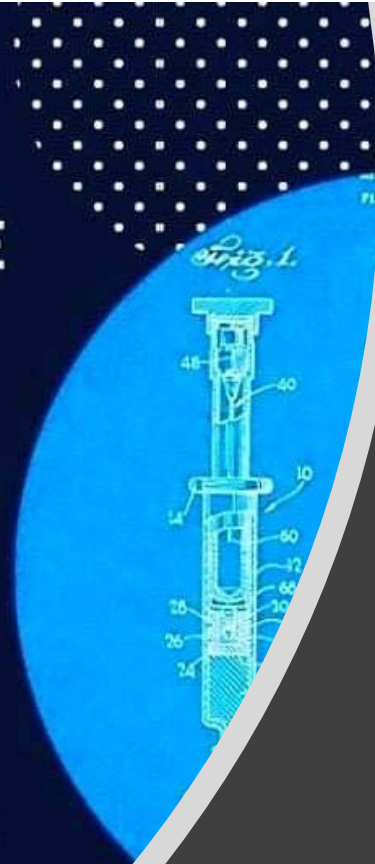


**THERE IS NO WAR ON  
DRUGS, BECAUSE YOU  
CANT WAR ON INANIMATE  
OBJECTS.**

**THERES ONLY A WAR ON  
DRUG ADDICTS, WHICH  
MEANS WE ARE  
WARRING ON THE MOST  
ABUSED AND  
VULNERABLE SEGMENTS  
OF SOCIETY.**

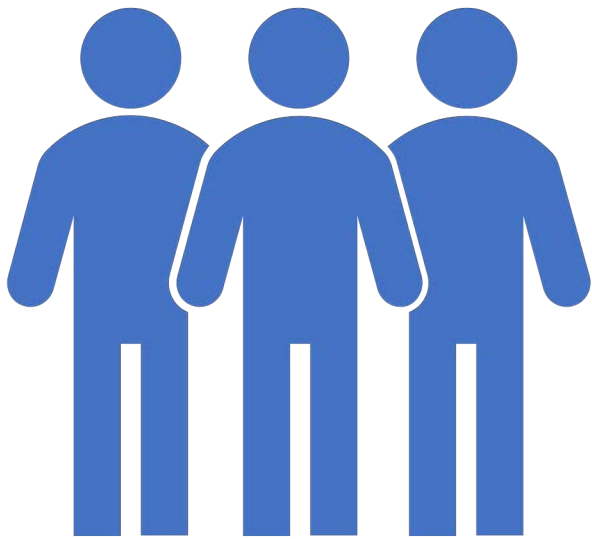
**-Doctor Gabor Mate'**



# Harm Reduction and Stigma

Jennifer Gratzke, MPH, DIIS II

Southern Nevada Health District



## HIV Harm Reduction Navigator Training

- Parts of this training were commissioned by NYC DOH **National** Capacity Building Program for Health Departments and CBOs who have outreach staff and peers providing prevention services for people who use drugs.
- Materials are drawn from HRC's long experience and other Harm Reduction program peer training programs.

# Objectives

## Define

Define harm reduction and understand the key principles of harm reduction.

## Recall

Recall the meaning of stigma and discrimination

## Recognize

Recognize some ways in which PWI/UD experience stigma.

## Understand

Understand strategies for challenging stigma

The background of the slide features several thin, curved lines in shades of gray, some solid and some dashed, creating a sense of motion or a stylized globe. On the left side, there is a blue rectangular box with a white border and a small triangular pointer at the bottom, containing the word "Glossary" in white text.

# Glossary

PWID: People Who Inject Drugs

PWUD: People Who Use Drugs

PLWHA: People Living with HIV/AIDS

SUD: Substance Use Disorder

ODU: Opioid Use Disorder

SEP: Syringe Exchange Program

SAP: Syringe Access Program

HHRN: HIV Harm Reduction Navigator

HRC: National Harm Reduction Coalition

STI: Sexually Transmitted Infection



# Harm Reduction

Policies, programs and practices that aim to reduce the harms associated with the use of alcohol or other drugs.

