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# Harm Reduction and Recovery Support Services

Complementing and Supporting  
Pharmacotherapy for Substance Use Disorders

Elizabeth Burden  
National Council for Mental Wellbeing  
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# Housekeeping

- You will be muted automatically upon entry. Please keep your phone line muted for the duration of the webinar.
- Webinar is being recorded and will be archived for future viewing at [www.pcssNOW.org](http://www.pcssNOW.org) within 2 weeks.
- Submit questions in the Q&A box at the bottom of your screen.

# Today's Presenter



**Elizabeth Burden, MS**  
Senior Advisor  
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# Disclosures

- Elizabeth Burden, faculty for this educational activity, has no relevant financial relationship(s) with ineligible companies to disclose.

# Target Audience

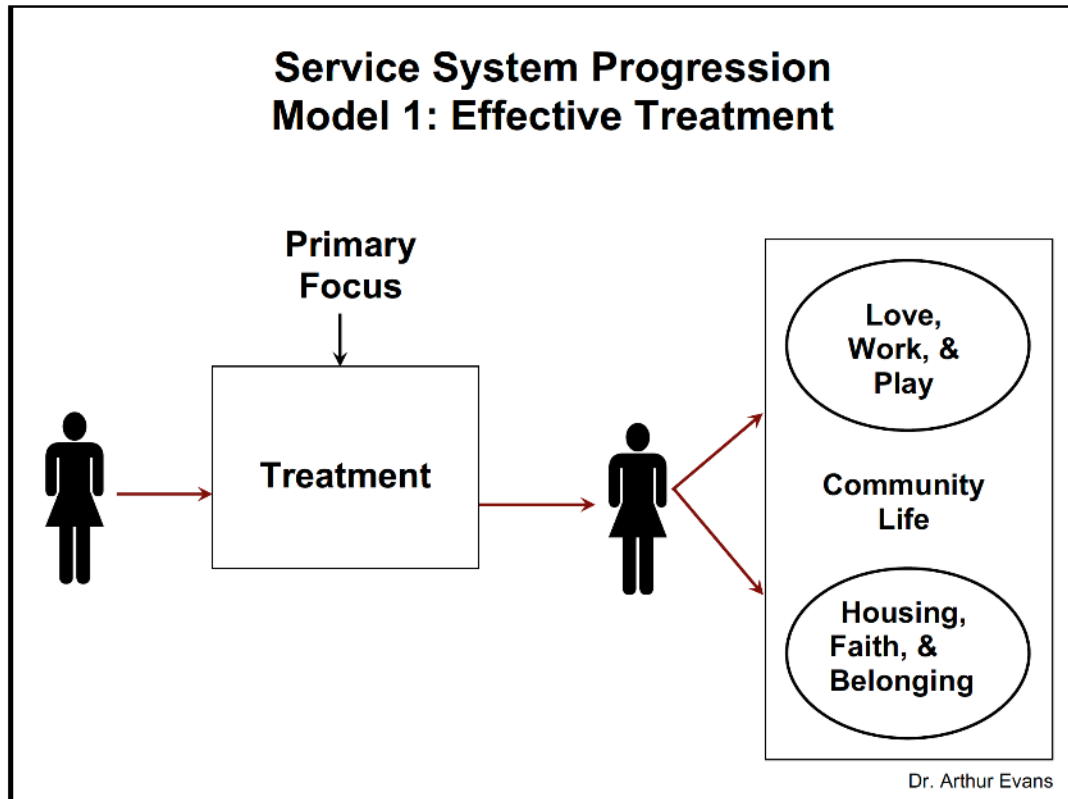
- The overarching goal of PCSS is to train healthcare professionals in evidence-based practices for the prevention and treatment of opioid use disorders, particularly in prescribing medications, as well for the prevention and treatment of substance use disorders.

# Learning Objectives

- Summarize the differences between the acute care treatment model and the recovery-oriented system of care model
- Recognize the research that supports recovery-oriented and harm reduction approaches
- Describe the role harm reduction practices and recovery support services can play in supporting clinical use of medications for addiction treatment (MAT)
- Identify strategies to implement and sustain harm reduction practices and recovery support services within SUD treatment provider organizations

