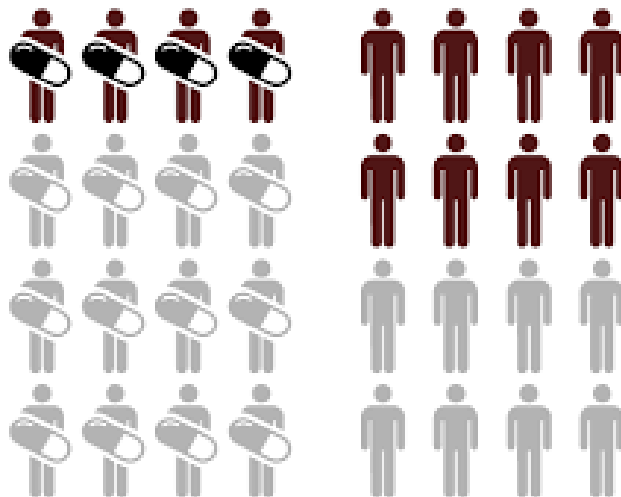


Drug Overdose Prevention—Risk Mitigation Environmental Scan

Equity-Focused Risk Mitigation Resources for Opioid/Stimulant Use Disorder and Overdose Prevention Efforts

FINAL REPORT (with corrections), September 19, 2023

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Abstract

The purpose of this document is to summarize and synthesize risk mitigation resources related to the opioid crisis in terms of their potential application in Nebraska, with an emphasis on health equity initiatives in the geographic region including Iowa, Missouri, Kansas, Colorado, Wyoming, and South Dakota. Exemplary resources from select other states are included and annotated, as well. Our research team sought equity-focused, evidence-based models in use regionally, as well as ancillary resources to inform Nebraska’s drug overdose prevention efforts for opioid use disorder and/or stimulant use disorder. Specifically, we searched for “evidence-based risk mitigation treatment strategies for substance use disorders” and “risk mitigation treatment strategies with a focus on equity for individuals based on race, ethnicity, gender, and socioeconomic status” as per the Drug Overdose Prevention (DOP)-STEPS work plan directed by Nebraska’s Department of Health and Human Services (NE DHHS). **Note:** Acronyms, initializations, and abbreviations used throughout this document—and helpful to navigating related resources—are listed in [Appendix 9](#).

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Executive Summary

In the spring of 2023, UNO STEPs partnered with Nebraska’s Drug Overdose Prevention Program to conduct an environmental scan and literature review about risk mitigation efforts throughout the Midwest and Great Plains region aimed at reducing harm in the opioid crisis. This report includes information on harm reduction efforts bringing an equity lens to opioid use disorder (OUD) and corresponding care initiatives for those affected by stimulant use disorder. Risk mitigation efforts—as well as the associated terminology—vary by state, as do the attendant political sensitivities surrounding prevention initiatives. From our search we extracted the following five core principles as the key takeaways for policymakers and practitioners to guide their decision making.

1. **Equity is the center of harm reduction.** *Whether explicitly stated or not, many harm reduction approaches are grounded in health equity principles. As Dr. Lesly-Marie Buer (2020), applied medical anthropologist and author of Rx Appalachia, explained to our research team, “If it’s truly harm reduction, then it already has an equity lens built-in”—a sentiment shared by technical assistance specialist Sherrie Watkins of the Opioid Response Network, who describes harm reduction as “an entire philosophy of care.” For many practitioners, reducing ‘harm’ extends to the social harms imbricated in systemic prejudice and institutional racism; therefore, any approach to harm reduction presumes an equity lens. Health officials in Hawai’i (2020) have expressed it thusly: “Racism is not a harm that we can merely reduce, but must eliminate.”*
2. **Outreach to special populations must be tailored and targeted.** *Examples of special populations for whom harm reduction efforts must be specially designed and delivered include tribal populations, pregnant and parenting families, incarcerated individuals or those newly reentering their communities, unstably housed or mobility-challenged people, veterans and those serving in the military, youth or students on college campuses, and older adults or anyone experiencing chronic pain. Note that these are not mutually exclusive groups and a person with an opioid or stimulant misuse disorder may belong to more than one category. Given that Nebraska data for 2022 indicate that, “intentional overdoses are higher for women of all different age groups” (Devries, 2023), specifically tailored harm reduction for women may be warranted.*
3. **Polysubstance use must be accounted for so as to not lose focus by treating only one issue, to the exclusion of others.** *Polysubstance use might entail not just compounding risk factors but data reporting challenges, additive stigma, and other barriers to treatment and recovery. The state of North Carolina offers exemplary resources building harm reduction for polysubstance use into a set of practices that are equity-focused, as well as a ‘lessons learned’ analysis for undertaking such work in a politically conservative context. States and localities*

need to identify the most recent and local patterns of drug use in their areas in order to appropriately understand and address the current polysubstance challenges in a particular place or population. Data from Nebraska's Physicians Lab coroner study indicate that from 2016 to 2020 in Douglas County, "The majority of the overdose deaths involved multiple substances, [in other words] mixed drug toxicity." (Linde, 2023, Slide 30).

4. **Jurisdictions at multiple levels (e.g., city, county, campus) ought to conduct vulnerability assessments. Interagency collaboration and data sharing can be channeled into systematic, periodic assessments of a city, campus, county, or state's overall vulnerability to substance use disorder and overdose fatalities.** *These efforts must then be subjected to ongoing monitoring, evaluation, and reporting. Local factors that could be relevant to the assessment of vulnerability include data from prescription drug monitoring programs, poisoning deaths due to opioids, naloxone use by first responders, rates of violent crime, and morphine milligram equivalent doses per capita. College campuses might be positioned to narrow their assessments based on residential data and the legality, lethality/potency, and ease of access to various substances on or near campus, as well as how alcohol consumption data is being integrated with data on other substance use.*

5. **Policy makers, practitioners, and providers must assess community and legislative readiness and decision-makers' posture as they undertake harm reduction campaigns or programs.** *Key to harm reduction for opioid and stimulant use disorders is understanding the current sociopolitical landscape for appropriately addressing community or legislative concerns about what defines and delimits harm reduction in the local context. The terms 'harm reduction' and 'equity' could prove to be lightning rods that either galvanize public sentiment or polarize different segments of the populus. Knowing the state of readiness for conversations about harm reduction as it is being implemented is crucial. This could take the form of listening tours, town hall sessions, public service announcements, or other forms of community engagement that facilitate social acceptance of services and those for whom they are intended.*

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Introduction

At a recent meeting of the National Governors Association, the synthetic opioid fentanyl took center stage as leaders from areas as diverse as New Mexico, North Dakota, Maryland, and New Hampshire discussed risk mitigation strategies in their respective states (Hager, 2023). Equity-focused approaches to the opioid crisis mentioned on this expert panel included eliminating copays for behavioral health, providing peer coaches and reentry support for formerly incarcerated populations, a commitment to [wraparound services](#), policing interventions for tribal communities, and interstate collaboration.

This environmental scan includes information on risk mitigation efforts bringing an equity lens to the opioid crisis and corresponding care initiatives for those affected by stimulant use disorder. Risk mitigation efforts—as well as the associated terminology—vary by state. For these reasons we have included details of our search strategy in the Methods section below, because many entities organize resources under the umbrella term “harm reduction.”

Whether explicitly stated or not, many harm reduction approaches are grounded in health equity principles. As Dr. Lesly-Marie Buer (2020), applied medical anthropologist and author of *RxAppalachia*, explained to our research team, “If it’s truly harm reduction, then it already has an equity lens built-in”—a sentiment shared by technical assistance specialist Sherrie Watkins of the Opioid Response Network, who described harm reduction as “an entire philosophy of care.” Where possible we have attempted to trace the terminology employed alongside the resources we gathered. Likewise, definitions of “equity” are presented early in this report in order to contextualize the resources included herein.



