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# Chemical Dependence Harm Reduction: A Needed Application for Social Workers

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Chemical Dependence Harm Reduction: A Needed Application for Social Workers

By

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MSW Clinical Research Paper

Presented to the Faculty of the  
School of Social Work  
St. Catherine University and the University of St. Thomas St. Paul, Minnesota in Partial  
fulfillment of the Requirements for the Degree of

Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University- University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a one-semester time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

### **Abstract**

The purpose of this study was to evaluate the need for substance use education for social workers and their response when implicating harm reduction approaches within their chemical dependence practice. This study fulfilled the requirements outlined for a systematic review by having a series of requirements, such as articles pertaining to do with harm reduction methods and social work, to be included within the research. This method revealed 11 articles that met the needed requests and were later examined. Within the 11, articles three prominent themes emerged. The themes included, but were not limited to relationships, exposure, and ambiguity. The study revealed that as social workers increase their exposure to substance recovery, the more accepting they are of harm reduction. While some practitioners are apprehensive to harm reduction models, it does provide the client more autonomy than alternative recovery methods. Further implications would be for those working with chemical dependence to be educated on harm reduction as it might benefit their agency, workers, and clients. Research on this topic should continue around client's motivation for decreasing substance use and harm reduction approaches for other lifestyle behaviors.

### **Acknowledgments**

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To my parents, thank you for loving me well and showing me how to love others even better. Your desire to encourage anyone who you encounter is inspiring and what began my interest in social work!

To my fellow classmates, I feel blessed to have studied alongside such brilliant and heartfelt people. Best of luck in your future endeavors and I cannot wait to see your successes!

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### **Introduction**

The social work profession provided the opportunity for practitioners to engage with a variety of peoples, populations, and settings. This paper will focus solely on social workers' that encounter clients who engage in risky behavior and/or lifestyles, specifically in regards to substance use. It has been found that social workers who lack training in substance abuse education become "professionally passive" by misidentifying disorders, which can lead to inappropriate interventions and services (Brocato, 2003). In order to uphold social work ethics set by the National Association for Social Workers (NASW, 1999), it is important for social workers to engage in competent practice to appropriately respond to the needs of their clients. Effective social workers must be aware of their biases, gaps in their education, and emerging research and practice techniques that address said gaps within their practice.

One emerging area of focus that has gained popularity over the last decade has been an approach called harm reduction. Harm reduction was initially introduced in response to the HIV epidemic turning in the 1980's and has transitioned into the field of chemical dependency (Lessard, 2014). Harm reduction focuses on any progress made within undesired, problematic, or risky behavior as a successful outcome. As the name says harm reduction focuses on reducing the harm of a behavior rather than focusing on merely abstinence (Bigler, 2005). The harm reduction approach seeks to meet clients where they are, establish rapport, and help them modify or give up their risk-taking behavior. At its core, harm reduction reflects similar ideologies to the social worker's code of ethics and value system, which will be discussed later in this paper. The purpose of this study is to understand job requirements and types of clientele social workers engage with, in order to establish a need for substance abuse curriculum, specifically harm reduction, within social work education.

## **Background**

### **Social Work Exposure**

Due to the nature of the field, social workers frequently come in contact with clients who have substance use disorders. Substance use, for this paper, is associated with psychosocial problems that can affect health, mental health, family relationships, employment, and housing stability. Additional research has linked drug use with physical and social concerns such as family disruption, gang involvement, criminal activity, violent behavior, overdose, HIV/AIDS, and hepatitis (Bigler, 2005).

Traditional models seem to be outdated because, generally speaking, they require abstinence-only-curriculum and workers are finding themselves ill prepared to meet the demands of real-world practice (Bigler, 2005). According to Fillmore (2015), 78% of social workers had a client who was personally affected by substance abuse, either himself or herself or a family member. However, of the 78% of social workers, 53% had no prior training in substance abuse. In 2014 7.9 million adults had co-occurring substance use and mental health disorders (SAMSHA, 2015). Elevated rates of substance use within the lives of our current or future clients for social workers exposes a need within social work education. Nevertheless, in attempts to address this need within social work education a treatment approach, referred to as harm reduction, has emerged.

