

# Do Less Harm: The Fallacy of Do No Harm

Embracing harm reduction in the allied health  
professions

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## Education

- Ph.D. candidate in English Language and Literature, University of Michigan, Ann Arbor
- Certified naloxone trainer

## Writing and research

- “North America.” *Global State of Harm Reduction Report*. Harm Reduction International, October, 2022. 107-119.
- “How My Drinking Was Used to Deny Me Treatment for Depression,” *Filter* magazine, March 7, 2022.
- “The DEA Wants to Schedule Five Tryptamines and You Can Stop Them,” *DoubleBlind*, February 11, 2022.

## Service

- Policy director, Students for Sensible Drug Policy at the University of Michigan
- Manuscript reviewer, *Harm Reduction Journal*, BioMed Central (BMC), Springer Nature.
- Policy reviewer, University of Michigan Biennial Alcohol and Other Drugs Policy Review.

## Media Interviews

- *Jazz Cabbage Cafe Cannabis Talk and Culture*, March 27, 2023.
- Maanasa Bommineni, “54% of Michigan pharmacies give Narcan unprescribed, UMich study finds,” *The Michigan Daily*, May 12, 2022.
- Riley Hodder, “Downtown Ann Arbor District Library installs free Narcan vending machine,” *The Michigan Daily*, April 11, 2022.

# SSDP: WHO WE ARE <https://www.linktr.ee/ssdpumich>



- ❑ An international organization present on over 200 campuses and communities across more than 30 countries; open to students at any level, as well as community members.

- ❑ Aim to influence the implementation of humane, evidence-based drug policy in Ann Arbor and Washtenaw County.



- ❑ We act as a reliable source of unbiased information for the community re: drugs and drug policy

- ❑ Our goal: to substitute policing with public health and human rights models to support people who use drugs.

# WHAT IS HARM?



# WHAT IS HARM?

## Harm, noun

- **1.a.** *Old English* – Evil (physical or otherwise) as done to or suffered by some person or thing; hurt, injury, damage, mischief. Often in the set phrase “to do more harm than good.”

“No he mid hearme of hliðes nosan gæs[ta] grette.” *Beowulf* c700-1025.

- **1.b.** *Old English* – With *a* and plural. An evil done or sustained; an injury, a loss.

“They from your harvests keep a hundred harms.” H.W. Longfellow, *Poet's Tale* xix, in *Tales of Wayside Inn* 198 (1863)

- **1.c.** 1661 – “out of harm's way.” Out of the way of doing or of sustaining injury.
- **2.** *Old English* 1627 – Grief, sorrow, pain, trouble, distress, affliction. Also with *a* and plural. *to make harms* (quot. c1480): to make lamentation. *Obsolete*.

“He lays aside his Arms, for harms to feed his humour.” Lord Falkland, *Hist. Edward II* (1680)

- **3.** c1430–1535 – Pity, a pity. (Cf. French *dommage*.) *Obsolete*.

“Some great persons..have been made Sheriffes to keep them out of harms way.” T. Fuller, *History of Worthies of England* (1662) i. 44

# WHAT IS HARM?

## Harm, verb

- **1. Old English** – To do harm (to); to injure (physically or otherwise); to hurt, damage. Originally intransitive: to be hurtful, with dative (like Latin *nocēre*), which was sometimes in Middle English expressed by to, but generally became a simple object, making the verb transitive.

“When a man has no sense he is harmed by courage.” B. Jowett, translation of Plato, *Dialogues* (ed. 2) vol. I. 291 (1875)

- **2. 1362** – *absol.* To do harm or injury.

“As arrows. Where they are meant, will surely harm, And if they hit, wound deep and dead.” Fletcher, *Poetical Misc.* 90 in *Purple Island* (1633)

- **3. 1916** – *intransitive.* To take harm.

