

EMOTIONAL HARM REDUCTION: ENDLESS GRIEF & RAGE



Corey Ranger

November 8, 2021

National Safer Supply - Community of Practice

This presentation is made possible by people with lived/living experience of drug use sharing their knowledge and experience with paid educators. Without their generosity, this presentation would be impossible.





RESPECT THAT WE ARE ALL COMING WITH DIFFERENT EXPERIENCES

RESPECT THAT ANY QUESTION IS OK

TEMPERATURE CHECK: HOW ARE YOU FEELING?



WHAT ARE YOUR BIGGEST NEEDS RIGHT NOW?

GOALS FOR TODAY



EMOTIONAL HARM REDUCTION:
WHAT IS IT?



ADDRESSING THE IMMEDIATE



TEAM / ORGANIZATIONAL

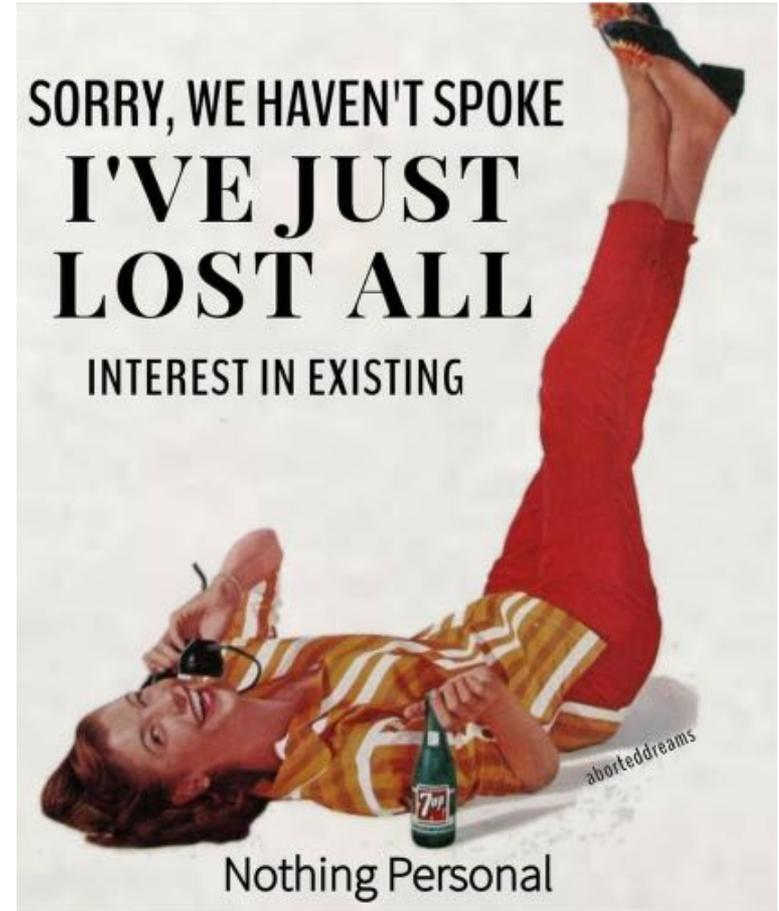


SYSTEMS-LEVEL

DISCLAIMER



Expectations



Reality

VS



What is Harm Reduction?



