

# Substance Use Management: A Harm Reduction-Principled Approach to Assisting the Relief of Drug-Related Problems

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**Abstract**—Disease (particularly HIV) has increased our motivation to reconsider how the current help system deals with drug-related problems. A more concrete focus on disease prevention as an additional goal has, for many, led to a reevaluation of the goals of drug help work. Such a critical examination shows how much there is to improve within the system even in the absence of blood borne disease. Integrating the heart of harm reduction—respecting work on *any* positive change as a person defines it for his/herself—into treatment fashions a health sensitive alternative to the predominant practice of abstinence-only assistance for the relief of drug problems. This new approach is called substance use management (SUM), as it no longer requires abstinence but instead focuses on a range of options for improvements while still including abstinence among the possible self-selected outcomes. SUM is suggested as a framework for change within the treatment system that would maximize treatment's constructive impact, cost-effectiveness and maturation as a distinct discipline that can appropriately attract support and gain stature for making society healthier. This article describes a formalized system for applying some of the main principles of harm reduction within the treatment system. Viable options for a SUM treatment focus are suggested herein as well as a critical process, based on respect and collaboration, for use with these options.

**Keywords**—addiction treatment, drug treatment, harm reduction, misuse, substance abuse

Substance use management (SUM) is the practice of setting a new perspective on what constitutes helping with drug problems and respectfully and collaboratively assisting the achievement of positive changes selected by the person seeking help. The role of the helper is to refocus the outcome on an individual's own view of success—offering as wide a variety of options for improvement as possible—and allowing the person the freedom to select the option(s) they choose to work on with the intensity they desire.

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Abstinence (as well as other modifications in drug taking) becomes a tool to achieve other ends versus being an end in and of itself. Most of all, SUM seeks to build a relationship with the respectful collaboration described here so as to have a basis with which to engage and continue SUM's work until the person has achieved their own goals. SUM makes no condemnation about a person's choices in consumption but rather seeks to assist people in fulfilling their own desires for life improvement and satisfaction even when these desires include ongoing drug use.

SUM recognizes that no matter how far into drug abuse a person is, their basic humanity is never completely lost.

Inherent in SUM's practice is the belief that the human spirit we all possess is more powerful than the human destructiveness we are all capable of demonstrating. Trust in this belief is necessary for SUM to be practiced in earnest.

#### RATIONALE FOR SUBSTANCE USE MANAGEMENT

The history of attempts to assist others in lessening negative consequences of drug use is relatively brief compared to other disciplines. The building trades have had thousands of years to improve and diversify their methods, and the practice of medicine has had hundreds of years to mature. Such disciplines have made changes regularly with the accumulation of evidence and other factors. American society's reactions to people experiencing drug problems, especially moral condemnation and legal oppression, have obstructed the development of the relief system for drug problems, which only appeared formally in the twentieth century. Additionally, society's fight against the individual's nonproblematic drug use has hindered our ability to prevent and treat drug problems because resources are wasted on a "drug-free" utopian end and not realistically focused on preventing and relieving harm from drugs. We would be failing to learn from other disciplines if we believed major changes in the institution of drug treatment are not likely and, indeed, expected and normal. I suggest that it is only the strong association between drug use (especially injection drug use) and AIDS that has now precipitated critical evaluation of the way we help with drug problems, despite plenty of preexisting reasons. This is noted in the following statement from a large review of the drug treatment system (Hester & Miller 1995: 33): "The negative correlation between scientific evidence and application in standard practice remains striking, and could hardly be larger if one intentionally constructed treatment programs from those approaches with the least evidence of efficacy."

Yearnings to develop and practice what is described here as substance use management (SUM) have been present informally as long as one individual has sought to assist another in a way that person would like to be treated. Such urgings are present in many ancient religions; in *The Natural Mind* Andrew Weil (1972: 66) wrote regarding drugs almost thirty years ago: "I have consistently found that if one dwells on the negative side of the patient's personality, one is unable to change his behavior except for the worse. But if one looks for the positive side (which is always there), contact is established, and one can then motivate the patient to use his developing consciousness to solve his problems with the world."

