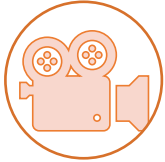


# Integrating Harm Reduction into the Substance Use Disorder Care Continuum

October 13, 2022

# Housekeeping



This webinar is being recorded.



For audio access, you can join with computer audio  
or dial into the conference line.



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the Q&A feature.



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click the CC icon located on your task bar.



# Current Environment

01



Impacts of the COVID-19 pandemic have exacerbated risk factors for substance use and mental health.

Illicit fentanyl and other adulterants have contaminated the drug supply.

03



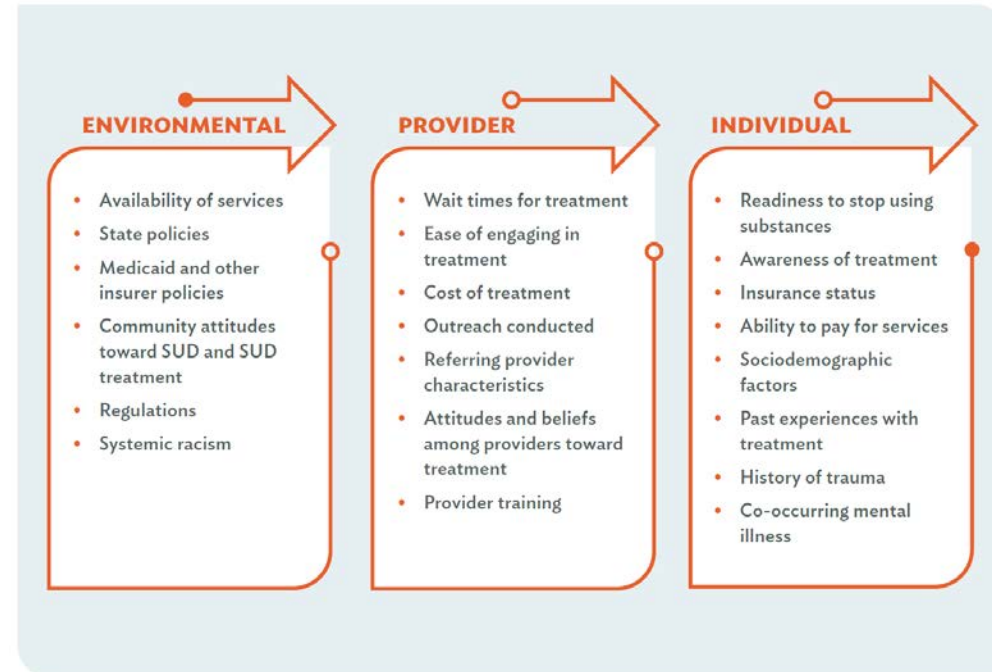
Overdose deaths have reached unprecedented rates in the U.S.

02



# Barriers to Care for People with Substance Use Disorders

- **Only 4 million of the 41.1 million** people aged 12 or older who needed substance use disorder (SUD) treatment received it.<sup>1</sup>
- Among 2.5 million people with opioid use disorder, **only 11.2% received medication for opioid use disorder (MOUD)**.<sup>1</sup>
- Among people who felt they needed SUD treatment but did not receive it, **40% reported they were not ready to stop using substances**.<sup>2</sup>



1. SAMHSA. (2021, October). Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health (HHS Publication No. PEP21-07-01-001, NSDUH Series H-55). <https://www.samhsa.gov/data/>

2. Center for Behavioral Health Statistics and Quality. (2016). Results from the 2015 National Survey on Drug Use and Health: Detailed tables. Rockville, MD: Substance Abuse and Mental Health Services Administration.

