FOUNDATION FOR RECOVERY™
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Peer Outreach Worker

Participant Manual

1st Edition

Introduction to Harm Reduction and Outreach for Peer Workers

Welcome!

Harm reduction is an integral component in the continuum of care for people with substance use disorders. Harm reduction focuses on people who use substances to prevent overdose and infectious disease transmission and to increase safety around high-risk behaviors with motivational strategies for positive behavior change. Harm reduction recognizes, for better or worse, that substance use is part of our world. It focuses on minimizing the harm associated with substance use, instead of rejecting or condemning those who use substances. Many people experiencing homelessness are actively using substances and are not connected with service providers. Learning more about homelessness and strategies to engage the most marginalized populations will help you as a peer worker in your efforts to reach all in your communities who may need support. Building a network of contacts among providers within your community and working alongside other state and county agencies will allow your harm reduction efforts to take shape.

As always, practicing self-care and maintaining boundaries is critical for peer workers, and supporting people in active use may be especially challenging to a peer practicing abstinence in their own recovery. This curriculum features a refresher on self-care practices.

How to Use this Manual

This manual was created to enhance your learning experience. Its pages include key points from the topics discussed and blank spaces for you to complete the exercises and take notes on the material, podcasts, and videos. It also includes questions to highlight key terms and definitions and encourage critical thinking. This manual is yours to keep, write in, and mark as needed; it does not have to be sent in to be graded or reviewed.

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Lesson 1: Identifying Our Own Biases

- Briefly look through the following methods of harm reduction programs and methods and jot down any personal stances you have towards them:
    - A person using medications for addiction recovery, such as buprenorphine and methadone on a short term basis

    - A person using medications for addiction recovery, such as buprenorphine and methadone on a long term basis

    - Recovery that includes abstinence from only one substance and not abstinence from substances individuals believe they can use non-problematically

    - Recovery that includes moderation of all substances, but abstinence from none

    - A person accessing safe injection supplies

- Do you believe that any recovery pathways are “more valid” than others?

- Identify some biases you have towards harm reduction.

- Identify some biases you have towards those experiencing homelessness.

- What can you do to prevent these biases from harming those you provide services and support to?

Key Points:

- Biases are powerful and can affect the ways that we show up for those we are meant to serve, even when we don't realize the biases are there.
- As Peer Recovery Support Specialists, it is our duty to constantly examine any biases that we may have towards different recovery pathways, including harm reduction. We must be able to set aside our personal biases to assist those seeking our services.
- An inability to identify, examine, and set aside our personal biases can hinder our ability to adhere to peer principles.

Lesson 2: The Basics of Harm Reduction

Topic 1: Defining Harm Reduction

- Define harm reduction:

- List some examples of harm reduction in everyday life

- What does SAMHSA state in regards to harm reduction?

- How does harm reduction measure success?

- What are some of the focuses on harm reduction that differ from abstinence-only approaches?

Watch the video: The Harm Reduction Model of Drug Addiction Treatment

- How might you counter someone who says, “Harm reduction gives the wrong message to our children about drug use?”

- What was your reaction when the speaker commented about folks at a safe injection site in Canada that “everyone there thought that things would get better. Most were convinced that someday they’d stop using drugs altogether.”

Key Points

- Harm reduction includes any behavior that reduces the risk of injury or illness associated with our behaviors, including high-risk behaviors such as drug use and sex work.
- Harm reduction surrounds us, and includes things like wearing a bike helmet, using a seatbelt, or, in the times of Covid-19, wearing masks.
- Harm reduction is an integral component of helping those that use substances.
- Harm reduction includes meeting people where they are. This includes people that do not have problematic substance use, people who have problematic use with only one substance, and people who are not seeking to stop using substances.
- Meeting people where they are is incomplete without adding “and not leaving them there.” This means we offer resources and support to people along their self-defined recovery journeys.
- Harm reduction accepts that substance use is part of our world, and that rejecting and punishing people that engage in it is not the right approach.
- There are limitations to abstinence-only recovery pathways. As PRSS’s, we accept this and support autonomy and choice, while supporting people in finding ways to stay alive and safe.
- Although it may seem counterintuitive, we know that providing people with the tools they need to stay safe has proven positive results.

Topic 2: Principles of Harm Reduction

- Define what person-centered recovery means and how this applies to harm reduction

Expand on the following harm reduction principles

- Harm reduction focuses on the harm, not the behavior.

- Harm reduction believes all people are capable of change and will do so when they are ready, and when circumstances allow.

- Harm reduction calls for the nonjudgmental, noncoercive delivery of services and resources. Instead provides compassionate care and consistent positive regard, regardless of substance use status.

- “Nothing about us without us.”

- Harm reduction acknowledges that substance use happens on a continuum.

- Harm reduction recognizes the use of drugs does not forfeit a person's right to healthcare and social services.

- Harm reduction recognizes that people are doing the best they know how with the circumstances they have.

- Harm reduction seeks to neutralize substance use, while not ignoring the real and tragic harm associated with it.

Key Points

- Harm reduction is person-centered. The person engaging in harm reduction services has the autonomy to decide what their journey looks like. As a PRSS, we set aside our expectations of what recovery should look like for someone else and meet people where they are.
- Harm reduction accepts that substance use is part of our world and that people are going to engage in it. Our focus must be on keeping people alive and protecting their health.
- Harm reduction accepts that each individual is capable of changing and believes everyone should be given the support to make decisions regarding what their recovery journey looks like.
- Harm reduction accepts that those most affected by substance use should be at the forefront of making decisions that affect them. That means, all decisions regarding policies, programs and services that are aimed at people who use drugs should be made with the input and leadership of people who use drugs.
- Substance use happens on a continuum, and most people (90%) that use substances are able to do so without ever developing substance use

disorder. While abstinence-only approaches create a dichotomy of either complete abstinence and substance use disorder, harm reduction accepts there is a lot of room in between.

- Harm reduction approaches respect the human rights of people who use drugs and recognize that using substances does not strip a person of their rights to housing, healthcare, and social services. Abstinence should not be a prerequisite for receiving access to services that will increase quality of life, as these services are building blocks for recovery and excluding people based on rigid ideas of recovery only further harms those most vulnerable.
- Harm reduction believes that everyone is doing the best they can with the circumstances they are facing. It also acknowledges that the realities of poverty, class, social isolation, trauma, and discrimination all affect an individual's ability to cope with substance use.
- Harm reduction does not seek to ignore the real and tragic harms associated with substance use, but to focus on improving quality of life and overall well being as an approach to handling these harms.

Topic 3: Understanding Why It Works

- What are some factors to support the idea that substance use is not simply about making poor choices?

- What effect does shame have on high-risk behaviors, such as substance use? How does harm reduction counteract these “blaming and shaming” approaches?

Watch the video Harm Reduction Interaction

- How did that feel to you?

- What did you notice? Why do you think she cried?

- Do you think the participant is likely to return?

- As a PRSS, what might consistent positive regard look like with your peers?

- With harm reduction, the goal is not necessarily abstinence, but improved quality of life. What are some examples of what improved quality of life could look like to our peers?

Key Points

- Harm reduction acknowledges that substance use is not just about making poor choices and that there are multiple factors that could lead a person to use substances, including poverty, racism, discrimination, biology, isolation, and trauma. Many people using substances are doing their best to cope with difficult circumstances.
- Blaming and shaming only compound feelings of isolation and perpetuate high risk behaviors. We have to continuously assess our attitudes and those of our colleagues to ensure all remnants of punitive attitudes are still present.
- Substance use disorder is a complex disease that includes biological, environmental, and behavioral factors.
- Harm reduction offers compassionate, person-centered, non-judgemental care that supports people regardless of where they are in their substance use journey. The goals a peer works towards have to be feasible, useful, and set by the peer themselves.
- Part of our role as peer specialists is to provide consistent positive regard, which helps us dismantle feelings of shame. This allows us to build trusting relationships with people who are conditioned to expect rejection and shame from those that are meant to support them.
- As peers, we must be safe spaces for those that we support and help them strive towards improved quality of life, whatever that looks like for them.

Topic 4: Data on Harm Reduction Success

- What is naloxone? What effect can increasing naloxone access have?

- What is fentanyl? What are fentanyl testing strips? What effect can increasing fentanyl testing strip access have?