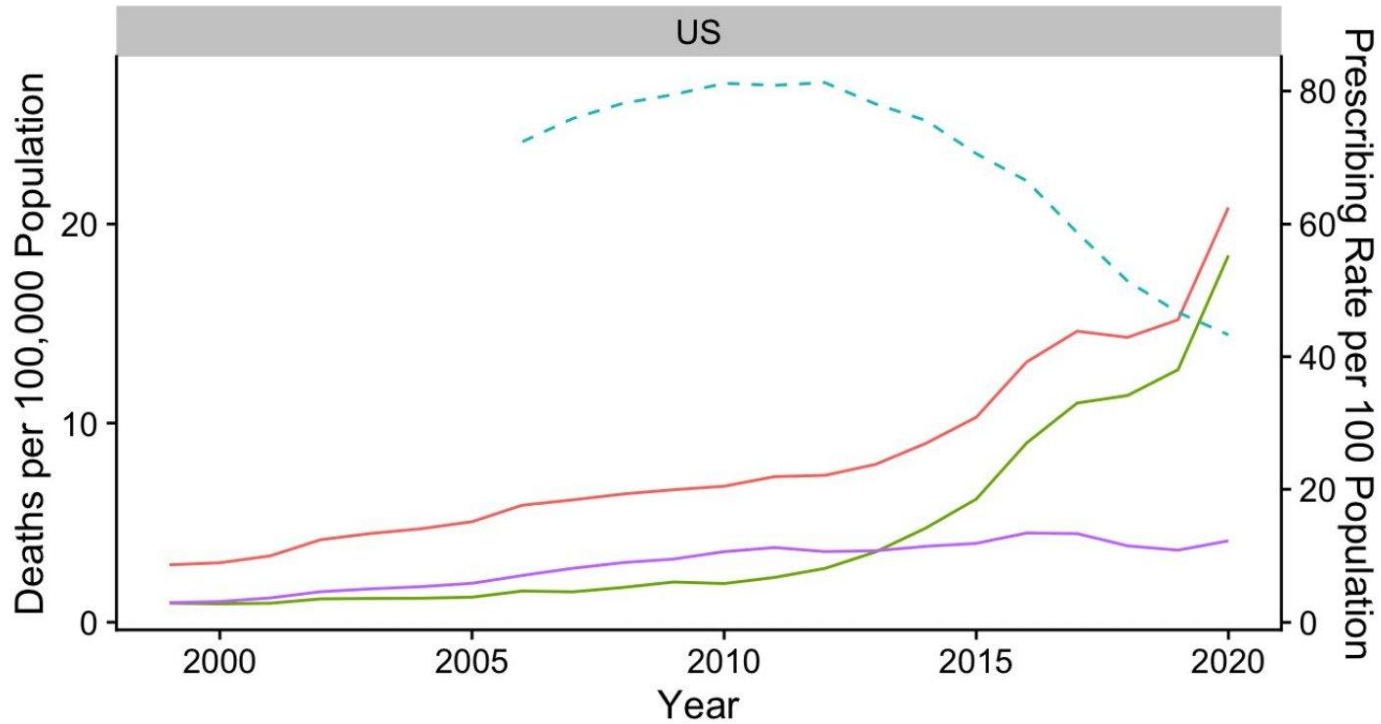
“The men is fresh, too, and won't harm for a bit of exercise.” B. Cable, *Action Front* (1916)

# THE MARKET PROBLEM

- From 1999 to 2021, more than 650,000 people have died of opioid overdose.
- Overall drug overdose deaths reached a record-breaking 118,000 deaths in the past 12 months, according to preliminary data from the Centers for Disease Control and Prevention.
- In the next decade, it is predicted that 1.2 million individuals will die of opioid-related overdose.
- Novel synthetic psychoactive substances and repurposed drugs like xylazine continue a chemical arms race to evade law enforcement and satisfy user desires by creating increasingly complex and dangerous drug cocktails often sold as counterfeit pharmaceuticals.
- There is no correlation between opioid prescription volume and non-medical use or addiction. Addiction rate has remained essentially unchanged, hovering at about 0.7%, despite Rx rates surging in the early 2000s, then dropping more than 60% after 2012.
- The **Iron Law of Prohibition** suggests that as law enforcement efforts to prohibit and control drug use increase, the potency of prohibited substances tend to rise, while their prices decrease. Prohibition creates a strong incentive for drug traffickers to maximize the value of each smuggling opportunity by smuggling the most potent formulation.



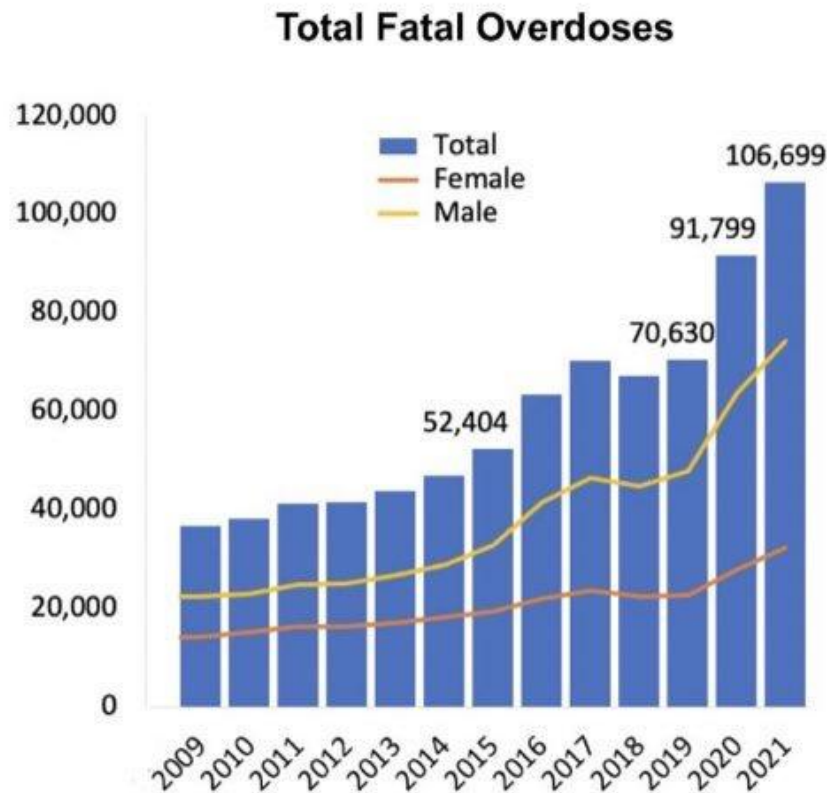
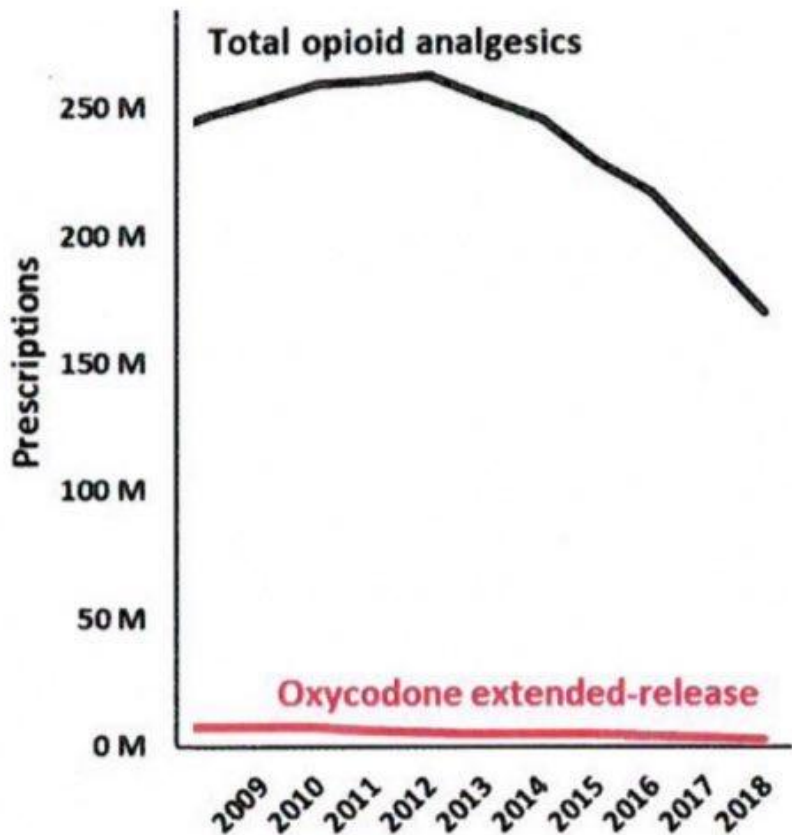
# The Opioid Crisis in the USA



