

EMPOWERING DRUG USERS THROUGH UNIONS AND A SAFE SUPPLY

Meet Jake & Joe



A pop art style background featuring a close-up of a woman's face with a large blue eye and dark hair. To the left is a red flower with black outlines. The background has a brown polka-dot pattern. A diagonal line separates the face from the flower.

DISCLOSURES

WE HAVE NOTHING TO DISCLOSE

LEARNING OBJECTIVES FOR TODAY



Get to Know Drug Users' Unions



Dive Into Local Drug Use Data



See How Everyone's Substance Use Story is Different



Check Up on Drug Checking in Wisconsin



Understand How Stigma Blocks Support

“Lived experience has a shelf life.”

- Stephen Murray, MA Overdose Prevention Helpline

“The Scene” changes. The drug scene in the 2020s is significantly different and possibly more dangerous than any other time in recent history due to its unpredictability.

People change. With the distance of time, many people who recover may lose sight of the challenges faced by people who use drugs or view drug use through a lens of abstinence-based recovery.

Science changes. Thanks to research partnerships involving people with living experience, there is much more accurate science around drug use, drug market changes, and risks people face.

Living experience and *lived* experience are not interchangeable.

WE LIVE IN THE “REAL WORLD”

- We are experts in our needs, challenges, strengths, and lives.
- People have used drugs for self-care, escape, and pleasure throughout human history.
- We have always used harm reduction to be safe.
- We endure in a society that criminalizes, stigmatizes, and dehumanizes us.
- Drug use is a complex issue that is inexorably linked with humans; there is no “solution” to this natural human phenomenon.



BUT WHY, WHAT'S THE POINT OF A DRUG USERS' UNION?

The absence of drug-using voices is deafening when it comes to policy and planning about us.

In response to the decimation that continues to wreak havoc on our communities, we need to present a united front.

If they can do it, so can we.



“IF YOU’RE NOT AT
THE TABLE, YOU’RE
ON THE MENU.”



Dennis Radloff

Nothing about us without us!

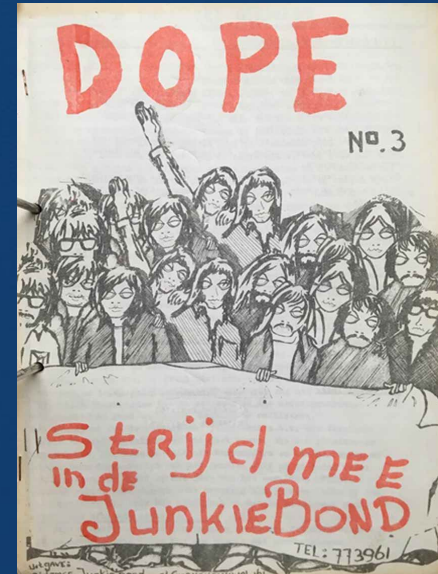
"UNDERSTANDING DRUG USERS' UNIONS"

A Drug Users' Union is a collective organization formed by individuals who use drugs to advocate for their rights, health, and dignity. It operates on principles of harm reduction, peer support, and activism, aiming to challenge the stigma associated with drug use, influence public policy, and improve services and support mechanisms for its members. These unions are grounded in the belief that people who use drugs can make valuable contributions to society and should have a say in policies that affect their lives.



HISTORICAL BACKGROUND

The concept of drug user unions originated in the early 1970s in the Netherlands, with the formation of the Junkiebond in Rotterdam. This was the world's first known drug user union, established to represent the interests and rights of drug users, advocating for harm reduction policies, safe use spaces, and access to health services. The Junkiebond model inspired similar movements in various countries, emphasizing peer-led initiatives and the participation of drug users in policy discussions.



SPREAD AND GROWTH

Throughout the 1980s and 1990s, the idea of drug user advocacy and unionization spread across Europe and to other parts of the world, including Australia, Canada, and parts of Asia and Africa. The spread was fueled by the growing recognition of the AIDS epidemic and the need for harm-reduction strategies to address the health crises among injection drug users.

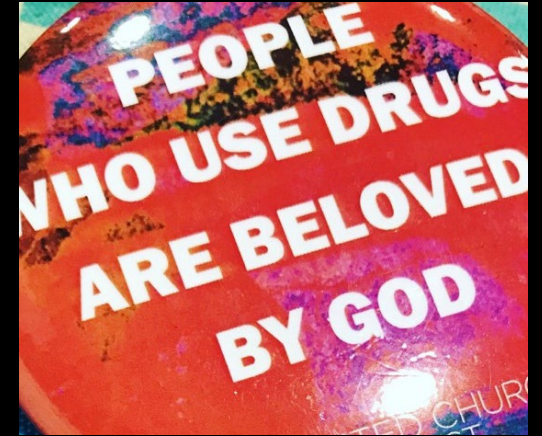


SO, WHO THE
HECK IS
PULSE?

