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Special Feature Article

The Treatment for Substance Use Disorder Based on Harm Reduction

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Abstract

Harm Reduction was derived from the perspective of public health, though it has been more significantly recognized in the field of clinical treatment for substance use disorder in Japan. Practices of Harm Reduction in clinical treatment include de-stigmatization toward individuals with substance use disorder in health care workers, providing low threshold support, and acceptance of the various processes of recovery. However, we are concerned that Harm Reduction is believed to only refer to the reduction in the amount of substance use. The essential part of the treatment strategy for substance use disorder is to stay abstinent; however, efforts for achieving abstinence might be ignored. Thus, the need for widespread knowledge about Harm Reduction is warranted in Japan, with focus on not only the acceptance of reduction in the amount of substance use but also the fundamental principles for the treatment of substance use disorder.

Keywords: harm reduction, stigma, personal recovery, substance use disorder

Introduction

Harm reduction is an approach that has long been discussed within the frameworks of public health and policy-making, and harm reduction-based practices are widely implemented

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around the world. Meanwhile, the term "harm reduction" is becoming increasingly common in clinical settings for substance use disorders in Japan. While harm reduction has traditionally been discussed within the frameworks of public health and policy-making, the reasons why the term has gained traction in clinical settings for substance use disorders in Japan remain unclear. In this paper, we discuss the benefits of applying harm reduction in the treatment of individuals with substance use disorders, as well as which elements of harm reduction can be effectively utilized in treatment.

I. Application of Harm Reduction to Treatment

In Japan, there are few reports of the use of or dependence on opioid drugs such as heroin, and it is therefore unlikely to be realistic to directly adopt harm reduction initiatives used in other countries, such as drug consumption rooms or methadone maintenance therapy, in Japan. Conversely, approaches for people who use substances or have substance use disorders based on the principles of harm reduction are considered to offer important insights for the treatment of substance use disorders in Japan. The following are three characteristics of harm reduction that can be applied to the treatment of substance use disorders.

1. Eliminating the subjectivity and prejudice of health care workers to facilitate support

First is the point that lies at the core of the harm reduction philosophy: "eliminating the subjectivity and prejudice (stigma) of health care workers to facilitate health and social support."[2] People who use substances tend to avoid seeking support or treatment due to fears of legal consequences, the stigma and shame imposed by health care workers, and potential loss of social rights. Harm reduction is based on the principle of providing non-discriminatory care; it ensures that health care workers deliver care free from discrimination and prejudice, thereby facilitating access to health and social support. From a harm reduction perspective, substance use is considered "one of many health issues," and it is deemed appropriate to intervene from the perspective of health and social support rather than through reprimands or punishments intended to correct morals or character.[2]

Regarding the stigma that health care workers hold toward people with substance use disorders, I would like to address a familiar topic from the context of substance use disorder

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treatment. In a 2017 survey of medical institutions providing alcohol treatment, when asked: "Would you examine a patient with alcohol use disorder who presents in an intoxicated state?" 40% responded "Yes," while 38% stated they would "advise the patient to return for an examination after the alcohol has worn off."[15] While the responses indicating they would "advise the patient to return after sobering up" may include cases where the patient is too intoxicated for a meaningful consultation or exhibits problematic behavior due to mixed intoxication, I suspect there are also cases where the patient's condition is stable enough for an examination, yet the facility adopts a stance of "we won't see them because they're drunk," effectively turning them away at the door. When dealing with a pathological condition where alcohol consumption cannot be stopped, to the point where the patient has no choice but to come to the examination intoxicated, the stance that "it is wrong to come to the examination intoxicated" or that "we will not accept the patient because they are intoxicated" inevitably lacks a perspective that views this as a health issue. From a support provider's perspective, acknowledging that substance use is a possibility for people with substance use disorders, proposing ways to minimize harm when they use substances during a visit, and maintaining a stance of continued support even when they use substances aligns with the principles of harm reduction.

