

Ethics and Harm Reduction in Substance Use Disorder Treatment: The Real Deal

Terrence Walton, Executive Director & CEO
NAADAC, the Association for Addiction Professionals
Twalton@naadac.org

Disclaimer

This presentation, including its handouts, is intended for informational purposes only. Information you receive during this presentation is not intended to be a substitute for professional advice, including professional legal, health, and/or ethics advice. Please consult with an independent professional concerning your specific concerns.



WHO WE ARE



- 100,000+ addiction professionals.
- 14,000 members
- Affiliates in 49 states, the District of Columbia, Puerto Rico, and internationally
- Over 90,000 members, certificants, and constituents served by NAADAC
- Trained over 200,000 addiction, mental health, and other helping professionals



UNITE 2025

NAADAC Annual Conference

Innovate • Educate • Elevate

October 11 - 13, 2025 | Seattle, WA



ABOUT US

NAADAC's Mission is to lead, unify and empower addiction focused professionals to achieve excellence through education, advocacy, knowledge, standards of practice, ethics, professional development and research.



Founded in
1972

NAADAC's current name -
**NAADAC, the Association
for Addiction
Professionals** - was
adopted in 2001 and
reflects the increasing
variety of addiction
services professionals.



NAADAC's Focus



Advancements through Advocacy

Creating Identity & Community

Delivering Quality Education

Recruitment & Workforce Development

Setting Standards for the Profession

National Credentialing



National Advocacy



Inclusion of Addiction
Counselors as Medicare
Providers

Implementing Full Parity

FY2026 Appropriations

Fully Fund Substance Use
Disorder Treatment Block
Grant

Fully Fund SUD Treatment
and Recovery (STAR) Loan
Repayment Program

Protecting Medicaid



Here's What's Coming

1. Describe harm reduction philosophy, perspectives, and practices
2. Discuss abstinence-based treatment
3. Explore the divide that sometimes exist between HR and ABT
4. Suggest how to bridge that divide
5. Implications of person-centered care & the role of the SUD counselor
6. Justice system-involved clients
7. Ethical implications

What one-word comes to mind when
you think about ABSTINENCE?



Word Cloud

What word comes to mind when you
think about HARM REDUCTION?



