Objectives

- Participants will gain an understanding of what harm reduction is in clinical practice and understand how to use harm reduction techniques to treat substance use disorders.
- Participants will be able to use interventions based on clients’ stage of change to better meet clients where they are, increase client motivation, and progress clients towards their treatment goals.
- Participants will understand ethical considerations in using harm reduction to treat substance use disorders and how to navigate potential ethical concerns.
The Epidemic We Are Facing

More than 106,000 persons in the U.S. died from drug-involved overdose in 2021, including illicit drugs and prescription opioids.

Perceived Need for Treatment

Figure 60. Perceived Need for Substance Use Treatment: Among People Aged 12 or Older with a Past Year Illicit Drug or Alcohol Use Disorder Who Did Not Receive Substance Use Treatment at a Specialty Facility in the Past Year; 2021

447,000 Felt They Needed Treatment and Made an Effort to Get Treatment (1.1%)
837,000 Felt They Needed Treatment and Did Not Make an Effort to Get Treatment (2.1%)
39.5 Million Did Not Feel They Needed Treatment (96.8%)

40.7 Million People with an Illicit Drug or Alcohol Use Disorder Who Did Not Receive Substance Use Treatment at a Specialty Facility

Note: People who had an illicit drug or alcohol use disorder were classified as needing substance use treatment.
Reasons People Do Not Seek Treatment

- Did not find the program that offered the type of treatment that was wanted (15 percent)
- Might cause neighbors/community to have negative opinion (17 percent)
- No healthcare coverage and could not afford cost (20 percent)
- Did not know where to go for treatment (23 percent)
- Not ready to stop using (40 percent)

We Need Other Options:

Harm Reduction

(SAMHSA, 2022)
What is Harm Reduction

- Harm reduction is grounded in social justice and human rights
  - A philosophical and political movement
- Harm reduction interventions aim to meet people where they are and minimize consequences/harm in order to promote positive change
  - Micro (e.g., designated driver/uber, switching to less dangerous substance, etc.)
  - Macro – public health policy (e.g., needle exchanges, safe injection sites, etc.)
- Harm reduction is a spectrum
  - Reducing consequences
  - Reducing use (external and internal accountability)
  - Abstinence is a part of the harm reduction spectrum

Presented by: Sonia Roschelli, LCSW-S, LCDC and Daryl Shorter, MD
Harm Reduction Programs & Strategies

**Services**
- Overdose reversal education & training
- Navigation services to ensure linkage to HIV, viral Hep prevention, testing, and care
- Referral to Hep A/B vaccination
- Provision of information on local resources and/or referrals for HIV PEP and/or PrEP
- Referral to wound care services

**Supplies**
- Overdose reversal supplies (e.g., naloxone kits)
- Substance test kits (including fentanyl strips)
- Safer sex kits, including condoms
- Sharps disposal, medication disposal kits, and medication lock boxes
- Wound care supplies
- Supplies to promote sterile injection
- Safer smoking kits
- Home testing kits for HIV, viral Hepatitis

**Note:** These interventions now represent allowable costs covered by SAMHSA funds

Harm Reduction vs. Recovery

<table>
<thead>
<tr>
<th></th>
<th>Harm Reduction</th>
<th>Recovery</th>
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</thead>
<tbody>
<tr>
<td>Person-centered and individualized</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Improve health and wellness</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Self-directed goals</td>
<td>✔️</td>
<td>✔️</td>
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<tr>
<td>Collaborative</td>
<td>✔️</td>
<td>✔️</td>
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<tr>
<td>Progress can be non-linear</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Strengths-based</td>
<td>✔️</td>
<td>✔️</td>
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<tr>
<td>Holistic</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Empowering</td>
<td>✔️</td>
<td>✔️</td>
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</tbody>
</table>
Historical Perspectives on Harm Reduction

- **United Kingdom (Merseyside) Model**
  - 1920s: Rolleston Committee
  - 1980s: "Cautioning"

- **Dutch Model**
  - 1972: Narcotics Working Party
  - 1976: Dutch Opium Act
  - 1980: "Junkiebond"
  - 1984: First needle exchange program

