

# Foundations + History of Harm Reduction

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NATIONAL  
HARM REDUCTION  
COALITION



Harm Reduction	Harm Reduction Services	(h)arm (r)eduction
<p>The philosophical and political movement, as well as the community which has grown up around them.</p>	<p>A set of specific substance use, infectious disease, and health interventions typically associated with the movement.</p>	<p>The application of the harm reduction framework broadly in other contexts.</p>
<p>US Harm Reduction has its roots in the early days of HIV/AIDS <b>activism</b>.</p> <p>The roots of Harm Reduction as a movement are in questioning and challenging <b>the status quo, injustices and oppression</b>.</p>	<p>Syringe Services Programs  Overdose Prevention/Education  Medication-Assisted Treatment  Wound Care Clinics  Peer Navigation / Organizing  Maintenance Support Groups</p>	<p>Smoking cessation, heart health, wearing a seat belt, etc.</p>

# THE HARM REDUCTION **APPROACH**

Harm reduction utilizes a spectrum of strategies to reduce the negative consequences associated with drug use, sex work, and other behaviors.

**SAFER  
TECHNIQUES**

**MANAGED  
USE**

**ABSTINENCE**

# THE HARM REDUCTION MOVEMENT

Public Health  
=  
Social Justice

Racism, stigma, and  
criminalization  
cause harm

Ending inequality and  
oppression, fostering  
health and liberation

Leadership of the most  
impacted is key to  
transformative change.

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# Personal Autonomy

**An individual's capacity for self determination or self-governance.**

Working with people who use drugs requires respect for the choices of the people with whom you are working. It may not be the choice you would make but it is **ESSENTIAL** you respect the choices of the person as their right.

**Recognize that most often, people are making the best choices they can with the tools and resources they have**

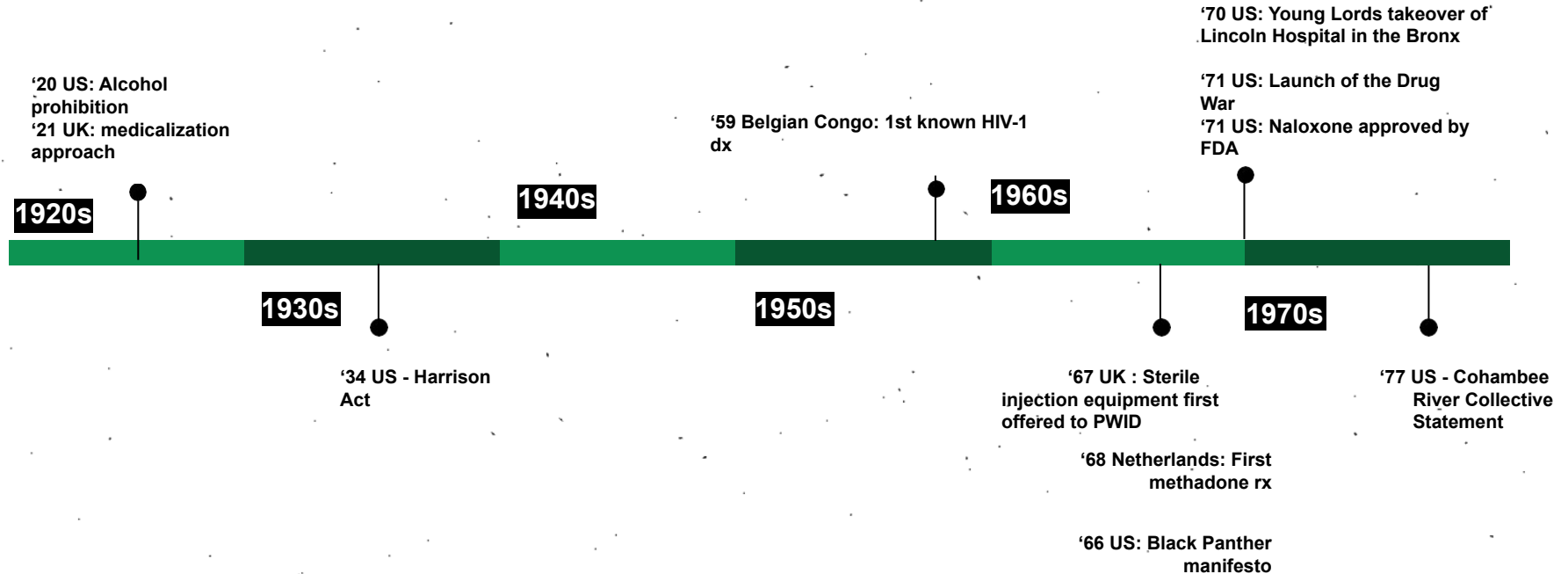
# Radical Neutrality and Acceptance

Providing Harm Reduction services requires a **willingness to:**

“practice radical neutrality; grapple with ethical gray areas; tolerate, accept, and understand difficult behaviors; be taught by our clients; relinquish the role of authority, judge, or expert; [and] partner with clients”.

-Pat Denning and Jeannie Little, co-Founders of the Center for Harm Reduction Therapy

# Before harm reduction was “harm reduction”



# The original harm reductionists

Everyday folks explicitly fighting for access to free and quality healthcare for all people, for nutrition, treatment for addiction, child & elder preventive care programs, universal education, living wage and work safety.

