ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM

Harm Reduction Models

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Course Description

This course explores the philosophy of the harm reduction perspective and the role that harm reduction approaches can play in engaging clients in a recovery process. Students will learn about practical harm reduction strategies and think about how these could help certain clients to engage in treatment. Students will discuss how harm reduction approaches may or may not be a fit for themselves as care providers, their agencies, and their communities.

Objectives

During this session, participants will:

- Learn about the philosophy of harm reduction
- Discuss five applied harm reduction strategies
- Discuss ethical concerns with harm reduction strategies
- Discuss how a harm reduction style can fit with other treatment approaches
- Evaluate whether harm reduction could be a fit for you, your agency, or the community you serve

For today's presentation…

We are going to examine our assumptions about alcohol and drug use… and think about the impact of our assumptions on our work with others.

Bring an open mind.

Harm Reduction is a philosophy

An approach to working with people who engage in high-risk behavior that aims to reduce harm to individuals, families and communities *without insisting that the person eliminating the behavior.*

Harm reduction is a **philosophy**. It involves a shift in how we think about negative client behavior and what it means to improve clients' lives.

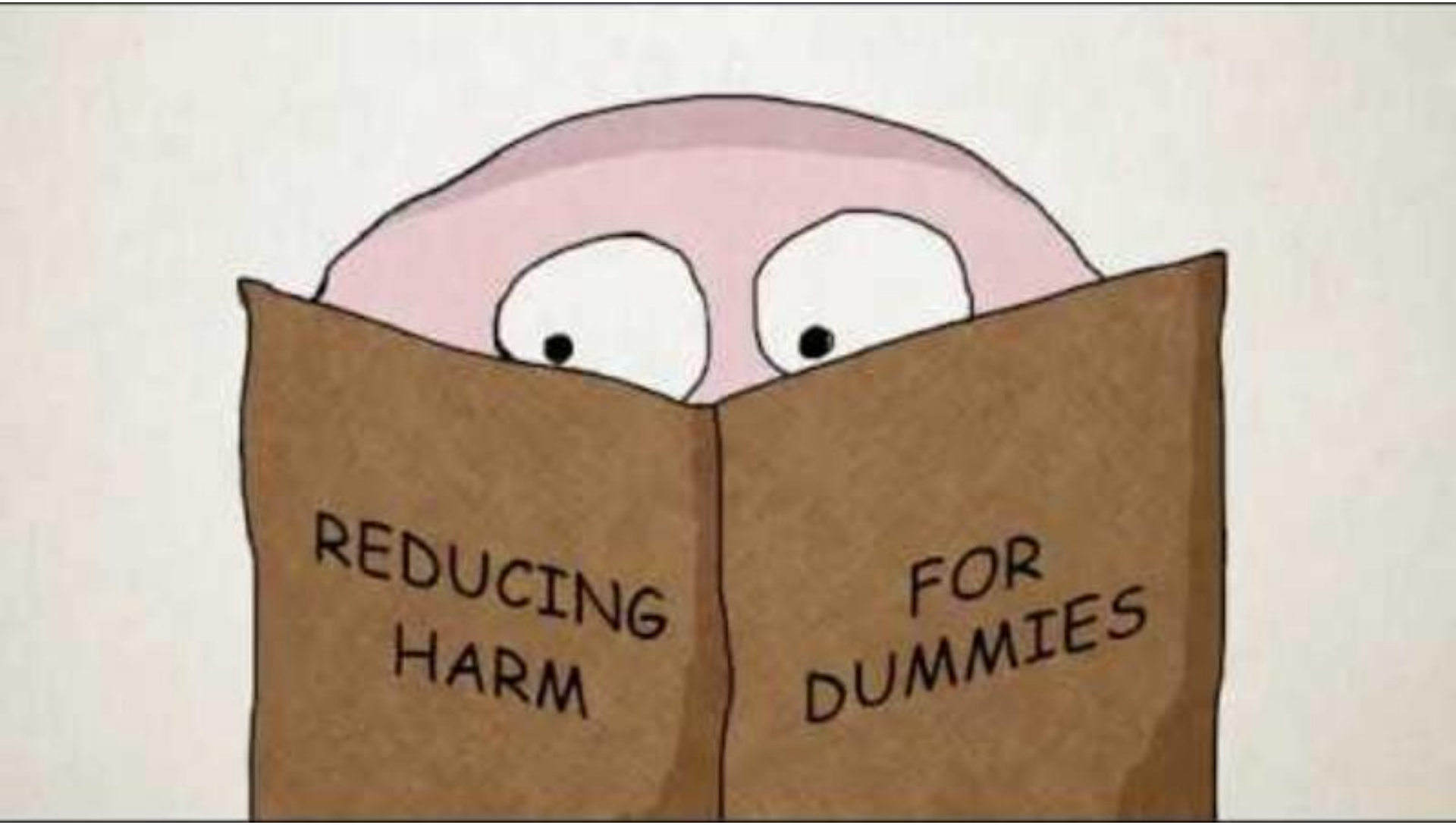
Harm reduction is also a **set of strategies** that can be applied to real world challenges that people experience.

