

Harm Reduction Conversation Guide Instructions



This document provides recommendations on how to provide person-centered Harm Reduction skill-building.

Harm Reduction skill-building will not always follow these exact steps, and you may not get to address each section during a skill-building session. This is okay. These conversations take time, and the individual might not be ready to talk about their substance use.

As you become more comfortable with Harm Reduction skill-building, you will begin to develop your own style. Our focus is the individual's safety, so it's important that you be sincere in the help you are offering. Be yourself!

Brief, Structured Opener

- Give your name, title, pronouns and explanation of why you are talking to them.
 - Giving a proper introduction can help start the session on a positive note. By explaining who you are and what the focus of your visit is, the individual can understand you are there to assist with their medical needs and not there to diagnose or provide any medical procedures.
 - It's a good habit to always use open-ended questions, which require more than a yes or no answer. These sentences typically begin with "who," "what," "when," and "where," but avoid using "why," as it can be associated with judgment. For more resources on Motivational Interviewing, visit https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-02-02-014.pdf.
 - The words we use are powerful and can cause harm or provide healing. Person-centered language helps ensure you are prioritizing them as an individual above them being a patient and their medical condition. Healthy language can also destigmatize substance use and treatment, as well as having a positive impact on their substance use goals and overall safety. **See the table on pages 10-11 for person-centered language examples.**
 - Not everyone agrees that the wording in the *Instead of Saying* column is automatically stigmatizing and the wording in the *Say* column is automatically inclusive. Many people who use substances continue to use these phrases to describe themselves or others. These are recommendations not intended to correct a patient's language, but for staff to model correct language and to avoid using stigmatizing language.

- By giving individuals your preferred pronouns first, you convey that you are open to their self-identity and that you will respect their preferred pronouns and personal needs. Discussing pronouns can be a new concept to some individuals. By being open to this discussion, we seek to create a culture of normalizing the inclusion of individuals' preferred pronouns. Some other ways to introduce pronouns are by saying, "My pronouns are they/them," "Please use he/him pronouns for me," or by simply stating your pronouns after giving your name: "I'm John Doe, she/her." Visit <https://pronouns.org/what-and-why> for more information on personal pronouns.

Reflective Listening and Providing Education

- Listen without interrupting and reflect your understanding of the individual's concerns and/or needs.
 - Reflective listening helps start the conversation while also acknowledging the individual's concerns and/or needs. It's important to not interrupt the individual and to listen in a curious, non-judgmental fashion, seeking to understand the individual's perspective.
- Some studies showed that clinicians interrupt an individual after 11 seconds of them trying to state their medical concerns, and that on average it takes an individual only one to three minutes to fully state their medical concerns when not interrupted by a clinician.
- By practicing reflective listening, you are letting the individual know that their needs are valid, that you are placing them above their medical needs, and that you are emphasizing their value. This also lets the individual know you are listening to them about their personal needs and circumstances regarding their safety and substance use.

- Briefly clarify any misconceptions the individual has regarding substance use.
 - Providing medically accurate information is crucial to the counseling session and can help enable the individual to make safe and important life changes. Convey information in a positive manner that supports the individual and their life choices regarding their substance use.

Listening for Change Talk and Affirmation(s)

- Help individuals identify and prioritize specific goals regarding substance use. **It's important to remember not all substance use is problematic and/or a disorder. The end goal for individuals does not have to be abstinence from substance use.**
 - During this time, you want to help individuals identify their priority goals that are safe, realistic and attainable regarding their substance use (e.g., carry naloxone, avoid mixing substance X with substance Y, drinking fewer days of the week, using fentanyl test strips, tester shots, never using alone, etc.).
 - We can also assist by providing questions to help lead the individual through the full planning of their safer goal behaviors. Possible questions are who will support them in reaching their goals or how they think an individual would react by the changed behavior. Discussing when the best time to bring up the topic of behavior change is also important as this can help increase the chance of a positive response when discussing behavior change. These types of questions can help ensure their goals are safe and attainable.

