

Welcome Activity



Grab a sticky note and answer the question below:

What types of high-risk behaviors do you see in your programs? Think broadly!

Place your notes on the wall when finished



**CENTRAL CITY
CONCERN**

HOMES HEALTH JOBS



Harm Reduction

**Practical strategies to support participants with
high-risk behaviors**

Mike Savara, CSWA, CADC III
Team Lead, Bud Clark Commons Case Management
Central City Concern

Shalonna Jackson
Resident and Community Service Coordinator
Home Forward

What is Harm Reduction?



Broad Definition: Harm Reduction is a public health approach that focuses on *reducing associated risks* and consequences from *high risk behaviors* while improving *quality of life* for the individuals and communities that the approach targets (Marlatt, Larimer, Witkiewitz, 2011).

Reducing Associated Risks: Note that it doesn't look at trying to target the *behaviors* themselves, at least not always. The focus is on the consequences of the behaviors.

High Risk Behaviors: Broadly, anything that is causing an individual or community to experience negative consequences, eg. drugs and related behaviors, risky sex, medication adherence, living outside, etc.

Quality of Life (QoL): The focus is on improving the targets life, not on prescribing a moral grid for us to imprint onto them (abstinence, for instance) We learn from the client population what they will see as an improvement

Housing First as Harm Reduction



- True HF interventions require the use of Harm Reduction principles and programmatic philosophies
- Pathways describes Harm Reduction as “the central philosophical approach in working with addiction and psychiatric symptoms in the PHF program” (p. 30)
- In homeless services, it’s common to describe a program as doing “housing first” but also mandating treatment, high barriers to getting help or excessive rules and regulations

Responses and Interventions



- This requires ingenuity, collaboration and creativity
- Traditional, non-harm reduction responses as compared to harm reduction responses
- We focus on the harm caused by the behaviors, not always the behaviors themselves

What do your programs do to reduce risk and improve quality of life for participants?

Bud Clark Commons Strategies



130 Unit Permanent Supportive Housing building,
single site HF design in Portland, Oregon



Bud Clark Commons Strategies



- Narcan Administration and Training
- Housekeeping supports
- Acute Care Clinic on site
- Case Management staff trained in A&D and Mental Health
- Property Management support for challenging behaviors
- Onsite Needle Exchange plans
- Reduced ambulance utilization
- Accessible groups for all

Q&A



- How do we maintain fidelity to the HF model while managing the challenges a changing landscape of services?
- What strategies do your programs use to help residents engaged in high risk behaviors?
- How do we work together with resident services/property management to advocate and support participants?

Harm Reduction Psychotherapy



Principles of Harm Reduction Psychotherapy - From Denning and Little, 2012

- 1.** Meeting the client as an individual
- 2.** Starting where the client is
- 3.** Assuming the client has strengths that can be supported
- 4.** Accepting small incremental changes as steps in the right direction
- 5.** Not holding abstinence (or any other preconceived notions) as a necessary precondition of the therapy before really getting to know the client
- 6.** Developing a collaborative, empowering relationship with the client
- 7.** The importance of destigmatizing substance users

Substance Use Management



SUM: an intervention designed to...

- 1.** Help people *analyze* specific nature of their drug use
- 2.** *Educate* them about changes to reduce harm
- 3.** *Plan* for desired goals
- 4.** *Teach skills* necessary to exert more control over their use

