

# 1 Welcome to Harm Reduction

*Harm reduction is a compassionate and pragmatic approach to helping people resolve their problems with drugs.*

—G. ALAN MARLATT, eminent researcher in harm reduction, relapse prevention, and mindfulness

**Come as you are.** These are the first words we say to people who come to us. In other words, you don't have to change a thing. You don't have to promise anything. You don't have to know what you want. You just know you are worried about your drinking or drug use. Or someone else in your life is.

What if people are saying you have to quit? At times that will happen. *You* might be one of the people telling yourself you have to quit! Maybe it's even true. But saying "You have to quit" is akin to saying "Just say no!" Saying it doesn't make it true, and it certainly doesn't make it happen. Hearing "You have to quit" is really just a signal that it's time to start thinking. Research on change tells us that people think and worry before, sometimes *long* before, they act.

In harm reduction, you can be curious, you can be reluctant, you can be confused, you can be mad, or you can be determined. Harm reduction offers a way forward for everyone who wants to understand or do something about his or her drug use. Harm reduction offers . . .

## A Different Way of Thinking

Do you know of any doctor who would refuse insulin to a patient with diabetes because he won't stop eating ice cream?

How many heart patients are denied bypass surgery because they still haven't gotten off the couch except to let the dog out, despite their doctor's instructions to get 30 minutes of aerobic exercise a day?

Would a doctor refuse to prescribe oxygen for a patient with emphysema who still smokes?

Problems with alcohol and drugs are not diseases, crimes, or sins. They are *health issues*.

Doctors who made these unlikely decisions would probably face charges of medical malpractice. Why, then, are people who use or misuse alcohol and other drugs treated differently? People who drink too much or use recreational drugs usually hear “I can’t help you until you stop drinking/quit using.” That injunction is based on the myth that people cannot solve other problems, including and especially their problems with substances, until they have quit. This makes substance misuse the only “disorder” in the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders* that requires the sufferer to get rid of his or her symptoms before receiving treatment for the problem!

Until now, both the moral model (manifested in the War on Drugs) and the disease model of addiction have been based on prohibition. They have taken an all-or-nothing stance toward substance use. Characterized by terms such as “clean” and “dirty” and “in the program” or “out there,” one is either an “addict/alcoholic” who will face “jails, institutions, or death” if he or she keeps using or a “normie” (someone who uses normally, without problems). These terms trap the substance user in a binary identity dilemma and a dichotomous choice to be either an “addict” or “clean and sober.”

Harm reduction is realistic and compassionate.

**We disagree with this approach, and that is why we offer you this book.**

Harm reduction offers a completely different way of thinking about substance use and misuse. In harm reduction you don’t have to choose—harm reduction is a both/and approach to managing drug use and misuse. You can be a daily pot smoker *and* a good parent; a weekend partier *and* a great teacher, lawyer, plumber, or gardener; dependent on heroin *and* a loving partner. You can also have a problem with alcohol and be an occasional cocaine user or heavy meth user and a light pot smoker.

Harm reduction is a *both/and* instead of an *either/or* philosophy and practice.

Harm reduction takes a health rather than a disease perspective, a compassionate and humane rather than a moralistic and punitive perspective, on why people use drugs and how they get into trouble. It brings substance misuse into the realm of mainstream health care and releases it

from the clutches of the criminal justice system and from programs that preach zero tolerance for substance use. Harm reduction is realistic about the fact that, after 45 years and hundreds of billions of dollars, we have made hardly a dent in reducing the use of drugs. In harm reduction practice, drug use and drug problems are understood in the context of each person's overall physical, mental, and emotional health and well-being, not as moral failures, signs of a weak character, a brain disease, or, worst of all, criminal behavior.

From our perspective, you don't have a disease and you certainly are not immoral or weak! Even if you have done bad things while under the influence. Rather, you have a *relationship with drugs*. When we talk about "a relationship with drugs," we mean that *people use drugs for reasons*. Drugs work amazingly well to enhance pleasure, mediate pain, and alter perception. The speed you use does, in fact, get you through the day; alcohol helps you *enjoy* your wife's office holiday party; pot makes conversations more interesting (not to mention its many medical benefits); cocaine was around before Viagra; and heroin takes away *all* the pain. Drugs work; otherwise you wouldn't be using them. Or they did at one time, even if they are now part of a bad habit with which you are stuck. Either way, they are, or have been, a meaningful part of your life. Harm reduction takes that seriously and is *interested* in learning about your relationship with drugs.

