

What is your favorite kind of pizza?



Implications of Practicing Harm Reduction in Supportive Housing

National Health Care for the
Homeless National Conference

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Family Health Centers – Phoenix

Louisville, Kentucky



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Who likes to drink coffee?

Implication #1

What are these drugs, anyway?

- A *psychoactive* drug is a drug that crosses the blood-brain barrier (aspirin, for example, does not) to cause alterations in mood, perception, or brain function.
- Caffeine is the world's most-consumed psychoactive drug.

Coffee drinker = drug user. So what?

- Normalizes drug use
- Reduces stigma of drug use
- Changes dynamic of “us” and “them”
- Can be difficult for people in abstinence-based recovery to support

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How do we define recovery?

Implication #2

SAMHSA's definition of RECOVERY




“A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”


Multiple paths to recovery...

iPad 2:33 PM 93%


Tweet

 **Brooke M Feldman** @BrookeM_Feldman · 24m
When we talk about "multiple pathways to recovery," it is important that we remember and include the reality that abstinence is not the desired or necessary destination for all. Wellness is, and wellness is individually defined.

1 2

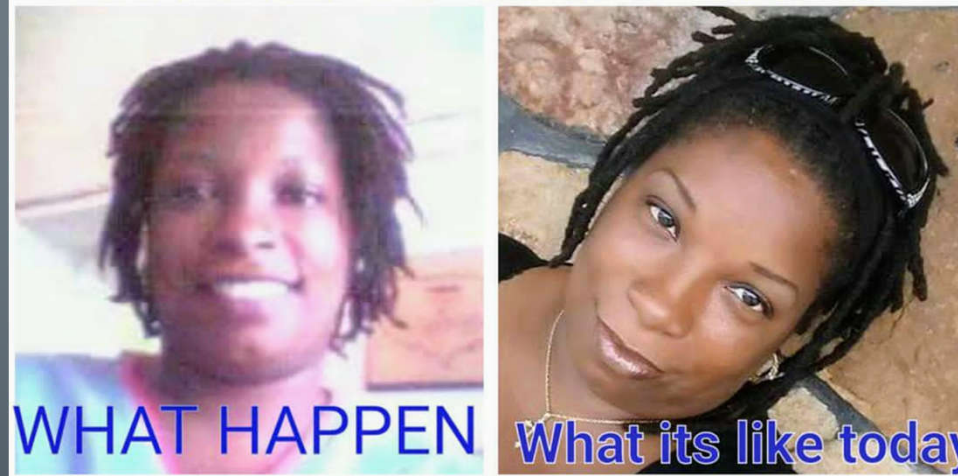
 **Brooke M Feldman** @BrookeM_Feldman · 22m
Too many of us support "multiple pathways to recovery" but with the expectation of abstinence at the end of the path. This is faulty and harmful, and it excludes the majority of people who experience problem substance use from our treatment and recovery support services.

1 1

 **Brooke M Feldman** @BrookeM_Feldman · 20m
If we offered quality, evidence-based treatment and recovery support services without the expectation or requirement of abstinence, we'd see more people engage, less people die and more people find wellness.

2 4

Abstinence or Recovery – Case Study



Nice definition. So what?

- Recovery no longer requires abstinence.
- Multiple paths to recovery.
- Many ways up the mountain.
- Larry King: “React to me...”





What is substance use treatment?

Implication #3

Not pre-treatment...but treatment.

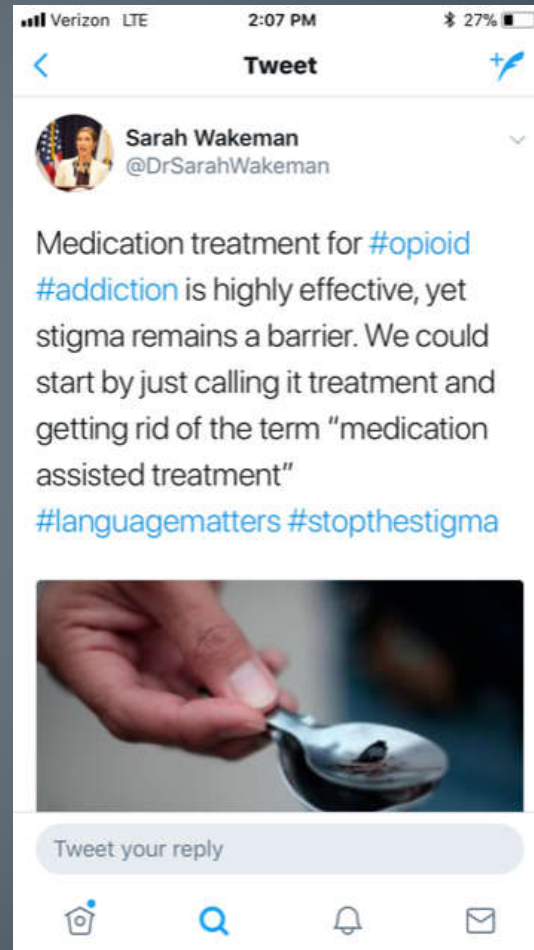
Opioid Use: Potential Harms & Interventions

