



Harm Reduction 101: From yesterday to today

Emalie Huriaux and Lupe Hurtado

Zoom Webinar Logistics

- Only panelists and hosts can share video and audio.
- Please enter your comments and questions in the chat and Q&A.
- Be respectful and curious.



History of harm reduction, theory, and key principles

Emalie Hurliaux, MPH

WA Dept of Health



Drug User Health Team

Harm Reduction subject matter expertise

- Work closely with sister agency, Health Care Authority, on statewide planning efforts and provide expertise in harm reduction and care coordination with people who use drugs.
- State Opioid & Overdose Response Plan
- Coordinates partner engagement and mobilization efforts aimed at improving systems to provide integrated and comprehensive health care services for people who use drugs.

Partnerships with Syringe Service Programs (SSPs)

- Capacity-building support for local health jurisdictions (LHJs) and community-based organizations operating SSPs to serve people who inject drugs
- Provide “in-kind” support to almost all SSPs in the state (e.g., provide SSP supplies through a clearinghouse).
- Contract with several SSPs (LHJs and CBOs) that support basic SSP services, as well as some navigation/care coordination services

Overdose Education & Naloxone Distribution (OEND) Program

- Training and capacity-building support for agencies wishing to start OEND services
- Provide naloxone to dozens of agencies for them to distribute to people most likely to witness and respond to opioid overdose (people who use drugs and their friends and family members)

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Why are some drugs legal and others illegal?

Many illegal drugs, such as cannabis (until recently in WA), opium, coca, and psychedelics have been used for thousands of years

- Legal status is not based on any scientific assessment of the relative risks of these drugs
- Has everything to do with who is associated with these drugs

First anti-narcotic law in the US?

- 1875, San Francisco ordinance bans opium smoking and opium dens (did not mention other forms of opium, thus specifically criminalizing Chinese communities)
- Played on unfounded and racist fear that Chinese men used opium to seduce white women (white women constituted the majority of opium users through the use of patented OTC medicines)

Why are some drugs legal and others illegal?

First anti-cocaine laws?

- Early 1900s in southern states, directed at Black men, played on racist trope of “Negro cocaine ‘fiends’” (NYTimes headline in 1914) inciting violence, attacking white women, and being resistant to fatal wounds


First anti-cannabis laws?

- 1910s and 1920s, directed at Mexican migrants and Mexican Americans due to fear of immigration after the Mexican Revolution and the “Marijuana Menace”

Start of “War on Drugs”

In June 1971, President Nixon declared a “War on Drugs.”

- Nixon dramatically increased the size and presence of federal drug control agencies, and pushed through measures such as mandatory sentencing and no-knock warrants.
- Nixon temporarily placed marijuana in Schedule One, the most restrictive category of drugs, pending review by a commission he appointed.
- In 1972, the commission unanimously recommended decriminalizing the possession and distribution of marijuana for personal use. Nixon ignored the report and rejected its recommendations.



"You want to know what this was really all about. The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiwar left and black people. You understand what I'm saying.

We knew we couldn't make it illegal to be either against the war or black, but by getting the public to associate the hippies with marijuana and blacks with heroin, and then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news.

Did we know we were lying about the drugs? Of course we did."

-John Ehrlichman, a top Nixon aide



A History of The War on Drugs
from Prohibition to Gold Rush
narrated by
JAY Z
with illustrations by
Molly Crabapple

0:01 / 3:49

CC

The video player interface includes a play button, a volume icon, a progress bar showing 0:01 / 3:49, a closed captions (CC) icon, a settings gear, a full screen icon, and a share icon. The background of the video is a dark green wall with white and brown graffiti.



What guides harm reduction work with communities?

- Recognize the racist and xenophobic foundation on which US drug policy is built and how that impacts the public health response to people who use drugs and health equity today
- Sex positivity (safe, consensual, informed)
- Non-judgmental, anti-criminalization, addressing stigma and shame (e.g., person-first language)
- Any positive change (as defined by the person making the change)
- Meet people where they are (but don't leave them there)

PRINCIPLES OF 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.

FOUNDATIONAL PRINCIPLES CENTRAL TO HARM REDUCTION

Harm reduction incorporates a spectrum of strategies that includes safer use, managed use, abstinence, meeting people who use drugs “where they’re at,” and addressing conditions of use along with the use itself. Because harm reduction demands that interventions and policies designed to serve people who use drugs reflect specific individual and community needs, there is no universal definition of or formula for implementing harm reduction.

