



Supporting the Health of People Who Use Drugs

Tuesday, June 2, 2026



CENTER FOR COMMUNITY-ENGAGED
DRUG EDUCATION, EPIDEMIOLOGY,
AND RESEARCH

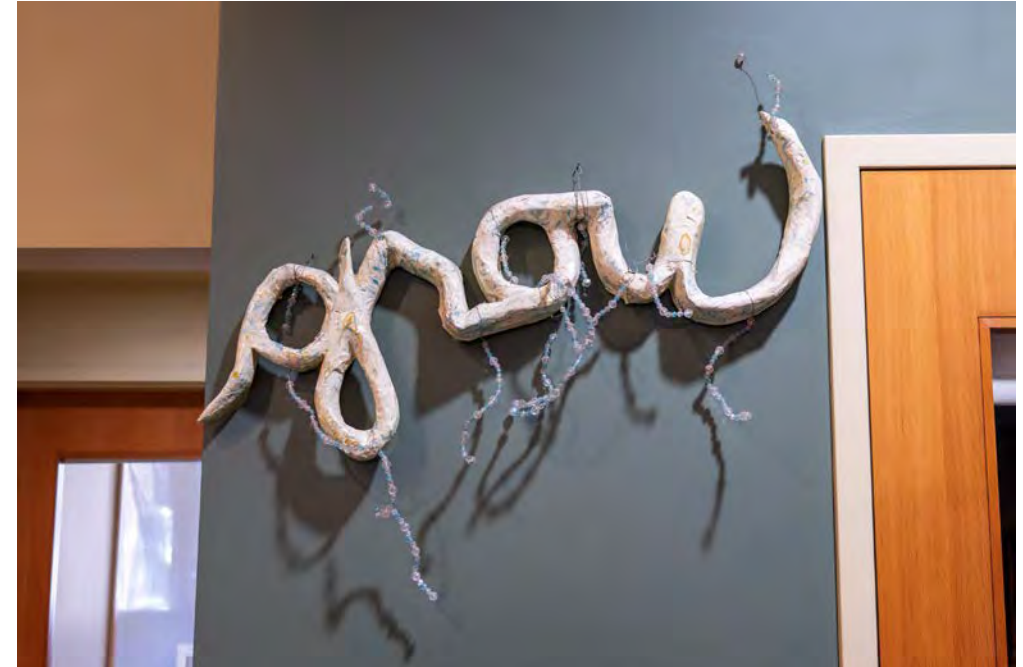


I would like to begin by acknowledging that as we gather today, we are on the ancestral homelands of the Indigenous Peoples who have lived on these lands since time immemorial.

Please join me in expressing our deepest respect and gratitude for our Indigenous neighbors.

Objectives

- Identify ways to support the health of people who use drugs.
- Learn about programs across Washington State.
- Generate conversation to promote understanding and new ideas.





Thank you!

Thank you to our conference planning committee and our wonderful speakers!

Conference planning committee:

Caleb Banta-Green

Ben Biamont

Nicole Branche

LeiLani Dawn

Alison Newman

Maureen Oscadal

Mandy Owens

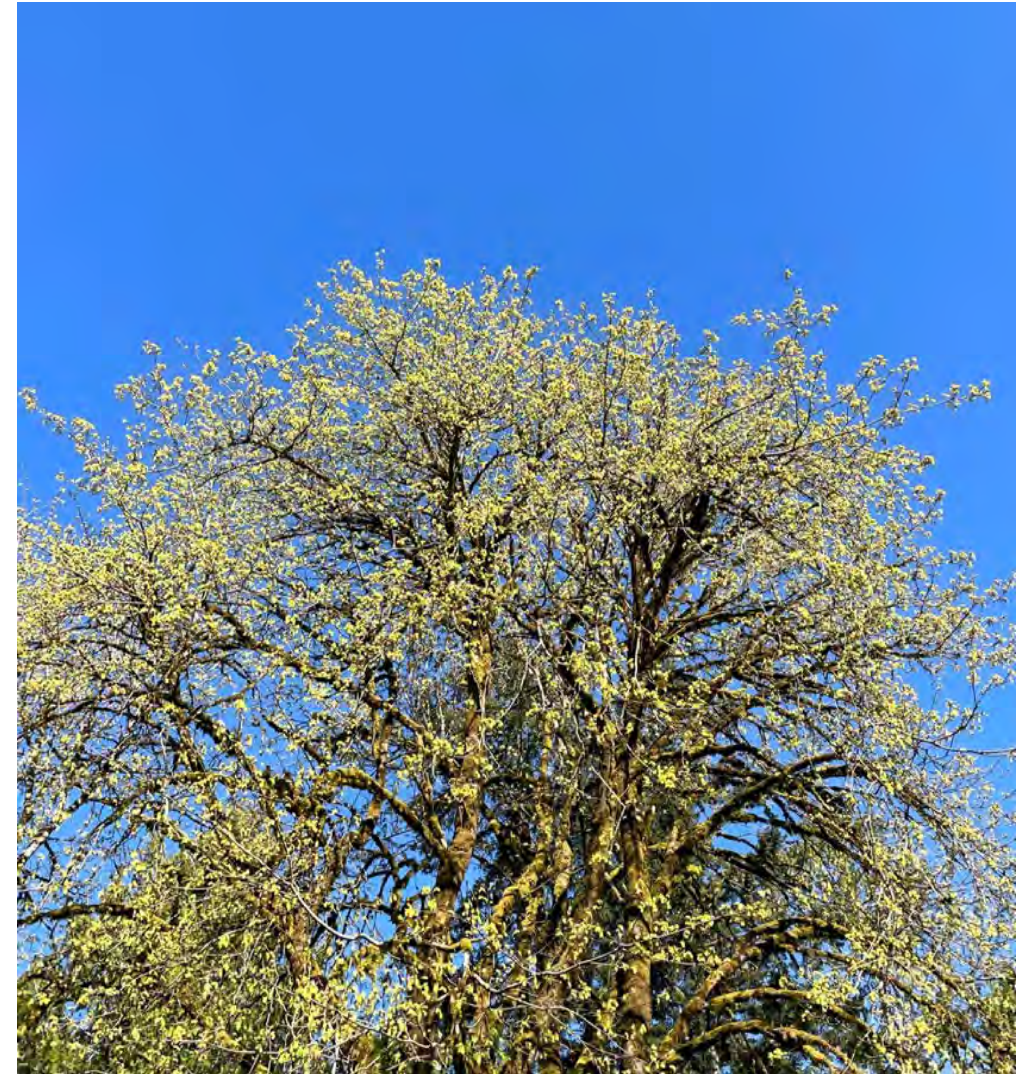
Mandy Sladky



Thank you!

Thank you to Washington State Health Care Authority for funding and support of this event.

The opinions here are those of the speakers and may not represent the Health Care Authority.





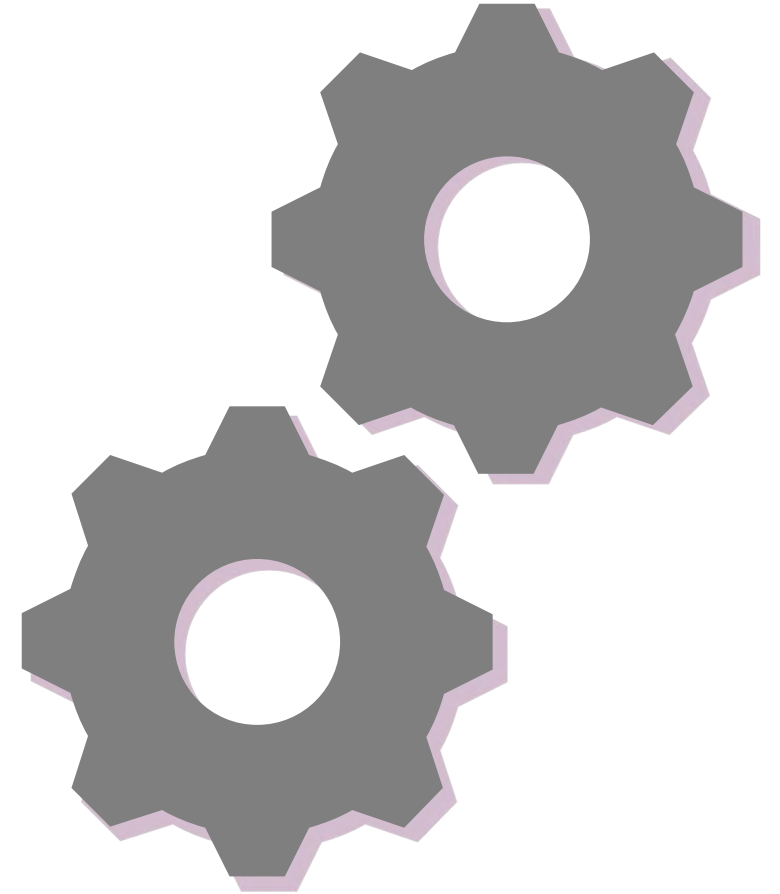
Agenda Day 1: Health

12:00	Opening
12:30	Core services: syringes, safer smoking supplies, and naloxone
1:30	<i>Break</i>
1:45	Integrating healthcare and harm reduction
2:45	<i>Break</i>
3:00	Wound care
3:50	Closing



Housekeeping

- **We are using “webinar mode”**
Presenters are onscreen while audience is off-camera and muted.
- **Submit questions in the Q&A box**
If presenters can't respond during sessions, we'll try to get written responses after.
- **Sessions will be recorded and posted with resources at:**
adai.uw.edu/supporting-health-2026/





