**Anna:** *You're listening to Changing Minds: Transformative Talks for Healthcare Improvement. Grab a coffee or tea and join our team as we chat with leaders in the academic detailing space. For more information on academic detailing, visit us at narcad.org.*

**Anna:** Hello, everyone, and welcome back to our *Changing Minds* podcast. I'm your host, Anna Morgan-Barsamian. I'm excited to introduce Maggie Kaufmann, the Director of Harm Reduction Programs at the University of Illinois, Chicago, who is our special guest today. Maggie, how are you doing? Thanks for being here.

**Maggie:** Hi, Anna. I'm doing well. Thank you for having me. I'm excited to talk a little bit more about harm reduction.

**Anna:** Of course. Can you tell our listeners a little bit more about yourself and your current role at the University of Illinois, Chicago?

**Maggie:** The center that I'm in is in the School of Public Health. We are a center that's been around since the late 80s - we're called Community Outreach Intervention Projects.

I'm currently the Director of Harm Reduction Programs, which means I oversee our safer use supply distribution, overdose education, naloxone distribution, recovery support services, drug checking, etc. I have a background in both public health and anthropology. And that's kind of how I made my way into this field.

**Anna:** Awesome. Thanks for sharing that. And of course, most of your work is focused on harm reduction. Can you define harm reduction for our listeners?

**Maggie:** There's no one set definition of harm reduction. I like to think about it in a couple ways. So on the individual level, we're talking about risk reduction. I also like to point out that we're all doing harm reduction in our daily lives. Things like seatbelts, condoms, helmets, all are harm reduction. We tend to think about it as just being for substance use.

But again, at the individual level, we're talking about risk reduction. So those are strategies to help people stay safe when they're using. So that could be making sure you have naloxone with you, having test strips to test your substances for things like fentanyl, etc.

But it's also a philosophy and approach which really seeks to center the needs of people who use drugs. Historically, that's a very marginalized population. A lot of policies, plans, programs are created without input from folks who use drugs.

So another thing we're trying to do is to increase the voices of those who are most affected in policy, services, etc.

**Anna:** What led you to this harm reduction work? And also, what continues to inspire you in this field?

**Maggie:** I came into COIP almost 10 years ago this year, actually, as a case manager for a Hepatitis C-focused program. And of course, a lot of our folks were also people with either current substance use or a history of substance use. Being embedded within COIP, I got to see firsthand what harm reduction looks like. Once I really understood the approach, I really latched onto it, especially the piece of social justice. We're working to reduce inequities and reduce marginalization and that's something that I've always been interested and passionate about.

In terms of what inspires me, I think the people that we serve, the people I work with, those in harm reduction who show up every day, this is really hard work, and we lose a lot of folks. So I think support for people that do harm reduction work is really important. But I'm constantly inspired by the way that the folks that I work with really show up with unconditional love, radical acceptance, and nonjudgmental approaches to just helping people stay safe.

**Anna:** That's such helpful background for us as we dive into our conversation a little bit more. So, thank you for sharing that. What are some of the pressing challenges in harm reduction today, particularly for people who use drugs?

**Maggie:** I would say probably the number one is stigma. Substance use in our society has been highly stigmatized and the recovery options historically have been all abstinence-based, so without a recognition that substance use is a spectrum. A lot of the work that we do is working to combat that stigma, both at the community level, also in policies, the way that people are treated. I work with a lot of medical providers trying to educate them around how they can incorporate harm reduction and stigma reduction into patient care.

Alos, lack of access to services, it's so variable across the country. We're very lucky in Illinois that we have syringe services and that they are legal. We have access to naloxone through the state, but a lot of states, that's not the case. So there's really inconsistency in terms of access to harm reduction, supplies, etc.

Additionally, incarceration is a challenge. Because substance use has been criminalized, a lot of our folks and a lot of people that are substance users have criminal histories from being arrested for possession, etc. That limits the opportunities that you have in terms of jobs, housing, etc. And then there's a vast variability of policies across the country in terms of whether we're criminalizing or supporting harm reduction. Those are the big ones.

The last thing I would mention is siloing of programs. When we work with health departments, a lot of times substance use is situated within the health department in a different department, depending on where you are and that really impacts how it's integrated into other services, whether that be infectious disease services, mental health, etc.

**Anna:** On the flip side of talking about some of these challenges, what are some innovative harm reduction strategies or solutions to these challenges that you've seen implemented that are making a measurable impact? Whether that's in your state, in your community, or nationwide.

