Supporting Substance Misusers in a Homeless Setting

Objectives

By the end of today each participant will have:

1. Gained an understanding of what is meant by Harm Reduction;
2. Gained an understanding of a range of Harm Reduction Practices;
3. Gained an understanding of the basic principles of Motivational Interviewing;
4. Had an opportunity to practice using the principles of MI;
5. Developed knowledge on signposting and referral.

Harm Reduction - Definition

“Harm reduction” is a pragmatic, non-judgmental set of strategies

to reduce individual and community harm caused by drug use. The focus is on taking incremental steps to reduce harm rather than on eliminating drug use. Abstinence may or may not be the end goal.

Core Principles of Harm Reduction

Pragmatism

Harm reduction recognises that there will always be a percentage of the population who will engage in higher risk behaviour, for a range of social, economic, mental health and personal reasons. Harm reduction recognises that drug use is a complex and multifaceted phenomenon that encompasses a continuum of behaviour from abstinence to chronic dependence, and produces varying degrees of personal and social harm.

Focus on Harm

The priority for harm reduction is to decrease the negative consequences of drug use to the user and others, rather than to decrease or eliminate drug use itself. While harm reduction emphasises a change to safer practices and patterns of drug use, it does not rule out the longer-term goal of abstinence. In this way, harm reduction is complementary to the abstinence model of addiction treatment.

Human Rights

Harm reduction respects the basic human dignity and rights of people who use drugs. It accepts one's decision to use drugs as fact; no judgment is made either to condemn or support the use of drugs. Harm reduction acknowledges the individual's right to self-determination and supports informed decision-making in the context of active drug use. Emphasis is placed on personal choice, responsibility and self-management.

Maximising Intervention Options

Harm reduction recognises that people with drug use problems benefit from a variety of approaches. There is no one prevention or treatment approach that works reliably for everyone. It is choice and prompt access to a broad range of interventions that help to keep people alive and safe, and promote health.

Priority of Immediate Goals

Harm reduction recognises readiness to change as key to the process of individuals leading healthier lives. People may be anywhere along a continuum – from not thinking about change, to contemplating it, to taking action, to maintaining change – moving forward and back. Harm reduction starts with “where the person is” with their drug use, with the immediate focus on the most pressing needs. Harm reduction is based on the importance of incremental gains that can be achieved over time.

Involvement of people who uses drugs

The active participation of people who use drugs is at the heart of harm reduction. People who use drugs are seen as the best source of information about their own drug use, and are empowered to join with service providers to determine the best interventions to reduce harm from drug use. Harm reduction recognises the competency of people who use drugs to make choices and change their lives.

Individual Harm Reduction Strategies

- Know your supplier to establish the source, strength and toxicity of the drug;
- Reduce the amount of drugs consumed;
- Avoid using alone;
- When injecting use different veins each time;
- Always use new ‘works’ ie, fresh needle, water spoon and cotton. Preferably use a safer injecting kit that is available from selected pharmacies;
- Use needle exchange programmes;

- Do not share ‘works’;
- Learn CPR and other first aid strategies;
- Carry Naloxone;
- Consider substituting to a less harmful substance;
- Get support for physical and mental health concerns, housing or basic necessities, legal problems, employment concerns and relationship issues;
- Access support group;
- Take part in committees and other activities that are influencing service planning and policy making, e.g. RSUN

Individual Benefits

- Prevention of infection by HIV, Hep C and other Blood Borne Viruses;
- Fewer Overdoses;
- Reduced chaos associated with drug use, more stability;
- Increased sense of control, person will have gained more control over how they use, eventually they may gain control over whether or not they use at all;
- Person has options;
- Increased capacity for self care;
- Opportunity to link with support services.

Community Harm Reduction Strategies

- Needle Exchange Programmes: Across NI needle exchange programmes are available for Injecting users, these provide clean ‘works’ in the form of safer injecting kits;
- Substitute or maintenance treatments;
- Naloxone
- Outreach and other support services;
- Clinical/medical care;
- Support groups.

Community Benefits

- Fewer overdoses;
- Lower incidents of Hep C and other BBV;
- Reduce strain on social, health and income/employment services;
- People who use drugs become less marginalised;
- A more comprehensive and collaborative approach to drugs, including Harm Reduction, prevention, treatment and enforcement, which makes for a more effective use of public resources.

