



# Liberation RECOVERY FOR LIFE Programs

# What is Harm Reduction?

Harm Reduction is a perspective and a set of practical strategies to reduce the negative consequences of drug use, incorporating a spectrum of strategies from safer use to abstinence.



# HARM REDUCTION

- ▶ Compassionate connection
- ▶ Innovative engagement for the precontemplative or contemplative individual
- ▶ A lifeline

# WHY PEOPLE TAKE DRUGS

## To feel good

To have novel:  
Feelings  
Sensations  
Experiences  
and  
to share them  
(connection)



## To feel better

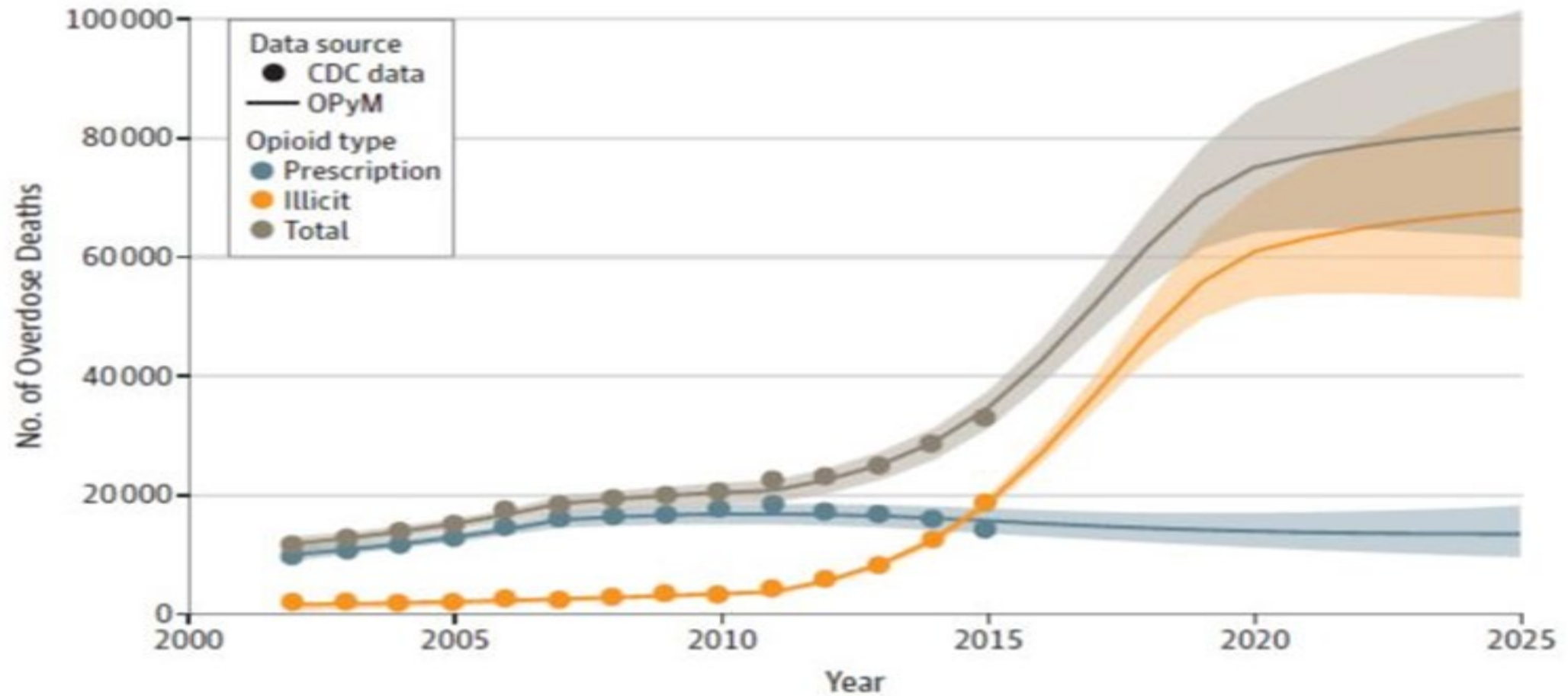
To lessen:  
Anxiety  
Worries  
Fears  
Depression  
Hopelessness  
Withdrawal  
(disconnection)

“THE OPPOSITE OF  
ADDICTION IS NOT  
SOBRIETY. THE OPPOSITE  
OF ADDICTION IS  
CONNECTION.”

-JOHANN HARI

# Overdose Deaths Projected to Increase

## Overdose Deaths From Prescription and Illicit Opioids From 2002 to 2025 Under the Base-Case Projection Scenario





# Fentanyl Use on the Rise

## FENTANYL: Overdoses On The Rise

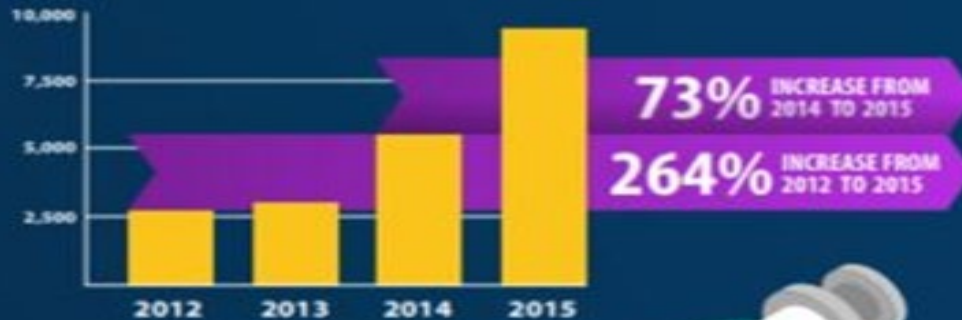
Fentanyl is a synthetic opioid approved for treating severe pain, such as advanced cancer pain. Illicitly manufactured fentanyl is the main driver of recent increases in synthetic opioid deaths.



Ohio Drug Submissions Testing Positive for Illicitly Manufactured Fentanyl



## SYNTHETIC OPIOID DEATHS ACROSS THE U.S.



## ILLICITLY MANUFACTURED FENTANYL

Although prescription rates have fallen, overdoses associated with fentanyl have risen dramatically, contributing to a sharp spike in synthetic opioid deaths.



# Lethal Doses

Heroin: 30 milligrams

Fentanyl: 3  
milligrams

Carfentanil: 2 micrograms  
(estimated)

“Just about the size of  
Lincoln’s beard on a  
penny – of Carfentanil  
can be lethal to most  
people.”—DEA



New Hampshire State Forensic Lab (Schultze, 2017)



# HEROIN: PART OF A LARGER SUBSTANCE USE PROBLEM

Nearly all people who used heroin also used at least 1 other drug.

Most used at least **3** other drugs.

**Heroin** is a highly addictive opioid drug with a high risk of overdose and **death** for users.

People who are addicted to...



ALCOHOL

are

**2x**



MARIJUANA

are

**3x**



COCAINE

are

**15x**



Rx OPIOID PAINKILLERS

are

**40x**

**...more likely to be addicted to heroin.**

SOURCE: National Survey on Drug Use and Health (NSDUH), 2011-2013.

# ADDICTION POTENTIAL OF VARIOUS SUBSTANCES

1. Tobacco 32%
2. Heroin 23%
3. Cocaine 17%
4. Alcohol 15%
5. Sedatives 9%
6. Cannabis 9%

If age of start is:

= or < 18 years old +17%

= or < 15 years old +25-50%

INCREASED EXPOSURE  
TO DRUGS AND TOXIC STRESS  
INCREASES RISK.

# TRAUMA

Trauma is not what happened to you,  
it is what happened inside you.

Trauma is a disconnection to self, to body,  
and emotions. It makes it impossible to be  
in the present moment.

Addiction is always rooted in trauma.

The goal of sobriety is to have the capacity  
to be present.

