Practical harm reduction & overdose prevention and response strategies to address substance use in homeless housing assistance programs

Washington State Health Care Authority

Washington State Department of HEALTH

Housing Washington Conference
September 29, 2025
Bellevue, WA

In this session attendees will learn:

1. The principles and practices of harm reduction and how to apply the harm reduction framework in homeless housing assistance programs.
2. Approaches to solve common scenarios to arrive at client-centered, harm reduction, and trauma informed solutions.
3. Overdose prevention, recognition, and response strategies, including how to use naloxone.
4. Guidance about how to prevent and respond to overdose in housing and shelter settings.

The Harm Reduction Approach for Housing Providers

Sarah Deutsch

Washington State Health Care Authority

The Harm Reduction Framework

- A set of practical strategies and ideas aimed at reducing negative consequences associated with drug use

NATIONAL HARM REDUCTION COALITION

Washington State Health Care Authority

Defining Harm Reduction

HARM REDUCTION INTERVENTIONS

(H)arm (R)eduction:

A philosophical and political movement focused on shifting power and resources to people most vulnerable to structural violence

(h)arm (r)eduction:

The approach and fundamental beliefs in how to provide the services

risk reduction:

Tools and services to reduce potential harm

Harm Reduction Approach & Emphasis

- Safety
- Health
- Dignity
- Non-punitive approaches
- Patient centered care – people know themselves best
- People who use drugs are more than their drug use – look at their health needs from a whole person perspective

Contextualizing Drugs

- Many illegal drugs, such as cannabis (recently legalized in some states, including WA), opium, coca, and psychedelics have been used for thousands of years
  - Not based on any scientific assessment of the relative risk of these drugs
- Anti-drug laws in the US have basis in racism and xenophobia
  - 1875: San Francisco ordinance bans opium smoking and opium dens (did not mention other forms of opium, thus specifically criminalizing Chinese communities)
  - Early 1900s: Southern states, directed at Black men, played on racist trope of "Negro cocaine 'fiends'" (NY Times Headline, 1914) inciting violence, attacking white women, and being resistant to fatal wounds
  - 1910s and 1920s: directed at Mexican migrants and Mexican Americans due to fear of immigration after the Mexican Revolution and the "Mexican Menace"

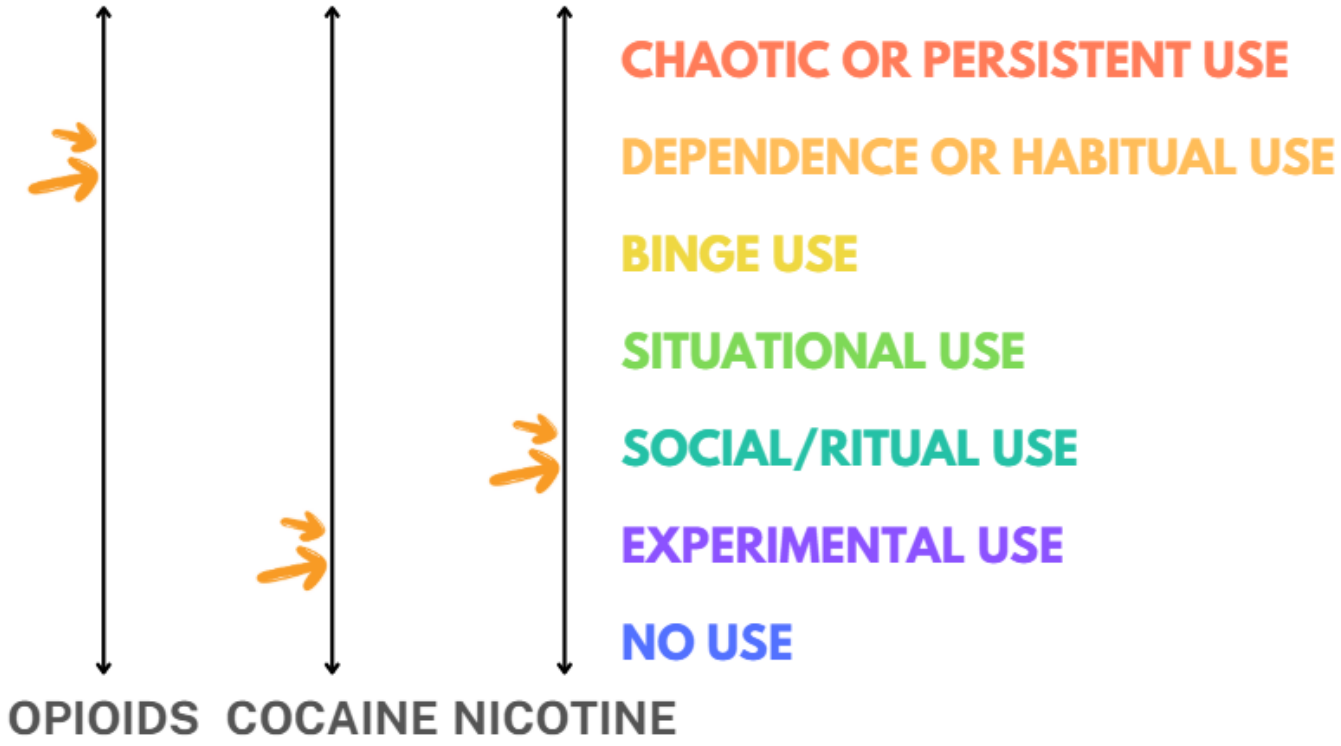
Dependence vs Substance Use Disorder

- **Dependence** is a normal outcome of regular use of any substance that causes withdrawal (including caffeine, nicotine, antidepressants, opioids, alcohol, etc.)
- **Substance use disorder (SUD)** is characterized by continued use in spite of negative consequences related to drug use
- Only a small minority of people who use drugs develop a SUD
- Dependence can and does occur **without** a substance use disorder
  - Examples: cancer patients who take high dose painkillers daily or someone who drinks several cups of coffee per day

The "Drug Use Continuum"

- There's a lot of "gray area" between no drug use and substance use disorder (which itself can be mild, moderate, and severe)
- Occasional/social/experimental
- Recreational/routine/heavy/binge
- Harm reduction approach can be useful all along this continuum

Contextualizing the Continuum



The Treatment / Prevention Binary

- People often think of the "before" and "after" of substance use
- Harm reduction meets people where they are – outside that binary – to help them navigate (think what you need in any wilderness: compass, map, water-bottle)
- Treatment doesn't always mean abstinence – people can and often do receive treatment and still use drugs

Harm Reduction Lens: Any Positive Change

- The stages of change approach can help providers understand the appropriate supports to offer individuals based on their readiness to implement change in their life
  - Recognizes that change is not linear
  - Return to former behaviors is normal
- "Any positive change" is a slogan that means change that is not all-or-nothing, black-or-white, or overnight, is still an accomplishment worth of celebrating
  - Helpful to be realistic
  - Keeps the door open in the event of a setback

Group Discussion (popcorn)

- Why do people use drugs?