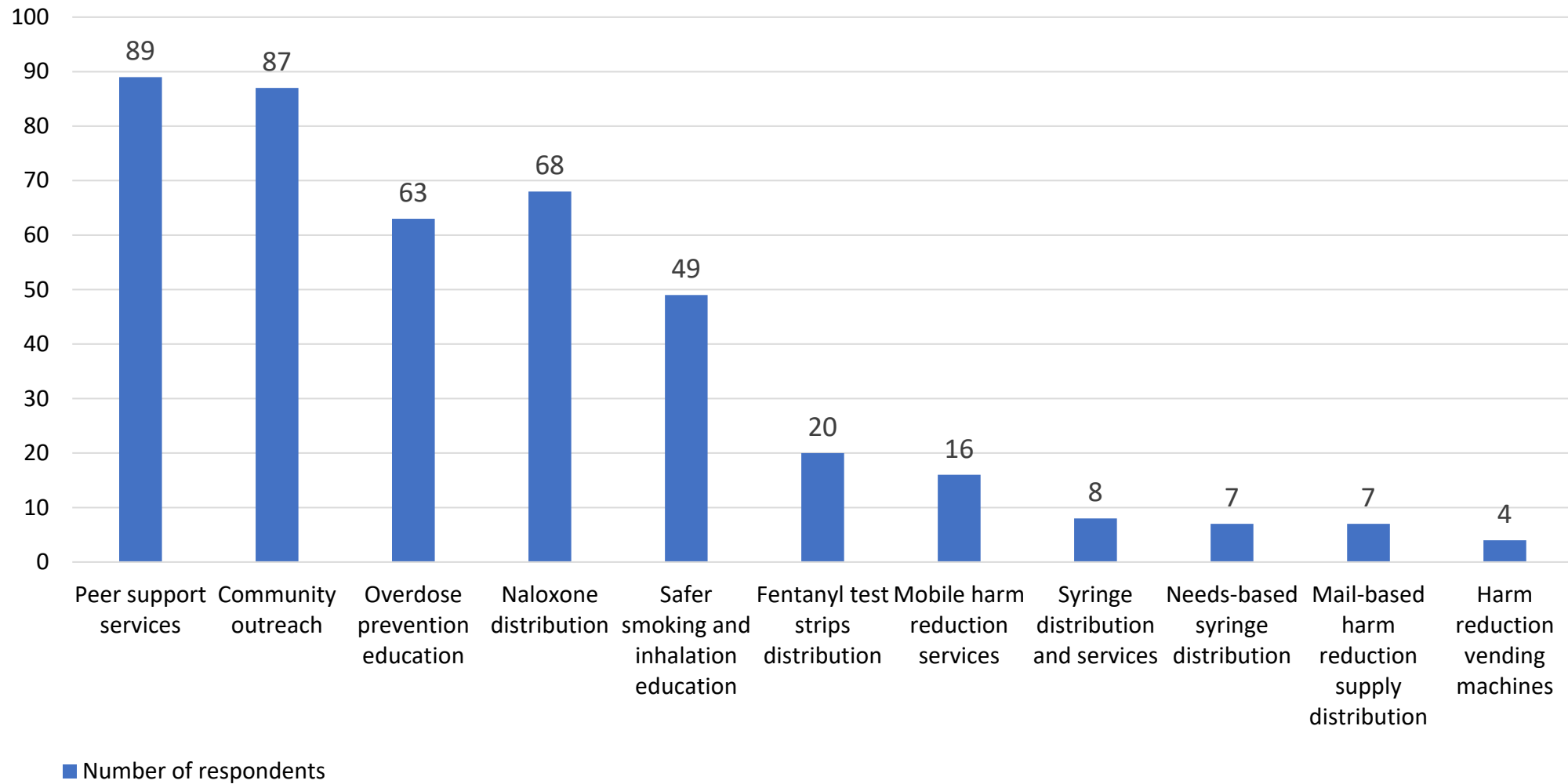
# National Council Harm Reduction Stakeholder Analysis Key Findings

1. A need exists for mental health and SUD treatment organizations to increase their adoption of harm reduction services and to establish partnerships with community-based harm reduction organizations.
2. Challenges include funding, staff capacity, and policies and laws; however, facilitators also exist, including leadership and staff support, peer support workers and people with lived experience, and support from local and state health departments.
3. An opportunity exists to expand harm reduction-related technical assistance to mental health and SUD treatment organizations, and there is high interest in receiving technical assistance.

Source: <https://www.thenationalcouncil.org/resources/harm-reduction-stakeholder-analysis-a-summary-of-findings/>



# Harm Reduction Services Offered



# Integrating Harm Reduction into the Substance Use Disorder Care Continuum



**NSI STRATEGIES**

Consulting Support for  
Integrated Healthcare Environments

Nick Szubiak, MSW, LCSW  
Principal, NSI Strategies  
October 13, 2022



# Greetings!

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# Learning Objectives

- Explore the philosophy of harm reduction.
- Learn how harm reduction furthers health equity, supports health engagement, and enhances patient and client retention.
- Learn specific harm reduction approaches that can be integrated into existing practice to help support people who use drugs (PWUD) and people with substance use disorders (SUDs).
- Learn how harm reduction approaches and philosophies support people in recovery, enhance engagement in treatment, and elevate the effectiveness of existing evidence-based practices.

