



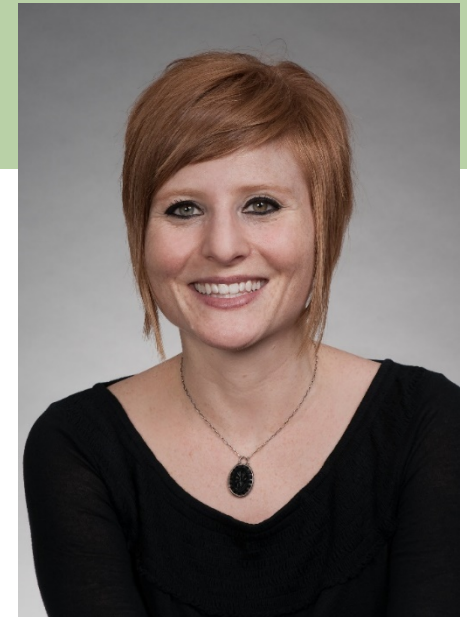
Northwest (HHS Region 10)

ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



Northwest ATTC presents
**Harm Reduction: An Organizing
Framework to Address the Opioid
Epidemic**

Susan E. Collins, PhD
Harm Reduction Research and
Treatment (HaRRT) Center, UW
Harborview

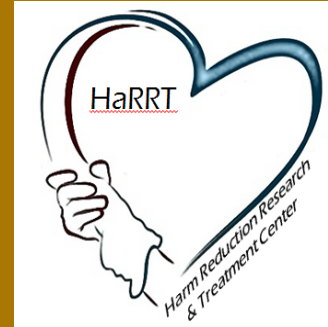


Today's Presenter

Susan E. Collins, PhD

- Co-director, Harm Reduction Research and Treatment (HaRRT) Center, UW Harborview
- Licensed clinical psychologist & Associate professor
- Expertise in substance use research, assessment, and treatment.
- Evidence-based Practice Committee, Harborview Mental Health and Addiction Services





Harm Reduction

An Organizing Framework to Address the Opioid Epidemic

Susan E Collins

Harm Reduction Research and Treatment (HaRRT) Center
University of Washington – Harborview Medical Center