Group Discussion (popcorn)

- Why might people who are experiencing negative consequences not be ready to stop using drugs (aside from a diagnosed substance use disorder)?

Considerations

- The below identities and experiences can contribute to initiation of drug use, exacerbation of use, and continuation of use – but it's important not to reduce a person solely to these factors
  - Adverse Childhood Experiences (ACEs) and other traumatic life events
  - Social Determinants of Health (SDOH) and similar barriers to access
  - Racism and other structural oppression

The Impact of Stigma

- People who use drugs experience enormous stigma in their personal and professional lives, and when seeking healthcare
- **What ways might previous experiences of stigma impact a person's behavior in a housing setting?**

Any Positive Change Scenario

- Over the last three months, a resident has experienced two overdoses. Both times, neighbors had to call 911 to get them necessary medical attention. They also have multiple noticeable abscesses on their arms. They report that they feel out of control with their drug use, that they wish they could stop injecting, but are not ready to stop using.
- **What are some areas where positive changes might be attainable?**

Harm Reduction in Practice: Provider Role

- Providers can develop empathic, mutually respectful, empowering relationships that help people
  - Make the best decisions for and take maximum control of their own lives
  - Resolve fear and ambivalence
  - Enhance intrinsic motivation
  - Build confidence to change (if they want and are ready to)

Harm Reduction in Practice: Programming Examples

- Various programs utilize a harm reduction lens to offer services
- This approach may include:
  - Housing first
  - Creating a nonjudgmental and person-centered intake process and conversation guide for case managers
  - Distribution of naloxone and other risk reduction supplies
  - Providing resources and referrals to harm reduction programs
  - Providing risk reduction counseling and education (i.e. safer use strategies)
  - Non-punitive response to continuation of use
  - Inclusion of residents and tenants in programmatic direction

Language Matters

- Use person-first language
  - People are not defined by their drug use
  - Avoid acronyms (i.e. “PWUD”)
- Use neutral terms when talking about using or not using
  - Avoid using “clean” to describe sobriety or abstinence from drugs
  - Avoid using “relapse” to describe return to use
  - Understand that “recovery” is a broad term and can be self-defined
- Avoid pathologizing (i.e. “is using” vs. “addicted to”)
- Avoid talking “about” (i.e. “for people who…” vs. “those people”

Building a Functional Relationship

- The relationship between services staff and a resident is a critical factor in housing retention
- Mutual respect as a baseline and awareness of power dynamics
- Understanding and believing that needs should be defined by the resident
- Openness to discussing issues related to all health needs, including substance use
- Flexibility to assess and reassess self-defined goals
- Willingness to repair if trust has been broken

Scenario: Group Discussion

- You are a case manager at a supportive housing site.
- One of your tenants has been doing a great job seeking support in getting to their medical appointments, as they are seeking treatment for their diabetes.
- One day, as you arrive at their room to pick them up for a doctor's visit, their door is propped open and you notice them stashing what look like drugs before they greet you.
- What do you do?

OVERDOSE RECOGNITION & RESPONSE

Sean Hemmerle

Goals for today

- Opioid overdose recognition and response
- Post-overdose care
- Stimulant overdose recognition and response

What is naloxone?

A safe and effective medication used to reverse the effects of an opioid overdose.

- No harmful effect if administered to someone who has not taken opioids
- Does not reverse other types of overdoses
- Some products available OTC

Safe for use in people of all ages, from infants to adults.

Anyone in Washington can get, carry, and administer naloxone for opioid overdose response.

Injectable naloxone

Nasal naloxone
(commonly known by brand name *NARCAN®*)

