



Harm Reduction: Best Practices

An Approach to Working with People who Engage in High-Risk Behavior

Midwest Harm Reduction Institute
Presentation to Co-occurring Disorder
Cross Divisional Chicago
James R. Thompson Center
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Workshop Goal

To introduce participants to a viewpoint & strategies that focus on partnering with the substance user to assist them in reducing any or all harms associated with their substance use.

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Agenda

- HR Philosophy
- Accepting clients' non-abstinence goals
- Specific HR strategies

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Audience Poll

How many of you have felt frustrated when faced with a participant who wasn't ready for what you thought they needed to do?

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Harm reduction

- Is a set of practical strategies that reduce negative consequences of drug use and other high-risk behaviors
- Incorporates strategies that range from safer use to managed use to abstinence
- Meets and accepts drug users on their own terms

– Harm Reduction Coalition

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Elements of Harm Reduction Programs

- User involvement
- Any positive change
- Supportive agency policy
- Collaboration with other providers

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Principles of Harm Reduction

(Denning, 2000)

- Drug addiction is a biopsychosocial phenomenon
- Drug use is initially adaptive
- *Drug*, *set*, and *setting* are central to understanding an individual's drug use
- There is no inevitable progression from use to dependence

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Principles of Harm Reduction

(Denning, 2000)

- Users have the right to sensitive treatment, and to not be expelled for the very behavior that brings them to treatment
- Treatment should be based on the development of a needs hierarchy
- Active drug users can and do participate in treatment
- Success is related to self-efficacy
- Any reduction in drug-related harm is a step in the right direction

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Harm reduction values

- Normalize drug use
- Be nonjudgmental, including avoiding potentially judgmental labels
- Avoid having preconceived goals
- Provide choices
- Value the individual's information and input
- Be aware of power differences
- Build rapport and trust

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Harm reduction values

- See small changes as successes
- Recognize ambivalence as normal
- Emphasize the individual's strengths
- Emphasize personal responsibility for outcomes

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Recovery = Any positive change

- Harm reduction values the development and maintenance of a nonjudgmental partnership that enables the consumer to make well-informed, empowered choices
- Recovery is envisioned as a process—the consumer sets the pace and parameters of that process, and any steps forward are valued

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Isn't harm reduction...

- In favor of drug use?
- Tacit consent to use drugs?
- "Don't ask, don't tell"?
- Simply a masked bid for drug legalization?
- "Anything goes"?
- Anti-abstinence?

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Principles of Harm Reduction

- User's decision to use is accepted (pragmatism)
- User is treated with dignity
- User is expected to take responsibility for his/her own behavior
- Users have a voice
- Reducing harm not consumption
- No pre-defined outcomes

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Expectations and responsibilities

- Behavior-based
- Clear purpose and explicit rationale
- "No rules without relationship"
- Enforceable, legal
- Less is more
- Participant input
- Keep current and revise
- Clear, consistent consequences

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Harm reduction and abstinence

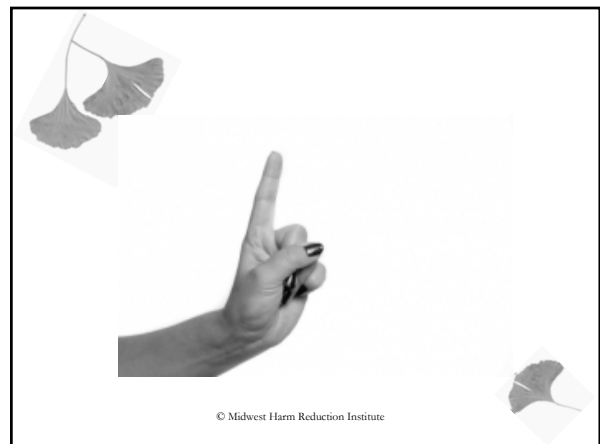
- Harm reduction and abstinence are congruent goals
- Harm reduction expands the therapeutic conversation, allowing providers to intervene with active users who are not yet contemplating abstinence
- Harm reduction strategies can be used at any phase in the change process

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The big question...

Is it okay to get high?

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The big question...

