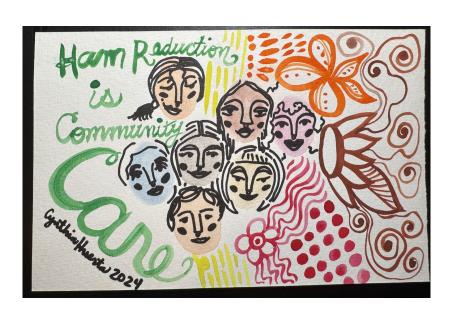
Revitalizing Community Care Amidst the Fourth Wave of Overdose: Applied Anthropology in Times of Crisis



SfAAs, Portland, OR, March 26, 2025

Panel organized by:

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- Thank YOU!

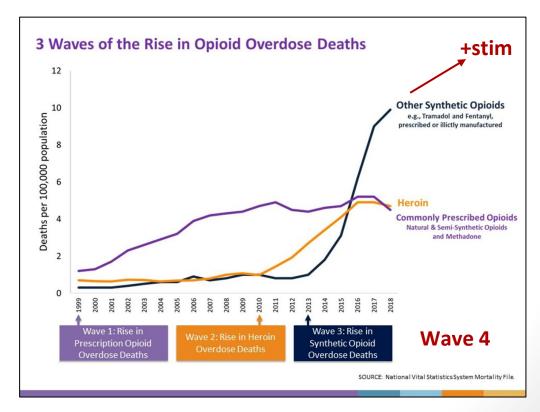


Overview of today's session

- Brief intro to the topic and overview of the study
- **ZIMMERMAN, Sarah** (UCR) *Cannabis Use as Harm Reduction Amidst an Overdose Crisis*
- OGBOGU, Angela (UCR) Healthcare as a Lack of Care?
- CABRAL, Ale (UCLA) Policing Practices, Structural Vulnerability, and Drug-Related Harms
- HARTMAN, Equinox (UCR) Harm Reduction as Social Service: The Role of Community Care in Police and Prison Abolition
- **SWANSON, Isabelle** (CSULB & UCR) *Everyday Resistance to the War on Drugs: Harm Reduction as a Model for Radical Compassion and Community-Based Care*
- Questions & discussion

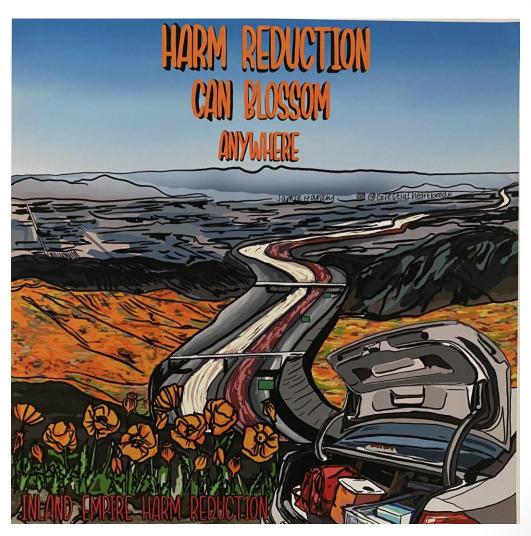
Overdose as crisis

- Overdose has always been a health harm
- > 1 million people have died from overdose since 1999
- "Fourth wave" = stimulants & opioid-related overdose
- Uneven effects of "crisis" - and our responses
- How to address
 as a public health
 issue → social
 & racial justice?



Inland Empire Harm Reduction

- Mission: improve the health and well-being of people affected by drug use in the Inland Empire
- Founded in 2018; authorized & nonprofit status in 2020



Jamie Harary - @celestialheartbreak

Geographies of overdose

 Geographies - importance of factors beyond individual → social, spatial & political environments shape drug-related harms & responses

- How do we conduct research beyond the usual?
- What do we imagine as alternatives to drug war strategies?





