

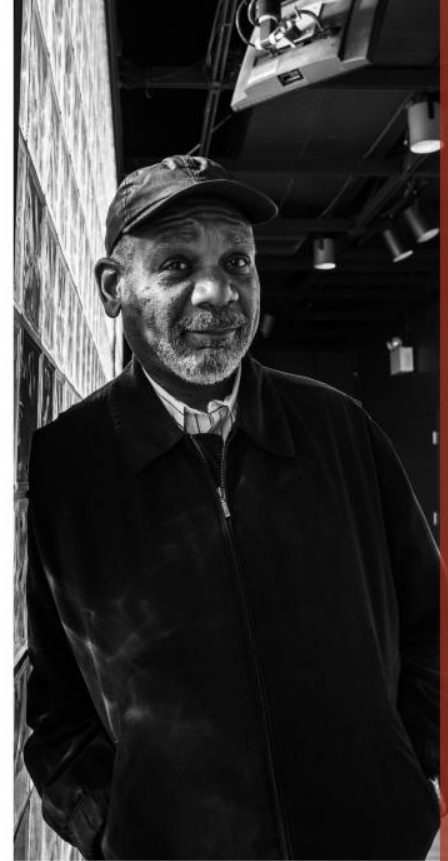


Learn From People Who Do This Work Every Day

Practicing Harm Reduction in an Abstinence-Based System

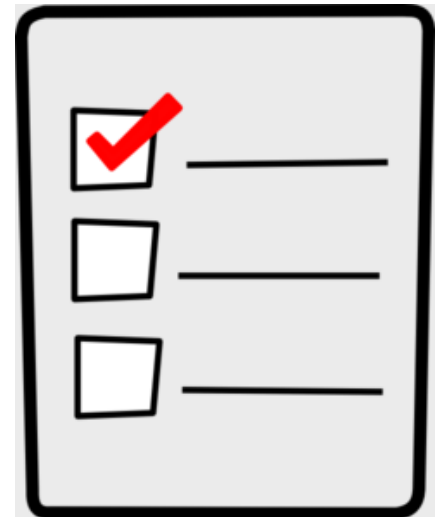
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Today's Agenda

- ✓ Defining harm reduction
- ✓ Dispelling common myths
- ✓ Accountability
- ✓ Overlap with abstinence-based models
- ✓ Practical application in the workplace
- ✓ Skills to promote the therapeutic alliance with clients

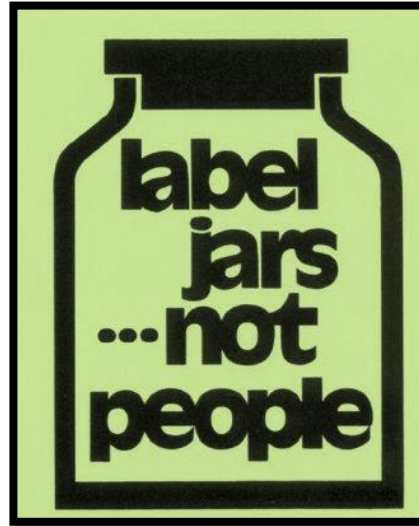


Learning Objectives

- Define stigma and explain its impact on people who use drugs or engage in other risky behavior
- Understand the commonalities of harm reduction and abstinence-based recovery approaches
- Name three ways that people who use substances can decrease drug-related harm



Unpacking Assumptions



Drug users are...



doctors



mothers



your neighbors



students



your friends



fathers

... your loved ones, community members, etc.