Like all relationships, your relationship with drugs is probably complicated—sometimes healthy, sometimes not, sometimes harmless, sometimes disastrous. Like all relationships, it changes over its lifespan. And like all relationships, it takes time and trial and error to change. Harm reduction understands *how* people end up in relationships with drugs, and it recognizes the uniqueness of each person's relationship. It understands that some people simply grow out of substance misuse while others get into trouble. It understands change in a completely different way than previous models have. And it starts from a foundation of realism and compassion.

Harm reduction seeks to understand *why* each person develops a relationship with drugs. At least half of the people who have emotional and mental health problems also have problems with drugs, vastly more than the general population. Since most drugs are virtually the same as, and some *are*, prescription drugs, we subscribe to the self-medication hypothesis of drug use. Just because the drugs cause or exacerbate some problems doesn't mean they are not also a solution to others. Drugs interact in unique ways with each individual's physical, mental, emotional, and spiritual life and there is no single explanation for what most people call

The fact that substances can cause problems doesn't mean they haven't helped solve others.

“addiction.” Instead, harm reduction helps each person define his or her own particular problems related to drug use.

Harm reduction means being free—free of punitive sanctions for what you choose to put into your body and free of the fear, stigma, and shame that accompany your choice to use drugs.

Harm reduction is *not*, however, an easy way out. It’s not an “excuse” to ignore the harm your use might be causing. Harm reduction is, in fact, very hard work. Most of us don’t quit unhealthy habits and start healthy ones just because someone says so or just because it’s the “right” thing to do. But that doesn’t mean we do nothing at all. Harm reduction offers strategies and tools that help people manage or change their relationships with drugs without the need to go from 0 to 60. Or from 60 to 0.

Change doesn’t happen overnight. But in America we like to think it does. Although it originated as part of an ad campaign, “just do it” has become a powerful meme that tells us not to waste time *thinking* about a problem or challenge but to get out there and *do* something about it. In our current culture of prohibition, *doing* means *quitting*. But how on earth do we know whether we want to quit when we haven’t even analyzed the problem? Unfortunately, if we say “No!” we are labeled “unmotivated.” Most of us do not lack *motivation* to change—we are more often *ambivalent*, of two minds, torn between the devil we know and the devil we don’t. Change is scary. We don’t know who we will be and whether we can handle the responsibilities of a different life. Harm reduction understands and embraces ambivalence. Having mixed feelings is actually healthy: it means you’re able to see the pros, the cons, and the gray areas in between.

No one would suggest that you leave your husband or wife of 10, 20, or 30 years as soon as you get that “Oh, no, what have I been doing?” feeling. That sudden thud of reality that your relationship is a mess, even if the two of you have been fighting since the day you married, doesn’t mean you’re packing your bags tonight. You talk, you fight some more, you wonder how the kids would handle a divorce, you try to imagine yourself single again, and you just can’t see it. The same is true for relationships with drugs. Realizing you have a problem takes time, as does figuring out whether you want to do something about it. And if drugs are helping you cope with something else equally or more serious, the process is even more complicated.

But, normal as it is, ambivalence can be paralyzing. Take heart. Being stuck on the fence is a reasonable reaction to the sinking feeling that you’re going to be pressured to *do* something. Teetering on the fence is the legitimate beginning of the process of change. You don’t have to *do* anything.

You can think without having to decide. You can even try different things without committing. No pressure.

## A Different Language

You might have noticed already our use of different terminology than you are accustomed to hearing. Harm reduction has both embraced and created a language that reflects the full range of experiences with drugs and allows for the full range of options for change. It is a language grounded in research, a precise language that allows us to accurately understand each person's relationship with drugs and to select realistic options for change.

The language of harm reduction reflects the full range of drug experiences and options for change.

- *Substance (or drug) use and misuse*: We use these terms rather than *addiction*. Addiction is not actually a medical term, and is nowhere in the U.S. or European diagnostic manuals of medical and mental health disorders. The term is used too often and too casually to refer to *any* excessive behavior that we don't like in ourselves or others, rendering the word virtually meaningless as well as insulting to people who have *real* problems with drugs or compulsive behaviors. And the words *addict* and *alcoholic* carry an enormous amount of stigma in our society, stigma that negatively affects the person suffering as well as those who love him or her. We find the terms *substance use* and *substance misuse* more accurate. The former recognizes that the vast majority of Americans use alcohol and other drugs without issue. The latter is a neutral word that means using a substance in ways other than you intended.