- **US Model**
  - Early 1990s: Introduction of harm reduction principles
  - 1995: Policy statements/recommendations to Office of National Drug Control Policy

Early Principles of Harm Reduction

- Public health alternative to moral/criminal and disease models of addiction

- Model recognizes abstinence is an ‘ideal outcome’ but accepts alternatives that reduce harms

- “Bottom-up” approach based upon advocacy for/by persons who use drugs rather than a top-down policy

- Low-threshold access to services as an alternative to traditional high-threshold approaches
Contemporary Approaches to Harm Reduction (1)

- Accept drug use as a part of our world and choose to work to minimize its harmful effects rather than ignore or condemn.
- Recognize drug use as a complex, multi-faceted phenomenon that encompasses a continuum from severe use to total abstinence & acknowledges some ways of using are safer than others.
- Criteria for successful intervention/policy = Quality of individual and community life, not necessarily cessation of drug use.
- Non-judgmental, non-coercive services and resources to PWUD and their communities to reduce attendant harm.

Contemporary Approaches to Harm Reduction (2)

- Ensures PWUD have a real voice in creation of programs and policies designed to serve them.
- Affirms PWUD as the primary agents of reducing the drug-related harms and empowers information sharing and support of each other in strategies which meet conditions of use.
- Recognizes that poverty, class, racism, social isolation, past trauma, sex-based discrimination, and social inequality affect vulnerability to and capacity for dealing with drug-related harm.
- Does not attempt to minimize or ignore the real and tragic harm and danger that can be associated with drug use.
Contemporary Approaches to Harm Reduction (3)

- **Housing First**

- Autonomous health movements: “people have reclaimed autonomy over their own and their community’s health by looking past stigma and institutionalized ideals of health [in order to] meet people’s actual needs.”

- **Pillars**
  - Use medical knowledge of the community
  - Relocate power & return resources to the community; balance the power dynamic
  - Rejection of legality

---

Barriers to Implementation

- **Individual level**
  - Fear, mistrust of health care systems
  - Attitudes (stigma, lack of acceptance)

- **Interpersonal**
  - Familial and/or relational barriers to accessing SUD treatment
  - Gender-based violence

- **Institutional**
  - High organizational expectations of PWUD
  - Lack of available services
  - Limited regulatory knowledge among HCWs; policy and liability concerns

- **Population-level**
  - Negative stereotypes, racism/sexism, homo/transphobia, stigma
  - Criminalization of substance use/possession
Facilitators to Implementation

- Education
- Openness
- Community support
- Organizational support; policy and addressing liability
- Flexible harm reduction services
- Specialized team, continuity of care
- Specific strategies, supplies (e.g., sharps containers)

Harm Reduction Effectiveness (1)

**Alcohol**
- Interventions to reduce road trauma – well supported
- Limited research to support alcohol HR interventions
- Managed Alcohol Programs (MAP) - alternative to zero-tolerance, incorporates drinking goals compatible with patient needs
- 2012 Cochrane analysis found NO studies eligible for study inclusion

**Tobacco**
- Medicinal nicotine products – harm reduction or treatment?
- Smoking substitution – Electronic cigarettes, snus, heated tobacco
- Limited research to support tobacco HR interventions reduce tobacco-related exposure, morbidity, or mortality
- Physical activity – delays occurrence of disease, premature death initiated by tobacco use
Harm Reduction Effectiveness (2)

- **Drugs**
  - Supervised injection facilities (Canada) - ↓Opioid overdose morbidity, mortality; improved injection behaviors; improved access to treatment; no increase/reduction in crime
  - Housing First – preliminary evidence suggests reductions in DT, substance-related mortality; more research needed
  - Syringe Service Programs (SSP) - clients may be more likely to seek treatment; direct social services & housing critical components
  - Harm reduction agencies as preferred potential sites for buprenorphine maintenance treatment

Harm Reduction Effectiveness (3)

- RAND study in 1976 finds that of 2000 men treated at 44 NIAAA funded treatment centers, 22% of the men were consuming alcohol at moderate levels (Braiker & Polich, 1977) (Hodgson, 1979).

