



**PTTC**

Prevention Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

*Webinars*

## **Prevention Meets Harm Reduction: How Community Collaborations Work Across the Continuum- Part One**

Delivered by:

Prevention Technology Transfer Center Community Coalitions  
and Collaborations Workgroup

# This Webinar is Now Live



This webinar is being recorded and will be available for future viewing along with a copy of today's slides.

The slides will be shared in the chat feature

# Acknowledgement



This training was developed under the Substance Abuse and Mental Health Services Administration's Prevention Technology Transfer Center task order.

Reference # # 1H79SP081018.

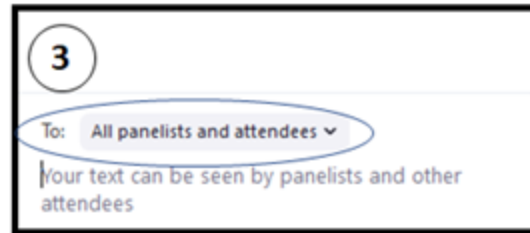
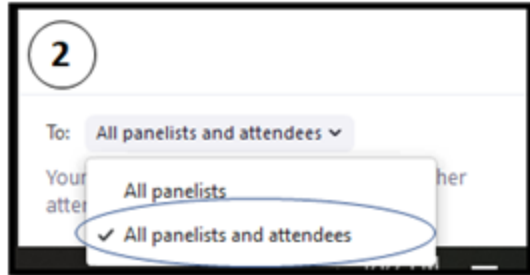
For training use only.

# Chat and Q&A



- Please use the chat feature for comments or questions. We welcome your thoughts and hope for a rich conversation in the chat.
- You may also type questions for our presenters at any time during the presentation in the Q & A feature

# Chatting in Zoom Webinar



To ensure all attendees see your comment or question please do the following:

- Go to “To:” at the bottom of the chat feature
- Select the down arrow next to “All Panelists”
- Select “All panelists and attendees”
- The bottom should now read  
To: All panelists and attendees

The use of affirming language inspires hope.

LANGUAGE MATTERS.

**Words have power.**

PEOPLE FIRST.

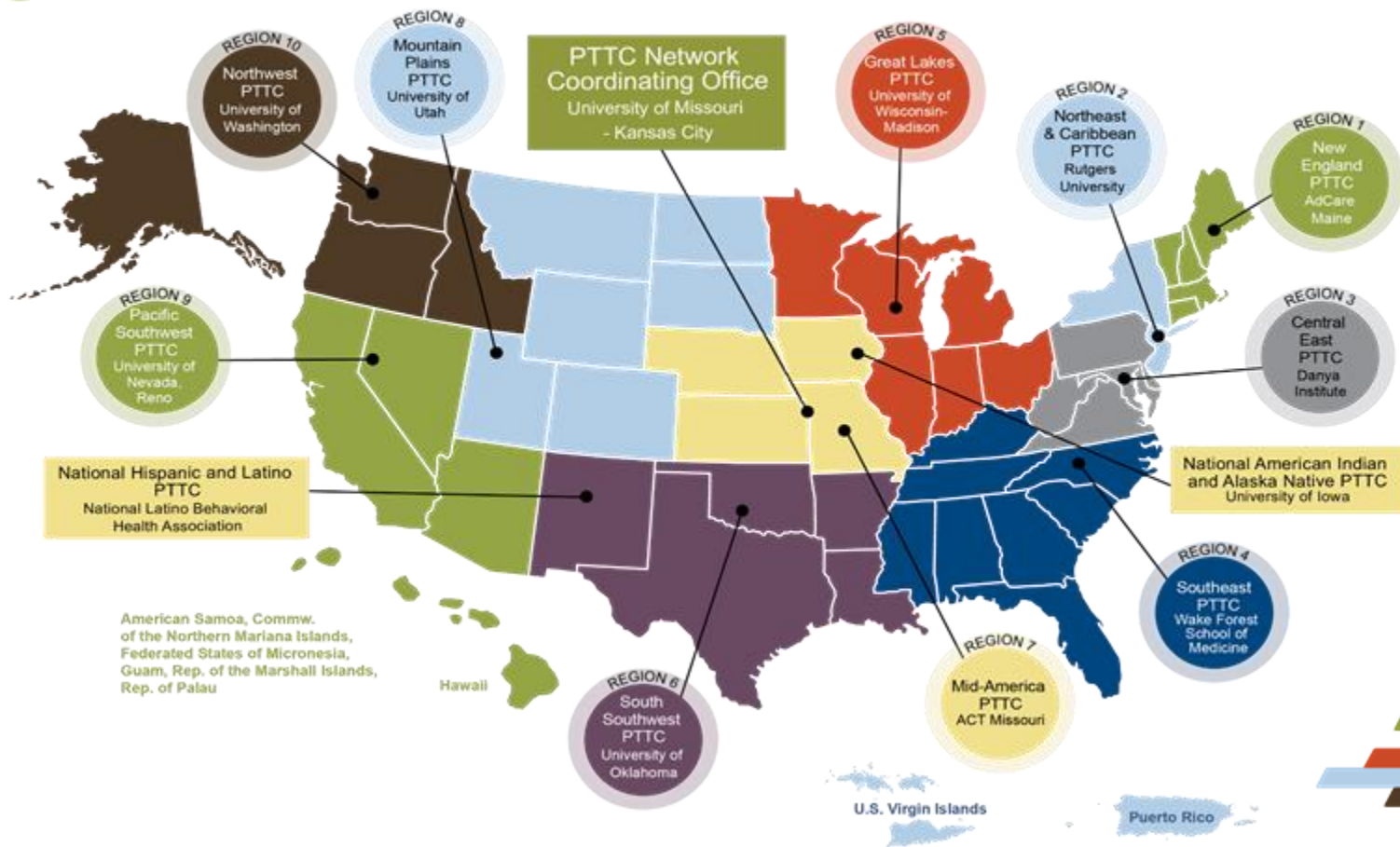
The P TTC Network uses affirming language to promote the application of evidence-based and culturally informed practices.



