



## Practice Harm Reduction

### Safety

Drive “sober” - that means 0 except for prescription meds

Use sterile equipment; sterilize if you have to share. The hepatitis C virus is a hardy one. See this article to determine best methods of sterilization: <http://www.ncbi.nlm.nih.gov/pubmed/26034767>.

Be careful what you mix.

Be around safe people. Treat others well. Take care of your children.

### Moderate/Low-risk use

1-3 drinks/day for women, up to 7/week; 3-4 for men, up to 14/week, depending on health.

Other drugs—enough to enjoy, not so much that you can't function.

Days of abstinence between days of use.

### Abstinence

Taper gradually, or quit all at once (unless you're a heavy daily drinker).

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## Center for

# HARM REDUCTION

## Therapy

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## Loving Someone Who Loves Alcohol and Drugs

Patt Denning, PhD

**Why did I** turn my attention to friends and families of drug users after so many years of focusing just on the users—and on helping them navigate their relationships with people who were often not supportive? I realized that I was getting a lot of calls from concerned friends and family members who had tried Al Anon and other self help groups and needed something more and/or different. They wanted to be supportive and helpful, but were confused about the best ways to do that. They were also suffering emotionally from years of anxiety, fear, anger, and general bewilderment about why their loved one couldn't quit using. They didn't just need tools and strategies, they needed the attention of a person who could help them manage their feelings and the hair-raising situations that they were dealing with. They, too, needed a harm reduction approach.

Ten years ago, I decided to start a support group for family and friends of people who were having trouble with drugs. Anyone could join. This first group ran for 5 years. I learned a lot from them and decided that it was important to reach more people. I have since offered dozens of family consultations and written several articles about the dilemmas facing people who love people who love drugs.

There are two broad categories of people who call us for help. In one group are those who just found out about a loved ones' problems with alcohol or drugs. They tend to be frightened, angry or anxious. They want information and options *now*. Another group are those who have been dealing with a drug-using loved one for a long time. Nothing seems to have helped. They are beyond stressed, full of despair, and all but ready to give up. They are also suffering their own traumatic reactions to repeated crises and losses such that, even if their loved one is doing well, they continue to

react as if a crisis were brewing, looking for clues, not sleeping, and waiting for disaster to strike. These are people whose loved one may have had many failed attempts at treatment—detoxes, 28-day rehabs, or 12 Step programs. Or their loved one may have been refusing treatment for years. They have watched as disasters and near-misses have taken their toll, and they have tried many strategies to contain the chaos.

It's not like they haven't reached out before. They have been counseled about what to believe, what to do, and what not to do by self help books and groups, therapists, intervention specialists, and residential treatment programs. The “rules” go something like this:

**Don't enable them**  
**Don't protect them**  
**Don't trust them**

**IF YOU DO, YOU ARE CO-DEPENDENT.** Codependency is often spoken about as a parallel disease to the disease of addiction. So now everyone has a label! Families and friends have been told that their loved one's *got to go to rehab*, that *12 Step programs are necessary*, and that they must *demand and enforce abstinence*. If that fails, then the only recourse is to do an *Intervention* and force them into a residential program. Tough love is the only way.

### But These Things Just Don't Work

Words like addiction, alcoholic, and addict lack useful meaning. They lump all people who use drugs together. They are words of prejudice and stigma that don't describe the nuances and complexities of their loved ones. Interventions and other forms of coercion don't generally work—they are inimical to the growth of motivation, they usually cause intense trauma to the individual, and they often rupture relationships with friends and families.

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**Loving Someone Who Loves Alcohol and Drugs, continued**

**Rehab (or what I like to call The “miracle of 28 days”)** is not realistic. We know that rehab programs are a revolving door - and they are very expensive. Most people relapse within 3 months after completing treatment. And then you’re told that they need to come back for another round of the same treatment because you didn’t “get it” the first time.

**While 12 step programs are free, easy to find, and welcoming, there are serious shortcomings.** They tell families that if only their loved one will attend meetings and work the steps they will recover. But, only 20% of people with alcohol and drug problems go to meetings in any given year, most don’t stay, and most who do stay don’t remain abstinent after a year. Repeated analyses of data from AA show that about 5% of people with drug problems in the U.S. “recover” through 12-step groups.

