Harm Reduction Framework

SAMHSA
Substance Abuse and Mental Health Services Administration

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Harm Reduction Framework for People Who Use Drugs (PWUD)

The Biden-Harris Administration has identified harm reduction as a federal drug policy priority. The White House Office of National Drug Control Policy (ONDCP), in the 2022 National Drug Control Strategy, notes that harm reduction is a public health approach designed to advance policies and programs for people who use drugs (PWUD) and is supported by decades of evidence. Harm reduction strategies are shown to substantially reduce HIV and Hepatitis C infection among people who inject drugs, reduce overdose risk, enhance health and safety, and increase by five-fold the likelihood of a person who injects drugs to initiate substance use disorder treatment (Abdul-Quader, 2013; ONDCP, 2022; Hagan, 2000). In line with this, harm reduction is one of the four strategic priorities of the U.S. Department of Health and Human Services (HHS) Overdose Prevention Strategy (Haffajee et al., 2021).

In December 2021, the Substance Abuse and Mental Health Services Administration (SAMHSA) convened the first-ever federal Harm Reduction Summit, in partnership with the Centers for Disease Control and Prevention (CDC) and ONDCP. The Summit brought together over 100 experts representing prevention, treatment, recovery, and harm reduction perspectives. Most importantly, Summit attendees included people with lived experience with substance use to help inform SAMHSA's policies, programs, and practices as they relate to harm reduction. Other partners included community members, advocates, harm reductionists, providers, funders, and others who are affected by harm reduction policy.

SAMHSA's Harm Reduction Framework is one outcome of this summit. The Harm Reduction Framework is historic, as the first document to comprehensively outline harm reduction and its role within the Department of Health and Human Services (HHS). The Framework was developed and written in partnership with the Harm Reduction Steering Committee, composed of harm reduction leaders from around the country. This group represents a broad array of backgrounds and experience, with most having lived experience of drug use. The Steering Committee synthesized findings from the Harm Reduction Summit — including a definition of harm reduction, pillars and principles supporting that definition, and core practices that SAMHSA can support. The Framework is adapted from the Committee's final report.

SAMHSA defines harm reduction as *a practical and transformative approach that incorporates community-driven public health strategies — including prevention, risk reduction, and health promotion — to empower PWUD and their families with the choice to live healthy, self-directed, and purpose-filled lives. Harm reduction centers the lived and living experience of PWUD, especially those in underserved communities, in these strategies and the practices that flow from them.*

This Framework will inform SAMHSA's harm reduction activities moving forward, as well as related policies, programs, and practices. SAMHSA's aim is to integrate harm reduction activities across its organizational Centers and initiatives, and to do so in a manner that draws on evidence-based practice and principles — while maintaining sustained dialogue with harm reductionists and people who use drugs (PWUD). The Framework will also inform SAMHSA of opportunities to work with other federal, state, tribal, and local partners toward advancing harm reduction approaches, services, and programs.

Key Milestones in Harm Reduction

Harm reduction has a long history in the United States. The harm reduction field and harm reduction practice emerged decades ago, as direct community action and mutual aid in response to effects of the "War on Drugs," an early and incomplete scientific understanding of substance use and substance use disorders, and government inaction to swiftly respond to the growing HIV/AIDS epidemic (Des Jarlais, 2017).

In 1982, CDC published findings that the human immunodeficiency virus (HIV) is transmissible through the intravenous use of drugs (CDC, 1982). By 1983, PWUD began the distribution of sterile syringes to limit the transmission of HIV/AIDS (McLean, 2011). After the 1988 restriction on federal funding for the purchase of syringes for needle and syringe exchange programs, PWUD and allies who operated syringe services programs across the country began to organize their work (The Public Health Welfare Act, 1988). In 1992, the first Harm Reduction Working Group meeting in the United States was held in San Francisco to create a unified definition of harm reduction. A major outcome of the group was the establishment of the National Harm Reduction Coalition (National Harm Reduction Coalition, 2021).