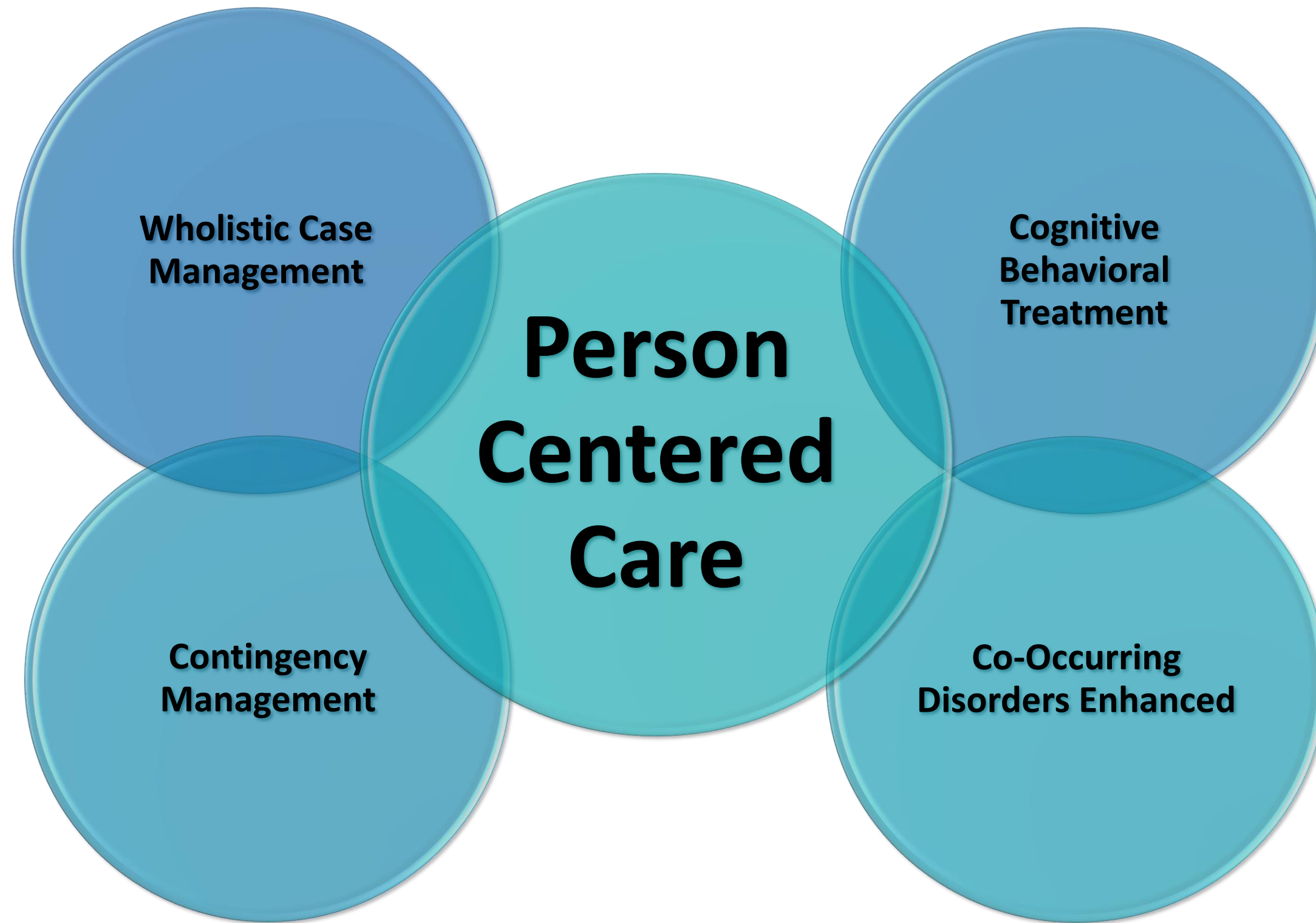
Word Cloud

What one-word comes to mind when
you think about RECOVERY?



Word Cloud

EFFECTIVE SUD TREATMENT PRACTICES & APPROACHES

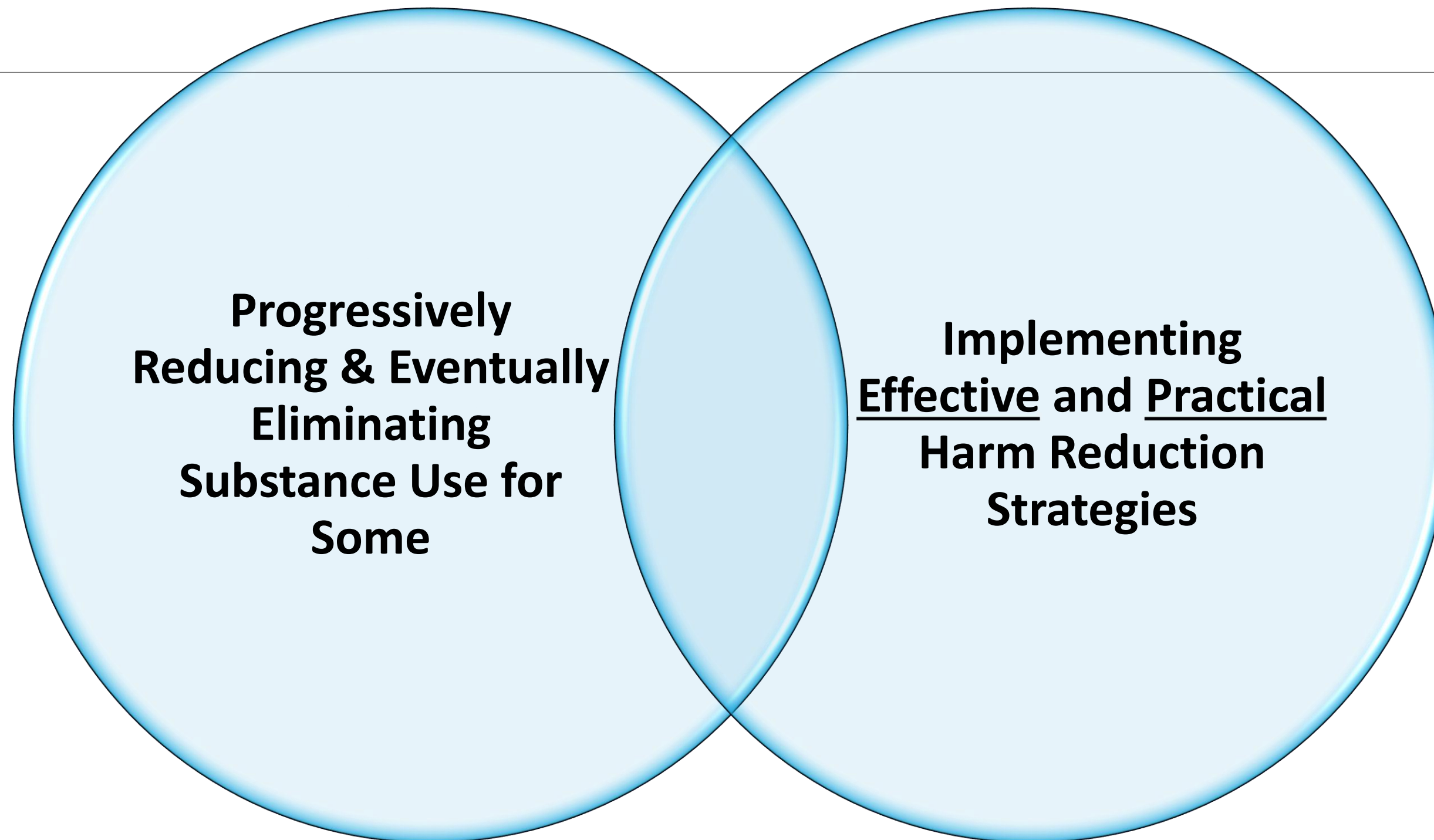


What is Harm Reduction?

