

# Harm Reduction



## OBJECTIVES

**At the end of this unit, participants will be able to:**

- Understand the philosophical basis of harm reduction, the movement's historical roots, and how it currently influences other service areas
- Explore attitudes and values related to harm reduction
- Brainstorm strategies for a "step-down" harm reduction approach for an identified behavioral challenge
- Identify next steps for integrating harm reduction approaches into your practice with clients



## INSTRUCTIONS

1. Before the session begins, review PowerPoint slides with speaker notes. Test videos to make sure they work.
2. Welcome participants, share the objectives for the session.
3. Review slide 3. Ask for a participant to read the definition of harm reduction.
4. Show the video "Terrell's Story" (1 minute). Ask participants to share their reactions. What is something they learned from Terrell's story?
5. Review slides on the principles of harm reduction (slides 5–8). Ask for volunteers to read principles.
6. Show the video "Our Harm Reduction Stories: Working Toward Healthier Outcomes" (12 minutes). This video includes people who identify as having been intravenous drug users, who are able to switch roles of provider and patient to demonstrate the importance of partnerships, patient/provider interaction, and agency policy. Ask:
  - What principles of harm reduction did you observe during the video?
  - Describe aspects of cultural awareness that you observed by the provider?
  - What policy could create change in your community?
7. Facilitate "What Do You Think?" activity
  - Distribute "What Do You Think" handout.
  - Give 20–30 minutes for the activity. See slide 10 notes for instructions.

(continued)



## Related C3 Roles

Providing culturally appropriate health education and information, providing coaching and social support

## Related C3 Skills

Communication skills, interpersonal and relationship building skills, education and facilitation skills, knowledge base



## Method(s) of Instruction

Lecture, large group discussion, small group discussion, video, individual values-based activity



## Estimated time

60 minutes



## Key Concepts

Harm reduction, people who inject drugs, syringe exchange programs, safe spaces



## Materials

- Computer with internet access and projector
- PowerPoint slides
- Flip chart
- Markers
- Pens

## Handouts

- What Do You Think?
- Harm Reduction Pyramid



## Resources

Harm Reduction Coalition,  
<https://harmreduction.org/>

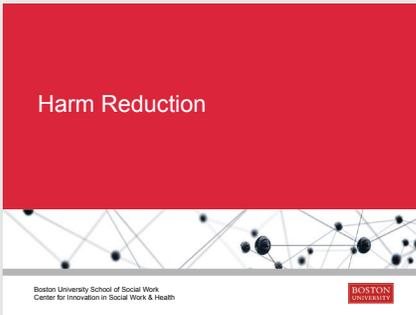
Substance Abuse and Mental Health Services Administration (SAMSHA),  
<https://www.samhsa.gov/>

# Harm Reduction

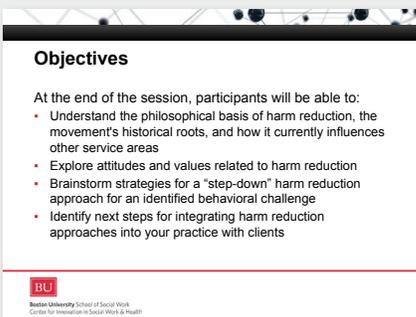


## **INSTRUCTIONS** *(continued)*

8. Review slides 11–14 on the harm reduction pyramid, a user’s story, and harm reduction services.
9. Facilitate “Harm Reduction Approaches with Your Clients” activity.
  - Break participants into groups for discussion of how to use harm reduction approaches.
  - Allow 15 minutes for group brainstorm, and 5 minutes for discussion.
  - See slide 15 for discussion questions and facilitation details.
10. Wrap up.
  - Acknowledge that maintaining boundaries with clients can be challenging in helping professions and requires continued review and education to ensure that boundaries are respected.
  - Have one or more participants read slide 16.
  - Thank participants for their contributions.

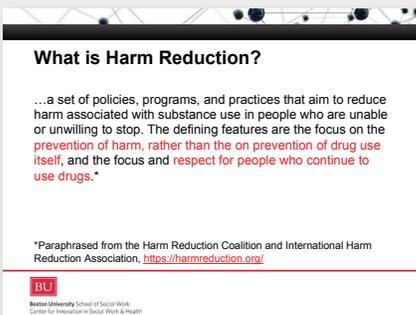


## SLIDE 1



## SLIDE 2

Review the objectives.



## SLIDE 3

Ask for a volunteer to read the definition on the slide.