Poll

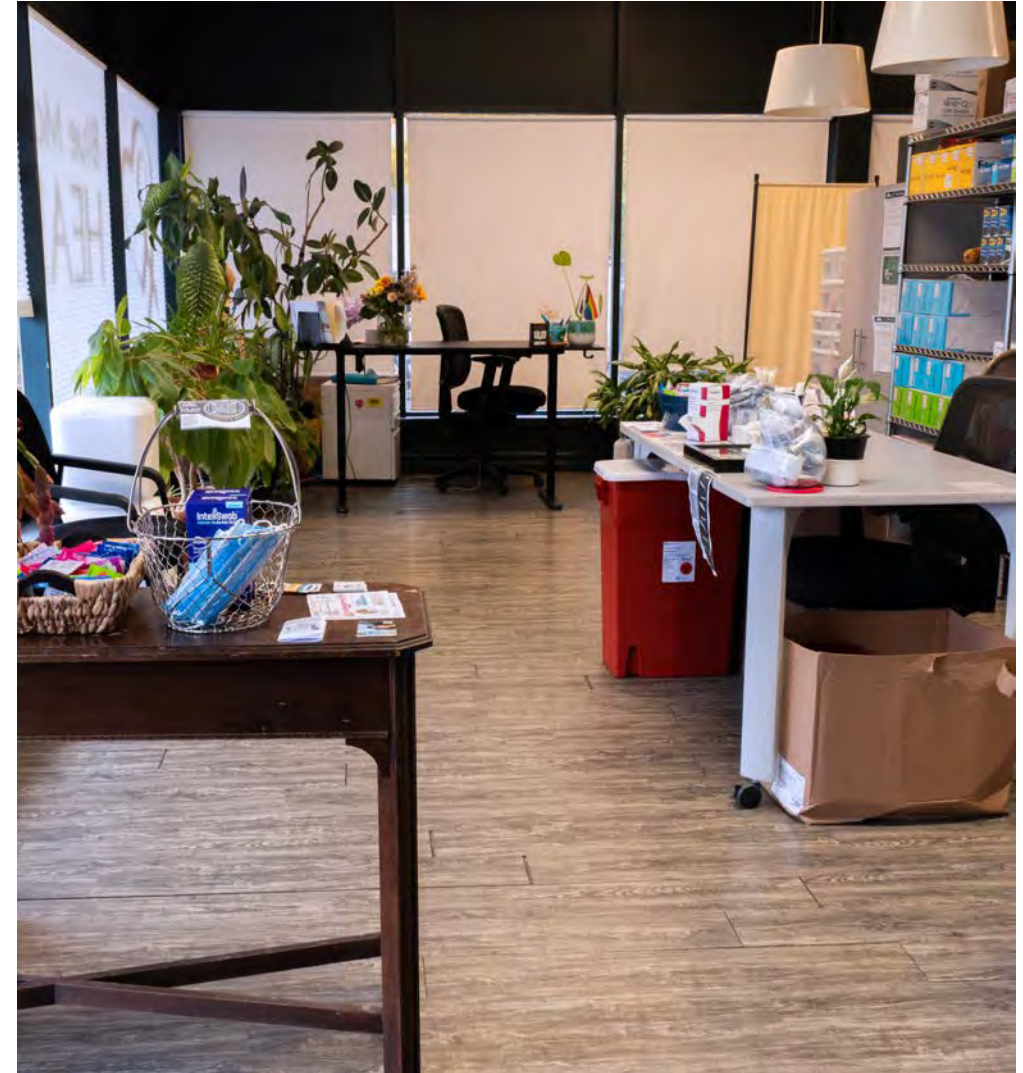
Who is here today?

What are you interested
in learning today?



Introduction

- **What is harm reduction?**
- **How does this work fit with our work at UW ADAI CEDEER?**
- **How does harm reduction fit into a continuum of care?**





Harm reduction a.k.a.

- *Supporting the health of people who use drugs*
- *People helping people*
 - The stuff is important- but the people and relationships are essential
- *Embracing the grey in life*
 - Few things are truly binary
- Harm reduction as a term has become highly politicized. It is important to be *specific* what we are talking about:
 - Who is providing what services to which people with what goals?



Principles of Harm Reduction

1. Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.
2. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.
3. Harm reduction incorporates a spectrum of strategies from safer use, to managed use to abstinence to meet drug users “where they’re at,” addressing *conditions* of use along with the use itself.



<http://harmreduction.org/about-us/principles-of-harm-reduction/>



Principles of Harm Reduction

1. Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.
 - Today you are going to hear about practical strategies- specific services and supplies to support the health of people who use drugs in different care settings.
 - Goals are to reduce negative consequences- infection, wounds, overdose, death.... This has a direct health promoting benefit and just as importantly values each persons' humanity and life.
 - A common mis-understanding is that harm reduction must lead to treatment and that is the measure of its success. However, engaging in other services and moving to recovery are secondary benefits- not the basis of evaluating or judging harm reduction services.



Principles of Harm Reduction

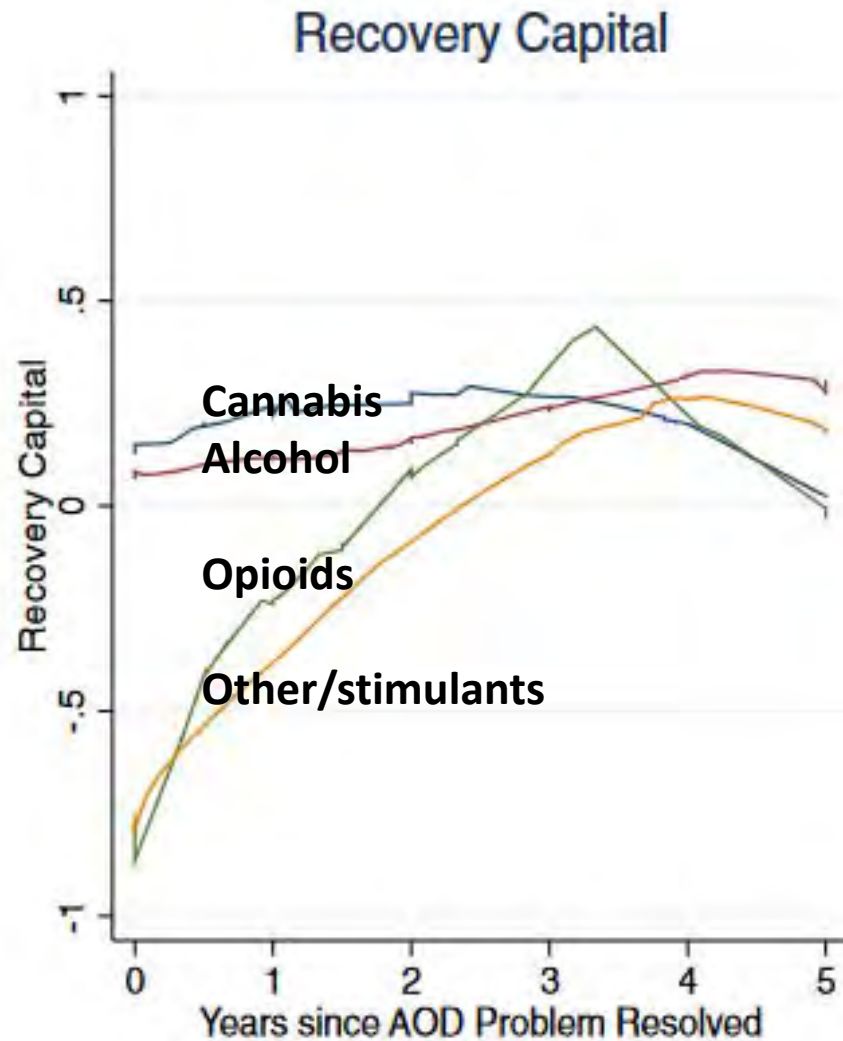
2. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.
 - We at UW ADAI CEDEER are ethically aligned with this movement and believe in the humanity of all people.
 - This is a grassroots movement and we are a public university and public employees, so we cannot speak on *behalf* of those doing this grassroots work.
 - We work to support this movement by providing space and opportunities for people to share their experiences and educate others. We also work to continue to build the research and evidence base for this work and disseminate fact-based information.



Principles of Harm Reduction

3. Harm reduction incorporates a spectrum of strategies from safer use, to managed use to abstinence to meet drug users “where they’re at,” addressing conditions of use along with the use itself.
 - Harm reduction strategies support an array of goals and behaviors that people choose to keep themselves healthy.
 - Harm reduction is needed alongside treatment and recovery.
 - Conditions and motivations for starting and continuing drug use are highly complex and often involve trauma and different types of marginalization. Ultimately these must also be addressed at the societal level to improve community health.

Recovery timelines

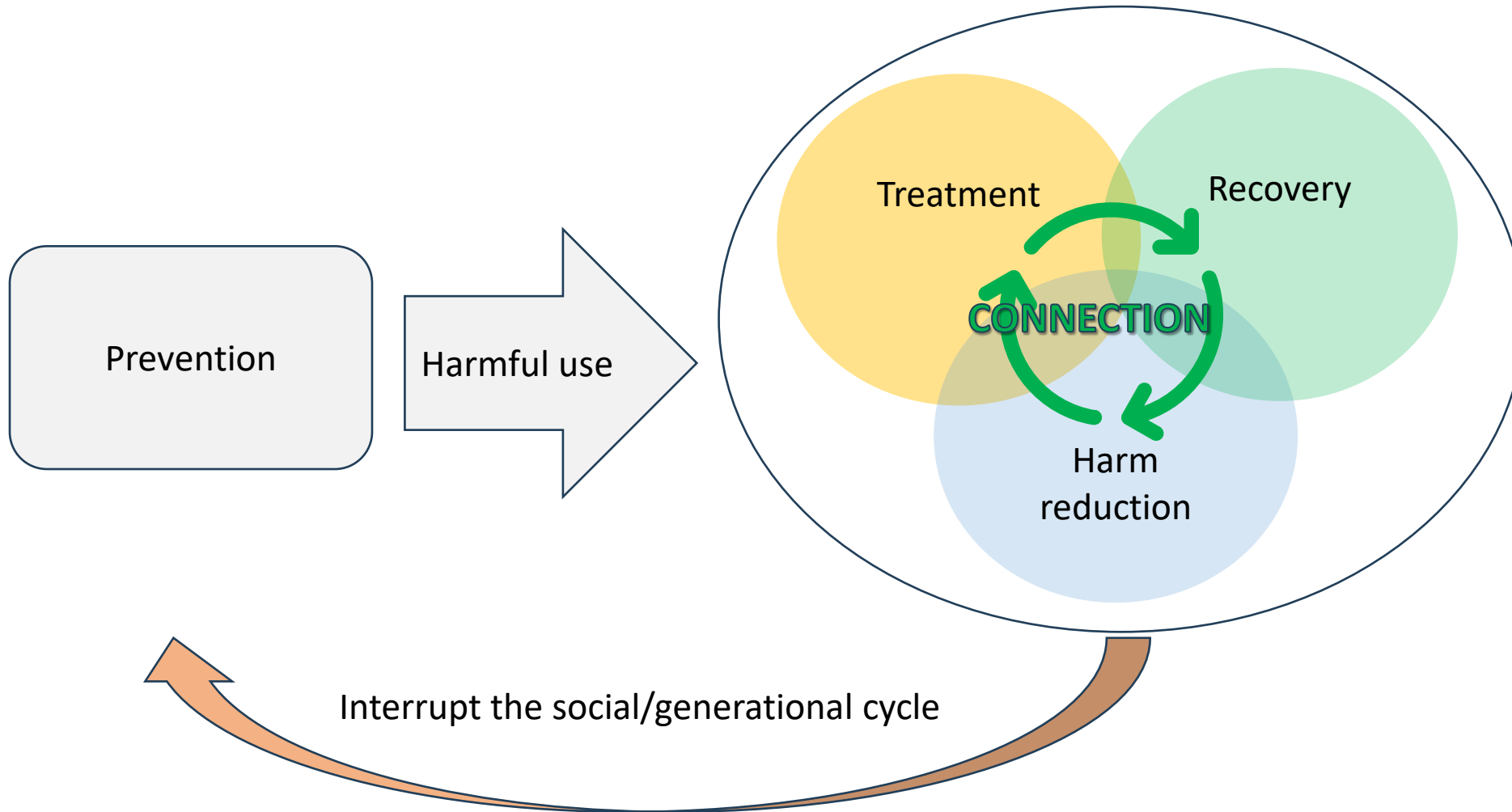


- Recovery from opioid and stimulant use disorders takes significantly longer than for alcohol and cannabis
- Many in treatment and recovery continue to use substances, therefore.

