



ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM

Destigmatizing Addiction Care to Empower Recovery

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Objectives

1

Demonstrate knowledge of the negative effects of addiction stigma.

3

Understand the intersectionality of addiction and experiences of Indigenous Peoples.

2

Explore ways to dismantle stigma together.

4

Resources and more.

Destigmatizing Addiction Care with Indigenous Peoples

*Uplifting Indigenous Knowledge to
Empower Recovery*

Alaska Native Tribal Health Consortium

Prepared by Amber Frasure, Panikaa Teeple & Mallika Kolachala

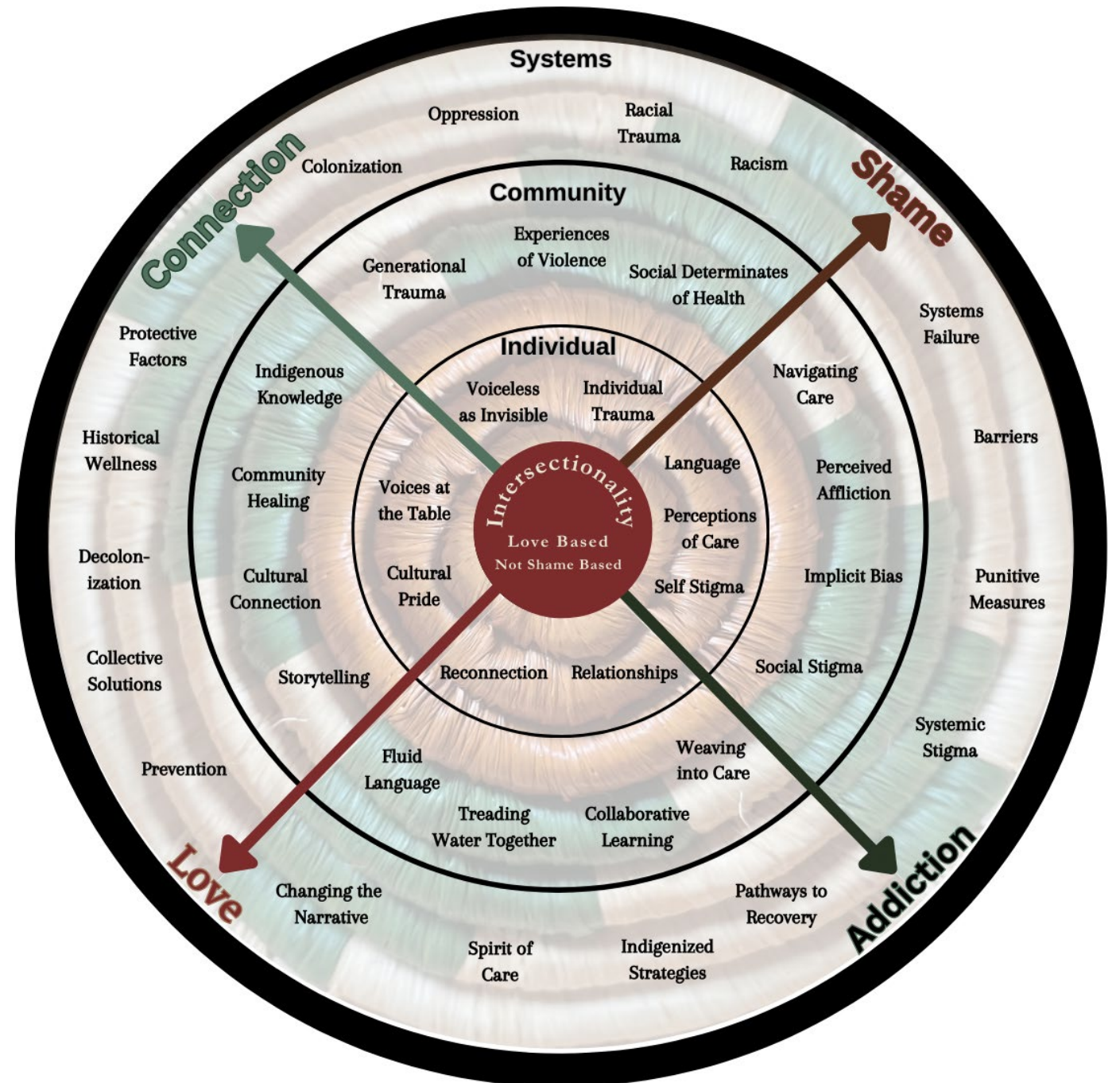
August 2024

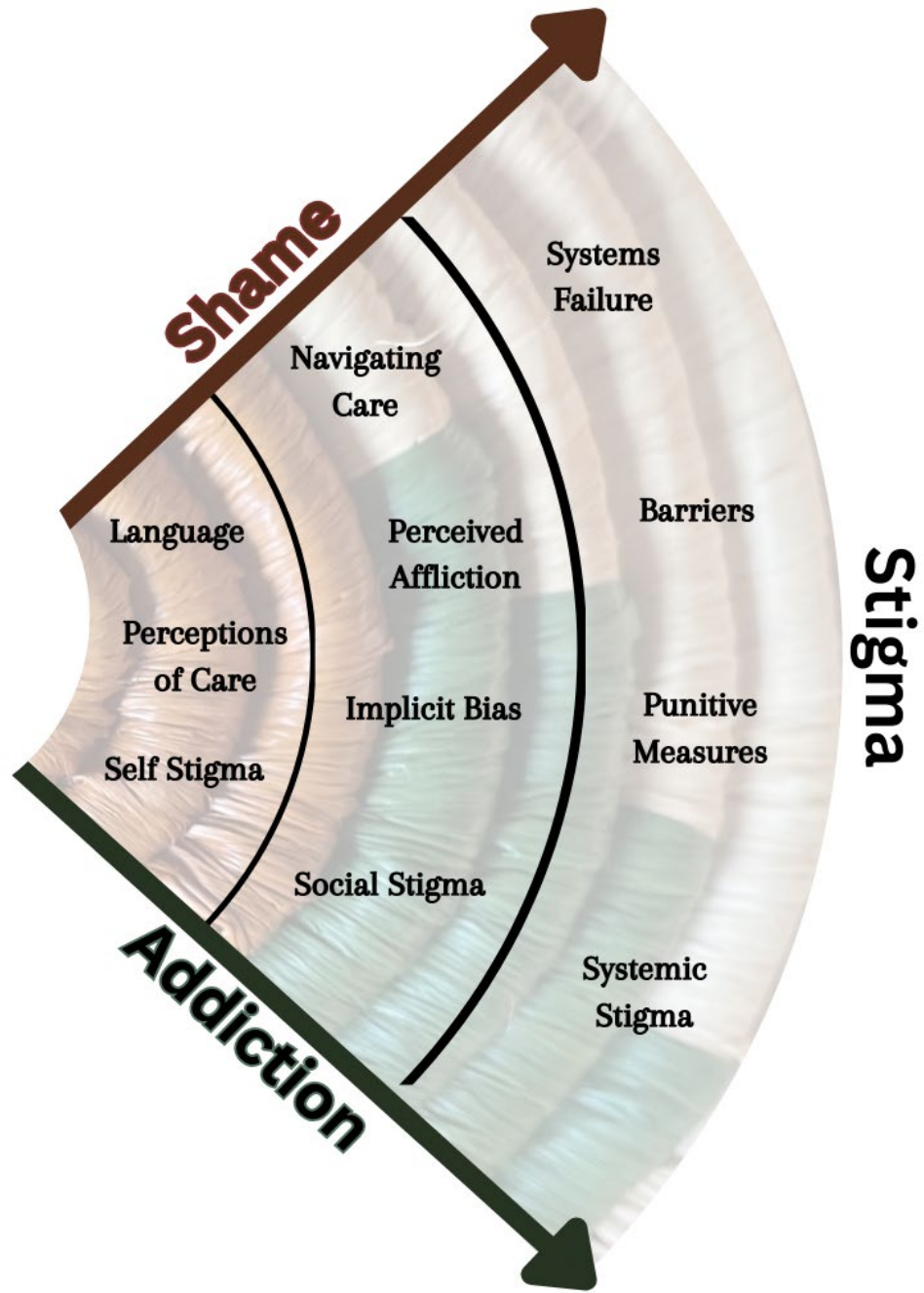
ANTHC Stigma Toolkit

- This toolkit was developed from interviews with experts and people with lived experiences across Alaska.
- These interviews were used to develop and understand the needs related to experiences of addiction, stigma, Indigenous Peoples, and health providers.
- 17 interviewees' direct experience as care providers, advocates and/or lived experience in recovery
 - Lived experience with substance use = 70.5%
 - Alaska Native = 52.9%
 - Rural Alaska = 41.2%
 - Tribal Health System = 41.2%
 - <https://www.iknowmine.org/product/destigmatizing-addiction-care-toolkit/>

