

A Harm Reduction Approach: A Discussion of Supervised Consumption Sites to Address Opioid Use Disorder

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ABSTRACT

The opioid epidemic, a pervasive public health crisis, demands innovative solutions to address its widespread impacts. In Tennessee, the reliance on abstinence-based interventions has resulted in high recidivism rates, highlighting the necessity for alternative strategies. This paper explores supervised consumption sites as a harm-reduction approach that prioritizes individual autonomy while addressing substance use disorders (SUD) comprehensively on micro, mezzo, and macro levels. Grounded in human behavioral theories, the analysis examines systemic contributors to opioid use disorder (OUD), including familial dynamics, societal stigma, and cultural influences. By integrating evidence-based practices, supervised consumption sites are shown to effectively reduce overdose fatalities, enhance access to healthcare services, and strengthen community resilience. The discussion also emphasizes the intersectionality of discrimination, illustrating how marginalized populations disproportionately experience the adverse effects of OUD due to systemic inequities. Through policy analysis and cost evaluations, the findings support the economic and social benefits of harm-reduction measures. This paper advocates for the implementation of supervised consumption sites as a transformative intervention, shifting the paradigm from punitive and stigmatizing practices to inclusive and compassionate care.

Substance use interventions approaches within Tennessee promote the use of abstinence-based approaches that have a higher rate of recidivism (Mutter et al., 2023). The intervention approach based in harm reduction is based on a primary goal to lower the harms of the targeted behavior of the intervention, while the behaviors still occur (Tsui, 2000). Interventions based on harm reduction approaches can aid in individuals' ability to practice self-determination while still providing access to care. Combining an understanding of substance use through the theoretical lenses of human behavior provides meaningful context for the proposal of a harm reduction intervention approach, such as a supervised consumption site. This discussion will provide pivotal information on the social problem of the opioid epidemic on a micro, mezzo, and macro level through the lens of a harm reduction approach.

Social Problem

Since 1999, the opioid epidemic has affected individuals and families across North America, with more than six hundred thousand deaths from opioid overdoses (Opioid epidemic, 2022). This epidemic has been noted to have four eras: physicians' prescriptions, heroin use, fentanyl without stimulant use, and fentanyl with stimulant use (Friedman & Shover, 2022; Opioid epidemic, 2022). While physicians have weened away from prescribing opioids since becoming aware of how highly addictive opioid substances are, individuals who use opioids continue to find them elsewhere (Opioid epidemic, 2022).

Opioids themselves are highly addictive, and factors at the micro, mezzo, and macro scale of an individual's life can contribute to the development of opioid use disorder (OUD). The population of individuals who have been incarcerated but are re-entering the community have a higher risk of OUD during this transitional period (Cadet et al., 2023). Traumatic events, such as seeing an overdose, have been connected to individuals who use pain killers (Hughto et al., 2023). Even family members who have at one point been prescribed opioids or painkillers can predispose individuals to develop OUD (Ali et al., 2019). Professionals also hypothesize that the OUD can be connected to community factors, such as loss of community culture and loss of educational resources within the area (Barbalat et al., 2023). The loss of community culture promotes the ideals of individualism, and the loss of educational resources can lead to feelings of humiliation that can increase one's desire to use substances in order to further disengage with these feelings (Barbalat et al., 2023). These are just a few social determinants that can impact an individual's relationship with opioids on a micro, mezzo, and macro scale.

While pharmaceutical companies and physicians have played a key role in the opioid epidemic, there is not one specific demographic that is predisposed to OUD. Though White individuals are more likely to develop OUD due to access to routine healthcare, individuals spanning different ethnicities, races, and ages can all find themselves in positions in which they use opioids (Siddiqui & Urman, 2022). Some individuals who develop OUD in their life experience a multitude of factors that affect their quality of life and health, including higher risk of being incarcerated, higher risk of overdose from opioids, exclusion of self-care activities, mobility issues, and declined mental health (Cadet et al., 2023). While the prescribed use of opioids was meant to help individuals experiencing chronic pain, their use and abuse has created a lasting impact on individuals, families, and communities.

