

Harm Reduction Part 2

Applying Pragmatic and Compassionate Approaches to Reduce Harm and Improve Quality of Life

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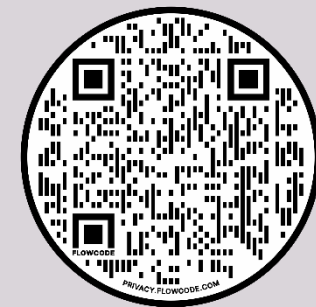
Indigenous Land Acknowledgement

- We respectfully acknowledge that we live and work in territories where indigenous nations and tribal groups are traditional stewards of the land. Our California office resides in Tongva territory.
- Please join us in supporting efforts to affirm tribal sovereignty across what is now known as California and in displaying respect, honor, and gratitude for all indigenous people.

Whose land are you on?

Option 1: Text your ZIP code to 1-907-312-5085

Option 2: Access Native Land website via QR Code





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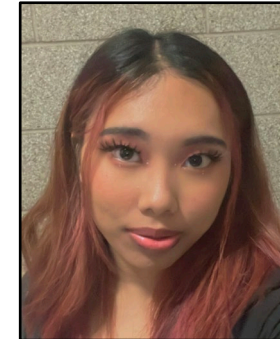
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Looking for past event recordings? Want to register for future events?

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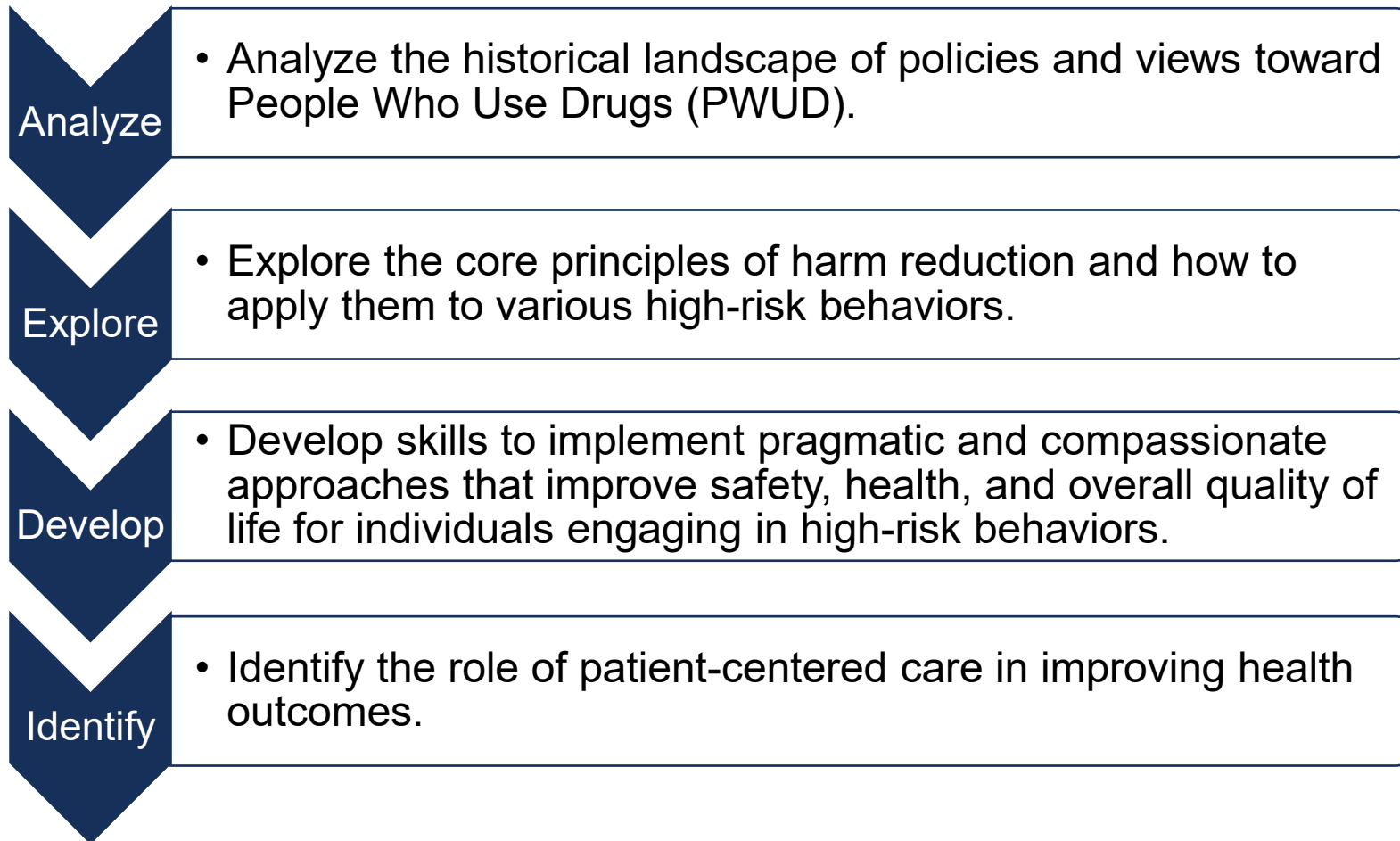
Megan Hansen

Harm Reduction Program Consultant



Learning Objectives

Participants will be able to:



01

The Historical Landscape of Gaps in Treatment

Historical Landscape

The War on Drugs

In 1971, former President Richard Nixon declared drug abuse “public enemy number one.”

