

National Center on Homelessness among Veterans

*A discussion of harm reduction through a review of
low demand programing*

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Overview

- History
- Implementation – within parameters
- Implementation framework
- Intent
- Review of program operations
 - Safe Haven
 - GPD – LDPI
 - Dom - LD
- Challenges
- Practice – informed, a review

History

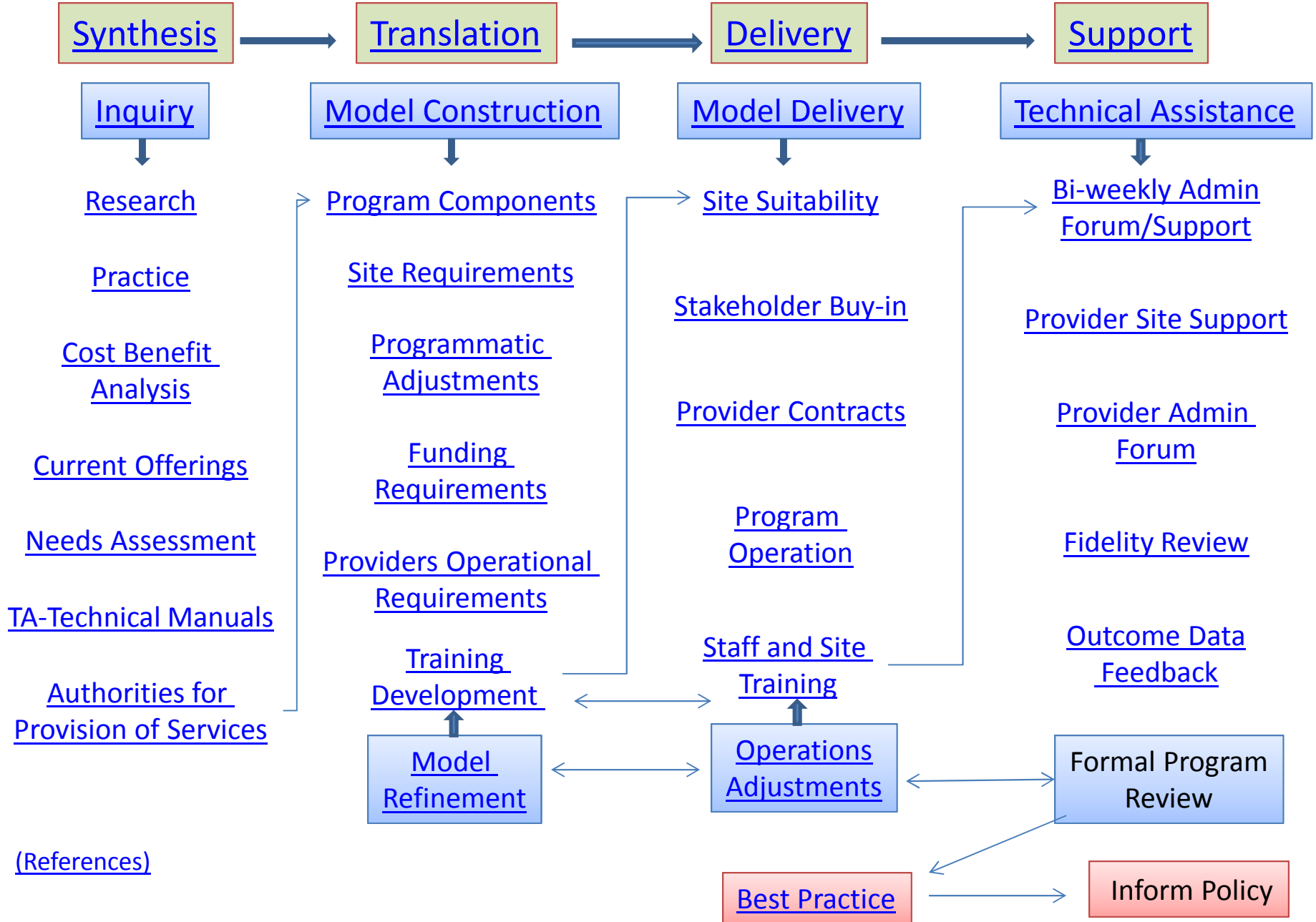
(Progression of programs and approach)