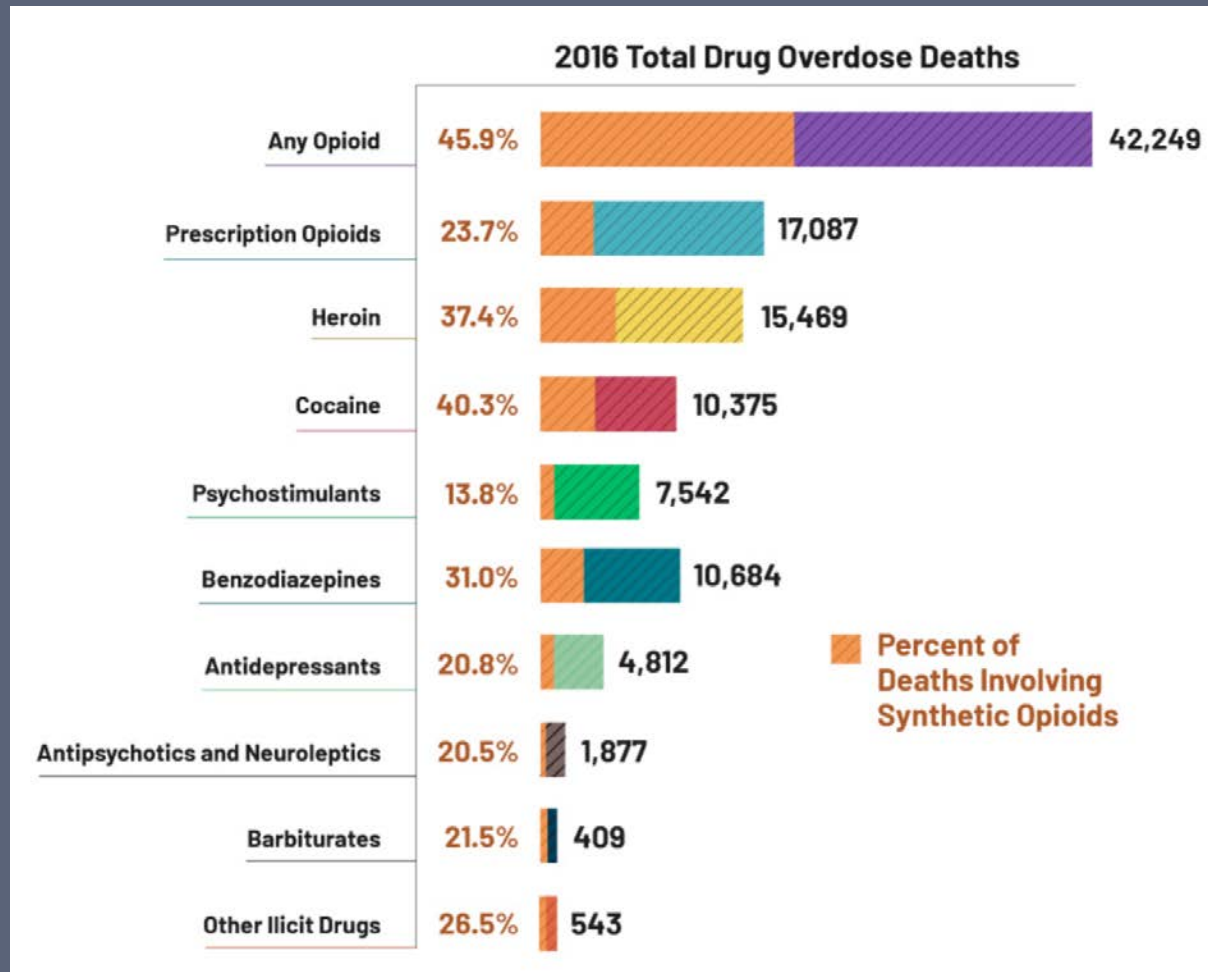
Talk timeline

Definition

Rationale

Practice

The overdose epidemic



Jones et al (2018)

Harm reduction applied to various behaviors

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



Stephen Dyrkas



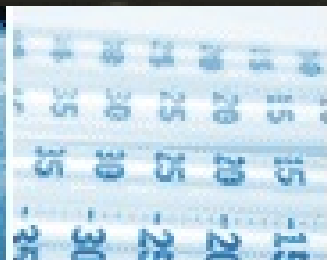
from: nswp.org