**Why Traditional Treatment and 12 Step Doesn’t Work for Most People:** These one-size fits all models only work for people who buy into them. The rest won’t or can’t – they RESIST - which is their way of saying “this doesn’t work for me. I have ideas of what’s wrong but I need to explore what to do in my own way.”

An Annual National Survey found that almost half of people with drug problems don’t seek treatment because they aren’t ready to quit- but they DO recognize that they have a problem. Many researchers have found that a lot of people get better

without treatment, on their own- but *not necessarily by themselves*. They get better with the help of books and the support of loved ones.

**Bring in Harm Reduction** Harm reduction is any strategy that reduces drug-related harm to the individual, their family, or the community.

Harm reduction was developed as an alternative to one-size-fits-all treatment.

**Loyalty, understanding, compassion, generosity, and humility (there but for the grace of god go I) are values of altruism and heroism. When it comes to drug users, however, these values are mistaken for codependency!**

Harm reduction uses motivational strategies, not coercion. It is flexible enough to accommodate a wide variety of individuals and goals. It recognizes that the idea of powerlessness doesn’t appeal to most people; rather, feeling powerful is essential to lasting change.

**Harm Reduction Tips for Family and Friends:**

**Tough love is neither-** and it feels awful to everyone involved.

**Hitting Bottom is not Motivating-** it’s dangerous and demoralizing.

**Promises Only Cause Problems-** the cycle of hope and

despair is caused by demanding promises for change that are repeatedly not met.

**There are no rules except the ones you make-** You get to decide how to love. If paying a person’s rent to prevent them being homeless *and* drug dependent helps you sleep at night, do it!

**You cannot enable drug use - (unless you are supplying them...)** You can only enable love, support, and survival.

**Base your actions on your values-** Loyalty, understanding, compassion, generosity, and humility (*there but for the grace of god go I*) are the values of altruism and heroism. When it comes to drug users, however, these values are mistaken for codependency!

**Base your actions on what you can tolerate-** Small changes in yourself can lead to larger steps.

**You have triggers too-** You’ve been traumatized and will overreact at times

**Any limits you set are about YOU-** Set limits based on what you need, not what you think will make *them* change!

**You and your loved one may have very different goals-** They just might not be able to tell you for fear of judgment or punishment.

Stay tuned for a special section for families and friends in the new and revised edition of

**Over The Influence**

Coming in the Fall of 2016

## Letter from the Executive Director *Jeannie Little, LCSW*



We were very happy to spend a day last month with Johann Hari, author of *Chasing the Scream: The First and Last Days of the War on Drugs* about the US-driven international drug war. Hari spent 3 years taking a close-up look at the causes of the drug war and its impact on communities around the world. This is an excellent and important book — a recommended read for anyone inter-

ested in drugs, international politics, or human rights.

*Chasing the Scream* begins with the origins of the Drug War in one man's frenzy to rid the world of drugs and the race panic that he stirred up to achieve his ends. Hari visits street dealers in the Bronx, prison labor camps in Arizona, and terror-ridden border towns of Mexico. He also visits hopeful places like Vancouver, which has a drug consumption room that is a model of public health sensibility; Uruguay, which legalized marijuana to begin the process of putting the South American drug cartels out of business; Portugal, where all drugs were decriminalized in 2001; and Switzerland, which has heroin prescription clinics for opiate-dependent people. While Portu-

gal has seen a 9% rise in drug use, there has been a 43% decline in intravenous drug use and an 11% decline overall in problematic drug use. In Switzerland the clinics are so stabilizing that people are returning to work and naturally leaving the program after around 3 years.

Hari spent the day in several of our programs. With a view to writing a follow-up book on addiction, he was interested to learn how harm reduction therapy works and what difference it makes in the lives of the people we work with. One thing we hope he left with, and the thing that we resonated with at the end of his book, is the importance of *compassion* to the health and well-being of people who use and misuse alcohol and other drugs.

