RI Harm Reduction Request – Conceptualization & Planning Document:

Overarching goal: non-stigmatizing culturally responsive approach for people who use drugs and drug safety in the home to prevent unintended harms to children and others

Audiences:

* Individuals utilizing harm reduction centers
* Broader public audiences, focusing on parents and other adults to promote drug safety in the home
* Home visiting workforce
* RI’s prevention workforce
* Affected others
* Other audiences identified by RI

Elements:

* -Best practices/promising practices for guiding people who use drugs (PWUD) to keep their homes safe for children, affected others
* -Best practices for home visiting nurses/professionals when they encounter scenarios with safety risks for children in the home
* -Best practices for how prevention professionals talk about and integrate or collaborate with harm reduction, specifically harm reduction centers, in their communities
* -Messaging and communications guidance

Potential Outputs:

* Best practices/promising practices “white paper” Rhode Island focus on engaging individuals utilizing harm reduction services
	+ Literature review and brief
	+ Listing/descriptions/links to programs, initiatives, approaches from other states, Native Nations, or (Canadian) provinces
	+ Listing and description of promising policy and strategy approaches to addressing drug safety in the home to protect youth from unintended harms
	+ Innovative or new strategy approaches to addressing drug safety in the home to protect youth from unintended harms
* Messaging Guidebook
	+ Develop messaging guidance for multiple audiences as prioritized and identified by RI
	+ Messaging guidance drawn from the white paper
	+ Potentially include “ready-to-go” materials (e.g. infographic/memes for Twitter/social media, flyer/handout for harm reduction centers, info/tip sheet for home visitors to leave with patients)
* Harm reduction E-learning module(s) for prevention field
	+ Collaborate with PRC to identify learning objectives for the modules
	+ PTTC contract with a SME to develop and record the modules.

Guiding Principles:

* Non-stigmatizing approaches and language
* Culturally humble approaches and messaging
* Local (social) cohesion, highlighting the collaboration between prevention unit and harm reduction center
* Integrating approaches and lessons learned between physical health, behavioral health, and injury/safety.
* Engaging PWUD to help inform development of deliverables