Since that first Harm Reduction Working Group meeting, harm reduction has grown in scope and in practice. An important example is the advent of community naloxone distribution, which began in 1996 (Wheeler et al., 2015). From 1996 through June 2014, 136 organizations reported distributing naloxone to 152,283 laypersons, and of the 109 organizations who collect reversal data, 26,463 overdose reversals were reported (Wheeler et al., 2015). Although the number of organizations distributing naloxone has doubled and since 2013 has included organizations other than syringe services programs (SSPs), in 2014, SSPs accounted for 80 percent of the distribution effort to PWUD as well as 80 percent of overdose reversals (Wheeler et al., 2015).

In 2019, syringe services programs distributed 702,232 doses of naloxone to 230,506 people in communities across the country (Lambdin et al., 2020). Studies have shown that communities may experience up to a 46 percent reduction in opioid overdose mortality when over 100 people who are likely to observe or experience an overdose per 100,000 population are enrolled into an Overdose Education and Naloxone Distribution (OEND) program (Mueller et al., 2015). In addition, SSPs are associated with an estimated 50 percent reduction in HIV and hepatitis C incidence. When combined with medications that treat opioid dependence (also known as medication-assisted treatment), hepatitis C virus and HIV transmission is reduced by over two-thirds (CDC, 2019). The last few decades have solidified the evidence-based practices, and individuals have become specialized subject matter experts in the field of harm reduction. This has facilitated expansion of harm reduction services into nearly every setting where PWUD may have contact.

Addressing Health Inequities

In the spirit of Executive Order 13985, SAMHSA is in the process of reviewing its policies to examine the intended and unintended impacts of its programs, policies, and procedures; incorporating racial justice and health equity into its policy goals; and advancing equitable support for Black, Latino, American Indian and Alaska Native persons, Asian Americans, Native Hawaiians, and Pacific Islanders, and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, queer, intersex (LGBTQI+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely impacted by persistent poverty or inequality. This is proactively undertaken to address past and present inequities (Exec. Order No. 13985, 2021). Integrating harm reduction principles and approaches throughout the agency is one strategy for advancing that commitment.

Substance use, substance use disorder, and mental illness can find roots in structural inequity and are influenced by the social determinants of health. Community practitioners and behavioral health providers must be culturally responsive and attentive to health equity to effectively improve individual and population level health. For this to be accomplished, community trust and buy-in must be earned and that begins with truth and reconciliation of a community's shared traumatic history and the structural racism that perpetuates inequities. On this foundation, trust and meaningful relationships can develop (SAMHSA, 2022b).

"Formally acknowledging a community's shared traumatic history is a fundamental step in preparing for and planning community engagement (CE) efforts that address health inequities" (SAMHSA, 2022b).

This work is undertaken in partnership with SAMHSA's Office of Behavioral Health Equity, which describes the work thus: "Advancing health equity involves ensuring that everyone has a fair and just opportunity to be as healthy as possible. This also applies not only to behavioral health, but in conjunction with quality services, this involves addressing social determinants, such as employment and housing stability, insurance status, proximity to services, culturally responsive care – all of which have an impact on behavioral health outcomes" (SAMHSA, 2022a).

Framework Overview

Harm reduction is practical in its understanding and acceptance that drug use and other behaviors that carry risk exist in this world — and responds in a compassionate and life preserving manner. Harm reduction seeks to reduce the harmful impacts of stigma, mistreatment, discrimination and harsh punishment of PWUD, especially those who are black, indigenous, and other people of color (SAMHSA, 2020). Building community partnerships with harm reduction organizations can positively shape beliefs and attitudes, reduce stigma, and ensure the wellbeing of the community at large (Zulqarnain et al., 2020). Harm reduction also accounts for the intersection of drug use, other stigmatized behaviors, and people's health. For example, harm reduction meaningfully engages people who trade sex in its strategies and practices. People who use drugs and people who trade sex not only overlap, but share similar challenges related to criminalization, stigma, and illicit market participation. As a result, people who trade sex are similarly distrustful of those outside of their community, and the inclusion of people with lived experience of

sex work is critical to effectiveness of intervention with this higher risk population. A harm reduction approach meets people where they are, engaging with them and providing support (Ditmore, 2013).

