



# Harm Reduction as the Path to a Culture of Health: Working Within, Outside and Beyond Broken Systems

Turiya Coll  
&  
Stacey Cope  
Sonoran Prevention Works

- Among the 19.3 million individuals aged 12 or older in 2015 who were classified as needing substance use treatment but who did not receive treatment in the past year, only 4.6% reported that they perceived a need for treatment for their drug or alcohol use problem.

- America's Need For & Receipt of Substance Use Treatment in 2015, SAMHSA



# Harm Reduction

- Practical strategies aimed at **reducing** negative consequences associated with drug use
- Accepts that drug use is a part of our world; works to **minimize** the harmful effects rather than ignore or condemn them
- Does not attempt to reduce or ignore the real & sometimes tragic harm & danger associated with licit & illicit drug use
- Attempts to address **survivability** of marginalized groups

# Harm Reduction

- Drug use & recovery exist along a continuum
  - Abstinence is one of many possible goals
  - Meet people “where they’re at”
- Drug-related harm cannot be assumed
  - Drugs meet important needs
- People who use drugs are more than their drug use

# Harm Reduction Goals

- Provide options; many and realistic ones, with easy access
- Increase health and well being
- Increase self esteem/self efficacy
- Safer drug use, safer sex
- Reduced isolation and stigma
- Acknowledge, address and take accountability for the real harms associated with drug use to individuals and communities

# Harm Reduction Goals

- Acknowledge & address the very real needs that drugs meet for people and attempt to meet those needs in other ways
- See people who use drugs as whole humans; foster other identities
- Support *any* positive change
- Build authentic relationships
- **Center people who use drugs as the experts on their own care**

# Stigma

- Social process linked to power and control. Leads to stereotypes and labeling
- Legitimizes discrimination
- Permeates every aspect of a person's life – relationships, health care, housing, employment
- The social context that creates and reinforces drug-related stigma is rarely explored or challenged



# Stigma

- Stigma from individuals
  - “Junkies”
- Institutional stigma
  - HCV tx excluding current users
- Self-stigma (internalized)
  - “I don’t deserve anything good”
- Stigma by association
  - Married to a person who uses drugs

# Working Within Our Systems

- You're already doing it! -examples
- Options

# HR In Every Sector

- Healthcare – providing syringes to patients who inject drugs
- Law Enforcement – Taking folks to a crisis response center instead of jail
- Treatment Facilities – developing overdose prevention plans, education first!
- Housing – using a Housing First model

# We Are Doing It Wrong

- Healthcare – scheduling appointments with multiple providers on multiple days across multiple locations
- Law Enforcement – arresting the victim of a crime because they are agitated/upset
- Treatment Facilities – kicking someone out of treatment because they relapsed
- Housing – evicting someone who was the victim of domestic violence
- Education/Employment- denying education or employment because of criminal record

# Working Outside Our Systems

- Refer refer refer
- Get creative
- GO TO THEM, outreach
- Advocacy, coalition, committees, integration
- Intersectionally – who is missing from the conversation?

# Working Beyond Our Systems

- Why did you get into this work?
- Egos in a box @ home – YOU WORK FOR THEM
- Forget your job description
- Don't ask permission, don't apologize – MEET THE NEED
- We all know its broken, there are no limits, reporting and data is less important than service

# Barriers to Care

- Hours, location, safety, transportation, presence of cops/security, not LGBTQIA inclusive, separate entrances, drug testing, small space, staff not reflective of clients,
- What barriers can you think of?

