Guide to Harm Reduction
Reducing Harm and Improving Health for People Who Use Drugs and the Community
Person-first language helps to maintain an environment of dignity, respect and hope.

Using person first language is also a more accurate way of speaking about people. Placing the person first and the diagnosis or behavior second helps eliminate stereotypes that can form.
Let’s dive deeper…

**Established language...**

**Addiction and/or Substance use disorder (SUD)**

- Sam is a person with addiction
- People with substance use disorder

**Harm Reduction language applied...**

- Sam is a person with problematic use or chaotic use — terminology that many who are having difficulty managing their drug use prefer to the term “disorder”.
- People who use drugs
It’s important to let the person you are working with define their relationships to drugs and drug use and find terminology that works for them.
**Important terminology**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>PWUD</td>
<td>People who use drugs</td>
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<tr>
<td>PWID</td>
<td>People who inject drugs</td>
</tr>
<tr>
<td>ORW</td>
<td>Outreach worker</td>
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<tr>
<td>SAS</td>
<td>Syringe Access Services</td>
</tr>
<tr>
<td>SSP</td>
<td>Syringe Service Programs / Needle Service Programs (NSP)</td>
</tr>
<tr>
<td>SCS</td>
<td>Safe Consumption Space</td>
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</table>
What is harm?

“Harm is, simply, anything that happens, no matter what causes it, that damages any part of you, your life, or those around you. Harm can be physical, emotional, social, or, some would say, spiritual.”

— Patt Denning, harm reduction psychotherapist
Harm Reductionists realize that abstinence is not practical for everyone. Some people have mental health or physical health challenges that improve with medication and get worse with abstinence.

While Harm Reductionists support abstinence as a recovery goal, they leave goal setting to the client and support other recovery goals, beyond abstinence, as well.
Harm Reduction versus Harm Elimination

In the broad sense of the word, Harm Reduction includes every strategy which helps to reduce harm including abstinence. The most effective strategy is to **meet people where they are at** and **work with individuals on goals which they choose for themselves**.

In the narrow sense of the word those who seek to eliminate all harm by pursuing perfect moderation or perfect abstinence may be said to be pursuing a goal of **Harm Elimination** rather than Harm Reduction. Harm Elimination is not for everyone.
Harm Reduction Strengthen Public Safety

Prevents Disease Transmission and injury

Reducing Public Nuisance

Provides an Entry Point for People into Services

Develops Meaningful Partnerships: Community, Public Health & Safety, and Business Groups

Source: Katal, Center for Health, Equity and Justice. What is Harm Reduction
Benefits of Harm Reduction

- Increase Knowledge Around Safer Substance Use
- Reduce Sharing of Substance Use Equipment
- Reduce Hepatitis C and HIV
- Reduce Overdose Deaths and Early Deaths
- Increase Referrals to Support Programs and Health and Social Services
- Reduce stigma and increase access to health services
- Reach Vulnerable Populations and Communities
- Generates healthcare cost savings, for every $1-2 spent in HR, $5-7 saved

Source: Understanding Harm Reduction: Substance Use, Healthlink BC

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Who are Harm Reductionists and What they do?

**OUTREACH WORKERS:**
Deliver Medical Supplies to PWUD

**NURSES AND DOCTORS:**
Concern are the Health of PWUD

**EDUCATORS TO INDIVIDUALS OR COMMUNITY:**
Safer Use, About Naloxone

**PSYCHOTHERAPIST:**
Provide Support to clients who use drugs or are Abstinent

**PWUD AND COMMUNITY:**
Organize to Make Sure PWUD Voices are Heard

**POLICY MAKERS, SOME LOBBYIST:**
Make Sure that Drug Laws that are Passed are Ethical, Compassionate and Effective

**INDIVIDUALS:**
Who use HR as their recovery pathway to a better life

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section 03
Foundations in Harm Reduction Approaches
Harm reduction incorporates a spectrum of evidence-based and evidence-informed strategies from safer use, to managed use, to abstinence to meet drug users “where they’re at,” addressing conditions of use along with the use itself.
Evidence-based approach

Nearly 30 years of research has shown that comprehensive Syringe Service Programs (SSPs) are safe, effective, and cost-saving, do not increase illegal drug use or crime, and play an important role in reducing the transmission of viral hepatitis, HIV and other infections.

SSPs Increase Entry Into Substance Use Disorder Treatment:

Research shows that people accessing SSPs are 5 times as likely to access treatment for substance use disorder and about three times more likely to stop using drugs than those who don’t use the programs.

