

# Substance Use Management

*"A Keystone of Harm Reduction"*

Harm Reduction in the House: Across the Lifespan

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# What is a Substance Use Management Plan

- Everybody has a Substance Use Management Plan...
- Even if their plan is *Not to Plan...*  
*i.e. The “organic” Plan...*

# Substance Use Management: The Goal is Exploration

- Ownership of use
- Goals, Purpose & Meaning of use...
- Expectation
- Maximize Benefits
- Minimize Costs
- Area of Harm
- Level of Harm
- Locus of Harm
- Motivation for Change

# Substance Use Management:

## The goal is what?

Did you actually say “Responsible Drug Use?”

- Control over when, how, how often, where, and with whom one uses
- Take care of business first
- Maintain income and/or entitlements
- Maintain housing
- Respect agency and/or landlord rules regarding drug use on the premises
- Keep medical appointments; take appropriate medication

# Grounding Principles of Substance Use Management

- Drug addiction is a bio-psycho-social phenomenon
- Drug use is initially adaptive (Purpose & Function)
- *Drug, set, and setting* are central to understanding an individual's drug use
- ***There is no inevitable progression from use to dependence***

# Grounding Principles of Substance Use Management

- See small changes as successes
- Emphasize the individual's strengths (Self-efficacy)
- Emphasize personal responsibility for outcomes  
(Where is the agency?)
- **Recovery is envisioned as a process—**  
*the consumer sets the pace and parameters of that process, any steps forward are valued*

# Some Thoughts on Practicing Substance Use Management

- Harm Reduction & Substance Use Management in particular are an exercise in specificity
- Harm Reduction & Substance Use Management can expand our understanding of potential harms (It should not ignore any of them)
- You will need to know a lot about drugs & drug use *AND* you may/will need to get this knowledge from your clients

# Some Thoughts on Practicing Substance Use Management

- Any success a client has is a result of Self Efficacy
- We are responsible for seeking out these examples, framing & reframing them so our clients can embrace them, own them, and build on them

# Progression of Substance Use?

Most people do not progress to the point of chaotic use, or to heavy use, abuse, or dependence.

***They can, nevertheless, incur harm at any level of use if they are uninformed about their drugs or themselves.***

-Denning, Little, Glickman (2004)

# Some Thoughts on Practicing Substance Use Management

- Harm Reduction is *NOT* the easier softer way
  - It requires more **work**
  - It requires more **thought**
  - It requires more **patience**
  - It requires more **creativity**
  - It requires more **support**
  - It requires more **experimentation**
  - It requires more **discipline**

# Some *Cautionary* Thoughts on Practicing Substance Use Management

- Perfect is the enemy of good
- Please, do not mistake similar for same
- “False Hope of Change”
  - The change takes more work, more time & effort & has more limited outcomes than imagined
- Abstinence violation syndrome (Hypothesis)

# Barriers to Practicing Substance Use Management

(Beliefs/Assumptions)

- What good does incremental change do?
- I've never seen a *(fill in the blank)* user manage their *(fill in the blank)* use.
- Doesn't all this harm reduction just keep them from hitting bottom?
- Won't my clients blame me if something goes wrong?

# Barriers to Practicing Substance Use Management

(Knowledge/Information)

- What are these strategies?
- What do they look like “on the ground”?
- How do we apply these principles/values?
- What harms are you talking about?
- Don’t you think they’d be better off abstaining?
- What the H-E-double hockey sticks does “Practical Strategies” mean?



# Examining Abstinence:

## Attitudes & Beliefs about Substance Use

- How do we, the worker view abstinence?
  - What meaning and significance does abstinence hold for the worker?
  - What messages does the worker send about abstinence?

# Examining Abstinence:

## Attitudes & Beliefs about Substance Use

- How does the participant view abstinence?
  - What meaning and significance does abstinence hold for the participant?
  - What messages does the participant receive about abstinence?
  - Has the participant ever been abstinent?

# Defining & Refining Abstinence

Please, try to think of Abstinence as one of the many *Tools* used to achieve *Recovery* rather than the *Goal* in and of itself.

*“You can’t work a goal, you work a process towards a goal”*

# Alternatives to Abrupt & Total Abstinence

- “Warm Turkey” (Miller & Page, 1991)
  - Tapering
  - Trial Moderation
  - Sobriety Sampling = Planned Period of Abstinence
- Limited or moderate drug use
- Abstinence from one drug and not another

**“The poison is in the dose”**

**-Paracelsus** (1493 – 1541)

# The Goal of Substance Use Management:

- “...Maximize the positive value of using substances for the client while minimizing the negative impact of using *to the point where the client is presently ready to go.*”
- Relevance of client characteristics: problem severity, ultimate outcome goal, drug of choice

# The Goal of Substance Use Management:

## Characteristics of a Good Relationship with Drugs

(Weil, 2004)

- You recognize that the substance is a drug, and know how it affects your body.
- You maximize the pleasure you get from a drug by using it sparingly and strategically.
- You are using it with no adverse physical or social effects.

