

# *Workforce Development Series*

## A Primer on Harm Reduction and Our Role in Prevention

Wednesday, April 12, 2023

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Presented by Carlton Hall & Dorothy Cheney





Southeast (HHS Region 4)

**PTTC**

Prevention Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

# Disclaimer

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- This training is 100% supported SAMHSA of the U.S. Department of Health and Human Services (HHS).
- The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by SAMHSA/HHS, or the U.S. Government.

The use of affirming language inspires hope.

LANGUAGE MATTERS.

**Words have power.**

**PEOPLE FIRST.**

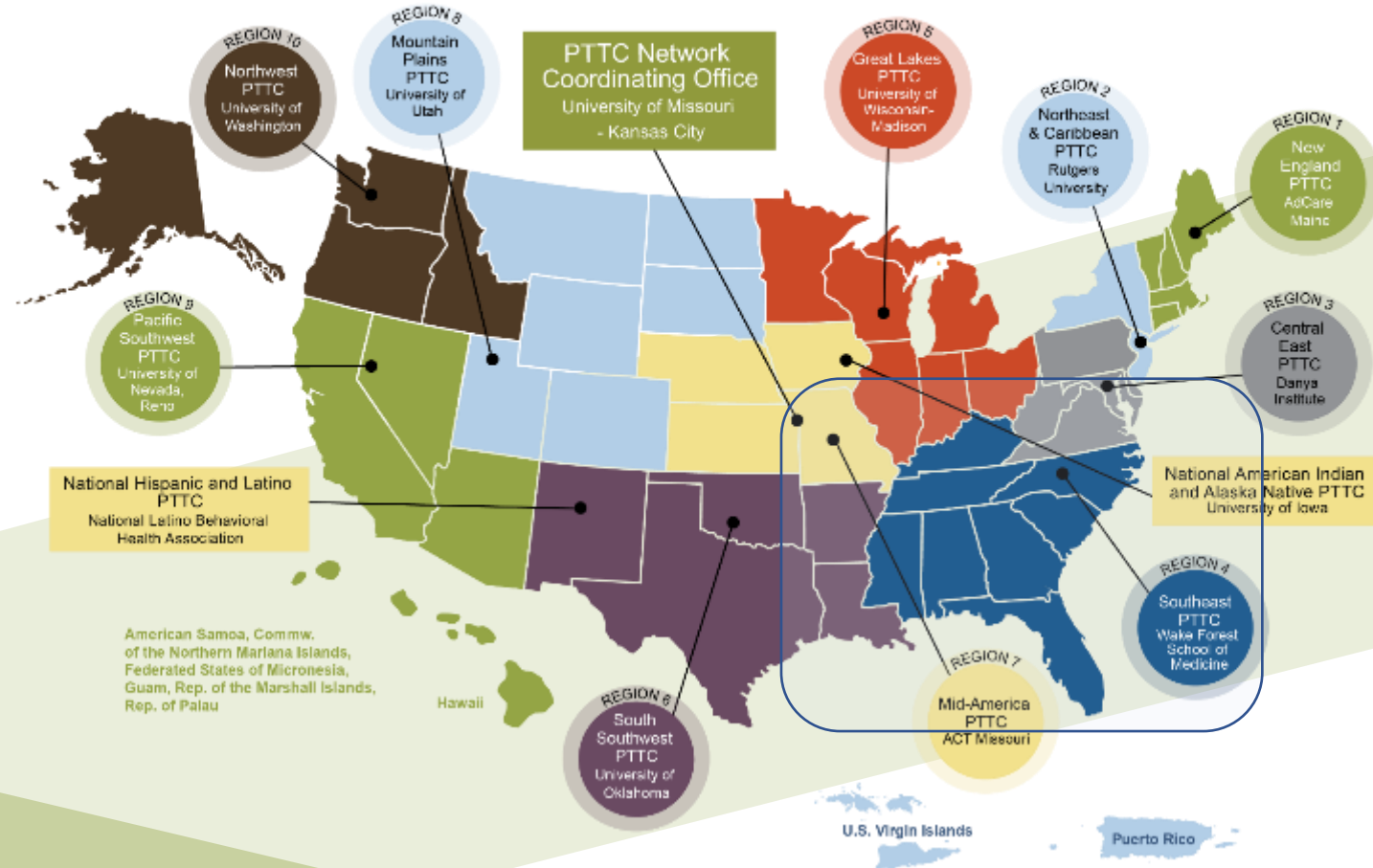
The PTTC Network uses affirming language to promote the application of evidence-based and culturally informed practices.