Prevention of harm with attention on individuals in active substance use (e.g., a sterile needle exchange program can reduce rates of transmission of hepatitis C, HIV, or other infectious disease for individuals who inject illicit or licit substances).

-Recovery Research Institute

A set of practical strategies that reduce the negative results related to drug use and other risk behaviors (ex: sexual risk).



Incorporates a spectrum of strategies including *safer use, managed use, abstinence.*



Strategies that meet people "*where they're at*" (but doesn't leave them there).



Applies a holistic approach.

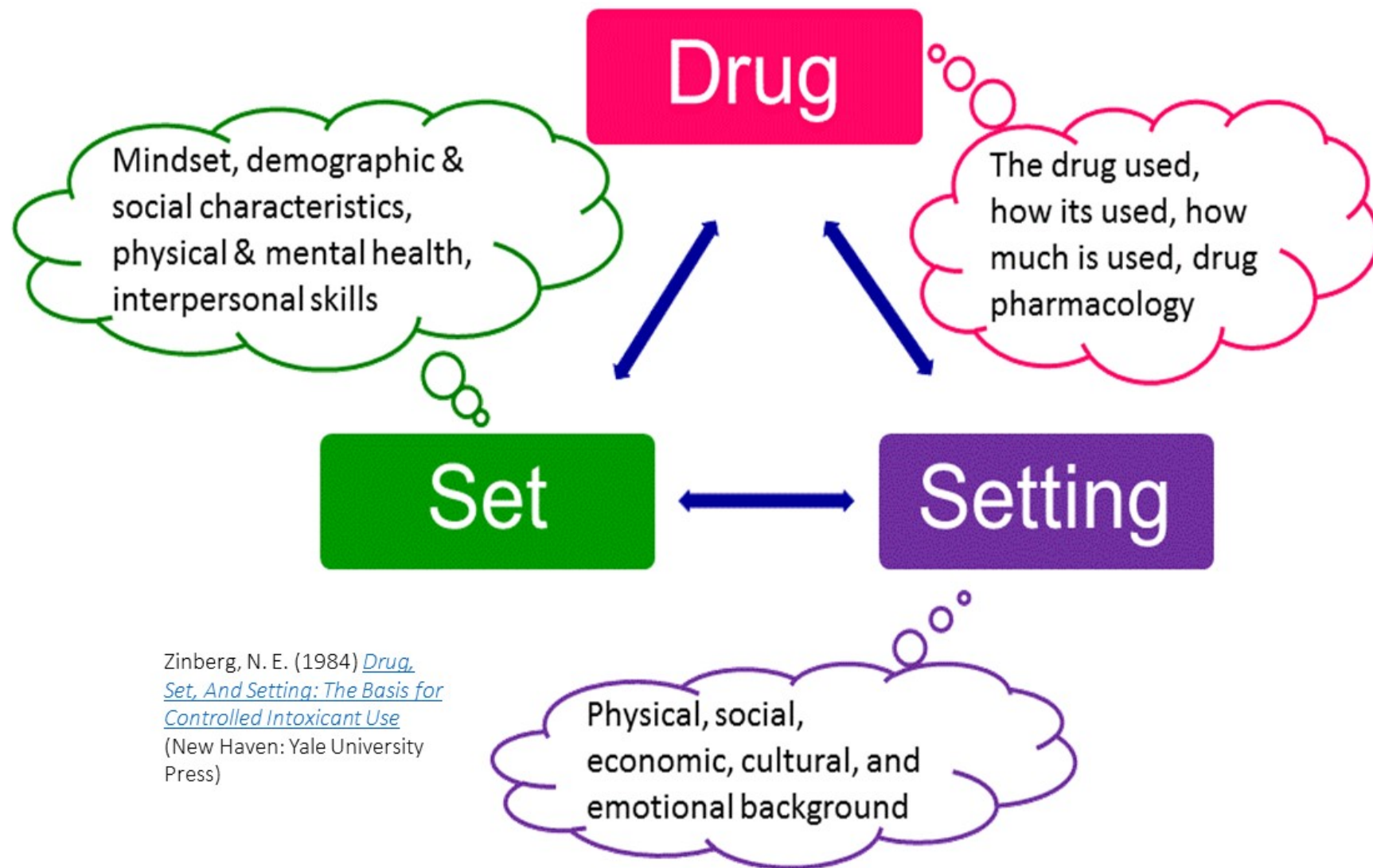


Employs various strategies to reduce individual physical and social harms associated with risk-taking behaviors.



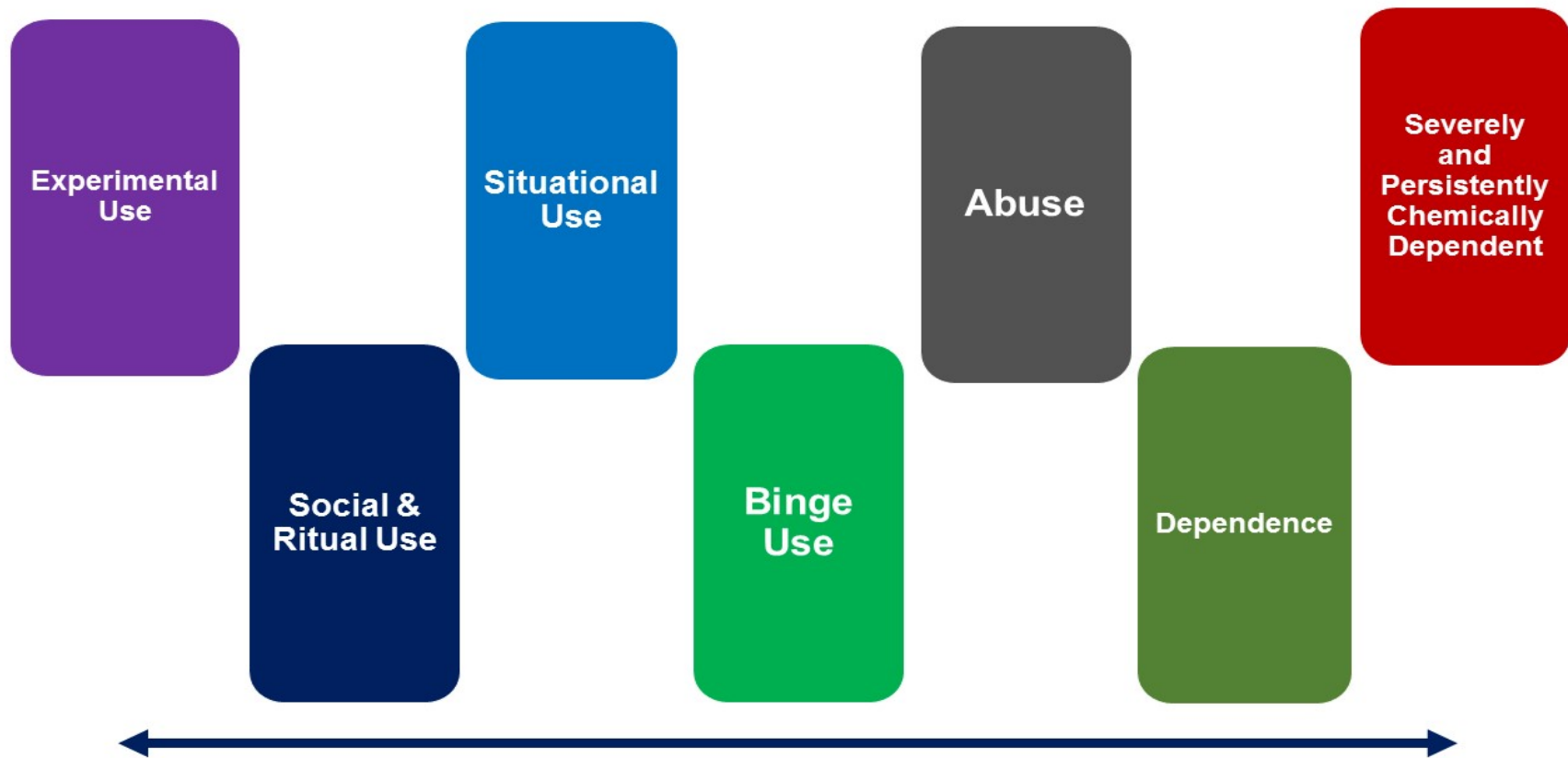
The degree of harm may vary based upon numerous factors, including drug, set, and setting.

