

Community plans to prevent and reduce Opioid-Related Harms

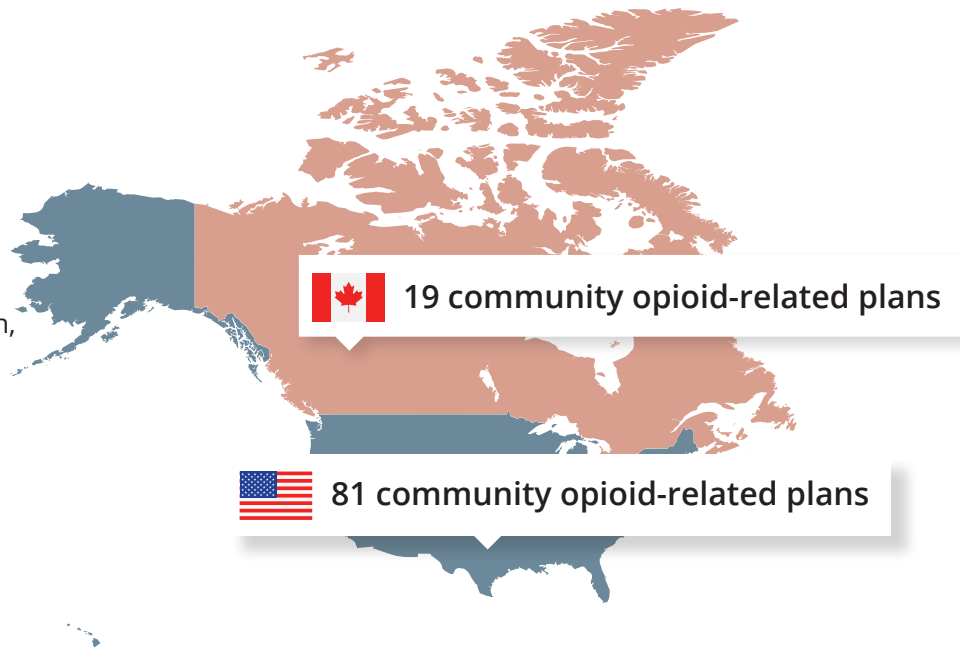
Results from a scoping review

Little is known about the development, implementation, and evaluation of community plans to address opioid-related harms.

Our [scoping review](#) aimed to characterize the key components of community opioid-related plans.

We included stakeholders throughout the project to identify needs, gaps, interpretation, and implications for local practice.

We searched published and grey literature and included 100 community opioid-related plans. We did not assess the quality of each plan or the interventions included. Four community plans reported their evaluation results.



What implementation issues should plans consider?

Stigma	Evaluation	Partnerships
Consider how to address equity and stigma	Identify ways to use evidence and collect information for evaluation of plans	Enhance community partnerships by meaningfully engaging people with lived experience of substance use

Who is involved in developing the plans and how are they involved?

Lead Agency

Of the 71 plans that stated their lead agency, the most common lead agencies were:

Public health	22
Municipality/county	11
Public health co-led	7
Healthcare	6
Regionalized health/health authority	6
Province/state	5
Other	14

Partner Groups

Of the 91 plans that reported community partnerships, we found an average of 7 partner organizations, most frequently:

Healthcare	61
Law enforcement	60
Public health	55
Government agencies	40
Addiction treatment services	40
Non-profit organizations	36
Mental health services	32



How are communities engaged?

Of the 29 plans that described community engagement, the approach was:

Community forums	15
Town halls	6
Meetings	5
Surveys	2
Other	6

Who do the interventions target?

Of the 53 plans that described interventions tailored to specific sub-populations, the most common groups were:

People in conflict with the law	34
Youth	16
Women	13
People experiencing homelessness	10
Indigenous peoples	9

What interventions are included in the plans?

The three most frequent interventions planned or implemented in each of the following areas include:

Prevention

- Safe disposal of prescription medication
- Youth-based drug prevention programs
- Family-based prevention strategies

Harm Reduction

- Increased access to naloxone kits
- Overdose prevention education and training
- Access to harm reduction services: Needle and syringe distribution, needle disposal

Treatment

- Increased access to addiction treatment
- System capacity and coordination
- Screening and referral to treatment

Enforcement & Justice

- Police capacity for overdose response
- Good Samaritan Laws
- Diversion control

Enabling Components

- Data collection and evaluation
- Community education and awareness
- Integration of approaches (e.g., harm reduction and treatment interventions)

For more information:

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