Harm Reduction is....

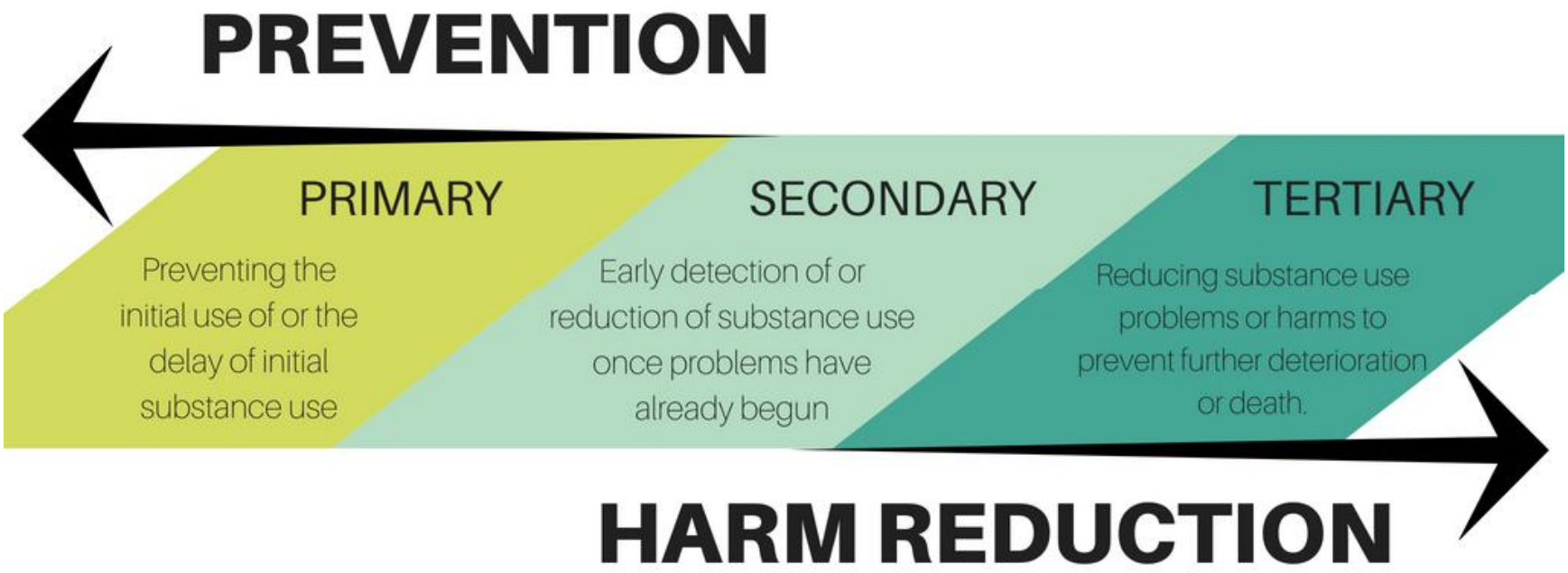
- A strategy that encourages safe use while working towards abstinence from drugs and alcohol.

