



Harm Reduction Treatment for Substance Use: Meeting people where they're at...

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Conflict of interest disclosure

- Those involved in the development and presentation of the materials today regularly conduct this training and harm-reduction treatment consultation and supervision, mostly in exchange for a fee.

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Training series timeline

Session 1:
Introduction to harm reduction treatment (HaRT)

Session 2:
HaRT mindset and heartset, engagement, compassionate conversation around substance use

Session 3:
HaRT Toolbox (assessment, harm-reduction goal-setting, safer use strategies)

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Training timeline

3/28 12-1:30p- Session 1:
Introduction to harm reduction treatment (HaRT)

3/29 8:30a-12p- Session 2:
Engagement, compassion, HaRT mindset and heartset

3/30 1:00p-4:30p – Session 3:
HaRT Toolbox (assessment, harm-reduction goal-setting, safer use strategies)

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Orientation and housekeeping

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graph TD
    A[Additional trainings for closer attention] --> B[Scheduled breaks]
    B --> C[Packets to refer to prompts + scratch paper + google docs, oh my!]
    D[Your engagement  
•D&A sections  
•Chatting out questions/raising hand  
•Polls  
•Breakouts] --> E[Evaluations]
    E --> F[Questions?]
    C --> D
  
```

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What comes to mind...

...when you hear the term "harm reduction"?

Please use your chat function to chat out your thoughts...

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Harm reduction applied to various behaviors

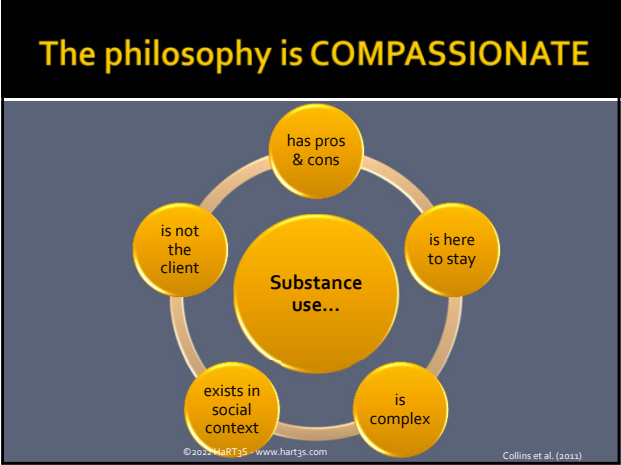
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Harm reduction can be described as a set of strategies...

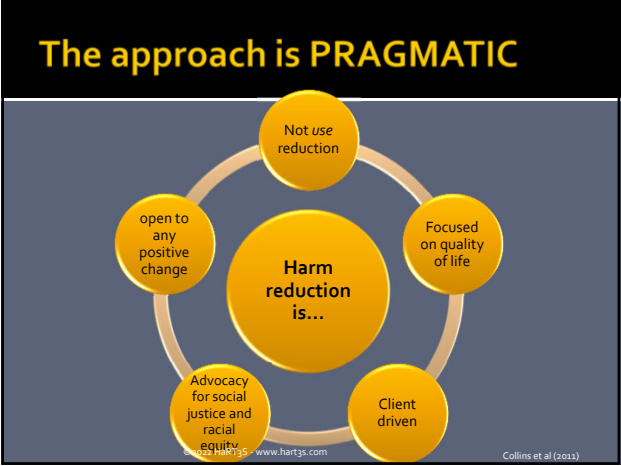
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...but the attitude counts more.

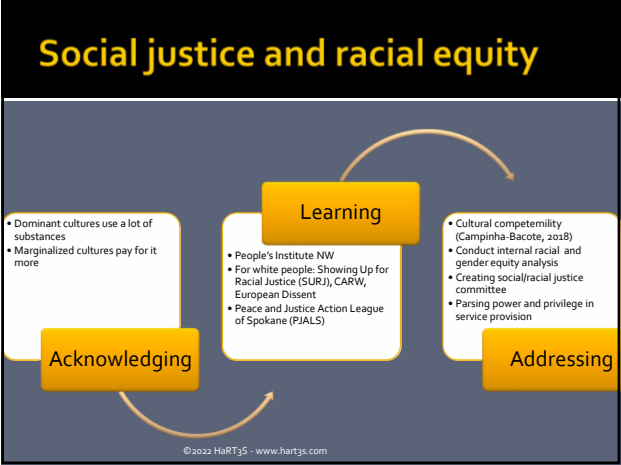
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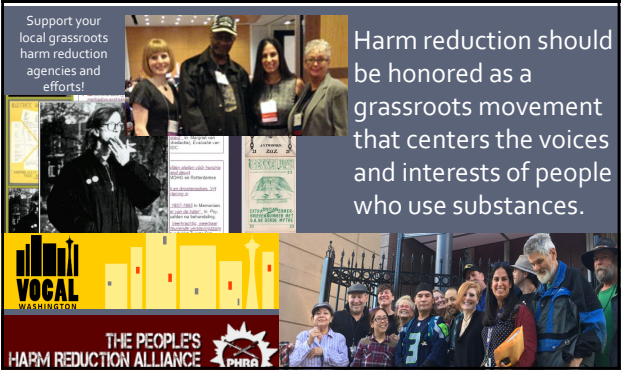


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Why is this important?

Support your local grassroots harm reduction agencies and efforts!

Harm reduction should be honored as a grassroots movement that centers the voices and interests of people who use substances.

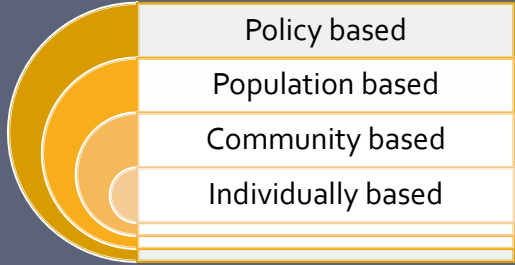


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Harm reduction in its application...

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Harm reduction at various levels



Policy based

Population based

Community based

Individually based

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Primary focus in clinical work is...

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How HaRT can help

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Harm reduction treatment ≠ ...

Relapse prevention	Cognitive behavioral treatment	Motivational interviewing
Mindfulness-based interventions	Brief interventions	Contingency management

Poll time! 😊

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Harm reduction treatment ≠ ...

Relapse prevention	Cognitive behavioral	Motivational interviewing
Minimality based interventions	Brief interventions	Contingency management

Provider-driven vs. User-driven goals

"Therapists from a humanistic or existential orientation might object to the directional aspect of MI, whereby clients would be intentionally guided toward what the counselor regards to be appropriate goals." – Miller & Rollnick (2012)

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Use reduction vs harm reduction

USE REDUCTION	HARM REDUCTION
<ul style="list-style-type: none"> Ultimate goal is abstinence. Use and harm correlate 1:1. Role is prescriptive: Clinician "prescribes" treatment goal and pathway. Doctor-knows-best! 	<ul style="list-style-type: none"> Ultimate goal is harm reduction. Use and harm do not correlate 1:1. Role is predictive: Clinician helps client assess their risk for harm and develop ways to reduce risk. Client knows better!

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The assumed 1-to-1 correlation between use & harm...

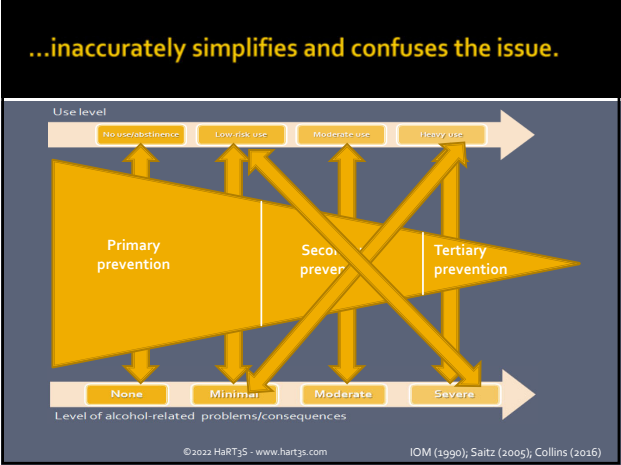
