



Harm Reduction Treatment for Substance Use: Meeting people where they're at...

Susan E Collins on behalf of the
Harm Reduction Research and Treatment (HaRRT) Center
University of Washington – Harborview Medical Center

Talk timeline

Definition



Rationale



Practice

Harm reduction applied to various behaviors

From: <http://www.adcouncil.org>



Stephen Dyrkas



from: nswp.org



FRIENDS DON'T LET FRIENDS DRIVE DRUNK



HIV



SYRINGE ACCESS



HEPATITIS C



OVERDOSE



DRUG TREATMENT



SAFER USE

from: harmreduction.org



Todd Huffman

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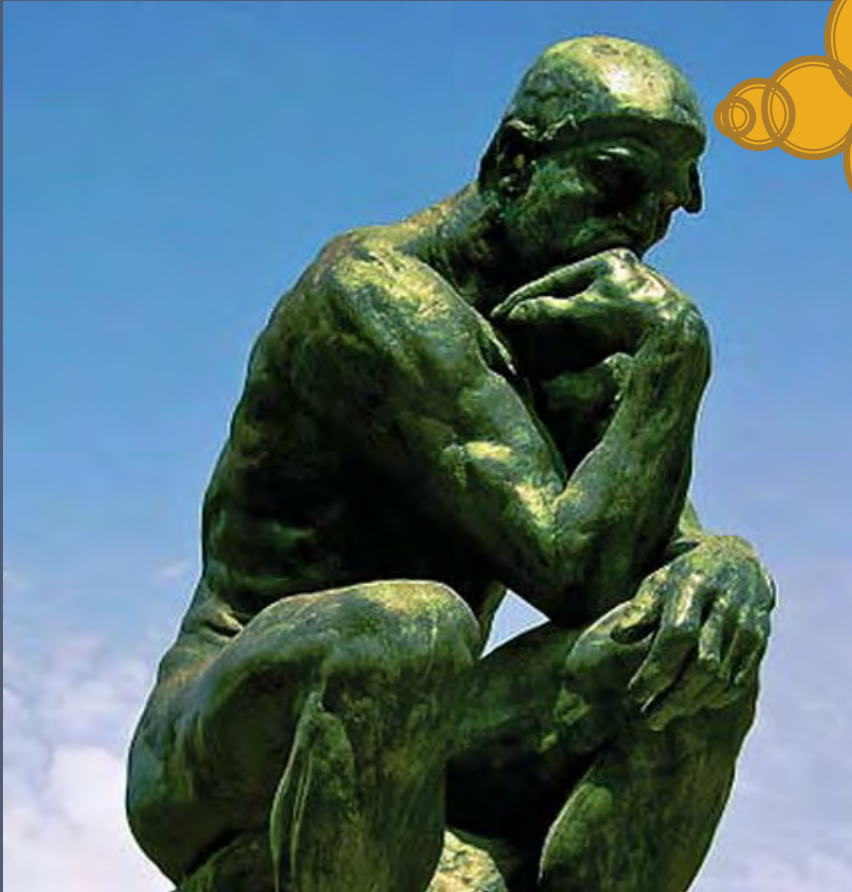
From <http://www.desc.org/1811.html>

Harm reduction can be described as a set of strategies...



Harm reduction is a grass-roots and “user-driven” set of compassionate and pragmatic approaches to reducing the substance-related harm and improving quality of life **without requiring abstinence or use reduction.**

...but the attitude counts more.



“More of an attitude than a fixed set of rules or approaches...”

David Purchase, Director of the North America Syringe Exchange Network cited in Marlatt (1998)

The philosophy is COMPASSIONATE



The approach is PRAGMATIC



Why is this important?

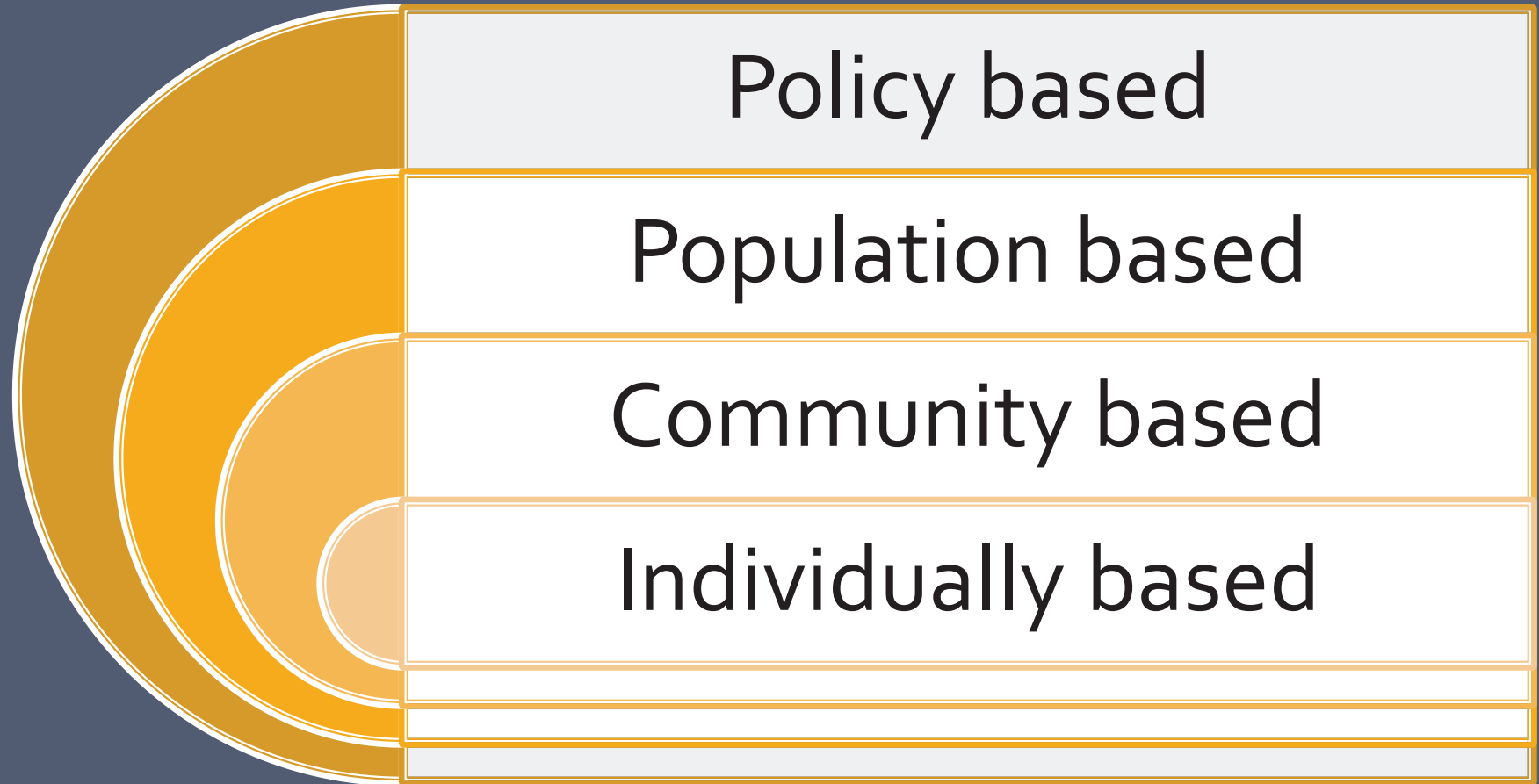


Harm reduction started as and should be honored as a grassroots movement that centers the voices and interests of substance users.