- Stringent drug laws and enforcement policies.

Implications for PWUD

- Increased incarceration rates among PWUD, particularly affecting marginalized communities.
- Heightened stigma and discrimination among PWUD, impeding access to health care and support services.

Implications for SUD treatment

- Emphasized punitive measures over supportive and rehabilitative approaches, which impacts effectiveness of treatment and accessibility.



Where We Are Now

Policies and cultural attitudes toward PWUD have framed drug use as a criminal issue rather than a health issue.

Overcrowded prisons

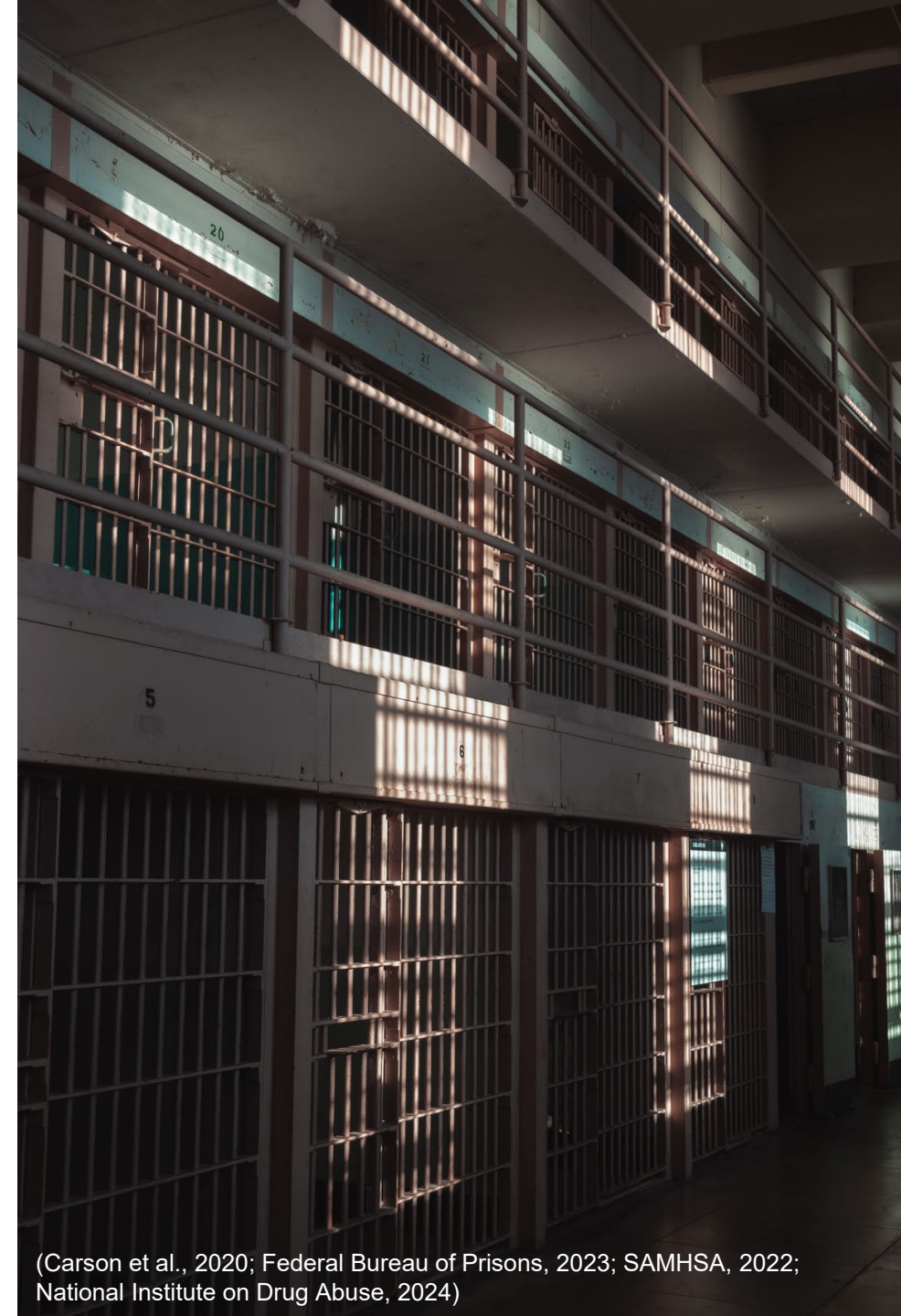
- 2 million people in U.S. jails and prisons (500 percent increase over the last 40 years) primarily due to changes in sentencing laws and policy, not changes in crime rates.
- 44.3 percent of inmates imprisoned for drug-related arrests.