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PTTC Network



## Co-Directors

Kimberly Wagoner, DrPH, MPH  
and Mark Wolfson, PhD

- 
- **Develop** training and technical assistance tools, products, and services for the substance misuse prevention field
  - **Disseminate** these across the southeast region
  - **Improve** implementation & delivery of effective substance misuse prevention interventions
  - **Reduce** substance misuse



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**You**Tube page

Complete the  
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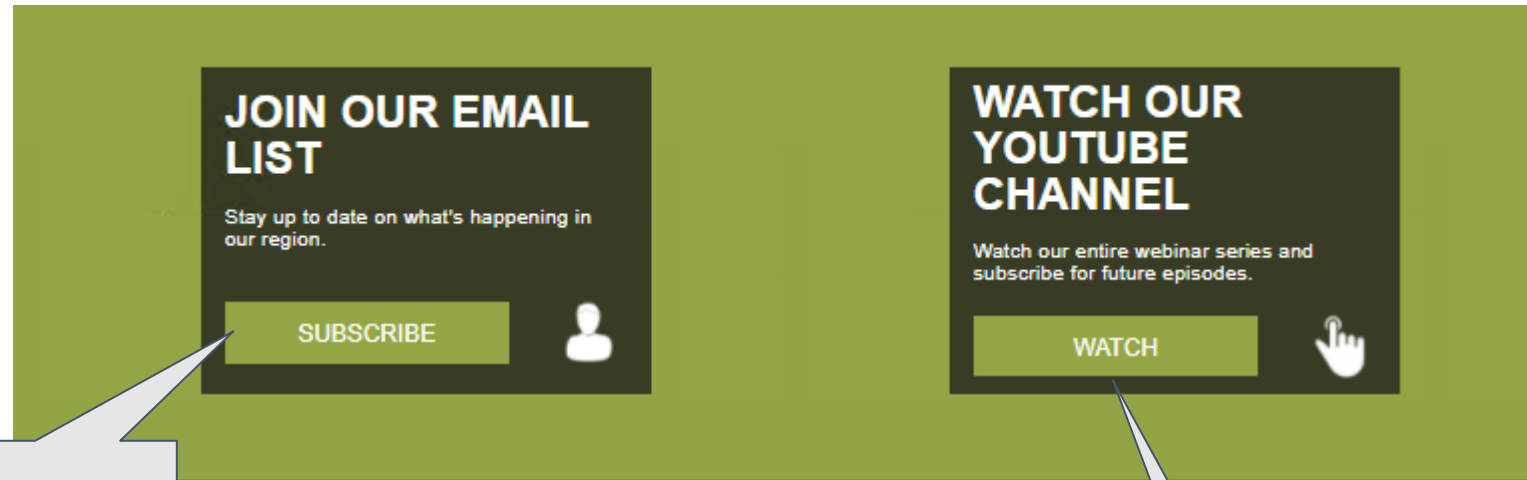
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A download of the  
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## Bottom of our main webpage

[pttcnetwork.org/southeast](http://pttcnetwork.org/southeast)



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members

# Today's Presenters



**Carlton Hall**



**Dorothy Chaney**



# Introduction to Harm Reduction for Prevention Professionals

Carlton Hall

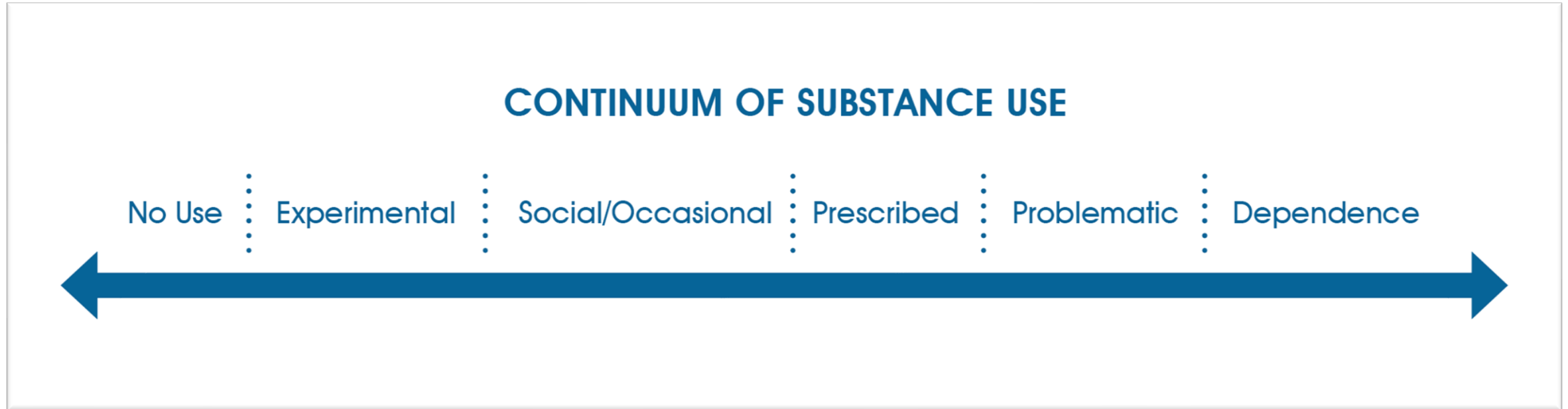
Dorothy Chaney

*April 12, 2023*



Inspiring Solutions for a Better World

# CONTINUUM OF SUBSTANCE USE



Source: <https://www.toronto.ca/community-people/health-wellness-care/health-programs-advice/overdose-prevention-and-response/get-support/continuum-of-use-2/>