**Harm reduction in its
application...**

Harm reduction at various levels

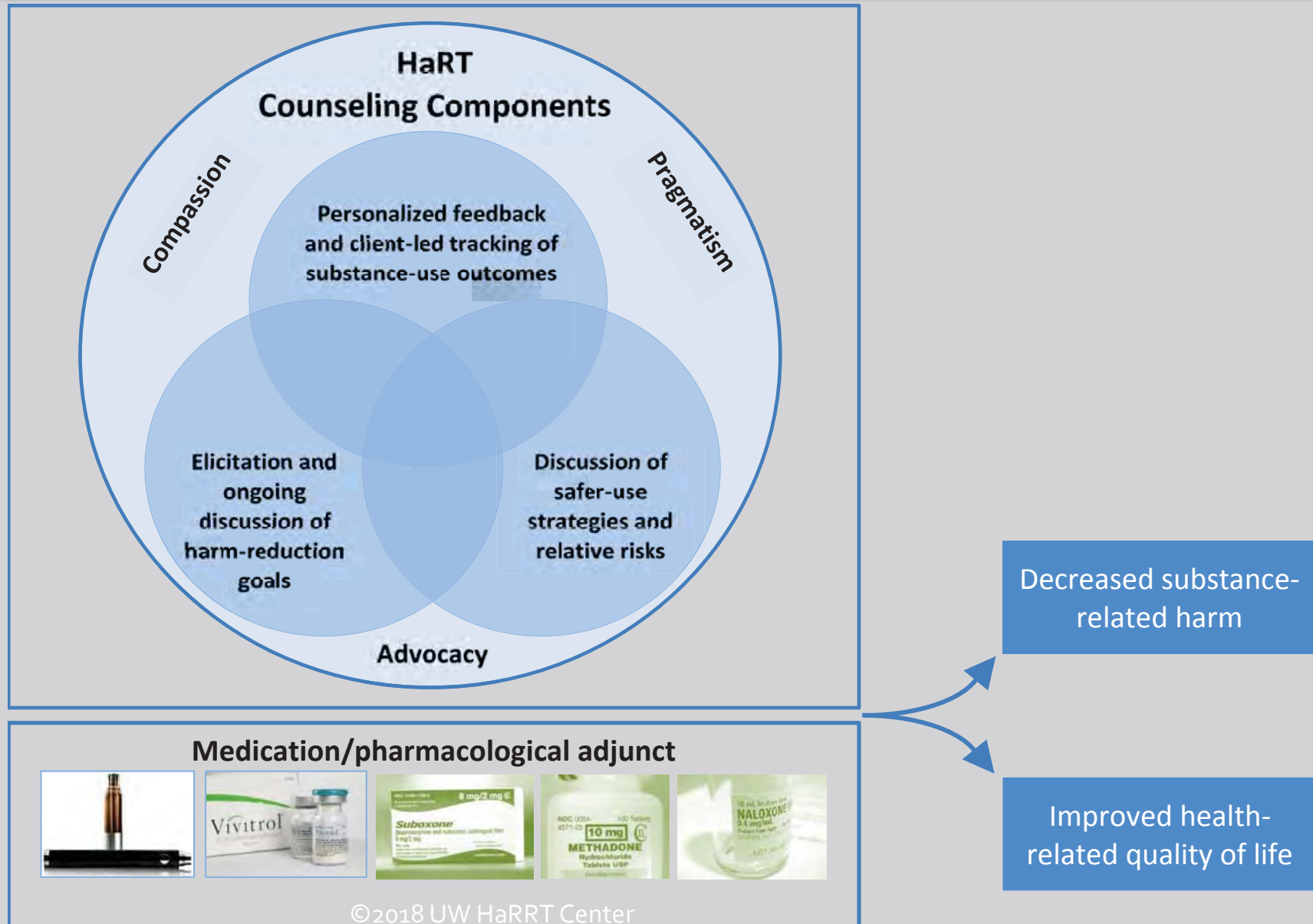


Primary focus in clinical work is...



...how we talk to people.

How HaRT can help



Harm reduction treatment ≠ ...

Relapse
prevention

Cognitive
behavioral
treatment

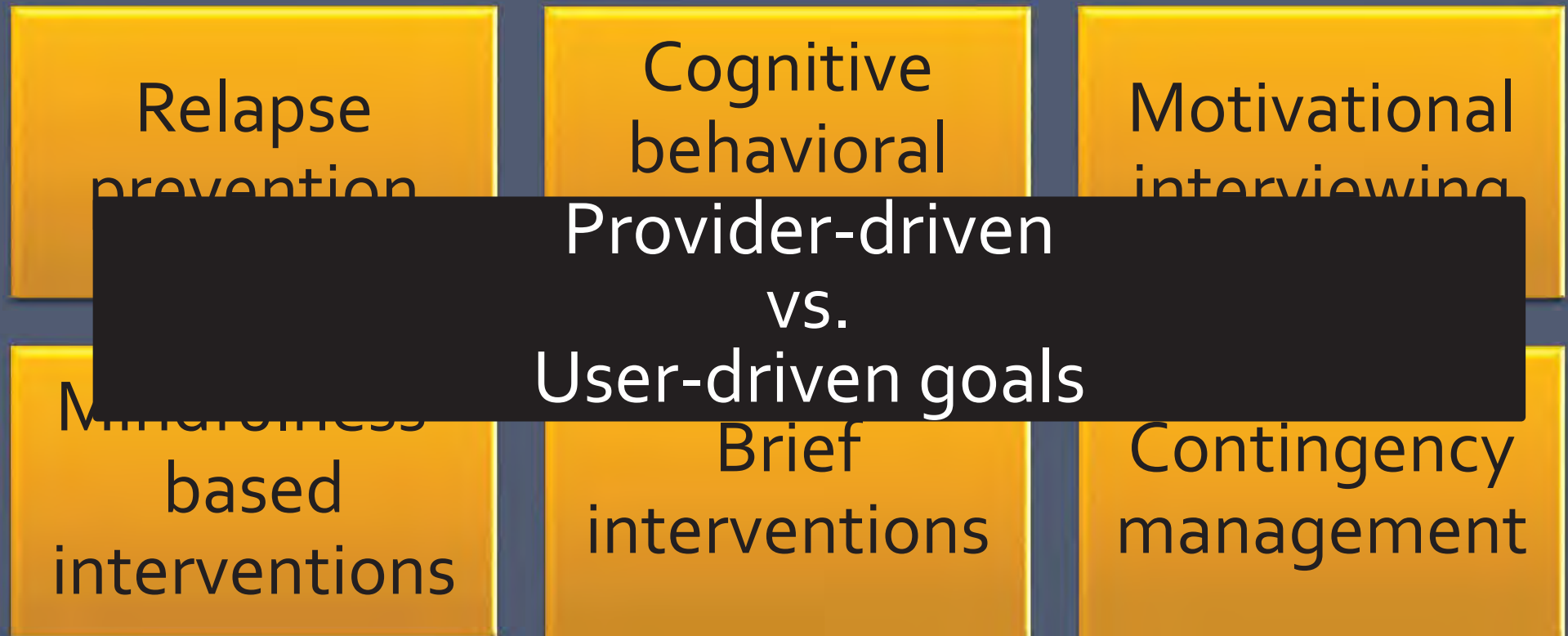
Motivational
interviewing

Mindfulness-
based
interventions

Brief
interventions

Contingency
management

Harm reduction treatment ≠ ...



“Therapists from a humanistic or existential orientation might object to the directional aspect of MI, whereby clients would be intentionally guided toward what the counselor regards to be appropriate goals.” – Miller & Rollnick (2012)

Use reduction vs harm reduction

USE REDUCTION

- Ultimate goal is abstinence
- Use and problems are in 1:1 agreement
- Prescriptive: provider “prescribes” treatment
- **Doctor-knows-best!**

HARM REDUCTION

- Goal is harm reduction
- Risk of problems is variable and individually based
- Predictive: helping client assess their risk for harm
- **Client knows better!**

Why harm reduction?

Traditional approaches may be disempowering

"Our clients
are very sick
and they
often lie to
us."

