



PTTC

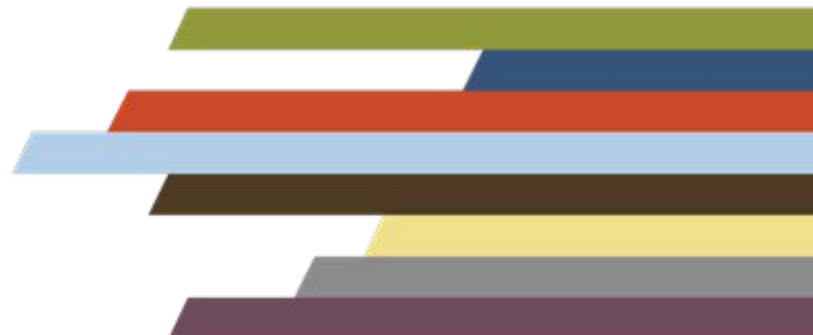
Prevention Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

# Harm Reduction Strategies Through the Lens of Selective and Indicated Prevention

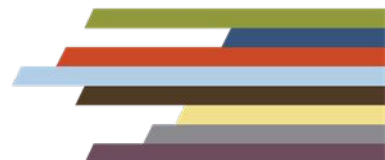
***SAMHSA***

Substance Abuse and Mental Health  
Services Administration



# Speakers

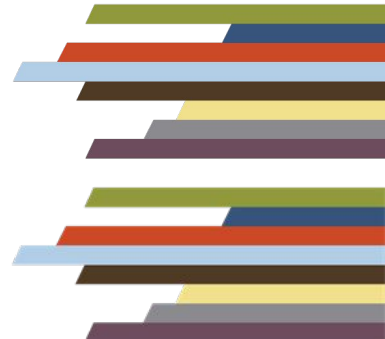
- Christopher O'Connell, Deputy Director  
SAMHSA Center for Substance Abuse Prevention (CSAP)
- Holly Hagle, PI/Co-Director  
Prevention Technology Transfer Center Network Coordinating Office (PTTC NCO)
- Laurie Krom, Co-Director  
Prevention Technology Transfer Center Network Coordinating Office (PTTC NCO)
- Monique Tula, Executive Director  
National Harm Reduction Coalition
- Amanda Muller, Manager of Drug User Health  
NASTAD
- Brenda A. Miller, Senior Research Scientist  
Prevention Research Center, PIRE



The use of affirming language inspires hope.  
**LANGUAGE MATTERS.**  
**Words have power.**

**PEOPLE FIRST.**

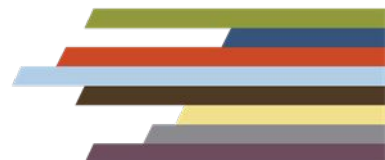
The PTTC Network uses affirming language to promote the application of evidence-based and culturally informed practices.





# Christopher O'Connell, Deputy Director

SAMHSA Center for Substance Abuse  
Prevention (CSAP)





Holly Hagle, PI/Co-Director  
Laurie Krom, Co-Director

PTTC Network Coordinating Office



# PTTC Purpose

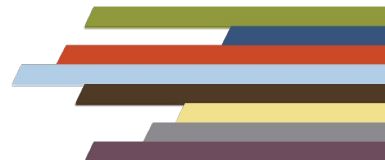


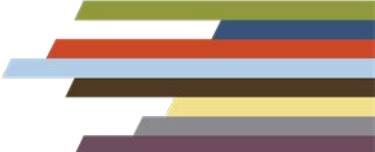
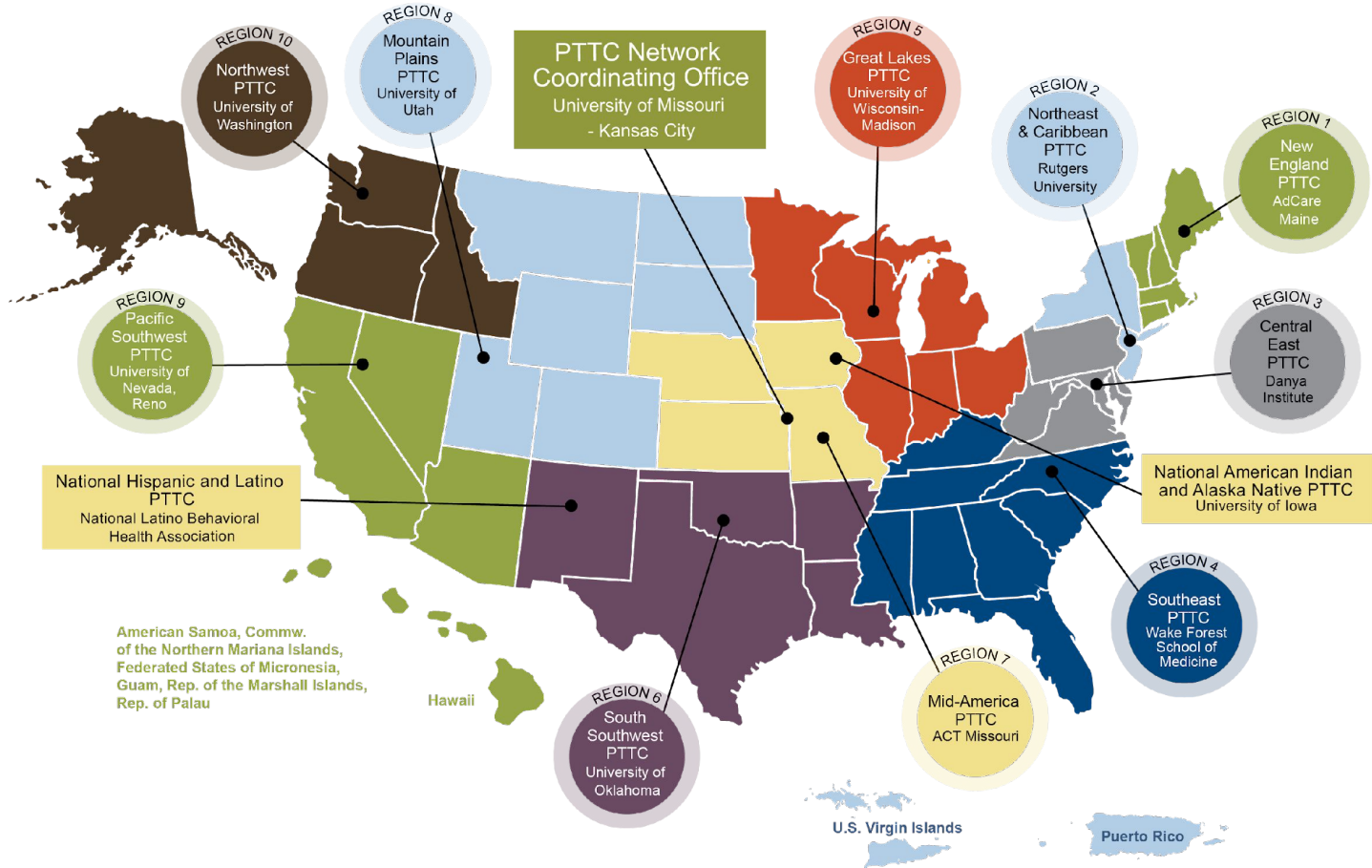
Improve implementation and delivery of effective substance use prevention interventions



Provide training and technical assistance services to the substance use prevention field

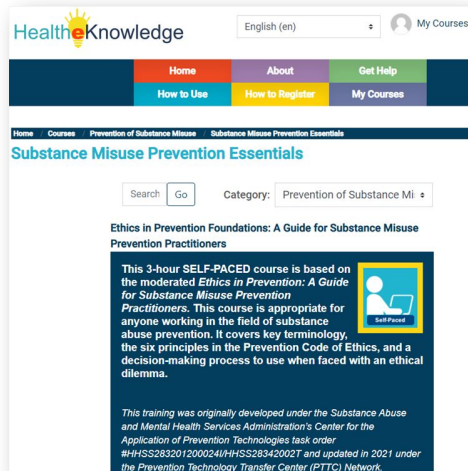
- Tailored to meet the needs of recipients and the prevention field
- Based in prevention science and use evidence-based and promising practices
- Leverage the expertise and resources available through the alliances formed within and across the HHS regions and the PTTC Network.





