

Harm Reduction with Substance Use in Adolescence

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Learning Objectives

- Define Harm Reduction
- Identify principles of Harm Reduction
- Understand Motivational Interviewing and Stages of Change
- Apply Harm Reduction principles to professional practice
- Understand link between Harm Reduction and "connection"

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Reducing Harm

Minimizing Risk

Harm Reduction

Taking Precautions

Prevention

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## Harm Reduction Principles

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### Harm Reduction Principles

- Humanism - “accepting people who use drugs as they are and treating them with dignity and compassion...without moral judgements against patients, since these do not produce positive health outcomes.”
- Pragmatism - “the idea that none of us will ever achieve perfect health behaviors and that ‘perfect’ health behaviors are impossible to define.”

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### Harm Reduction Principles (cont.)

- Individualism - “the idea that every person presents with their own needs and strengths as well as with a spectrum of health behaviors and receptivity for intervention.”  
Tailor interventions to the person
- Autonomy - “[patients make] their own choices about medications, treatment, and health behaviors to the best of their abilities, beliefs, resources, and priorities.”

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## Harm Reduction Principles (cont.)

- Incrementalism - “the idea that any positive change demonstrated by the patient is a step toward improved health and that positive health changes often can take months or years to achieve.”
- Accountability without termination - “patients were seen as being responsible for their own health choices and outcomes but were never ‘fired’ from care.”

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**Table 1**  
Harm reduction principles, definitions, and approaches for healthcare settings

Principle	Definition	Approaches
1. Humanism	<ul style="list-style-type: none"> <li>• Providers value, care for, respect, and dignity patients as individuals.</li> <li>• It is important to recognize that people do things for a reason, harmful health behaviors provide some benefit to the individual and those benefits must be assessed and acknowledged to understand the balance between harms and benefits.</li> </ul>	<ul style="list-style-type: none"> <li>• Moral judgments made against patients do not produce positive health outcomes.</li> <li>• Guidelines are not held against patients.</li> <li>• Services are user-friendly and responsive to patients' needs.</li> <li>• Providers accept patients' choices.</li> </ul>
2. Pragmatism	<ul style="list-style-type: none"> <li>• Understanding why patients make decisions is empowering for providers.</li> <li>• None of us will ever achieve perfect health behaviors.</li> <li>• Health behaviors and the ability to change them are influenced by social and community norms; behavior do not occur within a vacuum.</li> </ul>	<ul style="list-style-type: none"> <li>• Abstinence is neither prioritized nor assumed to be the goal of the patient.</li> <li>• A range of supportive approaches is provided.</li> <li>• Care messages should be about actual harms to patients as opposed to moral or societal standards.</li> <li>• It is valuable for providers to understand that harm reduction can prevent experiences of moral ambiguity, since they are essentially supporting individuals in health behaviors that are likely to result in negative health outcomes.</li> </ul>
3. Individualism	<ul style="list-style-type: none"> <li>• Every person presents with his/her own needs and strengths.</li> <li>• People present with spectrums of harm and reciprocity and therefore require a spectrum of intervention options.</li> </ul>	<ul style="list-style-type: none"> <li>• Strengths and needs are assessed for each patient, and no assumptions are made based on harmful health behaviors.</li> <li>• There is not a universal application of protocol or messaging for patients. Instead, providers tailor messages and interventions for each patient and customize treatment options for each patient served.</li> <li>• Provide patient partnerships are important, and these are exemplified by patient-driven care, shared decision-making, and reciprocal learning.</li> </ul>
4. Autonomy	<ul style="list-style-type: none"> <li>• Though providers offer suggestions and education regarding patients' medications and treatment options, individuals ultimately make their own choices about medications, treatment, and health behaviors to the best of their abilities, beliefs, and priorities.</li> </ul>	<ul style="list-style-type: none"> <li>• Care negotiations are based on the current state of the patient.</li> <li>• Providers can help patients celebrate any positive movement.</li> </ul>
5. Incrementalism	<ul style="list-style-type: none"> <li>• Any positive change is a step toward improved health, and positive change can take years.</li> <li>• It is important to understand and plan for backward movements.</li> </ul>	<ul style="list-style-type: none"> <li>• It is important to recognize that at times, all people experience plateaus or negative trajectories.</li> <li>• Providing positive reinforcement is valuable.</li> </ul>
6. Accountability without termination	<ul style="list-style-type: none"> <li>• Patients are responsible for their choices and health behaviors.</li> <li>• Patients are not “fired” for not achieving goals.</li> <li>• Individuals have the right to make harmful health decisions, and providers can still help them to understand that the consequences are their own.</li> </ul>	<ul style="list-style-type: none"> <li>• While helping patients to understand the impact of their choices and behaviors is valuable, backwards movement is not penalized.</li> </ul>

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## Motivational Interviewing & Stages of Change

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← M.I.

<b>Open questioning</b>	<b>Affirming</b>	<b>Reflecting</b>	<b>Summarizing</b>
Provides the individual the space to choose how they want to respond.	Brings to the forefront the individual's strengths, positive attributes and efforts.	Offers short summary about what the individual has said and makes a guess to it meaning.	Collect, link or transition the individual's comments ensuring understanding and moving the conversation forward.

Stages of Change →

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PRACTICE

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### Commonly Used Substances

- Caffeine
- Tobacco
- Alcohol
- Cannabis
- Opioids (i.e. OxyContin, Vicodin, Percocet, Morphine, Heroin, Fentanyl, Methadone)
- Cocaine
- Inhalants (i.e. Solvents (glue, gas, lighter fluid), Aerosols (sprays))
- Phencyclidine (PCP)
- Hallucinogens (i.e. Salvia, LSD, shrooms)
- Sedatives (i.e. Valium, Klonopin, Xanax)
- Amphetamines (i.e. Adderall, Ritalin, Dexedrine (Molly, ecstasy), Vyvanse)

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### Conclusion

- Commonly utilized substances amongst adolescent population.
- Strategies of harm reduction for use of identified substances.
- Importance of connection, purpose, rapport building, and nonjudgmental approach with unconditional positive regard to adolescents.
- Consult with supervisor, as needed, and familiarize yourself with agency policies and procedures.

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### References

Hawk, M., Coulter, R. W., Egan, J. E., Fisk, S., Reuel Friedman, M., Tula, M., & Kinsky, S. (2017, October 24). Harm reduction principles for healthcare settings. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC5655864/>.

Earthbound. (2016, September 16). Everything You Think You Know About Addiction Is Wrong TedTalk Johann Hari TED Talks. Retrieved from [http://www.youtube.com/watch?v=MWbDI2u\\_VGI](http://www.youtube.com/watch?v=MWbDI2u_VGI)

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Contact information --  
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Thank you for joining me today. I hope you enjoyed the training!

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