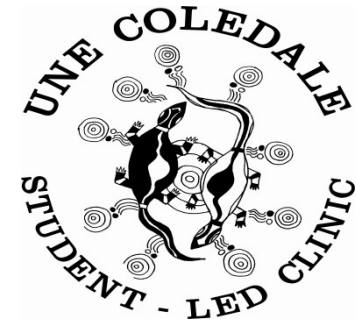


# Addiction Therapy-2014

Chicago, USA  
August 4 - 6, 2014



**Cynthia Stuhlmiller**



# Harm Reduction, New Recovery and Addiction Therapy

Cynthia Stuhlmiller, Professor of Rural Nursing  
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# Presentation Outline

- Background of my interest
  - Historical overview
  - Current divergent philosophies, goals and approaches
  - “New Recovery”
  - Where are we going debate—audience participation
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# Background of my interest

- Medical detox units for GM
- USA methadone madness
- Drug courts
- Tri morbidities—separation of treatments
- Easier to get heroin than bactirm/septa
- The UNE/Coledale Student-led Clinic
  - Unlimited unsupervised success story (like the Serengeti)
  - Incidences (kids injecting on site, threats, disposing)
  - Needles brought in by kids, bins, neglect
  - Liability (risk to whom)?
  - How do we define success?
  - Is this good enough?

# Historical overview

- Time immemorial
- 1960's-70's
- 1976—Dutch experience decriminalisation
  - 1976 Opium Act revision—distinguish drugs of harm
  - 1977 Drug normalisation policy
  - 1984 needle exchange
- 1986 Switzerland injecting room
- 1988 Tacoma needle exchange
- England, Europe, USA, Australia (since 1985)
- 2001 Australia shooting gallery
- HIV, Hep C—1\$ saves 4\$
- 2013 *Illegal Magazine* in Denmark profits to procurement



# Divergent philosophies

## Abstinence

Gabriel Nahas, James Royce

- Genetically ingrained brain can only heal itself
- Habitual disposition has modified whole person
- Cruel to society
- Prohibition works
- If legal—more addicts, child abuse, mugging, robbery
- renormalisation

