



# Harm Reduction

Dee-Dee Stout, MA, CADDC II; member  
of MINT



# A bit of History of HR

- ✦ Pioneered by Dr. Sam Tsemberis (faculty Dept of Psychiatry at New York University School of Medicine and the organization Pathways to Housing in New York City in the early 1990s)
- ✦ G. Alan Marlatt's book, *Harm Reduction* after seeing sidewalk needle exchange in Amsterdam
- ✦ Edith Springer – founder, NY Peer AIDS Education Coalition (for HIV prevent by/for street youth); helped create Association for Drug Abuse Prevention and Treatment (1985), & the Harm Reduction Coalition



# Principles of Housing First

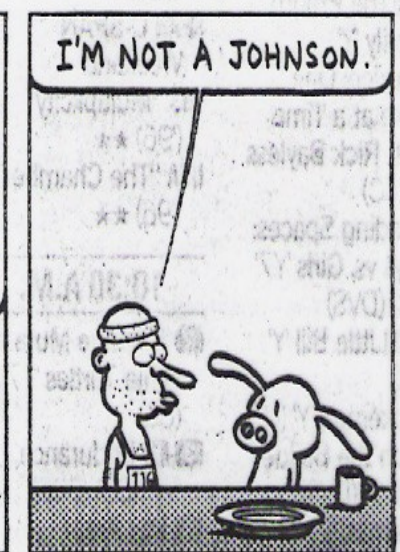
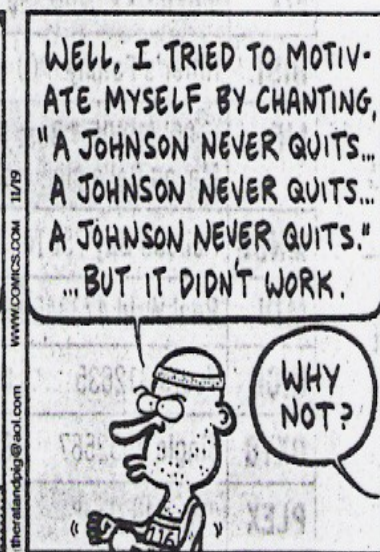
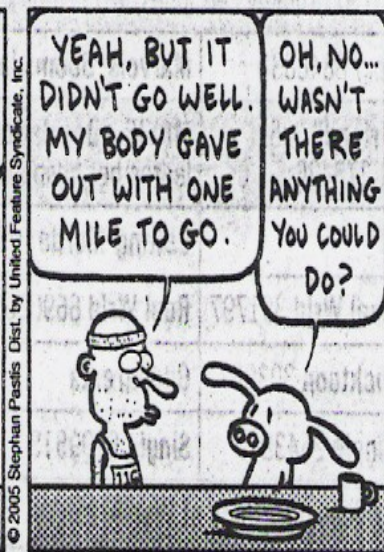
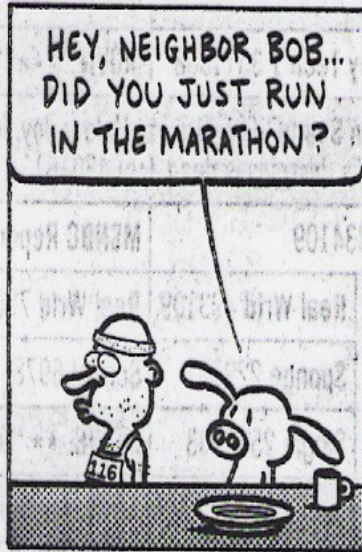
- ✦ 1) Move people into housing directly from streets and shelters without preconditions of treatment acceptance or compliance
- ✦ 2) The provider is obligated to bring robust support services to the housing. These services are predicated on assertive engagement, not coercion
- ✦ 3) Continued tenancy is not dependent on participation in services
- ✦ 4) Units targeted to most disabled and vulnerable homeless members of the community



# Principles of Housing First


- ✦ 5) Embraces harm reduction approach to addictions rather than mandating abstinence. At the same time, the provider must be prepared to support resident commitments to recovery
- ✦ 6) Residents must have leases and tenant protections under the law
- ✦ 7) Can be implemented as either a project-based or scattered site model

**PEARLS BEFORE SWINE** *Stephan Pastis*



© 2005 Stephan Pastis Dist. by United Feature Syndicate, Inc.

www.comics.com 11/19  
therislandpig@aol.com

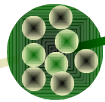


✦ "Our job is not to talk clients out of the woods but to help clients talk *themselves* out of the woods."