SAMHSA defines harm reduction as *a practical and transformative approach that incorporates community-driven public health strategies — including prevention, risk reduction, and health promotion — to empower PWUD and their families with the choice to live healthy, self-directed, and purpose-filled lives. Harm reduction centers the lived and living experience of PWUD, especially those in underserved communities, in these strategies and the practices that flow from them*.

By viewing substance use on a continuum, incremental change can be made, allowing for risk reduction to better suit a person's own individual goals and motivations. This opens the door for the majority of Americans who use drugs and want to make positive change in their life and health, but do not choose the more traditional options currently available to them.

Most importantly, harm reduction approaches save lives. The SAMHSA definition contains **six pillars, 12 principles, and six core practice** areas that give life to the definition of harm reduction initiatives, programs, and services. The pillars are essential building blocks that are the foundation of harm reduction and what makes harm reduction work. The pillars are further divided into supporting principles that are the specific concepts and ideals supporting each pillar. The SAMHSA framework also describes the core components of community-based harm reduction programs. These elements will be described below.

Framing Harm Reduction

SAMHSA conceptualizes harm reduction as being a set of services, a type of organization, and an approach. Harm reduction has, at times, been reduced to a singular service or group of services, when in fact its application goes well beyond this. Harm reduction as an approach, with supporting principles and pillars that can be applied to a variety of contexts, includes the provision of evidence-based treatment. An organization or an individual healthcare practitioner may not consider themselves as primarily providing harm reduction services, but may adopt and apply practices and principles outlined in this Framework — to enhance the services they offer and engage with people who use drugs in a manner informed by these principles. Any organization who works with people who use drugs can benefit from the integration of harm reduction as an approach.

Pillars of Harm Reduction

Table 1 summarizes the six pillars of harm reduction. Harm reduction initiatives, programs, or services should include these elements.

Table 1. Six Pillars of Harm Reduction

Harm Reduction...	
1. Is guided by people who use drugs (PWUD) and with lived experience of drug use	All aspects of the work are guided by people who use drugs (PWUD) and with lived experience of drug use. Organizations providing harm reduction services should have a formal mechanism to meaningfully include the voices of people with lived experience in the design, implementation, and evaluation of those services (Ti et al., 2012). Through shared decision-making, people with lived experience are empowered to take an active role in the engagement process and have better outcomes (SAMHSA, 2010). Adopting at least one of the following specific mechanisms of inclusion is mission critical: advisory boards of PWUD, consultation of Community-based Harm Reduction Programs (CHRPs) or any other peer-led organizations, and the employment of people with lived experience in both intervention and administrative roles. It is important to note that while people in recovery and people who formerly used drugs have valuable experience, including the perspective of people who currently use drugs and have a working understanding of the current, dynamic, and rapidly changing landscape of drug use in a particular community in which an organization is working is essential to successful engagement and outcomes. This is exemplified in the provision of OEND Programs (Broz, et al., 2021)
2. Embraces the inherent value of people	All individuals have inherent value and are treated with dignity, respect, and positive regard. Harm reduction initiatives, programs, and services are trauma-informed, and never patronize nor pathologize PWUD, nor their communities. They acknowledge that substance use happens, and the reasons a person uses drugs are nuanced and complex.
3. Commits to deep community engagement and community building	All communities that are impacted by systemic harms are deeply engaged in program planning, development, and evaluation. Funding agencies and funded programs support and sustain community cultural practices, and value community wisdom and expertise. Agencies and programs develop through community-led initiatives focused on geographically specific, culturally based models that integrate language revitalization, cultural programming, and indigenous care with dominant-society healthcare approaches.

Harm Reduction...	
4. Promotes equity, rights, and reparative social justice	All aspects of the work incorporate an awareness of race, class, language, sexual orientation, and gender-based power differentials. Pro-health and pro-social practices that have worked well for specific cultural and/or geographic communities are aligned with organizing and mobilizing, providing direct services, and supporting mutual aid among PWUD.
5. Offers lowest barrier access and non-coercive support	All harm reduction services have the lowest requirements for access. Participation in services is always voluntary, confidential, self-directed, and free from threats, force, and the concept of compliance. Any data collection requires informed consent and participants should not be denied services for not providing information.
6. Focuses on any positive change, as defined by the person	All harm reduction services are driven by person-centered positive change in the individual's quality of life. Harm reduction initiatives, programs, and services recognize that positive change means moving towards more connectedness to the community, family, and a more healthful state, as the individual defines it. There are many pathways to wellness; substance use recovery is only one of them. Abstinence is neither required nor discouraged.