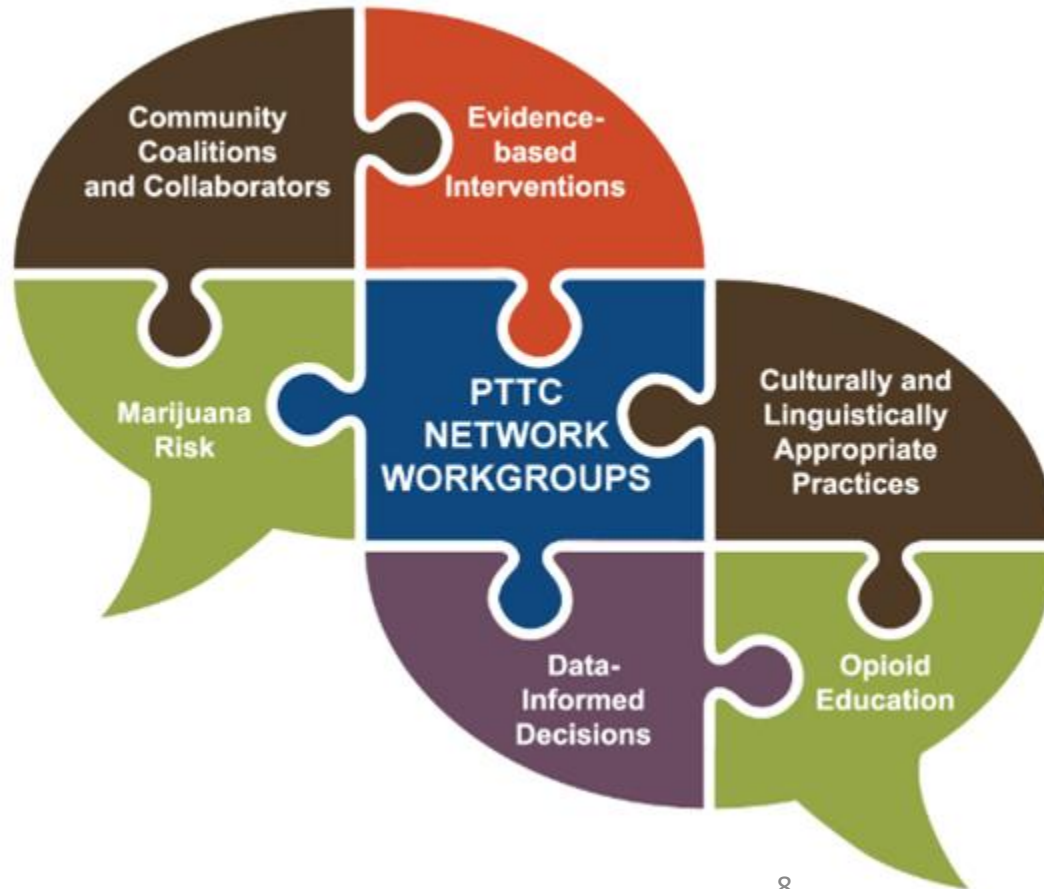
# PTTC

Prevention Technology Transfer Center Network  
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## PTTC Network



# PTTC Areas of Focus





# Community Coalitions and Collaborations Workgroup

- **Develop** training and technical assistance tools, products, and services on effective community coalitions and collaborations
- **Disseminate** these across the PTTC network
- **Increase the capacity** of prevention coalitions and collaborators to **prevent** substance misuse



# Today's Presenters



**Dr. Orisha Bowers**



**Dr. Zili Sloboda**



**Jeff Hill**



**Jimmy McGill**



# Objectives

## Identify

Identify the history and pillars of harm reduction

## Explore

Explore how prevention efforts intersect with harm reduction efforts through overlapping goals and common values

## Learn

Learn how the knowledge of lived experience can enhance our strategies across the continuum of care



# **Incorporating Harm Reduction Principles into Substance Use Prevention, Treatment, and Recovery**

**Orisha Bowers, PhD**  
**National Conference Director**  
**National Harm Reduction Coalition**

# Language and Acronyms

- **Person First Language:** people who inject drugs, People living with HIV/AIDS, etc.
- **Avoid stigmatizing language:** addict, hooker, junkie, hobo, etc.
- **SUD:** Substance Use Disorder
- **MAT:** Medication-Assisted Treatment
- **OAT:** Opiate Antagonist Treatment
- **SAS:** Syringe Access Services



## **Sexual Orientation**

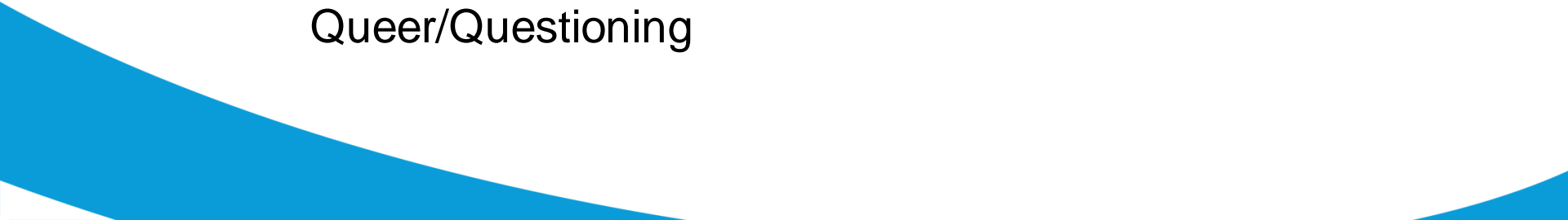
To whom we are sexually attracted.

## **Gender Identity**

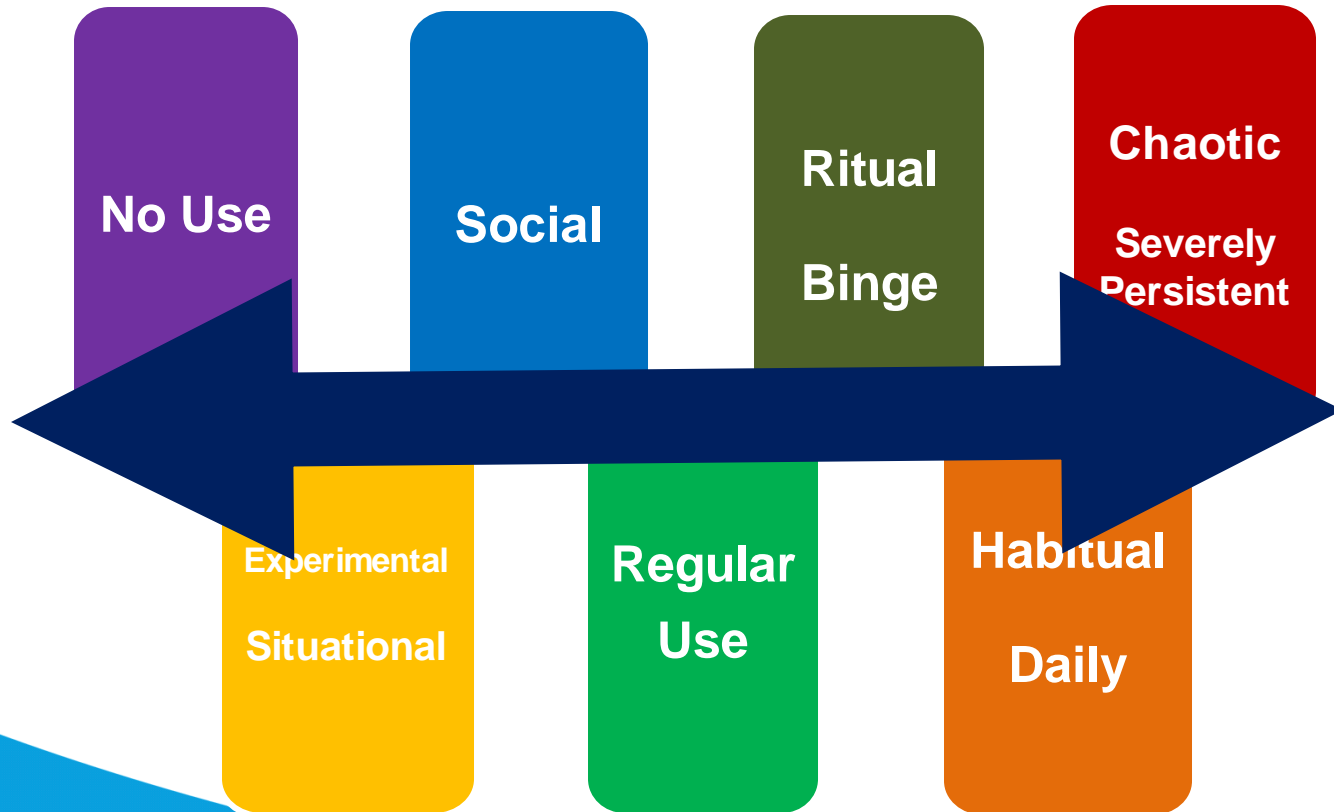
Sense of self as male or female, neither or both.