# Thank You!



## Addiction 101 and Harm Reduction

*Training for Community Renewal Team supported by the Opioid Response Network*

Andrea Caputo DNP, FNP, CARN-AP  
Vanessa Loukas MSN, FNP, CARN-AP

June 17, 2021



# Harm Reduction is...

Health Equity

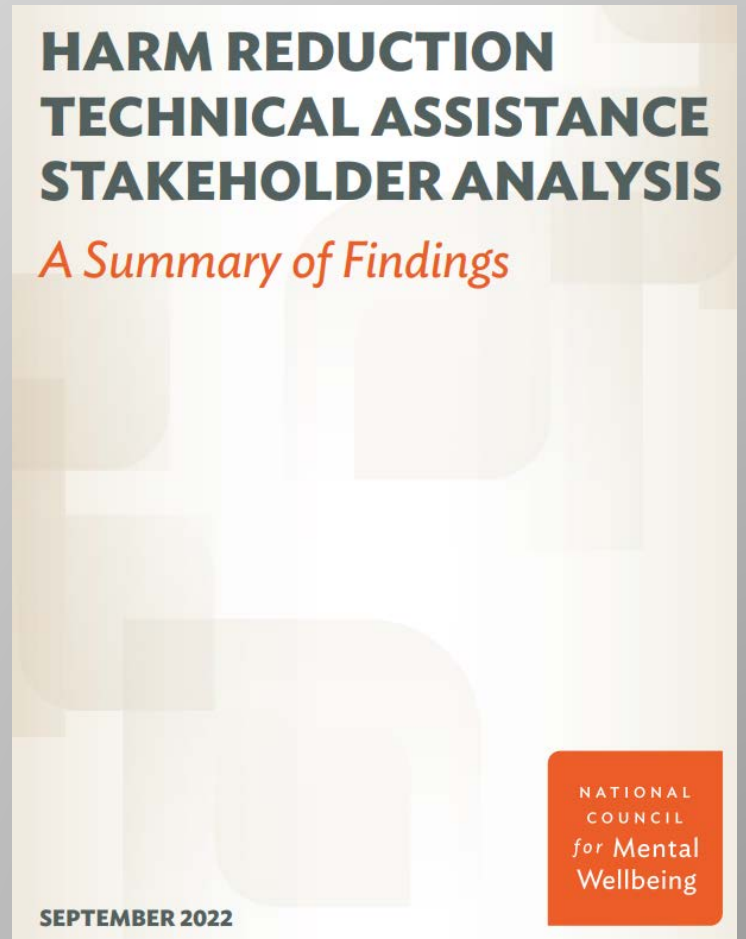
Health Engagement



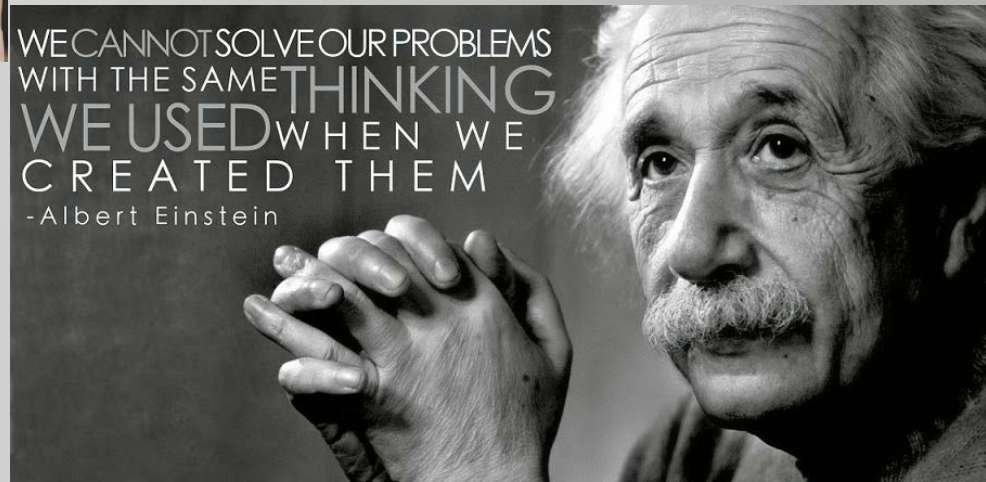
Spoiler Alert! It's also not new to healthcare and wellness.

Harm reduction includes evidence-based practices and services that result in the reduction of overdose deaths, life-threatening infections related to substance use, and chronic diseases such as HIV and hepatitis, among others.

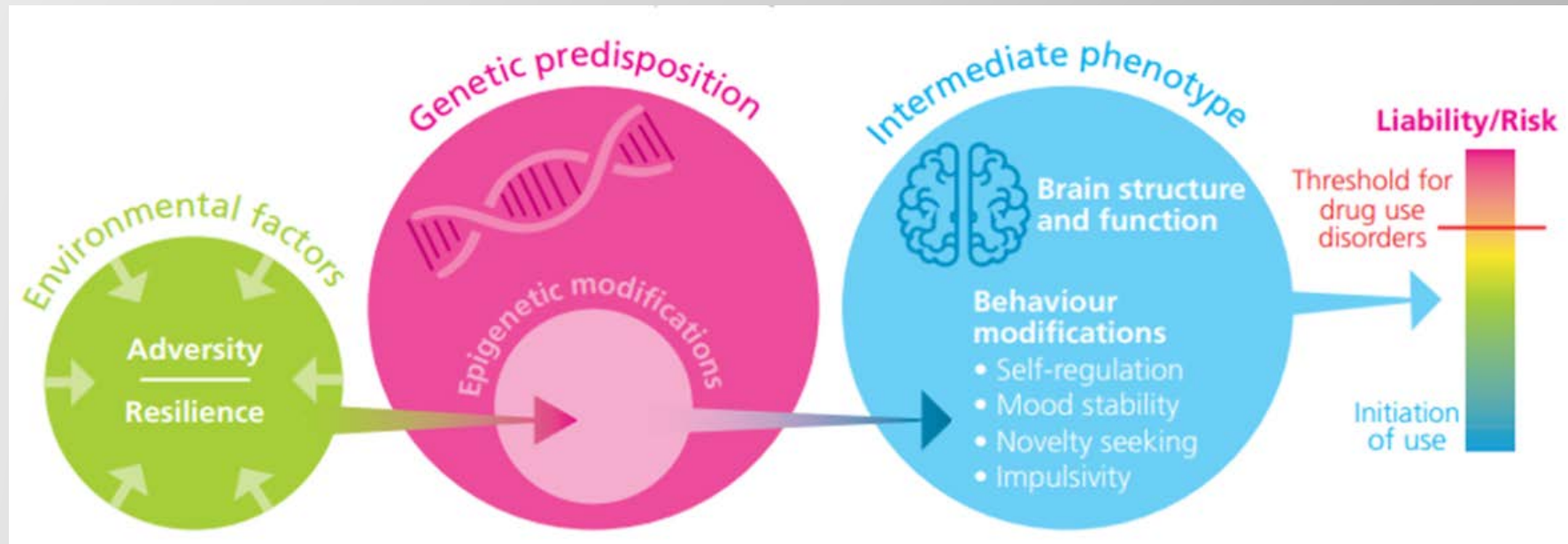
Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of PWUD (National Harm Reduction Coalition, 2020; SAMHSA, 2022).