Purpose and Scope of This Document

The purpose of this document is to summarize and synthesize risk mitigation¹ resources and their potential application in Nebraska with an eye toward health equity. STEPs endeavored to locate and annotate the most useful models in use regionally, as well as exemplars from other localities. The emphasis was on equity-focused frameworks and actionable plans being applied in prevention efforts related to opioid use disorder (OUD) and/or stimulant use disorder. Specifically, we sought out “evidence-based risk mitigation treatment strategies for substance use disorders” and “risk mitigation treatment strategies with a focus on equity for individuals based on race, ethnicity, gender, and socioeconomic status” as per the DOP-STEPs work plan.

Methods

STEPs conducted a targeted search of frameworks in use in Nebraska's six surrounding states (*i.e.*, Iowa, Missouri, Kansas, Colorado, Wyoming, South Dakota) as well as states or localities known to have exemplary programs and policies. We relied on domain-specific (restricted to dot-gov sites), site-specific (restricted to particular sites such as SAMSHA² or a state department of health), and filetype-specific searches (restricted to PDFs or presentation slides), which yielded dozens of resources. In addition to substantive search terms derived from the DOP-STEPs work plan objectives, some search terms that proved helpful were: “mitigate and reduce factors that increase overdose risk” and “substance use continuum of care” as well as “opioid abatement strategies”.

Organization of This Document

We begin by sharing how agencies define ‘equity’ in the context of OUD/stimulant misuse disorder opioid/stimulant misuse disorder. Then, after featuring three particularly information-rich resources, program components of nearby states are presented as a brief inventory of what is happening in the region. Next, a few of Nebraska’s adjacent states—South Dakota, Wyoming, and Missouri—are spotlighted. [Themed resources](#) for particular populations (incarcerated individuals, tribal communities, and pregnant/parenting families) appear after the state spotlight sections. Later, Nebraska’s six surrounding states are profiled as individual appendices, followed by additional annotated resources and [peer-reviewed scholarship](#) in the final section.

¹ The following states generally use the term ‘harm reduction’ and this term may appear in their featured resources: Colorado, Missouri, South Dakota, and Wyoming. Kansas resources typically feature the term ‘risk reduction’ and the results were mixed for Iowa. The [Federal Drug Administration](#) also uses the term ‘harm reduction.’

² Substance Abuse and Mental Health Services Administration

Approaches to Defining ‘Equity’

In October 2021, CDC launched its [C.O.R.E. framework](#) (Cultivate, Optimize, Reinforce, Enhance), an agency-wide strategy to infuse all CDC activities with equity and “shift from simply listing the markers of health inequities to identifying and addressing the drivers of these disparities.” States such as South Dakota have publicized [definitions of equity-related terms](#) such as cultural competency and social determinants of health that inform their risk mitigation efforts. The Hawai’i State Department of Health, for example, issued a [statement](#) on harm reduction and racial equity emphasizing that prevention efforts are “inseparable from the struggle to eliminate racism and inequities.” Louisiana’s HHS department uses the Office of Minority Health’s [national standards for Culturally and Linguistically Appropriate Services](#) (CLAS) in Health and Health Care.

Specific to prevention efforts in Black communities, in 2021 SAMSHA’s Office of Behavioral Health Equity published [The Opioid Crisis and the Black/African American Population: An Urgent Issue](#), a brief that presents data on “contextual factors and challenges to prevention & treatment; innovative outreach & engagement strategies to connect people to evidence-based treatment; and the importance of community voice” (p. 3). That same year, [Essien and colleagues](#) called for a “commitment to achieving antiracism in medicine and prioritizing health equity” stating that, “Black lives are depending on it” (p. 639). The state of Washington includes a full-page *Statement about Health Equity and Justice* in its [2021-22 Opioid and Overdose Response Plan](#) committing to “dismantle systemic racism and discrimination, specifically as it exists in the opioid prevention, treatment, and recovery structures” and asserting their dedication to “equity and justice in the provision of substance use disorder prevention, treatment, and recovery” (p. 2).

Other demographic groups warrant specific resources dedicated to their wellness and prevention. The [Opioid Response Network](#) (ORN) has created resources for Asian American and Native Hawaiian/Pacific Islander and Hispanic/Latino populations, including [Spanish-language prevention materials](#), and individuals facing housing challenges. The ORN has a team of specialists devoted to “advancing diversity, equity, and inclusion across substance use prevention, treatment, harm reduction, and recovery” via [technical assistance requests](#). Finally, a handy [guide for developing a community-driven health equity action plan](#) has been created by the National Academy of Medicine outlining planning questions, guidance, and examples of how to strategize for advancing health equity locally.

Equity does not just pertain to the ‘usual suspects’ of race, class, or gender. Kentucky has been an exemplary state with regard to [outreach to Deaf communities](#) and Pennsylvania has made strides in [prevention efforts with Orthodox Jewish communities](#). Washington state, [Nevada](#), and [New Mexico](#) have a wealth of resources for tribal-focused prevention resources. (See also the [themed resources](#) section below for tribal populations.)

Faith-Based Organizations on the Front Lines

Conceptions of ‘equity’ can encompass various spiritual and religious traditions, as well. Over the past five years, harm reduction outreach and awareness have [sprung up](#) in a number of faith-based communities and their associated ministries and services. Reverend Erica Poellot, M Div, MSW, founded [Faith in Harm Reduction](#)—part of the National Harm Reduction Coalition—and is moving forward with plans to coordinate a multi-faith alliance for harm reduction. The movement grew out of the principle of meeting people where they are through a non-judgmental, locally-rich resource base. “Community-based harm reduction is the gold standard,” says [Hill Brown](#), a minister with the movement. Brown and Poellot train other clergy to preach what they call the “gospel of harm reduction” and they work to co-locate services with other faith-based outreach such as shelters or soup kitchens. Recently, the National Overdose Prevention Network has also [released a toolkit](#) for integrating harm reduction principles and activities into ministry more broadly. The movement also seeks to extend spiritual care they say is desperately needed among harm reductionists in hard-hit communities doing front-line work.

Featured Resources

CDC (2022). *Eight Things We Can Do to Achieve Health Equity Around Overdoses*

<https://www.cdc.gov/drugoverdose/featured-topics/overdose-health-equity.html>

Excerpt: “From 2019 to 2020, overdose deaths increased 44% for Black people and 39% for American Indian and Alaska Native people. Most people who died by overdose had no evidence of substance use treatment before their deaths. In fact, fewer people from racial and ethnic minority groups received treatment, compared with White people. Drug overdoses are preventable. The growing overdose crisis, particularly among people from racial and ethnic minority groups, requires tailored prevention and treatment efforts. It’s time to identify and address cultural, economic, and structural factors that increase risk for overdose and prevent certain groups from getting and staying in treatment and recovery. Tailored prevention and treatment efforts should be designed to restore optimal health for all.”

National Association of County and City Health Officials (2021). *Integrating Health Equity into Overdose Prevention and Response: An Environmental Scan*

<https://www.naccho.org/uploads/downloadable-resources/Integrating-Health-Equity-Into-Overdose-Prevention-and-Response-An-Environmental-Scan-1-1.pdf>

Excerpt: “In 2020, the National Association of County and City Health Officials collaborated with the Centers for Disease Control and Prevention National Center for Injury Prevention and Control to conduct an environmental scan and literature review for the purposes of designing a training to support state and local jurisdictions in their integration of health equity into drug overdose prevention and response work. Through high-level key informant interviews with state and local health departments, they identified current

activities, gaps and innovative strategies currently in use to address health equity and the social determinants of health within drug overdose prevention and response. These findings and recommendations serve to provide key insights on how we might continue to further efforts to advance health equity in drug overdose prevention and response, and inspiration for areas of further exploration” **See pages 28-31 of the linked report for the Promising Practices section.**

Brandeis Opioid Resource Connector (2021). *Addressing the Opioid Crisis through Social Determinants of Health: What Are Communities Doing?* <https://opioid-resource-connector.org/sites/default/files/2021-02/Issue%20Brief%20-%20Final.pdf>

Excerpt: "This issue brief discusses the role of social determinants of health (SDoH) in the opioid crisis and how addressing SDoH might improve health outcomes and reduce health disparities related to OUD, especially in the era of COVID-19. We focus on three central domains of SDoH: employment, housing, and education. Promising program models implemented by communities addressing these domains are highlighted.” **See pages 7-14 of the linked report for state and local program profiles.**

Selected States At-a-Glance

The chart below provides a snapshot of how Nebraska’s surrounding states, as well as select other states, fare with regard to offerings related to risk mitigation for OUD/stimulant misuse disorder and overdose prevention efforts.

