



## Harm Reduction for Substance Use: Meeting people where they're at...

Susan E Collins, PhD on behalf of the HaRRT Center  
University of Washington – Harborview Medical Center

# Talk timeline

Defining harm reduction and harm-reduction treatment (HaRT)



Rationale for harm reduction



Introduction to clinical tools



Case consultation

# Harm reduction applied to various behaviors

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



FRIENDS DON'T LET FRIENDS DRIVE DRUNK

Stephen Dyrkas



from: [nswp.org](http://nswp.org)



HIV



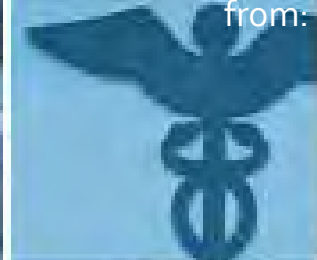
SYRINGE ACCESS



HEPATITIS C



OVERDOSE



DRUG TREATMENT



SAFER USE

from: [harmreduction.org](http://harmreduction.org)



Todd Huffman

(c) 2017 UW HaRRT Center



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.**

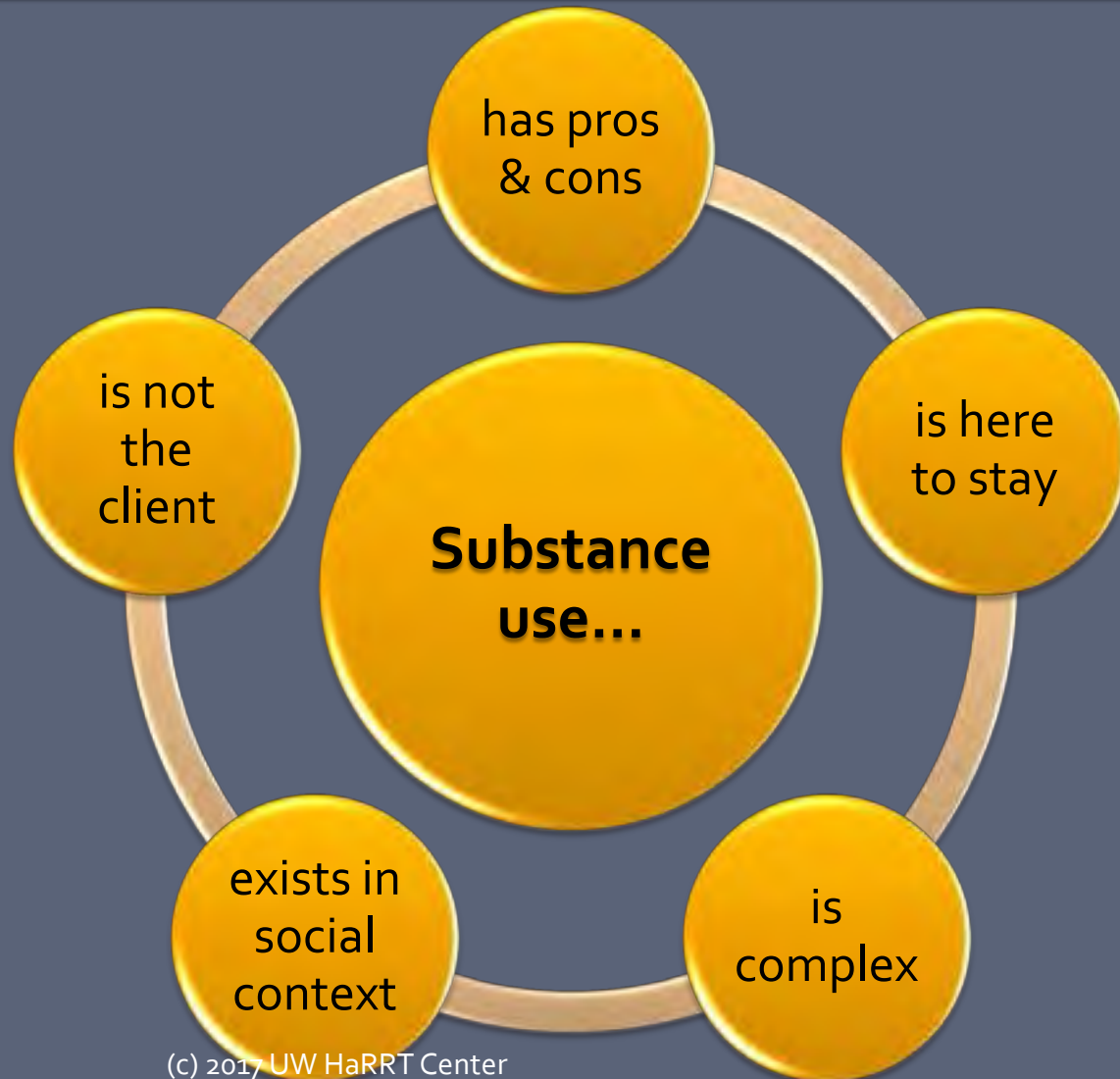
# ...but the attitude counts more.