Bill Miller,

2007

Author, *Motivational*



# Defining Harm Reduction

What's your definition?




# What is Harm Reduction?

- ✦ Relativistic not absolutist
- ✦ A *Menu of Options* that includes abstinence
- ✦ Integrates:
  - Appreciation of the meaning of the dx for each person: context
  - Understands the chemical action & effects on each person: empathy



# What is Harm Reduction?

 *Harm Reduction is a set of strategies that encourage drug users and others, and service providers to reduce the harm done by licit and illicit drugs (and behaviors). In supporting drug users in gaining access to the tools to improve their healthier & lifestyles, we recognize their competency to protect and help themselves, their loved ones and their communities. HRC*



# Harm Reduction

- ☀ Drug use exists on a continuum
  - Non-problematic to chaotic
- ☀ Does not focus on drug use but on the *harms associated with it* ( including *behaviors*)



# Principles of HR

- ✦ HR is any action that attempts to reduce the harm of a behavior
- ✦ People use drugs for reasons & not all drug use is abuse - or dependency
- ✦ People can – and do – make rational decisions about important life issues while under the influence of all sorts of things



# THE STAGES OF CHANGE

(Prochaska, DiClemente, Norcross)

- 🚫 Precontemplation
- 🚫 Contemplation
- 🚫 Preparation
- 🚫 Action
- 🚫 Maintenance
- 🚫 Termination
- 🚫 Relapse/Recycle

**NORMAL RESPONSES!**

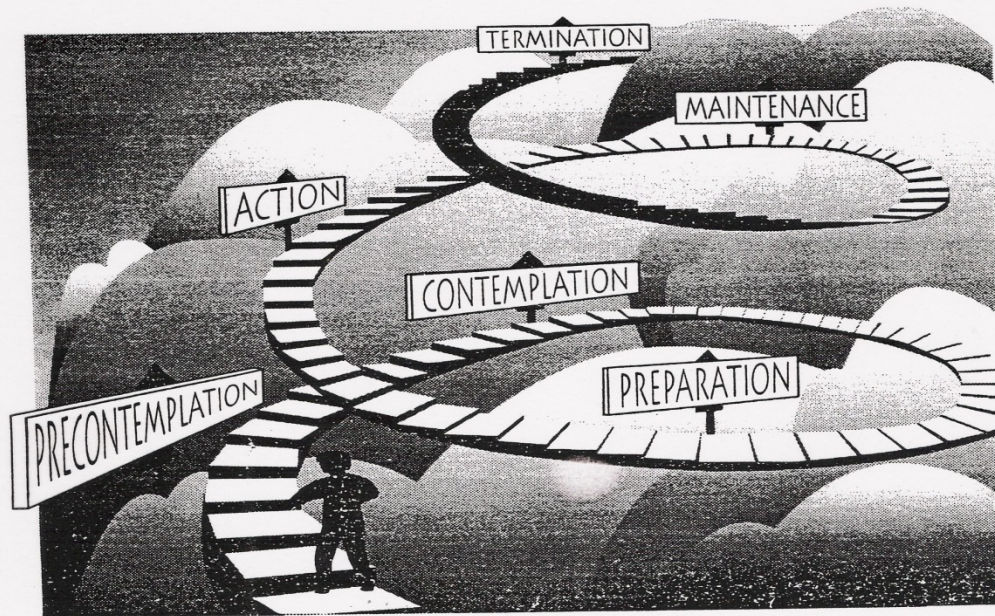


FIGURE 1. The Spiral of Change



# Principles of HR

- ✦ Denial is typically a product of shame & punitive sanctions (encourages lying not truth-telling)
- ✦ Ambivalence and resistance to change are natural, not pathological
- ✦ Addiction is a relationship. Tx must offer the same support or respect that it can't



# Principles of HR

- ✦ Success defined as “any positive change”
  - Obstacles are poverty, mental illness, racism, other trauma leading to: hopelessness, despair, self-destruction, self-defeating behaviors, abuse of others, & more
  - Relationships, self-esteem, and self-care are needed to increase motivation for change
  - Change is slow, incremental and has setbacks

Setbacks (relapse) are the rule  
not the exception!



# Drug, Set, Setting\*

## ☀ Drug

- Substance; cut; route of administration; legality

## ☀ Set

- Physiology; psychology; culture; expectations; motivation

## ☀ Setting

- Environment; w/whom & where; attitudes to use

\*Zinberg, N. (1984) *Drug, Set, Setting: The Basis for Controlled Intoxicant Use*. New Haven: Yale University.