However, National Harm Reduction Coalition considers the following principles central to harm reduction practice:

https://harmreduction.org/wp-content/uploads/2020/08/NHRC-PDF-Principles_of_Harm_Reduction.pdf

Principles of Harm Reduction

1

Accepts, 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

4

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

5

Ensures 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

Affirms people who use drugs (PWUD) themselves as the primary agents of reducing the harms of their drug use and seeks to empower PWUD to share information and support each other in strategies which meet their actual conditions of use

7

Recognizes 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

Does not attempt to minimize or ignore the real and tragic harm and danger that can be associated with illicit drug use

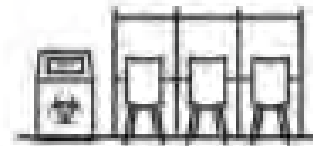
<https://harmreduction.org/about-us/principles-of-harm-reduction/>

FOUNDATIONS OF HARM REDUCTION

HARM REDUCTION INTERVENTIONS

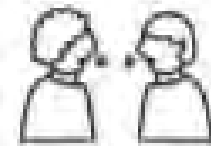
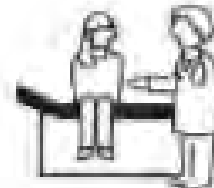
(H)arm (R)eduction:

A philosophical and political movement focused on shifting power and resources to people most vulnerable to structural violence



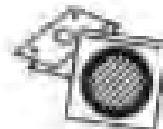
(h)arm (r)eduction:

The approach and fundamental beliefs in how to provide the services



risk reduction:

Tools and services to reduce potential harm





Harm Reduction Practice

Lupe Hurtado

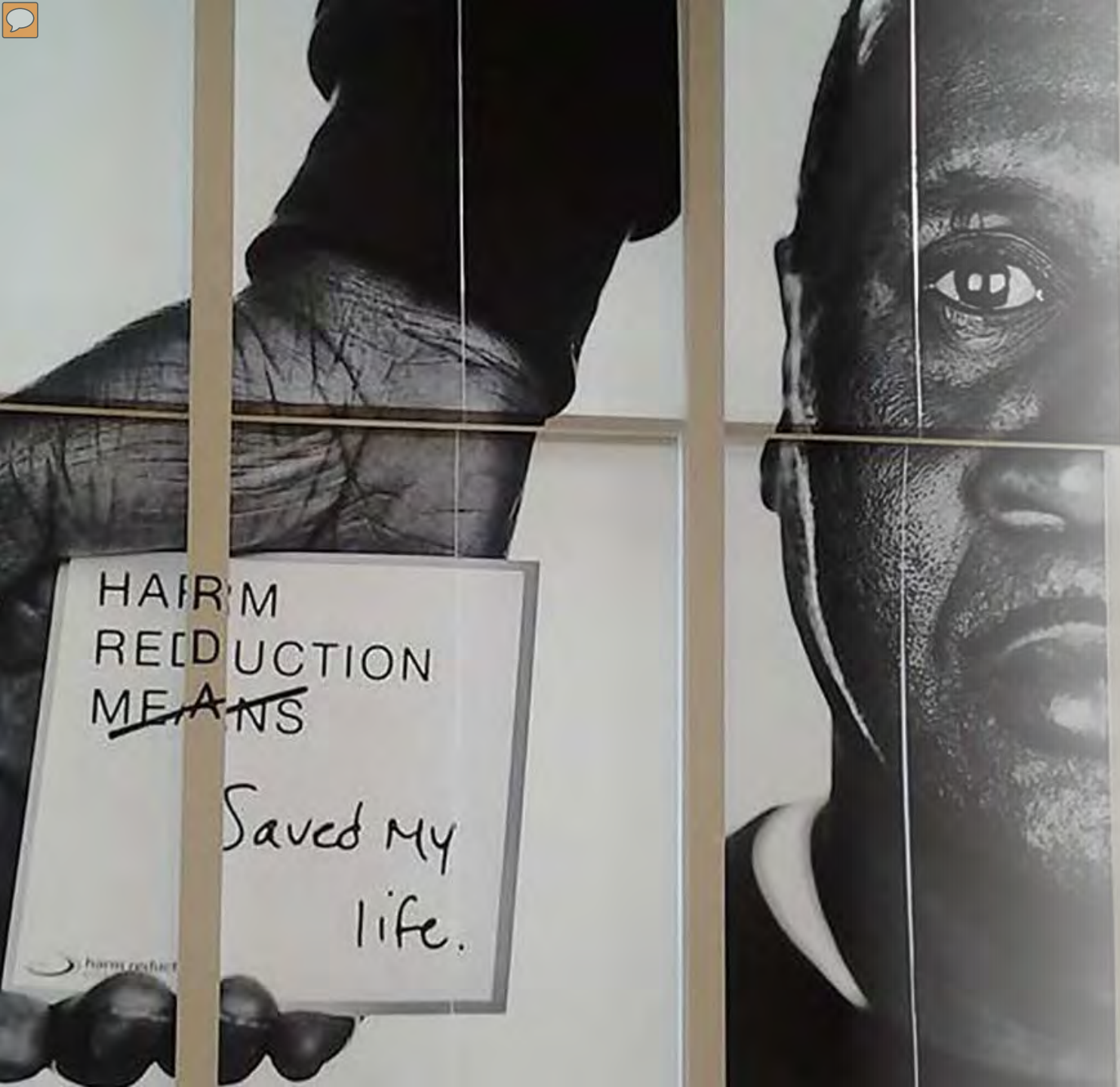
DESC



What does harm reduction mean to you?