-Dr. Gabor Maté

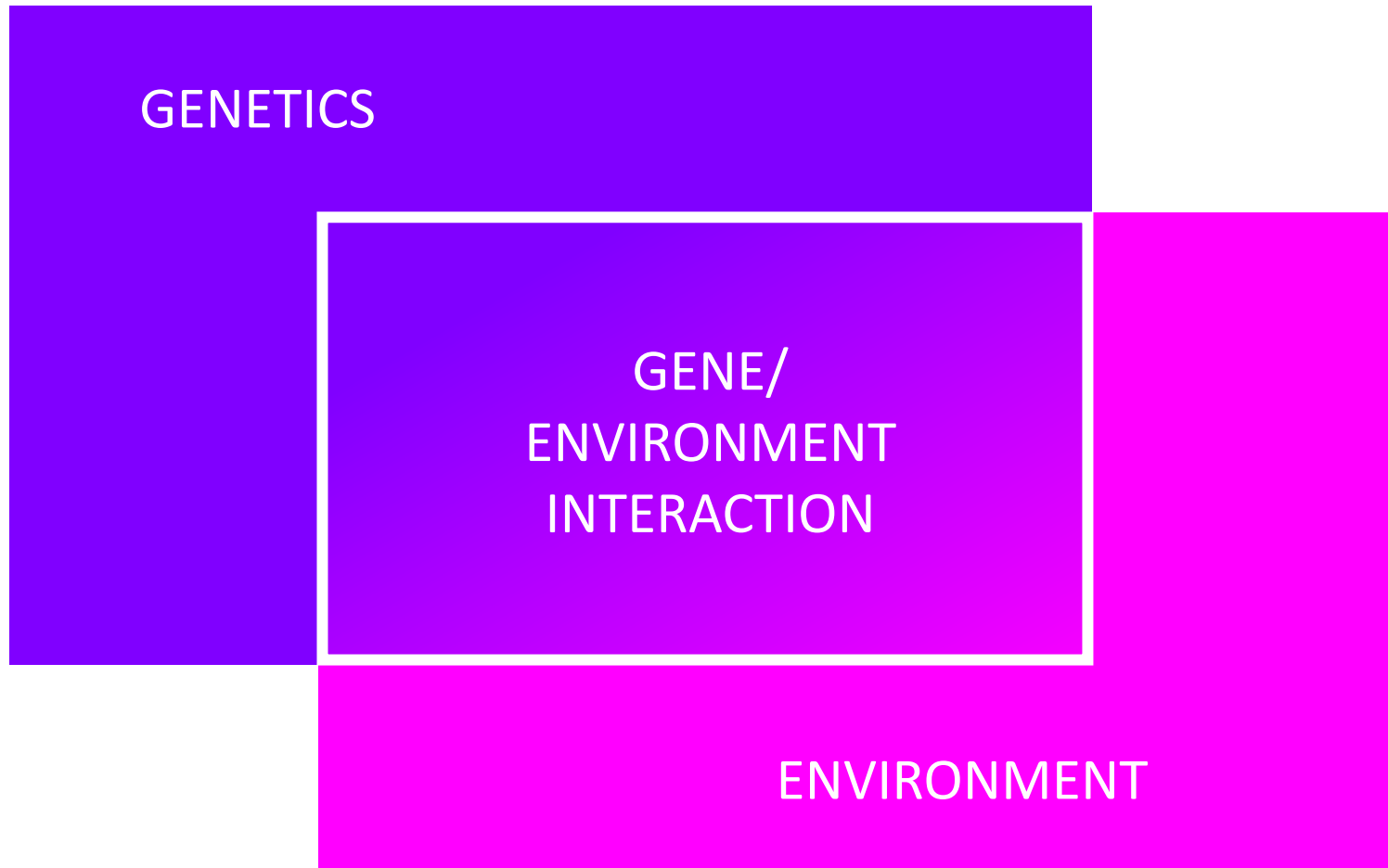
# SALIENCE ATTRIBUTION— WHAT IS IMPORTANT TO PAY ATTENTION TO

- We don't react to what happens, we react to our interpretation of what happens.
- Trauma interferes with our response flexibility-  
the ability to chose a response.
- What is salient to a traumatized brain is whatever will sooth  
the brain or distract.
- Addiction is not a lack of free will, it is a lack of free won't

(Maté)



# GENETICS VS. ENVIRONMENT



# DRUG ADDICTION: A COMPLEX DISORDER

## Historical

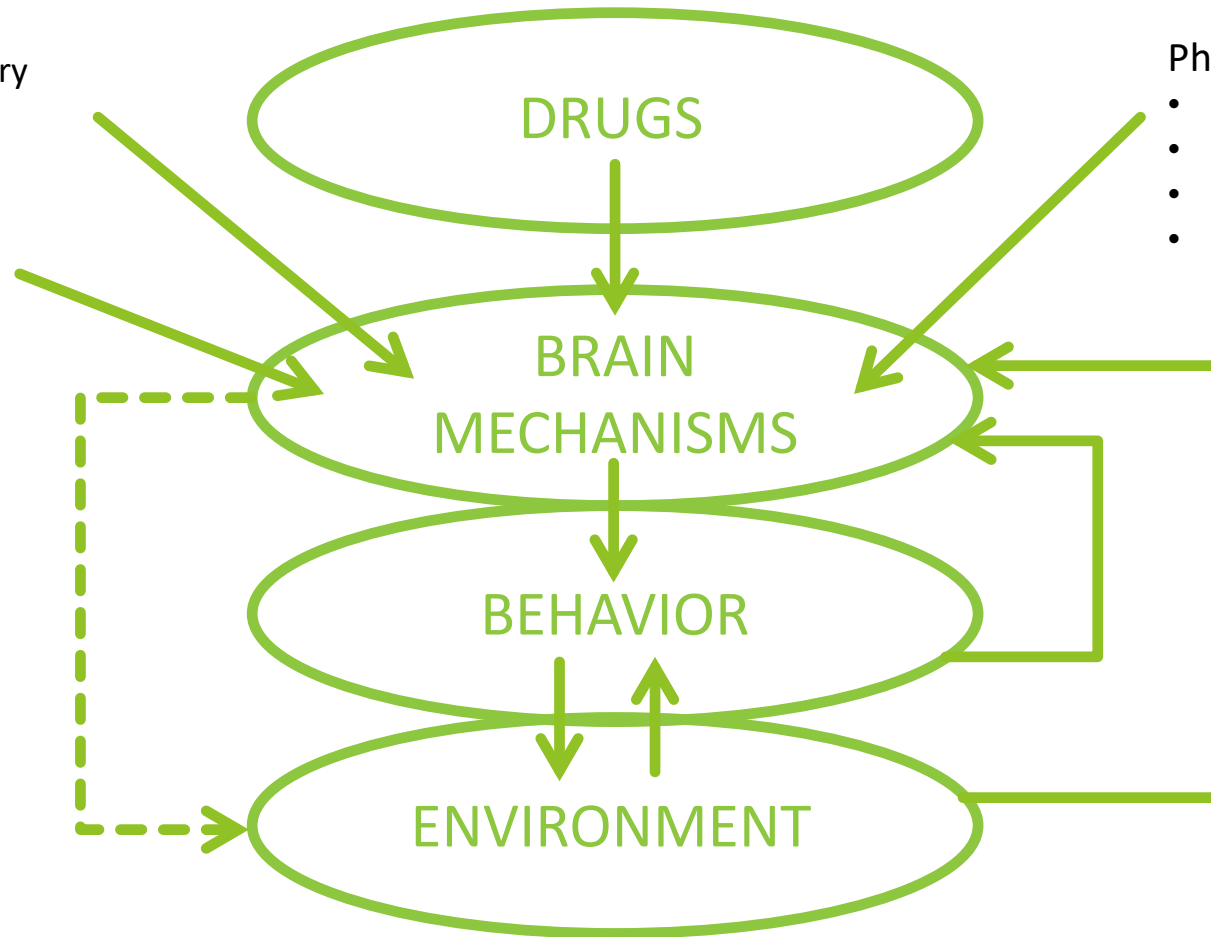
- Previous history
- Expectation
- Learning

## Environmental

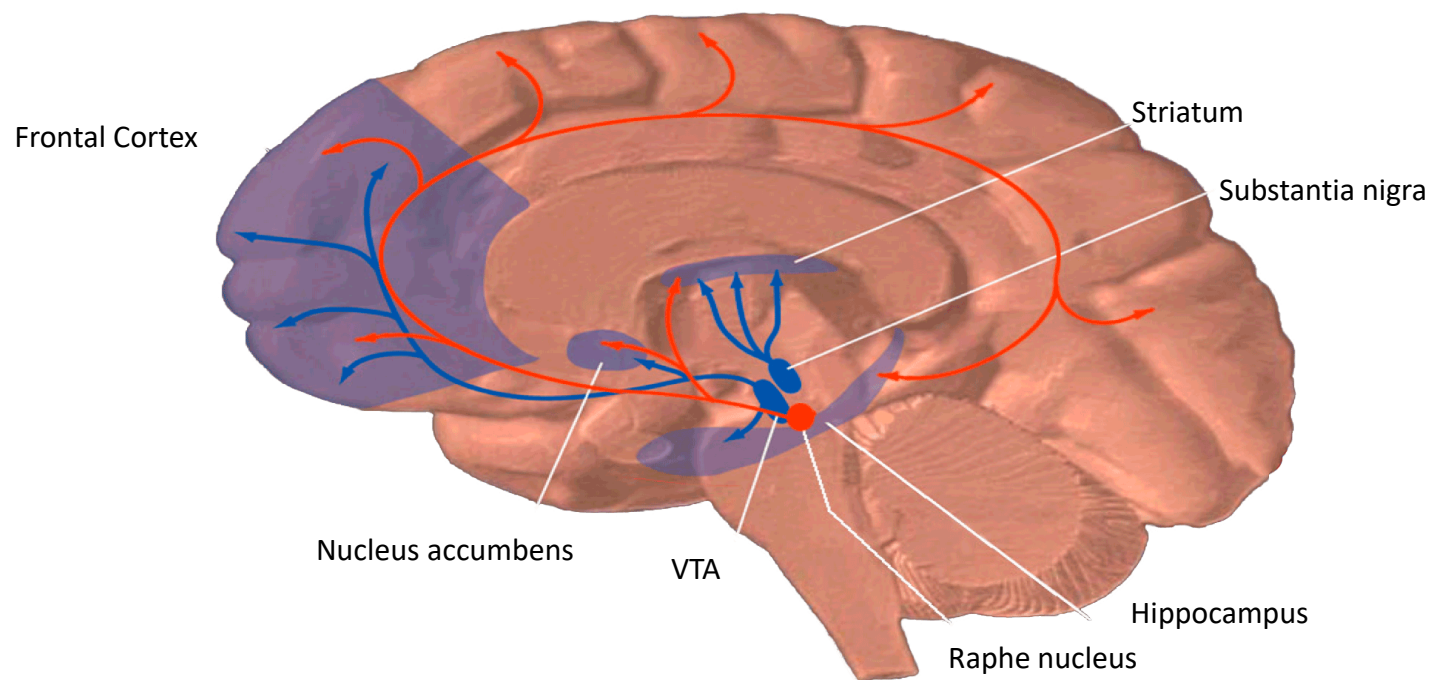
- Social interactions
- Stress
- Conditioned stimuli