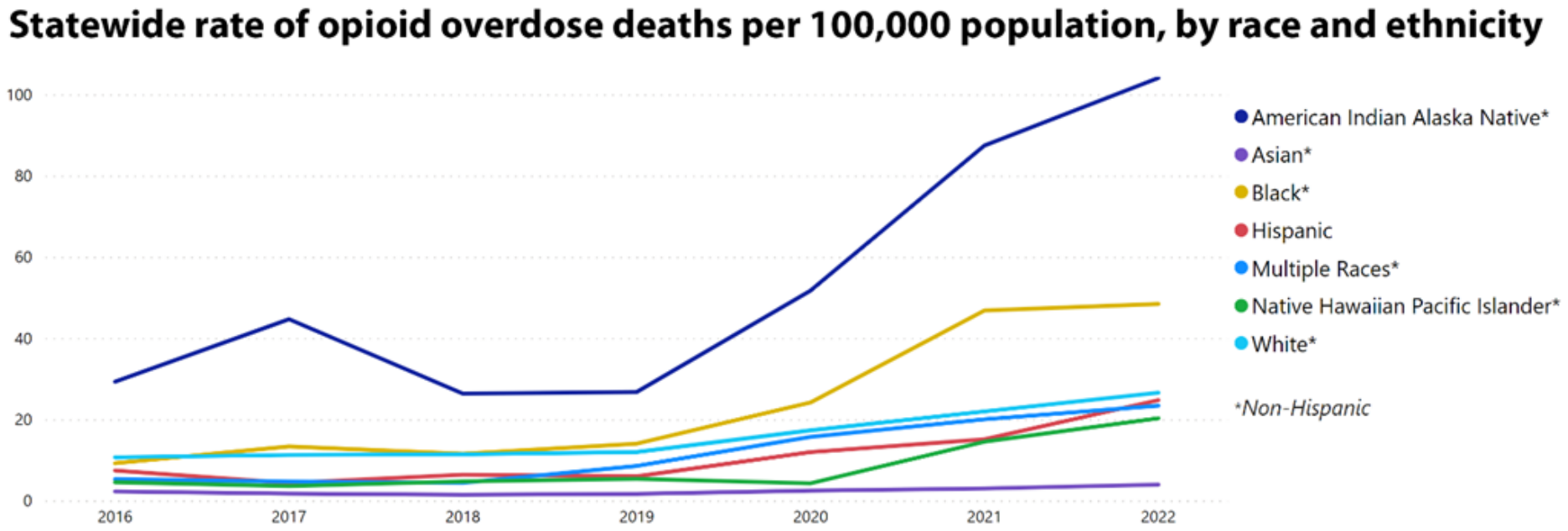
Accessing Naloxone in WA State

- Available over the counter at major retailers and pharmacies (~ $35-$45/kit)
- Anyone can get naloxone at a pharmacy using the WA Standing Order
  - Standing order acts as a personal prescription for anyone in WA
  - Naloxone can be billed to insurance
    - Free with Medicaid, might have a copay with other insurances
- **Available for free** from many community organizations across WA
  - Find a syringe service program offering naloxone: Syringe Service Program Directory
  - Use the WA State Naloxone Finder to find a location near you
  - WA State statewide mail order naloxone program who lack access in their communities, facilitated by the People's Harm Reduction Alliance.

WA State Good Samaritan Law

- In WA, any person can carry or administer naloxone (RCW 69.41.095)
- Any person who experiences an overdose or is acting in good faith who seeks medical assistance for someone experiencing a drug-related overdose will not be charged or prosecuted for possession of a controlled substance (RCW 69.50.315)
- Some possible exceptions to the Good Samaritan law applying:
  - Outstanding warrants
  - Probation or parole violations
  - Drug manufacture or delivery
  - Controlled substances homicide
  - Other crimes beyond drug possession

Opioid Overdose Impacts Disproportionately Impacts Certain Communities



Fentanyl & Recent Increases in Opioid Overdose

- Fentanyl is 50 – 100 times stronger than other opioids like heroin and morphine
- No clinically-confirmed cases of overdose from touching fentanyl or inhaling secondhand fentanyl smoke
- Most fatal drug overdoses in WA state since 2024 were polysubstance related (fentanyl & methamphetamine)
- Naloxone works on all opioids, including fentanyl.

Photo from New Hampshire State Police Forensic Lab.

What is an opioid overdose?

Opioid overdose

An ***overdose*** occurs when a toxic amount of one or multiple drugs overwhelms the body

During an ***opioid overdose***, this primarily affects the victim's ability to breathe

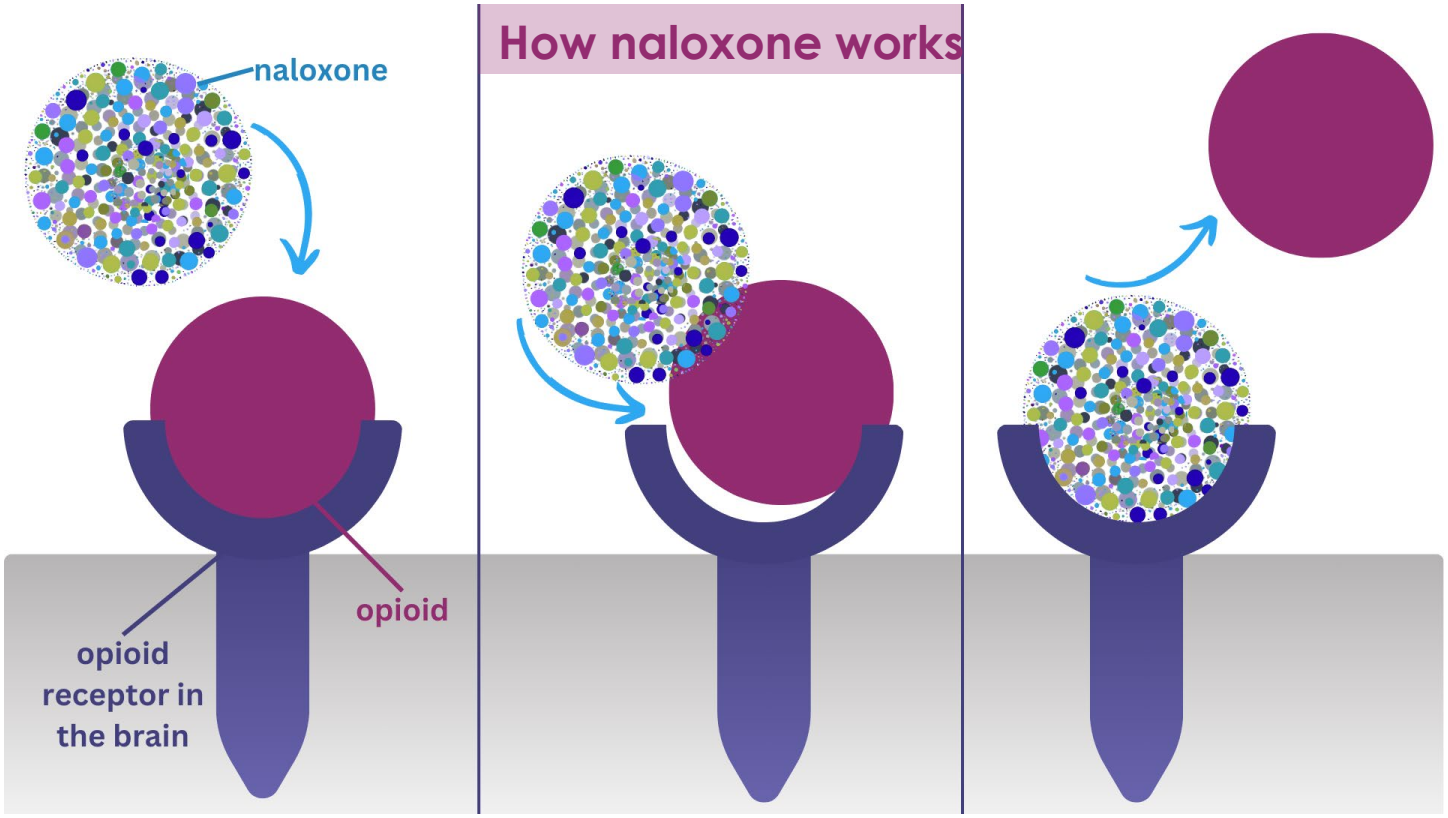
Certain receptors – mu opioid receptors – in the brain become overwhelmed and breathing becomes suppressed

