

# SUPPORTING DECISION MAKERS USING OPIOID SETTLEMENT FUNDS

*Guiding Principles for Investment and Primary Prevention*



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## SUMMARY

State, local, and tribal governments across the United States are set to receive over \$50 billion from opioid manufacturers, distributors, and retailers to aid in their opioid recovery efforts.<sup>1</sup> Local decision makers and implementation partners charged with coordinating and allocating settlement funding—including elected officials, treatment and recovery leaders, abatement/settlement councils or other advisory bodies, governmental agencies, and public health professionals—have the opportunity to carefully plan for a balanced approach across a variety of remediation strategies.

The historical response to the opioid epidemic has largely focused on “downstream” strategies, including individual-level education, treatment, and recovery to address the immediate harms of the epidemic. These downstream investments have often been informed by urgent calls from communities most impacted by the opioid crisis to mitigate and prevent overdose deaths. However, there is growing awareness that **primary prevention, which is a public health approach that seeks to prevent opioid and substance misuse in the first place through community investments, plays a critical role in responding to, and ultimately ending the epidemic.**

**This resource supports decision making and strategy development to effectively maximize and strengthen the use of opioid settlement funds to achieve transformational community investments.**

The first section describes Prevention Institute’s approach<sup>2</sup> to the opioid and substance use prevention continuum, which considers what should be prevented *and* created in communities through primary, secondary, and tertiary prevention efforts, and through long-term treatment and recovery. The continuum highlights opportunities to increase the emphasis on primary prevention strategies by investing in community-level “upstream” factors that can protect communities from the risks of opioid and substance misuse. The next section describes a set of guiding principles—including examples of their current application—that can support the investment of opioid settlement dollars in primary prevention.

When leveraged in full, the prevention continuum and guiding principles can inform effective decision making and transformational community investments of settlement funding. **Prevention Institute acknowledges that community context and voice matter, and strongly encourages settlement fund decision makers to engage in shared leadership and decision making with a wide range of implementation partners when adapting this approach to meet community-specific needs and opportunities.** Example implementation partners include community advocates and coalitions, people with lived and living experience, direct service organizations, and non-public health agencies, such as behavioral health, housing, transportation, and children and family services. Select key terms used throughout this resource guide are defined in the Appendix.

## UNDERSTANDING THE PREVENTION CONTINUUM

**The most promising investments in opioid settlement funds will require coordinating evidence-based strategies and interventions across the prevention continuum.** This resource builds on definitions of disease and substance use prevention<sup>3 4</sup> and Prevention Institute’s Continuum of Substance Misuse and Addiction Prevention,<sup>5</sup> with an emphasis on strengthening an understanding of the opportunities to invest in primary prevention in the context of the opioid epidemic. A focus on primary prevention efforts that create

healthy and resilient community environments complements and supports the goals and intended outcomes of harm reduction, treatment, and long-term recovery.

Local decision makers and their implementation partners must resource strategies that build protective factors and agency within communities that support healing, resilience, equity, and safety, all of which are integral to the success of upstream prevention. In the long-term, an expanded understanding of the prevention continuum and increasing investment in primary prevention strategies is crucial to disrupting the opioid epidemic.

## What's being prevented?

Prevention is characterized by reducing or mitigating risk factors and increasing protective factors in a community. Opioid settlement fund decision makers and their implementation partners can aim to **prevent** risk along each stage of the prevention continuum (Figure 1).

