

# Harm Reduction – Opportunities & Challenges



Lawrence Braul MSW, CIHCM

Trinity Place Foundation of Alberta



# Objectives

- Describe / define harm reduction and the importance of harm reduction efforts in the overall health services continuum of care;
- Talk about Peter Coyle Place Harm Reduction and Managed Alcohol Program.

# Definition of Harm Reduction


- Harm reduction is one of those terms where you have to spend time saying what it is not.
- It is not a prescribed course of treatment that is intended to reduce a person's capacity to chose or indulge in addictive behaviours.
- It is not a behaviour management tool that limits certain behaviours with consequences or threats, such as “your tenancy is at risk”.
- It is not driven by the agency or the organization.



That bird won't fly!

# Definition

- Harm Reduction is a philosophy of care
- It is person centred.
- It allows the person to judge for themselves what goals they wish to pursue with respect to their health and quality of life, even when the choice might be to continue to do harm to themselves.
- It is very adaptable to the changing needs of the person with respect to the use of addictive substances
- It means that staff must rely upon a relationship with the person to reinforce and encourage positive changes.



**Harm Reduction deals with addictive behaviors. What words** do we commonly see used to describe people whose recurrent use of licit or illicit substances causes clinically and functionally significant impairment, such as:

- Junkie
- Drug Addict
- Drunk

Do we consider terms such as:

- Medical problems
- Mental Health problems
- Person with a disability

# Suddenly Harm Reduction is in the news.



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News / Calgary

## Nenshi volunteers Calgary as place to get pilot fentanyl harm reduction tactics

As Alberta approaches an alarming crisis point, municipal leaders know they have to act fast and innovate in a matter of months in the fight against fentanyl!



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# Harm Reduction Goals

- To reduce associated harm & improve quality of life
- Compassion - “meeting people where they’re at”
- reduction in the behavior is not required
- Other individual and pragmatic goals
- Opportunity to connect individuals with other services and supports and to reduce isolation





*Housing First is a recovery-oriented approach to homelessness that involves moving people who experience homelessness into independent and permanent housing as quickly as possible, with no preconditions, and then providing them with additional services and supports as needed.*

# Managed Alcohol Programs

- severe alcohol dependence and unstable housing
- failed other forms of abstinence based treatment
- controlled access to alcohol
  - known quality and quantity
  - daily agreed-upon amount and frequency
  - Goal: stabilization of alcohol use, reduction of harms
  - dispensing may be done in private or communally
- accommodation, meals, and othr social &/or health supports

Vallance et al 2016



Treating alcoholics  
with beer or wine:

**The Pour:**

CTV Story of a harm  
reduction program in  
Ottawa

## Peter Coyle Place - Approach

- Housing First, congregate living, 70 units
- Opened in June 2005
- Harm reduction philosophy of care
- Compassionate staff
- Residents encouraged to treat PCP as their permanent home
- 20 dormitory style beds in small 3-5 person dorms
- 50 individual units (225 square feet)





# Peter Coyle Place

## Referral Sources & Criteria

- Acute care facilities (27%)
- Health care professionals (28%)
- Emergency shelter (24%)
- Other agencies (21%)
- No further housing options in the community
- Homeless or at imminent risk of homelessness
- Chronic mental illness &/or addiction issues

## Peter Coyle Place - Residents

- Age: average 61 yrs (range 54 – 86yrs)
- Gender: male (n=59, 71%), female (n=24, 29%)
- Ethnicity: caucasian (n=76, 92%) Indigenous (4), Jewish (2), African/Caribbean descent (1)
- Language: English, born in Canada (n=80/83)
- Marital status: all single at time of admission
- Acuity on Admission: 92% “High” or “Very High”
- Average Length of stay: 4 yrs (longest 11yrs)



# Peter Coyle Place - Outcomes

	Prior to Admission to PCP (1 year)	While living at PCP (9 months)
Aggregate days in hospital	864 days	84 days
Average length of stay	124 days	7 days or less

No significant reduction in EMS usage, possibly due to overall frailty (similar to other studies)

(Hoffart I. and K. Cairns 2016 p.32)

# Benefits of MAPs

- improved housing stability
- fewer hospital admissions
- fewer detox admissions
- fewer police contacts

(Vallence et al 2016; Stockwell et al 2013, Podymow et al 2006)

# Benefits of MAPs (cont'd)

## *Participants report*

- increased wellbeing, caring, respect, trust
- a sense of home, “feeling like family”
- improved quality of life
- improved connection to family
- reduced victimization
- fewer withdrawal seizures
- **Feeling enabled**, supported to change behaviour; periods of moderate drinking and abstinence

# Brandon's story

- Brandon had a wife, a beautiful home and a good job as a warehouse supervisor. He admits he was a functioning alcoholic. Following a stroke and his wife's passing, he started drinking more and became a non-functioning alcoholic. He was diagnosed with Korsakov's Syndrome (alcohol induced dementia), and a seizure disorder that impacted his motor skills after the stroke.
- After nine months in hospital, Brandon moved to PCP. After two years at PCP and further decline due to excessive drinking, Brandon was re-admitted to hospital. He was given the choice of one last chance at PCP or await a transfer to a long term care facility. He decided to try the Managed Alcohol Program at PCP to get his drinking under control.
- An agreement was reached on an amount of alcohol that would allow him to maintain a good quality of life (eight beers daily). After one year on the MAP, Brandon's health has improved and his mobility, cognition is much improved. "It was my choice to manage my drink-ing. Now I'm functioning better because I'm healthier, my memory is better and I'm participating in group activities. I haven't had a seizure in a year.
- I know I'm doing better because the ladies here now want to dance with me."

## Traditionally...

- Enforcement (War on Drugs)
- Abstinence-focused
- Provider-driven
- Overlooking older adults, those living in poverty or marginalized by addictions and other mental health conditions

## Opportunities...

- Harm Reduction relies on relationships
- Individual & Community-driven
- Inclusive and empowering approaches
- Risk Environment Assessment & Response

If horses can fly??



***Thank you!***

**Questions?**

[LawrenceB@tpfa.ca](mailto:LawrenceB@tpfa.ca)



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