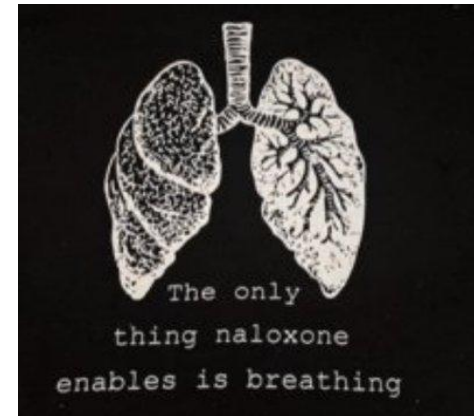


HARM REDUCTION 101

HARM REDUCTION COALITION OF SAN DIEGO



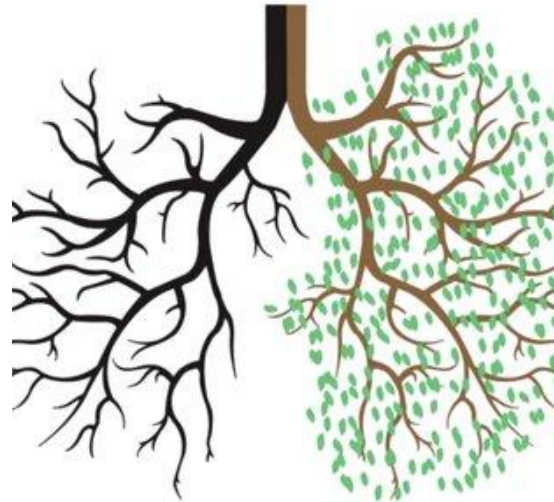
SD OEND

SAN DIEGO OVERDOSE
EDUCATION AND NALOXONE
DISTRIBUTION PROJECT

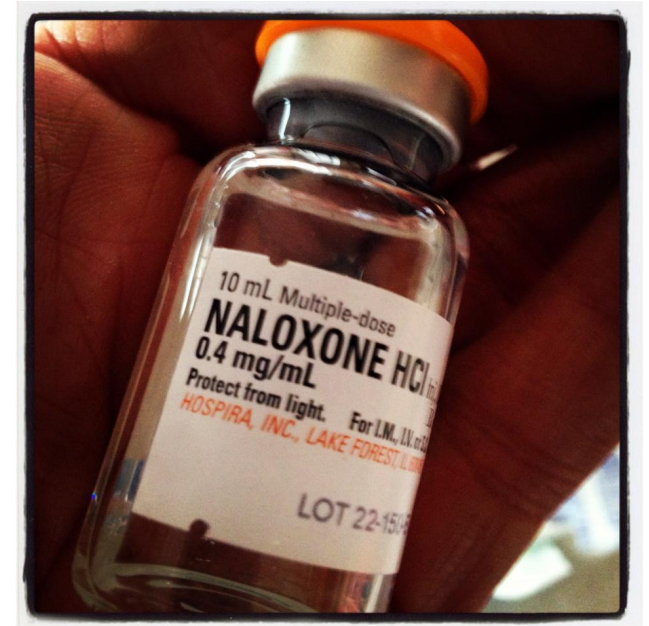
THIS TRAINING IS
BROUGHT TO
YOU BY A
COLLABORATIVE
PARTNERSHIP:

San Diego Overdose Education + Naloxone Distribution

SD OEND



SD OEND is a collaborative partnership between the County of San Diego, HRCSD, A New PATH, SAY San Diego, and UCSD.



HRCSD provides harm reduction services to all of San Diego County.

TRAINING GOAL

Apply a harm reduction approach when providing services to people who use drugs (PWUD).

TRAINING OBJECTIVES

By the end of this training, you'll be able to:

Discuss

- Discuss the principles of harm reduction



Understand

- How and why harm reduction is an important tool



Share

- Share ideas with clients to reduce harm related to drug use



I. OVERVIEW

WHAT IS HARM REDUCTION?

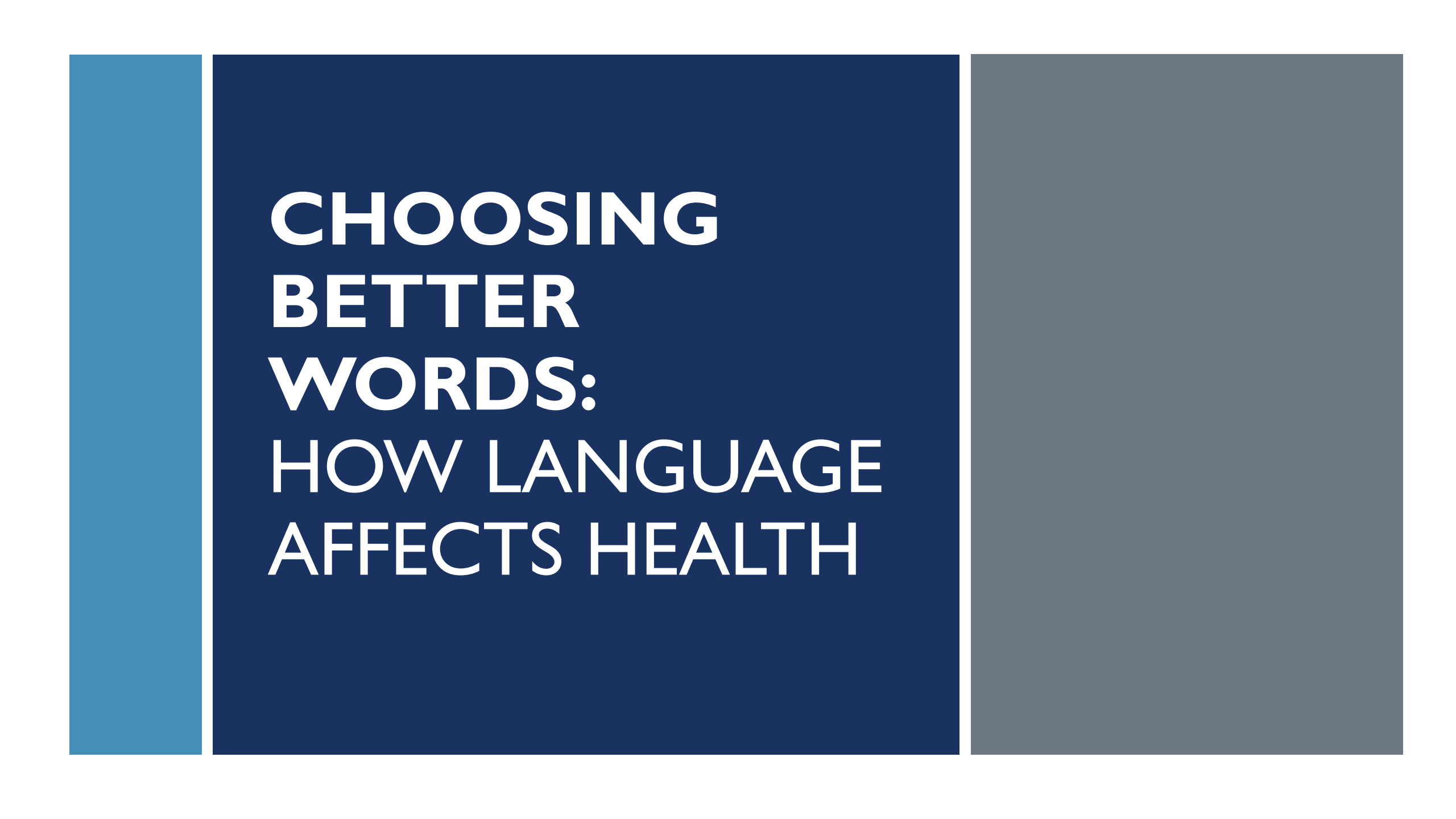
-
- Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.

-National Harm Reduction Coalition

- Harm reduction can be applied to any behaviors that have an impact on individual and community risk.

WHY IS THERE A NEED FOR HARM REDUCTION?

- A realistic, effective response to disease and disproportionate death of marginalized communities
- Challenge to stigma that can alienate people and cause unnecessary death
- Educate people on how to respond to overdose
- Empower people to help their communities
- Provide the tools and resources to save the lives of our friends and families



**CHOOSING
BETTER
WORDS:
HOW LANGUAGE
AFFECTS HEALTH**

LANGUAGE AFFECTS CARE

- Language affects clinical care and provider perception of patients. Language change is encouraged by large medical associations.
- In 2017, when the American Psychological Association (APA) instructed change of language surrounding substance use disorders, they stated:

“these changes aren’t merely semantics or political correctness. Widespread media misunderstanding of the fundamental nature of addiction has led to some deadly misconceptions about how it should be managed.”



LANGUAGE AFFECTS SELF-WORTH

- Language can perpetuate stigma
- The lives of people with disease and disability are worsened by stigma, thus leading to public prejudice, loss of self-worth, and negative implications for health and well-being.

(<https://www.stigmaandempowerment.org/ajpr>)



WHAT IS STIGMA?

Merriam-Webster:
r:

a mark of shame or discredit : STAIN

Cambridge:

a strong feeling of disapproval that most people in a society have about something, especially when this is unfair

Oxford:

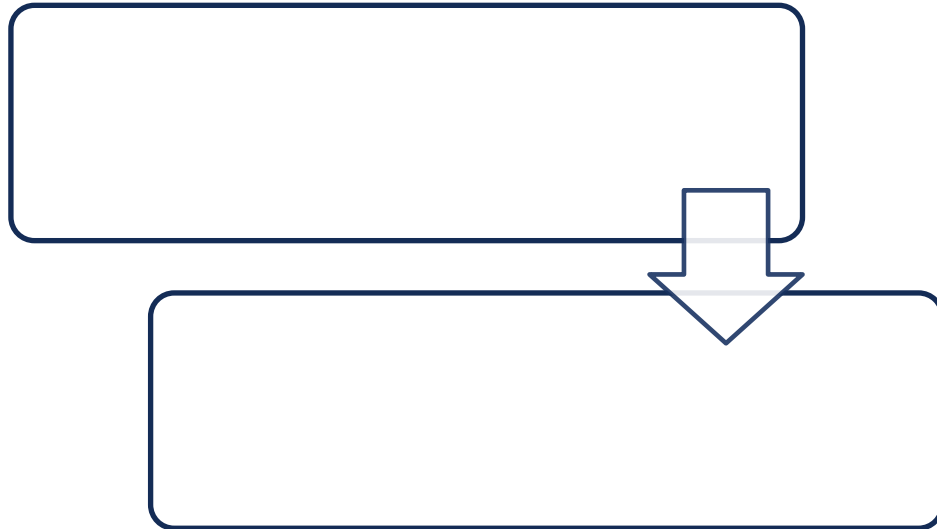
a mark of disgrace associated with a particular circumstance, quality, or person



LET'S CHOOSE BETTER
WORDS.

HERE'S HOW:

PRACTICE PERSON-FIRST LANGUAGE



THROW AWAY OVER-SIMPLIFYING AND STEREOTYPING TERMS

These kinds of words have no place in a professional setting.

They are harmful and should be retired.



Changing the Language of Addiction

Terms that stigmatize addiction can affect the perspective and behavior of patients, clients, scientists, and clinicians. Clinicians especially need to be aware of person-first language and avoid more stigmatizing terms.

