



Harm Reduction: Pathways to Recovery for People Experiencing Homelessness

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Objectives

- Describe the harm reduction philosophy and the importance of addressing substance use in homelessness and supportive housing services.
- Identify opportunities to partner with Recovery Support Services providers and Recovery Oriented Systems of Care (ROSC) Councils throughout the state.
- Learn to recognize signs of an opioid overdose and get trained on how to administer naloxone.



What Is a Drug?



Images from [Pexels.com](https://www.pexels.com) and [DEA.gov](https://www.dea.gov)

Homelessness Mortality & Morbidity

- At least 2,520 people experiencing homelessness (PEH) in Illinois died from 2017-2022
- Compared to the general population of Illinois, the average age of death was almost 20 years younger among PEH (56.3 vs 74.2 years old)
- PEH disproportionately died from acute conditions, particularly drug-related overdoses (32.9% vs 3.4%)
- **1 in 3 PEH died from a drug overdose**



Why People Don't Go to Treatment

Among adults with a substance use disorder who did not get treatment in the past year:

- 78% think they should be able to handle their alcohol or drug use on their own
- 61% not ready to start treatment
- 53% not ready to stop or cut back on using alcohol or drugs
- 46% worried about what people would think or say if they got treatment
- 42% not having health insurance coverage for alcohol or drug use treatment

(SAMHSA,
2023)



Maturing Out, Natural Recovery, or Spontaneous Remission

Outcome	Treated (n = 1,233)	Untreated (n=3,309)
Drinking with alcohol [use disorder]	33.2%	25.8%
Abstinent	38.8%	16.4%
Drinking without alcohol [use disorder]	28.0%	57.8%

(Dawson, 1996)

Help
is here

“Recovery is a journey of healing and growth during which people choose many pathways. For some, abstinence is a critical pathway while others choose different approaches.”



