

Recording: <https://youtu.be/l97314rdekA>

FOUNDATIONS OF HARM REDUCTION

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NATIONAL
HARM REDUCTION
COALITION



1. WORKSHOP OVERVIEW

National Harm Reduction Coalition creates spaces for **dialogue and action** that help heal the harms caused by racialized drug policies.



Policy &
Advocacy



National &
Regional
Conferences



Trainings &
Technical
Assistance



Overdose
Prevention



Resources &
Publications

ZOOM HOUSEKEEPING

- + Add your **pronouns** to your name, if comfortable
 - + Desktop-click on hamburger icon “...” on your image and click “Rename”
 - + Mobile-click ‘Participants’ and your name, click ‘Rename’ to add pronouns
- + Please **mute your mic** unless you are speaking
- + Click the “**chat**” menu to comment and see people’s responses to questions
- + Feel free to use the “**Reactions**” function to let us know how you are feeling
- + **Tech issues happen**, let’s just roll with them!
- + DM us with any accessibility needs!

TABLE OF CONTENTS

1. Webinar Overview

- Introductions
- Glossary
- Group Agreements

1. Defining Harm Reduction

- Why do people use drugs?
- What is harm reduction?

1. What is Harm Reduction?

- Continuum of Drug Use

1. Principles of Harm Reduction

- Review principles
- Resonate and challenge

5. Unpacking Harm

- R/S/S
- What does harm look like in our work?

6. Practicing Harm Reduction

- Activity

7. Closing/ Q&A

GLOSSARY

PWID - People who inject drugs

PWUD - People who use drugs

HCV/ HBV/ HAV - Hepatitis A/ B/ C Virus

SSP/ SAP - Syringe Service/ Access Program

STI - Sexually Transmitted Infection

SUD - Substance Use Disorder

IDU (Verb) - Injection Drug Use (the verb)


Sex assigned at birth sex (male or female) assigned to a child at birth, most often based on external anatomy

Gender Identity an internal sense of one's own gender. Can correlate with sex assigned at birth or differ from it

Gender Expression how a person presents gender outwardly, via behavior, clothing, or other perceived characteristics. society identifies these cues as masculine or feminine, although this changes over time & varies by culture

Sexual Orientation an enduring emotional, romantic, or sexual attraction to others

GROUP AGREEMENTS

- 
- Say it rough! (But intent \neq Impact)
 - Tech issues happen, just roll with them
 - We agree to learn from each other
 - Equal Opportunity to Learn!
 - WAIT/ELMO
 - Step Up, Step Back
 - Apply Non - Judgment
 - Use “I” Statements
 - Agree to Disagree
 - Take names, not ID's



2 . DEFINING HARM REDUCTION

GROUP EXERCISE:

“WHY...”

WHY DO PEOPLE
USE DRUGS

WHY **DON'T** PEOPLE
USE DRUGS ?

People will have **different reasons** for using drugs.

Considering factors surrounding these behaviors will be useful when **brainstorming options** to reduce risk for disease or fatal episodes.

A vertical decorative border on the left side of the slide, featuring a complex black and white maze pattern.

3 . WHAT IS HARM REDUCTION?

THE HARM REDUCTION MOVEMENT

Public Health
=
Social Justice

Racism, stigma, and
criminalization
cause harm

Ending inequality and
oppression, fostering
health and liberation

Leadership of the most
impacted is key to
transformative change.

