



# Harm Reduction From a Prevention Point of View

Addressing Stigma, Current Trends and Prevention Messaging, and How to Engage the Twelve Sectors



New England (HHS Region 1)

PTTC Prevention Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

Published in 2022 by the New England Prevention Technology Transfer Center (PTTC) AdCare Education Institute of Maine, Inc.  
6 E. Chestnut Street, Suite 101  
Augusta, ME 04901

This resource was developed through the New England Prevention Technology Transfer Center (New England PTTC) a program funded through the Substance Abuse and Mental Health Services Administration's (SAMHSA). SAMHSA Cooperative Agreement #5H79SP081020-04. All material appearing in this publication except that taken directly from copyrighted sources is in the public domain and may be reproduced or copied without permission from SAMHSA or the authors, though citation of this source is appreciated. Do not reproduce the materials herein and redistribute for a profit without the express written consent of the PTTC Network Coordinating Office. For More information on this product, please email [sjohnson@adcareme.org](mailto:sjohnson@adcareme.org).

The opinions expressed herein are the view of the New England PTTC and do not reflect the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.

## Sections

- 02** Why Harm Reduction - How Stigma is Built
- 03** Why Harm Reduction - How to Help Reduce Stigma
- 04** New England's Response
- 05** Harm Reduction at it's Core
- 06** Harm Reduction with the Twelve Sectors



# Why Harm Reduction

Addressing stigma of substance misuse and substance use disorders and the link harm reduction has to upstream strategies

Stigma is defined as **an attribute, behavior, or condition that is socially discrediting.**

This can include inaccurate or unfounded thoughts directed toward any specific population. Stigma in regards to substance use disorder (SUD) most often stems from misled or inaccurate beliefs about addiction being a decision or moral failing. For individuals suffering substance use disorder, feeling stigmatized can reduce the willingness to seek treatment, damage relationships between patient and caregiver, isolate people who seek connection, and damage family connections by increasing secrecy. (1)

Centuries of stigma towards SUDs has led to inaccurate stereotypes and inappropriate labels. It has created the idea that people who use drugs or suffer from SUD are not deserving of respect and dignity. Stigma has limited individuals' abilities to access services and treatment and created barriers to those who do seek services. (7)

Reducing stigma is crucial to successful prevention. Individuals are discouraged by their fear of being stigmatized, making them less likely to seek resources or help early on in their addiction, which could prevent their use from developing into a disorder at all. Addressing stigma and discrimination of substance use disorders could play a key role in the uptake of prevention services. (10)

Examples of how stigma is created and perpetuated in harm reduction and prevention:

- **Creating fear:** believing people who use drugs are dangerous to the community
- **Placing blame:** implying people with SUD do not care about themselves, others, or the community
- **Criminalization:** assuming somebody can be "saved" by hitting a rock bottom; implying punishment is deserved for a disease

There are numerous reasons an individual may use drugs. Aside from solely the drug use, there are a variety of factors to substance use that can put people at significant harm. While work should still be done that focuses on overall substance use prevention, these efforts can coexist with harm reduction.

**Harm reduction is a set of evidence based practices that aim to decrease the negative consequences of substance use. It is the practice of meeting people where they are. (7)**

Including practices of harm reduction maintains the upstream approach to Substance use disorder, because it still "pulls people out of the river" before our communities, families, and friends have lost them to their disease. A harm reduction approach allows people who use drugs to be actively involved in the development of programming, creating agency in their path toward recovery. These practices emphasize building trusting relationships with individuals who use drugs, which they can rely on if and when they are ready to begin their recovery.



# Why Harm Reduction

## How preventionists can reduce stigma using harm reduction

Substance Use Disorder is the clinical term for addiction to drugs, alcohol, or substances in general. It is a complex disease of the brain and body. **The American Medical Society recognizes substance use disorder as a medical diagnosis, similar to diabetes or cancer.** A variety of behavioral, psychological, environmental and biological factors play a role in the development of substance use disorder. (8)

Most substances cause the brain to release high levels of chemicals that are associated with pleasure. A continuous release of these chemicals will over time cause changes in the brain systems involved in reward, motivation and memory. **Due to the brain's inability to remain in a balanced state, people who use substances regularly and long term will often have to increase the amount of substance they are using to get the same feeling.** (8)

**Approximately 25-50% of people with a substance use problem develop a chronic disorder.** This means it is a relapsing disease which could require intensive and continuous treatments. However, treatment and recovery is possible. Approximately 20.5 million Americans with Substance Use Disorder live in recovery or have recovered. Harm Reduction helps to keep those people alive during relapse to increase their chances of seeking treatment and recovery, and reducing stigma can make these people more likely to seek treatment and recovery. (9)

**There is a racial disparity in the treatment and criminalization of substances.** Black people are incarcerated at a rate of 5-7 times more often than their white counterparts for drug related crimes.

