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Harm Reduction Approaches of Professionals Working in Substance Addiction Treatment

Abstract

The purpose of this study is to examine the importance of harm reduction practices in substance use treatment and to explore the views of professionals working in substance use treatment on harm reduction. Interviews with 16 professionals using semi-structured forms revealed four main themes: Perspectives on Harm Reduction in Substance Use Treatment, Harm Reduction Strategies Applied as a Treatment Method, Perceptions and Challenges of the Harm Reduction Approach, and Suggestions for the Harm Reduction Approach. Findings show that while some professionals find harm reduction effective, others believe it is not suitable for advanced cases. Generally, the harm reduction approach is seen as a diverse and holistic model in addiction treatment. It is valued for its motivational benefits and effectiveness for individuals with concurrent substance use and psychiatric disorders, offering strategies like reducing use and transitioning to less harmful alternatives. Techniques such as mindfulness for developing conscious responses to triggers, as well as the role of education, research, and awareness in advancing harm reduction strategies, are highlighted. Addressing the knowledge gaps in communities and families can enhance social integration and support processes. These results underline the importance of strategies to increase the effectiveness and acceptability of the harm reduction approach in addiction treatment.

Keywords: Addiction, Harm Reduction, Substance Use, Substance Use Treatment.

Madde Bağımlılığı Tedavisinde Çalışan Profesyonellerin Zarar Azaltma Yaklaşımları

Öz

Bu çalışmanın amacı madde kullanım tedavisindeki zarar azaltımı uygulamalarının önemini ve madde kullanım tedavisinde çalışan profesyonellerin zarar azaltımı hakkındaki görüşlerini incelemektir. Araştırmada madde bağımlılığı tedavisinde çalışan 16 profesyonelle derinlemesine görüşmeler gerçekleştirilmiştir. Veri toplamada yarı yapılandırılmış görüşme formu kullanılmış ve elde edilen veriler nitel veri analiz yöntemlerinden betimsel analiz tekniği kullanılarak analiz edilmiştir. Bu bağlamda "Madde Kullanım Tedavisinde Zarar Azaltımına Bakış, Tedavi Yöntemi Olarak Uygulanan Zarar Azaltma Stratejileri, Zarar Azaltımınında Karşılaşılan Zorluklar ve Algılar, Zarar Azaltım Yaklaşımına Dair Öneriler" şeklinde 4 ana tema belirlenmiştir. Çalışmanın sonucunda madde kullanım tedavisi alanında çalışan profesyonellerin bazıları zarar azaltımını etkili bulurken bazıları zarar azaltımının ileri düzey vakalarda kullanılamayacağını düşünmektedir. Genel olarak, zarar azaltımı yaklaşımının madde bağımlılığı tedavisindeki çeşitli ve bütünsel modeli ön plana çıkmıştır. Profesyonellerin, zarar azaltımını motivasyon artırıcı ve eş zamanlı madde kullanımı ve psikiyatrik bozukluğu olan bireyler için etkili bir yöntem olarak görmesi; kullanım miktarını azaltma, zararlılardan daha az zararlı alternatiflere geçiş gibi stratejilerin olumlu etkileri; mindfulness gibi tekniklerle bireylerin tetikleyicilere karşı bilinçli tepkiler geliştirmesini sağlama; eğitim, araştırma ve bilinçlendirme çabalarının zarar azaltma stratejilerinin gelişimine katkısı; ve toplum ve ailelerin bilgi eksikliklerinin giderilmesinin sosyal uyumu ve destek süreçlerini güçlendirebileceği önemli bulgular arasındadır. Bu sonuçlar, zarar azaltma yaklaşımının madde bağımlılığı tedavisindeki etkinliğini ve kabul edilebilirliğini artırmaya yönelik stratejilerin önemini vurgulamaktadır.

Anahtar Kelimeler: Bağımlılık, Zarar Azaltımı, Madde Kullanımı, Madde Kullanımı Tedavisi.

Yazar Katkı Oranları/ Author Contributions

Çalışmanın Tasarımı/Conceiving the Study	Yazar-1 (%0) - Yazar-2 (%40)- Yazar-3 (%30)- Yazar-4 (%30)
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1. Introduction

Substance use leads to numerous physical, psychological, social, and legal adverse effects on individuals. Psychologically, it causes issues such as depression and anxiety, while economically, it results in difficulties like unemployment and poverty (Cüceler et al., 2022). This habit also makes individuals more vulnerable to chronic and fatal diseases (Evli & Albayrak, 2021). Additionally, the legal risks arising from the possession or use of substances can expose individuals to long-term prison sentences, compounding various health and economic problems (Çöpür et al., 2014). The effects of substance use extend beyond the individual, negatively impacting their family and social environment, thus escalating the issue to a biopsychosocial dimension. Within families, there is an increase in physical, emotional, and psychological violence, weakening or severing relationships among family members, and an increase in poverty are some of the problems faced by families of substance users (Karataş, 2021). This situation makes substance use a significant social problem requiring extensive interventions.

In this context, the harms and problems arising from substance use necessitate an inevitable treatment process. This treatment process generally includes medical emergency assistance, pharmacotherapy, psychosocial interventions, and rehabilitation services (Karataş, 2021). Pharmacotherapy, psychosocial intervention, and rehabilitation processes are interrelated and can be conducted together in various combinations. Additionally, in recent times, non-pharmacological methods in substance use treatment have become increasingly preferred. A study examining the decisions to reject pharmacological treatment found that concerns about the side effects of medications, the fear of creating a new dependency, and negative attitudes toward the pharmaceutical industry are among the main reasons for not preferring medical treatment (Gürel et al., 2024). Substance use treatment is a complex field that requires the cooperation of the individual, their family, and the professionals conducting the treatment process. Professionals working in the field of substance use play a significant role in initiating treatment for individuals with substance use problems and ensuring the continuity of their treatment. Many professionals work together in substance use treatment. These professionals include mental health and psychiatric specialists, nurses, psychologists, addiction counselors, and social workers (Mutlu, 2015).

Individuals who use substances may not necessarily want to cease their use but rather seek to mitigate the harms caused by substance use. Harm reduction focuses on strategies to reduce the negative impacts of substance use on both the individual and their environment. Although there is no universally accepted definition of harm reduction, it is generally recognized that harm reduction practices reduce the detrimental effects of addictive behaviour on both drug users and society (Lenton & Single, 1998; Marlatt, 1996). Carrico (2014) defines harm reduction as a user-centered philosophy that involves engaging people with a substance use disorder in behavior change (Carrico, 2014). Harm reduction emphasizes the behaviors that substance users wish to change or eliminate (Tatarsky, 2003). The goal of harm reduction is not to stop substance use but to prevent the negative consequences caused by substance use (Tiderington & Stanhope, 2013).