## Physiological

- Genetics
- Circadian rhythms
- Disease states
- Gender



# HOW DRUGS AFFECT BRAIN FUNCTION



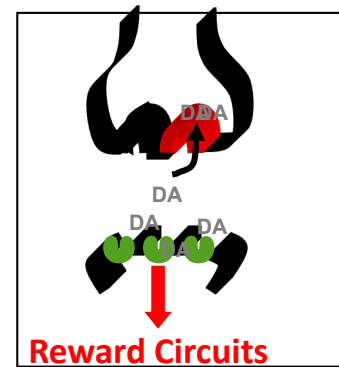
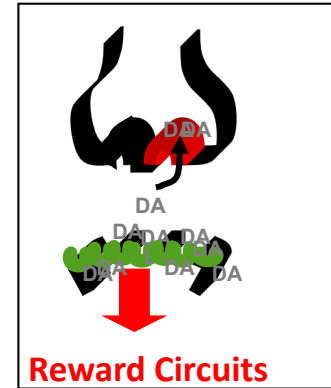
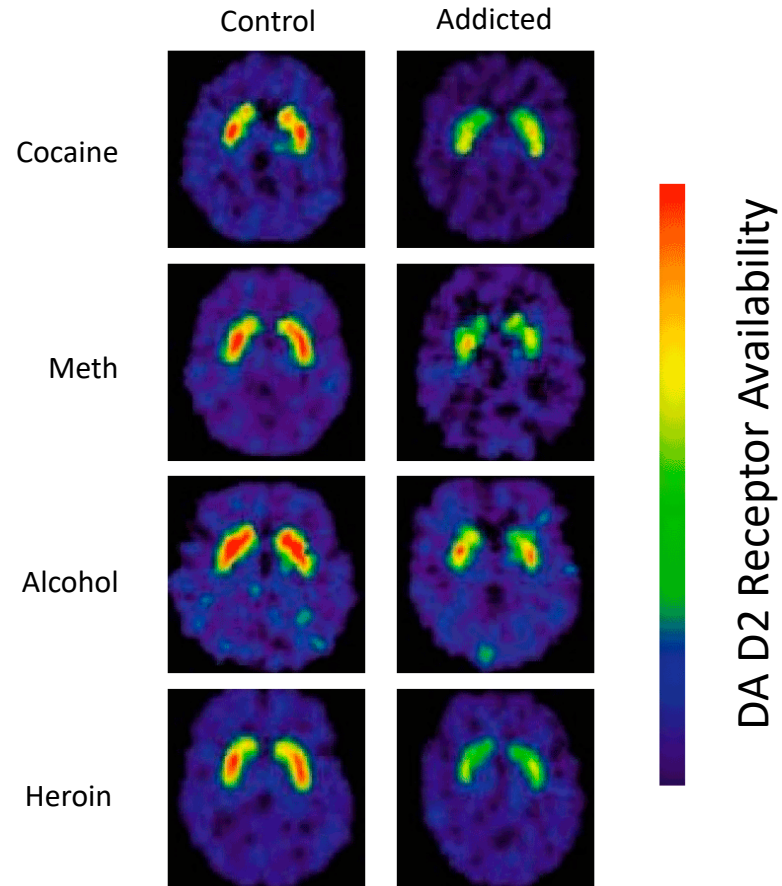
## Dopamine Pathways

Functions  
Reward (motivation)  
Pleasure, euphoria  
Motor function (fine tuning)  
Compulsion

## Serotonin Pathways

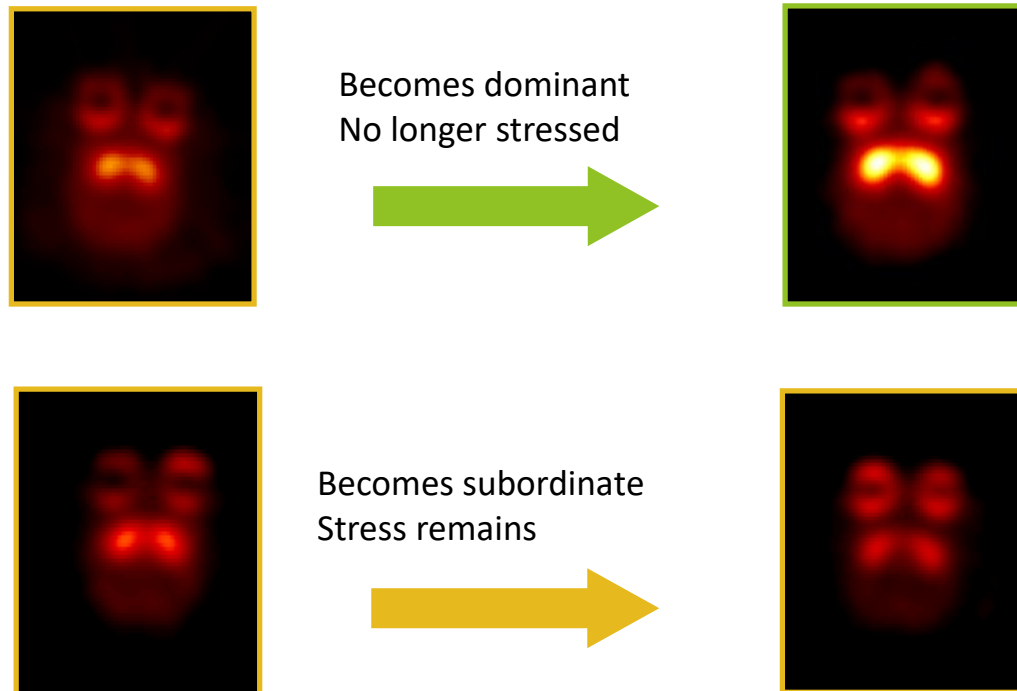
Functions  
Mood  
Memory processing  
Sleep  
Cognition

# DOPAMINE D2 RECEPTORS ARE LOWER IN ADDICTION

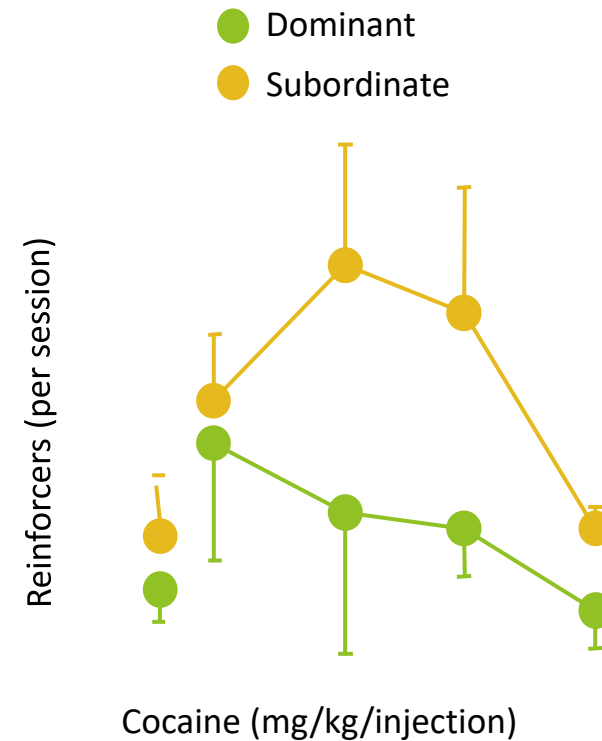


# EFFECTS OF A SOCIAL STRESSOR ON THE BRAIN

Isolation can change neurobiology



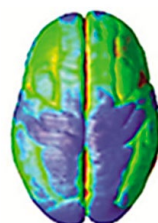
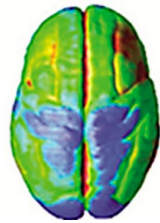
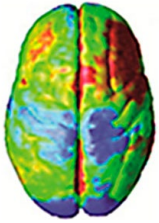
Morgan, D. et al. Nature Neuroscience, 5: 169-174, 2002.





# IMPACT ON BRAIN DEVELOPMENT

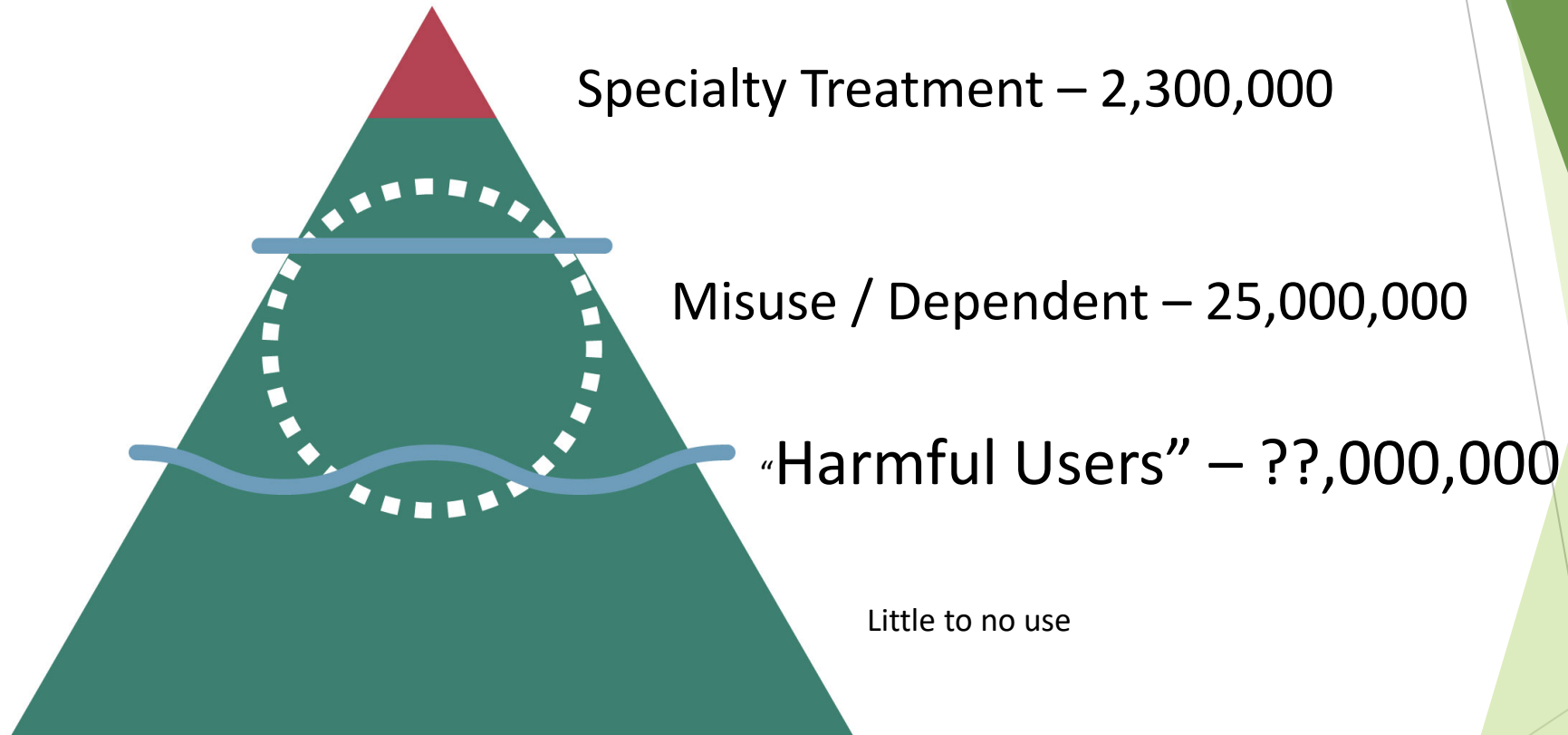
Exposure to drugs of abuse during adolescence could have profound effects on brain development and brain plasticity