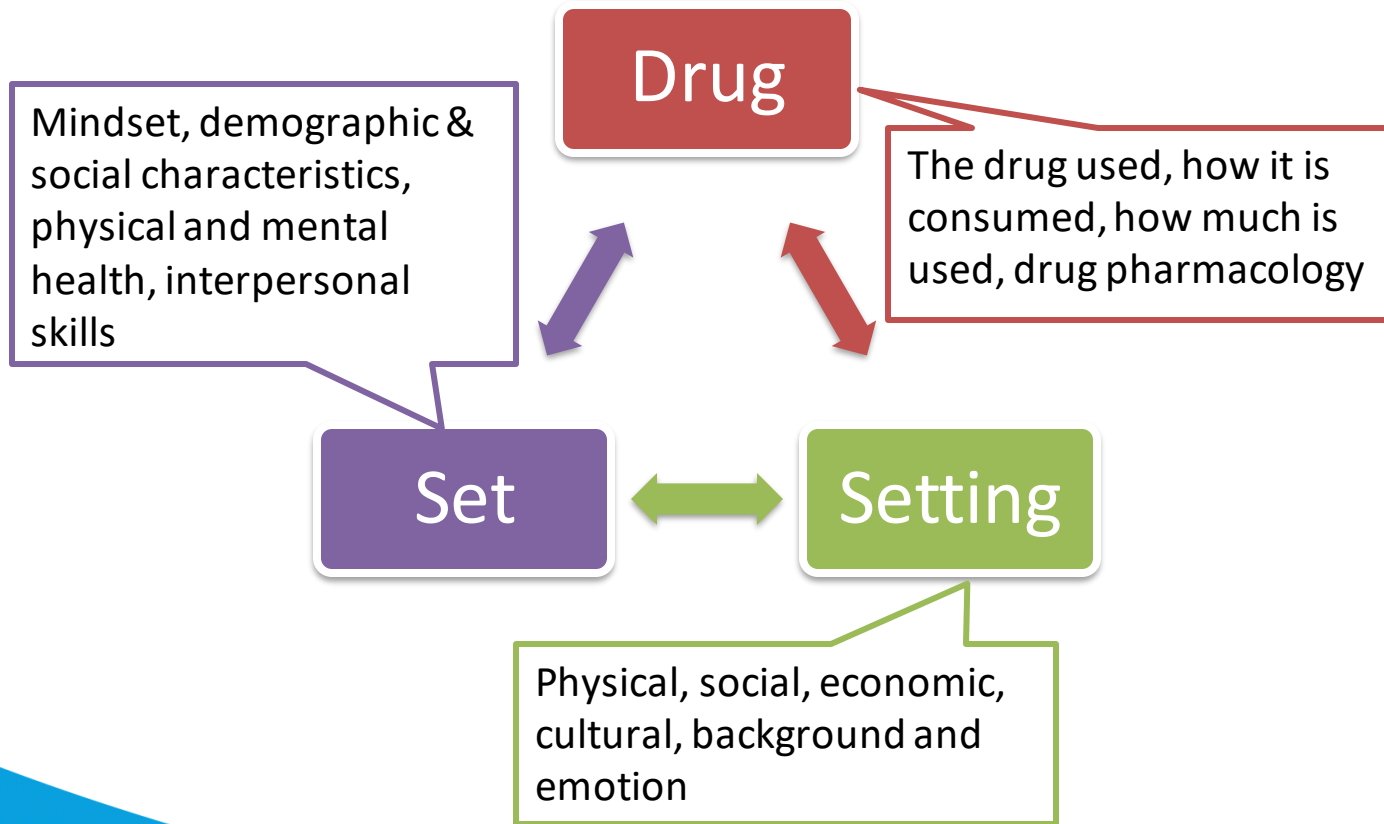
## **LGBT**

Lesbian, Gay, Bisexual, Transgender,  
Queer/Questioning



# Continuum of Use







## Harm Reduction is...

- ❑ A set of practical strategies to reduce negative consequences of drug use and sexual risk.
- ❑ Incorporates a spectrum of strategies including *safer techniques, managed use, and abstinence.*
- ❑ Meets people “where they're at” *but doesn't leave them there.*

- ❑ Does not minimize or ignore the harms associated with licit and illicit drug use and sexual activity.
  
- ❑ Applies evidence-based interventions to reduce negative consequences of these behaviors.
  - Ex: syringe access, naloxone, condoms, PrEP

- ❑ Moves past judgment of a person's drug use and sexual activity and addresses the **whole person**.
- ❑ Works to elicit **any positive change** based on the individual's needs, circumstances, readiness to change, and believing their abilities to change.

## What Harm Reduction is **Not**

Harm reduction **does not** mean “anything goes.”

Harm reduction **does not** enable drug use or high risk behaviors.

Harm reduction **does not** endorse or encourage drug use.

Harm reduction **does not** exclude or dismiss abstinence-based treatment models as viable options.

# The Need for Harm Reduction

- 1 Respond to disproportionate disease and fatality rates
- 2 Reach vulnerable populations
- 3 Keep individuals engaged if they relapse or are not abstinent from drugs or sex

# Benefits of Harm Reduction

Challenge Stigma

Increase Trust with Clients and Foster Engagement

Improve Public Health with Individuals and Community-wide

## Harm Reduction is...

A holistic approach to working with people at higher-risk in relation to HIV, drug use, and sexual behaviors.