- All Opioids Death Rate
- Heroin & Fentanyl Death Rate
- Prescribing Rate
- Prescription Opioid Death Rate

Sources: CDC WONDER, NCIPC

# When you can't get pills, you get powders...



# THE PROHIBITION PROBLEM

- Use of even the most stigmatized drugs, such as heroin and methamphetamine, will lead to addiction in only 10-30% of users, a minority.
- Exposure to the criminal justice system is generally associated with negative health outcomes, including increased risk of injection initiation, fentanyl-related fatal overdose, reduced likelihood of calling 911 when witnessing an overdose, reduced utilization of harm reduction services, and worse retention in treatment for substance use disorders.
- You are no more likely to get treatment if arrested than you are in the community (about 20% do in both settings).
- Treatment via the criminal system is LESS evidence based than in community. Patients likely have fewer treatment options when incarcerated, including being less likely to access MOUD (Medications for Opioid Use Disorder), the single intervention shown to reduce mortality in Opioid Use Disorder.
- Forced detox in jail/prison increases both fatal instances of withdrawal in jail/prison, as well as fatal overdoses after release.
- Even a short period in jail, can result in lost tolerance, which means **incarceration makes overdose up to 120x more likely.**

# IRON LAW OF PROHIBITION

THE HARDER THE ENFORCEMENT, THE HARDER THE DRUGS

INCREASING LAW  
ENFORCEMENT



INCREASING COST OF  
ILLEGALITY



INCREASING POTENCY OF  
THE SUBSTANCE



Need to Avoid Detection  
(Less Weight and Volume, Easier to Hide,  
Store and Transport)

Beer and Wine



Spirits



Moonshine

Cannabis



High THC Cannabis



Synthetic Cannabinoids

Coca Leaf/Tea



Powder Cocaine



Crack/Paco/Basuco

Opium



Heroin



Fentanyl/Carfentanyl

Ephedra



Amphetamine



Ice/Methamphetamine

# WHAT IS HARM REDUCTION?

- Harm reduction is a set of user-driven practical strategies and ideas aimed at reducing negative consequences associated with drug use.
- Harm reduction is built on the idea of “any positive change.”
- Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.

Harm reduction can be expressed in the following eight principles:

1. Accepts, for better or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them.
2. Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from compulsive, chaotic use to total abstinence.
3. Establishes quality of individual and community life and well-being – not necessarily cessation of all drug use – as the criteria for successful interventions and policies.

# WHAT IS HARM REDUCTION?

4. Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm.
5. Ensures that people who use drugs and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them.
6. Affirms people who use drugs as the primary agents of reducing the harms of their drug use and seeks to empower people who use drugs to share information and support each other in strategies which meet their actual conditions of use.
7. Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequality affect both people's vulnerability to and capacity for effectively dealing with drug-related harm.
8. Does not attempt to minimize or ignore the real and tragic harm and danger that can be associated with illicit drug use.

# iatrogenic and social harms

- **Stigma** – “A social process which can reinforce relations of power and control. Leads to status loss and discrimination for the stigmatized.” Link and Phelan *Conceptualizing Stigma*, 2001
- **Discrimination** is the unjust or prejudicial treatment of different categories of people, especially on the grounds of ethnicity, age, sex, disability, or, in this case, based on the types of drugs one uses or the ways in which one uses drugs.
- Stigma may impact all relevant healthcare experiences and outcomes of PWUD, directly or indirectly, whether it is identified or not.
- PWUD have reported poor access to healthcare, and that their care was inferior to the care received by non-users.
- When admitted to hospital, PWUD are sometimes labelled “challenging, manipulative, drug-seeking, and demanding” by healthcare workers who are not prepared, trained, or willing to meet their needs.
- A study of people who inject drugs in Vancouver, Canada, found the hospital to be a “risk environment” wherein social and structural factors contributed to participants experiencing inadequate pain and withdrawal management, consequent drug use, and increased likelihood of discharge against medical advice
- Drug users receive substandard treatment in all areas of medicine, not only those related to substance use disorders.
- One PWUD summed up their experiences with discrimination in health services by wondering: [“Maybe if I stop the drugs, then maybe they’d care?”](#)
- A narrative review of 158 primary research studies identified stigma towards drug users to be common among the general public and non-specialist professionals. It concluded that the stigmatization has a profound impact on the lives of PWUD including their chances of recover.

