Harm Reduction for Behavioral Health Practitioners

March 1, 2023

WAYNE STATE
UNIVERSITY
School of Social Work
Center for Behavioral Health and Justice

Presenters

Bethany Hedden-Clayton

Federal Grants Manager,
Center for Behavioral
Health and Justice

Joshua McLenithan

Lead Peer Recovery Coach,
The Red Project

Mindy Vincent

Executive Director, Utah
Harm Reduction Coalition

Emily Pasman

PhD Candidate,
Wayne State University
School of Social Work

What is Harm Reduction?

Harm Reduction

- A set of practical strategies that reduce the negative consequences associated with drug use and other risk behaviors (ex: sexual risk).

- In relation to drug use it incorporates a spectrum of strategies including *safer use, managed use, abstinence.*

- Harm reduction strategies meet people "*where they're at*" (but don't leave them *there*).

And Risk Reduction…

- Employs various strategies and approaches to reduce individual physical and social harms associated with risk-taking behaviors.

- Applies a holistic approach.

- The degree of harm associated with a risk behavior may vary based upon numerous factors, including drug, set, and setting.

What harm reduction is NOT

Harm reduction does not mean "anything goes."

Harm reduction does not enable drug use or high risk behaviors.

Harm reduction does not condone, endorse, or encourage drug use.

Harm reduction does not exclude or dismiss abstinence-based treatment models as viable options.

Harm Reduction

Focus on Health and Dignity

- Establishes **quality of individual and community life and well-being** as the criteria for successful interventions and policies.

Participant Centered Services

- Nonjudgmental and non-coercive provision of services resources

Participant Involvement

- Ensures people have a **real voice in the creation of programs and policies** designed to serve them.

Harm Reduction

Participant Autonomy

- Affirms people who use drugs themselves as their own primary agents of change

Sociocultural Factors

- Recognizes the various **social inequalities** which affect both **people's vulnerability to** and **capacity for** effectively **dealing with potential harm**.

Pragmatism and Realism

- Does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use or other risk behaviors.

The Red Project

The Red Project

Wellness Check (Post Overdose Response Program)

- Provide post overdose wellness checks (in-home visits) based on first responder referrals (law enforcement and emergency medical services)
- Deliver Narcan to community partners, including law enforcement and healthcare facilities

Jail MAT Program

- Coordinates with Case Manager and participant for an appropriate discharge plan from the Kent County Correctional Facility
- Schedule regular meetings with clients until one's release date
- Meets client upon release and ensures completion of initial post-release medical appointment
- Continues case management post-release

Responsibilities related to each program:

- Assess clients for readiness to engage in service delivery outside the scope of syringe access
- Provide options for clients to improve their health and well-being, including but not limited to basic needs, methadone maintenance, suboxone, drug treatment, physical and behavioral health, food, shelter, support groups, and counseling
- Assist clients in identifying options that work well for them, and walk through the referral process in accessing services
- Work with clients to set goals for achieving any positive change as one defines for themselves, assess progress in achieving goals, and redefine goals if necessary in a client-centered manner
- Work with clients to remove barriers to achieving any positive change

Stigma as a barrier to harm reduction service implementation

What is Stigma?