Jonathan Giftos, MD (Draft October 2017)

<u>Harms</u>	<u>Interventions</u>		
Overdose	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Supply Reduction Judicious Opioid Rx Interdiction Efforts </div>		
HIV/Hep Infection	<div style="border: 1px solid black; padding: 5px;"> <p>Limited role. Judicious opioid prescribing is important to reduce community supply and to prevent exposure to non-Rx opioids for those at risk. However, efforts to interdict illicit drugs and draconian restrictions on prescription opioids can be associated with harms, including undertreatment of chronic pain and the emergence of more dangerous synthetic opioids to elude interdiction efforts.</p> </div>		
Social Isolation	Harm Reduction	Prevention	Treatment
Acquisitive Crime	<ol style="list-style-type: none"> 1. OD prevention (naloxone) 2. Syringe Exchange Services 3. Safe Consumption Spaces 4. Prescription Heroin 5. Drug Decriminalization <p>↑ Colors correspond to harm on left.</p>	<ol style="list-style-type: none"> 1. Judicious Opioid Rx 2. Racial & Economic Justice 3. Improve Care System <ul style="list-style-type: none"> - Adolescent Health Care - Trauma Informed Care - Mental Health Care - Pain Management 	<ol style="list-style-type: none"> 1. Destigmatization of Addiction 2. Expand Access to OAT 3. ↓ punishment; ↑ compassion 4. Universal Health Care <p>OAT = opioid agonist therapy with methadone or buprenorphine</p>
Incarceration			

Prevention efforts reduce most harms by addressing risk factors for development of an opioid use disorder.
Treatment with OAT reduces harms by stabilizing patients with opioid use disorders and reducing overall drug use.
Harm reduction targets specific behaviors or risks for patients w/ opioid use disorders not ready for treatment or total abstinence.

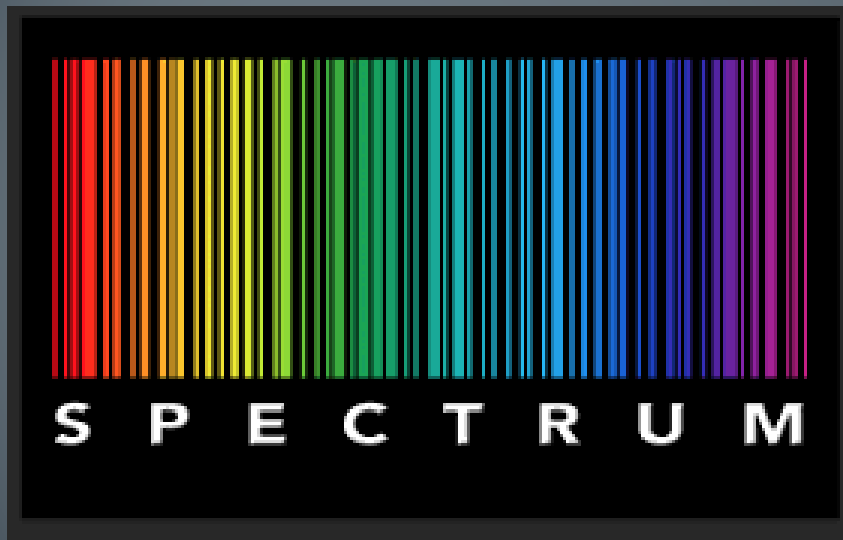
Call it treatment. Language matters.



Not just keeping people alive...but treatment.