# Some Goals of HR

- ☀ Save lives
- ☀ Safer drug use
- ☀ Reduced drug use
- ☀ **Abstinence**
- ☀ Improved emotional state
- ☀ Improved health & relation w/healthcare system
- ☀ Better nutrition
- ☀ More stable income
- ☀ Better social relationships
- ☀ Reduction in isolation
- ☀ Increase support system
- ☀ Increased normalization
- ☀ Risk reductions (HCV, HIV)
- ☀ Better living environment



# Some Other Goals of HR

- ✦ More intact, better functioning families
- ✦ Reduction in violence & aggression
- ✦ Less criminal activity
- ✦ Greater ability to love and be loved
- ✦ Higher self-esteem, reduction in stigma
- ✦ Any Positive Change!



# How do you practice HR?

- ✦ Start where the client “is”
  - \_ Assess the extent & meaning of dx use for client
  - \_ Desired goals
  - \_ Level of ambivalence re: change(s)
- ✦ Share expertise with client in this process **ONLY** with permission!
  - \_ Help client decide best choice for her drug use/beh change
  - \_ Be flexible with goals and method of achieving them
- ✦ Assist client implement their Change Plan
  - \_ Realize relapse is expected part of change process
- ✦ Appreciate & understand - not overcome – resistance

# Basic Clinical HRP Strategies\*

- Motivational Interviewing
- Stages of Change
- Drug, Set, Setting
- Multidisciplinary Assessment Profile (MAP)
  - Addiction severity
  - Co-occurring D/Os
  - Support systems
  - Hierarchy of Needs
- Setting Goals/Plans (when ready)
- Engagement & Retention Strategies
- Accurate psycho-ed
- Coping skills
- Stress reduction
- Nutrition
- SUM
- RP
- Family therapy
- Psych meds
- Dx substitution: Methadone, LAAM, MJ, etc.

# 3 Simple Ways to Use HR to Improve Motivation

- ✦ Flexible goals
- ✦ Mutual methods
- ✦ Be respectful, accurately empathetic, and genuine!

Thanks to Scott D. Miller, PhD, for these. For more, go to [www.scottdmiller.com](http://www.scottdmiller.com)



# How do I know I'm using HR?

- ✦ I see consumers as human beings, not case studies
- ✦ I don't take consumers' behavior personally
- ✦ I am willing to question myself (& the agency)
- ✦ I am not in pain and conflict; the consumer is
- ✦ I know I am not a plumber – so I don't try to **fix**



# How do I know I'm using HR?

- ✦ focus on building trusting relationships
- ✦ realize that consumers know their own needs
- ✦ listen, and listen, and listen some more
- ✦ remember that the consumer's timetable won't always be mine or the agency's – but maybe!
- ✦ am able to explain decisions and all consequences without sarcasm or attitude



# How do I know I'm using HR?

- ☀️ I have oodles of patience
- ☀️ I think of ways I can support baby steps – “out of the box”
- ☀️ I see the strengths in each person, not just their troubles
- ☀️ I am an advocate and a guide, not a healer or a fixer



# Some Things to Consider

- ✦ Who sets the goals?
- ✦ Are consumers' priorities accepted?
- ✦ How & is power reasonably balanced?
- ✦ What are menu of options?
- ✦ Who decides what change is needed? In what timeframe?
- ✦ Do you actively seek consumer feedback? Is it used?
- ✦ Who makes the rules?
- ✦ Who is seen as competent?
- ✦ Who does the work of the intervention?
- ✦ How is drug use viewed?



# Some Things to Consider

- ☀️ Who is on the governing board?
- ☀️ Who designed the interventions?
- ☀️ Is the intervention and staff non-judgmental?
- ☀️ How are complaints addressed?
- ☀️ Who meets with funders?  
Presents at conferences?
- ☀️ Is the intervention consumer-friendly?
- ☀️ How are consumers treated?
- ☀️ Do consumers participate in evaluations (not just as respondents)?
- ☀️ Who provides services in the agency?