# Substance Users Represent a Range of Use Patterns

- In any population at any point in time we will find:
  - Resolute non-users
  - Vulnerable non-users
  - Initial users who discontinue use
  - Initial users with the potential to progress to abuse and substance use disorders
  - Those who are already using and may or not be experiencing the consequences of their use.
- Such a range in substance use patterns requires a range of interventions



# Session Objectives

- Define and explain harm reduction
- Explore harm reduction across the Continuum of Care
- Dispel some common myths about harm reduction
- Identify the role of prevention professionals in harm reduction approaches

# • My goals for the session

- Have an open and safe discussion about what harm reduction is and why we need to understand it
- Network with professionals in our field – *together* we advance our understanding and our work
- Challenge ourselves to expand our views

## • My Mentor

“Denying people access to harm reduction services is telling them that **your** opinion is worth more than **their** health and life”

-Patrick Reilly

Senior Manager, New Site Launch  
Community Medical Services  
Milwaukee, WI



“There are many things you can point to as proof that the human is not smart. But my personal favorite would have to be that we needed to invent the helmet. What was happening, apparently, was that we were involved in a lot of activities that were cracking our heads. We chose not to avoid doing those activities but, instead, to come up with some sort of device to help us enjoy our head-cracking lifestyles.”

Jerry Seinfeld, “I’m Telling You for the Last Time.”

Let's start with  
answering the  
Question of  
"WHY " people  
Use drugs



# • Why Do People Use Substances?

- May help people feel good or feel better in the moment.
- May help to manage physical and emotional pain.
- May be more accessible or cheaper compared with prescribed drugs.
- May help someone feel more social or connected (or less disconnected).

# • Why Do People Use Substances?

- May help other co-occurring situations feel more manageable – including homelessness, lack of employment, lack of social support, unmet mental health needs.
- May be physically dependent and experience withdrawal without continued use.
- May not have access to other options – including support services to stop using drugs (drug treatment, mental health services, housing, jobs, healthcare, etc.) due to geographic proximity, methods of transportation, time to access services, insurance status, and/or immigration status.

Can you think of  
other reasons  
why people use  
substances?



# **What is Harm Reduction?**



# What is Harm Reduction?

Harm reduction is an approach that emphasizes engaging directly with people who use drugs to **prevent overdose** and **infectious disease transmission**, improve the physical, mental, and social wellbeing of those served, and offer low-threshold options for accessing substance use disorder treatment and other health care services.

<https://www.samhsa.gov/find-help/harm-reduction>

Harm reduction understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from total abstinence to severe and chaotic use and acknowledges that some ways of using drugs are clearly safer than others.



[www.harmreduction.org](http://www.harmreduction.org)

# Continuum of Drug Use

- **No Use** - Either never picked it up, or stopped it
- **Social** - having a drink when out to dinner with friends
- **Experiment** - Trying a new drug, like cocaine
- **Binge** - Heavy use during specific periods, like on weekends or on vacation
- **Situational** - taking pills at a party where everyone's taking them, "When in Rome"
- **Habitual or Daily** - if you don't use the heroin, you'll get sick (chemical dependence)
- **Chaotic** - Drug use has significant negative impact on life and health

