The Value of Applying Harm Reduction Principles in Clinical Relationships

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Reduce Harm, Inc.

RHI

Introduction

- Background/Experience
- RHI
- Funded by the Maine Office of Behavioral Health
- Thanks to Co-Occurring Collaborative Serving Maine
- Disclaimer

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Objectives

- Review and Clarify the Principles of Harm Reduction
- Harm Reduction and Recovery
- Beyond Drug Use: Application of harm reduction across health behaviors and patients/clients:
  - Operationalizing Health Equity Aims
  - Cultivating Long-Term Relationships
  - Connecting to Social Determinants
- Identify opportunities for mutual support and deeper-dives into topic-specific Trainings and TA

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Outline

- Harm Reduction Lineage
- Principles
- Recovery
- Conceptual Tool #1
- Principles
- Equity Aims – Tool #2
- L/T Relationships
- Social Determinants
- What can I do?
- Resources

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Harm Reduction in 1842

- “Is it just to assail, condemn, or despise them? Men ought not in justice to be denounced for yielding to it in any case, or giving it up slowly, especially when they are backed by interest, fixed habits, or burning appetites.”

- Moral Idealism doesn’t help

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Abraham Lincoln, 22 February 1842

Address before the Springfield Washington Temperance Society

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Harm Reduction Lineage

- Association with IDUs/SSPs
- Increased recognition that we all practice Harm Reduction
  - Eating, Driving, etc.
- Structural and Interactional
- A set of general principles and a set of practical strategies to reduce the negative consequences of drug use.
- Consistent with Values and Ethics of many professions, clinical included
- Reducing Harm is always Practical

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Compassionate Pragmatism

- Harm Reduction is a set of principles, integrated into a variety of practices
- There is no one right way
- Most life changes are gradual
- All chronic conditions are challenging
- Reducing harm is the fundamental objective of responses to all chronic conditions
- Abstinence is a state
- Materials, Information & Support to make Any Positive Change

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Six Pillars

- Led by people with lived/living experience
- Embraces the inherent value of all people
- Commits to deep Community Engagement and Community-Building
- Promotes Equity, Rights and Restorative Justice
- Offers most accessible and non-coercive support
- Focuses on any positive change as defined by people we serve

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Coalition Principles

1. Honor the complex biopsychosocial nature of substance use that are unique to every individual.
2. Respect the human rights, cultural values, beliefs, and dignity of all people.
3. Are evidence-informed, pragmatic, non-coercive and non-discriminatory.
4. Are continuously improved by timely and reliable evidence.
5. Are trauma-informed, resilience & recovery oriented.
6. Are equally accessible to all.
7. Are informed by the wisdom of lived experience.

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Boiled Down

- Humanism
- Pragmatism
- Individualism
- Autonomy
- Incrementalism
- Accountability without termination

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What Harm Reduction is NOT

- Harm reduction is NOT "whatever happens, happens."
- Harm reduction is NOT "anything goes"
- Harm reduction is NOT simply "meeting the client where the client is at" (it's helping them with self-directed goals and behavior change)
- Harm reduction is NOT "Helping a person who has stopped using drugs to start using again."
- Harm reduction is NOT condoning, endorsing, or encouraging drug use.

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Harm Reduction and Recovery

- Respect & Dignity
- Journey & Process
- Person-Centered
- Value Autonomy
- Prioritize Listening
- Living/Lived Experience
- Empowerment
- Love/Acceptance
- Holistic
- Multiple Pathways
- Supported by Peers/Allies
- Rebuilding Connections
- Based on Respect/Acceptance
- Person-Driven

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Drug, Set & Setting

- **Drug**
  - **Dose, Frequency, Routes, Concentration, Combinations**
- **Set**
  - Beliefs, Expectations, Rituals, Health: Mental/Physiological, Trauma
  - Knowledge: Safe Practices, Drug Interactions, OD
- **Setting**
  - Risk Environment
  - Isolation, Connections, Support
  - Purchase, Possession
  - With Whom, Where, When
  - Social/Cultural Attitudes & Legal

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Why do people use drugs?

- Religious Practices
- Boredom
- Despair
- Treat disease
- Social interaction
- Artistic Enlightenment
- Escape
- Relaxation
- Coping with sexual abuse
- Cope with pain
- For courage
- To feel safe
- To feel a sense of freedom
- Feel powerful
- Take part in other activities
- Others?