## Harm reduction/minimisation

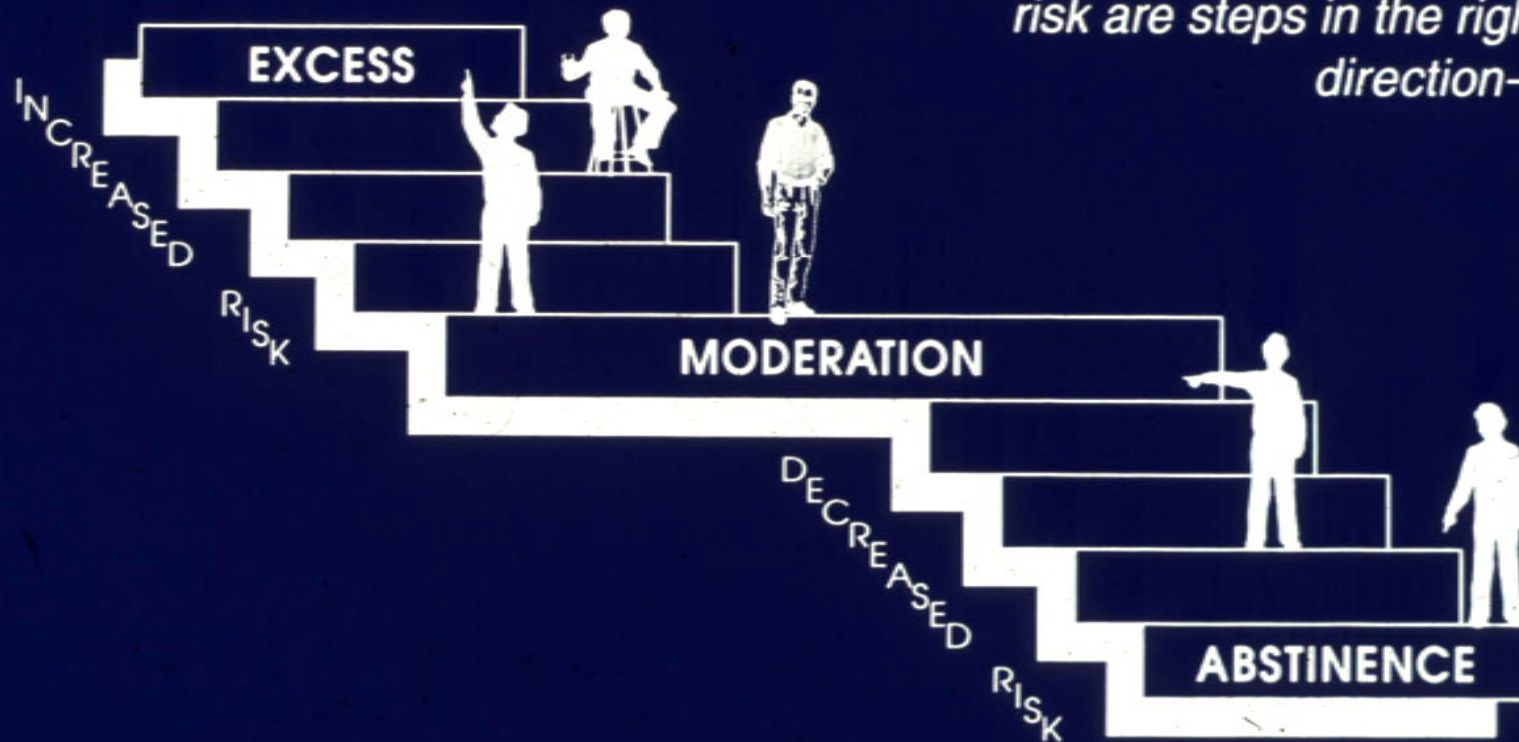
Alan Marlett

- Modify risky behaviour
- Meet person on own terms
- Do not reject but engage
- Inhumane (treat only if ab)
- Prohibition increases use
- Moderation & normalisation
  - Needle syringe
  - Injecting rooms
  - Methadone
  - Loosen drug laws

Is this a valid distinction?

# Continuum of Excess, Moderation, and Abstinence

*—Any steps toward decreased risk are steps in the right direction—*






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# Users blog

<http://www.memoirsofanaddictedbrain.com/connect/hello->

- Harm reduction for whom?
  - Person or society?
  - Show of respect
  - Give tools not drug
  - Give treatment not tools
  - Why teach injecting vs keeping away from needles?
  - Methadone is just legal addiction
  - Harm reduction is a band aid
  - Harm reduction would prevent overdose
  - Harm reduction is path to abstinence
  - Harm reduction condones and enables
  - Is harm reduction treatment?
  - Damaged brains cannot make good decisions
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# Rationale for harm reduction

“Most problematic users are conflicted and **ambivalent about stopping** or unclear about what they need to do. Effective treatments must **engage** them where they are in their **ambivalence**. This means accepting them **in treatment** before they **are ready to commit** to stopping. Then we can establish respectful, empathic, supportive, collaborative **therapeutic relationships that enable comprehensive assessment and clarification of realistic goals and personalized plans** for working toward positive change that suit each person. **All positive change goals that are steps in the right direction** are then seen as successes on the path toward one’s ideal outcome. This **“harm reduction” approach extends the reach** of treatment to the entire spectrum of problematic drug users rather than restricting treatment only to those people who are ready, willing and able to embrace abstinence at the beginning of the process. This shift in the focus of treatment **makes treatment more attractive and appealing to a large number** of people who are not “motivated for abstinence-only treatments.”

