

Harm Reduction

Responding to the Needs of Our Clients and Our Communities



C4
Innovations

Community & Behavioral Health | Recovery | Social Change



Today's workshop is sponsored by BSAS



The Bureau of Substance Addiction Services:

- Provides **access** to **addictions services** for the uninsured
- **Funds** and **monitors** prevention, intervention, treatment and recovery support services
- **Licenses** addictions treatment **programs** and **counselors**
- **Tracks** statewide substance use **trends**
- Develops and implements **policies** and **programs**
- Supports the addictions **workforce**

Helpful Websites

BSAS:

www.mass.gov/dph/bsas

Helpline: www.helpline-online.com

Careers of Substance:

www.careersofsubstance.org

Learning Objectives

- Understand the principles of harm reduction
- Describe the benefits of harm reduction approaches for clients and communities
- Match harm reduction strategies to situations and behaviors
- Apply principles and practices of harm reduction in training exercises

The Folks we Serve



And what we know

THE FOLKS WE SERVE

Substance Use

- Currently most people with an opioid use disorder, began using prescription opioids (theirs or someone else's)
- The vast majority of people in recovery from drug or alcohol use will relapse at least once (most multiple times) before being able to fully integrate sobriety into their lifestyle.
- MA has a long history as an entry point for and use of Opioids

THE FOLKS WE SERVE

Overdose

- **The biggest context for people overdosing is coming out of treatment and recovery programs**
- Number one cause of accidental death in MA and the U.S.
- Streets are flooded with Fentanyl
- Being an *entry point* for drugs into the U.S., generally means that the drugs on our streets are more dangerous than many other places

THE FOLKS WE SERVE

Viral Hepatitis:

- HCV rates are at a staggering level in MA with many treatment/recovery programs reporting rates of infection among their clients to be in the +80%
- Most common blood-born infection in the U.S. and MA
- Although there is a cure for HCV, many clients are unaware of it or don't believe they have access

THE FOLKS WE SERVE

HIV/AIDS:

- MA has seen a substantial “uptick” in new HIV infections among drug users in the Northshore
- Although sharing needles is a substantial risk for transmission, it is still believed that sex remains a huge risk for most people, including drug users
- MA is primed for an outbreak similar to Scott County, IN
- Needle Exchange programs best protective factor

WHAT IS IT?

- A philosophy and set of strategies that reduces the negative consequences of harmful behavior
 - Focuses on the prevention of harm rather than the prevention of behavior.

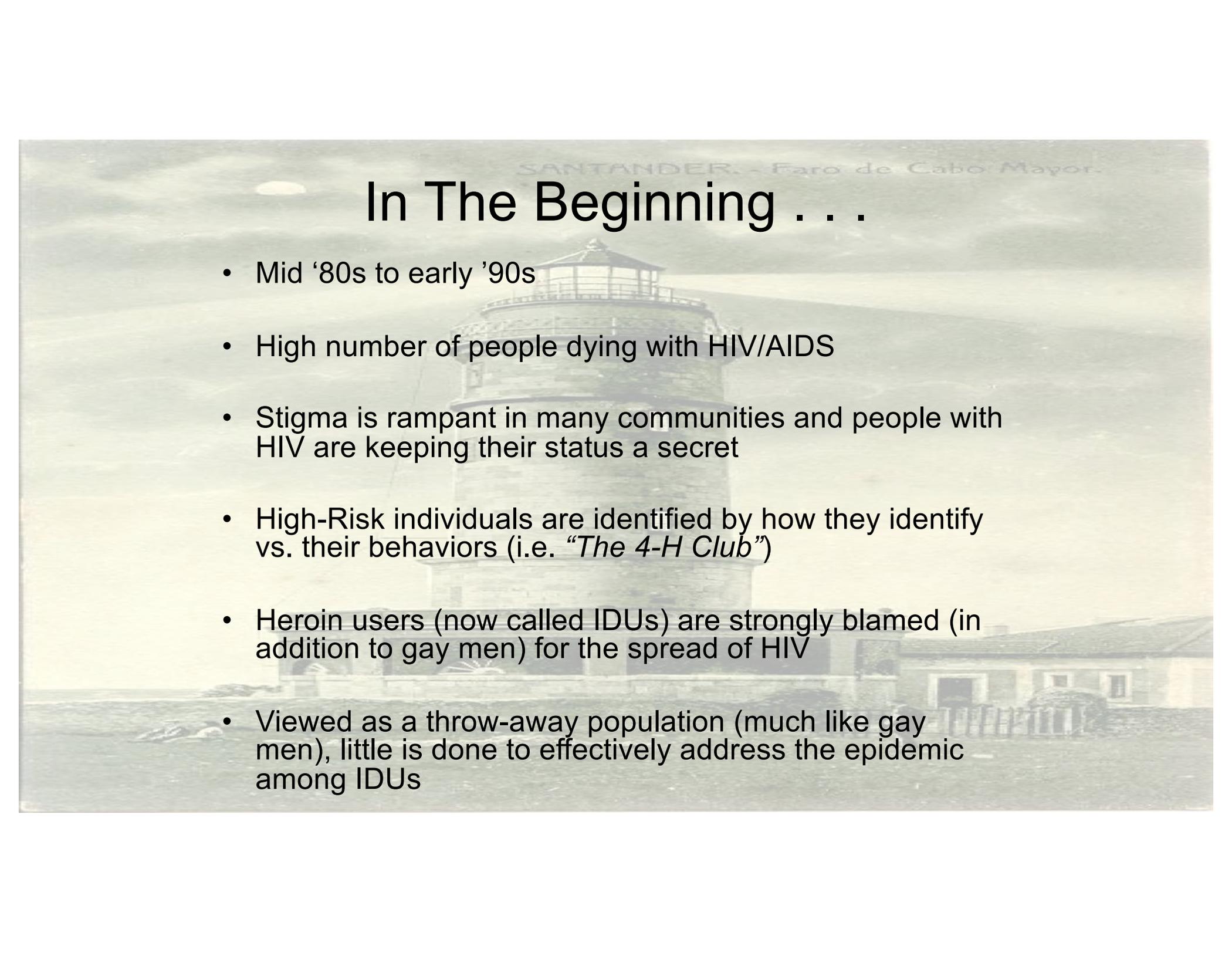




WHAT
IS IT?