State	Nomenclature	CDC Determination of Need	Opioid Settlement Funds	Unwanted Medication Disposal/Drug Take Back	Reentry Support Services	Maternal Opioid Misuse grantee	Maternal Mental Health Hotline	Women-centered OTP	Peer Recovery Coaching	Recovery Community Centers	Safe Syringe Program	Naloxone Vending Machines	Leave-Behind Naloxone
AL	harm reduction	•							•				
CA	harm reduction	•	•		•				•		•	•	•
CO	harm reduction	•	•	•	•	•	•	•	•	•	•	•	•
IN	harm reduction	•	•			•			•		•	Naloxbox, select counties	
IA	mixed	•	•	•	•		•	•	•	•	•		
KS	risk reduction		•	•	•		•	•	•	Topeka	KC only		
KY	harm reduction	•	•	•	•				•		•		•
MN	harm reduction	•	•	•	•				•		•		
MO	harm reduction	•	•	•	•			•	•	•	•		•
MT		•	•						•		•		
NE	risk mitigation		•	•	•		•	•	•	•			
NY	harm reduction	•	•						•		•	•	•
ND	mixed	•	•	•							•		•
SD	harm reduction		•	•	•		988 only	•	•	Methadone only	•		
TN	harm reduction	•	•	•	•	•		•	•				•
WA	harm reduction	•									•		•
WI	harm reduction	•	•						•		•		•
WY	harm reduction	•	•	Rx donation program	Two counties				•	•		By mail	

Table 1. State-by-state risk mitigation activities and program components. *Note: A blank cell indicates incomplete data or conditions in flux at the time of this report. Abbreviations appear in [Appendix 9](#).*

Comparing Nebraska with Other States

A quick glance at the chart above shows that Nebraska, along with Kansas and South Dakota, does not have a CDC determination of need, but the remaining neighboring states—Colorado, Iowa, Missouri, and Wyoming—do. Nebraska departs from its neighbors in its emphasis on the term ‘risk mitigation’ (*cf.*, the term ‘harm reduction’). However, there are many points of convergence between Nebraska and our neighboring states; Nebraska shares with its neighbors a commitment to providing risk mitigation resources such as drug take-back days for safe disposal of unused opioids, safe naloxone dispensing, and many aspects of care coordination including training and certification for peer recovery support specialists. All six surrounding states and Nebraska have received funds from opioid lawsuit settlements. NE DHHS operates an [Opioid Settlement Remediation Advisory Committee](#). For a glimpse of which states have access to settlements, a [map tracking settlement funds from opioid lawsuits](#) is available from the National Academy for State Health Policy. Note that this map may not include sovereign tribal entities, [some of whom have also received settlements](#). (See [Appendix 8](#) for a summary of Nebraska opioid settlement fund details.)

With regard to specific harm reduction strategies and activities, Colorado and several other states have “leave-behind” naloxone programs, although Nebraska and many of its neighboring states do not. In 2019 the University of Nebraska-Lincoln’s Research, Evaluation & Analysis for Community Health (REACH) Lab published [a brief advocating for syringe services](#) in Nebraska. Our state does not currently allow syringe exchange programs; [a bill](#) in the state legislature proposed to decriminalize them and exclude them from the category labeled “drug paraphernalia” did not advance during the 2023 legislative session. That would be the first step toward a risk mitigation trajectory that could one day have Nebraska communities [assessing their readiness for installing and maintaining naloxone/syringe vending machines](#). Fortunately, Nebraska ranks 32nd out of 32 states [including the District of Columbia] whose data for general overdose deaths are available; Nebraska’s ranking is slightly higher for opioid-specific overdose deaths (SUDORS Dashboard, CDC, 2022). The low ranking of Nebraska among other states and the District of Columbia is unequivocally good news; it also means that certain resources are not flowing

into Nebraska, owing in part to the fact that the state does not have a CDC “Determination of Need” designation currently.³

The next section features brief narratives on how three of Nebraska’s adjacent states are implementing risk mitigation efforts for opioid/stimulant misuse disorder and overdose prevention efforts with an equity lens.

Spotlight On...

South Dakota

South Dakota’s response to the opioid crisis is covered in its [Strategic Plan](#), which outlines the state’s guiding principles, one of which is to “achieve health equity in all communities.” The state’s first goal aligning to this principle is to “enhance the accessibility, quality, and effective use of health resources.” Toward this goal, strategies include increasing statewide access to public health services and emergency medical services through telehealth and two mobile health units. Another goal is to “maximize partnerships to address underlying factors that determine overall health.” To achieve this goal, South Dakota is working towards a reduction in accidental and unintentional opioid overdoses, in part by seeking to “partner with communities and tribal organizations to implement community response planning, resource dissemination, increase submissions to overdose database, and increase data exchange with law enforcement” (pp. 2-5).

Wyoming

In 2021, Wyoming’s Department of Health collaborated on a vulnerability assessment (Pustz et al., 2021) regarding opioid use disorder trends in the state. Building on a 2018 report from the Wyoming Survey & Analysis Center’s [Telling the Story of Opioid Use in Wyoming](#), the vulnerability assessment identified Hot Springs, Carbon, Natrona, Fremont, and Sweetwater counties as most vulnerable. More recently, the Wyoming state legislature issued a [memo on infant prenatal substance exposure](#) and the state’s response to the crisis. The state plans on expanding the accessibility of syringes and naloxone kits, with a particular focus on rural areas and tribal communities. They are committed to listening to

³ Kansas and South Dakota do not currently have a CDC [Determination of Need](#) [for syringe services programs] designation from the CDC but Nebraska’s four other adjacent states (Iowa, Missouri, Colorado and Wyoming) do. This designation may affect which resources were found at the state level in each location.

firsthand accounts of individuals in order to develop prevention and treatment strategies by identifying their needs.

Wyoming also offers remote and in-person training and technical assistance on best practices and evidence-based strategies, such as to “identify the structural, organizational, and community-level strategies and actions necessary to create supportive environments for harm reduction.” Part of how Wyoming achieves equity in its response to opioid use in the state is to maintain a comprehensive roster of medical translators proficient in many languages, including American Sign Language, in addition to many other language access [resources](#) and webinars. Additionally, non-governmental officials working on risk mitigation in Wyoming include the Harm Reduction Coalition, which has outlined its [equitable strategies](#) for the state.

Missouri

Missouri’s statewide response to the opioid crisis includes harm reduction strategies, with the goal of fostering “positive community norms, policy change, reduced alcohol, tobacco and other drug availability, and increased enforcement at the state and community level through the implementation of effective, evidence-based prevention programs and environmental strategies to prevent and reduce substance use and its consequences for youth, adults and families in Missouri” ([Strategic Plan for Prevention](#), p. 2). Their program components include safe medication disposal, medications for addiction treatment (MAT) provider training, syringe programs, fentanyl testing strips and more. (Please see the [Missouri profile](#) appendix.) Springfield and several other parts of Missouri now offer [leave-behind naloxone](#), as well.

Equitable strategies are also employed in Missouri to address the opioid crisis. Toward this aim, the St. Louis County Department of Public Health’s “Anyone Can 2.0” public awareness campaign centers equity and the lived realities of people who use drugs (PWUDs). Their intended outcomes include culturally competent initiatives tailored to ethnic minority and linguistic groups, as well as ensuring that deflection/diversion programs are equitable. The strategies to ensure this are collecting and analyzing data regarding the demographics of individuals incarcerated for non-violent, substance-related crimes and comparing that to the demographics of those participating in deflection/diversion programs, as well as examining and dismantling unequitable policies (pp. 21-22).

