



Harm Reduction & Street Medicine: Supporting people with substance use disorders and homelessness

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Disclosures

No disclosures or conflicts of interest



Objectives

- Understand the philosophy, goals and examples of harm reduction
- How you can implement harm reduction today

OHHSU

We all do risky things?

How do we mitigate risks?

CPD





A yellow bicycle helmet



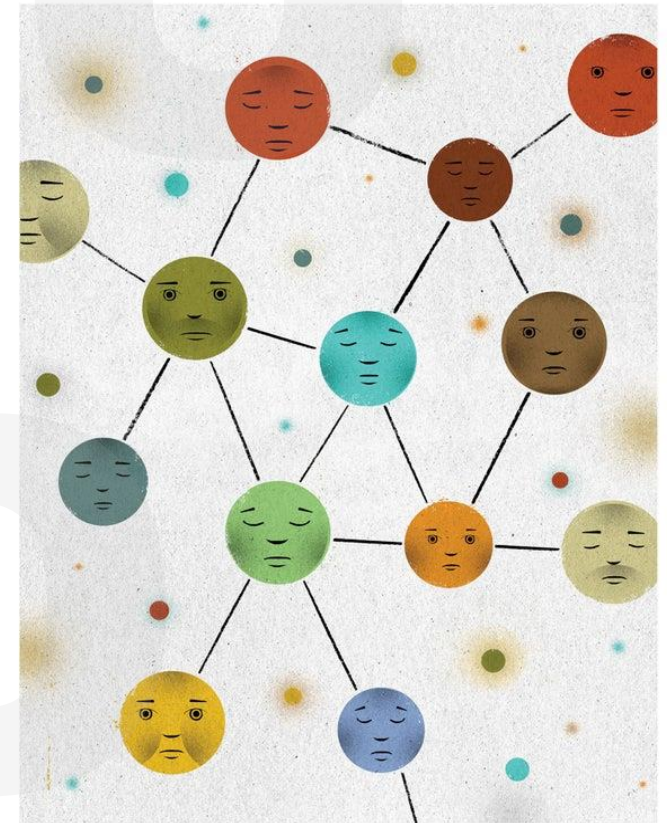
A pile of colorful condoms



A close-up of a seat belt

Why do people use drugs?

- Cope
- Feel good
- Escape
- Self-medicate
- Celebrate
- Enhance sex
- Stay awake on the streets



Web of faces interconnected.
Image: Edel Rodriguez

Patients' perspective

Negative healthcare experiences

- Feel highly regulated and surveilled
- Experiencing punitive care parameters
- Lack of trust between patients and providers
- Being termed “challenging” or “difficult”

Strategies to avoid stigma

- Delaying healthcare
- Not disclosing drug use
- Minimizing need for pain medication
- Seeking alternative services

What is harm reduction

Ways we can **decrease negative consequences** associated with substance use

Supports people who use drugs to be safer and healthier without judgment, coercion, or discrimination

History and philosophy

- Started as grassroots movement for social justice
- Evidence-based
- Led by people who use drugs, who are teaching and influencing public health policy
- Honoring patient's wishes & acknowledging as experts in their own lives
- Meeting them where they are & partnering to get where they want to go



ACT UP march for syringe exchange programs

Goals of Harm Reduction

- Decrease stigma
- Increasing access to evidence-based prevention and treatment programs
- Decrease infections: HIV, Hepatitis C
- Encourage positive change
- Improve policies related to substance use
- Save lives



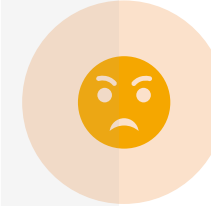
Words matter

Instead of saying this	Say this	Rationale
Addict, junkie, former addict	Person with ____ use disorder, person with active use, in recovery or has disrupted use	Person first. States the diagnosis, decreases blame, & is less punitive
Medication assisted therapy or opioid replacement therapy	Medication for substance use disorder/opioid use disorder, opioid agonist therapy	Highlighting medications used to treat and not “trading” one drug for another
Clean/dirty test results	Negative/positive	Non-stigmatizing, clinically similar to any other lab test

Elements of harm reduction conversation



Ask permission to discuss
substance use



Acknowledge if you feel
awkward/inexperienced!