← Disease Model

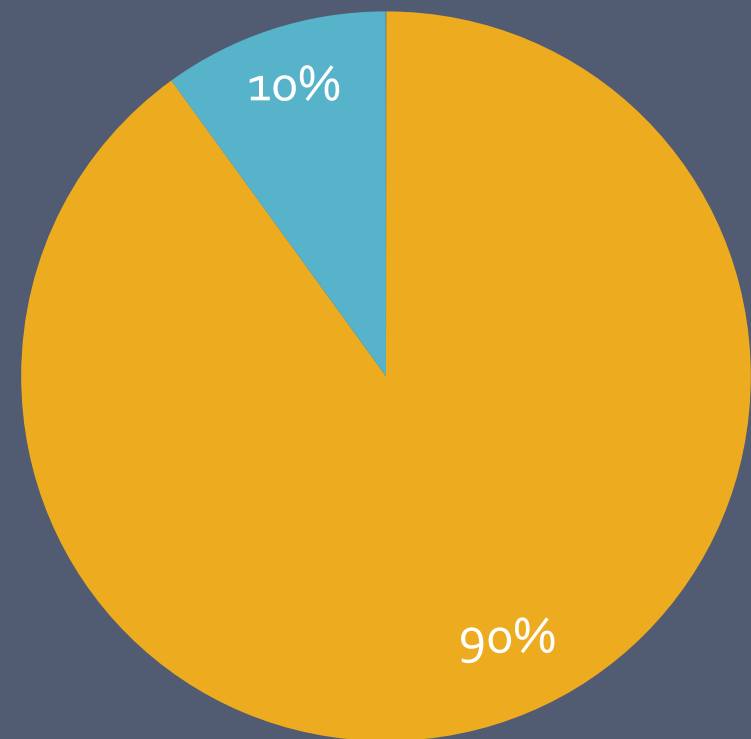
← Moral Model

and sometimes they tell the truth

← Moving towards harm
reduction 😊

Traditional approaches don't work for some...

- Chronically homeless individuals with alcohol dependence report an average of 16 treatment episodes in their lifetime
(Larimer et al., 2009)
- This traditional treatment didn't resolve the problem:
 - Still endorsed a mean of 11/15 alcohol problems
 - 44% reported experiencing DTs in last 3 mos (Collins et al., 2012)

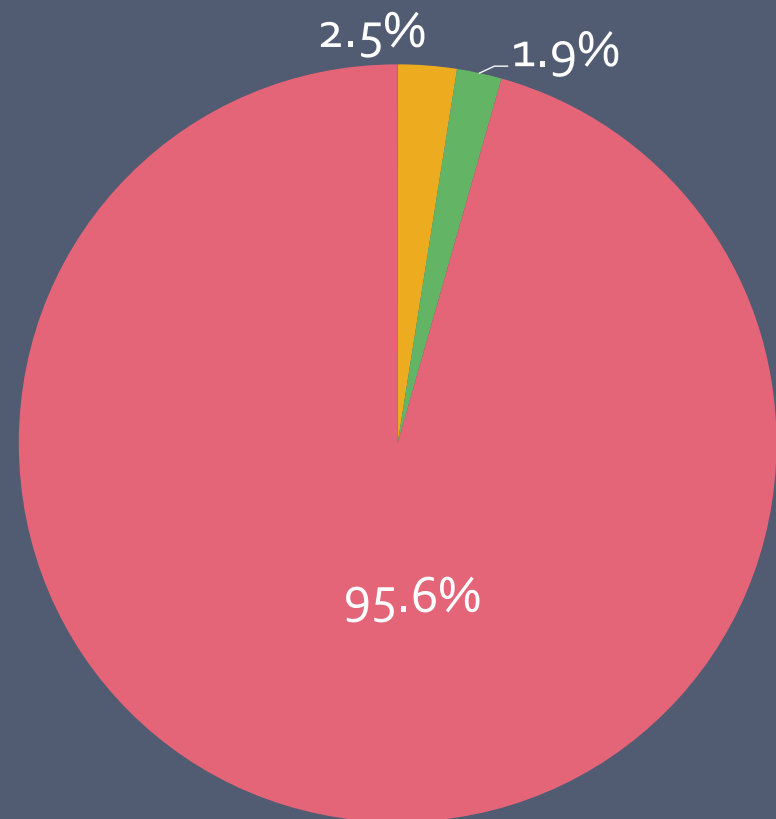


- meets criteria for current alcohol dependence
- does not meet criteria

Well, really, they don't engage most.

- According to SAMHSA, in 2016
 - 21 million Americans needed treatment
 - 2.2 million received treatment

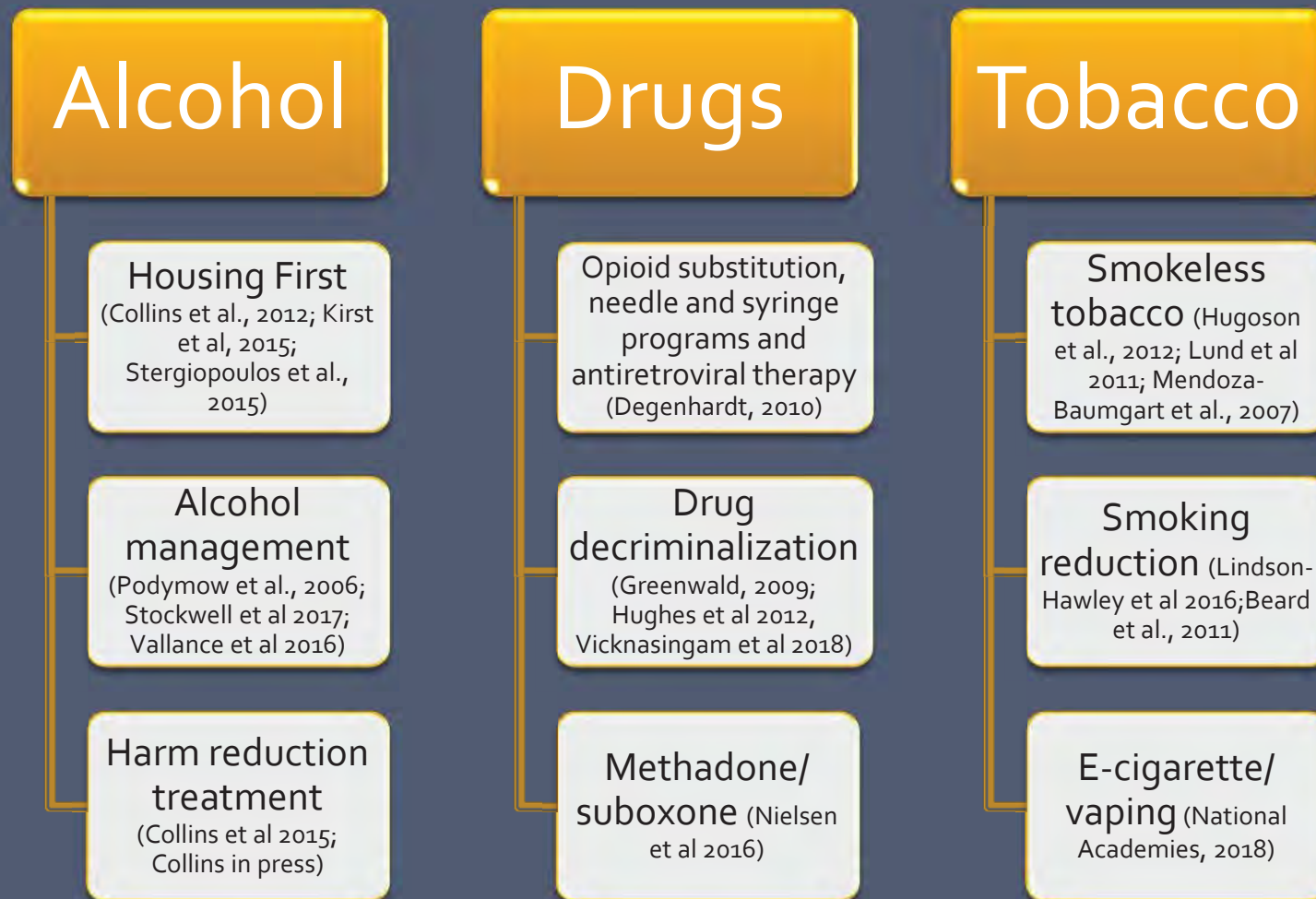
Of Americans who needed but did not receive treatment...



