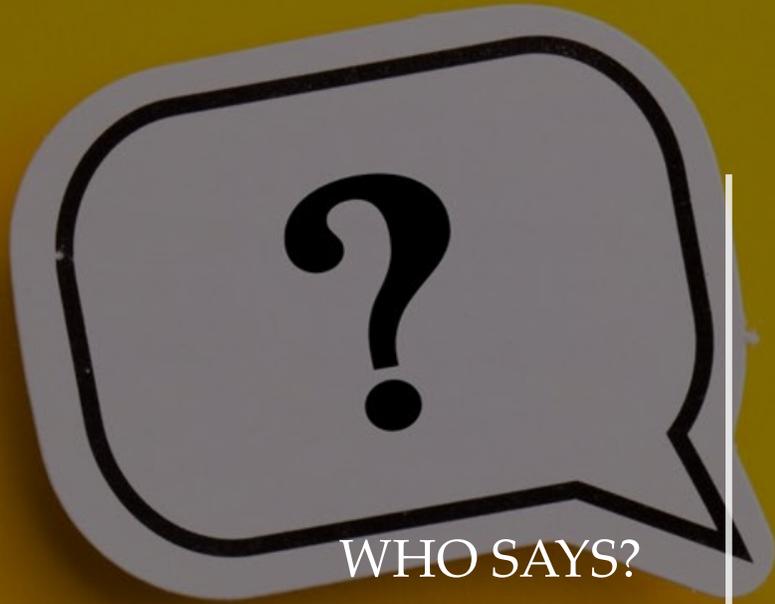


Harm Reduction and Mandated Clients

DR. DELORES BLACKWELL LCSW

What is Harm Reduction

- Harm reduction is a set of policies and programs that allow individuals to mitigate the risks associated with particular behaviors, whether those involve drugs, alcohol, tobacco or sex. At its foundation, harm reduction recognizes that strategies that emphasize abstinence or behavior avoidance may work for some individuals, but they are ineffective at the population level. Alternatively, harm reduction respects both human rights and personal autonomy, providing non-judgmental care and education alongside access to tools—such as condoms or alternative products—that help people stay safer.



WHO SAYS?

Harm Reduction Myths



Harm Reduction Myth #1

Harm reduction is only for people who use drugs.

FACT: Harm reduction applies to many more behaviors than just drug use. From seat belts to condoms to designated drivers, most people engage in some form of harm reduction at some point of their lives.

Harm Reduction Myth #2

Harm reduction normalizes, encourages or “enables” risky behavior.

FACT: Harm reduction accepts that some people engage in risky behaviors. There is no judgement for such behaviors, but this does not mean that risky decisions are encouraged. Harm reduction acknowledges the very real harms associated with risky behaviors and does not try to minimize the impact of them.

Harm Reduction Myth #3

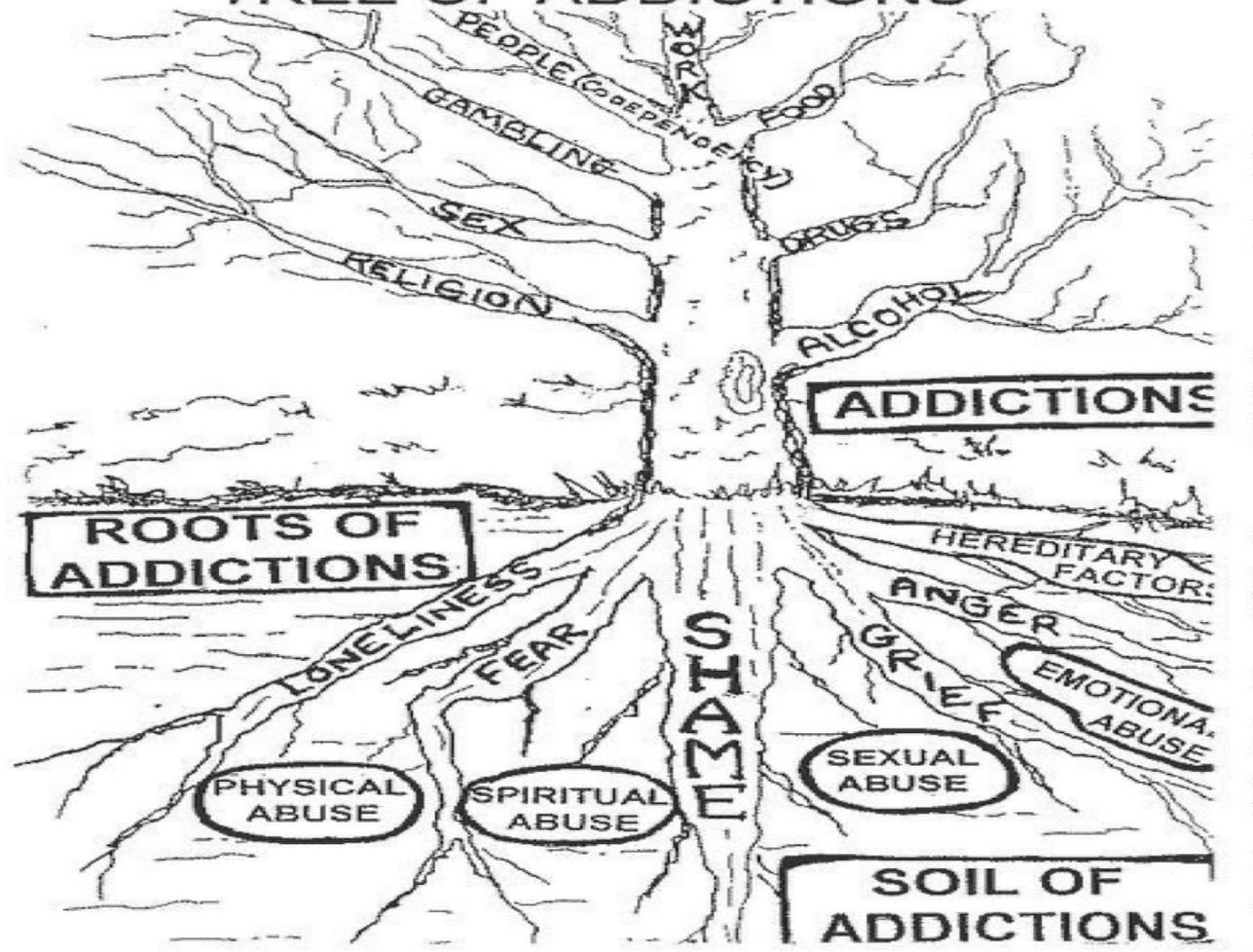
Harm reduction prevents or opposes recovery or complete cessation, simply replacing one addiction with another.