### **Harm Reduction**

The harm reduction mentality originated 1970s in the Netherlands (Roe, 2005). It was the government's response to assess whether strict enforcement of the law for minor drug offenses was in the best interests of that law, the society and the individual involved (Roe, 2005). In doing this, it was weighing the "harms" for all involved. It was intended to focus on the deeper social, economic and racial inequality that the substance use masks (Roe, 2005).

Harm reduction is a rational, pragmatic, and humanistic approach to issues that social workers commonly address (Bigler, 2005). According to Brocoto (2003), harm reduction's objective is to reduce repercussions of substance use disorders on the individual, which in turn, could positively affect families, communities, and societies as a whole. Others have also described it as a mindset rather than an actual treatment approach. This approach focuses on empowerment, resilience, healing, and wholeness when working with risky behavior and clients (Bigler, 2005).

The intention is to minimize the effects that result from engaging in risky behavior. For example, with an increase in teen pregnancy a school might offer free condoms in the health office for students, or sex education classes that seek to educate the repercussions of teenagers having sex, such as unplanned pregnancies or sexually transmitted diseases. Brocoto (2003) separated harm reduction into three general interventions that are considered harm reduction approaches to substance abuse: 1) Changing the route of administration of a substance; 2) Providing a safer substance or drug to replace the more harmful substance; 3) Reducing the frequency or intensity of the target behavior. With application of these three approaches, social workers are provided the initial resources in reducing the negative effects of substance use disorders.

### **Harm Reduction and Social Work**

Harm reduction approaches reflect social work values at its core. Social workers strive to meet the clients where they are at and address their needs (Bigler, 2005). Harm reduction recognizes that poverty, social class, racism, homophobia, sex-based discrimination, and other social inequalities affect people's vulnerability and their capacity to address risks in their daily life. In the social work's Code of Ethics (1999) it notes that the primary mission of the social work profession is to advocate for the wellbeing of all people and to empower people who are



vulnerable, oppressed, and living in poverty. Similarly, this approach encourages self-determination and operates from a strengths perspective (Lessard, 2014).

Bigler (2005) notes that harm reduction complements the integrative framework method for social workers. The integrative framework, for this [study](#), refers to a systems perspective when considering our direct practice and advocating for our clients. As social workers we value addressing the micro, mezzo, and macro aspects of our practice. Considering these levels of work as complimentary of each other is considering the integrative framework. When workers help clients address needs caused by substance abuse, such as doing individual therapy, they are addressing the micro aspect of social work. Workers can also engage with mezzo/macro work by educating communities' members about the harm reduction model. For example, training a high school teacher to approach situations with the harm reduction mentality. Lastly, harm reduction affects macro social work by influencing how policy can be created and/or interpreted for agencies, laws, etc.

Conflicting opinions state that harm reduction encourages risky behavior and condones current and/or negative living habits (Lessard, 2014). However, those who currently utilize the harm reduction approach argue that abstinence does not always work and can lead to regression, or results in another form of backlash. Additional arguments that have been made state that traditional approaches to substance abuse do not consider the client's goals (Fillmore, 2015). Bigler (2003) stated that students who engage in client centered approaches with individuals that have substance abuse problems will see the negative attitudes decrease. The collective understanding of substance use, users, and treatment can and will change. Despite the controversy of harm reduction, it is important to note that no single treatment is appropriate for all, but familiarizing ourselves with current treatment methods can only benefit the social worker and their client populations.

Realizing the importance of harm reduction in social work education is of importance for our clients, our work, and our values as social workers. Brocoto (2003) states that there should be an increase in the course work related to substance abuse. That also includes creating field placements in substance abuse treatment programs and courses. It is evident that workers need more exposure to substance abuse and substance abuse curriculum in order to recognize the needs of their clients. This training could be another treatment method or specific to harm reduction because it reflects the values of social workers. The intention is to evaluate the necessity of applying substance abuse curriculum to social workers education so that workers can have more competent, client-centered practice.

