Substance Use Management: A Harm Reduction-Principled Approach to Assisting the Relief of Drug-Related Problems

Dan Bigg, CRADC
Chicago Recovery Alliance
cra@mcs.net, http://www.anypositivechange.org

Abstract:

Disease has increased our motivation to reconsider how our help system deals with drug related problems. A more concrete focus on disease prevention as an additional goal has, for many, lead to a re-evaluation of the goals of drug help work. Such a critical examination shows how much there is to improve with the system even in the absence of blood borne disease.

Integrating the heart of harm reduction -- respecting work on any positive change as a person defines it for his/herself -- fashions a health sensitive alternative to the predominant practice of abstinence-only assistance for the relief of drug problems. This new approach is called Substance Use Management (SUM) as it no longer requires abstinence but instead focuses on a range of options for improvements while still including abstinence among the possible self-selected outcomes. SUM is suggested as a framework for change within the treatment system so as to maximize treatment's constructive impact, cost-effectiveness and maturation as a distinct discipline which can appropriately attract support and resources for making society healthier.

This paper describes a formalized system of application of some of the main principles of harm reduction within the treatment system. Viable options for SUM treatment focus are suggested herein as well as a critical process, based on respect and collaboration, for use with these options.

Definition of Substance Use Management (SUM)

SUM is the practice of setting a new perspective on what constitutes help with drug problems and respectfully and collaboratively assisting the positive changes selected by the person seeking help. The role of the helper is to refocus the outcome on an individual's own view of success -- offering as wide a variety of options for improvement as possible -- and allowing the person the freedom to select the option(s) they choose to work on with the intensity they desire. Abstinence becomes a tool to achieve other ends versus being an end in and of itself. Most of all, SUM seeks to build a relationship with the respectful collaboration described here so as to have a basis with which to engage and continue SUM's work until the person is happier and healthier. SUM makes no condemnation about a person's choices in consumption but rather seeks to assist people in fulfilling their own desires for life improvement and satisfaction even when these desires include ongoing drug use.

SUM recognizes that no matter how far into drug abuse a person is their basic humanity is never completely lost. Inherent in SUM's practice is the belief that the Human Spirit we all possess is more powerful than the Human Destructiveness we are all capable of demonstrating. Trust in this belief is necessary for SUM to be practiced in earnest.

Rationale for Substance Use Management

Our history of attempting to assist others in lessening negative consequences of drug use is relatively brief compared to other disciplines. The building trades have had thousands of years to improve and diversify their methods and the practice of medicine has had hundreds of years to mature. Such disciplines have made changes regularly with the accumulation of evidence and other factors. American society's initial reactions to people experiencing drug problems, especially moral condemnation and legal oppression, has obstructed us from taking an earlier focus on the development of the drug problems relief system which only appeared formally this century. Additionally, society's fight against an individual's non-problematic drug use have warped our ability to prevent and treat drug problems because our resources are wasted on a 'drug-free' utopian end and not realistically focused on preventing and relieving harm from drugs. We would be failing to learn from other disciplines if we believed major changes in the institution of drug treatment are not likely and, indeed, expected and normal. I suggest that it is only the strong association between drug use, especially injection drug use, and AIDS that has now precipitated critical evaluation of the way we help with drug problems despite plenty of pre-existing reasons as noted in a large review of the drug treatment system:

> The negative correlation between scientific evidence and application in standard practice remains striking, and could hardly be larger if one intentionally constructed treatment programs from those approaches with the least evidence of efficacy. (Hester, RK and Miller, WR, 1995, p. 33)

Yearnings to develop and practice what I describe here as Substance Use Management (SUM) have been present informally as long as one individual has sought to assist another person in a way she, herself, would like to be treated. Such urgings are present in many ancient religions and specifically regarding drugs in The Natural Mind where Andrew Weil writes almost thirty years ago:

> I have consistently found that if one dwells on the negative side of the patient's personality, one is unable to change his behavior except for the worse. But if one looks for the positive side (which is always there), contact is established, and one can then motivate the patient to use his developing consciousness to solve his problems with the world (Weil, 1972, p. 66).