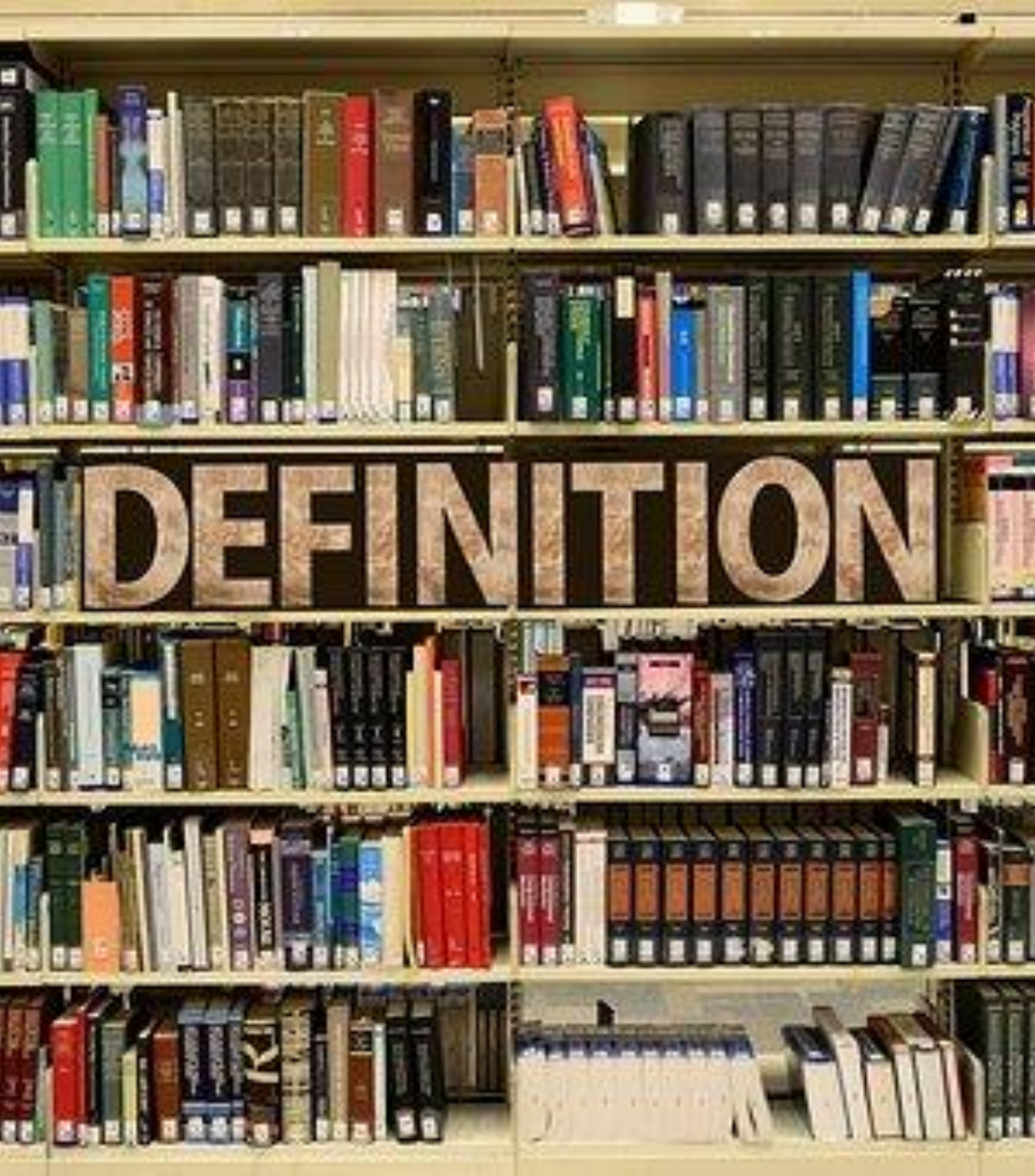
Paolo del Vecchio,
MSW

Director, SAMHSA
Office of Recovery

SAMHSA
Substance Abuse and Mental Health
Services Administration

Help
is here

 **IDHS**
ILLINOIS DEPARTMENT
OF HUMAN SERVICES



What is Harm Reduction?

“Harm reduction is a set of pragmatic and compassionate approaches for reducing harm associated with high-risk behaviors and improving quality of life for individuals and their communities.”

- Collins et al. (2011)

“The premise of harm reduction is that by welcoming people as they are, and by offering help that meets people’s basic needs, we can increase client engagement and lower their reluctance to change.”

- Vakharia & Little (2017)

“In harm reduction,
recovery begins at
contemplation.”

Patt Denning

SAMHSA’s Definition of
Recovery:

“A *process of change* through
which individuals improve their
health and wellness, live a
self-directed life, and strive to
reach their full potential.”

¹⁰ ([SAMHSA, 2012](#))



Defining Recovery: Dan Bigg & the Chicago Recovery Alliance

- In 1989, Dan Bigg and colleagues met in Chicago to define recovery, which became their working definition of recovery
- Driven by the idea that, “It’s not about whether you’re getting high, but whether you’re getting better.”
- “Recovery is about people and what matters most to them, just as it is for those who are recovering from other mental or physical disorders. Quality of life is what’s important and that can only be determined by the person living it.”