- What are overdose prevention sites? What effects can establishing overdose prevention sites have? List some things we know about OnPoint NYC.

Watch the video Dead Addicts Don't Recovery: America's 1st Overdose Prevention Center- Onpoint NYC *NOTE: This video includes images of substance use, paraphernalia, and supplies.*

- What are syringe service programs? What effects can increasing access to SSPs have?

Key Points

- There are significant human and financial costs associated with the effects of substance use, including chronic health conditions, overdose, death and grief, healthcare costs, loss of productivity, and family separations.
- Naloxone reverses opioid overdoses. Enacting naloxone access laws decreased overdose deaths by 14%.
- Fentanyl is a powerful synthetic opioid and is currently the leading cause of death for any American adult under 45. Fentanyl testing strips are a quick and accurate method of testing substances for the presence of fentanyl. People who have access to FTS are likely to use them, and those that know there is fentanyl in their substance are likely to alter their use to be safer and prevent overdose. This might look like using less, using slower, not mixing substances, or not using at all.
- Overdose prevention sites are supervised facilities where people who use drugs can consume substances in safer conditions. There are only two in the United States, both located in New York and known as OnPoint NYC.
- Syringe service programs provide clean access to syringes and other works to people who use drugs. People who receive services from SSPs are three times more likely to stop injecting substances and five times more likely to access treatment.

Topic 5: Myths and Facts about Harm Reduction

- What is the importance of staying well informed as it pertains to myths regarding harm reduction?

Read through the following myths; underneath each one, jot down the realities we know regarding these myths.

- Myth: Harm reduction enables drug use.

  Reality:

- Myth: Harm reduction increases crime and makes my community less safe.

  Reality:

- Myth: People won't get sober without the fear of punishment.

  Reality:

- Myth: Showing positive regard or compassion to people who use drugs enables them.

  Reality:

- Myth: The government is using my tax dollars so that people can get high.

  Reality:

Reflection

1. How often do you encounter these and other similar myths about harm reduction?

2. What comes to mind when you think about the “rat park” research?

3. What can you do as a PRSS to help dispel myths about harm reduction?

Key Points

- There are many myths regarding harm reduction that we will encounter in our roles as PRSSs. We have to be able to navigate conversations regarding misinformation to remove harm reduction barriers.
- Harm reduction does not enable drug use, and those that engage with harm reduction programs are more likely to stop injecting substances and access treatment.
- Harm reduction increases public safety. These programs are not associated with crime increases in the surrounding areas and are associated with decreased syringe waste.

- Punitive approaches to substance use do not work to deter use. Incarcerating people as a response to substance use does not address the root causes of substance use and has negative long term effects, including isolation and issues with finding employment.
- Feelings of shame and isolation perpetuate drug use. Showing consistent positive regard helps people find recovery.
- A commonly cited study when discussing substance use disorder talks about rats that chose heroin-infused water as opposed to plain water, often leading to overdose. Bruce Alexander noticed that the rats in this study were alone in small cages and chose to conduct a follow-up study where rats were given the same heroin-laced and plain water options, but were placed in much larger cages with multiple hamster wheels, tasty food, toys to entertain themselves and other rats to interact with. The rats in this study largely ignored the heroin-water and chose to play, fight, eat and mate instead. As Alexander states, the opposite of addiction is not sobriety, it is connection.
- Harm reduction programs are cost-effective and save taxpayers money by reducing criminal justice system involvement and the risk of infectious disease.

Lesson 3: Substance Use, Homelessness, and Harm Reduction

Topic 1: Housing Insecurity and Homelessness

Housing Insecurity

- Why is person-first language important? What are some examples of person-first language when discussing housing insecurity?

- Define housing insecurity

- What are some factors and circumstances that are contributing to housing insecurity in today's society?

- What populations are disproportionately affected by housing insecurity?

- List some possible circumstances a person may encounter due to housing insecurity

What Can You Do?

- As a PRSS, what tools do you have to help assess whether a person you are serving may be cost-burdened by their rent or in danger of losing their housing?

- What actions can you take if a person identifies that they are unhoused and is unsure of what their options are?

- What would harm reduction look like for a person experiencing homelessness?

Homelessness

- Define the following terms:
    - Homelessness:
    - Transitional homelessness:

    - Episodic homelessness:

    - Chronic homelessness:

    - Hidden homelessness:

- What is Point-in-Time count? What were the results of 2020's PIT count?

- What do we know about children experiencing homelessness in the United States?

- What do we know about veterans experiencing homelessness?

- What do we know about domestic violence survivors experiencing homelessness?

- How does experiencing homelessness affect individuals?

Read Homelessness in Nevada

Read Southern Nevada Homeless Response System

Read Southern Nevada Point-in-Time Count Results in 2021

Key Points

- In order to emphasize the humanity and dignity of people experiencing homelessness, person-first language is preferred when discussing housing insecurity and homelessness.
- Housing insecurity is a lack of sense of safety caused by high housing costs when compared to income, poor housing quality, under-resourced neighborhoods, or overcrowding. A household is cost burdened if their housing cost is over 30% of their income, and severely cost burdened if their housing cost is over 50% of their income.
- In 2019, 37.1 million households were cost burdened or severely cost burdened in the United States.
- Black and Latino households are almost twice as likely to be cost burdened than white households. Housing insecurity also disproportionately affects low-income households.
- Housing insecurity can cause families to stay in substandard housing, exposing them to health and safety risks. It can also lead people to live with others, leading to potential overcrowding which affects mental health, stress, burdened relationships, affected sleep and increased risk of infectious disease.
- People with disabilities and substance use disorder are at higher risk of experiencing homelessness as a result of housing insecurity.
- Homelessness is housing deprivation at its most severe. It is defined as lacking a regular nighttime residence, or having a nighttime residence that is a temporary shelter or a place not designed for sleeping.
- Transitional homelessness lasts for a few weeks to months, but less than a year. It accounts for 80% of people experiencing homelessness.
- Episodic homelessness refers to periods where individuals repeatedly enter and leave homelessness. This comprises about 10% of people experiencing homelessness.
- Chronic homelessness refers to homelessness that lasts more than a year, or homelessness that occurs repeatedly throughout the course of a year for individuals struggling with a disabling condition such as serious mental

illness, SUD, or physical disability. This also comprises about 10% of people experiencing homelessness.

- Hidden homelessness refers to people who lack permanent housing but reside with family or friends. These people are not counted towards statistics on homelessness and are thus referred to as hidden.
- The Point-in-Time Count (PIT) is a multi-agency effort to gather statistics on how many people are experiencing homelessness at any given time in the United States. A 2020 report stated that 580,000 individuals experienced homelessness nightly.
- 2.5 million children experience homelessness in the United States every year. Children who experience homelessness are at higher risk of mental health conditions.
- Many people experiencing homelessness are veterans. More than half of veterans experience homelessness struggle with a mental or physical disability.
- Survivors of domestic violence are also at risk of experiencing homelessness as they often do not have the resources required to secure housing.
- Experiencing homelessness can take 20-30 years off of a person's life, and can also increase people's vulnerability to illness, mental health disorders, and substance use disorders. They also increase a person's risk of becoming a victim of violence.

Topic 2: Myths and Facts about People Experiencing Homelessness

Read through the following myths; underneath each one, jot down the realities we know regarding these myths.

