Harm Reduction

Meeting People Where They Are

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Realistic: A realistic approach means taking steps to reduce harm even when a people continues to use substances. We recognize that substance use happens regardless of our wants and wishes.

Choice: We have an ethical obligation to respect the decisions made by the people we serve, even when those decisions may cause harm. We do not want to take away someone's ability to cope and survive. This will only increase distress by failing to identify the full reasoning of why a person continues to use substances.

Rights: Those who use substances have the right to fair, nonjudgmental, and evidence-based services regardless of the substance use.



I don't have to agree with what you are doing today, but I can still show you radical compassion





What is Recovery Language



Respectful



Non-judgmental



Clear and Understandable



Free of jargon, confusing data and speculation



Carrying a sense of commitment, hope and presenting the potential for opportunity



Strength based



Person-first language

Person first language avoids using words/phrases that maintain and/or create stigma and negative stereotypes which often lead to discrimination against and devaluation of people.

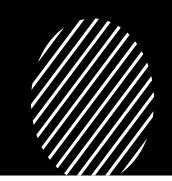
Don Coyhis

"If you want people to care about something, you call it a flower. If you want people to kill something, you call it a weed."





Recovery Language



What Not To Say

- 1. Drug/Substance Abuse
- 2. Addict, Abuser or Alcoholic
- 3. Clean or dirty
- 4. Recovering Addict/Alcoholic
- 5. Self-Help Group
- 6. Relapse Prevention
- 7. Treatment Works
- 8. Medication Assisted Tx
- 9. Medication Assisted Recovery

What to Say

- 1. Substance Use Disorder
- 2. Someone with an SUD
- 3. Negative or Positive
- 4. Person in recovery
- 5. Recovery/Mutual Support
- 6. Recovery Enhancement
- 7. Recovery is the expectation
- Psychopharmacology or Medications for Tx
- 9. RECOVERY!!!!

SAMHSA

Six pillars, 12 principles, and six core practice areas

SAMHSA conceptualizes harm reduction as being a set of services, a type of organization, and an approach.

Harm reduction has, at times, been reduced to a singular service or group of services, when in fact its application goes well beyond this.

Harm reduction as an approach, with supporting principles and pillars that can be applied to a variety of contexts, includes the provision of evidence-based treatment.

6 Pillars of harm reduction

Is guided by people who use drugs (PWUD) and with lived experience of drug use.

Embraces the inherent value of people.

Commits to deep community engagement and community building.

Promotes equity, rights, and reparative social justice.

Offers lowest barrier access and non-coercive support.

Focuses on any positive change, as defined by the person.



The pillars are supported and reinforced by 12 core principles that guide the work.

Programs that do not incorporate all of the 12 principles risk violating the spirit of harm reduction.



Respect autonomy:

Each individual is different. **It is important to meet people where they are**, and for people to lead their own individual journey. Harm reduction approaches, initiatives, programs, and services value and support the dignity, personal freedom, autonomy, self-determination, voice, and decision making of PWUD.

Practice acceptance and hospitality:

Love, trust, and connection are important in harm reduction work. Harm reduction approaches, initiatives, programs, and services hold space for people who are at greatest risk for marginalization and discrimination. These elements emphasize trusting relationships and meaningful connections and understand that this is an important way to motivate people to find personal success and to feel less isolated.



Provide support:

Harm reduction approaches, initiatives, programs, and services provide information and **support without judgment, in a manner that is non-punitive, compassionate, humanistic, and empathetic**. Peer-led services enhance and support individual positive change and recovery; and peer-led leadership leads to better outcomes.

Connect with community:

Positive connections with community, including family members (biological or chosen) are an important part of well-being. Community members often assist loved ones with safety, risk reduction, or overdose response. When possible, harm reduction initiatives, programs, and services support families in expanding and deepening their strategies for love and support; and include families in services, with the explicit permission of the individual.