Substance use disorders in different demographics have different causes and roots, so treatment and reentry programs need to focus on different issues. The Decriminalization of Substance Use Disorders would help to reduce these racial disparities. Preventionists can use this information to help reduce stigma by:

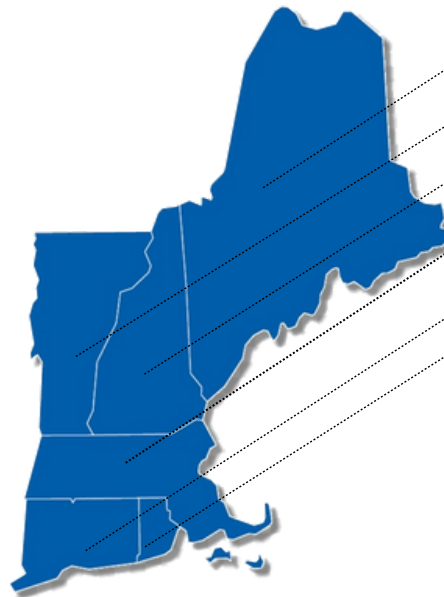
- Educating the community about substance use disorder (SUD)-related stigma:
- Promote use of non-stigmatizing language
- Using “People First” language: Terms such as “drug addict” or “user” imply that a person is “something” rather than someone. (7).
- Encourage treating those who suffer from SUDs with dignity and respect and model that behavior in private and professional settings
- Work on policies that will address both harm reduction and prevention issues
- Encourage, and even provide public access to harm reduction products and information such as information materials, naloxone/fentanyl testing strips, needle exchange sites, Overdose reversal kits, drug/substance lock boxes
- Encourage equity in any process that involves the decriminalization of personal drug use



# New England's Response

## Harm reduction regarding opioids

**Maine:** The State of Maine's drug response prioritizes the reduction in fatal and nonfatal overdoses by ensuring low-barrier access to naloxone, a medication that can reverse opioid overdoses. Harm reduction strategies in Maine include providing resources and referrals to folks experiencing homelessness or at high risk of drug overdose, facilitating access to syringes to prevent the spread of diseases such as Hepatitis C and HIV, and engaging providers, law enforcement, and the public in harm reduction practices and strategies.



[maineseow.com/drug-overdose-data](http://maineseow.com/drug-overdose-data)  
[maineseow.com/dashboardmenu](http://maineseow.com/dashboardmenu)

[healthvermont.gov](http://healthvermont.gov)

[dhhs.nh.gov](http://dhhs.nh.gov)

[Mass.gov](http://Mass.gov)

[preventionportal.ctdata.org](http://preventionportal.ctdata.org)

[health.ri.gov](http://health.ri.gov)  
[riprc.org](http://riprc.org)

**New Hampshire:** The New Hampshire Department of Health and Human Services, Bureau of Drug and Alcohol Services is actively working with partners to raise awareness of the dangers of opioid misuse, increase availability of the overdose reversal medication naloxone, increase the types and availability of treatment services, and support the development of more recovery supports.

**Vermont:** The Health Department provides naloxone (Narcan®) and training through collaborations with community-based organizations. These partners distribute naloxone and provide overdose response training, opioid misuse prevention training and referrals to treatment across Vermont. This includes a good Samaritan law, which works to protect people who call for emergency assistance in the case of an overdose from arrest.

**Massachusetts:** The Attorney General is working on all fronts with a team of law enforcement, health care experts, community leaders, and families who have experienced the crisis in their own lives, establishing a trust fund to dedicate resources to prevention, harm reduction, treatment, and recovery, a resolution of claims against the nation's three largest drug distributors and drug maker Johnson & Johnson.

