

Save Lives Oregon Learning Collaborative

Harm Reduction Basics

Updated: February 2025



Agenda

- ✓ **Welcome & facilitator introductions**
- ✓ **What is harm reduction?**
- ✓ **Principles of harm reduction**
- ✓ **Harm reduction and substance use treatment**
- ✓ **Examples of harm reduction in action**
- ✓ **What harm reduction is NOT**
- ✓ **Questions**
Note: Please place questions in the chat as they come up during the Learning Collaborative. We hold time for question and robust discussion at the end.

What comes to mind
when you hear
harm reduction?



Harm reduction saves lives and opens doors to health and healing

- Harm reduction is a set of evidence-based strategies and ideas developed and refined over decades of grassroots activism aimed at reducing negative consequences of drug use.
- Harm reduction is a movement for social justice built on a belief in, and empathy and respect for, the rights of people who use drugs.
- It meets folks where they are and builds trust through non-judgmental unconditional positive regard
- Harm reduction ensures people who use drugs face fewer closed doors on their journey toward health.
- For many people who use drugs, harm reduction is an opening to engage in additional healthy behaviors.
- For people who wish to receive substance use treatment, harm reduction facilitates relationship-building to provide needed information and resources.

Source: Adapted from The National Harm Reduction Coalition

History of Harm Reduction in Oregon

Late 1980s

1987: [Oregon's drug paraphernalia law excludes syringes](#) (deregulation)

1988: The US Congress enacted a prohibition on the use of federal funds for SSPs through [section 300ee-5](#) of the Public Health and Welfare Act.

Public Health and Welfare Act permitted lift of federal prohibition in the future if the Surgeon General determined SSPs were effective.

1989: [Outside In opens its Syringe Exchange](#)

Late 1990's

1997: Congress passed [Public Law 105-78](#); allowing federal funding for SSPs if the Secretary of HHS endorsed the scientific evidence.

1997: Secretary of HHS Dr. Donna Shalala endorsed SSP evidence.

However, the funding restriction was not repealed.

1998: National Community Health Advisor Study identifies CHW core roles, competencies

Early 2010's

2010: The [FY2010 Consolidated Appropriations Act](#) prohibition of the use of federal funds to purchase syringes.

2010: CDC and states developed guidance documents for SSPs

2011 OCHWA founded

2012: Syringe funding ban reinstated in the Labor-HHS spending bill for US programs [Consolidated Appropriations Act of 2012](#)

2020's

[Center for Health Care Strategies Policy Brief on how CHW workforce contributes to the health care system](#)

2020: [ORS 475.757](#) SSPs as affirmative defense to unlawful possession of controlled substance

2020: OR voters pass [Measure 110](#)

2021: CHW/Peers have important role in COVID-19 response

2024: OR [HB 4002](#) expands funding for SUD treatment, creates deflection programs and makes unlawful possession of small amounts of controlled substances a misdemeanor as of 9/1/2024

Emerging scientific evidence that syringes distributed could prevent HIV transmission among persons who injected drugs.

Disability Activism in US "Nothing About Us Without Us"

1993: Harm Reduction Working Group meets in San Francisco. This starts the Harm Reduction Coalition

1995: [Institute of Medicine \(IOM\) panel reviewed HIV Prevention evidence](#) and recommended that the US Government lift syringe funding restriction.

1995: [CDC review of SSPs](#) scientific evidence

Early 1990's

2001-2009: Federal syringe prohibition in place.

Multnomah County establishes Community Capacitation Center to provide training for CHWs

CDC funds Poder de Salud/Power for Health

Bureau of Labor Statistics assigns CHW's an occupation code

2000's

2015- [CDC Community Health Worker Brief](#)

2016-2018: Federal appropriations language allows DHHS to fund, under certain circumstances, SSPs, except for syringes or needles.

[CDC consultation](#) required to determine if a jurisdiction is experiencing or at-risk of significant increases in hepatitis or HIV infections.

2017: Oregon successfully completes CDC consultation process.

2017-2018: Oregon CHW needs assessment

2019: Oregon [HB 2257](#) Provides affirmative defense to unlawful possession of controlled substance for employee or volunteer of syringe services program.