### **Methods**

The purpose of this systematic review was to explore the question: what are the benefits of harm reduction models in social work practice? A systematic literature review is a method of research in which the writer is systematically choosing the information to present to answer a given question (Petticrew & Roberts, 2006). This method allowed for a collection of articles to be gathered and the data analyzed regarding the implications of harm reduction for social workers that engage with substance abuse.

### **Inclusion Criteria**

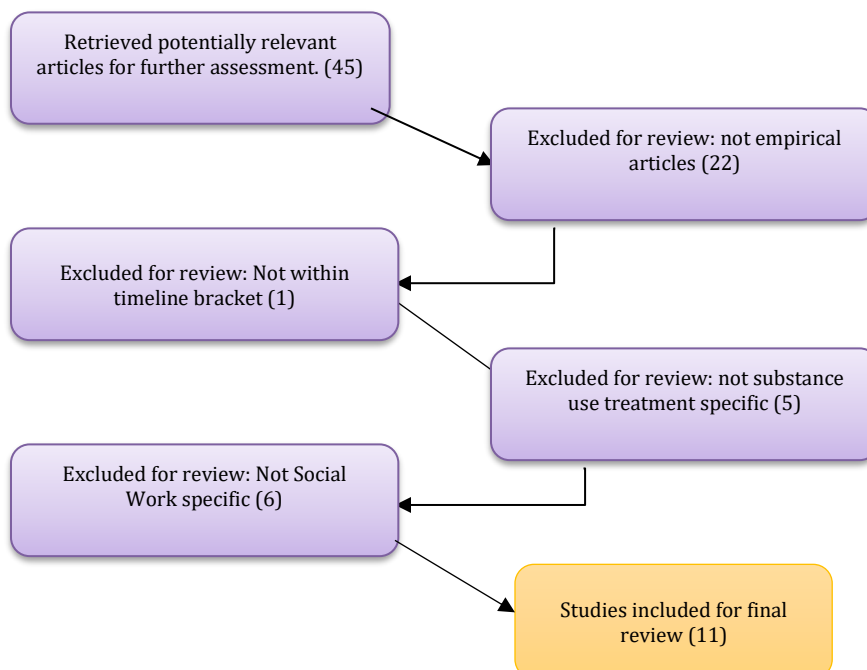
The initial criteria required for this systematic review is that articles utilized will be strictly peer-reviewed articles. Search words include but are not limited to *harm reduction* and *social work practice*. The time frame of articles employed will track from 2000- 2017. The intention is to obtain relevant information, however allowing history to support the literature being found. Additionally, this particular topic had become popular within the given time period.

Research methods of articles reviewed will include qualitative research studies, but sample sizes are indefinite at this time.

### Search Strategy

Articles were accessed using the University of Saint Thomas/Saint Catherine's University online library databases. The primary databases used were *SocIndex*, *Social Work Abstracts*, *Scoopus*, *Science Direct*, and *PyscInfo*. Search words included *harm reduction*, *social work*, *substance abuse treatment*, *social work education*, *social work attitudes*, *nonabstinence treatment*, *substance use treatment*, *chemical use recovery*, *social work ethics*, and *substance use disorders*. Articles generated were tracked on a flowchart documenting the database in which the articles were found, subject headings, keywords, and limiters. Articles that met the above search criteria had their abstracts evaluated. The articles remaining, after confirming their abstracts fulfilled the search requirement, were then tracked and their methodologies examined. This was to eliminate any articles whose study criteria were unable to be determined merely by the abstracts. Rejected articles were also tracked and documented for the reason of elimination.

Themes of rejection were documented on the flowchart below.



### **Data Abstraction**

The remaining 11 articles' methods, findings, and discussion were studied. Methods included interviews with social workers of varying years of experience and educational levels. Study participants were majority Caucasian, females between 22 and 40 years of age. Themes that emerged within the findings sections were documented for further analysis. Lastly, the discussion sections were studied to identify recommendations and/or significant input from researchers.

