

PRACTICES THAT PROMOTE DRUG USER HEALTH AND THE PRINCIPLES OF HARM REDUCTION

Drug User Health & Harm Reduction Defined

1 What are drug user health services?

Drug user health services are programs and supports designed to improve the health, safety, and well-being of people who use drugs. These services may include harm reduction programs, health care, overdose prevention, treatment, and connections to social services. They aim to reduce health risks, remove barriers to care, and support people who use drugs in achieving their own health goals.

2 What is harm reduction?

Harm reduction is a philosophy and approach to working with people who use drugs that focuses on reducing health risks and improving well-being without requiring people to stop using drugs. It recognizes that people use drugs for many reasons and supports practical strategies that help keep people safer and healthier. Harm reduction centers dignity, autonomy, and meeting people where they are.

3 Are all drug user health services considered harm reduction?

No. Programs that serve people who use drugs are not automatically harm reduction programs. To be considered harm reduction, services must be delivered in ways that reflect harm reduction principles, such as respecting autonomy, avoiding judgment or coercion, and prioritizing the health and well-being of people who use drugs.

4 What's the difference between "principles" and "practices"?

Principles are the values and guiding beliefs that shape how services are delivered. Practices are the specific programs, services, or interventions offered. Harm reduction requires both—evidence-based practices delivered in ways that reflect harm reduction principles.



DRUG USER HEALTH TIPS SERIES

This guide is part of a series for providers and community-based organizations to advance evidence-based, principles-aligned practices to support the health of people who use drugs.

The principles, practices, interventions, and programs detailed in this guide will enable providers, organizations, and individuals to directly meet the needs of people who use drugs (PWUD). Those interested in advancing their learning about or implementing these principles and practices should refer to other guides in this series.

Guide 2: *Learning More about Drug User Health Promotion, Harm Reduction, and Putting Principles into Practice*

Guide 3: *Taking Action and Exploring Change to Better Promote Drug User Health*

Behavioral Health System Baltimore receives funding from various sources and follows guidance regarding allowable costs, language use, and more. This guide (developed with non-federal funding) uses "harm reduction" interchangeably with other language such as "overdose prevention," "drug user health," and "participant-centered services." Our use of any term is not a recommendation to others to do the same.

Principles-Aligned Service Provision

What “principles” should be followed when serving people who use drugs?

Key harm reduction principles include respecting the dignity and autonomy of people who use drugs, avoiding stigma and judgment, prioritizing health and safety, and involving people with living and lived experience in program design and delivery. Programs should meet people where they are and partner with them to support achievement of self-defined goals.

▶ **Respecting the dignity and autonomy of people who use drugs**

Service providers recognize people who use drugs as the experts in their own lives and support their right to make informed decisions about their health and care. In practice, this means offering information, resources, and options without coercion and honoring each person’s choices.

▶ **Avoiding stigma and judgment**

Services are grounded in non-judgmental, compassionate engagement that avoids stigmatizing language or attitudes about drug use. Providers treat people with respect and focus on building trust, creating an environment where individuals feel safe seeking support.

▶ **Prioritizing health and safety**

Programs focus on reducing the health risks associated with drug use and improving overall well-being, regardless of whether someone is ready, able, or wants to stop using drugs. This includes providing tools, education, and services that prevent overdose, disease transmission, and other harms.

▶ **Involving people with living and lived experience in program design and delivery**

People who currently use drugs or have used drugs are meaningfully involved in shaping programs, policies, and services. Their perspectives help ensure services are relevant, respectful, and effective for the communities they are intended to support. Every effort is made to appropriately compensate people with living and lived experience for their time and expertise.

▶ **Meeting people where they are**

Service providers acknowledge that people have different needs, goals, and levels of readiness for change. Providers offer support that reflects individuals’ current circumstances—whether that means safer use, reduced use, treatment, or other priorities.

▶ **Partnering to support achievement of self-defined goals**

Rather than imposing predetermined outcomes, providers work collaboratively with individuals to identify and support their own goals. Success is defined by the person receiving services, which may include improved health, stability, safer use practices, or stopping drug use.

▶ **Recognizes that structural factors shape experiences**

Acknowledges that cultural and socioeconomic differences, limited social support, prior trauma, and other structural factors can influence both individuals’ risk of experiencing drug-related harm and their ability to respond to it effectively.

Drug User Health & Harm Reduction in Practice

Which types of programs and services fall under these “practices”?

