



Hepatitis and Harm Reduction

**A Principled Way to Prevention and Access
to Treatment**

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Mike Selick, MSW

Director of Capacity Building and Community Mobilization

NATIONAL
HARM REDUCTION
COALITION

National Harm Reduction Coalition creates spaces for **dialogue and action** that help heal the harms caused by racialized drug policies.



Policy &
Advocacy



National &
Regional
Conferences



Trainings &
Technical
Assistance



Overdose
Prevention



Resources &
Publications

Glossary

PWID People Who Inject Drugs

PWUD People Who Use Drugs

PLWHA People Living with HIV/AIDS

GP Gender Pronoun

SAS Syringe Access Services

SSP Syringe Services Programs

NEX Needle Exchange

Sexual Orientation To whom we are sexually attracted

Gender Identity Sense of self as male or female, neither or both

Gender Expression An individual's physical characteristics, behaviors, and presentation that are commonly linked to femininity, masculinity, or androgyny.

STI Sexually Transmitted Infection

GROUP AGREEMENTS

**NATIONAL
HARM REDUCTION
COALITION**

Make Space, Take Space

Apply Non-Judgment

Use "I" Statements

Agree to Disagree

**Say it rough! (But intent =
Impact)**

**Tech issues happen, just roll
with them**

**We agree to learn from each
other**

If you needed support, what would be the best way to meet you where you are?



If you needed support, what would be the worst way to meet you where you are?



THE HARM REDUCTION

APPROACH

Harm reduction utilizes a spectrum of strategies to reduce the negative consequences associated with drug use, sex work, and other behaviors.

**SAFER
TECHNIQUES**

**MANAGED
USE**

ABSTINENCE

PRINCIPLES OF HARM REDUCTION

**Health and
Dignity**

**Peer/Community
Involvement**

**Community
Centered
Services**

**Participant
Autonomy**

**Sociocultural
Factors**

**Pragmatism
and Realism**

Health & Dignity

Establishes the quality of individual and community life/well-being as the criteria for successful interventions and policies.



What does this mean?

- Individual/community support must be priority.
- History speaks to the harm our community has received from medical and public health professionals and from policy and law.
- Life is unpredictable

The Approach

- How can our conversations have more love and support?
- What are some ways we can help individuals identify and build on their strengths?
- The types of conversations we have with our community means everything to the empowerment of the individual

Example

- Encourage self-care & emphasize the importance of taking time off
- Realistic goals that can be met. More wins = confidence






**HOW DO YOU APPLY THE
PRINCIPLE
HEALTH AND DIGNITY
WHEN PROVIDING HEPATITIS
PREVENTION EDUCATION?**

Community Involvement

Ensures that Community members that are impacted have a real voice in the creation of programs and policies designed to serve them.



**Nothing
about us,
Without us**

What does this mean?

- If we want services that speak to the community and are effective, we must include the impacted community.
- In including Community Members, we are being intentional in introducing services our community needs and not what the agency wants.

The Approach

- Community Advisory Boards are important in gauging community/agency needs
- Impacted people have a deeper insight to certain issues/barriers that our community experiences
- Peer programming can lead to being aware of what is happening in the community in real time.

Example

- Community Advisory Boards.
- Intentional involvement of the program participants in decision making conversations about policy and structure.





**HOW DO YOU APPLY THE
PRINCIPLE
PARTICIPANT INVOLVEMENT
WHEN DISCUSSING HEPATITIS
TESTING?**

Community-Centered Services

What does this mean?

- We'll go farther with a community if our approaches match the need.
- Going from Point A to Point B may have unexpected pit stops.
- Program goals should align with community goals.
- We are not **FORCING** anyone to do anything, we are educating people so they are empowered to take the next steps towards a healthier and happier life.

Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm.



The Approach

- **Community Advisory Boards can help us identify what programs or initiatives best speak to peer/community needs.**
- **Can also help keep the community involved and aware.**
- **Community surveys with incentives can help with what barriers our communities face and how we can show up accordingly.**

Examples

- **Community Walk-throughs**
- **Peer focus groups**
- **Feedback forms**



Participant Autonomy

What does this mean?