**BUT WHERE IS THE ENGAGEMENT? WHAT ARE THE OUTCOMES?**

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# Australia since 1985

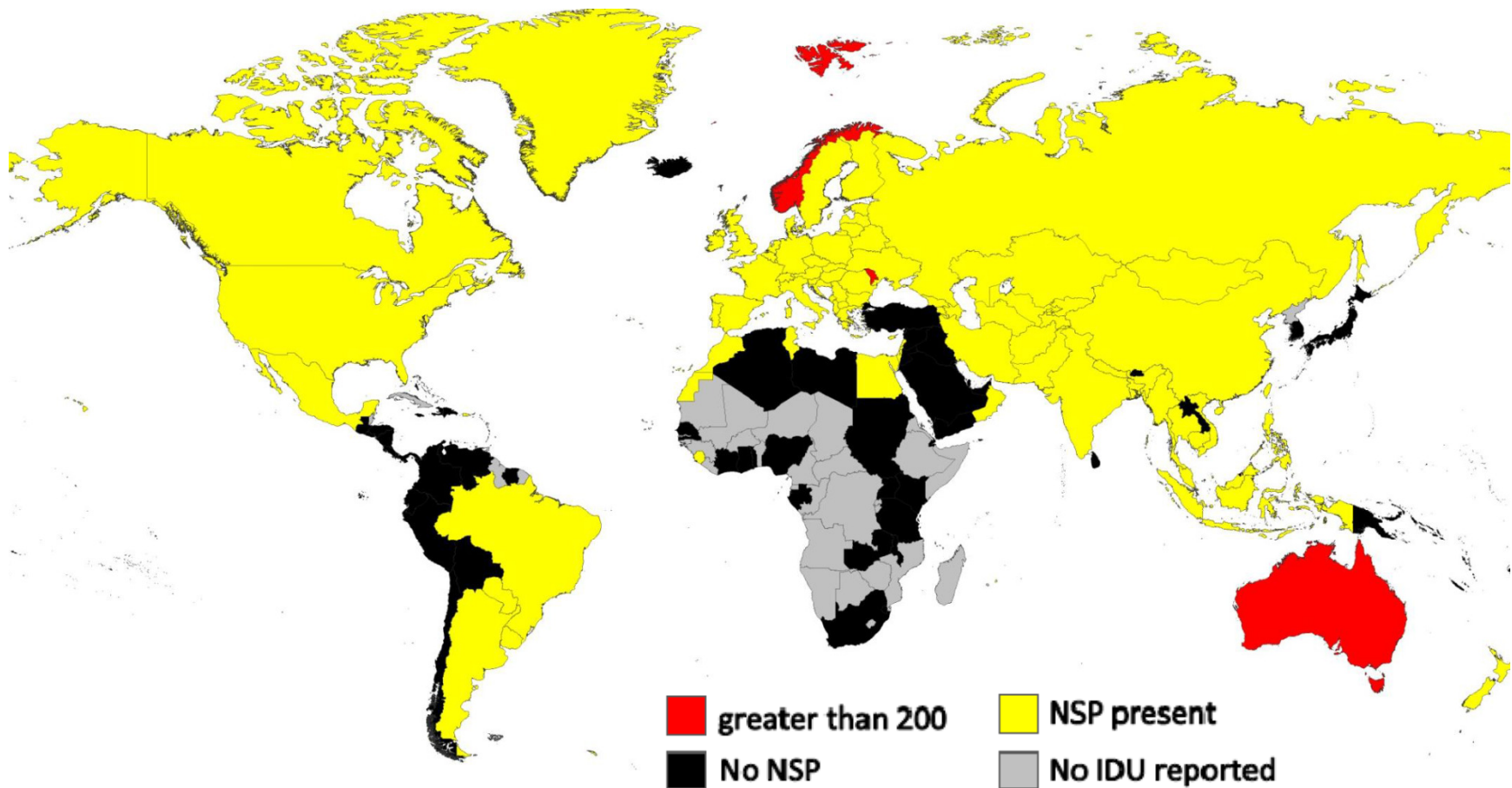
## Public health approach

1. Reduce supply of harmful substances
2. Reduce demand for their use
3. Reduce health-related harm of use

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# NS distribution/per IDU/ per year





# Measure of Success

The effectiveness of these programs has been evaluated in Australia. The evaluation found that approximately 32,000 new HIV infections and 97,000 new Hepatitis C infections had been prevented during the decade 2000–2009 as a direct result of the Needle and Syringe Programs. In addition, the programs resulted in health care cost savings of over four dollars for every one dollar spent.

National Centre for Education and Training on Addiction (Australia)



# Where's the evidence?


- Does the \$1–\$4 hold up still?
- Freely available syringes reduce HIV
- Insufficient evidence for hep C
  - Palmateer N, Kimber J, Hickman M, Hutchinson S, Rhodes T, Goldberg D (May 2010). "Evidence for the effectiveness of sterile injecting equipment provision in preventing hepatitis C and human immunodeficiency virus transmission among injecting drug users: a review of reviews". *Addiction* 105 (5): 844–59.
- What are the treatment outcomes from NS programs?

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# “New Recovery”

<http://www.anex.org.au/wp-content/uploads/Australian-Drug-Policy-harm-reduction-and-new-recovery-April-2012.pdf>

- Recovery concept—US, UK, AU
  - More holistic approach needed that includes housing, work, education, child welfare, meaningful activity, health services etc.
  - Controversy by AU harm min folks—we do not have the resources
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What say you?







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