



OPIOID LEARNING
AND RESPONSE
COLLABORATIVE

Harm Reduction 101 Toolkit

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BACKGROUND

This toolkit was created with all in mind: people who use drugs, families of people who use drugs, communities, and providers. Through this toolkit, you will learn ways to keep yourself and others safe before, during, and after substance use, specifically opioid use.

For people who use drugs (PWUD), this toolkit contains practical safety tips and ways to bolster self-advocacy. Families can use this toolkit to begin to understand why their loved ones use substances, begin to break down stigmatizing thinking, learn tips to keep their loved ones safe, and learn about overdose response. Providers and community members can find strategies to help engage individuals, referrals to relevant services, and information about existing services.

This toolkit was compiled using data and evidence-based practices by the Opioid Learning and Response Collaborative and the West Side Heroin/Opioid Task Force.

How to Use This Toolkit

This toolkit contains four major topic area sections, with a fifth section that serves as a resource list to further your knowledge of harm reduction, along with safer use guidelines..

At the end of each section, there will be “Key Takeaways” that summarize the information within the section.

This toolkit can be used by people who use drugs (PWUD) to access referrals and services across the state, along with helpful information for supporters of PWUD, their families, and communities across Illinois. All resources are either Illinois-specific or applicable to Illinois. They have been compiled to enhance understanding of what exists within the state, both virtually and physically.

TOPIC AREAS

01.

Principles of Harm Reduction

Learn the principles of harm reduction and begin to think critically about how these principles can apply to professional and personal settings.

02.

Meeting People Where They Are

Learn how the Social Determinants of Health affect the treatment or care of individuals. Check out the tips on how to begin non-judgemental stigma reduction conversations.

03.

Supporting the Whole Being

Begin supporting the whole individual (physical, emotional, and spiritual) along with resources to help actualize recovery goals.

04.

Sustainability

Keep in mind, if you are the supporter, how best to navigate boundary setting, recognize burnout, the importance of self-care, and mutual care.

Section 1: Principles of Harm Reduction

What is Harm Reduction?



Harm reduction is an evidence-based practice that reduces the adverse effects associated with substance misuse. Harm reduction reflects the specific needs of individuals and communities, rather than a one-size-fits-all approach. It should be tailored to and led by the individual and/or community. Harm reduction considers multiple paths to recovery that can lead an individual to a happier and healthier life.

Harm reduction is based on reality; reality that substances exist and people use them, reality that not everyone is ready for abstinence or physically able to abstain, reality of our freedom of choice. Recovery is not the goal of everyone you will meet or support. Having non-judgemental conversations is key to solidifying and actualizing goals. Connection is the first step towards trust. Through trust, many lives will be saved.

Harm reduction values the inherent worth of all people, treating them first as an individual deserving of care rather than merely a diagnosis.

When working through the lens of harm reduction, remember the following principles:

1. Meet people where they are.

Meeting people where they are means getting to know the whole person and responding to their current needs. If someone is not interested in recovery, they can still benefit from safer use education, connection to needle exchange programs, naloxone education, and peer support. Communication and connection are key to harm reduction. It shows that pushing an agenda is not the goal; instead, it is about supporting and nurturing yourself or the people you support.

2. Substance misuse is a health issue, not a criminal one.

Substance use disorders (SUD) are mental health conditions that need treatment like any other medical issue, not punishment. Reliance on opioids begins due to a change in the brain's reward system. Opioids release endorphins into the body, which block pain and create a euphoric feeling. Forming a dependency on opioids can occur rapidly, depending on factors such as potency (i.e., fentanyl and other powerful adulterants) and route of administration. This, in turn, causes painful and difficult withdrawal symptoms, leading to continued use of the substance so that the withdrawal symptoms do not recur.

When society reacts to substance use as a criminal action, it diminishes the human experience of those struggling with this diagnosis. It excludes the medical facts of what people with SUD are living through. It increases stigma within the PWUD and towards the PWUD. During incarceration, many people do not receive treatment for their SUD. In turn, they may continue to use substances while incarcerated or upon their release, their risk for overdose is substantial (due to lowered tolerance). [Criminal Costs of Treatment and the Case for Reform](#)

3. The opposite of addiction is connection.

Substance misuse is an isolating activity. It can destroy existing relationships and hinder the formation of new ones. Showing up for and being a reliable person in a PWUD's life can make all the difference when it comes to taking the next step in a recovery journey. It mostly shows the person that they are seen, heard, and valued.

