



Supporting the Health of People Who Use Drugs

Wednesday, June 3, 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.

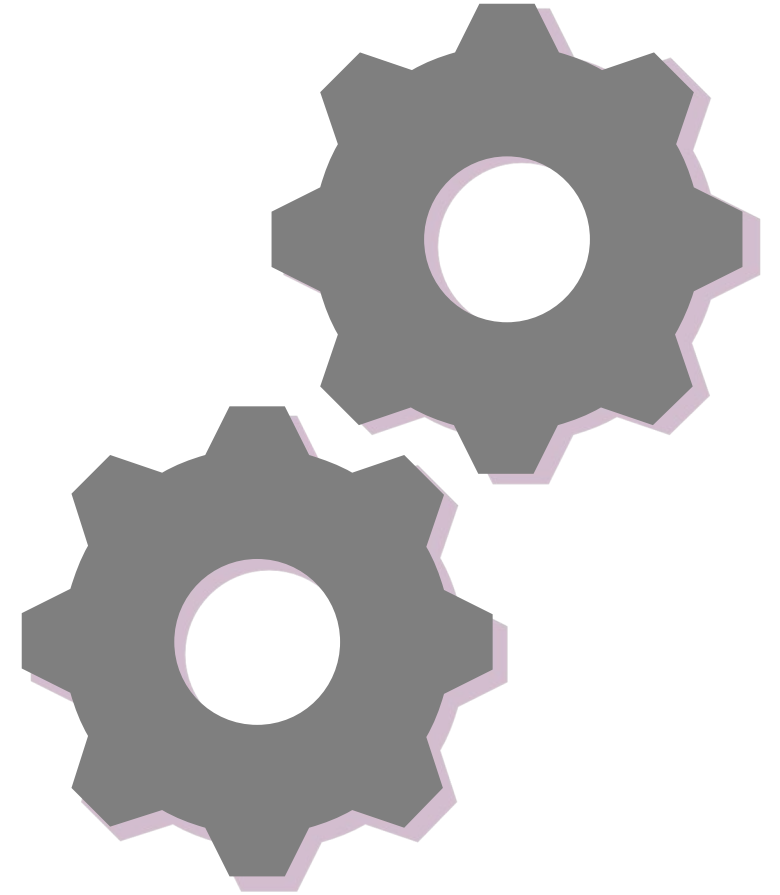


Agenda Day 2: Whole-person care

12:00	Opening
12:30	Legal services navigation
1:30	<i>Break</i>
1:45	Providing the basics
2:45	<i>Break</i>
3:00	Community partnerships
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

Enter into the chat:

What is something you learned yesterday?

What are you interested in learning today?





Introduction- Whole person care

- **Today we're going to step back from addressing drug use and its consequences directly**
 - **Legal needs and services**
 - **Food and other basic needs**
 - **Organizational partnerships to create stronger services and more supportive communities**

Whole person care

- People who use drugs are first and foremost ***people***
- Society, media... often define a person by their drug use and sometimes feel drug use is the sole or initial issue to address, perhaps with punishment or mandated treatment.
- Yet, we know that drug use didn't start and doesn't continue in a vacuum.



Whole person care

- We know from talking with people that:
 - Addressing drug use is often not the top priority in people's lives.
 - This may be in part because drug use allows them to function-physically, mentally, and/or socially.
 - For some, drug use is the last thing to change after the conditions and reinforcers of use are addressed.



Legal navigation services

- Many people who use drugs end up arrested, with legal charges, and incarcerated.
- This may be due directly to their drug use or indirectly to their life circumstances and interactions with law enforcement.
- The ramifications can be profound and impact employment, housing and many other aspects of life.



Food and other necessities

- As the cost-of-living increases and more people become unhoused, basic necessities are becoming more and more important.
- Harm reduction programs are often providing a lot of services and supplies to keep people fed, clean, clothed, insured...



Community partnerships

- This is hard work.
- One organization can't do it all.
- Community partnerships:
 - support more and better services for clients
 - help educate other organizations and drug use and harm reduction and help reduce stigma
- Cross-site visits can lead to critical insights and connections.
- Many a skeptical person who has visited a harm reduction program walks away realizing it's just people helping people.



In their voices: housing

“It’s just really just trying to live day to day, have a place to sleep, have clothes to wear, a change of clothes, hygiene products, and those kind of things.

It’s difficult enough while living on the street and having a fentanyl habit or using fentanyl to the extent that it’s used by myself or a lot of people out here.”



In their voices: employment & housing

On what would help reduce meth use:

“Probably an apartment would be the easiest one, and housing.

I have a culinary degree, and I’ve been a chef for many years.

But it's kind of hard to get into a restaurant job and say, “Hey, I’m a chef, but I'm homeless. I can't shower.”





In their voices: home base

“Some people, their situation is so dire, and they’re carrying everything on their back or they’re moving their stuff from one place to another, and they don’t have any safe place to even leave their belongings so they can go to detox or whatever... maybe all they have is a car or something and then they’re afraid that’s going to be gone when they come back, because it’s a lifestyle of loss, really.

You spend a lot of time losing a lot of things and not feeling safe. And so having a safe home base is absolutely key.”

**Perspectives of people who use methamphetamine on reducing or stopping their use,
October 2021**

In their own voices: mental health

On using fentanyl for mental health:

“I probably have some type of borderline PTSD to ADHD that is—I don’t know—not diagnosed or nothing, but I use fentanyl for mental stability or kind of mental security to where I’m not just bouncing off the walls.”

“Feel a lot better for yourself—for myself. I feel a lot better. I don’t have no bad thoughts like suicidal or things like that. Just the reason is that it gets me in a good mood to just kick it and talk to people, be social for me.”

Unmet Needs, Complex Motivations, and Ideal Care for People Using Fentanyl in Washington State: A Qualitative Study, June 2023





In their voices: value of compassion

“To have somebody who has already been through it, to show us that there is light at the end of that dark tunnel.”

“It’s easier to empathize and understand somebody you can relate to personally... I mean, people who actually care about the people that they’re interacting with rather than the substances that they’re using.”



Unmet Needs, Complex Motivations, and Ideal Care for People Using Fentanyl in Washington State: A Qualitative Study, June 2023



In their voices: basic needs

“I did drug court, and they provided six months of-- well, there was treatment centers involved, which that did help. It was all mandatory because it was drug court.

But they also provided (recovery) housing, and that was helpful because it got me in and gave me friends, and those friends got me introduced to NA [Narcotics Anonymous]. And they also gave me six months of housing or SNAP [food assistance] or whatever, and all that was really helpful...

