


Re-Imaging Harm Reduction in Substance Use Treatment



LA County Department of Public Health
Substance Abuse Prevention & Control

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LEARNING OBJECTIVES

- Describe** the effectiveness of three (3) strategies of harm reduction for substance use treatment providers.
- Discuss** four (4) ways in which harm reduction is an evidenced based practice as part of the substance use treatment continuum.
- Integrate** the eight (8) harm reduction principles utilizing a case vignette throughout the continuum of substance use treatment.

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POLL QUESTION



What is your experience with Harm Reduction?

- a. It's a new concept to me
- b. I heard of it but not sure about the specific interventions
- c. Use it regularly and link patients to services like syringe exchange, naloxone distribution, peer services, etc.

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Retrieved from [SAPC: Harm Reduction](#) on 3/5/2025

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Substance Use Disorder 101

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What Is Addiction?



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Addiction (aka: Substance Use Disorder) is defined as a chronic, relapsing condition, diagnosable by a qualified health professional.

Common characteristics that can include:

- **Compulsive behavior** (e.g., drug seeking, fixating on drugs/alcohol)
- **Continued use/abuse of drugs** despite negative and harmful consequences
- Involves **changes in the brain's structure and function**
- Ranges in **severity of use** (mild, moderate, and severe)



Photo- Getty image1130260818

SOURCE: NIDA. 2020, July 13. Drug Misuse and Addiction. Retrieved from <https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/drug-misuse-addiction> on 2022, June 22

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Why Do Some People Develop Substance Use Disorders While Others Do Not?



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Biological

- Genetics
- Gender
- Mental disorders
- Brain mechanisms

Environmental

- Trauma
- Social influences
- Community attitudes
- Chronic stress

Substance-Related

- Route of administration
- Effects
- Early use
- Availability/cost

SOURCE: NIDA. 2020, July 13. Drug Misuse and Addiction. Retrieved from <https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/drug-misuse-addiction> on 2022, July 12

IMAGES: Gettyimages-492318242, Shutterstock-C 788608366, Gettyimages-1057956630, and Shutterstock_371641450

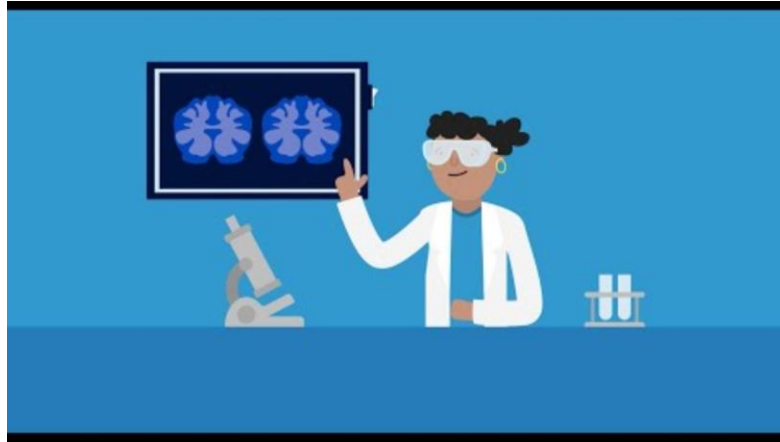
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Why Are Drugs So Hard to Quit?



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National Institute on Drug Abuse (2023). Why are drugs so hard to quit? [Video]. YouTube. [Why are Drugs so Hard to Quit?](#)

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Harm Reduction- Definition & Principles




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Standard Harm Reduction Definition



Centers for Disease Control (CDC)

- “Harm reduction is 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 programs also offer **critical linkages to treatment** for substance use disorders (SUDs) and other resources for populations with less access to care.”





Retrieved from [CDC- Harm Reduction](#) on 3/5/2025

Shutterstock_387006736 9


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Harm Reduction-in Everyday Life






A spectrum of strategies an individual can use right away to protect their own health and wellbeing whether or not they are using substances. To reduce ANY Risk.



Harm reduction emphasizes quality of individual and community life and well-being not necessarily cessation of all substance use — as the criteria for success.



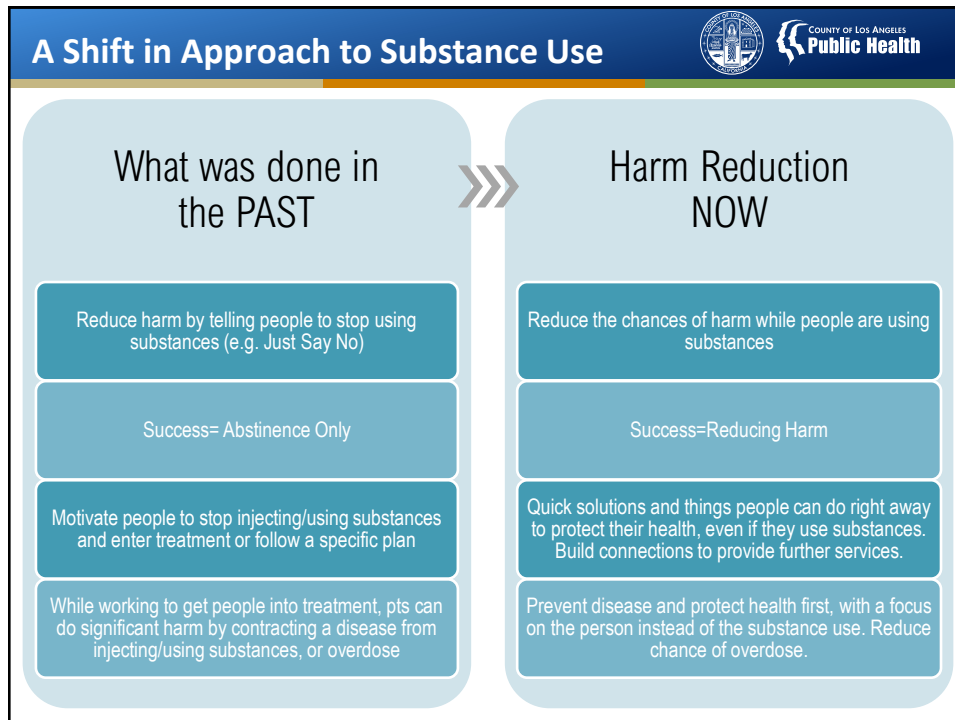
Some examples of harm reduction:

- Designating a driver to prevent driving while intoxicated
- Arranging to use substances with trusted companions in a safer environment
- Syringe Services Programs (SSPs) for people who inject substances

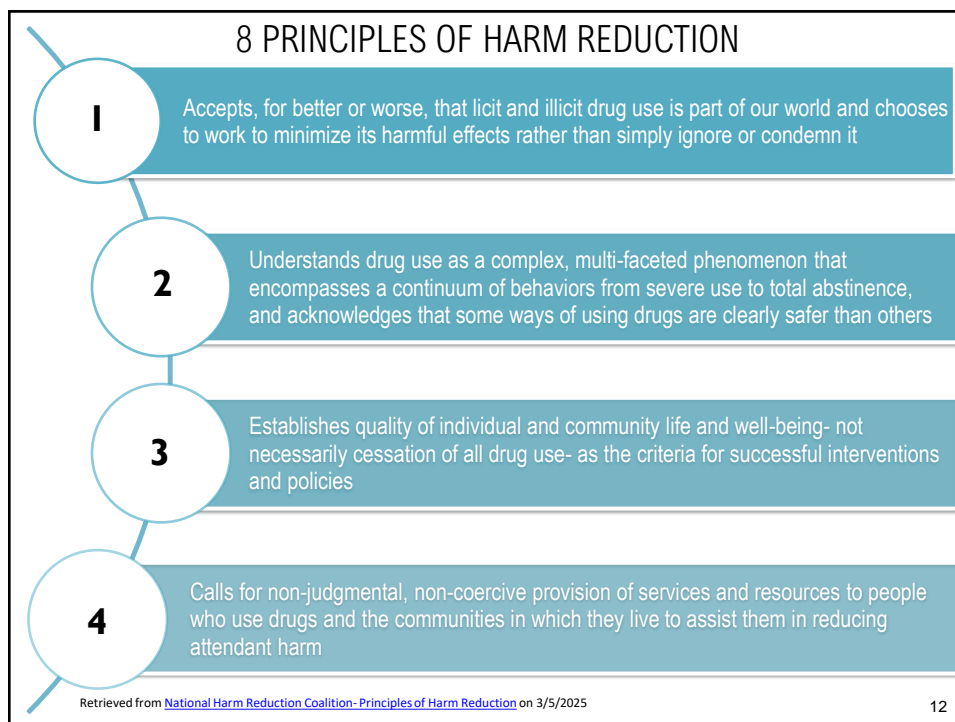
Retrieved from [National Harm Reduction Coalition- Overdose Risks and Prevention](#) on 3/5/2025

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8 PRINCIPLES OF HARM REDUCTION (CON'T)

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Ensures that people who use drugs (PWUD) and those with a history of substance use routinely have a real voice in the creation of programs and policies designed to serve them

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Affirms PWUD themselves as the primary agents of reducing the harms of their substance use and seeks to empower PWUD to share information and support each other in strategies which meet their actual conditions of use

7

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 substance related harm

8

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

Retrieved from [National Harm Reduction Coalition-Principles of Harm Reduction](#) on 3/5/2025

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Case Vignette- Leon

- 23-year-old self-identified mixed-race (Black and Latinx) male currently with unstable housing referred by RBH housing manager (he was recently asked to leave due to frequent relapses and bringing substances into the facility)
- Using 1-2 grams methamphetamine and 1 gram heroin (IV & smoke) every couple of days ("as much as I can get my hands on").
- Leon grew up with both parents, older sister and grandparents, but has minimal contact with family after he took items from their house to sell/pawn for drug money
- Leon is on probation for possession with intent to sell and was released from county jail 5 weeks ago after spending 1.5 months in jail (used pills couple of times per week while in jail and found the detox to be "brutal" "I never want to do that again").
- Leon reports that when using methamphetamine. He often resorts to "hustle work" (he didn't want to explain further) to afford his methamphetamine and heroin use.

