Prevention vs Harm Reduction

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Learning Objectives

- Participants will understand the continuum of care
- Participants will look at how harm reduction fits into every aspect of the continuum
- Participants will learn about how to look at local conditions to develop effective prevention efforts
- Participants will be introduced to the pillars approach to developing a comprehensive community approach to address the opioid epidemic.

The Challenge...

Confusion at the community level about "Prevention"

- Prevention of death
- Prevention of drug related crime
- Prevention of heroin use (But we know that it does not start with heroin)

This epidemic requires us to work across the continuum of care in a way that we have Not necessarily seen with alcohol, tobacco, marijuana, and other substances
The Many Strategies Along the Continuum of Care

- **Nalaxone Distribution** - Prevention of Overdose
- **Increase Access to Clean Needles** – Prevent Disease
- **Education About Rx Risks** – Prevent onset of Opioid Use Disorder
- **Drug Take Back Events** - Prevent Access

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**HARM REDUCTION –**

**WHERE DO PREVENTION AND HARM REDUCTION INTERSECT?**

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**Primary, Secondary and Tertiary Prevention Strategies & Interventions for Preventing NMUPD and Opioid Overdose across the IOM Continuum of Care**

The visual on the right shows the five stages of the Institute of Medicine’s (IOM) behavioral health continuum of care: promotion, universal prevention, selective prevention, indicated prevention, treatment and maintenance (recovery). The table below presents prevention strategies and interventions corresponding with each of the five stages: promotion, universal prevention, selective prevention, indicated prevention, and treatment and maintenance. The table below includes prevention strategies and interventions corresponding with each of the five stages. The purpose of the visual is to illustrate the relationship between the IOM continuum of care model and the three traditional public health definitions of prevention—primary, secondary and tertiary—which are defined below.
DEFINITIONS: PRIMARY, SECONDARY AND TERTIARY PREVENTION

“Primary prevention aims to prevent disease or injury before it occurs. This is done by preventing exposures to hazards that cause disease or injury, altering unhealthy or unsafe behaviors that can lead to disease or injury, and increasing resistance to disease or injury should exposure occur.”

“Secondary prevention aims to reduce the impact of a disease or injury that has already occurred. This is done by detecting and treating disease or injury as soon as possible to halt or slow its progress, encouraging personal strategies to prevent re-injury or recurrence, and implementing programs to return people to their original health and function to prevent long-term problems.”

“Tertiary prevention aims to soften the impact of an ongoing illness or injury that has lasting effects. This is done by helping people manage long-term, often-complex health problems and injuries (e.g., chronic diseases, permanent impairments) in order to improve as much as possible their ability to function, their quality of life and their life expectancy.”

Tertiary prevention interventions are essentially forms of treatment aimed to prevent worsening conditions and the emergence of secondary problems.

<table>
<thead>
<tr>
<th>PREVENTION</th>
<th>Primary Strategies</th>
<th>Selective Prevention</th>
<th>Indicated Prevention</th>
<th>Tertiary Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promotion Strategies</td>
<td>Universal Prevention</td>
<td>Selective Prevention</td>
<td>Indicated Prevention</td>
<td>Treatment</td>
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<tr>
<td>Social Marketing and Communication</td>
<td>Indirect Universal Prevention: Providing universal access to naloxone by standing order at pharmacies or through other distribution sites that do not require identification of use of opioids or a relationship with someone who is using opioids.</td>
<td>Targeted training on alternative pain management techniques and strategies to reduce use of and subsequent dependence on opioid drugs to manage pain and thereby reduce risk for opioid overdose.</td>
<td>Targeted training for active users of opioids, family and friends, and other supports on overdose prevention and reversal strategies at needle exchange programs, support groups, or drop-in centers.</td>
<td>Linking overdose victims and survivors with recovery coaches who can assist in identifying and accessing treatment options.</td>
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<tr>
<td>Examples of strategies and interventions related to preventing prescription drug overdose (continued)</td>
<td>Direct Universal Prevention: Rolling out a plan to equip first responders and bystanders with naloxone, particularly in high-risk communities.</td>
<td>Outreach programs to those who currently misuse and abuse opioids to reinforce safe use messages.</td>
<td>Collaborating with methadone maintenance programs to distribute naloxone to active users, their families and close associates to share approaches for providing support to loved ones.</td>
<td>Facilitating peer support opportunities for those in recovery.</td>
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<tr>
<td>Examples of strategies and interventions related to preventing prescription drug overdose (continued)</td>
<td>Direct Universal Prevention: Providing tips to opioid users on risk reduction strategies for overdose (for example, avoid mixing prescription medications, do not drive alcohol while using prescription)</td>
<td>Targeted training and education to those who have previously overdosed and their friends/families on risk reduction strategies, including naloxone use.</td>
<td>Establishing family support groups that enable members to reach individuals that use opioids, their families and close associates to provide support to loved ones.</td>
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WHAT IS HARM REDUCTION?

