Murlean Tucker: Welcome to meet the partner saving lives with harm reduction. My name is Murlean Tucker and I running the dialogue for health web form with my colleague Tonya Hammond thank you to our partner for today’s event with the national overdose prevention network. As you can see the speakers have activated their videos today so look for the circle at the right corner of the large center screen for options to rearrange your video. You will find maximum flexibility with the floating panel view. Audio for this web forum is through your computer speakers or headphones. Just click the telephone icon located at the bottom of your screen for additional ways to connect.

We encourage you to share your thoughts and questions About today's presentation by typing them into the Q&A box and we will answer as many of them as we can. Open the Q&A panel by clicking the black circle with three white dots at the autumn of your screen. In the Q&A panel on the right side of the screen remember to select all panelists from the drop-down menu so that your question gets to the right place.

Real-time captioning is provided today by Mary, of home team captions. To access the captions click the multimedia viewer icon located under the circle with 3 dots at the bottom of your screen. Next on the right side of the screen locate the link in the caption panel that says show hide header. And if the captioning window ever disappears click the multimedia viewer icon to bring it back. Now it is my pleasure to introduce Dr. Carmen Nevarez, the moderator of this event, Dr. Nevarez is the director of the county California overdose safety network and the public health vice president of external --- director for the dialogue for health and public Institute practice and director dialogue for health a long-standing voice of the public's health permit is responsible for developing relationships with health and public health organizations and interests, advocating for public health and incubating new programs welcome to the microphone, Carmen.
Carmen Nevarez: good morning everybody and thank you Murlean. I’m really excited to help launch the new series of webinars for the national overdose prevention network. We are hoping today to be able to talk about really focus on harm reduction and with our partner discussion here today, we will get a chance to get a little bit deeper in as well and hopefully at the end we will have a chance to hear from you and see what kind of questions you might like to ask. This is about how we build effective partnerships with those working in harm reduction. Go on to the next slide. So the national overdose prevention network is about building partnerships. In partnership with you, we are trying to help connect you with others and us with you to build partnerships, strategies and resources that are necessary in order to reduce overdose death. Next slide.

We want to invite you in a very broad group of partners to the table. Everyone from first responders to faith and communities to people with lived experience, and many many more, are all part of this essential work to improve the public’s health by reducing overdose deaths. Next slide?

the model that we use connects everybody in a very vital way by both looking at the overdose strategy methods and the building very strong coalitions in order to change systems. It connects us while preventing overdose deaths in a very well thought out and structured environment and helps us to not lose any of the opportunities that we might lose along the way when we don't build those relationships and build this method of connecting with and working with each other. Next slide please?

the strategies we use for overdose prevention or evidence-based, preventing new addictions, managing pain safely, treating addiction and stopping overdose deaths. Next slide.

So how can NOPN benefit you? Well, we are a place where you can come to both learn about and share your best ideas for strategies, policy change, bringing best practices to light, talking about sustainability and some of the wonderful innovations we have seen people put in the place in order to stay sustainable even during the very challenging time of Covid and it is definitely about building partnerships with all of you that we know are required in order to get where we need to be, which is saving lives from overdose. Next slide please.

So this is the first in a series that we call me to the partner where we will be having some conversations with people who are doing the work on the ground. And having a chance to both ask some beginning questions and engaging all of you and asking our partner questions from our own experience and our own challenges that we face every day. It is my huge pleasure to bring our partner here, panelist is Laura Guzman, senior director of capacity building and community mobilization at the harm reduction coalition. Laura, welcome to you. Thank you so much for joining us. I want to start out by asking you to tell us about yourself and the role that you play at the harm reduction coalition.

Laura Guzman: good morning, good afternoon everyone and thank you Carmen and the national overdose prevention network for this incredible opportunity. I have been
working in the harm reduction coalition in my current role since February of this year. But I have 25 years of connection with the harm reduction coalition and movement. I currently oversee our overdose prevention educational intervention project, which is called the [DOPE] one of the oldest in the country was founded in 2003 and I will talk later about how we have developed an incredible systemic way to address overdoses in San Francisco but I also oversee the California initiatives and most recently our new CHRI initiative California harm reduction initiative, which has been funded by the state of California with $14 million and 12 million that will be borne by grantmaking to support the service programs in California.