- Myth: People experiencing homelessness are dangerous and violent.
  Reality:

- Myth: People experiencing homelessness are criminals.
  Reality:

- Myth: People begin to experience homelessness because of their own choices in life.
  Reality:

- Myth: People experiencing homelessness all have substance use and mental health disorders.
  Reality:

- Myth: People experiencing homelessness spend all their money on drugs or alcohol.
  Reality:

- Myth: People experiencing homelessness just need to get a job.
  Reality:

- Myth: It's best to require people to participate in services to get housing.
  Reality:

Watch these two videos: Long Beach Residents Say Public Transportation is Making Homeless Crisis Worse and Compassion Making a Difference for the Homeless

1. What differences in language choice do you notice?

2. How do the stories reinforce or reduce stigma towards homelessness?

3. Do you agree that homelessness will always be a present?

Key Points

- Those experiencing homelessness are much more likely to be the victims of violence than the perpetrators of it.
- While those experiencing homelessness *are* more likely to interact with the criminal justice system, this is likely due to criminalization of activities that unhoused people engage in as part of daily living, such as loitering in public spaces.
- Everyone is at risk of experiencing homelessness. Contributing factors include poverty, trauma, mental illness, substance use, domestic violence, and unforeseeable life events such as loss of a job, accidents, or illness.
- Though among single people experiencing homelessness there is a high percentage of individuals with substance use and mental health struggles, these are often the result of experiencing homelessness and not the root cause.
- People experiencing homelessness do not spend the majority of their money on substances and often put it towards food, socks, medications or toiletries. Many of those that do spend money on substances state they use them to cope with the dehumanization of experiencing homelessness.
- Many people experiencing homelessness are employed, but it is hard to maintain employment when you have no place to shower, wash your clothes, eat or rest. There is no state in the United States where a full-time minimum wage worker can afford a one-bedroom apartment.
- People often need housing before they can address other, less pressing issues, such as dealing with their mental health, substance use, or finding employment.

Topic 3: Active Substance Use in the Community

- List some factors that make a person more susceptible to developing substance use disorder
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- Expand on the four categories of symptoms for substance use disorder, as defined by DSM–5:
    - Impaired control:
    - Social problems:
    - Risky behavior:
    - Physical dependence:

- Describe some of the effects and harms that a person experiencing homelessness and substance use disorder simultaneously might be at risk of.

Watch the video Everything You Think You Know About Addiction Is Wrong

- How do the four pillars of recovery—home, health, community, purpose—come up in the speaker's presentation?

- The presenter asserts that "we are one of the loneliest societies that has ever been." How as a PRSS can you support a person who uses drugs to feel less lonely and begin to make connections?

Key Points

- Substance use disorder is often caused by a complex interaction between biological, psychological and environmental factors, including genetics, trauma, lack of social support, and unstable housing.
- The DSM-5 is a diagnostic tool used by professionals licensed to diagnose mental health disorders. It diagnoses SUD based on the presence and severity of four categories of symptoms, including impaired control, social problems, risky behaviors, and physical dependence.
- The rate of SUD among those experiencing homelessness is triple that of the general population. Some of the negative effects of this include: loss of income, damaged relationships, and loss of housing, along with a higher risk of experiencing violence, incarceration, hospitalization, injury, overdose, and death.
- Struggling with SUD while experiencing homelessness also serves as an additional barrier to access services. Many providers require abstinence as a prerequisite.

Topic 4: Health Status of People with SUD Experiencing Homelessness

Fill in the table comparing rates of chronic health conditions among those experiencing homelessness versus housed individuals.

Rates of Common Health Conditions		
People experiencing homelessness	Health condition	People who are housed
	Diabetes	
	Hypertension	
	Heart disease	
	HIV	
	Hepatitis C	
	Depression	
	Substance use disorders	

- What are some possible factors in the drastic difference between these rates?

- Think about people you have worked with who were experiencing homelessness. What other chronic health conditions commonly occurred among them?

- List some additional barriers that may be experienced by individuals experiencing homelessness and substance use disorders simultaneously
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    - o
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    - o

- What are some factors that might make SUD recovery more difficult for individuals experiencing homelessness?

- Explain how changing our approach to homelessness could lead to taxpayer savings.

Key Points

- Poor health, high stress, unhealthy and dangerous environments and unpredictable food intakes often contribute to higher levels of chronic health conditions among those experiencing homelessness.
- Factors such as abstinence-based shelters and programs, lack of support, lack of motivation, and social stigma may make it more difficult for unhoused individuals to recover from SUD.
- Homelessness is expensive. Decades of data shows that investing money into permanent, supportive housing ultimately saves taxpayers money.

Topic 5: Services for People Experiencing Homelessness

- What are health services vital for those living in homelessness?

- What is the Housing First model, and why is it so vital when discussing tackling homelessness?

Read the Housing First Fact Sheet

Read Using Smart Outreach and Housing First to End Unsheltered Homelessness in Nevada

- Define wraparound services

- Why is harm reduction critical for individuals experiencing homelessness?

Reflection

Think about the healthcare, housing, and wraparound services you offer as a PRSS. What other services would you like to be able to offer to those you serve?

Key Points

- No amount of healthcare can counteract the effects of homelessness; however, access to comprehensive physical and mental health care is vital for all human beings. These services should be made accessible to those that need them most.
- Housing First is an evidence-based approach that provides quick, stable and permanent housing to individuals without stable housing.
- Wraparound services are person-centered, holistic services that engage individuals in all the supports they need to thrive.
- Assisting individuals experiencing homelessness in addressing their substance use with the goal of lessening risk can be a critical component in keeping them alive.

Lesson 4: Outreach and Engagement

Topic 1: What Is Outreach?

- Define street outreach and engagement.

- Why is outreach fundamental when expanding resources to those experiencing homelessness?

- Expand upon the core elements of street outreach:
    - Street outreach efforts are systematic, coordinated, and comprehensive.

    - Street outreach efforts are housing-focused.

    - Street outreach efforts are person-centered, trauma-Informed, and culturally responsive.

    - Street efforts emphasize safety and reduce harm.

Read Practicing Recovery: Outreach and Engagement. Pay particular attention to page 8, “Five Tips for Making Meaningful Connections.”

Key Points

- Outreach involves going outside the walls of your organization to provide services and connection to individuals you would not otherwise engage with, such as individuals experiencing homelessness
- Engagement is the strategy used to build connections. People experiencing homelessness could be reluctant to trust individuals, so it is up to outreach workers to use these engagement skills to build and foster connections.
- To conduct outreach, we physically meet individuals where they are: shelters, camps, motels, public facilities, etc.
- Outreach is a fundamental bridge for people living in homelessness to find and access services and resources.
- Building strong relationships is essential to assist those experiencing homelessness, as it is the only way to effectively help them overcome real and perceived barriers to care.
- Outreach efforts should be coordinated and comprehensive. They should involve a multi-agency effort, with agencies from multiple systems.
- Street outreach should be housing focused, with the goal of engaging people in finding safe, permanent housing, and other services being offered along the way.
- Outreach efforts emphasize safety and harm reduction.

Topic 2: Principles of Outreach and Engagement

- Expand upon these principles of outreach and engagement
    - Meet people where they are.
    - Meet basic needs.
    - Be respectful and treat everyone with dignity.
    - Recognize that the relationship is central to outreach and engagement.

- What are the values of Nevada's Governor's Interagency Council on Homelessness to Housing?
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- What are the guiding principles of Nevada's Governor's Interagency Council on Homelessness to Housing?
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Reflection

As a PRSS working with people in the community, how do you feel Nevada is doing towards achieving its guiding principles? Where do you see progress, and where do you think more work needs to be done?

Key Points

- The principles of outreach include meeting individuals where they are, both figuratively and literally; meeting individual's basic needs; behaving respectfully and maintaining dignity; and recognizing that building trusting relationships is key to engagement.
- Nevada's Interagency Council on Homelessness to Housing is focused on leading the state's efforts to prevent and end homelessness. The agency's values include that every individual is worthy of dignity and respect; that homelessness is unacceptable and can be prevented; that homelessness is expensive; and that through collaboration, homelessness is solvable.
- Nevada's Interagency Council on Homelessness to Housing believes in coordination among agencies to take community-led approaches to end homelessness by setting achievable goals, using untapped resources, removing barriers and targeting priority populations.

Topic 3: Roles of Outreach Workers

- Outline some key interpersonal skills for outreach workers. Why are these critical to the populations they engage with?

- What is the importance of repeated contact for outreach workers? What is the focus of these outreach efforts?

- Expand on the following competencies for outreach workers:
    - Goals Setting:
    - Resource Navigation:
    - Crisis Intervention:
    - Community Organizing:
    - Motivational Interviewing:
    - Interpersonal Skills:
    - Assessing Needs:
    - Case Management:

- Conflict Resolution:
- Advocacy:
- Communication:
- Empathy:
- Organization:

Reflection

As you read this list of outreach skills, which stand out as skills would you like to build on more for your PRSS role?

- Identify some recommendations for outreach workers to experience success and satisfaction in their roles
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- What approach should outreach workers take when they encounter resistance from other community members?