2. Providing low-threshold support

Another key aspect is "providing low-threshold support." Low-threshold support does not force individuals to eliminate substance use entirely. Instead, it makes it possible to encourage people who are currently using substances to participate in treatment and support services.[7] In the 1980s, Switzerland had a drug dependence treatment system based on abstinence, but fewer than 20% of all drug users were able to participate in these services. In response to this situation, in the early 1990s, Switzerland developed a system based on a broad harm reduction approach, an integrated, low-threshold support system where abstinence was not considered absolute, that incorporated support for addiction, health, housing, and employment. Today, more than 65% of current drug users receive some form of treatment for their drug use, while the remaining individuals are in contact with other harm reduction services, such as needle exchange programs and supervised drug consumption facilities, making it possible to accept a wider range of people for support.[2]

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The importance of providing low-threshold support is underscored by the issue of treatment gaps for people with substance use disorders. Taking alcohol as an example, the low number of people seeking medical care for alcohol-related problems in Japan is noted to be on par with levels in other countries worldwide. In Japan, the lifetime prevalence of alcohol use disorder is estimated at 540,000 people[5]; however, according to the Ministry of Health, Labour and Welfare's Patient Survey (2017), the number of people with alcohol use disorder receiving care at medical institutions is approximately 13,000. Thus, there is a significant number of people who meet the diagnostic criteria for alcohol use disorder but are not receiving care at medical institutions. The same trend regarding the treatment gap has been noted globally. Taking the treatment gap in the European region as reported by a WHO survey as an example, the rate of people who require treatment for the condition but are not receiving it reaches 92% for alcohol abuse/dependence, which is a high rate even when compared with other mental disorders.[6] Regarding the reasons for the low treatment-seeking rate, it is considered that people are deterred from seeking medical care by the persistent perception that visiting a medical facility will result in being "labeled as having alcohol use disorder" or "forced to abstain from alcohol," and these negative perceptions are keeping people away from seeking medical care.[8] Due to these factors, an approach focused solely on abstinence can cause people with alcohol use disorder who have not yet resolved to abstain to hesitate when seeking medical support, creating a situation where they are effectively excluded.

Providing low-threshold support is already a focus in treatment for substance use disorders in Japan. According to the recommendations regarding treatment goals for alcohol use disorder in the *New Guidelines for the Diagnosis and Treatment of Alcohol and Substance Use Disorders*, published in Japan in 2018, "In cases of severe alcohol use disorder, or when there are clear physical or mental complications, or serious family and social problems, the treatment goal should be abstinence." "Even in such cases, if the patient does not agree to abstinence, an attempt at persuasion should be made first. If persuasion is unsuccessful, one should avoid a situation where the patient drops out of treatment as a result. One option is to first set the goal of reducing alcohol consumption and, if that does not work, switch to abstinence."[10] This new addition demonstrates an approach to engaging with patients even if they have not yet decided to abstain.

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In this way, while abstinence is considered the best approach in principle for people with substance use disorders, the stance of health care workers, which involves lowering the threshold for treatment intervention, aligns with the principles of harm reduction and can be applied in everyday clinical practice.

3. Acceptance of diverse recovery processes

Harm reduction accepts the diverse recovery processes of people with substance use disorders. Regarding the definition of recovery from substance use disorders, for example, according to the 1994 American Society of Addiction Medicine, stability in biological, psychological, social, and spiritual functioning is cited as an element of recovery. Since then, the concept of recovery has evolved. The idea of "personal recovery" has emerged, emphasizing that recovery is a personal journey and that it is not limited to symptom relief or improved social functioning; this recognition acknowledges the existence of diverse recovery processes.