Provide many pathways to well-being across the continuum of health and social care: Harm reduction can and should happen across the full continuum of health and social care, meeting the whole-persons health and social needs. In networking with other providers, harm reduction initiatives, programs, and services work to build relationships and trust with health and social care partners that embrace supporting principles. To help achieve this, organizations practicing harm reduction utilize education and encourage policies that facilitate interconnectedness between all parties.

Value practice- based evidence and on-the-ground experience:

Structural racism and other forms of discrimination have limited the development and inclusion of research on what works in underserved communities. Harm reduction initiatives, programs, and services understand these limitations and use community wisdom and practice-based evidence as additional sources of knowledge.

Cultivate relationships

Relationships are of central importance to harm reduction. Harm reduction approaches, initiatives, programs, and services are relational, not transactional, and work to establish and support quality relationships between individuals, families, and communities.

Assist, not direct:

Harm reduction approaches, initiatives, programs, and services support people on **their journey towards positive change, as they define it.** Support is based on what PWUD identify as their needs and goals (not what programs think they need), offering

people tools to thrive.



Promote safety:

Harm reduction approaches, initiatives, programs, and services actively promote safety as defined by the people they serve. These efforts also acknowledge the impact that law enforcement can have on PWUD (particularly in historically criminalized and marginalized communities) and provide services accordingly.

Engage first:

Each community has different cultural strengths, resources, challenges, and needs. Harm reduction approaches, initiatives, programs, and services are grounded in the most impacted and marginalized communities. It is important that meaningful engagement and shared decision making begins in the design phase of programming. Equally important is bringing to the table as many individuals and organizations as possible who understand harm reduction and who have meaningful relationships with the affected communities.

Prioritize listening:

Each community has its own unique story that can be the foundation for harm reduction work. When we listen deeply, we learn what matters. Harm reductionists engage in active listening — the act of inviting people to express themselves completely, recognizing the listener's inherent biases, with the intent to fully absorb and process what the speaker is saying.

Work toward systems change:

Harm reduction approaches, initiatives, programs, and services recognize that trauma; social determinants of health, such as access to healthcare, housing, and employment; inequitable policies; lack of prevention and early intervention strategies; and social support have all had a responsibility in systemic harm.

Core Practice Areas

Core practices are effective methods for harm reduction that reflect community understanding, experience, strengths, and needs.

There are six core practice areas:

- **1. Safer Practices:** Education and support describing how to reduce risk; provision of risk reduction supplies and materials
- 2. Safer Settings: Access to safe environments to live, find respite, practice safer use, and receive supports that are trauma-informed and stigma-free
- **3. Safer Access to Healthcare:** Ensuring access to person-centered and nonstigmatizing healthcare that is trauma informed, including FDA approved medications
- **4. Safer Transitions to Care:** Connections and access to harm-reduction-informed and trauma-informed care and services
- **5. Sustainable Workforce and Field:** Resources for maintaining a skilled, well supported, and appropriately managed workforce and for sustaining community-based programs
- **6. Sustainable Infrastructure:** Resources for building and maintaining a revitalized and community-led infrastructure to support harm reduction best practices and the needs of PWUD

https://www.samhsa.gov/find-help/harm-reduction

What can you do?



- Involve people with lived experience in the design, implementation, and evaluation of programs.
- Infuse trauma-informed care into organizational structure.
- Receive and incorporate ongoing feedback from participants.
- Regularly conduct outreach in the community, with humility, fostering relationships.
- Build and leverage community partnerships.
- Provide an array of services and resources that support a multitude of needs.
- Address psychosocial needs.
- Co-locate medical and social services with harm reduction programs.
- Nimble mobile units meet participants wherever they're located, to provide services.
- Provide harm reduction resources and supplies (and support policies) to reduce infectious disease and overdose.



- https://www.samhsa.gov/find-help/harmreduction
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- https://harmreduction.org/aboutus/principles-of-harm-reduction/
- https://harmreduction.org/issues/supervised-consumption-services/
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