Late 2010's

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)**

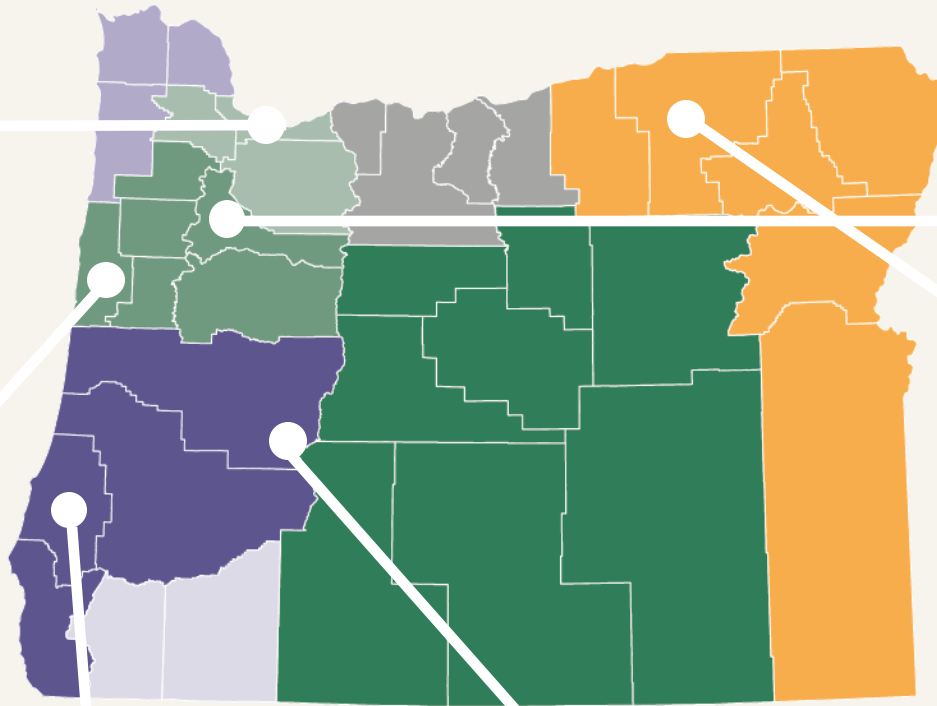
"That it is a holistic approach to having an individual feel safe and not segregated from society. Those who participant in Harm Reduction efforts are more likely to quit drug use, unsafe sex and are able to heal from wounds from drug use. These individuals are also likely to become productive members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

"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)**



Principles Central to 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 in order to assist them in reducing attendant harm

Sources:

[National Harm Reduction Coalition](#)
[The HaRRT Center](#)

Principles Central to 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



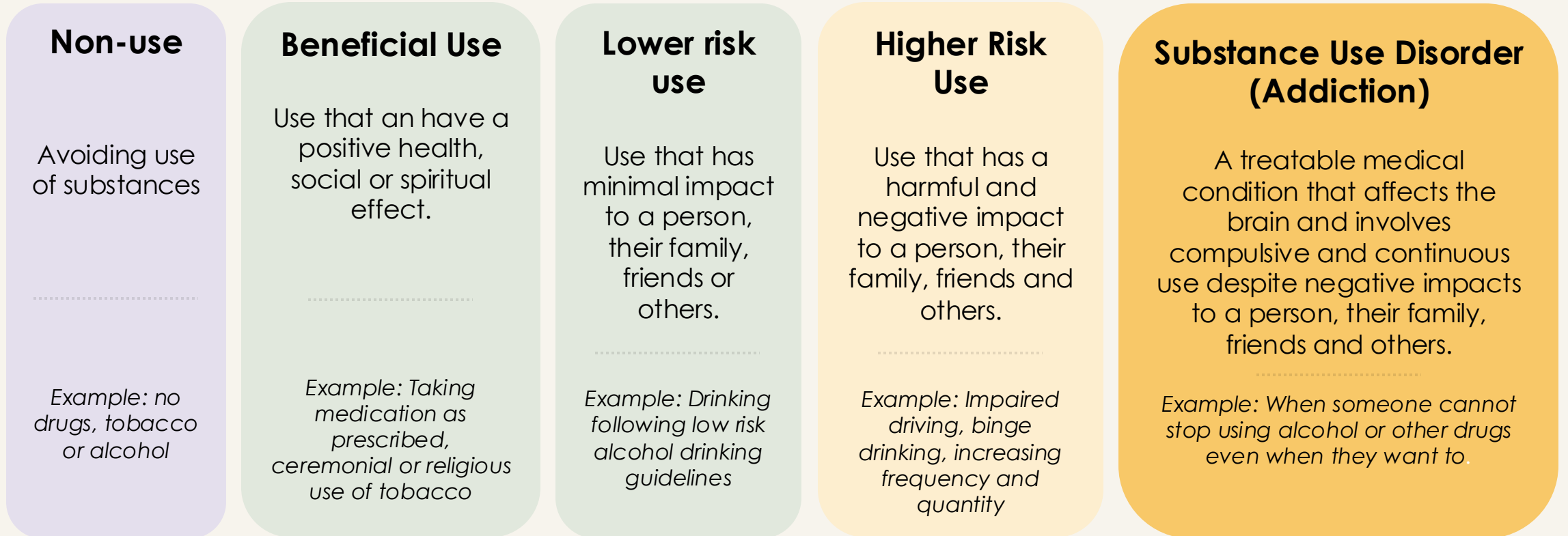
Does not minimize tragic harms and dangers