### **Data Analysis**

The data from the final sample of articles were tracked and used to identify patterns within the findings. Data analysis for this systematic review included analyzing the themes throughout the studies such as the client and worker's response to integrating harm reduction models into practice and/or treatment, benefits of harm reduction, alternative substance recovery treatment, negatives to the harm reduction treatment model, and other significant findings within the research literature.

### **Findings**

Through the data abstraction process of this systematic review common themes emerged in the final 11 articles. These 11 articles have met the all of the inclusion criteria. The themes that were commonly discussed in this systematic review were in regards to the relationship between the client and the therapist, exposure to harm reduction, and the ambiguity of the treatment model. Also included are noteworthy findings that were significant to the research for understanding the implications of the harm reduction model within the field of social work.

## Relationship

The literature revealed seven out of the final 11 articles with a theme surrounding the client and therapist relationship. The relationship appeared to be an important factor in the acceptance rate of harm reduction, implications needed from the social worker, and the overall success for the client.

**Table 1. Relationships**

First Author, Year	Sample Description	Measures Used	Brief Summary of Findings
Michael Eversman 2012	Survey of graduate studies faculty who taught substance abuse coursework.	Web-based survey Non-probability Sampling method  Qualitative	<u>The model has limitation and fundamental problems, but longer exposure meant more acceptances. The model is appreciated for its ability to meet clients where they are.</u>
Sara Fillmore Melinda Hohman 2015	(69) Undergraduate Students and (160) Graduate students enrolled in social work programs and (30) substance use Counselors in the USA.	Cross-sectional survey  Quantitative	Those less experience believed alternative methods were less beneficial.
Michael A. Mancini <u>and et al.</u> 2008	(37) Staff members at a housing first facility.	Mixed- Method study: Survey and focus groups	<u>Staff believed substance use reduction to a functional level was a legitimate goal. A benefit was the resulting client-social worker relationships. More training on implementation is needed.</u>
Benjamin F. Henwood <u>and et al.</u> 2013	Consumer and employees for programs serving –homeless adults, co-occurring psychiatric and substance use disorders in New York.	Federally Funded 1 year recruitment  Qualitative	Workers <u>reported feeling that their jobs were less stressful, having more freedom, but that they were not making a difference.</u> The ambiguity made their work challenging, but supervision was found to be helpful.
Emmy Tiderington 2012	Consumers and Employees at a housing first program on the East Coast.	Semi-Structured Interview Observation  Qualitative	<u>Harm reduction focuses on therapist relationship as the catalyst for change. Harm reduction could lead to treatment and/or abstinence. Harm reduction allows for self-determination.</u>
Michael A. Mancini <u>and et al.</u> 2011	(21) Mental Health Practitioners and (15) Consumers at a Co-occurring community mental health-housing program.	Qualitative Study Personal Interviews	<u>Harm reduction does not have clear defined boundaries, but practitioners felt more able to be authentic with their consumes by showing unconditional support, practical guidance, and allowing for self-determination.</u>
Susan E. Collins 2015	Current and former chronically homeless individuals with alcohol dependence.	Single-arm study  Mixed Study	<u>Homeless individuals are more interested in decreasing substance use and meeting primary needs first.</u>

The harm reduction treatment model receives a universal appreciation for its ability to meet the clients where they are at and accepting the consumer as they are (Eversman, 2012; Fillmore, 2015). For the purpose of this paper consumer will be used to reference someone who utilizes substances in any degree or manor. Mancini (2008)'s study revealed that the harm reduction approach was best used for client engagement. The non-abstinent treatment model creates both a physical and a metaphorical space to provide interventions to people who might not otherwise seek out services (Fillmore, 2015). This also creates a relationship where the consumer does not have to hide his/her substance use (Henwood, 2013). The freedom to seek out services despite someone's lifestyle choices removes additional barriers for someone to receive needed services.