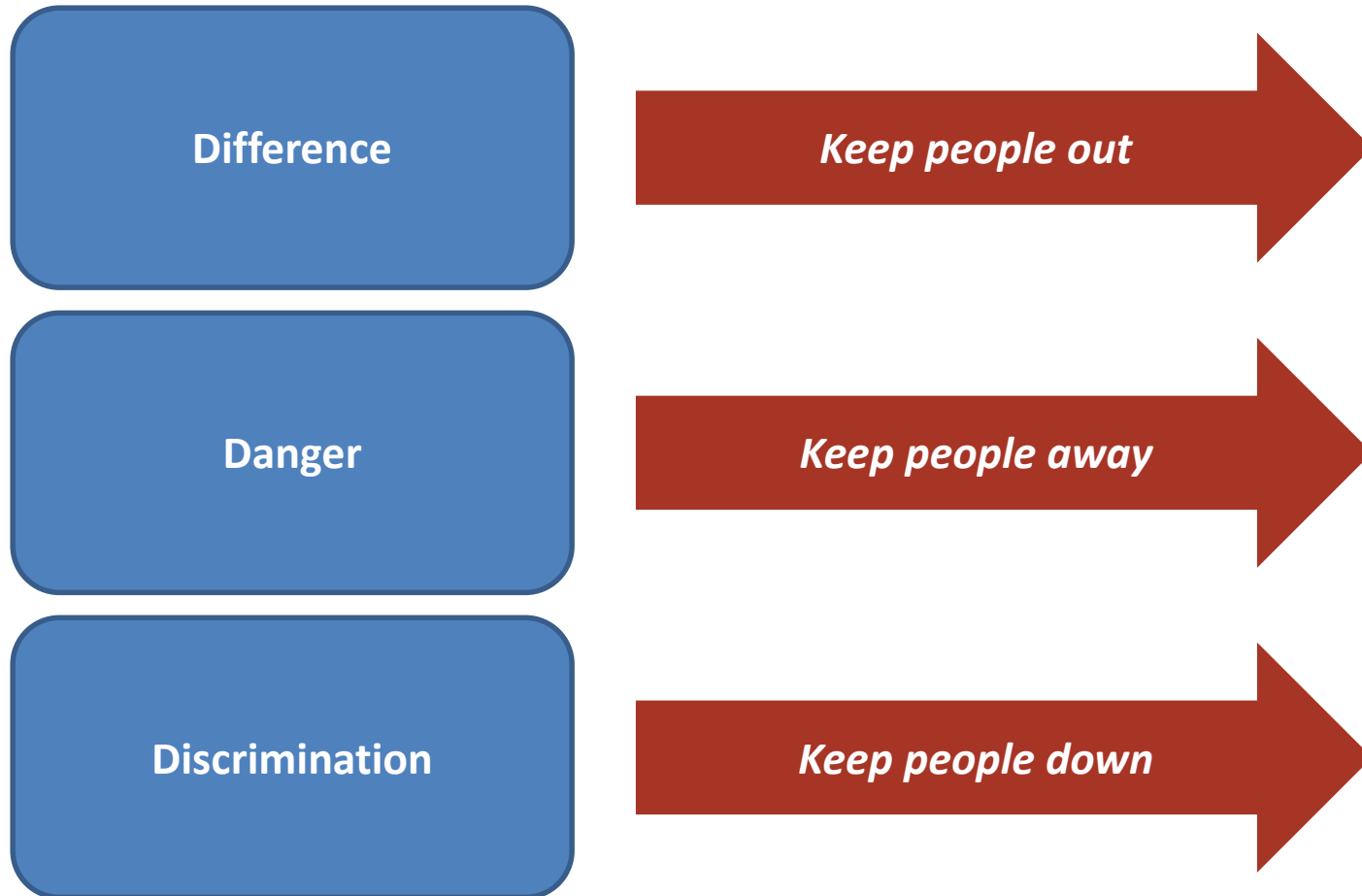
STIGMA

NOUN

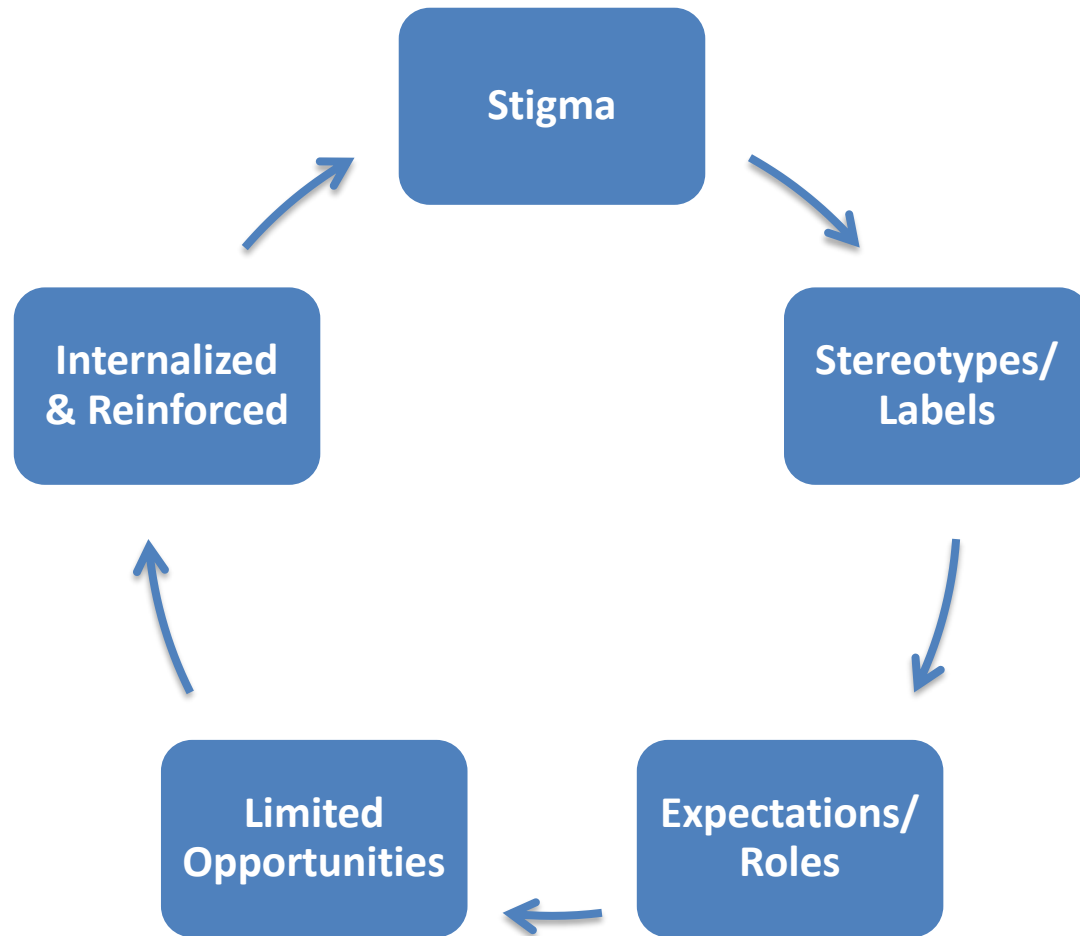
1: A mark of disgrace associated with a particular circumstance, quality, or person.

“the stigma of having gone to prison will always be with me”

