**FOUNDATIONS OF HARM REDUCTION**

**HARM REDUCTION IS:**
- Incorporating a spectrum of strategies including safer techniques, managed use, and abstinence
- A framework for understanding structural inequalities (poverty, racism, homophobia, etc.)
- Meeting people "where they're at" but not leaving them there

**WE USE PEOPLE FIRST LANGUAGE:**
- A person is a person first, and a behavior is something that can change - terms like "drug addict" or "user" imply someone is "something" instead of describing a behavior
- Stigma is a barrier to care and we want people to feel comfortable when accessing our services
- People are more than their drug use and harm reduction focuses on the whole person

<table>
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<tr>
<th>HEALTH &amp; DIGNITY</th>
<th>PARTICIPANT CENTERED SERVICES</th>
<th>PARTICIPANT INVOLVEMENT</th>
<th>PRAGMATISM &amp; REALISM</th>
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<td>Establishes quality of individual and community life and well-being as the criteria for successful interventions and policies</td>
<td>Calls for non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm</td>
<td>Ensures participants and communities impacted have a real voice in the creation of programs and policies designed to serve them</td>
<td>Does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use or other risk behaviors</td>
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**PARTICIPANT AUTONOMY**
Affirms participants as the primary agents of change, and seeks to empower participants to share information and support each other in strategies which meet their actual conditions of harm

**SOCIOCULTURAL FACTORS**
Recognizes that the realities of various social inequalities affect both people's vulnerability to and capacity for effectively dealing with potential harm

**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 participants
- It is rooted in evidence-based practices that have shown decreases in health and social harms
- Keeps individuals engaged in care if they relapse and at any stage in their drug use
(H)arm(R)eduction:
A philosophical and political movement focused on shifting power and resources to people most vulnerable to structural violence

(h)arm (r)eduction:
The approach and fundamental beliefs in how to provide the services

Risk reduction:
Tools and services to reduce potential harm

CASE STUDY: JESSICA
Jessica has been using heroin on and off for the past 10 years. Jessica stopped using for a few months while she was with her ex, but they recently broke up. She is feeling depressed and anxious and is looking to use again. She buys a bag and heads to the syringe exchange for some new points and heads to her encampment in a rush.

For more resources, visit harmreduction.org