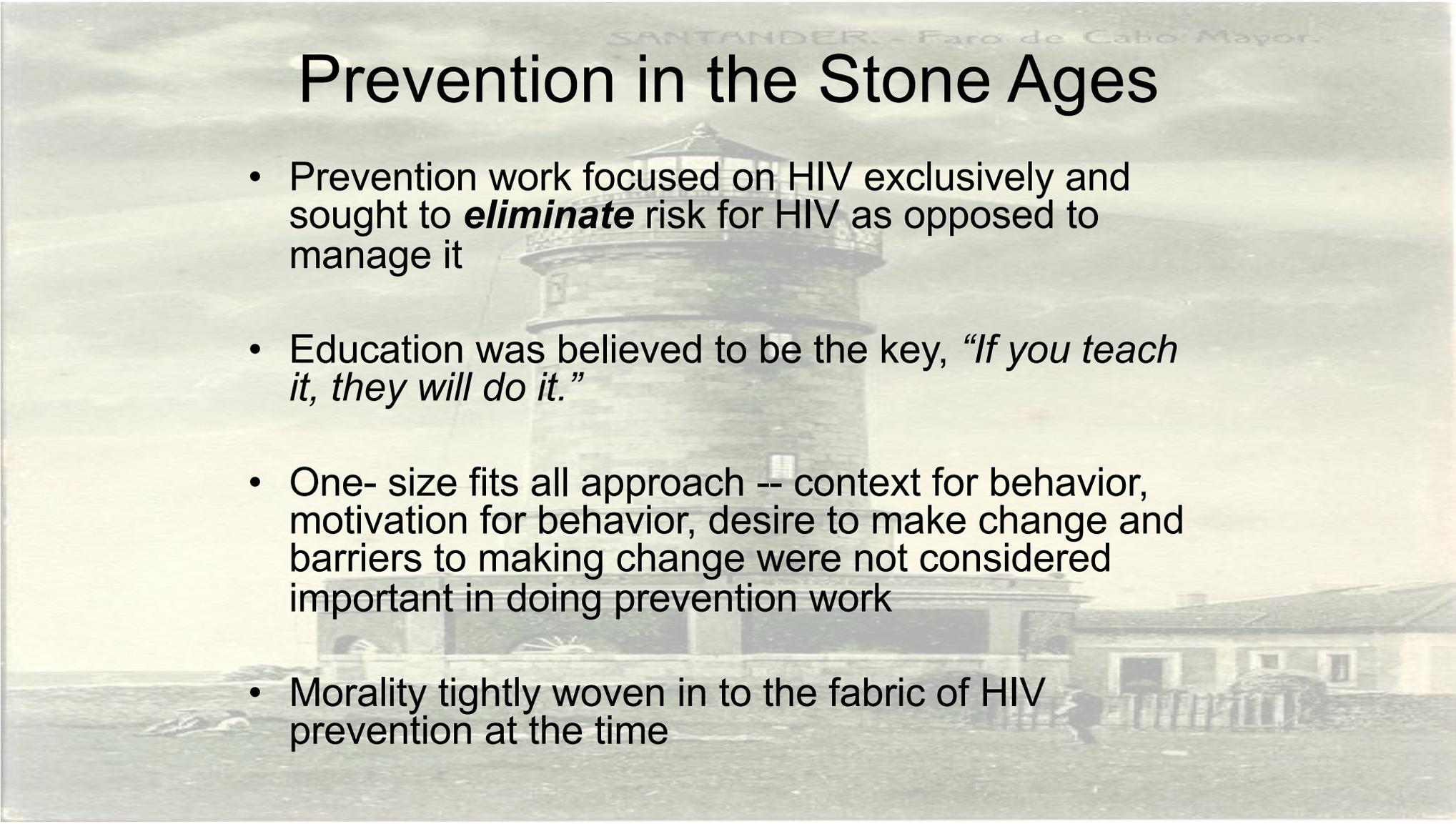


Harm reduction strategies target individuals, environments and policies in an effort to protect the health and safety of individuals and communities



In The Beginning . . .

- Mid '80s to early '90s
- High number of people dying with HIV/AIDS
- Stigma is rampant in many communities and people with HIV are keeping their status a secret
- High-Risk individuals are identified by how they identify vs. their behaviors (i.e. *"The 4-H Club"*)
- Heroin users (now called IDUs) are strongly blamed (in addition to gay men) for the spread of HIV
- Viewed as a throw-away population (much like gay men), little is done to effectively address the epidemic among IDUs



Prevention in the Stone Ages

- Prevention work focused on HIV exclusively and sought to **eliminate** risk for HIV as opposed to manage it
- Education was believed to be the key, *“If you teach it, they will do it.”*
- One- size fits all approach -- context for behavior, motivation for behavior, desire to make change and barriers to making change were not considered important in doing prevention work
- Morality tightly woven in to the fabric of HIV prevention at the time



CDC “The ABCs of HIV Prevention” 2008

➔ **A**bstain

➔ **B**e faithful in marriage, and, when appropriate, use

➔ **C**ondoms 2008



The Frontline Knew Better

- In the U.S., frontline workers saw that the standard “risk reduction” method wasn’t working for everyone. Instinctively, frontline workers took a more client-centered approach.
- In Europe, Peer Educators and frontline outreach workers developed a collection of philosophies and models for service provision, that was sanctioned by far less conservative governments.

They called it **Harm Reduction**



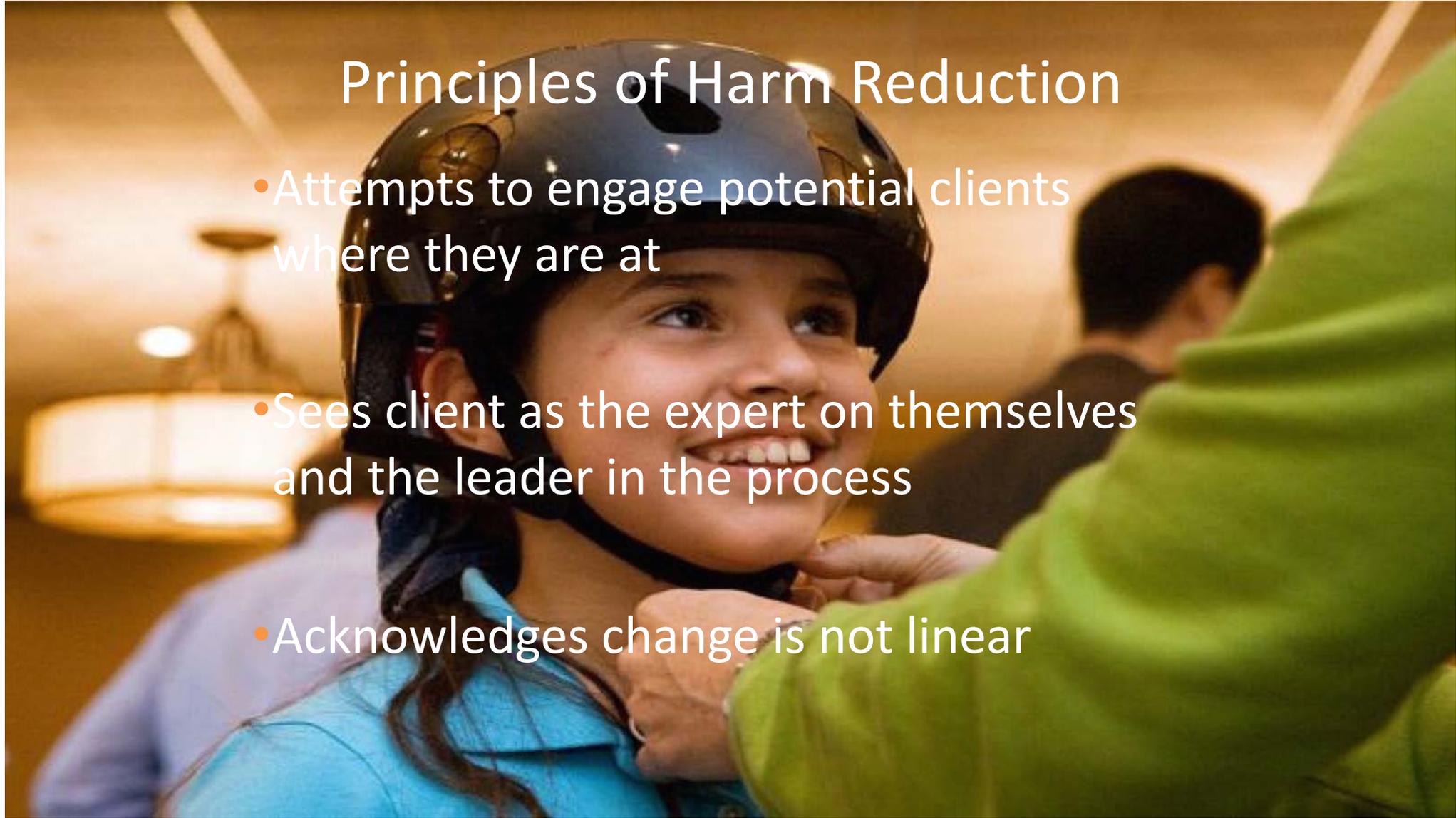
So What Is Harm Reduction?