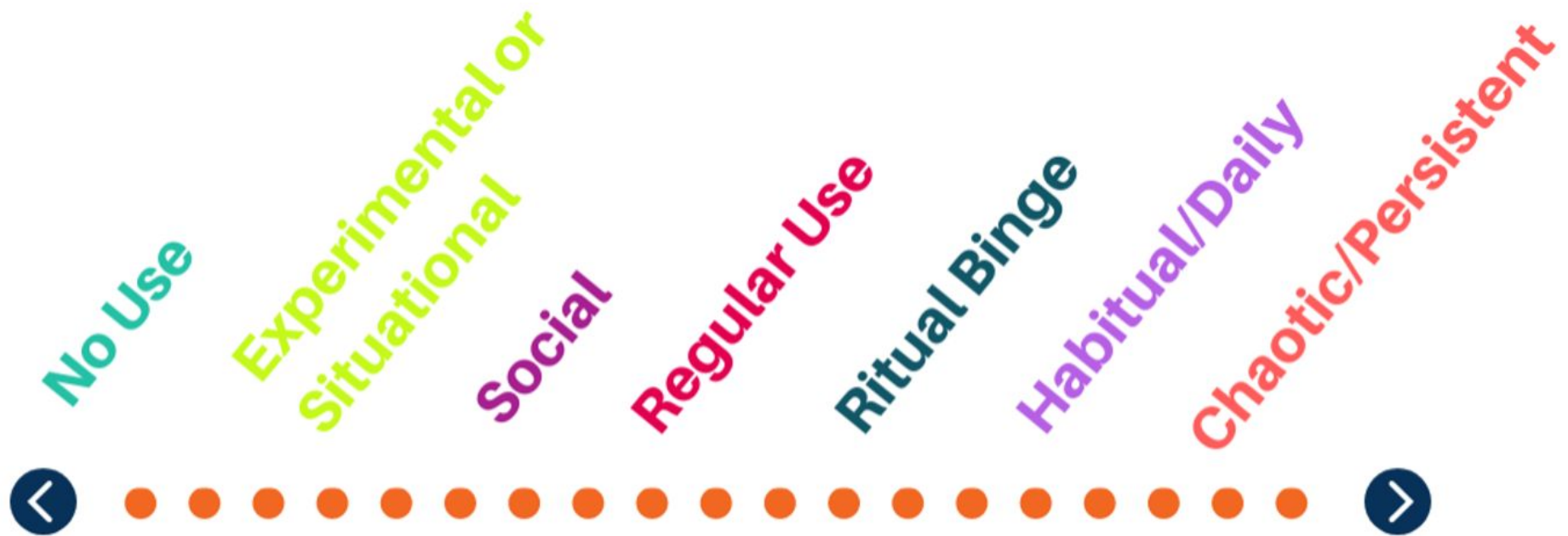
Terms Not to Use

- addict, abuser, user, junkie, druggie
- alcoholic, drunk
- oxy-addict, meth-head
- ex-addict, former alcoholic
- clean/dirty (drug test)
- addictions, addictive disorders

Terms to Use

- person with a substance use disorder
- person with an alcohol use disorder
- person with an opioid use disorder
- person in recovery
- negative/positive result(s)
- addiction, substance use disorder

KNOW HOW TO DIFFERENTIATE LEVELS OF USE WITHOUT NEGATIVE CONNOTATION.



SEX WORK IS WORK

- Do not assume the circumstance which brought a person to engage in sex work
- Avoid derogatory, stigmatizing terms. If unsure, use the term “sex worker.”
- Sex workers sometimes go without medical care out of fear of arrest or poor treatment by medical staff (source:ACLU)



RIGHTS NOT RESCUE How to be An Ally to Sex Workers

- 1) **Don't Assume.** Don't assume you know why a person is in the sex industry. We're not all trafficked or victims of abuse. Some people make a choice to enter this industry because they enjoy it, others may be struggling for money and have less of a choice.
- 2) **Be Discreet and Respect Personal Boundaries.** If you know a sex worker, it's OK to engage in conversation in dialogue with them in private, but respect their privacy surrounding their work in public settings. Don't ask personal questions such as “does your family know what you do?” If a sex worker is not out to their friends, family, or co-workers, it's not your place to tell everyone what they do.
- 3) **Don't Judge.** Know your own prejudices and realize that not everyone shares the same opinions as you. Whether you think sex work is a dangerous and exploitative profession or not is irrelevant compared to the actual experiences of the person who works in the industry. It's not your place to pass judgment on how another person earns the money they need to survive.
- 4) **Watch Your Language.** Cracking jokes or using derogatory terms such as “hooker”, “whore”, “slut”, or “ho” is not acceptable. While some sex workers have “taken back” these words and use them among themselves, they are usually used to demean sex workers when spoken by outsiders.
- 5) **Address Your Prejudices.** If you have a deep bias or underlying fear that all sex workers are bad people and/or full of diseases, then perhaps these are issues within yourself that you need to address. In fact, the majority of sex workers practice safer sex than their peers and get tested regularly.
- 6) **Don't Play Rescuer.** Not all sex workers are trying to get out of the industry or in need of help. Ask them what they need, but not everyone is looking for “Captain Save-A-Ho” or the “Pretty Woman” ending.
- 7) **If you are a client or patron of sex workers, be respectful of boundaries.** You're buying a service, not a person. Don't ask for real names, call at all hours of the day/night, or think that your favorite sex worker is going to enter into a relationship with you off the clock.
- 8) **Do Your Own Research.** Most mainstream media is biased against sex workers and the statistics you read in the news about the sex industry are usually inaccurate. Be critical of what you read or hear and educate yourself on who exactly is transmitting diseases or being trafficked.
- 9) **Respect that Sex Work is Real Work.** There's a set of professional skills involved and it's not necessarily an industry that everyone can enter into. Don't tell someone to get a “real job” when they already have one that suits them just fine.
- 10) **Just because someone is a sex worker doesn't mean they will have sex with you.** No matter what area of the sex industry that someone works in, don't assume that they are promiscuous and willing to have sex with anyone at any time.
- 11) **Be Supportive and Share Resources.** If you know of someone who is new to the industry or in an abusive situation with an employer, by all means offer advice and support without being condescending. Some people do enter into the sex industry without educating themselves about what they are getting into and may need help. Despite the situation, calling the police is usually never a good option. Try to find other organizations that are sensitive to the needs of sex workers by contacting the organizations listed below.
- 12) **As you learn the above things, stand up for sex workers when conversations happen.** Share your personal stories if you so choose. Don't let the stigma, bigotry and shame around sex work continue. Remember it's important that sex workers be allowed to speak for themselves and for allies to not speak for sex workers but to speak with sex workers.
- 13) **Realize that sex work transcends visible notions of race, gender, class, sexuality, education, and identities;** sex workers are your sisters, brothers, mothers, fathers, lovers, and friends. Respect them! Get Active! Contact your local SWOP Chapter to find out what you can do or form your own in the city you live in.

GENDER

- Ask people what their pronouns are (she, he, they, etc), and use their preferred pronoun
- Do not joke about sex or gender, joking is harassment
- Each episode of LGBT victimization, such as physical or verbal harassment or abuse, increases the likelihood of self-harming behavior by 2.5 times on average.

(IMPACT. (2010). Mental health disorders, psychological distress, and suicidality in a diverse sample of lesbian, gay, bisexual, and transgender youths. American Journal of Public Health. 100(12), 2426-32.)





II. HARM REDUCTION

BRIEF HISTORY OF THE MOVEMENT IN THE USA

- Harm Reduction Working Group founded 1993
- Edith Springer – Harm Reduction
- Dave Purchase - Needle Exchange
- Dan Bigg - Naloxone



Photo source: Comer Family Foundation

LOS ANGELES COMMUNITY HEALTH PROJECT

- Founded in 1992
- Supports and Advocates for our most marginalized LA community members
- Provides syringe, MAT, and referral services
- Trains community members, providers, and law enforcement in OD response and harm reduction