FACT: Harm reduction neither prevents nor opposes abstinence. Harm reduction's main goal is to keep people alive and as healthy as possible, and direct services often connect people with recovery resources that support sobriety or abstinence. However, harm reduction does not exclusively address addiction; rather, it gives people the tools to choose less harmful ways of engaging in a range of risky behaviors. Some individuals with substance use disorders do benefit from product substitution, and these safer options result in improved health outcomes and, often, increase the likelihood of long-term recovery.

Harm Reduction

CORE CONCEPTS

TREE OF ADDICTIONS



The Core Concepts of Harm Reduction

- Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe use to total abstinence and acknowledges that some ways of using drugs are clearly safer than others.
- Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm.

The Core Concepts of Harm Reduction

- Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm.
- Does not attempt to minimize or ignore the real and tragic harm and danger that can be associated with illicit drug use.



A Better Approach to SUD Treatment

- People in general are ambivalent about change and all change contains an element of ambivalence .PWUD continue their substance use because of their ambivalence
 - Resolving ambivalence in the direction of change is the key motivating individuals to make a change
 - Motivation to change can be fostered by creating an accepting ,empowering and safe atmosphere to address substance use
- 



Harm Reduction SUD Treatment Spectrum



Safer
Practices



Reduction of
Risk



Abstinence



Harm Reduction Treatment Tasks

- Building and managing a nonjudgmental, empathic and healing therapeutic alliance with the client and leaning into the ambivalence
 - Identification of Goals along the Harm Reduction Spectrum
 - Enhancing clients self management skills
 - Personalized Person-centered plan for positive changes
- 

Harm Reduction

STRATEGIES

Harm Reduction Strategies to Decrease Infections

- Sterile Syringes for safer injecting
- PrEP (pre-exposure prophylaxis)
- PEP (post-exposure prophylaxis)
- Safer sex supplies (condoms etc.)



Harm Reduction Strategies to Increase Engagement

- Peer Recovery Supports
- Case Managers
- Motivational Interviewing
- Open Access to Services



Harm Reduction Strategies to Decrease Overdoses

- Overdose prevention and intervention education
 - Use of MOUD
 - Overdose Safety Plan
 - Overdose Prevention Centers
 - Availability of Fentanyl Test Strips
 - Narcan Training
- 