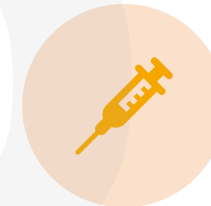
Listen to patient's goals
without judgement



Explore patient's recovery
goals



Motivational interviewing
(MI)



Provide education and
refer to local community
resources

Reframing how we address addiction



Insulin
Diet
Lifestyle

Aspirin
Statin
Exercise



A glucose monitor. A heart. Pills spelling out addiction. A stop sign.

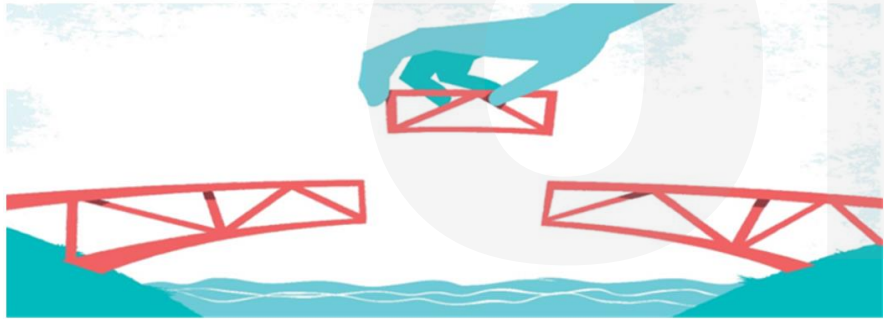
Reframing how we address addiction

All patients, regardless of their interest in discontinuing use, are worthy of compassionate, high-quality care



Treatment for substance use disorders

Harm Reduction & BRidges to Care (HRBR)



The Harm Reduction and BRidges to Care, or the HRBR (pronounced "harbor"), Clinic is a collaboration between OHSU and the Oregon Health Authority. It is funded through a grant from the federal Substance Abuse and Mental Health Services Administration, OHSU, and Health Share of Oregon. HRBR opened on October 28, 2019. HRBR is a bridge clinic model meaning: we stabilize patients and continue to treat their substance use disorder(s) short term while working to connect them to long-term community addiction care (e.g. primary care, specialty addiction care, etc.).

Make an appointment

[\(503\) 494-2100](tel:(503)494-2100)

Confidential fax number

[\(503\) 346-8495](tel:(503)346-8495)

Medications for opioid & alcohol use disorders, other SUDs
Limited behavior health support for SUDs/MOUD
Peer support services
HIV and Hepatitis C screening
Hepatitis C treatment

FindTreatment.gov

SAMHSA
Substance Abuse and Mental Health
Services Administration

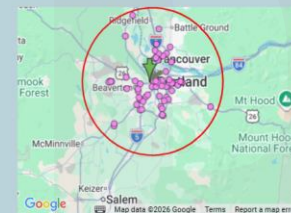
Search SAMHSA.gov

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Search For Treatment

Confidential and anonymous resource for locating treatment facilities for mental and substance use disorders in the United States and its territories.

Search Results



Your Location

Portland, OR, USA

State County Distance

25 miles

<https://www.ohsu.edu/school-of-medicine/general-internal-medicine/harm-reduction-bridges-care-hrbr>

