

My Choices

Drug	Why I Started Using	Why I Use Now

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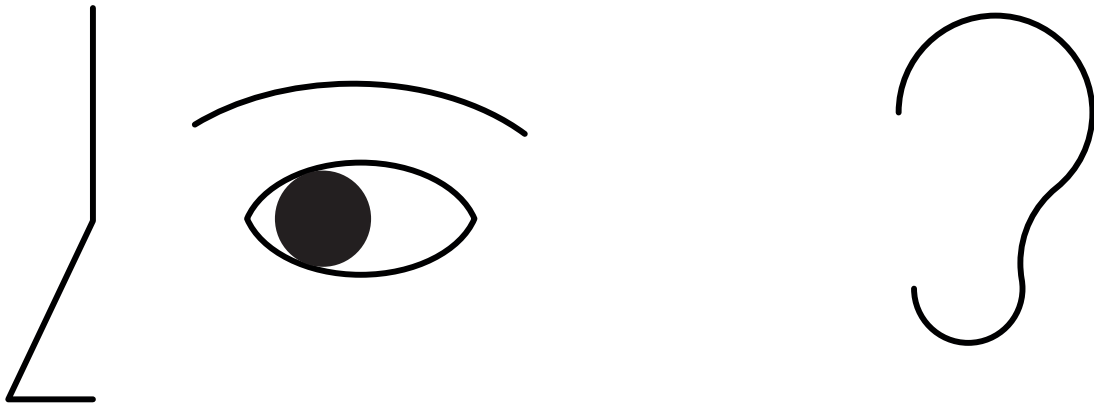
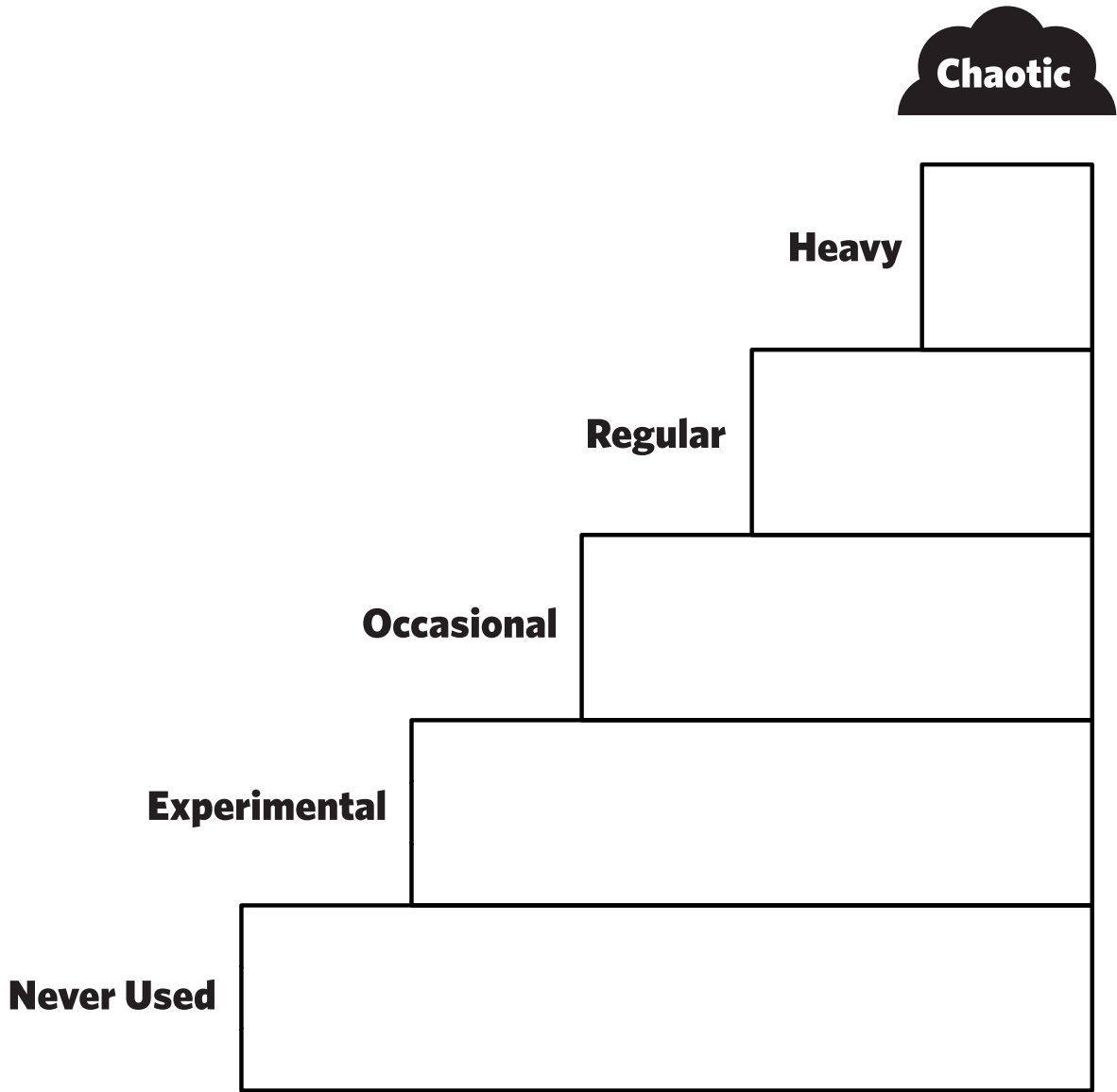
Continuum of Drug and Alcohol Use Worksheet