*What is good for those who are most marginalized is good for all, because ultimately harm reduction is about loving people back to health.*

“  
OF ALL THE FORMS OF  
INEQUALITY, INJUSTICE IN  
HEALTH IS THE MOST  
SHOCKING AND INHUMANE.  
”

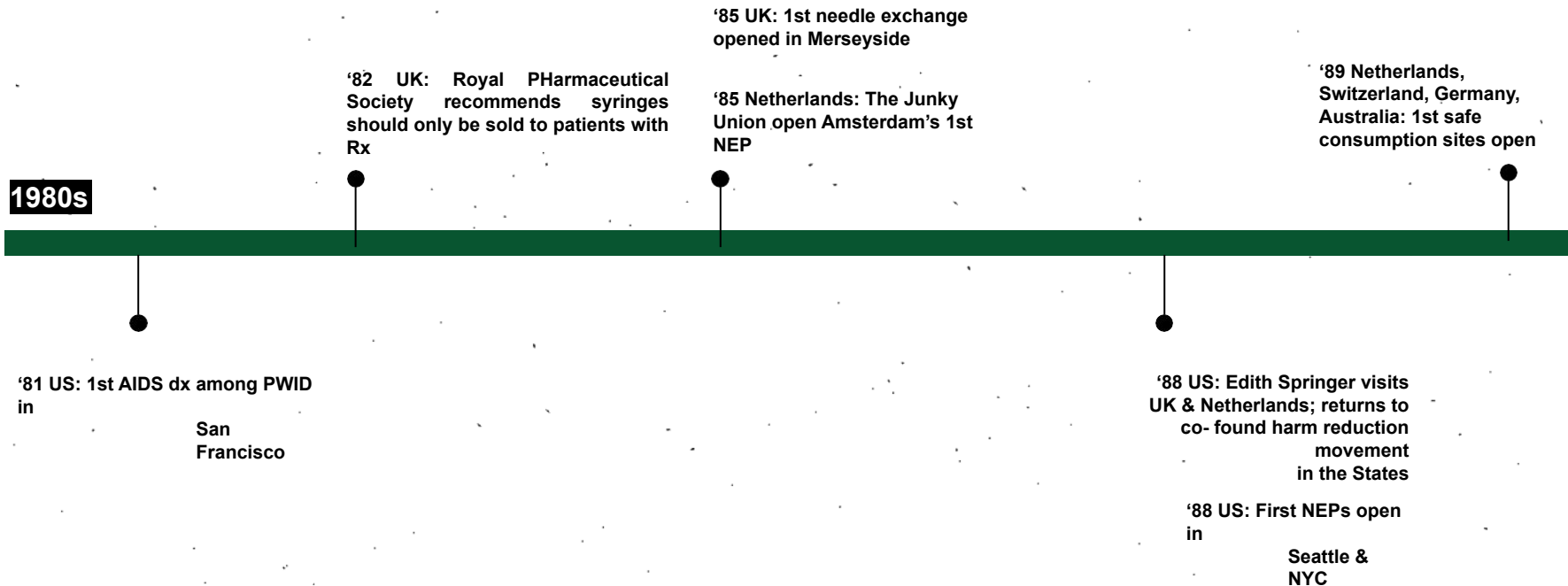
– MARTIN LUTHER KING, JR.





# Origins of Harm Reduction Europe

# Response to HIV among people who inject drugs



**“If people don’t get their  
needs met, they’ll  
struggle to get their  
needs met”**

- Edith  
Springer





# Principles of Harm Reduction of The Merseyside Model

- HIV is a greater threat than drug use
- Abstinence therefore should not be the only goal, or necessarily the first goal
- Reach out to users and engage them
- Provide innovative services
- Use a multi-disciplinary approach

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# Origins of Harm Reduction United States



SEATTLE, WA., MARCH 23, --NEEDLE-EXCHANGE-- A man with a dog picks up a clean syringe at a table set up at Boren Avenue and Pike Street by ACT-UP, a group dedicated to AIDS prevention and education. The group has the support of the Northwest AIDS Foundation. BY CRAIG FUJII / THE SEATTLE TIMES.

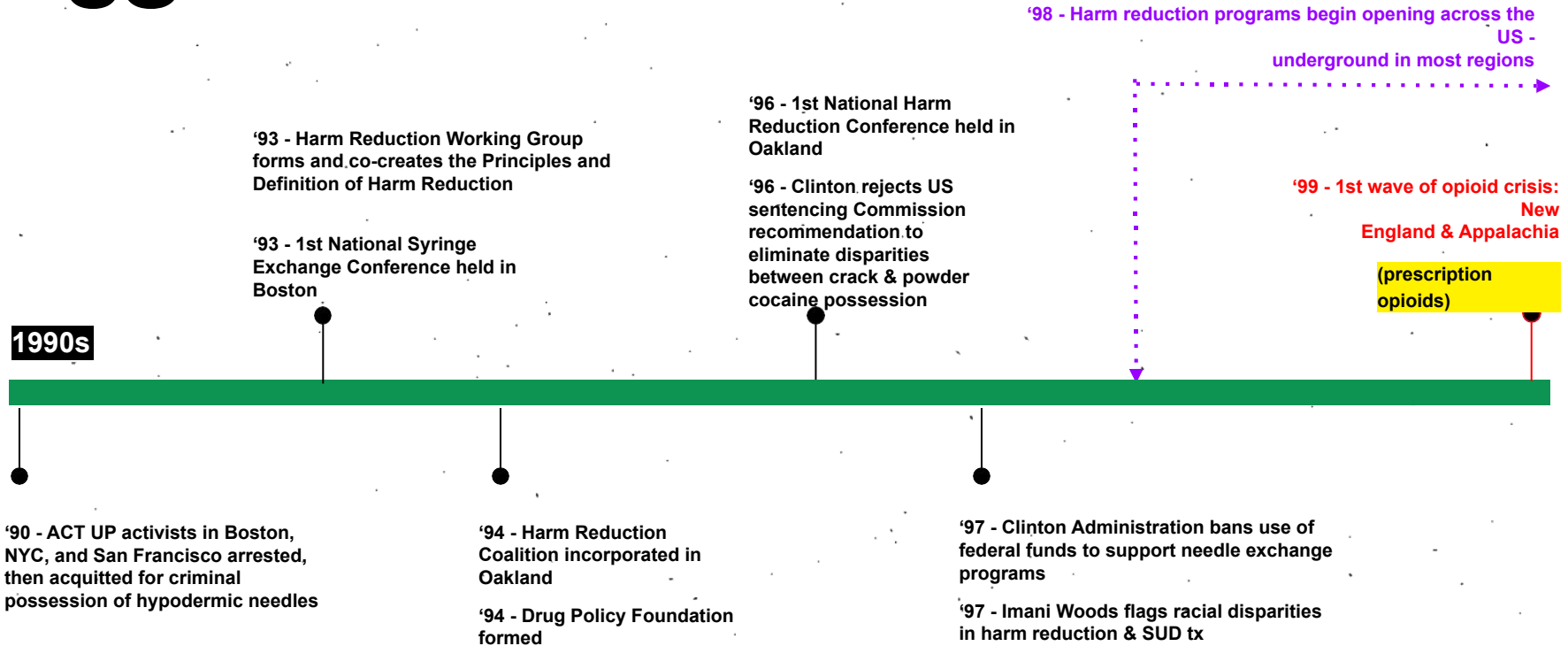
**1988: 1st US needle exchange  
opened in Seattle**