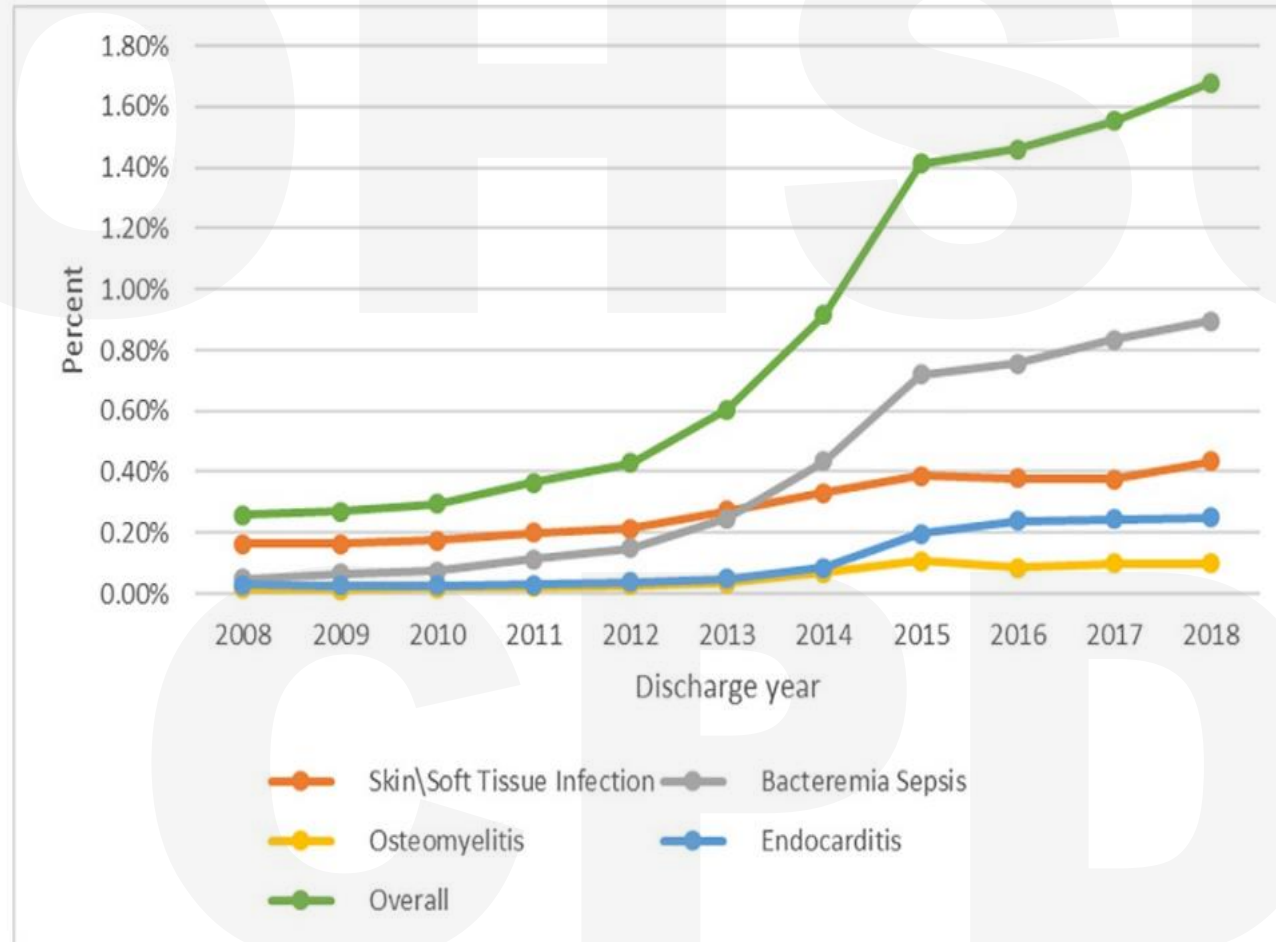
<https://findtreatment.gov/locator>

OHSU

Safer Use Strategies

CPD

Severe Bacterial Infections (SBI) in those with Injection Drug Use (IDU) are Increasing



*Also a 5x increase in HCV associated with these SBI admissions

Fig 1. Injection drug use-related SBI hospitalizations, overall and by SBI type, as a percentage of all hospitalizations, Hospital Discharge Data, Oregon, 2008–2018.

Why Discussing Safer Use Matters

Compassion and honesty earns trust

New users of syringe service programs are 5x more likely to access treatment and 3x more likely to disrupt use

50% reduction in HIV & Hep C incidence

Harm reduction works and saves lives



Example Safer Injection Kit

- Goal: elements of sterile injection practices
- Bleach
- Sterile water
- Tourniquet
- Alcohol pads
- Bottle cap
- Dental cottons
- Vitamin C
- Syringes
- Condoms



