

# Harm Reduction for Engagement

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Western Regional Director



# OUR 5 CORE FUNCTIONS

Policy &  
Advocacy

Training &  
Technical  
Assistance

Overdose  
Prevention

National &  
Regional  
Conferences

Resources  
&  
Publications

12TH NATIONAL

# HARM REDUCTION CONFERENCE



NEW ORLEANS OCT 18–21, 2018

CREATING SPACES  
FOR DIALOGUE AND ACTION



# **North Star Statement**

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



# OVERVIEW

- **What is harm reduction? Principles & services**
- **Barriers to care & treatment**
- **Applying harm reduction to STI prevention & treatment**
- **Practical tips & strategies for engagement**

**Why do people use drugs?**

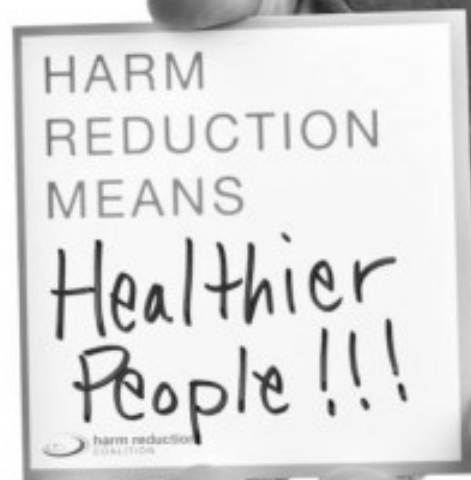
**Why don't people just stop  
using drugs?**

# VIDEO

- [Orlando Part 1](#)

# IT'S NOT REALLY ABOUT DRUG USE

- **Unmet needs and lack of connection**
- **But... drugs are illegal and you're not supposed to use them. What's the wiggle room around that?**
  - Dynamic of stigma and distrust
  - Impact on limited access to services
  - Mistreatment and poor experiences when engaging in services
  - Cycle of isolation and fear



# PRINCIPLES OF HARM REDUCTION

Health and  
Dignity

Participant  
Centered  
Services

Participant  
Involvement

Participant  
Autonomy

Sociocultural  
Factors

Pragmatism  
and Realism



# FOCUS ON HEALTH AND DIGNITY



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

# PARTICIPANT-CENTERED SERVICES



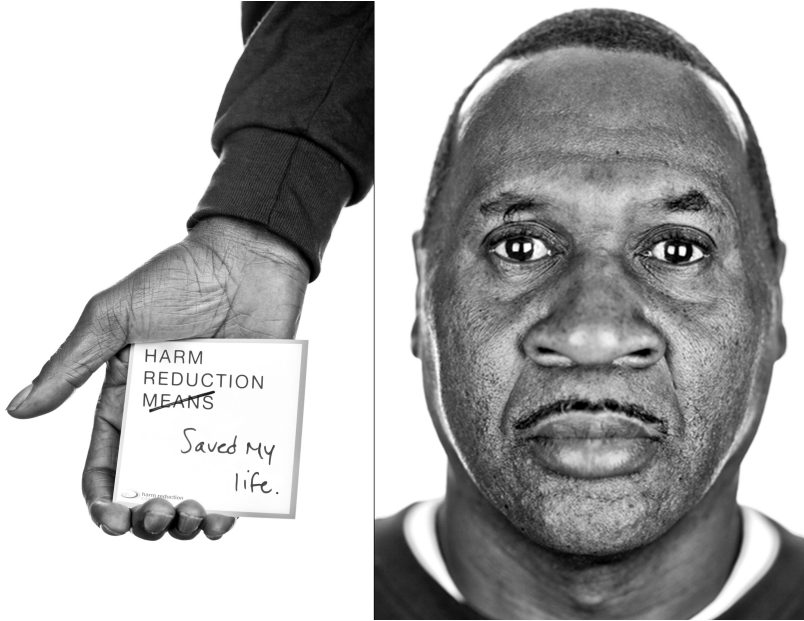
Calls for the **non-judgmental, non-coercive** provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm.