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

Substance use and harm reduction

Substance Use Spectrum

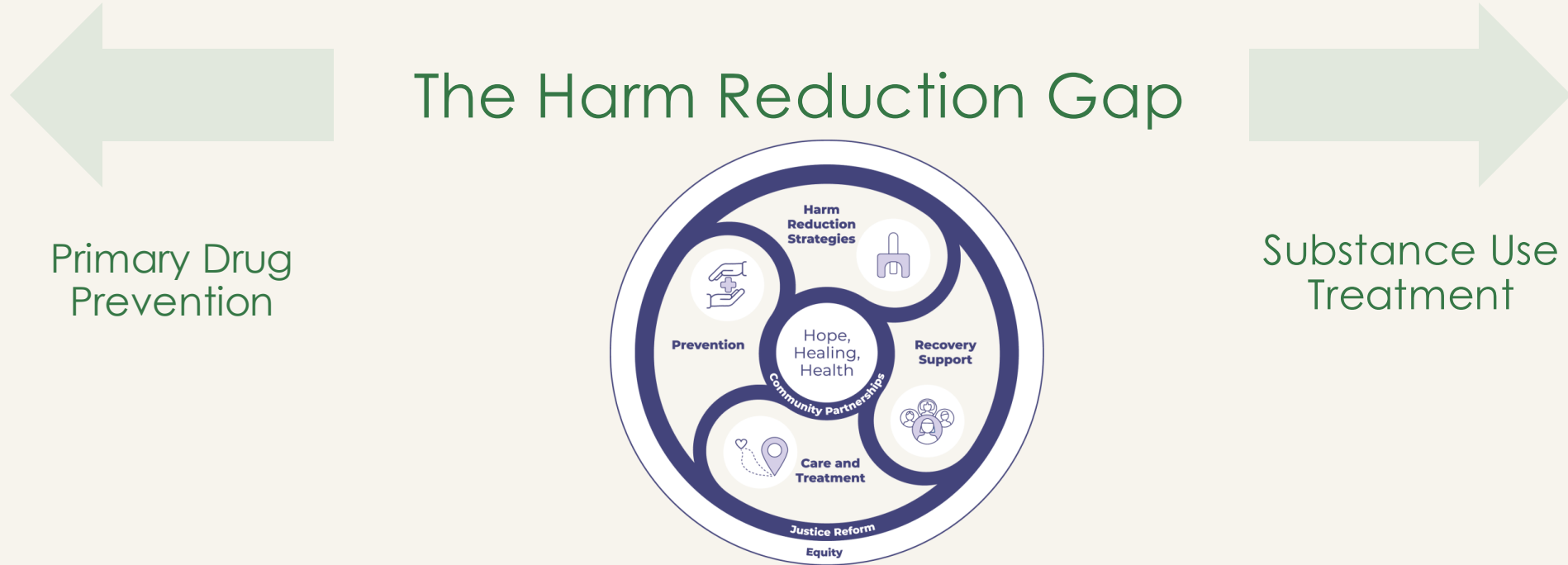
Source: [BC Centre on Substance Use](#)



A person may move back and forth between stages over time

The Harm Reduction Gap

Source: *The Harm Reduction Gap* by –Sheila P. Vakharia

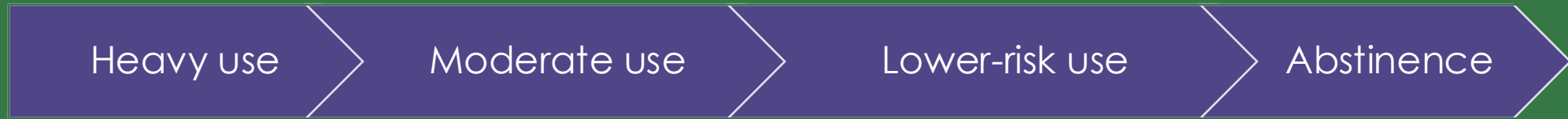


The **Harm Reduction Gap** is the void in our current continuum of care between abstinence-based prevention programs and abstinence-only treatment programs, where people who currently use drugs are left without access to the knowledge, skills and tools to stay safe.