“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

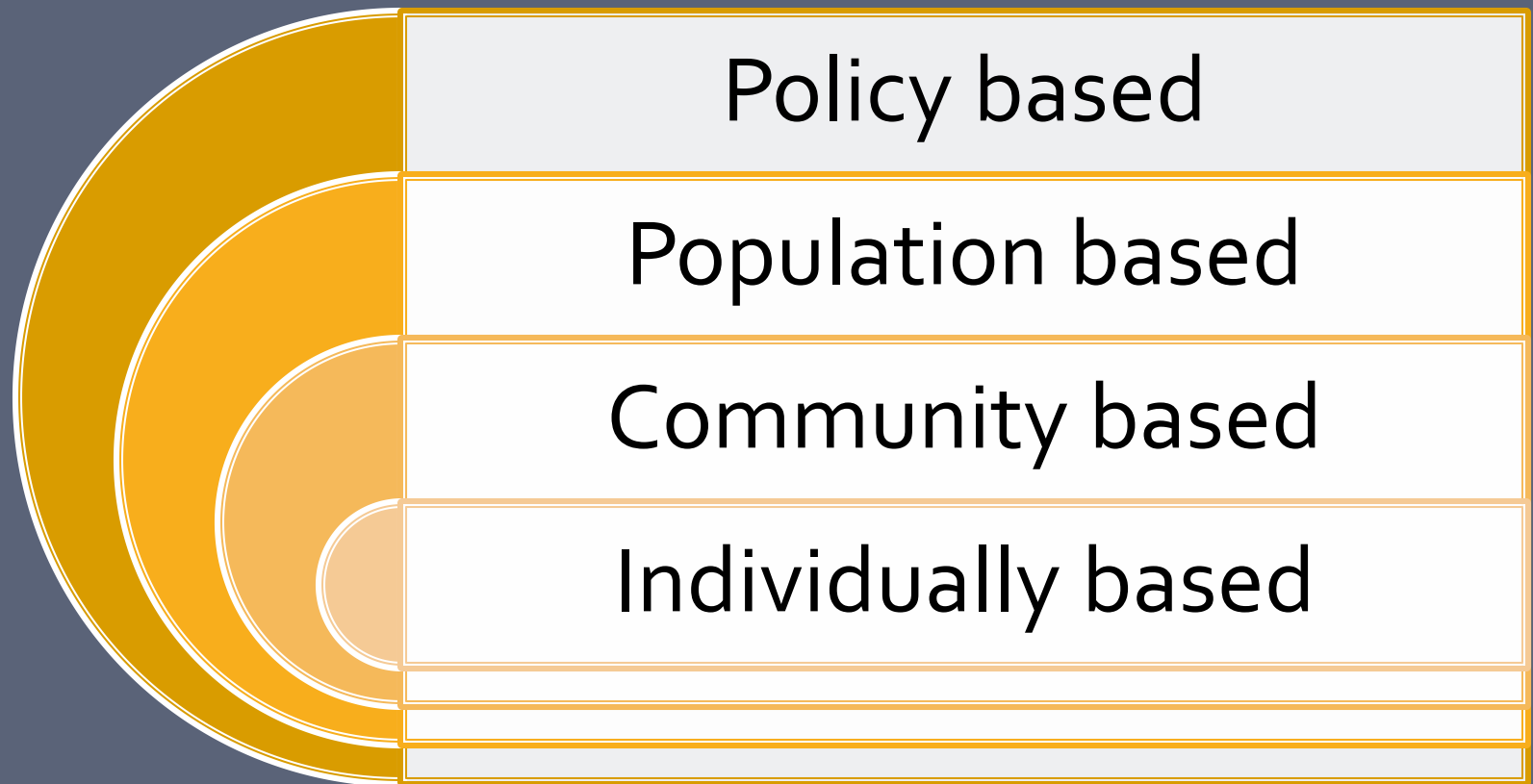




# The approach is PRAGMATIC



# Harm reduction at various levels



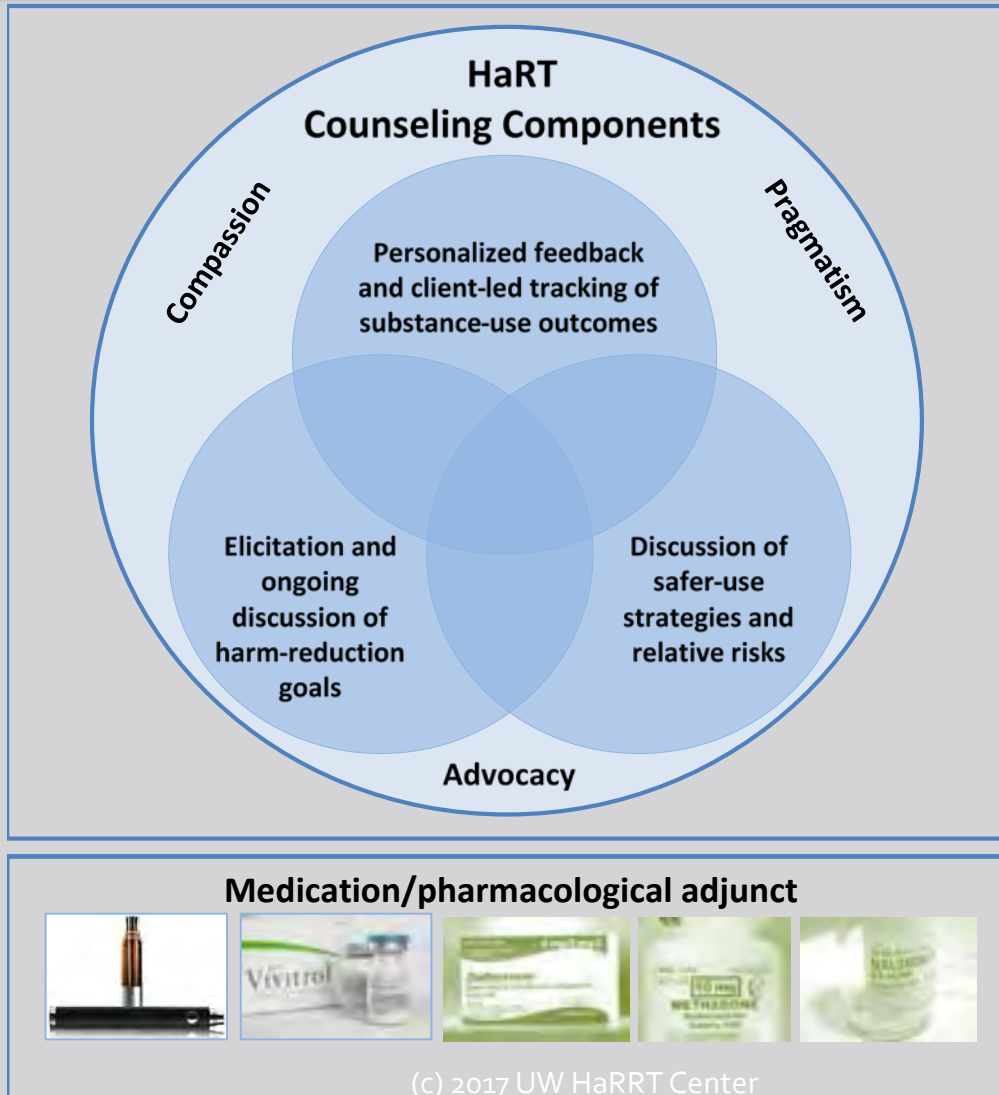


# Primary focus in clinical work is...



...how we talk to people.