Use level: No use/abstinence, Low risk use, Moderate use, Heavy use

Level of alcohol-related problems/consequences: None, Minimal, Moderate, Severe

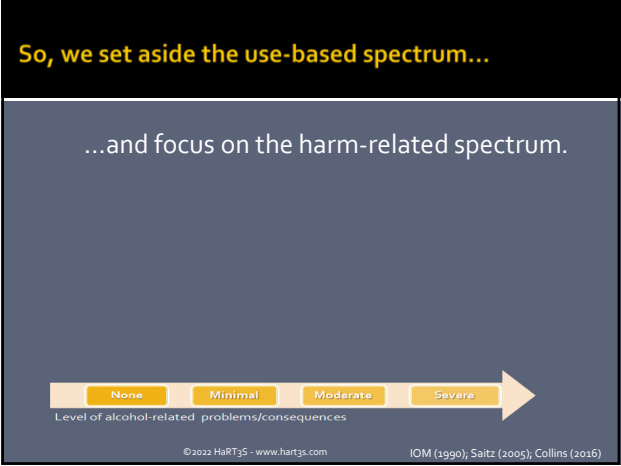
©2022 HaRT3S – www.hart3s.com IOM (1990), Saitz (2005), Collins (2016)

Collins, SE (2021). Harm reduction treatment for substance use: Meeting people where they're at. GOSH training 2021.

Harm Reduction Treatment (HaRT) Training Slides



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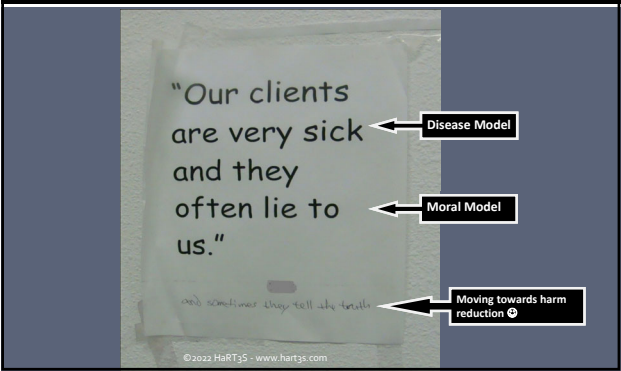


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Why harm reduction?

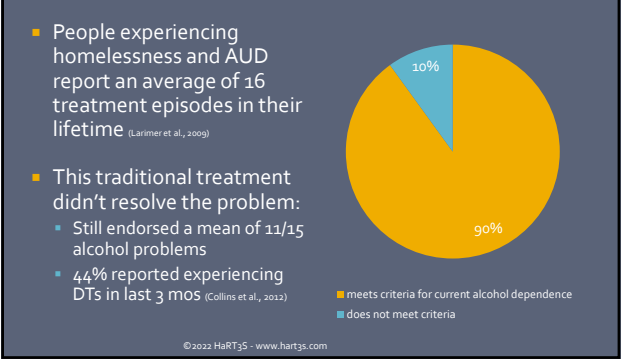
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Traditional approaches may be disempowering

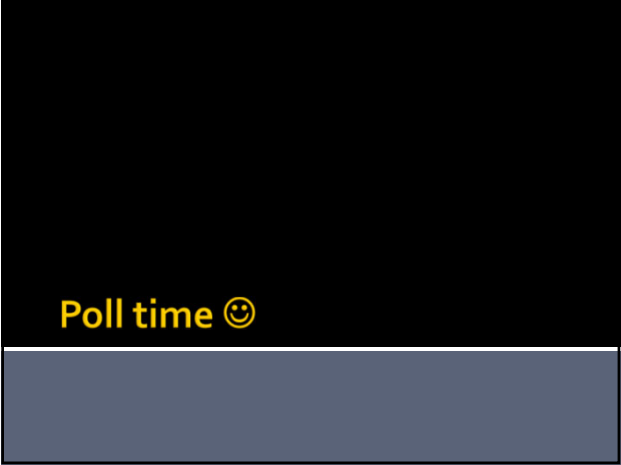


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Traditional approaches don't work for some...



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Well, really, they don't engage most.

- SAMHSA (2020) National Survey on Drug Use and Health:**
 - ≈ 38 million American adults needed treatment
 - 3.8 million received treatment
 - This means only 10% adults who needed treatment got treatment.**

Of American adults who needed but did not receive treatment...

Reason	Percentage
Did not feel they needed treatment	96.5%
Felt they needed treatment & did not make effort	2.8%
Felt they needed treatment & did make effort	0.7%

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Harm reduction provides an effective alternative...

...for those who are not yet ready, willing or able to stop using

Alcohol	Drugs	Tobacco
Housing First (Collins et al., 2022; First et al., 2015; Stargopoulou et al., 2019)	Opioid substitution, needle and syringe programs and antiretroviral therapy (Egenhardt, 2020)	Smokeless tobacco (Hugson et al., 2022; Lundström et al., 2021; Mendonça-Baumgart et al., 2007)
Alcohol management (Podymoni et al., 2006; Stockwell et al., 2017; Valtaavuori et al., 2016)	Drug decriminalization (Greenmald, 2009; Hughes et al., 2012; Victroisinger et al., 2018)	Smoking reduction (Lindson-Harvey et al., 2016; Beard et al., 2011)
Harm reduction treatment (Collins et al., 2015, 2019; Collins in press)	Methodone/suboxone (Nielsen et al., 2010)	E-cigarette/vaping (National Academies, 2018)

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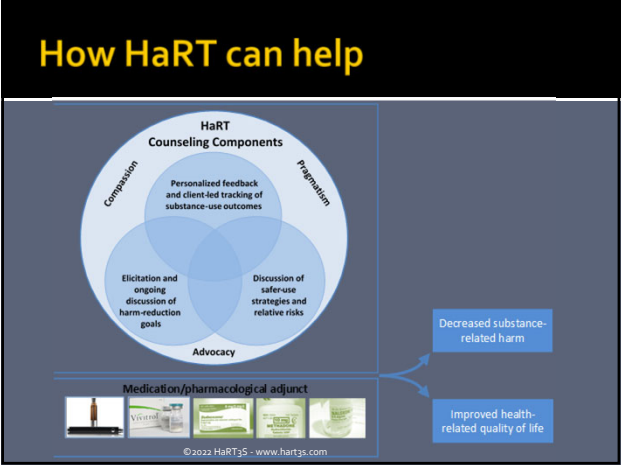
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In a randomized controlled trial, participants who received HaRT experienced ...

- ↓ 71% reduction in alcohol-related harm
- ↓ 66% reduction in peak alcohol consumption
- ↓ 63% reduction in AUD symptoms
- ↓ 20% reduction in positive urine tests

...over a 3-month treatment and follow-up period.

Collins et al (2019) *International Journal of Drug Policy*

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In a randomized controlled trial, participants who received HaRT + naltrexone experienced ...

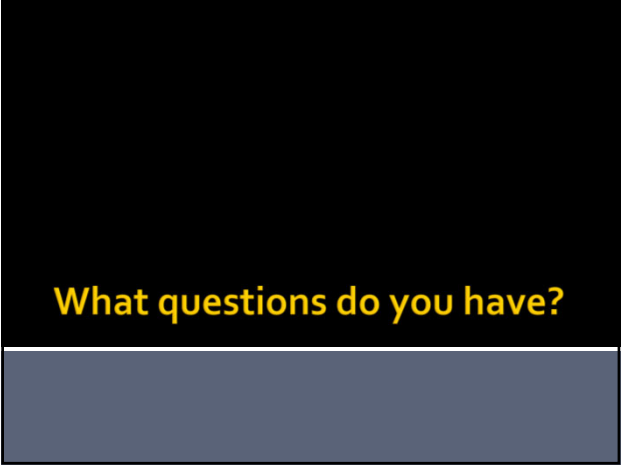
- ↓ 59% reduction in peak alcohol consumption
- ↓ 43% reduction in alcohol-related harm
- ↓ 29% reduction in drinking days
- ↑ 10% increase in health-related quality of life
- ↑ 49% increase in negative EtG tests

...over a 3-month treatment and follow-up period.

Collins, Duncan, Saxon et al (2021) *The Lancet Psychiatry*

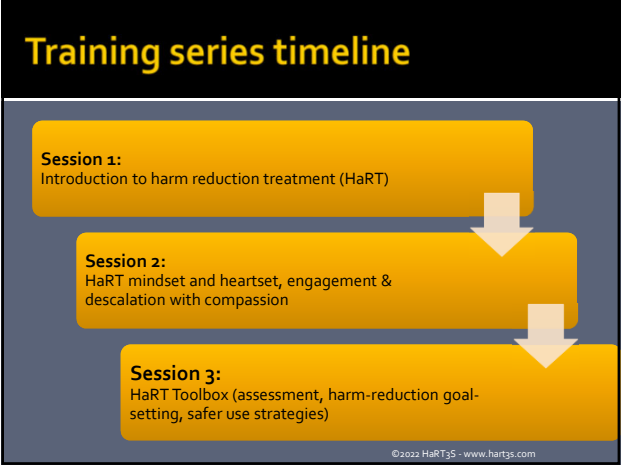
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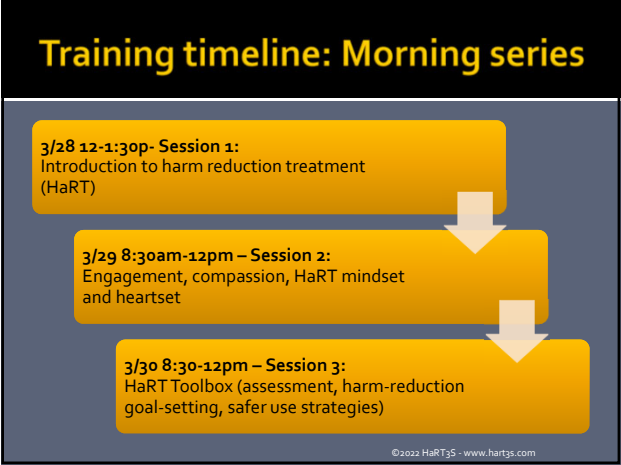
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Seven horizontal lines for taking notes.



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Seven horizontal lines for taking notes.



Seven horizontal lines for taking notes.

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Second training session [morning]

- 8:30-9:20am – HaRT mindset and heartset
- 9:30-11am – Engagement in harm reduction
- 11:10-12pm – De-escalation/managing intoxication with compassion

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Orientation and housekeeping

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    graph TD
      A[Scheduled breaks] --> B[Packets to refer to prompts + scratch paper + google docs, oh my!]
      B --> C[Your engagement  
•Q&A sections  
•Chatting out questions/raising hand  
•Polls  
•Breakouts]
      C --> D[Evaluations]
      C --> E[Questions?]
      D --> E
  
