




Working With People Who Use Drugs:

**Harm Reduction Foundations &
Engagement Strategies
For Direct Service Providers**

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Presenter Introductions

- **Aislinn Bird, MD, MPH (she/her) - Alameda County
Healthcare for the Homeless**
- **Dax Jackson (they/them)**

Series Overview

- **Session One: Harm Reduction Foundations & Engagement Strategies**
- **Session Two: Common Risk Factors & Harm Reduction Interventions**
- **Session Three: Practicum & Case Study**

Session One Overview

- **Part One: Harm Reduction Foundations**
- **Part 2: Engaging Effectively In Conversations About Drug Use**
- **Part 3: General Overdose Prevention Measures**



Part 1: Harm Reduction Foundations

What is Harm Reduction?

- **“Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.”**
(Source: National Harm Reduction Coalition)
- **“Harm Reduction” (in capitals) tends to refer to the overarching philosophy and social justice orientation of this work**
- **“harm reduction” (no capitals) tends to refer to the former set of practices, techniques, behaviors, and tools used to reduce negative health and safety consequences related to drug use**

Why Harm Reduction?

- **The failed War on Drugs and prohibitionist policies (often motivated by racism) have created the need for harm reduction services & safety education**
- **Drug prohibition disproportionately impacts BIPOC folks, who were instrumental in developing the idea of harm reduction to care for their communities**
 - **Local roots: Shout-out to Oakland and the Black Panther Party!**
- **Drug safety education is direct action, by and for the people, of redirecting and distributing resources and information to care for those in need**
- **In recent years, the effectiveness of harm reduction as direct action has received extensive attention in research literature, validating it as a strategy to reduce a wide variety of harms attached to both drug use, and the broader damage created by the War on Drugs itself.**

Key Harm Reduction Principles, Part 1

- **1. Acceptance, for better or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them**
- **2. Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe use to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others**
- **3. Establishes quality of individual and community life and well-being — not necessarily cessation of all drug use — as the criteria for successful interventions and policies**

Source: National Harm Reduction Coalition

Key Harm Reduction Principles, Part 2

- **4. Calling 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**
- **5. Ensuring that people who use drugs and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them**
- **6. Affirming people who use drugs (PWUD) themselves as the primary agents of reducing the harms of their drug use, and seeking to empower PWUD to share information and support each other in strategies which meet their actual conditions of use**

Source: National Harm Reduction Coalition

Key Harm Reduction Principles, Part 3

- **7. Recognizing that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm**
- **8. Not attempting to minimize or ignore the real and tragic harm and danger that can be associated with illicit drug use**

Source: National Harm Reduction Coalition

Quick Review: Key Concepts In “Harm Reduction”

- People use drugs for their *benefits*, which may not be outweighed by corresponding *harms*
- Meeting people where they’re at
- Supporting and encouraging *any positive change*

Source: National Harm Reduction Coalition

Quick Review: Key concepts in “harm reduction”

- **Naloxone distribution**
- **Overdose prevention education**
- **Needle exchange/ access to safer use supplies**
- **Drug checking programs**
- **Fentanyl test strips**
- **Safe consumption sites**



What Is A Drug?

What is a drug?

- Any substance which, in small amounts, changes the state of the brain, body, or both
- For this session, we'll be focusing on drugs with psychoactive properties - i.e., those that impact state of consciousness and the mind
- Societal, cultural, and legal parameters are separate from biological parameters of health and safety surrounding drug use
 - Federal scheduling of various drugs vs. actual physiological/societal harms
 - Categorizing drugs used by people with resources and privilege as “good” or “better” than drugs used by marginalized/unhoused populations
 - ex. powder cocaine/crack cocaine
- Social, cultural, and legal parameters *do* carry risks worth considering

Neurotransmitters

- **Neurotransmitters are chemical messengers which your brain cells (neurons) use to relay electrical signals between each other and throughout your body.**
- **Neurotransmitters are released constantly to help your body maintain homeostasis (balance).**
- **They also positively reinforce activities like eating, having sex, exercising, and connecting with other people.**
- **Our major players: serotonin, dopamine, GABA, and norepinephrine.**

What do we mean by “getting high”?

