TEXAS HARM REDUCTION ALLIANCE

THIS IS YOUR BRAIN ON HARM REDUCTION

PRESENTATION

TEXASHARMREDUCTION.ORG

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REFLECTION

01 Identify your own understanding of drug use and compare with group members.

HISTORY

02 Examine historical shifts in drug use and perceptions of use.

CRIMINALITY

03 Illustrate how criminalization impacts the experience of people who use drugs.

HOMELESSNESS

04 Assess the relationship between drug use and homelessness.

A PATH FROM HERE

05 Building a toolkit for navigating future service provision.

WHAT DO YOU THINK ABOUT DRUG USE?

REFLECT ON THE EARLIEST MESSAGES YOU RECEIVED.

Take a moment to talk with your group about the earliest messages that you received around use. Was substance use something that happened on the street corner or behind a closed door? Was it a secret or exposed in the open? What were you told was okay, and what was not okay?

HOW DO YOU PERCEIVE DIFFERENT SUBSTANCES?

Reflect on different times in your life. When you were young, what substances were “okay,” what was taboo, what was intriguing, and what was scary? How did that develop as you got older? Now when you look at substances, what do you find acceptable or commonplace, and what is riskier or more taboo?

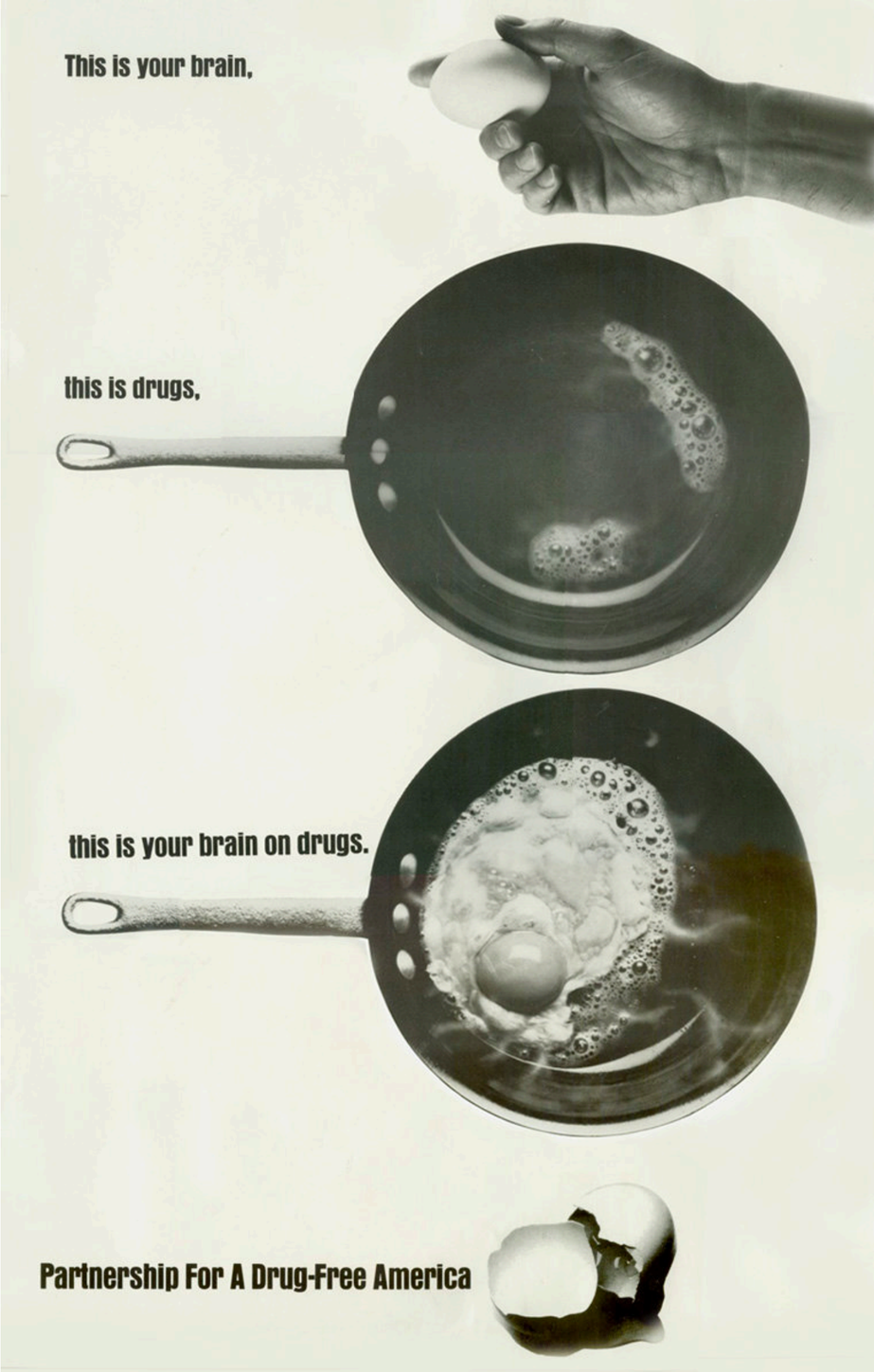
WHAT DO YOU THINK ABOUT DRUG USERS?