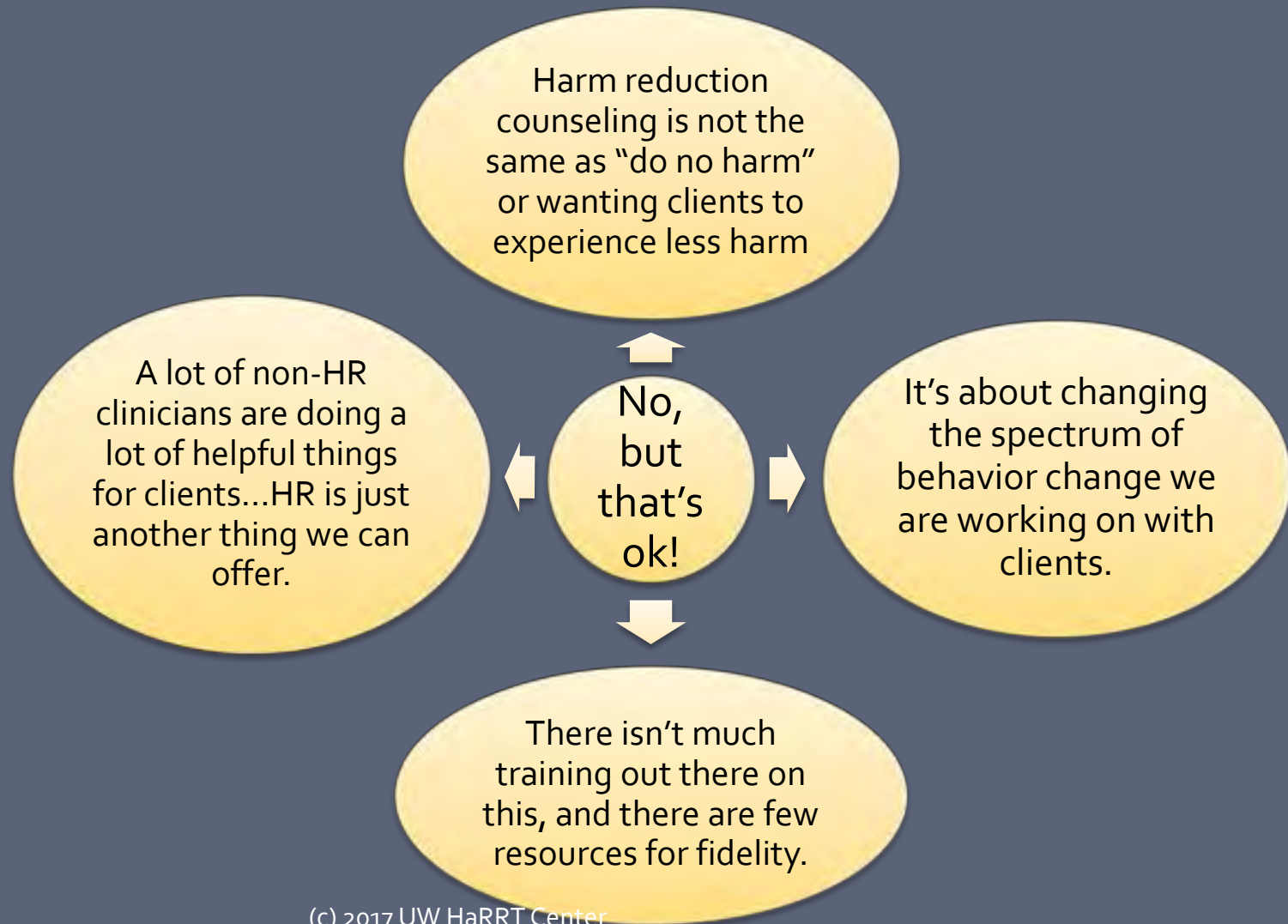
# How HaRT can help



Decreased substance-related harm

Improved health-related quality of life

# Aren't we already all doing harm reduction? (esp in MH counseling, primary care...)



# Harm reduction treatment ≠ ...

Relapse  
prevention

Cognitive  
behavioral  
treatment

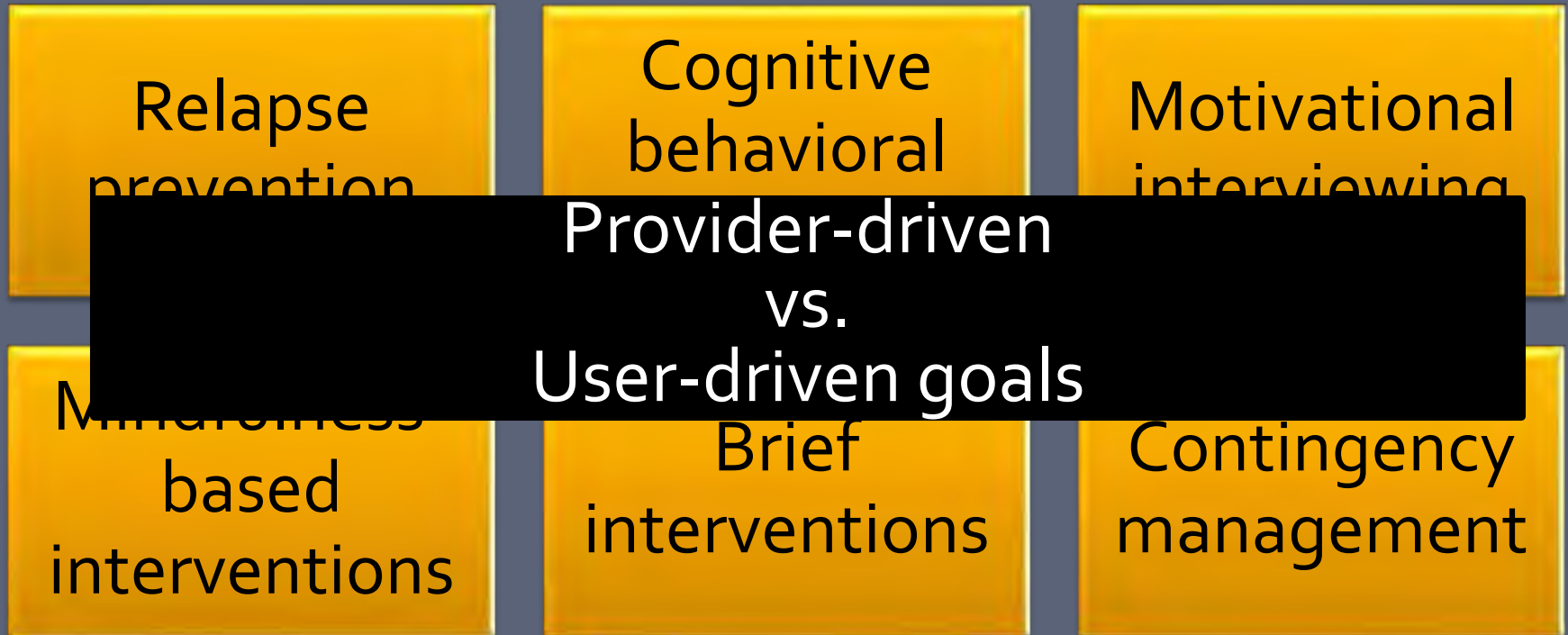
Motivational  
interviewing

Mindfulness-  
based  
interventions

Brief  
interventions/  
SBIRT

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

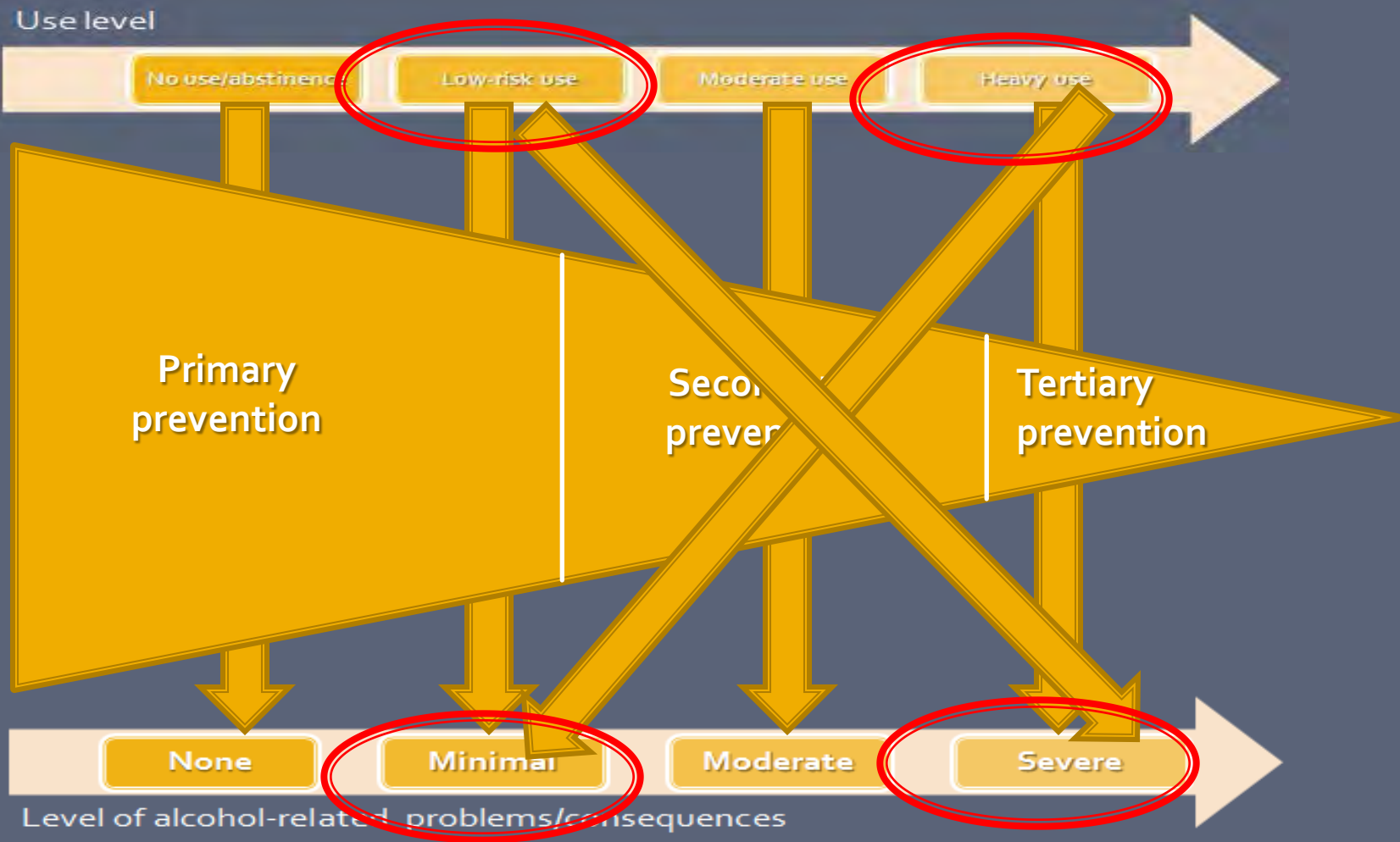
## USE REDUCTION

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

## HARM REDUCTION

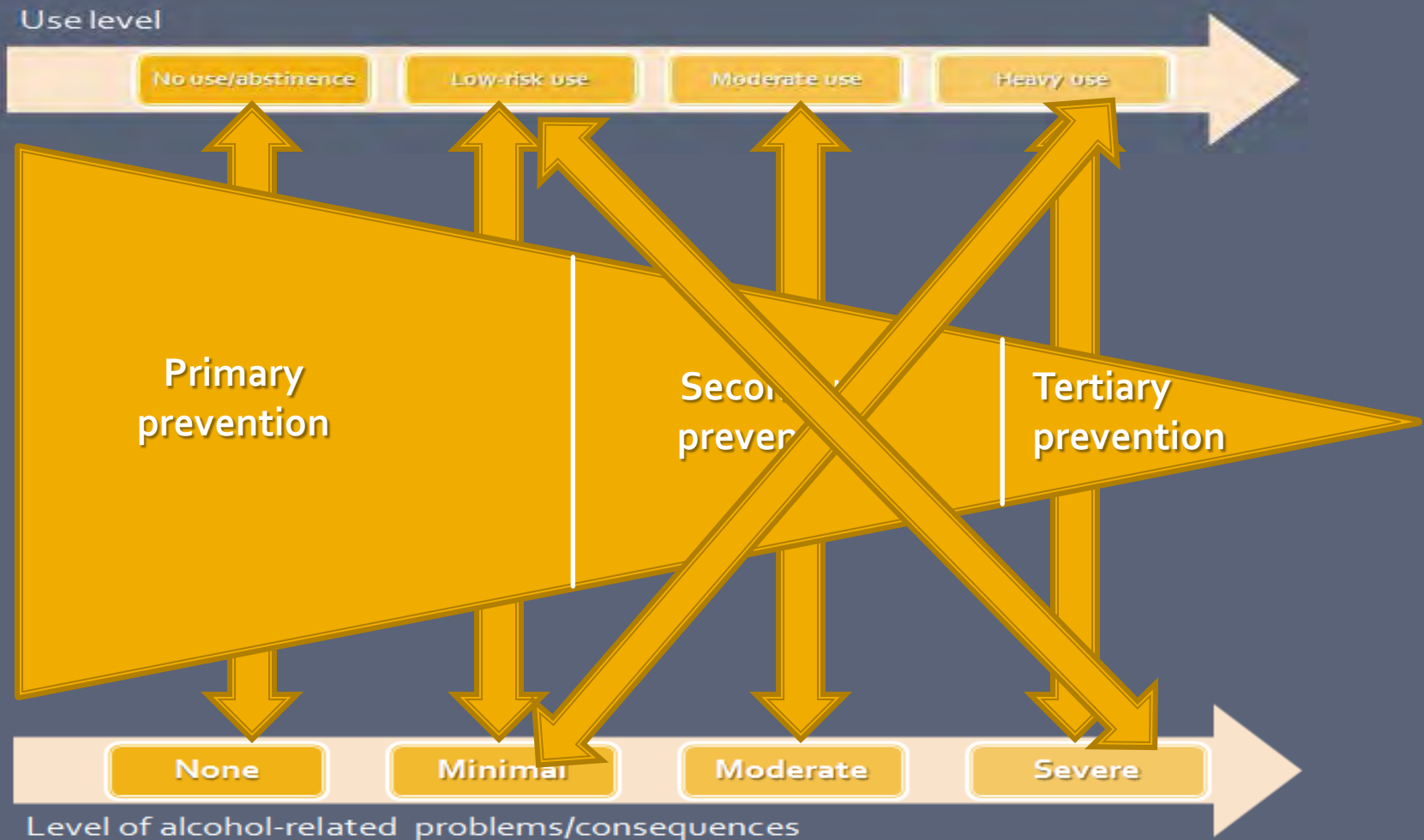
- Goal is harm reduction
- Risk of problems is variable and individually based
- Predictive: helping client assess their risk for harm
- **Client knows better!**