SUM's approach is also grounded in research as shown in one of the largest longitudinal studies of drug use:

> Neither the efforts of dedicated clinicians nor the individual's own willpower appear to be able to cure an alcoholic's conditioned habit at a given time... Our task is to provide emergency medical care, shelter, detoxification, and understanding until self-healing takes place (Vaillant, 1995, 384 - 385).

Further, analyses aimed at improving the treatment system offer similar advice:

> Reason for optimism in the treatment of alcohol problems lies in the range of promising alternatives that are available, each of which may be optimal for different types of individuals. (Institute of Medicine 1990, p 147).

> It is the committee's hope that the creation of alternatives and the ability to match persons to the appropriate treatment will bring additional persons with severe and substantial problems who are not being seen into…treatment. (Institute of Medicine 1990, p 480).

More recently, books have been published which seek to define and elaborate on the practice of Harm Reduction in helping relieve drug problems. Most notably, the work of Alan Marlatt entitled Harm Reduction: Pragmatic Strategies for Managing High-Risk Behaviors (1999) and Patt Denning entitled Practicing Harm Reduction Psychotherapy: An Alternative Approach to Addictions (2000).

As well, the developing movement of Moderation Management attests to the popularity and possibility of alternative definitions of success in dealing with drug problems. Within Moderation Management's text there is a clear and present description for abstinence and its utility in helping people come to deal with their drug problems even when the goal is not necessarily permanent abstinence from drugs.

Such diversity of approaches seems perfectly consistent with the diversity of human existence. SUM is simply one more perspective to add to this rich and diverse voice for change.

This article takes a critical look at predominantly abstinence-only approaches used in the drug help system today and offers an alternative in SUM which leads to the following three improvements:

1) Greater effectiveness at attracting and engaging individuals in sustained efforts at improving their lives;

2) Inspiration and assistance for drug counselors to broaden and deepen their expertise in assisting the relief of drug-related harm, including avoiding inappropriately taking on their client's burden or responsibility by presuming to have the answers for them; and

3) Offering a solid chance at developing the field of drug help to rise above oppressive ideologies against drug users and, because of its cost effectiveness and success, mature into a respected and autonomous discipline.

SUM brings about these improvements because it reflects what we really know about the ways people change their behavior.

Expanding the Options: Setting the Table

SUM, if viewed metaphorically, would look like well-laden buffet table with each food item representing an option for relieving drug-related problems. The greater a drug help worker's skills, the bigger and broader the buffet table they would set. Such skills can come from personal experience, formal education or as a consequence of using respectful ears in listening to other people who are using drugs -- all of whom have something to teach about successful drug use. I believe 'successful' drug use is use which meets a person's needs while not causing unnecessary harm. Even if seeking help for drug problems I believe everyone has had some measure of success in their drug use if they are allowed to elucidate such meaning from it.

SUM activities generally address three types of issues related to: Drug (issues around the drug(s) themselves), Set (the individual's mindset or expectations about the drug(s) using experience) and Setting (the environment in which drug(s) are consumed). Such a trilogy of critical factors in one's drug use was presented by Norman Zinberg and each appear to have amazing power in initiating positive change in and of themselves (Zinberg 1984). A drug counselor working according to SUM principles might, for example, address the utility of the following alternative actions with his/her client:

<u>DRUG</u>

- Abstinence from one or more drugs and for a limited or open period of time.

- Switching routes of administration.

- Decreasing frequency of use and potential impact of this on increased pleasure from use and other consequences.

- Decreasing concentration of drugs consumed.

- Switching drugs consumed both in formal drug substitution therapies such as methadone and through informal and private substitutions such as cannabis for alcohol.

- Considering risks and benefits of combining drugs.

- Learning drug purification and drug purity testing measures.

SET

- Considering the personal benefits/purposes of drug use.

- Elucidating a person's hopes and expectations in using certain drugs and how this relates to successful accomplishment of personal objectives in using.

