

Meeting Youth Where They're At- Even If It Scares Us

If done is better than perfect, is safer better than perfectly safe? We will look into applying harm reduction strategies to youth and adolescent substance use. We will work toward understanding why this population receives less harm reduction informed treatment and how to effectively apply harm reduction strategies to adolescents.

Sammi Schams, PhD, CSAC



Sammi Schams, PhD, CSAC

- Masters in Clinical Mental Health Counseling
- Doctorate in Counseling Psychology
- Working with adolescent and emerging adult substance use since 2009
 - Residential treatment center
 - Medication-assisted treatment (MAT) of severe opiate addiction
 - Community programming for high needs low resources populations
 - Five University Counseling Centers
 - Community based private practice



Learning Objectives



Upon completion of this session participants should be able to . . .

- Articulate the importance of applying harm reduction strategies in the treatment of adolescent substance use.
- Explain how to apply harm reduction to therapeutic work with adolescent substance use.
- Assess an adolescent's level of substance use related to its risks and the adolescent's goals for substance use.
- Differentiate between when an adolescent's substance use must be reported to caregivers and when it may remain between therapist and adolescent.

What is Harm Reduction

“Harm reduction is an evidence-based approach that is critical to engaging with people who use drugs and equipping them with life-saving tools and information to create positive change in their lives and potentially save their lives.” (SAMSHA, 2023)

Examples:

- Free clean syringes
- Safe spaces to use
- Tests for substance purity
- Medication-assisted treatment (MAT)



Mostly applied at programmatic levels but can be integrated in therapeutic approach

Why Harm Reduction Works



- Provides a space for people to be open about their drug use and sexual behavior so it's not hidden, perpetuating feelings of isolation
- Values people and their expertise so they feel empowered to determine and voice their own hierarchy of need and next steps are clear between provider and participant
- It is rooted in evidence-based practices that have shown decreases in health and social harms
- Keeps individuals engaged in care if they re-engage risk at any stage



**NATIONAL
HARM REDUCTION
COALITION**

<http://nhhrc.org/>

**HARM REDUCTION IS
ABOUT SAVING
LIVES, NOT
ENABLING DRUG USE**



swipe
for more!

Importance of Harm Reduction Strategies in Therapy

- Decreases barriers and resistance to engaging with treatment
- Meets clients where they're at
- Empowers clients to take ownership of recovery
- Reduces long-term negative outcomes of substance use
- Allows for clients to feel safe enough to be open about their substance use

**HARM REDUCTION
SAVES LIVES**

Harm Reduction in Adolescent Substance Use

- Can't force recovery
 - Especially not for this population
- Fear of helplessness/ lack of control
 - Fear of advocating for anything other than abstinence. But abstinence doesn't work
 - There is no perfectly safe and effective way to treat adolescent substance use



Applying Harm Reduction to Therapeutic Work with Adolescent Substance Use

1. Parent Coaching
2. Providing information on available programs
3. Motivational Interviewing
4. Understanding client's ideal use
5. Planning for relapse



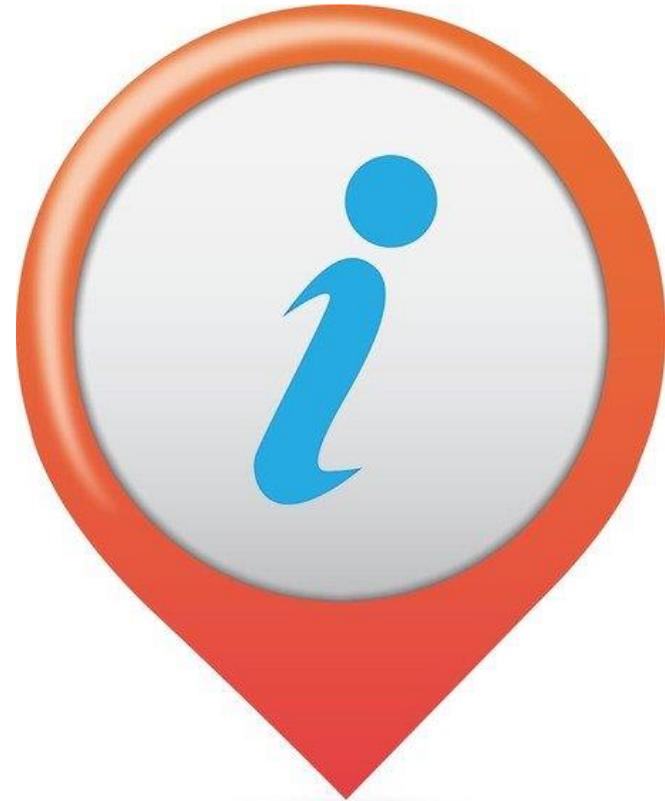
Parent Coaching

- **VERY** different role
- Parents should **not** engage in harm reduction strategies unless there are no ways to manage adolescence access to substances
- Reduce **all possible access** to substances
- Encourage conversation, but **not** negotiation