Beyond Abstinence: Changes in Indices of Quality of Life with Time in Recovery in a Nationally Representative Sample of U.S. Adults
John F Kelly;M Claire Greene;Brandon G Bergman
DOI: 10.1111/acer.13604 Alcoholism: clinical and experimental research.
, 2018, Vol.42(4), p.770-780

Fig. 5. Locally Weighted Scatterplot Smoothing (LOWESS) analysis of recovery indices by years since problem resolution stratified by primary substance.

Re-envisioning care





Supporting the Health of People Who Use Drugs

Core services: Syringes, safer smoking supplies, & naloxone

Chelsie Porter – Washington State Department of Health

Lari Karan – Harm Reduction Health Center,
Clallam County Public Health



What is a Syringe Service Program (SSP)?

- Community-based public health programs that provide critical services in nonjudgmental environments to people who use substances
 - Services include:
 - Distribution of sterile injection equipment and other harm reduction supplies
 - Safe syringe disposal
 - Overdose education and naloxone distribution
 - Access to healthcare and support (e.g., wound care, testing, MOUD)



What is a syringe services program?

In Washington State, operated by:

- local health jurisdictions,
- community-based organizations,
- mutual aids groups,
- federally qualified health center,
- faith-based organization,
- pharmacies,
- And more.

What is a Syringe Service Program (SSP)?





DOH-supported Syringe Service Programs





Why does DOH support SSPs?

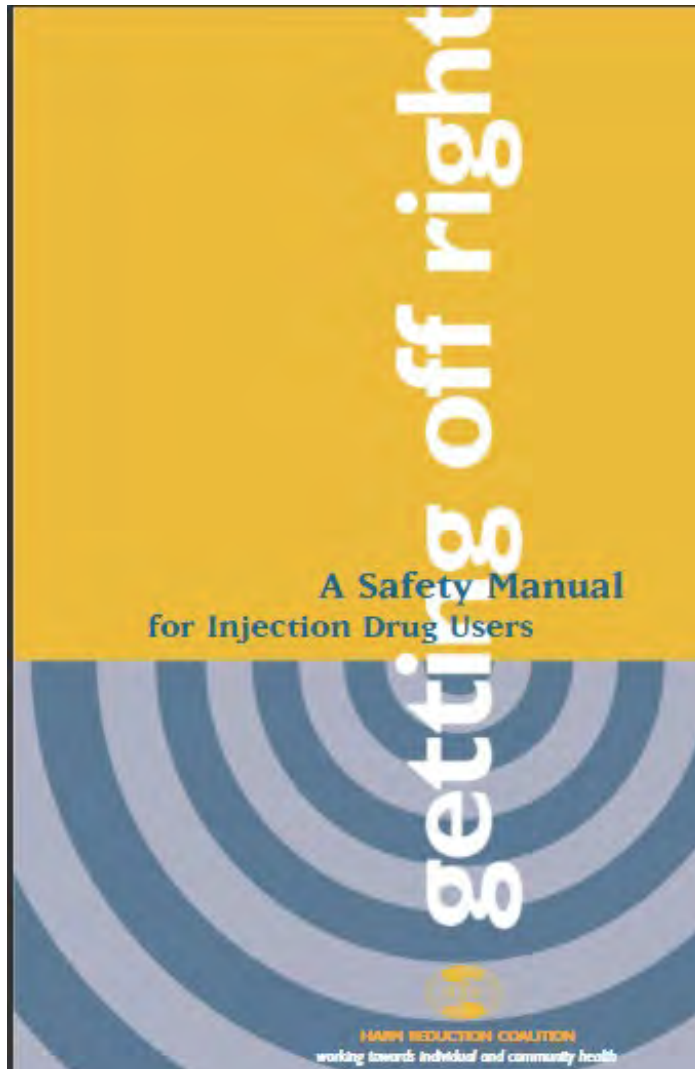
- WA DOH supports SSPs because they protect and improve the health of people and communities
 - Proven to reduce the transmission of infectious disease
 - Do **not** increase syringe litter, drug use, or crime
- People who use SSPs are:
 - nearly 3x more likely to report reducing or discontinuing injection drug use
 - more than 5x more likely to enter substance use disorder treatment, compared to people who have never used an SSP
- Main community source of naloxone in Washington



How does DOH support SSPs?

- Sterile injection supplies
 - 1992: ~20% of new HIV infections were attributable to injection drug use
 - Today, ~10% of new HIV infections in Washington State are related to injection drug use (> 50% reduction)
- Needs-based syringe distribution is best practice.
- Among people who participated in the 2025 WA SSP Survey:
 - 53% had injected in the past three months, 44% in the past week.
 - 83% of those who injected reported they did not share.

Learn more: Safer injection



[Getting Off Right - Harm Reduction Coalition](#)

Getting Started with Safe Injection



Why should I learn how to inject myself?

For people who inject regularly, knowing how to safely inject alone is vital. Learning the ins and outs of drug injection not only helps you to stay safe, but also helps you develop self-reliance, empowering you with the tools and knowledge to get high on your own terms. For people who inject regularly, knowing how to safely inject alone is vital. Counting on others to help you inject puts you in a place of vulnerability, in which you are dependent on someone else for your high. This may put you at risk of being taken advantage of by others who know that you need them to get off. It can also make you dependent on people who may not always be there to help. No matter who you are, life is unpredictable. People may come and go, relationships may change. Learning how to inject yourself safely and independently allows you to face these changes head on without putting yourself at risk. It allows you to control your dosage, as we all have different levels of tolerance, requiring different amounts to get the right high without danger of overdose. Adulterated or contaminated drugs are increasingly common, which makes it all the more important to know where your drugs come from and how to get off safely.

- **Addictive potential:** Depressants and stimulants are commonly known to carry a high addictive and dependence potential, increasing intense physical and psychological craving after repeated use. For all classes of drugs, increased frequency of use and higher doses can lead to increased risks for some people.
- **Contamination:** As most drugs are illegally produced and distributed, there are no laws preventing adulteration and contamination of products. In recent years, heroin bought and sold in the US increasingly contains synthetic opioids, primarily fentanyl, which has led to a sharp rise in accidental overdoses. Also, agents like baking soda or talcum powder (baby powder) are often used to dilute street drugs, and may cause additional health risks.
- **Fentanyl test strips** can be obtained from most syringe exchange programs and help you to identify a riskier product. This can empower you to decide what goes into your body and when to be cautious with dosages, preventing accidental overdose.



Preparing to Inject Drug, Set, & Setting

Your set and setting includes the physical space you're in, the people you're with, and how you're feeling prior to injecting. Your drug includes the type of substance used, the purity or contamination of your drug, frequency of use, and route of administration.

Drug

- **Types of drugs:** Depressants (opioids, alcohol, or benzodiazepines) can cause sedation, euphoria, and slowed down thinking. They carry the risk of impaired judgement as well as overdose, in which one may stop breathing or may breathe in vomit. Stimulants (cocaine/crack, and methamphetamine) cause increased energy and pleasure, but also may induce anxiety, overdose, panic attacks, or heart problems for those prone to them.

- **Route of Administration:** The route of administration (ROA) can affect how safe a drug experience is. Oral ROA is one of the safer ways of getting high, but the drug's desired effects are delayed until the drug is absorbed by the gut. Smoking drugs provides a quick onset, but may cause lung discomfort with heavy, regular long-term use. Snorting also provides a rapid high, but may damage the membranes on the inside of the nose over time without any care. Intravenous injection is the most risky route of administration, as it is easier to accidentally overdose and open wounds from injecting are sensitive to infection. However, many choose to inject for the rapid and intense rush. For those who choose to inject, proper technique, new equipment, and careful dosing is essential to maintain health and safety.



[Getting Started with Safe Injection – NEXT Distro](#)



How does DOH support SSPs?

- Among people who participated in the 2025 WA SSP Survey:
 - 53% had injected in the past three months, 44% in the past week.
 - 83% of those who injected reported they did not share.



How does DOH support SSPs?

- Injection alternatives
 - Increased engagement, especially among people who smoke but do not inject
 - Reduced injection drug use → fewer skin and soft tissue infection
 - Decreased syringe sharing → decreased transmission of HCV and HIV
 - Decreased overdose risk (route of administration)
- [Issue Brief: Smoking Supplies for Harm Reduction Programs](#)
- [UW ADAI: Distribution of Safer Drug Smoking Supplies as a Public Health Strategy](#)



How does DOH support SSPs?