Resources from Other States and Localities

North Carolina Department of Health and Human Services (2021). *North Carolina's Opioid and Substance Use Action Plan*

<https://www.ncdhhs.gov/media/13667/download?attachment>

Abstract: “This action plan includes local strategies that counties, coalitions and stakeholders can use to fight the opioid epidemic. This plan also includes a broadened focus

on polysubstance use as well as centering equity and lived experiences to ensure that the strategies addressing the overdose epidemic are led by those closest to the issue.”

See also: Cloud, D. H., Castillo, T., Brinkley-Rubinstein, L., Dubey, M., & Childs, R. (2018). Syringe decriminalization advocacy in red states: lessons from the North Carolina harm reduction coalition. *Current HIV/AIDS Reports*, 15, 276-282.

<https://pubmed.ncbi.nlm.nih.gov/29740734/>

Abstract: “Syringe access programs (SAPs) are cornerstone harm reduction interventions for combatting the national opioid epidemic. The goal of this paper is to describe effective advocacy strategies for enacting syringe decriminalization legislation to foster the expansion of SAPs in high-need areas amidst political opposition.”

Minnesota Department of Health (updated 10/3/22). *Social Determinants of Substance Use & Overdose Prevention*

<https://www.health.state.mn.us/communities/opioids/prevention/socialdeterminants.html>

Excerpt: “Social determinants of health are the conditions within a home, family, school, and community that can impact a person’s ability to be healthy. Social determinants of health include the physical characteristics of the neighborhood a person lives in, access to healthy food, safe housing, quality education, and economic well-being. [...] Social determinants of health are often mapped using a social-ecological model (SEM) that includes multiple levels of the physical and social environments that interact and overlap to impact health [...] An SEM can be helpful to understand some of the root causes of health disparities.”

City of Boston *Harm Reduction Toolkit, Boston Health and Human Services*

<https://www.boston.gov/sites/default/files/file/2021/09/CoB%20Harm%20Reduction%20Toolkit.pdf>

Synopsis: “The **Learn** portion of this toolkit will orient you to the principles and practices at the heart of harm reduction. You will also discover how your work in harm reduction today fits into Boston’s longer history as a harm reduction leader [...] The **Engage** section of the toolkit offers guidance for engaging these community stakeholders and provides tips for program engagement [...] The **Design** section of the toolkit will provide information about designing services that are low-threshold, share skills and knowledge with participants, and link participants with their desired services.

Themed Resources

Three sub-populations are highlighted below with regard to their unique risk mitigation and prevention needs. Note that these are not mutually exclusive groups and a person with substance use disorder may belong to more than one category. Also note that STEPs is equipped to provide resources for other populations upon request, or more in-depth resource lists for each of the three categories below.

Corrections Focus

One specific group of individuals for whom risk mitigation strategies may be customized is incarcerated populations or those newly in need of reentry services. The National Association of Counties (NACO) offers [briefs that help interpret federal guidance](#) on opioid treatment in county jails, including under what circumstances the Americans with Disabilities Act applies. Relatedly, the Bureau of Justice Assistance released [a legal brief](#) last year on how substance withdrawal ought to be managed in jails. The National Reentry Resource Center offers a reader-friendly eight-page overview of [Best Practices for Successful Reentry for People Who Have Opioid Addictions](#), a complement to Green's (2019) [Overview of Evidence-Based Practices and Programs in Prison Reentry](#). Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) extends this guidance with its [principles for promoting public safety and supporting access to treatment and recovery services in the criminal justice system](#).

The state of California has [partnered](#) with the ORN toward the aim of decreasing post-incarceration overdose deaths. This issue has also generated some peer-reviewed scholarship such as Brinkley-Rubinstein et al. (2017) and Mital et al.'s (2020) scoping review. (See the [Bibliography](#) section for full citations; STEPs can provide library access as needed). For an international perspective, see the Australian government's issue brief on [Determining the Impact of Opioid Substitution Therapy upon Mortality and Recidivism among Prisoners: A 22 Year Data Linkage Study](#).

Tribal Focus

Some areas home to native or relocated tribes have created resources for OUD risk mitigation focused on the wellbeing of indigenous populations. The Albuquerque Area Southwest Tribal Epidemiology Center offers a [fact sheet](#) with colorful infographics and digestible statistics about the impact of the opioid crisis on Native American Communities. In 2019, the "Seven Directions" Center for Indigenous Public Health released [An Environmental Scan of Tribal Opioid Overdose Prevention Responses: Community-Based Strategies and Public Health Data Infrastructure](#), which aims to "better inform the development and application of culturally relevant opioid prevention and treatment practices" (p. 3).

Over the past two years, there has been a spike in overdose deaths among particular tribes in Oklahoma (Mann, 2023). The Cherokee Nation received opioid settlement funds and is now [investing \\$100 million](#) in culturally responsive treatment and prevention efforts. In Canada, the First Nations Health Authority of British Columbia offers an [equity-infused framework to assist with designing harm reduction](#) services (see p. 12), part of University of Victoria's Center for Addictions Research of British Columbia's Principles and Practices that promote personal capacity, health equity and social justice with implementation of interventions informed by principles of harm reduction, cultural safety and trauma

informed care. Additionally, peer-reviewed academic literature on tribal communities in the Pacific Northwest can inform risk mitigation communities. (See especially Radin et al. 2015 and Rasmus et al. 2016.)

Pregnancy and Opioids

The National Harm Reduction Coalition offers a [toolkit on Pregnancy and Substance Use](#). Created in collaboration with the New York Department of Health and the Academy of Perinatal Harm Reduction, this toolkit includes information on the right to quality perinatal care, navigating legal/healthcare systems, and harm reduction throughout labor, childbirth, and postpartum care, as well as [Motivational Interviewing](#) techniques (MI) for care providers and other support services. The Centers for Medicare and Medicaid Services' [Maternal Opioid Misuse \(MOM\) portal](#) highlights innovations happening in [Colorado](#) and elsewhere. Earlier this year, NACO issued a strategy brief on [Treatment and Recovery for Pregnant and Parenting People](#) and last year the *Rural Health Recap* newsletter [addressed this issue](#) as well. The Opioid Response Network [trains peer recovery support specialists](#) working with pregnant and parenting families, while the NIH is doing [clinical trials](#) on neonatal opioid withdrawal and [Longitudinal Surveillance of Pregnant People and Their Infants](#). Additionally, practitioners, clinicians and researchers at Dartmouth University have offered [support](#) for pregnant PWUDs in treatment, and the state of Kansas has [eight treatment centers specialized in treating women](#) for substance use disorder. This summer, ABC television stations and streaming services will air the first part of [a two-part documentary](#) about women and opioids.

Considerations for Community and Collaborative Action

Five core principles were extracted from the foregoing content of this report, to be considered for community and collaborative action. The principles are:

1. Equity is the center of harm reduction. An advisor to our team, Dr. Lesly-Marie Buer said, "If it's truly harm reduction, then it already has an equity lens built-in."
2. Outreach to special populations must be tailored and targeted. This report contains sections specifically geared toward harm reduction efforts among pregnant and parenting families, incarcerated individuals or those on the cusp of reentry, and tribal communities.
3. Polysubstance use must be accounted for so as to not lose focus by treating only one issue, to the exclusion of others, based on local data indicating that most fatal opioid overdoses show toxicology evidence of additional substances.
4. Jurisdictions at multiple levels (*e.g.*, city, county, campus) ought to conduct vulnerability assessments. Undertaking an assessment of this nature could be the logical next step for the state of Nebraska or cities/counties herein.

5. Policy makers, practitioners, and providers must assess community and legislative readiness and decision-makers' posture as they undertake harm reduction campaigns or programs. The literature and environmental scan that form the basis of this report indicate that the term 'harm reduction' can be politically polarizing, as can terms related to 'equity.' Moreover, equity does not just pertain to the 'usual suspects' of race, class, or gender. In Nebraska specifically, tribal communities and other sub-populations may be in need of tailored outreach and prevention efforts.

The work of this report is ongoing and will be periodically updated as needed.