# PARTICIPANT INVOLVEMENT



Ensures participants and communities impacted have a **real voice in the creation of programs and policies** designed to serve them.

# PARTICIPANT AUTONOMY



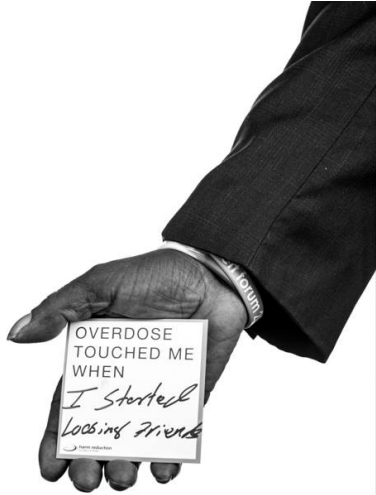
Affirms participants themselves as the **primary agents of change**, and seeks to **empower** participants to share information and support each other in strategies which meet their actual conditions of harm.

# SOCIOCULTURAL FACTORS



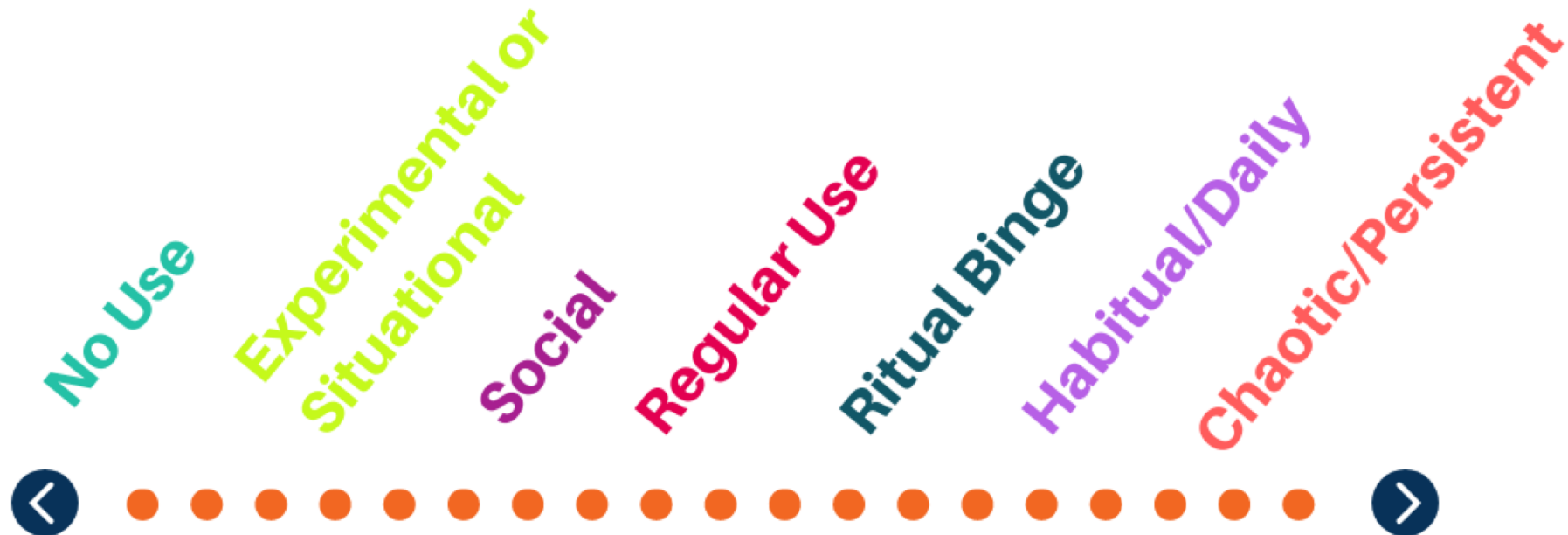
Recognizes that the realities of various **social inequalities** affect both people's **vulnerability to and capacity for** effectively dealing with potential harm.