Moreover, the concept of harm reduction encompasses policies and programs aimed at reducing the health, social, and economic harms associated with substance use (Andersen & Järvinen, 2007). The harm reduction approach in substance use treatment, particularly with the integration of relapse prevention and motivational interviewing techniques, is noted as one of the highly productive developments in the field of psychology (Marlatt, 1998; Miller, 2002). The harm

reduction approach was first included in the 1976 Dutch Opium Act (Marlatt et al., 2011). In subsequent periods, harm reduction policies were further developed. Erickson (1999) divides the development of harm reduction policies into three main stages. The first stage, beginning in the 1960s, focused on protecting against health risks associated with tobacco and alcohol use. The second stage, around 1990, included strategies to prevent the spread of AIDS among intravenous drug users. The third and final stage targeted harm reduction for all legal and illegal drugs (Cheung, 2000). Many individuals face substance use issues, and harm reduction offers strategies to mitigate this situation (Karataşoğlu, 2013). Harm reduction, a modern treatment approach to substance use behaviors, emerged in the early 1980s as a public health and disease treatment model aimed at reducing the spread of the human immunodeficiency virus (HIV) (Bayles, 2014).

Harm reduction, a pivotal concept in the field of substance use treatment, encompasses policies and strategies aimed at mitigating the adverse health, social, and economic consequences associated with substance use. These policies are not only implemented by professionals in substance use treatment but also by governments and individuals. The government plays a significant role in harm reduction, employing various methods such as taxation, advertising restrictions, stringent enforcement of drunk driving laws, and prohibiting the sale of tobacco and alcohol products to individuals under 18 years of age. Individuals, on the other hand, can adopt a range of measures to safeguard their health and contribute to the overall welfare of society (Jiloha, 2017; Karataşoğlu, 2013). In our country, specialists in the field of substance use treatment utilize a diverse array of harm reduction strategies, including substitution therapies, medical treatment methods, and psychotherapy. This comprehensive approach is designed to minimize the harm caused by substance use and enhance the health and well-being of users. Therefore, harm reduction strategies for substance use encompass altering usage methods, using less harmful substances, avoiding risky behaviors, and using substances in safe environments and with reliable individuals (Ögel et al., 1999). Other practices to reduce the use and effects of substances include reducing alcohol consumption or opting for products with lower alcohol content and limiting the number of cigarettes carried.

The primary objective of this study is to shed light on the diverse perspectives of professionals working in the field of substance use treatment regarding harm reduction. Given the limited attention given to this topic in the literature and the absence of a standardized national-level harm reduction guideline, it is crucial to recognize the potential variations in harm reduction strategies implemented by different institutions and professional groups. This diversity is key to understanding the preferences of professionals in the field of substance use and the effectiveness of these methods. Hence, this study delves into the harm reduction approaches of various institutions providing services in the field of substance use treatment and the diverse professional groups operating within these institutions. The research involves interviews with professionals working in the field of substance use to explore the harm reduction strategies they employ, thereby providing a comprehensive view of the field that leaves no stone unturned.

2. Method

Since the study aims to understand the perspectives of professionals working in substance use treatment, a qualitative research method was employed. Qualitative research is a type of investigation that realistically and holistically reveals perceptions and situations by applying qualitative data collection techniques such as observation, interviews, and document analysis (Aydın, 2018). The study was conducted using a phenomenological design, one of the qualitative

research methods. This approach aims to understand individuals' experiences and explore their emotions related to the situations they encounter (Tekindal & Şerife, 2020).

Ethical approval for the research was obtained from the Istanbul University-Cerrahpaşa, Cerrahpaşa Social and Human Sciences Research Ethics Committee on January 3, 2024, with approval number 2023/497. After informing the volunteers about the research, informed consent was obtained from the professionals willing to participate. Confidentiality principles were adhered to at all stages of the research.

2.1. Sample

The sample of this study consists of eight male and eight female professionals known to have experience in substance use treatment and are willing to contribute voluntarily. The sociodemographic characteristics of the participants are presented in Table 1. The purposeful sampling technique, an approach aimed at including individuals who can best reflect the subject being studied, was preferred for sample selection. Within this methodology, specific criteria were applied to select the most appropriate participants for the research objectives (Creswell, 2016). The primary inclusion criterion for sampling in this study was that participants must have been actively accepting clients for substance addiction treatment for at least one year. Contact was made with associations and institutions working on substance use, informing them about the study and indicating a desire to conduct interviews with professionals working there. Those who volunteered to participate were included in the study after obtaining their informed consent. The number of participants in this study was determined using the theoretical sampling method, one of the methods used in qualitative research. The theoretical sampling method suggests that the sample size should be determined until the research findings reach saturation, that is when new data repeat previous findings or no longer provide additional information. It was understood that the saturation point was reached when the findings and statements obtained from the interviews with the participants began to repeat. Therefore, it was not necessary to interview more participants (Yıldırım & Şimşek, 2018).

2.2. Data Collection Tools

The study used the in-depth interview technique, a qualitative research method aimed at uncovering participants' genuine opinions. This technique obtains detailed thoughts and experiences of participants via interviews conducted in various settings (Uslu, 2023). The researchers developed a semi-structured interview form for use in individual interviews. This form was prepared based on a literature review and expert opinions. It consists of 16 questions, including four sociodemographic questions. Participants were informed about the purpose of the study, the nature of the questions, and their right to withdraw from the study at any time without any negative consequences. They were also assured of the confidentiality of their responses. Participants' consent was obtained before the interviews, and the interviews were recorded with a voice recorder. A pilot interview was conducted with a professional working in substance use treatment to enhance the reliability of the semi-structured interview form. The data collection process for the study involving interviews with professionals working in substance use treatment was completed between January 5, 2024, and March 10, 2024.

2.3. Data Analysis

The descriptive analysis method was used for data analysis, which involves categorizing and presenting the data collected during the research process in the form of themes and sub-themes,

followed by interpretation (Yıldırım & Şimşek, 2018; Ültay et al., 2021). After completing the interviews, the raw audio recordings were transferred to a computer. The recordings were listened to, and the raw data were transcribed into written text. After transcribing a total of 355 minutes of audio recordings, an 81-page transcription document was formed. The transcription document was repeatedly read, and the coding process was carried out. The codes were grouped according to their coherence in meaning, and those with similar meanings were eliminated, resulting in the formation of main themes and sub-themes. The findings, along with the main themes, were presented in tabular form. Each professional working in substance use treatment was designated with symbols ranging from P1 to P16. For example, the professional working in substance use treatment identified as P1 is referred to as Participant 1.

