ATSH Learning Session 2 Breakout

Foundations of Harm Reduction

EMMA ROBERTS
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National Harm Reduction Coalition creates spaces for **dialogue and action** that help heal the harms caused by racialized drug policies.
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WHAT IS HARM REDUCTION?
Harm reduction utilizes a spectrum of strategies to reduce the negative consequences associated with drug use, sex work, and other behaviors.
THE HARM REDUCTION MOVEMENT

- Public Health = Social Justice
- Ending inequality and oppression, fostering health and liberation
- Racism, stigma, and criminalization cause harm
- Leadership of the most impacted is key to transformative change.

NATIONAL HARM REDUCTION COALITION
PRINCIPLES OF HARM REDUCTION

- Health and Dignity
- Participant Centered Services
- Participant Involvement
- Participant Autonomy
- Sociocultural Factors
- Pragmatism and Realism
Harm Reduction

- Focus on concrete steps
- Acknowledges barriers
- Maintains participant autonomy
- Flexible

Centers participant needs and wants
CONTINUUM OF DRUG USE

NO USE  EXPERIMENTAL OR SITUATIONAL  SOCIAL  REGULAR USE  RITUAL BINGE  HABITUAL/DAILY  CHAOTIC/PERSISTENT

NATIONAL HARM REDUCTION COALITION
WHAT ARE SOME HARMS THAT CAN COME FROM USING DRUGS?
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
What is Stigma?
A social process which can reinforce relations of power and control.

Leads to status loss and discrimination for the stigmatized.

Link and Phelan

Conceptualizing Stigma, 2001
Stigma

Stereotypes (Ideas)
“People with (_____) are incapable, fragile, dangerous, and cannot recover.”

Prejudice (Beliefs)
“They are scary, shameful, and less than”

Discrimination (Actions)

Social
I don’t want them to live next door, be a coworker, or marry into the family

Structural
Employers do not hire/support, recovery education lacks effective supports, health insurance doesn’t provide equal coverage

Source: wisewisconsin.org/blog/what-is-stigma
Stigma and Harm Reduction

• Recognizes that stigma is a part of the world
• There are ways to manage & challenge stigma
• Stigma changes over time
• Stigma intersects with other forms of marginalization & oppression
• When challenging stigma, try to meet all people where they’re at
• Acknowledges change is hard and values incremental change
Stigma is the belief. Discrimination is the action.
Experts corner

How does stigma show up in your work?

How does it impact your ability to connect with participants?
Key Elements and Forms of Stigma
Forms of Stigma

- Stigma from Individuals
- Institutional Stigma
- Self-Stigma (Internalized)
- Stigma through Association
Key Elements of Stigma

- Blame and Moral Judgement
- Criminalize
- Pathologize and Patronize
- Fear and Isolation
Experts corner

What do you find most challenging when confronting stigma in your communities?

What has been helpful/effective when you have challenged stigma in your community?
Creating Change: Dismantling stigma at the individual, organizational and community levels
Individual Level

- Language
- Relationships, honesty and authenticity
- Disclosure and dialogue
- Education and personal development
Organizational Level

- Training and education
- Outlets for feedback
- Assessment of practices
- Hiring people that use drugs
Community Level

- Participant Advisory Boards
- Awareness campaigns
- Policy and advocacy
- Events and collaboration with partners
Experts corner

What are other ways we can create change at the individual, organizational and community levels?
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
Respect to Connect: Reflexive Practice

What are ways you our your institution could be stigmatizing people who use drugs?

What are ways people who use drugs or could be responding to that stigma?

What are three strategies I can use starting this week to move towards dismantling stigma as a provider?
THANK YOU FOR ATTENDING THIS WORKSHOP

Please fill out the evaluation.

National Harm Reduction Coalition
California@harmreduction.org