



Harm Reduction

Philosophy
& Practice

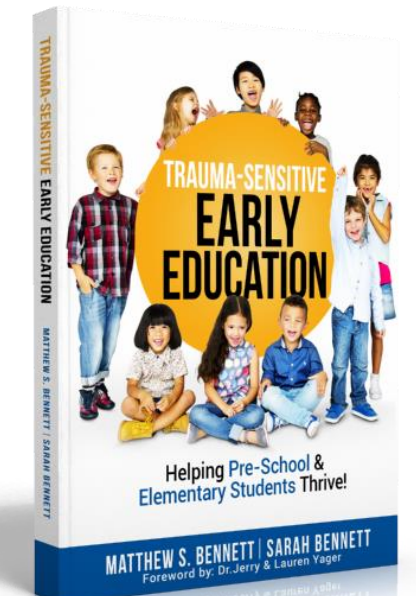
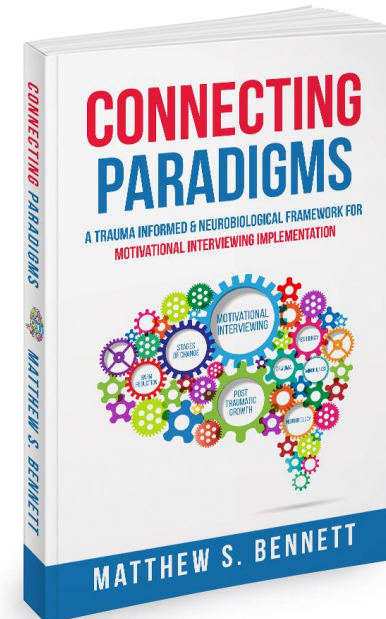
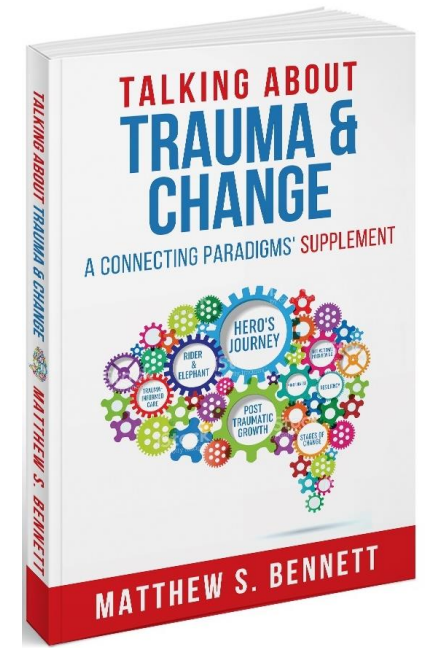
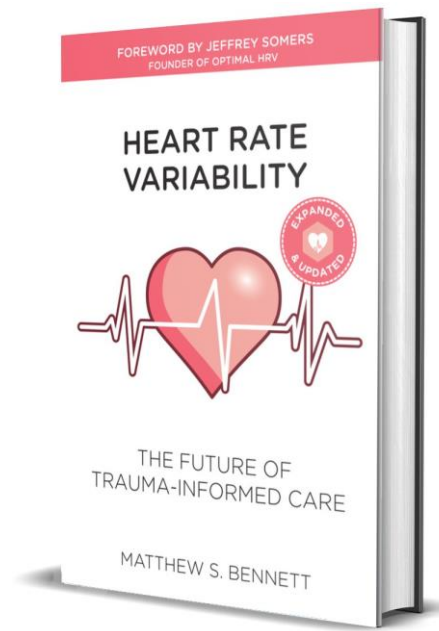


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• Before our journey

- Harm reduction can be challenging
- And it works!
- A story of hope and healing





Harm Reduction Defined

Harm reduction is an approach that emphasizes engaging directly with people who use drugs to prevent overdose and infectious disease transmission, improve their physical, mental, and social wellbeing, and offer low-threshold options for accessing substance use disorder treatment and other health care services. It plays a significant role in preventing drug-related deaths and offering access to healthcare, social services, and treatment. - SAMHSA

Historical Context for Harm Reduction

- Arose in response to the AIDS crisis of the '80s
- Foundation set by the Dutch in response to new approaches to certain behaviors
- First conference held in Liverpool in 1990
 - English “medicalized” drug programs were then introduced in certain areas
- Canada brought the idea to America’s heavy contracting the US policy
- Australia was the first county to introduce harm reduction into its national drug policy in 1992



Harm Reduction is a Lifeboat

Assumptions

Goal

Methods

- 1) Public health alternatives to moral, criminal, and disease drug use and addiction models.**
- 2) Recognizes abstinence as an ideal outcome and accepts other alternatives.**
- 3) Harmful consequences of drug use can be placed on a continuum.**

To move along this continuum by taking steps to reduce harm (and increase safety).

