

# National Academies

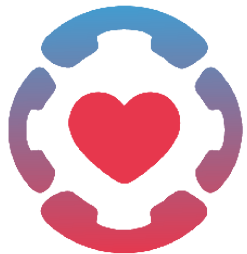
## Session 1

### Lived and Living Experience in Harm Reduction Research

Moderated by:

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Director, Massachusetts Overdose Prevention Helpline at Boston Medical Center  
Member, Massachusetts Harm Reduction Advisory Council  
Lieutenant, Northern Berkshire EMS (Retired)  
Licensed Paramedic, Massachusetts and Vermont



**MASSACHUSETTS  
OVERDOSE  
PREVENTION HELPLINE**

☎ | 1-800-972-0590



**Grayken Center  
for Addiction**  
Boston Medical Center

# Disclosures

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- I receive funding from CDC, Massachusetts DPH, RIZE Foundation, and provide technical assistance and training to governmental agencies (SAMHSA, HRSA, state and local governments) and non-profits (including National Governor's Association, AdCare Educational Foundation, Brandeis University)
- I have no financial disclosures or relationships with any ineligible companies
- I do, however, have a vanity plate that I pay the fees for and do not receive any compensation from the manufacturer





# What did drug use and overdose look like for me?

- Person who uses drugs
- Multiple overdose survivor of both opioids and amphetamines
- No access to harm reduction or overdose prevention
- Access to real pills – oxycodone, Adderall, Klonopin, Xanax
- Lived experience is expired



**What is the difference between lived and living experience and why does it matter?**





**Lived** experience = previous experience using drugs, having a substance use disorder, surviving an overdose, being “in recovery,” generally abstinent, no longer at high-risk for criminalization

**Living** experience = ongoing substance use, potential future exposure to overdose

Nationally, we see those with lived experience publicly sharing on their experience being helped by **abstinence-only treatment, incarceration, or involuntary commitment**

This experience can be safely shared in public forums, advisory boards, jobs at institutions and treatment facilities, policy spaces, and congressional hearings





Integrating those with living experience (people who actively use banned substances) **can be dangerous** due to **job loss, family consequences (outing, child services involvement) or criminalization**

This restricts **who** can share their living experience and **how** in a meaningful way, often restricting them to a private setting



Intersectionality further complicates the sharing of living experience:

- Race
- Gender
- Parenting status
- Socio-economics
- LGBTQIA+
- Sex workers
- Housing status
- Chronic pain patients



**Even how we react  
when speakers  
share their  
experience shows  
clear inequity**



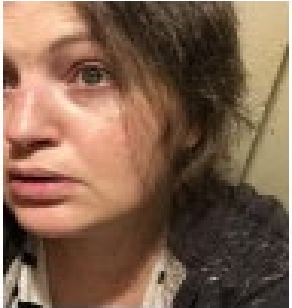
**Dinah Ortiz**



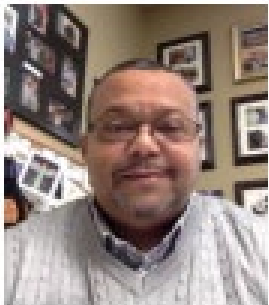
**David Frank, PhD**



**Steve Alsum, B.S**



**Caty Simon**



**Mark Jenkins**

# Our esteemed panel

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