Stereotypes → Prejudice → Discrimination
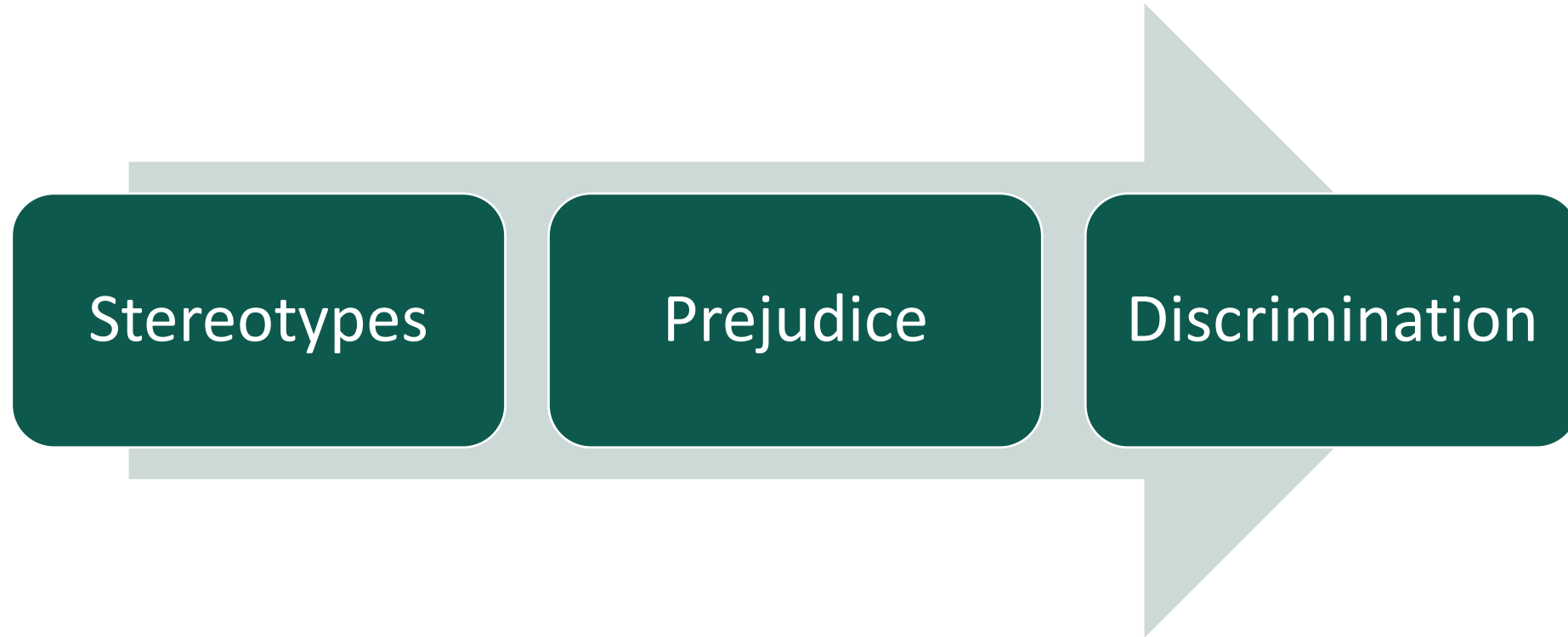