A set of strategies and ideas to promote public health by reducing the negative consequences associated with drug use

Aims to reduce risks and improve quality of life for people who use drugs

How SUD Treatment Reduces Overdose Risk



SAMHSA on Harm Reduction

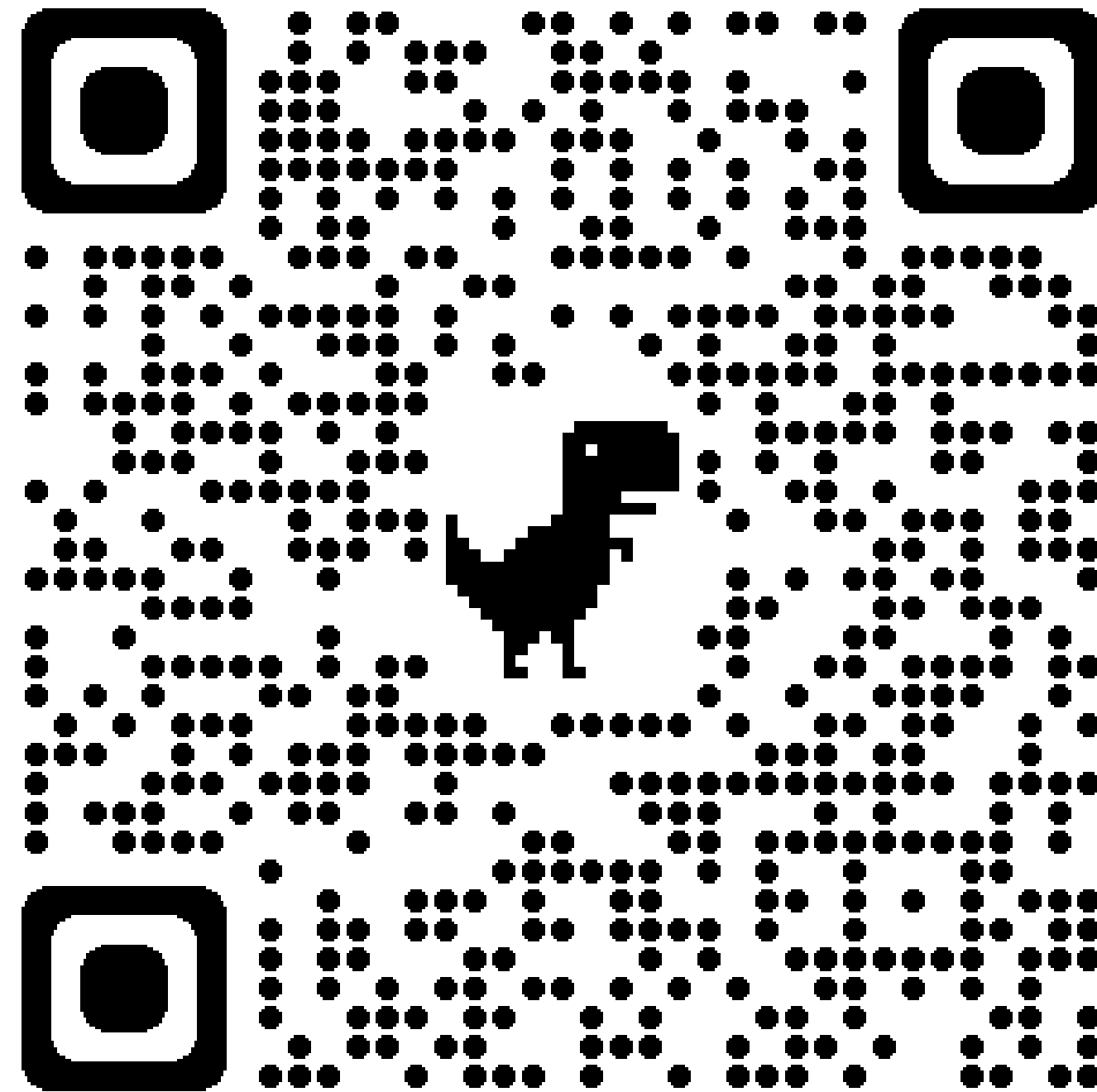
Harm reduction is an approach that emphasizes engaging directly with people who use drugs to **prevent** overdose and infectious disease transmission, **improve** the physical, mental, and social wellbeing of those served, and offer **low-threshold options** for accessing substance use disorder treatment and other health care services.

SAMHSA on Harm Reduction

Harm reduction organizations incorporate a spectrum of strategies that meet people “**where they are**” **on their own terms**, and may serve as a **pathway** to additional prevention, treatment, and recovery services. Harm reduction works by addressing broader health and social issues through improved policies, programs, and practice.

SAMHSA 2022

SAMHSA on Harm Reduction



Harm Reduction Practices

1) Overdose prevention education: risk factors, all available harm reduction services, etc.

2) Access to Narcan/Naloxone kits & fentanyl test strips

3) Psychoactive substances used to treat addiction or MH disorder (other than MAT)

4) Controlled or safer, yet continuing substance use as a final goal of treatment

5) Syringe service programs—needle exchange; sterile injection or smoking equipment

6) Safe consumption sites or sanctuaries

Consistent or Inconsistent?

1

Being inconsistent with ABT indicates that the practice is not a core service that is directly provided within or connected to the treatment program

2

Being inconsistent with ABT does not indicate that the treatment program would object to any harm reduction service/practice being available in the community

3

Being inconsistent with ABT does not indicate that the treatment program would prevent clients/patients from being informed about or from using such services, unless there is a legal reason to do so

Is Harm Reduction Consistent with Abstinence-Based Treatment?

1. Yes
2. No
3. Maybe/Depends

 Multiple Choice

1) YES 2) NO 3) MAYBE

1) Overdose prevention education: risk factors, all available harm reduction services, etc.