**Dave Purchase in Tacoma**



# Harm Reduction takes root in the US



# Harm Reduction Working Group

**first row:** Dave Purchase, Rod Sorge, Dan Bigg, Stephanie Comer, Sara Kershnar, Charles Collins, Jon Paul Hammond

**second row:** facilitator, Pat Garrett, Ricky Bluthenthal, Renee Edgington, Edith Springer, Joyce Rivera, Lisa Moore

**third row:** Scott Stokes, George Clark, Delia Garcia, Heather Edney, Mark Gerse, Kevin Zeese, Gerald Lenoir





# Personal Autonomy

Recovery is a process of change through which people improve their health and wellness, **live a self-directed life**, and strive to reach their full potential.

- SAMHSA working definition of recovery



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.

- Definition of Harm Reduction

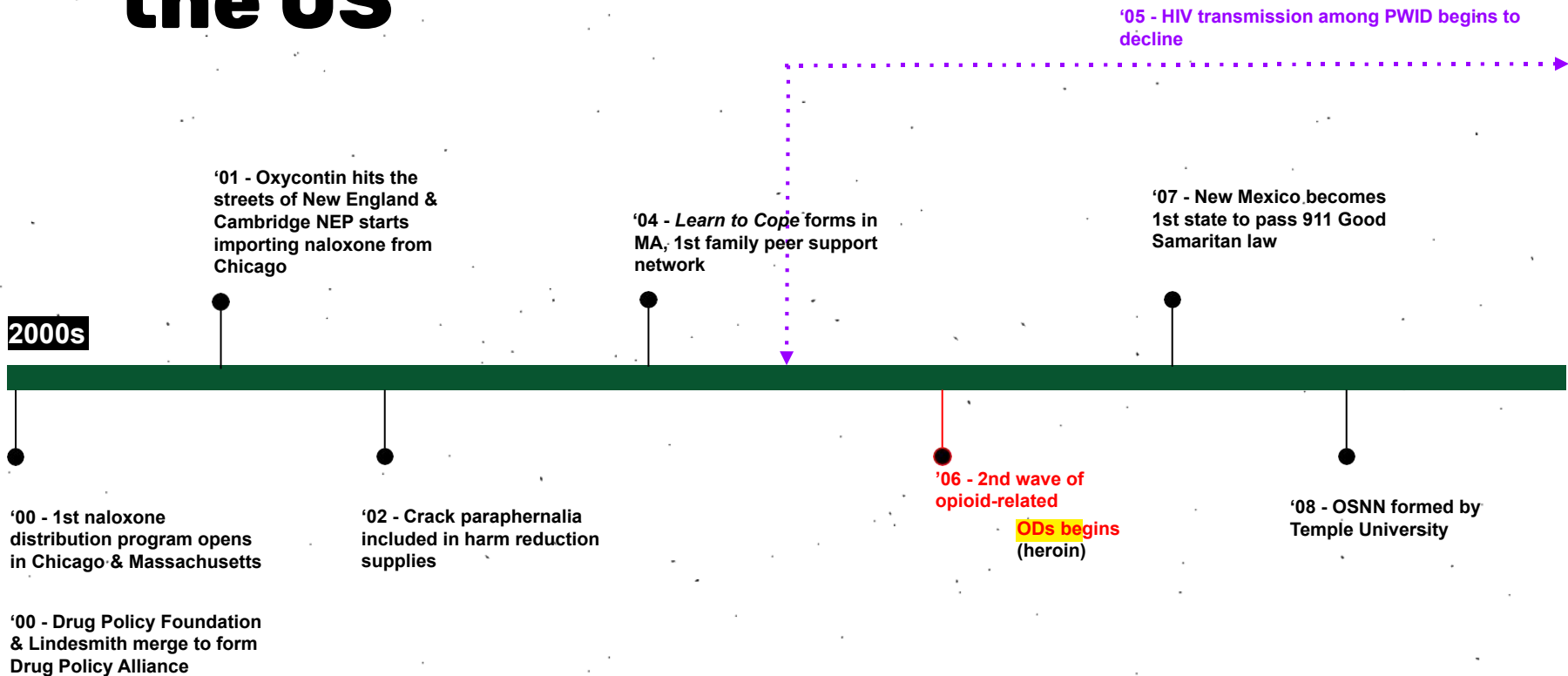
# Practical Strategies



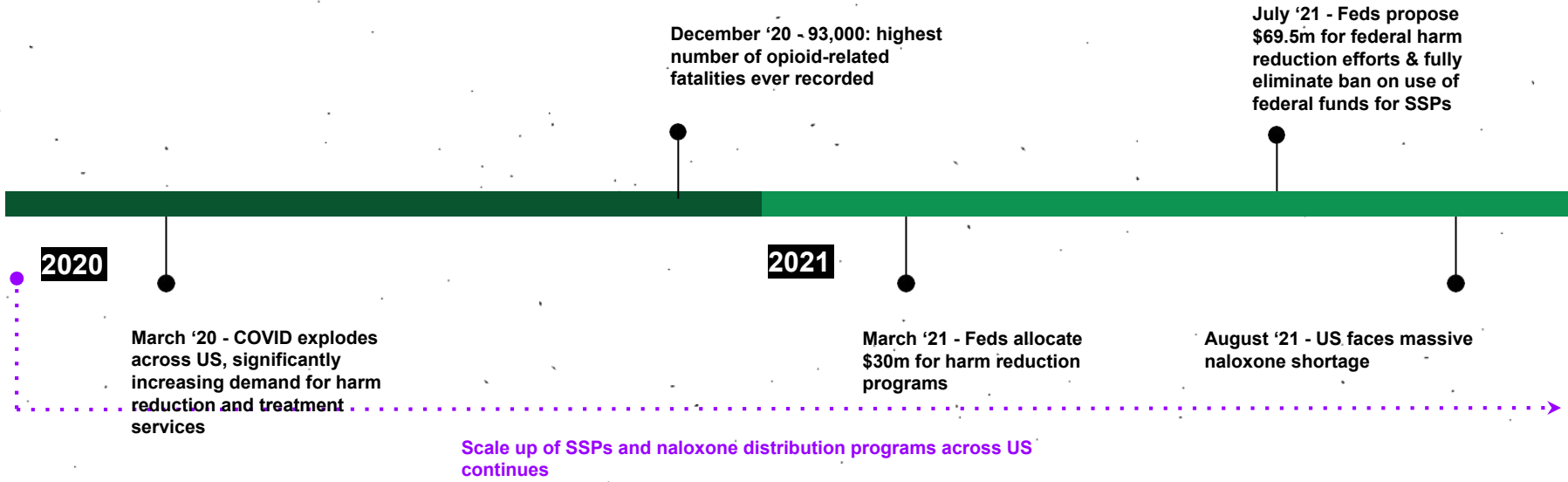
# **Foundational** Elements of Harm Reduction Programs

- Participant involvement
- Any positive change
- Supportive agency policy
- Collaborations with other providers

# Harm Reduction takes root in the US



# 100,000 lives...





## **We've come a long way...**

30 million+ of federal funds allocated specifically for HR across the US

After 30 years, the ban on using federal funds to for SSP's was partially lifted.

SSP, naloxone distribution, and MOUD expansion

Drug decriminalization and reform: legalized marijuana, elimination of paraphernalia laws, scaled up Good Sam laws



## **...and have a long way to go**


Centering racial equity

Call for Sex Worker rights + accountability

Long term sustainability: most syringe access programs incorporate more than just HIV/HCV/overdose prevention...when they don't, it's a funding or capacity issue

Integration into recovery organizations: if relapse is part of recovery, then we'd better be ready

