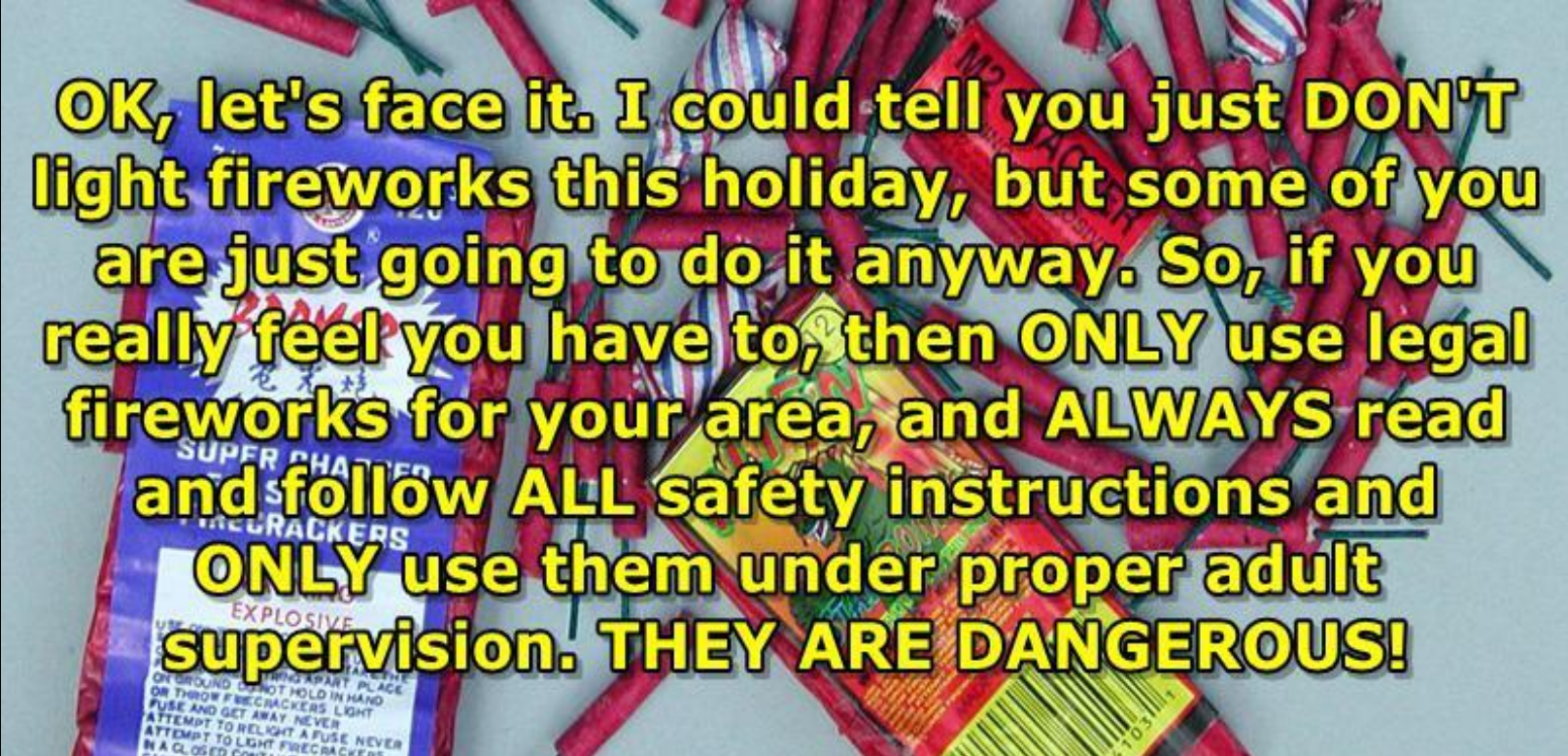




HARM REDUCTION:
WHAT IS IT?

HERE'S A SAFETY TIP FOR THE FOURTH OF JULY:

(This appeared on my employer's homepage recently)



OK, let's face it. I could tell you just DON'T light fireworks this holiday, but some of you are just going to do it anyway. So, if you really feel you have to, then ONLY use legal fireworks for your area, and ALWAYS read and follow ALL safety instructions and ONLY use them under proper adult supervision. THEY ARE DANGEROUS!

