

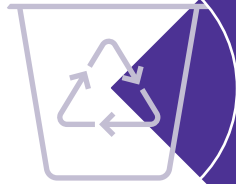
Risk Reduction



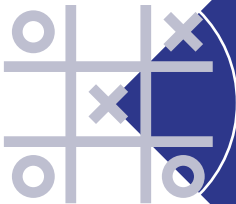
Overview



Introduction to Risk Reduction



Tradition Models vs Harm Reduction



Risk Reduction Strategies



Goals of Risk Reduction

What is Risk Reduction?

Risk Reduction is previously known as Harm Reduction.

Risk Reduction is a client centered approach that seeks to reduce negative consequences associated with substance. Rather than insisting on abstinence, it meets people where they are at and supports safe behaviors to promote health.

Encourages safer choices, promotes health, dignity and empowerment.

Even when the client is not following recommended treatment approach, providers can teach them skills to improve their quality of life and reduce risk of harm.

Abstinence/Zero Tolerance vs Risk Reduction

Abstinence Model

Complete abstinence, quitting completely.

Zero tolerance

Eliminating behavior entirely

Strict rules, punitive measures

Can be rigid, stigmatizing, and lead to dropout or relapse if abstinence is not achieved

Example of Treatment: Residential Treatment

Risk Reduction Model

Reduce negative consequences and harms associated with behavior

Pragmatic, aims to make behaviors safer

Minimizes harms such as health social and legal.

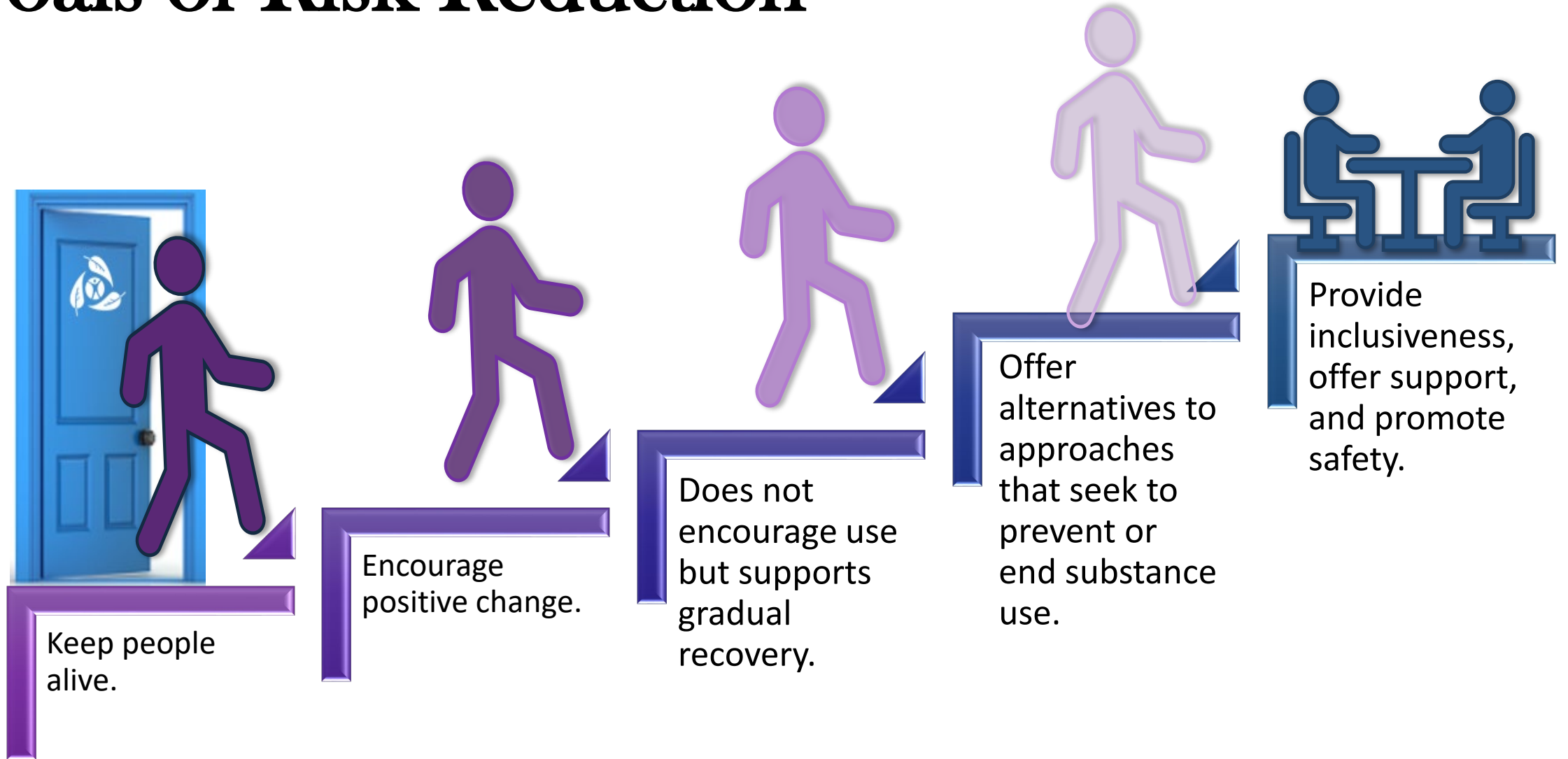
Respects individual autonomy, non-judgmental approach

Reduce overdose deaths, few infections, improved quality of life, safer behaviors.