- Felt they needed treatment & did not make effort
- Felt they needed treatment & did make effort
- Did not feel they needed treatment

Harm reduction provides an effective alternative...

...for those who are not yet ready, willing or able to stop using



Use of HaRT-specific components is associated with...



71% reduction in alcohol-related harm



66% reduction in peak alcohol consumption



63% reduction in AUD symptoms



20% reduction in positive urine tests

...over a 3-month treatment and follow-up period.

Practicing HaRT:

Mindset, heart-set and concrete tools

Harm-reduction mindset

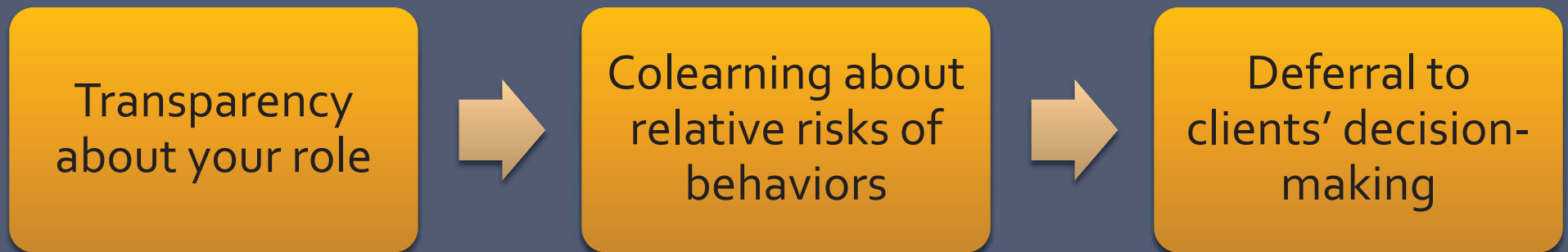
USE REDUCTION

- Ultimate goal is abstinence
- Use and problems are in 1:1 agreement
- Prescriptive: provider “prescribes” treatment
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HARM REDUCTION

- Goal is harm reduction
- Relative risk of problems is variable and individually based
- Predictive: helping client assess their relative risks for harm
- **Client knows better!**

How do you convey this mindset?



Transparency about your role

Introducing the rationale for HaRT

I am a [title, job description] at [xx]. I do harm reduction treatment. This is a different approach to substance-use treatment. When we meet, I will not require, ask or advise you to stop or cut down your substance use or change your use in any way you do not want to. Instead, my focus is to understand what your goals, intentions, or visions for your future are, and I will work with you to help you move towards those. I will also help you assess the relative risks of your substance-use behavior so you can make your own informed decisions about your substance use. Ultimately, in harm reduction, we want to help people and communities reduce their substance-related harm—the problems people experience due to substance use—and improve their quality of life on their own terms and on their own timeline.

How does that sound to you?

Colearning about relative risks...

Get to know some relative risk hierarchies.

Learn from clients and then check that info with authoritative sources

Do not provide a relative risk monologue.

Instead, drop in bits of psychoed on relative risks throughout the session.

This is especially effective paired with affirmations and strengths-based reflections.

Do ask for permission to provide info on relative risks if a person mentions engaging in or wanting to engage in a more risky behavior.

Relative-risk hierarchy of alcoholic beverages



Relative-risk hierarchy of injection sites

Goal: reduce risk of returning to the hospital

Lower

Medium

Higher

Upper arm

- safest
- closest to heart

Lower arm

Hands

- harder to find a spot
- use small needle gauge

Feet

- Slower healing
- You need them!

