

Introduction to Harm Reduction

Respect, Dignity, Compassion

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Fargo Cass Public Health Harm Reduction Programs

Programs

- Gladys Ray Shelter
- Downtown Engagement Center
- Withdrawal Management Unit
- Downtown Street Outreach
- Mobile Outreach Unit
- Substance Abuse Prevention
- Opioid Overdose Prevention
- Syringe Services/Harm Reduction Center

Services

- Triage - VA
- Triage – FPD
- Community Service Program
- Training for partners
- Sites for community based services
- Rapid testing – HCV, HIV

Today

- What is Harm Reduction
- History and evolution
- Core principles of Harm Reduction
- Why Harm Reduction matters and why it is necessary
- Examples of Harm Reduction
- Challenges to implementing Harm Reduction
- Let's talk about it

What is it?

- SAMHSA defines harm reduction as a practical and transformative approach that incorporates community-driven public health strategies — including prevention, risk reduction, and health promotion — to empower PWUD and their families with the choice to live healthier, self-directed, and purpose-filled lives.
- The National Harm Reduction Coalition states that harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.
- “Harm reduction acknowledges that drugs are widely available in our society. It encompasses the understanding that traditional approaches that require complete abstinence do not decrease demand, use, or negative health consequences of substance use.” <https://publichealth.jhu.edu/2022/what-is-harm-reduction>

Harm reduction...

- offers practical strategies intended to reduce the negative consequences of high risk behaviors such as overdrinking or drug use.
- recognizes that people will make a decision to use and we need to work within those decisions.
- applies to any situation where risky behavior is involved.
- is an essential ingredient of Housing First and low barrier service systems (which includes shelters and housing programs).
- focuses on any positive change.

Some history

- Harm reduction grew out of global activism during the HIV/AIDS crisis. Activism included civil disobedience and grassroots advocacy among people who used drugs.
- Direct community action in response to the consequences of the “war on drugs.”
- Liverpool, England, is believed to be as the home of harm reduction.
- The world’s first-known syringe exchange is in the Netherlands
- Concepts and practices soon spread to North America
- Really started with substance users helping other substance users.
- Developed in the US by people who use drugs as a response to government approach (incarceration, jail, inadequate medical supports, lack of action).
- Intersection with Public Health

Why it matters

- Evidence shows
 - Harm reduction can lessen certain negative outcomes of drug use for individuals and communities.
 - Harm reduction is effective in keeping people alive, preventing transmission of HIV and viral hepatitis, reversing overdoses, improving quality of life and connecting people to services.
 - New participants of syringe service programs are five times more likely than those who've never utilized such services to enter treatment.
 - It is empowering – for participants and providers.
 - Opens the door to more and addresses health equity issues.

Basic examples

- Sun Screen
- Uber, Lyft, calling a cab
- Seat Belts
- Bike helmet
- Nicotine patches/gum
- Education and outreach programs



Examples of harm reduction strategies

- Housing and related supports
- Methadone clinics/maintenance, MAT
- Syringe service programs and safe disposal
- Safer sex kits
- Moderate/controlled using strategies (managed alcohol programs)
- Wet/damp/dry shelters
- User groups and peer supports
- Tolerance zones (safe injection sites)
- Street outreach
- Safe supply and drug testing



Most K-State Students

**drink moderately,
if at all**

- Have 0-5 drinks when they party •
- Party one or fewer nights per week •
- Have about one drink per hour when they party •
- Use designated drivers •

Project WELLNESS
Kansas State University

*Based on a 2001 campus-wide classroom survey of 1,375 KSU students.



**Not just needles.
Everything new,
every time.
Prevent Hep C.**







Making it happen

- A nonjudgmental approach that attempts to meet people "where they are at" with their drinking, substance use, any risky behavior.
- Harm reduction accepts that high risk behaviors such as alcohol intoxication and drug use are part of our world and works to minimize their harmful effects rather than simply ignore or condemn them.
- Harm reduction is a compassionate approach where the primary concern is the increased well-being of the people we serve, and empowering people to take control of their health.
- Harm reduction approach expands the conversation between you and your participants. It allows for the conversation to happen – engage with people who engage in risky behavior and are not ready to stop doing so.

Implementation

- Intersects with people's lives in a way that puts them in the drivers seat and treats them with respect, dignity, and unconditional love.
- Promotes consultation with the participant – doesn't seek to parent, judge, control.
- Offer options. The decision to take them or not is up to the individual.
- Implementing a harm reduction approach means building relationships. Provider – participant relationship is built on the partnership between the two. Sees and values people equal to yourself.
- Participants contribute and influence how programs and policies develop and are implemented. "Nothing about us without us!"

Know

- It is a public health strategy!
- Harm reduction practitioners work to improve the health and quality of life of people. Additional benefits include:
 - Improvement of mental, emotional and physical health
 - Taking care of basic needs
 - Increased social engagement
 - Increased access to other services outside of the harm reduction agency
 - Increased capacity for work, play, industry.

