Harm Reduction in Community Settings

mosaic GROUP

Bringing all the pieces together for a healthier community

ACKNOWLEDGMENTS

DEVELOPMENT TEAM

ABOUT MOSAIC GROUP

Mosaic Group is nationally recognized for effectively implementing community health and human services strategies to achieve health equity. Our primary focuses are:

- Community Solutions for Health Equity
- Complex Planning for Sustainable Change
- Behavioral Health Integration
- Overdose Prevention and Response

Mosaic Group
1122 Kenilworth Drive, Suite 313
Towson, MD 21204
410-852-4263
groupmosaic.com

CONTENTS

Commonly Used Acronyms

Acronym	Meaning
SUD	Substance use disorder
OUD	Opioid use disorder
MOUD	Medications for opioid use disorder
PWUD	People who use drugs
SSP	Syringe service program
CDC	Centers for Disease Control and Prevention
SAMHSA	Substance Abuse and Mental Health Services Administration
NIDA	National Institute on Drug Abuse
AHRQ	Agency for Health Research and Quality
LHD	Local health department
CBO	Community based organization
PRC/PRS	Peer recovery coach/Peer recovery specialist
HRSN	Health-related social needs
ED	Emergency department
HIV	Human immunodeficiency virus
MI	Motivational interviewing
EMR	Electronic medical record
OSP	Opioid stewardship program
AA	Alcoholics Anonymous
NA	Narcotics Anonymous

Introduction

This toolkit was created by Mosaic Group to provide guidance for community settings to strengthen their capacity in deploying harm reduction strategies to improve care and services for people who use drugs (PWUD).

Community settings are any setting commonly used by members of a community, such as schools, libraries, and/or community centers. These settings are trusted institutions in the community where people may seek credible resources and information.

This toolkit aims to strengthen the capacity of community settings to improve care and services for persons who use drugs, by:

- Building an understanding of harm reduction principles.
- Describing the value and positive impact of harm reduction to improve community health.
- Outlining key considerations and tools to support the integration of evidence-based harm reduction principles and interventions.

This toolkit also includes relevant case studies that serve as real-life examples of how community settings have integrated harm reduction into their everyday work.

What is Harm Reduction?

The National Harm Reduction Coalition defines harm reduction as a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.[1] It is a public health approach that emphasizes dignity and respect out of recognition that drug use is a complex and multifaceted issue. This approach also acknowledges that individuals who use drugs have a right to access services and support that reduce the harms associated with their drug use. The National Harm Reduction Coalition notes that there is no single definition or formula for harm reduction, rather there are countless real-world examples of how we already practice harm reduction in our daily lives, including:
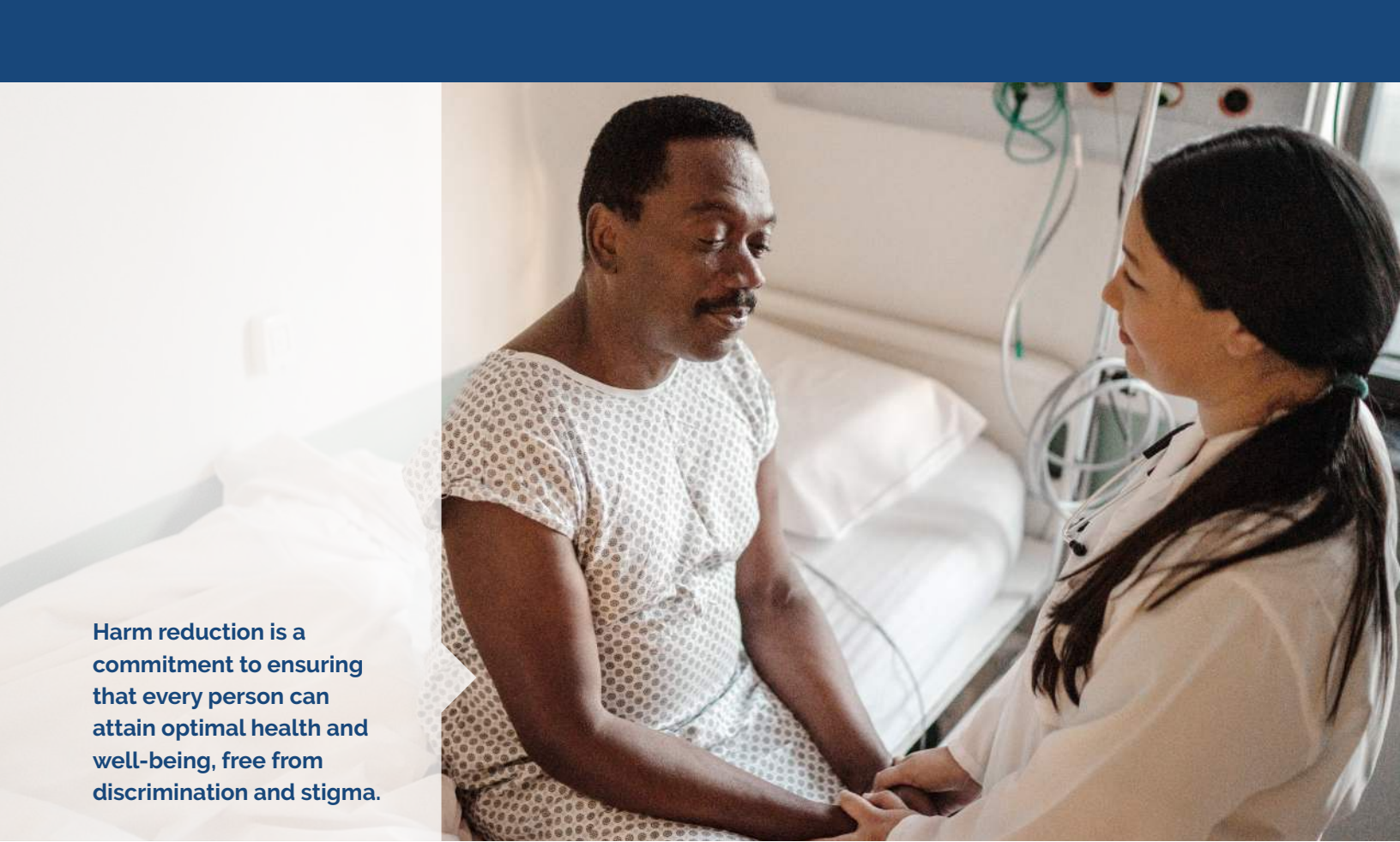
- Using a seatbelt to reduce the risk of injury or death in a vehicle.
- Applying sunscreen daily to decrease the risk of skin damage or cancer due to sun exposure.
- Donning a helmet, shin guards, and face guard to minimize potential injury from playing hockey or other high-contact sports.
- Wearing a mask to reduce to risk of contracting viruses, such as the flu or COVID-19.
- Placing a sleeping baby on their back rather than their stomach to reduce to risk of sudden infant death syndrome (SIDS).
- Providing relevant education, supplies, and resources to decrease the risk of harm or death from substance use.