Establishing a National Harm Reduction Strategy that guides rollout of and provides metrics for the \$30m+ Congressional allocation



As of 2023 there are **526** harm reduction programs in operation in the US & its territories (and counting).

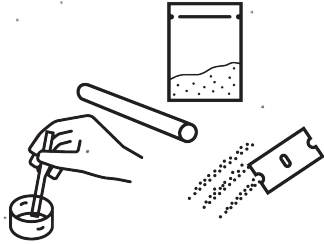
And 11 states still don't have legal syringe service programs

<https://www.nasen.org/>

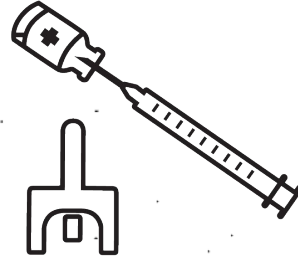
# HARM REDUCTION SERVICES



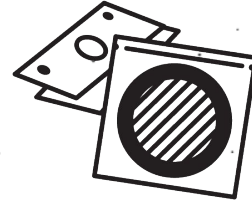
**Syringe Access  
and Disposal**



**Safer Drug Use  
Supplies**



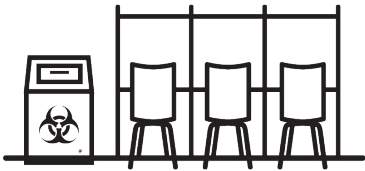
**Overdose  
Prevention**



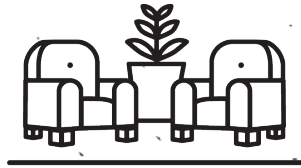
**Safer Sex  
Materials**



**Medication for  
Opioid Use  
Disorder**



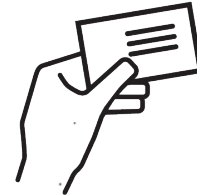
**Safer Consumption  
Services**



**Drop-in  
Centers**



**Housing First**



**Referrals**



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**PRINCIPLES OF HARM REDUCTION**

**+**

**TOOLS AND SERVICES**

**=**

**PRACTICING HARM REDUCTION**



# Stigma

## Stereotypes (Ideas)

“People with  
(\_\_\_\_\_) are  
incapable,  
fragile,  
dangerous,  
and cannot  
recover.”

## Prejudice (Beliefs)

“They are scary,  
shameful, and  
less than”

## Discrimination (Actions)

### Social

I don't want  
them to live  
next door, be a  
coworker, or  
marry into the  
family

### Structural

Employers do not  
hire/support,  
recovery  
education lacks  
effective  
supports, health  
insurance doesn't  
provide equal  
coverage

# Stigma and Harm Reduction

- Recognizes that stigma exists
- There are ways to manage & challenge stigma
- Stigma changes over time
- Stigma intersects with other forms of marginalization & oppression
- When challenging stigma, try to meet **all** people where they're at
- Acknowledges change is hard and values incremental change