# Harm Reduction



Zinberg, N. E. (1984) [\*Drug, Set, And Setting: The Basis for Controlled Intoxicant Use\*](#)  
(New Haven: Yale University Press)

# Continuum of Substance Use







## Harm Reduction Does Not:

- mean “anything goes”
- enable drug use or high risk behaviors
- condone, endorse, or encourage drug use
- exclude or dismiss abstinence-based treatment models as viable options



INCLUSION  
RS **LOVE** RESPECTFUL SELF CARE JUSTICE  
EDUCATION DIGNIT  
ON-JUDGEMENTAL EVIDENCE-BASED  
VING OPENNESS WELCOMING KIN  
**HARM REDUCTION**  
E FEELING HEARD EMPOWERMI  
D RESPECTING EXPERTISE  
ON COMMUNITY PRAGMATIS

# Harm Reduction Principles

---



## **(1) Focus on Health and Dignity**

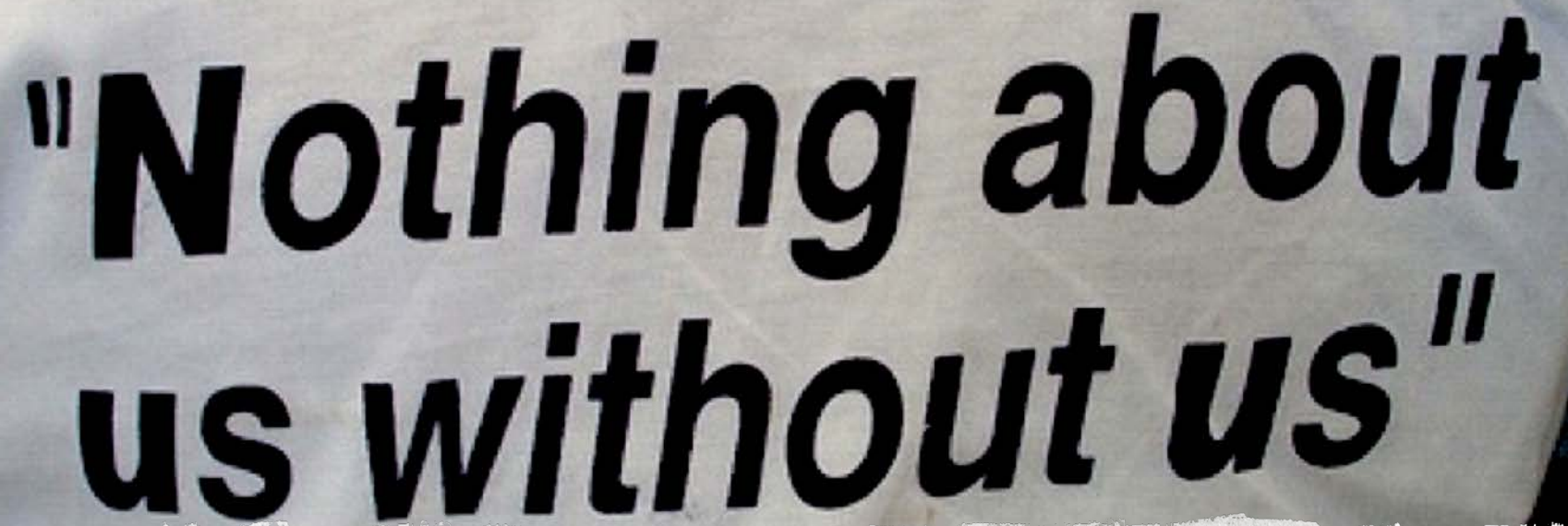
Establishes **quality of individual and community life and well-being** as the criteria for successful interventions and policies.