**Maggie:** I do want to highlight that there was a recently released CDC report that provisionally reported a 24% drop in overdose deaths from 2023 to 2024. I want to say that because we are seeing progress! We are starting to see for the first time a return in some places to pre-pandemic overdose rates. The work that we're doing in harm reduction is making a difference, which is important to recognize.

I think there are a couple examples from our work in Chicago and the state of Illinois that are fairly innovative. One that I would highlight is drug checking. We, as well as a cohort of harm reduction organizations in Chicago, are being supported by the Chicago Department of Public Health to provide spectrometry based drug checking. What that does is it enables people who are using substances to check those drugs with us before or after they use them to see exactly what is in that substance. Our drug supply is highly volatile and there's a lot of adulterants that are in our supply and if you don't know what you're using, you're not able to take those harm reduction steps. That's a big key piece that not only we're doing here, but it's starting to become more popular across the country.

We are actually working with a playwright who has been doing plays across the city of Chicago incorporating overdose education into the show. We've been doing naloxone donations for all of those. That's a really unique way to teach people how to use Narcan in a situation where that usually doesn't happen. We're trying to reach kind of different populations in different ways.

The last thing I would say is overdose prevention sites. This is something that is more common in Europe and Canada. These are essentially medical sites where people can come to use substances. There are folks there that are monitoring for overdoses. Importantly, there's never been a documented overdose death at an overdose prevention site anywhere in the world. This is an evidence-based practice that really saves people's lives. We're slowly starting to see it.

Rhode Island is the most recent state to legalize them. We are hoping that a legislation will be passed in Chicago, sorry, in Illinois soon to authorize a pilot site on the West side of Chicago, which is one of the most affected areas in the city for overdose deaths.

**Anna:** Wow, that's incredible. Thanks for sharing all of that and happy to hear that Rhode Island is now offering those services.

How do harm reduction strategies like the ones you just shared intersect with academic detailing and AD projects that are going on, whether they're focused on opioid safety or HIV prevention, how do all those strategies intersect?

**Maggie:** Harm reduction is something that can be easily injected into existing AD curriculum, especially those that are focused on opioids.

But like you said, even infectious disease detailing too. So if we're working on Hepatitis C, since we know that most new infections are coming from IV drug use and potentially from sharing supplies and equipment, I think it's really easy to kind of inject this into whatever curriculum that you're already doing.

It also, I mean, it is an evidence-based practice. A lot of folks don't know that there is a lot of data that these things work to keep people alive, to keep people from getting infectious disease, etc. So it aligns with kind of the evidence-based practice that AD promotes.

It's also something that, you know, it's short format. We do a lot of our education in a short format. So, you know, those folks who are doing harm reduction have really narrowed it down to these very distinct points and that aligns too with kind of the approach that AD takes as well.

**Anna:** You talked earlier about one of the challenges being siloed, or programs being siloed. I want to talk a little bit more about that and specifically about partnerships.

How else can harm reduction programs like yours effectively partner with healthcare providers for AD visits, policy makers, or other community organizations. Do you have any tips for that?

**Maggie:** Yeah, absolutely. Again, I think with AD programs incorporating this, get to know your local harm reduction organizations, if there are any in your area.

Again, providing education, we do a lot of that both in the community at community resource fairs, but also to groups of providers or other groups, say EMS workers, our campus police, etc.

Also, co-location of services. So the model that we use, we try to have as many holistic services as we can, and I encourage that in any setting. We have medical care, we have recovery support, we have all of these things all together so that people don't have to go to multiple places.

Additionally, working to craft legislation. If there isn't legislation supporting harm reduction in your community, advocating for that, talking to your legislators about how we can change this, how we can improve access, and advocating for the rights of substance users in general.

Again, if you, especially if that is a large part of who you're seeing, really trying to work with that stigma. I like to say the more we talk about substance use, the better. Sometimes it's just talking about it out in the open makes a big difference towards de-stigmatizing substance use in general.

**Anna:** What is next for harm reduction programming in Chicago?

**Maggie:** Like I mentioned, we're hoping that legislation passes this year to have a pilot overdose prevention site on the west side of Chicago. Obviously, we're always looking for ways to expand our services.

Like I said, we try to be a one-stop shop for folks. For example, we have mobile medication for opioid use disorder vans that go around, and they have providers that can actually dispense suboxone, buprenorphine on the van so somebody can start that right away. Expanding those types of services, more that we can bring services to people where they're at, obviously that improves outcomes, it improves engagement, etc.

We're always conducting research in some capacity to better inform interventions. We try to take advantage of being a research institution to really work with folks to figure out how we can improve our service provision.