What harm reduction is NOT

Harm Reduction is NOT the same as Use Reduction

Use reduction can be one goal.



HOWEVER



Harm reduction is the true goal.

Harm Reduction does NOT...

Minimize or ignore harms related to drug use

Promote drug use

Exclude or dismiss any evidence-based approach to reducing harms related to substance use, including medications or abstinence



Harm Reduction DOES...

Support people to make changes from higher risk to lower risk to lowest risk

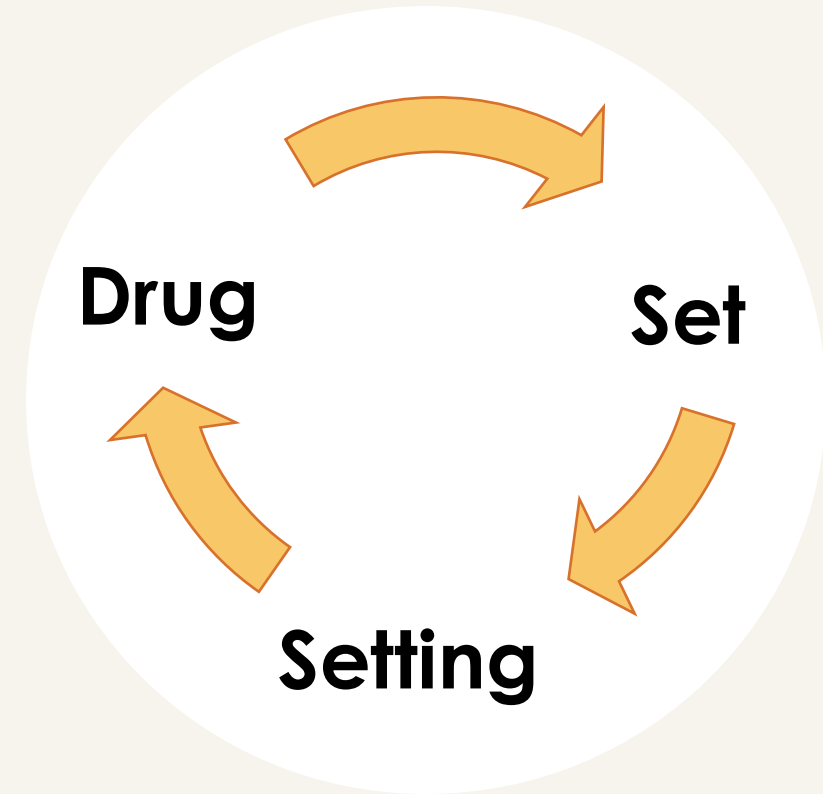
Help people build on successes and believe in their ability to change

Accept people's choices and helps them find their own pathway to health and purpose-filled lives