What Drives Stigma Toward HR?
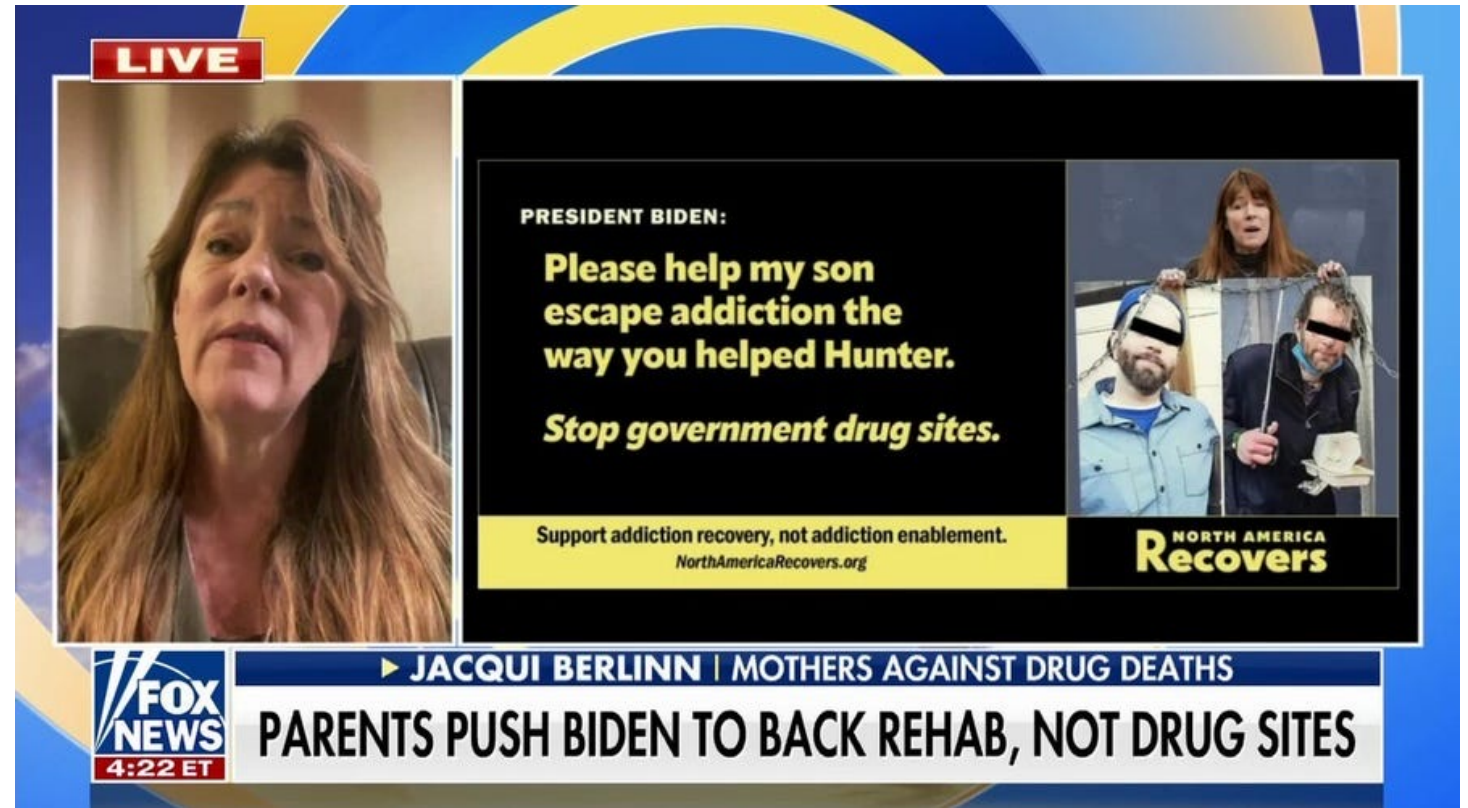
Stigma toward people who use drugs