- Not all clients are ready to stop using, so you need to meet the client_____

"where they're at."


REDUCING HARM
FOR DUMMIES

The Intersection of Prevention & Harm Reduction Efforts

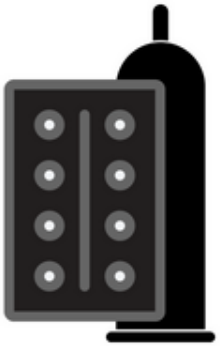


EXAMPLES OF HARM REDUCTION IN OTHER AREAS

SUN SCREEN

SEAT BELTS

SPEED LIMITS



BIRTH CONTROL

CIGARETTE FILTERS

Harm Reduction Philosophy and Strategies Apply to Diverse Behavior

When we think about harm reduction, we often think first about substance use behavior. The material and examples we use today will relate primarily to substance abuse. However, harm reduction approaches have also been applied to other problems, for example:

- *Sexual Health / STDs*
- *Injury Prevention*
- *Abusive Relationships*
- *Behavior addictions (gambling, sex, pornography, technology)*

Discussion

Initial bias?

Fears?

What have you heard others say?

As stated by the Harm Reduction Coalition:

Accepts, for better and or worse, that licit and illicit alcohol/drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them.

Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe abuse to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others.

Establishes quality of individual and community life and well-being—not necessarily cessation of all drug use—as the criteria for successful interventions and policies.

Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm.

Continued:

Ensures that drug users and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them.

Affirms drugs users themselves as the primary agents of reducing the harms of their drug use, and seeks to empower users to share information and support each other in strategies which meet their actual conditions of use.

Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm.

Does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use."

Harm Reduction vs. Abstinence Only

Prior to the harm reduction movement, most approaches to addressing drug and alcohol problems were abstinence-based: (the use must stop)

- - Abstinence based Treatment
- - Alcoholics Anonymous / 12 Step Work
- - Prohibition / drinking age laws
- - Sober Housing
- - “Just say no”

More on Abstinence-Based Treatment…

Kelly & Moos (2003). Dropout from 12-step self-help groups: Prevalence, predictors and counteracting treatment influences. *Journal of Substance Abuse Treatment, 24(3),*

- The AA/12-step model suggests:
  - Alcoholism is a lifelong disease
  - It has no cure
  - Using involves a loss of control
  - Recovery requires abstinence from all substances
- Do these principles actually apply to everyone?
- AA one year quit rates estimated around 40%

Strengths of Abstinence-Based Treatment Approaches

Simplicity-- Addiction is tricky and can feel confusing in a person's mind.

Having a clear message promoting abstinence can be a way to confront thinking patterns like denial, minimizing, blaming others, etc.

Sometimes substance abuse is so severe that stopping use is the only safe and reasonable option.

A community of people in recovery can be a strong support for others trying to change.

Others?

Downsides of Abstinence-Only Approaches

Simplicity can also be a problem. It assumes that solutions are black or white, all or nothing:

- You're either using or sober
- You're either in recovery or still sick
- You're either ready or not ready to quit
- No space for normal ambivalence

The user doesn't choose the goal

- They are told that abstinence is the only acceptable goal

This makes it hard for the person using to be on the same side as people trying to help them.

Shame

Let’s talk about shame…

How does shame affect a substance user’s ability to access care?

If a person does access care, how does shame affect their ability to fully benefit from care?

If a person is trying to stay sober, then uses, what happens next?

So, what does harm reduction do instead?

Harm reduction does not assume the goal is abstinence.

Instead, the goal is to reduce negative consequences related to substance use.

It is not right or wrong or good or bad to drink/use. *(it's the associated consequences that can be)*

When we think about drinking as a moral issue, we risk creating divisions and shame.

Instead, harm reduction focuses on helping people be safer and reduce the negative consequences from using substances.