- Sobell Study (1970s), studied two groups, participants given behavior modification program focused on moderation vs. hospital-based abstinence programs. They found higher functioning in 1 and 2 year follow up for group with behavior modification intervention focused on moderation (Sobell & Sobell, 1973).

- In 1990, the Institute of Medicine of the National Academy of Sciences did a study that suggested for every 1 person with addiction to alcohol, 3 people were experiencing serious health problems. They found that most could stop or moderate alcohol use if they were provided brief education (IOM, 1990).
Harm Reduction Effectiveness (4)

- National Longitudinal Alcohol and Epidemiological Study conducted outcomes study of 4,585 who had been alcohol dependent at one point in their lives. There were 57.8% of participants who able to change their pattern so that they no longer met criteria for alcohol abuse* or dependence* (Grant, 1997).

- World Health Organization studied 1,490 people who drank heavily (but not dependent) at various locations around the world managed to maintain a shift down in drinking habits to about 1/3 at a 9-month review (WHO, 1996).

- National Epidemiologic Survey on Alcohol and Related Conditions did a yearly survey of 43,000 people aged 18 and older in 2001-2005. It suggested that 30% of adults will experience alcohol use disorder, and 70% of them will be able to return to moderate drinking (Hasin & Grant, 2015).

- We still need more research on harm reduction approaches and their effectiveness.

Objectives

- Participants will gain an understanding of what harm reduction is in clinical practice and understand how to use harm reduction techniques to treat substance use disorders.

- Participants will be able to use interventions based on clients’ stage of change to better meet clients where they are, increase client motivation, and progress clients towards their treatment goals.

- Participants will understand ethical considerations in using harm reduction to treat substance use disorders and how to navigate potential ethical concerns.
Transtheoretical Model of Change

The transtheoretical model (TTM) is a dynamic theory of change based on the assumption that there is a common set of change processes that can be applied across a broad range of health behaviors.

Ref: (Prochaska et al., 1994, 2002; Prochaska and Velicer, 1997)

Stages of Change + Harm Reduction

The Stages of Behavior Change

- Precontemplation (consider the problem)
- Contemplation ( aware of the problem and of the desired behavior change)
- Preparation (tends to take action)
- Action (practices the desired behavior)
- Maintenance (enough to sustain the behavior change)

Amount, Frequency, Intent, Impact

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and Daryl Shorter, MD
Incorporating Harm Reduction

- Clinicians can explore patient’s goals and motivation to bring a change instead of a traditionally used approach of negotiating a plan to abstinence. This patient-led principal focuses on the problem without insisting on abstinence.

- Goal: to prevent fatal outcomes

---

Stages of Change

- Pre-Contemplation
- Contemplation
- Preparation
- Action
- Maintenance

Stages of Grief

- Denial
- Anger
- Bargaining
- Depression
- Acceptance
Pre-Contemplation

Goal: Insight + Connection
Theme: Curiosity

Characteristics/Emotions
- Denial/Minimization
- Externalization
- Anger/Irritability

Harm Reduction Strategies
- Build Rapport/Alliance
- Emphasize Commitment to Client-Centered Approach
- Gather Information & Assess
  - Person-in-Environment
  - History of Substance Use
  - Function of Substance Use
  - Client Values/Goals
  - Biopsychosocial Impact of Substance Use
- Develop Insight using a curious stance
- Reduce Harm

Interventions
- Safety Assessment
- Rapport Building
- Psychoeducation
- Identify Strengths
- Values Work
  - Gratitude
  - Interests
- Develop Awareness/Insight
  - Reflective Listening and other MI skills
  - Curiosity
- Family Education and support

Contemplation

Goal: Awareness
Theme: Curiosity + Information

Characteristics/Emotions
- Anxiety/Fear
- Anger/Frustration
- Externalization ("Bargaining")
- Increased Awareness of Function & Consequences of Substance Use

Harm Reduction Strategies
- Build Rapport/Alliance
- Acknowledge/Validate Increased Awareness
- Validate & Empathize with Fear & Anger
- Introduce a RANGE of options
- Emphasize Client Choice
- Build Distress Tolerance