# The assumed 1-to-1 correlation between use & harm...





...inaccurately simplifies and confuses the issue.



So, we set aside the use-based spectrum...

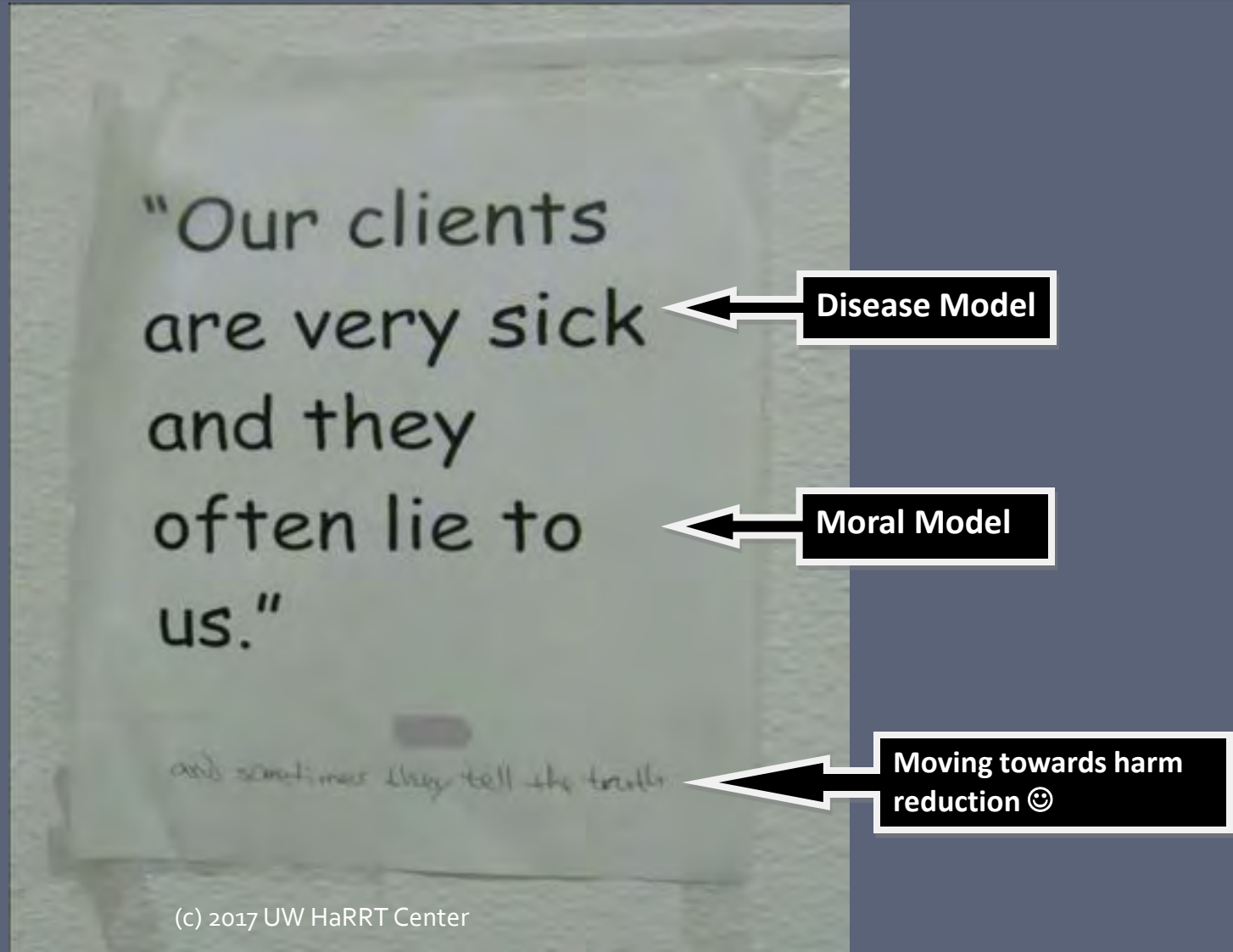
...and focus on the harm-related spectrum.



**Why harm reduction?**

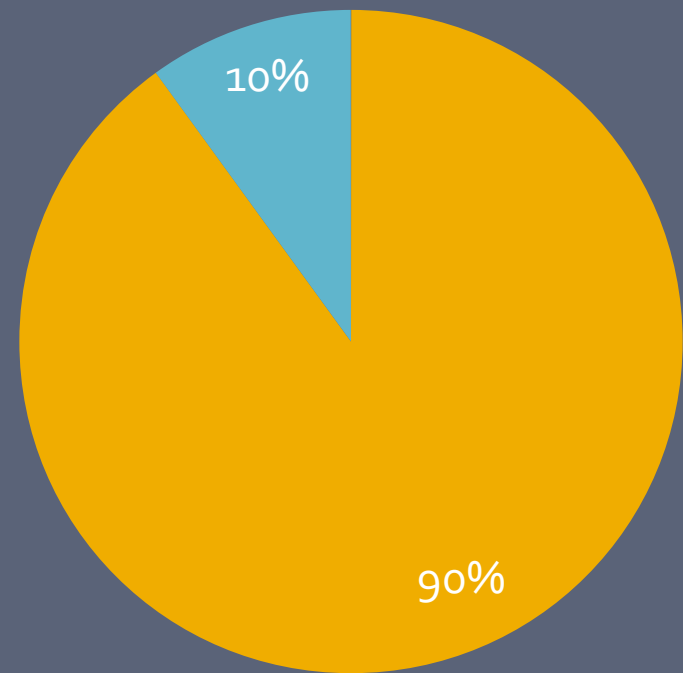
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# Traditional approaches may be disempowering



# 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

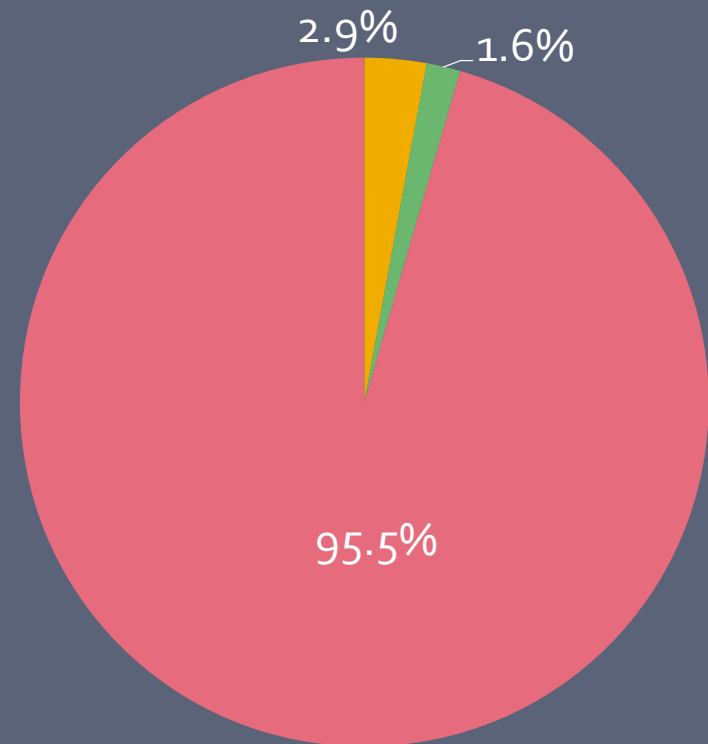
# Traditional approaches don't engage some...

