Stigma, Harm Reduction, and Pathways to Recovery

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Training Disclaimer

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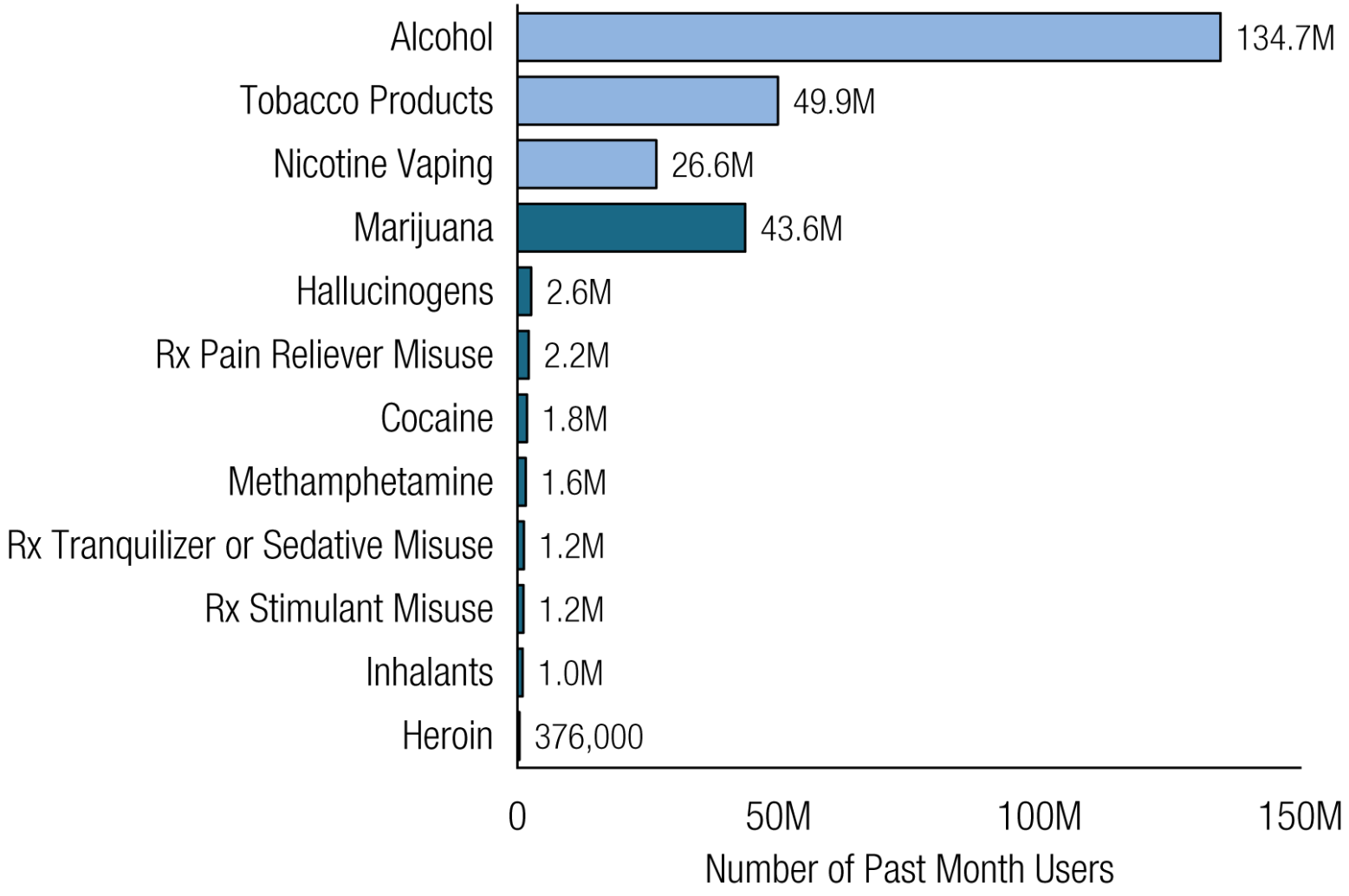
What will we talk about today…

- Urgency/scope of addressing substance use
- The impact of stigma on people who use substances
- Overview of harm reduction & treatments that work
- Pathways to recovery

Past Month Substance Use: Among People Aged 12 or Older; 2023

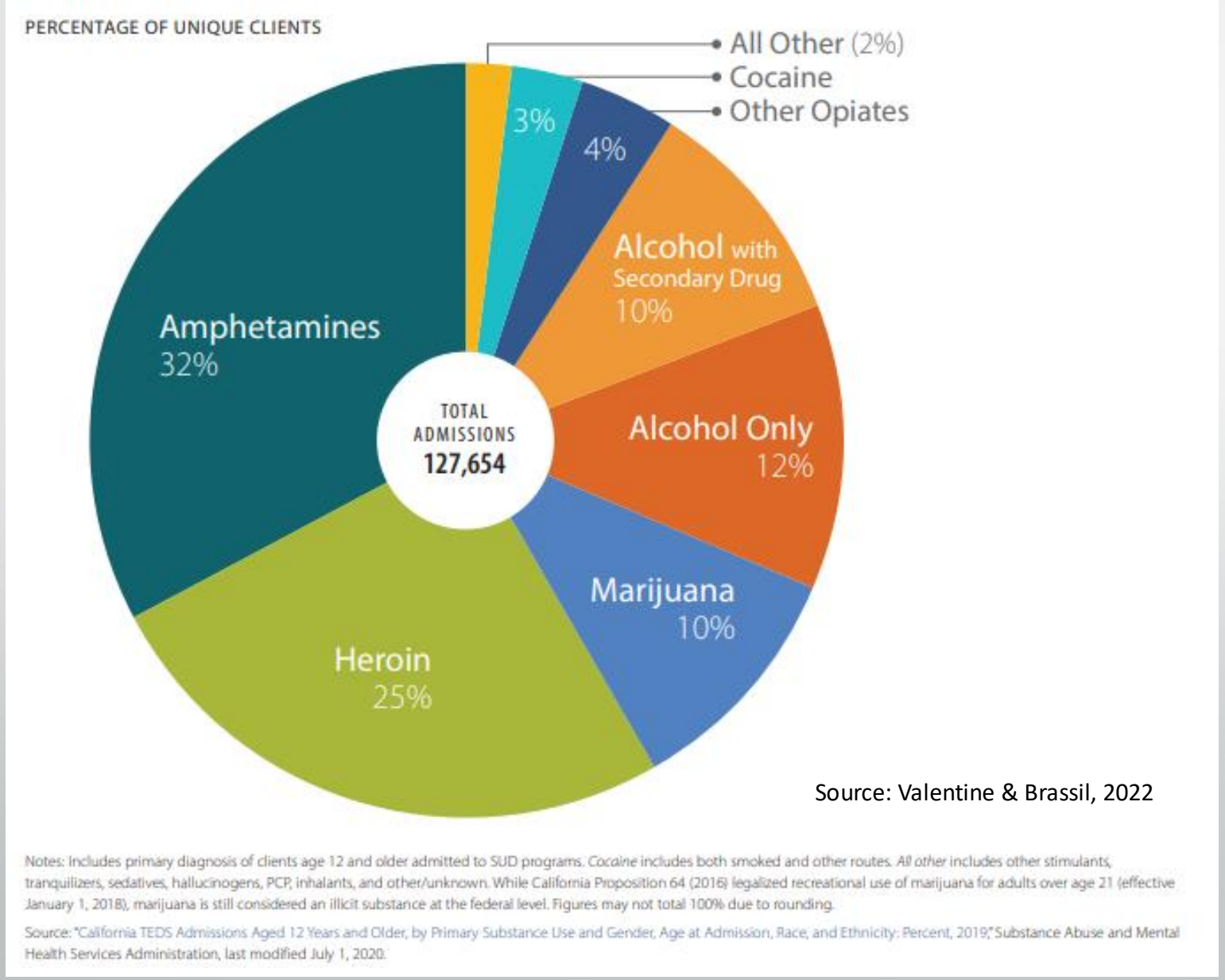


Rx = prescription.