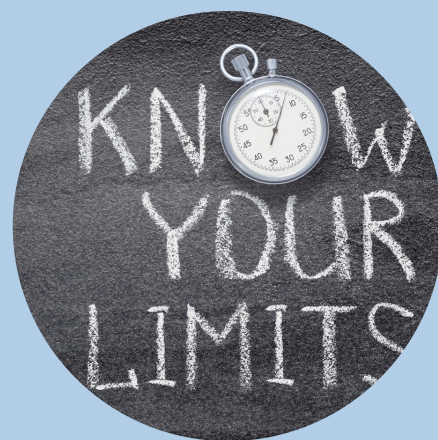
**Rhode Island:** A two-year pilot program has been established to prevent drug overdoses through the establishment of harm reduction centers (HRC), which are a community-based resource for health screening, disease prevention and recovery assistance where persons may safely consume pre-obtained substances. Rhode Island's regulations for Harm Reduction Centers become effective February 16, 2022.

**Connecticut:** Implemented The Naloxone + Opioid Response App (NORA) - a free interactive educational tool that will expand the understanding of what naloxone is and reinforce initial training given when a person fills their prescription for it.

# Harm Reduction at it's Core

Prevention professionals have been engaging in strategies that reduce harm for years. Below are some examples of prevention strategies that use harm reduction messages to accomplish community health goals as they relate to alcohol use. Thinking about these as harm reduction strategies that you may already employ may help you think about the robust way harm reduction already fits in some ways into the work you do.

- **"Don't drink and drive"** campaigns and laws - These campaigns are aimed at reducing the vehicle crashes, injury, property damage, and death caused by drunk driving. They aim to reduce the danger caused by drinking, and acknowledge that many adults will drink. They don't ask people to abstain from drinking, but rather teach, and make it more socially normal to drink within responsible boundaries.
- **"Know your limit"** messaging - This type of messaging also encourage people to consume responsibly. They encourage people who are going to drink to drink an amount that wouldn't be considered dangerous socially or physiologically. In this way, we are doing harm reduction because we don't demand abstinence, but rather encourage limitations on use.
- **"Take the keys"** messaging - This type of messaging is aimed at those around an intoxicated person to help them make better decisions about driving when intoxicated. This teaches people to know the signs of intoxication and to be responsible for the health and safety of those around them in another harm reduction angle through the lens of social connections.
- **Safe server/Seller trainings** - These trainings are aimed at giving those responsible to distributing alcohol the knowledge and skills needed to do so within legal, social, and safety limits. This looks at harm reduction from yet another lens- the business and legal side.
- **Alcohol Poisoning training** - This type of training is aimed at teaching skills which can be used in case of alcohol poisoning, such as positioning a person on their side or calling 911. These trainings are often taught at college campuses, where young people may be experimenting with alcohol for the first time, and under circumstances that may make it more likely to drink to excess, such as new social and academic pressures and being unsupervised. This looks at harm reduction through the lens of youth and social connections.



# Harm Reduction with the Twelve Sectors

how preventionists can work with their community partners



## 1 Youth serving organizations

- Prevention organizations can work with youth organizations in their communities to give youth agency in harm reduction and prevention strategies.
- YouthRISE: young people, and particularly young people from marginalized backgrounds, are more likely to engage in risky drug taking and sexual activity that may lead to a number of harms, so YouthRISE believes that it is vital for us to talk openly and honestly, without stigmatization, about Full Spectrum Harm Reduction.



## 2 Civic Groups

- Determine the civic group's mission and orient messaging about harm reduction to suit their mission and goals.
- Collaborate with civic groups to host fundraisers or public awareness campaigns in support of harm reduction efforts/centers.
- Present on the basics of prevention and harm reduction during group meetings. Many civic organizations have a lot of social capital in communities and can make informal changes.
- Consider how you can compensate any individuals with lived experience for their time/experience. Financial, housing, and social stability are part of prevention and harm reduction.

