Overview: The number of people experiencing homelessness has increased in San Francisco over the last several years, causing a shift in the services that are needed. In response, San Francisco Department of Public Health funds the OPT-IN (Outreach, Prevention, and Treatment Integration) Project. OPT-IN provides training and services to improve health outcomes and to increase San Francisco’s capacity to provide culturally competent care to people experiencing homelessness. OPT-IN was created to address gaps in services, develop collaborative programs and to better equip providers with the appropriate knowledge and skills to effectively build trust and rapport with unhoused people, as this connection is important in encouraging and facilitating positive outcomes. In 2019, the Harm Reduction Coalition developed a trauma-information, harm reduction curricula to support OPT-IN’s objectives of improving provider’s efficacy regarding engaging people who are both experiencing homelessness and using drugs.

Harm Reduction is:
- Incorporating a spectrum of strategies including safer techniques, managed use, and abstinence
- A framework for understanding structural inequalities (poverty, racism, homophobia, etc.)
- Meeting people “where they’re at” but not leaving them there

We use People First Language:
- A person is a person first, and a behavior is something that can change - terms like “drug addict” or “user” imply someone is “something” instead of describing a behavior
- Stigma is a barrier to care and we want people to feel comfortable when accessing our services
- People are more than their drug use and harm reduction focuses on the whole person

Principles of Harm Reduction

Health & dignity
Establishes quality of individual and community life and wellbeing as the criteria for successful interventions and policies

Participant Autonomy
Affirms participants as the primary agents of change, and seeks to empower participants to share information and support each other in strategies which meet their actual conditions of harm

Participant centered Services
Calls for non-judgmental, noncoercive 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

Sociocultural Factors
Recognizes that the realities of various social inequalities affect both people’s vulnerability to and capacity for effectively dealing with potential harm

Involvement
Ensures participants and communities impacted have a real voice in the creation of programs and policies designed to serve them

Pragmatism & Realism
Does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use or other risk behaviors

For more resources, visit harmreduction.org
**HARM REDUCTION INTERVENTIONS**

**(H)arm (R)eduction:**
A philosophical and political movement focused on shifting power and resources to people most vulnerable to structural violence.

**(h)arm (r)eduction:**
The approach and fundamental beliefs in how to provide the services.

**risk reduction:**
Tools and services to reduce potential harm.

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**HOUSING X HARM REDUCTION**

**Background:** Harm Reduction Coalition spent 6 months doing formative research; they conducted focus groups, one on one interviews and phone calls with providers and consumers of services across San Francisco. Through these conversations one of the key themes that emerged was that consumers expressed feeling judged by staff — especially when they have trans lived experience, visible mental health symptoms and/or drug use. Consumers also said housing programs often felt punitive and triggered previous trauma; similarly, providers experience vicarious trauma from supporting people who are chronically unhoused and navigating a system with limited housing resources. Providers with direct lived experience of trauma likewise are overlooked and want more concrete support to gain insight into their responses/reactions. Lastly, it was determined that providers felt a need to be rigid around rules since housing options are so limited, although consumers state that high barrier regulations often are a reason that they choose not to access housing. These elements informed our workforce development trainings which centered on trauma, harm reduction principles and practices; The information also spoke to the need for a space to reflect on personal and vicarious trauma experienced throughout the system.

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**TYPES OF TRAUMA**

<table>
<thead>
<tr>
<th>Community</th>
<th>Historical</th>
<th>Circumstantial</th>
<th>Individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ex: Tuskegee Study</td>
<td>Ex: Mayflower</td>
<td>Ex: War on Drugs</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Natural Disaster</th>
<th>Intergenerational</th>
<th>Chronic</th>
<th>Vicarious</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ex: War</td>
<td></td>
</tr>
</tbody>
</table>
What Is Vicarious Trauma?

The emotional residue of exposure that counselors/providers have from working with people as they are hearing their trauma stories & become witnesses to the pain, fear, terror that trauma survivors have endured.