HOW HAS YOUR PERCEPTION OF DRUG USERS CHANGED OR REMAINED THE SAME?

Take a moment to talk with your group about your initial perception of people who use drugs. What is the earliest memory you have where you learned about what kind of people used drugs? As you got older, what kinds of messages did you receive from others about who uses drugs?

HOW DO YOU PERCEIVE DIFFERENT TYPES OF USE?

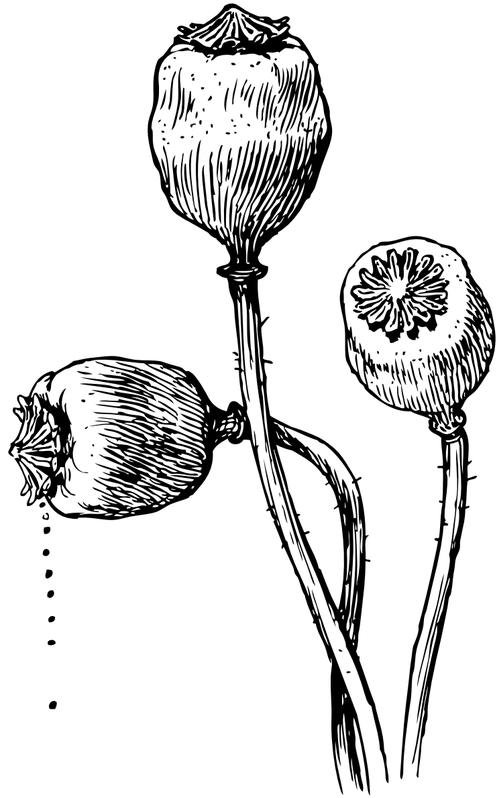
When you think about different types of drug use, what do you think about the people who use those drugs? Have you ever held expectations of what someone who uses marijuana is like? What about someone who uses crack or heroin? How have these perceptions shifted or remained the same over time?

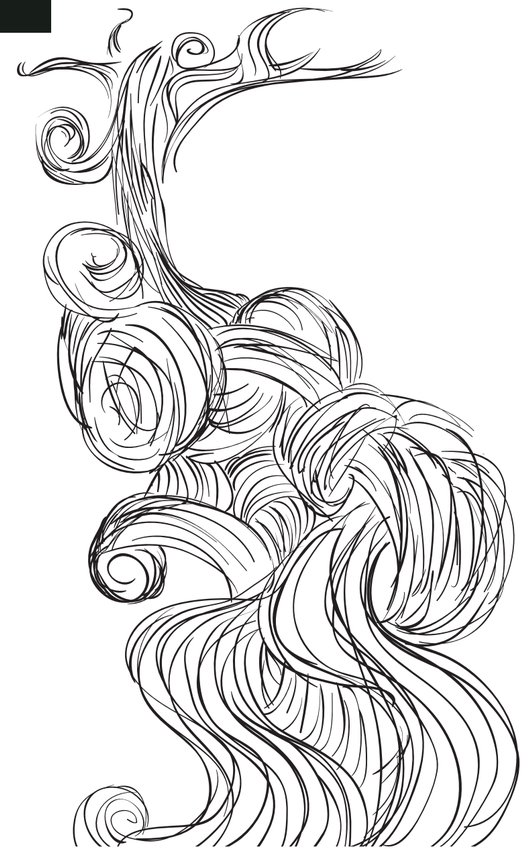


BIAS, STIGMA, AND THE WAR ON DRUGS

It is our responsibility to understand that we have received different messages about drug use and in turn, drug users, from our society. Every person's socio-location impacts the way they perceive use. In the U.S., anti-drug propaganda not only influences the way we see drug use, but also the way we see and understand people who use drugs.

