

HARM REDUCTION: PREPARING PEOPLE FOR CHANGE

FACT SHEET

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What is harm reduction?

Harm reduction is an approach for substance use treatment that involves a set of practical techniques that are openly negotiated with clients around what is most likely to be achieved. The focus is on reducing the negative consequences and risky behaviors of substance use; it neither condones nor condemns any behavior. By incorporating strategies on a continuum from safer drug use, to managed substance use, up to abstinence, harm reduction practice helps clients affect positive changes in their lives.

The harm reduction philosophy embraces respect, trust and a nonjudgmental stance as the essential components of an effective therapeutic relationship. A basic assumption in this approach is that clients want to make positive changes and the skilled clinician uses motivational strategies to help clients move along the change continuum as far as possible.

Harm Reduction Principles

- Individual's decision to use is accepted
- Individual is treated with dignity
- Individual is expected to take responsibility for his or her own behavior
- Individuals have a voice
- Reducing harm, not consumption
- No pre-defined outcomes

Why is harm reduction necessary?

Harm reduction is one treatment approach among many that is necessary to provide the client with choice. Understanding the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities that affect both people's vulnerability and capacity to effectively deal with substance use, the harm reduction approach provides a holistic perspective for creating change. This paradigm recognizes that the client is the change agent who through individual self-direction seeks to minimize unhealthy practices and improve her overall health.

MYTH

- Harm reduction is opposed to abstinence and therefore conflicts with traditional substance abuse treatment
- Harm reduction encourages drug use
- Harm reduction permits harmful behavior and maintains an "anything goes" attitude

FACT

- Harm reduction is not at odds with abstinence; instead, it includes it as one possible goal across a continuum of possibilities.
- Harm reduction is neither for nor against drug use. It does not seek to stop drug use, unless individuals make that their goal. Harm reduction focuses on supporting people's efforts to reduce the harms created by drug use or other risky behaviors.
- Harm reduction neither condones nor condemns any behavior. Instead, it evaluates the consequences of behaviors and tries to reduce the harms that those behaviors pose for individuals, families and communities.

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HARM REDUCTION IN ACTION

Dieting

Harm reduction can be easily applied to diet and weight loss. Standard diets—those that require drastic changes in food content and quantity coupled with exercise—have limited success in supporting sustained weight loss. Because many people start and stop such diets, they repeat cycles of weight loss and gain that can have long-term negative health consequences. A harm reduction approach to weight management includes increased awareness of an array of change options and recognition that incremental change via moderate, individualized shifts in eating or exercise habits can be beneficial. While one individual may choose to reduce the frequency of eating a high calorie item, another may choose to reduce the quantity of that item, and a third person may find it more manageable to balance his or her current diet with additional exercise. The advent of 100-calorie snack packs, reduced-sugar children’s cereals, and raised awareness of the harms of trans fats also fall into the harm reduction category.

Smoking

Most people are well aware that smoking poses serious potential health consequences. Despite public education campaigns calling attention to the dangers of smoking, many people continue to smoke. As a result, a harm reduction focus underlies most of the public health strategies aimed at reducing the negative consequences of tobacco use. Examples include low-tar and low-nicotine cigarettes, reducing the incidence of second hand smoke via designated smoking zones, nicotine replacement via patches, gums, lozenges, and inhalers, smokeless tobacco products (snuff, chewing tobacco, snus), and, most recently, electronic cigarettes that deliver a vapor rather than smoke.

Heroin use

Heroin use is clearly associated with increased incidence of disease (generally related to injection practices), physical dependence, and potential for overdose. Despite evidence that most heroin users are well aware of these consequences, many find radical abstinence a hard pill to swallow. To counter injection-related consequences, switching from injecting to snorting heroin, needle exchange programs, and safer injection practices are standard harm reduction approaches. Drug substitution options including methadone or buprenorphine effectively addresses harms related to heroin dependence when abstinence is off the table. Overdose prevention takes shape in coaching heroin users to never get high alone and to “taste” or test the purity of their heroin, as well as equipping users with naloxone to reverse overdoses that do occur.

A CONSUMER PERSPECTIVE: JERRY’S STORY

When Jerry moved into a permanent supportive housing program, he had been using crack, alcohol, and marijuana on a regular basis for nearly twenty years. As he got behind on his rent, Jerry realized that his crack use impaired his ability to manage his money. Jerry decided to quit smoking crack and entered a detox program. Though committed to abstinence from crack, Jerry did not feel the same about his alcohol or marijuana use. After leaving detox, Jerry negotiated a payment plan for the rent he owed and discussed his plan to abstain from crack use while continuing his use of alcohol and marijuana. Two years later, Jerry has had no difficulties paying his rent and has not returned to crack use. The staff at the permanent supportive housing program worked closely with Jerry, supporting the plan he developed and recognizing his competency in carrying out that plan. Had the staff insisted that Jerry refrain from all use of drugs or alcohol, it is likely that their relationship with him would have suffered and possible that his housing would have been jeopardized at some point.

