

BEST PRACTICES REPORT

Harm Reduction as a Model of Intervention and Treatment: Theory, Definition and Approaches to Working with LGBT Populations

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Practitioners of the Harm Reduction Model believe alcohol, tobacco, and drug use, along with other unhealthy behaviors exist on a continuum from non-problematic to severely problematic and aim to reduce the associated harm experienced by individuals, families, and communities. The Harm Reduction approach to intervention and treatment has been an emerging practice as clinicians move away from abstinence-only treatment and shift towards prevention and preventative care. Harm Reduction is a set of practical strategies that reduce negative consequences of drug use and unsafe behaviors by incorporating a spectrum of strategies ranging from safer use to managed use to abstinence. Different substances or behaviors may lie on different parts of a continuum for the same person. The focus of attention is not the drug use or behavior itself, but on the harm associated with it.

There are many models of Harm Reduction intervention. Service providers can be effective helpers with clients anywhere along the continuum of drug use or unsafe behavior. Many clients may have not made a decision to stop using or may state that they wish to continue to use drugs, but still need assistance. Treatment providers meet clients where they are, not where they would like them to be. Harm Reduction helps engage people and motivate them to make contact with treatment providers when they are ready. Harm Reduction does not exclude abstinence as a goal for individuals who are dependent on substances or engaging in unhealthy behaviors, rather provides people with more pragmatic choices, such as limiting their intake or reducing the incidents of risky behavior.

The Harm Reduction approach is one that can be tailored to diverse client populations and varying treatment settings. The idea of beginning treatment where the client is and learning where the individual would like to go is the framework of Harm Reduction and can be applied to approaching any number of health or behavioral issues. The Harm Reduction model, which is based on public health principles, takes a preventative stance to treatment with an aim to reduce the health, social, and economic harms associated with substance use or other unhealthy behaviors and considers the impact relative to the individual, family, and community. Harm Reduction strategies can be used with any individual engaging in any kind of potentially self-destructive behavior they may be reluctant to stop. The nonjudgmental, non-stigmatizing approach regarding any number of presenting problems or behaviors may be enough motivation or engagement for the client to return to treatment.

Substance abuse rates are higher among Lesbian, Gay, Bisexual, and Transgender (LGBT) populations than that of their heterosexual and non-transgender counter-

parts. Reasons for their substance abuse are the same as in the general population (genetic predisposition, life stressors, peer pressure, mental illness), with the added stigma of minority stress, prominence of gay bars as the primary social outlet, self-medication of negative mood states, tobacco and alcohol industry marketing and financial support of LGBT events, LGBT community norms about substance use, and the lack of substance-free activities and role models in the LGBT community. This would suggest that LGBT populations may represent a higher percentage of those clients seeking treatment or in a treatment setting than they do in the general population. Additionally, risky sexual behaviors among gay men, especially when in conjunction with substance use, continue to be an issue facing some clients. Therefore, being aware of and employing Harm Reduction treatment strategies can prove useful when working with or engaging all clients, including LGBT clients, who are struggling with substance abuse or other unhealthy behaviors.

Harm Reduction as a model for treatment understands drug use as a complex, multifaceted phenomenon that encompasses a continuum of behaviors and acknowledges that some drugs and ways of using drugs are clearly safer than others. Harm Reduction strategies suggest that the emphasis of intervention should be based on the relative harmfulness of the drug or unsafe behavior. Research shows that many people reduce the harm to themselves, their families, and their communities by learning more about drugs and alcohol and by developing strategies to manage their drug and alcohol use. Harm Reduction integrates an appreciation of the meaning of drug use for each person with an understanding of the chemical action and effects of the drugs themselves. Harm Reduction affirms drug users themselves as the primary agents of reducing the harms of their drug use and seeks to empower substance users to share information and support each other in strategies which meet their actual conditions of use. This approach does not attempt to minimize or ignore the real and tragic harm and danger associated with drug use and destructive behaviors. Harm Reduction calls for 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 harm. Harm Reduction avoids moralistic, stigmatizing, and judgmental statements and approaches with substance users and about substances. It avoids value laden language and seeks to identify and advocate for changes in laws, regulations, and policies that increase harms or hinder intervention. A Harm Reduction approach advocates lessening the harms associated with substance use and risky behaviors through education, prevention, and treatment.

Harm Reduction Therapy is a motivational approach to increasing people's desire for greater health and well-being and increasing their motivation and capacity to achieve a healthier life. Many individuals who use substances face other problems, such as mental illness, HIV, Hepatitis, poverty, homelessness, trauma history, etc. They need a therapeutic approach that helps them at any point in their struggle with drugs, alcohol, and other harmful or self-destructive behaviors. Harm Reduction Therapy starts where the client is, works from the principles of acceptance and empowerment, and moves people in the direction of better health and responsibility. Its goal is improved quality of life in the areas of mental health, employment, incarceration, homelessness, and disease transmission, which has been demonstrated to be achievable without demanding abstinence from drugs and alcohol as a condition of treatment, admission, support, or assistance. Harm Reduction Therapy applies a relativistic rather than an absolutist way of thinking. Harm Reduction guidelines would suggest assessing the extent and meaning of substance use for the client, sharing expertise with the client in the assessment process, helping the client decide what to do about their drug use, plan changes, understand that relapse is part of the recovery process, and understand rather than overcome resistance.

Harm Reduction Therapy Models of Intervention (Harm Reduction Coalition, New York 2002) include:

- **Harm Elimination/Abstinence:** The goal of this approach is to assist clients in achieving and maintaining abstinence. Abstinence is an excellent form of Harm Reduction if the client wants to stop using drugs or alcohol or engaging in self-destructive behaviors.