Harm reduction traditionally connotes syringe service programs (SSPs) and street outreach; however, the full spectrum of interventions is not limited to this narrow view of options. As this toolkit will illustrate, a variety of community settings, such as libraries or community centers, are well-positioned to implement a range of activities centered around harm reduction.[2]

PRINCIPLES OF HARM REDUCTION

To understand harm reduction, it is important to understand the concrete set of principles that anchor a harm reduction approach. Since harm reduction encompasses a wide range of interventions to reduce harm, the following principles from the National Harm Reduction Coalition describe the foundation these interventions must embrace:

- Harm reduction, for better or worse, is a part of our world. Rather than ignore or condemn drug use, harm reduction aims to minimize the harmful effects.

- Harm reduction frames drug use as complex, multi-faceted, and spanning a continuum running from total abstinence to severe use. By acknowledging this complexity, harm reduction also recognizes that some ways of using drugs are safer than others.

- Harm reduction defines success by the quality of individual and community life and well-being, rather than the attainment of total abstinence from all drugs.

- Harm reduction calls for non-judgmental, non-coercive, and compassionate responses to persons who use drugs to assist them in reducing harm.

- Harm reduction prioritizes and integrates the voices of individuals with lived experience when creating programs and policies designed to serve them.

- Harm reduction recognizes individual autonomy, affirming PWUD as the primary agents of reducing the harms of their drug use.

- Harm reduction also recognizes that social inequities, such as poverty, racism, and even past trauma can impact an individual's vulnerability to and capacity for making less risky choices related to drug use.

- Harm reduction is realistic in that it does not attempt to ignore or misrepresent the true dangers of risky substance use.

Harm reduction is a commitment to ensuring that every person can attain optimal health and well-being, free from discrimination and stigma.

Importance of Harm Reduction

According to the Substance Abuse and Mental Health Services Administration, harm reduction has a significant role in preventing drug-related deaths and increasing access to healthcare, social services, and treatment.[3] Harm reduction is an evidence-based approach that offers a pragmatic and compassionate framework that prioritizes the well-being of individuals and communities to minimize harm and improve public health outcomes.

The rise in drug overdoses underscores the importance of harm reduction. Drug overdoses continue to be the number one cause of injury-related death in the U.S., outpacing car accidents and gun-related deaths, combined.[4] While the increase in overdose deaths has long been a major public health concern, a multitude of factors have contributed to an unprecedented surge in fatalities since 2021. Unintentional drug overdoses increased by more than 50% from December 2019 through December 2021, rising from approximately 71,130 to 107,521. This trend has been predominantly fueled by significant spikes in fentanyl-related overdoses, which, in conjunction with overdoses induced by other synthetic opioids, were more than 18 times as prevalent in 2020 than in 2013.[5]

Despite these stark statistics, evidence-based harm reduction interventions can improve care and services for PWUD with the availability of critical resources to reduce the risk of harm or death associated with drug use—many of which are not implemented to the degree that the ongoing crisis demands.

Harm reduction promotes meeting people where they are, which is fundamentally important to empowering individuals to reach their fullest potential and overall well-being.[6] Key examples that demonstrate the importance of harm reduction include:

- **Increased safety and reduced harm:** By providing resources and practical tools, harm reduction helps to minimize the immediate risks associated with certain drug use behaviors. For example, a sharps container in a public bathroom can promote the proper disposal of used syringes and needles, minimizing the risk of harm through reuse of the needle for the individual while simultaneously reducing the spread of transmissible infections through accidental needle sticks by the general public.

- **Health promotion and disease prevention:** Harm reduction approaches prioritize public health by offering access to healthcare and social support services, education, and prevention tools. Harm reduction can include providing information on safer drug use and offering naloxone to reverse opioid overdoses; it can also take the form of providing resources for food or housing insecurity.

- **Engagement and trust-building:** By adopting a non-judgmental and compassionate approach, harm reduction fosters trust between service providers and individuals. This encourages engagement and creates opportunities for individuals to access support services, treatment, and other resources that can improve their overall well-being.

- **Reduction in social and economic costs:** By addressing the immediate and long-term consequences of risky behaviors, harm reduction strategies can help alleviate the burden on healthcare systems, reduce emergency department visits, and minimize the economic costs associated with untreated health conditions and criminal justice involvement.

- **Increased access to treatment and support:** Harm reduction recognizes that not everyone is ready or able to immediately achieve abstinence. By providing access to a broad spectrum of support services that are responsive to the needs of the community and individuals within it, harm reduction creates pathways for individuals to seek help and improve their overall quality of life.

- **Improved community well-being:** By reducing the harms associated with substance use, harm reduction contributes to safer and healthier communities. It helps to decrease the transmission of diseases, prevent overdoses, and promote social inclusion by addressing the root causes of harmful behaviors and providing individuals with nonjudgmental, compassionate support.

Harm reduction has an integral role in empowering communities by recognizing the diverse needs and challenges of community members and addressing their immediate needs.

Unintentional drug overdoses increased by more than 50% from December 2019 through December 2021.

Community settings are well-suited to adopt the principles of harm reduction

THE RELEVANCE OF HARM REDUCTION FOR COMMUNITY SETTINGS

Community settings, such as schools, libraries, and community centers, are well-positioned to play a unique and crucial role in addressing the substance use epidemic. As trusted community institutions, they have a long-standing presence and are often viewed as safe and non-judgmental spaces. This trust allows community members to feel comfortable seeking help and support, without fear of discrimination or stigmatization. Community settings are well-suited to adopt the principles of harm reduction because they offer:

- **Low-threshold Services:** Oftentimes, these settings do not require anything from community members for them to receive supportive services.

- **Accessibility and Proximity:** Community settings are typically conveniently located and familiar to community members, making them easily accessible.

- **A Holistic Approach:** Community settings often provide a variety of services, such as healthcare, counseling, education, and social support. This holistic approach to community well-being addresses the complex needs of individuals who may be facing substance use or mental health challenges, housing or food insecurity, and other related concerns.

- **A Non-judgmental Environment:** Community settings are known for their welcoming and inclusive environments, where people from diverse backgrounds feel accepted and supported.

- **Community Engagement and Empowerment:** Community settings often have a rich history of actively engaging community members in community organizing and other empowering collaborative efforts.

