

Introduction to Harm Reduction



Definition of Harm Reduction

Harm reduction refers to policies, programs and practices that aim to reduce the adverse consequences associated with a variety of health behaviors.



Harm Reduction in Everyday Life

- Sunscreen and hats
- Condoms
- Seat belts
- Bike helmets
- Designated driver
- Nicotine patches/gum



The Spirit of Harm Reduction: We're all human



- People are going to engage in a range of unhealthy behaviors, including drug use, smoking, poor eating, and inadequate attention to healthcare, despite strong efforts to prevent change or these behaviors.
- Harm Reduction does not judge licit and illicit behaviors are good or bad, but rather as a normal part of human behavior.

The Spirit of Harm Reduction: Hope and Compassion

Harm Reduction recognizes the intrinsic value and dignity of human beings.

- The catalyst for change is having an attitude of hope and conveying hope for those served.
- Communicate hope and compassion in all interactions.



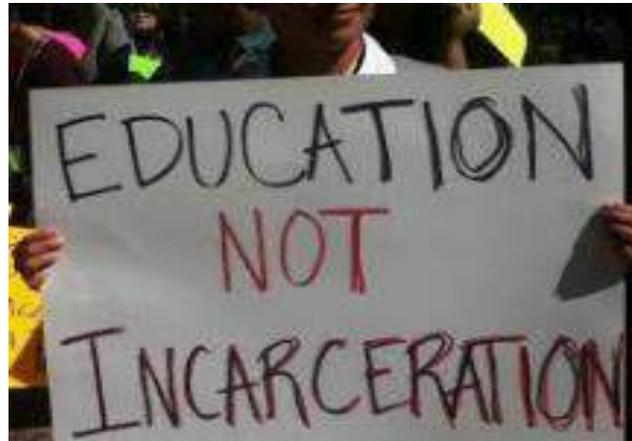
The Spirit of Harm Reduction: Meet the Person Where They Are

- Change happens along a continuum, and in collaboration with the client, we must determine where they are in the change process.
- Collaborate with people to set achievable, meaningful goals and measure progress on a regular basis
- Our interventions must be tailored to match the client's stage of change, or both the helper and client will be frustrated with the process.



The Spirit of Harm Reduction: Public Health Perspective

Harm Reduction considers substance use disorders as a complex issue, and that it should be approached from a public health perspective, not a criminal justice one.



The Spirit of Harm Reduction: Autonomy and Independence

- People determine their own paths of recovery and growth with autonomy, independence, and control over resources. Helpers are facilitators, and use structured processes to aid the person's growth.



The Spirit of Harm Reduction: Reduce Stigma and Discrimination

- Stigma and discrimination can be as damaging as the health condition itself. The helper must consciously assess and address stigma and discrimination and provide education to others in the healing process.



The Spirit of Harm Reduction

- We are all human
- Communicate hope and compassion
- Meet the person where they are
- Approach from a public health perspective
- Promote autonomy and independence
- Stamp out stigma and discrimination



What Harm Reduction IS NOT

- Incompatible with other treatment models
- Tacit consent to use drugs
- Anti-abstinence
- “Anything goes” attitude



Patients seeking medical care, particularly treatment for a serious illness, can find the healthcare system to be:

- Confusing
- Disempowering
- Inaccessible



Perception of the healthcare system

- A patient's negative past experiences with the healthcare system, or other life circumstances, may cause patients to avoid or delay healthcare.
- When this happens, and especially if their illness is serious, their chances of survival drop, and treatment becomes difficult and problematic.

Adapted from Colorado Patient Navigator Training program www.patientnavigatortraining.org



Practical Tools: Language

“Words are important. If you want to care for something, you call it a flower. If you want to kill something you call it a weed.”

Don Coyhus



TRADITIONAL TREATMENT PHILOSOPHY	HARM REDUCTION PHILOSOPHY
If drugs and alcohol cause persistent problems in your life, you are an addict.	Your use of drugs and alcohol may be related to some trouble in your life, but you are not necessarily addicted to drugs or alcohol.
If you are addicted to one substance, you are addicted to all substances.	You may be addicted to heroin if you use it every day but not to the marijuana you smoke on weekends.
Once an addict, always an addict.	You can stop drinking and later learn how to drink moderately. Or you can stop drinking and just be over it.
The only answer is to quit all mind altering substances.	Most people don't quit, or not forever. They end up moderating their use. And most people who quit one substance – like heroin, crack or alcohol – don't necessarily quit everything, especially alcohol or marijuana.

Harm Reduction Strategies

- Replace negative attitudes with evidence based interventions
- If we were to treat substance use disorders like any other physical health disorder, how would we approach it differently?



Evidence Based Interventions

- Safety Counts – education on safer methods
- Needle and syringe exchange programs
- Methadone and other replacement therapies
- Depenalization and the harms associated with criminal penalties for drug use
- Safer injecting and other safe consumption sites
- Motivational interviewing
- Naloxone kits

Harm Reduction Strategy: Weighing the Positives and Negatives

- Have the client list the good and “not-so-good” things about continuing use
- Have the client list the good and “not-so-good: things about changing their use
- Helper’s interaction is reflective and rewards the client’s efforts at thinking it through – not rewarding for choosing the “right” choice



Just Say Know vs. Just Say No

- Explore the person's relationship with their drugs or alcohol
- We need a mechanism for explaining substance use – both the positives and negatives of use- to clients and family members.
- When we only focus on the negatives, we are denying the attraction that people have to using substances and subtly give the message that they can't talk about it either.