The inter-sectionality of shame & love; connection & addiction

1. Stigma
2. Disconnection
3. Indigenized Wellness
4. Healing



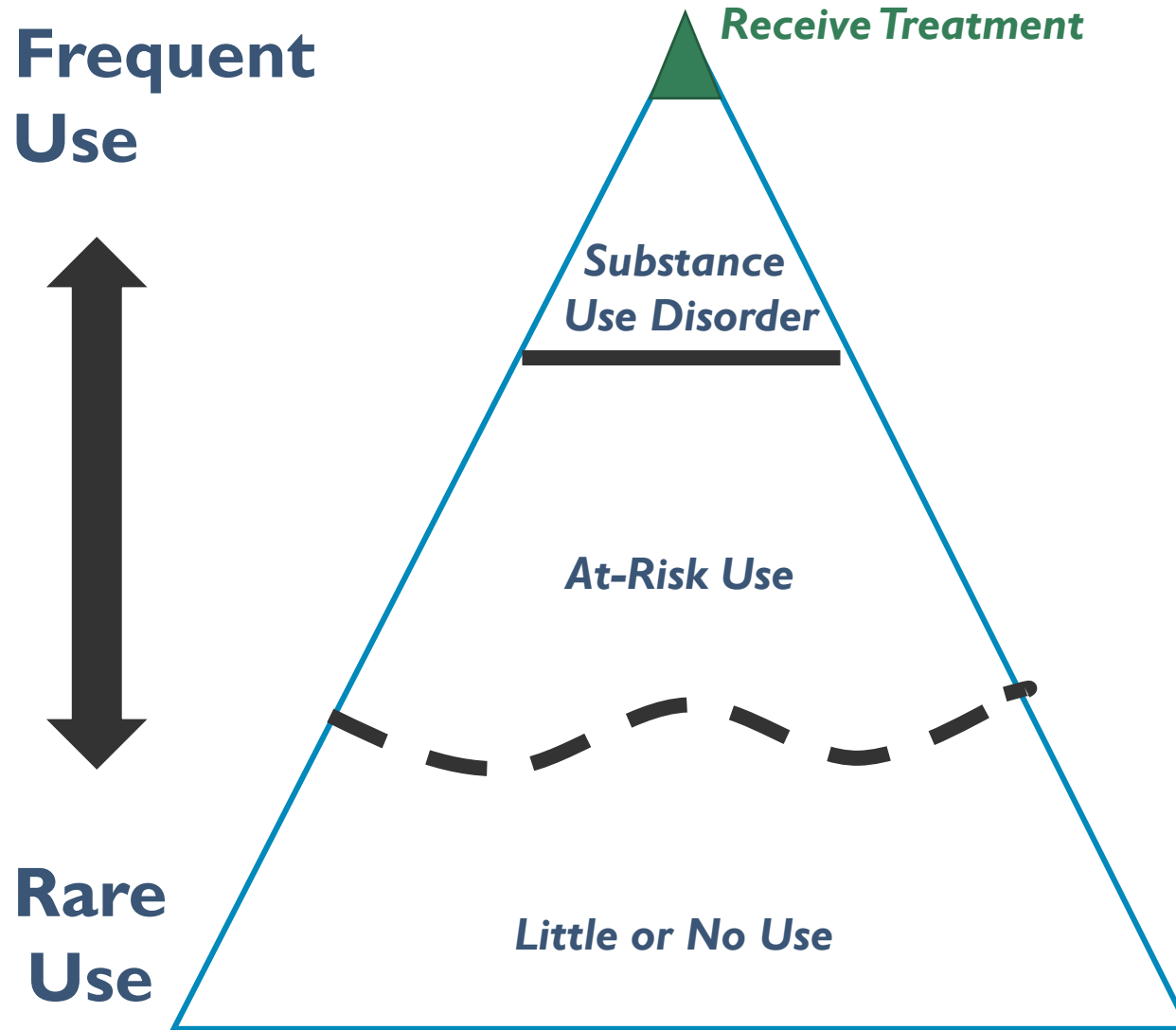


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Stigma

Intersection of Shame & Addiction

Spectrum of Substance Use



- 10% of people who have a SUD are able to access treatment.
- Substance use disorders are the most widely stigmatized public health issue.
- Stigma is cited as the biggest barrier to addiction treatment (SAMHSA: NSDUH, 2018)

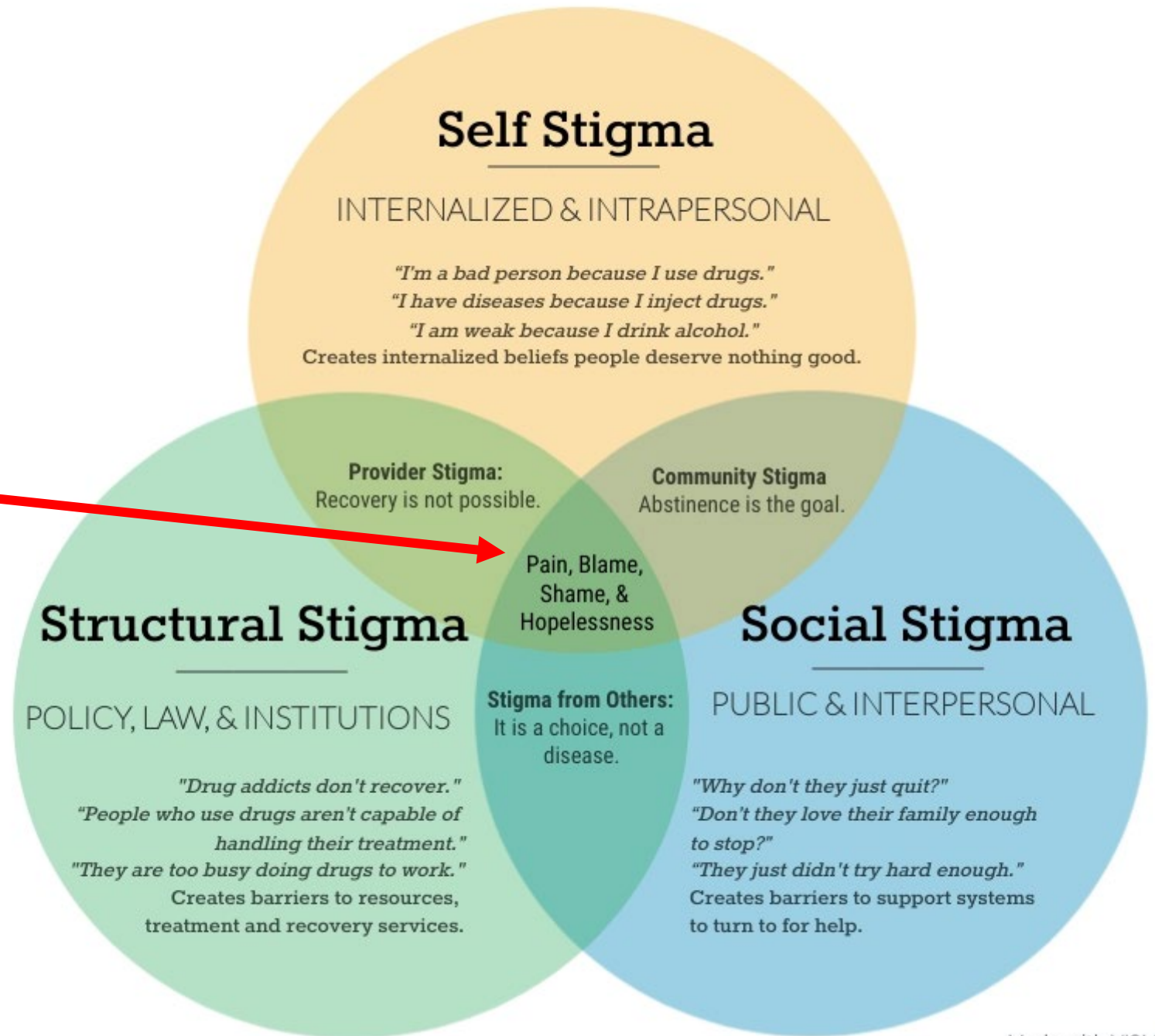
Intersection of Stigma

Stigma is a social process reinforced by relations of power and control (Link & Phelan, 2001)

Three “S” of Stigma

People live and experience stigma at the intersection of all three

(Barry et al., 2014).



The Tired Narrative: Fueled by Fear

Media often promotes stigma and misinformation (Pugh et al., 2015).

The media play a crucial role in stoking fear and intensifying the perceived dangers of persons with substance use disorders (Lloyd, 2013).

<https://www.changingthenarrative.news/>



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"Addict"

*Stigmatizing
Language about
Substance Use*

"Trading One Addiction for Another"

*Medication to Treat
Opioid Use Disorder*

"Hooked on Opioids"

*The Difference
Between Addiction and
Dependence*

"Filling Parks & Playgrounds with Hypodermic Needles"

*Misconceptions about
Syringe Service
Programs*

"Legal Shooting Galleries"

*Misinformation
about Supervised
Consumption Sites*

"Addicted Babies"

*Stigmatizing Language
about Neonatal
Abstinence Syndrome*

"Helping is Enabling"

*The myth of
co-dependency*

"Cut Them Off"

*Tough love doesn't
work*

"Doctor Shopping and Drug Seeking"

*Punishing vulnerable
patients is counter-
productive*

"Prescription Fentanyl is Driving Overdoses"

*Distinguishing between
Illicit and
Pharmaceutical
Fentanyl*

"Junkie"

*Stigmatizing
Language about
Substance Use*

"Narcan Parties"

*Misinformation
about Naloxone*

The Tired Narrative: Holding up Drug Policy

Media portrayals people with mental illness/SUD as violent, which promotes associations with dangerousness and crime (Diefenbach and West, 2007; Klin and Lemish, 2008; Wahl et al., 2002).

Furthermore, the media often depict treatment as unhelpful (Sartorius et al., 2010; Schulze, 2007) and portray pessimistic views of illness management and the possibility of recovery (Schulze, 2007).

<https://www.changingthenarrative.news/>



"They Need to Face the Consequences"

The dangers of hitting rock bottom

"First Responders Overdose After Touching Fentanyl"

Myths Surrounding Fentanyl

"Felons & Convicts"

Stigmatizing Language for Justice-Involved People

"Jails Saved His Life"

The Problem with Framing Jails as a Treatment Solution

"We Need More Drug Courts"

Treatment Can't Be Carceral

"Seizures Taking Drugs off the Streets"

The Limited Impact of Disrupting Supply Chains

"Dealers are Murderers"

The Truth Behind Drug-Induced Homicide Charges

"No Evidence Opioids are Helpful for Chronic Pain"

Silencing the Positive Impact of Opioid Use for Chronic Pain Patients

"Crackdown on Fentanyl Dealers"

Harsh laws disparately punish people of color

"Vaping/E-Cigarette Epidemic"

Conflates contaminated THC with nicotine vaping

"Harm Reduction vs. Abstinence"

Framing Harm Reduction as at Odds with Recovery

"Opioid Crisis is a White Problem"

Whitewashing & the Erasure of People of Color in the Overdose Crisis

"Opioid Epidemic"

Neglecting the Impact of Polysubstance Use

"Needles, Powder and Overdoses"

Using Unrealistic, Stigmatizing Images

"Naloxone doesn't reverse fentanyl"

Misinformation about Naloxone

"Dealers lacing cannabis with fentanyl"

Police Spread False Narratives

Woven into Systems

People who experience substance related disorders face high levels of stigma.