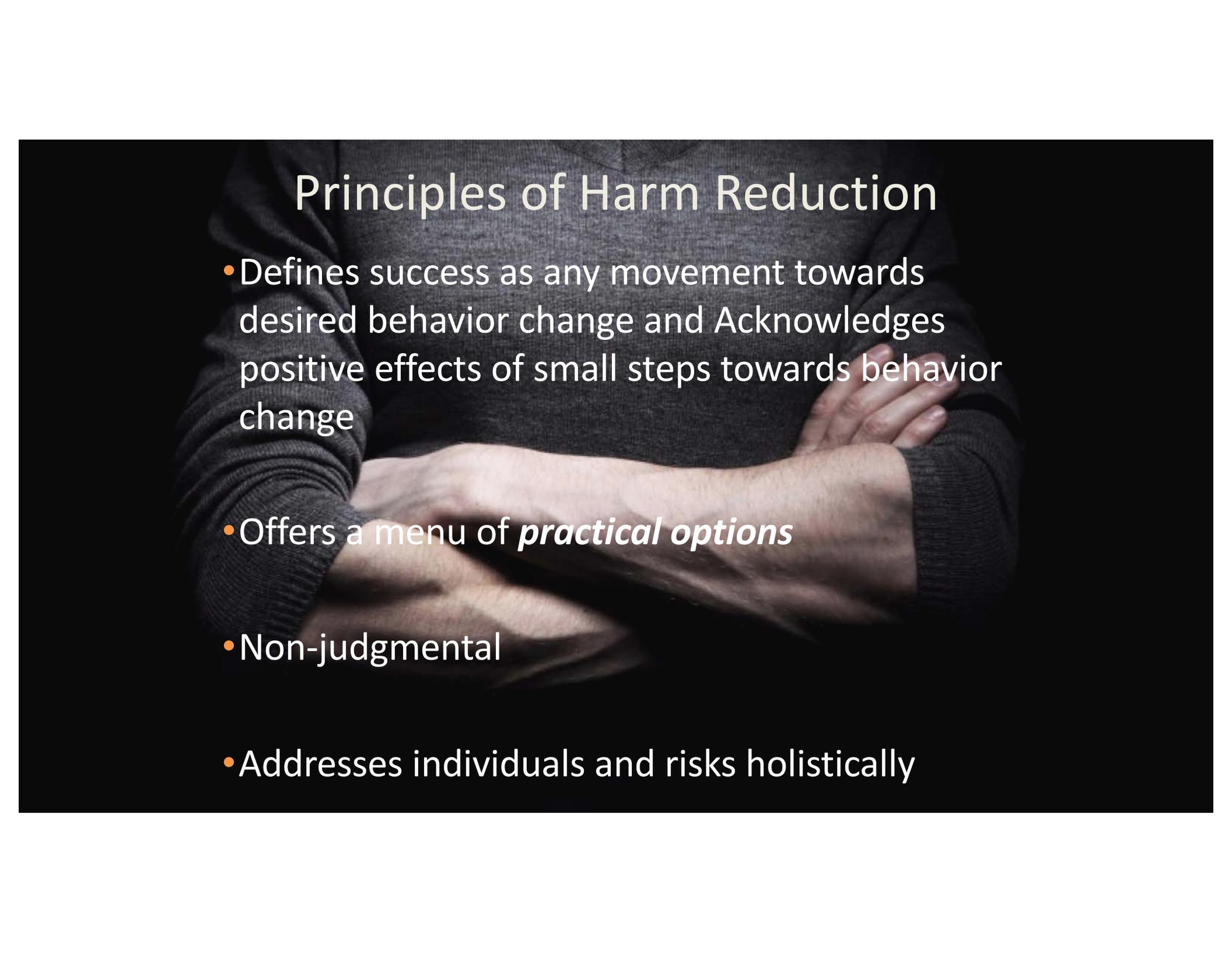
Harm Reduction Examples

- Individual: Narcan/ Naloxone
- Environment: Second Hand Smoke reduction
- Policy: Good Samaritan Law

Principles of Harm Reduction

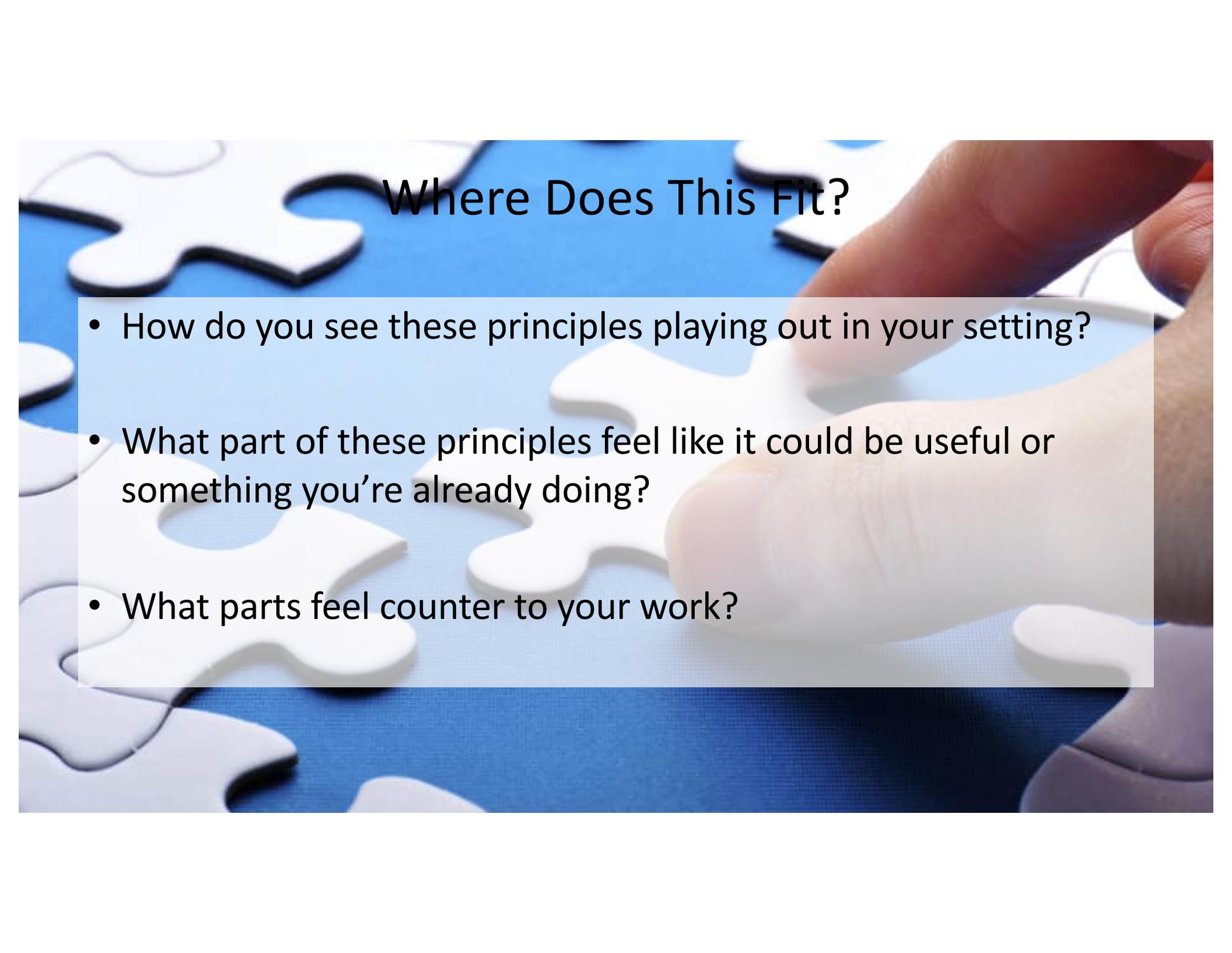
- Attempts to engage potential clients where they are at
- Sees client as the expert on themselves and the leader in the process
- Acknowledges change is not linear