**Stigma is the belief.  
Discrimination is the  
action.**

# Forms of Stigma

**Stigma from Individuals**

**Institutional Stigma**

**Self-Stigma (Internalized)**

**Stigma through Association**

# Key Elements of Stigma

**Blame and Moral Judgement**

**Criminalize**

**Pathologize and Patronize**

**Fear and Isolation**

# Functions of Stigma

**Difference**

**Keep People Out**

**Danger**

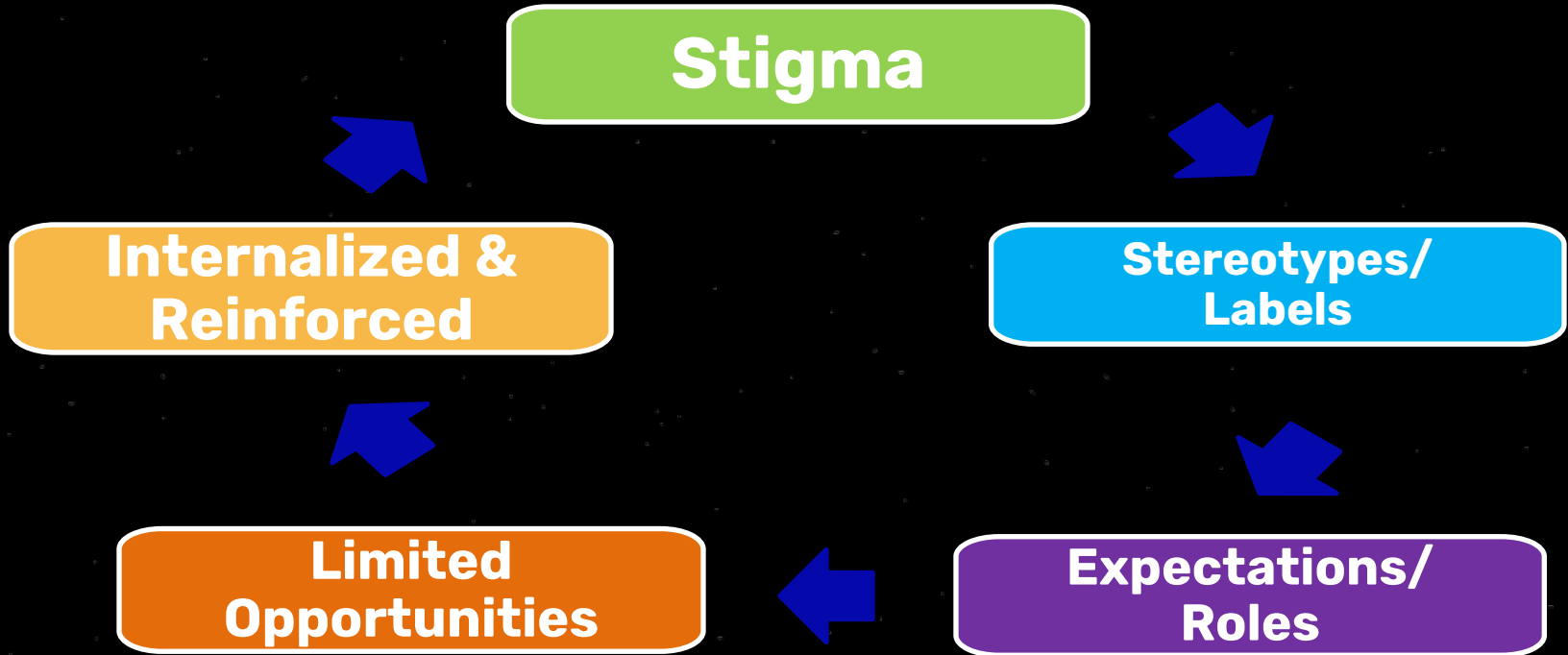
**Keep People Away**

**Discrimination**

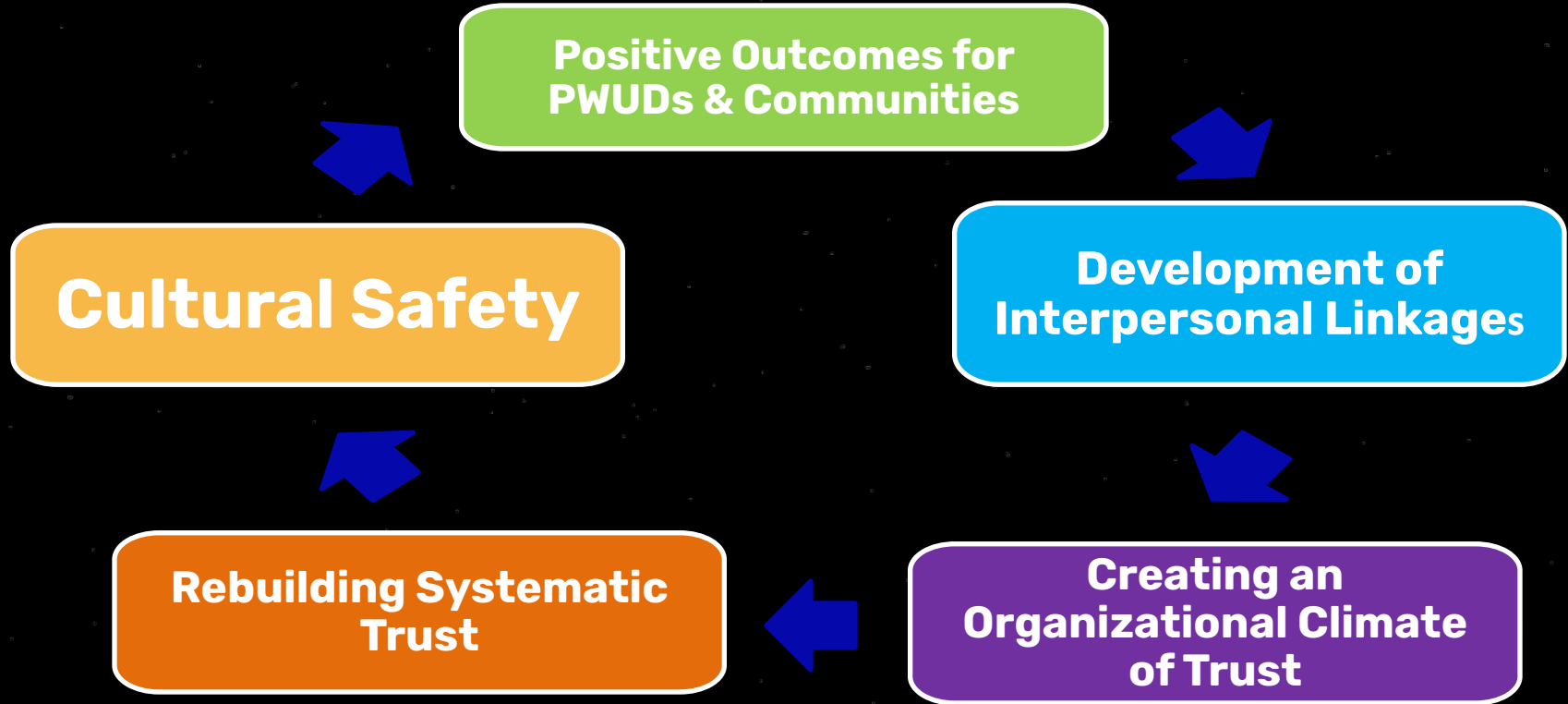
**Keep People Down**



# Cycle of Drug-Related Stigma



# *Virtuous Cycle: Climate of Trust*



# Language and Labels

Race/  
Ethnicity

Gender/  
Sexual  
Orientation

Health  
Status

Appearance  
and Stability

"PWUD"

How are  
the drugs  
consumed?

How often?

Which  
drugs?

Prescribed  
or street?


Choosing to  
abstain?

# ADDRESSING INEQUALITIES AND INJUSTICES

*Recognizing the harms of  
structural stigma*

Providers should be able to recognize the impact and complexities of poverty, class, racism, isolation, past trauma, sex-based discrimination and other inequalities affect **people's vulnerability**, and **capacity** for effectively **dealing with behavior-related harm**.

It is important to acknowledging we are part and live within the same systems and structures that stigmatize, shame and hurt people who use drugs or engage in sex work. Those systems impact us too.



**Creating Change:  
Dismantling stigma at the individual,  
organizational and community levels**

# Individual Level



- Language
- Relationships, honesty and authenticity
- Disclosure and dialogue
- Education and personal development

# Organizational Level



- **Training and education**
- **Outlets for feedback**
- **Assessment of practices**
- **Hiring people that use drugs**

# Community Level



- **Participant Advisory Boards**
- **Awareness campaigns**
- **Policy and advocacy**
- **Events and collaboration with partners**



# Respect to Connect: Reflexive Practice

What are ways you or your **institution** could be stigmatizing people who use drugs?

What are **ways** people who use drugs could be **responding** to that stigma?

What are **three** strategies I can use starting **this week** to move towards dismantling stigma in my role as a provider.

# Resources & Materials

<https://drugpolicy.org/blog/paula-santiago-harm-reduction-trailblazer>

<https://www.facebook.com/drugreporter/videos/363907457929981/?extid=SEO----->

<https://wellcomecollection.org/articles/WgsiQiEAABXB1KCS>

<https://www.opensocietyfoundations.org/voices/safe-and-effective-drug-policy-look-dutch>

<https://az659834.vo.msecnd.net/eventsairaeuprod/production-ashm-public/32b4a80d8a5345a0a4d1e6efeb424f3c>

# Resources & Materials

[https://idhdp.com/media/531630/croes\\_idhdp.pdf](https://idhdp.com/media/531630/croes_idhdp.pdf)

[https://opioid.amfar.org/indicator/num\\_SSPs](https://opioid.amfar.org/indicator/num_SSPs)

<https://www.healthline.com/health-news/needle-exchange-programs-a-re-now-popular-everywhere-heres-why#The-growth-of-needle-exchanges>

<https://pubmed.ncbi.nlm.nih.gov/20163946/#:~:text=In%20the%20mid%2D1980s%20in,health%20associated%20with%20drug%20use.>