REWRITTEN ANOTHER
WAY.....

Ok, let's face it. I could tell you "Just don't
shoot up"
but some of you
are just going
to do it
anyway

A close-up photograph of a person's hand holding several syringes. The syringes are of various colors, including blue, yellow, and white. The hand is positioned in the center of the frame, with the fingers slightly curled around the syringes. The background is dark and out of focus.

So if you really feel you have to, **ONLY** use clean
needles, and **NEVER** share used needles with
anyone. Shooting drugs is dangerous!

**WE CAN DREAM....
BUT LET'S ALSO GET REAL.**

Fireworks:

Maybe one day ALL people will stop shooting off fireworks on the 4th of July, and no one will be harmed by fireworks again.

How likely is that? And when is that going to happen?

Until then, can we encourage people to be safe?

IV Drug use:

Maybe one day ALL people will stop shooting up heroin, and no one will be harmed by heroin again.

How likely is that? And how long before we achieve that?

Until then, can we encourage people to be safe?

HARM REDUCTION

Seat belts, better brakes

Cholesterol medications, vaccines

Bicycle helmets

Steel-toed boots, safety glasses

Nicotine gum

Exercise routine/program

Healthy diet



Most of us think nothing of it when we
take steps to reduce potential harm
in our daily lives, yet....

...harm reduction in the field of substance abuse
has been seen as opposed to abstinence-based approaches
...equated with “enabling” drug use,
...even condoning drug use.

Traditional thinking has been that Harm Reduction Therapy (HRT),
and Abstinence-Based Therapy
are on opposite sides of the fence,
that they are therefor incompatible.
All or nothing, one or the other....

Is this really accurate?

Let's start with a look at what Harm Reduction Therapy actually is.

DEFINITIONS OF HARM REDUCTION

According to the World Health Organization in a publication entitled
“Integration of Harm Reduction Into
Abstinence Based Therapeutic Communities” (2006)

Harm Reduction is:

The management of risks associated with dangerous activities.

http://www.wpro.who.int/publications/Harm_Reduction_Good_Practice_in_Asia/en/

BASIC PRINCIPLES OF HARM REDUCTION THERAPY

(MARLATT, BLUME & PARKS,
JOURNAL OF PSYCHOACTIVE DRUGS, 2001)

Compassionate Pragmatism

- Substance use is a public health issue, not a societal evil (Moral Model, consistent with War on Drugs)
- Harm Reduction Therapy (HRT) does not make presumptions or judgments about what constitutes appropriate substance use behavior/choices
- People who can't/don't stop using are not viewed as deviant, irresponsible or lazy – they are not punished for struggling or failing to abstain
- Focus is on reducing negative health and social consequences of abuse of alcohol and drugs, without stigmatic labels (“alcoholic” “addict” “drunk” “junkie”)

BASIC PRINCIPLES OF HARM REDUCTION THERAPY

*(MARLATT, BLUME & PARKS,
JOURNAL OF PSYCHOACTIVE DRUGS, 2001)*

Low-Threshold Access to Services

- HRT allows practitioners to make compassionate/respectful efforts to reach people “where they are at” with relevant services to reduce human suffering
- HRT provides services even when someone refuses to stop use and enter abstinence-based programs
- Consistent with Prochaska & DiClemente’s “Stages of Change” model

HRT: THEORY AND PRACTICE

Does the intervention work to reduce
harm and human suffering?

Does the intervention save lives?

(Marlatt, Blume & Parks, Journal of Psychoactive Drugs, 2001)