Indigenous
Approaches
to Harm
Reduction

Public Health
Approaches

Drug User
Liberation

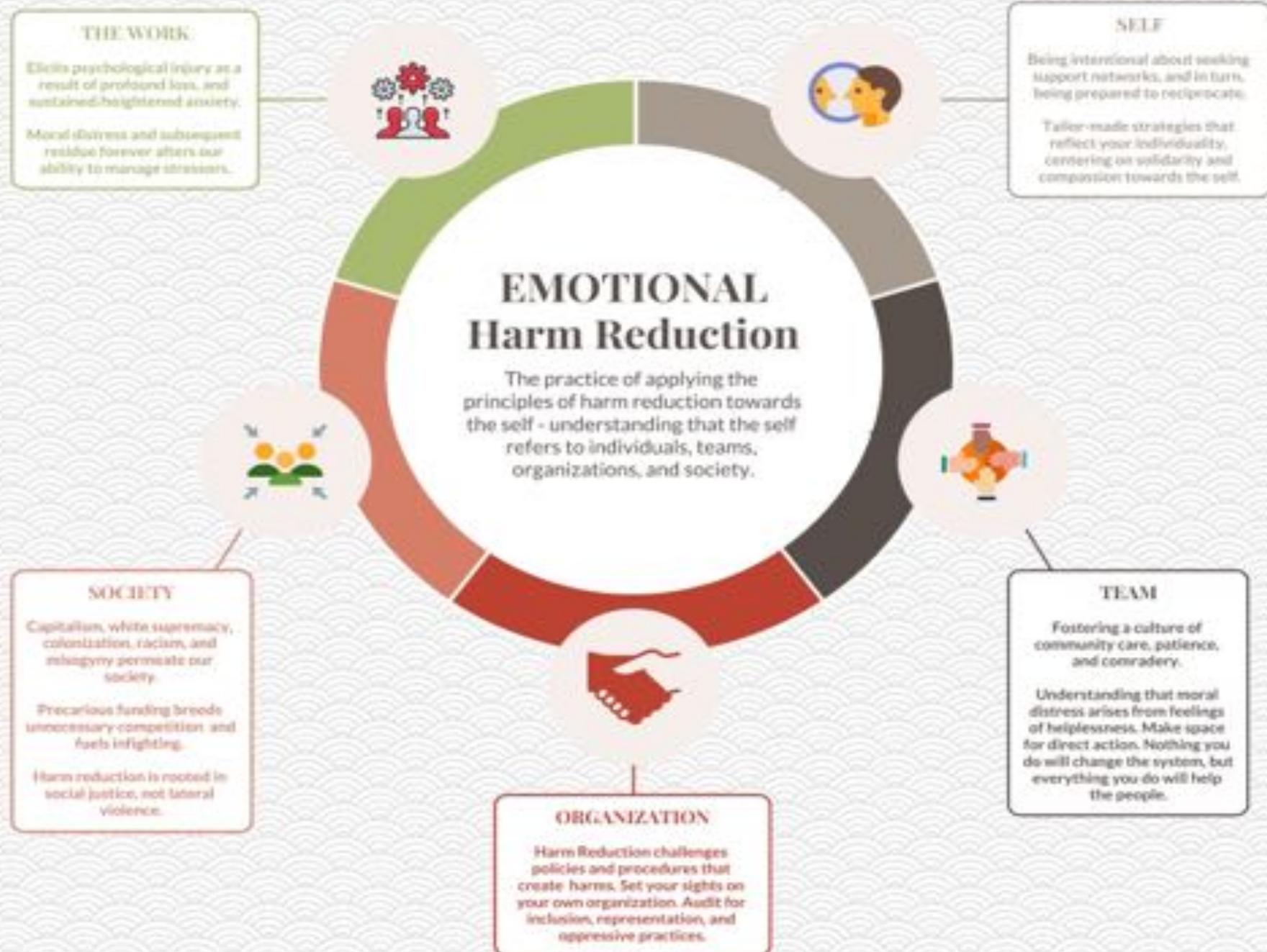
PRINCIPLES OF HARM REDUCTION

- **Principle 1:** Drug use is a human behavior that many people across the world are unwilling or unable to stop.
- **Principle 2:** People who use drugs do not lose their rights due to their drug use.
- **Principle 3:** People use drugs for many different reasons and in many different ways.
- **Principle 4:** Harm reduction is evidence-based.
- **Principle 5:** Harm reduction is committed to meeting people 'where they are at' without judgement.
- **Principle 6:** Options for prevention, care and treatment must be evidence-based, high quality and non-coercive.
- **Principle 7:** People who use(d) drugs must be involved in designing, implementing and evaluating programs and policies that serve them.
- **Principle 8:** Harm reduction is rooted in a commitment to social justice.
- **Principle 9:** Harm reduction challenges policies and practices that cause harm.



mindyourmind





Grief looks
differently to
everyone...

disconnected
denial
guilt
numbness
worry
down
regret
panic
frustrated
anger
anxious
disorganization
afraid
unhappy
isolation
sadness
restless
confusion
shock
pain
apprehensive
depression



Grief is a complex and nonlinear process.

It is a unique experience that cannot be bypassed.

Avoidance feeds grief.

Grieving is misunderstood by many. It is inconvenient to all.

Grief will surface when you least suspect it.

Your grief is real and you deserve to heal in your own way, in your own time.

