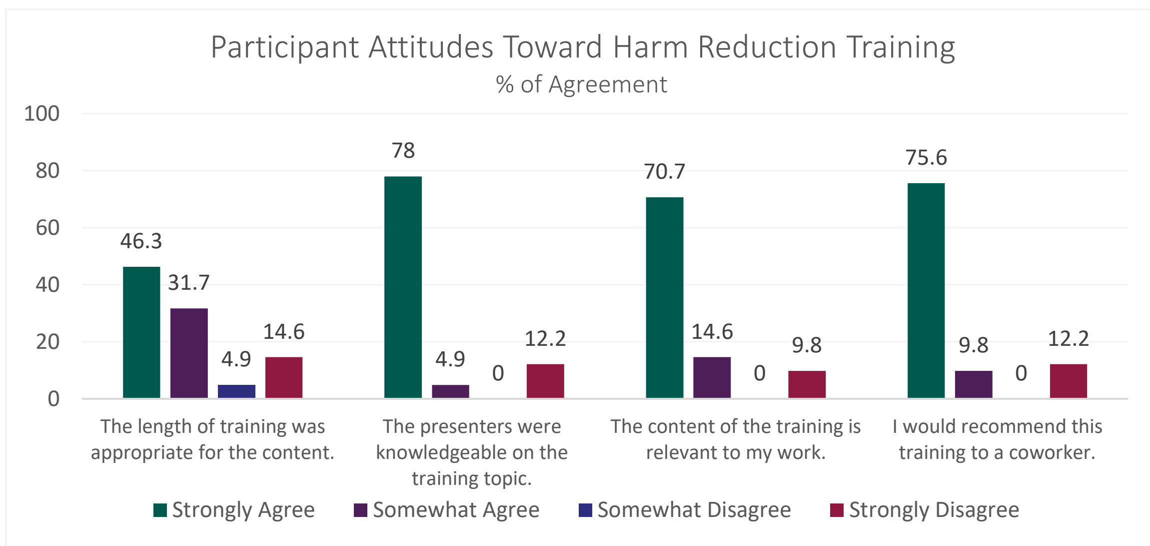
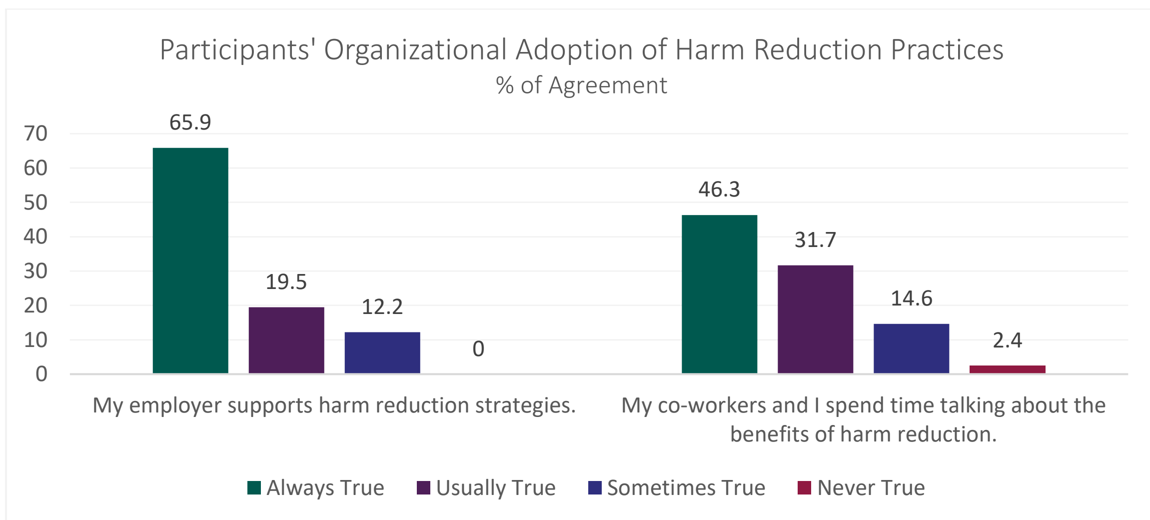
WAYNE STATE
School of Social Work
Center for Behavioral Health and Justice

Introduction to Harm Reduction Training, Post-Training Survey Results

The contents of this document are the results of a post-training survey that followed an Introductory training in Harm Reduction concepts provided to Michigan Certified Peer Recovery Coaches with funding from the Michigan Overdose Data to Action Grant, a Centers for Disease Control (CDC) opportunity. The training was conducted virtually by Maya Doe Simkins, public health and harm reduction expert, and Valery Schuman, licensed clinical professional counselor, in early 2021.





Qualitative Findings from Harm Reduction Training

Participants were asked two open-ended questions: 1) the most important point from the harm reduction training for peers, and 2) suggestions for improving the training.

As to the first question, respondents expressed that the training allowed them see harm reduction as a philosophical orientation and social justice strategy, disrupted engagement in all-or-nothing thinking, encouraged non-judgmental service delivery, and that the training itself was the biggest take-away. Examples follow.

Harm Reduction as a Philosophy and Social Justice Practice

Nine (n=9) respondents remarked that the most important point for them was realizing harm reduction is an epistemological orientation or philosophical-based practice not just a program or menu of services. As two (n=2) respondents wrote, "harm reduction is a way to look at or think about at the word, not a set of services." Valery's section was specifically mentioned, as a component of the training which taught this participant "how harm reduction is connected to social justice and human rights." Given that harm reduction is both a philosophy and practice, respondents reflected on the complexity of adopting this approach. One noted that it is difficult to "explain what harm reduction is to those that do not know" while another respondent indicated they need to "become more open minded to the idea of harm reduction" and a third reflected that they "need to work on looking at the world through harm reduction", indicating that they "do at times" but need to "inspire quality of life where they [the clients] are at."