That kind of support in the early stages was helpful for sure.”

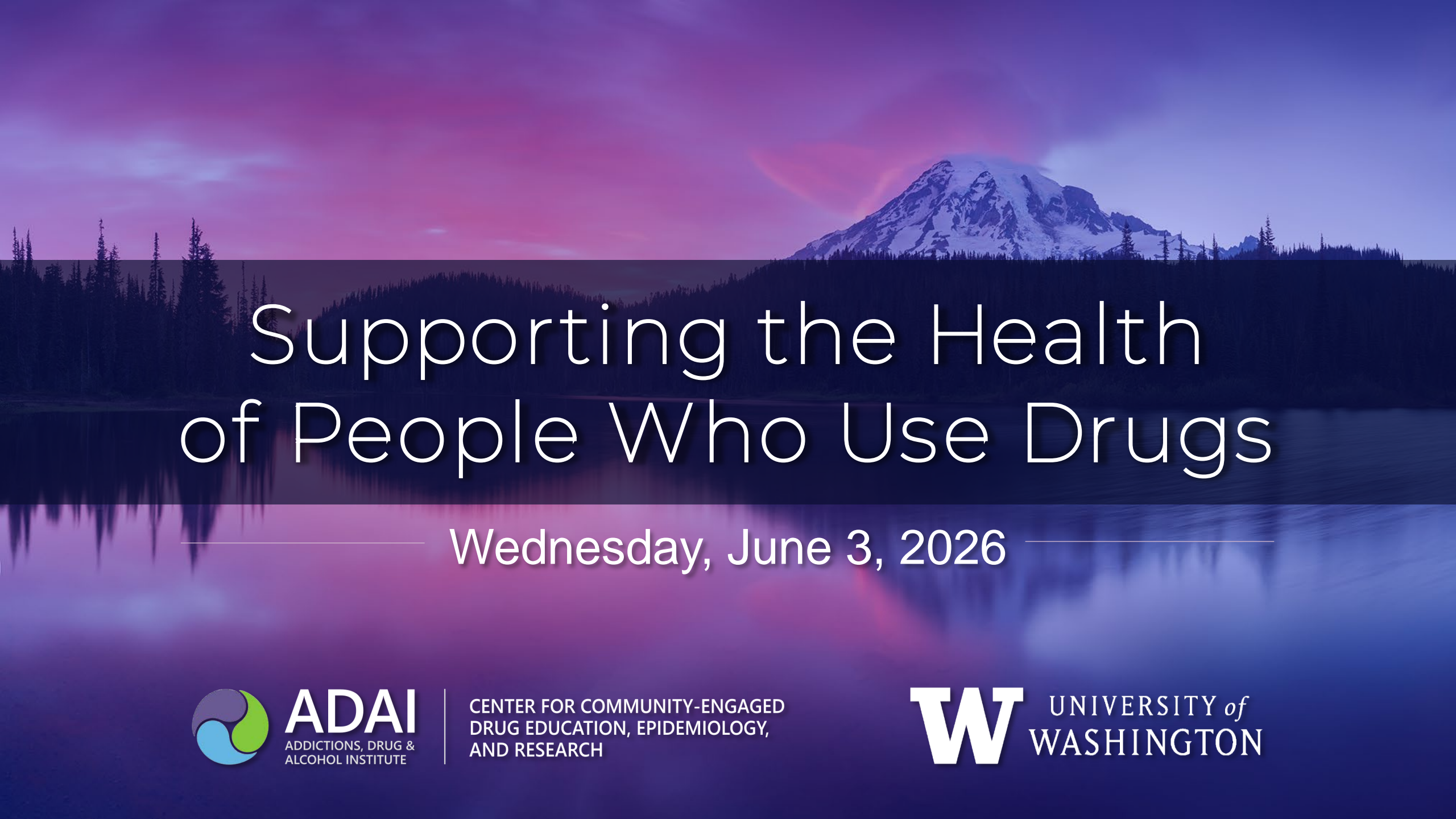
**Perspectives of people who use methamphetamine on reducing or stopping their use,
October 2021**



Insights

- Health, living conditions, and community are interrelated.
- When possible, ask people about their priorities for their lives.
- Our speakers will provide additional insights into these topics.

Resources: [Surveys and interviews with people who use drugs](#),
UW ADAI



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**Supporting the Health
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Legal Navigation Services for Harm Reduction

Leo Beletsky

Advancing Harm Reduction Through The Law (AHRLA), Northeastern University

Law as a structural determinant of health



Housing and Benefits



Disability



Criminal Law



Immigration





Employment






Family Law



Frequent police contact and nonfatal overdose among people who use drugs in rural Appalachia

Javier A. Cepeda^a  , Talia Loeb^a, Zach R. Salazar^a, Brittney Williams^b, Brooke Hiltz^c, Brandon del Pozo^d, Eileen V. Pitpitan^e, Leo Beletsky^{f,g}, April M. Young^c, Jennifer R. Havens^b

Show more 

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<https://doi.org/10.1016/j.drugalcdep.2026.113188> 

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Highlights

- 36% of cohort participants reported police stop-and-search, with a median of 2 encounters per participant.

Key Findings



Unmet Legal Needs

ID access, warrant, housing issues



Lack of Formal Legal Infrastructure

Informal, inconsistent support



Structural Barriers

Zoning denials, policies, harassment, legal challenges



Limited Integration

Services rare and underfunded



Workforce Gaps

Staff shortages, rigid parameters



Litigation Challenges

Sparse, reactive, constrained by capacity



Unmet Legal Needs

Legal needs of harm reduction clients

Legal needs of harm reduction program staff

Legal defense of harm reduction programs





Criminal Law and Police Harassment

- Wash. Rev. Code 60.90.412 (paraphernalia), 60.90.4121 (distribution)
 - Drug checking equipment not included in the law
 - Syringe and needle possession permitted for person over 18 for purpose of reducing blood borne diseases
 - No prohibition on distribution of “health supplies including . . . syringe equipment. . . through public health programs, community-based HIV prevention programs, outreach, shelter, and housing programs, and pharmacies.