# Changing the Ways We Think About Addiction



# No Single Factor Determines Whether a Person Will Develop a SUD



World Health Organization, 2018

The National Center on Addiction and Substance Abuse. (2013). *Addiction Medicine: Closing the Gap between Science and Practice*

# Addiction Is Not an All or Nothing Issue

**Simplified views of addiction can harm public health efforts and increase stigma**

- A SUD is a chronic medical condition, characterized by obsessive drug seeking, that causes structural and functional changes in the brain.
- Brain changes impair one's ability to make rational and consistent choices despite negative consequences.
- A SUD **does not** eradicate free will; people with SUDs can and do exert self control. *However*, this control is often opposed by **overpowering** impulses.





# Evidence-based Perspectives on SUD

- In fact, approximately **half the risk for addiction** is conferred by genetics.
- **Most people do not develop addiction.**
- With repeated exposure, a person with a SUD's *ability to self-regulate impulses to use the drug increasingly is **impaired**.*
- Individuals are using the **drug against their will.**
  - Often unable to honor **their own sincere and genuine desire to abstain or moderate use**
  - Despite the threat of **severe consequences**
- We now understand SUDs are the **radical decay** in the rational **ability to regulate impulses to use** substances **despite the threat of harm.**
- Why don't "those people" stop? BECAUSE - **functional and structural changes in the brain affect the neurocircuitry of impulse control, judgment, reward, memory and motivation.**

MUNDELEIN, IL—Dawn Roycroft, a 38-year-old dental hygienist at the Park Court Mall Dental Center, said Monday that she can no longer tolerate the half-truths and outright fabrications she is exposed to hourly. "Their lips tell of daily flossing, but their gums impart a far different tale," Roycroft said. "I became a dental hygienist in order to earn a decent living, clean teeth, and make small talk, not to play confessor to unscrupulous fabulists and prevaricators."

Roycroft asked the public to be candid about their dietary and brushing habits, as denial of unchecked gum-chewing and soda-drinking is "but a house built on shifting sands."