<https://www.yesmagazine.org/health-happiness/2023/01/19/harm-reduction>

**INTERCONNECTION**

IS OUR STRENGTH



# EXPERTS CORNER

# **Guide for eliminating Stigma**

**NATIONAL  
HARM REDUCTION  
COALITION**

# The Guide

This guide is intended to be a tool to begin to leave behind dynamics that function as barriers when people with substance use disorder seek health and psychosocial services.

# **Where did the interest in making this guide come from**

As part of the work of influencing public policy, it is questioning how what one does contributes to the improvement of the services received by the population we serve and incidentally how we transform the country. Hence the desire to create this tool was born.

There have been many stories and experiences that I have been told about how a comment has been the obstacle for a person who needs services to give up looking for them.



# Purpose

**This guide aims to facilitate a dignified and respectful interaction with drug users who seek health and/or psychosocial services and, as a consequence, these services have better results.**

**The guide is designed to start a positive conversation.**

# Who is this guide for

This guide is addressed to personnel who offer direct and indirect services to people who use drugs (PUD), including those who provide care in health services, psychosocial services, and other services. It can also be useful for people who work in public policy.

***"Words have the power to destroy and heal.  
When words are true and kind,  
they can change the world."***

**Buda**

**NATIONAL  
HARM REDUCTION  
COALITION**

# How to use this guide

The guide explains commonly used terms that have negative connotations and identifies more welcoming and inclusive alternatives to eliminate or reduce barriers.

Terms in **red** are generally considered stigmatizing. Their use is not recommended.

Terms in **yellow** are accepted in certain contexts, but not necessarily in others. Their use depends on the person and their experience. You can ask the person or group directly which terms they feel most comfortable with.

Terms in **green** are generally accepted and are not stigmatizing.

# How the Guide was made

## Interviews with participants and service providers

Conversations were held with participants from the Intercambios Puerto Rico organization, service providers in the region, and students who did their internships at the organization, about the use of language when accessing or offering services.

## Revision of literature

We reviewed a lot of literature and models worked in other countries that treat language as a barrier when it comes to people receiving services, such as Australia with "The Power of Words" and others that reproduce the stigma such as "Detoxifying Narratives", from Colombia.

# What can be found in the Guide

## Let's understand the stigma

In this section you can find a definition of stigma, the different types of stigma and the impact it has on the lives of all people.

## Important definitions

We have compiled 19 definitions of concepts that are important to know and understand when offering services to people who use drugs.