Abstinence ideology

Lack of knowledge/exposure

Public Stigma

- Concerns about "enabling"
- NIMBYism
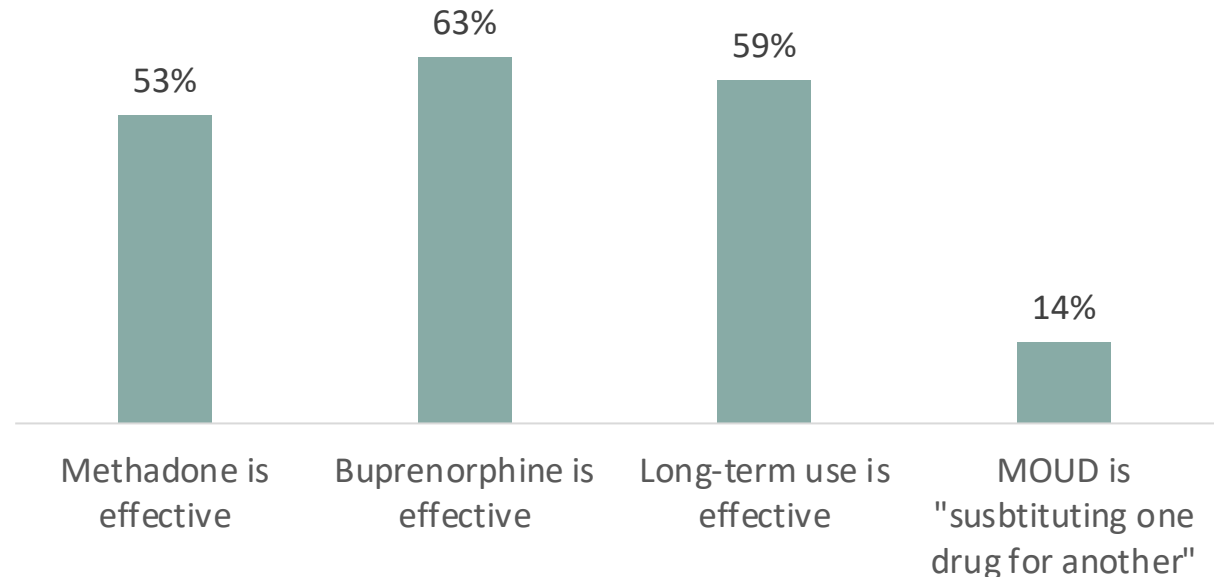- Drives public policy