**Figure 1. Continuum of Opioid and Other Substance Use Prevention – What's Being Prevented?**



- **Primary prevention** strategies focus on reducing risk at the community or societal level to prevent or limit exposure and drivers of misuse. Examples include preventing social isolation that leads to worsened experiences of depression and anxiety, medical misinformation that leads to overprescription of opioid medications, a high geographic concentration of unhealthy retail establishments like pain clinics and alcohol outlets, and general community deterioration, economic despair, and hopelessness that can lead to dependence on opioids and other substances.
- **Secondary prevention** strategies and solutions prevent escalating risks and use that is already evident. Examples include harm reduction efforts that promote safety among individuals who are using substances, such as syringe service programs, supervised consumption services, street outreach teams, safe substance use education, and improved access to treatment and clinical support.
- **Tertiary prevention** strategies emphasize prevention of opioid and substance overdose, overdose deaths, and co-morbidities. Examples here include life-saving measures for individuals with highly developed opioid and substance use disorders or that are using potentially lethal supplies of substances, such as rapid response teams, Good Samaritan laws for bystander intervention, and widespread naloxone distribution.



- **Long-term recovery** strategies focus on prevention and mitigation of risks for recurrence of opioid and substance misuse after it has been interrupted. Examples of recovery strategies include pre-prescribing medications for opioid use disorder (MOUD) and involving trained people with lived and living experience as peer recovery coaches.

While it is important to think about opioid and substance use prevention in terms of what adverse health outcome or social condition is being prevented (Figure 1), it is equally important to consider the longer-term vision for a community and what protective conditions are concurrently being created at each level on the continuum (Figure 2).

### What’s being created?

Across the same prevention continuum, we describe what local decision makers and their implementation partners can aim to **create** within communities along each stage (Figure 2).

**Figure 2. Continuum of Opioid and Other Substance Use Prevention – What’s Being Created?**



- **Primary prevention** strategies are centered on mitigating risk of exposure by building protective factors within communities and healthy relationships that support thriving opportunity. To increase the impact of these investments and redress the historical harms of substance use policies, decision makers are encouraged to focus their efforts within communities and populations most impacted by opioid and substance misuse.<sup>6</sup> Examples of what this could look like include building quality affordable housing, ensuring quality education, increasing access to public transportation to connect communities to essential resources and opportunities, creating opportunities for job training and placement, having meaningful employment with living wages that allow families to meet their basic needs, and social, arts, and cultural activities that promote social connection, belonging, and a sense of purpose.

- **Secondary prevention** strategies build protective factors for individuals once exposure or use is present and create ample options to access and engage in intervention and treatment support as early as possible. Resources and strategies at this level of prevention can also support families and young people that have elevated exposure to substance misuse or overdose. Examples here include anti-stigma campaigns that seek to change the narrative and messaging on substance misuse and having peer recovery specialists work within health and social service settings to create and inform early intervention strategies.
- **Tertiary prevention** strategies expand life saving measures once severe use or misuse is present, and create an environment where emergency response is swift and equitable. This includes increased naloxone access, medical treatment, linkage to recovery services, outpatient support and counseling, and life skills training and vocational support.
- **Long-term recovery** strategies are those that continually support the disruption of a previous pattern of substance misuse. Long-term recovery is supported by primary prevention strategies that create strong community environments, opportunities, and relationships, but additionally emphasize those with lived and living experience in substance misuse and recovery as a measure of success. Example strategies include post-treatment residential options, family reunification and life-skill counseling, employment services, and post recovery support.

The expanded understanding of prevention presented within Prevention Institute’s Continuum of Substance Misuse and Addiction Prevention (Figures 1 and 2), including the framing of “what is being prevented” and “what is being created,” can help local decision makers cultivate community healing and resilience while simultaneously mitigating the pressing adverse impacts of opioid and substance misuse. Opioid settlement fund processes, from engagement procedures to implementation plans, must be focused on improving long-term outcomes and grounded in the local community context, considering community needs, strengths, assets, and its vision for wellbeing.

## GUIDING PRINCIPLES

Prevention Institute has identified the following guiding principles for local decision makers and communities to consider as they continue to address the opioid epidemic and determine how to best leverage opioid settlement funding. **The principles were developed to support investing opioid settlement dollars in primary prevention strategies that create healthy community conditions.** However, they can also be used throughout all opioid remediation activities, including opioid treatment and long-term recovery interventions. As every community is unique, we strongly encourage local decision makers to partner with community advisory groups, people with lived and living experience, and other community members in tailoring their approaches to implementing the principles. These principles are not meant to be prescriptive or exhaustive and each community should give consideration to their individual context. Lastly, these principles are offered as a collective set and are meant to build off of one another in support of a primary prevention approach to addressing the opioid epidemic.