Table 1: Sociodemographic Characteristics

Participant	Age	Gender	Profession	Experience
1	28	Male	Social Worker	3.5 years
2	28	Female	Psychologist	3 years
3	27	Female	Psychologist	2.5 years
4	34	Male	Addiction Counselor	Over 13 years
5	27	Female	Clinical Psychologist	3-4 years
6	27	Female	Clinical Psychologist	4 years
7	28	Male	Psychologist	2.5 years
8	28	Male	Psychologist	1.5 years
9	44	Male	Addiction Specialist	6 years
10	53	Female	Mindfulness Instructor	3 years
11	27	Male	Psychological Counselor	3 years
12	27	Male	Addiction Counselor	Approximately one year
13	27	Female	Psychologist	2 years
14	24	Female	Psychologist	One years
15	26	Male	Psychologist	One years
16	27	Female	Social Worker	3.5-4 years

3. Findings

Based on the data obtained from the participants, four main themes have been identified: Perspectives on Harm Reduction in Substance Use Treatment, Harm Reduction Strategies Applied as a Treatment Method, Perceptions and Challenges of the Harm Reduction Approach, and Suggestions for the Harm Reduction Approach. Below, these main themes are presented in a holistic view in tabular form.

The sociodemographic analysis of the participants reveals an average age of 30.125 years. The study's cohort is evenly split, comprising eight women and eight men. Among these dedicated professionals in substance use treatment are 2 Social Workers, 7 Psychologists, 3 Addiction Counselors, 2 Clinical Psychologists, 1 Addiction Specialist, and 1 Mindfulness Instructor. Their professional experience spans a minimum of 4 months to 13 years.

3.1. Perspectives on Harm Reduction in Substance Use Treatment

Table 2 provides a detailed account of the various perspectives and approaches of different experts towards harm reduction in substance use treatment. Additionally, it presents critical statements from each expert, along with an analysis of these statements. This information is crucial for understanding the implementation of harm reduction and how it can be tailored to different addiction scenarios.

Table 2: Experts' Approaches to Harm Reduction

Perspective	Statements	Analysis
Holistic Treatment and Medical Support	"We cannot talk about harm reduction without medical treatment and psychosocial support" (P1).	Emphasizes the necessity of holistic treatment and medical support in harm reduction.
Increasing Motivation	"It prevents the client from reaching a point where they harm themselves physically or feel they cannot quit and are not motivated. Keeping them engaged in treatment is an important aspect of harm reduction" (P2).	Can be used as a tool to overcome treatment resistance and enhance motivation.
Not the First Option	"Starting directly with harm reduction can be challenging. Clients should come with the motivation to quit, not with harm reduction in mind" (P3).	A problematic initial approach but functional with quitting motivation.
Preventive and Protective	"Harm reduction should be applied selectively. The best policy is treatment. Apart from that, harm reduction is most beneficial in preventive work" (P4). "I believe it is only a preventive intervention or to prevent the person from becoming more harmful" (P13).	Preventive measures are the most suitable context for harm reduction.
Reducing Effects and Accessibility	"Reducing the effects of the substance used and making the treatment process easier for the client. For instance, if they want to quit but have low self-belief, harm reduction can make a difference" (P5).	Effective for clients with low confidence in quitting.
Customization for Cases of Intensive Use	"For those with intensive use, harm reduction is not appropriate. Long-term medical support is more important. It is also significant for cooperation rather than resistance" (P6).	Inappropriate for intensive substance use scenarios.
Safe Use When Hope is Lost	"Harm reduction is for those convinced they won't quit, allowing them to use substances safely" (P8).	Protects from the harms of substance use when the hope of quitting diminishes.
Minimizing Harm	"Harm reduction aims to protect individuals from harm by regulating behaviors rather than eliminating them entirely" (P10).	Prefers harm reduction to complete cessation in some cases.
Individualized Treatment	"I apply different harm reduction perceptions for those who are addicted and those at risk. The former needs professional help due to active withdrawal, while the latter, not yet facing behavioral addiction, can benefit from pharmacological support" (P11).	Suggests customized treatment based on clients' addiction levels and motivations.
Social Integration	"Minimizing dependency to the lowest level, reintegrating into social life, improving social harmony, and adjusting the family perspective" (P12).	Aims to enhance clients' adaptation to social life.
Establishing a New Life	"The primary goal of harm reduction is to help individuals abandon old habits and build a new life, often involving changes in environment, friends, family, and creating a safer environment" (P14).	Assists clients in making positive changes and transitioning to a safer environment.
Substance Substitution	"If quitting methamphetamine is harder, but quitting marijuana is easier, then using a less harmful alternative can slow the transition" (P16).	Encourages the use of less harmful substances as alternatives and suitable for difficult quitting scenarios.
Type-Specific Impact	"Harm reduction can work for smoking, but not for drugs. For smoking, reducing to 1-2 cigarettes a day might work, but not for drugs" (P7).	Emphasizes the suitability of harm reduction for certain addictions like smoking and alcohol.

Table 2 reveals that each participant has a distinct perspective and point of emphasis. These differences highlight that harm reduction is a multifaceted strategy and underscore the necessity of customizing it to meet the individual needs of each client.

As inferred from the participants' statements, the harm reduction approach is considered a holistic method in addiction treatment and is examined from various perspectives. Accordingly, it is suggested that harm reduction, when used in conjunction with medication and psychological support, can address both the medical and psychological aspects of addiction. It is also noted that harm reduction can be an effective tool for overcoming clients' resistance to quitting substances and enhancing their motivation. Moreover, it is emphasized that harm reduction plays a critical role as part of preventive efforts, should be integrated into treatment, and tailored to clients' specific circumstances. Additionally, professionals highlight that harm reduction may not be functional in cases of intensive substance use and should not always be the first option.

On the other hand, the primary goal of harm reduction is stated to be reducing the effects of the substance used and making the treatment process more accessible for the client. It aims to protect individuals by regulating behaviors and should be considered an option for those who have lost hope of quitting. Furthermore, it is expressed that harm reduction can promote social integration and help individuals abandon old habits. Some participants also mention that harm reduction might be more effective for addictions like smoking and alcohol rather than substance use.

