

Harm Reduction Principles, Strategies and Benefits

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Northeast and Caribbean (HHS Region 2)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Please Introduce Yourself

Thank you for joining us today!

As we're waiting for others to log in, please open the chat and post your name, where you're located, and your role or connection to this topic (service provider, educator, etc.).

We'll get started shortly.

About NeC-MHTTC

The Northeast and Caribbean MHTTC received 5 years (2018 – 2023) of funding to:

- Enhance capacity of behavioral health workforce to deliver evidence-based and promising practices to individuals with mental illnesses.
- Address full continuum of services spanning mental illness prevention, treatment, and recovery supports.
- Train related workforces (police/first responders, primary care providers, vocational services, etc.) to provide effective services to people with mental illnesses.

Supplemental funding to:

- Support school teachers and staff to address student mental health
- Support healthcare providers in wellness and self-care activities

Recording, Chat and Slides

Please note:

We will be recording this workshop and posting it on our website along with the presentation slides and any relevant resources.

Throughout the workshop, we will be using the Zoom chat feature (located on the task bar) to respond to discussion questions. Feel free to raise your hand (using the Zoom option) if you'd like to speak.

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At the time of this presentation, Miriam Delphin-Rittmon served as Assistant Secretary for Mental Health and Substance Use at SAMHSA. The opinions expressed herein are the views of the speakers, and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

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The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

**STRENGTHS-BASED
AND HOPEFUL**

**INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES**

**HEALING-CENTERED AND
TRAUMA-RESPONSIVE**

**INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS**

**PERSON-FIRST AND
FREE OF LABELS**

**NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS**

**RESPECTFUL, CLEAR
AND UNDERSTANDABLE**

**CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS**

My Background

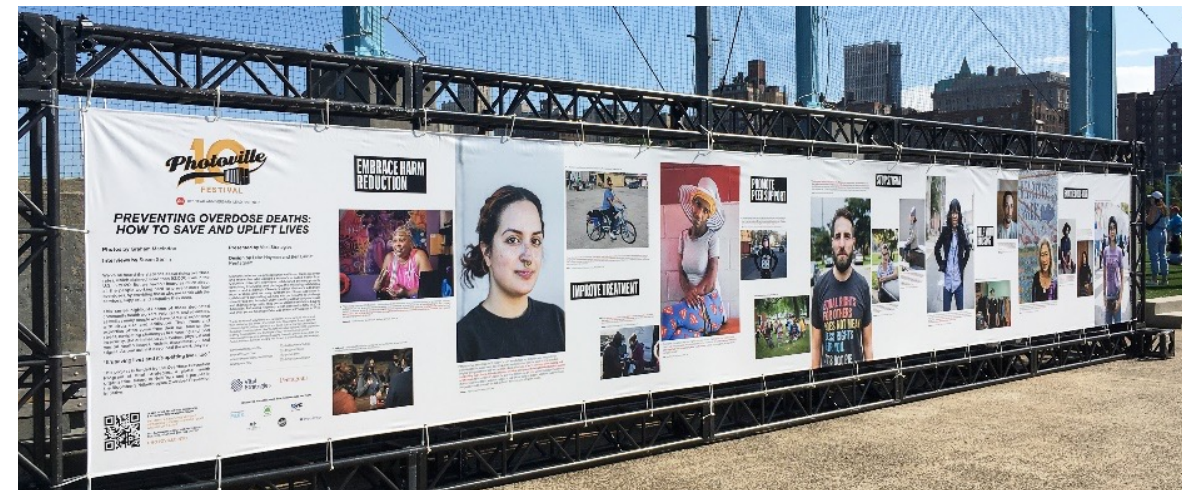
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- After a career in journalism and teaching media ethics, I returned to school to study public health in 2017.
- Since 2019, I've worked on projects to reduce overdose deaths, educate people about substance use disorders, improve access to treatment and harm reduction services, and support people in recovery. I facilitate training workshops on all of these topics, presenting a wide range of perspectives.
- Often collaborate with my husband, [Graham MacIndoe](#), a photographer who has been open about his history of addiction, incarceration, and recovery.



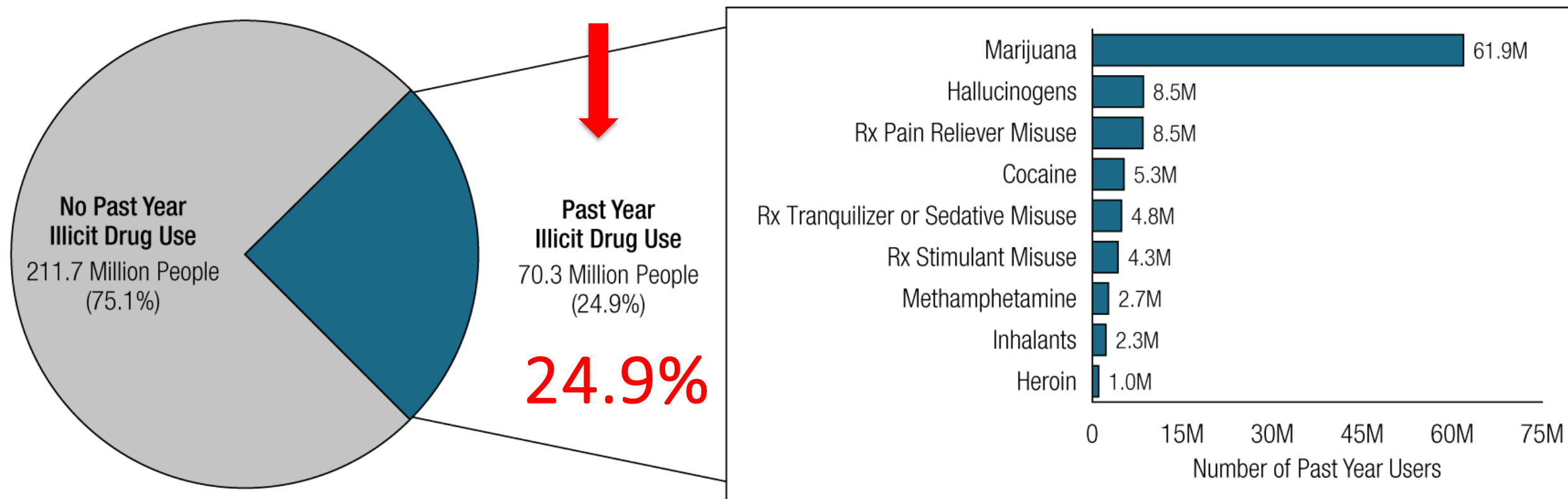
Today's Topics

- How harm reduction can benefit people who may not need or want treatment, including people who use drugs occasionally.
- Different ways of defining harm reduction.
- Overview of harm reduction services and strategies, including harm reduction therapy.
- Hesitations about harm reduction and ways they can be addressed.
- Reducing harm by addressing stigma.

Trends in Drug Use and Supply: Review

- **Polysubstance use** is common. People tend to use multiple substances, often mixing prescription medications, alcohol, and other drugs.
- The **potency** of many drugs has risen, including for cannabis and methamphetamine.
- Plant-based drugs like heroin are being replaced by **synthetic drugs** made of chemicals that are easier to ship and have higher profit margins for sellers.
- The drug supply is **more lethal**, especially due to **fentanyl**, a powerful opioid that may be mixed in with other substances, including stimulants like cocaine. **Xylazine (or “tranq”)**, an animal tranquilizer, is also being combined with other drugs.
- Drugs are **more widely accessible**, with technology making purchases and delivery easier. There are also **more prescription medications** in many homes.

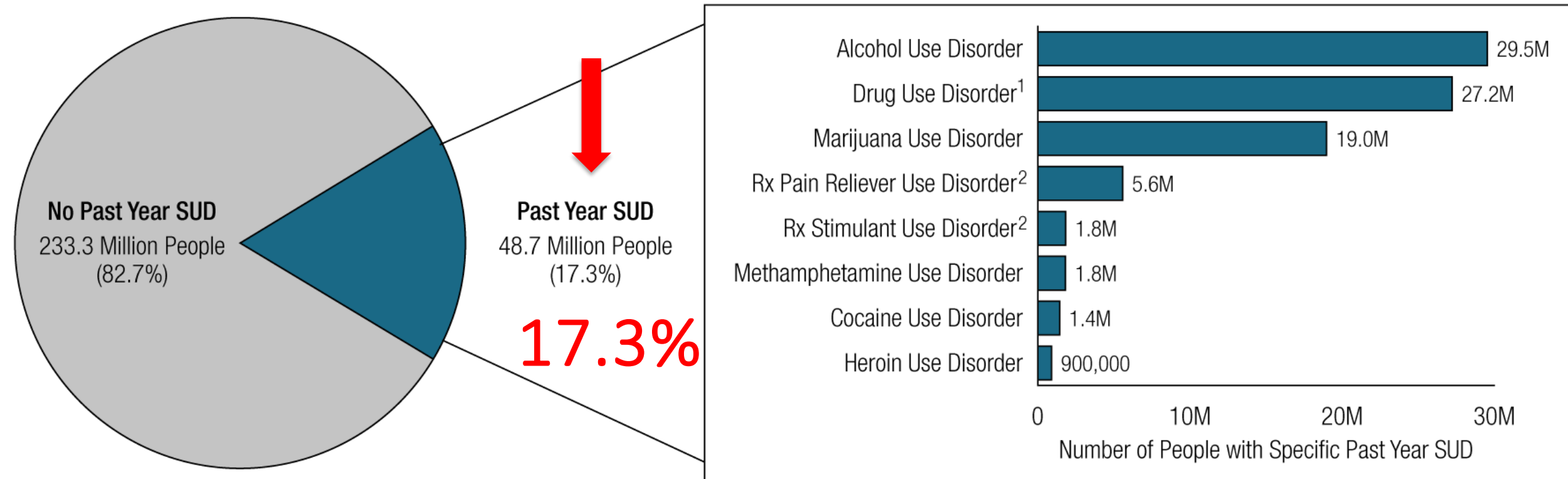
2022 National Survey on Drug Use and Health Past Year Illicit Drug Use: Among People Aged 12 or Older; 2022



Rx = prescription.