THE CENTER OF OUR
MOVEMENT AND
PRACTICE



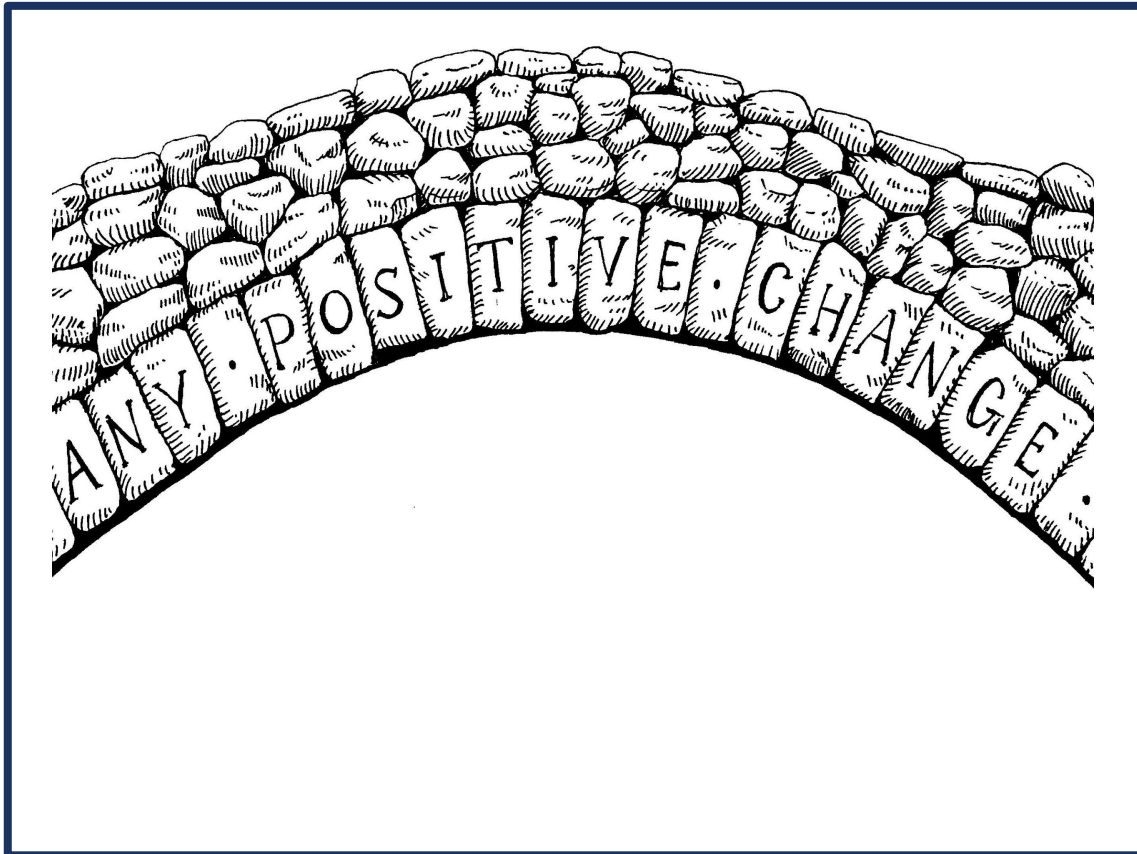
PRINCIPLES OF HARM REDUCTION



CORE PRINCIPLES

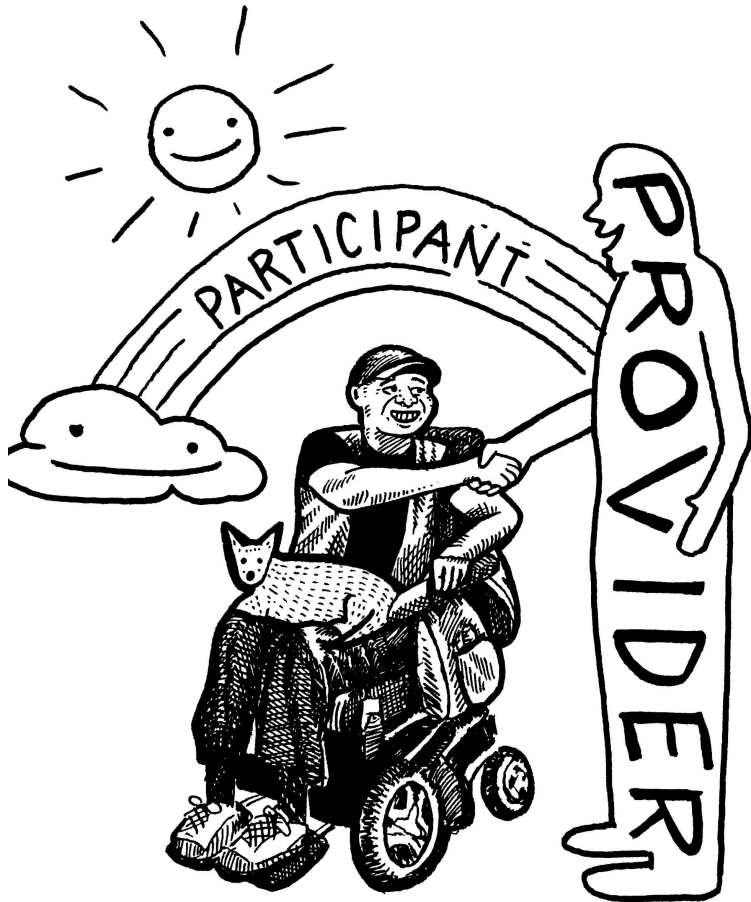
-
- WHOLE-PERSON CARE
 - ACCESSIBILITY
 - PARTICIPANT SELF-DETERMINATION
 - PARTICIPANT INVOLVEMENT
 - COMMITMENT TO EVIDENCE
 - SOCIAL JUSTICE
 - PRACTICAL AND REALISTIC

WHOLE-PERSON CARE



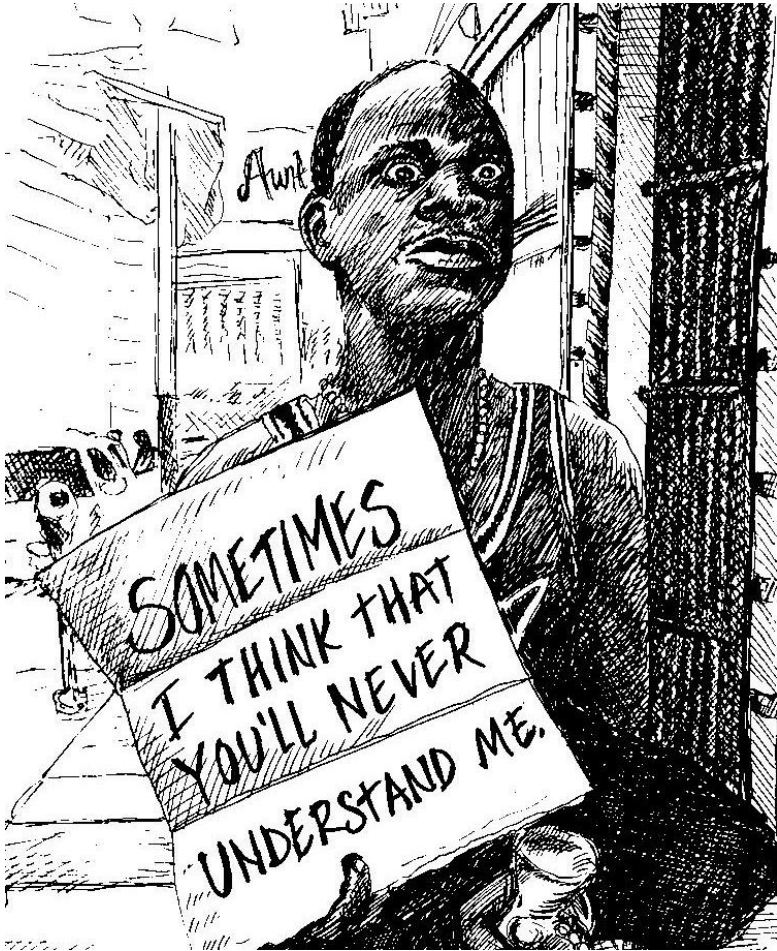
- Meeting people where they're at
- Considering the whole person's needs, beyond their substance use and behavior
- Non-judgemental care
- Practicing respect for all people

ACCESSIBILITY



- Eliminate the barriers to services and delivering those services based on peoples' circumstances
- Provide low-threshold programming to ensure no person gets left behind
- Advocate for accessibility to life-saving interventions (naloxone, MAT)

PARTICIPANT SELF-DETERMINATION



- Everyone is the expert in their own lives
- An individual's choices are informed by a lifetime of experience that we cannot control, then or now.
- Stay ready and able to support when asked
- People will change when they are ready, when circumstances allow

PARTICIPANT INVOLVEMENT

- Providers ensure the people you are serving have a real voice in the creation of programs and policies designed to serve them
- Understanding of the fact that people we serve know best what they need from their providers
- Empower participants to make a difference in the well-being of their community



COMMITMENT TO EVIDENCE

- Using research and data to make informed decisions for best practices
- Creating innovative programming by collecting information from the experts: the people who use our services
- Pushing policy towards evidence-based models



SOCIAL JUSTICE



Recognize inequalities and injustices that cause communities and individuals harm and provide less resources to cope.

These factors may include:

- Racism
- Poverty
- Prejudice
- Gender and sex-based discrimination
- Isolation and alienation
- Trauma

PRACTICAL AND REALISTIC



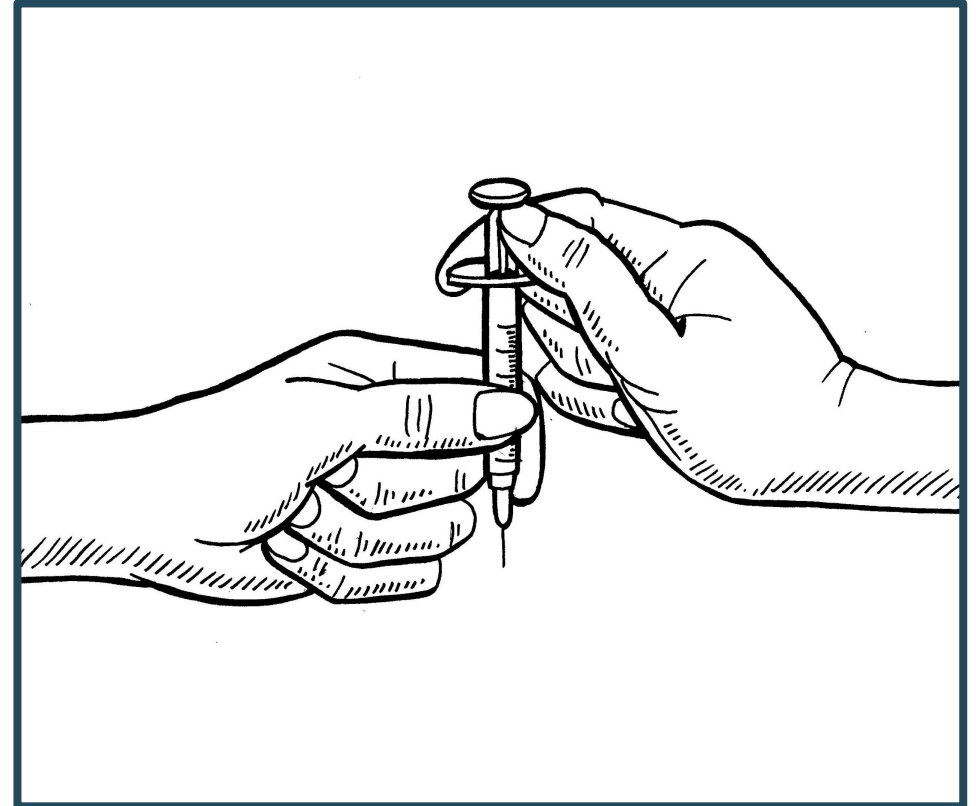
- Accepting that substance use and risky behavior are a part of our society's human experience
- Working towards achieving **any positive change**
- Following scientific evidence as guidelines for developing programming, and adapting to change as data suggests

HARM REDUCTION IN ACTION

-
- Syringe Services Programs
 - Low-Barrier Medication–Assisted Treatment
 - Supervised Consumption Services
 - Hep C Testing and Treatment
 - Safer Sex Supplies
 - Advocacy for PWUD

SYRINGE SERVICES PROGRAMS (SSP)

- Provide access to sterile needles and other sterile injection supplies
- Proven intervention to reduce HIV & HCV transmission by 50%
- Reduce risk of other injection injury such as abscess, infection
- Provide education, referrals
- Naloxone distribution
- People who use SSPs are more likely to enter treatment than PWUD who do not use SSPs
- Cost effective – less people hospitalized or in treatment for HIV

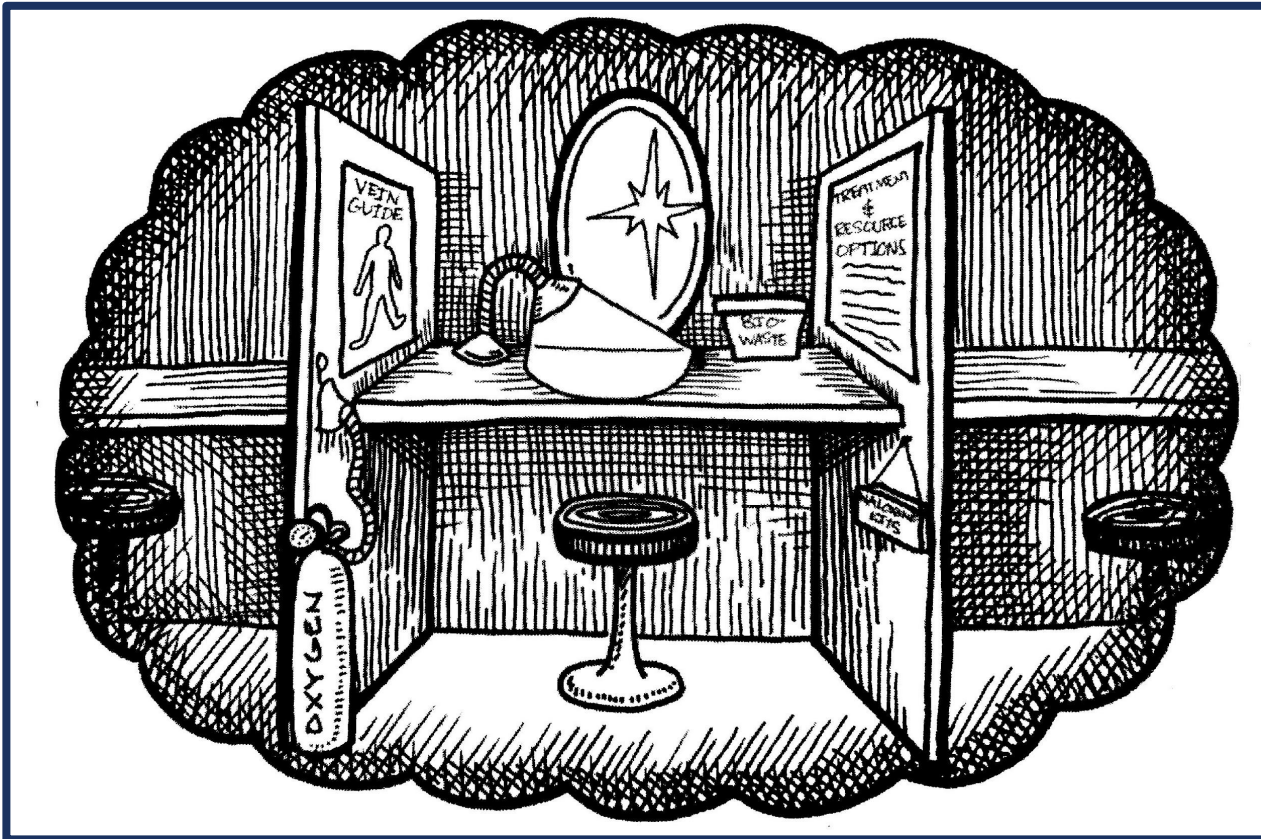


LOW-BARRIER MAT (MEDICATION ASSISTED TREATMENT)