Misunderstood as enabling drug use but evidence shows improved health outcomes.

Example of Treatment: Methadone

Goals of Risk Reduction



Risk Reduction Strategies

Check drug potency: test strength of substance prior to use. For example, encourage the use of fentanyl test-strips or only using a small amount first.

Have Naloxone Kits: Naloxone is a medicine that rapidly reverses the effects of opioid overdose. It can be available from doctor's pharmacists, or local public health departments

Alter the route of substance use: injecting substances increases the risk of harm. If a client is choosing to use substance, encourage use in different ways other than injection.

Reduce amounts when returning to use: tolerance to a substance is lowered when use is decreased or stopped. If a person returns to use after a period of abstinence, they are at risk of overdose. To prevent overdose, it is important to take smaller amounts of substances if returning to use.

Access to contraception : lower inhibition as a result of substance use is common. Unplanned pregnancy or transmission of sexually transmitted infections are risks. Discuss contraception and reproductive health.

Consultations and Supervision

- Consult with your supervisor, or psychiatrist, or Licensed Practitioner of the Healing Arts
 - Input from experienced staff and leaders can lead to better treatment plans and interventions tailored to client's unique needs
 - Diverse perspectives help identify options that might not be obvious to a single practitioner.
 - Provides opportunity for learning through discussion and challenging cases
 - Discussing difficult cases can reduce feelings of being overwhelmed and unsure.
 - Helps ensure the care or interventions align with ethical standards and legal requirements.
 - Protects both clients and professionals by promoting thorough, well considered decisions.



Needle Exchange

Cost and stigma are barriers that can be decreased to the benefit of people who inject substances.

Over 15 million people who intravenously use substance, 52% are exposed to the risk of hepatitis C, 17% are already infected with HIV. On average one in ten HIV positive people is infected with HIV through unsafe injection practices, including needle sharing.

Needle exchange programs seek to reduce spread of infectious diseases by reducing people's exposure to used injection supplies.

Provide new, unused needs, syringes and other safe injection supplies in exchange for used paraphernalia.

Needle exchange programs provide Risk Reduction services such as: safe disposal, provide sterile needles, naloxone training, emergency medical assistance, communicable diseases testing, and AOD treatment information.

Naloxone

Naloxone is a medication called opioid antagonist used to counter the effects of opioid overdose.

A pharmacist can teach anyone how to administer the medication.

- Naloxone-injector
- Auto-injector
- Nasal spray

The nasal spray is easiest and quickest way for untrained individuals to administer the medication.

Legislation has assisted with making Naloxone readily available and the Good Samaritan Law makes it legal for people who are not prescribers to give out Naloxone.

Kern BHRS has training material available for Naloxone.

Medications for Addiction Treatment (MAT)

MAT is an evidenced based approach to treating opioid use disorder. It uses medications, such as methadone, buprenorphine with counseling and behavioral therapies to support recovery. This integrated model addresses both physical and psychological aspects of addiction.

Key benefits are symptom relief and craving control, behavioral health support and whole person approach to care.

Methadone alleviates pain withdrawal symptoms

Buprenorphine partially activates opioid receptors but not as strongly as an opioid which reduces cravings and withdrawal.

In our community places that offer MAT services are:

- Kern BHRS
- American Health Services
- Aegis

How does Risk Reduction fit in with SB 43?

Promotes Engagement Over Coercion

- SB 43 may lead to increased involuntary holds or conservatorships. Risk Reduction can reduce the need for coercion by offering earlier, voluntary supportive services.
- Risk Reduction builds trust making individuals more likely to accept help voluntarily before a person reaches crisis.
- It would be important to utilize Risk Reduction Model early on in treatment.

Addresses Root Causes

- Risk Reduction emphasizes treating mental illness and addiction holistically, including trauma, housing instability, and systemic barriers.
- This aligns with SB 43's intent to prevent deterioration and improve quality of life.
- Forcing treatment without addressing basic needs leads to cycling through emergency rooms and jails. Risk Reduction promotes stabilization in the community.

Reduces Overreliance on Law Enforcement

- Risk Reduction seeks to decriminalize behavioral health crises and redirect people to care rather than jail or emergency rooms. Risk Reduction supports non-carceral responses, with the goal of providing care rather than punishment.
- SB43 aims to provide treatment in lieu of punishment.
- Both Risk Reduction and SB 43 have a goal of providing treatment instead of relying on punishment.

References

SAMHSA Links

- <https://www.samhsa.gov/substance-use/treatment/options/methadone>
- <https://www.samhsa.gov/substance-use/treatment/options/naltrexone>

Relias Training

- Harm Reduction in Substance Use