```

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How HaRT can help

HaRT Counseling Components

- Compassion:** Personalized feedback and client-led tracking of substance-use outcomes
- Pragmatism:** Discussion of safer-use strategies and relative risks
- Advocacy:** Elicitation and ongoing discussion of harm-reduction goals

Medication/pharmacological adjunct

Outcomes:

- Decreased substance-related harm
- Improved health-related quality of life

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**Practicing HaRT:
Mindset, heart-set and concrete tools**

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Harm-reduction mindset

USE REDUCTION	HARM REDUCTION
<ul style="list-style-type: none"> ▪ Ultimate goal is abstinence ▪ Use and problems are in 1:1 agreement ▪ Prescriptive: provider "prescribes" treatment ▪ Doctor-knows-best! 	<ul style="list-style-type: none"> ▪ Goal is harm reduction ▪ Relative risk of problems is variable, individually based and socially influenced ▪ Predictive: helping client assess their relative risks for harm ▪ Client knows better!

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How do you convey this mindset?

Transparency about your role

➔

Colearning about relative risks of behaviors

➔

Deferral to clients' decision-making

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Transparency about your role

Introducing the rationale for HaRT

I am a [title, job description] at [xx]. I do harm reduction treatment. This is a different approach to substance-use treatment. When we meet, I will not require, ask or advise you to stop or cut down your substance use or change your use in any way you do not want to. Instead, my focus is to understand what your goals, intentions, or visions for your future are, and I will work with you to help you move towards those. I will also help you assess the relative risks of your substance-use behavior so you can make your own informed decisions about your substance use. Ultimately, in harm reduction, we want to help people and communities reduce their substance-related harm—the problems people experience due to substance use—and improve their quality of life on their own terms and on their own timeline.

How does that sound to you?

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Colearning about relative risks...

- Get to know some relative risk hierarchies.
- Learn from clients and then check that info with authoritative sources
- Do not provide a relative risk monologue.
- Instead, drop in bits of psychoed on relative risks throughout the session.
- This is especially effective paired with affirmations and strengths-based reflections.
- Do ask for permission to provide info on relative risks if a person mentions engaging in or wanting to engage in a more risky behavior.

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Relative-risk hierarchy of alcoholic beverages

← Lower risk
Higher risk →

Beer	High gravity malt liquor	Hard liquor	Moonshine	Nonbeverage alcohol
<ul style="list-style-type: none"> • < 7%abv 	<ul style="list-style-type: none"> • >7%abv • 211 Steel reserve (8.1%abv) • 4Loko (8-14%abv) 	<ul style="list-style-type: none"> • Whiskey, vodka, rum, tequila (40%abv) • Mixed drinks (??) 	<ul style="list-style-type: none"> • ??? 	<ul style="list-style-type: none"> • Hand sanitizer (70%abv?) • Cooking wine/rice wine (13-18%abv)

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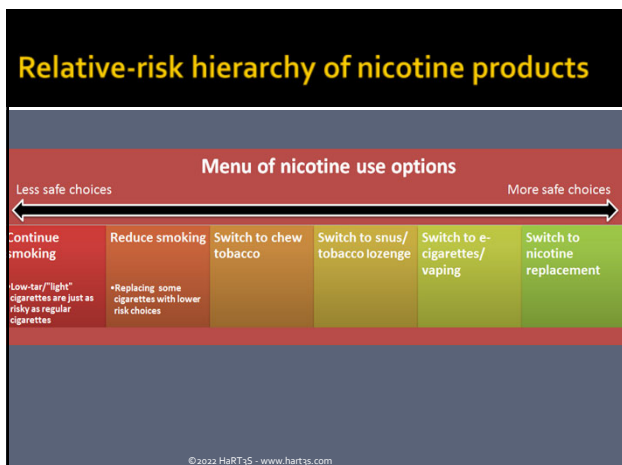
Relative-risk hierarchy of injection sites

Goal: reduce risk of returning to the hospital

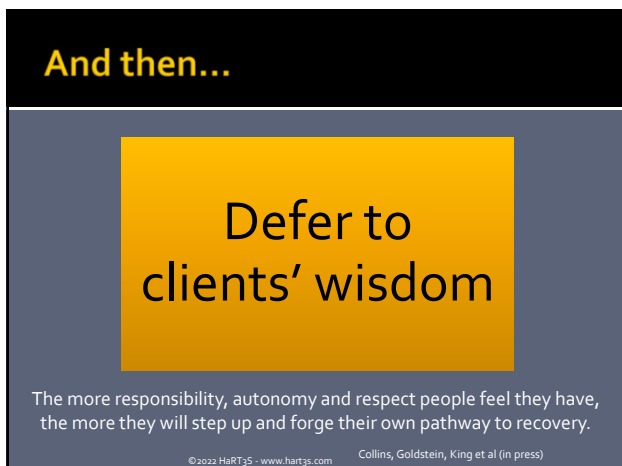
Lower		Medium		Higher		
Upper arm	Lower arm	Hands	Feet	Legs	Groin	Neck
<ul style="list-style-type: none"> • safest • closest to heart 	<ul style="list-style-type: none"> • harder to find a spot • use small needle gauge 	<ul style="list-style-type: none"> • Slower healing • You need them! 	<ul style="list-style-type: none"> • Greater risk of clots • Hit downstream 	<ul style="list-style-type: none"> • Harder to "hit blind" • can puncture femoral artery/nerve 	<ul style="list-style-type: none"> • risk of hitting carotid artery makes this a last resort • Could cause death 	

<http://www.harmreduction.org/downloads/levels.pdf>
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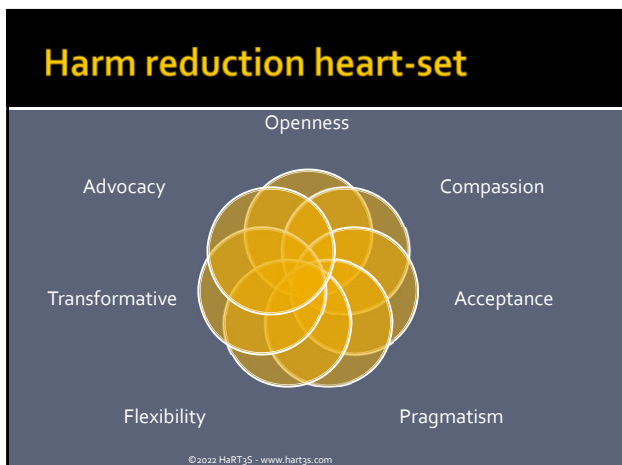
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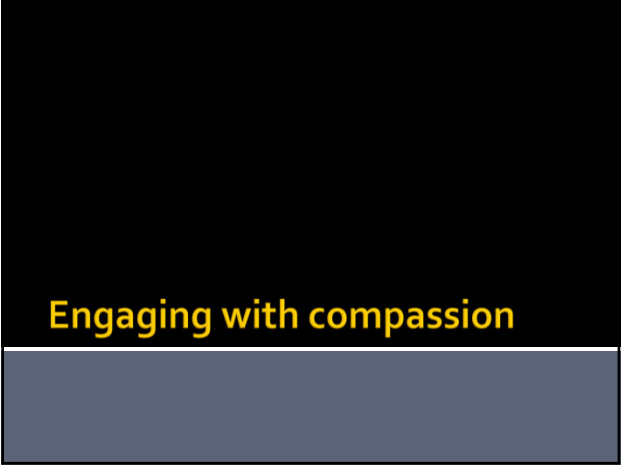
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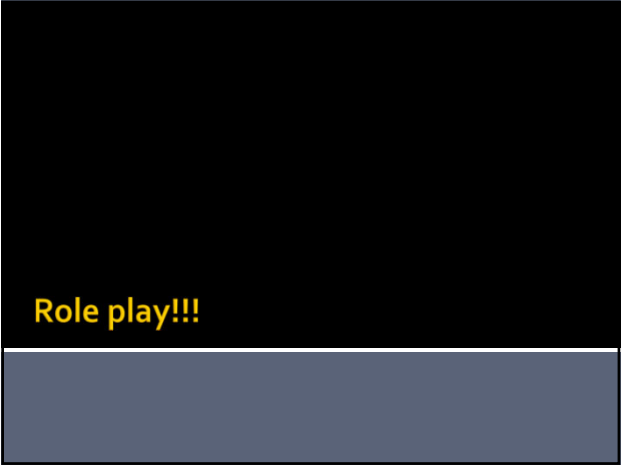