Good Samaritan Protections for Staff

- Wash. Rev. Code Ann. 69.50.315
 - Protects from prosecution person acting in good faith who seeks medical assistance for someone experiencing a drug-related overdose or is in need of assistance

Regulations, Ordinances, Use Variances, Ballot Initiatives

- Public education and outreach
- Public comment periods and hearings

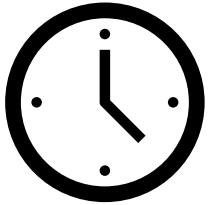




Client Needs: Legal Navigation

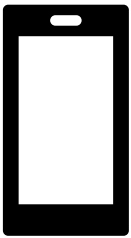
- Intermediary service utilizing trained volunteers (i.e. law or social work students) to speak with participant clients to **identify** their legal issues and **connect them to area legal services** for longer term assistance.
- May be appropriate to implement when a harm reduction program cannot embed lawyers into their services
- Support through hotline (coming soon)

Elements of strong navigation services



Building Trust

It will take time for participants to gain trust in the new program. So, there may be lags in the demand for services. Understand this, ensure that services are available. Once there is interest and the service spreads by word of mouth expect more demand



Access

Be ready to serve participants as soon as they are ready to receive legal navigation services. It is easy for them to lose or have their phone stolen. If it makes sense for your organization, provide your number to all outside parties to be another point of contact.



Allowing space for Self-advocacy

It is delicate balance to refuse saviorism and still provide a high quality service. Participants will benefit most from taking agency over their own lives and being able to self-advocate for their needs. If they are able to self-advocate, keep communication lines open to be able to assist when it is needed.

Elements of strong navigation services



Legal Navigation is separate

Legal navigators are there to support organizations, but they generally work separately from the harm reduction organization to keep things private and respectful. Just a reminder: legal navigation is not legal advice.



Be Flexible

Harm reduction organizations must be flexible and adapt as they receive new information. Having a structured iterative process of development and consistent evaluation process will help to create space for staff and the legal services.



Gather Church Decision: Role of ADA

- ❑ **Playbook from MOUD Litigation**
 - ❑ **Ordinance Blocked Mobile Exchange and Curtailed Ops in WA**
 - ❑ **Federal Court: ADA Protects Harm Reduction as Health Services**
 - ❑ **Ordinance Invalidated**
 - ❑ **\$500K in Legal Fees Awarded**
 - ❑ **Outputs of Workforce Development Efforts**
- 





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Thank you!

Contact:

Beletsky@northeastern.edu



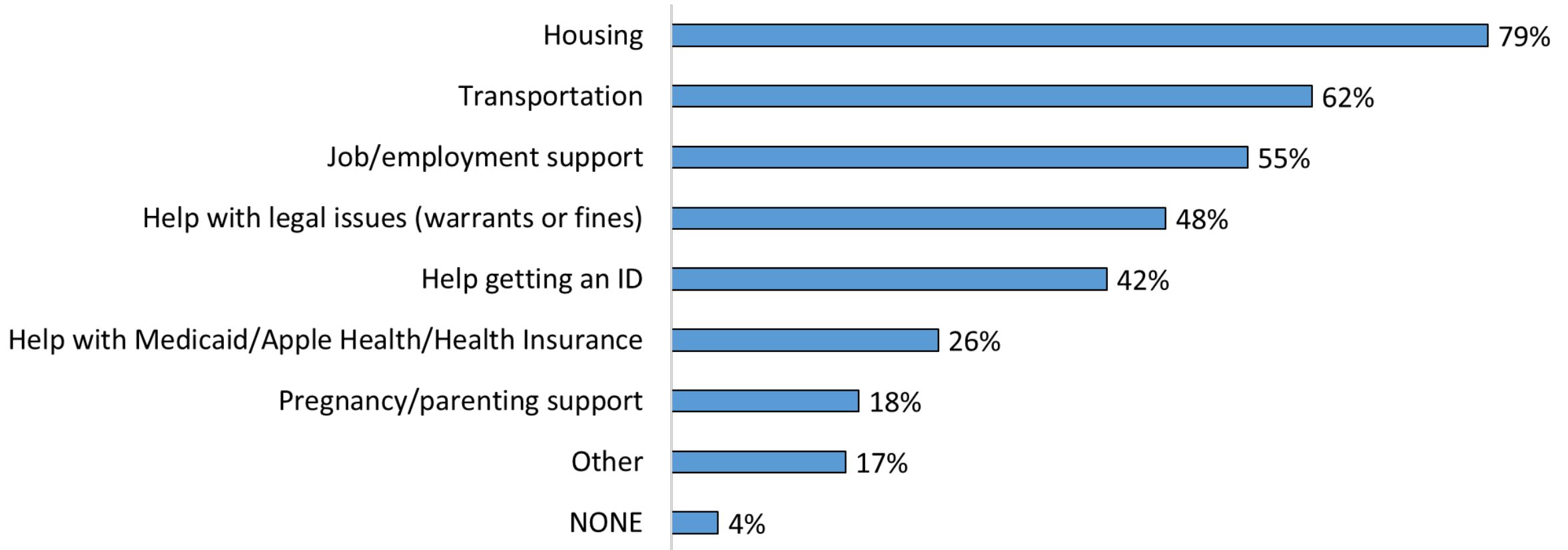
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Legal Services Navigation

Betsy Wight, Tacoma Needle Exchange

Data from the 2025 SSP Survey

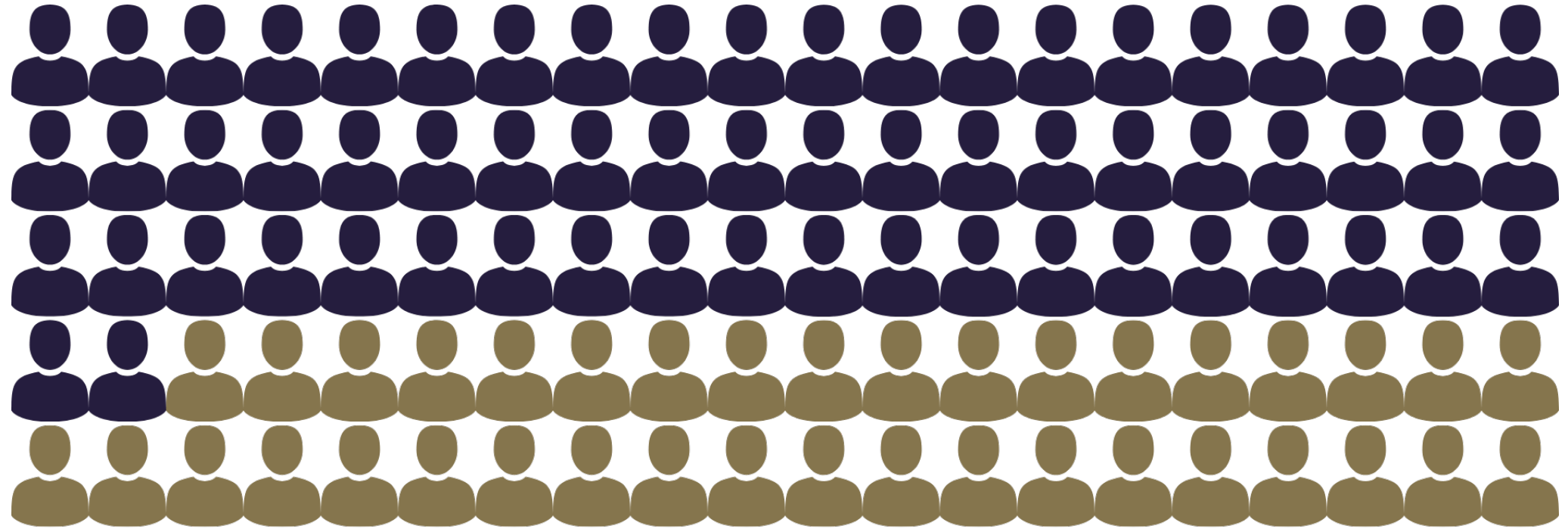
**What other help or services would you want if they were free and easy to get?
(Not asked at PHSKC)**