3.1.1. Applicability and Effectiveness of Harm Reduction in Treatment

Table 3: Applicability of Harm Reduction

Perspective	Statements	Analysis
Applicability and Resistance	"I don't even want to see harm reduction as an option. If there is a harm reduction option, the person might still think they can use" (P8).	Concerns about increasing the likelihood of substance use.
Societal Perception and Acceptance	"I don't think it will be very effective in Turkey. A's will reduce, but B's will accuse you of legalizing drugs. For those resistant to treatment or not determined to stay clean, harm reduction won't make a difference" (P9).	Societal perception and acceptance might complicate the application of harm reduction.
Intensive Addiction and Psychosis	"I don't think it will work for clients with severe addiction because they experience intense withdrawal. Harm reduction won't be functional here" (P6). "For those really at the bottom, with severe psychosis, I find the functionality of harm reduction very low" (P11).	Not functional in cases of severe addiction and psychosis.
Education and Life Skills	"Drugs should be completely quit. Medications given under harm reduction can lead to medication addiction. I believe that teaching skills like how to spend free time, interact with family, and cope with stress is more valuable" (P7).	Emphasizes the need for education and life skills training instead of harm reduction.
Psychoeducation	"We provide harm reduction strategies mainly under psychoeducation. We focus on how to manage cravings when they arise" (P13).	Providing psychoeducation to manage substance cravings.
Motivation and Recovery	"The more my clients follow my instructions and stay motivated, the higher their chances of recovery. Harm reduction never works for those who do not genuinely want to recover" (P14).	The importance of the client's motivation level.
Flexible and Client-Centered Approach	"We progress according to the client's request. For example, for a client who uses substances daily, saying 'don't use at all' might not be reasonable. Instead, we might try reducing to two days a week before aiming for complete cessation" (P16).	Applying harm reduction strategies based on the client's condition and requests.

Table 3 reflects each participant's perspective on how harm reduction can be functional or not under different conditions. Examining the participants' views on the applicability or effectiveness of harm reduction reveals several important insights. Some participants believe that this approach might increase the likelihood of substance use, as individuals might still consider using substances, thus instilling resistance. Societal perception and acceptance could complicate the implementation of harm reduction. It is stated that harm reduction may not be functional for clients with severe addiction levels, trauma histories, or intense psychosis. Participants mention that harm reduction strategies should primarily be provided under the scope of psychoeducation, teaching clients how to manage substance cravings when they arise. Some participants believe that harm reduction can be effective if the client is motivated and that it should be tailored to the client's requests or specific circumstances.

3.2. Harm Reduction Strategies Applied as a Treatment Method

Based on the data gathered from participants, a comprehensive table has been constructed that encompasses the implemented harm reduction strategies, the methodologies employed by experts, pertinent statements, and corresponding analyses. This table offers an in-depth examination of the variety of harm reduction strategies, their modes of implementation, and their impacts.

Table 4: Harm Reduction Strategies as a Treatment Method

Harm Reduction Strategy	Statements	Analysis
Quantity Reduction and Replacement	"When we talk about harm reduction, we mostly understand replacement, which involves developing social skills" (P1).	Replacing substance use with social skills and social environment.
Substitution with Engagement	"We first address the family to improve it and reduce harm. Then we involve substance users in charitable activities. For example, during the recent earthquake, these young people helped with emergency aid for two months. Thus, those who harm the community suddenly started to benefit it" (P4).	Mentally replacing the current situation with different engagements (charity).
Transition to Less Harmful Alternatives	"I don't usually use harm reduction, but if I did, I would guide people from more intense chemicals to less harmful substances. For instance, directing someone using heroin to use marijuana instead" (P8).	Guiding individuals towards less harmful substances.
Reduction in Quantity	"Harm reduction is essentially reducing the quantity, lowering the amount used..." (P5).	A strategy to gradually reduce the substance use of the clients.
Delay Technique and Reduction in Usage Time	"Regarding substance use, for example, if someone starts using early in the morning, we work on postponing it to later in the evening. The important thing is to limit the usage to specific hours rather than throughout the day, effectively reducing its impact" (P6).	Limiting substance use to specific hours or days to control usage habits.
Transition to Less Harmful Consumption Methods	"If a client is using heroin intravenously, the harm reduction strategy is to at least shift them to another method that's less harmful. Changing the method of use to reduce severe impacts on the body is a form of harm reduction" (P16).	Transitioning from riskier methods of consumption to less harmful ones.
Goal Setting and Focusing on Daily goals	"After talking to the person, we determine the appropriate harm reduction strategy that they can accept, and we proceed accordingly..." (P3).	Setting goals tailored to individual needs.
Behavioral Treatment and Preventive Support	"Initially, I find behavioral interventions effective in harm reduction strategies" (P11).	Encouraging active participation of the client through behavioral treatment.

Inclusion of Family and Community	"We try to involve the family. We especially recommend certain books to educate the families..." (P9).	Involving family and community in the harm reduction process.
Changing Environment and Social Surroundings	"They need to start a new page, as hard as it may be. They should change their phone number and place of residence. Even something that triggers memories, like a neighborhood or a café, should be avoided." (P13) "We prefer staying away from environments where substances are available. If you see it, leave or say no when someone offers, which we call the broken record technique" (P12).	Increasing resistance to triggers and reducing harm by using techniques like the broken record method.
Mindfulness and Behavioral Therapy	"I often use mindfulness. One of the key aspects is that when a person feels the need to use, they can minimize this urge with mindfulness practices and breathing exercises" (P10).	Promoting physical and mental calmness.
SAMBA (Smoking, Alcohol, and Substance Cessation Treatment)	"I use SAMBA. We have a section on preventing reuse where we teach about avoiding triggers, postponing actions, leaving the environment, and even surfing the waves. We teach these techniques" (P14).	Combining multiple approaches and teaching clients how to build awareness for intervention.

Table 4 addresses the harm reduction strategies adopted by participants to reduce or manage substance use. The strategies include enhancing social skills and environment, substitution with engagement (participation in charitable activities), transition to less harmful alternatives (guiding from heroin to marijuana), gradual reduction in quantity, altering usage times, distancing from the environment, and resisting triggers (broken record technique), setting daily goals, practicing mindfulness, the SAMBA method, involving family and community in the process, and behavioral therapy methods. The choice of strategies is observed to be based on the client's specific needs, motivation, and readiness for treatment. Participants indicate that these strategies can help individuals control their substance use and reduce harm. Additionally, the importance of educating and involving family and community in the process is emphasized.

3.3. Perceptions and Challenges of the Harm Reduction Approach

Table 5 presents how the harm reduction approach is perceived by society, colleagues, and clients, along with the challenges faced, as conveyed by experts and analyzed.