# PRAGMATIC AND REALISTIC



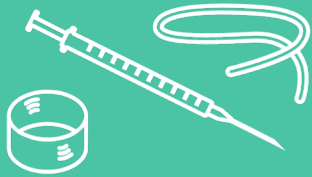
Does **not** attempt to minimize or ignore the **real and tragic harm and danger** associated with licit and illicit drug use or other risk behaviors.

# Continuum of Drug Use &/or Engaging in Sex Work





# Harm Reduction Services



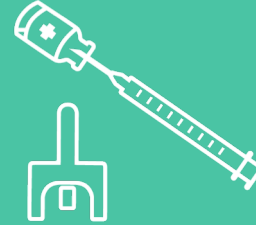
**Syringe  
Access**



**Syringe  
Disposal**



**Safer Drug  
Use**



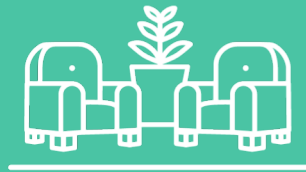
**Naloxone**



**Medication  
Assisted  
Treatment**



**Supervised  
Consumption  
Services**



**Drop-In  
Centers**



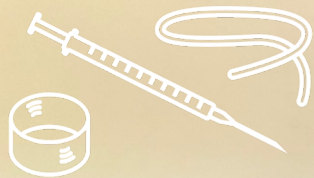
**Housing  
First**



**Pharmacy  
Access**



**Referrals**



# Syringe Access



Alameda  
City of Sacramento  
City of San Diego  
Contra Costa  
Del Norte  
Fresno\*  
Humboldt  
Kings  
Lake  
Los Angeles  
Marin  
Mendocino  
Merced  
Monterey  
Orange  
Plumas  
San Francisco  
San Luis Obispo  
San Mateo  
Santa Barbara  
Santa Clara  
Santa Cruz  
Shasta  
Sonoma  
Ventura  
Yolo

# Counties & Cities with Authorized Syringe Exchange Programs (SEPs) in California.

*As of May 2018*



**\* Note:** The Fresno County Board of Supervisors authorized its local SEP in 2008 and rescinded its authorization in 2011. The **Fresno Needle Exchange** operates under the provisions of California Health and Safety Code Section 11364.1, which allows physicians to dispense syringes without a prescription.



# Fixed-Site Services





# Mobile Services



# **Satellite Services**





Syringe  
Disposal








# Safer Drug Use

### New Methamphetamine Testing Instructions


To get the most accurate results with the fentanyl test strips, a meth sample must be **heavily diluted**!

Dilute **ONLY RESIDUE** in about **HALF A CUP** of water (referenced below). Don't test full shards, or even pieces of shards. **JUST** residue.



Remember that the street drug supply is inconsistent and unpredictable. Test your drugs when you're able, and if that's not an option, assume fentanyl, and know the signs of an opioid overdose.


Carry naloxone, and know how to use it!



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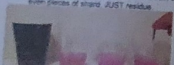
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
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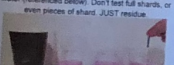
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
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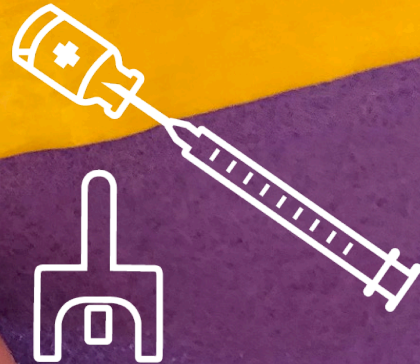
Carry naloxone, and know how to use it!