# Harm Reduction with the Twelve Sectors

how preventionists can work with their community partners



## 3 Business

- Consulting with businesses and encouraging them to hire individuals with SUD and stressing the importance of hiring people who have SUD.
- What is the importance?
  - Being gainfully employed in jobs that are valued and recognized as socially important contributes directly to improved self esteem.
  - People who feel empowered are more likely to make safer choices and protect their health.
  - when people with SUD perceive scorn and judgment, they may remain undiagnosed, untreated or unsupported in their recovery; can result in decreased productivity, lost work time, increased health care costs, and potential loss of income.
  - Employers should emphasize tolerance and prevention, using first-person (non-discriminatory) language in the workplace, focus on risk reduction (e.g., placement of naloxone in the office).
- Employee Assistance Programs (EAPS).
- For businesses who sell substances and paraphernalia:
  - Display information and train employees around hygiene of use methods (such as pipes, bongos, vapes).
  - Display information and train employees to talk about the different concentrations.
  - Display information and train employees to talk about the legality of purchasing to share with persons who are underage.



## 4 Media - Traditional

- Commercials or PSAs on local radio and TV stations about naloxone kits and needle exchange programs, as well as other harm reduction materials and where to get them.
- Messaging campaigns such as “Don’t drink and drive” campaigns on TV and radio, messaging around positive parenting and where to find parenting support.
- Encouraging your local media not to issue stories that can increase stigma and fear of connecting to services.
- Signs and posters in schools, recreational areas, local businesses, etc, that talk about harm reduction and where to access resources.



# Harm Reduction with the Twelve Sectors

how preventionists can work with their community partners



## 4

### Media - Social Media

- Posting news and resources from reputable sources like the [Harm Reduction Coalition](#).
- Posting information about local events and places where people can access support and harm reduction materials.
- Using non stigmatizing language in all posts, but especially in those pertaining to harm reduction.
- Social media has algorithms to censor certain topics and stories. Consider learning about these algorithms and using words, phrases or photos that will allow the stories to bypass the algorithms and allow stories to be told. Also consider using a variety of social media types, as different websites will censor in different ways.



## 5

### Health Care

- Provide trainings and continuing educational programs to healthcare providers on harm reduction information.
- Encourage healthcare providers (NP, PA, MD, ect.) to look into certification to administer harm reduction medications such as suboxone/ buprenorphine, vivitrol, naltrexone, ect.
- Also educate on how these drugs work/ function in the body
- Encourage health care providers to screen for excessive alcohol and drug use at routine exams.
- Provide health care professionals with pamphlets and informational packets to hand out in clinics and health care facilities.



## 6

### Schools

- Data shows that despite advice to abstain from drugs/ alcohol, some teenagers will occasionally experiment, and some will develop substance use disorder in their teen years.
- Reality based education enables youth to make responsible decisions.
- Talking about harm reduction in school helps students:
  - Utilize critical thinking skills to access and evaluate information about alcohol and other drugs.
  - Learn decision-making and goal-setting skills that can help them make healthy choices about substance use, including abstinence.
  - Develop personal and social strategies to manage the risks, benefits, and potential harms of alcohol and other drug use.

# Harm Reduction with the Twelve Sectors

how preventionists can work with their community partners



## 7 Faith Groups

- Keep materials such as naloxone kits on campus.
- Have materials connecting people in active use to support services on campus.
- Lead faith groups for people who are in active use to connect them to community and to support services.
- Provide necessities like food, clothing, shelter, transportation to people in active use.
- Talking about inclusion and how people in use can be part of the faith community during faith services.
- Provide childcare so parents can attend services. Child care can be provided at other times, as well, to support parents mental and physical health through breaks.



## 8 Law Enforcement

- LEAD empowers police officers to divert individuals struggling with SUD and other issues into intensive support programs instead of jailing them.
- LEAD case managers coordinate SUD and mental health treatment, health care, shelter, food, housing, and job training.
- Efforts in King County, WA have found that LEAD reduced recidivism, felony crime, homelessness, and unemployment
- Naloxone training among workforce.
- Encouraging treatment rather than criminalization.
- Advocating for laws that support harm reduction such as Good Samaritan Laws.



## 9 Parents

- Listen, Learn, Act, Help
- Consider fire prevention for parents when in active use: Teach kids the fire safety plan, make sure the smoke alarms in the home have working batteries and test them regularly. Don't use substances with an increase risk of fire (such as cigarettes, smokable drugs like cannabis and crack cocaine) when tired or in combination with heavy downer substances (such as alcohol or opioids). Refrain from using the stove or wood stove when using substances that could make you tired.
- Consider other child safety measures, such as having a sober caregiver for the child when using, and locking substances and paraphernalia out of the child's reach.

