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Learning Objectives

- Define Harm Reduction
 Identify principles of Harm Reduction
- Understand Motivational Interviewing and Stages of Change
 Apply Harm Reduction principles to professional practice
- Understand link between Harm Reduction and "connection"

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Harm Reduction Principles

- Humanism "accepting people who use drugs as they are and treating them with dignity and compassion...without moral judgements against patients, since these do not produce positive health outcomes."
- Pragmatism "the idea that none of us will ever achieve perfect health behaviors and that 'perfect' health behaviors are impossible to define."

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Harm Reduction Principles (cont.)

- Individualism "the idea that every person presents with their own needs and strengths as well as with a spectrum of health behaviors and receptivity for intervention." Tailor interventions to the person
- Autonomy "[patients make] their own choices about medications, treatment, and health behaviors to the best of their abilities, beliefs, resources, and priorities."

Harm Reduction Principles (cont.)

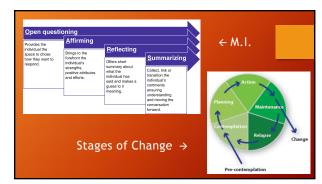
- Incrementalism "the idea that any positive change demonstrated by the patient is a step toward improved health and that positive health changes often can take months or years to achieve."
- Accountability without termination "patients were seen as being responsible for their own health choices and outcomes but were never 'fired' from care."

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Harm reduction principles, definitions, and approaches for healthcare settings						
Principle	Definition	Approaches				
1. Humanism	Providers value, care for, respect, and dignify patients as individuals.	Moral judgments made against patients do not produce positive health outcomes.				
	• It is important to recognize that people do things for a reason; hurmful health behaviors provide some benefit to the	Grudges are not held against patients.				
	individual and those benefits must be assessed and admovfedged to understand the balance between harms and	 Services are user-friendly and responsive to parients' needs. 				
	benefits.	Provides accept patients' choices.				
	Understanding why patients make decisions is empowering for providers.					
. Pragmatism	None of us will ever achieve perfect health behaviors.	 Abstinence is neither prioritized nor assumed to be the goal of the patient. 				
	Health behaviors and the ability to change them are influenced by social and community norms; behaviors do not	* A range of supportive approaches is provided.				
	occur within a vacuum.	 Care mossages should be about actual harms to patients as opposed to moral or societal standards. 				
		* It is valuable for providers to understand that harm reduction can present experiences of mond				
		ambiguity, since they are essentially supporting individuals in health behaviors that are likely to resu				
		negative health extremes.				
. Individualism	Every person presents with his/her own needs and strengths.	* Strengths and needs are assessed for each patient, and no assumptions are made based on hurnful h				
	People present with spectrums of harm and receptivity and therefore require a spectrum of intervention options.	behaviors.				
		* There is not a universal application of protocol or messaging for patients. Instead, providers tailor				
		mossages and interventions for each patient and maximize treatment options for each patient served.				
	· Though provides offer suggestions and education regarding patients' medications and treatment options, individuals	· Provider-patient partnerships are important, and these are exemplified by patient-driven care, share				
	altimately make their own choices about medications, treatment, and health behaviors to the best of their abilities,	decision-making, and reciprocal learning.				
	beliefs, and priorities.	Care negotiations are based on the current state of the patient.				
	 Any positive change is a stee toward improved health, and positive change can take years. 	Prevides can help estients eelebrate any positive movement.				
Incrementation	• It is important to understand and plan for backward movements.	. It is important to recognize that at times, all people experience plateaus or negative trajectories.				
		Providing positive reinforcement is valuable.				
	Patients are responsible for their choices and health behaviors.	. While helping patients to understand the impact of their choices and behaviors is valuable, backwar				
accountability	Patients are not "fired" for not achieving goals.	movement is not penalized.				
rithout	· Individuals have the right to make harmful health decisions, and provides can still help them to understand that the					
omination	consequences are their even.					

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Commonly Used Substances

- CaffeineTobaccoAlcohol

- Opioids (i.e. OxyContin, Vicodin, Percocet, Morphine, Heroin, Fentanyl, Methadone)

- Inhalants (i.e. Solvents (glue, gas, lighter fluid), Aerosols (sprays))
 Phencyclidine (PCP)
- Hallucinogens (i.e. Salvia, LSD, shrooms)
- Sedatives (i.e. Valium, Klonopin, Xanax)
 Amphetamines(i.e. Adderall, Ritalin, Dexedrine (Molly, ecstasy), Vyvanse)

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Conclusion

- Commonly utilized substances amongst adolescent population.
 Strategies of harm reduction for use of identified substances.
- Importance of connection, purpose, rapport building, and nonjudgmental approach with unconditional positive regard to adolescents.
- Consult with supervisor, as needed, and familiarize yourself with agency policies and procedures.

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References

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Thank you for joining me today. I hope you enjoyed the training!	Г	