Window of Tolerance

Hyper-Arousal

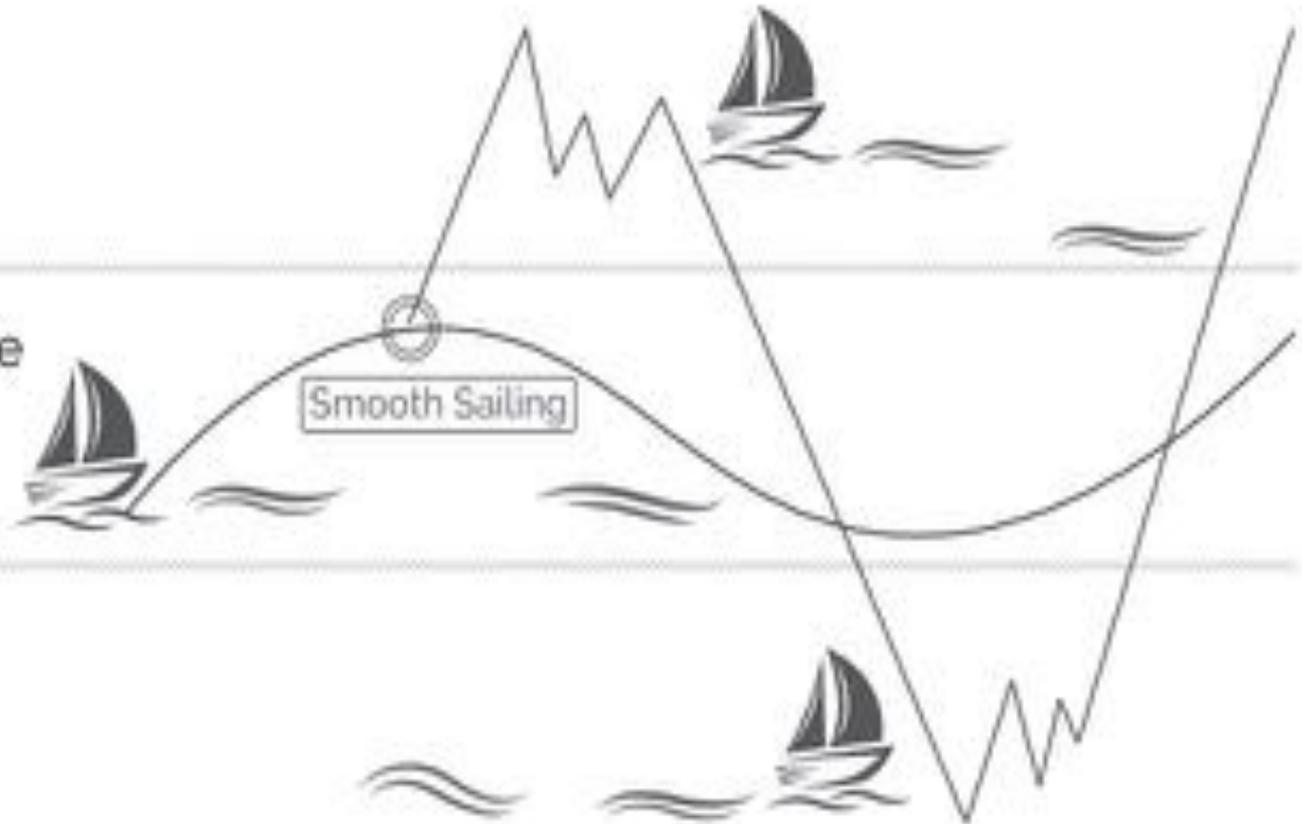
Fight or Flight
Overwhelm
Panic
Can't think clearly

Window of Tolerance

OPTIMAL AROUSAL ZONE
Can adjust our sails with mindfulness

Hypo-Arousal

Shut down
Numb
Depressed
Unmotivated



4 Ways To Use *THE WINDOW OF TOLERANCE*



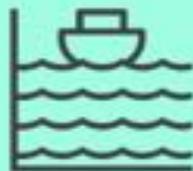
Understand when to self-regulate and utilize grounding techniques



Identify early indicators of anxiety and body shut down



Utilize the Window of Tolerance to better respond to crisis and conflict at work



Ride the waves and capitalize while in your optimal zone

Self-Awareness and Emotional Perception are key to Emotional Harm Reduction

Oh Shit

That's a bear...



Fight

In the case of a bear, this may not be your best choice. Fight, however, does not always equate to conflict. Your body's sympathetic nervous system is preparing you to overcome great adversity. It increases your oxygen-carrying capacity and temporarily heightens senses.

Only fight the bear if the bear is a metaphor for something other than a bear.



Flight

Increased oxygen-carrying capacity and heightened senses can also temporarily turn us into a 100m Olympic sprinter.

The flight response is part of a positive feedback loop. The more we flee, the easier it is to flee again in the future.

Flight is not a negative response. It is your brain protecting you from harm.



Freeze

The conflict that arises when our automatic tendency to self-preserve is challenged by an impetus to fight.

Immobility is the result of this conflict - meanwhile on the inside, our bodies continue to experience a rush of adrenaline and cortisol.

Freezing is not the same as shock. Freezing helps us anticipate what will happen next.