<https://www.theonion.com/dental-hygienist-sick-of-being-lied-to-1819568199>

# PRINCIPLES OF ETHICS

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AUTONOMY



BENEFICENCE



NONMALEFICENCE



JUSTICE

# Patient Autonomy

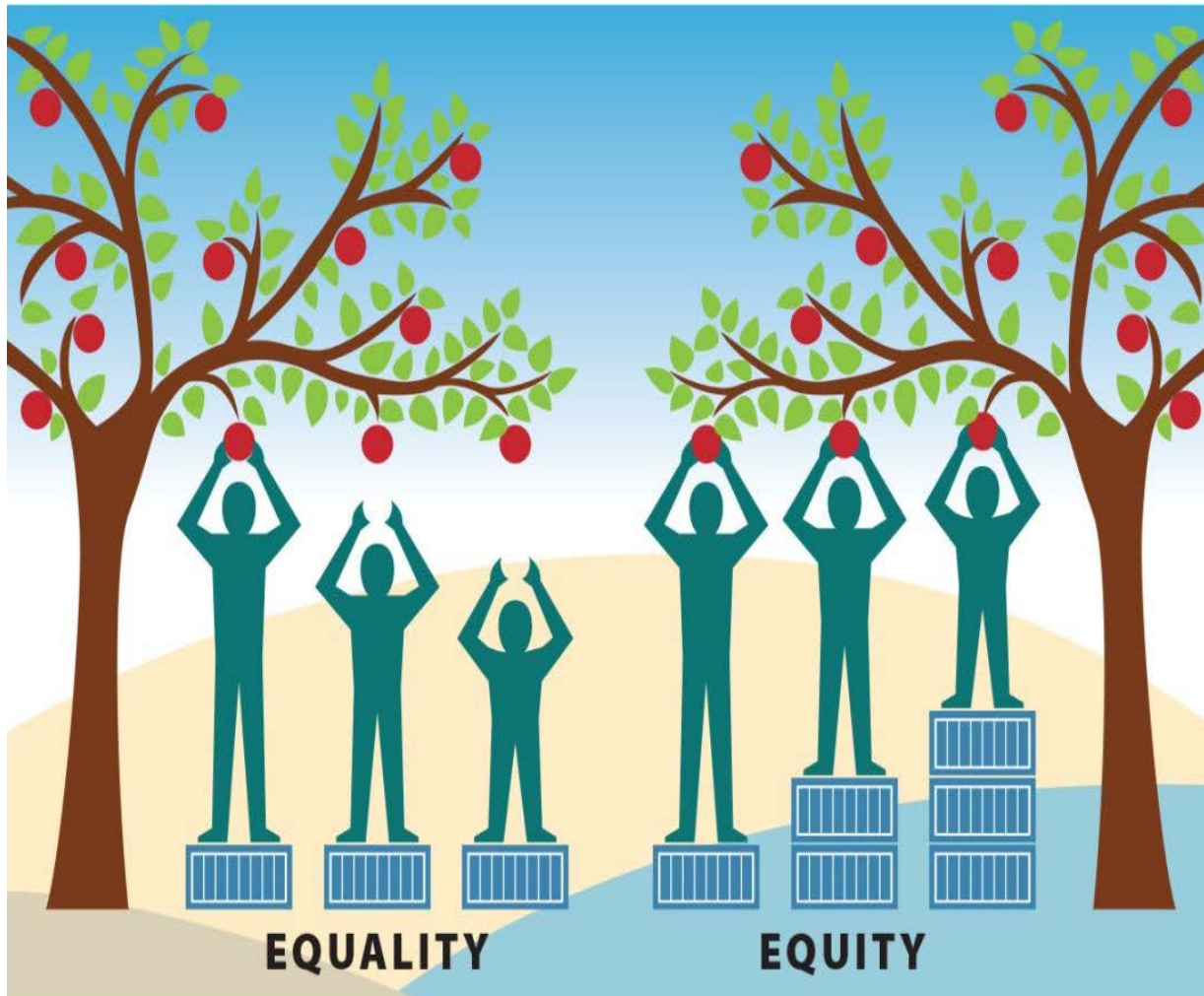
- Patients have the right to make their own health care decisions, even when those decisions contradict their clinicians' recommendations.
- Allows for health care providers to educate the patient, but does not allow the health care provider to make decisions for the patient.
- Recognizes that people are the authority on themselves.



# Non-Maleficence and Beneficence

- Non-maleficence: Do No Harm
- Beneficence: Promoting overall wellness
- Harm reduction specifically helps people prevent harm and promotes patients to do “good” things for their own health.

# Justice and Health Equity



- Health **equality** is not enough!
- Harm reduction recognizes **social inequalities** affect a person's vulnerability to and capacity for managing substance use.
- Health **equity** needs to be addressed in order for things to be **just**.

# Meeting People Where They're At...

- Recovery is a journey and harm reduction is one way we can walk with people on that journey.
  - Helps ensure no one gets left behind.
- Respects each patient's unique needs, culture, values, and preferences.
  - Supports patients in managing and organizing their care at a level the patient chooses.

**And Not Leaving Them There.**



# Harm Reduction



# Macro Level Harm Reduction

- A social justice movement built on practical strategies aimed at reducing negative ***consequences*** of behaviors.
- Aims to “meet people where they are at” but does not leave them there.
- Focuses on prevention of harm, not prevention of behaviors.
- Does not attempt to minimize or ignore the real harm and danger associated with drug use.
- Supports any positive change; doesn’t require change.



# Harm Reduction Strategies for Opioid Use Disorder (OUD)

- **Infection Prevention**

- Safer injection techniques
- Clean supplies
- Sharing of equipment
- Hygiene

- **Overdose Prevention**

- Avoid mixing substances
- Review increased risks of overdose or cardiac event
- Never use alone
- Assess potency
- Consistency is key



# Drug Checking Strips



- Drug testing strips are a fairly inexpensive way to test a drug supply.
- May have utility in those using non-opioids contaminated w/ fentanyl or those using opioids contaminated with methamphetamine.
- Not yet approved by the FDA and not readily available for patient use.
- As of April 2021, test strips can be purchased with federal money per CDC and SAMHSA.

(HRC, 2018) (DPA, 2018)

# Syringe Service Programs (SSPs)

- Community-based prevention programs providing wide range of services, including safe disposal of used syringes.
- Offer linkage to SUD treatment, STI testing, safe injection supplies.
- **30 yrs of research** shows that SSPs:
  - Do not increase illegal drug use or crime.
  - Play an important role in reducing the transmission of hepatitis, HIV and other infections.



(CDC, 2019)

# Supervised Consumption Sites (SCSs)

- Space where people can use pre-obtained illicit substances under supervision.
- Staff don't assist in consumption, but provide sterile supplies, educate on safe injection practices, & monitor for overdose.
- Operational and well studied throughout North America, Europe, and Australia.
  - However, not well studied in the US
- Despite evidence from other countries supporting their success in reducing ODs, SCSs are currently illegal in the US.