Make the following distinctions:

Harm reduction (HR) is a set of . . .

- Policies
- Programs
- Practices

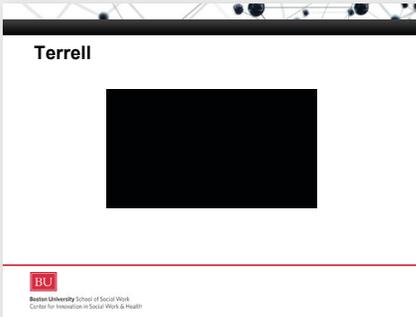
that aim to reduce harm associated with substance use in people who are unable or unwilling to stop.

Ask participants, “Why would this definition make a distinction about people who are unable or unwilling to stop?”

This definition clearly sets an intention to move the narrative from a one size fits all response to substance use that assumes everyone who has substance use challenges should stop. An abstinence only stance implies a value system that may not align with the values or desires of the person who uses.

HR focuses on the prevention of harm versus the prevention of drug use itself

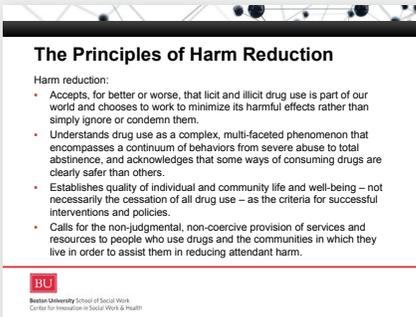
HR is a “people first” approach that is grounded in respect for people who continue to use drugs.



## SLIDE 4

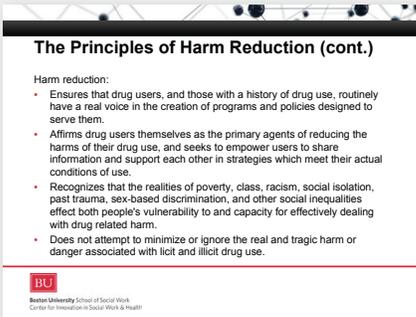
Terrell's story <https://www.youtube.com/watch?v=L-xDvJ334ok>

Illustrates the key elements of Harm Reduction as defined.



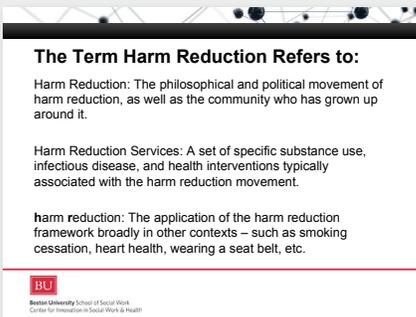
## SLIDE 5

Ask participants to volunteer to read the principles.



## SLIDE 6

Ask participants to volunteer to read the principles.



## SLIDE 7

Review the slide.

These definitions can be found on the Harm Reduction Coalition website, <https://harmreduction.org>.

## History of Harm Reduction

- Roots in early days of HIV and People Who Inject Drugs (PWID) (1970s)
- Harm Reduction policies blocked in the 1980s
- Prevention programs: PWID syringe exchange programs are the most well-known example
- Both people who use drugs and people with HIV experience significant stigma, discrimination, and health disparities. The same social determinants that put an individual at risk for contracting HIV also put them at risk for developing problematic substance use.



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## Harm Reduction in Clinical Settings



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## ACTIVITY: WHAT DO YOU THINK?

### SLIDE 8

Review the slide.

### SLIDE 9

Show video (12 minutes) [https://www.youtube.com/watch?v=\\_VcMIS9dXo0](https://www.youtube.com/watch?v=_VcMIS9dXo0)

This video includes people who identify as having been intravenous drug users, who are able to switch roles of provider and patient to demonstrate the importance of partnerships, patient/provider interaction, and agency policy.

After the video, ask participants:

- What principles of harm reduction did you observe during the video?
- Describe aspects of cultural awareness that you observed by the provider?
- What policy could create change in your community?

### SLIDE 10

What Do You Think?

This activity will help participants explore varying perspectives related to concerns about harm reduction. Ask participants to answer these questions from an honest personal perspective.

- Time: 20–30 minutes
- Post flip chart sheets on opposite sides of the room labeled “Agree” and “Disagree.”
- Distribute “What Do You Think” handout.
- Have participants fill out the handout.
- Read each statement and ask participants to go to the side of the room that corresponds to their response.
- Participants will be invited to make an argument that supports the perspective listed on the paper, even if it differs from the participant’s personal beliefs.

