Harm Minimisation Case Studies

Background

In February 2000 a group comprising workers from the Division’s TTT In-Service Training Initiative, service providers, a representative from the Child Protection Training and Development Unit and an outside facilitator (contracted to provide expert alcohol and drug advice to the TTT In-Service Training Initiative) met to develop case studies around the harm minimisation approach in service delivery.

Harm minimisation themes or triggers

The following practice issues emerged as themes or triggers when developing the case studies. It is hoped these may assist workers to focus assessment and decision making skills when assessing harm and determining the appropriate harm minimisation approach.

When applying the harm minimisation approach in service delivery workers may wish to consider:

• whose needs (agency or client) are influencing their decisions
• the rationales for the boundaries that they/their agency impose around client problematic alcohol and drug use
• options, supports and resources which are available to the client/agency when addressing problematic alcohol and drug use.

When providing supervision to workers using the harm minimisation approach, managers may wish to reiterate the following:

• harm minimisation concerns the safety of the client with problematic alcohol and drug use, other clients and workers
• service policy and procedures which support the harm minimisation approach need to be clear and flexible
• workers cannot control client problematic alcohol and drug use, at best, they can seek to influence it
• it takes time, practice, supportive supervision and debriefing to hone harm minimisation skills and competencies
• success, steps forward and change are often small and not always immediately noticeable. (For example, getting clients to not think about, or engage in problematic alcohol and drug use, even for a short amount of time constitutes achievement).
Case Study 1 – Mary

Immediate concern
Mary has been found using inhalants (chroming) in her room.

Client profile
Mary is 16 years old, on a Guardianship order, currently living in a residential unit managed by a contracted agency. She has a history of becoming verbally and physically abusive towards workers and other clients and is on the Department of Human Services (DHS) Protective Services High Risk Register.

Substance use
Regular inhalant, marijuana, and cigarette use.

Stakeholders
DHS – Protective Services has guardianship and case planning responsibilities. The contracted agency and allocated case worker provides case management and liaises with DHS concerning appropriate delegations and authorities and reports back to DHS on a quarterly basis. The residential unit has responsibility for Mary’s day-to-day care.

Setting
The residential unit is a non-secure facility which supports four young people (13 – 18 years) and is staffed on-site 24 hours per day.

Scenario
Mary has been found using inhalants (chroming) in her bedroom. She has slurred speech and is reluctant to adhere to staff requests to stop chroming.

Immediate potential harm
- Mary – risk of overdose.
- Other clients – inhalant vapour and violence from Mary.
- Workers – inhalant vapour and violence from Mary.
**Immediate response**

The immediate response involves approaching Mary in a calm manner to make an assessment of her physical state and the potential risk of harm to herself, other clients and workers and involves:

- determining if there is a need for immediate First Aid/medical attention by:
  - assessing consciousness
  - clearing and opening the airway (paying particular attention for the presence of vomit or plastic obstructing the nose and mouth)
  - checking for signs indicating the presence/absence of breathing
  - if required, performing expired air resuscitation
  - if required, performing cardio pulmonary resuscitation
  - if required, placing Mary in the lateral position
  - if required, calling an ambulance.
- assessing the potential harm for those in the immediate environment and opening a window or door for fresh air
- assessing Mary’s response to workers and other clients
- assessing the type and amount of inhalant or other drugs which Mary may have used
- assessing if immediate additional assistance is required to manage Mary or other clients (for example, bringing in an on-call worker)
- assessing the possibility of obtaining any remaining inhalant from Mary taking into account her likely response and possibility of violence
- continuing to engage with Mary (if possible) and monitoring her physical and emotional state until inhalant effects dissipate
- providing positive feedback to Mary post inhalant use.

When determining the immediate response it is not appropriate for workers to refer to unit rules/regulations which threaten eviction for on-site drug use. The most immediate concern is to ensure that Mary and other clients are safe and are not experiencing, or are at risk of, harm.
The medium-term harm minimisation response concerns workers engaging with Mary to minimise the harm associated with her inhalant and other drug use, and involves:

- building trust and rapport with Mary taking into account the best time of day for engagement/outcomes (morning, afternoon, over coffee)
- finding out where Mary is at with her inhalant and other drug use (refer to Prochaska and DiClemente, Stages of Change Model to assess her motivation to change and to determine how often she uses, the amount, when, where, why, etc)
- ascertaining Mary’s awareness of the risks associated with her inhalant use (via the agency or referral):
  - suffocation caused by using a large plastic bag
  - sudden ‘sniffing’ death caused by inhaling some substances
  - brain, kidney, and liver damage (through the accumulation of lead via petrol sniffing).
- providing Mary with harm minimisation strategies around her inhalant use (via the agency or referral):
  - not using alone
  - First Aid measures
  - using in a well ventilated area
  - using away from naked flames
  - using less toxic substances
  - safer ways to inhale if using a plastic bag
  - ensuring Mary has the phone number of a 24 hour counselling and referral service
  - ascertaining Mary’s awareness of the potential harms and Harm Minimisation strategies for her marijuana and cigarette use (via the agency or referral)
  - finding ways to present interpretations of Mary’s situation to cause her to reflect on her needs/options
  - devising ways to get Mary to talk about the positives and negatives associated with her inhalant and other drug use and to identify other non-drug related ways which positives may be obtained
  - providing positive alternatives to replace Mary’s inhalant and other drug use.
Long term response
(1 month - onwards)

The long term response involves:

- focusing on the reasons for Mary’s involvement in the service system
- monitoring the situation and providing support to achieve long term goals
- making links back into the community/s of Mary’s choice (school, family)
- working towards reducing/ceasing Mary’s inhalant and other drug use
- continuing case management by the contracted agency.

Case Study 2 – Peter

Immediate concern

Peter uses alcohol excessively. His children have recently been seen with bruising on their arms.

Client profile

Peter is a 35 year old sole parent (separated for six months) living with his two children (aged four and seven) in a rural location, three hours drive from Melbourne. He is experiencing intermittent employment and has a history of violent behaviour when affected by alcohol. His children have recently been seen with bruising on their arms.

Behaviours

Excessive alcohol use.

Stakeholders

Family Support and local alcohol and drug specialist agencies. Child Protection is also involved as Peter is currently being investigated because of alleged neglect issues and violence towards his children.

Setting

Peter is drinking excessively on Saturday and Sunday nights and occasionally during the week. He drinks both at home and at the local hotel and sometimes his children are left unattended.
Considerations

Peter’s alcohol use is affecting his ability to provide and care for his children, creating concerns for their health and well being. Peter tends to over discipline and slap the children when affected by alcohol. When sober he is very remorseful of this behaviour and his children are not frightened of him. The worker’s response is determined by a need to ensure the children’s safety and well being, which may require taking the matter to the Children’s Court.

Immediate response

The immediate response is about determining if Peter’s children are safe and are not experiencing, or are at risk of, harm.

Medium term response (1 week – 1 month)

The medium term response concerns engaging with Peter to activate family support services to address the pressures he is currently experiencing and to minimise the harm associated with his excessive alcohol use, and involves:

- building trust and rapport
- ascertaining the best time of day to work on issues with Peter
- finding out where Peter is at with his alcohol use, (refer to Prochaska and DiClemente, Stages of Change Model to assess his motivation to change
- clarifying issues in relation to the children’s mother
- ascertaining Peter’s understanding of the protection concerns his excessive alcohol use is placing on his family
- referral to a family support agency for:
  - extended family assistance (respite)
  - parenting skills program
  - in-home support
  - counselling to address issues around his recent separation
  - referral to an employment agency to address Peter’s intermittent employment issues
  - encouraging Peter to plan his drinking in advance by arranging someone to look after the children (during the drinking session and hangover/recovery period) or engaging respite services to do this.
ascertaining Peter’s awareness of the potential harms associated with his excessive alcohol use (via the agency or referral):
- immediate effects – poor concentration, altered vision and co-ordination
- overdose and altered conscious state
- liver and brain damage
- depression
- violence when alcohol affected.

Medium term response (1 week – 1 month)
- ascertaining Peter’s awareness of harm reduction strategies around excessive alcohol use via the agency or referral:
  - safer drinking guidelines ie eating before drinking, not drinking and driving or operating machinery, consuming large amounts of water after drinking to reduce hangover effects, first aid measures.
- engaging an alcohol and drug agency to work with Peter to:
  - devise ways to get him to talk about the positives he derives from excessive alcohol use and to identify other ways he may obtain these
  - provide positive alternatives to replace his excessive alcohol use
  - find ways to present interpretations of his situation to cause him to reflect on his needs/options
  - provide information about, and referral to, a controlled drinking program.

Long term response (1 month – onwards)
The long-term response involves:
- focusing on the reasons for Peter’s involvement with the service system
- monitoring the situation and providing support to achieve long term goals
- making links back into the community/s of Peter’s choice (family, employment, etc)
- working towards reducing/ceasing Peter’s alcohol use
- continuing case management (Protective Service or via NGO referral).
Case Study 3 – Joe

Immediate concern
Joe has been found injecting heroin in his room. From time to time he also uses prescription drugs and engages in sex industry work.

Client profile
Joe is 17 years old and is currently living in a Supported Accommodation Assistance Program (SAAP) funded youth refuge. He has a history of heroin and prescription drug use and occasional sex industry work. He has recently recommenced secondary school.

