

Recovery Coaching a Harm Reduction Pathway By Jim Wuelfing & Dean LeMire



Learning Objectives



- **Define** harm reduction as a practice and as a social movement.
- **Examine** one's beliefs and values around a harm reduction pathway of recovery.
- **Compare** and contrast principles of harm reduction and recovery coaching.
- **Define** and locate opportunities for improving a Recovery-Oriented System of Care that serves People Who Use Drugs.





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Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.

Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.





Harm reduction can be viewed as an end in itself with a focus on mitigating harm to individuals, families, and the community as a whole...[and] harm reduction strategies can be viewed collectively as a platform or point of access for promoting long-term health, and, for those with severe alcohol and other drug problems, long-term personal and family recovery.

Arthur C. Evans, Jr., CEO, American Psychological Association





"Harm reduction is a way of life...It's a way of reducing harm or risk in any practice in which you're involved."



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Edith Springer Former member, 1993 Harm Reduction Working Group, Clinical Director, NY Peer AIDS Education Coalition





"Any positive change as a person defines it for him/herself."



John Szyler

Co-founder, Chicago Recovery Alliance





Meeting People Where They're At...

And Not Leaving Them There.

Adapted Harm Reduction motto Source Unknown





Compare: Recovery Definition



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





Morphine Maintenance Clinics: In late 19th/Early 20th Century, morphine maintenance clinics and office-based morphine prescribing are used to treat opiate addictions. An industry of detoxification-based 'cures' emerged to end narcotics addictions suddenly with and without therapies addressing detox symptoms. This industry's self-reported and faulty success rates convinced U.S. government to restrict prescription-based maintenance programs. The 1914 Harrison Anti-Narcotics Act outlawed narcotics such as morphine and cocaine except for 'legitimate' medical purposes; the Supreme Court's 1919 Webb V. United States decision effectively outlawed the practice of narcotics-based addiction treatment.







Syringe Access Programs: Emerging bloodborne virus crises worldwide led to a controversial prevention tactic – syringe access programs (SAP). In 1984, people who injected drugs in the Netherlands started the first SAP in Amsterdam to address the spread of Hepatitis B. Two years later, small underground networks of drug users, researchers, and AIDS activists began distributing sterile injection drug equipment in the United States. In 1988, the first legally sanctioned SAP in the U.S. was established in Tacoma, Washington after Dave Purchase, a drug counselor, challenged state and city laws and operated an SAP in plain view. There are 335 syringe access programs active in the U.S. as of 2018.



Needle Exchange for Addicts Wins Foothold Against AIDS in Tacoma

By JANE GROSS

TACOMA, Wash, Jan 20 – On a rainswept street corner in this grimy mill town, just steps from a heroin shooting gallery. David Purchase gives out clean syringes in exchange for dirty ones – 13,000 needles is all since he set up his folding table fivemonths ago.

"How does this work?" a toothess addict asked this work, suspicion in his eyes, as he approached the table heaped with condoms, bottles of bleach and alcohol swabs, some of the other tools of AIDS prevention.

"You give me an old one, I give you a sterile one, and it keeps your butt alive," said Mt. Purchase, who also of fered a fistful of condoms and a bit of bilingual advice on tvoiding sexual transmission of acquired immune deficiency syndrome.

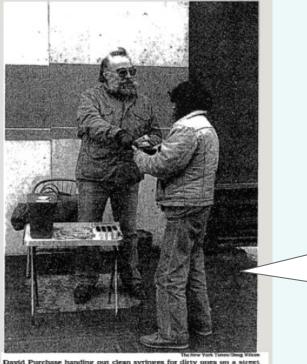
"No guante, no amarte; no glove, no love," Mr. Purchase called out as the man headed down Commerce Street, past rescue missions, pawn shops and the places where the poor sell their blood.

