Harm Reduction—not a new concept in integrated health care

Daniel A. Nauts, MD, FASAM
dnauts@msn.com
406-868-7515
Harm Reduction

- The best should never be allowed to be the enemy of the good!
- Approach is person-centered, meet people where they are at.
- Reduce harms of SUDs to individuals and communities.
- Improved health and functioning of the individual is primary goal or outcome.
- Harm reduction interventions should be integrated into the continuum of SUD prevention and treatment.
TREATMENT GOALS

– Variable based on degree of ambivalence.
– Stage of change not the same for each identified problem.
– A harm reduction approach will apply to some problems and a comprehensive therapeutic approach to others.
– Engagement long term develops trust and an opportunity to facilitate change e.g., resolve ambivalence and facilitate determination.
TREATMENT GOALS—a Continuum

MINIMIZATION OF HARM

SUSTAINED RECOVERY
MINIMIZATION OF HARM

- Accept less engagement
- Accept less compliance
- Accept less adherence
- Accept the use of other substances
- Define the minimum, realizing the challenge for team buy-in.
SUSTAINED RECOVERY

– More engagement and broadening of social supports
– Compliant/committed/motivated/self actualizing
– Abstinence
– Growth and stability across multiple domains and determinants of health
– Lapses/relapses are the results of mistakes, not failures, and create learning opportunities and potential enhanced recovery.
What can you and your team tolerate???

- Think about the care provided other chronic diseases, like diabetes and the continuum of harm minimization to comprehensive care management
- What happens in AA? "Keep coming back"—regardless of abstinence—harm reduction through continued engagement
- What constitutes abandonment especially when relapse can be LETHAL?
- UDTs: are positives deal breakers? Therapeutic opportunities or requirement for punitive action?
- Functional status, is always the benchmark for potential intervention, especially with co-occurring patients