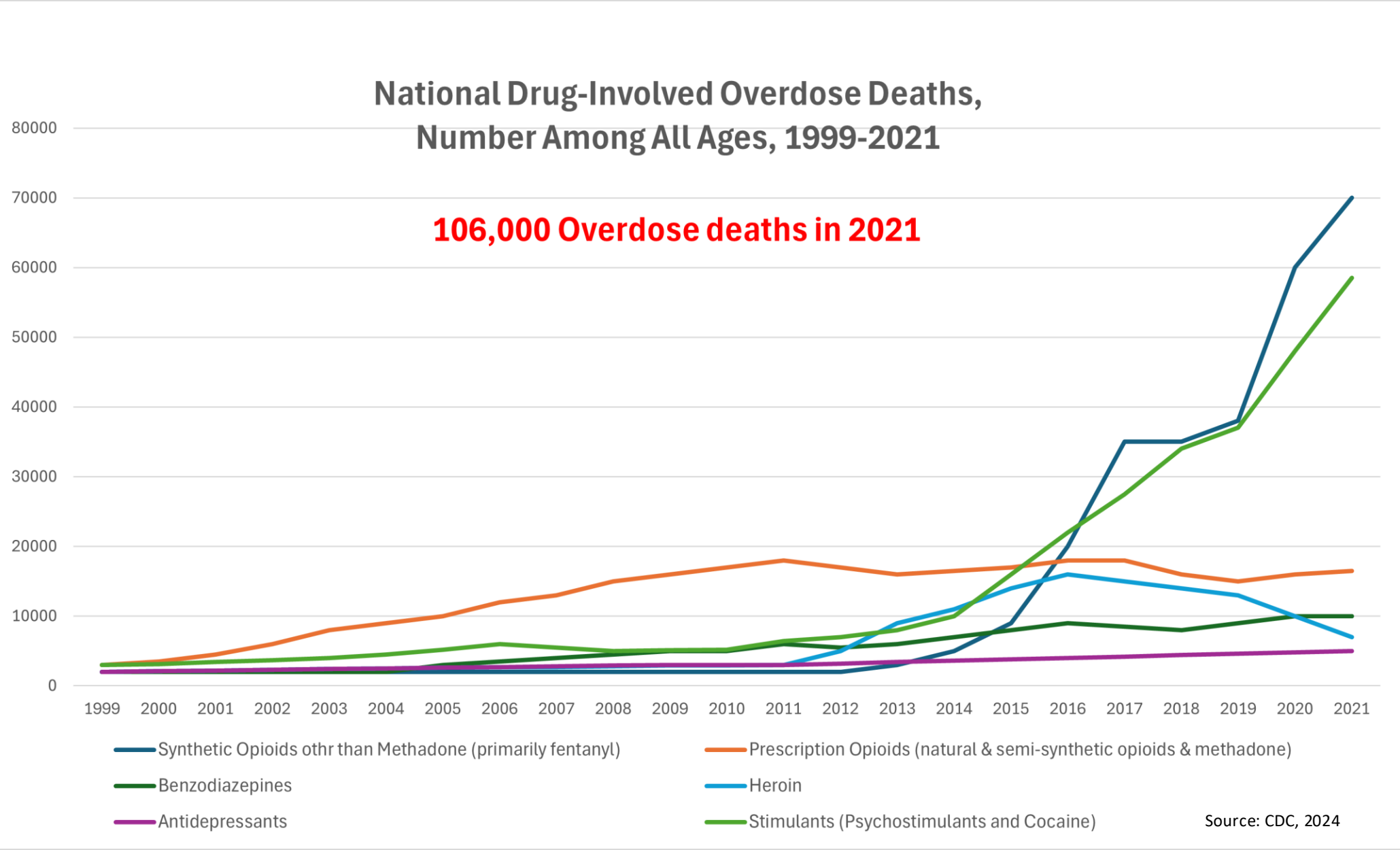
Note: The estimated numbers of current users of different substances are not mutually exclusive because people could have used more than one type of substance in the past month.

