

Dead people never find recovery, so we need to learn how to better educate and equip those who may still actively use or have a recurrence of use after periods of recovery.

Video Course Session 15

Harm Reduction

Provides information about how to educate peers about the concepts of harm reduction, which may be helpful if they have a family member who is actively using substances.

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**

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

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

Organizations providing harm reduction services should have a formal mechanism to meaningfully include the voices of people with lived experience in the design, implementation, and evaluation of those services (Ti et al., 2012). Through shared decision-making, people with lived experience are empowered to take an active role in the engagement process and have better outcomes (SAMHSA, 2010). Adopting at least one of the following specific mechanisms of inclusion is mission critical: advisory boards of PWUD, consultation of Community-based Harm Reduction Programs (CHRP) or any other peer-led organizations, and the employment of people with lived experience in both intervention and administrative roles. It is important to note that while people in recovery and people who formerly used drugs have valuable experience, including the perspective of people who currently use drugs and have a working understanding of the current, dynamic, and rapidly changing landscape of drug use in a particular community in which an organization is working is essential to successful engagement and outcomes

2. Embraces the inherent value of people.

All individuals have inherent value and are treated with dignity, respect, and positive regard. Harm reduction initiatives, programs, and services are trauma-informed, and never patronize nor pathologize PWUD, nor their communities. They acknowledge that substance use happens, and the reasons a person uses drugs are nuanced and complex

3. Commits to deep community engagement and community building.

All communities that are impacted by systemic harms are deeply engaged in program planning, development, and evaluation. Funding agencies and funded programs support and sustain community cultural practices, and value community wisdom and expertise. Agencies and programs develop through community led initiatives focused on geographically specific, culturally based models that integrate language revitalization, cultural programming, and indigenous care with dominant-society healthcare approaches.

4. Promotes equity, rights, and reparative social justice.

All aspects of the work incorporate an awareness of race, class, language, sexual orientation, and gender-based power differentials. Pro-health and pro-social practices that have worked well for specific cultural and/or geographic communities are aligned with organizing and mobilizing, providing direct services, and supporting mutual aid among PWUD.

5. Offers lowest barrier access and non-coercive support.

All harm reduction services have the lowest requirements for access. Participation in services is always voluntary, confidential, self-directed, and free from threats, force, and the concept of compliance. Any data collection requires informed consent and participants should not be denied services for not providing information.

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

All harm reduction services are driven by person-centered positive change in the individual's quality of life. Harm reduction initiatives, programs, and services recognize that positive change means moving towards more connectedness to the community, family, and a more healthful state, as the individual defines it. There are many pathways to wellness; substance use recovery is only one of them. Abstinence is neither required nor discouraged.

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.

12 Principles of Harm Reduction

1. **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.
2. **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.

3. **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.
4. **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.
5. **Provide Many Pathways to Well-being:** 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.
6. **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.

7. **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.
8. **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.
9. **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.
10. **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.
11. **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.

12. 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.

****These principles highlight the importance of promoting safety, engaging with communities, prioritizing listening, and working towards systemic change. By embracing these principles, harm reduction approaches, initiatives, programs, and services can effectively promote safety, foster community engagement, amplify voices, and drive transformative change towards a more just and equitable society.****

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 non-stigmatizing 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 program
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

Session 15—Review Questions – Harm Reduction

- 1. What role does SAMHSA envision for Community-based Harm Reduction Programs (CHRP) in supporting vulnerable individuals within their communities?**
- 2. How does SAMHSA define CHRP, and why are they considered mission-critical in harm reduction efforts?**
- 3. How does SAMHSA suggest integrating harm reduction activities into a comprehensive, person-centered program of care within CHRP?**
- 4. What are some key principles that guide SAMHSA's support for CHRP in their efforts to serve their communities' most vulnerable individuals?**
- 5. Why does SAMHSA emphasize the importance of empowering people with lived and living experience to lead the planning, development, and evaluation of harm reduction initiatives within CHRP?**