The Purpose & Impact of Stigma



Cycle of Drug-Related Stigma

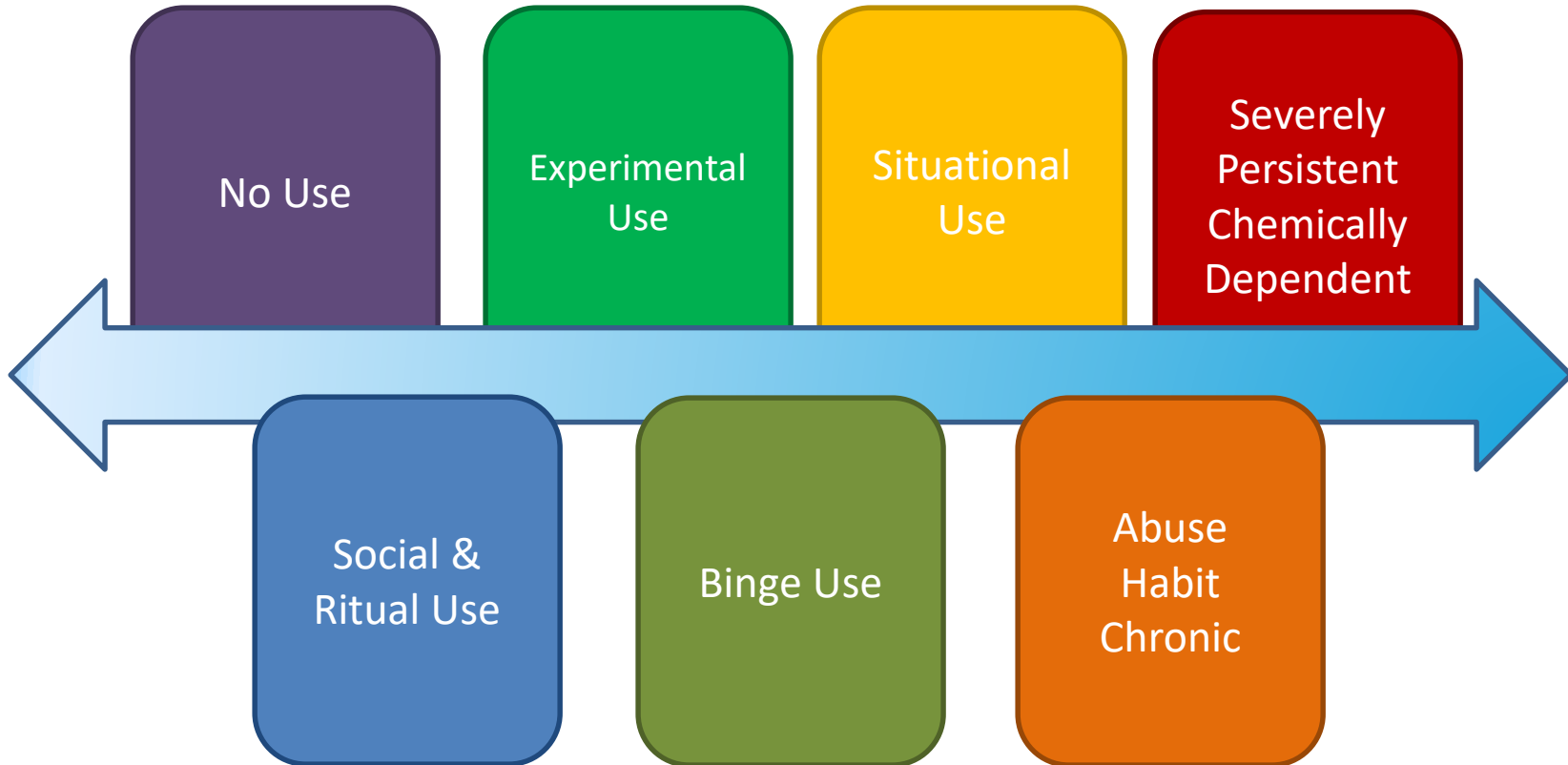


Why do people use drugs?

- *To relax and unwind*
- *In social settings*
- *As part of family traditions or spiritual rituals*
- *Because it's fun/pleasurable*
- *To deal with emotional or physical pain*
- *To disconnect*
- *To make difficult circumstances more tolerable*

- ✓ Drugs don't always cause harm.
- ✓ Abstinence is one of *many* possible goals.
- ✓ Drugs can meet important needs for people.

Continuum of Use



How do people change their relationship to drugs?



therapy
psychiatry



mutual aid groups
AA/NA



religion
faith-based groups

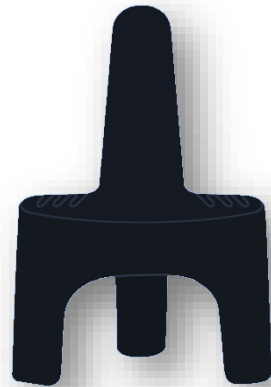


cold turkey?



cut down?

Harm Reduction!



Reflection

- What are some ways you reduce harm in your daily life?
- How do you weigh these risks/decide what to act or not act upon?
- Are there judgments associated?

Think about:

- Playing a sport
- Designated drivers
- COVID precautions
- Relationships

Examples of Harm Reduction in other areas



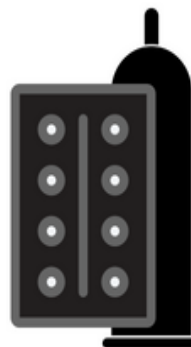
SUN
SCREEN



SEAT
BELTS



SPEED
LIMITS



BIRTH
CONTROL



CIGARETTE
FILTERS

Harm Reduction Is...

- Recognizes that people make their own choices based on their options and opinions of what feels right for them
- Acknowledges risky behaviors in a non-judgmental way
- Identifies practical ways of lessening consequences of such behavior
- Can be applied to substance use, mental health, and other behavioral health concerns



Harm Reduction is *Not*...

- **Does not** mean “anything goes”
- **Does not** condone, endorse, or encourage drug use or high risk behaviors
- **Does not** exclude or dismiss abstinence-based treatment models as viable options
- **Does not** attempt to minimize or ignore the harms associated with licit and illicit drug use, sexual activity or other risks



Examples of Harm Reduction

- Nicotine Replacement
- Education of safer usage practices/informed using
- Switching from higher risk substance to lower
- Method of delivery – smoking vs. injecting, etc.
- Syringe exchange & safer smoking kits
- Fentanyl testing strips
- Repeated overdose education and safety planning
- “Don’t Use Alone”
- Educating on Good Samaritan laws
- Medication Assisted Treatment
- Bathroom monitors
- Money management



Harm Reduction is about ***SAFETY***.