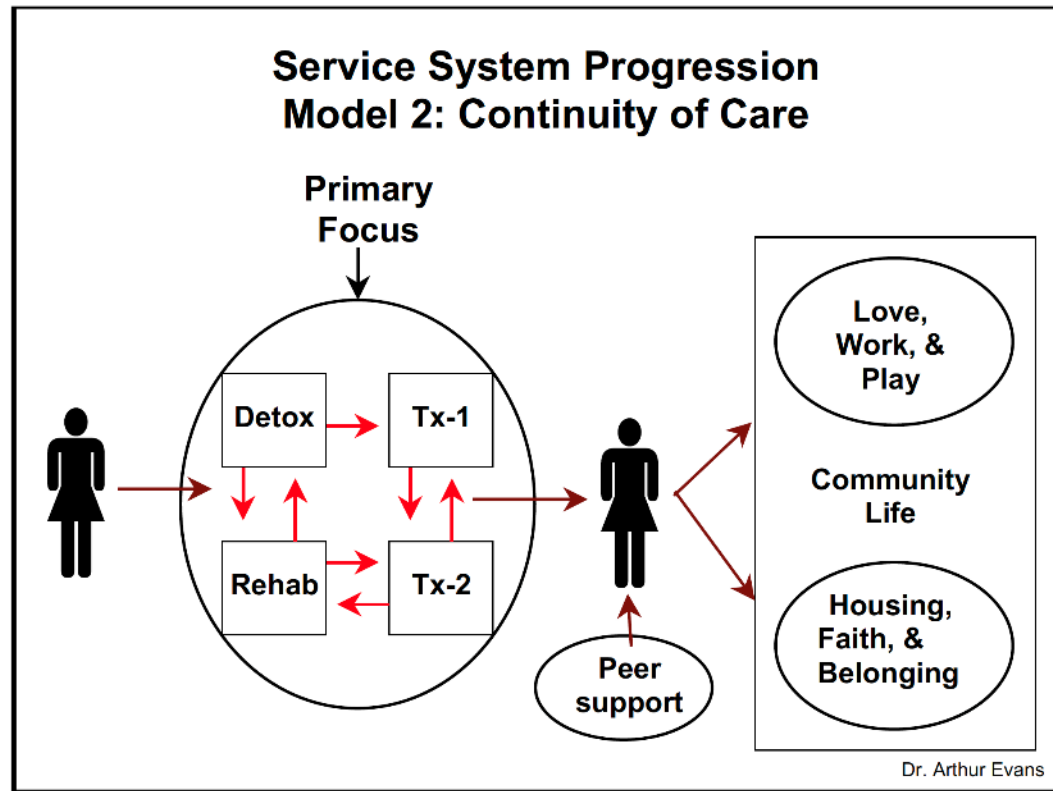
# The Paradigm Shift

# The Way the System was Designed (Acute Model)





# How the System Actually Works (Acute Model)



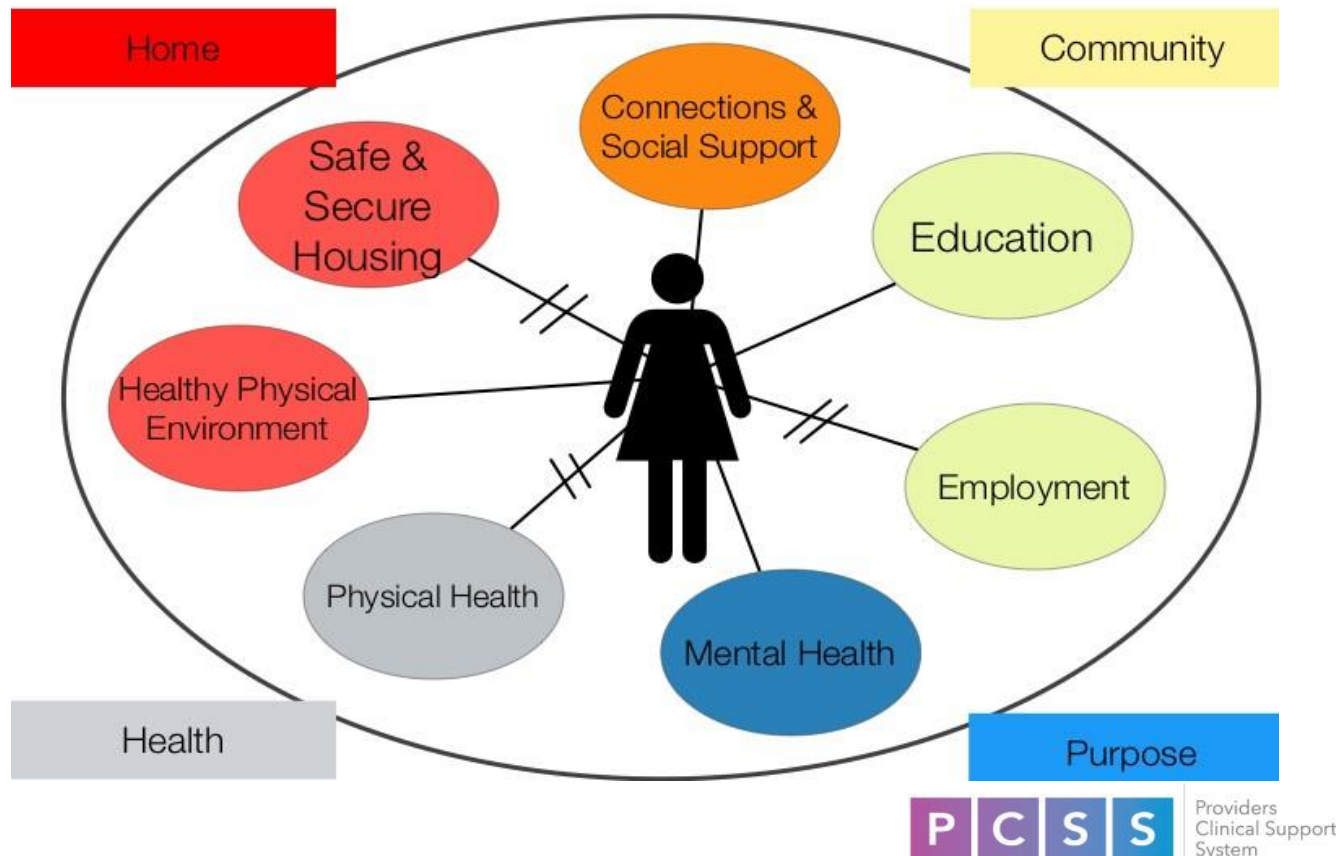
# Traditional Addiction Treatment Approach: Burning Building



- Putting out the fire good job  
(detox/stabilization/cessation) – good job
- Preventing it from re-igniting  
(relapse prevention) – less good
- Architectural planning  
(recovery plan) – almost totally neglected
- Re-building materials  
(recovery capital) – largely absent
- Granting “rebuilding permits”  
(removing legal/structural barriers to recovery  
e.g., criminal records)- rarely considered/poor  
job

# Recovery-oriented System of Care

What connections are **not yet in place** for this person and **what needs to be done** to establish or cultivate them?



# The Science of Recovery

“Recovery is amazing—  
you get to a place  
where you’re proud of  
yourself again.”