- **Drugs act as keys which unlock and release neurotransmitters in your body.**
- **Different “highs” are the result of your body’s neurotransmitters being released in different combinations and volumes.**
- **A drug can release multiple neurotransmitters and each neurotransmitter can cause multiple effects.**
- **This impacts both your body (physiological effects) and mind (psychoactive effects). The specific patterns and order of release are what gives each drug a different effect profile.**
- **These details are helpful (but not necessary) for creating a safety plan with clients; lived experience is every bit as valuable.**



Why Do People Use Drugs?

How “Getting High” Might Just Be “Getting to OK”

- **Drugs are tools that people often use to make to themselves feel different or better**
- **Some of the “highs” of recreational/street drugs are similar - or even the same - as prescription drugs, just in different dosages or taken differently**
- **Many of these “highs” simply return folks to a baseline state of balance that is impossible for them to achieve on their own due to underlying physical or mental health issues**
- **For example, some individuals may be self medicating due to undiagnosed or untreated chronic health conditions using pain-reducing drugs - such as opioids - or to help feel less fearful in the face of PTSD.**
- **To paraphrase Gabor Mate: when you see someone using drugs, that question is not “Why the drug?”, but “Why the pain?”**



Classes of Drugs

Common Drug Classes

- **Depressants:** Drugs that decrease activity in your body and brain
 - Examples: opioids, alcohol, benzodiazepines (Xanax, Valium), GHB
- **Stimulants:** Drugs that increase activity in your body and brain
 - Examples: amphetamines, caffeine, nicotine
- **Dissociatives:** Drugs that create the feeling of being out of your body
 - Examples: ketamine, PCP
- **Psychedelics:** Drugs that affect sensory perception and thought processes
 - Examples: LSD, MDMA, psilocybin mushrooms
- **Category-Defying Substances:** Those with properties of multiple classes of drugs
 - Examples: cannabis, kratom
- **Many drugs span multiple classes; physical impact is critical for harm reduction**

In Summary

- **Harm Reduction:** Philosophy and practices to support the health and safety of PWUDs
- **Drug:** Any substance which changes the state of the brain, body, or both, by adjusting the levels of different neurotransmitters
- **Neurotransmitters:** Chemicals brain cells use to relay messages throughout the body
- **People use drugs for their benefits,** whether for social or cultural reasons, to compensate for something that's lacking, to feel good, or to self-medicate for underlying mental or physical health issues
- **Classes of drugs:** Categories which describe the subjective and physical effects of different substances, helpful for safety and harm reduction purposes



Part 1: Questions

The background is black with a pattern of gold-colored lines forming a complex, interconnected geometric design, possibly a constellation or a stylized web. Small white and gold dots are scattered throughout, resembling stars or particles. The overall aesthetic is clean and modern.

Part 2:

Engaging Effectively In Conversation

About Drug Use

Quick Review: Stages of Change

1. **Precontemplation:** Does not recognize need for change or is not actively considering it
1. **Contemplation:** Recognizes problem(s) and is considering change
1. **Preparation:** Beginning to envision, plan, and prioritize change
1. **Action:** Has initiated change
1. **Maintenance:** Adjusting to change, practicing new skills and behaviors to maintain it

What Doesn't Work

- Judgement & Moralizing, ex. “good” vs “bad” drugs; “good” or “bad” reasons to use
- Inserting your personal beliefs, particularly without invitation: don't forget to check your own bias at the door
- Approaching conversations about drugs with hesitancy or (personal) emotional charge
- Stigmatizing language, ex. “dirty” vs “clean”
- Imposing objectives on patients; assuming you know what's best
 - This can be hard to balance with contract deliverables and/or legitimate fear that your clients may die if they continue their current behaviors
- What else?

