



# Center for HARM REDUCTION Therapy

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Winter 2017

## Harm Reduction for the Holidays

### At Parties

Use enough to enjoy, not so much that you can't function.

Be careful what you mix; take water and food breaks.  
Have fun and treat others well.

Drive "sober" - that means "zero" except for prescription medications taken as prescribed.

### Home alone

Holidays are busy and stressful. Be aware of your emotional state.

Plan your intoxicants well.

Enjoy it

### Family dinners

Pace yourself

Stay attuned to others

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## Over the Influence, excerpt from the newest edition By Jeannie Little and Patt Denning

**Come as you are.** These are the first words we say to people who come to us. In other words, you don't have to change a thing. You don't have to promise anything. You don't have to know what you want. You just know you are worried about your drinking or drug use. Or someone else in your life is.

What if people are saying you have to quit? At times that will happen. *You* might be one of the people telling yourself you have to quit! Maybe it's even true. But saying "You have to quit" is akin to saying "Just say no!" Saying it doesn't make it true, and it certainly doesn't make it happen. Hearing "You have to quit" is really just a signal that it's time to start thinking. Research on change tells us that people think and worry before, sometimes *long* before, they act.

In harm reduction, you can be curious, you can be reluctant, you can be confused, you can be mad, or you can be determined. Harm reduction offers a way forward for everyone who wants to understand or do something about his or her drug use. Harm reduction offers . . .

### A Different Way of Thinking

???Do you know of any doctor who would refuse insulin to a patient with diabetes because he won't stop eating ice cream?

???How many heart patients are denied bypass surgery because they still haven't gotten off the couch except to let the dog out, despite their doctor's instructions to get 30 minutes of aerobic exercise a day?

???Would a doctor refuse to prescribe oxygen for a patient with emphysema who still smokes?

Doctors who made these unlikely decisions would probably face charges of medical malpractice. Problems with alcohol and drugs are not diseases, crimes, or sins. They are *health issues* and should be treated as such!!

Why, then, are people who use or misuse alcohol and other drugs treated differently? People who drink too much or use recreational drugs usually hear "I can't help you until you stop drinking/quit using." That injunction is based on the myth that people cannot solve other problems, including and especially their problems with substances, until they have quit.

## Patt Joins a Working Group at the United Nations

**When Patt speaks**, her words go straight from her mouth to some part of your brain that resonates with both your intellect and your heart. I don't know how she does it, but that was the effect she had on the gathering at the United Nations in Vienna this month. The purpose of the meeting was to develop effective treatment protocols for people who use drugs and who have co-occurring medical and mental health disorders. The 30 or so members were from Spain (and Catalonia), Nigeria, the Russian Federation, China, Canada, Greece, Kenya, Slovakia, and the Ivory Coast. There was a



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This makes substance misuse the only “disorder” in the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders* that requires the sufferer to get rid of his or her symptoms before receiving treatment for the problem!

Until now, both the moral model (manifested in the War on Drugs) and the disease model of addiction have been based on prohibition.

As a society, we have taken an all-or-nothing stance toward substance use. Characterized by terms such as “clean” and “dirty” and “in the program” or “out there,” one is either an “addict/alcoholic” who will face “jails, institutions, or death” if he or she keeps using or a “normie” (someone who uses normally, who has the ability to get intoxicated without problems). These terms trap the substance *misuser* in a binary identity dilemma and a dichotomous choice to be either an “addict” or “clean and sober.”

**We disagree with this approach, and that is why we offer you this book.**

Harm reduction offers a completely different way of thinking about substance use and misuse. In harm reduction you don’t have to choose—harm reduction is a *both/and* approach to managing drug use and misuse. You can be a daily pot smoker *and* a good parent; a week-end partier *and* a great teacher, lawyer, plumber, or gardener; dependent on heroin *and* a loving partner. You can also have a problem with alcohol and be an occasional cocaine user or heavy meth user and a light pot smoker.

Harm reduction is a *both/and* instead of an *either/or* philosophy and practice.