—Britton

[www.cdc.gov](http://www.cdc.gov)

CDC Rx AWARENESS CAMPAIGN

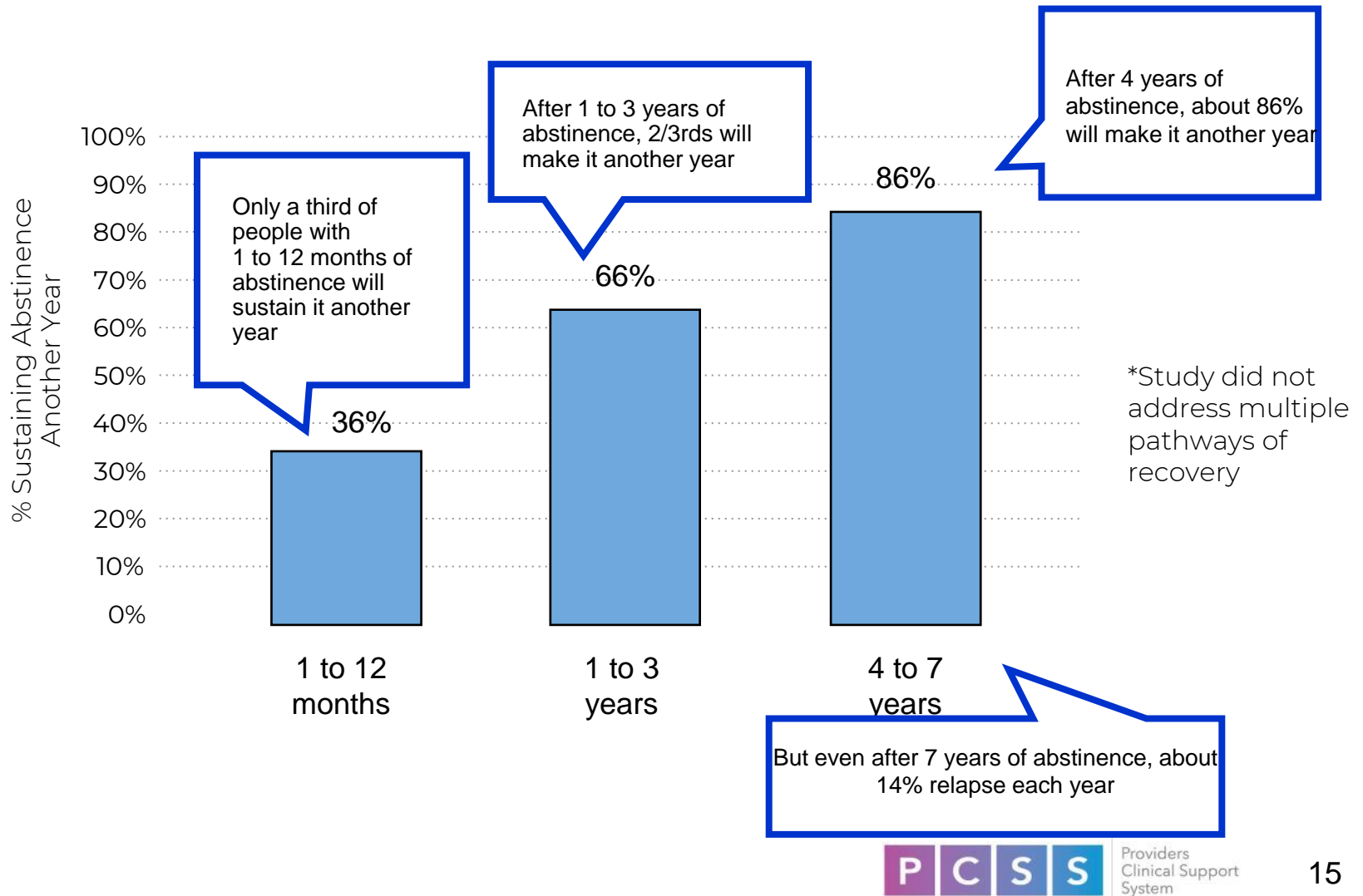


# What Is Recovery?

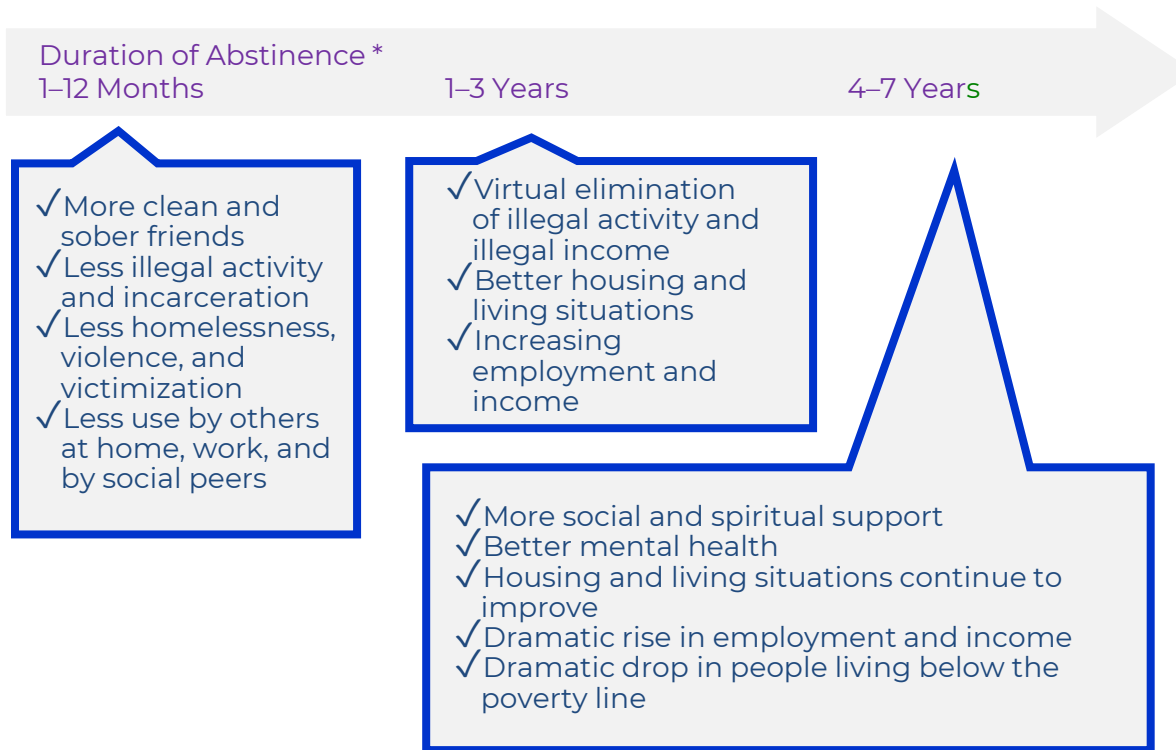
Recovery is...

