



Harm Reduction:

Blending Principles and
Practice

Presenters Intro

- Christina Clayton, LICSW, CDP (she/her)
- Ash Warren, LICSW (he/him)
- Lisa Grillo, CDP (she/her)

Harm Reduction Topics

Intro

Viewpoints

Strategies

Considerations

Q & A



Getting to know you

What would be most helpful to
cover today?

Role poll

Viewpoints



- Our perspective
- Agency policies
- Societal context
- Lived experience
- Service provision

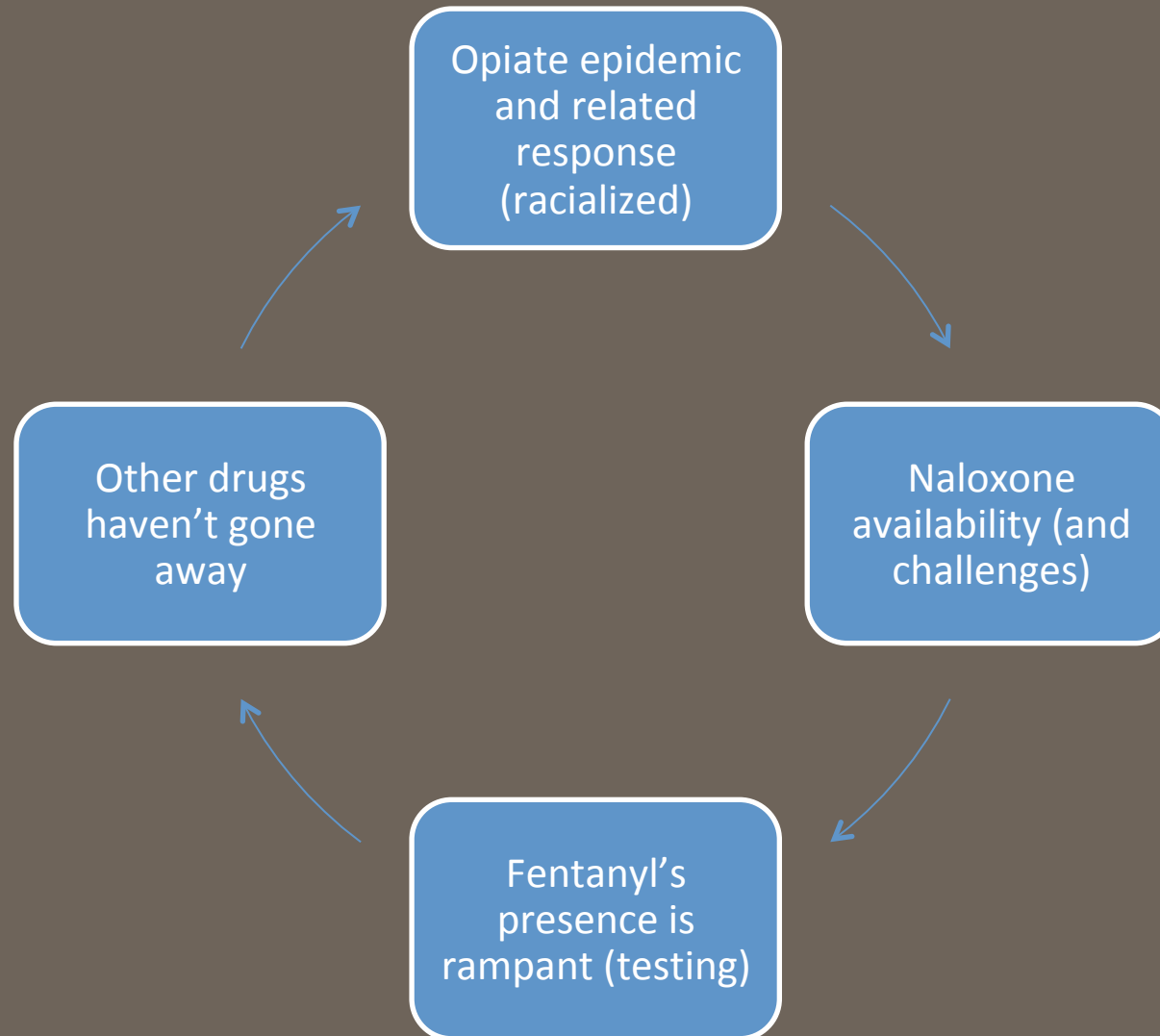
Reflection Exercise

Think of an issue you've dealt with or are dealing with currently:

- How old were you when you first recognized it?
- How old were you when you made a change *(or if still working on it, how old are you now)?*
- How long did it take *(or is it taking)?*



Current Community Contexts



CONSIDERATIONS

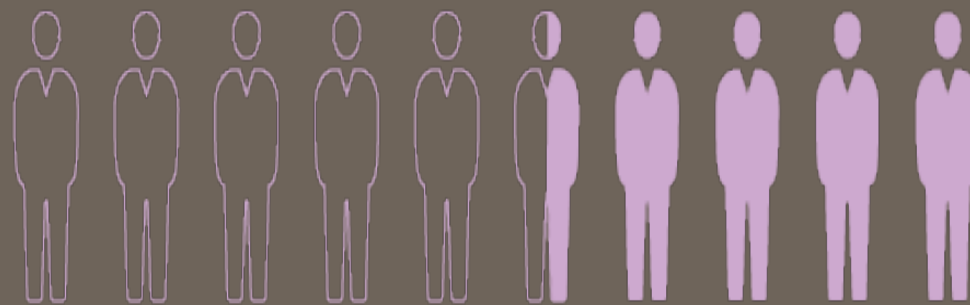
HALF of the
people in federal
prisons are
serving time
for a **drug**
offense



+++++

The number of people
in state prisons for
drug offenses today is
10X GREATER
THAN IN 1980

AFRICAN AMERICANS AND LATINOS CONSTITUTE



57%

of people in state prisons for a drug offense
despite the fact that drug use is roughly
similar among all racial/ethnic groups

Strategies for substance use

- Moral
- Criminal
- Rules
- Abstinence-only



Another way...



Harm Reduction is...

“A comprehensive, just and science-based approach to substance use that opens the door and welcomes people to become as safe and healthy as possible.”

“A set of non-judgmental strategies and approaches which aim to provide and/or enhance skills, knowledge, resources and support that people need to live safer, healthier lives.”

“A way for people to take protective and proactive measures for themselves, their families and their communities.

-Streetworks

Partnering Principles

Housing First

- Housing is a basic human right, not a reward for clinical success.
- Once the chaos of homelessness is eliminated, stabilization occurs faster and is more enduring.
- Units are targeted to most disabled and vulnerable homeless members of the community.

Harm Reduction

- Individual is treated with dignity reducing harm, not consumption;
- Individual's decision to use is accepted; accepts reality and works towards reducing harm
- Recognizes effects of individual experiences and societal inequities that affect vulnerability to and capacity for dealing with drug-related harm; does not minimize risks

Partnering Principles

Housing First

- Move people into housing directly without preconditions of treatment acceptance or compliance.
- The providers are obligated to bring robust support services to the housing. These services are predicated on assertive engagement, not coercion.
- Continued tenancy is not dependent on participation in services.

Harm Reduction

- Understands complexity and spectrum of responses; Individuals have a voice and have responsibility for their behavior
- Affirms users are the primary agents of change & empowers them ; Quality of life for individual and community
- No pre-defined outcomes; Non-judgmental, non-coercive provision of services

Relationship to Trauma-Informed Care

- Safety: Ensuring physical & emotional safety; “do no harm”
- Trustworthiness: Reliability, making tasks clear, maintaining appropriate boundaries
- Choice: Prioritizing personal choice & control over recovery
- Collaboration: Maximizing collaboration & sharing of power
- Empowerment: Identifying what people are able to do for themselves; prioritizing building skills that promote recovery; helping consumer find inner strengths needed to heal

Harm Reduction Myths Vs Facts

NHCHC 2010 Fact Sheet

MYTH

- Is opposed to abstinence and conflicts with traditional treatment
- Encourages drug use; or at least "don't ask, don't tell"
- Permits harmful behavior and maintains an "anything goes" attitude

FACT

- Is neither for nor against drug use. It does not seek to stop drug use, unless individuals make that their goal.
- Focuses on supporting people's efforts to reduce the harms created by drug use or other risky behaviors.
- Neither condones nor condemns any behavior. Evaluates the consequences of behaviors and tries to reduce the harm for individuals, families and communities.