Untreated SUD

- 94 percent of individuals in the U.S. with a substance use disorder are not receiving treatment.

Unnecessary overdose deaths

- Over 100,000 people die every year from drug-related overdose in the U.S.



02

Pragmatic and Compassionate Approaches Aimed at Reducing Harm and Improving Quality of Life for Individuals and Communities

Harm Reduction Overview

What is harm reduction?

A philosophy, an approach to service provision, tools, services, and interventions aimed at risk reduction.

What is harm reduction and substance use?

A framework to implement programs, policies, and strategies aimed at minimizing the health, social, and economic consequences of drug use without necessarily reducing drug consumption.

Why?

The movement was born out of the recognition that people are going to engage in certain high-risk behaviors despite consequences.

Despite individuals engaging in certain behaviors, they are still **deserving of being treated with dignity, receiving care, and having a voice.**



Principles of Harm Reduction

- 01 “Accepts, for better or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them.”
- 02 “Understands drug use as a complex, multifaceted 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.”
- 03 “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.”
- 04 “Calls for the nonjudgmental, noncoercive 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.”
- 05 “Ensures that people who use drugs and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them.”
- 06 “Affirms PWUD themselves as the primary agents of reducing the harms of their drug use and seeks to empower PWUD to share information and support each other in strategies which meet their actual conditions of use.”
- 07 “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.”
- 08 “Does not attempt to minimize or ignore the real and tragic harm and danger that can be associated with illicit drug use.”

Health-Related Behaviors

High-Risk Behaviors

Health behaviors considered to put the affected individuals and/or their communities at risk for negative consequences.

Examples include:

- Drinking
- Drug use
- Self-harm
- Sex work
- Living with an abuser
- Gambling



Q:

Why do individuals continue to engage in high-risk behaviors despite experiencing harmful consequences (i.e., physical harm, emotional harm, or societal harm)?

Context

Understanding the context of behavior

Influenced by socioeconomic factors, the physical environment, biological makeup, physical, mental, cognitive, social, and spiritual health, our experiences, learned habits, beliefs, and values.

Human behavior is complex and multifaceted

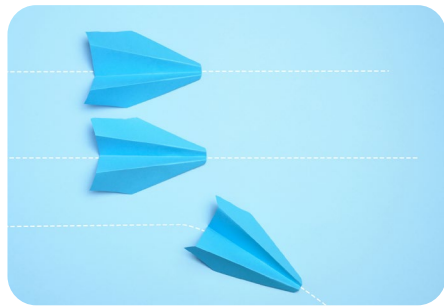
Certain conditions can impact vulnerability to engage in these health-related behaviors and can impact our capacity for effectively dealing with them.

Competing needs and concerns

There may be more immediate concerns that take priority over addressing the health-related behavior (housing, employment, mental or physical health needs).

These issues are often intertwined and exacerbate one another.





Applying Harm Reduction

01

RESPECT AND DIGNITY

Treat individuals with respect and dignity, recognizing their autonomy and right to make their own decisions.



02

NONJUDGMENTAL APPROACH

Approach individuals without judgement, focusing on understanding and addressing their needs rather than condemning their behavior.



03

SAFETY AND HEALTH

Prioritize safety and health by providing practical resources and strategies to reduce the risks associated with high-risk behaviors.



04

EMPOWERMENT AND SUPPORT

Empower individuals and communities by offering support, education, and resources to help them make informed decisions and improve their quality of life.

Sex Work

RESPECT AND DIGNITY

Sex work is work. It exists on a spectrum of choice, circumstance, or coercion. Let sex workers define their experiences. Use inclusive language that respects their identity & experiences.

NONJUDGMENTAL APPROACH

Recognize the myriad reasons why people engage in sex work, and help people meet goals as defined for themselves in nonjudgmental and compassionate manners and atmospheres.

Trading sex for resources is not inherently harmful or degrading (when consensual), but the byproduct of it being criminalized creates harm.

SAFETY AND HEALTH

Align services with their individual needs. Provide access to safer sex materials, hygiene supplies, regular health checkups, STI testing. Emotional support through counseling or crisis intervention. Develop safety plans that include strategies for avoiding violence and knowing where to seek help if needed.