- According to SAMHSA, in 2013
  - 22.7 million Americans needed treatment
  - 2.5 million received treatment

# Well, really, they don't engage most.

- According to SAMHSA, in 2013
  - 22.7 million Americans needed treatment
  - 2.5 million received treatment

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

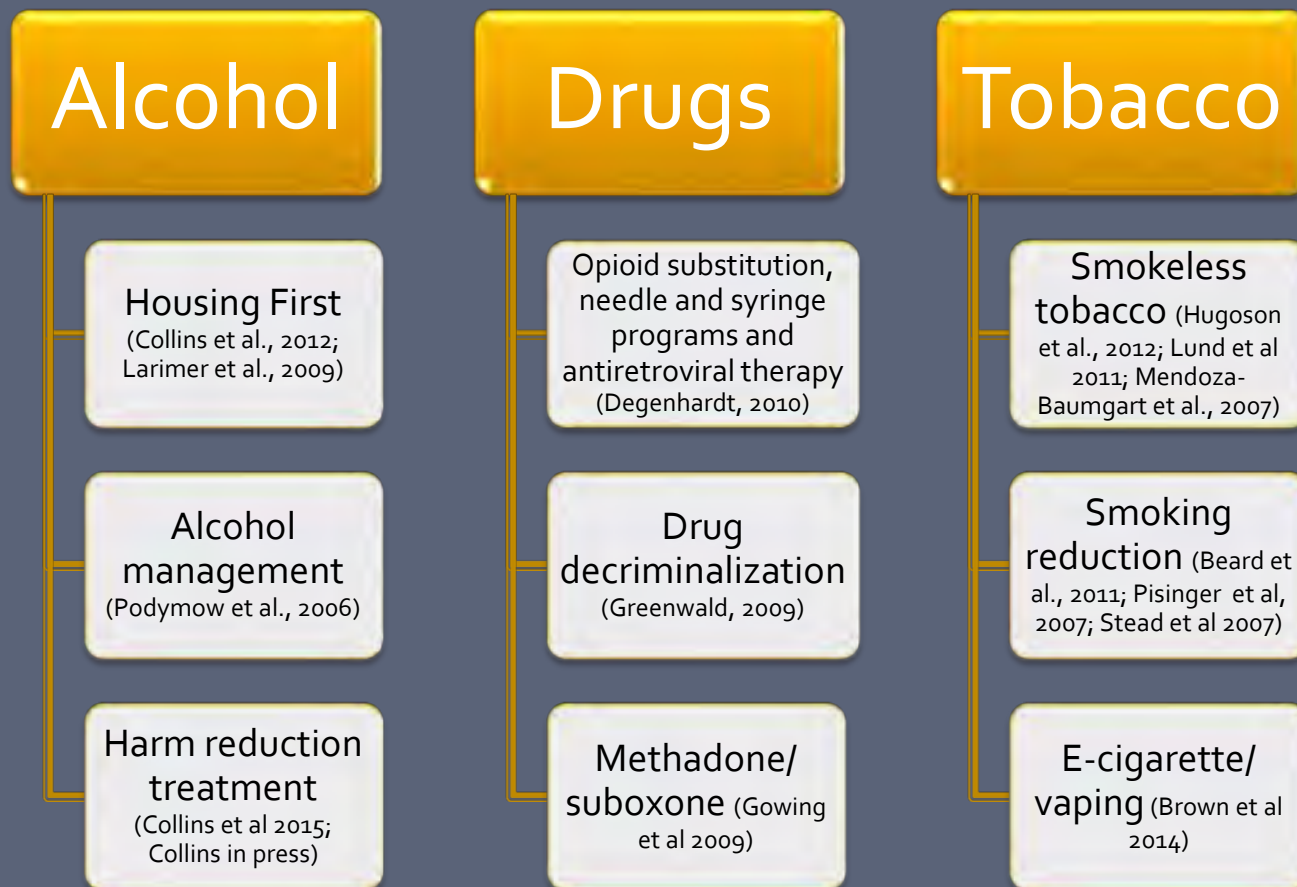


- Felt they needed treatment & did not make effort
- Felt they needed treatment & did make effort
- Did not feel they needed treatment



# Harm reduction provides an effective alternative...

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



# Use of HaRT-specific components is associated with...



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65% reduction in alcohol-related harm

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66% reduction in peak alcohol consumption

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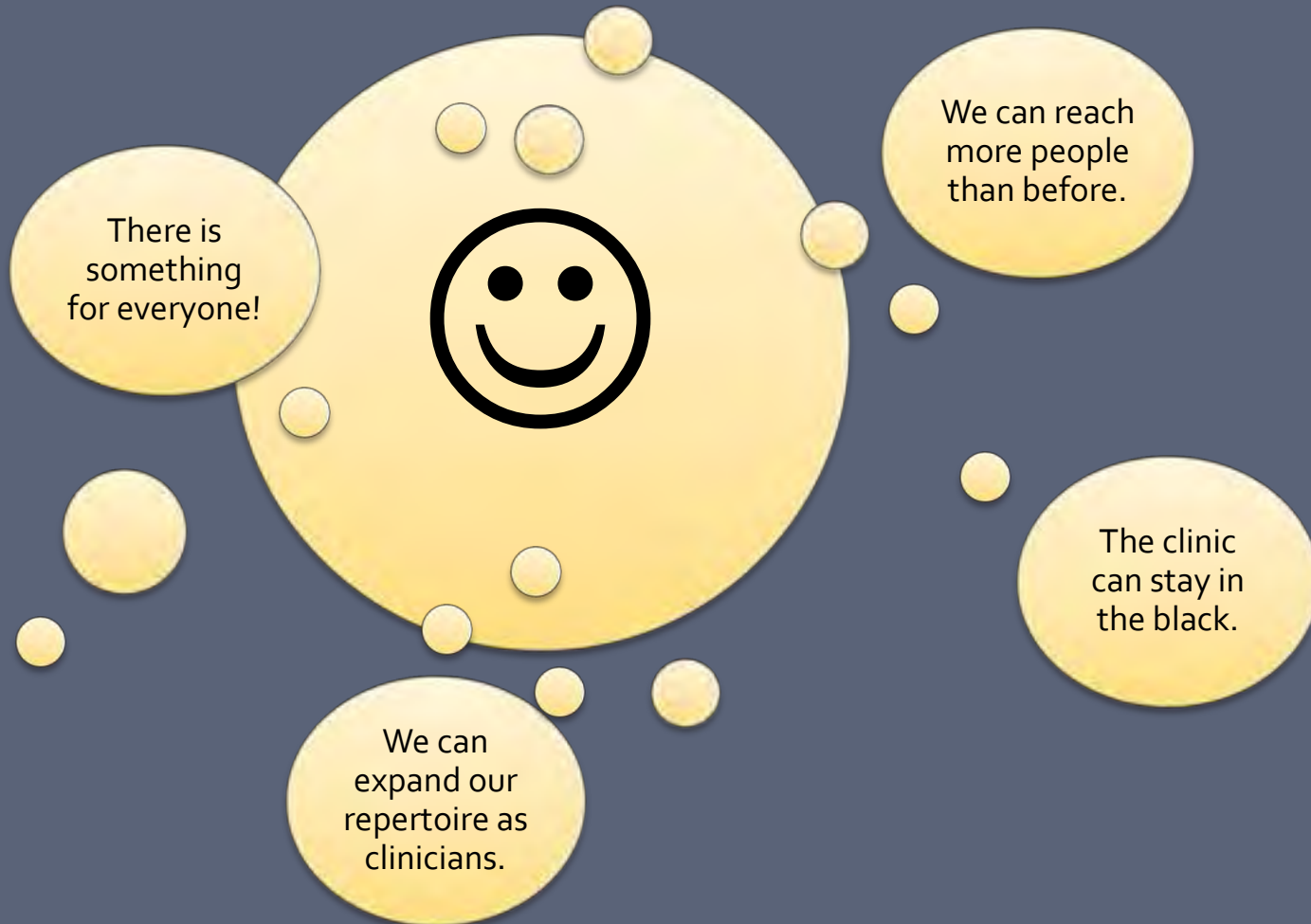
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16% reduction in positive urine tests

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...over a 3-month treatment and follow-up period.

