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HARM REDUCTION

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. It is based on the belief that people who use drugs have a right to be treated with respect and dignity, and that drug-related harms can be reduced through evidencebased interventions that prioritize the health and well-being of individuals and communities.

Harm reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs. It recognizes that drug-related harms are often the result of social and structural factors such as poverty, stigma, and criminalization, and that addressing these factors is essential to reducing drug-related harms.

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HARM REDUCTION BEGINNINGS

1960's

The Black Panther Party's survival programs such as Free Breakfast for Children and health clinics

1969

The Young Lords' launch of an acupuncture program for heroin users in the South Bronx

1970s

The women's health movement emerging from 1970s feminist activism and the fight for reproductive health

1980s

The grassroots and activist response to the AIDS crisis in the 1980s and beyond

The harm reduction movement has its roots in various social justice movements, including:

The Black Panther Party's survival programs, which included initiatives such as Free Breakfast for Children and health clinics that aimed to provide basic needs and health care services to marginalized communities in the 1960s.

The Young Lords' launch of an acupuncture program for heroin users in the South Bronx in 1969, which aimed to provide an alternative to traditional drug treatment approaches.

The women's health movement, which emerged from 1970s feminist activism and fought for reproductive health and rights for women.

The grassroots and activist response to the AIDS crisis in the 1980s and beyond, which included harm reduction interventions such as needle and syringe exchange programs and access to antiretroviral therapy.

These movements recognized the need to prioritize the health and well-being of people who use drugs and to address the social and structural factors that contribute to drug-related harms.

THE RACIST WAR ON DRUGS

The War on Drugs has had a devastating impact on individuals, families, and communities, particularly communities of color. The War on Drugs is a calculated tool to disrupt movements for liberation, in the US and globally, with ongoing violence, trauma, and division on many levels.



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The racist origins of the War on Drugs are well-documented. They include: Eugenics and its role in shaping policies such as forced sterilization of marginalized populations.

The Buck v Bell Supreme Court case of 1927, which upheld forced sterilization of people deemed "unfit" and included the infamous quote by Oliver Wendell Holmes: "It is better for all the world, if instead of waiting to execute degenerate offspring for crime, or to let them starve for their imbecility, society can prevent those who are manifestly unfit from continuing their kind."

The racist rhetoric and policies of Harry Anslinger, the first Commissioner of the Federal Bureau of Narcotics from 1930-1962, who demonized marijuana use as a tool used primarily by minorities and other marginalized groups.

These policies have had a disproportionate impact on communities of color, leading to mass incarceration, broken families, and social and economic exclusion.



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The ongoing impact of the War on Drugs is evident in policies that perpetuate harm, including the 1994 Crime Bill and the militarization of police forces. These policies have contributed to mass incarceration, homelessness, and social and economic exclusion.

The harm reduction movement emerged as a response to the harm caused by the War on Drugs. Harm reduction interventions prioritize the health and well-being of people who use drugs and seek to reduce drug-related harms. These interventions have been shown to be effective at reducing harms and improving health outcomes.

However, there is a need for policy changes that prioritize harm reduction. These changes would help to reduce the negative impact of the War on Drugs on individuals, families, and communities.



Mandatory minimum sentencing laws: These laws require judges to impose a minimum sentence for certain drug offenses, regardless of the circumstances of the case or the offender's history. This has resulted in lengthy sentences for nonviolent drug offenses, leading to overcrowded prisons and high costs to taxpayers.

Three-strikes laws: These laws require mandatory life sentences for individuals who commit three or more serious crimes, including drug offenses. While intended to target repeat offenders, these laws have resulted in harsh sentences for nonviolent drug offenses.

Civil asset forfeiture: This policy allows law enforcement to seize property suspected of being connected to drug activity, even if the property owner has not been convicted of a crime. This has led to abuses and violations of due process, with innocent property owners losing their assets without a fair trial.

Drug-free workplace policies: Many employers require drug testing as a condition of employment, and some industries are subject to federal drug testing regulations. While intended to promote safety in the workplace, these policies can unfairly target individuals who use drugs recreationally and may not be impaired on the job.

Marijuana prohibition: Despite growing public support for legalization, marijuana remains illegal under federal law, and many states continue to criminalize its use and possession. This has resulted in millions of arrests and convictions for nonviolent drug offenses, with a disproportionate impact on communities of color.

It's important to note that there are also policies aimed at reducing the harms of drug use, such as harm reduction programs, drug courts, and alternative sentencing programs. These policies recognize that addiction is a public health issue, not just a criminal justice issue, and prioritize treatment and support over punishment.











Harm reduction acknowledges the homelessness, mental health, and substance use, while traditional approaches tend to view these issues as separate problems.