“A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”

# Abstinence-based Recovery Over Time

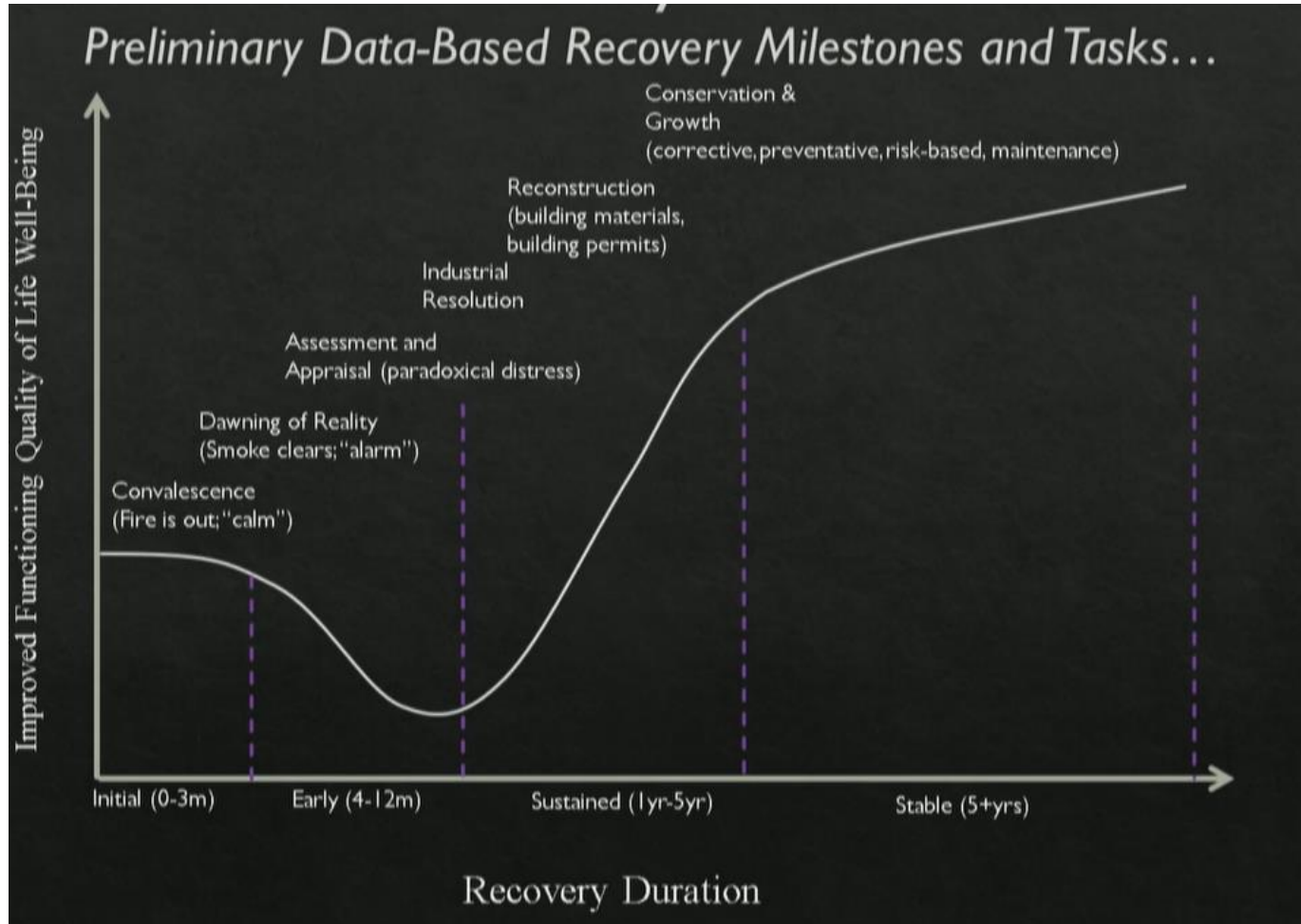


# Average Progression of Abstinence-Based Recovery

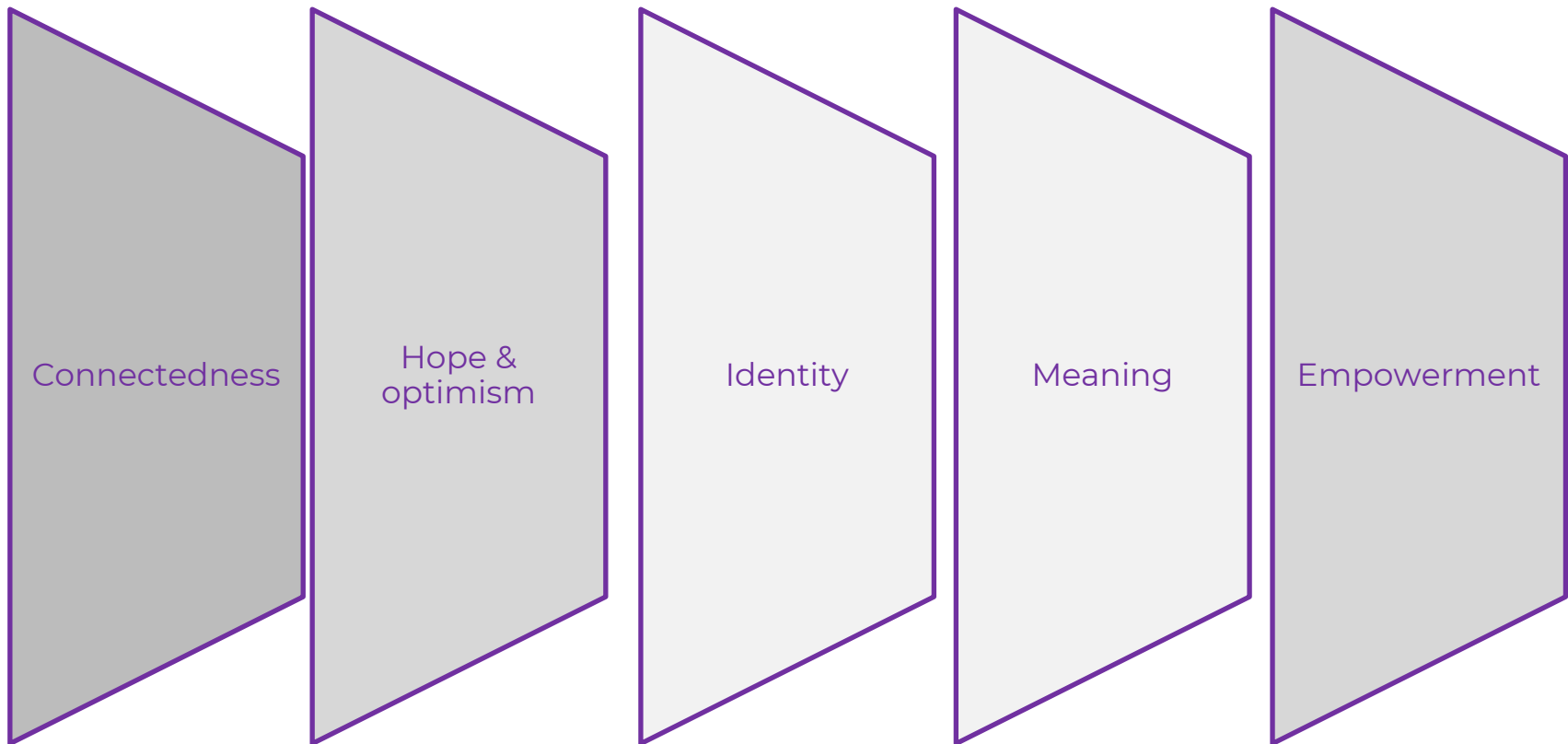




# More Recent Research: Recovery Curve



# Still More Research: Dimensions of Recovery



# Four Important Frameworks

## **Stages (Process) of Change**

*Understanding process of change--and believing that change is possible*

## **Stages of Recovery**

*Understanding the specific process of recovery from substance use disorders across time—and believing that recovery is possible*

