WAFCA SUMMARY OF:

Harm Reduction in Behavioral Health

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FOR WAFCA-CE WITH FUNDING SUPPORT FROM THE GREAT LAKES MHTTC

ISSUE IMPORTANCE

An estimated one million people in the United States inject drugs, and every year, the number of people in the US who suffer a fatal overdose increases. Overdose is a leading cause of avoidable death among people who inject drugs.

DEFINITION

"Harm reduction has been characterized as a public health model, a specific or general policy initiative, a therapeutic style & type of psychotherapy, and an approach toward thinking about human behavior."
Witkiewitz & Marlatt

GOALS OF HARM REDUCTION

Prevent Disease & Offer Treatment

- provide overdose prevention education
- reduce infectious disease transmission
- refer to treatment for infectious diseases & substance use disorders

Reduce Mortality

distribute opioid overdose reversal medications (e.g., naloxone) to individuals at risk of overdose, or to those who might respond to an overdose

Empower Communities & Reduce Stigma

- reduce rates of death by overdose
- promote connection to care options
- reduce stigma of substance use & co-occurring disorders

Promote Hope & Healing

- foster a philosophy of hope and healing by sharing the lived experience of recovery
- connect to treatment, peer support workers, and other recovery support services

HARM REDUCTION TECHNIQUES

Outreach & Education can include preparing and giving out harm reduction supplies/resources and providing education around safer use, disposal, and handling.

Overdose Prevention & Reversal Naloxone (brand name Narcan) is an effective, nonaddictive medication that reverses an opioid overdose. Naloxone is available to anyone and can be easily administered by anyone.

Drug Checking with testing strips helps people identify a substance before it is taken, preventing consumption of unknown substances (such as fentanyl).

Syring Services Programs provide testing, counseling, and sterile injection supplies to help prevent outbreaks of other diseases. Law enforcement benefits from reduced risk of needlesticks, no increase in crime, and the ability to save lives by preventing overdoses. Users of SSPs were three times more likely to stop injecting drugs.

Save Injection Sites provide sterile injection equipment, medical oversight by trained staff, and overdose reversal medication (also known as Drug Consumption Rooms, Medically Supervised Injection Centers, Supervised Consumption Services, Fix Rooms, or Overdose Prevention Centers).

Opioid Substitution Treatment involves FDA-approved Medication for Opioid Use Disorder (MOUD), also referred to as medication-assisted treatment or medications for addiction treatment (MAT). Medications like Methadone and Buprenorphine reduce cravings & withdrawal symptoms without producing euphoria.

Additional Techniques:

- Psychosocial Support
- Peer Support
- Referrals to Treatment
- Wound Care/Prevention

WHY HARM REDUCTION WORKS

Provides a space for people to be open about their drug use so that it's not hidden or perpetuating isolation

Values people and their expertise — they feel empowered to determine and voice their needs, and steps are clear between provider and participant

Rooted in evidence-based practices that have shown decreases in health & social harms

Keeps individuals engaged in care if they re-engage risk at any stage

HARM REDUCTION IN PRACTICE

Practices to Reduce Harm

- Actively seek input from those with lived expertise.
- Emphasize relationship-building, respect, & safety.
- Consider how trauma, violence, stigma, drug use criminalization, & disadvantage affect experiences.
- Understand the impact of drug use criminalization.
- Use person-first, non-stigmatizing language.

The Role of the Provider

- The provider's goals are second to a client's priorities.
- The provider uses nonjudgmental, directive techniques to allow clients to explore reasons for change.
- The provider may also assist in setting reasonable goals, practicing refusal skills, identifying alternative behaviors, and relapse prevention.

HARM REDUCTION PRINCIPLES

Humanism

- Providers value, care for, respect, and dignify patients as individuals.
- Harmful health behaviors can provide some benefit, and those benefits must be acknowledged.
- Moral judgments made against individuals do not produce positive health outcomes.
- Grudges are not held against persons served. Providers accept the choices of persons served.

Pragmatism

- "Perfect" health behaviors are not attainable. Health behaviors—and the ability to change them—are influenced by social and community norms. Abstinence is not assumed to be the goal.
- Pragmatic steps towards safer behavior/environment help keep people in crisis alive.
- Providers understand that harm reduction can present experiences of moral ambiguity.

Individualism

- Strengths & needs are assessed for each person. No assumptions are made based on behaviors.
- People require a spectrum of intervention options.
- Providers tailor messages and interventions for each patient and maximize treatment options for each person served. A one-size-fits-all approach will often fall short.

Autonomy

- While providers offer suggestions & education on options, individuals make their own choices about medications, treatment, and behaviors based on their abilities, beliefs, and priorities.
- Provider-patient partnerships are important; they are exemplified by patient-driven care, shared decision-making, and reciprocal learning.
- In crisis situations, providers follow client autonomy up to the point of imminent danger.

Incrementalism

- Any positive change is a step toward improved health, and positive change can take years. Providers help celebrate all positive movement.
- Plateaus & negative trajectories are often part of the process: plan for backward movement.
- In crisis care, acknowledge and reinforce incremental steps, whether in a 1st or 50th crisis episode.

Accountability without Termination

- Individuals are responsible for their choices and health behaviors.
- Patients are not "fired" for not achieving goals.
- In a crisis, honest dialogue about the impact of choices is held alongside unconditional positive regard for individuals—even if a provider may disagree with the choices made.

The guide is based on material presented by Myranda Green on June 6, 2024 for WAFCA-CE with funding from the Great Lakes MHTTC.

WAFCA is the Wisconsin partner for the Great Lakes MHTTC

wafcaCE Continuing Education & Professional Development

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