- Medication Assisted Treatment (MAT)
- Syringe exchange
- Supportive Place for Observation and Treatment (SPOT)
- Supervised Injection Facility (Safe Consumption Spaces)
- 1811 Eastlake (Seattle)
- Portland Hotel Society (Vancouver) – residents receive prescribed dose of semi-synthetic opioid similar to heroin two times per day
- Drug decriminalization (Portugal)
- What is the next step in your community?

Harm Reduction is a spectrum of strategies

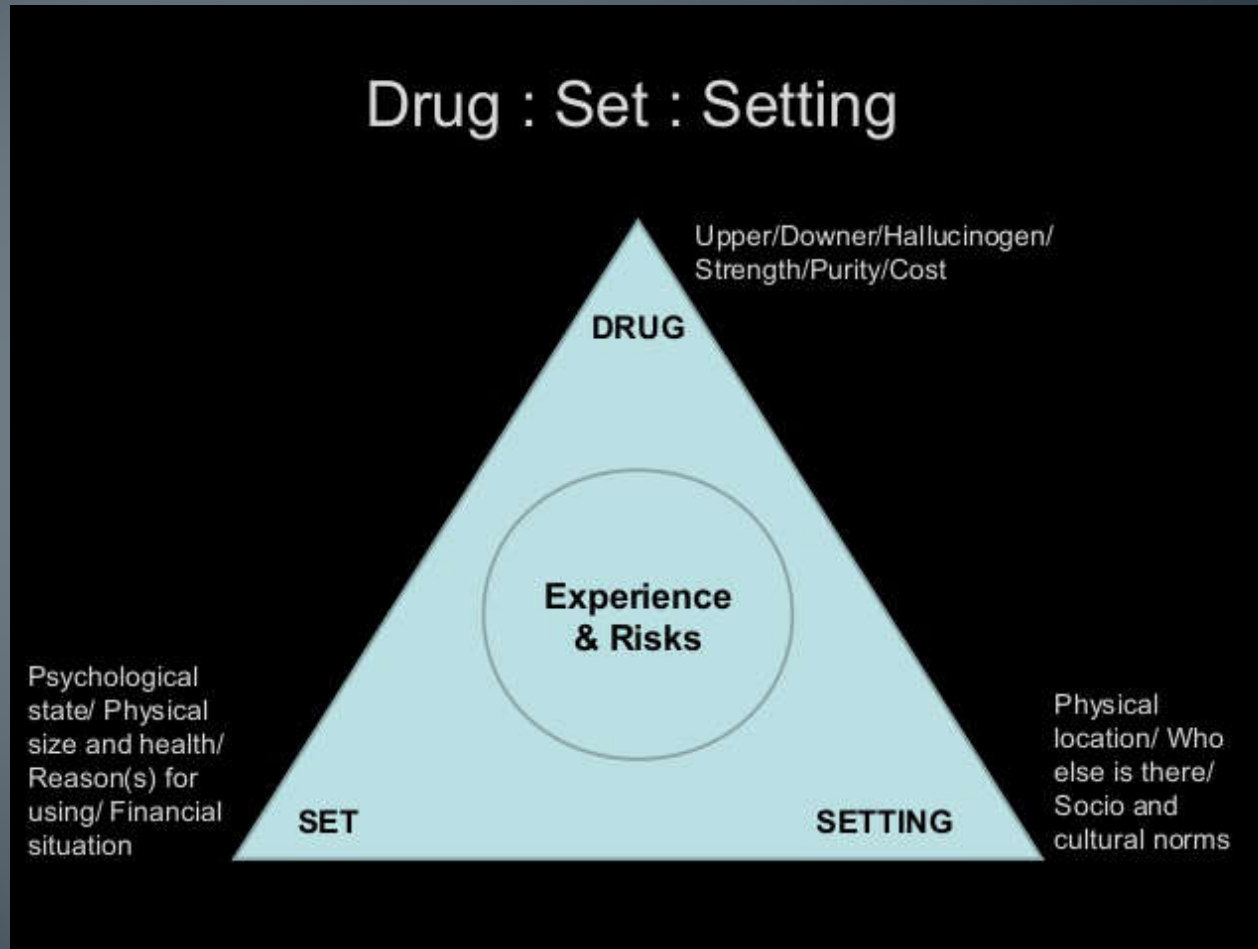


Safer use

Managed use

Abstinence

Everything is action.



What is substance use treatment?



Any
positive
change.

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Only One Item on the Menu


Implication #4

How many items on the menu?