Carmen Nevarez: thank you talk us a little bit about how you got involved

Laura Guzman: I call it a crash course in harm reduction. 20 years ago I was hired as an HIV outreach worker to do actually benefits advocacy for people who were living and dying of AIDS at the time. And I was recruited to work in the Amb. Hotel, a particular SRO in the tenderloin district of San Francisco. I was one of the few places that was housing people who were dying of AIDS using drugs. I had the incredible opportunity to learn from the pioneers of harm reduction in San Francisco who were social workers and nurses that were actually supporting people who used drugs before they died. And also learn directly from them about their histories of how they became infected, their histories of trauma and poverty, the different drugs they used, how they used drugs, how they talked about drugs and how to best support them in that particular dire circumstance. At the same time we started harm reduction work in San Francisco which was a coalition of people trying to actually divert funds to make sure that people who use drugs were getting the same benefit as the rest of people living with HIV through our federal funding. And that is how I got connected with the harm reduction coalition. And in 1999 I joined as one of the first trainers for the West Coast Institute, and since then worked until 2011 doing trainings not just in the bay, but also in Utah, Nevada, the state of Texas and even Mexico City. So it was an incredible opportunity to work in the field and at the same time, you know, get deeper on the tenets, the principles and the tools that we use in harm reduction to really help people who use drugs.

Carmen Nevarez: what do you mean when you say that you are a harm reductionist what does it mean?

Laura Guzman: is interesting because we have a lot of definitions around harm reduction and I think the most official are accepted is that it's a public health tenet that promotes methods of reducing the physical, emotional and economic harm associated with drugs and alcohol use and other behaviors that impact individuals and communities. And the harm reduction saves lives and allows people who use drugs to pursue recovery and wellness. However since 2017, the harm reduction coalition has kind of in some ways [revisited] what it means to be a harm reductionist in part because of the then newly evolving opioid epidemic and we decided to go through what we call the new North Star statement which can be found in the website. Because we understand that we need to shift what we have been doing, doing policy and education
and training and technical assistance by really creating a strategic and intersectional framework to address drug-related harms and also harms that have been caused by racialized drug policies. So that we are trying to create more spaces for dialogue and action and much like the public health Institute and [Now Penn] we really are seeking to be conveners and coalition builders beyond our historical core activities. We are also looking at healings the harms caused by drug use and the drug wars, with a broader mission of harm reduction that goes beyond prevention and risk reduction. We are seeking for reparative and transformational strategies that can address trauma, social divisions, injustice and inequities. And health. And we also need racialized drug policies as a nexus of damage and threat to people who use drugs because we understand the deeply racist history of drug laws in the US which started in San Francisco in 1919 when Chinese opium smokers were out plot from smoking but everyone else was allowed to use opium in other ways and in particular the drug war that was escalated in the 70s, which is interesting and also historical that during the Nixon administration there was a clear way in which the drug war was escalated as a way to for to the black liberation movement and massive increasing civil rights movement that was trying to really create an antiwar anticolonial movement at home and abroad. So their racialized drug policies and damage of the drug wars are still with us, and therefore we elevate and want to really work collectively so that we can undo the damage.

So I think those are kind of the basic ways we see ourselves as harm reductionists. But also, and I put a shirt today for that purpose, we elevate the love to drug users because we feel that as long as people face stigma and discrimination and misunderstanding, it is very difficult to recover, not just from using drugs, but recovering from the trauma, the family separation, the histories of incarceration, the very fracture and poor economic and access to income and housing that people who use drugs and are poor have in the US.

Carmen Nevarez: Laura that was very meaningful to me. Okay. So

Laura Guzman: before you move on, Carmen I wanted to add one important piece about how do we see ourselves as harm reductionist you do not mind, and it's probably an important and critical piece because the harm reduction coalition was founded by social workers, syringe exchange providers and people with lived experience and we really seek to meaningfully include people who use drugs and their leadership in our work and ensure that they are hired and trained as harm reduction health professionals, that they participate in the design and evaluation of programs and treatment and are included in boards of coalitions because they are the ones who have the expertise of drug use.