Programs can be:

Low-Threshold, Convenient, Evidence-based

Providers can be:

**Positive - Honest - Productive  
Pragmatic - Client-centered - Without Bias**

# Principles of Harm Reduction

Health and Dignity

Participant-  
Centered Services

Participant  
Involvement

Participant  
Autonomy

Recognize  
Inequalities and  
Injustices

Pragmatism/Realism



# (1) Focus on Health and Dignity

Establishes **quality of individual and community life and well-being** as the criteria for successful interventions and policies.



foto by George  
Hodan

## (2) Participant-Centered

Providers offer services **without judging** the client.  
Programming is **low-threshold** and accessible.



foto by Maliz  
Ong

### (3) Participant Involvement

Ensures people have a **real voice in the creation of programs and policies** designed to serve them.



## (4) Participant Autonomy

Providers recognize participants are **experts in their own lives**. People will change when they are ready, and circumstances allow.



Photo by CDC/James  
Gathany

## (5) Recognize Inequalities and Injustices

Providers recognize the impact and complexities of poverty, class, racism, isolation, past trauma, sex-based discrimination and other inequalities affect **people's vulnerability**, and **capacity** for effectively **dealing with behavior-related harm**.



foto by Peter  
Griffin

## (6) Practical and Realistic

Providers **offer practical tools and education** to address the real harms and dangers experienced by individuals with significant risk.



HRC Hepatitis C Prevention Poster



In the chat box share which principle :

- 1) Resonates
- 2) Is the most Challenging

### Key Principles

- Health and Dignity
- Participant-Centered
- Participant Involvement
- Participant Self-Rule
- Recognize Inequalities & Injustices
- Practical and Realistic

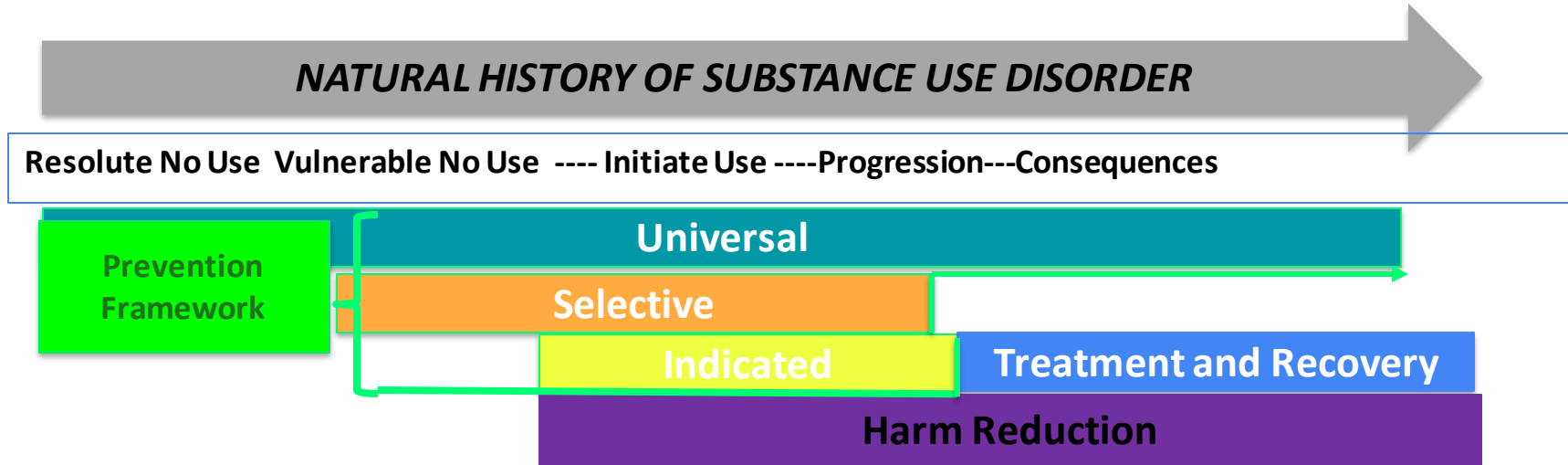


# **Prevention, Treatment and Harm Reduction: How Are These Defined in Today's Prevention Framework?**

Zili Sloboda, Sc.D., President  
Applied Prevention Science International



# Services Within the Context of the Natural History of Substance Use Disorder



# Epidemiologically, we can conceive of there being 8 groups

(1/2)

## Those who:

1. do not use substances and are not 'vulnerable'
2. do not use substances and are vulnerable such as children of substance users, those stressed because of poverty or abuse etc.;
3. initiated use and may or may not experience consequences;
4. meet a DSM diagnosis for substance use and need treatment but do not utilize treatment;

# **Epidemiologically, We Can Conceive Of There Being 8 Groups**

(2/2)

**Those who:**

- 5. who meet a DSM diagnosis for substance use treatment and utilize treatment;**
- 6. who sought treatment but didn't receive treatment;**
- 7. who received treatment but didn't complete it;**
- 8. who received treatment and are in recovery.**

# Theoretically Who Needs Substance Use Services in Any Defined Community

(1/2)

Universal and  
Selective  
Prevention

1. Those who do not use substances and are not 'vulnerable'
2. Those who do not use substances and are vulnerable such as children of substance users, those stressed because of poverty or abuse etc.;

Indicated  
Prevention  
Harm  
Reduction

3. Those who initiated use and may or may not experience consequences;
4. Those who meet a DSM diagnosis for substance use and need treatment but do not utilize treatment;

# Theoretically Who Needs Substance Use Services in Any Defined Community

(2/2)

Treatment

← 5. Those who meet a DSM diagnosis for substance use treatment and utilize treatment;

