



# A.C.E

**ADVOCATING FOR CHANGE  
THROUGH EDUCATION**

THROUGH EDUCATION

# HARM REDUCTION

A PROFESSIONAL DEVELOPMENT  
PRESENTATION PROVIDED BY A.C.E.





## **GROUP ACTIVITY**

- Take a look at the cards provided.
- Which cards support Harm Reduction?
- Which cards are not supportive of Harm Reduction?
- Participants will move or place conversation cards into the correct category.

# WHAT IS HARM REDUCTION?

- Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.
- Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.

**At the intersection where compassion meets community, harm reduction takes on a more active role to avoid negative health outcomes and it does so by meeting the community where they are.**



**Harm Reduction  
Saves Lives**

# THE CORE PRINCIPLES

There's no single set of principles around harm reduction, but these are the core tenets embraced by many organizations.



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Any positive change

Meet people where they are

Nothing about us without us

Drug use is here to stay

Peoples' relationships to drugs are numerous and complex

Your mindset and environment are important for keeping you safe



# HISTORY OF HARM REDUCTION

- **1981**- In an alley in San Francisco a syringe stays hidden behind a brick, sharing it among an untold number of people on account of how hard it was to find sterile syringes.
- **1984**- Scientists identified HIV/AIDS primary spread and discovered that IV drug users were the second most affected group.
- **1986**- The first U.S. needle exchange program was started in New Haven. Although Connecticut law classified syringes as drug paraphernalia, it was decided that distributing sterile needles, rather than just recommending their use, would be far more effective.
- **Late 1980s and early 1990s**- legal and illegal Syringe Service Programs (SSPs) were started in major urban areas, primarily on the West Coast and in New York City.
- **1993**- The first Harm Reduction Working Group meeting was held in San Francisco. From this meeting emerged Harm Reduction Coalition.



**Today, CDC estimates that there are nearly 200 SSPs in more than 36 states along with many community-based Harm Reduction efforts underway that are unable to share progress due to laws opposing Harm Reduction efforts**

# MYTHS ABOUT HARM REDUCTION

WHAT MYTHS HAVE YOU  
HEARD?

myths



# MYTHS ABOUT HARM REDUCTION

- Harm reduction normalizes, encourages or “enables” risky behavior.
- **FACT:** Harm reduction accepts that some people engage in risky behaviors. There is no judgement for such behaviors, but this does not mean that risky decisions are encouraged. Harm reduction acknowledges the very real harms associated with risky behaviors and does not try to minimize the impact of them.
- Harm reduction prevents or opposes recovery or complete cessation.
- **FACT:** Harm reduction neither prevents nor opposes abstinence. Harm reduction’s main goal is to keep people alive and as healthy as possible, and direct services often connect people with recovery resources that support abstinence.
- Harm reduction services make neighborhoods less safe.
- **FACT:** Harm reduction services do not increase crime in surrounding areas. In fact, they often improve community safety and cleanliness. For example, syringe access programs decrease improper needle disposal. Similarly, supervised consumption facilities decrease open-air drug use.
- Harm reduction is unnecessary if we remove drugs and dealers from the equation.
- **FACT:** Supply-side attempts to stop illegal drug use have not been successful. People engage in risky behaviors, and they will continue to do so. Harm reduction offers real-world solutions that help keep individuals and society safer by providing options that minimize health harms.



A photograph showing several hands of different skin tones reaching in from the edges of the frame to form a circle. The hands are positioned so that their fingers and thumbs meet in the center, creating a circular frame. The background is a light, neutral color. The text "BENEFITS OF HARM REDUCTION" is centered within this circle.

# **BENEFITS OF HARM REDUCTION**

# BENEFITS OF HARM REDUCTION

- Increased referrals to support programs, health, and social services
- Reduced stigma and increased access to health services
- Reduced sharing of substance use equipment
- Reduced hepatitis, HIV and other infections
- Reduced overdose deaths and other early deaths among people who use substances, including alcohol
- Increased knowledge around safer substance use

# STATISTICS

A study by the National Institutes of Health found that SSPs “show a reduction in risk behaviors as high as 80% in injecting drug users

New users of SSPs are 5X more likely to enter drug treatment and 3X more likely to stop using drugs than those who don’t use the SSPs.

Nearly 30 years of research has shown that comprehensive SSPs are:

Safe, effective, and cost-saving and play an important role in reducing the transmission of viral hepatitis, HIV and other infections

People who inject drugs who work with a nurse at an SSP, or other community-based venue are more likely to access primary care than those who don’t, also increasing access to MAT.

SSPs do not increase illegal drug use or crime. New York City assessed whether proximity to an SSP was associated with experiencing violence in an inner-city neighborhood and found no association.



# WHY HARM REDUCTION WORKS:

Provides a space for people to be open about their drug use and sexual behavior so it's not hidden, perpetuating feelings of isolation

Values people and their expertise so they feel empowered to determine and voice their own hierarchy of need and next steps are clear between provider and participant

It is rooted in evidence-based practices that have shown decreases in health and social harms

Keeps individuals engaged in care if they re-engage risk at any stage



# SAFE USING STRATEGIES

- **Where's Your Head At?**
  - Review and understand your set (your mental state, mood, expectations) and setting (your physical and social environment). Your frame of mind and the environment you are in can play a huge role in whether or not you have a positive and safe experience.
- **Make a Plan**
  - Never Use Alone hotline (1-800-484-3731)
  - responsible transportation, use the buddy system, and keep an eye on each other
- **Pick One Drug and Take It Slow**
- **Test It Before You Ingest It**
- **Recognize and Prevent Drug Emergencies and Overdose**
  - Don't use alone because it leaves you with no help if an emergency arises increasing the risk of fatal overdose,
  - carry naloxone\* which is a critical tool that reverses overdose that should be accessible to everyone.
- **Spread Awareness to Keep People Safe**
  - Empowering as many people as possible with accurate information is one of the most effective ways to promote safer drug use.



**NOW THAT YOU  
KNOW...**

**WHAT CAN YOU DO  
DIFFERENT?**



# RESOURCES

- Never Use Alone hotline (1-800-484-3731)
- Dance Safe - <https://dancesafe.org/>
- [National Harm Reduction Coalition](#)
- [Drug Policy Alliance | Drug Policy Alliance](#)
- Next Distro

**TIME FOR  
QUESTIONS**



# REFERENCES

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5. [Summary of Information on The Safety and Effectiveness of Syringe Services Programs \(SSPs\) | CDC- STATS](#)
6. [Needle Exchange Programs Promote Public Safety | American Civil Liberties Union \(aclu.org\)](#)- STATS
7. [Six Essential Tips for Safer Drug Use | Drug Policy Alliance](#)- safe use