



# EQUITY-CENTERED RISK MITIGATION MODELS

## for Opioid/Stimulant Use Disorder and Overdose Prevention Efforts

A collaboration between the University of Nebraska Omaha (UNO)'s Grace Abbott School of Social Work and the Nebraska Department of Health and Human Services (NE DHHS)'s Drug Overdose Prevention Program

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### Abstract

The purpose of this report was 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).

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### Methods

#### Search Strategy

We 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 CDC.gov 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."

### Special Populations Considered

Three sub-populations are highlighted in the report 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. The full report provide resources for other populations in-depth resource lists for each of the three categories below:

1. Incarcerated Populations
2. Pregnant and Parenting Families
3. Tribal Communities

### Core Principles Extracted

1. *Equity is the center of harm reduction.*
2. *Special populations for whom harm reduction and outreach 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.*
3. *Polysubstance use must be accounted for so as to not lose focus by treating only one issue, to the exclusion of others.*
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.*
5. *Policy makers, practitioners, and providers must assess community and legislative readiness and decision-makers' posture as they undertake harm reduction campaigns or programs.*

### Acknowledgements

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The full report can be accessed by scanning the QR code above.

### References

The reference list for this project is extensive. Please contact [steps@unomaha.edu](mailto:steps@unomaha.edu) for the full reference list, or download the full report at:

[https://digitalcommons.unomaha.edu/step\\_reports/31/](https://digitalcommons.unomaha.edu/step_reports/31/)