- *Relationship with drugs*: Calling one's drug use a relationship highlights the emotional connections that people develop with the drugs they use. This term also shows respect for people who are struggling to balance the positive and negative results of their use.

- *Continuum of drug use*: Substance use occurs on a *continuum* that ranges from no use at all to harmless use to chaotic, out-of-control use, the kind that is often thought of as "addiction." In other words, people have different *levels* or *patterns* of use. Even for people whose substance use is harmful, their relationship with drugs can be healthy at other times; see the next page for

revealing statistics (in the box). Each person's pattern is different, and each person can change in many directions. People also can have problems with some drugs and not others. We have seen people over the last 30 years who have problematic relationships with alcohol but not with marijuana, or who get in trouble with speed but drink moderately, including after they quit using speed. We have worked with people whose use is chaotic, then they learn to moderate, yet they still have the occasional binge. We have also worked with many people whose goal is abstinence from all psychoactive substances, and they achieve that and happily move on.

- *Harm*: we use this term to refer to the negative consequences that can occur at *any* level of use. When we use the word *harm*, we have to be specific about exactly what harms each drug and each pattern are causing you and others in your life. It requires that we be precise, and that precision helps us to prioritize things that need to change.

Harms can occur at any point and should be addressed, regardless of whether a person is “addicted.”



- Of the 70% of Americans who *use* alcohol in any given year, 6.6% have problems. And 90% of *heavy* drinkers are not “alcoholic” (word used in the study).
- Of the 9.4% of Americans 12 and over who *use* illegal drugs, 2.6% *mis*-use them.
- Rates of substance misuse decline steadily over the lifespan. Many people (estimates vary) who *do* progress to one of the more serious levels of use back off on their own, without any help.
- Whereas 3.5% of adolescents and 7.5% of young adults misuse illegal drugs, 3.1% of adults between the ages of 26 and 44 do so, and only 1.1% of adults over 45, diminishing to almost 0 after 65. Likewise, rates of alcohol misuse slow over time from 13% for young adults to 9.1%, then 5% down to 2.4% over the lifespan.
- In other words, research shows that most people slow down or quit (called maturing out) by the time they are in their 30s. Others go back and forth between heavy and moderate use or abstinence.

Data drawn from large-scale annual surveys conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA) in addition to other studies on remission rates for substance use disorders. See the Resources for a listing of data sources.

## And a Different Practice . . .

Harm reduction is not about “getting clean”:

Unlike traditional “quit now and forever” programs, it is not about stopping all use of drugs, unless that is your goal.

It is not about quitting drugs or alcohol in the hope that simply not having these things in your body will solve all your problems.

It is not about determining, once and for all, whether you are an “addict.”

It is not based on an all-or-nothing attitude: drink *or* be on the wagon, use *or* quit, be clean *or* dirty, and so on.

Harm reduction invites you to address both your substance use *and* the issues that lie behind it. It asks you to recognize the harmful impacts—on you, your family, and your community—of your substance use, and it asks you to understand yourself and what drives your relationship with drugs. It challenges you to address the issues facing you, clearly and honestly, and it asks you to reduce harm. Whether or not you need to quit, it *does* mean you probably need to change *something*.

We appreciate the magnitude of such a challenge. If most of us had to strip down and look at our lives with brutal honesty, we’d climb into the nearest dark hole with as much of our drug of choice as money could buy and stay there till hell froze over. To some degree, we all avoid looking closely at the damage, pain, anger, sadness, loneliness, or depression in our lives. And we do so for an understandable reason: it hurts to live it, and it hurts to think about it.

Practicing harm reduction means taking an active interest in your own welfare and the welfare of those around you. It means being curious about why you drink or use. It means reviewing how you got here, why you

started using in the first place, and how you got to the point of needing this book. It means examining, *without harsh judgments*, the risks of your drinking and the trouble you’ve gotten into because of it. It means accepting, *without guilt*, that you like things about your drugs, that they are helpful or pleasurable, even if they cause problems. Finally, it means reducing harm, and for each of you that will mean something different.