# CAN ADDICTION BE PREVENTED BY DELAYING DRUG USE ONSET?

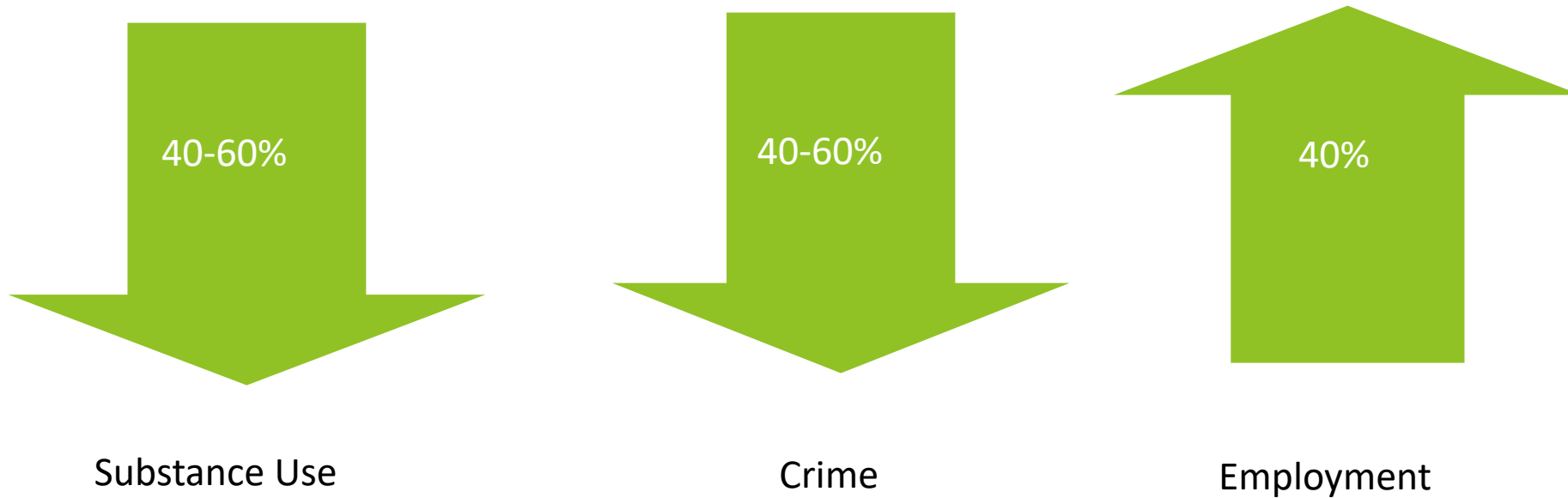
Every year that the use of a substance is delayed, the risk of developing a substance use disorder is reduced.

# WHO GETS TREATMENT?



Source: Executive Office of the President of the United States

# EFFECTIVENESS OF TREATMENT



Recovery from drug addiction can be a long-term process and frequently requires multiple treatment episodes of treatment.

No single treatment is appropriate for all individuals.



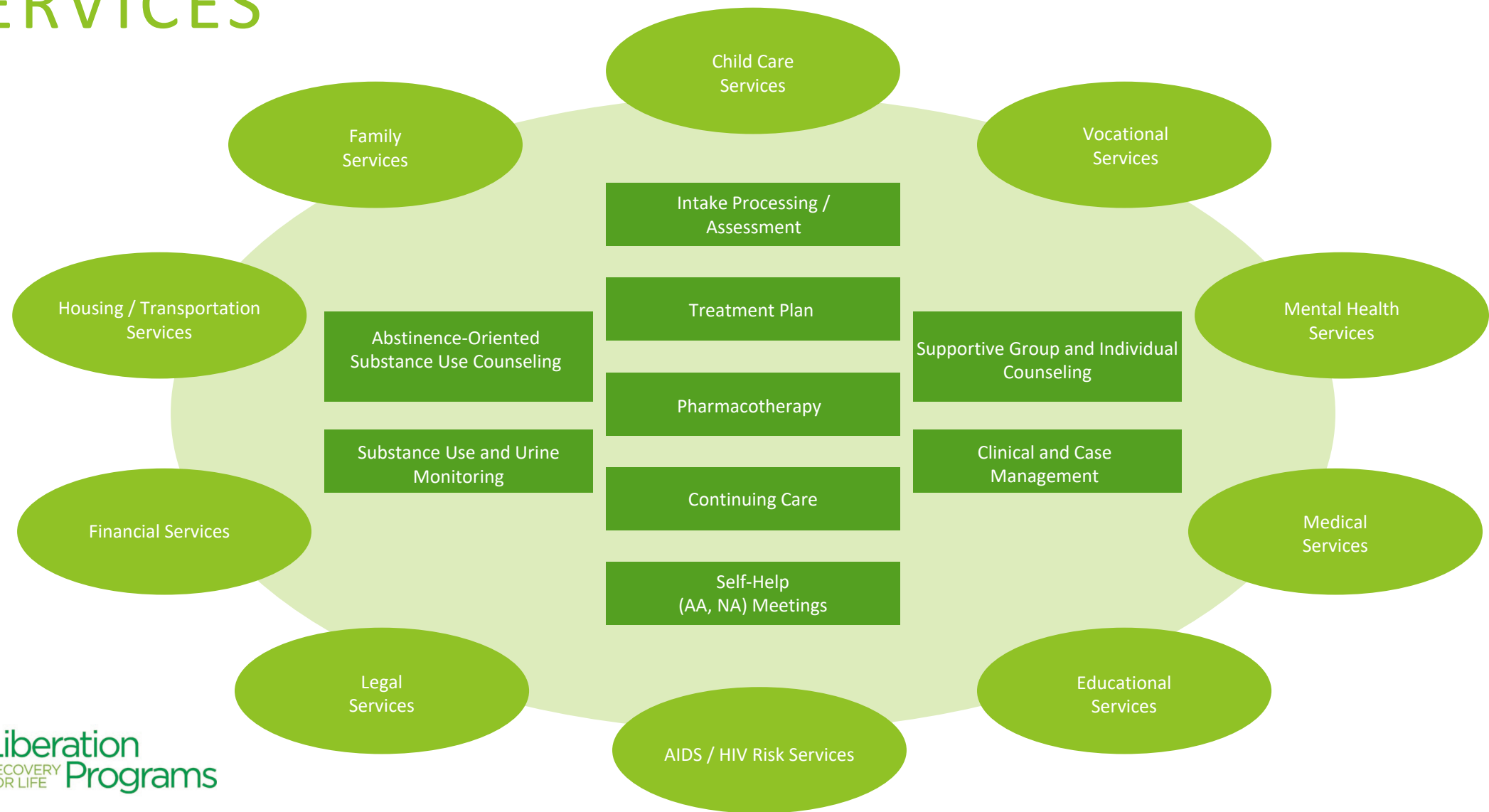
# ASAM PPC-3

(American Society of Addiction Medicine Patient Placement  
Criteria Version 3)

## Six dimensions

1. Acute intoxication/withdrawal
2. Biomedical conditions and complications
3. Emotional, behavioral, and cognitive conditions
4. Readiness to change
5. Relapse, continued use, or problem potential
6. Recovery environment

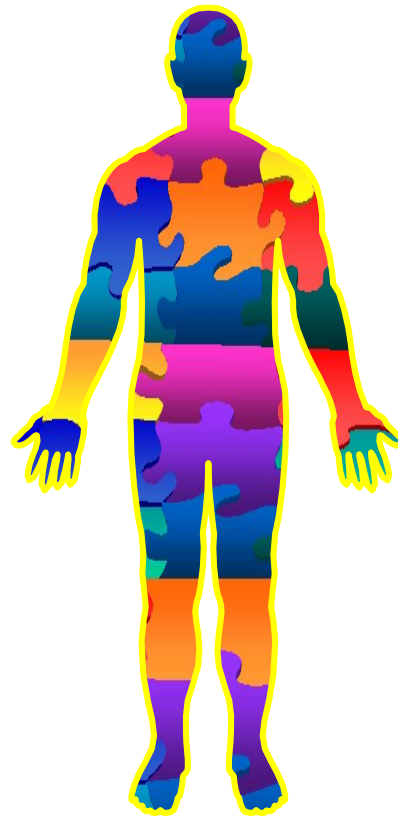
# TREATMENT: CORE COMPONENTS AND SERVICES



# A BIOPSYCHOSOCIAL DISORDER: TREATMENT AND CHEMISTRY

Medications  
(all FDA-approved Agents)

Medical  
detoxification  
services



Behavioral therapies  
(including contingency  
management)

Recovery  
support  
services

# STAGES OF CHANGE

- ▶ Pre-Contemplation (denial)
  - ▶ “I’m only here because...”
- ▶ Contemplation (ambivalence)
  - ▶ “I’m not sure what to do...”
- ▶ Preparation (early recovery)
  - ▶ “I’ve cut back a little already...”
- ▶ Action (treatment-ready)
  - ▶ “I’ll do what it takes...”
- ▶ Maintenance (relapse prevention)
  - ▶ “This isn’t as easy as I thought...”