Which 3 of the 8 Harm Reduction *Principles* would you apply to Leon in your FIRST conversation? How would you specifically apply the principles?

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POLL QUESTION

True or False

1. Harm reduction services encourage substance use?
2. Harm reduction is evidence-based?
3. There is oversight of harm reduction services
4. Harm reduction services are only offered in certain places (i.e. parks and out on the streets)?
5. People need to provide identification to receive harm reduction services in LA County?

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Retrieved from [SAPC: Harm Reduction](#) on 3/5/2025

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POLL QUESTION

Answers

1. Harm reduction services encourage substance use?
FALSE
2. Harm reduction is evidence-based?
TRUE
3. There is oversight of harm reduction services
TRUE
4. Harm reduction services are only offered in certain places (i.e. parks and out on the streets)?
FALSE
5. People need to provide identification to receive harm reduction services in LA County?
FALSE

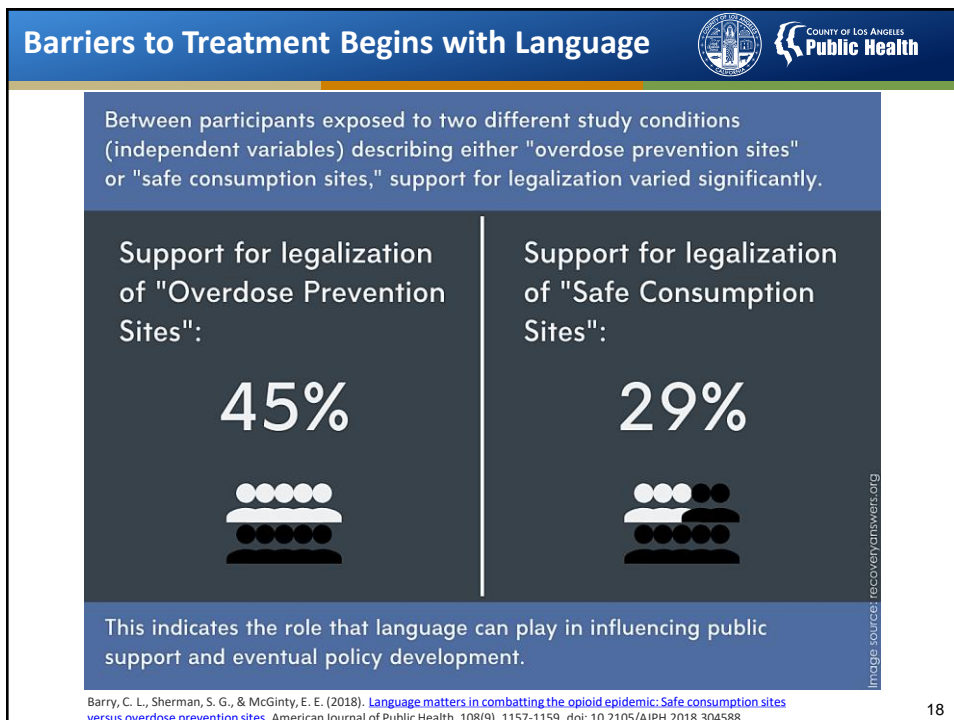
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Retrieved from [SAPC: Harm Reduction](#) on 3/5/2025

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Breaking the Cycle of Stigma

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Tips for Avoiding Stigmatizing Language

1. Perform a "language audit" of existing materials for language that may be stigmatizing, then replace with more inclusive language.
2. Critically reflect on the types of information you choose to disseminate (for example, an email alert) to ensure that you are doing so responsibly.
3. Are you unintentionally editorializing or adding commentary that would bias the message?
4. Every time you develop a prevention message, consider it as an opportunity to dispel myths and convey respect.
5. Am I maximizing connection, worth, and community membership related to substance use?
6. Train staff on issues related to substance use and stigma, including the important negative health and community outcomes related to perpetuating stigma.

Slide Credit: UCLA Integrate Substance Abuse Programs

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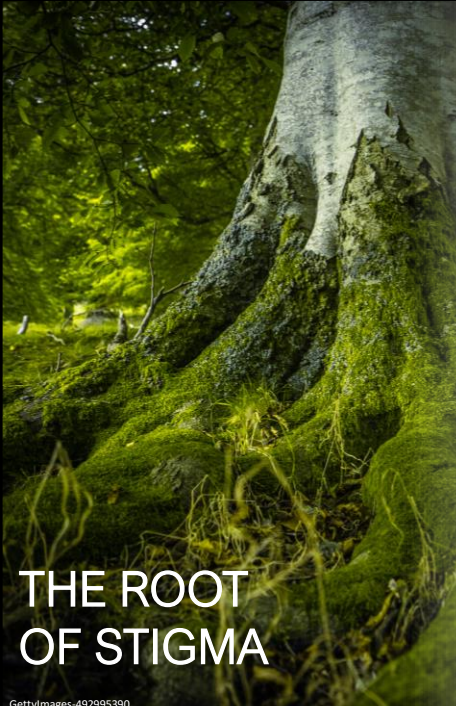
Terms to Use, Terms to Avoid

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Say THIS		Not THAT
Person who uses substances Person with a substance use disorder	➤➤➤	Addict/Alcoholic/Drunk Drug User/Abuser Junkie
Tested positive on a drug screen	➤➤➤	Dirty Failing a drug test
Being in recovery Abstinent from drugs/alcohol Testing negative on a drug screen	➤➤➤	Clean
Person in recovery Person who previously used drugs/alcohol	➤➤➤	Former Addict/Alcoholic/Drunk Reformed Addict/Alcoholic/Drunk

Retrieved from [NIDA- Preferred Language for Talking About Addiction](#) on 3/5/2025

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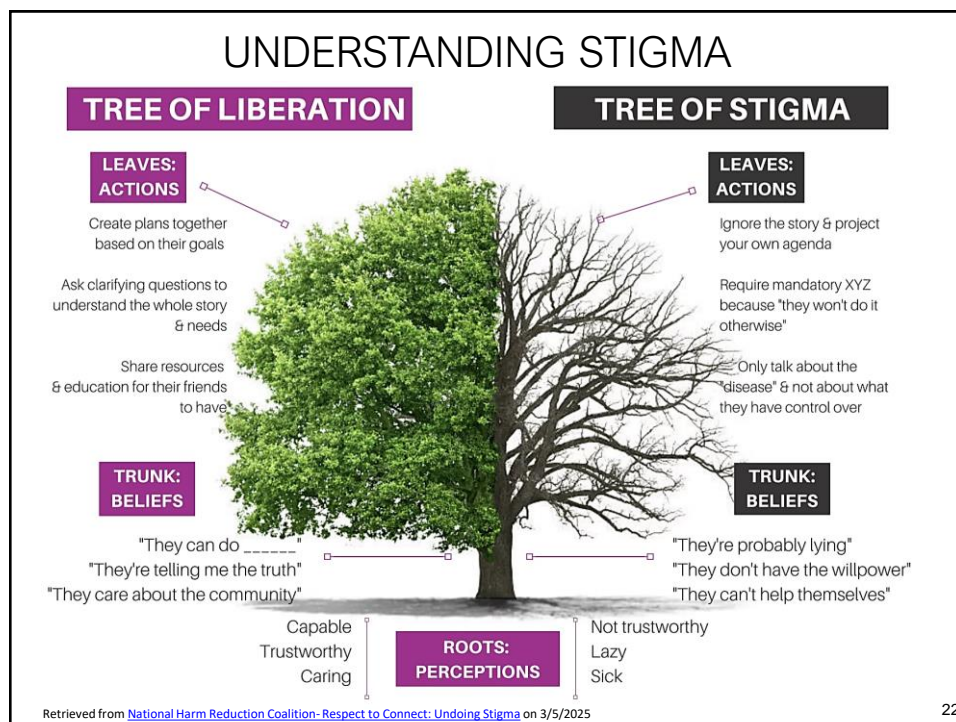
THE ROOT OF STIGMA

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- **Pathologizing drug use and patronizing people who use drugs:** Implying that people who use drugs are diseased, don't have control over themselves, or can't be trusted.
- **Blaming people who use drugs and imposing our own moral judgments:** Telling people who use drugs that they don't care about themselves or their community.
- **Criminalizing people who use drugs:** Thinking someone can be "saved" by hitting "rock bottom" and calling law enforcement or excluding them from programming as a result.
- **Creating fear around people who use drugs, which serves to isolate them:** Believing that people who use drugs are morally corrupt, untrustworthy, dangerous to children and the community.
- *It limits person's ability to access services because of feelings of unworthiness to request and receive services*
- *Creates barriers while receiving services by people feeling unwelcome or judged (shamed) program staff that offer the services*

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Case Vignette- Leon

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- Leon grew up with both parents, older sister and grandparents, but has minimal contact with family after he took items from their house to sell/pawn for drug money
- Leon is on probation for possession with intent to sell and was released from county jail 5 weeks ago after spending 1.5 months in jail (used pills couple of times per week while in jail and found the detox to be "brutal" "I never want to do that again").
- Leon reports that when using methamphetamine. He often resorts to "hustle work" (he didn't want to explain further) to afford his methamphetamine and heroin use.

Leon's mother calls to discuss housing options with you. She calls him a "dirty junkie" who will never get "clean 'cause he's lazy". She asks if you will put Leon with other "drug abusers" because "those people are not safe amongst the general public".
 What stigmatized language and views do you recognize?