Table 5: Perceptions and Challenges of the Harm Reduction Approach

Category	Perception	Challenges	Analysis
Society	"From a societal perspective, many do not find harm reduction acceptable. Families and society expect immediate cessation" (P3, P6).	"Society is not very knowledgeable on this subject, and families have limited information, leading to a loss of motivation in users" (P7).	Significant misconceptions about harm reduction methods in societal perceptions.
		"Both our colleagues and society often misunderstand this approach. Instead of viewing it as managing a chronic condition like diabetes or heart disease, they see it as a matter of willpower" (P13).	Misunderstanding of addiction as a lack of willpower in society.
Colleagues	"Colleagues usually intervene at the points where substance use harms the person's life and work on adapting them gradually" (P3). "Some experts argue that harm reduction should mean complete	"The expectations of families, like wanting immediate cessation, make it difficult. They need to understand that harm reduction is a long and arduous process. But some families are hopeless and think it won't work, which complicates the treatment" (P16).	Perception: Gradual reduction and adaptation process. Challenge: Families' expectation of quick results.

	cessation for heavy users" (P6).		
	"My colleagues believe that harm reduction is incorrect because it might encourage continued use and prevent complete cessation" (P9). "From the perspective of my colleagues who are aware of these issues, they understand that harm reduction is based on scientific evidence and is crucial in addiction treatment" (P11).	-----	Negative outcomes, potential encouragement of substance use, perceived as scientifically grounded.
Clients	"If someone is used to consuming rapidly, they may not like slowing down or switching to a less intense substance" (P2).	"The client showing resistance and saying they couldn't manage to control themselves" (P5). "Challenges include clients coming to the treatment center without being fully decided" (P9).	Perception: Treatment does not provide quick results from the client's perspective. Challenge: Clients' resistance and indecision.
	"Young people generally do not want to see a psychologist. They tend to want to escape from psychologists, thinking they will not understand or solve the problem" (P4).	"Harm reduction's biggest challenge is continuing usage because it does not aim for immediate cessation" (P16). "One of the challenges is the social environment. Clients may want to adhere to harm reduction, but social pressure and insistence can be very challenging. Also, withdrawal symptoms such as anger and frustration when they do not follow the goals can be problematic" (P3). "Challenges include clients coming to the treatment center without being fully decided" (P9). "During the initial two weeks, clients face severe withdrawal crises, which is quite challenging" (P15).	Misunderstanding and fear of being misunderstood, challenges in continuing harm reduction. Social pressure and environmental influences. Indecision about harm reduction treatment, withdrawal crises.

In Table 5, the perceptions of the harm reduction approach by society, colleagues, and clients have been examined based on the views of professionals. Additionally, the challenges professionals face when using this approach have been highlighted.

According to professionals, it has been emphasized that society and families often hold misconceptions regarding harm reduction, expecting quick results and lacking sufficient knowledge, particularly families, about harm reduction. This situation illustrates both how it is perceived and what kinds of challenges arise. Additionally, prejudices within society (such as being seen as useless or likely to relapse) stem from the misunderstanding of addiction and are often perceived as a lack of willpower.

It has been noted that colleagues have differing opinions regarding harm reduction strategies. Some experts argue that individuals with heavy substance use should abstain completely, while others emphasize that harm reduction strategies are scientifically based and crucial. The expectation of quick results from families places additional pressure on professionals, highlighting the critical importance of intra-professional dialogue and education in developing a common understanding and approach.

It has been revealed that clients' challenges and perceptions in the harm reduction process vary. For some clients, adapting to their habits and adjusting to reduced consumption processes can be challenging. Additionally, the decision-making process for treatment, pressure from the social environment, resistance to communicating with psychologists, and physical withdrawal symptoms are among the significant perceptual barriers. Although the initial withdrawal crises are particularly challenging, it has been observed that clients who overcome this phase can achieve more successful treatment outcomes.

3.4. Suggestions for the Harm Reduction Approach

Table 6 features a range of strategies, proposed by professionals, that can bolster the effectiveness of harm reduction approaches. Notably, the role of education and research, alongside societal support, awareness-raising, and public-NGO (Non-Governmental Organizations) collaboration, is underscored as a key area for advancing harm reduction practices.

Table 6: Suggestions for the Harm Reduction Approach

Subtheme	Recommendations and Citations	Analysis
Education and Research	"Studies specifically focused on harm reduction should be conducted, with planned training sessions or seminars" (P5). "Collaborative progress is important; some psychologists focus solely on maintaining abstinence. It is crucial to support this with research to unify different opinions or to discuss them in more detail (P6). "Scholars need to reach a consensus on this topic and publish joint reports, and studies so that this can be disseminated to both the public and NGOs" (P4).	Enhancing educational and research activities.
Community and Family Support	"Altering societal and family support is very important. Sometimes the families of clients are not very supportive, and individuals cannot manage this alone when they are isolated. Public information efforts regarding this could be beneficial" (P3).	Emphasizing the significance of support from family and society.
Awareness: Media, Public Service Announcements	"In life skills lessons within the national education system, particularly school guidance counselors should discuss the harms of substances. This should be addressed both at the educational level, in textbooks, and through media, by creating public service announcements and displaying them on billboards at subway or metrobus exits where they are visible to the public" (P15).	Increasing awareness activities through public service announcements, visual media.
Public-NGO Collaboration	"The public and NGOs should jointly conduct harm reduction efforts. Otherwise, neither can manage it alone, as NGOs can reach all the capillaries that the public cannot" (P4). "I believe NGOs should collaborate with the public. Everything is foreign-based, from the first addiction hospitals to the medications prescribed; I believe this is a vicious cycle" (P7). "Many joint projects can be developed with municipalities or other ministries or health institutions" (P15).	Promoting collaboration between the public and NGOs

The recommendations regarding harm reduction emphasize the importance of conducting further research and organizing training sessions. This is considered critical for enhancing the effectiveness and feasibility of the strategies. It is also noted that societal and family support plays a crucial role in the harm reduction process, and the likelihood of success for individuals is low when families are not supportive. The importance of raising awareness about harm reduction through media campaigns, educational programs in schools, and public service announcements

is highlighted. There is an emphasis on the active role of higher authorities and educational institutions in this process. The necessity for collaboration between the public and NGOs is underscored, particularly the coordinated efforts and joint projects of academics and NGOs, which are deemed essential for successful harm reduction initiatives.

These evaluations indicate that a comprehensive strategy is necessary for the development of harm reduction approaches. Elements such as education, research, societal support, awareness campaigns, and public-NGO collaboration are seen as fundamental components of this strategy. Each recommendation is considered to make significant contributions to enhancing the effectiveness and societal acceptance of harm reduction practices.

4. Discussion and Conclusion

This research aims to deeply examine the perspectives of professionals working in substance use treatment regarding harm reduction. By exploring the place of this approach within the holistic treatment model, the methods employed, the applicability of these methods, the challenges encountered, and the recommendations for harm reduction, the study seeks to provide a comprehensive perspective on the role and effectiveness of harm reduction in substance use treatment.

