**Harm Reduction Framework: Intervention Strategy for Substance Use Disorders**

**Abstract**

The purpose of this article is to outline an intervention strategy for substance use disorders using Harm Reduction as a framework. This paper provides guidelines for the reader on Harm Reduction, Principles of Harm Reduction, and how to develop a harm reduction plan for clients or patients. Furthermore, a guideline for Motivational Interviewing is provided and its associated fundamentals. Ethical considerations for working in the field of substance abuse are also discussed as a guideline for practitioners to be mindful when engaging in treatment with those suffering from a substance use disorder.

Substance use disorder is a global health problem and harm reduction is a treatment regime that has been showing effectiveness. This is closely linked to the consideration of the consequences that substance use, and abuse might cause the service user. The primary focus of the approach is not total sobriety; however, it is to minimize the consequence of the use and abuse of substances for the individual, family and community at large.

The methodology used in this article is a scoping review often also referred to as mapping review (Peters et al., 2020). This methodology approach is an evidence synthesis that are more commonly being used internationally (Peters et al., 2020). The article is guided by the Preferred Reporting Items for Systematic Reviews extension for Scoping Reviews (PRISMA-ScR).

Conclusions –

Keywords: Substance use disorders; Harm reduction; Motivational Interviewing

1. **Introduction**

Globally, it is estimated that 292 million people use substances, an estimated 64 million people suffer from substance use disorder and 13.9 million people inject drugs (WDR, 2024). People with a substance use disorder have a higher burden of comorbid conditions, with the likelihood of experiencing social and economic challenges such as homelessness and residential instability (Dunlop, et al., 2020). People with a substance use disorder are characterized by a growing addiction or dependency on a substance and an inability to control their use, associated with various mental health and psychosocial problems (Gordon, et al., 2022).

In South Africa, it is estimated that 15% of the population has a substance use disorder, where the prevalence of substance use disorders is twice the global average (DSD, 2017; Monyakane, 2018 & Van Wyk, 2011). According to Cupido (2021), South Africa has the highest number of alcohol consumption and FAS-related cases in the world. There is a great imbalance between the demand for alcohol use and the demand for treatment in South Africa, which allows the burden of disease to continue to grow as a direct result of unlicensed liquor outlets (Cupido, 2021). According to Gordon et al., (2022), treatment options for substance use disorders in South Africa are limited, especially to adolescents.

The contributing factors to substance use disorders in South Africa include unemployment, poverty, lack of parenting, genetic vulnerability, lack of appropriate knowledge, peer pressure, availability of substances, and mental illness (DSD, 2017). In the Western Cape, it is reported that interpersonal violence is a consequence of substance abuse (DOP, 2014). This article intends to provide a framework for harm reduction as an intervention strategy for substance use disorders.

1. **Methodology**

To achieve the aim of this article, the author employed a research methodology referred to as a scoping review regarding Harm Reduction and Motivational Interviewing. Scoping reviews provide important insights, highlight knowledge, identify gaps, and include multiple types of evidence (Peters, et al., 2021 & Mak & Thomas, 2024). In addition, scoping reviews seek to develop a comprehensive overview of the evidence and to explore the breadth or depth of evidence (Peters, et al., 2020 & Peters, et al., 2021). The author took the following steps: identifying the research problem, identifying relevant studies, selecting studies to be included in the review, and summarizing information from evidence.

1. **Substance Use Disorders**

The prevalence of substance use has been on the increase globally with the drug supply and demand causing challenges for the prevention and treatment of substance use disorder (UNODC, 2020). Substance use disorders include both genetic and environmental factors as triggers (Izzat, et al., 2021). The contributing factors to substance use disorders in South Africa include unemployment, poverty, lack of parenting, genetic vulnerability, lack of appropriate knowledge, peer pressure, availability of substances, and mental illness (DSD, 2017).

The DSM IV states that substance dependence is a maladaptive pattern of substance use, leading to clinically significant impairment or distress as manifested by three or more of the following, occurring at any time in the same 12-month period (APA, 2013).

* Tolerance,
* Withdrawal,
* Binge use,
* Inability to control substance use,
* Great amount of time spent obtaining, using, and covering from the substance,
* Loss of interest in important things such as work and or family,
* Continued use despite knowledge of harm.

According to Nath, et al. (2022), early substance use increases the risk of future physical, behavioural, social, and health problems. Substance use is a growing problem among teenagers and young people with psychiatric illness symptoms such as anxiety, mood and conduct disorder being prevalent (Nath, et al., 2022).

Moyana et al. (2019), identify the following consequences associated with substance use disorders which include.