HARM REDUCTION STRATEGIES FOR COMMUNITY SETTINGS

1. Incorporate practices that "meet people where they are" and create low-barrier access to support for meeting basic needs (i.e., showers/laundry, locked space to keep their important belongings, support in obtaining vital documents).

2. Modify or create policies to allow for access to services (i.e., an individual should not be excluded from the resources and services available based on their substance use status).

3. Work with staff to modify the language used in verbal interactions, on visual aids, and within the policies and procedures of the organization.

4. Provide unlimited access to harm reduction resources such as safe-use kits, drug disposal kits, fentanyl test strips, xylazine test strips, first aid materials, etc.

5. Offer critical health screening on-site—HIV, hepatitis, flu, etc.

6. Train all staff and volunteers on how to prevent and respond to overdoses and equip all team members with naloxone.

7. Host trainings for community members. These trainings can cover topics such as being trauma-informed, overdose prevention education, and trends in local drug use. Community fairs with local resource partners are another helpful way to connect community members with local resources.[8]

Integrating harm reduction strategies into community settings can have lifesaving impacts. Because these settings are often accessible, safe, holistic, and empowering spaces, they can adopt the range of practices[7] detailed in the Integrating Harm Reduction in Community Settings section (p. 11).
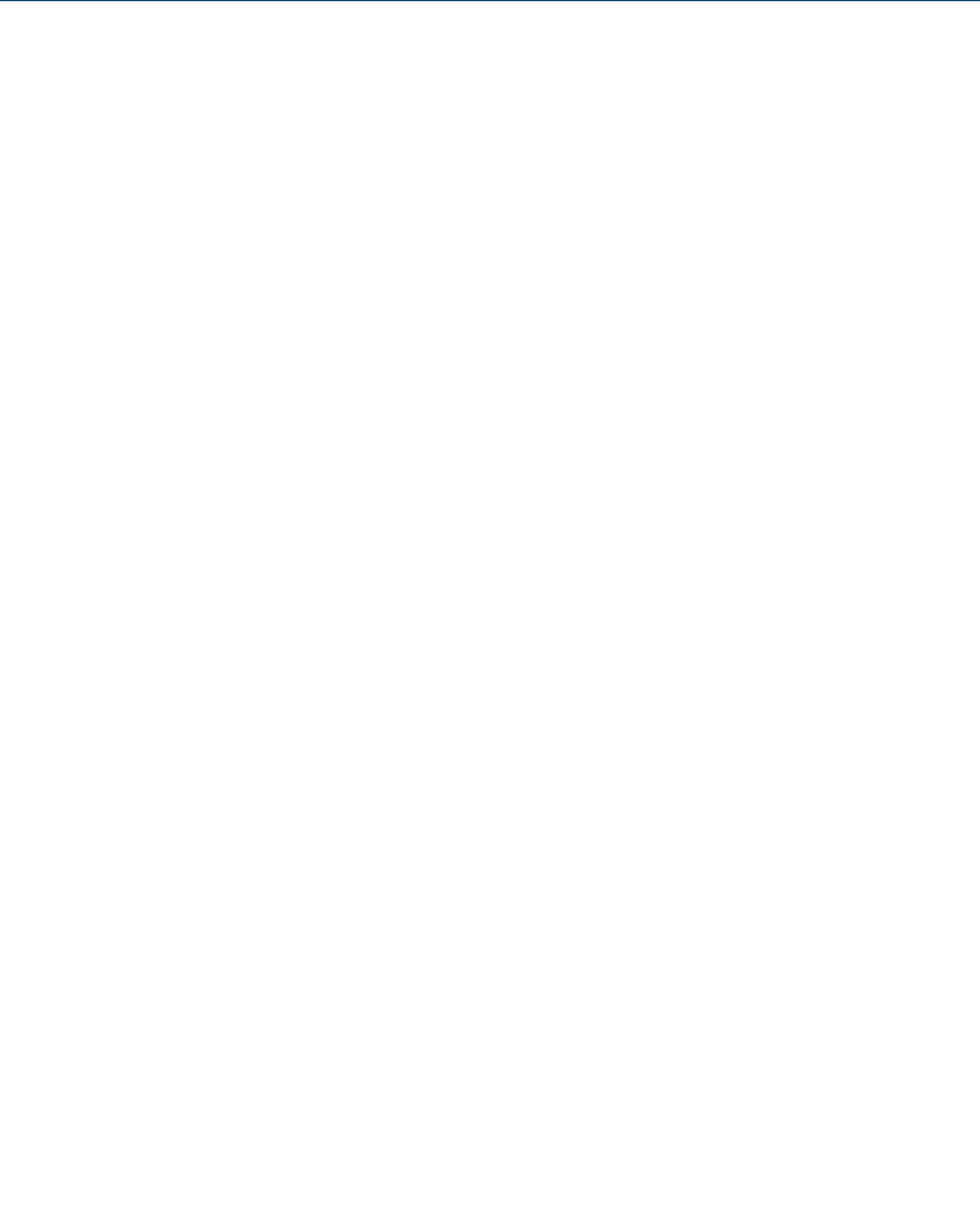
Integrating Harm Reduction in Community Settings

Diverse community settings can make a tremendous impact, particularly around combating the substance use epidemic by building and adopting comprehensive harm reduction approaches.

This section provides general guidance that can be applied across a multitude of community settings to support developing and implementing harm reduction strategies for promoting the health, well-being, and safety of PWUD.

STEP 1   IDENTIFY KEY STAKEHOLDERS

Effective implementation of harm reduction strategies requires the involvement and collaboration of various stakeholders including PWUD. Identifying and engaging key stakeholders is crucial to ensure their perspectives, expertise, and support are incorporated into the planning and execution of harm reduction initiatives.[9]

WHY DOES IT MATTER?

Identifying key stakeholders leverages the collective expertise, resources, and influence of its members to develop and implement comprehensive strategies that prioritize harm reduction and improve care for PWUD. Take the time to listen to the stories, concerns, and experiences of different individuals, including PWUD. Show genuine interest by asking open-ended questions and providing a safe space for them to share. Engaging in meaningful conversations can help build trust and understanding and can illuminate unaddressed needs that may have otherwise gone unvoiced.

WHO ARE KEY STAKEHOLDERS?

To enhance the success and sustainability of harm reduction efforts, it is essential to actively involve all stakeholders. Key stakeholders may include:

- **Internal Stakeholders:** Leadership and staff.
- **External Stakeholders:** Individuals from diverse sectors such as healthcare, community-based organizations, law enforcement, public health agencies, advocacy groups, and, most importantly, affected communities and PWUD.

HOW IS THIS ACCOMPLISHED?

