

Harm Reduction Workshop
Crisis Trauma Resource Center
9/14/2022
Attendee: Shannah Zorn

The focus of this workshop is harm reduction as a philosophy, practice and policy. The practice of harm reduction is controversial because it is sometimes seen as enabling negative behaviors. We need to reframe our approach to treatment and support and focus on enabling positive behavior.

Harm reduction focuses on reducing silence, shame, and stigma around drug addiction and other behaviors seen as harmful. This approach offers people more choice for control and change.

The workshop started with introductions. As a play on introductions common to recovery groups ("Hi, I'm _____, and I'm an _____ (alcoholic, addict, etc.)."), each group member introduced themselves starting with a non-work role that gives them meaning (e.g., sister, mother, cyclist, woodworker). The point is that people struggling with addiction and negative behaviors tend to have low self-worth. People can perform well in other roles and struggle in other areas. Negative behaviors and addictions tend to attract labels. These labels are powerful, and people start to identify with the labels. Harms start to dominate.

We practice harm reduction when we don't drink and drive or wear helmets when cycling. "Just say no" approaches do not work to reduce harm for people addicted to drugs or negative behaviors. Removing access does not work. Harm reduction approaches do work. We need to promote safety for everyone, including people with behavioral problems.

Key components of the harm reduction approach are respect, dignity, and compassion. In the past, we viewed drug use from a moral and/or legal perspective. We need to change our perspective to focus on health and welfare. BC has taken a groundbreaking approach: decriminalizing the possession and use of narcotics and opiates. Fear-based approaches are dominant with youth but have negative consequences.

Harm reduction seeks to meet the following goals:

- Assess the current levels of risk and harm
- Understand the underlying needs that are being met by the behaviour (address other issue)
- Work systematically, at a realistic rate, to increase safety and reduce harm and risk
- Work systematically to meet the underlying needs in safer, more sustainable and permanent ways
- Work toward goals that are realistic and achievable

Principles of harm reduction

- Relational language vs. addition language. Mindset: curiosity vs. judgment (e.g. poisoning vs. overdose; use vs. misuse)
- Continuum of use
- Who we are and how we are with people is most helpful. When the trauma is in relationship, the healing is in relationship. We must be attentive to attributes.
- Unconditional welcome: we meet people where they are (no zero tolerance policies)
- People are the experts on their own reality
- Promoting choice and control
- Safety as defined by person
- We need an integrated approach to health, looking addictions/behaviors, mental illness, and other issues (as opposed to approaches that take a sequential approach). Juggling vs. following a recipe
- Person as problem vs. problem as problem vs. the relationship with the problem is the problem (therefore, shine a problem on that relationship: what are the benefits and challenges)
- Substance abuse mimics positive attachments—reliable, accessible, responsive, safe (see Youtube video by Johan Hari: Everything you know about addiction is wrong)
- Start by getting to know person (vs. problem). Interview passions, interests, important people
- Gather more information: learn about • Set – information regarding the person • Drug/behavioural patterns • Setting – environmental influences. These are areas that can be changed. Change in one area will cause change in other areas.
- Important questions: How are you in this relationship? How do you want to be? How important is that change? What would it take to make that change? Where are you at with the idea of change? (i.e., on a scale from 1 to 10) Do you know what to do to make the change? How confident are you about making it? Then move to goal setting for change. (move from a 5 to a 6, for example). Example: setting limits on TikTok (using phone settings). Or set a schedule? Switch activities? Make goals concrete. See p. 25 in manual.
- Acknowledging/witnessing; sitting with; exploring goals. In this order. Ask for permission before giving advice.

Thoughts from participants:

- It's not the drugs themselves but what we've done to drugs by criminalizing (e.g., adding fentanyl to cocaine) that causes problems
- Families have an all-or-nothing perspective and don't want to participate in recovery process (i.e., families want full sobriety). We need to move beyond binaries.
- Family members want addicts to "hit rock bottom," which is a punitive approach.
- Problems love binaries (you're either drunk or sober, clean or dirty)
- Overdiagnosis of boys with ADHD causes harm within the school system
- Within the school system, challenges to harm reduction are seen in the lack of student access to mental health and behavior supports
- Harm reduction is a stepping stone. It frees up energy for more productive behaviors.

- The relationship between childhood trauma and addiction is stronger than that between overeating and diabetes. Shift from “What’s wrong with you?” to “What happened to you?”
- Remind patients/students: affirm your feelings, choose your reactions.

Intervention model: the drug/behavior set/setting model for assessment/intervention.