Note: The estimated numbers of past year users of different illicit drugs are not mutually exclusive because people could have used more than one type of illicit drug in the past year.

2022 National Survey on Drug Use and Health Past Year Substance Use Disorder (SUD): Among People Aged 12 or Older



Rx = prescription.

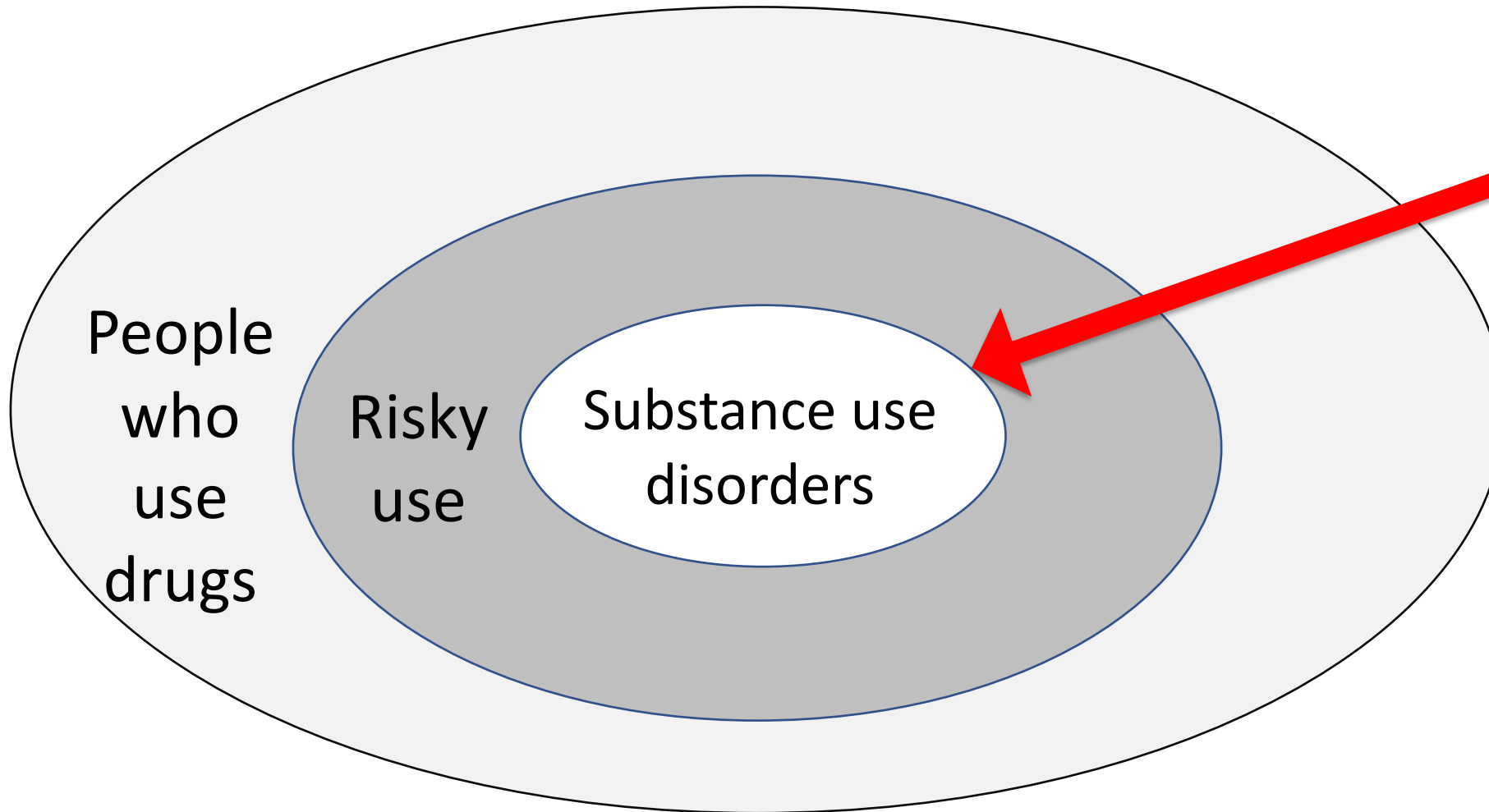
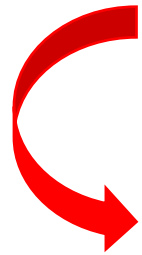
Note: The estimated numbers of people with SUDs are not mutually exclusive because people could have use disorders for more than one substance.

¹ Includes data from all past year users of marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, and prescription psychotherapeutic drugs (i.e., pain relievers, tranquilizers, stimulants, or sedatives).

² Includes data from all past year users of the specific prescription drug.

Types of Substance Use

25% of U.S. population age 12 or older



17% of U.S. population age 12 or older (includes alcohol).

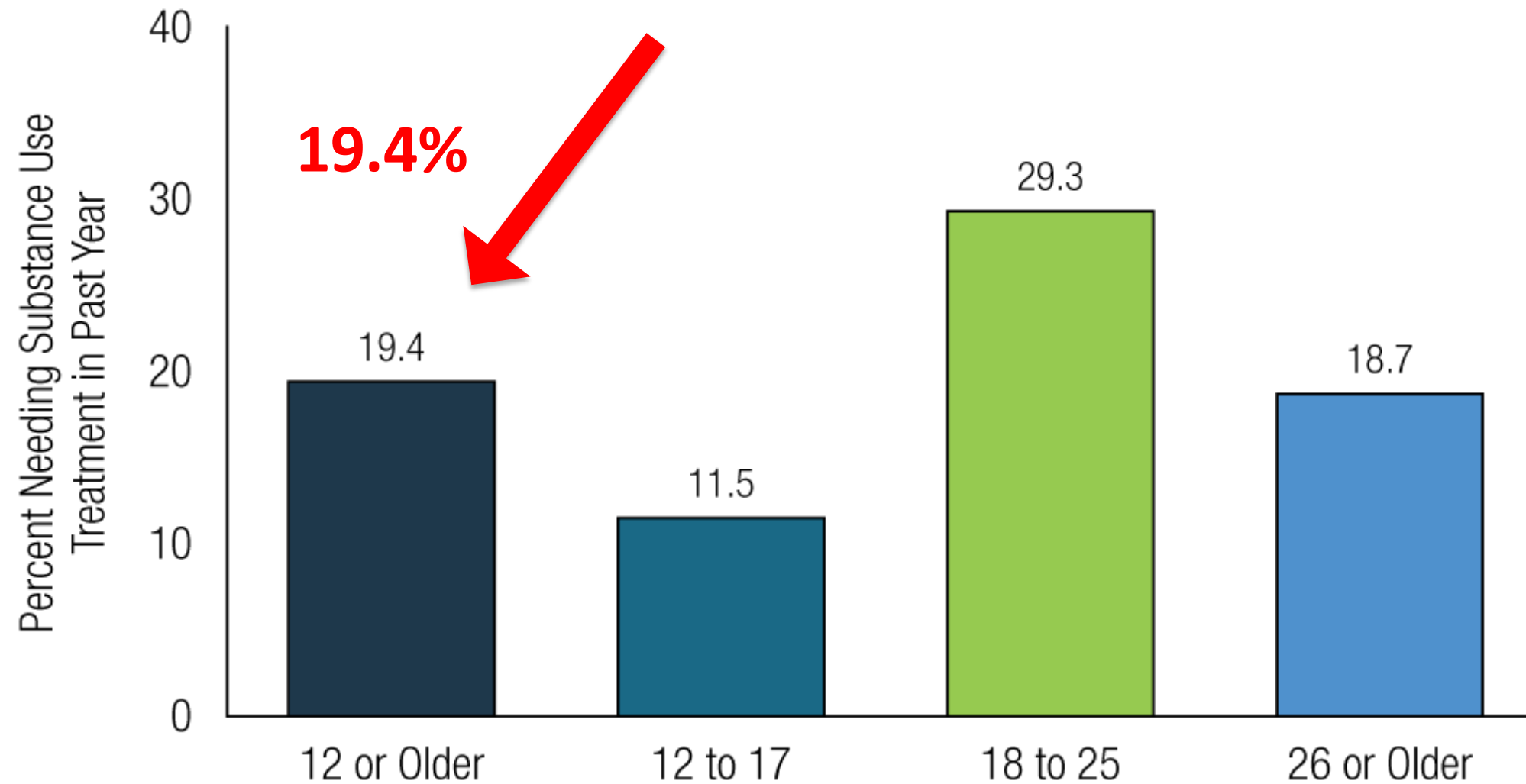
SUDs can be mild, moderate, or severe.

