



Understanding the Role of Prevention in Harm Reduction Efforts

The opioid crisis is galvanizing individuals across disciplines to play a role in prevention, response, and treatment activities. All-hands-on-deck collaboration among prevention practitioners, law enforcement, primary care practitioners, first responders, and people who use drugs (including those who love and support them) has the potential to transform the way we approach substance misuse and prevent it.

To support these efforts, many community professionals are drawing on the tools of a public health approach called harm reduction: a set of practical strategies, policies, and programs to reduce the negative consequences associated with the misuse of drugs. Harm reduction focuses on the harms caused by drug use and identifies steps to reduce them.¹

We're talking for the first time about affirming and even rejoicing in improvement—not perfection. Humans are really good at improvement. We are not so good at perfection.

—Dan Bigg, Director of the Chicago Recovery Alliance

To support collaboration with the harm reduction field, this tool offers prevention practitioners an introduction to the harm reduction philosophy, how harm reduction approaches are being used to prevent the consequences of opioid misuse, and the role of prevention practitioners in supporting these approaches.


WHAT IS HARM REDUCTION?

Most people are familiar with harm reduction strategies used to address problems such as alcohol use. For example, designated driver campaigns are not designed to prevent drinking, but rather to prevent injury and death caused by drunk driving. These programs acknowledge that many people regularly drink alcohol to excess, and so provide practical, judgment-free options—such as designated drivers and free transportation on New Year's Eve—to prevent the potential harm produced by this behavior.

People are often practicing harm reduction, but they aren't calling it that. They aren't recognizing it as that.

—Valery Shuman, Senior Director, Heartland Center for Systems Change

The same approach can be applied to other drugs such as opioid misuse. Like designated driver programs, harm reduction programs that involve the distribution of the opioid overdose reversal medication naloxone, or that provide clean syringes, are designed to keep people who use opioids safe. “Having the overdose reversal medication naloxone on hand at a party where people are taking drugs is the same as having a designated driver at a party where drinking is happening,” says Eliza Wheeler, a leading practitioner and researcher in the harm reduction field.²



Research has shown that harm reduction approaches have the potential to make a difference.³ Harm reduction approaches like overdose prevention education and the distribution of naloxone to people who use drugs are associated with increased calls for help,⁴ increased overdose responses (like rescue breathing),⁵ and reduced number of deaths from opioid misuse.⁶

RESPECT FOR THE INDIVIDUAL

At the core of harm reduction is a commitment to the rights and autonomy of people who use drugs. This means respecting their decisions, as well as their behavioral goals. So instead of focusing solely on preventing substance use, harm reduction approaches support any positive change in behavior, as defined by the individual. This means recognizing the huge, productive middle ground between out-of-control addiction and total abstinence. Harm reduction works to support positive change and improvement within this middle ground.

People with substance use disorders are people with problems, not problem people.
—Patt Denning, Director of Clinical Services and Training, Center for Harm Reduction Therapy

Harm reduction practitioners are committed to fighting the entrenched belief that drug use is a moral failing, and that people who use drugs are less deserving of help and support than those who do not. Harm reduction avoids judgements about how lives should be led, and instead focuses on celebrating life and keeping people safe.

To this end, harm reduction practitioners are also committed to fighting the stigma and prejudice that prevent many people who use drugs from seeking the services they need. One critical way to do this is by eliminating language that dehumanizes them. For example, rather than labeling people the pejorative “addict,” which defines the person solely by their problem, practitioners have shifted to using the phrase “people who use drugs,” which acknowledges that an individual’s drug use is just one aspect of who they are. This adjustment also acknowledges the array of experiences of people who use drugs and challenges the false dichotomy wherein people are either abstinent from drugs or “addicts.”