* Physical consequences include malnutrition, heart disease, neurological disorders, liver disease, and physical weakness.
* Psychological consequences include withdrawal symptoms like anxiety, stress, depression, and personality changes including aggression and compulsiveness.
* Social consequences include isolation from close relationships with family and friends and a greater association with others using substances.

The Continuum of Care and focusing on social work services in general, the DSD (2013, pp. 32–35), includes Prevention, Early Intervention, Statutory and Reunification/Aftercare services. Previously social workers have focused on prevention rather than treatment with regards to substance use disorders (Osborne-Leute, et al., 2019). Social workers now provide treatment for substance abuse on all intervention levels, and all methods of social work.

1. **Harm Reduction**

Harm Reduction International (2017), defines harm reduction as policies, programs, and practices aimed at reducing the harm associated with the use of psychoactive substances in people who are unable or unwilling to stop. Harm reduction is an alternative to abstinence and aims to minimize the negative health effects of behaviors (Taylor et al., 2021). According to Logan and Marlatt (2014), harm reduction is a broad term for interventions, effective for substance use disorders and applies to decisions with negative consequences. It is focused on the rights of individuals and their communities, aiming to improve public health and safety outcomes (Scheibe et al., 2017). Harm reduction is an evidence, rights and public-health-based approach that reduces risk and improves the health and well-being of people who use drugs (Scheibe et al., 2020).

In the South African context, harm reduction examples include free condom distribution to reduce HIV/AIDS cases, teenage pregnancy, and social welfare burden. Arrive-alive campaigns during the Easter weekend and December holidays also serve as harm reduction initiatives. Opiate Substitute Therapy (OST), such as the prescription of Methadone, is an example of harm reduction for substance use disorders.

Harm reduction approaches have been controversial in cases such as smoking (e-cigarettes and hookah pipes), alcohol use (non-alcoholic drinks), condom distribution (linked to increased sexual activity, teenage pregnancy, and HIV/AIDS), and Free Needle-Syringe Program (associated with overdose and diseases).

While the goal may be total abstinence from substances or certain behaviors, any positive change that reduces harm is considered a therapeutic success for the harm reduction approach. This approach offers an opportunity for practitioners to meet clients where they are. To encourage the client to explore reasons for change, practitioners should maintain a non-judgmental attitude and use Motivational Interviewing techniques.

**3.1. Harm Reduction Principles:**

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| No. | Harm Reduction Principles | Descriptions |
| 1 | Humanism | Providers value genuine care for clients without moral judgment and understanding that decisions are the client’s contextual. |
| 2 | Pragmatism | The priority is the here and now and the migration of immediate risk factors. Providers understand that perfect health behaviors will never be reached. |
| 3 | Individualism | Clients present with their own needs and strengths and interventions are individually based. Providers accept that clients are different from one another. |
| 4 | Autonomy | Shared intervention decision-making is emphasized; however, clients have the right to make an informed decision about their health even if it is against expert advice. |
| 5 | Incrementalism | Any positive change is viewed as improving the client's current circumstances. Although positive changes can take years and backward movements are expected, it is important to plan for them. |
| 6 | Accountability without termination | Clients have the right to access services without being denied based on their decisions. Providers can still assist clients in understanding their harmful health decisions and the consequences thereof. |

(Scheibe et al., 2020 & Frankeberger et al., 2022).

**3.2. Developing a Harm Reduction Plan**

A harm reduction plan is simply a collaborative plan between the clinician and the client to reduce harm from the substance used. This can occur in a session after which the client has indicated a commitment to reducing intake. The harm reduction plan is individualized for the client system, no plan will be the same.

**3.3. Etiology of Substance Use**

Subsequently, to develop a harm reduction plan for the client system it is imperative to understand the different etiology (causes) of substance use disorders. The etiology of substance use can be better understood by using the 4P Factor Model (Predisposing, Precipitating, Perpetuating, and Protective). Racuya and Oandasan (2021), explain the model as follows.

* Predisposing factors relate to all circumstances that might put the client at risk of developing a substance use disorder, for example, genetic vulnerabilities.
* Precipitating factors are possible events specific to trigger to onset of the substance use disorder as a problem, for example, a traumatic event.
* Perpetuating factors include all potential factors that maintained the problem of substance use once established in the client’s lives, for example, a circle of friends that use substances.
* Protective factors refer to the strength or factors that reduce the severity of substance use disorders promoting health and adaptive functioning, for example, positive friendship.