## Use of psychoactive substances

We share information about what drugs are, how they are classified, we talk about the effects of prohibition in Puerto Rico and we mention international and

## DEFINICIONES IMPORTANTES

**A** **Abstinencia** – una renuncia voluntaria a cumplir un deseo, necesidad o un aspecto de ciertas actividades corporales que se experimentan extensamente como placenteras.

**B** **Bacado en evidencia científica** – Se refiere a políticas, programas e intervenciones que consideran los resultados de investigaciones científicas sobre la efectividad de una práctica. Se espera que para atender el uso de sustancias psicoactivas se use evidencia científica a la hora de decidir qué políticas y programas nuevos implementar, cuáles escalar o ampliar, y cuáles reducir o descartar.

**C** **Cuanto de consumo seguro** – Son espacios en los que las PUD pueden usar sustancias psicoactivas en condiciones seguras e higiénicas, bajo supervisión profesional, libre de sanciones penales.

**D** **Despenalizar** – Dejar de incluir como delito una conducta que era castigada por la legislación penal. La despenalización se refiere a la reducción del nivel de sanciones asociadas a delitos de drogas, usualmente para uso personal o porte.

**Discriminación** – cuando alguien tiene la experiencia vivida de ser excluido, resultado en efectos materiales y sociales negativos.

**Drogas o sustancias psicoactivas (SPA)** – compuestos químicos, naturales o sintéticos, capaces de cambiar el modo en que funciona la mente mediante la interacción con las estructuras neurológicas. El término "sustancias psicoactivas" engloba tanto las drogas lícitas (alcohol, tabaco, cafeína, analgésicos, etc.) como las ilícitas (cannabis, LSD, cocaína, heroína, etc.).

**E** **Esterotipo** – una idea fija que las personas tienen acerca de cómo es alguien o algo, a menudo muy simplificada y basada en generalizaciones. Los estereotipos a menudo conducen a prácticas, comportamientos o lenguaje estigmatizantes.

**Estétil** – libra de gámbazo. Se lo llama equipo de inyección estétil al material que se utiliza para el consumo de sustancias inyectables, en lugar de llamarse jeringuillas limpias.

**L** **Legalizar** – Proceso de hacer legal una conducta actualmente ilegal. Supone la permisibilidad de realizar un acto y, en algunos casos, la despenalización de este. Es decir, una conducta constituye delito o infracción administrativa, por lo que conllevaba una pena o una multa; pero tras la legalización, los ciudadanos pueden realizar dicha conducta libremente.

## TIPOS DE DROGAS

### Estimulantes

Fármacos que aceleran la actividad del sistema nervioso central. Los estimulantes pueden hacer sentir a la persona energética, confiado y alerta. Entre otros de los medicamentos pueden estar la cafeína o las pilas de cafeína, cocaína y amfetamina.



### Depresoras

Fármacos que reducen o disminuyen la actividad del sistema nervioso, actuando directamente sobre el sistema nervioso central para crear un efecto sedante o calmante.



### Psicodélicas

También conocidas como alucinógenas, son drogas que actúan sobre el sistema nervioso central para alterar la percepción de la realidad, el tiempo y el espacio. Los alucinógenos pueden hacer que la persona escuche o vea cosas que no existen o que lugares familiares que no lo sean.



### Disociativas

Las disociativas inicialmente fueron desarrolladas como anestésico general para cirugía. Inducen una desconexión momentánea y anímica y producen sentimientos de aislamiento o disociación del mundo y de la persona. Actúan bloqueando la transmisión del mensaje químico que transmite a través del cerebro.



# What can be found in the Guide

## Let's work to remove the stigma

More than 18 stigmatizing terms frequently used in service spaces were collected and alternatives are offered to use neutral language and start positive conversations.

## Treatment services for people who use drugs (PUD)

Alternatives are shared to make treatment services more accessible and the principles for this to be effective according to the National Institute for Drug Abuse (NIDA).

**Check list: Did you manage to eliminate the stigma?**



**"El estigma desalienta que las personas busquen los servicios que necesitan."**

Evita términos estigmatizantes al referirte a personas que viven con virus transmitidos mediante el seringue.

Términos estigmatizantes	Términos estigmatizantes en ciertos contextos	Términos a utilizar	Razón para usar el término	Ejeto alternativos
Víctima portador, portador, infectado, portador, portador		Persona que tiene o vive con hepatitis B o VIH	Estos términos implican que las personas tienen control sobre sus vidas y no con la enfermedad.	
Función del contenedor		Transmisión transmitida	Transmisión es el término correcto al referirse con precisión sanguínea.	

**CHECK LIST:**

**¿Lograste eliminar el estigma?**

- Cuentas con información actualizada sobre el tratamiento para trastorno por uso de sustancias.
- Piensas que la persona usuaria de sustancia debe recibir apoyo en lugar de castigo.
- Piensas que la persona que consume drogas no padece de una debilidad moral.
- No te incomoda atender a una persona en situación de calle y que consuma drogas.
- Sabes que el trastorno por uso de drogas es una enfermedad crónica.
- No ves la abstinencia como el principal objetivo de un tratamiento, si no como una meta a largo plazo si la persona así lo desea.
- Estás consciente de que la persona usuaria de drogas no pierde sus derechos.
- Utilizas conceptos como persona que usa drogas inyectables en lugar de usar la palabra usuario o usuaria.

Si marcaste todas las premisas anteriores estás eliminando el estigma y derribando las barreras a los servicios de tratamiento para personas con trastorno por uso de sustancias.

**¡Felicitaciones, continúa así!**

**Thank you!**





# Harm Reduction in Baltimore

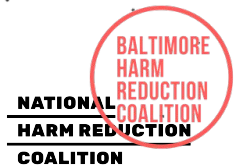
*Rajani Gudlavalleti, she/her/hers – director of mobilization, BHRC*

*May 15, 2023*



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CONTENT IN THESE SLIDES  
WITHOUT PERMISSION.**

permission can be discussed by emailing:  
[admin@baltimoreharmreduction.org](mailto:admin@baltimoreharmreduction.org)



# OVERDOSE -- IT'S BEEN A CRISIS



## MARYLAND FACTS

The overdose fatality rate has consistently been above the national average for more than 20 years.