# iatrogenic and social harms

- Another study found that over one third (39.5%) of PWUD sampled did not seek medical care in the past year. Of this group, 34.2% reported that they did not seek needed healthcare because they were afraid of being treated badly by medical providers for using drugs.
- When one study participant was asked why he defined his last hospital admission as relatively good, he responded “Nobody was criticizing me or giving me a hard time.”
- Meanwhile, according to four participants the typical healthcare experience they dread looks like this:
  - “In general, they tend to be a little stricter with you. They tend to be more short tempered with you. They tend to presume what you need, instead of a conversation, right? ... And they do not actually get to know the person.”
  - “[T]hey have no respect for you, do not know what to do with you and do not really want to bother.”
  - “Like, it’s a stereotype, the way some of the doctors and nurses will treat you. They have their own diagnosis of you, and if there’s drugs involved, your diagnosis is done. They do not need to look further, that’s it; that’s all.”
  - “I know of dozens of doctors who are terrific, but I know probably tenfold more doctors that are mean and judgmental, and negligent, and it’s not just physicians. You know, I had a nurse in the [hospital] the first week or two after my surgery that was reaming me out because I was an alcoholic and I was taking up a bed, because that’s how I got my cancer.”
- People with Substance Use Disorders (SUDs) are [denied medications](#), receive outdated, [incorrect](#), [harmful and exploitative](#), or [bizarrely authoritarian treatment and punishment](#).
- Stigma, discrimination, and abuse have remained rampant in treatment and recovery spaces (see page four of the National Association of Addiction Providers [2019 trade report](#) acknowledging “a severe ethical crisis” in the field).





**Rye de Luna**

@neondesertrye

Follow



Doctors need to stop acting like addicts are coming to THEM for drugs. 😂

Street dealers don't have copays, paperwork, calls to and from insurance, and snotty judgmental pharmacists handing out their goods.

What Doctors need to do is START believing patients.