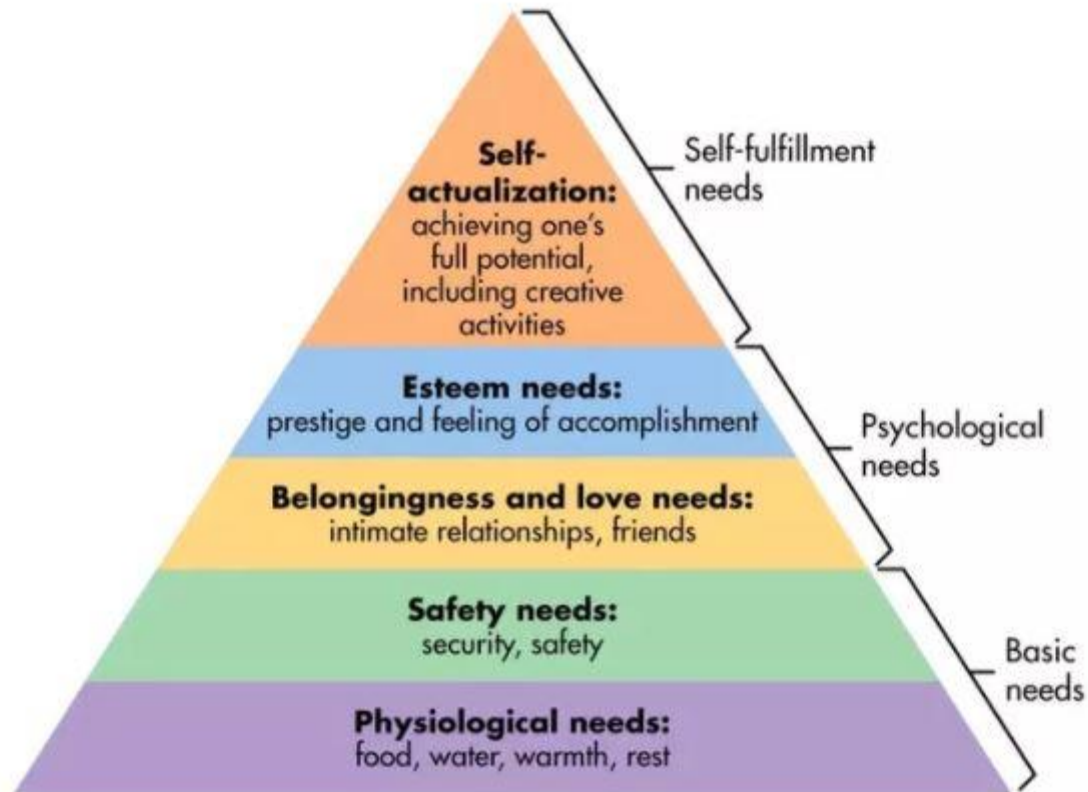
“Just as violations of safety are life-destroying, the means of establishing safety are life-***enhancing***.”

- Lisa M. Najavits, *Seeking Safety*



Safety = Well-being

Maslow's Hierarchy of Needs



Outcomes of Harm Reduction



Increase trust
with clients
and foster
engagement

Improve
public health
for individuals
and
community

Challenge
Stigma

Goals & Limitations of Harm Reduction

Goals

- Meeting needs of the people you work with, some of whom may engage in high-risk behaviors
- Saving lives



Limitations

- Discomfort with disclosure of risky behaviors
- Disparities in lived experiences
- Preoccupation with criminal activity
- Savior complex
- Personal values

Harm Reduction & Housing



- Housing *is* harm reduction
- Focus on the reduction of specific behaviors or patterns
- Set up systems to reduce risk
- Provide supportive monitoring for safety maintenance
- Do not expect overnight miracles
- Meet them where they're at, but don't leave them there
- Highly individualized

Harm Reduction & Sex Work



- Education on safer sex & STI prevention
- PrEP, condoms, lube, etc.
- Moral and religious views on sex cause stigma
- Brings focus to the sexual aspect, rather than viewing it as work
- Abuses and low wages in agriculture, domestic work not given the same scrutiny
- Stigma can compromise an individual's ability to function in a social and occupational context
- Consider the intersection of classism, sexism, transphobia, HIV stigma, racism and other forms of discrimination

Harm Reduction & Mental Health



- Self-harm
- Lack of understanding of health needs
- Reluctance to seek treatment/self-neglect
- To take medication or not (side effects)
- More complicated for those with marginalized identities
- Aversion to physical health care

Enabling & Accountability



Enabling and Rock Bottom

- “Rock Bottom” can only be determined retrospectively
- How do we measure this?
- If rock bottom is the **best** place to recover, why aren’t recovery rates higher for those with higher levels of risk (poverty, discrimination, poorer health, etc.)?