Drug Set & Setting Model

Drug, Set and Setting Model

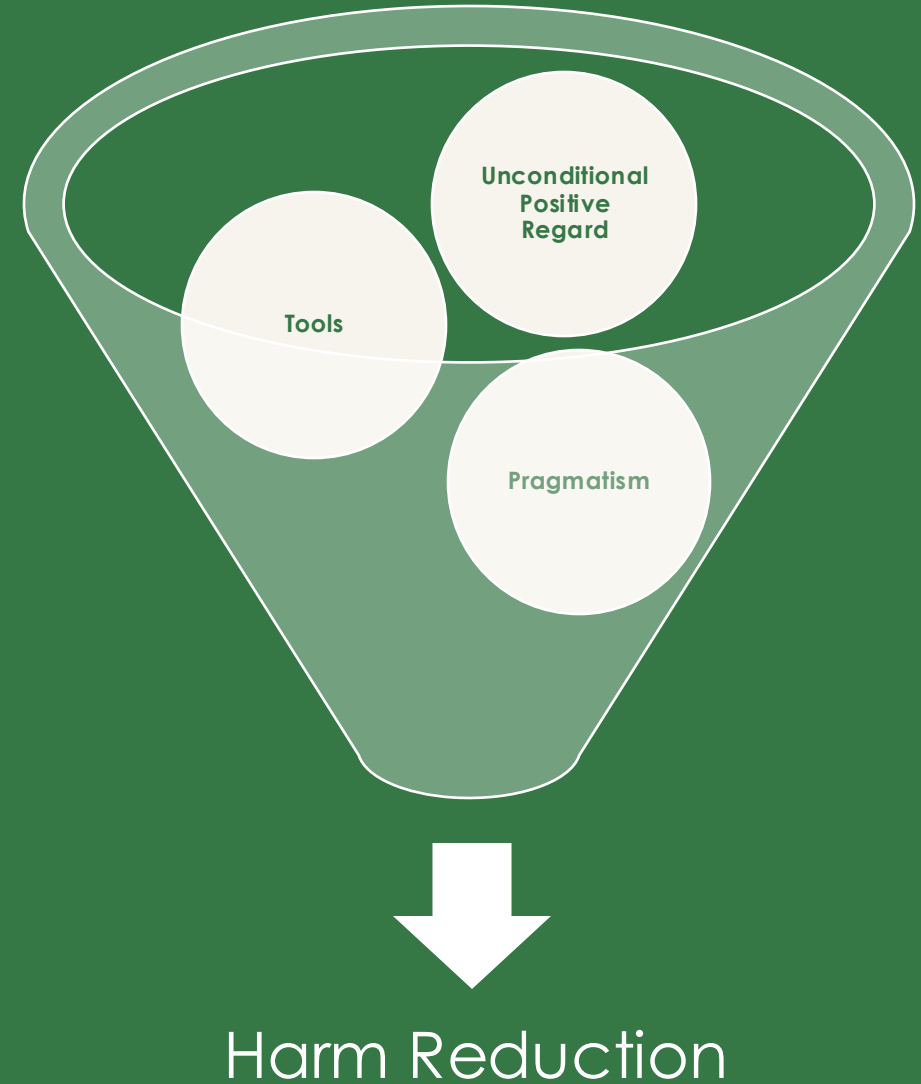
- **Drug (and associated risk)**
What is the drug or drugs? How is the drug taken? What is known about how the drug works? What are the risks of overdose? What other harms may exist? Is the drug what the person thinks it is?
- **Set or “mindset” (of the person who uses the drug)** For example, how are they feeling? Are they in physical pain or hurt? Do they need to “get well”? What is their age, health situation, prior experiences etc.?
- **Social setting and environment where the drug use occurs.**
Where is the person? Is the person at home? At work? On the street? Who is around the person? Family, bystanders, police, partners? What are the norms and legality of use?



Harm reduction strategies

Harm Reduction Approach

- Transparent about your role
- Be non-transactional
- Listen and co-learn about risks, behaviors and participant's goals for themselves
- Offer participant-centered information, supplies, support and connections to services centered around their self-identified goals
- Celebrate any positive changes



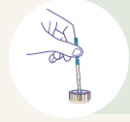
Examples of harm reduction strategies



Syringe Service Programs (SSPs)



Education for safer use



Drug checking (supply distribution & testing)