A Pioneer Program

Mr. Purchase's one-man war against AIDS was the nation's only needle-exchange program when it began here in August, in the community south of Seattle that has 63 AIDS cases and 3,000 intravenous drug users. New York City, home to 18,000 AIDS cases and 200,000 addicits, nov also dispenses uncontaminated syringes, but the Tacoma exchange remains more successful and less contentious.

The more modest exchange in New York City, which began in November, has been hobbled by the outcry of lawenforcement officials and some politicians, who say is prometes drug abuse, and by neighborhood groups that succeeded in confining the project to a Government office in Lower Manhattan. The New York program has dispensed 76 needles to 55 addicts, compared with hundreds strved here each week.

"It's not user-friendly," Mr. Pur-



David Purchase handing out clean syringes for dirty ones on a street corner in Tacoma, Wash. His one-man war against AIDS was the na-





Participant: "How does this work?"

Dave Purchase: "You give me an old one, I give you a sterile one, and it keeps your butt alive."

Article & photo left: The New York Times Photo above: The News Tribune



Housing First is premised on the notion of housing as a basic human right that cannot be denied, even for those who continue to use alcohol and other substances and/or refuse to participate in prescribed services. Housing First programs usually incorporate 'wraparound' services addressing residents' global health and offer permanent, independent housing for free or for up to 30% of a resident's income. The Housing First model was popularized by Sam Tsemberis and the NYC-based Pathways to Housing program launched in 1992. Similar programs have since been implemented in most U.S. cities and European countries, Australia, and Canada.







Supervised Consumption Spaces are medically supervised facilities designed to provide hygienic and comfortable environments in which individuals are able to consume illicit drugs and access treatment and other health services and education. The SCS concept is an outgrowth of low-barrier drop-in centers offering sanctuary, peer support, a range of health and social services, and sterile drug equipment for homeless and drug-using populations. The first SCS opened in Berne, Switzerland in 1986. InSite, the first SCS in North America, opened in Vancouver, British Columbia, Canada in 2003. There are currently over 100 SCS's operating worldwide; only underground SCS's in the U.S. as of April 2019.



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Naloxone has been used to reverse opioid overdoses by emergency medical personnel since the 1960s; following years of illegal dispensing and use of the opioid overdose reversal medication among people who use drugs, states began allowing use and administration by non-medical personnel in late 2000's. As of 2019, naloxone is legally available without a prescription in 41 states.







Drug User Unions have organized in the U.S. and other countries since 1988 to achieve various objectives. These organizations often develop formal and informal supports delivered by and for people who use drugs. Drug User Unions also lead policy advocacy efforts to remove barriers to drug user survival, health, and rights to employment and housing. The very existence of these organizations challenges a range of beliefs about people who use drugs.

What might some of those beliefs include?







Harm Reduction: A Movement



"Harm Reduction with a capital 'H' and 'R' -- this is the movement, one that __ shifts resources and power to the people who are most vulnerable to structural violence." *Monique Tula, E.D., Harm Reduction Coalition*

- Addresses institutional discrimination that impacts sex workers, communities of color, people who use drugs
- Delivers services to and with these populations
- Led largely by People Who Use Drugs, people in abstinence-based recovery, current and former sex workers



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Harm Reduction: A Movement



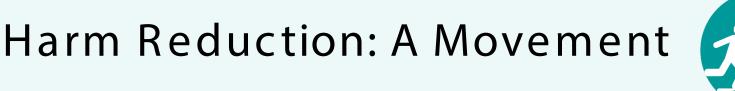
Forming

Began by people who use/d drugs largely in response to poor national response to AIDS crisis. In 1993, Syringe Access Program leaders formed a working group, a definition of harm reduction, and a mission statement for what became the Harm Reduction Coalition.



Harm Reduction Working Group, San Francisco, 1993. Photo by Jasmin Shah.





Storming

Movement leaders have clashed against moralistic and abstinence-based recovery paradigms, policies that marginalize and criminalize vulnerable populations, and even against each other on how best to address these challenges.