Fight,
Flight, or
Freeze

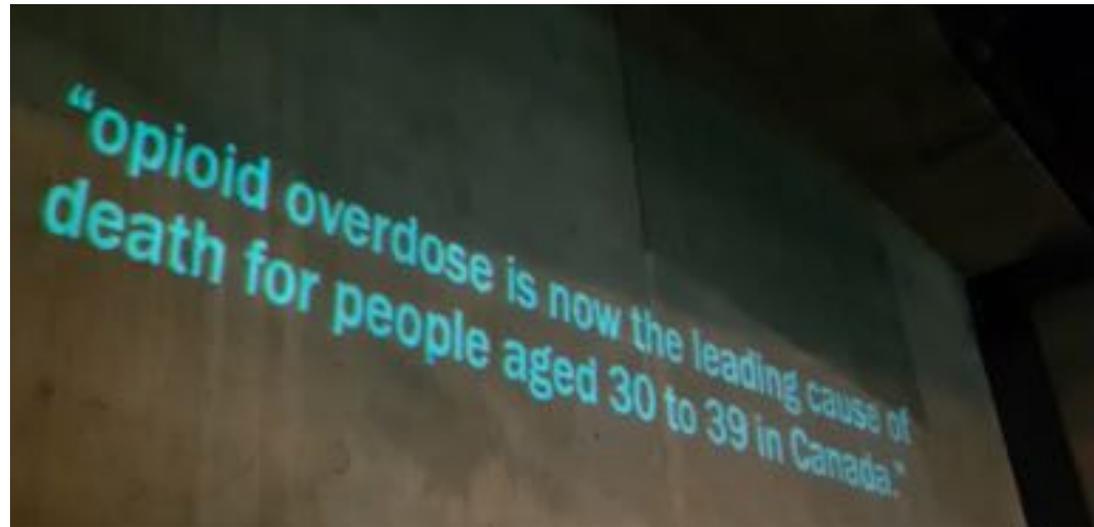
Prolonged Stress Response

- Immune Imbalances
- Frequent Illness
- Chronic Fatigue
- Hyper-vigilance
- Chest pain
- Insomnia
- Nutritional deficits
- Impulsivity
- Depression
- Isolation



Trauma and Trauma-Informed Approaches

- Trauma = trauma = trauma
- Subjective experience, much like pain
- Prolonged stress, fear, and perception of threat
- Acute and intense experience
- Vicarious trauma
- Generational trauma
- In the margins



2. Addressing the Immediate

- Avoiding prolonged stress, anxiety, and panic.
- Reducing the severity of acute injury.
- Challenging negative thought patterns - consider the double standard.
- Returning to an optimal state and rational thinking.
- Does not solve the underlying issue.