Micro

Theoretical frameworks based on human behavior can aid in understanding the impact of substance use disorders related to the individual and how they manifest throughout family systems. Substance use disorders develop in individuals due to either a biological, environmental or developmental factor that have affected them within their life (NIDA, 2018). Understanding the connection between human behavioral theories at an individual level and the connection to substance use can allow for a better understanding of OUD at a micro level.

Individual Theories

The behaviors of an individual experiencing OUD can lead to various theoretical explanations. Psychodynamic theory explains that individuals develop OUD due to either unknown factors or deeper emotional or subconscious desires that OUD mask (Dale & Smith, 2013). Clinical studies have found that individuals who use opioids find managing emotions, such as depression, anxiety, and pain, exceedingly difficult (Karakoula & Triliva, 2022). Another approach from the psychodynamic perspective is that individuals who use opioids continue to do so to hide their own shame, disconnect from others, and to even abuse themselves and others (Karakoula & Triliva, 2022). From the framework of psychodynamic theory, individuals with OUD consciously recognize their disconnection from themselves and others, which can be inferred through the use of opioids as a maladaptive coping mechanism to regulate emotions and maintain a sense of control (Scarna, 2020).

The theoretical approach from a psychosocial perspective can vary depending on a variety of factors. The underlying biological connection of genetics can factor into an individual developing OUD (Dale & Smith, 2013; Hatoum et al., 2021). Knowing when the individual first encounters opioids also allows for insight on the possible psychosocial

crisis being experienced, though most adults experiencing OUD would be facing the psychosocial crisis of generativity versus stagnation (Dale & Smith, 2013). Individuals during this stage want a sense of belonging, autonomy, and self-esteem (Dale & Smith, 2013). OUD affects the individual's ability to act autonomously, feel welcomed in communities, and causes lower self-esteem in individuals (Giynas Ayhan et al., 2020; Yang et al., 2019). The effects of OUD on this stage of development can also affect the individual's development of integrity within the next stage of life (Dale & Smith, 2013). In another instance, adolescents who develop OUD are faced with the crisis of intimacy versus isolation that is normally found in the stage of early adulthood as outlined in Erikson's Psychosocial Development Theory (Dale & Smith, 2013). When adolescents are faced with the crisis of intimacy versus isolation it can impact the development of meaningful relationships and alternative coping skills. In this theory, OUD falls within the isolation part of this crisis and can perpetuate disordered substance use if the adolescent feels isolated from peer relationships, family dynamics, or support systems that could aid in mitigating this continued cycle.

Another theory that connects to individuals experiencing OUD is behavioral theory. The activating event of OUD for most individuals is usually obtaining a prescription for opioids (Dale & Smith, 2013; Davies et al., 2023). Most individuals believe that doctors would not prescribe drugs that are dangerous, but as individuals have developed OUD from prescriptions their beliefs have changed (Dale & Smith, 2013; Davies et al., 2023). Individuals developing a prescription OUD note that pain, stress, and a lack of monitoring were the consequences that led to the continuation of refilling opioid prescriptions (Dale & Smith, 2013; Davies et al., 2023). Though Dale and Smith (2013) use the term "effects" as a positive when discussing behavioral theory, Davies et al. (2023) notes the "effects" were the development of prescription OUD. While behavioral theory is mostly used in creating positive behaviors, OUD displays how this theoretical framework can influence substance use disorders.

Mezzo

Before an individual has even taken his/her first opioid, the family structure has changed the trajectory of his/her life. The family structure and environment influence an individual's behavioral patterns, coping mechanism, and exposure to substances that increase an individual's likelihood of opioid use in the future. Field theory allows for an understanding that is based on the individual's environment, regardless of whether it is through the nuclear family or with their spouse; there is the possibility of being predisposed to OUD (Dale & Smith, 2013). Individuals, regardless of age, who have individuals in their family or chosen groups who are prescribed opioids have a higher

chance of developing OUD (Ali et al., 2019). Understanding the family dynamic itself might supply an example of role behaviors through the local environment, which can provide an understanding of how someone could end up developing OUD.