- Whole-person approach to Substance Use Disorders (SUDs)
- Primarily for treatment of opioid addiction, also alcohol
- Helps accessibility and sustainability of recovery
- Medications include Buprenorphine (Suboxone, Subutex), Methadone, Naltrexone (Vivitrol)

SUPERVISED CONSUMPTION SERVICES (SCS)



- Over 120 operating in 10 countries world-wide
- Facilitates safer use
- Not one overdose death on-site at any facility
- Improves quality of life and access to options for people who inject drugs

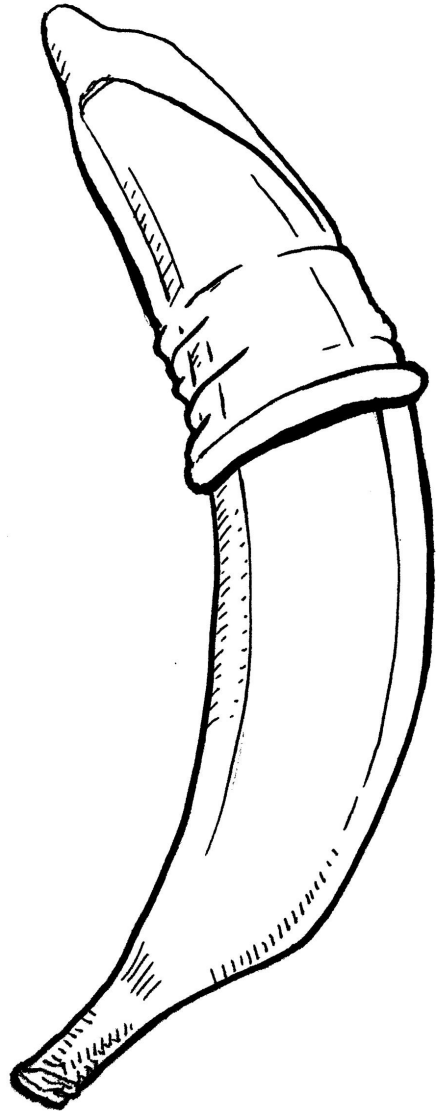
HEPATITIS C

TESTING AND TREATMENT

- Hepatitis C is the highest risk bloodborne disease transmission among PWID, living up to 6 weeks outside the body in ideal conditions
- Many SSPs offer Hepatitis C testing on site
- Without testing, people do not know their status and risk of transmission is greater
- SSPs can link participants to Hep C treatment



Orlando Chavez



SAFER SEX SUPPLIES

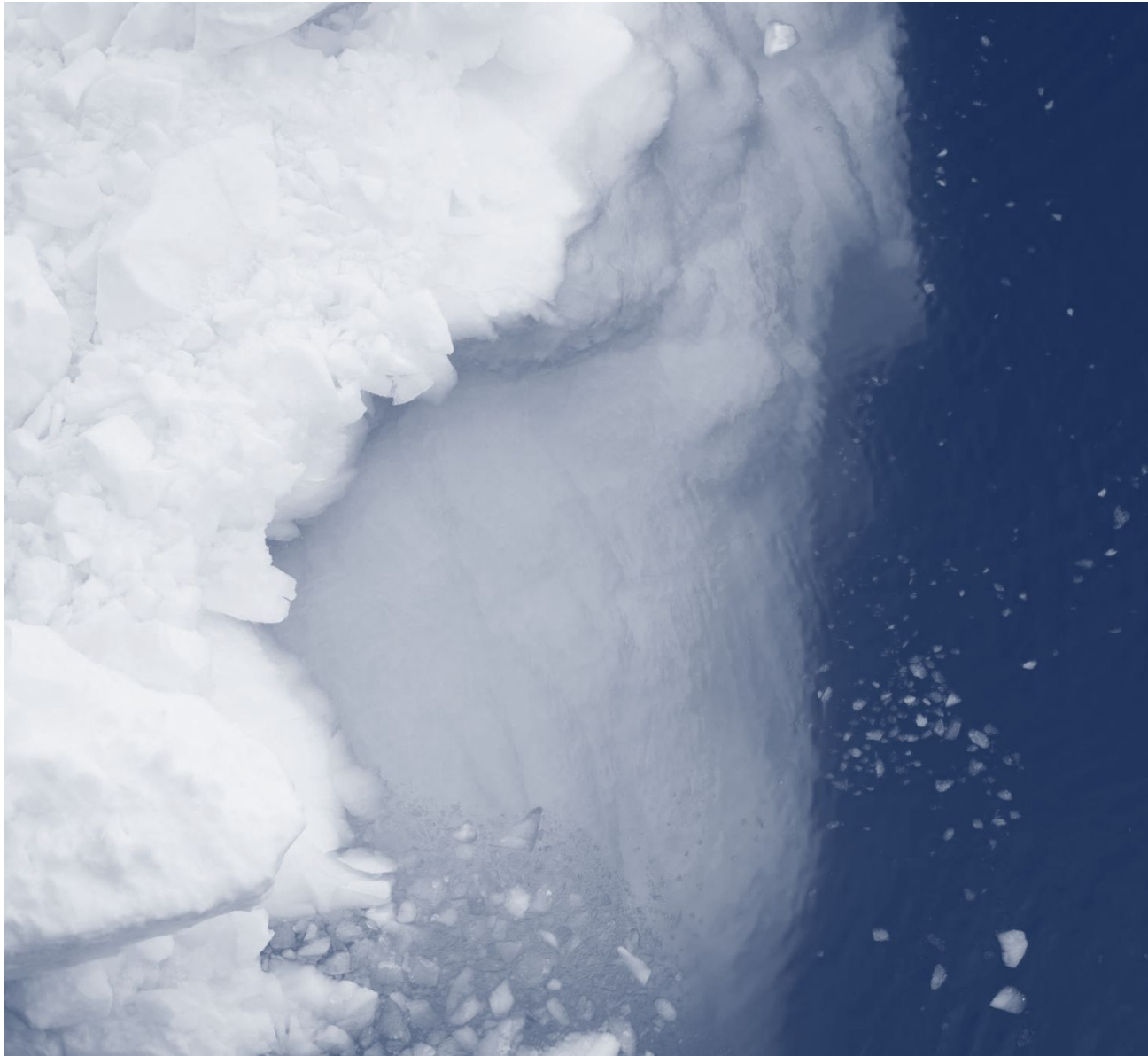
- Sex increases risk of disease transmission
- Supplies such as condoms, lube, dental dams, gloves, reduce risk of infection
- Simultaneous intravenous drug use and sexual activity compound risk

ADVOCACY FOR PEOPLE WHO USE DRUGS



Holly Bradford, San Francisco City Hall 2016

- Drug policy in the United States is behind the rest of the developed world
- Advocate for evidence-based interventions
- Increase options for health
- Reduce stigma
- Educate the public about overdose prevention and response



THE TRANSTHEORETICAL
MODEL:

STAGES OF CHANGE

A model for gauging motivation and
readiness for change/recovery

PRE-CONTEMPLATION

Not considering change, disinterested or defensive towards offers for help.

PREPARATION

Committing to the idea of change, researching and evaluating options.

MAINTENANCE

Sustaining new behavior, tracking progress, analyze triggers

CONTEMPLATION

Considering change lightly. Recognizes the benefits of change.

ACTION

Taking steps to change, practicing new behavior, seeking support from others

RELAPSE

Resumes past behaviors



EVERYONE COMES TO CHANGE DIFFERENTLY.

There is no perfect model for recovery. Understanding the stages of change is one way to gauge if it's time to offer more support.



III. OVERDOSE

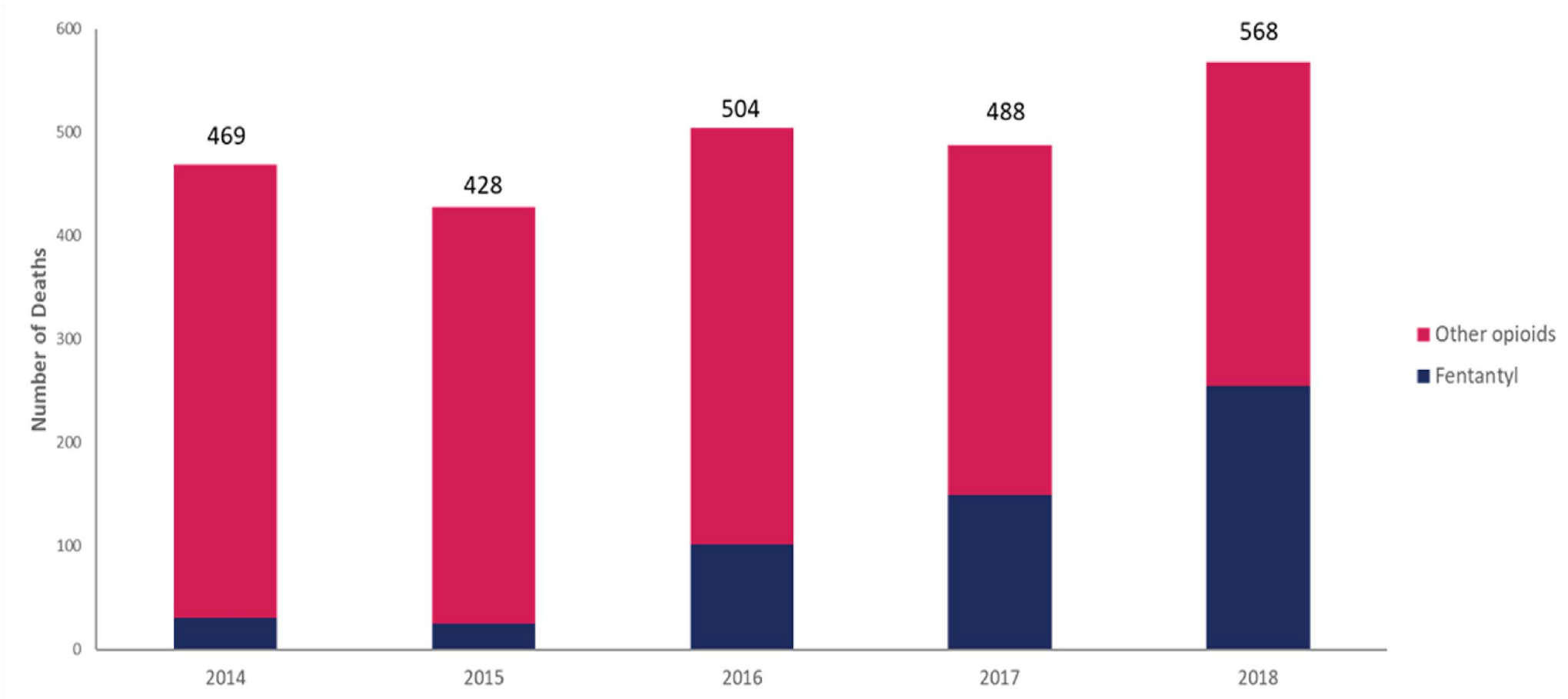
SAN DIEGO OVERDOSE EDUCATION & NALOXONE DISTRIBUTION (SD OEND)



No-cost naloxone vending machine at Los Angeles County Jail Release Center. December 2019.