Multiple Choice

1) YES 2) NO 3) MAYBE

2) Access to
Narcan/Naloxone kits &
fentanyl test strips



Multiple Choice

1) YES 2) NO 3) MAYBE

3) Psychoactive
substances used to treat
addiction or MH disorder
(other than MAT)

 Multiple Choice

1) YES 2) NO 3) MAYBE

**4) Controlled or safer, yet
continuing substance use
as a final goal of
treatment**

 Multiple Choice

1) YES 2) NO 3) MAYBE

**5) Syringe service
programs—needle
exchange; sterile injection
or smoking equipment**



Multiple Choice

1) YES 2) NO 3) MAYBE

**6) Safe consumption sites
or sanctuaries**



Multiple Choice

1) YES 2) NO 3) MAYBE

What about Medications
for Addiction Treatment?



Multiple Choice

Harm Reduction Practices

- 1) Overdose prevention education: risk factors, all available harm reduction services, etc.**
- 2) Access to Narcan/Naloxone kits & fentanyl test strips**
- 3) Psychoactive substances used to treat addiction or MH disorder (other than MAT)**
- 4) Controlled or safer, yet continuing substance use as a final goal of treatment**
- 5) Syringe service programs—needle exchange; sterile injection or smoking equipment**
- 6) Safe consumption sites or sanctuaries**

Harm Reduction Practices

- **Treatment programs should educate clients on all legal harm reduction services and resources available in their community, even if not directly provided in or connected to the program.**
- **By profession, treatment professionals are obligated to deliver or directly connect clients to all legal harm reduction services available in the community, even if not a core treatment court service.**
- **Unless legally required to do so, treatment programs should not discourage clients/patients from accessing legal harm reduction services.**

Harm reduction positions and issues that may be at odds with ABT or court-supervised treatment

Non-abstinence treatment options

Person-centered, non-coerced treatment; no forced abstinence

Critical Issue – Abstinence Requirement



An Abstinence Definition



Avoiding the self-prescribed or recreational use of all potentially addictive, intoxicating, or mood-altering substances

Critical Issue – Abstinence Requirement



Eventual abstinence is one of the expected outcomes of abstinence-based treatment. Long term use of medications for addiction treatment is fully consistent with abstinence-based treatment.

Client living with addiction often don't yet have the recovery skills to consistently adhere to abstinence.

Abstinence-based treatment programs help clients stay alive long enough to achieve sustained abstinence.

Abstinence-based Treatment programs seek to reduce the harms of recent drug use for those who have not yet achieved abstinence or who experience a return to use after having done so.

Critical Issue – Person Centered Treatment

What it means for the treatment professional?

Meeting clients where they are

Using motivational interviewing to respectfully move them forward

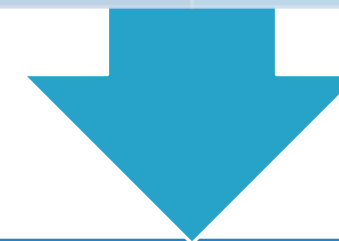
Helping clients to accept their realities, including helping them navigate their mandates



What it means for the justice professional?

Meeting clients where they are

Balancing participant preferences with public safety concerns and justice system mandates



Treatment: setting, modality, intervention, dosage, & duration—especially when participant and treatment professional disagree

