

# Progress, Not Perfection: An Introduction to Harm Reduction in Medical Respite Care Settings

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Picture by Cathi Geisler, used with permission



Real World Solutions for Systems Change

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# Objectives

By the end of this session, participants will be able to

- Name three reasons for practicing harm reduction,
- Identify the primary reason we should practice harm reduction in medical respite care settings, and
- Name at least four outcomes of harm reduction.





**Harm reduction** offers strategies that help people stay alive until they can begin to reach for recovery.

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# Homelessness



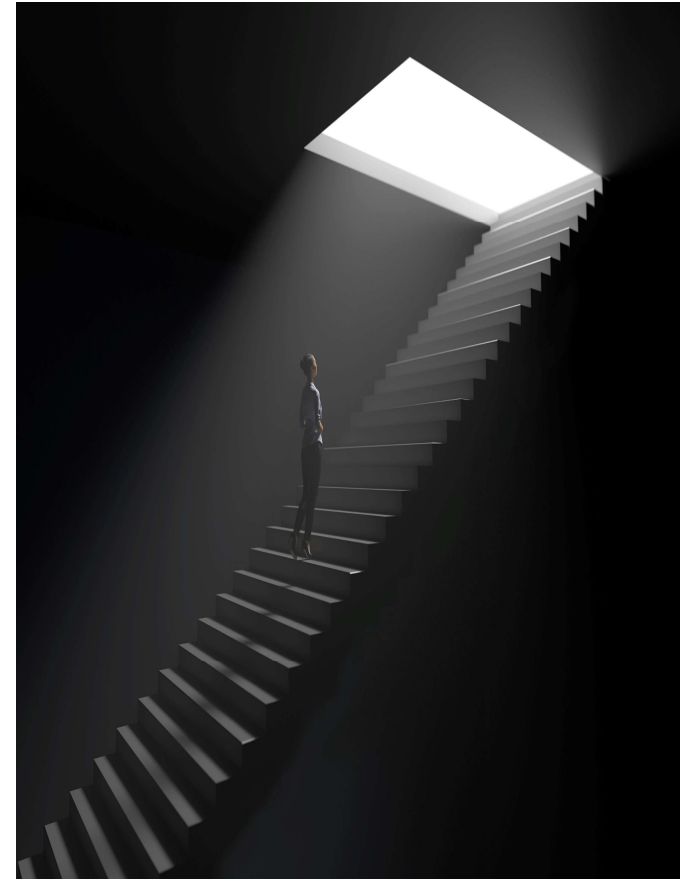
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# Who Experiences Homelessness in the United States?

On a single night in January 2022, 582,462 people were identified as experiencing homelessness.

Of these, 4 in 10 were staying in unsheltered locations, such as the streets, encampments, abandoned buildings, cars, or other places not suitable for human habitation.

People who identify as Black, African American, or African, as well as Indigenous people are over-represented in the population of people experiencing homelessness. For example, people who identify as Black make up 12% of the U.S. population but 37% of people who are without homes.



# What Is Chronic Homelessness?

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“Chronic homelessness is used to describe **people who have experienced homelessness for at least a year**—or repeatedly—while struggling with a disabling condition such as a serious mental illness, substance use disorder, or physical disability.” (National Alliance to End Homelessness, n.d.)



# Populations Monitored in Annual Point in Time Count

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People Experiencing Chronic Homelessness: 127,768

Unsheltered Individuals: 216,495

People Experiencing Unsheltered Chronic Homelessness: 78,615

Veterans Experiencing Chronic Homelessness: 9,396

The typical person experiencing individual homelessness in 2022 was 25+ years old (92%), male (68%), identified as White (55%), and was non-Hispanic/non-Latino (78%).

Of the 233,832 people counted as experiencing unsheltered homelessness in 2022, 57,345 had severe mental illness, 54,438 had “chronic substance abuse,” and 3,673 had HIV/AIDS.

Source: HUD, 2022

# People in Need of Medical Respite Care

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“In addition, physical health and behavioral health are inextricably linked. PEH have disproportionately high rates of chronic medical conditions such as heart and lung diseases, diabetes, and HIV, and unmanaged behavioral health symptoms can worsen these medical conditions, inhibit effective treatment, and increase risk for avoidable complications and premature mortality.”