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

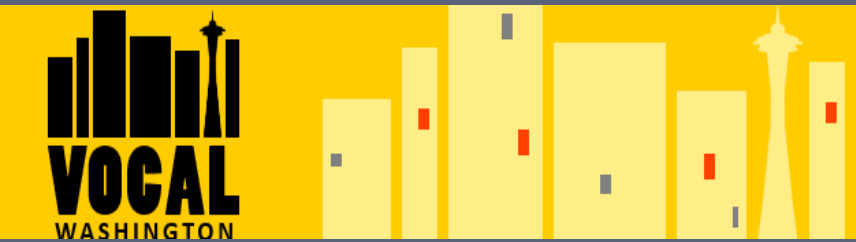


Why is this important?



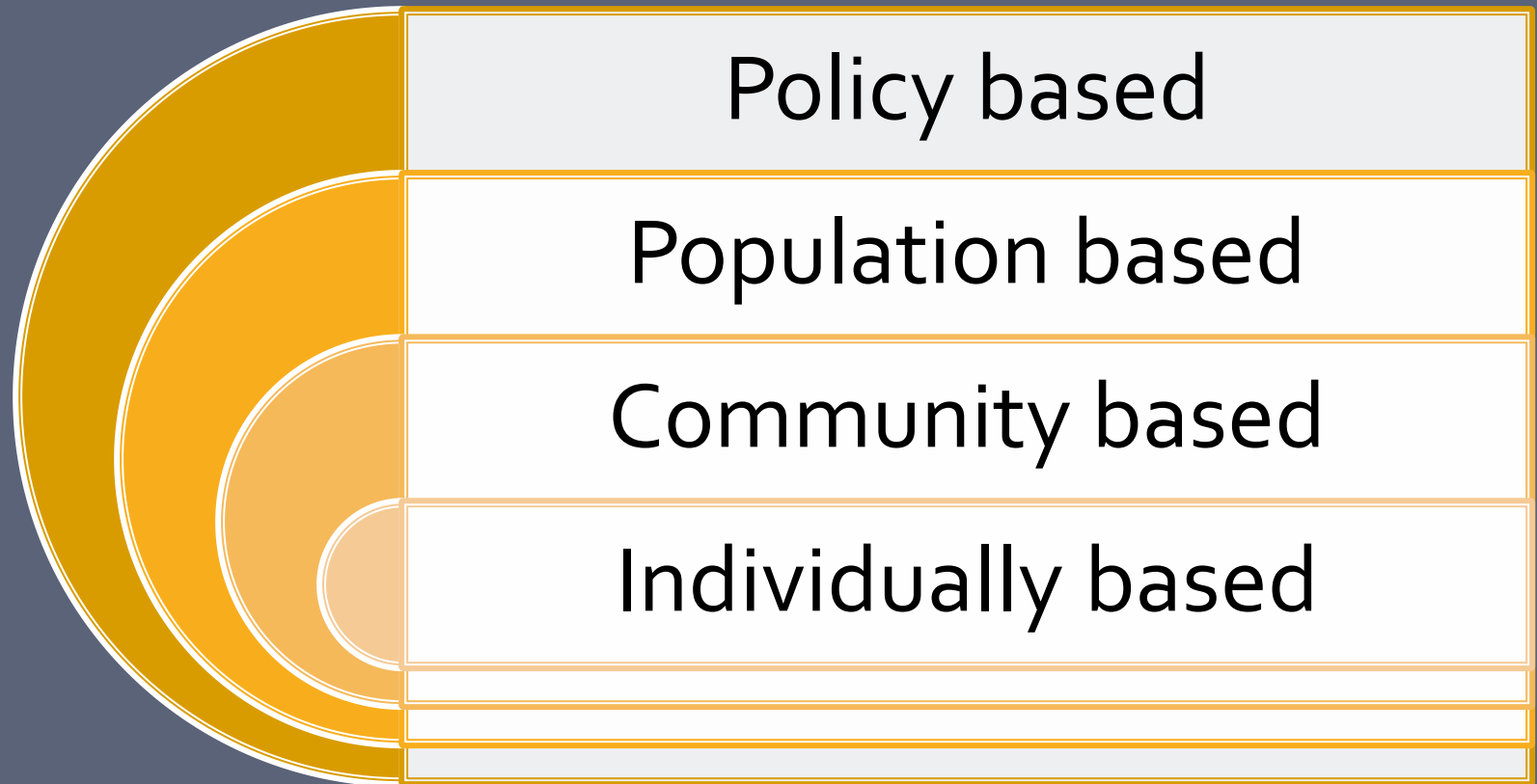
Harm reduction started as and should be honored as a grassroots movement that centers the voices and interests of substance users.