It has ranged from roughly 1.5 to 3 times the average rate.

(NIDA. Maryland Opioid Summary. February 2018)

2013-2020: 24,418 have lost their lives to unintentional overdose.

(MDH data)

No county has been spared from the tragedy of overdose.

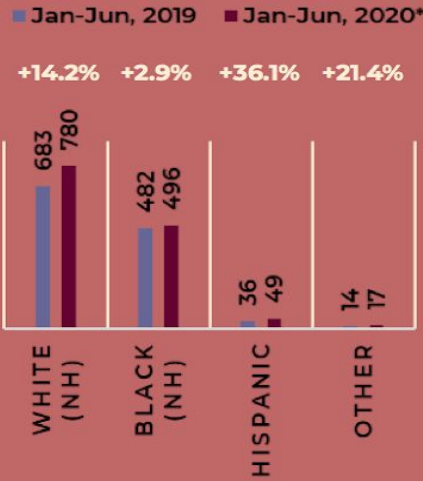
Three jurisdictions that have lost the greatest number of lives are Baltimore City, Baltimore County, and Anne Arundel County.

(MDH data)

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**COALITION**

## Substance Use Fatalities by RACE & ETHNICITY

- Substance use fatalities increased among all racial/ethnic groups in the first six months of 2020.
- From January to June 2020, 58.1% of substance use fatalities involved Whites, and 37.0% involved Blacks.
- From 2017 to 2019, substance use fatalities decrease by 10.8% among Whites and increased by 35.1% among Blacks.



### Substance Use Fatalities by Race/Ethnicity (2014-2019)



# HARM REDUCTION...

INDIVIDUAL LEVEL: harm reduction expands choices, increases access, and promotes opportunities to be assisted and assist others increase safety when engaging in drug use and sex work.

INSTITUTIONAL LEVEL: harm reduction shifts organizations/ systems (and our broader culture) to be safer for both individuals and communities -- focusing on how we can increase safety by improving the context in which drug use and sex work take place.

*Society, and the systems within it, have historically increased harm to people who use drugs or engage in sex work through oppressive policy and stigmatizing culture.*



# COMMUNITY MOBILIZATION

- The programs and policies that save lives don't come out of thin air.
- Governments do not make policies or invest in programs to save lives unless pushed.
- If we want more harm reduction, if we want a more just world, we need to fight for it. And we have to fight hard.



# PROGRAMS and POLICIES ...

## Syringe Service Programs

**1994:** state legislation passed to start pilot needle exchange program in Balt City

**2016:** Maryland law allows all jurisdictions to set up SSPs

**2017:** regulations and application process for LHDs released

**2018:** application process for CBOs released, 2 Balt City CBOs apply

**2023+:** \_\_\_\_\_

## Naloxone Access

**1971:** FDA approves naloxone

**2013:** state allows non-medical personnel to be trained to administer, prescriber has to be present at training and write prescriptions

**2015:** law allows standing orders for naloxone, authorized entities can train without prescriber being present, must prove you've been trained

**2017:** law allows any resident to carry naloxone without proof of being trained

**2023+:** \_\_\_\_\_

# ADDING THE NEW TO THE OLD (or well-established)

Maryland's community based syringe service providers can give people:

- safer drug use tools
- education on safer injection and/or safer snorting techniques
- we can sit with people and provide respite for them to let their guard down for a few moments

We can do lots of things but we can't be with people when they are most vulnerable – when they are actually using the drugs and the moments right after.

**SPECIAL EDITION T-SHIRT!**  
**BALTIMOREHARMREDUCTION.ORG/BHRC-SWAG-SHOP**



**DECRIMINALIZE  
PARAPHERNALIA**

BALTIMORE HARM REDUCTION COALITION

**SLIDING SCALE**  
**\$15 - \$25**  
**\*100% PROCEEDS GO TO  
POLICY ADVOCACY\***

After ordering online,  
we'll email you  
for the  
desired size  
(XS - 4XL)

**BALTIMORE  
HARM  
REDUCTION  
COALITION**

# Overdose Prevention Site Advocacy in Baltimore

*William Miller Jr, he/him/his – BRIDGES Coalition member*

*May 15, 2023*



# BRIDGES COALITION

*Dedicated to legal authorization and community-led implementation of OPS in Maryland since March 2017*



- BRIDGES is an advocacy coalition working to end overdose and criminalization by promoting safe spaces, dignity, health, and justice for people who use drugs. We advocate for legal authorization, equitable implementation, and sustainable operation of Overdose Prevention Sites (OPS) in Baltimore City and across the state of Maryland.



# YES! ON MY BLOCK

- At the 2020 Senate Finance Committee hearing on SB990 hearing, a legislator on the committee said: “I can’t think of anyone who would want this on their block.”
- Dozens of BRIDGES members stated **“Yes! I want an OPS on my block!”**



This inspired the **Yes on My Block Campaign** which encompasses a citywide petition, community clean-ups, and partnering with associations and businesses.

# YES! ON MY BLOCK

## Campaign for Baltimore Residents



When you say **yes** to overdose prevention sites, **you say yes to:**

- ✓ Safer communities
- ✓ Saving lives
- ✓ Healthy neighbors

Overdose Prevention Sites?



Learn more: [www.bridges4ops.org](http://www.bridges4ops.org)



### SIGN OUR PETITION

Tell Baltimore policymakers you want Overdose Prevention Sites in our neighborhoods!



- 1 Open phone camera app
- 2 Point camera at QR code
- 3 A web link will pop up,
- 4 Click it to get to petition
- 5 Add your name
- 6 Send to a neighbor!



 [actionnetwork.org/petition/bmore-yes-to-ops](http://actionnetwork.org/petition/bmore-yes-to-ops)

[actionnetwork.org/  
petition/  
bmore-yes-to-ops](http://actionnetwork.org/petition/bmore-yes-to-ops)