BRAND NAME: NODDY RIDER STPS 35 1000  
PRODUCT CODE: 401410 / 4541  
160519 1627  
160519 1627  
160519 1627

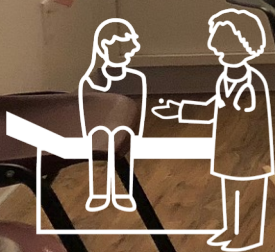


Naloxone





# Medication Assisted Treatment







Supervised  
Consumption  
Services

**Low-threshold  
Drop-In Centers**







**Housing First &  
Placement  
Services**





## Pharmacy Access







## Referrals





Principles of Harm Reduction

+

Tools and Services

=

Practicing Harm Reduction

**How does this relate to  
prevention & treatment of  
congenital syphilis?**

# **BARRIERS TO CARE**

- **Stigma**
- **Trust – what else comes with services?**
- **Competing priorities**
- **Where people touch the system**
- **Limited access to services**

# BARRIERS TO CARE

- Stigma
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- Competing priorities
- Where people touch the system
- Limited access to services

# SOLUTIONS

- Messaging & approach
- Rapport building & demonstrated trust
- Managing expectations
- Networking with other sites and spaces
- Incentives, travel, in-the-field care

# ADDRESSING STIGMA

- **Messaging and approach**
- **People first language**
  - People who use drugs (PWUD)
- **Check your assumptions at the door**
- **What are others ways that stigma shows up and impacts your ability to connect people to testing/treatment? What's worked for you?**

## Your Pregnancy and Substance Use

4 Things you can do to improve your health and lower your risk for complications



### Get Prenatal Care

Start early. Go to all your visits. Empower yourself with information so you can make smart decisions. Build relationships with providers who understand Substance Use Disorders (SUDs) and know how to help. Partner with them to reach your goals. But remember, you do not need to be abstinent from substance use to get care. Go now.

### Reduce Your Use



There are simple things you can do to limit the harm substances might do.

- Use fewer substances
- Use smaller amounts
- Use less often
- Learn how to use safer



Reducing or quitting smoking is a good place to start. Set your goals, then ask for help. One of the best things you can do is to stop using alcohol. We know that even small amounts are risky. And when combined with benzos and opioids, alcohol can kill.

### Use Medication-Assisted Treatment (MAT) if you are opioid dependent



Methadone and Buprenorphine (Subutex® or Suboxone®) are the "Standard of Care" during pregnancy because they:

- Eliminate the risks of illicit use
- Reduce your risk for relapse
- Can be a positive step towards recovery



### Take Good Care of Yourself

You deserve a healthy pregnancy & childbirth.

- Eat healthy and take your prenatal vitamins
- Find the right balance of rest and exercise
- Surround yourself with people who care

Your Health Matters

Learn more at  
[www.nationalperinatal.org](http://www.nationalperinatal.org)



# **ESTABLISHING TRUST**

- **What are the primary concerns that you already hear about?  
How are those concerns validated?**
- **Assume there isn't any trust – what would you want someone to ask you? To show you?**
- **Connection via partnerships with other trusted organizations**
- **Being very clear about your role and connection to services**
- **If you refer someone to services, make sure that you're on the same page about agreements made with the client**



# MANAGING EXPECTATIONS

- Be realistic about the limitations of your role and services
- Is this the client's primary concern? What else is going on?
- Map out what happens if they can't make it to an appointment – what's the SHARED agreement on the Plan B, Plan C, Plan D...





# NETWORKING WITH OTHERS

- Where else are people “touching the system” – what other services are they receiving and from who?
- Is there opportunity for partnership? For onsite referrals/treatment?
- How would people know how to follow up with you? Getting creative with materials and communication



# LOGISTICS

- **What does it take to get testing and treatment?** What opportunities are there to limit barriers?
- **Getting out into the field – opportunities for onsite treatment**
- **Incentives** – it takes money and time to get you to, can you make it easier to justify for people?



**How do you apply the principle  
of \_\_\_\_\_  
when delivering \_\_\_\_\_?**

# How do you apply the Principle

## “Socio-cultural factors”

### when delivering

### partner testing?

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

# How do you apply the Principle “Participant Centered Services” when promoting/delivering syphilis testing?

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.

# How do you apply the Principle “Pragmatic and Realistic” when delivering treatment for syphilis?

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.