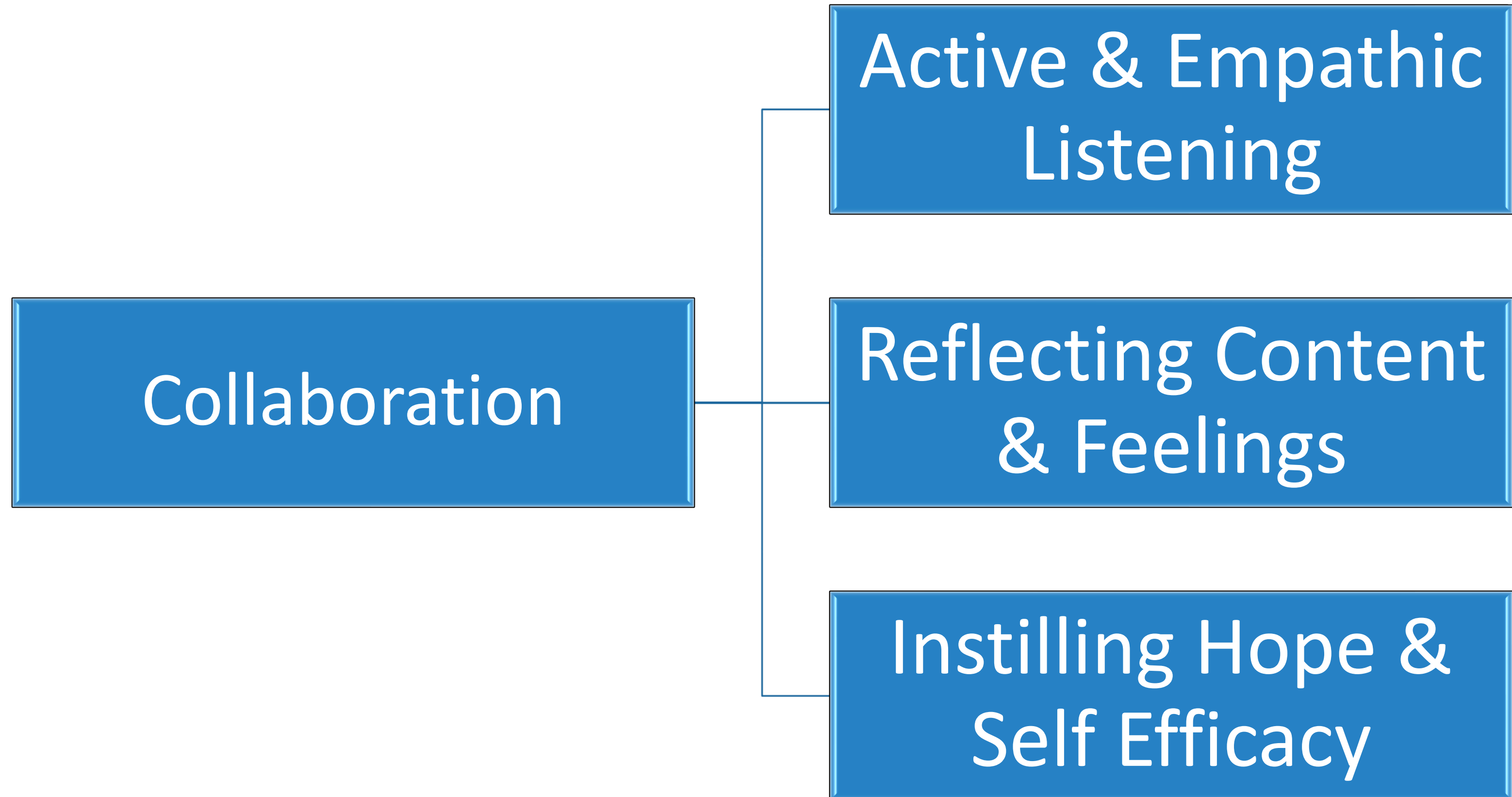


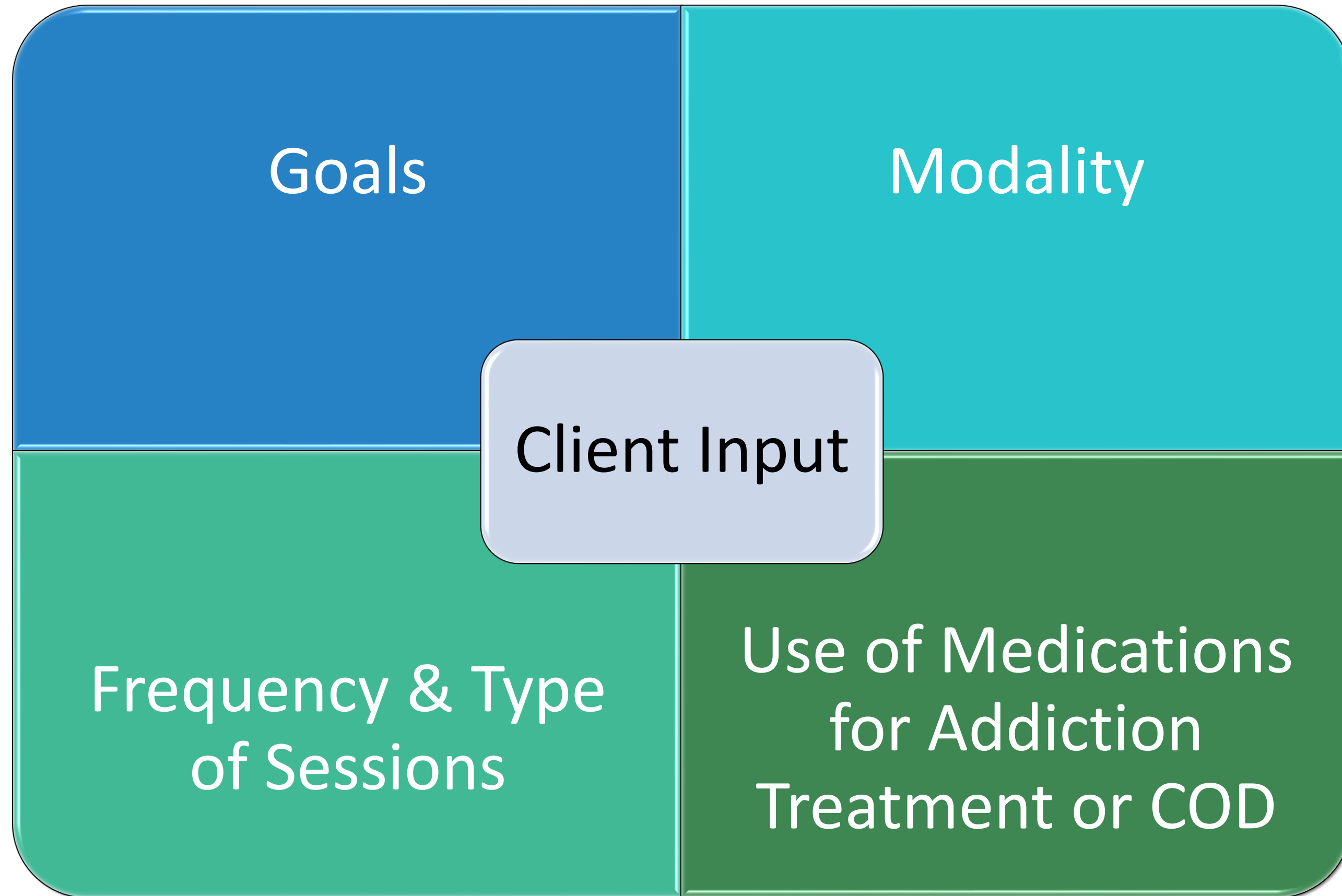
Person-Centered Care



- A collaborative process where the care recipients participate in the development of treatment goals and services provided, to the greatest extent possible.
- Care planning that is strength-based and focuses on individual capacities, preferences, and goals.
- Effective person-centered care planning strengthens the voice of the individual, builds resiliency, and fosters recovery.
- It is important to note that while person-centered planning is respectful and responsive to the needs of the individual, it also occurs within the professional responsibilities of providers and care teams.

Person-Centered Care







Is Abstinence A Goal?

Client

Court

Counselor



The Counselor's Role



Support my client



Assess their
needs



Treatment
Planning



Providing
Counseling



Making
Recommendations
for Care



Conform with
