

Overview of Harm Reduction

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Introductions

- What would you like to make sure we talk about today?
- Learning Objectives:
 - Define harm reduction.
 - Name at least 3 examples of harm reduction.
 - Articulate a plan for applying the principles of harm reduction to your work as a volunteer crisis line counselor with SFWAR.

Key Principles of Harm Reduction

- Designs & promotes public health interventions that minimize the harmful affects of drug use.
- Understands drug use as a complex, multifaceted issue the encompasses behaviors from severe abuse to total abstinence.
- Incorporates a spectrum of practices from safer sex, safer drug use, to abstinence. These strategies meet people where they are, addressing their conditions and contexts, along with the behaviors themselves.

Key Principles (continued)

- Ensures that people who use drugs have a real voice in the creation of programs.
- Affirms people who use drugs are the primary agents of change.
- Empowers communities to share information and support each other.

H.R. & Sterile Syringe Access

- Harm reduction rooted in history of movement for sterile syringe access.
- First started in Holland in 70s-80s with “Junkie Unions” – drug users organized for access to sterile syringes in response to a hepatitis B outbreak (rooted in activism and advocacy)
- First legal syringe exchange in U.S. started in Tacoma, WA in 1988
- Nearly 200 syringe exchange programs currently operate in 38 states, Puerto Rico, Washington DC
- Endorsed by AMA, APHA, US Conference of Mayors, among many other legal, medical & policy institutions
- San Francisco’s early adoption of syringe access services is thought to account for the endemic level of HIV among injection drug users.

What is a drug?

- **What substances are drugs?**

Why do people use drugs?



- Anthropologists have identified only one society in the history of the world that didn't use substances. Do you know which one?

Models for dealing with drug use



What are the dominate ways we address drug use?

Drug, Set and Setting

- SET: (SELF)
 - What the individual brings to the drug experience. This includes the individual's psychological approach to drug taking -- What is the expectation of the person taking the drug?
 - What motivates me to take this drug? For recreation? For medication? For escape?
 - The same drug may act differently in different people.
 - Example of harm related to set:
 - A person who is anxious may be more likely to have a "bad trip" or paranoid reaction if using LSD (Acid), a hallucinogenic drug.

Drug, Set and Setting

- SETTING:
 - The environment in which the drug is taken (e.g., person's home, bathroom in a club, an abandoned building). Setting also refers to the culture within which the drug use takes place and the messages, values, and expectations that shape the meaning of drug use within society, different communities, and subcultures.
 - Example of harm related to setting:
 - A person who uses MDMA (Ecstasy) at a Rave with little ventilation or available water may suffer heat exhaustion.

Sex-Positive

- The terms and concept of *sex-positive* and *sex-negative* are generally attributed to the psychiatrist and psychoanalyst Wilhelm Reich.
 - His hypothesis was that some societies view sexual expression as essentially good and healthy, while other societies take an overall negative view of sexuality and seek to repress and control the sex drive.

Sex-Positive

- In the essay “The Language of Sex Positivity,” Charlie Glickman writes that sex positivity means:
 - “working towards a more positive relationship with sex.”
- Sex can be a positive force both in personal development & society.

Principles of sex-positivity

- It is equally important to focus on the positive aspects of sexuality, like sexual pleasure, and not just disease prevention, prevention of sexual assault and unwanted pregnancy.
- Sexuality is largely socially constructed, and there are few if any essential truths about sex.

Change

- Why do try to make changes in our lives?
- How do we change?

Supporting Change

- “Change Talk”
 - The DOs & DON'Ts (see handout)
- 3 scenarios
 - Break into groups of 4.
 - Discuss each scenario for 5 minutes and we'll debrief each one all together.



Caller 1

- A 25 year old woman calls in because she has been partying a lot lately. She knows she had sex with two guys she met at bars and used condoms with them. She woke up naked one morning at a third guy's place and she's not sure exactly what happened. She tells you that she remembers asking him to stop when he tried to have vaginal sex with her. She's concerned she had sex with him without a condom and concerned that she doesn't know exactly what happened.
- Remembering to the Stages of Change and harm reduction principles, how would you proceed? What would you say? What questions would you ask?

Debrief

- How did the different scenarios feel?
- What worked well?
- What was challenging?
- How does harm reduction apply to your work as a crisis line counselor?

Learning Objectives

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- Define harm reduction.
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Thank you!

- This presentation is based on information from the Harm Reduction Coalition & the Drug Policy Alliance

- For more information, please contact:

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