Supply kit distribution



Opioid overdose reversal kits



Hygiene & foot care kits



Safer injection kits



Safer sex kits



Wound care kits

How you meet with community members

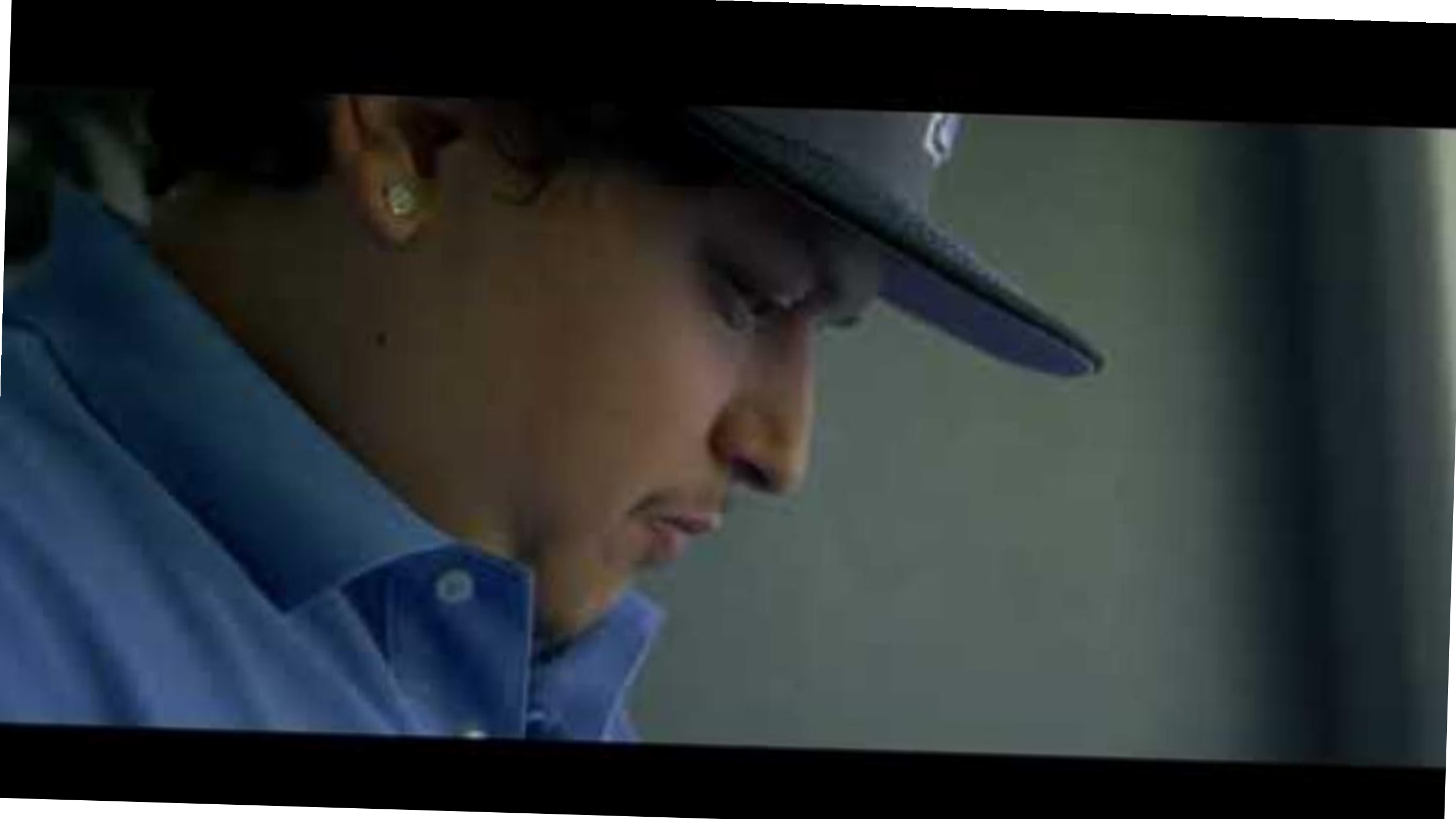
- ✓ In-person on-foot outreach
- ✓ In-person mobile site
- ✓ In-person fixed site
- ✓ In person community pop-up
- ✓ Virtual with follow-up

“Harm reduction in the Native community may look different because of cultural differences. For example, we will offer wound care kits with a bundle of sage and sweet grass because the connection to the culture is a form of harm reduction. It sends a message that we are here if you want to experience more culture and community.”

– **Jim Wikel with Painted Horse Recovery**



Read more about harm reduction
at Painted Horse Recovery



“For me, harm reduction is fundamentally a collaborative effort. No matter how closely I work with our participants I am not living their lives, they are. There are numerous subtleties and nuances (even, if I'm fair, obvious things) that I do not notice. To that end, I need to rely on them to keep me informed of their needs. That input absolutely defines the types of services and information I can offer to better assist them.”

