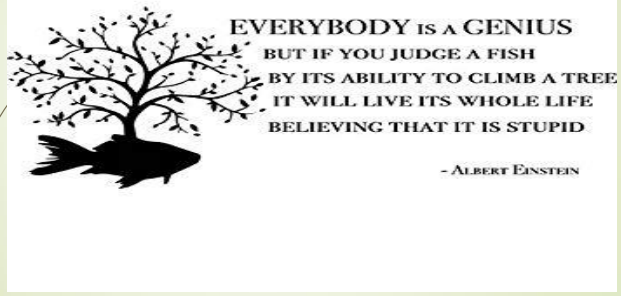
# Harm Reduction

A Presentation by Bill Bakalars
Viterbo University
For Inclusa Inc.

July 2021




## *Consumers – View Recovery very different from Care Givers!*

- Consumers believe we expect the impossible.
- Consumers believe we fail to recognize individual differences.
- Becoming normal vs. god-like
- Clinicians misunderstand how hard it is (mindfulness activity)

Recovery is what You want it to Be → Recovery means abstinence from all substances

## What is Harm Reduction?

- Relativistic not absolutist
- ACCEPTACE **AND** CHANGE
- A ***Menu of Options*** that <u>includes</u> abstinence

Syringe access, overdose prevention, Fentanyl identification, Housing, Decarceration, HIC/Hep C programs, Medical Equity, and Contraception.

- 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.

## Harm Reduction

- Drug use exists on a continuum
  - Non-problematic to chaotic
- Does not only 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)

- Pre-contemplation
- Contemplation
- Preparation
- Action
- Maintenance
- Termination
- Relapse/Recycle

NORMAL RESPONSES!

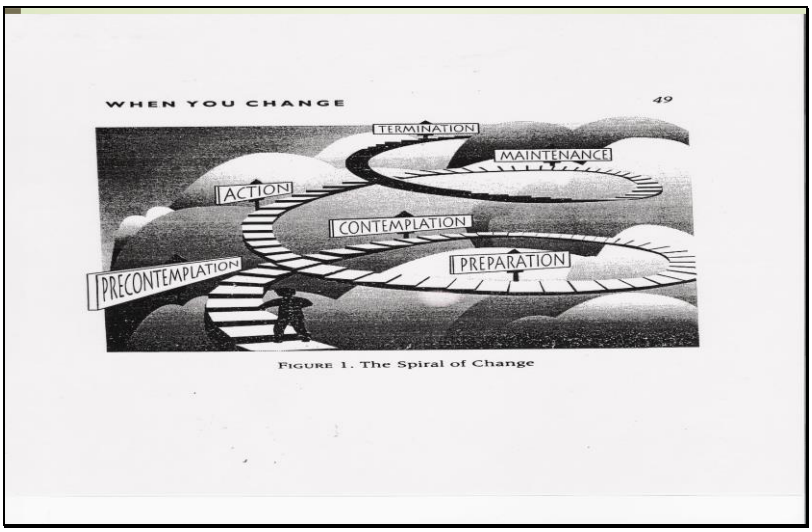


FIGURE 1. The Spiral of Change

## 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!

## Tips for reducing harm

- **Buy less so you use less.** Buying large amounts of a drug may be cheaper, but you could end up using more than you want to simply because it's there.
- **Set a time limit before you start.** If you choose, say, to stop drinking at 10:00 p.m., watch the time, remind yourself of your time plan, and stick to it. Have some juice ready.
- **Eat a meal before you start**, and avoid snacking on salty foods, especially if you're drinking. You may drink more out of thirst.
- **Lower your dosage and frequency.** In other words, drink, smoke or inject in smaller amounts—and less often—than you do now. When it comes to alcohol, this could mean choosing light beer or other low-alcohol drinks, or alternating drinks with water or pop.
- **Choose the least harmful method of use.** Injecting a drug carries more risk than smoking, snorting or swallowing it. (If you do inject drugs, avoid the neck area.) When it comes to cannabis, using a vaporizer or smoking a joint (with a rolled up cardboard filter) is safer than using a bong and some pipes.

## Tips for reducing harm

- **Plan out some drug-free days.** The fewer days in a row you use a drug, the better. If you use the drug every day, try cutting back your use to every other day, and try not using it at all for two to three days. (Make sure you have in mind other ways to spend your time and energy so you don't end up sitting around and thinking about how you miss getting buzzed.
- **Use at your own speed** and don't feel pressured from others to pick up the pace.
- **Find someone caring and understanding** to talk to when you're struggling to stick to your reduced use plan.
- **Read self-help books** that feature stories about people who have successfully cut down on or quit using a drug.
- **Put condoms in your pocket** before you start using a drug, even if you're not planning to have sex. You might change your mind.

You and Substance Use: Stuff to think about... and ways to make changes (heretohelp.bc.ca)

## 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/behavior 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

19

## Basic Clinical HRP Strategies*

- Motivational Interviewing
- Stages of Change
- Drug, Set, Setting
- 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, MJ, etc.

*from Patt Denning, PhD, Practicing Harm Reduction Psychotherapy, 2002

## 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.talkingcure.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?

- I focus on building trusting relationships
- I realize that consumers know their own needs
- I listen, and listen, and listen some more
- I remember that the consumer's timetable won't always be mine or the agency's – but maybe!
- I 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 time frame?
- 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

- 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!


No cell Phones

No relationships

No Movies, TV, and Music

**vs.** Total Abstinence

Restricted Movement

Religion?

**CONTROL**

## Worker Stances for SUDs 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 SUDs 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 SUDs 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 SUDs 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!