INTRODUCTION TO HARM REDUCTION AND ASSESSMENT

FEBRUARY 11, 2019

This training is sponsored by Florida Alcohol and Drug Abuse Association and State of Florida, Department of Children and Families.
PRESENTER: SUSIE KOWALSKY, LCPC

Email: skowalsky44@gmail.com
Website: www.practiceforprogress.com
OBJECTIVES

- Describe the key principles of a harm reduction approach to treatment services.
- Explore the role of Drug, Set, and Setting in a person’s relationship with drugs.
- Identify opportunities to integrate features of Harm Reduction philosophy of care into clinical approach to clients.
This activity can be very pleasurable and practical. Some people think it's too risky, so they avoid it altogether. Every year, people are harmed and even killed while doing it. When people do it, we encourage them to do it safely.
What policies and practices do we implement in order to stay as safe as possible when driving a car?
Harm Reduction:
A set of pragmatic and compassionate approaches that aim to reduce harm and improve the quality of life for people engaging in high-risk behaviors, based in a humanitarian stance that accepts people will engage in risky behaviors.

Question:
In what other areas do we already practice harm reduction?
Looking in the mirror:

- We are all people with lived experience
- Our experiences shape our attitudes, beliefs, and approach to our work
- What’s my bias?

WHY DO WE TREAT DRUG USE DIFFERENTLY?
WHAT DOES A DRUG USER LOOK LIKE?
WHAT IS HARM REDUCTION?
The International Harm Reduction Association

- Policies and programs which attempt primarily to reduce the adverse health, social and economic consequences of mood altering substances to individual drug users, their families and communities, without requiring decrease in drug use.

Harm Reduction Coalition: “Principles of Harm Reduction”

- A practical set of strategies and ideas aimed at reducing negative consequences associated with drug use
- A movement for social justice built on a belief in, and respect for, the rights of people who use drugs
PHILOSOPHIES OF CARE

Person Centered

Solution Focused

Strengths Based

Trauma Informed
HARM REDUCTION IS...

- **Person-centered**
  - “Meets people where they’re at”
  - Actively collaborates with individuals receiving services and values their ideas, opinions, and experiences
  - Empowers individuals to make choices and define their own priorities, needs, and goals

- **Strengths-based**
  - Acknowledges that drug use often begins as an adaptive response
  - Recognizes that focusing on a person’s deficits leads to a confrontational style and reinforces negative views of self
  - Celebrates and emphasizes ANY positive change
  - Re-defines success

Bennett, M. (2017)
HARM REDUCTION IS...

**Trauma-Informed**
- Recognizes cyclical relationship between substance use (and other risky behaviors) and traumatic events
- Realizes that directing, shaming, and threatening people into changing their behavior re-creates dynamics of traumatic experiences
- Honors people’s right to make their own decisions and the necessity of supporting people in moving at their own pace

**Solution-Focused**
- Offers neutral, transparent information to help people make informed decisions
- Focuses on the change, resources, and solutions people seek rather than convincing people that they have a problem

_Harm Reduction Guidelines; Bennett, M. (2017)_
HARM REDUCTION IS...

- **Pragmatic About Substance Use**
  - Substance use is a long-standing human phenomenon; there will never truly be a substance-free society
  - There are personal and societal benefits to substance use and other risky behaviors
  - “Substance use” consists of a wide spectrum of behaviors; there is no inevitable progression from use to dependence
  - Drug addiction is a biopsychosocial phenomenon
Pragmatic About Recovery and Safety

- One size doesn’t fit all
- Access to information, resources, and a broad range of interventions reduce harm, including death
- Individuals and communities impacted by risk behaviors, including substance use, need to be involved in identifying solutions and goals
HARM REDUCTION IS...

- **Grounded in Human Rights**
  - Honors the inherent human dignity and worth of all people
  - Offers low-threshold access to services, recognizing people’s right to health care, housing, and opportunity
  - Understands that restricting access can increase harm to individuals, families, communities, and societies.
  - Recognizes that people who engage in risky behaviors, including substance use, still have the right to make their own decisions
HARM REDUCTION IS...

- **Focused on reducing harms**
  - Any reduction in harm is a step in the right direction
  - Harm associated with risky behaviors are the primary focus (rather than engagement in risk behaviors, including substance use).
  - Priority is to decrease negative consequences due to the risk behavior(s) (rather than only focusing on stopping risk behaviors).
WHAT’S UNDER THE HARM REDUCTION UMBRELLA?