Carmen Nevarez: yes that's a really important reminder. You can't imagine what the work is anywhere near as accurately or sensitively without having that kind of participation and inclusion. So thank you for that. I want to switch just a little bit over into talking about how we do this work. So let's talk a little bit about how harm reduction is
different from other work provider such as those who provide treatment in terms of how they do their work.

Laura Guzman: I think I touched on it a little bit when I talked about our strategic and intersectional framework including racial justice lens. So as we are talking for example about overdose prevention and intervention we see that impact of overdose death or overdose increasing is really a result of the intersection of other, what we call systemic violent systems that intersect with the folks that are really impacted. So having worked with and help people with drugs for almost 3 decades I can tell you that being unhoused and also being placed alone in housing without any supports may actually increase overdose, you know the challenges of overdoses and death. We believe also that the way in which we should be educating and actually getting in the communities, doing not just education but also putting the tools in the hands of the communities that use of drugs for example Narcan distribution, is really really critical. We also wanted to assure that the path to treatment we are developing are really informed by people who use drugs and in that sense there is no cookie-cutter approach to treatment, as we have been unfortunately for 30 years developing very few methodologies, sometimes very punitive, with not very low threshold access and therefore we believe that every drug user may have a different need in terms of treatment and recovery. The biggest sense, not just recovery from drugs but also recovery from trauma and recovery from other forms of oppression.

And then we also challenge [indiscernible] treatment because counter to decades of research and evidence based on motivational approaches to long-lasting change. And we know that when we are motivational and we actually are witness and also what I call good providers, meaning that we do the job of coaching and supporting people that is the way that people become abstinent or using drug safely. So those are in some ways what is different. I also want to say that we firmly stand after 25 years of using certain programs such as [service programs] which have clearly shown research after research that they save lives, they prevent hepatitis and HIV, it also allows people to link with treatment where there is no other services around. So each service programs are usually only folks that are out there. Making sure that folks are served and helping them stay alive.

Carmen Nevarez: thank you. Let's talk a little bit about some of the key challenges or pushback that harm reduction organizations face from partnering with other and what have been some of the strategies for overcoming that pushback.

Laura Guzman: in this particular question of challenges I thought to talk a little bit about Indiana, but I want to say in general one of the key challenges is the [indiscernible] service programs enable people to use drugs. I mean I have been in this field for 25 years and I have heard it too many times. Even though we know that [suppressing] harm reduction are critical to stopping addiction and disease and people will get high whether or not they have clean equipment so this is something we always say that for
better or worse this is their reality and also the challenge saying that we enable actually yes disputed over and over every time that we try a strategy.

So Indiana is a great example as some people in the audience may be familiar in 2015 there was a serious outbreak, and alarming rate of HIV infection among people who started injecting prescription opioids. The statistics for one of the counties I believe it was Scott County was so high it was equivalent to some of HIV rates in sub-Saharan Africa, so in very poor country.

At the time, given the fact that it was exploding you know in rural Indiana and also I think in Kentucky and North Carolina at the same time then Gov. Mike Pence issued an executive order and subsequently a bill, passed a bill that ended the ban on needle exchange in Indiana which is about to sunset actually in 2021. It's interesting to note that as they started to actually create programs to not only provide clean needles, they were doing Narcan distribution, immunizations and [indiscernible] care HIV and hepatitis testings and referrals to treatment, even within a year the percentage and rate of HIV infection reduced dramatically. And in 2015 there were 175 infections in one of the counties and in 2018 that has reduced to 17.

So what is interesting in the Indiana case is that there's been a 56% reduction in HIV infections and actually if you add the opioid replacement therapy some of these are in service programs in Indiana have added a recovery coach so that people can enter treatment. If you have the opioid replacement therapy the reduction of HIV infections has gone down 64%. In addition it has increase the provision of free HIV testing which actually was not available in rural areas of Indiana.

Unfortunately only nine out of 92 counties have been showing incredible degrees is an infection and also increases in people seeking treatment. Whereas Kentucky and North Carolina have fared better in easing regulations because there isn't as much exchange and half of the counties.