Data from the 2025 SSP Survey

- 2% of survey respondents were in prison in the past year
- 36% of survey respondents were in jail in the past year

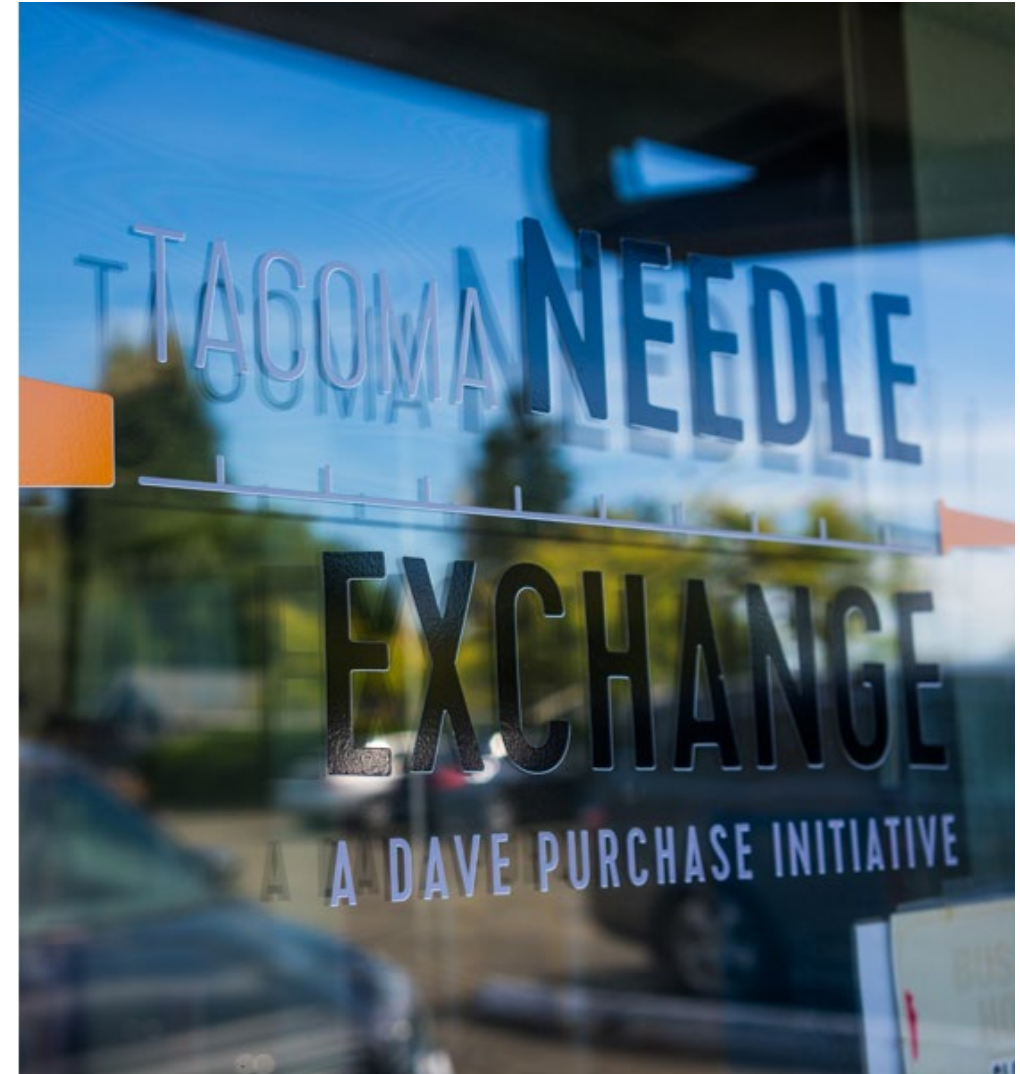


Why legal navigation?

Legal navigation is:

- Expansive
- Low-barrier
- Collaborative
 - “Let’s figure this out together”
- Complimentary to other SSP services
 - Addresses social determinants of health

Photo by Nigel Brunsdon





Considerations

- Legal navigation ≠ legal advice
- Legal navigation as the bridge rather than the solution
- Differentiating between legal issues and other administrative, non-legal issues