- **We aim to decrease rates of death due to overdose in San Diego County**
- Opioid overdose most common first 2 weeks following release from jail or prison.^{1,2}
- PWUD perform the majority (82.8%) of reported overdose reversals in the U.S.³
- There is value in every life.

UNINTENTIONAL OPIOID DEATHS: LOS ANGELES COUNTY 2014-2018



WHAT IS A DRUG OVERDOSE?

A drug overdose occurs when a person consumes too much of one substance or mix of substances.

An overdose can result from consuming:

- One drug
- More than one drug
- This can happen with substances that are prescription, over-the-counter, legal, or illegal.

CALIFORNIA LAWS

Good Samaritan Law

AB 472

- Provides limited protection from arrest, charge and prosecution for people who seek emergency medical assistance at the scene of a suspected drug overdose.

Overdose and Treatment Liability Act

AB 635

- Allows individuals to possess and administer naloxone in an emergency.
- A standing order allows properly trained individuals to carry and distribute Naloxone, which is a prescription drug.

WHAT ARE OPIOIDS

- Opioids are a type of drug from opium poppy or are synthetically made
- Opioids slow down the central nervous system, including your breathing
- Can be consumed by smoking off tar substance, injecting drug solution, swallowing a pill



Handful of oxycodone, morphine, and hydrocodone pills

Examples of opioids

Heroin

Fentanyl

Morphine

Methadone

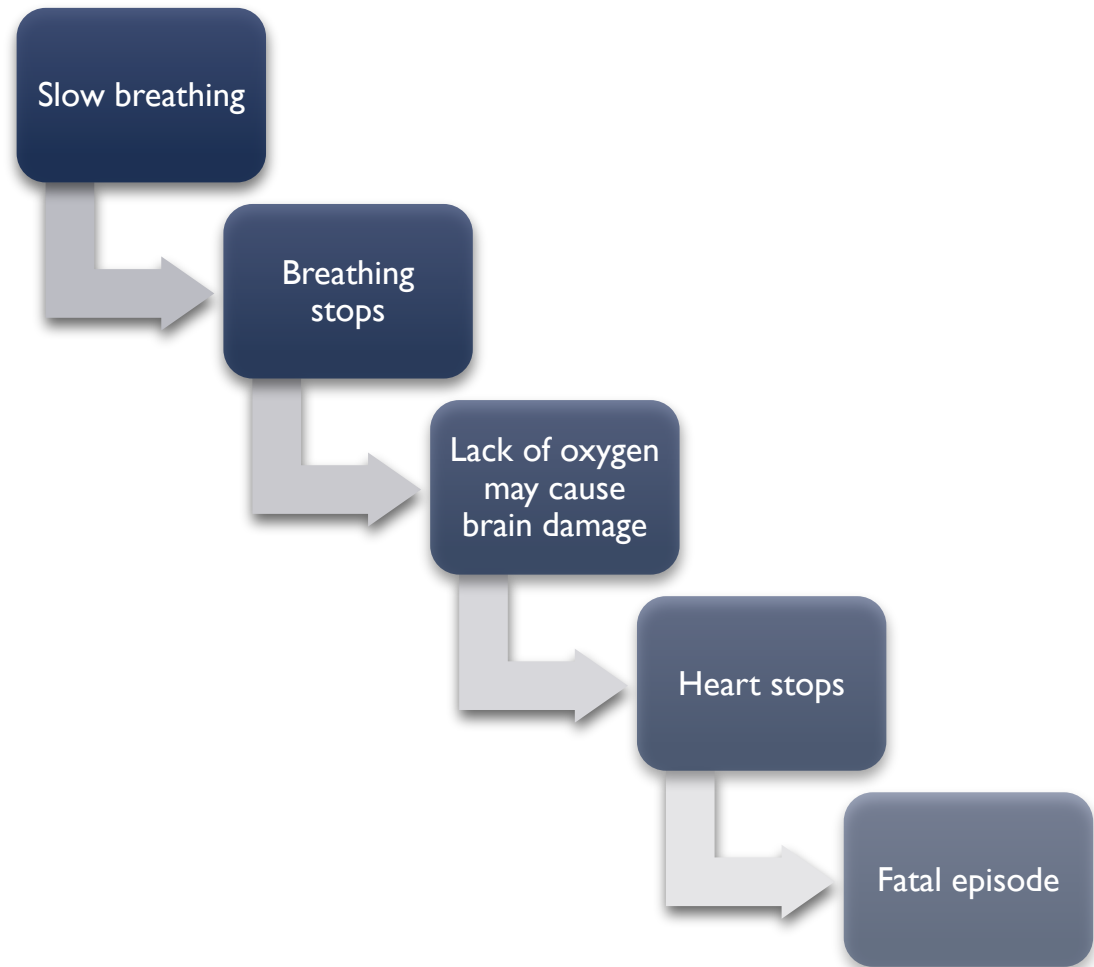
Codeine

Oxycodone (Percocet,
Oxycontin, Roxicodone)

Hydrocodone (Lortab, Vicodin)

Hydromorphone (Dilaudid)

WHAT HAPPENS: OPIOID OVERDOSE



SIGNS OF OPIOID OVERDOSE

Breathing

- Shallow
- No breathing
- Choking
- Snoring gurgle sound

Discoloration

- Blue
- Purple
- Ashen Grey
- Silver Tint

Lack of Response

- They will not be responsive
- Unconscious

FENTANYL-RELATED OVERDOSE

Fentanyl-related overdose typically will occur much faster than heroin-related overdose

Check for these signs, and then look for the other signs of overdose:

Signs of fentanyl overdose may include:

Wooden Chest

“Standing Seizure”

Chin drops down tight and arms bend up from the elbow, wrists flexed down



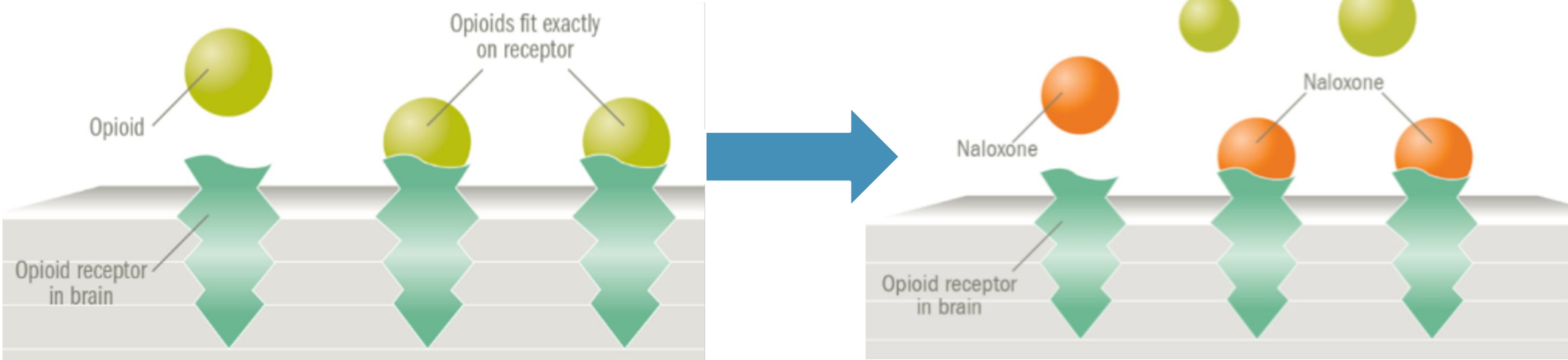
WHAT IS NALOXONE

■ Narcan is Naloxone

- Narcan® is a brand name
- Naloxone is an opioid antagonist “blocker” which reverses opioid overdose
- Does not get a person “high”
- Can be used IN or IM
- Does not get you high, is not addictive
- Stays in the system 30-90 min
- Keep out of sunlight for storage



HOW NALOXONE WORKS



RISK FACTORS FOR OVERDOSE



Period of Abstinence

Mixing Drugs

Fentanyl in drug supply (unintentional use)

USING ALONE (risk factor for fatal episode)

IDEAS FOR OVERDOSE PREVENTION:

Use a small amount
each time taking the
drug – like a taste test

Leave Narcan out --
somewhere obvious

If mixing drugs, keep an
eye on Benzos

If mixing drugs, use
opioid 1st

Let people know its
okay to 'Narcan' you if
you are blue or purple
and won't wake up

If you do use alone, ask
someone to knock on
your door in a few
minutes

1 SPOT AN OVERDOSE



- Blue or grey nails & lips
- Slow breathing or difficulty breathing
- Rattling or loud snoring
- Unresponsive

2 TAKE ACTION



TRY TO WAKE THEM UP

- Shake the person and shout
- Rub knuckles hard over breastbone to try to wake them

CALL 911

ADMINISTER NARCAN

BEGIN RESCUE BREATHING

- Shake the person and shout

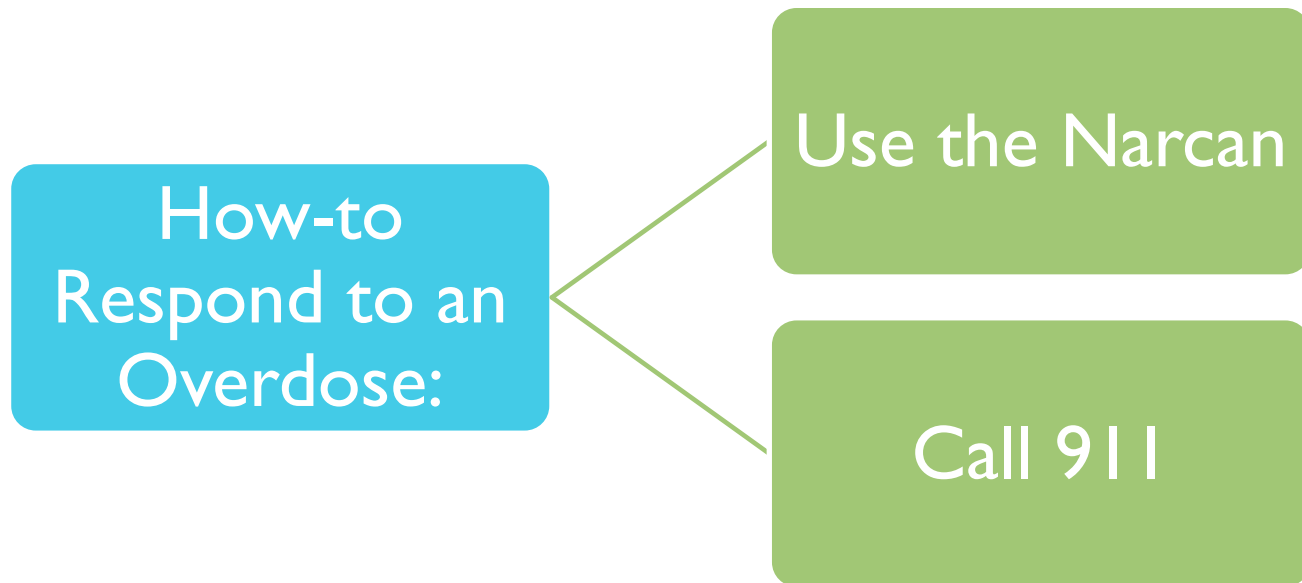
3 DON'T LEAVE



- If still unresponsive give 2nd dose of Narcan
- Continue rescue breathing until help arrives

OVERDOSE RESPONSE

COVID 19- SAFETY



Rule of Thumb:

If Narcan is in your hand, use it first.