Read through the list of common activities for outreach workers in the following categories. Which of these do you think you would excel at, and which do you believe might require some more work? Are there any you could or should not do in your capacity as a PRSS?

- Engagement strategies

- Information and referral services

- Direct services

Expand on the following outreach services defined by HUD.

- Engagement:

- Case Management:

- Emergency Health Services:

- Emergency Mental Health Services:

- Transportation:

- Services for Special Populations:

Watch Homeless Health Care on the Streets of Boston

Key Points

- Outreach workers work to engage and assist disadvantaged members of society. Outreach workers that focus on unhoused individuals must have compassion for those they serve and know how to listen and express empathy. This is essential to building trusting relationships.
- Outreach workers must adopt a nonthreatening, friendly approach through repeated but not intrusive contact. This helps gain trust from those that are reluctant to engage. The focus is on meeting an individual's basic needs first.
- Some core competencies that are necessary for outreach workers include goal setting, resource navigation, crisis intervention, community management, motivational interviewing, interpersonal skills, assessing needs, case management, conflict resolution, advocacy, communication, empathy and organization.
- Outreach workers must be able to commit themselves to being physically, intellectually, emotionally, and spiritually ready for this work. They must make an effort to remain aware of the causes, experiences and politics of homelessness.
- Outreach workers must always present themselves as genuine and hospitable while maintaining objectivity and staying out of judgment. They must maintain confidentiality and remain trustworthy and transparent. Outreach workers never exploit those they are committed to serving.
- When facing resistance from other community members, outreach workers must make an effort to compassionately educate others and rehumanize those experiencing homelessness.
- Outreach workers focus on engagement, information and resources, and often offer direct services. These look different depending on the community they serve.
- HUD lists the services permissible for outreach workers as engagement services, case management, emergency health services, transportation, and services designed to serve specific populations.

Topic 4: Engagement Strategies

- What are some barriers to building trusting relationships with people experiencing homelessness?

- If you were an outreach worker, what might your introduction sound like? What are some examples of things you could follow up your introduction with?

- List some tips for engaging people experiencing homelessness:
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Watch the video Initial Contact

Watch the video Follow-up Visit

Watch the video Connecting People to Services

- What are some examples of things a homeless resource center might offer to engage people experiencing homelessness? What are some services offered by the Courtyard?

Watch the video City of Las Vegas works on phase two of construction for Courtyard Homeless Resource Center

What do you see as the positive aspects of this program? Are there any problems that you see with the Resource Center?

Key Points

- A critical skill for outreach workers is the ability to engage those experiencing homelessness. This is often difficult due to past experiences that have created barriers for engagements. Outreach workers have to be mindful and understanding of this and continue to show up consistently.
- Outreach workers should always start an engagement with a brief introduction of who they are, what organization they are working with and what their purpose is.
- Outreach workers must often focus on building rapport with individuals first.
- Transparency is key.
- Lead with curiosity and provide non-judgmental, unconditional support. Engage the person in motivational interviewing.
- Homeless resource centers are a strategy to engage those experiencing homelessness by providing desirable resources, such as showers, laundry, food, water, charging stations and a relatively safe space. In Las Vegas, we offer The Courtyard Homeless Resource Center.

Lesson 5: Developing a Foundation of Harm Reduction Strategies

This lesson will cover multiple strategies for reducing harm for those that use substances, focused on the three areas of injection safety, overdose prevention, and infectious disease transmission and prevention. Harm reduction is person-driven, and strategies that will work for some individuals will not work for others. We merely provide options so people can choose the best path for them.

Topic 1: Injection Safety

Expand on the following safer injection strategies:

- Some injection sites are more dangerous than others
- Rotate injection site
- Make veins easier to find
- Avoid arteries
- Wash your hands and clean off the injection site
- Inserting a needle
- Registering your shot
- Using safe supplies:
    - Clean or new needles:
    - Using a high gauge needle:

    - Using new equipment
    - Using less harmful equipment

- Testing your shot

Watch SSP BSAS **Note that while the video suggests using toilet water, be sure to take water from the tank, not the bowl. Also note that you should avoid using cigarette filters.*

Reflection

Daisy resides in an encampment for people who experience homelessness. She woke up feeling symptoms of withdrawal and headed into town to obtain her supply. She had a needle that she's used various times and does not have clean water. She only has enough money to purchase her supply and has to walk almost a mile to obtain it. As a PRSS, If you cross paths with Daisy and she shares her situation, what recommendations might you make?

Key Points

- The harm reduction strategies that individuals choose to implement are as unique as individuals themselves. While we should be aware of various practical harm reduction strategies to share them with peers we are helping, we need to keep in mind that each person has unique needs and abilities.
- We need to be creative when it comes to developing tailored harm reduction strategies for those we work with.
- The historic lack of harm reduction resources means many people do not know how to protect themselves when injecting substances. Safer injection practices reduce risk of injection, vein collapse and abscesses.
- The arms are the safest place to inject substances. The hands and feet are less safe, and the groin, neck, head and legs are least safe.
- The site of injection should be regularly rotated to allow veins to heal
- To make veins easier to find, people should use tourniquets, drink lots of water and stay warm. They may also consider moving their arms around or making a fist.
- Arteries should be avoided by feeling for a pulse.
- Washing hands and cleaning off the injection site are vital to avoiding infection.
- The needle should be inserted at an angle, face up and towards the heart.
- People should register their shot to ensure they are in a vein.
- Needles should be new and the thinnest gauge available. If the needle is not new, it should be cleaned every time, even if it is not being shared. All other injection equipment, such as cookers and filters, should be new as well to avoid bacterial contamination.
- People should use sterile water; if there is no access to sterile water, they can quickly boil it.
- Testing your shot by starting with a small dose can help, but it's important to remember that even a small dose of fentanyl can be fatal.

Topic 2: Overdose Prevention and Response

In 2021, CDC reported nearly 107,000 people died from an unintentional drug overdose in the United States. Of those, more than 80,000 were opioid related.

- How do opioids contribute to overdose risk?

Expand on the following overdose prevention harm reduction strategies:

- Don’t use alone:
- Stay with the same dealer:
- Start low and go slow:
- Stagger use:
- Do not mix substances:
- Adjust for tolerance shifts:
- Use fentanyl testing strips:
- Keep naloxone nearby:

Identify and describe the signs of an opioid overdose:

- **B**
- **L**
- **U**
- **E**

List the steps you should follow when responding to an opioid overdose:

1.
2.
3.
4.
    a. Nasal:
    b. IM:

5.

6.

7.

8.

9.

Watch What is Naloxone

What should you do if the opioid does not appear to be related to opioids?

Reflection

Daisy has been diagnosed with cirrhosis of the liver. She was recently hospitalized after an overdose. While she was hospitalized, she was being medicated with methadone for opioid withdrawal. She is experiencing homelessness and did not follow up with referral to inpatient treatment. She goes back to where she was residing, and someone in the apartment offers her a Percocet. What strategies could Daisy use to keep herself safe from overdose?

Key Points

- Illicitly-made fentanyl is increasingly being found in all illicit substances. This increases the risk of overdose, regardless of what substance a person is using.
- To avoid opioid overdoses, people shouldn't use alone. They can use in groups, in pairs, or call the NeverUseAlone hotline. When using in groups, people should stagger their use so that there are still people able to respond to overdoses.
- Maintaining the same dealer can also help reduce the risk.
- People should start with a low dose and use at a slower pace. If there has been a period of abstinence as small as 72-hours, tolerance shifts should be accounted for.
- People should test their substances for fentanyl and not mix various substances, particularly multiple types of depressants, such as

benzodiazepines or alcohol with opioids.

- Naloxone should be kept on hand and visible.
- Naloxone temporarily reverses the effects of opioid overdoses, for 30 to 90 minutes.
- To recognize the signs of an opioid overdose, look for BLUE: repressed or absent breathing, blue-tinted lips and fingertips, unresponsive, and pinpoint pupils (eyes).
- If you think you witness an overdose:
    - Try to rouse the person using a sternal rub
    - Call 911 and let them know an individual is unresponsive/not breathing
    - Administer naloxone. If nasal, administer by inserting the nozzle into the person's nose and depressing the plunger. If IM, draw the fluid into the needle and inject the needle into the thigh or arm.
    - If willing and comfortable, administer rescue breaths or CPR. If you will not administer rescue breaths, or if the person does not need them, put the person in recovery position.
    - If the person does not respond in 2-3 minutes, administer another dose of naloxone and continue with rescue breathing.
    - Stay with the person until EMS arrives.
- If an overdose is not related to opioids, you should still administer naloxone in case there was fentanyl in the substance the person consumed. Contact 911 regardless of what you think caused the overdose.