What does harm reduction mean to you? Meeting someone where they are at, what does that really look like and mean?

Can you compassionately support someone in their lifestyle even if they are “causing harm” to themselves?




HARM
REDUCTION
~~MEANS~~

Saved My
life.

 harm reduction

- Overdose is the leading cause of accidental death. (cdc.gov)
- A study in the Journal of Addiction Medicine, estimated that approximately 2.2% of individuals with OUD will experience abstinence between 1 and 5 years. (Hoffman et al., 2020)
- Why is *success* in recovery measured by abstinence when it isn't a reality for 97.8% of us?
- Harm Reduction provides an empowering approach that provides agency and equity to PWUD, improving health.



Stigma and People First Language

- Negative attitudes, beliefs, and stereotypes that exist in society and lead to the marginalization or discrimination of individuals who use drugs.
- Stigmatizing individuals who use drugs can perpetuate discrimination, hinder their access to healthcare and support, and contribute to a cycle of substance misuse.
- Dismantling stigma involves confronting stereotyping comments and narratives, representation of people with lived experiences/PWUD, and using Person First Language.
- Provide training for healthcare professionals to reduce stigma and discrimination in healthcare settings. This includes understanding the root causes of substance use disorders and adopting a patient-centered, non-judgmental approach.

HARM REDUCTION IN PRACTICE

(p)eople (w)ho (u)se (d)rugs



User Unions, Agency, Advocacy, Anti-Stigma, Awareness, Autonomy.



Focus on person-centered goals, identified by individual.



Provide options and respect other's experiences and motivations.



Non-judgmental compassionate validation of humanity.



WE 
PEOPLE WHO USE DRUGS

INDIVIDUALS EXPERIENCING HOMELESSNESS



- Homelessness is caused by intersecting disparity, system inequalities, exacerbated by capitalism as well as scarcity in livable income and affordable housing.
- **Meet them where they are at.**
- Outreach, mobile sites/clinics: Provide hygiene and wound care supplies, drug use equipment. Offered medical/dental services. Resources for local shelters/day centers, hot meals.
- Advocacy for safety and stability for individuals living unhoused.
- Housing First Model

SEX WORKERS



BAD DATE LIST

Active online record or publication of people who have violated, assaulted or caused other harm to sex workers.

SAFETY

Safety planning, community support groups, self defense classes.

MEDICAL ACCESS

Access to specialized care, sexual health clinics, contraceptives, and testing.

ADVOCACY

Legal support/advocacy for the legitimacy and protection of rights of sex workers.

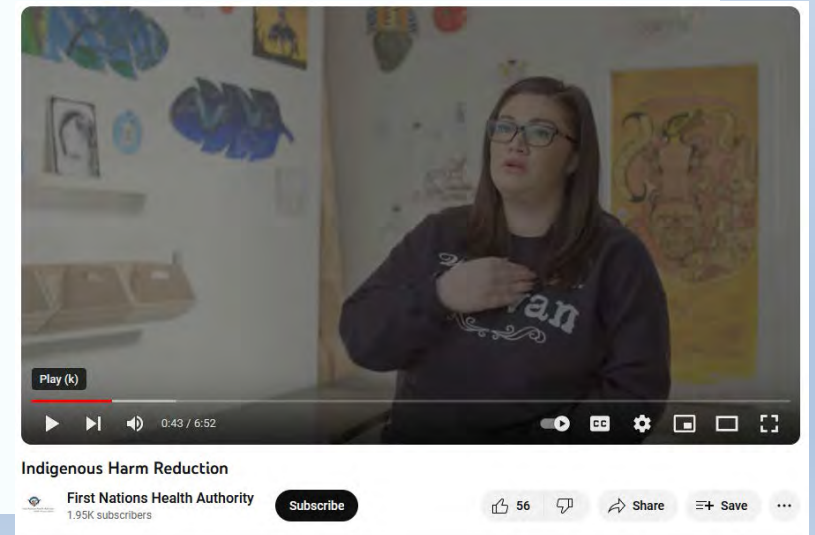
BIPOC COMMUNITY

Current narratives around harm reduction center around perspectives and experiences of white communities. This is at the exclusion of the historical works of Black harm reductionists, Black people who use drugs, and the harms of racist drug, criminal legal, and health care policies.

Identify and advance recommendations to reduce the harms of these intersecting systems on Black people and other marginalized groups.

