May 2025

Harm Reduction Basics

Agenda

- Introductions
- What is harm reduction?
- Substance use spectrum and continuum
- Harm reduction gap and levels
- Harm reduction principles, strategies and approach
- What harm reduction is NOT
- Harm reduction strategies that may align with your progam

What comes to mind when you hear ***harm reduction***?

Substance Use Spectrum

Non-use

Avoiding use of substances

Example: no drugs, tobacco or alcohol

Beneficial Use

Use that an have a positive health, social or spiritual effect.

Example: Taking medication as indicated of prescribed, ceremonial or religious use of tobacco

Lower risk use

Use that has minimal impact to a person, their family, friends or others.

Example: Consuming alcohol following lower risk alcohol consumption amount guidelines

Higher Risk Use

Use that has a harmful and negative impact to a person, their family, friends and others.

Example: Impaired driving, binge drinking, increasing frequency and quantity of use

Substance Use Disorder

A treatable medical condition that affects the brain and involves compulsive and continuous use despite negative impacts to a person, their family, friends and others.

Example: Inability to use in lower risk ways or stop using alcohol or other drugs even when the person wants lower risk use or to stop.

A person may move back and forth across the spectrum

Source: BC Centre on Substance Use

Harm Reduction

National Harm Reduction Coalition

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences of 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: Harm Reduction Coalition

Embracing Positive Change video with Dan Bigg

Harm Reduction

Department of Health and Human Services

Harm reduction is an evidence-based approach that is critical to engaging with people who use drugs and equipping them with life-saving tools and information to create positive change in their lives and potentially save their lives.

"Helping people where they are,

without judgement, stigma or discrimination."

Harm reduction is a key pillar in the U.S. Department of Health and Human Services' Overdose Prevention Strategy: Harm Reduction.

Source: DHHS Overdose Prevention Strategy

Harm Reduction

Centers for Disease Control and Prevention (CDC)

A public health approach that focuses on mitigating the harmful consequences of drug use, including transmission of infectious disease and prevention of overdose, through provision of care that is intended to be free of stigma and centered on the needs of people who use drugs.

Harm Reduction

Substance Abuse and Mental Health Services Administration (SAMHSA)

A practical and transformative approach that incorporates community-driven public health strategies — including prevention, risk reduction, and health promotion — to empower people who use drugs (PWUD) and their families with the choice to **live healthy, self-directed, and purpose-filled lives.**

Harm reduction centers the lived and living experience of PWUD, especially those in underserved communities, in these strategies and the practices that flow from them.

SAMHSA
Substance Abuse and Mental Health Services Administration

Harm Reduction

National Center on Substance Abuse and Child Welfare

The premise of harm reduction is to **promote the well-being of and improve the quality of life for individuals and their family members**.

With the help of robust policies, child welfare workers can incorporate effective harm reduction practices to meet the needs of children, parents, and family members affected by substance use disorders (SUDs).

Child welfare workers reduce the harms associated with parental substance use by working in partnership with families to develop safety plans that consider child risk and safety, while ensuring parental capacities and protective factors contribute to family well-being.

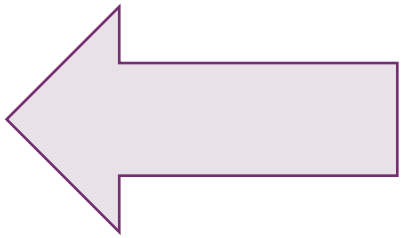
These efforts often align with the principles of harm reduction as defined by SAMHSA.

National Center on Substance Abuse and Child Welfare

Integrating harm reduction elements into social service programs is a critical strategy to prevent overdoses and improve child, youth and family well being.

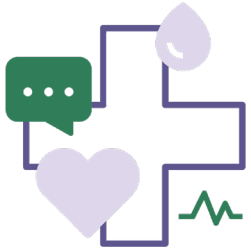
Source: https://ncsacw.acf.hhs.gov/

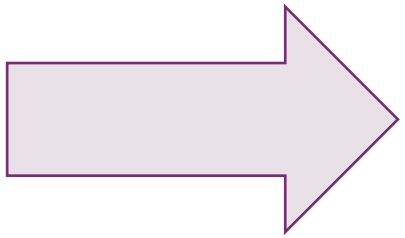
The Harm Reduction Gap



Primary Drug Prevention

The Harm Reduction Gap





Substance Use Treatment

The **Harm Reduction Gap** is the void in our current continuum of care between abstinence-based prevention programs and abstinence-only treatment programs, where people who currently use drugs are left without access to the knowledge, skills and tools to stay safe.

Source: The Harm Reduction Gap by ~Sheila P. Vakharia

Harm Reduction Levels

Principles of Harm Reduction

Substance use is here to stay

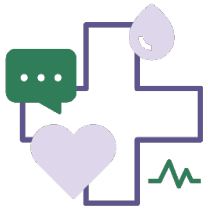
Accepts, for better or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them

Substance use is complex

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.