SUM's approach is also grounded in research as shown in one of the largest longitudinal studies of drug use (Vaillant 1995:384): "Neither the efforts of dedicated clinicians nor the individual's own willpower appear to be able to cure an alcoholic's conditioned habit at a given time . . . Our task is

to provide emergency medical care, shelter, detoxification, and understanding until self-healing takes place."

Further, analyses aimed at improving the treatment system (Institute of Medicine 1990: 147) offer similar advice: "Reason for optimism in the treatment of alcohol problems lies in the range of promising alternatives that are available, each of which may be optimal for different types of individuals."; later, they state: "It is the committee's hope that the creation of alternatives and the ability to match persons to the appropriate treatment will bring additional persons with severe and substantial problems who are not being seen into . . . treatment." (Institute of Medicine 1990: 480).

More recently, books which seek to define and elaborate on the practice of harm reduction in helping relieve drug problems have been published. Most notable are the work of Alan Marlatt (1999) entitled *Harm Reduction: Pragmatic Strategies for Managing High-Risk Behaviors* and Patt Denning (2000) entitled *Practicing Harm Reduction Psychotherapy: An Alternative Approach to Addictions*.

As well, the developing Moderation Management movement attests to the popularity and possibility of alternative definitions of success in dealing with drug problems. Within Moderation Management's basic text (Kishline 1994) there is a clear description for abstinence and its utility in helping people come to deal with their drug problems even when the goal is not necessarily permanent abstinence from drugs.

Such diversity of approaches seems perfectly consistent with the diversity of human existence. SUM is simply one more perspective to add to this rich and diverse voice for change.

This article takes a critical look at predominantly abstinence-only approaches used in the drug help system today and offers an alternative using harm reduction principles which leads to the following three improvements:

1. greater effectiveness at attracting and engaging individuals in sustained efforts at improving their lives;
2. inspiration and assistance for drug counselors to broaden and deepen their expertise in assisting the relief of drug-related harm, including avoiding inappropriately taking on their client's burden or responsibility by presuming to have the answers for them; and
3. offering a solid chance of assisting the field of drug help to rise above oppressive ideologies working against drug users and, because of its cost effectiveness and success, mature into a respected and autonomous discipline.

SUM brings about these improvements because it reflects what is really known about the ways people change their behavior.

## EXPANDING THE OPTIONS: SETTING THE TABLE

SUM, if viewed metaphorically, would look like well-laden buffet table with each food item representing an option for relieving drug-related problems. The greater a drug help worker's skills, the bigger and broader the buffet table they would set. Such skills can come from personal experience or formal education, or as a consequence of using respectful ears in listening to other people who are using drugs—all of whom have something to teach about successful drug use. I believe "successful" drug use is use which meets a person's needs while not causing harm to others or unnecessary harm to the user. Even if seeking help for drug problems, I believe everyone has had some measure of success in their drug use if they are allowed to elucidate such meaning from it.

SUM activities generally address three types of issues, relating to: drug (issues around the drugs themselves), set (the individual's mindset or expectations about the drug-using experience) and setting (the environment in which drugs are consumed). Such a trilogy of critical factors in one's drug use was presented by Norman Zinberg, and each appear to have amazing power in initiating positive change in and of themselves (Zinberg 1984). A drug counselor working according to SUM principles might, for example, address the utility of many alternative actions with his/her client. Drug-related alternatives include:

- Abstinence from one or more drugs and for a limited or open period of time.
- Switching routes of administration.
- Decreasing frequency of use and examining the potential impact of this on increased pleasure from use and other consequences.
- Decreasing the concentration of drugs consumed.
- Switching drugs consumed both in formal drug substitution therapies (such as methadone maintenance) and through informal and private substitutions (such as cannabis for alcohol).
- Considering risks and benefits of combining drugs.
- Learning drug purification and drug purity testing measures.

Measures relating to set could include:

- Considering the personal benefits/purposes of drug use.
- Elucidating a person's hopes and expectations in using certain drugs and how this relates to successful accomplishment of personal objectives in using.
- Considering alternative means of accomplishing the same ends desired through drug use.
- Developing constructive personal rituals around a person's drug use.
- Discussing the role of shame in a person's drug use.