**PROVIDER REACTIONS TO VICARIOUS TRAUMA**

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Interpersonal</th>
<th>Values/beliefs</th>
<th>Job performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequent job tardiness</td>
<td>Staff conflict</td>
<td>Lack of appreciation</td>
<td>Low motivation</td>
</tr>
<tr>
<td>Anger / Irritability</td>
<td>Blaming others</td>
<td>Disatisfaction</td>
<td>Increased errors</td>
</tr>
<tr>
<td>Exhaustion</td>
<td>Lack of collaboration</td>
<td>Negative perception</td>
<td>Decreased quality</td>
</tr>
<tr>
<td>Talking to oneself</td>
<td>Poor relationships</td>
<td>Loss of interest</td>
<td>Avoidance of job</td>
</tr>
<tr>
<td>Rejecting physical/</td>
<td>Impatience</td>
<td>Apathy</td>
<td>responsibilities</td>
</tr>
<tr>
<td>emotional closeness</td>
<td>Poor communication</td>
<td>Detachment</td>
<td>Over-involved in details/</td>
</tr>
<tr>
<td>Overwork</td>
<td>Avoidance of working with participants with</td>
<td>Hopelessness</td>
<td>perfectionism</td>
</tr>
<tr>
<td>Absenteeism</td>
<td>trauma histories</td>
<td>Low self image</td>
<td></td>
</tr>
<tr>
<td>Dropping out of</td>
<td>Withdrawal &amp; isolation from colleagues</td>
<td>Worried about not doing</td>
<td></td>
</tr>
<tr>
<td>community affairs</td>
<td></td>
<td>enough</td>
<td></td>
</tr>
</tbody>
</table>

Many times these emotional or physical expressions of trauma can affect someone’s likelihood of seeking services or their ability to actually engage in services. The Substance Abuse and Mental Health Agency acknowledges this, that public institutions and service systems that are intended to provide services and supports to individuals are often themselves trauma-inducing. These experiences of trauma people carry with them can cause consumers to be kicked out of services due to violation of policies, dissuade someone from entering a building. What can we do about this?

**STRATEGIES TO MANAGE VICARIOUS TRAUMA**

- **Boundaries:** establishing & maintaining loving but protective boundaries around personal free time/self-care.
- **Advocate:** request organizational support regarding Peer Supervision or Clinical Supervision.
- **End of Work Day Ritual:** a ritual that signals your brain that your work day has ended & your free time has started that is meaningful for you. Ex.) taking a shower, light a candle, set a timer to process work day, etc.
- **Keep an ongoing to-do list** if you are outside of work to get ideas out & not worry you will forget.
- **Give yourself permission to fully experience emotional reactions.** Don’t keep emotions “bottled up.”

**FOR MORE RESOURCES, VISIT HARMREDUCTION.ORG**

Revised 2020

[@HarmReductionCoalition](https://www.harmreduction.org)
[@HarmReductionCoalition](https://www.harmreductioncoalition.org)
[@harmreduction](https://twitter.com/harmreduction)
[@harmreduction](https://instagram.com/harmreduction)
### HOW CAN YOU APPLY HARM REDUCTION TO YOUR SPACE?

<table>
<thead>
<tr>
<th>Health &amp; Dignity</th>
<th>Participant Autonomy</th>
<th>Participant Centered Services</th>
<th>Sociocultural Factors</th>
<th>Participant Involvement</th>
<th>Pragmatism &amp; Realism</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Affirming messaging within space</td>
<td>• Having supplies &amp; resources in spaces that are accessible without having to ask staff</td>
<td>• Offering what participants say is most important (e.g. access to chargers, phones, computers)</td>
<td>• Multi-lingual resources</td>
<td>• Create message boards for participants to contribute feedback or share resources with others</td>
<td>• Consider posting community agreements in public</td>
</tr>
<tr>
<td>• Bathrooms accessible to both participants &amp; staff members</td>
<td>• Allowing for participants to come/leave freely</td>
<td>• Posters that explicitly state that all people are welcome</td>
<td>• Variety of images in the space</td>
<td>• Elections for services &amp; space changes</td>
<td>• Create alternative spaces for people who need to move/be alone/pace</td>
</tr>
</tbody>
</table>

### If you’re in a management position...

- Actively involve people with lived experience of homelessness in the creation of policies
- Perform an audit of all programs policies and question reasons for different policies (funding, safety, regulation) and be open to which ones can shift
- Change policies to recognize that people who drugs for a variety of reasons – not requiring abstinence to get services
- Invite open conversation regarding policies and procedures with all levels of staff and participants
- Review language in program materials and therapeutic interventions to ensure gender inclusivity, & person first non stigmatizing language
- Provide every staff member, regardless of licensure status, with clinical weekly supervision
- Provide harm reduction and trauma informed training to every level of staff from security guard to leadership

### If you’re in a direct service position...

- Offer to meet people outside or in a location of their choosing where they feel the most comfortable
- Allow people to choose the chair they sit in in your office
- Acknowledging and validating all coping skills, even ones that appear to cause harm, for example, substance use, self harming behaviors, volatile relationships
- Making room for people to be their full and authentic selves by making space for creative expression and the release of anxiety, for example; singing, tapping/rocking, doodling, joking, telling stories, moving their bodies/dancing, being quiet and not engaging, helping to clean the space, re-organizing bags/backpacks

For more resources, visit HarmReduction.org