Harm Reduction

G. Alan Marlatt, Ph.D.

University of Washington
Addictive Behaviors Research Center

abrc@u.washington.edu
http://depts.washington.edu/abrc/
Behavior Kills More in U.S. than Anything

- "Deaths in these (above) categories account for approx. half of the 2,148,000 deaths among U.S. residents in 1990."

Office of Disease Prevention & Health Promotion

Fifth International Conference on the Reduction of Drug-Related Harm

Learning more about harm reduction

An important event is coming to North America for the first time, co-sponsored by the Canadian Centre on Substance Abuse (CCSA), the Addiction Research Foundation (ARF), the Mersey Drug Training and Information Centre of Liverpool, England, and the provinces of Québec and British Columbia. International experts will gather to discuss aspects of a humane and pragmatic approach to drug abuse.

Fifth International Conference on the Reduction of Drug-Related Harm

Learning more about harm reduction

An important event is coming to North America for the first time, co-sponsored by the Canadian Centre on Substance Abuse (CCSA), the Addiction Research Foundation (ARF), the Mersey Drug Training and Information Centre of Liverpool, England, and the provinces of Québec and British Columbia. International experts will gather to discuss aspects of a humane and pragmatic approach to drug abuse.
First National Harm Reduction Conference

Sponsored By:
The Harm Reduction Coalition
September 18 - 21, 1996
Oakland, California
The Association for Harm Reduction Therapy is pleased to present the

Second National
Harm Reduction Therapy Conference
Harm Reduction Therapy in the Real World

November 2-4, 2007

Conference Location
Philadelphia College of Osteopathic Medicine
4600 City Avenue
Philadelphia, Pennsylvania 19131

Continuing Education (CE) credits from the American Psychological Association, NASP and ABRC will be provided at no charge. Participants requiring CE credits must register for them at the time of conference registration.

Conference Sponsors

Financial support for the conference has been received from The Drug Policy Alliance and several private donors. The Association for Harm Reduction Therapy gratefully acknowledges the Philadelphia College of Osteopathic Medicine’s generous donation of the conference venue.

Conference Highlights:

Opening Reception Friday 6:30-8:00 PM: Ethan Nadelman, Director, Drug Policy Foundation and Allen Clear, Executive Director, Harm Reduction Coalition

Keynote Addresses:

Saturday AM: Ricardo Munoz, PHD, Chief Psychologist, San Francisco General Hospital, Co-author (with William Miller) of “Combating Your Drinking”

Sunday AM: Mike Szalavitz, Journalist Covering Harm Reduction and Addiction Issues

Saturday Evening 6:30-8:00 Special Presentation by the Philadelphia Youth Empowerment Project: Harm Reduction at Home

Registration Booklet

Towards A National Policy:
The 7th National Harm Reduction Conference

November 13-16, 2008 in Miami
Harm Reduction: History

- U.K. Model
  - Medicalization Approach
- Netherlands
  - Normalization Approach
  - Junkie bond
<table>
<thead>
<tr>
<th>Service</th>
<th>Price (FL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Una sega</td>
<td>50</td>
</tr>
<tr>
<td>Scopare</td>
<td>100</td>
</tr>
<tr>
<td>Un buccino</td>
<td>125</td>
</tr>
<tr>
<td>Una spagnola</td>
<td>75</td>
</tr>
<tr>
<td>S.M</td>
<td>125</td>
</tr>
<tr>
<td>69 sotto sopra</td>
<td>125</td>
</tr>
</tbody>
</table>
HASJ MENU LIST

1. "BROWN SUGAR" SOUP with REAL Turkish (1%), heroin and Turkish BEANS!!!
37. Poleca soup (surprise)!!!
35. Hasj Soup "Lahine" from Morocco with tomatoes, Moroccan Water!! MEAT and REAL HASJ.
33. GRASS SOUP from Marjana and MEAT from a sheep!!

SPECIALS:
36. Russian "Opium" JET, Yoghurt with real Opium (1/4)
34. Dutch Cheese (soft from Feiden) with Marijuana EXTRACT!!!
33. Italian Licorice from real Opium Leaves!!!

DESSERTS:
32. Candy Hasj Bonbons
31. Hasj Cookies
30. Hasj Twix - Pie.
29. Space Cake.
28. Brownies (Heroin 0%) cake with chocolate from the USA!!!

72. Prices inside the BAR!!!!
Dutch Model

- Realistic and pragmatic
- Social/health approach
- Openness, “Normalization” leads to access, control
- Distinction between “soft” and “hard” drugs
- Low threshold treatment policies

Dutch vs. American Drug Policies

- Low vs. High threshold access to prevention and treatment programs
- Public health vs. Criminal justice approach
- Tolerance vs. Zero-tolerance
- Normalization vs. Denormalization policies
Harm Reduction: Central Assumptions

- Public health alternatives to moral/criminal and disease models of drug use and addiction
- Recognizes abstinence as an ideal outcome, but accepts other alternatives
- Often partners with the group to obtain input on programs

Harm Reduction: Overview

- Harmful consequences of drug use can be placed on a continuum
- Goal: to move along this continuum by taking steps to reduce harm
“Habit is habit and not to be flung out of the window by any man, but coaxed downstairs a step at a time.”