# As Harm Reductionists, we examine:

- ✦ How we treat each other
- ✦ How our agency treats workers
- ✦ How we treat other agencies
- ✦ Our spirit of coalition building - or are we using competition, greed, & jealousy?
- ✦ How we deal with workers who use drugs
- ✦ How we deal with workers who don't use drugs
- ✦ The Tyranny of PC
- ✦ Our ability to admit mistakes, apologize, & be open to feedback

# As Harm Reductionists, we examine:

- ✦ Our honesty
- ✦ Our dishonesty
- ✦ Our working in a Spirit of love and oneness –  
or ego
- ✦ Our compassion for ourselves
- ✦ Our compassion with others, esp. those who  
don't understand – or *want* to understand - HR



# HARM REDUCTION

- ✦ Helping
- ✦ Advocating
- ✦ Reducing recidivism
- ✦ Mending wounds



# HARM REDUCTION

- ✦ Reinforcing healthier options
- ✦ Educating (accurately & w/permission)
- ✦ Delivering hope
- ✦ Uncovering challenges
- ✦ Celebrating choice
- ✦ Treatment opportunities
- ✦ Investing your time
- ✦ Offering support &
- ✦ Never, ever giving up on a consumer!



# Worker Stances for CD Clients\*

- ✦ Show unconditional regard & caring to the client
- ✦ Be a real person: blank screens are for films!
- ✦ Don't get caught in a client's urgency
- ✦ Be a constant
- ✦ Be non-judgmental re: the client's behaviors



# Worker Stances for CD Clients\*

- ✦ Empower! Work through your definition of enabling
- ✦ You're not responsible to rescue a client; you're responsible for a *process* of intervention
  - The outcome is theirs
- ✦ Set limits firmly but not sadistically
  - Set the same limits w/client consistently
  - Reduce “No’s” to essentials
  - Don't try to control clients
    - Try to control yourself instead



# Worker Stances for CD Clients\*

- ✦ Don't take away defenses until the client has replacements (esp. with trauma/PTSD)
- ✦ Don't be a drug expert if you're not – ask your client
- ✦ Explore your own biases about drug use – don't believe everything your head says
- ✦ Avoid pushing abstinence – let the client be the guide



# Worker Stances for CD Clients\*

- ✦ Positive reinforcement is more successful than negative: reward works better than punishment; use incentives (CM)
- ✦ Get supervision or consultation: counter-transference happens; work with it not against it.
- ✦ Your client is the expert not you; you are a service provider to them. Be humble.
- ✦ Don't be parental; don't nag – we all have someone to do that already!

\*Thanks to Edith Springer, NYC Pioneer in HR




# HR Principles for the City & County of SF

1. Clients are responsive to culturally competent, non-judgmental services, delivered in a manner that demonstrates respect for individual dignity, personal strength, and self-determination.



# HR Principles for the City & County of SF

2. Service providers are responsible to the wider community for delivering interventions, which attempt to reduce the economic, social, and physical consequences of drug and alcohol related harm and harms associated with other behaviors or practices that put individuals at risk.

A decorative green line starts from the left, curves upwards and then downwards, ending in a circular graphic on the left side. The circular graphic contains several smaller green circles arranged in a grid.

# HR Principles for the City & County of SF

3. Because those engaged in unsafe health practices are often difficult to reach through traditional service venues, the service continuum must seek creative opportunities and develop new strategies to engage, motivate, and intervene with potential clients.

A decorative green line starts from the left, curves upwards and then downwards, ending on the right. A small circular graphic with a grid pattern is positioned on the line near the top left.


# HR Principles for the City & County of SF

4. Comprehensive treatments need to include strategies that reduce harm for those clients who are unable or unwilling to modify their unsafe behaviors.

A decorative green line starts from the left, curves upwards and then downwards, ending in a circular graphic on the left side. The circular graphic contains several smaller green circles arranged in a grid.

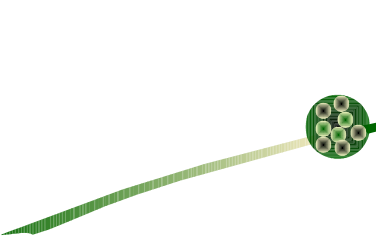
# HR Principles for the City & County of SF

5. Relapse or periods of return to unsafe health practices should not be equated with or conceptualized as “failure of treatment.”

A decorative green line starts from the left, curves upwards and then downwards, ending on the right. A small circular graphic with a grid pattern is positioned on the line near the top left.

# HR Principles for the City & County of SF

6. Each program within a system of comprehensive services can be strengthened by working collaboratively with other programs in the system.



# HR Principles for the City & County of SF

7. People change in incremental ways and must be offered a range of treatment outcomes in a continuum of care from reducing unsafe practices to abstaining from dangerous behavior.