Applying Harm Reduction to all aspects of life



Health



Finances



Mental
Health



Weight
Loss



Intimate &
Social
Relationships



Substance
Use



Compassion

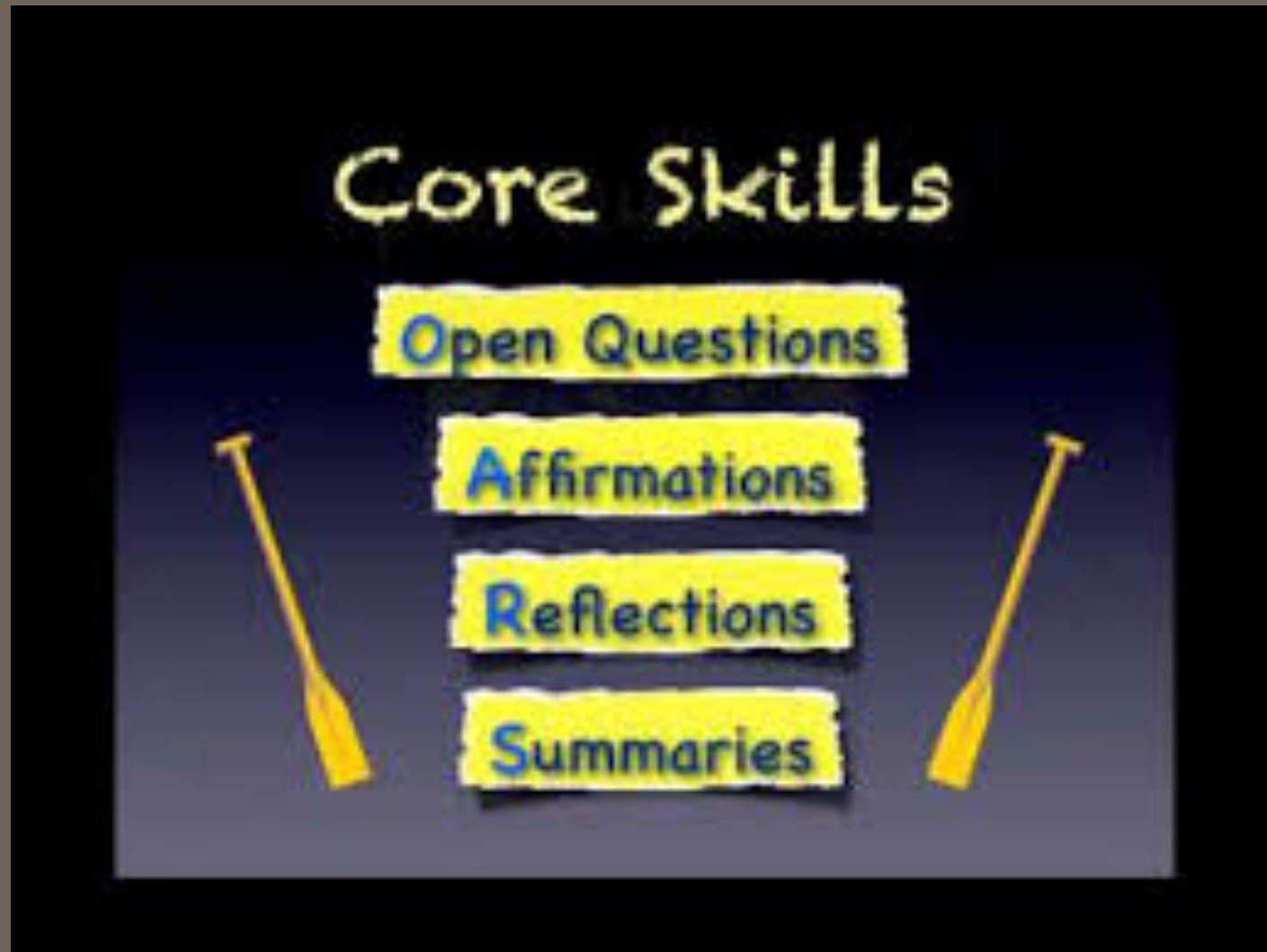
Guide me to be a patient companion, to listen with a heart as open as the sky. Grant me vision to see through his eyes, and eager ears to hear his story...Let me honour and respect his choosing of his own path.