Though a family member may affect the development of individuals developing OUD, there are changes in family social interactions when someone in the family has OUD. These families use aspects of exchange theory to create a goal-oriented outcome of overcoming OUD (Crowley & Miller, 2020). While the cost on the family might include increased stress, difficult conversations, feedback, mutual respect and strict boundaries, the benefits are the hopes of supplying a safe and nurturing environment for the individual to seek or continue treatment for OUD (Crowley & Miller, 2020; Dale & Smith, 2013). Using ideas in exchange theory, the families of individuals experiencing OUD can aid in the individual's treatment when access to treatment facilities may not be accessible (Crowley & Miller, 2020).

When an individual has developed OUD, it can influence the family's equilibrium of roles (Dale & Smith, 2013). When interacting with the ideas within role theory the family must first accept the OUD status of the individual (Dale & Smith, 2013). When the family unit has not provided the individual experiencing OUD with emotional support, the individual can be reactive and further their OUD (Kitt-Lewis et al., 2022). The family members of individuals who experience OUD can also develop new roles within the family unit to best help the individual (Kitt-Lewis et al., 2022). Family members may have to become caregivers, become an integral part of the individual's recovery plan, or even access lifesaving interventions that they might not have been confronted with if not for their loved one experiencing OUD (Kitt-Lewis et al., 2022).

Macro

The opioid epidemic within Rutherford County is a social health problem that requires immediate targeted intervention. Though there are rehabilitation facilities available within the county, there is a lack of facilities that practice from a harm reduction approach creating a gap in the continuum of care. A non-abstinence-based harm reduction facility can provide at-risk Rutherford County residents with support, reduce deaths related to opioid misuse, and improve community health. Providing residents with a variety of interventions can improve the individual's right to choose how they receive treatment in a manner that is still effective.

Background

While the opioid epidemic has had profound impacts around the globe, the effects are also felt within closer communities. Within the state of Tennessee, deaths related to both opioids and fentanyl rose exponentially over a five-year span (see Figure 1) (TN Department of Health, 2022). Additionally, there was also an increase in fatalities for individuals who use opioids and other substances such as stimulants (see Figure 1). Outside of deaths related to heroin and pain relievers, TN constituents are feeling the impacts of the opioid epidemic through the rise in loss of family and community members at an increased rate over this particular five-year span. Figure 1 does not account for any co-morbidities, though, that may impact an individual’s ability to use substances, thus impacting the amount of substances needed to end an individual life.