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Complex Personal History

- Mental Health History
- Cultural, ethnic, or racial differences (including being an immigrant)
- HIV/AIDS, HCV, etc.
- Other medical issues
- Domestic violence
- Criminal histories
- Chronic homelessness
- Development disabilities
- Gay, lesbian, transgender or non-binary identity
- Issues specific to women with children

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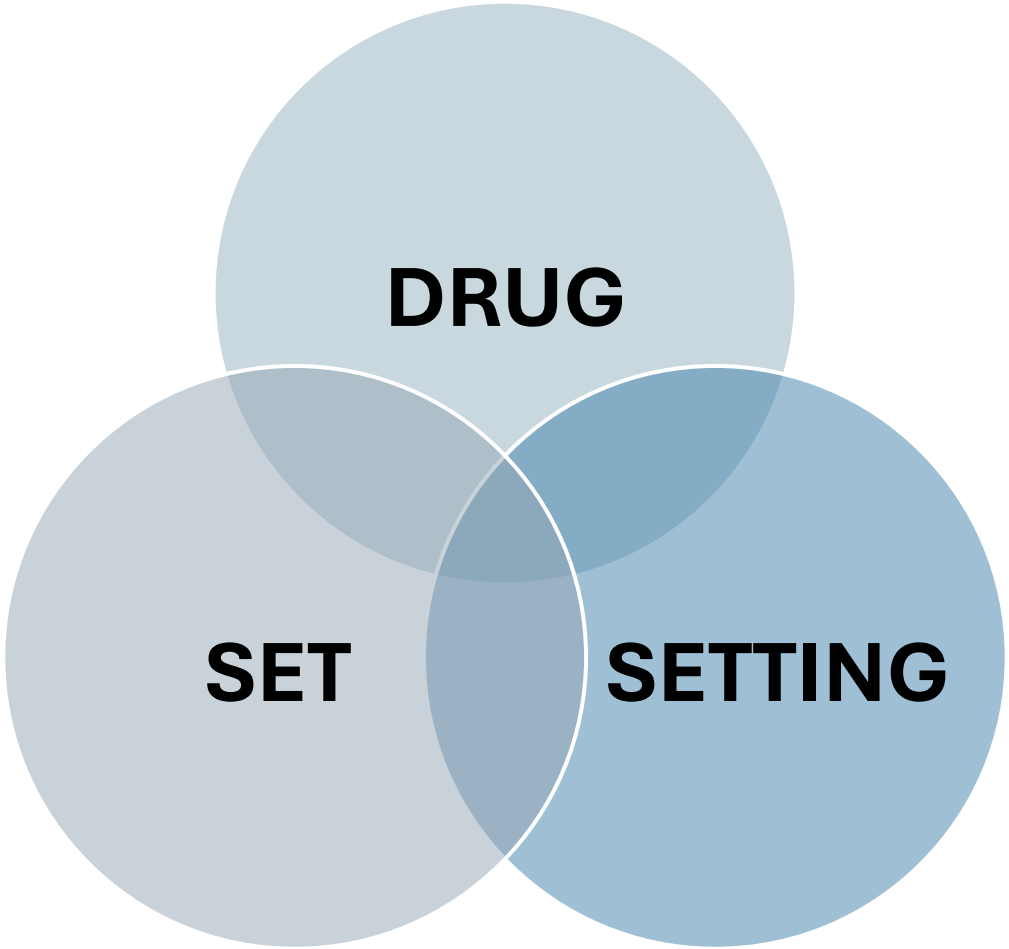
Review



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Principles

- Pragmatism
- Humanistic
- Individualized
- Incremental
- Accountability

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Pragmatic

- Safety First
- Candid conversations
- Access to information
- Safer Consumption (smoking, test shots, alternatives, timing, etc.)
- Access to safer use materials
- Returning to Use

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Humanistic

- Non-Condemning
- Honor Autonomy
- Stigma = Discrimination
- Language, Individual Experiences

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Individualized

- Drug, Set and Setting
- Multiple Pathways to increased safety
- Immediate needs
- Priority/Goal-setting
- May seem entirely unrelated
- So often one small thing

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Incremental

- All change is hard
- Changing the associated factors can take time
- There is no one right way
- Don’t predict, respond

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Accountability

- Care is not terminated
- Building Awareness of Consequences
- Building Self-directed Goals
- Tools for holding oneself accountable

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Operationalizing Equity Aims

Structural Intervention Framework

- Availability
- Accessibility
- Acceptability

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Rover

- Well-established, turnkey, and scalable model that can be deployed in any setting with no disruption to established services.
- Self-contained, multi-compartmental unit on wheels that is outfitted with a full range of harm reduction supplies organized into accessible compartments for efficient inventory control, and easy to navigate in and out of private and public spaces.
- Securable, with 2 external locks, and the model can be adapted to any setting.
- RHI provides Training, Implementation and CQI Support
- Alignment of services and supplies based on local needs and legal environments.