(Drug Policy Alliance, 2020)



# Sobering Centers & Sedation Observation Programs

- Programs where people experiencing the effects of substances can go to be safe during intoxication.
- People are clinically monitored to prevent overdose; also provided w/ support for referral to additional treatment.
- “SPOT” program at Boston Health Care for the Homeless Program opened in 2016 – focus is on persons using opioids.



*“SPOT” at BHCHP*

(BHCHP, 2020)

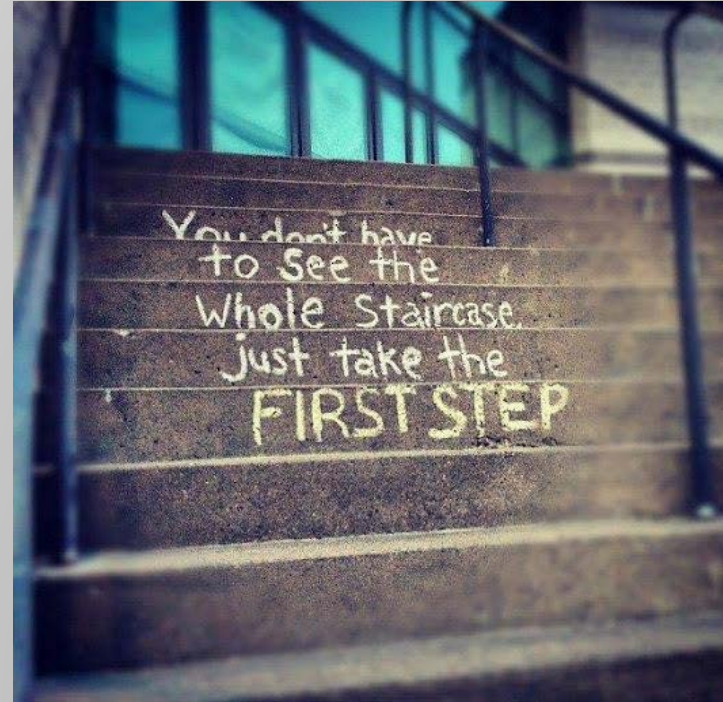
# Mezzo Level Harm Reduction: Policy Considerations

- Same day buprenorphine starts.
- Allowing patients to do home-initiations with telephone follow up.
- Eliminating counseling requirements prior to medication initiation.
- Increasing the number of providers - why not all?
- Evening or off-hours appointment availability.
- Non-traditional models of care in the community.
- Starting medication prior to completion of intake and intake labs.
- Walk-in availability.

# Micro Level Harm Reduction

## Harm Reduction:

- Is dynamic and not just one thing.
- Is both a philosophy and a skillset.
- Involves the belief that any interaction can be the starting point of someone's recovery.
- **Seeks to engage a person into treatment at a level they are comfortable pursuing.**



# Micro Level Harm Reduction

- Humanizing – from de-humanizing and demonizing
- Essential to effective care
- “Compassionate Pragmatism”
  - Support not Punish – “despite harmful consequences”
  - Authoritarian – “surrender” I know what you need and how you need to do it
  - Prescriptive – Pre-Determined treatment plan

**Harm reduction  
is strengths-  
based  
and client-  
centered.**

## Supporting the Relationship with Listening and Hearing

- Commitment
- A suspension of judgments, perceptions, thoughts, diagnosis, evaluation, formulation, and conclusion
- Can be self-sacrificing
- Takes energy
- Takes belief

### Hearing

- Accidental
- Involuntary
- Effortless

### Listening

- Focused
- Voluntary
- Intentional

# 12 Roadblocks to maintaining the Harm Reduction Spirit

- Ordering, directing
- Warning, threatening
- Giving advice, making suggestions,
- Providing solutions
- Persuading with logic, arguing, lecturing
- Moralizing, preaching
- Judging, criticizing, blaming
- Agreeing, approving, praising
- Shaming, ridiculing, name-calling
- Interpreting, analyzing
- Reasoning, sympathizing
- Questioning, probing
- Withdrawing, distracting, humoring
- Changing the subject

- Adapted from Thomas Gordan

# Harm Reduction Questions:

## A new language, a new approach

- "Why do you want to change at this time?"
- "What were the reasons for not changing?"
- "What would keep you from changing at this time?"
- "What are the barriers today that keep you from change?"
- "What might help you with that aspect?"
- "What things (people, places and behaviors) have helped in the past?"
- "What would help you at this time?"
- "What do you think you need to learn about changing?"

# Language Matters

Do's	Don'ts
<b>Substance Use Disorder</b>	Substance abuse
<b>Individual with a Substance Use Disorder</b>	Addict, Junkie Drug abuser, Druggie
<b>In recovery; In remission</b>	Clean; Staying clean
<b>Has a Substance Use Disorder</b>	Drug habit
<b>Positive drug test; Currently using substances</b>	Dirty drug test

# What is Your View?



Deficit	Competence
<input type="checkbox"/> Insight & knowledge is lacking	✓ Capacity to change is within
<input type="checkbox"/> <u>Telling</u>	✓ <u>Asking and listening</u>

# The Motivational Interviewing (MI) Shift

From feeling responsible for changing  
another person's behavior...  
to supporting them in thinking and talking about their  
own reasons and means for behavior change.