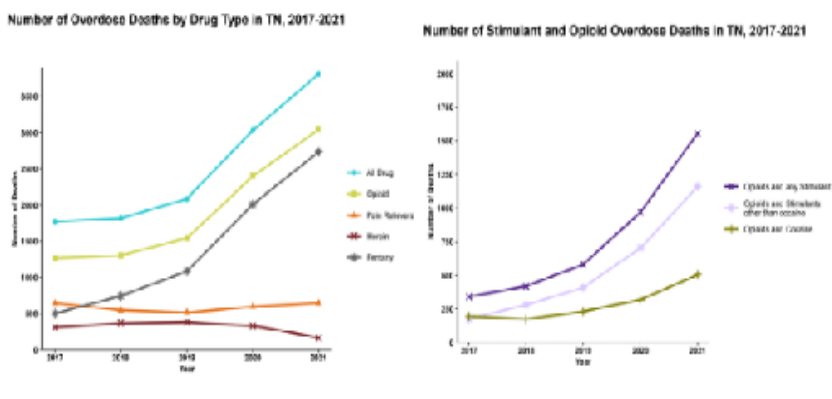


Figure 1: “Number of Overdose Deaths by Drug Type in TN, 2017-2021”¹

Though the use of opioids has impacted communities across the state, Rutherford County is one of the few hotspots of the negative impacts of these substances (see Figure 2). Though Figure 1 provides a strong visual representation of areas affected, it lacks information regarding whether clients served in these areas lived within those counties or their rural counterparts. In Rutherford County, death from substance overdose is the “leading contributor to premature death” as of 2021 (Ascension Saint Thomas Rutherford Hospital, p. 38). In that year, 4,715,782 prescriptions were written in the state of Tennessee for legal opioids (TN Department of Health, n.d.). Rutherford County displays the need for added resources related to harm reduction as a continual intervention for opioid use disorders and deaths caused by opioid use disorder.

1. Note. The TN Department of Health (2022) provides graphic information pertaining to the type of substances in relation to deaths by drug class and additionally substances used in conjunction with opioids at the time of an individual’s death.

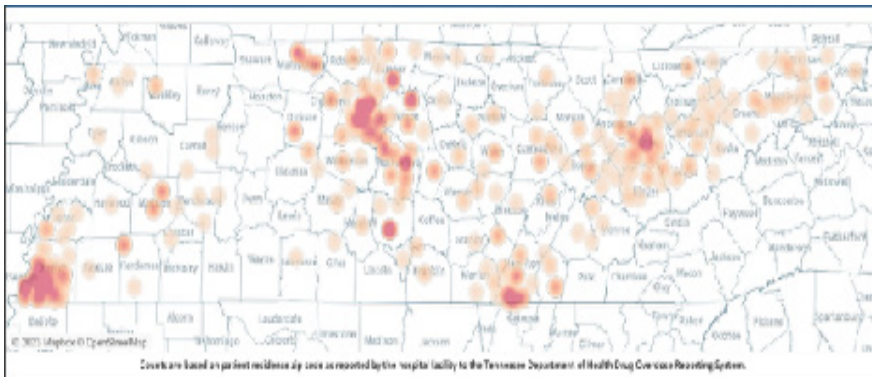


Figure 2: Heat map of hospital reported coded opioid overdoses in Dec. 2022.²

Community members of Rutherford County face challenges surrounding the need to decrease the stigma related to opioid use to address this communal problem (Ascensions Saint Thomas Rutherford Hospital, 2021). The TN Department of Health has created a platform, TN Faces of Opioids, that allows for individuals to discuss and share their stories related to the opioid epidemic (n.d.). Patience, a Rutherford County resident, discussed how her relationship with opioids developed due to the accessibility of her mother’s pain medication prescription while being her caretaker (TN Department of Health, n.d.). Another Rutherford County resident, Lattie, provided a detailed account of his struggles with generational opioid misuse, addiction, and internal emotional struggles (TN Department of Health, n.d.). Though a frequent theme, misuse of opioids is not limited to generational misuse. Another Rutherford County resident, Adam, shared how he found opioids to “fill a void” (TN Department of Health, n.d.). Regardless of the means in which Rutherford County residents find themselves using opioid substances, there is a growing demand for interventions in Middle Tennessee.

Cultural Perspective

Understanding the theoretical framework of how individuals with OUD, their families, and community institutions interact within society provides social work professionals with a deeper understanding of this population. Incorporating diversity, equity, and inclusion structure focuses on the needs of the community and promotes interventions that are both effective and equitable. While OUD affects individuals of a variety of racial and socioeconomic backgrounds, an understanding of disparities in access to care and systemic discrimination that has impacted their experiences and treatment outcomes is imperative. A systemic approach that is based in recognizing these differences is necessary when addressing the needs of this population. Latent functions

2. TN Department of Health

of discrimination of individuals who experience OUD is felt regardless of race or gender (Adams et al., 2021; Dale & Smith, 2013). Community understanding and perspective on the population of individuals with OUD not only stigmatizes them but can deter access to proper interventions in communities (Adams et al., 2021). Even within a hospital setting, when individuals who are admitted have OUD, they sometimes experience discrimination that can block access to treatment regardless of regulations (Kimmel et al., 2021). Medical discrimination is unwarranted when viewing OUD through the theory of the natural mind, since opioids were manufactured with addiction being a known side effect (Dale & Smith, 2013). While urban populations are experiencing the effects of the opioid epidemic, their rural counterparts are not equipped with the same resources to combat the community effect (Cashwell, Campbell, & Crowser, 2021). All these factors hinder this group before even considering the intersectionality of racial discrimination for this population.