## 3. Drug-Related Stigma

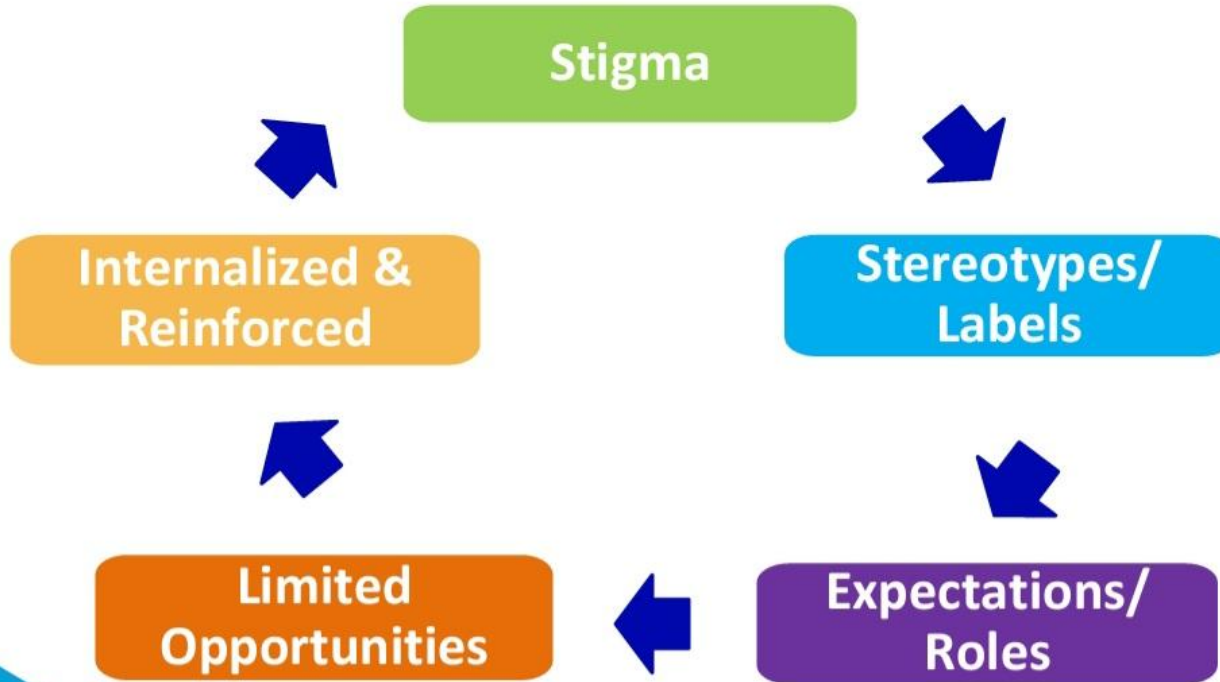
Blame and Moral Judgment

Criminalize

Pathologize and Patronize

Fear and Isolation

# Cycle of Drug-Related Stigma



# *Virtuous Cycle: Climate of Trust*



# General harm reduction strategies

- **NEVER STOP HABITUAL AND/OR BINGE DEPRESSANT USE SUDDENLY!** You can develop physical dependence through habitual use, or significantly alter your seizure threshold during binge use. Quitting suddenly can kill you. Drugs like benzodiazepines, alcohol, and GHB must be carefully tapered. This is best done under medical supervision, but you can find tapering schedules online. **Avoid drugs that alter your seizure threshold** during withdrawal. A little shakiness is ok, but **if you feel nauseated, confused, are sweating, or shaking quite a bit, you need to go to the emergency room.**
- If they didn't come from a licensed pharmacy, **test your drugs** with a DanceSafe kit and fentanyl strip or by sending it to DrugsData.org lab. Have **Naloxone** on hand in case you made a mistake during testing or got a false negative. Naloxone is available without a prescription at Michigan pharmacies.
- Conduct an **allergy test** before consuming to make sure you don't have a strongly negative reaction or have been given an adulterated substance that is far more potent. Start by applying <1 mg to your skin and wait 1 hour. Then, apply <1 mg to your lips and wait 1 hour. Next, ingest <1mg and wait 24 hours. Finally, ingest half of standard dosage and wait 24 hours.
- **Plan your trip** and allow yourself plenty of time. You'll need at least a couple days after to sleep and recover. A day before to clean and organize your space, as well as meditate and prepare is helpful.
- **Stay cool and wear loose, cool, comfortable clothing**, especially when doing amphetamines and other stimulants, as well as psychedelics. Hyperthermia increases neurotoxic effects and puts you at risk for other nasty side-effects.
- **START LOW, GO SLOW!** Also, don't assume each batch will be equally potent, start low and titrate your dose up with every new purchase.
- **Redose on the half-life** rather than at the peak of your high.

# General harm reduction strategies

- **Premeasure** a dose and any potential booster dose to prevent repeated, compulsive dosing. Otherwise, **keep a paper log of times and amounts of doses**. Some drugs' memory suppression effects can lead the user to forget they have taken anything at all, which in combination with their delusions of sobriety can lead to a cycle of redosing that results in a dangerous amnesic blackout state. Meanwhile, drugs like stimulants can be highly compulsive leading the user to make riskier decisions about redosing. A time-release safe is a good option for someone using alone.
- Set timers to **remind yourself to eat and drink regularly**. If you find eating difficult, try smoothies, meal replacement drinks, and electrolyte solutions. **Be careful not to drink too much plain water**, keep it to a bottle an hour on stimulants.
- **Fasting** for five to eight hours before dosing is a great way to reduce come-up nausea for hallucinogens. Fruit, nuts, and other healthy foods are great to have on hand for when you are ready to eat.
- **Don't use dollar bills or share snorters!** These spread disease. You can cut up an unused straw to be sanitary.
- If insufflating (snorting), **wash the nasal passage out** after the dose has been absorbed (5-15 minutes) by snorting and blowing out water. This will keep caustic chemicals from continuing to burn your delicate tissue.
- **Sanitize pipe mouthpieces between users** or make sure everyone has their own personal tip with which to smoke.
- **Don't share or reuse works for injecting!** If you are going to despite the warnings to the contrary, be sure to sanitize with multiple washes inside and out with bleach and then water.
- **Don't shoot or smoke crushed pills**. A lot of pill fillers are ok in your stomach, but can cause serious damage to your veins and the blood vessels in your lungs. If you're still going to do it, filter the solution through a micron filter multiple times.
- If you feel suicidal, **call someone you trust** or the suicide hotline (800-273-8255).

# General harm reduction strategies

- **If you're injecting, buy some micron filters** to avoid particulate injection, even though you don't die from using cotton immediately, microfibers still find their way into the syringe and can eventually cause embolisms.
- **Taste your shots.** Inject a small part of your shot to “taste” it and wait a couple minutes before injecting the rest. This may give you some idea if what you're about to inject is more potent than you thought.
- **Divide pills** and wait to determine the potency before taking more. Many pills are dosed dangerously high. Some pills come with score marks because you are meant to break the pills into multiple doses.
- If you have a liquid solution, **use food coloring AND a clear label to identify drugs like GHB or GBL.** People have died accidentally drinking what they thought was water or a sports drink.
- If you're using powdered drugs, you must own a **milligram (.001) scale.** You should **NEVER MEASURE WITH YOUR EYEBALL, A KEY, ETC.** Use a scale. These chemicals are often extremely powerful and your ability to estimate doses is not as good as you may think.
- With drugs that are active in the microgram or single digit milligram range **volumetric dosing** helps ensure accurate dosing.
- **Move around as little as possible** to avoid accidents on high doses of drugs.
- Pre-dosing with **vasodilators** like l-citrulline and l-arginine can help combat vasoconstriction. Beware that attempts to counterbalance drug effects can lead to overdose, for example taking opioids to even out the unpleasant effects of stimulants. Always be aware of potential interactions with other medications you're taking.
- A **mouthguard** can protect your teeth from grinding. Similarly, **make sure to brush your teeth, floss, and use mouthwash regularly,** stimulants cause chronic dry mouth that can exacerbate tooth decay.