Close up of harm reduction kit

Example Safer Smoking Kit

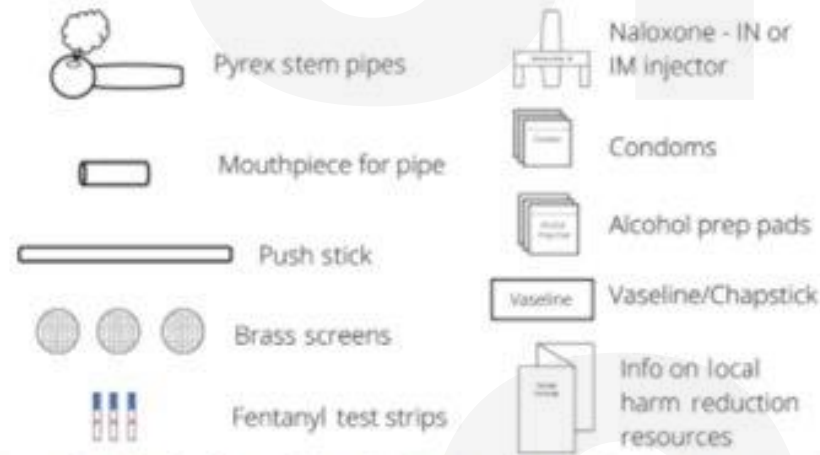


Fig. 3. Harm reduction kits for smoking stimulants such as crack cocaine or crystal methamphetamine may include items in this figure. We recommend individuals have their own supplies to decrease risk of infection such as a Pyrex pipe, a personal mouthpiece to prevent burns to lips and oral mucosa, and brass screens with push sticks to insert them into pipes. Owing to fentanyl being found in stimulant supplies we recommend universal fentanyl precautions by carrying naloxone and using fentanyl test strips to test drug supplies. IM, intramuscular; IN, intranasal; IV, intravenous.

- Smoking can reduce risk of bloodborne infection compared to injecting
- Smoking can increase risk of cardiovascular and respiratory harms



Hand holding nasal narcan

What is Naloxone (Narcan)

- Reverses opioid overdose
- Opioid antagonist - displaces bound agonists and prevents opioids from binding
- Onset: 2-5 mins, duration: 30-60 min

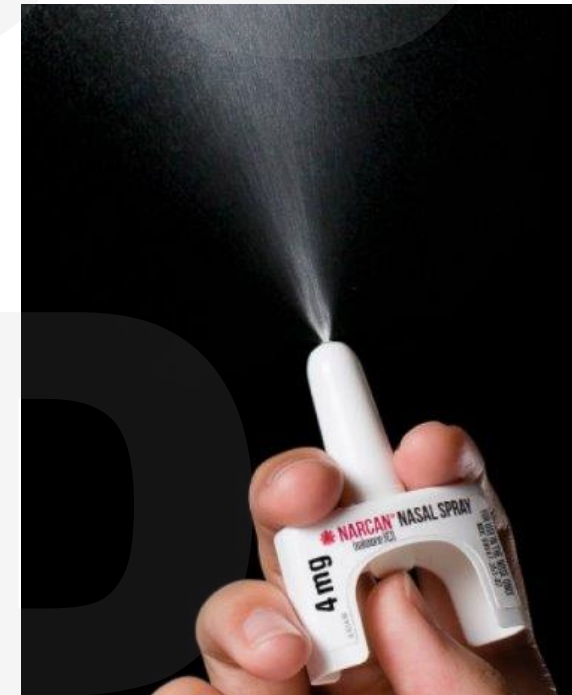
More about naloxone

Available:

- Prescription
- Without prescription from pharmacy counter
- Over the counter
- Needle exchange and harm reduction centers

- Good Samaritan laws protect anyone involved in an opioid overdose response

Carry with you like your keys or wallet!



Hand spraying nasal narcan

How to Give Naloxone

1. Remove package of nasal spray from box
2. **Peel** back foil and remove naloxone cartridge
3. **Place** nozzle into one nostril until your fingers touch the person's nose
4. **Press** down on plunger



Overdose prevention strategies

Ask: Do you have an overdose safety plan?

*Never use alone:

[877-696-1996](tel:877-696-1996)

Overdose Prevention Lifeline

Drug Supply	Environmental Safety	Emergency preparedness
<ul style="list-style-type: none">- Avoid mixing drugs- Start low, go slow- Fentanyl test strips, test supply	<ul style="list-style-type: none">- "Have a buddy"- Never use Alone Line*	<ul style="list-style-type: none">- Cell phone- Carry naloxone- 911 & rescue breathing

Examples of harm reduction

- Medications for substance use disorders
- HIV/HepC testing and treatment
- Naloxone distribution and training
- Decrease use, safer use
- Connection to Peer Mentors
- Connection to community resources
 - housing, employment, food



How can you implement harm reduction now?