Principles of Harm Reduction

- Defines success as any movement towards desired behavior change and Acknowledges positive effects of small steps towards behavior change
- Offers a menu of *practical options*
- Non-judgmental
- Addresses individuals and risks holistically

A close-up photograph of a hand placing a white puzzle piece into a blue puzzle. The puzzle pieces are interlocking, and the background is a solid blue color. The hand is positioned on the right side of the frame, with fingers visible as they hold the piece. The puzzle pieces are scattered across the blue surface, with some already in place and others being moved.

Where Does This Fit?

- How do you see these principles playing out in your setting?
- What part of these principles feel like it could be useful or something you're already doing?
- What parts feel counter to your work?



HARM REDUCTION

Both a **clinical strategy** and a **public health strategy** aimed at decreasing the damaging effects of risk-taking behaviors.



Harm Reduction in Action:
The Case of Scott County,
Indiana

The background of the slide is a blurred image of the United States flag, showing the stars and stripes in shades of red, white, and blue.

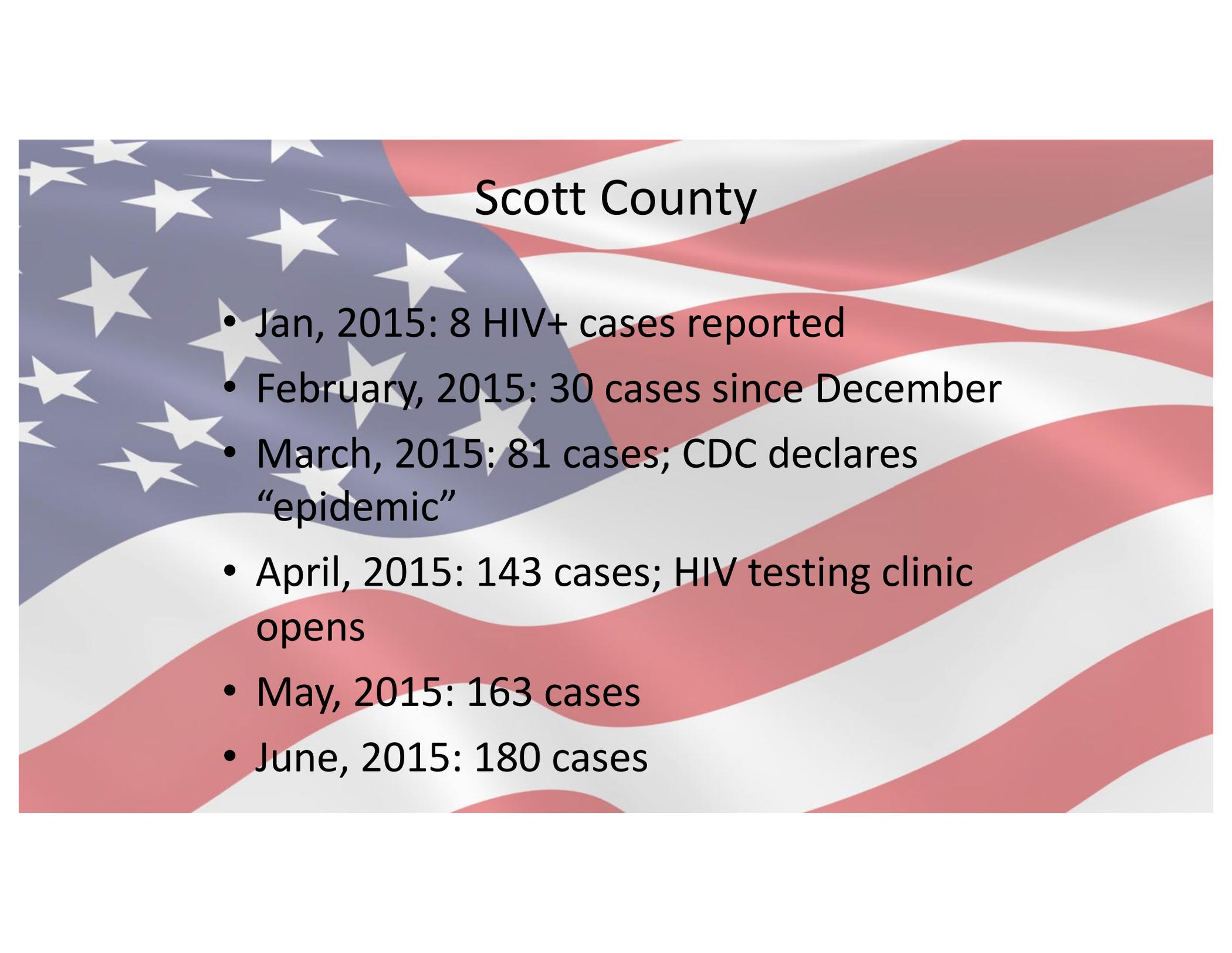
Scott Co, IN

- Impoverished, rural area of Indiana
- Opioid Epidemic with people injecting Opana (oxy-morphone)
- Most people began their opiate use via legal prescriptions and pill mills
- Many users are nurses injured on the job
- History of state-wide ban on syringe exchange
- People re-using and sharing syringes due to lack of access

The background of the slide is a waving American flag with red and white stripes and a blue field with white stars.

Scott County

From 2004 to 2014 Scott County had a total of 8 new HIV diagnosis.

The background of the slide is a stylized, wavy American flag with red and white stripes and a blue field with white stars.

Scott County

- Jan, 2015: 8 HIV+ cases reported
- February, 2015: 30 cases since December
- March, 2015: 81 cases; CDC declares “epidemic”
- April, 2015: 143 cases; HIV testing clinic opens
- May, 2015: 163 cases
- June, 2015: 180 cases

The background of the slide is a stylized, wavy American flag with red and white stripes and a blue field with white stars.