Processing: Refer people back to the Principles of Harm Reduction.

# Harm Reduction

**Harm Reduction Pyramid**

Example: Alcohol Use  
Level 5: Liver failure, death  
Level 4: Lost jobs and/or relationships, possible law enforcement (e.g. DUI/DWI)  
Level 3: Low productivity, blackouts  
Level 2: Hangovers, shorter life span  
Level 1: No real consequences

Level 5: Extreme high risk  
Level 4: High risk  
Level 3: Medium risk  
Level 2: Low risk  
Level 1: No/Very low risk

Source: HAMS Harm Reduction Network. <https://hams.cc/pyramid/>

## SLIDE 11

The harm reduction pyramid approach believes that some risks are worse than others, and that individuals can weigh the risks they take to find a way to reduce risk that works for them.

In this approach, individuals are encouraged to address what is most risky (see also Harm Reduction Pyramid handout). Think about examples from your own life where you have made decisions to lower your risk.

As a CHW, your work with clients may involve helping them to consider the risks they are taking in areas of their lives, and thinking of ways to reduce risk.

Ask the participants, "What is the value of using a harm reduction approach? (to the client, CHW, agency, community)"

**Harm Reduction Pyramid**

Example: Traffic Deaths  
Level 5: Speeding, tailgating, texting, drinking, and no seatbelt  
Level 4: Texting, drinking, no seatbelt and tailgating  
Level 3: Drinking, no seatbelt and tailgating  
Level 2: No seatbelt and tailgating  
Level 1: Tailgating

Level 5: Extreme high risk  
Level 4: High risk  
Level 3: Medium risk  
Level 2: Low risk  
Level 1: No/Very low risk

Source: HAMS Harm Reduction Network. <https://hams.cc/pyramid/>

## SLIDE 12

Review this additional example of the Harm Reduction Pyramid.

**A User's Story**

"I knew I should stop using altogether, but each time I tried to do that, I just fell right back on my old habits. I think I hadn't really made a firm decision to quit using for good. I signed up for a needle-exchange program, because my girlfriend begged me to do it, and I kept going back over and over. They never pushed me to quit, but I kept seeing the flyers and thinking about what I was doing. Over time, I just made the decision to get help, and they made sure I got into the right program. I don't think I could have done it without their help." – Kirk

<https://luxury.rehabs.com/harm-reduction/>

Source: HAMS Harm Reduction Network. <https://hams.cc/pyramid/>

## SLIDE 13

Ask a participant to read the story.

Ask for a volunteer to share their impression of the story.

## Harm Reduction Services

As a consequence of the movement's origins, Harm Reduction has become intrinsically linked to a variety of specific health and substance use intervention programs, namely:

- Syringe exchange programs
- Overdose prevention/education
- Medication-assisted treatment
- Wound care clinics
- Peer navigation/organizing
- Maintenance support groups



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## SLIDE 14

Ask for a volunteer to read the slide.

## Harm Reduction Approaches with Your Clients

- Do you currently incorporate a harm reduction approach when working with your clients?
- If yes, how can harm reduction be improved?  
Brainstorm: policies, training, community partners, resources, strategies etc...?
- If no, consider how you might incorporate harm reduction.  
Brainstorm: who, what, when, where, why and wow?



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## SLIDE 15

Break participants into small groups.

Provide flip chart sheets and markers for brainstorming.

Allow 15–20 minutes for brainstorm around the questions on the slide.

Spend 5–10 minutes asking for a few volunteers to share insights from their brainstorm.

## Summary

- Harm reduction is a set of policies, programs, and practices that aim to reduce the harm associated with substance use in people who are unable or unwilling to stop.
- The defining features are the focus on the prevention of harm, rather than the on prevention of drug use itself, and the focus on and respect for people who continue to use drugs.
- Harm reduction is a "step-down" approach that respects clients as the experts in their own lives.
- Harm reduction strategies are used to address a wide variety of issues (e.g. HIV prevention, tobacco use, diabetes).



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## SLIDE 16

Ask for volunteers to read each bullet point on the slide.