Those relating to setting could include:

- Separating drug use and driving/working/other tasks.

- Creating a safer drug use environment by considering where, with whom, and when it occurs, reducing outside responsibilities when using, and initiating safer purchase/possession practices.
- Working to address affordability of drugs consumed.
- Considering mediation with significant others regarding drug-related problems.
- Considering the utility of 12-Step meetings, Rational Recovery, Women for Sobriety, Moderation Management, etc.
- Sleeping on stomach after using drugs to avoid choking.
- Learning about overdose and being prepared to assist with preventing it, and dealing with it (including having and using naloxone for opiate overdose if appropriate).
- Developing a relationship with a physician respectful of drug use to monitor physical condition, especially organs or conditions effected by the drugs used.
- Learning about legal issues and risks caused by using illicit drugs.

Other measures could be:

- Share and discuss utility of, and alternatives to, the disease model of addiction, as well as a neurochemical perspective, and other conceptions of drug use patterns.
- Share and discuss long- and short-term benefits and negative effects of drug use.
- Share and discuss all forms and types of abstinence (for which drugs, of what duration?)
- Increasing intake of water to avoid dehydration.
- Addressing nutritional health, including the possibility of nutritional supplements. Eating well, especially protein, prior to drug use and including increasing intake of the vitamins/nutrients drugs deplete. For example, taking thiamin to prevent deficiency with heavy alcohol use, etc.

## A PROCESS TO GO WITH THE OPTIONS: RESPECT AND COLLABORATION

SUM replaces the disease model of addiction ideology so common in the treatment system today with an ideology of actual improvement and a process of respectful and collaborative engagement. Four steps guide the counselor in the practice of SUM.

### Step One: Overcoming Fifty Years of Expectations

Making a transition to SUM's multi-goal approach requires a good degree of reframing of what it means to give or receive help for drug problems. It is so entrenched in popular belief that abstinence is the only successful outcome of the drug help system that "cleaning/drying/sobering up" are part and parcel of any common understanding of

treatment. In reality, people could benefit from the treatment system by learning to simply moderate their drug use or otherwise relieve drug-related problems. These nonabstinent alternatives are real outcomes today, even though they are not assisted directly by, and at some level, the individual's continuing use is judged a failure by, abstinence-only programs.

Unfortunately, the treatment system as it exists today is generally not satisfied with the common outcome of moderation and improvement. In the last week, three people have come to me who have had their lives improved dramatically by methadone treatment but who are being threatened with expulsion from the program for having illicit drugs in their urine. It is as if we are saying, "Significant improvement is not enough, you must be perfect in your abstaining or we will deprive you of the medication which has greatly improved your life." This punitive approach is commonplace within the drug help system. As well, there is a general lack of support for drug treatment in that it is inadequately funded and seldom available even for those seeking it. In total, SUM offers a deliberate process of interaction for use with the diverse options mentioned above.

SUM practice would require up-front explanations to clients regarding the goals of SUM (any positive change as a person defines it for his/herself) and giving a clear understanding that ongoing drug use may or may not be a part of a successful treatment outcome. SUM cannot be practiced without the counselor sincerely having this perspective and explaining it to those he works with.

### **Step Two: Creating an Environment for Free Choice**

Continuing the buffet table metaphor, step two would involve the counselor giving the person seeking help a clean plate and silverware, introducing each dish if it is not familiar, and allowing the person to select dishes and portion sizes. Assisting someone to make these choices freely without guiding that person to the dish (approach/method/goal) the counselor or agency most prefer requires great skill and respect for the person. Limiting any "help" in this step to explaining all options with equal balance and having the readiness to support the client's choice(s) as they are freely made is critical. As well, accepting the client's level of intensity and prioritizations that are given to each choice is a critical aspect of SUM. Such client-directed selections are essential steps to initiating SUM's work.