Ethics, 42 CFR,
HIPPA



Help them Navigate
Their Mandates



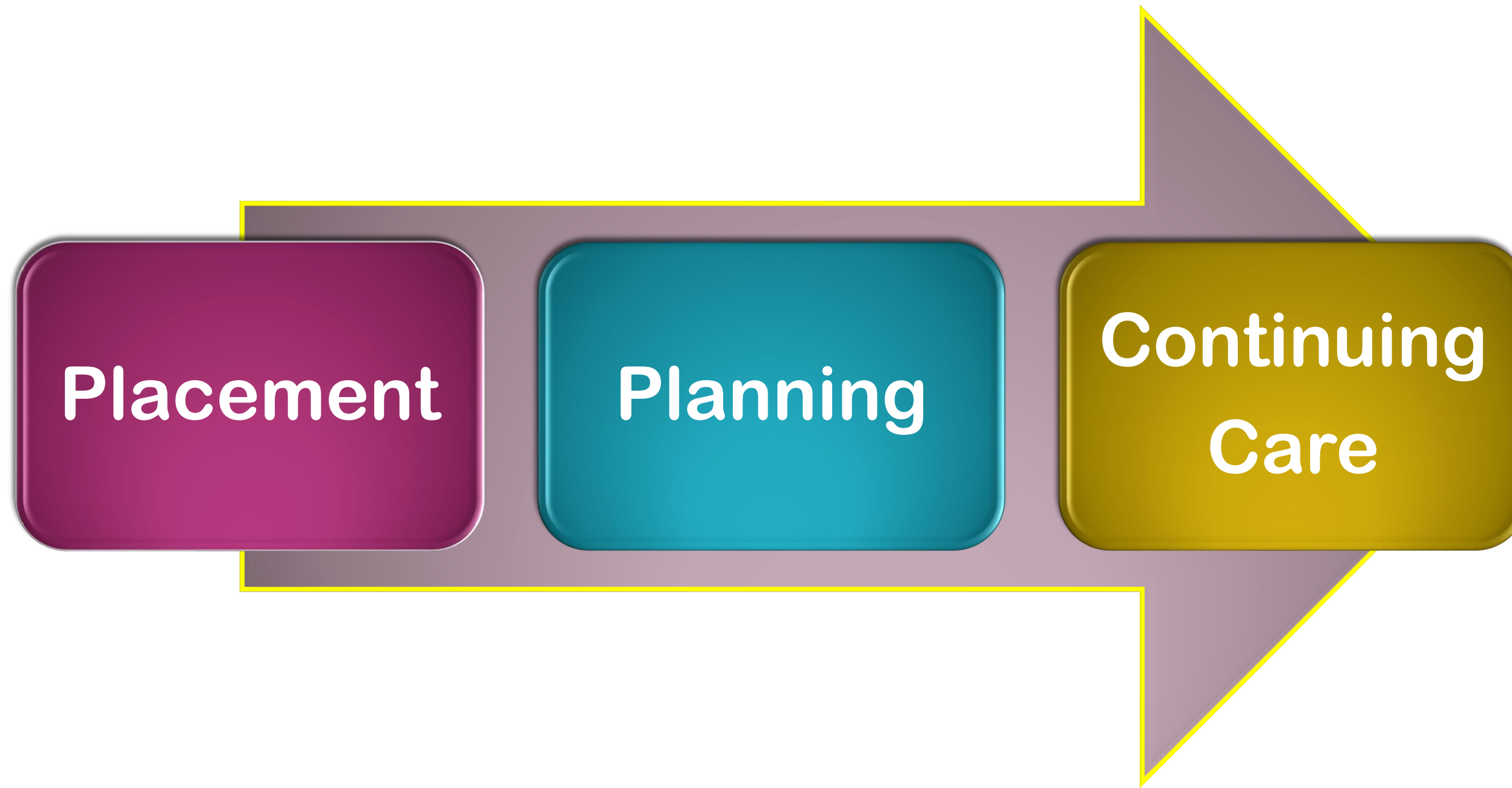
The Counselor's Role



Help them Navigate
Their Mandates



The ASAM Criteria



Changes to *The ASAM Criteria* Dimensions in the Fourth Edition

Third Edition

1 Acute Intoxication and/or Withdrawal Potential

2 Biomedical Conditions and Complications

3 Emotional, Behavioral, or Cognitive Conditions and Complications

4 Readiness to Change

5 Relapse, Continued Use, or Continued Problem Potential

6 Recovery/Living Environment

Fourth Edition

1 Intoxication, Withdrawal, and Addiction Medications

2 Biomedical Conditions

3 Psychiatric and Cognitive Conditions

4 Substance Use-Related Risks

5 Recovery Environment Interactions

NEW

6 Person-Centered Considerations



Dimension 1: Intoxication, Withdrawal, and Addiction Medications

- Intoxication and Associated Risks
- Withdrawal and Associated Risks
- Addiction Medication Needs