- Use your words (person-first, non-stigmatizing)
- Use a harm reduction lens when talking with patients
- Medication = treatment
- Safer use saves lives
- Offer information/education on harm reduction sites, peers, community resources
- Naloxone: prescribe it widely, carry it, and know how to use it

Providing Harm reduction Care

- Increase provider satisfaction & decrease burnout
- Improve patient-provider rapport
- Improve patients' experience and ultimately outcomes
- Foster culture & systems level change



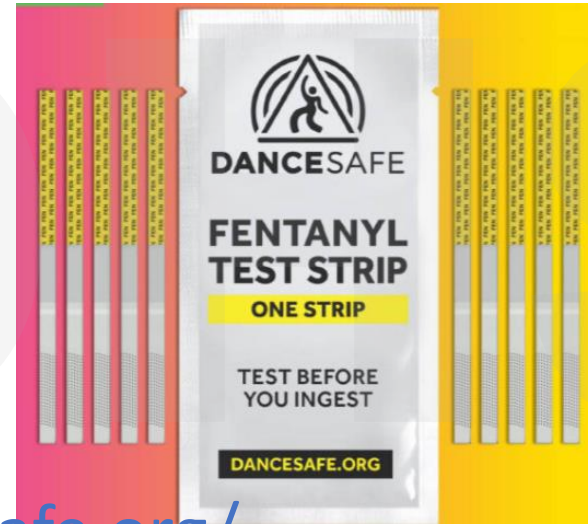
A heart shaped word cloud

"Staff reported that providing harm reduction services "builds a lot of trust" and "helps patients understand that we're playing on the same team"

Resources

- IMPACT Addiction Medicine Consult Service OHSU
 - Education & Training website
 - <https://www.ohsu.edu/health/impact-education-and-training>
- OHSU Addiction Medicine ECHO CME courses
 - <https://www.oregonechonetwork.org/addictionmed>
- Harm Reduction Coalition
 - <https://harmreduction.org/resource-center/>
- Curbsiders Addiction Medicine Podcast (free CE)
 - <https://thecurbsiders.com/addiction-medicine-podcast/3-harm-reduction-partnering-with-patients>
- <https://www.thisamericanlife.org/809/transcript>

O



<https://dancesafe.org/>



WHAT IS
NEXT Distro?

An online and mail-based **harm reduction service** designed to reduce opioid overdose death, prevent injection-related disease transmission, and improve the lives of people who use drugs.

<https://nextdistro.org/>

**DRUG
POLICY
ALLIANCE.**

<https://drugpolicy.org/>



<https://projectredinitiative.org/>



Resources



The PRIME+ Peer Program connects certified peer recovery support specialists with people who are at risk of or receiving treatment for overdose, infection, or other health issues related to substance use. PRIME+ is currently funded by the Substance Abuse and Mental Health Services Administration State Opioid Response Grant awarded to Oregon Health Authority.

PRIME+ peers...

- Are individuals in long-term recovery, credentialed as peer specialists
- Trained in overdose and infectious disease prevention
- Engage people at all stages of change, including those not currently in treatment
- Support individuals in achieving self-identified goals for health, recovery, and quality of life

- <https://www.peersupportoregon.org/prime>



PROJECTNURTURE

Project Nurture

Health Share started Project Nurture in 2014, a Center of Excellence model that provides integrated medical care, addiction treatment, advocacy and support for pregnant people who use or have used substances.

<https://www.peersupportoregon.org/nurture-oregon>



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State County Distance 25 miles

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Registration Open!

SUD in Emergency Departments

SUD in Hospital Care



Be part of a community of peers while learning best practices for caring for people with Substance Use Disorders

Substance Use Disorders in Emergency Departments

The goal of this ECHO is to improve services provided to people with substance use disorder accessing emergency departments for care. We address clinical care, patient and provider experience, and stigma towards people who use drugs.

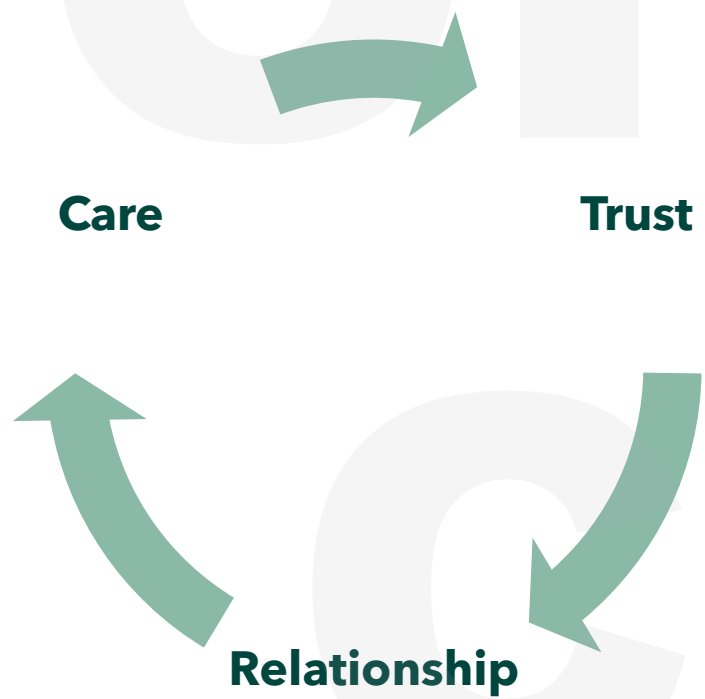
Substance Use Disorders in Hospital Care

The goal of this ECHO program is to help clinical teams build or improve systems of care that effectively treat addiction in hospital and emergency department settings.