## Comprehensive investment across the prevention continuum

Opioid settlement funds provide a valuable opportunity for local decision makers to make strategic investments that address the full continuum of substance use—whether an individual has yet to be exposed to substances or is actively navigating substance misuse. Due to the immediate needs incurred by the opioid crisis, including the staggering number of overdose deaths nationwide, investments are typically made in secondary and tertiary prevention research and strategies, or those that seek to treat and prevent escalating opioid and substance misuse, overdoses, or deaths.<sup>7</sup> Allocating settlement funds to also address upstream root drivers of the opioid epidemic (e.g., socioeconomic inequality, unstable housing, social isolation, limited employment opportunities, etc.) can begin to support, and ultimately alleviate, the longstanding reliance on secondary and tertiary prevention strategies. Through balanced investments in primary, secondary, and tertiary prevention strategies, local decision makers can address immediate and pressing community needs while creating the social and organizational infrastructure needed to prevent further opioid- and substance-related harm from occurring, including recurrence of use.

### How are decision makers practicing this principle?

Examples of opioid settlement funds being used to invest across the prevention continuum include:

- **Tennessee Opioid Abatement Council** – In March 2024, the Council approved 116 grant awards totaling more than \$80 million for remediation strategies spanning primary prevention, education and training, harm reduction, treatment, and recovery support. \$12 million in funding has been allocated toward primary prevention specifically, including funding for youth programming and mentoring initiatives, support for prevention for older adults, strategies for building parenting skills and family resilience, and resources for a county coalition implementing a comprehensive, public health approach to substance misuse.
- **Milwaukee County's Health & Human Services, Better Ways to Cope (BWTC)** – BWTC takes a community-centered approach to harm reduction, prevention, treatment, and recovery services. They promote community-based services and regrant to community organizations that work closely with youth, provide services to families, survivors of sexual and/or domestic abuse, and more.

Examples of investments being used for primary prevention include:

- **Rhode Island** – Settlement funds have been allocated towards community centers that provide basic needs such as food and transportation vouchers, capacity-building programs for local behavioral health-focused nonprofit organizations, and trauma support programs for peer specialists and first responders to prevent burnout and support their effectiveness as care providers.
- **Oakland, CA** – Settlement funds are being used to transition 150+ unhoused people to temporary shelter, and ultimately, permanent supportive housing.
- **Spokane, WA** – Settlement funds are being used to expand the fire department's Community Assistance Response program, which helps address the underlying needs of individuals requiring emergency services by connecting them with support services.





## Commitment to countering stigma

Effective responses to the opioid epidemic require an understanding of how stigma permeates public and cultural understandings of addiction, and a commitment to creating community environments free of stigma. Many people mistakenly believe that opioid addiction is a result of poor individual discipline and decision making. In reality, research indicates that substance use disorders are a treatable chronic disease—one involving a complex interaction of biological and external environmental factors—that affects over 17% of youth and adults in the United States.<sup>8</sup> Public (society’s attitudes), structural (cultural norms and institutional practices), and self (internalized) stigma<sup>9</sup> hamper the implementation of effective policy and programming to support those experiencing substance and opioid use disorders. Intentionally applying person-first language (i.e., “person with a substance use disorder” instead of “addict”),<sup>10</sup> involving and highlighting the voices of people with lived and living experience, emphasizing and addressing the community conditions contributing to substance use disorder, and promoting evidence-based prevention, harm reduction, and treatment strategies can help combat stigma.<sup>11</sup>

### How are decision makers practicing this principle?

Examples of campaigns that are countering stigma and misconceptions about opioid and substance use include:

- **Recovery Reinvented, ND** – A statewide campaign that includes a series of innovative practices and initiatives to eliminate the stigma of addiction in North Dakota. Recovery Reinvented is spearheaded by First Lady Kathryn Burgum, who has been in long-term recovery for 22 years.
- **More Powerful NC** – This statewide campaign was “created by the North Carolina Department of Justice and the Department of Health and Human Services to raise awareness of the scope and danger of the opioid crisis,” and “is anchored in the message that together, [North Carolinians] are more powerful than opioids, and [all North Carolinians] can all help play a part in ending the epidemic.”

## Embed health equity and racial justice

To fully realize and create healthy, safe, and thriving communities, local decision makers must embed health equity and racial justice principles into policies and programming funded by opioid settlement dollars. While the opioid epidemic in the U.S. has often been portrayed in media and public reporting as a crisis affecting rural, white communities, the crisis is disproportionately affecting Black, Indigenous, and communities of color, and increasingly so since the onset of the COVID-19 pandemic.<sup>12</sup> Black and other communities of color also continue to face historical and ongoing harms of the “war on drugs,” which singles out these communities for over-policing, arrest, and mass incarceration and has enacted punitive policies that have exacerbated the opioid epidemic.<sup>13</sup> As a result, communities of color are more likely to experience opioid and substance overdose and overdose deaths and encounter racism and stigma when accessing treatment and recovery services. They are also overcriminalized for their substance use and are more likely to be exposed to individual and community-level trauma that can increase the risk of substance use disorder in the first place.<sup>14,15,16</sup> Local decision makers must acknowledge how structural racism has created the past and present inequities that are undermining health equity, invest in building trust and meaningful community relationships, and work towards creating an equitable and racially just future. This includes ensuring that practices and strategies are culturally responsive and center community healing, affirm community power, and look to redistribute power and resources to those communities most negatively impacted by the opioid epidemic.<sup>17</sup>

### How are decision makers practicing this principle?

Examples of how decision makers are directing funds to groups disproportionately affected by the opioid crisis include:

- **Milwaukee County, WI** – Milwaukee County, the first jurisdiction in the U.S. to declare racism a public health crisis, is coordinating with its Office of Equity to align its opioid settlement investments with initiatives led by other departments and the county at large.
- **Opioid Recovery & Remediation Fund (ORRF) Advisory Council, MA** – The State of Massachusetts’ ORRF Council has embedded equity into its mission and guiding principles by specifically naming and committing to directing funds to underserved communities most impacted by the opioid crisis. The ORRF Council is working with [RIZE Massachusetts Foundation](#) to distribute \$5 million annually in opioid settlement funding to relevant community-led initiatives.
- **Rhode Island** – Rhode Island’s Executive Office of Health and Human Services [Equity Plan](#), which acknowledges the history of institutional and structural racism and its impact on health, was embedded into its request for proposal (RFP) criteria for grants to be awarded to groups addressing the opioid crisis ([an example RFP](#) for their Opioid Settlement Impact and Recovery Grants).
- **Philadelphia, PA** – Using localized health and U.S. Census data, the City of Philadelphia’s Opioid Response Unit identified communities at highest risk of substance misuse and overdose (e.g., older Black men) and piloted focused outreach and engagement. As part of this outreach, trusted community canvassers knocked door-to-door within these neighborhoods to provide harm reduction supplies and education and streamline connection to treatment services.

## Engage in a multi-sector approach

Transformative change will require investing opioid settlement funds to build out and support a multi-sector approach to address the opioid crisis. Historically, response efforts have been concentrated on drug regulation and delegated to only a handful of sectors (e.g., law enforcement and other first responder agencies). However, leaders working to end the opioid epidemic have now been moving toward using a more collaborative public health approach to address the intersecting root causes of opioid and other substance use. Creating these connections are necessary given the pervasiveness of the opioid epidemic and opioid misuse, with their impacts contributing to physical health consequences, individual and community trauma, barriers in employment due to criminalization, poor educational outcomes, lack of stable housing, declining local economies, and more. To align approaches and advance objectives simultaneously, partners should identify their unique strengths and the different roles they can play in addressing the various drivers and impacts of the opioid epidemic. Investing in multi-sector approaches that break down silos across sectors allows entities from different fields to learn from one another about effective practices and innovations.

