Harm Reduction Coalition

• Founded in 1993 by needle exchange providers, advocates, and drug users.
• National advocacy and capacity-building organization to promote the health and dignity of individuals and communities impacted by drug use.
• Our work is driven by a commitment to drug user rights and social inclusion of marginalized communities.

POLICY & ADVOCACY

TRAINING & CAPACITY BUILDING

OVERDOSE PREVENTION & SYRINGE ACCESS

NATIONAL & REGIONAL CONFERENCES

RESOURCE & PUBLICATIONS
What is Harm Reduction?
What Harm Reduction is Not

Harm reduction *does not* mean “anything goes.”

Harm reduction *does not* enable drug use or high risk behaviors.

Harm reduction *does not* endorse or encourage drug use.

Harm reduction *does not* exclude or dismiss abstinence-based treatment models as viable options.
Harm Reduction is...

A holistic approach to working with people at higher-risk in relation to HIV, drug use, and sexual behaviors.

Programs can be:
Low-Threshold, Convenient, Evidence-based

Providers can be:
Positive - Honest - Productive
Pragmatic - Client-centered - Without Bias
Benefits of Harm Reduction

- Challenge Stigma
- Increase Trust with Clients and Foster Engagement
- Improve Public Health with Individuals and Community-wide
Levels of Harm Reduction

Individual

Community

Institutional
The Need for Harm Reduction

- Respond to disproportionate disease and fatality rates
- Reach vulnerable populations
- Keep individuals engaged if they relapse or are not abstinent from drugs or sex
Principles of Harm Reduction

- Health and Dignity
- Participant-Centered
- Participant Involvement
- Participant Self-Rule
- Recognize Inequalities & Injustices
- Practical and Realistic
(1) Health and Dignity

Providers treat program participants with respect.
(2) Participant-Centered

Providers offer services **without judging** the client. Programming is **low-threshold** and accessible.

*Photo by Maliz Ong*
(3) Participant Involvement

Providers ensure the people you are serving have a real voice in the creation of programs and policies designed to serve them.

"Nothing about us without us"
(4) Participant Self-Rule

Providers recognize participants are experts in their own lives. People will change when they are ready, and circumstances allow.
(5) Recognize Inequalities and Injustices

Providers recognize the impact and complexities of poverty, class, racism, isolation, past trauma, sex-based discrimination and other inequalities affect people's vulnerability, and capacity for effectively dealing with behavior-related harm.
(6) Practical and Realistic

Providers offer practical tools and education to address the real harms and dangers experienced by individuals with significant risk.
Continuum of Use

- No Use
- Social
- Ritual Binge
- Chaotic Severely Persistent
- Experiment
- Situational
- Regular Use
- Habitual Daily
For Example

- Never picked it up, or stopped it
- At a party, have a drink
- Only use on weekends or on vacation
- Depending on the drug, treatment many require medical attention

- Try cocaine at a friend’s house where people have cocaine
- Each day after work you have to have a drink
- If you don’t use heroin or substance you will get sick
Principles of Effective Treatment

- No single treatment is right for everyone.
- People need to have quick access to treatment.
- Effective treatment addresses all of the patient’s needs, not just their drug use.
- Staying in treatment long enough is critical.
- Treatment plans must be reviewed often.

*National Institute on Drug Abuse*
Thank you! Questions?

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