A Harm Reduction Approach to Our Work

The harm reduction approach originally developed some practical strategies to help reduce the negative consequences of drug use. However, it is an approach that can be used to help people take greater care of their health by meeting them where they’re at.

“Harm reduction is a set of practical strategies that reduce negative consequences of drug use, incorporating a spectrum of strategies from safer use, to managed use to abstinence. Harm reduction strategies meet drug users "where they're at," addressing conditions of use along with the use itself.

Because harm reduction demands that interventions and policies designed to serve drug users reflect specific individual and community needs, there is no universal definition of or formula for implementing harm reduction. “ – Harm Reduction Coalition

Some Principles of Harm Reduction:

- Accepts, for better and for worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them.
- Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe abuse to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others.
- Ensures that drug users and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them.
- Affirms drugs users themselves as the primary agents of reducing the harms of their drug use, and seeks to empower users to share information and support each other in strategies which meet their actual conditions of use.
- Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm.
- Does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use.
**Why the Need for Harm Reduction?**

There is a shocking lack of the basic services that help reduce drug-related harm. Most areas in the United States still have neither needle exchange programs, nor over-the-counter sale of syringes, as HIV prevention measures. Drug treatment is not available at all in some states, and there are no methadone maintenance treatment programs in nearly one-fifth of them. Where treatment is available, it is not funded to meet the level of demand.

The lack of universal health care and the movement toward privatization and managed care threaten to reduce or eliminate some the few therapeutic services that currently exist for illicit drug users, particularly drug treatment.

While personal difficulty in maintaining housing, family, employment and health may be worsened by chronic drug-abuse; the problems are equally worsened by policies that create obstacles to housing, family, employment and health care for drug users.

As Community Follow-Up Workers, it is important for us to be aware of what issues we are not comfortable with. The worst place to realize issues or behaviors that we are uncomfortable to talk about, is when the client has just disclosed information that has made them vulnerable to our reaction.

The more we as individuals can process our biases, feelings, reactions as we become aware of them, the better we will be able to help our clients get the needed services, as well as be effective advocates for them.

**Guidelines for Self Disclosure**

We disclose information about ourselves every day, often without thinking about it. When it comes to answering questions about sexuality – especially when working with young people - there is a bit more of a slippery slope to consider.

While some people believe that disclosing personal information will help to build a sense of trust with young people, others are able to make very strong connections with teens without doing so – or by maintaining very clear boundaries about what topics are and are not off limits.
Every professional must make the decision of whether to disclose personal information – and how much to disclose – for her or himself. The following are some issues you may want to consider when making these important decisions:

**When you might choose to disclose:**
- Only with an established individual or group with lots of trust
- Only when it enhances learning and the example makes a good point

**When NOT to disclose:**
- For ego-enhancement, to get a laugh, or to make others like you
- When it is about your personal sex life
- When it is something that you would not want someone else sharing about themselves
- When it could jeopardize the future education or safety of group members.

Keep in mind that once a piece of information has been disclosed ....
- You can't take it back
- You have no control over what that person, will do with the information. Every professional takes a risk when disclosing personal information.
- It often carries more weight than general information. The nature of a professional/client relationship has an inherent power differential. Therefore, if your client asks you what type of condoms or other birth control you and your partner use, and you share that information, the person is not making her or his own decision. Your brand/type will carry more weight for them just because they know and trust you. However, what is right for you is not necessarily right for your clients or for anyone else.

Assume that ALL groups have at least:
- One person who has been raped or sexually abused.
- One person who is questioning his or her sexual orientation.
- One person who engages in sexual behavior that he or she considers risky, or controversial
- One person who has strong values that may be in direct opposition to your own.
With Whom Would You Disclose?

<table>
<thead>
<tr>
<th>Information</th>
<th>Co-Worker</th>
<th>Supervisee</th>
<th>Supervisor</th>
<th>Workshop Participants (Adult)</th>
<th>Workshop Participants (Teens)</th>
<th>Would Not Disclose</th>
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</thead>
<tbody>
<tr>
<td>Your Marital/Relationship Status</td>
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<td>What you did over the weekend</td>
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<td>Information about your child/ren</td>
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<td>Your sexual orientation</td>
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<td>The method of birth control you currently or have ever used</td>
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<td>The fact that you strongly disagree with one of your agency’s policies</td>
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<td>Political viewpoints</td>
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<td>Religious values</td>
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<td>Information about your culture/ethnic background</td>
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<td>The age at which you became sexually active</td>
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<td>That you ever had/ been in therapy</td>
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