

How do you define harm reduction? Have this month's readings altered your definition at all?

This month's readings compared a public health perspective on harm reduction to liberatory harm reduction.

One critique Hassan offers of the public health perspective on harm reduction is the idea of "recovery readiness." On page 118 she writes, "Recovery readiness is the concept that drug users... and those of us struggling with activities deemed to be risky require an incentivized program to prepare us for what is considered the ultimate goal: abstinence and sobriety." On page 119 she continues to write, "The linking of social services to behavior change creates a hierarchy in our basic needs and forces us to lie to get help." She goes on to offer a paraphrase of recovery readiness as "*meeting people where they are at- so we can move them to where we think they should be.*"

How are our programs and/or institutions guilty of this? Do you have examples of incentives being helpful? When have they been unhelpful?

On page 123 Hassan writes, "'High-risk behavior' is a stigmatized way of talking about the gorgeous and varied coping strategies we reach for when we are trying to heal from trauma or just survive day to day."

Do we feel pressure to include incentives in our policies & procedures? Are there ways we can meet students where they are without pressuring them to lie to get help and without disrupting our institution's goals? Do we know what our students are using substances to cope with? Are there ways our programs and initiatives can address these reasons?

On page 147, Hassan refers to trauma-informed care as a myth. She writes that's she's learned that almost all coping strategies are stigmatized in some way, depending on a person's group membership/affinity, age, gender, or race. She argues that we need to develop an understanding and respect for all ways in which folks cope, heal, and rely on community.

While this may be uncomfy, can you think of a time in which you identified a behavior from a student as risky/harmful, even though this was a student's coping strategy? Can you think of a time a student was using a "lower risk" coping strategy that you understood to be harmful to them? How are we approaching these in our work and/or policies? Why?

On page 159 Hassan writes, "One of the critical differences in Liberatory Harm Reduction philosophy, as opposed to a public health strategy, is that it doesn't rank the outcome of 'making a change' above the outcome of 'not making a change.'... harm reduction sets a menu of options... it places no inherent value in the options themselves."

Is our programming offering a menu of options or is it Chef's choice every day? If there are options, are we knowingly/unknowingly placing value on certain options over others? If we are, do we have to?