Overview: study design



County data

Surveys & Interviews

Data integration

Health department & EMS data

- Coroner data
- EMS data
- Geospatial analysis

Data collection

- Fieldwork
- Surveys = 195
- Qualitative interviews, n= 53 (32 unique ppl)
- Stakeholder interviews, n=20

Analyses

How to integrate the data?!

Overview of topics

1. SOCIODEMOGRAPHICS

Age, race, ethnicity, gender, education, housing status, job, income, insurance, partnership status, sexual orientation, achildren, pets.



2. GEOSOCIAL

Places where the person lives and spends time, birth place, length of time in Riverside County, transportation



3. DRUG USE

Drugs use history, fentanyl use (intentional and unintentional), drug behaviors, market, locations, policies, laws.



4. OVERDOSE

Experience and witness opioid overdose, narcan use, overamping, pet overdose



5. HARM REDUCTION

Harm reduction program access & use, secondary distribution, harm reduction behaviors.



6. HEALTH & WELLBEING

Physical & mental health, resilience, structural vulnerability



7. LAW ENFORCEMENT

Experiences with law enforcement



8. FINAL SECTION

Other topics related to overdose, future study participation, participant input.



Survey sample characteristics

<u>n=195</u>	<u>n (%)</u>
Age (mean, SD)	43 (11%)
Racialized groups	118 (61%)
Non-men	61 (31%)
≥High School	167 (86%)
Unhoused	143 (73%)
Steady relationship	74 (39%)
Ever used fentanyl	105 (54%)
Ever used meth	192 (99%)
Ever opioid overdose	91 (48%)
Physical pain	99 (52%)
Depression	90 (49%)
Anxiety	92 (49%)
Ever arrested	168 (92%)
Social support	140 (74%)
Discrimination	150 (79%)



Today's focus.....

• If we center community care – what are the implications for reframing the overdose crisis and our responses?





CANNABIS USE AS HARM REDUCTION AMIDST AN OVERDOSE CRISIS

Presented by Sarah Zimmerman

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Poster Presentation

UCR Inaugural Symposium

Cannabinoid Science and Community Health: Bridging the Gap

Cannabis as a catalyst for harm reduction? An exploratory analysis among people who use drugs in the Inland Empire

Jennifer Syvertsen, PhD, MPH (1); Ale Cabral, MPH (2); Isabelle Swanson (3): Angela Ogbogu (1); Equinox Hartman (1) and Sarah Zimmerman (1) (1) Department of Anthropology, University of California Riverside; (2) School of Public Health, University of California Los Angeles; (3) Department of Anthropology, California State University Long Beach

Background

- Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use
- Emerging research has documented the potential of cannabis to help people cut down or abstain from other drug and alcohol use
- A recent literature review found that cannabinoids may be important in interventions aimed at reducing the effects of opioid withdrawal syndrome (Siklos-Whillans, et al. 2021)

Objective

As a psychoactive plant with understudied medicinal properties, this exploratory analysis considers cannabis as a catalyst for harm reduction, or the positive changes that people can make in navigating less harmful drug use

Methods

- Surveys with people who use drugs (e.g., opioids, methamphetamine) to learn opioids, methamphetamine) to learn
- Surveys were conducted out in local communities in 2023
- Descriptive statistics
- · Content coding of open ended answe
- Multivariable modeling

Results

- Nearly half (48%) of these reported using cannabis to
- "manage your other alcohol and drug use," suggesting its use as a form of harm reduction
- Univariate analyses = significant associations with younger age, positive screening for harmful drug use, perceived stress, opioid use, injecting drugs, experiencing an opioid overdose, and overamping on stimulants
- Final multivariable model = younger age, opioid overdose, and overamping remained independently associated with connections.

	AdjOR	CI	P
Age (Mean)	0.97	0.94, 0.99	0.02
	2.09	1.01, 4.28	0.04
Opioid overdose	1000	The same of	2000
Overamping	2.24	1.17, 4.29	0.015

We also asked participants to explain their use of cannabis to manage their other drug and alcohol use used it to get off heroin. If I feel nauseous because of the withdrawal, it helps me be fine for a little bit."

