August 2018

Message from Maria

Maria Coutant Skinner, Executive Director

Dear friends;

This month’s topic will no doubt cause discomfort for some readers. Not so long ago, the thought of exchanging needles, integrating harm reduction strategies into a therapy session, even providing an overdose reversal medication to people still ambivalent about recovery caused some intense debates. Treatment professionals worried, are we implicitly endorsing use? Will people get the message that we don’t believe that abstinence is achievable or sustainable? Are we enabling? Harm reduction advocates countered that long term outcomes for abstinence-based treatment programs were poor and not inclusive of alternate routes to recovery. Our evolution in thinking was accelerated by the staggering loss of life as a result of the opioid epidemic. In

Harm reduction is a public health strategy that was developed initially for adults with substance abuse problems for whom abstinence was not feasible. Harm reduction approaches have been effective in reducing morbidity and mortality in these adult populations. It can be described as a strategy directed toward individuals or groups that aims to reduce the harms associated with certain behaviors. When applied to substance abuse, harm reduction accepts that a continuing level of drug use (both licit and illicit) in society is inevitable and defines objectives as reducing adverse consequences. It emphasizes the measurement of health, social and economic outcomes, as opposed to the measurement of drug consumption.

Harm reduction, at its simplest, is meeting people where they are at in their journey. Few topics have caused more controversy than this debate between the abstinence-
Connecticut alone, more than a thousand-people died - in just one year. People in the early stages of making a change will vacillate between stages of readiness…which can sometimes mean relapse. This has always been the case. But now – relapse can mean the ultimate consequence – death. The two camps came to realize that the traditional models for recovery, especially in the era of fentanyl, were not effective models for everyone. Clearly an integration of practices to allow for multiple pathways to safety, and optimally, recovery, were needed. Collectively our profession is getting there. Medication assisted therapies don’t carry the same taboo as they once did. Discussing plans for overdose prevention and providing Narcan to people and their loved ones is happening with more regularity. People can be side by side in a meeting or a program, supporting one another and building connection – even if their journeys don’t look the same. However, we still have a very long way to go in our evolution as a society. The idea of safe injection sites, methadone clinics and even Narcan distribution are still viewed by many with a great deal of fear and judgment. I believe the answer to this is – of course – education and connection. We serve no one when we place judgment in the way of compassion. Let’s widen our circle to be inclusive of anyone and everyone seeking health and peace.

All my best,

Maria