SAMHSA
Substance Abuse and Mental Health Services Administration

SUD Treatment in CA State/County Contracted Programs by Primary Substance

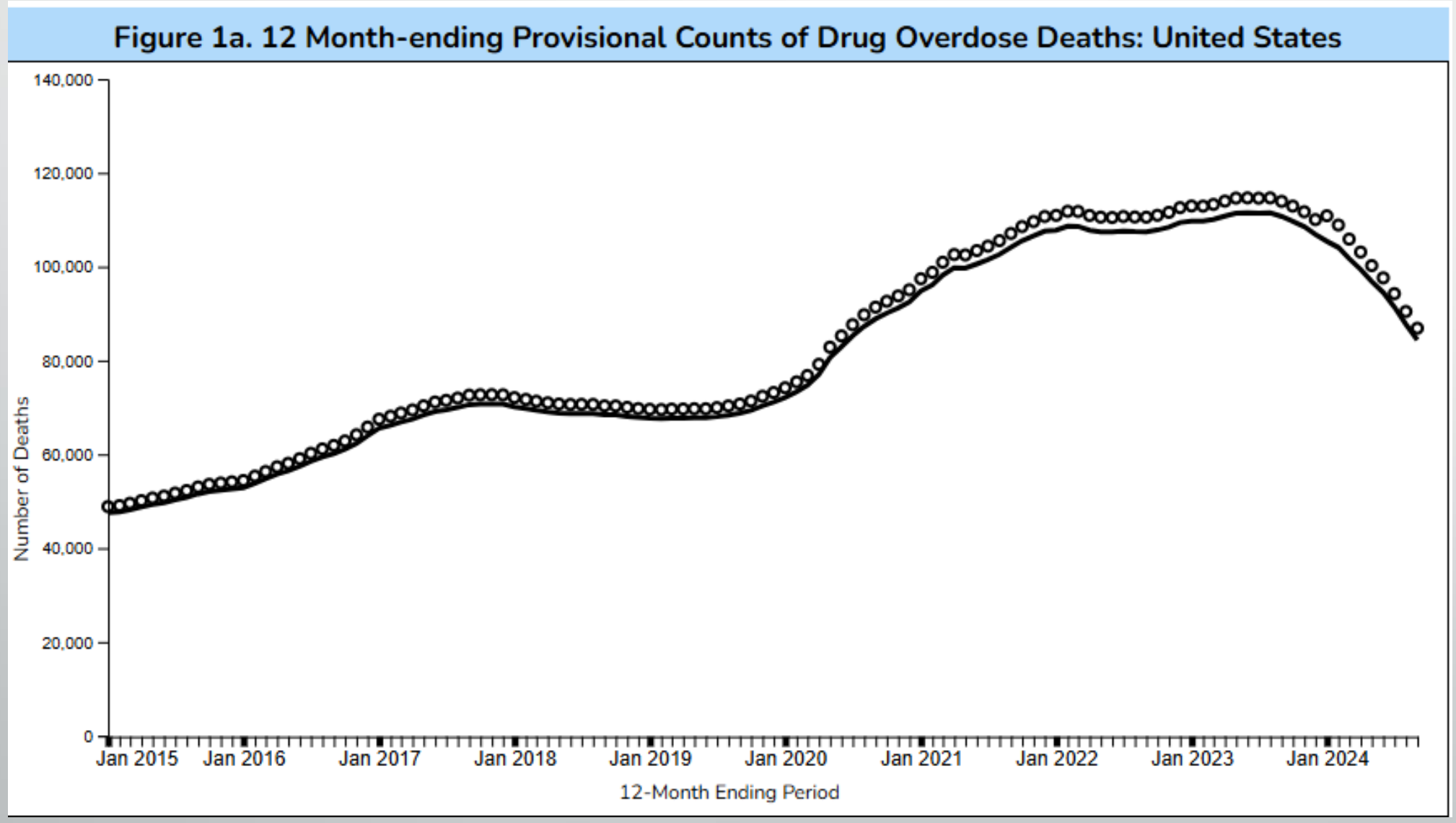


Drivers of Drug Poisoning Deaths Evolve



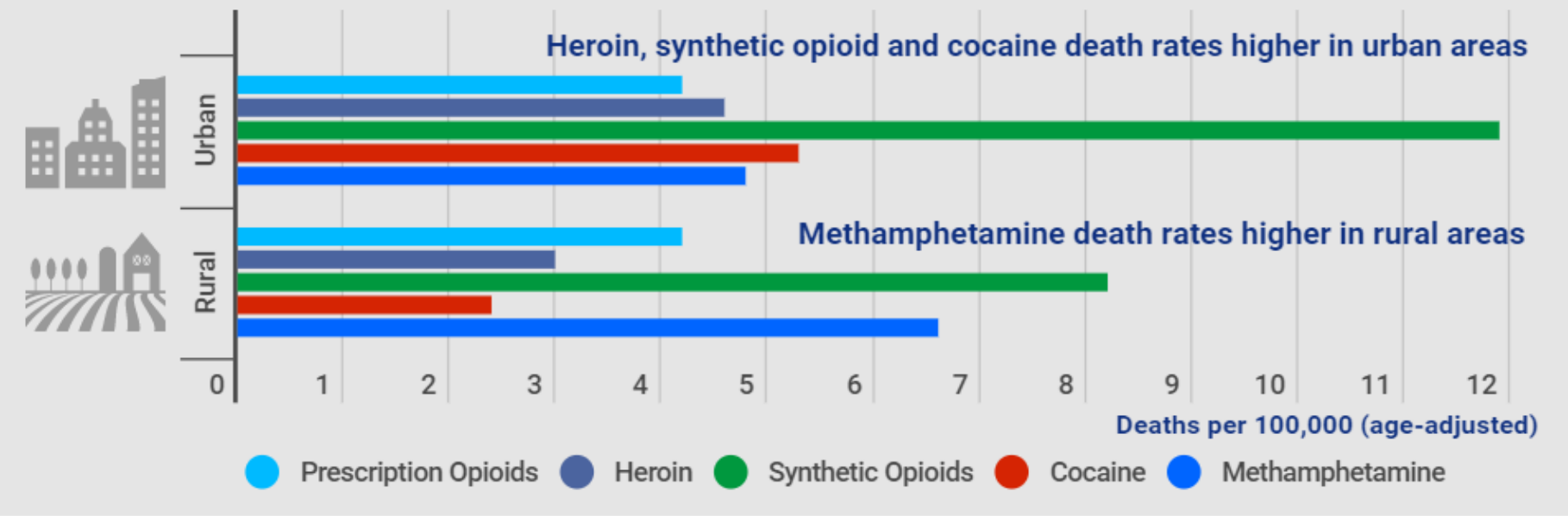
Source: CDC, 2024

Drug Poisonings



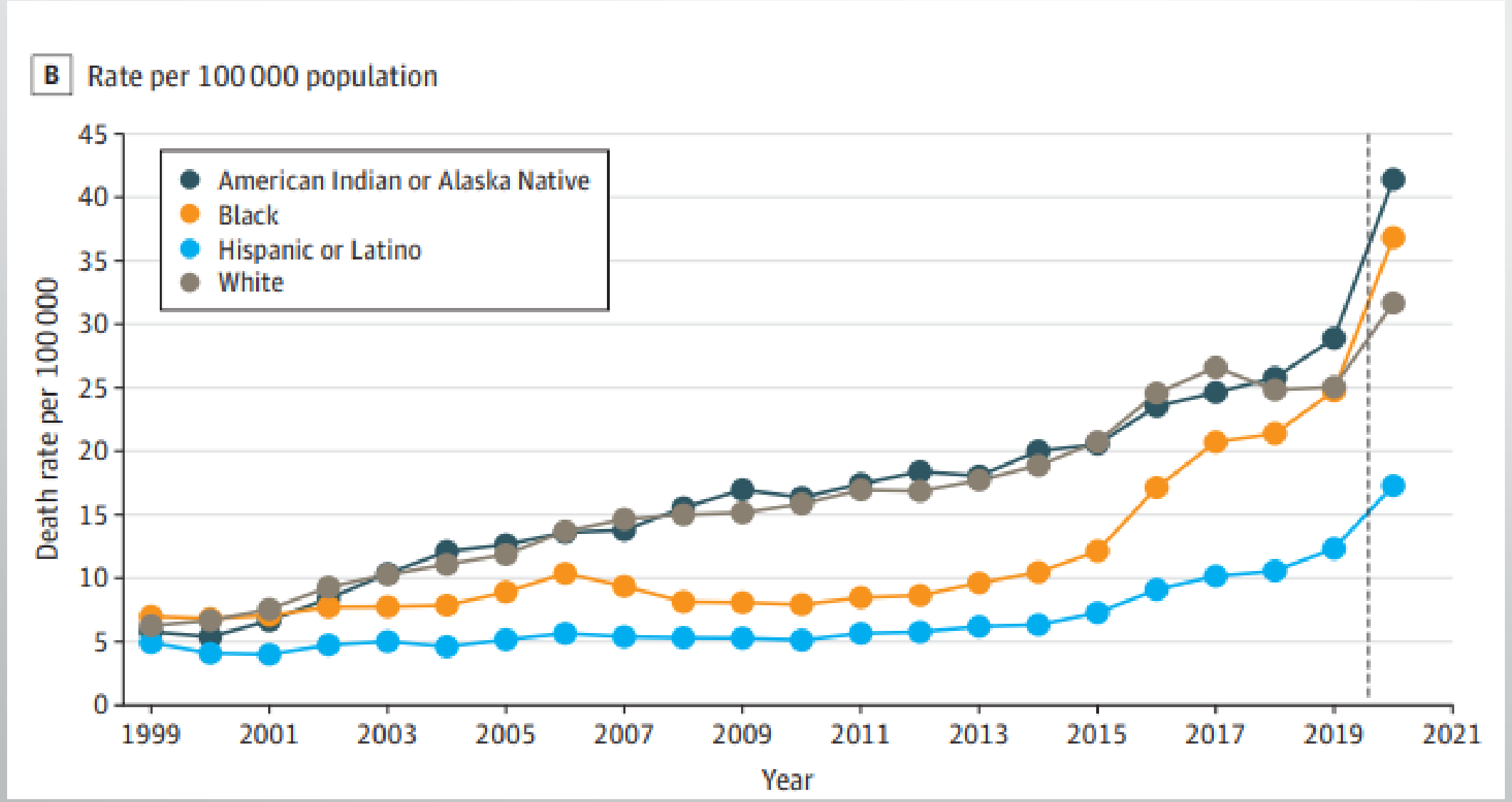
Ahmad FB, Cisewski JA, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2025.