Severe SUDs are often described as addiction.

Data from 2022 National Survey on Drug Use and Health

- Who might benefit from harm reduction education and services?
- Who might benefit from treatment?

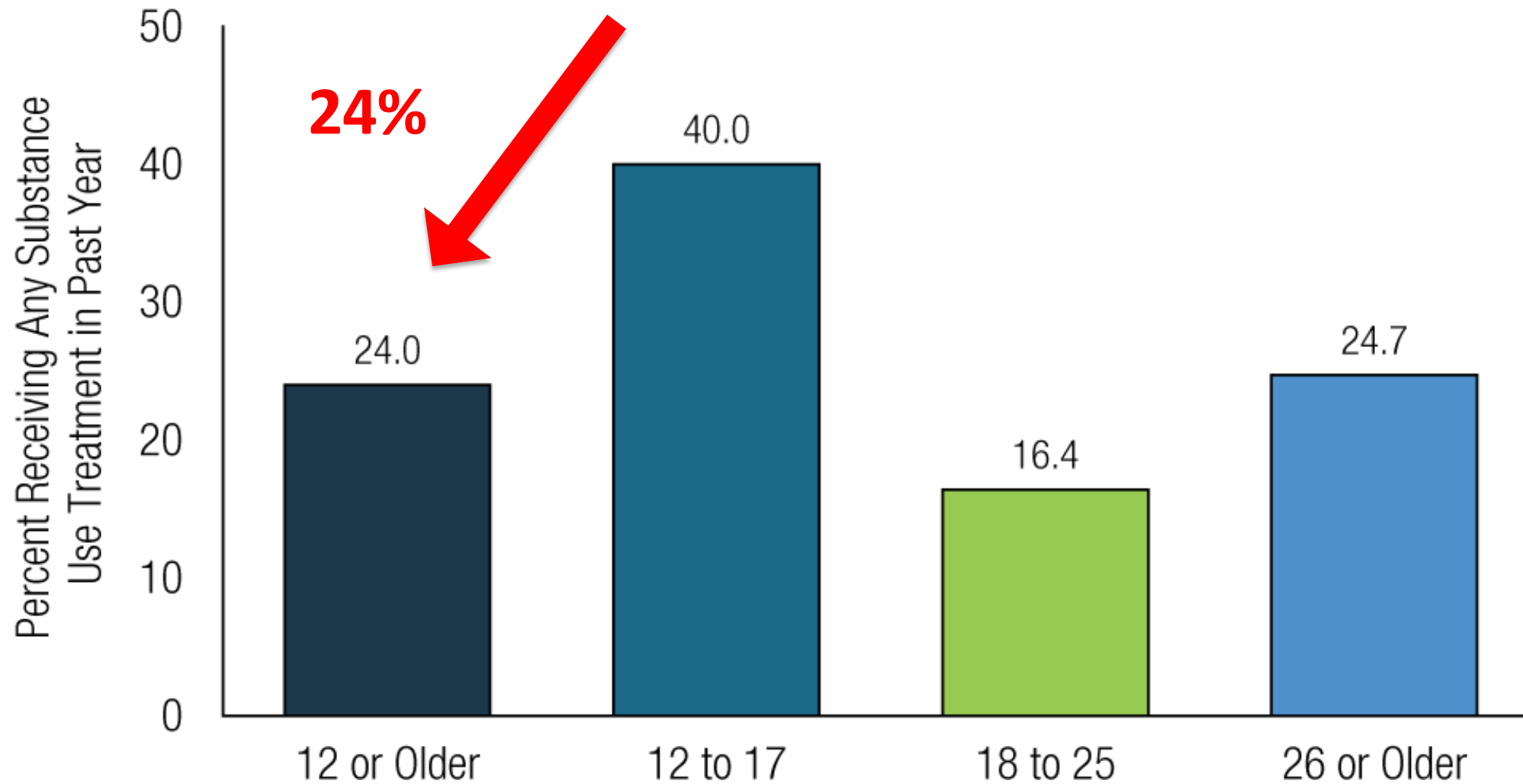
2022 National Survey on Drug Use and Health Need for Substance Use Treatment in the Past Year: Among People Aged 12 or Older



Note: Need for Substance Use Treatment is defined as having a substance use disorder in the past year or receiving substance use treatment in the past year.

2022 National Survey on Drug Use and Health

Received Substance Use Treatment in the Past Year: Among People Aged 12 or Older Who Needed Substance Use Treatment in the Past Year

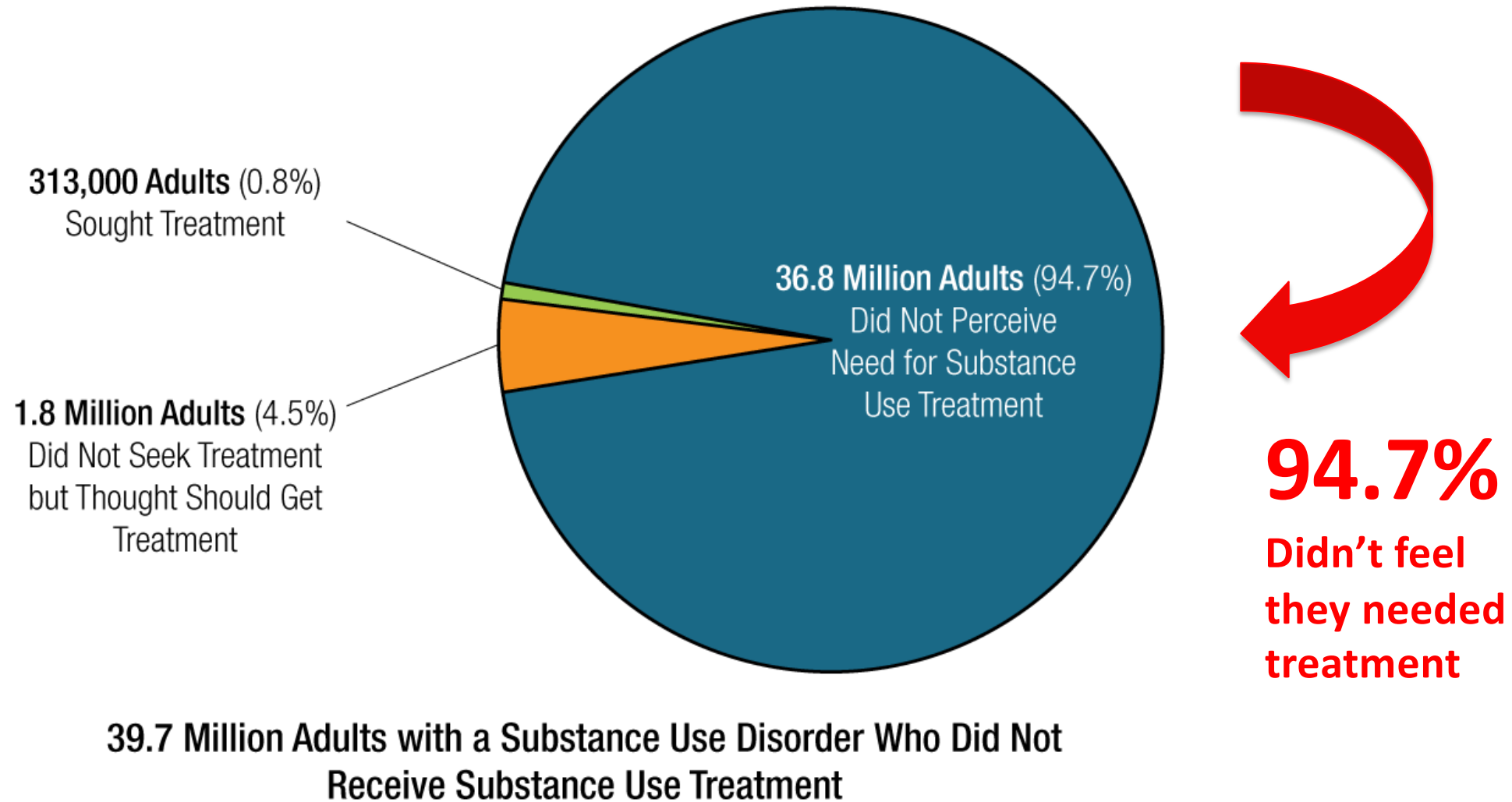


Note: Substance use treatment includes treatment for drug or alcohol use through inpatient treatment/counseling; outpatient treatment/counseling; medication-assisted treatment; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

Need for Substance Use Treatment is defined as having a substance use disorder in the past year or receiving substance use treatment in the past year.

2022 National Survey on Drug Use and Health

Perceptions of Need for Substance Use Treatment: Among Adults Aged 18 or Older with a Past Year Substance Use Disorder Who Did Not Receive Substance Use Treatment in the Past Year



Note: Adults with unknown information for perceptions of need for substance use treatment were excluded.

Discussion Question

What are some reasons to offer health care and supportive services to people even if they say they don't need or want treatment for drug or alcohol problems?