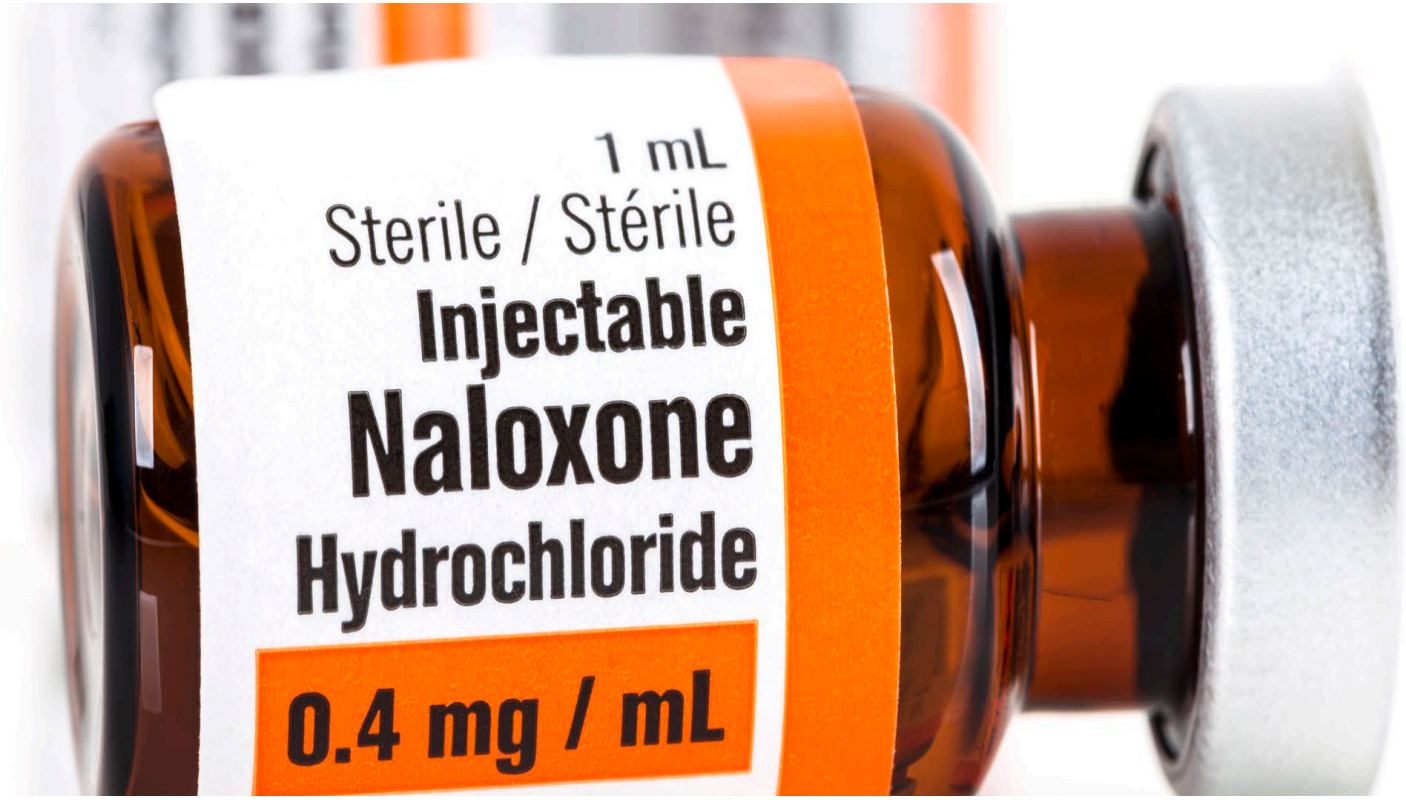
Opioid overdose response

The goal is to help the person experiencing the overdose start breathing on their own again ***as quickly as possible***

Administer naloxone ***as soon as you determine*** someone is likely experiencing an opioid overdose

At first glance, it may be difficult to tell the difference between a "nod" and an overdose


How naloxone works
naloxone
opioid
opioid receptor in the brain



REMEMBER- If a person shows the signs and symptoms of an opioid overdose, administer naloxone immediately ***regardless of what drug you think the person took!***

Risk factors associated with opioid overdose

Periods of abstinence/recently released from substance use treatment
***Polysubstance use (*especially alcohol and benzos*)
Being recently released from jail/prison
Due to fentanyl's half life, the need to use more often
Route of administration (e.g., injection, smoking, snorting)
Using street drugs/illicit drugs of unknown purity or origin
***Using alone
Having a history of drug overdose
Having other, non-drug use related ailments (diabetes, COPD, etc.)

NPR's This American Life#809: The Call

What are the signs of an opioid overdose?

1. **Blue fingernails and/or blue lips, sometimes grey or white lips on a person of color**