Addiction Technology Transfer Center (ATTC)

# Offering Corrective Emotional Experiences

- Accepting and respecting lying, hiding, intoxication in session (to a point), and other behaviors that are frustrating and scary is where the therapeutic action of corrective emotional experience happens.
- Self-hate, guilt, and shame are healed gradually over time through a therapist's patience and ability to stay accepting, respectful, and calm, even when provoked.

?? This is NOT  
what I was  
Taught!

*Credit Andrew Tatarsky, PhD, Center for Optimal Living in NYC :*

<https://www.psychotherapynetworker.org/magazine/article/2395/the-challenge-of-harm-reduction/eb92ce6f-b742-4205-93dc-6751391f17b1/oim?fbclid=IwAR2o7CeN6>

# The Intersection of Trauma Informed Care and Harm Reduction

## Teaching Self Regulation Is Being in Regulation

### *SIX KEY PRINCIPLES OF A TRAUMA-INFORMED APPROACH*

1. Safety
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice and Choice
6. Cultural, Historical, and Gender Issues

[https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA\\_Trauma.pdf](https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf)

# Harm Reduction Approaches to Treatment Challenges

- Assess and address safety concerns with patient ASAP
  - Be supportive, identify barriers, and build upon strengths
- Establish new, intensified treatment plan
  - Should be patient-specific and achievable in your setting
- Continue treatment as long as benefit > risk
  - Expect improvement, not perfection
  - Consider a range of treatment goals and successes



# Policy and Organizational Change Tips

Access? Does it take days, weeks, months to get me in?

- Assess your intake process
  - Bio/Psycho/Social?
  - Exclusionary Criteria?
  - Strengths based approach to supporting client access

Retention? If I get in, do I want to stay, can I stay?

- Explore the spirit of policies even if the treatment spirit has shifted
  - Discharge?
  - Missed appointments?
  - Positive urine screens
  - Return to use?

# Comments? Questions? Thoughts to build on.

- How could harm reduction approaches impact your approach to treatment?
- How about policies?
- Procedures?
- Your own attitude, professional self, and approach?

# It's about changing the system for our communities

“You never change things by fighting the existing reality.

To change something, build a new model that makes the existing model obsolete.”

— [R. Buckminster Fuller](#)



# Resources

## Andrew Tatarsky September/October 2019

- <https://www.psychotherapynetworker.org/magazine/article/2395/the-challenge-of-harm-reduction/eb92ce6f-b742-4205-93dc-6751391f17b1/oim?fbclid=IwAR2o7CeN6>

# Resource: National Harm Reduction Technical Assistance Center

## NATIONAL HARM REDUCTION TECHNICAL ASSISTANCE CENTER

The National Harm Reduction Technical Assistance Center (NHRTAC) provides free help to anyone in the country providing (or planning to provide) harm reduction services to their community. This may include syringe services programs, health departments, programs providing treatment for substance use disorder, as well as prevention and recovery programs.

Offering harm reduction services is an effective approach for preventing overdose, the spread of infectious disease, and other harms resulting from drug use. The goal of NHRTAC is to improve the capacity and performance of harm reduction programs throughout the United States by ensuring access to high-quality, comprehensive technical assistance.

Programs implementing harm reduction services and other activities in support of the health and wellness of people who use drugs, should have easy access to resources and help. This TA Center will connect harm reduction programs to resources and experts that can help programs better serve their communities.

CDC established and expanded the NHRTAC in collaboration with SAMHSA to ensure comprehensive support of the integration of harm reduction strategies and principles across diverse community settings and within a treatment framework.

### [Frequently Asked Questions \(FAQs\)](#)

Browse FAQs related to the National Harm Reduction Technical Assistance Center or browse resources by topic below.

### Browse Resources By Topic

HARM REDUCTION PROGRAM  
BASICS & GETTING STARTED

HARM REDUCTION PROGRAM  
DEVELOPMENT, PLANNING, &  
SUSTAINABILITY

HARM REDUCTION PROGRAM  
DATA & EVALUATION

### [Get Help Now](#)

REQUEST ASSISTANCE

**Disclaimer:** The information collected through this site will be used to access and respond to your questions and needs. No personal, or identifying, information will be shared to any parties not directly involved in the provision of technical assistance.