-Harm reduction aims to reduce harm associated with substance use rather than to eliminate it altogether, while traditional approaches focus on complete abstinence. -Harm reduction recognizes that individuals have different needs and goals when it comes to substance use and tailors its approach to meet them, while traditional approaches offer a one-size-fits-all solution.

-Harm reduction prioritizes meeting people where they are at and building trust and rapport, while traditional approaches often rely on a confrontational approach. -Harm reduction acknowledges the complex intersections of homelessness, mental health, and substance use, while traditional approaches tend to view these issues as separate problems.

-Harm reduction recognizes that substance use is often a coping mechanism for people experiencing trauma, stress, or other challenges, while traditional approaches may stigmatize or criminalize people who use drugs.

-Harm reduction involves a range of evidence-based strategies such as syringe exchange, overdose prevention, and medication-assisted treatment, while traditional approaches primarily rely on behavioral therapies and abstinence-based programs.

Philosophy and Core Values



- Everyone deserves a safe, permanent place to live
- Housing is a basic human right Not a privilege
- We believe in the inherent worth and dignity of all people
- Safety & Stability After Housing
- Housing Readiness?
- Mental Health Recovery Model

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Mental Health Recovery Model

- SAMHSA recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.
- Four main dimensions:
 - Health—overcoming or managing one's disease(s) or symptoms
 - Home—having a stable and safe place to live
 - Purpose—conducting meaningful daily activities, such as a job, school volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society
 - Community—having relationships and social networks that provide support, friendship, love, and hope







Harm Reduction Tools Person First Language Labels Participants, Guests, those we serve... How do those labels make them feel?

Syringe service programs:

Provide sterile needles and other injection equipment, along with education and support services to reduce the transmission of blood-borne diseases such as HIV and hepatitis C. Naloxone distribution:

Provides access to the opioid overdose reversal medication naloxone to individuals who use drugs or who are likely to witness an overdose.

Overdose prevention education: Provides information and training on recognizing and responding to overdose situations, including how to administer naloxone.



Mobile harm reduction services: Utilizing mobile vans or outreach teams to bring harm reduction tools and services to unsheltered individuals where they are.

Low-threshold harm reduction services: Removing barriers to access, such as requiring identification or proof of insurance, to ensure unsheltered individuals can access harm reduction tools and services.

Peer outreach and support: Engaging individuals with lived experience to connect with unsheltered individuals and provide support and information about harm reduction tools and services.

POTENTIAL BARRIERS AND SOLUTIONS

- Limited funding and resources
- Stigma and misconceptions
- Lack of trust and engagement

Accountability without Termination

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- Participants are still responsible for the natural consequences of their actions
 - Did they show up to work high?
 - Are they posing a threat or continual disturbance their neighbors?
 - Have they violated their probation?Are they neglecting bills or rent?
- Response to Enabling Question

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THE MATH

International Journal of Drug Policy: People experiencing homelessness who use harm reduction services are **1.5 times more likely to enter drug treatment** programs than those who do not use these services.

Journal of Urban Health: a supervised injection site in Vancouver, Canada, led to a **35% reduction in overdose deaths** in the surrounding area.

National Health Care for the Homeless Council: The mortality rate for homeless individuals due to drug overdose is **nine times higher** than the general population.

It is likely that a significant proportion of the **5,173 overdose deaths in Ohio** in 2022 involved people experiencing homelessness.

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The harm reduction movement emerged as a response to the harm caused by the War on Drugs. Harm reduction interventions prioritize the health and well-being of people who use drugs and seek to reduce drug-related harms. These interventions have been shown to be effective at reducing harms and improving health outcomes.

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Limited funding and resources: Partnering with community organizations and seeking grant funding to support harm reduction efforts.

Stigma and misconceptions: Providing education and outreach to community members and stakeholders to increase understanding and support for harm reduction. Lack of trust and engagement: Building trust through consistent and non-judgmental outreach and peer support, and collaborating with community organizations and individuals with lived experience.



TAKE ACTION: SUPPORTING HARM REDUCTION EFFORTS IN OHIO



RECAP

Harm reduction is a movement for social justice that recognizes the right of people who use drugs to be treated with respect and dignity. The War on Drugs has had a devastating impact on individuals, families, and communities, particularly communities of color. Harm reduction interventions prioritize the health and wellbeing of people who use drugs and seek to reduce drug-related harms through evidence-based strategies such as syringe exchange, overdose prevention, and medication-assisted treatment. Adapting harm reduction for unsheltered populations involves providing mobile harm reduction services, lowthreshold harm reduction services, and peer outreach and support.