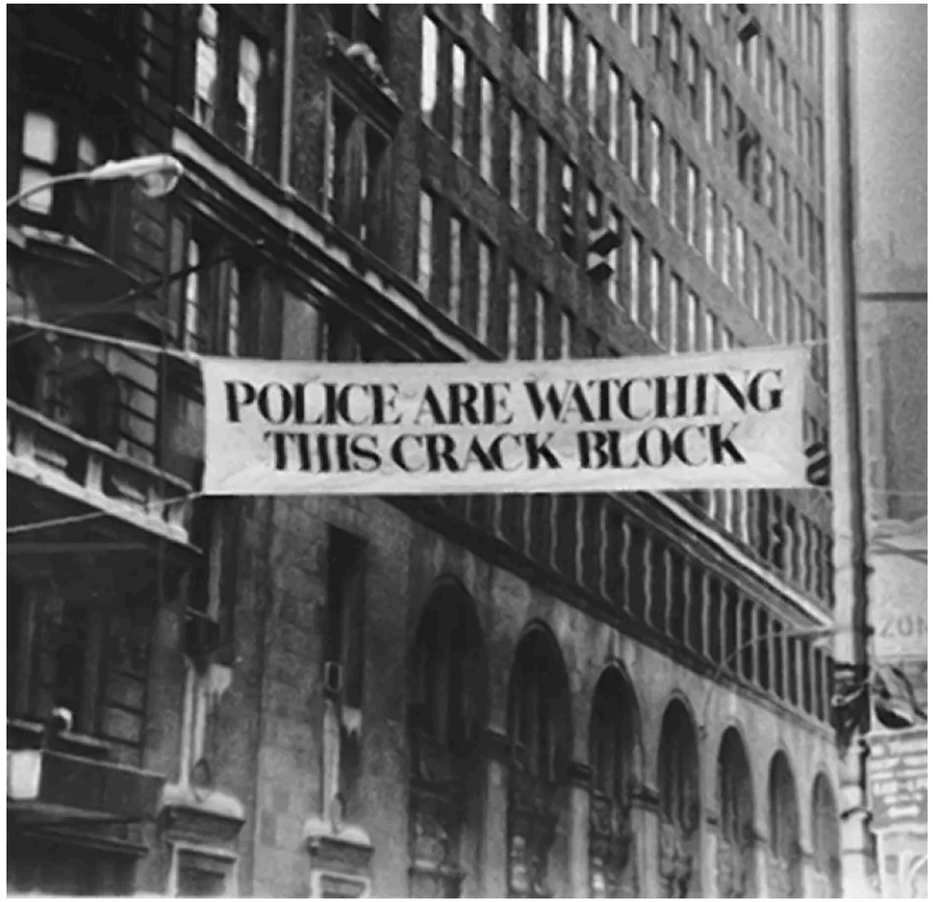
WE ACCEPT THAT PEOPLE USE DRUGS.





Throughout history, people have used substances. Reasons vary: medicinal, cultural, spiritual, and recreational uses have always existed.

DRUG WAR HISTORY



SOURCE: DRUG POLICY ALLIANCE, (2025). DRUG WAR TIMELINE.

1875

San Francisco Opium Den Ordinance is the first anti-drug law introduced in the state of California, targeting Chinese immigrants who smoked opium.

1914

The Harrison Narcotics Tax Act is established to supposedly “end addiction” by regulating and taxing drugs like morphine, cocaine, laudanum, and heroin. Before, products like these were incredibly accessible.