Ethical Principles in HR

Ethical principles in harm reduction

Pragmatism

Being pragmatic means taking steps to reduce harm when a person continues to use substances. It is recognition that substance use will occur regardless of healthcare provider's wishes.

Autonomy

Healthcare providers have an ethical obligation to respect the decisions made by the person, even if these decisions may cause harm. Preventing certain behaviours can:

- Take away the person's autonomy and ability to cope with their experiences
- Increase the person's distress by failing to recognize the full picture of why a person continues to use substances

Human rights

People who use psychoactive substances have the right to receive equitable, non-judgmental, and evidence-based healthcare services regardless of whether the substances they use are legal or illegal.

Behavioral Health Aide
Code of Ethics

1. Practice self-care daily.
2. Do NO Harm.
3. Always show care and concern for the client as a person.
4. Treat all clients equally.
5. Respect each client's beliefs.
6. Be sensitive to clients' feelings and reactions.
7. Protect client confidentiality.
8. Work within BHA/P guidelines, job responsibilities and certification scope of practice.
9. Promote holistic health.
10. Pursue personal and professional growth and development.
11. Be a good role model professionally and in the community.
12. Treat colleagues with respect, courtesy, fairness, and good faith.
13. Advocate for all persons impacted by social or behavioral health related issues.
14. Honor cultural diversity.

CHAPCB Standards and Procedures Sec. 2.40.520(b)(1)(a)

"Professional readiness requires a behavioral health aide or practitioner to demonstrate understanding of Behavioral Health Aide Code of Ethics and ethical considerations of helping professions"

BHA

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Harm reduction services include...