Section 1: Principles of Harm Reduction

4. Show support, not stigma.

Stigma is a significant factor in why PWUD may not reach out for help, even when they need it. Stigma is a marker placed on an individual or group due to a skewed perception of their actions, circumstances, or qualities as negative or shameful. It is a devaluation of the human experience that forces distance between us; a lack of empathy or misinformation regarding those who need support. Stigma associated with opioid use/misuse has been growing steadily due to the prevalence of these substances within our culture. Stigma is intersectional; it affects and focuses on individuals based on age, class, culture, geographic location, gender, and orientation. One must recognize when a statement, recommendation, or action is based on personal perception or bias rather than fact to combat the effects of stigma on our neighbors, clients, and families. PWUD experience external and internal stigma. By breaking the barriers of stigma, we can create support that people and communities can trust. [Social Stigma toward Persons with Opioid Use Disorder: Results from a Nationally Representative Survey of U.S. Adults - PMC](#)

5. There's more than one path to recovery.

Recovery is not a linear journey, but rather one with peaks and valleys. Recognizing that recovery holds different meanings for each person, working within a person's reality will best help them achieve their goals.

6. There's no recovery from a fatal overdose.

According to the Statewide Semiannual Overdose Report, opioid overdose deaths in Illinois have dropped 9.7 percent from 2024 to 2025. Deaths from overdoses are slowly declining in Illinois due to naloxone being more available and opioid education. Educating individuals, families, and communities on harm reduction techniques has numerous benefits, with the greatest being the preservation of vulnerable people's lives. Stopping overdoses before they happen is a goal of harm reduction. [Statewide Semiannual Overdose Report - IDHS](#)

7. Not everyone is ready to stop using.

Abstinence may not be achievable for everyone, and not everyone is ready for abstinence. Substance use is, at times, a maladaptive coping skill, meaning that PWUD can be using these substances to cope with other issues or difficulties in their lives. Getting to know someone and their habits will help to create the most harm-reducing approach to their journey, whatever that may mean.

8. We can prevent overdose deaths.

Overdoses are preventable, whether it be reactive in nature (naloxone administration) or proactive (testing strips, never using alone, start with smaller doses, and overall opioid education). By spreading information about how to use substances more safely and educating families and communities, overdose deaths can be significantly reduced.

Key Takeaways:

1. Be supportive — Recovery means something different for everyone, be present for them in a way that supports the whole person and their definition of recovery.

2. Provide education — Overdose education saves lives. Teach individuals, families, and communities how to prevent and reverse overdoses.

3. Connect — Building relationships and trust shows people and communities that they are valued and heard.

Section 2: Meeting People Where They Are

What does a person need in the moment?

Every individual and community should be supported in a manner that meets their needs and wants. Recovery may be the supporter's goal and, eventually, the individual's or the community's goal, but what should be done in the meantime? Learning about the history and reasons behind someone's substance use can shed light on their situation.

Respect goes a long way, and stigma reduction goes farther.

As stated earlier, not every person is ready for abstinence. Our role is to educate about the harm caused by substances and to mitigate those harms. Have an open, non-judgemental conversation with those you support. Let the individual or community know that you are not there to judge or police people's actions but to keep people as safe as possible and alive.

Tips for having a non-judgemental conversation:

- Recognize your own bias and beliefs before entering a conversation.
- Adopt an attitude of genuineness, empathy, and acceptance.
- Be aware of body language and what it may convey. Positive and open body language shows care and engagement.
- Practice active listening by maintaining eye contact, avoiding interruptions, and summarizing what has been said to show that you are paying attention.

Tips for starting stigma reduction conversations:

- Know the Facts — educate yourself on facts about substance use, rather than feelings-based beliefs.
- Be Aware — examine your own beliefs based on judgment and be aware of your actions and behaviors.
- Focus — focus on positives. Substance use does not define a person.
- Support — treat everyone with dignity and respect.
- Challenge — ask people why they hold stigmatizing thoughts, and explain how being aware of and removing stigmatizing thoughts and behaviors benefits the individual and community.

The main goal of harm reduction is to keep people alive.

The work you do within communities will be met with stigma. We can overcome this stigma through education, facts, and humanizing the individuals we support. Teaching community members facts and answering their questions will eventually open their minds to the idea of harm reduction. Let people explore their emotions when it comes to substance use and try to understand where their feelings come from. Substance use not only affects the person, but also their friends and families.

Social Determinants of Health:

- Socioeconomic status/Economic stability
- Education (access and quality)
- Healthcare (mental and physical)
- Neighborhood/Built environment/Physical environment
- Social and Community Support
- Gender
- Race
- Disability/Accessibility



Integrating Social Determinants of Health will help individuals and communities view recovery as something within their reach, rather than another task in their lives. Social Determinants of Health show that we are all a product of what we have access to and what we do not within our environment and society. By trying to improve the circumstances one survives in, we can actualize the circumstances in which one will thrive.