PULSE started in 2023 as a response to an epidemic of drug harms and death that continues to grow.

The one voice always left out of any conversation regarding people who use drugs is...the people who use drugs.

We advocate for people who use drugs to receive the same respect and treatment as those who do not use drugs.



OUR MISSION

Our mission is to advocate for harm reduction, safe supply access, and drug law reform, empowering all who use drugs through education, engagement, and policy change. We strive to reduce harms, challenge stigma, and create a more just society.



OUR VISION

Our vision is a society where all people who use drugs are treated with compassion and empowered to make informed choices. A future where harm reduction is embraced, safe supplies are accessible, and drug laws are reformed to prioritize public health and social justice. Through our efforts, we strive to create a community that fosters understanding and supports equitable opportunities for all.



VALUES



Anonymity



Compassion



Empowerment



Equity & Social
Justice



Harm
Reduction



Collaboration &
Inclusivity



Evidence-
Based Practice



Transparency &
Accountability



A field of red poppies under a sunset sky. The sun is low on the horizon, casting a warm glow over the field. The poppies are in various stages of bloom, with some fully open and others as buds. The sky is filled with soft, orange and yellow clouds. The overall mood is peaceful and hopeful.

PULSE

**PROMOTING UNDERSTANDING
LIFTING STIGMA
&
EMPOWERMENT**

UNION OF PEOPLE WHO USE DRUGS

PROMOTING UNDERSTANDING

We want people to know.

We are your mothers, fathers, sons,
daughters, cousins, and friends.

We are not our drug use.

We are people deserving of respect,
empathy, and kindness.

Like any other demographic or community,
we have unique needs and problems.

Not all drug use is problematic or
automatically means a substance use
disorder.



LIFTING STIGMA

"For there are two possible reactions to social ostracism - either a man emerges determined to be better, purer, and kinder, or he goes bad, challenges the world, and does even worse things. The last is by far the commonest reaction to stigma."

John Steinbeck

"Labeling theory" posits that self-identity, and the behavior of individuals may be determined or influenced by the terms used to describe or classify them. It is associated with the concepts of self-fulfilling prophecy and stereotyping.

Wikipedia

The biggest killer out there is stigma. Stigma keeps people in the shadows. Stigma keeps people from coming forward and asking for help. Stigma keeps families from admitting that there is a problem.

JEROME ADAMS, U.S. SURGEON GENERAL

Call it what it is: Discrimination-Sarah Johnson

EMPOWERMENT

Being with us where we're at

*Supporting us, whatever we may be
going through*

Holding a safe space to be ourselves

Sharing similar experiences

Providing us with a purpose

Allowing us to be vulnerable

Providing a sense of community



CONNECTION

Connection with nonjudgmental people helps us know that we are more than our substance use; we are part of a community.

We have skills and value to bring to all endeavors and strive to work with others to change systems and address stigma against people who use drugs.

We will take care of each other, with or without the system's approval/assistance, we always have.

WHERE ARE WE & WHAT CAN WE OFFER?

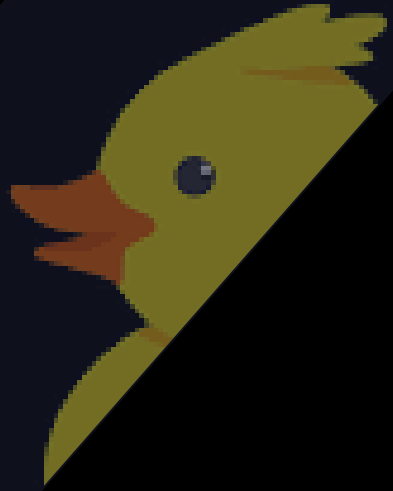
People with living experience who can provide much needed input on how to make your work with people who use drugs more effective

Advocacy to further harm reduction practices to address an epidemic of fatal overdoses and other health effects from an unpredictable drug supply

Training and technical assistance in developing policies and best practices for harm reduction work



What the
Duck



QUESTIONS OR DISCUSSION

SERS' UNION

[HTTPS://WWW.PEOPLE4PULSE.ORG/](https://www.people4pulse.org/)

Joe@people4pulse.org



Journeys and Relationships to Substances

Casual/Healthy/Neutral Relationship to _____: When a person consumes a substance with minimal to varying degrees of positive effect.

Chaotic Relationship to _____: When a person's relationship(s) to substances involve more risk, and potentially some level of dependence. Positive effects are still present but may be nearly outweighed by negative outcomes.