"I use it for the effects of

weed helps bring me down a

other drugs in social settings.

am using drugs with friends.

am kicking something. It helps

numbs the pain, it keeps my mind off the whole sickness. I

fentanyl. It helps come down, especially with the physical effects. Helps delay some of the negative effects."

"Weed was used to help me get to sleep at night especially when I used heroin and speed."

Discussion

- In our sample of people who use drugs, people with more pronounced histories of drug use have higher odds of using cannabis as harm reduction
- Our work calls for further biocultural research on the potential biochemical mechanisms and subjective effects of cannabis in the context of polydrug use
- This research suggests cannabis as a potential catalyst for positive change, as advocated by harm reductionists

This got us thinking about the broader applications of harm reduction in healthcare, but even beyond that sphere

References: Siklos-Whillans, J., Bacchus, A. & Manwell, L.A. A Scoping Review of the Use of Cannabis and Its Extracts as Potential Harm Reduction Strategies: Insights from Preclinical and Clinical Research, Int. J Ment Health Addiction 19, 1527–1550 (2021): National Harm Reduction Coalition: https://harmreduction.org/about-us/principles-of-harmreduction/ Acknowledgements: National Institutes of Health (NIH), National Institute on Drug Abuse (NIDA) Grant #R21 DA054611, Teresa and Byron Pollitt Endowed Chair, CHASS, UCR



Shifting Perspectives

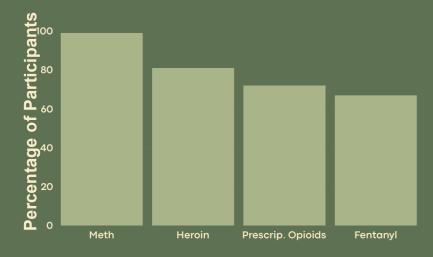
While presenting a research poster, a conference attendee shared a story with us about his professional experiences involving the use of cannabis in treating patients who have substance use disorders

- At first, he believed abstinence from ANY substance was the best course of treatment
- As time went on and cannabis became recreationally legal in California,
 he allowed his patients to use cannabis as part of their treatment
 - He noticed that patients' recovery trajectory drastically improved
- This got us thinking about the relationship between cannabis use and harm reduction in a clinical setting



Survey data: Drug use

Reasons ever used cannabis, n=185	n	%
Enjoy the high	144	78%
Mental health	124	67%
Physical health	98	53%
Manage drug use	89	48%
Boosts effects	52	28%
Other reasons	62	32%



Types of drugs ever used

Why do people use cannabis?

- "I use marijuana whenever I am kicking something. It helps numb the pain. It keeps my mind off the whole sickness. I used it to get off heroin. If I feel nauseous because of the withdrawal, it helps me be fine for a little bit."
 29-year-old white male
- "When I use my other drugs, the weed mellows me out if I get too "tweaked" out, and helps me sleep at night if I'm too high on other drugs and unable to fall asleep." -25-year-old Latina female
- "I use it for the effects of fentanyl. It helps come down, especially with the physical effects. It helps delay some of the negative effects." - 31-year-old white female



- People have lots of different reasons for using cannabis
- This research suggests cannabis as a potential catalyst for "any positive change," as advocated by harm reductionists
- Can cannabis help keep people safer in their drug use, including reducing opioid use and lowering the risk of someone experiencing an overdose?

Ganesh, et al., 2024; Beaugard, et al., 2024; Chicago Recovery Alliance

Call for further research

- Collaboration with community members who have lived experience of cannabis use
- Thinking critically includes examining situations or things from perspectives other than our own \rightarrow reframe our questions about cannabis
- Changing the narrative of how service providers approach people who use drugs
- Harm reduction in healthcare can provide a holistic approach to addressing health concerns among people who use drugs

Healthcare as a Lack of Care?