Harm reduction is 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 strategies **meet people where they're at** *(but don't leave them there).*

THE HARM REDUCTION APPROACH

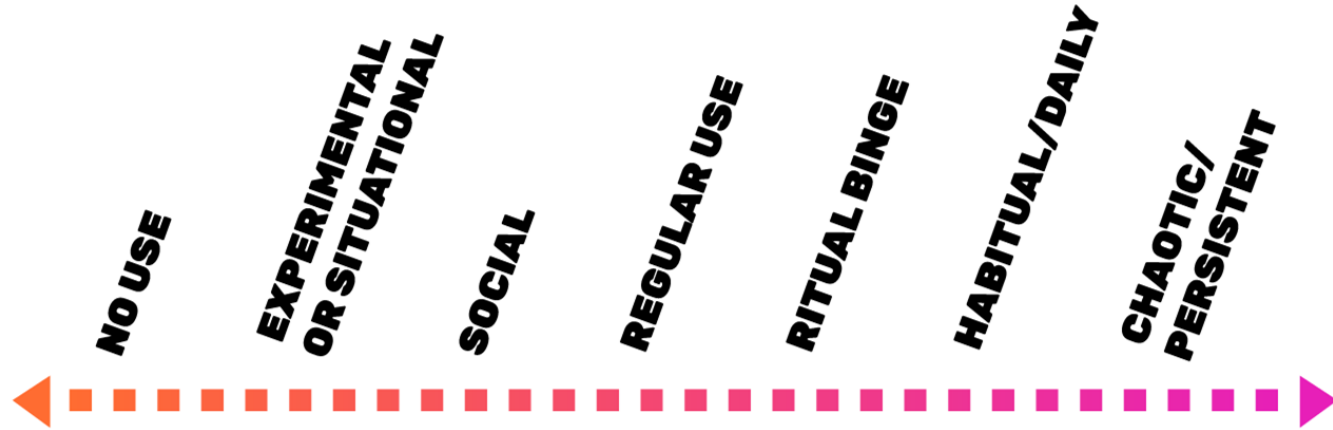
Harm reduction utilizes a spectrum of strategies to reduce the negative consequences associated with drug use, sex work, and other behaviors.