- Considering alternative means of accomplishing the same ends desired through drug use.

- Developing constructive personal rituals around a person's drug use.

- Discussing the role of shame in a person's drug use.

SETTING

- Separating drug use and driving/working/other tasks.

- Creating a safer drug use environment.
  - where, with whom, when, etc.
  - reducing outside responsibilities when using.
  - safer purchase/possession practices.

- Working to address affordability of drugs consumed.

- Considering mediation with significant others regarding drug-related problems.

- Considering the utility of 12-Step meetings, Rational Recovery, Women for Sobriety, Moderation Management, etc.

- Sleeping on stomach after using to avoid choking.

- Learning about overdose and being prepared to assist with preventing it, and dealing with it including having and using naloxone for opiate overdose if appropriate.

- Developing a relationship with a physician respectful of drug use to monitor physical condition, especially organs or conditions effected by the drugs used.

- Learning about legal issues and risks caused by using illicit drugs

OTHER

- Share and discuss utility of, and alternatives to, the disease model of addiction, as well as a neurochemical perspective, and other conceptions of drug use patterns.

- Share and discuss long- and short-term benefits and negative effects of drug use.

- Share and discuss all forms and types of abstinence (for which drugs?, of what duration?)

- Increasing intake of water to avoid dehydration.

- Addressing nutritional health including possibility of nutritional supplements. Eating well, especially protein, prior to drug use -- including increasing intake of vitamins/nutrients drugs deplete. For example, taking thiamin to prevent deficiency with heavy alcohol use, etc.

A Process to go with the Options: Respect and Collaboration

SUM replaces the indoctrination of the disease model of addiction ideology so common in the treatment system today with an ideology of actual improvement and a process of respectful and collaborative engagement. Four steps to guide the counselor in the practice of SUM are described below:

Process: Step One -- Overcoming Fifty Years of Expectations

Making a transition to SUM's multi-goal approach requires a good degree of re-framing of what it means to give or receive help for drug problems. It is so entrenched in popular belief that abstinence is the only successful outcome of the drug help system that "cleaning/drying/sobering up" are part and parcel of any common understanding of treatment. In reality, people could benefit from the treatment system by simply moderating their drug use or otherwise relieving drug related problems. These non-abstinent alternatives are real outcomes today, even though they are not assisted directly and, at some level, the individual's continuing use is judged a failure by the program.

Unfortunately, the treatment system, as it exists today, is generally not satisfied with the common outcome of moderation and improvement. In the last week, three people have come to me who have had their lives improved dramatically

by methadone treatment but who are being threatened with expulsion from the program for having illicit drugs in their urine. It is as if we are saying, "Significant improvement is not enough, you must be perfect in your abstaining or we will deprive you of the medication which has greatly improved your life". This punitive approach is commonplace within the drug help system. As well, there is a general lack of support of drug treatment in that it is inadequately funded and seldom available even for those it appeals to. In total, SUM offers a deliberate process of interaction for use with the diverse options mentioned above.

SUM practice would require up-front explanations of clients regarding the goals of SUM (any positive change as a person defines it for herself) and giving a clear understanding that ongoing drug use may or may not be a part of a successful treatment outcome. SUM cannot be practiced without the counselor sincerely having and explaining this perspective to those he works with.

Process: Step Two -- Creating an Environment for Free Choice

Continuing the buffet table metaphor, Step Two would involve the counselor giving the person seeking help a clean plate and silverware, introducing her to each dish if not familiar with it, and allowing her to select dishes and portion sizes . Assisting someone to make these choices freely without guiding her to the dish (approach/method/goal) you or your agency most prefer requires great skill and respect for the person. Limiting any 'help' in this step to explaining all options with equal balance and having the readiness to support the client's choice(s) as they freely make them is critical. As well, accepting the client's level of intensity and prioritizations they give each choice is a critical aspect to SUM. Such client directed selections are essential steps to initiating SUM's work.