- Late 80s
 - Homeless Chronic Mentally Ill Program (HCMI)
 - Health Care for Homeless Veterans (HCHV)
 - Domiciliary Care for Homeless Veterans (DCHV)
- 90s
 - Homeless Providers Grant and Per Diem Program (GPD)
 - HUD-VASH Pilot
 - Vocational Development / Supportive Housing
- Late 2009
 - HUD - VASH (Housing First)

Implementation

(Developing programing within existing parameters)

- HCHV
 - Safe Havens
 - Contracts
 - Time limits
- GPD
 - Low Demand
 - Grants
 - Recipient initiated
- Dom
 - Low Demand – Low Barrier / Enhanced Access
 - Medical care
 - Medical center bed / admission / discharge



1. Intent

(Consistent Across Programs)

- Population
 - Homeless w/
 - Hx of
 - Substance use
 - Mental health
 - Comorbidity
 - Treatment failures
 - At risk - vulnerability
 - Limited treatment or other program involvement

2. Intent

(Consistent Across Programs)

- Programing
 - Sobriety or other MH treatment
 - not condition of program admission or participation
 - Demands
 - kept to minimum
 - Environment
 - Non – intrusive
 - Engagement
 - Peer support and culture
 - Rules - focused on staff and resident safety
 - Access
 - Fidelity

3. Intent

(Consistent Across Programs)

- ‘Rules’
 - *In facility* – restricted:
 - Dealing or drug use
 - Buying or selling ETOH
 - Violence or threats of violence
 - Easily understood
 - Focus
 - Safety
 - Keeping participant engaged and housed

Safe Havens (HCHV)

(Review of program operations)

- 23 sites
 - Limited
- 1200 Served (FY 15)
- Thru second quarter FY 16
 - 52% stably housed at exit (program course)

GPD – Low Demand Pilot Initiative

(Review of program operations)

- 7 sites
 - Discussions with others
- 71 served (FY 15)
- Thru second quarter FY 16
 - 47% stably housed at exit (program course)

Domiciliary – Low Barrier

(Review of program operations)

- 1 site
 - 62 beds
 - Discussions with others
- 48 served (FY 15)
- Thru second quarter FY 16
 - 46% stably housed (program course)

Challenges

- Staff
 - Background
 - Training
 - Sobriety / MI / stages of change
- Access
- Program Authorities
 - Onsite restrictions
- Fidelity to the model
- Local demands / program concept / awareness
- Community resources
- Medically compromised

1. Practice Informed

- Sober Lounge
- Access
- Services - multitude and access
- Activities of general interest
- Community engagement
 - Other low demand programs
 - Awareness of model

2. Practice Informed

- Other program engagement
 - Community services
 - HUD VASH case managers
 - GPD case managers
 - Other medical and treatment staff
- Resident governance
- “Trial” visits
- Room privacy
- Other population mix – site dependent

Review – Summary

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Introduction to Harm Reduction in Homelessness Services

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Objective

- ▶ To understand the philosophical basis of "Harm Reduction", the movement's historical roots, and how it currently influences the homelessness field



What does the term Harm
Reduction mean?

Harm Reduction Is...

*"...A set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built upon the belief in, and respect for, the rights of people who use drugs." **

Harm Reduction can further be defined as "a set of policies, programs, and practices that aim to reduce the harms associated with the use of psychoactive drugs in people unable or unwilling to stop. The defining features are the focus on the prevention of harm, rather than the on prevention of drug use itself, and the focus and respect for people who continue to use drugs."*

*Definitions paraphrased from the Harm Reduction Coalition and International Harm Reduction Association

The Principles of Harm Reduction

Harm Reduction...

- ▶ Accepts, for better or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them
- ▶ Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe abuse to total abstinence, and acknowledges that some ways of consuming drugs are clearly safer than others
- ▶ Establishes quality of individual and community life and well-being – not necessarily the cessation of all drug use – as the criteria for successful interventions and policies.
- ▶ Calls for the non-judgemental, 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 attendant harm

The Principles of Harm Reduction

Harm Reduction...

- ▶ Ensures that drug users, and those with a history of drug use, routinely have a real voice in the creation of programs and policies designed to serve them
- ▶ Affirms drug users themselves as the primary agents of reducing the harms of their drug use, and seeks to empower users to share information and support each other in strategies which meet their actual conditions of use
- ▶ Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities effect both people's vulnerability to and capacity for effectively dealing with drug related harm
- ▶ Does not attempt to minimize or ignore the real and tragic harm or danger associated with licit and illicit drug use

The term Harm Reduction is generally used to refer to...

