Michelle Anbar-Goldstein, MSW, RSW
SHARED LEARNING FORUM
Friday, June 30, 2023

SUBSTANCE USE & IDD: A HARM REDUCTION APPROACH

A MAP OF OUR LEARNING THIS MORNING

- Introduction, Icebreaker Activity & a Message of Compassion
- Substance Use & Developmental Disabilities
- COVID-19 & Substance Use
- VIDEO: HARM REDUCTION 101
- Principles of Harm Reduction
- What is Harm Reduction?
- The Spectrum of Harm Reduction
- Benefits of Harm Reduction
- Examples of Harm Reduction in Practice
- Discussion Question & Case Study Exercise
- Harm Reduction in the Justice System
- Harm Reduction During COVID-19
- Application of Harm Reduction Principles to Other Risky Behaviour
- Criticisms of Harm Reduction
- Final Musings & Self-Reflection Takeaway Exercise
- Questions, Comments, Concerns

YOUR FACILITATORS

Michelle is Toronto-based Social Worker, advocate & educator. Michelle is passionate about education and spreading awareness on topics related to mental health, addiction, dual diagnosis, disability, sexuality, body positivity and antisemitism. Michelle does her work through writing, course development, and the facilitation of clinical practice, and workshops, groups and educational initiatives for clients, students, clinicians, and caregivers. She spends her days working in forensic mental health at CAMH and as an educator with the University of Toronto, Humber College and LivingWorks Canada, and runs a IDD-focused therapeutic practice.

YOUR FACILITATORS

Abby is an MSW student at Wilfrid Laurier University, and a (pending registration) Social Service Worker. Abby works within the Violence Against Women sector as a trauma counsellor and shelter support worker, and facilitates self-advocacy/empowerment groups for people seeking employment, who are receiving social service supports. Abby has experience in group facilitation, and family-based trauma work. She is doing her MSW practicum placement at CAMH's Forensic Dual Diagnosis Specialty Service, and is keen on continuing her career serving people with development & intellectual disabilities and dual diagnoses.

A MESSAGE OF COMPASSION TO THOSE OF YOU WHO ARE STRUGGLING WITH SUBSTANCE USE

- Some of you might be struggling with substance use/substance use disorders, and find that this information triggers you and/or heightens your emotions
- If you or a loved one is struggling with substance use/substance use disorders, there is help available. Should you require assistance navigating the resources available in your community for substance use & substance use disorders, please do not hesitate to reach out.
- When you are ready to do so, I encourage you to speak with your Human Resources officer to find out how you can be accommodated at work while you seek treatment
- If you are finding this training stressful, or finding it difficult to sit through, take a break, but please find support while you do so, and check in with us.

ICEBREAKER ACTIVITY

LEAD BY ABBY

SUBSTANCE USE IN INDIVIDUALS WITH INTELLECTUAL & DEVELOPMENTAL DISABILITIES

- Substance use (SU) and substance use disorders (SUD) are common among individuals with intellectual and developmental disabilities (IDD) (VanDerNagel et al., 2018)
- Several studies suggest increased prevalence rates of SUD among individuals with IDD, vs. the general population (VanDerNagel et al., 2018)
- Individuals with IDD often experience more, and more severe, negative consequences from SU(D), compared to SUD patients without IDD (Slayter, 2008)

DISCUSSION:

- **WHY DO YOU THINK THIS MIGHT BE? WHAT FACTORS CONTRIBUTE TO THIS EXAGERRATED EXPRESSION?**

WHY DO PEOPLE WITH IDD EXPERIENCE MORE NEGATIVE CONSEQUENCES FROM SU/SUD?

The risk for developing SUD and/or experiencing more negative consequences from SU/SUD is increased due to the causal factors that make people with IDD more vulnerable, in general (VanDerNagel et al., 2018):

- Adverse life events
- Inadequate coping strategies
- Low socioeconomic status
- Loneliness, desire to fit in, increased susceptibility to peer pressure & lack of social skills
- Cognitive factors that results in an inability to understand the consequences of SU
- High prevalence of co-occurring psychiatric disorders

"Since caregivers and clinicians are gatekeepers to specialized care and play a crucial role in screening and detection of SUD, their perceptions on SUD are important for providing adequate care for individuals with IDD and SUD." (VanDerNagel et al., 2017)

DISCUSSION

- What barriers do you feel exist for caregivers supporting people with IDD and substance use disorders and/or behaviours?
- What has you experience been in supporting people with IDD and SU disorders/behaviours?