If phone is in your hand, call 911 first

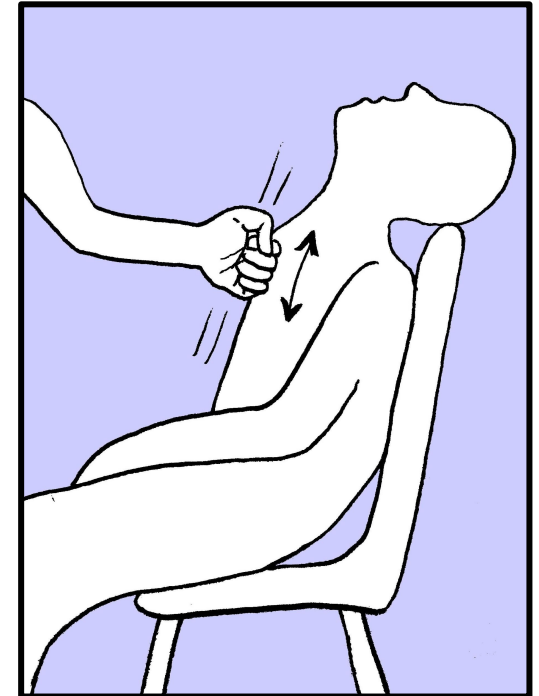
CHECK FOR RESPONSE

Audible Stimulation:

Yell into their ear
“Hello!” or “I’m going
to Narcan you!”

Physical Stimulation:

Sternum rub, rake
knuckles across the
center-chest bones



Sternum Rub

IF NO RESPONSE, TAKE ACTION



STEP 1: NALOXONE

Use the naloxone

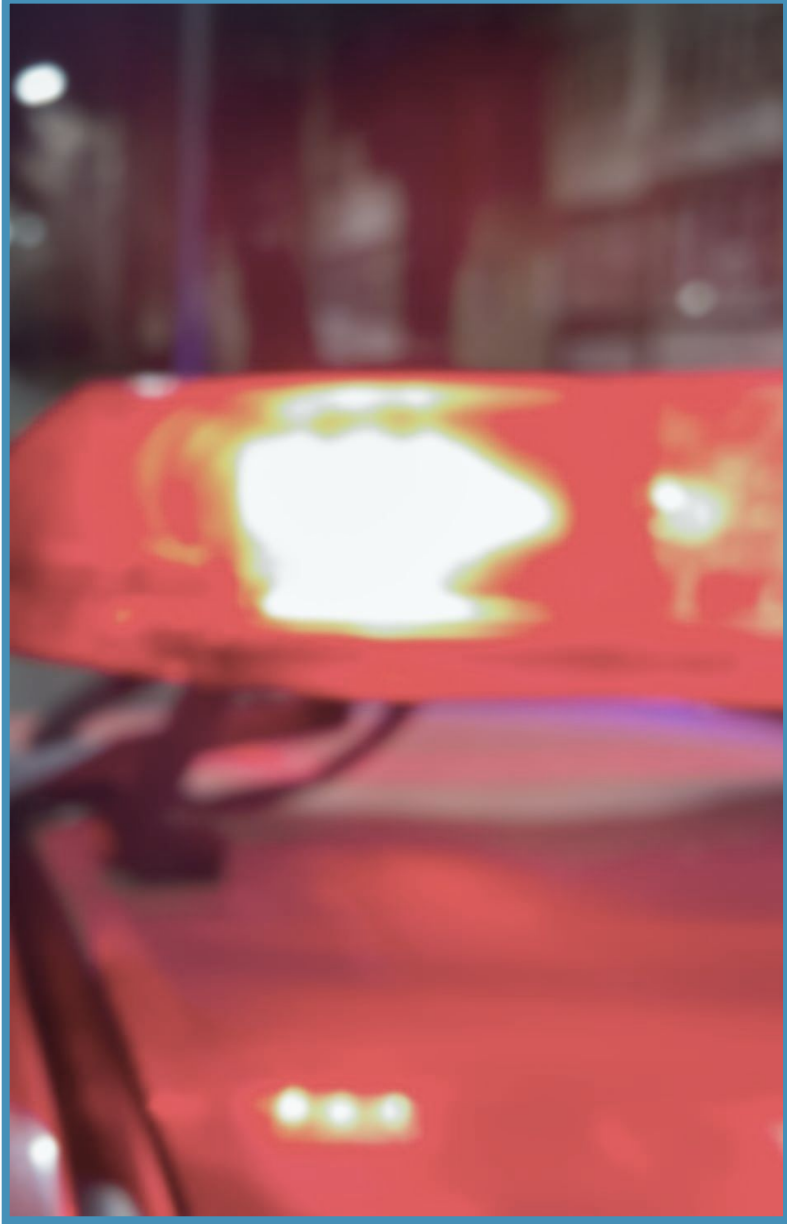
- Take naloxone out of the package
- Hold the device with your thumb on bottom of plunger
- Insert nozzle up their nose
- Press plunger firmly
- Wait two (2) full minutes
- Give another dose if they don't wake up



STEP 2: CALL 911

- Speak with emergency operator
- Dial 911
- Tell them you Found Someone Unconscious
- Give the address or cross streets
- It's okay to say "I don't know"
- If you are alone put operator on speaker





STAY WITH THE PERSON UNTIL THEY REGAIN
CONSCIOUSNESS OR EMERGENCY MEDICAL
SERVICES ARRIVES

COVID-19 SAFETY



Naloxone

- There must be **no delay** in using naloxone for suspected opioid overdose.
- This will entail a brief period of being less than 6 feet from another person.
- Wear disposable gloves.
- Avoid unnecessary contact.
- If there is no response in 2-3 minutes, give them a **second dose**

COVID-19 SAFETY

Rescue Breathing

- **Rescue breathing carries risk** for COVID-19 transmission – even with a breathing mask
- There is **no mandate** that RB has to be carried out by trained responders
- RB techniques when correctly done can save lives, particularly if naloxone is not available.
- **The most critical interventions remain administration of naloxone and calling 911**

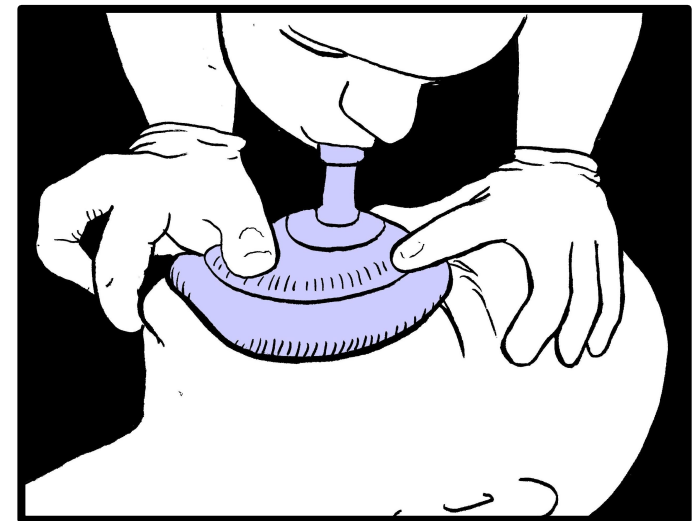
COVID-19 SAFETY

Options for Rescue Breathing

If you are setting up an opioid overdose response program in your facility, consider the use of a bag valve mask or one-way valve mask.



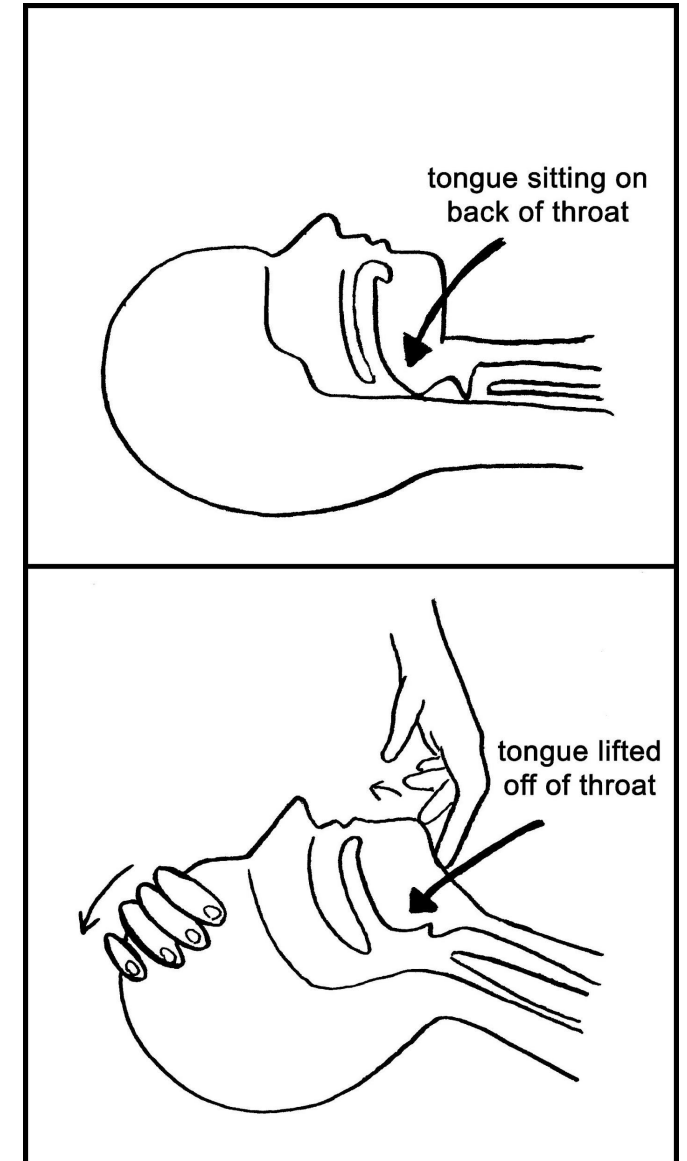
Bag valve mask



One-way valve mask

RESCUE BREATHING (TRADITIONAL)

- Put the person on their back.
- Place palm on forehead and use other hand to lift chin to open the airway.
- Pinch the nose shut or follow face mask's instructions.
- Give a gentle breath to see if the chest rises. If not, check for objects/obstructions in the air way.
- If you don't have a protective barrier, seal your lips over the person's open mouth.
- Give 2 quick breaths to start.
- Give one breath every 5 seconds. Each breath should last for one second.