In addition to the consumer receiving the freedom to not hide his/her substance use, when setbacks occur, it becomes a normalized part of the client's journey (Mancini, 2008). The normalizing of the setback removes shame that the client might have felt in the past or present in regards to the client's lifestyle choice. By removing the shame associated with substance abuse and removing services as a consequence to substance use, it allows for the relationship between the client and the social worker to be formed on trust and honesty (Mancini, 2008; Mancini, 2011; Tiderington, 2012). The client is free to be who they are without fear of repercussions such as being terminated from a program, benefits, etc. Collin (2015)'s study revealed that individuals are less interested in abstinence-based goals and treatment but rather decreasing the frequency of their substance use. By utilizing the harm reduction model realistic goals are made attainable for the client (Collin, 2015). The social worker is also free to establish rapport and a healthy working relationship with the individual. This allows for the worker to provide unconditional support and practical guidance in other areas apart from solely his/her substance use (Mancini, 2011). By fostering a healthy working relationship between the client and the social worker it creates a

more empowering and optimistic approach to the services that clients are seeking out (Eversman, 2012). In essence, the relationship becomes a catalyst of change (Tiderington, 2012).

### Exposure

A theme that more exposure to substance use disorders and treatment methods lead to a greater acceptance of harm reduction emerged in articles. This reinforces the need to address the gap within social work for specialized education such as this.

**Table 2. Exposure**

First Author, Year	Sample Description	Measures Used	Brief Summary <u>of Findings</u>
Michael Eversman 2012	Survey of graduate studies faculty who taught substance abuse coursework.	Web-based survey Non-probability Sampling method  Qualitative	<u>The model has limitation and fundamental problems, but longer exposure meant more acceptances. The model is appreciated for its ability to meet clients where they are.</u>
Sara Fillmore Melinda Hohman 2015	(69) Undergraduate Students and (160) Graduate students enrolled in social work programs	Cross-sectional survey  Quantitative	<u>Those less experience believed alternative methods were less beneficial.</u>
Sarah K. Moore Mark A. Mattaini 2014	100 random current Master's level social work students.	Convenience Sample  Quantitative	<u>More education and exposure lead to a greater openness to harm reduction.</u>
Dana Davis Mary Hawk 2015	Level I & II Trauma Hospital social workers in Pennsylvania. (160) MSW (19) BSW.	41 Item web-based survey  Quantitative	<u>More education and exposure lead to a greater openness to harm reduction, which lead to social workers feeling more prepared for their work.</u>
Anthony Estreet Paul Archibald 2017	(124) MSW students enrolled in either fall, spring, or summer substance use disorder assessment and treatment course.	Mix-Method  Module Harm Reduction Attitude Scale  Focus Groups	<u>Initially workers preferred traditional 12-step treatment approaches, but further alternative substance use treatment exposure increased attitudes towards harm reduction.</u>

Another prominent theme that emerged from the literature is the impact of exposure on the level of acceptance of harm reduction and the perceived level of preparedness for the field.

Less experienced workers believed alternative methods to the traditional 12-step programs were less beneficial (Fillmore, 2015). Fillmore (2015) stated that by providing research regarding effective alternative methods there would be an increase in openness toward using harm reduction methods.

The literature also stated that social workers would benefit from substance use curriculum (Moore, 2014). The Council on Social Work Education's (CSWE) Educational Policy and Accreditation Standards currently does not have any formal standards for substance use in the core courses of bachelor's and master's-level programs (Moore, 2014). Certain programs do place their own program requirements on their students. Those who were required to have a drug and alcohol class reported having more knowledge of harm reduction (Davis, 2015). One study explained that the few social workers that are informed about substance use treatment are only exposed to the basics of substance abuse. There still remains a gap for an in-depth exploration of the various treatment approaches (Eversman, 2012). More often than not if they have been exposed to substance education they had only been informed about that which is most common, i.e. abstinence-oriented approaches (Moore, 2014). Moore's study also showed that with the increase from one course to two courses the acceptance rate of nonabstinence approaches increased. Acceptance continued to grow as students increased their education (Moore, 2014). Respondents to the Eversman study reported that if harm reduction was covered by any of their educational requirement it was either “‘infused’, ‘integrated’, or ‘woven into’ lectures, discussions, and materials used across the class or directly presented as harm reduction as an alternative to detox and abstinence strategies” (Eversman, 2012, p. 399).