### How are decision makers practicing this principle?

Examples of jurisdictions who have invested in a multi-sector approach to addressing the opioid epidemic include:

- **Community Collective Impact Model for Change (CCIM4C)** – Prevention Institute worked in partnership with the Ohio Department of Mental Health and Addiction Services, Ohio University, and local opioid response teams to identify opportunities to partner with non-traditional institutions, such as parks departments, public transit agencies, public libraries, employers and other corporate partners, and faith-based organizations, to address the opioid epidemic in their communities.
- **The Tempe Coalition, AZ** – The Coalition aims to educate and advocate for the reduction of substance use risk behaviors among Tempe youth, and includes members from sectors such as business, media, law enforcement, schools, healthcare professionals.
- **Huntington, West Virginia** – The Huntington Mayor’s Office of Drug Control Policy has overseen multiple community partnerships, including the Quick Response Team, which is composed of city agencies, medical and recovery service providers, law enforcement, university researchers, and the faith community and provides information on services to individuals who have experienced an overdose. Other partnerships include pairing job training and placement with treatment services and providing dedicated childcare and other services to parenting families experiencing or recovering from opioid use disorder.
- **Everett, Washington** – The City of Everett has created support teams that bring together social workers, law enforcement, housing services, and mental health professionals to provide combined housing and mental health supports to assist in substance use recovery. This includes having social workers ride along with police officers to connect people with opioid use disorders with recovery and housing services.

## Weave together multiple forms of evidence

Maximizing the impact of opioid settlement dollars requires evidence-based decision making that integrates data from across multiple and diverse sources. To address the opioid epidemic, local decision makers and their implementation partners should leverage the wealth of *best available research evidence*—data produced through scientific inquiry and process—that exists around prevention, harm reduction, and treatment solutions, such as those produced by the CDC.<sup>18</sup> In order to design and implement solutions that are culturally relevant, community driven, and sustainable, local decision makers and their partners must also rely on *contextual evidence*—measurable community factors that address whether a settlement-funded strategy is useful, feasible to implement, culturally relevant, and accepted by a community—and *experiential evidence*—based on lived and living experiences with opioid or substance use, or professional insight, understanding, skill, and expertise accumulated over time.<sup>19</sup> Incorporating local data and community voices into research, planning, and evaluation moves solutions away from a one-size-fits-all approach, and towards tailored change that can address the opioid epidemic how and where people with lived and living experience deem it to be most appropriate. Incorporating and weaving all three forms of evidence into opioid settlement plans is essential to supporting community healing and affirming community power.

### How are decision makers practicing this principle?

Examples of decision makers using multiple forms of evidence in their use of opioid settlement funds include:

- **Boston, MA** – The Boston Public Health Commission Office of Recovery Services identified community spending priorities through community and provider listening sessions, surveys, longform requests for information, and population health research (e.g., City health data, census data, academic literature). See the “Methods” section of this report.
- **Mi’kmaq Nation** – The Mi’kmaq Nation’s health department invested a portion of their settlement funds in building a sweat lodge, a vital tool in healing, that is dedicated to help people recover from addiction. The department was informed by patients in recovery, who requested sweat lodges as a cultural element to complement their existing counseling and medication treatments.
- **Cherokee Nation** – Cherokee leaders have invested settlement funding into a new harm reduction clinic serving approximately 400 Cherokee, with plans to invest in new treatment facilities. They are also creating culturally appropriate prevention messaging to share with young Cherokee Nation residents, many of whom have lost family to opioid and substance overdose.
- **The Tribal Principles Project, Johns Hopkins University** – The Approved Uses document of the Tribal Opioid Settlement cites support for “culturally appropriate activities, practices, teachings or ceremonies.” The Tribal Principles Project has developed principles and resources for tribes and Indigenous-servicing organizations in the U.S. who are receiving tribal opioid settlement funds, including how to support culturally-relevant and other context-specific interventions.