When considering harm reduction, it is essential to address every aspect of a person's life. Instead of asking, "How could one rely on substances?" Ask, "Why would one rely on substances?" Considering the whole person is how we can best serve ourselves and our communities when practicing harm reduction. Listen to and uplift those who have opioid use disorder (OUD) or misuse substances. See and treat the individual, their traumas, and their needs rather than confining them to their substance misuse.

Key Takeaways:

1. Comprehensive Approach — Addressing broader Social Determinants of Health, such as poverty, discrimination, and access to healthcare, to best serve individuals, families, and communities.

2. Listen — Listen to the whole story of why someone began using substances. We are products of the realities we live in.

3. Understand — Understand that each person lives life differently because of circumstances within their control or outside of their control. Begin to understand why individuals and communities are affected by substance misuse and what steps need to be taken to support the whole person.

Section 3: Supporting the Whole Being

How do you support one's physical, emotional, and spiritual health?

Physical Harm Reduction Practices:

- Syringe Service Programs (SSP): offer clean syringes and safe disposal of used syringes. By providing free clean syringes, people who inject substances can keep their bodies safe and as healthy as possible. Used syringes or syringe sharing increases the spread of blood-borne pathogens, such as hepatitis and HIV. The North American Syringe Exchange Network (NASEN) offers an interactive map to help you locate SSPs in your area: [North American Syringe Exchange Network \(NASEN\)](#)
- Blood Testing: ensures that people are aware of their health and their body's needs. Blood testing will check whether an individual has any diseases or health needs. People who inject drugs should be getting full blood panels, due to a higher risk of contracting HIV and Hepatitis. The following link provides an interactive map of free clinics in Illinois: [Illinois Association of Free & Charitable Clinics](#)
- First AID: Providing first aid to PWUD keeps their bodies healthy. Wound care and education on how to prevent infection should be given to clients who use drugs. For people who inject drugs, a simple first aid kit can contain: bandages/gauze, alcohol wipes, antibiotic ointment, gloves, irrigation syringes, and naloxone.

Tips for talking to hesitant families and communities about naloxone

- Remind— Naloxone is a life-saving medication. Administering naloxone can make the difference between life and death during an overdose.
- Educate— Educate people about the facts about naloxone. It does not increase substance use, it is not meant only for medical professionals, and it does not prevent people from seeking treatment.
- Reassure— Naloxone cannot be misused. Even if a person administers naloxone or a child gets hold of naloxone, it will not cause overdose and is unlikely to cause harmful effects. Naloxone works by binding to opioid receptors in the brain, restricting any further opioids from overwhelming the receptors.

- Opioid Overdose Education and Naloxone Distribution (OEND): Providing naloxone and educating individuals and communities on how to use naloxone will save lives. When someone is experiencing an overdose, seconds matter. The more people who have access to this life-saving drug, the more people whose lives will be saved. To make a request for you or your team to be trained to administer naloxone, reach out to the OLRC using our training request form on our website: [OLRC Training Hub](#) If you live in or near Chicago, you can receive free naloxone at any Chicago Library (along with other harm reduction items). The following link leads to a list of Illinois Overdose Prevention Providers across the state: [Illinois Overdose Prevention Providers](#)

- Medication for Opioid Use Disorder (MOUD): Medications that help people stop cravings and withdrawal symptoms, assisting in stabilizing individuals with OUD. Methadone, buprenorphine, and naltrexone are the common medications prescribed for OUD. For individuals who are ready to take the next step towards what recovery means for them, MOUD is an excellent option. It lessens the physical burden of withdrawal, along with decreasing cravings, allowing for focus on counseling and other behavioral therapies during recovery. The following link leads to MAR Now, part of the Illinois Helpline, which offers medication for Illinois residents seeking treatment for OUD: [MAR NOW](#) To learn more about MAR Now, click the following link to access the accompanying factsheet: [MAR NOW Fact Sheet](#)

If someone is experiencing an overdose due to an adulterant, the best course of action is to call 911 and provide rescue breaths until EMS arrives.