Scott Co, IN

- In April 2015, Gov. called the CDC for help with the outbreak, and was directed to lift the ban on syringe exchange
- As of October 2017 over 220 confirmed cases of HIV, 80% co-infected with HCV
- Experts saying the epidemic has leveled off, but huge burden on systems of care remain
- Significant upticks have been reported in Milwaukee, Beaver County, WI and Mass

Scott Co, IN: Summary

- Evidence that the syringe exchange is helping to contain the HIV outbreak
- Governor only lifted the ban on syringe exchange for Scott County
- State ban remains in IN and NEPs can only open once a local “outbreak/epidemic is declared”
- Federal Ban on Syringe Exchange has been lifted, marking a fundamental shift in the Federal attitude towards Harm Reduction



The Shame of Drug Use

- **What are the messages we get about Drug Use?**
- **What language do we use regarding drug users?**
- **What are the assumptions people make about drug users?**
- **How does this impact their recovery?**



*“When you call me an addict,
you take away everything that is
lovely about me.”*



Impact of Stigma

- In what ways do your programs reinforce the stigma that your clients may experience?
- In what ways do your program's services help to counter or address the stigma clients experience?

Pillars of Harm Reduction



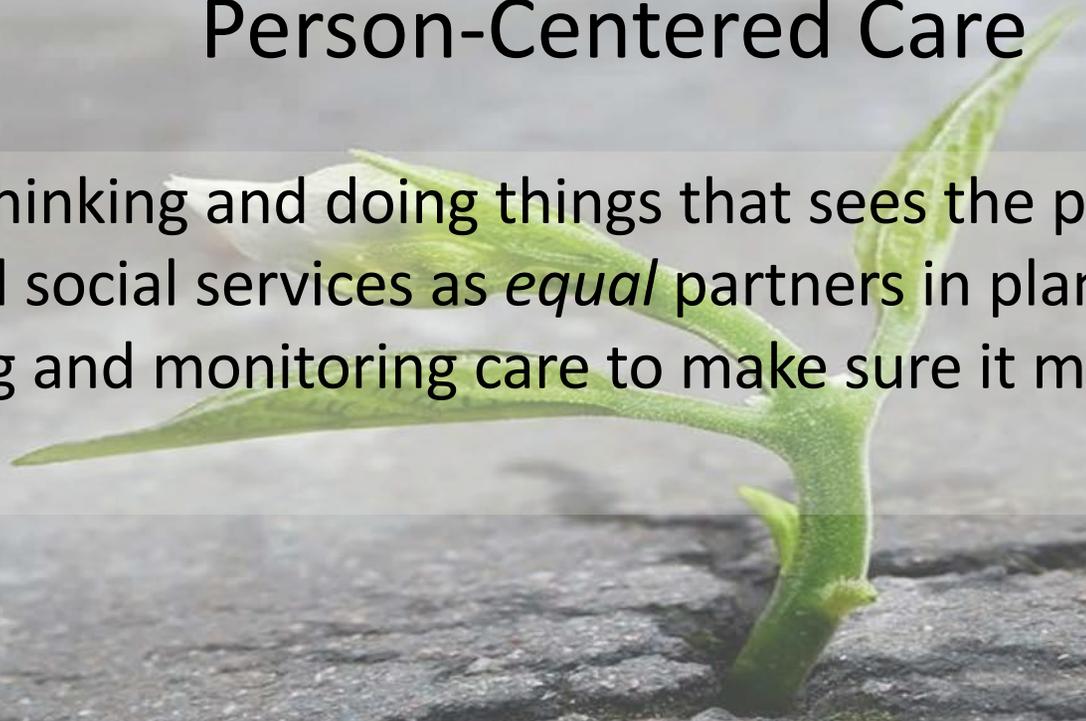
- Person-Centered Care
- Stages of Change
- Recognizing the Impact of Trauma
- Understanding Risk Behaviors & Protective Factors/Strategies

A photograph of a row of classical stone columns, likely from a Greek or Roman temple. The columns are fluted and have papyrus capitals. One column in the middle ground has a prominent vertical crack running down its shaft. The lighting is dramatic, with strong highlights and deep shadows, creating a sense of depth and texture. The background is dark, making the columns stand out.

Pillar I:
Person-Centered Care

Person-Centered Care

A way of thinking and doing things that sees the people using health and social services as *equal* partners in planning, developing and monitoring care to make sure it meets their needs



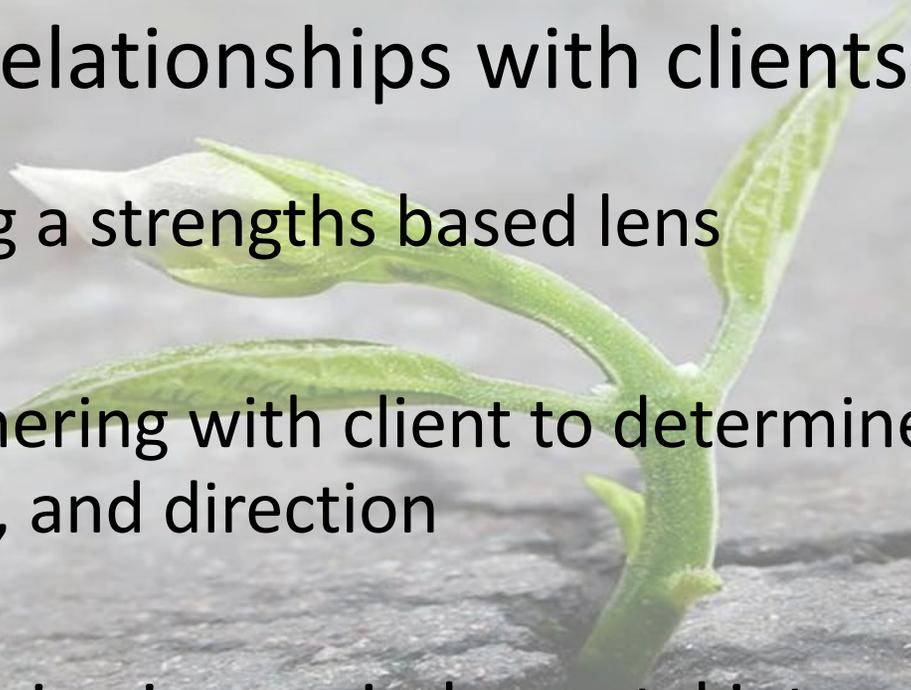
Four Principles of Person-Centered Care

A small green plant with several leaves is growing out of a crack in a grey asphalt surface. The plant is positioned in the center-right of the frame, with its stem and leaves extending upwards and to the left. The background is a blurred asphalt surface with several cracks.

