



HARM REDUCTION Basic Overview

Background:

Consider the “traditional” patient of years ago: Alcoholic/addict only (primarily one substance used), few or no co-occurring issues, supportive family. Addiction often the primary issue and any other issues secondary

Contrast today’s patient: Multi-drug user, co-occurring mental health disorders prevalent, multiple systems involved, increased family dysfunction, medications – Overall, today things are quite often much more complex. Harm Reduction is a way to deal with more complex client issues faced today.

Introduction to Harm Reduction (HR):

Harm Reduction is still at times considered controversial in some circles (Although HR has become less controversial with time as awareness and acceptance of HR has increased) This outline considers the perspective of integrating ***harm reduction principles*** into existing substance abuse treatment, rather than just a discussion of traditionally known types of harm reduction programs.

➤ ***What often comes to mind when people think of Harm Reduction?***

- HR is more than just needle exchange and methadone programs
- HR is a philosophy for setting goals in treatment settings

Definitions:

“Harm Reduction is anything that reduces the risk of injury whether or not the individual is able to abstain from the risky behavior” – David Ostrow, MD, PhD

“Harm Reduction differs from current models in that it does not require individuals to remove their primary coping mechanism until new coping mechanisms are in place, thus creating an easier, more obtainable avenue for desired behavior change” – Michael Scavizzo – Harm Reduction Advocate

Some Basic Principles of Harm Reduction:

- Substance use is seen as a complex, multi-faceted problem that ranges from total abstinence to severe abuse (HR takes into account co-occurring disorders and all other related issues that impact functioning such as homelessness, physical and mental conditions, health risks, etc.)
- Some ways of substance use are clearly safer than others. (All drugs have the potential to cause harm however some are worse, especially when considering immediate effects such as overdose risk and withdrawal. The idea of “a drug is a drug” is not true – some drugs are clearly much more dangerous than others)
- HR involves non-judgmental provision of services to substance users.
- HR is client-centered and emphasizes meeting people where they are at with regard to their motivation for change. HR seeks to empower people for change. (Clinician cannot look at things as “it’s my way or the highway”)
- HR embraces ***incremental change***: which entails helping people get closer to their goals gradually rather than turning away people who are considered to be “not ready”. Abstinence is not considered to be the only option, even if it seems to be the best one in the clinician’s viewpoint. HR accepts the client’s choices and right to self-determination.



Why Harm Reduction?

- The increased need for treatment: According to the SAMHSA 2002 National Survey on Drug Use and Health, 7.7 million people aged 12 and older needed substance abuse treatment but only 1.4 million (18 percent) received it in 2001. 18.6 million People needed alcohol treatment but only 1.5 million (8%) received it in 2001. – In total in that year, 74% of people who needed treatment did not receive it. There is a huge gap in available services, HR is now being seen as an alternative which is helping close the gap
- The 2004 SAMHSA National Survey revealed that the # 1 reason why people who needed treatment did NOT receive treatment was: “Not Ready to Stop Using”. HR programs accept people who are not ready
- Therefore, there is a huge proportion of people needing treatment, who are not ready to stop using whose needs are not being met by “traditional” abstinence-only programs. HR programs can meet the needs of the many people who do not fit into traditional substance abuse treatment programs

Some Common Examples of Harm Reduction in used in day to day life:

- Wearing a seatbelt
- Using condoms
- Decaf coffee
- Helmet laws
- Low Carb Foods
- Nicotine patch

The behavior stays the same but the related harms associated with the behavior are reduced.

Comparing/Contrasting Harm Reduction vs. “Traditional” Models of Recovery

Traditional Programs:

- Patients must be totally abstinent of all substance use to stay in the program and work toward completion.
- Success is viewed as “recovery” based on an abstinence only model
- Treatment is narrowly focused on substance use as “the problem” and sobriety as the “solution”

For Example: A successful patient: Totally abstinent, going daily to AA 90/90, has sponsor, working the steps - (In reality this is unrealistic for many – this example is the IDEAL, not the norm)

HR Based Programs:

- Accepts reduction in use as progress. (HR accepts incremental change)
- Success viewed in terms of “discovery” as clients learn about their issues and explore different options for making positive behavior changes. Success can be made of a series of smaller accomplishments.
- Utilizes a variety of treatment options around behavior change (not one size fits all). Addresses a complex array of treatment needs.

For Example: Patient at the start of treatment is homeless, has Bipolar Disorder and has been in and out of the psych hospital several times in the past year, using heroin IV daily, with no social or family support. After a period of treatment in HR setting: Patient increased medication compliance, gained more suitable housing, not attending NA but now has one sober friend and is now speaking again with siblings, attends treatment making 75% of appointments, reduces frequency of psychiatric hospitalizations, however still smokes 1-2 joints per day to self-medicate anxiety at night but has not used heroin in 3 months. Is this progress? – Yes -That’s HARM REDUCTION



HR is Client Centered:

- What does the client identify as the priority concern? (Ex – “I only care about my cocaine use, not my alcohol – HR still would not reject this client)
- What does the client believe is the biggest risk or concern? (“The only reason why I am willing to stop is to prevent going to jail” – HR instead of confronting this, embraces it as a motivator. It’s a start)
- What is the client’s actual risk or harms associated with their behavior? (For example, is the client ever suicidal, violent, and are there any serious health concerns not being addressed?)
- What does the client want to do about it? (Use this as starting point)
- Allows clients to be honest. (If the client does not have to fear being discharged because of using they can be honest about when they use instead of pretending to be compliant to prevent discharge)
- HR starts from where client IS, not where we think client SHOULD BE. (Non-judgmental)

Summary: Implementing HR

- Focus on the do-able. Be realistic, Start where the client is
- Accept that often change is gradual and slow with ups and downs along the way
- Look for, acknowledge, and praise incremental change
- Identify barriers to maintaining and sustaining change
- Compare before/after progress rather than client against an ideal standard.

What are harms associated with substance use?

- Physical/Medical – HIV, Overdose, Death, Poor nutrition
- Legal – arrest, loss of license, incarceration
- Family – arguments, abuse, losing parental rights, divorce, loss of trust
- Social – hurt relationships, fights, social isolation
- Mental – depression, suicidal thoughts, angry acting out/violence, impulsivity, guilt/shame
- Financial – loss of income, loss of resources, loss of opportunities
- Employment/school – Expulsion, loss of job, loss of social status
- Other – Increased vulnerability to abuse/victimization

Risk Reduction Hierarchy – What harms are most severe with greatest potential for damage? Which are most imminent? – HR involves prioritizing harm then tailoring treatment strategies to address harm according to priority. Assessing and addressing risk factors is an ongoing process.

What about relapse?

Arguments may be made that in HR programs relapse is an issue, however, relapse is an issue in all programs regardless.

Relapse is seen as a learning experience – patients can re-examine goals and make adjustments

In HR settings, patients can be comfortable to be discuss relapse honestly and openly