Support for injection alternatives – WA

- Among people who participated in the 2025 SSP Survey:
 - 90% had smoked an illegal drug in the past week.
 - At sites that had smoking supplies:
 - 89% of participants received them in the last month.
 - 59% said smoking supplies are why they came to the exchange in the first place (among those who received supplies and started going to an SSP in the last five years)
 - At sites that did not have smoking supplies:
 - 83% of respondents said they were interested in smoking supplies
 - 75% said they would “inject less often” if smoking supplies were available (of those who were interested in safer smoking supplies and injected)

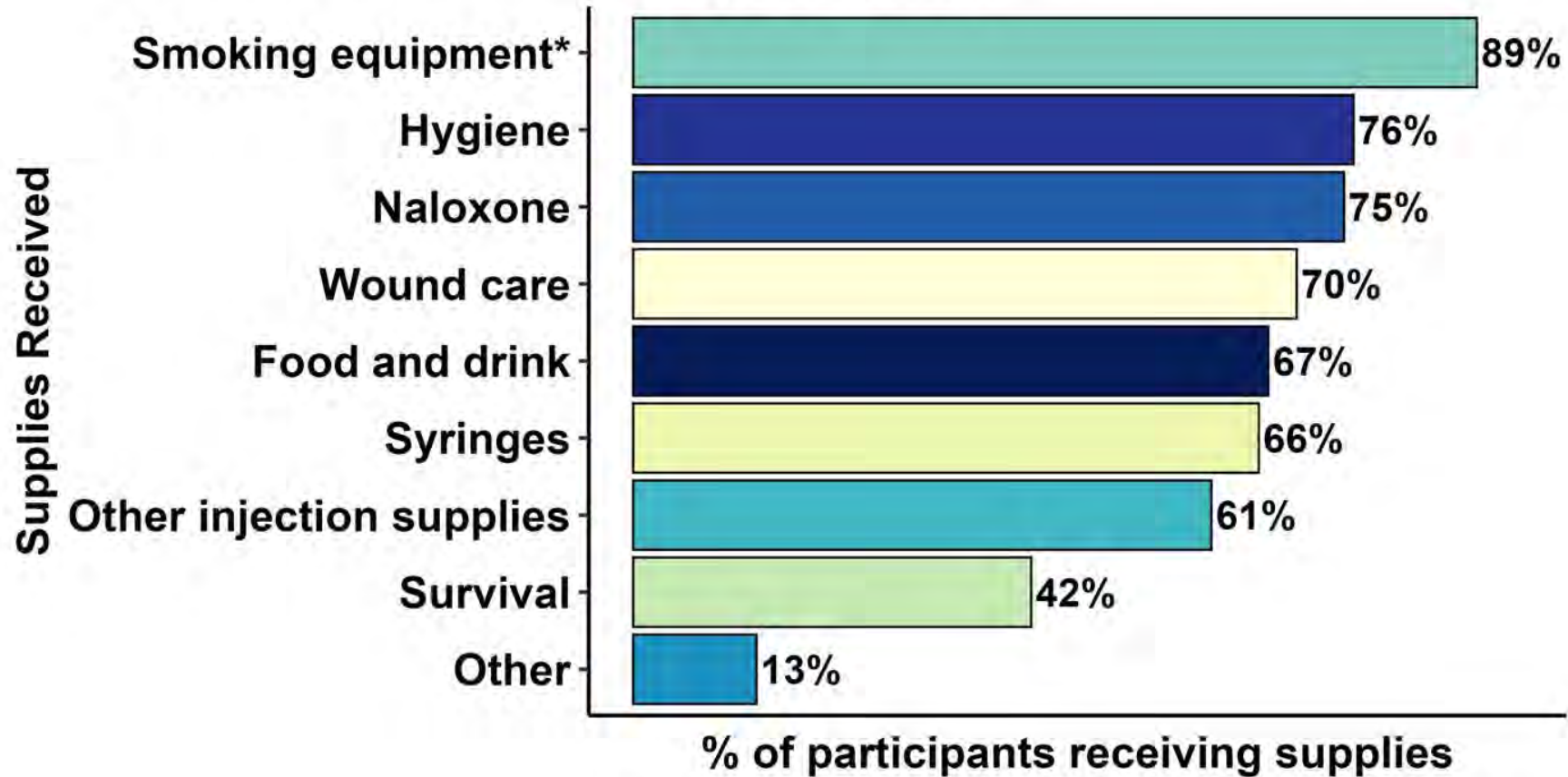


How does DOH support SSPs?

- Other supplies
 - Sexual and reproductive health supplies
 - Condoms, emergency contraception (Plan B)
 - Nicotine replacement therapies
 - Other health and hygiene supplies
 - 2025 SSP Survey: 76% of survey participants report being unhoused or unstably housed

Data from the WA State SSP Survey 2025

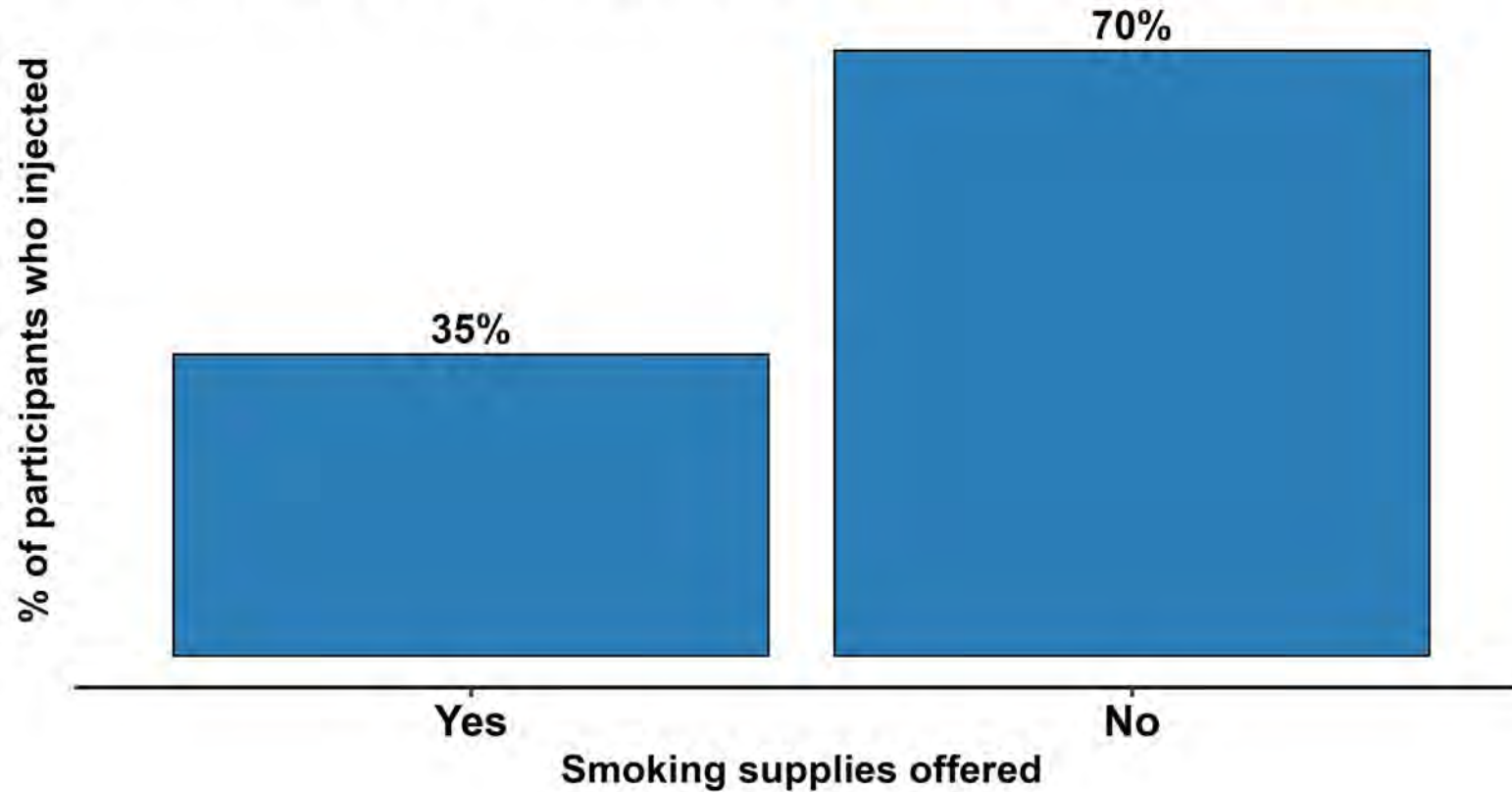
Which supplies have you gotten from this syringe exchange in the past month?



*At sites where available

Data from the WA State SSP Survey 2025

Participants who injected in the past 7 days
comparing programs with and without smoking supplies



Harm Reduction in Rural Clallam County



Presented by: Lari Karan (they/them)

Prevention Specialist, Harm Reduction Health Center

Clallam County Public Health



Where We Work

- Rural Olympic Peninsula community.
- Large geographic service area.
- Transportation and access barriers.
- Harm reduction as frontline public health care.



Harm Reduction as Relationship-Based Care

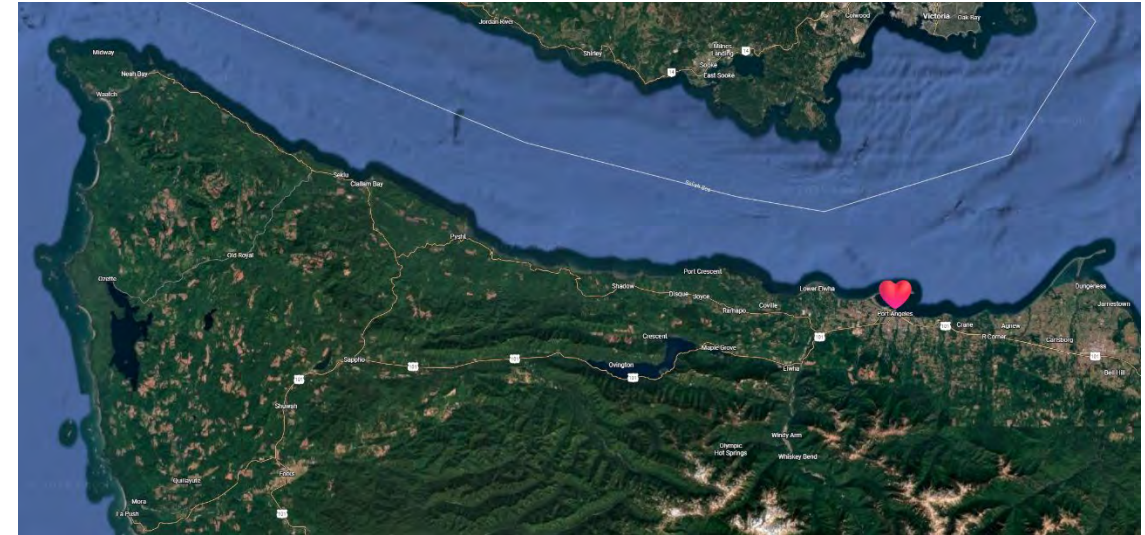
- Trauma-informed
- Low-barrier
- Participant-led
- Relationship-centered
- No one needs to earn care



How We Distribute Supplies

Site-Based at the Harm Reduction Health Center (HRHC)

- Walk-in access.
- Sterile syringes and safer injection supplies.
- Smoking supplies (a.k.a. injection alternatives).
- Naloxone (Nasal and injectable) and substance test strips.
- Hygiene, wound care, reproductive & sexual health, HRT, nutrition and hydration supplies.
- Hot lunch and coffee.
- Art space, piano, grief space, and clothing closet.
- Resource library.
- Connection to agency partners and community resources.
- In-house wound care and treatment assessments.