   Indicates a lack of oxygen circulating through the body

2. **Struggling to breathe, or not breathing at all**

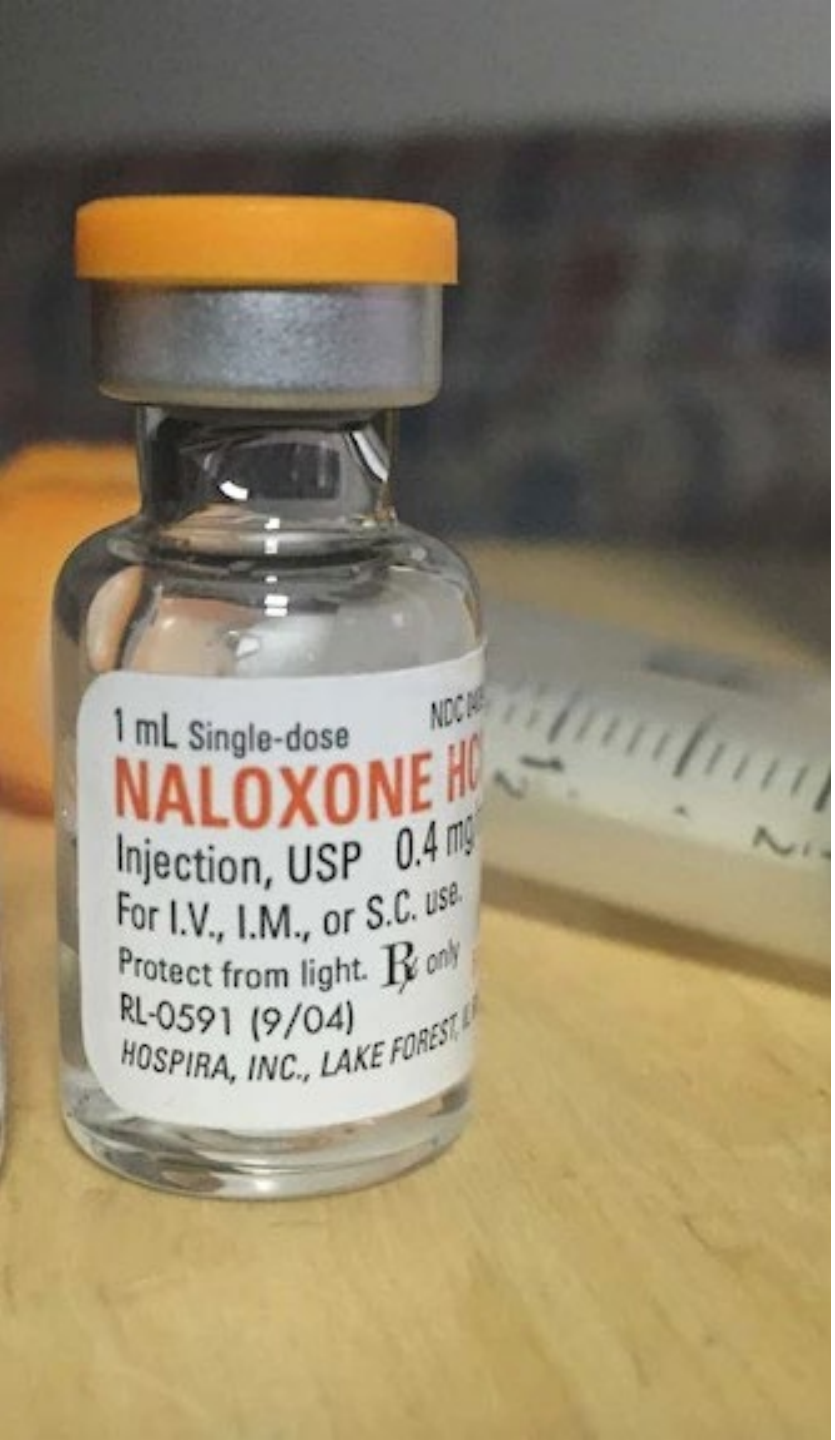
   "Death Rattle"

   Snoring sound, person experiencing the overdose is attempting to breathe

   Usually, the best visual indicator that someone needs help

3. **Unresponsive to external stimuli**

   No reaction to sternum tap/rub, shaking or yelling their name

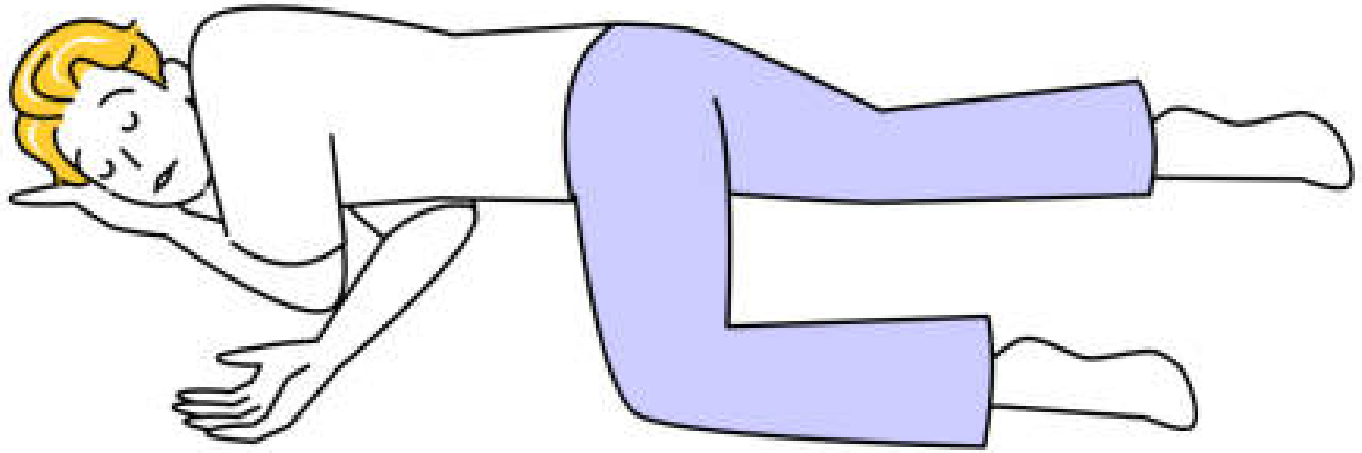


What to do…

- Look for visual signs
- Check for response
- (*If you are alone*) Administer first dose of naloxone and *then* call 911
- Begin rescue breathing or CPR, whichever you know how to do or are directed to do by the 911 operator
- If the person isn't breathing on their own after 3 minutes, give additional dose of naloxone
- Continue this process every 3 minutes until EMS arrive

Recovery position

Bring the lower jaw forward to secure the trajectory.



Bend the elbows of both arms
and place the back of the upper hand under the face.

Bend the upper knee to 90 degrees and try not to fall backwards.