- Safer use
- Risk reduction to self or community
- Any positive change
- Improved Quality of Life
- Abstinence
- Managed use

Harm Reduction Umbrella
BEYOND GRADUALISM: SUBSTANCE USE MANAGEMENT (SUM)

- SUM is a practice that sets a new perspective on helping with drug problems and collaboratively assisting with achieving self-selected positive changes.
- The goal of SUM is to promote ANY POSITIVE CHANGE as an individual personally defines it.
- Well-managed drug use meets a person’s needs while not causing harm to others or unnecessary harm to the user.
- Addresses issue relating to Drug, Set, and Setting.

http://www.anypositivechange.org/SUM.pdf
MYTH: HARM REDUCTION IS...

- Enabling risky behavior
- Encouraging risky behavior
- Anti-abstinence
- Lobbying for decriminalization and legalization of drugs
- “Anything goes” approach
- Threatening public safety
  - Safety vs. comfort

QUESTIONS?

COMMENTS?
The way we treat people and the policies that affect them impacts their personal opinion of themselves, the public’s viewpoint on them, and the policies we create in the future.
LANGUAGE MATTERS

Stigmatizing
- Addict, junkie, alcoholic, crackhead, pothead
- Substance Abuse
- Dropping clean/dirty
- In denial
- Addiction to drugs
- Enabling

Respectful Alternatives
- Person-first language: a person who uses drugs
- Substance use disorder
- Positive/negative drug test
- In precontemplation
- A relationship with drugs
- Supporting
APPROACHES TO SUBSTANCE USE TREATMENT

Moral Model
Disease Model
Biopsychosocial Model

https://www.thefix.com/content/third-wave-substance-use-treatment
EXPLORING RELATIONSHIPS WITH DRUGS

- Harm reduction views clients as having a relationship, rather than addiction
- Non-pathologizing and affirms autonomy
- Relationships can range from harmful to helpful
- Different relationships or goals with different drugs
- Respects client’s self-assessment and conveys curiosity

https://www.researchgate.net/publication/301343562_Starting_Where_the_Client_Is_Harm_Reduction_Guidelines_for_Clinical_Social_Work_Practice
A GOOD RELATIONSHIP WITH DRUGS

1. Knowing the substance is a drug and what it does to your body
2. Experience a useful effect over time
3. Able to “take it or leave it”
4. Free from adverse effects on health or behavior

(Weil & Rosen, 2004)
DRUG USE AND MATURING OUT

- **Maturing Out**: a process of spontaneous recovery where people make changes to their drug use without formal help.
- **Age**
  - By age 29, few people begin using drugs and most people stop.
- **Employment**
  - People who are employed are less likely to use drugs.
  - The majority of people who use drugs are employed.

(Denning, 2000)
DRUG, SET, AND SETTING

- Theory developed by Norman Zinberg after studying people who used heroin without experiencing dependence
- People’s relationship with a drug varies based on the interaction between three sets of factors
  - DRUG: the drug, how it’s taken
  - SET: the individual user, the physical and mental state
  - SETTING: where and when drug is used, stress and support
## MULTIDISCIPLINARY ASSESSMENT PROFILE

<table>
<thead>
<tr>
<th>DRUG</th>
<th>SET</th>
<th>SETTING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of drug(s) used</td>
<td>Motivation and expectation</td>
<td>Setting of use</td>
</tr>
<tr>
<td>Route of administration</td>
<td>Person’s stated goals</td>
<td>Support system</td>
</tr>
<tr>
<td>Purity, dose</td>
<td>Stage of change</td>
<td>Therapist’s concerns</td>
</tr>
<tr>
<td>Level of abuse or dependence</td>
<td>Self-efficacy</td>
<td></td>
</tr>
<tr>
<td>Prescribed medications</td>
<td>Treatment history</td>
<td></td>
</tr>
<tr>
<td>Psychiatric and medical problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developmental grid</td>
<td></td>
<td>(Denning &amp; Little, 2012)</td>
</tr>
</tbody>
</table>
MAP: DRUG

- Type of drug(s) used
- Route of administration
- Purity, dose
- Level of abuse or dependence
- Prescribed medications
CRITERIA FOR SUBSTANCE USE DISORDER