Firstly, from the perspective of professionals, harm reduction emerges as a holistic treatment model that integrates medical treatment, psychological therapy, and social support. Similar to our study, it has been emphasized that when harm reduction is appropriately integrated with other recovery-focused services and applied according to the clients' stages of change, it can be effectively utilized in public mental health settings, particularly for clients with co-occurring substance use and psychiatric disorders (Mancini & Linhorst, 2010). In this study, professionals predominantly perceive harm reduction as a preventive and protective approach. However, differences in opinions are evident. Some professionals assert that harm reduction plays a critical role in enhancing motivation and reducing resistance to treatment, even for individuals who are not motivated to quit substance use altogether.

Conversely, others emphasize that harm reduction is not sufficiently functional in cases of severe substance use and should not be viewed as the first choice in every situation. In some studies, the harm reduction approach is based on a broad psychological theory, emphasizing that patients are inclined to work on various areas of their functionality, not just abstinence (Futterman, Lorente & Silverman, 2004). This approach involves directly working on standard relapse prevention techniques, as well as focusing on character issues and enhancing life resilience by stabilizing the individual's medical problems, housing issues, and vocational achievements (Futterman et al., 2005). On the other hand, there are concerns that harm reduction may increase the risk of sustaining substance use, as the availability of a harm reduction option might reinforce the belief in individuals that they can “still use” substances. In such cases, where individuals exhibit intense withdrawal symptoms and resistance to treatment, it is recommended to implement techniques that include pre-test and post-test evaluations, as harm reduction strategies may be insufficient. In a study conducted by Javadi et al. (2021) involving 117 treatment specialists, it was found that treatment specialists generally had a positive perception of harm reduction. However, 28-30% expressed concerns, and 16% believed it would increase substance use.

Contrarily, there are doubts about the effectiveness of harm reduction in individuals with severe conditions such as heavy addiction and psychosis. In various studies, some professionals view harm reduction as a pragmatic approach that can effectively reduce the harms associated with

risky behaviors (Knaak et al., 2019). In a study conducted by Aletraris et al. (2016), the acceptability of harm reduction methods was examined among 725 specialists, and it was noted that 20% of the specialists lacked sufficient knowledge about the effectiveness of methadone. Additionally, professionals' levels of support for treating substance use disorders, their knowledge of harm reduction strategies, and their views on addiction as a disease process can vary (Khan et al., 2022). In another study, Goddard (2003) found that treatment professionals' perceptions of harm reduction became positive after learning about it. Lauritsen (2017) conducted a study with 257 professionals and found that a high proportion of participants viewed harm reduction strategies as functional and considered this approach acceptable.

Furthermore, professionals note that the primary aim of harm reduction, which is to mitigate the harms of substance use and facilitate access to treatment, also provides significant support in terms of social integration and distancing from harmful habits. As stated by Marlatt et al. (2001), the incorporation of harm reduction principles into substance use treatments aims to improve treatment standards and ensure that more individuals have access to quality services. However, the study also reveals that while harm reduction is more effective for certain types of addictions, such as smoking and alcohol, it may have a limited impact on substance use. Contrarily, Dickson et al. (2004) highlight in their study the applicability of harm reduction models in prevention initiatives targeting youth gambling issues and substance and alcohol use in adolescents. The study emphasizes that this approach plays a crucial role in reducing risk factors, gradually increasing motivation for young people to move away from gambling habits, and strengthening their desire to quit. In this regard, some professionals advocate harm reduction as a means of addressing the negative impacts of substance use on various aspects of a person's life. In contrast, others stress the importance of integrating psychological techniques into substance use treatment beyond mere harm reduction (Futterman et al., 2005).

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& Silverman, 2004). This approach involves directly working on standard relapse prevention techniques, as well as focusing on character issues and enhancing life resilience by stabilizing the individual's medical problems, housing issues, and vocational achievements (Futterman et al., 2005). On the other hand, there are concerns that harm reduction may increase the risk of sustaining substance use, as the availability of a harm reduction option might reinforce the belief in individuals that they can “still use” substances. In such cases, where individuals exhibit intense withdrawal symptoms and resistance to treatment, it is recommended to implement techniques that include pre-test and post-test evaluations, as harm reduction strategies may be insufficient. In a study conducted by Javadi et al. (2021) involving 117 treatment specialists, it was found that treatment specialists generally had a positive perception of harm reduction. However, 28-30% expressed concerns, and 16% believed it would increase substance use.

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When examining the strategies employed by professionals, they include a variety of methods such as gradually reducing the amount and frequency of use, transitioning to less harmful alternatives like moving from heroin to cannabis, participating in charity activities, replacing substance use with engagements such as sports and social activities, distancing from harmful environments, resisting triggers, setting daily goals, practicing mindfulness, utilizing the SAMBA method, integrating family and community into the process, and behavioral therapy. Bayles (2014) emphasized the importance of incorporating harm reduction treatments alongside mindfulness

techniques as an alternative approach to substance use treatment. Mindfulness helps individuals develop more conscious responses to triggers and cravings for substance use by directing their attention to their present experiences, thoughts, and emotions (Ögel et al., 2014). Futterman et al. (2005) suggest that combining harm reduction with abstinence-based treatment methods can provide comprehensive interventions for clients. As noted by Kaminer et al. (2014), while professionals ideally view recovery in adolescent substance use treatment as complete abstinence or prevention of relapse, they also recognize that in some cases, individuals may prefer harm reduction goals, such as reducing the frequency or intensity of substance use. This underscores the importance of individual preferences and goals in treatment planning. Carrico et al. (2014) emphasize that using cognitive-behavioral therapy (CBT) to support harm reduction can help individuals identify and change negative thought patterns and behaviors related to substance use. The strategies chosen are tailored to the client's individual needs, motivational states, and readiness for treatment. Some participants highlight that their strategies help individuals manage substance use more effectively and minimize harm.

Additionally, the involvement and education of family and community members play a significant role in the success of harm reduction efforts. Rothschild (2010) defines harm reduction as an approach that aims to reduce the harm caused by substances to individuals, their families, and communities, highlighting its importance. The challenges and perceptions encountered in harm reduction practices vary among society, colleagues, and clients. Misconceptions and lack of knowledge about harm reduction methods among society and families exacerbate the difficulties in this process. Among colleagues, differing opinions on harm reduction strategies can lead to inconsistency issues in the implementation processes. From the colleagues' perspective, it is emphasized that the harm reduction practitioner aims to reduce the negative impacts of the patient's substance misuse on their medical health, mental health, and relationships (Futterman, Lorente & Silverman, 2004). Research indicates that one of the challenges professionals face is the insufficient training many harm reduction providers have in substance use counseling (Keller & Dermatis, 1999; Salyers et al., 2005). From the clients' perspective, factors such as resistance to treatment, ambivalence, and social pressure significantly impact the success of harm reduction strategies. In a different study, it was found that clients entering addiction treatment with a harm reduction approach often lack a clear understanding of what "recovery" entails, increasing their resistance (Dodge et al., 2010). This lack of clarity can make it difficult for professionals to set clear treatment goals and measure the success of interventions (Bandic, 2022).