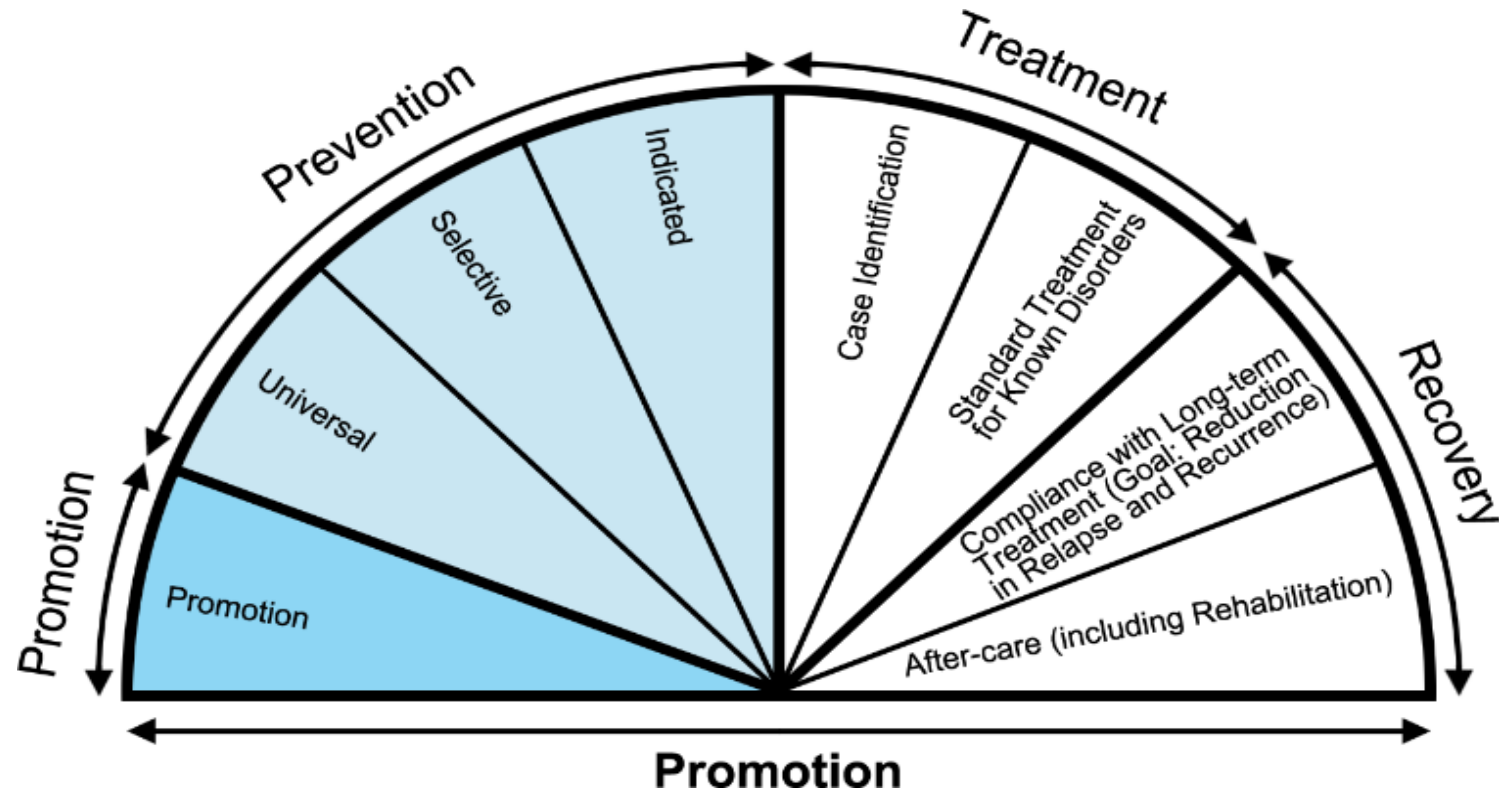
# Harm Reduction

And the Continuum of Care



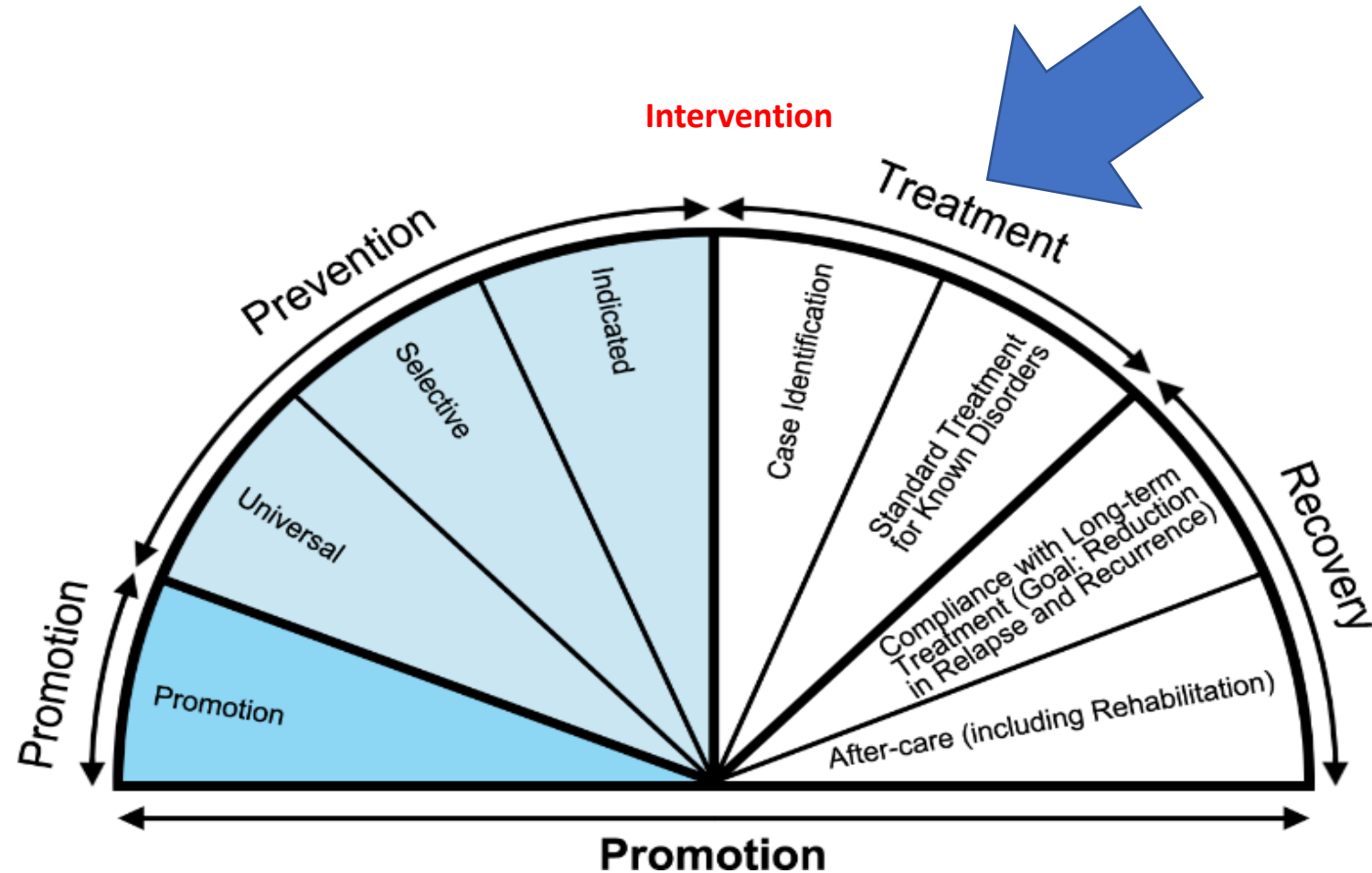
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# IOM Continuum of Care