Legs

- Greater risk of clots
- Hit downstream

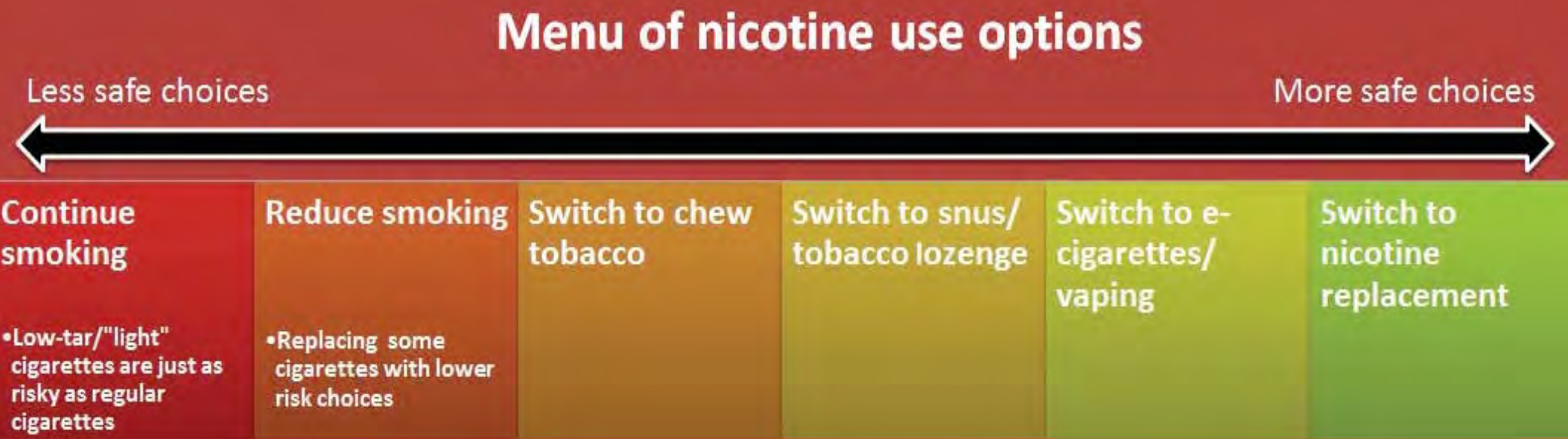
Groin

- Harder to "hit blind"
- can puncture femoral artery/nerve

Neck

- risk of hitting carotid artery makes this a last resort
- Could cause death

Relative-risk hierarchy of nicotine products

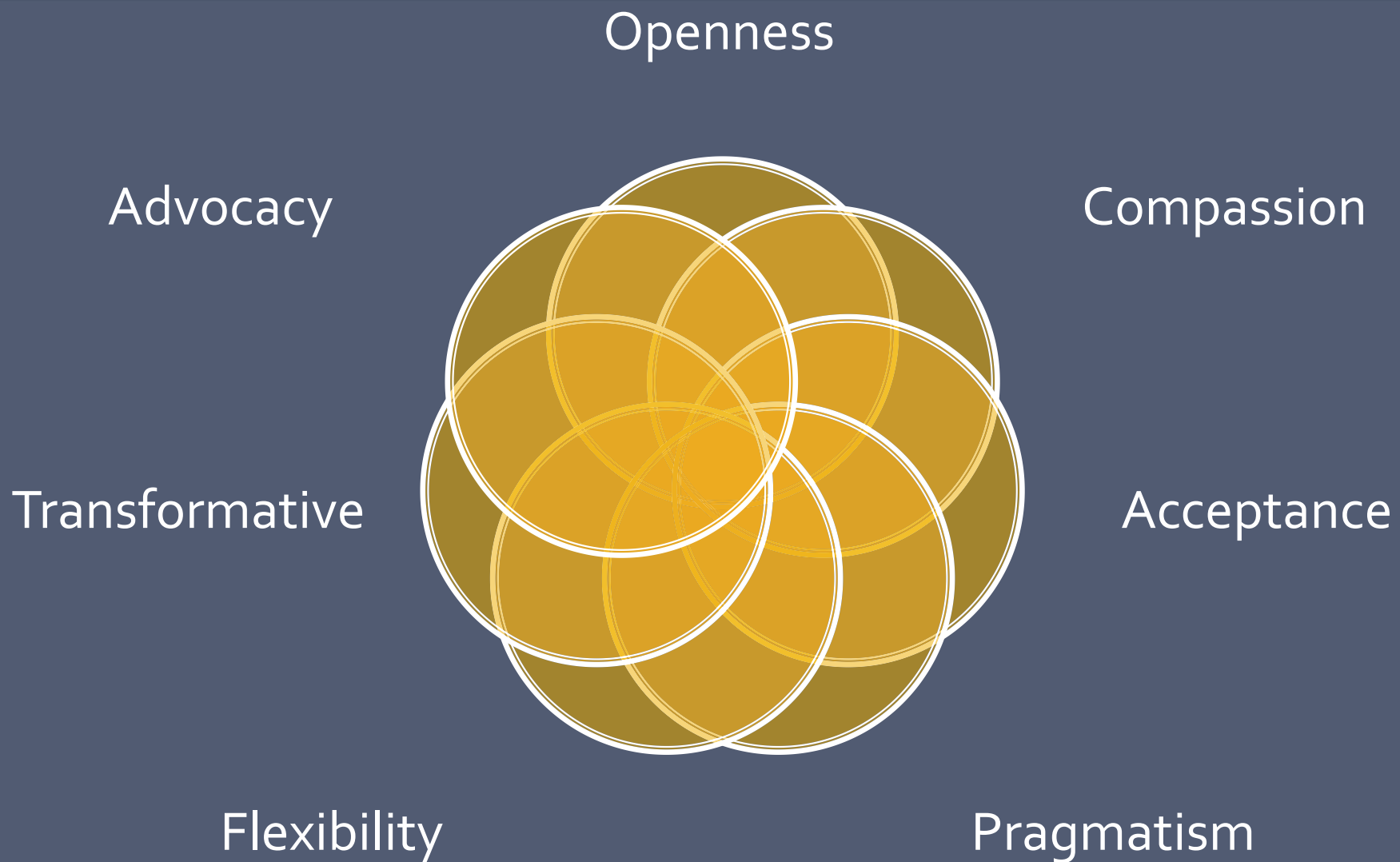


And then...

Defer to
clients' wisdom

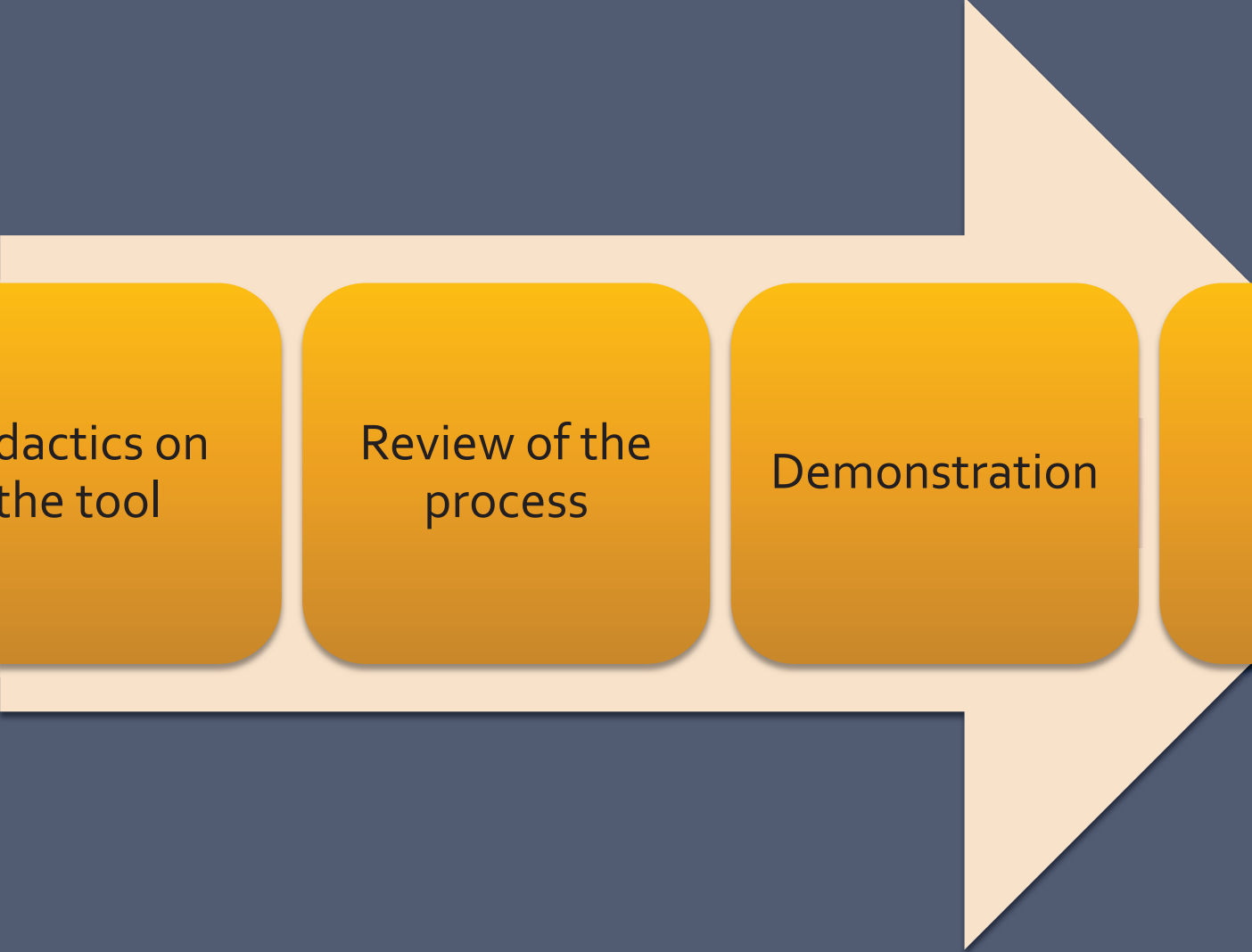
The more responsibility, autonomy and respect people feel they have, the more they will step up and forge their own pathway to recovery.

Harm reduction heart-set



Use your compassion exercise!

Concrete tools and role plays



Didactics on
the tool

Review of the
process

Demonstration

Role plays

Harm reduction tools

Multidimensional
assessment & feedback

- Substance use and related harm
- Decisional balance
- Quality of life
- Biomarkers

Flexible assessment tools

Quantity/frequency

- Timeline Followback (TLFB; Sobell et al., 1992)
- Alcohol Quantity and Use Assessment (AQUA; Collins et al., 2015)

Substance-related harm

- Short Inventory of Problems – Alcohol & Drugs (SIP-AD; Blanchard et al 2003)

Quality of life

- EURO-QOL (Dolan et al., 1997)
- SF-36 (Ware et al., 2000)
- QOLS (Burckhard et al., 2003)

Heavy use/harm biomarkers

- Alcohol: GGT, AST, ALT
- Smoking: CO, spirometry

Short inventory of problems (SIP-AD)

SIP-AD

INSTRUCTIONS: I am going to read to you a number of events that people sometimes experience in relation to their alcohol/drug use. Please indicate how often each one has happened to you during the past 30 days by telling me the appropriate number (0 = Never, 1 = Once or a few times, etc.). If an item does not apply to you, answer zero (0).