Source: Hagan H et al, “Reduced injection frequency and increased entry and retention in drug treatment associated with needle-exchange participation in Seattle drug injectors and CSC, Summary of Information on The Safety and Effectiveness of Syringe Services Programs (SSPs)
Evidence-based approach

2005 San Francisco, CA study, injection drug users received naloxone kits and CPR training

• 6-month follow-up (interview), no evidence of increased drug use
• Found decreased heroin use among participants
• Participants entering drug treatment increased from 35% to 60% - Even though the program did not promote reduction in drug use or drug treatment

In a similar 2010 program in Los Angeles, CA

• 53% of program participants reported decreased drug use at 3 months follow-up (interview)

Sources: Seal et al, Attitudes about prescribing take-home naloxone to injection drug users for the management of heroin. Wagner et al, Evaluation of an overdose prevention and response training programme for injection drug users in the Skid Row area of Los Angeles
Harm Reduction Strategies

EDUCATION
Information Knowledge Application

ACCESS
To Harm Reducing Tools

SUPPORT
Basic Health and Social Needs

LINKAGES
To Services HIV, HEP C, SUD, Mental Health
Important: Harm reduction strategies and responses need to look different for different communities.

Source: Harm Reduction Coalition
Substance Use Management (SUM)

Substance use management is a practice that does not require abstinence but instead focuses on a range of options for improvements while still including abstinence among the possible self-selected outcomes.

Well-managed drug use meets a person’s needs while not causing harm to others or unnecessary harm to the PWUD.

The goal of SUM is Any Positive Change while addressing issues related to drug use.

Source: Bigg D. Substance use management: a harm reduction-principled approach to assisting the relief of drug-related problems
Continuum of substance use
Harms can occur at any point and should be addressed, regardless of where the person is on the continuum.
Continuum of substance use is not linear and may be drug specific

- A person can move back and forth within the continuum, it’s not just a one-way path
- People can be at different points for different substances

Traditional notions of recovery do not always make space for this option which can cause more challenges for individuals.

### SUD Continuum of Care and Examples of Recovery-Oriented Activities

<table>
<thead>
<tr>
<th><strong>Prevention</strong></th>
<th><strong>Intervention</strong></th>
<th><strong>Treatment</strong></th>
<th><strong>Post-Treatment</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Early Screening, Before Onset</td>
<td>• Screening</td>
<td>• Menu of Treatment Services</td>
<td>• Continuing Care</td>
</tr>
<tr>
<td>• Collaborate with other systems (child welfare, VA)</td>
<td>• Early Intervention</td>
<td>• Recovery Support Services</td>
<td>• Recovery Support Services</td>
</tr>
<tr>
<td>• Stigma reduction activities</td>
<td>• Pre-Treatment</td>
<td>• Alternative Services and Therapies</td>
<td>• Check-ups</td>
</tr>
<tr>
<td>• Refer to intervention treatment services</td>
<td>• Recovery Support Services</td>
<td>• Prevention and Support for Families of Individual</td>
<td>• Self-Monitoring</td>
</tr>
</tbody>
</table>

**Harm Reduction Activities**
Stages of change

01 Precontemplation
- Not thinking about change

02 Contemplation
- Considering Change
- In Harm Reduction Recovery BEGINS HERE

03 Preparation
- Making Decisions for Change

04 Action
- Commitment and Beginning to Change

05 Maintenance
- Change has become integrated with life

Source: Prochaska, DiClemente, & Norcross, Enhancing Motivation for Change in Substance Abuse Treatment 1992
Drug, Set, Setting — Areas for Improvement

How people’s relationship with a drug varies based on the interaction between three sets of factors:

**DRUG:**
the drug, how it’s taken, its effect

**SET:**
the individual user, the physical and mental state

**SETTING:**
where and when drug is used, stress and support

Harm Reduction looks at where improvements can be made across Drug, Set, and Setting.
Often service providers jump to the **DRUG** part of the model and want to focus immediately on addressing potential harms here.

It’s important to assess with your participant what **they want to prioritize**. Maybe it’s their **SET** and other health care or mental health or food access issues. Maybe it’s **SETTING**, having a safe place to stay and developing their support networks before addressing their drug use.

*It’s much easier to think about making changes in your drug use when you don’t feel hungry or have a tooth ache or uncontrolled diabetes or a safe place to stay.*
<table>
<thead>
<tr>
<th>Drug</th>
<th>Set</th>
<th>Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the drug itself and what it does and how potent it is</td>
<td>Person’s unique personality</td>
<td>Stress in a person’s life: social, economic, environmental</td>
</tr>
<tr>
<td>What is it cut with</td>
<td>Person’s physical and mental health, or emotional state</td>
<td>Support in someone’s life</td>
</tr>
<tr>
<td>How is it used: smoke, snort, absorbed, swallowed, injected</td>
<td>Person’s cultural identity, culture of origin, sense of belonging</td>
<td>With whom/where a person uses. Alone or with someone. Injected by another.</td>
</tr>
<tr>
<td>Whether it is legal or illegal</td>
<td>Person’s expectation of the drug and motivation for using the drug</td>
<td>Social and cultural attitudes toward the drug</td>
</tr>
</tbody>
</table>

Source: Denning and Little, Practicing Harm Reduction Psychotherapy, 2012
Ideal or Successful Model for HR

**STRUCTURAL SUPPORT:** Legislation, Funding/Support, Reduced Regulatory Barriers, Stigma and Racism, and Resources Allocated to Evidence-based Approaches

**SERVICES:** Meeting need

**PEOPLE INVOLVED:** People Who Use Drugs, Family/Friend impacted, Providers, Local Government, Community groups/neighbors

*Source: Harm Reduction Coalition*
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Practicing Harm Reduction
What does it mean to “practice” harm reduction?