Engagement Basics

- Non-judgemental, de-stigmatizing language promotes open dialogue and sharing
 - Ex., “person who uses drugs” instead of “addict” - more on the next page
- Perceived bias or attempts to dictate or control behavior can derail sharing and receptivity to offers of health and safety support
- Co-create conversations about goals and change with clients
- Conversations about drug use are an opportunity for direct service providers to gather information about current health and safety risks
- Information gathered during conversations about drug use can point to patient-specific interventions which can improve health and safety outcomes - more in our next session

Sample Opener Questions To Promote Dialogue

- **Is it okay if I ask you about substances? I work with a lot of people who use drugs and am curious to know about your relationship with drug use.**
- **I know that there have been a lot of stressful things in your life recently. What types of coping strategies have you been using?**
- **I noticed you have some wounds on your arms. Can you tell me more about them?**
- **We've been seeing many overdoses in the local community recently. Would you be interested in receiving some training around how to use narcan, in case you run into someone who is unresponsive?**

Sample Questions About Drug Use

- **What is your drug of choice? How often do you use? How do you use? (smoking, injecting, snorting, or....?)**
- **How much are you using? What is the max amount you have used in the past?**
- **What's working well for you about those substances? What's not working?**
- **Is there anything you want for yourself in regards to your substance use?**
- **I'd love to help you stay safe and healthy while you're using drugs and I have some ideas about that. Would you be open to me sharing what I'm thinking about?**

Other Sample Questions

- What are some ways you keep yourself safe when you are using?
- Do you ever use by yourself?
- Who do you use with?
- Do you have Naloxone (Narcan)?

Questions for People Who Inject Substances:

- Do you have access to clean needles?
- Who does your injections (you or a friend)?
- Where do you inject?
- Is it ever hard to find a good vein? If so, what do you do?

Other Sample Questions

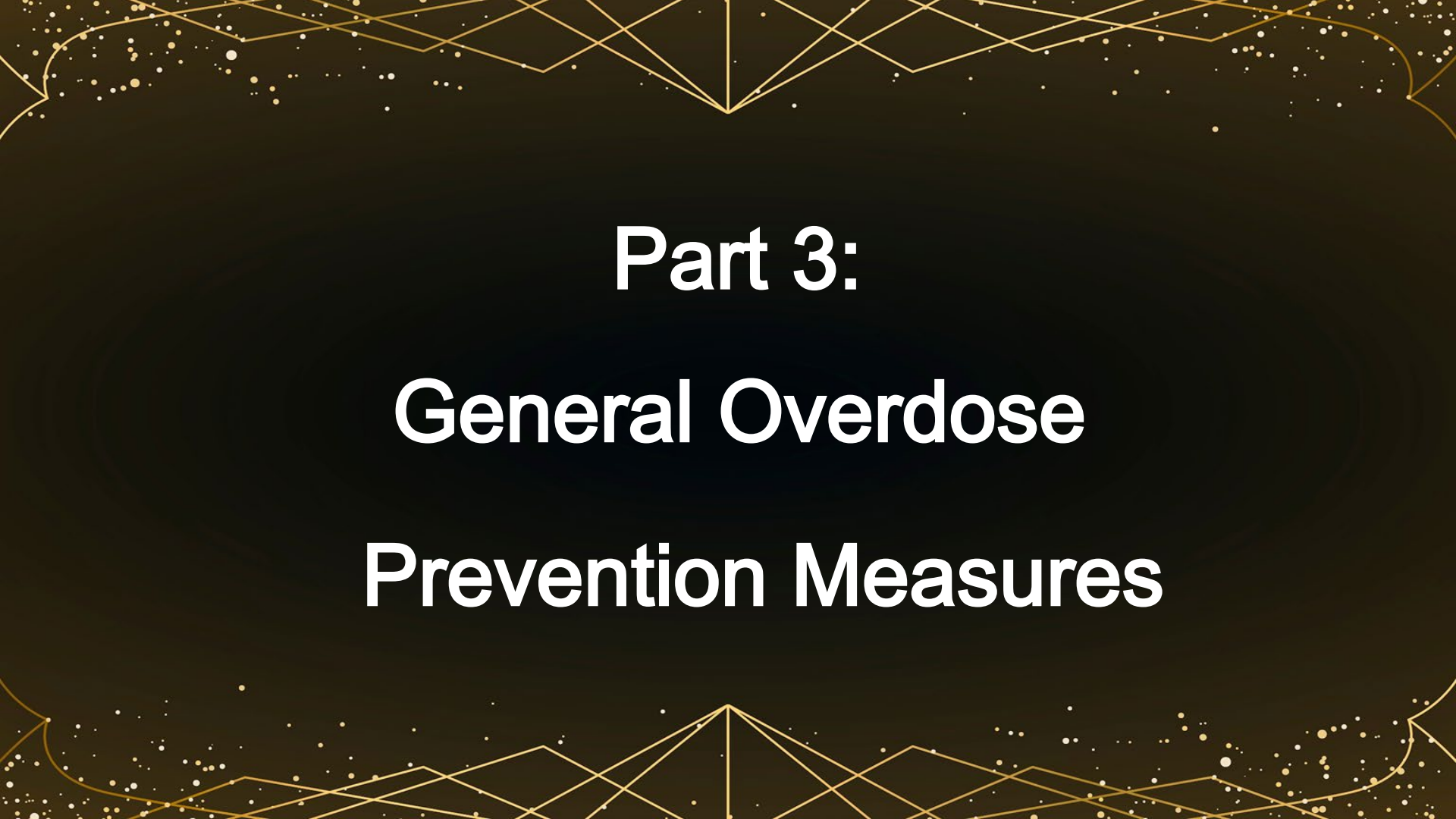
- **Relapse Prevention Questions:**
 - **When we're stressed, we can sometimes fall back on strategies that used to work for us, but no longer do. I know this is a stressful time for you. I'm curious if you've experienced any cravings/ are you using?**
 - **How do you manage cravings? What helps? What doesn't?**
 - **Would you like to come up with a "safety plan" of things to do, if you do experience cravings?**