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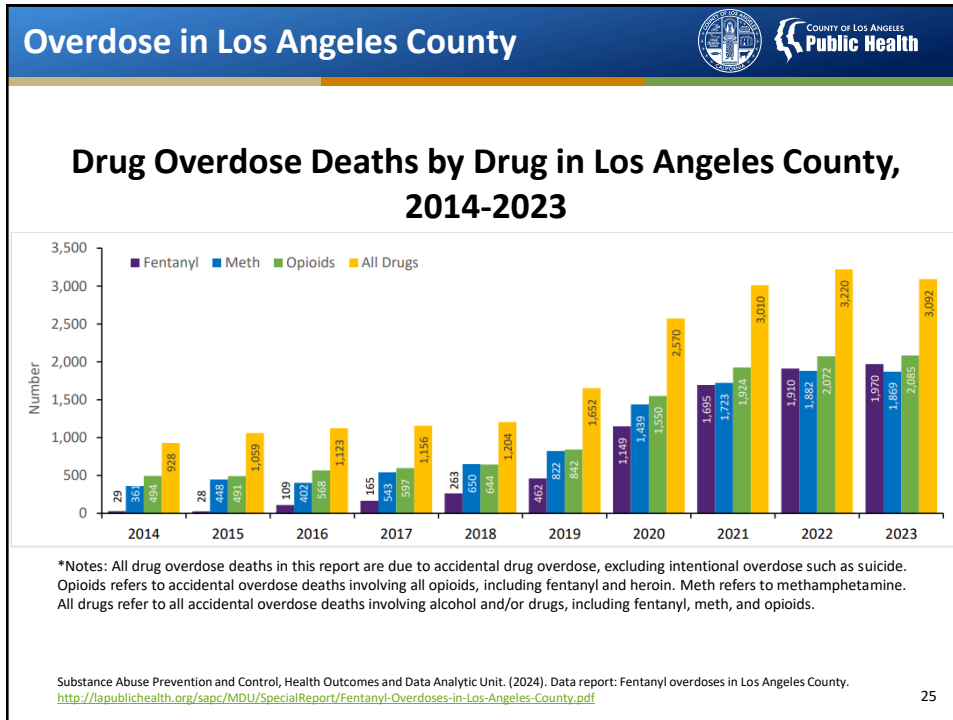
HARM REDUCTION AS OVERDOSE PREVENTATIVE CARE



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Prevention as a 1st Step in Harm Reduction


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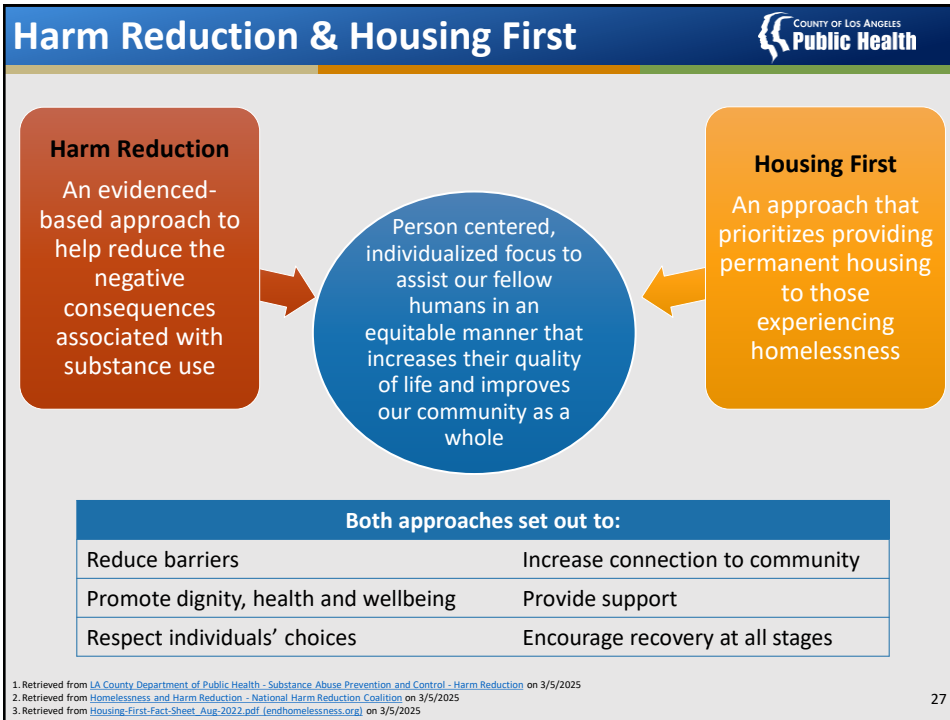


- Brief Interventions:
 - Necessary initial step providing harm reduction education and treatment
- Impactful Outcomes:
 - Brief Interventions contribute to reducing harms/increasing readiness to change, boosting motivation for treatment (if that is the patient's goal)
- Strong Evidence for Education:
 - Pairing education with harm reduction practices shows robust evidence for positive outcomes

1. Retrieved from [SAPC- Substance Use Prevention Services](#) on 3/5/2025

2. Gettyimages-525041000

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Medications for Addiction Treatment (MAT) is...

- MAT “is a **best practice** and a **core component of SUD Treatment** for individuals for whom it is clinical appropriate”.¹
- MAT is an **evidence-based** treatment option²: it facilitates recovery and improves treatment outcomes.¹
- MAT helps to stabilize the brain, limits cravings, decreases the amount of substance that a person uses, and/or decrease the likelihood that they will overdose from using a substance.²
- MAT can be delivered as a standalone service or as a service delivered as a part of all levels of care.¹
- It is most effective when counseling and other services are provided with MAT with a whole-person approach.²

1. [SAPC Provider Manual 9.0](#), p. 105.
 2. Substance Abuse and Mental Health Services Administration (2024, April 16). MAT medications, counseling, and related conditions. <https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions>
 3. Substance Abuse Prevention and Control (n.d.). MAT works. <https://www.matworks.org/>

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Medication for Addiction Treatment (MAT)



FDA-Approved Medications

Opioid Use Disorder	Alcohol Use Disorder	Tobacco Use Disorder	Opioid Overdose Reversal
<ul style="list-style-type: none"> • Methadone • Buprenorphine • Naltrexone 	<ul style="list-style-type: none"> • Naltrexone • Disulfiram • Acamprosate 	<ul style="list-style-type: none"> • Varenicline • Bupropion • Nicotine Replacement Therapy 	<ul style="list-style-type: none"> • Naloxone • Nalmefene

Off-Label Medications


Alcohol Use Disorder	Cannabis Use Disorder	Stimulant (Methamphetamine) Use Disorder	Cocaine Use Disorder
<ul style="list-style-type: none"> • Topiramate • Gabapentin 	<ul style="list-style-type: none"> • N-acetylcysteine • Naltrexone • Topiramate • Gabapentin 	<ul style="list-style-type: none"> • Naltrexone in combination with bupropion • Mirtazapine • Bupropion • Topiramate • Methylphenidate 	<ul style="list-style-type: none"> • Bupropion • Topiramate • Modafinil • Mixed Amphetamine Salts-Extended Release

SAPC IN 24-01: <http://publichealth.lacounty.gov/sapc/bulletins/START-ODS/24-01/SAPC-Information-Notice-24-01-Addiction-Medication-Access-in-SAPC-Treatment-Network.pdf>


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Harm Reduction & Medication First



“SUD care should follow a biopsychosocial model that prioritizes appropriate medications and meaningfully offers Medications for Addiction Treatment (MAT) in addition to psychosocial therapies such as counseling and therapy”



Medication First Approach Recommendations

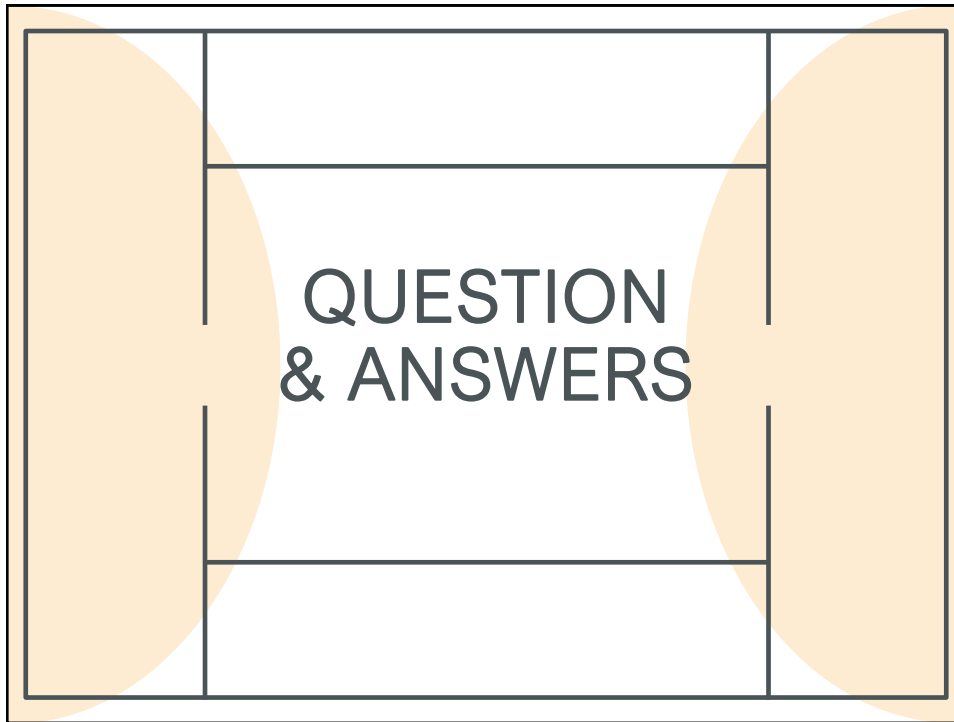
1. “Maintenance pharmacotherapy is delivered without arbitrary tapering or time limits”
2. “Based on the benefit to the patient and not based on a fixed duration”, or “an unexpectedly positive drug test result”.
3. “Individualized psychosocial services are offered but not required as a condition of pharmacotherapy”
4. Medication first does *not* mean medication only. Instead, it prioritizes MAT in the sequencing of SUD care so that it is offered upfront, regardless of the psychosocial services that a client is interested in.