Problematic Relationship to _____: When a person's relationship to substances involves high risk, and dependence. Positive effects are still inherently present, but may be outweighed by negative outcomes.

Abstinent From _____: when a person no longer consumes a substance.



THE SCALES
DON'T
BALANCE

REMOVE PATERNALISM OUT OF PEER WORK

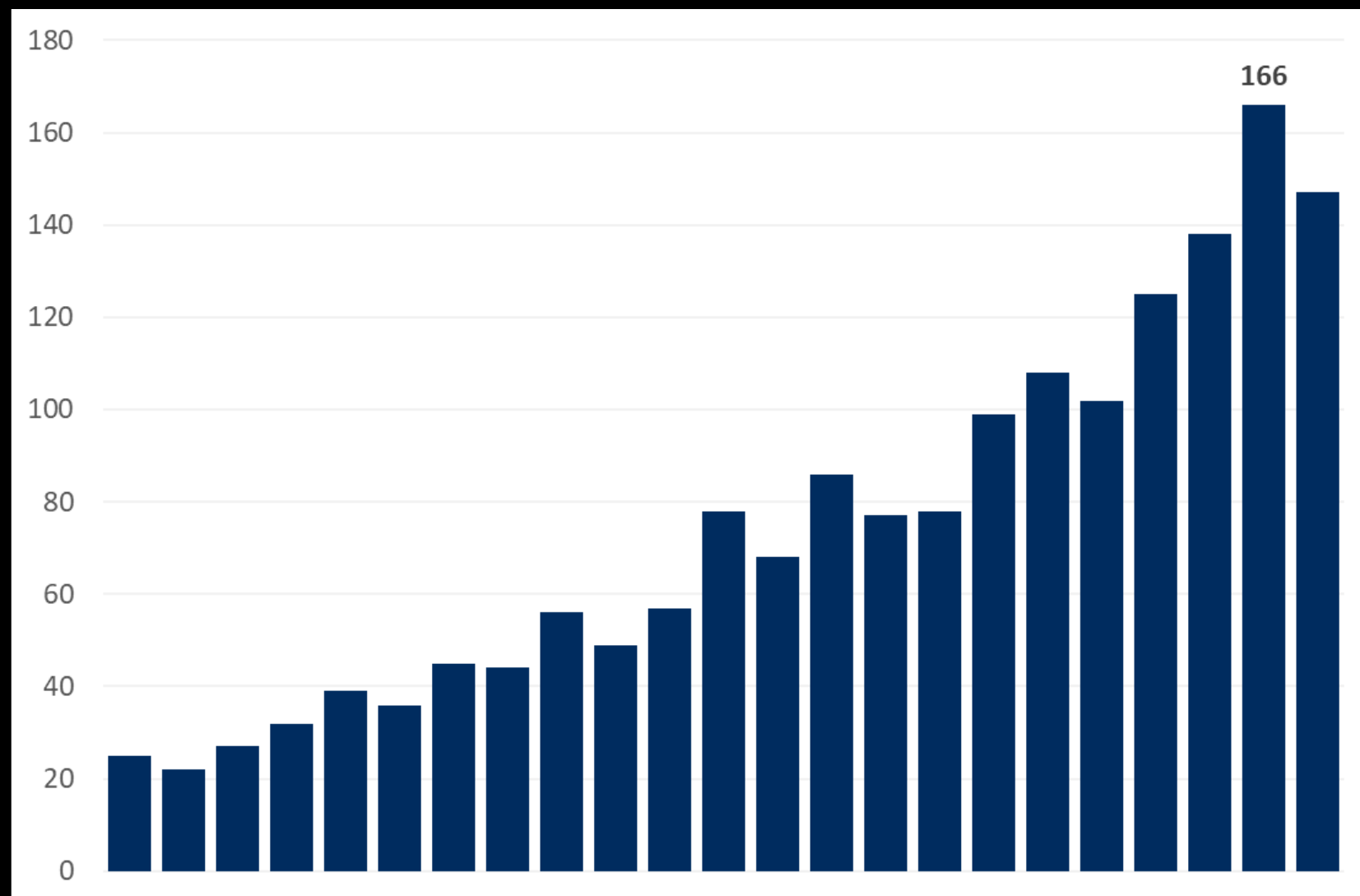
"Stigma and discrimination keep us isolated and apart, it creates fear and misunderstanding. Peers must come together and unite to increase access, build bridges of support, and embrace a future of inclusion and care. The time is past due!"