This section offers tools and guidance to support diverse community settings in identifying key stakeholders to support harm reduction initiatives. Included are the following:

- Stakeholder Mapping Tool
- Guidance for Gaining Critical Support and Buy-in

STAKEHOLDER MAPPING TOOL FOR ENGAGING IN HARM REDUCTION INITIATIVES

This tool will help community settings identify and categorize key stakeholders relevant to harm reduction efforts. It assists with mapping out the influence, interests, and potential impact of each stakeholder group. By visualizing the stakeholders' relationships and importance, community settings can develop targeted strategies for effective engagement throughout the implementation process. Community settings can also use this tool to develop a planning committee once the planning and implementation phase has been reached.

After completing the Stakeholder Mapping Tool, prioritize the engagement of stakeholders or stakeholder groups that are "high interest" and "high influence," as well as those that are "high influence" and "low" interest" or "against efforts."

Consider "high interest" and "high influence" stakeholders your strongest allies when it comes to supporting harm reduction efforts—maintain a positive and collaborative relationship by providing regular updates, seeking feedback and insights, and leveraging their interest and influence to gain buy-in, support, and project momentum. For "high influence" and "low interest" or "against efforts," consider these individuals as potential opponents and engage in thoughtful consideration around how you can build positive relationships and mitigate any risks they may pose to harm reduction efforts.

STAKEHOLDER MAPPING TOOL

Identify Stakeholder or Stakeholder Group

- List any and all potential stakeholders (i.e., PWUD, board of directors, staff, partners)

Indicate the Level of Interest

- Interest is:
  ☐ High
  ☐ Medium
  ☐ Low
- Note specific interests (i.e., peer support, naloxone distribution).
- If "against the efforts" note the reason why.

Assess the Level of Influence

- Interest is:
  ☐ High
  ☐ Medium
  ☐ Low
- Specify role and area of influence.
- Note the stakeholders' priorities and needs.

Plan for Engaging Stakeholder

- Prioritize targeting both project champions ("high influence," "high interest") and project opponents ("high influence," "low interest," or "against the efforts.")

Before implementing harm reduction strategies, it is essential to assess the readiness of both the community setting and your organization to embrace and effectively implement them.

WHAT IS A READINESS ASSESSMENT?

A readiness assessment for adopting harm reduction strategies involves gathering and analyzing information to identify the strengths, weaknesses, gaps, and priorities within the community setting to inform decision-making, resource allocation, and project planning.

WHY DOES IT MATTER?

Completing a readiness assessment is critical because it allows project champions to make informed decisions and tailor their approach to best meet the unique needs of their community setting. Key findings will inform next steps for implementation, which include identifying and engaging key stakeholders and developing and implementing a strategic plan. This proactive approach increases the likelihood of achieving positive outcomes and maximizes the impact of harm reduction efforts on improving health outcomes and reducing morbidity and mortality associated with substance use.[10]

HOW IS THIS ACCOMPLISHED?

There are key considerations to assess when conducting a readiness assessment to facilitate an informed decision and a tailored approach that best meets the unique needs of the community setting. The considerations described below, along with the "Readiness Assessment Checklist," provide meaningful guidance for assessing and supporting readiness.

A readiness assessment allows project champions to make informed decisions and tailor their approach.

CONSIDERATIONS FOR CONDUCTING A COMPREHENSIVE READINESS ASSESSMENT:

1. **Culture:** Evaluate the existing culture within the community setting, including values, norms, and beliefs related to substance use and harm reduction. Assess whether the culture supports and promotes change, innovation, and continuous improvement. Identify any potential barriers or resistance to change that may need to be addressed.

2. **Leadership and Organizational Support:** Strong leadership support is essential for creating an environment conducive to change and securing necessary resources. Determine the level of support and commitment from community and/or institutional leaders. Assess whether leadership is involved in promoting and driving change to embrace harm reduction. Are there any initiatives or goals leadership is currently focused on that are aligned with promoting harm reduction?

3. **Key Stakeholder Engagement:** Identify and engage with key stakeholders throughout the assessment process. Involve diverse individuals from all areas of the community to gain a comprehensive understanding of community readiness, needs, and strengths.

4. **Policies and Workflows:** Assess existing laws and policies, and any institutional protocols and workflows relevant to the setting (i.e., if in a school, review school protocols and procedures) to identify potential barriers or gaps in the harm reduction strategies implementation. Look for opportunities to integrate harm reduction practices and identify areas where changes may be needed.

Readiness Assessment Checklist

This checklist is a simple tool to guide the process of assessing organizational and community readiness. While not exhaustive, it offers suggestions that can be used to develop a more comprehensive assessment.

☐ **Key Stakeholder Interviews:** Conduct interviews with a diverse group of internal and external stakeholders (include PWUD, community leaders, peers, healthcare professionals, social services providers, and staff and leadership from within your community setting). Assess beliefs and attitudes toward substance use and harm reduction and ask what they believe to be the community's strengths and most pressing needs. For internal stakeholders, such as leadership and staff within the organizational setting, seek to gain an understanding of organizational culture and what stakeholders believe are the organization's needs and strengths relative to serving PWUD.

☐ **Data Collection and Analysis:** Determine an approach for collecting and analyzing data during the readiness phase. Track qualitative data from key stakeholder interviews. Consider conducting surveys and focus groups with wider stakeholder groups, especially PWUD. Review existing data within the organization to better understand trends related to substance use and PWUD. In addition, use existing data from trusted sources such as the Centers for Disease Control, local health departments, and the U.S. Census Bureau to better understand the health, social, economic, and environmental factors impacting the community and that highlight the need for harm reduction initiatives.

☐ **Evaluate Existing Policies and Practices:** Identify key institutions and organizations (or departments/areas within your community setting) and gather as many details as possible on existing policies related to substance use and mental health. Conduct a walkthrough to understand workflows and assess for opportunities to integrate harm reduction practices. For example, is anything being done to identify and improve care for PWUD? Are there any policies or practices that are preventing or inhibiting services for PWUD? How are overdoses managed? Pay attention to any beliefs and attitudes expressed about PWUD throughout this process.

☐ **Assess Resource Availability:** Evaluate the availability of resources such as funding, staffing, training, and infrastructure necessary to support the implementation of harm reduction strategies. Are there currently any programs, staff, or community initiatives focused on goals related to substance use and/or mental health?

☐ **Synthesize Key Findings to Strategize:** Synthesize key findings to inform next steps and begin strategizing. From this assessment, you should be able to answer these three questions:

  ■ What are the common themes related to organizational beliefs and attitudes toward substance use, PWUD, and harm reduction?

  ■ What opportunities are there to improve support for PWUD and what strategies might your community setting be interested in exploring (consider stakeholder priorities, data findings, and resources available)?

  ■ Who are the key stakeholders that need to be engaged (consider levels of interest and influence—see Stakeholder Mapping Tool (p. 13)?