A collage of historical images and text related to harm reduction and social justice. It includes a photograph of a person smoking, a newspaper clipping about methadone treatment in Amsterdam (1972-1985), a Dutch newspaper article from 1957-1995 about the 'Junkiebond' (Junkie League) in Rotterdam, and a Dutch newspaper article from 2011 titled 'HARDVEST' (Hard Vest) about a vest designed for drug users. There are also small images of a newspaper cover and a document titled 'VROUWEN & VUSTRUBBELS'.



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

Harm reduction at various levels

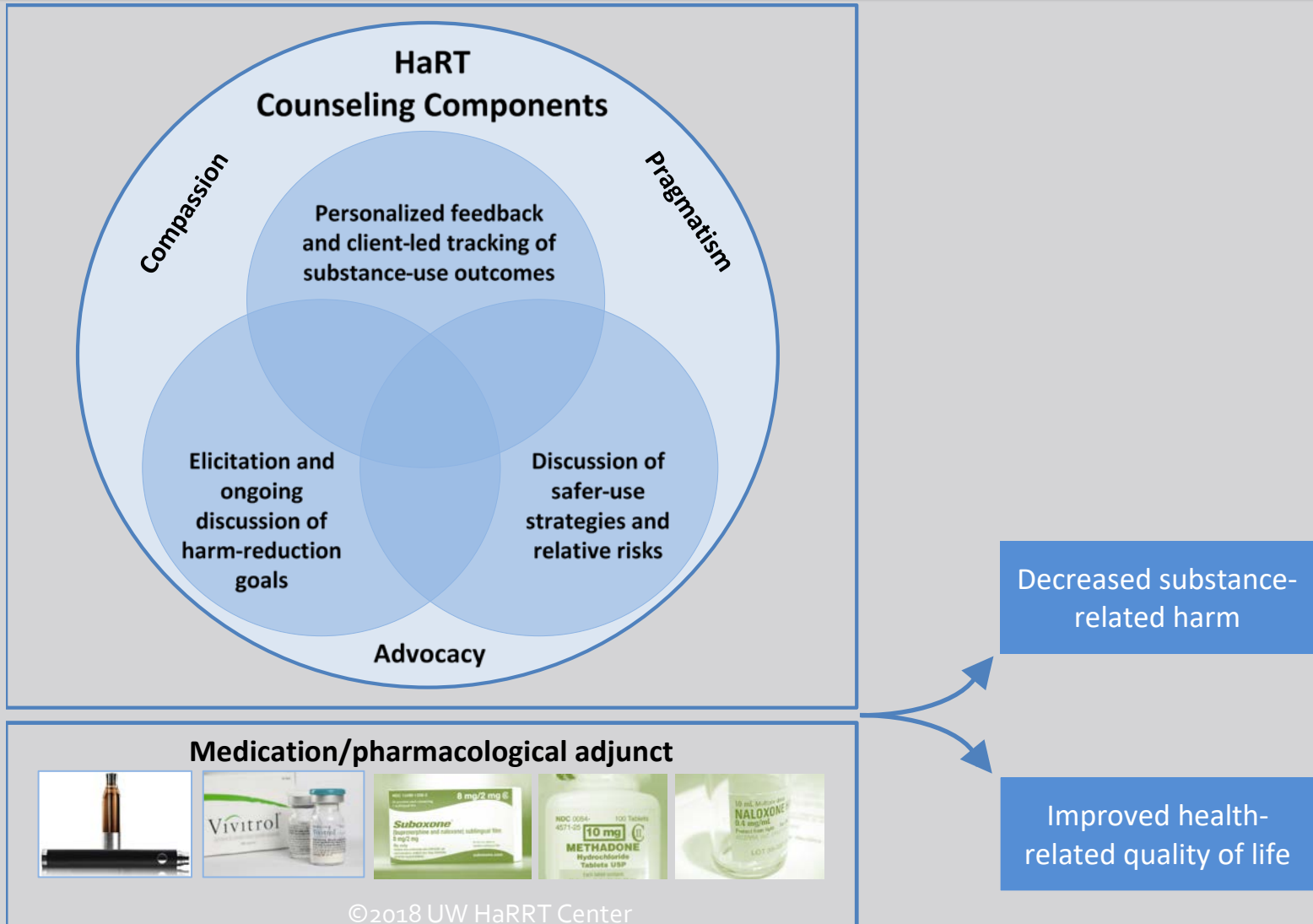


Primary focus in clinical work is...



...how we talk to people.

How HaRT can help



Harm reduction treatment ≠ ...