- Test kits/substance testing: Fentanyl and xylazine are the main adulterants of opioids, making testing crucial for PWUD. Medetomidine is an emerging adulterant in the opioid supply in Illinois and has already claimed lives. First detected in the drug supply in North America in 2022, medetomidine is a non-opioid sedative not approved for use in humans. Fentanyl is a highly potent opioid, and small amounts can lead to overdose. Xylazine is a veterinary tranquilizer and central nervous depressant that mimics some of the effects of opioids but can cause painful ulcers with extended use. Neither Xylazine nor medetomidine's effects can be reversed by naloxone, making testing of substances critical.

- Sexual Health Education/Condom Distribution: Condoms should be distributed; they protect against sexually transmitted infections and unplanned pregnancies. Sexual health is a crucial aspect of health education and varies across cultures and communities. Not everyone has access to the same sexual educational materials. Some people use sex (consensual and forced) to get their substance or get money to purchase substances, another reason to distribute condoms. Support, not stigma, is what is needed when having sex education conversations.

Emotional Harm Reduction Practices:

- Peer support: A non-clinical role that provides support by connecting an individual with a peer who has had a similar experience. Peer support can complement clinical care, but peers are considered equal to those they support. Peers help individuals navigate the difficulties of SUD and/or mental health disorders to help ease frustrations and anxieties when navigating recovery. Each person's recovery journey may be different, but peer support ensures that you or someone you know will not be alone.

- Supervised Consumption Sites/Overdose Prevention Centers: Currently, there are no SCS or OPCs in Illinois, but that does not mean that we cannot advocate for these services. SCS/OPC are facilities that allow people to use their substances in a safe space, diverting public substance use. They do not provide substances for people to use, but rather allow for the substances people are going to use to be used safely. These facilities are staffed by medical professionals and counselors to provide support in emergencies or to help individuals who are ready for the next step in recovery. They provide immediate overdose care, along with connections to treatment and other social services. The Drug Policy Alliance has created a fact sheet to help you learn more about SCS/OPC: [Overdose Prevention Centers](#)
- Living Room Programs (LRPs): 24/7 staffed crisis centers with mental health professionals along with Recovery Support Specialists to best support people in times of crisis. LRPs are voluntary and provide safe spaces when needed for mental health support, along with co-occurring substance misuse. Staff at these facilities can help connect individuals to treatment options, mentorship programs, and other resources they may need. Here is a list of Living Rooms (LRPs) in Illinois: [Living Room Programs](#)
- Recovery Café Centers: Physical locations where people in recovery or seeking recovery can receive recovery support, meals, classes, and referrals to other community resources focused on recovery. RCCs are a safe space for people in recovery to spend time with others in recovery.
- Stigma reduction: Stigma can be broken down into three levels: individual, public, and structural/institutional. Individual-level stigma can be experienced, anticipated, internalized, and associated. Individuals with OUD can feel this stigma on the interpersonal and intra-personal levels. Public-level stigma demonstrates itself through normalized stereotyping and negative attitudes against people with OUD, leading to prejudice or discrimination. Structural/institutional-level stigma refers to public policies, laws, and regulations that limit or abolish the opportunities and resources of those with OUD or opioid misuse. By reducing stigma at each level, we can create safer, more supportive services, resources, and treatment options for people with OUD. [CDC Stigma Reduction](#)

Spiritual Harm Reduction Practices:

- Self-Advocacy: A skill that enables an individual to communicate their needs, rights, and preferences. Teaching or learning how to advocate for oneself is a primary way to ensure that one receives exactly what they need and in the manner they need it. Self-advocacy requires understanding oneself to develop the confidence to effectively advocate for one's own needs. It gives individuals control over their lives.
- Goal setting: Helps with future thought and vision. It may not be easy during recovery to see the future that one wants. Through goal-setting, this future can become a reality. Creating small goals can boost one's confidence in achieving other previously thought-to-be unattainable goals. It builds confidence when goals are achieved and offers learning opportunities when they are not.
- Spiritual fulfillment: Spirituality means different things to different people. By helping people connect to what gives them power and makes them feel whole, the whole being can begin to heal. Some recovery groups focus on a "higher power" to help people always feel supported. Even in times of isolation, spirituality can provide strength, hope, and connection.

Key Takeaways:

1. Physical Harm Reduction — Methods and practices that protect physical well-being: Syringe Service Programs, blood testing, first aid, opioid education and naloxone distribution, medications for opioid use disorder, test kits/substance checking, and sexual health education/condom distribution.

2. Emotional Harm Reduction — Techniques and services that protect emotional well-being: peer support/peer support programs, supervised consumption/overdose prevention centers, living rooms, recovery café centers, and stigma reduction.

3. Spiritual Harm Reduction — Practices that protect spiritual well-being: self-advocacy, goal setting, and spiritual fulfillment. Begin to understand why individuals and communities are affected by substance misuse and what steps need to be taken to support the whole person.