Professionals have made several recommendations to enhance the effectiveness of the harm reduction approach. These include developing a unified intervention method among specialists, increasing training and research, fostering societal and family support, conducting awareness-raising activities, and promoting collaboration between the public and NGOs in treatment efforts. Education and research are recommended to generate in-depth knowledge on harm reduction and to share this knowledge, thereby increasing awareness and understanding among both professionals and the general public. To enhance the effectiveness of the harm reduction approach, Wood et al. (2003) emphasize the importance of designing and implementing harm reduction programs that meet society's needs, highlighting the adaptability of these approaches at the local level. Fillmore and Hohman (2016) underscore the need to develop curricula related to harm reduction methods and to focus on the research behind these methods, thereby strengthening in-service training on harm reduction and sharing this knowledge, thereby increasing awareness and understanding among both professionals and the general public. To

enhance the effectiveness of the harm reduction approach, Wood et al. (2003) emphasize the importance of designing and implementing harm reduction programs that meet society's needs, highlighting the adaptability of these approaches at the local level. Fillmore and Hohman (2016) underscore the need to develop curricula related to harm reduction methods and to focus on the research behind these methods, thereby strengthening in-service training. Strathdee et al. (2010) highlight the importance of education and research by demonstrating that harm-reduction strategies are effective in preventing the spread of infectious diseases. The study emphasizes that informing families and society about harm reduction can help correct misconceptions, enhance social cohesion, and strengthen support processes.

Additionally, a study by Latkin et al. (1999) indicates that the social networks of drug users play a critical role in the adoption of harm-reduction behaviors, underscoring the significance of societal and family support. Awareness-raising activities, particularly public service announcements and educational programs conducted in media and public spaces are suggested as another harm reduction strategy in the study to highlight the harms of substance use. Ritter & Cameron (2006) emphasize that the success of harm reduction programs depends on the society's attitudes and knowledge about these programs, thereby highlighting the necessity of extensive awareness campaigns. The collaboration between the public and NGOs is highlighted in the study as a means to expand the reach of harm reduction efforts and access various communities. Kerr et al. (2006) assert that strong cooperation among local governments, NGOs, and healthcare providers is essential for the effectiveness of harm-reduction programs. They emphasize that this collaboration is crucial for the efficient mobilization of resources and the accessibility of programs to target populations. These findings underscore that the recommendations for enhancing the effectiveness of the harm reduction approach should be addressed from a multidisciplinary perspective and involve participation from society.

Overall, both the findings of this study and other research indicate that the harm reduction approach holds a significant place in substance use treatment. The views and practical experiences of professionals reveal that this approach encompasses various dimensions, including holistic treatment, motivation enhancement, preventive measures, and societal support. The effectiveness, applicability, and challenges of harm reduction highlight the need for a flexible, inclusive, and responsive approach to individual needs. Recommendations such as education and research, awareness-raising activities, and public-NGO collaboration contribute to the development of harm reduction strategies, thereby reducing the harms of substance use and supporting the integration of individuals into society. This comprehensive and multi-faceted approach not only aims to increase success rates in substance use treatment but also offers crucial steps toward protecting individuals' health and well-being and strengthening societal awareness and support mechanisms.

References

Aletraris, L., Bond-Edmond, M., Paino, M., Fields, D., Roman, P. M. (2016). Counselor training and attitudes toward pharmacotherapies for opioid use disorder. *Substance Abuse*, 37 (1), 47-53.

Andersen, D., Jarvinen, M. (2007). Harm reduction – ıdeals and paradoxes. *Nordıc Studies on Alcohol and Drugs,* 24(3), 235-252.

Aydın, N. (2018). Nitel araştırma yöntemleri: etnoloji. *Uluslararası Beşerî ve Sosyal Bilimler İnceleme Dergisi*, 2 (2), 60-71.

Bayles, C. (2014). Using mindfulness in a harm reduction approach to substance abuse treatment: A literature review. *International Journal of Behavioral Consultation and Therapy*, 9(2), 22–25.

Carrico, A., Flentje, A., Gruber, V., Woods, W., Discepola, M., Dilworth, S., … & Siever, M. (2014). Community-based harm reduction substance abuse treatment with methamphetamine-using men who have sex with men. *Journal of Urban Health,* 91(3), 555-567.

Carrico, A.W., Flentje, A., Gruber, V.A. et al. (2014). Community-Based harm reduction substance abuse treatment with methamphetamine-using men who have sex with men. *J Urban Health,* 91, 555–567.

Cheung, Y. W. (2000). Substance abuse and developments in harm reduction. CMAJ, 162 (12), 1697-1700.

Çöpür, M., Eryılmaz, A., Çakmak, D. (2014). Alkol, madde kullanımı ve yasal sorunlar. *Okmeydanı Tıp Dergisi* 30(Ek sayı 2):84-88.

Cüceler, S., Yılmaz, M., Türkleş, S. (2022). Madde Bağımlısı bireylerin yaşadığı psikososyal sorunlar, uygulanan kanıt temelli müdahaleler ve hemşireliğin rolü, *Bağımlılık Dergisi,* 23(1):105-110.

Dickson, L., Derevensky, J., & Gupta, R. (2004). Harm reduction for the prevention of youth gambling problems. Journal of Adolescent Research, 19(2), 233-263. https://doi.org/10.1177/0743558403258272.

Dodge, K., Krantz, B., & Kenny, P. (2010). How can we begin to measure recovery?. *Substance Abuse Treatment Prevention and Policy*, 5(1). https://doi.org/10.1186/1747-597x-5-31.

Erickson, P.G. (1999) Introduction: the three phases of harm reduction. An examination of emerging concepts, methodologies, and critiques. *Subst Use Misuse,* 34:1-7.

Evli, M., Albayrak, E. (2021). Madde Bağımlılığında Hemşirelik. ERÜ Sağlık Bilimleri Fakültesi Dergisi, 7(2), 10-14.

Fıllmorem, S. & Hohman M. (2015) Traditional, alternative, and harm reduction approaches: what do social work students think?, *Journal of Social Work Practice in the Addictions,* 15:3, 252-266

Futterman, R., Lorente, M.&Silverman, S. (2004). Integrating harm reduction and abstinence-based substance abuse treatment in the public sector, *Substance Abuse,* 25:1, 3-7.

Futterman, R., Lorente, M., & Silverman, S. (2005). Beyond harm reduction: a new model of substance abuse treatment further integrating psychological techniques.. *Journal of Psychotherapy Integration*, 15(1), 3-18.

Goddard, P. (2003). Changing Attitudes towards harm reduction among treatment professionals: a report from the american midwes. *International Journal of Drug Policy*, 14 (3), 257-260.