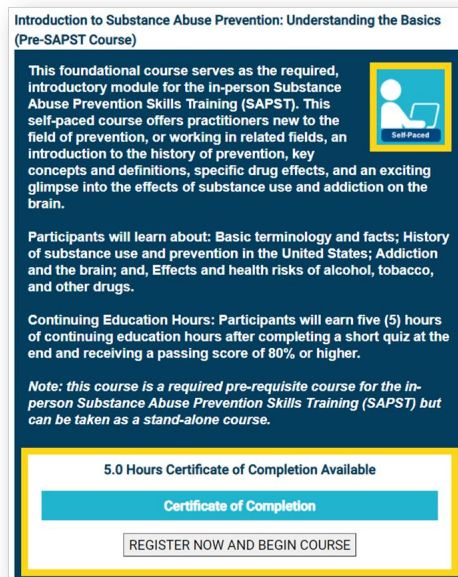
# Highlight of PTTC Major Projects

## Prevention Ethics for Certification



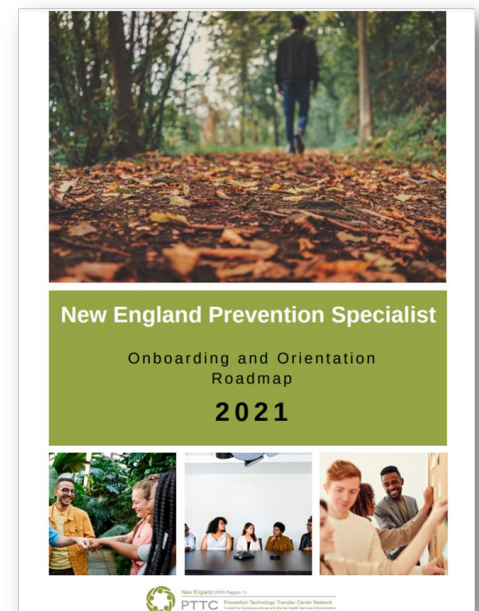
The screenshot shows the HealthKnowledge website interface. At the top, there is a search bar with 'English (en)' selected and a 'My Courses' link. Below this is a navigation menu with 'Home', 'About', and 'Get Help' options. A secondary menu includes 'How to Use', 'How to Register', and 'My Courses'. The main content area is titled 'Substance Misuse Prevention Essentials' and features a search bar and a category dropdown set to 'Prevention of Substance Mi'. The course description states: 'Ethics in Prevention Foundations: A Guide for Substance Misuse Prevention Practitioners'. It describes a 3-hour self-paced course based on the moderated 'Ethics in Prevention: A Guide for Substance Misuse Prevention Practitioners'. A 'Self Paced' icon is visible next to the description. At the bottom, it notes that the training was originally developed under the Substance Abuse and Mental Health Services Administration's Center for the Application of Prevention Technologies task order #HSS2332012000049HSS233420027 and updated in 2021 under the Prevention Technology Transfer Center (PTTC) Network.

## Support for SAPST



The screenshot displays the 'Introduction to Substance Abuse Prevention: Understanding the Basics (Pre-SAPST Course)' page. The title is prominently displayed at the top. Below it, a paragraph explains that this foundational course serves as the required introductory module for the In-person Substance Abuse Prevention Skills Training (SAPST). It offers practitioners new to the field an introduction to prevention history, key concepts, and drug effects. A 'Self Paced' icon is shown. The next section, 'Participants will learn about:', lists topics such as basic terminology, history of substance use and prevention in the US, addiction and the brain, and health risks of alcohol, tobacco, and other drugs. The 'Continuing Education Hours' section states that participants will earn five (5) hours after completing a quiz with a score of 80% or higher. A note specifies that this course is a required pre-requisite for the in-person SAPST but can be taken as a stand-alone course. At the bottom, a yellow box highlights '5.0 Hours Certificate of Completion Available', followed by a blue 'Certificate of Completion' button and a 'REGISTER NOW AND BEGIN COURSE' button.

## Prevention Onboarding and Road Map



The graphic features a top image of a person walking on a path covered in autumn leaves. Below the image, the text reads 'New England Prevention Specialist Onboarding and Orientation Roadmap 2021'. At the bottom, there are three small photos showing people in professional settings: one person shaking hands, a group in a meeting, and two people reviewing a document. The PTTC logo and name are at the bottom right, with a small note: 'New England on 10/28/2021. Prevention Technology Transfer Center Network. Content approved by the New England region.' The background of the bottom section is decorated with colorful horizontal bars in shades of green, blue, and purple.



# Harm Reduction is

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a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs. Harm reduction does not require abstinence from any risky behaviors.



# Harm Reduction (HR) is Additive to Prevention Work

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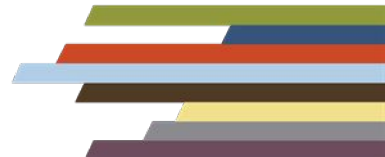
- Harm Reduction is a wide-reaching concept that seeks to enhance the wellbeing of individuals and communities
- It addresses many facets of life including housing, employment, recovery relapse prevention and substance use at any level





# Continuum of Care and Restorative Health

HR is all along the way of the continuum of care

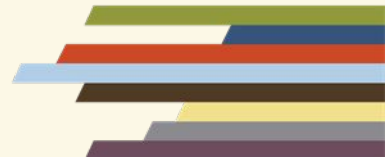


# Putting the pieces of the continuum of care puzzle together

Harm reduction is grounded in the ideas of self-determination, person-centered care, and enhancing quality of life for individuals and their communities.

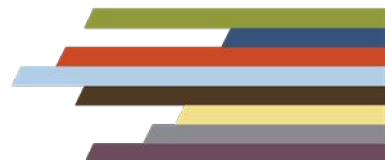
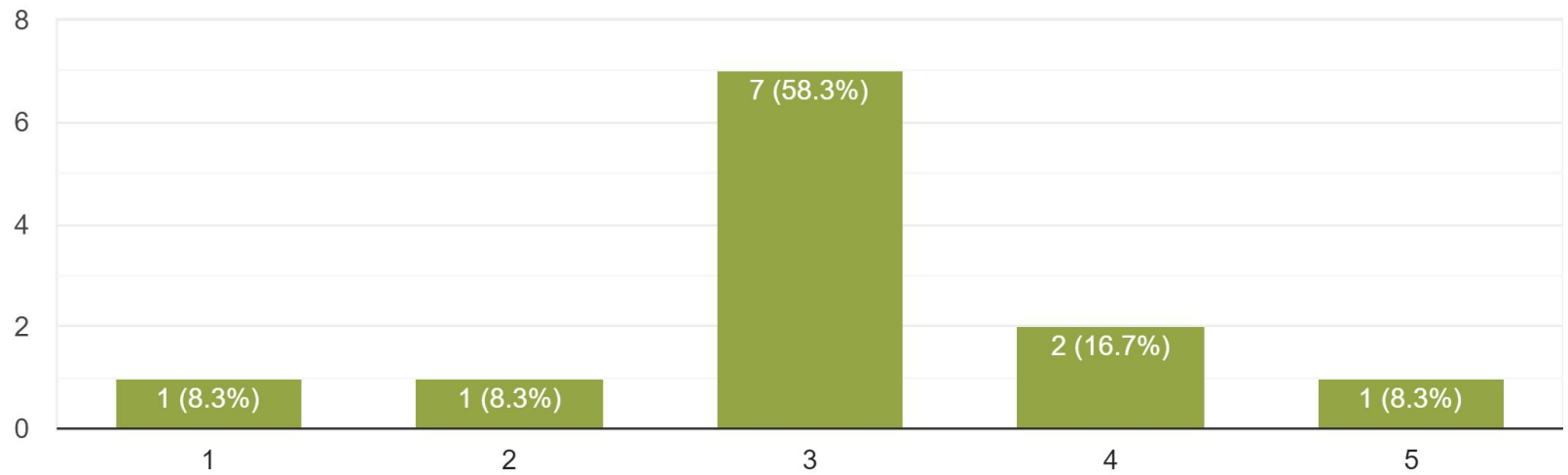


# Survey Results



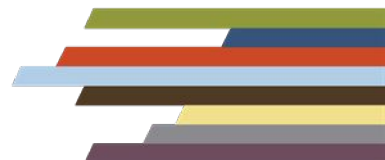
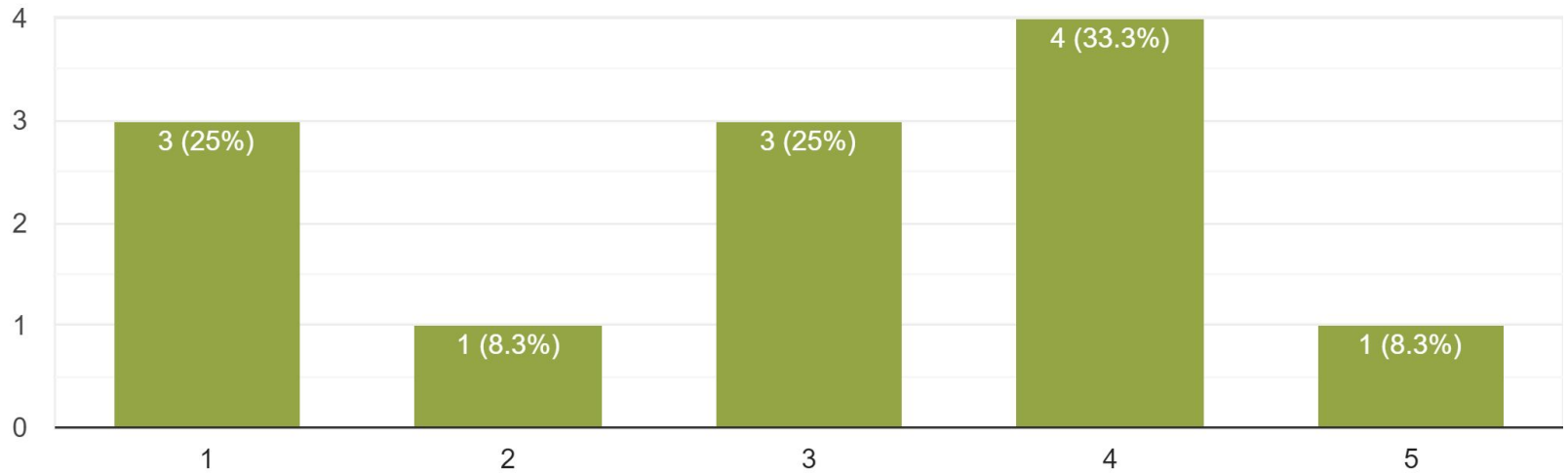
On a scale of 1 - 5: How would you rate your knowledge of Harm Reduction?