Source: National Research Council and Institute of Medicine. (2009).

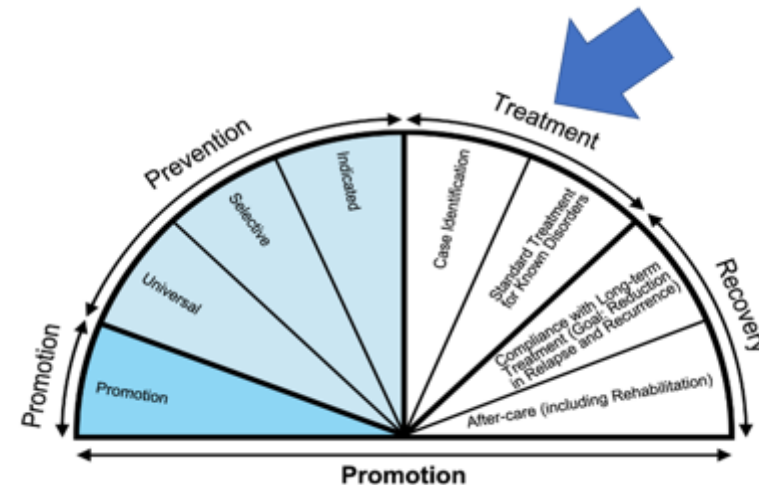
# IOM Continuum of Care



Source: National Research Council and Institute of Medicine. (2009).

# Examples of Harm Reduction

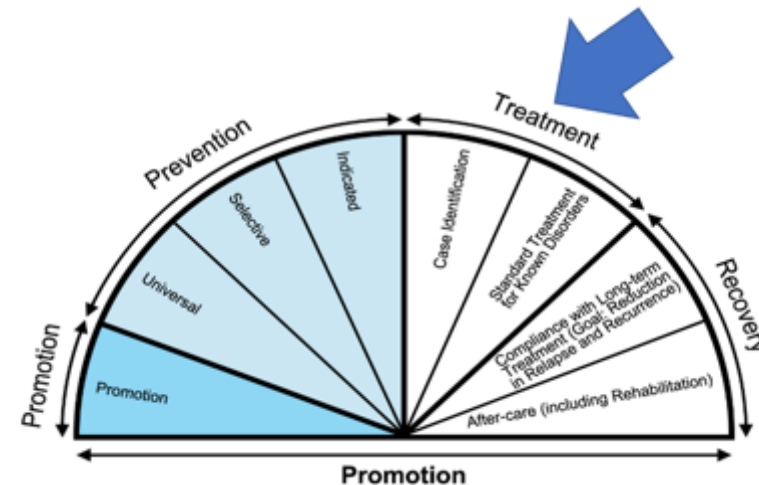
- Syringe exchange programs
- Education programs on safe injection
- Naloxone training and distribution
- Medications for opioid use disorder (MOUD/MAT)