Verizon LTE 1:25 PM 51%

< Tweet +

You Retweeted

 **Maia Szalavitz** ✓
@maiasz

Can anyone name 10 American inpatient rehabs that do not require 12 step participation & do not use 12step ideas (ie powerlessness, labeling oneself addict, stepwork) in any of their therapeutic day programming? (referral to meetings OK)


1/3/18, 11:36 AM

30 Retweets 79 Likes


Verizon LTE 1:26 PM 50%

< Tweet +


Replying to @maiasz

 I believe Center for Motivatjon and Change in the Berkshires passes this test


1 1

 **Maia Szalavitz** ✓ @maiasz · 1/4/18
thanks, yep, they are among the 2-3 I am aware of, unfortunately ;-)

1

 **Dr. Molly Rutherford, unb...** · 1/3/18
Replying to @maiasz
No. Please let me know if you find one.

2 4

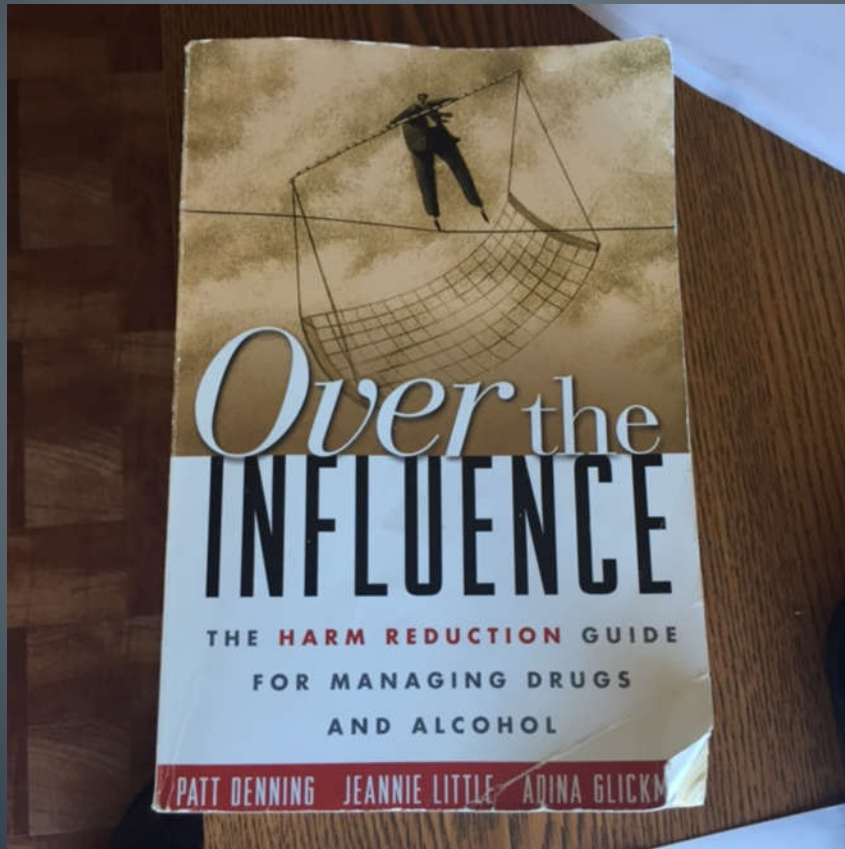
 **Maia Szalavitz** ✓ @maiasz · 1/3/18
I know of one that is inpatient. I know 2 that are outpatient. There are at least 14,000 treatment programs in the U.S. of which around 3,300 are inpatient, according to NSSATs.

Treatment Today = Limited Menu

**ONE
ITEM
on the
MENU**

- 93% of treatment programs – inpatient, residential, or outpatient – are based on the 12-Step philosophy of Alcoholics Anonymous.

Where are you getting this information?



- *Over the Influence: The Harm Reduction Guide for Managing Drugs and Alcohol.* (Denning, Little & Glickman, 2004).

Is it working?

- Doing something 93% of time is fine...if it is working.
- When abstinence-based treatment programs work, they work.
- But how often do they work? What are their success rates?

Is it working?

- Ferri, M., Amato, L., & Davoli, M. (2006). Alcoholics Anonymous and other 12-step programmes for alcohol dependence. *The Cochrane Library*.
- Authors' conclusions
- **No experimental studies unequivocally demonstrated the effectiveness of AA or TSF approaches for reducing alcohol dependence or problems.**

Is it working?