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Appendix 1. Iowa State Profile

[Iowa's Strategic Prevention Framework](#) (ISPF) is a five-step process guided by principles of sustainability and cultural competence. The steps (see pp. 18-19) include:

1. *“Assessment: Conduct an assessment to identify state and local needs.*
2. *Capacity: Mobilize and build state and community support.*
3. *Planning: Develop a state and community-level strategic plan for prevention.*
4. *Implementation: Implement evidence-based prevention practices in the counties.*
5. *Evaluation: Monitor and evaluate the implementation of the model and strategies.”*

An additional two-page brief can be found at:

<https://hhs.iowa.gov/sites/default/files/portals/1/userfiles/55/strategic%20prevention%20framework%20overview.pdf>

As a SAMSHA grantee, Iowa is “adhering to the National Culturally and Linguistically Appropriate Services Standards by implementing the following principles [...] *Diverse cultural health beliefs and practices*: Ongoing cultural competency training and information provided to Advisory Council members, IPFS Coordinators, and county coalition members; *Preferred language*: Interpreters and translated materials for non-English speaking program participants or those who prefer materials in their primary language.”

Program Components

- Access to free naloxone kits, with an emphasis on rural access
- Risk reduction kits
- Medications for addiction treatment
- Prescription drugs take-back programs
- Syringe clean-up
- HIV/ Hepatitis C rapid testing; patient navigation for Hepatitis C
- Linkage to housing services
- Sex worker support
- Fentanyl test strips
- Virtual overdose prevention site
- Settlement funds from opioid lawsuits
- Hotline
- Support for preventionists such as:
 - capacity building
 - prevention guides
 - prevention specialist's certification
 - trainings

Additional Resources

Title: *Evidence-Based Programs, Practices, and Policies Selection and Implementation Guide*

Date: January 2022

Author: Iowa Department of Public Health Bureau of Substance Abuse

Link: <https://hhs.iowa.gov/sites/default/files/portals/1/userfiles/315/prevention%20resources/idph%20ebp%20and%20implementation%20guide%20%28january%202022%29.pdf>

Excerpt: “The purpose of this selection and implementation guide is to lay a clear foundation for effective prevention strategies in Iowa. This will be achieved by providing Department funded prevention contractors, through the Bureau of Substance Abuse, a set of guidelines to help agencies select the most appropriate, data driven, and ‘best fit’ prevention strategies for implementation” (p. 6).

Title: *Opioid Settlement Resources*

Author: Iowa State Association of Counties

Link: <https://www.iowacounties.org/opioid-settlement-resources/>

Description: This is an information-rich web portal to dozens of documents, recordings, webinars, and other links that provide a comprehensive inventory of how the state of Iowa is investing opioid settlement funds.



Appendix 2. Missouri State Profile

Missouri's OUD prevention efforts use the term *harm reduction*. See also [Missouri's state law on change of terminology](#).

Note: The excerpts below are extracted from Missouri's [Strategic Plan for Prevention](#) (see especially pages 2-10).

Prevention Goal

To “create positive community norms, policy change, reduced alcohol, tobacco and other drug availability, and increased enforcement at the state and community level through the implementation of effective, evidence-based prevention programs and environmental strategies to prevent and reduce substance use and its consequences for youth, adults and families in Missouri.”

Prevention Objectives

- Reduce alcohol, tobacco, and marijuana usage among youths
- Reduce alcohol and drug usage, including opioid use, across general population
- Reduce unnecessary accidents and emergency room visits

Prevention Outcomes

- Reduce accidents, emergency room visits, and hospitalizations as a result of alcohol consumption by youths and adults
- Reduce accidents, emergency room visits, and hospitalizations related to marijuana and other drugs by Missouri's youth and adults

Drug Prevention Activities

- Missouri Heroin Overdose Prevention and Education (MO HOPE) Project
- State Opioid Response Grant
- Partnership for Success Grant

Equity Statement

“Through current projects [Missouri's] Department of Behavioral Health continues to develop the understanding needed to guide the identification and implementation of culturally, competent, evidence-based programs and strategies following the assessment of risk and protective factors, readiness, assets and resources, and priorities” ([Strategic Plan for Prevention](#), p. 15).

Program Components

- Safe medication disposal
- Medications for addiction treatment (MAT) and MAT provider training
- Safe syringe program
- Fentanyl test strips
- Data dashboard
- Settlement funds from opioid lawsuits

Additional Resources

Title: *Action Plan to Address Substance Use and Overdose 2022-2024*

Author: St. Louis County Department of Public Health

Link: <https://stlouiscountymo.gov/st-louis-county-departments/public-health/health-data-and-statistics/community-health-research/substance-use-action-plan/>

Excerpt: “The St. Louis County Department of Public Health recognizes that racism, discrimination, criminal legal system involvement, and the stigmatization of people who use drugs are systemic problems that disproportionately affect marginalized groups. People of color and members of the LGBT+ community experience disproportionately high rates of substance use disorder and overdose. This impact has manifested in profoundly unequal outcomes during the “war on drugs” and has resulted in over-representation of people of color and members of the LGBT+ community in the criminal legal system, further amplifying racism and stigma” (p. 4).

Title: *Reducing Opioid Deaths in Missouri: Harm Reduction Strategies*

Date: September 2022

Author: Anam Khan, JD, MPH

Link: <https://mffh.org/wp-content/uploads/2022/09/Reducing-Opioid-Deaths-in-Missouri-Harm-Reduction-Strategies.pdf>

Excerpt: “Adoption of additional harm reduction strategies would prevent overdose deaths and stem the increase in such deaths in Missouri. Harm reduction strategies save lives by preventing overdoses and giving individuals more information about the substances they’re using. These methods can also help meet other needs by connecting individuals to health care, addiction, and social services” (p. 5).

Appendix 3. Kansas State Profile

Featured Resource: *Harm Reduction and the Prevention of Opioid Overdose Deaths in Kansas*

Date: July 2021

Author: Partners for Wichita

Link: <https://www.partnersforwichita.org/policypriorities>

Abstract: “As part of the OD2A grant, community mobilizer Jan Chandler convened a research team to identify evidence-based strategies that could effectively prevent overdoses in Kansas. Under the leadership of Ngoc Vuong, this research team developed *Harm Reduction and the Prevention of Opioid Overdose Deaths in Kansas*, a report that helps educate policymakers and community members on how Kansans can work together to address the opioid epidemic” (p. 3).

About Partners for Wichita: “Our coalition strives to uphold the principles of harm reduction, public health, and health equity. As a member of the Kansas Prevention Collaborative (KPC) and Community Anti-Drug Coalitions of America (CADCA), we incorporate the Strategic Prevention Framework (SPF) into our work in prevention, advocacy, and education.” Source: <https://www.partnersforwichita.org/>



Additionally, in accordance with Overdose Data to Action (OD2A) funding made available by the CDC, Kansas’s goal for substance use disorder and prevention is “to prevent opioid-related harms and overdose.” Ten steps toward implementing this appear in an infographic linked at: <https://www.kdhe.ks.gov/1298/Substance-Use-Disorder-Overdose-Preventi>.

[Although we do not have permission to reproduce that infographic, we recommend visiting the site linked above to review it.]

Program Components

- Medications for addiction treatment, with a focus on servicing disenfranchised communities
- Fentanyl test strips
- Settlement funds from opioid lawsuits
- Women-centered opioid treatment programs
- Safe syringe programs
- Increased surveillance of drug overdose areas

Appendix 4. South Dakota State Profile

Goal 4 of the [South Dakota Strategic Plan](#) is to “maximize partnerships to address underlying factors that determine overall health” and its second objective is to reduce accidental overdose by implementing the [Communities that Care Prevention Framework](#). (See page 3 of the strategic plan linked above.)