- ❖ Lower expectations for health outcomes for people with substance use disorders
- ❖ Believe people with SUD do not deserve treatment based on the false belief SUD are within the person's control
- ❖ Elicit feelings of frustration and resentment from providers
- ❖ Result in punitive policies/practices and avoidable traumatic experiences
- ❖ **Leads systems to withhold appropriate services - effectively changing stigma into discrimination**



Systems Impact People

High levels of stigma lead to adverse individual outcomes:

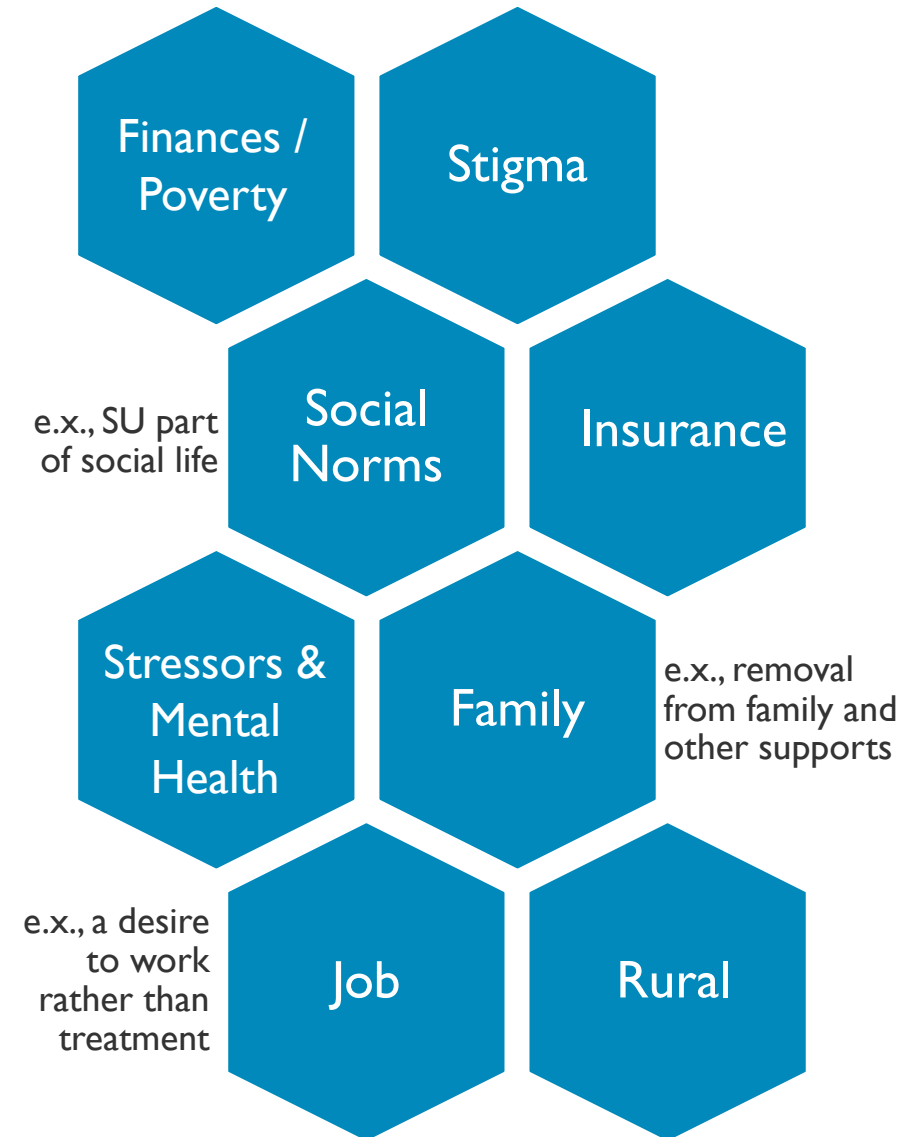
- ↓ Poorer healthcare outcomes
- ↓ Decreased likelihood of seeking treatment
- ↓ Decreased access to services and treatment
- ↓ Decreased utilization of addiction medicine [only 20% of people access medications for opioid use disorder]
- ↓ Decreased rates of treatment completion
- Increased use of risky behaviors [ex. share syringes]



Navigating Care

- Getting into care can often feel insurmountable, even for highly motivated individuals
- Stigma remains one of the biggest barriers to services.
 - People with a SUD tend to have poorer perceptions of care, even compared to psychiatric population.
 - People of Color are less likely to access, initiate, engage and complete treatment.
 - Among Indigenous populations, perceived racial discrimination and historical trauma are associated with less favorable perceptions and attitudes through distrust of the health care system.
- Navigating systems is already hard for people who know the system, and Alaska compounded by a dearth of services and long wait times.

Commonly Cited Barriers to Care



Failure of Systems

The person is never the problem, the problem is the problem

The way we define problems determine how we solve them, and once defined it is hard to replace these existing definitions because they are rooted in belief systems and values.

Rather than attempting to change oppressing and stigmatizing systems, we view people themselves as the problem.



Stigma Hurts

- Psychological pain of stigma activated the same areas of the brain associated with physical pain (Eisenberger, Lieberman & Williams, 2003; Cikara & Fiske, 2011).



Psychological pain of
feeling excluded

=



Physical pain

Platform of Stigma

**Difference: Keep
People Out**

Criminalize,
pathologize and
patronize

**Danger: Keep
People Away**

Fear, blame, and
isolation

**Discrimination:
Keep People
Down**

Antithetical to
power or authority
(Harm Reduction
Coalition, n.d.)

Disconnection

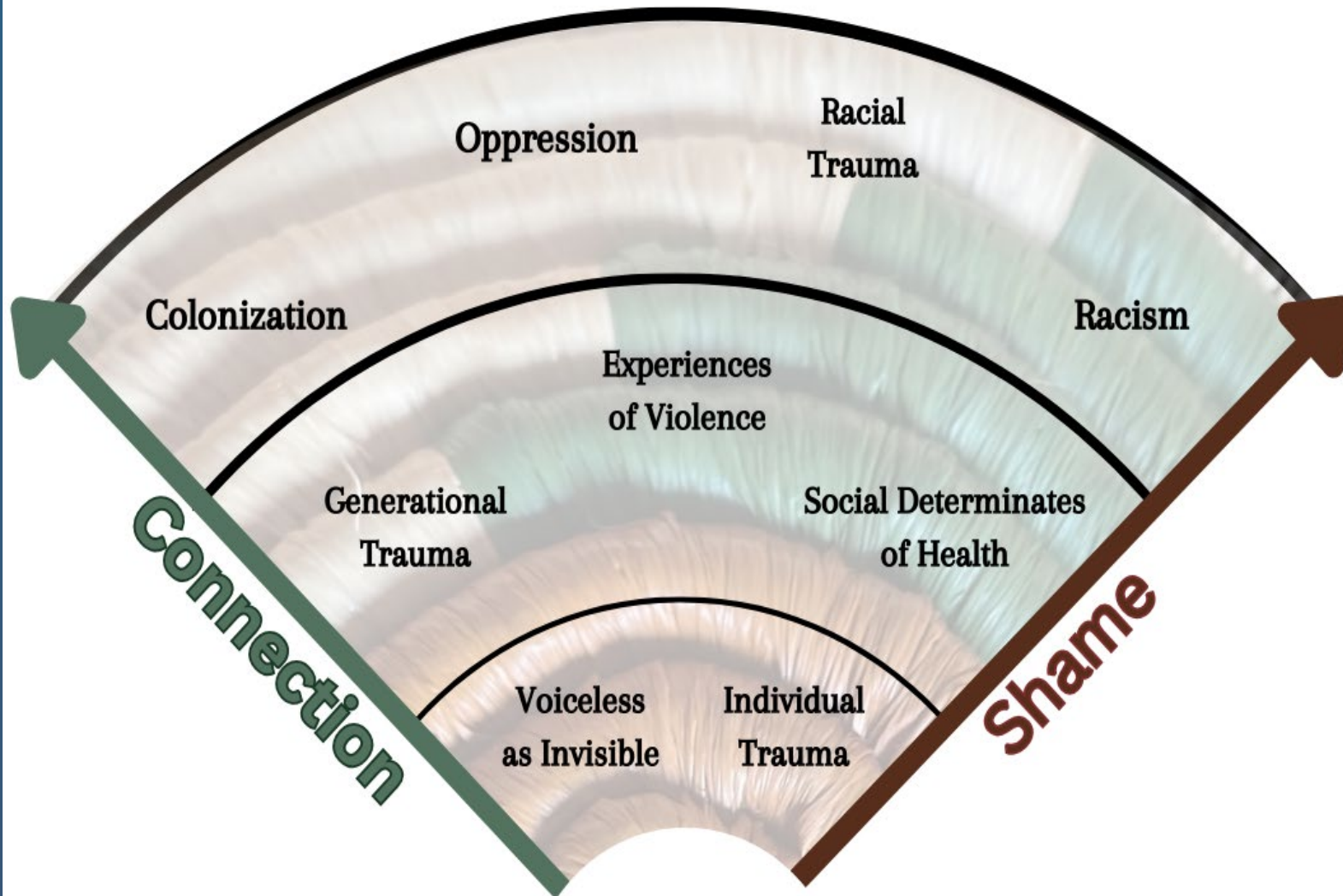


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Disconnection

“Every time we invalidate someone else’s struggle with mental health [or addiction]; we reinforce the idea that they should struggle in silence.”

-Dr. Christina



Racism Disguised as War on Drugs

“You want to know what this [war on drugs] was really all about? The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiwar left and black people. You understand what I’m saying? We knew we couldn’t make it illegal to be either against the war or black, but by getting the public to associate the hippies with marijuana and blacks with heroin, and then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news. Did we know we were lying about the drugs? Of course we did.” ~ John Ehrlichman, Assistant to the President for Domestic Affairs under President Richard Nixon



The War on People

When we talk about stigma, we often talk about a person's different identities as separate, when in fact they intersect and impact experiences of stigma.

The War on Drugs and corresponding policies impact stigma experiences by people who use drugs and across the identities of multiple groups.

These individuals often have significant and complex histories, which may involve abuse, violence, loss, and associated trauma adversely affecting their ability to engage in and/or adhere with programming.



Alaska State Library - Historical Collections

(Alaska State Library, Winter & Pond Photo Collection, P87-1050)

