

**Harm Reduction (HR) policies & programs:  
Their economic effects on patient safety & public health  
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Harm Reduction (HR) policies & programs have economic effects, especially on patient safety & public health. The burden of patient harm can add up significantly annually, affecting the broader economy through lost capacity & the livelihoods of patients (Slawomirski, Auraen, & Klazinga 2017). An economic case for investing in HR programs—**needle** & syringe programs, medication-assisted treatment—has been widely accepted, with evidence showing significant savings in overall public health **objectives** & a reduction in petty crime, resulting in safer environments & higher quality of life & longevity (UNAIDS Conference, 2013). HR has been documented as a real-world & transformative method integrating community-driven public health strategies, presenting low-threshold options for accessing healthcare services, i.e., substance use treatment & mental health treatment (Wilson et al 2015). The literature emphasizes cost-effectiveness of HR strategies, especially in reducing physical & social harms related to drug use (Wilson et al 2015). Value exists in HR strategies as they address the opioid crisis & related public health challenges, & lead changes in public policy **objectives** & approaches to drug-related issues (from

[https://www.hri.global/files/2021/03/04/Global\\_State\\_HRI\\_2020\\_BOOK\\_FA\\_Web.pdf](https://www.hri.global/files/2021/03/04/Global_State_HRI_2020_BOOK_FA_Web.pdf), retrieved November 26, 2023). Currently, HR demonstrates a strong economic rationale, highlighting cost-effectiveness (Stiglitz & Rosenberg 2015) & positive economic impact of these programs in addressing public health challenges & patient safety.

The economic issues surrounding HR policies in healthcare are complex & have significant consequences. Funding for example of HR programs influences their local understanding, application, & sustainability, & the professional profiles of those involved in service provisions (Miovsky et al 2020). Reduced financial resources has depleted HR services integration into healthcare systems, leading to disagreements & challenges in their application within standard legislation & financing (Miovsky et al 2020). However, evidence shows that HR interventions are cost-effective & can even be cost-saving in the long term (Miovsky et al 2020; Kim, Pulkki-Brannstrom, & Skordis-Worrall 2014; UNAIDS Conference, 2013).

A case study for example of economic issues regarding HR is illustrated by the crisis in its funding in Central & Eastern Europe. Lack of systemic grounding of HR services as interdisciplinary health-social services, absence of specific inter-disciplinary & international support, & more belief-driven versus evidence-based approaches to drug policy, have all contributed to challenges in its implementation (Miovsky et al 2020). COVID-19 for example has highlighted labor concerns & inequities, further hindering programs' ability to respond effectively (Olding et al 2021). A recommendation for further analysis regarding HR addresses lack of systemic foundation & multi-lateral support for HR services, which includes advocating for integration of HR into regular health & social care provision & developing a functional strategic framework & funding schemes in drug policy, with HR as a priority (Miovsky et al 2020). Additionally, further research & analysis of cost-effectiveness of HR strategies would provide valuable insights for policymakers & stakeholders (Kim, Pulkki-Brannstrom, & Skordis-Worrall 2014). While economic challenges surrounding HR policies in healthcare are complex, evidence suggests HR programs are good for the economy (UNAIDS Conference, 2013), & addressing systemic & financial barriers to such services is vital for people & society.

In healthcare HR policy addresses significant market **failures**. As previously mentioned, patient harm can impose a substantial financial burden on health systems & society, leading to lost capacity, reduced productivity, & unnecessary healthcare resource use (Slawomirski, Auraen, & Klazinga 2017). This represents a market **failure** due to the private sector's inability to efficiently address broader economic effects of harm, i.e., ongoing morbidity & reduced lifetime

patient productivity (Slawomirski, Aaraaen, & Klazinga 2017). Furthermore, partial information, information asymmetry, & effect of externalities on consumer behavior add to market **failures** in healthcare, requiring government & policy interventions to address these inefficiencies (Watts & Segal 2009). HR policy is stressed by the **need** to mitigate market **failures** & ensure efficient allocation of resources in healthcare. Investing in HR programs is not only a good investment but also saves lives, as shown by cost-effectiveness & long-term value created by prevention efforts

(<https://www.unaids.org/en/resources/presscentre/featurestories/2013/june/20130614harmreduction>). Therefore, aligning HR programs within healthcare is essential to address economic implications of patient harm & to ensure efficient & effective use of resources in addressing public health challenges (Slawomirski, Aaraaen, & Klazinga 2017).

