# Telehealth is a **harm reduction** practice, expanding access to care to those who face personal barriers and social inequities such as paranoia, trauma, and access to transportation.

Harm Reduction Saves Lives

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## Introduction

### Telehealth in SUD Treatment

- A study found a 143% increase in telehealth use in SUD facilities from 2020-2021.[1]
- Policy changes allowed buprenorphine prescriptions via telehealth, extended beyond the pandemic.[2]
- Telehealth improves treatment adherence, reduces overdose risk, and increases accessibility.[3,4,5,6]
- Challenges in telehealth include difficulty conducting physical exams, privacy concerns, and digital literacy barriers.[7,8,9]

### Harm Reduction in SUD Treatment

- Focuses on minimizing harm from substance use without requiring abstinence.[10,11]
- Historically has included interventions like needle exchange programs and alcohol use disorder programs.[11,12]
- Effective when combined with medication assisted therapy (MAT), motivational interviewing, and web-based interventions.[11,12]
- Telehealth expands harm reduction efforts by increasing MAT access and reducing treatment barriers.[13,14]

## Case Studies

A **27-year-old** woman with **methamphetamine use disorder** had an initial in-person appointment three weeks prior but **followed up via telehealth**. During the virtual visit, she **appeared distressed, paranoid, and disheveled**, reporting concerns that her ex-boyfriend had hacked into her computer. She denied recent methamphetamine use but admitted to feeling anxious and eating less than usual. Despite her concerning presentation, she reported that her weight had remained stable.

**Telehealth enabled continued assessment** despite barriers to in-person visits, allowing the provider to **monitor the patient's mental state and living conditions.** Through ongoing telehealth visits, a history of trauma was uncovered, allowing the patient to start trauma-focused cognitive behavioral therapy, which helped reduce her symptoms and improve her stimulant use disorder.

A **34-year-old** patient with **opioid use disorder** requested to **restart buprenorphine** treatment **via telehealth.** He started using fentanyl following a missed in-person follow-up one month ago. He had previously done well in treatment, completing vocational training and legal requirements, but was accused of offering to sell his medication in a group setting. At the time of the telehealth request, he had been using fentanyl daily, with his last reported use just hours before the call and was not yet in withdrawal.

**Telehealth allowed the patient to re-engage in treatment** without disrupting his employment, **ensuring continuity of care.** He was able to complete urine drug screenings through his primary care provider's office or a local lab, **reducing transportation burdens** while maintaining his current level of functioning.

A **47-year-old** patient with **alcohol use disorder** had initially scheduled an in-person intake but **requested a telehealth visit due to car trouble.** He reported heavy daily alcohol use, recent nausea and vomiting, and a history of withdrawal requiring an ER visit. During the virtual appointment, he **appeared nervous and expressed fear** of relapsing due to **withdrawal symptoms.**

**Telehealth** provided a crucial opportunity to **assess the patient's withdrawal risk and initiate an appropriate intervention.** After confirming his address, **emergency services were dispatched,** leading to his admission for treatment. He was **stabilized, started on naltrexone,** which helped reduce his cravings, and was able to return to work.

## Discussion

- While telehealth presents safety concerns, **virtual safety assessments are both feasible and effective.**
- Patients may feel more at ease in their home environment, **providing unique clinical insights that might otherwise be overlooked.**
- Obtaining objective medical data can be more challenging, but a **harm reduction approach supports both autonomy and beneficence.**
- Utilizing **home monitoring tools** such as blood pressure cuffs and pulse oximeters can help bridge the gap in remote assessments.

## Conclusion

- Telehealth and harm reduction together enhance access to SUD treatment, improving outcomes.
- Policy adaptations support continued integration of these approaches.
- Addressing technological and social barriers is crucial for equitable access.

# Telehealth as Harm Reduction

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