## **(2) Participant-Centered Services**

---

**Non-judgmental and non-coercive** provision of services and resources.





***"Nothing about  
us without us"***

**(3) Participant Involvement**

Ensures people have a  
**real voice in the creation  
of programs and policies**  
designed to serve them.



## **(4) Participant Autonomy**

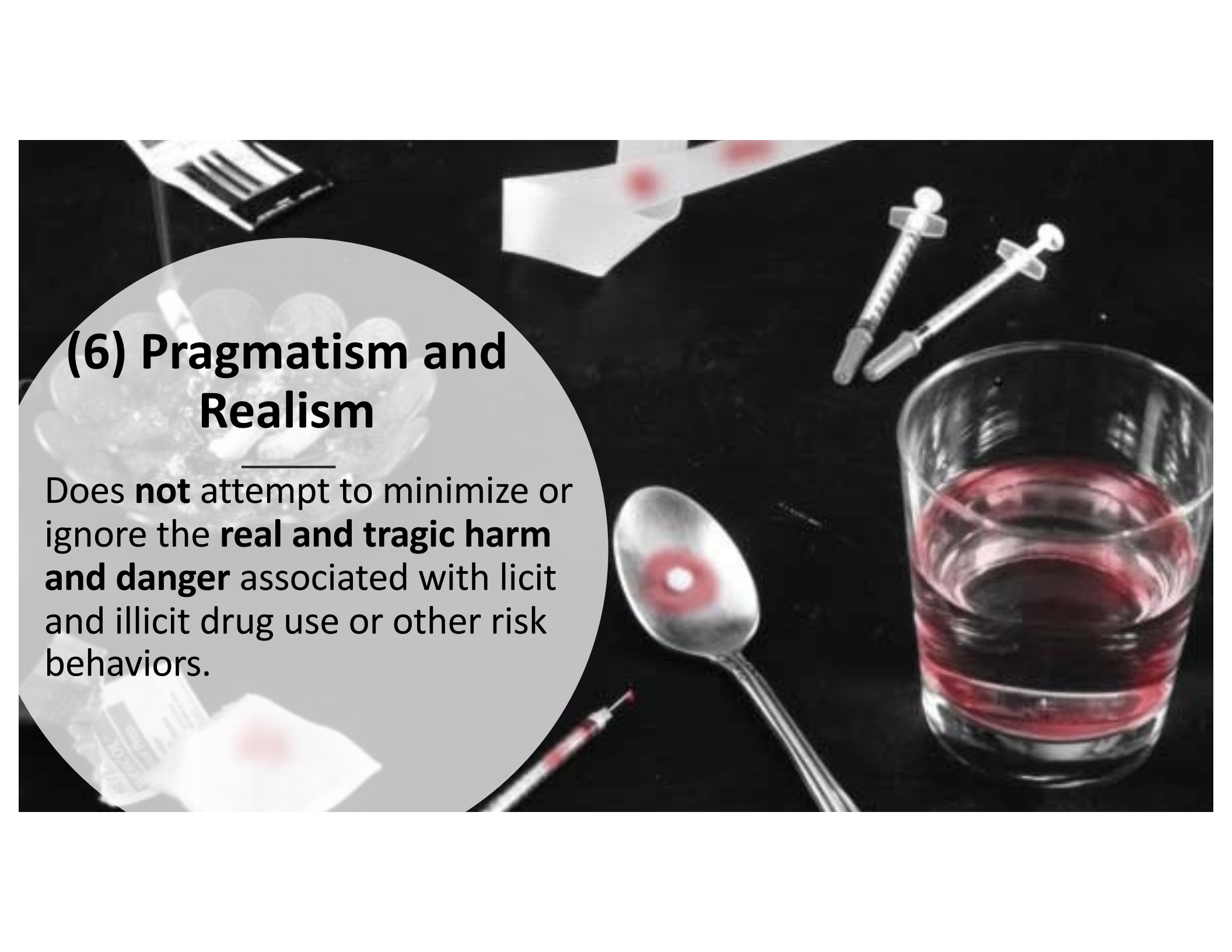
Affirms people who use drugs  
themselves as their own  
**primary agents of change .**