Once the person is breathing normally on their own

Stay with them

- Naloxone wears off after 30-90 minutes, they might fall into an overdose again
- Make sure you have more naloxone available

Help them plan

- If they experience opioid withdrawal, they'll likely want to use again ASAP
- Have them wait until the naloxone has worn off
- Make sure someone is with them if they use/share Never Use Alone info and remind them to go low and slow

If needed or agency policy, take them to hospital

- They might need observation
- If you must leave the person, put them in the recovery position

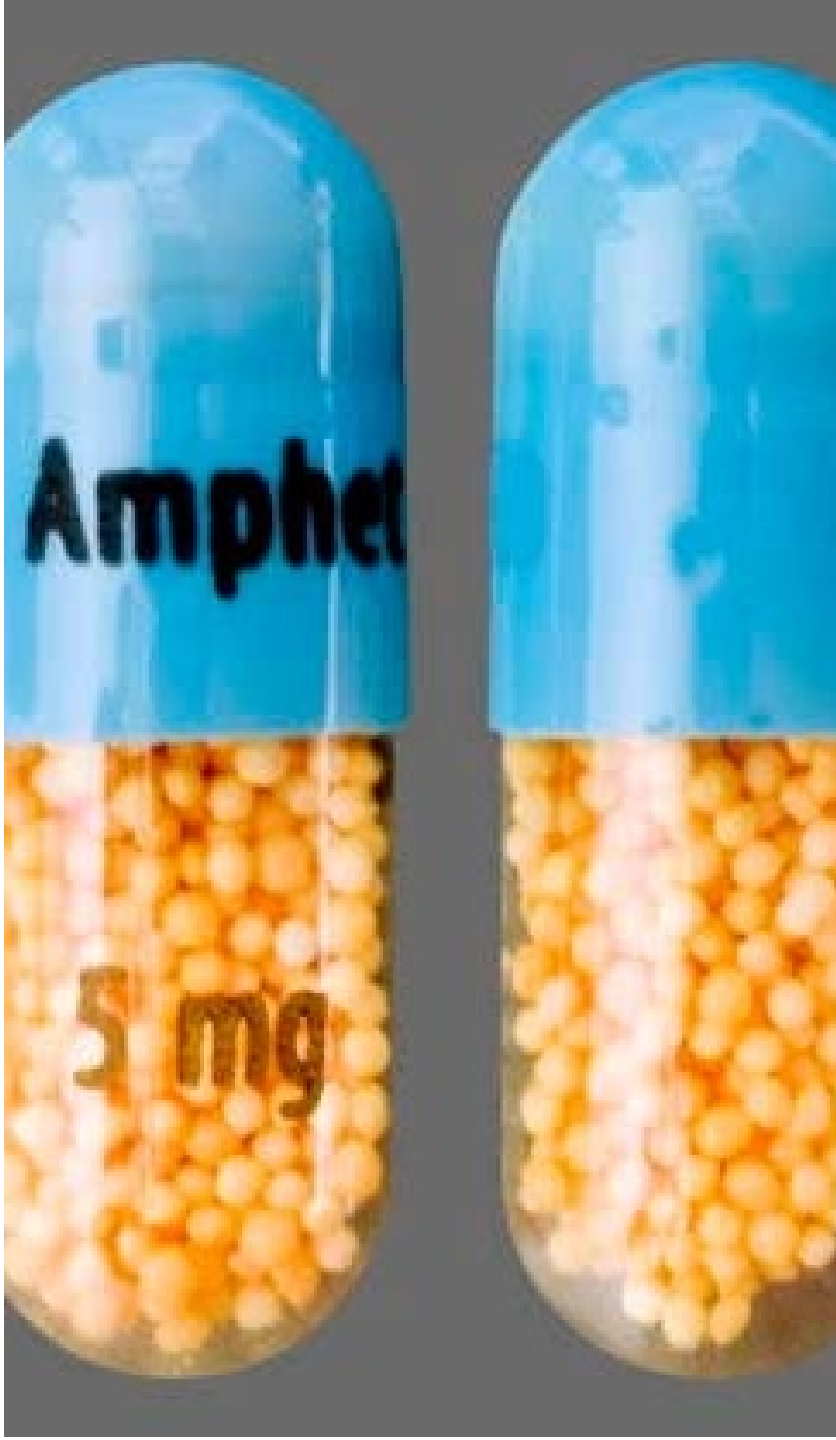
Keep at room temperature as often as possible
Keep the medication out of the sunlight
Pay attention to the expiration date

What if it's NOT an opioid overdose?

What is over-amping?

- Stimulant-related overdoses (aka, “over-amping”) occurs when your body and mind are overwhelmed by the effects of a stimulant

- Can be caused by any stimulant: powder or crack cocaine, amphetamines, pharmaceutical stimulants, Ecstasy (“Molly”), MDMA, MDA

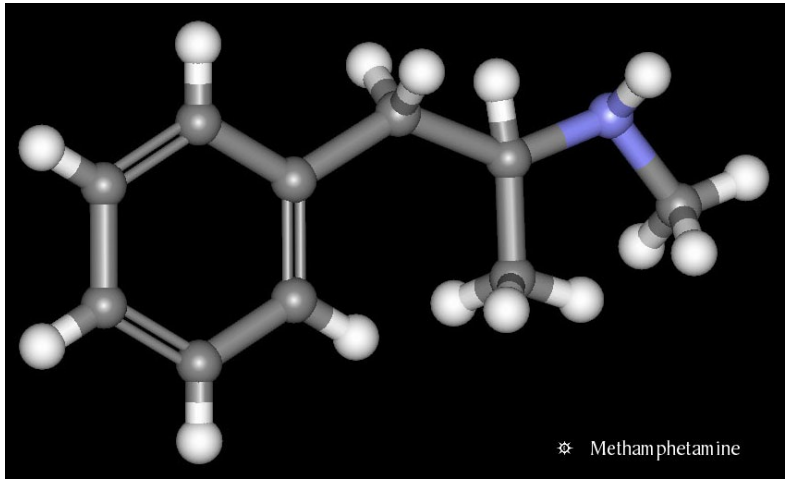


Physical signs and symptoms:

- Nausea and/or vomiting
- Falling asleep/passing out (but still breathing)
- Chest pain/tightening
- High temperature
- Sweating (often with chills)
- Fast heart rate and racing pulse
- Shortness of breath
- Grinding teeth
- Insomnia
- Tremors

Psychological signs and symptoms

- Extreme anxiety
- Extreme paranoia
- Hallucinations (visual or auditory)
- Agitation
- Aggressiveness
- Hypervigilance
- Suspiciousness



How to help someone who is over-amping

Remove external stimulation

- No television, video games, music, or other things that forces thought or action
- Do your best to get the person to a quiet, calm space