The African American, Native American, Hispanic, and Latin populations that are affected by OUD do not have the same access to intervention care and face systemic discrimination when developing OUD (Siddiqui & Urman, 2022). Lack of community resources to counter the effects of OUD and suffering from excessive incarcerations due to discrimination all affect these populations. These vulnerable populations deserve access to education, funding for proper intervention, and proper access to facilities (Siddiqui & Urman, 2022). These systematic failings are just one consequence of discrimination against vulnerable populations; there is also a persistent lack of awareness regarding the latent functions shaped by generations of racism and oppression (Dale & Smith, 2013).

Supervised Consumption Sites

A supervised consumption site (SCS) is a crucial intervention for the opioid epidemic missing from many communities' current resources. These sites act as beacons of hope for clients by providing a clean and safe environment, harm reduction-informed practices, and trained professionals specializing in addiction and harm reduction. Committed to promoting harm reduction measures through the perspective of diversity, equity, and inclusion, the central goal of an SCS is to enhance the health and wellbeing of community residents by creating resilient interventions rooted in harm reduction. Program objectives include lowering rates of deaths related to opioid overdoses, promoting client engagement with internal programs, giving community educational opportunities, and setting up data collection measures to provide findings for community members.

Individuals who suffer from OUD are not alone. From rehabilitation, harm reduction, and non-abstinence-based approaches, to organizations, individuals, and communities

that have been affected by the opioid epidemic, there is a wide variety of assistance. Although families often place their hope in treatments based in rehabilitation, there are various approaches available for individuals with OUD. Community intervention at a macro scale will help mitigate the mortality rate of OUD in communities, whether through medical or harm reduction means (Feinglass et al., 2022).

This new form of harm reduction in the United States is not available in most states due to them being seen as a place for intentional drug activity (Sherman, 2022). Though individuals are allowed to consume narcotics acquired off the supervised consumption site campus, this style of organization supplies a variety of support for individuals who are not ready for other avenues. These facilities allow individuals to practice the theory of the rationalist approach by allowing them to choose a safe way for their needs to be met, through an SCS providing access to a safe and clean environment with trained medical staff (Abrams, Seabra, & Searby, 2023; Dale & Smith, 2013). The SCS also uses social systems theory in its macro approach by supplying instruments and safety provisions for the needs of their population and having clear expectations of their environment (Dale & Smith, 2013). While harm reduction is the first step to helping people, an SCS acts as a holon within the larger system of care for individuals with OUD.

Evidence-Based Practices

Community resources that are accessible for community members struggling with opioids and substance misuse can often save lives (Feinglass et al., 2022). Though there are facilities for rehabilitation and abstinence-based approaches within Rutherford County, the implementation of harm reduction methods is lacking within the community. While current rehabilitation facilities abide by certain regulations, discrimination against individuals who partake in opioids and other substances can result in lack of access to proper care (Adams et al., 2021; Kimmel et al., 2021). Couch et al. (2024) reported one specific form of stigmatization felt by those seeking treatment for OUD was “felt judged by their clinicians” (p.8). Individuals who use substances are highly stigmatized within all areas, including public health settings that can lead to worse health outcomes, increased overdose rates, and an overall reluctance to seek help. Supervised consumption sites are not strictly places of intentional drug use, but rather community resources implementing evidence-based harm reduction.