## (5) Sociocultural Factors

Recognizes the various **social inequalities** which affect both **people's vulnerability to** and **capacity for** effectively **dealing with** **potential harm**.

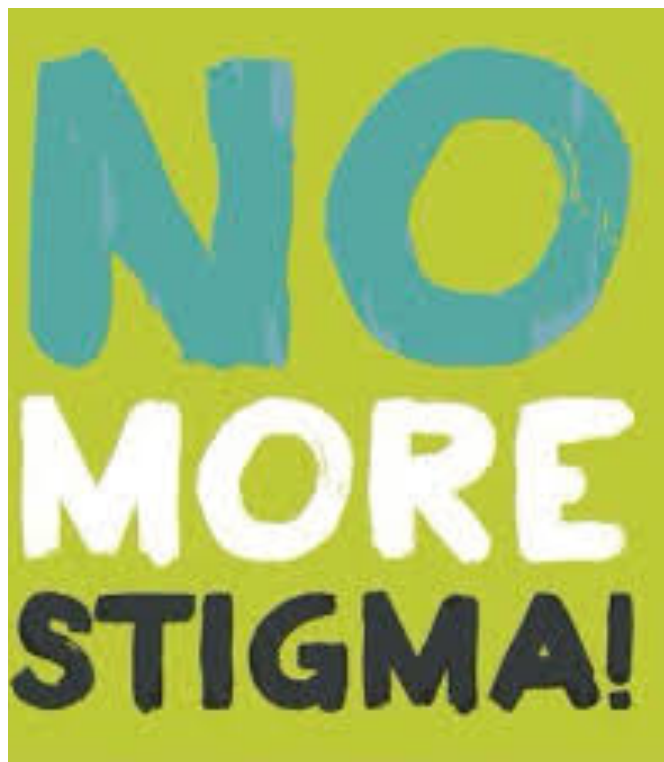




## (6) Pragmatism and Realism

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.





Drug Related Stigma



# Stigma

A **social process** which can reinforce relations of **power** and **control**.

Leads to **status loss** and **discrimination** for the stigmatized.

*Link and Phelan  
Conceptualizing Stigma, 2001*

# Understanding the Impact of Stigma

<https://www.samhsa.gov/capt/sites/default/files/resources/sud-stigma-tool.pdf>

Two main factors affect the burden of stigma placed on a particular disease or disorder:

- Perceived control or perceived fault
- People believe mental health conditions, including substance use disorders, are both within a person's control and partially their fault.

Substance use disorder is among the most stigmatized conditions in the US and around the world

Health care providers treat patients who have substance use disorders differently

People with a substance use disorder who expect or experience stigma have poorer outcomes

Accepts that  
stigma is a part of  
the world.

There are ways to  
manage &  
challenge stigma.

Stigma changes  
over time.

Stigma intersects  
with other forms  
of marginalization  
& oppression.

When challenging  
stigma, meet *all*  
people where  
they're at.

Acknowledges  
change is hard and  
values incremental  
change.

## Stigma and Harm Reduction

# **Stigma and Medications for Addiction Treatment**

**Belief that they're using the medication "to get high"**

- Stable doses do not produce euphoria.