Focus on quality of life

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



Services are nonjudgmental and non-coercive

Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live to assist them in reducing attendant harm

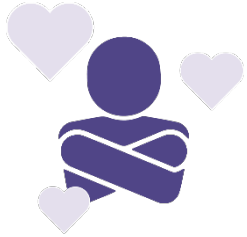
Principles of Harm Reduction

Participant driven

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

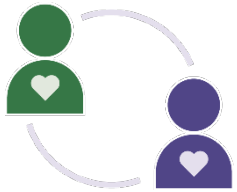
Participant centered

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



Advocates for social justice and racial equity

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



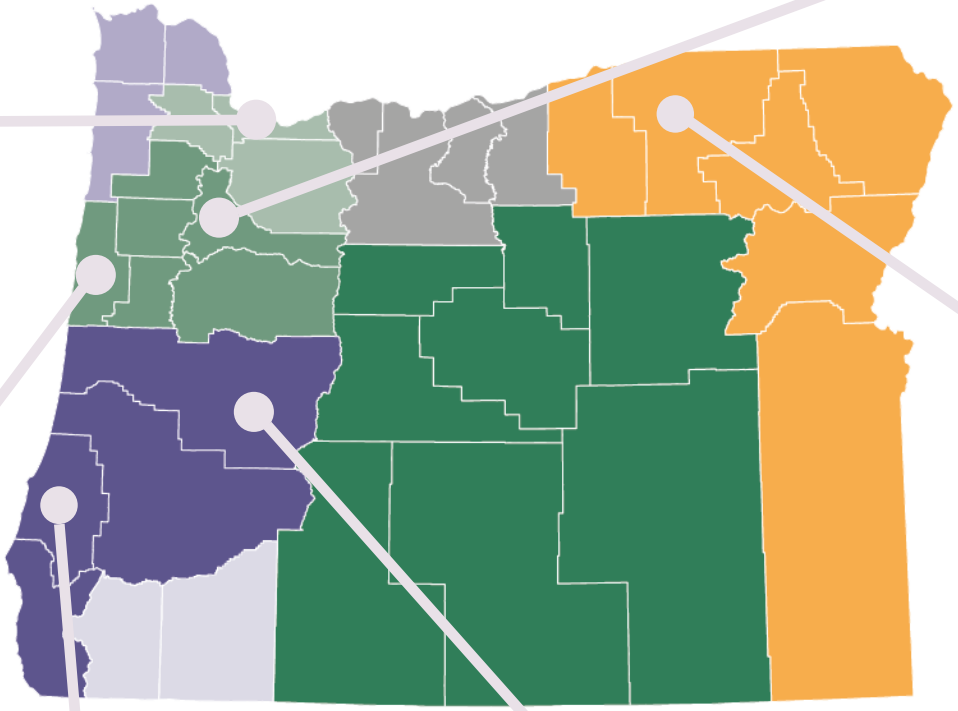
Does not minimize tragic harms and dangers

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

Save Lives Oregon Partner Voices:
What do you wish people understood about harm reduction?

"It's all about keeping people safe and giving them a chance. It's not about encouraging drug use; it's about acknowledging that people are going to make choices, and our goal is to reduce the risks that come with those choices. ...Harm reduction also isn't a one-size-fits-all solution, but it's a bridge. It meets people where they are, whether they're ready for treatment or not, and gives them the support they need to live another day." **(Multnomah County)**

"That Harm Reduction services not only improve individual health outcomes but also benefit the broader community by reducing the spread of diseases, improving public safety, and fostering a culture of care and inclusivity. " **(Marion County)**



"I wish they understood why we do it, the benefits and effects it has had on our clients in the community. The amount of lives it has saved. That a way of treatment does not define who a person is. They are just at a different stage of change in life. It does not mean they are helpless." **(Umatilla County)**

"That it is a holistic approach to having an individual feel safe and not segregated from society. Those who participant in Harm Reduction efforts are more likely to quit drug use, unsafe sex and are able to heal from wounds from drug use. These individuals are also likely to become productive members of society, gain meaningful employment, and sustainable housing." **(Lincoln County)**

"That the only thing naloxone enables is breathing." **(Coos County)**

"I wish people understood that harm reduction is so much more than providing tools to support people through their substance use. Harm reduction saves lives and makes our communities safer, better educated and more responsive to supporting our fellow community neighbors." **(Lane County)**

Source: SLO 2024 Annual Partner Survey

Harm reduction approach

Source: UW HaRRT Center

Harm Reduction does NOT…

Harm Reduction DOES…

Minimize or ignore harms related to drug use	***Support people to make changes from higher risk to lower risk to lowest risk***
Promote drug use	***Help people build on successes and believe in their ability to change***
Exclude or dismiss any evidence-based approach to reducing harms related to substance use, including medications or abstinence	***Accept people's choices and helps them find their own pathway to health and purpose-filled lives***

Harm reduction is NOT the same as Use reduction

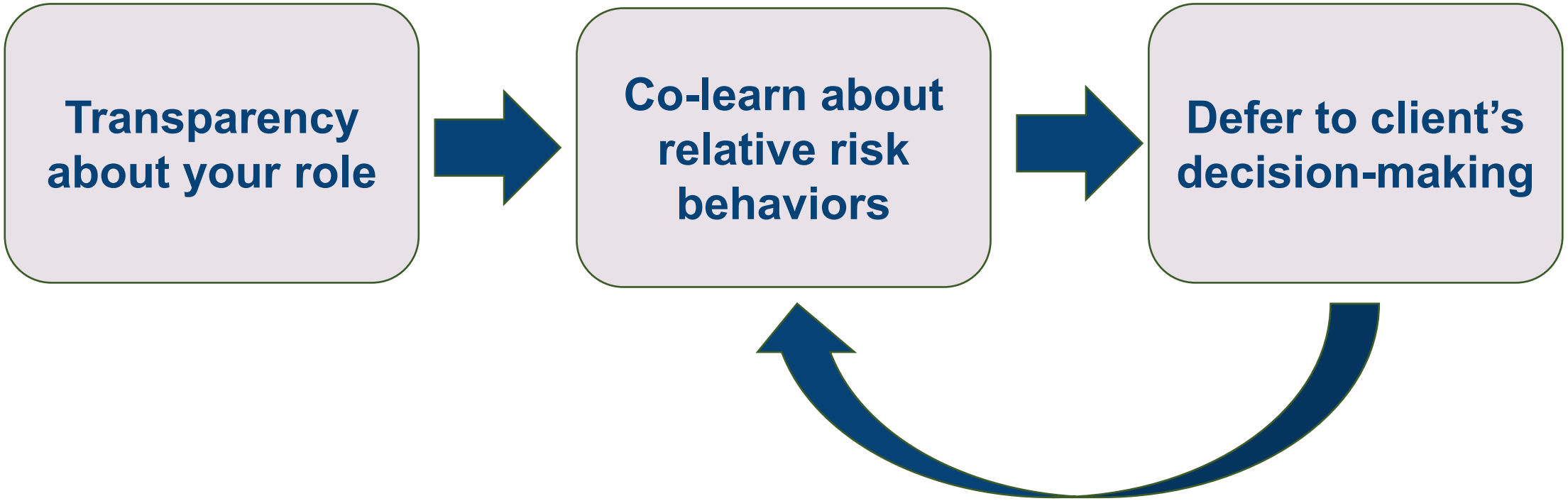
Use reduction *can* be “one mean to the end.”