Harm Reduction

The philosophical and political movement, as well as the community which has grown up around it

H.R. Services

A set of specific substance use, infectious disease, and health interventions typically associated with the movement

(h)arm (r)eduction

The application of the harm reduction framework broadly in other contexts – such as smoking cessation, heart health, wearing a seat belt, etc.

The History of Harm Reduction – "Nothing For Us Without Us"



US Harm Reduction has its roots in the early days of HIV/AIDS activism

At the same time, drug users in Vancouver, Canada were founding one of the first Housing First programs – just one year after Pathways to Housing was founded.

As research demonstrated that contaminated injection equipment was linked to the rapid spread of HIV/HCV among people who inject drugs (PWID), public health researchers, government officials, and community activists rush to implement prevention programs for PWID – syringe exchange programs being the most well known example.

Harm Reduction Services

As a consequence of the movement's origins, Harm Reduction has become intrinsically linked to a variety of specific drug user health & substance use intervention programs, namely:

- ▶ Syringe Exchange Programs
- ▶ Overdose Prevention/Education
- ▶ Medication Assisted Treatment
- ▶ Wound Care Clinics
- ▶ Peer Navigation / Organizing
- ▶ Maintenance Support Groups



The Influence of Harm Reduction

While the term "Harm Reduction" often remains linked solely to syringes and overdose, the movement has had a significant influence on a variety of other public health sectors, from obvious examples in things like Housing First programming, to the feedback loop between Stages of Change Theory & Harm Reduction, and even to the way we have begun to think about trauma, intimate partner violence, and sex work.

Interventions/Programs/Frameworks influenced by Harm Reduction include:

- ▶ Stages of Change Theory
- ▶ Motivational Interviewing
- ▶ Housing First
- ▶ IPV Safety Planning
- ▶ Sex Worker Health
- ▶ Anti-Trafficking Work
- ▶ ...and beyond



Opioid Use Disorder and Homelessness

Why does it matter?

There are direct correlations between homelessness and substance use disorders (SUD). Individuals struggling with an SUD are at increased risk for becoming homeless, have a harder time exiting homelessness, and are more likely to experience co-morbidities and high acuity. Further:

- ▶ Studies among veterans suggest that the presence of an SUD may have the highest impact on relative risk for homelessness, even more so than bipolar disorder or schizophrenia.
- ▶ Homelessness among people struggling with a SUD is 10x that of the general population
- ▶ Comorbidities like HIV/HCV and mental/behavioral health issues are significantly heightened among people with SUDs.

Opioid Use Disorder (OUD) in particular poses significant risks...

- ▶ While HIV/HCV rates among PWID have been falling over the last two decades, it remains high amongst people experiencing homelessness
- ▶ Homelessness correlates with riskier drug taking, including injection initiation and increased unsafe injection practices – increasing risk for infectious disease and complications like endocarditis
- ▶ PWID who are also homeless are bearing the brunt of our nation's massive increase in fatal overdoses
- ▶ Homeless adults, 25-44, are **nines times more likely to suffer a fatal overdose** than their counterparts who are stably housed.
- ▶ Research out of Boston has found that, among their chronically homeless adults, overdose has surpassed HIV as the leading cause of death. Fatal overdose now accounts for 80% of all such deaths.
- ▶ Even being placed into housing carries risks: overdose rates increase in the first year of housing, unless adequate supportive services are available

The Opiate Epidemic & Overdose Crisis Offer Unique Opportunities

The current opiate epidemic – the natural evolution of the prescription drug abuse epidemic of the mid 2000's – is drastically shifting the national conversation on drug use and The War on Drugs. With substance use disorders being reframed in the context of public health, there is an unprecedented opportunity to integrate service delivery systems.



Integrating Harm Reduction Services with Homelessness Interventions

"If HIPS could do it..."



Thank you for attending!

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H O M E L E S S
H E A L T H C A R E
L O S A N G E L E S

Harm Reduction in Practice

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Objectives

- Understanding and applying Harm Reduction Interventions:
 - Outreach & Engagement
 - Clinical and Programmatic level
 - Community level
- Harm Reduction Strategies among special populations
 - Vulnerable Populations
 - Young Adults and Youth

HOMELESS HEALTH CARE LOS ANGELES



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Vendome Palms-ACOF
Harm Reduction Building

Can you Identify the Harm Reduction techniques?