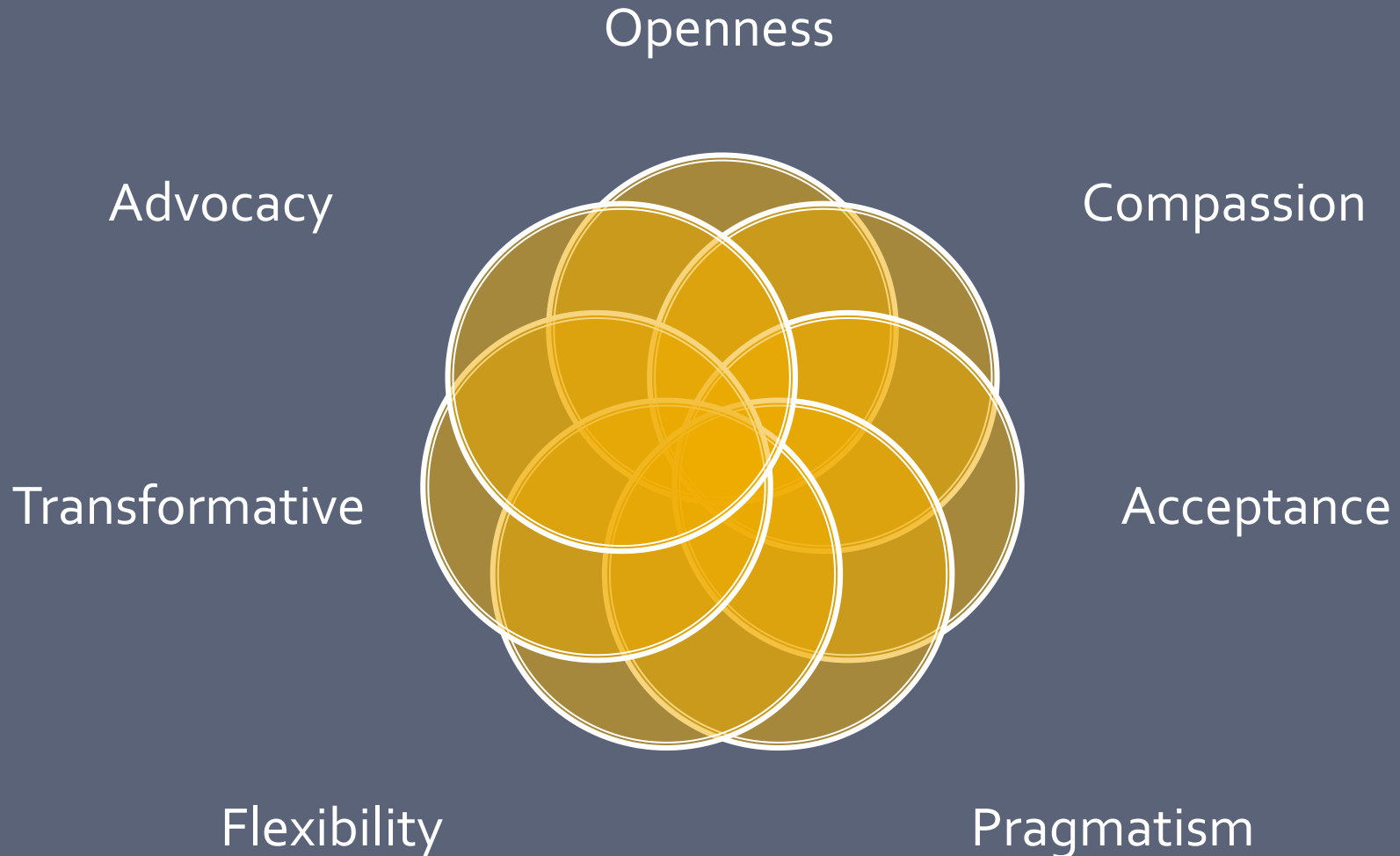
# Yay for a menu of options!



# Harm reduction in practice: Heart-set and concrete tools

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# Harm reduction heart-set



# Harm reduction tools

# Harm reduction tools

Multidimensional  
assessment & feedback

- Substance use and related harm
- Decisional balance
- Quality of life
- Biomarkers



# Flexible assessment tools

## Quantity/frequency

- Timeline Followback (TLFB; Sobell et al., 1992)
- Alcohol Quantity and Use Assessment (AQUA; Collins et al., 2015)

## Substance-related harm

- Short Inventory of Problems – Alcohol & Drugs (SIP-AD; Blanchard et al 2003)

## Quality of life

- EURO-QOL (Dolan et al., 1997)
- SF-36 (Ware et al., 2000)
- QOLS (Burckhard et al., 2003)

## Heavy use/harm biomarkers

- Alcohol: GGT, AST, ALT
- Smoking: CO, spirometry

# Short inventory of problems (SIP-AD)

## SIP-AD

INSTRUCTIONS: I am going to read to you a number of events that people sometimes experience in relation to their alcohol/drug use. Please indicate how often each one has happened to you during the past 30 days by telling me the appropriate number (0 = Never, 1 = Once or a few times, etc.). If an item does not apply to you, answer zero (0).

	During the <u>past 30 days</u> , about how often has this happened to you?	Never	Once or a few times	Once or twice a week	Daily or almost daily
1.	I have been unhappy because of my drinking/drug use.	0	1	2	3
2.	Because of my drinking/drug use, I have not eaten properly.	0	1	2	3
3.	I have failed to do what is expected of me because of my drinking/drug use.	0	1	2	3
4.	I have felt guilty or ashamed because of my drinking/drug use.	0	1	2	3
5.	I have taken foolish risks when I have been drinking/using drugs.	0	1	2	3
6.	When drinking/using drugs, I have done impulsive things that I regretted later.	0	1	2	3
7.	My physical health has been harmed by my drinking/drug use.	0	1	2	3
8.	I have had money problems because of my drinking/drug use.	0	1	2	3
9.	My physical appearance has been harmed by my drinking/drug use.	0	1	2	3
10.	My family has been hurt by my drinking/drug use.	0	1	2	3
11.	A friendship or close relationship has been damaged by my drinking/drug use.	0	1	2	3
12.	My drinking/drug use has gotten in the way of my growth as a person.	0	1	2	3
13.	My drinking/drug use has damaged my social life, popularity, or reputation.	0	1	2	3
14.	I have spent too much or lost a lot of money because of my drinking/drug use.	0	1	2	3
15.	I have had an accident while drinking/using drugs/intoxicated.	0	1	2	3

Add columns:

=  +

Total:

# Harm reduction tools

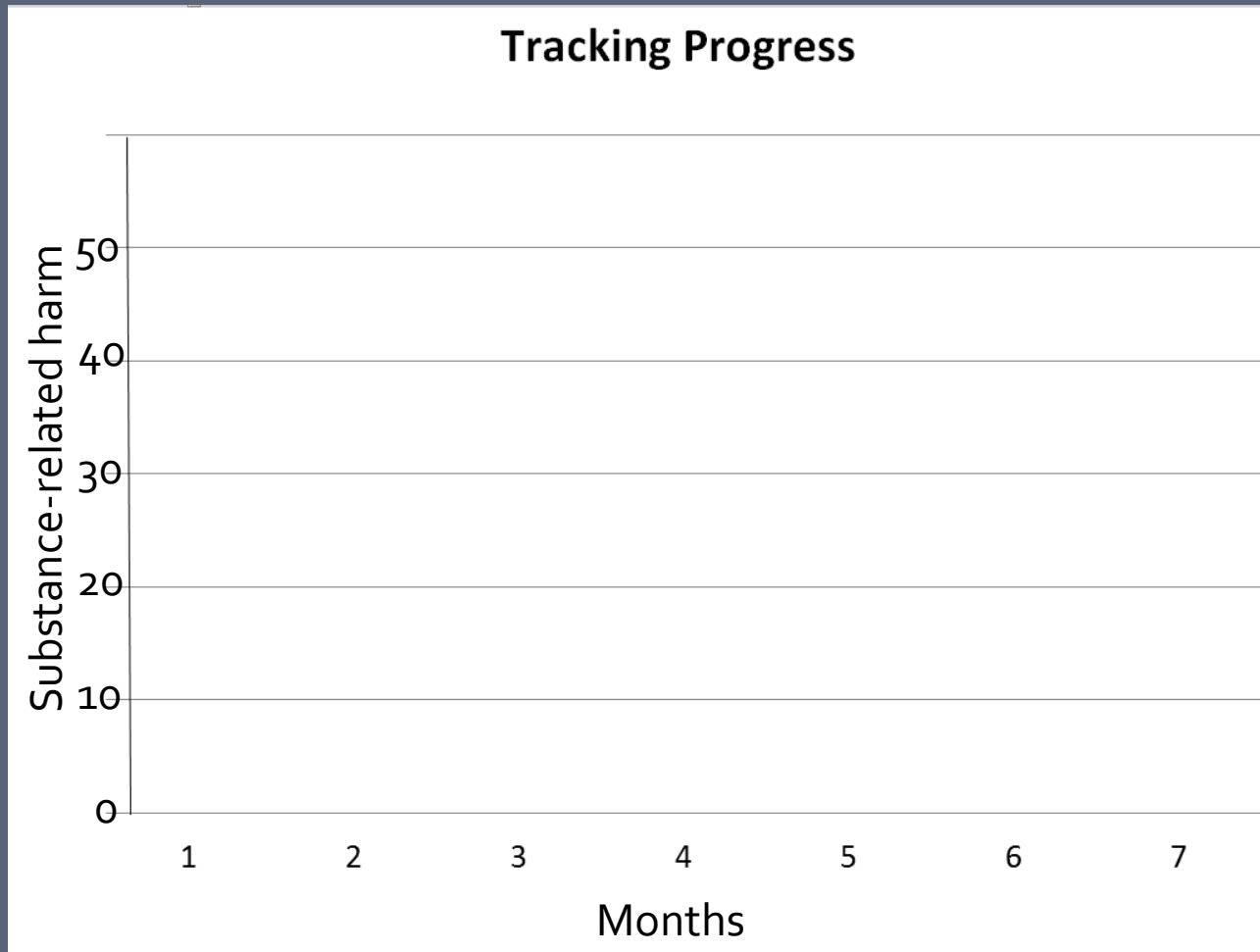
## Multidimensional assessment & feedback

