Harm Reduction Topics

• Substance Use viewpoints

• What has been tried? How’d it work?

• Other options & ideas
Reflection Exercise

Think of an issue you’ve dealt with or are dealing with currently:

• How old were you when you first recognized it?
• How old were you when you made a change (or if still working on it, how old are you now)?
• How long did it take (or is it taking)?
Viewpoints

- Our perspective
- Agency policies
- Societal context
- Lived experience
- Service provision
Strategies for substance use

• Moral
• Criminal
• Rules
• Abstinence-only
• Most drug users don’t consider their housing (health) to be a priority.

• People should always talk to their shelter/housing staff (doctors) about their drug use.

• Sometimes I feel sorry for or can’t relate to the people who use our services.

• Someone using substances should not be given housing (pain medication).

• There are safe ways to use, and even inject, street drugs.

• Most drug users will probably be late to their visits, if they make it there at all.

• Shelter/Housing staff (doctors) have a good grasp of how to work with drug users.

• Drug users are probably more difficult to house (help) than non-drug users.

Adapted from Using Harm Reduction to Address Sexual Risk with Drug Users and Their Partners, HIV Education and Training Programs, NYSDOH AIDS Institute, by Joanna Berton Martinez, August 2009.

Some of the statements on this exercise were borrowed from Project Implicit and their implicit Association Tests, https://implicit.harvard.edu/implicit/
Another way...
Harm Reduction is...

“A comprehensive, just and science-based approach to substance use that opens the door and welcomes people to become as safe and healthy as possible.”

“A set of non-judgmental strategies and approaches which aim to provide and/or enhance skills, knowledge, resources and support that people need to live safer, healthier lives.”

“A way for people to take protective and proactive measures for themselves, their families and their communities.

-Streetworks
Harm Reduction Principles

- Individual’s decision to use is accepted
- Individual is treated with dignity
- Individual is expected to take responsibility for his or her own behavior
- Individuals have a voice
- Reducing harm, not consumption
- No pre-defined outcomes

NHCHC 2010 Fact Sheet
Harm Reduction Principles

- Accepts reality and works towards reducing harm
- Understands complexity and spectrum of responses
- Quality of life for individual and community
- Non-judgmental, non-coercive provision of services
- Ensures people affected have a voice in programs/policies
- Affirms users are the primary agents of change & empowers them
- Recognizes effects of individual experiences and societal inequities that affect vulnerability to and capacity for dealing with drug-related harm; does not minimize risks
Harm Reduction Myths Vs Facts

MYTH

■ Harm reduction is opposed to abstinence and therefore conflicts with traditional substance abuse treatment

■ Harm reduction encourages drug use

■ Harm reduction permits harmful behavior and maintains an “anything goes” attitude

■ Harm reduction is not at odds with abstinence; instead, it includes it as one possible goal across a continuum of possibilities.

FACT

■ Harm reduction is neither for nor against drug use. It does not seek to stop drug use, unless individuals make that their goal.

■ Harm reduction focuses on supporting people’s efforts to reduce the harms created by drug use or other risky behaviors.

■ Harm reduction neither condones nor condemns any behavior. Instead, it evaluates the consequences of behaviors and tries to reduce the harms that those behaviors pose for individuals, families and communities.
Applying Harm Reduction to all aspects of life

- Health
- Finances
- Mental Health
- Weight Loss
- Intimate & Social Relationships
- Substance Use
Harm Reduction Examples in Everyday Life

**Automobile:**
- Wearing seat belts
- Infant car seats
- Substance limits
- Emissions standards

**Sports:**
- Helmets
- Penalties
- Fines

**Health:**
- Nutrition/exercise
- Medication
- Smoking cessation/alternatives
- Vitamins

**Finances:**
- Safety nets (ABD, FDIC, corporate...)
- Retirement pensions
- Money tracking apps
Harm Reduction isn't...

- Passive
- Anything goes
- Don't ask, don't tell
- Enabling
- A hook to get people into treatment
- A direct path to abstinence

Change is a process, not an event.
Common Concerns we hear from Staff

- Approach leads to stress, leads to desire for more rules or structure
- Continued concerns about endorsing or condoning substance use
- How to balance unconditional positive regard vs. acceptance of behaviors
- Fear of doing the wrong thing
Relationship to Trauma-Informed Care

- Safety: Ensuring physical & emotional safety; “do no harm”

- Trustworthiness: Maximizing trustworthiness, making tasks clear, maintaining appropriate boundaries

- Choice: Prioritizing consumer choice & control over recovery

- Collaboration: Maximizing collaboration & sharing of power with Consumers

- Empowerment: Identifying what people are able to do for themselves; prioritizing building skills that promote recovery; helping consumer find inner strengths needed to heal
Strategies for Building Engagement

✅ Get to know personal narrative
  ✅ Consistent presence
  ✅ Follow up and follow through
    ✅ Goal-setting
    ✅ Work toward small steps
    ✅ Let client lead
  ✅ Equal client-staff relationship
    ✅ Move at client’s pace
Motivational Interviewing

Core Skills

- Open Questions
- Affirmations
- Reflections
- Summaries
Compassion

Guide me to be a patient companion, to listen with a heart as open as the sky. Grant me vision to see through his eyes, and eager ears to hear his story...Let me honour and respect his choosing of his own path.

Adapted from Miller, 2013, “A Meditative Preparation” (p.24)
BREAK TIME!

It's Time For A Break
The Harm Reduction Approach

Harm reduction is strengths-based and client-centered.
Direct Harm Reduction Approaches

Practices that require participant buy-in
- Needle Exchange
- Alcohol Monitoring
- Methadone or substitution therapy
- Use reduction
- Condoms
- Screens or rubber tubing on crack pipes
- Getting off bus two stops early and walking
- Switching timing
- Paying rent before buying substances
- Changing use patterns
- Groups or treatment w/Harm Reduciton focus
Indirect Harm Reduction Approaches

Practices that do not require buy-in from participant
Additional Suggestions for Reducing Risk

• Changing social patterns of use
• Switching to marijuana instead of harder drugs
• Cigarette monitoring
• Beer/Alcohol monitoring
• Drinking beer instead of liquor, or light beer instead of regular beer
Case Study: Tammy

- 43 years old, spunky, friendly, well known to staff
- Has dx of schizophrenia, borderline PD, HIV+, addiction to crack/alcohol
- Engages in sex work to afford drugs
- Brings predatory people into apartment building
- Is frequently assaulted on street, at times in building
- Often refuses to seek medical care
What to do?

• Focus interventions on harm reduction
• Negotiate visitor agreement
• Develop safety protocol for when visitors are in the building
• Have medical staff outreach her on the street or in the building
• Have condoms readily available to her
• Outreach and engage, build rapport
• Other ideas?
Small Group Work:
THANK YOU!

Resources, Articles and Links:

http://harmreduction.org/

http://boylestreet.org/harmreduction/

http://www.ccsa.ca/Resource%20Library/ccsa0115302008e.pdf


http://www.mensshelterofcharlotte.org/mscs-belief-in-harm-reduction/

http://homelesshub.ca/solutions/supports/harm-reduction

http://www.tedmed.com/talks/show?id=309156