Harm reduction takes a health rather than a disease perspective, a compassionate and humane rather than a moralistic and punitive perspective, on why people use drugs and how they get into trouble. It brings substance misuse into the realm of mainstream health care and releases it from the clutches of the criminal justice system and from programs

*“After years of struggling with more traditional attempts at recovery, I found this book. What a treasure! I don’t know what I would do without the simple, straightforward skills these authors teach.”*

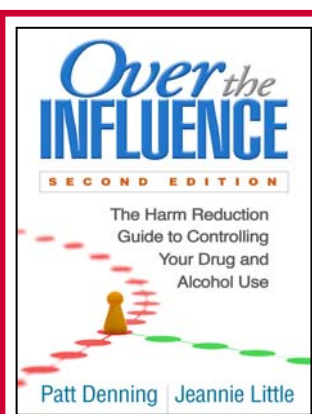
*Joshua M,  
San Francisco, CA*

that preach zero tolerance for substance use. Harm reduction is realistic about the fact that, after 45 years and hundreds of billions of dollars, we haven’t made a dent in reducing the use of drugs. In harm reduction practice, drug use and drug problems are understood in the context of each person’s overall physical, mental, and emotional health and well-being, not as moral failures, signs of a weak character, a brain disease or, worst of all, criminal behavior.

From our perspective, you don’t have a disease and you certainly are not immoral or weak! Even if you have done bad things while under the influence. Rather, you have a *relationship with*

*drugs*. When we talk about “a relationship with drugs,” we mean that *people use drugs for reasons*. Drugs work amazingly well to enhance pleasure, mediate pain, and alter perception. The speed you use does, in fact, get you through the day; alcohol helps you *enjoy* your wife’s office holiday party; pot makes conversations more interesting (not to mention its many medical benefits); cocaine was around before Viagra; and heroin takes away *all* the pain.

In other words, drugs work; otherwise you wouldn’t be using them. Or they did at one time, even if they are now part of a bad habit with which you are stuck. Either way, they are, or have been, a meaningful part of your life. Harm reduction takes that seriously and is *interested* in learning about your relationship with drugs. Harm reduction is here to help you make realistic, sustainable plans that you can follow at your own pace. ***In this way, harm reduction works!***



<https://www.guilford.com/books/Over-the-Influence/Denning-Little/9781462526796>

Use promo code 2E for discount.

## Letter from Jeannie & Patt



*Everytime we finish a writing project*, Patt says “I am never going to write again.” It is truly a labor of love, with something as large as a book adding 30 hours to our work week. But then along came the request for us to update *Over the Influence*. We did, for a few reasons. *First, it needed it!* People don’t read as much text as in the first edition. And they look for far more tools. And we did because, as we say in the book:

“We have a passion for empowerment and justice and an appreciation for the complexity of each individual’s relationship with drugs.

“We believe that people have the right to self-determination. “We believe that drug use is a normal part of human experience.

“We believe that people have the right to cope in the best way they can and that it is inhumane to ask someone to give up his or her coping mechanism without offering something to replace it.

“We believe that when people have real and unbiased information about drugs, they can and will make informed decisions.

“We believe that when people have access to real options

for change that are based on evidence, pragmatism, and compassion, they will change more often and more easily.

“Finally, we want people to be free—free of punitive sanctions for what they choose to put in their bodies; free of shame and guilt for how they cope; free to study and define their own problems; and free to find solutions that work for them.

“We hope that this book will assist you to take control, make decisions, and find your own way. We hope you find that you no longer have to be “under the influence” of drugs or “Just Say No” ideology. Rather you can be “over the influence”—a person with the power to learn, to choose, and to change.”



*Highlights from the 2017 International Conference on Drug Policy Reform, Atlanta*

*Drug companies are pushing a drug called Vivitrol (Naltrexone) to treat opioid dependence. Vivitrol blocks the effect of opioid drugs in the brain. The theory is that this will serve as a deterrent. There is NO evidence of its effectiveness, but judges, who are NOT medically trained, are being urged to mandate its use in their “sentencing” practices.*

*Safe Injection Facilities and widespread prescription of opioid agonists (that is, methadone, morphine, and heroin) are the SOLUTIONS to the problems associated with the opioid epidemic! Why? When people’s immediate risks (for overdose and disease transmission) and needs (safe spaces where they can be assisted and supported) are met, it facilitates motivation and leads to deeper change.*

## Patt at the UN, continued

lot of interesting information, much of it concerning, especially about the grave medical issues facing people who use drugs, some directly caused by, others related to, still others coincidental to drug use.