Four Realms of ACEs: “Ground Soil” of Historical Trauma

Adverse Climate Experiences

- COVID-19, climate change, environmental injustice, and pollution

Adverse Childhood Experiences

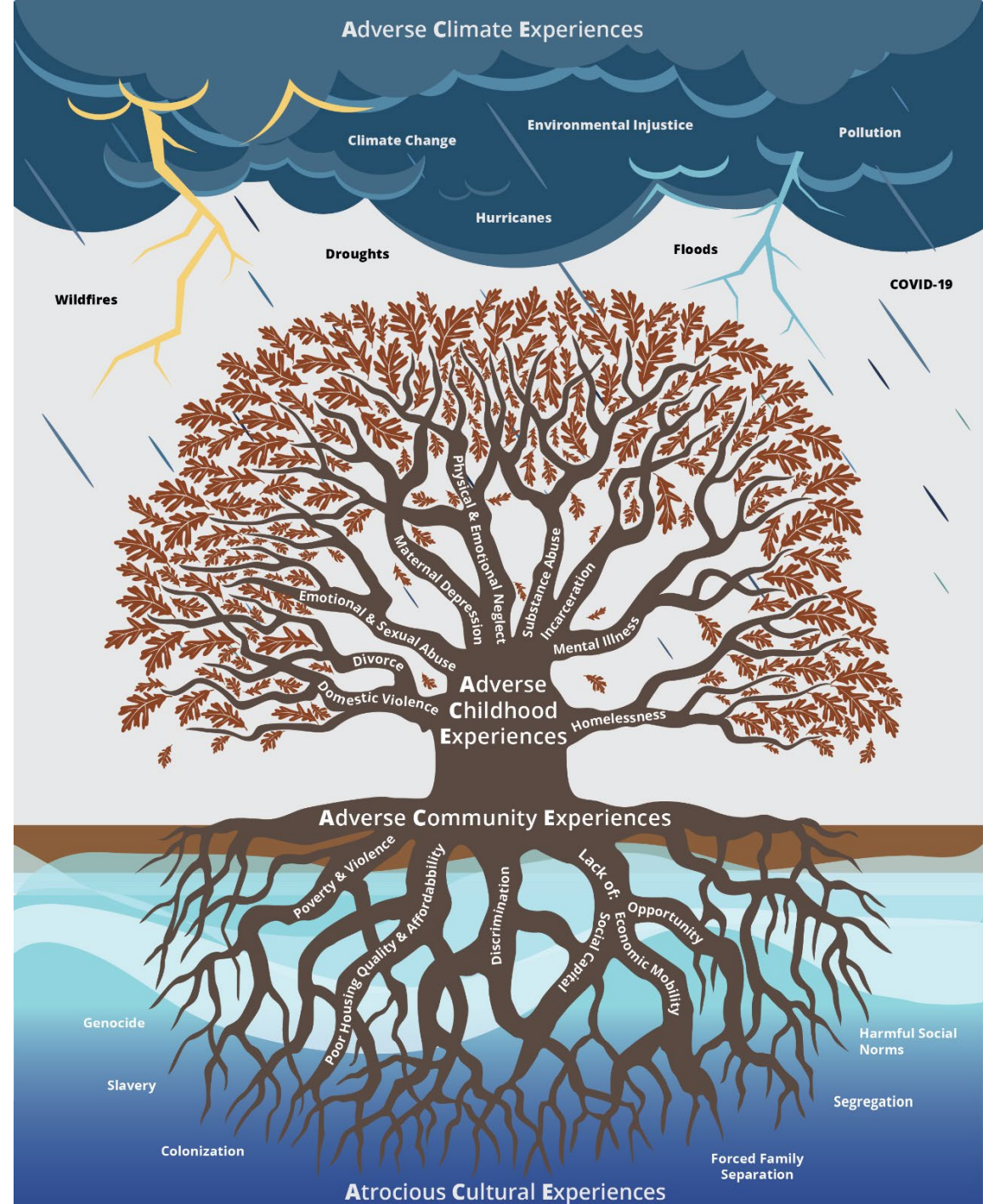
- Domestic violence, divorce, abuse and neglect, addiction, incarceration, mental illness and homelessness

Adverse Community Experiences

- Social determinates of health = Poverty and violence, poor housing quality and affordability, discrimination, lack of social capital / opportunity / economic mobility

Atrocious Cultural Experiences

- Historical trauma from historic genocide, colonization, forced family separation, and harmful social norms.



Historical Trauma

“Trauma is a chronic disruption of connectedness ... trauma replaces patterns of connection with patterns of protection.” – Stephen Porges

- Historical trauma was defined as cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma (Brave Heart, 1995, 1998, 1999, 2000).
- Historical trauma differs from lifetime traumas and is associated with significant health concerns (Gone et al., 2019; Brave Heart, 2003)
- HT consists of a constellation of reaction to massive group trauma (Evans-Campbell, 2008).



(Choate, 1902)

Poly-Victimization of Indigenous Peoples

- Indigenous Peoples are at increased vulnerability to experience complex layers of victimization over time (i.e., poly-victimization), which includes historical, generational, and contemporary trauma
 - Indigenous Peoples have higher rates of victimization and more likely to experience violence.
 - 83% of American Native and Alaska Native adults have experienced some form of violence in their lifetime, including psychological aggression, physical violence by intimate partners, stalking, or sexual violence (National Institute of Justice, n.d.).
 - Compounding the myriad of threats to wellbeing, Indigenous Peoples often endure prejudice by health care providers and potential values conflict (medical settings tend bias to individualism and autonomy).
- Indigenous Peoples are more likely to need services, but are less likely to have access to services.

High Prevalence of Trauma

- There is higher prevalence of trauma in people who experience SUD
- Two thirds of people in substance use treatment report a history of childhood abuse and neglect
- A study of male Veterans in an inpatient substance use treatment program reported higher rates of severe childhood trauma (77%) and lifetime PTSD (58%)
- Women involved in substance use treatment report lifetime history of trauma (range from 55-99%) and half report a history of rape or incest (50%)
- Adverse Childhood Experiences has been described as the Real “Gateway Drug”
- People who have experienced:
 - 4 ACES are 5x more likely to abuse alcohol
 - 5 ACES are 7-10x more likely to abuse illicit drugs
 - 6 ACES are 46x more likely to use injection drugs



Don't Shoot Our Wounded

“Addiction should instead be called ‘ritualized compulsive comfort seeking’ which is a normal response to experiences of adversity, just like bleeding is a normal response to being stabbed.” - Dr. Marie Dezelic

Indigenized Wellness



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Indigenized Wellness: Intersection of Connection and Love

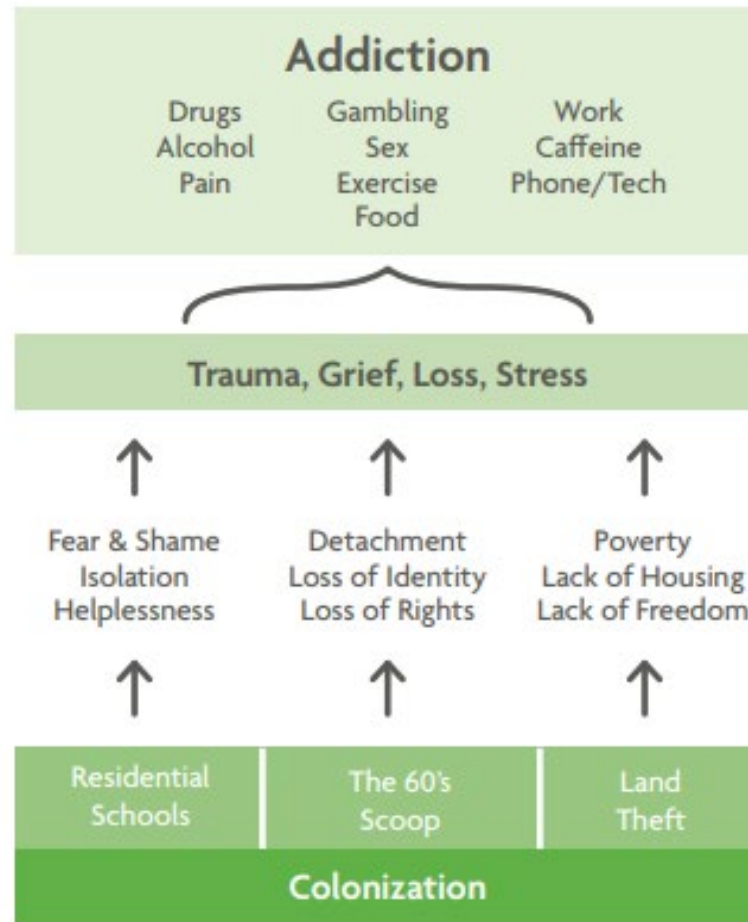
“The opposite of addiction isn’t sobriety, it’s connection.” – Johann Hari

Indigenous Harm Reduction

Addiction has been conceptualized as a symptom of trauma, loss, and colonization; while culture, community, and tradition as part of healing and connection.

First Nations Health Authority (2023). Indigenous harm reduction. Mental Health and Substance Use.

<https://www.fnha.ca/what-we-do/mental-wellness-and-substance-use/harm-reduction-and-the-toxic-drug-crisis/indigenous-harm-reduction>

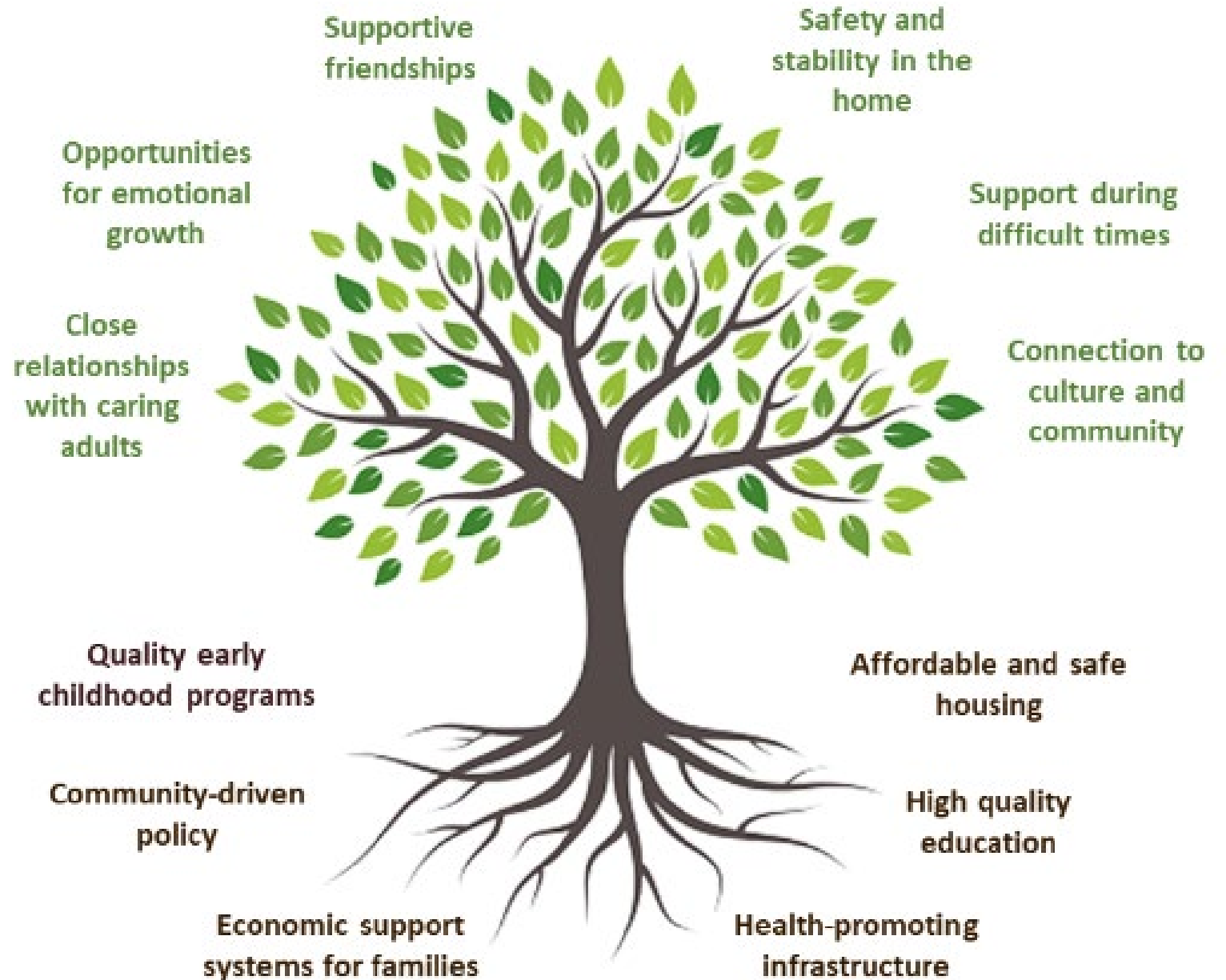


Advantageous Childhood Experiences = Counter-ACEs

Counter-ACEs = ACEs that counter ACEs

Holding ACEs constant, Counter-ACEs predicted less PTSD and less exposure to stressful life events during pregnancy (Narayan et al., 2018)

More Counter-ACEs associated with reduced depression and/or poor mental health after accounting for ACEs (Bethel et al., 2019).