Go to www.oregonechonetwork.org/addictionmed to register!

Street Medicine



Objective:

Understand how street medicine bridges care for people facing homelessness

CPD

What street medicine is

Direct delivery of healthcare to people experiencing houselessness

"meeting people where they are"



<https://community.solutions/research-posts/expert-qa-roundup-street-medicine/>
https://nlihc.org/sites/default/files/NHCHC_What-is-Street-Medicine.pdf
<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL%202024/APL24-001.pdf>

Street medicine: History

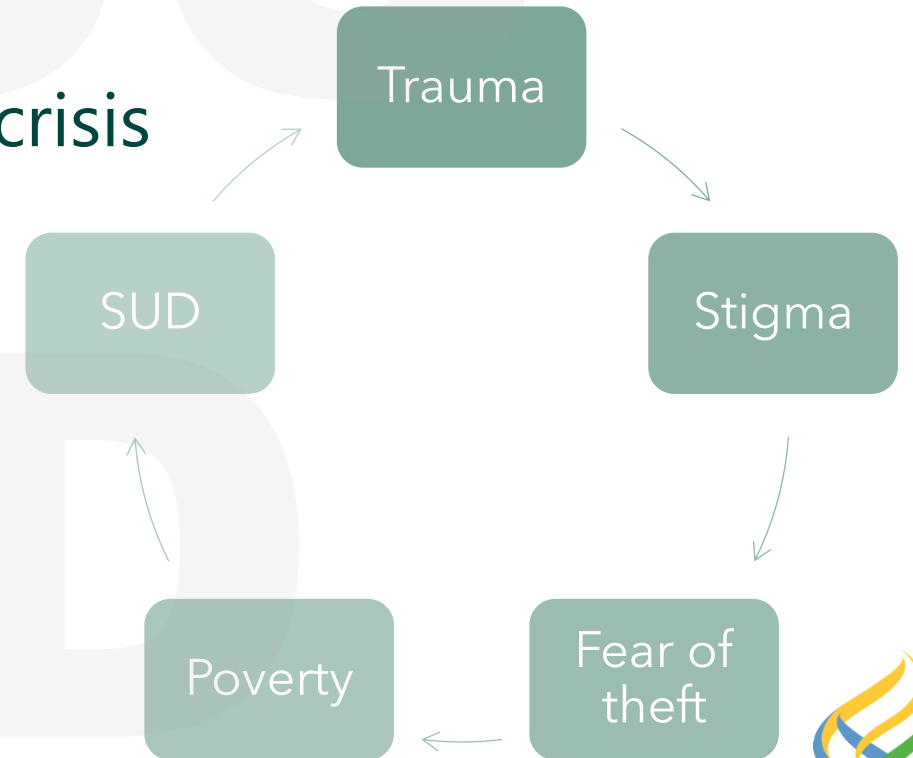
- 1992 Jim Withers, MD Pittsburgh, PA
 - "classroom of the streets" "reality-based medicine"
 - Addressing gaps in mainstream care
- 2009 Street Medicine Institute
 - Global outreach
 - 140 cities, 27 countries, 6 continents
- 2018 Portland Street Medicine founded

Causes of homelessness

- Lack of affordable housing
- Low wages
- Lack of funding for social safety-net programs
- Systemic racism & marginalization
- Inadequate access to affordable healthcare

Why street medicine exists

- **Houseless persons face significant barriers** that make traditional care almost impossible
- Majority don't access medical care until in crisis



Who provides street medicine

Multidisciplinary teams

- MDs, PAs, NPs
- RNs
- Social workers/Behavioral health specialists
- Peer Recovery Specialists
- Care coordinators