Presented by Angela Ogbogu

Healthcare as a Lack of Care? A Closer Look at Stakeholder Interviews

Stakeholders - Involved people/organizations in the medical field regarding harm reduction - ex. Epidemiologists, pharmacists, mental health counselors, nonprofit health organizations

These "**experts**" hold high trust + influence among society

Based on a *Grounded Theory Approach*

Overall Observation: Some Barriers to Harm Reduction Stemming from Healthcare Institutions

Barriers

Hesitancy to Take Risks +
Problem Solve OD Concerns
from a Community-Based
Distribution

Limited View of What "Treatment" Looks Like to Patients

Harm Reduction Restrictions within Community Services

Healthcare as a Lack of Care? Case Studies

Barrier 1

Case Example 1 - FQHC Pharmacist + Narcan Distribution Director

Hesitancy to Problem Solve



"I can't tell you how many nurses and pharmacists are like, 'Oh, it's [naloxone] a drug. Nope.' ... The barriers go up just like that. So who needs to have it? Everyone. Where does it need to be? Outside of these f- walls"

"We can really do some serious damage here.....
Because we're talking about counsel, we're talking about the legal world. So then it turns into like, "Well, what can we do legally?"

Healthcare as a Lack of Care? Case Studies

Barrier 2

Case Example 2 - Overdose Health Project Representative vs. Counselor

Limited View of
What
"Treatment"
Looks Like

"Because I grew up evangelical...there's a lot of altright pipeline stuff and a lot of medicalism where you have to fall into that. These things, which before I just wrote off as pseudoscience, these are cultural practices. These are things people do because it makes them feel better in a way that's just giving them a pill doesn't."- harm reductionist



VS

"So it [being denied by pharmacies] left me to a point where I did take risks on getting a clean syringe, and trying to clean it out with bleach" - drug treatment counselor

Healthcare as a Lack of Care? Case Studies

Barrier 3

Case Example 3 - Harm Reductionists

Harm Reduction
Restrictions
within
Community
Services

"The problem is when abstinence is treated as the only solution...I can just have caffeine in the morning if thats my maintenance dose and as long as I don't do something crazy like take a Monster at 10 clock..."



"It's dangerous [shelter restrictions], kicked out for any kind of drug paraphernalia, even Narcan...there was probably about a hundred people out there sleeping in front of the shelter..." -

Healthcare as a Lack of Care? A Closer Look at Stakeholder Interviews

Barriers	Applying Solutions
Hesitancy to Take Risks + Problem Solve OD Concerns from a Community-Based Distribution	Case-based learning courses + projects with community harm reduction organizations
Limited View of What "Treatment" Looks Like to Patients	Consistent Immersion for Providers
Harm Reduction Restrictions within Community Services	Choice Empowerment for Patients

Proposing a New Framework - 3 C's (Case-Based, Consistent, and Empowering Choice)

Healthcare as a Lack of Care? Real-World Application - Inland Empire, CA

Case-based Learning
Courses + Projects

IEHR x UCR SOM collaboration changes curriculum on substance use + addiction medicine

Consistent Immersion for Providers

DAP Health x Coachella
Valley Volunteers in
Medicine (Narcan
distribution for all,
training for pre-health +
professional students)

Choice Empowerment for Patients

Health Dept brings community health worker weekly to harm reduction organization

HARM REDUCTION BECOMES HEALTHCARE

Reducing Harm by Reducing Policing

If current systems of healthcare fail to meet the needs of people who use drugs, how can we

form new systems that do?



This project tries to intersect that question, with movements to defund the police. How can we use municipal funding to, at once, reduce the harmful impact of policing for people who use drugs and empower Harm Reduction organizations?