Drug	Amount	Frequency	Complicating Factors	Level of Use

Continuum of Drug and Alcohol Use Worksheet

Drug	Amount	Frequency	Complicating Factors	Level of Use

My Continuum of Drug and Alcohol Use



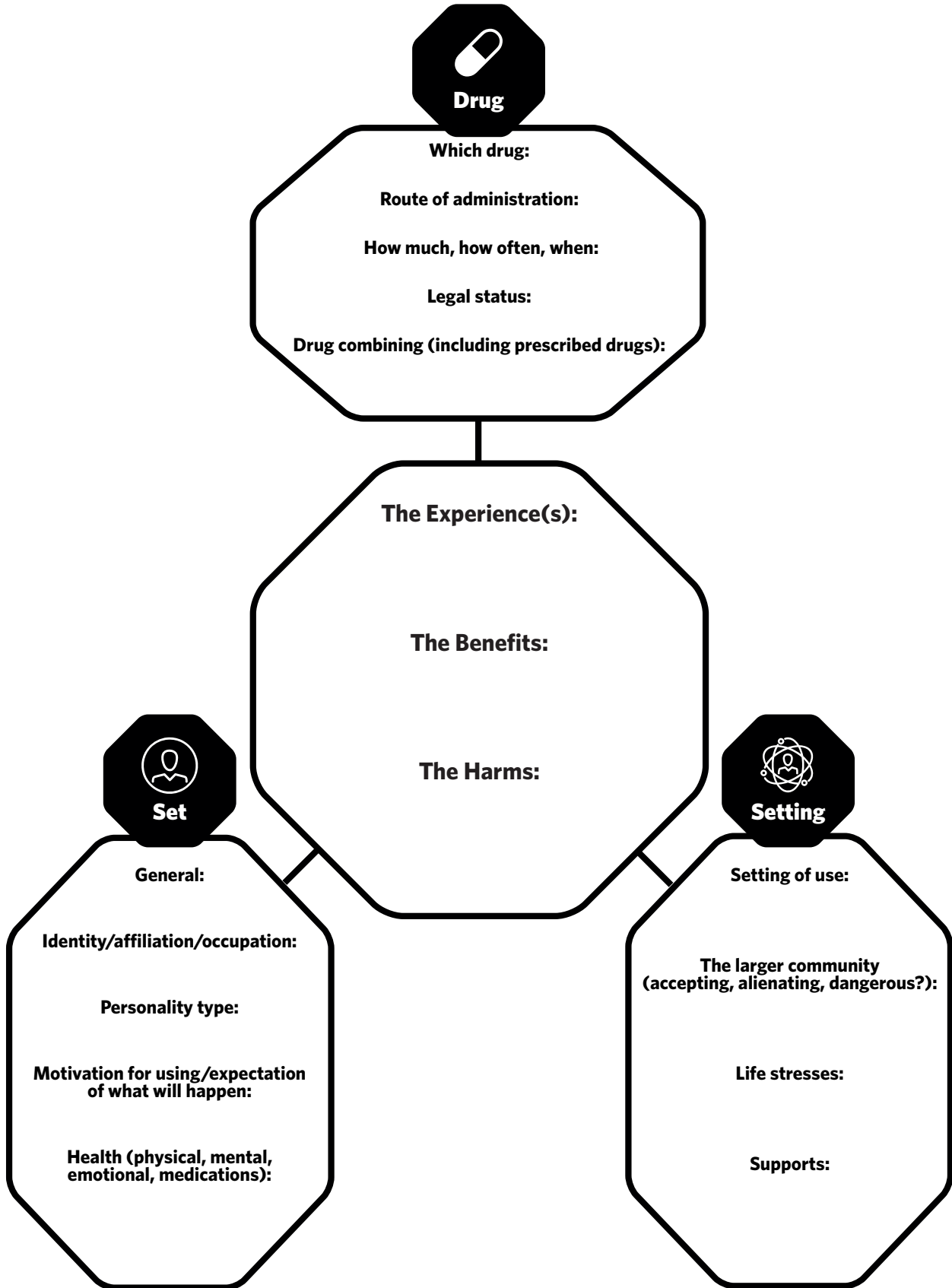
Harms/Risks of Drug and Alcohol Use Worksheet