- **Harm Reduction**: a set of practical strategies aimed at reducing the negative consequences of drug use. Accepts that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them. Does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use.

- While harm reduction encompasses abstinence as a desirable goal, it recognizes that when abstinence isn’t possible, it is not ethical to ignore other available means of reducing human suffering.

WHAT IS HARM REDUCTION?

- Ensures that people who use drugs have a real voice in the creation of programs that affect their lives.

- Affirms people who use drugs are the primary agents of change.

- Empowers communities to share information & support each other.

- Provides a safe space for other [mental] health concerns.

HARM REDUCTION LOOKS LIKE ...

- Non-judgmental, non-coercive provision of services.

- Low-threshold program models [ex] no sobriety requirements] & long term acceptance of participants practices.

- Avoidance of paternalistic tendencies

- Acknowledges that harm reduction is intersectoral by nature – it can and will bring other issues to the table [ex mental health].
THE LANGUAGE OF HARM REDUCTION

Sticks and stones may break my bones but words can never hurt me.

HARM REDUCTION + PREVENTION

- Harm reduction can be present at any level of prevention
- All agencies / community leaders / program participants need to be on the same page

opiate overdose prevention

- The How & Who:
  - Peer Based Naloxone Training
  - SO / Family / Community Based Organizations
  - Prevention Information and Education
  - Treatment and Recovery
- The Why: purity levels, mixing with other drugs, clean time, using alone...
- Overdoses can occur from ANY opiate, administered in ANY way!
Harm Reduction....

ANY POSITIVE CHANGE.

So What About Prevention?

Continuum of Care
Universal, Selective, Indicated

**Universal**: focuses on the general public, population or subgroup that have not identified to be at risk.

**Selective**: focuses on individuals or subgroups whose risk of developing behavioral health disorders is significantly higher than average.

**Indicated**: focuses on “high-risk” individuals who are identified as having minimal but detectable signs or symptoms.

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Prevention = Public Health Approach

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The Frog or the Pond?
Typically focus on changing behavior of the Host usually through affecting individual decision-making.

Environmental Approaches

Address the context of host/agent interactions

“Context” means places, settings, occasions and circumstances in which behaviors occur.

- Prevention efforts aimed at changing or influencing community conditions, standards, institutions, structures, systems and policies that shape behaviors.
  - Hours/Days of Sale
  - Clean air laws
  - Happy hour Ordinance/Laws
  - Advertising Ordinance/Laws
  - Social host ordinances
  - Compliance Checks
  - Party Patrol
  - Outlet Density Reduction
  - Open Container Ordinance
  - Festivals – Beer Gardens
  - Third Party Transaction – shoulder tap
  - Responsible Beverage Server Training
  - Fake ID Enforcement
  - Controlled Party Dispersal
The Strategic Prevention Framework

Role of the Coalition in Achieving Community-level Change

Community Assessment

Community description
Needs Assessment
Resource Assessment
Community History
Problem Statement Priorities

Builds a "picture" & describes the "context" for prevention
Root Causes - Risk Factors

Intervening Variables

- Community Norms
- Laws and Enforcement
- Overdose Factors
- Availability
- Opiate Abuse and Overdose
- Parental Attitudes Favorable Toward Use
- Promotion and Price
- Favorable Youth Attitudes (Low perception of risk)

Needs Assessment Data Collection

Data Collection Activities
- Surveys
  - Health Survey
  - Community Survey
- Qualitative Data
  - Focus Group
  - Key Informant Interview
  - Town Hall Meeting
  - Observation
  - Environmental Scanning
- Archival Data
  - Education
  - Law Enforcement
  - Health Care
  - Substance

Needs Assessment Results

1. Which drugs are the most prevalent in your community?
2. Which risk factors should be prioritized?
3. What are specific local conditions that relate to the risk factors?
Community History

Community history includes:

• Key events that have shaped the overall community.
• Key events that have specifically affected the coalition’s issues.
• History of community problem solving (generally, on your issue, success stories).
Switzerland 4 Pillars

- Prevention
- Treatment
- Law Enforcement
- Harm Reduction
4 Pillars Vancouver

- Vancouver’s Four Pillars Drug Strategy is a coordinated, comprehensive approach that balances public order and public health in order to create a safer, healthier community.
- Harm reduction
- Prevention
- Treatment
- Enforcement

Source: [Vancouver's Four Pillars Drug Strategy](http://vancouver.ca/people-programs/four-pillars-drug-strategy.aspx)

Lessons Learned

- Opioid Epidemic is Complex – many sides
- Requires a coordinated, comprehensive approach
- Pillars approach can be very effective in identifying the many sides to the elephant
- Prevention is KEY – and we must not forget to go upstream – or we will always be reacting
- Prevention must focus on the drug of initiation – alcohol, marijuana, tobacco – whatever your data tells you

Wisconsin
Waukesha Wisconsin

Law Enforcement
Drug Affected Infants

Work Place
Prevention
Treatment

Prevention
Harm Reduction

Questions?