Advancing Wellness in New York Counties:

A Comprehensive Harm Reduction Position Statement

NYS Conference of Local Mental Hygiene Directors, Inc.

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Introduction

The history of harm reduction as a public health approach can be traced back to the late 20th century with the goal of minimizing negative consequences associated with certain behaviors, particularly those related to substance use or other risky behaviors.

Successful development and implementation of effective harm reduction strategies requires thoughtful local engagement and service planning that is tailored to meet the needs of each community. When done correctly, these strategies will seek to address social determinants of health, social justice needs and racial inequities that have long plagued individuals suffering from substance use disorder; appropriately adjusting how care is delivered within our healthcare systems. Advocating for fair and inclusive policies that consider the broader social context of harm reduction interventions in each local jurisdiction is the primary goal of the Conference's harm reduction position.

What is the NYS Conference of Local Mental Hygiene Directors?

The Conference was created pursuant to section 41.10 of the Mental Hygiene Law and its members are the Directors of Community Services (DCS) for the 57 counties and City of New York. The DCS serves as the CEO of the Local Governmental Unit (LGU), defined in the statute as the portion of local government responsible for mental hygiene policy and for the planning, development, implementation, and oversight of services to adults and children in their counties affected by mental illness, substance use disorder, and intellectual/ developmental disabilities.
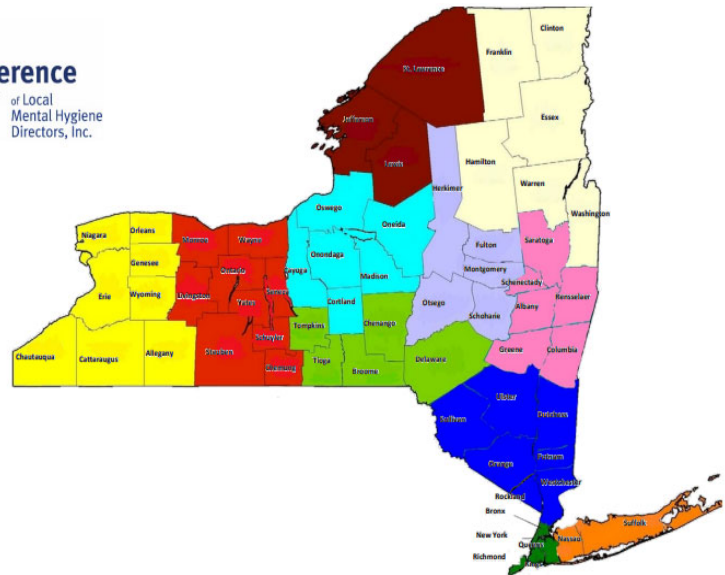
As such, the Directors of Community Services have linkages to health and social service systems within their local jurisdictions and have a unique view of the needs of and problems facing the people they serve. Most often, these needs are not limited to a single service but are complex and extend beyond the scope of behavioral health care and into other distinct areas, such as housing, school/employment, public benefits, food/ social needs, and the criminal justice system, including the county jail.

While the DCS is the local contact point for each of the mental hygiene systems and effectually navigates and oversees the full array of service delivery within each system, a lack of workforce continues to challenge the advancement of harm reduction efforts.

Implementation of Harm Reduction Strategies

Implementing effective harm reduction strategies often involves engaging various service providers, and severe challenges arise when staff are overburdened, or trained clinicians are unavailable to promote such initiatives. These strategies must be flexible to meet the diverse needs of the individual, specifically those who may not have benefited by standard approaches in the past, and the communities being served. What works for one individual or community may not work for another due to differences in culture, socio-economic status, or personal preferences. To deal with these challenges, it is important that the development of harm reduction public policy be tailored to address these needs, and may include but are not limited to:

- Professional development through investments in education and training
- Innovative/non-traditional services that expand beyond prevention, treatment and recovery
- Geographic disparities
- Professional resistance
- Legal and regulatory barriers
- Cultural competency

Principles of Harm Reduction

The principles of harm reduction provide a framework to address the negative consequences associated with certain behaviors, particularly those related to substance use. These principles guide the development and implementation of harm reduction strategies with a focus on minimizing harm, promoting health, and respecting an individual's independence. There must be an emphasis for setting practical and achievable goals, recognizing that complete abstinence may not be immediately attainable for everyone. The primary focus should be to reduce harm and improve overall well-being, which can be achieved by the following:

Compassionate Approach
A fundamental principle of harm reduction is a non-judgmental and compassionate stance toward individuals engaging in high-risk behaviors. This approach seeks to reduce stigma and create an environment where individuals feel supported rather than stigmatized.

Client-Centered Care
Recognizing individuals have diverse needs and circumstances, interventions should be tailored to meet the specific needs and preferences of each person, promoting a personalized approach to care. Acknowledgment that individuals may not be ready or able to make immediate and drastic changes in their behavior, acceptance and support of incremental changes and harm minimization are valid steps toward improved health.