Topic 3: Myths and Facts about Opioid Overdose

Read through the following myths; underneath each one, jot down the realities we know regarding these myths.

- Myth: If you give CPR to someone who is overdosing, you could also be at risk of overdosing.

  Reality:

- Myth: If you are using with a person who overdoses, the police will arrest you if you call 911 for help.

  Reality:

- Myth: If you give someone naloxone, you better stand back because they will come swinging.
  Reality:

- Myth: If someone is overdosing, put them in a cold shower; inject milk or saltwater into their veins or make them vomit.

  Reality:

- Myth: People who are addicted to opioids could quit if they wanted to.

  Reality:

Watch Coming Back From the Dead with Naloxone

Key Points

- You cannot overdose by giving CPR or rescue breaths to a person who is experiencing an overdose.
- Nevada's Good Samaritan Drug Overdose Act prevents punitive action for anyone who contacts 911 or administers naloxone in response to an overdose. This applies even if the individual that contacted 911 was also consuming the substance.
- Only a small percentage of people who are provided naloxone wake up angry or agitated. While they may be confused, disoriented, or even annoyed, it is unlikely that they will react aggressively.
- Putting a person in an ice bath, injecting them with water or a stimulant, or making a person vomit are not proper ways of reversing an overdose. There is no evidence that these methods work and they could waste precious time in reversing an overdose.
- Opioid use disorder is a chronic brain disease. Expecting people to stop using opioids without support or professional help is unrealistic.

Topic 4: Common Infectious Diseases Associated with Injection Drug Use

While a PRSS will **never diagnose or provide medical advice,** knowing the basics about some co-occurring health challenges will help you better understand and support your peers.

What are some of the diseases that injection drug users are at higher risk of developing?

Hepatitis

- How do people usually contract HCV? How does HCV affect people?

- How do people usually contract HBV? How does HBV affect people?

- Think of some ways people could practice harm reduction to prevent contracting hepatitis.

- How can you, as a PRSS, support a person living with HCV?

- List some local hepatitis resources

Watch What is Hepatitis C and Why Should You Care

HIV and AIDS

- What is HIV? Why are people who inject drugs at higher risk for contracting HIV?

- Think of some ways a person could practice harm reduction to avoid contracting HIV.

Watch PrEP (Pre-Exposure Prophylaxis)

- How can you, as a PRSS, support a person living with HIV?

- List some local HIV resources:

Watch What it Means to Have HIV

Infective Endocarditis

- What is endocarditis? Why are people that inject drugs at higher risk for developing endocarditis?

- Think of some ways a person could practice harm reduction to avoid developing endocarditis.

- How can you, as a PRSS, support a person diagnosed with endocarditis?

Watch Infective Endocarditis, Animation

Key Points

- It is common for people with or in recovery from SUD to experience additional health challenges, and not uncommon for these challenges to have been untreated or neglected due to a variety of barriers.

- While a PRSS will **never diagnose or provide medical advice,** knowing the basics about some co-occurring health challenges will help you better understand and support your peers.

- Hepatitis is a liver infection caused by sharing bodily fluids. The most common amongst people with SUD are hepatitis B and C, and these can lead to other serious health conditions if left untreated. People may manage this condition with medication and lifestyle changes.

- HIV attacks the body's immune system, and, if untreated, can lead to AIDs. PrEP is a medication that can reduce chances of contracting HIV. IV substance users are often at higher risk of HIV. There are medications available to manage HIV.

- Infective endocarditis is an infection in the heart lining which can happen when bacteria enters the bloodstream through injection sites. It requires antibiotics to be treated.

- Many of these challenges have gone untreated due to barriers to accessing healthcare, which is often due to lack of adequate insurance or transportation, limited clinicians or availability, or language barriers. As a PRSS, you can assist your peers by addressing these barriers and finding solutions.

Topic 5: Infectious Disease Prevention, Testing, and Education

- How does substance use contribute to the spread of infectious diseases?

- As people who are not medical professionals, what role can peers play when it comes to infectious disease prevention and education?

Watch Demystifying Bacterial Infections in Patients with Substance Use Disorders

- List some strategies you could share with others regarding harm reduction as it relates to infectious diseases?
    - o
    - o
    - o
    - o

- List some harm reduction strategies for infectious disease that you can share with people who inject drugs
    -
    -
    -
    -
    -
    -
- List some harm reduction strategies for sex as it related to preventing the spread of infectious disease
    -
    -
    -
    -
    -
    -
    -

- List some tips for effective condom use
    - o
    - o
    - o
    - o
    - o
    - o
    - o

Key Points

- Substance use contributes to the risk of infectious diseases spread. This is primarily because of sharing injection tools, pipes, or straws, but also because it impairs judgment, leading to riskier behaviors, such as risky sexual encounters.
- Peer workers can assist in reducing this harm by providing education and connection to resources.
- Individuals can protect themselves from infectious disease spread by getting vaccinated when available and possible; taking PrEP; getting tested regularly; and getting treatment when necessary.
- People who inject drugs can protect themselves from infectious disease by accessing SSP's; using new needles and equipment; not sharing equipment, and when sharing, using early in line; using a mouthpiece and chapstick when sharing a pipe; and using their own straw when snorting substances.
- Individuals can protect themselves from infectious disease spread when engaging in sexual activities by using condoms correctly; participating in lower risk sexual behaviors; using lube; getting vaccinated; maintaining dental hygiene; and getting routine testing.

Lesson 6: Building Bridges to Treatment and Recovery

Topic 1: Harm Reduction in the Continuum of Care

- How does shame and stigma affect access to care?

- As a PRSS, how can you combat this?

Reflection

As a PRSS, think about where you see yourself and your role fitting in at each point in the harm reduction approach?

  - Street outreach:
  - Acute treatment (Detox):
  - Clinical Stabilization (Inpatient):
  - Residential Rehabilitation:
  - Outpatient:

- When is an appropriate time to have conversations about harm reduction with a peer you are coaching?

- What are some harm reduction resources you could offer as a PRSS? What are some examples of referrals you should have available?

Key Points

- Harm reduction builds bridges for those that are using substances to treatment and other resources.
- Shame, stigma and misinformation often stop people from seeking and accessing services.
- Harm reduction resources should be provided at every stage of a person's recovery journey. This includes before they enter professional resources, when they receive professional help, and after they receive services.
- As peer workers, we must be comfortable with having harm reduction conversations at all stages of recovery. This includes conversations about safer substance use and safer sex.
- Some harm reduction resources and tools we might offer as peer workers include condoms, naloxone, and connections to testing, support groups, medical care, mental health care, and employment resources in the community.
- At any point of a person's recovery journey, we meet people where they are, provide non judgemental and compassionate care, using a person-centered approach, and facilitating motivational conversations.

Topic 2: Person-Centered Planning and Care

- What is person-centered care, and how does it fit into harm reduction?

- What are the benefits of person-centered care?

- What might person-centered care look like in peer work?

Read Decisions in Recovery

Reflection

How might you implement the tools and ideas in Decisions in Recovery as your work as a PRSS?

- What are the five steps in the SHARE approach, identified key steps in shared decision-making?
    - **S**
    - **H**
    - **A**
    - **R**
    - **E**

- List the principles of person-centered care
    -
    -
    -
    -
    -

Key Points

- Person-centered care puts the person at the center of all recovery efforts. We assist people in choosing the best pathway for themselves and walk next to them in their journey.
- Person-centered care allows people to decide the goals and outcomes that are most important to them.
- Some of the benefits of person-centered care include improving relationships through collaboration, increased participation and insight, improved adherence and improved recovery outcomes.