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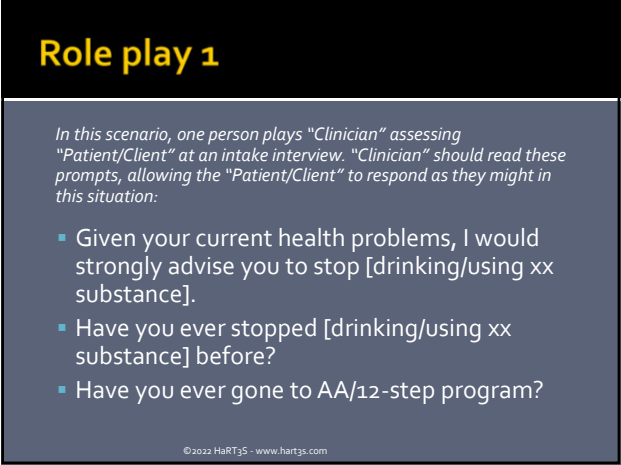
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Seven horizontal lines for taking notes.



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Seven horizontal lines for taking notes.



Seven horizontal lines for taking notes.

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Role play 2

In this scenario, one person plays "Clinician" assessing "Patient/Client" at an intake interview. "Clinician" should read these prompts, allowing the "Patient/Client" to respond as they might in this situation:

- Please tell me a little bit about your alcohol and drug use.
- What are some things you like about using [alcohol/other drugs]?
- What kinds of concerns do you have about your [alcohol/other drug use] use?

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Role play discussion

- What was it like to do these role plays?
- What did the different roles "feel" like?
 - For the "Clinician"
 - For the "Patient/client"
- What roles did you prefer? Why?

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So, how can we engage with compassion?

(and why we are reluctant to tell you...)

First and foremost...

...to engage with compassion in harm reduction treatment, you must actively listen.

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Common traps that do not engage

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Factors that promote engagement

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Nonverbal listening

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Verbal listening with your OARS

Miller et al. (2012) ©2022 HaRT3S - www.hart3s.com

...plus a little touch of information and advice with clients' permission.

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Open-ended questions

- What made you come to the clinic today?
- What would you like to work on in these sessions?
- How do you hope I might be able to help you?
- What do you want to see happen for yourself?
- What safer drinking strategies have you tried?
- What was that like for you?
- Tell me about...
- What else?

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Affirmation

- Good morning!
- It's nice to see you.
- Welcome back!
- You made a lot of progress towards your goals this week.
- You drank 5 beers a day instead of 8. That's amazing! How did you do that?
- You kept on trying, even when you were discouraged.
- Great job!

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Reflections

Simple reflection

- Repeat or rephrase, staying close to participants' content
- Used earlier on in the process or when discord is triggered
- Example:
 - Client: "I don't see my drinking as that big of a deal."
 - Clinician: "Your drinking isn't a big deal."

Complex reflection

- Taking it to the next level: paraphrase, continuing the thought, reflecting feelings, metaphors, etc
- Used later in relationship or when client is moving with the reflections
- Example:
 - Client: "I don't see my drinking as that big of a deal."
 - Clinician: "Your drinking isn't a problem for you." "You're frustrated that everyone else is on your case about your drinking."

Strengths-based harm reduction reflection

- Finding the strength in what client says to build a foundation for positive change, pairing affirmation
- Used anytime!
- Example:
 - Client: "I don't see my drinking as that big of a deal."
 - Clinician: "You know yourself and your drinking best."

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Reflection tips

Think about reflection:

Strength	Length	Direction	Density
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Levels of reflection exercise

Record answers on padlet: <https://padlet.com/scollins370/ja1caz8v2ysjjsvg>

"I don't think I can ever stop drinking/using."	"I don't need to stop. I just want to slow down a little."
Simple reflection _____	Simple reflection _____
Complex reflection _____	Complex reflection _____
Strengths-based, harm-reduction reflection _____	Strengths-based, harm-reduction reflection _____

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Exercise: Reflection popcorn

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Summary

Reflections that pull together several things a person has said	It is affirming – you hear them!
It allows clients to more thoughtfully reflect on what they have said	It can be used to: <ul style="list-style-type: none"> • Collect • Link • Transition • Develop discrepancy • Resolve discrepancy in the direction of positive behavior change

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OARS Example

Clinician	What brings you here today? [open-ended question]
Patient	Well, I don't really know. I guess I want to try to do something different with my drinking.
Clinician	You are interested in making a change in your drinking but are unsure what that would look like. [simple reflection]
Patient	Yeah, it's just I have been drinking for so long, I am not sure whether I can really make a change. It's really hard to imagine doing things differently at this point. I also really like drinking to help me wind down. Drinking makes me feel good—so much more relaxed. But I don't want to go out of this place in a body bag.
Clinician	You know your drinking is harming you, but it's hard to know where to start. [complex reflection]
Patient	I am worried about my health. I am also worried about my relationship with my girlfriend. We get into fights when we have been drinking too much. I don't want to hurt her. Sometimes I wake up and I am not sure what I did the night before. I want to maybe get a little more control over it.
Clinician	You have a lot of good things in your life that are important to you—your girlfriend, your health—and you want to protect those. You don't want your drinking to threaten those. That said, you are a little unsure exactly what kinds of changes you want to make. Feeling more in control of your drinking is one option you have considered. Does that sound about right? [summary]

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Dancing with discord

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Defining discord

Discord takes the place of resistance in MI 3, acknowledging that discord isn't all just coming from the client!

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Dancing with discord

Discord can appear at anytime in the therapeutic relationship, so keep your ears and eyes open and:

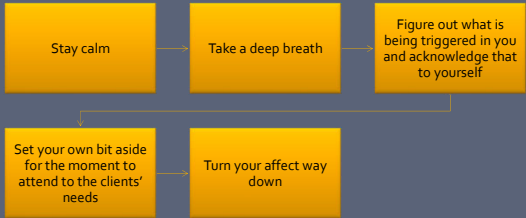
- Listen and reflect more
- Apologize (and mean it)
- Affirm the client
- Shift the focus



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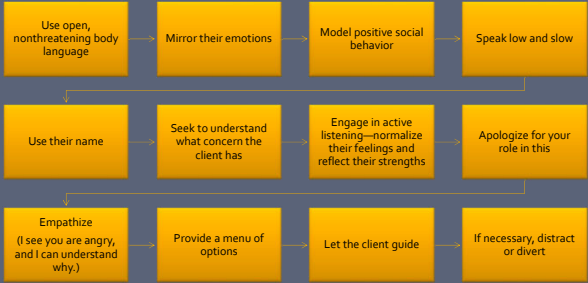
Taking care of yourself in an escalating situation



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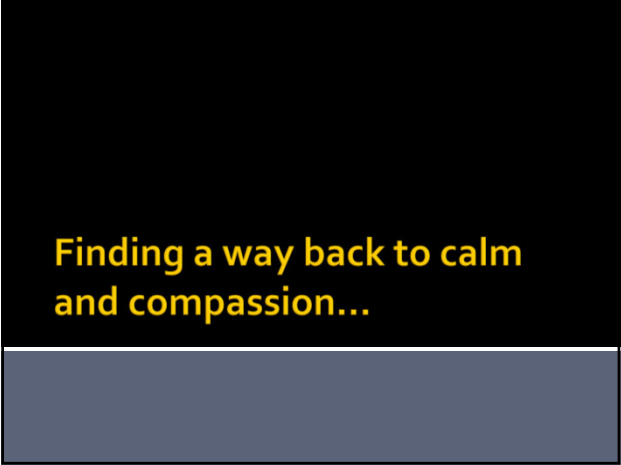
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Taking care of the client in an escalating situation



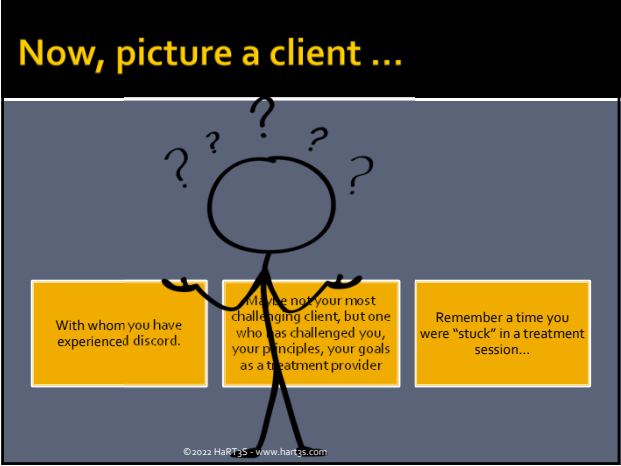
This can help de-escalate in a discordant client situation.
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123

Seven horizontal lines for writing notes.