## Build public accountability into spending plans

To ensure that local decision makers realize the most transformative benefits from opioid settlement funds, they must create transparency and embed accountability in their spending plans. Decision makers should consider investing a portion of their settlement dollars into standing up a robust data sharing and performance measurement system that can inform future strategies, including those spearheaded by community-based organizations, health systems, and other partners. Settlement fund planning must be responsive to community perceptions of the issue and what stakeholders—including people with lived and living experience—see as viable long-term solutions. To do so, local decision makers should ensure that processes are transparent and decision-making opportunities are open to and engage the public. With community buy-in secured throughout spending planning, strategies are better positioned to achieve long-term success.

### How are decision makers practicing this principle?

Examples of jurisdictions that have robust public settlement funding dashboards include:

- **North Carolina** – The University of North Carolina Injury Prevention Research Center and the North Carolina Department of Justice have leveraged existing data systems to create the state’s Community Opioid Resources Engine for North Carolina (CORE-NC). It includes multiple data dashboards like [Community Drivers of Health](#) and [Local Spending Plans](#).
- **Colorado, Arkansas, and Minnesota** each have public-facing dashboards that include details such as how opioid settlement funds have been spent, funded and rejected project proposals across the state, and outcomes of funded projects.
- **The National Association of Counties** has compiled local examples of opioid abatement councils that are committed to transparency and community feedback, and include representatives with lived and living experience, as well as guidance on how to create a council.



POINT-IN-TIME VOLUNTEERS. PHOTO BY MILWAUKEE VA MEDICAL CENTER.



## Ensure sustainable investment

Payments from the national opioid settlements are substantial and present immense opportunity, but are time-bound. It is important for local decision makers to consider and integrate long-term sustainability and transparency into spending planning from the start and consider opportunities to blend or braid opioid settlement funding with other funding streams (e.g., Medicaid 1115 demonstration waivers; block and discretionary grants from CDC, SAMHSA, HRSA, or other federal agencies; and local or foundation funds)<sup>20</sup> for sustainability and greatest impact. Historically, evidence-based interventions in public health programs have lacked reliable, sustained funding streams<sup>21</sup> and have typically been reliant on large payments in response to a crisis (e.g., Tobacco Master Settlement Agreement, American Rescue Plan Act). Before investing settlement dollars, local decision makers should conduct a comprehensive strategic planning process that not only determines the best short-term use of dollars, but also identifies early on what the jurisdiction's longer term vision is for the local opioid response and diverse funding streams. Jurisdictions receiving opioid settlement funds must implement a multi-sector approach to their spending plans – partnering across sectors who are looking to achieve the same outcome to identify innovative ways of continuing their work. Lessons from the past emphasize the importance of upfront sustainability planning, ongoing monitoring for changing conditions, and evaluation of investments and strategies.

### How are decision makers practicing this principle?

- **Spokane County, WA** – The Spokane County Regional Behavioral Health Division has embedded *ongoing sustainability* in some of its priority investment areas. One example includes sustaining a one-time investment from opioid settlement funds for Long-term Housing and Treatment Support Services for Parents/Caregivers of Infants with Neonatal Abstinence Syndrome (NAS) through state and federal sources including the statewide Community Behavioral Health Rental Assistance program, Section 8 Housing Vouchers, and more.
- **New York** – The state of New York's Syringe Exchange Program/Drug User Health Hubs braid funds from sources including state settlement funds,<sup>22</sup> SAMHSA's State Targeted Response and State Opioid Response funds, and Medicaid reimbursement following a 2018 State Plan Amendment, among other sources.<sup>23</sup>



