

# **Wisconsin Public Psychiatry Network Teleconference (WPPNT)**

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# WPPNT Reminders

## How to join the Zoom webinar

- **Online:** <https://dhs.wi.zoomgov.com/j/1606358142>
- **Phone:** 669-254-5252
- Enter the Webinar ID: 160 635 8142#.
  - Press # again to join. (There is no participant ID)

## Reminders for participants

- Join online or by phone by 11 a.m. Central and wait for the host to start the webinar. Your camera and audio/microphone are disabled.
- The evaluation survey opens at 11:59 a.m. the day of the presentation. A link to the evaluation survey is posted when the materials are posted.
- Ask questions to the presenter(s) in the Zoom Q&A window. Each presenter will decide when to address questions. People who join by phone cannot ask questions.
- Use Zoom chat to communicate with the WPPNT coordinator or to share information related to the presentation.
- [Participate live to earn continuing education hours](#) (CEHs). Complete the evaluation survey within two weeks of the live presentation and confirmation of your CEH will be returned by email.
- A link to the video recording of the presentation is posted within four business days of the presentation.
- Presentation materials, evaluations, and video recordings are on the WPPNT webpage: <https://www.dhs.wisconsin.gov/wppnt/2025.htm>

# I'm a Sober Harm Reductionist!

Dennis Radloff

# Overview and Objectives

In this presentation, participants will hear the learned perspectives and experiences of the presenter as his 30-year journey into harm reduction emerged from his experiences working in abstinence based substance use systems. Additionally, the presenter will share how he came to embrace harm reduction while continuing to maintain his own personal recovery based on a traditional recovery self-help support system.

## **Learning Objectives:**

1. Understand and identify harm reduction principles.
2. Identify approaches to incorporate harm reductions principles and practice into traditional substance use systems.
3. Understand and identify language that increases or decreases human dignity for people who use drugs.

# Welcome and Thank You

- Feel free to ask questions
- Feel free to share your experiences
- Feel free to respect everyone
- Feel free to be respected
- And, no matter what you do:  
“Be who you are because everyone else is already taken.”

# What We'll Explore

- Treatment Modalities
- Drug User Health
- Harm Reduction Principles
- Stigma as Discrimination
- Human Dignity
- Practice and Implementation