- Substance use and related harm
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- Quality of life
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## 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

# Client-led assessment tracking



# Harm reduction tools

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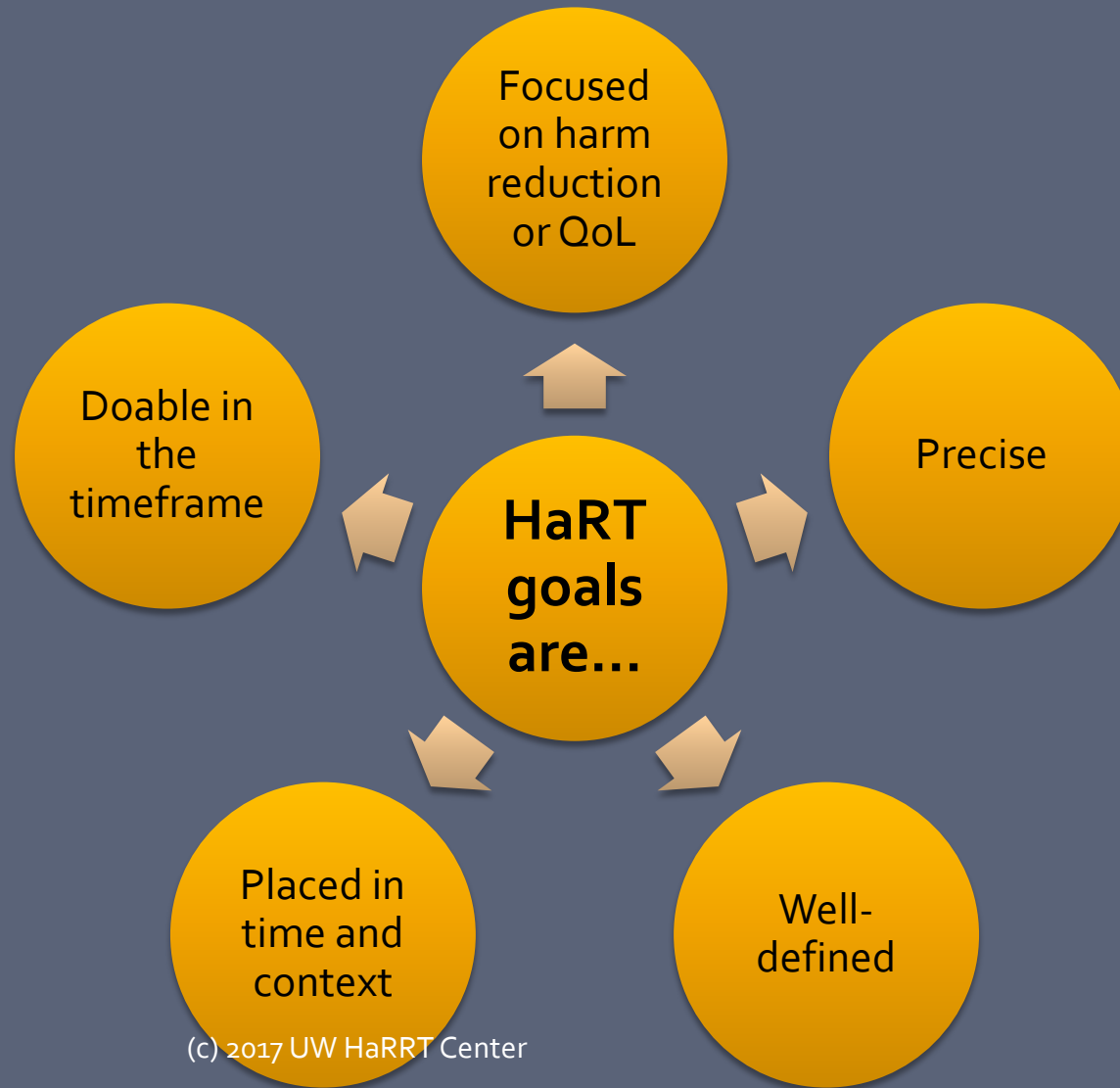
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## Harm-reduction goal setting

- 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?

# What does a HaRT goal look like?



# Harm-reduction goal setting



Over the next  
xx time...

...what would  
you like to  
see happen  
for yourself?

Some people  
call this a  
goal, vision or  
intention...

“I want to get back to work.”

“You would like to get back to work? Can you tell me more about that?” ...(Elicit the story.)

# Summary statement

"So, you worked construction for many years. Essentially you were helping build this city!"

"You are wondering if that might be a doable pathway for you now because you're concerned that your health may not be what it once was."

"You mentioned building things with your hands is important to you. It's a part of your identity."

"So, getting back to work is a great goal. It's also a big goal..."



# Breaking it down...



“...So, let’s put that up here on the top step. What would be the first step towards that larger goal that you could work on this next week?”

# Recording goals on SHaRE

## SHaRE Form

		Week xx assessment of week xx goals	
		Progress y/n	Achieved y/n
Participant's Stated Goals (week xx)			
1	<i>Talk to case manager about appt with vocational counselor (Getting back to work)</i>		
2			
3			
4			
5			
6			
<b>Week xx notes on progress towards goals since week xx:</b>			

# Recording goals for client

## What I want to make happen for myself

- Talk to case manager about appt with vocational counselor (Getting back to work)  
\_\_\_\_\_

- \_\_\_\_\_  
\_\_\_\_\_

# Revisiting goals on SHaRE

		Week xx assessment of week xx goals	
		Progress y/n	Achieved y/n
Participant's Stated Goals (week xx)			
1	<i>Talk to case manager about appt with vocational counselor (Getting back to work)</i>	y	y
2			
3			
4			
5			
6			
Week xx r			

“Last week you mentioned wanting to talk to your case manager to see if you could get an appointment with a vocational counselor. You wanted to do this as a first step towards exploring going back to work...”

“How did that go? (Elicit the story, provide strengths-based reflections, affirmations and strong summaries that propel the client forward towards their goal.”

# Important reminder!



It's not just about moving away from substance-related harm. It's also about moving towards things that are fulfilling and fun!

Don't forget an emphasis in goal-setting on improving quality of life.

# Harm reduction tools

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## 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

# Safer Drinking Tips

Here are some tips to keep you safer and healthier whether you chose to change your drinking or not. Please choose at least one thing on the list you would like to try over the next month. We can check in about how it went at our next meeting.