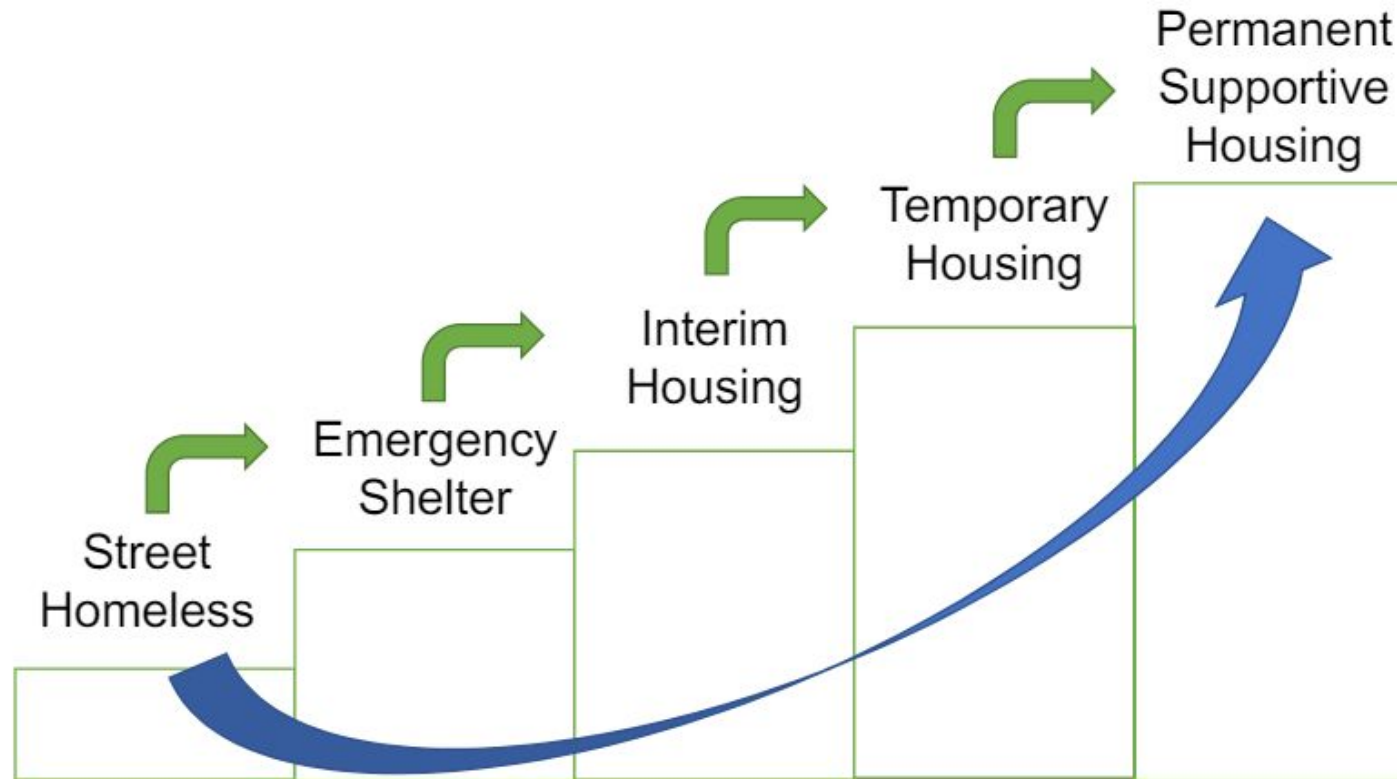
Maia Szalavitz, *Undoing Drugs*

**Recovery is any positive change,
as a person defines it for him- or herself.**



Harm Reduction Approach to Permanent Supportive Housing

Housing Readiness (Traditional) versus Housing First



Housing First Checklist: Program Level

- Access to programs is not contingent on sobriety, minimum income requirements, lack of a criminal record, completion of treatment, participation in services, or other unnecessary conditions
- Substance use in and of itself, without other lease violations, is not considered a reason for eviction.
- Services are informed by a harm-reduction philosophy that recognizes that drug and alcohol use and addiction are a part of some tenants' lives.
- Tenants are engaged in non-judgmental communication regarding drug and alcohol use and are offered education regarding how to avoid risky behaviors and engage in safer practices.



(United States Interagency Council on Homelessness, 2016)

SAMHSA's Harm Reduction Framework



“Harm reduction opens the door to more options for PWUD, for whom traditional treatment approaches are inaccessible, ineffective, or inappropriate — and who want to make safer, healthier choices with their life and health. Access to harm reduction services is consistently shown to improve individual and community outcomes. By viewing substance use on a continuum, incremental change can be made, allowing for risk reduction to better suit a person’s own individual goals and motivations.

Most importantly, harm reduction approaches save lives.”



(SAMHSA-CSAP, 2023)

Philosophy: Key Principles and Approach

- Prioritizes minimizing the harmful effects of drugs
- Recognizes drug use is complex and there are safer ways of using drugs
- Establishes quality of life and well-being as the criteria for success
- Promotes nonjudgmental, noncoercive services for people who use drugs
- Ensures PWUD and those with a history of drug use have a real voice in the programs and policies designed to serve them



(Harm Reduction Coalition, 2020)

Harm Reduction in Practice

- Low threshold to access services
- Integrates biopsychosocial approach to substance use
- Treats people with respect and avoids shaming
- Client-centered, no predetermined goals or interventions
- Expands the menu of options
- Supports any positive change



Strategies: Risk Reduction Programs and Tools

- Syringe Services Programs
- Overdose Education and Naloxone Distribution
- Drug checking services (e.g., fentanyl test strips, Fourier-transform infrared (FTIR), mass spectrometers)
- Overdose Prevention Centers (also known as Drug Consumption Rooms, Supervised Consumption Services, Supervised Injection Facilities)
- Harm Reduction Psychotherapy
- Housing First Model
- Medication First approach to Medication Assisted Recovery



(Harm Reduction Coalition, 2020)

What's Under the Harm Reduction Umbrella?