Differential Drug-Related Death Rates in Rural vs. Urban Areas



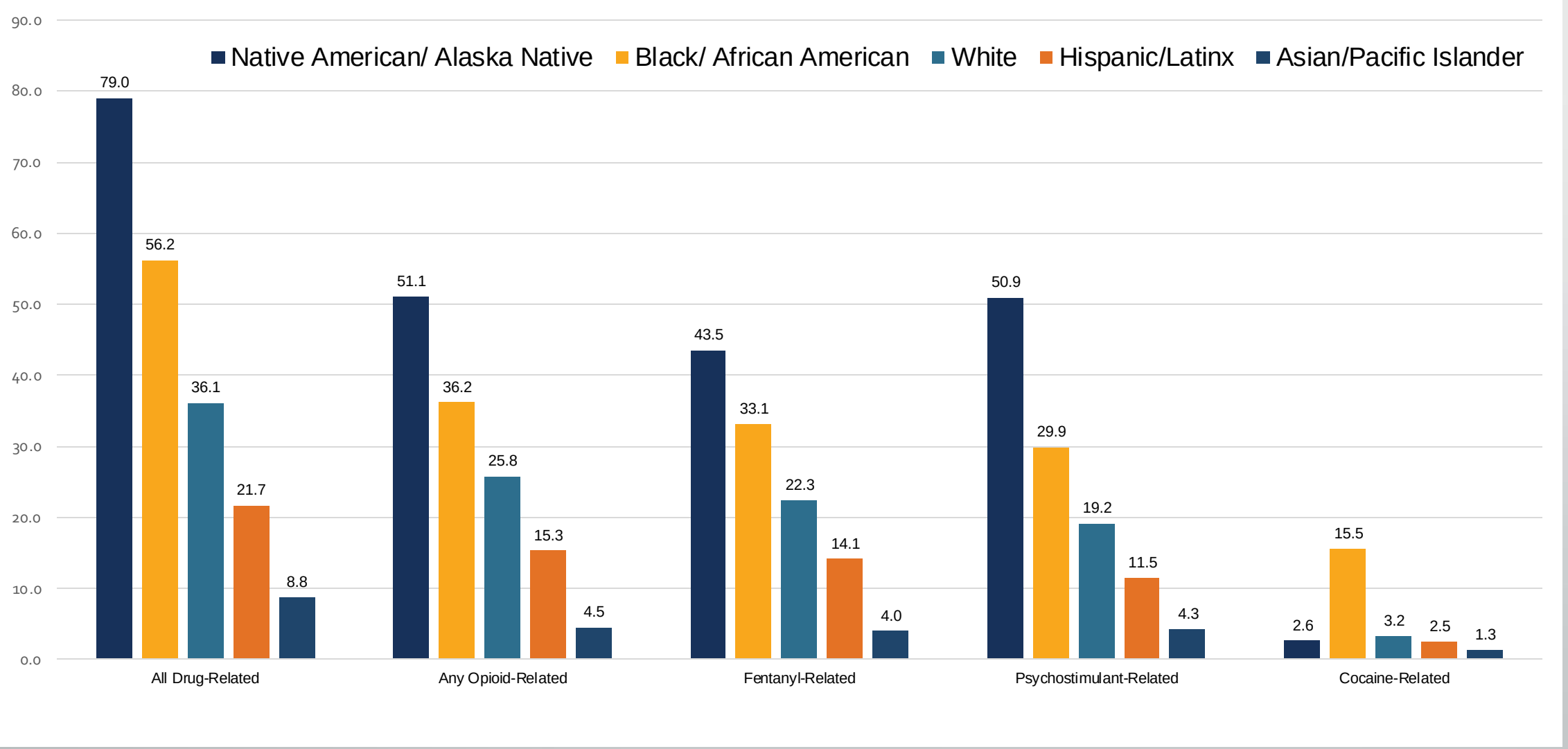
SOURCE: NIHCM Foundation, 2021

Drug Overdose Mortality per 100,000 Population

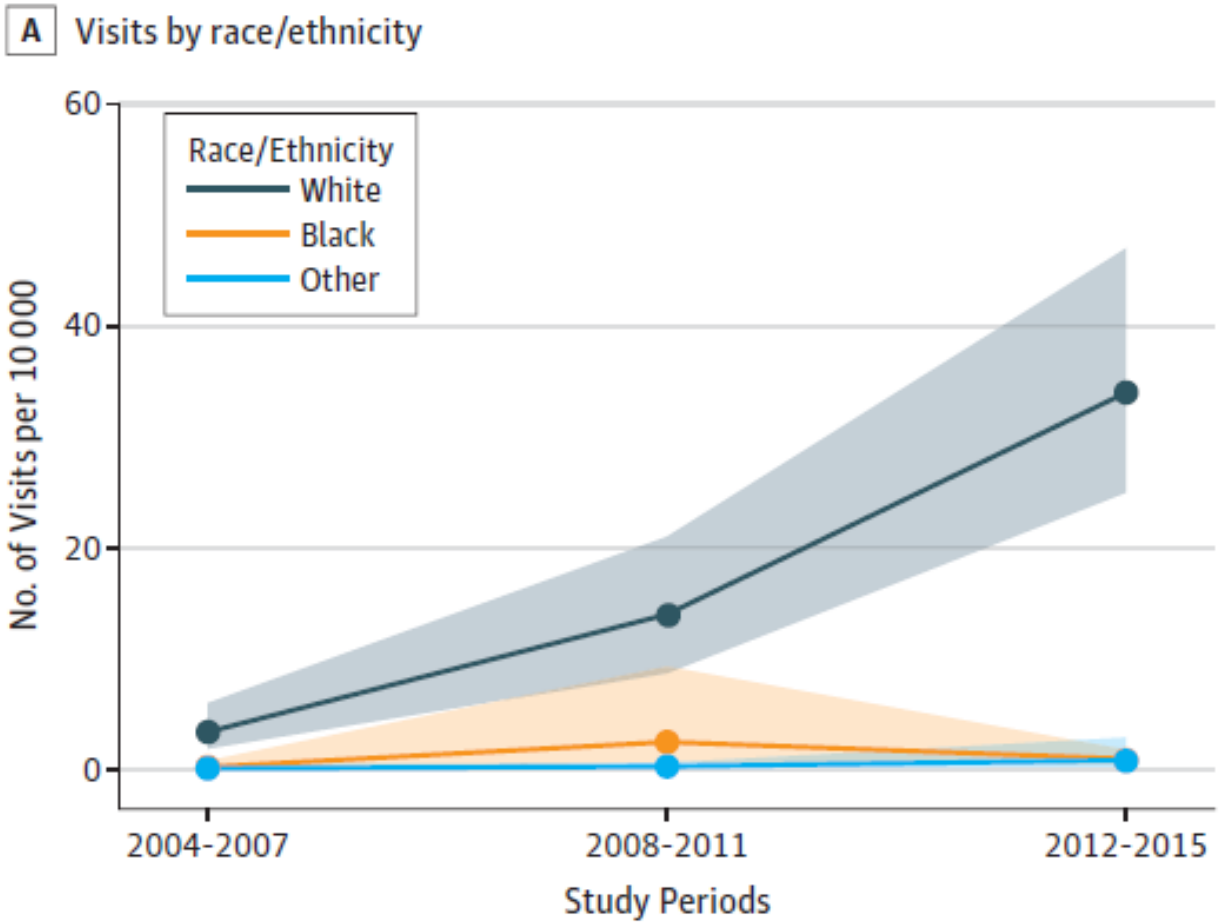


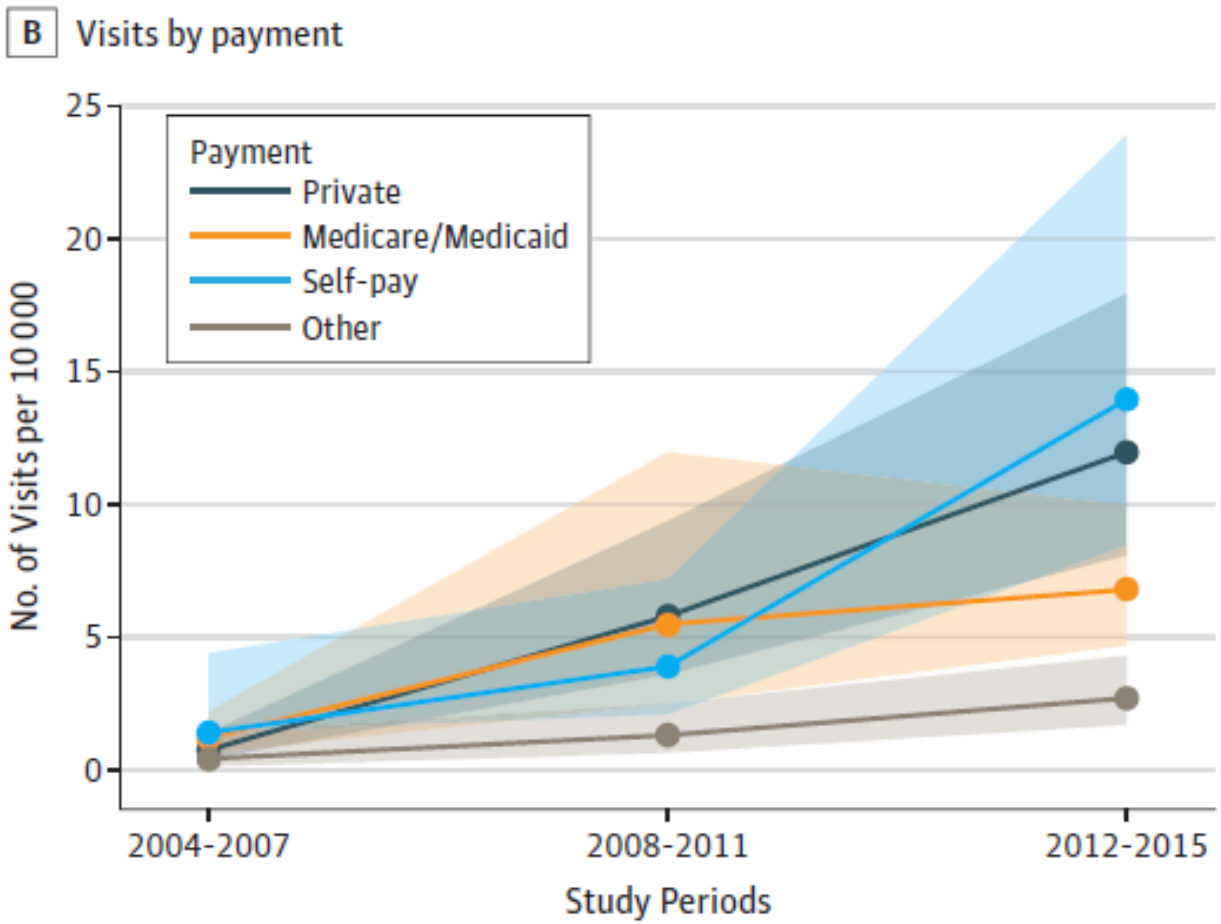
California Overdose Death Rates by Race/Ethnicity, 2022