Trauma-informed care with a harm reduction lens

<https://community.solutions/research-posts/expert-qa-roundup-street-medicine/>

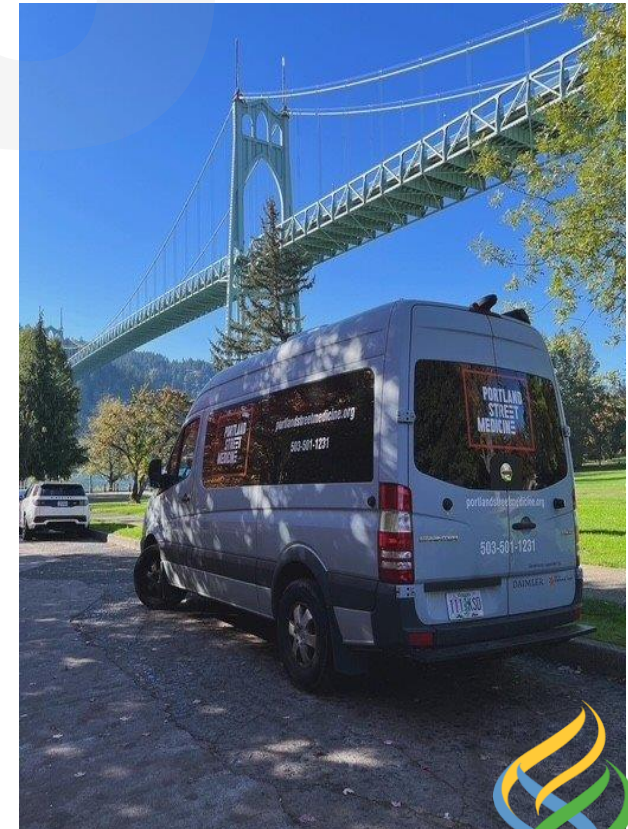
Portland Street Medicine data

FY25

9 staff

134 volunteers with over 2800 volunteer hours

- 502 unique patients
- 1800+ patient visits
 - 209 street outreach medical rounds
 - Almost 3000 care encounters (harm reduction, survival supplies, etc.)
- 50 community health education events: 200 learners

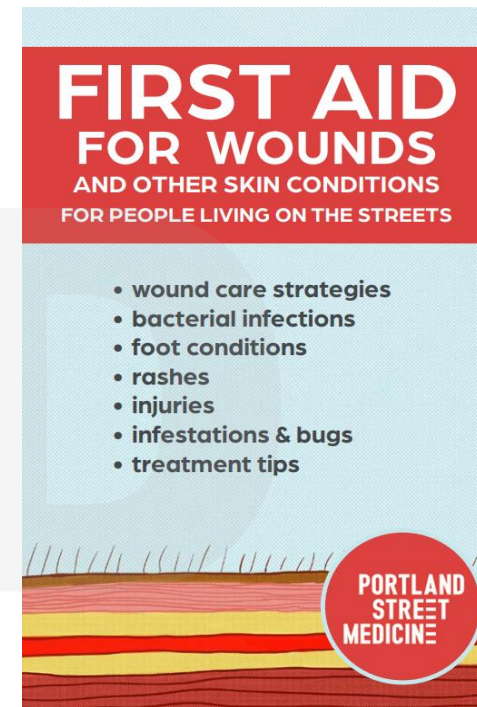


What care looks like in the field

Highly individualized and shaped by the patient's real living conditions

- Acute medical care
- SUD care: connection to low barrier clinics, overdose education, naloxone distribution
- Wound care, I&D
- Mental health services
- Social services support
- Trauma informed relationship building

[https://physicianassistant.theclinics.com/article/S2405-7991\(23\)00098-1/abstract](https://physicianassistant.theclinics.com/article/S2405-7991(23)00098-1/abstract)
https://ctafp.org/wp-content/uploads/2022/10/CAFP22_QU_Street-Medicine_Forster.pdf



How street medicine integrates with primary care

Goal: to eventually connect patients to **longitudinal care** — a stable medical home

Primary care – behavioral services – addiction services

What drives the PSM care model

- Meet people where they live
- Collaborate with community health partners
- Dedicate to community engagement & innovation
- Serve providers as well as patients



<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL%202024/APL24-001.pdf>

Benefits for providers

The logo for Portland Street Medicine, featuring the words "PORTLAND STREET MEDICINE" in white, bold, sans-serif capital letters stacked vertically on a red rectangular background.