So, What Can We Do?





How to Integrate Harm Reduction in Your Communities

- Reduce barriers to access program services
- Promote harm reduction interventions to reduce risks associated with substance use
- Develop partnerships with harm reduction providers in your community
- Offer harm reduction resources like naloxone, drug checking services, or linkage to Medication Assisted Recovery.

Start the Conversation

- What do you do to keep yourself safe when you're using drugs?
- How do you protect yourself against overdose?
- What is your plan if you witness an overdose in the future?
- Have you ever been trained on how to prevent, recognize, or respond to an overdose?



Medication Assisted Recovery (MAR) Now

MAR NOW provides low-barrier access to medications to treat alcohol or opioid use disorders within 48 hours of calling the Illinois Helpline

Individual calls 24/7 IL Helpline for OUD treatment, withdrawal support

IL Helpline directly transfers caller to MAR NOW Care Manager

24/7 Access
Connected to Care Manager & Provider

Patient Options:

1. Buprenorphine home induction
2. Same or next-day MAR appointment (methadone, buprenorphine, naltrexone)
3. Connection to other services in the community (withdrawal management, residential treatment)

Care Managers provide **free transportation**, insurance enrollment, assistance with pharmacy access, and follow up to ensure patient is connected to long-term care



Call, Text, or Visit the [Illinois Helpline](#)



When you're ready for recovery, we're here for you.

Call **833-2FINDHELP**
(833-234-6343)

Text **HELP** to **833234**

Visit **HelplineIL.org**



Order Free Helpline Materials



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Recovery- Oriented System of Care (ROSC)

IDHS-SUPR defines a recovery-oriented system of care (ROSC) as a **coordinated network of community-based services and supports** that is **person-centered** and builds on the strengths and resiliencies of individuals, families, and communities to **achieve recovery and improved health, wellness, and quality of life** for those with or at risk of substance use disorders.”



(IDHS-SUPR, 2023)

Recovery Oriented Systems of Care (ROSC)

A Recovery-Oriented Community Makes It More Likely That...

- People avoid or delay the use of drugs, but when they do...
- People do not experience harmful consequences from drug use or develop a harmful relationship with drugs, but when they do..
- People feel willing to acknowledge the risks or their harmful relationship with drugs and ask for help, and when they do...
- People can access resources regardless of their income level, insurance status, race, ethnicity, primary language, disabilities, gender identity, sexual orientation, or citizenship status, and when they do...
- Programs effectively help them by supporting multiple pathways to recovery and evidence-based practices, and when they do...
- Supports will be available in the community to help people preserve the positive changes they make as part of their recovery.