124

Seven horizontal lines for writing notes.



125

Seven horizontal lines for writing notes.

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Compassion can be trained like a muscle...

```
graph LR; A[Mettā or lovingkindness meditation practiced 30 min a day for 2 weeks] -- Results in --> B[Neural activation in areas of the brain implicated in social and emotional processing]; B -- Results in --> C[Increases in altruistic behavior]
```

These results suggest that compassion can be cultivated with training and that greater altruistic behavior may emerge from increased engagement of neural systems implicated in understanding the suffering of other people, executive and emotional control, and reward processing.

©2022 HaRT3S - www.hart3s.com Weng et al (2013)

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Compassion meditation training

ON DAY 2 I WILL LIVE IN THE MOMENT. ON THE OTHER SIDE OF THE MOUNTAIN IS UNPLEASANT. IN WHICH I WILL BE. I WILL A GOD.

Please turn off your cell phones!

Weng and colleagues at <https://centerforhealthyminds.org/science/tools-for-scientists>

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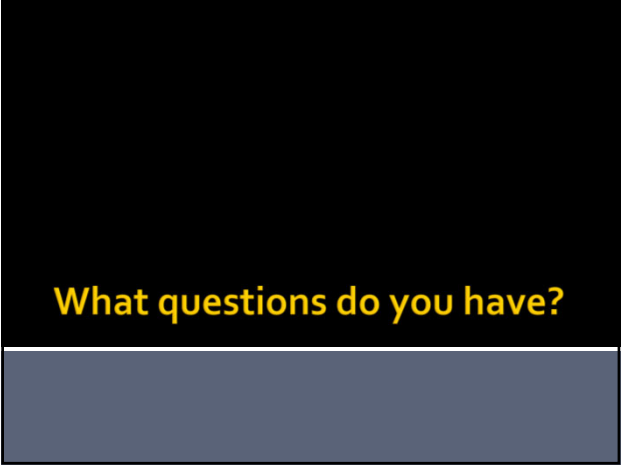
Lovingkindness practice can be simpler too...

May you be happy.
May you be free from suffering.
May you find joy and ease.

Script from Weng et al (2013).

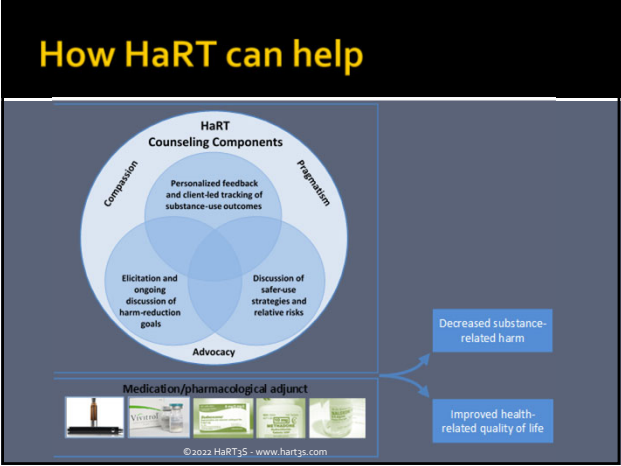
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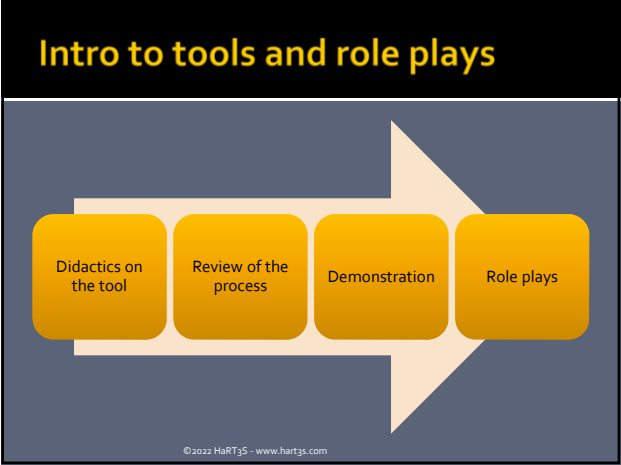
129

Seven horizontal lines for taking notes.



162

Seven horizontal lines for taking notes.



164

Seven horizontal lines for taking notes.

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Harm reduction tools

Client-centered assessment & tracking

- Substance use and related harm
- Decisional balance
- Quality of life
- Biomarkers

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Anatomy of substance use assessment in HaRT

Drug – What? How?

- Quantity
- Frequency
- Route of administration
- Experience of substance-related harm

Set – Why?

- Emotional
- Motivational
- Expectancies

Setting – Where? With whom?

- Physical
- Social
- Cultural

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Substance-use assessment in HaRT

Elicit their story:

- Tell me about your substance use.
- Please describe your current alcohol and other drug use.
- What is your substance use like?

↓

Ask follow-up questions to fill in the details:

- How do you use it?
- How often do you use it?
- How much do you use on a typical/heaviest days?

↓

Repeat the process until all other substances exhausted:

- What else do you use?
- Tell me about your [insert volunteered substance] use.

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Flexible assessment tools

- Quantity/frequency
 - Timeline Followback (TLFB; Sobell et al., 1992)
 - Alcohol Quantity and Use Assessment (AQUA; Collins et al., 2015)
- Substance-related harm
 - Short Inventory of Problems – Alcohol & Drugs (SIP-AD; Blanchard et al 2003)
- Quality of life
 - EURO-QOL (Dolan et al., 1997)
 - SF-36 (Ware et al., 2000)
 - QOLS (Burckhard et al., 2003)
- Heavy use/harm biomarkers
 - Alcohol: GGT, AST, ALT
 - Smoking: CO, spirometry

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Short inventory of problems (SIP-AD)

SIP-AD

INSTRUCTIONS: I am going to read to you a number of events that people sometimes experience in relation to their drinking use. Please indicate how often each one has happened to you during the past 12 (or 30) days by ticking on the appropriate number (0 = Never, 1 = Once or a few times, etc.). If an item does not apply to you, answer zero (0).

During the past 30 days, about how often has this happened to you?	Never	Once or a few times	2 or 3 times	4 or more times
1. I have been unhappy because of my drinking use.	0	1	2	3
2. Because of my drinking use, I have not eaten properly.	0	1	2	3
3. I have failed to do what is expected of me because of my drinking use.	0	1	2	3
4. I have felt guilty or ashamed because of my drinking use.	0	1	2	3
5. I have taken foolish risks when I have been drinking/drug.	0	1	2	3
6. When drinking/drug, I have done risky things that I regretted later.	0	1	2	3
7. My general health has been harmed by my drinking use.	0	1	2	3
8. I have had money problems because of my drinking use.	0	1	2	3
9. My physical appearance has been harmed by my drinking use.	0	1	2	3
10. My family has been hurt by my drinking use.	0	1	2	3
11. A friendship or close relationship has been damaged by my drinking use.	0	1	2	3
12. My drinking use has gotten in the way of my growth as a person.	0	1	2	3
13. My drinking use has damaged my social life, personally or professionally.	0	1	2	3
14. I have spent too much or lost a lot of money because of my drinking use.	0	1	2	3
15. I have had an accident while drinking/drug/operating a vehicle.	0	1	2	3

Add columns: + -

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Harm reduction tools

Multidimensional assessment & feedback

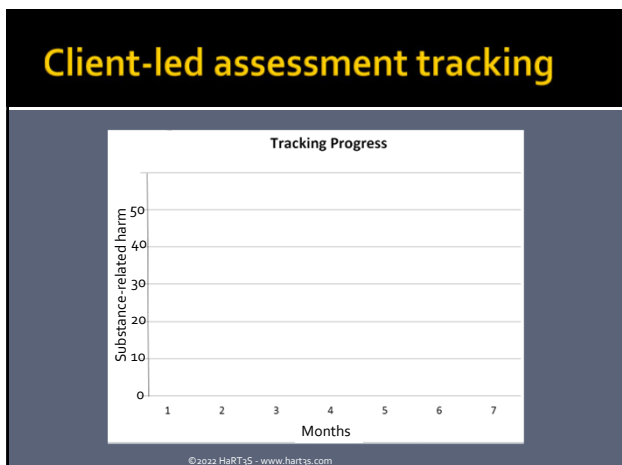
- Substance use and related harm
- Decisional balance
- Quality of life
- Biomarkers