Harm Reduction with Mandated Clients

THE PRACTICALITIES



Who Plays What Role

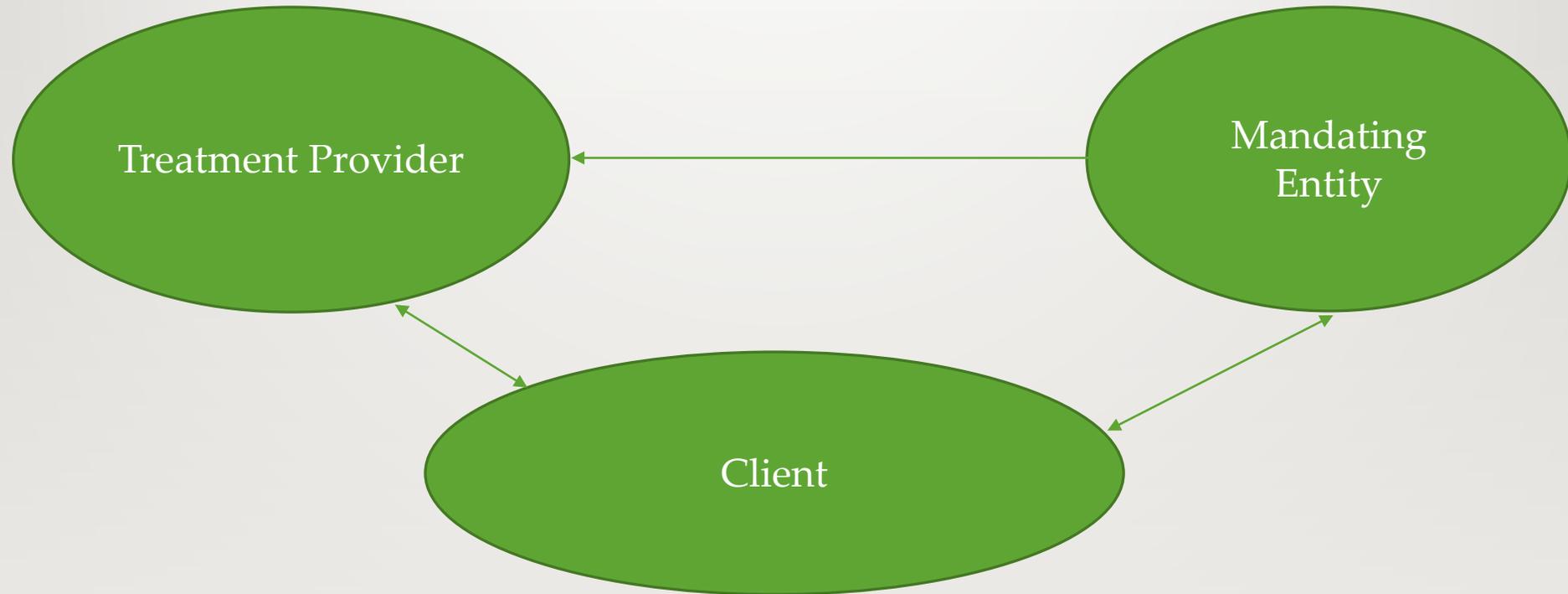
- **Treatment Provider**

- • Provide care consistent with knowledge in the field
- • Identify goals
- • Develop plan to get to the goals
- • Encourage and Support
- • Provide information including patient-based measures
- • Listen with compassion
- • Involve natural supports including family
- • Modify and adapt treatment as needed
- • Use information to adjust treatment toward goal attainment

- **Mandating Entity**

- Obtain agreement on responsibilities and tasks to be achieved
- • Encourage and Support
- • Monitor compliance with agreement to encourage success AND to support public/family safety function
- • Enforce the conditions of the agreement with sanctions, rewards, and finally completion or attainment
- • Gather information from collaterals and others supporting the agreement

The Lines of Team Communication



Goal Alignment Client and the Mandating Entity

- Are the client's goals consistent with the expectations and goals of the mandating entity?
- What are the client's goals in regard to the mandate?
- How best to reconcile differences?



Goals of the Client and the Mandating Entity Incongruency

- How does client understand consequences of non-compliance with mandate expectations?
- How best to reconcile differences?



Treatment Team Goals

Treatment Provider Goals

- Improvement in life situation
- Reduced impact on life from substance use

Mandating Entity Goals

- Improvement in life situation
- Reduced SUD impact on life – usually abstinence
- No illegal activity
- Protecting public/family safety
- Keeping people out of jail

Let's Pull it all
Together

CASE SCENARIO

Case Scenario

- Anthony agrees to be a part of an ATI program to engage in treatment to avoid jail. As a part of his conditional release he agrees to abstain from alcohol and other substances. He has agreed to a treatment mandate which includes toxicology's. He attends treatment as scheduled and acknowledges that he has been using substances intermittently. He asks that you keep this information to yourself as he does not want to get in trouble with the courts. When asked, he states that he confided this information to you because he worries that he will eventually be caught and sent to jail and he “wants to take this more seriously.”

Challenges to Harm Reduction Integration

- Lack of clarity around the treatment mandates between the client and team members
- Regulatory, Mandate and Program Incongruence
- Challenges in bidirectional communication between programs and mandating entity
- Client and mandating entity challenges in understanding Harm Reduction

Benefits of Harm Reduction

- Acknowledges that stopping drug use may not be realistic or desirable for everyone
- Provides practical strategies for reducing risks & harms
- No person should be denied access to services because of their drug use.
- Balances costs and benefits
- Provides accurate information
- Attempts to promote & facilitate access to care for drug misuse & mental health problems
- Engages drug users in a continuum of care from which they would otherwise be excluded

Harm Reduction Resources

- National Harm Reduction Coalition www.harmreduction.org
- Harm Reduction International www.hri.global
- SAMSHA www.samsha.gov
- Health and Human Services www.hhs.gov

Harm Reduction References

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Feedback and Questions

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