- Individual goal setting should always reflect shared decision-making.
- The SHARE approach to shared decision making includes seeking participation, helping explore options, assessing values and preferences, reaching decisions together and evaluating outcomes.
- The principles of person-centered care include strength-based, non-punitive support that understands recurrences are learning opportunities; focusing on the peers capacities, hopes and goals; being respectful of cultural and other social and environmental contexts; facilitating the involvement of natural supports; and constantly examining our own biases and assumptions to allow for full autonomy.

Topic 3: Refresher on Stages of Change

- Expand upon the stages of change:
    - Precontemplation:
    - Contemplation:
    - Preparation:
    - Action:
    - Maintenance:
    - Recurrence:

- Does experiencing a recurrence mean a person starts over in navigating through the stages of change?

Key Points

- The stages of change are precontemplation, contemplation, preparation, action, maintenance, and sometimes recurrence.
- The stages of change do not necessarily happen in a linear fashion; individuals move through the stages in an upward spiral, so that each time they work through a stage they are learning more about what works and does not work for them.
- Most harm reduction happens in pre-contemplation, contemplation, and preparation stages. We use motivational strategies to help people navigate through these stages.

Topic 4: Motivational Strategies

- How can we use motivational strategies as peer workers?

Affirmations

- Define affirmations. What is the purpose of affirmations?

- What role do affirmations play in peer work?

- Define protective factors:

Reflection

Think of your own examples of statements that could be more affirmative. Also consider other protective factors you are aware of that promote health.

Empathy and Compassion

- Define empathy:

- Why is empathy vital when helping people who use drugs?

Watch Brene Brown on Compassion

Watch Communication Skills: Empathetic Listening - Inside Out, 2015

- Define compassion:

- How do we use compassion as peer workers?

Consistent Positive Regard

- What is consistent positive regard?

- How can we use consistent positive regard as peer workers?

Partnering for Change

- Describe motivational interviewing

> “We don’t use motivational interviewing “on” people, we use MI “with” people.

Watch Lifting the Burden in Motivational Interviewing

Key Points

- Motivational strategies are techniques that we use to help people find their own motivation for change.
- Affirmations are statements of recognition for a person’s efforts, strengths and values. They are used to celebrate every small victory.
- Protective factors are the things in a person’s life that reduce risk and promote health, such as safe housing and a support system.
- Empathy is understanding how another person feels. Showing empathy can be a catalyst for connection.
- Compassion can allow us to understand that people are filling a need with their substance use which does not make them weak or bad.

- Consistent positive regard means that we accept people are showing up at their best with the circumstances they have; it upholds the idea that nothing a person does or fails to do is a reason to stop seeing them as inherently human or loveable.
- We affirm everyone’s efforts, regardless of their abstinence from substances or lack thereof.
- Motivational interviewing is having motivational conversations with people to help them gain insight into their own reasons for change.
- Motivational interviewing is a goal-oriented style of collaborative conversation used to reveal a person's own commitment to change that is used to address feelings of ambivalence.

Lesson 7: The Role of Peer Support in Outreach and Harm Reduction Services

Topic 1: Peers Conducting Outreach

> The practice of peer support can be understood simply as an extension of a natural human tendency to respond compassionately to shared difficulty. Most people who have been through hard times empathize with and have an urge to help when they meet others who struggle with similar problems.

Expand upon the following shared values and practices for peer workers and outreach workers:

- Respect.
- Experience genuine empathy for a person.
- Self-determination.
- Nonclinical approach.
- Focus on the relationship.
- Trauma-informed.
- Strengths-based.
- Sensitive to culture, race, and power.
- Hope for a better future.

Much like any other role, not every PRSS will be a natural fit to become an outreach worker. What are some qualities and interests a peer worker might have that suggest they should explore outreach work?

Key Points

- Peer support can be understood as an extension of the natural human tendency to respond compassionately to shared difficulties.
- Peer workers and outreach workers have many shared values and practices. These include leading with respect and refraining from judgment; experiencing and conveying genuine empathy; honoring people's rights to set and achieve their own goals; using a non-clinical approach; putting the emphasis on developing a working relationship; trauma-informed care; strength-based support; staying sensitive to culture, race and power differentials; and always conveying hope and optimism.
- Outreach work is not for everyone. If a PRSS is flexible, has the ability to work with others, has strong boundaries, and a degree of physical stamina, they may be a good fit for outreach work.

Topic 2: Peers Working with Harm Reduction Programs

- What are the pros and cons of offering site-based versus mobile services?

- What are low-threshold programs? What is the importance of having services be accessible?

- Read through the chart of traditional versus low-threshold services. Does the organization you work with offer low-threshold services? How could this be improved?

- What are the core practices of harm reductionists:
    -
    -
    -
    -
    -
    -

- What are the similarities between peer workers and harm reductionists?

- As a PRSS, how do the principles of harm reduction align with your own recovery pathway?

Key Point

- Harm reduction principles and practices can be applied across many settings and services.
- Harm reductionists have a commitment to help those that are seeking services access those services. This is where outreach work comes in. Outreach work is especially important in rural communities, which Nevada has many of.
- Harm reduction programs never turn people away, but rather give them the support that they need to access services.
- Low threshold services remove barriers to care by having rapid intake processes with few requirements; providing access to medication; having many types of services available at one location; offering flexible, extensive hours; not requiring abstinence; not requiring abstinence and not excluding those seeking services for experiencing recurrences of use.
- Harm reductionists listen to and learn from people who use drugs; they engage with those in need through person-centered approaches; they create and maintain low-threshold spaces; provide insight and information; and fight to reduce stigma.
- As peer workers, our own recovery might include abstinence. We must move forward in such a way that does not place assumptions about what recovery should look like on those we serve.

Topic 3: Safety Protocols and Practices

- List some general safety guidelines for peer workers conducting outreach:
    -
    -
    -
    -
    -
    -
    -
    -
    -
    -
    -
    -

- What are some tips for dressing for safety that are recommended to outreach workers?

- What are some things you might take with you when conducting outreach?

- What is the role of teamwork in outreach safety?

Review Capacity for Health's Safety Check for Street Outreach

Key Points

- Even though violence and injury are rare for outreach workers, it is vital that safety protocols are established and closely followed.
- Some general tips for upholding safety when conducting outreach include following an organization's guidelines for safety and establishing your own boundaries; following your gut; assessing neighborhoods before you conduct outreach; having a well-charged cell phone and sharing your location; dressing appropriately and leaving expensive items at home to avoid creating a social distance; never outreaching alone; receiving training on trauma-informed de-escalation; upholding harm reduction principles; and debriefing after stressful situations.

Topic 4: Resources for Harm Reduction and Outreach

- What are some resources offered by syringe service programs?

Watch Tapestry Harm Reduction - Syringe Access Programs

Key Points

- Syringe service programs are some of our greatest allies in preventing infectious disease, but also offer a variety of other resources.
- These resources include overdose prevention, risk reduction counseling, STI testing services, vaccines, and referrals to treatment, housing, legal and other support services.
- SSP's build bridges for those in our community that are actively using substances to the services that they need to improve their quality of life.

Lesson 8: Harm Reduction and the Community

- As a PRSS, what talking points could you use when introducing harm reduction to:
    - A person in abstinence-based recovery
    - A loved one or family member of a person with SUD
    - A community member who feels their neighborhood has been negatively impacted by substance use
    - A legislative member

Watch I Died Six Times … Let's End the Stigma of Harm Reduction

Topic 1: Working with Partner Agencies

Law Enforcement

- How can you, as a peer support specialist, navigate harm reduction in a penalty-based system?

- What is the LEAD program?

Watch Law Enforcement Assisted Diversion

Other State Agencies

- How can we navigate coordination of care for individuals engaging in harm reduction but involved with systems that have not fully adopted harm reduction approaches?

Reflection

Karen is working with a probation officer because of a larceny charge, and she reports that her probation officer is giving her a hard time about not being employed and still being in residential treatment. She also has as case manager with a local housing program supporting her to obtain subsidized housing, which will help her reunite with her children. As a PRSS, how might you advocate and support the work of the agencies Karen is involved with (criminal justice, housing, and DCFS) while advocating for Karen and validating her needs?

Key Points

- Harm reduction does not happen in a vacuum; it occurs within the context of a community and is most successful when it is supported by the community.
- When explaining harm reduction to individuals, we might mention that harm reduction saves lives and money by supporting people who are not ready or able to stop using. Dead people do not recover.
- It can be difficult to coordinate care for individuals that are engaged with organizations that have not embraced a harm reduction approach. We can do this by prioritizing the welfare of our peers and advocating for change across systems.