HOWEVER

Harm reduction is the true “end.”

Source: UW HaRRT Center

Meet people with a harm reduction mindset



Source: UW HaRRT Center

Harm reduction tools

Assessment of where person is at

- Substance use and related harm
- Decisional balance
- Quality of life

Harm-reduction goal setting

- What goals do you have during this week, our program, our time together? (whatever is relevant)
- What do you want to see happen for yourself?

Safer-use strategies

- Offer person information about safer use strategies based on the information they share
- Ask them to choose one they feel like they could try

Checking in

- Check in about their needs and progress towards their goals/risk reduction/safer use
- Even a brief check in or phone call can be helpful

Source: UW HaRRT Center

Co-learning about relative risks…

Get to know some relative risk hierarchies.

Learn from clients and then check that info with authoritative sources.

Do NOT provide a relative risk monologue.

- Instead, drop in bits of information on relative risks while working with your client.
- Pair with affirmations and strengths-based reflections.

Ask for permission to provide info on relative risks if a person mentions engaging in or wanting to engage in a behavior that is higher on the risk hierarchy.

Source: UW HaRRT Center

Harm reduction in Context

Collaboration is key. No single agency can provide all needed services.

Harm reduction in the context of your specific agency can be complex - child safety, child well-being safe parenting, and support that helps people to stay alive are our shared goals and priorities

Harm reduction

- Strategies can be integrated into safety and case plans
- Strategies used within agencies can differ across the continuum of substance use.
- Can serve as a pathway to person-centered recovery

Examples

- Workers carry and distribute naloxone
- Normalize that it is OK for families to ask for and have naloxone
- Safety planning –that includes but is more than locked medication boxes
- Support substance use treatment service access (more than referral)
- Others?

For more information

Websites

- National Harm Reduction Coalition
- UW Harm Reduction Research & Treatment Center
- NIDA Harm Reduction Approaches to Reduce Overdose Deaths
- Health and Human Services (HHS) Harm Reduction
- SAMHSA Harm Reduction Framework

Books

- The Harm Reduction Gap: *Helping individuals left behind by conventional drug prevention and abstinence-only addiction treatment* by Sheila P. Vakharia
- Undoing Drugs by Maia Szalavitz
- Harm Reduction Treatment for Substance Use by Susan Collins
- Saving Our Own Lives: *A Liberatory Practice of Harm Reduction* by Shira Hassan
- Fighting for Space by Travis Lupick
- Light Up the Night by Travis Lupick
- OD: *The Politics of Overdose* by Nancy D. Campbell

Save Lives Oregon

Annual Survey Key Findings Report

February 3, 2025

OREGON HEALTH AUTHORITY

TABOR NORTH COMMUNICATIONS

Save Lives OREGON

Salvando Vidas OREGON

Led by a diverse group of community partners from across the state

- Save Lives Oregon was founded by the Oregon Health Authority in partnership with a leadership team of organizations active in harm reduction from across the state and Tribal communities.
- It was formed in 2020, as overdose rates soared against the backdrop of the devastation left by COVID-19 and the spread of fentanyl in Oregon's unregulated drug supply.
- As a collaborative of over 375 community organizations, treatment providers, and public and Tribal health agencies, Save Lives Oregon provides tools, resources and supplies that prevent and reverse overdoses, stop the spread of infectious disease and reduce the risk of additional harms of drug use.

Oregon Health Authority · Multnomah County Health Department · HIVAlliance · Painted Horse Recovery · The Miracles Club · Confederated Tribes of Siletz Indians · El Jardín recuperación • comunidad • raíces · Clatsop County Oregon 1844 · Max's Mission · 4D Recovery · Outside In

Key Elements of the Save Lives Oregon Initiative

Communications Resources & Materials

Develop and distribute tools and resources to support our partners in effectively explaining and promoting harm reduction strategies within their communities.

The Harm Reduction Clearinghouse

Distribute state-funded harm reduction supplies equitably and free-of-charge to organizations that meet eligibility criteria.

Training & Education

Facilitate Learning Collaboratives and provide support to organizations seeking to integrate harm reduction strategies into their services.

Leadership Team Voices

El Jardín

El Jardín – formally NW Instituto Latino – is a founding member of the Save Lives Oregon Leadership Team. El Jardín provides culturally specific services to the Latino community, including substance use recovery support, harm reduction interventions, and professional development programs.

The Miracle's Club

Miracles Club is a community recovery center in Portland, Oregon that offers addiction peer services to the Black and African American community. They are a member of the Save Lives Oregon Leadership Team.

HIV Alliance

HIV Alliance is a founding member of the Save Lives Oregon Leadership Team. HIV Alliance supports people living with HIV/AIDS and works to prevent new HIV infections across the state.