1. Box Breathing



2. Progressive Muscle Relaxation



3. Reality Checking



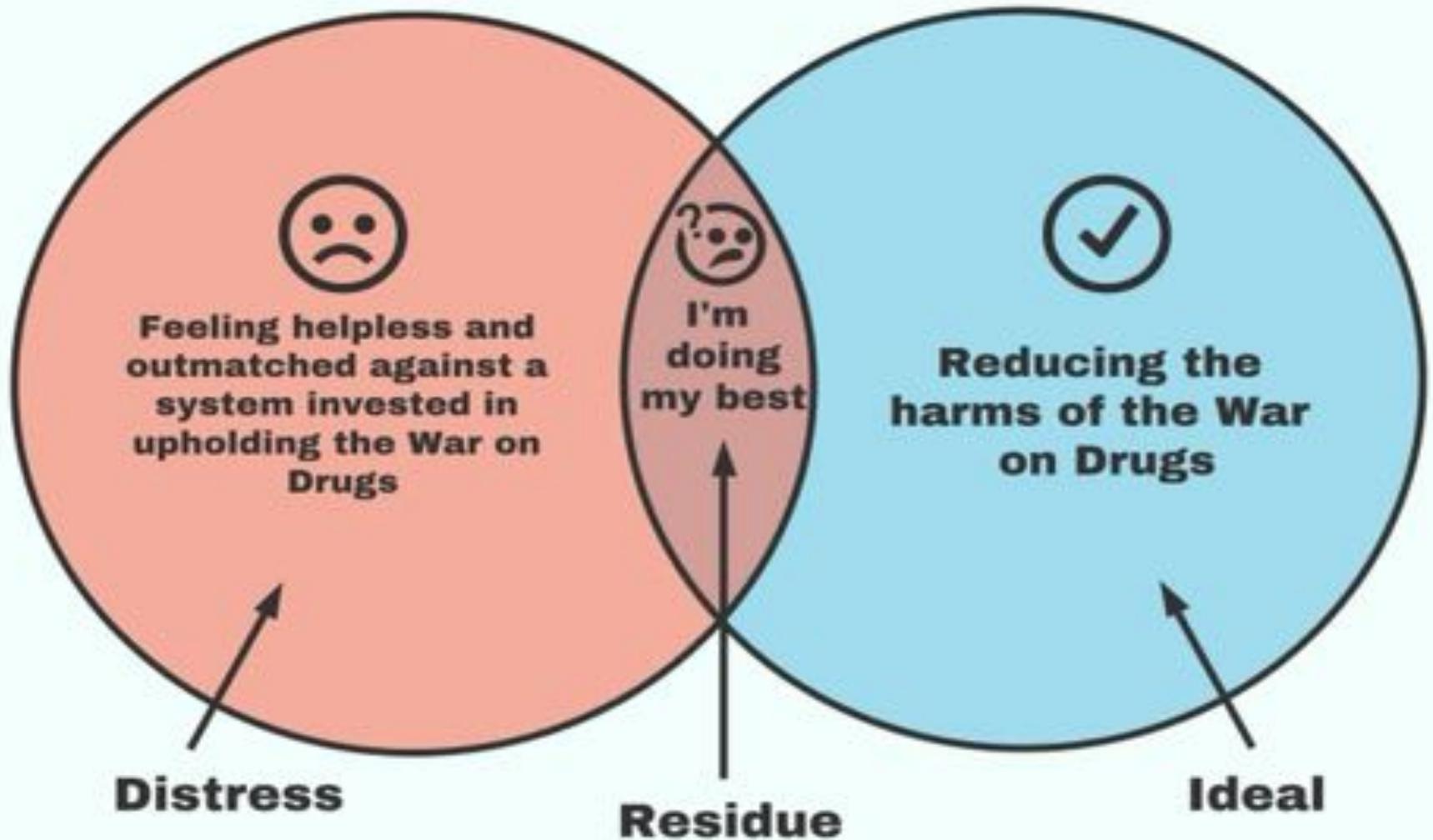
4. Guided Imagery



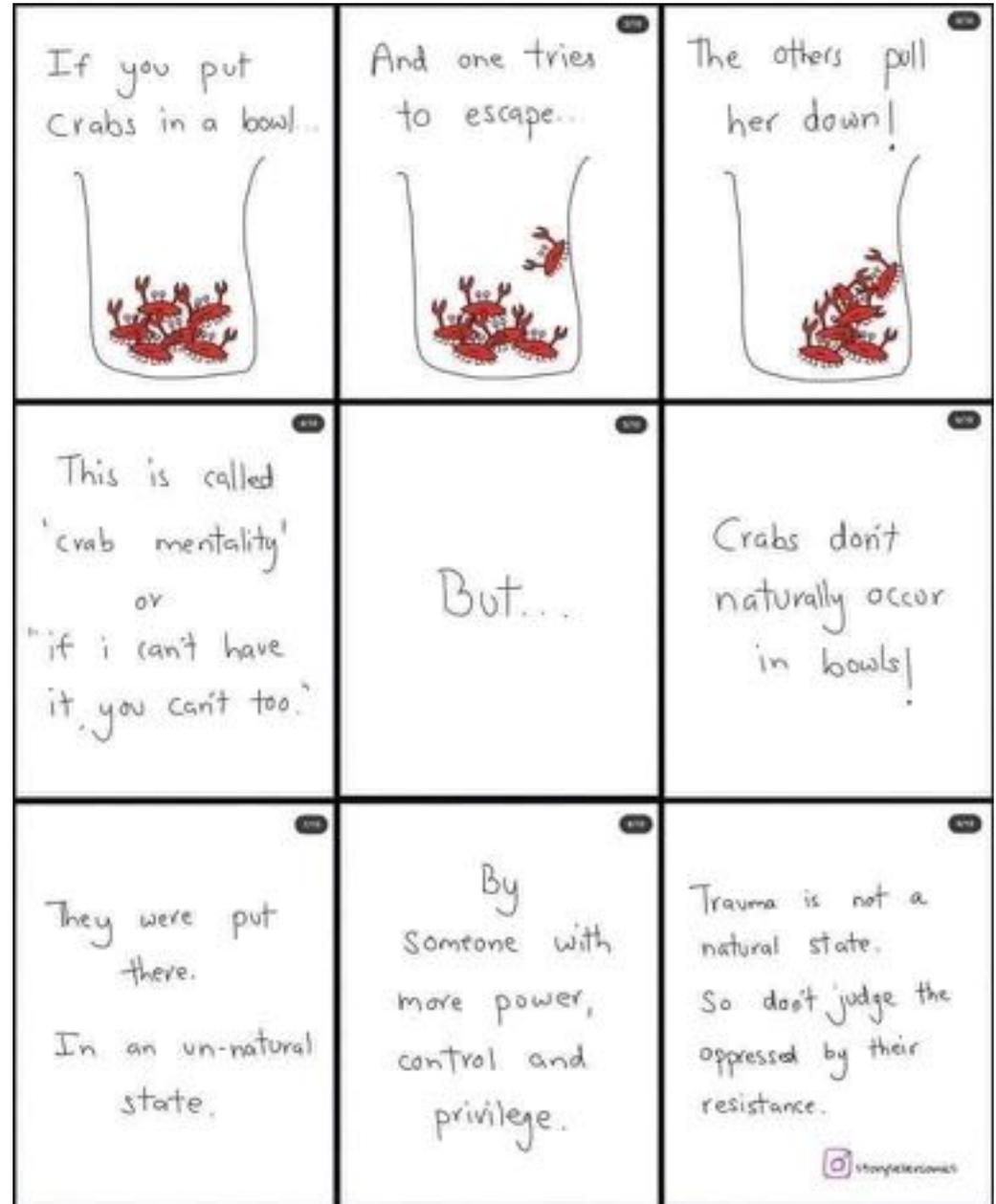
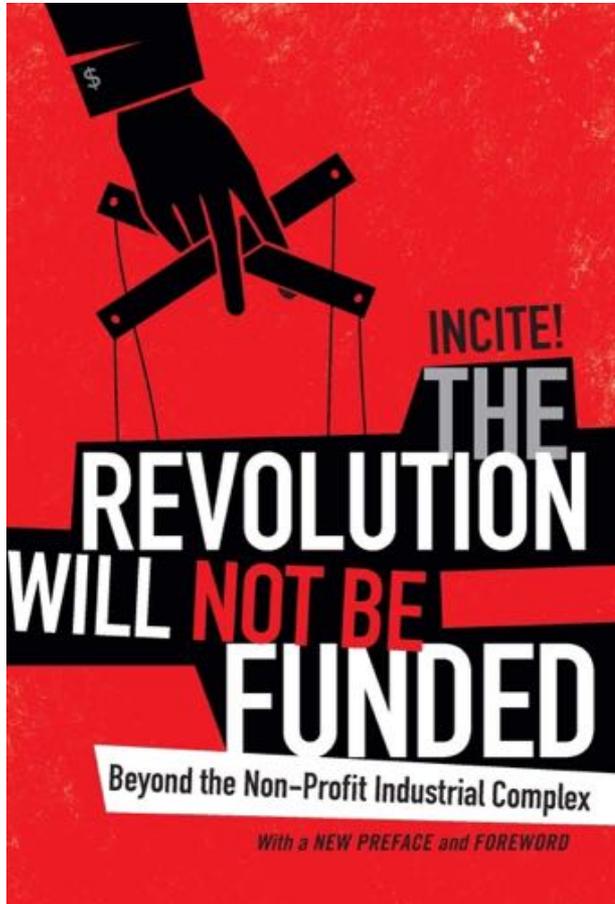
Never Forget

