



Introduction to Harm Reduction

Learning the Principles & Exploring Attitudes

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Purpose of This Training


The purpose of this workshop is to become knowledgeable about the Harm Reduction philosophy as well as examine program and personal attitudes and stigma towards substance use and other risky behaviors.

Attitude Questionnaire

- Until someone acknowledges their mental illness or substance use, there's not a lot we can do to help them.
- Abstinence is a prerequisite for any improvement of functioning of individuals actively using with mental illness.
- Rehabilitation efforts are wasted on individuals with mental illness until they have given up alcohol / substance use.



What is wrong with drugs?



**A time when your attitude
toward someone was impacted by
their substance use.**

Judgements and attitudes

“Drug users don’t deserve medical treatment as much as other people.”

“It’s their own fault that they are experiencing problems.”

“They chose to use the drug and now they have to live with the consequences.”

“This is NUTS. My brother is a drug addict and I will NEVER support this!”

“So we help people do drugs because it worked in one facility in Canada? Why should we help people do something that is wrong? The end result of drugs is death. Why people do drugs does not justify that it is still wrong. 2 wrongs do not make a right. My brother is committing crimes BECAUSE he is on meth. So I should facilitate his drug use!?! He knows it's wrong.”

“Drug use IS a moral issue. All the law does is legislate morality. We ARE a corrupt nation that has lost it's soul. We celebrate debauchery. People today do not want to take personal responsibility for what they do wrong.”

Effects of Stigma

- Marginalization
- Lack of resources
- Mistrust
- Barriers to help

- ***“What people need is a good listening to.”***
-Mary Lou Casey
- ***A fool takes no pleasure in understanding, but only expressing personal opinion.***
-Proverbs 18:2
- ***“Anyone who willingly enters into the pain of a stranger is a truly remarkable person.”***
-Henri J.M. Nouwen, In Memoriam
- ***“We must understand their feelings even if we do not condone their actions.”***
-Author unknown.



Why Do People Engage in Risky Behavior/Drink/Use

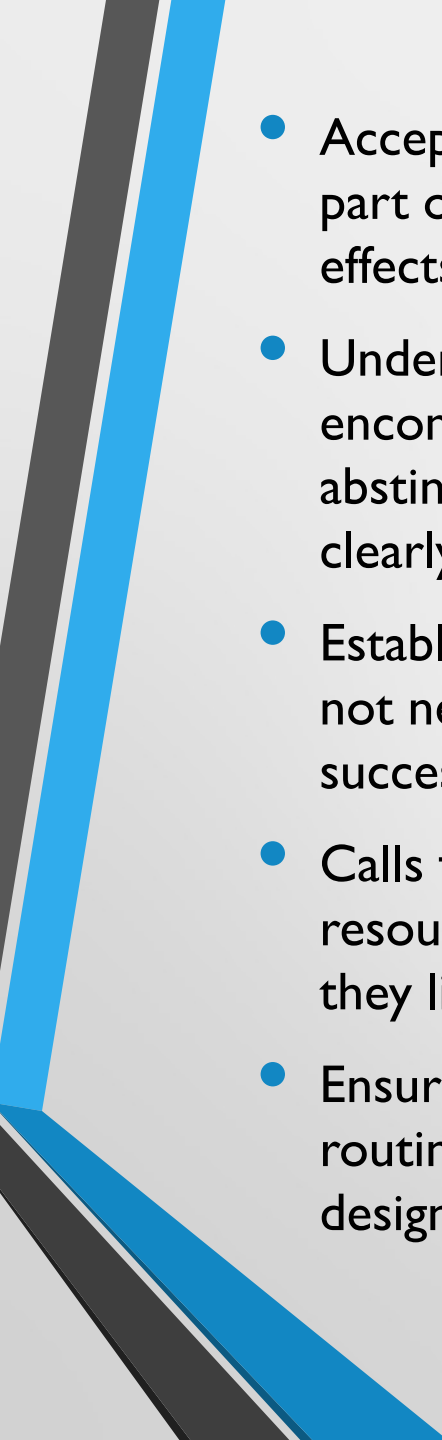
Why is harm reduction necessary?

“Drug treatment in the U.S. is currently based on what is known as the American Disease Model, which states that addiction is a primary disease: not caused by any other condition, characterized by loss of control and denial and only treatable by abstinence. (The 12 step program of recovery is the practical application of the disease model.) Requiring abstinence as a condition of entering treatment, and terminating clients who relapse, are two examples of setting the threshold for treatment too high. By doing so, we dramatically limit the range of people who can and will come to treatment. Substance abuse is the only field in mental health where the client is required to give up his symptom (drug use) *before* entering treatment.” (Denning and Little, 2001)

What is Harm Reduction?

Guiding Principles

- Harm reduction is a set of practical strategies that reduce negative consequences of drug use, incorporating a spectrum of strategies from safer use, to managed use to abstinence. Harm reduction strategies meet drug users "where they're at," addressing conditions of use along with the use itself.
- Because harm reduction demands that interventions and policies designed to serve drug users reflect specific individual and community needs, there is no universal definition of or formula for implementing harm reduction. However, HRC considers the following principles central to harm reduction practice.

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- Accepts – for better and for worse – that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them.
 - Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe abuse to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others.
 - Establishes quality of individual and community life and well-being--not necessarily cessation of all drug use--as the criteria for successful interventions and policies.
 - Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm.
 - Ensures that drug users and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them.

- Affirms drugs users themselves as the primary agents of reducing the harms of their drug use, and seeks to empower users to share information and support each other in strategies which meet their actual conditions of use.
- Recognizes that the realities of poverty, class, racism, social isolation, past trauma, homophobia, sex-based discrimination and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm.
- Does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use.

<http://harmreduction.org/about-us/principles-of-harm-reduction/>

HARM REDUCTION CONTINUUM

Chaotic Use and lifestyle

Abstinence and chaos free life

- Homeless
- Drinking/using
- Unemployed
- SED
- Un-medicated
- Poor coping skills
- Poor education

- + Takes medication
- + becomes housed
- drinking/using
- Unemployed
- Poor coping/living skills
- Poor education

- + Taking medications
- + housed
- + working on education
- Drinking/using
- Unemployed
- /+ learning coping skills

- + taking medications
- + housed
- + in school
- + modified use/reduction
- unemployed
- /+ learning coping skills

What Harm Reduction Is Not

- Anti Abstinence
- Enabling
- Condoning
- Approving

Harm Reduction A Broad Perspective

- New years eve rides
- Driver's education
- Teen safe rides
- Birth control
- Needle exchange
- Diabetes
- Housing First

References

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Patt Denning and Jeannie Little (2001) Harm Reduction in Mental Health The Emerging Work of Harm Reduction Psychotherapy, *Harm Reduction Communication*, 11 (7-10)