Impact of Save Lives Oregon's partners' work across the state

675k+

Naloxone doses distributed

19k+

Opioid overdose reversals reported

665+

Schools equipped with opioid overdose reversal kits

375+

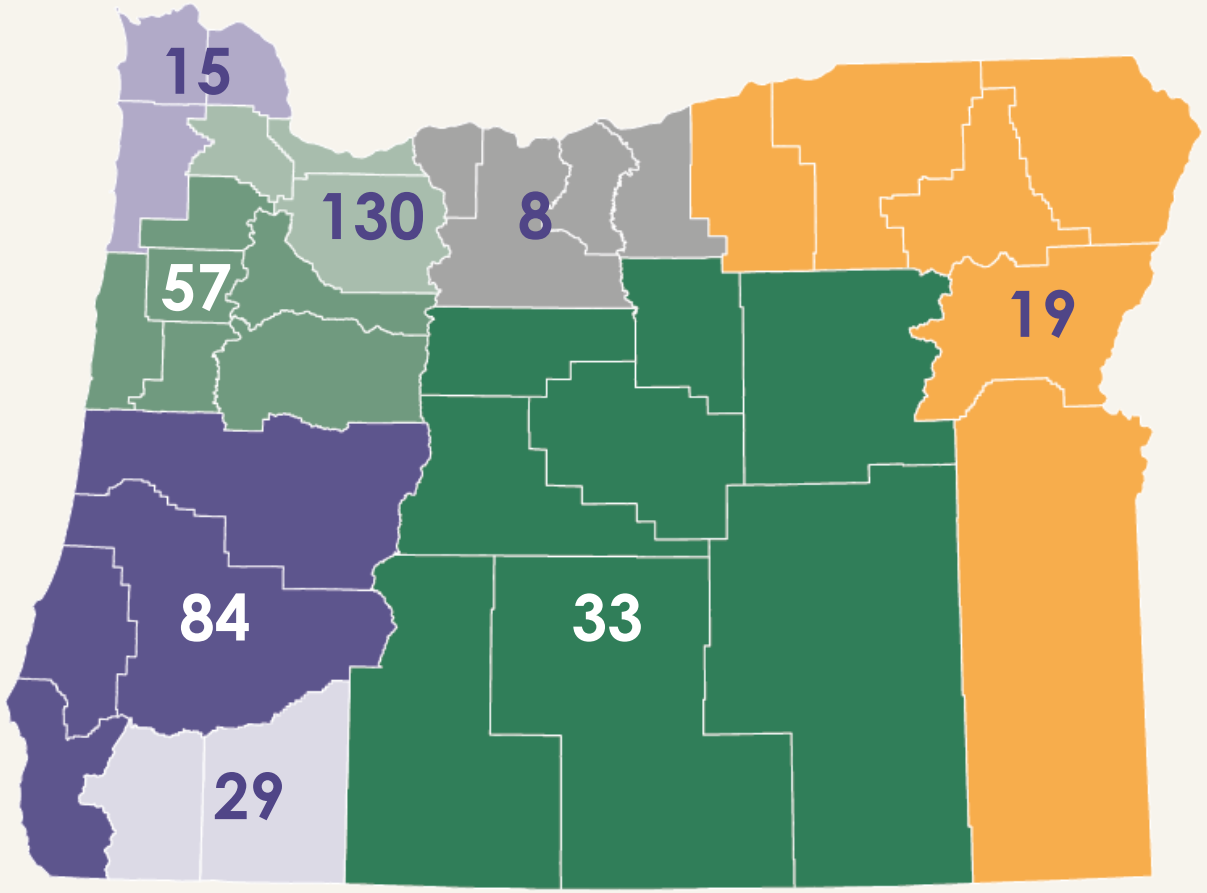
Community agencies receiving harm reduction supplies

*Between 1/1/2020 - 10/28/2024

Partner agencies receiving state-funded supplies through the Harm Reduction Clearinghouse*

164 Community Based Organizations
54 Uniformed First Responders
33 Substance Use Disorder Facilities
49 Syringe Service / Harm Reduction Programs
21 Health Centers / Emergency Departments
54 Special District Groups

While not represented on the map, 669 schools, colleges, universities and school-based health centers across the state received Opioid Overdose Reversal Kits



*As of 10/28/2024

Culturally specific services means providing culturally specific outreach, materials or interventions, and ensuring staff has capability to provide quality care for specific communities

34%

of partner respondents provide culturally specific care to **American Indian or Alaska Native communities.**

32%

of partner respondents provide culturally specific care to **Black or African American communities.**

58%

of partner respondents provide culturally specific care to **Hispanic or Latino/a/x/e communities.**

Source: SLO 2024 Annual Partner Survey

Culturally specific services means providing culturally specific outreach, materials or interventions, and ensuring staff has capability to provide quality care for specific communities

50%

of partner respondents provide culturally specific care to **people who were recently incarcerated or involved with the legal system**