TIP

After completing the readiness assessment, map out the key stakeholders to engage.

To build a strong foundation of support, it's important to establish a shared understanding of the benefits of harm reduction and secure commitment from key stakeholders. Effective communication of rationale and potential outcomes, and the ability to respond to concerns and address stigma are critical to this process. By developing a communications strategy to achieve these goals, community settings can increase the likelihood of stakeholder support and generate momentum for sustainable change.[11]

1. **Develop a Communication Strategy**

   Using key findings from the readiness assessment and stakeholder map, develop a communication strategy to address concerns, highlight the positive impact of harm reduction, and engage stakeholders in meaningful dialog to foster understanding, support, and buy-in for adopting harm reduction strategies. To develop an effective communications strategy:

   - Define target audiences.
   - Outline crucial messages—include templates for presentations, emails, and talking points that can be customized to convey key messages to different stakeholder groups.
   - Identify the best channels for communicating messages to your target audience (i.e., face-to-face, executive leadership meeting, organizational newsletter, hosting a lunch and learn, etc.).

2. **Create a Culture of Acceptance**

   An important key to creating a culture of acceptance is addressing stigmatizing language and responding to misconceptions. Because everyone presents with bias, it's critical to identify and address these biases to effectively embrace the philosophy of harm reduction. Research shows stigma negatively impacts PWUD by creating social and psychological stress, reducing social support, and contributing to an increase in risky behaviors. Biases and stigma have been found to prevent PWUD from seeking and receiving appropriate healthcare services and support, further exacerbating adverse health outcomes.

   Simply put, stigma is costly and has a direct and negative impact on patient outcomes.

Communication Tools

The following handouts, Language Matters: Reducing Harmful Language and Common Misconceptions About Harm Reduction, support a communication strategy. These tools can be used to address stigma and biases among staff and support conversations around the adoption of harm reduction strategies by dispelling myths and misconceptions.

LANGUAGE MATTERS: REDUCING HARMFUL LANGUAGE

Instead of this…	Say this…	Because…
Drug addict, druggie, junkie	Person who uses drugs or person with an SUD	It emphasizes the person before the behavior or condition and avoids eliciting negative and punitive associations.
Drug abuse	Drug use/misuse	The term "abuse" is found to have a high association with negative beliefs and punishment.
Clean/dirty	Abstinent or not currently using drugs/living in remission or recovery/testing negative or positive for substances	Using terms like "clean" or "dirty" can elicit connotations of moral purity/impurity. People are not actually "dirty" or "clean," if they do or do not use drugs.
Relapse	Recurrence/Return to use	The term "relapse" can evoke feelings of shame or imply failure. Using terms like "recurrence" or "return to use" frames substance use through the lens of the disease model of addiction and acknowledges setbacks are common and do not diminish progress.
Medication assisted treatment (MAT)	Medications for opioid use disorder (MOUD)/ pharmacotherapy/medications for substance use disorder	The term "MAT" suggests medication should have a supplemental or temporary role in treatment. Using "MOUD" aligns with how other medications are understood (e.g., antidepressants, insulin), as critical parts of a patient's treatment plan.

COMMON MISCONCEPTIONS ABOUT HARM REDUCTION

MISCONCEPTION #1

REALITY

Harm reduction enables people to keep using drugs.

Harm reduction interventions have been shown to reduce drug-related harms and improve health outcomes for individuals who use drugs, without increasing drug use. For example, a systematic review of harm reduction interventions found that they can reduce drug-related harms such as overdose, HIV and hepatitis C transmission, and drug-related crime.[12] Harm reduction interventions can also help engage individuals who use drugs in other health and social services, such as addiction treatment and mental health services, which can support their overall health and well-being.[13]

MISCONCEPTION #2

REALITY

Harm reduction is ineffective or sends the wrong message.

Harm reduction interventions have been shown to be effective at reducing drug-related harms and improving health outcomes for individuals who use drugs. For example, a study of a supervised injection facility in Vancouver, Canada, found that it was associated with reductions in drug-related overdose deaths and increased uptake of addiction treatment services.[14] Additionally, research has shown that harm reduction interventions can help build trust and rapport between service providers and individuals who use drugs, which can facilitate access to other health services and supports.[15]

MISCONCEPTION #3

REALITY

Harm reduction is only about reducing the risk of infectious disease transmission.

Harm reduction encompasses a range of strategies and interventions to reduce drug-related harms, beyond just infectious disease transmission. For example, harm reduction interventions can include overdose prevention education and naloxone distribution, drug checking services to identify dangerous substances, and providing sterile injection equipment to reduce the risk of infections and injuries. Harm reduction also includes broader strategies to address the social determinants of health that impact drug use, such as poverty, homelessness, and stigma.

STEP 4 | PUTTING HARM REDUCTION STRATEGIES INTO PRACTICE

Adopting harm reduction strategies includes aligning interventions with the specific needs of the community and the readiness of the community setting. Research has shown that by providing harm reduction education, forming supportive community spaces, and ensuring access to resources, naloxone, and safe use supplies, communities can improve care and services for PWUD, reduce stigma, and improve health outcomes. Selecting and effectively integrating harm reduction strategies can advance health equity and ensure that the well-being and safety of PWUD is prioritized.

To support community settings with planning and implementation, the following section discusses:

- Key harm reduction strategies and tips for supporting implementation.
- Best practices for navigating common implementation challenges.

Strategies and Tips for Supporting Implementation

The strategies described on the following pages have been shown to reduce harm associated with substance use, address individual social determinants of health, confront stigma, and promote the well-being of individuals affected by drug use. They can be applied across a wide range of community settings. They include:

- Tackle Stigma through Education and Engagement

- Develop and Implement Protocols

- Form Supportive Community Spaces

- Build a Resource Bank

These strategies include several example interventions and implementation considerations.

Strategy 1: Tackle Stigma through Education and Engagement

PROVIDE EDUCATION AND TRAINING ON HARM REDUCTION

- Everyone needs a baseline understanding of harm reduction in practice. Discuss the importance of training with staff and how it's necessary to change the language, address stigma, and change the way we think about PWUD. Training should emphasize non-judgmental responses and care as well as person-first language. Train staff and leadership on harm reduction principles, practices, and the organization's expectations around improving care and services for PWUD.

- Offer overdose prevention and response training, including how to administer naloxone. Consider making training available to the public to support community members in recognizing and combating overdoses.

- Provide educational materials on the substance use epidemic to staff to promote the organization's harm reduction practices. These materials can include fliers, brochures, and posters.

- Consider outside support from trusted experts in the field of harm reduction to assist with facilitating training and developing and implementing an education plan.