Hydrate & monitor body temperature

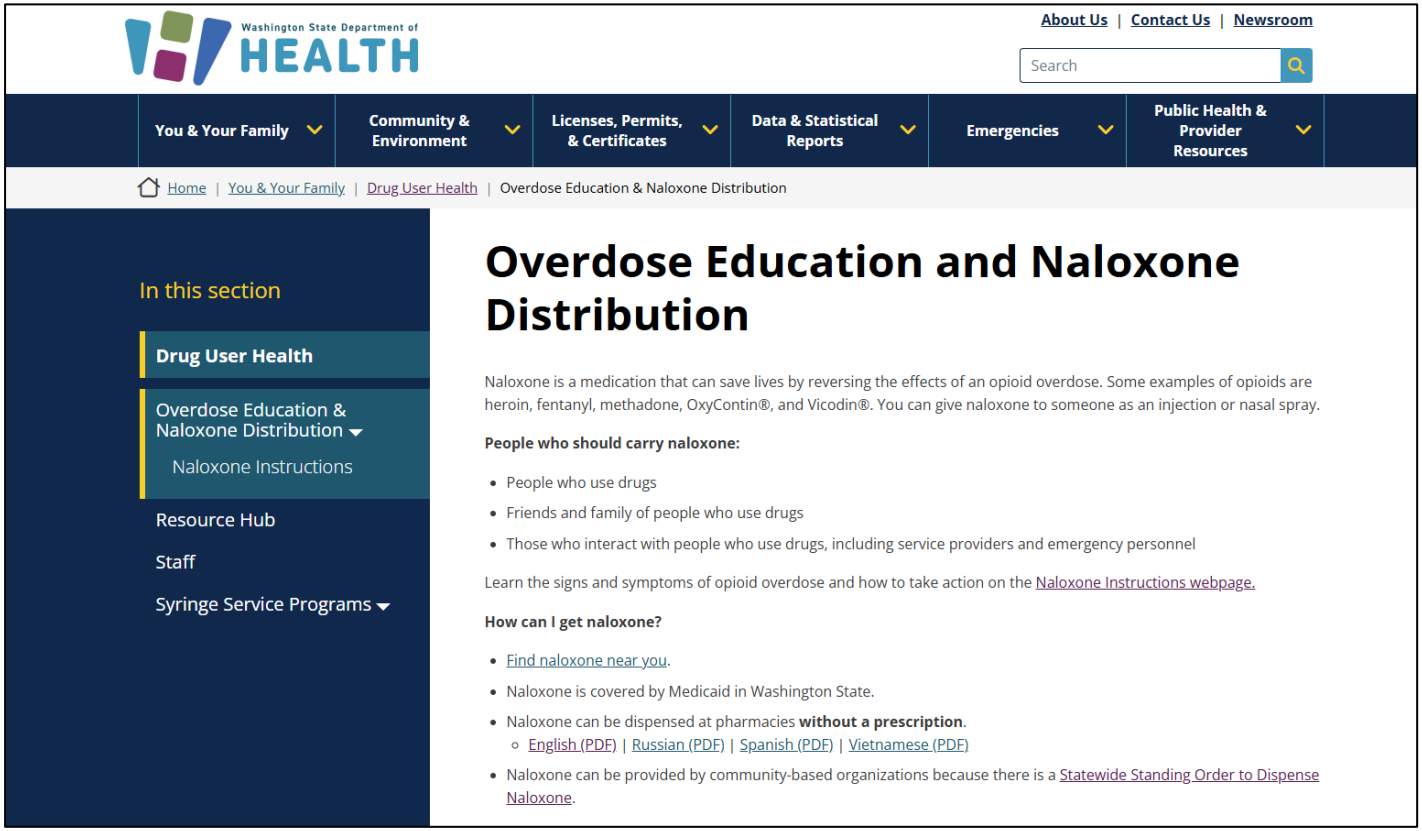
- Often the person will be severely dehydrated; this goes for stimulant users who *aren't* overamping as well
- Hyperthermia (higher than normal body temp, 104° or higher) can be life-threatening; symptoms include confusion, nausea and rapid breathing

Be supportive

- Let the person know that things will get better
- Remove nearby objects that could cause harm if the person is having a seizure
- Ask them if they would like to go to the hospital

Overdose Education and Naloxone Distribution page

DOH's webpage contains resources related to naloxone including naloxone instructions (multiple languages), tools for accessing naloxone at the pharmacy using health insurance, and info about naloxone dosing and the Statewide Standing Order to Dispense Naloxone .



GUIDANCE ABOUT HOW TO PREVENT AND RESPOND TO OVERDOSE IN HOUSING AND SHELTER SETTINGS

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Washington State Department of HEALTH

Preventing and Responding to Overdose: Guidance for Housing and Shelter Programs

Housing and shelter programs play a vital role in educating residents and implementing measures to prevent and respond to overdoses. According to a recent University of Washington survey, 33% of residents in permanent supportive housing programs in Washington witnessed an opioid overdose in their building in the three months prior to the survey. In a subsequent survey of permanent supportive housing program staff, they indicated a need for ongoing training on substance use-related topics. They also expressed a need for strategies for consistently implementing policies that address substance use among residents.

Below are recommendations for preventing and responding to overdose for housing and shelter program leadership, staff, and residents.

Recommendations for program leadership and staff

Create a site-specific overdose response plan and get naloxone for staff use in suspected opioid overdose responses.

- Make sure all staff carry **naloxone.** This includes giving a naloxone kit to all levels of personnel, from security and maintenance to management. If that is not possible, naloxone kits should be available in a well-known and accessible location. *Note:* Some forms of naloxone are over-the-counter, meaning they do not require a prescription. In Washington, the statewide standing order for naloxone acts as a prescription to carry, administer, and distribute naloxone.
- Train all staff to **recognize** the signs of an opioid overdose. Provide training about how other substances (e.g., sedatives lives alcohol, xylazine) may affect overdose response.
- Train all staff to **respond** to a potential opioid overdose and have regular practice drills to build comfort for emergency response. Identify the responsibilities of each staff member on shift. ***Complete the worksheet on the last page of this document.***
- Provide quarterly or twice-annual refresher trainings and review of agency policies and procedures to ensure that new staff are appropriately trained.

Apply to become an Overdose Education and Naloxone Distribution (OEND) program partner. This allows your program to get free naloxone from the Washington State Department of Health to distribute to staff and residents and keep on-site. OEND partners are also equipped to provide naloxone trainings to staff and residents.

Alternatively, you can work with an existing OEND partner for support with training and to distribute naloxone at your site. For assistance finding a partner in your area, email naloxoneprogram@doh.wa.gov.