Adapted from Center for Community Resilience, Community Resilience Tree

Indigenous Resilience & Protective Factors

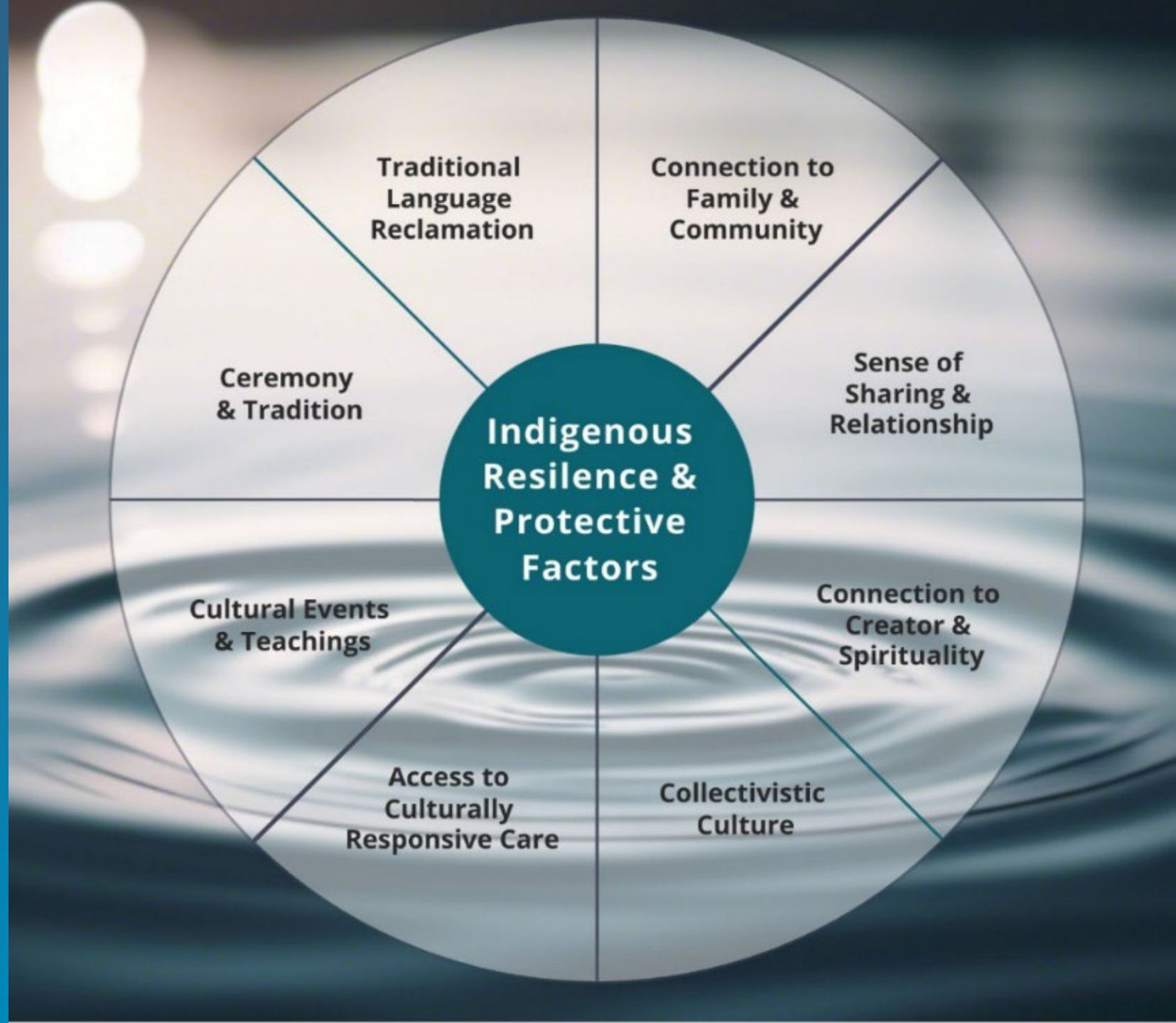
Re-traditionalization in Indigenous communities involves learning traditional culture, practices and values.

Cultural connection promotes resilience and is a protective factor associated with:

- Decrease the probability of drinking problems and family violence.

- Serves as buffers between trauma and health outcomes (Evans-Campbell & Walters, 2023).

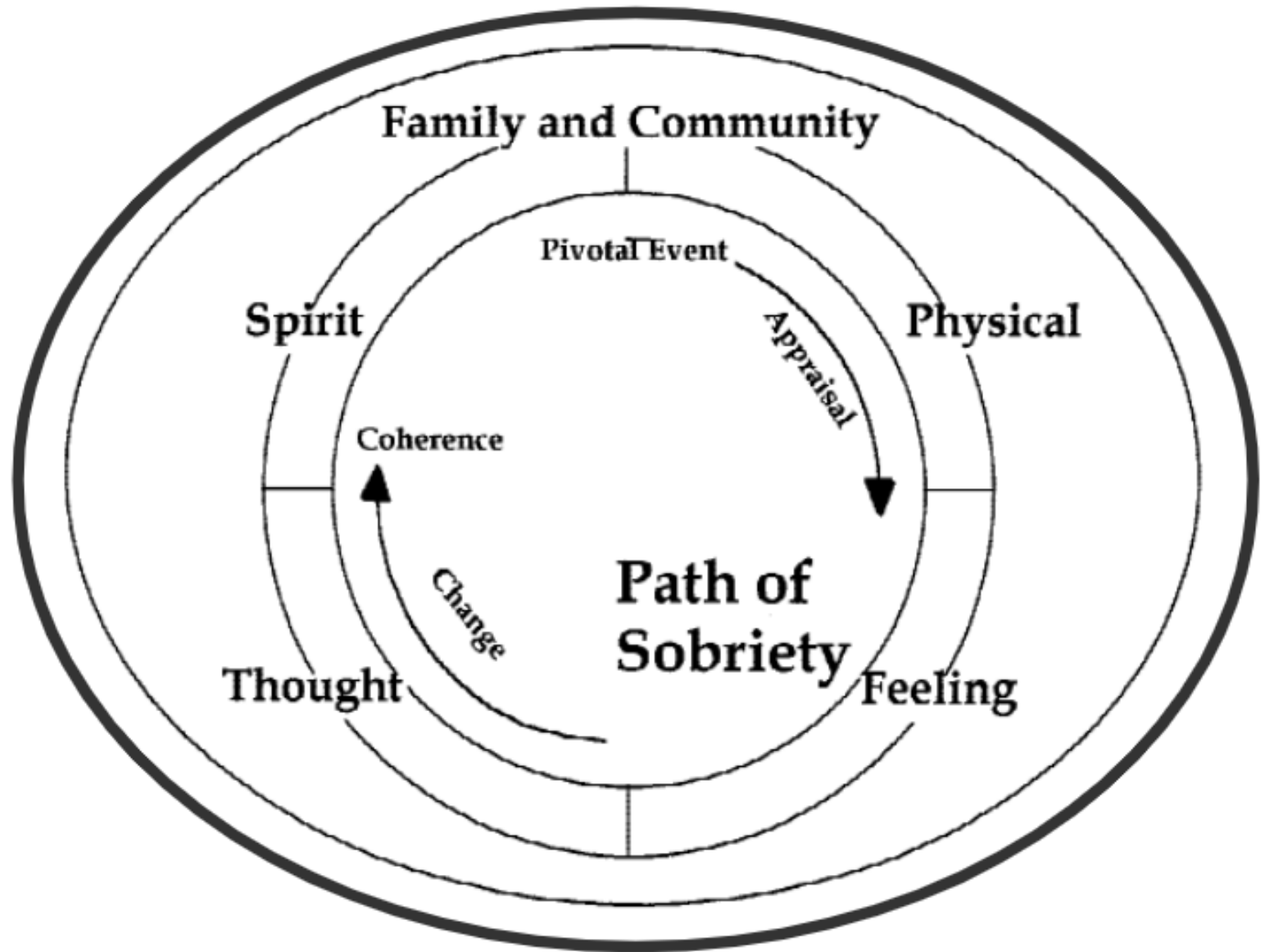
- Reduced suicide rates among youth (Chandler & Lalonde, 1998).



Path of Recovery among Alaska Native Peoples

Portrays the link between the “physical, emotional, cognitive, and spiritual quadrants of the self in relation to family, community and the environment” (Hazel & Mohatt, 2001, p. 557).

This process creates a “sense of coherence” where the focus is not on self but rather on helping others until they feel ready to stop or moderate use (Mohatt et al., 2007).



Healing Centered Engagement

Ancestral Wisdom & Values

5 C's: Compassion, Connection, Community, Curiosity,
Ceremony



Holistic Wellbeing

Shift to possibility and thriving, from deficits and
trauma



Healing Centered Engagement

Focused on collective healing, assets-driven and
strengths based (Demientieff, 2017, 2022)



Alaska State Library - Historical Collections

*(Alaska State Library, Alaska Territorial
Governors Photo Collection, P274-1-2)*