Harm Reduction Principles
+ Tools and Services
= Practicing Harm Reduction
Harm Reduction can be understood as a set of values or principles that can be applied to practices or services.

Therefore, you can have services that are not rooted in a harm reduction approach (even something like syringe exchange or naloxone distribution) and you can have services that are not what we traditionally think of as harm reduction (like a jail-based program or an abstinence-based treatment program) and it can be rooted in harm reduction principles.

— Eliza Wheeler, formerly with Harm Reduction Coalition
Harm Reduction Principles

- Acknowledge Realities
- Participant Involvement
- Continuum and Perplexity of Use
- Participant Autonomy
- Health and Dignity
- Sociocultural Factors
- Participant Centered Services
- Pragmatism and Realism
Stigma …

When we apply all these principles …
We challenge and address the stigma associated with this disease.

With no judgement... there is less stigmatization and more opportunity, support, health and wellness.
Education

Peer Education: Peers Educating Peers

Overdose Prevention: First Aid Training and Naloxone

Risk Reduction and Safer Drug Use
Access & Engagement

- Drop-in Centers
- Outreach
- Mobile Health
- Confidential Counseling & Testing for HIV, HCV, other Bloodborne Infections
Syringe-focused Programs

- Syringe Disposal Programs
- Syringe Distribution Programs
- Safe Consumption Sites or Spaces / Safe Injection Sites
Linkage to Support and Services

- Primary Care for General / Overall Health and Wellness
- Housing and Homelessness Services
- Substance Use Treatment (incl. MAT) and Mental Health Services
- Social, Cultural and Faith-based Support
Harm reduction encourages people to use substances

Research shows that harm reduction activities do not encourage substance use. In fact, they can encourage people who use substances to start treatment.
Abstinence-based treatment models are supported. While harm reduction approaches often serve as a bridge to treatment or cessation of drug use, these outcomes are not preconditions or the only goals.

Harm reduction neither prescribes abstinence nor uses coercive tactics to elicit it, because such tactics may inadvertently cause more harm.

Harm Reduction can also address a range of issues that support the person to be in better health and shape if and when they can decide to access treatment which can optimize the chances of folks reaching their recovery goals.
Harm reduction and law enforcement are in conflict

Successful Harm Reduction models find these community partners providing leadership and guidance in the development of programs that aim to reduce drug related harm to individuals and communities.

• Refer people to drug treatment agencies or other types of assistance
• Act as a useful resource for schools in drug education programs and take part in community education about drugs and/or HIV risks
• Provide a supportive environment for syringe services programs by not targeting the vicinity of these programs to arrest users
• Avoid arrests at the scene of a drug overdose therefore encouraging people to call 911 for medical help without delay or fear of prosecution

Source: Harm Reduction Coalition
Harm reduction increases disorder & threatens public safety & health

Often referred to as the “honey pot effect”, this concern assumes that harm reduction programs will attract drug dealers and compromise the safety and well being of the surrounding community.

Evidence has conclusively demonstrated that harm reduction programs do the opposite.

Best practice is for protocols between police and harm reduction service providers which ensure drug trafficking laws are enforced – open drug dealing is discouraged, while drug users are encouraged to access needed services.

Harm reduction drains resources from healthcare and treatment services

Harm reduction tools and services are relatively inexpensive and cost effective. They increase social and financial efficiency by reducing the transmission of infectious disease at a lower cost, rather than waiting to treat complications of advanced illness at a much higher cost.

Sources: Harm Reduction BC Community Guide

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Harm Reduction approaches lead to safer use, moderation, or abstinence—depending on the individual’s desires and needs. Because the focus is on improving the quality of life, any step that reduces harm to individuals, their loved ones, their community, and society — is embraced and celebrated.

ANY POSITIVE CHANGE.
“When people start to be valued by others, they start to value themselves. And even when drug use remains unchanged, harm reduction nearly always increases the amount of warm, social contact that the most traumatized and marginalized people have.

Because this is essential to coping with trauma, it provides a foundation for human growth. Harm reduction is the opposite of tough love—it is the unconditional kindness and imbues what looks to outsiders like irredeemable ugliness with startling moments of transcendent beauty.”

— Maia Szalavitz, from the book “Unbroken Brain”