## **Recovery Capital**

*Building, enhancing, and using existing assets to motivate and support change*

## **Recovery Milestones: A Life(time) in Recovery**

*Sustaining growth and change across several life domains across time*

# Stages of Change (Transtheoretical Model)

Pre-contemplation ♦ Contemplation ♦ Preparation ♦ Action ♦ Maintenance



# Stages of Recovery Model



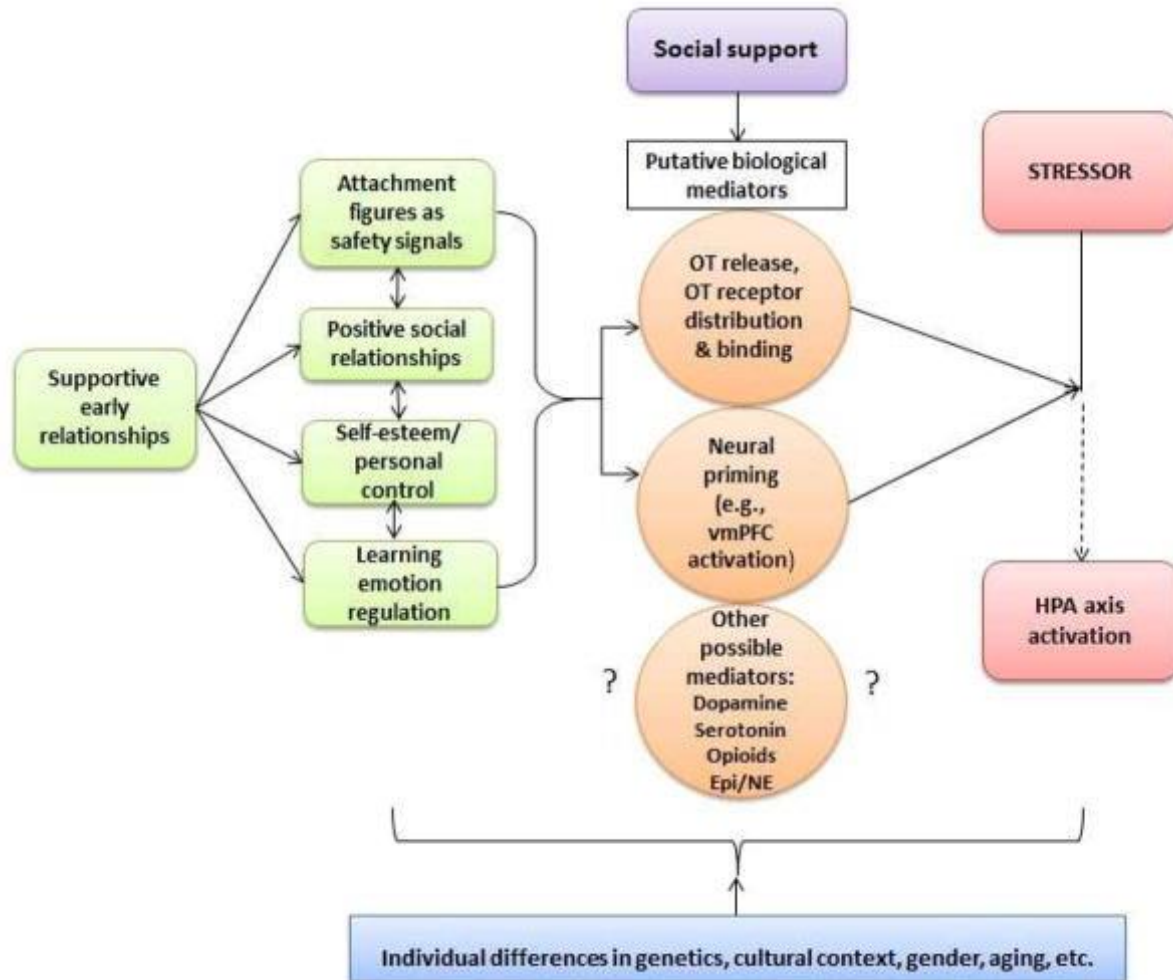
Adapted from William White

**Recovery priming**

Recovery mentoring

**Recovery management**

# Neuroscience of Social Support



# What Is Recovery Capital?

- Recovery capital is...  
“The breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery.”
- Essential in promoting sustained recovery and desistance

(Best & Laudet, 2010; Granfield & Cloud, 1999; Lyons & Lurigio, 2010; White & Cloud, 2008)

# Domains

## Physical & Human

- Safety & shelter
- Health & wealth
- Meaning & purpose

## Family & Social

- Supportive kinships, social relationships
- Connections to pro-social activities and organizations

## Cultural

- Values & beliefs
- Culturally appropriate pathways of recovery