Proven Strategies for Local Solutions

Minimizing negative health consequences associated with certain behaviors is a central goal of harm reduction and can include:

Prevention and harm reduction are not mutually exclusive, but rather complementary approaches. While harm reduction focuses on minimizing the negative consequences of existing behaviors, prevention aims to hinder these behaviors from occurring in the first place. Integrating both approaches in a comprehensive public health strategy can maximize effectiveness in addressing complex health challenges.

Youth, especially those from disadvantaged backgrounds or facing social challenges, may be particularly vulnerable to engaging in risky behaviors. Engaging youth in positive activities and providing support for healthy behaviors contributes to safer communities and can help break the cycle of intergenerational transmission of risk factors. By investing resources into preventative measures, communities can reduce the burden on healthcare systems, criminal justice systems, and social services leading to lasting positive change.

Co-Occurring System of Care Models are integral to relapse prevention. These models must be developed with a welcoming focus that expects individuals seeking services to have complex needs and be comprised of a system that is prepared to provide competent integrated treatment and support in an empathic, hopeful, integrated, and strength- based way—a truly no wrong door approach.

Counseling Supports and Access to Medications for Opioid Use Disorder (MOUD) require the inclusion of harm minimization, empowerment, and collaboration. By addressing the complex factors contributing to risky behaviors, counseling with the addition of MOUD becomes an essential component of a holistic set of interventions that can help reduce or end substance use.

Peer Engagement is a fundamental component that recognizes the value of lived experience in creating meaningful connections, and fostering environments that support individuals in making positive choices for their health and well-being.

Needle Exchange Programs provide clean needles and syringes for individuals who use injection drugs, reducing the risk of transmitting bloodborne infections such as HIV and hepatitis.

Naloxone helps reverse fatal overdoses. Wide distribution of naloxone can prevent fatal outcomes and contribute to the overall safety of individuals during their recovery journey.

Education on Safer Drug Use Practice offers information on harm reduction strategies related to drug use, including safer ways of consuming substances and reducing the risk of complications such as infections and injuries. Increasing public awareness will help individuals and their families recognize the signs of overdose, how best to respond to an overdose, and where to access emergency medical assistance. This allows individuals and their communities to take life-saving measures.

Encouraging individuals to engage with healthcare services by promoting regular check-ups, testing, and access to medical care to help identify and address health issues at an early stage.

Community Engagement

Community engagement is a key principle of harm reduction and the development of priority interventions. Counties must work in collaboration with local providers, law enforcement and state partners to ensure interventions are culturally relevant and responsive to the unique challenges of their affected communities.

Resource Limitations and Treatment Retention

Implementing successful harm reduction interventions must take into account available resources and service access in order to appropriately support safer practices and healthier choices. By providing accessible and evidence -based interventions, individuals are more likely to stay engaged in recovery programs for the long term.

Social Justice and Equity

Harm reduction recognizes the social determinants of health and aims to address inequities and social justice issues. There is a critical need to address the longstanding inequities and health disparities affecting persons of color and low-income individuals and their families and we must ensure interventions are non-stigmatizing and provide appropriate access to care.

Policy Implications

Harm reduction often involves advocacy for supportive policies that facilitate the implementation of harm reduction interventions and reduce legal barriers. Provisions must include monitoring and evaluation of harm reduction programs to help assess their impact, identify areas for improvement, and ensure that interventions are responsive to evolving community needs. This involves state and local partnerships in collecting and sharing outcome data, and making data-driven adjustments to improve effectiveness.

Principles of Harm Reduction continued

Challenges and Stigma

Harm reduction initiatives often face stigma, which are typically directed towards individuals engaging in certain behaviors, as well as the programs and policies designed to support them. Stigma can hinder the effectiveness of harm reduction efforts and create barriers to the well-being of individuals and communities.

Stigmatizing and discriminating against individuals who use substances or engage in high-risk behaviors can lead to feelings of shame, isolation, and reluctance to seek help or engage with harm reduction services.

Policies that criminalize certain behaviors, such as drug use, contribute to stigma. Criminalization can perpetuate negative stereotypes and hinder individuals from seeking support due to fear of legal consequences. By promoting a non-stigmatizing and inclusive stance towards individuals engaging in high-risk behaviors, we encourage a shift away from punitive measures in favor of supportive and understanding interventions.

Addressing stigma is crucial for the success of harm reduction initiatives. Advocacy, education, and community engagement are essential components of challenging misconceptions, promoting understanding, and creating environments that support the health and well-being of all individuals, regardless of their circumstances.

Conclusion

When identifying pathways to strengthen the health and wellbeing of the individuals and families that have long suffered as a result of addiction, the expertise and vision of the DCS/LGU provides a unique local perspective necessary to successfully promote the health and social care of individuals and their families in the communities they serve.

By prioritizing the reduction of harm and promoting individual and person-centered care, harm reduction interventions will contribute to the overall well-being and sustained recovery of individuals facing substance use challenges.