### Meet the Technical Assistance Providers

#### [NASTAD](#)

A non-profit representing public health officials who administer HIV and hepatitis programs, including harm reduction services

#### [NHRC](#)

A nationwide advocate and ally for people who use drugs that works to bring harm reduction strategies to scale

#### [University of Washington](#)

UW and NYU collaboration with harm reduction expertise in data collection, analysis, and monitoring and evaluation for SSPs

#### [Prevention Institute](#)

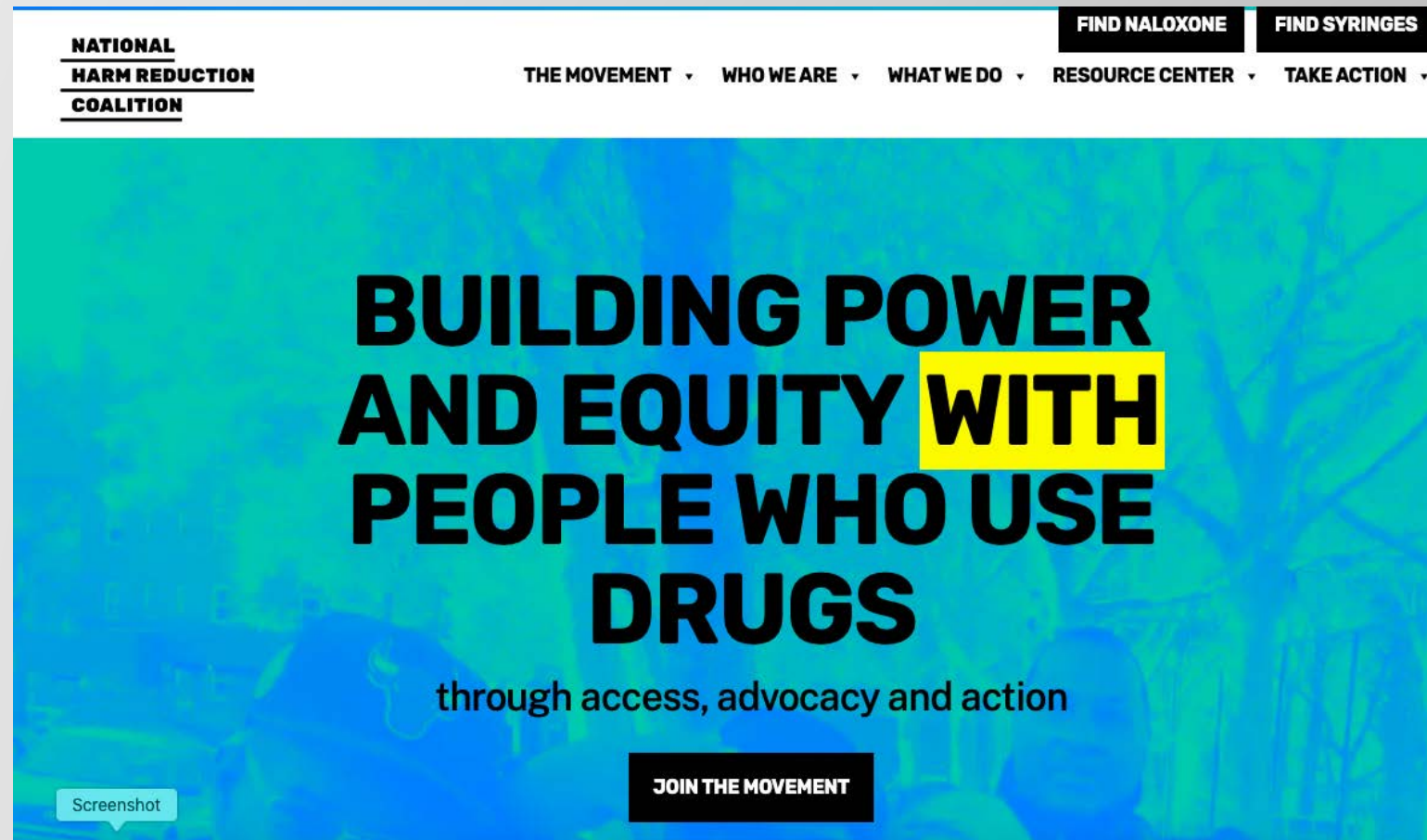
Supports approaches to strengthen community assets and resources to prevent substance misuse and support long-term recovery

#### [National Council for Mental Wellbeing](#)

Builds the capacity of mental health and substance use treatment organizations

# Resource:

## Harm Reduction Coalition



# Thank you!

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**NSI STRATEGIES**

Consulting Support for  
Integrated Healthcare Environments

# Q&A and Thank You!



# National Council Resources

- [National Council Harm Reduction Resources](#)
- [Supporting Telehealth and Technology-assisted Services for People Who Use Drugs: A Resource Guide](#)
- [Harm Reduction Stakeholder Analysis: A Summary of Findings](#)
- [Medication-assisted Treatment for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit](#)
- [Deflection and Pre-arrest Diversion Tools and Resources](#)
- [Training and Educating Public Safety to Prevent Overdose Among BIPOC Communities](#)
- [Overdose Prevention and Response in Community Corrections](#)
- [Guidance on Handling the Increasing Prevalence of Drugs Adulterated or Laced with Fentanyl](#)
- [COVID-19 Pandemic Impact on Harm Reduction Services: An Environmental Scan](#)
- [Providing Harm Reduction Services in Native Communities](#)

# Additional Resources

- [Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States](#) (CDC)
- [Harm Reduction Technical Assistance Center](#) (CDC)
- [National Harm Reduction Coalition](#)
- [NASTAD](#) (National Alliance of State and Territorial AIDS Directors)
- [NEXT Distro](#)
- [Harm Reduction Legal Project](#) (Network for Public Health Law)