**It's simply "substituting one drug for another"**

- Medications are fundamentally different from short-acting opioids misused by persons with an OUD
- Research confirms "improved" opioid systems, including, e.g., the hypothalamic-pituitary-adrenal axis, which affects stress response, immunity, and other systems

**"You just want to keep them on treatment for life" or "You're enabling them by keeping them on medication" or "it's a crutch."**

- Research consistently shows better outcomes with adequate treatment length.
- The use of medications in the management of chronic disease is not new



Stigma is the belief.

Discrimination is the  
action.

## Forms of Stigma

Stigma from Individuals

Institutional Stigma

Self-Stigma (Internalized)

Stigma through Association

# Drug-Related Stigma

---

**Blame and Moral Judgment**

**Criminalize**

**Pathologize and Patronize**

**Fear and Isolation**



# Cycle of Drug-Related Stigma



(Adapted from Julian Buchanan, Social Inclusion Unit, Glyndwr University, Wrexham)

# Language and Labels





Challenging Stigma

# Words Matter

If we want addiction destigmatized,  
We need a language that's unified.

Recovery Research Institute

**A person who uses drugs, substances, alcohol or injects drugs**

**Not.....**Abuser, Addict, User, Alcoholic, Junkie, Dope fiend

**Resumed or recurrence of substance use**

**Not.....**Slip, Lapse, Relapse

**A person who is in remission/recovery or negative/positive UA**

**Not.....**Clean, Dirty

**Withdrawal**

**Not.....**Dope Sick

**Medications for addiction treatment**

**Not.....**Medication Assisted Treatment, Opioid replacement Therapy, Opioid Maintenance Therapy

**Non-medical use of psychoactive substance or substance**

**Not.....**Prescription Drug Misuse, Substance Misuse

**Substance Use** (DSM-IV defines 1 or more maladaptive patterns of SU w/in 12-month period)

**Not.....**Substance Abuse

# What Can You Do To Reduce Stigma?

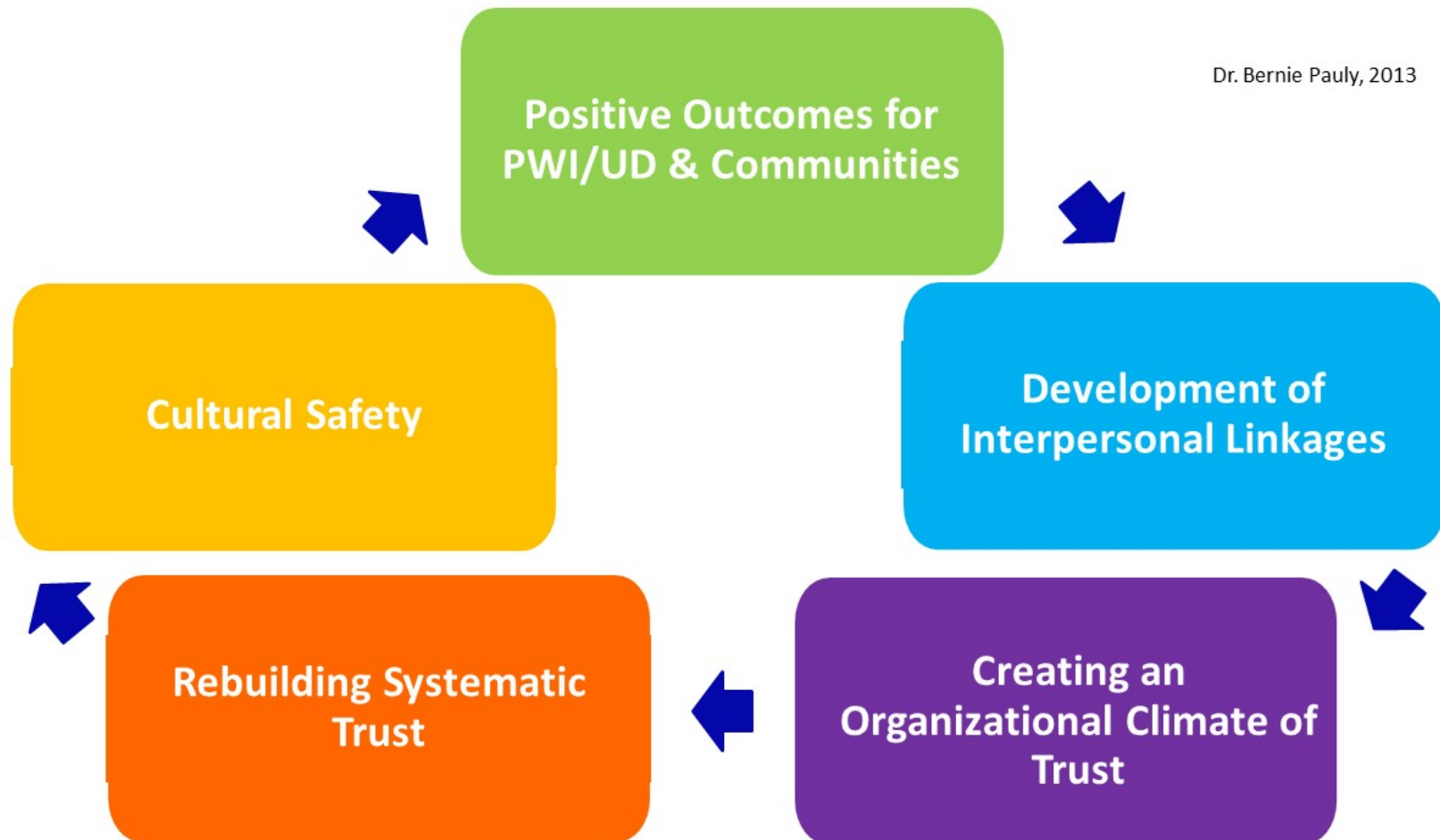