*What does this look like?* Maybe you begin by making sure you always

Circular as it sounds, the goal of harm reduction is the reduction of harm.

have a ride home from the bar so you're not driving drunk. Then you quit drinking gin and stick with beer because the piercing headache that accompanies your gin hangover makes you argumentative at work. Then you drink less beer. You realize you've been depressed for a while, and you start taking antidepressant medication. Maybe you find a therapist who knows about harm reduction and doesn't say you have to quit before you can talk about your problems. Maybe you stop smoking pot for a while so that you can study and pass your exams. You exercise. You eat before you drink. You talk to a friend who also uses meth, and together you agree to party no more than once a month, to quit by noon on Sunday, and to always have condoms in your pocket.

If, for you, reducing harm means abstaining entirely, that's fine. But if it means beginning with tiny changes that move you in a positive direction, that's fine too. If it means drinking, but for the first time in your life not driving drunk, that's wonderful. If it means limiting your marijuana use to evenings before dinner or only after the kids are in bed, then you have made a mature and healthy choice. If it means getting more sleep on Sunday so you don't need a hit of speed to get through Monday, you're on your way. That's the reality of change for most of us. We do as much as we can the best way we can. And that's harm reduction.

### **. . . With a Lot of History behind It**

In the "addictions" field, harm reduction is a new approach. Although it's been known by that name since the early 1980s, it's still new to most individuals and still resisted by conventional treatment systems that subscribe to the idea that total abstinence is the only way to resolve problems with drugs.

On the other hand, harm reduction is not new at all; most of us practice it without even thinking. Harm reduction is wearing seat belts or motorcycle helmets. So is not drinking and driving—we do not forbid either somewhat risky activity; what we avoid is doing them at the same time. Preventive medicine—vaccinations, breast exams, prenatal care, and regular check-ups—is harm reduction; it lowers the *risk* of contracting diseases and having other health problems. Harm reduction is deciding it's time to start going to sleep before midnight. It is wearing sunglasses after years of squinting at the lake or on the ski slopes. In other words, harm reduction is just good common sense combined with some awareness of risk.

We are pretty sure that you have practiced harm reduction with at least

some of your drugs. You might have cut down or quit for family holidays, funerals, a child's graduation, or important work projects, then resumed your usual habits. You might have quit for periods of time (a drug holiday) to rest, lose weight, or satisfy a partner. You might have switched from spirits to beer, from alcohol to marijuana, or from shooting to smoking heroin. Even if you have not done these things yet, you have come to this book, so you are thinking about it.

We all practice harm reduction—it's just a combination of common sense and awareness of risk.

The reality of change:  
We do as much as we  
can the best way we can.

Finally, people change their substance use all the time. Most young people who have drunk alcohol and used drugs heavily reduce their use to nonharmful levels by the time they are 30. Most people who drink do so responsibly. That is true of drug users too, it is just not widely known because our national hysteria about illegal drug use keeps the ways that drug users manage their use underground. Each drug has a natural history and an expiration date, each slightly different, a natural course that waxes and then wanes over a period of years. If you think about the history of your own drug use, you will probably find that this is true for you too, for some of your drugs if not all.

## ... And Supported by a Great Deal of Evidence

Harm reduction offers a wide menu of options for changing your relationship with drugs without necessarily quitting. Its interventions come from decades of well-researched models and interventions in public health, medicine, and psychology. How does this work? Among many evidence-supported harm reduction strategies and interventions are:

### **Public Health Strategies**

- *Needle exchange programs*: In communities where they operate, the rates of HIV and other blood-borne diseases are much lower than in communities where sterile syringes are unavailable, according to thousands of studies.
- *Naloxone*: The overdose reversal medication saves lives—10,000 between 1996 and 2010, according to the Centers for Disease Control.

- *Supervised injection facilities (SIFs)*: Hygienic facilities staffed by medical and support staff reduce disease transmission, prevent overdose, and provide access to drug treatment and other health care.
- *Ignition interlock systems*: These mechanisms, which prevent a car from starting if a person is under the influence of alcohol, prevent drinking and driving.

### **Addiction Medicine and Psychiatry**

- *Opioid substitution therapy (OST)*: Methadone and buprenorphine are the most effective treatment for opioid misuse, especially when combined with other health, mental health, and socioeconomic support. OST lowers “street” drug use and crime and improves health and employment.
- *Alcohol craving medicines*: These evolve with research. Currently naltrexone is the medicine showing greatest efficacy in lowering alcohol craving.
- *Psychiatric medication*: Accurate diagnosis and treatment for conditions that people are self-medicating, such as attention-deficit/hyperactivity disorder (ADHD), depression, and anxiety, help people to manage their “street” drug use.