PULSE MEMBER

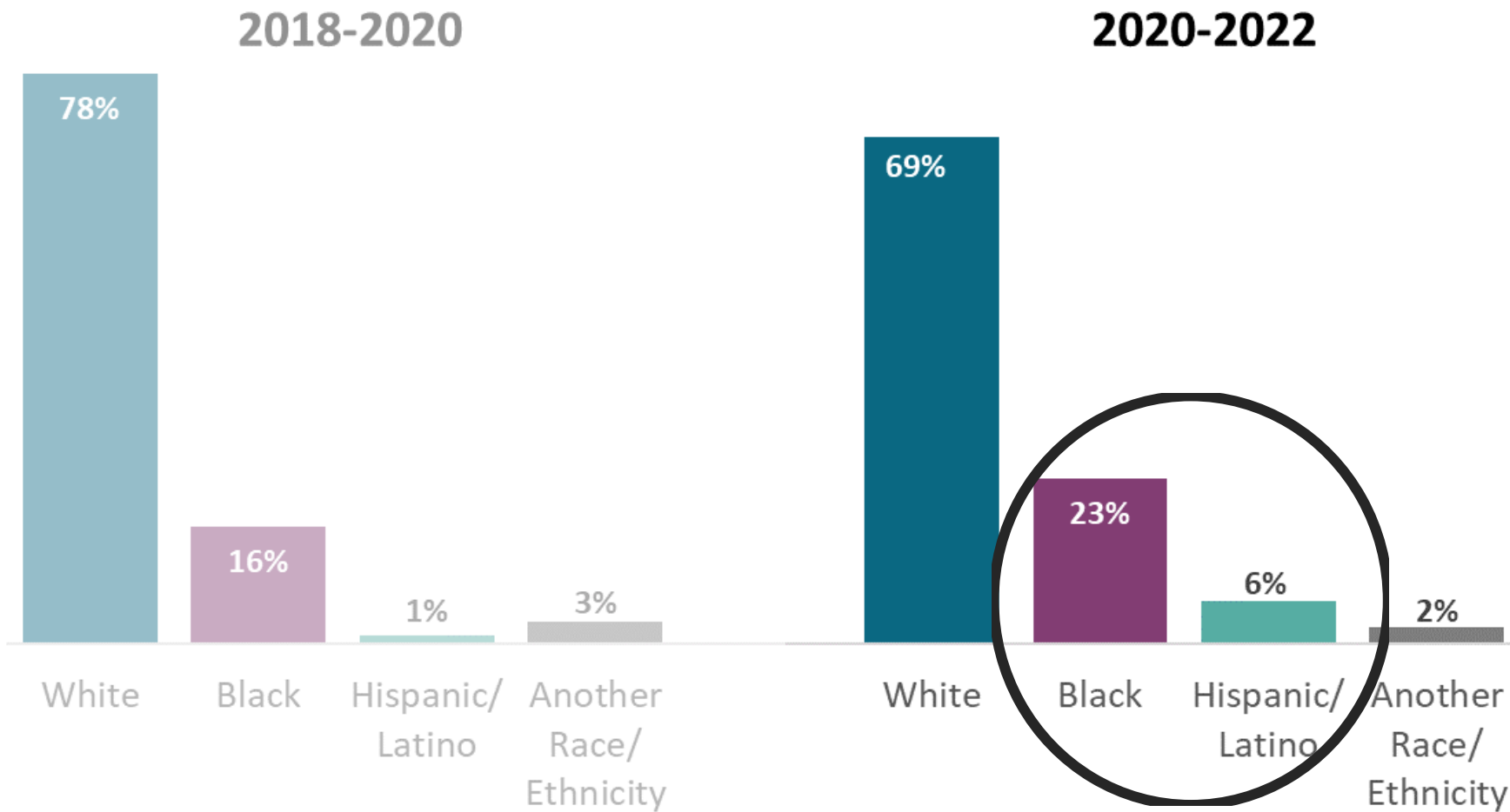
STIGMA ACTIVITY



DESPITE FEWER
DEATHS IN 2022
THAN 2021, THE
NUMBER OF
DRUG OVERDOSE
DEATHS IN DANE
COUNTY
REMAINS HIGH.



DISPROPORTIONATE RATES OF OVERDOSE



A greater proportion of those who died recently are Black and Hispanic.

