



# HARM REDUCTION

# WHAT IS HARM REDUCTION?

- Harm reduction is defined as, “an umbrella term for interventions aiming to reduce the problematic effects of behaviors.”
  - Originally and frequently associated with substance use, it is now being applied to a multitude of other behavioral disorders.
  - Provides additional tools for clinicians or other healthcare professionals working with clients who are resistant or not ready, willing or able to pursue full abstinence as a goal.



# HARM REDUCTION SPECTRUM

- Reduce the risks of HIV transmission by supporting needle exchange programs.
- Prioritize less risky drinking habits for underage college students to reduce the risk of alcohol poisoning.
- Encourage safe sex.
- Replace binge eating with healthier alternatives.
- Provide clean razors for those engaging in cutting or self-harm behaviors.
- Support even 5 minutes of exercise per day.



# CORE PRINCIPLES OF HARM REDUCTION

- Harm reduction supports any steps in the right direction.
- The harm reduction practitioner seeks to meet the client where he or she is in regards to motivation and the ability to change.
- The practitioner's goals are secondary to what the client wants.
- The practitioner respects the client's decisions both for and against change.
- The practitioner frequently uses nonjudgmental but directive techniques.



# HARM REDUCTION TECHNIQUE: MOTIVATIONAL INTERVIEWING

- Motivational interviewing allows the client to explore reasons for change.
- Entails expressing empathy to build rapport with the client.
- Develops discrepancy between what the client wants and where he or she is currently.
- Rolls with client resistance to build the relationship and move toward change.
- Supports self-efficacy in the client to take the necessary steps.



# HARM REDUCTION TECHNIQUE: COGNITIVE-BEHAVIORAL FRAMEWORK

- Practitioner:
  - Sets reasonable goals.
  - Practices refusal skills.
  - Identifies alternative behaviors.
  - Considers relapse prevention.



# THERAPEUTIC PROGRESS

- Therapeutic progress is one major difference between harm reduction and abstinence-based programs.
  - How do we define progress based on the client's terms?

Example: If abstinence was required for housing services, that client would be turned away from further treatment. A harm reduction approach would be to first ask how much the client drank at the beginning of therapy. If the client were drinking 10 drinks every day, then the consumption of 5 drinks a day would be a “therapeutic success,” or steps in the right direction.



# HARM REDUCTION IN ADULT POPULATIONS

## ○ Trauma Centers

- According to SAMSHA, alcohol and drug abuse was associated with over 1.7 million trauma center and emergency room visits in the United States in 2006.
- These patients are not likely to recognize a problem, be motivated to change, or sought treatment in the past.
- Identify these times of crises as an opportunity to acknowledge consequences and risky behaviors.
  - Use brief interventions including screening tools such as the CAGE, AUDIT, MAST, DAST



# HARM REDUCTION IN ADULT POPULATIONS

## ○ Co-occurring Disorders

- Substance abuse is prevalent among individuals with serious mental health conditions, affecting over half of those with co-occurring disorders.
- Harm reduction recognizes that although abstinence may reduce some of the harm experienced by the individual, the diagnoses are intertwined and cannot be simply pulled apart and treated in a vacuum.
- Harm reduction uses additional assessment and treatment approaches including:
  - Seeking Safety, Mindfulness-based relapse prevention



# HARM REDUCTION IN ADULT POPULATIONS

## ○ Homeless Alcoholics

- One of the most at-risk and treatment-resistant populations.
- Incur public expenses over \$80,000 per person, per year.
- Harm reduction techniques seek to offer housing and services without contingencies.
- In one study, no difference was found in contingent versus non-contingent housing in changes in substance use or symptoms.
- In one Housing First study found that compared with waitlist control, individuals in housing reported less drinking and less intoxication and also saved money related to medical and social service expenses.



# SUBSTANCE USE HARM REDUCTION

## ○ Nicotine Replacement

- Over the counter and prescription alternatives including patches, lozenges, gum, spray, inhaler and tablets.
- Recommended with behavioral intervention and social support, increases cessation rates and can improve moderation attempts.

## ○ Opioid Substitution

- Agonist Pharmacotherapy and Methadone Maintenance.
- Reduces illicit opioid use, HIV risk behaviors, criminal activity, and opioid-related deaths.

## ○ Needle Exchange Programs and Safe Injection Sites

- Reduction in needle sharing and reuse, overdoses, injecting/discarding needles in public places and reduced fatalities due to overdose.
- Increased enrollment in detoxification and substance use treatment.



# IS HARM REDUCTION RIGHT FOR YOU AND YOUR CLIENTS?

- Depends on where your clients are when they come to you for help.
- Depends on your beliefs regarding the acceptability of working with less than complete success.
- Your belief in the effectiveness and acceptability of harm reduction determines its use in practice.



# PRACTICING HARM REDUCTION

- Harm reduction is not an all-or-nothing practice.
- Use your clinical judgment to determine if harm reduction is the best option.
- Harm reduction does not mean that you do not see any consequences or potential problems with a client's decisions and use of substance.
- Harm reduction sees a client's situation in more than black and white, all or nothing terms. It builds rapport, encourages change and supports efficacy.



# PRACTICING HARM REDUCTION

- Harm reduction means, “we meet the client where they are and help them along as far as they will let us.”
- Can you meet your clients where they are?



## REFERENCES

- Logan, Diane E., and G. Marlatt Alan. "Harm Reduction Therapy: A Practice-Friendly Review of Research." *Http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3928290/*. J Clin Psychol, 2010. Web. 2016.