**You're the experts!**

**What else has worked to  
promote engagement in  
testing/treatment?**

# EXPANDING HARM REDUCTION SERVICES IN YOUR COMMUNITY

- **Is there a syringe service program (SSP) in your county?**  
Connect with them and learn about if there's overlap in clients
- **No SSP in your community for harm reduction services?**  
Champion for one!
  - E-mail Matt Curtis, Harm Reduction Specialist, to learn more about the process at [Matt.Curtis@cdph.ca.gov](mailto:Matt.Curtis@cdph.ca.gov)



**For more resources, visit**  
**[www.harmreduction.org](http://www.harmreduction.org)**



## East Bay Training Institute



Harm Reduction Coalition has provided training and advocacy for nearly 25 years to promote the health and dignity of people who use drugs (PWUD) and people engaged in sex work (PESW). Founded in Oakland, we're bringing our training institute back to support providers and community members have dialogue about how to think about the ways that we as providers (and the systems around us) perpetuate stigma and oppression - and how to take steps to create supportive environments services for PWUD/PESW. All workshops are FREE and from 2-5pm at our Oakland office: Harm Reduction Coalition - 1111 Broadway, 3rd Floor, Oakland CA 94607

### Foundations of Harm Reduction



Harm reduction operates both as a set of health interventions, and as a social justice movement. This 3-hour workshop provides a guided discussion of the philosophy, principles, and practice of harm reduction. We'll talk about the difference between risk reduction and harm reduction to transform the way you see drug use in your community. Workshop participants will explore the ways that harm reduction can be used to build programs that support and empower people who use drugs and people engaging in sex work in the East Bay.

### Respect to Connect: Stigma, Oppression, and Drug Use



How does stigma create barriers to accessing lifesaving services for people that use drugs? How can harm reduction create spaces for non-stigmatizing, empathetic and effective services? In this 3-hour workshop, participants will engage in a facilitated dialogue about the root causes of drug problems and the impact stigma has on the lives and well-being of persons that use drugs. Participants will leave with a deeper understanding of how stigma operates, and gain concrete tools and techniques to address and reduce the impact of stigma when providing services.

### Overdose Prevention & Naloxone



Overdose is now the leading cause of death for people under 55 in the United States, with death rates steadily increasing year after year in most of the country. In this 3-hour session, we'll explore the systems and circumstances that put people who use drugs at risk for overdose; the barriers, challenges, and discrimination they face in accessing resources to prevent overdose; and how harm reduction seeks to honor the autonomy of people who use drugs by putting power to save lives and minimize harm in their hands.

### Safe(r) Drug Use: Any Positive Change



It's not enough to just know what to say when providing harm reduction options. Knowing how to engage people who use drugs in these conversations without exacerbating stigma and shame is equally as important. This 3-hour workshop will explore how providers across a range of services can engage people who use drugs in conversations about safer drug use informed by harm reduction philosophy and principles that keep people safe and alive.

### Sex Work & Harm Reduction



There are myriad reasons why people engage in sex work, and evolving federal, state, and local legislation poses new challenges to people working in the sex trade. This 3-hour workshop will provide an overview of sex work using a harm reduction perspective. Through thoughtful discussion and interactive activities, workshop participants will explore the risks involved in sex work for workers, management, and consumers.

### Harm Reduction & People: Empowering PWUD/PESW



How does the lived experience of trauma among program participants inform harm reduction practice? This 3-hour session will explore concrete ways of incorporating principles of trauma-informed care into one-on-one harm reduction work with people who have experienced trauma. Participants will deepen their understanding of trauma-informed care by developing what we call praxis: transforming theory into practice. We will work together to develop trauma-informed care strategies appropriate to your work environment and your own role.

### Harm Reduction & Place: Creating Supportive Environments



You can be a compassionate & effective provider, but are you creating an environment for people to feel safe and comfortable? In this 3-hour session, we'll explore how spaces and systems can perpetuate stigma and oppression, and how to address these barriers in our organizations. Participants will learn how to assess whether physical and social environments, policies and procedures, language, and structures of services may be hindering access and engagement. We'll offer practical strategies to minimize or change harmful practices, and concrete pathways to include people who use drugs and people engaged in sex work in building, expanding, and advocating for services - and hope that you bring them to your community!

Visit [www.harmreduction.org/training-calendar](http://www.harmreduction.org/training-calendar) to register today!