Black/Gray Powder Code: AC2023C007 Sold as: Not Specified	<ul style="list-style-type: none"> • Diphenhydramine • Fentanyl • Heroin • 6-Acetylmorphine • Caffeine • Quinine • 4-ANPP • 4-Fluorofentanyl • 6-Acetylcodeine • Cocaine • Phenethyl 4-ANPP • Lidocaine 	<ul style="list-style-type: none"> • 16 • 10 • 8 • 4 • 4 • 4 • 2 • 2 • 2 • 2 • 2 • 1 	Feb 13, 2023	Madison, WI
Tan Powder Code: AC2023C006 Sold as: Heroin	<ul style="list-style-type: none"> • Fentanyl • Heroin • 6-Acetylmorphine • Phenethyl 4-ANPP • 4-Fluorofentanyl • Acetylfentanyl • Quinine • 4-ANPP • 6-Acetylcodeine • Diphenhydramine • Lidocaine • Quetiapine • Ketamine 	<ul style="list-style-type: none"> • 30 • 12 • 8 • 6 • 4 • 4 • 4 • 2 • 2 • 2 • 2 • 2 • 1 	Feb 13, 2023	Madison, WI

600429

From Madison, Wisconsin on 2/20/2024
Assumed to be heroin, fentanyl, xylazine

This is a messy brew of 7 major substances:

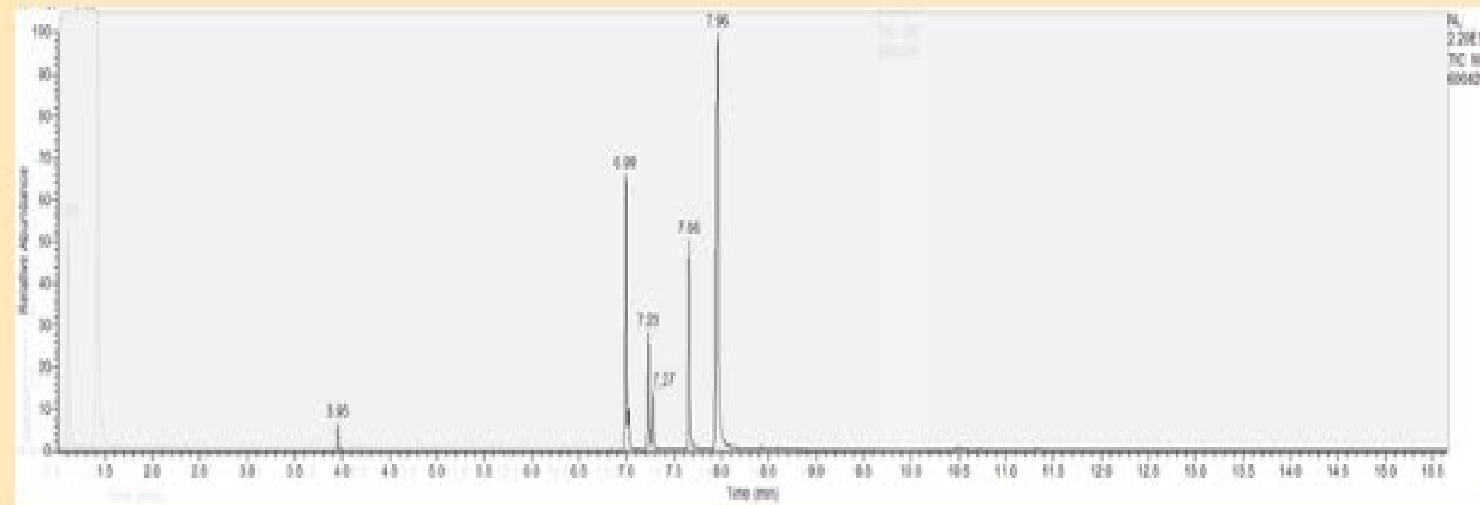
- heroin
- 4-ANPP
- 6-monoacetylmorphine (6-MAM)
- fentanyl
- morphine
- acetylcodeine
- gabapentin

But we found lots of contaminants too, with traces of carfentanil + quetiapine + papaverine + phenethyl 4-ANPP + codeine. Trace substances in small quantities are usually harmless, but can sometimes cause health problems. Unexpected sensations may be due to these.

Fentanyl is potent and the amount changes by batch. If you weren't expecting it, consider getting test strips online or from a harm reduction program. **Carry naloxone (Narcan)** to reverse overdoses. **Don't use alone** so someone can help if you go out.

There are a lot of different substances in this sample. We don't know the harms that some of these can cause. Be careful and be prepared for unexpected reactions.