- “Outcomes of drug treatment have always been measured in terms of abstinence rates. They are not impressive. They usually hover around 25%. The only scientific survey of drug treatment in the United States, conducted by the federal Substance Abuse and Mental Health Services Administration and completed in 1998, found abstinence rates of 21% several years after the completion of treatment.”
- “It is much more difficult to find out how many people *never complete* the treatment programs they enter, but it is the majority.”



Why isn't abstinence-only treatment working?

Implication #5

Why isn't it working?

- Why doesn't abstinence-based treatment produce higher success rates?
- NOT because those treatment programs are poorly designed.
- NOT because those programs are staffed by poorly trained or ineffective providers.

Why isn't it working?

- Because most people don't want abstinence.

Another problem with our limited menu

**ONE
ITEM
on the
MENU**



We need to listen to our customers better.

- The for-profit world would never continually do something that only works 25% of the time.
- The for-profit world would never dig their heels in and ignore what their customers actually want.
- The not-for-profit world has to improve. Innovation is okay. We can do better than being unsuccessful 75% of the time.

Why do we continue to do the same thing?

- Are we afraid?
- Defining treatment success as abstinence-only is incredibly powerful (history, funding, dominant market share).
- When it works, it works.

Fine, let's put it on the menu. Now what?

- Individual = substance use management plan (treatment plan).
- SUM plan based on 3 principles:
 - Being honest with yourself about your drug use and the impact of drugs in your life
 - Being willing to make some changes
 - Learning the skills to help you make concrete, beneficial changes in your alcohol or other drug use

Start a Harm Reduction Group!

AA meetings per week



400

Harm Reduction meetings



1

Harm Reduction Group

- Every Thursday at 10:30
- Message different than abstinence-only groups like AA or NA
- Many clients attend AA or NA because they want to make *some* changes... but don't want to stop using completely



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Re-thinking Use of Stages of Change

Implication #6

Stages of Changes (Prochaska & DiClemente)

- 1. Pre-contemplation
- 2. Contemplation
- 3. Preparation
- 4. Action
- 5. Maintenance
- 6. Relapse (optional)

Re-thinking stages of change

- Problem = “change” defined only as abstinence.
- Problem = “action” defined only as action toward abstinence.
- What if goal is not abstinence?
- What if motto is any positive change? Answer = Everything is action!

Re-thinking stages of change / Relapse

- Re-thinking “relapse” can be extraordinarily powerful with our clients.
- In the abstinence-only world, relapse carries a great deal of SHAME (sense of failure, negative self-talk, added to existing shame, debilitating).
- In the harm reduction world, substance use can be called substance use. Powerful experiences watching clients be gentler with themselves, practicing new self-talk.

Final takeaway on stages of change

- The client is always in charge.
- Change never happens until and unless the client makes the choice.
- Mandatory or court-mandated treatment is ineffective.
- Yet another indictment of abstinence-only treatment as only item on the menu.

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Re-thinking enabling

Implication #7

There is NO research to support the idea that “*Enabling*” is harmful

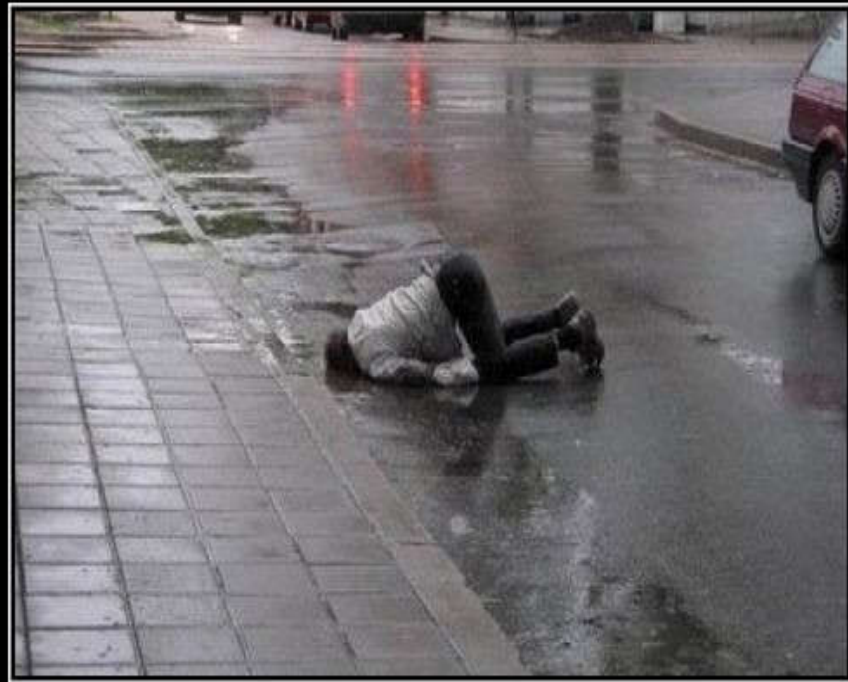
- If making life worse for people is the best way to spur recovery, poor folks, homeless people and prisoners should be the most likely to succeed in treatment.
- Research shows that people with more resources and support do better – NOT those who are in awful circumstances