Moving Municipal Money

2011 (Approved & Actual Expenditures)

2025 (Approved Budgets)

RCRMC (Riverside County Regional Medical Center):

Approved: \$518.6 Million **Actual**:

\$427.6 Million

Mental Health: Approved:

\$200.2 Million Actual: \$167.4

Million

12% of above budget, \$21 Million in actual expenditures towards 'Substance Abuse' .42% of overall

RCRMC (Riverside County Regional Medical Center):

\$1.58 Billion

Mental Health: \$928

Million

14% of budget, \$138 Million in approved expenses towards 'Substance Abuse'

https://budget.countyofriverside.us/

Moving Even More

2011 (Approved & Actual Expenditures)

2025 (Approved Budgets)

Sheriffs Dept.: Approved: \$535.6 Million Actual: \$525.6 Million

Sheriffs Dept.: \$1.15 Billion

(87% increase)

Received and spent nearly \$1 Million 'Anti Drug Abuse Grant' (>1% of sheriff budget, but potential 4% increase to same year substance abuse budget)

Overall Budget: \$10.09

Billion

Overall Budget: Approved: \$5.05

Billion Actual:\$4.61 Billion

'Substance abuse' spending is budgeted for 1.4% of the overall budget, while policing receives ~10%

Problems with Policing

Survey Data, n=183

Ever stopped by police?	95%
Ever arrested?	92%
Have you ever been verbally, abused, insulted harassed?	67%
Have you ever been physically assaulted?	43%
Ever sexually assaulted?	9%

Hearing from Harm Reductionists

What would moving money do for harm reduction organizations?

"Well, there never seems to be enough Narcan/Naloxone, the availability. If there isn't enough to go around, start making more and get it out there. People need to be trained and people need to be supported and encouraged to avail themselves of services and people need to be trained to do the services, to provide the services. So this is what it is." - Key Stakeholder

Shifting Stigmas

Why is city money in particular, key to shifting more than access and ability but stigma particularly?

"...Endorsement, that's the word I'm looking for. If they're like "Yeah, we support this group, these people are great, they are allowed to do this in a way" And more specifically, the cops have to leave them alone. Then that would help a lot. It would help, like you said, the media coverage... And so yeah, better media coverage, better destigmatization, better education. Right? [Drug use is] never going to go away. Like sex ed had a lot of pushback when it first came out, and there's still a lot of pushback in places. But the more it happens, the more people have had sex ed, the better it's been overall."

How Harm Reduction can Help

Harm Reduction means many things to many people ... What aspects of harm reduction are essential to its character?

Ultimately, applying a Harm Reduction approach centered on care, community, and respect at the municipal level works to create a world where people who use drugs have access to life saving care rather than someone armed.

"Harm reduction to me means saving lives."



HARM REDUCTION AS A MODEL FOR RADICAL COMPASSION

WARMONY BRUGS

"Revolution is not a one time event, it is becoming always vigilant for the smallest opportunity to make a genuine change in established outgrown responses, for instance learning to address each other's differences with respect." -Angela Davis

WHY HARM REDUCTION?

- Society is overwhelmingly oppressive and violent...
 - What are people doing every day to stay alive?
 - What is in our capacity to do to push back?
- Harm reduction goes above and beyond its primary function as a physical health strategy
 - it's about connecting with people, seeing their full selves, and helping them feel supported and empowered to navigate their lives
- Harm Reduction is
 - Trauma-informed
 - Community-based
 - Holistic
 - Adaptive

"And now with harm reduction, I'm able to be more accepting of others and more, I don't know. I don't how to really say this. See folks beyond the use and beyond that aspect of the relationship and really see people for who they are as a whole person and being able to confront that with drugs, I'm able to confront that in multiple different areas of like, okay, I'm not just in this relationship because of this one behavior, but because you're a whole person and we can connect, and I'm able to just more readily access that part of myself to few others that way, if that makes sense."