CAREGIVING FOR A PERSON WITH IDD AND SUBSTANCE USE/DISORDER

- Clinicians and caregivers supporting people with IDD who have SU/D often report a lack of knowledge and/or skills to be able to effectively treat the disorder/support the person (McLaughlin, Taggart, Quinn, & Milligan, 2007; VanDerNagel, Kiewik, Buitelaar, & De Jong, 2011)

- VanDerNagel et al (2017) found that the perceptions of SUD as a behavioral problem or a moral failing might cause them to offer ineffective interventions based on these perceptions, which in turn might explain struggles in reducing client SUD

- If clinicians/caregivers perceive the substance use as a moral issue, then they might be reluctant or treat the person and/or refuse to treat the disorder altogether, rather than seeing SUD as disease, and the person worthy forgiveness, understanding and empathy

CAREGIVING FOR A PERSON WITH IDD AND SUBSTANCE USE/DISORDER

- Clinicians/health care professionals (GPs, psychiatrists, pharmacists, social workers, & nurses) regard treating clients with SUD with a negative attitude (describing the process as challenging, stressful, and difficult) (VanDerNagel et al., 2017)
- Negative attitudes increase barriers to accessing care, affect the quality of care that people SUD receive & impact treatment outcomes (VanDerNagel et al, 2017)

PSYCHOEDUCATION: RISK SEVERITY (CDC, 2021)

SU/D can have serious impact on the body, thereby increasing the risk of medical conditions.

- Opioids: slow breathing and/or can result in ineffective breathing, which can lead to decreased oxygen in the blood, brain damage, or death
- Stimulants (cocaine, amphetamine, and methamphetamine): can cause acute health problems such as stroke, heart attacks, abnormal heart rhythm, and seizures, as well as more chronic conditions, such as heart or lung damage
- The use of drugs by smoking or vaping (for example, heroin, crack cocaine, marijuana) can make chronic obstructive pulmonary disease (COPD), asthma, and other lung conditions worse
- Conditions that affect the immune response, such as HIV, are more common among people who use drugs, especially among those who inject drugs

PSYCHOEDUCATION – SOME HELPFUL HINTS!

- Stay informed: make sure you have updated information & consult experts if necessary
- Determine if you are the right person to be giving the information
- Use simplified language; try to avoid overly scientific phrases and expression, and focus on tangible, concrete information e.g. cardiac arrest vs. heart attack
- Break it down into manageable pieces of information, and be prepared to share the information in multiple sessions, and in multiple formats
- Accessibility: if you can, present the material in a way that best suits the learning needs of the person you are supporting
- BE PREPARED: have the information written down and have something for the person to take away with them as a reference
- Anticipate uncomfortable feelings: have responses to more socially awkward questions (e.g. do you use drugs?) prepared in advance? If you are disclosing that you use alcohol or recreational cannabis (legal things only!), how will this disclosure help your client? How might it hinder your client?

THE CANADIAN CENTRE ON SUBSTANCE USE & ADDICTION: IMPACT OF COVID-19 PANDEMIC ON SUBSTANCE USE TREATMENT CAPACITY IN CANADA

Key Findings

- There was a substantial decrease in the availability and capacity of substance use treatment and harm reduction services in the early phase of the pandemic (March–June) due to closures and restrictions on the number of clients allowed at clinics and inpatient facilities.
- This decrease, along with other factors, led to many clients returning to or engaging in higher-risk substance use, and growing wait times for services.
- Access to substance use treatment services and supports has not returned to pre-pandemic levels.
- Delivery of care for substance use treatment shifted rapidly to virtual platforms, which had some positive impact on treatment access.
- Availability of virtual care is not equitably distributed, and it cannot completely replace the need for in-person treatment options.

"A lot of people relapsed, slipped and the lack of human connection took its toll for sure ... Some places closed completely so longer wait times for everyone ..."

