Harm Reduction
Presented by UIC CON

Welcome

Objectives
• Increase overall knowledge of Harm Reduction approach as it relates to substance use, process disorders, and psychiatric symptoms.
• Identify actual harm reduction strategies and techniques that can be utilized with the Colbert/Williams population.
• Apply harm reduction techniques to case studies to develop strategies for care planning.
**Definition**

- A movement for social justice built on a belief in, and respect for, the rights of people who use drugs
- Practical strategies and ideas aimed at reducing negative consequences associated with drug use
- No universal formula for implementation; strategies are customized for the individual and community needs
- Strategies range from safer use, to managed use, to abstinence, to meet drug users “where they’re at”
- Addresses conditions of use along with the use itself

*National Harm Reduction Coalition*

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**Principles**

- Decision to use is accepted
- Individual treated with dignity
- Individual takes responsibility for behavior
- Individual has a voice
- Reduce harm, not consumption
- Resistance & ambivalence are natural responses to internal and external pressure to change deeply engrained behaviors
- Resistance & ambivalence are reduced when individuals have and are empowered to make real choices

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**History**

- Late 1970’s – Public Health Model
- 1980’s – Response to HIV/AIDS epidemic:
  - Stop transmission by reducing needle sharing and unsafe sex practices
- Expanded to broader context outside of substance use
Other Uses
- Psychiatric Symptoms
- Process Addictions
- Other Public Health Concerns

Uses in the General Public
- Child Car Seats
- Seatbelt Laws
- Smoking Age Limits
- TB Testing
- Fluoride in Water

Myths & Facts
- Myth: Harm Reduction is in direct conflict with abstinence.
  Fact: It is one strategy on a spectrum of services with the goal of increasing member participation in treatment, building rapport, and reducing the harm of using with the hopes of a reduction in overall use.
- Myth: Harm Reduction condones use.
  Fact: Harm reduction strategies are an intervention strategy to assist in mitigating risk. They neither agree nor disagree with use.
- Myth: Harm Reduction takes away time that could be used for getting treatment.
  Fact: Harm reduction can be utilized in partnership with linkage and engagement in treatment, and can compliment treatment strategies in a time of relapse.
Role in Member Engagement

- Not Antithesis to Abstinence or Sobriety
- One Option within a Spectrum
- Not “Soft” or “Easy”
- Requires Time, Patience, Persistence

I DON'T PROMOTE DRUG USE.
I DON'T PROMOTE CAR ACCIDENTS EITHER, BUT I STILL THINK SEATBELTS ARE A GOOD IDEA.

Barriers to Effective Use

- Agencies that require sobriety to engage in services
- Personal beliefs of worker engaged with member
- Requiring treatment to receive other services
- Time required to effectively engage with member

Engaging Members

- Assertive engagement
- Excellent rapport building skills
- Low barrier to access services
- Provide continuum of services to meet member where he/she is at
- Understanding and acknowledgement that people will vacillate between the stages of change
- Comfort with discussing substance use or increased symptoms with member
Team Member Considerations

• What is my agency’s philosophy on harm reduction?
• What are my personal feelings about harm reduction? How can they interfere with my overall work with the member?
• Am I experiencing countertransference as a result of something that has occurred in my own life?

Supervisor Considerations

• How am I modeling harm reduction to my staff? (Language, shadowing, etc)
• How am I discussing the challenges and processing through difficulties with staff?
• How am I identifying any countertransference issues with myself or staff that need to be addressed?

Applying the Techniques

✓ Assist the member in engaging in plan, including problem solving techniques
✓ Consider all potential harmful effects of current use outside of medical and psychiatric conditions
✓ Consider the effects in the context of person, person in their personal environment, and person in the community
✓ What do you know about the member besides diagnosis and challenges?
✓ How can you better assess member’s willingness to participate in harm reduction strategies?
✓ Understand member’s route of administration and how that can impact risk identification
✓ Understand the motive behind engaging in high risk behaviors
Example: Alcohol Use Harm Reduction

- Create an “intox day” plan for member
- Make considerations for driving or accessing transportation safely
- Discuss ways to mitigate interpersonal relationship difficulties that may occur due to “drunk dialing” or “drunk texting”
- Discuss where it is safest to drink
- Discuss overall physical and mental health implications and ways to mitigate risks
- Discuss with providers the impact alcohol has on current medications and discuss a plan for medication if needed
- Consider “abstinence days” or “taper days”
- Avoid the “eye opener”
- Slow the pace of drinking
- Discuss eating and staying hydrated on “intox days”
- Set up the apartment for safety
- Discuss safe ways to lie down, etc, after drinking