News coverage of DC billboard opposing SCSs. Source: foxnews.com

Provider-based Stigma

- Limits service access and availability

- Can result in poor service engagement

Attitudes toward MOUD among Michigan Substance Use Treatment Providers (N=575)

53% — Methadone is effective
63% — Buprenorphine is effective
59% — Long-term use is effective
14% — MOUD is "susbtituting one drug for another"

Pasman, E., Kollin, R., Broman, M., Lee, G., Agius, E., Lister, J. J., Brown, S., & Resko, S. M. (2022). Attitudes toward medication for opioid use disorder among substance use treatment providers. *Journal of Social Work Practice in the Addictions.*

Anticipated & Internalized Stigma
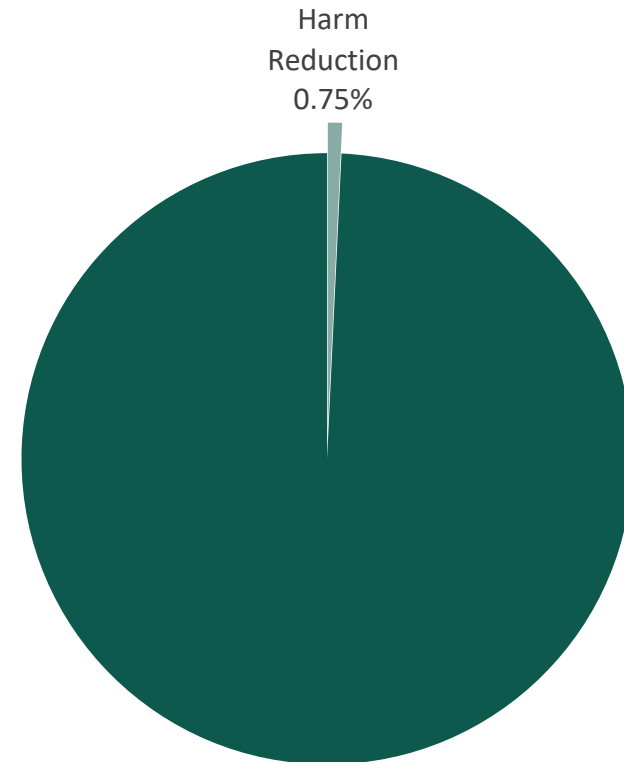
- "Why try" effect
- Deters help-seeking
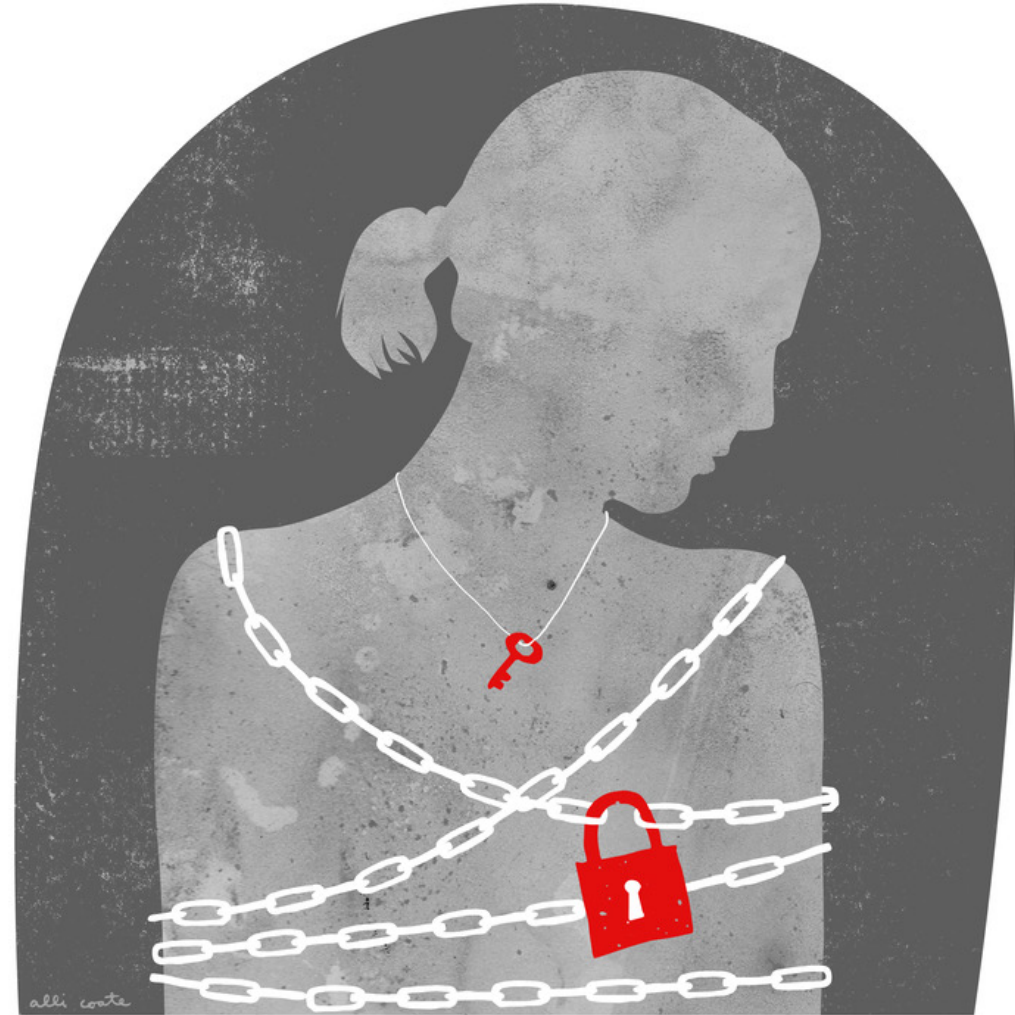
Art by Alli Coate. Source: allicoate.com

Discriminatory Policies

American Rescue Plan Act
SUD Funding (2021)

- Inadequate funding

- Stringent regulations

- Criminalization of services

Harm
Reduction
0.75%

Proportion of SUD funding allocated to harm reduction.
Source: whitehouse.gov

Addressing Stigma Toward HR

- ***Individual level***
  - Supervisors: select staff carefully, discuss HR in supervision
  - Clinicians: discuss stigma with clients
- ***Agency level***
  - Provide HR services onsite or formalize referral processes
  - Expand training opportunities
  - Discontinue punitive sanctions for drug use
- ***Systems level***
  - Appropriate implementation/enforcement of the ADA
  - Expand access to services in mainstream settings
  - Sign up for alerts at **drugpolicy.org/action/alerts**

Thank you

Learn more by visiting https://behaviorhealthjustice.wayne.edu/harm-reduction-for-drug-use