COVID-19 SAFETY

When giving instructions at the scene, ask someone to:

Call 911

Get the Narcan

Get a face covering
and gloves

Call out after 2 full
minutes
(timekeeper)

Wait for the
ambulance outside

If there is an AMBU
bag or one-way valve
mask, ask someone
to get that

POST-CARE

ONCE THE
PERSON REGAINS
CONSCIOUSNESS,
TELL THEM:

They were found unconscious

They were Narcanned (# of times)

911 was called

Ask if they're ok

Don't restrain them if they motion to leave

KEEP THE SCENE CALM

What the person might be experiencing:

- Disoriented
- Embarrassed
- Confused
- Upset
- Withdrawal

How you can help:

- Keep the scene calm as possible
- Ask if they need anything
- Ask people to give space – the only bystanders on the scene should be lay responders
- Avoid yelling at them, “You could have died” or “What were you thinking?”
- Avoid telling them to get into drug treatment – this can be broached later

YOUR CARE



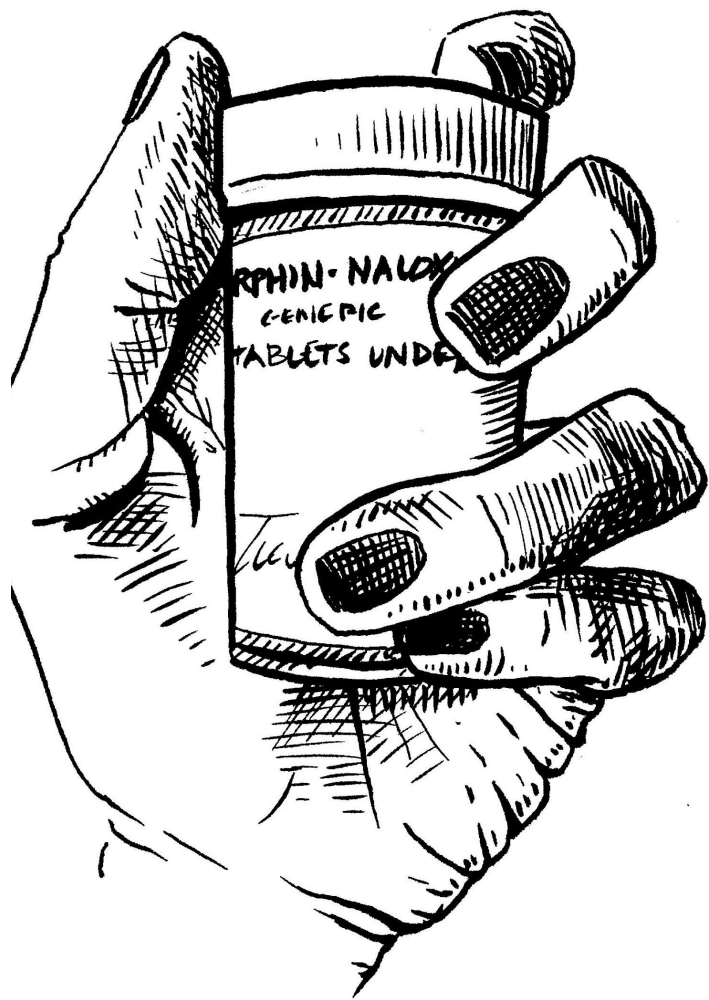
After the response, focus on self-care to wind down from the event.

■ Examples for self-repair:

- Take a walk
- Speak with others who responded and 'process'
- Call a friend to say hi
- Be alone, Be with people

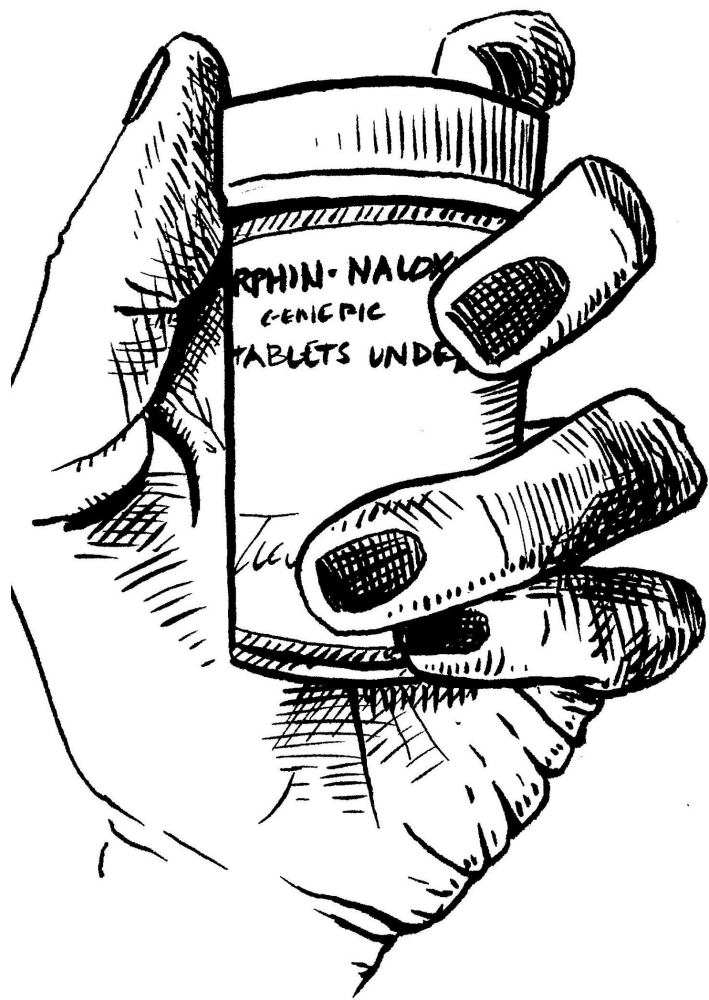


IV. MEDICATION-ASSISTED TREATMENT (MAT)



MEDICATION FOR SUBSTANCE TREATMENT

Effective medication can be another way to reduce drug use, fatal overdose, HIV and hepatitis.



MEDICATION FOR SUBSTANCE TREATMENT

Effective medication can be another way to reduce drug use, fatal overdose, HIV and hepatitis.

Medication-Assisted Treatment

There are three types of medication used to treat opioid addiction. They all help reduce cravings and can be used in conjunction with behavioral treatments to help people stop abusing prescription painkillers or heroin.



Methadone

Dolophine, Methadose

Methadone activates opioid receptors in the brain, fully replacing the effect of whichever opioid the person is addicted to.



Buprenorphine

Suboxone, Subutex,
Probuphine

Buprenorphine activates opioid receptors in the brain, partially replacing the effect of whichever opioid the person is addicted to.



Naltrexone

Vivitrol

Naltrexone binds to opioid receptors in the brain, blocking the effects of opioids.

Source: *National Institute on Drug Abuse, Pew Charitable Trusts*

Credit: *Rebecca Hersher and Alyson Hurt/NPR*

NEED FOR CHANGE

Between 1995 and 2009, a study of opioid-related death found an interconnection between the increasing availability of certain Medication Assisted Treatments and an approximately 50% decrease in fatal overdoses.

Schwartz RP, Gryczynski J, O'Grady KE, et al. Opioid agonist treatments and heroin overdose deaths in Baltimore, Maryland, 1995-2009. *Am J Public Health* 2013;103:917-922

1995 - 2009

2021

Current research studies have found that MAT is substantially under-prescribed for people living with opioid use disorders.

BARRIERS TO MEDICATION-ASSISTED TREATMENT

- **Underdiagnosed** – Data suggests a high percentage of people living with Opioid Use Disorder (OUD) are undiagnosed
- **Sigma** – judgement at all levels of MAT acquisition, from PCP to pharmacy
- **Lack of Provider Advocation**– Provider personal bias against MAT option, “trading one drug for another” limits expansion and access
- **Lack of provider training**– Providers are not confident in offering MAT if undereducated on addiction and treatment
- **Varying quality** –High quality MAT care can be hard to find. Provider adherence to evidence-based addiction treatment is essential.
- **Limited access** - Wait Lists and cash-only options due to the complex process of MAT provision burdens participants and providers

*Source: Why we need bolder action to combat the opioid epidemic, Charumilind, MD; Tom Latkovic; Razili Lewis; and Elena Mendez-Escobar, McKinsey & Company
Five Barriers to MAT Access, Axial Healthcare*

RESOURCES

San Diego Overdose Education and Naloxone Distribution (Overdose education, prevention, naloxone access points, vending machines, technical assistance, training, community events, onboarding of community partners, etc) 619-961-0527 hrcsd.org

Harm Reduction Coalition of San Diego ON POINT (syringe services, safe use supplies, syringe disposal, overdose prevention and education, community training, sex worker support, advocacy, drug user health, drug testing/checking. etc) CEO 619-961-0527 (providers) or 1-888-NARCAN-0. Check out HRCSD.org for more information

A New PATH (naloxone training and distribution, advocacy, overdose prevention, bail reform) <https://anewpath.org> 619-670-1184

Eldorado Community Clinic(low barrier MOUD/MAT treatment, case management, naloxone, harm reduction services) <https://fhcsd.org> 619-515-2300

Family Health Centers of San Diego (HIV/HCV/STI/COVID, one-for-one syringe service program Safe Point San Diego, healthcare for the homeless, MAT, SUD, primary care)

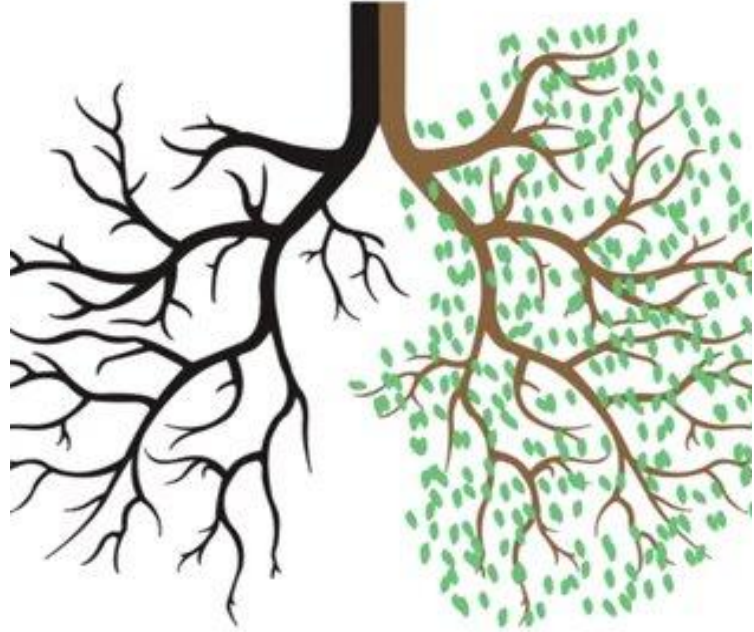
National Harm Reduction Coalition (online resources, trainings, newsletters, advocacy, and drug user education and support) <https://harmreduction.org>