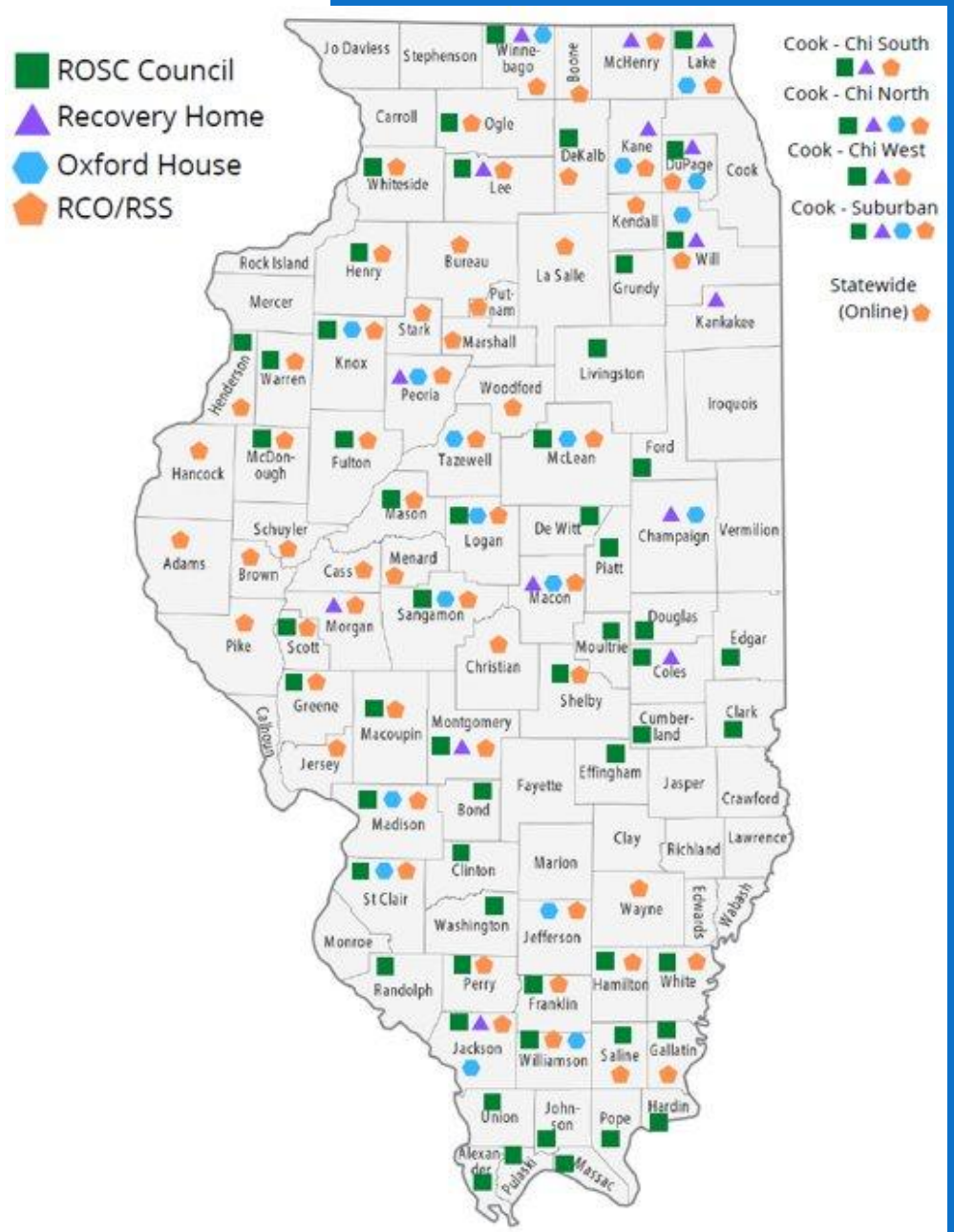


SUPR Recovery Programs

- **Recovery Support Services (RSS)**
 - Non-clinical services offered in treatment programs and community-based organizations that are typically provided by peers to support individuals in their own self-directed journey of recovery.
- **Recovery Community Organizations (RCO) –**
30 RCO/RSS grantees covering 53 counties
 - Non-profit organizations delivering RSS which are led and governed by representatives of local communities of recovery.
- **Recovery-Oriented Systems of Care (ROSC) Councils –** 43 councils covering 57 counties
 - Coalitions of community-based stakeholders that engage individuals, families, and communities to promote recovery and improved health, wellness, and quality of life for those with or at risk of substance use and/or co-occurring conditions.



Map of Illinois Recovery Partners September 2024



Connect to your local ROSC

- Do you have a local ROSC Council, RCO or RSS provider?
- Are you already connected?
- Learn how to get connected.



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Opioids

Morphine CODEINE
VICODIN **Heroin**
FENTANYL
OXYCODONE
Percocet
Hydrocodone



People risk overdosing if they...

- Use drugs when alone
- Inject or huff opioid drugs
- Mix opioids with depressants like alcohol
- Have abstained from use for a period of time
- Have preexisting medical conditions
- Are elderly and use opioids for chronic pain