12 responses



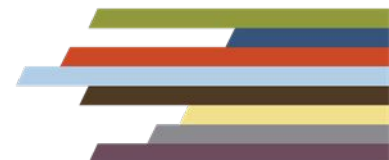
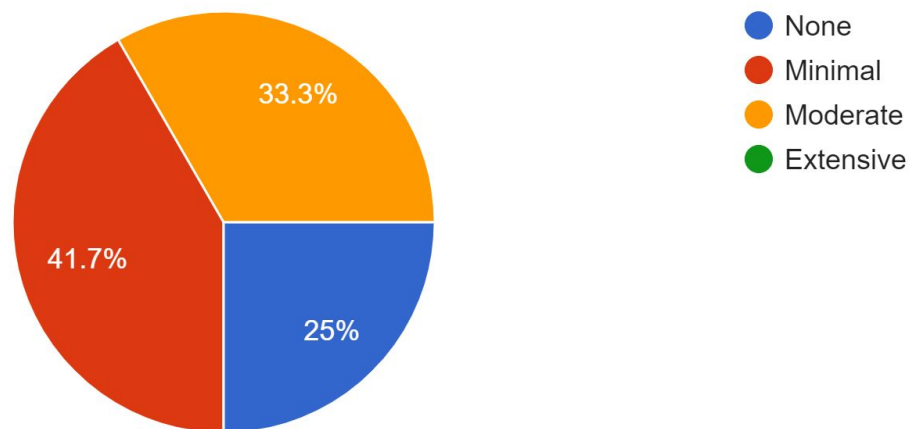
On a scale of 1 - 5: How comfortable do you feel managing Harm Reduction grant programs?

12 responses



What is your experience working either directly or indirectly with Harm Reduction programs?

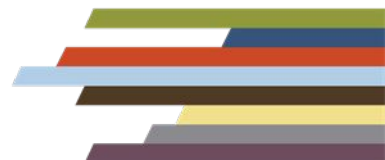
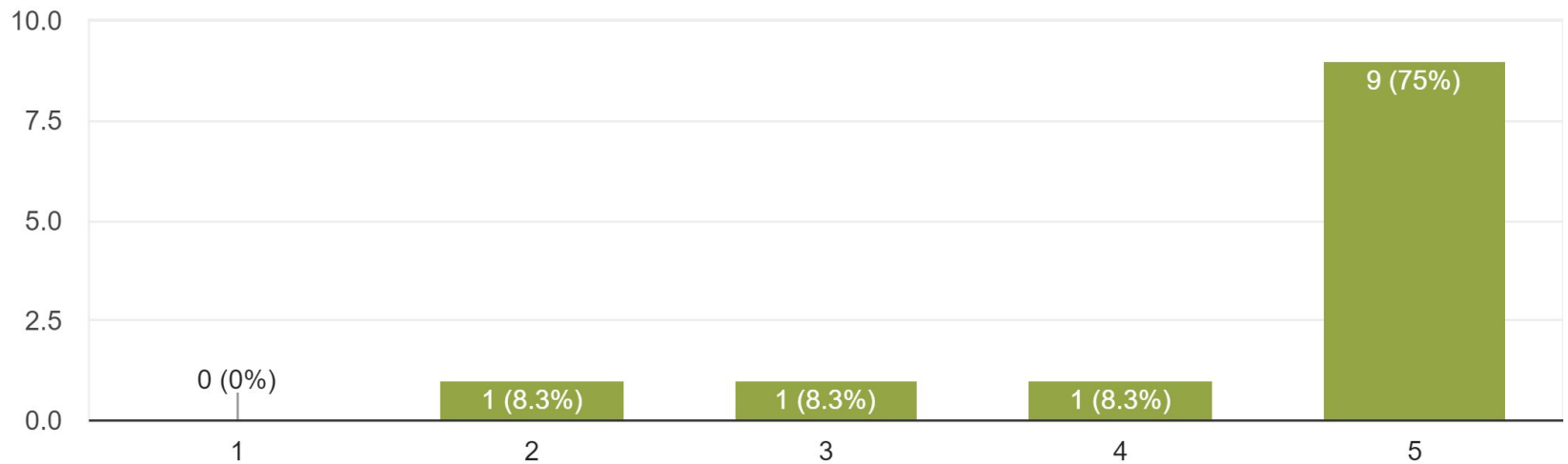
12 responses





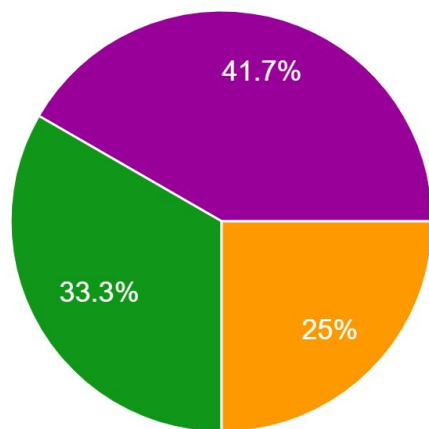
On a scale of 1-5: How enthusiastic are you to learn about how Harm Reduction could benefit your work?

12 responses

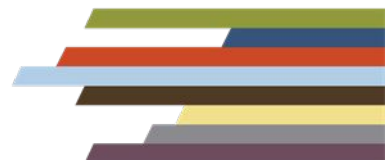


From your perspective, what percentage of overlap does Prevention share with Harm Reduction?

12 responses



- 0%
- 1-25%
- 26-50%
- 51-75%
- 76-100%





## How the PTTCs can be helpful

- Facilitate learning sessions: i.e., webinars, learning community, or online course
- Support: host dialogue sessions with subject matter experts (a modified Project ECHO model)
- Connect: make connections with, national, regional and state stakeholders

# More Information

Slides and Resources available at [pttcnetwork.org](http://pttcnetwork.org)

Contact us at [networkoffice@pttcnetwork.org](mailto:networkoffice@pttcnetwork.org)



**PTTC** Prevention Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

## HARM REDUCTION THROUGH A PREVENTION LENS



 Harm Reduction and Prevention have common goals in reducing the adverse health and social consequences but exist at different places in the continuum of Universal, Selective, and Indicated Prevention.

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs. Harm reduction does not require abstinence from any risky behaviors.



*The principles of harm reduction were developed nearly 25 years ago by and for people who use drugs. At their core, the principles are people centered, pragmatic, and take into consideration important sociocultural factors—such as race, poverty, and social disapproval of drugs and drug users.*

DEFINITION FROM THE HARM REDUCTION GOALITION

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<p><b>HARM REDUCTION AND PREVENTION HAVE COMMON GOALS</b></p> <ul style="list-style-type: none"><li>• Provide interventions for a continuum of substance users for a variety substances.</li><li>• Focus on individual and community risks associated with substance use.</li><li>• Honor and incorporate cultural competency in interventions.</li><li>• Promote individual and community wellbeing.</li></ul>	<p><b>TO REDUCE HARM WHEN USING SUBSTANCES, INDIVIDUALS SHOULD ALWAYS</b></p> <ul style="list-style-type: none"><li>• Have a safety plan with a trusted individual.</li><li>• Use clean needles and do not share if injecting.</li><li>• Assess the safety of the surroundings before using.</li><li>• Know personal limits and decide how much to use in advance.</li><li>• Test the strength and purity of each use by starting with a small dose.</li></ul>
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PTTCNetwork.org



# Keep in touch!

- 5 PTTCs have regular e-publications
- PTTC Network Office publishes the *PTTC POST* monthly
  - Please Subscribe:  
<https://pttcnetwork.org/centers/global-pttc/pttc-subscription-page>



@PTTCnetwork



@PreventionTTCnetwork

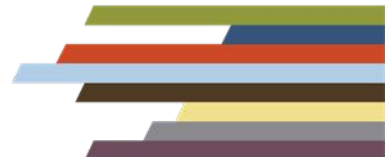




# Harm Reduction:

expanding our approach to prevention

MONIQUE TULA, EXECUTIVE DIRECTOR  
NATIONAL HARM REDUCTION COALITION



# Personal **Autonomy**

Recovery is a process of change through which people improve their health and wellness, **live a self-directed life**, and strive to reach their full potential.

SAMHSA working definition of recovery

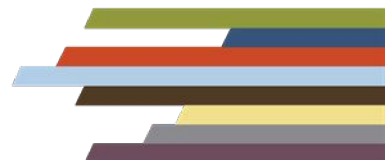


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Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.

