INTEGRATING HARM REDUCTION INTO OPIOID SAFETY COALITIONS

Local opioid safety coalitions have an important role to play in implementing strategies that reduce drug related harm. Harm reduction, as a philosophy and as a set of tools, is critical to addressing the opioid crisis in California. This document outlines harm reduction principles and specific strategies you can bring into your coalition to deepen your work.

HARM REDUCTION IS...

- A spectrum of strategies including safer techniques, managed use, and abstinence
- A framework for understanding structural inequalities (poverty, racism, homophobia, etc.)
- Meeting people "where they're at" but not leaving them there

HARM REDUCTION PRINCIPLES

HEALTH & DIGNITY

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

PARTICIPANT CENTERED SERVICES

Calls for 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 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

PRAGMATISM & REALISM

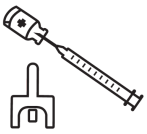
Does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use or other risk behaviors

HARM REDUCTION INTERVENTIONS

There are a huge variety of harm reduction interventions. What interventions can your coalition create or advocate for?

SYRINGE DISPOSAL

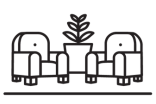
SAFER DRUG USE



NALOXONE ACCESS

MEDICATION ASSISTED TREATMENT

SYRINGE ACCESS



DROP-IN CENTERS

SUPERVISED CONSUMPTION SPACES

REFERRALS

HARM REDUCTION WORKS

It provides a space for people to be open about their drug use and sexual behavior so it's not hidden, perpetuating feelings of isolation

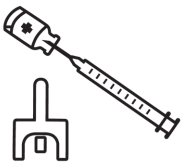
It saves lives, reduces the spread of infectious disease, improves community health and safety, and increases connection to treatment. Harm reduction interventions like syringe service programs, drop in centers, & MAT, are evidence-based practices that have shown to decrease health and social harms

OPIOID COALITION STRATEGIES

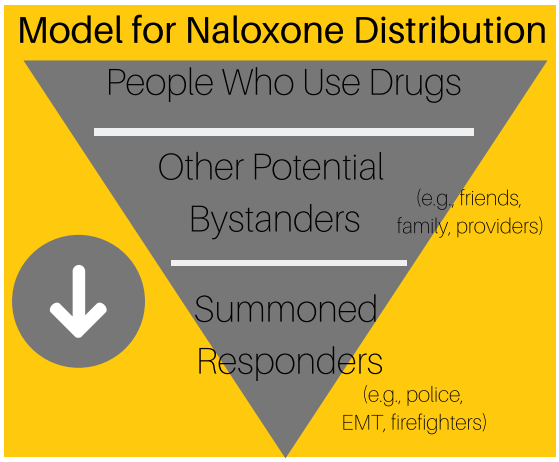
A seat at the table

Look at your coalition members to see if they represent a diversity of roles in the community. Can you invite a broader range of people? Does your coalition include people who use drugs for their expertise? How can you include more people with lived experience of opioid use?

Community based naloxone



Ensure you are advocating for and providing low barrier, easily accessible naloxone directly to people at risk for overdose. Coalitions should assess their naloxone distribution efforts, & prioritize distribution to people who use drugs first before working on access for summonded responders (police, firefighters, etc). ***Providing naloxone in this way is the most effective and evidence based model.***



A broader look at opioids

Reflect on whether your coalition address all opioids including heroin and illicitly manufactured fentanyl (IMF). We know that illicit opioids are contributing to far more deaths than prescription opioids. Have you shifted your strategies to align with this information?

Support not criminalization

Craft goals as a coalition that are rooted in public health and compassionate care not in the further criminalization of people who sell or use drugs. Do you discuss the impact of drug laws on people using opioids? Take time in your coalition to stay educated on these policies.

A look at your materials

Review language in brochures, one-pagers, websites & coalition documents. Are you using person first language (i.e., person who uses opioids)? Do your materials create narratives about "good" and "bad" people who use drugs (i.e., pain patients vs heroin addicts)? Do your current materials reflect harm reduction principles?

WE USE PEOPLE FIRST LANGUAGE

- A person is a person first, and a behavior is something that can change - terms like "drug addict" or "user" imply someone is "something" instead of describing a behavior
- Stigma creates a barrier to care and we want people to feel comfortable when accessing our services
- People are more than their drug use and harm reduction focuses on the whole person

For more resources, visit harmreduction.org

Email california@harmreduction.org