1. Department of Health and Human Services (2023, May 9). [Dear Colleague Letter](#).

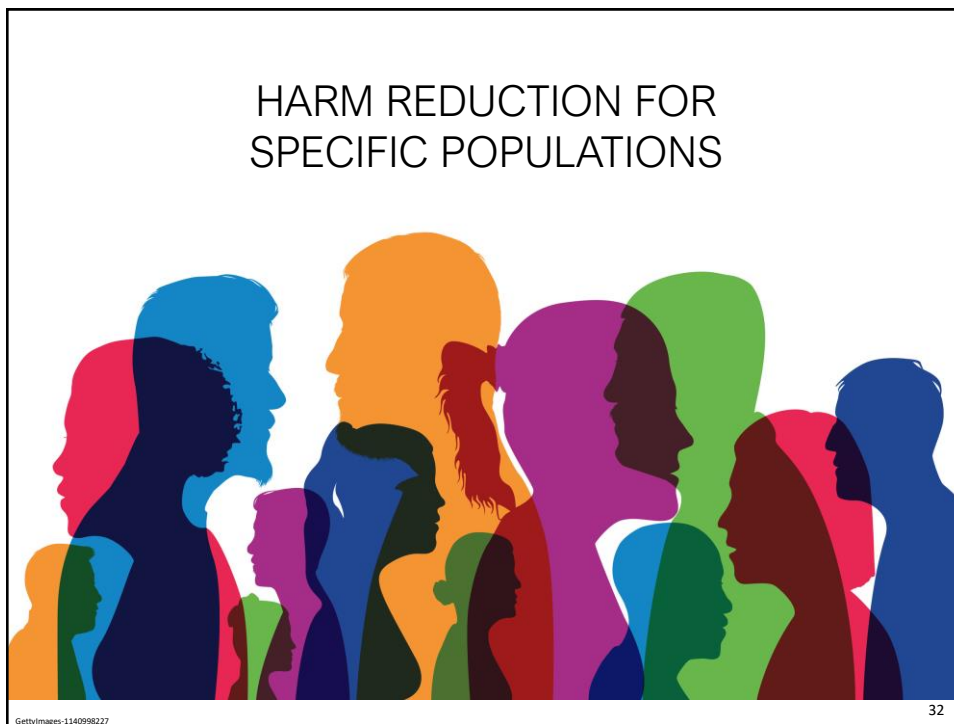
2. Winograd, R. P., Presnall, N., Stringfellow, E., Wood, C., Horn, P., Duello, A., Green, L., & Rudder, T. (2019). The case for a medication first approach to the treatment of opioid use disorder. *The American Journal of Drug and Alcohol Abuse*, 45, 333-340. doi:10.1080/00952990.2019.1605372

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Parenting/Perinatal (PPW)



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- ❑ Be mindful of the impact of SUD on
 - Maternal, fetal, and neonatal morbidity
- ❑ Specific prenatal medical care
- ❑ Pregnancy and after birth needs
 - Legal assistance, social welfare, equipment and clothing
 - Coordination of physical and mental health services
 - Coping with physical and psychosocial changes of postpartum period
 - Medications for Addiction Treatment (MAT)



1. [Provider Manual 9.0](#) pages 124-130
 2. Retrieved from [DHCS- Perinatal Practice Guidelines \(v1.1, 2022\)](#) on 3/5/2025
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Age & Gender/ Gender Identity



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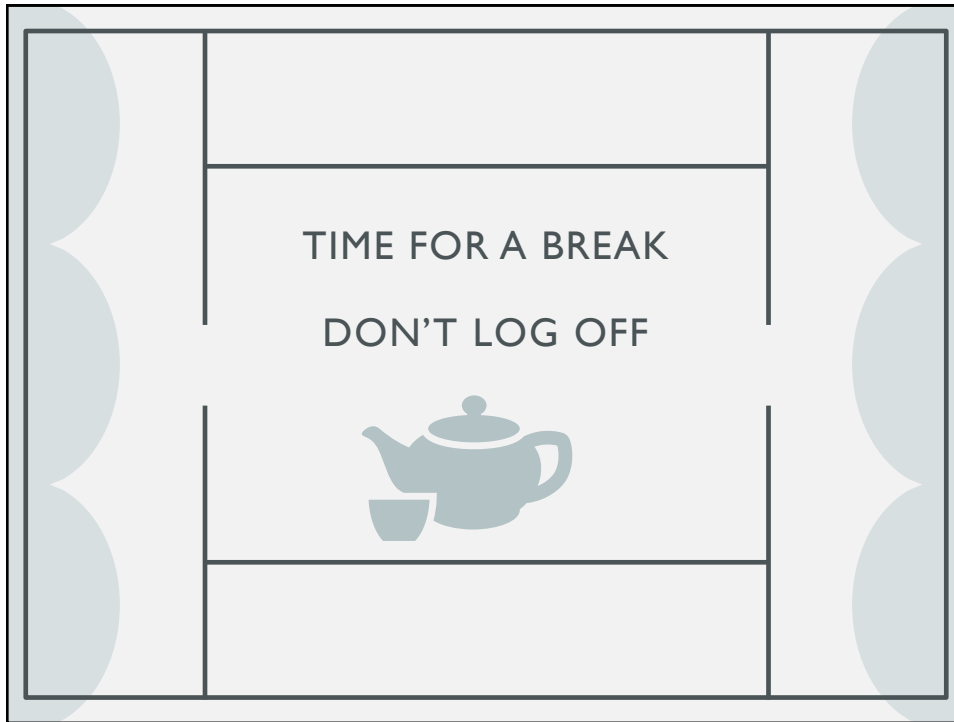
- Technology and age of patient
- Methods of identifying resources to meet their needs
- Support group and service providers
- Developmental stages and care coordination needs
- LGBTQ+ Population
- Co-morbid health conditions
- Specific physical health and mental health conditions
- Make necessary referrals
- Be non-judgmental and respectful of patient's cultural, behavioral, and value differences
- Ask patients their preferred pronouns



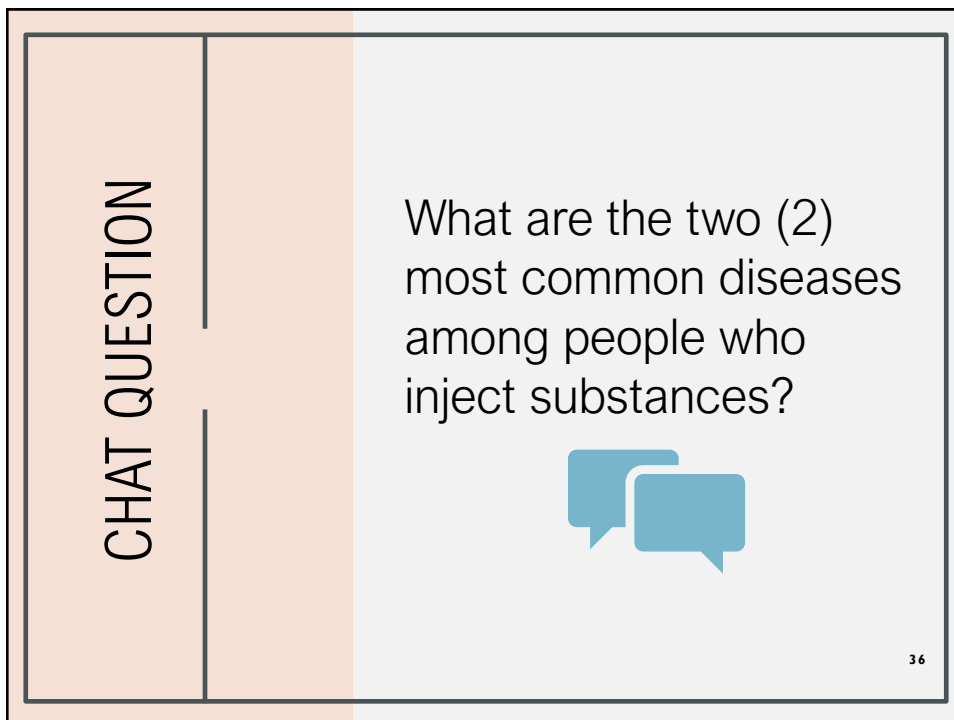
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POLL QUESTION

How long does the **Hepatitis C** virus live in a syringe?

a. A few minutes
b. A few hours
c. 14 days
d. 2 months
e. 9 weeks

How long does the **HIV** virus live in a syringe at room temperature?

a. A few minutes
b. A few hours
c. 7 days
d. 21 days
e. 3 months


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POLL ANSWERS

Studies have shown that Hepatitis C Virus can survive in a contaminated syringe for up to **9 weeks**

HIV can survive in a contaminated syringe at room temperature for up to **21 days**.



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1. Abdala, N., Reyes, R., Carney, J. M., & Heimer, R. (2000). Survival of HIV-1 in syringes: effects of temperature during storage. Substance use & misuse, 35(10), 1369–1383. <https://doi.org/10.3109/10826080009148220>
2. Paintsil, E., He, H., Peters, C., Lindenbach, B. D., & Heimer, R. (2010). Survival of hepatitis C virus in syringes: implication for transmission among injection drug users. The Journal of infectious diseases, 202(7), 984–990. <https://doi.org/10.1086/656212>
3. IMAGE SOURCE: Shutterstock.-C 704394001

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Consequences of Injecting Substances

SKIN PROBLEMS

Abscesses and infections at places on body where people inject substances (scarring and needle tracks can also stigmatize people who inject drugs)

INFECTIONS

Sharing substances and equipment (i.e. syringes) with other people may lead to the spread of viruses or bacteria (such as HIV and Hepatitis)

ENDOCARDITIS

Inflammation of the inner lining of the heart which can occur from repeated IV use, this may lead to damage and life-threatening conditions.