Age-Adjusted Rates per 100k Residents



Buprenorphine by Race and Payment Method





Lagisetty, P.A., et al. (2019). JAMA

Takeaways

- We are in the worst overdose crisis ever.
- People in the US continue to use substances for a variety of reasons.
- How do we engage folks who may not be ready to change?
- How do we continue to protect the health and well-being of individuals in our community who decide to use substances?
- How can we make treatment more accessible for people who are ready to change?

Stigma Related to Substance Use

How does it show up?

Imagine…

- You are visiting with your sister after a recent visit to the doctor for numbness and tingling in her feet.
- She says that her doctor told her that she has diabetes and that she is stupid for letting her diet get so out of control.
- The doctor's recommendation is that she see a dietician and gain some self control. Once she does that, he will consider treating her diabetes directly with medicine.
- The doctor tells her that treatment with insulin will not do her any good unless she really is ready and he will know that is true when she loses some weight.
- The doctor tells her to come back when she really wants to change. No follow-up appointment is scheduled.

What impact might this have?

- For the patient
- For her family
- For the doctor and health care team

Nixon's war on drug addicts

From RICHARD SCOTT

Washington, June 17

President Nixon told Congress today that the drug problem in the United States had assumed the dimensions of a national emergency. He asked for an additional £64 millions to provide emergency measures for dealing with it.

50 years….

1971-2025

War on Drugs

Public Enemy No. 1

Top public health problem

What is stigma?

Originally from a Greek work meaning tattoo or brand. First English use in 16th century.

It was a mark made on the skin by pricking or branding, as punishment for a criminal

"It was viewed as a sign that criminals were unsafe, unclean, and unwanted"

Stigma For SUD

Stigma from within	• Blame self, feel hopeless
Stigma from recovery community	• Medications vs. “abstinence”
Stigma from clinicians	• Belief that treatment is ineffective
Stigma from outside	• Choice (moral failing) vs. disease

Stigma and Its Impact on Recovery

- Multiple layers of stigma:
  - Substance use stigma ("addict," "junkie")
  - Criminal record stigma ("ex-con," "felon")
  - Stimulant-specific stigma (methamphetamine, crack)
- Impacts:
  - Reduced treatment-seeking (42% less likely)
  - Barriers to employment (15-30% callback reduction)
  - Housing discrimination (up to 70% rejection rate)
  - Internalized shame and reduced self-efficacy
- Disproportionate effects on marginalized communities

Stigma and Discrimination

- People with SUD often get treated in **second-rate** dilapidated buildings, which gives them the impression they have a second-class illness.
- Not only do people with SUD worry they will get poorer-quality care because of stigma, they also get message **not worthy of high-quality care and environments** where people with "*real* diseases" get treated.
- Is "good enough for addicts" good enough?

"Substance Abuser"

Mr. Williams is a substance abuser and is attending a treatment program through the court. As part of the program Mr. Williams is required to remain abstinent from alcohol and other drugs…

"Substance Use Disorder"

Mr. Williams has a substance use disorder and is attending a treatment program through the court. As part of the program Mr. Williams is required to remain abstinent from alcohol and other drugs…

Facing Addiction with NCADD

The Real Stigma of Substance Use Disorders

In a study by the Recovery Research Institute, participants were asked how they felt about two people *"actively using drugs and alcohol."*

One person was referred to as a "substance abuser"

The other person as "having a substance use disorder"

No further information was given about these hypothetical individuals.

Kelly, J. F., Dow, S. J., & Westerhoff, C. (2010). Does our choice of substance-related terms influence perceptions of treatment need? An empirical investigation with two commonly used terms. *Journal of Drug Issues*, *40*(4), 805-818.

How do patients respond to stigma?

- WHO study of 18 most stigmatized social problems in 14 countries:
  - Substance addiction ranked number 1
  - Alcohol addiction ranked number 4
- Stigma associated with poor mental and physical health among people who use drugs
- Patients who hold more stigmatizing beliefs about SUDs are less likely to seek treatment; discontinue sooner
- Secrecy (concealing the stigmatized condition) is a common coping mechanism to deal with stigma
  - Contributes to a cycle of shame and avoidance

Why choose secrecy?

- This leads to a vicious cycle related to stigma

- Get diagnosed with a stigmatizing condition
- Feel stigma (it's not pleasant)
- Hide your condition
- Have your healthcare provider find out you hid a stigmatized condition
- Feel stigma even more since you now both have a stigmatizing condition AND tried to hide it (it's still not pleasant)
- Repeat

How do people who inject drugs respond to stigma?

- "When it comes down to it, a lot of the times that I need to get medical attention, **I put it off and put it off and put it off**, because I don't want to face the embarrassment that they make me feel, and that's not fair. It's not."

- Instead of accessing needed healthcare services, Stacey and others decided to delay care as long as possible, often until they required emergency services.

Biancarelli DL et al. Strategies used by people who inject drugs to avoid stigma in healthcare settings. Drug Alcohol Depend. 2019

Stigma hurts the population

- Rates of treatment for chronic diseases in the U.S.:
  - Hypertension 77%
  - Diabetes 73%
  - Major Depression 71%
  - Addiction to illicit drugs or alcohol: 18%

Crowley RA et al. Health and public policy to facilitate effective prevention and treatment of substance use disorders involving illicit and prescription drugs: An American College of Physicians Paper. Ann Intern Med. 2017

Stigma: Harm Reduction Challenges

- Stigma is frequently rooted in falsehoods, biases, or superstitions about specific groups perceived as "undesirable" by society.[1]
- Can lead to psychological effects that exacerbate conditions like depression and anxiety, in addition to physical outcomes.
- Impacts quality of life more negatively than other social factors such as socioeconomic status.[2]

Sources:

1. Villa, L. (2021, October 26). *Shaming the sick: Addiction and stigma*. American Addiction Centers. Retrieved from https://drugabuse.com/addiction/stigma/
2. Kulesza, M., et al. (2014). Stigma among individuals with substance use disorders: Does it predict substance use, and does it diminish with treatment? *Journal of Addictive Behaviors, Therapy & Rehabilitation, 3*(1), 1000115. https://doi.org/10.4172/2324-9005.1000115

Language choice can reduce stigma

"If you want to care for something, you call it a flower, if you want to kill something call it a weed"

- Don Coyhis

Use your words

Use person first language

- People are first, before their diagnosis
- “person with alcohol use disorder” vs “alcoholic”
- “patient with schizophrenia” vs “schizophrenic”
- ”patient with diabetes” vs “diabetic”

Use your words (2)

- Use person first language and avoid terms with a judgment
  - In front of a client
  - In front of providers and other agencies
- Ask for permission, and gently educate your colleagues when they use stigmatizing language

Tips for Providers

- Remind yourself how much effort it took for your client to show up at all (even if they are mandated)
  - Show appreciation for the time, energy, money, etc. it took for them to be present.
- When clients share topics that may be stigmatized, thank them. Acknowledge it takes strength to be vulnerable.
- Reassure clients that they are not going to be judged
- Reassure clients that you are just trying to help them
- If you're honest in those statements, it can change how you engage with people

So what are the best practices in treating a person who uses substances?