# The Stages of Change

Precontemplation



Contemplation



Preparation



Action



Maintenance

# Abstinence-Based Experiences

- Treatment admissions
- Probation

Early  
1990s

- Counselor education

1995

- Direct services

1995-  
1996

- Recovery support systems

Early  
1990s-  
current



# Harm Reduction Experiences

**1996**

Harm  
reduction  
based day  
treatment

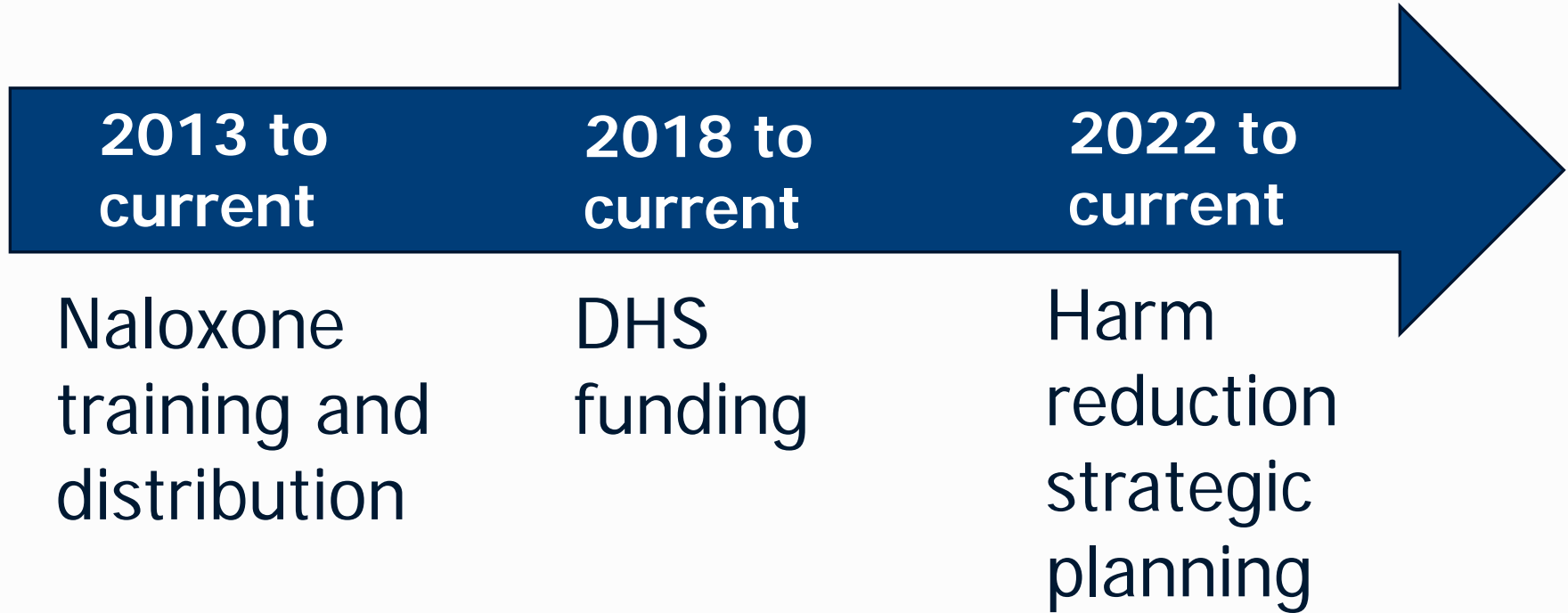
**1990s**

Outreach  
and Lifepoint  
Services

**2000s to  
current**

Community  
support  
systems

# Harm Reduction Experiences



# Harm Reduction Framework

- Minimize the negative effects of drug use for people who use drugs, their families, and their community.
- Empower people who use drugs to keep themselves as safe as possible.

# Harm Reduction Principles

## Harm Reduction:

- Is rooted in a commitment to public health and human rights.
- Combats stigma.
- Meets people where they are at.
- Aims to attain any positive change.

# What is stigma?

Stigma is a social process linked to power and control, which leads to creating stereotypes and assigning labels to those that are considered to deviate from the norm or to behave badly.

Source: [NHRC Respect to Connect: Undoing Stigma](#)

# What is stigma?

Stigma creates the social conditions that make people who use drugs believe they are not deserving of being treated with dignity and respect, perpetuating feelings of fear and isolation.

Source: [NHRC Respect to Connect: Undoing Stigma](#)

# Medication for Opioid Use Disorder (MOUD) Stigma

- Methadone
  - “Chief Enabler” or “Scapegoat”
- Buprenorphine
  - “Lost Child”
- Naltrexone
  - “Family Hero”

(A.J. Schreier – Wisconsin Clinical Coordinator / Community Medical Services)

# Harm Reduction Stigma

## Medical Health

- Reduced calories
- Nicotine Gum/Chantix



## Drug User Health

- Reduced use
- MOUD

## Alcohol

- Drunk driving ticket
- “Know your limit” campaigns



## Drugs

- Overdose in public
- Overdose risk information



# Vivitrol and Overdose Risk

- [X:Bot Study](#)
- An analysis of a large randomized trial finds 2.4x higher risk for overdose with naltrexone compared to buprenorphine.
- Methadone and buprenorphine are still the safest and most effective treatments for opioid use disorder.

(Ajazi EM, Dasgupta N, Marshall SW, Monaco J, Howard AG, Preisser JS, Schwartz TA. Revisiting the X: BOT Naltrexone Clinical Trial Using a Comprehensive Survival Analysis. *Journal of Addiction Medicine*. 2021 Dec 3. doi: 10.1097/ADM.0000000000000931)

# Recovery Stigma

- Complete abstinence
- Reduced use
- Medication
- Recovery path
- “Traditional” vs “Alternative”

Who defines a person's recovery journey?

# Use People First Language

A person is a person first, and a behavior is something that can change – terms like “drug addict” or “user” imply someone is “something” instead of someone.

Source: [NHRC Respect to Connect: Undoing Stigma](#)

# Use People First Language

- Stigma is a barrier to care, and people want to feel comfortable when accessing services or talking to providers.
- People are more than their drug use and harm reduction focuses on the whole person.

Source: [NHRC Respect to Connect: Undoing Stigma](#)

# Model Respectful Language

Avoid	Use Instead
Substance abuser Addict Junkie	Person with a substance use disorder, person who uses drugs
"Dirty" (person/syringe)	Positive urinalysis, used syringe
"Clean" (person/syringe)	Negative urinalysis, unused syringe, substance-free
Substance abuse	Substance use, substance misuse non-medical use, risky use

# Shifting Practices to Reduce Harm



Actively include people who use drugs and experience marginalization for their expertise when developing new programming or evaluating current one.

# Shifting Practices to Reduce Harm



Emphasize building relationships and trust with people who use drugs as important outcomes.

# Shifting Practices to Reduce Harm



Consider how past histories of trauma, violence, layers of disadvantage, and stigma may affect a person's ability to engage with providers.



# Shifting Practices to Reduce Harm



Ensure services are grounded in an understanding of how people's health, priorities, and experiences are shaped by the criminalization of drug use.

# Shifting Practices to Reduce Harm



Ensure all services are provided in a culture of respect and safety within workplace.

# Shifting Practices to Reduce Harm



Review documents and materials to ensure people first language/non-stigmatizing language is used and change them if necessary.