PHOTO BY CADE MARTIN AND DAWN ARLOTTA FOR USCDPC

## CLOSING

Opioid settlement funds present a critical opportunity to invest in healthy and thriving communities and alleviate the longstanding harms faced by individuals, families, and communities most impacted by the opioid and substance misuse epidemic. **Balanced investments across the prevention continuum and a greater emphasis on community-level primary prevention strategies represent a comprehensive approach to addressing opioid and substance misuse.** Investing settlement dollars in the community protective factors that decrease the risk for opioid and substance misuse can interrupt the continued harms of the epidemic, while also addressing other health and social challenges within a community.

Throughout this guide, Prevention Institute has presented considerations and guiding principles that could ensure that settlement-funded initiatives support community healing, resilience, equity, and safety. Policy-makers, abatement/settlement councils or other advisory bodies, health departments, community advocates, service providers, and other changemakers are encouraged to use this resource to assess whether their planned uses of settlement funding are positioned for transformative community impact.

### *Additional Resources*

For additional resources and guidance on establishing policies and programming using opioid settlement funds, please visit [Prevention Institute's online resource hub](#). The site presents planning, implementation, and evaluation strategies that are supported by evidence and actively implemented by practitioners in the field, as well as background information on the opioid settlements.

## Appendix: Select key terms

This appendix contains definitions for select terms used throughout this resource. For continued reading and additional terms relevant to opioid settlement funding, please refer to Prevention Institute’s full length [Glossary of Terms](#).

### Evidence-based decision making

According to the U.S. Centers for Disease Control and Prevention (CDC), evidence-based decision making is a “process for making decisions about a program, practice, or policy that is grounded in the best available research evidence and informed by experiential and contextual evidence.”<sup>24</sup> The decision making process—which can be applied to opioid settlement fund and response strategies—typically involves gathering, interpreting, and applying what is learned from these three layers of evidence, which are described in greater detail below.<sup>25 26</sup>

- **Best available research evidence:** Best available research evidence is produced through scientific inquiry and process, and typically includes published, peer-reviewed material. According to the CDC, “the more rigorous a study’s research design, the more compelling the research evidence, indicating whether or not a program, practice, or policy is effectively preventing [a public health issue].”
- **Experiential evidence:** Experiential evidence describes the experiences and expertise of those who have lived, learned, worked, and played in a particular setting and/or experienced the negative consequences of a public health issue, such as the opioid epidemic. This type of evidence is accumulated over time and can be identified through interviews, community meetings, communities of practice, and focus groups.
- **Contextual evidence:** Contextual evidence refers to information about whether or not a prevention strategy “fits” within the local, historical, resource, and/or social context in which it would be implemented. This information could include measurable factors collected from localized community data sources (e.g., census and administrative data, needs and assets assessments) and histories (e.g., surveys, focus groups).

### Harm reduction

Harm Reduction International defines harm reduction as “policies, programs, and practices that aim to minimize the negative health, social, and legal impacts associated with [substance] use, policies, and laws.” This framework and set of strategies aims to keep people who use and misuse substances alive, encourage positive change in their lives, and offer alternatives to approaches that seek to prevent or end substance use and misuse. Harm reduction services include information on safer substance use, medications for opioid use disorder, needle and syringe programs, overdose prevention and reversal (e.g., naloxone), legal services, and drug checking.<sup>27</sup> Harm reduction strategies have been shown to substantially reduce HIV and hepatitis C infection among people who inject substances, reduce overdose risk, and increase the likelihood of initiating

treatment for substance use disorder.<sup>28</sup> The National Harm Reduction Coalition has identified eight foundational principles for implementing harm reduction, which are described on its [website](#).