Weaving Together Healing-Centered, Trauma-Informed & Culturally Responsive

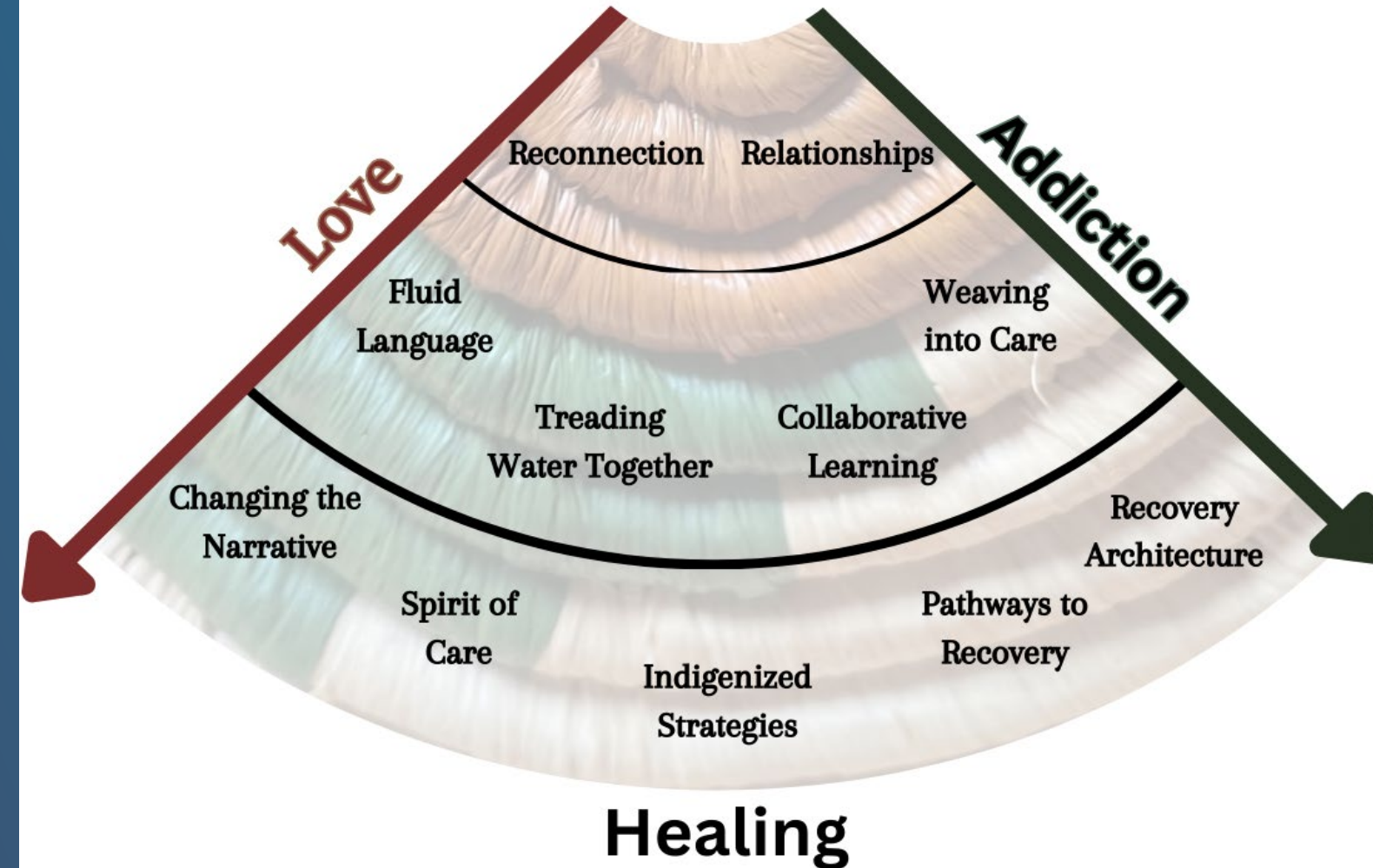
- *People are worth saving - we are all connected and have a purpose. People get trapped in addiction which is a normal reaction to trauma and suffering.*
- Pillars of person-centered, healing-informed care are:
 1. Physical and emotional safety;
 2. Trustworthiness and transparency;
 3. Collaboration and mutuality;
 4. Empowerment, voice, and choice;
 5. Diversity and respect for cultural, historical, and gender issues.
 6. Integrated, individualized, evidence-based



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Healing

Intersection of Addiction
and Love





FIGHTING BACK AGAINST STIGMA

People who use drugs receive stigma from healthcare workers, loved ones, and the general public.

In order to encourage people to reach out for help, it is important to reduce stigma.

Changing the Narrative: Rates of Return to Use

Substance use falls along a continuum

Use ranges from abstinence/low-risk to chronic dependence and encompasses all stages in between

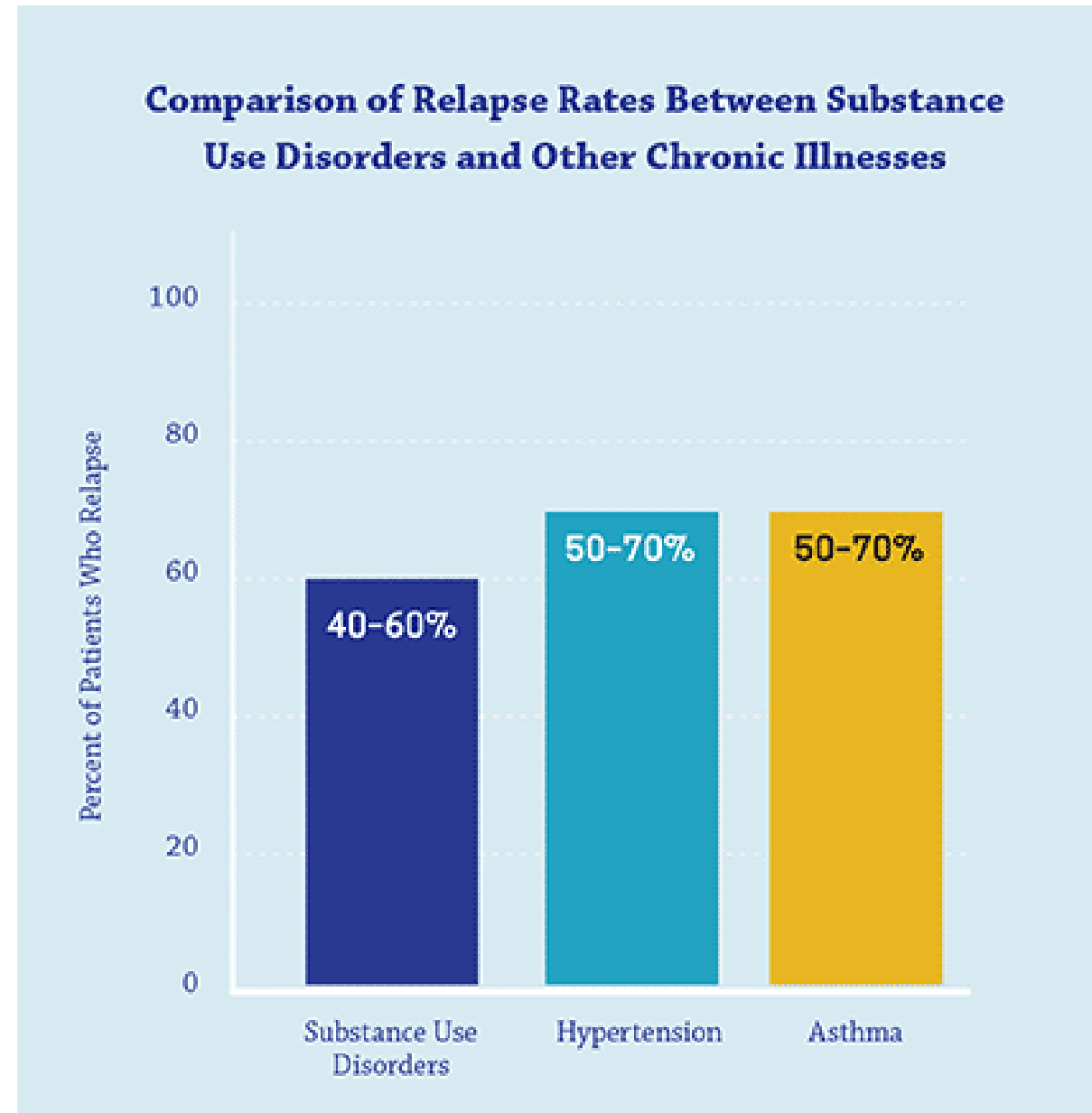
Return to use are a part of the process

Like other chronic diseases, SUD can be managed through appropriate treatment

Successful treatment for SUD means the person is thriving



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Content: JAMA 2000. Graph: NIDA 2014.

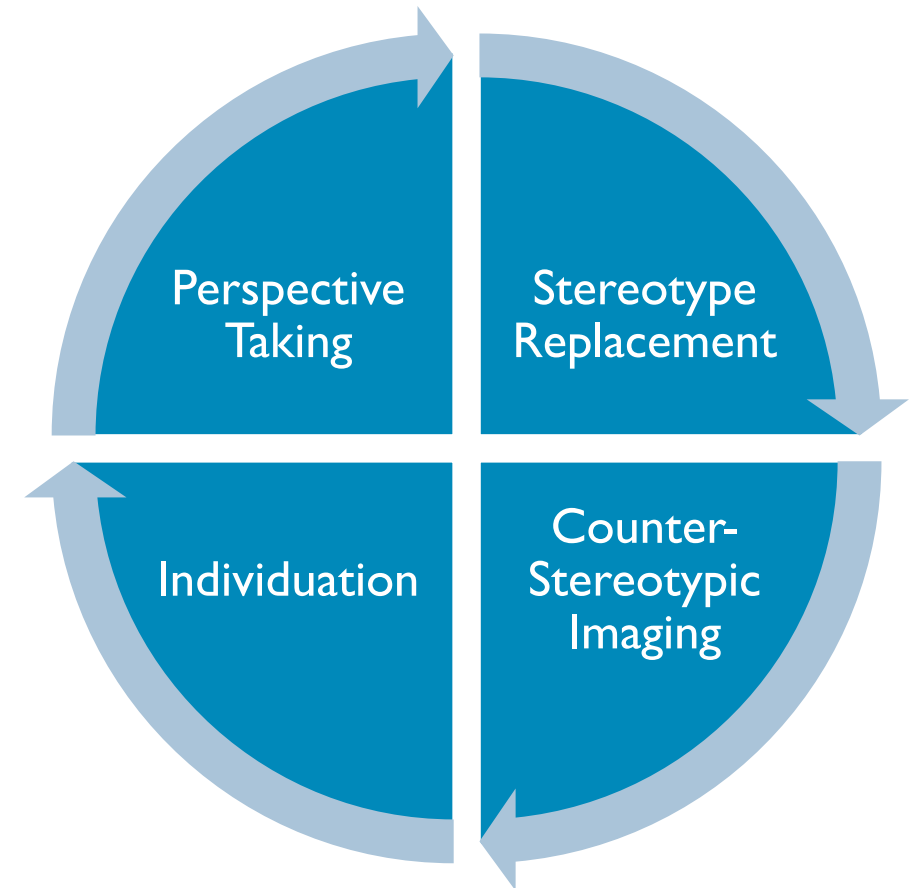
Honoring Self

- “People who wonder if the glass is half empty or half full, miss the true point...The glass is refillable.” ~ Anonymous
- Part of honoring self, is taking care of yourself.
- Social cognitive psychology found providers with higher levels of positive emotions during a clinical encounter may be less likely to stereotype patients.
- Combat self stigma through building self-esteem and construction of own sense of self and story
- Engage in self reflection strategies to increase their awareness of their own biases and stigma around in the environment with time and effort (*more information on next slide*)



Honoring Self: Self-Reflection Strategies to Counter Stigma

- Perspective taking involves putting yourself in someone else's shoes.
- Stereotype replacement involves finding new response to automatic stereotypical responses.
- Countering stereotypical images involves noting when images reflect stereotypes and creating an image opposite in your mind.
- Individuation is a process of humanizing a stereotype by obtaining specific information about group members to prevent biased inferences.