RETIRE THE IDEAS

of

“Enabling” and “Hitting Bottom”

- Recovery
can
begin at
**ANY
POINT**



ROCK BOTTOM

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Harm Reduction is a practice, not a policy

Implication #7

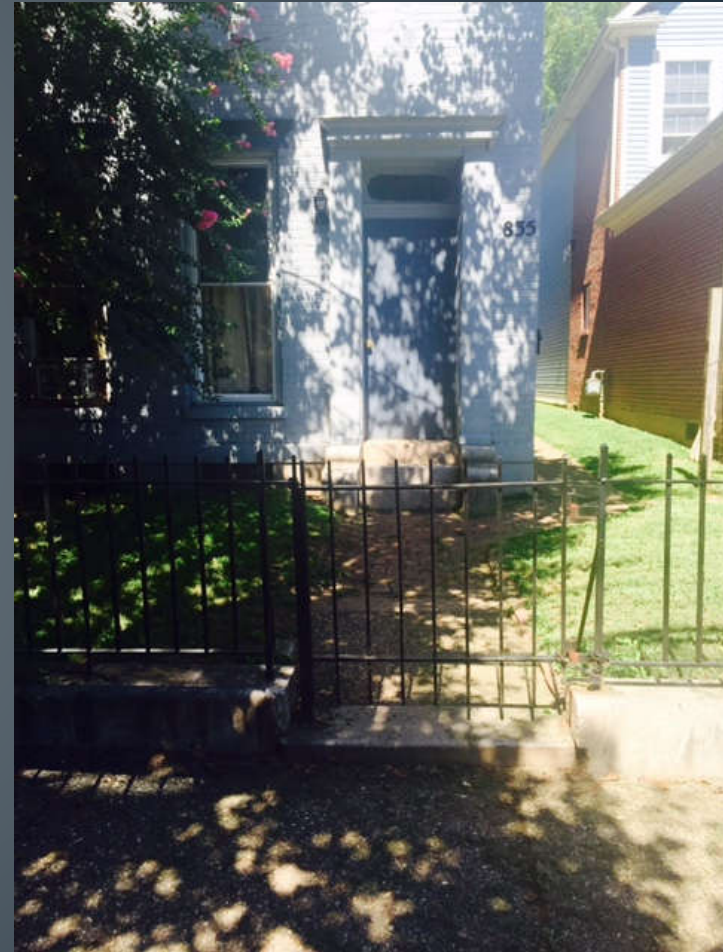
Case Study: Nick

- 56 years old
- Supportive Housing participant since January 2011
- 2 previous failed housing placements
- Heavy alcohol use
- Chronical medical condition



Harm Reduction: Housing Type

- Previous apartment
- Unit located downtown, blocks away from dozens of service provider agencies
- 1st floor unit
- Front door opens to street
- Only couple of feet from sidewalk



Harm Reduction: Geographical Cure?

- Current apartment
- 9 miles from downtown
- “Outside the Watterson”
- 2nd floor unit
- Front door opens to side of house
- Very removed from sidewalk



Housing Type Matters: Before and After

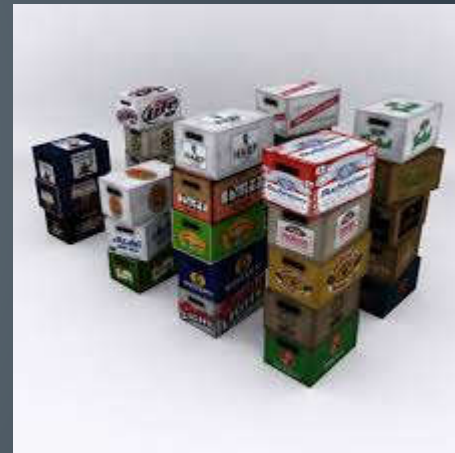
Chestnut / Downtown



Hazelwood / South End



Harm Reduction: Safely purchasing drug



Harm Reduction is a *practice* not a *policy*

- Home visit every Tuesday at 10:00am
- Social Worker and Peer Supporter go shopping with Nick
- Using Nick's own money, service team helps Nick purchase food, beer and cigarettes for the week



We Finally Figured It Out...