A pamphlet created by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) in collaboration with individuals with substance use disorders lists ten guiding principles of personal recovery. These are: "Person-Driven," "Many Pathways," "Holistic," "Peer Support," "Relational," "Culture," "Addresses Trauma," "Strengths/Responsibility," "Respect," and "Hope,"[12] suggesting that the elements of recovery vary from person to person. Characteristics of personal recovery include the diversity of its content and goals,[9] the fact that the recovery process is not a straight upward trajectory but varies in pace,[1] and the fact that support from helpers and experts may or may not be required.[13] It is accepted that the person with the condition is best positioned to determine what constitutes their own personal recovery, and that the content of recovery varies markedly among individuals.[4][11]

The principle of harm reduction aligns with the concept of personal recovery, which embraces diverse recovery processes in order to provide support even to those who have not yet resolved to achieve abstinence. In clinical settings as well, we encounter cases where individuals experience a sense of recovery even before reaching the stage of abstinence. Thus, when introducing new approaches to the recovery process into treatment for substance use disorders, the principle of harm reduction embodies this concept.

II. How Harm Reduction Is Being Addressed

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We have discussed the benefits of applying harm reduction to treatment for substance use disorders in Japan. These benefits include promoting: "de-stigmatization of health care workers," "the provision of low-threshold support," and "the acceptance of diverse recovery processes."

Next, I would like to examine how harm reduction is currently being utilized in the context of treatment. While the term "harm reduction" appears to have gained a certain degree of acceptance in Japan, there is concern that it is being equated solely with "reduction in the amount of substance use."

There are numerous papers that highlight the effects of reducing alcohol consumption as a harm reduction initiative. Examples include a systematic review[3] that examined how reducing an individual's alcohol use decreases health-related harm within the harm reduction approach; however, while the term "harm reduction" is used, the research actually verifies the effects of reducing alcohol consumption. Furthermore, the "Guidelines for the Management of Cirrhosis," published in Japan in 2020, also include references to harm reduction. In response to the topic: "Are there treatment options for alcoholic cirrhosis other than abstinence?," the guidelines propose harm reduction through reduced alcohol consumption; irrespective of this, they note that the efficacy of this approach for patients with cirrhosis requires further verification.[14] While harm reduction has also been introduced in the field of gastroenterology, it is considered to be presented as synonymous with alcohol reduction.

Of course, an alcohol reduction approach for people with alcohol use disorder helps lower the barrier to treatment and is part of harm reduction practice. However, there is concern that if harm reduction is equated with alcohol and drug reduction and interpreted as a recommendation for such reduction, its essence will be lost. Consequently, if harm reduction is perceived as a new treatment style that unreservedly condones reduction in the amount of substance use, there is a risk that the principle: "the best treatment goal for substance use disorders is achieving and maintaining abstinence,[15] and efforts toward that goal must be fully realized in the treatment setting," will be undermined.

Therefore, we must consider how to appropriately promote the term "harm reduction." While the current perception of harm reduction tends to focus solely on presenting options for reduction in the amount of substance use, I believe it is important to also present the philosophical aspects of harm reduction that have traditionally

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been addressed in public health contexts, such as “de-stigmatization,” “providing low-threshold support,” and “acceptance of diverse recovery processes,” which are crucial elements in the treatment of substance use disorders. These elements align with the attitudes that should be valued in treatment for substance use disorders in Japan. The principles of harm reduction will play a crucial role in ensuring that individuals with substance use disorders can access treatment without being harmed and that their self-determination is respected; thus, those seeking treatment are treated with the dignity and care they deserve.

Conclusion

This paper discussed how to approach harm reduction in treatment settings. Harm reduction is a useful concept for promoting elements, such as: “de-stigmatization of health care workers,” “providing low-threshold support,” and “acceptance of diverse recovery processes” within treatment settings, while maintaining treatment aimed at abstinence as a central pillar. Since the term “harm reduction” is already widely recognized, we hope that its use will spread not merely as a theory advocating for reduction in the amount of substance use, but as a conceptual framework that encompasses elements essential to treatment for substance use disorders in a more fundamental sense.

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