Program Components

- Toolkit
- Framework
- Quick reference guide
- Settlement funds from opioid lawsuits
- Social media feed of personal stories
- Medications for addiction treatment
- Naloxone access
- Drug take-back programs

Additional Resources

Title: *Naloxone Project for First Responders*

Author: South Dakota Department of Health

Link: <https://doh.sd.gov/providers/ruralhealth/ems/Naloxone.aspx>

Description: Visitors to this site have access to South Dakota’s naloxone trainings for first responders, training guides, training contacts, and safety recommendations on how to protect themselves and others from exposure when answering calls. This website also has resources for Naloxone in public schools, such as training slides and video presentations.



Appendix 5. Wyoming State Profile

The [Wyoming Statewide Harm Reduction Initiative](#) aims to (1) reduce overdose, Hepatitis C, and HIV; (2) expand access to syringe services and naloxone kits; and (3) develop capacity with providers in the state to combat the opioid crisis.

Program Components

- Data visualization portal
- Naloxone safe dispensing and naloxone by mail
- [Free Narcan for agencies, businesses, and organizations](#)
- Social media feed of personal stories
- Harm reduction coalition
- Drug survivors' union
- Safe syringe program
- Medications for addiction treatment
- Settlement funds from opioid lawsuits

2018 Vulnerability Assessment

Pustz J, Shrestha S, Newsy S, Anderson D, Fowler L, Taylor M, Lingwall, C, Van Handel M, and Stopka TJ (2021). Wyoming Opioid Vulnerability Assessment.

https://health.wyo.gov/wp-content/uploads/2022/04/WYVulnerability_Report_Final_021722.docx

Additional Resources

Title: *Opioid Overdose Response*

Date: 2023

Author: Wyoming Department of Health, Substance Use and Tobacco Prevention Program

Link: <https://health.wyo.gov/publichealth/prevention/substanceabuseandsuicide/opioid-information-wyoming/opioid-overdose-response/>

Description: On this webpage, the Wyoming Department of Health outlines how naloxone has aided the response to opioid overdose in their state.

Title: *Wyoming Prescription Drug Abuse Prevention Toolkit*

Authors: Wyoming Department of Health and the [Wyoming Survey & Analysis Center at the University of Wyoming](#)

Link: <https://www.wyomingpreventiondepot.org/rxtoolkit/>

Excerpt: “Explore all things related to the prevention of prescription drug abuse in Wyoming communities. Prevention specialists, policymakers, and other interested community members can find resources and information needed to make an impact in preventing prescription drug abuse in Wyoming.” Visitors to the site can explore evidence-based practices and effective best practices by needs, goals, and audiences.

Appendix 6. Colorado State Profile

[Colorado's statewide strategic plan](#) for opioid use disorder is recovery-oriented and consists of six guiding principles (p. 9) as follow: *Individually Driven; Supports Whole-Person Health; High Quality; Inclusive; Accountable; and Equitable.*

Program Components

- Expansion of coverage for underinsured and uninsured individuals
- Naloxone kits
- Mobile health units
- Crisis line
- Community Reinforcement and Family Training
- Residential treatment
- Peer recovery coaches
- Settlement funds from opioid lawsuits
- OpiRescue app

Additional Resources

Title: *Strategies for Advancing Health Equity*

Date: June 2018

Organization: Metro Denver Partnership for Health

Direct section link below for equity strategies:

https://www.coloradohealthinstitute.org/sites/default/files/file_attachments/MDPH_HE_Guidebook_FINAL08142018_0.pdf#page=23

Title: *Colorado Opioid Response Blueprint: A Guide for Opioid Settlement Investments*

Date: March 2020

Organization: Colorado Health Institute

Link: <https://www.coloradohealthinstitute.org/research/colorado-opioid-crisis-response-blueprint>

Excerpt: “To continue the fight against the opioid crisis, multiple state—including Colorado—sued drug manufacturers and other companies and individuals that contributed to the opioid epidemic. The first settlements in other opioid lawsuits around the country were announced in the spring and fall of 2019. While Colorado’s lawsuit has not been settled, there is reason to believe that Colorado could receive settlement funds. Depending on the specifics of the settlements, local communities and/or the Colorado Office of the Attorney General could have a measure of control over how to spend settlement dollars” (p. 4).

Appendix 7. Ancillary Resources

Webinars

Disparities in Overdose Deaths: Opportunities for Action Webinar (September 2022) from OD2A. <https://od2a-tac.org/resource-library/disparities-overdose-deaths-opportunities-action-webinar>

Synopsis: “The purpose of this webinar was to discuss the racial/ethnic disparities in overdose deaths in the United States and the importance of evidence-based, culturally responsive, multisectoral approaches to close these gaps. Dr. Wanda Boone, the CEO of Together for Resilient Youth, provided her perspective on how to address disparities at the local level, building on her vast experience in Durham, North Carolina. Dr. Mbabazi Kariisa from DOP’s Epidemiology and Surveillance Branch, presented the findings from the recently released Vital Signs “Drug Overdose Deaths, by Selected Sociodemographic and Social Determinants of Health Characteristics — 25 States and the District of Columbia, 2019–2020.” Tiffany Winston, Deputy Branch Chief of the Prevention Programs and Evaluation Branch in DOP, provided an overview of the importance of health equity and opportunities to engage in prevention strategies with a health equity lens.”

Incorporating Social Determinants of Health into Your Overdose Prevention Activities (November 2021) from ASTHO. <https://od2a-tac.org/resource-library/incorporating-social-determinants-health-your-overdose-prevention-activities-part>

Synopsis: “This presentation provides information on the Rhode Island Health Equity Zone experience and discusses how other OD2A-funded jurisdictions can infuse critical social determinants of health-related priorities in their overdose prevention and surveillance efforts.”

Peer-Reviewed Academic Literature

Bailey, Z. D., Krieger, N., Agénor, M., Graves, J., Linos, N., & Bassett, M. T. (2017). Structural racism and health inequities in the USA: evidence and interventions. *The lancet*, 389(10077), 1453–1463. <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2817%2930569-X>

Abstract: “Despite growing interest in understanding how social factors drive poor health outcomes, many academics, policy makers, scientists, elected officials, journalists, and others responsible for defining and responding to the public discourse remain reluctant to identify racism as a root cause of racial health inequities. In this conceptual report, the third in a Series on equity and equality in health in the USA, we use a contemporary and historical perspective to discuss research and interventions that grapple with the implications of what is known as structural racism on population health and health inequities. Structural racism refers to the totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care, and criminal justice. These patterns and

practices in turn reinforce discriminatory beliefs, values, and distribution of resources. We argue that a focus on structural racism offers a concrete, feasible, and promising approach towards advancing health equity and improving population health.”

Banks, D. E., Duello, A., Paschke, M. E., Grigsby, S. R., & Winograd, R. P. (2023). Identifying drivers of increasing opioid overdose deaths among Black individuals: a qualitative model drawing on experience of peers and community health workers. *Harm Reduction Journal*, 20. <https://doi.org/10.1186/s12954-023-00734-9>

Abstract: “Black individuals in the USA face disproportionate increases in rates of fatal opioid overdose despite federal efforts to mitigate the opioid crisis. The aim of this study was to examine what drives increases in opioid overdose death among Black Americans based on the experience of key stakeholders. [...] A core theme was identified from participants’ narratives suggesting that opioid overdose death among Black individuals is driven by unmet needs for safety, security, stability, and survival (The 4Ss). A lack of The 4Ss was reflective of structural disinvestment and healthcare and social service barriers perpetuated by systemic racism. Participants unmet 4S needs are associated with health and social consequences that perpetuate overdose and detrimentally impact recovery efforts. Participants identified cultural and relationship-based strategies that may address The 4Ss and mitigate overdose in Black communities. Key stakeholders working in local communities to address racial inequities in opioid overdose highlighted the importance of upstream interventions that promote basic socioeconomic needs. Local outreach efforts utilizing peer services can provide culturally congruent interventions and promote harm reduction in Black communities traditionally underserved by US health and social systems.”