The more options available and the more the person believes it is he or she who directs the treatment's work through making free choices, the more efficient and successful treatment will be. Too much time and energy is lost today in wrestling with a person seeking help to orient them towards abstinence when this is not their true inclination. Such coercions and deceptions build poor relationships, and SUM practitioners avoid them.

### **Step Three: Working in the Right Direction**

By working entirely with the choices of the persons they are helping, counselors are saying two things loud and clear that are critical to SUM's practice: (1) the person is not only in charge but self-responsible; and (2) the counselor accepts and respects this fact at all times.

I have found such an approach releases the counselor from undue responsibility for the person they are assisting and thus allows a healthier, more realistic relationship. Many counselors will rejoice in the release of this burden associated with forcing a goal of abstinence-only. Others may struggle to accept this as truly "caring" and "helpful." Clearly, today's counselors will be challenged to clarify their own desires from those of the people they are helping and to deal with the emotional turmoil that can arise from accepting and respecting the inclinations of those who are not only seeking help but are "sick." In SUM, no one is "too sick" to make their own decisions regarding their drug use no matter the shame or devastation in their lives. SUM accepts the reality that people will always make their own decisions regarding their drug use. Openly addressing the issues involved in this choice allows individuals to make better decisions for themselves.

The work of SUM consists of engaging people in activities in four areas:

1. Knowledge is impacted by providing information in various forms (e.g., learning the metabolic effects of intoxication/detoxification, understanding aspects of various forms of drug ingestion);
2. Attitudes/values/beliefs/morals/faith/emotions are engaged through focused discussion and clarification (e.g., clarifying what a person truly considers beneficial and detrimental about their drug use);
3. Skills are impacted by practice of new behaviors (e.g., watching and then demonstrating how to tie a tourniquet so it can be released after getting a hit, thus preventing overdose and infections).
4. Environment is affected by working to change the forces in one's surroundings through various means (e.g., attending Narcotics Anonymous meetings for a person looking to become abstinent or creating an organization of committed drug users to advocate for greater social justice).

### **Step Four: Evaluating Impact and Reconsidering Directions**

By offering respect and working with the client's direction and intensity, the counselor is laying the ground work for an honest evaluation of progress—beyond shame and fear of condemnation. The clarity that comes from acceptance and respect of an individual works its miracles here. Unburdened by punitive measures and failure to achieve program-given goals, people can be more honest in evaluating the effectiveness of what they have chosen

to work on. Such examinations should be a regular part of SUM in order to reassess any and all aspects of the chosen SUM plan. What some consider a overly permissive system in SUM is purposefully so due to the benefits from such an approach in the evaluation phase. By laying a bridge of connection through respect and collaboration, the person seeking help will very likely have developed an alliance with the counselor and be likely to use this relationship to reexamine their actual experiences and plan other directions for their next effort at improvement.

The cycle of four process steps described here are critical to SUM's practice but should only be used as a guide. It would be contrary to SUM's respect and collaboration to force someone to proceed through an orderly series of steps when they would rather dance to a different tune. The general steps of offering many options, assisting free choice, and evaluating impact may work best as a fluid process.

Some argue that the disease process of addiction prevents SUM from being an effective approach. Ultimately, if the person the counselor is assisting is experiencing the disease of addiction in its classic sense (and it is clear some do fit it very well), that person will get to the point where he or she recognizes abstinence as the only option that will work for them. While this recognition may take a little longer than if abstinence is required from the outset as the only option, this approach will not have caused the user to sever their connection with treatment. Ultimately, SUM processes will have engaged the individual, who can more solidly move in any direction experience dictates. The leading processes are respect and collaboration instead of the dogma and shame currently utilized today.

## OTHER ISSUES

### Redefining Denial and Enabling

Often used as tools of control and coercion, the concepts of denial and enabling have served to keep counselors from venturing too far away from the status quo of abstinence-only treatment. SUM addresses these issues with the light of respect and collaboration so as to see these processes for what they truly are—both potentially helpful and potentially hurtful.