- This is bigger than you
- This is rarely about you
- You are not responsible for the traumas of the ongoing War on Drugs
- You have value
- You can have bad days
- You can get sick

Moral Distress & Residue



Crab Bucket



Who's Really Responsible?

- Precarious funding
- Pilot studies
- Performative allies
- White supremacy
- Colonization
- Capitalism

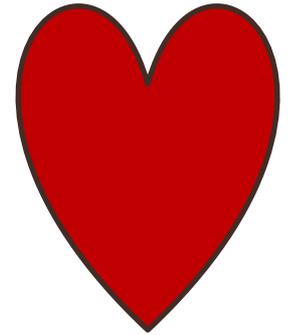
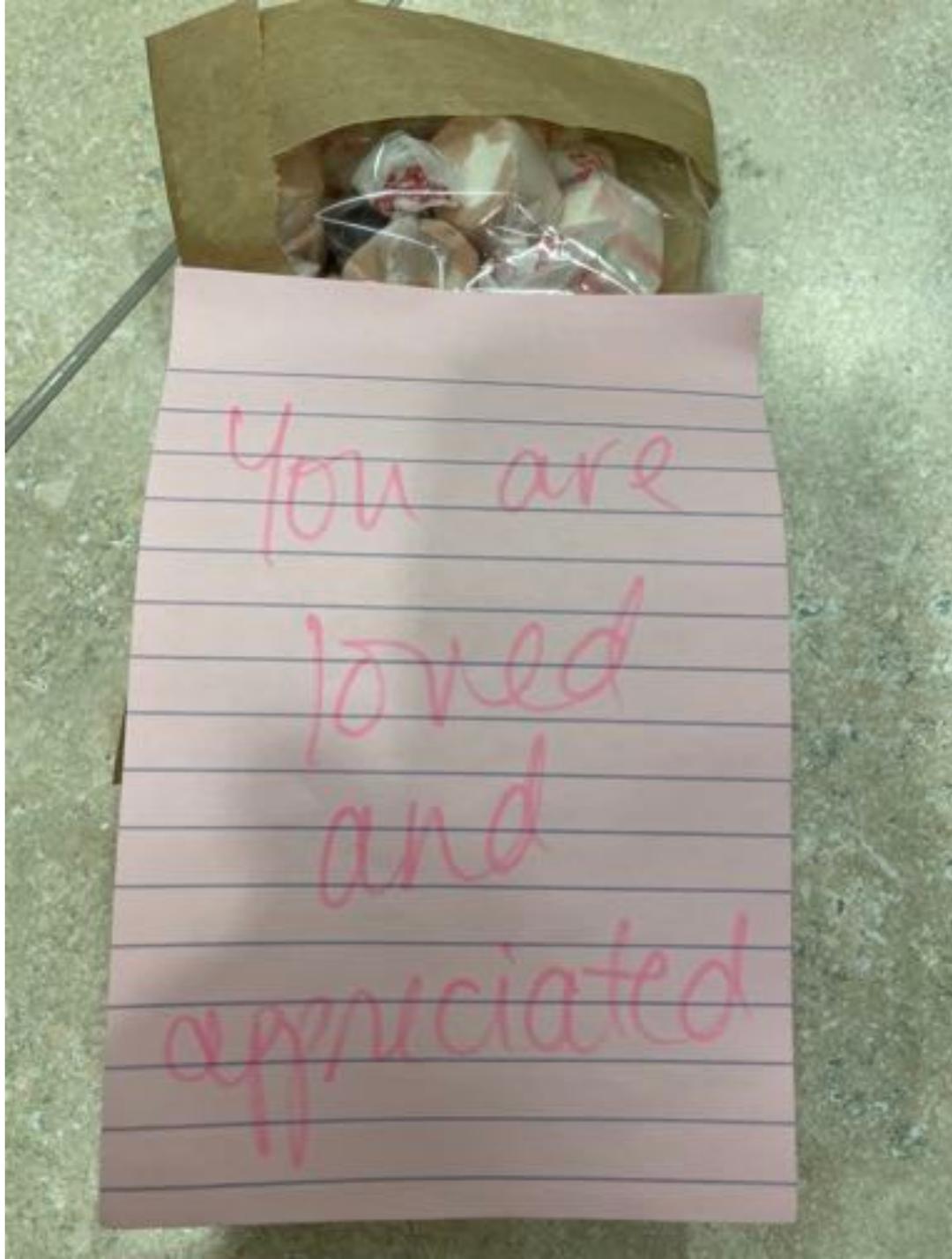
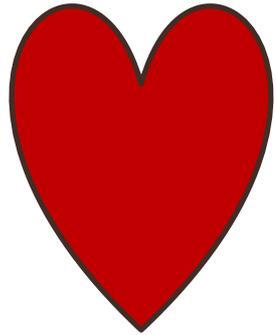