Relapse
prevention

Cognitive
behavioral
treatment

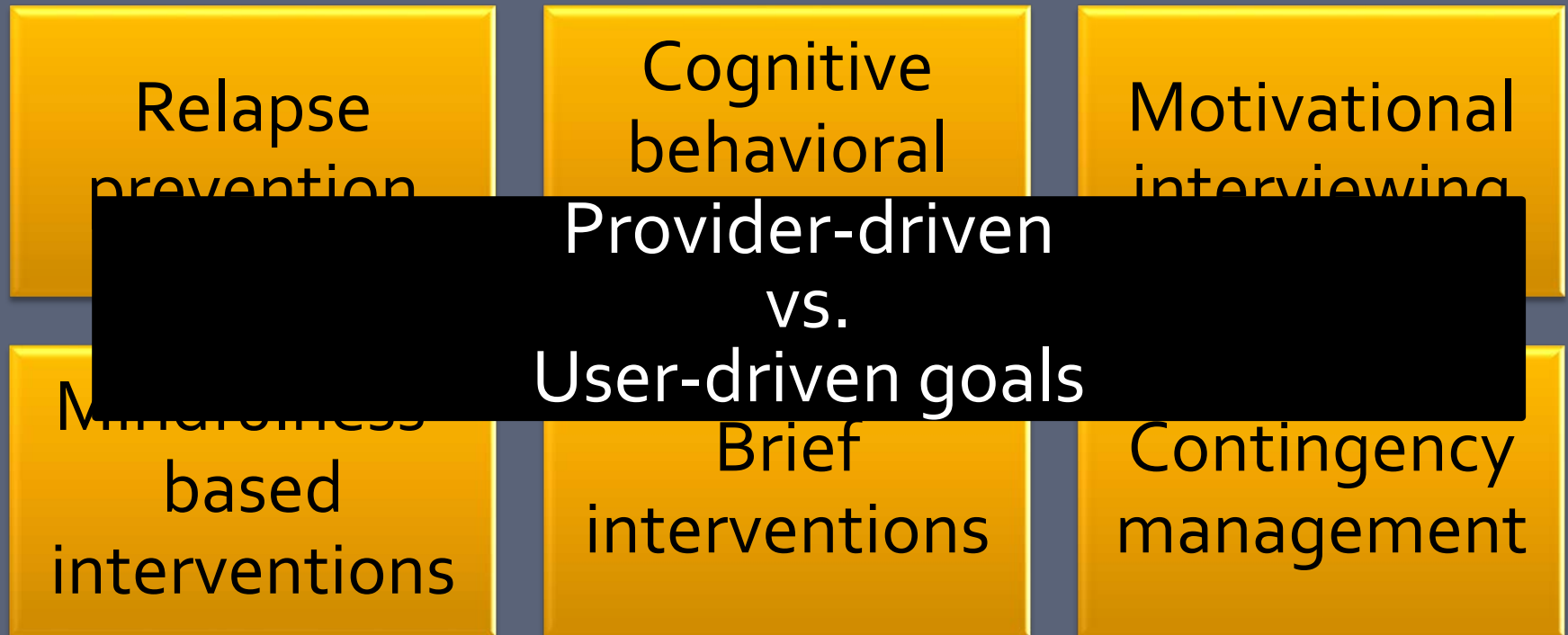
Motivational
interviewing

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

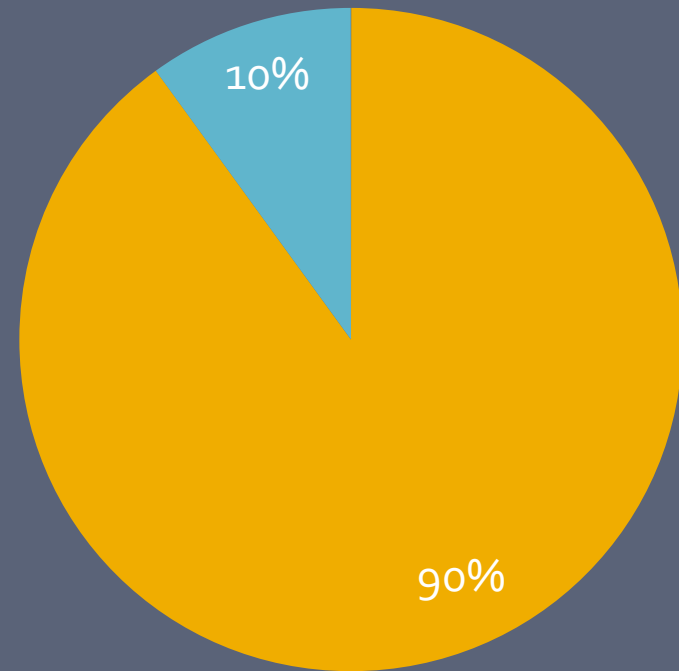
Moral Model

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)

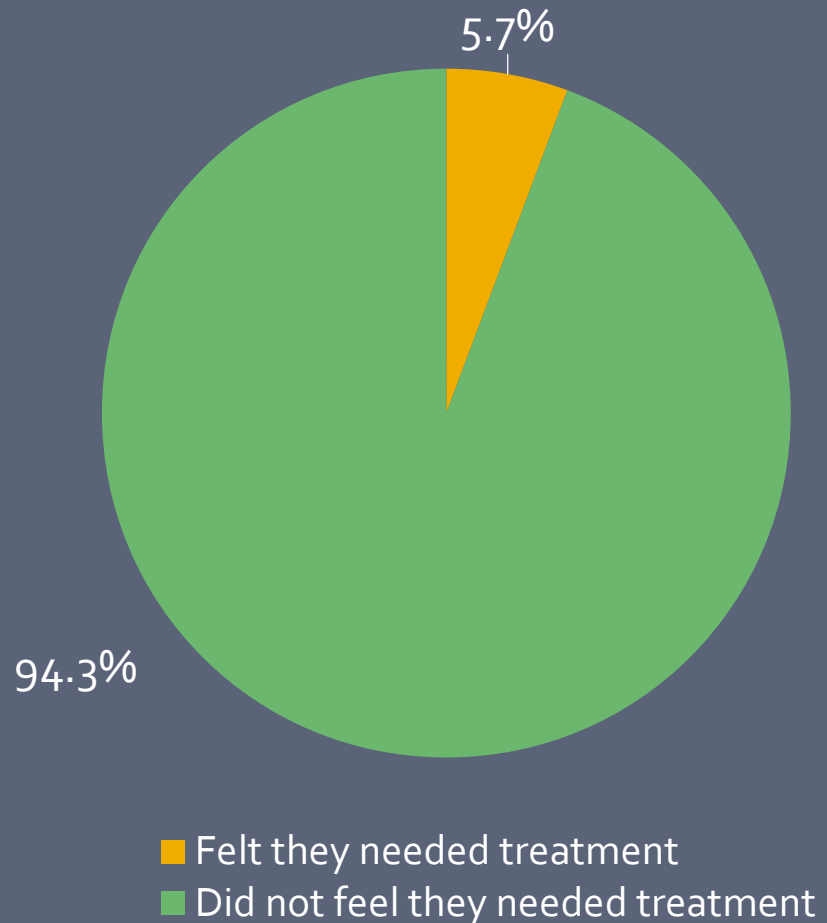


■ meets criteria for current alcohol dependence
■ does not meet criteria

Well, really, they don't engage most.