# **Substance Use Management**

## **Basic Tool Kit for SUM Planning**

# Drug, Set and Setting

(Zinberg, 1984)

- **Drug:** Pharmacology
- **Set:** Individual Drug User
- **Setting:** Contexts of Drug Use

# Readiness Ruler

- Willing: The importance of change
- Able: Confidence for change
- Ready: A matter of priorities



# Drug, Set and Setting

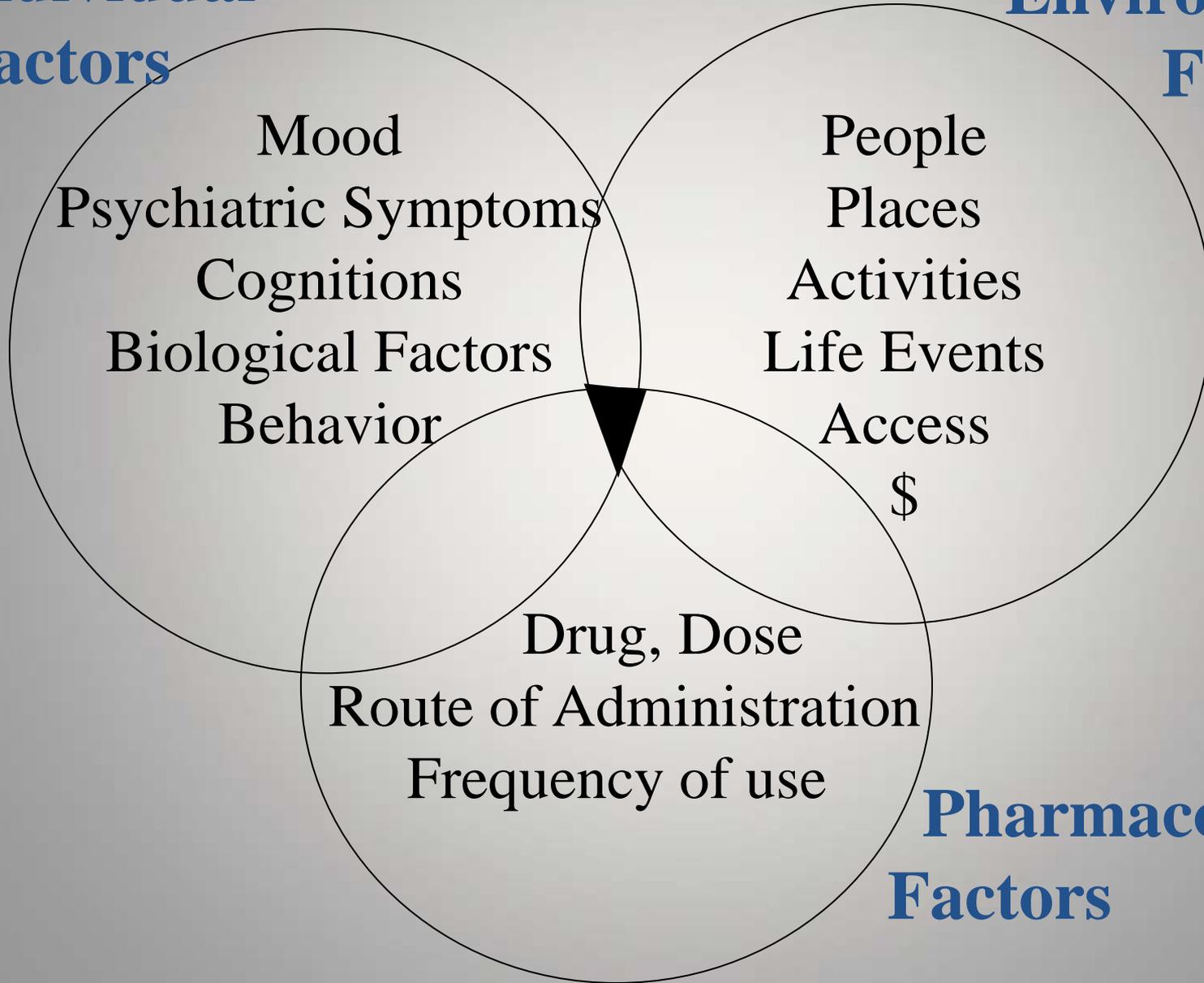
- Zinberg studied individuals who used heroin but avoided developing physical dependence
- Recreational users made sensible decisions
- The user—*not the drug*—sets the parameters of the person-substance relationship