# General harm reduction strategies

- A **warm bath** can help with vasoconstriction, as a warm cloth on the groin can help with difficulty urinating. Be wary of passing out in the bath or shower, and keep temps lukewarm to avoid passing out on stimulants, while one may be best to avoid water altogether on depressants.
- A **tripsitter or guide** is recommended: someone who is familiar with the drug and harm reduction strategies for it, someone who will preferably be sober throughout the experience. This should be someone you feel safe and comfortable with, and if sexual trauma is in your past having a team with more than one gender (or a trauma-informed choice of the providers' genders) is ideal to prevent fears of (and the reality of) re-victimization (remember your vulnerability in this moment). If you chose not to have a trip sitter, have a friend regularly call to check-in.
- If you're going to be at risk to drive due to memory suppression effects of drugs, **write a note to yourself on your door** as a reminder not to drive because you took X substance at Y time. Consider giving your car keys to a trusted loved one.
- **Don't drive** or operate other machinery. Even if you think you can, drugs can negatively impact one's ability to drive and can induce delusions of sobriety.
- As with any drug that causes disorientation, if you are a parent or a caretaker, **plan your use for times when you don't have to take care of anyone**.
- While it's safer to stay inside if you're alone, if you plan to go out, place a note in your pocket with your name, what you took, how much, when, any relevant medical information, your address, and a request to return you home safely there, if you're unable to help yourself.



# LEAVE THE MIXING TO THE DJ!

WARNING! THE CHART IS ONLY A REFERENCE GUIDE, LEARN MORE AND REMAIN CAUTIOUS!



Spoleczna Inicjatywa Narkopolityki

	LSD	DMT	DOx	NBOMe	2C-x	2C-T-x	5-MeO-x	Ketamine	MXE	DXM	N2O	Amphetamines	MDMA	Cocaine	a-PVP*	4-MMC*	%	GHB/GBL	Opioids	Tramadol	Benzo	MAOI	SSRI		
LSD	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	⊙	↓	↓	⊙	♥	↓	↓	↓	
Mushrooms	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	⊙	↓	↓	⊙	♥	↓	↑	↓	
DMT	↑	↑	DMT	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	⊙	↓	↓	⊙	♥	↓	↑	↓	
Mescaline	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	⊙	↓	↓	⊙	♥	↓	↑	↓	
DOx	↑	↑	↑	DOx	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	⊙	↓	↓	⊙	♥	↓	↑	↓	
NBOMe	↑	↑	↑	↑	NBOMe	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	⊙	↓	↓	⊙	♥	↓	↑	↓	
2C-x	↑	↑	↑	↑	↑	2C-x	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	⊙	↓	↓	⊙	♥	↓	↑	↓	
2C-T-x	↑	↑	↑	↑	↑	↑	2C-T-x	↑	↑	↑	↑	↑	↑	↑	↑	↑	⊙	↓	↓	⊙	♥	↓	↑	↓	
5-MeO-xxT	↑	↑	↑	↑	↑	↑	↑	5-MeO-x	↑	↑	↑	↑	↑	↑	↑	↑	⊙	↓	↓	⊙	♥	↓	×	↓	
Cannabis	△	△	△	△	△	△	△	△	↑	↑	↑	△	↑	△	△	↑	⊙	↑	↑	↑	↑	↓	↑	⊙	
Ketamine	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	⊙	×	×	×	×	△	△	⊙	
MXE	↑	↑	↑	↑	↑	↑	↑	↑	↑	MXE	⊙	↑	↑	↑	↑	↑	⊙	×	×	×	×	△	△	△	
DXM	↑	↑	↑	↑	↑	↑	↑	↑	⊙	⊙	DXM	↑	↑	×	↑	↑	⊙	×	×	×	×	△	△	×	
Nitrous oxide	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	⊙	△	△	△	△	↓	⊙	⊙	
Amphetamines	△	△	△	△	△	△	△	△	△	△	△	↑	↑	↑	↑	↑	⊙	△	△	△	△	×	↓	×	⊙
MDMA	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	⊙	△	△	△	△	×	↓	×	↓
Cocaine	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	⊙	×	×	×	×	×	↓	×	⊙
a-PVP*	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	⊙	×	×	×	×	×	↓	×	⊙
4-MMC*	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	⊙	×	×	×	×	×	↓	×	↓
Caffeine	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	
Alcohol	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	
GHB/GBL	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	
Opioids	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	
Tramadol	♥	♥	♥	♥	♥	♥	♥	↑	×	×	×	△	×	×	×	×	⊙	×	×	×	×	×	×	×	
Benzodiazepines	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	
MAOI	↓	↓	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	⊙	↑	↑	↑	↑	↑	↑	↑	
SSRI	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	



TripSit.me

Added by SIN: \*a-PVP analogs: all PVP, PHP, PPP, MDPV, pentadron, hexedron, hexen \*4-MMC analogs: methcathinone, ethcathinone, all MMC, CMC, CEC, methylone, ethylone

