



FOUNDATIONS OF HARM REDUCTION

1

LEARN

Harm reduction principles and strategies.

2

UNDERSTAND

Where harm reduction strategies fit within the Continuum of Care

3

COMPARE

Prevention and harm reduction strategies, methods and research

4

DISCUSS

How harm reduction is relevant to today's prevention landscape

5

APPLY

Harm reduction strategies in your coalition work

COURSE OBJECTIVES

COURSE PROGRESS

Learn

Understand

Compare

Discuss

Apply



WHEN I THINK OF HARM REDUCTION...



Harm reduction strategies and methods have a lot of research showing their effectiveness in reducing substance-related injury and promoting community health. However, not many professionals really understand what harm reduction is and why it could be important in their work.

What are your current thoughts on harm reduction?

With the QR code or the link below, enter the first word that comes to mind when you think of harm reduction, and we will discuss our thoughts, opinions and biases with this strategy and how it relates to current evidence-based strategies in prevention.

Survey Link: bit.ly/harmreductionJuly

WHAT IS HARM REDUCTION?

A set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs. Harm reduction does not require abstinence from any risky behaviors.

HARM REDUCTION IS USED TO REDUCE NEGATIVE OUTCOMES RELATED TO...

Pregnancy and
sexually
transmitted
infections

Substance use and
substance related
death

Environmental
and occupational
accidents

Crime and
injury/death
related to violent
crime

WHAT IS HARM REDUCTION?

Harm reduction *is*:

- A ***policy approach*** used to reduce the potential of decline and/or death associated with the use of alcohol, tobacco, cannabis/THC, opioids and other substances.
- A spectrum of strategies that includes **safer use, managed use, abstinence**, and meeting people who use drugs “**where they’re at**”.
- *Harm reduction takes a ***trauma-informed*** approach to substance misuse prevention.

Harm reduction *is NOT*:

- Enabling illicit drug use
- Condoning illicit drug use
- NIMBY (Not In My Backyard) attitudes that fear harm reduction programs will increase substance use and crime in the surrounding communities

COURSE PROGRESS

Learn

Understand

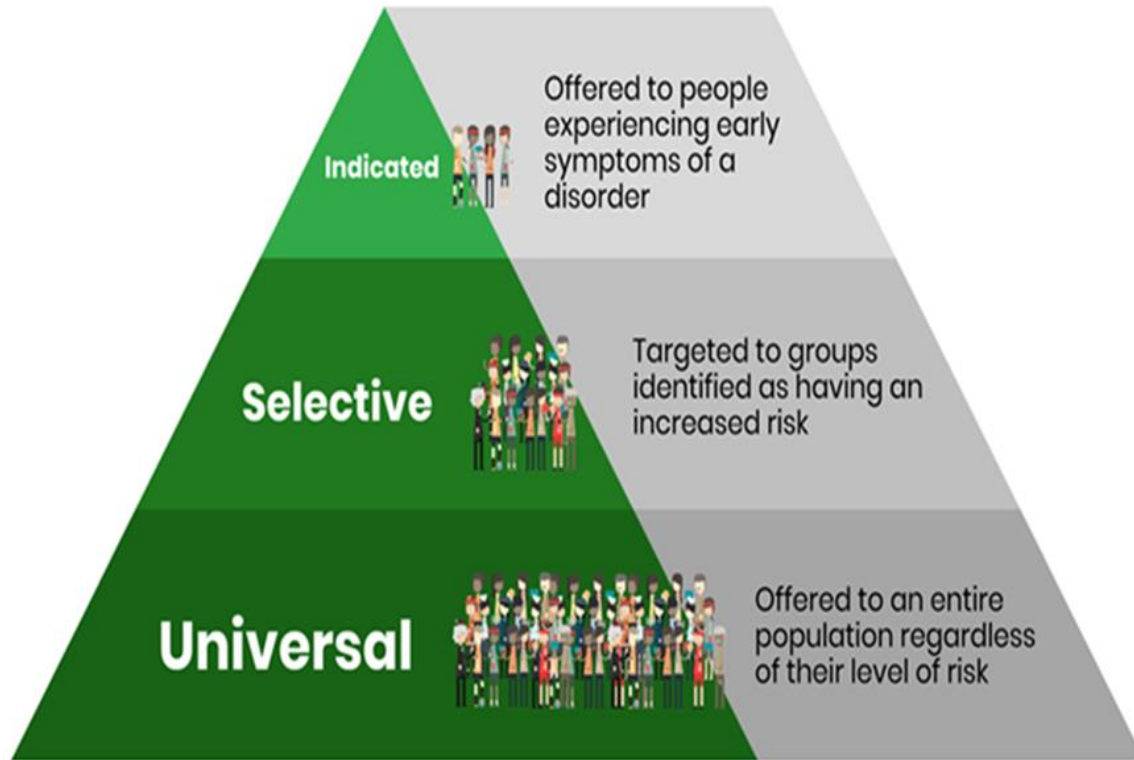
Compare

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PUBLIC HEALTH INTERVENTION LEVELS OF PRACTICE



Universal Populations

- Largely focuses on children with prevention of any use as the end goal.