Engagement

Interventions focussed on: building the therapeutic relationship; engagement with the care-planning process; building motivation for change and setting initial treatment goals. Session topics could include:

- personal strengths and resources
- cost-benefit of drug use
- ambivalence
- risk awareness
- and may be supported by protocols and mapping tools, and delivered in 1:1 or group settings

Preparation

Interventions focussed on: refining treatment goals and preparing for change. Session topics could include:

- commitment to change
- recovery goals & change plans
- triggers for using & management strategies
- personal & community resources
- and may be supported by protocols and mapping tools, and delivered in 1:1 or group settings

Change

Interventions focussed on: initiating and maintaining changes in substance use, behaviour and cognition, and building recovery capital. Session topics could include:

- cravings
- relapse prevention and lapse management
- leisure/vocational/educational plans
- personal and community resources
- skill development (social, personal, vocational)
- and may be supported by protocols and mapping tools, and delivered in 1:1 or group settings

Completion

Interventions focussed on: Moving on from treatment, reviewing achievements, planning for reintegration, developing recovery capital and exiting formal treatment. Session topics could include:

- recovery check lists
- reviewing changes achieved
- Relapse prevention and lapse management
- Undertaking leisure/vocational/ educational plans
- personal and community resources
- skill development (social, personal, vocational)
- and may be supported by protocols and mapping tools, and delivered in 1:1 or group settings

Reintegration

Interventions focussed on: strengthening community integration, developing recovery capital and exiting formal treatment. Session topics could include:

- future plans and support
- structuring time
- skill development (social, personal, vocational)
- Undertaking leisure/ vocational/ educational plans
- personal and community resources
- skill development (social, personal, vocational)
- and may be supported by protocols and mapping tools, and delivered in 1:1 or group settings

Motivational Interviewing

MI is a “directive, client-centred counselling style for eliciting behaviour change by helping clients to explore and resolve ambivalence” ~ Miller and Rollnick(1991)

An approach designed to help clients build upon commitment and reach a decision to change. Useful for clients that are reluctant to change and ambivalent about changing. Broadly applicable in the management of behaviour: alcohol abuse, drug addiction, smoking cessation, weight loss and many more.

Basic Principles of MI

Basic principles underlying motivational interviewing:

- Express empathy
- Amplify Ambivalence
- Roll with resistance
- Support self-efficacy

Expressing Empathy

Expressing empathy towards a participant shows acceptance and increases the chance of the counsellor and participant developing a rapport.

- Acceptance enhances self-esteem and facilitates change.
- Skilful reflective listening is fundamental.
- Participant ambivalence is normal.

Amplifying Ambivalence

Amplifying Ambivalence enables the participant to see that their present situation does not necessarily fit into their values and what they would like in the future.

A participant rather than the counsellor should present the arguments for change.

Change is motivated by a perceived ambivalence between present behaviour and achieving important personal goals and values.

Rolling with Resistance

Rolling with resistance prevents a breakdown in communication between participant and counsellor and allows the participant to explore her views.

- Avoid arguing for change.
- Do not directly oppose resistance.
- New perspectives are offered but not imposed.
- The participant is a primary resource in finding answers and solutions.

Resistance is a signal for the counsellor to respond differently

Supporting Self-efficacy

Self-efficacy is a crucial component to facilitating change. If a participant believes that they have the ability to change, the likelihood of change occurring is greatly increased.

A person's belief in the possibility of change is an important motivator.

The participant, not the counsellor, is responsible for choosing and carrying out change.

The counsellor's own belief in the participant's ability to change becomes a self-fulfilling prophecy.


Open Ended Questions
Summary
OARS
Affirmations
Reflection

Open Ended Questions

Questions that do not invite brief answers:

1. How?
2. What?
3. Where?
4. When?
5. Who?
6. Why?

Open ended questions should be used to elicit information and encourage ELABORATION.

Rather than asking ‘is there anything else that can help you?’ consider ‘What, who, etc.. Else can help you?

When a clients answer is in general terms use open ended questions to encourage and support more specifics.

Client: If I cut down my relationships will improve.
Helper: In what ways will relationships improve?
Client: My partner will see that I am committed, I will be able to contribute to the house.
Helper: So you will notice several improvements, how will you be able to contribute more?

‘I learn who I am as I hear MYSELF speak’.

It’s what the client says that they remember most.

Affirmations

Recognising the work that the client has done in relation to their problem. Affirmations should be specific and meaningful to each individual.

For example, “It seems as though you have been trying everything in order to reduce the amount of alcohol that you consume. This shows how dedicated and committed you are to making changes”.

For many of us having positives noticed is a very unusual experience and one that is normally followed by a request for something.

To be effective, take your time getting used to this skill, particularly as you will need to be offering your affirmations in an unconditional manner. Note the tone of voice, timing and content when giving affirmations.

Think of values as the source of some affirmations. Examples include:

Accomplishment, Intimacy, Creativity, Justice, Fun, Credibility, Dependability, Family, Fidelity, Friendliness, Open-Mindedness, Punctuality.

It is also helpful to explore how to translate familiar criticisms

Reflection

Using statements to mirror back the clients own experiences to them. Take you time as you learn to develop your use of reflective statements.

- What did the client say?
- What did the client mean?
- How does the client feel about what they are saying?

We can also integrate affirmations into the reflective listening.

‘so you are committed to your family and that’s why its important to make these changes’

Summary

Listening to the client and reflecting back to the client the main points of what they are feeling or thinking every few minutes.

This show the client that you have been listening and that you genuinely want to support them in making change.

‘Taking what you have said into account what do you want/need/plan to do about your behaviour in the future?’

ASCERT

Thank you for taking part!