Harm Reduction Framework

What is your framework or point of reference to harm reduction?
What services come to mind?

Historical Context of Harm Reduction

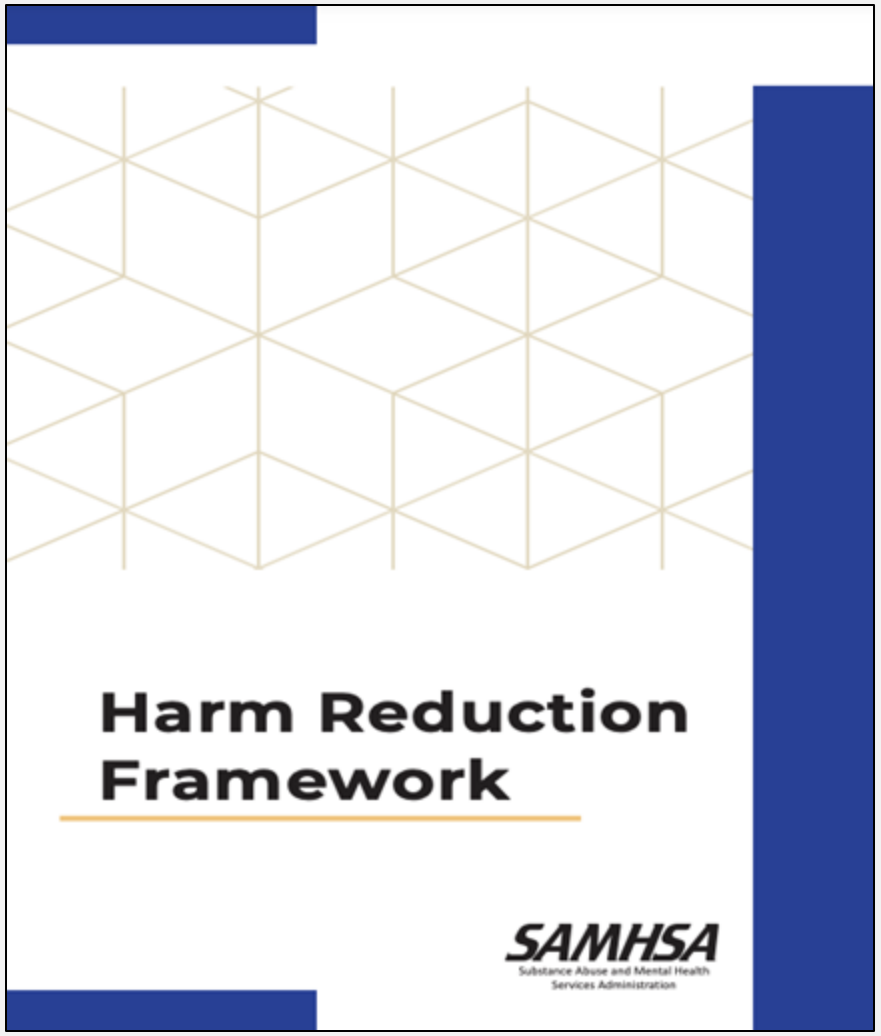
- Origins in 1980s responses to HIV/AIDS among PWID
- Early needle exchange programs in Netherlands, UK, Australia
- Evolution from grassroots activism to evidence-based policy
- Varying international acceptance and implementation

Des Jarlais, D. C. (2017). Harm reduction in the USA: The research perspective and an archive to David Purchase. Harm Reduction Journal, 14(1), 51.

Harm Reduction: Drug Policy and Practice Priority

A Harm Reduction Framework was established by the Substance Abuse and Mental Health Services Administration (**SAMHSA**), the Centers for Disease Control and Prevention (**CDC**) and Office of National Drug Control Policy (**ONDCP**) to reinforce the following:

- Harm reduction is a federal, state, and local level **drug policy and practice priority.**
- Harm reduction is an **evidence-based public health approach** designed to address substance use and its consequences across the continuum of care with youth and adults-populations alike.



Source:
Substance Abuse and Mental Health Services Administration (SAMHSA). (n.d.). *Harm reduction framework*. Retrieved from https://www.samhsa.gov/sites/default/files/harm-reduction-framework.pdf

What is Harm Reduction?

- A community-driven public health strategy.
- Focuses on prevention, risk reduction, and health promotion.
- Empowers individuals and families to make informed choices.
- Centers on the lived experiences of people who use drugs.

Source: SAMHSA, Harm Reduction Framework, 2023.

What is Harm Reduction?

Harm reduction is a set of policies and programs that allows individuals to **mitigate the risks** associated with particular behaviors, whether those involve drugs, alcohol, tobacco or sex. At its foundation, harm reduction recognizes that strategies that emphasize abstinence or behavior avoidance may work for some individuals, but they are ineffective at the population level. Alternatively, harm reduction respects both human rights and personal autonomy, providing **non-judgmental care and education** alongside access to tools—such as condoms or alternative products—that help people stay safer.

Core Goals of Harm Reduction

- Prevent overdose and disease transmission.
- Improve physical, mental, and social well-being.
- Provide accessible healthcare and support services.

Source: SAMHSA, Harm Reduction Framework, 2023.

Key Elements of a Harm Reduction Approach

Conceptualizes as "secondary prevention"- safety and reducing harm

Prioritizes dignity respect, and non-judgmental care

Provides low-barrier public health interventions

Why do this?

How is it done?

Need for Harm Reduction Approaches

- Poor engagement & retention in SUD services
- Not responsive to total abstinence mottos
- Escalating rates of overdose issues

Recovery Challenges

- Arrests/involvement in justice system
- Mental and trauma issues
- Social Disparities (work, school housing)

Social Challenges

- Higher rates of STIs
- Increased risk of HIV
- Chronic respiratory issues
- Worsened physical health complexities

Health Challenges

Source:
Kimmel, S. D., Gaeta, J. M., Hadland, S. E., Hallett, E., & Marshall, B. D. L. (2021). Principles of Harm Reduction for Young People Who Use Drugs. *Pediatrics, 147*(2), S240-S248.

Connecting to Treatment

- Only 1 in 10 people with a substance use disorder receive treatment.
- Most people who don't get treatment don't believe they need it.
- Harm reduction organizations provide essential services that encourage engagement.

Source: SAMHSA, Harm Reduction Framework, 2023.

Evolving Role Harm Reduction in SUD Service Systems

Syringe Services Programs (SSPs)

- Provide sterile injection equipment and disposal
- Reduce HIV and HCV transmission by 50% or more
- Often provide other services: testing, wound care, referrals
- Cost-effective: estimated $1 invested saves $6+ in HIV-related costs

Naloxone Distribution Programs

- Opioid antagonist that reverses overdose effects
- Community distribution models reach those at highest risk
- Associated with 21-46% reduction in overdose deaths
- Available as injectable or nasal spray
- Legal protections (Good Samaritan laws) in most states

Drug Checking Services

- Test substances for purity and contamination
- Methods include fentanyl test strips, spectrometry, colorimetric tests
- Can modify use behavior when unexpected results found
- Particularly important in era of fentanyl adulteration
- Increasing adoption at music festivals and harm reduction programs

Harm Reduction Practice: Education & Awareness

Providing accurate age-appropriate information about the effects and risks of using substances.

Safe Use Practices

- Not mixing substances
- Being with trusted people when using
- Recognizing overdose signs
- How to use Narcan and Fentanyl Strips

Harm Reduction in Action

- Syringe exchange programs.
- Naloxone distribution for overdose reversals
- Drug testing and fentanyl test strips
- Safer sex kits, including condoms
- Education on safer drug use.
- Access to healthcare and housing support.
- Referral to hepatitis A and hepatitis B vaccinations
- Peer support and outreach programs.
- Wound care supplies
- Medication lock boxes
- Sterile water and saline
- Nicotine cessation therapies
- Food (e.g., snacks, protein drinks, water)
- HIV education and viral hepatitis prevention, testing, and referral to treatment services
  - PrEP, PEP, Hep C cures

Source: SAMHSA, Harm Reduction Framework, 2023.