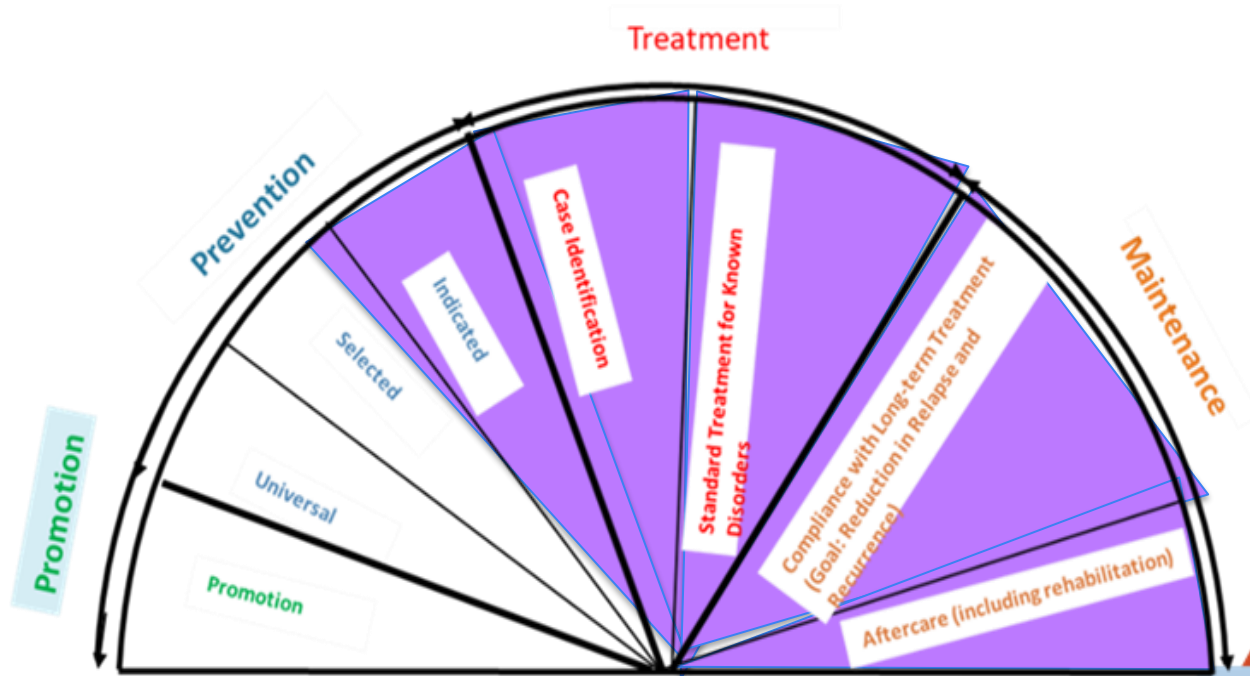
Harm Reduction

6. Those who sought treatment but didn't receive treatment;

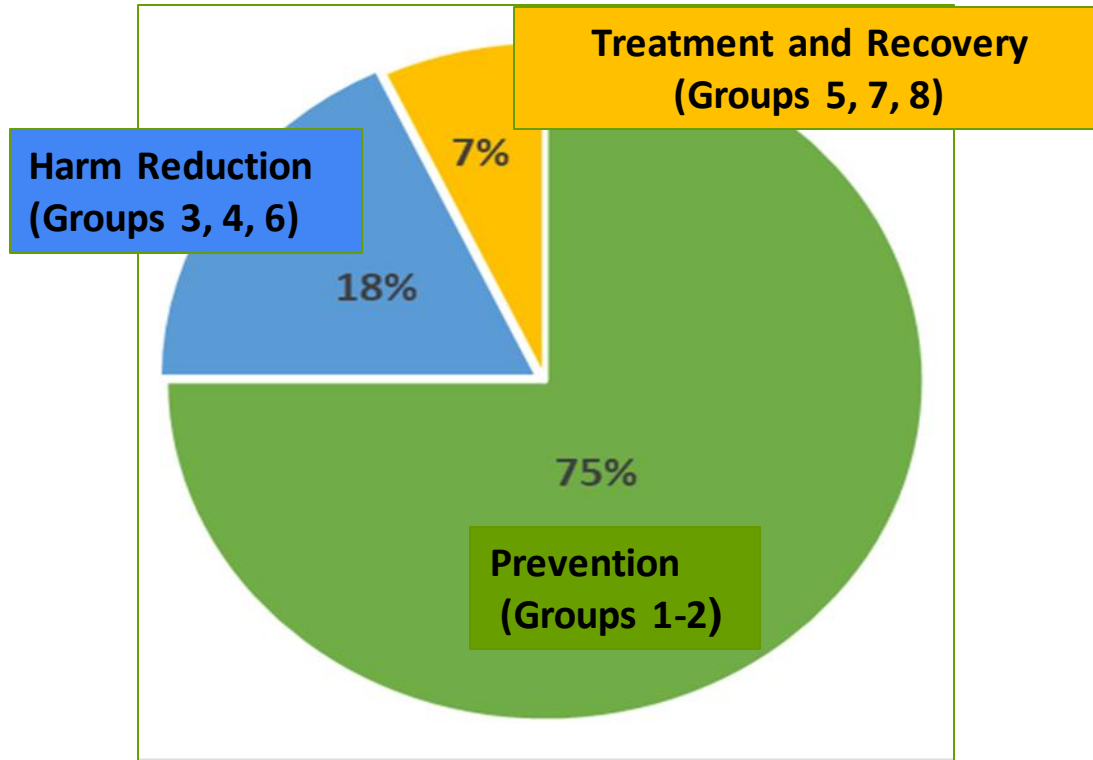
7. Those who received treatment but didn't complete it;

8. Those who received treatment and are in recovery.

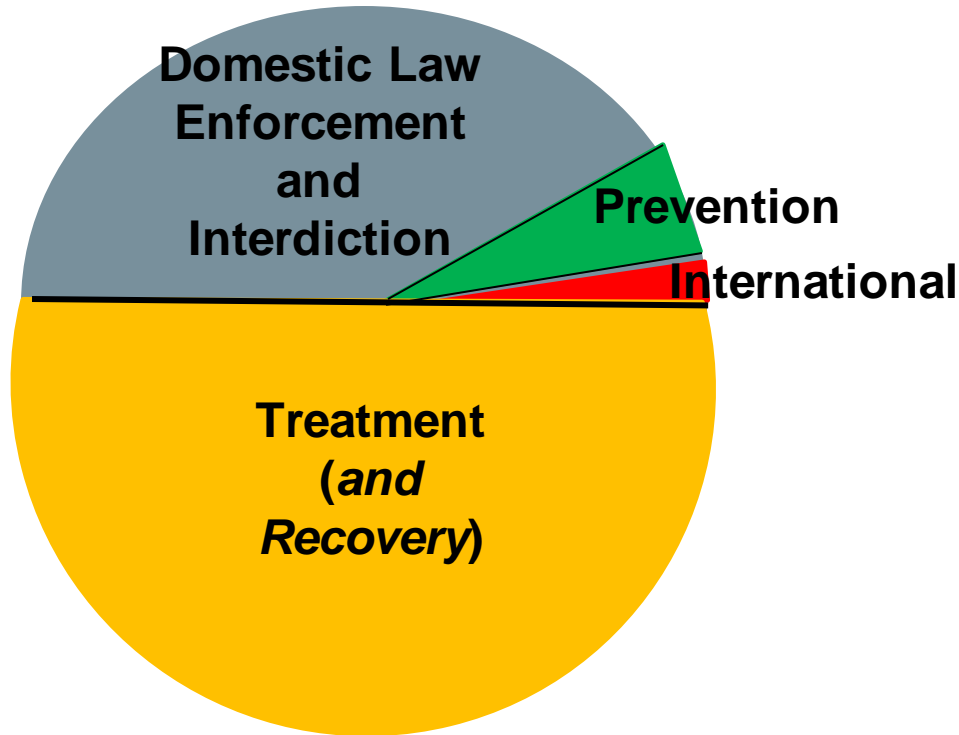
# In the NAS Spectrum of Services Where Does Harm Reduction Fit?