OVERDOSES

Occurs when a toxic amount of drugs overwhelms the body, potentially causing death

UCLA Semel Institute for Neuroscience and Human Behavior (2022). *Potential Complications of IV Drug Use*. UCLA. http://web.archive.org/web/20221104185159/https://www.semel.ucla.edu/dual-diagnosis-program/News_and_Resources/Potential_Complications_Of_IV_Drug_Use

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People Who Inject Drugs (PWID) in the US

- Estimated 3,694,500 people who inject drugs in the U.S. representing 1.5% of the adult population
- Estimated prevalence of injection drug use was highest among:
 - Males
 - Non-Hispanic White
 - Adults aged 18-39 years

PWID BY RACE/ETHNICITY

Race/Ethnicity	Percentage
Non-Hispanic White	80%
Hispanic	10%
Non-Hispanic Black	8%
Non-Hispanic Other	2%

Bradley, H., Hall, E. W., Asher, A., Furukawa, N. W., Jones, C. M., Shealey, J., Buchacz, K., Handanagic, S., Crepaz, N., & Rosenberg, E. S. (2023). Estimated Number of People Who Inject Drugs in the United States. *Clinical infectious diseases: an official publication of the Infectious Diseases Society of America*, 76(1), 96–102. <https://doi.org/10.1093/cid/ciac543>

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Transmission Rates from IV Usage in Los Angeles County

Injection Drug Use (IDU)

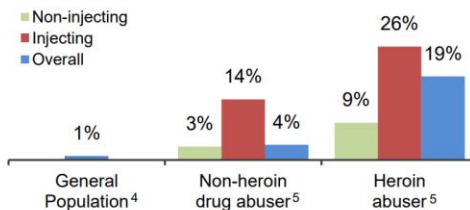


67% of injection drug users inject heroin²



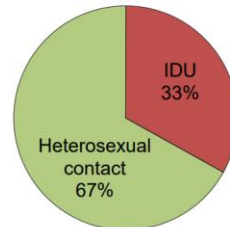
Hepatitis C virus (HCV) infection rate, Los Angeles County (LAC), FY2223

IDU is the most common risk factor for HCV infection³



HCV infection rates are high among heroin abusers, especially among those who inject heroin

Category of HIV transmission among women, LAC, 2021⁶



About 1 in 3 women with HIV were infected via IDU

<http://publichealth.lacounty.gov/sapc/MDU/MDBrief/HeroinBrief.pdf> Retrieved on 11.20.2024

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Case Vignette- Leon

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- Leon is on probation for possession with intent to sell and was released from county jail 5 weeks ago after spending 1.5 months in jail (used pills couple of times per week while in jail and found the detox to be "brutal" "I never want to do that again").
- Leon reports that when using methamphetamine. He often resorts to "hustle work" (he didn't want to explain further) to afford his methamphetamine and heroin use.

Leon has been showing up to a Syringe Services Program, for 4 weeks & has built a great relationship with the counselors there. What are possible next steps?

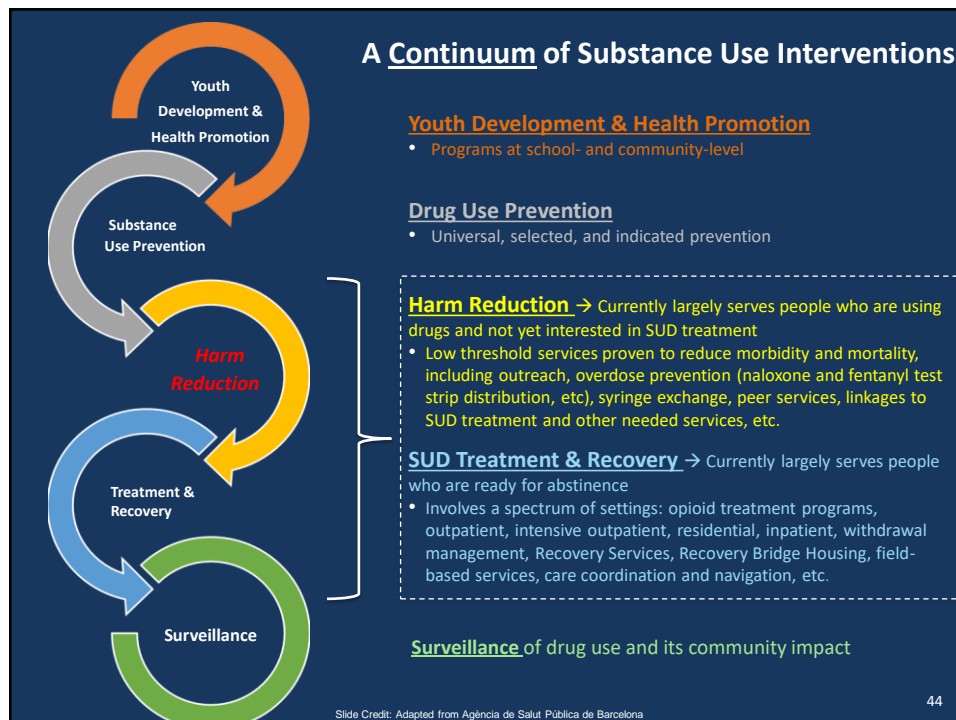
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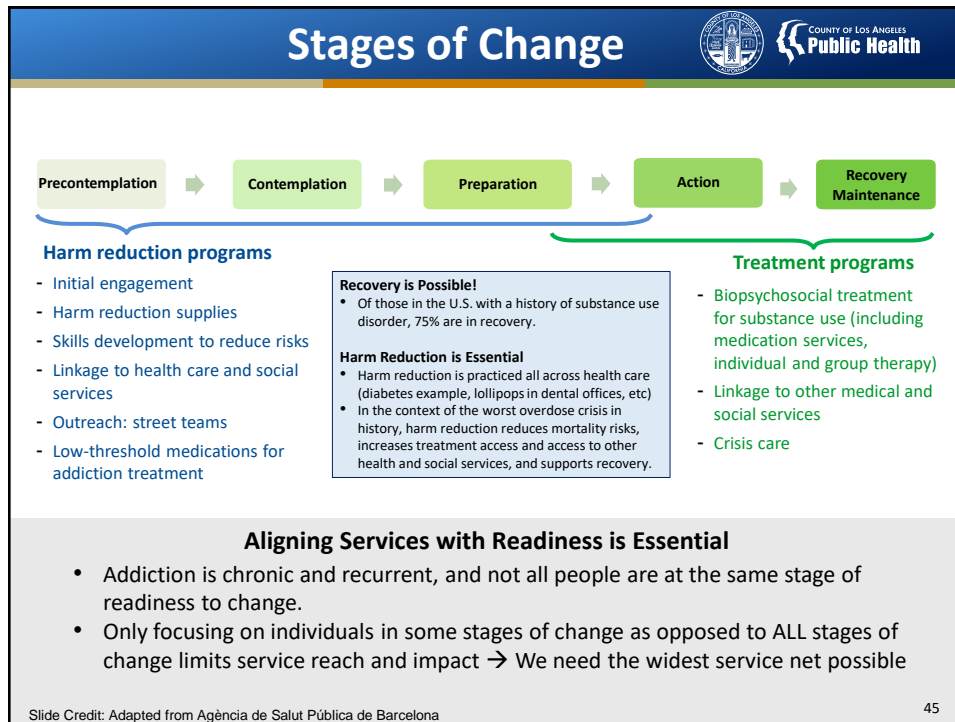
Integration of Harm Reduction & Substance Use Treatment



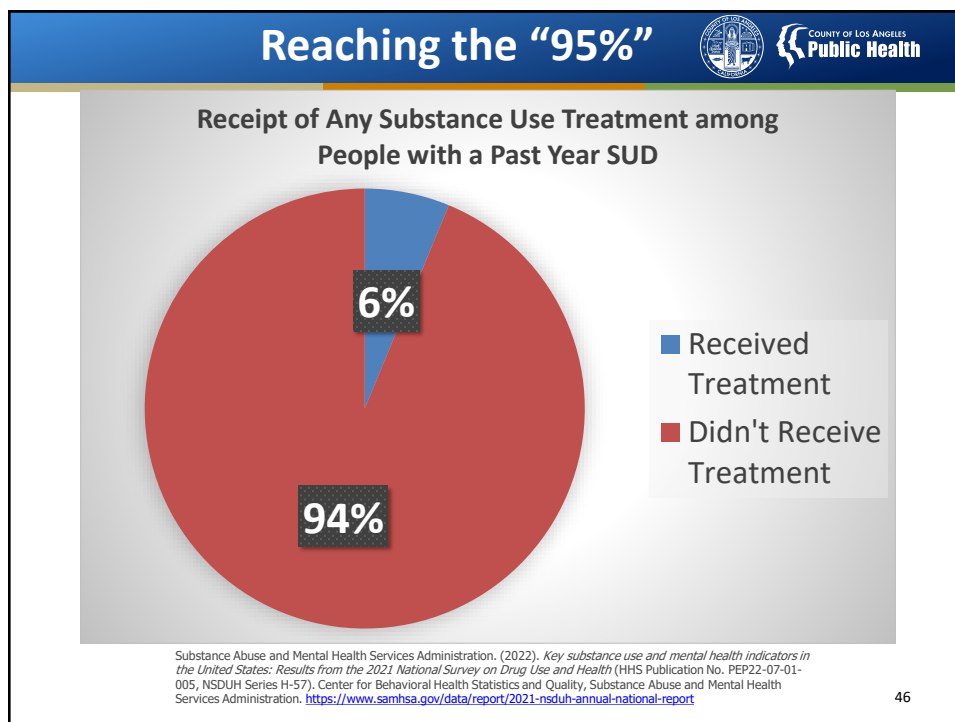
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"The good life is a process, not a state of being. It is a direction not a destination."
-Carl Rogers

- The [R95 Initiative](#) seeks to redefine what the SUD field defines as readiness for treatment (and lowers the bar for entryway to treatment)
- While abstinence absolutely can be a goal of SUD recovery, BUT shouldn't be an admission requirement, for the same reasons why primary care physicians don't require someone with diabetes to have their blood sugar under control before accepting them into care. Low barrier SUD treatment means establishing as few pre-conditions as possible so that the bar for what clients need to do in order to be admitted into or stay in treatment is as minimal as possible.