Substance Use Management

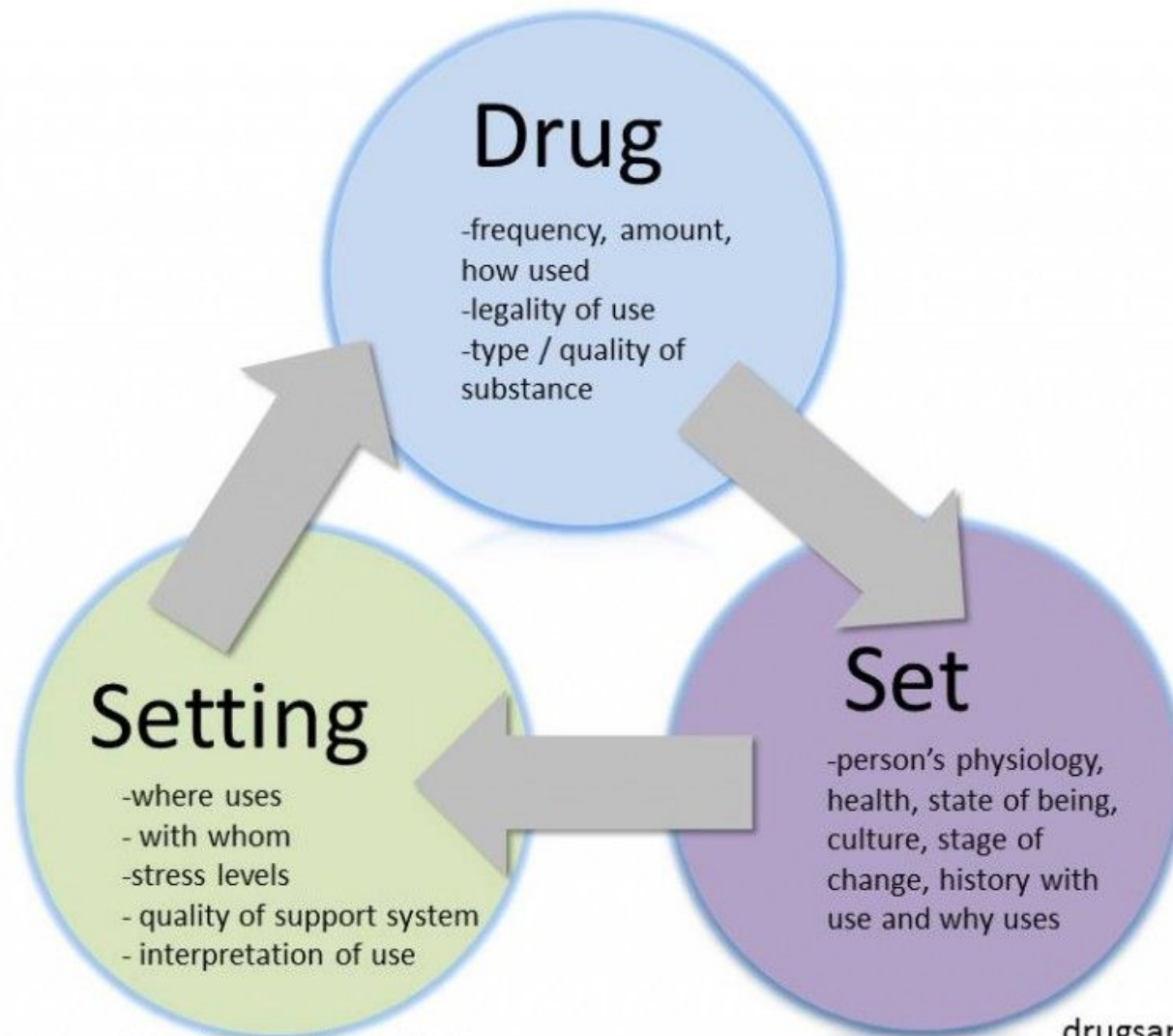


Goal of SUM: Increase *awareness* of the reasons for using each drug, staying focused on what they want in the drug experience and to increase their capacity to choose the drug use that accomplishes what they want.

To accomplish this, we focus on techniques to change:

- The amount used
- The desired effect
- The numbers/types of drugs used together
- Frequency of use
- Route of administration
- The setting

Drug, Set and Setting



References and Further Study

- Marlatt, G. A., Larimer, M. E., and Witkiewitz, K. (Eds.). (2011) *Harm Reduction : Pragmatic Strategies for Managing High--Risk Behaviors* (2nd Edition). New York, NY, USA: Guilford Press
- Marlatt, G. A. (1996). Harm reduction: Come as you are. *Addictive Behaviors*, 21(6), 779-788.
- Denning, P. (2000). *Practicing Harm Reduction Psychotherapy* (1st ed.). New York, NY: Guilford Press.
- Padgett, D., Henwood, B. F., & Tsemberis, S. J. (2016). *Housing first ending homelessness, transforming systems, and changing lives*. Oxford: Oxford University Press.