What might the critics say?

- Increases drug use and crime
- Enables people and encourages them to keep using
- Doesn't promote treatment
- Syringe programs are messy and needles end up all over the place
- Narcan and your wing man
- What else?

Harm reduction does not...

- enable people - it is not an anything goes approach.
- give people a free pass on inappropriate or unacceptable behavior - people who employ harm reduction appropriately do not protect their participants from the natural consequences of their actions, but rather work with them to understand how their behaviors/decisions led to those consequences in the first place.
- conflict with or criticize abstinence or 12 step programs or traditional programming. Abstinence, decreasing use, modifying use – all options under the umbrella of harm reduction.
 - This thinking makes implementation a big challenge!!!



Challenges

- There will be challenges in addition to the misconceptions, stigma, etc,
- Harm Reduction is not easy stuff. It takes patience, creativity, resilience, support, and serious discipline. It is your avenue to helping people despite what is or isn't available.
- Explore what gets in the way – not understanding what it is, unaware of how beliefs get in the way of practicing, not listening to the people (they are the experts).

Examples: planning ahead with participants

- Create a safety or stability plan based on what that means to the participant. What makes them feel safe? What does stability look and feel like?
- Contingency planning – what if? Who to call. What can they do to minimize the risk or potential harm?
- Controlled use - strategies are effective regardless of substance of choice
 - Safe use planning
 - Managing use
 - Charting
 - Cost Benefit Analysis

Harm reduction in housing

- Conflict with landlords
 - Initiate conversations about tenant expectations before the move in
 - Make them aware of supports in place.
- Conflict with neighbors
 - Match participants with units, smaller vs bigger, area, etc. Be strategic!
 - Regular check-ins
- Keeping track of belongings, keys, etc
 - Wearable storage like a lanyard
 - Keep copies of important documents

Examples and tools

Decisional Balance Scoring

Alcohol 20 item version

- Pros of Drinking
 - 2, 4, 7, 9, 11, 14, 16, 17, 19, 20
- Cons of Drinking
 - 1, 3, 5, 6, 8, 10, 12, 13, 15, 18

<https://habitslab.umbc.edu/decisional-balance-scoring/>

SOCRATES

- Stages of Change Readiness and Treatment Eagerness Scale
- “experimental instrument designed to assess readiness for change in alcohol abusers.”

<https://www.drugsandalcohol.ie/26826/1/socratesv8.pdf>

My Drinking Goal Worksheet

(page 1 of 2)

The advantages of continuing to drink the same as always: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	The disadvantages of continuing to drink the same as always _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Advantages of safer drinking _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	Disadvantages of safer drinking: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Sample Drinking Goal Worksheet

(page 1 of 2)

The advantages of continuing to drink the same as always: <ul style="list-style-type: none">• Change is hard• Change takes effort• Staying where I am at is easy• I love to get loaded• I am a romantic--live fast and die young	The disadvantages of continuing to drink the same as always <ul style="list-style-type: none">• I have a DUI that will cost me a fortune• If I kill someone driving drunk I could go to prison• I am afraid the boss will smell alcohol on my breath if I come in hungover• I have no time to do anything but drink
Advantages of safer drinking <ul style="list-style-type: none">• I will not get another DUI• I will not go to prison for killing someone driving drunk• I won't get my pocket picked in a bar when I am drunk• I won't get beaten up drunk in a bar	Disadvantages of safer drinking: <ul style="list-style-type: none">• I will always have to plan ahead• If I am drunk I might forget to be safe• It is a lot of work to plan to avert all bad things• I can't be a romantic risk-taker rock star if I think ahead• It is really hard to walk to the bar or take a taxi instead of driving• Drinking at home instead of going out is no fun

3.2) My Drinking CBA - Cost Benefit Analysis

Continue my drinking the same as always.

Pros	Cons

Opt for (circle one)

Safer Drinking ♦ Reduced Drinking ♦ Quitting ♦ Safer & Reduced Drinking

Pros	Cons

3.3) Sample Drinking CBA - Cost Benefit Analysis

Continue my drinking the same as always.

Pros	Cons
Change is hard	I hate blackouts
Drinking is fun	I got yelled at for missing too much work
Drinking helps me socialize	

Opt for (circle one)

Safer Drinking ♦ **Reduced Drinking** ♦ Quitting ♦ Safer & Reduced Drinking

Pros	Cons
I won't wake up all shaky	I will be bored
My wife will be happier	The guys will think I am weird
I will have more time to look for a better job	I won't know what to do for fun
I will save money	I get all antsy when I don't drink

Resources

- <https://www.samhsa.gov/sites/default/files/harm-reduction-framework.pdf>
 - Harm Reduction Framework
- <https://harmreduction.org/>
 - History, definitions, training, core principles.
- <https://www.healthline.com/health/substance-use/harm-reduction>
 - Beginners Guide to Harm Reduction

Discussion, questions, arguments