

# Promoting Collaboration Between Prevention and Harm Reduction

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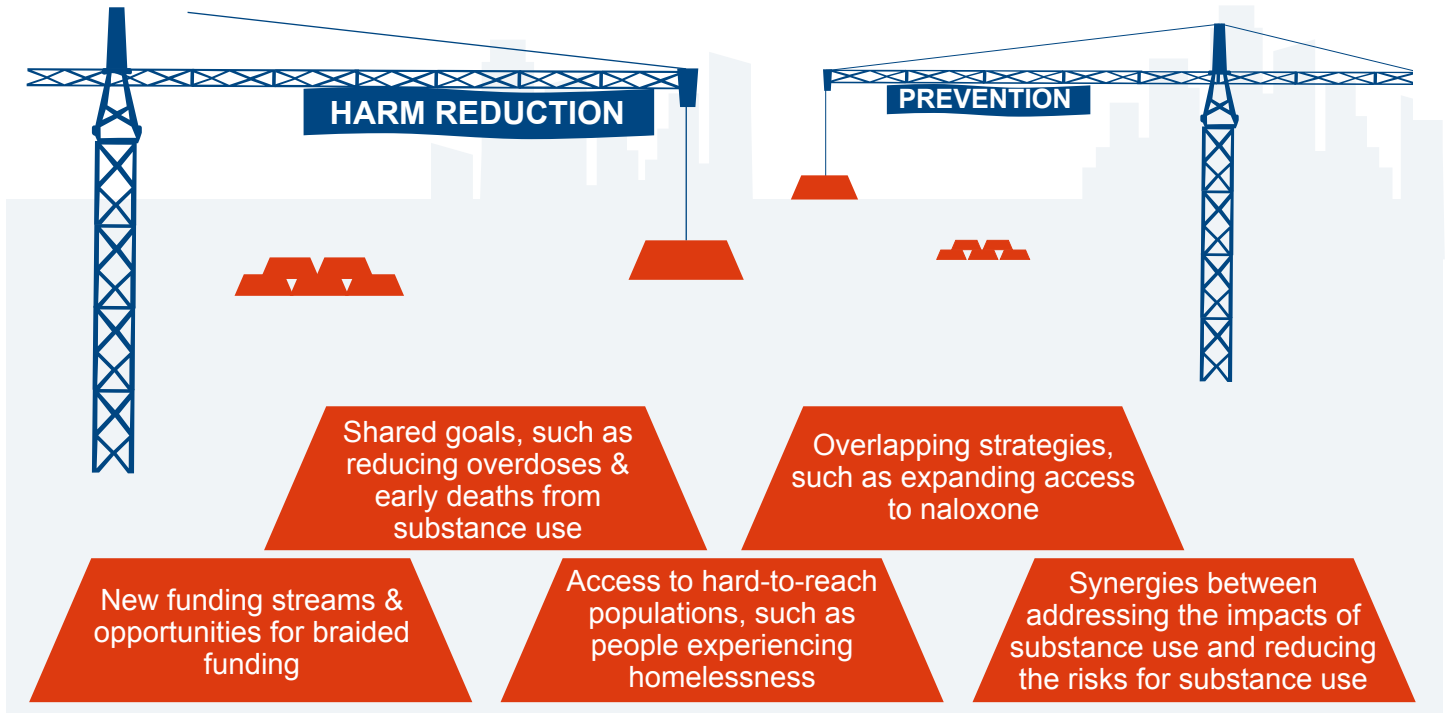


Central East (HHS Region 3)

# PTTC

Prevention Technology Transfer Center Network  
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Collaboration between prevention and harm reduction can improve health outcomes and expand the reach of services. Harm reduction touches services across the behavioral health continuum of care. Many harm reduction strategies can align with secondary and tertiary prevention—which focus on people at greater risk of, or already engaging in, substance use. Working with harm reduction providers can enable prevention professionals to better “meet people where they are at.” Prevention professionals may want to collaborate with the harm reduction sector to leverage:<sup>1,2,3</sup>



## WHAT IS HARM REDUCTION?

Harm reduction refers to policies and strategies that aim to reduce the negative health, social, and legal consequences associated with substance use. Harm reduction services acknowledge that substance use is a part of life and advocates for meeting people who use drugs “where they are” by supporting safer substance use while holistically addressing their needs.<sup>4</sup> Prevention and harm reduction are distinct but interrelated strategies with several shared goals that prioritize keeping people who use substances alive. Prevention professionals may already be engaging in harm reduction as part of their work, such as training law enforcement officers on how to respond to an overdose event.

## EXAMPLES OF HARM REDUCTION STRATEGIES<sup>5</sup>



Syringe service programs



Fentanyl test strip legalization



Overdose education & naloxone distribution



Good Samaritan laws



Supervised consumption sites



Drug take-back events



Wound care services



STD testing



### AREAS OF COLLABORATION<sup>6</sup>

There are many opportunities for collaboration between prevention and harm reduction. Examples of areas where the disciplines can work together include:

- 1 Social Determinants of Health (SDOH):** Implement strategies to address SDOH inequities, such as economic instability, which increase risk and harms of substance use.
- 2 Policy Change:** Advocate for legislation that incentivizes physical health providers to provide behavioral health services.
- 3 Education:** Reduce stigma about substance use and raise community support for behavioral health services.
- 4 Health Care and Social Services:** Develop shared screening and referral procedures for potential service intake sites, such as hospital emergency departments.
- 5 Knowledge Sharing:** Regularly exchange data and program outcomes to further develop a shared knowledge base and understanding between the disciplines.

### EXAMPLES OF POTENTIAL HARM REDUCTION PARTNERS<sup>7</sup>

- State or county health departments
- Tribal health organizations
- Peer support groups
- Community HIV/AIDS clinics
- Sex worker advocacy groups
- Neighborhood health clinics
- Community-based coalitions
- Foundations or nonprofit organizations

### COLLABORATION IN ACTION: COMMUNITY CARE IN REACH<sup>®8</sup>

Community Care in Reach<sup>®</sup> is a mobile health unit in Boston, Massachusetts, that provides on-demand care to people experiencing homelessness and/or substance use disorder. The program incorporates prevention and preventative health care, addiction services, and harm reduction by connecting clients to needed medication, referrals to treatment, health screenings, immunization, and other behavioral health care. In just 180 days of service, staff distributed more than 1,400 naloxone kits and nearly 41,000 syringes to the community.<sup>9</sup>

### NOTES

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