DEVELOP A STRATEGIC COMMUNICATIONS PLAN TO FOSTER UNDERSTANDING, SUPPORT, AND AWARENESS OF HARM REDUCTION

- Provide guidance to staff on appropriate language and messaging to discuss substance use, addiction, and harm reduction. Create materials to share internally such as the Language Matters and Common Misconceptions About Harm Reduction handouts (p. 18 and 19).

- Share regular updates with staff and leadership on harm reduction efforts. Consider scheduling recurring meetings to discuss the harm reduction intervention to be implemented, include discussion in regular meetings, and share updates via internal communications platforms such as the organization's newsletter, intranet site, or via email.

- Promote the organization's stance on harm reduction with the wider community and share updates on harm reduction initiatives and services available. For example, share this information on the organization's social media platforms and website.

- Host community conversations or town halls to encourage open, non-judgmental dialogue about substance use and provide information on available resources.

- Create posters and other materials that communicate to the public that the organization is a safe space for PWUD and embraces the principles of harm reduction. This can act as a signal to community members that the organization is a place where people can talk about their substance use and receive nonjudgmental support. Consider including information about where community members can access services and resources such as treatment, counseling, naloxone, safe use supplies, and other harm reduction materials.

Strategy 2: Develop and Implement Protocols

CONSIDER ADOPTING SCREENING PRACTICES TO IDENTIFY AND RESPOND TO HEALTH AND SOCIAL SERVICE NEEDS

- Consider whether incorporating validated screening tools or questionnaires on substance use and social determinants of health are appropriate for your setting (validated screening tools and instructions are available on The National Institute on Drug Abuse's (NIDA) website).

- If routine screening would not be appropriate, consider keeping a stack of self-assessment tools in a public space frequented by community members. On the self-assessment tool, include messaging that informs the individual that nonjudgmental support and resources are available and who to approach/contact for more information. Information on resources can be included as well as handouts/materials promoting harm reduction education.

Strategy 3: Form Supportive Community Spaces

ENSURE ACCESS TO HARM REDUCTION SUPPLIES

- Contact the local health department to determine where the organization can obtain supplies such as naloxone, fentanyl test strips, drug disposal kits, safe use kits, and condoms to distribute to everyone served by the community setting.

- Consider partnering with an agency that offers the above resources. Explore options for them to support you in either directly obtaining or linking individuals to these supplies.

- Use the National Harm Reduction Coalition's Online Resource Center to identify where and how PWUD can access supplies. Provide this information to community members via handouts and/or prominently displayed posters.

- If directly supplying harm reduction kits, make them easily accessible to community members. Consider locating supplies in public but discreet spaces, such as bathrooms, to respect privacy while ensuring access.

- Install sharps containers in bathrooms and public spaces for the proper disposal of needles and syringes.

- Co-locate informational materials near sharps containers and harm reduction supplies. Include overdose prevention tips, safe use strategies, information on local resources, and crisis numbers and hotlines such as the Never Use Alone Hotline (800-484-3731).

CREATE A SAFE AND INCLUSIVE ENVIRONMENT FOR INDIVIDUALS SEEKING HELP AND SUPPORT

- Employ peer recovery coaches, outreach workers, or community health workers to provide resource linkage to harm reduction services, including peer counseling.

- Host self-help groups in community settings like libraries and community centers.

- Host support groups for family members and/or loved ones to equip them with self-care tools and strategies.

- Hang posters and distribute informational material to signal to community members that the community setting is a safe space to discuss drug use and access nonjudgmental support to link to resources and services.
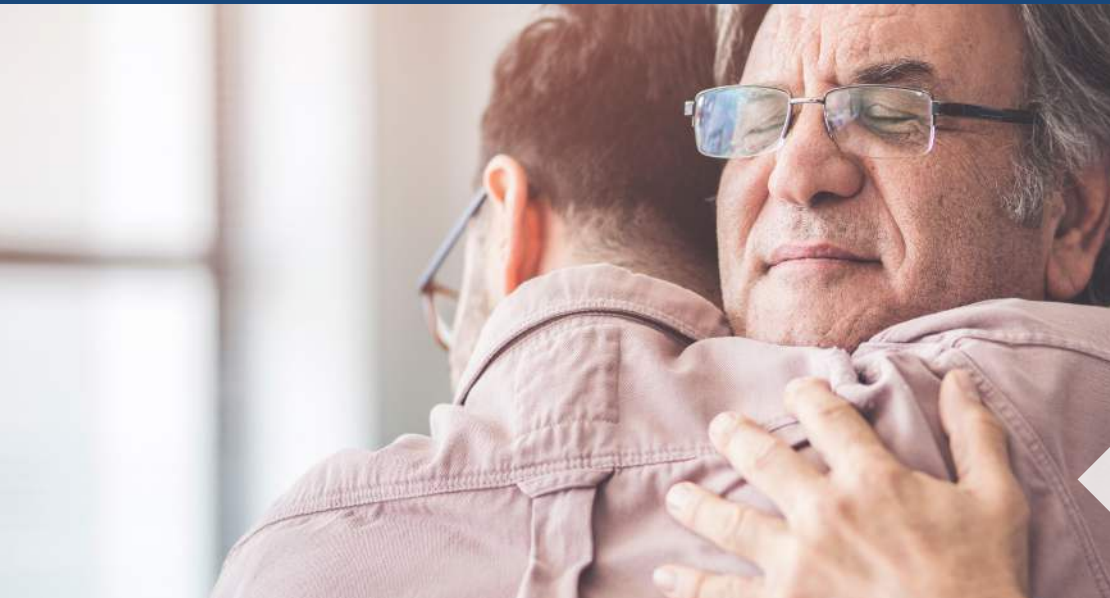
Creating a safe and inclusive environment is key to reaching those in need of harm reduction support.

Strategy 4: Build a Resource Bank

GATHER COMPREHENSIVE INFORMATION ON RESOURCES AVAILABLE IN THE COMMUNITY

- Research available resources in the community to support PWUD. Use the Substance Abuse and Mental Health Services Administration's (SAMHSA) Treatment Locator, National Harm Reduction Resource portal, or the "Find Help" website to support search efforts.

- Examples of resources to add to the resource bank include:
  - Syringe services programs
  - Naloxone distribution programs
  - Housing first/low-barrier housing programs
  - Emergency shelters
  - Food banks/clothing/resources centers
  - Intimate partner violence/sexual assault resource centers/shelters/programs
  - Mental health counselors
  - Intensive outpatient programs/partial hospitalization programs, and/or programs that are harm reduction focused or accepting.
  - Peer support/coaching organizations
  - Mutual aid groups

ESTABLISH PARTNERSHIPS TO ADDRESS ACCESS BARRIERS AND STRENGTHEN THE ORGANIZATION'S ABILITY TO LINK PWUD TO RESOURCES AND SERVICES

- Reach out to agencies to gather additional information on available resources and services and compile it in a spreadsheet or other format that can be easily accessed to provide information to community members.