- Reflect on what the individual has said. Give positive reinforcement for the individual's strengths and identified goals.
 - We want to support individuals and provide positive reinforcement for the steps they have taken or are about to take to improve their health. These conversations may take time because it is not easy for people to talk about substance use.
 - Positive reinforcements can also be given when individuals have done something that wasn't medically accurate (and you are correcting their information as outlined above), but you want to let them know their efforts are seen.
 - For example, if you are educating an individual on the safest and most effective way of responding to an overdose, you still want to make sure to acknowledge their attempts and intentions to help prevent overdose deaths.

Addressing Barrier(s)

- **Help the individual identify attainable and realistic goals.**
 - We never want to dissuade an individual from any goals they have, but we may need to help them break down their safe goal behaviors into smaller steps that are safer and easier to reach (e.g., only drinking three days of the week vs. total abstinence). By doing this, we help build up the individual's belief in their own ability to reach the goals they set for themselves.
 - We can also prepare them in case things do not go as planned when starting to take their action steps. For example, if they want to stop sharing syringes with certain individuals, we want to prepare them in case they received a negative response to their safer goal behavior of not sharing.

Closing

- Use a summary/reflection to ensure we understood what the individual discussed.
 - We can help the individual by giving them small prompts about their goals. This gives you one last time to clarify any misconceptions you may have regarding the individual and their substance use goals.
 - We also want to make it clear that this is the end of the interaction with the individual, but if they need further assistance, you can give them your contact information for follow-up.

Referrals

- Confirm the individual's willingness to receive referral(s).
- Provide person-centered resource(s).
 - It may be appropriate to provide resources that help explain the corrected information in the Reflective Listening stage.
 - Check back in with the individual to make sure they still want additional referrals. During some of the previous steps, their goals and referral needs may have changed.
 - Some possible referrals are:
 - Harm reduction services: <https://www.nmhealth.org/about/phd/idb/hrp/>. The New Mexico Department of Health Harm Reduction Program works to reduce substance-related harm while enhancing individual, family and community wellness. This is accomplished using appropriate language and culturally competent services to individuals who inject substances, commercial sex workers, men who have sex with men, individuals experiencing homelessness, individuals who have been incarcerated, individuals using crack-cocaine, methamphetamine, or other substances. The program offers:

- Harm reduction services
- Syringe services (including syringe exchange) and related harm reduction services
- Overdose prevention training
- Naloxone distribution
- Home delivery syringe services and overdose prevention training (in some areas)
- Buprenorphine opiate substitution therapy referrals (in some areas)
- A Dose of Reality: <https://www.doseofreality.com/>.
- 988 New Mexico: The 24/7 Lifeline for Emotional, Mental, or Substance Misuse Support. Call or text 988 for assistance or visit <https://988nm.org/>
- Keep NM Alive: <https://www.bernco.gov/keepnmalive/>

Harm Reduction Conversation Guide for Providers



Harm Reduction is a public health approach that engages with people who use substances (lawful and unlawful) and equips them with life-saving tools and information to lower the transmission of infectious diseases and prevent overdoses through provision of care that is stigma-free and centered on the needs of people who use substances.

Brief, Structured Opener

- Give your name, title, pronouns and explanation of why you are talking to the individual.
 - “My name is _____. I use (she/her; he/him; they/them) and I’m a _____ (doctor/social worker/CHW). If you’re comfortable, can we talk about your relationship with _____ (opiates, alcohol, meth, etc.)?”
 - “Can we take a few minutes to discuss why you are here today?”

Reflective Listening and Providing Education

- Listen without interrupting and reflect your understanding of the individual’s concerns and/or needs.