Distro List

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SAFER INJECTION SUPPLIES

Syringes (by size):

- 31G 5/16" (short, 1cc)
- 30G 5/16" (short, 1cc)
- 29G 1/2" (1cc)
- 28G 1/2" (1cc)
- 27G 1/2" (1cc)
- 25G 1 1/2" (3cc)

Other Supplies:

- Supply Kit ("the works")
- Vitamin C Packet

SHARPS DISPOSAL

- Pocket container ("Fit Pack")
- Small container (1 quart)
- Medium container (2 gallon)

SAFER USE SUPPLIES

- Bubble pipe
- Straight pipe
- Hammer pipe
- Foils
- Boofing kit
- Snorting kit

OVERDOSE PREVENTION

Naloxone (aka Narcan):

- Nasal
- Injectable

Test Strip Kits:

- Fentanyl Kit
- Fentanyl Additive Pack

MEDS & WOUND CARE

OTC:

- Advil (ibuprofen)
- Aspirin
- Tums (antacid)
- Tylenol (acetaminophen)

Wound:

- Wound care kit

REPRODUCTIVE HEALTH

- Male condom (external)
- Female condom (internal)
- Dental dam
- Lube
- Pregnancy test
- Emergency contraception
- Tampon
- Maxi pad
- Bladder control pad

PERSONAL CARE

- Bath wipes
- Hand wipes
- Lotion
- Deodorant
- Kleenex
- Lip balm
- 2-in-1 wash
- Rinse-free wash

Oral Care:

- Toothbrush (with cover)
- Toothpaste
- Mouthwash
- Floss

Grooming:

- Razor
- Shaving cream
- Hair brush

OTHER ESSENTIALS

- Protein drink
- Hydration packet
- Cold pack
- Hand warmers
- Emergency foil blanket
- Socks



Inside the HRHC





Inside the HRHC



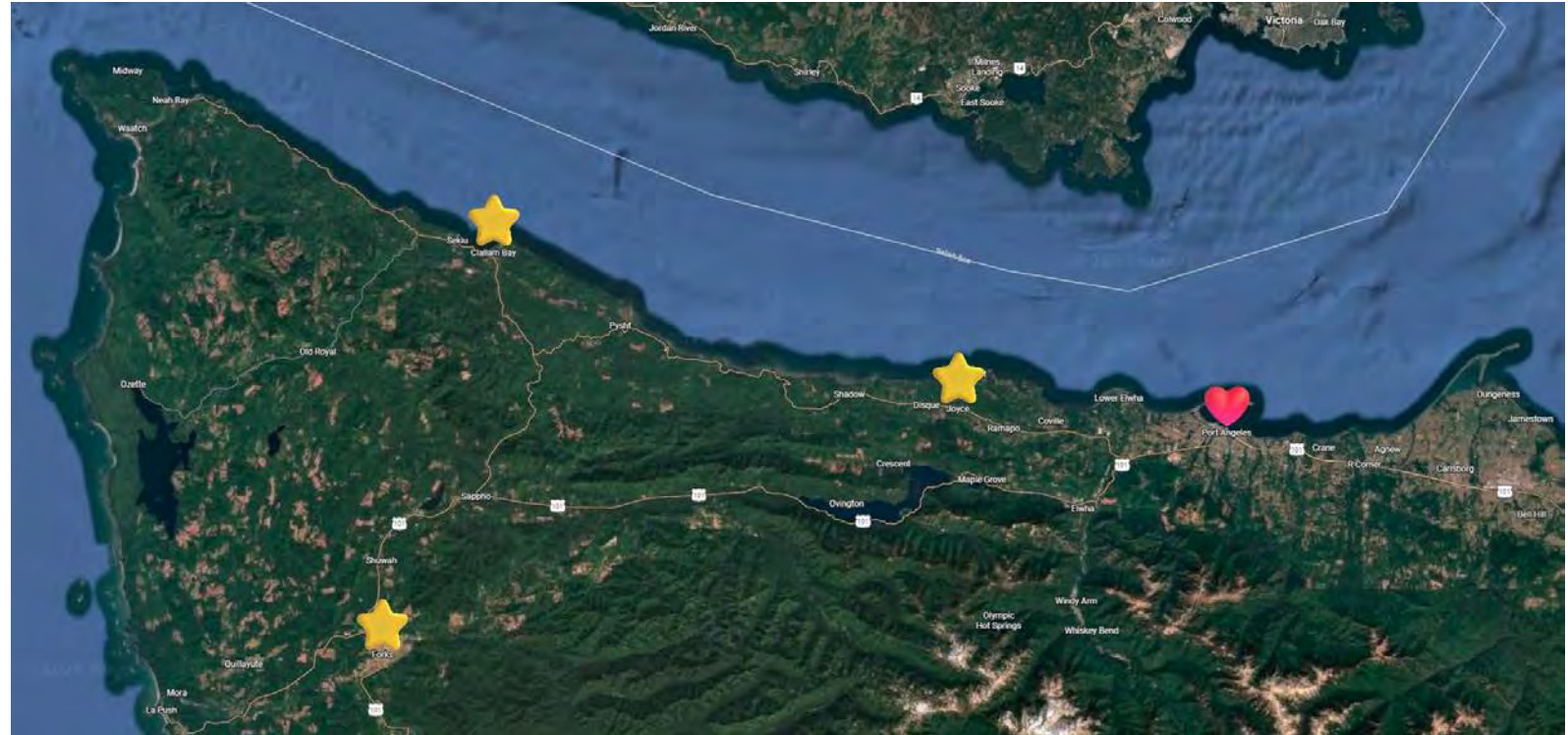
Inside the HRHC



How We Distribute Supplies

Mobile Outreach

- Peer distribution
- Encampments
- Drop-off delivery system
- Flexible engagement
- Meeting people where they are



24/7 Naloxone Access

Naloxone access should not depend on business hours:

- 24/7 outdoor naloxone access boxes
- Free and anonymous
- Located throughout the county
- Designed for immediate access during overdose emergencies
- Reduces barriers and stigma around obtaining naloxone





Why These Supplies Matter

Sterile syringes, smoking supplies, and naloxone save lives.

Sterile Syringes

- Prevent HIV/HCV
- Reduce abscesses/infections
- Safer disposal

Smoking Supplies

- Reduce equipment sharing
- Engagement tool
- May support transition from injection

Naloxone

- Community overdose response
- Peer-led lifesaving
- Keeps people alive!



Participant Voice

“As someone who has been a homeless vagrant in Port Angeles for going on 3-4 years, I can confidently say that without having the amazing kind-hearted people at the exchange I would have been dead a long time ago. They have provided the Narcan for myself and my significant other more times than I’d like to admit. They gave me a safe place to go when I had nowhere twice a week. They encouraged me, without shame/judgment, to go to treatment and start the first steps that I haven’t been able to myself for a better life.

Before living here, I came from Idaho, where they don’t offer services like such. I am an IV drug addict and I used to have to share & reuse my needles way too many times. Being here with the offered clean supplies, I have been able to avoid the hell that is HIV and hep C. The increase in safety alone is enough proof, in my humble opinion, to keep funding this program. The employees, especially Lari and Monica, have come to my rescue when almost frozen to death more than once. They help me to keep my used supplies off of the street and reduce the risk of spreading disease and/or litter. They are the sole reason that I have any clothes to wear at all. Being homeless makes it almost impossible to do laundry. Twice a week, I am able to come there and clothe myself through the donations of so many big and kind-hearted people. I mean it when I say I don’t have any idea how I would still be able to be clothed, dry, and as safe as I am now.

Every day is a struggle but I am able to face the day that much easier knowing that these beautiful people at the Harm Reduction Health Center are here for me. I would be dead, frozen over, starving, and without hope without them. Please, think about myself and many others who would be lost without them. They are the sole reason I have even tried or thought to try being on a better path. They even provide a phone for me to use to contact my son and be a more present and worthwhile parent. They effect the community in a positive way for not only addicts but the families attached to them. They help curb the heartache that addiction causes, for the whole community. God bless them.”



Thank you for having me!

Let's connect ☺
larissa.karan@clallamcountywa.gov

We're glad you're here! ❤️

OUT OF STOCK	#1stair cold compress
OUT OF STOCK	Socks (Large)

I THINK You girl and Boys are hella
Fucking Bad Ass

❤️ We're glad you're here! ❤️

Im glad & grateful that you
guys are here too. Thank you
for the difference you all make
in our lives. ❤️❤️❤️ xoxoxo

Exchange Staff -

Just wanted to say
a huge thank you to
you guys for everything
you do for the community!
you guys are rad & all
of us are safer because
of you! you should all be
so proud of yourselves.
I hope your holidays
were amazing & the new
year brings good things
for all of you.

Thank you times infinity!