Goals of Care for People With Substance Use Disorders

Substance-Related

- Reduce, change, or stop substance use.
- **Reduce harms** associated with substance use.
- **Provide evidence-based treatment options.**

Overall Health

- **Prevent overdose deaths** and deaths from other causes.
- Prevent and treat HIV, hepatitis C, and other health conditions.
- Address mental health challenges.

Functioning

- Help person meet their own goals.
- Improve social support.
- **Connect to other services** (legal, housing, employment, etc.).
- **Support recovery.**

Poll Question

How familiar are you with the concept of harm reduction as an approach to substance use?

- 1) Very familiar – I could explain what it means.
- 2) Somewhat familiar – I've heard of it.
- 3) Not too familiar.

Discussion Question

How would you describe harm reduction to someone who asked what it means?

Defining Harm Reduction: Different Views

“Harm reduction is a **set of practical strategies** and ideas aimed at reducing negative consequences associated with drug use.

Harm Reduction is also a **movement for social justice** built on a belief in, and respect for, the rights of people who use drugs.”

- National Harm Reduction Coalition

<https://harmreduction.org/about-us/principles-of-harm-reduction/>

Defining Harm Reduction: Different Views

“Harm reduction is an approach that emphasizes engaging directly with people who use drugs to **prevent overdose and infectious disease transmission, improve the physical, mental, and social wellbeing** of those served, and **offer low-threshold options** for accessing substance use disorder treatment and other health care services.

Harm reduction is an important part of the Biden-Harris Administration’s comprehensive approach to addressing substance use disorders through **prevention, treatment, and recovery** where individuals who use substances **set their own goals.**”

- Substance Abuse and Mental Health Services Administration
<https://www.samhsa.gov/find-help/harm-reduction>

Defining Harm Reduction: Different Views

“I think about **harm reduction from the point of view of the kids helping their parents** and how we can reduce harm all around.

If we're thinking about healing and supporting folks, **harm reduction means creating safe spaces that don't make them feel isolated or shamed**. A place where it's not on the kids—the parents can get help and not be judged.

Because the minute you shame them, someone else has to pick up that ball you dropped when you could've showed compassion and it's usually the kids or family members that still come around.”

- J. V., Community Organizer in Detroit

Harm Reduction Principles

Harm reduction is an approach, not a single intervention.

- Emphasizes respectful, **nonjudgmental** interactions.
- **Empowers people** to reduce harmful behavior.
- Supports **participant's goals**, which may change over time.
- Recognizes that **abstinence** from all substance use **may or may not be a goal**.
- Prioritizes holistic, **person-centered** care.

How Do We All Practice Harm Reduction?

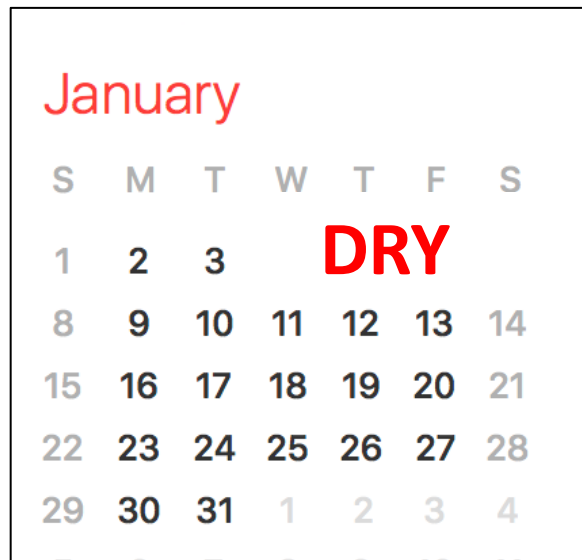


Helmets, sunscreen, seatbelts, condoms ... there are many ways to reduce the potential harms of things we do that involve risks.

Discussion Question

What are some examples of harm reduction related to alcohol, tobacco, or drug use you've heard about or used?

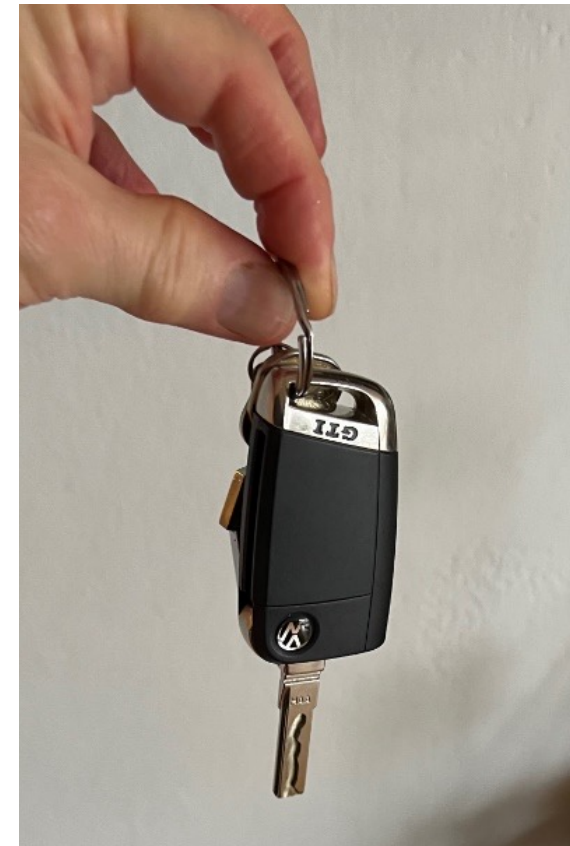
Harm Reduction and Substance Use



Taking a break from drinking.



Choosing low-or no alcohol drinks.



Designating a driver.



Using nicotine gum or patches.

Harm Reduction and Substance Use



Carrying naloxone (Narcan) to reverse an overdose and knowing how to use it.



Using new syringes and supplies.



Using with someone or calling a hotline: **1-877-696-1996**

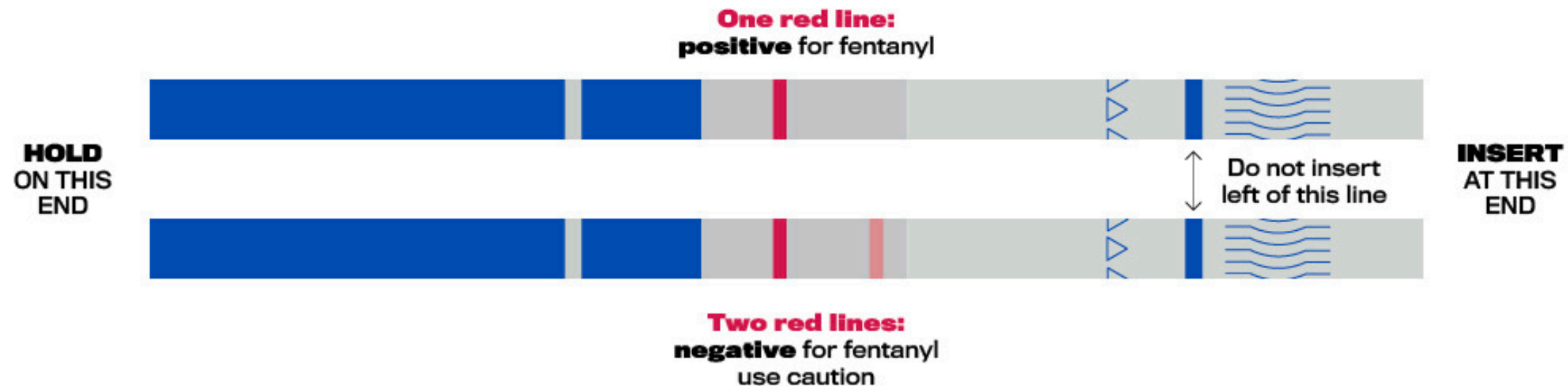
www.neverusealone.com



Testing drugs with fentanyl or xylazine test strips.

How Fentanyl Test Strips Work

- Step 1: Put a small amount (at least 10mg) of the drugs to be tested in a clean, dry container.
- Step 2: Add water to the container and mix together (typically ½ teaspoon, or 1 full teaspoon for methamphetamine).
- Step 3: Place the wavy end of the test strip down in the water and let it absorb for 15 seconds.
- Step 4: Take the strip out of the water and place it on a flat surface for 2 to 5 minutes.
- Step 5: Read results.