↓	⊙	↑	△	♥	×
Low Risk and Counteracting	Low Risk No Amplification	Low Risk and Amplification	Caution	Unsafe	Dangerous to life and health



sin.org.pl

# Alcohol harm reduction

- **Decide ahead of time how much you want to drink** and stick to it. Alternatively, you can log your consumption in a [Blood Alcohol Calculator](#) as you go.
- **Choose lower ABV alcohol**, beer is safer than wine, which is safer than liquor, which is safer than moonshine and cask-strength spirits.
- If you drive yourself places to drink, invest in a **keychain breathalyzer**, **have a designated driver**, or **call an Uber**.
- Make sure to **keep your B1 and B12 levels up through diet and supplements** for brain health.
- **Eating** before, during, and after can help prevent nausea, dizziness, and other symptoms.
- Supplementation before drinking with **N-acetylcysteine** has been shown to counteract acute alcohol-induced liver damage; however, use after drinking may aggravate the liver damage. **Milk thistle** may help support liver health while drinking, but this has been inconsistently shown. A small body of evidence also suggests **artichoke leaf** may reduce markers of liver damage.
- **Don't take aspirin or NSAIDs** until the alcohol is completely out of your system. Aspirin slows the absorption of alcohol. NSAIDs increase the hepatotoxicity of alcohol.
- **Don't drink when on antibiotics**, it reduces their effectiveness.
- **DON'T LEAVE SOMEONE TO SLEEP IT OFF!** They may just sleep to their death, either by alcohol poisoning or choking on vomit. Stay with them until they sober up, or at least until they throw up and seem done.
- Between drinks **consume 8 oz of water**.
- **Limiting the amount of sugar** in mixed drinks will reduce negative symptoms.
- Medications like **Naltrexone** can help with cravings and can also be used in the [Sinclair Method](#) to reduce drinking.

# Inhalant harm reduction

- **USE AS LITTLE AND AS SELDOM AS POSSIBLE.** Plan your use, enjoy it while it lasts, but put your body through these changes as seldom as possible. Remember that other drugs can get you high and do far less damage than these.
- **DO NOT SWALLOW THESE CHEMICALS.** They can prevent blood from transporting oxygen leading to death.
- **Use a paper bag** to let contaminants settle and breathe what goes into the air, rather than huffing directly from a soaked rag.
- **Use a balloon** rather than directly inhaling from canisters or tanks, which can damage the lungs because of freezing or overinflation. **Don't recycle nitrous** into the balloon; this causes a buildup of carbon dioxide.
- **Take breaths between hits**, we need a mix of 21% oxygen in the air we breathe.
- **Sanitize shared surfaces** between users and give everyone their own personal balloon rather than sharing.
- **Take extra vitamin B12 when using nitrous**; it severely depletes your reserves.
- **Do not combine nitrites (poppers) with Viagra**, which may cause dangerously low blood pressure.
- **Avoid polydrug combinations with stimulants and dissociatives**, which increase the likelihood of heart failure, psychosis, and neurotoxicity.
- **Avoid polydrug combinations with depressants like benzodiazepines, opioids, and alcohol**, which can lead to fatal respiratory depression.

# Opioid harm reduction

- **Avoid using opioids alone.** As hard as it might be to ask, have a loved one hang out with you while using. If you overdose you will be unconscious—you will not be able to revive yourself with Narcan or call emergency services. If you have no one to sit with you, you can call the **Never Use Alone** hotline to have someone monitor you for overdose or apps like **Second Chance** can monitor your vital signs.
- **Use in familiar and safe places.** Research has shown that overdose is more likely in unfamiliar and unsafe environments.
- **Perform a cold water extraction** on prescription opioids that contain acetaminophen, if you're using multiple pills. Large amounts of acetaminophen are toxic to the liver.

# Z-drug harm reduction

- Consider steps you can take to prevent online purchases from being made after dosing z-drugs: use services that allow you to block charges in app and give your phone to your partner for the night, use an app blocker for apps that lead to shopping during the night, or find other ways to **reduce the possibility of financial recklessness**.

# Cannabis harm reduction

- Make sure that edibles are **clearly labeled** to prevent mistakes.
- **Use a pipe intended for smoking.** Smoking off something like a soda can means you're potentially inhaling aluminum, BPA, and a variety of other toxic vapors.
- A small body of research suggests that **N-Acetyl cysteine** may reduce cannabis use.

# Deliriant harm reduction

- **USE AS LITTLE AND AS SELDOM AS POSSIBLE.** Plan your use, enjoy it while it lasts, but put your body through these changes as seldom as possible. Remember that other drugs can get you high and do far less damage than these.
- **Read trip reports of deliriant** rather than trying them yourself, but if you intend to continue at least you'll know what to expect. The safest route of administration will vary depending on the drug, be sure to research thoroughly.
- **Grind plant matter as finely as possible** to evenly distribute the psychoactive chemicals and prevent hotspots of greater potency.
- **DOSE LOW!** Deliriant are often fatal at moderate to strong doses, and sometimes even at low ones. Don't assume each plant will be equally potent, start low and titrate your dose up.
- **Avoid polydrug combinations with stimulants and dissociatives**, which increase the likelihood of heart failure and psychosis.
- **Avoid polydrug combinations with depressants like benzodiazepines, opioids, and alcohol**, which can lead to fatal respiratory depression.

# Dissociative harm reduction

- Try to have a **blanket** nearby because dissociatives sometimes make people cold.
- **Antipsychotics** have been used successfully to make a difficult trip end sooner or become easier to manage. Be sure to dose once and wait. Always be aware of potential interactions with other medications you're taking. Anecdotal evidence suggests **Noopept** may also be useful to make a difficult trip more manageable.
- **Drink green tea** or take green tea epigallocatechin gallate (EGCG) supplements daily. Arylcyclohexylamines are rough on the bladder and green tea will help protect and heal their damage.
- If you're about to binge, **set timers on your phone and set out snacks/meals for yourself**. Dissociatives can drop your blood sugar dramatically, and when you're in that state it's easy to forget to maintain yourself. **Try to ingest high potassium foods** while in that state because there's some research and a body of anecdotal data to suggest dissociatives can cause hypokalemia (a dangerously low blood potassium level).
- **Avoid combining Ritalin (methylphenidate) and ketamine**, which may cause a condition called chemical hepatitis.