# Multiple Pathways of Recovery

- 12-step (AA, NA, CA, ACA, DRA, Women in Sobriety)
- Religious (Celebrate Recovery, Alcoholics for Christ, Pioneer Association) or Spiritual (Refuge Recovery, White Bison)
- Secular (Life Ring, SMART)
- Medicated Assisted Treatment- Methadone, Suboxone, Vivitrol
- Wellness based (Yoga, Meditation, Qigong, Tai-Chi, etc.)
- Active Sober Community (Phoenix Multi-Sport, ROCovery Fitness, Fit2Recover, Adventure Recovery.)
- Online Recovery Supports (In the Rooms, Apps, Daily Affirmations, etc.)
- Harm Reduction



# RECOVERY

Re “cover” the lost parts of self

1. Physical (detox-withdrawal management)
2. Emotional/psychological  
(rehabilitation or habilitation)
3. Spiritual recovery

# WHAT WORKS?

- ▶ Motivational Incentives (contingency management)
- ▶ Motivational Interviewing (MI)
- ▶ Seeking Safety Model (Women and Trauma)
- ▶ Relapse Prevention (Marlatt)
- ▶ Cognitive Behavioral Therapy (CBT)
- ▶ Family Therapy (Behavioral)
- ▶ CRAFT (Community Reinforcement and Family Training)
- ▶ Methadone (Opiates)
- ▶ Buprenorphine (Opiates)
- ▶ Naltrexone (Alcohol and Opiates)
- ▶ Harm Reduction

# RELATIONSHIP AND ALLIANCE

- ▶ The therapeutic relationship or alliance is the foundation of all successful treatment
- ▶ There is research evidence showing a connection between an early positive therapeutic alliance and retention in treatment (Meier et al., 2005)
- ▶ The making of strong connections should be a central concern of all treatment programs

# WHAT DOESN'T WORK?

- ▶ Client education alone
- ▶ Confrontation and using pathological language
- ▶ SBIRT in Emergency Departments for illicit drugs
- ▶ Group Therapy with some adolescent populations
- ▶ Residential treatment for mild substance use disorder

# ENABLING

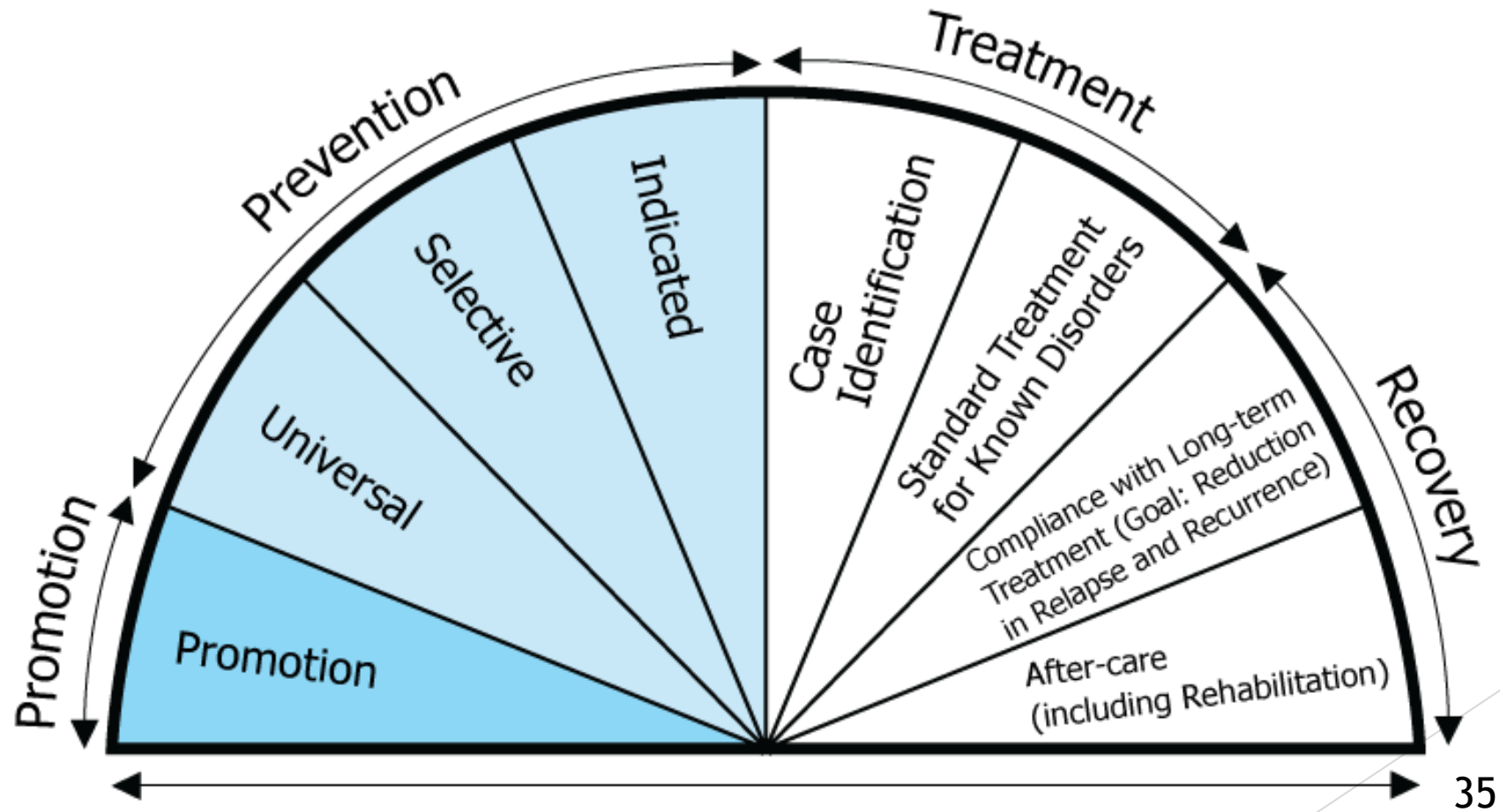
- ▶ Everyone shows love the best they know how.
- ▶ Help family members realign and redefine relationships in a manner which promotes recovery for each family member

# DYSFUNCTIONAL FAMILY

- ▶ There is no such thing as a dysfunctional family.  
All behavior is adaptive and has a function.