<https://www.cdc.gov/stopoverdose/fentanyl/fentanyl-test-strips.html>

Syringe Service Programs (SSPs)

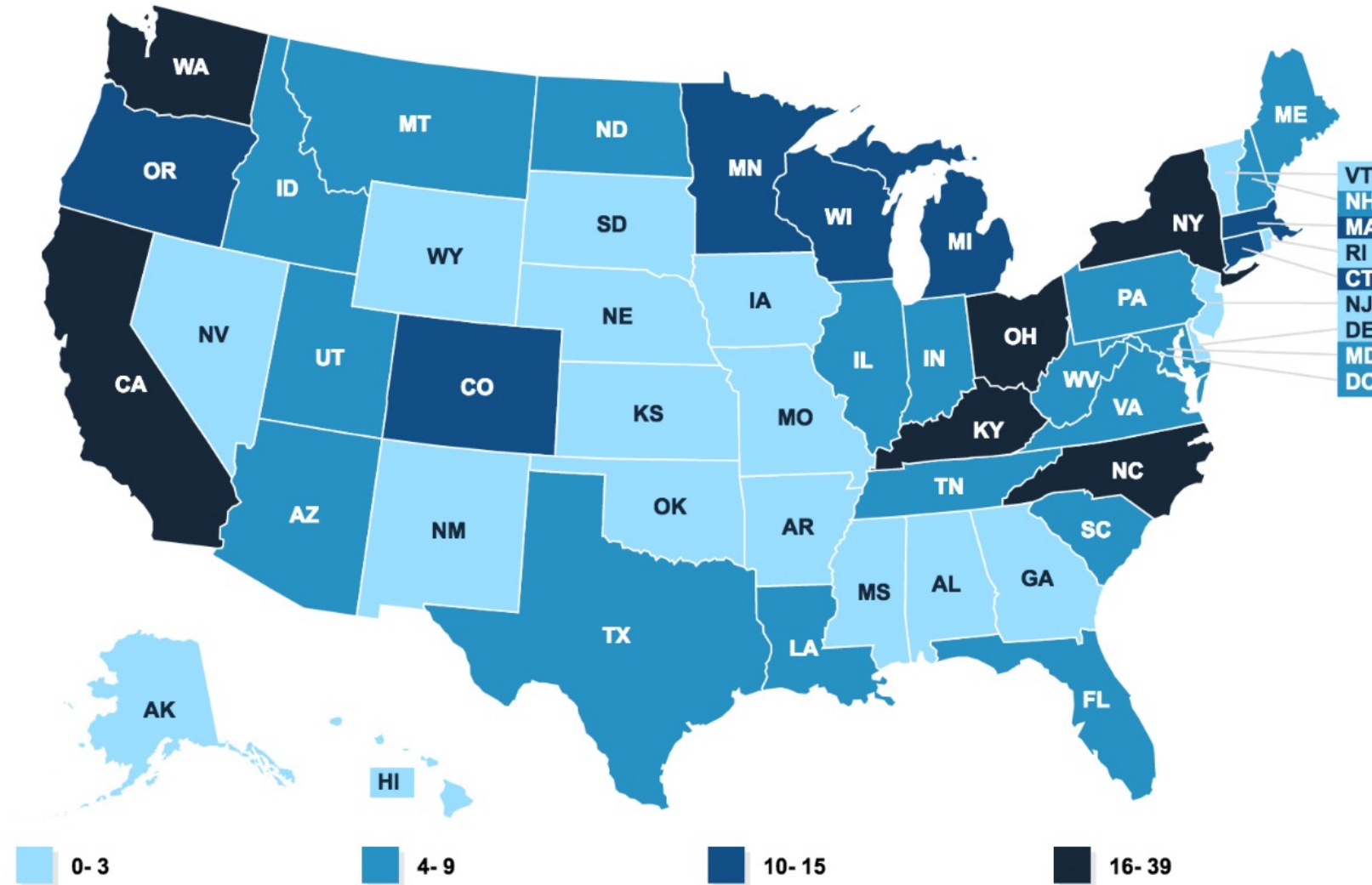
SSPs are community-based organizations that provide sterile syringes and other supplies to people who use drugs. Many also:

- Distribute the overdose reversal medication naloxone.
- Test participants for HIV and hepatitis C and help them get treatment.
- Offer food, clothing, showers and mail services.
- Serve as drop-in centers with respite options, peer support and counseling.
- Provide or connect participants to treatment for substance use disorders and medical care.
- Sometimes operate mobile services, too.



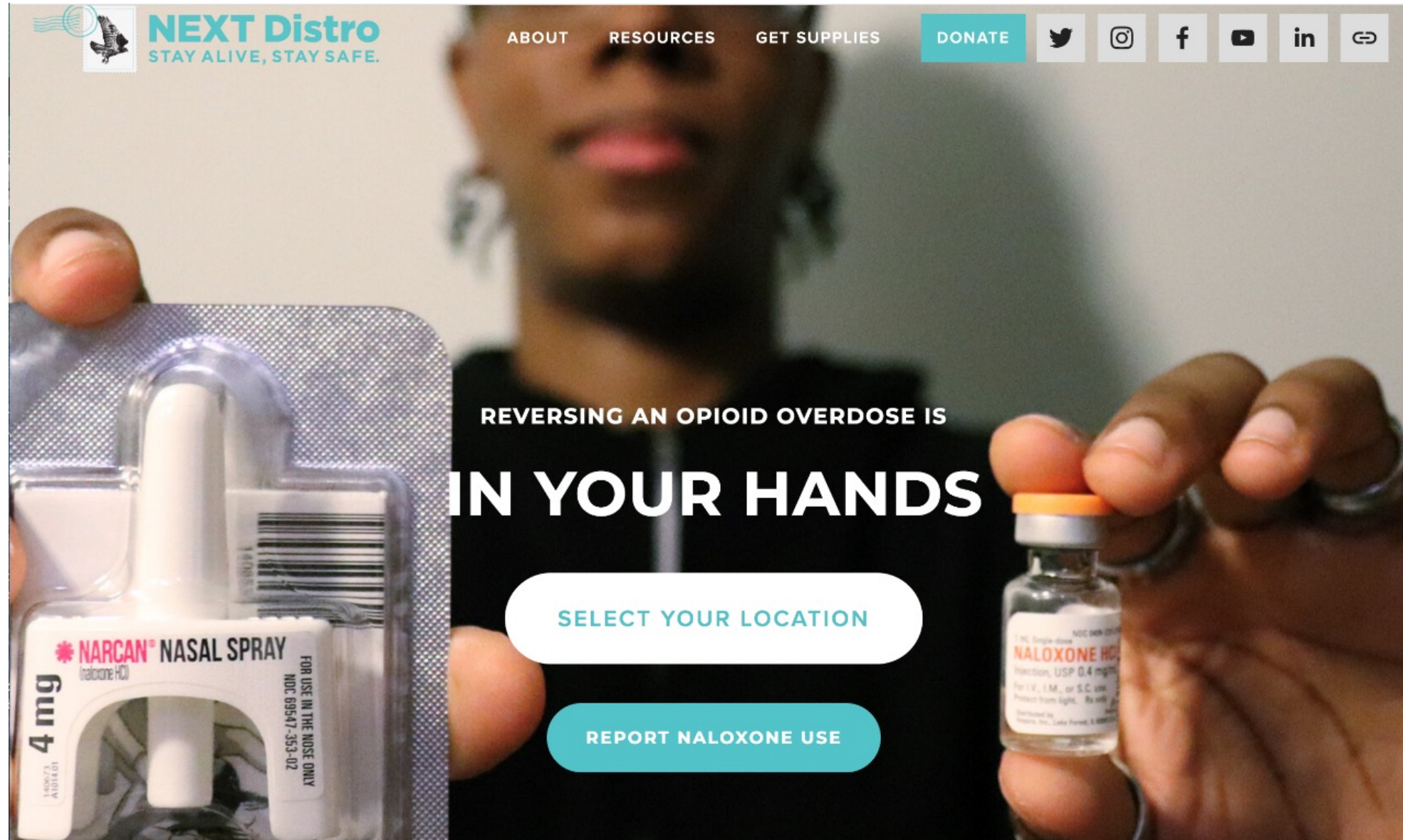
Photo: Graham MacIndoe

Syringe Service Program Locations



- Estimates vary, but there are about 500 syringe service programs in the U.S.
- Many have limited hours or may only offer mobile services.
- Some numbers on this map don't count all SSP locations.

Map: Kaiser Family Foundation, 2022. <https://www.kff.org/hiv/aids/state-indicator/syringe-exchange-programs/>
Data: NASEN (North American Syringe Exchange Network), <https://nasen.org/>



NEXT Distro offers a tool listing resources in all 50 states, including information about where to get naloxone, find overdose education and training, and connect with harm reduction and treatment services.

<https://nextdistro.org/naloxone#state-finder>



NEXT Distro
STAY ALIVE, STAY SAFE.

Example: List of Resources in New Jersey



- How to request naloxone and fentanyl test strips by mail.
- Pharmacies participating in New Jersey's Naloxone365 free Narcan program.
- Where to find a local syringe service program, which typically offers other health and testing services and connections to treatment.
- Link to a calendar of NJ naloxone and overdose response trainings.
- Information about ReachNJ, a 24/7 hotline for support from trained addiction counselors.
- Plus other resources in New Jersey.