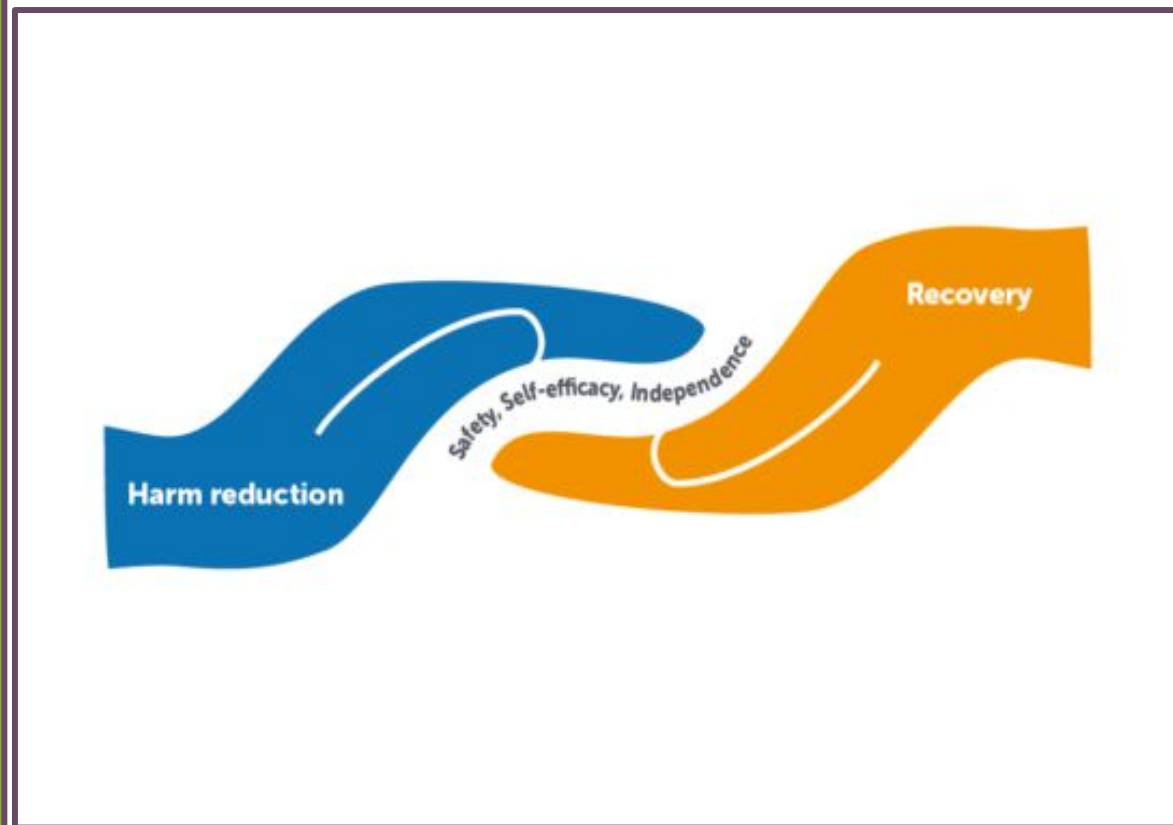
Definition of Harm Reduction

## Practical **Strategies**

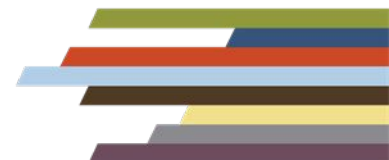


Sometimes we speak about harm reduction, prevention and recovery as separate things

In actuality, each are part of a continuum of increasing safety, self-efficacy, and autonomy



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# PRINCIPLES OF HARM REDUCTION

Health and Dignity

Participant Centered Services

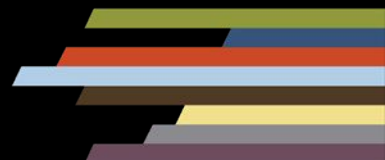
Participant Autonomy

Pragmatism and Realism

Culturally Informed

Participant Involvement

# GUIDING PRINCIPLES OF RECOVERY



# California Harm Reduction Initiative

## Point in Time Survey Results

2021

California Harm Reduction Initiative, or CHRI, funded 37 Syringe Services Programs (SSPs) across 21 California counties beginning in August 2020 to expand the range, reach, and quality of harm reduction services in California. CHRI was allocated in the Budget Act of 2019 and is led by National Harm Reduction Coalition and funded by the CDPH Office of AIDS.

In February 2021, CHRI funded Syringe Services Programs conducted 491 unique interviews with participants. National Harm Reduction Coalition included Point in Time surveys as a core part of evaluation, to specifically measure how SSPs are including people who use drugs more meaningfully in planning, executing and evaluating services. The interviews offer key insights to the reality for people who engage with SSPs statewide. Participants shared their experiences with overdoses, drug use, gaps in services and resources needed to support them.

## ACCESS & BARRIERS TO MOUD

29%

Commented that they wanted Medications for Opioid Use Disorder (MOUD) services at SSPs, such as treatment on site, case management and linkage services

Participants reported that they wanted MOUD offered by people who treated them non judgmentally.

*"Yes, prescribed 5 years ago, started it, wasn't able to fulfill obligations to go to meetings, motivation went down because I started using again - worked when I did use it."*

*"I used to take Suboxone and I was clean for a long time and I failed a single drug test and was cut off of it by my provider."*

## HIGHLIGHTS

75.4% Identified as unstably housed\* in the past six months

### Higher rate for BIPOC participants:

100% Asian 78.8% Latinx  
86.4% Black 72.3% White

\*We defined "unstably housed" as living in a single room occupancy hotel or shelter in place hotel, a house or apartment of a family member, a house or apartment of a friend, a garage, or other place not meant for human habitation, a mobile home (RV), a van, a car, a shelter, navigation center, transitional housing, or in a homeless encampment.

## DEMOGRAPHIC DATA

### Median Age

41.5 years old

### Gender

64.8% Male 1.8% Transgender  
30.1% Female 0.8% Two-spirit  
1.0% GNC 1.4% No response

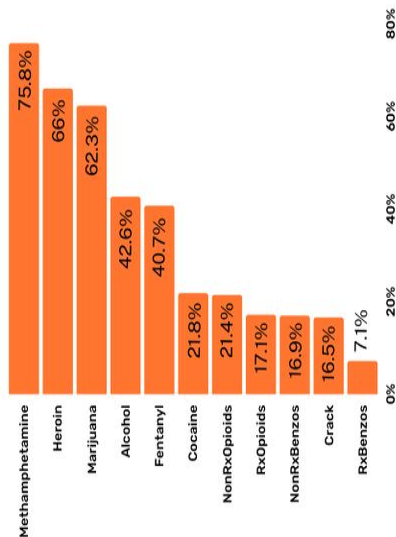
### Sexual Orientation

74.3% Straight 1.6% Lesbian  
9.6% Bisexual 3.9% No response  
4.3% Queer

### Race / Ethnicity

56.6% White 4.5% American Indian  
14.3% Black & Alaska Native  
13.4% Other 0.6% Asian  
7.5% More than one race 2.6% No response  
24% Identified as Hispanic or Latinx

## DRUG USE DATA



83.9% Used at least one stimulant in the past 6 months

74.5% Used at least one opioid in the past 6 months

23.8% Reported transportation as a top barrier to MOUD access

### Other barriers to accessing MOUD:

32% clinic barriers when discussing methadone (long waits, waiting lists, limited or difficult hours, daily dosing)  
28% clinic barriers when discussing buprenorphine (long waits, limited or difficult hours, security presence)  
15% needing an ID 8% not covered by insurance  
13% requiring abstinence 8% don't trust providers  
12% can't get an appt

Participants specifically noted that having to go to a methadone clinic every day was a barrier to continuing treatment.

*"I have done it a few times. But I start to get tired of the trip each day and stop going at first once, or twice a week. But I finally just say screw it, and stop all together." (methadone specific)*

*"Had it before for almost a year, never got any take homes -- makes a huge difference to get take homes." (methadone specific)*

The majority of participants did report they know of a provider that offered buprenorphine, some had either been on buprenorphine recently or were currently on it.

Nearly 10% reported they did not know what buprenorphine was

There is an opportunity here for SSPs who have reported generally high knowledge about buprenorphine to provide more information directly to participants and build their knowledge.

75.8% Reported methamphetamine use, the most common drug used

83.9% Reported some stimulant use

87% Reported smoking drugs, the most common method of use

Syringe Services Programs (SSPs) do much more than offer sterile syringes or injection equipment and this is important data to make sure people who smoke drugs are receiving safe smoking supplies and the best resources possible.

46% Nearly half reported they get extra supplies for someone unable to obtain supplies themselves

This could be for a number of reasons: Stigma, fear of harassment, legal concerns, travel distances — but it shows the importance of providing ample access to participants.