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Materials

- Syringes (multiple gauges)
- Safe Injection supplies
- Wound care supplies
- Safe consumption kits
- Safe smoking kits
- Safe Sex items
- Overdose Prevention items
- Sharps containers (various sizes)
- Zips
- Education Pamphlets (tailored)
- Fentanyl Test Strips (as permitted)

Materials: Kits

- Safer Smoking Kit
- OD Care Package
- Wound Care Kit
- Fentanyl Kit
- Xylazine Kit
- IM and IN naloxone Kits
- IDU Kit
- Safer Sex Kit
- Boofing Kit
- Hammer Kit
- Bubble Pookie Kit

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Improving Long-Term Relationships

- Building trust
- Folks come to us with histories and assumptions also
- Partner in reducing barriers
- Meeting immediate needs, pathway to future needs
- Supporting unique pathways
- Always trauma-responsive
- Peers - Ambassadors

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Address Social Determinants

Provide and/or connect to those who help:

- Improve housing stability
- Improve food security and nutrition
- Expand access to healthcare
- Improve transportation options
- Build social support networks, reduce isolation
- Support meaningful roles in community

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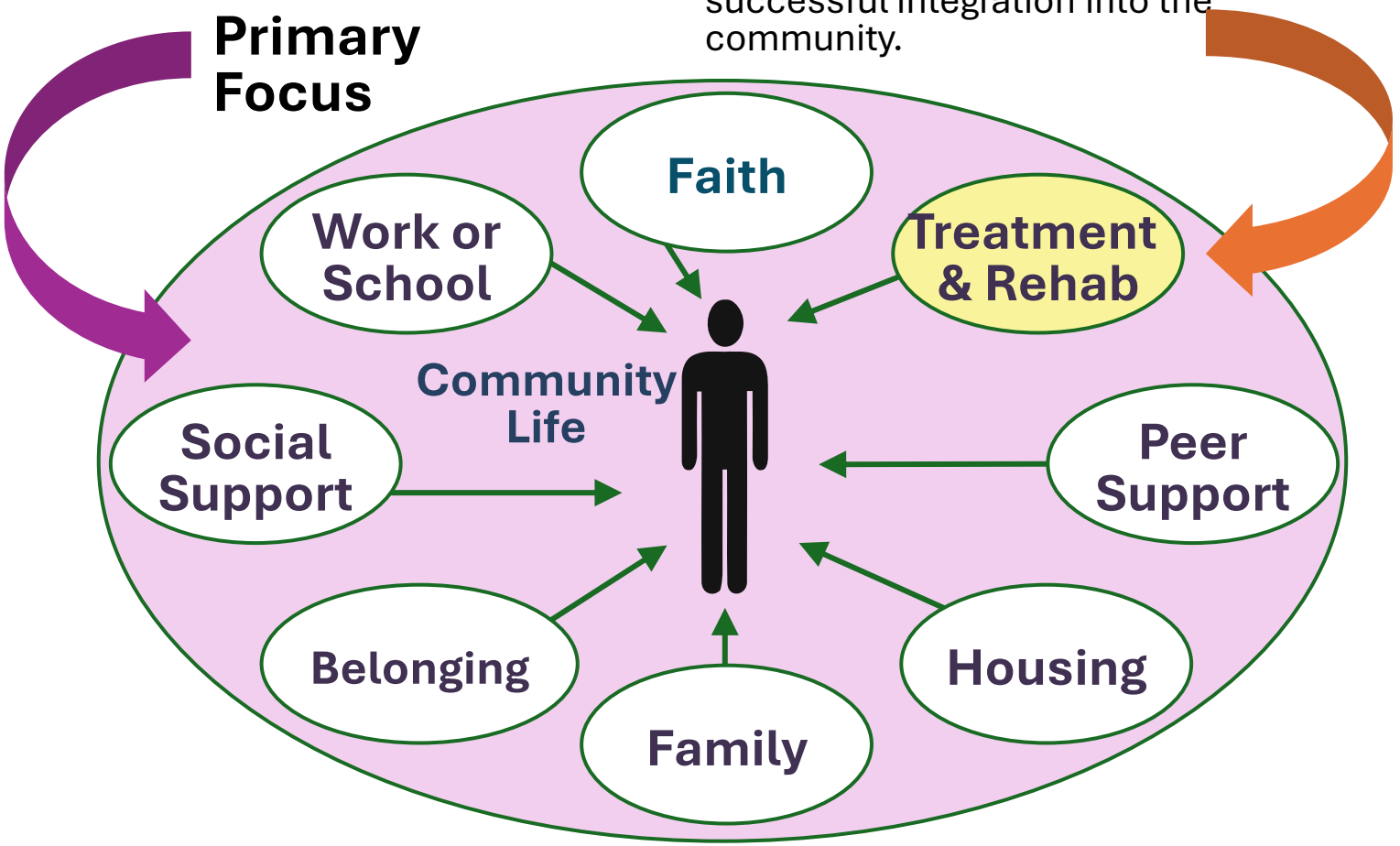
Recovery Oriented System of Care