— rehabilitation counsellor

"I'm seeing a lot of people failing hard because distractions and routine in community are absent so everything falls apart ... Lows feel lower and safety nets and supports are harder for some folks needing lower barrier support."

—psychiatric social worker

"Not for profits need funds so they can supply or find places that are big enough to social distance. We had to rent the 4th floor ... costing us $1400. Now we are at a church but we also need extra funds so participants with compromised immune system or lack of income can be given help with transportation and help with the ability to have access to technology for virtual groups. Also, it's extra stress on staff going to a bunch of different places doing in person and online and crisis travels that are all magnified by Covid so safety protection, counselling and resources, wage subsidies etc. would help staff to avoid burnout since we are working around the clock."

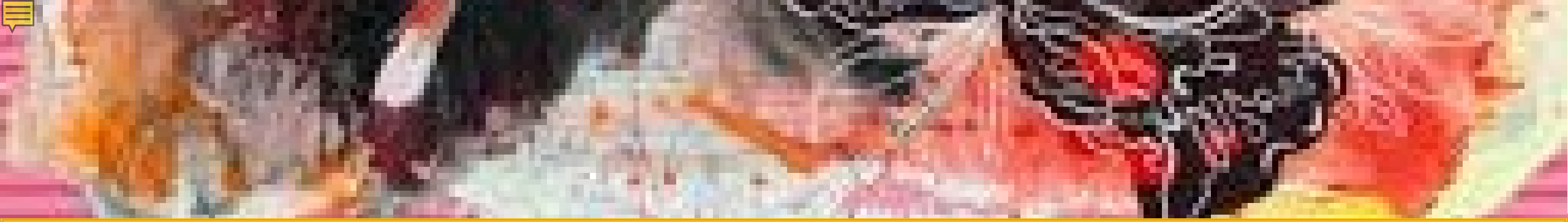
— rehabilitation counsellor

"Struggle is real for our members, they come in for treatment and if they show any signs or symptoms we need to isolate them in another building on site. We provide all meals and services until a negative covid test comes back and then they can return to the building. In early recovery it is very challenging as they often feel they are not "doing" recovery. Therefore they want to leave and we continue to maintain support and encouragement to keep them safe. I find they often struggle mostly to feeling like outcasts due to their addictions and now in recovery when we promote connection they feel like they are being outcasts again."

— addictions social worker

HARM REDUCTION 101

https://www.youtube.com/watch?v=fXJJj_jgFmE



SOME QUESTIONS FOR DISCUSSION:

Does it matter if you personally feel an approach to treatment is right or wrong?

How much should your feelings about a treatment influence a person's right to receive it?

"HARM REDUCTION VALUES LIFE, CHOICE, RESPECT AND COMPASSION OVER JUDGMENT, STIGMA, DISCRIMINATION AND PUNISHMENT"

"The effect of denying the services of INSITE [safe injection site in Vancouver] to the population it serves and the correlative increase in the risk of death and disease to injection drug users is grossly disproportionate to any benefit that Canada might derive from presenting a uniform stance on the possession of narcotics."

Supreme Court of Canada

September 30, 2011

PRINCIPLES OF HARM REDUCTION

- Non-judgmental approach that ***meets people where they are at***
- Treating all individuals with dignity, compassion, and respect
- Opposition to the stigmatization of substance use disorder
- Use of evidence-based policy and practice
- Accepting behavior change as an incremental process. *Small gains for many people have more benefit for a community than large heroic gains achieved for a select few. People are much more likely to take multiple tiny steps, rather than one or two huge steps*

PRINCIPLES OF HARM REDUCTION

- Inclusion of individuals in active addiction, in recovery, and within the community to shape policies and practices
- Focus on quality life improvements over abstinence
- Commitment to universal human rights
- Empowerment of the individual as the primary agent responsible for reducing the harms related to their substance use

WHAT IS HARM REDUCTION?

- Harm reduction is the strategies and ideas aimed at making drug use safer. It is evidence-based and client-centered. It is an attempt to *reduce the harm associated with drug u*se without demanding abstinence

- Provides people who use substances with information that will minimize harm through non-judgmental and non-coercive strategies, with the goal of skill-building to help them live safer and healthier lives

WHAT IS HARM REDUCTION?