Javadi, R., Lagana, K., Krowicki, T., Bennett, D., Schindler, B. (2021). Attitudes toward harm reduction among substance use treatment professionals in philadelphia. *Journal of Substane Use*, 27 (5), 459-464.

Jiloha, R.C. (2017). Prevention, early ıntervention and harm reduction of substance use in adolescents. *Indian J Psychiatry,* 59(1): 111–118.

Karataş, Z. (2021). Madde bağımlılığının nedenlerine, sosyal tedavi ve rehabilitasyonuna ilişkin görüşlerin odak grup yöntemiyle belirlenmesi. *Türkiye Sosyal Araştırmalar Dergisi* , 25 (1) , 67-94.

Karataşoğlu, S. (2013) Sosyal politika boyutuyla madde bağımlılığı. *Türk İdare Dergisi,* Sayı 476, 321-352.

Keller, D. and Dermatis, H. (1999). Current status of professional training in the addictions. *Substance Abuse,* 20(3), 123-140.

Kerr, T., et al. (2005). Safer injection facility use and syringe sharing in injection drug users. *Lancet*, 366;271-277

Khan, G., Harvey, L., Johnson, S., Long, P., Kimmel, S., Pierre, C., … & Drainoni, M. (2022). Integration of a community-based harm reduction program into a safety net hospital: a qualitative study. *Harm Reduction Journal,* 19(1).

Knaak, S., Christie, R., Mercer, S., & Stuart, H. (2019). Harm reduction, stigma and the problem of low compassion satisfaction. *Journal of Mental Health and Addiction Nursing,* 3(1), e8-e20. https://doi.org/10.22374/jmhan.v3i1.37.

Kyser, N. M. (2010). "Counselor Attitudes Toward the Harm Reduction Approach in Substance Abuse Treatment" Doctor of Philosophy (PhD), Dissertation, Counseling & Human Services, Old Dominion University, DOI: 10.25777/abzz-km63

Latkin, C. A., Knowlton, A. R., Hoover, D., & Mandell, W. (1999). Drug network characteristics as a predictor of cessation of drug use among adult injection drug users: A prospective study. *American Journal of Drug and Alcohol Abuse,* 25(3), 463-473. https://doi.org/10.1081/ADA-100101873.

Lauritsen, K. J. (2017). Do Psychological Characteristics Of Addiction Treatment Professionals Predict Acceptance Of Harm Reduction Interventions? Bowling Green State University and OhioLINK. http://rave.ohiolink.edu/etdc/view?acc_num=bgsu1497572679919639

Marlatt, G. A., Larimer, M. E., Guilford Press, K. W. (2011). Harm reduction, second edition: pragmatic strategies for managing high-risk behaviors. *The Guilford Press.* 396, New York.

Marlatt, G., Blume, A., & Parks, G. (2001). Integrating harm reduction therapy and traditional substance abuse treatment. *Journal of Psychoactive Drugs*, 33(1), 13-21. https://doi.org/10.1080/02791072.2001.10400463.

Marlatt, GA: Harm Reduction: Pragmatic Strategies for Managing High-Risk Behaviors. New York: Guilford Press; 1998.

Miller, WR, Rollnick, S: Motivational Interviewing, 2nd ed. New York, NY: Guilford Press; 2002.

Mutlu, E. (2015). Madde bağımlılığının tedavisinde sosyal hizmet uzmanlarının rol ve işlevleri: ankara numune eğitim ve araştırma hastanesi alkol ve madde bağımlılığı tedavi ve eğitim merkezi örneği. *Tıbbi Sosyal Hizmet Dergisi,* (5), 16-23.

Ögel, K., Sarp, N., Gürol, D.T.ve Ermağan, E. (2014). Bağımlı olan ve olmayan bireylerde farkındalık (mindfulness) ve farkındalığı etkileyen etkenlerin incelenmesi, *Anatolian Journal of Psychiatry*, 15:282-288, doi: 10.5455/apd.169583.

Ögel, K., Tamar, D., Çakmak, D. (1999). Madde Bağımlılığında Alternatif Bir Yaklaşım: Zarar Azaltma (Harm Reduction). İstanbul, Erişim Adresi: https://www.ogelk.net/makale/33-kisisel-arastirma-makale-raporlar.html.

Ritter A, Cameron J. A. (2006). A review of the efficacy and effectiveness of harm reduction strategies for alcohol, tobacco and illicit drugs. *Drug Alcohol Rev,* 25:611-624

Rothschild, D. (2010). Partners in treatment: relational psychoanalysis and harm reduction therapy. *Journal of Clinical Psychology*, 66(2), 136-149. https://doi.org/10.1002/jclp.20670.

Salyers, K., Ritchie, M., Luellen, W., & Roseman, C. (2005). Inclusion of substance abuse training in cacrep-accredited programs. *Counselor Education and Supervision*, 45(1), 30-42. https://doi.org/10.1002/j.1556-6978.2005.tb00128.x.

Strathdee, S. A., et al. (2010). HIV and risk environment for injecting drug users: the past, present, and future. *Lancet*, 24;376(9737):268-84. doi: 10.1016/S0140-6736(10)60743-X.

Tatarsky, A. (2003). Harm reduction psychotherapy: extending the reach of traditional substance use treatment. *Journal of Substance Abuse Treatment,* 25 (4), 249-256.

Tekindal M, Şerife U. (2020). Nitel araştırma yöntemi olarak fenomenolojik yaklaşımın kapsamı ve sürecine yönelik bir derleme. *Ufkun Ötesi Bilim Dergisi*, 20(1): 153-172.

Tiderington, E., Stanhope, V. (2013). A qualitative analysis of case managers' use of harm reduction in practice. *Journal of Substance Abuse Treatment,* 44 (1), 71-77.

Uslu, F., Demir, E. (2023). Nitel bir veri toplama tekniği: derinlemesine görüşme. *Hacettepe Üniversitesi Edebiyat Fakültesi Dergisi, 40*(1), 289-299.

Ültay, E., Akyurt, H., Ültay, N. (2021). Sosyal Bilimlerde Betimsel İçerik Analizi. *IBAD Sosyal Bilimler Dergisi* (10), 188-201.

Yıldırım, A. & Şimşek, H. (2018). *Sosyal bilimlerde nitel araştırma yöntemleri,* Seçkin Yayıncılık, Ankara.

Wood, E., Kerr, T., Marshall, B. D. L., Li, K., Zhang, R., Hogg, R. S., ... & Montaner, J. S. G. (2003). Longitudinal community plasma HIV-1 RNA concentrations and incidence of HIV-1 among injecting drug users: prospective cohort study. *BMJ Resarch,* 326(7398), 1044.