So the pushback and the challenge often times are driven by ignorance of what happens when you actually provide clean supplies and also just common sense. Knowing that drug use is a complex phenomenon tickly in our communities most impacted by poverty and racism and a lack of access to healthcare, lack of access to housing. So drug use will happen regardless. So this impression that distribution, distributing needles or supplies so people stay alive in some ways will do anything different.

Carmen Nevarez: yes and there is a comment from Libby Guthrie in the audience of people are taken in and cared for long before they are ready for recovery. And I think that really underscores part of what you are saying. I want to just get us to pivot again and think a little bit about how everything has changed in the age of Covid, talk a little bit about what has been the impact of Covid on harm reduction and how has it stimulated new ways of working together.
Laura Guzman: yeah it actually has been, I actually joined the coalition in February and March 14 in California we had our first, one of the first orders of shelter in place. And I have to say that Covid has highlighted and affirmed how harm reduction services are essential services during Covid, before and after as we just heard from one of the audience members. And also harm reduction decisions can take care of community and each other. So as soon as we had the shelter in place order in California and New York, I mean the West Coast first, but then New York, the harm reduction coalition began holding national office hours, which we use as an opportunity to educate about the pandemic. It was still a new virus, provide mutual aid to share resources and also clear guidance on how to support people who use drugs. We actually created in collaboration with other harm reduction organizations a series that we called Covid 19 resources people who use drugs and people vulnerable to structural violence, which can be found on our website and there’s some awesome specific guidelines for harm reduction programs but also specific guidance for people who use drugs. It has also some of them been translated into Spanish and Portuguese I believe.

We also started wanting to capture the challenge and the merging ways in which our harm reduction syringe service programs were going to pivot you know, being on the ground and I have to say I am so proud of the fact that at least in California are syringe service programs stayed out helping our community during Covid when many other projects closed or reduced hours. So I just want to say our programs were adopting for example some of our programs were doing taco truck style of delivery. I don't know... If taco... Truck is something very Californian but basically you are delivering with some social distancing, they were repackaging all the supplies, they were using protective equipment but also sharing protective equipment, bringing meals. We had some needle exchanges here in the bay that actually got some washing stations. So that people could use washing facilities outside of their facilities even though the facilities were closed on the inside.

I just want to say that we did videos highlighting, in particular in California we did videos that again once you search through the website you will see how folks in the northern [indiscernible] of California responded and how urban communities responded so it's been an incredible opportunity to keep helping each other and taking care of community.

Carmen Nevarez: I wanted to give a little bit of time for the audience to ask a question or two, and one of the questions that came up was how do you deal with resistance or lack of buy-in at the community level?

Laura Guzman: you know I have to face that both as a champion of housing as well as a harm reductionist, and I think that it is building the relationships with folks is really important and also showcasing what is real, what we can offer and sometimes there are real resistance that come from places of very strong opinions. And so it's very important that we continue to develop networks of people who care for our communities. And so showing up en masse, as shown in our work in community and also bringing people
impacted into these discussions have been the most incredible way for people to learn about how we can keep moving against the resistance.

Carmen Nevarez: thank you. Thank you. We are just about at the end of our time and I would like you to give us... Actually we are going to put over in the Q&A section the information on your website so that everybody can just see it. And we just transcribed that. So let's go to the next slide and we will be finishing up our session. I'm really sorry to say that we are just about here at the end. What I want to do is make sure that our audience knows that we are here to help support you in your overdose prevention efforts and our contact information is NOPN.org/contact but you can also sign up for newsletters and that address is NOPN.org so please do sign up and we will connect you with whatever we are hearing, both here, the things that we hear and the things we hear from you. So it is all about partnership. We are all about sharing where we are at and it definitely makes a difference to be connected to each other. Let's go to the last slide here. Our upcoming webinar in this series is colliding crises, meaning leadership challenges of Covid 19. And that will be Tuesday, July 28 from 10 AM to 11 AM in the morning and it will be an actual webinar, not an interview like we have done today.

I cannot thank you enough, Laura, for spending this time with us, and sharing your stories. I know that people will be contacting you. The address for the harm reduction coalition website is up on the Q&A and so everybody take that down. And with that I'm going to bring this to a close and thank you so much, Laura, thank you to all of the audience and especially thank you for the people that make this work, our webinar producers Murlean and Tonya, thank you.

>> Thank you.