Looks - dark brown rock, chunky, powder



600959

From Madison, Wisconsin on 2/14/2024
Assumed to be heroin

This is a messy brew of 6 major substances:

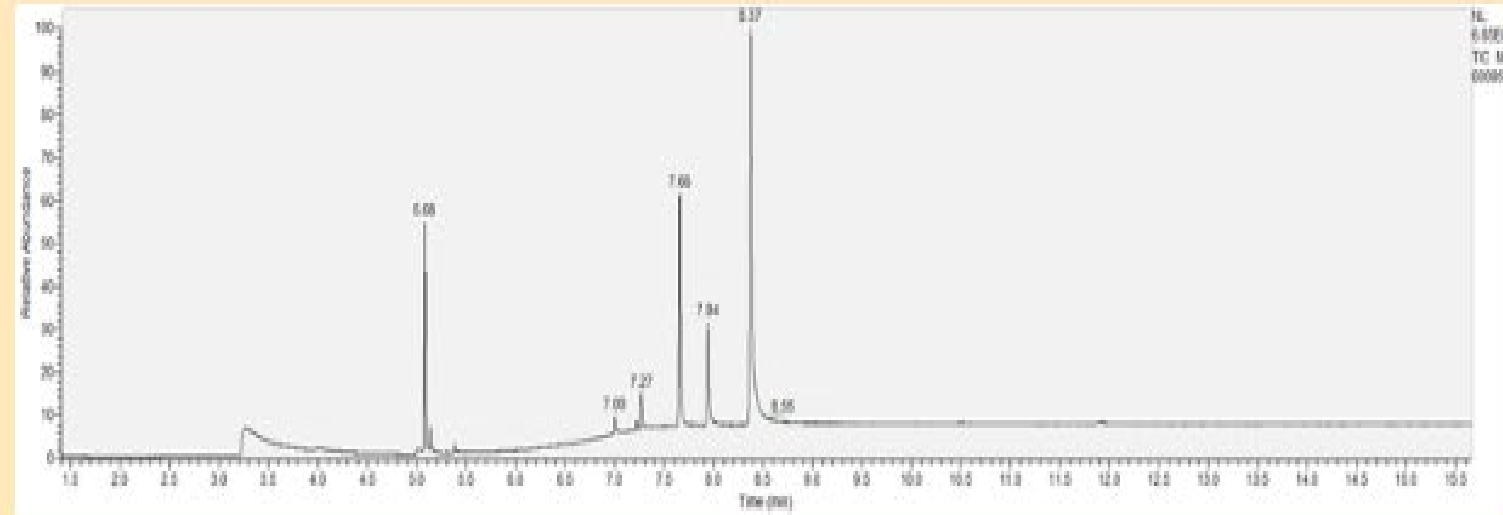
- **fentanyl**
- **heroin**
- **4-ANPP**
- **quinine**
- **diphenhydramine**
- **6-monoacetylmorphine (6-MAM)**

But we found lots of contaminants too, with traces of lidocaine + caffeine + niacinamide + tramadol. Trace substances in small quantities are usually harmless, but can sometimes cause health problems. Unexpected sensations may be due to these.

Fentanyl is potent and the amount changes by batch. If you weren't expecting it, consider getting test strips online or from a harm reduction program. **Carry naloxone (Narcan)** to reverse overdoses. **Don't use alone** so someone can help if you go out.

There are a lot of different substances in this sample. We don't know the harms that some of these can cause. Be careful and be prepared for unexpected reactions.

Looks - dark gray powder, chunky



Drug Checking
=
Increased Safety



Longstanding Practice of Drug Checking



THE IRON LAW OF PROHIBITION

- The term "iron law" implies an unyielding and predictable pattern.
- It highlights the tendency for prohibition efforts to backfire, leading to unintended consequences
- As law enforcement becomes more intense, the potency of illicit substances increases



WHAT IS LEGAL?

Cocaine - Methamphetamine - Fentanyl

Cannabis - Ketamine

Drugs are Morally Neutral

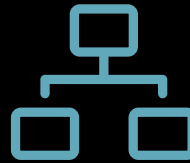


THE DRUG SUPPLY: WHAT DO WE KNOW?



Unpredictable and Erratic

The substances and amounts are highly variable and inconsistent.



Regionally specific

Drug supplies differ across regions based on local production and distribution networks.



Varying risk profiles

Different drug types have unique risk factors (when consumed) based on their pharmacological properties.

The unpredictable and unstable nature of the drug supply significantly contributes to harm for PWUD

COMMUNITY BASED DRUG CHECKING

Reagents



Test Strips



FTIR



LC/GCMS



Cost – Time – Complexity

COMMUNITY-BASED DRUG CHECKING

- Real time
- Drug user facing
- Reality informed
- Meaningful and actionable
- Harm reduction-based

ACDC is a collaboration between the DOPE Project, Homeless Youth Alliance, Glide Harm Reduction and the SF Drug Users Union to collect samples from San Francisco's drug supply that people who use drugs are concerned about, and have them tested using LC-MS technology.