## Community

- Recovery-friendly attitudes, policies & resources
- Accessible & diverse community support



# Milestones – All Pathways

Recovery mentoring  
Recovery management

Stage	Milestone	Experience
Initial (0-3 m) Early (4-12 m)	Stabilization	Committing to recovery; learning about recovery, substance use disorders and addiction; healing physically
Sustained (1-5 years)	Deepening	Changing attitudes and behavior; noticing improved health & wellness; healing emotionally;
	Connectedness	Increasing honesty; learning to avoid (creating) drama; aligning outer & inner worlds; connecting to a wider circle
Stable / Long-term (5+ years)	Integration	Learning to relate with love, not need; acting on knowledge & insight; following through; forgiving self
	Fulfillment	Discovering & following life's purpose; behaving with high morality; embracing a life simultaneously precious & insignificant

(Adapted from Dennis, Foss & Scott, 2007; Valentine, 2019; White, 2007)



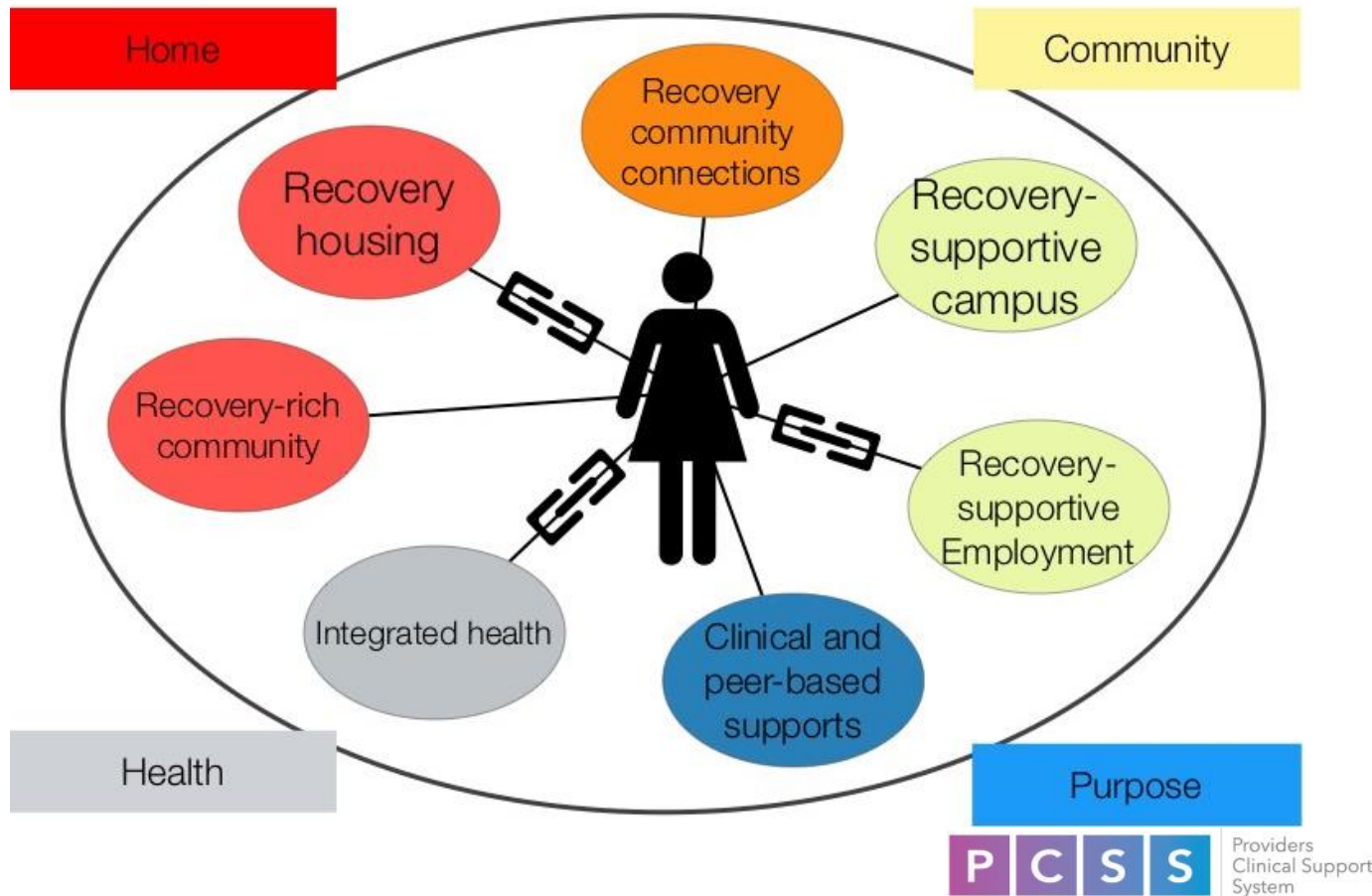
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# What (Exactly) are Recovery Support Services?