Natural Consequences

- Participants are still accountable to the consequences of their actions
- Support is offered, but they should not be sheltered from what occurs from actions they choose
- Clients make their own decisions and observe the results
- Next steps belong to the participant
- Change can take months and may entail many failures



Regardless of their choices, participants are not treated differently, housing status is not threatened, and help is always available!

Shame & Stress

- Shame is built into our culture.
- How does heaping more shame on someone help?
- Participants know when they've compromised their housing.
- We have made a commitment to our participants.
- We support them, no matter what.
- Stressful “events,”
not termination



"Shame corrodes the very part of us that believes we are capable of change."

Brené Brown

Accountability without Termination

Lease violations— *too much noise, too many visitors, non-payment of rent, illegal activity, etc.*

- May be relocated
- Ongoing clinical conversations to prevent recurrence
- If evicted, short term housing provided until rehousing is possible and another unit is identified
- Staff help with relocation



Harm Reduction & Abstinence-Based Recovery: *Two sides of the same coin*



The only
requirement for
membership is a
desire to stop
drinking/using.

Radical
acceptance of
any person who
walks through
the door.

The therapeutic
value of one
addict helping
another.

Peer support is
a key
component of
effective
treatment.

Step 1

Step 2

Step 3

Contemplation

Preparation

Action

Take the
steps.

Any positive
change.

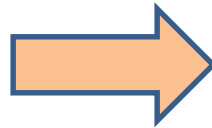
Now What?



“Recurrence of Use”

“Traditional” Recovery Model:

Relapse is part
of recovery



Harm Reduction-Based Approach:

Recurrence of
Use

- Redefine, reframe, and unpack both traditional & self-assigned labels
- Language and attitude communicates judgement
- **Judgement → Shame; Shame → Hiding; Hiding → Danger**
- Invitation for non-penalizing honesty that is open, continual

Language matters!

Service providers	People living with addiction
Is there an implicit judgement in how other providers/we label participants?	How do clients perceive themselves?
What does the judgement communicate to clients?	Are they given the freedom to label themselves?
How does this impact the therapeutic relationship?	Are they empowered to challenge the labels placed on them?

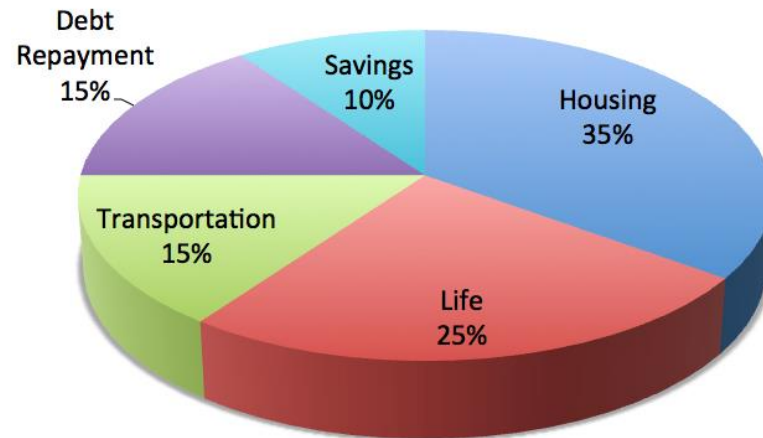
Making the shift to person-first language is a small action with massive impact!

Therapeutic Alliance Skills

- *Harm Reduction-based*
 - Spectrum of Use
 - Current use pattern informs next steps
- *Motivational Interviewing*
 - Readiness Ruler
 - Determine importance, readiness, & confidence
- *Trauma-Informed*
 - Body Awareness
 - Open dialogue about physical and psychological sensation in body prior to using/when not using

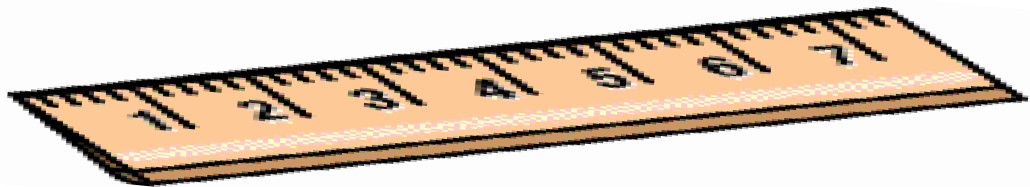
The Honest Budget

- Helps realistically plan for monthly expenses
- Inventories all the ways individuals make and spend income
- Promotes choice and self-determination
- Allows participants to make informed decisions about their money