PORTLAND
STREET
MEDICINE

"an antidote to burnout"

**Reconnects clinicians to the reasons they entered healthcare in the first place:
compassion, connection, and meaningful impact**

<https://www.portlandstreetmedicine.org/>

Key take aways:

Health system impact

- Extension of medical care system
- Reduces unnecessary ED visits
- Fills a critical gap for people with no access to reliable care
- Creates positive experience with healthcare members

Resources

- Biancarelli DL, Biello KB, Childs E, Drainoni M, Salhaney P, Edeza A, Mimiaga MJ, Saitz R, Bazzi AR. Strategies used by people who inject drugs to avoid stigma in healthcare settings. *Drug Alcohol Depend.* 2019 May 1;198:80-86. doi: 10.1016/j.drugalcdep.2019.01.037. Epub 2019 Mar 8. PMID: 30884432; PMCID: PMC6521691.
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- Fraimow-Wong L, Martín M, Thomas L, et al. Patient and Staff Perspectives on the Impacts and Challenges of Hospital-Based Harm Reduction. *JAMA Netw Open.* 2024;7(2):e240229. doi:10.1001/jamanetworkopen.2024.0229

Resources

- Hedegaard H, Miniño AM, Warner M. Drug overdose deaths in the United States, 1999–2019. NCHS Data Brief, no 394. Hyattsville, MD: National Center for Health Statistics. 2020.
- National Research Council (US) and Institute of Medicine (US) Panel on Needle Exchange and Bleach Distribution Programs. Preventing HIV Transmission: The Role of Sterile Needles and Bleach. Normand J, Vlahov D, Moses LE, editors. Washington (DC): National Academies Press (US); 1995. PMID: 25121230.
- Oregon Health Authority CD Summary: Unintentional Drug Overdose in Oregon: The Current and Potential Impacts of the COVID-19 Pandemic. May 2022, Vol 71. Number
- https://www.cduhr.org/implementation_brief/syringe-service-programs-reduce-hiv-hcv-infections-in-people-who-inject-drugs/#:~:text=Multiple%20reviews%20of%20the%20scientific,HCV%20virus%20transmission%20%5B8%5D.
- <https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/COMMUNICABLEDISEASE/CDSUMMARYNEWSLETTER/Documents/2022/ohd7102.pdf>
- <https://community.solutions/research-posts/expert-qa-roundup-street-medicine/>
- https://nlihc.org/sites/default/files/NHCHC_What-is-Street-Medicine.pdf
- <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL%202024/APL24-001.pdf>
- [https://physicianassistant.theclinics.com/article/S2405-7991\(23\)00098-1/abstract](https://physicianassistant.theclinics.com/article/S2405-7991(23)00098-1/abstract)
- https://ctaftp.org/wp-content/uploads/2022/10/CAFP22_QU_Street-Medicine_Forster.pdf
- <https://www.portlandstreetmedicine.org/>
- <https://endhomelessness.org/state-of-homelessness/>

Thank you!

Please reach out for questions or comments

Kathleen Young gleeson@ohsu.edu

Case study: Steve

- 32 yo male, houseless; Hx of hepatitis C, PTSD
- Admitted with severe back pain lumbar spine, bacteremia
- Toxicology: + fentanyl, +methamphetamine
- Intentional opioid overdose prior to admission
- IMProving Addiction Care Team (IMPACT) consulted
- Infectious diseases consulted

Case study: Steve

- Severe methamphetamine use disorder, meth via IV
- Mild opioid use disorder, fentanyl via IV
- Vertebral osteomyelitis and epidural abscess of lumbar spine
- Active Hepatitis C
- PTSD

Case study: Steve

Risk factors

- Childhood poverty and sexual abuse
- Meth and marijuana use started age 12
- Heroin started in later teens
- Houseless
- Estranged from family, no community support
- PTSD

Case study: Steve

Connections to care

- OUD: started on buprenorphine
- Stimulant use disorder: Contingency management
- Osteomyelitis: multidisciplinary care conference for IV abx
- Hepatitis C: Hep C treatment team
- PTSD: Seroquel
- Community peer support

Outcomes for Steve

From trauma to successful outcomes

- Completing treatment for epidural abscess at SNF
- Perfect attendance for mobile contingency management for stimulant use disorder
- Connected to Hep C treatment post hospital discharge
- Attended Ortho, Hep C and Infectious diseases follow up appointments
- Got his OHP card, working on getting his Oregon ID
- Working with community peer for housing and employment
- Connected to housing

"I'm being responsible. I'm proud of myself"

"They have a gym here and I've started working out. It feels good."

"Just got done setting up a peer support appointment. This town is really friendly...lots of good resources. I feel really accomplished."