In the model, clinical care is viewed as one of many resources needed for successful integration into the community.



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What can I do to:

- Reduce likelihood of folks using alone
- Enhance safety
- Build trusting relationships and reduce Stigma & Discrimination
- Get accurate information, materials and support to folks
- Get naloxone into hands of folks most likely to witness
- Remove barriers to services/benefits for folks who want them
- Improve connections to social resources
- Apply the Drug, Set, Setting Framework
- Apply Structural Intervention Framework
- Stay up-to-date on drug trends and rational responses

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RHI & Partners

- How can we be most supportive?

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Trainings For Agencies, Partners

- Harm Reduction Deep Dive
- Advanced Overdose Prevention
- Mobile Services and Street Outreach
- Drug Trends
- Drug-Checking, Wound Care, etc.
- Co-Located Services (Community, Housing, Clinical Settings, etc.)
- Rover Program Implementation
- Addressing Stigma & Discrimination
- Navigating Legal System, Re-Entry, etc.
- From Coordination to Integration
- Ambassador Program, and much more

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Facilitative Services

- Network Development
- Network Maintenance & Resilience
- Establish Multi-Agency and Cross-Sector Collaborative Models/Relationships
- Case Conferencing & Clinical Consultation
- Develop Communities of Practice
- Multi-Sector Care Coordination/Integration

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Agency Technical Assistance

- Strategic Planning
- Operationalizing Equity Aims
- Board Development
- Grants and Fundraising Program Design
- Project Planning & Implementation
- Policies and Procedures Development
- Program Evaluation, Data and Measurement
- Low Burden Data Collection
- Continuous Quality Improvement
- Automated Reporting Workflows
- Model Fidelity and Quality Assurance
- Technology Needs Assessment & Adoption

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Resources

- SAMHSA Harm Reduction
  - https://www.samhsa.gov/find-help/harm-reduction
- SAMHSA Recovery and Recovery Support
  - https://www.samhsa.gov/find-help/recovery
- SAMHSA Overdose Response Toolkit
  - https://store.samhsa.gov/sites/default/files/overdose-prevention-response-kit-pep23-03-00-001.pdf
- SAMHSA Harm Reduction Framework
  - https://www.samhsa.gov/find-help/harm-reduction/framework
- National Harm Reduction Coalition (NHRC) Resource Center
  - https://harmreduction.org/resource-center/harm-reduction-near-you/

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Grief

- Resources for those aiming to assist others in their grief:
  - https://allianceofhope.org/for-professionals/resources/
- Grief Recovery After Substance Passing (G.R.A.S.P.)
  - https://grasphelp.org/m/
- Toronto program grief & loss
  - https://breakawaycs.ca/programs/grief-loss/

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Contact

- kirwin@reduceharm.org
- https://www.reduceharm.org
- Request TA: https://mesudlearningcommunity.org/coaching-and-technical-assistance/
- Applying Harm Reduction Principles in Peer Support Relationships
  - January 29 & 30

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