1. Using substance **more than intended**—in larger amounts or over a longer period
2. Persistent desire or **unsuccessful efforts to cut down** or control use
3. A great deal of **time spent** obtaining, using, or recovering from the effects
4. **Craving**, strong desire or urge to use
5. Use resulting in **failure to fulfill major role obligations** at work, school, or home
6. **Continued use despite persistent social or interpersonal** problems caused or exacerbated by the substance
7. Important social, occupational, or recreational activities are given up or reduced because of use

8. Recurrent use in situations that are physically hazardous

9. Using despite knowledge of physical or psychological problem caused or exacerbated by use

10. **Tolerance**—a need for increased amounts to achieve desired effect or diminished effect with continued use

11. **Withdrawal**—experiencing symptoms of withdrawal or using to avoid symptoms of withdrawal
Substance use disorder exists on a spectrum
- Mild: 2-3 symptoms
- Moderate: 4-5 symptoms
- Severe: 6 or more symptoms

Severe SUD most similar to what people think of as “addiction”

Does not directly address amount of use

Focuses on the consequence of use

Mirrors a biopsychosocial approach

Dependence alone is not a substance use disorder
CONTINUUM OF USE

Chaotic, or
Dependent Use

I need to keep using substances, even though my use is causing problems for me.

No Use

I'm not using substances at all.

Experimental Use

I've tried substances 1-2 times because I was curious. I may not do it again.

Occasional, or
Social Use

I use substances every so often with friends, usually after school or on weekends.

Regular Use

I use substances daily. My use isn't getting in the way of school, work, family or friendships.

Heavy, or
Problem Harmful Use

My substance use is getting in the way of doing the things I need and want to do.
MAP: SET

- Motivation and expectation
- Person’s stated goals
- Stage of change
- Self-efficacy
- Treatment history
- Psychiatric and medical problems
- Developmental grid
QUESTION: WHY DO PEOPLE USE DRUGS?

- Reinforcing religious practices
- Expanding awareness and exploring the self
- Treating disease
- Altering moods
- Escaping tedium and despair
- Stimulating creativity
- Facilitating and enhancing social interaction

- Enhancing sensory experience and pleasure
- Improving physical performance
- Rebellion
- Going along with the crowd
- Establishing an identity, getting attention
- Habit

(Weil & Rosen, 2004)
PROBLEMS AND HAZARDS OF DRUG USE

- Uncertainty of dose and quality
- Mixing drugs
- Medical problems
  - Acute: vomiting, allergies, overdose
  - Chronic: hepatitis, HIV, malnutrition, cirrhosis
- Drugs and pregnancy
- Psychiatric problems: panic, crashing, alcohol and long-term cognitive functioning, cocaine and irritability, paranoia, hostility
- Social and behavioral problems
- Developmental problems
- Legal problems
- Dependency and withdrawal

(Weil & Rosen, 2004)
When relapse happens, blame the plan not the person.

In harm reduction, recovery begins at contemplation.

I'm totally over that! Termination.

Stages of Change
WORKING WITH PRECONTEMPLATION

- Establish safety
- Build rapport and relationship
- Provide resources to meet basic needs
- Offer information about safer use strategies
- Acknowledge strengths
WHAT INFLUENCES SUBSTANCE USE OUTCOMES?

- **Risk factors** are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes.

- **Protective factors** are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor’s impact. Protective factors may be seen as positive countering events.

MAP: SETTING

Setting of use  Support system  Therapist’s concerns
CREATING A MULTIDISCIPLINARY ASSESSMENT PROFILE (MAP)
INTEGRATING HARM REDUCTION

Questions:
How are you already practicing harm reduction?
How can you apply principles of harm reduction to other risky behaviors?
In what areas can you further incorporate harm reduction into your practices?
What resources and information do you need in order to better practice harm reduction?
HARM REDUCTION FOR THE HARM REDUCTIONIST

- Practicing self-care, “beyond the bubble bath”
- Self-care isn’t always sufficient, sometimes we need treatment
- Celebrating small victories
- One size does not fit all
- Personalized set of options
- Different strategies for different situations
- Use your strengths and personality
- Vicarious resilience
- You matter
REFERENCES AND RESOURCES


REFERENCES AND RESOURCES

- Center for Harm Reduction Therapy: https://harmreductiontherapy.org
- Harm Reduction Coalition: https://harmreduction.org/
REFERENCES AND RESOURCES


REFERENCES AND RESOURCES