**NO  
MORE  
DRUG  
WAR**

### Drug Policy Updates

**6,000 People to be Released from Federal Prison this November**—The U.S. Sentencing Commission last year lowered the federal mandatory minimum sentencing guidelines for people convicted on drug charges. This change grants many nonviolent drug offenders, serving long sentences, a hearing before a judge to reconsider their sentences. The change in guidelines could result in early releases for 46,000 of approximately 100,000 federal prisoners.

**CVS Will Sell Naloxone Without Prescription in 14 States** — On September 24th, CVS announced the addition of 12 new states to their naloxone program. Naloxone is a medicine which, when injected into muscle or administered in a nasal spray, reverses an overdose. This summer, the CDC reported 26,463 overdose reversals from 1996 through June 2014 by laypersons. The list of states to sell naloxone in CVS includes Arkansas, California, Minnesota, Mississippi, Montana, New Jersey, North Dakota, Pennsylvania, South Carolina, Tennessee, Utah, Wisconsin, Massachusetts and Rhode Island. Way to go CVS, you will help to keep people whose only "crime" is that they use drugs, alive.

## Self-Determination and Harm Reduction

A core value of harm reduction and harm reduction therapy, perhaps the most fundamental of our values, is self-determination. So we were thrilled when Board member Rebecca Pfeiffer-Rosenblum\* turned up a critically important piece of news from the research world: a study of intervention comparing the effectiveness of various self-determination-based medical interventions and standard interventions that do not use self-determination. In other words, comparing patient-centered to doctor-centered interventions. The study ended the *non*-self-determination part of the study. Why? Because self-determination has been proven to be *so* effective that it would be unethical to NOT use self-determination in medical care.

What IS self-determination? It is what it sounds like. It means that we each get to determine the

course of our lives. But that isn't so simple. We live amongst others who share our homes, our communities, and our futures. "Doing our own thing" is *not* the spirit of self-determination. Having a hand in guiding our lives and futures is closer to it.

Self-determination is key to motivation. The more self-determined we are, the more motivated.

Self-determination is also linked to greater well-being and health. It is no accident that medical institutions are putting increasing emphasis on patient-centered (directed) care. It is more effective to engage patients as partners in their own health, and it is more ethical.

The key ingredients of self-determination are:

◆ **RELATIONSHIP with one or more persons that you**

**admire, can look up to, and can trust to lead you in the right direction**

◆ **A sense of COMPETENCE or self-efficacy—the belief that you can do things, that you can be effective**

◆ **AUTONOMY—the right and the power to participate fully in guiding the direction of your life. This does not mean going it alone, this means that you are fully engaged, that you are free from coercion and from oppression.**

These three things are all part of harm reduction therapy. We honor autonomy, we notice all the ways that our clients are strong and competent, and we offer a relationship that is collaborative and respectful.

\*Rebecca is helping us with research in preparation for our revision of *Over the Influence*.

Upcoming events and news—



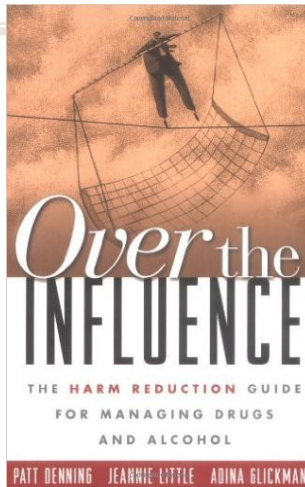
The Center for Harm Reduction Therapy offers a revolutionary treatment program for substance misuse. *Harm Reduction Therapy* combines substance use treatment with psychotherapy, enabling clients to address both their substance use and the issues behind it. It is a client-empowering program — client and therapist collaborate to prioritize and address issues. Together, they develop treatment plans, and jointly implement gradual, realistic steps to achieve the client's 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.”

***Benefit Concert!***  
***Sunday, January 24, 2016***  
***At Ashkenaz in Berkeley***

**Bands playing punk/folk/rock/funk/Motown**

A new and revised **OVER THE INFLUENCE** will be out in **FALL of 2016**. It will offer the same comfort and support along with lots that is new, including a more accessible style. **STAY TUNED**



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