Also, just adapting our service menu to what our clients find the most helpful. A lot of our services are community driven - we started having medical care because we kept getting asked questions about wound care. Our medical care largely started as a wound care clinic and has grown to primary care treatment of Hepatitis C, MOUD, etc. It's been really successful, especially for those folks who have not been accessing healthcare in any other setting, particularly because of stigma.

**Anna:** Are you doing needs assessments with the community through interviews? How are you getting this information that this is what people want and need?

**Maggie:** It's often informal, but we also do focus groups. When we were developing our harm reduction academic detailing curriculum, we did two focus groups specifically with our folks that access our syringe services to really get a sense of their experiences with medical providers and their concerns. We do that periodically.

We'll have focus groups, largely with research studies, and we learn a lot of this because again, a lot of the folks that participate in those studies are syringe service or other clients of COIP. We're kind of continuously in multiple formats, trying to get feedback about what would be helpful. What are we not doing? What could we do better?

**Anna:** Awesome. That's incredible. We often encourage detailing programs to do these focus groups when they're developing their campaign materials. I think your team has done an excellent job at doing that.

I have a couple more questions before we wrap up. How can our listeners, whether they're healthcare professionals, whether they're policymakers or community members, how can they get involved in supporting harm reduction efforts?

**Maggie:** Like I said earlier, I think step one is finding out what's happening in your area. What services are available? If you're not sure, look at the laws and see what your state has available. I think that's step one.

Talking to people about the importance of harm reduction. Again, I think we don't talk about these things out in the open very often. And again, that leads to stigma. The more we push it under the rug, the more marginalized people who use drugs feel and the less likely they are to access services.

I think, again, just getting the lay of the land. If you do have a harm reduction organization in your community, asking them to come in and do a presentation. If you're a clinic, can somebody come in and just do a short presentation on harm reduction and how can that be incorporated into patient care? Often what I found is just introducing people to the concept of harm reduction and really kind of explaining what it means a light bulb goes off for folks and they say, "that makes a lot of sense. I hadn't thought about it this way."

A lot of good comes out of just having conversations about what harm reduction actually is, because there's a lot of misinformation that is circling around about what harm reduction is. Particularly the main criticism is that it is enabling people to continue to use substances and actually data show that people engaged in syringe services are more likely to end up accessing substance use treatment.

Again, conveying that information and thinking about how you talk about substance use - that's another thing that we often counsel providers on and just the community in general - making sure we're conscious about the language that we're using when we talk about substance use. Things like calling somebody an "addict" or "junkie", these things that we hear all over in our media, in our communities, and stopping to think about how can we talk about this in a different way that's less stigmatizing, less judgmental, and person-centered.

That's another way that harm reduction aligns with AD- it's very person-centered, it's very trauma-informed, which aligns with a lot of efforts that are happening in healthcare to incorporate those principles. This kind of slots right in there, because a lot of what we're talking about is, again, changes in language, changes in approaches, etc.

**Anna:** People can do this in their personal lives too, right?

**Maggie:** Absolutely, yes. I encourage everyone in their personal life, if you have access to naloxone, I always encourage everybody to carry it. When we are doing community events, we're always offering free naloxone, showing people how to use it. A lot of people say, "I'm not a substance user, this is not something that I need."

We remind folks that it may not be you that needs it, it may be somebody that you encounter at a party, on the street, public transportation, etc. and it's always good to have. And then again, how are you talking with friends, family, whether you know they have issues with substance use or not, because again, a lot of folks hide this sort of thing. Just being mindful of the language and the approach you're taking both in your personal life, but also in your professional life.

**Anna:** That's great advice. Is there anything else that you'd like to share with our listeners before we wrap up today?

**Maggie:** We need to talk about this more and we need to have access to these resources. I encourage all of you to look at what your state and your community are doing, and ways to incorporate this into maybe existing AD programs that you have. And, reach out to the experts. See what people are doing in your community and invite them in to have conversations about what they're seeing.

If you can, invite people that are substance users to express what their needs are, what their perspectives are, both people with lived and living experience. That really helps to get a better sense of what's actually going on and what the needs of substance users are.

**Anna:** Getting out into the field and really talking to people that are experienced, right?

**Maggie:** Yes, we can't leave them out. You know, that's a big part of harm reduction. We need to hear the voices of the people that are most affected by this.

**Anna:** Thank you so much, Maggie. I really appreciate you joining us on our podcast today and we hope to connect with you again soon in the future. Good luck with everything!

**Maggie:** Thank you. It was wonderful. Have a good day.

**Anna:** You too. Take care.