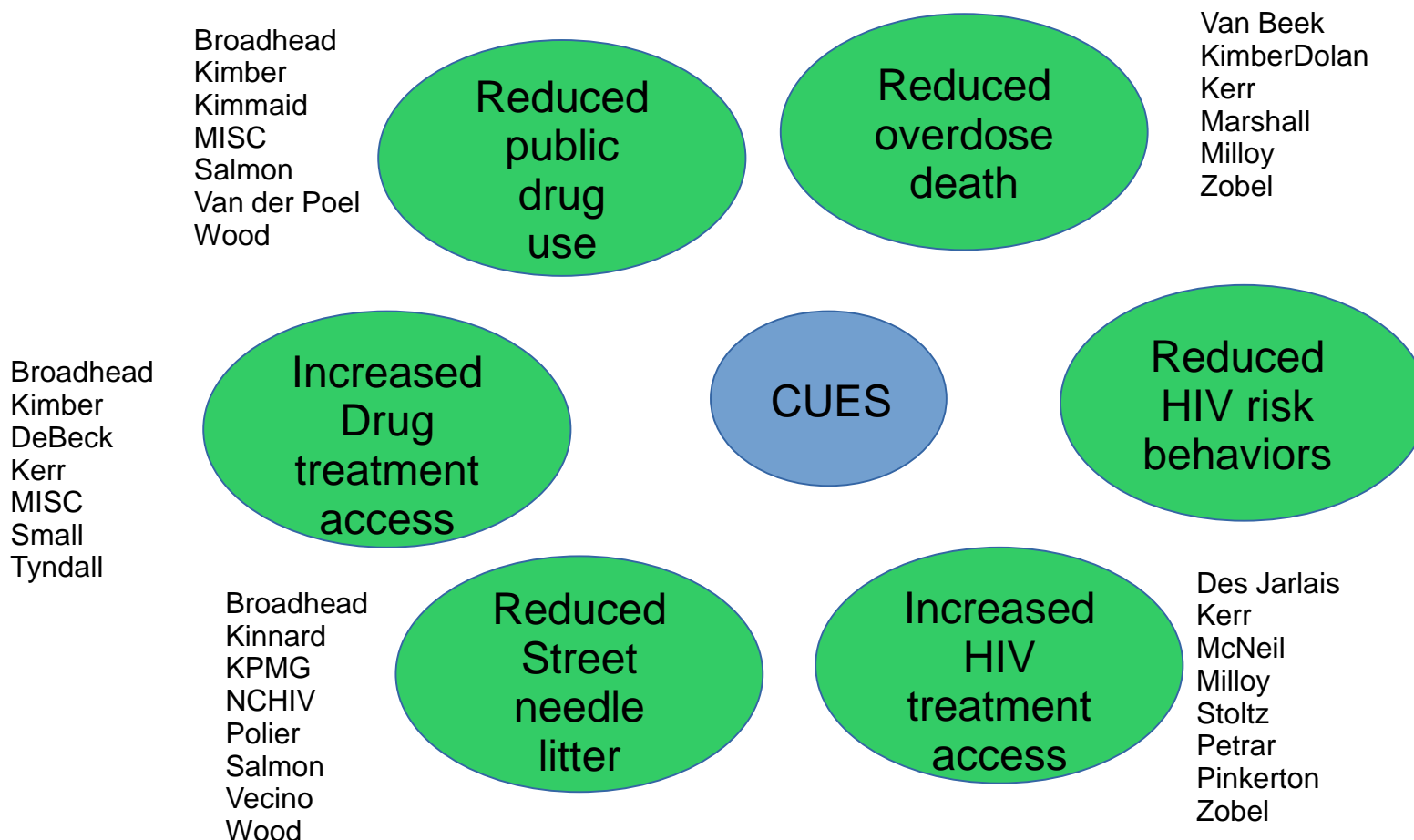


Safe Consumption Spaces Have a Track Record





Safe Consumption Spaces Have an Evidence Base

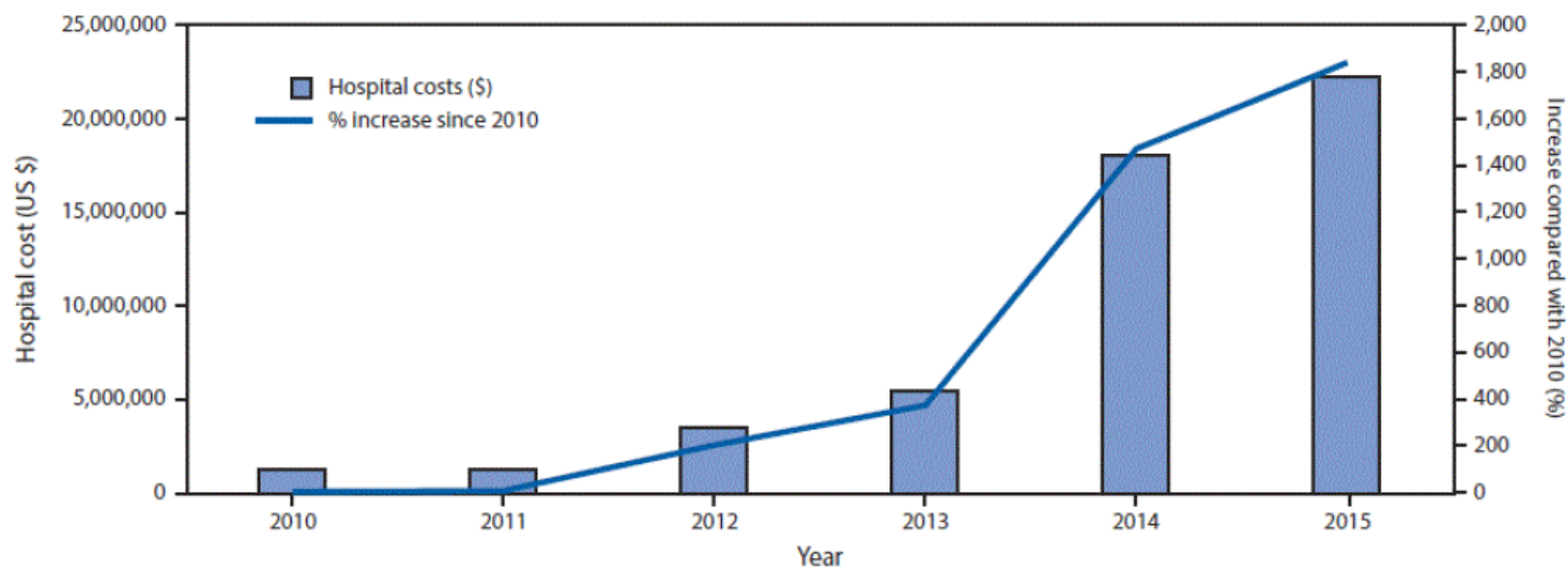




One State's Experience

FIGURE 2. Hospital costs for persons with drug dependence–associated endocarditis, and percentage increase since 2010 – North Carolina, 2010–2015

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The figure above is a combination bar and line graph showing hospital costs for persons with drug dependence–associated endocarditis and the percentage increase since 2010 in North Carolina during 2010–2015

Fleischauer, A. T., Ruhl, L., Rhea, S., & Barnes, E. (2017). Hospitalizations for Endocarditis and Associated Health Care Costs Among Persons with Diagnosed Drug Dependence — North Carolina, 2010–2015. *MMWR*, 66, 569-573.



A Fiscal Elephant in the Room

- The North Carolina study estimated the median treatment cost at \$54,281
- In Philadelphia and suburbs between 2008 and 2015, there were 2552 patients with infective Endocarditis, of which 604 (23.7%) had co-occurring opioid use diagnose.
- Are we looking at \$32,785,724? Did I hear you say “social impact finance?”



A Simple Starting Point

All state and most local governments have the authority to authorize and fund reasonable public health measures