# *Prevention in Context - Continuum of Care*



# MEDICATION

- ▶ Withdrawal Management
- ▶ Maintenance

# BRAIN STRUCTURE: CORTEX AND LIMBIC REGION

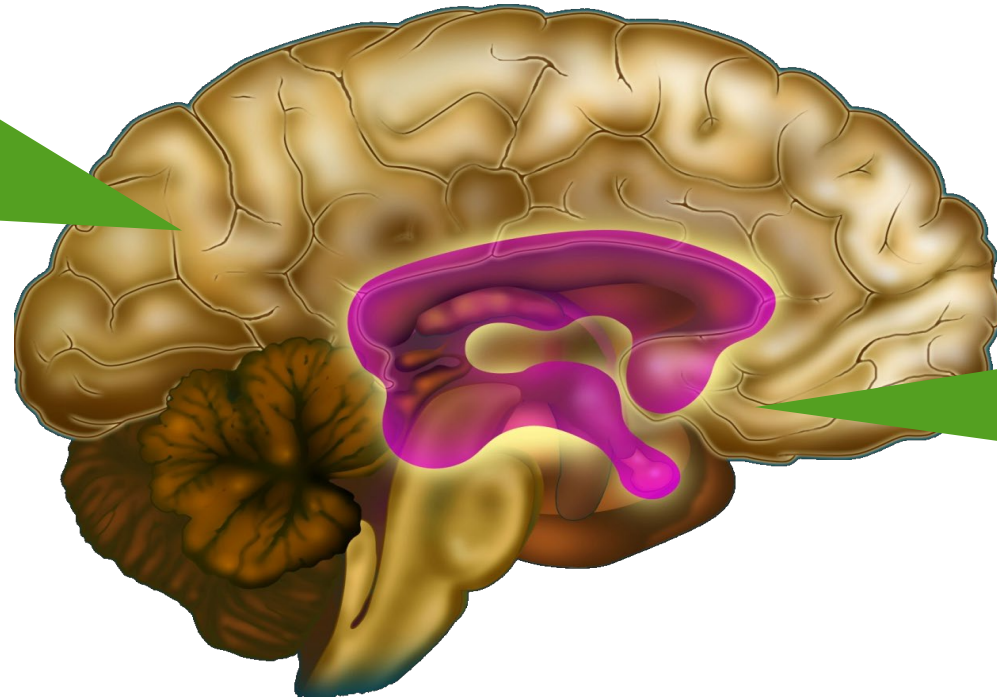
## Cortex

### Role:

- Decision making
- Thinking
- Reasoning
- Learning

### Interventions

- Psychosocial Therapies
- 12 Step Programs
- Monitoring



## Limbic Region

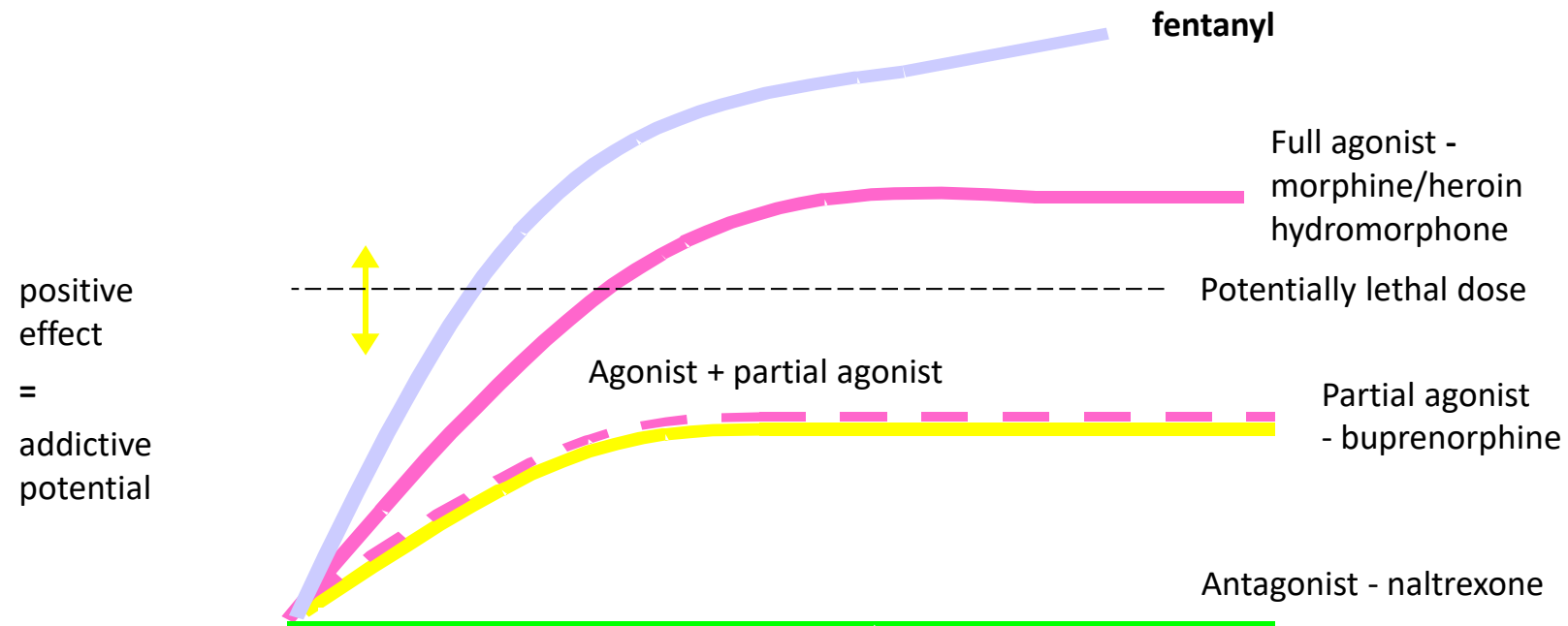
### Role:

- Basic Drives
- Experience of reward, euphoria

### Interventions

- Agonist medications
- Antagonist medications

# Mu EFFICACY AND OPIATE ADDICTION



# MEDICATION-ASSISTED RECOVERY (MAR)

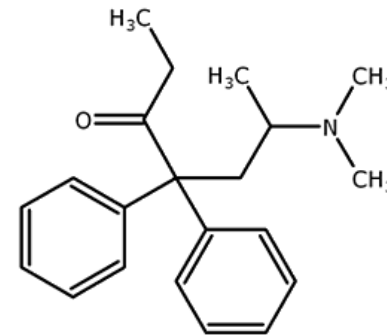
A process of recovery that emphasizes individualized supports and includes pharmacotherapy as part of a holistic approach specific to one's condition, strengths and recovery goals.

MAR is not as effective without:

- ▶ Counseling
- ▶ Community and mutual support groups
- ▶ Family involvement
- ▶ Medical services
- ▶ Recovery support services

# METHADONE

- ▶ Full Mu-opioid agonist, slow onset and long duration (23 hrs)
- ▶ Extensive research shows benefit of treatment initiation
- ▶ Widely used in harm reduction: Anti-HIV & -HepC
- ▶ Start at 20-40 mg; titrating up until no craving or illicit use
- ▶ Average dose 80-120 mg daily
- ▶ Only in ~1,800 certified programs, per federa
- ▶ Must be used as a long-term treatment

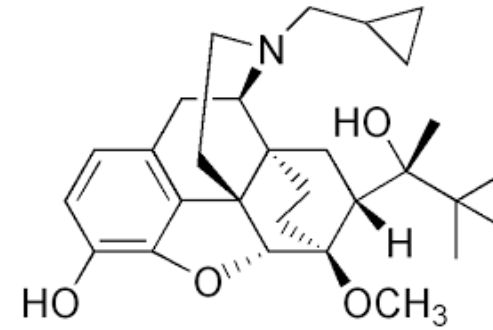


# METHADONE: FOR WHOM?

- ▶ Long history with chaotic lifestyle, psych illness, BZ use
- ▶ IV route of drug administration; high tolerance
- ▶ Needs close, daily supervision
- ▶ May have difficulty engaging with treatment
- ▶ High risk for diverting medication
- ▶ May benefit from take-home contingency management
- ▶ Has chronic pain problems and needs/expects opioids
- ▶ Pregnant or planning to become pregnant
- ▶ Is prepared for long-term or even lifelong medication



# BUPRENORPHINE



- ▶ Partial agonist: ceiling effect, less OD
- ▶ Start patient in mild withdrawal (avoids provoking withdrawal)
- ▶ Slow onset, long-duration: helps reduce reinforcement
- ▶ Prescribed daily, weekly or monthly in outpatient care
- ▶ Has greatly expanded access to care, but more is needed
- ▶ DEA Schedule C-III, requiring federal waiver, 270 patient limit
- ▶ Approved for opioid addiction (2002) as Subutex; now more commonly used as Suboxone (with naloxone in a 4:1 ratio)
- ▶ Generics (Zubsolv) & film preparations (Bunavail) approved
- ▶ Six month implant (Probuphine) and 30 day extended release (Sublocade) FDA approved

# BUPRENORPHINE: FOR WHOM?

- ▶ Able to maintain a treatment plan without the daily supportive contacts/structure of a clinic
- ▶ Has structure in daily life (e.g., employed)
- ▶ Has a strong sober support system
- ▶ Has adequate stress management skills
- ▶ Pregnant women

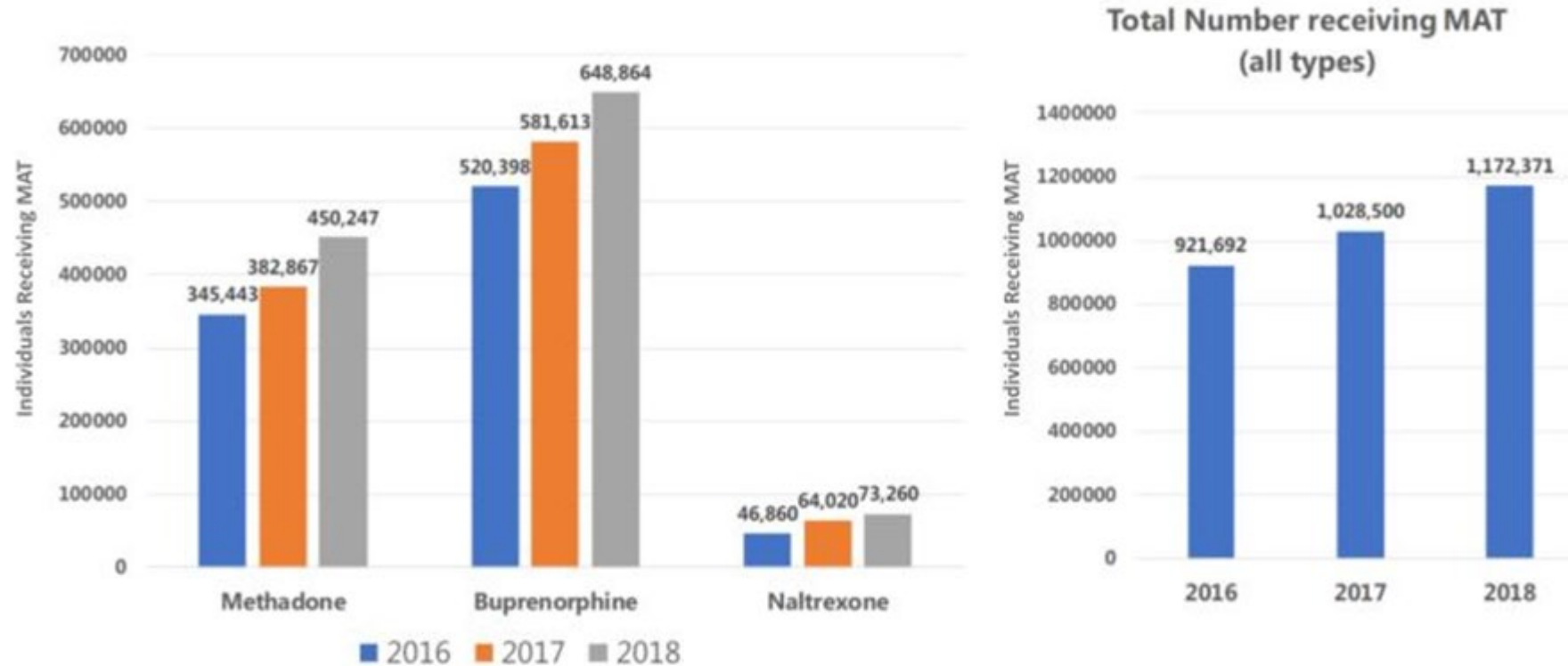
# EXTENDED-RELEASE NALTREXONE (XR-NTX)

- ▶ Oral NTX not better than placebo; XR-NTX: efficacy for retention and relapse
- ▶ Opioid antagonism (full competitive blockade) for 1 month
- ▶ Patient must be opioid-free 7-10 days (unless rapidly detoxed)
- ▶ Detox causes loss of tolerance, so patient must be cautioned
- ▶ Buttock muscle injection can cause injection site reactions; also nausea, “naltrexone flu”
- ▶ No withdrawal upon treatment completion
- ▶ Not a controlled substance; no street value
- ▶ Treatment of choice for opioid + alcohol dependence