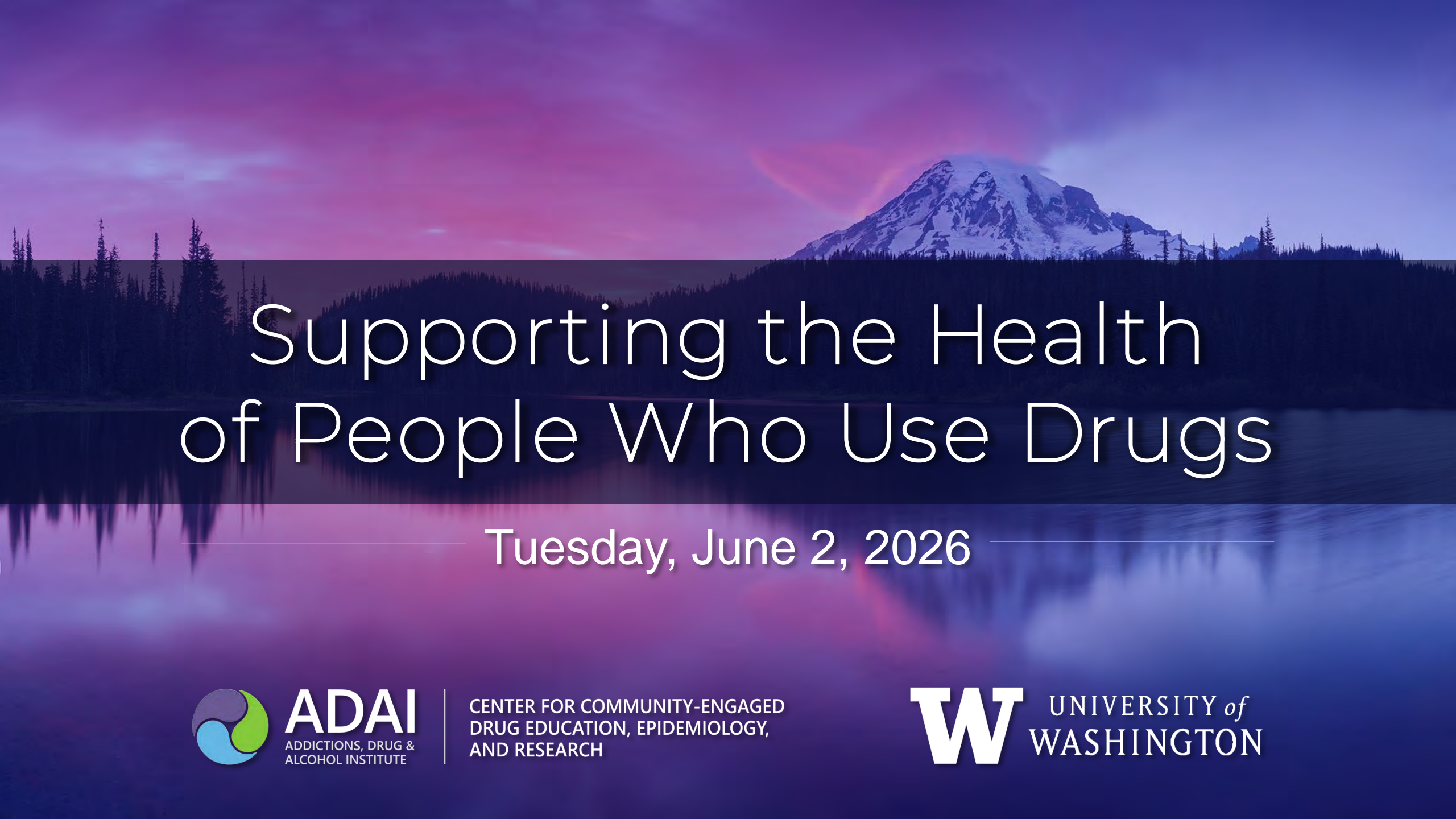
TO THE WORLDS
HELPER!

Thank you for doing
what you are doing
Its really kinda
Brave of u!

Thanks



Break



Supporting the Health of People Who Use Drugs

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CENTER FOR COMMUNITY-ENGAGED
DRUG EDUCATION, EPIDEMIOLOGY,
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**Supporting the Health
of People Who Use Drugs**

Harm Reduction at Kelley-Ross Pharmacy

Kathleen Pierce – Kelley-Ross

Data from the WA State SSP Survey 2025

- 85% of respondents had Medicaid.
- 56% of participants had received healthcare in the ED.

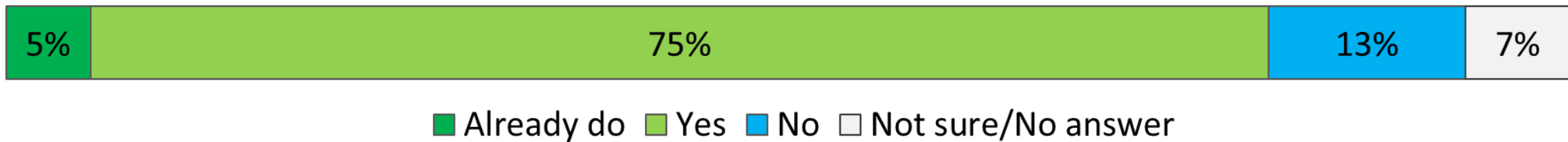
Figure 13. Emergency department and other health care utilization



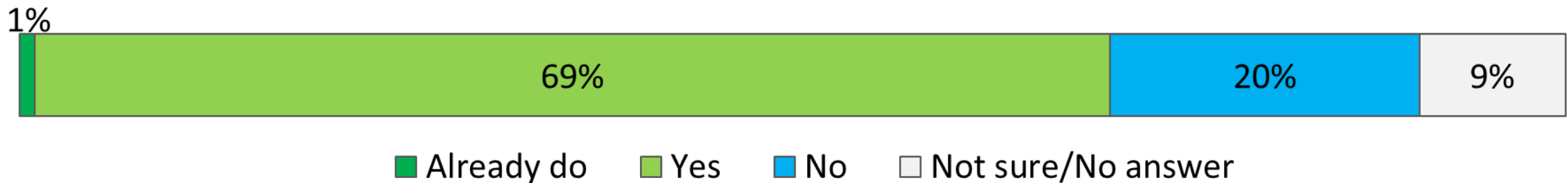


Data from the WA State SSP Survey 2025

Would you see a healthcare provider here?



Would you see a counselor for mental health support here?



Harm Reduction at Kelley-Ross Pharmacy

Kelley-Ross: Who We Are

Pharmacy Group located in Seattle, WA

- Independently owned by four pharmacist partners
- Just celebrated our 101-year anniversary!
- Small business, 5 locations



Harm Reduction at Kelley-Ross Pharmacy

Harm Reduction is our main business:

HMC Long Term Care Pharmacy operated by Kelley-Ross Provides:

- Long-acting injectable buprenorphine:
 - Supported **>300 doses/month** at **18 clinical sites**
 - a successful and first of its kind direct-to-inject LAIB buprenorphine induction study.
- Oral buprenorphine
 - **900 doses/DAY**
- Naloxone kits
 - **350 kits/month**



Harm Reduction at Kelley-Ross Pharmacy

Kelley-Ross Capitol Hill

- HIV Pre-Exposure Prophylaxis (HIV PrEP)
- HIV Post-Exposure Prophylaxis (HIV PEP)
- STI Screening and Treatment
- Contraception
- Long-Acting Injectable HIV Treatment
- Gender Affirming Hormone Therapy
- Travel Clinic
- Hepatitis C Clinic



Harm Reduction at Kelley-Ross Pharmacy

In Pharmacy Grab & Go Supplies

- Condoms
- Dental dams
- Lube (water and silicone based)
- Narcan
- Fentanyl test strips
- Quick referral to resources
- Rx Med Disposal
- Sharps disposal resources



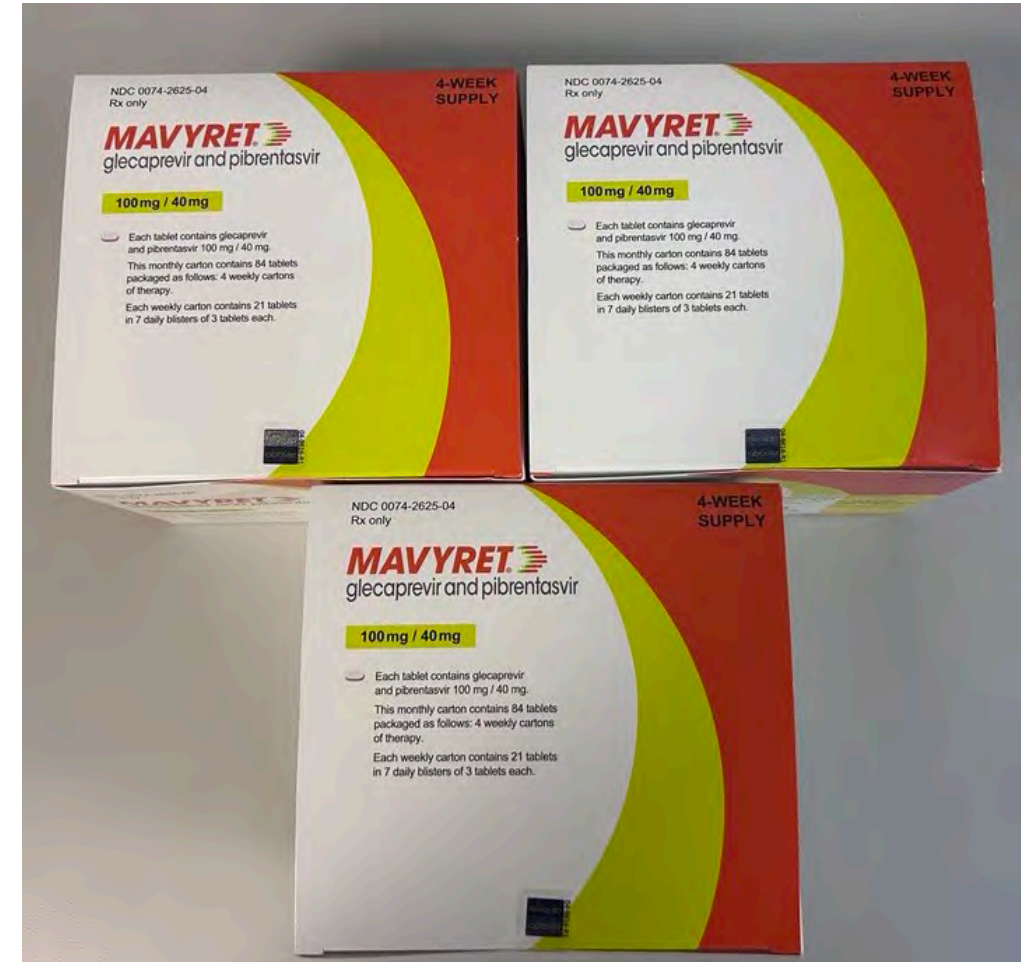
Harm Reduction at Kelley-Ross Pharmacy

Hep C Treatment Service

- Primary mode of transmission is through needles/injecting drugs
- Hep C care easy to de-prioritize
- Untreated, hep C can lead to liver cancer, liver failure, and death

“Treatment as prevention”

- Access to treatment is paramount to achieving hep C elimination
- Pharmacists are a low barrier access point to health care who can treat hep C



Harm Reduction at Kelley-Ross Pharmacy

One Stop Shop Hep C Treatment

- Pharmacist manages all aspects of care for HCV treatment working under a protocol overseen by a physician
 - Full patient interview and assessment
 - Orders/draws labs
 - Orders medications
 - Addresses other related aspects of care
- Pharmacist dispenses medication & follows up on med adherence
- Pharmacist refers patient for continuation of care as needed