- **Recovery Readiness:** This approach can be used with clients who are actively using drugs and alcohol to help them achieve abstinence/recovery in a particular time period (usually three to six months); it is applied in many dual disorder programs, usually focused on how drugs and alcohol use exacerbates psychiatric symptoms and interferes with medication adherence; when applied in AIDS services organization, the focus is on targeting how drug use interferes with practicing safer sex.

- **Moderation Management and Controlled Use:** This approach reduces harm by reducing consumption (using less) or controlling episodes/situations of use (using only on weekends); it is applied in self-help support groups, needle exchange programs, and some residential or dual disorder programs.

- **Substitution Therapy:** This approach suggests replacing one drug with higher associated risk with another drug of lower risk (heroin isn't quality controlled whereas methadone is pharmaceutically pure and dispensed in a

clinic by trained medical providers); it is applied in Methadone Maintenance clinics, nicotine replacement methods, or physician-prescribed medications. For example: people dependent on illicit opiates, such as heroin, are at particular risk from impure drugs, overdose, and engaging in crime in order to purchase their drugs. The medical provision of substitute drugs, such as methadone and buprenorphine, reduces these risks. Also, people who smoke tobacco are likely to suffer serious illness and premature death. By helping them to switch to less harmful nicotine delivery systems, such as non-smokable tobacco, patches, gum, or inhalers, vastly reduces risks.

- **Relapse Prevention/Overdose Prevention:** The goal of this approach is to prevent death or negative health consequences; it is being applied in needle exchange programs with active drug users, drug treatment and dual disorder programs as part of relapse prevention strategies, and increasingly in jails and prisons in pre-release programs. For example: people who inject drugs are vulnerable to contracting blood borne infections such as HIV or Hepatitis B and C, providing sterile needles and syringes helps reduce the risk of infections.

- **Environmental Prevention:** The goal of this approach is to reduce the images, messages, and marketing that targets specific populations and promotes alcohol, drug, and tobacco use or any number of other unhealthy behaviors. For example: people who become drunk in bars may cause harm to themselves or others, but by training bar staff in responsible serving practices may help reduce the risk of intoxication and resulting harms as well as give the staff skills to prevent incidents. Additionally, providing sober spaces at community events and non-alcohol sponsored and promoted groups would suggest healthier options and support those in the spectrum of recovery.

- **Alternative Approaches:** This approach looks to find exercises or activities that the client enjoys and feels to be rewarding, such as acupuncture, massage, herbal remedies, etc. and suggests engaging in or replacing unhealthy behavioral with a safer alternate activity.

Harm-Reduction employs techniques of Motivational Interviewing and awareness of the *Stages of Change* model, which suggests that people go through stages in the process of changing themselves and behaviors. These stages are precontemplative, contemplative, determination/preparation, action, and maintenance. It is a set of strategies for intervention based on which stage the person is in and fundamentally to its successful use is that the provider takes a nonjudgmental stance that allows and encourages the client to move through the stages of change at a comfortable pace. The gift of using Motivational Interviewing as a way to approach Harm Reduction

is that it enables therapy that is on target for where the client is instead of where that therapist wishes the client would be.

Applying these concepts to treatment with gay men engaging in risky sexual behavior, such as sex without a condom, can prove to be useful. There are various reasons why gay men engage in unsafe sex, including the use of "party drugs," such as crystal methamphetamine. Additionally, some gay men believe that their sexual currency is decreased if they insist on using condoms, fearing a partner may lose interest in him were he to insist on safer sex. Obviously these concerns raise issues regarding body image, self-worth, and self-esteem, but to explore them fully in therapy would take a long time, during which the client would most likely continue to engage in high-risk sex. Harm Reduction strategies could be employed regarding both the use of substances and unsafe sexual behaviors. When gay men have unsafe sex in response to depression, loneliness, isolation, or in conjunction with the use of substances, treating these conditions is an essential part of treatment. Even when underlying conditions improve in response to therapy or psychopharmacologic interventions, risky sexual behaviors may not diminish or cease. If providers of services gauge clinical success solely on the basis of clients stopping unsafe sex, they are setting unrealistic goals for themselves and for clients. Providers seeing clients who are gay men who have unsafe sex should strive to help them understand what this behavior means. Part of the work is helping clients evaluate whether the ways they are having sex are rational and healthy or maladaptive and something they might wish to change, without imposing values on the individual. Using Harm Reduction as an approach to AIDS prevention is not without controversy, but practitioners of Harm Reduction believe it would be clinically inappropriate for any professional to approach these issues with rigid ideas about what people should be doing and why. Empowering individuals to be aware of their behaviors, to make thoughtful decisions, to create plans, to review scenarios, to be mindful of triggers, and consider safer alternatives would be considered effective intervention in any treatment situation.

There have been three phases of the development of Harm Reduction. The first phase stemmed from the growing concern in the 1960's about the health risks associated with tobacco, drug, and alcohol use. The second phase began in 1990 with a sharp focus on AIDS prevention among injection drug users. More recently there has been a third

phase, in which an integrated public health perspective is being developed for all licit and illicit drug use as well as other unhealthy or self-destructive behaviors. In this newer phase, more topics pertaining to the Harm Reduction model are being explored. This approach continues to acknowledge and recognize 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 and behavioral-related harm. The involvement of medical practitioners, law enforcement, social service agencies, policy makers, as well as residential and outpatient treatment providers is crucial. The Harm Reduction model, with its foundation in public health principles, will be an important component in the future of treatment, not only substance abuse treatment, but tackling various unhealthy behaviors as our entire healthcare system moves towards and has more awareness of prevention and preventative care.

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