Supporting Principles

The pillars are supported and reinforced by 12 core principles that guide the work. As with the pillars, the principles are vital. Programs that do not incorporate all of the 12 principles risk violating the spirit of harm reduction.

Table 2. Principles of Harm Reduction

Supporting Principles	Principle Description	Associated Pillars
Respect autonomy	Each individual is different. It is important to meet people where they are, and for people to lead their own individual journey. Harm reduction initiatives, programs, and services value and support the dignity, personal freedom, autonomy, self-determination, voice, and decision-making of PWUD.	1. Is guided by people who use drugs (PWUD) and with lived experience of drug use 2. Embraces the inherent value of people

Supporting Principles	Principle Description	Associated Pillars
Practice acceptance and hospitality	Love, trust, and connection are important in harm reduction work. Harm reduction initiatives, programs, and services hold space for people most vulnerable and marginalized. They emphasize trusting relationships and meaningful connections and understand that this is an important way to motivate people to find personal success and to feel less isolated.	1. Is guided by people who use drugs (PWUD) and with lived experience of drug use 2. Embraces the inherent value of people 3. Commits to deep community engagement and community building 4. Promotes equity, rights, and reparative social justice
Provide support	Harm reduction initiatives, programs, and services provide information and support without judgment, in a manner that is non-punitive, compassionate, humanistic, and empathetic. Peer-led services enhance and support individual positive change and recovery.	1. Is guided by people who use drugs (PWUD) and with lived experience of drug use 2. Embraces the inherent value of people 5. Offers lowest barrier access and non-coercive support 6. Focuses on any positive change, as defined by the person
Connect family (biological or chosen)	Positive connections with family members (biological or chosen) are an important part of wellbeing. Family members often assist loved ones with safety, risk reduction, or overdose response. When possible, harm reduction initiatives, programs, and services support families in expanding and deepening their strategies for love and support; and include families in services, with the permission of the individual.	1. Is guided by people who use drugs (PWUD) and with lived experience of drug use 2. Embraces the inherent value of people 5. Offers lowest barrier access and non-coercive support 6. Focuses on any positive change, as defined by the person

Supporting Principles	Principle Description	Associated Pillars
Provide many pathways to wellbeing across the continuum of health and social care	Harm reduction can or should happen across the full continuum of health and social care. In networking with other providers, harm reduction initiatives, programs, and services work to build relationships and trust with health and social care partners that embrace supporting principles. To help achieve this, organizations practicing harm reduction utilize education and encourage policies that facilitate interconnectedness between all parties.	3. Commits to deep community engagement and community building 4. Promotes equity, rights, and reparative social justice 5. Offers lowest barrier access and non-coercive support
Value practice-based evidence and on-the-ground experience	Structural racism and other forms of discrimination have limited the development and inclusion of research on what works in underserved communities. Harm reduction initiatives, programs, and services understand these limitations and use community wisdom and practice-based evidence as additional sources of knowledge.	1. Is guided by people who use drugs (PWUD) and with lived experience of drug use 4. Promotes equity, rights, and reparative social justice 5. Offers lowest barrier access and non-coercive support 6. Focuses on any positive change, as defined by the person
Cultivate relationships	Relationships are of central importance to harm reduction. Harm reduction initiatives, programs, and services are relational, not transactional, and work to establish and support quality relationships between individuals, families, and communities.	1. Is guided by people who use drugs (PWUD) and with lived experience of drug use 3. Commits to deep community engagement and community building 6. Focuses on any positive change, as defined by the person
Assist, not direct	Harm reduction initiatives, programs, and services support people on their journey towards positive change, as they define it. Support is based on what PWUD identify as their needs and goals (not what programs think they need), offering people tools to thrive.	1. Is guided by people who use drugs (PWUD) and with lived experience of drug use 2. Embraces the inherent value of people 6. Focuses on any positive change, as defined by the person