Client-led tracking

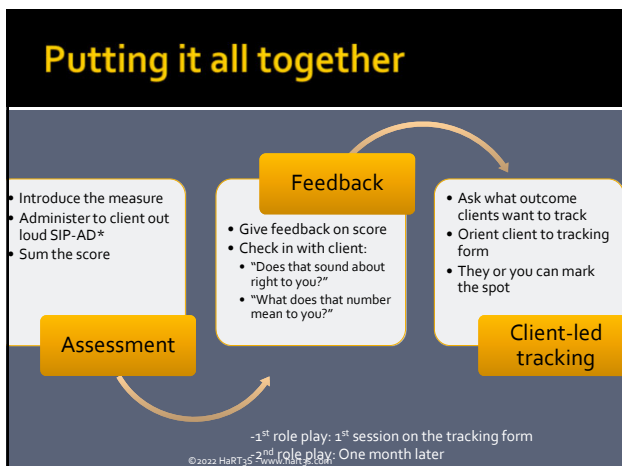
- Clients choose most relevant outcomes to focus on
- Clients track with provider how they are doing over time
- Sense of transparent CI

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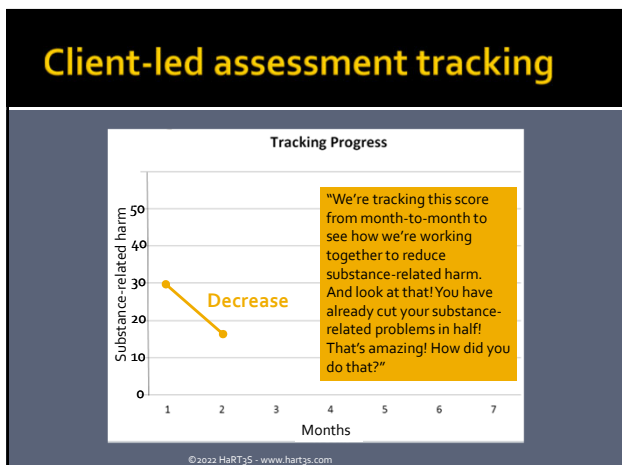
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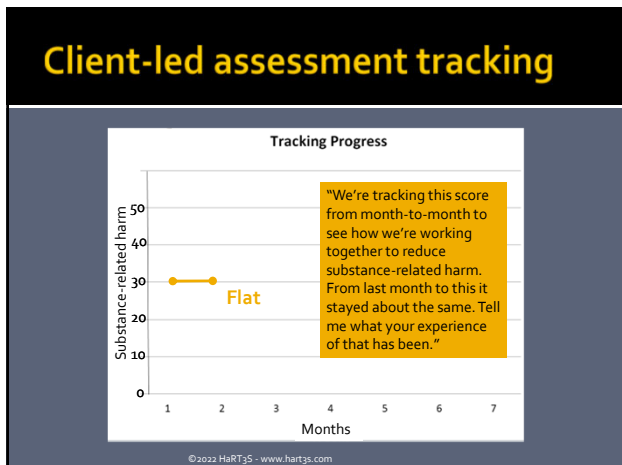
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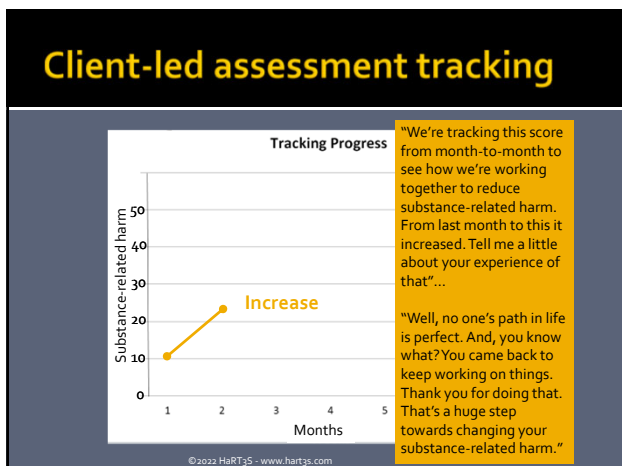
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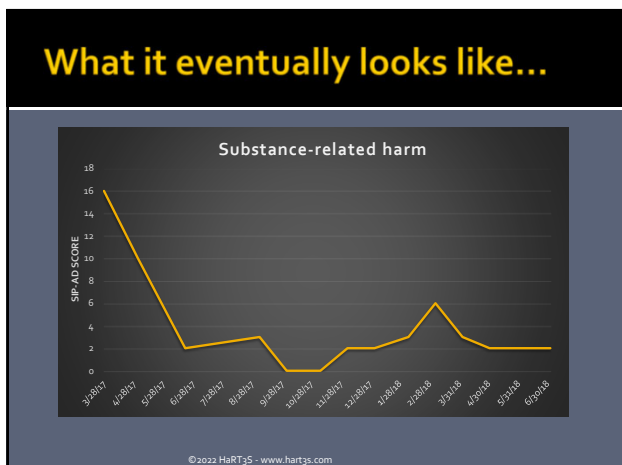
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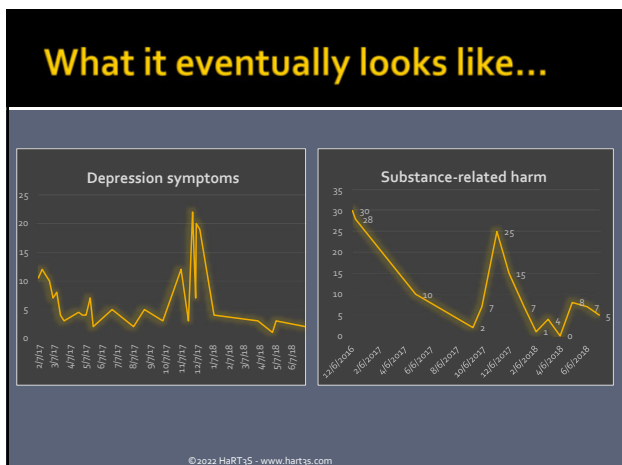
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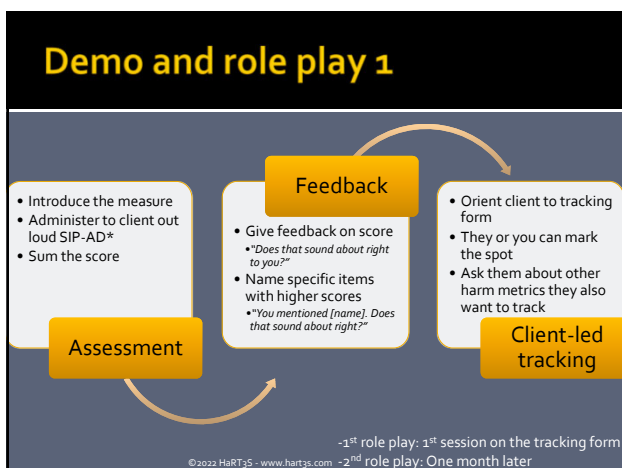
175



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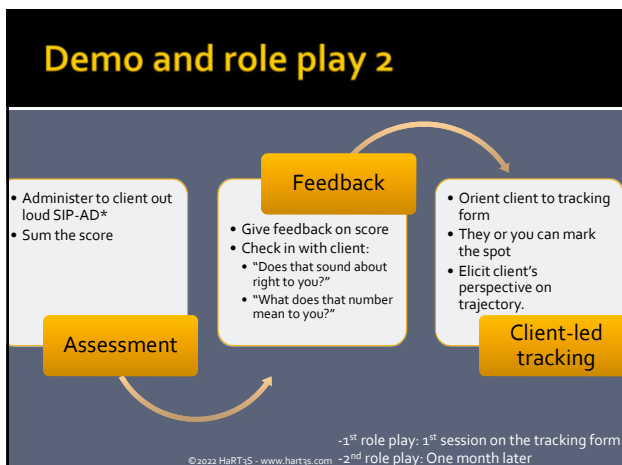


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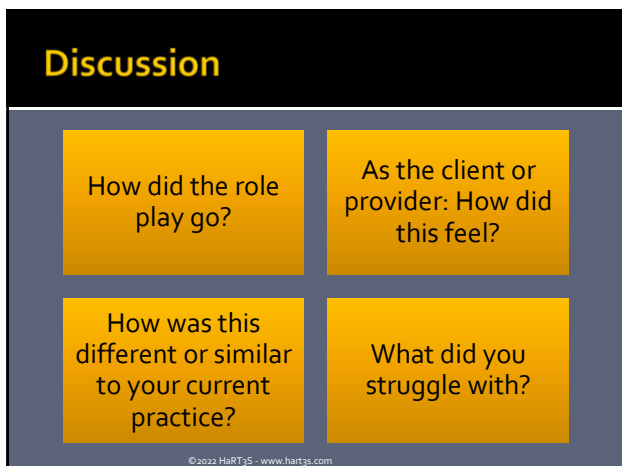
Discussion

How did the role play go?	As the client or provider: How did this feel?
How was this different or similar to your current practice?	What did you struggle with?