Harm Reduction at Kelley-Ross Pharmacy

Keys to success:

- Medical Case Managers @ Hepatitis Education Project
 - Main contact for patients
 - Outreach & Follow Up
 - Phelbotomy trained
- Providing services where people already hangout without appointments
 - Syringe Service Programs
 - Methadone Clinics
 - Supportive Housing Buildings



Harm Reduction at Kelley-Ross Pharmacy

Kelley-Ross Hep C Wins

Number of patients seen since 2020	230
People started on hep C meds	141
People cured of hep C	89
People currently on hep C meds	8

- Opt-out Syphilis Testing started in 2025
 - Uncovered & treated 7 new syphilis infections
- Medication storage options
 - Onsite lockers at syringe service programs and methadone clinics
 - Can dispense full supply at once to avoid insurance complications
- Micro-elimination project starting June 2026
 - Focus on eliminating hep C in supportive housing buildings in Seattle



**Supporting the Health
of People Who Use Drugs**

Integrating Harm Reduction and Healthcare

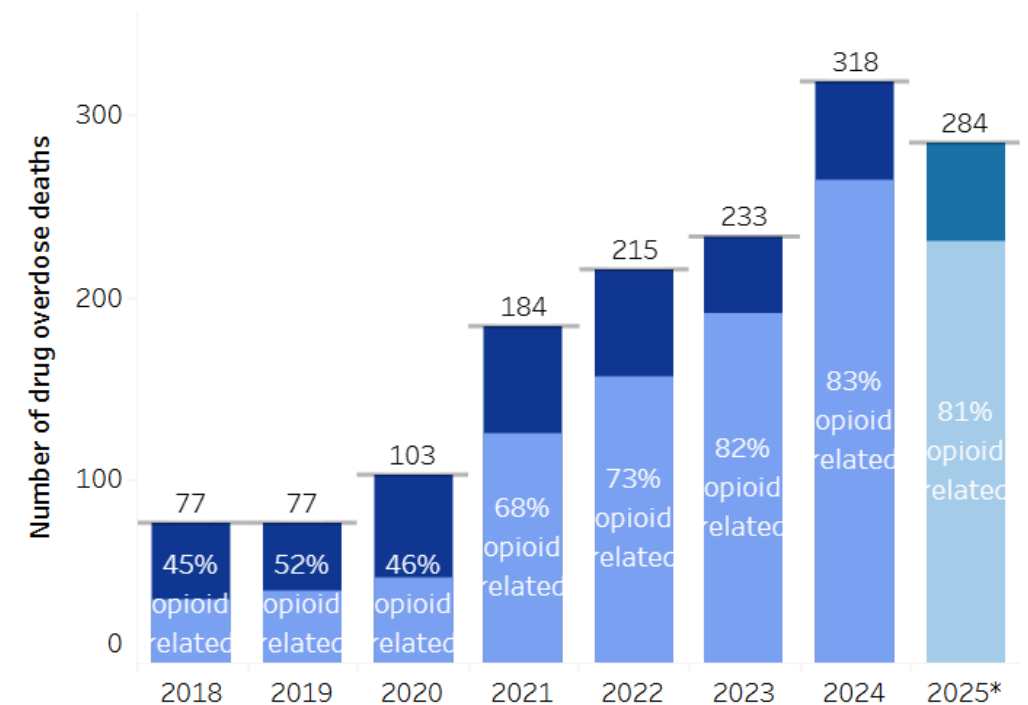
Kayla Cross, NP – Bloom Psychiatry

Why is Harm Reduction Important?

Members of Our community are DYING.

- To serve our community.
 - Reducing risk is ALWAYS worth doing (alcohol, SSP, seat belts, etc.)
- To address needs not served in other healthcare systems.
- To show up for underserved populations.
- To address gaps in other community services
 - FQHC, Health District, etc.

Overdose Deaths Over Time, Spokane County



*The 2025 death data are preliminary and are expected to change.

Data received as of 5/4/2026.

Source: Death Certificate Data



Spokane Opportunities to Engage

- 2025 SSP Survey (WA): 90% smoking vs. 44% injecting
 - Adapt services and outreach efforts to meet needs of population
- 2024 - 59% overdose deaths occurred inside a home
 - Need for accessible, low barrier SUD services
- 2025 Point in Time Count – Spokane County:
 - 52% experiencing SUD
- Feb 2025: City ordinance prohibits pipe sales without naloxone distribution



The Value of Harm Reduction in Healthcare

- **Creates opportunities for engagement**
 - Meets the person where they are at
 - Addresses patient goals (waits to address other needs)
 - Builds over time
- **Builds trust in a traumatizing system**
 - Low barrier, Welcoming, Accepting, Judgement Free, Accommodating, Safe, Supportive
- **Improves COMMUNITY health**
 - Reduced ER visits
 - Fewer communicable disease outbreaks
 - Lower healthcare cost over time (earlier treatment, less negative outcomes)



Adapting Services for HR Population

Challenges:

- Transportation
- Communication
- Availability
- Consistency
- Medication/Treatment storage
- Access to care/services/follow up
- Basic self-care needs/supplies
- IDs/verification information

Bridging the Gaps:

- Scheduling flexibility
- Walk in access
- Prescription creativity (weekly vs monthly)
- Medication storage/access
- Long-acting injectable meds for OUD
- Outreach teams
- Contingency Management
- Bus Passes / Medical Uber
- Portable, single-use resources
- Remove punitive system practices

Where do you start?

- It all starts with the belief that ALL people deserve dignity, respect, autonomy.
- Each intervention at every level COUNTS
- Minimize Harm
- Maximize QoL
- Be Creative
- Find your champions
- Consistency/Reliability Builds Trust

Continuum of Overdose Risk (COR) Framework



Harm reduction Innovation Lab. *Continuum of Overdose Risk (COR) Framework* (2025).



Integrate HR into ALL care

- Patient education
- Resources (housing, food, clothes, treatment, etc.)
- No barrier access to condoms, naloxone, test strips, etc.
- Low barrier access to SUD medication, Plan B, PrEP/PEP, LAIs (birth control, antipsychotics, SUD, PrEP, etc.)
- Encourage open discussion of HR, risk management, health promotions
- Listen to clients.
 - What are their needs?
 - Identify gaps in services.

Offering Resources and Interventions

- Street Medicine (wound care)
- Food, Water, Dog/Cat Food
- Safer Sex Supplies (condoms, lube, etc.)
- Syringe Kits, Syringe Disposal
- Safer Smoking Supplies
- Naloxone (IM and intranasal)
- Test Strips
- Clothes, Shoes, Water
- Menstrual Products, Hygiene Supplies
- Immunizations
- STI testing & treatment, LAI Birth Control, Plan B
- Buprenorphine (SL, LAI)
- and more...





Outcomes

- 52% don't use local SSP
- 26% new to event
- 16% new & don't use SSP
- Naloxone training to every participant, every event
 - Nasal or IM or both available
- \$200/month
- **'I will never forget the people that showed up for me at the HR market, they treated me like a person when no one else did. They made me feel like I had value, even when I felt worthless when I was using. I think they probably saved my life'.**

Intervention	Outcome
Naloxone Doses	10,212
Syringe Kits (10 in each kit)	2,533
Pipe Kits	3,056
Self-Reported OD reversals	1,864
Encounters/Event	120-200
BUP starts	45
BUP starts RTC	52%



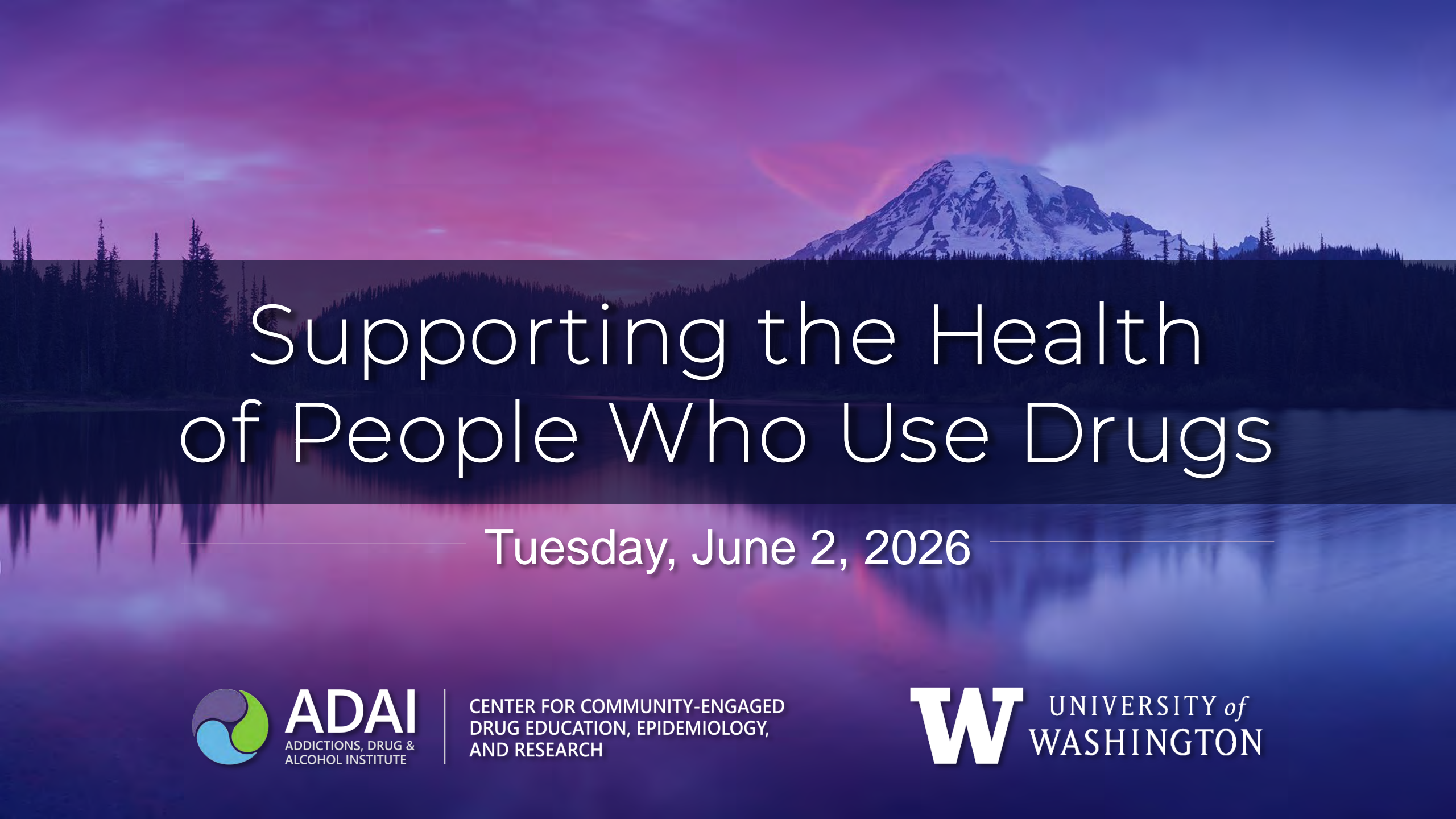
What would I do differently?