62%

Witnessed an overdose in the last six months

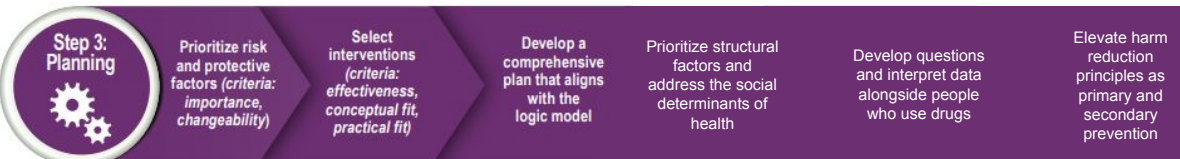
48.5%

Used Naloxone on someone in the last six months

SSP participants are witnessing high rates of overdose in their communities and they are the ones saving each other's lives.

It is important to invest in the infrastructure of SSPs that already exists rather than creating new infrastructure.

# Opportunities for Harm Reduction Approaches



## Evidence-Based Practices that Reduce Harm

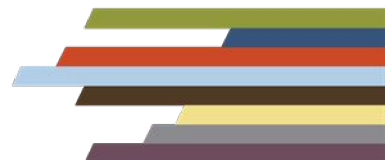
- Enumeration of root causes of substance use disorder related to housing, employment, access to healthcare, punitive criminal legal initiatives, food access, transportation, and social and community support

- Community-based participatory research and other restorative justice approaches to engage the community and counter the systemic disempowerment of people who use drugs and communities of color caused by the War on Drugs

- Addressing SDOH as an intergenerational protective factor for **primary prevention**
- Non-punitive programs that do not require abstinence for participation as **secondary prevention**
- Reducing stigma and growing community support for evidence-based programs as **tertiary prevention**

- Overdose education and naloxone distribution
- Health and wellness sites to prevent overdose
- Deploy non-punitive treatment models
- Revise policies that impose barriers to social determinants for people with substance use disorder
- Syringe service programs
- Alternative crisis/overdose response models

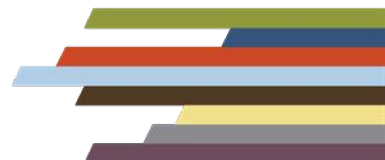
- When communicating findings, initiatives should not underestimate the value of contextualizing findings and humanizing approaches
- Building and maintaining community support for harm reduction requires a sustained commitment to reducing stigma





# Rationale for **Federal Support**

- Federal resources can alleviate the sustainability treadmill for unfunded/underfunded harm reduction programs
- A federal strategy can guide regional metrics and consistent application and practice
- False narrative about promoting drug use and crime hinders bringing harm reduction to scale in all 10 SAMHSA's regions
- Training, technical assistance, and grant-making through the 'center' model can deepen CSAP's impact

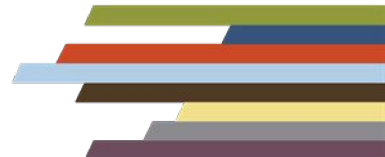



# Thank you!

Monique Tula, Executive Director

[tula@harmreduction.org](mailto:tula@harmreduction.org)

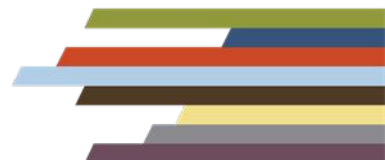
Twitter: @msmonique\_tula





# The Intersections of Infectious Disease, Drug Use, and Incorporating a Drug User Health Framework

Amanda Muller Manager, Drug User Health  
NASTAD



# About NASTAD

- **WHO:** A non-profit, non-partisan national association founded in 1992 that represents public health officials who administer HIV and hepatitis programs funded by state and federal governments.
- **WHERE:** All 50 U.S. states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, seven local jurisdictions receiving direct funding from the Centers for Disease Control and Prevention (CDC), and the U.S. Pacific Island jurisdictions.
- **MISSION:** NASTAD's mission is to end the intersecting epidemics of HIV, viral hepatitis, and related conditions by strengthening domestic and global governmental public health through advocacy, capacity building, and social justice.
- **VISION:** NASTAD's vision is a world free of HIV and viral hepatitis.

# Goals and Objectives

## Goal

To increase participants knowledge of infectious disease and harm reduction, comprehensive care for PWUDs, and building meaningful support for harm reduction programs.

## Objectives

- Improve understanding of how to build support for harm reduction programs
- Identify a range of services necessary to meet the need of people who use drugs
- Increase knowledge coordinated services for PWUDs and systems of comprehensive care



# National HIV & Hepatitis Overview

Injection Drug Use accounts for  
~9% of new HIV cases <sup>1</sup>  
Over 65% of HCV cases <sup>2</sup>

Among people who inject drugs  
60%-90% have HCV after 5 years  
Median time to HCV transmission is ~3 years  
And each year ~ 20-30% of PWID acquire HCV <sup>3</sup>

## Comorbidity

Among PWID and have HIV, 75% also have HCV  
Among PLWHIV w/o IDU, 25% have HCV <sup>4</sup>

**Life time cost of  
each HIV infection is  
over \$480,000 <sup>5</sup>**

**Accumulated costs  
of HCV care over the  
next 20 years on  
this trajectory over  
\$78 billion <sup>6</sup>**

1. Centers for Disease Control and Prevention, 2017. HIV Surveillance Report, <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2017-vol-29.pdf>

2. Centers for Disease Control and Prevention, 2016. Surveillance for Viral Hepatitis – United States, 2016. <https://www.cdc.gov/hepatitis/statistics/2016surveillance/index.htm>

3. Grebely, J. et al. 2011. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3072734/>

4. Centers for Disease Control and Prevention, 2017. HIV and Viral Hepatitis. <https://www.cdc.gov/hiv/pdf/library/factsheets/hiv-viral-hepatitis.pdf>

5. Centers for Disease Control and Prevention, 2017. <https://www.cdc.gov/hiv/programresources/guidance/costeffectiveness/index.html>

6. National Academies of Sciences, Engineering, and Medicine, 2017. <https://www.nap.edu/read/24731/chapter/8>

# Diseases Associated with Injection Drug Use

- **Viral infections (bloodborne)**
  - Hepatitis C Virus (HCV)
  - Hepatitis B Virus (HBV)
  - Hepatitis A Virus (HAV)
  - HIV
- **Bacterial Infections (soft tissue/skin) <sup>4</sup>**
  - Septicemia
  - Bacteremia
  - Cellulitis
  - Abscesses (staph, strep)
  - Endocarditis
  - Necrotizing fasciitis
  - Wound botulism

- Hepatitis C is the leading cause of death among all infectious diseases <sup>1</sup>
- The CDC estimates 41,200 acute HCV cases in the US in 2016 <sup>1</sup>
- Estimated 2.4 million people have HCV in the US (~1% of US pop.) <sup>2</sup>
- 85% of HCV infection leads to progresses to chronic infection <sup>1</sup>
- IDU is currently the most common risk factor for HCV in developed countries (60-80% worldwide) <sup>3</sup>

1. Centers for Disease Control and Prevention, 2017. <https://www.cdc.gov/hepatitis/hcv/index.htm>

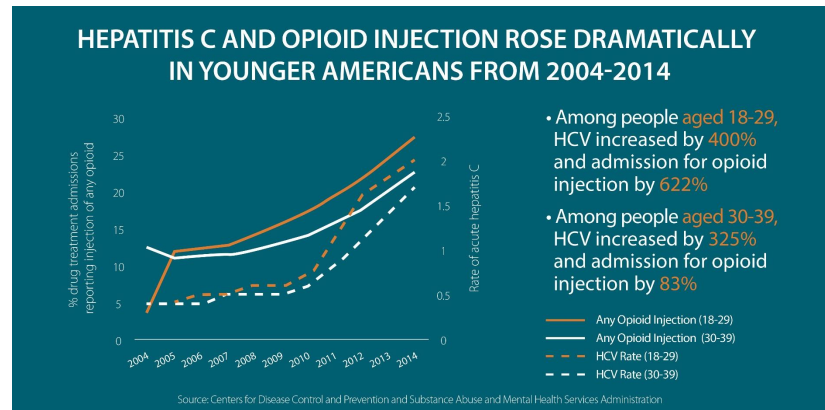
2. Centers for Disease Control and Prevention, 2018. <https://www.cdc.gov/nchhstp/newsroom/2018/hepatitis-c-prevalence-estimates.html>