Topic 2: Citizens' Rights

- Why is it important for harm reductionists to be aware of laws and penalties regarding substance possession?

- Who qualifies for specialty courts in Nevada? What do these programs entail?

Watch the video Drug Courts Explained

- What is the goal of specialty courts in Nevada? Do any of them embrace harm reduction?

Expand on the following Nevada laws:

- Laws regarding the possession of syringes

- Laws regarding the possession of fentanyl testing strips

- Laws regarding intervening in the event of an overdose

Key Points

- While peer workers continue to support people that are using substances, we still want to be aware of any penalties that may arise if our peers are found in violation of drug possession laws.
- Nevada has various specialty courts available with the goal of reducing recidivism rates and increasing community involvement, but none of these specialty courts embrace harm reduction and most require abstinence and frequent testing.
- Syringes are no longer considered paraphernalia in the state of Nevada in an effort to reduce transmission of infectious diseases.
- Fentanyl testing strips also are not considered paraphernalia in Nevada, though this is not true in over half of other states.
- The Good Samaritan Drug Overdose Act provides immunity for those that administer naloxone or contact 911 in the event of an overdose. This law means that if 911 is contacted in response to an overdose, no one present can get in trouble for use, possession or paraphernalia.

Topic 3: Services in Nevada

- What harm reduction services are available in Nevada? What harm reduction services are not yet available here?

- Review the list of harm reduction vending machines. Which one is located closest to the area you provide peer services in?

- Review the list of locations where naloxone is available in Nevada. Which one is located closest to the area you provide peer services in?

- Review the list of clinics for immunizations, sexual health and primary care. Which one is located closest to the area you provide peer services in?

Key Points

- While there are more robust harm reduction services available in larger Nevada cities, rural parts of Nevada are actively expanding their available services. These include SSPs, FTSs, naloxone, safe sex kits and hygiene packs.
- Navadans qualify to be mailed these at no cost through NextDistro.
- There are various harm reduction vending machines available in Nevada which provide safer injection boxes. These vending machines are usually located near places that provide information about health care and substance use services.

Topic 4: Advocating for Change

- What is the importance of basing policies and programs based on evidence, not morals or beliefs? How can we advocate for this as peers?

Review CDC's Fact Sheet on Syringe Service Programs

What facts listed on this sheet might you use to advocate for increasing syringe access in your area?

Key Points

- Many policies exist based on beliefs and moral crusades against drugs rather than based on information. These policies obstruct life saving programs and services.
- One example of this is the lack of SSP's in Nevada. Though they were legalized in 2013, there are not enough programs available to meet the need.
- As peer support specialists, we need to stay informed on the data available regarding the success of harm reduction programs and use this data to advocate for change.

Topic 5: Building Your Community Network

- What is the importance of building networks in the communities that we work in?

List some local organizations that can offer the following services. Feel free to use Google if you are not aware of these in your area. Include contact information!

- Syringe service programs

- Infectious disease testing programs

- Housing programs

- Employment and education placement programs

- Faith communities that offer connection and support

- Partner treatment programs that may offer different levels of care or additional beds

- Affordable mental health services

- Affordable healthcare clinics

- Domestic violence services

Now, use the space below to prepare a draft email that you might send to introduce yourself and your services, or a script for an introductory phone call.

- Define community asset mapping.

- Expand on the following steps for community asset mapping:
    - Define your purpose.
    - Determine the boundaries of your map.
    - Decide which types of assets to include.
    - Gather Asset Information.
    - Organize your assets.
    - Use your map.

Key Points

- Regardless of what role you fill as a peer, it is important to remain informed regarding other services available in your area and build relationships with community partners. Networking is key!
- Community asset mapping is one way to identify resources in your community. To do this, a person needs to identify their purpose, define the area they will search for resources in and the assets they need to include, gather information and organize their assets in a way that works for them.

Lesson 9: Self-Care for Peer Workers

Topic 1: The Toll of Helping Work

- Why is self care vital for peer workers?

- Define the following terms:
    - Burnout:
    - Compassion fatigue:
    - Vicarious trauma:

- List some common psychological symptoms that a peer worker may be experiencing burnout, compassion fatigue, or vicarious trauma

- List some common physical symptoms that a peer worker may be experiencing burnout, compassion fatigue, or vicarious trauma

- What are the possible effects of not addressing burnout, compassion fatigue, and vicarious trauma?

Reflection

Can you think of a period of time when you experienced burnout, compassion fatigue, or vicarious trauma as a result of your PRSS work? What resources and strategies did you use to reduce and manage these challenges for yourself?

Key Points

- Though the work that we do as peer workers is incredibly rewarding, it is also highly demanding and often draining. The trauma that we see can take a toll on us.
- Burnout is a state of physical, emotional and spiritual exhaustion caused by excessive and prolonged stress without taking the time to refuel.
- Compassion fatigue is the lessening of compassion that occurs over time due to high empathy demands.
- Vicarious trauma occurs when a person experiences symptoms of trauma due to exposure to another individual's traumatic experiences.
- These conditions affect more than the provider; they influence the peers and organizations. When left unaddressed, they can lead to high turnover and cause instability for the people we serve.

Topic 2: Self-Care in Peer Work

- What is self-care? What is the importance of practicing self-care regularly and not solely as a response to stressful situations?

Expand on the following ideas regarding what self-care is not:

- Selfish or self-indulgent.

- Unimportant.

- A chore.

- An emergency response plan.

- What can you do as a peer worker if you feel like your personal recovery is suffering?

Review and complete the Professional Quality of Life Scale (ProQOL)

Are you surprised by your results? Why or why not?

Key Points

- Self-care is a vital practice for individuals that work in physically, emotionally and spiritually demanding fields. Self-care is an evidence-based practice that involves deliberately taking the time to take care of your mind, body and spirit.
- Self-care is not selfish or self-indulgent. We cannot give resources we don't have.
- Self-care is not meant to be a chore. It should feel good to nurture your body and spirit. If it feels daunting, it may be a sign that you need to reexamine
- your self care routine.
- Self-care should be practiced regularly and not only in response to stressful or overwhelming situations.
- As a peer worker, your recovery must always come first. If you start to feel unstable in your recovery, check in with your supervisor and support network.

Topic 3: Strategies for Good Self-Care

“ The main thing in talking about self-care activities and routines is to find the right approaches that work for you and then develop a self-care habit. Figure out how to make it a part of your daily routine. **The small choices we make every day can have a big impact on our well-being and resilience.**

Watch The Choice

- What are the four broad domains of self-care?
    1.
    2.
    3.
    4.

Physical Self-Care

- Define physical self care:

- What is the importance of maintaining a balanced nutrition?

- What does balanced nutrition look like?

- How can you improve your nutrition?

- What is the importance of incorporating physical activity into your self-care?

- What does proper physical activity look like?

- How can you improve your physical activity?

Watch the video 23 and ½ Hours: What is the single best thing we can do for our health?

- What is the importance of getting appropriate sleep?

- How can you improve your sleep hygiene?

Emotional Self-Care

- Define emotional self-care.

- Expand on the following strategies for practicing emotional self-care.
    - Find healthy ways to cope.

    - Have realistic expectations.

    - Practice good boundaries.

    - Recognize and honor your triggers and flags.

- Take a break and delegate.

- Employee Assistance Programs.

Reflection

Many of us work with unrealistic expectations, either self-imposed or set up by our organization or supervisor. How can you recognize when expectations are too high, and what can you do to adjust expectations to be more reasonable and sustainable?

Take a moment to find out if your employer has an Employee Assistance Program and if so, how to contact the EAP. You can get this information from a human resources representative. Write the information below. Then contact the EAP to learn more about how they operate and what they offer, so you can consider how this resource may benefit you now or in the future.

Social Self-Care

- Define social self-care

- Expand on the following strategies for maintaining social self-care
    - Building a professional support system

    - Prioritize your primary relationships.

    - Find your tribe.

- What is one thing you could do to improve your social self-care?

Spiritual Self-Care

- Define spiritual self-care.

- What gives you purpose?

- What gives you a sense of connection?