Syringe Access

Syringe Disposal

Safer Drug Use

Naloxone

Medication Assisted Treatment

Supervised Consumption Services

Drop-In Centers

Housing First

Pharmacy Access

Referral & linkage

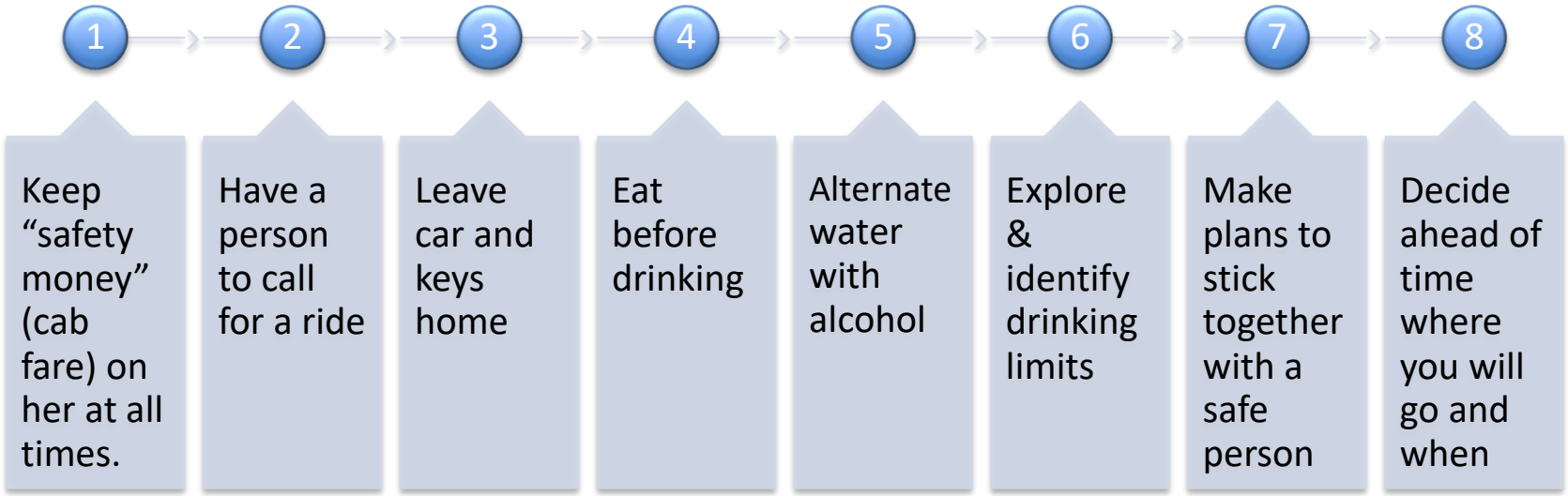
Example: Brita

Brita was arrested recently for a DUI. She's on probation and not supposed to be drinking. However: she got intoxicated and believes she might have been sexually assaulted while she was blacked out. She comes to talk with you about this. She is not sure what to do. She does not want to press charges because she was violating her probation conditions by drinking. She doesn't bring up wanting to quit drinking but she says "maybe I've been going to hard lately."

A harm reduction approach with Brita

Explore her situation nonjudgmentally	Express your commitment to her safety and happiness	Offer her a referral for medical care for post sexual assault care / exam
Ask what her goals are around drinking	*"Are you OK with your drinking right now, or do you want it to be different?"*	Accept her answer..then..

If she does not want to quit using, develop goals:



Others?

Example: Larry

“Larry” is a 34-year-old man living in a rural area. He began using prescription opioids in his early 20s after a work injury, eventually transitioning to heroin due to cost and availability. He currently uses daily, primarily by smoking and injection. Larry has experienced one prior overdose and has unstable housing, often staying with friends or family. He had an injection site infection which prompted medical care and received a referral for behavioral health. He is not currently interested in stopping use but says he wants to “stay alive” and avoid another overdose.

A harm reduction approach with Larry

Explore his situation nonjudgmentally

Express your commitment to his safety and happiness

Ask what his goals are around use

"Are you OK with your use right now, or do you want it to be different?"

Accept his answer..then..

If he does not want to quit using, develop goals:

EDUCATE ABOUT:

-Not using alone so someone can respond to an overdose.
-If they do use alone, suggest check-in systems (phone, apps, or timed calls).
-Avoiding mixing with other depressants like alcohol or benzodiazepines.
-Promoting slower use and spacing doses to reduce overdose risk.
-Naloxone (Narcan) and give them some or connect them with where to find some
-Recognizing overdose signs (slow/no breathing, blue lips, unresponsiveness)
-The importance of calling emergency services
-Learning basic rescue breathing / CPR
-Safer injection / consumption supplies
-The dangers of sharing or reusing equipment to prevent infections like HIV or hepatitis C.
-The availability of fentanyl test strips where available.
-Educate about **housing, food access, and transportation**, which strongly affect health outcomes.

REFERRALS:

-Refer them with regular medical care
-Encourage testing for HIV, hepatitis B/C, and access to vaccines (like hepatitis A/B).
-Offer information and referrals for treatments like **methadone** or **buprenorphine (MAT).**