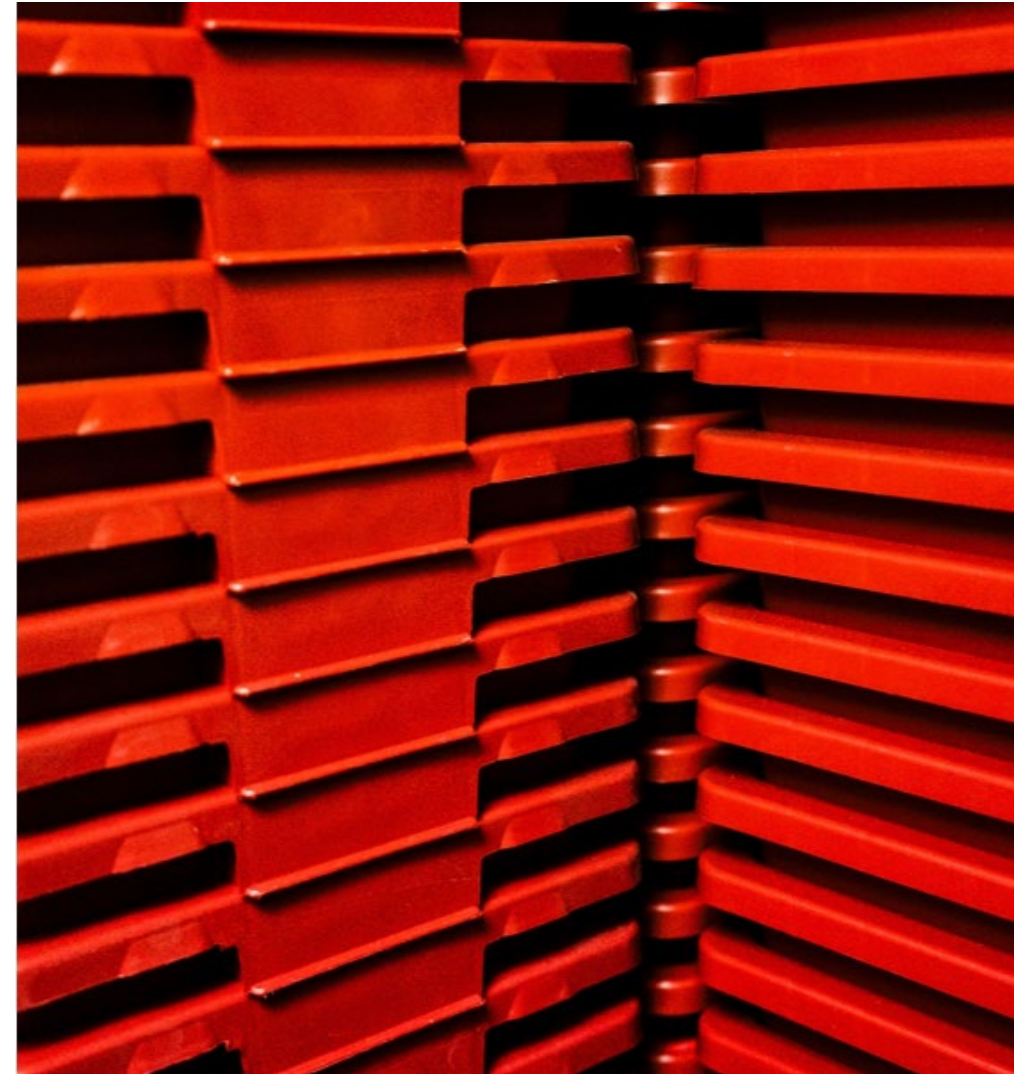


Photo by Nigel Brunson

Getting Started

- Brainstorm legal issues
 - Think expansively
 - Recall conversations with participants
- Pre-research
 - What organizations exist in your community that you can connect participants to?
- Data collection

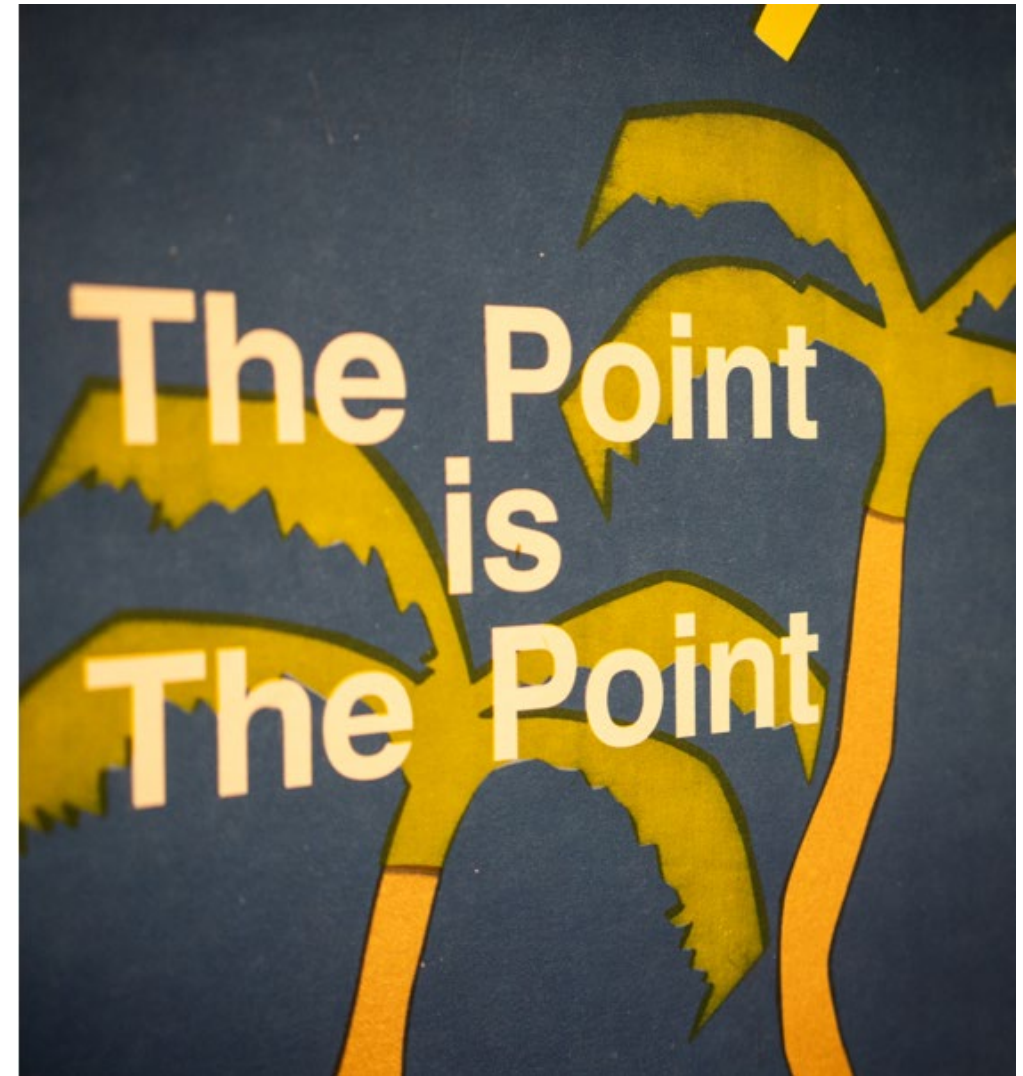
Photo by Nigel Brunsdon



Ramping Up

- Advertising
 - Print materials
 - Word of mouth
 - Provide ample time for word to get out
- Leverage community connections
 - Organizations you already work with
 - Community members or volunteers

Photo by Nigel Brunsdon



Service Launch!