What Harm Reduction is Not

- "Anything goes"
- Does not encourage, condone, or enable drug use/harmful behaviors
- Does not discourage or force people to make changes
- Does not exclude abstinence-based treatment as a viable option

National Harm Reduction Coalition : Harm Reduction Truth

Harm Reduction Treatment Tasks

- Building and managing a nonjudgmental, empathic and **healing therapeutic alliance** with the client and leaning into the ambivalence
- Identification of Goals along the Harm Reduction Spectrum
- Enhancing **client's self management** skills
- Personalized Person-centered plan for positive changes

Harm Reduction: Person-First Approach

Characterize

- Characterize the person's substance use and related wellness.

Understand

- Understand readiness to change.

Identify

- Identify and reduce the health and social harms related to the substance use.

Provide

- Provide concrete intervention that allow the individual to remain safe, reduce risk and build self efficacy.

Source: Substance Use Prevention (SUS). (n.d.). *National drug and alcohol facts week*. Retrieved from https://sus.org/national-drug-and-alcohol-facts-week/

Harm Reduction Practice:
An Empathetic and Non-judgmental approach

Building trust with clients by avoiding stigma and judgment. Be mindful that justice-involved clients have had negative interactions with institutions and people in power.

Creating a welcoming safe space where they can feel heard and respected. Offering clients and their families something to eat or drink when they come in for the first time.

Counselors/therapists are trained to use strength-based language and definitions when working with clients. We avoid words like addict or drug user.

Harm Reduction Practice: Person-Centered Goal Setting

Clients Set Goals: Working with clients in setting their own goals is a harm reduction approach

- Gives them autonomy (they are experts in their lives)
- Empowers them to take ownership of their decisions and actions without judgment and stigma
- Counselors are sources of support and guidance
  - Celebrating smallest of wins-of client created goals
  - Discusses ways they can overcome barriers

Harm Reduction History: Challenges

- **Stigma and Opposition**:
  - "Condoning or enabling risky behaviors" rather than seeing it as a pragmatic and compassionate approach to minimizing harm.
- **Limited Funding and Resources**:
  - Limited/inconsistent government and private funding sources may be difficult to secure.
- **Legal and Regulatory Barriers**
  - Laws and policies restrict access to harm reduction tools such as syringe safety program and supervised consumption sites.
  - Criminalization of behaviors related to drug use can discourage individuals from seeking help and accessing essential services.
- **Lack of Public Awareness and Education**:
  - A lack of public awareness and understanding about harm reduction principles and practices. Misconceptions and misinformation can lead to resistance to harm reduction initiatives and policies.

Credit: Siddarth Puri, MD, Associate Medical Director of Prevention, LA DPH-SAPC

Benefits of Harm Reduction

- Acknowledges that stopping drug use may not be **realistic or desirable** for everyone
- Provides **practical** strategies for reducing risks & harms
- No person should be denied access to services
- Balances costs and benefits
- Provides **accurate** information
- Attempts to promote & facilitate access to care
- Engages people in a continuum of care from which they would otherwise be excluded

Evidence for Harm Reduction

- **30 years of harm reduction practices in the United States have shown it is effective in:**
  - Reducing Overdose deaths
  - Reducing blood-borne infections
  - Is safe and cost effective
    - **Lifetime cost of medical care for each new HIV infection is over $400,000.**
    - The equivalent amount of money spent on harm reduction programs prevents at least 30 new HIV infections.

Credit: Siddarth Puri, MD, Associate Medical Director of Prevention, LA DPH-SAPC

Farnham PG, Gopalappa C, Sansom SL, et al. (2013)
Ronan, M., & Herzig, S. (2016). Hospitalizations related to opioid abuse/dependence and associated serious infection

Evidence for Harm Reduction: Engagement

- Compared to people who never accessed harm reduction services, people using harm reduction services are:
  - **5 x more likely to participate in drug treatment**
  - **3 x more likely to reduce or stop injecting**
    - Helping patients use more safely by shifting away from higher risk modes of use
      - Ex/ injecting smoking
      - Increasing access to smoking supplies, especially with people moving away from injection to smoking because of fentanyl

Credit: Siddarth Puri, MD, Associate Medical Director of Prevention, LA DPH-SAPC

Hagan H, McGough JP, Thiede H, Hopkins S, Duchin J, Alexander ER. (2000)

Case : Jordan 32 years old

Jordan is a 32-year-old who began using opioids at age 22 following a prescription for a construction injury. When the prescription ended, Jordan transitioned to street-purchased pills and eventually heroin. Currently, Jordan uses heroin intravenously 2-3 times daily, has experienced two non-fatal overdoses in the past year due to fentanyl in the drug supply, and occasionally uses methamphetamine and alcohol. Jordan was recently released from a 10-month jail sentence for drug possession, theft, and probation violation, with current requirements including weekly check-ins with a probation officer, attending treatment, maintaining employment, and passing random drug tests.

Jordan is currently homeless, staying at a shelter when beds are available and otherwise sleeping in an encampment or on friends' couches. Employment consists of sporadic day labor and short-term construction jobs. Health issues include untreated Hepatitis C, chronic pain, injection-related abscesses, and symptoms of depression. Jordan has a 9-year-old child with visitation rights but has only seen the child twice in the past year due to incarceration and instability.

- Risk Factors?
- Harm reduction strategies?
- What services would you include for Jordan?

Key Takeaways

- Harm reduction is a practical and evidence-based approach.
- It saves lives and improves health outcomes.
- Collaboration and advocacy are key to expanding its reach.
- Provides opportunities to build relationships engage people in care

The Evidence Based Practices

Good across the spectrum of mental health disorders

SAMHSA's Guiding Principles of Recovery

SOURCE: US DHHS, SAMHSA, 2012

Evidence-Based Behavioral Treatments for SUD

- Cognitive Behavioral Therapy/Relapse Prevention
- Motivational Interviewing
- Matrix Model
- Exercise
- Mindfulness
- Contingency Management*
- Community Reinforcement Approach

Initial Engagement

First Impressions MATTER!

What do we "show" the people we engage with when we start working with them?

- Do we throw paperwork at them and work to inculcate them into our systems?
- Or do we engage them as individuals with unique strengths and resources that can be marshalled for change?

Recovery Planning

Recovery Planning is the Keystone of Recovery Management

- Person-directed puts the individual as the expert. They know what they need and want.
- Assisting in the creative process empowers individuals, builds participation in all domains of life, and limits potential for harm.
- Placing the individual in the driver's seat builds recovery capital and self-sufficiency. It also promotes autonomy.

Why Recovery Plans?