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**HARM
REDUCTION
IN ACTION**


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Harm Reduction Service & Strategies




**Harm Reduction
Supplies Access**




**Syringe Exchange &
Disposal**




**Naloxone and
Test Strips**




**Medications for
Addiction Treatment**




Drop-In Centers



**Housing
Services**



Pharmacy Access



Referrals

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Harm Reduction Services (con't)

Peer Support

Sterile smoking
equipment
distribution

Drug checks:
<http://www.drugcheckingla.com/> or contact
checkingLA@proton.me, or
at selected EOP

Routine
Healthcare

Hepatitis-C and
HIV testing and
treatment

Safe Consumption
Sites (none in LA
County currently)

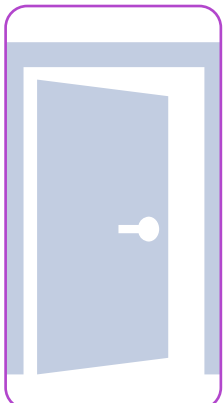
SAPC Harm Reduction Unit (2023). *Harm reduction: Top 5 myths.* <http://publichealth.lacounty.gov/sapc/public/harm-reduction>

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Admission - Expanding Access-Lowering Barriers

Admission Policies



- Abstinence is not a condition or prerequisite for admission
- Admission does not require a toxicology (drug/UA) test, though it can be performed, and the results must not result in either the denial or acceptance of an admission (whether + or -)
- Same day admission service is offered whenever possible
- Lapse and relapse are part of SUDs, and we work with patients who want care
- Language assistance services are provided for any patient who needs them to participate
<http://publichealth.lacounty.gov/sapc/providers/manuals-bulletins-and-forms.htm?tm#crla>
- Patients with mental health conditions and psychiatric medications are served
- MAT prescriptions are allowed/encouraged
- Medi-Cal does not need to be active or assigned to LA County at admission
- Service environment matters, make it feel inviting

Patient Information and Resources
<http://publichealth.lacounty.gov/sapc/PatientPublic.htm>

Cultural Responsiveness and Language Assistance
<http://publichealth.lacounty.gov/sapc/providers/manuals-bulletins-and-forms.htm#crla>

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Harm Reduction for Substance Use [Intravenous & Opioid Use]

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 Gettyimages-687814058

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OVERDOSE PREVENTION




Mixing & Quality

- Avoid mixing substances, particularly alcohol or pills with heroin
- Try a small amount, due to decreased tolerance
- Careful if getting from new source or dealer

Medication & Test Strips

- Carry Naloxone
- Use fentanyl and/or xylazine testing strips
 - <http://www.drugcheckingla.com/>
 - Or email checkingLA@proton.me



Don't Use Alone

- Avoid using alone, or tell someone plan to use
- Contact Never Use Alone
 - <https://neverusealone.com/>
 - Phone #: 877-696-1996


www.harmreduction.org
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INJECTION HYGIENE

- **Good injection practices:**
 - Clean fingertips with alcohol before injecting
 - Apply warm compress to injection site before use
 - Inject in arms/legs instead of hands/feet
 - Rotate injection sites
- Only use a syringe **ONCE**
- If you must re-use a syringe, re-use your own syringe and not someone else's syringe
- Clean syringes with bleach for at least several minutes
- Use clean, sterile water to dissolve drugs. This protects against skin infections and abscesses.





1. Retrieved from [CDC- How to Clean Your Syringes](https://www.cdc.gov/injury-prevention-and-control/activities/prevention/2014/syringe-cleaning.html) on 3/5/2025
2. Gettyimages-884328246

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Engagement and Overdose Prevention (EOP) Hubs

- Syringe Services Programs (SSPs) provide free new syringes to people who inject substances
- Offer a chance for people who inject substances to **build relationships** with people who care and can motivate them to get further assistance.
- By providing access to safe injecting supplies and education, SSPs have been proven to:
 - Reduce risk and spread of HIV & Hepatitis-C
 - Reduce the risk of fatal overdose
 - Increase connecting people to long term treatment & recovery
- Many programs also offer resources that could be helpful for people who inject drugs, including:
 - Substance use disorder treatment
 - HIV and Hepatitis-C testing
 - Condoms
 - Supplies to clean and sterilize injecting equipment
 - Fentanyl testing strips
 - Information on how to inject as safely as possible

Warning: Graphic Content →

People who go to SSPs are:



- 5X more likely to enter treatment
- More likely to reduce or stop injecting substances

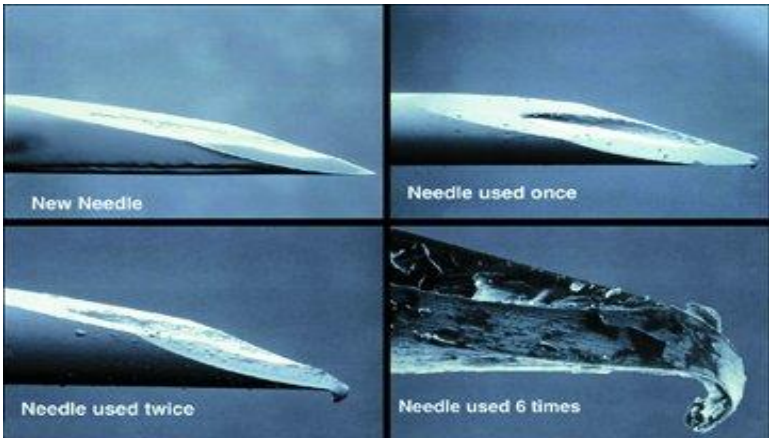
- California Department of Public Health http://web.archive.org/web/20190325214712/https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Overview%20SEPs%20in%20CA_2017.pdf
- Centers for Disease Control <https://www.cdc.gov/syringe-services-programs/shp/index.html>
- The Cato Institute <https://www.cato.org/publications/policy-analysis/harm-reduction-shifting-war-drugs-war-drug-related-deaths>

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New Needle vs. Used Needles




The same needle may be used multiple times due to no access to new needles

Tsipis, K. (2012, June 19) *Advocates Analyze Advantages of Syringe Access* NC Health News. <https://www.northcarolinahealthnews.org/2012/06/19/advocates-analyze-advantages-of-syringe-access/>


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Scientists, including those at the Centers for Disease Control and Prevention (CDC), have studied SSPs for more than 30 years and found that comprehensive SSPs benefit communities.




SSPs **save lives** by lowering the likelihood of **deaths** from overdoses.




Providing testing, counseling, and sterile injection supplies helps prevent outbreaks of other diseases. For example, SSPs are associated with a **50% decline** in the risk of HIV transmission.



Users of SSPs were **three times more likely** to stop injecting drugs.




Law enforcement benefits from reduced risk of needlesticks, **no increase in crime**, and the ability to save lives by preventing overdoses.



When two similar cities were compared, the one with an SSP had **86% fewer syringes** in places like parks and sidewalks.

Syringe Service Programs=SSPs




U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

<http://www.cdc.gov/PWID>

CS300156-D March 22, 2019

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Harm Reduction- The Impact

IMAGE: shutterstock-C_1071620870

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Halting Harm Through Helping Hands-LAC DPH video



<https://vimeo.com/854478902>

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SAPC

**Substance Abuse
Prevention and Control**

Prevention First • Treatment Works • Recovery is Possible

County of Los Angeles
Public Health

SAPC's Multipronged Approach to Harm Reduction & Addressing the Overdose Crisis

- ❖ Establish widespread community awareness about the risk of fentanyl overdose (i.e. through social media)
- ❖ Expand the availability of harm reduction and overdose prevention services
- ❖ Make SUD treatment more accessible

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Social Media




❖ **Establish widespread community awareness about the risk of fentanyl overdose**

- Social media campaigns
- Public messaging
- Engaging neighborhoods through SAPC's Prevention provider network
- Media interviews and health alerts







<https://www.fentanylfrontline.org/reduce-the-risk/>

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Expanding Harm Reduction Services

❖ **Expand the availability of harm reduction and overdose prevention services**

- Over 500% increase in funding to support harm reduction expansion since prior to DMC-ODS
- Exploring local alignment needed to pilot safer consumption sites locally.

In Los Angeles County:

- ✓ In 2022 LAC provided over 50,000 doses of Naloxone into the community yielded over 3,000 overdoses reversals

“Any human being who is still alive still has a chance for recovery”

B. Hurley (personal communication, October 25, 2023).

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Increasing Access to SUD Services



COUNTY OF LOS ANGELES
Public Health

❖ Make SUD treatment more accessible

- SUD Treatment System Expansion
- Over 275% increase in SUD treatment budget since launch of Drug Medi-Cal Organized Delivery System (DMC-ODS) waiver in 2017, with nearly 830% increase in utilization of Medi-Cal → 206% increase in residential SUD treatment beds
 - 700% increase in Recovery Bridge Housing beds
 - 50% increase in outpatient services

Reaching the 95% (R95) Initiative

- To ensure that we are designing a specialty SUD system that is focused not just on the ~5% of people with SUDs who are already receiving treatment, but also the ~95% of people with SUDs who do not receive treatment for any reason.
- To communicate – through words, policies, and actions – that people with SUD are worthy of our time and attention, no matter where they are in their recovery journey or their stage of readiness for change.

B. Hurley (personal communication, October 25, 2023).

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What Can Syringe Exchange Programs Do?



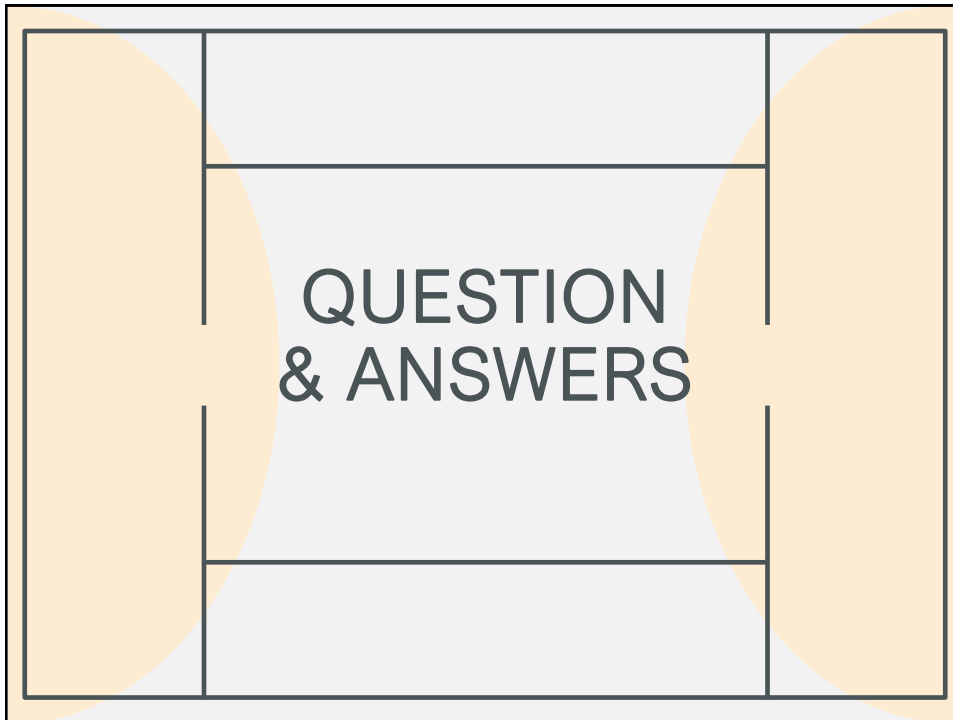
COUNTY OF LOS ANGELES
Public Health

"I first injected in high school. It was a small miracle I didn't get infected with HIV or hepatitis at that time, since I had no idea where to get sterile syringes...(after I found a syringe exchange) I had access to all the new syringes I wanted and used a brand-new syringe for every hit. Today, I have been clean for 7 years, still do not have HIV or hepatitis, and have a masters degree in public health. I intend to use my MPH to help keep other injection drug users from getting HIV and hepatitis also. Being an injection drug user was a small part of my life and I am forever grateful it didn't ruin all of it."