Source: NIMRC, 2022

Anecdotally, respite care providers say that a great majority of their guests also have behavioral health concerns.



# Harm Reduction Strategies



# Everyday Harm Reduction

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Sunscreen



Seat  
Belts



Speed  
Limits



Cigarette  
Filters

# Harm Reduction Strategies: Substance Use

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Designated  
Drivers



Needle  
Exchanges



Carrying  
Naloxone

# Additional Harm Reduction Strategies

- Safe injection sites
- Pharmacotherapy (e.g., methadone, naltrexone, buprenorphine)
- Good Samaritan Laws (e.g., legal protection for people who help someone experiencing an overdose)
- Treatment instead of jail (e.g., using drug courts to present treatment options as an alternative to criminal conviction)
- Overdose education and naloxone distribution
- Abstinence

Source: Faces & Voices of Recovery (N.D.) Key Harm Reduction Strategies. [Key Harm Reduction Strategies - Faces & Voices of Recovery \(facesandvoicesofrecovery.org\)](https://facesandvoicesofrecovery.org)



# Harm Reduction Principles

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## Accepts

Understands that legal and illegal substance use are part of the world we live in. It is used to minimize the harmful effects rising from use rather than ignore or condemn

## Recognizes

Recognizes substance use as complex and multi-faceted behaviors that exist on a continuum

## Establishes

Establishes criteria for success as enhanced quality of life and well-being

## Assists

Assists in reducing harm through non-judgmental, non-coercive provision of services and resources

## Ensures

Ensures that people with experiential knowledge of the issue have a real voice in creation of programs and policies

## Affirms

Affirms that people are the experts in their own lives and recovery

## Knows

Knows that social inequalities affect vulnerability and capacity

**Source:** National Harm Reduction Coalition (N.D.). Principles of Harm Reduction. [Harm Reduction Principles | National Harm Reduction Coalition](#)

# Harm Reduction

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**Works to keep people alive instead of focusing on abstinence**

**Meets people where they are**

**Is compassionate and nonjudgmental**

**Minimizes risk**

**Lets the client drive the bus**

**Counts baby steps as real progress**

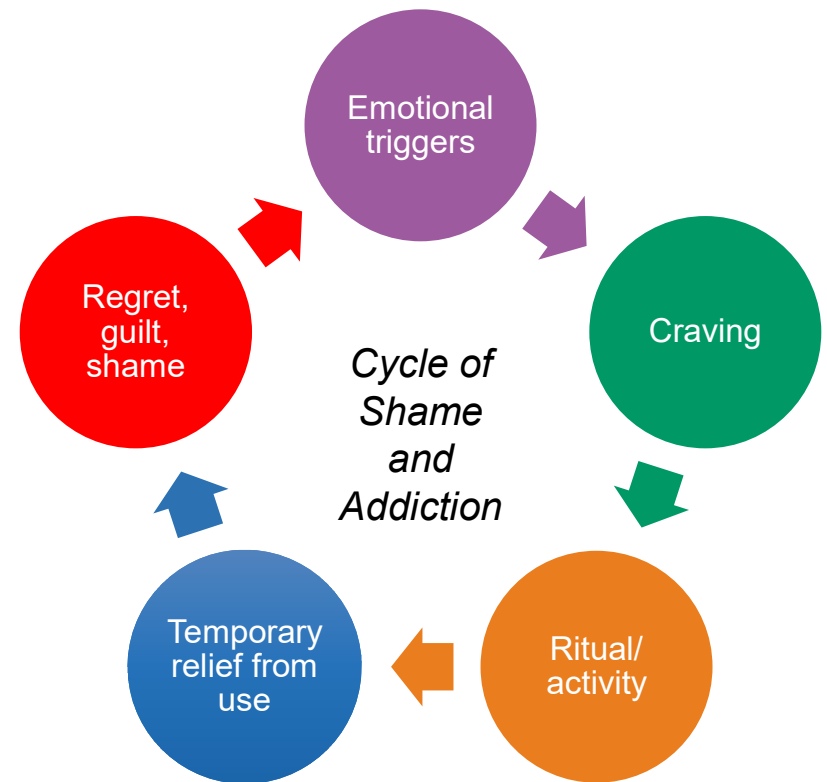
**Understands that people are doing their best**