**SAFER
TECHNIQUE
S**

**MANAGED
USE**

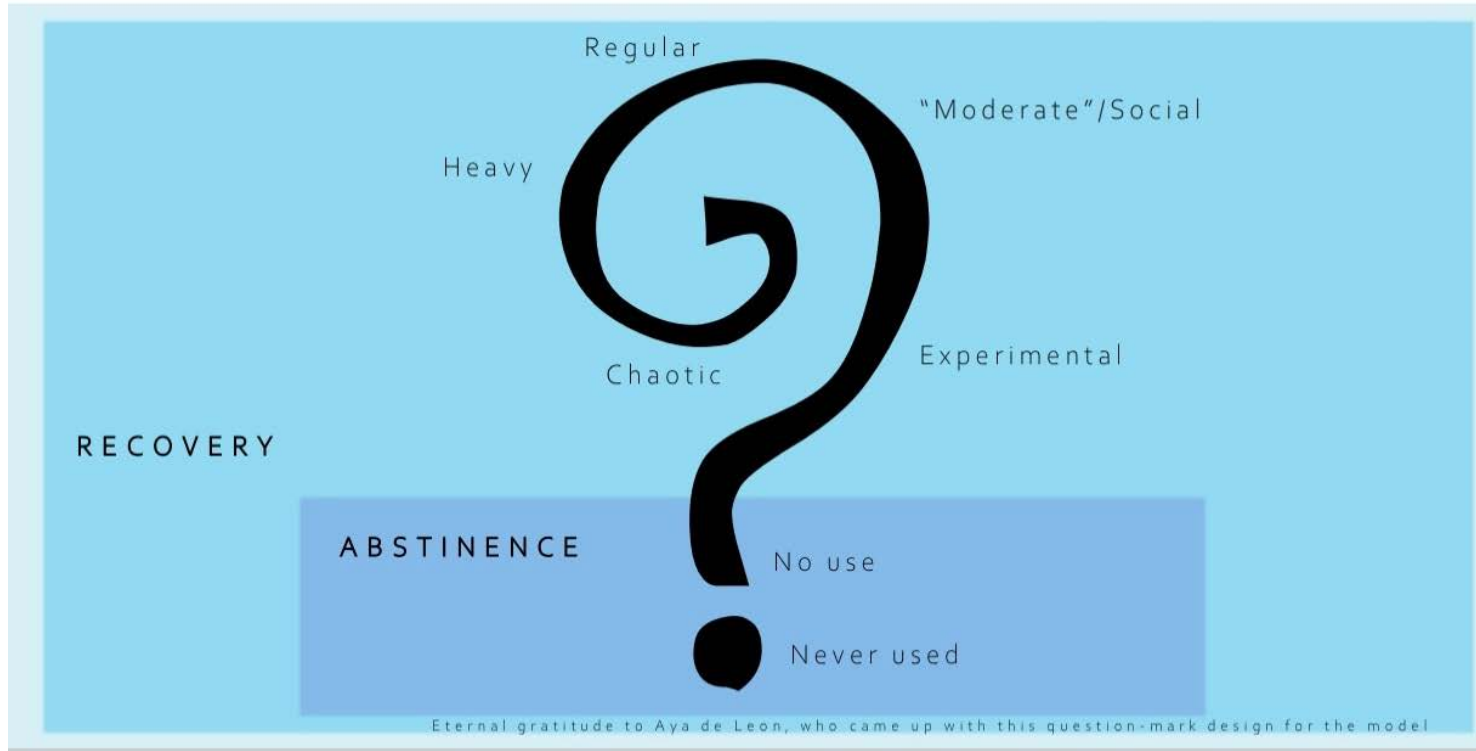
**ABSTINENC
E**

CONTINUUM OF DRUG USE



NATIONAL
HARM REDUCTION
COALITION

... or The Continuum of Use



Courtesy of Dr. Jamie Lavender and Aya de Leon

4. PRINCIPLES OF HARM REDUCTION

PRINCIPLES OF HARM REDUCTION

Health and
Dignity

Participant
Centered
Services

Participant
Involvement

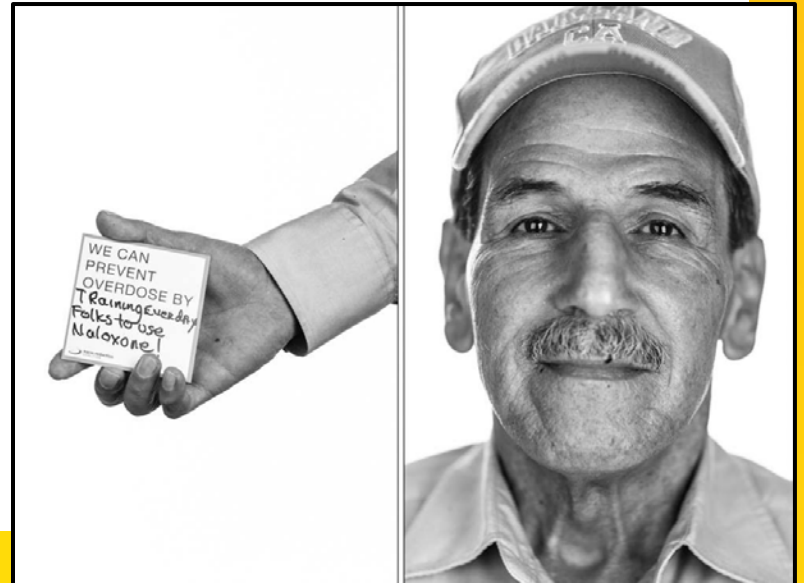
Participant
Autonomy

Sociocultural
Factors

Pragmatism
and Realism

HEALTH AND DIGNITY

Establishes **quality of individual and community life and well-being** as the criteria for successful interventions and policies.