3. Nelson, et al. 2011. <https://www.ncbi.nlm.nih.gov/pubmed/21802134/>

4. Collier, M., et al. 2018. <https://link.springer.com/article/10.1007%2Fs10900-017-0458-9>

# Huge Increases in HCV Related to Injection Drug Use

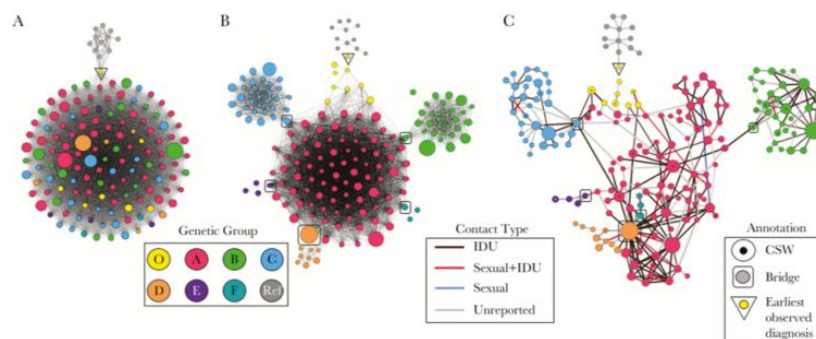
- Among 18- to 29-year-olds, there was a
  - 400 percent increase in acute hepatitis
  - 817 percent increase in admissions for injection of prescription opioids
  - 600 percent increase in admissions for heroin injection
- Among 30- to 39-year-olds, there was a
  - 325 percent increase in acute hepatitis C
  - 169 percent increase in admissions for injection of prescription opioids
  - 77 percent increase in admissions for heroin injection
- There were also sharp increases among whites and among women



Zibbell, J., et al. 2017. <https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2017.304132>

# Scott County, Indiana

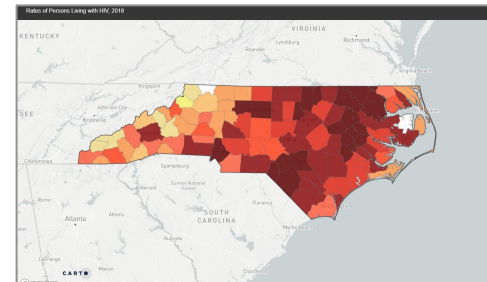
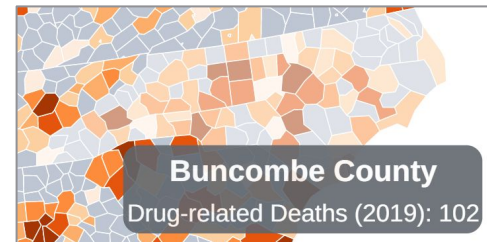
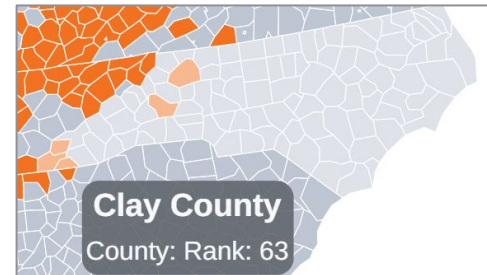
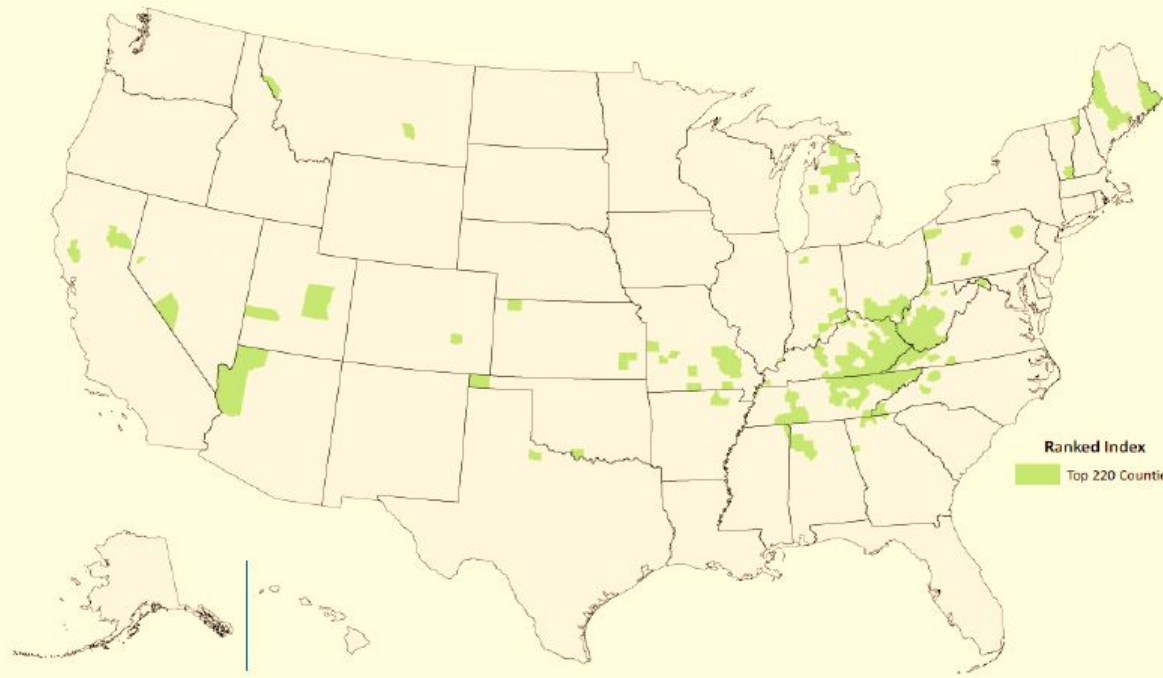
- HIV Outbreak in Austin, Indiana (pop. 4,200) in 2015
- Over 200 cases of HIV were eventually attributed to injection drug use behavior
- Only had 5 reported cases of HIV in the previous decade
- Within this initial outbreak 115 persons were co-infected with HCV and currently 92% are co-infected



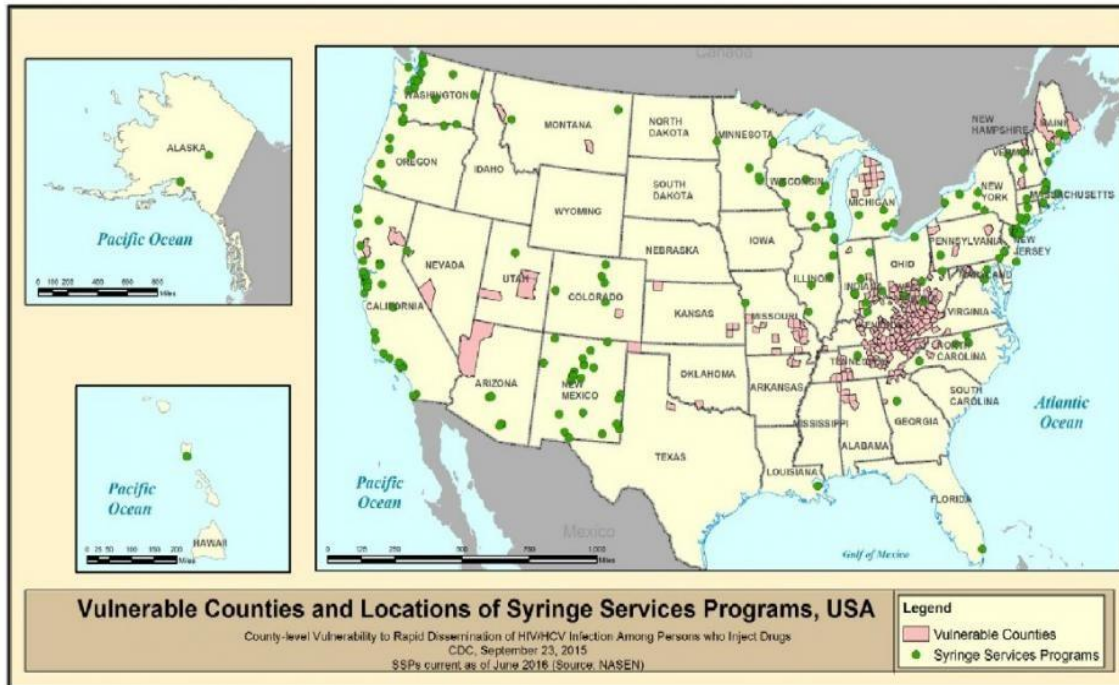
# HIV/HCV Vulnerable Counties

**Vulnerability to Rapid Dissemination of HIV/HCV Infections Among Persons Who Inject Drugs: Ranked index using regression model coefficients**

**26** States with 1 or more vulnerable counties



# So What Can Be Done?

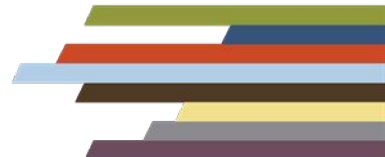



Source: Van Handel, et al. JAIDS; in press

## HARM REDUCTION and Syringe Services Programs

- Most effective way to prevent infectious disease transmission for PWIDs
- Do not increase drug use or crime
- SSP participants are 5 times more likely than nonparticipants to enter treatment

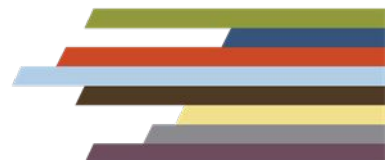
Amanda Muller  
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[www.nastad.org](http://www.nastad.org)





# Harm Reduction for Substance Use Behaviors: Expanding programs and strategies to reach more individuals, families, and communities

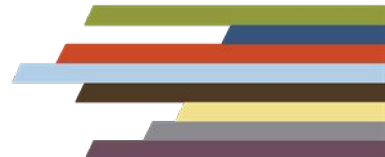
Brenda A. Miller, Ph.D.  
Senior Scientist  
Pacific Institute for Research and Evaluation, Prevention Research Center  
Berkeley, CA





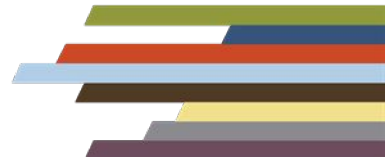
# Harm Reduction: “Accessing” Selected and Indicated Populations

- Universal prevention sought to prevent any use and largely focused on children with “prevention of any use” as the goal.
- Selected populations are substance users “at risk” for substance-related problems and can be “reached” with harm reduction programs
- Indicated populations can include users with problems who are not ready to seek treatment, harm reduction programs can offer an intermediary step



# Why Embrace Harm Reduction Programs & Strategies?

- Relevant to a continuum of substance users (first time, intermittent, regular, to addicted)
- Opens the door to examining co-occurring unwanted consequences (e.g., aggression, accidents)
- Increases access to strategies that address the entire lifespan.