- What brings you peace?

- What are some strategies for maintaining spiritual self-care?

Reflection

Please complete this self-care assessment to determine where you are doing well and where you could cultivate more resources to increase your resilience and well-being.

How often do you do the following? Rate each activity from 1 to 5, with 1 being never and 5 being always.

Physical Self-Care					
Eat balanced, regular meals, including breakfast	1	2	3	4	5
Drink sufficient water	1	2	3	4	5
Engage in physical activity, such as walking, biking, or hiking	1	2	3	4	5
Get regular preventive care	1	2	3	4	5
Get medical care when needed	1	2	3	4	5
Take time off when feeling unwell	1	2	3	4	5
Support your sexual health and needs	1	2	3	4	5
Get enough hours of sleep	1	2	3	4	5
Limit screen time	1	2	3	4	5
Limit nicotine and caffeine consumption	1	2	3	4	5

Emotional Self-Care					
Write or draw in a journal	1	2	3	4	5
Seek appropriate mental health care when needed	1	2	3	4	5
Actively work to decrease stressors in your life	1	2	3	4	5
Practice receiving from others (gifts, compliments, support)	1	2	3	4	5
Say no to taking on more when you are overwhelmed	1	2	3	4	5
Treat yourself with compassion	1	2	3	4	5
Identify and seek out comforting activities and people	1	2	3	4	5
Allow yourself to experience your emotions, including negative ones	1	2	3	4	5
Set realistic expectations for yourself	1	2	3	4	5
Recognize warning signs in yourself	1	2	3	4	5
Use healthy coping mechanisms	1	2	3	4	5
Social Self-Care					
Spend time with people whose company you enjoy	1	2	3	4	5
Contact important people in your life	1	2	3	4	5
Make an effort to make new connections	1	2	3	4	5
Nurture your relationship with coworkers	1	2	3	4	5
Spend regular time with your kids, pets or loved ones	1	2	3	4	5
Set firm boundaries and practice assertiveness	1	2	3	4	5
Let go of toxic situations, people and relationships	1	2	3	4	5

Spiritual Self-Care					
Make time for prayer, meditation, or reflection	1	2	3	4	5
Practice in a spiritual gathering, community or group	1	2	3	4	5
Cultivate optimism and hope	1	2	3	4	5
Identify what is meaningful and notice its place in your life	1	2	3	4	5
Practice and express gratitude	1	2	3	4	5
Celebrate milestones with rituals that are meaningful to you	1	2	3	4	5
Remember and memorialize loved ones that have passed	1	2	3	4	5
Contribute to or participate in causes you support	1	2	3	4	5
Read inspirational literature	1	2	3	4	5

What do you think of your results? Is there any category in which you did better, or worse, than you expected?

Key Points

- When discussing self-care, it's important to remember that it is unique to each individual, and that what is self-care to one person may actually be draining to the next.
- Daily habits that foster our well being are part of self-care.

- Self-care can be broadly broken down into four categories: physical, emotional, social, and spiritual.
- Physical self-care involves adequate sleep, proper nutrition, and physical activity.
- Emotional self-care involves taking care of our mental health by attending to our emotional needs, finding healthy ways to cope, and being compassionate with ourselves.
- Social self-care involves building connections with people we can depend on to create a sense of belonging and safety.
- Spiritual self-care refers to finding and nurturing what brings us purpose, connection, and peace.
- In this role, we need to continually assess our self-care and ensure we are doing enough for ourselves. You cannot pour from an empty cup.

Topic 4: Resources to Support Self-Care for Peers

Read through the list of resources available to support self-care. Pick one that catches your eye and download it. Explore the features of the app and then personalize the app for yourself and give it a try. You'll be better able to describe the experience to a person you are supporting now or in the future. What are your thoughts on this app? If it doesn't fit your needs, try a different one!

Key Points

- In this modern world, there are countless websites and applications a helper can use to assist them in maintaining their own self care. Take some time to explore the options available and find what works for you.

Lesson 10 – Harm Reduction in Action: Your Role as a Peer

The following are several scenarios featuring people with active substance use disorders. Please read each of them using your lens as a PRSS and consider how to respond to the follow-up questions.

Participant 1: Michael

Michael is a 36-year-old man who has been using opioids for more than 12 years. He currently lives at home with his elderly mother to help take care of her, though if he's being honest, he has no place else to go.

Michael was the owner of a big construction company, living in a large house that he built, with his wife and their two kids. An injury on the job caused him to start taking prescribed opioids. He found himself taking more pills, then switching to heroin when the prescriptions stopped, and pills became too expensive. He soon lost his business, his home, and then his family.

He's been to detox four different times, but only finished one program and returned to use again immediately after discharge. He wants to get sober for his kids, but he thinks that detox programs are "inhumane" and doesn't see the point of MAT (methadone, suboxone) because "you're still using dope." His habit is currently about four bags a day and he generally uses by himself. He states that he is trying to wean himself off slowly.

- What stage of change do you think Michael is in?

- What role do you think substances play for Michael? (How do they help him?)

- What harm reduction strategies would you offer Michael?

- What protective factors or assets do Michael have that you could affirm with him?

- What seems important to him that he could use for motivation toward recovery?

Participant 2: Rochelle

Rochelle is 17 and lives with her mother, who works three jobs and is not home much, and her 9-year-old brother, whom she cares for.

She has a boyfriend, Duncan, but admits she sometimes has sex with other guys, mostly when she's drunk or high at parties or clubs that let her in, even though she's underage. She also admits to having sex sometimes for drugs or money though that's rare, usually when she's in a bind.

She was diagnosed with an STI on two separate occasions and finished most of the medications each time. She does not use birth control because she feels like since she hasn't gotten pregnant yet, it's not a high risk for her. When asked about using condoms, she said she'd consider it but most guys she hooks up with don't want to use them and she doesn't force it.

She reports that she's thinking about dropping out of school because she wants to be a rapper and dancer, and she doesn't see how school helps with that. She states that she gets drunk a couple of times a week, smokes "a lot of weed," snorts and smokes coke when she can get it, and is always up for "pills." She states she uses substances because they "make me feel good and help me get creative."

- What stage of change do you think Rochelle is in?

- What role do you think substances play for Rochelle? (How do they help her?)

- What harm reduction strategies would you offer Rochelle?

- What protective factors or assets do Rochelle have that you could affirm with her?

- What seems important to her that she could use for motivation if she wishes to seek a path to recovery?

Participant 3: Makayla

Makayla is a 26-year-old woman who has been using methamphetamine for more than 7 years now. She was kicked out of her family's house 6 years ago and has been on the streets off and on since then. She couch surfs when she can and stays in shelters when it's freezing out. She gets locked up from time-to-time for shoplifting and possession (average of 2 times a year), but she shrugs and says, "It's 3 hots and a cot."

She gets tested for HIV and HCV when someone offers. She last tested three months ago, and her results were negative. She has a boyfriend, Johnny, who she's been with for a year. He is 34, experiencing homelessness, and uses meth. Johnny doesn't have HIV as far as she knows but does have hepatitis C.

She has unprotected sex with Johnny and occasionally with Rob, her high school sweetheart. He's a fairly successful businessperson, but he is married with a kid. They meet at nearby motels, and she states, "It feels like making love, because he's gentle and caring." But she always feels horrible afterwards because she knows he

goes back to his wife and nice life while she returns to the street- she states she has tremendous shame for ending up a “junkie.”

- What stage of change do you think Makayla is in?

- What role do you think substances play for Makayla? (How do they help her?)

- What harm reduction strategies would you offer Makayla?

- What protective factors or assets does Makayla have that you could affirm with her?

- What seems important to her that she could use for motivation toward recovery?

Lesson 11 – Summary and Resource for Further Learning

- How has your perception of harm reduction changed throughout this course? Do you believe, as a person in recovery, you can fully support an individual that is still engaging in substance use?

- Now that you have expanded your knowledge of harm reduction, are there any principles and practices of harm reduction that you believe contradict your work as a peer?

- What did you learn about the intersection between homelessness and substance use? What is the importance of harm reduction for those experiencing homelessness?

- How can you use what you learned about outreach work in your role as a peer?

- What are some boundaries and self-care practices you will implement to ensure your role as a helper does not harm your personal wellness?

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