HRT is based on pragmatic strategies designed to

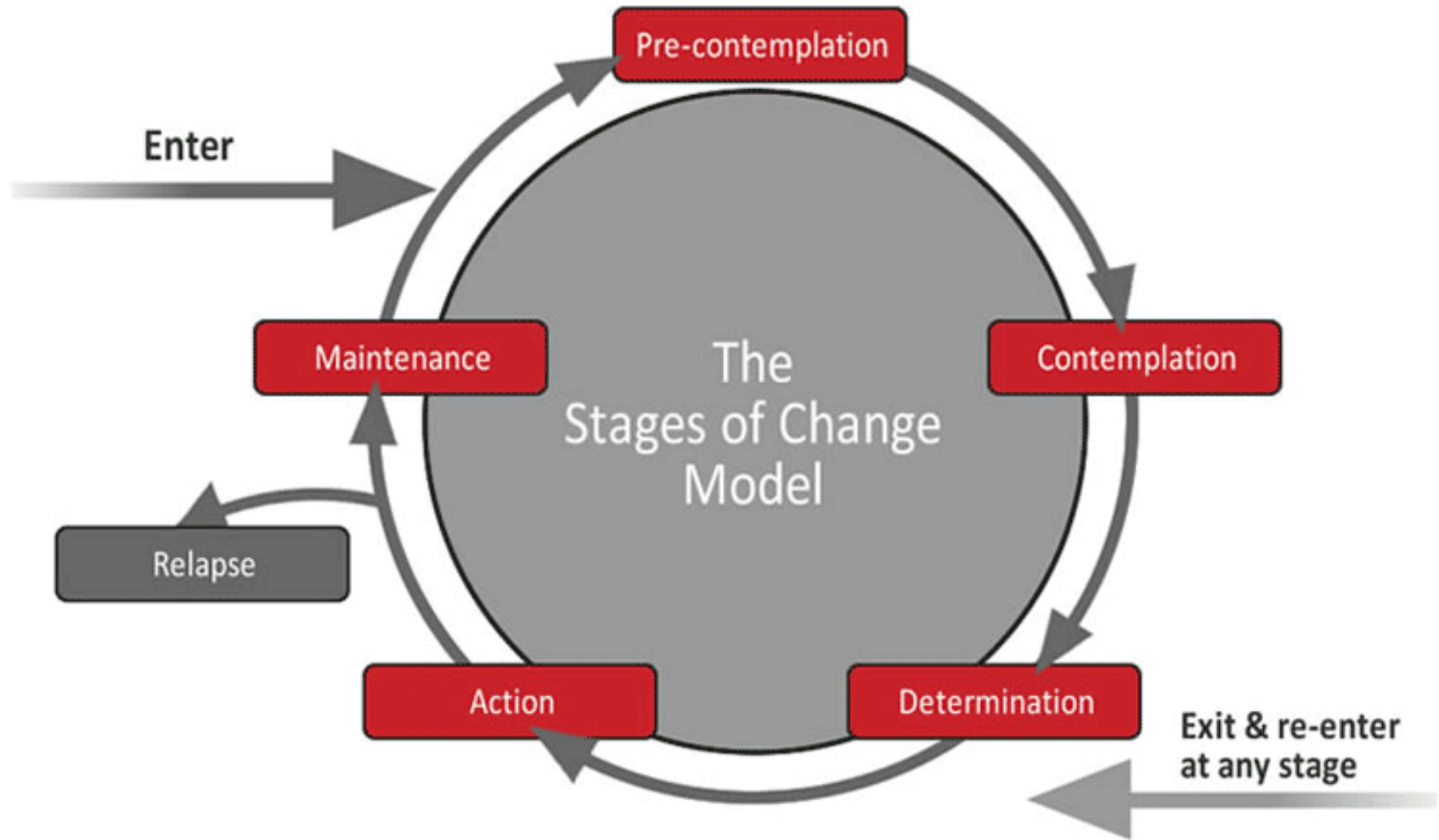
- 1) keep people alive, and
 - 2) help reduce suffering,
- which has benefits for clients,
their communities and society as a whole.

The therapist sidesteps personal judgment
about whether abstinence is right or wrong,
in favor of supporting progress – (Stages of Change)

“First Do No Harm and Then, Relieve Suffering”

(Marlatt, Blume & Parks, Journal of Psychoactive Drugs, 2001)

Stages of Change: A quick review



“STAGES OF CHANGE: PROCHASKA & DICLEMENTE

Precontemplation

- Not even thinking about changing
- Don't see a problem, think those who point it out are exaggerating

Contemplation

- Willing to consider the possibility a problem exists
- Often highly ambivalent (“yeah, but...”)

Determination/Preparation

- Deciding to change, looking a possible plans
- Still ambivalent, and assessing pros and cons

Action

- Implement a Plan – doing something differently

Maintenance

- Repeating the new behaviors, continuing with the plan
- Strengthening commitment, experiencing rewards from the change

FEATURES OF HARM REDUCTION

According to Canadian Harm Reduction Network

The main characteristics or principles of harm reduction are:

- Pragmatism
- Humanistic Values
- Focus on Harms
- Balancing Costs and Benefits
- Hierarchy of Goals

FEATURES OF HARM REDUCTION

Pragmatism: Harm reduction accepts that some use of mind-altering substances is inevitable and that some level of drug use is normal in a society.