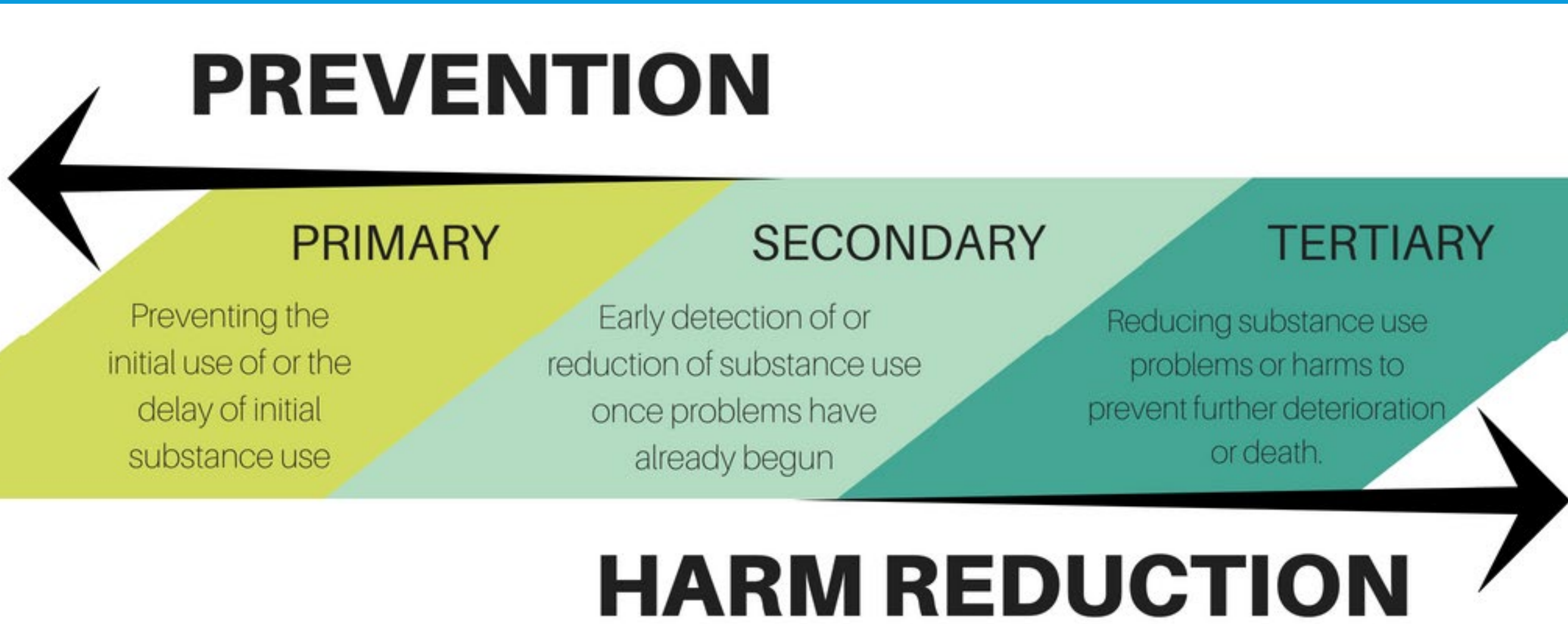
- Acknowledges that people who use substances may not be in a position to remain abstinent
- Provides an option for users to engage with peers, medical and social services in a non-judgmental way that will 'meet them where they are'
- Allows for a health oriented response to substance use, and it has been proven that those who engage in harm reduction services are more likely to engage in ongoing treatment as a result of accessing these services

Phrases you might hear when talking about harm reduction:

- Strengths based
- Drug abuse is a health issue
- Support, not stigma
- Client-centred
- There's more than one path to recovery
- Not everyone is ready to stop using drugs
- Meet people where they are at

HARM REDUCTION IS A SPECTRUM

- We think of harm reduction goals on a continuum, ranging from small changes for safer use, all the way to abstinence
- An example of Harm Reduction goals:
  - Use with a buddy and carry Naloxone →
  - Use via inhalation instead of injection →
  - Reduce amount/frequency of drug use →
  - Abstinence


PREVENTION
PRIMARY
Preventing the initial use of or the delay of initial substance use
SECONDARY
Early detection of or reduction of substance use once problems have already begun
TERTIARY
Reducing substance use problems or harms to prevent further deterioration or death.
HARM REDUCTION