Mark Twain,
Pudd’nhead Wilson’s Calendar,
Chapter 6
Harm Reduction: Methods

- Safer route of drug administration
- Alternative, safer substances
- Reduce frequency of drug use
- Reduce intensity of drug use
- Reduce harmful consequences of drug use

Harm Reduction: Behavior Change

- Individual
- Environment
- Policy
How was I supposed to know that the apple was a controlled substance?
One medicine and only one, has been proven to relieve the agony of quitting.

It's not easy to quit cigarettes. Smoking. But if you really want to stop, there is help. It's called Nicorette. and it's available only with a doctor's prescription. Ask your doctor whether Nicorette is right for you. Nicorette is the only medicine proven to help make quitting less painful.

Why most attempts to quit smoking fail. Quitting may be one of the hardest things you'll ever do. The reason? Your body's addiction to nicotine. The irritability, jumpyness and anxiety you feel when you try to quit are common. Nicotine addiction can be a serious medical problem. It needs a medical solution.

Only one medicine has been proven to relieve the agony of quitting. Nicorette is the only nicotine gum. And only Nicorette has been clinically proven to help reduce the discomfort of quitting. Properly used in a treatment program, Nicorette can double your chances of quitting permanently. In fact, millions around the world have used Nicorette to quit successfully. For more information about Nicorette, see next page.

Make quitting easier and less painful with Nicorette.

(nicotine polacrilex)

Announcing a new aid for the treatment of alcohol dependence

REVIATM is the first medication in a new approach shown to enhance the outcomes of treatment programs.

REVIATM is indicated for the treatment of alcohol dependence as part of a comprehensive treatment program.

When used for 12 weeks, REVIATM:

- Reduced craving*
- Significantly increased abstinence rate*

There are no clinical trials evaluating the safety and efficacy beyond 12 weeks.

For more information about REVIATM please call us at 1-800-4PHARMA.

REVIATM naltrexone HCl

Reduce the dependence...reinforce the therapy
### HIV Infections Among At-Risk Populations In America’s 96 Largest Cities

<table>
<thead>
<tr>
<th>Risk Group</th>
<th>Estimated Number in Risk Group</th>
<th>Estimated Percent HIV Positive</th>
<th>Estimated New HIV Infections Each Year Per 100 Group Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injecting Drug Users</td>
<td>1.5 million</td>
<td>14.0%</td>
<td>1.5</td>
</tr>
<tr>
<td>Men Who Have Sex With Men</td>
<td>1.7 million</td>
<td>18.3%</td>
<td>0.7</td>
</tr>
<tr>
<td>At-Risk Heterosexuals*</td>
<td>2.1 million</td>
<td>2.3%</td>
<td>0.5</td>
</tr>
</tbody>
</table>

*Men and women who are at risk because they have sex with injecting drug users and/or bisexual or gay men.

---

**“HARM REDUCTION” IS A STEP BACKWARDS**

In drug injection sites, needle-exchange programs, heroin maintenance, non-abstinence based treatment and legalization

- At the last World Conference on drug related issues, drug policy experts from twenty-five nations agreed that the softening of drug policy, commonly termed “HARM REDUCTION” has been a major FAILURE! They concluded that “HARM REDUCTION” policies INCREASE DRUG USE and CRIME wherever they are implemented. (Institute on Global Drug Policy)

- In Canada today, the HARM REDUCTIONISTS have dominated national, provincial and local drug policy decisions.

BUT their FALSE PROMISES threaten the well-being of our children and our society......PLUS, they are costing Canadians millions of dollars that would otherwise be directed to REAL HEALTH CARE.

Canada needs to learn more about prevention, law enforcement and treatment.

**The Drug Issue......It affects us all!**

---

**IDEAS (INTERNATIONAL DRUG EDUCATION & AWARENESS SYSTEM)**

May 11th to May 19, 2002

Vancouver Convention & Exhibition Centre

With the rise of multi-institutional, multi-disciplinary evidence, IDEAS 2002, the first of its kind in Canada, is committed to bringing honesty to the issue of evidence for informed choice.

IDEAS has invited specialists, state, U.S., Canadian and other world-renowned experts, legal and policy experts, with irrefutable, reproducible, empirical evidence to present, discuss, debate, and share solutions in the fight against the drug crisis. For three days, they will meet with Cabinet of influence to a conference mandated to examine Canada’s parameter drug policies.

If you have been invited, please come early.