III. Q & A



THANK YOU 



SD OEND

**SAN DIEGO OVERDOSE EDUCATION +
NALOXONE DISTRIBUTION PROJECT**

harmreduxsd@gmail.com

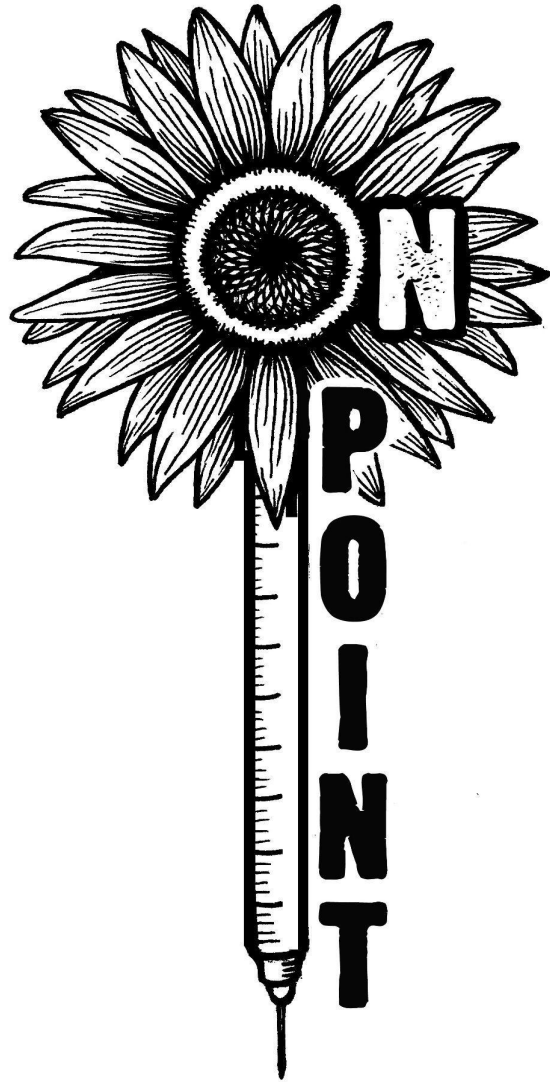
1-888-NARCAN-0

1-619-961-0527



THANK YOU

**Presented by (INSERT
ORG INFO HERE)
(Name, email and contact
info)**



THANK YOU

Presented by the Harm
Reduction Coalition of
San Diego ON POINT

Tara Stamos-Buesig, Founder
and Executive Director

harmreduxsd@gmail.com

619-961-0527

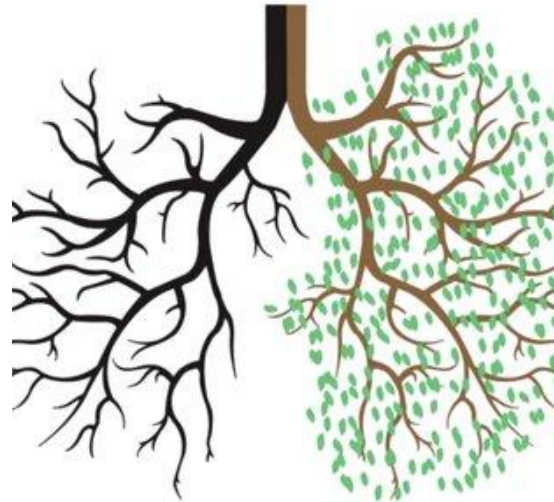
Harm Reduction Coalition of San Diego SD OEND

San Diego Overdose Education and Naloxone Distribution

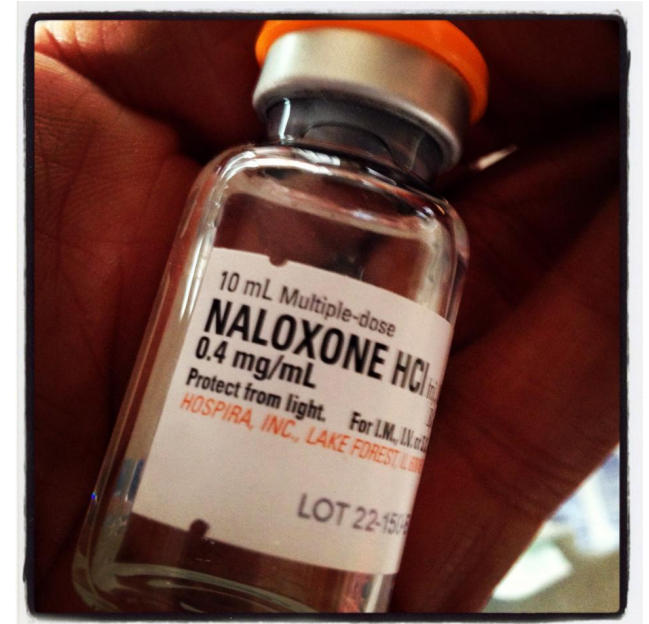
San Diego Overdose Education + Naloxone Distribution

SD OEND

THIS
PRESENTATION
IS BROUGHT TO
YOU BY A
COLLABORATIVE
PARTNERSHIP:



SD OEND is a collaborative partnership between the County of San Diego, HRCSD, A New PATH, SAY San Diego, and UCSD.



HRCSD provides harm reduction services to all of San Diego County.

Harm Reduction Coalition of San Diego

We are a grassroots non-profit organization aimed at providing high quality, low barrier services including naloxone distribution, overdose prevention and education, drug poisoning risk reduction through drug checking, syringe disposal, and syringe services, as well as community referrals and linkage to healthcare and SUD services.

HRCSD works to improve the existing system for community-wide distribution by partnering with community partners through innovative and evidence based strategies, in alignment with the County of San Diego 's Comprehensive Harm Reduction Strategy, approved by the Board of Supervisors in June of 2021.

-
- Opiate overdoses are a national and local crisis. In San Diego alone, we have seen rising opioid related deaths for several consecutive years.
 - Naloxone is a life saving medication that can reverse an overdose when administered to people who are currently experiencing overdose.
 - Due to rising overdose rates in the region, enhanced distribution of naloxone into the hands of community members is vital in saving lives that might otherwise be lost to overdose death.
 - It has been shown that 1 life is saved for each 36 kits of naloxone distributed in high-risk populations and 1 life is saved for every 200 kits in the general population (Coffin& Sullivan, 2013).
-

How do we address naloxone distribution to affect a difference?

The Harm Reduction Coalition of San Diego, through a contract awarded by the County of San Diego, will design and implement a naloxone distribution program (NDP) that integrates community engagement, organizational partnership, training/education, distribution of naloxone and other harm reduction resources, tracking, and reporting strategies resulting in naloxone saturation in the region. This contract is in alignment with the County of San Diego Board of Supervisors Comprehensive Harm Reduction Strategy.

Comprehensive Harm Reduction Strategy

Approved by San Diego County Board of Supervisors on June 8, 2021, the CHRS envisions a community where the impacts related to substance use are seen as a crisis that influences overall health, well-being, and the quality of life of the individual, families, and community, where stigma does not impede access to services, and where we realize a community free of substance-related harms.

This strategy was created based on a mission to protect San Diegans from the individual, family, and community impact of drug use which prioritize human dignity, saving lives, providing appropriate levels of care for people who use drugs (PWUD), and best practices in addressing substance use and addiction.

- Aims to reduce the impact of SUD by implementing OD prevention with PWUD, service providers, and other community members who may be at risk and those associated with people at risk.
- Serve the focus population including all County residents who are using drugs, with special emphasis on opioids and are at risk for overdose, as well as their family, social networks, and other associates, along with any other member of the public who is more likely to witness an overdose, along with service providers or CBOs that work with PWUD.

SD OEND GOALS & OBJECTIVES

Innovative Strategies of SD OEND

- Driven by the voices of those most impacted
 - Provide 550 naloxone and harm reduction trainings a year
 - Onboard and train community partners, LE, probation, criminal justice partners, juvenile probation, non-traditional first responders, youth and TAY, educators and counselors, middle and high school students and their parents
 - Emergency rooms, jails, outreach teams
 - Comprehensive in depth Harm Reduction training and TA
 - Naloxone Access Points (NAPs) throughout SD County 5 days a week
 - 12 vending machines strategically placed throughout areas of greatest need
 - 33,000 plus kits of naloxone and harm reduction supplies such as fentanyl test strips
 - 1-888-NARCAN-0
 - Centralized website
 - Low barrier access
 - Data collection and evaluation
-

Collaborations and Partnerships are Key to San Diego Overdose Education + Naloxone Distribution

- Working closely with stakeholders, coalitions, task forces, treatment and homeless service providers, those with lived experience, medical providers, law enforcement and criminal justice partners, CBOs, and other key players helps to build a supportive and collaborative community in which we can accomplish the goals of SD OEND, which is to save lives.
 - Education, shared ideas, and innovative strategies have been key in the development of local response to the overdose crisis we face today.
 - As a result, we have been able to establish partnerships with HIDTA, OD Maps, researchers, SD County, and others, with the goal of saving lives and preventing overdose. So much of this is done by reducing the stigma and educating each other.
-

Thinking Outside the Box

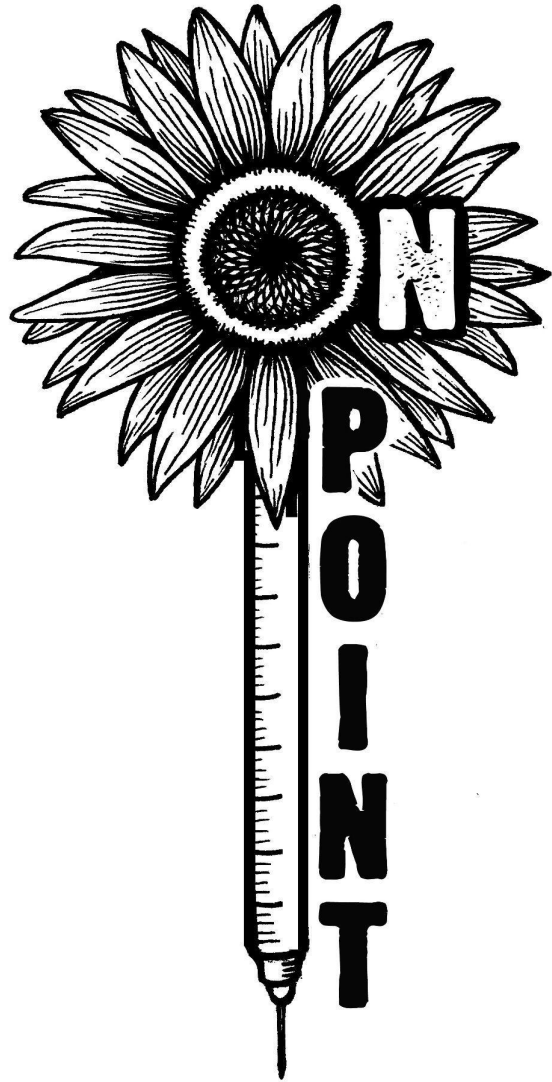
Ongoing engagement, listening sessions, and inclusion of people who use drugs in the planning and implementation of programs and policies.

Non-traditional settings

Drug checking (CHECKSD), drop in centers, drug user health, secondary distribution, credible messengers, and overdose prevention (SCS) sites

Ongoing work to address the stigma surrounding drug use by looking at our own personal biases and working to change the narrative in all areas

Leaning into evidence based interventions utilized around the world



THANK YOU

Presented by the Harm
Reduction Coalition of
San Diego ON POINT

Tara Stamos-Buesig, Founder
and Executive Director

harmreduxsd@gmail.com

619-961-0527