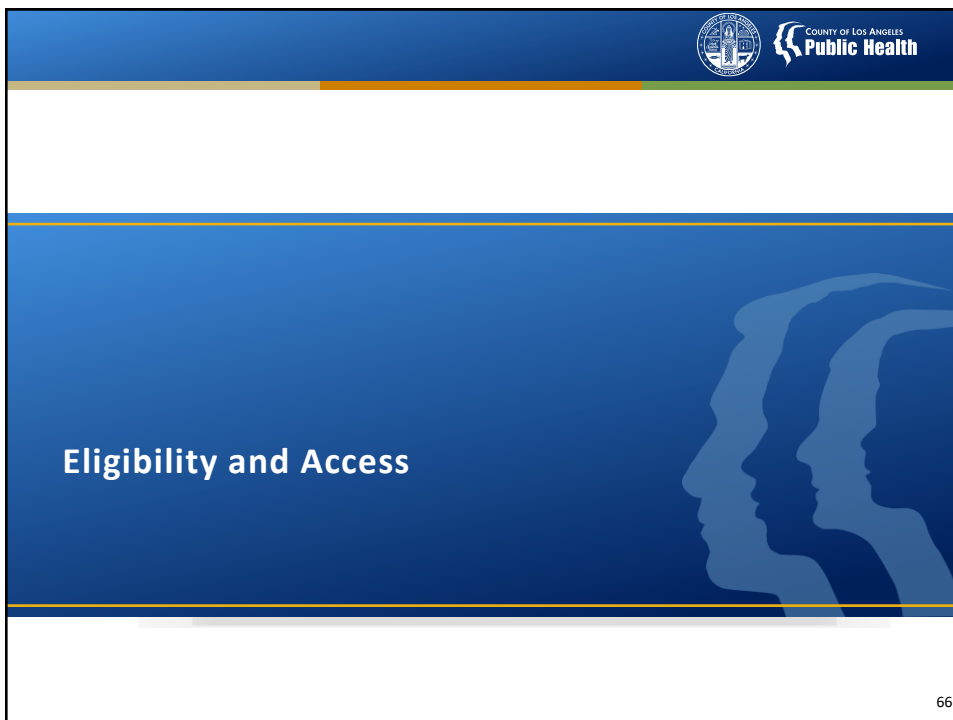
<https://harmreduction.org/issues/syringe-access/overview/our-stories-personal-testimonies/>

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Patient Eligibility

Youth, young adults and adults can access **no-cost (no fees)** substance use treatment services at any provider in the network if they meet the following criteria AND meet medical necessity:

Los Angeles County Resident

+

Medi-Cal Eligible or Enrolled
(active benefits are not required at time of screening, referral, or intake)

OR

Other County-Funded Program Participant
(such as AB 109, Drug Court)

There are also fee-for-service options for patients that do not meet these eligibility criteria.

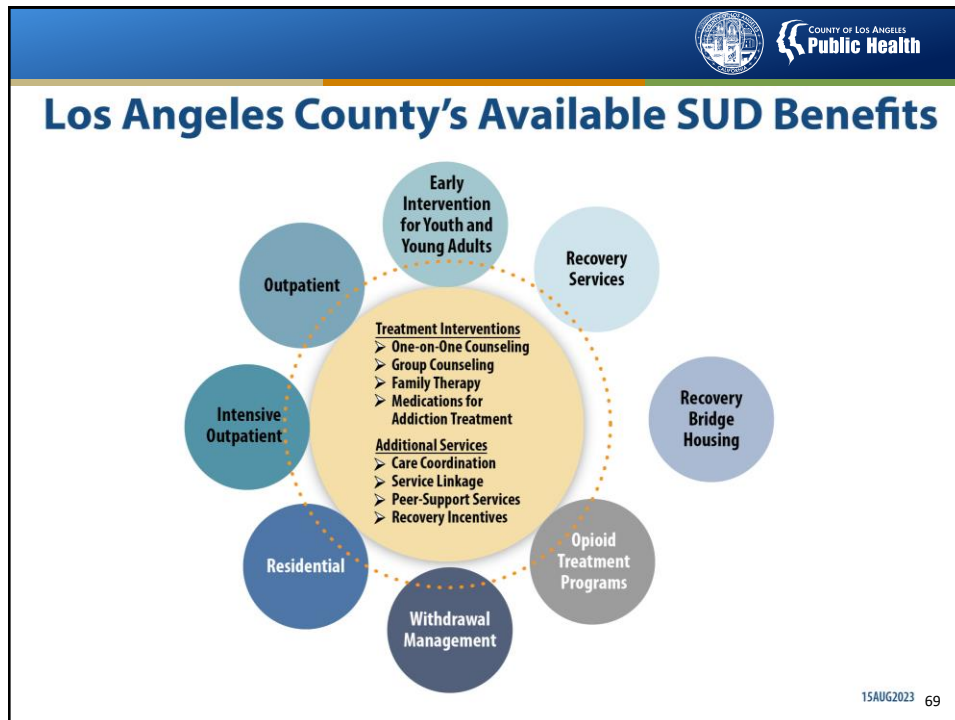
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Publicly Funded Treatment Options		
Level of Care	What Care Looks Like	Characteristics
Early Intervention	Community setting, 1-3 times per week	Psychoeducation and early intervention services for youth and young adults (ages 0-20)
Outpatient	Community setting, 2-3 times per week	Minimal withdrawal risk, motivational strategies, able to maintain control over use with some support
Intensive Outpatient	Community setting 4-5 times per week	Minimal withdrawal risk, requires more structured strategies, needs monitoring to prevent relapse
Residential	Short term onsite living and treatment	Minimal withdrawal risk, requires 24-hour structured environment to relearn life skills without substances
Opioid Treatment Program	Community setting, 5-7 days per week for dosing of medications and 1+ days of counseling services per month	Risk of withdrawal severe w/o treatment. Primarily for those with opioid use disorder, regular monitoring of dosing to prevent relapse.
Withdrawal Management (Detox)	Monitoring and/or management of withdrawal, limited to no counseling services	Risk of withdrawal from mild to severe. Level of medical supervision and support varies depending on the level of withdrawal risk.
Recovery Services	Support services to help individuals remain engaged in supportive care and reduce likelihood of relapse	Minimal to low risk of relapse, have some or limited support to maintain sobriety. Transitioning between services.

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Public Health

Service & Bed Availability Tool (SBAT)

Service & Bed Availability Tool (SBAT)

The SBAT Website allows anyone with an Internet connection to find SUD treatment services and site contact information.



Filter by:

- Distance
- Treatment/Service Type
- Languages Spoken
- Clients Served (e.g. youth, perinatal, disabled, LGBTQIA, homeless, re-entry, etc.)
- Night/Weekend availability

sapccis.ph.lacounty.gov/sbat/


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Substance Abuse Service Helpline (SASH)


SUBSTANCE ABUSE SERVICE HELPLINE


1.844.804.7500


Toll-free, **available 24/7, year-round** • Interpretation available, including TTY



1. Anyone can call the SASH (adults, youth 12+)



2. Clinicians/Counselors conduct a screening and connect the caller to a treatment provider



3. The SASH operator will connect you with a treatment provider or provides you with a referral options

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CENS

Client Engagement and Navigation Services



- CENS is primarily for patients who require in-depth interactions to access SUD treatment, including individuals who are criminal-justice-involved, homeless, and/or have a co-occurring disorder and involved with multiple County agencies (e.g., DCFS, Probation, DMH, etc.)
- CENS are also co-located at various government and community facilities, including (but not limited to):
 - Los Angeles Superior Courts
 - Probation Department
 - Sheriff's Department (e.g., Pitchess Detention Center and Century Regional Detention Center)
 - Department of Health Services Psychiatric Urgent Care Centers (UCC)

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Connecting to Opportunities for Recovery and Engagement








The **CORE Center** is a community space where everyone can come to get information and resources about how to prevent alcohol and drug use, learn more about substance use disorders (also known as addiction) and find out where to go for free or low-cost treatment services.

Families and friends can build skills to talk about alcohol/drugs with loved ones and learn how to help someone experiencing a drug overdose. **CORE Center** staff provide education classes and link you or someone you know to local support services, including treatment when needed.

CORE Center staff are able to provide screening to identify alcohol/drug treatment needs and connect individuals to an appropriate local treatment center.



ph.lacounty.gov/sapc/public/corecenter

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19MAY2023

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Harm Reduction –*Where do We Go From Here?*




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GettyImages-1171244365

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CHAT QUESTION

What are 2 harm reduction principles you can incorporate into your practice that you learned from today?




