When it Comes to Substance Use Harm Reduction, We Need a Whole Family Lens

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In our ongoing blog post series taking a family lens to solutions that can support those impacted by substance use and substance use disorder (SUD), several PolicyLab researchers and Children's Hospital of Philadelphia (CHOP) colleagues have highlighted their areas of research and clinical expertise. When it comes to work at PolicyLab, we strive to connect research to policy, including by offering key findings and takeaways as input in local, state and federal agencies' rulemaking processes.

Recently, the Substance Abuse and Mental Health Services Administration (SAMHSA) released a "Harm Reduction Framework"—to comprehensively outline harm reduction and inform the agency's future harm reduction activities—inviting the public to provide comments. We identified this as an opportunity for PolicyLab experts to share their research that is relevant to the framework and emphasize the need for a whole family lens.

In our review of the roadmap of best practices that anyone can apply to policies, programs, or practices in this space, we noted that the Framework does not include discussion of how to support youth or families experiencing SUDs through harm reduction.

Therefore, I worked with three of our investigators with expertise in substance use to submit comments highlighting the need to include children, teens and families in any harm reduction framework. Here's what they prioritized in their comments:



Tina Herrera, MD, MSHP, highlights that harm reduction strategies for adolescents are critical to preventing lifelong or fatal complications of SUD.

"Failing to acknowledge adolescents in this harm reduction framework threatens to contribute to the young lives lost to fatal overdose annually in this country. The Centers for Disease Control and Prevention recently released updated mortality data that revealed drug overdose and poisoning became the third leading cause of death among children and adolescents. Adolescence marks a key neurodevelopmental period with tremendous potential to effectively treat SUD and prevent lifelong or fatal complications of SUD through early identification and aggressive harm reduction interventions. A research letter published in *JAMA* this summer demonstrated that more than half of our treatment facilities for opioid use disorder (OUD) do not offer life-saving medications [for children under 18 years of age]. In fact, of the 45% of residential treatment facilities that treat patients with OUD less than 18 years old, only 24.4% offer buprenorphine as a part of treatment. In the context of inadequate access to treatment, we must strive to include youth, their families, and their health care providers in harm reduction frameworks if we are to ever tackle the root cause of our current crisis."



Barbara Chaiyachati, MD, PhD, points out how a harm reduction framework should recognize children of caregivers who use substances.

"Children may experience harm related to substance use in society via multiple avenues including direct exposure to substances as well as through family disruptions. Data has shown increasing mortality for children from fentanyl in the last decades, closely reflecting the trends being addressed within harm reduction frameworks targeting adults. Extension of current policy and practice to include children, such as guidance for naloxone administration to children, is critical. Children may also experience harm from family disruptions and instability. Thus, for children and families, harm reduction is also effective treatment for caregivers that recognize their role as parents within treatment to facilitate safe parenting."



Daniela Brissett, MD, identifies how youth-centered harm reduction services in pediatric settings could benefit youth's overall trajectory.

"While the number of youth who use substances is high and the risks associated with this behavior are significant, health care providers risk opportunities to engage youth by focusing solely on zero-tolerance messaging. The evidence-based strategies that harm reduction affords should be implemented regardless of patient age. In fact, harm reduction has long been the cornerstone of providing robust health care to adolescents and a similar approach to substance use would be a mere continuation of strategies used to ensure adolescents continue to lead healthy lives. By creating more youth-centered programs and offering harm reduction services in clinical settings, health care providers can save lives and create more entry points into treatment and health care for young people, improving health outcomes over an entire lifetime. In order to best serve our youth patients, harm reduction models must address the full spectrum of concerns that impact youth substance use, such as food and housing insecurity, mental health, and community relationships while taking special care to recognize and support youths' racial, gender, and sexual identities to prevent further marginalization and stigma."

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