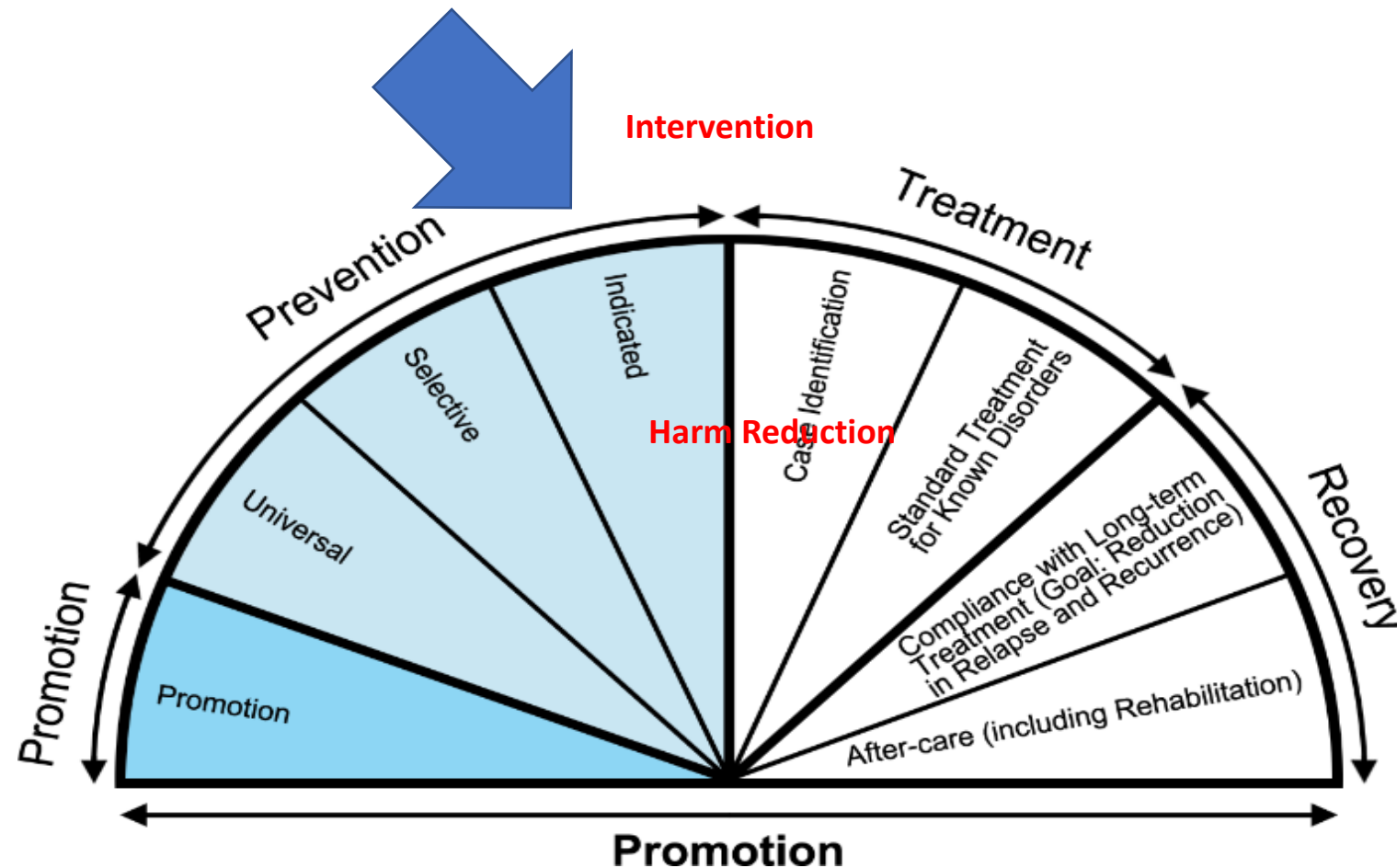
# Examples of Harm Reduction

- Syringe exchange programs
- Education programs on safe injection
- Naloxone training and distribution
- Medications for opioid use disorder (MOUD/MAT)

*What are some other examples of harm reduction strategies – post diagnosis?*



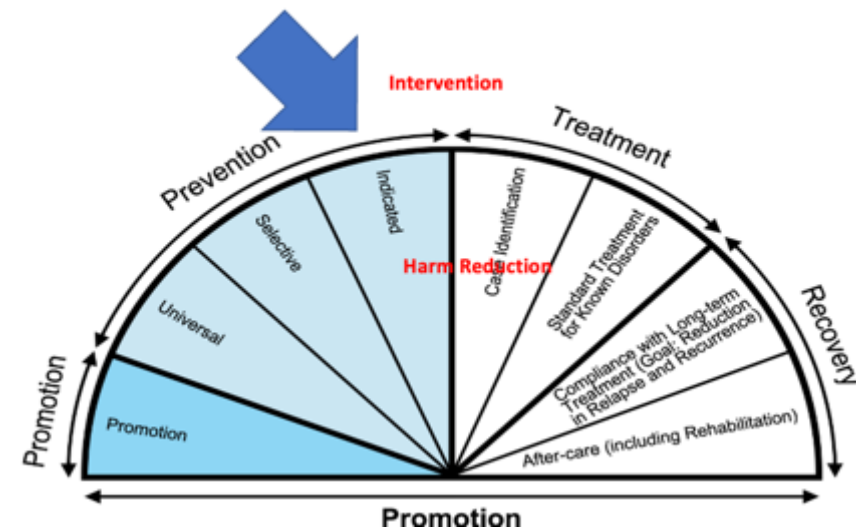
# Continuum of Care



# Examples of Harm Reduction

- Programs for youth caught drinking at prom
- Older adults who unintentionally mix alcohol and prescription meds
- Co-prescribing naloxone with opioid prescriptions