# XR-NTX: FOR WHOM?

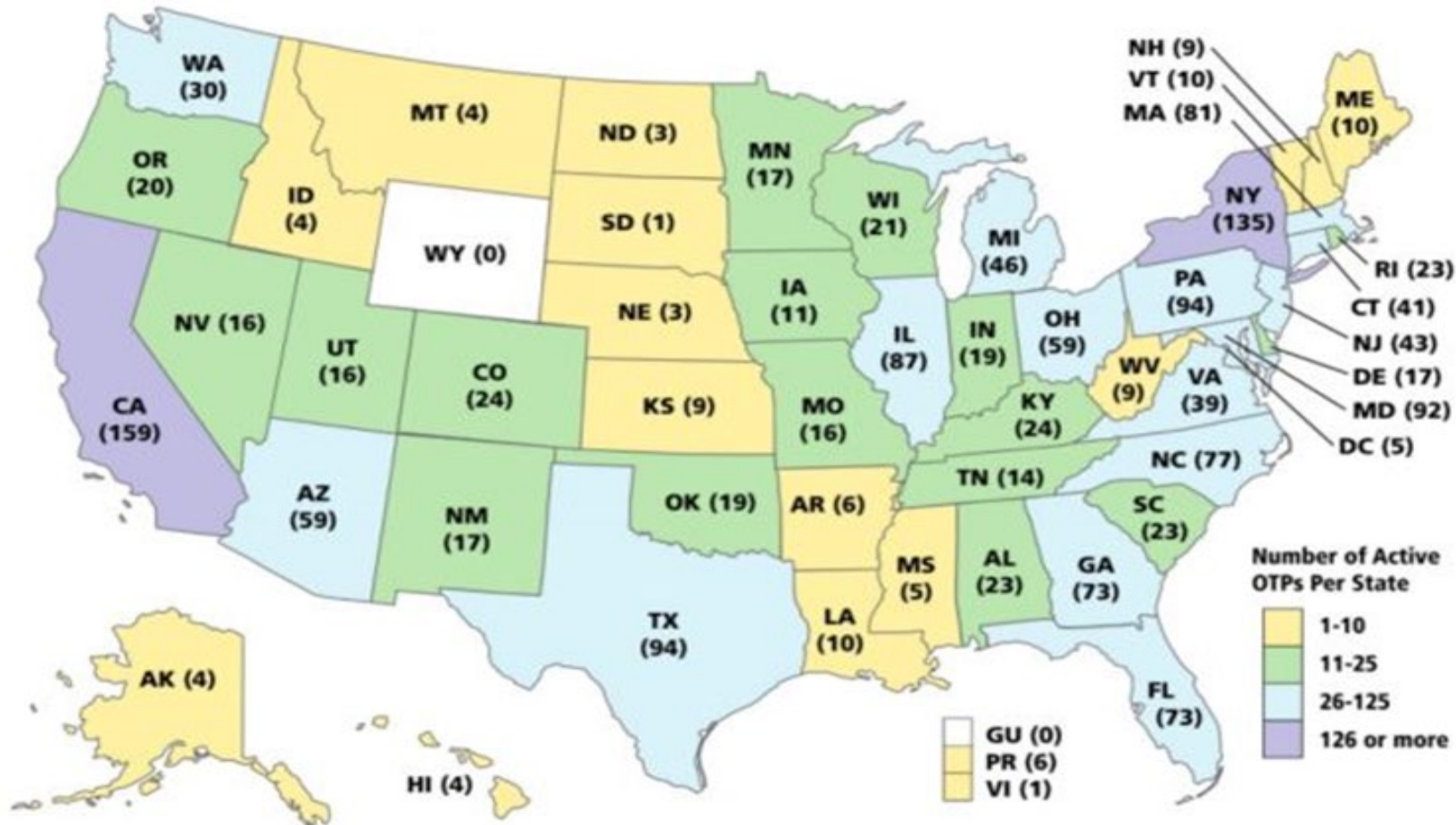
- ▶ Motivated to undergo detox and be opioid-free
- ▶ Preparing to leave rehab or jail/prison opioid-free
- ▶ Monitored by judges, professional boards, employers, schools or sports teams that may not allow agonist treatment
- ▶ Rejects agonist treatment or has failed agonist treatment
- ▶ Wants shorter-term medication that can be easily concluded
- ▶ Late adolescent/emerging adult with shorter duration addiction
- ▶ Has both opioid and alcohol dependence

# Medication Assisted Treatment (MAT)



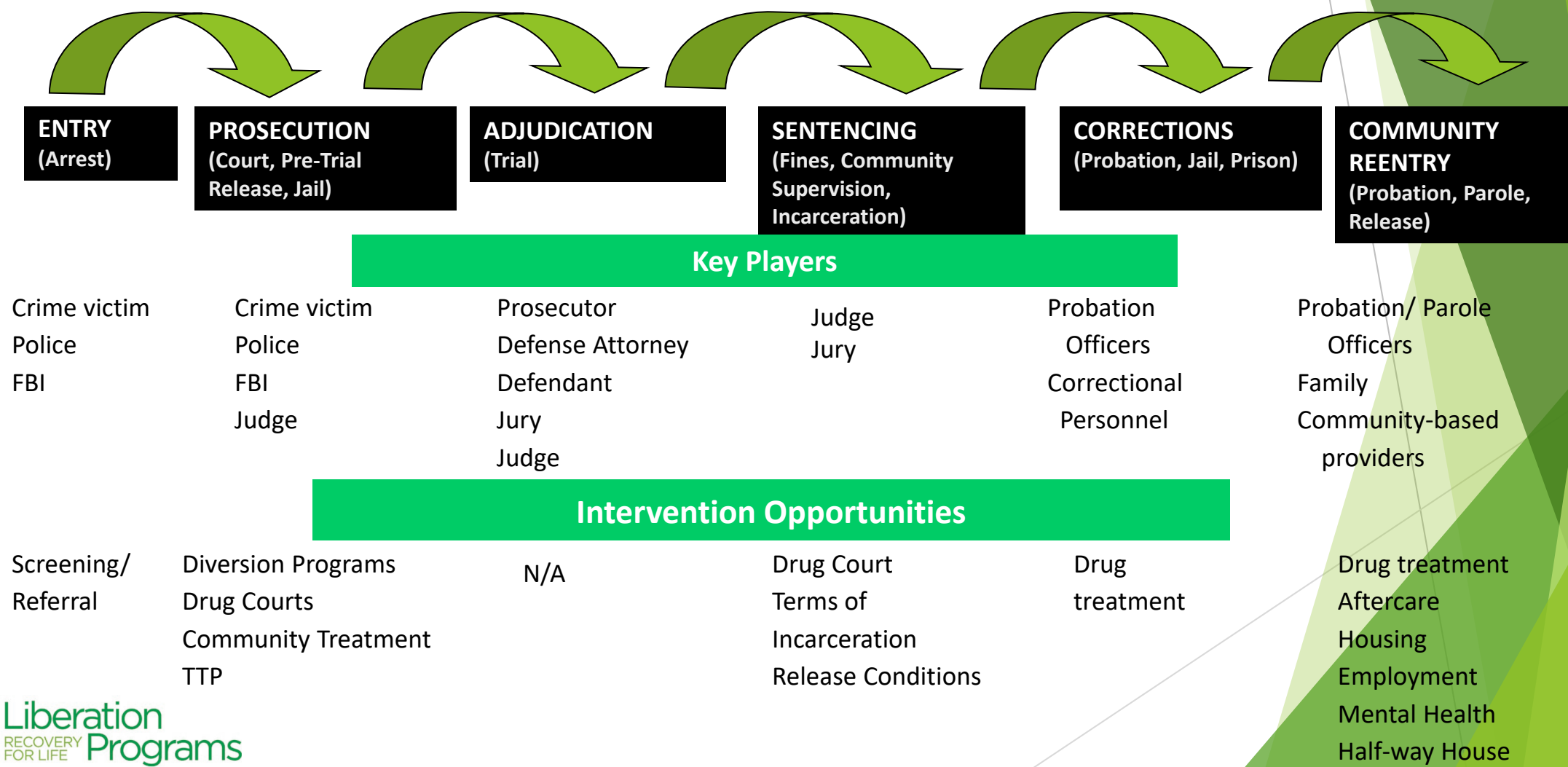
# Opioid Treatment Programs (OTP)

## SAMHSA Certified Opioid Treatment Programs



Source: SAMHSA, CSAT, OTP Database. October 16, 2019

# ADDRESSING SUBSTANCE USE IN THE CRIMINAL JUSTICE SYSTEM





# Harm Reduction Continuum

— Substance use and behaviors occur along a continuum from no use to chaotic use



Source: [www.AustinHarmReduction.org](http://www.AustinHarmReduction.org)  
Adapted from Patt Denning's book  
"Practicing Harm Reduction Psychotherapy"

# A few basic Principles

- Drug use exists along a continuum
  - *Abstinence is one of many possible goals*
  - *Meet people “where they are at”*
- Drug-related harm can not be assumed
  - *Drugs can meet important needs*
- Drug users are more than their drug use

# HARM REDUCTION



**Designs & promotes** public health interventions that minimize the harmful affects of drug use.

# HARM REDUCTION



**Focuses on behavior**  
– especially when related to overdose prevention, treatment, housing, employment, parenting, and other relationships.

# PRINCIPLES OF HARM REDUCTION

- ✓ User's decision to use is accepted
- ✓ User is treated with dignity
- ✓ User is expected to take responsibility for own behavior
- ✓ Reducing harm not necessarily consumption.
- ✓ No pre-defined outcomes

# PRINCIPLES OF HARM REDUCTION

**User's decision to use is  
accepted:**

“Harm Reduction acknowledges the drug users decision to use is a fact, and not an issue or problem in and of itself. Harm reduction approaches presume that, for the present, the user is going to continue his/her drug use and neither approves nor disapproves of the users decision to use.”

# HARM REDUCTION IN PRACTICE

## **Any positive change:**

Given the harm reduction emphasis on the process of change with no pre-defined outcomes, harm reduction programs work with drug users toward any positive change. This could mean a change in the method of use (from injecting to oral use), a change in frequency (from daily to once every other day) or a change in reasons (from dealing with crisis to having fun).



# EFFICACY AND OUTCOMES HARM REDUCTION BASED PROGRAMING

- ▶ Harm Reduction Programs enhance public safety
- ▶ Harm Reduction Programs do not increase drug use.
- ▶ Harm reduction programs serve as hub to connect substance users with further treatment and care.
- ▶ Economic evaluations of these programs show them to be solid, effective cost saving and high means of disease prevention.

Trang, QN, Weir, B.W. Des Jarlais, D.C., Pinkerton, SD, Holtgrave, DR (2014) Syringe Exchange in the United States: A National Level Economic Evaluation of Hypothetical Increases in Investment. AIDS & Behavior, [Epub ahead of print] [aids-basics/prevention](#).

