Case Study 1: Mia's Encounter with EMS, Hospital, and Behavioral Health

Mia, a 32-year-old woman who uses opioids, experiences a life-threatening overdose on the train on the way to work. When EMS arrives, they administer naloxone to reverse the overdose. Mia is transferred to the hospital where medical staff treat her, and she regains consciousness. A nurse asks her about her opioid use, and she says she has a prescription. The nurse says EMS went through her briefcase to find her identification, and they found a prescription bottle of oxycodone that had long-since expired, and the pills didn't look like oxycodone that comes from a pharmacy. The nurse later shares this information with the physician on Mia's case, calling Mia an obvious addict. The physician decides without consulting Mia to get a consultation and evaluation from an Addiction Medicine specialist.

Mia does not want to speak to the Addiction Medicine specialist. She is upset and seems to feel judged, and she feels unwell due to moderate withdrawal symptoms from the time she's been in the hospital. Mia refuses to answer the specialist's questions. Because the specialist can't complete an adequate evaluation, she feels she can't offer Mia medication for opioid use disorder, and instead gives Mia a brochure with information about behavioral health resources and medication-assisted treatment programs.

Mia does not want to stop using opioids, and she doesn't want to be labeled as someone who has a problem, so she throws the brochure away without reading it. She is discharged from the hospital and does not seek further care.

Case Study 2: David's Encounter with Law Enforcement and Detention Centers

David, a 25-year-old man who has recently lost his apartment, is now living in his car. Law enforcement comes to ask him to move his car from the retail parking lot where he parked to sleep. David comes from a community that has low trust in law enforcement and is nervous, and the responding officer believes David is unstable and acting suspiciously. The officer pats him down and finds heroin in his pocket, and David is arrested for possession.

Upon entering the jail, David, whose anxiety and fear is exacerbated due to the arrest, faces withdrawal symptoms. The jail does not have capacity to keep a specialist on staff to support individuals experiencing withdrawal in custody. They also lack capacity to employ adequate mental health professionals to meet their population's need, with only one social worker responsible for the entire facility. There are no staff or processes for educating David about the increased risk of overdose upon release due to the reduction in his tolerance from his time in the jail.

David's community does not offer diversion programs that could support him in addressing his mental health needs or substance use. As a result, at his trial, the judge believes a prison sentence is the only appropriate response to David's charges.

Case Study 3: Michelle's Journey through Community Groups and Medication-Assisted Treatment

Michelle, a 40-year-old woman who uses opioids, is struggling to pay her bills. She turns to her faith community for support. They ask if Michelle is using drugs, and because she trusts her community, shares that she does. Her faith leader insists that the core of her issue is that she has a drug problem, that she needs to stop using immediately, and that any financial support they give would be contingent on her getting treatment. They tell Michelle that she should attend Narcotics Anonymous (NA) meetings held in their building.

Initially, Michelle decides to stop using and attend NA, and the faith community covers some of her bills. However, as she faces intense withdrawal symptoms, cravings, and ongoing struggles coping with her financial precarity, Michelle decides she's not interested in stopping her opioid use right now. When her faith leader finds out, he tells her he's disappointed that she relapsed, again insists that she stop using, and offers that in addition to helping with her bills if she stops using, the congregation will cover the costs of Medication-Assisted Treatment (MAT) for her. Although Michelle doesn't really want to stop using right now and is wary of the psychotherapy components of MAT, she recognizes that having the congregation cover this treatment is an offer she can't refuse.

As Michelle engages in MAT, the psychotherapeutic components prove challenging for her. She doesn't trust the providers, and she's not comfortable discussing the emotional and psychological aspects of her drug use with them.

Case Study 4: Vicarious Trauma in Harm Reduction Practice

Alex, a harm reduction practitioner at a new grassroots organization, is dedicated to supporting individuals who use drugs. In his role, Alex interacts daily with participants who have experienced lots of traumatic events in their lives, and who also face overdose risks and social stigmatization. As Alex witnesses the struggles of clients, experiences the emotional weight of overdose incidents, and confronts societal stigma, vicarious trauma takes a toll on his mental health. He has less empathy for the participants he works with, and even though it's important to him to meet people where they hare, he finds himself getting frustrated when participants don't engage with all the harm reduction resources and options available to them. Alex is also having some nightmares and anxiety and is beginning to withdraw from his close relationships.

Alex's supervisor, Isabelle, starts to notice some of these changes in Alex, but she is also very busy and involved in the harm reduction work, spending most of her time doing boots on the ground work. The organization is new and grassroots and doesn't have clear policies about time off, or health benefits, or resources like employee assistance. All of their funding besides wages and barebones overhead goes to harm reduction supplies and activities. Isabelle isn't sure what she can offer Alex, so she tells him she sees that he's struggling and encourages him to take care of himself.

Alex tries to take it a little easier at work, but he's so affected by his community's traumas that he can't effectively regulate his emotions or behaviors. He gets too overwhelmed and quits his role to do a job in another sector that is less taxing on his mental health.