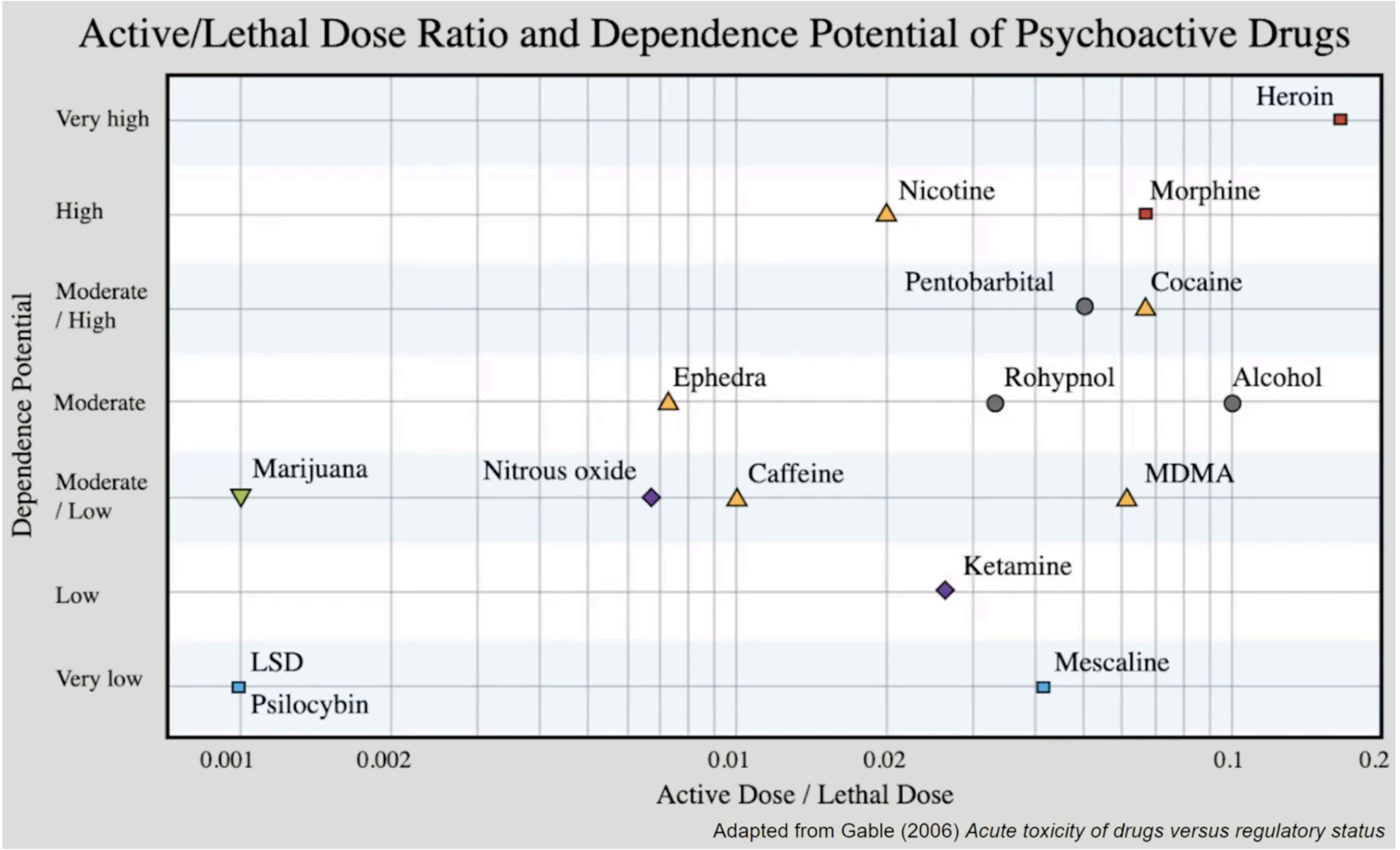
1970

Nixon signs the Controlled Substances Act into law, creating the modern-day drug schedule, shortly followed by enacting the war on drugs.

1980-

Mass incarceration and mandatory minimum sentencing laws are radically expanded, changing our society.

WHY ARE CERTAIN DRUGS ILLEGAL?