Denial—ignoring clear consequences of one's actions—is often a term of manipulation in the current treatment system. It usually means the person seeking help has a different view from the counselor. In SUM, denial is irrelevant when practicing a client-centered respectful process which has regular evaluations of effectiveness in terms the person has defined for herself—the coercion and condemnation are absent from the relationship and often there is no more denial. While discomfort at realizing and accepting elements of one's behavior and its consequences is commonplace, SUM assumes there is good reason for it—probably in a protective sense—and that ignoring real cause

and effect will not be needed as much in a relationship of true respect and collaboration. In fact, I believe such support is the worst enemy of thinking that is out of touch with reality.

According to Webster's Dictionary (1994), enabling simply means "to make able." Clearly, whether enabling is constructive or destructive depends upon what is enabled. Traditionally, talking with significant others of problematic drug users about enabling often helps them recognize their own role in the user's drug consumption and how to "get tough" in helping the drug user to get better. While self-examinations are never out of place for anyone and much can be gained from such insights to relieve drug problems, the concept of enabling must not be used to generate punishment and condemnation for lack of abstinence. Such tag-team oppression towards a person with drug problems increases his risk of harm. Still, lines sometimes need to be drawn in relations with another person. SUM reframes enabling as both helpful and hurtful according to both its impact and the values of the person acting it out.

SUM suggests that there are two kinds of enabling—one hurtful and one helpful—and the trick is in elucidating their difference. Each person can only determine for herself which variety of enabling she is practicing with the following guides:

- If the enabler's action is not consistent with his own values, and also directly causes harm to the other person, then this action *is* harmfully enabling.
- If the enabler's action is consistent with his own values, and does not directly cause harm to the other person, then this action *is not* harmfully enabling.

Thus, reflexive determinations of treatment-undermining enabling are impossible without self-reflection by the person or perpetrator, as you will. Thus, in SUM, significant others of the person seeking help are assisted to clarify for themselves their role and direction in relieving drug problems, just as the person seeking help is aided. For example, giving money to a drug user, if consistent with the giver's wishes, is clearly *not* directly harmful to the drug-using person. What they do with the money after receiving it may be harmful but this is beyond the control of the giver. Accepting only responsibility for that which is within one's control is critical to SUM as well as to good health in general.

### BUILDING AN INSTITUTION BASED ON ANY POSITIVE CHANGE

The overview above, in mostly broad strokes, calls for changes in the practice of offering help for relief of drug-related harms. I contend that SUM must be respectful and collaborative in its role in changing the current system. Only by being attractive, inspirational and beneficial will the treatment system be improved by any new perspective.

Transition from the current system will be both revolutionary and subtle. My belief in the transformational ability of SUM is based on my belief that humans will migrate to places of peace, respect and self-determination if given the chance.

An additional consideration in providing any service is its funding. In this regard, SUM offers a major advantage over an abstinence-only focus. The process of SUM described above is very cost efficient, wasting little time or energies on activities which have little chance of being accepted. Similarly, one should be able to demonstrate concrete financial benefits brought about by the SUM approach to relieving drug harms. For instance, safer injection as a person's selected approach can be taught and practiced effectively in a relatively short time. The payoff from these (sometimes small) changes in technique can mean the difference between acquiring or not acquiring HIV or hepatitis. To an insurance company this means saving hundreds of thousands of dollars, yet these potential improvements are often ignored by the treatment system today. SUM may indeed be more attractive to funders.

Twelve-Step groups, for those wanting what the group offers, are models of beneficial environmental entities to those practicing SUM—cheap, widely and freely available, somewhat self-defined, respectful, focused and principled versus prescriptive. SUM would support self-help groups of all kinds as options on their broad tables of choices for improvement. Increasing the diversity of membership and attraction of such programs will be a critical aspect of the success of SUM as a constructive movement. Forcing self-help on someone is not only contrary to SUM's principles but also destructive.

SUM may not only guide the improvement of the drug problem help system but also assist in the recovery of lost humanity and dignity of associated institutions. As SUM helps the treatment system leave behind the oppressive role it has played in conjunction with the criminal justice system and other institutions, it offers hope for development of a more autonomous institution based on expertise and impact.

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