The more options available and the more the person believes it is she who directs treatment's work through her free choices the more efficient and successful treatment will be. Too much time and energy is lost today in dancing with a person seeking help to orient them towards abstinence when this is not their true inclinations. Such coercion's and deceptions build poor relationships and SUM practitioners avoid them.

Process: Step Three -- Working in the Right Direction

By working entirely with the choices of the person you are helping you are saying two things loud and clear that are critical to SUM's practice:

1) The person is not only in charge but self-responsible; and

2) The counselor accepts and respects this fact at all times.

I have found such an approach releases the counselor of undue responsibility for the person they are assisting and thus allows a healthier, more realistic relationship. Many counselors will rejoice in the release of this burden associated

with forcing a goal of abstinence-only. Others may struggle to accept this as truly 'caring' and 'helpful'. Clearly, today's counselor will be challenged to clarify her own desires from those of the people she is helping and to deal with the emotional turmoil that can arise from accepting and respecting the inclinations of someone not only seeking help but also who is 'sick'. In SUM, no one is 'too sick' to make their own decisions regarding their drug use no matter the shame or devastation in their lives. SUM accepts the reality that people will always make their own decisions regarding their drug use. Openly addressing the issues involved in this choice allows a person to make a better decision for themselves.

The work of SUM consists of engaging people in activities in four areas:

1) Knowledge - impacted by providing information in various forms (e.g. learning the metabolic effects of intoxication/detoxification, understanding aspects of various forms of drug ingestion);

2) Attitudes/values/beliefs/morals/faith/emotions - engaged through focused discussion and clarification (e.g. clarifying what a person truly considers beneficial and detrimental about their drug use);

3) Skills - impacted by practice of new behaviors (e.g. watching and then demonstrating how to tie a tourniquet so it can be released after getting a hit thus preventing overdose and infections).

4) Environment - working to change the forces in one's surroundings through various means (e.g. attending Narcotics Anonymous meetings for a person looking to become abstinent or creating an organization of committed drug users to advocate for greater social justice).

Process: Step Four -- Evaluating Impact and Reconsidering Directions

By offering respect and working with your client's direction and intensity you are laying the ground work for an honest evaluation of progress -- beyond shame and fear of condemnation. The clarity that comes from acceptance and respect of an individual works its miracles here. Unburdened by punitive measures and failure to achieve program given goals, people can be more honest in evaluating the effectiveness of what they have chosen to work on. Such examinations should be a regular part of SUM in order to reassess any and all aspects of the chosen SUM plan. What some consider a overly permissive system in SUM is purposefully so due to the benefits from such an approach in the evaluation phase. By laying a bridge of connection through respect and collaboration the person seeking help will very likely have developed an alliance with the counselor and be likely to use this relationship to re-examine their actual experiences and plan other directions for their next effort at improvement.

The cycle of the four process steps described here are critical to SUM's practice but should only used as a guide. It would be contrary to SUM's respect and collaboration to force someone to proceed through an orderly series of steps

when they would rather dance to a different tune. The general steps of offering many options, assisting free choice, and evaluating impact may work best as a fluid process.

Some argue that the disease process of addiction prevents SUM from being an effective approach. Ultimately, if the person the counselor is assisting is experiencing the disease of addiction in its classic sense (and it is clear some do fit it very well) she will get to the point where she recognizes abstinence as the only option that will work for her. While this recognition may take a little longer than if abstinence is required from the outset as the only option, this approach will have not severed the connection with treatment. Ultimately, SUM processes will have engaged an individual and can more solidly move in any direction her experience dictates. The leading processes are respect and collaboration instead of the dogma, alienation and shame currently utilized today.

OTHER ISSUES

Redefining Denial and Enabling

Often used as tools of control and coercion, 'denial' and 'enabling' have served to keep counselors from venturing too far away from the status quo of abstinence-only. SUM addresses these issues with the light of respect and collaboration so as to see these processes for what they truly are -- both potentially helpful and potentially hurtful.