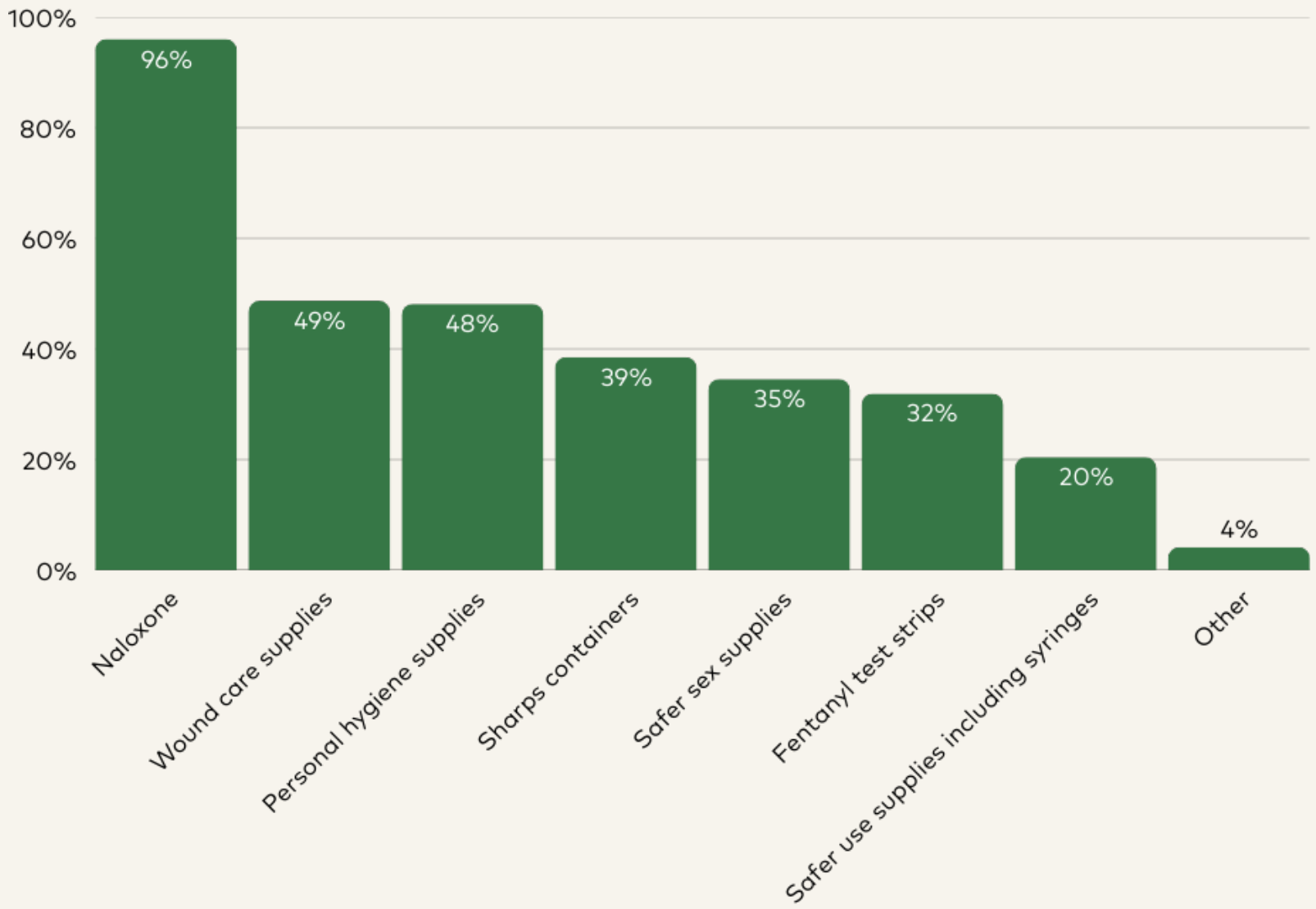
68%

of partner respondents provide culturally specific care to **people who are unsheltered, housing insecure or living in conditions that make them more vulnerable to environmental hazards.**

55%

of partner respondents provide culturally specific care to **LGBTQAI+ or gender minority people.**

Source: SLO 2024 Annual Partner Survey



Q:

What harm reduction supplies does your organization receive through the Harm Reduction Clearinghouse and distribute to community members?

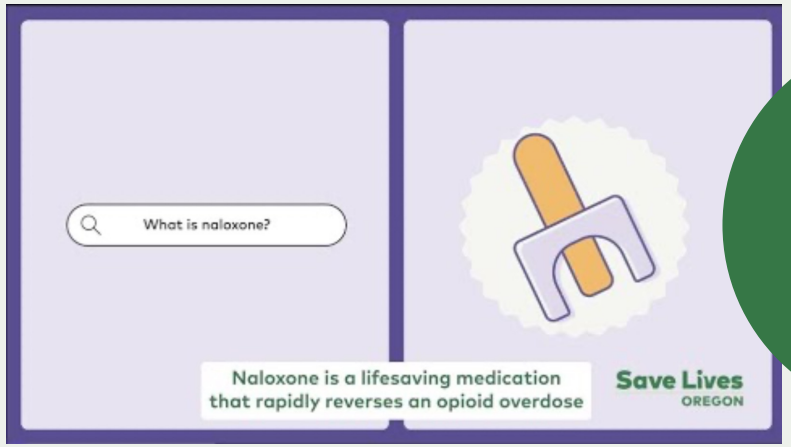
Please select all that apply

Source: SLO 2024 Annual Partner Survey

Nasal Naloxone Video Instructions

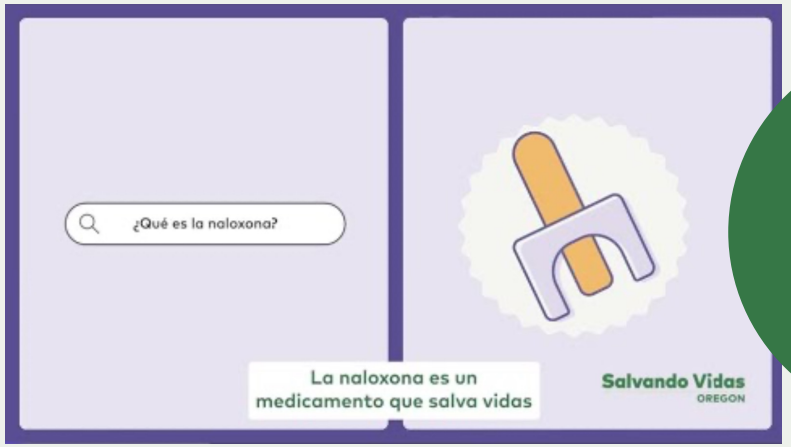
Community-facing videos to teach the public about the importance of naloxone

Help by sharing the videos on your social media channels, adding them to your website or sharing in your newsletters!