NARCAN® (naloxone) Facts



Step 1: Identify/Check

- **Ask**

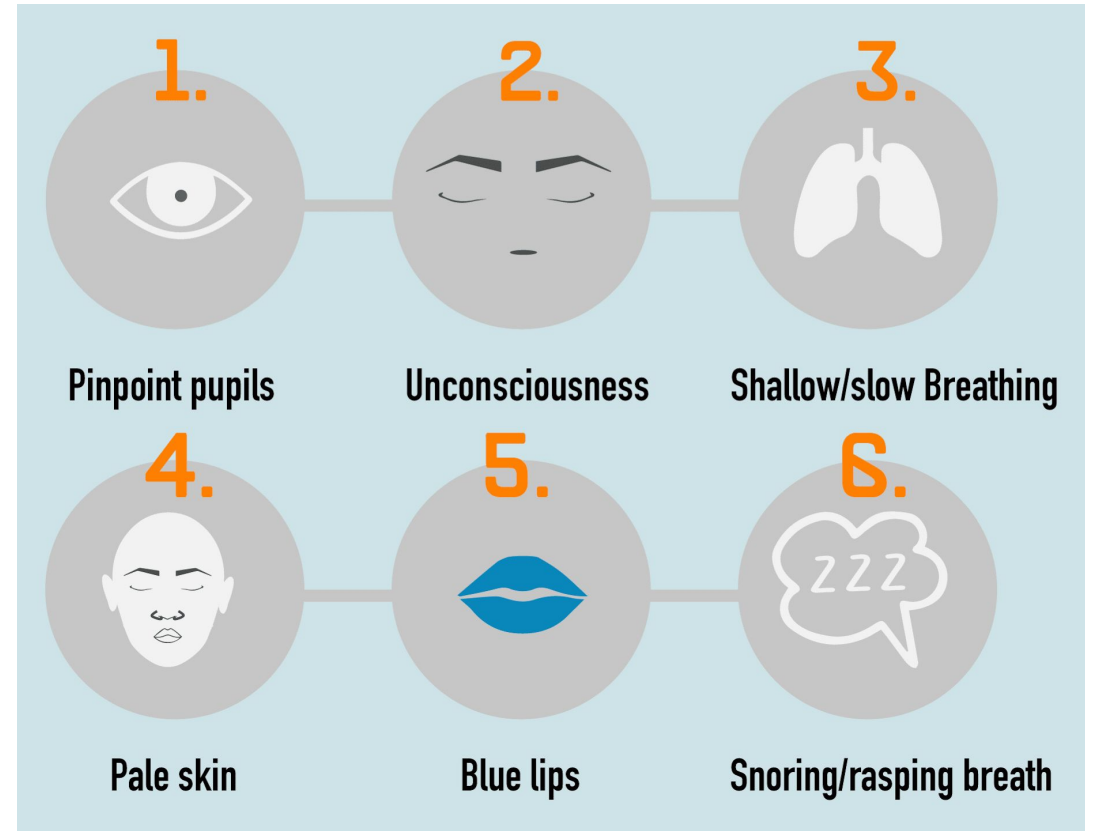
- Check to see if they are ok/responsive

- **Shake**

- Shake shoulders and rub middle of chest

- **Check**

- Check for signs of an opiate overdose
- If likely, lay them on their back



Step 2: Call for Help

- **Dial 911**: Do this yourself or have a bystander help



Step 3: Give Narcan®

- **Remove**: Remove Narcan from box, peel tab to open
- **Hold**: Grab with your thumb on the bottom of plunger and your first and middle fingers on either side
- **Insert**: Tilt head back, support neck, insert into **one** nostril until your fingers on either side are against bottom of the person's nose
- **Press**: Remove Narcan from nose after giving dose



Step 4: Support Breathing & Pulse

- **If the person is NOT breathing:**

- Tilt the person's head back and pinch the nose closed
- Place your mouth over the person's mouth to make a seal and give 2 slow breaths (the chest should rise, but not the stomach)
- Continue to give 1 breath every 5 seconds



Step 5: Monitor Response

- **Monitor their response and place on side if breathing**
 - Move their hand to support their head and their knee to keep them from rolling onto stomach
- **Watch the person**



Step 6: Administer Additional Dose

- **If no response after 2-3 minutes**
 - Administer a second dose in other nostril
 - Continue giving doses until EMS arrives or breathing returns



Post-Overdose

- Stay with the person
- Keep the person calm
- Be prepared for uncharacteristic behavior
- Watch for another overdose
 - Narcan only stays in the body for about 30 to 90 minutes