# Psychedelic harm reduction

- **NEVER INJECT MUSHROOMS!** There is a horrifying case of someone who tried this and got very ill after a mycelial network grew in his blood.
- People grind mushrooms into tea, and they should probably wear a mask while doing so to avoid potential lung irritation.

# set, setting & dose

Popularized by Timothy Leary and Richard Alpert, set and setting is a concept referring to the psychological, social, and cultural parameters which shape the response to psychedelic drugs.

## set

Short for 'mindset', set refers to how you are feeling mentally.

THOUGHTS  
EMOTIONS  
PHYSICAL WELLNESS  
INTENTIONS  
EXPECTATIONS  
PERSONALITY

## setting

What surrounds you during your experience.

PHYSICAL ENVIRONMENT  
SOCIAL ENVIRONMENT  
PLANNED ACTIVITIES  
UNEXPECTED EVENTS  
WEATHER, NOISES, ECT  
TIME OF DAY

## dose

Which drug you take, your familiarity with it, and potency.

DRUG BEING USED  
DOSAGE SIZE / ROA  
PAST EXPERIENCE  
PHYSICAL TOLERANCE  
POTENCY / PURITY  
LEGALITY OF USE



# Caffeine harm reduction

- **Decide ahead of time how much you want to drink** and stick to it.
- **Limiting the amount of sugar** in drinks will reduce negative symptoms.
- **Be aware** that certain caffeine products contain alcohol, and some over the counter medicines contain caffeine.

# Nicotine harm reduction

- Choose other forms of consumption besides smoking. Smoking is the most harmful way to consume nicotine. **E-cigarettes reduce health hazards by up to 95%!**
- **Don't smoke where you can affect others.**
- Avoid using when you don't really need a cigarette (**avoid automatic use**).
- **Have a smoke-free day** once a week or more.
- Consider **switching to a lower tar and nicotine brand**.
- **Use a nicotine patch or gum** instead of cigarettes.

# Health policy toolkit for harm reduction

- Public officials, healthcare professionals, the recovery community, and, above all, active drug users have a role to play in creating and sustaining solutions to reduce problematic substance use, as well as to promote safety and mindfulness in substance use. The following proposals can minimize harm and maximize benefits for communities that are decriminalizing drugs:
  - Housing first policy / Medication Assisted Treatment-friendly, affordable housing
  - Varied, affordable treatment options, including alternatives like psychedelic therapy
  - Free at the point of service drug checking services (FTIR, GC-Mass Spec)
  - Reagent testing supplies (fentanyl & xylazine strips)
  - Syringe service programs and safer smoking supplies
  - Overdose prevention centers
  - Naloxone distribution
  - Peer-led education
  - Public service advertising
  - Mobile harm reduction outreach
  - Social prescribing and contingency management
  - Non-police, peer-led crisis intervention

## WOUND CARE SUPPLIES



## SELF-CARE STEPS

- 1 Clean hands with soap & water or hand sanitizer before touching wounds
- 2 Gently wash wound with soap & water or with saline at least every 2-3 days
- 3 Put ointment on gauze & place on entire wound. Cover with more dry gauze
- 4 Wrap wound with kerlix and secure with medical tape. Make sure wrap is not too tight
- 5 Cover dressing with ACE wrap or coban or with long sleeves/pants if no other option
- 6 Change dressing every 1-3 days. Watch for red flags

# XYLAZINE

//zai - luh - zeen //

AKA "Tranq" or "Tranq Dope"

A cutting agent making its way into the drug supply. Contamination with xylazine increases risk of sedation, overdose, and wounds that are hard to heal.

This guide focuses on xylazine wounds >>>

Last updated: 02/2023. Design by: Maggie Shang MD



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## XYLAZINE WOUNDS



Xylazine wounds can appear anywhere on the body regardless of where you are injecting, particularly in **YELLOW** areas.

Check these areas regularly for any wounds that may develop.

Wounds can occur even if you're just snorting or smoking.

## RED FLAGS to SEEK MEDICAL CARE

- Fever or chills
- Skin turns dark or black
- Skin is red, hard, & hot to touch
- Thick, smelly yellow or green drainage
- Severe or worsening pain at wound site
- Pain & decreased ability to move joint
- Pieces of tissue falling off
- Exposed bone or tendon
- New numbness



Xylazine wounds can look like a combination of:

- Blisters
- Large ulcers
- Small scabs
- Eschar (dark/black pieces of dead tissue)



## HELPFUL TIPS

- Keep your skin moisturized with A+D ointment
- Avoid using alcohol/hydrogen peroxide on wounds
- Keep wounds covered with a clean bandage
- Wear long sleeves, pants, socks, and gloves to prevent yourself from scratching your skin
- Eat protein & stay hydrated to help with healing
- Avoid injecting into or around your wounds
- Use new supplies every time and avoid sharing
- Not every wound is infected. Avoid taking non-prescribed antibiotics

Even though xylazine isn't an opioid, you should still give naloxone in an overdose as opioids are often present.



# QUESTIONS & FEEDBACK

Thank you!

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