- Broad range of non-clinical services that assist individuals and families to **initiate, stabilize, and maintain long-term recovery**
  - Health
  - Home
  - Purpose
  - Community
- Often (but not solely) provided by persons in recovery
  - Peer-based recovery support services
  - Peer recovery support services
  - Consumer run support services
- Offered in a variety of settings

# RSS in a ROSC

What **connections** are **not yet** in place for this person **and** what needs to be done to **establish or cultivate** them.



# What Makes Them *Recovery* Support (Not Plain Old Social Services)?

- Person-centered and self-directed
- Strengths-based
- **Supports and augments movement through milestones of recovery**
- Integrates services and ensures continuity of care
- Culturally responsive
- Anchored in (recovery) community
- Low barrier entry
- Values living and lived experience

# Dialogue

- What is the value added for changing systems to be more recovery-oriented?
- What does (or could) integrating recovery support services mean for your organization?



# The Science of Harm Reduction

# What is Harm Reduction?

Harm reduction is a transformative approach that addresses structural harms. It encompasses practical strategies and ideas aimed at reducing negative consequences associated with drug use.

Harm reduction is grounded in principles that center on the living and lived experience of persons who use drugs, especially those in BIPOC and marginalized communities

# Pillars of Harm Reduction

1. Led by people with living and lived experience
2. Embraces inherent value of people
3. Commits to community
4. Promotes equity, rights, and justice
5. Offers no barrier access to services
6. Focuses on any positive change



# Principles of Harm Reduction



Minimizes harmful effects of drug use rather than ignoring them



Ensures PWUD have a real voice in creating programs



Understands drug use as a complex continuum of behaviors



Affirms PWUD as primary agent of reducing harms of drug use



Establishes quality of life as a metric for success



Recognizes social inequalities that affect people's ability to deal with drug-related harm



Nonjudgmental and noncoercive provision of services



Does not minimize or ignore real harms and danger associated with illicit drug use

(National Harm Reduction Coalition, 2020; Graphic from National Council for Mental Wellbeing, 2021)

# How Harm Reduction Practices and Recovery Support Services Can Support Your Work

# How are Recovery Support Services & Harm Reduction Practices Related?

## Recovery Support

- Builds on the strengths and resilience of individuals, families, and communities
- Provides access to evidence-based care, services, and support
- Promotes wellness and recovery in community
- Provides support as the person defines it

## Harm Reduction

- Embraces inherent value of people
- Offers low or no barrier access to services
- Focuses on any positive change
- Commits to community
- Promotes equity, rights, and justice

# Dialogue

- What does (or could) integrating harm reduction mean for your organization?
- What is the value added for harm reduction in your settings?



# Strategies for Integrating Harm Reduction Practices and Recovery Support Services into SUD Treatment

# Integrating Harm Reduction Practices

## Core Component

## Strategies

## Administrative Concerns

### Assessing overdose risk

- Do a collaborative risk assessment
- Engage in change talk (motivational interviewing)
- Plan to reduce overdose risk

- Train staff in harm reduction approaches
- Integrate routine overdose risk assessment into intake procedures
- Build infrastructure for overdose risk reduction within organization

### Overdose education and naloxone distribution

- Learn about naloxone
- Distribute naloxone without barriers
- Educate community

- Reduce barriers to naloxone access
- Establish policies for naloxone distribution
- Train officers to administer and distribute naloxone

### Other harm reduction strategies

- Provide access to harm reduction supplies such as fentanyl test strips, syringes, and hygiene kits
- Provide services and supplies for persons who engage in sex work

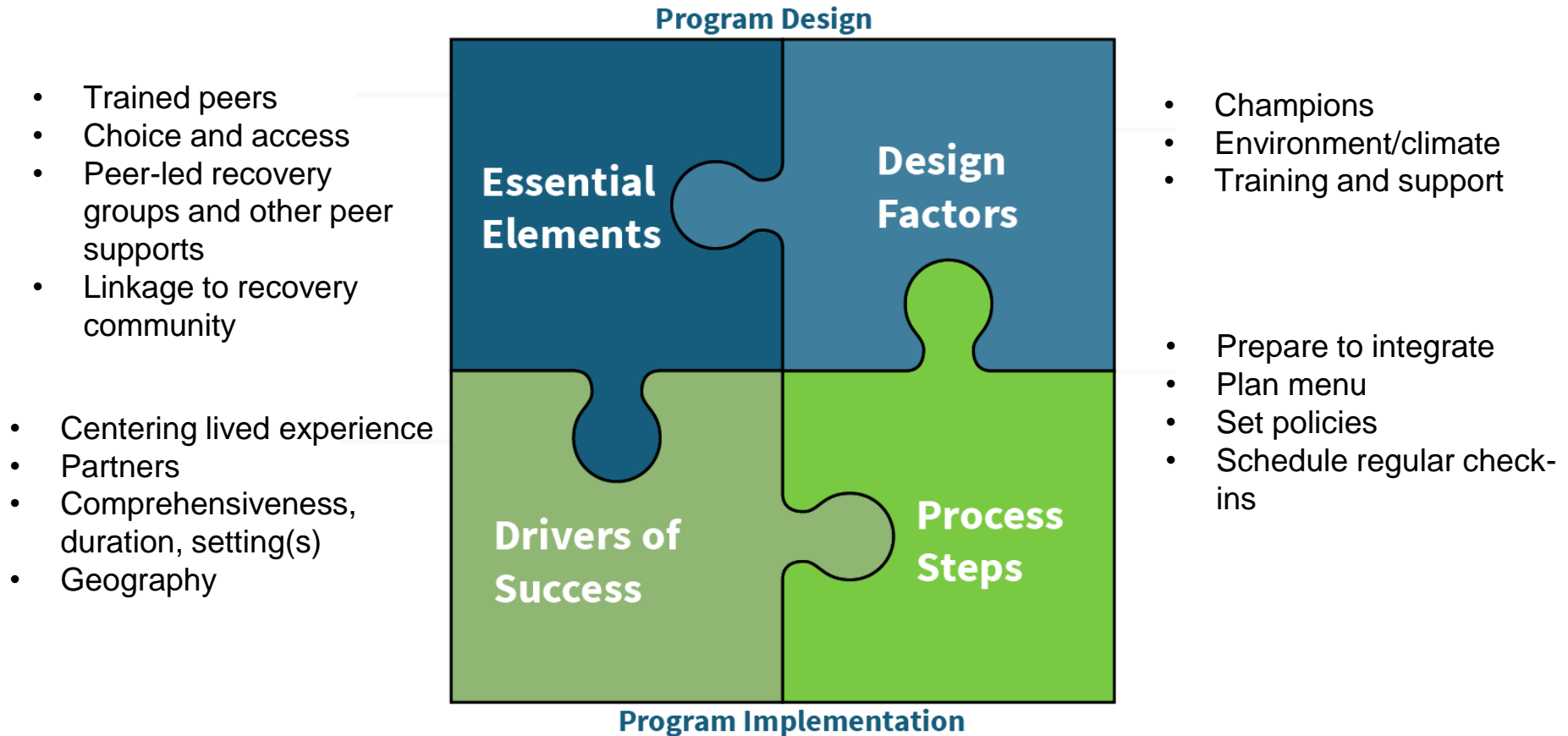
- Advocate for harm reduction approaches within agency and create buy-in
- Build partnerships with harm reduction organizations to increase access