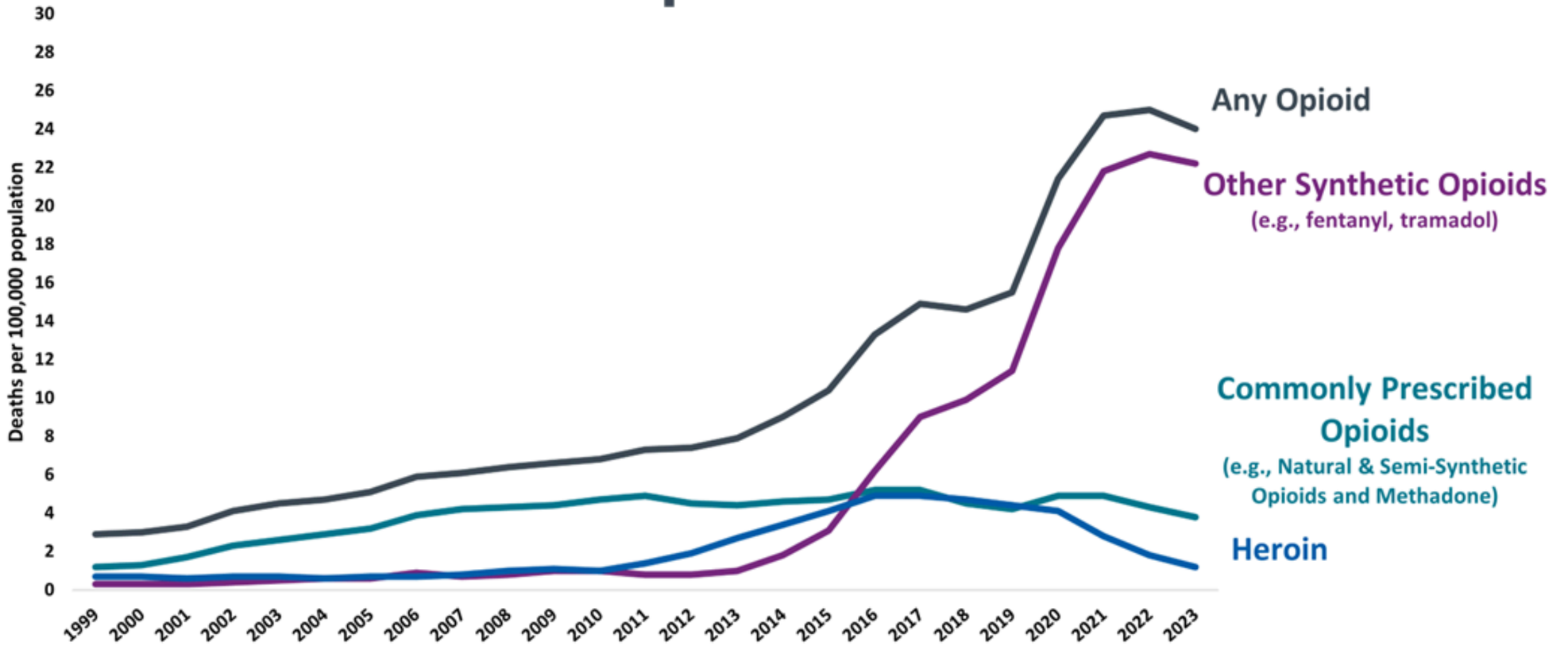
Adapted from Gable (2006) *Acute toxicity of drugs versus regulatory status*

HOW DOES CRIMINALIZING DRUG USE IMPACT PEOPLE WHO USE DRUGS?

THE IRON LAW OF PROHIBITION

THE “IRON LAW OF PROHIBTION” WAS A TERM COINED BY RICHARD COWAN IN 1986. IT STATES THAT AS LAW ENFORCEMENT INTENSIFIES, THE POTENCY OF THE PROHIBITED SUBSTANCE WILL INCREASE. THIS WAS OBSERVED DURING ALCOHOL PROHIBTION, AS MOST COMMON PEOPLE ONLY HAD ACCESS TO HIGH-PROOF VARIETIES OF ALCOHOL (MOONSHINE, CORN LIQUOR). THIS IS THEORIZED TO BE WHY THE OPIOID MARKET IN THE U.S. IS NOW OVERWHELMINGLY FENTANYL.

Three Waves of Opioid Overdose Deaths

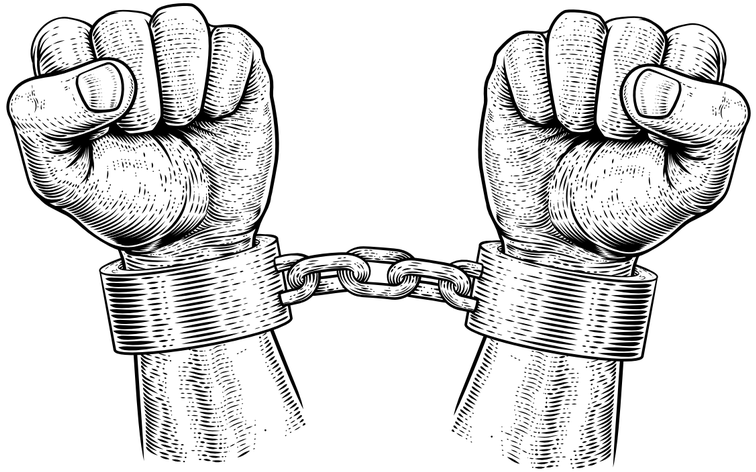


Wave 1: Rise in Prescription Opioid Overdose Deaths Started in the 1990s

Wave 2: Rise in Heroin Overdose Deaths Started in 2010

Wave 3: Rise in Synthetic Opioid Overdose Deaths Started in 2013

SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2024. https://wonder.cdc.gov/.