Innovation

The current options for interventions within Rutherford County include both abstinence based and methadone maintenance treatment. An SCS allows individuals not ready to pursue treatment access to a wide range of supports, providing immediate lifesaving medical intervention during overdoses from opioids that would have been fatal in other environments (Fienglass et al, 2022). Within the facility, clients are provided clean instruments and safety provisions that aid in the act of harm reduction and act within the clear expectations of the SCS. Facilities like this one act as a first stop within the larger system of harm reduction care.

Cost

Understanding the cost related to an SCS in relation to the societal cost of an individual with opioid use disorder provides a deeper comprehension of the larger impacts harm reduction services can provide. To provide an individual with services, it would cost on average \$4,000-\$5,200 a year (Caulkins et al., 2019). In contrast, the healthcare cost alone related to a fatal opioid overdose would cost the healthcare system around \$5,500 (Luo et al., 2021). Additionally, if an individual is incarcerated due to substance-related charges, the average yearly cost is around \$53,000 (ALCU Massachusetts, n.d.). While further research is needed to better understand the cost analysis of an SCS compared to other modes of addressing opioid use disorder, this brief discussion shows promise in relieving social funds through the harm reduction movement. Though this discussion can show the cost effectiveness of a harm reduction approach, there are systematic issues where many are profiting from the earlier figures provided rather than addressing social issues.

Community Involvement

Community involvement is paramount when implementing a supervised consumption site. Though resources such as supervised consumption sites are currently stigmatized, educating the residents of Rutherford County on the benefits would increase community acceptance (Jirka et al., 2021). While abstinence-based substance uses treatment work for some, the need for an integrated harm reduction approach would allow for stronger interventions within the community (Gallagher et al., 2019). Discussions within the community would allow for education surrounding harm reduction approaches and increase understanding surrounding the spectrum of the needs of those with substance use disorders (Gallagher et al., 2019). Community members' involvement is a vital part of any community action plan, especially when working with such an at-risk population.

Cultural Aspects

Acceptance of supervised consumption sites requires discussions within the community that break down cultural norms surrounding substance use disorder. Since the war on drugs was enacted, many professionals do not think that individuals with substance use disorders tend to have stereotypes associated due to lack of education and propaganda. Within Tennessee, policies being implemented through a conservative supermajority, a strong cultural emphasis on abstinence-based approaches shapes policy attitudes and policy decisions, creating social pressures that discourage harm reduction strategies. This mindset at a macro level impacts the cultural ideals at a mezzo and micro level that can lead to community disdain against interventions based in harm reduction rather than rehabilitation. Due to these ideals and lack of community supports, individuals and families who are impacted from OUD cannot access lifesaving treatment, which can then perpetuate the cycle of health disparities within the South. Some cultural stereotypes surrounding individuals with substance use disorders associate them with crime, violence, and unethical behavior (Dennis & Pienaar, 2023). On top the cultural stereotypes surrounding substance use, the intersectionality of racism is another factor when discussing a supervised consumption site for Rutherford County. Minority populations in Rutherford County may grow weary of organizations and institutions like SCS, fearing protentional harm (Cénat et al., 2024). The cultural implications would disrupt common misconceptions surrounding substance use disorder and provide for individuals the change to reclaim their path to social recovery.

Social Determinant of Health

Allowing individuals a safe space while navigating their own sobriety when experiencing substance use disorders is not the only impact that an SCS promotes in communities. While the main mission is to provide a harm reduction approach to substance use, supervised consumption sites promote other social determinants of health within communities. In communities that had access to supervised consumption sites, there was an increase in availability of services that promoted emotional support and promoted residents to feel safe and secure within their community (Kerman et al., 2020). Community members in an area that has a supervised consumption site also benefit from the increased access of both mental health and healthcare services (Kerman et al., 2020). While community members feel the positive impacts of a supervised consumption site within their area, individuals with substance use disorders felt added positive impacts related to community education impacts related to substance use (Kerman et al., 2020).