– **Leroy with Max's Mission**

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

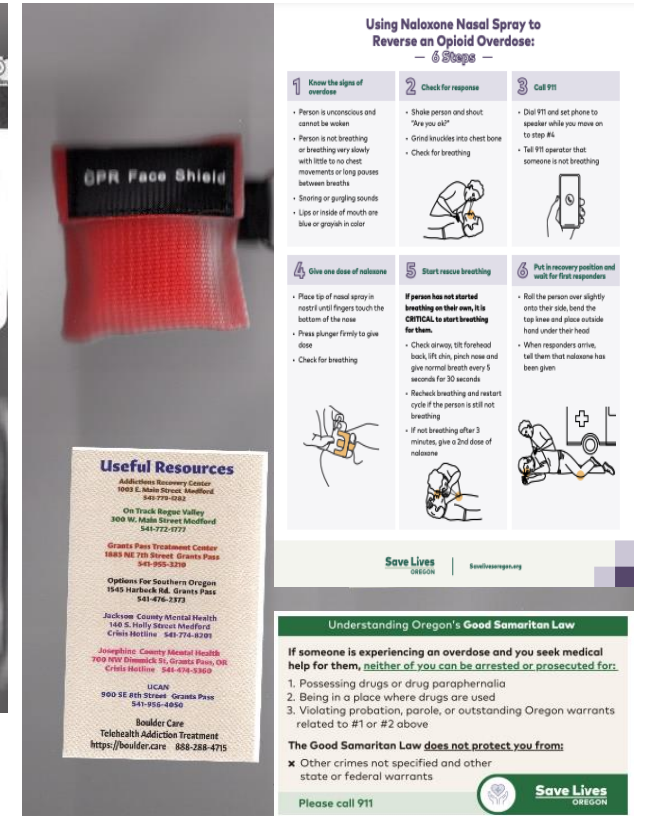


Photo from Max's Mission

Wound Care Kit Examples

Example kit from **Max's Mission**

- ✓ 1- Bag kit
- ✓ 5 - 1'' x 3'' adhesive bandages
- ✓ 2 – 2'' x 4'' adhesive bandages
- ✓ 8 – Alcohol prep pads (4 strips of 2 pads)
- ✓ 4 – 0.9g antiseptic hand sanitizer packets
- ✓ 4 – 0.9h bacitracin or other antibiotic ointment packets
- ✓ 4 – Benzalkonium wipes
- ✓ 2 – 5g petroleum jelly packets
- ✓ 2 – 0.5g lip balm packets



Photo from **Max's Mission**

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. Good naloxone is given to someone who is not responding to breathing. It will not harm them.

You are protected. People who possess naloxone kits are given protection in a good faith effort to reverse an opioid overdose.

- 1 Know the signs of overdose**
 - Person is unresponsive and cannot be woken
 - Person is not breathing or breathing very slowly with little or no chest movement
 - Person is lying on their back
 - Person is pale, clammy, or blue
 - Person has pinpoint pupils
 - Person has a slow or no pulse
- 2 Check for response**
 - Shout loudly and check "Are you OK?"
 - Do not shake or slap a person
 - Check for breathing
- 3 Call 911**
 - Call 911 and tell them the location where you found the person
 - Tell operator that someone is not breathing
- 4 Give one dose of naloxone**
 - Place tip of nozzle in nostril and spray 2 times into each nostril
 - Pinch the other nostril to prevent leakage
 - Check for breathing
- 5 Start rescue breathing**
 - If person has not started breathing or has slow breathing, **CRITICAL:** be alert for vomiting. Do this.
 - Place person on their back and give 2 rescue breaths every 5 seconds
 - Do not stop until help arrives or until person starts breathing
 - If not breathing after 2 minutes, give 2nd dose of naloxone
- 6 Put in recovery position**
 - Roll the person onto their side, head lower than chest
 - When first responder arrives, tell them that naloxone has been given

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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.

What is fentanyl? Fentanyl is a strong synthetic opioid that increases the risk of an overdose. Fentanyl looks just like many other drugs. It may be mixed with drugs like heroin, cocaine, methamphetamine, benzoin, Xanax, or in pain pills that look like prescription pills.

Always have naloxone visible when using.

Use slow, use less. Overdose can happen quickly. Breathe slowly.

Consider alternatives to injecting. Smoking or snorting carries a risk and overdose risk associated with injecting.

Take turns when you use drugs. Make sure one person is sober and able to watch.

Test your drugs every time for fentanyl. Always test your drugs when you get them from the same person or place.

Reach out if you use alone. Call a friend or use a service like **Never Use Alone** or 911 or the **911x** App.