- Nick very stably housed
- Rent is paid on time
- No landlord complaints!
- Nick able to build positive support system
- Attends Harm Reduction Group every Thursday
- Participates in home visit every Tuesday
- Connected with primary care provider (PCP)
- Alcohol use is managed
- No need to borrow money
- Nick does not struggle with visitors taking over his unit

That's great. What if you take a vacation?

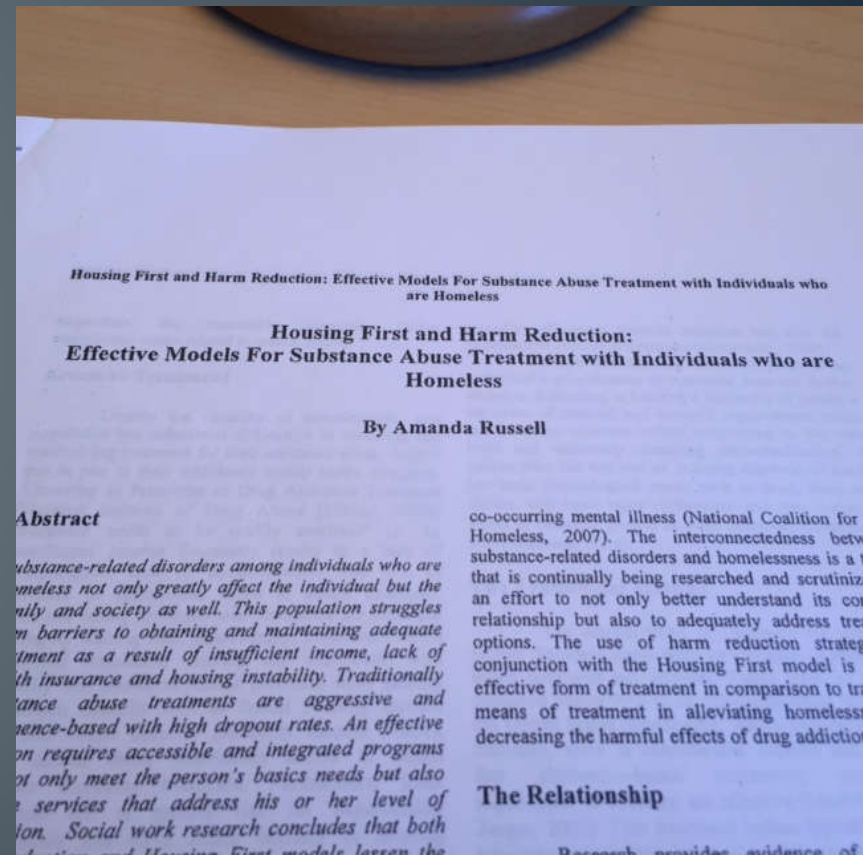


FHC Phoenix: Building the Team

- Values-Based Hiring
- Values-Based Evaluation

Values-Based Hiring

- Applicants for housing team positions are given an article on Housing First and Harm Reduction.
- Applicants are evaluated not only on education, work history and references... but also for values (compatibility with our work and our team).



Everybody in, nobody out.



- Harm Reduction is practice, not a policy.

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What about after hours care?

Implication #9

How to respond to after hours care?

- Some Housing First fidelity tests demand after hours care (for example: 2nd shift coverage from 4pm – midnight or 24/7 on-call coverage).
- We want to be the best program we can be. We considered both options.
- 24/7 resources for crisis and emergency needs already exist in our community.

How to respond to after hours care?

- We chose to let existing community resources meet our clients' after hours crisis and emergency needs.
- We have no after hours coverage from our clinicians at all.
- Clinicians are encouraged to turn their phones off when they go home. We are never on call.

Balance



8 hours = work

8 hours = play

8 hours = sleep

Contact information

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