Activity

- 1) Have you ever experienced moral distress arising from your personal values conflicting with your work?
- 2) Have you ever resolved this distress without leaving your work?
- 3) How do you resolve moral residue?

5. Harm reduction is committed to meeting people 'where they are at' without judgement.





3. Team Approaches to Emotional Harm Reduction



Debriefing and Solidarity

- Formal vs informal
- Understanding the context first
- Feedback
- Action items
- Follow through
- Food and fun
- Fostering a culture of safety
- Meaningful engagement



7. People who use(d) drugs must be involved in designing, implementing and evaluating programs and policies that serve them.

Making Space for Direct Action



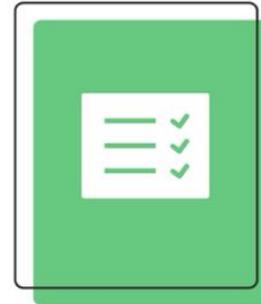
Activity

- 1) Have you recently found yourself in a panel or committee talking about a group of people who are not actually represented in that panel or committee?
- 2) Do you feel safe giving feedback to your supervisor/manager?

4. Organizational Approaches



Do you have a committee of people who use drugs (PWUD) advising on policy?



Do you have a diversity, equity, and inclusion team? Has it accomplished anything?



What steps have been taken towards decolonization?



Does your organization support regular training and continuing education?

Lessons Learned

10 Recommendations For Peer Engagement & Consultation

Lessons from the Provincial Peer Training Project

- 1 Adopt a set of Values & Principles**
Acknowledge that trauma has been generated by well-intended initiatives. Adopt values and underpinning principles that hold your project accountable. 
- 2 Reflect on your own Processes**
Reflection is uncomfortable, but necessary. Examine the policies and procedures within your program and identify areas in need of change. 
- 3 Review the Literature**
Peers have paved the way in developing engagement & consultation recommendations—extend beyond scientific databases and seek out publications by people with lived/living experience. 
- 4 Pay Peers**
For small tasks, for big tasks. Always pay people with lived/living experience for their contributions. Follow provincial peer payment guidelines. 
- 5 Challenge Power Structures**
Create opportunities for peers to lead project deliberations. Support peers to take on co-chair roles, and above all else, trust their experience. Know that consultation is still tokenizing behavior. 
- 6 Options... for Everything**
Whenever possible, ask peers what works best for them. Then individualize your process to accommodate those needs and wants. 
- 7 Be Iterative. Be Flexible. Be Humble.**
You are not the expert. You will be wrong. That is ok, provided you can adapt to feedback. Do not invite peers to your project if you do not intend to act on their feedback. Value lived experience. 
- 8 Seek Diversity**
Be direct with your intentions. Under-represented communities should be prioritized, and barriers to their involvement should be addressed accordingly. 
- 9 Process Over Outcomes**
Understand that your outcomes are null and void if your process is harmful, tokenizing, or oppressive. 
- 10 Meet People Where They Are At**
Literally and figuratively. Seek opportunities to learn about other programs and organizations. Invest in their work as much as you would like them to invest in your work. 