“Sorting through our own beliefs about the morality of getting high on drugs is imperative if we are to avoid a countertransfere ntial mire of reflected negative judgments and basic misunderstandings of our patients.”

(Denning, 2000, p.15)

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How can I be nonjudgmental?

- Recognize that being completely nonjudgmental is impossible – look at how you respond to your judgments
- Follow the participant’s lead – avoid pushing him or her to a place that he or she is unable or unwilling to go

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How can I be a partner?

- Listen first
- The participant is the expert – let him/her know that you recognize this
- Remind the participant that he/she makes the final choice – and lives with the consequences of that choice
- Ask, “How can I be helpful?”

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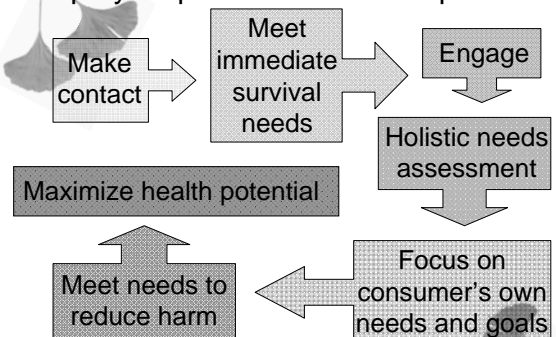
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How can I provide choices?

- List all options – not just those YOU prefer
- Ask, “What do you think would be useful or helpful at this point?”
- Ask permission to provide options: “Some people who have been in a similar situation have found a couple of things helpful – would you like to hear what they are?”
- Always let the participant know that he has the final choice

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Step-by-step harm reduction in practice



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Models of Harm Reduction

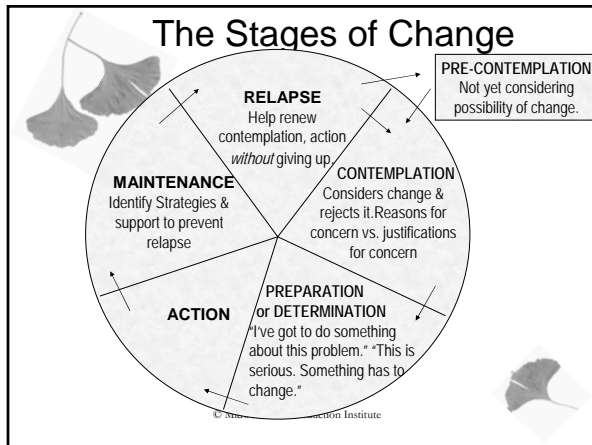
- Disease Prevention
- Harm Elimination (Abstinence)
- Recovery Readiness/Recovery Management
- Moderation and Controlled Use
- Substitution Therapy

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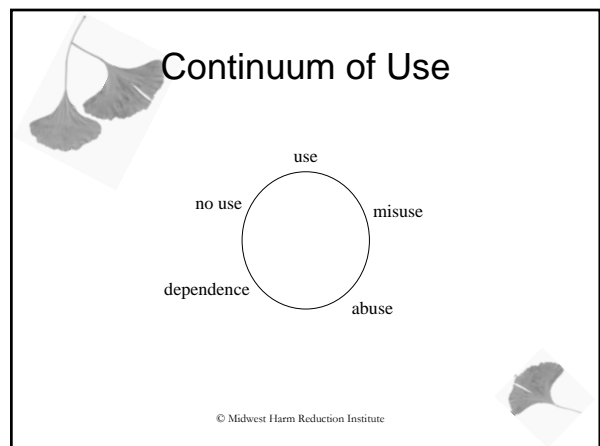
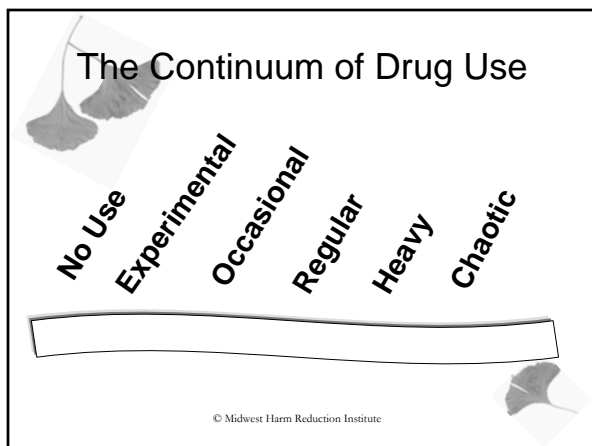
Models of Harm Reduction Cont.