Summary: Part 2

- Effectively engaging clients around their drug use opens the door for collaborative conversations about improving health and safety
- Conversations about substance use are a time to gather information about current risks and relevant interventions
- Allowing personal bias, judgement, stigma, or personal agendas to enter these conversations can be counterproductive
- People move through phases of change in their own time
- Well-worded, consistent check-ins about a patient's situation, goals, and what's working or not is the best way to promote change talk. Steal our questions!



Part 2: Questions



Part 3:

General Overdose

Prevention Measures

Core Overdose Prevention Measures

- **Have Naloxone (Narcan) & Know Where It Is**
 - **Common naloxone location in an encampment can be helpful**
- **Use Around Others Whenever Possible**
 - **Stagger use when in a group in case someone OD's**
- **Utilize Safety Precautions If Using Alone**
 - **Start Low, Go Slow**
 - **Have someone check in on you**
 - **Have Naloxone next to you in case someone finds you unresponsive**
 - **If you have a phone, call the Never Use Alone Hotline: (800) 484-3731**

The image features a black background with a decorative border at the top and bottom. The border consists of a complex, overlapping geometric pattern of thin gold lines, resembling a stylized lattice or web. Scattered throughout the border and extending slightly into the black background are numerous small, bright gold sparkles or dots of varying sizes. In the center of the image, the text "Q & A" is displayed in a large, white, serif font. The letters are bold and clearly legible against the dark background.

Q & A

Session 2: Wednesday, January 31st: 9:00-10:30

AM

Common Risk Factors & Harm Reduction Interventions

- Risk Reduction & Threat Modeling
- Pharmacological Concepts for Harm Reduction
- Common Health & Safety Risks & Harm Reduction Interventions
 - Dosing
 - Adulteration & Misrepresentation
 - Drug Interactions
 - Unsafe Consumption Technique
 - Underground Market Dynamics