Policy Implications

While some individuals acquire narcotics through legal means, there are many illegal avenues through which to obtain substances of choice. For a supervised consumption site to be a practical service within a community, understanding policy implications is necessary. In other instances, special sanctions have been allowed for supervised consumption sites to open and provide sanctions for clients who use these services (Hayle, 2017). Though these special sanctions were achievable through community governmental, and law enforcement support (Hayle, 2017). Dismantling policies based on “the moral model underpinning the War on Drugs and the medical model entailed by the disease model of addiction” is crucial for the harm reduction movement (Smith & Marshall, 2016). When working within policy efforts related to narcotics with the United States, understanding that prohibitionist policy efforts were implemented to further oppress marginalized groups and communities is paramount (Smith & Marshall, 2016). Efforts should be made to further implement harm reduction policies that “seek to meet individuals where they are and provide assistance with helping individuals and communities reduce the harms associated with drug use and other risky behaviors” (Marlatt & Witkiewitz, 2010 p.595). Further research on the implication of supervised consumption sites effects on a micro, mezzo, macro level scale, legislative initiatives, and policies with law enforcements agencies within the localities must be done.

Implications for Practice

The wave of the “new public health” movement based in a harm reduction approach is crucial for future practice across health disciplines (Smith & Marshall, 2016 p.7). Understanding and implementing harm reduction approaches such as supervised consumption site facilities open a new area of practice within behavioral health. Within the educational setting, dismantling negative beliefs and connotations of substance use within course work should be implemented (Bozinoff et al., 2024) Executing a harm reduction approach within health settings can shift the ideology that labels substance uses from harmful to an individual, to an unmet need within communal settings (Smith & Marshall, 2016). To best meet the needs of community members behavioral health professionals should aid in the creation of “by and for” organizations to build peer efficacy in promoting harm reduction practices (Smith & Marshall, 2016, p. 189). Though, when working within a macro-organization, understanding the downfalls of professionalism within peer-based movements can be changed related to institutional power structures that can render services meaningless if co-opted by the majority (Smith & Marshall, 2016). When implementing harm reduction into practice, supporting both the individual’s right to self-determination and conserving the person-in-environment perspective is paramount for the future of behavioral health practice.

Limitations

While research on supervised consumption sites continues to gain traction, there are limitations to this discussion. Most of the research discussed is based in areas outside of the United States. Additionally, the information provided within this discussion may not generalize to communities within the United States. While the focus of this discussion pertains to supervised consumption sites and opioid use disorder, the literature reviewed on supervised consumption sites includes data for clients with a variety of substance use disorders.

Conclusion

In a society where “substance abuse permeates with tremendous intensity” abstinence-based interventions have shown to be an ineffective intervention approach (Vejar, 2023, p. 3). Supervised consumption sites provide individuals with self-determination and safety that might not be provided when isolated within substance use. Community-based harm reduction has the potential to reduce overdose rates, prevent the spread of infectious diseases, and work as a hub-and-spoke model for those who desire treatment within a structured and supportive environment. Behavioral health professionals will face a variety of challenges when supporting a supervised consumption site as a means of intervention for individuals with substance use disorders. While logistical and policy-related challenges are at the forefront of harm reduction-based interventions, professionals will also need to address internal bias and ingrained stigmas around substance use to fully embrace interventions based in the harm reduction approach. Additionally, educating community members on the evidence-based benefits of harm reduction by supervised consumption sites is necessary to sway current societal perceptions in hopes of acceptance of these lifesaving interventions. Community support for initiatives such as a supervised consumption site understand that the harm reduction approach to substance use disorders does not perpetuate them but provides alternative interventions is a major challenge that social workers will face (Taylor et al., 2021). Only through the efforts of consistent advocacy, collaboration with community members, and the continuation of research to further validate harm reduction approaches, such as supervised consumption sites, can lasting change be made in life saving treatments to address substance use disorders in a way that promotes both safety and dignity for those involved.

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