*What are some other examples of harm reduction that falls into indicated prevention?*



# Harm Reduction IS Public Health

Opioid  
Treatment  
Programs

Incarceration  
Programs

Overdose  
Response  
Teams

Narcan Training  
& Distribution

Fentanyl Testing  
Strips

Hepatitis C  
Testing &  
Treatment

Safe  
Consumption  
Sites

Presenting &  
Education

Mobile &  
Medication  
Units

Policy &  
Procedure  
Changes

Safer Use  
Supplies

# Harm Reduction

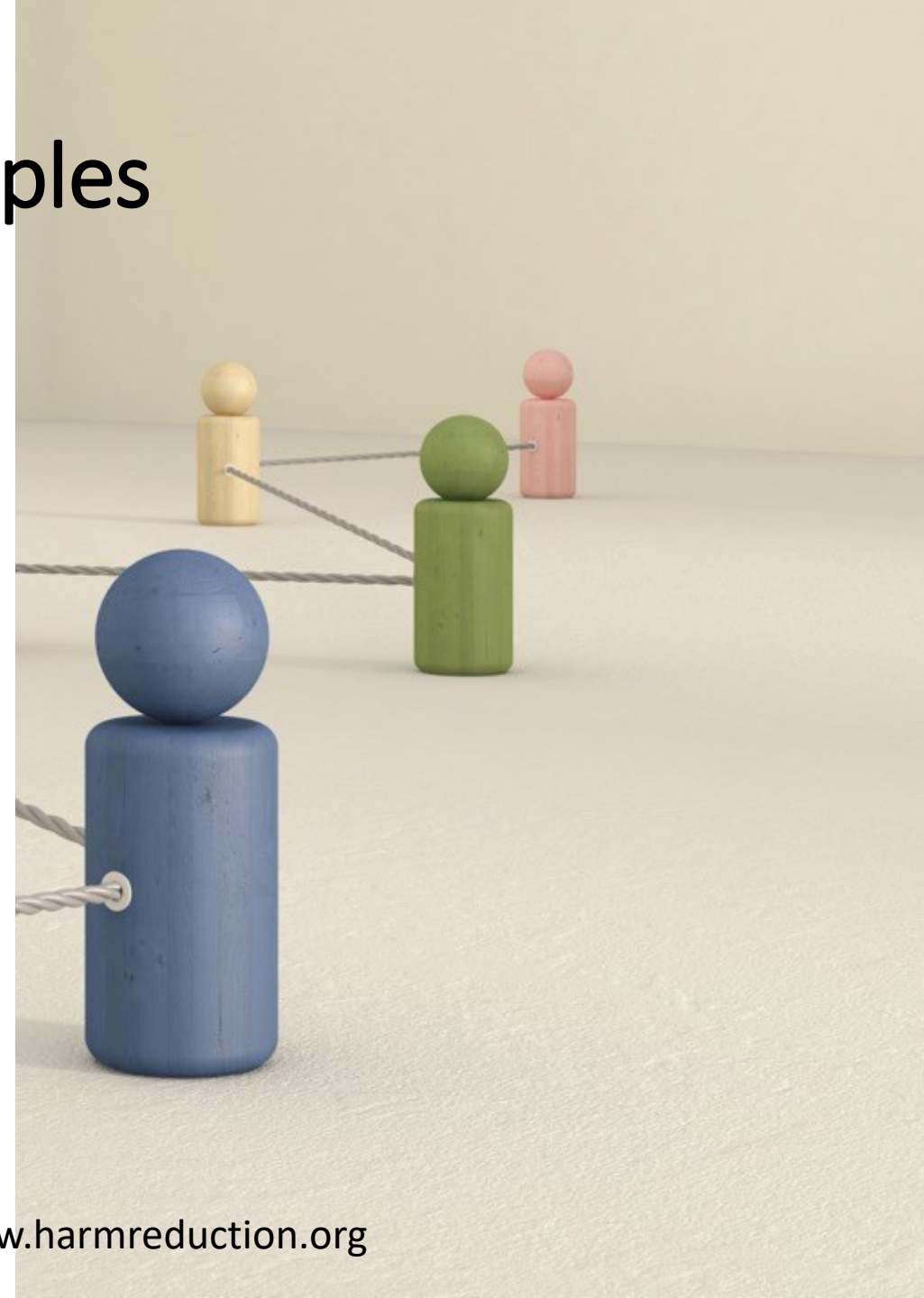
## Key Principles



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# Harm Reduction Principles

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



# • Health & Dignity

- Treat clients/program participants with respect
- Language matters! Person first language
  - Instead of drug-user – “People who use drugs”



# • Participant-Centered Services

- Interact with people in a non-judgmental manner
- Participants identify what will work for them – what their priorities are and what their barriers are



# • Participant Involvement

- Participants have an authentic voice and are active participants in the development of programs and services that will work for them



# Participant Autonomy

- People will change when (and if) they are ready
- Each person is an expert in their own life and can determine how to reduce harms of their behaviors



# ❖ Sociocultural Factors

- Poverty, race, trauma and many other sociocultural factors impact a person's ability and capacity to address behavior related harm.
- We can ask ourselves how existing systems harm or hurt participants because of their gender identity or expression, sexual orientation, race, class, history of trauma, violence, incarceration?