### **Behavior Change and Psychological Models**

- *Moderation or controlled drinking*: 50% of people who have had alcohol problems drink “asymptomatically.” There are various moderate drinking methods that help to achieve this, such as Moderation Management ([www.moderatedrinking.com](http://www.moderatedrinking.com), [www.moderation.org](http://www.moderation.org)), HAMS (Harm Reduction, Abstinence, and Moderation Support, [www.hamsnetwork.org](http://www.hamsnetwork.org)), Guided Self-Change ([www.nova.edu/gsc/index.html](http://www.nova.edu/gsc/index.html)), CheckUp and Choices ([www.checkupandchoices.com](http://www.checkupandchoices.com)), and the method outlined in the National Institute of Alcoholism and Alcohol Abuse “Rethinking Drinking” pamphlet ([www.rethinkingdrinking.niaaa.nih.gov](http://www.rethinkingdrinking.niaaa.nih.gov)).
- *Multipronged approaches*: Problems with substances result from an interaction between the drugs, the person, and his or her environment. This research-based model, developed by a psychiatrist who was studying heroin and cocaine users in the 1970s, is a foundation of harm reduction. Identifying and prioritizing issues in any of these three realms is more effective than always assuming that we must start by tackling the drugs. For example, using heroin alone increases the risk of a fatal overdose. Simply using with

someone else ensures life-saving intervention and increases the likelihood that eventually you will reduce your use or quit.

- *Realistic change*: Evidence shows that people progress through different stages of change, each of which requires a different kind of focus and effort. Action, just doing it, is not where everyone is, even after they accept they have a problem. In the words of Alex Wodak, Australian physician and harm reduction pioneer, “80% of something is better than 100% of nothing.”
- *Self-determination*: Individual choice is highly correlated with motivation, health, and a sense of well-being. Coercion, on the other hand, is correlated with low motivation and poor outcomes.
- *Relationships*: Being in contact with people who support rather than punish promotes motivation.
- *Empathy*: Deep understanding from others helps to mobilize motivation and is the foundation of a supportive relationship. *And empathy means understanding you from your point of view.*
- *Psychotherapy*: Therapy is as effective as other treatment interventions and is important for people who have complicating emotional or major mental health issues.

### **Socioeconomic Support**

For people who have lost everything—family, income, housing, a clean criminal record, and health—survival is a constant source of stress. Providing services and support without barriers is essential to their ability to regain some stability. Housing First initiatives, job readiness training and placement, reentry programs, benefits advocacy, and primary care services are essential to the overall well-being of people who are marginalized. They are integral to harm reduction. Because people who are marginalized are much more likely to develop problematic drug use and mental health issues, respectful treatments are also essential to their ability to recover and take their place in society.

### **Integration of Many Different Strategies**

Harm reduction integrates many different interventions—public health, medical, counseling, and practical—and customizes interventions to each

individual. Harm reduction is flexible, offers a menu of options for change, and believes in whatever works to reduce harm and improve health. These things are key to its effectiveness, as found in a 2010 international review of the efficacy of harm reduction ([www.drugpolicy.org/resource/harm-reduction-evidence-impacts-and-challenges](http://www.drugpolicy.org/resource/harm-reduction-evidence-impacts-and-challenges)).

## What Harm Reduction Offers

### ***Unconditional Welcome***

**Come as you are** is the mantra of harm reduction—anyone is welcome, regardless of his or her relationship with drugs, goals for future use, and motivation to change. Any route to change is supported, and every positive change applauded. Start where you are, not where you or someone else thinks you should be, and trust your gut when it says, “That isn’t going to work for me” or “That sounds like a great idea.” You’ll stand a better chance of making a plan that will work for *you*.

### ***Respect***

Many people will tell you that if you follow your own wisdom, you’re trying to do it “your way”—followed quickly by “Your ‘stinking thinking’ got you into this mess in the first place.” And “It works if you work it.” Your only option then is to surrender and follow “the program,” without regard for whether the program (almost always based on the 12 steps) is right for *you*.