- Uptake has been very slow at TNE
 - Gap between expressed needs and service utilization
- How can we get folks in the door?
 - One-pagers about common legal issues
 - Go where the demand is – mobile outreach site vs. brick and mortar
 - Success! First four participants at mobile outreach

Photo by Nigel Brunson



Thank you!

Contact:

Betsy Wight | betsy@nasen.org



Photo by Nigel Brunsdon





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Supporting the Health of People Who Use Drugs

GATHER COMMUNITY SERVICES

Providing the Basics

Social Determinants of Health & Whole-Person Care

Who Are We & What We Do

Our Mission

Gather Church / Gather Community Services is dedicated to caring for people most often ignored — the most vulnerable, stigmatized, and underserved members of our community.

We believe every person is inherently worthy of dignity, care, and the basic necessities of life.

Our model integrates primary care, behavioral health, housing, employment, and social services under one roof — removing the barriers that prevent people from getting help.

Our Services

- **Food & Nutrition**
Stock Box, Community Cafe
- **Family Services**
Childcare & Parenting Education
- **Employment Services**
Job readiness & placement support
- **Housing**
CBRA & Foundational Community Supports
- **Primary Care**
On-site medical care for all
- **Behavioral & Mental Health**
Integrated behavioral health services
- **SUD Treatment**
MOUD, Harm Reduction, Syringe Services
- **SDOH Pathways**
Dedicated navigation & referral support



Our Philosophy of Care

Harm Reduction — Meeting people where they are, without judgment or preconditions.

1

Unconditional Positive Regard

Every person is inherently worthy of care, regardless of their history or current situation. (Carl Rogers et al.)

In practice: We do not require sobriety, compliance, or "readiness" to access services. Shame and judgment are replaced with curiosity and compassion.

2

Person-Centered Goal Setting

Goals are defined by the individual — not by the program. We follow the client's lead and honor their autonomy.

In practice: Staff ask "What matters most to you right now?" rather than prescribing a treatment path. Client voice directs the plan.

3

Celebrate Any Positive Movement

Progress, however small, is recognized and honored. Every step forward matters and is worth acknowledging.

In practice: Reduced use, attending one appointment, or reconnecting with family are all celebrated as meaningful victories.

4

Accountability Without Termination

We hold people accountable while keeping the door open — always. No one is ever turned away permanently.

In practice: Missed appointments and relapses prompt outreach, not discharge. Continuity of relationship is the treatment.



Social Determinants of Health (SDOH)

What Are SDOH?

SDOH are the non-medical, environmental, and socioeconomic factors that shape health outcomes — things like housing, food access, income, transportation, and education. Research shows SDOH are responsible for the majority of health outcomes, far outweighing clinical care.

~50%

of health outcomes
driven by social & economic factors

~20%

of health outcomes
driven by clinical care

Most Critical SDOH for People Who Use Drugs

Stable Housing

Unstable housing correlates with higher opioid use severity, greater overdose risk, and interrupted treatment access.

Without stable housing, clients cannot safely store medications or maintain consistent care appointments.

Nutritious Food Access

Food insecurity increases chronic stress, worsens mental health, and can drive compulsive and addictive behaviors.

Consistent nutrition is a prerequisite for physical recovery and sustained engagement in treatment.

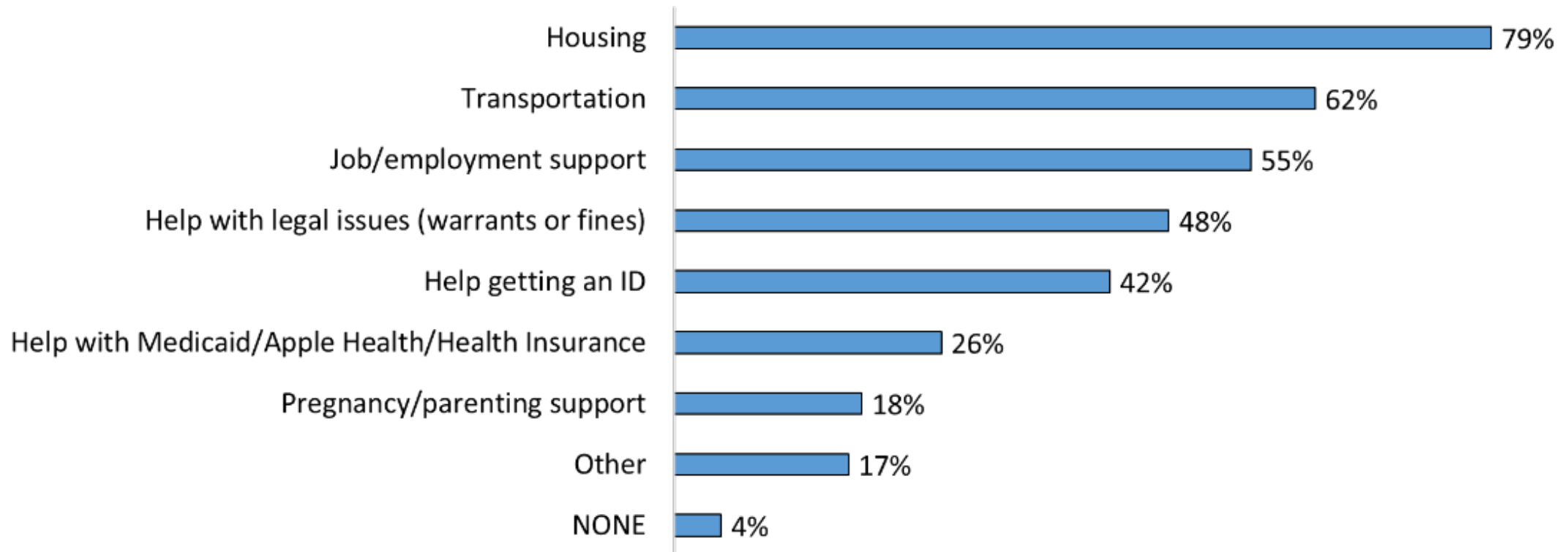
Basic Needs Navigation

Missing ID, transportation barriers, unresolved legal issues, and insurance gaps all prevent access to essential care.

Addressing these barriers is often the first step to building a therapeutic relationship.