Harm Reduction: A Movement



Norming

Through activism, education, partnerships with researchers, and civil disobedience, the movement has made significant incremental gains in public policy and public and professional acceptance.

Can you think of examples?





Recovery-Oriented Systems of Care



A Recovery-Oriented Systems of Care (ROSC) is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resilience of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems.









- Recovery emerges from hope
- Recovery is person-driven
- Recovery occurs via many pathways









- Recovery is holistic
- Recovery is supported by peers and allies
- Recovery is supported through relationship and social networks









- Recovery is culturally-based and influenced
- Recovery is supported by addressing trauma
- Recovery involves individual, family, and community strengths and responsibility
- Recovery is based on respect









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- Recovery is supported by addressing trauma
- Recovery involves individual, family, and community strengths and responsibility
- Recovery is based on respect









Harm Reduction...

 Accepts, for better and or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them







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Harm Reduction...

 Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe abuse to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others





Harm Reduction...

 Establishes quality of individual and community life and well-being – not necessarily cessation of all drug use – as the criteria for successful interventions and policies.







Harm Reduction...

 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.







Harm Reduction...

 Ensures that drug users and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them.







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Harm Reduction...

 Affirms drug users themselves as the primary agents of reducing the harms of their drug use, and seeks to empower users to share information and support each other in strategies which meet their actual conditions of use.



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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.



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Harm Reduction...

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





Comparing Principles



Are there any discrepancies between the principles of **Recovery** and the principles of **Harm Reduction**?

Are there any principles that correlate with each other? Which ones?





Comparing Principles



Why do you think these sets of principles were created separately?





Harm Reduction Specific Resources *for recovery coaches*



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Motivational Interviewing (MI)

An evidence-based practice and defined set of conversational tools for encouraging, facilitating and supporting behavior change. MI involves non-coercive strategies for approaching resistance to/ambivalence about positive health and life changes.

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Target Trainees are people who...

- Work directly with persons in a medical, clinical, peer-based capacity
- Work with persons in contemplative, preparation, action stages of change
- Wish to broaden and elevate their recovery coaching skills

motivationalinterviewing.org

Harm Reduction Specific Resources

MANAGEMENT



Online, in-person, and phone-in meetings that utilize an empowerment model of self-selected behavioral change and alcohol-related risk reduction. Includes supplemental literature.

Target Participants are people who...

- May/not be attracted to spirituality/faith-based fellowships or recovery programs
- May/not have symptoms of a severe alcohol use disorder
- May/not aim to cease all alcohol use



Harm Reduction Specific Resources

Photo Credit: NH Union Leader



Syringe Services Programs

for recovery coaches

Syringe Services Programs (SSPs) provide sterile drug use equipment, overdose reversal medications and education, and referrals to health services upon request.

Find your local SSP <u>nasen.org/map</u>



Harm Reduction Specific Resources for recovery coaches

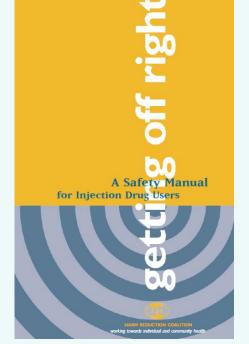


Harm reduction organizations are constantly developing and releasing free drug use safety resources. Coaches can share this knowledge with recoverees without condoning or promoting drug use.

Learn about safer drug use strategies

- tinyurl.com/GettingOffRightManual
- <u>harmreduction.org/webinar-archive</u>





Harm Reduction Specific Resources for recovery coaches



Community Reinforcement and Family Training (CRAFT) A highly effective, evidence-based style of family intervention that uses non-confrontational, noncoercive techniques to offer practical support to and motivate a family member toward treatment and/or recovery supports.

Learn more drugabuse.com/craft



Consider this Statement



Harm reduction is a worthy recovery goal whether or not abstinence is ever achieved.





Thank You!

