Ethical Decision Making in Housing First & Harm Reduction

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Overview

Review Key Principles of HR in Housing First Context

Review Ethical Frameworks

Ethical Tensions Posed by HR

Ethical Decision Making Model

Case Study

Application

Harm Reduction and Housing First

Key tenant of Housing First fidelity too often overlooked

● Watson et al. Harm Reduction Journal (2017) 14:30

- National Sample of literature found only 46% of studies explicitly state harm reduction as a component of the Housing First program model at various sites

■ Rapid expansion & dilution of fidelity

■ Controversial approach

■ Systems approach – philosophy VS program model

●Suggests the need for fidelity measures

●HUD Housing First Assessment Tool

●Housing First Fidelity Index

○Watson et all. Substance Abuse Treatment, Prevention, and Policy (2013) 8:16

What is Harm Reduction?

- “An approach to working with drug users that aims to reduce drug related harm to individuals, their families, and communities *without necessarily reducing the consumption of drugs and alcohol.”*

  -Pat Denning *Practicing Harm Reduction Psychotherapy*

- “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 Coalition

Harm Reduction Basics

- “Compassionate Pragmatism”
- Historically Associated with Substance Use but not limited
- Spectrum of Client-Directed Goals

  Reduction of Risks -> Total Abstinence

  Everything in Between
- Scientific- Committed to discovery and implementation of evidence based *practical* interventions (Tatarsky A, Marlatt GA, 2010)

Principles of Harm Reduction

Humanism

Pragmatism

Individualism

Incrementalism

Autonomy

Accountability Without Termination

Hawk, M. et al. *Harm Reduction Journal* (2017) 14:70

Harm Reduction

Common criticisms of harm reduction:

1. It encourages use
2. It sends mixed messages
3. It fails to get people off substances

Responses:

1. Significant literature supports the opposite (Tyndall et al. 2005)
2. Ignores the pragmatic
3. While it may not get all people off, that is not the primary goal, reduction of harms while recognizing behaviors that persist is. (Christie T. et al. 2008)

Ethical tension examples posed by HR in Housing First

Education of safer usage practices

Refocusing sexual energies during hypersexualized behavior

Developing ideal use plans

Low profile coaching for housing retention

Repeated overdose education and safety planning

“Don’t Use Alone”

Money management for substance use budgeting

Harm reduction in self cutting

Ethical Decision Making

Some Ethical Frameworks

Deontological Ethics

Immanuel Kant - Duty-Driven. Can the principles be universalized without contradiction? Any kind of harm, even if assisted by a practitioner, is not moral if it is a contradiction to the practitioner's basic obligation. (Shaul Lev-Ran et al. 2014)

Universalism Ethics

John Stuart Mill - Action is "moral" if it tends to promote the greatest benefit for the greatest number of people. (Shaul Lev-Ran et al. 2014)

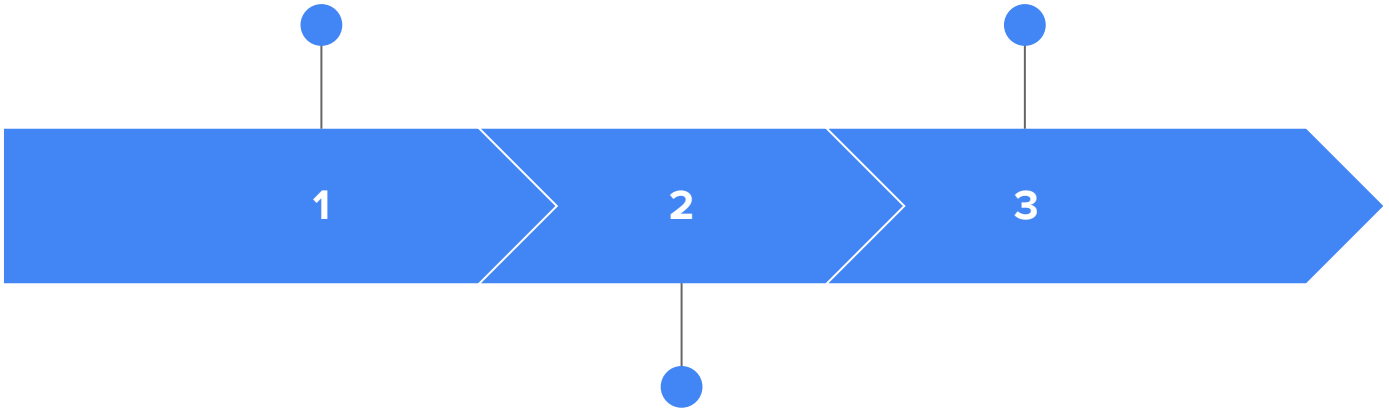
Virtue Ethics

Aristotle - Accounts for context and consequences, without reducing ethics to simple matters of promoting pleasure, avoiding pain, and doing one's duty. (Christie T. et al. 2008)

White & Popovits model of ethical decision making:

1. Whose interests are involved & who can be harmed?

3. What standards of law, professional propriety, organizational policy, or historical practice apply to this situation?



Ethically Informed Decision

2. What universal or culturally specific “values” apply to this situation & what course of action would be suggested by these values? Which of these values are in conflict with the situation?

Autonomy- self rule; human dignity
Beneficence- bring about good
Nonmaleficence-do no harm

(White W, Popovits R. Critical incidents: Ethical issues in the Prevention and treatment of addiction (2nd ed.). Bloomington, Ill.: Chestnut Health Systems, 2001)

THE GRAY AREA

Ethical questions won’t always lead to the same conclusions but should be guided by a framework

Case Study

Reggie is a formerly homeless individual working with your agency around housing and behavioral health support. He says he doesn't currently use in his place but he has a decades long history with heroin use. He has an on & off girlfriend who uses and recently entered a detox stabilization program. He was evicted from his last residence because of repeated complaints of dealers taking over. He has had 3 overdoses in the last year, during one he technically "died." He plans to continue to use though he knows it's dangerous.

On a recent home visit he asked for help getting care for a significant absess though he is very ambivilant about inpatient medical and substance use support. He also notes a slight interest in moving out of the area where there is a lot of drug activity. Neighbors report Reggie is using his apartment as a source of income and means of fueling his substance use.

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1. **Reggie. Potentially his girlfriend. Neighbors. You & your agency are involved but not the focus.**

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1. Reggie, his girlfriend. Maybe immediate community around Reggie's apartment. You to a lesser degree.

2. Reggie has the right to his own body and decisions, even if risky. His decision is to continue use though. Reggie is weighing the pros and cons of treatment and moving. He's still using the theraputic alliance with you as a tool.

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3. Must address the immediate life threatening medical need. Heroin possession is illegal. OD prevention is pivitol. Agency requires safety planning. Neighbors have a right to a "safe" community.

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Harm Reduction Principles

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- Pragmatism
- Individualism
- Autonomy
- Incrementalism
- Accountability Without Termination

Overall conclusion in Reggie’s situation?

Questions, Comments, etc...

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