Interventions
- Reflect & Reinforce Increased Insight & Awareness, Build Motivation
  - How these relate to values & goals
  - MI Skills
  - Cost/Benefit Analysis
- Discuss Alternate ways to meet needs
- Develop & Practice Distress Tolerance Skills and Mindfulness
- Identify supports

Presented by: Sonia Roschelli, LCSW-S, LCDC and Daryl Shorter, MD
Using Harm Reduction to Treat Substance Use Disorders: Application and Ethical Considerations

**PREPARATION**
**Goal:** Encourage
**Theme:** Plan + Practice

<table>
<thead>
<tr>
<th>Characteristics/Emotions</th>
<th>Harm Reduction Strategies</th>
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</thead>
<tbody>
<tr>
<td>• Anxiety/Fear</td>
<td>• Build Rapport/Alliance</td>
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<tr>
<td>• Frustration/Apprehension</td>
<td>• Acknowledge/Validate Emotions</td>
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<tr>
<td>• Internalization – Shame</td>
<td>• Validate Change – even/especially SMALL changes</td>
</tr>
<tr>
<td>• Grief</td>
<td>• Reinforce Benefits of Change</td>
</tr>
<tr>
<td>• Sadness/Depression</td>
<td>• Acknowledge client challenges and strengths</td>
</tr>
<tr>
<td>• Increased Awareness of Function &amp; Consequences of Substance Use</td>
<td>• PLAN, PLAN, PLAN</td>
</tr>
<tr>
<td></td>
<td>• Create a harm reduction plan</td>
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</tbody>
</table>

**Harm Reduction Plan**

**Guidelines:**
- On the average day when I plan to use ____________, I plan to use no more than _____ per day.
- During an average week, I plan to use ____________ on no more than ____ days. Or, I plan to use on less than 1 day per week. How often will I plan to use if less than 1 day a week?
- I plan to use ____________ only under the following conditions:
- I plan not to use ____________ at all under the following conditions:
- Other guidelines:
- Warning signs:

<table>
<thead>
<tr>
<th>Internal (known to only you)</th>
<th>External (can be observed by others)</th>
<th>Red Flags (when I need to revise my plan)</th>
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<tbody>
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</table>

- Who I can share my plan with:
- How I’d like my support system to share concerns:
- What will I do if my plan is not working:

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**PREPARATION**

**Goal:** Encourage

**Theme:** Plan + Practice

**Characteristics/Emotions**
- Anxiety/Fear
- Frustration/Apprehension
- Internalization – Shame
- Grief
- Sadness/Depression
- Increased Awareness of Function & Consequences of Substance Use

**Harm Reduction Strategies**
- Build Rapport/Alliance
- Acknowledge/Validate Emotions
- Validate Change – even/especially SMALL changes
- Reinforce Benefits of Change
- Acknowledge client challenges and strengths
- PLAN, PLAN, PLAN
  - Create a harm reduction plan

**Interventions**
- Explore function of substance use and identify alternate ways to meet needs
- Identify supportive people, places, activities
  - Harm Reduction Plan
  - Phone Numbers
  - Distress Tolerance Skills
- Identify barriers/triggers
  - Brainstorm strategies to avoid or minimize
- Identify helpful distress tolerance strategies
  - Moderation Strategies
  - DBT
  - Community Supports

**Moderation Strategies**
- Know your limits
- Pace and Space
- Dilute
- Rotate Nonalcoholic and alcoholic beverages
- Use slowly and mindfully
- Know your point of no return
- Address physical needs first – Are you hungry? Thirsty? Tired?
- Eat before drinking or using
- Be mindful and note your urges
- Do not use when you are upset
- Don’t use alone
- Don’t keep substances in the house
- Use in social situations only
- Find a nonalcoholic drink
- Practice refusal skills
- Avoid high risk situations
- Avoid those who use heavily
- Be a designated driver
- Plan an early event for the next day
- Have an accountability partner
- Keep a diary and record use
- Tangible reminders
- Use rewards
- Create new traditions
- Identify natural highs