Pharmacy



Syringe Exchange



Good Samaritan
Policy



Naloxone Training
Calendar



Organizing



Telephone Hotline

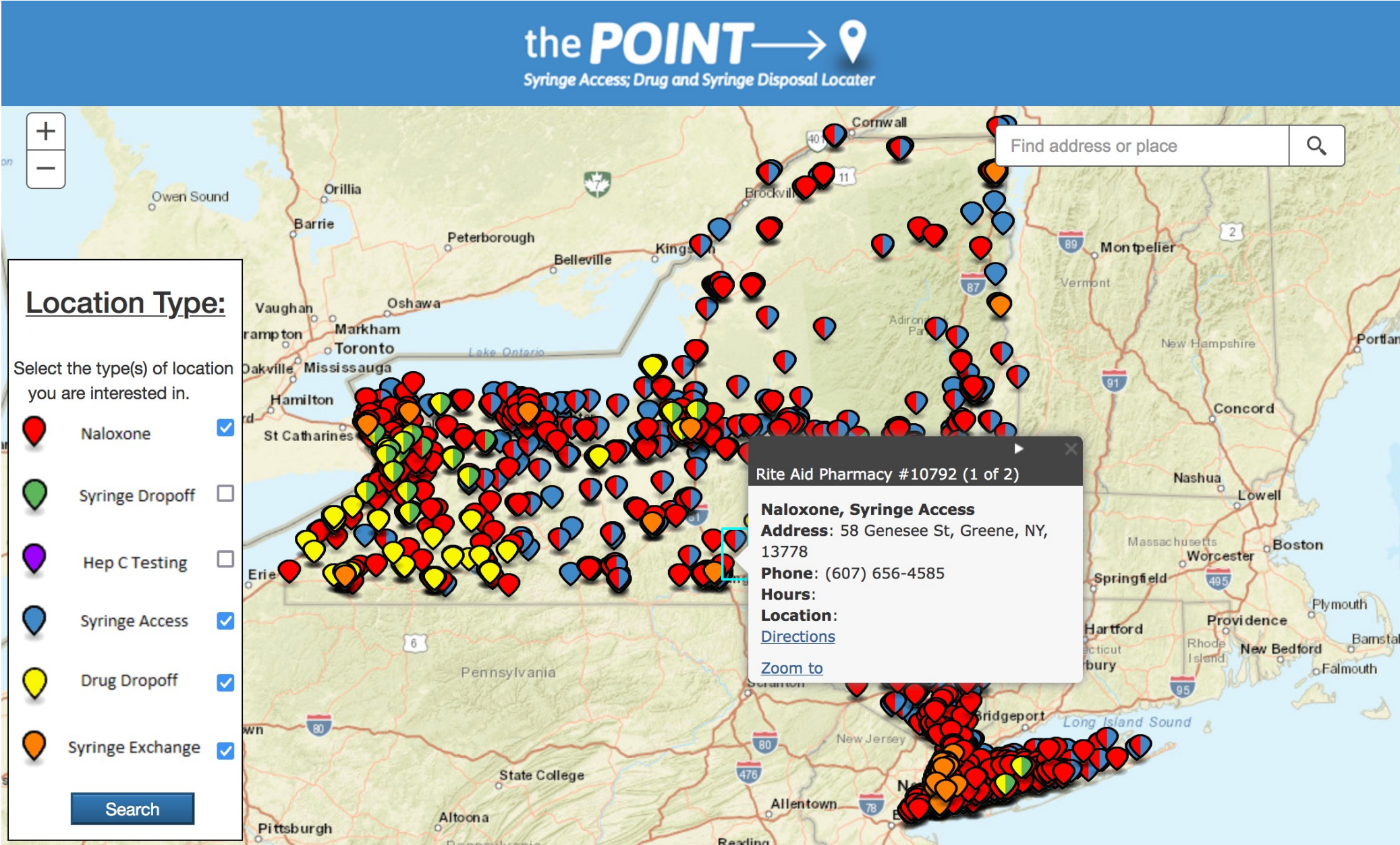
<https://nextdistro.org/newjersey>

The Point: NY Resource Map

The Point features an interactive map listing where to get naloxone, syringes, hepatitis C testing, or anonymously drop off drugs or used syringes.

Locations include many pharmacies throughout New York state.

www.thepointny.org



Pharmacies and Naloxone

- Since 2023, the FDA has approved several types of naloxone for over-the-counter (OTC) distribution, including Narcan and RiVive, so a **prescription isn't necessary** to purchase it.
- But some studies have found that **access to naloxone varies**, with some pharmacies choosing not to stock it, keeping it behind the pharmacy counter (so customers have to ask for it) or selling out.
- **Price can also be a barrier**, with two doses of the nasal spray Narcan costing about \$45.
- **In New Jersey**, anyone 14 or older can obtain naloxone anonymously for free at participating pharmacies through the [NJ365 program](#), which lists pharmacy locations online.
- **In New York**, anyone with prescription coverage through their health insurance plan can use the state's [N-CAP program](#) to cover up to \$40 in co-payments when purchasing naloxone at participating pharmacies.

Mobile Services: Hope One New Jersey

The Hope One Project is a collaboration between the Morris County Sheriff's Office, Dept. of Human Services, Mental Health Association, and the Center for Addiction Recovery Education and Success (CARES).

The Hope One van travels to different locations with a police officer, licensed clinician, and a peer recovery specialist to reach people who have difficulty accessing care. Services include:

- Naloxone distribution and training
- Education about addiction and recovery
- Linkage to treatment and recovery support
- Access to mental health services
- Connections to community partners

www.hopeoneproject.org



Hope One mobile vans also operate in Atlantic, Burlington, Cape May, Hunterdon, Monmouth, Newark, Passaic, and Warren County in NJ.

Overdose Prevention Centers (OPCs)

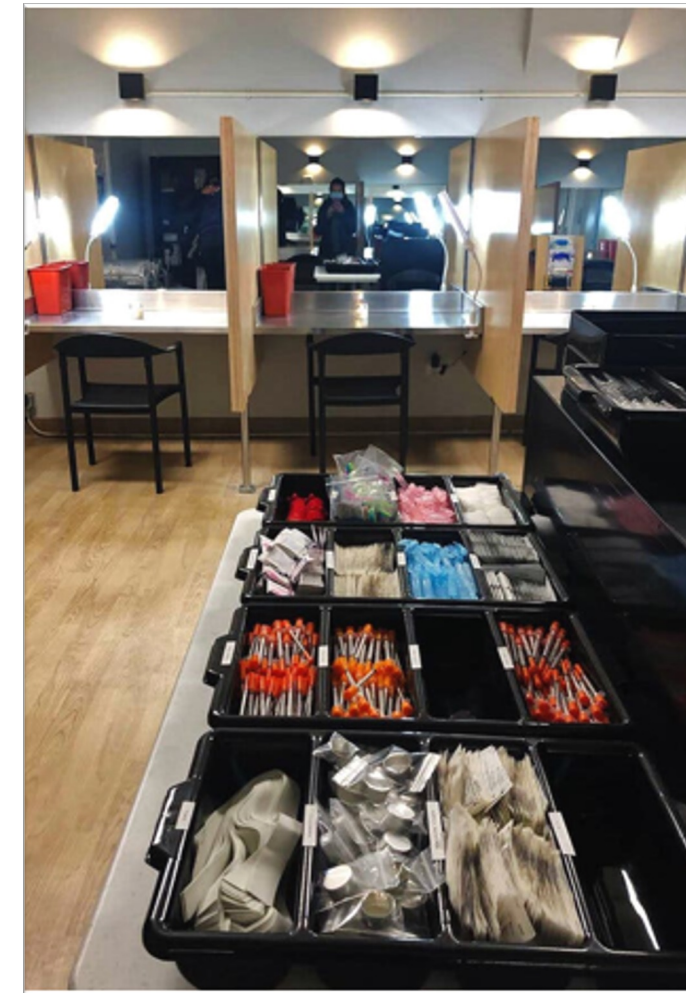
- Hygienic facilities where people can use drugs.
- Offer education, equipment, and oversight of drug consumption; intervene if someone overdoses.
- Provide or connect people with health and social services, including treatment.
- Also called safe or supervised consumption sites (SCS); there are nearly 150 OPCs in 16 countries.

OnPoint NYC opened two OPCs in Nov. 2021:

Washington Heights Corner Project

New York Harm Reduction Educators (East Harlem)

OnPoint has served more than 5,000 participants since opening and intervened in over 1,500 overdose situations.



www.onpointnyc.org

Growing Support for Harm Reduction

THE WHITE HOUSE



Harm Reduction

- The American Rescue Plan included [\\$30 million in grants for harm reduction services](#) —a historic amount that will enhance interventions like syringe services programs (SSPs) through a grant operated by SAMHSA at HHS.

The Washington Post

Why states across the U.S. are rapidly legalizing fentanyl test strips



Harm Reduction Can Still Be Controversial

The
Economist

United States | Academic sparring

America's syringe exchanges might be killing drug users

But harm-reduction researchers dispute this



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The Salt Lake Tribune

Advocates want a needle exchange program in St. George to help the city's homeless, but not everyone's on board

The challenges in building buy-in for such an initiative point to a broader community distaste for harm reduction strategies in the southern Utah community.

Discussion Question

What are some concerns or hesitations you've heard about harm reduction?

Concerns Cited About Harm Reduction

- Encourages or “enables” risky drug use.
- Makes neighborhoods less safe (attracts people buying/selling drugs).
- Spends taxpayer money on people who “made bad choices.”
- Opposes abstinence and recovery.
- Only reduces some harms related to substance use disorders.
- Meets people where they’re at, then “leaves them there.”

Another Approach to Harm Reduction

“Meeting people where they’re at, and helping them get to where they want to be.”

Harm Reduction Principles for Healthcare Settings

- 1) **Humanism**: Valuing, caring for, respecting, and dignifying patients.
- 2) **Pragmatism**: Supporting a range of goals, not just abstinence or perfection.
- 3) **Individualism**: Assessing a patient's needs and strengths; discussing a menu of intervention options.
- 4) **Autonomy**: Patients make their own choices about medications and treatment options.
- 5) **Incrementalism**: Recognizing any positive change as a step toward improved health.
- 6) **Accountability without termination**: Patients are responsible for their choices but not "fired from care."