Consistent with this focus on respect and autonomy, harm reduction programs strive to structure their service environments, policies, and procedures in a way that continually engages and welcomes people at any stage of their drug use. Harm reduction programs favor services that are easy to access and provide opportunities for people to participate in varied ways. For example, many programs invite people to use basic services, such as hygiene supplies or food, or to request something more, such as a referral to drug treatment or mental health services. Simply being welcomed into a service environment can lead a person eventually to request additional help.^{7,8}




HOW CAN PREVENTION HELP?

Harm reduction is a vital component of any community's approach to addressing substance misuse and the consequences of substance misuse. While many harm reduction strategies may be initiated outside the classic prevention sector -- for example, by law enforcement or needle exchange programs -- prevention practitioners can play a vital role in supporting these strategies. Prevention practitioners are particularly well-positioned to do the following:

Harm reduction and substance misuse prevention are both focused on reducing the adverse health and social consequences of substance use.

–Daniel Raymond, Deputy Director of Policy & Planning, Harm Reduction Coalition

- **Promote community readiness to support harm reduction approaches.** Harm reduction operates on the premise that there are many positive changes a person can make to reduce the negative consequences of their substance misuse—including, but not limited to, complete abstinence. Some stakeholders may have difficulty embracing this perspective, convinced that any level of misuse is unacceptable. Others may believe that harm reduction approaches, such as naloxone distribution, might encourage continued and/or more dangerous use. Prevention practitioners recognize the importance of building readiness and support for prevention approaches and have experience crafting messages designed to correct misperceptions and build this necessary support.
- **Help people examine their prejudices and stigma.** Stakeholder reluctance to embrace harm reduction approaches is often fueled by negative attitudes about people who use drugs. Prevention practitioners can work to reduce the stigma and prejudice that prevent some stakeholders from supporting harm reduction approaches, by, for example, educating them about the nature of addiction and the recovery process, what substance use disorder (SUD)-related stigma is, and how to address it. Stigma-reducing strategies include:
 - Promoting the use of non-stigmatizing language;
 - Raising awareness of SUDs as treatable-diseases; and
 - Encouraging treating those who suffer from SUDs with dignity and respect.¹¹
- **Provide audience-appropriate education and resources.** Prevention practitioners can take the lead in developing and/or tailoring pamphlets, tip cards, instruction sheets, and other informational resources to support harm reduction strategies on topics such as how to identify an overdose, use naloxone, reduce post-overdose risk, and access recovery supports. Practitioners also bring to the table experience developing and delivering trainings tailored to the needs of both lay and professional audiences, as well as expertise developing messaging designed to build awareness and support for selected interventions.
- **Coordinate strategy implementation.** Well-versed in coalition-building and collaboration, prevention practitioners can help to ensure that the various sectors responsible for implementing harm reduction strategies know what one another is



doing and merge their efforts into a coordinated response. For example, to increase access to naloxone for people at risk for overdose, prevention practitioners can bring together important community stakeholders (like emergency medical services providers, overdose response teams, and community health workers), facilitate a naloxone program planning process, and help partners work through potential barriers to participation.

- **Link harm reduction work to more “upstream” prevention efforts.** Prevention practitioners understand that a comprehensive approach to addressing substance misuse and overdose requires a combination of “downstream” harm reduction strategies (designed to prevent related consequences and overdose) and “upstream” prevention strategies (designed to reduce substance misuse in the first place). Prevention practitioners can play an important role in linking these two approaches, for example, by referring family members of people who use drugs to prevention programs like *Strengthening Families* and the *Life Skills Training* which promote factors that protect against future substance misuse by building strong family ties, strengthening social skills, and establishing drug-resistance strategies. This type of work can help break the generational patterns of addiction.

Harm reduction offers stakeholders working across disciplines tangible and respectful ways to help people stay alive and healthy, and to feel like they are making a difference in the midst of a crisis that can often feel insurmountable. Harm reduction is not the only approach to preventing drug overdose and its consequences, but it is an essential piece of the prevention puzzle. Prevention practitioners can play an important role in helping stakeholders understand and implement these strategies, and in finding ways to integrate these approaches into a coordinated prevention response.



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