Harm reduction understands that all kinds of people use all sorts of drugs, and there is nothing inherently wrong with this. Even at the worst of times, people retain their humanity and their self-knowledge. We have never met a drug misuser who had no awareness of at least some of the harms he or she was incurring. Treating a person with dignity and respect opens the door for a real conversation to occur.

Harm reduction treats *you* as the expert. Only you know your pain. Only you can evaluate what you need and why you use drugs to fill that need. Only you know whether you can quit heroin, alcohol, *and* cigarettes, *or not*. Harm reduction trusts that, consciously or not, you are always balancing the risks and benefits of using versus quitting or cutting down. Our job is to help you find more options between keeping on as you are and quitting altogether.

## **Curiosity**

Harm reduction is *interested* in your relationship with drugs. Many people change things all the time without thinking much about them. But for people who are really attached to their drinking and their drugs, it is important to understand *what* you are attached to and what you would be giving up if you changed. What does it mean to you? Is it medicine? Is it how you feel about yourself? In harm reduction, we ask dozens of questions. **And we do so completely without judgment.**

## **Safety before All Else (Do Less Harm)**

Before anything else, harm reduction pays attention to safety—both yours and others'. Safety means reducing the *harm* of your drug use without necessarily reducing how *much* you use. Not drinking and driving, sterile syringes and safe crack pipes, taking care of the kids, and loading up on condoms when you set out for a party are but a few of the harm-reducing possibilities that harm reductionists keep foremost in our minds. Safer use strategies can be implemented by changing the route of administration (for example, switching from shooting to inhaling, from smoking to eating) or adjusting the frequency, the timing, or the amount of one's use. Easier said than done when you are burdened with trouble or feeling reluctant, but we help you explore safety options as quickly as possible. The bottom line is: **You don't have to quit to be safe!** We believe that drug users have as much right to be safe and healthy as anyone else. People say, "You have to bottom out before you'll be ready to *do* something." To that we say, "Bottoming out kills."

## **Real Information: "Just Say Know" Instead of "Just Say No"**

Harm reduction offers accurate and unbiased information about drugs. And it offers this information to *everyone* who uses, not just those who have been identified as "addicts." After all, people might not *know* that you can overdose the first time you try heroin, or that what seems like a drinking game can become lethal, or that you need to drink lots of water if you're using ecstasy and dancing to avoid dangerously overheating. "Just Say No" messages deprive people of real and detailed information that saves lives.

Harm reduction assumes that people are intelligent and capable of making informed choices *if they have the information they need* (see the box on the next page).



- **Know** what and how much you are using—the potency as well as the amount.
- **Know** why you are using—what you are looking for in each dose, what you expect to happen, and what your vulnerabilities are.
- **Know** your surroundings—the place and the people—and the extent to which they are safe and supportive or might put you at risk of harm.
- **Know** your limits—the line between just enough and too much, FOR YOU.

### ***Tips to Care for Yourself While You're Using***

Harm reduction means taking care of yourself, regardless of the status of your drug use. Eat, drink water, breathe fresh air. Get your emotional and mental health needs attended to, formally or informally. Get prenatal care without fear of criminal sanctions. (Check the laws of the state you live in to find out if there are penalties for pregnant women who use drugs.) Spend at least a little time around people who care about you and treat you kindly. Treat yourself kindly. Stay away from judgment, rejection, and dogma. Some of these things require the cooperation of therapists, doctors, and state laws. Others you can do by yourself or with the help of friends.

### ***Any Positive Change***

Harm reduction values *any* movement in the direction of greater health and well-being, however small. Changing the time of day—just starting a couple of hours later so you can eat a big breakfast—taking a break, drinking a couple of pints of water, or taking a nap can be of huge benefit to your health. Some people moderate their use of all drugs, while others abstain from all; some abstain from some and moderate others, while still others abstain or

Being *over it* means having a sense of well-being, optimal health, satisfaction with life, and a nonproblematic relationship with drugs.

moderate most of the time and then enjoy the occasional episode of intoxication.

**We in the harm reduction community believe that “absence of problematic substance use,” alongside a sense of well-being, optimal health, and satisfaction with life, defines**

**being fully out of harm’s way. What others call “recovery” we call being *over it*.**

## Self-Efficacy

“Success breeds success.” We believe in this old adage. And there is plenty of research to back it up. Self-efficacy is the belief that “I can.” It is having the confidence in your ability to accomplish a specific task or goal. Self-efficacy is an important concept in the field of psychology, and it is one of the single greatest determinants of motivation and success. In other words, belief in yourself predicts success. Belief in failure, on the other hand . . . well, you get the point. It’s called the “What the hell?” syndrome. What this leads us to conclude is that it is better to make small changes that you can count on than to aim for goals that are too large to meet in a meaningful time frame.