Social workers who were exposed to the harm reduction model showed a favorable shift in overall attitudes when working with clients with substance abuse issue (Moore, 2014). Moore (2014) also stated that social work students could receive more exposure by completing their



field practicums in settings that engage with substance abuse treatments and/or harm reduction models. Estreet (2017)'s study revealed changes in attitudes, increase in knowledge, correction of beliefs, and openness to change. Additionally, changes in attitudes towards consumers, the positive impact of methadone on treatment, overall basic medication and treatment were made (Estreet, 2017). One participant reported believing that individuals should be able to control their addiction, but after the substance disorder course the individual realized the physical and mental aspects of addiction more clearly (Estreet, 2017). Some participants even reported that after their training they believed that harm reduction models focus on the needs of the individual more so than other abstinence models (Estreet, 2017). Further education on methadone and other substitute substances left participants feeling more educated and understanding the effects that alternative drugs had on the individual (Estreet, 2017). Lastly, participants reported realizing that the road to sobriety is different for everyone (Estreet, 2017). In short, the more familiar workers became with substance abuse and the various treatment approaches, in addition to abstinence-only models, the more accepting workers became.

## Ambiguity

The systematic review discovered that ambiguity of harm reduction was a concern. The literature also provided a potential way to navigate the abstract concepts within this specific treatment method.

**Table 3. Ambiguity**

First Author, Year	Sample Description	Measures Used	Brief Summary of Findings
Michael A. Mancini <u>and et al.</u> 2008	(37) Staff members at a housing first facility.	Mixed- Method study: Survey and focus groups	<u>Staff believed substance use reduction to a functional level was a legitimate goal. A benefit was the resulting client-social worker relationships. More training on implementation is needed.</u>
Benjamin F. Henwood <u>and et al.</u> 2013	Consumer and employees for programs serving – homeless adults, co-occurring psychiatric and substance use disorders in New York.	Federally Funded 129 Interviews and 41 providers Paid 1 year recruitment  Qualitative	<u>Workers reported feeling that their jobs were less stressful, having more freedom, but that they were not making a difference. The ambiguity made their work challenging, but supervision was found to be helpful.</u>
Michael A. Mancini <u>and et al.</u> 2011	(21) Mental Health Practitioners and (15) Consumers at a Co-occurring community mental health-housing program.	Qualitative Study Personal Interviews	<u>Harm reduction does not have clear defined boundaries, but practitioners felt more able to be authentic with their consumes by showing unconditional support, practical guidance, and allowing for self-determination.</u>

Apart from the positive feedback that revealed itself within the studies, providers reported their concern with harm reduction model. The most commonly shared was the ambiguity of the approach. Ambiguity for the purpose of this paper refers to the lack of structure provided by the harm reduction model. Participants stated that there is a lack of concrete methods of implementation and long-term outcome desires for the model (Mancini, 2008). Due to the vagueness of the harm reduction model, it can create a sense of inconsistency in application of the harm reduction model from practitioner to practitioner (Mancini, 2011).

Without a universal layout of the approach, practitioners can become confused and not know the appropriate measures to meet their client's needs (Mancini, 2008).

The study by Henwood (2013) stated that the ambiguity of the model also left social workers feeling as though they were not doing anything for the client apart from accepting their substance use disorder. Despite the understandable concerns from practitioners the studies universally recommended supervision as an appropriate response to address the ambiguity of the treatment model (Mancini, 2008; Mancini, 2011). Having appropriate supervision can be essential for practitioners who struggle with the application of the harm reduction model and aid in finding the positive impact they have with their clients. Supervisors may share the importance of the relationship that is being built or the self-determination that is being practiced by the practitioner's clients. Additionally, appropriate supervision provides a necessary bridge between the practitioner and the agency in terms of applying harm reduction interventions (Henwood, 2013). This can help create universal services offered throughout the agency providing and some sense of predictability for both the social worker and the consumer.