English

https://bit.ly/slo_naloxone



Spanish

https://bit.ly/SVO_naloxona

Instructional Guides & Resources for Kits

Save Lives Oregon offers instructional guides and resources for agencies to download, print and include in overdose response kits

savelivesoregon.org/toolkit

How to use naloxone nasal spray

to reverse an opioid overdose

Naloxone is a safe medicine.
Even if naloxone is given to someone who is not experiencing an overdose, it will not harm them.

You are protected.
Oregon law protects anyone who gives naloxone in a good faith effort to reverse an opioid overdose.

1 Know the signs of overdose
- Person is unconscious and cannot be woken
- Person is not breathing or breathing very slowly with little to no chest movements or long pauses between breaths
- Snoring or gurgling sounds
- Lips or inside of mouth are blue or grayish in color

2 Check for response
- Shake person and shout, "Are you ok?"
- Grind knuckles into chest bone
- Check for breathing

3 Call 911
- Dial 911 and set phone to speaker while you move on to step #4
- Tell operator that someone is not breathing

4 Give one dose of naloxone
- Place tip of nasal spray in nostril until fingers touch the bottom of the nose
- Press plunger firmly to give dose
- Check for breathing

5 Start rescue breathing
If person has not started breathing on their own, it is CRITICAL to start breathing for them.
- Check airway, tilt forehead back, lift chin, pinch nose and give normal breath every 5 seconds for 30 seconds
- Recheck breathing and restart cycle if the person is still not breathing
- If not breathing after 3 minutes, give a 2nd dose of naloxone

6 Put in recovery position
- Roll the person over slightly onto their side, bend the top knee and place outside hand under their head
- When first responders arrive, tell them that naloxone has been given

Save Lives OREGON
SaveLivesOregon.org

Take steps to lower your risk

Even if a fentanyl test result is negative, there is still a risk of an overdose. You can take these steps to lower that risk.

Test your drugs.
Never use alone.
Carry naloxone.

Always have naloxone visible when using

Use slow, use less
Overdoses can happen quickly. Space out doses.

Consider alternatives to injecting
Snorting or smoking carries a reduced overdose risk compared to injecting.

Take turns when you use drugs
Make sure one person is alert and naloxone is visible.

Test your drugs every time for fentanyl
Always test your drugs even if you got them from the same person or same bag.

Reach out if you use alone
Call a friend or use a service like **Never Use Alone** at 877-696-1996 or **The Brave App**.

What is fentanyl?

Fentanyl is a strong synthetic opioid that increases the risk of an overdose.

Powdered fentanyl looks just like many other drugs. It may be mixed with drugs like heroin, cocaine, methamphetamine, ketamine, MDMA, or in fake pills that look like prescription pills.

What should I know about fentanyl test strips?

Fentanyl test strips can be helpful, but they are NOT perfect tools.

- Depending on the drugs you are testing and/or the method used to test, your results may not be correct or reliable.
- False positives and false negatives can occur.
- Fentanyl test strips can tell you if your drugs contain fentanyl but NOT how much OR how strong the effect of the drugs will be on you.
- Just because a portion of your supply tested negative does not mean your entire supply is fentanyl free.

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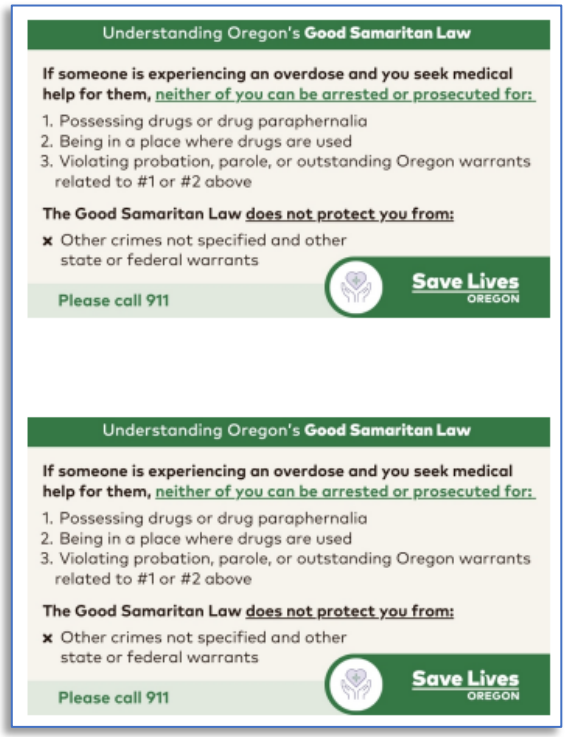

Understanding Oregon's **Good Samaritan Law**

If someone is experiencing an overdose and you seek medical help for them, neither of you can be arrested or prosecuted for:

1. Possessing drugs or drug paraphernalia
2. Being in a place where drugs are used
3. Violating probation, parole, or outstanding Oregon warrants related to #1 or #2 above

The Good Samaritan Law does not protect you from:

× Other crimes not specified and other state or federal warrants

Please call 911

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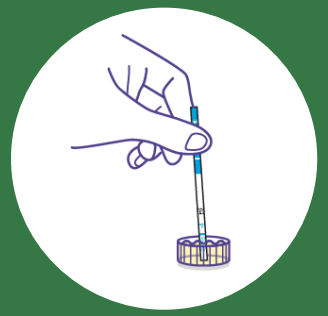

BTNX Fentanyl Test Strip Guide + Steps to Reduce Risk Pamphlet

How to test your drugs for fentanyl

with BTNX Rapid Response™ test strips

It is most accurate to test everything you intend to consume.

After testing, you can either drink the mixture, snort it, or wait for the water to evaporate to use. You can also test a sample, but fentanyl isn't always mixed evenly into drugs.

1 Prepare drugs

Powder, Crystal, Pills
Crush up and mix well. Measure out 10 mg of powder into a small baggie or container like a water bottle cap.