- Affording people dignity, compassion, and respect
- Offering coordinated care, support, or treatment
- Offering personalized care, support, or treatment
- Supporting people to recognize and develop their own strengths and abilities to enable them to live an independent and fulfilling life

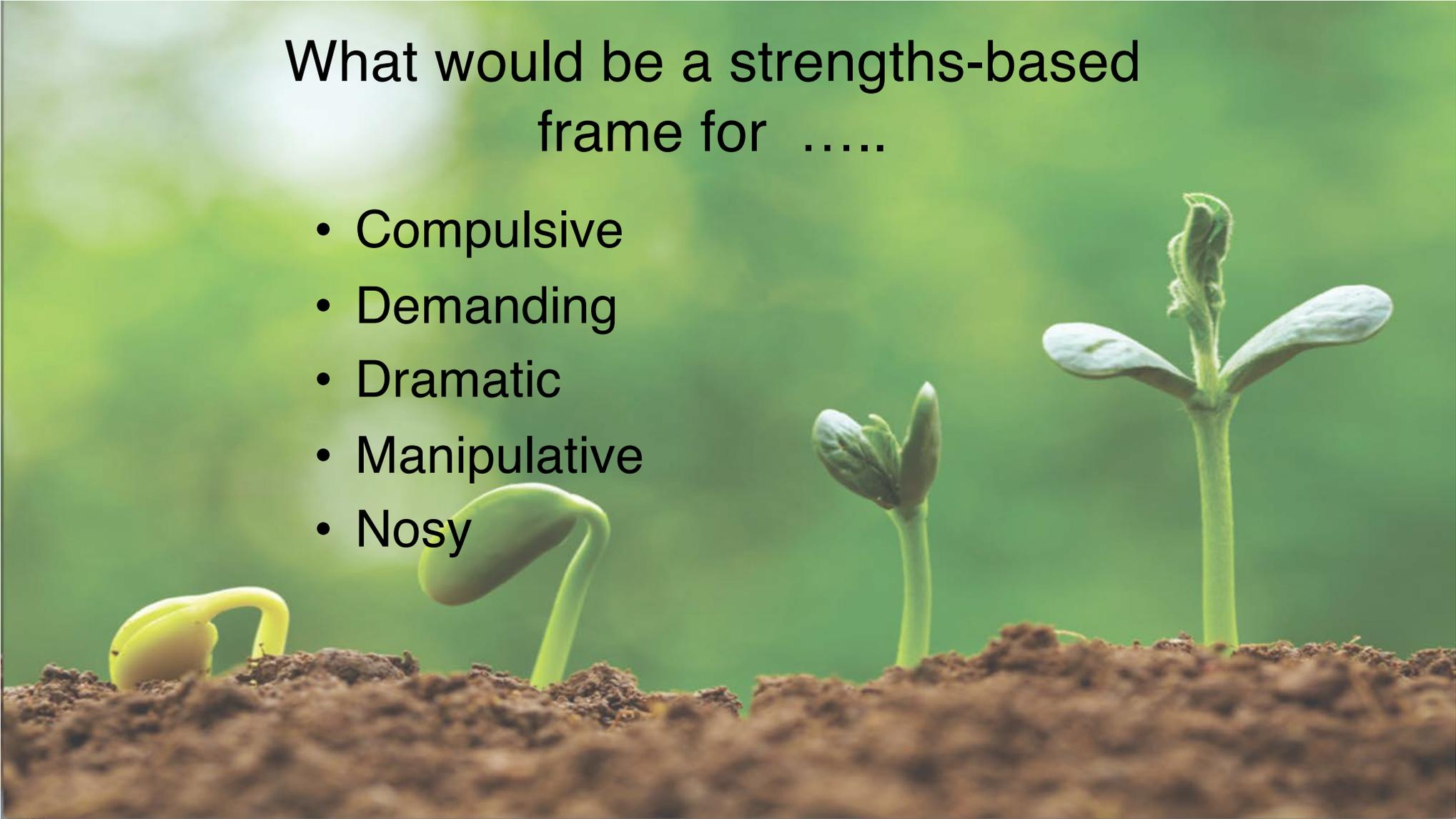
How do you build trusting relationships with clients?

- Using a strengths based lens
- Partnering with client to determine goals, pace, and direction
- Engaging in non-judgmental interactions
- Keep showing up (be consistent)



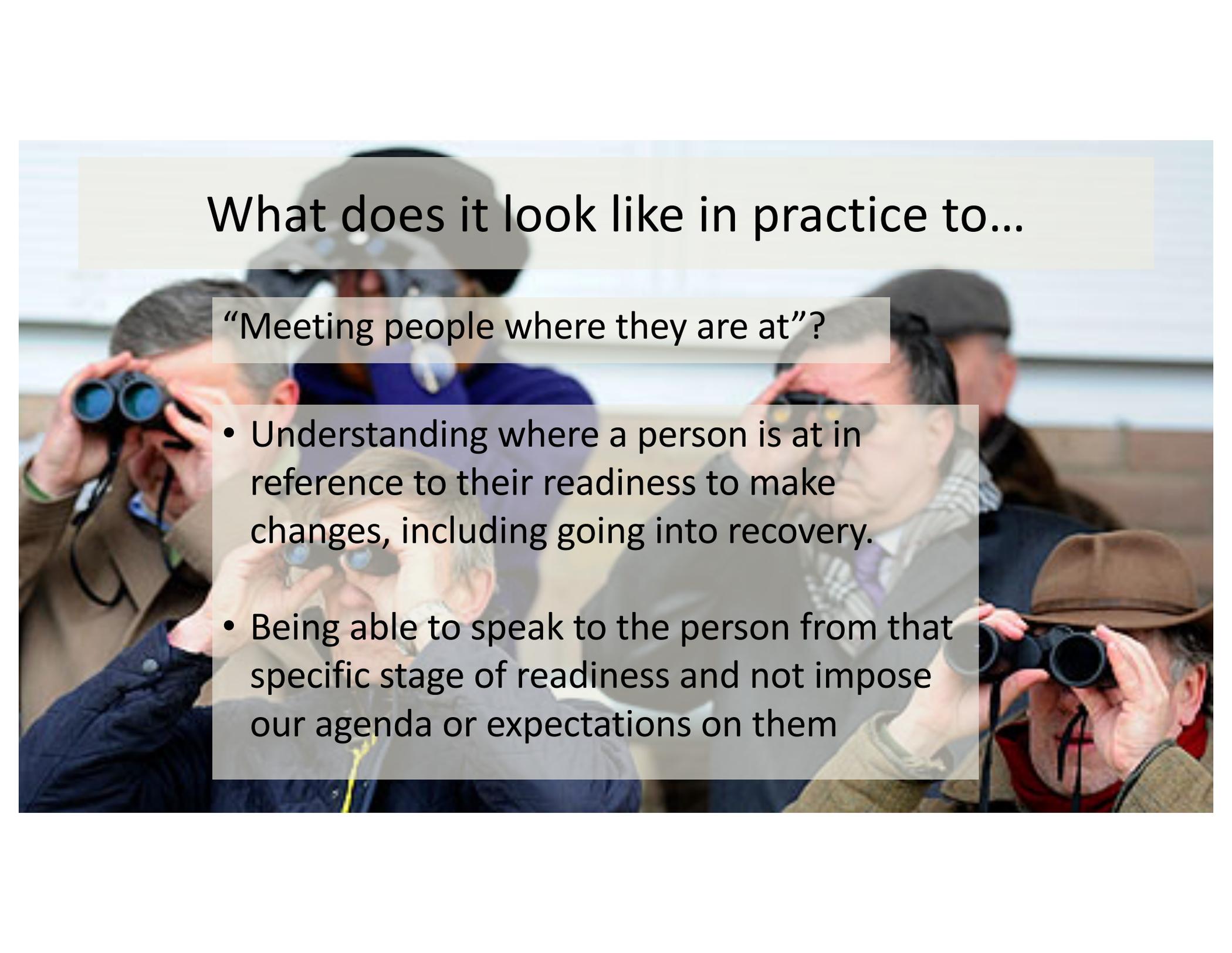
What would be a strengths-based
frame for

- Compulsive
- Demanding
- Dramatic
- Manipulative
- Nosy





Pillar II:
Stages of Change

A group of people, including men and women, are shown from the chest up, all using binoculars. They are outdoors, with a blurred background that suggests a natural setting like a park or a field. The people are dressed in casual to semi-formal attire, including jackets, sweaters, and hats. The overall scene conveys a sense of observation and shared activity.