## Could Harm Reduction Be for You?

Everyone can benefit from harm reduction, whether you identify as a problematic drug user, you overindulge in other things that you would like to change, or you simply like its philosophy and practices as a way of approaching any problem.

You are the only one  
with the power to choose  
what’s best for you.

## What If You Don’t Want to Acknowledge Harm?

By now you’ve probably been told that your unwillingness to quit or even to acknowledge the harmful consequences of your habit means you’re “in denial.” Besides the likelihood that you are ambivalent about doing something different, or you still aren’t convinced of what the problem is, looking at harm is *painful*, especially if the damage is serious. Your head hurts, your stomach churns, you feel hopeless, you hate yourself and your life, and that dark hole looks awfully tempting. These are some of the very things that *drive* drinking and using.

“I feel guilty about how much money I’ve blown on crack, so I smoke more to erase the guilt.”

“I’m already a junkie with AIDS, so why bother using clean needles?”

“My wife left because I drink, so what the hell? Might as well keep drinking.”



- **Harm reduction is for *anyone* who has developed problems with alcohol or other drugs.** You don't have to define yourself (or let someone else define you) as an "addict" or an "alcoholic." You don't have to "hit bottom" before you can get better. You don't have to be living on the street, getting arrested, courting disaster, alienating everyone, or living in chaos before you recognize the need to do something different.
- **It's for you if your life as a party animal is starting to catch up to you**—if your social use of alcohol or other drugs has become more pervasive and is affecting your work, your relationships, and your finances.
- **It's for you if you feel like you're just not at your best these days and you wonder how in the world you got to this point**—where you're drinking every single evening, and no longer a glass of wine or two with dinner but a couple of martinis followed by a bottle of wine. Or you've smoked just a little pot for all of your adult life and all of a sudden feel like your life hasn't changed in 20 years.
- **Harm reduction is for people who have co-occurring emotional problems or complicating medical issues.**
- **It's for you if you like to solve problems your own way but still want a science-based method.**
- **Harm reduction is for people who have tried the standard treatment and 12-step options and found them unsatisfactory.** Some people want to be in charge of their own lives and find the idea of powerlessness ridiculous. Others experience powerlessness as terrifying because it is the very real condition that they experience every day; why on earth would they *embrace* it? Still others want and need a more complex psychological approach that explores the reasons and the meaning behind their relationship with drugs.
- **Harm reduction is for those who have been denied therapy "until they do something about their drug problem," which usually means going to AA, NA, or drug treatment.** Some people want or need therapy for vital and life-saving reasons and can't even think about changing anything until they sort out the relationship between their drugs, their physical and emotional states, and their environment.
- **Harm reduction is also for people who have suffered treatment trauma.** By "treatment trauma" we mean experiences in treatment that have *caused* harm—experiences such as confrontation, verbal abuse, demeaning language, exclusion or isolation from the group, and sometimes outright brutality.
- **Harm reduction is for people who don't want to be abstinent to solve their problems with drugs.** Harm reduction embraces many avenues of change and has strategies to accomplish them. The three broad directions that people choose are safer use, moderation, and abstinence. (Yes, it is a myth that harm reduction is opposed to abstinence.) All are very well-founded and successful routes to change and health.
- **And finally, harm reduction is for people who want to be no longer under the influence of either drugs or addiction dogma, who want to get over it once and for all.**

*Don't freak out!* This reaction is normal. Looking at harm is a big step, and a very painful one if the damage is serious. Take a break. Take your time. Give this book to your cousin who *really* needs it. Or just leave it on the shelf and head for the bar. (Just don't drive to get there!) When you're ready, when you become curious or more relaxed, when some other crisis in your life has calmed down, when you feel it's safe to move forward, or when you can't stand the pain anymore, you can start again. Wait until you *want* to pick up the book. In the meantime, skip to Chapter 9 to get more tips on how to take care of yourself while still using. Or go straight to Chapter 11, where we discuss how to find help that will honor your self-determination and help you change at your pace.



It's YOUR life.

It works best if you define your problems.

Change is most successful if you choose a path that YOU can follow.