9. Harm reduction challenges policies and practices that cause harm.

Harm reduction is a liberation movement. We must not forget that as they continue to co-opt, mainstream and sanitize all the radical social justice out of us. Harm reduction is not just a “public health intervention” it is a radical critique of the way things are and a fuck shit up ethos.

— ELIZA WHEELER FACEBOOK POST (USED WITH PERMISSION)

FIND MORE
HARMREDUCTION.TIPS

Activity

- 1) Have you ever been told 'sorry, it's just our policy'?
- 2) Have you ever felt as though your organization/program has compromised its values at the behest of a funder?

5. Systems-Level





7 STEPS TO INVEST IN EMOTIONAL HARM REDUCTION

1. Intentionally seek out solidarity.



2. Practice grounding techniques.



3. Make space for direct action. Scrub the moral residue.



4. Celebrate together. Practice consent before sharing.



7. Seek heavy feedback and sit with your discomfort.



6. Challenge what you can. Acknowledge what you can't. Understand the difference between can't and won't.



5. Audit your organization for power imbalances and oppressive practices.



8. Harm reduction is rooted in a commitment to social justice.

MARGINALIZED PEOPLE DO NOT HAVE TO:

- Be nice to you
- Educate you
- 'Debate' or Prove their oppression to you
- Make you feel comfortable
- Give your 'opinion' equal weight to their experiences
- Earn your respect in order to be treated as human
- Always remain calm in the face of dehumanization



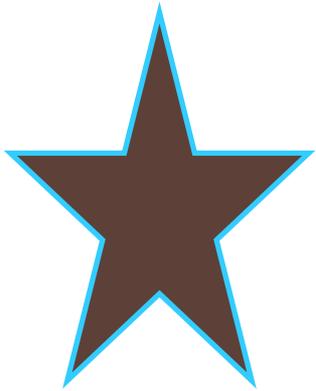
@kaliandkalk



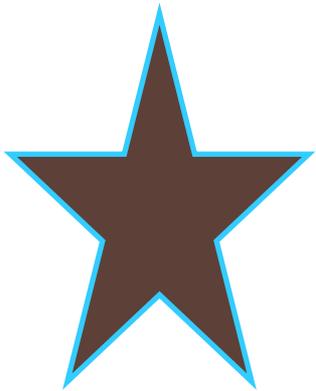
Social Justice

- Recognizes social inequalities increase harms
- Works to abolish racialized drug policies and dismantle oppressive systems





QUESTIONS?





ADDITIONAL RESOURCES

The Drug Hub: [Emotional Harm Reduction](#)

BCcampus: [10 Recommendations for Peer Engagement and Consultation](#)

Larissa Pham: [Vicarious Trauma Toolkit](#)

Mindfulness Training for Emotional Regulation: [Window of Tolerance](#)

Select References

Buxton, Preston, Mak, Harvard, Barley and the BC Harm Reduction Strategies and Services Committee. "More Than Just Needles: An Evidence-Informed Approach to Enhancing Harm Reduction Supply Distribution in British Columbia" (2008)

<https://harmreductionjournal.biomedcentral.com/articles/10.1186/1477-7517-5-37>

Wood, Spittal. "Maximizing the Effectiveness of Harm Reduction Programmes" (2003)

[http://www.ijdp.org/article/S0955-3959\(03\)00078-1/fulltext](http://www.ijdp.org/article/S0955-3959(03)00078-1/fulltext)

Canadian Centre on Substance Abuse. "Harm Reduction: What's in a Name?" (2008): pg. 3)

<http://www.ccsa.ca/Resource%20Library/ccsa0115302008e.pdf>

British Columbia Ministry of Health. "Harm Reduction: A British Columbia Community Guide" (2005)

<http://www.health.gov.bc.ca/library/publications/year/2005/hrcommunityguide.pdf> AHS Harm Reduction Policy : <https://www.albertahealthservices.ca/info/Page15432.aspx>

Ranger, Corey. (2021). Enduring Prolonged Grief. *UPHNS Community of Practice Hub*. Retrieved from

<https://uphns-hub.ca/product/enduring-prolonged-grief/>

Pham, Larissa. (2020). Vicarious Trauma Toolkit Zine. Retrieved from <https://blog.usejournal.com/the-unspoken-complexity-of-self-care-8c9f30233467>

Mariotti, Agnese. (2015). The effects of chronic stress on health: new insights into the molecular mechanisms of brain-body communication. *Future Science OA*. doi: 10.4155/fso.15.21

Frankford, Rachael. (2020). Mindfulness and Emotional Regulation. *Mindfulness Training for Emotional Resilience*. Retrieved from <https://vkwellness.ca/wp-content/uploads/2020/11/Window-of-Tolerance-1-compressed.pdf>