| | During the <u>past 30 days</u> , about how often has this happened to you? | Never | Once or a few times | Once or twice a week | Daily or almost daily |
|-----|---|-------|---------------------|----------------------|-----------------------|
| 1. | I have been unhappy because of my drinking/drug use. | 0 | 1 | 2 | 3 |
| 2. | Because of my drinking/drug use, I have not eaten properly. | 0 | 1 | 2 | 3 |
| 3. | I have failed to do what is expected of me because of my drinking/drug use. | 0 | 1 | 2 | 3 |
| 4. | I have felt guilty or ashamed because of my drinking/drug use. | 0 | 1 | 2 | 3 |
| 5. | I have taken foolish risks when I have been drinking/using drugs. | 0 | 1 | 2 | 3 |
| 6. | When drinking/using drugs, I have done impulsive things that I regretted later. | 0 | 1 | 2 | 3 |
| 7. | My physical health has been harmed by my drinking/drug use. | 0 | 1 | 2 | 3 |
| 8. | I have had money problems because of my drinking/drug use. | 0 | 1 | 2 | 3 |
| 9. | My physical appearance has been harmed by my drinking/drug use. | 0 | 1 | 2 | 3 |
| 10. | My family has been hurt by my drinking/drug use | 0 | 1 | 2 | 3 |
| 11. | A friendship or close relationship has been damaged by my drinking/drug use. | 0 | 1 | 2 | 3 |
| 12. | My drinking/drug use has gotten in the way of my growth as a person. | 0 | 1 | 2 | 3 |
| 13. | My drinking/drug use has damaged my social life, popularity, or reputation. | 0 | 1 | 2 | 3 |
| 14. | I have spent too much or lost a lot of money because of my drinking/drug use. | 0 | 1 | 2 | 3 |
| 15. | I have had an accident while drinking/using drugs/intoxicated. | 0 | 1 | 2 | 3 |

Add columns: + +

Total:

Harm reduction tools

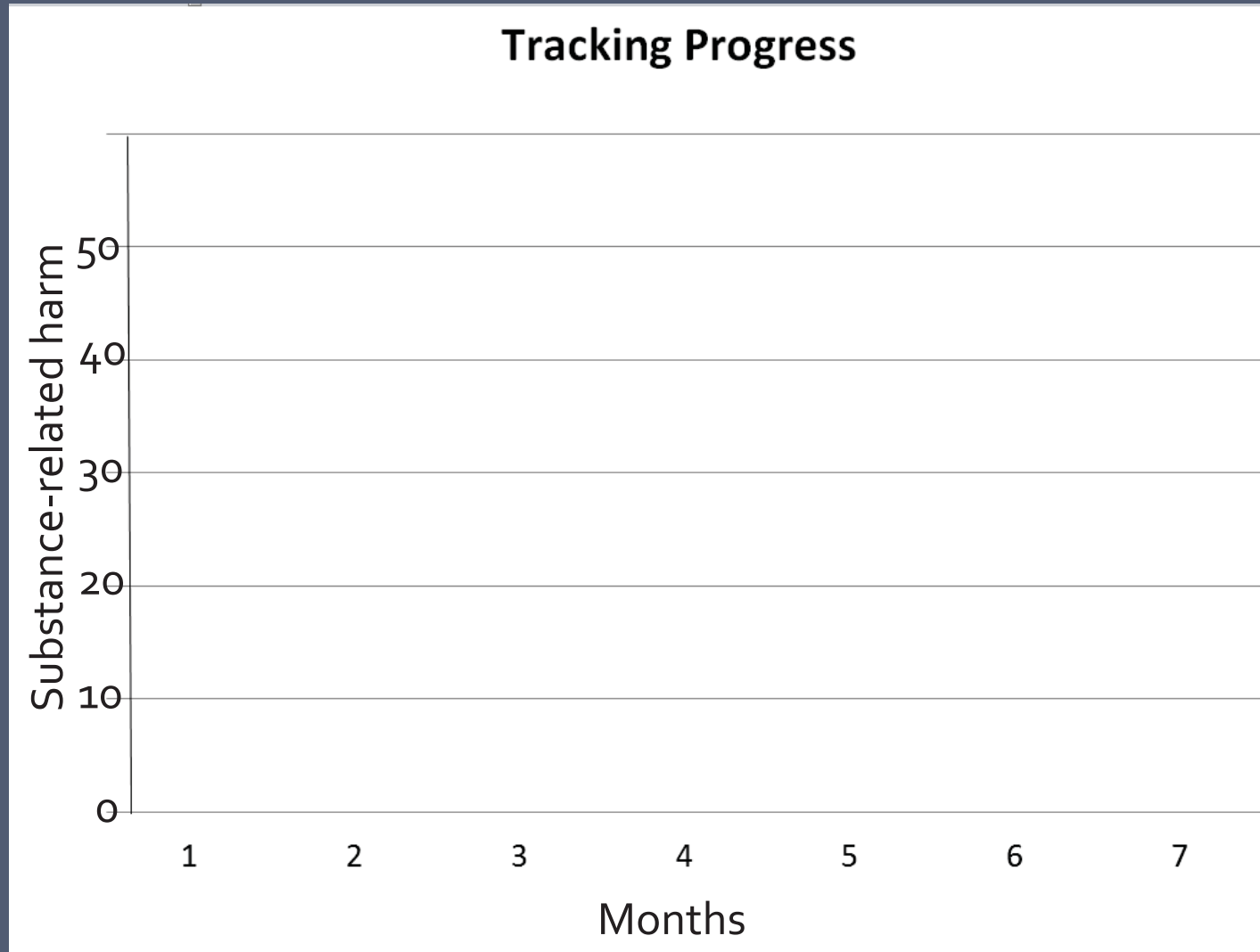
Multidimensional assessment & feedback

- Substance use and related harm
- Decisional balance
- Quality of life
- Biomarkers

Client-led tracking

- Clients choose most relevant outcomes to focus on
- Clients track with provider how they are doing over time
- Sense of transparent QI

Client-led assessment tracking



Harm reduction tools

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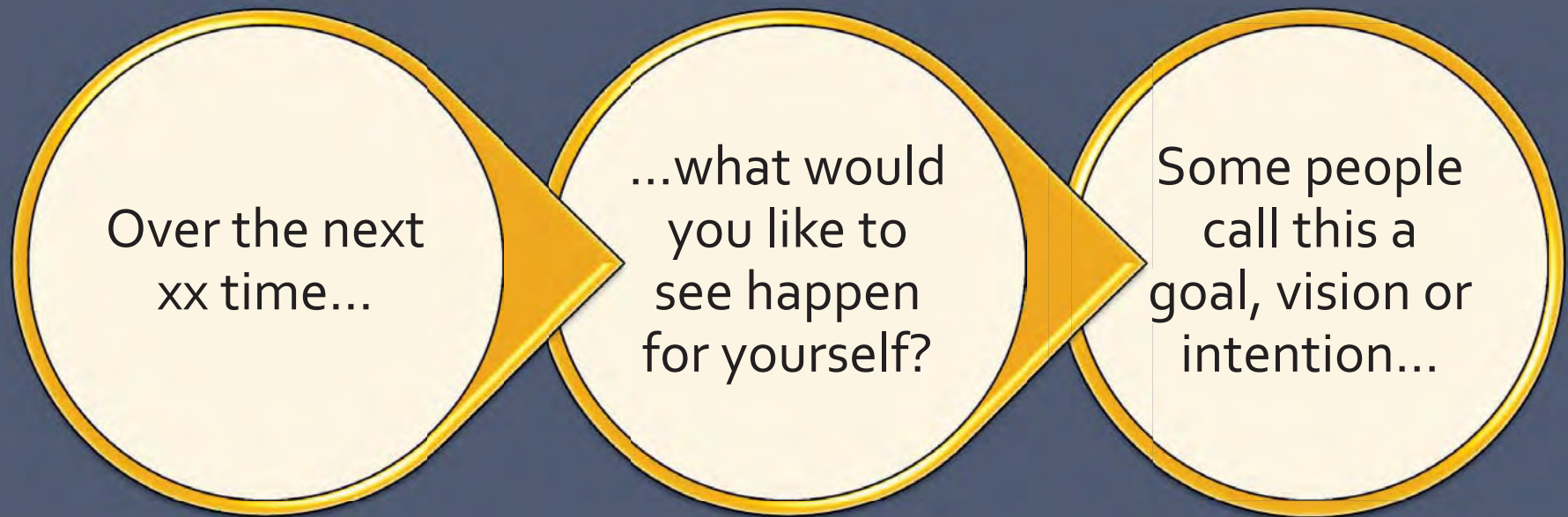
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Harm-reduction goal setting

- What goals do you have during your hospital stay/treatment/this session/in general (whatever is relevant)?
- What do you want to see happen for yourself?