**3.4. Guidelines for a Harm Reduction Plan**

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| **1.** | **Know when to get help** | What are some of the warning signs for you that are struggling with substances?  Thoughts?  Feelings?  Behaviour? |
| **2.** | **Coping skills** | What can you do to take your mind away from wanting to exceed your limits?  What might be the challenges for you? |
| **3.** | **Social support structure** | Who would you consider being part of your support structure?  Who are those persons you would reach out to when you struggle to cope? |
| **4.** | **Seek professional help** | What professional support services are available in your area?  What virtual support services are available to you? |

1. **Motivational Interviewing**

Motivational Interviewing (MI) is a psychotherapeutic method that is evidence-based. It was originally developed to address substance abuse and effectively reduce maladaptive behavior across a wide range of problem areas (Miller & Rose, 2009). MI helps clients explore and resolve ambivalence because it is a goal-directed and client-centered counseling method that elicits behavior change (Lindson, et al., 2019 & Vellone, et al., 2020). MI is useful in strengthening behavioral change in clients with behaviorally influenced problems (Bischof, et al., 2021). There are two essential components for MI which are strategic and relational, it is a guiding style of communication especially when ambivalence is presented (Wyatt, et al., 2021).

* 1. **The processes of MI**

*Engaging* is to establish a healthy clinician and client relationship to promote healthy behaviour change (Gray, et al., 2022). This is where relationships building takes place, understanding the client's views, values and goals while maintaining a non-judgmental attitude (Bischof, et al., 2021). Engagement sets the foundation for conversations about change and includes understanding the external stressors that can influence the client negatively or positively (Wyatt, et al., 2021).

*Focusing* is collaboratively considering the goals and direction of treatment, and establishing an agenda including change goals (Gray, et al., 2022). Finding direction for clients can be difficult because they have multiple issues, and identifying areas to take priority for the client is important (Bischof, et al., 2021). Focus connects conversations about change to a specific purpose and outcome (Wyatt, et al., 2021).

*Evoking* is to elicit the client’s motivation to change, listen, attend to, reinforce the client’s statement to change and avoiding the desire to fix the situation of the client (Gray, et al., 2022). This process is about goal orientation (Bischof, et al., 2021). Evoking allows the client to verbalize their own change talk, the client’s ability, desire and need of change (Wyatt, et al., 2021).

*Planning* is to develop a change plan, establish and solidify the client’s commitment to change (Gray, et al., 2022). Translating existing motivation for change into concrete action, envision strategies for achieving these goals for change (Bischof, et al., 2021). Planning is dependent on the previous processes to have meaning with the client system (Wyatt, et al., 2021).

* 1. **The Spirit of MI**

The purpose of the Spirit of MI is to encourage and strengthen a trusting relationship, this is key to the success of the treatment and can be identified as the following.

* Collaboration – collaboration in which the clinician does not assume the role of the expert. Collaboration is building mutual understanding with the client system. In collaboration conversation for change occurs between two experts the client and the clinician.
* Evocation – evoking motivation to change by exploring and reinforcing the client's reasons for change. This includes developing discrepancies between the client's current problem and goals and values. This draws out the motivation of the client and change resources. Elicit a plan for change from the client will increase the likelihood of them following through with that plan.
* Autonomy – clients' autonomy in choice and decision-making in relationship with behavior change including the desired goals and methods of change. This is also by honouring the client’s absolute worth and potential as a human being.
* Compassion – having compassion for the client’s life and experience, clinicians not setting priorities for the client system. It is also to recognize difficult emotions and take care of the overall well-being of the client system. Considering the ways of the client to carry out change and plan to support it reflects compassion.

(Bischof, et al., 2021, Wyatt, et al., 2021, Miller, 2023 & Thirupal & Popa, 2024).

* 1. **The Principles of MI**

The guiding principles of MI include developing discrepancy, expressing empathy, amplifying ambivalence, rolling with resistance, and supporting self-efficacy (Lindson, et al., 2019, Vellone, et al., 2020, Gray, et al., 2022 & Thirupal & Popa, 2024).

* Developing Discrepancy: Identify the differences between where the client currently is and where they want to be to guide them towards their desired goals. This is also referred to as goal inconsistencies.
* Expressing Empathy: It's important to understand the client's perspective, as it encourages them to share more information. This is also referred to as emotional relatability.
* Amplifying Ambivalence: It's normal for clients to have mixed feelings about change. By discussing the pros and cons with the client, a resolution can be reached.
* Rolling with Resistance: Resistance to change is common. If encountered, the focus should shift towards collaboration. This is to encourage different outlooks.
* Supporting Self-Efficacy: Encouraging the client by recognizing their past successes and strengths helps support their belief in their ability to make changes. In essence, this supports the possibility of change.
  1. **The OARS Skills**

The first OARS skill is *Open-Ended Questions*, which allows the client to provide detailed responses and enables the clinician to understand the client's world (Gary, et al., 2022). Clinicians should consider what they want to explore from the client when asking an open-ended question (Meltzer, et al., 2023). This is to reflect in-depth on the client’s issue or change goals (Thirupal & Popa, 2024).