## Long-term recovery

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines recovery as “a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.” SAMHSA outlines four major dimensions of recovery, including health, home, purpose, and community (see SAMHSA’s [website](#) for more details). Recovery from substance and opioid use and misuse is often a long-term process that could include medical treatment (e.g., medications for opioid use disorder), behavioral therapies, and recovery support services (e.g., case management, peer support, and substance-free housing). More information on evidence-based treatment and recovery strategies can be found in this [report](#) from the Legal Action Center.

## Public health approach

A public health approach to addressing the opioid epidemic is rooted in the scientific method but recognizes a need to consider the unique community conditions that contribute to and protect from opioid misuse and injury. This approach—which should complement, not replace, evidence-based treatment strategies for opioid use and misuse—recognizes the value in partnership and collective planning between multi-sector experts, such as medical professionals, researchers, advocates, legislators, people with lived and living experience, and community-based organizations.<sup>29</sup> Prevention Institute defines the public health approach as including the following characteristics:<sup>30</sup>

- Advances health (the physical, mental, and spiritual condition that allows people to thrive and live fulfilling lives), safety (freedom from violence and the threat of violence), and wellbeing (reflected in vibrant mental and behavioral health) at the community and population level;
- Insists on health equity and racial justice as the drivers for social transformation by acting on the structural factors and systems that shape opportunities for health, safety, and wellbeing;
- Focuses on entire communities and their sociocultural, economic, and physical environments rather than on one individual at a time; and
- Prioritizes upstream prevention whenever possible by addressing problems as close to their source as possible and taking action before illness or injuries occur.

## Risk and protective factors

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), **risk factors** for opioid and substance use disorders are “characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative [health] outcomes.” Examples of risk factors for opioid and substance use disorders include adverse childhood experiences (ACEs, including parental substance use exposure), unemployment and other lack of economic opportunity, and neighborhood violence. **Protective factors**, on the other hand, are “characteristics associated with a lower likelihood of negative [health] outcomes or that reduce a risk factor’s impact,” such as strong community

networks, policies limiting the availability of alcohol and other substances, and availability of after-school activities. Effective prevention strategies focus on reducing the risk factors and strengthening the protective factors that most impact a specific community. People do not exist in isolation, so it is imperative that opioid response strategies address risk and protective factors across multiple contexts (e.g., individual relationships, communities, society) for maximum impact.<sup>31</sup>

## Social determinants of health

According to the CDC, social determinants of health (SDOH) are the community conditions in which people live, learn, work, and play. This includes the economic policies and systems, social norms, political systems, and built environments that shape daily life, also known as **upstream SDOH**, because they often function as fundamental causes of poor health and inequities. SDOH have been shown to have a greater influence on health outcomes than genetic factors or access to healthcare resources and should be a prominent focus of primary prevention strategies.<sup>32</sup> Examples of social determinants of health that can influence rates of substance and opioid use and misuse include employment, housing, and education, but may differ depending on specific community conditions.<sup>33</sup>

## Substance use

Substance use refers to the use of selected substances, including alcohol, tobacco products, drugs, inhalants, and other substances that can be consumed, inhaled, injected, or otherwise absorbed into the body with possible dependence and other detrimental effects.<sup>34</sup> Other terms, such as “drug use” would refer specifically to the use of drugs, including opioids.

- **Substance use disorder (SUD)** is defined as a problematic pattern of substance use leading to clinically significant impairment or distress. Education and awareness around the harm of using substances, along with the support of friends, parents, community members, and caregivers, can help prevent SUDs.<sup>35</sup>
- **Opioid use disorder (OUD)** is a medical condition characterized by the continuing use of opioids that causes clinically significant distress or impairment. Treatment for OUD, including medication, is safe and effective. OUD and misuse of opioids are different from the safe, effective use of prescription opioids for controlling and reducing pain.
- **Substance misuse** may refer to the use of prescription medications other than when safely used as prescribed. This can occur unintentionally. Substance misuse may also refer to the use of substances the federal government has classified as illicit, such as heroin and methamphetamine.<sup>36</sup>



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