Drug	Amount	Frequency	Complicating Factors	Level of Use (guess)	Harms/Risks

Benefits and Harms of Drug and Alcohol Use Worksheet

Drug	Level of Use	Benefits	Risks/Harms

My Drug, Set, Setting

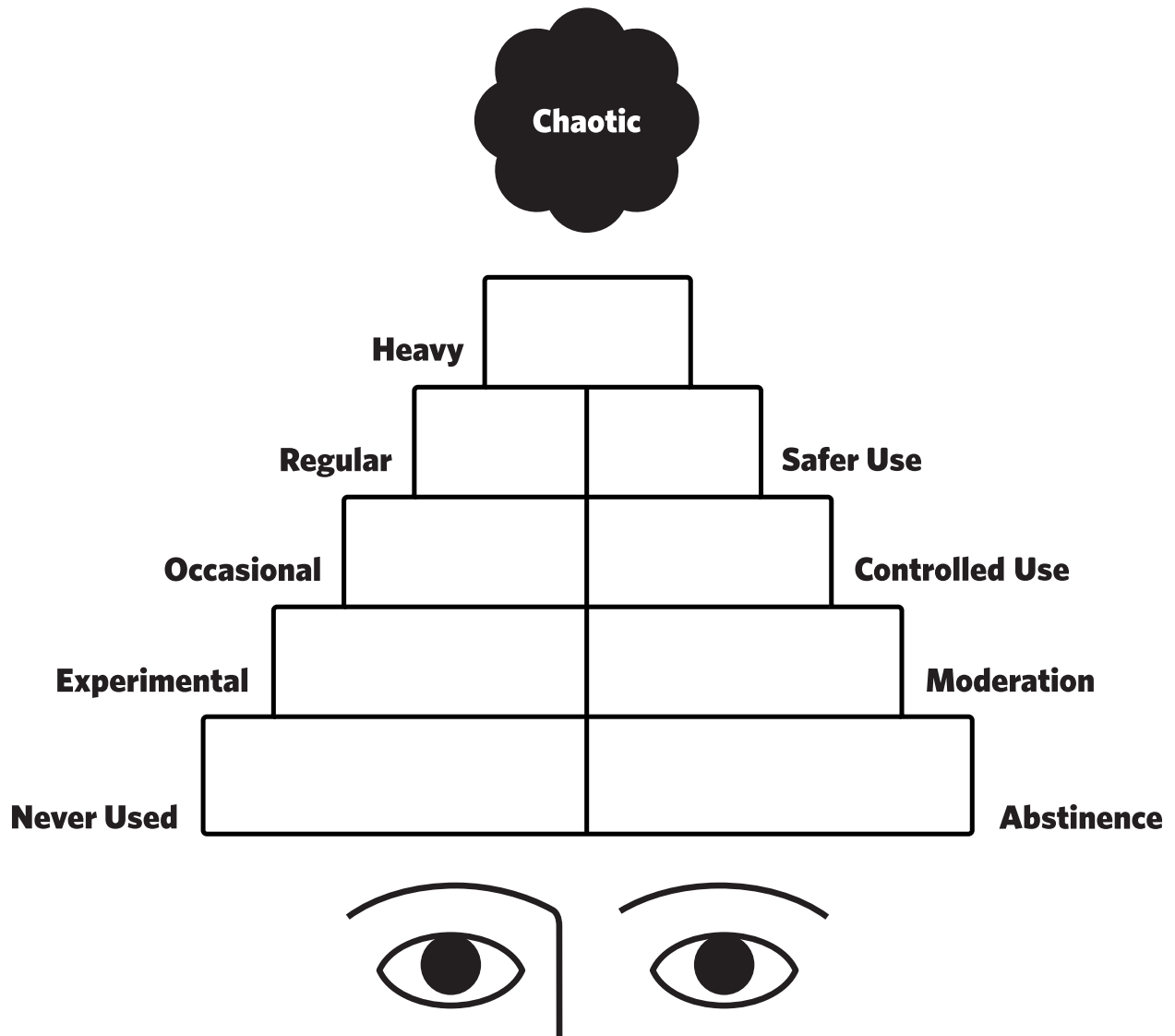


My Change Wish List

Drug	Your concerns	Goal				
		Safety	Control	Moderation	Abstinence	Nothing

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My Harm Reduction Continuum



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What I Am Saying to Myself

Drug Problem	The Words I Am Saying to Myself: Change or Sustain?

My Readiness Ruler



Are you not prepared to change, already changing, or somewhere in the middle?

0	1	2	3	4	5	6	7	8	9	10