- *“It sounds like you were under a lot of stress when you were using.”*
- *“You mentioned that you often use.”*
- Briefly clarify any misconceptions the individual has regarding substance use.
 - *“Narcan/Naloxone is only effective on opiates/opioids.”*
 - *“Using alone increases the risk of overdose death.”*

Listening for Change Talk and Affirmation(s)

- Although harm reduction counseling does not require an individual’s commitment to change, we still want to help the individual identify and prioritize specific goals regarding substance use. Harm-reduction counseling does not require an individual’s commitment to change.
 - *“You mentioned you’d like to use fewer pills or drink less. What is interfering more with your quality of life at this moment?”*
 - *“You said, ‘Being safer when using.’ What does that mean to you?”*
- Reflect on what the individual has said. Give positive reinforcement for the individual’s strengths and identified goals.
 - *“It’s good you feel _____ (your spouse, friend, boss, etc.) will support you.”*
 - *“I appreciate your willingness to discuss this with me.”*

Addressing Barrier(s)

- Help the individual identify attainable and realistic goal(s).
 - *“How will you get to the harm-reduction program?”*
 - *“How do you think _____ (your spouse, friend, etc.) will feel about you practicing harm reduction by _____ (not sharing syringes, drinking less, using fewer pills, etc.)?”*

Closing

- Use a summary/reflection to ensure you understood what the individual discussed.
 - “We’ve been talking about your relationship with _____ (opiates, alcohol, meth, etc.) and you wanting to focus on _____ (using sterile syringes, drinking less, etc).”
 - “Today we have discussed _____ (using sterile syringes, drinking less, etc.). Does that sound correct to you?”

Referrals

- Confirm the individual’s willingness to receive referral(s) and provide person-centered resource(s).
 - “You are entitled to expand your options of support. Which of these referrals would you like me to call to set you up with an appointment?”
 - “Would you like my phone number so you can call me if you have any questions?”

Patient-Centered Language

Instead of Saying	Say
Alcoholic	Person with alcohol use disorder
Drunk	Person who misuses alcohol
Binge drinker/Bender	Person who consumes lots of alcohol in a short time
Druggie/Junkie/Tweaker/ Pothead	Person who uses substances (not all substance use is problematic or a disorder)
Addiction Addicted to Drug problem	Person who has a substance-use disorder
Dirty	Person who tests positive for substance use

Instead of Saying	Say
Clean	Person who is substance use-free (in recovery)
IV drug user	Person who injects drugs
Addicted baby (meth/cocaine baby)	Baby born to person who used a substance while pregnant/Baby who has been exposed to substances while in the womb
Ex-addict	Person in recovery or long-term recovery
Sober	Person who is not using substances, in recovery
Relapse prevention	Recovery management
Detox	Withdrawal management
Non-compliant	Non-adherent
Relapse	Return to use
Cold turkey	Abruptly stopping the intake of a substance
Medication-assisted treatment (MAT)	Medication for substance-use disorder
Opioid substitution replacement therapy	Opioid agonist therapy

References

- American Hospital Association. (2022). People Matter, Words Matter. Advancing Health America. Retrieved from: <https://www.aha.org/people-matter-words-matter>
- CA Bridge. (2021). Tool: A Caring Culture in Healthcare. CA Bridge Public Health. Retrieved from: <https://bridgetotreatment.org/resource/a-caring-culture-in-healthcare/>
- Mental Health Coordinating Council. (2013). Guidelines for Recovery Oriented Language. Retrieved from: <https://www.healthsciences.unimelb.edu.au>
- National Institute of Drug Abuse (2021). Words Matter: Terms to Use and Avoid When Talking About Addiction. NIH Advancing Addiction Services. Retrieved from: <http://www.nida.nih.gov>
- National Movement to End Addiction Stigma. (MHC). Addiction Language Guide. Retrieved from: <https://www.shatterproof.org>

This meaningful work would not be possible without the support, participation and assets of the community organizations we partner with. We want to thank all those who helped to create this guide: Community Health Worker Initiatives, Office of Peer Recovery and Engagement, New Mexico Department of Health, Health Equity Council, D.O.P.E. Services, The Mountain Center, New Mexico Harm Reduction Collaborative and Presbyterian Community Health Peer Support Specialists.



phs.org