Supporting Principles	Principle Description	Associated Pillars
Promote safety	Harm reduction initiatives, programs, and services actively promote safety as defined by PWUD, families, and communities.	1. Is guided by people who use drugs (PWUD) and with lived experience of drug use 3. Commits to deep community engagement and community building 6. Focuses on any positive change, as defined by the person
Engage first	Each community has different cultural strengths, resources, challenges, and needs. Harm reduction initiatives, programs, and services are grounded in the most impacted and marginalized communities. It is important to bring to the table as many individuals and organizations as possible who understand harm reduction and who have meaningful relationships with the affected communities.	1. Is guided by people who use drugs (PWUD) and with lived experience of drug use 3. Commits to deep community engagement and community building 4. Promotes equity, rights, and reparative social justice 6. Focuses on any positive change, as defined by the person
Prioritize listening	Each community has its own unique story that can be the foundation for harm reduction work. When we listen deeply, we learn what matters. Harm reductionists engage in *active listening* — the act of inviting people to express themselves completely, without any preconceived notions, with the intent to fully absorb and process what they are saying.	1. Is guided by people who use drugs (PWUD) and with lived experience of drug use 2. Embraces the inherent value of people 3. Commits to deep community engagement and community building 6. Focuses on any positive change, as defined by the person
Work toward systems change	Harm reduction initiatives, programs, and services recognize that trauma, social determinants of health, inequitable policies, and inadequate healthcare, housing, employment, and social support have all had a responsibility in systemic harm.	2. Embraces the inherent value of people 3. Commits to deep community engagement and community building 4. Promotes equity, rights, and reparative social justice

Core Practice Areas

Core practices are effective methods for harm reduction that reflect community understanding, experience, strengths, and needs. There are six core practice areas: (1) safer practices; (2) safer settings; (3) safer access to healthcare; (4) safer transitions to care; (5) sustainable workforce and field; and (6) sustainable infrastructure.

While not an exhaustive list, Table 3 provides key strategies in each area.

Table 3. Core Practice Areas

Examples of Practices	Supporting Evidence (Research and Practice-based)
Safer Practices: Education and support describing how to reduce risk; provision of risk reduction supplies and materials	
Syringe services programs (also referred to as syringe exchange programs (SEPs) and needle exchange programs (NEPs)*	National Institute on Drug Abuse (NIDA) (2022); Broz et al. (2021); Centers for Disease Control and Prevention (CDC) (2021); Zulqarnain et al. (2020); CDC (2019); CDC (2018); Abdul-Quader et al. (2013)
Safer smoking supplies distribution* e.g. alcohol swabs	Kral et al. (2021); Strike & Watson (2017); Leonard et al. (2008)
Overdose education and naloxone distribution	Broz et al. (2021); Lambdin et al. (2020); Weiner et al. (2019); CDC (2018); Wheeler et al. (2015)
Fentanyl test strips, community drug checking sites, and other drug checking	Park et al. (2021); Peiper et al. (2019)
Integrated reproductive health education, services and supplies, and sexually transmitted infection screening and treatment	Owens et al. (2020); Burr et al. (2014); CDC (2022); CDC (2016)
Safer Settings: Access to safe environments to live, find respite, practice safer use, and receive supports that are trauma-informed and stigma-free	
Day centers and social spaces that offer harm reduction services, are low barrier, and are led and maintained by the communities they serve	Ude et al. (2023)
Access to safe and secure housing	Watson et al. (2017); Park et al. (2020)
Public health programs as alternatives to arrest and any justice system involvement	Volkow et al. (2017)