# • Pragmatism and Realism

- Practical tools and resources must be offered to address real harms and dangers for persons with significant risk
- Harm reduction does not attempt to minimize or ignore the real harm or danger associated with lawful and unlawful drug use but applies a reasonable way of addressing issues that is based on practical experience with specific situations



What about  
the harm  
reduction  
principles  
stands out to  
you?

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



**S T I G M A**

# • Stigma and Harm Reduction

Stigma is a social process linked to power and control, which leads to creating stereotypes and assigning labels to those that are considered to deviate from the norm or to behave “badly.”

Stigma creates the social conditions that make people who use drugs believe they are not deserving of being treated with dignity and respect, perpetuating feelings of fear and isolation.

# ❖ Misconceptions about Harm Reduction (STIGMA)

- Providing syringes and naloxone encourages drug use
- Providing syringes and naloxone may tempt people to start using drugs
- MOUD/MAT is trading one drug for another
- Harm Reduction strategies are anti-recovery or anti-abstinence

What are some  
other  
misconceptions  
about harm  
reduction?



# Misconceptions about Harm Reduction

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- How can we as prevention providers help dispel some of the misconceptions about harm reduction?
- What are our own misconceptions?



**S T I G M A**

*The Impact of Stigma on People Who Need Services*

# • Stigma

- Stigma limits a person's ability to access services they need because they feel unworthy of receiving or requesting services
- Stigma creates barriers while receiving services by people feeling unwelcome or judged by program staff that offers services

# • Liberation from Stigma



## TREE OF LIBERATION

### LEAVES: ACTIONS

Create plans together  
based on their goals

Ask clarifying questions to  
understand the whole story  
& needs

Share resources  
& education for their friends  
to have

### TRUNK: BELIEFS

"They can do \_\_\_\_\_"  
"They're telling me the truth"  
"They care about the community"

Capable  
Trustworthy  
Caring

### ROOTS: PERCEPTIONS

## TREE OF STIGMA

### LEAVES: ACTIONS

Ignore the story & project  
your own agenda

Require mandatory XYZ  
because "they won't do it  
otherwise"

Only talk about the  
"disease" & not about what  
they have control over

### TRUNK: BELIEFS

"They're probably lying"  
"They don't have the willpower"  
"They can't help themselves"

Not trustworthy  
Lazy  
Sick



# Prevention's Role in Reducing Stigma

What is one action that we take as the result of today's session?



## • My Mentor

“ Denying people access to harm reduction services is telling them that **your** opinion is worth more than **their** health and life”

-Patrick Reilly

Senior Manager, New Site Launch  
Community Medical Services  
Milwaukee, WI

# THANK YOU!

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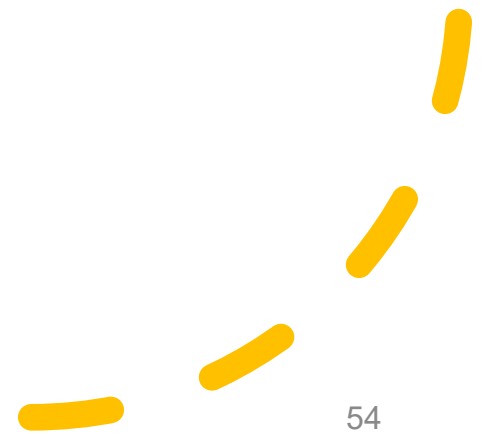
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[Pttcnetwork.org/southeast](http://Pttcnetwork.org/southeast)

**Session 4:** *Communication Techniques for the  
Prevention Specialist*, Wednesday, April 19,  
10:00 a.m. ET



# Q&A

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Evaluation link



<https://ttc-gpra.org/P?s=114445>





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The purpose of the Prevention Technology Transfer Center (PTTC) Network is to improve implementation and delivery of effective substance abuse prevention interventions, and provide training and technical assistance services to the substance abuse prevention field. It does this by developing and disseminating tools and strategies needed to improve the quality of substance abuse prevention efforts; providing intensive technical assistance and learning resources to prevention professionals in order to improve their understanding of prevention science, epidemiological data, and implementation of evidence-based and promising practices; and, developing tools and resources to engage the next generation of prevention professionals.

## CONNECT WITH US



[PTTCnetwork.org/southeast](https://PTTCnetwork.org/southeast)



[southeast@PTTCnetwork.org](mailto:southeast@PTTCnetwork.org)



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