Example: Harm Reduction for Other Substances

- Consider timing of use and how that impacts the day-to-day functioning of member
- Discuss interactions between substance use and medication with member’s providers—discuss alternate medication strategies if needed
- Provide education and supplies to mitigate skin wounds (from picking, dry nose, nose bleeds, IV use etc.)
- Discuss positioning after use to avoid aspirating on vomit
- Provide information on cleaning needles, cleaning other paraphernalia, and utilizing needle exchanges
- Identify risky behaviors associated with use and discuss ways to mitigate risk (buying drugs, who a person uses with, etc)
- Utilize Narcan
- Create safe spaces for use

Harm Reduction for Psychiatric Symptoms

Harm reduction can be utilized to assist the member in:

1. Managing paranoia
2. Managing increased hallucinations
3. Managing increased depressive symptoms
4. Managing increased manic symptoms

Harm reduction can be used as one intervention strategy if a person does not meet the criteria for inpatient hospitalization.
Example: Increased Psychiatric Symptoms Harm Reduction

- Call trusted staff for reality checking
- Ensure locks work on windows/doors
- Ensure that member has blinds on windows
- Make sure furniture is placed in a way that member feels safe (near door, away from door, etc.)
- Ensure that there is a back up plan for medication if member becomes paranoid about current regimen. Discuss this with member’s providers during a time of stability
- Remove any weapons or potential weapons from home (with police help if needed)
- Introduce yourself and member to community policing (if available in the area)

Example: Increased Psychiatric Symptoms Harm Reduction - Continued

- Provide many crisis lines, including one non-agency line in case member becomes distrustful of current provider
- Encourage member to have prompts in the home that identify clear, quick, and concise interventions when feeling out of control
- Increase visits with member. Ensure visits are at different times of day to assess overall stability
- Ensure the same one or two staff members visit member during times of increased paranoia
- Ensure member has weather appropriate clothes. Increase barriers to weather inappropriate clothes (i.e. put sandals in the hardest to reach closet to ensure they’re not worn outside in negative 10º weather)

Process Addiction - Definition

Addictions to activities or processes

- Gambling
- Eating
- Tanning
- Video / Gaming
- Spending
- Work
- Sex
- Internet Surfing
Process Addiction: Safer Sex
- Condoms
- Dental dams
- Birth Control
- Information on Plan B availability
- Information on STI testing
- Discuss consent with member
- Discuss dangers of engaging in trafficking

Process Addiction: Gambling
- Reduce access to gaming
- Budget a weekly amount for gambling with member
- Discuss safety concerns with member
- Discuss mitigation strategies if member becomes deeply in debt due to gambling

Process Addiction: Food
- Portion out food
- Shop more frequently
- Encourage the use of timers to slow down food intake
- Utilize CBT strategies to help mitigate impulses to purge
Harm Reduction Toolbox

- Latex gloves
- Water bottles
- Makeshift stick boxes
- Condoms, dental dams
- Narcan
- Rapid HIV tests (or referral to testing)
- Basic first aid supplies
- Egg timers
- Nail clippers and files
- Blood pressure cuff (automated)
- CPR supplies (mouth guard)
- Pregnancy tests
- Pill cutters
- Glucose testing supplies
- Hats / Gloves / Scarves / Socks
- Medical alert bracelets / id
- Diabetic shoe inserts
- Chapstick, Aquaphor (or other barrier topical cream), & sunblock
- Index cards & small laminators to create medication and emergency contact lists

Harm Reduction Techniques

- Remove rugs
- Child proof hard edges of items in the apartment
- Remove glass items
- Remove lamps
- Remove knobs on the stove
- Ensure batteries are always changed in smoke detectors
- Scales (for individuals who need to be weighed due to medical issues)
- Clocks (with back-up batteries)
- Encourage the use of makeshift stick boxes or real ones for needles
- Mattress protectors
- Vomit/aspiration prevention strategies, particularly when lying down in bed
- Ensure updated medication list visible on the fridge and smaller version in member’s wallet at all times for emergency medical personnel
- Give a key to the apartment to a trusted person

Activity

1. Identify the highest possible primary cause of risk for your case study (substance use, increased psychiatric symptoms, unwillingness to adhere to treatment)

2. Create a harm reduction plan with the following considerations:
   a. reduction of harm to self
   b. reduction of harm in the environment
   c. reduction of harm in the community

3. How would you utilize different strategies? What items would you bring with you or ensure the member has? What modifications would you make to the apartment (if any)?
Resources

- Midwest Harm Reduction Institute
  https://www.heartlandalliance.org
- National Harm Reduction Coalition
  http://harmreduction.org
- Chicago Recovery Alliance (needle exchanges and resources)
  http://www.anypositivechange.org
- HAMS (Harm reduction for Alcohol) http://hams.cc

Discussion

Conclusion

This presentation was developed by UIC CON for IDoA and DMH.