# Using a Harm Reduction Perspective Results in a Broader Scope of Actions



Reduce social or legal consequences



Improve physical health and/or longevity



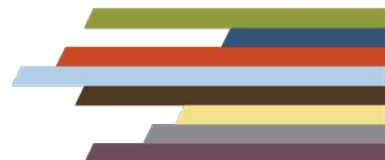
Address mental, emotional, and/or spiritual needs



Improve access to treatment

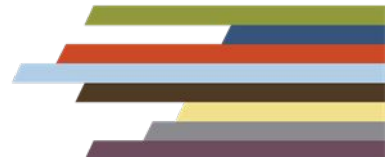
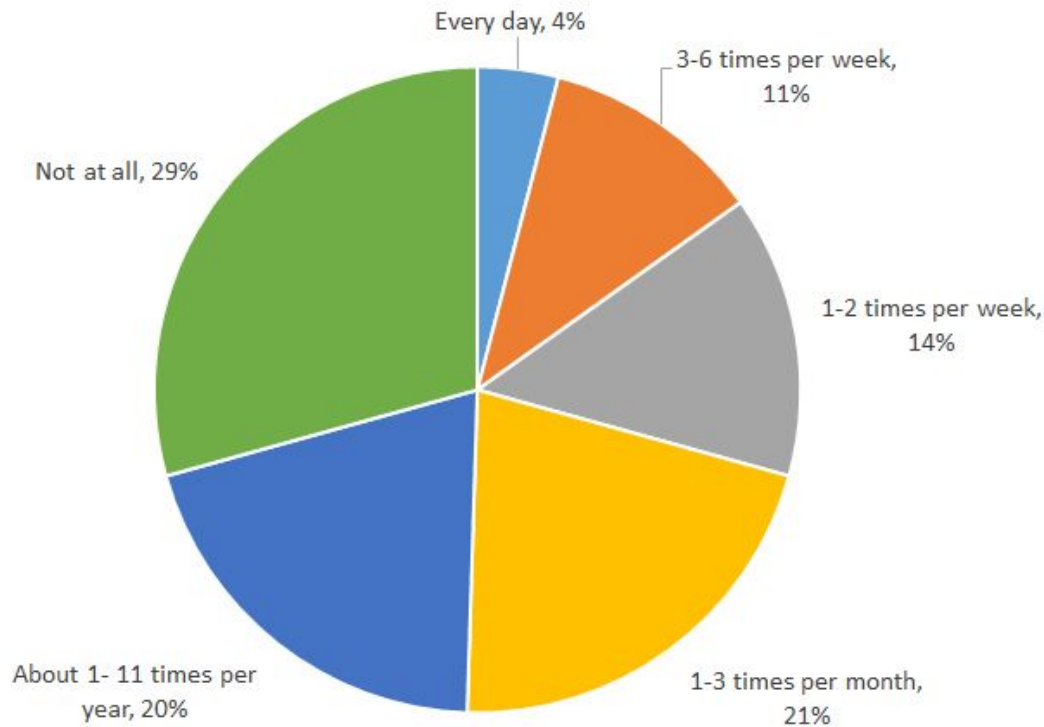