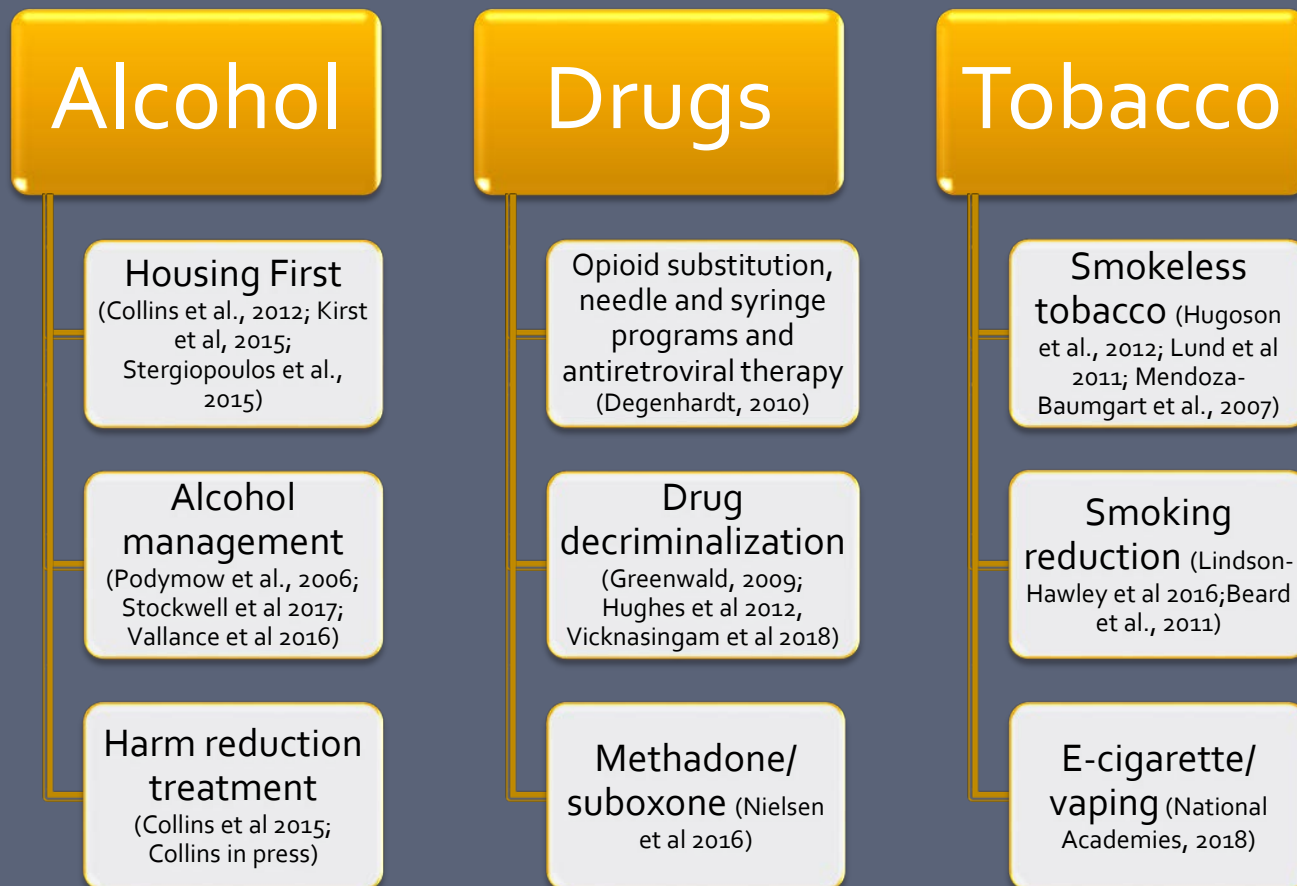
- According to SAMHSA, in 2017
 - 21 million Americans needed treatment
 - 2.5 million received treatment

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



Harm reduction provides an effective alternative...

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



Practicing HaRT:

Mindset, heart-set and concrete tools

Harm-reduction mindset

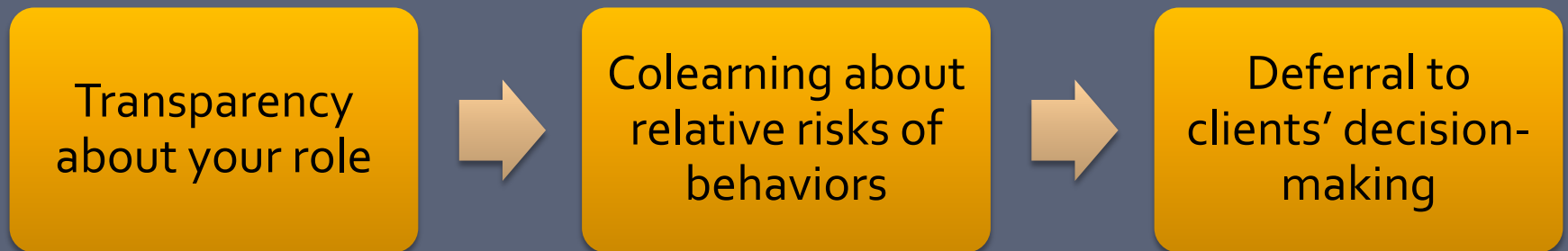
USE REDUCTION

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

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.