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I don't know

**Not
prepared**

**Already
changing**

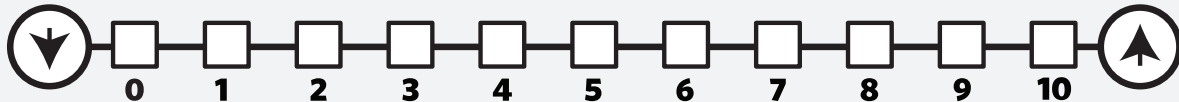
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My Complex Readiness Ruler

I would like to make changes to: _____

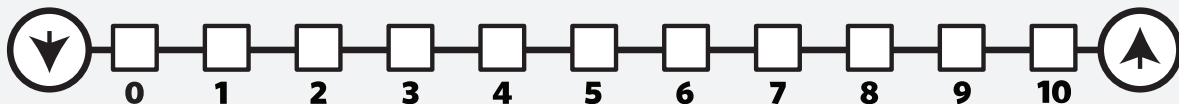
IMPORTANCE

On a scale of 0 to 10, with 0 meaning "not important at all," and 10 meaning "couldn't be more important," here's how important making these changes are to me:



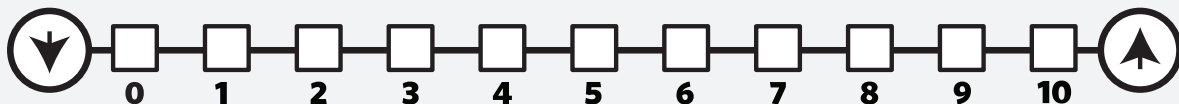
READINESS

On a scale of 0 to 10, with 0 meaning "not ready at all," and 10 meaning "couldn't be more ready," here's how ready I am to start making these changes:



CONFIDENCE

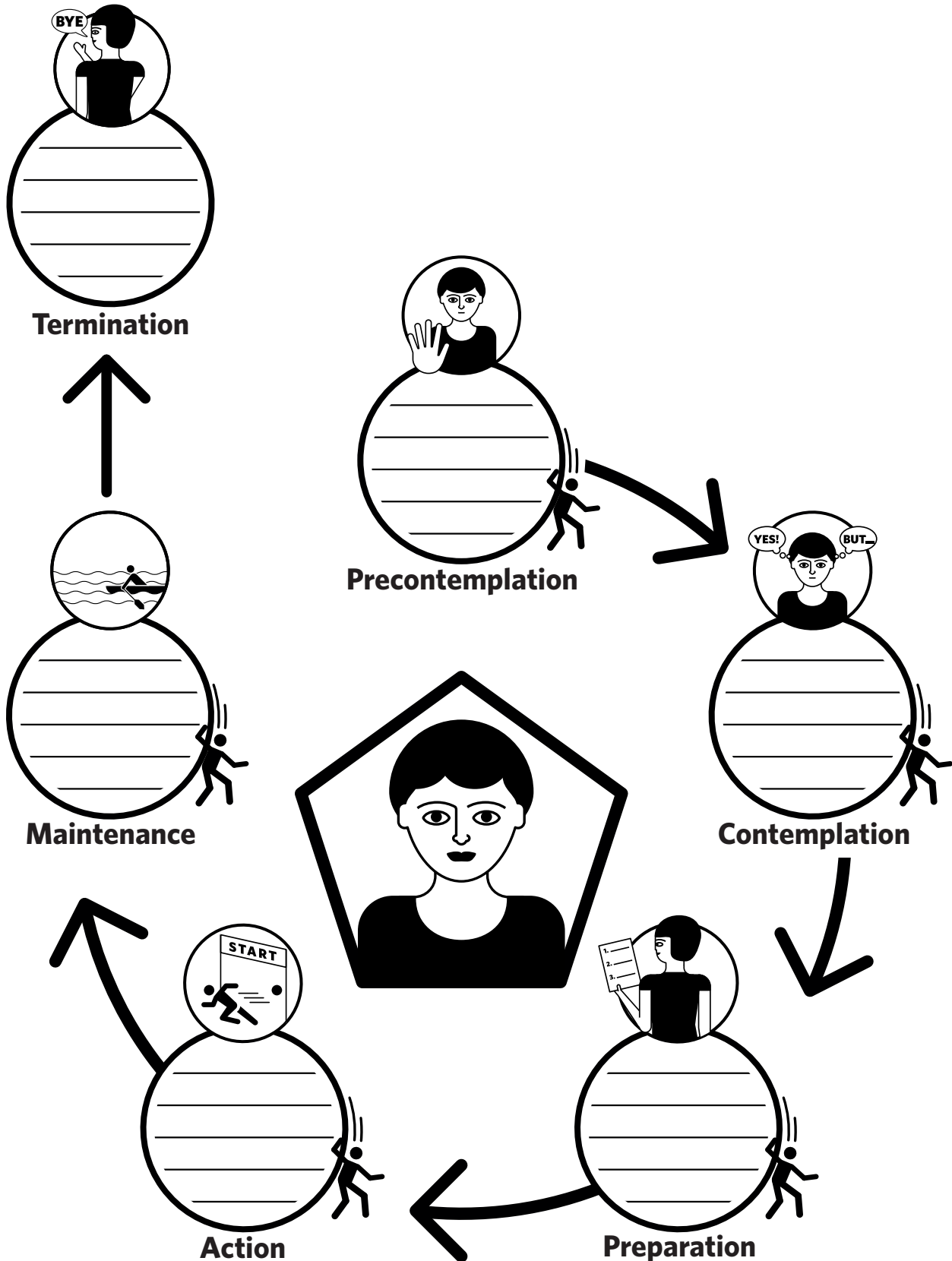
On a scale of 0 to 10, with 0 meaning "not confident at all," and 10 meaning "couldn't be more confident," here's how confident I am that I can make these changes:



My Stages of Change

Stage	Drug/s or Issue/s	Goal and Steps
Precontemplation		
Contemplation		
Preparation		
Action		
Relapse/recycling		
Maintenance		
Termination		