What Our Clients Need: 2025 SSP Survey

What other help or services would you want if they were free and easy to get?
(Not asked at PHSKC)





Food Insecurity & Substance Use

1.43x

more likely to use illicit drugs
when experiencing food insecurity

**Higher AUD
Risk**

Food insecurity strongly linked
to moderate-to-severe alcohol use disorder
— especially in younger adults

Why Nutrition Matters for Wellbeing and Recovery

Chronic Stress & Cravings

Nutritional deprivation increases the body's stress response, worsens mental health symptoms, and can drive compulsive and addictive behaviors — directly undermining recovery efforts.

Co-occurring Mental Health

Food insecurity is bidirectionally linked to depression and anxiety, which are common co-occurring conditions in people with SUD. Addressing nutrition supports mental health.

Stable Nutrition = Recovery Foundation

Consistent access to nutritious food is not a secondary concern — it is a cornerstone of effective SUD treatment and sustained recovery.



Housing Instability, Wellbeing & Recovery

18.6x

greater likelihood of a primary behavioral health diagnosis

among individuals experiencing housing instability

Opioid Use & Overdose Risk

Unstably housed individuals face higher opioid use severity, greater overdose risk, increased mental health challenges, and chronic sleep disruption.

Without a safe place to sleep and store medications, adherence to MOUD and recovery protocols becomes nearly impossible.

Sleep & Recovery

Sleep deprivation impairs emotional regulation and stress recovery. Disrupted REM sleep prevents the brain from processing traumatic memories, directly intensifying cravings and increasing relapse risk.

Walker (Why We Sleep): Even partial sleep loss degrades the prefrontal cortex's ability to regulate impulse and emotion.

Treatment Barriers

Housing instability is directly linked to interrupted care and poor recovery outcomes. Clients who lack stable housing are significantly less likely to maintain consistent engagement with treatment providers.

Safe housing is not a luxury — it is a clinical prerequisite for sustained recovery.



Housing Instability & Recovery

Cory's Story



How We Address SDOH: Client Engagement

A systematic, whole-person approach to identifying and meeting every client's social needs.

1

Universal SDOH Screening

Every MOUD and SUD client is offered a Social Determinants of Health screening — without exception.

Screening covers housing, food security, transportation, legal issues, ID, insurance, and social support. Needs are identified before they become crises.

2

Pathways Program

Dedicated Pathways staff connect clients to services, track referrals, and follow up to ensure every identified need is addressed.

Clients are not sent away with a phone number — staff actively navigate the system alongside them.

3

Integrated In-House Services

Many SDOH services are provided directly within our organization — reducing barriers and improving continuity of care.

Food, childcare, employment support, housing, primary care, and behavioral health are all co-located under one roof.

4

Trusted External Referrals

When services are not available in-house, we leverage vetted referral partnerships and actively help clients navigate external resources.

Warm handoffs, tracked outcomes, and follow-up calls ensure no one falls through the cracks.



The Whole-Person Approach

Addressing SDOH is not separate from healthcare — it IS healthcare.

Clinical Care Alone Is Not Enough

Only ~20% of outcomes are driven by medical care. Ignoring the other 80% means incomplete, ineffective treatment.

Housing + Food = Medicine

Stable housing and consistent nutrition are prerequisites for a flourishing life, including successful SUD treatment and sustained recovery.

Navigation Closes the Gap

Universal screening + dedicated navigation staff work to ensure no need goes unmet — from IDs to insurance to legal support.

Dignity Drives Engagement

Harm reduction and unconditional positive regard build the trust that keeps clients connected to care over the long term.





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Supporting the Health of People Who Use Drugs

Community Partnerships

Liz Fraser – Blue Mountain Heart to Heart



History

- 1985 ● Ryan White Case Management established
- 1998 ● Sterile Syringe Program established
- 2019 ● MOUD Program (Study with UW) began; Opened Tri-Cities office
- 2020 ● LEAD program established
- 2021 ● Medical services in the Walla Walla County Jail contract began
- 2022 ● Contingency Management began; Hired in house therapist

Health Engagement Hub launched August 2024

- Increased clinical services/primary care to existing medications for opioid use disorder (MOUD) patients.
 - Expanded our reach to include individuals who live with Substance Use Disorder (SUD) regardless of where they are in their recovery journey
- Co-located medical and harm reduction services
- Increased use of our mobile medical unit to increase HIV/HCV testing and treatment in Walla Walla and Benton Franklin counties.
- Hired a Substance Use Disorder Professional in 2025 to add SUD assessments and counseling to our behavioral health options.



Community Partnerships



- This looks different depending on which location you are looking at.
 - We have two Health Engagement Hub locations in Eastern Washington. The buy-in at one was much smoother than at the other so outreach is an ongoing process.
- In Walla Walla, there are several monthly meetings for community resources where information is disseminated, and relationships are formed and bolstered.
- Working on a partnership with a local fire department for referrals in Kennewick
- Establishing an MOU with local jail for reentry and continued MOUD monitoring.
- We attend community tabling events to extend outreach and presence in the community.



Looking Forward

Having been an established organization in a small community for so long allows for a more expedited trust building among our clientele and the community at large.

Now that we have been in Tri-Cities for 5 years, that community buy-in has gotten better, but is still a work in progress.

We want and **NEED** to build the community connections the way we have in Walla Walla.



Supporting the Health of People Who Use Drugs

Sound Pathways partnering with Conquer Clinics



Health Engagement Hub – Launched January 2025

Sound Pathways Harm Reduction Center has partnered with Conquer Clinics Street Medicine to serve communities disproportionately impacted by overdose, health issues, and other harm related to drugs.

