

**Table 1**

Harm reduction principles, definitions, and approaches for healthcare settings

Principle	Definition	Approaches
1. Humanism	<ul style="list-style-type: none"> <li>• Providers value, care for, respect, and dignify patients as individuals.</li> <li>• It is important to recognize that people do things for a reason; harmful health behaviors provide some benefit to the individual and those benefits must be assessed and acknowledged to understand the balance between harms and benefits.</li> <li>• Understanding why patients make decisions is empowering for providers.</li> </ul>	<ul style="list-style-type: none"> <li>• Moral judgments made against patients do not produce positive health outcomes.</li> <li>• Grudges are not held against patients.</li> <li>• Services are user-friendly and responsive to patients' needs.</li> <li>• Providers accept patients' choices.</li> </ul>
2. Pragmatism	<ul style="list-style-type: none"> <li>• None of us will ever achieve perfect health behaviors.</li> <li>• Health behaviors and the ability to change them are influenced by social and community norms; behaviors do not occur within a vacuum.</li> </ul>	<ul style="list-style-type: none"> <li>• Absinence is neither prioritized nor assumed to be the goal of the patient.</li> <li>• A range of supportive approaches is provided.</li> <li>• Care messages should be about actual harms to patients as opposed to moral or societal standards.</li> <li>• It is valuable for providers to understand that harm reduction can present experiences of moral ambiguity, since they are essentially supporting individuals in health behaviors that are likely to result in negative health outcomes.</li> </ul>
3. Individualism	<ul style="list-style-type: none"> <li>• Every person presents with his/her own needs and strengths.</li> <li>• People present with spectrums of harm and receptivity and therefore require a spectrum of intervention options.</li> </ul>	<ul style="list-style-type: none"> <li>• Strengths and needs are assessed for each patient, and no assumptions are made based on harmful health behaviors.</li> <li>• There is not a universal application of protocol or messaging for patients. Instead, providers tailor messages and interventions for each patient and maximize treatment options for each patient served.</li> </ul>
4. Autonomy	<ul style="list-style-type: none"> <li>• Though providers offer suggestions and education regarding patients' medications and treatment options, individuals ultimately make their own choices about medications, treatment, and health behaviors to the best of their abilities, beliefs, and priorities.</li> </ul>	<ul style="list-style-type: none"> <li>• Provider-patient partnerships are important, and these are exemplified by patient-driven care, shared decision-making, and reciprocal learning.</li> <li>• Care negotiations are based on the current state of the patient.</li> </ul>
5. Incrementalism	<ul style="list-style-type: none"> <li>• Any positive change is a step toward improved health, and positive change can take years.</li> <li>• It is important to understand and plan for backward movements.</li> </ul>	<ul style="list-style-type: none"> <li>• Providers can help patients celebrate any positive movement.</li> <li>• It is important to recognize that at times, all people experience plateaus or negative trajectories.</li> <li>• Providing positive reinforcement is valuable.</li> </ul>
6. Accountability without termination	<ul style="list-style-type: none"> <li>• Patients are responsible for their choices and health behaviors.</li> <li>• Patients are not "fired" for not achieving goals.</li> <li>• Individuals have the right to make harmful health decisions, and providers can still help them to understand that the consequences are their own.</li> </ul>	<ul style="list-style-type: none"> <li>• While helping patients to understand the impact of their choices and behaviors is valuable, backwards movement is not penalized.</li> </ul>