- Begin building relationships with key agencies and discuss options for partnering to support community members.

While not exhaustive, these harm reduction strategies offer community settings a variety of options for integrating harm reduction practices that prioritize compassion and promote health equity.

By implementing these strategies, organizations can reduce harms associated with substance use, address individual social determinants of health, confront stigma, and promote the well-being of individuals affected by drug use—paving the way for a more inclusive approach.

Examples from the Field

Harm Reduction in Libraries

Libraries are trusted organizations embedded in communities nationwide, making them a natural partner for the development and delivery of pragmatic solutions to pressing issues like the overdose crisis. According to the Public Libraries Survey report published by the Institute of Museum and Library Services in 2020, there are over 17,000 libraries in the U.S. that host 1.3 billion visits each year and offer 5.4 million public programs.[16] This presents a significant opportunity for libraries to respond to the needs of their patrons who may use substances.

Libraries have long served as community service hubs, providing public health resources, coworking space, social services, food, and many other services that go beyond books for their communities. In fact, "the first thing that libraries need to do is tailor their services to their community," according to Syracuse University professor Jill Hurst-Wall.[17]

PEER NAVIGATORS IN THE LIBRARY

The Enoch Pratt Free Library

In partnership with the Maryland Peer Advisory Council, Enoch Pratt Free Library in Baltimore, Maryland, piloted a peer navigator program to provide a safe, non-judgmental environment for community members seeking support.

The program is implemented by peer recovery specialists. These are individuals with lived experience in recovery who assist PWUD with peer counseling, linkage to community support services such as housing and workforce development resources, and on-site Narcan* training to help reverse overdoses.

Due to the demonstrated success of the program and an identified need, the program expanded to six additional branch locations. As a pillar in the community, this library is dedicated to meeting people where they are.

*Narcan is the brand name for naloxone, which is a medicine that rapidly reverses an opioid overdose.

Harm Reduction in Community Centers

Like libraries, community centers, such as drop-in centers or resource centers, are already doing work that directly aligns with harm reduction. Much like libraries, the services community centers offer are driven by the needs of the community. The trust and rapport built through familiarity while receiving assistance with basic necessities often results in community members sharing information about their lives, their struggles, and their triumphs. The relationships that community centers build with community members makes them prime partners to integrate harm reduction services into their offerings.

As anchor institutions, community settings are built to morph and adapt to the needs of their communities. In addition, these settings are staffed by individuals with a strong customer service orientation and who are deeply committed to helping their communities. In most cases, harm reduction services represent an enhancement of services that already align with the core mission.

EMPHASIZING DIGNITY AND RESPECT

Paul's Place

Paul's Place, located in Southwest Baltimore, Maryland, is a community pillar and change agent. Founded in 1982 as a soup and sandwich kitchen, Paul's Place has now evolved into a one-stop shop offering more than two dozen services and programs to support low-income individuals and families—many of whom are experiencing food insecurity and homelessness—on the path to self-sufficiency. While Paul's Place offers supportive services for everything from housing to job training to peer counseling and harm reduction, much of their success lies in how they do what they do.

At Paul's Place, everyone who walks through the door is considered a "guest" and is treated as such. Both staff and volunteers are trained to emphasize dignity and respect in their language, interactions, and broader programmatic offerings. In addition, offerings and activities that may be less than commonplace for people experiencing homelessness or food insecurity, such as hot showers and a dining room where guests can enjoy a hot meal, are the norm at Paul's Place. Through its offerings, language, cultural norms, and organizational fabric, Paul's Place provides space for people facing challenging life situations to feel supported and human.

Conclusion

With more than 100,000 overdose deaths annually and more than 61 million people in the U.S. engaging in drug use each year, the implementation of harm reduction strategies is not an option but a crucial imperative for our nation to meet the moment and address the alarming rates of harm and death caused by drug use.

Community settings, such as schools, libraries, and community centers, serve as trusted anchor institutions in the fabric of society, uniquely equipping them to improve the services and care for PWUD through the implementation of practical harm reduction strategies.

This toolkit aims to underscore the importance and impact of harm reduction on improving the health of communities and outline key considerations and tools to support the integration of evidence-based harm reduction principles and interventions.

By conducting a comprehensive assessment to identify the needs and strengths of the community, build alliances with key stakeholders, and adopt evidence-based harm reduction practices, community settings can reduce stigma, improve health outcomes, and foster more inclusive and supportive communities for PWUD.

Community settings are called to give precedence to strategies that prioritize confronting stigma and improving access to vital resources and services to align with best practices in the field.

Resources

The following additional resources provide beneficial information and resources related to harm reduction:

- Centers for Disease Control and Prevention: Drug Overdose Resource Center
- National Harm Reduction Technical Assistance Center
- Substance Abuse and Mental Health Services Administration: About Harm Reduction
- National Institute on Drug Abuse: Harm Reduction
- National Harm Reduction Resource Portal
- NaloxoFind Mobile App
- Never Use Alone Hotline at 800-484-3731
- American Medical Association: How to Administer Naloxone

References

Centers for Disease Control and Prevention. (2022, October 7). *Fentanyl*. CDC. https://www.cdc.gov/opioids/basics/fentanyl.html

Centers for Disease Control and Prevention. (2023, June 6). *Provisional drug overdose data*. https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

Coleman, M., Connaway, L. S., & Morgan, K. (2020). Public libraries respond to the opioid crisis with their communities: Research findings. *Collaborative Librarianship*: Vol. 12: Iss. 1, Article 6.

Dearing, J. W. (2018). Organizational readiness tools for global health intervention: A review. *Frontiers in Public Health*, 6. https://doi.org/10.3389/fpubh.2018.00056

Fischer, N. R. (2022). School-based harm reduction with adolescents: A pilot study. Research Square Platform LLC. http://dx.doi.org/10.21203/rs.3.rs-907852/v2 Harm reduction. (n.d.).

Friedman J., Godvin M., Shover C. L., Gone J. P., Hansen H., & Schriger D. L. (2022). Trends in drug overdose deaths among U.S. adolescents, January 2010 to June 2021. *JAMA*. 327(14):1398–1400. doi:10.1001/jama.2022.2847.