- Relapse Prevention and Intervention
- Overdose Prevention
- Individualized Approaches to Recovery
- Psychosocial stabilization/Binge Reduction
- Involuntary and Mandated Services
- Education: "Just Say Know"

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STAGES OF CHANGE & THERAPIST TASKS	
PRECONTEMPLATION	Raise doubt - Increase the participant's perception of risks and problems with current behavior
CONTEMPLATION	Tip the decisional balance - Evoke reasons for change, risks of not changing; Strengthen self-efficacy for behavior change
PREPARATION	Help to determine the best course of action to take in seeking change; Develop a plan
ACTION	Help implement the plan; Use skills; Problem solve; Support self-efficacy
MAINTENANCE	Help identify and use strategies to prevent lapse/relapse; Resolve associated problems
RELAPSE	Help recycle through the stages of contemplation, preparation, and action, without becoming stuck or demoralized because of relapse



Substance Use Management *Defining Terms*

Drug: A common definition of the word 'drug' is any substance that in small amounts produces significant changes in the body, mind or both.

Psychoactive Drug: Psychoactive drugs target the Central Nervous System (CNS) and can affect mood, perception and/or thought, producing changes in both mind and body.

Substance: Any liquid, solid, or gas consumed for the purpose of changing a persons feeling, mood, or consciousness. Typically limited to those substance considered "drugs of abuse".

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Substance Use Management *Defining Terms*

Substance Use: The consumption of any liquid, solid, or gas consumed for the purpose of changing a persons feeling, mood or consciousness. Typically limited to those substance considered "drugs of abuse" and those not prescribed by a person's health care provider.

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Substance Use Management *Defining Terms*

Substance Abuse: A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period:

1. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home.
2. Recurrent substance use in situations in which it is physically hazardous.
3. Recurrent substance-related legal problems.
4. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.

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Substance Use Management *Defining Terms*

Substance Dependence: A maladaptive pattern of substance use, leading to significant impairment or distress as manifested by three (or more) of the following at any one time in the same twelve month period:

1. Tolerance, as defined by either of the following:
 - a. A need for markedly increased amounts of the substance to achieve intoxication or desired effect
 - b. Markedly diminished effect with continued use of the same amount of the substance.
2. Withdrawal, as manifested by either of the following:
 - a. The characteristic withdrawal symptom for the substance.
 - b. The same (or closely related) substance is taken to relieve or avoid withdrawal symptoms.

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Substance Use Management *Defining Terms*

Substance Dependence: Continued

3. The substance is often taken in larger amounts or over longer periods of time than was intended.
4. There is a persistent desire or unsuccessful efforts to cut down or control the substance use.
5. A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from it's effects.

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Substance Use Management *Defining Terms*

Substance Dependence: Continued

6. Important social, occupational, or recreational activities are given up or reduced because of substance use.
7. The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.

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Substance Use Management Defining Terms

Substance Misuse: Consuming any substance in larger quantities or more often, by different routes of administration, or for a different purpose than intended by prescribing health care provider.

For example:

1. Taking four doses of a prescribed "pain killer" at one time for the purpose of "getting a buzz" or taking this same pain killer more frequently than prescribed.
2. Injecting alcohol to get a fast and powerful high or snorting pain killers.
3. Taking four doses of Benadryl™ for the purpose of "catching a nod".

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Simplified Definitions

-Denning (2004)

- **Substance Abuse** – continued use despite negative consequences (i.e. angry family, warnings at work, DUIs, medical problems, legal consequences, financial consequences)
- **Substance Dependence** – life becomes organized around using. There may be physical dependence (i.e. tolerance has developed and there is withdrawal without the drug). Craving for the drug is intense and one goes out of their way to obtain it. Efforts to quit fail.