10 mg = the size of a grain of rice or 1 micro scoop

Injection
Prepare shot in an unused cooker; set aside. Use cooker with residue.

Whole supply test
Calculate entire supply weight. Crush up & mix well.

2 Add water

Add about 5 ml/cc of water to baggie, container, or cooker. Mix well.

5 ml/cc water = 1 plastic bottle cap or teaspoon

Whole supply test

Drug weight	Add water & mix well	
	MOST DRUGS	METH OR MDMA
10 mg	5 ml/cc or 1 tsp	¼ cup or 2 oz
.1 g	50 ml/cc or 10 tsp	2.5 cups or 20 oz
.5 g	250 ml/cc or 1 cup	12.5 cups or 100 oz

3 Dip strip for 15 seconds

Hold strip's dark blue end. Dip other end into mixture for 15 seconds.

Don't dip past the wavy blue lines.

4 Wait 5 minutes

Lay the test strip down on a flat surface.

Wait 5 minutes to read result.

5 min

5 Read result

*Just because a portion of your supply tested negative does not mean your entire supply is fentanyl free.

1 red line = POSITIVE for fentanyl
Fentanyl may be present in the drugs.

2 red lines = NEGATIVE for fentanyl*
Look closely for a second line; it can be faint!

If there is only a red line on the left or no red lines appear, the test is invalid. Redo with a new strip.

Save Lives OREGON

7/08/24 SaveLivesOregon.org

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Foldable pamphlet

How to Join the Harm Reduction Clearinghouse

Step 1: Apply

Complete and submit the online application.

Eligibility Confirmation

Step 2: Account Set- up and Bridge Naloxone

Once an application is accepted, the account set up process begins, which can take up to 90 days to complete. The agency can request naloxone to bridge the account set-up process.

Step 3: Ordering*

After the account is set up, sites order supplies, such as naloxone, through distributors under SLO account.

Step 4: Reporting

Report monthly distribution of naloxone, syringes and sharps containers. Sites can share community reported overdose reversals.

Step 5: Ongoing Technical Assistance and Support

Questions about supplies, ordering problem–solving account issues, linking to SLO/SVO information, TA and other activities like LC

* SLO/SVO Harm Reduction Clearinghouse agencies are assigned entity type spend allocation caps.

Questions

Deep gratitude for our leadership team and the community partner agencies across Oregon whose dedication and services to people save lives everyday.

For more information www.savelivesoregon.org
Email info@savelivesoregon.org

Save Lives OREGON Salvando Vidas OREGON

Supplemental Information

Naloxone Kit Examples

Nasal Naloxone Kit Examples

Example kit from Max's Mission

- ✓ 1-Blue printed Max's Mission Naloxone Kit bag
- ✓ 1-CPR face shield
- ✓ 2-Doses 4 mg Naloxone nasal spray
- ✓ 1-English instruction card
- ✓ 1-Spanish instruction card
- ✓ 1-Good Samaritan card
- ✓ 1-Useful resources card

Photo from Max's Mission

Intramuscular (IM) Naloxone Kit Examples

Example kit from Max's Mission

- ✓ 1-Black printed Max's Mission Naloxone Kit bag
- ✓ 1-CPR face shield
- ✓ 2-Vials 0.4 mg naloxone
- ✓ 2-3ML/CC large gauge syringes
- ✓ 4 – Band-Aids
- ✓ 4 – Prep pads
- ✓ 1-Instruction card
- ✓ 1-Good Samaritan card
- ✓ 1-Useful resources card

Photo from Max's Mission

Overdose Response Boxes

Examples from HIV Alliance

Good for places that respond to client overdoses or serve clients who are at high risk of overdose.

Supplies are organized and in the same spot.

- ✓ IM naloxone vials
- ✓ IM syringes
- ✓ Nasal naloxone
- ✓ Mouth shield
- ✓ Gloves
- ✓ Stopwatch
- ✓ Oximeter
- ✓ Band-Aids
- ✓ Prep Pads
- ✓ Instructions

Photos from HIV Alliance

Community Overdose Response Boxes

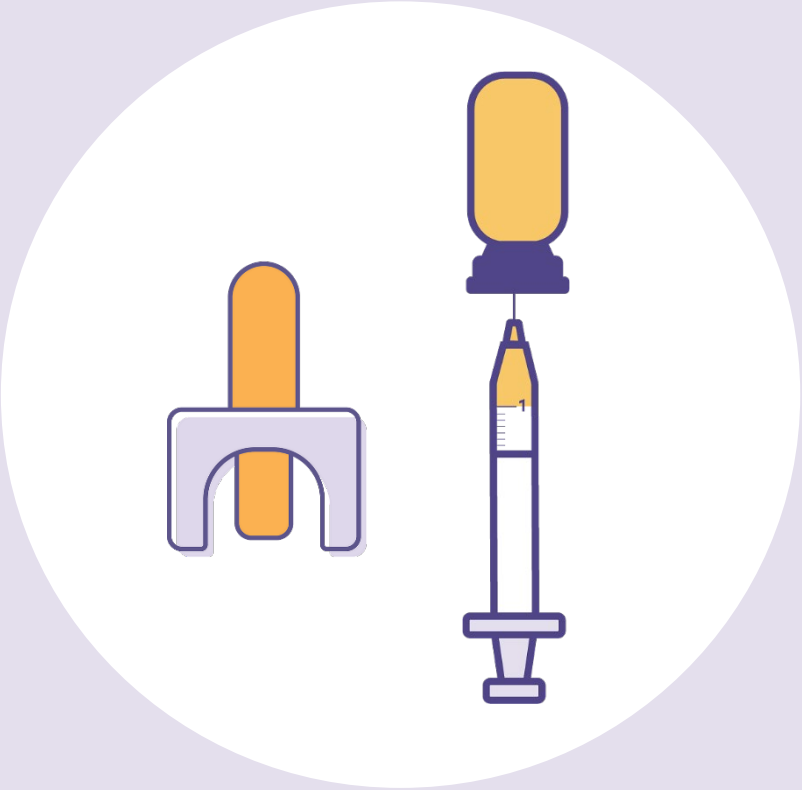
Examples from Max's Mission

Max's Mission places "NALOX-BOXES" in locations throughout Jackson, Josephine and Klamath counties where naloxone is available 24/7