Providing information on available programs

- Medication-assisted treatment ([Find Services Near You - 211 Wisconsin](#))
- Free clean syringes ([Needle Exchange Locator - 211 Wisconsin](#))
- Safe spaces to use ([Find a Safe Place](#))
- Testing substances for Fentanyl ([How To Test Your Drugs Using Fentanyl Test Strips](#))
- Access to Naloxone ([Lifesaving Naloxone](#))



Motivational Interviewing

Motivational Interviewing is a collaborative conversation to strengthen a person's own motivation for and commitment to change.

- Validating clients experience and expressing empathy
- Exploring positives of substance use
 - what is motivating use
 - find coping skills to compensate for decreased use
 - treat the underlying cause
- Roll with resistance

Motivational Interviewing



Fundamental Principles: DARES

- Develop Discrepancy
- Avoid Argumentation
- Roll with Resistance
- Express Empathy
- Support Self-efficacy

OARS for Communication

- Open-ended ?s
- Affirmations
- Reflections
- Summaries

Other Tools

- Decisional balance grids
- Readiness rulers
- Ask about extremes
- Explore past successes

Understanding client's ideal use

- Oftentimes lower than current use
- Foot in the door of motivation
- Acknowledging some level of negative consequences of use
- Empowers client to set expectations for self



Assessment of Substance Use

- Establishing a timeline of substance use
 - Assessing for trauma or other significant events near initial use or highest use
- Assessing for higher risk use
 - Poly substance
 - How substance is acquired
 - Frequency of blackouts
 - Interaction with other risky behaviors
- Always assess for ideal use



When to Report to Parents?

- Consult with your supervisor or a trusted colleague
- Address limits to confidentiality as early as possible to reduce the risk of therapeutic relationship ruptures
- Technically parents can request all medical records
- Safety of of the client is paramount
 - So many gray areas!
 - Risk of significant health risk or death
 - Polysubstance use of opiates, alcohol, and or benzodiazepines
 - Intravenous drug use



Questions?



Reference



- ANKORS. (2023, March 13). *Fentanyl drug checking*. Ankorsvolunteer.com. https://www.ankorsvolunteer.com/uploads/4/6/9/3/46939087/fentanyl_procedure_drug_checking1_1.pdf
- Jenkins, E. K., Slemon, A., & Haines-Saah, R. J. (2017). Developing harm reduction in the context of youth substance use: insights from a multi-site qualitative analysis of young people's harm minimization strategies. *Harm reduction journal*, 14(1), 1-11. Retrieved from: <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-017-0180-z>
- Leslie, K. M., Canadian Paediatric Society, & Adolescent Health Committee. (2008). Harm reduction: An approach to reducing risky health behaviours in adolescents. *Paediatrics & child health*, 13(1), 53-56. Retrieved from: <https://academic.oup.com/pch/article/13/1/53/2648021>
- Rollnick, S., & Miller, W.R. (1995). What is motivational! interviewing? *Behavioural and! Cognitive Psychotherapy*, 23,325-334.
- Whelan, P. J., & Remski, K. (2012). Buprenorphine vs methadone treatment: A review of evidence in both developed and developing worlds. *Journal of neurosciences in rural practice*, 3(01), 45-50. Retrieved from: <https://www.thieme-connect.com/products/ejournals/pdf/10.4103/0976-3147.91934.pdf>
- SAMHSA. (2023, April 24). *Harm Reduction*. SAMHSA.gov. <https://www.samhsa.gov/find-help/harm-reduction>
- Winer, J. M., Yule, A. M., Hadland, S. E., & Bagley, S. M. (2022). Addressing adolescent substance use with a public health prevention framework: the case for harm reduction. *Annals of medicine*, 54(1), 2123-2136. Retrieved from: <https://www.tandfonline.com/doi/pdf/10.1080/07853890.2022.2104922>