ALLIANCE FOR COLLABORATIVE DRUG CHECKING (ACDC)

SAN FRANCISCO
Results for April 2019

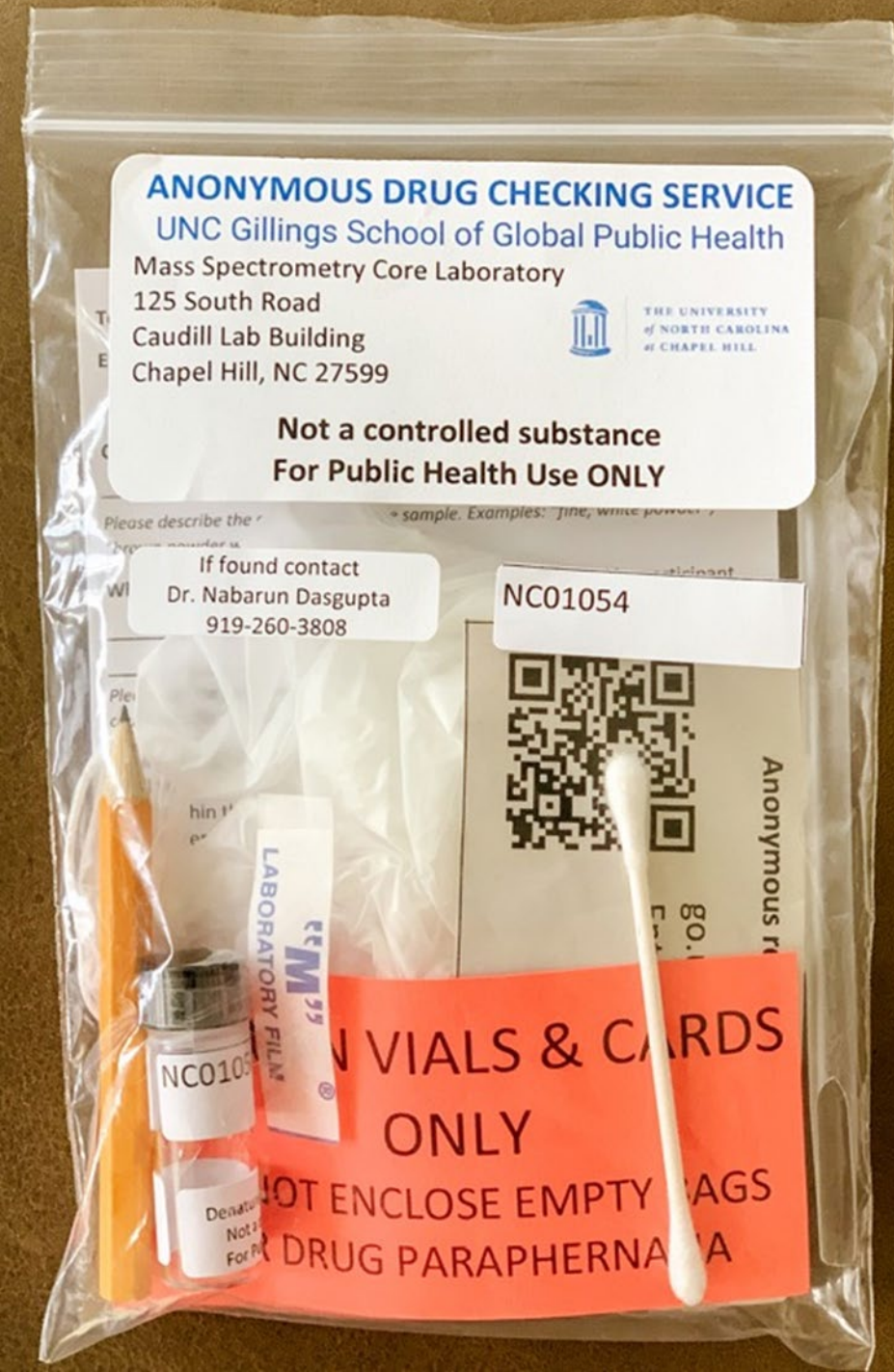
ACDC is supported by SFDPH and the Clinical Toxicology lab at Zuckerberg San Francisco General Hospital.