5 MINUTE BREAK

WHAT ARE THE BENEFITS OF HARM REDUCTION? (HEALTHLINK BC, FEB 2020)

Research shows harm reduction activities can:

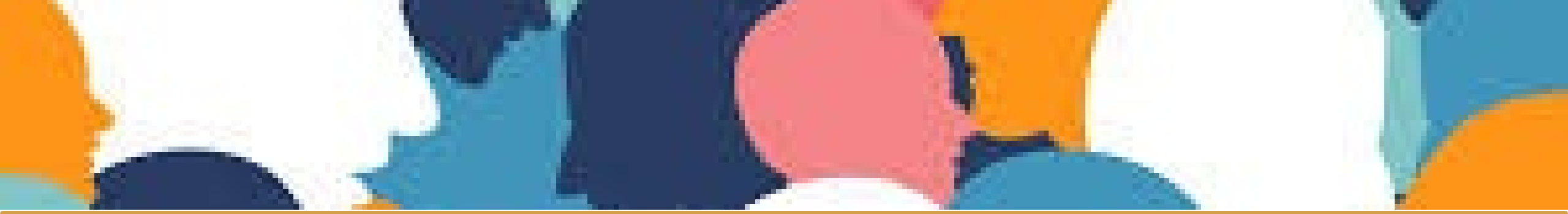
- Increase referrals to support programs and health and social services
- Reduce stigma and increase access to health services
- Reduce sharing of substance use equipment
- Reduce hepatitis and HIV
- Reduce overdose deaths and other early deaths among people who use substances, including alcohol
- Increase knowledge around safer substance use
- Increase knowledge around safer sex and sexual health and increase condom use

EXAMPLES OF HARM REDUCTION

- Needle exchange programs
- Safe injection sites/ safer use sites
- Narcan (Naloxone) medication
- Education on safe drug use practices
- Counselling to manage substance use
- Goal choice and flexibility
- Opiate Replacement Programs such as methadone/suboxone
- Decriminalizing drug use

BEHAVIOUR-BASED HARM REDUCTION STRATEGIES (CDC, 2021)

- Use small amounts of a drug at a time
- Tell a friend or family member when and where you will be using and ask them to check in on you at specific times
- Use an overdose prevention smartphone app to ensure help is called if you need it.
- If you use opioids (including heroin), or other drugs such as cocaine that might be mixed with opioids like fentanyl, provide naloxone to a friend or family member who will check on you, if possible, in case you experience an overdose.
- If you do not have naloxone, talk to your healthcare provider or contact your local pharmacy (most states allow pharmacists to dispense naloxone without a prescription) to get access to this medication



DISCUSSION QUESTION:

Why is there such an intense sigma surrounding Harm Reduction as an approach to caring for and treating people who engage in SU and/or have SUDs?

CASE STUDY: MARCEL (PRAXIS, ND)

Marcel is a 21-year-old black man who is supported within the Developmental Services Sector. His charges (breaking and entering and theft) were diverted through Drug Treatment Court, and was mandated to treatment after overdosing several times.

Marcel reports that both of his parents were addicted to drugs and he experienced physical, sexual, and emotional abuse throughout childhood at their hands. His father died of liver disease at the age of 47. Marcel first used alcohol at age 14, when he had his first sexual encounter with a man. He began using other drugs, including inhalants and marijuana by age 16 and amphetamines and cocaine by age 19.

At 21, six months prior to entering treatment, he began using heroin. Marcel reports that at the age of 14, he was kicked out of his family's home because his father suspected that he was gay. He was homeless until he came to the attention of the Child Welfare System at 17, and ultimately was transferred to the care of the Developmental Services Sector at the age of 18. While he was homeless, Marcel survived by becoming involved in sexual relationships with older men, some of whom were abusive. Marcel identifies himself as bisexual, not gay. He has had numerous sexual partners (both male and female) over the past 7 years, has traded sex for drugs and money, has had sex under the influence of drugs and alcohol, and has experienced sexual assault. Marcel has never been tested for HIV because he says, "I don't want to know." Marcel is being transferred to your agency for support.