# Estimated Distribution of the Population by Group



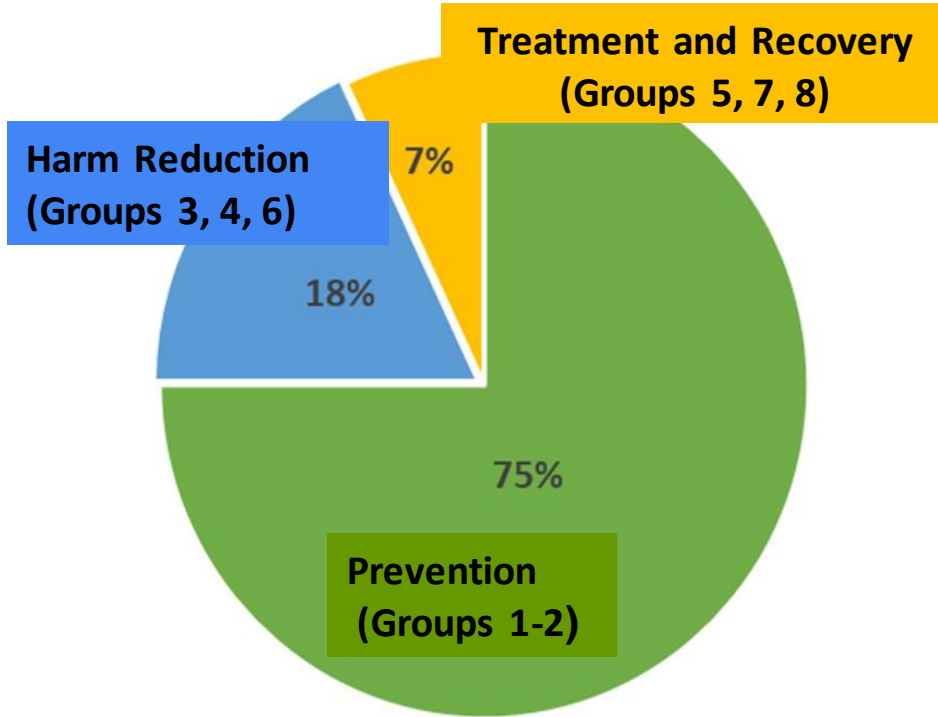
# Federal Budget for Substance Use By Function—FY 2022



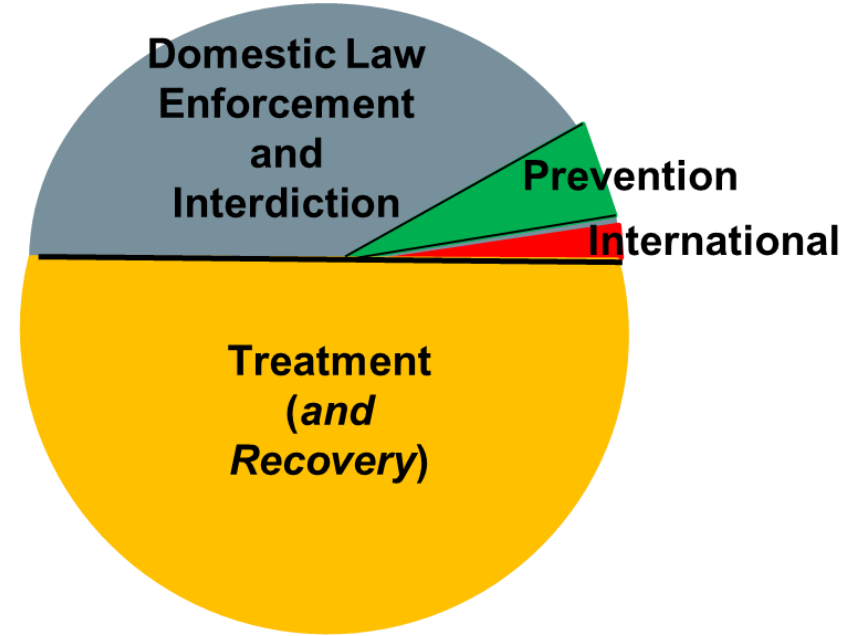
**Harm  
Reduction?  
???**



# NEED



# NATIONAL BUDGET



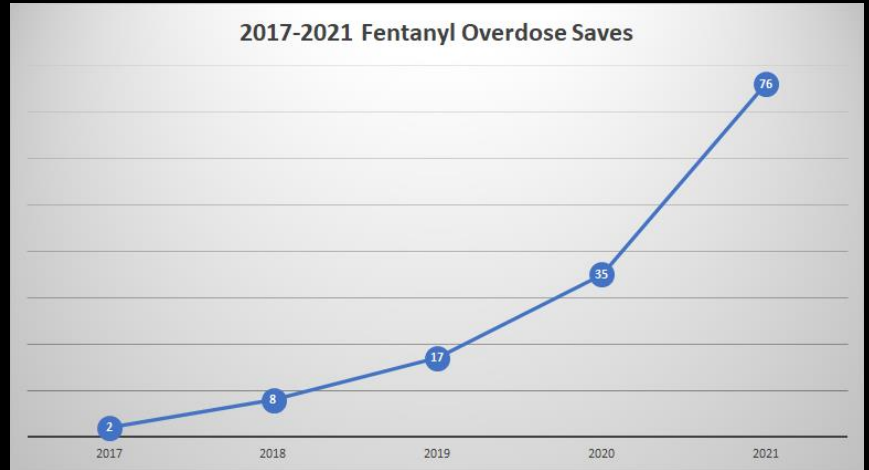
**Harm Reduction????**

# **ARKANSAS NALOXONE SAVES PROGRAM REPORT**

Office of State Drug Director



2017-2021 Fentanyl Overdose Saves



### Naloxone Saves Per Year

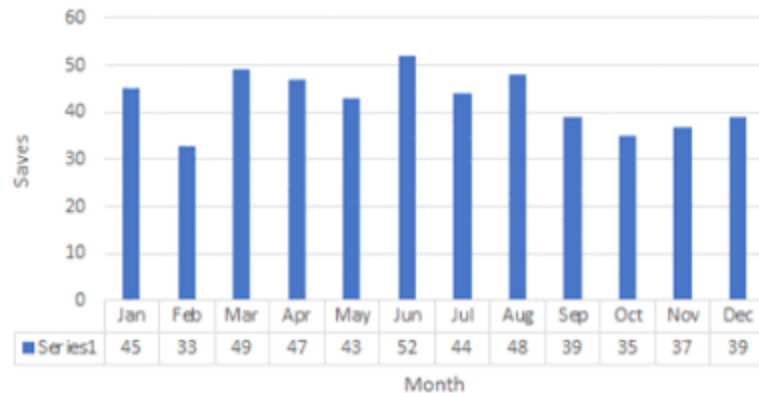


- 2017 – 50 lives saved
- 2018 – 145 lives saved
- 2019 – 193 lives saved
- 2020 – 400 lives saved
- 2021 – 511 lives saved
- Total of 1299 lives saved