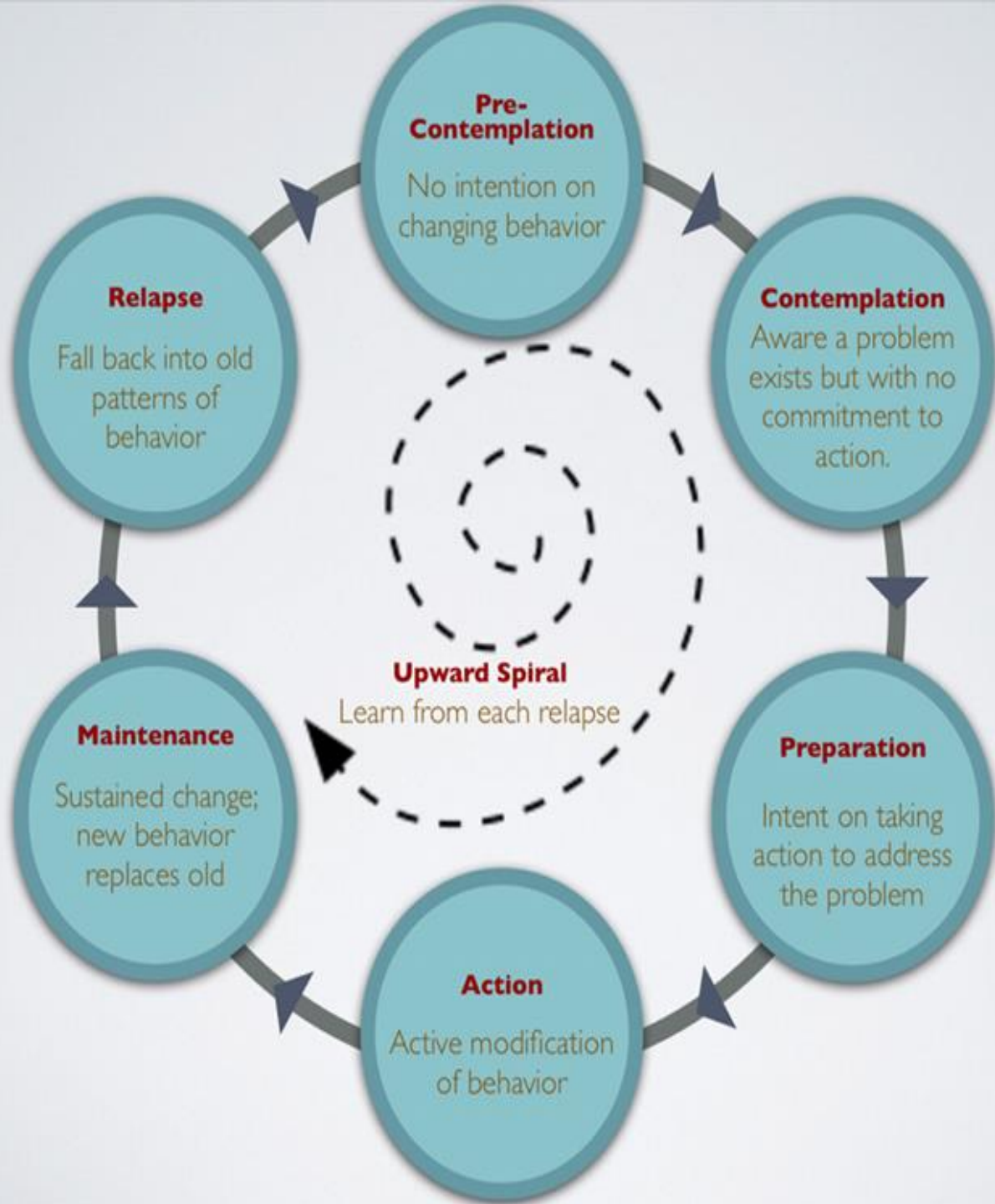
# Risks of Not Practicing Harm Reduction Approaches

- Alienate clients
- Contribute to clients' need to keep behaviors secret
- Perpetuate stigma about drug use and/or sex
- Fail to meet basic needs of clients
- Fail to engage clients in much-needed services
- Disregard the clients' ability and willingness to make behavior changes
- Won't attract most vulnerable, most severe, most in need clients
- When they are ready for treatment/services, won't come back to you