# Harm Reduction with the Twelve Sectors

how preventionists can work with their community partners



## 10 Youth

- Train and encourage youth to talk to peers about harm reduction (peer support model).
- Organizing messaging campaigns featuring youth leadership
- Talk to youth about what harm reduction strategies they want to employ.
- Have youth voices on your harm reduction teams.
- Policies/law around limiting or taking off the shelves products that are attractive to kids, like flavored vape juice.
- Engage established youth groups in harm reduction strategies for substances that they feel are most problematic for their peers.



## 11 Organizations and Agencies

- Become familiar with the agencies mission statement and speak to how harm reduction fits into their health, safety, or wellbeing goals.
- Connect organizations to overdose education, counseling, and referral to treatment for infectious diseases and substance use disorders.
- Ask organizations to keep harm reduction and referral educational materials in their public facing areas within their buildings.
- Support building inter-organizational relationships so there is a stronger system of care in your community.
- Community mapping to understand the organizations within your community who support harm reduction and prevention strategies.
- Promote a philosophy of hope and healing by hiring those with lived experience of recovery in the management of harm reduction services, and connecting those who have expressed interest to treatment, peer support workers, and other recovery support services.



## 12 Government Agencies

- Meet with and educate policy makers on the benefits of harm reduction such as safe syringe access decreases the rates of Hepatitis C infection.
- Encourage government agencies to increase funding for harm reduction and prevention methods.
- Advocate for change to drug policies that criminalize people with SUD.
- Present data to government officials that shows benefits of harm reduction.

# Resources

## Resources cited:

1. <https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction>
2. <https://www.samhsa.gov/find-help/prevention>
3. <https://harmreduction.org/about-us/principles-of-harm-reduction/#!>
4. <https://harmreduction.org/issues/safer-drug-use/>
5. <https://nida.nih.gov/publications/drugfacts/naloxone#:~:text=When%20naloxone%20was%20first%20approved,generic%20name%20is%20%E2%80%9Cnaloxone.%E2%80%9D>
6. <https://www.healthaffairs.org/doi/10.1377/forefront.20210601.974263/>
7. <https://harmreduction.org/issues/harm-reduction-basics/undoing-stigma-facts/>
8. <https://drugfree.org/article/is-addiction-a-disease/>
9. <https://www.recoveryanswers.org/research-post/millions-americans-in-united-states-report-recovery-from-substance-use-problem/>
10. <http://www.healthpolicyproject.com/index.cfm?ID=topics-Stigma>

## Other resources included:

<https://mainedrugdata.org/maine-drug-data-hub/maine-drug-data/harm-reduction/>

<https://www.dhhs.nh.gov/dcbcs/bdas/opioids.htm#:~:text=The%20New%20Hampshire%20Department%20of,of%20treatment%20services%2C%20and%20support>

<https://www.healthvermont.gov/emergency/injury/opioid-overdose-prevention-naloxone#:~:text=The%20Health%20Department%20provides%20naloxone,referrals%20to%20treatment%20across%20Vermont.>

<https://www.mass.gov/fighting-the-opioid-crisis>

<https://health.ri.gov/addiction/about/harmreductioncenters/#:~:text=On%20July%207%2C%202021%2C%20legislation,safely%20consume%20pre%20obtained%20substances>

<https://portal.ct.gov/dph/Health-Education-Management--Surveillance/The-Office-of-Injury-Prevention/Opioids-and-Prescription-Drug-Overdose-Prevention-Program>

<https://www.bizjournals.com/pittsburgh/news/2020/03/02/how-employers-can-promote-recovery-from-opioid-use.html>

[https://drugpolicy.org/sites/default/files/safetyfirst-4.24.19\\_0.pdf](https://drugpolicy.org/sites/default/files/safetyfirst-4.24.19_0.pdf)

<https://www.dhhs.nh.gov/dcbcs/bdas/opioids.htm>

<https://www.mass.gov/lists/current-opioid-statistics#updated-data-%E2%80%93-as-of-november-2021->

<https://www.recoveryanswers.org/research-post/the-real-stigma-of-substance-use-disorders/>