5 MINUTE

Opioid Overdose Response

TRAINING

SAFEProject

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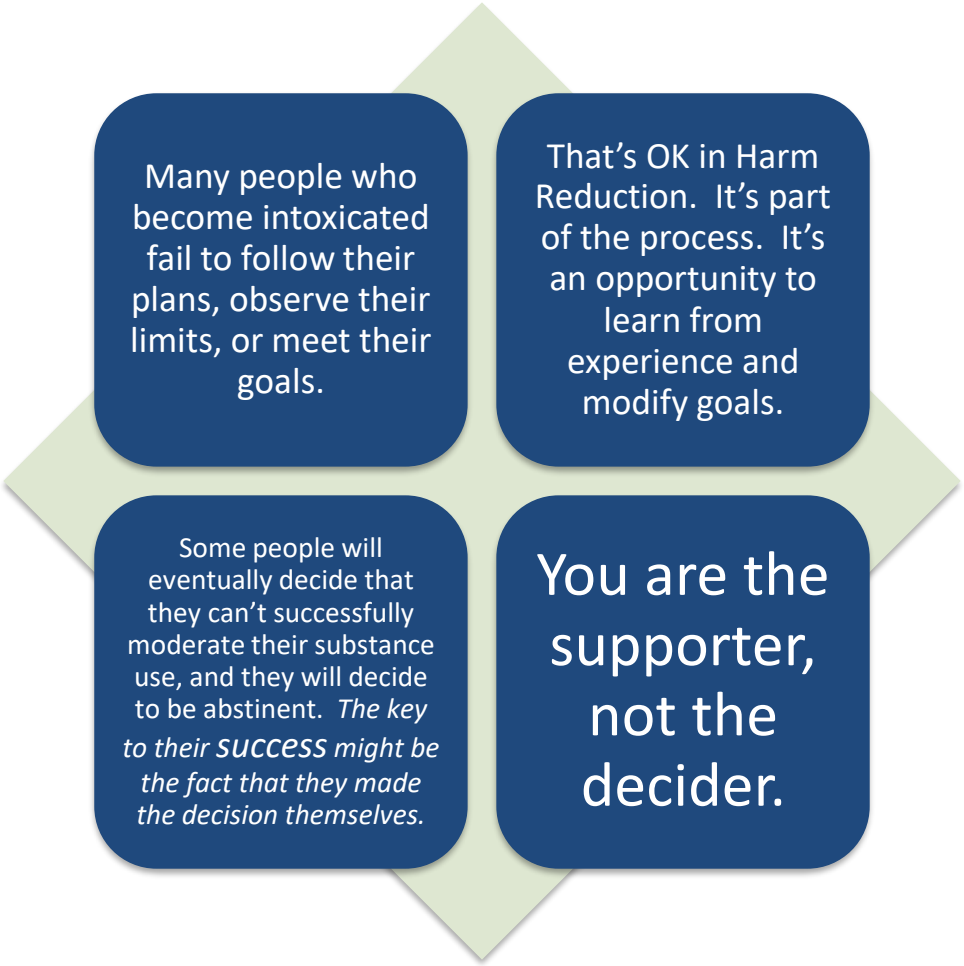
What if these strategies don't work?



How does Harm Reduction fit with other approaches?

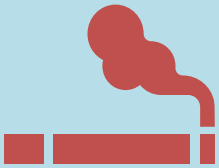
Motivational Interviewing can work together with Harm Reduction. The approaches share some of the same philosophies:

Great Combo!!

- Ambivalence is normal

- The client decides what changes are important and sets their own goals

-Collaborative approach



Abstinence-Only Approaches (like residential treatment or AA/NA) can also work in concert with Harm Reduction.

The key is that abstinence only approaches would be offered to clients who have decided– through trial and error– that they want to pursue abstinence.

The treatment provider does not demand abstinence from the start, but the client arrives at that decision in their own time.

Discussion

Is harm reduction a fit for you as a service provider?

Is harm reduction a fit for your community or region?

Is harm reduction a fit for your agency?

To Summarize…

to order Narcan

https://health.alaska.gov/en/education/drugs-and-alcohol/opioids-prevention-and-recovery/find-naloxone/

Google: “State of Alaska order Narcan”

https://www.iknowmine.org/product/naloxone-kit/

Harm reduction is an alternative to abstinence-only approaches, which research tells us do not work for everyone.

HR does not require abstinence but lets people make their own goals.

HR is focused on safety and reducing negative or fatal consequences.

HR meets people where they are.

HR is compassionate and practical.

Resources

https://www.sciencedirect.com/science/article/pii/S074054720300217

https://www.pbs.org/newshour/health/a-look-inside-the-1st-official-safe-injection-sites-in-u-s

https://harmreduction.org

https://www.safeproject.us/naloxone

https://www.recoveryanswers.org/resource/drug-and-alcohol-harm-reduction/

Thank you for being here!

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OUR VISION:

Alaska Native people are the healthiest people in the world.


gunalchéesh • qagaasakung • igamsiqanaghhalek • ‘awa’ahdah • tsin’aen • baasee’ • quyanaa • dogidinh • way dankoo • háw’aa • mahsi’ • maasee’ • chin’an • quyana • quyanaq • quyanaa