What does it look like in practice to...

“Meeting people where they are at”?

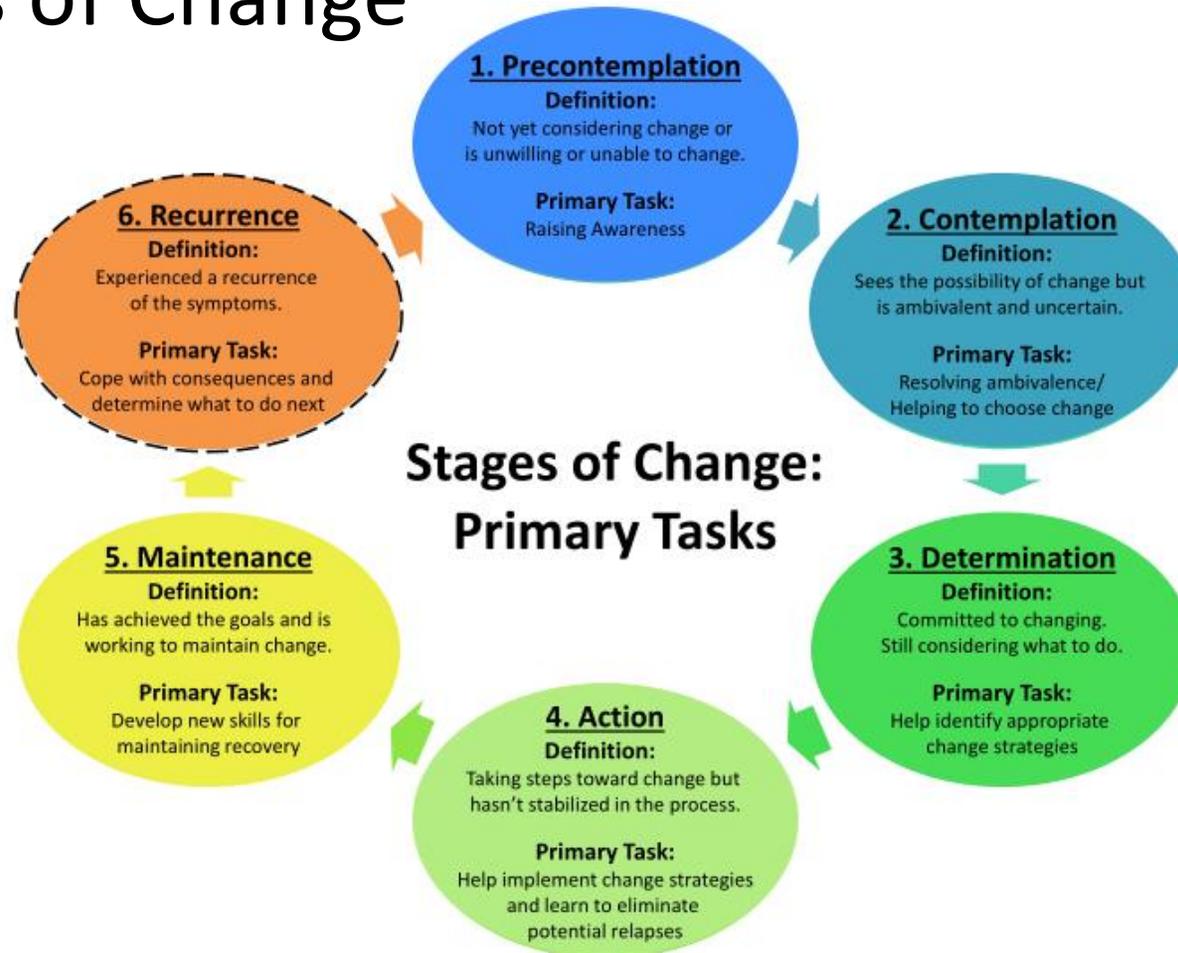
- Understanding where a person is at in reference to their readiness to make changes, including going into recovery.
- Being able to speak to the person from that specific stage of readiness and not impose our agenda or expectations on them



II. Stages of Change

- Behavior change model developed by Prochaska and DiClemente in 1983
- Before this model, behavior change had been seen as an “event” such as “quitting smoking” “stopping drinking” etc.
- Stages of Change sees change as a process over time

Stages of Change

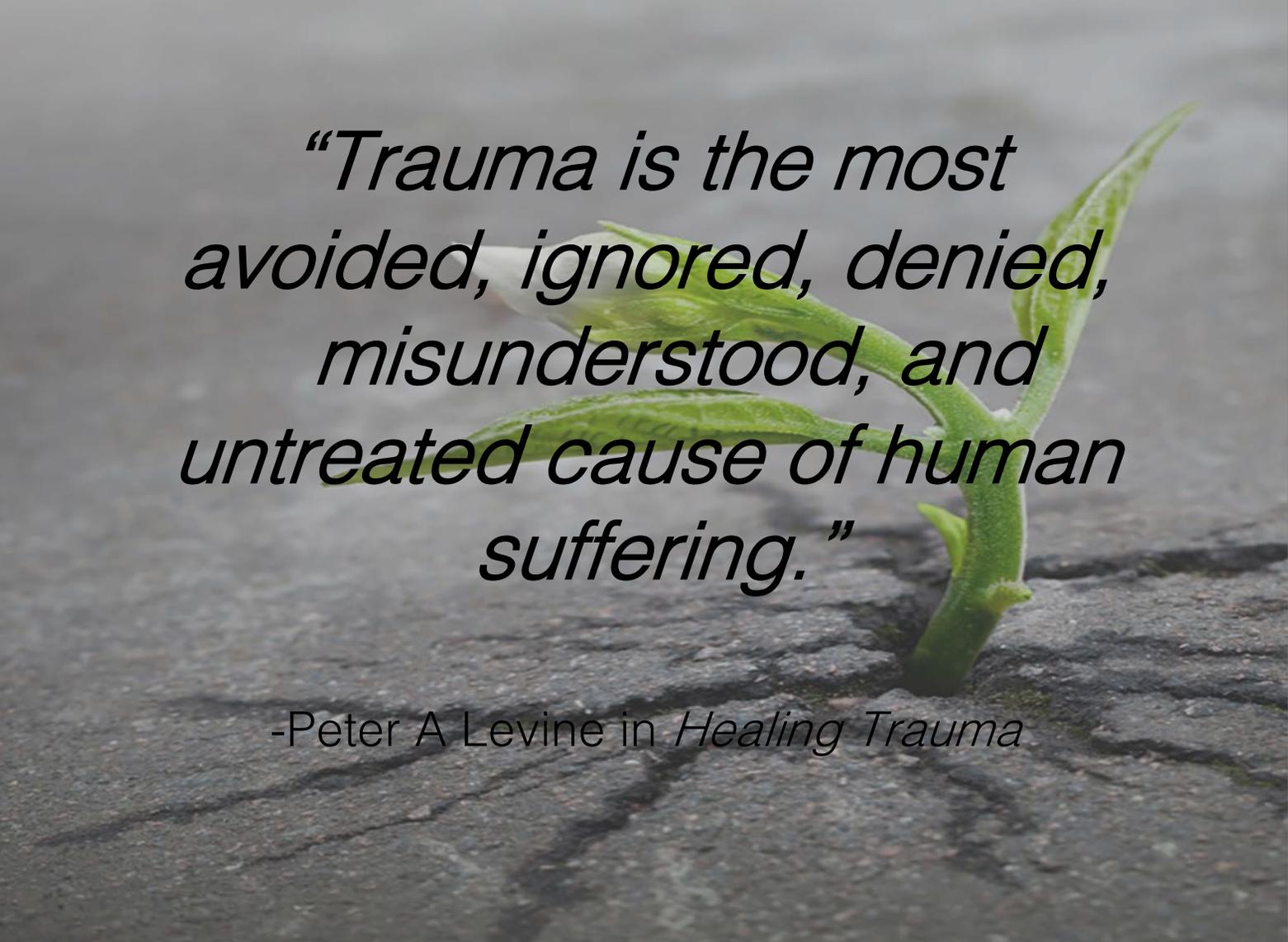


Why use Stages of Change with Harm Reduction?