(Zinberg, 1984)

# Drug Use & Drug Effects

## Individual Factors

## Environmental Factors



Mood

Psychiatric Symptoms

Cognitions

Biological Factors

Behavior

People

Places

Activities

Life Events

Access

\$

Drug, Dose

Route of Administration

Frequency of use

## Pharmacological Factors

# *Where is the locus of harm?*

- Drug? or Set? or Setting?
- Directly related to drug consumption?
- Indirectly related to drug consumption
- All of the above?

# Characteristics of the Drug

- The drug itself
  - Purity, Potency
  - Type of Drug (i.e. Stimulant, Depressant)
  - Dose
  - Nature of the “high”
  - Mixing drugs
- What the drug is cut with
- Route of Administration
  - How the drug is used (swallowed, smoked, snorted, injected, absorbed)
- Legal or illegal?

# Characteristics of the Individual (SET)

- Individual's unique physiology
  - Genetics
  - Sensitivity to drug effects
  - Gender, age, ethnicity
  - Physical states: fatigue, illness, hunger (food in stomach)
  - Tolerance/Cross-Tolerance

# Characteristics of the Individual (SET)

- Individual's physical health
  - Liver disease or high blood pressure?
  - Diabetes?
  - Other illnesses or factors?
- Individual's mental or emotional state
  - Anxiety, depression, psychosis, etc.
- Attitudes and beliefs
- Expectations

# Characteristics of the Environment (Setting-micro)

- **People:** Who is present? What other activity?—  
What are they doing?
- **Places:** Where is the drug being taken—  
has it been taken there previously  
- Is it perceived as Safe or Unsafe?
- **Things:** That register as Drug using cues  
such as seasons, sounds, smells,  
people, past events, etc.

# Characteristics of the Environment (Setting-macro)

- Stress in the individual's life: social, economic, or environmental
- Available support in the individual's life
- With whom and where does the individual typically use (i.e. safe/unsafe, as part of other activities)
- Social and cultural attitudes toward drug use

# Reduce Harm – Increase Pleasure

- Remember: the *consumer's* goal is most important.
- *Everybody has a substance use management plan even if that plan is not to plan!*

# How can I provide Substance Use Management choices?

- **Ask the Participant:** “What do you think would be most useful or helpful at this point?”
- **Ask permission** to provide options:  
“Some people who have been in a similar situation have found a couple of things helpful – would you like to hear what they are?”
- Always let the participant know that they have the final choice

# SUM: Principles

(Denning, 2004)

- *For SUM to be effective, the individual must be:*
  - **Honest** to self about drug use and its impact
  - **Willing** to make a change in some form
  - Able to learn **Skills** that support concrete, positive changes

# Substance Use Management

(Bigg, 2001)

## DRUG RELATED:

- Abstinence from one or more drugs and for a limited or open period of time
- Switching routes of administration
- Decreasing amount of drug used (heroin vs. crack cocaine)
- Decreasing frequency of use (crack cocaine vs. heroin)
- Decreasing concentration of drugs used
- Formal and informal drug substitution
- Considering risks and benefits of combining drugs
- Learning drug purification and drug purity testing measures
- Education and tools for safer drug use

# Substance Use Management

(Bigg, 2001)

## SET (INDIVIDUAL) RELATED:

- Considering the personal benefits/purposes of use
- Exploring person's hopes/expectations about use and how this relates to the drug experience
- Considering alternatives to accomplishing the same ends desired through drug use
- Developing constructive personal rituals around drug use
- Exploring, discussing a persons experience of shame about drug use

# Substance Use Management

(Bigg, 2001)

## SETTING (ENVIRONMENT) RELATED:

- Separating drug use from other important tasks
- Creating a safer use environment by considering where, with whom, and when it occurs, reducing outside responsibilities when using, initiating safer purchase/possession practices
- Working to address affordability of use
- Considering mediation with others regarding drug-related problems
- Consider utility of sobriety support groups
- Learning about overdose prevention
- Developing a relationship with a respectful, knowledgeable health care provider
- Learning about legal issues/risks related to drug use

# Substance Use Management

(Bigg, 2001)

## OTHER:

- Share and discuss alternative models of addiction
- Share and discuss short- and long-term benefits and negative effects of drug use
- Share and discuss all forms and types of abstinence
- Be mindful and attentive to nutritional health
- Share and discuss Responsible Drug Use...

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