Denial -- ignoring clear consequences of one's actions -- is often a term of manipulation in the current treatment system. It usually means the person seeking help has a different view from the counselor. In SUM, denial is irrelevant because you are practicing a client-centered respectful process which has regular evaluations of effectiveness in terms the person has defined for herself -- the coercion and condemnation are absent from the relationship and often there is no more 'denial'. While discomfort at realizing and accepting elements of one's behavior and its consequences is commonplace, SUM assumes there is good reason for it - probably in a protective sense -- and that ignoring real cause and effect will not be needed as much in a relationship of true respect and collaboration. In fact, I believe such support is the worst enemy of thinking that is out of touch with reality.

According to Webster, enabling simply means "provision of the means or opportunity for doing". Clearly, whether enabling is constructive or destructive depends upon what is enabled. Traditionally, talking with significant others of problematic drug users about enabling often helps them recognize their own role in the user's drug consumption and how to 'get tough' in helping the drug user to get better. While self-examinations are never out of place for anyone and much can be gained from such insights to relieve drug problems, enabling must not be used to generate punishment and condemnation for lack of abstinence. Such tag-team oppression towards a person with drug problems increases her risk of harm. Still, lines sometimes need to be drawn in relations with another

person. SUM re-frames enabling as both helpful and hurtful according to both its impact and the values of the person acting it out.

SUM suggests that there are two kinds of enabling -- one hurtful and one helpful -- and the trick is in elucidating their difference. Each person can only determine for herself which variety of enabling she is practicing with the following guides:

Harm-Producing Enabling

If the enabler's action in question is not consistent with her own values, and also directly causes harm to the other person, then this action **is** harmfully enabling.

Harm-Reducing Enabling

If the enabler's action in question is consistent with her own values, and does not directly cause harm to the other person, then this action **is not** harmfully enabling.

Thus, reflexive determinations of treatment-undermining enabling are impossible without self-reflection by the person or perpetrator, as you will. Thus, in SUM, significant others of the person seeking help are assisted to clarify for themselves their role and direction in relieving drug problems just as the person seeking help is.

For example, giving money to a drug user, if consistent with the giver's wishes, is clearly not directly harmful to the drug using person. What they do with the money after receiving it may be harmful but this is beyond the control or the giver. Accepting only responsibility that is within your control is critical to SUM as well as good health in general.

Building an Institution Based on Any Positive Change

The overview above, in mostly broad strokes, calls for changes in our practice of offering help for relief of drug-related harms. I contend that SUM must be respectful and collaborative in its role in changing the current system. Only by being attractive, inspirational and beneficial will the treatment system be improved by any new perspective.

Transition from the current system will be both revolutionary and subtle. My belief in the transformational ability of SUM is based on my recognition that humans will migrate to places of peace, respect and self-determination if given the chance.

An additional consideration in providing any service is its funding. In this regard, SUM offers a major advantage over an abstinence-only focus. The process of SUM described above is very cost efficient, wasting little time or energies on activities which have little chance of being accepted. Similarly, one should be able to demonstrate concrete financial benefits brought about by the SUM approach to relieving drug harms. For instance, safer injection as a

person's selected treatment can be taught and practiced effectively in a relatively short time. The payoff from these, sometimes small changes, in technique can mean the difference between acquiring HIV or Hepatitis or not. To an insurance company this means saving hundreds of thousands of dollars yet these potential improvements are often ignored by the treatment system today. SUM may indeed be more attractive to funders.

12 Step groups, for those wanting what the group offers, are models of beneficial environmental entities to the practice of SUM - cheap, widely and freely available, somewhat self-defined, respectful, focused principled versus prescriptive. SUM would support self help groups of all kinds as options on their broad tables of choices for improvement. Increasing diversity of requirements for membership and attraction to such programs will be a critical aspect of the success of SUM as a constructive movement. Forcing self-help on someone is not only contrary to SUM's principles but also destructive.

SUM may not only guide the improvement of the drug problem help system but assist in the recovery of lost humanity and dignity of associated institutions. As SUM helps the treatment system leave behind the oppressive role it has played for the criminal justice system and other institutions, it offers hope for development of a more autonomous institution and one based on expertise and impact.

NOTES

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