Examples of Practices	Supporting Evidence (Research and Practice-based)
Safer Access to Healthcare: Ensuring access to person-centered and non-stigmatizing healthcare that is trauma informed, including FDA approved medications	
Low-Barrier Opioid Treatment Services	Aronowitz et al. (2022)
Healthcare settings and providers informed by harm reduction principles, pillars, and the people they serve	Hawk et al. (2017); Khan et al. (2022); Krawczyk et al. (2022)
Non-punitive care that consistently offers standards of care in a non-stigmatizing, non-judgmental manner and does not refuse healthcare based on stigma or personal beliefs about people who use drugs	Muncan et al. (2020)
Mobile and take-home methadone services	Chan et al. (2021); Greenfield et al. (1996); Frank et al. (2021); Amram et al. (2021)
Mobile buprenorphine services, including telehealth options for initiation	Rosecrans et al. (2022); Iheanacho et al. (2020); Krawczyk et al. (2019); Gibson et al. (2017)
Access to new paradigms of care, including treatment specific to the use of all drugs and/or each drug	Robbins et al. (2021); Randhawa et al. (2020)
Safer Transitions to Care: Connections and access to harm-reduction-informed and trauma-informed care and services	
Health hubs for PWUD / integrated HIV, viral hepatitis, and health care services	Mette (2020); Eckhardt et al. (2022); Broz et al. (2021); Bartholomew et al. (2020); CDC (2018)
Expand telehealth while also addressing low technology literacy and enhancing access in languages other than English	Iheanacho et al. (2020)
Warm hand-off to emergency department programs with low-threshold MOUD initiation and post-overdose services	CDC (2018)
Medication access and treatment on demand (abstinence not required)	Broz et al. (2021); Platt et al. (2017); Weinstein et al. (2020); Payne et al. (2019)

Examples of Practices	Supporting Evidence (Research and Practice-based)
Sustainable Workforce and Field: Resources for maintaining a skilled, well-supported, and appropriately managed workforce and for sustaining community-based programs	
Organizational leadership from people with living and lived experience	Broz et al. (2021)
Living wages and essential benefits for harm reduction workers	Olding et al. (2021); Greer et al. (2020)
Wellness services and support for harm reduction staff and volunteers	Olding et al. (2021); Shepard (2013)
Training and technical assistance for community-based providers	CDC (2018)
Sustainable Infrastructure: Resources for building and maintaining a revitalized and community-led infrastructure to support harm reduction best practices and the needs of PWUD	
Hire PWUD to inform policy at agencies that serve PWUD	Marshall et al. (2015)
Co-leadership of PWUD in organizational partnership in research	Brown et al. (2019)
Promote education on the value of harm reduction services	Broz et al. (2021); Fernandez-Vina et al. (2020); Davis et al. (2019); Jones (2019); Cloud et al. (2018); Clark & Fadus (2010)

Community-based Harm Reduction Program (CHRP)

While integrating harm reduction (as an approach and as services) into a wide variety of settings is beneficial to the people who are served and impacted by them, SAMHSA is committed to supporting harm reduction organizations that are by and for their community — as they are mission-critical to connecting to our communities' most vulnerable individuals. SAMHSA is using the term Community-based Harm Reduction Programs (CHRP) to describe harm reduction organizations where people with lived and living experience lead the planning and oversight, program development and evaluation, and resource/funding allocation for all of an organization's harm reduction initiatives, programs, and services. Harm reduction activities may be integrated into a comprehensive, person-centered program of care that includes treatment services that meet the specific needs of the community in which the program is housed.

*As permitted by law.

In addition to programs being consistent with all aforementioned principles and pillars, CHRPs should have people with lived experience as co-investigators in any research project. Boards, staff, and team members should be at least 51 percent those with lived experience. CHRPs demonstrate meaningful connection to PWUD in their community, especially to communities most marginalized, and provide lowest barrier, core harm reduction practices.

Conclusion

The Harm Reduction Summit was a groundbreaking event that engaged a diversity of perspectives across the fields of prevention, treatment, recovery, and harm reduction. More than 100 participants attended the summit, representing: the private sector, community-based organizations, health care, faith-based organizations, academia, researchers, funders, law enforcement, and leaders from federal, state, local, and tribal governments.

The subsequent Steering Committee synthesized and refined the Summit findings, providing guidance for this framework. SAMHSA is committed to continued collaboration with PWUD and the field to put this framework into practice, support and expand harm reduction services, and ultimately save lives.

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