Humanistic Values: The drug user's decision to use drugs is accepted as fact, as his or her choice. No "moralistic" judgment is made either to condemn or to support use of drugs, regardless of level of use or mode of intake. The dignity and rights of the drug user are respected.

Focus on Harms: The extent of a person's drug use is of secondary importance to the harms resulting from use.

<http://canadianharmreduction.com/node/889>

FEATURES OF HARM REDUCTION

Balancing Costs and Benefits: Some pragmatic process of identifying, measuring, and assessing the relative importance of drug-related problems, their associated harms, and costs/benefits of intervention is carried out in order to focus resources on priority issues. The framework of analysis extends beyond the immediate interests of users to include broader community and societal interests.

Hierarchy of Goals: Most harm-reduction programs have a hierarchy of goals, with the immediate focus on addressing the most pressing needs.

<http://canadianharmreduction.com/node/889>

Discussion

Is it immoral to practice HRT since HRT tolerates illicit drug use, and such use is against the law?

Is it moral to refuse to help people who are suffering, who are causing harm to themselves and others, simply because their behavior is/was unlawful and unhealthy, or because they are not meeting a standard we want them to meet (*did not quit smoking tobacco*)? Do medical doctors get to make this kind of choice when treating or not treating a patient?

If cigarette use were illicit, would we deny medical treatment to smokers who had heart attacks, strokes, or lung cancer? Is smoking becoming a moral issue in America?

Does a person have to quit smoking to get help with quitting smoking?

If they relapse or slip, are they kicked out of the quit smoking program?

HRT: THEORY AND PRACTICE

Combine “Behavioral Pragmatism” with Rogerian style of Unconditional Positive Regard for clients.

Behavioral Pragmatism

Using what research shows is helpful to substance users

Unconditional Positive Regard

The basic acceptance and support of a client regardless of what the person says or does

(Marlatt, Blume & Parks, Journal of Psychoactive Drugs, 2001)

HRT: WHAT'S THE GOAL?

According to World Health Organization

Hierarchy of Goals

1. Don't use drugs
2. If you use drugs, don't inject
3. If you inject drugs, use sterile injecting equipment and never share injecting equipment
4. If you use non-sterile equipment and share equipment, use bleach to clean equipment

HRT: WHAT'S THE GOAL?

The Goal is Abstinence True or False?

The Goal is **Not** Abstinence True or False?

HRT: WHAT'S THE GOAL?

It depends on who you talk to!
And, how we define “abstinent”
and “non-abstinent”
depends on who you talk to, as well.

THE GOAL IS **NOT
ABSTINENCE**

Engaging anyone in any level of harm reduction process—
any harm reduction intervention – is a success,
and those people are considered to be involved in a recovery process.

A participant who comes to [Louisville Metro's Syringe Exchange Program \(LMSEP\)](#) is involved in a recovery process – s/he is reducing harm, interacting with a professional, certified drug counselor.

That client is somewhere on the continuum of “Stages of Change”

THE GOAL ****IS**** ABSTINENCE

That LMSEP client is somewhere on the continuum of “Stages of Change”

It could be Pre-contemplation.

It could be Contemplation

It could be that their first day of coming to the Syringe Exchange, is the beginning of their Action stage.

After a period of time of connecting with the counselor at LMSEP, that client may ask for help in getting treatment services.

That could be the next step in the Action stage process, heading toward.....**ABSTINENCE!**

TAKING THE BEST OF “BOTH”

Harm Reduction/MAT

PLUS

12-Step-Based
Cognitive Behavioral
Motivational Interviewing/Enhancement

Much scientific evidence supporting the effectiveness of
all four of these treatment approaches

12-Step-Based Treatment

- How to live a responsible life
- How to have healthy relationships
- Spiritual growth and development.... And more!

Cognitive Behavioral Approaches

- Retraining the brain
- Psycho-education, biblio-therapy
- Coping skills, managing emotions
- And more!

Motivational Interviewing/Enhancement

- Moving clients along through the resolution of ambiguity
- Meeting clients where they are
- Stages of Change application.... And more!