Inclusive of larger community impacted by substance use

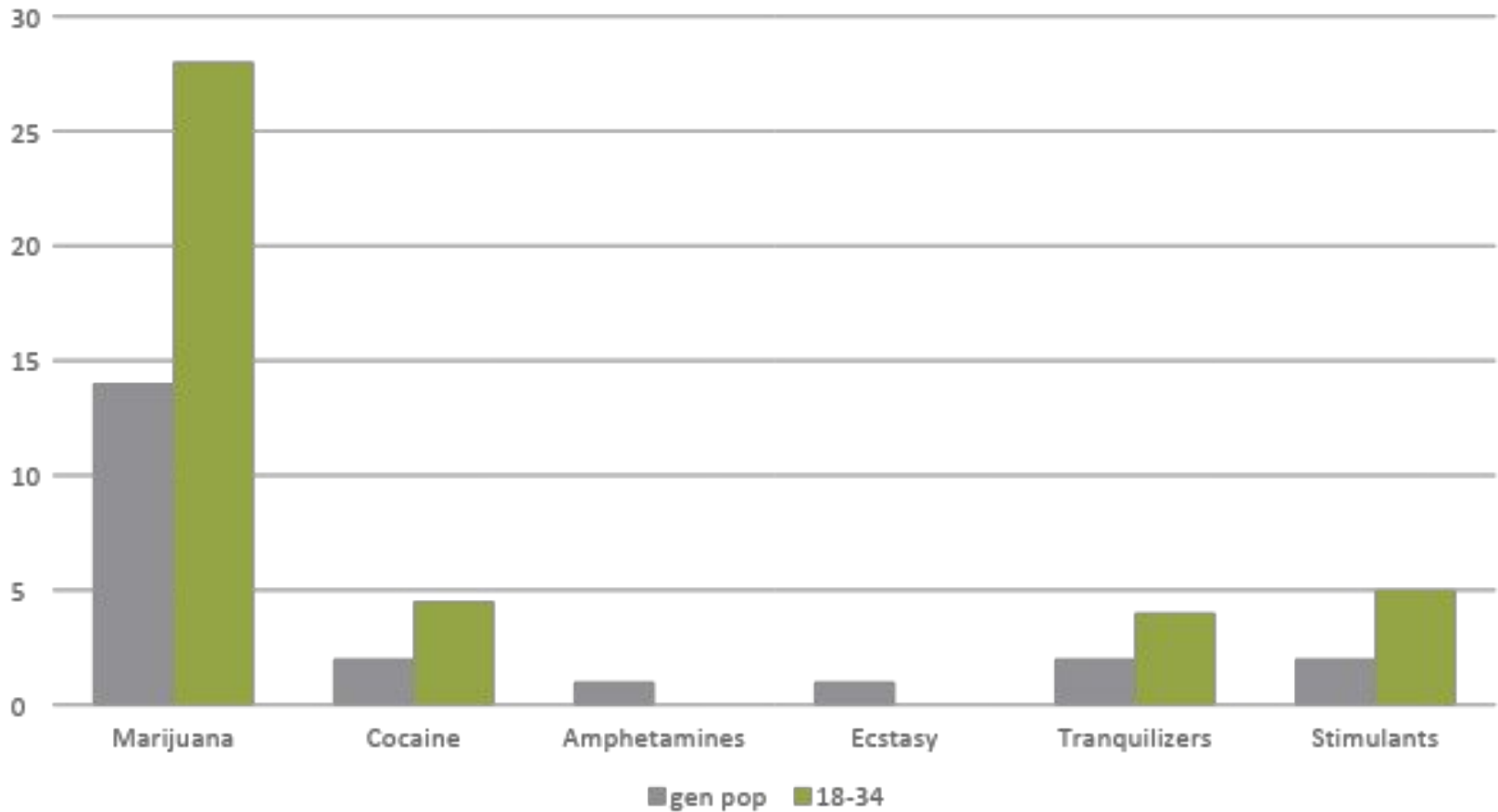


# Selected and Indicated Populations--Frequency of drinking in past year

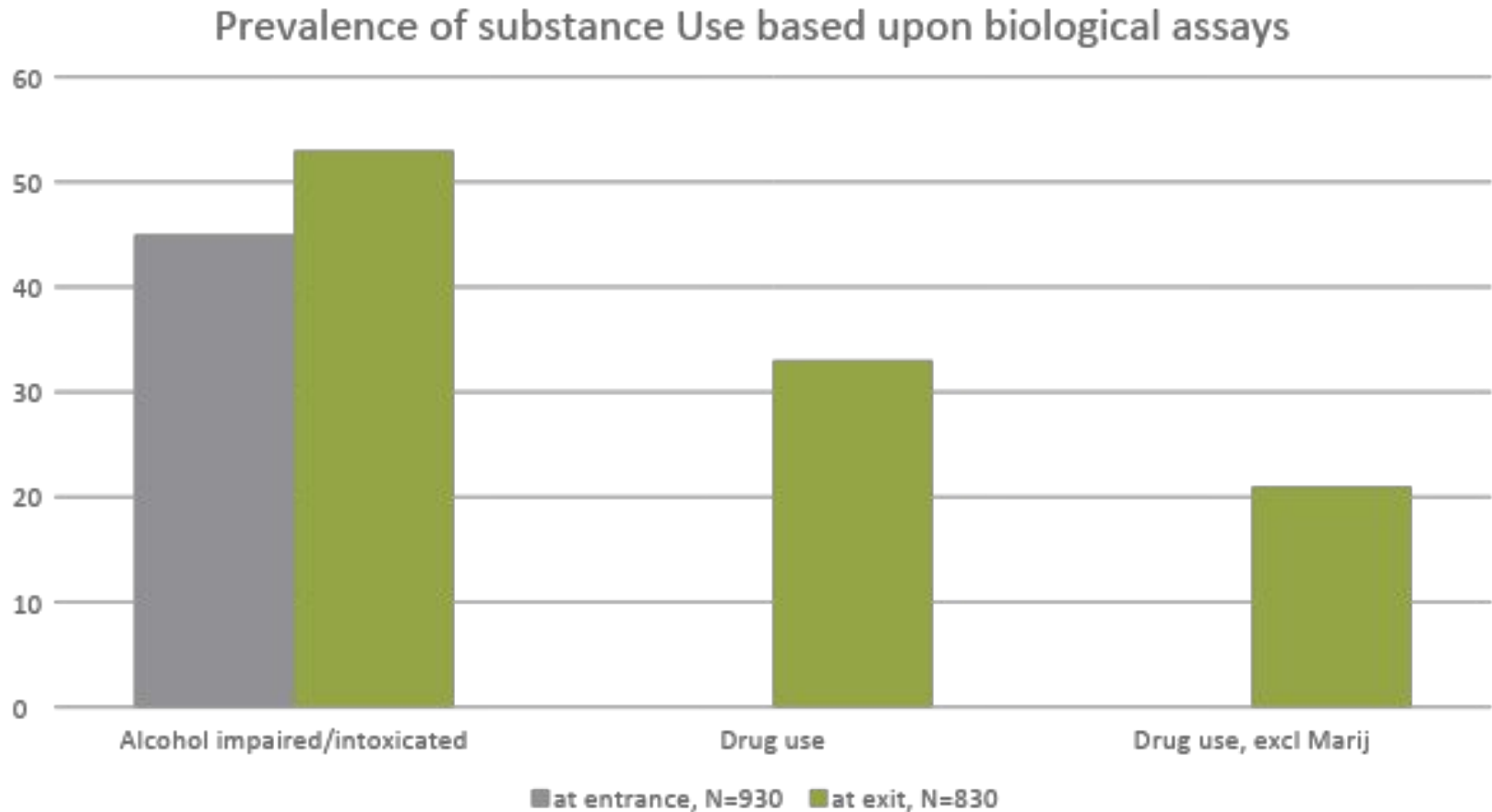
Figure 1: How often people drank alcohol in the past year



# Selected and Indicated populations: Drug Use-Past Year



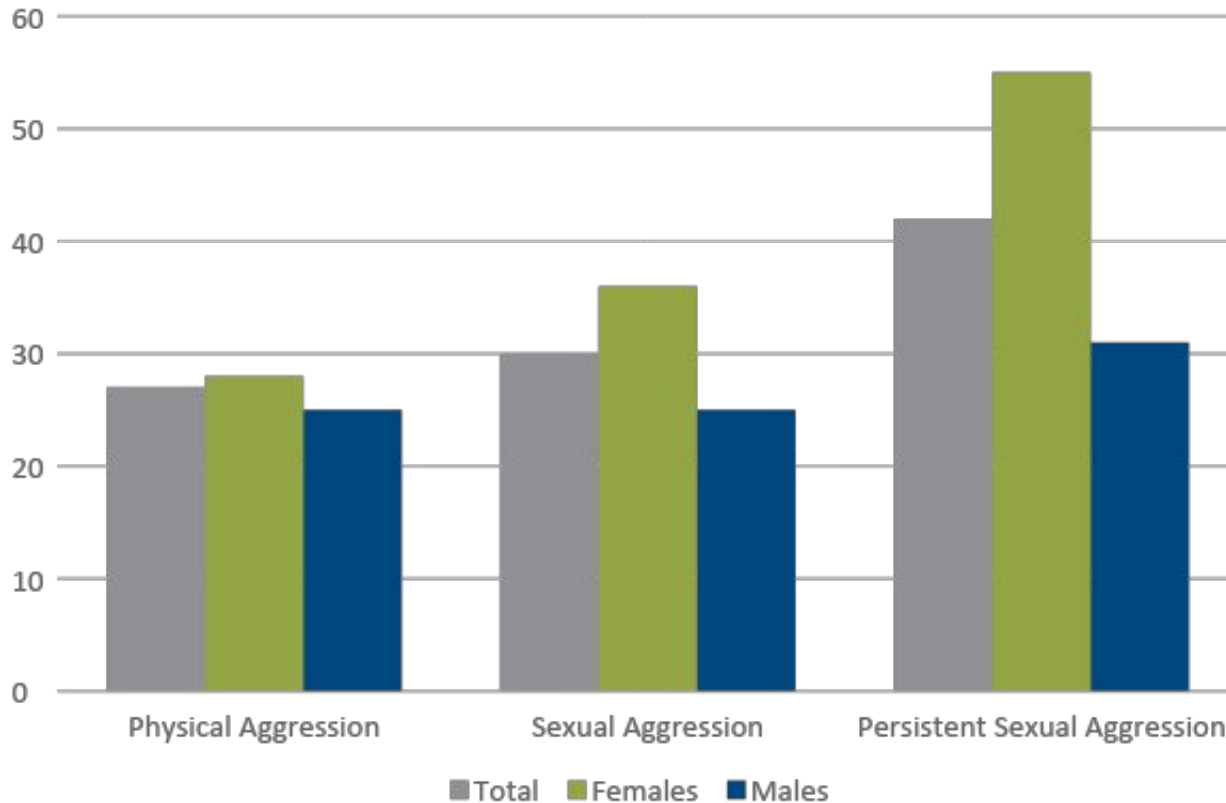
# Young Adults\* at Nightclubs: Example of a Selected Population



\*88% between 21-35 years of age

# Young Adults at Nightclubs: Prevalence of Aggression

Aggression experienced at a club during past 30 days



# Rethinking Outcomes

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Rather than a binary outcome (use/no use)—measure the reductions in number of days or amounts used

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Consider the context of use—(e.g., alcohol consumption is safer if there is not a drinking driver).

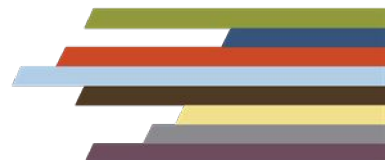
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Consider the related harms that are averted (e.g., drug overdoses decreased, less victimization, less aggression).

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Identifying harms that are avoided for the community, the family, and other individuals

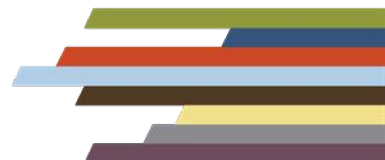
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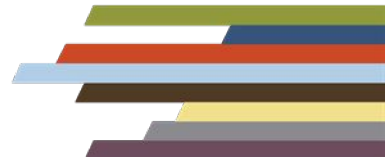
# Engaging Communities—From Punitive to Safety Approaches

- Perception is important! Identifying motives behind our public health efforts.
- Staying safe approach --makes it easier for young people to accept and adopt harm reduction approaches—
- Nightlife Safety Approach—working with naturally occurring groups to reduce harm while at nightclubs—A RCT for harm reduction



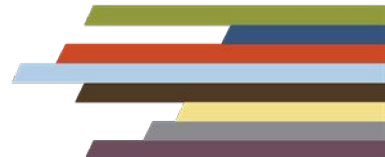
# Engaging Families in Harm Reduction Approaches

- Families as a resource for prevention—universal, selected and indicated populations
- Reframing from monitoring to guiding difficult real-life scenarios helping youth make safe choices—the Smart Choices for Teens approach—A RCT for teens and parents as a harm reduction approach



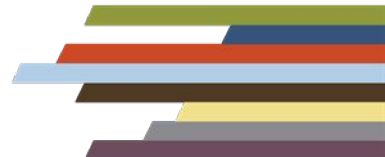
# Final Thoughts on Harm Reduction Approaches

- Greater than a list of programs or strategies—a change in thinking, measuring, and evaluating success
- De-emphasizes stigmatization and marginalizing people and communities
- Emphasizes building health and resilience in the entire community
- Harm reductions models, beliefs and strategies are not static but constantly evolving

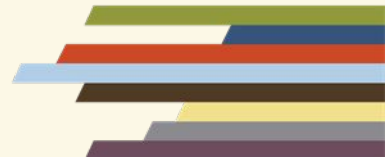


# Next Steps: Focusing on Selected and Indicated Populations

- Importance of the 18-34 age range for expanding our services and adopting a harm reduction approach
- Addressing not just the substance use, but the related harms
- Engaging the community and resources available in the community



**Questions?**





# Thank you

**PTTCnetwork.org**

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