1. Are you using “person first” language?
2. Are you mixing up substance use and substance use disorder?
3. Are you using technical language with a single, clear meaning instead of common terms or words inconsistent with definitions?
4. Are you using sensational or fear-based language?
5. Are you unintentionally perpetuating drug-related moral panic?

<https://www.samhsa.gov/capt/sites/default/files/resources/sud-stigma-tool.pdf>

# Virtuous Cycle: Climate of Trust

Dr. Bernie Pauly, 2013



# Strategies

---

## Individual Level

- Language
- Relationships, honesty & authenticity
- Disclosure and dialogue
- Education and personal development

## Organizational Level

- Training and education
- Outlets for feedback
- Assessment of practices
- Hiring drug users

## Community Level

- Participant Advisory Boards
- Awareness campaigns
- Policy and advocacy
- Events

# Resources for Reducing Stigma



**Words Matter: How Language Choice Can Reduce Stigma, SAMSHA 2017**

<https://www.samhsa.gov/capt/sites/default/files/resources/sud-stigma-tool.pdf>

**How Changing The Language Of Addiction Affects Policy And Treatment.**

<https://www.wbur.org/hereandnow/2017/08/02/language-of-addiction>

**Why We Should Say Someone Is A 'Person With An Addiction,' Not An Addict.**

[https://www.npr.org/sections/health-shots/2017/06/11/531931490/change-from-addict-to-person-with-an-addiction-is-long-overdue?utm\\_source=facebook.com&utm\\_medium=social&utm\\_campaign=npr&utm\\_term=nprnews&utm\\_content=20170611](https://www.npr.org/sections/health-shots/2017/06/11/531931490/change-from-addict-to-person-with-an-addiction-is-long-overdue?utm_source=facebook.com&utm_medium=social&utm_campaign=npr&utm_term=nprnews&utm_content=20170611)

**The Words We Use Matter. Reducing Stigma through Language.**

[https://www.naabt.org/documents/NAABT\\_Language.pdf](https://www.naabt.org/documents/NAABT_Language.pdf)

**Addictionary™**

<https://www.recoveryanswers.org/addiction-ary/#dope-sick>





QUESTIONS??