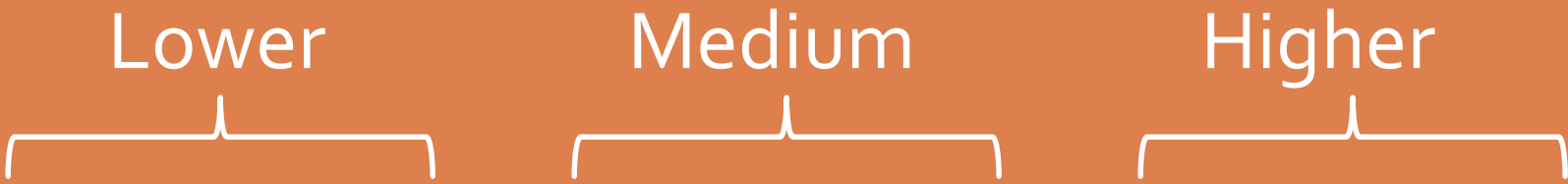
Do ask for permission to provide info on relative risks if a person mentions engaging in or wanting to engage in a more risky behavior.

Relative-risk hierarchy of alcoholic beverages



Relative-risk hierarchy of injection sites

Goal: reduce risk of returning to the hospital



Upper arm	Lower arm	Hands	Feet	Legs	Groin	Neck
<ul style="list-style-type: none">• safest• closest to heart		<ul style="list-style-type: none">• harder to find a spot• use small needle gauge	<ul style="list-style-type: none">• Slower healing• You need them!	<ul style="list-style-type: none">• Greater risk of clots• Hit downstream	<ul style="list-style-type: none">• Harder to "hit blind"• can puncture femoral artery/nerve	<ul style="list-style-type: none">• risk of hitting carotid artery makes this a last resort• Could cause death

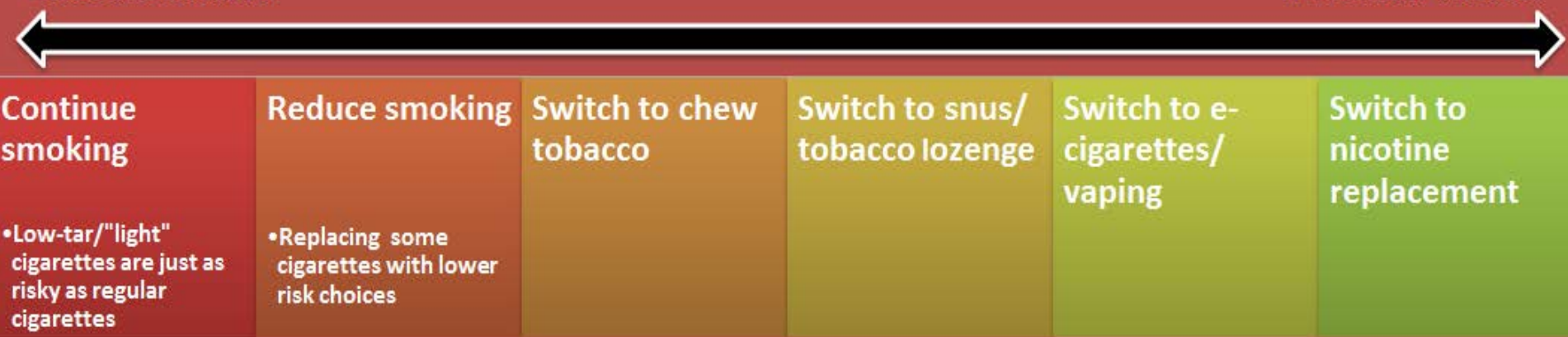
<http://www.harmreduction.org/downloads/levels.pdf>