PARTICIPANT-CENTERED SERVICES

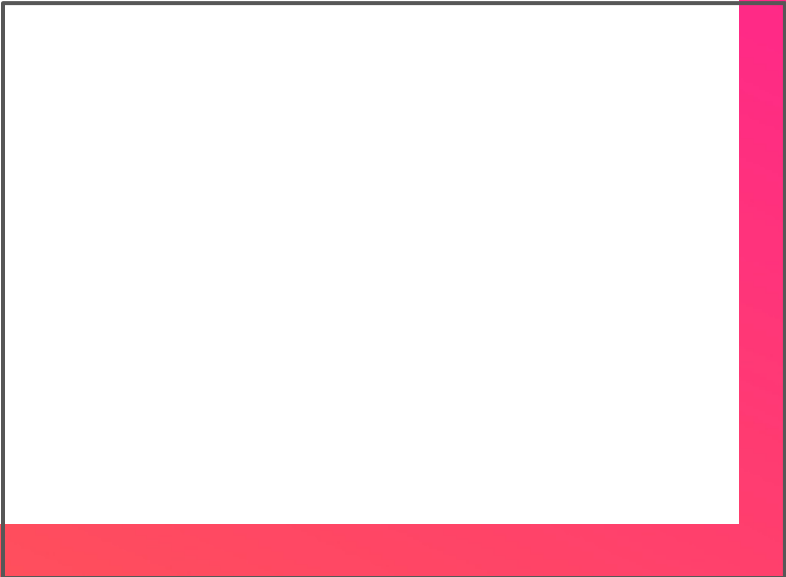
Calls for the **non-judgmental,**
non-coercive provision of
services and resources to people
who use drugs and the
communities in which they live in
order to assist them in reducing
attendant harm.



A decorative maze pattern in black and white, located in the top-left and bottom-left corners of the slide.

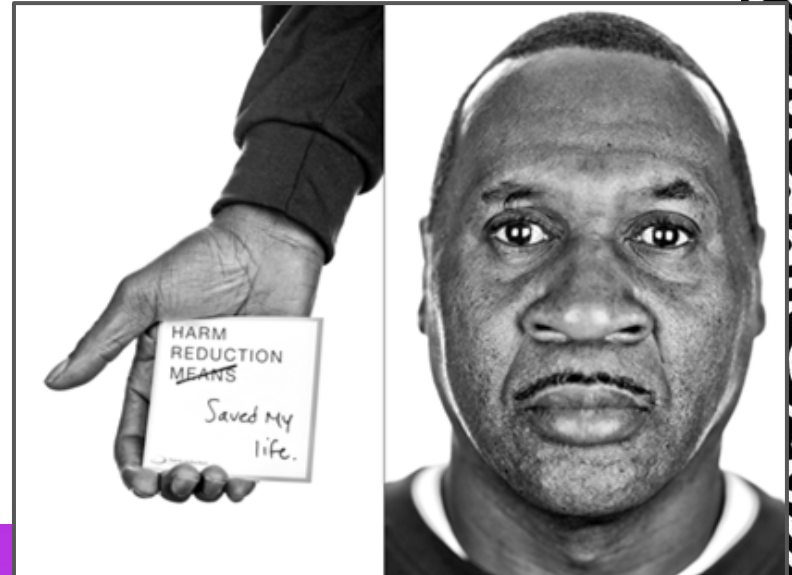
PARTICIPANT INVOLVEMENT

Ensures participants and communities impacted have a **real voice in the creation of programs and policies** designed to serve them.

A large, empty rectangular box with a thin black border, positioned on the right side of the slide.

PARTICIPANT AUTONOMY

Affirms participants themselves as the **primary agents of change**, and seeks to **empower** participants to share information and support each other in strategies which meet their actual conditions of harm.



SOCIOCULTURAL FACTORS

Recognizes that the realities of various **social inequalities** affect both people's **vulnerability to and capacity for** effectively dealing with potential harm.



PRAGMATIC AND REALISTIC

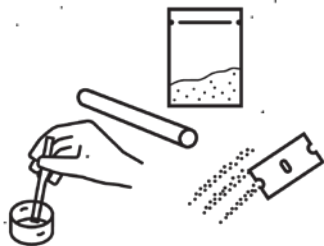
Does **not** attempt to minimize or ignore the **real and tragic harm and danger** associated with licit and illicit drug use or other risk behaviors.