# How Harm Reduction Benefits Service Providers

- Able to let go, no expectations, no timelines, nothing set in stone, everything in the grey area, flexibility
- Allows you to be real, loosen up and focus on each individual client, build better relationships, take your time, less pressure on you to see “results” in another person
- Be honest, tell it like it is, no tip toeing
- Increased compliance with smaller, more realistic goals
- Fall back in love with the work
- Take away fear, judgement, negativity
- Challenge yourself, challenge and question everything
- Be better, hone skills, better at conflict resolution, better at motivational interviewing, better at patience, better at coming up with options, better at knowing the resources in your community



# Overdose Prevention

- OD prevention is the perfect example of how harm reduction can be inserted into ANY institution, any sector

# ARIZONA

2016 drug overdose deaths: 1274 (CDC)

## **Sonoran Prevention Works has had:**

- 10,038 kits distributed  
and
- 1047 Reversals reported  
(Since September 2016)

# Prevention Messages: Mixing

- Mixing is dangerous, period
- Opioids + Benzos/Alcohol are responsible for most polydrug ODs
- Encourage honest communication about use
- Mixing harm reduction:
  - Benzos can cause short-term impairment, use those last
  - Use less of each substance

# Prevention Messages: Using Alone

- Nobody to respond to overdose
- Peers know when somebody is doing too much
- Using alone harm reduction:
  - Fix with a friend
  - Leave the door unlocked or slightly ajar
  - Let somebody know where you are
  - Call someone trusted and have them check on you
  - Develop an overdose plan with friends/partners

# Prevention Messages: Physical Health/Tolerance

- Physical health affects tolerance, increases OD risk
- Respiratory issues + respiratory depressants
- Using after a period of abstinence/moderation
  - Jail, treatment, hospital, detox, abstinence, etc.
- Physical Health/Tolerance harm reduction:
  - Go slow if you've been sick, lost weight, or have been feeling under the weather or weak
  - A person can always do more, but they can't do less
  - Use different method (snort, smoke) instead of injecting at first
  - Inhaler – make sure your friends know where it is

# Arizona Naloxone Laws

- HB 2489 (2015) & HB 2355 (2016)
- A.R.S. 36-2266 & 36-2267
- Protects prescribers from certain liabilities
- Allows for standing order
- Allows for 3<sup>rd</sup> party prescription
- Protects person who administers medication
- A.R.S. 32-1979
- OTC pharmacy sale
- Pharmacy board must create rule



# So What Does This Mean?



# Who Should Have It?

- CDC reports 83% of overdose reversals are performed by other drug users
- This means drug users are the ones who need access to this medication the most
- We should not be gatekeeping lifesaving medication

# Naloxone Distribution In Every Sector

- Healthcare
- Inpatient & outpatient substance use treatment
- Housing Services
- Law Enforcement
- Behavioral Health

# After An Overdose

- DO NOT ASSUME the person will be scared into never using again
- Cycles of use and abstinence
- Important to assess with individual continued risk for another overdose, and use prevention messages to help them avoid another one
- Find out what kind of help, if any, the person desires. Do not coerce a person into treatment, though this *may* be a wake-up call.
- Refill your naloxone!

# What Do We Have to Lose?

- Our Clients
  - Our passion for the work
  - Our egos and sense of superiority
  - What our jobs are *really* about
- (hint: it's not reporting or deliverables or meetings or budgets or Boards)

# Resources

- Harm Reduction Coalition - <http://harmreduction.org/issues/overdose-prevention/>
- Drug Policy Alliance - <http://www.drugpolicy.org/drug-overdose>
- Overdose Prevention Alliance – <http://overdoseprevention.blogspot.com/>
- Prescribe to Prevent - <http://prescribetoprevent.org/>

# Thank you!!

Turiya Coll

Northern Arizona Overdose Prevention  
Coordinator

Sonoran Prevention Works

[tcoll@spwaz.org](mailto:tcoll@spwaz.org)

Stacey Cope

Southern Arizona Overdose Prevention  
Coordinator

Sonoran Prevention Works

[scope@spwaz.org](mailto:scope@spwaz.org)