Relative-risk hierarchy of nicotine products

Menu of nicotine use options

Less safe choices

More safe choices

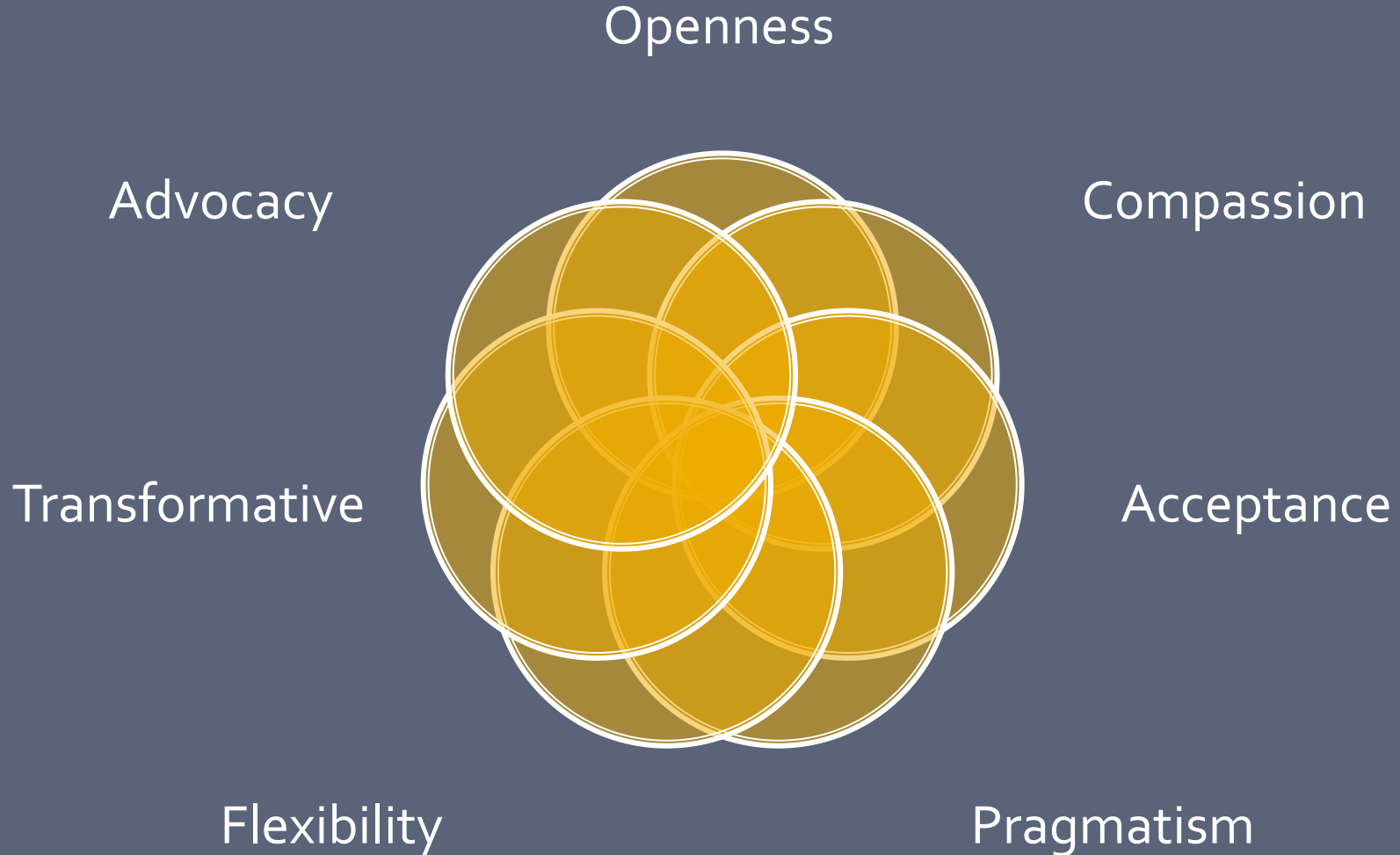


And then...

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!

Harm reduction tools

Multidimensional assessment

- 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

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?

Safer-use strategies

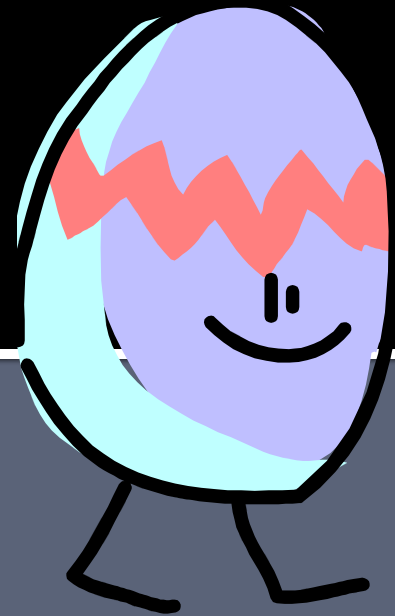
- Offer clients a list of safer use tips based on their primary substance
- Have them choose one they feel like they could try

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/>

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