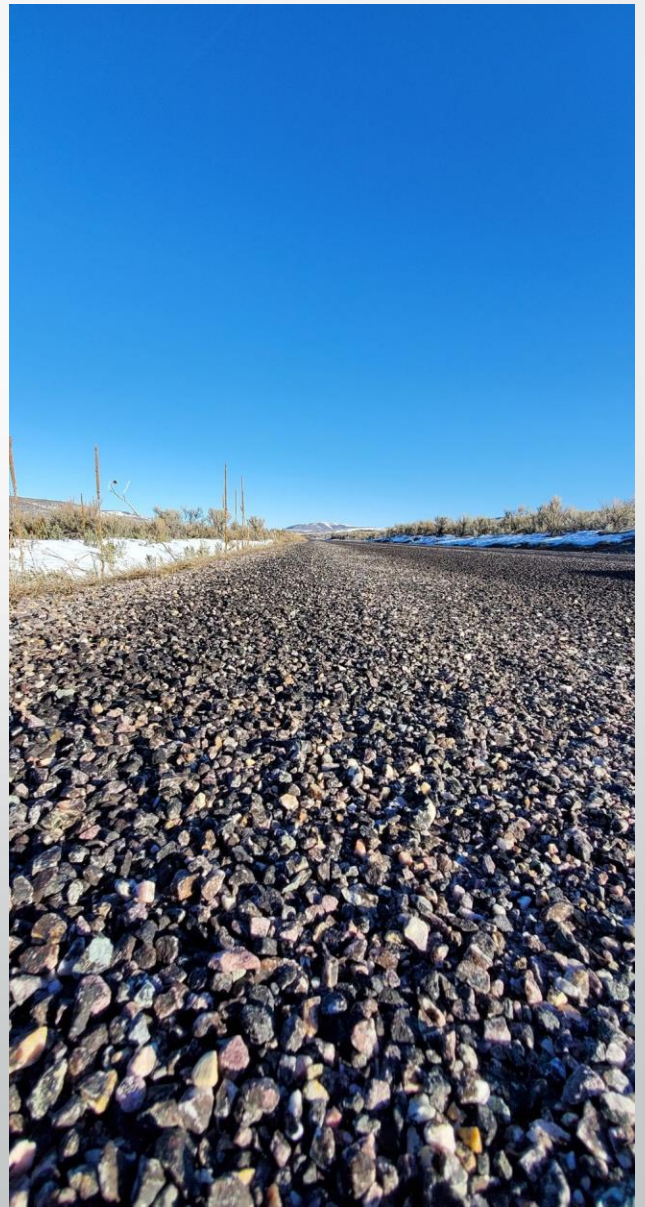
- Consistent and regular review allows the individual to see both progress and barriers.
- Recovery goal plans are fluid and subject to revision at any stage of service.
- Respects that a person's recovery journey is THEIRS and we are supportive.
- Allows for and actively includes cultural values.

A Recovery Oriented System of Care

What is a ROSC?

"A Recovery Oriented System of Care (ROSC) supports the premise that there are many pathways to recovery. Recovery- oriented activities include providing a menu of traditional treatment services and alternative therapies, including peer recovery coaching, acupuncture, meditation, and music and art therapy."

– SAMHSA



Pathology Orientation

Like the infamous egg in a frying pan brain on drugs, the focus of care has long had a deficit orientation rather than on the inherent strengths of persons in care and recovery capital.

- We have made progress.
- Recovery oriented programs focus on asking people about the strengths, dreams and recovery capital.
- We have a long way to go, warehouses could be filled with research on SUD pathology yet there has been little focus on studying recovery

Systemic Strength-Based Orientation

Every Person and Community has Strengths!

- Orient on strengths across the service system at all levels of care and support.
- The strength-based orientation helps to avoid implicit bias and identify the inherent resources of persons with substance use disorders (SUD)
- We can tap into the full capacity of the community and its diverse members.

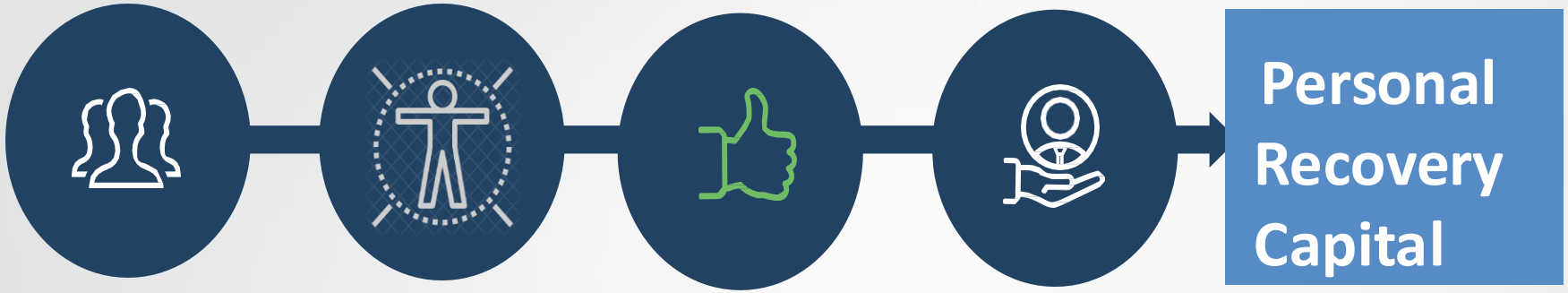
Principles of Recovery Management

- Emphasis on **resilience** and recovery processes (as opposed to pathology and disease processes)
- Recognition of **multiple pathways** and styles of recovery
- **Empowerment** of individuals and families in recovery to direct their own healing
- Development of highly **individualized** and **culturally nuanced** services
- Heightened **collaboration** with diverse communities of recovery
- Commitment to **best practices** as identified in the scientific literature and through the **collective experience** of people in recovery

Recovery Capital

Recovery Capital - the breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery

The Four Dimensions of Personal Recovery Capital



Social
The Sum of resources. Relationships, support from and obligations to others

Physical
Tangible assets ie property / money that increase options.

Human
Personal skills, education, positive health, aspirations and hopes

Cultural
Values, beliefs, attitudes, that link individual to social attachment and pro-social behavior

Supporting Multiple Pathways of Recovery

- Every journey into recovery is an individualized path developed with the resources, strengths and goals of the person being served supported across the care team.
- Everyone is aware that individualizing pathways of recovery means not pushing particular paths due to personal experience or preference on the part of the care provider team.

Multiple Pathways to Recovery

- Recovery processes that do not always involve a clinician / often community-based and can utilize peer support.

  - Motivational Interviewing and Motivational Enhancement Therapies (MI/MET)
  - Pharmacology – Medication-Assisted Treatment (MAT)
  - Levels of Clinical Addiction Care
  - Holistic-Based Recovery Services
  - Relapse Prevention (RP/MBRP)
  - Twelve-Step Facilitation (TSF)
  - Recovery Residences

Pathways to Recovery - Continued

- Recovery Community Centers
- Peer-based Recovery Support
- Education-based Recovery Services
- Faith-based Recovery Support

- SMART Recovery
- All Recovery
- Celebrate Recovery
- Overcomers Outreach
- Exercise / Gym

Summary and Wrap up

You can do this

Summary

- **Overdose deaths continue to be a challenge and tragedy**
- **Stigma against people who use substance is profound**
- **Harm reduction is a practical and evidence-based approach.**
  - It saves lives and improves health outcomes.
- **Treating people who use substance saves lives**
  - Retention in MH and SUD care
  - Reduced risk of drug poisonings
- **Recovery Oriented System of Care**
  - There are multiple pathways to recovery
  - Important to use evidence-based practices when available

Harm Reduction Resources

- National Harm Reduction Coalition: www.harmreduction.org
- Harm Reduction International: www.hri.global
- SAMSHA: www.samsha.gov
- Health and Human Services: www.hhs.gov

Safer Use Practices

Harm Reduction Resources

Naloxone Distribution Project

The Department of Healthcare Services (DHCS) created the Naloxone Distribution Project (NDP) to combat opioid overdose-related deaths throughout California. The NDP aims to reduce opioid overdose deaths through the provision of free naloxone.

Distribution of Generic Naloxone

- 4mg naloxone nasal spray in partnership with the CalRX Naloxone Access Initiative.

Free Fentanyl Test Strips

- All-in-one fentanyl test strip kits to help prevent drug overdoses across the state.

Apply for Naloxone and Fentanyl Test Strips

Entities can apply to DHCS to have naloxone and/or fentanyl test strips shipped directly to their address.

Eligible entities include:

- Fire, EMS and first responders;
- Schools and universities;
- Tribal entities;
- County public health and behavioral health departments; and
- Community organizations such as harm reduction organizations or community opioid coalitions.
- Law enforcement such as police departments, county jails and probation

Apply via the online application form.

Resources

- **California Substance Use Line: (844) 326-2626**
  - Free, expert, confidential, 24/7 phone consultation for substance use evaluation and management, including guidance on medications for opioid use disorder. Available to any health care provider in California.
- **National Clinician Consultation Center: (855) 300-3595**
  - Free, confidential, clinician-to-clinician phone consultation on evidence-based substance use evaluation and management. Available Monday - Friday, 6 AM - 5 PM PT to any provider in need of specialty addiction medicine consultation. Voicemail is open 24 hours a day, 7 days a week.
- **LA County DHS MAT Hotline: (213) 288-9090**

Credit: Siddarth Puri, MD, Associate Medical Director of Prevention, LA DPH-SAPC