- We continue to grow and evolve to meet the needs of our population.
- Would love to be more available, have more outreach.
- Our growth and development of services has been organic. We could meet more needs with more services / funding / support.
- Do the best you can with what you have.
 - It is super important to just start somewhere.
- Find your tribe who will consistently show up.

- Plan to manage hostility from anti-HR folks.
 - Maintain team / client safety and support. Debrief when needed.



Break



Supporting the Health of People Who Use Drugs

Tuesday, June 2, 2026



CENTER FOR COMMUNITY-ENGAGED
DRUG EDUCATION, EPIDEMIOLOGY,
AND RESEARCH





Supporting the Health of People Who Use Drugs

Wound Care

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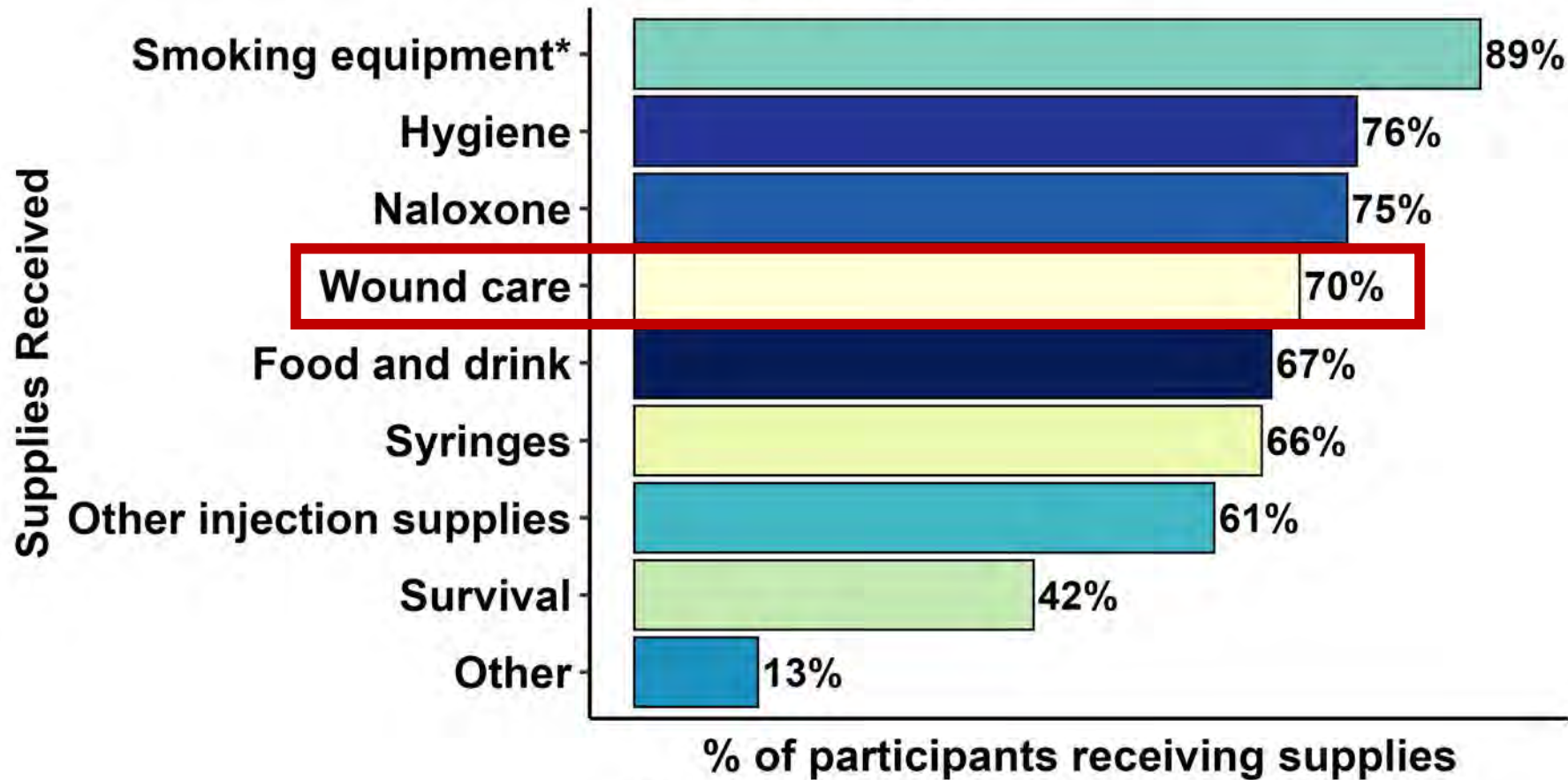
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Data from the 2025 SSP Survey

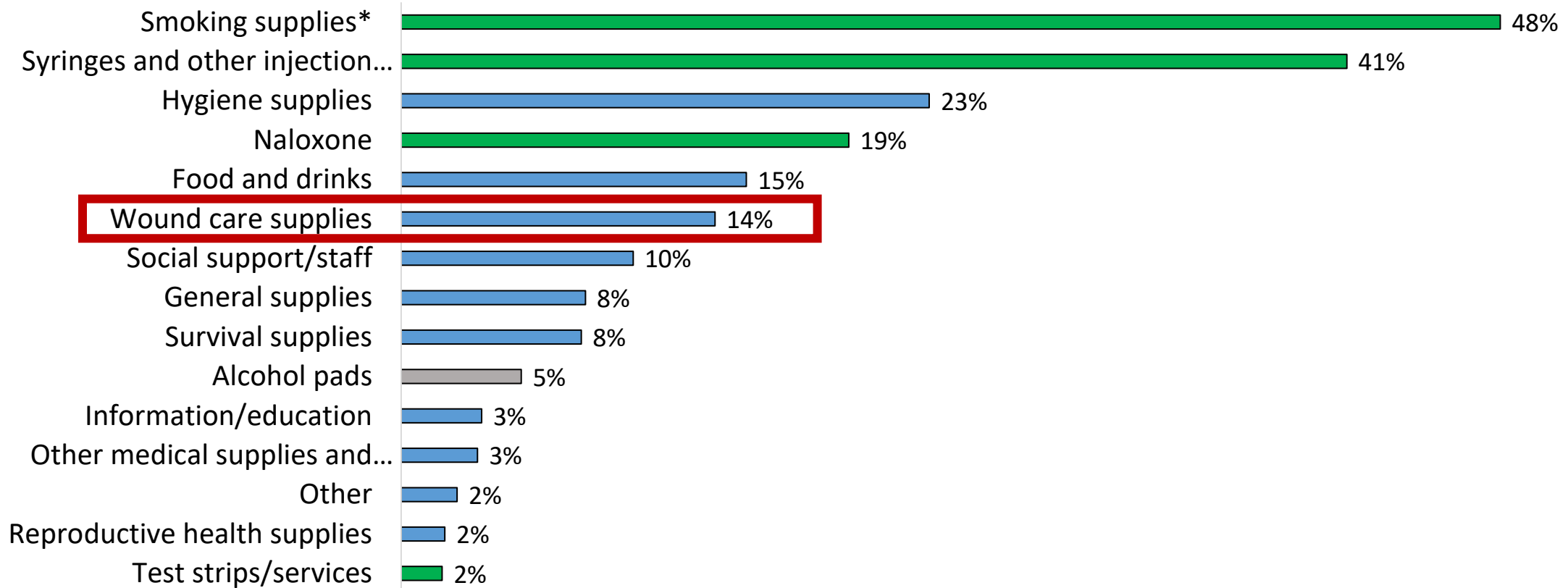
Which supplies have you gotten from this syringe exchange in the past month?



*At sites where available

Data from the 2025 SSP Survey

What are the "top two" things you get at this exchange? (n=1,694)



*Smoking supplies are calculated at programs that supply them.

Green bars represent safer drug use supplies.

Alcohol pads are their own category because they are sometimes used for injection and sometimes for hygiene.

Principles of Wound Care

Clean

- Hand hygiene
- Making a clean surface
- Cleaning the wound and the skin around the wound

Moist

- Managing moisture

Covered

- Keeping the wound covered
- Holding that cover in place on the body

Repeat

Monitor over time



Who can provide hands on wound care?

Licensed healthcare clinicians / providers

- Wound care in your legal scope of practice
- Orders from a medical provider
- Institutional policies and procedures to support / protect you
- Adequate training
- Feel comfortable
- Proper PPE

The person with wounds themselves



Ongoing support for people with wounds

- Supplies: hygiene supplies, **socks**, wipes, hand warmers
- Sterile safer use supplies & open convos about safer use strategies
- Emotional support & care navigation
 - It's a long road and there may not be a linear path towards healing
 - You can be key in connecting folks back to care and filling in gaps
- Advocate within your organization
 - Stocking basic wound care supplies, partnering with a clinic system to start a wound care program at your drop-in center, more lenient bathroom rules for people with wounds...
 - Permanent supportive housing
- Dream big! Systems level interventions
 - More hygiene stations, wound care kits everywhere, housing, safer supply





Quotes from participants

- “There was no place to go. Where do I go to clean it? It was dirty. Lucky it didn’t get infected.”
- “I made friends with a guy at the Chevron – I clean the bathroom and get to clean my wounds.”
- “I had a friend who got shot and we needed supplies – ended up stealing from Walgreens.”
- “They treat the homeless differently too. You go in there with a wound... Doctors don’t want to deal with you. It’s too bad. That’s why a lot of us are reluctant to go.”
- “Finding enough love for yourself to do it”



Thank you and see you tomorrow!



***Thank you for
joining us today!***

***We hope to see you for Day 2:
Whole-person health!***