Dimension 2: Biomedical Conditions

- Physical Health Concerns
- Pregnancy-Related Concerns
- Sleep Concerns

Dimension 3: Psychiatric and Cognitive Conditions

- Active Psychiatric Symptoms
- Persistent Disability
- Cognitive Functioning
- Trauma-Related Needs
- Psychiatric and Cognitive History

Dimension 4: Substance Use-Related Risks

- Likelihood of Engaging in Risky Substance Use¹
- Likelihood of Engaging in Risky SUD-Related Behaviors¹

Dimension 5: Recovery Environment Interactions

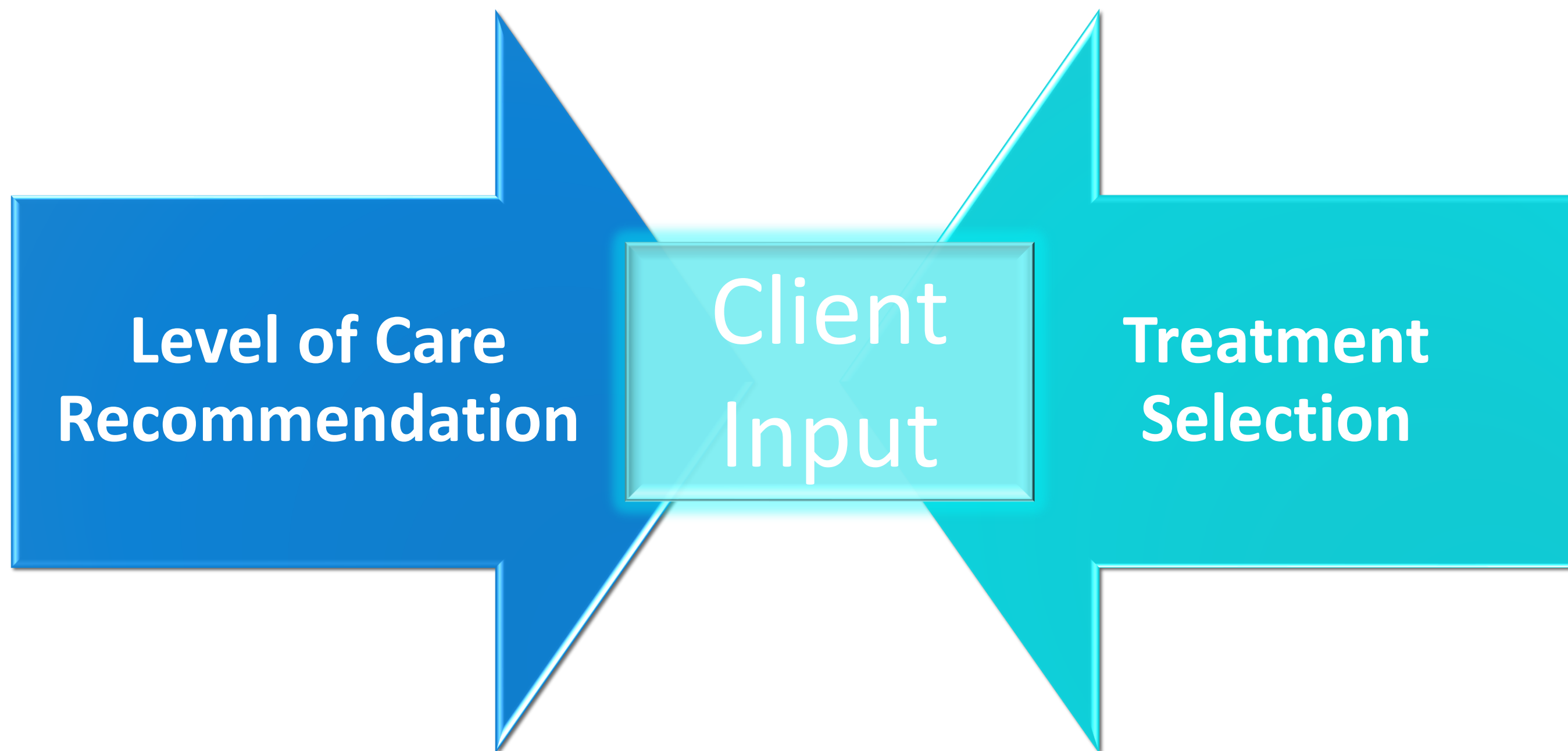
- Ability to Function Effectively in Current Environment
- Safety in Current Environment
- Support in Current Environment
- Cultural Perceptions of Substance Use and Addiction²