Readiness Ruler

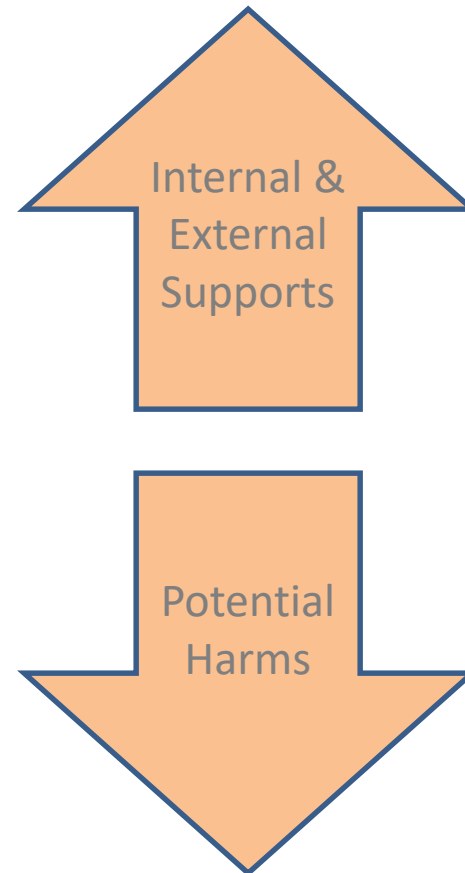
- How important it is for you to change a particular behavior? 1-10
- How ready do you think you are you can make the change today? 1-10
- How confident are you that you can make this change? 1-10



Safety-Based Goal Setting

Components

- Personal triggers
- Internal resources
- Natural social supports/distractions
- Adjusting your environment for personal safety
- Professional supports
- Sequential order for accessing internal & external support

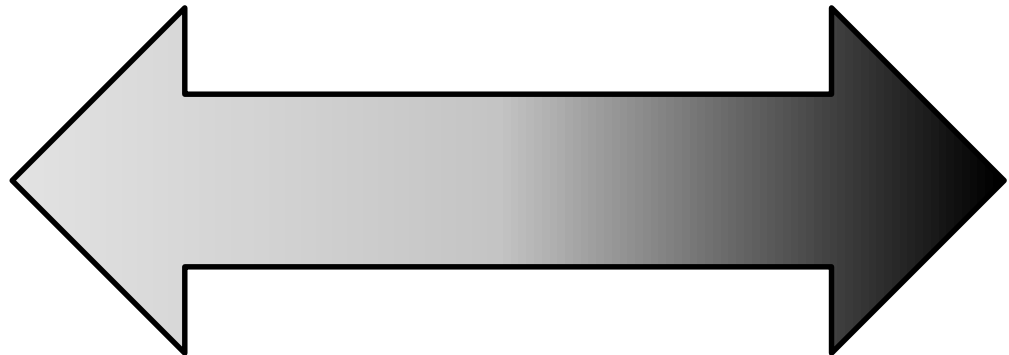


No One Said It Would Be Easy!



Common Ethical Questions

- Education of safer usage practices
- Developing ideal use plans
- Low profile coaching
- Repeated overdose education and safety planning
- “Don’t Use Alone”
- Money management for substance use budgeting