Reflection Strategies

Honoring Relationships

- Healing acknowledges past experiences of trauma and the disconnection from cultural foundations over decades and the resulting “collective soul wound” (Dr. Eduardo Duran)
- Inherent worth and dignity of all people
- Examine your own values and biases
- Promote historical wellness, resilience and empowerment
- Uplift voices of lived experience
- Use accurate and non-stigmatizing language

“There is nothing greater than we can do as human beings than how people feel in other people’s presence and there’s a lot of different ways that we do that.”



The Real Stigma of Substance Use

In a study by the Recovery Research Institute, participants were asked how they felt about two people “actively using drugs and alcohol.”

One person was referred to as a
“**substance abuser**”



The other person as
“having a substance use disorder.”



No further information was given about these hypothetical individuals.

THE STUDY DISCOVERED THAT PARTICIPANTS FELT THE “SUBSTANCE ABUSER**” WAS:**

- less likely to benefit from treatment
- more likely to benefit from punishment
- more likely to be socially threatening
- more likely to be blamed for their substance related difficulties and less likely that their problem was the result of an innate dysfunction over which they had no control
- they were more able to control their substance use without help

Responsive Communication

The way we talk about substance use directly impact stigma.

Person first language encourages respect and the worth and dignity of all persons

Avoid language that is sensationalizing (e.g., suffering from SUD), free of jargon or speculation

Strengths focused, trauma informed

Language is fluid and context matters

“Be careful of how you speak about others. The things you say to others will show up in your children or grandchildren.” – Alaska Native teaching

FROM (Deficit-Based) What is wrong with this person?	TO (Healing-Informed) What has this person been through?
Addict, drug abuser	Person who uses drugs
Patient	Client, customer-owner
Clean/dirty	Tested negative/tested positive
Sober, former addict	People who thrive
Symptoms	Adaptations
Disorder	Response
Attention seeking	The individual is trying to connect in the best way they know how
Borderline	The individual is doing the best they can given their experiences
Controlling	The individual seems to be trying to assert their power
Manipulative	The individual has difficulty asking directly for what they want
Malingering	The individual is seeking help in a way that feels safer

Weaving in a Spirit of Care

The circle traditionally embodies the connection between everything to highlight that care is not hierarchical or linear

Person-centered care informed by strengths, based in relationships, responsive to culture, mutually respectful, honor autonomy and individual expertise

Relational means not seeking to change people but taking the time to work together and come together in care delivery and shared decision making.



Honoring Community: Addressing Inequalities & Injustices

Recognize the impact and complexities of poverty, class, racism, isolation, past trauma, sex-based discrimination and other inequalities affect people's vulnerability, and capacity for effectively dealing with behavior related harm .

It is important to acknowledging we are part and live within the same systems and structures that stigmatize, shame and hurt people who use drugs.

Those systems impact us too.



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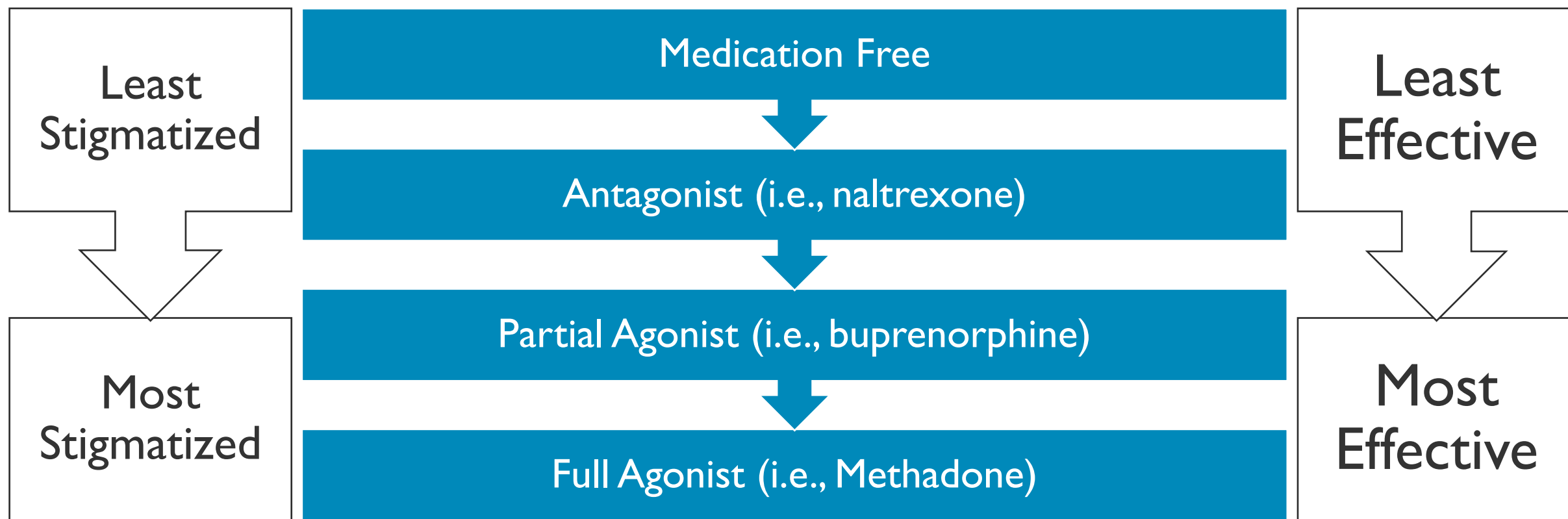


Honoring Community: *Improving Systems*

- Protest stigmatizing conditions
- Training and education for ALL staff
- Assessment of practices and policies
- Evaluate practice setting- physical atmosphere
- Advocate for policy changes for the people we serve
- Leadership and/or alliances
- Outlets for feedback



Hierarchy of Opioid Stigma



Engaging People and Reducing Stigma

- There are ways to manage and challenge stigma.
- Stigma changes over time.
- Stigma intersects with other forms of oppression and marginalization.
- When challenging stigma, meet all people where they're at.
- Change is hard. Value incremental change.



Chronic Disease Conversation

Talk to people about substance use the same way as chronic diseases

- If it is a disease model, why not talk about it that way?
- Use medically accurate, person first, non-stigmatizing language
- Engage with the patient as a partner in treatment planning
- Reflect on treatment progress thoughtful while using language that shows respect

Use basic tenants of motivational interviewing and caring curiosity

- Convey warmth and care for a patient's wellbeing
- Use empathetic and nonjudgmental listening
- Ask permission to discuss sensitive topics
- Use open ended questions

Acknowledge own feelings and recognize space to process before talk to client

- Be aware of one's own anxiety/bias
- Engage in self-care to decrease likelihood of stigma
- Self-reflection of clinical encounters

Dismantling Stigma Together

- What comes to mind when you think of the word addict or alcoholic?
- What comes to mind when you think of relapse?
- What comes to mind when encounter a pregnant woman in active substance use?
- How do you define recovery?
- **Next, consider...**
 - Where to these beliefs derive from? Personal experience and belief system, education, science, best practices?
 - How is bias impacting delivery of service? Office atmosphere? Engagement with clients?
- **Moving forward....**
 - What is one strategies you can start using this week to move towards dismantling stigma?

Quyana, thank you for
having me today!



Any questions?

- Amber Frasure asfrasure@alaska.edu

The background of the right side of the slide features a sunset over a forest. The sky is filled with concentric, glowing circles in shades of blue and orange, suggesting a celestial or spiritual theme. In the foreground, the dark silhouettes of evergreen trees are visible against the horizon. On the left side, a white silhouette of a person's head and hand is shown, appearing to be looking at or pointing towards the text on the right.

Destigmatizing Addiction Care with Indigenous Peoples

*Uplifting Indigenous Knowledge to
Empower Recovery*

Alaska Native Tribal Health Consortium

Developed by Amber Frasure, Panikaa Teeple & Mallika Kolachala

A Few Resources...

Addiction Medicine

- ANTHC Addiction Medicine ECHO: <https://www.anthc.org/project-echo/addiction-medicine-echo/> [see didactic recordings]
- Alaska DHSS: [Addiction Medicine Toolkit](#) and the [Opioid Data Dashboard](#)
- [SAMHSA Addiction Medicine for Opioid Use Disorder](#)
- [SAMHSA Addiction Medicine for Alcohol Use Disorder](#)
- ASAM [National Practice Guidelines](#) for Opioid use Disorder
- SAMHSA Find Resources [Link](#)
- ANTHC Medication Assisted Treatment Toolkit: Empowering Recovery from Substance Use Disorders in Rural Alaska: https://www.iknowmine.org/wp-content/uploads/2021/08/ANTHC-MAT-Toolkit_FINAL.pdf

Harm Reduction

- ANTHC Harm Reduction Toolkit : <https://www.iknowmine.org/wp-content/uploads/2023/09/ANTHC-Harm-Reduction-Toolkit-web.pdf>
- National Harm Reduction Coalition: <https://harmreduction.org/>
- Alaska Drug User Harm Reduction Network: <mailto:aduhrn@outlook.com>
- NASTAD Regional Harm Reduction Technical Assistance: <https://www.nastad.org/resource/regional-harm-reduction-technical-assistance-ta>
- Injection Drug Users Health Alliance: <https://iduha.org/connect/>
- Harm Reduction Therapy: <https://harmreductiontherapy.org/helping-harm-reduction-therapy/>
- North American Syringe Exchange Network: <https://nasen.org/>
- Manitoba Harm Reduction Network: <https://mhrn.ca/>
- SSP Models: <http://www.nchrc.org/syringe-exchange/syringe-exchange-models/>
- Virtual training [NPAIHB Harm Reduction ECHO](#) hosted the 1st Tuesday every month at 11 am Alaska time
- Harm Reduction Education at TripSet: <https://tripsit.me/>

Reduce Stigma

- Video: First Nations Health Authority: [Taking Care of Each Other: Reducing Stigma](#)
- Video: [Tell Me What to Say: How to Approach](#) Challenging Patient Conversations
- [Anti-Stigma Toolkit](#): A Guide to Reducing Addiction-Related Stigma

Compilation of Resources & Webinars: <https://anthc.org/what-we-do/behavioral-health/resources/>



HARM REDUCTION

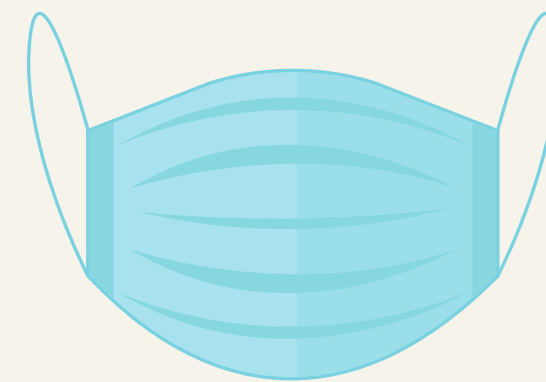
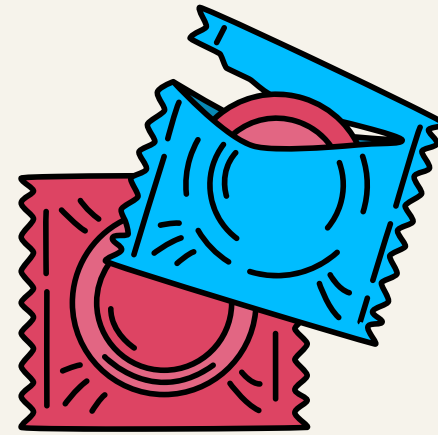
Presented by Eleanor Pollo, ANTHC Wellness and Prevention

Bethel/Yukon Kuskokwim Delta Syndemic Training:

Addressing the Syndemic of Substance Use Disorders and Related Disease States



IN THE BROAD SENSE OF THE WORD, **HARM REDUCTION** INCLUDES EVERY STRATEGY WHICH HELPS TO REDUCE HARM.