Turner, 2020
### ACTION
**Goal:** Support  
**Theme:** Validate & Problem-Solve

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<tbody>
<tr>
<td>• Frustration</td>
<td>• Build Rapport/Alliance</td>
<td>• Review elements of success &amp; challenge</td>
</tr>
<tr>
<td>• Exhaustion &amp; Defeat</td>
<td>• Acknowledge/Validate Emotions</td>
<td>• Review Harm Reduction Plan</td>
</tr>
<tr>
<td>• Grief</td>
<td>• Acknowledge/Validate Behavior</td>
<td>• Monitoring Your Moderation Plan</td>
</tr>
<tr>
<td>• Hope</td>
<td>• Reinforce Benefits of Change</td>
<td>• Make necessary changes</td>
</tr>
<tr>
<td>• Self-Esteem</td>
<td>• Identify &amp; CELEBRATE Effort &amp; Success</td>
<td>• Catch slips/relapse early</td>
</tr>
<tr>
<td></td>
<td>• Acknowledge client strength &amp; resilience</td>
<td>• Identify challenges</td>
</tr>
<tr>
<td></td>
<td>• PLAN, PLAN, PLAN</td>
<td>• Practice distress tolerance strategies</td>
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</tbody>
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**Characteristics/Emotions**
- Hope
- Self-Esteem
- Frustration
- Exhaustion

**Harm Reduction Strategies**
- Build Rapport/Alliance
- Acknowledge/Validate Emotions
- Acknowledge/Validate Behavior
- Reinforce Benefits of Change
- Identify & CELEBRATE Effort & Success
- Acknowledge client strength & resilience
- PLAN, PLAN, PLAN

**Interventions**
- Review elements of success & challenge
- Review Harm Reduction Plan
- Monitoring Your Moderation Plan
  - Make necessary changes
  - Catch slips/relapse early
  - Identify challenges
- Practice distress tolerance strategies
  - Moderation Strategies
  - DBT
- Community Supports

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### MAINTENANCE
**Goal:** Support  
**Theme:** Validate & Problem-Solve

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**Characteristics/Emotions**
- Hope
- Self-Esteem
- Frustration
- Exhaustion

**Harm Reduction Strategies**
- Build Rapport/Alliance
- Acknowledge/Validate Emotions
- Acknowledge/Validate Behavior
- Reinforce Benefits of Change
- Identify & CELEBRATE Effort & Success
- Acknowledge client strength & resilience
- PLAN, PLAN, PLAN

**Interventions**
- Review elements of success & challenge
- Review Harm Reduction Plan
- Monitoring Your Moderation Plan
  - Make necessary changes
  - Catch slips/relapse early
  - Identify challenges
- Practice distress tolerance strategies
  - Moderation Strategies
  - DBT
- Community Supports

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Presented by: Sonia Roschelli, LCSW-S, LCDC and Daryl Shorter, MD
Using Harm Reduction to Treat Substance Use Disorders: Application and Ethical Considerations

Reoccurrence of Problematic Use
Goal: Support + Normalize
Theme: Empathy + Encouragement

<table>
<thead>
<tr>
<th>Characteristics/Emotions</th>
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</thead>
<tbody>
<tr>
<td>• SHAME</td>
<td>• Acknowledge/Validate Emotions</td>
<td>• SAFETY ASSESSMENT</td>
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<tr>
<td>• Exhaustion &amp; Defeat</td>
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Interventions
- SAFETY ASSESSMENT
- Shame Resilience and Self-Compassion
- Review Harm Reduction Plan
- Make necessary changes
  - Identify challenges
- Practice distress tolerance strategies
  - Moderation Strategies
  - DBT
- Community Supports

Who is a good candidate for Harm Reduction?