### 2020 Saves by Month



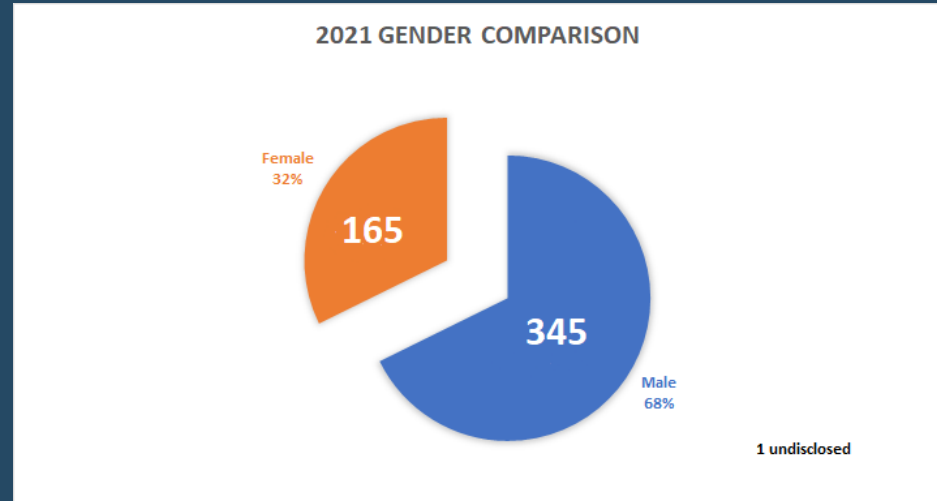
### 2021 Saves by Month



## 2021 Saves by Gender

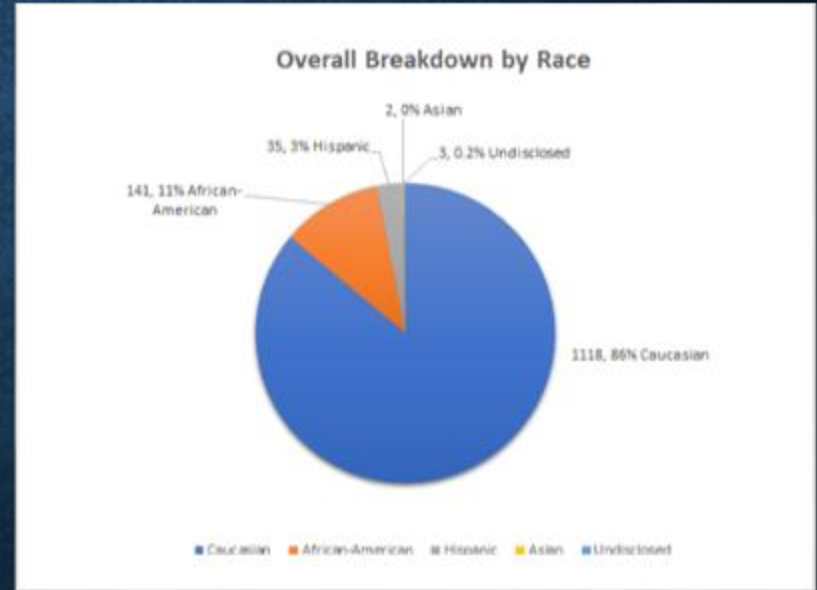
Total saves = 511

- Males saved: 345 (68%)
- Females saved: 165 (32%)
- 1 undisclosed



## RACE DATA:

- Breakdown of Saves by Race:
- 1118 were Caucasian
- 141 were African-American
- 35 were Hispanic
- 2 were Asian
- 3 were Undisclosed



**EMS NALOXONE DATA**

Source: *Arkansas Department of Health*





- Jimmy McGill
- Director of Peer Services
- Office: 501-683-0312
- Email: [Jimmy.mcgill@dhs.arkansas.gov](mailto:Jimmy.mcgill@dhs.arkansas.gov)

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WILSON COUNTY SUBSTANCE PREVENTION COALITION

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WHERE PREVENTION, RECOVERY, TREATMENT, AND HARM REDUCTION WORK HAND-IN-HAND



## WILSON COUNTY, NORTH CAROLINA



Wilson County, North Carolina

Race/Ethnicity	%
<u>White</u> (non-Hispanic)	45.83%
<u>Black or African American</u> (non-Hispanic)	37.88%
<u>Native American</u>	0.3%
<u>Asian</u>	1.14%
<u>Pacific Islander</u>	0.01%
<u>Other/Mixed</u>	3.38%
<u>Hispanic or Latino</u>	11.45%