HARM REDUCTION AS APPLIED TO SUBSTANCE USE DISORDERS

Harm reduction incorporates a spectrum of strategies from safer use, to managed use to abstinence to meet people who utilize substances “where they’re at”

Harm reduction focuses on positive change, safety and working with people without judgement, discrimination, coercion, or requiring that they stop using drugs as a precondition for support.

HARM REDUCTION IS....

Housing First
Programs

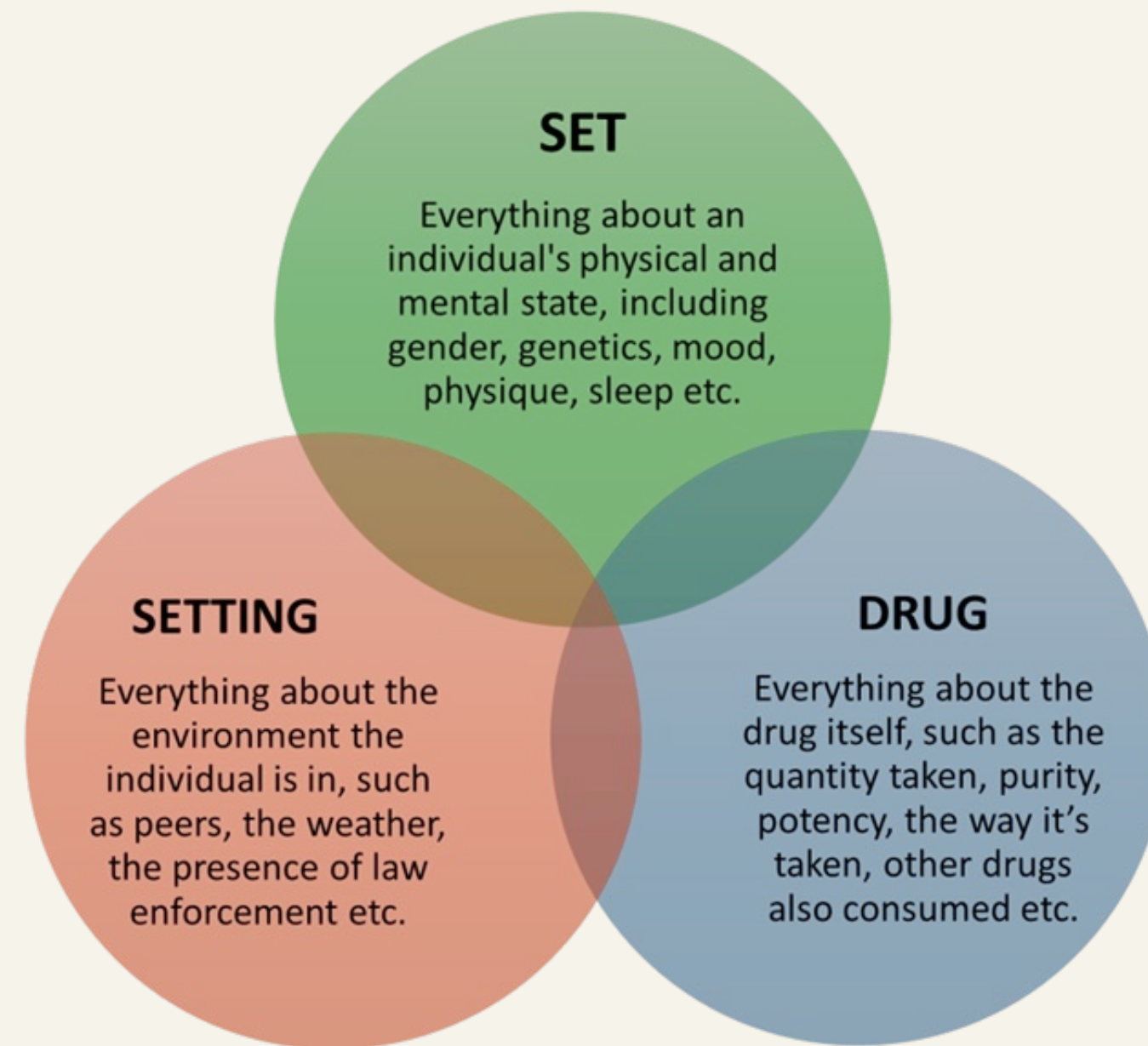
Sober Living
Homes

Syringe Service Programs
(SSPs)

Overdose Prevention Training

Mental health services

DRUG, SET, SETTING



INCORPORATING HARM REDUCTION IN PRACTICE

What steps are you currently taking to stay safe when using? Is there anything you feel has helped?

Do you have access to sterile supplies, like clean needles and syringes? Would you like to learn where you can get these locally or receive some from us today?

Is there anything you wish you could have to help you feel safer or more comfortable when using?

Do you carry naloxone? Are you interested in getting some today?



**WHAT'S INSIDE A HARM REDUCTION KIT AND
WHY?**

SYRINGES

Access to sterile syringes reduces the likelihood of sharing or reusing needles, which are significant risk factors for the transmission of bloodborne infections, like HIV, hepatitis C, and bacterial infections.



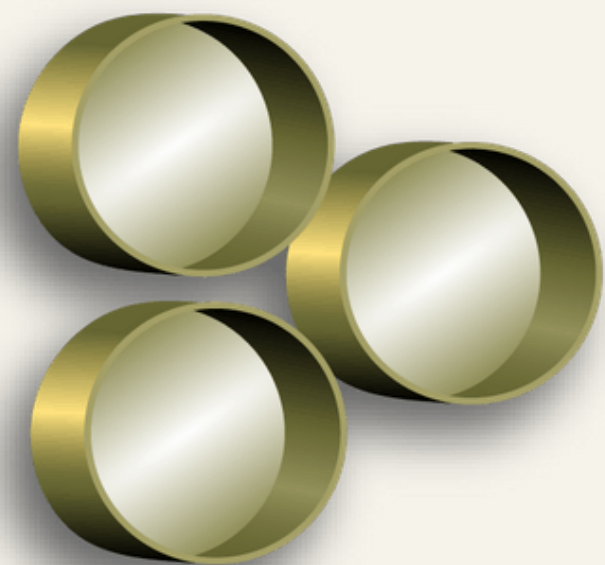
TOURNIQUET

Without tourniquets, individuals might use makeshift alternatives which can lead to blood clots, nerve damage, and tissue death if left on for too long.



COOKER AND ZIP TIE

A sterile cooker decreases the risk of transmitting infections and minimizes cross contamination.



COTTONS

Filters out impurities and solids



STERILE WATER

Sterile water is crucial for reducing the risk of infection, as tap or bottled water or other nonsterile sources can contain bacteria and pathogens that may cause harm when injected.



ALCOHOL PREP PAD

Proper skin and tool disinfection lowers the risk of introducing pathogens, such as those causing HIV, hepatitis B, and hepatitis C.

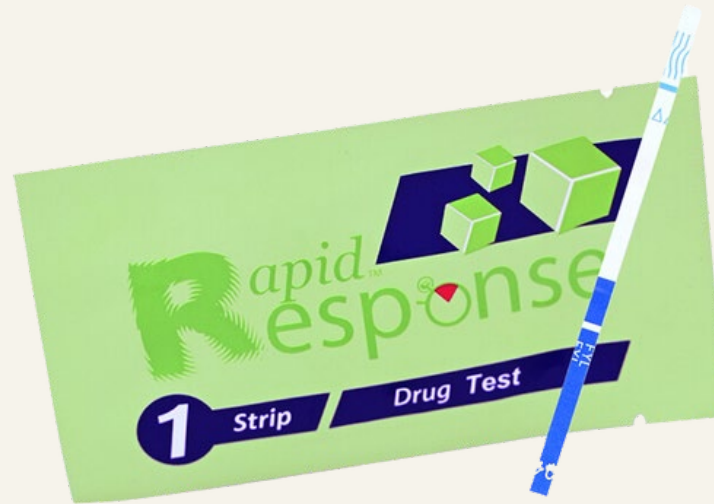
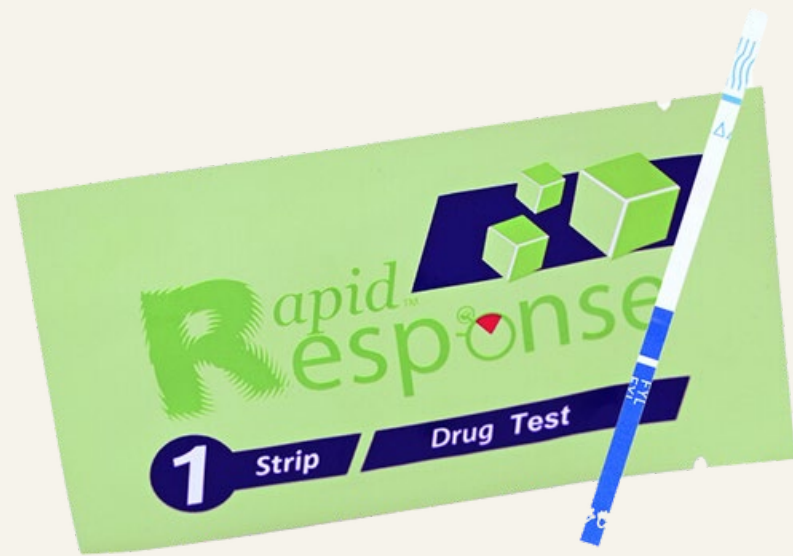


WOUND CARE KIT

Wound care materials help prevent and manage injection-related injuries and infections



TESTING STRIPS



FATAL DOSES



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