Ways to stay healthier when you drink	Drink water	<ul style="list-style-type: none"> <li><b>Why?</b> Reduces hangover effects</li> <li><b>How?</b> Drink water while you are drinking or alternate between water and alcohol</li> </ul>
	Count your drinks	<ul style="list-style-type: none"> <li><b>Why?</b> Knowing how much you drink helps you think about how much alcohol you really want or need. It can help you take control of the effects of alcohol.</li> <li><b>How?</b> Keep your bottlecaps and screwtops in your pocket and count them later. You can keep track of this over time to see what amount works best for you.</li> </ul>
	Try to eat	<ul style="list-style-type: none"> <li><b>Why?</b> Food eases the pace of alcohol entering the bloodstream so it does less harm. Food gives you important nutrients.</li> <li><b>How?</b> Try to eat before you start drinking and while you drink. Proteins (meat, cheese, eggs) and carbs (bread, rice) are especially good choices when you drink.</li> </ul>
	Take vitamins	<ul style="list-style-type: none"> <li><b>Why?</b> Drinking can take away important nutrients from your body.</li> <li><b>How?</b> If you can, try to take B-vitamins folic, thiamine, and B-12 vitamins. Your case manager might be able help with this.</li> </ul>
Ways to make your drinking safer	Avoid nonbeverage alcohol	<ul style="list-style-type: none"> <li><b>Why?</b> Mouthwash, aftershave, cooking wine, vanilla extract, cleaning spray, etc. can contain unpredictable amounts of alcohol and other poisonous ingredients.</li> <li><b>How?</b> If you drink, be sure to drink alcoholic beverages (beer, wine, liquor).</li> </ul>
	Drink beer vs malt liquor	<ul style="list-style-type: none"> <li><b>Why?</b> You might be getting more alcohol than you thought. A 24 oz. 211 Steel Reserve = nearly 4 12oz regular beers. A 24oz. Moose or Tilt = nearly 6 12oz beers.</li> <li><b>How?</b> Check the labels and try beer with 4-6% alcohol instead, like Busch or Keystone.</li> </ul>
	Space your drinks	<ul style="list-style-type: none"> <li><b>Why?</b> Keep the buzz going for longer and avoid the not-so-good things.</li> <li><b>How?</b> Pace yourself, sip your beer, alternate between beer and water.</li> </ul>
	Avoid mixing drugs	<ul style="list-style-type: none"> <li><b>Why?</b> Drinking and drugging at the same time can stress your heart and liver and can lead to overdose.</li> <li><b>How?</b> When you drink, try to avoid other drugs.</li> </ul>
Ways to change how much you drink	Drink in a safe place	<ul style="list-style-type: none"> <li><b>Why?</b> People can take advantage of you when you're drinking. Drinking on the streets or in unsafe places can lead to fights, hassles and arrest.</li> <li><b>How?</b> If you can, avoid drinking heavily with people you don't trust. Try to drink in places where you feel more in control of your surroundings.</li> </ul>
	Less is more	<ul style="list-style-type: none"> <li><b>Why?</b> Most things people like about alcohol occur when they are buzzed not drunk.</li> <li><b>How?</b> Think of some way you can limit your drinking, then pace your drinking to keep the buzz going on less drinks. You might ask your case manager or a friend to help you stick with your limit.</li> </ul>
	Chose not to use	<ul style="list-style-type: none"> <li><b>Why?</b> Not drinking—even for a few hours—gives your liver, kidneys and pancreas a rest and may help you avoid other problems.</li> <li><b>How?</b> Try a few hours of not drinking or introducing one nondrinking day a week. To stop altogether, medically supervised detox might help.</li> </ul>
	Avoid withdrawal	<ul style="list-style-type: none"> <li><b>Why?</b> Alcohol withdrawal—getting the shakes, seizures or DTAs—can be serious.</li> <li><b>How?</b> If you want to stop drinking altogether and you get more than a little shaky if you don't drink, medical detox is safest. If you choose to drink, alcohol can relieve withdrawal symptoms. Check with your doctor about anti-seizure meds.</li> </ul>



# Safer-use Strategies: Downers/Depressants

Depressants are “downers” and include opioids, benzos, barbiturates. They can be prescribed like Oxy, Vicodin and Xanax or street drugs like heroin. Here are some tips to help you stay safer and healthier no matter how you choose to change your use. We can talk about how these different strategies may reduce your risks.

Ways to be safer and healthier without changing use

Carry rescue drugs

- **Why?** Opioids like heroin, fentanyl and Oxy can lead to overdose.
- **How?** Carry naloxone (Narcan) with you and give it to your family and friends who are near you when you use. Naloxone is a drug that may be inhaled through your nose or injected to reverse an opioid overdose. Use the buddy system when you use opioids so your friend can administer naloxone. Check out [www.stopoverdose.org](http://www.stopoverdose.org).

Test your drugs

- **Why?** You can be more aware if your drugs are cut with other drugs (like fentanyl) or fillers (like levamisole) that could harm you. Note: Current methods are not failsafe.
- **How?** Talk to providers about getting a urine drug testing kit and testing liquids before you shoot them. For pills and powders, check out <https://dancesafe.org> for testing kits.

Nuture your body

- **Why?** Some depressants can dull your appetite, and used in larger quantities, depressants can take their toll on your body.
- **How?** Try to eat nutritious foods before you use, pack healthy snacks and water on the go. **For people who don't get strung out:** Let your body rest for at least a day before using again, and try to take just as many days off as you used for.

Take care of your veins

- **Why?** If you are shooting drugs, you can take care of your veins.
- **How?** Drink water to keep yourself hydrated, rotate your injection sites, and learn about techniques that could help you stay safer and healthier when you use (e.g., <http://harmreduction.org/issues/drugs-drug-users/drug-information/straight-dope-education-series/>).

Choose safer ways of using

- **Why?** Some ways of using drugs are less risky to your health.
- **How?** Taking drugs by mouth is safer than snorting or smoking which is safer than shooting. Snorting opioids has a greater risk of overdose than smoking them. If you shoot, get clean works at the People's Harm Reduction Alliance or the King County Needle Exchange.

Shoot safer

- **Why?** Avoid overdose, bloodborne illness (HIV and hepatitis C), bacterial infections.
- **How?** Pace yourself until you know the strength of your stash. Shooting into veins in your arms or hands is safer than hitting blind into your groin or into your neck. Rotate sites and shoot downstream if possible. Using new, clean needles and works can help prevent bloodborne illnesses, like HIV and hepatitis C, and other infections.

Avoid mixing drugs

- **Why?** Using different drugs at the same time can have unexpected effects, put stress on your heart, and lead to overdose.
- **How?** Try to stick to one drug at a time, especially when you are unsure of its strength or content.

Use with safe people in a safe place

- **Why?** Use of depressants can cause sleepiness, make you confused, and lower your inhibitions. People can take advantage of you when you're high.
- **How?** Avoid using with people you don't know or trust. Use where you feel safe and in control of the surroundings. Do not drive or ride your bike when you are high.

Less is more

- **Why?** You can avoid overdosing or experiencing drugs' toxic effects.
- **How?** You can decide how you want to limit your use. You could choose to buy only a certain amount or set a spending limit. Leave the rest of your money at home or in a safe place. You might ask a trusted friend to remind you of your limit.

Choose not to use

- **Why?** Not using—even for a few hours or days—gives your body a rest and may help you to avoid your body or mind becoming dependent on depressants.
- **How?** If you are **not yet dependent and don't get strung out**, you should not use for long periods of time and take days off from use every week to avoid getting hooked. Check in with a provider if you want to stop altogether.

Talk to a provider about withdrawal  
(by UW HaRRT Center)

- **Why?** If you are highly dependent, alcohol and benzo withdrawal can be life-threatening. Other depressants may have uncomfortable withdrawal symptoms. These can be particularly harmful to unborn babies and people with HIV or other illnesses.
- **How?** Talk to your provider if you are cutting down or stopping. They may be able to help. Also, there are some effective medications to help with opioid dependence.

Ways to use more safely

Ways to change how much you use



# Safer-use Strategies: Uppers/Stimulants

Stimulants are “uppers” and include cocaine, crack, meth, MDMA (Molly) and bath salts as well as prescribed drugs like Ritalin and Adderall. Here are some tips to help you stay safer and healthier no matter how you choose to change your use. We can talk about how these different strategies may reduce your risks.



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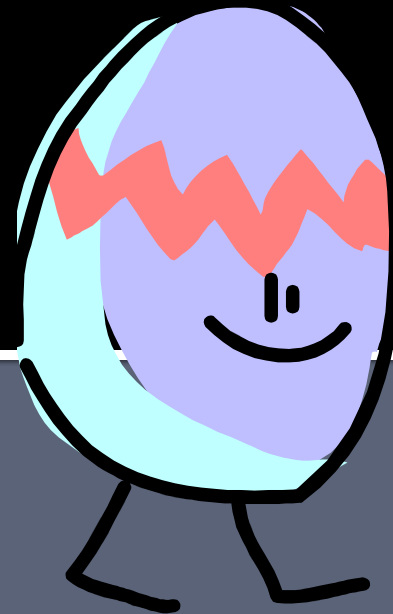
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## Checking in

- 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 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](http://www.harmreduction.org)
- [www.andrewtatarsky.com/links\\_harmreduction.html](http://www.andrewtatarsky.com/links_harmreduction.html)
- [www.ihra.net/](http://www.ihra.net/)
- [www.harmreductiontherapy.org/](http://www.harmreductiontherapy.org/)
- [www.drugpolicy.org](http://www.drugpolicy.org)
- [www.anypositivechange.org](http://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 (2<sup>nd</sup> edition)*. New York: The HAMS Network.
- Denning, P., Little, J., & Glickman, A. (Eds.). (2004). *Over the influence: The harm reduction guide for managing drugs and alcohol*. 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.

## ■ Literature on harm reduction approaches and psychotherapy

- Denning, P. & Little, J. (2012). *Practicing harm reduction psychotherapy: An alternative approach to addictions (2<sup>nd</sup> edition)*. New York: Guilford Press.
- Marlatt, G. A., Witkiewitz, K., Larimer, M.E. (2011). *Harm reduction: Pragmatic strategies for managing high-risk behaviors (2<sup>nd</sup> 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.

# Case consultation

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For more information regarding these slides,  
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