- Tool to help assess “where a person is at”
- Help guide approach to working with individual “where they are”
- Many providers talk to people as if they are at “Action” stage when they might be at “Contemplation” etc
- Model acknowledges relapse as part of the process

A photograph of a classical colonnade with a row of fluted columns receding into the distance. A semi-transparent grey rectangular box is centered over the image, containing the text 'Pillar III: Recognizing Trauma and Its Impact on Those We Serve'.

Pillar III:
Recognizing Trauma and Its Impact on
Those We Serve

A small green seedling with several leaves is growing out of a crack in a grey asphalt surface. The background is a blurred grey, suggesting a paved area. The text is overlaid on the image in a black, italicized font.

“Trauma is the most avoided, ignored, denied, misunderstood, and untreated cause of human suffering.”

-Peter A Levine in [Healing Trauma](#)

Overwhelming demands placed upon the physiological system that result in a profound felt sense of vulnerability and/or loss of control.

– Robert D. Macy

Trauma

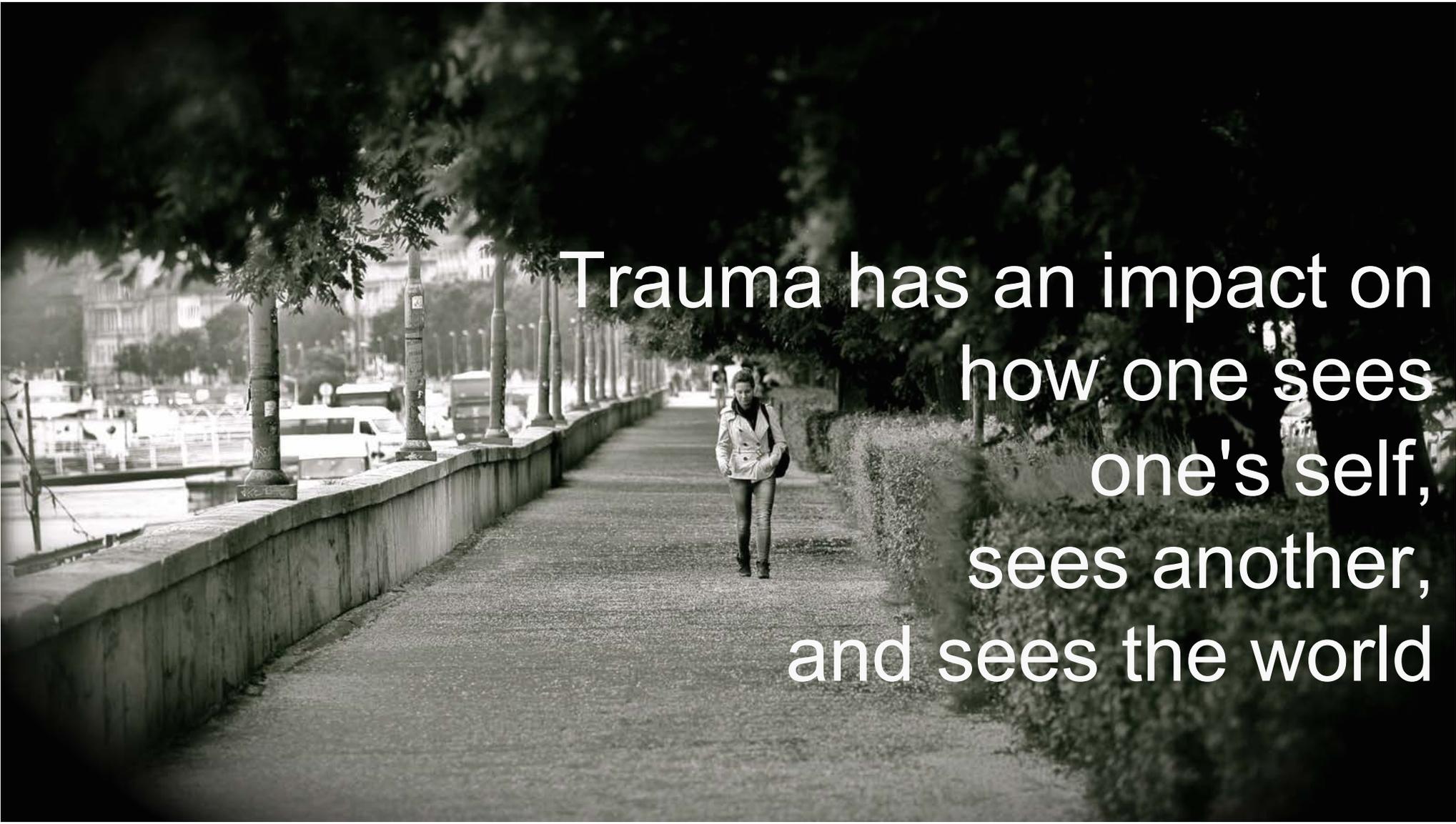
“Traumatic events overwhelm the ordinary systems of care that give people a sense of *control, connection, and meaning.*”

– Judith Herman

**“Trauma is
a thief”**

What gets stolen?

sense of safety; trust; belief in goodness of self, other people and world;
self-regulation, inner calm, feeling of centeredness; ability to problem-solve;
ability to respond vs. react; control, autonomy, empowerment; confidence;
health/protective factors; self-esteem, connection to own body...



Trauma has an impact on
how one sees
one's self,
sees another,
and sees the world

How might survivors you know
complete these sentences?

The world is...

They always think I...

I will never be...

Because of me...

I am...

“In short, trauma is about loss of connection — to ourselves, to our bodies, to our families, to others, and to the world around us... It is often hard to recognize, because it doesn’t happen all at once. It can happen slowly, over time...”

- Peter Levine

**Most behaviors are
adaptations and
rooted in the history
of our experiences**



Harm Reduction is Trauma Responsive

- Safety = Establishing space that is nonjudgmental and encourages open, honest dialogue
- Trust/Transparency = Establishing rapport and connection
- Collaboration = Honoring people's experience and the expertise they bring to the table
- Choice & Control = To promote agency and build investment in the process
- Empowerment & Voice = Recognizing their power and developing their voice



A photograph of a white lighthouse with a red lantern room, situated on a rocky cliff overlooking the ocean. The sky is a mix of blue and orange, suggesting sunset or sunrise. The lighthouse is the central focus, with a small white building next to it. The foreground shows the rocky coastline and the ocean waves crashing against the rocks.

Harm Reduction:

Partnering with client to take small steps towards any positive change



Thank You!