**Looks at recovery as a process**

# The Impact of Shame

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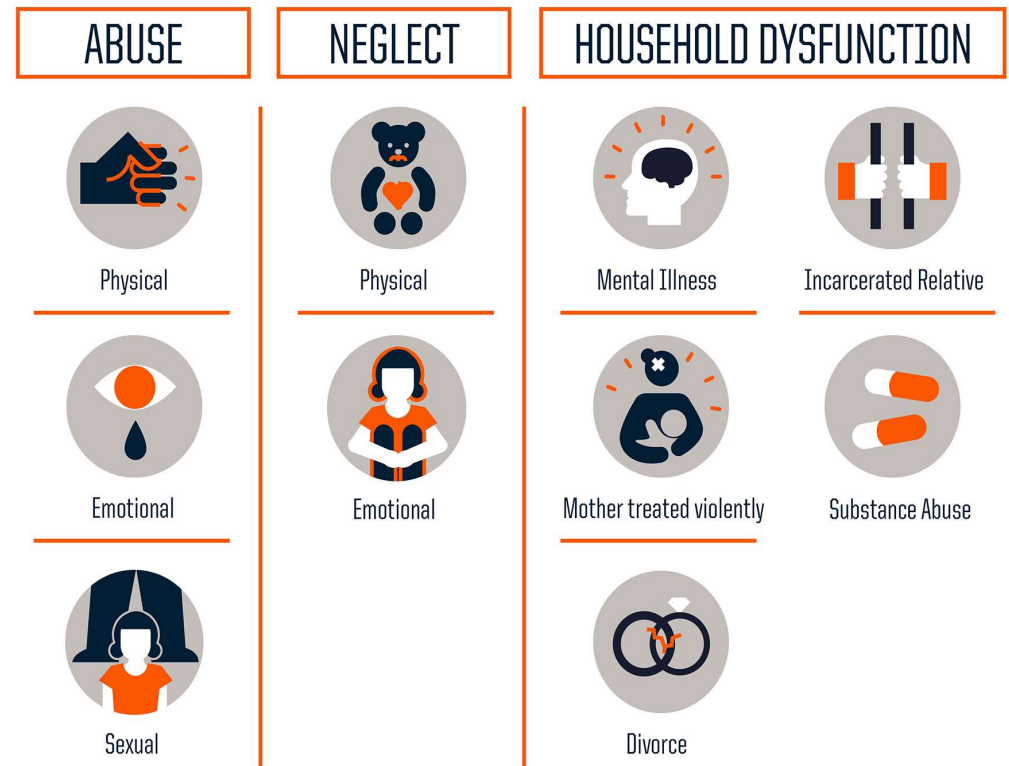
- Having a deep sense of shame is linked to higher rates of substance use, which often starts as a form of self-medication.
- The use of alcohol and drugs (or other addictive behaviors) creates further feelings of shame, prompting a downward spiral.
- Providing non-judgmental, compassionate care works to reduce resistance and break the cycle of shame.



# Why Harm Reduction?

## ACE Study

- Adverse Childhood Experiences (ACEs)
- Correlation between childhood trauma and poor health outcomes in later life
- ACEs are measured by experiences in 10 categories of potential trauma



Source: Robert Wood Johnson Foundation, retrieved from [The Truth About Adverse Childhood Experiences \(ACEs\) — Families Thrive](#)



# ACE Scores

A person's ACE score demonstrates the level of exposure to childhood trauma. More ACEs correlate with adverse adult outcomes including chronic disease, mental illness, violence, and being a victim of violence.

- ACE scores range from 0 to 10. Each type of trauma counts as 1 ACE, no matter how many times it occurs.
  - People with an ACE score of 4 are twice as likely to be smokers and seven times more likely to have a substance use disorder.
  - Having an ACE score of 4 increases the risk of emphysema or chronic bronchitis by nearly 400 percent, and attempted suicide by 1,200 percent.
  - People with high ACE scores are more likely to be violent, to have more marriages, more broken bones, more drug prescriptions, more depression, and more autoimmune diseases.
  - People with an ACE score of 6 or higher are at risk of their life span being shortened by 20 years.