Harm-reduction goal setting



"I want to get back to work."

"You would like to get back to work? Can you tell me more about that?"...(Elicit the story.)

Breaking it down...



“...So, let’s put that up here on the top step.
What would be the first step towards that larger
goal that you could work on this next week?”

Harm reduction tools

Multidimensional assessment

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Safer-use strategies

- Offer clients a list of safer use tips based on their primary substance
- Have them choose one they feel like they could try



Safer-use Strategies: Alcohol

Here are some tips to help you stay safer and healthier no matter how you choose to change your use. Using more safely does not mean that you remove all risks, including death, but it can help you reduce your drug-related harm. You are worth it!

| | | |
|---------------------------------------|---------------------------|--|
| Ways to stay healthier when you drink | Drink water | <ul style="list-style-type: none">• Why? Reduces hangover effects• How? Drink water while you are drinking or alternate between water and alcohol |
| | Count your drinks | <ul style="list-style-type: none">• Why? Knowing how much you drink helps you think about how much alcohol you really want or need. It can help you take control of the effects of alcohol.• How? Keep your bottle caps and screw tops in your pocket and count them later. You can keep track of this over time to see what amount works best for you. |
| | Try to eat | <ul style="list-style-type: none">• Why? Food eases the pace of alcohol entering the bloodstream so it does less harm. Food gives you important nutrients.• How? Try to eat before you start drinking and while you drink. Proteins (meat, cheese, eggs) and carbs (bread, rice) are especially good choices when you drink. |
| | Take vitamins | <ul style="list-style-type: none">• Why? Drinking can take away important nutrients from your body.• How? If you can, try to take B-vitamins: folate, thiamine, B-12. Your case manager might be able help with this. |
| Ways to make your drinking safer | Avoid nonbeverage alcohol | <ul style="list-style-type: none">• Why? Mouthwash, aftershave, cooking wine, vanilla extract, cleaning spray, sterno contain unpredictable amounts of alcohol and other poisonous ingredients.• How? If you drink, be sure to drink alcoholic beverages (beer, wine, liquor). |
| | Drink beer vs malt liquor | <ul style="list-style-type: none">• Why? You might be getting more alcohol than you thought. A 24 oz. 211 Steel Reserve = nearly 4 12oz regular beers. A 24oz. Joose or Tilt = nearly 6 12oz beers.• How? Check the labels and try beer with 4-6% alcohol instead, like Bud or Keystone |
| | Space your drinks | <ul style="list-style-type: none">• Why? Keep the buzz going for longer and avoid the not-so-good things.• How? Pace yourself; sip your beer; alternate between beer and water. |
| | Avoid mixing drugs | <ul style="list-style-type: none">• Why? Drinking and drugging at the same time can stress your heart and liver and can lead to overdose.• How? When you drink, try to avoid other drugs. |
| Ways to change how much you drink | Drink in a safe place | <ul style="list-style-type: none">• Why? People can take advantage of you when you're drinking. Drinking on the streets or in unsafe places can lead to fights, hassels and arrest.• How? If you can, avoid drinking heavily with people you don't trust. Try to drink in places where you feel more in control of your surroundings. |
| | Less is more | <ul style="list-style-type: none">• Why? Most things people like about alcohol occur when they are buzzed not drunk.• How? Think of some way you can limit your drinking, then pace your drinking to keep the buzz going on less drinks. You might ask your case manager or a friend to help you stick with your limit. |
| | Chose not to use | <ul style="list-style-type: none">• Why? Not drinking—even for a few hours—gives your liver, kidneys and pancreas a rest and may help you avoid other problems.• How? Try a few hours of not drinking or introducing one nondrinking day a week. To stop altogether, medically supervised detox might help. |
| | Avoid withdrawal | <ul style="list-style-type: none">• Why? Alcohol withdrawal—getting the shakes, seizures or DTs—can be serious• How? If you want to stop drinking altogether and you get more than a little shaky if you don't drink, medical detox is safest. If you choose to drink, alcohol can relieve withdrawal symptoms. Check with your doctor about anti-seizure meds. |



Safer-use Strategies: Downers/Depressants

Depressants are “downers” and include opioids, benzos, and barbiturates. They can be prescribed like Oxy, Vicodin, and Xanax, or street drugs like heroin. Here are some tips to help you stay safer and healthier no matter how you choose to change your use. Using more safely does not mean that you remove all risks, including death, but it can help you reduce your drug-related harm. You are worth it!

Ways to be safer and healthier without changing use

Carry rescue drugs

- **Why?** Opioids like heroin, fentanyl and Oxys can lead to overdose.
- **How?** Carry naloxone (Narcan) with you and give it to your family and friends who are near you when you use. Naloxone is a drug that may be inhaled through your nose or injected to reverse an opioid overdose. Use the buddy system when you use opioids so your friend can administer naloxone. Check out www.stopoverdose.org.

Test your drugs

- **Why?** You can be more aware if your drugs are cut with other drugs (like fentanyl) or fillers (like levamisole) that could harm you. Note: Current methods are not failsafe.
- **How?** Talk to providers about getting a urine drug testing kit and testing liquids before you shoot them. For pills and powders, check out <https://dancesafe.org> for testing kits.

Nuture your body

- **Why?** Some depressants can dull your appetite, and used in larger quantities, depressants can take their toll on your body.
- **How?** Try to eat nutritious foods before you use, pack healthy snacks and water on the go. **For people who don't get strung out:** Let your body rest for at least a day before using again, and try to take just as many days off as you used for.

Take care of your veins

- **Why?** If you are shooting drugs, you can take care of your veins.
- **How?** Drink water to keep yourself hydrated, rotate your injection sites, and learn about techniques that could help you stay safer and healthier when you use (e.g., <http://harmreduction.org/issues/drugs-drug-users/drug-information/straight-dope-education-series/>).

Choose safer ways of using

- **Why?** Some ways of using drugs are less risky to your health.
- **How?** Taking drugs by mouth is safer than snorting or smoking which is safer than shooting. Snorting opioids has a greater risk of overdose than smoking them. You can get clean works at the People's Harm Reduction Alliance or the King County Needle Exchange.

Shoot safer

- **Why?** Avoid overdose, bloodborne illness (HIV and hepatitis C), bacterial infections.
- **How?** Pace yourself until you know the strength of your stash. Shooting into veins in your arms or hands is safer than hitting blind into your groin or into your neck. Rotate sites and shoot downstream if possible. Using new, clean needles and works can help prevent bloodborne illnesses, like HIV and hepatitis C, and other infections.

Avoid mixing drugs

- **Why?** Using different drugs at the same time can have unexpected effects, put stress on your heart, and lead to overdose.
- **How?** Try to stick to one drug at a time, especially when you are unsure of its strength or content.

Use with safe people in a safe place

- **Why?** Use of depressants can cause sleepiness, make you confused, and lower your inhibitions. People can take advantage of you when you're high.
- **How?** Avoid using with people you don't know or trust. Use where you feel safe and in control of the surroundings. Do not drive or ride your bike when you are high.

Ways to use more safely

Less is more

- **Why?** You can avoid overdosing or experiencing drugs' toxic effects.
- **How?** You can decide how you want to limit your use. You could choose to buy only a certain amount or set a spending limit. Leave the rest of your money at home or in a safe place. You might ask a trusted friend to remind you of your limit.

Choose not to use

- **Why?** Not using—even for a few hours or days—gives your body a rest and may help you to avoid your body or mind becoming dependent on depressants.
- **How?** If you are not yet dependent and don't get strung out, you should not use for long periods of time and take days off from use every week to avoid getting hooked. Check in with a provider if you want to stop altogether.

Talk to a provider about withdrawal

- **Why?** If you are highly dependent, alcohol and benzo withdrawal can be life-threatening. Other depressants may have uncomfortable withdrawal symptoms. These can be particularly harmful to unborn babies and people with HIV or other illnesses.
- **How?** Talk to your provider if you are cutting down or stopping. They may be able to help. Also, there are some effective medications to help with opioid dependence.