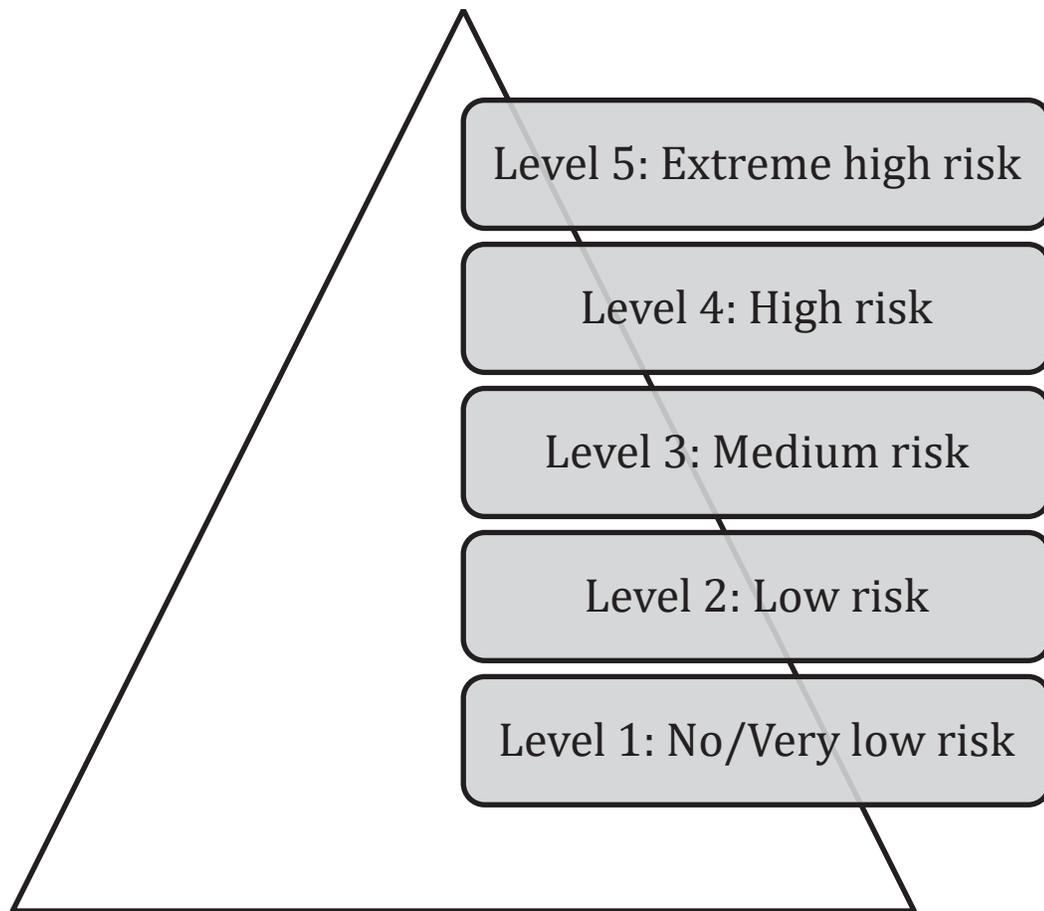
# What Do You Think?

Instructions:

Read each statement and check the box that best reflects your personal belief.

Statement	Agree	Disagree
1. Harm reduction encourages people to use substances or engage in risky behavior.		
2. Adopting a harm reduction approach means condoning substance use or risk behavior.		
3. People with substance use challenges will never have to “own up” to their substance use and quit with a harm reduction approach.		
4. A harm reduction approach places people at greater risk of harm and danger because of their lifestyle.		
5. People with substance use challenges cause their own problems and that’s why they need to get clean/sober.		
6. A harm reduction approach encourages more crime and danger to the public because it doesn’t mandate substance use treatment.		
7. Harm reduction is a move toward legalization of illicit drugs.		
8. People with substance use challenges can get over their problems if they want to.		
9. Abstinence from use is the best intervention for all substance users.		
10. Harm reduction should be condemned.		

# Harm Reduction Pyramid



Source: HAMS Harm Reduction Network, <https://hams.cc/pyramid/>

# Acknowledgements

This curricula draws from and is adapted from other training curricula for peer educators and community health workers, such as the Building Blocks to Peer Success (<https://ciswh.org/resources/HIV-peer-training-toolkit>) and the Community Capacitation Center, Multnomah County Health Department (<https://multco.us/health/community-health/community-capacitation-center>)

## Team

Serena Rajabiun

Simone Phillips

Alicia Downes

Maurice Evans

LaTrischa Miles

Jodi Davich

Beth Poteet

Rosalia Guerrero

Precious Jackson

Maria Campos Rojo

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