Selective Populations

- Individuals “at risk” of substance related issues and may benefit from harm reduction strategies to mitigate their risk.

Indicated Populations

- Individuals currently engaged in substance use, but who may not necessarily be ready to seek treatment for their symptoms, harm reduction strategies may act as an intermediary step until treatment is sought.

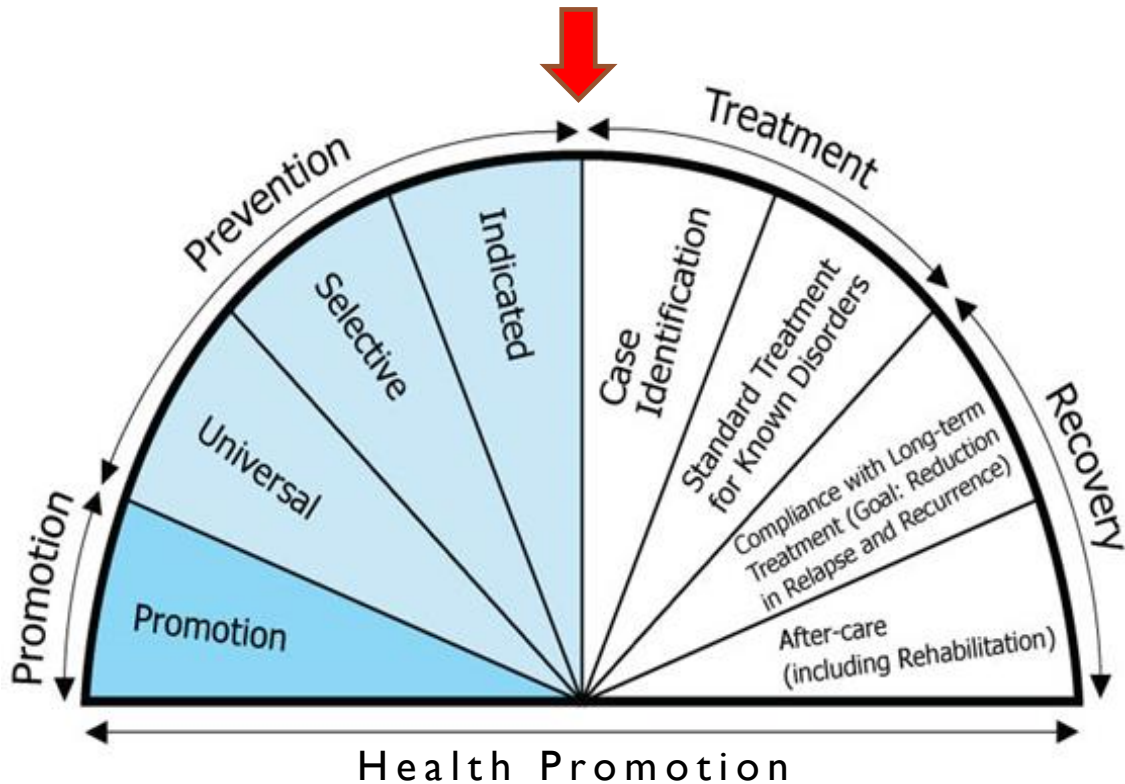
LEVELS OF PRACTICE AND HARM REDUCTION

Harm Reduction services may include:

- **Selective/Indicated:** Distribute opioid overdose reversal medications (Narcan) to people at risk of overdose, or to those who might respond to an overdose.
- **Selective/Indicated:** Connect individuals to overdose education, counseling, and referral to treatment for infectious diseases and substance use disorders.
- **Universal:** Reduce overdose deaths, promote linkages to care, facilitate co-location of services as part of a comprehensive, integrated approach.
- **Universal:** Reduce stigma associated with substance use and co-occurring disorders

HARM REDUCTION AND THE CONTINUUM OF CARE

Harm Reduction?



Harm Reduction and Prevention have common goals in reducing the adverse health and social consequences of substance use but at different spaces of health promotion on the spectrum of the Continuum of Care.

Notice more as we continue that Harm Reduction may have several relevant places within the Continuum where it may weave itself into other areas of the Continuum of Care.



COMMON GOALS

- Focus on individual and community risks associated with substance use.
- Promote individual and community health and wellbeing
- Elevate the fiscal and systemic burden of the healthcare system by preventing or managing issues before they become problems.
- Provide interventions across continuum for individuals who come from diverse backgrounds.
- Honor and incorporate cultural interventions.