My Stages of Change Wheel

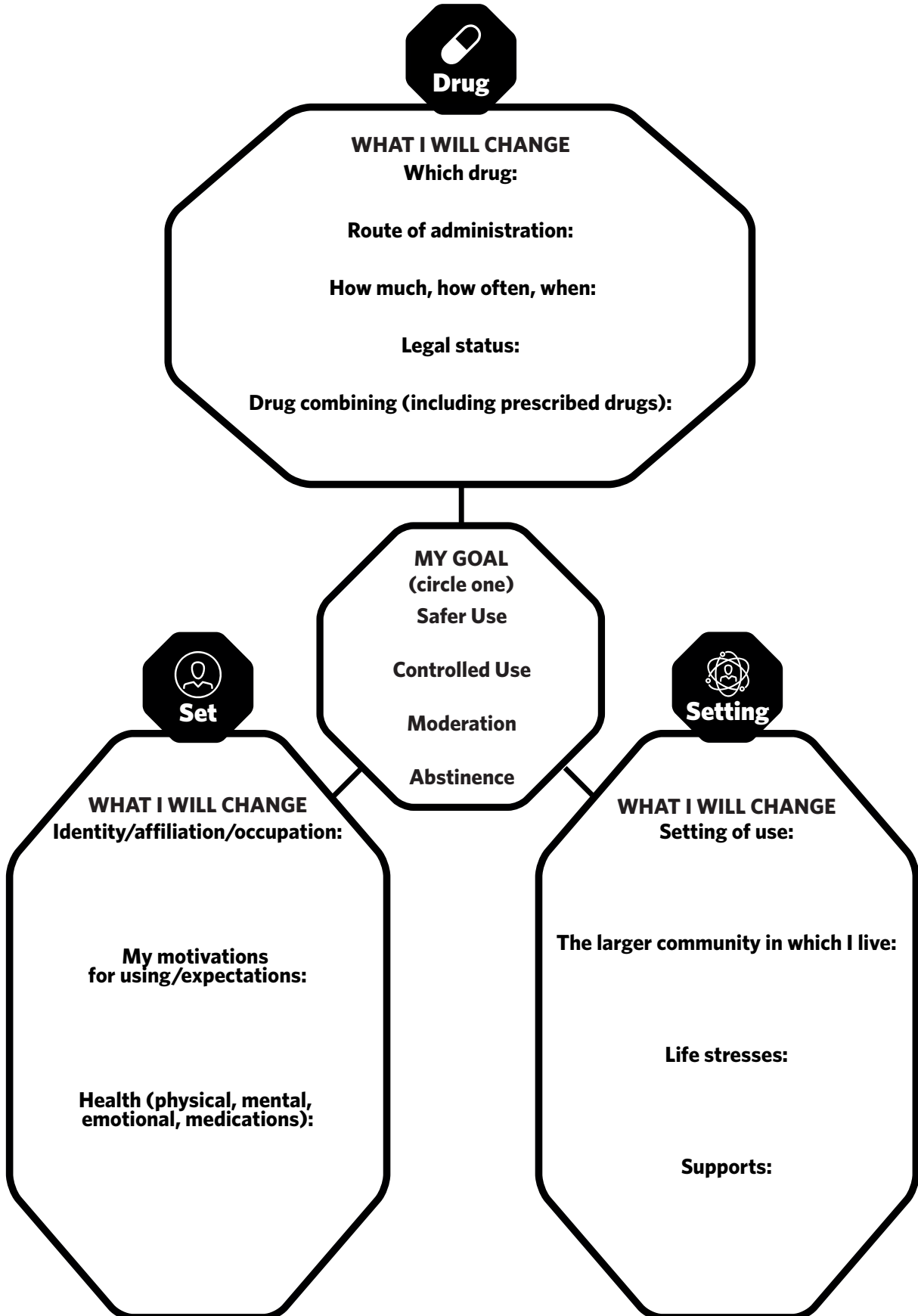


Decisional Balance Worksheet



NOT TO CHANGE	TO CHANGE
Things I like about _____	Things I don't like about _____
Difficult things about changing my use	Good things about changing my use

My Drug, Set, Setting Goals



Tracking My Progress

Tasks	What You Are Accomplishing
I am listening to: (Precontemplation)	
I have learned: (Precontemplation)	
I am thinking about: (Contemplation)	
I have decided: (Contemplation)	
I am planning: (Preparation)	
I am doing: (Action)	
I am taking care of myself and changing my surroundings in these ways: (Maintenance)	
I am no longer thinking about: (Termination)	

What Is Harm Reduction?

Harm reduction is a way to help people change their substance use without demanding immediate and lifelong abstinence. It uses many creative strategies to keep people alive and safe while they figure out how to develop a healthier relationship with drugs. For some people, that means abstinence; for others that means moderate or safer use.

Harm reduction takes a *health perspective*, rather than a moral or legal perspective, on drug use. Drug use is not *bad*. It is normal human behavior, and most people don't get into trouble because of it. Drug *misuse* is a habit that has gotten out of hand, or it is a signal of other co-occurring problems.