For more information contact
Eliza Wheeler
wheeler@harmreduction.org

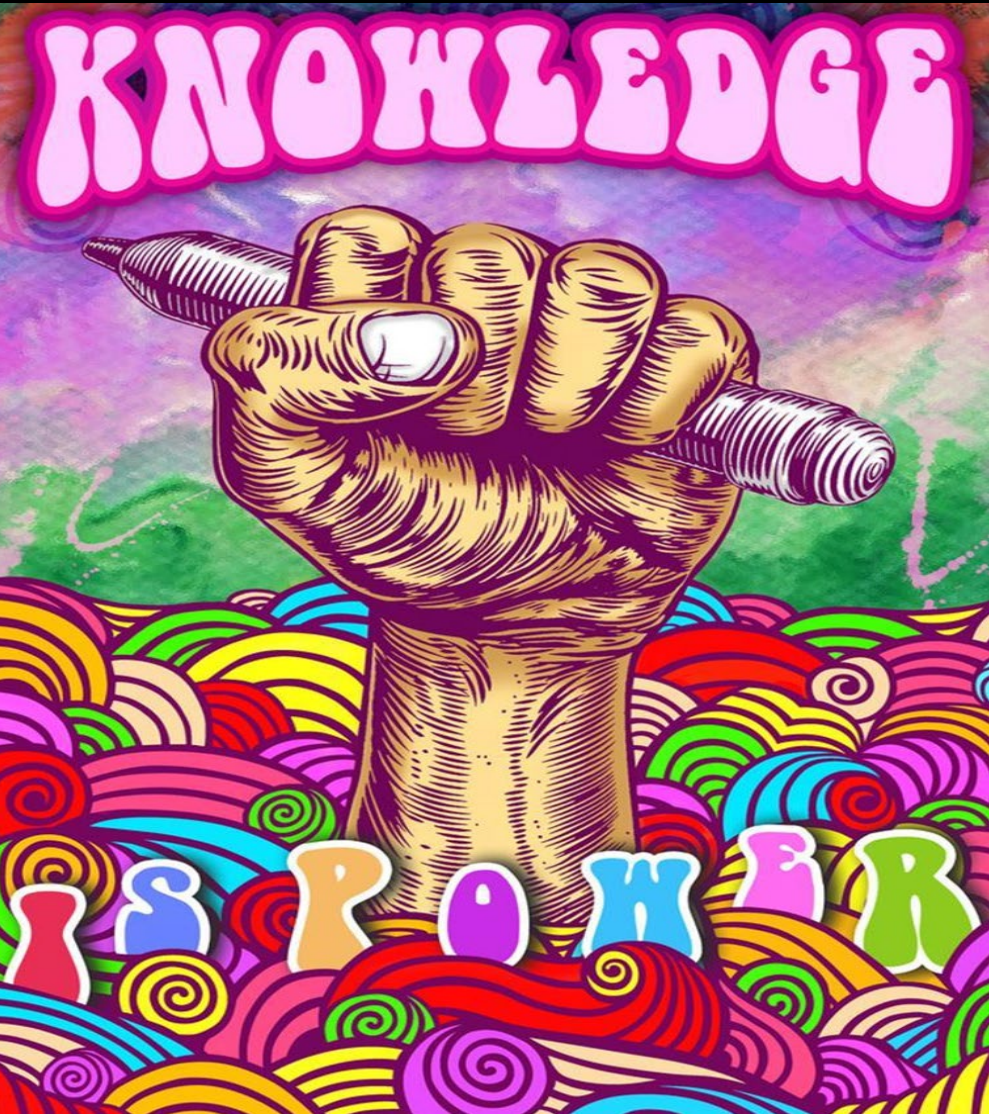
DOPE42 Sample collected 4/26/19 at Homeless Youth Alliance	SAMPLE PROFILE Purchased in the Tenderloin Sold as black tar heroin Caused itchy rash, burning in feet, neck, back, swollen lips, had no legs	WHAT WAS IT? Major component: heroin Trace components: cocaine, lidocaine and methamphetamine	SO WHAT? Even though this sample has some trace amounts of stimulants in it, the allergy-like reaction was most likely because of the heroin, a contaminant or an inert cut in the sample.
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DRUG CHECKING MODELS

- Mail-In
- Drop-in Center
- Mobile
- Drop-box/drop off



WHY COMMUNITY-BASED DRUG CHECKING?



Risk Reduction: Supporting people's safety, regardless of personal or public perception.

Engagement: Builds trust through meaningful connections. Opens dialogue beyond initial contact.

Autonomy: Acknowledging that we don't always know best. Not everyone who uses substances wants to stop or needs to stop.

Liberation and Power: Offers some control in an unregulated market and Empowers PWUD with choice and self-advocacy.

Proactive vs Reactive: Brings awareness to supply changes when they happen, instead of after.



MINNESOTA

Minneapolis

WISCONSIN

Milwaukee

MICHIGAN

Toronto

Detroit

Chicago

Cleveland

IOWA

Pittsburgh

OHIO

Cincinnati

St. Louis

Kansas City

MISSOURI



WHERE ARE
WE AT IN
WISCONSIN?



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