Section 4: Practicing Sustainability

What sustainability practices can help you deliver consistent care?

Harm reduction is emotionally demanding work; some days will be easier than others, for personal or professional reasons. We are all human and must care for ourselves as much as we care for those we support. If our cups are not full, how can we expect to pour into others? Maintaining healthy boundaries, tracking burnout levels, practicing self-care, and mutual care are ways to support fulfillment at work and the continued provision of well-rounded services and educational materials.

Types of Boundaries:

- Physical: personal space and physical touch. Let people know where personal space begins and how to maintain it. Tell people what types of physical touch are appropriate, and which are not.
- Emotional: sharing personal details, emotional influence from others, and what topics one does not want to discuss. In professional settings, separate personal feelings from professional responsibilities. Limit self-disclosure; ensure what you disclose is helpful and relevant to the individual or community.
- Time: set scheduled appointment times and availability. Stick to your scheduled work time and let those you support know when you are available.
- Financial: avoid financial relationships beyond service requirements. Do not lend money or accept money from people you are supporting, including expensive personal gifts.
- Digital: maintaining professional ways of communication, such as email, phone calls, and letters. Do not add people you support on personal social media.

Burnout:

Burnout is a psychological condition that results from chronic stress, especially in helping fields. Anyone can experience it, so it is vital to recognize the warning signs. Burnout can be felt mentally and physically. The early stages of burnout are felt mentally or emotionally. When continuing to push through the mental or emotional burnout, physical burnout will take hold. When we do not process our emotions or

mental states, stress begins to manifest physically. [Burnout: its meaning and how to deal with it](#)

Some signs that you may be experiencing mental/emotional burnout:

- Job dissatisfaction
- Job withdrawal or absenteeism
- Long-term exhaustion
- Diminished interest
- Emotional detachment
- Compassion fatigue
- Decrease in motivation
- Decrease in performance



If you are unsure whether you are experiencing burnout, this checklist is a simple assessment tool to assess the level of burnout you are experiencing: [Burnout Checklist](#)

Self-Care:

Self-care is an intentional practice that bolsters physical, mental, emotional, social, and spiritual health. Self-care will look different for everyone, and exploring various options and activities is the best way to find what works for you. Self-care is about actively maintaining your well-being, managing stress, and maintaining resilience.

Below is a list of ways to begin practicing self-care. It is generalized so you can make it your own, since each of us finds fulfillment in different ways:

- Make time for yourself. Set aside time during the day to engage in activities you enjoy. It may be challenging to do with a hectic schedule, but allowing at least twenty minutes a day for yourself will safeguard against burnout and prioritize your mental health.
- Engage in activities that make you happy. Ask yourself what you enjoy doing and do those things.
- Practice mindfulness. Mindfulness is the act of being present in the moment and being attentive to your feelings. You can practice mindfulness through meditation, yoga, or breath work (taking a few deep breaths).
- Get rest. Make sure you get enough sleep each night so your body can function correctly.
- Connect with others. Spend time with people you care about and who care about you, either in person or virtually.
- Set boundaries. Healthy boundaries are self-care. Boundaries protect us from spreading ourselves too thin.
- Seek professional help. Sometimes stress can be too much to handle on our own, and it is entirely acceptable to seek help from a therapist or peer worker.

If you need inspiration for what you can do as self-care, please refer to [50 Self-Care Activities](#)

Mutual Care:

Mutual care is like self-care, but it focuses on building resilience, managing stress, and maintaining well-being as a group. Mutual care is foundational for building truly resilient communities characterized by shared responsibility and reciprocal support. It can look like debriefing after challenging interactions, team bonding activities, and sharing highlights of the work week. Create safe spaces where you and your team can share openly and problem-solve together, reducing the strain on individuals. Ask for help when you need it and listen to others when they require the same from you.

Key Takeaways:

- 1. Take care of your well-being so that you can provide the best care for others.**
- 2. Engage in activities that help you enjoy life and fill your cup.**
- 3. Keep the boundaries you set.**
- 4. Support your team in easy and difficult times.**

Supplementary Resource List

[Principles of Harm Reduction, National Harm Reduction Coalition](#)

[SAMHSA Harm Reduction Framework](#)

[Statewide Semiannual Overdose Report, Illinois Department of Public Health](#)

[Resources for Harm Reduction and Recovery of All Kinds, HaRRT Center](#)

[North American Needle Exchange Network](#)

[Safer Use Factsheet \(all substances\)](#)

[Safer Use Strategies: Depressants](#)