INDIVIDUAL

- Harm reduction introduces us to an expanded way of thinking about ourselves and our relationships.
 - empowers agency
 - helps make clear, informed choices
 - strengthens capacity to reframe perspectives without judgement

"We want to work on prevention and treatment and it isn't up to me to cure. I can't cure anything. I can have a small part. I can do my part in facilitating someone to get help. I can provide education, I can provide non-judgmental help. Giving somebody a syringe to prevent transmission of disease is probably no different than giving someone a mask to prevent the spread of COVID... I think that stigma kills people or plays a role in person's deaths just as much as a substance or a virus itself. Stigma hurts people and I want to be putting my energy into something that ... I want to be an advocate against stigma trauma and its consequences."

INTERPERSONAL

- Addressing and dismantling stigma
- Transformative justice—different ways of relating to one another based in love, compassion, and acceptance
- seeing people in their entirety, not just based on a sole aspect of their person—how does this impact different levels of relationality?
 - Familial/chosen family
 - Care-based, social services
 - Neighbors, friends, acquaintances

"You got to respect people. You got to treat people with respect. And that's the whole point of this is being in community with people. Because nobody's going to listen to you if they don't like you. And they aren't going to like you if you don't care about them in value them as a person. And it doesn't matter how right you are if you go in with your medical stuff because they don't trust you because you're an asshole. Or you've been part of the system, and you've never done anything to prove you're different. And so that trust and community and reclaiming power from systems of abuse is sort of one of the huge things... instead of trying to control people, empower them."

INSTITUTIONAL

- The system will not save us, but we still have to operate within it for now.
- How do people survive in ways that are not "conventional" or institutionally sanctioned?
 - role of community organizers
 - role of researchers
- Liberatory Roots of harm reduction: saving our own lives
- What can we learn from harm reductionists about how we approach
 - healthcare
 - social support
 - basic human relationality on a broader scale

SAVING OUR OWN SCHASEN, VOLV LIVES

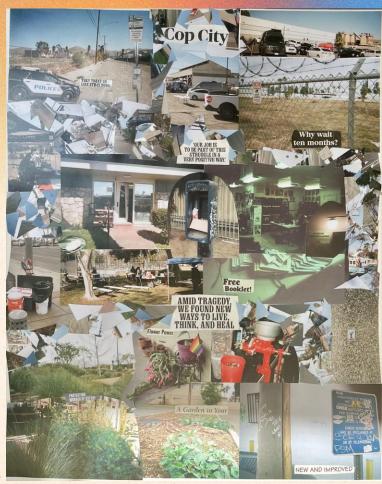
"Liberatory harm Reductionists support each other and our communities without judgment, stigma, or coercion, and we do not force others to change. We envision a world without racism, capitalism, patriarchy, misogyny, ableism, transphobia, policing, surveillance, and other systems of violence. Liberatory Harm Reduction is true self-determination and total body autonomy."

IMPLICATIONS

- How can we learn from harm reductionists
- speculative fiction, reimagining, harm reduction, collage
- thinking beyond confines of what our current systems deem possible

Harm Reductionist Imaginings





"For me, harm reduction was originally an offshoot of transformative justice. And transformative justice was mind-blowing because we were like, "Oh, we're just... we are preventing. And we are going from punishing to just making things so that things don't, problems don't happen in the first place." And that was the big revolution, right? Like, "Oh, we don't need to do all of this stuff. We are creating circumstances in which people are more likely to kill each other. Why don't we just take that away?"... There's a lot of the complex things that we don't know yet, but we will get to there once we've taken away the easy stuff. And some of the easiest stuff is the war on drugs.

And so, that's sort of where I started from. And then learning more about harm reduction it's like, "Oh, this has its own, it's definitely in the umbrella, but it has its own very important history." And for me, harm reduction was just like, "Okay, we don't go after people who use, we just make sure people have safe information and stuff." And as I've learned more, harm reduction and non-health department versus more traditional harm reduction is community building. It's strengthening, all that stuff, which is again, under that transformative justice. But that's a much bigger highlight for me now."

Questions & Discussion