Substance use
Regular heroin and prescription drug use.

Stakeholders
The SAAP youth refuge provides crisis accommodation and support to Joe. The school provides support through the School Focused Youth Service worker.

Setting
The refuge provides crisis accommodation to eight homeless young people, (15 – 25 years) and is staffed on-site 24 hours per day.

Scenario
Joe has returned to the refuge after engaging in sex industry work and has been found using heroin by himself in his bedroom. He has a history of heroin and regular prescription drug use which to date has occurred outside of the refuge.

Immediate potential harm
- Heroin use – overdose, bloodborne viruses (HIV, Hepatitis B and C)
- Sex industry work – HIV, Hepatitis B and sexually transmitted diseases (STDs)
- Other clients – needle stick injury
- Workers – needle stick injury.
Immediate response

The immediate response involves approaching Joe in a calm manner to make an assessment of his physical state and the potential risk of harm to himself, other clients and workers, and involves:

- determining if there is a need for immediate First Aid/medical attention by:
  - assessing consciousness
  - clearing and opening the airway (paying particular attention for the presence of vomit)
  - checking for signs indicating the presence/absence of breathing
  - if required, performing expired air resuscitation
  - if required, performing cardio-pulmonary resuscitation
  - if required, placing Joe in the lateral position
  - if required, calling an ambulance.

- ascertaining the potential harm for those immediate environment in particular the risk of needle stick injury

- locating and safely disposing any used injecting equipment and unused heroin

- ascertaining if immediate additional assistance is required to manage Joe and the environment (for example, bringing in an on-call worker)

- assessing the type and amount of heroin or other drugs used

- continuing to engage with Joe (if possible) and monitor his physical and emotional state until the heroin effects dissipate

- providing positive feedback to Joe post heroin use.

When determining the immediate response it is not appropriate for workers to refer to agency rules/regulations which threaten eviction for on-site drug use. The most immediate concern is to ensure that Joe is safe and is not experiencing, or is at risk of, harm.
The medium term harm minimisation response concerns workers engaging with Joe to minimise the harm associated with his heroin/prescription drug use and sex industry work and involves:

- building trust and rapport with Joe taking into account the best time of day for engagement/outcomes
- finding out where Joe is at with his heroin and prescription drug use, refer to Prochaska and DiClemente, Stages of Change Model to assess his motivation to change and to determine how often he uses, the amount, when, where, why, etc
- ascertaining Joe’s awareness of the potential harms associated with his heroin use via the agency or referral:
  - risk of overdose
  - risks associated with using alone
  - risks associated with polydrug use in particular heroin and prescription drugs (benzodiazepines) and alcohol
  - risks associated when using an unknown dealer
  - blood-borne viruses – Hepatitis B, C and HIV
  - vein management and areas to avoid injecting
  - other health related issues - constipation, thrombosis, poor circulation, tooth decay/gum disease, loss of appetite/malnutrition, endocarditis, collapsed veins, abscesses, diluted pupils, drowsiness, impaired concentration and memory, and lack of initiative and withdrawal from activities
  - tolerance issues if Joe has not recently used.
Medium-term response (1 week – 1 month)

- providing Joe with harm minimisation strategies for his heroin use (via the agency or referral):
  - First Aid measures
  - alternate routes of heroin administration – snorting, smoking and swallowing
  - ways in which to prevent/manage an overdose
  - needle and syringe exchange programs and the need for a clean fit every time
  - vein management
  - safer injecting sites (subcutaneous and intramuscular) and the benefits of alternating injecting sites
  - the benefits of using a known dealer
  - the benefits of using with others
  - linking Joe into a peer led harm reduction/safer use program which emphasises the learning of the skills required to use drugs more safely
  - ensuring Joe has the phone number of a 24 hour counselling and referral service
  - providing information to Joe on alternative pharmacotherapies programs (methadone, etc)
  - ascertaining Joe’s awareness of the potential harms and harm minimisation strategies for his prescription drug use via the agency or referral
  - finding ways to present interpretations of Joe’s situation to cause him to reflect on his needs/options
  - devising ways to get Joe to talk about the positives and negatives associated with his heroin and prescription drug use and to identify other non-drug related ways which positives may be obtained
  - finding positive alternatives to replace Joe’s heroin and prescription drug use
  - ascertaining Joe’s awareness of the potential harms and harm minimisation strategies for his sex industry work (via the agency or referral).
Long-term response (1 month – onwards)

The long term response involves:

- focusing on the reasons for Joe’s involvement in the service system
- monitoring the situation and providing support to achieve long term goals
- making links back into the community/s of Joe’s choice (family, etc)
- working towards reducing/ceasing Joe’s heroin and prescription drug use and sex industry work
- continuing case management.