- Everyone can benefit from some harm reduction strategies
- Someone who is engaging in risky use or meets criteria for a substance use disorder
- Effective for all stages of change
- What are you willing to do?
- Provide education: Can I share some information with you about _____ (e.g., alcohol use)?
Step Wise Approach to Using Harm Reduction

- Step 1: Assess client readiness for change
- Step 2: Assess risk
  - Medical
  - Psychiatric
  - Safety
  - Family/Social
- Step 3: Areas of intervention for potential risks
- Step 4: Discuss pros/cons of interventions with client (give options)
- Step 5: Collaborate with client on what they are willing to do

Case Example: Bobby

- Bobby is a 75-year-old former professional athlete who was referred for inpatient treatment after completing withdrawal management at another facility. In addition to alcohol use disorder, he was diagnosed with major depressive disorder and generalized anxiety. The family was very invested in Bobby remaining abstinent given that he experienced numerous psychosocial consequences from alcohol use. He had a roommate, family lived out of state, he did not work, and had few financial resources. Upon stabilization, he was discharged to our recovery case management program.
Case Example: Bobby

- **Step 1:** Assess client readiness for change: Contemplation
- **Step 2:** Assess risk
  - Medical: not taking medication, cognitive issues, blood pressure
  - Psychiatric: not suicide risk, not homicidal, not manic/psychotic
  - Overdose: alcohol overdose risk, no opioid overdose risk
  - Family/Social: potential for estrangement from family and loss of housing
- **Step 3:** Areas of intervention for potential risks
- **Step 4:** Discuss pros/cons of interventions with client (options help)
- **Step 5:** Collaborate with client on what they are willing to do

A Few Notes on Clinical Application

- Regularly revise plan and assess if it is working
- Give people a menu of options for harm reduction
- Have releases of information and family supports
  - Ethical consideration: communication with family members about clients’ substance use when relationship may already strained
- Functional analysis
- Team debriefs and collaboration
Objectives

- Participants will gain an understanding of what harm reduction is in clinical practice and understand how to use harm reduction techniques to treat substance use disorders.
- Participants will be able to use interventions based on clients’ stage of change to better meet clients where they are, increase client motivation, and progress clients towards their treatment goals.
- Participants will understand ethical considerations in using harm reduction to treat substance use disorders and how to navigate potential ethical concerns.

Ethics of Harm Reduction

- National Institute for Alcohol Abuse and Addiction – since 2000 has recommended physicians direct patients to abstinence if they are dependent on alcohol and moderation if they are not (Hasin, 2007).

- NASW - Since 2014 the Standards for Social Work Practice for Clients with Substance Use Disorders states "the harm reduction approach is consistent with social work value of self-determination and "meeting the client where the client is." (NASW, 2013).

- 2016 Surgeon General Report on Alcohol, Drugs and Health supports many pathways to recovery as opposed to abstinence only approach (DHHS, 2016).
Influences on Decision Making

<table>
<thead>
<tr>
<th>Morality</th>
<th>Absolute</th>
<th>‘Moral compass’ provides direction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal</td>
<td>Laws provide specific structure and requirements</td>
<td>Can be ignored/broken, but there are consequences</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Change with location and time</td>
</tr>
<tr>
<td>Ethics</td>
<td>“All ethics is situational”</td>
<td></td>
</tr>
</tbody>
</table>

Steps to Making Ethical Decisions

1. **Identify**
   Identify the ethical issue

2. **Review**
   Review the Principles at stake

3. **Consider**
   Consider possible solutions

4. **Action**
   Take Action

5. **Follow Up**
   Follow Up and Evaluate the outcome
Autonomy

- Self-determination
  - Clinicians must respect the right of an individual to determine what action is appropriate for themselves
  - Ability to act in accordance with one's authentic sense of what is good, right, and best in terms of one's situation, values, and prior history
  - Capacity to make this choice freely

Beneficence

- Duty to "do good" for the person with addiction
- Responsibility to act in ways that provide the greatest benefit for the patient
- Obligation to help
- Obligation to avoid harm
- Avoid paternalism and respect autonomy
- Shared decision-making with the patient
Is Harm Reduction Ethical?

- Respects patient’s autonomy
  - Patient’s decision to choose to continue to use a substance
- Beneficence
  - Help patient to avoid harm with shared decision-making
- Clinician fulfills duty to inform the patient
  - Ideal treatment goal (abstinence)
  - Alternatives that can also reduce risks to health
- Harm reduction strategies can establish the clinician’s concern for the patient’s safety
- Awareness of risks and the clinician’s concern may enhance the patient’s motivation for changing behavior (stop using substance)

Questions?
References and Resources


References and Resources Continued


References and Resources Continued