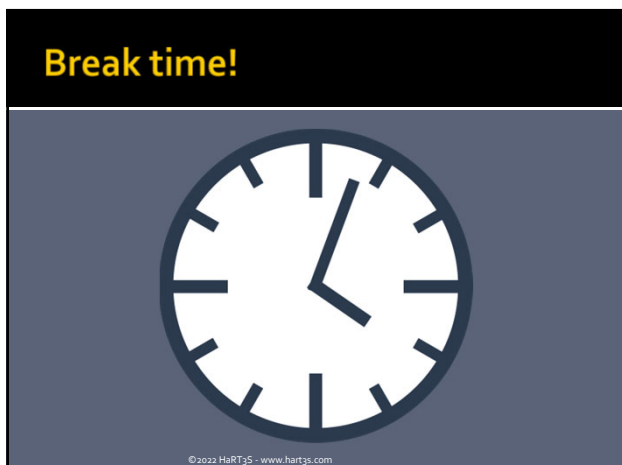
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Harm reduction tools

- Multidimensional assessment & feedback**
 - Substance use and related harm
 - Decisional balance
 - Quality of life
 - Biomarkers
- Client-led tracking**
 - Clients choose most relevant outcomes to focus on
 - Clients track with provider how they are doing over time
 - Sense of transparent QI
- Harm-reduction goal setting**
 - What goals do you have during your hospital stay/treatment/this session/in general (whatever is relevant)?
 - What do you want to see happen for yourself?

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What does a HaRT goal look like?

AKA SMART goals ©
--Doran (1981)

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Harm-reduction goal setting

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Summary statement

"So, you worked construction for many years. Essentially you were helping build this city!"

"You are wondering if that might be a doable pathway for you now because you're concerned that your health may not be what it once was."

"You mentioned building things with your hands is important to you. It's a part of your identity."

"So, getting back to work is a great goal. It's also a big goal..."

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Breaking it down...

...So, let's put that up here on the top step. What would be the first step towards that larger goal that you could work on this next week?"

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Recording goals on SHaRE

SHaRE Form		Week xx assessment of week xx goals	
Participant's Stated Goals (week xx)		Progress y/in	Achieved y/in
1	Talk to case manager about appt with vocational counselor (Getting back to work)		
2			
3			
4			
5			
6			
Week xx notes on progress towards goals since week xx:			

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Recording goals for client

What I want to make happen for myself

- *Talk to case manager about appt with vocational counselor (Getting back to work)*
- _____

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Revisiting goals on SHaRE

SHaRE Form		Week xx assessment of week xx goals	
Participant's Stated Goals (week xx)		Progress y/n	Achieved y/n
1	<i>Talk to case manager about appt with vocational counselor (Getting back to work)</i>	y	y
2			
3			
4			
5			
6			
Week xx r			

"Last week you mentioned wanting to talk to your case manager to see if you could get an appointment with a vocational counselor. You wanted to do this as a first step towards exploring going back to work..."

"How did that go? (Elicit the story, provide strengths-based reflections, affirmations and strong summaries that propel the client forward towards their goal.)"

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Important reminder!

Reduction in substance-related harm

+

Improvement in QoL

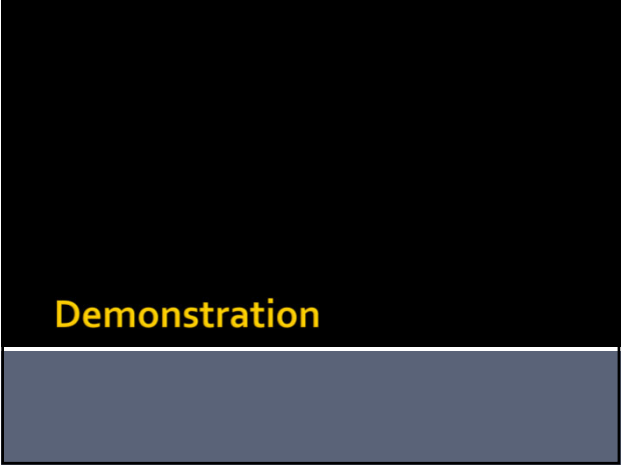
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Client-driven pathway to recovery

It's not just about moving away from substance-related harm. It's also about moving towards things that are fulfilling and fun!
Don't forget an emphasis in goal-setting on improving quality of life.

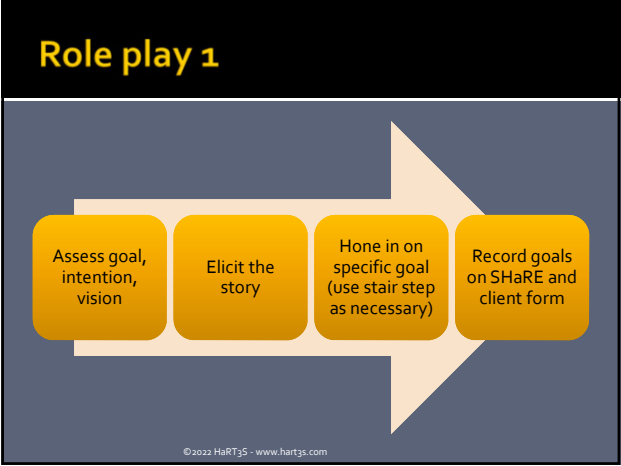
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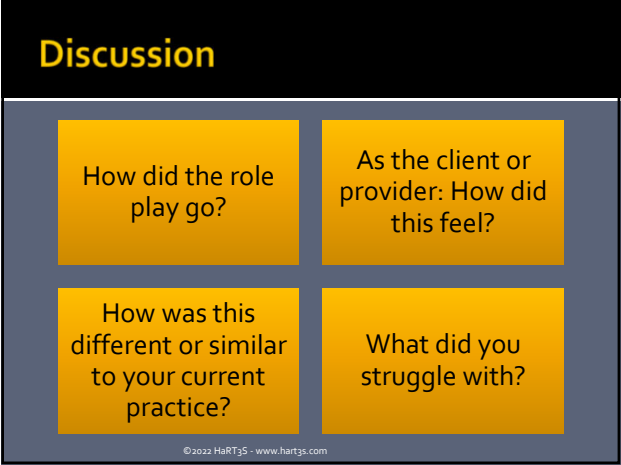
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Seven horizontal lines for taking notes.



193

Seven horizontal lines for taking notes.



Seven horizontal lines for taking notes.

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Role play 2

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Discussion

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Harm reduction tools

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Harm Reduction Treatment (HaRT) Training Slides

Safer-use Strategies: Alcohol

Here are some tips to help you stay safer and healthier no matter how you choose to change your use. Using more safely does not mean that you remove all risks, including death, but it can help you reduce your drug-related harms. You are worth it!

- Drink water**
 - Why? Reduces hangover effects.
 - How? Drink water while you are drinking or alternate between water and alcohol.
- Count your drinks**
 - Why? Knowing how much you drink helps you think about how much alcohol you have consumed and how much more you can safely drink.
 - How? Keep your drinks in front of you. Use a standard drink counter. Don't lose track of your drinks. Don't drink more than you can safely handle. Don't drink more than you can safely handle.
- Try to eat**
 - Why? Food slows the pace of alcohol entering the bloodstream so it does less harm.
 - How? Eat before you start drinking and while you drink. Fruits, bread, cheese, eggs, and other foods help. Don't eat anything that makes you sick.
- Take vitamins**
 - Why? Drinking can take away important nutrients from your body.
 - How? Take vitamins like B12, B6, and folic acid. Ask your doctor or pharmacist for advice. Don't take more than the recommended dose.
- Avoid nonbeverage alcohol**
 - Why? Mouthwash, disinfectant, rubbing alcohol, hand sanitizer, cleaning spray, and other household products are not meant to be drunk. They can be very harmful.
 - How? If you drink, be sure to drink alcohol beverages (beer, wine, liquor).
- Drink beer vs malt liquor**
 - Why? The sugar in malt liquor can cause a hangover. It also has a higher alcohol content than beer.
 - How? Check the label and try to limit your alcohol intake. Be fair to yourself.
- Space your drinks**
 - Why? Space gives your liver time to process alcohol.
 - How? Don't drink too fast. Wait at least 30 minutes between drinks.
- Avoid mixing drugs**
 - Why? Mixing alcohol with other drugs can be dangerous.
 - How? Don't mix alcohol with other drugs. Don't drink and drive.
- Drink in a safe place**
 - Why? People can take advantage of you when you're drinking. Drinking in a safe place can help you stay safer.
 - How? Drink in a safe place. Don't drink in a car. Don't drink in a public place. Don't drink in a public place.
- Less is more**
 - Why? Drinking less can help you stay safer and healthier.
 - How? Don't drink too much. Don't drink every day. Don't drink too often.
- Choose not to use**
 - Why? Not drinking avoids all the risks of alcohol.
 - How? Don't drink. Don't drink. Don't drink.
- Avoid withdrawal**
 - Why? Alcohol withdrawal can be dangerous.
 - How? Don't stop drinking suddenly. Don't stop drinking suddenly.

For more information, contact the Harm Reduction Research and Treatment Center at 1 (855) 320-1004 or at harrtab@uw.edu.