Childs, E., Biello, K. B., Valente, P. K., Salhaney, P., Biancarelli, D. L., Olson, J., Earlywine, J. J., Marshall, B. D. L., & Bazzi, A. R. (2021). Implementing harm reduction in non-urban communities affected by opioids and polysubstance use: A qualitative study exploring challenges and mitigating strategies. *International Journal of Drug Policy*, 90(103080). <https://pubmed.ncbi.nlm.nih.gov/33340947/>

Findings: “[Researchers] identified several interrelated challenges to implementing harm reduction services in non-urban communities, including: (1) limited understandings of harm reduction practice and preferential focus on substance use treatment and primary prevention, (2) community-level stigma against people who use drugs as well as the agencies supporting them, (3) data reporting and aggregating leading to inaccurate perceptions about local patterns of substance use and related health consequences, and (4) a “prosecutorial mindset” against drug use and harm reduction. From key informants’ narratives, we also identified specific strategies that communities could use to address these challenges, including: (1) identifying local champions to advocate for harm reduction strategies, (2) proactively educating communities about harm reduction approaches before they are implemented, (3) improving the visibility of harm reduction services within

communities, and (4) obtaining "buy-in" from a wide range of local stakeholders including law enforcement and local government."

Gwadz, M., Cluesman, S. R., Freeman, R., Collins, L. M., Dorsen, C., Hawkins, R. L., Cleland, C. M., Wilton, L., Ritchie, A. S., Torbjornsen, K., Leonard, N. R., Martinez, B. Y., Silverman, E., Israel, K., & Kutnick, A. (2022). Advancing behavioral interventions for African American/Black and Latino persons living with HIV using a new conceptual model that integrates critical race theory, harm reduction, and self-determination theory: A qualitative exploratory study. *International Journal for Equity in Health*, 21(1), 97.

<https://doi.org/10.1186/s12939-022-01699-0>

Abstract: "Rates of participation in HIV care, medication uptake, and viral suppression are improving among persons living with HIV (PLWH) in the United States. Yet, disparities among African American/Black and Latino PLWH are persistent, signaling the need for new conceptual approaches. To address gaps in services and research (e.g., insufficient attention to structural/systemic factors, inadequate harm reduction services and autonomy support) and improve behavioral interventions, we integrated critical race theory, harm reduction, and self-determination theory into a new conceptual model, then used the model to develop a set of six intervention components which were tested in a larger study. The present qualitative study explores participants' perspectives on the study's acceptability, feasibility, and impact, and the conceptual model's contribution to these experiences. We organized results into four themes focused on participants' experiences of: 1) being understood as a whole person and in their structural/systemic context; 2) trustworthiness and trust; 3) opportunities for self-reflection; and 4) support of personal autonomy. The salience of nonjudgment was prominent in each theme. [...]The new conceptual model emphasizes the salience of systemic/structural and social factors that drive health behavior and the resultant interventions foster trust, self-reflection, engagement, and behavior change. The model has potential to enhance intervention acceptability, feasibility, and effectiveness with African American/Black and Latino PLWH."

Goodyear, T., Mniszak, C., Jenkins, E., Fast, D., & Knight, R. (2020). "Am I gonna get in trouble for acknowledging my will to be safe?": Identifying the experiences of young sexual minority men and substance use in the context of an opioid overdose crisis. *Harm Reduction Journal*, 17(1), 23. <https://doi.org/10.1186/s12954-020-00365-4>

Abstract: "North America and other parts of the globe are in the midst of a public health emergency related to opioid overdoses and a highly contaminated illicit drug supply. Unfortunately, there is a substantial gap in our understandings about how this crisis affects key populations not conventionally identified within overdose-related surveillance data. This gap is particularly pronounced for gay, bisexual, and other men who have sex with men (sexual minority men)—a population that experiences substance use-related inequities across adolescence and young adulthood. Our analysis revealed three themes: awareness, perceptions, and experiences of risk; strategies to mitigate risk; and barriers to

safer substance use. [...] Equity-oriented policies and programming that can facilitate opportunities for safer substance use among young sexual minority men are critically needed, including community- and peer-led initiatives, access to low-barrier harm reduction services within commonly frequented social spaces (e.g., Pride, night clubs, bathhouses), nonjudgmental and inclusive substance use-related health services, the decriminalization of drug use, and the provision of a safe drug supply.”

Hansen, H., Jordan, A., Plough, A., Alegria, M., Cunningham, C., & Ostrovsky, A. (2022). Lessons for the opioid crisis—Integrating social determinants of health into clinical care. *American Journal of Public Health, 112*(S2), S109-S111.

<https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2021.306651>

Abstract: “Overdose deaths accelerated with the emergence of COVID-19, and this acceleration was fastest among Black, Latinx, and Native Americans, whose overdose rates had already increased before COVID-19. COVID-19 led to limits on access to medications for opioid use disorder and harm-reduction services, exacerbating low treatment and retention rates, in the face of toxic drug supplies laced with high-potency synthetic opioids. Disproportionate deaths from substance use disorders (SUDs) and from COVID-19 among low-income people marginalized by race, ethnicity, and migrant status have similar upstream causes of exposure, including unstable and crowded housing, high-risk employment or unemployment, and high levels of policing and incarceration, combined with low levels of access to health care and preventive measures. SUD and COVID-19 require health care systems to intervene in social determinants of health (SDOH), where the health care system itself is an intermediary social–structural determinant. We examine determinants of SUDs and social–structural interventions that promise to stem SUD-related deaths accelerated by COVID-19.”

Leece, P., Khorasheh, T., Paul, N., Keller-Olaman, S., Massarella, S., Caldwell, J., Parkinson, M., Strike, C., Taha, S., Penney, G., Henderson, R., & Manson, H. (2019). ‘Communities are attempting to tackle the crisis’: A scoping review on community plans to prevent and reduce opioid-related harms. *BMJ Open, 9*(9), e028583. <https://doi.org/10.1136/bmjopen-2018-028583>

Abstract: “We sought to understand the implementation of multifaceted community plans to address opioid-related harms. Our scoping review examined the extent of the literature on community plans to prevent and reduce opioid-related harms, characterise the key components, and identify gaps. Commonly, plans used individual training to implement interventions. Actions focused on treatment and harm reduction, largely to increase access to addiction services and Naloxone. Among specific groups, people in conflict with the law were addressed most frequently. Community plans typically engaged the public through in-person forums. Stakeholders identified three key implications to our findings: addressing equity and stigma-related barriers towards people with lived experience of substance use; improving data collection to facilitate evaluation; and enhancing community partnerships

by involving people with lived experience of substance use. Current understanding of the implementation and context of community opioid-related plans demonstrates a need for evaluation to advance the evidence base. Partnership with people who have lived experience of substance use is underdeveloped and may strengthen responsive public health decision making.”

Park, J. N., Rouhani, S., Beletsky, L., Vincent, L., Saloner, B., & Sherman, S. G. (2020). Situating the continuum of overdose risk in the social determinants of health: a new conceptual framework. *The Milbank Quarterly*, 98(3), 700-746. <https://www.opioidlibrary.org/wp-content/uploads/2020/08/Park-OverdoseRiskSDH-Milbank-2020.pdf>

Abstract: “This article reconceptualizes our understanding of the opioid epidemic and proposes six strategies that address the epidemic’s social roots. In order to successfully reduce drug-related mortality over the long term, policymakers and public health leaders should develop partnerships with people who use drugs, incorporate harm reduction interventions, and reverse decades of drug criminalization policies.”

Sistani, F., de Bittner, M. R., & Shaya, F. T. (2022). Social determinants of health, substance use, and drug overdose prevention. *Journal of the American Pharmacists Association*. 63(2). <https://doi.org/10.1016/j.japh.2022.10.023>

Abstract: “Fatal drug overdoses, now primarily driven by illicit opioids like fentanyl, continue to increase in the United States, reflecting a growing need for prevention and treatment strategies. Preventive interventions have primarily focused on curbing opioid prescribing, and treatment strategies target individuals. However, little is known about the broader social context surrounding these individuals. This study examines the association between drug overdose mortality and social determinants of health (SDOH) across different levels of influence in the social-ecological model. [...] Factors such as violent crime and social vulnerability demonstrated a statistically significant impact on drug overdose mortality. To address drug overdose crisis, health care system, community leaders, and policy makers’ strategies should focus on socially vulnerable populations.”