A CUES is clearly a reasonable health measure

States and cities can authorize CUES*



The Asterisk

States and
cities can
authorize
CUES*

but

They cannot
exercise this
power in a
manner that
violates other
law

so

So does a CUES
violate any
laws?



“Everything is permitted unless it is prohibited.”

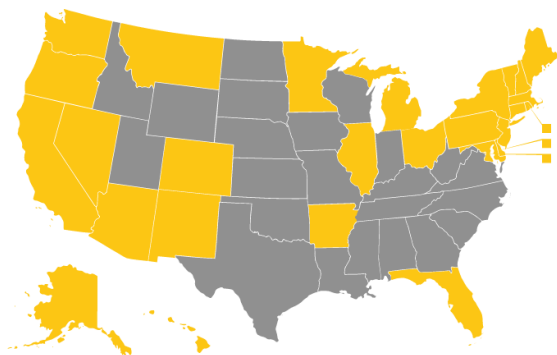
- There is NO LAW that currently prohibits CUES in explicit terms.
- There ARE laws that *could be* interpreted to prohibit or limit CUES
 - §856 of the federal Controlled Substances Act (and equivalents in some states)
 - Nuisance laws
 - Federal and state prohibitions on illegal possession of controlled substances
 - Property confiscation provisions



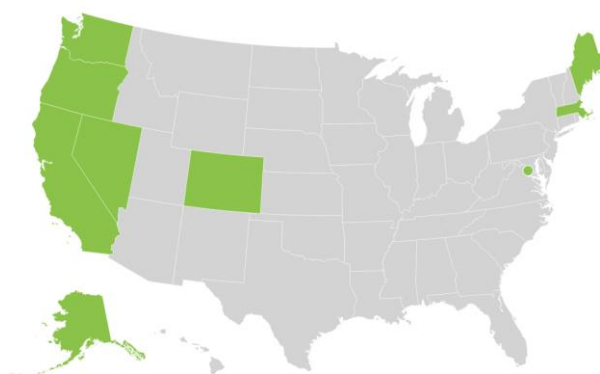
A useful analogy

Under federal law, marijuana is a Schedule I controlled substance with no legitimate medical or other use.

Nevertheless...



27 states and DC authorize medical marijuana



8 states and DC authorize recreational marijuana



Why Harm Reduction Matters (2)

- An effective approach to reducing the harms of drug use, supported by evidence and experience
- A way of approaching drug use that is more important than ever:
 - Accepts reality (and ubiquity) of drug use in our society
 - Rejects stigma in favor of full acceptance of humanity of people who use drugs
 - A public health approach to substance use