Source: PACES (Positive and Adverse Childhood Experiences Survey). <http://entheomedicine.org/what-is-paces-positive-and-adverse-childhood-experiences-survey/>

# Harm Reduction and Trauma

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In families where substance use disorders or other dysfunction is an issue, “it is easy for children to see themselves as unloved, unworthy, inferior or inadequate.” This creates a pervasive sense of shame.

Trauma

Powerlessness

Ownership

Shame

Source: Gaba, Sherry (2019). The Link Between Addiction and Shame. Psychology Today. <https://www.psychologytoday.com/us/blog/addiction-and-recovery/201904/the-link-between-addiction-and-shame>

# Reduction of Stigma

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*“I met a man who was injecting heroin in his leg at a ‘shooting gallery’—a makeshift injection site. His leg was severely infected, and I urged him to visit an emergency room—but he refused. He had been treated horribly on previous occasions, so he preferred risking his life, or probable amputation, to the prospect of repeating his humiliation.”* —Nora Volkow, former NIDA Director

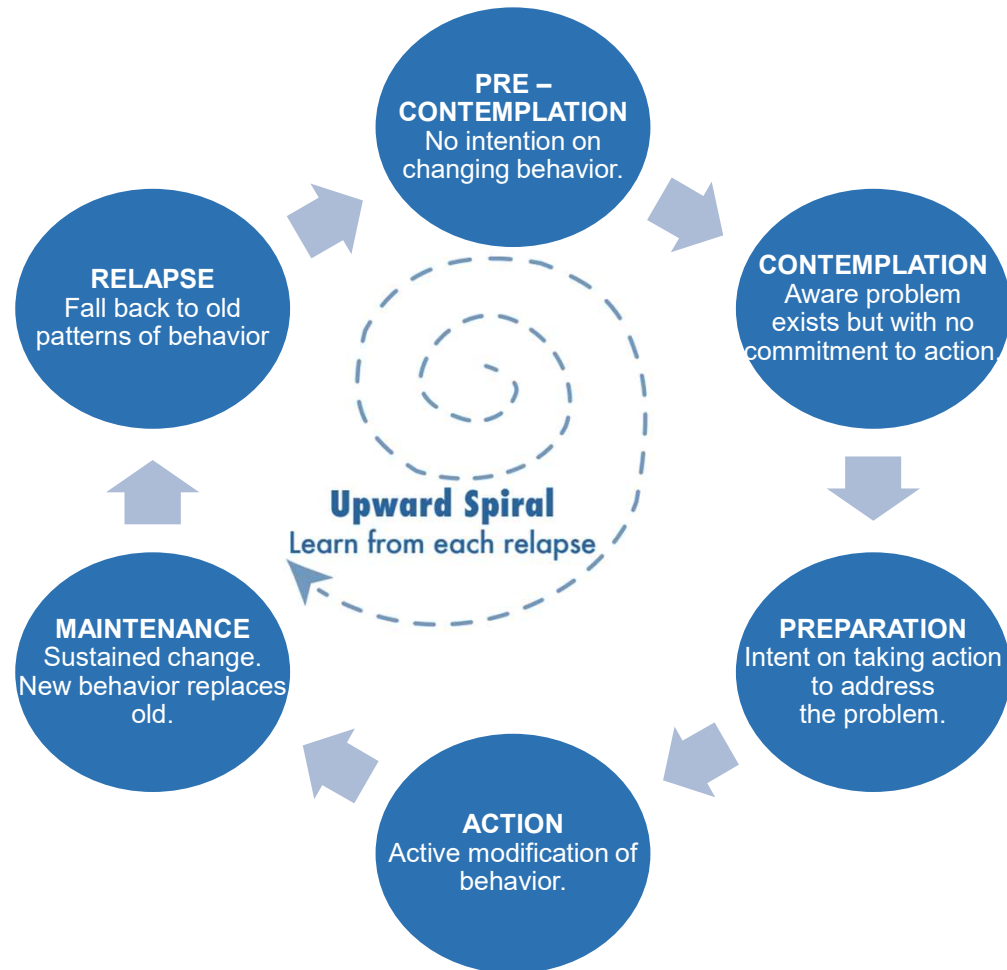
# The Recovery Process

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# Harm Reduction and Stages of Change

## The Cycle of Change



Adapted from SocialWorkTech.com, 2018  
Source: Prochaska & DiClemente, 1983

# Practical Methods for Harm Reduction



# Harm Reduction DON'TS

**DON'T**

Confront

**DO**

- Focus on consistent positive regard.