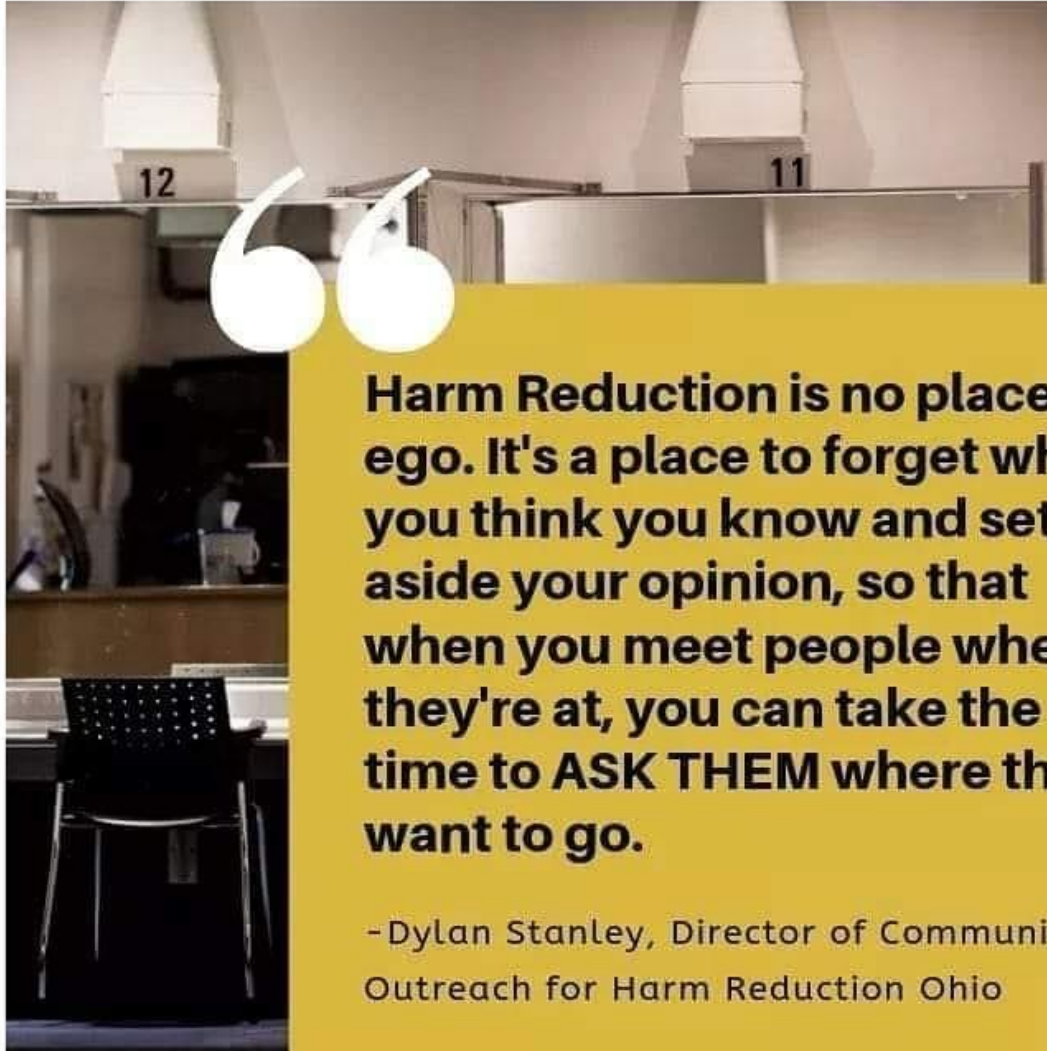


Common Criticisms

- It encourages drug use
 - *Significant literature supports the opposite*
- It sends mixed messages
 - *Ignores the practical*
- It fails to get people off of substances
 - *Abstinence is not the primary goal, reduction of harms while recognizing behaviors that persist is*

Common Fears

- I'm afraid for the safety of other residents and staff.
- I'm afraid harm reduction will alienate our neighbors and community.
- I'm afraid to compromise the sobriety of other clients.
- I'm afraid I can't help someone who doesn't want to help themselves.
- I'm afraid people are abusing the system and availability of Narcan by just getting reversed all the time.



Harm Reduction is no place for ego. It's a place to forget what you think you know and set aside your opinion, so that when you meet people where they're at, you can take the time to ASK THEM where they want to go.

-Dylan Stanley, Director of Community Outreach for Harm Reduction Ohio

Taking Care of YOU

- ✓ Training for staff & regular supervision
- ✓ Self-care
- ✓ Finding value in crises
- ✓ Reaffirming our commitment to the work
- ✓ Setting and upholding boundaries & limitations (for yourself and for your clients)
- ✓ Resisting the urge to take personal responsibility for client problems
- ✓ Identifying safety strategies (community-based support, sharps safety, drug-selling behavior, etc.)
- ✓ Education about high-risk transition points

In Summary

- We are in the middle of an overdose crisis that is impacting all sectors and it may get worse before it gets better.
- People are extremely vulnerable and telling them they have not suffered enough is not going to help.
- Determine what's most helpful to your clients – not just your comfort level – and learn how to support them.
- Be aware of how bias and discrimination impact care.
- Use your tools:
 - Prevention
 - Treatment
 - Harm Reduction



Start today!

- Listen
- Be aware
- Bring your skills
- Collaborate





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