Harm Reduction Strategy: Cutting Down Use vs. Total Abstinence

- Affirm that whether the person chooses to cut down or totally abstain is up to the person
- Ask permission: Can I share some information about cutting down vs. abstinence?
- Share that for some people, abstinence is the safest course due to:
 - Use of small amounts of a substance can lead to craving for more
 - If you have a co-occurring mental illness, having a biological vulnerability toward mental illness can be exacerbated by drug and alcohol use

Potential Harm Reduction Strategies

- Keeping track of what/how much/where/when you use
- Changing the amount of alcohol or drugs used.
- Changing the number/types of drugs used together.
- Changing how often you use.
- Changing the route of administration.
- Changing the situation (using alone vs. with others, etc.)
- Planning your use
- Making drug substitutions
- Taking overdose prevention measures
- Do other things to stay as healthy as possible
- Use within your financial and emotional means

Harm Reduction Strategy: Substitute other behaviors to achieve desired results

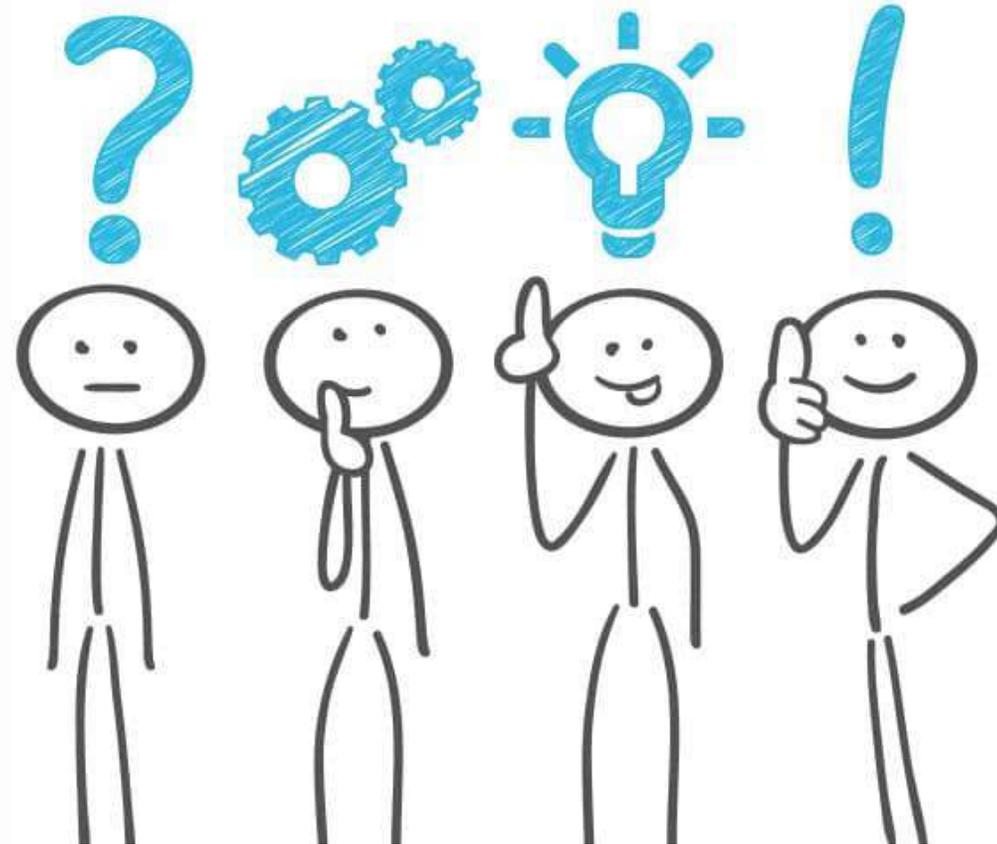
- Relaxation
- Anxiety Management
- Skill building to develop relationships
- Medication to manage mental illness
- Often people use these strategies before they are ready to give up or reduce substance use



To Summit Up

- Harm reduction aims to reduce the adverse consequences associated with a variety of health behaviors.
- We are all human.
- Meet the person where they are.
- It is important to reduce stigma and discrimination.
- Harm Reduction IS NOT incompatible with other treatment models, tacit consent to use drugs, an anti-abstinence or an “anything goes” attitude.
- Language is important.
- Everyone has their own pace of change.

Questions and Comments



Alternate Responses

- For each statement below, develop 2-3 alternate statements that reflect the spirit of harm reduction.
- “Congratulations! You have 30 days clean!”
- “You’re sober, but not really in recovery.”
- “What’s more important, your kids or drugs?”
- “I want you to go to 90 meetings in 90 days.”
- “This is drug seeking behavior.”
- “He is a substance abuser and is schizophrenic.”
- “He has been noncompliant with his treatment plan.”