- An integrated hub offering medical, harm reduction, treatment, and social services
- Available through both a central clinic and mobile care units serving all of Snohomish County



Central Clinic & Mobile Care



Wrap-around support for our most vulnerable populations:

- Drop-in visits
- Urgent medication support and management
- Urgent medical needs
- HIV/Hepatitis Testing
- Mental health support
- SUD assessments
- Daily and LAI Buprenorphine
- DETOX and rehab placement
- Peer Navigators to access community resources
- Syringe exchange services
- Basic needs supplies

Why Community Partnerships Matter

- Community partnerships expand access to services and improve outcomes
- Collaboration reduces stigma and promotes informed, compassionate care
- Shared responsibility strengthens community health and safety
- Strong partnerships build sustainability and deepen community trust





Key Community Partners

- Snohomish County Courts
- Drug Task Law Enforcement
- Ideal Options
- Snohomish County Health Department
- Stilly Valley Health Connections
- University of Washington
- Therapeutic Health Services (THS)
- Community Medical Services
- Snohomish County Outreach Team (SCOUT)
- Law Enforcement Social Workers
- Verdant Health Commission
- Lynnwood Hygiene Center
- Diversion Center
- Providence Medical Center
- Swedish Edmonds
- Smokey Point Behavioral Health
- WA State Healthcare Authority
- WA State Department of Health
- Faith Based Organizations
- Volunteers of America
- Housing Hope

Education Strengthens Collaboration

Education through advocacy

- Attend roundtable and coalition meetings regularly
- Host open houses, presentations, and educational forums
- Participate in schools, tabling events, and city/community meetings
- Provide guidance on clean-up response kits and community safety resources
- Offer direct support for park and community space clean-up efforts
- Be accessible and responsive to community concerns
- Stigma remains one of the greatest barriers to care

Harm reduction succeeds when communities replace fear and judgment with partnership and compassion



Sustainability Requires Diverse Voices

Everyone is welcome at the table

- Stronger solutions come from listening to diverse perspectives and lived experiences.
- Partner agency feedback and collaboration meetings
- Surveys, lunch-and-learns, and ongoing communication
- Identifying ways agencies can support one another for mutual growth and sustainability



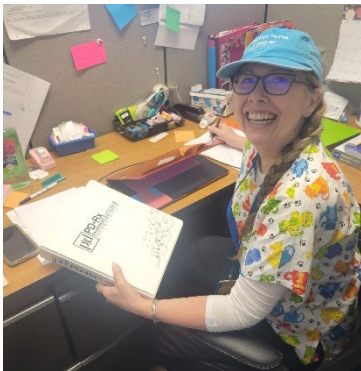
The Value of Diverse Expertise

- Peers bring lived experience and relationship-building
- Medical providers bring clinical expertise
- Social workers bring systems and service knowledge
- Legislators and policy leaders help address systemic barriers
- Legal professionals help navigate compliance and advocacy challenges

Building Long-Term Buy-In

Harm Reduction Is a Shared Community Responsibility

- Maintain active relationships with city leaders, businesses, healthcare providers, law enforcement, and partner agencies.
- Stay aligned with organizational mission while working collaboratively within city ordinances and community expectations.
- Demonstrate that harm reduction programs are part of the solution to shared community challenges.
- Personal stories humanize outcomes and build empathy
- Data strengthens funding opportunities and community confidence.



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Sound Pathways

425-259-7142

soundpathways.org

Conquer Clinics

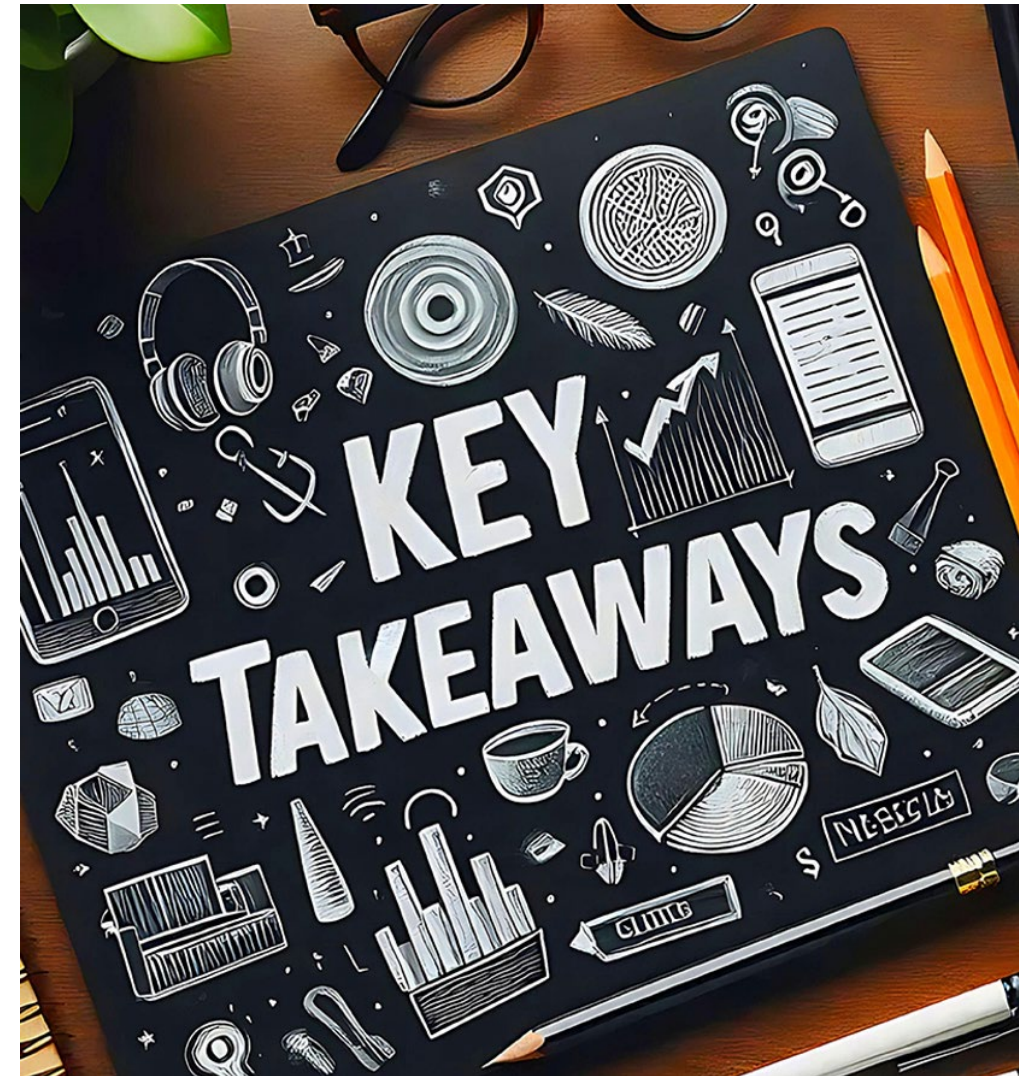
206-552-0882

conquerclinics.com

Wrap up

Put in the chat:

- One thing you learned today
- One thing you will take back to your community





Thank you

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

***Please take our post-event survey
to help shape future events:***

**[www.surveymonkey.com/r/supporting-
health-2026](https://www.surveymonkey.com/r/supporting-health-2026)**

Conference recordings will be posted at:

adai.uw.edu/supporting-health-2026/