Dimension 6: Person-Centered Considerations

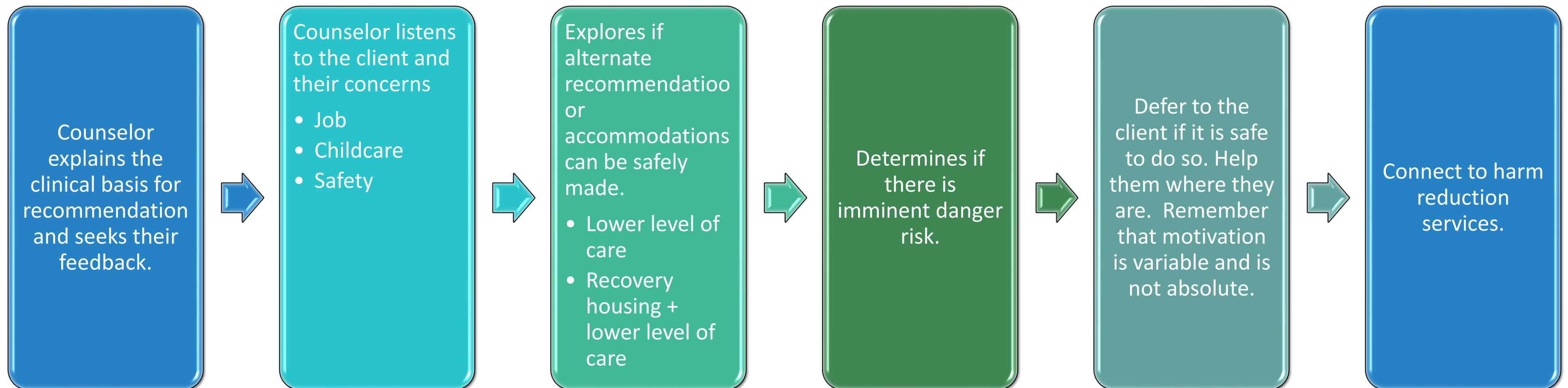
- Barriers to Care
- Patient Preferences
- Need for Motivational Enhancement



The ASAM Criteria 4th Edition



Ethical Dilemma: When Counselor and Client Disagree





Ethical Dilemma:

If The Court Is Involved

- The counselor describes to the client how the plan will be presented to the court.
- The counselor explains recommendations and any person-centered considerations or accommodations.
- Counselor indicates if it is “safe” to treat at a level lower than recommended, even if the counselor doubts it will be “effective.”
- The client or his or her attorney expresses concerns to the judge.
- The judge decides what will be required for the participant to continue in treatment court or avoid revocation.



Tell The Whole Story

Measuring Success

Measure and monitor interim improvements in quality of life and risk reduction—including for those who do not achieve abstinence

Imagine how broadening our metrics influence our treatment/service planning and decision making.

ETHICAL DILEMMAS

YES
NO
MAYBE



Multiple Choice

Handout Slide - Harm Reduction Research

Harm Reduction Studies

- Safe injection sites. Studies on safe injection sites show they help reduce drug overdose deaths, prevent public drug use, and improve community health through preventing the transmission of bloodborne disease. For example, one 2011 study in *The Lancet* showed Vancouver's overdose deaths decreased by 35% two years after their safe injection site opened.¹
- A clinical review in *Psychiatric Services in Advance* on the effectiveness of methadone in MAT showed methadone use is associated with improved treatment retention and reduced opioid use in individuals with opioid addiction; reductions in drug-related HIV risk behaviors, mortality, and criminality; and improvements in fetal outcomes in pregnant [women with opioid addiction](#).⁴
- A National Institute on Drug Abuse study that examined the effectiveness of buprenorphine and naloxone in people who were addicted to opioids found that half were abstinent 18 months after they started MAT. After 3.5 years, the number of people who were abstinent rose to 61% and less than 10% met the criteria for opioid use disorder (addiction).⁵
- Managed alcohol programs. Several small studies have demonstrated the effectiveness of MAPS. For example, one study published in the *Canadian Medical Association Journal* showed that residents of a MAP had a decrease in interactions with the police and emergency services. Another study in the *Harm Reduction Journal* showed that people in MAPs had fewer admissions to hospitals, detox treatments, and arrests.²
- Naltrexone for alcohol reduction. A study in the journal *Substance Abuse* found that extended-release naltrexone combined with harm reduction counseling was effective at reducing alcohol use and alcohol-related harm in homeless alcoholics.³

Sources

1. Ducharme, J. (2018). [The Country's First Safe Injection Facility May Soon Open in Philadelphia. Here's What You Need to Know](#). *Time*
2. Chapin, S. (2018). [Could Managed Consumption Be a Better Form of Treatment for Alcoholism?](#) *Pacific Standard*.
3. Collins, S., Duncan, M., Smart, B., Saxon, A., Malone, D., and Ries, R. (2014). [Extended-release Naltrexone and Harm Reduction Counseling For Chronically Homeless People with Alcohol Dependence](#). *Substance Abuse*, 36(1), 21-33.
4. Fullerton, C., Kim, M., Thomas, C., Lyman, R., Montejano, L., and Delphin-Rittman, M. (2014). [Medication-Assisted Treatment With Methadone: Assessing the Evidence](#). *Psychiatric Services in Advance*, 65(2), 146-157.
5. National Institute on Drug Abuse. (2015). [Long-Term Follow-Up of Medication-Assisted Treatment for Addiction to Pain Relievers Yields "Cause for Optimism"](#)

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