Hyshka, E., Morris, H., Anderson-Baron, J., Nixon, L., Dong, K., & Salvalaggio, G. (2019). Patient perspectives on a harm reduction-oriented addiction medicine consultation team implemented in a large acute care hospital. *Drug and Alcohol Dependence*, 204, 107523. https://doi.org/10.1016/j.drugalcdep.2019.06.025

Ingraham, C. (2017, July 12). A brief history of DARE, the anti-drug program Jeff Sessions wants to revive. *The Washington Post*. https://www.washingtonpost.com/news/wonk/wp/2017/07/12/a-brief-history-of-d-a-r-e-the-anti-drug-program-jeff-sessions-wants-to-revive/

Institute of Museum and Library Services. (2022). *Public libraries survey*. https://www.imls.gov/research-evaluation/data-collection/public-libraries-survey

Marshall, B. D., Milloy, M. J., Wood, E., Montaner, J. S., & Kerr, T. (2011). Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility: A retrospective population-based study. *The Lancet*, 377(9775), 1429-1437.

National Harm Reduction Coalition. (2020, April 7). *Principles of harm reduction*. https://harmreduction.org/about-us/principles-of-harm-reduction/

National Institute on Drug Abuse. (2022, October 26). *Harm reduction*. https://nida.nih.gov/research-topics/harm-reduction

National Safety Council (NSC) Injury Facts. (2023). *Odds of dying. Injury facts*. https://injuryfacts.nsc.org/all-injuries/preventable-death-overview/odds-of-dying/

Patel, S. (2019, November 4). *Public libraries are key players fighting the opioid crisis. Here's what other organizations can learn from them*. Syracuse University. https://onlinegrad.syracuse.edu/blog/libraries-fight-opioid-crisis/

Strike, C., Watson, T. M., Kolla, G., Penn, R., Bayoumi, A. M., & Hopkins, S. (2018). *Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings* (2nd ed.). Sydney, Australia: National Drug and Alcohol Research Centre.

Substance Abuse and Mental Health Services Administration. (2022). *Key substance use and mental health indicators in the United States: Results from the 2021 national survey on drug use and health* (HHS Publication No. PEP22-07-01-005, NSDUH Series H-57).

Substance Abuse and Mental Health Services Administration. (2022). 2021 *National survey on drug use and health: Detailed tables* [Data file]. Retrieved from https://www.samhsa.gov/data/report/2020-nsduh-detailed-tables

Strike, C., Watson, T. M., Kolla, G., Penn, R., Bayoumi, A. M., & Hopkins, S. (2018). Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings (2nd ed.).

Ti, L., & Ti, L. (2015). Leaving the hospital against medical advice among people who use illicit drugs: A systematic review. *American Journal of Public Health*, 105(12), e53-9. https://doi.org/10.2105/AJPH.2015.302885

Tucker, P., & Fraser, M. R. (2019a). The role of public health agencies in convening partnerships and collaborations to respond to the opioid crisis. In *A public health guide to ending the opioid epidemic* (pp. 137–158). Oxford University Press. http://dx.doi.org/10.1093/oso/9780190056810.003.0013

Wolfe, D., Carrieri, M. P., & Shepard, D. (2010). Treatment and care for injecting drug users with HIV infection: A review of barriers and ways forward. *The Lancet*, 376(9738), 355–366. https://doi.org/10.1016/s0140-6736(10)60832-x

ENDNOTES

1   National Harm Reduction Coalition. (2020, July 7). *Principles of harm reduction*. https://harmreduction.org/about-us/principles-of-harm-reduction/

2   Fischer, N. R. (2022). School-Based harm reduction with adolescents: A pilot study. Research Square Platform LLC. http://dx.doi.org/10.21203/rs.3.rs-907852/v2

3   SAMHSA. (n.d.). *Harm reduction.* Retrieved February 14, 2023, from https://www.samhsa.gov/find-help/harm-reduction

4   National Safety Council (NSC) Injury Facts. (2023). *Odds of dying. Injury facts.* https://injuryfacts.nsc.org/all-injuries/preventable-death-overview/odds-of-dying/

5   Centers for Disease Control and Prevention. (2023, June 6). *Provisional drug overdose data.* https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

6   National Institute on Drug Abuse. (2022, October 26). *Harm reduction.* https://nida.nih.gov/research-topics/harm-reduction

7   Tucker, P., & Fraser, M. R. (2019a). The role of public health agencies in convening partnerships and collaborations to respond to the opioid crisis. In *A public health guide to ending the opioid epidemic* (pp. 137–158). Oxford University Press. http://dx.doi.org/10.1093/oso/9780190056810.003.0013

8   Ti, L., & Ti, L. (2015). Leaving the hospital against medical advice among people who use illicit drugs: A systematic review. *American Journal of Public Health*, 105(12), e53-9. https://doi.org/10.2105/AJPH.2015.302885

9   Hyshka, E., Morris, H., Anderson-Baron, J., Nixon, L., Dong, K., & Salvalaggio, G. (2019). Patient perspectives on a harm reduction-oriented addiction medicine consultation team implemented in a large acute care hospital. *Drug and Alcohol Dependence*, 204, 107523. https://doi.org/10.1016/j.drugalcdep.2019.06.025

10 Dearing, J. W. (2018). Organizational readiness tools for global health intervention: A review. *Frontiers in Public Health*, 6. https://doi.org/10.3389/fpubh.2018.00056

11   Hyshka, E., Morris, H., Anderson-Baron, J., Nixon, L., Dong, K., & Salvalaggio, G. (2019). Patient perspectives on a harm reduction-oriented addiction medicine consultation team implemented in a large acute care hospital. *Drug and Alcohol Dependence*, 204, 107523. https://doi.org/10.1016/j.drugalcdep.2019.06.025

12 Larney, S. (2010). Harm reduction interventions for drug users in many countries. *The Lancet*, 376(9752), 1854-1856.

13 Strike, C., Watson, T. M., Kolla, G., Penn, R., Bayoumi, A. M., & Hopkins, S. (2018). *Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings* (2nd ed.). Sydney, Australia: National Drug and Alcohol Research Centre

14   Marshall, B. D., Milloy, M. J., Wood, E., Montaner, J. S., & Kerr, T. (2011). Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility: a retrospective population-based study. *The Lancet,* 377(9775), 1429-1437

15 Strike, C., Watson, T. M., Kolla, G., Penn, R., Bayoumi, A. M., & Hopkins, S. (2018). *Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings* (2nd ed.). Sydney, Australia: National Drug and Alcohol Research Centre

16 Institute of Museum and Library Services. (2022). *Public libraries survey*. https://www.imls.gov/research-evaluation/data-collection/public-libraries-survey

17 Patel, S. (2019, November 4). *Public libraries are key players fighting the opioid crisis. Here's what other organizations can learn from them*. Syracuse University. https://onlinegrad.syracuse.edu/blog/libraries-fight-opioid-crisis/

mosaic
GROUP

1122 Kenilworth Drive, Suite 313
Towson, MD 21204
410-852-4263
groupmosaic.com