**Medical issues:** Overdose is not the only problem! Particularly unsettling was hearing how severe the medical issues are for large numbers of drug users. There are hundreds of different infections that people get from drug use either because of unsterile needles, unhygienic conditions, or toxic or dirty drugs, all of which conditions can be attributed to the illegal status of most drugs. These infections can be lethal in the short run or cause chronic conditions that will require a lifetime of medical care. For example, people get diseases like infection of the heart lining from injection drug use, kidney disease from

synthetic marijuana (spice), and intestinal blockages from long term opioid use. We want to *protect* drug users from lifelong diseases. We believe that if we engage people in the right care, they will get better and ultimately change their relationship with drugs. We don’t want them carrying a lifetime of consequences for their choices now. *These reports highlighted the importance of available, non-discriminatory primary care as the most immediate need after overdose prevention.*

### **Integrated Treatment:**

There was consensus on the need for widespread screening for co-occurring mental health and substance use disorders, but many participants seemed naïve that such information could be used to harm patients, especially in countries with extremely punitive responses to drug use (the United States, the Philippines, Russia, China, and Egypt, for

example). They seemed naïve also about discrimination in the medical establishment. Not everyone is as dedicated to non-judgmental treatment as we are. We are focused on our patients. The rest of society is often focused on punishment.

**Harm Reduction:** The psychiatrist from Nigeria made the point (several times!) that “*no treatment of co-occurring disorders will be effective if it’s not based on harm reduction.*” The group was convinced that *the best way to reach people who use drugs is to embrace them as fellow humans who are suffering, to focus on their immediate needs and concerns, and to offer practical strategies that address the immediate harms of drug use.* Enjoying a respectful collaboration with clients was recognized as the key to a long term commitment to healing.

**We were the only ones** who came fully equipped with an integrated treatment model that can reach anyone and offer every

service. It turns out that the most exciting part of our work to other participants was how we integrate our substance and mental health treatment into low-threshold drop-in centers alongside public health doctors and nurses, case managers, syringe access services, massage therapists, art therapy, and employment programs.

One-stop shopping is truly “where it’s at” for people whose lives are desperate and filled with too much judgment and too little love.



**The Center** for Harm Reduction Therapy employs a revolutionary treatment program to deliver individually tailored solutions to substance misuse. *Harm Reduction Therapy* combines substance use treatment with psychotherapy. This enables clients to address both their substance use and the issues behind it.

Harm reduction therapy is a client-empowering program, in which client and therapist collaborate in prioritizing the issues to be addressed. Together, they develop treatment plans, and jointly implement gradual, realistic steps to achieve their goals.

Unlike traditional “quit now and forever” programs, we do not ask that clients stop all substance use, unless that is their goal, and we help families find alternatives to “tough love.”

**Stay tuned for the release of a short film highlighting our community programs.**

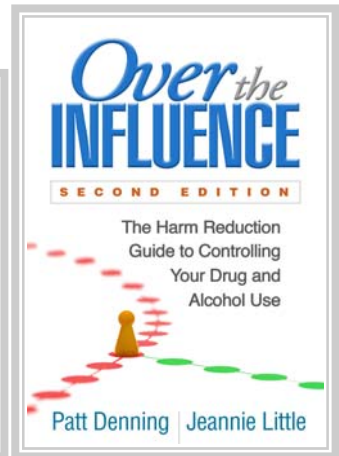
**Upcoming events in 2018 —**

***Over the Influence has arrived!!!!***

***Free Talks for users and their families in 2018:***

***San Francisco Main Library  
Wednesday, January 17, 2018, 6:00 to 7:15 PM  
100 Larkin Street in the Latino/Hispanic Meeting Room***

***Additional talks will be announced for Oakland and Berkeley libraries.***



November 7th. Vienna, Austria. Patt arriving on her first day of meetings at the United Nations in Vienna. She presented CHRT's treatment model and participated in a working group to develop best practices in treatment for co-occurring disorders that will be presented at the United Nations General Assembly in 2019 when they meet to review and (we hope) reform international policy on “the problem of drugs”.

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