

Harm Reduction



What is it?

The philosophy and practice of respectfully collaborating with people to assist *any positive change* as a person defines it for him/herself and begins where the person is at with no biases or condemnation for the person's chosen lifestyle

www.anypostivechange.org

A Counselor's Perspective

- <https://www.youtube.com/watch?v=6ehFV0hWDnE>

'Harm Reduction Saved My Life'

- <https://www.youtube.com/watch?v=L-xDvJ334ok>

Change is Hard!!



How People Change

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance

Stages of Change:

Precontemplation – no intention to take action in the near future

“I don’t have any problems that need changing!”

Stages of Change:

Contemplation – considering change, weighing the pros and cons

“I’ve been thinking I want to change something about myself.”

Stages of Change:

Preparation – client has an actual scheduled date that signals the beginning of action

“I am committed to look for an outpatient program by the end of the month.”

Stages of Change:

Action – individual is currently engaged in behavior that are moving toward a healthier lifestyle.

“I am really working hard to change.”

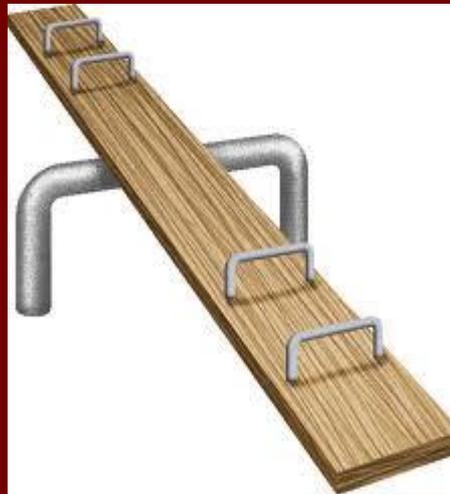
Stages of Change:

Maintenance – individual has made change and is confident they can maintain change.

“I don’t think of myself as a junkie anymore”

Ambivalence

“simultaneous and contradictory attitudes or feelings toward an object, person, or **action.**”



Characteristics of Change

ambivalence about change is normal

change is often nonlinear

readiness to change is not static

we must attend to readiness in our work

Assumptions of Harm Reduction

- First do no harm
- People have always used drugs
- People can, and do, make rational decisions despite drug use
- People have sovereignty over what they put in their bodies
- Punishing people for using drugs creates lying, crime and shame

Assumptions of Harm Reduction

- Not all drug use is abuse
- Drug abuse is a health concern
- Treatment must take into account individual differences
- Change is slow with many setbacks
- People who have caused harm to others can rejoin their communities

Guiding Principles of Harm Reduction

- Recognizes the intrinsic value and dignity of all human beings
- Seeks to maximize social and health assistance, disease prevention, and education while minimizing repressive, punitive measures
- Recognizes the right for comprehensive, non-judgmental medical and social services for and the fulfillment of all individuals and communities, including users, their loved ones and the communities affected by drug use.

Guiding Principles of Harm Reduction

- Emphasizes the necessity for a comprehensive and holistic understanding of and approach to drug use that addresses the isolation, survival needs and drug use of the user
- Does not judge licit and illicit drugs and drug use as good or bad, rather it looks at people's relationship to drugs, and emphasizes the reduction of drug-related harm and the encouragement of safer drug using

Guiding Principles of Harm Reduction

- Recognizes the competency of users to make choices and changes in their lives, including their drug use.
- Provides options in a non-judgmental, non-coercive way, and acknowledges the impossibility of controlling the outcomes whose determination is the legitimate realm of the client

Guiding Principles of Harm Reduction

- Demands that the individuals and communities affected by drug use be involved in the organization and co-creation of strategies for harm reduction interventions and programs
- Recognizes the diversity of users and drug use, and the necessity for outreach and services to reflect and address every user's needs.

Guiding Principles of Harm Reduction

- Expects accessible, flexible, non-judgmental drug treatment, including methadone maintenance, upon demand.
- Supports accessible, legal syringe exchange and the supply of sterile drug using and safer sex equipment
- Challenges current drug policy and its consequences, such as misrepresentations of drug users and misinformation about drug use

Negative Attitudes

- about harm reduction strategies stem from important cultural attitudes in our society:
 - The stigma associated with addiction
 - A fixation on abstinence as the only socially acceptable goal of addiction treatment



Myths of Harm Reduction

- Harm Reduction is the opposite of abstinence

Myths of Harm Reduction

- Clinicians should be in charge of treatment not clients

Myths of Harm Reduction

- Harm Reduction is just giving people permission to use

Myths of Harm Reduction

- You can't mix harm reduction and abstinence goals in treatment. Harm reduction means anything goes

Syringe Exchange Programs

- Started here in 1988 with the dual objectives of providing IDUs with sterile equipment and removing used and potentially contaminated syringes from circulation
- Many programs offer additional services
- The number of NEPs has been increasing steadily

Community Concerns with SEPs

- More disease will be transmitted
- Addicts will use more
- Discarded syringes
- Addicts will establish new relationships with other high risk users, exacerbating the problems
- Send a message to children that condones or encourages drug use

Research says...

- Syringe exchange programs work
- Syringe exchange programs do not encourage substance abuse
- Syringe exchange programs are cost effective



- *" For years U.S. lawmakers and the public have allowed their personal and moral beliefs to override the proven physiological benefits of the harm reduction model. As we struggle to knock down these walls of ignorance, countless lives are being lost. As long as the 'War on Drugs' is fought by those who reject harm reduction theory there can be no victory"*

- Brian Thompson

Thank You!

