



Harm Reduction Analysis through a Brain Injury Informed Lens

Harm reduction is a philosophy and set of practices applied to promote safety associated with culturally stigmatized behaviors, such as drug use and sex work. Harm reduction is practiced on two levels: the **interpersonal**, where we change our routines, share suggestions, and gather and distribute tools for increasing safety, and the **institutional**, where we change policy and systems to support safety and decrease violence and marginalization.¹ One way to practice institutional or organizational harm reduction is to examine the policies and practices of your organization and consider the impacts and harms of these policies and practices on staff members, patients or clients, and others. Harm committed may be unintentional. Below is a sample set of questions to consider yourself, with your colleagues, and with the individuals participating in the program. This assessment can guide you and the agency in creating action steps to address the harms identified.

Experiences of patients/clients

In health care, there is often a power imbalance between “expert” practitioners and the patients or clients participating in services. However, the preferences, experience, and aspirations of the individuals should be centered and prioritized. One area to consider for programs working with people who use drugs is the emphasis on abstinence. Although staff and clients may personally utilize and practice sobriety, others may be interested in reduction of use, stopping use of one substance without abstinence from all drugs/alcohol, or in reducing risks, including overdose prevention. Consider the impact of such expectations on clients.

- What are the stated and unstated goals and expectations for the patients/clients? How are these goals and expectations communicated to the clients? How is “success” measured?
- Why and how are clients discharged?
- What barriers do clients experience in seeking access to health care services inside and outside of the organization? How are individuals supported in navigating other services?
- How are choice and self-determination centered in patient/client care?
- What feedback is solicited on the impact of agency practices?
- How are policies and practices enforced? Who is responsible for the enforcement? Does the punishment match the harm done?
- How do policies and practices reflect the priorities of the criminal justice system, including surveillance, abstinence, and punishment?

¹ Baltimore Harm Reduction Coalition, <https://baltimoreharmreduction.org/harm-reduction/>

- Do patients/clients feel good engaging in services?

Brain injury considerations

Millions of people each year are treated for brain injury. Traumatic and acquired brain injuries can have significant cognitive, physical, and emotional impacts and can affect an individual's ability to engage in health care services, including treatment for a substance use disorder. Understanding an individual's history is essential to providing effective care.

- Are individuals screened for a history of traumatic and acquired brain injury, including previous overdoses?
- How fully are individuals being assessed for cognitive, physical, and emotional functioning if an individual has a positive history of brain injury?
- Is your program able or willing to implement individual accommodations?
 - Examples can include: appointment reminders, structured environment, creating a daily schedule, taking breaks, summarizing key points and documenting next steps²
- What support is available for individuals in accessing services, including transportation or technical support (for telemedicine)?
- What is the response to missed appointments?
- Is group participation mandatory? How are individuals supported to meaningfully participate in therapy groups?

Staff experience and support

In addition to considering the impact of policies and practices on clients, it is also important to reflect on the experience of staff members at the agency.

- Do staff team members feel like their knowledge and experience is valued?
- How are policies and practices created or changed? Who participates in this process?
- How are staff members involved in organizational decision-making?
- How does the experience of licensed staff members (prescribers, social workers, nurses) compare to the experience of unlicensed staff members?
- What is the racial composition of the staff and staff in leadership positions?
- Are staff members provided training and space to practice anti-racism?

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² To learn more about accommodations, please see *Accommodating the Symptoms of Traumatic Brain Injury*, created by the Ohio Valley Center for Brain Injury Prevention and Rehabilitation at Ohio State University <http://about-tbi.org/accommodating-tbi.html>