### Noteworthy Discoveries

Beyond the three primary themes already stated above, there were additional noteworthy discoveries found throughout the literature. While they were not prevalent enough to be considered a theme, they are still interesting contributions to our field. The additional findings include those most receptive to harm reduction, the moral and ethical impacts of harm reduction, and harm reduction's connection to sobriety.

**Table 4. Noteworthy Findings**

First Author, Year	Sample Description	Measures Used	Brief Summary
Michael Eversman 2012	Survey of graduate studies faculty who taught substance abuse coursework.	Web-based survey Non-probability Sampling method  Qualitative	The model has limitation and fundamental problems, but longer exposure meant more acceptances. The model is appreciated for its ability to meet clients where they are.
Sarah K. Moore Mark A. Mattaini 2014	100 random current Master's level social work students.	Mailed Invitations Follow-up Flyers Follow-up Emails Website based survey CA Instrument Convenience Sample  Quantitative	More education and exposure lead to a greater openness to harm reduction.
Michael A. Mancini and et al. 2008	(37) Staff members at a housing first facility.	Mixed- Method study: Survey and focus groups	Staff believed substance use reduction to a functional level was a legitimate goal. A benefit was the resulting client-social worker relationships. More training on implementation is needed.
Judy Fenster Kristina Monti 2016	MSW students at a school in North East USA.	23-item instrument 50- item SA Attitude Survey  Quantitative	Those with more education were more accepting. Older students were less accepting.
Benjamin F. Henwood and et al. 2013	Consumer and employees for programs serving –homeless adults, co-occurring psychiatric and substance use disorders in New York.	Federally Funded 129 Interviews and 41 providers Paid 1 year recruitment  Qualitative	Workers reported feeling that their jobs were less stressful, having more freedom, but that they were not making a difference. The ambiguity made their work challenging, but supervision was found to be helpful.
Emmy Tiderington 2012	Consumers and Employees at a housing first program on the East Coast.	Semi-Structured Interview Observation  Qualitative	Harm reduction focuses on therapist relationship as the catalyst for change. Harm reduction could lead to treatment and/or abstinence. Harm reduction allows for self-determination.
Michael A. Mancini and et al. 2011	(21) Mental Health Practitioners and (15) Consumers at a Co-occurring community mental health-housing program.	Qualitative Study Personal Interviews	Harm reduction does not have clear defined boundaries, but practitioners felt more able to be authentic with their consumes by showing unconditional support, practical guidance, and allowing for self-determination.

One noteworthy finding was that the younger in age a social worker was the more accepting to the harm reduction model he/she was (Eversman, 2013; Fenster, 2016). Social workers were open to harm reduction alternatives compared to traditional treatment approaches

more so than those working primarily as substance use disorder (SUD) counselors (Moore, 2014). Social workers in legal, correctional, or child welfare were most resistant (Eversman, 2012). One explanation for this could be the driving force of safety for all involved within these fields. Eversman also stated that harm reduction models would benefit policy more so than individual practice.

Eversman and Moore both stated that harm reduction models forced practitioners to establish their own belief system in regards to substance use and appropriate treatment approaches. Mancini (2008) & Mancini (2011) state that establishing your own belief system is absolutely necessary as the opposing viewpoint to the harm reduction approach considers ethical ramifications. For example, Mancini (2008) makes a case that harm reduction allows for SUD. “Practitioners stated they felt a mixture of frustration, anxiety, and sadness when consumers continued to make harmful choices” (Mancini, 2011). Additionally, “tolerance for drug-related behaviors caused serious moral and ethical dilemmas for many practitioners” (Mancini, 2011).

While Harm Reduction created an inner battle for some, others appreciated the freedom that it provided (Henwood, 2013; Mancini, 2011). Stating that it allowed them to be less stressed at work as their primary focus was to build rapport with consumers (Henwood, 2013). Furthermore, practitioners stated that abstinence-only programs left them feeling more like “parental figures” (Mancini, 2008; Mancini, 2011). Showing a clear power differential within treatment milieu. Finally, practitioners stated that harm reduction provides the most opportunity for self-efficacy and that harm reduction was a “stepping-stone” for sobriety (Henwood, 2013; Tiderington, 2012; Mancini 2011). “Incremental change is a huge deal – gradual change does not preclude achieving and maintaining abstinence” (Henwood, 2013, [p. 86](#)). The path to change is different for every individual and we can celebrate in his or her victories.