- 1) Safer route of drug administration.**
- 2) Alternative, safer substances.**
- 3) Reduce the frequency of drug use.**
- 4) Reduce the intensity of drug use.**
- 5) Reduce harmful consequences of drug use.**

Low-threshold access to services

- High threshold – contains requirements of preconditions
- Low threshold – focus on moderation allows more access to a larger population
 - Meet the person on their own terms (where they are, not where society thinks they should be)
 - Work with a variety of other behaviors associated with sex or drug use
 - Reducing the stigma associated with receiving help
 - Providing integrative and normalized approach to high-risk behaviors



Compassionate Pragmatism vs. Moralistic Idealism

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- Harmful behaviors have always and will always happen
 - Doesn't mean we condone or promote harmful behaviors
 - Just because a person participates in a behavior does not make them good or bad as a person
 - Compassionate pragmatism
 - How can we reduce harm to the individual and society?
 - How can we increase safety for the individual and society?





Harm Reduction Procedures and Strategies

Promoting Engagement through Compassion

Harm Reduction: (In)Direct Approaches

DIRECT

- Safer sex
 - Risk behavior cascade
 - Reducing sex-based violence
 - e.g. Sex work
- Safer drug use
 - Sterile equipment access
 - Pragmatic drug education
 - Understanding overdose risks
- Prioritizing infectious disease prevention
- Housing First

INDIRECT

- Low-barrier treatment adherence
- Building trust and healthy partnerships
- Setting realistic expectations of support systems
- Systemic harm reduction
- Trauma-informed

SUBSTANCE

- Frequency
- Amount
- How used?
- Legality of use
- Type / quality of substance

SET

- Individual health
- Trauma
- Culture
- Stage of change
- History of use
- Why using?

SETTING

- Where using?
- With whom?
- Stress levels
- Quality of support system
- Interpretation of use

Reduce Risk/Increase Safety



Harm Reduction Program Goals

- Increase awareness and understanding of high-risk behaviors and their helpful and harmful consequences
- Coping skills training to deal with high-risk situations
- Promoting moderation through training in risk-reducing and health-promoting behaviors

Common Elements of Harm Reduction Programs

- Input from participants
- Use of peers
- Active discussion format (MI)
- Use of role play to practice high-risk situation
- Emphasis placed on personal choice and responsibility



Shifting in Intervention

- Attempt to stabilize a person's harmful behavior
- Focus on maintenance and keeping the problem from getting worse
- Encourage the reduction of harmful consequences
- Utilize other methodology
 - Group and/or individual therapies (primarily cognitive and behavioral-based)
 - Pharmacotherapies – naltrexone, methadone, etc.
- Stay client-centered and utilize client and group input



Increasing Environmental Availability

- If there is no safe opportunity to practice harm reduction or safer behaviors, it will not happen
- Often linked to public policy – think needle exchange!
- Help person identify not only lower-risk behaviors but safe places to practice these behaviors



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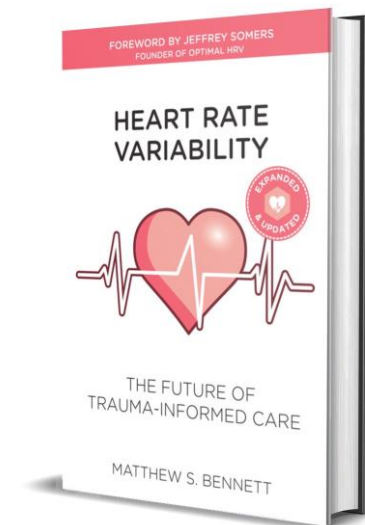
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