Harm reduction attends to every aspect of health—physical, mental and emotional, social, and economic. It is nonjudgmental, compassionate, and pragmatic—it starts where the person is, stays with the person through the *entire* process of change, and never ever kicks anyone out.

Why Do We Need Harm Reduction?

Because standard drug treatment works for only a small percentage of people who have drug problems. It is a “one-size-fits-all” system that doesn't encourage individual differences and solutions, so a lot of people get turned off. There is a need for treatment that addresses people's substance use and the issues that lie behind it. And there is desperate need for treatment that can reach people wherever they are with whatever they need *in that moment*.

Who Is Harm Reduction For?

It is for anyone who uses drugs, because *anyone* can incur harm, regardless of whether he or she has developed a serious problem.

That includes:

- People who have tried and failed at treatment attempts.
- People whose drug use is complicated by mental health or medical issues that need to be understood and treated simultaneously.
- People who want to quit but don't feel comfortable in AA or other 12-step programs.

(continued)

What Is Harm Reduction? (p. 2 of 3)

- People who don't necessarily have serious drug problems but get in trouble because they don't know enough about drugs—kids going off to college, first-time users, or people who get drugs slipped into their drinks.
- People who buy drugs on the street and get contaminated drugs or drugs of uncertain composition or potency.
- People who want to understand what is causing their drug problems before deciding what the solutions are.

How Does Harm Reduction Work?

There is evidence behind all of the principles and practices of harm reduction. It works because it:

- Establishes safety—*anyone* can incur harm, regardless of whether his or her substance use rises to the level of moderate or severe *misuse*.
- Educates *everyone* about drugs and safer ways to use—knowledge without hysteria.
- Explores each person's unique relationship with drugs and understands that drug use is as complicated as the person using.
- Is realistic about change and encourages small realistic steps that can actually be achieved.
- Respects autonomy—when people have choices, they are more motivated.
- Helps people take care of themselves while they keep using—to keep them alive and healthy while they are working on change.

All of this takes place in a climate of unconditional welcome, respect, and collaboration. Self-determination is our highest value, and it leads to better health and well-being.

Dispelling Some Myths

You have to hit bottom to get serious.

People believe this because they can't understand why people don't quit despite all the evidence that they are in deep trouble. But hitting bottom is not only

(continued)

What Is Harm Reduction? (p. 3 of 3)

unnecessary—it's dangerous. Some people adapt to the bottom; others die there. The fact is, most people grow out of heavy drinking and drug use by the age of 30, usually without any help.

Abstinence is the only way.

People believe this because it's what we've been told for 50 years. And it's scary to see someone who clearly has serious problems keep on using. Quitting is safer. But abstinence isn't the only way. Many people pull themselves back to a healthier pattern. According to a large national survey on recovery from alcohol misuse, 50% of people became nonproblematic drinkers, 25% quit, and 25% continued drinking heavily.

Harm reduction is opposed to abstinence.

People believe this because harm reduction respects the individual's right to choose, including to choose drugs, and does not tell people they have to quit. Harm reduction also does not believe that people should be punished for using drugs. And harm reduction supports people who use drugs by offering them information and equipment to do so more safely.

But abstinence *is* a part of the harm reduction continuum. It is a very effective harm-reducing option, and many people end up choosing it for one or more of their drugs. It just isn't the *only* harm-reducing outcome and, in many cases, is not necessary, since so many people successfully resolve their issues with substances without quitting.

Harm reduction supports drug use and is enabling.

Harm reduction is neither for nor against drug use. Drug use is a reality. Most people in the world get intoxicated in one manner or another. Harm reduction understands drug *use* as well drug *misuse*. But that doesn't mean harm reduction *enables* people to use drugs, as if we could actually stop someone! What harm reduction enables is *safer* use. It enables informed choice. And it enables a change process that people might just stick with. That's because we love people who use drugs as much as we love anyone else. We want them to stay alive, avoid the worst harms of drug use, and have the support, the belief, and the sense of self-respect needed to make the healthiest choices possible. *In other words, harm reduction is pragmatic, and harm reduction is kind. Pragmatism and kindness promote health and change.*