



Harm Reduction— Preparing People for Change

What is harm reduction?

People who practice harm reduction approach intervening in substance use and other risky behaviors as a negotiation between the participant and counselor: the participant identifies his or her desired goals and together they strategize about ways to achieve those goals. The primary focus is on reducing the harm of the substance use or other behavior, incorporating practical techniques and strategies that range from safer substance use to reduced substance use or even abstinence. Harm reduction can be used with individuals who engage in any kind of behaviors that cause harm or the risk of harm, including over eating, cigarette smoking, binge drinking, or sex work. The participant determines how desirable the behavior is and to what extent he or she wants to change it: the counselor neither condones nor condemns any behavior.

The same respect, trust, and nonjudgmental stance that are essential to any effective therapeutic relationship are the foundation of the philosophy of harm reduction. That people want to make positive changes is a core assumption of the approach, along with the recognition that change is difficult and failure is discouraging. The clinician uses motivational strategies to help participants move along the change continuum, celebrates even the smallest steps, and regularly reviews and recalibrates the strategies in order to meet the individual's needs and desires.

Harm reduction is not new

Harm reduction is reflected in a number of practices that enhance our lives and make them safer. Seat belts are one widely applied harm reduction technique, as is wearing helmets for those who ride bikes, motorcycles, and skateboards. Teaching teens about safe sex and making condoms and other forms of birth control available greatly reduce the harms of sexual activity. Clean needle exchanges and having a designated driver decrease the potential harms of substance use for the user.

Harm reduction principles

- Individuals have a voice
- The focus is on reducing harm, not consumption
- There are no pre-defined outcomes
- The individual's decision to engage in risky behaviors is accepted
- The individual is expected to take responsibility for his or her own behavior
- The individual is treated with dignity

What are the misperceptions about harm reduction?

Some people believe that harm reduction is opposed to abstinence from substance use and therefore conflicts with traditional substance use treatment. In reality, harm reduction endorses abstinence as one possible goal among many possibilities.

There are also those who believe that harm reduction practitioners encourage drug use and other potentially harmful behaviors. In fact, harm reduction is neither for nor against these behaviors. It simply recognizes their existence and focuses on helping to reduce the harm that they can cause to individuals, families, and communities.

Harm Reduction in action

Dieting

Harm Reduction can be easily applied to diet and weight loss. Standard diets—those that require drastic changes in food content and quantity coupled with exercise—have limited success in supporting sustained weight loss. Because many people start and stop such diets, they repeat cycles of weight loss and gain that can have long-term negative health consequences. A harm reduction approach to weight management includes increased awareness of an array of change options and recognition that incremental change via moderate, individualized shifts in eating or exercise habits can be beneficial. While one individual may choose to reduce the frequency of eating a high calorie item, another may choose to reduce the quantity of that item, and a third person may find it more manageable to balance his or her current diet with additional exercise. The advent of 100-calorie snack packs, reduced-sugar children's cereals, and raised awareness of the harms of trans fats also fall into the harm reduction category.

Smoking

Most people are well aware that smoking poses serious potential health consequences. Despite public education campaigns calling attention to the dangers of smoking, many people continue to smoke. As a result, a harm reduction focus underlies most of the public health strategies aimed at reducing the negative consequences of tobacco use. Examples include low-tar and low-nicotine cigarettes, reducing the incidence of second hand smoke via designated smoking zones, nicotine replacement via patches, gums, lozenges, and inhalers, smokeless tobacco products (snuff, chewing tobacco, snus), and, most recently, electronic cigarettes which deliver a vapor rather than smoke.

Heroin use

Heroin use is clearly associated with increased incidence of disease (generally related to injection practices), physical dependence, and potential for overdose. Despite evidence that most heroin users are well aware of these consequences, many find radical abstinence a hard pill to swallow. To counter injection-related consequences, switching from injecting to snorting heroin, needle exchange programs, and safer injection practices are standard harm reduction approaches. Harms related to heroin dependence are effectively addressed via drug substitution options including methadone or buprenorphine when abstinence is off the table. Overdose prevention takes shape in coaching heroin users to never get high alone and to “taste” or test the purity of their heroin, as well as equipping users with naloxone to reverse overdoses that do occur.