If you are interested, please register online at www.ideas-canada.org
Housing First

Preliminary Evaluation of Low-Threshold Housing for Chronic Public Inebriates

Chronic Public Inebriates (CPIs)

- Estimated 1,000 in King County
- Dying at rates greater than other homeless subsets
- Consuming taxpayer-funded crisis services at elevated rates
Crisis Services Frequently used by CPIs

- Sobering/detoxification centers
- Emergency Departments & Hospitals
- Involuntary treatment
- Jails / Criminal Justice
- 911 / EMS Calls

Downtown Emergency Service Center (DESC)

- Non-profit, based in Seattle, WA
- 5,000+ homeless adults per year
- Serves sickest & most vulnerable:
  - emergency shelter
  - licensed mental health & CD services
  - supportive housing
- high level of integration across programs
Belief

Housing is:
- a basic human right
- not a reward for clinical success

Experience

People want:
- a home to live in
- to get better

Housing First Principles

- Move directly from the street/homelessness
  (treatment acceptance/compliance not a precondition)
- Harm reduction approach
  (abstinence not mandated)
- Leases and tenant protections under the law
  (Continued housing not conditioned on services or treatment participation)
1811 Eastlake

Designed as “Pre-recovery” housing for CPIs unable or unwilling to abstain from alcohol

- Low-demand, flexible structure
- Intensive 24/7 staffing focused on engagement
- Goals:
  - Reduce use of alcohol
  - Reduce use of crisis services

1811 Eastlake is Permanent Housing

Opened December 23, 2005
1811 Eastlake is **Controversial**

- Local and national newspaper, radio, and TV coverage
- Editorials and opinion pieces opposed to project
- Smaller amount of favorable coverage
- Steadfast support by funders, elected officials, and business community

---

**The Seattle Times**

Editorial

*Wrong time, place for alcoholic house*

Housing for street alcoholics opposed

Neighbors complain of inadequate notice

*By Stuart Eskenazi*

*Seattle Times staff reporter*

Seattle to build housing for street drunks

Too Bad Stupidity Is Legal

October 7, 2003

Ken Schram

Video: KOMO 4 NEWS

The State Court of Appeals just green-lighted a plan to build a 75-unit apartment building, stock it with chronic alcoholics, then encourage them to drink.

Watch Video →

'Dumb', And 'REALLY Dumb'

October 15, 2002

By Ken Schram

Video: KOMO 4 NEWS
Research Aims

1) Evaluate impact of 1811 housing program on utilization and cost of publicly funded services, prior to and following move-in

2) Evaluate impact of 1811 housing program on alcohol use outcomes

Method

Recruitment
Residents recruited from list of high-utilizers of publicly-funded services. Participants enrolled in the study after housing offer was made (79 housing offers extended to fill first 75 openings)

95 participants enrolled at least one year prior to the current analyses
68 (71.5%) of these participants remained in the house at least 1 year
Method

Assessment Procedures
Participants consented to release of utilization records 3 years pre- and 3-years post-enrollment. Participants completed extensive interviews of alcohol use and functioning at baseline, 3-, 6-, 9-, 12-, and 18-month follow-ups.

Race/Ethnicity
- Caucasian
- Native American/Alaskan Native
- African American
- Hispanic/Latino/a
- Native Hawaiian/Pacific Islander
- More than 1 race
- Other

Gender
- Men
- Women
Reductions in Shelter Visits

Intent to Treat (n=59)  Housed Full Year (n=50)

Shelter Visits 1 yr prior  Shelter Visits 1 yr post

Shelter Cost Reductions

Intent to Treat (n=59)  Housed Full Year (n=50)

Shelter Costs 1 yr prior  Shelter Costs 1 yr post
Reductions in Emergency Medical Service Calls

Reductions in EMS Costs
Reductions in Jail Bookings

Intent to Treat (n=74)  
Housed Full Year (n=58)

Reductions in Jail Booking Costs

Intent to Treat (n=74)  
Housed Full Year (n=58)
Reductions in Jail Days

<table>
<thead>
<tr>
<th>Intent to Treat (n=74)</th>
<th>Housed Full Year (n=58)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jail Days 1 yr prior</td>
<td>2000</td>
</tr>
<tr>
<td>Jail Days 1 yr post</td>
<td>1000</td>
</tr>
</tbody>
</table>

Reduced Costs of Days in Jail

<table>
<thead>
<tr>
<th>Intent to Treat (n=74)</th>
<th>Housed Full Year (n=58)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost of Jail Days 1 yr prior</td>
<td>$250,000.00</td>
</tr>
<tr>
<td>Cost of Jail Days 1 yr post</td>
<td>$100,000.00</td>
</tr>
</tbody>
</table>
**Detox Admissions Stable**

- Intent to Treat (n=50)
- Housed Full Year (n=38)

**Reductions in Drinking Past 30 days**

- Days Drunk
- Days Abstinent

- Drinking in Past 30 Days 1 yr prior
- Drinking in Past 30 Days 1 year post
Limitations and Future Directions

Findings to date focus on pre-post changes (Wait-list comparison group enrolled, analyses not yet available).
Alcohol use data based on self-report.
Privacy policies serve as barriers to serving CPIs and evaluating outcomes of programs.
Future focus on more assertive engagement strategies to reduce alcohol consumption.

Thank You.