PRINCIPLES OF HARM REDUCTION

Affirms **People Who Use Drugs (PWUD)** themselves as the primary agents of reducing the harms of their drug use and empowers PWUD to share information and support each other in strategies which meet their actual conditions of use

Accepts, for better or worse, licit and illicit drug use is part of our world and chooses to minimize its harmful effects rather than simply ignore or condone them

Ensures PWUD and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them

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

PRINCIPLES OF HARM REDUCTION

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

Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe use to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others

Does not attempt to minimize or ignore the real and tragic harm and danger that can be associated with illicit drug use

Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm

HARM REDUCTION INTERVENTION METHOD

The “risk itself (e.g. related to drug use or sex work) that you’re discussing

The “mindset” that someone brings to the situation, including thoughts, mood, and expectations



The physical and social environments of where the person is, and their perception of how that can promote/reduce risk

RISK

- What issue is being presented?
- What other possible sources of harm might be connected to the main issue?
- What drug is being used? What is the risk of overdose?

SET

- How are they feeling? Confident? Angry? Anxious?
- Are they physically in pain or hurt? Do they need to get well?
- Can they engage with you fully? Are their basic needs being met?

SETTING

- What is the physical environment where the potential harm is occurring? In a home? At work? On the street?
- Who is around them? Police, bystanders, other participants? How does the person present to these people? How will they react?

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WHAT IS PREVENTION ?

- Prevention is a public health process which uses evidence-based strategies and methodology to limit the onset of substance use or the development of problems associated with using psychoactive substances.
- Prevention takes a community and whole individual approach, and it is:
 - Trauma-Informed
 - Risk Factor Conscience
 - Youth Positive
 - Evidence Based

OPPORTUNITIES FOR HARM REDUCTION APPROACHES USING THE STRATEGIC PREVENTION FRAMEWORK

Prevention

Harm Reduction



Evidence-based Practices that Reduce Harm

Enumeration of root causes of substance use disorder related to housing, employment, access to healthcare, punitive criminal legal initiatives, food access, transportation, and social and community support

OPPORTUNITIES FOR HARM REDUCTION APPROACHES USING THE STRATEGIC PREVENTION FRAMEWORK

P r e v e n t i o n

H a r m R e d u c t i o n



Evidence-based Practices that Reduce Harm

Community-based participatory research and other restorative justice approaches to engage the community and counter the systemic disempowerment of people who use drugs and communities of color caused by the War on Drugs

OPPORTUNITIES FOR HARM REDUCTION APPROACHES USING THE STRATEGIC PREVENTION FRAMEWORK

P r e v e n t i o n

H a r m R e d u c t i o n



Evidence-based Practices that Reduce Harm

- Addressing SDOH as an intergenerational protective factor for primary prevention
- Non-punitive programs that do not require abstinence for participation as secondary prevention
- Reducing stigma and growing community support for evidence-based programs as tertiary prevention

OPPORTUNITIES FOR HARM REDUCTION APPROACHES USING THE STRATEGIC PREVENTION FRAMEWORK

Prevention

Harm Reduction



Evidence-based Practices that Reduce Harm

- Overdose education and naloxone distribution
- Health and wellness sites to prevent overdose
- Deploy non-punitive treatment models

- Revise policies that impose barriers to social determinants for people with substance use disorder
- Syringe service programs
- Alternative crisis/overdose response models

OPPORTUNITIES FOR HARM REDUCTION APPROACHES USING THE STRATEGIC PREVENTION FRAMEWORK

Prevention

Harm Reduction



Conduct process evaluation

Conduct outcome evaluation

Recommend improvements and make mid-course corrections

Share and report evaluation results

Ensure programs can work for all in your target population

Combine data and anecdotal evidence to humanize issues and reduce stigma

Gain input from people with lived experience

Evidence-based Practices that Reduce Harm

When communicating findings, initiatives should not underestimate the value of contextualizing findings and humanizing approaches

Building and maintaining community support for harm reduction requires a sustained commitment to reducing stigma

CULTURAL COMPETENCY GUIDELINES IN HARM REDUCTION

- Understand that “culture” does not always mean ethnic or racial. Culture can be:

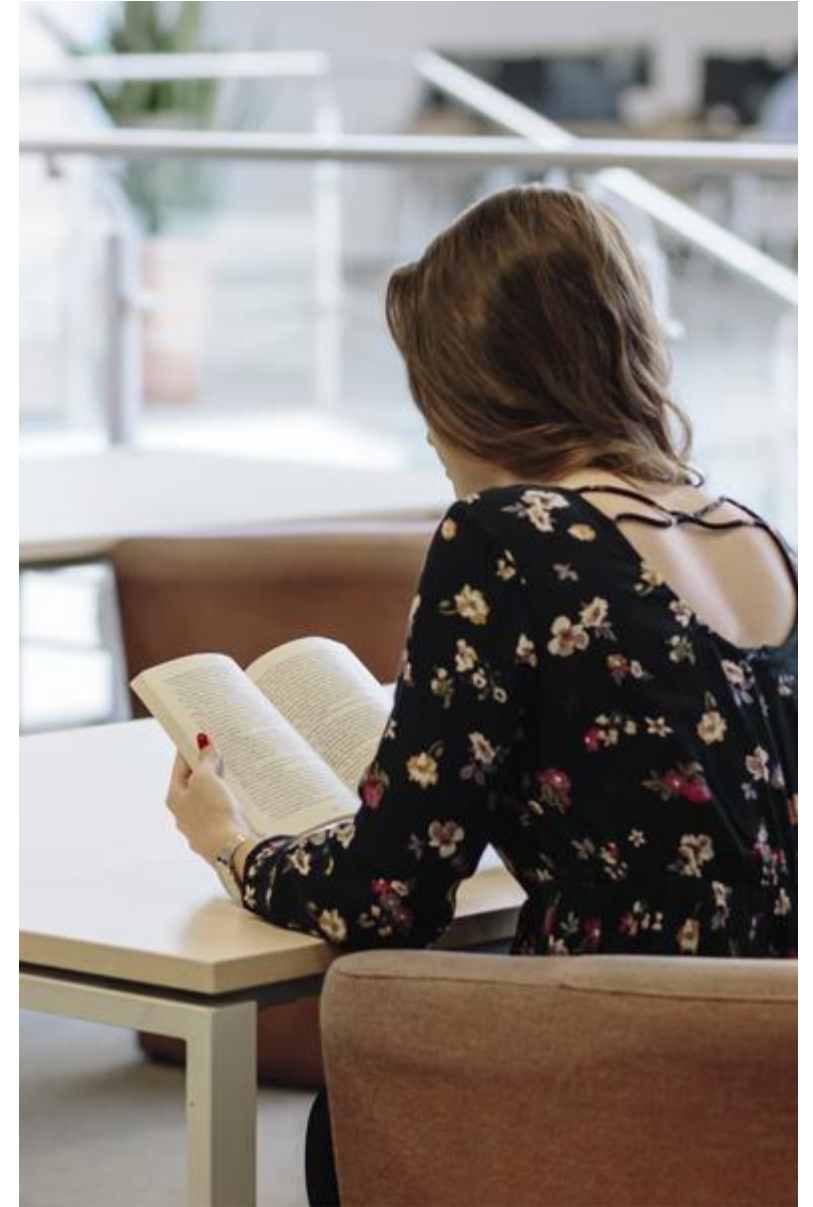
Age/generational gaps	Religion
Regional/dialectal differences	Socioeconomic/class status
Military/federal government affiliation	Workplace Culture (“Corporate Culture”)
Language	Nationality

- Be aware of your own personal biases, preferences and focus
- Understand your target population and what will/will not work using the best evidence-based data



CONSIDERATIONS FOR HARM REDUCTION

- Age of individual or population of interaction
- Access to sources of healthcare
- “Safe” use
- Promote healthy options within your health infrastructure. Understanding not just substance use, but related harms.



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SCENARIO DISCUSSION

Now we will put what we learned into practice. You should have received a scenario note before the presentation.

You will be broken into groups to analyze the case study and form a strategy for how you might handle some of the information in the scenario.

You will have 15 minutes. We will reconvene as a group and cover what each group decided to do with this information.

Please pick someone within your group to present and someone to take notes of your dialogue.



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RESOURCES

- National Harm Reduction Coalition (2020) *Harm reduction basics*. Retrieved from: <https://harmreduction.org/issues/harm-reduction-basics/foundations-harm-reduction-facts/>
- National Harm Reduction Coalition (2020) *Fact sheet: Harm reduction and place: The social and physical environment*. Retrieved from: <https://harmreduction.org/issues/harm-reduction-basics/harm-reduction-place-facts/>
- CT Harm Reduction Alliance: [Connecticut Harm Reduction Alliance – Standing in the Gap \(ghhrc.org\)](http://ghhrc.org)
- CT Center for Harm Reduction: [CT Center for Harm Reduction \(harmreduction-ct.org\)](http://harmreduction-ct.org)
- Prevention Technology Transfer Center Network (PTTC) Harm Reduction Resources: [Harm Reduction | Prevention Technology Transfer Center \(PTTC\) Network \(pttcnetwork.org\)](http://pttcnetwork.org)

THANK YOU FOR JOINING US!

How are we doing? Don't forget to take our survey!



<https://www.surveymonkey.com/r/HarmReductionJuly2022>

Upcoming Events

- National Prevention Network Conference | August 24th-26th
- 12 Sectors: Faith | September 13th (10-11:30am)
- Foundations of Prevention Ethics | October, Date TBD