## Discussion

Based on the finding of this systematic review, social workers should make an effort to educate themselves thoroughly on substance use symptoms and treatment methods. This will aid in preventing social workers becoming "professionally passive" by misidentifying disorders, which can lead to inappropriate interventions and services (Brocoto, 2003). It also establishes meeting the clients where they are at and addressing their needs (Bigler, 2005). For the field of social work this can be practiced through individual practice, policy, and research.

### Practice Implications

To begin, if workers have the opportunity to seek field experience that involves working with individuals who use substances it would be beneficial in making the worker well rounded in the field of social work. Clients who have immediate needs apart from their substance use such as housing, education, etc. would benefit from the harm reduction model. Due to the fact that harm reduction is still considered a newer model, social workers that practice in an independent setting would benefit more so from harm reduction approaches than federally funded agencies. The reason being is that often times government funding requires documentation for insurances. Since harm reduction models do not often have clear defined expectation it is hard to “prove progress.”

Lastly, workers who desire to see visual decrease in their client’s substance use patterns might become discouraged, as abstinence is not of primary importance. Supervisors can provide support by helping to navigate the worker through the ambiguity of the model. Whether a model is utilized or not should not depend on the social workers discouragements or frustrations with the intervention. Embracing this truly allows social workers to meet the clients where they are.

**Policy Implications**

Agencies that require abstinence-only treatment models should consider becoming familiar with the harm reduction approach. Agencies struggling to engage their clients and/or create meaningful relationships with their consumers should consider harm reduction.

It removes shame from the substance abuse and establishes self-determination. Additionally, agencies that seek out further education may better understand addiction, substance use, other treatment models, and how it affects their clients.

Policy makers should be cognizant of the harm reduction model. Understanding the implications and basic substance disorder knowledge can aid in creating policies that are attainable to everyone and do not marginalize or discriminate individuals from receiving service. Social workers should be educated and ready to support, incorporate, advocate, and suggest changes to current policies that advocate for the client's self-determination. Furthermore, we have seen that abstinent only outreach/ education/ prevention model have not been as effective as planned whether it be sex-education, substance use, etc. which supports exploring alternative approaches, such as harm reduction.

**Research Implications**

Research in this topic should continue, specifically around what is the client's motivation for decreasing substance use and the use of therapy in treatment models. Research could also examine where harm reduction is most productive compared to other risky behavior lifestyles. Those wishing to further explore this research should consider expanding their search criteria to outside of the United States, as there would be additional studies to consult. Specific themes to inquire about would be how race/religion/culture contributed to the success and acceptance rate of the model. Additionally within a cultural lens added research should still be considerate of how other mental health diagnoses are interpreted and contribute to final results.

### **Limitations**

Although this study was designed to include all relevant research that addressed the implication to harm reduction treatment model in the social work field of practice there were still some limitations to this systematic review of literature. Being that this model is fairly new, the amount of empirical studies available were limited. Additionally, studies that were empirical either were not specific to the field of social work or were not limited to chemical dependence. Studies included could include quantitative, and mixed studies in the future. Lastly, research should focus on the consumer's experience and acceptance with harm reduction treatment models, as the current literature does not.

### **Conclusion**

In summary, this research study was designed to address the need for substance abuse education for social workers, specifically harm reduction as it provides the most respect for clients. The importance of this research revolves around upholding our [Social Work Code of Ethics](#) through competent services and honoring our current and/or future clients. Social workers wish to lead a competent practice, yet they are under-educated on an important piece of teaching that affects a majority of their current and future clients. Equipping social workers with the necessary resources respects the needs of our clients and the field of social work by providing workers with the essential tools to be effective in providing meaningful and effective interventions and services.



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\*Asterisk indicates articles utilized in the above systematic review