Centers racial equity across the harm reduction framework, including in drug policy, public health, and criminal justice.

Undoing the harms of colonialism, which place Indigenous people – First Nations, Métis and Inuit – at higher risk of harmful substance use. This means a decolonized, Indigenized approach to harm reduction that re-connects people to culture, and rebuilds relationships with the interconnected spiritual, human and natural worlds.



<https://www.youtube.com/watch?v=K4ikf0EB1Nw&t=42s>

SYRINGE SERVICE PROGRAMS

- To provide sterile equipment used to use drugs and practice safe sex and to educate participants on overdose prevention, vein care, and woundcare.
- Sterile syringes in varying gauges, the “works” cotton, cookers, ties, sharps containers, Narcan/naloxone.
- Safer Smoking: Pipes: Bubbles, stems, hammer, foil
- Wound care supplies and HIV&HCV Testing and access to treatment and medication for opioid use disorder



[This Photo](#) by Unknown Author is licensed under [CC BY-SA](#)

- Vein Care: Choosing the right size/gauge, choosing a spot, how to find a vein, tying off, using new works. new point, new shot, avoid sharing equipment.
- Overdose Prevention Education and Community trainings.
- 1:1 vs. Needs Based Model



OVERDOSE PREVENTION AND NALOXONE DISTRIBUTION

- Provide and encourage Naloxone and Narcan to participants, community members, family, friends etc.
- Educate about signs of opiate overdose and risk factors. Encourage harm reduction strategies/interventions.
- How to administer naloxone and Narcan, rescue breaths, calling 911, aftercare, Good Samaritan Law

Opioids were involved in 80,411 overdose deaths in 2021 (75.4% of all drug overdose deaths).

[Stopoverdose.org](https://stopoverdose.org)





. EDUCATION AND ENGAGEMENT

- Take every opportunity to educate-Every engagement is an opportunity to educate and build rapport.
- Transparency: Offer clear concise options, make sure someone has clear expectations.
- Trauma-Informed Care: Recognize signs and symptoms of trauma, resist re-traumatization.
- Consider Risk/Set/Setting

Effects of (h)arm (r)eduction Strategies

Providing sterile syringes

- Reduces the need to share syringes
- Reduces the transmission of HIV, HCV and blood-borne infections
- Reduces the development of abscesses
- Reduces visits to ED, which reduces financial burden and limits the utilization of hospital resources

Providing fentanyl test strips, Narcan and condoms

- Reduces the risk of overdose deaths
- Narcan gives people the ability to reverse overdoses
- Reduces the spread of sexually transmitted diseases

Increased engagement of staff with clients

- Works to decrease the stigma associated with substance use experienced by PWUD
- The building of supportive relationships results in the development of trust that improves the quality of care
- Promotes connections to comprehensive services



In solidarity, thank you!

Slide 2 pic:

<https://breadrosesfund.org/tag/philadelphia-drug-users-union/>

Slide <https://www.wbur.org/hereandnow/2018/06/06/drug-users-unions>

Drug User Unions <https://www.druguservice.org>

Sex Work

<https://swopusa.org>

Overdose rates

<https://www.cdc.gov/drugoverdose/deaths/index.html>

HR

https://harmreduction.org/wp-content/uploads/2022/12/NHRC-PDF-Principles_Of_Harm_Reduction.pdf

Black Harm Reduction

<https://www.lac.org/major-project/black-harm-reduction-network>

Indigenous Harm Reduction

<https://www.fnha.ca/what-we-do/mental-wellness-and-substance-use/harm-reduction-and-the-toxic-drug-crisis/indigenous-harm-reduction>

Stopoverdose.org Brave.coop

adai.uw.edu/information/data-statistics -



Resources

Organizations

- [WA State Syringe Services Programs](#)
- [Harm Reduction Coalition](#)
- [Drug Policy Alliance](#)

Webpages

- [Stopoverdose.org](#)-Information on overdose response and naloxone
- [WA Department of Health Overdose Education and Naloxone Distribution](#)

Podcasts

- [Crackdown](#), BC-based podcast made by drug users for drug users
- [The Gold Standard with Dr. Kim Sue](#) on low barrier access to MOUD.
- [Drugs and Stuff](#) by The Drug Policy Alliance on harm reduction, mass criminalization, and the drug war.
- [Narcotica](#)- about “drugs and the people who use them.”
- [The Call](#), episode of This American Life focused on the [Never Use Alone](#) hotline
- [The Liverpool Exchange](#), episode of Criminal, tells the story of the first needle exchange in the UK

Books

- “Undoing Drugs” and “Unbroken Brain” by Maia Szalavitz
- “Chasing the Scream” by Johann Hari, on the history and impacts of the War on Drugs.

Language Guide

- [Anti-Stigma Language Guide](#), Tacoma-Pierce County Opioid Task Force