Criminalizing drug use shapes the way we understand people who use drugs. SUD is a health diagnosis but people who use drugs frequently receive punishment and incarceration, not treatment.

Terms like “substance abuse” and “drug abuser” are used to describe people, equating a disorder to the harm of others. These terms are frequently associated, in turn, with more punishment.

CRIME AND PUNISHMENT

DRUG USE & HOMELESSNESS

Housing First models have long stated that evidence supports providing an approach that offers support but does not mandate any conditions. Yet, America is turning away from housing first approaches. Why is this happening, and what does it mean for providers?

One of the major issues contributing to homelessness is the rising cost of housing. Housing accounted for a fifth of inflation in 2022 in the United States. However, by March 2023, the housing inflation rate rose to 2.6 percentage points, accounting for half of the annual consumer price index inflation [3]. With rental prices rising, even minor changes are estimated to affect homelessness substantially [4].

Source: Heston T. F. (2023). The Cost of Living Index as a Primary Driver of Homelessness in the United States: A Cross-State Analysis. *Cureus, 15*(10), e46975. https://doi.org/10.7759/cureus.46975

A new analysis of rent prices and homelessness in American cities demonstrates the strong connection between the two: homelessness is high in urban areas where rents are high, and homelessness rises when rents rise.

Source: Horowitz, A., Hatchett, C., Staveski, A. (2023). *How Housing Costs Drive Levels of Homelessness.* The Pew Charitable Trusts. https://www.pew.org/en/research-and-analysis/articles/2023/08/22/how-housing-costs-drive-levels-of-homelessness

Homelessness spiked 12 percent (71,000 people) in 2023, with more than 650,000 people unhoused, the highest number recorded since data collection began in 2007. The US Department of Housing and Urban Development's point-in-time estimates show an increase in nearly every state and also for both sheltered and unsheltered homelessness. The growing number of unhoused people is driven in part by the expiration of many pandemic-related relief measures and an influx of migrants. However, the most fundamental driver of the nation's growing homelessness is the ongoing housing affordability crisis that has left a record number of renters cost-burdened, spending more than 30 percent of income on housing and utilities, as detailed in our latest report, *America's Rental Housing 2024*.

Source: Frost, R. (2024). *Record Homelessness Amidst Ongoing Affordability Crisis.* Joint Center for Housing Studies of Harvard University. https://www.jchs.harvard.edu/blog/record-homelessness-amid-ongoing-affordability-crisis

THE RISING COST OF HOUSING AND THE ONGOING AFFORDABILITY CRISIS IS DRIVING HOMELESSNESS.

RESEARCH HAS CONTINUALLY DEMONSTRATED THAT WHEN RENTS GO UP, HOMELESSNESS INCREASES. THERE IS A SHORTAGE OF AFFORDABLE HOUSING.

WHILE THERE ARE FACTORS THAT MAKE PEOPLE MORE SUSCEPTIBLE TO HOMELESSNESS, NONE OF THESE FACTORS ARE PRIMARY DRIVERS OF HOMELESSNESS - INCLUDING ADDICTION.

PROVIDERS MUST MAKE A CHOICE. HOW WILL YOU SERVE PEOPLE WHO USE DRUGS IN YOUR WORK?

BUILD YOUR TOOLKIT

BEHAVIOR

Focus your interventions on behavior, rather than substance use broadly. People who use substances can and do exhibit positive behavioral change, and these changes are often the building blocks to further change.

COMPETENCY

Make sure your teams are trained on substance use and capable of providing evidence-based interventions that reduce risks associated with use.

RECOGNIZE

Recognize substance use as a human behavior. Recognize risks and in turn, offer solutions to mitigate risk.

EXAMINE

Examine inward biases and judgement that may impact how providers are serving people who use drugs.

HARM REDUCTION SAVES LIVES.

syringe services
trauma-informed care
fentanyl test strips
safe supply
overdose prevention
all-recovery meetings
empathy
compassion
methadone
buprenorphine
naltrexone
ftir drug checking
street medicine
wound care
acupuncture
housing first
accudetox
safe consumption sites
any positive change
xylazine test strips
naloxone
condoms
syringe disposal
safer smoking supplies
lube
hygiene supplies
linkage to treatment
rescue breathing and oxygen
drug user unions
wet houses
pregnant & postpartum support

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