

KEY POINTS

A Comparison Table of:

PRIMARY Prevention Services vs Harm Reduction Services

Primary Prevention	Harm-Reduction
<p><u>Occurrence of services:</u></p> <ul style="list-style-type: none"> ❖ Before the onset of a substance use disorder 	<p><u>Occurrence of services</u></p> <ul style="list-style-type: none"> ✓ Following the onset of a substance use disorder
<p><u>Definition</u></p> <ul style="list-style-type: none"> ❖ This level involves a proactive process that empowers individuals and systems to deal constructively with potentially difficult life situations, to keep healthy people healthy and to bolster protections for those at risk. It requires that a measurable series of collaborative and culturally relevant programs, strategies, policies, and practices be employed to preclude or reduce substance use and problem gambling behaviors that have a negative impact on the individual, the family, and the larger society. Prevention activities have an emphasis on delivering appropriate services prior to the manifestation of inappropriate behaviors. Prevention activities can be delivered through schools, media, family or community agencies and groups. ❖ Prevention is a proactive process that empowers individuals and systems to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviors and lifestyles (Center for Substance Abuse Prevention) 	<p><u>Definition</u></p> <ul style="list-style-type: none"> ✓ Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use ✓ Harm reduction aims to reduce the negative health and social consequences associated with drug use. ✓ Harm Reduction is a non-treatment approach ✓ Harm Reduction is a reactive process that is activated after the onset of a substance use disorder
<p><u>Purpose</u></p> <ul style="list-style-type: none"> ❖ To prevent a problem from happening by identifying the factors that increase the risks of that problem occurring and then find ways to reduce them by enhancing protective or resilience factors within individuals, peers, families, schools, and communities ❖ To influence policy and legislation ❖ Change organizational practices ❖ Foster coalitions and networks ❖ Educate providers ❖ Promote community education ❖ Strengthen individual knowledge and skills 	<p><u>Purpose</u></p> <ul style="list-style-type: none"> ✓ As Pennsylvania works to mitigate the toll of the overdose epidemic, it recognizes that drug use will never be completely eradicated. Specific harm reduction strategies have clear, demonstrable results in improving public health outcomes (DDAP Strategic Plan) ✓ To provide information and services to help individuals reduce some of the harms related to injection drug use, such as HIV, Hepatitis C, abscesses, other communicable diseases, and overdose

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<p><u>Implementation Strategies</u></p> <ul style="list-style-type: none"> ❖ Expand evidence-based curricula and resources to school-aged children ❖ Encourage availability and awareness of education and support groups for members of our communities ❖ Strengthen family-based prevention and intervention services ❖ Continuously employ the two key prevention program components of: balancing fidelity; and adaptation 	<p><u>Implementation Strategies</u></p> <ul style="list-style-type: none"> ✓ Provide non-judgmental services to the most vulnerable and hard-to-reach populations ✓ To offer safety measures for those who are at high risk of contracting or transmitting HIV/AIDS, Hepatitis, and other blood-borne diseases/communicable diseases ✓ To protect the public from the spread of blood borne diseases and other communicable diseases. ✓ Make referrals to other community health clinics, drug and alcohol providers, social service agencies, and community-based organizations ✓ To help those seeking assistance return to their homes and workplaces
<p><u>Program Services</u></p> <ul style="list-style-type: none"> ❖ Enhance protective factors and reverse or reduce risk factors ❖ Are based on science (evidence based or evidence informed) ❖ Are implemented with fidelity and evaluated for impact ❖ Are long-term with repeated interventions ❖ Employ interactive techniques ❖ Are carried out by trained professionals ❖ Are comprehensive and cross the lifespan ❖ Include behavioral and skill-oriented effects ❖ Are tailored to address risks specific to populations or audience characteristics ❖ Enhance family bonding and relationships and include parenting skills ❖ Intervene as early as preschool 	<p><u>Program Services</u></p> <ul style="list-style-type: none"> ✓ Syringe service programs (SSP) ✓ Fentanyl test strips ✓ Clean works, hygiene kits, wound care kits, safe sex kits, and safe smoke kits ✓ HIV & Hep C Rapid Testing available by appointment ✓ Education about safer injection, HIV, and Hepatitis C ✓ Sharps containers provided for safe disposal of syringes ✓ Narcan provided or referral to secure Narcan made when possible ✓ Basic healthcare, education, and counseling
<p><u>Lancaster County Prevention Service Providers*</u> (*the following are agencies all contract with LCDAC)</p> <ul style="list-style-type: none"> ❖ Compass Mark ❖ COBYS ❖ YWCA ❖ EACTC ❖ Gaudenzia ❖ GOAL Project ❖ SACA ❖ DUI Council 	<p><u>Lancaster County Harm Reduction Service Providers*</u> (*the following is a 501(3) Private Foundation and is not affiliated with LCDAC)</p> <ul style="list-style-type: none"> ✓ Lancaster Harm Reduction Project, Inc.