Promoting Change Within Care Settings



Source: Camden Coalition of Healthcare Providers – Better Care Playbook

<https://www.bettercareplaybook.org/plays/implementing-harm-reduction-approach-medications-addiction-treatment-outpatient-settings>

Harm Reduction Psychotherapy

“Harm reduction psychotherapy (HRP) is the category of psychotherapeutic approaches that may vary in theoretical orientation and clinical approach, but share in the commitment to the **reduction of harm associated with active substance use without assuming that abstinence is the ideal goal for all problem substance users or a necessary prerequisite for entering treatment.**”

A growing number of clinicians from various perspectives have contributed to the development of this approach.”

- Andrew Tatarsky, Harm reduction psychotherapy: Extending the reach of traditional substance use treatment (2003)

Harm Reduction Therapy

“**Harm Reduction Therapy** (HRT) integrates mental health and substance use treatment and offers it to people who actively use drugs and whose lives are so traumatized and chaotic that they cannot meet the conditions of most programs and clinics. Either they avoid those programs for being too demanding or they are excluded from those programs for ‘behaviors’ that are considered disruptive...

HRT is based on the reality that behavior change is usually slow, and a leap from active substance use to complete abstinence is almost always unrealistic and often unnecessary to reduce or eliminate harm... Harm reduction offers many strategies to reduce harm and save lives, and harm reduction therapy helps people reflect and consider other changes to their relationship with drugs.”

Harm Reduction Therapy Center in San Francisco, founded by Patt Denning and Jeannie Little in 2000

<https://harmreductiontherapy.org/what-is-harm-reduction-therapy/>

Principles of Harm Reduction Therapy

- Substance use problems are best understood and addressed in the context of the whole person in their social environment.
- Drug use falls on a continuum of harmful consequences.
- Substances are used for adaptive reasons.

- Engagement in treatment is the primary goal.
- Abstinence is not a precondition of the therapy.
- The individual's needs, motivations, goals, and strengths shape the focus of the therapy.
- Therapy involves a collaborative, empowering relationship with the client.

Adapted from Tatarsky A, Marlatt GA. State of the art in harm reduction psychotherapy: an emerging treatment for substance misuse.

<https://pubmed.ncbi.nlm.nih.gov/20049922/>

Discussion Question

What are other ways some of the harms associated with substance use can be reduced?

Other Ways to Reduce Harm

- **Increasing education** about overdose prevention and harm reduction in schools, businesses, nightlife venues and other settings.
- **Diverting people** from the criminal justice system to treatment and services in the community.
- **Promoting hotlines** people can call to get connected with resources and help.
- **Reducing the stigma** surrounding substance use disorders and mental health challenges through public education campaigns and community events.

Law Enforcement and Community Partnerships



The Police, Treatment, and Community Collaborative (PTACC) is an alliance of practitioners in law enforcement and first response, behavioral health, community, advocacy, research, and public policy, whose mission is to widen community behavioral health and social service options available through deflection and pre-arrest diversion.

PTACC provides vision, leadership, advocacy, and education to facilitate the practice of deflection.

www.ptaccollaborative.org

The Police Assisted Addiction & Recovery Initiative (PAARI) provides training, strategic guidance, support, and resources to help law enforcement agencies nationwide create non-arrest pathways to treatment and recovery.

Any law enforcement or public safety agency can join PAARI free of cost to access resources such as trainings, webinars, and a network of hundreds of like-minded law enforcement agencies in 34 states.

www.paariusa.org

What is DEFLECTION?

Deflection is an early, “upstream” preventative approach to substance use and mental health that offers pathways for a community-based response to occur before an event such as an overdose, arrest, or mental health crisis. Centered in community and guided by treatment and health, deflection is a true shared public safety and public health approach that reduces crime while promoting well-being. For police, deflection creates a new, third option for addressing substance use disorder, homelessness, and mental health conditions. While in the past, officers could only arrest or take no action, deflection programs give them the opportunity to serve as conduits to treatment and services.

988 Lifeline

The [988 Suicide & Crisis Lifeline](#) provides a fast way for people experiencing a crisis to urgently get help 24 hours a day, 7 days a week.

- This national service can be particularly important for rural communities, extending the capacity of programs to ensure more people in crisis can access help.
- Calls and texts are routed to the nearest crisis center, or the national network if there's not a local center available.
- Friends and family members can also get help if they're concerned about someone.

Call or text 988 or visit 988lifeline.org

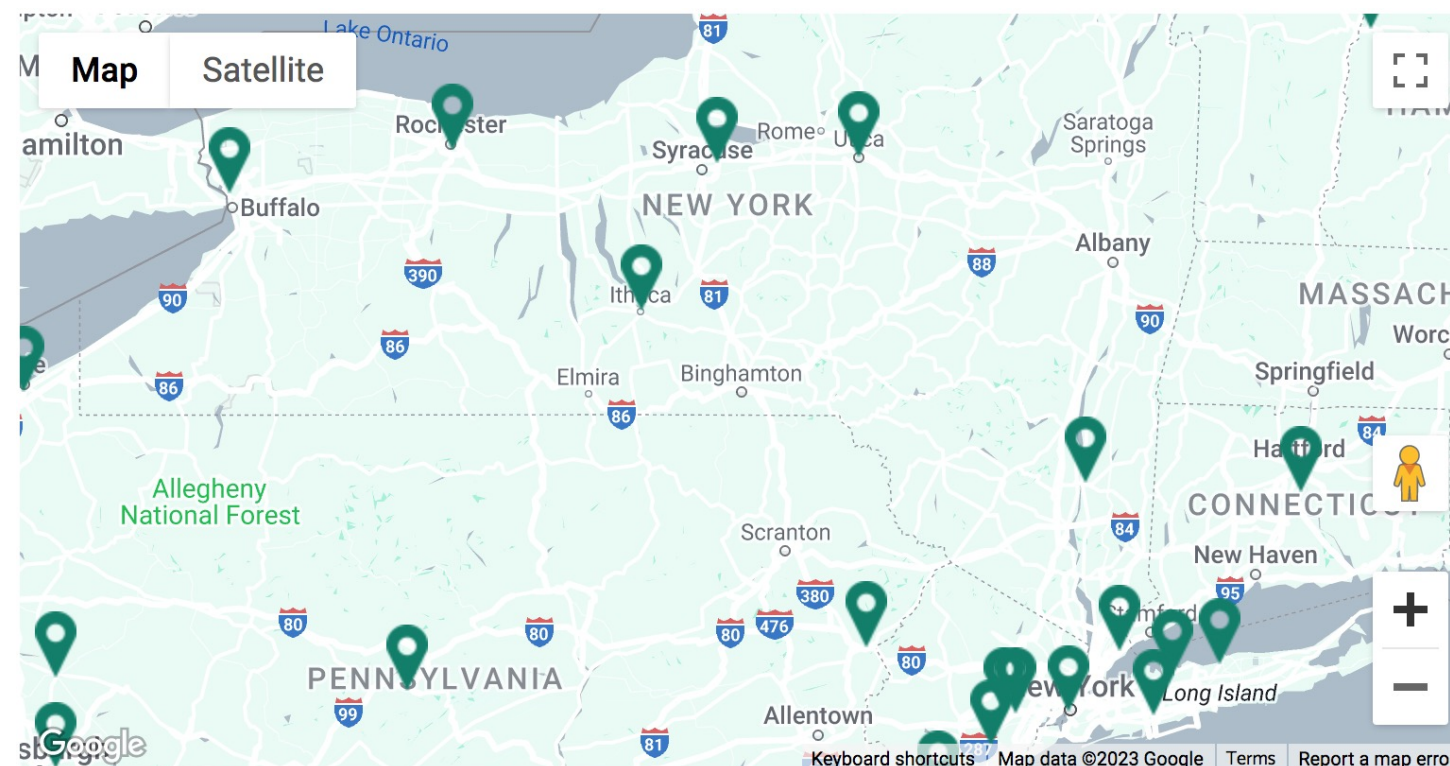


Servicios En Español

COMPARTIR



988 Lifeline ofrece servicios gratuitos en español las 24 horas del día, los 7 días de la semana. No tiene que hablar inglés para recibir ayuda.



Reducing Stigma

We all have a sense of what stigma is, but it can be tough to explain. Here's one way it has been defined.

Stigma is:

- A **social process** that can
- reinforce relations of **power and control**
- and lead to **status loss and discrimination** for the stigmatized.

Types of Stigma

Interpersonal Stigma: Assumptions or attitudes of other people, including friends, family, co-workers, health care providers, or strangers on the street.

Institutional/Structural Stigma: Systems-level discrimination that can result in excluding a stigmatized population from participating in services, such as drug convictions making someone ineligible for housing.

Internalized Stigma: Also called self-stigma, when someone adopts negative beliefs about themselves. It can cause shame, stress and low self-esteem, making someone feel like they don't deserve help or respect.

Stigma by Association: Negative assumptions and stereotypes about people associated with stigmatized individuals. So stigma can impact family members of people with addictions and providers who work with people who use drugs.