See website for list of locations or scan below to see where NALOX-BOXES are currently available:
www.maxsmission.org

Photos from Max's Mission

Ways to Access Naloxone



Ways to Access Naloxone:

Save Lives Oregon Harm Reduction Clearinghouse

State of Oregon supplied naloxone. Eligible entities can apply and access a specified amount. **Eligible entities also qualify for their own MMCAP account**

www.savelivesoregon.org

Remedy Alliance for the People

Low-cost naloxone for eligible entities

Harm reduction and syringe service programs providing services directly to people who use drugs.

https://remedyallianceftp.org/

Pharmacy

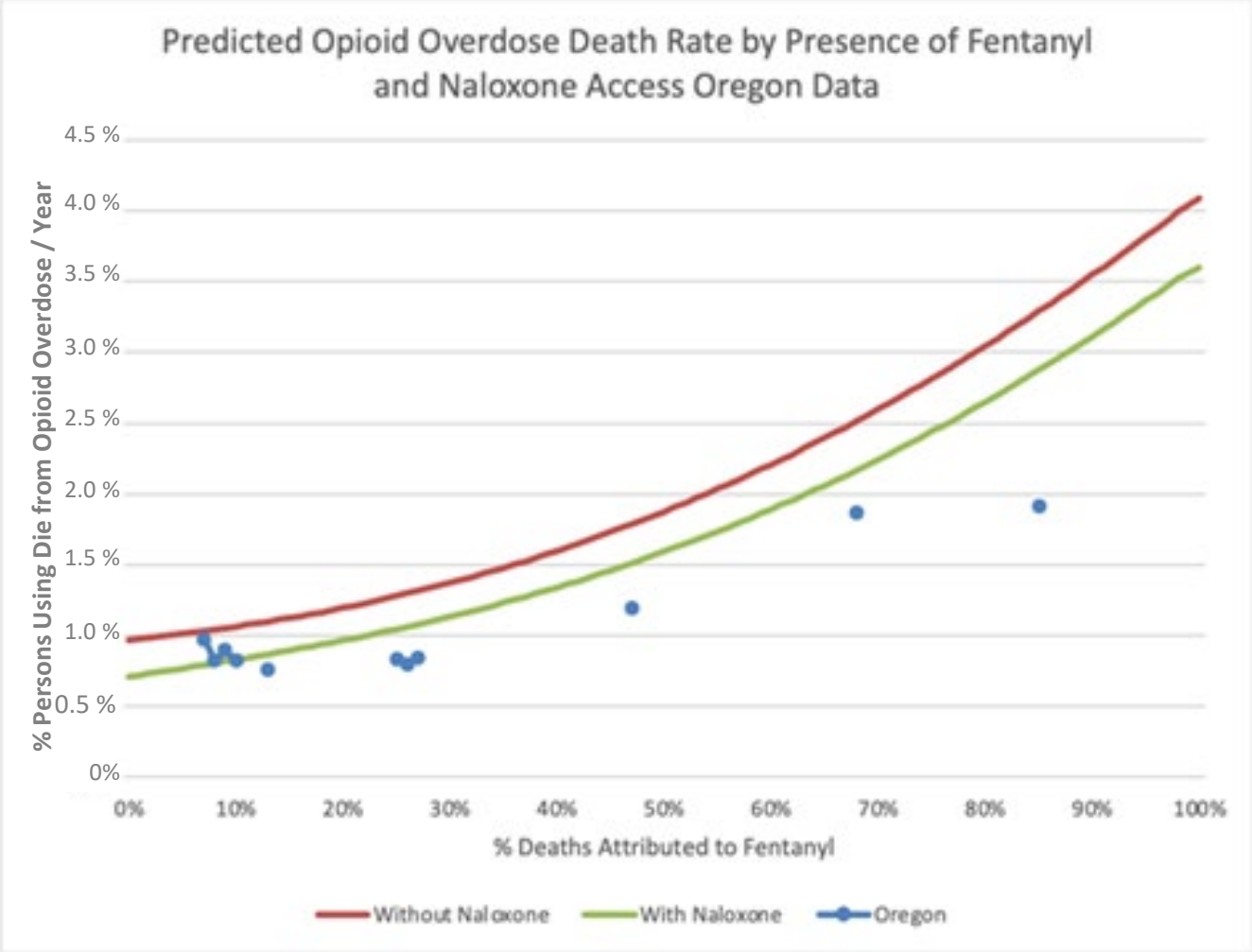
Pharmacists can prescribe and dispense naloxone. Oregon has a statewide standing order. Insurance, including OHP, cover naloxone. VA Pharmacy covers naloxone.

Oregon's Statewide Standing Order to Dispense Naloxone HCl

Direct from Manufacturer

Some manufacturers have public interest pricing for eligible entities.

Oregon overdose death rates increased with fentanyl– but **lower than the expected increase when fentanyl enters a state's drug supply**



National modeling study:
Overdose death rates increase when fentanyl enters the picture

- **Red line** shows death rates **without naloxone** access
- **Green line** shows death rates when 80% of people who are at risk **have naloxone access**
- **Blue dots** are **Oregon's data**

Coffin et al. 2022, Modeling of overdose and naloxone distribution in the setting of fentanyl compared to heroin, J Drug Alcohol Depend. Modified by author for OHA.