Argue

- Accept what they say, because it is true for them.

Engage in power struggles

- Be mindful that they are in control of their own path to recovery.

Practice a righting reflex

- Accept that experience allows for growth.

# Supportive Questions for Change

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If you were to make a change, what would your reasons be?

If you didn't change, what (if anything) would be at stake?

If you were to make a change,

- How would you be successful?
- Who/what could help?
- What would be the first/next step(s)?



# “Do” Questions

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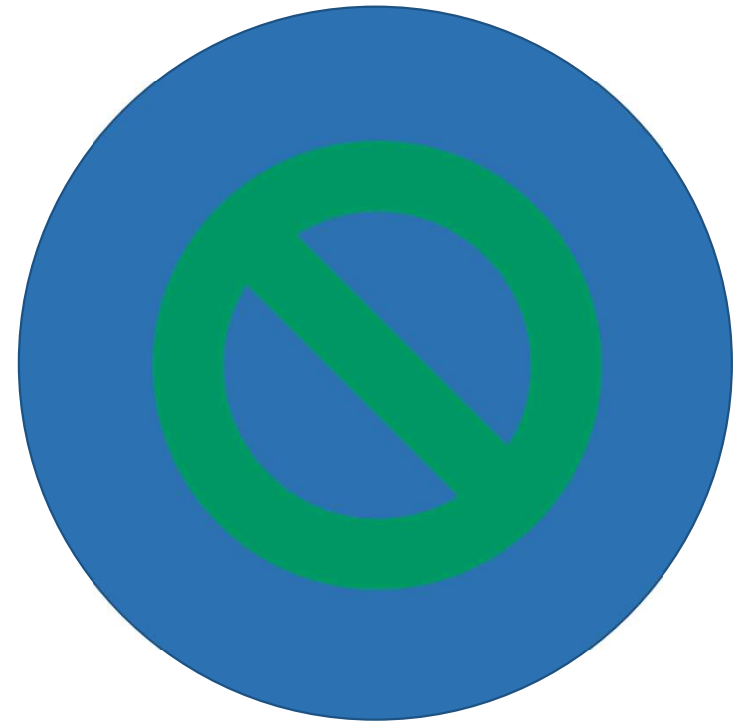
- Have you heard about Naloxone to prevent overdose? What have you heard?
- Would you be interested in using condoms?
- What do you feel is the most pressing concern for you right now related to drug use?



# “Don’t” Statements

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- You’re at risk of overdose. Don’t you worry about dying?
- You should get tested for STDs to protect your partner and yourself.



# Harm Reduction Outcomes



# Why Harm Reduction?

- Harm reduction does *not* discount the damages rising from substance use, but it does acknowledge small, progressive wins.
- Harm reduction offers a framework for engaging people as they move toward recovery.
- It has the effect of protecting people when substance use recurs.
  - Up to 60% of people who have an SUD will experience a recurrence at least once at some point in their recovery (McLellan et al., in NIDA, 2020).
  - Substance use disorders are relapsing conditions and relapse can be a common part of the recovery process.
- “Abstinence only” doesn’t work for everyone, but it makes people feel as if they either win or lose.

# Outcomes of Harm Reduction Practices

- Substance use is a primary reason people do not engage in primary care.
- Harm reduction minimizes the negative physical and social impacts of substance use while offering people the space to make incremental change.
- Harm reduction offers services without judgement, coercion, or preconditions.
- By providing health education and supplies that promote safety, harm reduction opens the door to connect with long-term treatment, housing, and mainstream services.



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QUESTIONS



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