- We should always be promoting self-empowerment to the individuals under our support.
- What is priority to the individual? What kind of changes do they want to be a part of? (Whether for self or the community)
- How can we meet the person where they are and not leave them there?
- What skills do they need to be agents of their own change?
- What happens when you can't be there to support them?

Affirms the individual as the primary agent of change, and seeks to empower communities to share information and support each other in strategies which meet their actual conditions of harm.

The Approach

- Identify what the individual feels they want to work on
- Providing people with life skills while promoting health & dignity is important. (setting alarms, appointments and goals)
- Being mindful that our expectations do not get mixed with the individuals goals.
- Encouraging the individual to join decision making conversations and also to seek peer support groups that can provide the individual with personal and workforce development.

Examples

- MI conversations around work/life goals
- Encouraging various models that will help the individual problem solve on their own (S.M.A.R.T/ S.P.L.A.T)



**HOW DO YOU APPLY THE
PRINCIPLE
PARTICIPANT AUTONOMY
WHEN PROVIDING REFERRALS
FOR HEPATITIS C TREATMENT?**

Socio-Cultural Factors

What does this mean?

- The environment, and the culture that it holds can have an effect on the individuals outlook on many thing like education, healthcare, employment and circumstance.
- Intersecting oppressions impact people's ability to access care and support.

Recognizes that the realities of various social inequalities affect both people's vulnerability to and capacity for effectively dealing with potential harm.



The Approach

- What tools can we provide to the individual that can help stay grounded and overcome “trying situations”?
- Promoting awareness and education on issues related to inequity and cultural humility.
- Encouraging community involvement and advocacy to make change.
- We can hire community members and provide them with the life skill/workforce development needed to maintain employment and grow in their agency.

Examples

- Independent living support.
- Conflict resolution training.
- Back-to-Work support.
- Consistent professional/personal development support.

Case study

Jane is in the process of living in an encampment in the South Bronx. Everytime you go on outreach, they are the first one to walk up to talk to you about their day and what they have been dealing with. They will take harm reduction supplies, but when you mention hepatitis they say, "oh that's not for me, I almost always use the clean needles you give me!

Discussion

:

- 1. What are some ways we can create, build and maintain trust with Jane?**
- 2. What would be your response to Jane's dismissive responses about hepatitis?**

Pragmatism & Realism

What does this mean?

- Life happens and has happened to our community members.
- Don't give advice that feels impossible to the person in front of you.
- We acknowledge drug use can have severe consequences.

Does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use or other risk behaviors.



The Approach


- All concerns and approaches are valid.
- Meeting them where they are and not leaving them there.
- Providing them with skills that they can utilize to improve their health and wellbeing.
- Think collaboratively with a program participant to find creative solutions that will work in their lived reality.

Examples

- Giving advice that fits with a person's reality (ex-can't carry a box of syringes while homeless)
- Support must be consistent and providing different coping tool for trying times is essential.



**HOW DO YOU APPLY THE
PRINCIPLE
PRAGMATIC AND REALISTIC
WHEN HELPING SOMEONE APPLY
FOR FOOD ASSISTANCE?**



**PRINCIPLES OF HARM
REDUCTION**

+

TOOLS AND SERVICES

=

PRACTICING

HARM REDUCTION

Avoid Stigmatizing Language

- **Speak about drug use in neutral, fact-based terms.**
- **Because of the sensationalism surrounding drug use, it is easy to stigmatize to person.**
- **Words like “dangerous,” “deadly,” “bad,” or “crazy,” may discourage PWUD from having an honest conversation about what they get out of drug use along with what they don’t like about it.**

Provider Tips

- ❑ **Observations should guide, not dictate, the encounter.**
- ❑ **What a client feels they need one day can change the next.**
- ❑ **Give yourself a moment between clients so a challenging encounter does not tarnish your attitude with the next client.**
- ❑ **Talk about what the person is doing right.**
- ❑ **Respect the intimacy of an encounter.**
- ❑ **The presenting issue is rarely the only issue.**



What principle **RESONATES**
with you the most? Why?



THANK YOU FOR ATTENDING
THIS WORKSHOP

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