Visit the OEND program website to get training resources and materials on overdose prevention and response for staff and residents.

Scan Me

https://doh.wa.gov/sites/default/files/2025-09/150-317-OverdoseGuidanceSupportiveHousing.pdf

Overdose in housing and shelter programs

Housing and shelter programs have a vital role in educating residents and implementing measures to prevent and respond to overdoses.

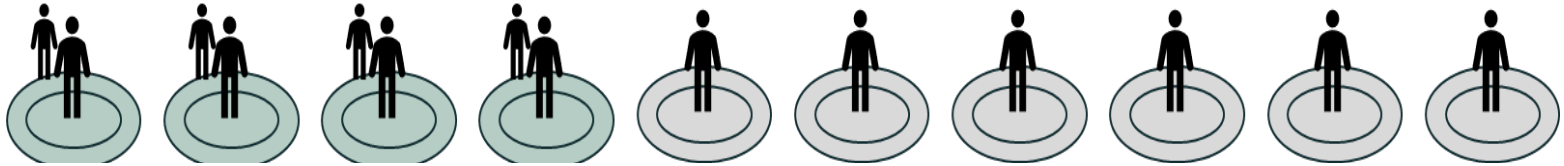
Per a UW survey, 33% of residents in permanent supportive housing programs in Washington witnessed an opioid overdose in their building in the three months prior to the survey.

In a follow up UW survey, permanent supportive housing staff indicated a need for ongoing training on substance use related topics and for strategies for addressing substance use among residents.

Overdose Deaths in WA State

- **60% of overdoses that resulted in death happened inside in a residence**

- **40% of overdose deaths happened with another person nearby (a bystander) either during or shortly before the overdose**



Recommendations for program leadership and staff

Create a site-specific overdose response plan and get naloxone for staff use in suspected opioid overdose responses.

- Make sure all staff carry naloxone.
- Train all staff to recognize the signs of an opioid overdose.
- Train all staff to respond to potential overdoses and have practice drills.
- Provide quarterly or twice-annual refresher trainings and review of agencies policies and procedures.
- In the event of an overdose death, offer resources to staff and residents to process the loss.

Recommendations for program leadership and staff

Provide training to all levels of staff to address bias and stigma and improve their ability to support residents who use drugs.

- Explore training courses and resources such as:
  - Progressive engagement and trauma-informed treatment
  - Mental health issues and support
  - Substance use and stigma
  - Motivational interviewing techniques
  - Harm reduction

Recommendations for program leadership and staff

Create partnerships with programs in your area to support residents who use drugs and to facilitate warm handoffs to services. For example:

- Washington Recovery Helpline
  - Medications for opioid use disorder (e.g., buprenorphine and methadone)
  - Recovery services, and more
- Washington State syringe service program directory
  - Sterile drug use equipment
  - Harm reduction education
  - Referrals and linkages to health and social services
- Washington State community drug checking network
  - Syringe service programs that provide drug-checking services to help people identify what is in their drugs and create risk reduction plans
- Washington State Naloxone Finder
  - Naloxone distribution
  - Overdose response training

Agency Overdose Response Worksheet

BEFORE A RESPONSE	
Have all staff members received overdose recognition and response training and engaged in practice response drills?	☐ Yes ☐ No
Do all staff members have a naloxone kit?	☐ Yes ☐ No
If staff members do not have individual kits, where can they locate the naloxone kits for use?	**Naloxone kits are located:**
Who will work with residents to make emergency plans for pets, children, and/or dependents if they are away from home unexpectedly (e.g., due to being transported to a hospital for an overdose or any other medical emergency)?	**Add position title(s):**

RESPONSE & AFTERCARE ***Consider what happens when there is only one or two staff members on-site or no staff members on-site.***	Position title(s) for each shift (can be the same position for more than one duty)
Who will administer naloxone?	
Who will call 911?	
Who will stay with the individual after naloxone is given and monitor the person's breathing until emergency medical services arrive?	
Who will manage the crowd and safety in the area if residents witnessing the event create a sense of panic?	
If the resident refuses transport by emergency medical services, who will continue to check on them for the next several hours?	
If the resident is transported to the hospital and leaves behind a child, dependent, and/or pet, who will attend to their caregiving?	
Who will check in with residents and staff who may have witnessed and/or responded to the overdose to offer support and appropriate resources, such as counseling?	

POST-RESPONSE ACTIVITIES	Position title of responsible party
Who maintains the naloxone inventory? If the inventory is low, who will order more?	
If your agency receives naloxone from a program that requires data about naloxone usage, who will submit that data?	
*Who tracks and reviews data regarding overdoses that happen in the facility?**	
Who will meet with staff to debrief the response and ask questions like: How did the response go? What worked well and what could be improved for future responses? Do staff members need refresher overdose recognition and response training?	

Recommendations for supporting residents

Support residents in getting naloxone and learning how to use it.

- Educate them about overdose recognition and response.
- Place naloxone kits in common areas so residents can access them.
- Support residents in using health coverage to get naloxone.
- See examples from DESC and Compass Housing Alliance.

Educate residents about the highly variable and unpredictable drug supply (e.g., consider providing fentanyl and xylazine test strips and instructions.)

Recommendations for supporting residents

Support residents in developing a plan to prevent and respond to overdoses.

- Share resources such as:
  - Never Use Alone Hotline
  - WA Recovery Helpline
  - Suicide & Crisis Lifeline (988)

- Share information about the Good Samaritan Law, which gives specific protections against drug possession charges when responding to overdose.

- Help residents develop a personalized plan for preventing and responding to overdoses in their own lives.

Recommendations for supporting residents

Create opportunities for residents to build community with other residents and staff.

- Using alone increases the risk of fatal overdose. Create cozy spaces for residents to hang out and build social connections. Offer programs to create and build trusting relationships among residents and with staff, such as movie, craft, and game nights.

Recommendations for supporting residents

Support the development of resident-led naloxone distribution and overdose education programs to improve naloxone awareness and access among residents. For example:

- In San Francisco, a program recruits and trains residents in single room occupancy hotels to distribute naloxone and provide overdose education in their buildings. Increased awareness, access to, and understanding of naloxone and improved rapport, communication and trust between tenants and housing staff.
- In Vancouver BC, Tenant Overdose Response Organizers provide peer support and naloxone training in their buildings.

From TORO, DTES SRO Collaborative

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