HR policy emphasizes the **need** to compare & consider **alternative** strategies for modifying high-risk behaviors, especially on drug policies. A study comparing six **alternative** drug policies, i.e., supply reduction, demand reduction, prevalence reduction, reduction of total quantity consumed, reduction of average harm per use of drugs, & reduction of total drug-related harm, points to the overlap & commitment to the application of reduction models (Tucker & Simpson 2003). While HR offers an **alternative** perspective, it faces opposition due to concerns about wrong messaging, & the need to address this argument to overcome its opposition (Tucker & Simpson 2003).

Consider HR a cost-effective approach that saves lives, as demonstrated by the following. A case study comparing cost-effectiveness of HR strategies in Ukraine provides evidence that HR interventions are a cost-effective way to address high-risk behaviors & health risks when eliminating them may not be possible (Kim, Pulkki-Brannstrom, & Skordis-Worrall 2014). The evidence suggests that HR interventions are a cost-effective way to address high-risk behaviors & health risks, saving lives & improving public health outcomes. The **design** features of HR appealing to cost-effectiveness are rooted in HR principles & strategies. HR encompasses a spectrum of strategies aimed at reducing negative consequences related to drug use (NHC 2023), which unscrambles the notion that drug use equals harm & instead identifies negative consequences of drug use as a target for intervention rather than drug use itself (Miovsky et al 2020). HR focuses on reducing collective harm & attracting viable political support, as evidenced by its interventions (Tucker & Simpson 2003). HR strategies include syringe exchange programs, safer injection facilities, overdose prevention programs & policies, & medication-assisted treatment (Miovsky et al 2020). These programs are **designed** to mitigate negative effects of health behaviors leaving it to the individual to extinguish behaviors themselves (Miovsky et al 2020; NHC 2023).

In the US, **private sector** has played a role in supporting HR through scientific research & activism. Historically the federal government has opposed HR, but the **private sector** has been active in qualifying large-scale public expenditures on HR programs, primarily by state & local governments (Miovsky et al 2020). Cooperation between HR activists & HIV/AIDS researchers has been crucial for data **needed** to support HR programs, essential in stopping epidemics among PWUD (Miovsky et al 2020). From an economic perspective, investing in HR programs has been recognized as a good investment that saves lives.

**Efficiency** consequences related to HR, considering all involved, are multifaceted & have significant economic implications. From an economic perspective, **efficiency** consequences of HR are evident in broader economic effects of patient harm. Investing in harm prevention measures can create long-term value by reducing economic burdens on healthcare systems &

society (Slawomiriski, Auraaen, & Klazinga 2017). These programs aim to empower individuals & communities, reduce harmful impacts of stigma, mistreatment, discrimination, & harsh punishment, & address health inequities, leading to more efficient & effective public health outcomes (SAMHSA 2022)

**Distributional** consequences related to HR are influenced by various factors. HR strategies have implications for different stakeholders. HR programs have a positive **distributional** consequence by improving health outcomes of individuals who use drugs & reducing burden on public health systems. By providing services & resources for safer drug use, these programs aim to minimize negative risks related to drug use-- homelessness, disease, infection, & overdose. They address social harms related to drug use contributing to a safer & healthier environment (From <https://www.cdc.gov/drugoverdose/od2a/case-studies/harm-reduction.html>, retrieved November 26, 2023). From an economic perspective, HR programs have **distributional** consequences by reducing economic burden on healthcare systems & society. By preventing infectious diseases & reducing severity of drug-related problems, these programs contribute to long-term cost savings & improved resource allocation within healthcare (Wilson et al 2015). Response to HR in the US has been influenced by activism & scientific research, demonstrating a critical role in justifying large-scale public expenditures on HR programs, especially at the state & local levels (Miovsky et al 2020), leading to HR programs in individual states, despite opposition from the federal government, demonstrating **distributional** consequences of political & research efforts on HR initiatives. **Distributional** consequences related to HR include public health, social, economic, & political impacts, targeting well-being of individuals, communities, & society.