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Engagement and Overdose Preventions (EOP) Hubs in LA County	
Click here for their locations & schedule	
Asian American Drug Abuse Program	(424) 331-5799
Bienestar Human Services	(886) 590-6411
Homeless Health Care, Los Angeles	(323) 497-3091
Homeless Outreach Program Integrated Care System	(323) 432-4399
L.A. Community Health Project	(323) 380-5469
Tarzana Treatment Center	(818) 342-5897
Venice Family Clinic* (Venice)- SPY http://www.safeplaceforyouth.org	(310) 314-5480
*May accept youth (age 12-17)	

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Harm Reduction Resources

LA County Department of Public Health Substance Abuse Prevention and Control (SAPC)

Harm Reduction


Harm Reduction | Top 5 Myths | Overdose Epidemic | Accessing Naloxone | Finding Services | Resources | FAQ | Contact Us

Harm Reduction and Overdose Prevention Resources

Community-based organizations and individuals may utilize the following resources and information designed by SAPCs Harm Reduction Unit to support efforts to expand access to harm reduction and overdose prevention services.

- Fentanyl Resources +
- Xylazine Resources +
- Naloxone Resources +
- Training and Presentations +
- Local, State and National Resources +

Scan the QR Code to visit the Harm Reduction Webpage



For more information, resources, and training, please contact the Harm Reduction Unit at HarmReduction@ph.lacounty.gov

ph.lacounty.gov/sapc/public/harm-reduction/

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Never Use Alone

(877)-696-1996

<https://neverusealone.com/>



NO SHAMING, NO JUDGMENT. NO PREACHING, JUST LOVE!

NEVER USE ALONE

Meeting people where they are, on the other end of the line, one human connection at a time.

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Recover LA Mobile App



- Free mobile app
- Provides education and resources for those seeking substance use services for themselves or others
- Available in 13 languages

Visit RecoverLA.org or use the QR code below to access the app



Install this webapp on your phone:
Tap  and then Add to Homescreen

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Naloxone is available for individuals at...



Pharmacies

- [Access Options in California](#) (← click to access link)
- [NEXT Distro California](#) (← click to access link)
- [Purchase Over-The-Counter](#) (← click to access link)

Connecting to Opportunities for Recovery and Engagement (CORE)

<http://publichealth.lacounty.gov/sapc/public/corecenter>

Los Angeles County Department of Health Services (DHS)

<https://www.laodprevention.org/naloxone>

Engagement and Overdose Prevention Hubs (EOP)

<http://publichealth.lacounty.gov/sapc/docs/public/overdose-prevention/EOP%20Hub%20Schedule.pdf>

LA County Libraries

<https://lacountylibrary.org/naloxone/>

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RECAP

There are eight (8) principles of harm reduction for substance use treatment providers that allow for people minimize harm and reduce the chance of overdose.

Harm reduction is a good way to minimize the harms of substance use, even if people are not yet ready to change their behavior and is an evidenced based practice

Today we utilized a case vignette to discuss stigma, integration of the principles of harm reduction and made connections to the differing resources throughout the substance use continuum.

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Post-Test & Evaluation



COUNTY OF LOS ANGELES
Public Health

Reminders

1. The PowerPoint slides will be emailed to you **later today**
2. CE Certificate/Certificate of Attendance provided within **4 weeks**
3. There was **no** commercial support for today's training
4. The evaluation is on a Likert scale (Strongly Agree → Strongly Disagree)

Evaluation



Clinical/Training Questions:

SAPC.CST@ph.lacounty.gov


For more trainings visit:

[SAPC Trainings and Events](#)


Links to the post-test and evaluation provided in the **Chat**

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Appendix: Resources and Links



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SAPC | Substance Abuse Prevention and Control

Prevention First • Treatment Works • Recovery is Possible


A 24/7 toll-free helpline to provide screening, resources, and referral directly to a treatment provider.

SUBSTANCE ABUSE SERVICE HELPLINE
24/7 **1.844.804.7500**




CORE Centers offer sites throughout L.A. County where staff provide education, resources, and in-person screening and linkage to treatment.

COREcenter
Connecting to Opportunities for Recovery and Engagement




CENS Staff serve as liaisons between state, county, and city agencies and providers conducting in-person navigation, screening, and linkage to treatment.

CENS
Client Engagement and Navigation Services




Any person (or their representative) can contact treatment providers directly or by using the [Online Provider Directory](#).

Service Bed and Availability Tool (SBAT)



[No Wrong Door Pathways to Access Alcohol/Drug Treatment](#)



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Accessing Naloxone & Harm Reduction Resources		
Program	Description	Contact
Next Distro [a program of Next Harm Reduction]	An online and mail-based harm reduction service designed to reduce opioid overdose death, prevent injection-related disease transmission, and improve the lives of people who use drugs.	https://www.Nextdistro.org
Los Angeles County Department of Health Services	Reducing opioid overdose deaths in la county by getting people education, medication & services	https://www.laodprevention.org/naloxone
National Harm Reduction Coalition	National Harm Reduction Coalition creates spaces for dialogue and action that help heal the harms caused by racialized drug policies.	https://www.Harmreduction.org
California Overdose Prevention Network (COPN)	The California Overdose Prevention Network (COPN) is a network for coalitions, organizations, and individuals working at the forefront of the overdose epidemic.	https://www.nopn.org/california
Prevent & Protect	Prevent & Protect can help PEOPLE looking for naloxone and provides tools for ORGANIZATIONS conducting overdose prevention and naloxone advocacy, outreach, and communication campaigns.	https://prevent-protect.org/
California Department Public Health (Naloxone)	Substance and Addiction Prevention Branch- Naloxone information-Information & Resources	https://www.cdph.ca.gov/Programs/CCDPHP/sapb/Pages/Naloxone.aspx
Los Angeles County Department of Public Works	Syringe Disposal Resources	https://dpw.lacounty.gov/epd/hhw/Sharps


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Accessing Naloxone & Harm Reduction Resources cont'd		
Program	Description	Contact
Shatterproof	Shatterproof is a national nonprofit organization dedicated to reversing the addiction crisis in the United States.	https://www.shatterproof.org
SAFE Project	Stop the Addiction Fatality Epidemic	https://www.safeproject.us
California Department of Public Health-Office of AIDS	Directory of Syringe Services Programs in California-Syringe Exchange Programs offer Fentanyl Testing Strips, Naloxone, Free Syringes, Resources, Referrals, and other services	https://www.cdph.ca.gov/programs/cid/doa/pages/oa_prev_sepdirectory.aspx
Over the Counter Naloxone	A searchable database of pharmacies in California Selling Naloxone without a prescription. Can search by zip code or city.	https://narcan.com/en/buy
NASEN (North America Syringe Exchange Network)	Saving lives by connecting people and programs with the resources they need to reduce harm (Syringe Exchange locations through out the US)	https://www.nasen.org/map
Partnership to End Addiction	Organization for resources & information	https://drugfree.org/article/harm-reduction/
Get SMART About Drugs	A DEA Resource for Parents, Educator & Caregivers	https://www.getsmartaboutdrugs.gov/family/10-strategies-prevent-your-young-person-using-drugs

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Name	Description	Call Toll free	Web Address
Los Angeles County Substance Abuse Service Helpline (SASH)	24/7 helpline screening and referral of free substance use disorder treatment services in Los Angeles County.	(844) 804-7500 24 hours per day/ 7 days a week	Web based tool of available Substance Use Disorder Treatment Services in Los Angeles County: http://sapccis.ph.lacounty.gov/sbat/
988 Suicide & Crisis Lifeline (formerly known as the National Suicide Prevention Lifeline)	988 Suicide & Crisis Lifeline provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week.	988 Call & Text 24 hours per day/ 7 days a week Línea de Prevención del Suicidio y Crisis 988 For TTY Users: Use your preferred relay service or dial 711 then 988.	Lifeline (988lifeline.org)
Department of Mental Health (DMH) Access Hotline	24/7 Mental Health Services include screening, assessment, referral & crisis counseling.	(800) 854-7771 24 hours per day/ 7 days a week	List of Mental Health Services: https://dmh.lacounty.gov/our-services/
Department of Public Social Services (DPSS)	To apply for Medi-Cal, food stamps and income support for low-income families and individuals.	(866) 613-3777 Monday-Friday 7:30am - 5:30pm	http://dpss.lacounty.gov/wps/portal/dpss
Substance Abuse and Mental Health Services Administration (SAMHSA)	National Hotline - free and confidential referrals/information about mental and/or substance use disorders, prevention, treatment and recovery.	(800) 662-HELP (4357) 24 hours per day/ 7 days a week	www.samhsa.gov
Office of Immigration Affairs (OIA)	Connection to free or low-cost attorney if you have questions regarding the "public charge" test and your immigration status.	(800) 593-8222 Monday-Friday 8:00am-4:30pm	oia.lacounty.gov

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Name	Description	Call Toll free	Web Address
Alcoholics Anonymous (AA)	Peer supported program for people in recovery from alcohol use disorder who meet regularly	(800) 923-8722	www.AA.org
Narcotics Anonymous (NA)	Peer supported program for people in recovery from other illicit substances who meet regularly	(800) 974-0062	https://na.org/
Medication Assisted Recovery Anonymous (M.A.R.A.)	Peer supported program for people in recovery utilizing medication for addiction treatment who meet regularly	n/a	https://www.mara-international.org/California MARA International (mara-international.org)
Crystal Meth Anonymous (CMA)	Peer supported program for people in recovery from crystal meth who meet regularly	(855) 638-4373	https://www.crystalmeth.org/
National Alliance on Mental Illness (NAMI)	Provides education support & advocacy to improve the lives of those living with mental illness	(800) 950 6264	www.nami.org
Nicotine Anonymous	Peer supported program for people in recovery or who need support to stop use of tobacco and nicotine products	n/a	https://scina2012.squarespace.com/meeting-list
Al-Anon Al-Anon Los Angeles	Members who are worried about someone important to them with a substance use issue	(888) 425-2666 (818) 760-7440-Los Angeles	https://alanonla.org/
Los Angeles Helpline	Central source for providing information/referrals for all health and human services in LA County.	211 24 hours per day/ 7 days per week	https://211la.org/

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Youth Friendly Resources



	https://www.fentanylfrontline.org/
	https://www.justthinktwice.gov
	https://www.lacedandlethal.com
	https://wellness.publichealthcloud.com/www/wellness/default.aspx

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