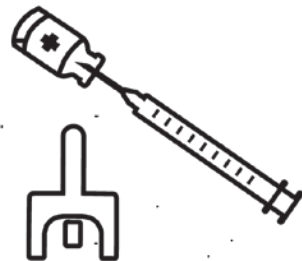
HARM REDUCTION SERVICES



Syringe Access
and Disposal



Safer Drug Use
Supplies



Overdose
Prevention



Safer Sex
Materials



Medication for
Opioid Use
Disorder



Safer Consumption
Services




Drop-in
Centers



Housing
First



Referrals




PRINCIPLES OF HARM REDUCTION
+
TOOLS AND SERVICES
=
PRACTICING HARM REDUCTION



BREAKOUT GROUP ACTIVITY:

Resonate and Challenge



WHICH PRINCIPLE
RESONATES WITH
YOU THE MOST?
WHY?

WHICH PRINCIPLE
CHALLENGES YOU
THE MOST? WHY?

Principles of HR

1. Health and Dignity
2. Participant Centered Services
3. Participant Involvement
4. Participant Autonomy
5. Social Cultural Factors
6. Pragmatism and Realism

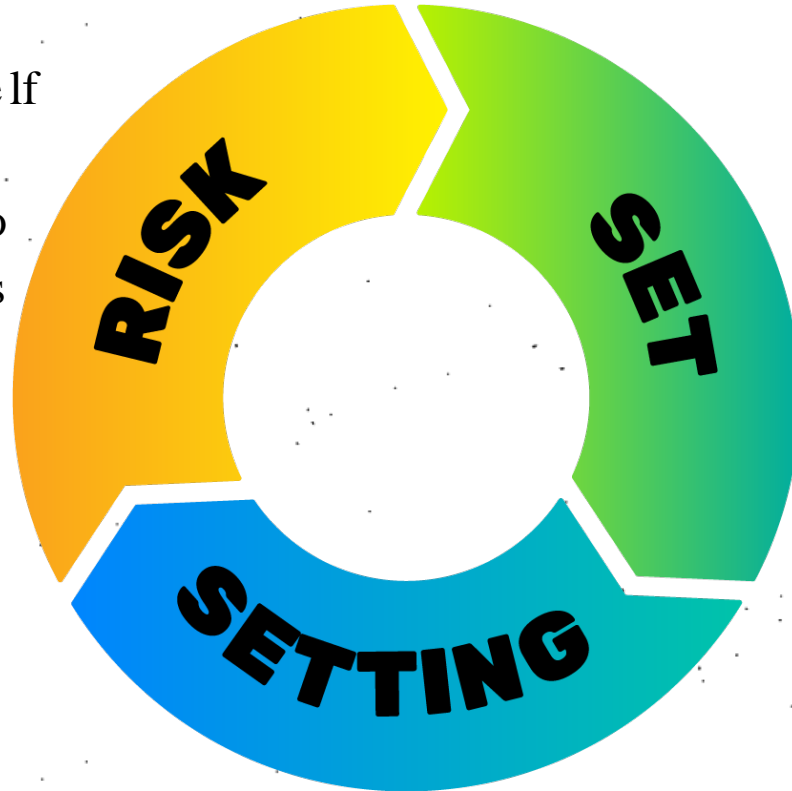


5. Unpacking Harm

Working with PWUD and Sex Workers

RISK, SET, SETTING MODEL

RISK - The risk itself you're discussing (directly related to the use of drugs or doing sex work)



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

SETTING - The physical and social environment where the person is, and their perception of how that can promote or reduce risk

PROVIDER TIPS

- Observations should guide, not dictate, the encounter
- What a client feels they need one day can change the next
- Give yourself a moment between clients so a challenging encounter does not tarnish your attitude with the next client
- Talk about what the person is doing right
- Respect the intimacy of an encounter
- The presenting issue is rarely the only issue

AVOID STIGMATIZING LANGUAGE

- Speak about drug use in neutral, fact-based terms
- Because of the sensationalism surrounding drug use, it is easy to stigmatize a person
- Words like “dangerous,” “deadly,” “bad,” or “crazy,” may discourage PWUD from having an honest conversation about what they get out of drug use along with what they don’t like about it

WHAT ARE SOME HARMS THAT CAN COME FROM USING DRUGS?