HR comprise **trade-offs** between equity & **efficiency**, impacting various stakeholders (Sandiford et al 2018). Equity refers to fair distribution of resources & benefits, while **efficiency** relates to optimal allocation of resources to achieve best outcomes (Stiglitz & Rosengard 2015).

Considering HR, these **trade-offs** are apparent in the pursuit of maximizing health gains while ensuring fair access to services & resources. This observation in **trade-offs** is especially relevant in healthcare resources allocation, where policymakers must consider equitable distribution of HR services while maximizing overall health gains for the population (Asamani et al 2021).

While a debate exists on whether equity & **efficiency** conflict or complement each other, observed examples suggest that these **objectives** complement each other (Wilson et al 2015; Asamani et al 2021). Allocative **efficiency** (Stiglitz & Rosengard 2015, p161, p844) is considered a necessary condition for equity & fairness, indicating that **efficiency** gains can contribute to achieving equity **objectives** in healthcare resource allocation (Asamani et al 2021). Equity & **efficiency** is directed for greater benefit through a calculated process of resource allocation (Asamani et al 2021), which considers both equity & **efficiency** as agreeing concepts in maximizing & reaching for equal health outcomes for populations, emphasizing **need** to make clear equity standards selected in decision-making processes (Asamani et al 2021).

HR comprises navigating **trade-offs** between equity & **efficiency**, aiming to maximize health gains while ensuring fair access to services & resources. Understanding & addressing these **trade-offs** are crucial for policymakers to make informed decisions that balance fair distribution of resources with optimal allocation to achieve best health outcomes for all. HR addresses public policy **objectives** & their shortcomings by incorporating a practical & transformative approach that empowers individuals & communities to make positive changes in their lives. These initiatives focus on reducing harmful impacts of stigma, mistreatment, discrimination, & harsh punishment of people who use drugs (PWUD), especially of people living in underserved communities (SAMHSA 2022). However, challenges & shortcomings related to dissemination &

adoption of HR strategies persist due to a lack of agreement & understanding among service providers regarding HR's definition & core element, discouraging efforts to promote HR as a distinct model & complicate attitudes & adoption efforts of these policies (Miovsky et al 2020). Opposition & resistance to HR, with concerns about faulty messaging & inadequacies about its intervention exist (Tucker & Simpson 2003).

HR has a significant impact on **political processes**, reflecting a shift in attitudes & policies related to drug use & public health, influenced political discourse, policy development, & resource allocation. US HR policies & attitudes have advanced substantially most recently with the Obama administration embracing some HR policies, rejected by previous administrations (Miovsky et al 2020). This shift has led to integration of HR as a key pillar in the US DHHS' Overdose Prevention Strategy, reflecting a change in public policy **objectives** to address opioid crisis & related public health challenges (SAMHSA 2022). The US federal system of government allows individual states to implement HR programs indicating influence of HR on **political processes** at state & local levels, leading to HR initiatives despite opposition (Miovsky et al 2020). Growing Republican support too for realistic drug policies, driven by the opioid crisis, has contributed to continuing progress for HR, demonstrating a shift in political attitudes & recognition of value of HR strategies, leading to changes in public policy **objectives** (Miovsky et al 2020). HR principles echo a social justice movement constructed on a belief in & respect for the rights of PWUD. These principles have influenced **political processes** by advocating for non-judgmental, non-coercive provision of services & resources to PWUD, acknowledging & respecting them in programs & policies **designed** to serve them (NHC 2023). HR have influenced **political processes** by advancing policy **objectives**, promoting state & local control, garnering growing support, & advocating for empowerment & social justice, leading to changes in political attitudes, policy development, & resource allocation, reflecting a shift in public policy **objectives** & approaches to addressing drug-related issues

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