# Harm Reduction: Different Points of View

Bonnie A. Franckowiak, DNP, FNP-BC, CARN-AP

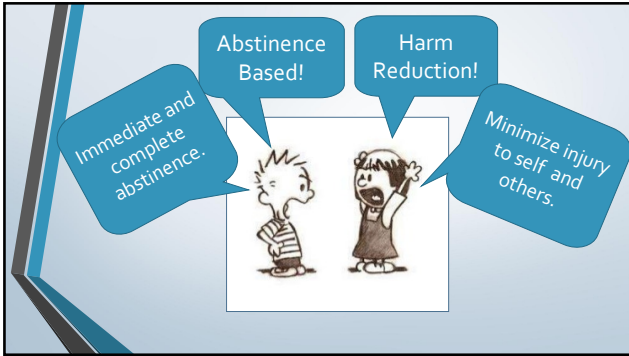Fran Campbell, RN, MSN, PMHCNS-BC, CARN
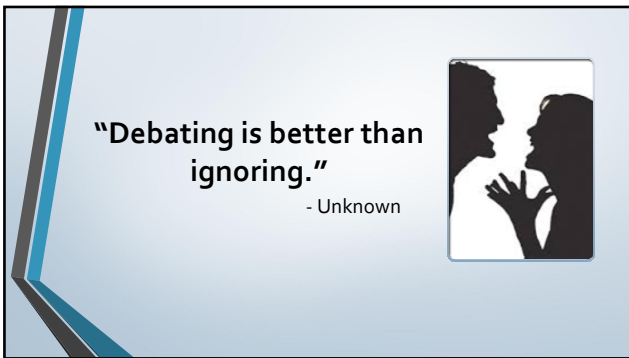
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# Objectives

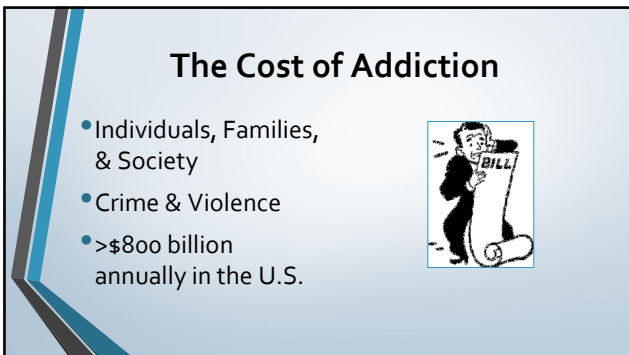Following this presentation, the learner will:

1. Describe the concept of harm reduction as it applies to the treatment of substance dependence.

2. Gain insight into the history and development of the practice of harm reduction.

3. Understand the concept of harm reduction from the point of view of health care providers and patients.

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# Topics to be Covered

- Definition of Harm Reduction (HR)
- Background and development
- Basic principles
- Goals of HR
- Points of view: Nurse, Therapist, Patient
- Examples of successful HR programs

Abstinence Based!
Harm Reduction!
Immediate and complete abstinence.
Minimize injury to self and others.



**"Debating is better than ignoring."**
- Unknown



## The Cost of Addiction

- Individuals, Families, & Society
- Crime & Violence
- >$800 billion annually in the U.S.

## The Cost (cont.)

- Increasing number of children who are neglected and abused, and more children placed in foster care
- Decreasing property values in drug-infested communities

www.dualdiagnosis.com

## Addiction

- NIDA refers to addiction as a "chronic, relapsing brain disease"
- No suggestion of failure, moral weakness
- Rather implies a deficiency that must be treated
- Outside the person's immediate control

## Definition

"...policies, programs and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption."

Harm Reduction International (HRI)

## Harm Reduction

HR is a goal *and* a strategy

- - decreasing negative consequences vs. decreasing prevalence of use
- - hierarchy of goals: more realistic goals are more immediate
- - HR does not rule out abstinence in the long term

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Of Addicts Not In Rehab...

30.1%

stated they were simply not ready to stop using drugs.

2010 National Survey on Drug Use and Health

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## A continuum...

Managed drug use

Safer drug use

Abstinence

...to affect positive change.