Sex Work is ...

The consensual
exchange of sex
for goods or
services

Not automatically
trafficking

A harm reduction
issue

An equity issue

Work our program
participants are
engaging in

Sex Work

What type of sex

- manual, or use of hands
- oral (vagina and vulva, penis, rectum)
- vaginal penetration and vulva/surface area contact
- anal penetration

Set : Sex Work

If also using drugs

- compromise safer sex options while under influence
- immediate needs trump using safer sex supplies

If trading sex in person

- not practical or always possible, to conduct in-depth risk assessment with each potential sex partner
- stigmatized, vulnerable population - particularly due to criminalization and folks perception or morality
- Violence from clients

Setting: Sex Work

Unstable housing or homelessness

- activity in public or in compromised settings
- less likely to have storage, or carry safer sex supplies

Hygiene/ access to clean water

- able to clean keep hands, mouth, and body post sexual encounters

Low or no income

- decisions for survival-based or immediate needs

Question

Which of these can increase risk for harm?

- A. Unstable housing
- B. No or low income
- C. Feelings of isolation
- D. No access to safer supplies
- E. Not able to use supplies

ALL



6. ACTIVITY:

Putting into Practice



HOW DO YOU APPLY THE PRINCIPLE
PRAGMATIC AND REALISTIC
WHEN ASSISTING SOMEONE WHO IS USING DRUGS
WITH HOUSING SERVICES ?

HOW DO YOU APPLY THE PRINCIPLE
PARTICIPANT INVOLVEMENT
IN YOUR WORK/ AGENCY?

DO YOU EMPLOY FOLKS WITH LIVED/ LIVING EXPERIENCE?
IN WHAT CAPACITIES ?



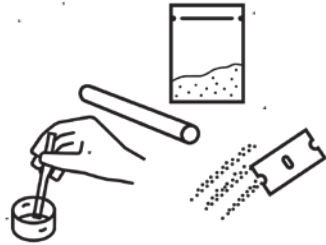
HOW DOES **LIVED EXPERIENCE**
IMPACT OUR WORK?

BENEFITS ? CHALLENGES ?

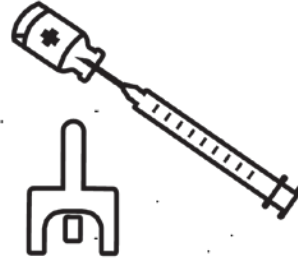
HARM REDUCTION SERVICES



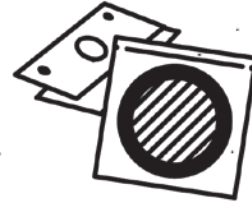
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and Disposal



Safer Drug Use
Supplies



Overdose
Prevention



Safer Sex
Materials



Medication
Assisted
Treatment
(MAT)



Safer Consumption
Services



Drop-in
Centers



Housing First



Referrals



THANK YOU FOR ATTENDING THIS WORKSHOP

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CoC Training: Harm Reduction, 4/10/23

Additional Resources

Drug Supply and Drug Checking Information:

<https://drugsdata.org/> [drugsdata.org]

<https://www.streetsafe.supply/> [streetsafe.supply]

Sex Work and Sex Worker Advocacy

<https://swopusa.org/> [swopusa.org]

<https://decriminalizesex.work/why-decriminalization/briefing-papers/human-trafficking-and-sex-work/>
[decriminalizesex.work]

Lighthouse Learning Collective (meetings with trainings on LGBTQIA+ Health and Harm Reduction with national providers)

<https://harmreduction.org/our-work/action/lighthouse-learning-collective/> [harmreduction.org]