DISCUSSION: HOW DO WE BEST SUPPORT MARCEL?

HARM REDUCTION FOR PEOPLE INVOLVED IN THE JUSTICE SYSTEM

- Drug treatment court is an example of Harm Reduction (it is similar to mental health diversion, but meant for people who use substances who committed non-violent offense as a result of their addiction)
- In the UK, there are Arrest Referral Programs, where police stations have a specially trained substance abuse assessment worker who offers counselling and referrals to treatment programs for arrestees who voluntarily request assistance with their substance use
- In Vancouver, police only attend overdose ambulance calls if requested by ambulance personnel. This has shown to reduce the risk of overdose deaths, because people are more likely to call for help if they know police are not likely to be at the scene.
- Police are positioned to provide education and information on safer drug use practices, including pamphlets and location of harm reduction services

HARM REDUCTION FOR PEOPLE INVOLVED IN THE JUSTICE SYSTEM

- In Correctional Service of Canada (CSC) programs, prisoners are not excluded from substance abuse treatment if they are actively using. Abstinence is not a condition of participation in substance abuse programs
- Positive cannabis results are assessed with discretion in parolee urinalysis unless specifically connected to the offender's criminality
- Some countries and provinces provide bleach to inmates to sterilize injection equipment
- Some countries provide needle exchange programs in jail/prison
- Methadone maintenance therapy is provided to opiate-dependent inmates and parolees

APPLICATION OF HARM REDUCTION PRINCIPLES TO OTHER RISKY BEHAVIOUR

Harm Reduction is applied in other areas outside of drug use and the justice system:

- It is used in schools to discuss sex education and safer sex
- It is discussed within the context of legalization of prostitution and sex work
- It can be applied to gambling or other high-risk behaviours

Can you think of other ways in which Harm Reduction can be applied to other risky behaviours?

CRITICISMS OF HARM REDUCTION
(TYNDALL, 2017; HEALTHLINK BC, 2020)

- CRITICISM: Harm reduction does not stop actual drug use
- ANSWER: That is the whole point! After every criminal and societal sanction we put in, people still use drugs, and people still die – harm reduction reduces substance use related fatalities

- CRITICISM: We are giving up on people by not focusing their attention on treatment and recovery
- ANSWER: We are not giving up! If recovery is going to happen, we have to keep them alive, offering a clean needle and safe place to inject so that they remain alive to be able to undergo treatment
- CRITICISM: Harm reduction gives the wrong message to our children about drug user
- ANSWER: Substance users are also our children. Safe injection sites are not enticing places. They are full of people who are sick, hurting and struggling. The message we are sending to our children is that drugs are dangerous, and they can hurt people, but we still care about them, and we want to help when people get sick
- CRITICISM: Harm reduction encourages people to use substances
- ANSWER: Research shows that harm reduction activities do not encourage substance use. In fact, they can encourage people who use substances to start treatment.

PRACTICE WISDOM/FINAL THOUGHTS

The treatment of substance use disorders in people with intellectual & developmental disabilities relies on clinicians/caregivers having a working knowledge of the factors that lead people with IDD to an increased risk of SUD.

Any intervention (be it harm reduction or otherwise) must work to treat the root cause of the SUD, and work within the context of the individual's social location. For example, teaching strategies to the individual with a disability in a way that optimizes their learning style and meets their developmental needs, whilst offering strategies to caregivers/family members to support the person's learning. We must value the roles of caregivers in the lives of people with IDD.

It is imperative that we consider the intersectionality of the experiences of the people we support. Individuals in supportive housing are subject to restrictions and guidelines that adults typically do not experience in their lifetimes, even more so if they are involved in the justice system or the forensic mental health system. Our treatment plans should always reflect an appreciation for people's lived experiences and circumstances.

Three questions to guide your self-reflection after we end today:

Do you choose your illness?

What are your values and beliefs regarding harm reduction approaches?

Does harm reduction save lives?


#!*&!
WHEN WE MAKE DECISIONS based on FEAR, LIABILITY and HYPOTHETICAL PROBLEMS, we are SHUTTING DOWN various CONVERSATIONS.
MAGGIE MAYHEM
SONAKSHA FOR APC

QUESTIONS, COMMENTS & CONCERNS

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