## Supporters of Harm Reduction:

-Believe that drug use is unavoidable for some

-Rather than try to enforce treatment, it is better to buffer the community from the effects

-Strive to reduce the impact of drug use and related behaviors

## Background

Roots in the U.K. and the Netherlands.

The resulting spread of HIV/AIDS

1980's in the U.K. – The Merseyside Model

Needle exchanges: Switzerland, Spain, & Germany

Widely accepted in Canada today

## Results

- improved health status of prisoners
- decrease in needle sharing
- Fewer cases of Hepatitis and HIV
- no further increase in drug use

## The "4 Ls" Model

**1.Liver**: Problems related to the user's physical or psychological health such as cirrhosis; cancer; overdose; psychiatric, psychological, or emotional problems, accidents or other injuries while intoxicated, etc.

**2.Lover**: Problems related to relationships, family, friends, intimate partner, and children.

**3.Livelihood**: Problems related to the user's professional life and other non-professional activities such as hobbies.

**4.Law**: Legal problems related to illegal drug use, drug acquisition, and/or trafficking, including driving under the influence of drugs.

(Roizen, 1979)

## Classification by Consequence

- Drug acquisition harms
  (ex. high risk and criminal behavior)

- Drug use harms
  (ex. abscesses, communicable diseases)

- Drug withdrawal harms
  (ex. physical symptoms, low level of functioning)

(Addy & Ritter, 2000, 2004)

## Core principles of harm reduction

(adapted from the Canadian Centre on Substance Abuse, 2007)

❶ Pragmatism

❷ Focus on harm

❸ Human rights

❹ Maximizing intervention options

❺ Priority of immediate goals

❻ Involvement of people who use drugs

## Principles of HR

- An individual's decision to use is accepted.
- Individuals are treated with dignity.
- An individual is expected to take responsibility for his or her own behavior.
- Individuals have a voice.
- Work first to reduce harm, not consumption.
- No pre-defined outcomes.

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## Harm Reduction

**MYTH**

- HR is opposed to abstinence and therefore conflicts with traditional treatment.

**FACT**

- HR includes abstinence as one possible goal, across a continuum of possibilities.

National Health Care for the Homeless Council (2010)

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## (Cont.)

**MYTH**

- HR encourages drug use.

- HR allows harmful behavior and an "anything goes" attitude.

**FACT**

- HR is neither for or against drug use. It seeks to support the individual's goals. It focuses on supporting efforts to reduce the harms caused by drug use or other risky behaviors.

- Neither is true. It evaluates the consequences and tries to reduce harm to individuals, families, and communities.

## Common HR Methods

- Switching from injecting to shorting
- Needle exchange programs
- Teaching safer injection practices
- Medication / Maintenance (Methadone, Suboxone)
- Naloxone distribution
- Decreasing frequency of use
- Antabuse and Vivitrol
- (condom machines in high schools; e-cigarettes)

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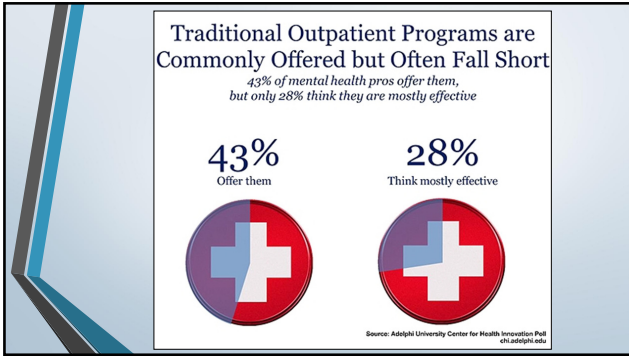**Adelphi University Center for Health Innovation Poll: Addiction and Treatment Trends (2014)**

Sample of 100 mental health professionals, including psychiatrists, psychologists, LCSWs & LISWs