Naloxone Quick Facts

- Not addictive
- Not a risk for allergic reactions
- Safe for those who are pregnant, babies, and pets
- Not going to cause an OD
- Not going to cause a heart attack/stroke
- Not going to get you arrested if you are carrying it
 - Good Samaritan Law



How to Store Naloxone

- Keep out of direct sunlight
- Store between 59 and 77 °F
- Note the expiration date – typically 2 to 3 years
- NARCAN® does not become toxic when expired
 - Just less effective



Fentanyl Test Kits



Resources for You Today

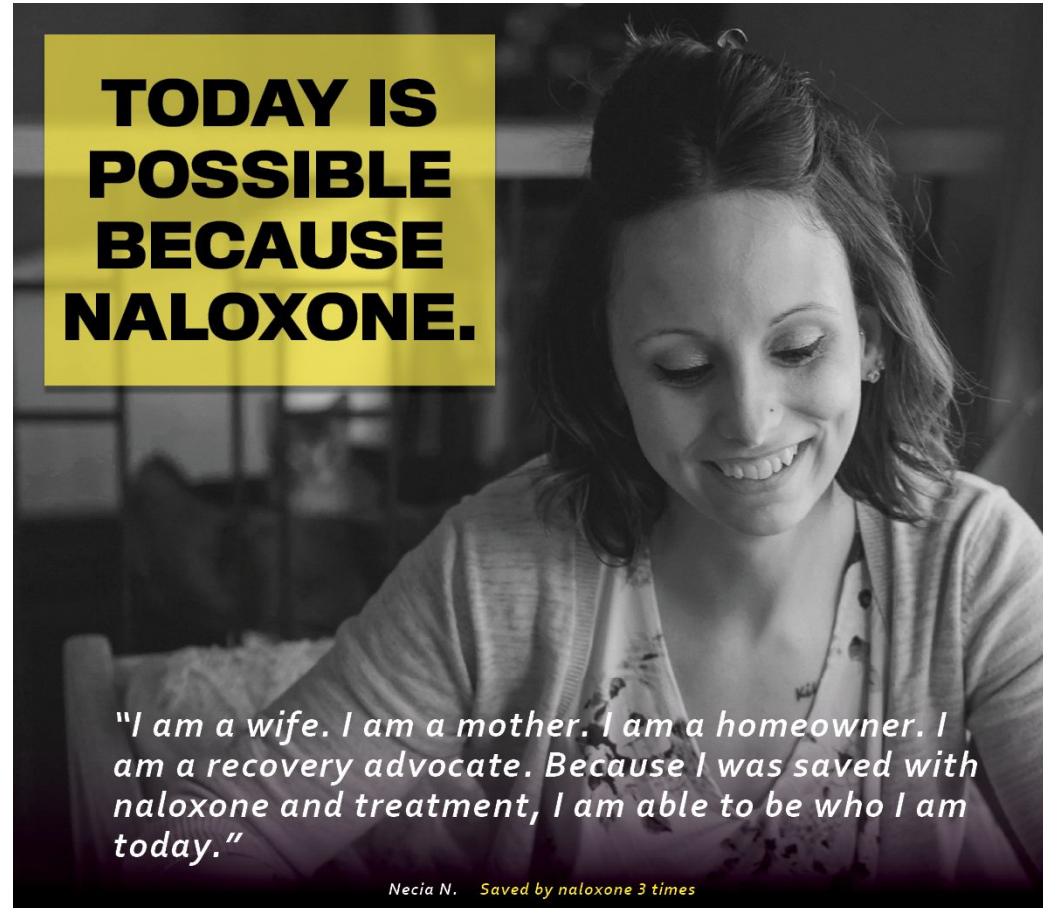
- Free NARCAN®
- Fentanyl Test Strips
- Deterra Drug Deactivation Bags
- Breathing barriers (CPR Face Masks)
- Hand Sanitizer
- Pens
- NARCAN® Rescue Kit bags



IDHS/SUPR Drug Overdose Prevention Program

Two options to access free Narcan (naloxone) supplies

1. Contact your local, funded



2. Enroll to order free Narcan directly



(Photo: Prevention First, 2020)

Drug use does not have to result in overdose.

Drug overdose does not have to result in death.

Harm reduction and recovery save lives.

Your work helps make that possible.



INTERNATIONAL OVERDOSE
AWARENESS DAY

—
AUGUST 31 2024



Questions and Comments



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