- Assuming traffic will stop for you as a pedestrian 😞
- Discharging your client after three missed sessions 😞
- Looking both ways before you jay walk across the street 😊
- Wearing a helmet when you ride a bike 😊
- Having a “designated driver” when you go out drinking with friends 😊
- Teaching about dating violence and rape prevention in high school 😊
- Being asked to leave a program for testing positive for drugs 😞
- Not having “hard” conversations about sexual practices with new partners 😞
- Letting a friend know where your blind (tinder) date is going to take place 😊

What does it take?

A willingness to...

- Practice radical neutrality
- Work in gray areas
- Tolerate, understand, accept difficult behaviors
- Learn from clients
- Relinquish your role of authority, judge or be the expert
- Partner with clients

Core Harm Reduction Beliefs

- People know what they need
- People will be truthful
- Any step is progress
- Power of relationships over technique
- Complexity is good
- Ambivalence and resistance are natural and useful
- Biopsychosocial nature of the process of addiction

Implementing Harm Reduction: Outreach & Engagement

- Establish a Trusting Relationship & Be Empathetic
- Be Accessible, Consistent, & Flexible
- Be a Positive Mentor/Role Model (Considerate & Respectful-Don't Label)
- Respect a Non-Traditional “Family” Support System

Implementing Harm Reduction: Outreach & Engagement

- Address Trauma Issues/Emotionally Overwhelmed
- Avoid Punishment and Focus on Self-Direction (do the right thing)
- Create a shared responsibility
- Empower & Instill Hope
- Incentives

Harm Reduction Clinical and Programmatic Interventions

- Distributing Information, Education & Communication
- Syringe/Needle Exchange Programs
- Medication Assisted Treatment (MAT)
- Safer Injection Program
- Overdose Prevention Program/Peer Naloxone Distribution
- Safer Sex Education Workshops
- Distribution of Condoms
- Drug Consumption Rooms

Harm Reduction Clinical and Programmatic Interventions

- Drop-in Self-Help/Wellness Groups
- Integrated Treatment Program (Outpatient)
- Client-Centered Counseling
- Motivational Interviewing
- Stages of Change
- Treatment on Demand
- Housing First

Fundamental Principles of Community-Based HRT

- **Low threshold**
 - ☐ Offering as many points of entry as possible so clients can choose how they may access services
- **Integrated**
 - ☐ Provide multidisciplinary approaches: medication, counseling, housing, support groups, etc.
- **Account for the impact of past experiences on the present**
 - ☐ Undo negative expectations
- **Trauma informed**
 - ☐ Avoid replicating trauma inducing characteristics such as coercion, intrusion, etc.
- **Welcome people who present difficult behaviors**

Harm Reduction Interventions

How It Works at HHCLA!



Key Outcomes: Vulnerable Populations

- Reduction of morbidity
- Reduction of incidences of HIV, HBV, HCV, STI
- Reduction of mortality
- Reduction of criminality/imprisonment/illegal activities
- Reduction of public nuisance
- Reduction of risky behaviors
- Reduction of Overdoses

Key Outcomes: Vulnerable Populations

- Increases participation in substance use services
- Increases participation in mental health services
- Increases housing retention
- Increase in overall quality of life

Harm Reduction & Young Adults/Youth

WHAT YOUNG ADULTS/YOUTH WANT

- Need to take risk
- Assert autonomy
- Acceptance/Peer groups
- Seek excitement to satisfy their curiosity

HARM REDUCTION INTERVENTIONS

- Informed decision making
- Understand what precautions to take to decrease risk
- Actively listen
- Respect ideas
- Partner/“Share the Power”
- Coaching/mentoring

Key Outcomes for Engaged Young Adults/Youth

- Improves self-sufficiency & well-being
- Increases safety
- Establishes permanent connection
- Lower rates of substance use
- Lower rates of sexual activity
- Lower rates of school failure/dropout
- Lower rates of depression

How can you practice Harm Reduction?

- Non-judgmental, non-coercive provision of services; collaboration
- Low-threshold programs
- Allocating resources to people who use drugs and the most vulnerable
- Client-centered services



References

Citation: Denning, Patt., Little, Jeannie. *Practicing Harm Reduction Psychotherapy: An Alternative Approach to Addictions*. New York City: Guilford Press, 2012. Print.

<http://www.emcdda.europa.eu/best-practice/harm-reduction/opioid-injectors>