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Safer-use Strategies: Downers/Depressants

Depressants are "downers" and include opioids, benzos, and barbiturates. They can be prescribed like Day, Vicodin, and Xanax, or street drugs like heroin. Here are some tips to help you stay safer and healthier no matter how you choose to change your use. Using more safely does not mean that you remove all risks, including death, but it can help you reduce your drug-related harms. You are worth it!

- Carry rescue drugs**
 - Why? Opioids like heroin, fentanyl, and Oxycodone can lead to overdose.
 - How? Carry naloxone. Naloxone can reverse the effects of opioids. Carry naloxone with you. Carry naloxone with you.
- Test your drugs**
 - Why? Some downers can be very dangerous.
 - How? Test your drugs. Test your drugs. Test your drugs.
- Nurture your body**
 - Why? Some downers can be very dangerous.
 - How? Nurture your body. Nurture your body. Nurture your body.
- Take care of your veins**
 - Why? Some downers can be very dangerous.
 - How? Take care of your veins. Take care of your veins. Take care of your veins.
- Choose safer ways of using**
 - Why? Some ways of using downers are safer than others.
 - How? Choose safer ways of using. Choose safer ways of using. Choose safer ways of using.
- Shoot safer**
 - Why? Some ways of using downers are safer than others.
 - How? Shoot safer. Shoot safer. Shoot safer.
- Avoid mixing drugs**
 - Why? Mixing downers with other drugs can be dangerous.
 - How? Avoid mixing drugs. Avoid mixing drugs. Avoid mixing drugs.
- Use with safe people in a safe place**
 - Why? People can take advantage of you when you're using.
 - How? Use with safe people in a safe place. Use with safe people in a safe place. Use with safe people in a safe place.
- Less is more**
 - Why? Using less can help you stay safer and healthier.
 - How? Use less. Use less. Use less.
- Choose not to use**
 - Why? Not using avoids all the risks of downers.
 - How? Don't use. Don't use. Don't use.
- Talk to a provider about withdrawal**
 - Why? Downer withdrawal can be dangerous.
 - How? Talk to a provider about withdrawal. Talk to a provider about withdrawal. Talk to a provider about withdrawal.

For more information, contact the Harm Reduction Research and Treatment Center at 1 (855) 320-1004 or at harrtab@uw.edu.

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Safer-use Strategies: Uppers/Stimulants

Stimulants are "uppers" and include cocaine, crack, meth, MDMA (Ecstasy) and bath salts, as well as prescribed drugs like Adderall and Ritalin. Here are some tips to help you stay safer and healthier no matter how you choose to change your use. Using more safely does not mean that you remove all risks, including death, but it can help you reduce your drug-related harms. You are worth it!

- Prepare for safer sex**
 - Why? Stimulants can make you lose your inhibition and keep you up all night.
 - How? Prepare for safer sex. Prepare for safer sex. Prepare for safer sex.
- Test your drugs**
 - Why? Some stimulants can be very dangerous.
 - How? Test your drugs. Test your drugs. Test your drugs.
- Try to eat**
 - Why? Stimulants can make you lose your inhibition and keep you up all night.
 - How? Try to eat. Try to eat. Try to eat.
- Take care of your mouth**
 - Why? Stimulants can make you lose your inhibition and keep you up all night.
 - How? Take care of your mouth. Take care of your mouth. Take care of your mouth.
- Choose safer ways to use**
 - Why? Some ways of using stimulants are safer than others.
 - How? Choose safer ways to use. Choose safer ways to use. Choose safer ways to use.
- Shoot safer**
 - Why? Some ways of using stimulants are safer than others.
 - How? Shoot safer. Shoot safer. Shoot safer.
- Avoid mixing drugs**
 - Why? Mixing stimulants with other drugs can be dangerous.
 - How? Avoid mixing drugs. Avoid mixing drugs. Avoid mixing drugs.
- Use with safe people in a safe place**
 - Why? People can take advantage of you when you're using.
 - How? Use with safe people in a safe place. Use with safe people in a safe place. Use with safe people in a safe place.
- Less is more**
 - Why? Using less can help you stay safer and healthier.
 - How? Use less. Use less. Use less.
- Choose not to use**
 - Why? Not using avoids all the risks of stimulants.
 - How? Don't use. Don't use. Don't use.
- Talk to a provider about withdrawal**
 - Why? Stimulant withdrawal can be dangerous.
 - How? Talk to a provider about withdrawal. Talk to a provider about withdrawal. Talk to a provider about withdrawal.

For more information, contact the Harm Reduction Research and Treatment Center at 1 (855) 320-1004 or at harrtab@uw.edu.

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Demonstration

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Role play 1

Introduce 3 categories of safer-use strategies and an example from each.

Ask if they have ever tried one before. Elicit the story, provide affirmation.

Ask for commitment to try one safer-use strategy over the next week.

Record goals on SHaRE and check off for clients.

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Discussion

<p>How did the role play go?</p>	<p>As the client or provider: How did this feel?</p>
<p>How was this different or similar to your current practice?</p>	<p>What did you struggle with?</p>

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Role play 2

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Discussion

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Harm reduction tools

Multidimensional assessment	<ul style="list-style-type: none"> Substance use and related harm Decisional balance Quality of life Biomarkers
Client-led tracking	<ul style="list-style-type: none"> Clients choose most relevant outcomes to focus on Clients track with provider how they are doing over time Sense of transparent CI
Harm-reduction goal setting	<ul style="list-style-type: none"> What goals do you have during your hospital stay/treatment/this session/in general (whatever is relevant)? What do you want to see happen for yourself?
Safer-use strategies	<ul style="list-style-type: none"> Offer clients a list of safer use tips based on their primary substance Have them choose one they feel like they could try
Checking in	<ul style="list-style-type: none"> If possible, check in with clients regarding their progress towards their goals/risk reduction/safer use Even a brief check in or phone call can be helpful!

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Where does it go from here?

- Caveats RE relative risks and benefits of harm reduction
- Questions?
- Consultation
- Housekeeping (evaluations, certificates)
- What are you taking away from the training for your practice?

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This is your brain on harm reduction.

Any questions?



We would like to acknowledge our faculty, staff and trainees at the Harm Reduction Research and Treatment (HaRT) Center, our research partners, including DESC, REACH, Neighborcare, Dutch Shisler Sobering Center, MHCADSD, and the many community members and participants who have shaped our work. We dedicate this training to Dr. Alan Marlatt who was a legendary alcohol researcher, compassionate clinician, mentor to many, and inspiration to all.

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Resources on harm reduction

- **Websites**
 - <https://depts.washington.edu/harrtlab/>
 - www.harmreduction.org
 - www.andrewstark.com/links_harmreduction.html
 - www.ihra.net/
 - www.harmreductiontherapy.org/
 - www.drugpolicy.org
 - www.anypositivechange.org
 - www.neverusealone.com
- **Self-help for clients**
 - Anderson, K.A. (2016). *How to change your drinking: A harm reduction guide to alcohol* (2nd edition). New York: The HAMS Network.
 - Denning, P., Little, J., & Glickman, A. (Eds.). (2017). *Over the influence: The harm reduction guide to controlling your drug and alcohol* (Second edition). New York: The Guilford Press.
 - Sorge, R., & Kershner, S. (1998). *Getting off right: A safety manual for injection drug users*. New York: Harm Reduction Coalition.
 - Harm Reduction Coalition (2017). <https://www.harmreduction.org/our-work/education-and-training/peer-education/>
- **Literature on harm reduction approaches and psychotherapy**
 - Denning, P. & Little, J. (2012). *Practicing harm reduction psychotherapy: An alternative approach to addictions* (2nd edition). New York: Guilford Press.
 - Marlatt, G. A., Witkiewitz, K., Larimer, M.E. (2011). *Harm reduction: Pragmatic strategies for managing high-risk behaviors* (2nd edition). New York: Guilford Press.
 - Marlatt, G. A. (1995). Harm reduction: Come as you are. *Addictive Behaviors*, 21, 779-788.
 - Stout, D. D. (2009). *Coming to harm reduction kicking and screaming: Looking for harm reduction in a 12-step world*. Bloomington, IN: AuthorHouse.
 - Tarantinsky, A. (2002). *Harm reduction psychotherapy: A new treatment for drug and alcohol problems*. Plymouth, UK: Rowman & Littlefield Publishers, Inc.

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Resources on racial equity


- People's Institute NW: <https://www.pinwseattle.org/>
- Showing Up for Racial Justice (SURJ): http://www.showingupforracialjustice.org/affiliated_groups_local_contacts
- Racial equity analysis for institutions:
 - <https://racc.org/wp-content/uploads/buildingblocks/foundation/Continuum%20on%20Becoming%20an%20Anti-Racist,%20Multicultural%20Institution.pdf>
 - <https://www.housingconsortium.org/wp-content/uploads/2016/11/Racial-Equity-Toolkit-Downloadable.pdf>
 - <https://msw.usc.edu/mswusc-blog/diversity-workshop-guide-to-discussing-identity-power-and-privilege/>

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For more information regarding these slides, please contact:

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