Harm reduction practices can include services such as overdose education and naloxone distribution, syringe services programs, drug checking, safer use education, and linkage to health care and social services. These services aim to reduce risks associated with drug use and support people’s health and safety. Core drug user health services in Maryland are outlined below.

▶ **Naloxone distribution via Overdose Response Programs (ORPs)**

ORPs distribute naloxone and provide training on how to recognize and respond to an opioid overdose. These programs equip people who use drugs, their friends and families, and community members with the tools to reverse overdoses and save lives. People can also obtain naloxone via prescription, provided by pharmacists under a statewide standing order, given by hospitals or other dispensing facilities, distributed by first responders via leave behind programs, purchased over the counter, or ordered via mail-based programs.

▶ **Syringe Services Programs (SSPs) / Opioid-Associated Disease Prevention & Outreach Programs (OADPOPs)**

SSPs/OADPOPs are hubs for drug user health services. Their core services are providing overdose prevention and safer use education and sterile supplies—including syringes—to help reduce transmission of HIV, Hepatitis C, and other infections. What distinguishes these programs, however, is their capacity to provide referrals to health and social services, offer safe disposal of used supplies, and create welcoming, nonjudgmental spaces for people who use drugs to connect with those who care and, if desired, with the broader healthcare system.

▶ **Drug checking (basic)**

Basic drug checking allows people to test a sample for the presence of certain drugs—such as fentanyl—using tools like test strips. These services help people make more informed decisions and reduce the risk of overdose. Basic drug-checking methods are often limited to a simple yes-or-no result and typically test for only one substance at a time. Each drug that could be in a sample requires its own specific test strip, making it necessary to use multiple strips to test for different substances.

▶ **Drug checking (comprehensive)**

Comprehensive drug checking uses advanced technologies to identify a wider range of substances and provide more detailed information about drug contents. The most commonly used method in drug user health settings is FTIR (Fourier-Transform Infrared Spectroscopy), which uses technology to identify substances by measuring how a sample absorbs infrared light, allowing detection of a broader range of substances in a single sample. FTIR has limited ability to determine relative quantity of one substance in a sample compared to another and requires a highly-trained technician to operate the equipment. In Maryland, many SSPs/OADPOPs also participate in a statewide comprehensive drug checking program called RAD (Rapid Analysis of Drugs). Programs mail samples to a lab which conducts testing via GC-MS (Gas Chromatography-Mass Spectrometry), another analytical method which is capable of quantification testing.

▶ **Wound care**

Low-barrier wound care services provide basic treatment for drug use-related wounds, including cleaning, dressing, monitoring, provision of wound care supplies, and wound prevention and care education. Community-based wound care services operate outside of traditional clinic- and hospital-based settings, reducing access barriers, but are limited in the severity of wounds which they're able to treat. Programs also offer referrals to additional medical care when needed.

▶ **Low-barrier and drop-in services**

Low-barrier and drop-in services offer flexible, walk-in access to supportive services while minimizing requirements and steps needed to access services. In contrast to many traditional services, they might not require appointments, abstinence, identification, or extensive paperwork. They address immediate health and safety needs by providing a safe space with access to supplies and basic care and can connect individuals to ongoing services if desired, all while prioritizing dignity, accessibility, and practical support. In Baltimore, sobering/stabilization centers are one type of low-barrier service that offer a supervised environment for people who have used drugs, offering support until they're able to stay safe on their own.

▶ **Street Medicine**

Street medicine brings healthcare services directly to people who are unsheltered or otherwise disconnected from traditional healthcare settings. Teams provide care such as basic medical treatment, wound care, overdose prevention, and connections to longer-term services.

▶ **Housing first programs**

Housing first programs provide immediate access to stable housing without requiring abstinence from drugs or alcohol. By prioritizing housing stability, these programs create a foundation for improved health, safety, and engagement with voluntary services.

▶ **Care coordination and Case management**

Care coordination and case management help individuals navigate complex health and social service systems. Staff work with participants to connect them to healthcare, treatment, housing, benefits, and other supports based on their goals and needs.

▶ **Peer-delivered services**

Peer-delivered services are provided by people with living and/or lived experience with drug use and recovery. Peers build trust, provide practical support and harm reduction education, and help connect people to services and community resources.

▶ **Other principles-aligned service care**

Any provider offering services in such a way that is intentionally aligned with the principles outline above might consider their services to be harm reduction in practice. Nearly any service offered to people who use drugs can reflect the principles outlined above, as long as nothing about the service itself—nor the attitudes or actions of the people providing it—conflicts with those principles.