The second OARS skill is *Affirmation*, which helps the clinician acknowledge the positive aspects of the client's situation, recognize positive behavior and strengths, and build confidence in the ability to change (Gary, et al., 2022). Affirming emphasizes the positive and supporting the personal goals of the clients (Meltzer, et al., 2023). This is to recognize the client’s emotions, strengths and vulnerabilities through appreciation (Thirupal & Popa, 2024). Affirmation motivates forward movement for the clients (Wyatt, et al., 2021).

The third OARS skill is *Reflecting*, also known as reframing, which is the ability to accurately reflect what the client says while actively listening to the client (Gray, et al., 2022). Reflecting is about reflecting the underlying emotion and meaning in the client’s situation (Meltzer, et al., 2023). This is to mirror the client's feelings and emotions so that the client can feel being heard and valued (Thirupal & Popa, 2024). Reflecting invites the client to elaborate and clarify as they continue thinking and talking (Wyatt, et al., 2021).

The final OARS skill is *Summarizing,* which helps keep the clinician and the client on the same page throughout the process and pulls together the key points that have been discussed during the conversation (Gray, et al., 2022 & Meltzer, et al., 2023). The ability to transmute information into focused interactions that moves towards change goals (Thirupal & Popa, 2024).

1. **Ethical Implications for Consideration**

“Ethics are generally defined as that brand of philosophy that occurs itself with human conduct and moral decision making” (Northen, 2004, p.76). The South African Council for Social Service Professions (SACSSP) gives a code of ethics to guide the behaviour of the social work profession. Social work and ethics are inseparable, much emphasis is placed on the social work and client relationship. The human rights of clients need to be respected and upheld when social workers engage with the client system. According to Farkas and Romaniuk (2020), those who suffer from a substance use disorder are considered a vulnerable population. The following ethical considerations should be taken into account when working with people who suffer from a substance use disorder;

* **Self-determination:** social workers are encouraged to respect the right and decision made by the client system in terms of service delivery. The client system should be empowered to utilize their abilities.
* **Respect for people's worth, human rights, and dignity:** social workers to respect human rights, dignity and worth of all human beings. Social workers are aware of differences, for example, age, gender, race, and others. They should not maintain a non-discrimination attitude with the client system.
* **Care:** social workers should be able to demonstrate care for the client system. Not to exploit or mislead the client system during or after the termination of the social worker-client relationship. Social workers care about the well-being of the client system and make efforts to promote, restore, maintain, and enhance the well-being of the client system.

(SACSSP, ND).

1. **Final Remarks**

Substance use disorder is a global crisis, where the burden of disease is higher for those with a substance use disorder. Substance use disorder has been associated with an inability to control substance use, mental health, and psychosocial problems. South Africa has twice the global average when it comes to substance use disorders, with limited treatment options available. The research methodology that the author employed was a scoping review which allowed the author to produce knowledge regarding Harm Reduction and Motivational Interviewing.

Harm reduction aims to reduce the harm associated with the use of substances. It is an evidence-based approach with proven research to support its work. Therapeutic success is any positive change that involves a reduction in substance use. The different principles allow the intervention to be regulated in some way. Developing a harm reduction plan is a collaborative activity between the clinician and client, an individualized plan. Understanding the causes of substance use will provide insight into the harm reduction plan. The guidelines for a harm reduction plan should enable clinicians to develop a plan for the client system.

Motivational Interviewing is a psychotherapeutic intervention that is evidence-based, developed to address substance use whereby clients explore and resolve ambivalence because of its goal-directedness. The process of MI encourages and strengthens the relationship between the client and the clinician. The Spirit of Mi is a partnership with the client system that needs to be maintained to see results. The principles of MI guide the clinician to develop discrepancy, rolling with resistance, amplifying ambivalence, and supporting self-efficacy. The OARS skills are the skillset that clinician requires to evoke the information from the client system.

The social work profession is guided by ethics for effective service delivery to the client system. SACSSP provides guidelines for a code of conduct that social workers must align themselves to engage with the client system. Social workers should conduct themselves ethically when they engage with the client system and consider the ethical implications that could present themselves during service delivery. Social workers working with those suffering from a substance use disorder should not forget that adherence to the code of conduct includes the vulnerable population of clients too.

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