Examples of Drug-Related Stigma

- Believing addiction is a moral failing or due to a lack of willpower.
- Using stigmatizing language when referring to PWUD or people with addictions.
- Denying people who currently or previously used drugs access to public housing, financial aid, or other services.
- Treating people who currently or previously used drugs differently in healthcare and other settings.
- Limiting employment opportunities for people in recovery.

Consequences of Drug-Related Stigma

Increased social exclusion and isolation

- Withdrawing from sources of help and support

Increased risky behaviors

- Using drugs alone, sharing needles rather than accessing services, etc.

Decreased access to services and resources

- Avoiding interactions with providers who might make judgments

Decreased willingness to engage in care

- Reluctance to disclose substance use to healthcare and service providers
- Family members may also avoid seeking help

Greater public support for punitive policies

- Criminalization of addiction

Drug-Related Stigma and Other Types of Discrimination

Racism

- People of color may not be offered the same treatments as white patients and face greater barriers to accessing services.

Sexism

- Women face stigma for using drugs due to perception of violating gender role expectations.
- People who are pregnant and mothers face greater stigma.

Age Discrimination

- Older patients may be less willing to seek treatment because of feeling stigmatized for their years of substance use by staff and other patients.

Homophobia + Transphobia

- LGBTQ+ individuals face challenges accessing care that is sensitive to their needs.

Housing Instability

- Homelessness is public and associated with the stigma of poverty.

Discussion Question

What strategies have you used to reduce stigma when working with people who use drugs and/or struggle with addiction?

Avoiding Stigmatizing Terms

Potentially stigmatizing language	More compassionate options
Addict Addicts	Person struggling with addiction People with addictions
Substance abuse	Substance use or substance misuse
Drug users	People who use drugs
Clean (referring to a person)	Abstinent / sober / in recovery
Clean/dirty (referring to a urine test)	Negative/positive
Relapse	Return to use

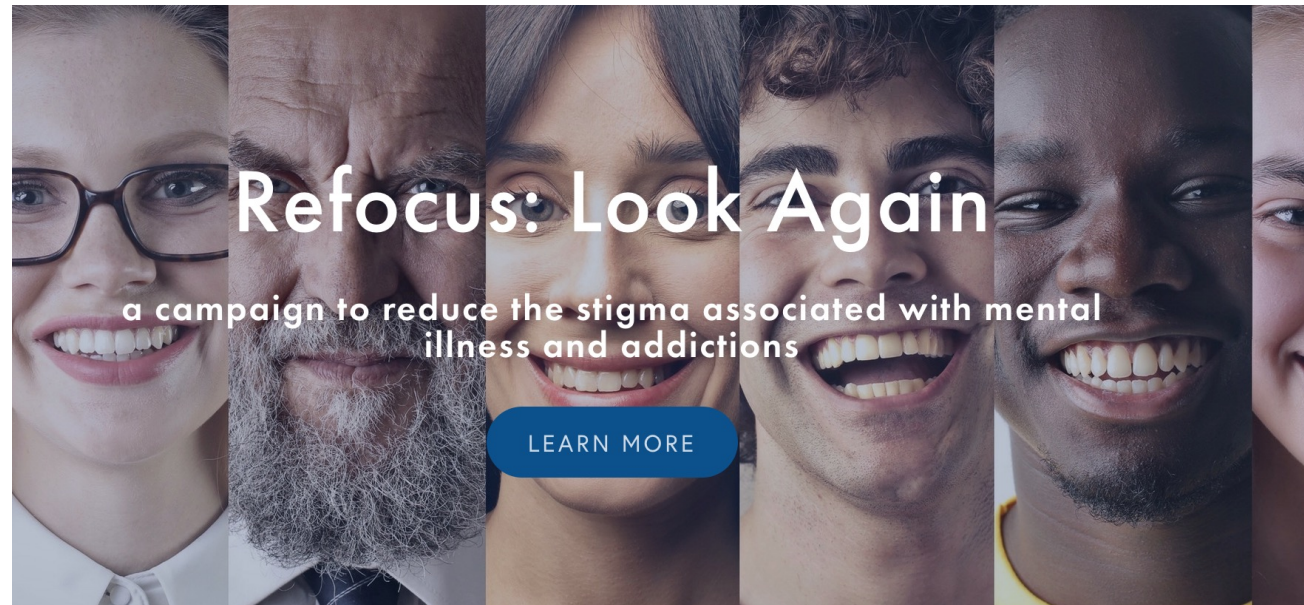
People who have lived experience with substance use might use some of these terms to identify themselves. It's important to respect different perspectives.

Thoughts on Stigma

Examining our attitudes and how they may contribute to stigma is **not about never having an opinion** or making a judgment. We all have feelings and reactions.

- It's about **recognizing and managing our feelings** – to avoid perpetuating stigma and reducing the effectiveness of our work.
- It's about **separating behaviors from the people** we're trying to help.
- It's about **challenging ourselves to clearly examine our own attitudes and beliefs** – which may be shaped by our personal experiences with substance use.
- It's about **being open to changing our understanding** of substance use disorders and how to treat them in a way that respects different pathways to healing and health.

Reducing Stigma Campaigns



Refocus: Look Again is a public education campaign from [On Our Own of Maryland](https://onourownofmaryland.org/)'s Anti-Stigma Project, designed to challenge misconceptions and assumptions associated with mental health and substance use. Campaign materials are available to download.

<https://refocuslookagain.org/>
<https://refocuslookagain.org/campaign-materials>



Deconstructing Stigma: Changing Attitudes About Mental Health is a series of photos and interviews with people who have been affected by mental illness. Told through the eyes of its participants, the campaign challenges misconceptions about what people with mental illness look like.

<https://deconstructingstigma.org/>
<https://deconstructingstigma.org/medoc>

Recovery-Oriented Harm Reduction

- **Seeks to address the historical failings** of both abstinence-oriented treatment and harm reduction services.
- Recognizes that addiction harms **individuals, families and communities**.
- Is committed to improving the wellbeing of all people with addictions; **believes recovery is possible for anyone**.
- **Emphasizes client choice, not coercion**. Respects voluntary engagement with services.
- **Supports incremental and radical change**; embraces partial and serial recovery, but seeks to be a bridge to full recovery.

Any Questions?

**Next workshop:
Understanding Addiction and Options for Care
Wednesday, May 8 from 11:00 am – 12:30 pm ET**

We'll discuss of different treatments for substance use disorders (including medications for opioid use disorder), address concerns about treatment effectiveness and practices, and strategies to help improve connections to care.

We Want Your Feedback!

Our funding comes from the Substance Abuse and Mental Health Services Administration (SAMHSA), which requires us to evaluate our services. We appreciate your honest, ANONYMOUS feedback about this event, which will provide information to SAMHSA, AND assist us in planning future meetings and programs.

Feedback about this training will assist us in developing future trainings that are relevant to your professional needs. Therefore, your feedback counts!

Evaluation Information

The MHTTC Network is funded through SAMHSA to provide this training. As part of receiving this funding we are required to submit data related to the quality of this event.

At the end of today's training please take a moment to complete a brief survey about today's training.

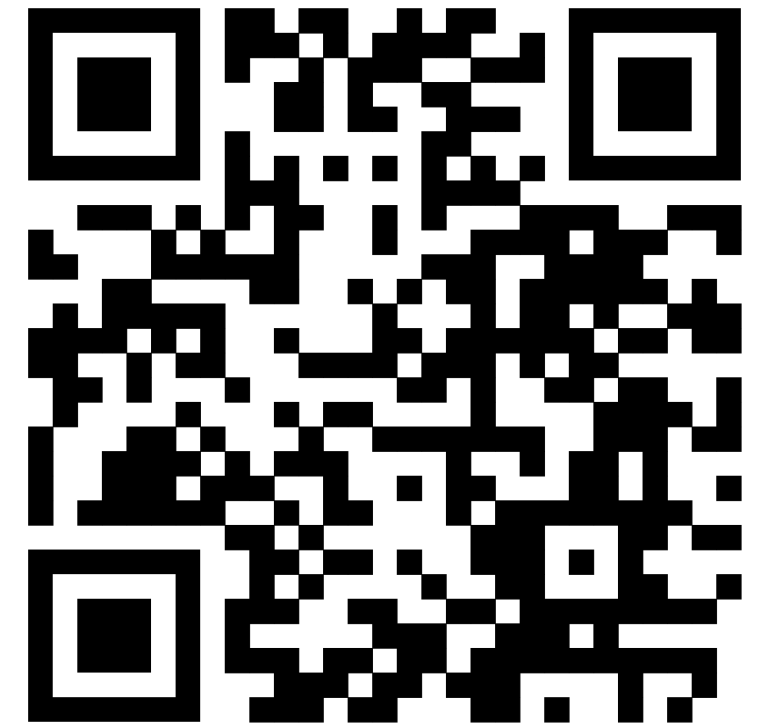


Survey Opportunity

We're conducting a survey to increase understanding of the experience, knowledge, attitudes, and **perceived needs of mental health providers in delivering services and supports to individuals who are blind or visually impaired.**

Participation is anonymous!

Participation in the study involves the completion of a short 15-minute survey and qualifies you for a **chance (via raffle) to win a \$25.00 Amazon gift card** (not paid for with grant funds).



Connect With Us

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Northeast and Caribbean (HHS Region 2)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

SAMHSA
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