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Mental Health Pros Want Abstinence for
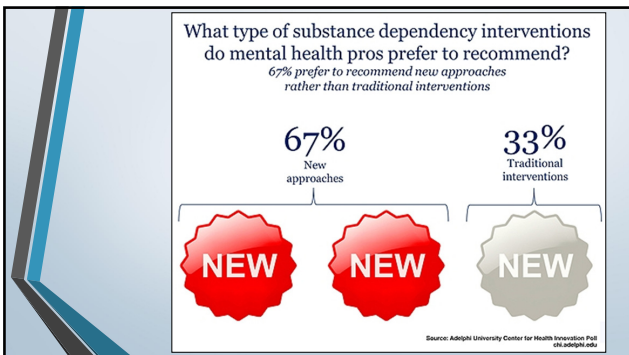Their Substance Dependent Patients
*61% say abstinence is their goal rather than harm reduction*

39%
Harm reduction

61%
Abstinence

Source: Adelphi University Center for Health Innovation Poll
chi.adelphi.edu

## Traditional Outpatient Programs are Commonly Offered but Often Fall Short

*43% of mental health pros offer them,*
*but only 28% think they are mostly effective*

**43%**
Offer them

**28%**
Think mostly effective

Source: Adelphi University Center for Health Innovation Poll
chi.adelphi.edu

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## Why do mental health professionals believe traditional treatments fail so often?

- Inability of patients to access treatment (73%)
- Resistance to the spiritual aspect of 12-step programs (54%)
- Treatment centers have inadequate resources (50%)
- Poor communication between providers (43%).

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## What type of substance dependency interventions do mental health pros prefer to recommend?

*67% prefer to recommend new approaches*
*rather than traditional interventions*

**67%**
New approaches

**33%**
Traditional interventions

NEW    NEW    NEW

Source: Adelphi University Center for Health Innovation Poll
chi.adelphi.edu

## Preferred over traditional treatment:

- Cognitive behavioral therapy (CBT) (84%)
- Motivational interviewing (68%)
- Self-management tools, such as SMART Recovery (41%)
- Contingency management reinforcement (39%)

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**An analysis of nurses' views of harm reduction measures and other treatments for the problems associated with illicit drug use**

**Ford (2012)**

1605 nurses participated

94% worked outside of addiction treatment settings

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## Results:

- Majority reported support for abstinence-based programs : Naltrexone maintenance (82%)

    Detoxification (77%)
- There was less support for Harm Reduction programs:

    Needle exchange programs (76%)
- Significantly less for Methadone maintenance (66%)

**These findings contradict established evidence about the effectiveness of Harm Reduction programs**

A survey of Canadian addiction workers and physicians
(Dooley et al., 2013)

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"Harm reduction is often made an unnecessary controversial issue as if there was a contradiction between prevention and treatment on one hand and reducing the adverse health and social consequences of drug use on the other. This is a false dichotomy. They are complementary."

(Antonio Maria Costa, UNODC, 2007)

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Incorporating harm reduction strategies and evidence-based interventions in working with persons with addiction yields the best opportunities for helping them get the care and treatment they need.

Copenhaver, Margolin, & Altice (2011)
Dutta, Wirtz, Baral, Beyrer, & Cleghorn (2012)

The old approach toward addicts of "Come back when you're motivated" is not acceptable and not helpful.

Sellman (2009) p.105.

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The Harm Reduction Coalition encourages a nonjudgmental attitude on the part of the care provider as the best approach when working with persons with addiction and also as a way to help affected persons avoid harm from their addiction.

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In general, negative attitudes of health care providers have a negative impact on the care these patients receive.

Brener et al. (2010); van Boekel, Brouwers, van Weeghel, & Garretsen (2013).

## The Struggle for Nurses...

*Optimum health*

vs.

*"Cure"*

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## What can you do to promote harm reduction in your clients?

- Be familiar with potential harms of drug use
- Assess client's specific risks
- Give feedback to client about risk factors
- Collaborate to find as many HR strategies as possible
- Help client establish goals
- Monitor client's behavior, reinforce positive change, address difficulties

www.harmreductionjournal.com

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Successes are in the process, not the end point, which differs from the outcome-oriented approach of medicine. It's not about the nurse or doctor. We can't react at a personal level. It's about the patient.

- Community Physician

You've got to start where they are. Sure, it's preferred that they get off altogether. But realistically, how will you reduce the risk in the short term so they are around in the long term?

– Community physician

From: Working with People Who Use Drugs: A harm reduction approach (2007)

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# Where do you stand?

←Agree          Disagree→

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# Thank You.

# Questions & Discussion