Introduction to

Harm Reduction

Presented by UIC-CON
Objectives

- Develop an understanding of Harm Reduction, its history and current use
- Gain an awareness of the principles of Harm Reduction
- Understand the Models of Harm Reduction
- Articulate a step-by-step guide to Harm Reduction
Quotes

- “The Power of any Positive Change” (t-shirt: Chicago Recovery Alliance)

- “Do no harm” (Hippocrates)

- “I see harm reduction as a way of engaging people as part of that path to recovery.” (Paul R. Ehrlich)

- “You don't have to make problems disappear. You just have to make them better. (And in some cases, trying to make problems disappear can actually do more harm than good.)” personal blog
What is Harm Reduction?

- Negotiation between participant and clinician
- Focus on reducing harm of particular behavior
- Participant determines how desirable the behavior is
- Clinician neither condones nor condemns chosen behaviors
- Respect, trust nonjudgmental stance
- Motivational strategies
- Interventions, programs and policies
Examples of Harm Reduction

- Seat Belts
- Helmets
- Teaching about safer sex behaviors
- Clean needle exchange
- Designated drivers
- Opiate Substitution Treatment
- Psychiatric Medication Dialog
“At last... a book for young people about sex and reproduction in language they can understand, plus pictures they will enjoy.” — ANN LANDERS

CHANGING BODIES, GROWING UP, SEX & SEXUAL HEALTH

It’s Perfectly Normal

ROBIE H. HARRIS illustrated by MICHAEL EMBERLEY
Goals of Harm Reduction

- Save lives
- Keep families together
- Improve health and nutrition
- Improve living situations
- Safer drug use
- Reduced drug use
- Getting off drugs
- Stable income
- Reducing stigma
- Decrease isolation
Harm Reduction is a public health alternative to the moral/criminal and disease model of drug use and addiction.

Harm Reduction recognizes abstinence as an ideal outcome but accepts alternatives that reduce harm.
Principles of Harm Reduction, cont’d

- Has appeared as a “bottom up” approach based on addict advocacy, rather then a “top down” policy promoted by drug policy makers

- Promotes low-threshold access to services as an alternative to traditional, high-threshold approaches

- Harm Reduction is based on the tenets of compassionate pragmatism versus moralistic idealism
Principles of Harm Reduction

- Individuals have a voice
- The focus is on reducing the harm, not consumption
- There are no pre-defined outcomes
- The individual’s decision to engage in risky behaviors is accepted
- The individual is expected to take responsibility for his or her behavior
- The individual is treated with dignity
Meet People “Where they’re at”

- Accepts licit and illicit drug use (other behaviors) as part of our world
- Ensures drug users (and other behaviors) have a voice
- Understands drug use as a complex, multi-dimensional phenomenon
- Calls for non-judgmental, non-coercive provision of services and resources
- Recognizes realities of social inequalities
Attitude not Definition

- No fixed set of rules or regulations
- Humanitarian stance
- Meeting person “where they’re at”
- Ambivalence is normal
Pragmatic Responses

- Drug use may continue
- People will continue to engage in sexual behaviors
- People will continue to make “poor” choices about their diets
- People continue to smoke cigarettes
- People will carry firearms
- People continue to gamble
Harm Reduction is Not New

- United Kingdom - 1920’s
- Articulation of public health concerns
- Methadone Maintenance 1960’s
- Seat belts “Click it or Ticket”
- Bic pens
- HIV prevention
- E-cigarettes
- Needle-exchange
- Gardasil
The *average* inmate in minimum-security federal **prison costs** $21,000 *each year*. The *average* inmate in maximum-security federal prisons **costs** $33,000 *each year*.

- **Treatment** of addiction to illegal drugs costs $1600 to $6800.

Treating tobacco addictions costs $500 to $6,000.

- **Treatment** of tobacco-related cancers and heart disease range from $30,000 to $150,000.
Australia

Harm Reduction

Supply Reduction

Demand Reduction

HARM MINIMISATION: AUSTRALIAN DRUG POLICY SINCE 1985
Contexts for Harm Reduction

- Lack of Universal Health Care
- Cutback in Welfare
- Politics not Science
- Law Enforcement vs. Medical Providers
- Punitive Approach to Treatment
- Institutional Racism
Growing Support for Harm Reduction

- Scientific evidence
- New political leadership
- Waning support for War on Drugs
- Frustration with abstinence model
- 2008 Funding from National Institute on Drug Abuse
Models of Harm Reduction

1. Disease Prevention
2. Harm elimination
3. Recovery readiness
4. Moderation and controlled use
5. Substitution Therapy
6. Relapse Prevention and Intervention
6. Overdose prevention
7. “alternative approaches”
8. Psychosocial Stabilization/binge reduction
9. Involuntary/mandated services
10. Education/prevention
Implementing Harm Reductions

- Working with individuals and groups
- Modifying the environment
- Implementing public policy change

- Example: Driving
Working with Individuals and Groups

- **Education:** Prevention
  - input from participants
  - open discussion/role play to practice coping skills
  - emphasis placed on personal choice and responsibility
Working with Individuals and Groups

- **Education: Intervention**
  - stabilize participant’s problem behavior and prevent further exacerbation of harmful behaviors
  - encourage or facilitate reduction of harmful consequences, from small decrements in risk to total cessation of the problem behavior
Increasing Environmental Availability of Harm reduction measures and procedures

- Emphasis on helping people develop motivation and skills associated with improved self-management
- Linked with environmental change
Reforming Policies to Accommodate Harm Reduction

- Rules and regulations to enhance safety (Naloxone)
- Includes legal responsibility/penalties

- Example: legalization of cannabis
Maximizing health and potential
Meeting needs to reduce harm
Focus on participant’s own needs and goals
Meeting immediate survival needs
Engaging
Holistic needs assessment
Making contact

Step-by-step guide to Harm Reduction in practice
How Can I Provide Choices?

- Ask permission to provide options: “Some people who have been in a similar situation have found a couple of things helpful – would you like to hear what they are?”

- List all options – not just those YOU prefer

- Ask, “What do you think would be useful or helpful at this point?”

- Always let the participant know that s/he has the final choice.
How Can I Be Non-Judgmental?

- Recognize that being completely nonjudgmental is impossible—look at how you respond to your judgments.
- Follow the participant’s lead—avoid pushing him or her to a place that he or she is unable or unwilling to go.
How Can I Be a Partner?

- **Listen first**
  - The participant is the expert – let her know that you recognize this
  - Remind the participant that she makes the final choice – and lives with the consequences of that choice
  - Ask, “How can I be helpful?”
Unanswered Questions

- How would this work with a person whose judgment is compromised (psychosis, dementia)?
“I believe compassion to be one of the few things we can practice that will bring immediate and long-term happiness to our lives. I’m not talking about the short-term gratification of pleasures like sex, drugs or gambling (though I’m not knocking them), but something that will bring true and lasting happiness. The kind that sticks.”

— 14th Dalai Lama
Questions

Contact Information:

Stephen Edfors

Midwest Harm Reduction Institute, Harm Reduction: Training of Trainers,

Psychiatric Medication Harm Reduction, guided dialog. version 03-10-10
www.willhall.net. creative commons by-nc-nd copyright


Hall, Will. Published by the Icarus Project and the Freedom Center. September, 2007
Harm Reduction Guide to Coming off Psychiatric Drugs


Kleinig, John, Substance Use & Misuse, 43:1–16, Copyright © 2008 Informa Healthcare USA, Inc. The Ethic of Harm Reduction