### Linkage to community-based harm reduction services

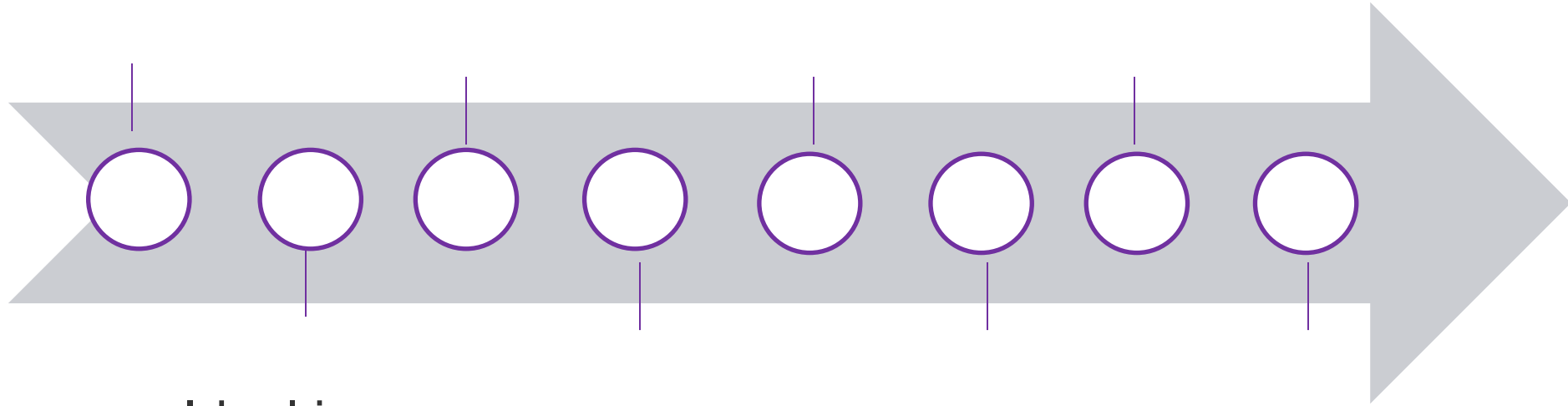
- Identify and regularly update list of available harm reduction services
- Collaborate with harm reduction services in the community to expand access
- Support clients' participation in harm services

- Increase access to evidence-informed SUD treatment for clients
- Build and maintain collaborative relationships with recovery community

# Integrating (Peer) Recovery Support Services



# Using Participant Journey Mapping to Focus Integration Efforts



- Ideal journey
- Barriers to address in journey
- Comprehensive support across the journey



# Questions and Answers

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# PCSS Mentoring Program

- PCSS Mentor Program is designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid use disorder.
- PCSS Mentors are a national network of providers with expertise in **addictions, pain, evidence-based treatment including medications for opioid use disorder (MOUD)**.
- 3-tiered approach allows every mentor/mentee relationship to be unique and catered to the specific needs of the mentee.
- No cost.

**For more information visit:**

**<https://pcssNOW.org/mentoring/>**

# PCSS Discussion Forum

Have a clinical question?

## Ask a Colleague

A simple and direct way to receive an answer related to medications for opioid use disorder. Designed to provide a prompt response to simple practice-related questions.

<http://pcss.invisionzone.com/register>



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**PCSS** is a collaborative effort led by the American Academy of Addiction Psychiatry (AAAP) in partnership with:

Addiction Technology Transfer Center	American Society of Addiction Medicine
American Academy of Family Physicians	American Society for Pain Management Nursing
American Academy of Pain Medicine	Association for Multidisciplinary Education and Research in Substance use and Addiction
American Academy of Pediatrics	Council on Social Work Education
American Pharmacists Association	International Nurses Society on Addictions
American College of Emergency Physicians	National Association for Community Health Centers
American Dental Association	National Association of Social Workers
American Medical Association	National Council for Mental Wellbeing
American Osteopathic Academy of Addiction Medicine	The National Judicial College
American Psychiatric Association	Physician Assistant Education Association
American Psychiatric Nurses Association	Society for Academic Emergency Medicine



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## Educate. Train. Mentor



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