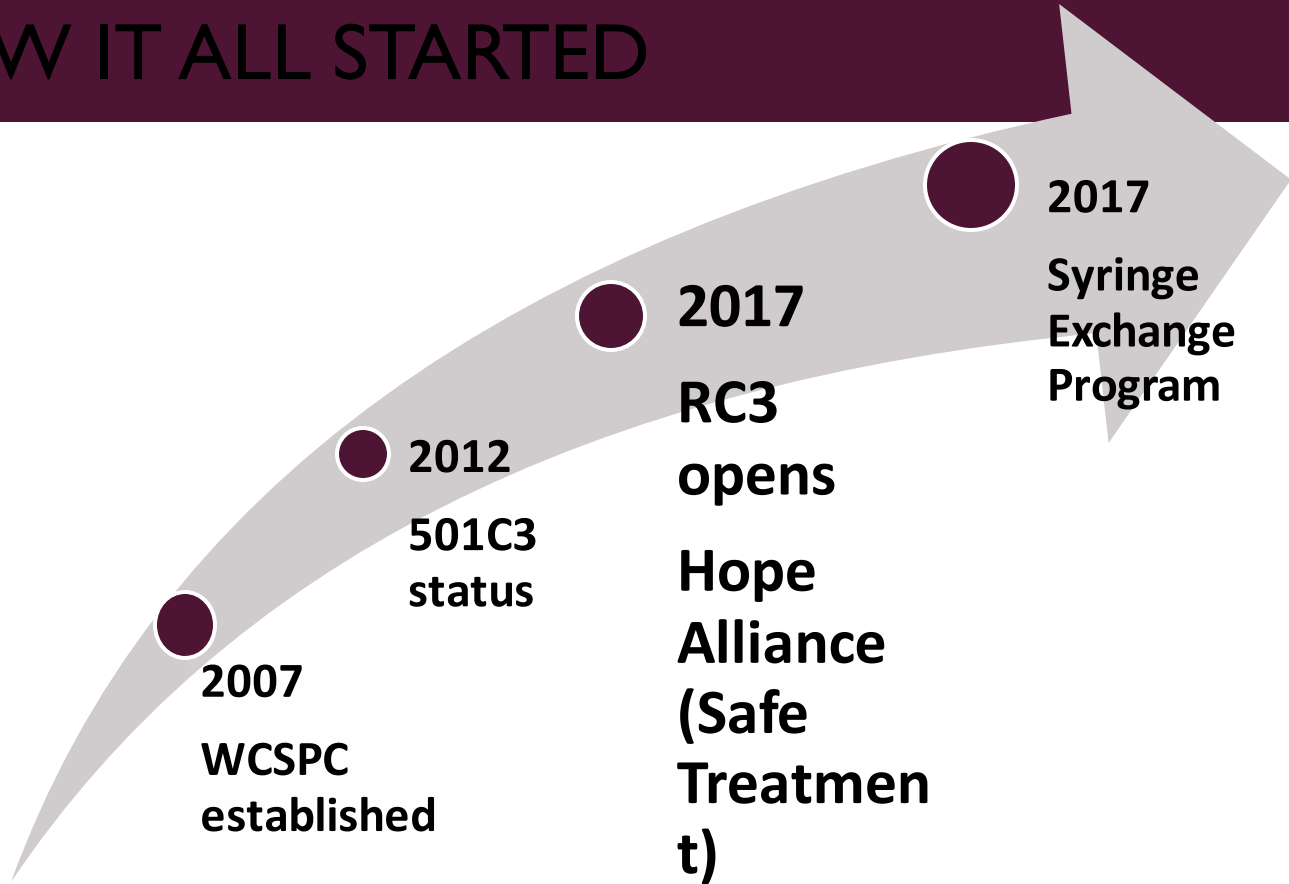
2020 Census

# WCSPC MISSION STATEMENT

The Coalition is organized for the charitable purpose of reducing substance misuse among youth and, over time, among adults by addressing the factors in the community that increase the risk of substance misuse and promoting the factors that minimize the risk of substance misuse.

(Note: Substances include tobacco, alcohol, and any other illegal mood-altering substance where their use is prohibited by Federal, State or local law.)

# HOW IT ALL STARTED



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OH HOW FAR WE'VE COME!

WCSPC/RC3: NOW HOUSED UNDER ONE  
ROOF

EXAMPLES: @ RC3 YOU CAN NOW RECEIVE

-SUPPORT GROUPS

-SAFE SPACE TO JUST RELAX WHILE FOCUSING ON  
SOBRIETY

-RESOURCE ACCESS/REFERRAL

-PROVISION OF IN HOME PREVENTION MATERIALS  
(LOCKBOXES, LOCK BAGS, MEDICATION DISPOSAL KITS,  
MEDICATION CABINET LOCKS

-TREATMENT REFERRALS/NON CLINICAL INTAKE  
SERVICES



BUT WAIT, THERE'S MORE!

- Narcan Training (Overdose Prevention)
- Note: NARCAN is provided in partnership with a local MAT Provider
- FREE Community Events (EX. Recovery Through Art)
- Professional Development Opportunities (YMHFA & AMHFA)
- SBIRT Certifications
- Recovery Coach Certifications (via CCAR)

- Life Skills Classes (EX: Banking and Nutrition)

AND COMING SOON....

- Syringe Services (Harm Reduction)
- HIV/AIDS Testing Services (Harm Reduction)

AND THE BEST PART IS THAT IT'S ALL FREE!

# LYM #'S

## JULY 2020 - MAY 2022

- Since July of 2020 the WCSPC and its partners have distributed the following # of in-home prevention items within Wilson County:
- Lockboxes: 3,326
- Medication Disposal Kits: 5,561
- Cabinet Locks: 1,968
- Medication Lockbags: 582



Community Materials for Disbursement



BUT WHY DOES ALL THIS MATTER AND HOW DO YOU KNOW IT WORKS?



People suffering from SUD/ODU face barriers, and by having resources all in one place, those barriers can be easily addressed

People in recovery, especially those new to sobriety, must “learn how to live again” which goes far beyond just “attending meetings”

Data also tells the tale....

Rc3 from 2019-2021 served....**4,827 community members**

Since 2017 the hope alliance has served.....**141 community members**

# HOPE ALLIANCE BY THE NUMBERS

YEAR	INPATIENT	OUTPATIENT	SOBER LIVING	ASSESSMENT
2017	1	0	0	4
2018	5	5	2	2
2019	20	4	2	8
2020	14	10	2	4
2021	25	4	5	0
2022	10	1	5	8
<b>TOTAL</b>	75	24	16	26

YEAR	DETOX
2017	2
2018	12
2019	28
2020	20
2021	29
2022	10
<b>TOTAL</b>	101

YEAR	TREATMENT	HOUSEHOLD SUPPORT	TRANSPORTATION
2017	0	0	0
2018	0	0	0
2019	\$7,500	0	\$424.29
2020	\$21,145	\$150	\$37
2021	\$68,730	1,234.61	0
2022	\$28,675	\$282	\$456.94
<b>TOTAL</b>	\$126,050	1,666.61	\$918.23

YEAR	RETURN TO USE
2017	2
2018	1
2019	6
2020	9
2021	0
2022	6
<b>TOTAL</b>	24

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# THANK YOU!

JEFF HILL, WILSON COUNTY, NC



# In the chat...

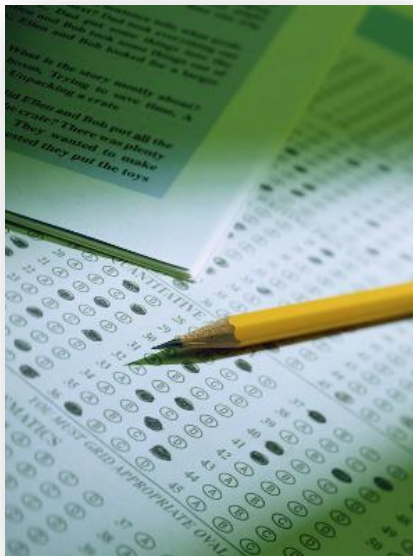
What prevention goals do you have right now that might connect or intersect with harm reduction goals?





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# Evaluation

Please complete a brief survey, your feedback is important!

[ttc-gpra.org/GPRAOnline/PCS?e=0099220113&n=P](http://ttc-gpra.org/GPRAOnline/PCS?e=0099220113&n=P)



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



A word cloud featuring the phrase "thank you" in multiple languages and colors. The central and largest text is "thank you" in red. Other prominent words include "gracias" in green, "danke" in blue, and "merci" in orange. Smaller words include "spasibo", "dziękuje", "obrigado", "sukriya", "kop khun krap", "terima kasih", "sagolun", "dank je", "ngiyabonga", "teşekkür ederim", "mochchakkeram", "go raibh maith agat", "arigato", "takk", "dakujem", "merci", "ευχαριστώ", "hvala", "mauruuru", "tapadh leat", and "mersi". The background is white with a colorful horizontal bar at the top and bottom right.

спасибо  
danke 謝謝  
ngiyabonga  
teşekkür ederim  
dank je  
gracias  
tapadh leat  
bedankt  
hvala  
mauruuru  
thank you  
dziękuje  
obrigado  
sagolun  
sukriya  
kop khun krap  
terima kasih  
sagolun  
dank je  
ngiyabonga  
teşekkür ederim  
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arigato  
takk  
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merci  
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