Vanjani, R., Soske, J., Pitts, A., & Bailer, D. (2022). Reflections from Rhode Island's safe consumption sites regulations committee: A lesson in racial equity. *Journal of Addiction Medicine*, 16(6), 624–626. <https://doi.org/10.1097/ADM.0000000000000996>

Abstract: “In July 2021, a statewide measure to create Harm Reduction Centers (also known as safe consumption sites [SCS]) was signed into law in Rhode Island. Convincing evidence shows that SCS can reduce premature death in the surrounding neighborhood. Although SCS have had success around the globe for approaching 40 years, implementing a harm reduction center of this kind in the United States requires consideration of this country's unique racial and geographic politics. In this manuscript, we describe a series of discussions at the Regulations Committee meetings in Rhode Island around the question of whether or not to mandate the presence of inhalation rooms. Through this vignette, we aim

to convey how, at the highest level of government, citizens of Rhode Island were able to promote and prioritize racial equity.”

Wallace, B., MacKinnon, K., Strosher, H., Macevicius, C., Gordon, C., Raworth, R., Mesley, L., Shahram, S., Marcellus, L., Urbanoski, K., & Pauly, B. (2021). Equity-oriented frameworks to inform responses to opioid overdoses: a scoping review. *JBI Evidence Synthesis*, 19(8), 1760–1843. <https://pubmed.ncbi.nlm.nih.gov/34137739/>

Findings: “We have identified few conceptual frameworks that are both health equity-oriented and incorporate multiple concepts that could enrich responses to the opioid poisoning emergency. More research is required to evaluate the impact of these integrated frameworks for action.”

Commentary and Advocacy

Essien, U. R., Ifidon, A., & Sue, K. L. (2021). Black pain matters: Prioritizing antiracism and equity in the opioid epidemic. *Journal of Hospital Medicine*, 16(10), 638–639.

<https://shmpublications.onlinelibrary.wiley.com/doi/pdf/10.12788/jhm.3703>

Excerpt: “Why should the color of a patient’s skin continue to determine the type, and duration, of care they receive, especially when treating pain? The authors hypothesize that individual factors such as provider bias and systemic factors, including limited guidelines on pain management, may drive the observed racial inequities. This progression from individual- and institutional- to community and policy-level determinants offers a useful framework for understanding the drivers of disparities in opioid prescribing.”

Kariisa, M., Seth, P., & Jones, C. M. (2022). Increases in disparities in US drug overdose deaths by race and ethnicity: Opportunities for clinicians and health systems. *JAMA*, 328(5), 421–422. <https://doi.org/10.1001/jama.2022.12240>

Abstract: “For more than a decade, drug overdose deaths have been the leading cause of injury death in the US. During the COVID-19 pandemic and its related stressors and disruptions in access to care, the number of overdose deaths increased substantially and are predicted to account for more than 107 000 deaths in the US in 2021. The unprecedented increase in overdose deaths has been fueled by the continued proliferation of highly lethal synthetic opioids, such as illicitly manufactured fentanyl and fentanyl analogues, and a resurgence of stimulants, particularly methamphetamine, into the illicit drug supply. Importantly, as overdose deaths have increased, the demographic profile of those dying has shifted and disproportionately affects certain racial and ethnic minority populations. A multisectoral approach that includes structural and policy-level changes and clinician- and health-system-based approaches, with an intentional focus on racial and ethnic disparities and the long-standing inequities that contribute to increased risk for overdose, is essential to respond to this urgent public health crisis.”

Appendix 8. Opioid Settlements in Nebraska

Nebraska's Opioid Settlement Remediation Advisory Committee (NOSRAC) and Attorney General Mike Hilgers jointly announced recently that we will receive a \$65 million dollar payout of opioid settlement funds, to be distributed among cities, counties, and the Nebraska Opioid Recovery Fund. The allocation of these funds is an 85% state share and a 15% local share. The funds derive from four companies who agreed to settle lawsuits alleging their role(s) in the opioid crisis: Walgreens, Teva, CVS, and Allergan (Pattani 2023). Two of these companies—CVS and Walgreens—were part of negotiations led by the Nebraska Attorney General (AG) and the AG offices of several other states.

A recommended way to find the details of this settlement that are specific to Nebraska is to go to <https://kffhealthnews.org/news/article/lookup-how-much-opioid-settlement-cash-by-locality/> and scroll down to Nebraska; then follow the five linked PDFs to review disbursement details and timelines. Vital Strategies' [brief for the state of Nebraska](#) is a six-page overview of what to expect as the disbursement of funds continues.

General information on how fundings disbursements are handled can be found at: <https://ago.nebraska.gov/nebraska-opioid-settlement-remediation-advisory-committee>. The appropriation of these funds does not have to be publicly reported; however, the state's Department of Health and Human Services will report annually to the Governor, Attorney General, and the state legislature, via electronic reporting. Below is a brief chronology of opioid settlement fund announcements pertaining to Nebraska:

- On February 25, 2022, Nebraska Attorney General Doug Peterson announced final approval of the \$26 billion opioid agreement with major drug distributors. Source: <https://ago.nebraska.gov/news/attorney-general-doug-peterson-announces-final-approval-26-billion-opioid-agreement-major-drug>
- On July 26, 2022, former Nebraska Attorney General Doug Peterson announced that opioids maker Teva was moving closer to finalizing the details of a \$4.25 billion settlement
- Nebraska was one of several states participating in the August 2022 negotiations with opioid maker Endo working toward the ultimate settlement figure of \$450 million. Source: <https://www.mass.gov/news/state-attorneys-general-reach-450-million-nationwide-settlement-as-part-of-opioid-maker-endos-bankruptcy>
- On November 14, 2022, former Nebraska Attorney General Doug Peterson announced a \$3.1 billion settlement with Walmart over opioid epidemic allegations. Source: <https://ago.nebraska.gov/news/attorney-general-peterson-announces-31-billion-settlement-walmart-over-opioid-epidemic>
- On December 12, 2022, former Nebraska Attorney General Doug Peterson announced a \$41 million settlement with CVS and Walgreens over opioid epidemic allegations. Source: <https://ago.nebraska.gov/news/attorney-general-peterson-announces-41-million-settlement-cvs-and-walgreens-over-opioid>
- January 5, 2023: Mike Hilgers assumes office as Nebraska's next Attorney General.
- June 2023: Massive payouts are announced for multiple states, as a result of legal settlements by four major pharmacy corporations.

Appendix 9. Abbreviations, Initializations, and Acronyms

ASTHO	Association of State and Territorial Health Officials
CADCA	Community Anti-Drug Coalitions of America
CDC	Centers for Disease Control and Prevention
CLAS	Culturally and Linguistically Appropriate Services
COSSUP	Comprehensive Opioid, Stimulant, and Substance Use Program
DHHS	Department of Health and Human Services
DOP	Drug Overdose Prevention
FDA	Federal Drug Administration
FTS	Fentanyl Test Strips
KC	Kansas City
MAT	Medication-Assisted Treatment
MI	Motivational Interviewing
MOM	Maternal Opioid Misuse
NACCHO	National Association of County & City Health Officials
NACO	National Association of Counties
NAS	Neonatal Abstinence Syndrome
NOWS	Neonatal Opioid Withdrawal Syndrome
OD2A	Opioid Overdose Data to Action
ORN	Opioid Response Network
OTP	Opioid Treatment Program
OD	Opioid Use Disorder
PDMP	Prescription Drug Monitoring Program
PWID	People Who Inject Drugs
PWUD	People Who Use Drugs
SAMHSA	Substance Abuse and Mental Health Services Administration
SAPs	Syringe Access Programs
SDOH	Social Determinants of Health
SPF	Strategic Prevention Framework
SSP	Safe Syringe Program
SUD	Substance Use Disorder
SUDORS	State Unintentional Drug Overdose Reporting System
STEPs	Support and Training for the Evaluation of Programs
UNO	University of Nebraska Omaha