# HARM REDUCTION IN PRACTICE

## ELEMENTS OF HARM REDUCTION PROGRAMS

- User Involvement
- Any positive change
- Supportive agency policy
- Collaboration with other providers

# EFFICACY AND OUTCOMES HARM REDUCTION BASED PROGRAMING



Syringe access programs are the most effective, evidence-based HIV prevention tool for people who inject drugs.

In cities across the nation, people who inject drugs have reversed the course of the HIV epidemic by using sterile syringes and harm reduction practices.

# FENTANYL TESTING STRIP



# HIGH RISK FACTORS:

- ✓ People experiencing homelessness:  
#1 cause of death
- ✓ People experiencing incarceration:  
#1 cause of death
- ✓ People entering and exiting treatment for opioid use disorder (OUD)
- ✓ Persons with COPD and other respiratory morbidity
- ✓ People living with HIV/AIDS: 74% higher if HIV+

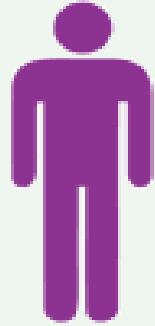
# MORE RISK FACTORS...

- ▶ **Loss of Tolerance**: Regular use of opioids leads to tolerance- more is needed to achieve the same effect (same high). Overdoses occur when people start to use again, following a period of abstinence such as incarceration, detox or “drug free” drug treatment.
- ▶ **Mixing Drugs**: Mixing opioids with other drugs, especially depressants such as benzodiazepines (Xanax, Clonopin) or alcohol. They are “synergistic”- the effect of taking mixed drugs is greater than the effect one would expect if taking the drugs separately or together. Cocaine is a stimulant but in high doses it can also depress the urge to breath.
- ▶ **Using alone**: When using drugs alone there is no one present to see signs of overdose. As noted above, users are at greater risk of overdosing if recently abstinent or mixing drugs and should try to avoid doing that when alone.
- ▶ **Variation in strength of ‘street’ drugs**: Street drugs may vary in strength and effect based on the purity of the heroin (or other opioid) and the amount of other ingredients used to cut the drug. Users can use small amounts of new batches or inject slowly enough to get a feel of the quality.

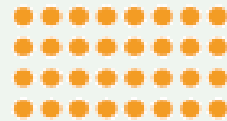
<b>CRISIS INTERVENTION</b>  <b>Mental Health First Aid</b>  <b>Depression Screening</b>  <b>Pain Assessment</b>  <b>SBIRT</b>	<b>WOUND CARE</b>  <b>Skin &amp; Soft Tissue Care</b>  <b>Vein Care</b>  <b>Safer Injecting Strategies</b>	<b>HCV &amp; HIV TESTING</b>  <b>Health Counseling</b>  <b>Referral To Treatment</b>  <b>Prevention Education</b>	<b>OPIATE OVERDOSE PREVENTION</b>  <b>Naloxone Distribution</b>  <b>Overdose Education</b>	<b>HEALTH INSURANCE ENROLLMENT</b>  <b>Help Enroll &amp; Renew In Insurance Plans</b>	<b>CARE COORDINATION</b>  <b>Assess Assets &amp; Barriers To Patient Care</b>  <b>Individual Care Plan</b>  <b>Transport/ Accompany Patient To Appointments</b>	<b>MEDICAL CASE MANAGEMENT</b>  <b>Find Appropriate Providers</b>  <b>Retention In Care</b>  <b>Treatment Adherence</b>	<b>NON-MEDICAL CASE MANAGEMENT</b>  <b>Housing</b>  <b>Social Supports</b>  <b>Family Services</b>
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# DEATHS ARE THE TIP OF THE ICEBERG

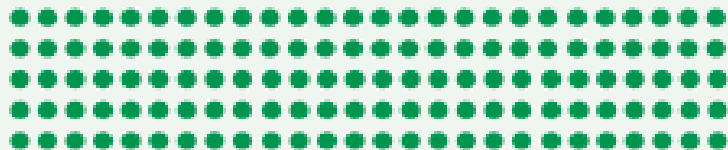
For every **1** death there are...



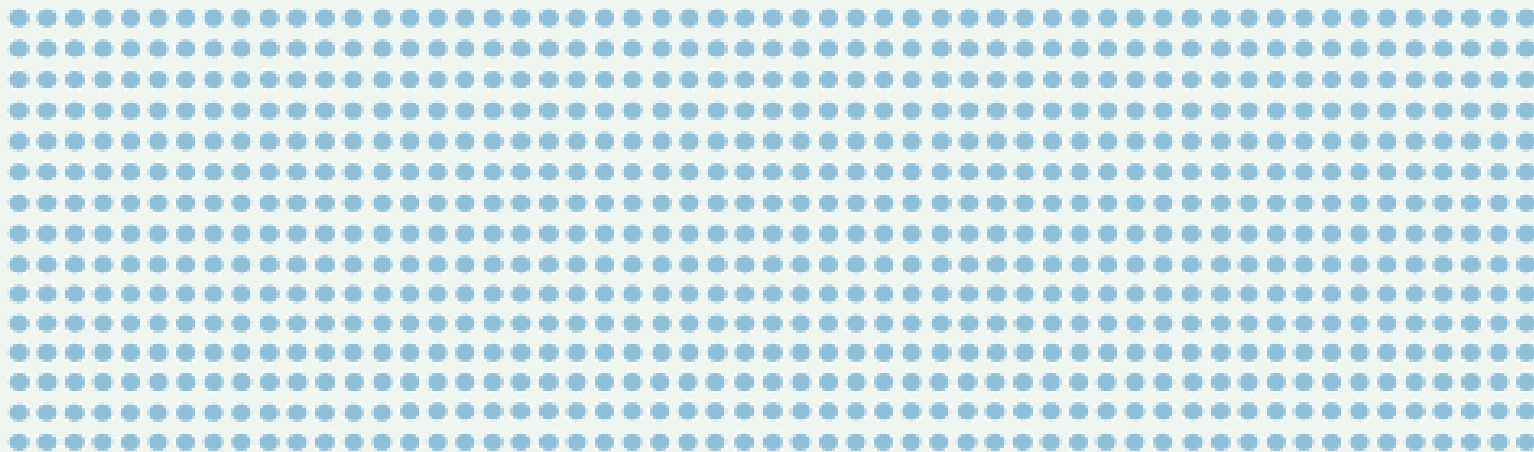
**10** treatment admissions for abuse<sup>9</sup>



**32** emergency dept visits for misuse or abuse<sup>6</sup>



**130** people who abuse  
or are dependent<sup>7</sup>



**825**  
nonmedical  
users<sup>7</sup>



## Enabling

- ▶ Everyone shows love the best they know how.
- ▶ **HELP FAMILY MEMBERS REALIGN AND REDEFINE RELATIONSHIPS IN A MANNER WHICH PROMOTES RECOVERY FOR EACH FAMILY MEMBER**

# MENTAL HEALTH

- ▶ Lovable
- ▶ Capable
- ▶ Connected

The background features abstract, overlapping green geometric shapes, primarily triangles and polygons, in various shades of green, creating a modern and dynamic visual effect.

# DIGNITY and RESPECT



The background features abstract, overlapping green geometric shapes, primarily triangles and polygons, in various shades of green, creating a modern and dynamic visual effect.

IF YOU MEET CLIENTS WHERE  
THEY ARE AT

YOU WILL ALWAYS WALK AWAY  
WITH COMPASSION AND  
UNDERSTANDING

IT IS MORE IMPORTANT TO SHOW THEM HOW  
MUCH YOU CARE BEFORE  
YOU SHOW THEM HOW MUCH YOU KNOW



# THE MOBILE WELLNESS VAN PROGRAM



Funded in part by DMHAS, Liberation's Mobile Wellness Van Program offers outreach services to help Recoverees where they are. With services offered in Greenwich, Stamford, Norwalk, and Bridgeport, the Vans offer referrals to care, a Recovery Coach, harm reduction supplies, NARCAN for overdose reversal, and more.

# THE MOBILE WELLNESS VAN PROGRAM: OUTCOMES

1. A trained recovery specialist will provide staff coverage of the Mobile Wellness Van.
2. A part-time medical practitioner will provide medical services to people identified with opioid use disorders.
3. Overdoses will be reduced in the designated geographic area.
4. The general public in the designated area will be aware of the resources available from the van.



# THE MOBILE WELLNESS VAN PROGRAM: MEASURES

- ▶ A recovery specialist will staff the Van 32 hours weekly.
- ▶ P.A Staffs the van along with the Recovery Specialist
- ▶ A minimum of 100 individuals will receive recovery specialist services through the van annually.
- ▶ A minimum of 50 individuals will receive medical screenings with or without a resultant prescription annually.
- ▶ Training on the use of naloxone shall be provided, and naloxone shall be offered to a minimum of 50 individuals at risk for opioid overdose annually.

# IN ONE YEAR...

Almost 2,000 community members served

- ▶ The Mobile Wellness Van served 1,933 unduplicated individuals from October 1, 2020 to September 30, 2021.

A significant program expansion

- ▶ The addition of a second Mobile Wellness Van gave Liberation the ability to expand our reach in the community and, in turn, increase contacts and see more individuals in need of care.

Over 3,000 items distributed

- ▶ 3,051 individual items were distributed to community members, including harm reduction supplies, NARCAN, and syringe exchange services.

# ITEMS BREAKDOWN

▶ Condoms	258
▶ Cookers	227
▶ First Aid	250
▶ Harm Reduction supplies	306
▶ Masks and PPE	321
▶ Overdose Prevention	259
▶ Safe Smoke Kits	404
▶ Syringe Exchange	341
▶ Water and Snacks	685
▶ Van and Liberation info	1,083

**TOTAL: 4,134**

# THANK YOU!

## CONTACT US:

855.LIB.PROG (855.542.7764)

203.851.2077

[joanne.montgomery@liberationprograms.org](mailto:joanne.montgomery@liberationprograms.org)

[john.hamilton@liberationprograms.org](mailto:john.hamilton@liberationprograms.org)