Strategies

- ✓ Get to know personal narrative
 - ✓ Consistent presence
- ✓ Follow up and follow through
 - ✓ Goal-setting
- ✓ Work toward small steps
 - ✓ Let person lead
- ✓ Equitable relationship
 - ✓ Move at their pace



Motivational Interviewing



Exercise:

Open-ended Questions & Reflections

EXAMPLES

“What are the good things about your substance use? “

“Tell me about the not-so-good things about using”

“You seem to have some concerns about your substance use. Tell me more about them.”

Direct Harm Reduction Approaches

Practices that require a peoples' buy-in



Needle Exchange

Alcohol Monitoring

Methadone or
substitution
therapy

Use reduction

Condoms

Screens or rubber
tubing on crack
pipes

Getting off bus two
stops early and
walking

Switching timing

Paying rent before
buying substances

Changing use
patterns

Groups or
treatment w/Harm
Reduction focus

Indirect Harm Reduction Approaches

Practices that do not require peoples' buy-in



Medication
distribution

Case
management

Education
around safer
practices

Wrap around
services

Protective
payeeships

Outreach and
engagement

Welfare
checks
(scheduled)

MH Court or
Drug Court

Coordination
of primary
care

Unit
inspections/
Chore services

Narcan/
naloxone
onsite

Common Concerns we hear from Staff

- Approach leads to stress, leads to desire for more rules or structure
- Continued concerns about endorsing or condoning substance use
- How to balance unconditional positive regard vs. acceptance of behaviors
- Fear of doing the wrong thing



Case Study: “Tammy”

- 43 years old, spunky, friendly, well known to staff
- Has dx of schizophrenia, borderline personality traits, HIV+, addiction to crack/alcohol
- Engages in sex work to afford drugs
- Brings predatory people into apartment building
- Is frequently assaulted on street, at times in building
- Often refuses to seek medical care

How can we assist?


- Focus interventions on harm reduction
- Negotiate visitor agreement
- Develop safety protocol for when visitors are in the building
- Have medical staff outreach her on the street or in the building
- Have condoms and safety kits readily available to her
- Outreach and engage, build rapport
- Other ideas?

People of color are
disproportionally
suffering the
consequences of living in
a society built on
abstinence only policies.



DRUG POLICY ALLIANCE

The Drug Policy Alliance envisions a just society in which the use and regulation of drugs are grounded in science, compassion, health and human rights, in which people are no longer punished for what they put into their own bodies but only for crimes committed against others, and in which the fears, prejudices and punitive prohibitions of today are no more.



Decriminalize drug possession to remove a major cause of the disproportionate arrest and incarceration of people of color.

End policies resulting in disproportionate arrest and incarceration rates.

1 in every **10** black men in his thirties is in **prison** or **jail** on any given day



American Indian youth are **THREE TIMES** as likely as white youth to be held in a **JUVENILE DETENTION** facility



End policies that permanently exclude people with a drug arrest or conviction from key rights and opportunities including:

child custody
voting rights
employment
business loans
licensing
student aid
public housing
other public assistance