EMPOWERMENT AND SUPPORT

Empower individuals to make informed decisions about their lives and work:

- Practical education on financial literacy, business skills, health care management.
- Support career development through access to vocational training programs or scholarships.
- Build resilience and sense of community through access to peer support groups and regular counseling.
- Offer resources like legal aid, to help navigate issues related to their work. Advocate for their rights and protections within the legal system.

Living with an Abuser

RESPECT AND DIGNITY

Treat the individual with empathy and honor their experiences, circumstance, and choices without diminishing their worth. Acknowledge their strength and resilience.

NONJUDGMENTAL APPROACH

Approach the individual without preconceived notions or judgements about their decisions. Understand that leaving an abuser can be complex & challenging. Avoid blaming or shaming them for their situation.

SAFETY AND HEALTH

- Develop personalized safety plans that include steps to take in case of an emergency.
- Offer immediate resources (shelters, hotlines, legal assistance) to protect from imminent danger.
- Regularly check-in to assess safety & health needs, adapting support as necessary. Determining safe spaces.
- Access to medical care, mental health support, and trauma-informed counseling.

EMPOWERMENT AND SUPPORT

Offer resources/ services in accordance with survivors' self-identified needs and goals- goals do not have to be contingent on ending the relationship:

- Improved financial literacy/ independence
- Improved mental health
- Increased participation in support groups to build resilient and sense of community

Self-Injury

RESPECT AND DIGNITY

Acknowledge their feelings/experiences and validate their pain and struggle.

NONJUDGMENTAL APPROACH

The act of self-injury may help individuals cope with and prevent themselves from acting on suicidal ideations. Focus on understanding their perspective and providing support.

SAFETY AND HEALTH

- The act of making it as safe as possible can result in a reduction of the frequency or severity of harm.
- Education: Cutting, burns, harming in areas that are scarred, areas to try to avoid, controlling bleeding, assessing damage, preventing infection, risk reduction and overdose, wound care/cleaning, reducing infection.
- Reduce risk of infection by providing first aid materials.

EMPOWERMENT AND SUPPORT

Support them in managing their behavior and improving their quality of life:

- Involve individuals in creating their care plans and setting personal goals. Ensure that support provided aligns with their individuals goals.
- Teach techniques for emotional regulation and distress tolerance, such as mindfulness and deep breathing exercises to help make informed decisions about their self-care.
- Apply CBT to help clients identify and challenge negative thought patterns and behaviors associated with self-injury.
- Connect with peer support networks and advocacy groups.

Disordered Eating

RESPECT AND DIGNITY

Honor their experiences and emotions. Recognize their strengths and individuality beyond the behavior.

NONJUDGMENTAL APPROACH

Use a standard MI toolkit like open-ended questions, affirmations, and reflective listening.

SAFETY AND HEALTH

- Eating potassium-rich foods after purging to regain electrolytes.
- Hydration hacks: Popsicles, watery fruits, vegetables, ice cubes.
- Incorporate Gatorade, Pedialyte, chocolate milk, ramen, pho into your day.
- Consume water before vomiting and avoid brushing teeth after vomiting (avoid erosion).
- Baking soda to neutralize acid in mouth and stomach.

EMPOWERMENT AND SUPPORT

- Explore nutritional improvements that don't necessarily focus on weight gain.
- Look at ways to reduce the frequency of ED behaviors.
- Encourage social and recreational activities that elicit feelings of pleasure or mastery.
- Incorporate checkups w/ medical professionals who are aware of a harm reduction approach to treating the ED.

Benefits of Harm Reduction and Patient-Centered Care

Increased access for marginalized folx

- Actively working to reduce stigma makes it easier for individuals to seek and continue care.
- Lowers barriers to accessing services for marginalized communities that might face discrimination in traditional settings.

Empowerment through education

- Providing education that empowers patients to make informed decisions about their health.
- Ensures that patients fully understand their treatment options and the associated risks and benefits.

Increased engagement and adherence

- Compassionate approaches foster trust and encourage individuals to seek help without fear of stigma.
- Feeling respected and in control of your treatment can lead to better engagement and adherence.
- Personalized care respects cultural and social contexts, making interventions more effective.
- Providing psychosocial education and respecting autonomy improves overall outcomes, contributing to a more successful and sustainable recovery.

Thank you!

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RESOURCES

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Q & A

Upcoming Events and Important Reminders

September MIP Events		
Ed Partner and MIP Coordinator Combined Learning Collaborative	9/13/2024	12:30 p.m. – 2 p.m.
Intern Learning Collaborative and Office Hours	9/19/2024	2 p.m. – 4 p.m.
Mentor Learning Collaborative and Office Hours	9/27/2024	12:30 p.m. – 2:30 p.m.
October MIP Events		
Webinar: Trauma-Focused Approaches in SUD Using EMDR	10/08/2024	12 p.m. – 1 p.m.
Administrative Coaching Call	10/15/2024	11:30 a.m. – 1 p.m.

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