Two striking and provocative responses to this question, "dead addicts don't recover" and "keep them alive and let them get the chance to recover" suggest how crucial harm reduction epistemology is to addressing discourses which moralize individuals who use drugs, as one respondent wrote, "dirty or immoral." Relatedly, four (n=4) respondents remarked on the caring elements of harm reduction approaches, speaking of the need to maintain a "judgement free approach", to be compassionate, and "treat people with dignity while they are struggling." One respondent pointed to the reasons why addition occurs and reproduces itself, stating "the opposite of addition is connection. With support from family and community, people do better." The following excerpt exemplifies the theme of seeing harm reduction as a philosophy and practice which can realize social justice as well as the subtheme of reimagining individuals who use drugs as not less than and fully deserving of care.

> "This was such an amazing training. It helped showcase that harm reduction is about meaningful interaction with people and focusing on the whole person; helping the person find help, resources, services (mental health, food, shelter, wound care, health, needle exchange, education). I believe it is about **loving people** and letting them know that they are **valued**. It is about letting them know that they don't have to have it all together or look or act a certain way for people to want them or care about them. It is about **meeting people right where they are, right now**. This is how we eradicate stigma and shame. This is being an activist. This is loving our neighbor as ourself."
> (Bolded portions not in original.)

Disrupting All-or-Nothing Thinking

Four (n=4) respondents expressed how the training expanded their understanding of what constitutes recovery. In other words, recovery is not abstinence. One respondent wrote, “There are many ways to look at recovery. You must remain open to new ideas and ways of reaching people. You cannot assume there is only one way, yours. Harm reduction does not always mean the absence of all drugs.” Furthermore, another respondent indicated their concept of a *successful recovery* being a measurement “in improved quality of care not just abstinence.”

Nonjudgmental Service Delivery

Within this theme, five (n=5) respondents expressed the importance of “meeting people where they are at” and four (n=4) respondents wrote of individual’s divergent and diverse “pathways” to recovery which should be led by the client, supported, respected, and honored. In addition, two (n=2) respondents spoke of how harm reduction practices themselves help to realize these pathways because the assumptions and expectations of what constitutes recovery is lower, therein more realistic and invitational. In other words, “harm reduction allows an entrance into intervention at a phase that may not have been possible otherwise.”

The Training Itself

Twelve (n=12) respondents remarked about the training itself as their biggest take-away. These response ranged from stating they valued learning what harm reduction is and see how important and impactful this philosophy and practice is (n=5), to responses specifying appreciation for the presenters, the quotes and slides, the “umbrella” illustration, the “rat study”, the video, and reading list (n=6). The training also left participants thinking of ways to use this approach in their work (n=2). Lastly, two (n=2) respondents remarked about the need for continued education and advocacy for harm reduction approaches, exemplified in the two excerpts below.

> “My take away is that there is still so much education needed on macro, micro and mezzo levels. The harm reduction model truly allows for person-centered planning when implemented correctly. It allows for peers to be a guide and not the answer to consumer's issues.”

> “I was great to hear that harm reduction is being pushed into the forefront because the more paths to recovery there are the better chance a person has to be successful.”

As to participant’s suggestions to improve the training, responses centered around themes of increasing the training’s interactive components, lengthening the duration of the training, recommendations to improve the training’s logistics, and desire for further depth of content. Examples follow.

Requests for Increased Interaction

Ten (n=10) respondents expressed desire for increased interaction during the training. Specifically, “more time for commentary [and] discussion” and “allowing people to ask more questions and get more feedback.” Ways in which training participants suggested this be accomplished is through breakout group discussion and/or breakout rooms with activities. In fact, these breakout were well-received at least by one respondent who stated “it was beautifully done and open. I enjoyed the moments with small groups.” An opening ice breaker, “adding a couple of polls to see where other people are on the topic”, and having “Gina [Peer Recovery Coach] speak more” and “Peer Recovery Coaches share hands on experience in Harm Reduction” were also suggested. Finally, two (n=2) responses wanted this training in-person instead of via Zoom, likely an indication expressing a desire for increased interaction.

Lengthen Duration of Training

Ten (n=10) respondents indicated the training should have been longer, with one response exclaiming, “make this a 5-day workshop!!!!!!!” Regardless of the length of training (same or longer), one respondent indicated that the training was too slow.

Logistical Recommendations

Two (n=2) respondents suggested to have the materials sent before the training occurs, with one respondent stating, “some of the slides were difficult to see.” While not before the training, another respondent expressed the wish for materials, specifically “any tools or resources that are given during the training to be available after the session via email.” Another respondent suggested a longer break, specifically 15-minutes instead of 10. And another urged all participants to “be on time.”

Further Depth of Content

Three (n=3) respondents indicated a desire for greater depth of information, specifically how to adopt this philosophy and practice. Two respondents expressed this as wanting to learn “best practices and how to implement them” and how to integrate “harm reduction education into the community.” Two (n=2) respondent had specific requests. One suggesting they “would focus more on the education of neurotransmitters that the brain produce normally and what that means when the brain produces too much dopamine.” And another remarking about ways to address the discriminatory thinking and practices towards people who use drugs, stating “I think it would be important to not just touch on some of the core principles of the recovery community and how they relate to Harm Reduction. Not specific to 12 step. Such as, really integrating people who utilize HR into the recovery community. A lot of people may feel like people who use drugs are a trigger, so how to overcome some of those stereotypes and be more inclusive.”