**6.1
MILLION**

Americans

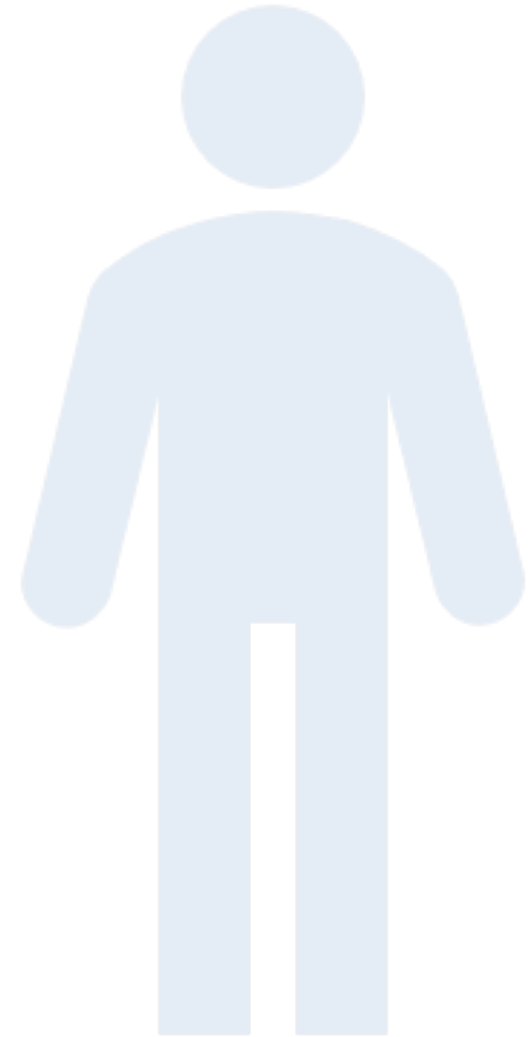
**CANNOT
VOTE**

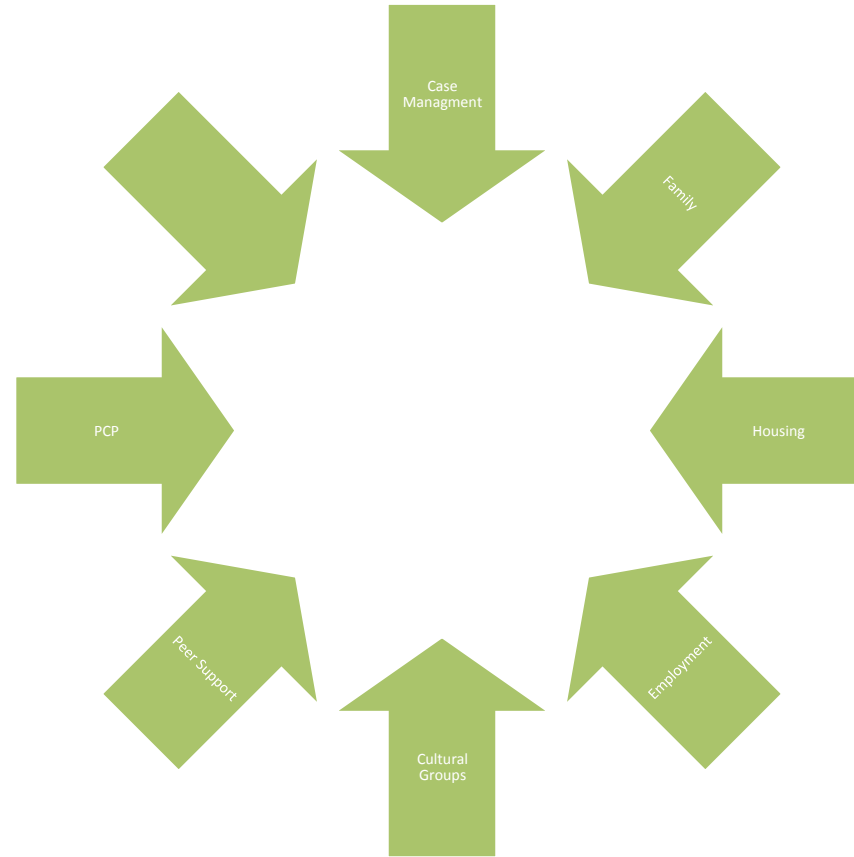
because of
a felony conviction

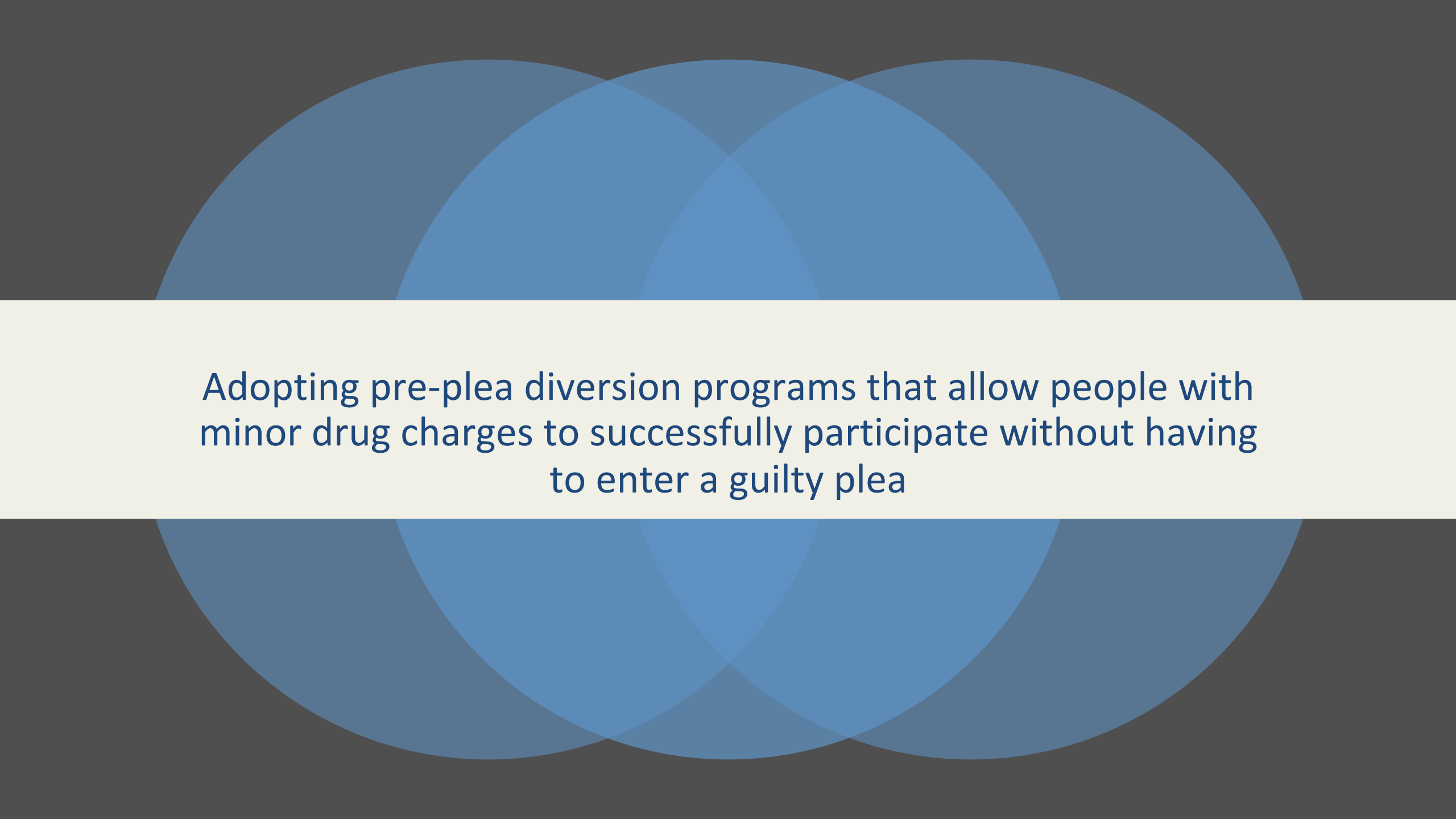




Provide access to wraparound services outside the criminal justice system so police don't end up being the only way people can get help.







Adopting pre-plea diversion programs that allow people with minor drug charges to successfully participate without having to enter a guilty plea



MCT

CRT

CSC

LEAD



let's talk

What strikes you today as something you could consider doing in your program or agency?

What is an idea or way you could consider implementing?

What support or information would you need to move forward?



Questions?
Comments?
Concerns?

THANK YOU!

Resources, Articles and Links:

<http://harmreduction.org/>

<http://harmreduction.org/issues/overdose-prevention/tools-best-practices/sample-program-materials/>

<http://boylestreet.org/harmreduction/>

<http://www.ccsa.ca/Resource%20Library/ccsa0115302008e.pdf>

<http://areachicago.org/first-things-first-the-housing-first-and-harm-reduction-models-in-services-for-the-homeless/>

<http://www.mensshelterofcharlotte.org/mscs-belief-in-harm-reduction/>

<http://homelesshub.ca/solutions/supports/harm-reduction>

<http://www.tedmed.com/talks/show?id=309156>