What should I know about fentanyl test strips? Fentanyl test strips can be helpful, but they are NOT perfect tests. Depending on the drug you are testing and/or the method used to test, test strips may not be accurate or reliable. False positives and false negatives can occur. Fentanyl test strips can tell you if your drug contains fentanyl but NOT how much OR how strong the effect of the drug will be or why. 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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Save Lives OREGON

Harm Reduction in Action: Save Lives Oregon Partner Spotlights

Learn more about how Save Lives Oregon partners are practicing harm reduction across the state and in Tribal communities

savelivesoregon.org/news



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Partner Spotlight | Haven Wheelock, Outside In

February 12, 2025



Haven Wheelock has been a self-described nerd for infectious disease since she was as young as 13 years old. She wanted to help stop novel viruses such as HIV from killing people around the world and grew up to do just that for the past 18 years.

Wheelock is a pioneering advocate for harm reduction in Oregon. She is a founding member of the Save Lives Oregon Leadership Team, providing instrumental guidance in support of Oregon's response to the overdose crisis.

As the supervisor of [Outside In's Drive Users' Health Service Program](#), Wheelock helps people who use drugs minimize their risk for overdose and infectious disease. In part, this means providing sterile syringe kits and naloxone, but Wheelock says harm reduction

Related Articles



[Partner Spotlight | Jim Wikel, Painted Horse Recovery](#)

Jim Wikel, a citizen of the Seneca-Cayuga Nation of Oklahoma,

Partner Spotlight | Jim Wikel, Painted Horse Recovery

February 12, 2025



Jim Wikel, a citizen of the Seneca-Cayuga Nation of Oklahoma, doesn't hesitate to point out the tension he navigates around harm reduction in his line of work in peer recovery services. It's just reality.

[Painted Horse Recovery](#), where he is a regional director, provides culturally specific peer services for urban Native people who use drugs in the Portland area. The harm reduction kits Painted Horse distributes include the typical naloxone, condoms and wound kits – but they also include sage or sweetgrass. They work with a low-barrier housing and inpatient treatment program that doesn't require abstinence. Wikel understands that is a touchy subject in Indian Country.

"My thinking is, if you're dead, you have no chance of moving toward recovery," Wikel said. "Let's help you stay alive. Then you can move toward what your vision of recovery is."

It has long been established that connecting with

Related Articles




[Partner Spotlight | Haven Wheelock, Outside In](#)

Haven Wheelock has been a self-described nerd for infectious disease since she was as young as 13 years old. She

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PARTNER SPOTLIGHTS




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Perspective

Change is certain. **And sometimes change is rapid.**

- Drugs in the community changes over time
- The ways drugs are consumed can change over time
- The risks related to drugs can also change

Be prepared to adapt services, strategies and supplies

Asking and listening to participant needs is critical to make sure your supplies are what people need.



Join Us: Upcoming Learning Collaboratives

Save Lives Oregon Learning Collaboratives happen monthly on the 3rd Thursday of each month. Learn more and register: savelivesoregon.org/events



Events

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February 2025

THU 20 **febrero 20 @ 1:00 pm - 2:30 pm**


"Basics of Harm Reduction" Learning Collaborative

[In Virtual Event](#)

Join us to explore the core principles of harm reduction, evidence-based harm reduction interventions and strategies, learn about the tools and materials available to you as a Save Lives Oregon partner, and connect with fellow service providers.

Learning Collaboratives are designed for service providers and peers from organizations and agencies partnering with Save Lives Oregon and the Harm Reduction Clearinghouse to implement life-saving harm reduction strategies across the state.

[Register](#)



March 2025


THU 20 **March 20 @ 1:00 pm - 2:30 pm**

"Todo lo que necesita saber sobre la naloxona" Las Colaboraciones de Capacitación

[In Virtual Event](#)

Learning Collaboratives are designed for service providers and peers from organizations and agencies partnering with Save Lives Oregon and the Harm Reduction Clearinghouse to implement life-saving harm reduction strategies across the state.

[Register](#)



April 2025

THU 17 **April 17 @ 1:00 pm - 2:30 pm**

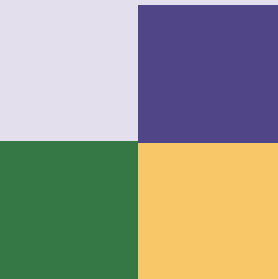
"Harm Reduction in Tribal Communities" Learning Collaborative

[In Virtual Event](#)

Learning Collaboratives are designed for service providers and peers from organizations and agencies partnering with Save Lives Oregon and the Harm Reduction Clearinghouse to implement life-saving harm reduction strategies across the state.

[Register](#)

Questions?



For more information

Website

- [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

Thank you

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Salvando Vidas
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