



HARM REDUCTION IS:

- Incorporating a spectrum of strategies including safer techniques, managed use, and abstinence
- A framework for understanding structural inequalities (poverty, racism, homophobia, etc.)
- Meeting people "where they're at" but not leaving them there

WE USE PEOPLE FIRST LANGUAGE:

- A person is a person first, and a behavior is something that can change - terms like "drug addict" or "user" imply someone is "something" instead of describing a behavior
- Stigma is a barrier to care and we want people to feel comfortable when accessing our services
- People are more than their drug use and harm reduction focuses on the whole person

HEALTH & DIGNITY

Establishes quality of individual and community life and well-being as the criteria for successful interventions and policies

PARTICIPANT CENTERED SERVICES

Calls for non-judgmental, non-coercive 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

PARTICIPANT INVOLVEMENT

Ensures participants and communities impacted have a real voice in the creation of programs and policies designed to serve them

PARTICIPANT AUTONOMY

Affirms participants as the primary agents of change, and seeks to empower participants to share information and support each other in strategies which meet their actual conditions of harm

SOCIOCULTURAL FACTORS

Recognizes that the realities of various social inequalities affect both people's vulnerability to and capacity for effectively dealing with potential harm

PRAGMATISM & REALISM

Does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use or other risk behaviors

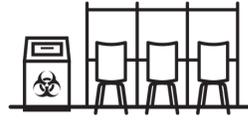
WHY HARM REDUCTION WORKS

-  Provides a space for people to be open about their drug use and sexual behavior so it's not hidden, perpetuating feelings of isolation
-  Values people and their expertise so they feel empowered to determine and voice their own hierarchy of need and next steps are clear between provider and participants
-  It is rooted in evidence-based practices that have shown decreases in health and social harms
-  Keeps individuals engaged in care if they relapse and at any stage in their drug use

HARM REDUCTION INTERVENTIONS

(H)arm(R)education:

A philosophical and political movement focused on shifting power and resources to people most vulnerable to structural violence



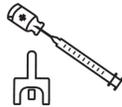
(h)arm (r)education:

The approach and fundamental beliefs in how to provide the services



risk reduction:

Tools and services to reduce potential harm



The risk itself (e.g. related to drug use or sex work) that you're discussing

The "mindset" that someone brings to the situation, including thoughts, mood, and expectations



The physical and social environment of where the person is, and their perception of how that can promote/reduce risk

RISK

- What issue is being presented?
- What other possible sources of harm might be connected to the main issue?
- What drug is being used? What is the risk of overdose?

SET

- How are they feeling? Confident? Angry? Anxious?
- Are they physically in pain or hurt? Do they need to get well?
- Can they engage with you fully? Are their basic needs being met?

CASE STUDY : JESSICA

Jessica has been using heroin on and off for the past 10 years. Jessica stopped using for a few months while she was with her ex, but they recently broke up. She is feeling depressed and anxious and is looking to use again. She buys a bag and heads to the syringe exchange for some new points and heads to her encampment in a rush.

SETTING

- What is the physical environment where the potential harm is occurring? In a home? At work? On the street?
- Who is around them? Police, bystanders, other participants? How does the person present to these people? How will they react?

For more resources, visit harmreduction.org