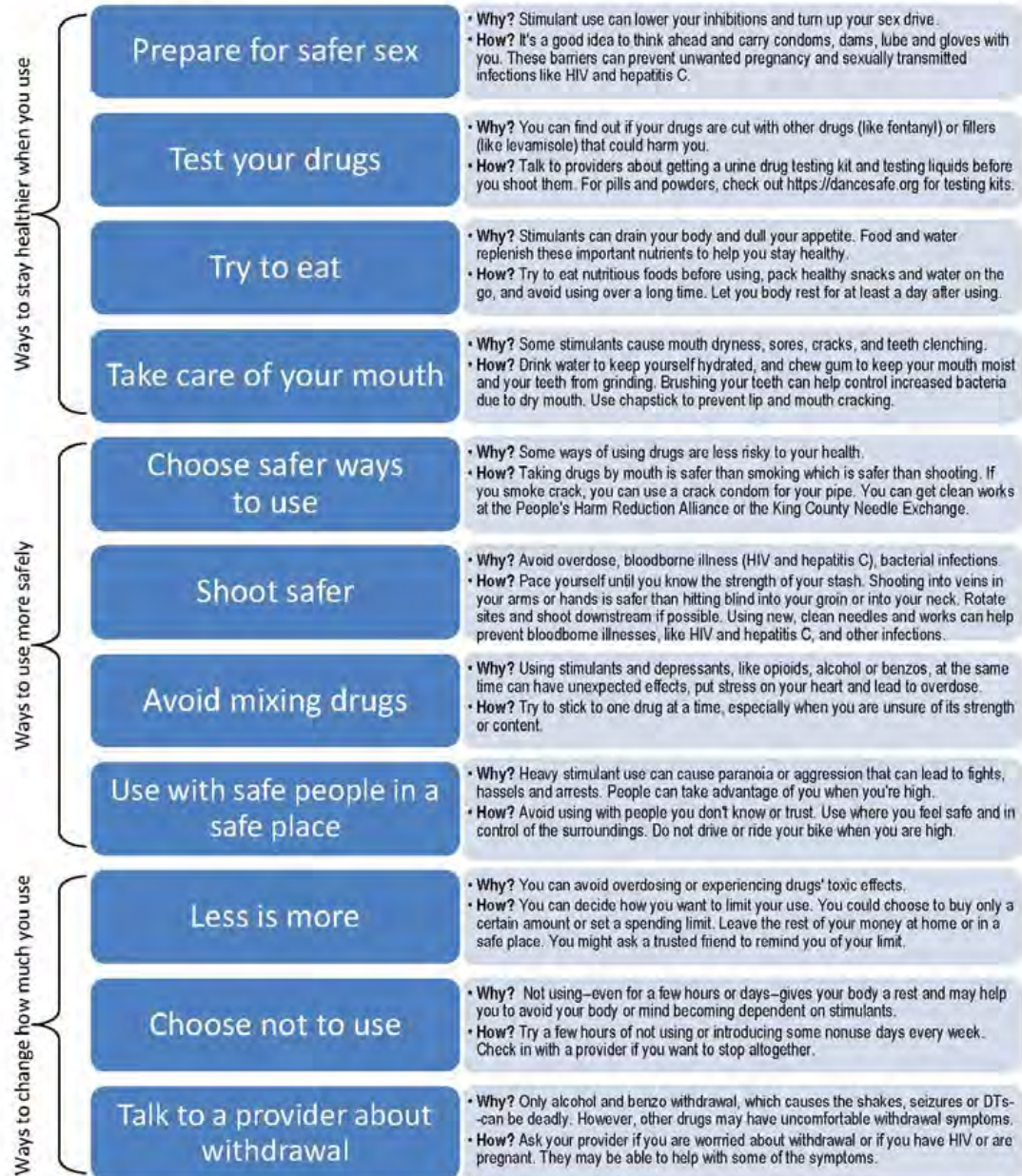
Ways to change how much you use

For more information, contact the Harm Reduction Research and Treatment Center at 1 (855) 320-1004 or at harrtlab@uw.edu.



Safer-use Strategies: Uppers/Stimulants

Stimulants are “uppers” and include cocaine, crack, meth, MDMA (Molly) and bath salts, as well as prescribed drugs like Ritalin and Adderall. Here are some tips to help you stay safer and healthier no matter how you choose to change your use. Using more safely does not mean that you remove all risks, including death, but it can help you reduce your drug-related harm. You are worth it!



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Checking in

- If possible, check in with clients regarding their progress towards their goals/risk reduction/safer use
- Even a brief check in or phone call can be helpful!

This is your brain on harm reduction.

Any questions?

We would like to acknowledge our faculty, staff and trainees at the Harm Reduction Research and Treatment (HaRRT) Center; our research partners, including DESC, REACH, Neighborcare, Dutch Shisler Sobering Center; MHCADSD; and the many community members and participants who have shaped our work. We dedicate this training to Dr. Alan Marlatt who was a legendary alcohol researcher, compassionate clinician, mentor to many, and inspiration to all.



Resources on harm reduction

■ Websites

- <https://depts.washington.edu/harrtlab/>
- www.harmreduction.org
- www.andrewtatarsky.com/links_harmreduction.html
- www.ihra.net/
- www.harmreductiontherapy.org/
- www.drugpolicy.org
- www.anypositivechange.org
- <http://hamsnetwork.org/>

■ Self-help for clients

- Anderson, K.A. (2010). *How to change your drinking: A harm reduction guide to alcohol (2nd edition)*. New York: The HAMS Network.
- Denning, P., Little, J., & Glickman, A. (Eds.). (2017). *Over the influence: The harm reduction guide to controlling your drug and alcohol (Second edition)*. New York: The Guilford Press.
- Sorge, R., & Kershner, S. (1998). *Getting off right: A safety manual for injection drug users*. New York: Harm Reduction Coalition.
- Harm Reduction Coalition (2017). <http://harmreduction.org/our-resources/text-publicationsreports/all-publications/>.

■ Literature on harm reduction approaches and psychotherapy

- Denning, P. & Little, J. (2012). *Practicing harm reduction psychotherapy: An alternative approach to addictions (2nd edition)*. New York: Guilford Press.
- Marlatt, G. A., Witkiewitz, K., Larimer, M.E. (2011). *Harm reduction: Pragmatic strategies for managing high-risk behaviors (2nd edition)*. New York: Guilford Press.
- Marlatt, G. A. (1996). Harm reduction: Come as you are. *Addictive Behaviors*, 21, 779-788.
- Stout, D. D. (2009). *Coming to harm reduction kicking and screaming: Looking for harm reduction in a 12-step world*. Bloomington, IN: AuthorHouse.
- Tartarsky, A. (2002). *Harm reduction psychotherapy: A new treatment for drug and alcohol problems*. Plymouth, UK: Rowman & Littlefield Publishers, Inc.

Resources on racial equity

- **People's Institute NW:** <https://www.pinwseattle.org/>
- **Showing Up for Racial Justice (SURJ):**
http://www.showingupforracialjustice.org/affiliated_groups_local_contacts
- **Racial equity analysis for institutions:**
 - <https://racc.org/wp-content/uploads/buildingblocks/foundation/Continuum%20on%20Becoming%20an%20Anti-Racist,%20Multicultural%20Institution.pdf>
 - <https://www.housingconsortium.org/wp-content/uploads/2016/11/Racial-Equity-Toolkit-Downloadable.pdf>
 - <https://msw.usc.edu/mswusc-blog/diversity-workshop-guide-to-discussing-identity-power-and-privilege/>

For more information regarding these slides,
please contact me at:

Susan E. Collins, PhD
University of Washington – Harborview Medical Center
325 Ninth Avenue, Box 359911
Seattle, WA 98104
Tel: 206-744-9181
collinss@uw.edu
<https://depts.washington.edu/harrtlab/>