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Characteristics of a good relationship with drugs (Weil, 2004)

- You recognize that the substance is a drug, and know how it affects your body.
- You maximize the pleasure you get from a drug by using it sparingly and strategically.
- You are using it with no adverse physical or social effects.
- You can take it or leave it.
- See handout: experimental-chaotic use

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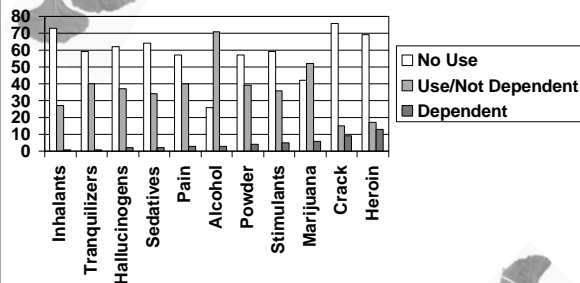
Progression of Substance Use

- Most people do not progress to the point of chaotic use, or to heavy use, abuse, or dependence. **They can, nevertheless, incur harm at any level of use if they are uninformed about their drugs or themselves.**
- Many people who do progress to one of the more serious levels of use back off on their own, without any help. Many people go back and forth between heavy and not heavy use.

-Denning, Little, Glickman (2004)

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Substance use status one year after initiation of substance, 2004 to 2006



Adapted by CESAR from Substance Abuse and Mental Health Services Administration, "Substance Use and Dependence Following Initiation of Alcohol or Illicit Drug Use", The NSDUH Report, March 27, 2008.

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Redefining Abstinence: Attitudes & Beliefs about Substance Use

- How do we, the worker view abstinence?
- How does the participant view abstinence?

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Redefining Abstinence: Attitudes & Beliefs about Substance Use

- What messages does the participant receive about abstinence?
- What messages does the worker send about abstinence?

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Redefining Abstinence: Attitudes & Beliefs about Substance Use

- What meaning and significance does abstinence hold for the worker?
- What meaning and significance does abstinence hold for the participant?
- Has the participant ever been abstinent ?

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Redefining Abstinence

Please, try to think of Abstinence as one of the many *Tools* used to achieve *Recovery* rather than a *Goal* in and of itself.

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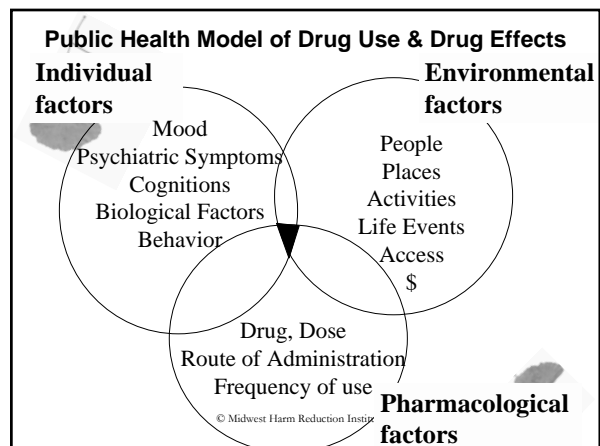
Alternatives to Abstinence

- “Warm Turkey” (Miller & Page, 1991)
 - Tapering
 - Trial Moderation
 - Sobriety Sampling = Planned Period of Abstinence
- Limited or moderate drug use
- Abstinence from one drug and not another

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“The poison is in the dose”
-Paracelsus

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Drug, Set and Setting (Zinberg, 1984)

- Zinberg studied individuals who used heroin but avoided developing physical dependence
- Recreational users made sensible decisions
- The user—*not the drug*—sets the parameters of the person:substance relationship

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Drug, Set and Setting (Zinberg, 1984)

- **Drug:** pharmacology
- **Set:** individual drug user
- **Setting:** contexts of drug use

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Characteristics of the Drug

- The drug itself
 - Purity, Potency
 - Type of Drug (i.e. Stimulant, Depressant)
 - Dose
 - Nature of the “high”
 - Mixing drugs
- What the drug is cut with
- Route of Administration
 - How the drug is used (swallowed, smoked, snorted, injected, absorbed)
- Legal or illegal?

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Characteristics of the Individual (SET)

- Individual's unique physiology
 - Genetics
 - Sensitivity to drug effects
 - Gender, age, ethnicity
 - Physical states: fatigue, illness, hunger (food in stomach)
 - Tolerance/Cross-Tolerance

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Characteristics of the Individual

- Individual's physical health
 - Liver disease or high blood pressure?
 - Diabetes?
 - Other illnesses or factors?
- Individual's mental or emotional state
 - Anxiety, depression, psychosis, etc.
- Attitudes and beliefs
- Expectations

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Characteristics of the Individual

- Individual's cultural identity, culture of origin, and sense of well-being
- Individual's expectation of the drug and motivation for using the drug (why does the person use *this* drug and what does he or she expect to get out of it?)

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Characteristics of the Environment (Setting)

- Stress in the individual's life: social, economic, or environmental
- Support in the individual's life
- With whom and where does the individual use (i.e. safe/unsafe, other activities going on)
- Social and cultural attitudes toward drug use
- Drug using cues (seasons, smells, sounds, etc.)

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Consumer Needs Hierarchy

- The *individual* takes stock of his or her various needs within the context of drug, set, and setting and prioritizes those most important
- *Example: "I am most concerned about avoiding HIV infection," or "I am most concerned about not going to jail," etc.*

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Substance Use Management

- "...Maximize the positive value of using substances for the client while minimizing the negative impact of using *to the point where the client is presently ready to go.*"
- Relevance of client characteristics: problem severity, ultimate outcome goal, drug of choice

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Reduce Harm – Increase Pleasure

- Remember: the *consumer's* goal is most important.
- *Everybody has a substance use management plan even if that plan is not to plan!*

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SUM: Principles

(Denning, 2004)

- *For SUM to be effective, the individual must be:*
 - **Honest** to self about drug use and its impact
 - **Willing** to make a change in some form
 - Able to learn **Skills** that support concrete, positive changes

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Substance Use Management

(Bigg, 2001)

DRUG RELATED:

- Abstinence from one or more drugs and for a limited or open period of time
- Switching routes of administration
- Decreasing amount of drug used (heroin vs. crack cocaine)
- Decreasing frequency of use (crack cocaine vs. heroin)
- Decreasing concentration of drugs used
- Formal and informal drug substitution
- Considering risks and benefits of combining drugs
- Learning drug purification and drug purity testing measures
- Education and tools for safer drug use

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Substance Use Management

(Bigg, 2001)

SET (INDIVIDUAL) RELATED:

- Considering the personal benefits/purposes of use
- Exploring person's hopes/expectations about use and how this relates to the drug experience
- Considering alternatives to accomplishing the same ends desired through drug use
- Developing constructive personal rituals around drug use
- Exploring, discussing a persons experience of shame about drug use

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Substance Use Management

(Bigg, 2001)

SETTING (ENVIRONMENT) RELATED:

- Separating drug use from other important tasks
- Creating a safer use environment by considering where, with whom, and when it occurs, reducing outside responsibilities when using, initiating safer purchase/possession practices
- Working to address affordability of use
- Considering mediation with others regarding drug-related problems
- Consider utility of sobriety support groups
- Learning about overdose prevention
- Developing a relationship with a respectful, knowledgeable health care provider
- Learning about legal issues/risks related to drug use

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Substance Use Management

(Bigg, 2001)

OTHER:

- Share and discuss alternatives to dominant models of addiction
- Share and discuss short- and long-term benefits and negative effects of drug use
- Share and discuss all forms and types of abstinence
- Be mindful and attentive to nutritional health
- Share and discuss Responsible Drug Use...

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Did You Say "Responsible Drug Use?"

- control over when, how, how often, where, and with whom one uses
- take care of business first
- maintain income and/or entitlements
- maintain housing
- respect agency and/or landlord rules regarding drug use on the premises
- keep medical appointments; take appropriate medication

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How Drug Users can be Involved in Service Delivery

- Outreach
 - Engagement in services
 - Disease prevention efforts
 - Substance use management
 - Overdose prevention
- Advocacy
 - Empowerment

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Roleplay

Any audience member willing to channel a participant who is an active substance user so that we can brainstorm a substance use management plan?


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*This powerpoint presentation originally developed by Matthew A. Silver, CADC (2007)



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