Advancing Partnerships Across Harm Reduction and Recovery

Key Definitions for the Field

SAMHSA
Substance Abuse and Mental Health Services Administration

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Key Definitions for the Field

The processes, pathways, principles, services, and organizations associated with harm reduction and recovery encompass similarities and differences that can be clearly defined but are sometimes impacted by complex qualities or subtle nuances. The following is a list of key terms and definitions have been synthesized from trusted federal resources for use by those leading our nation's peer recovery support and harm reduction efforts to better understand these complexities.

PROCESS AND APPROACH

1. **SAMHSA's Working Definition of Recovery**[1]
   A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Framing Recovery

"This definition does not describe recovery as an end state, but rather as a process. Complete symptom remission is neither a prerequisite of recovery nor a necessary outcome of the process. Recovery can have many pathways that may include professional clinical treatment; use of medications; support from families and in schools; faith-based approaches; peer support; and other approaches."
—SAMHSA's Bringing Recovery Supports to Scale Technical Assistance Center Strategy

2. **SAMHSA's Definition of Harm Reduction**[2]
   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 healthier, 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.

Framing Harm Reduction

"SAMHSA conceptualizes harm reduction as being a set of services, an approach, and a type of organization. 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."
—SAMHSA's Harm Reduction Framework

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[1] SAMHSA's Working Definition of Recovery refers to recovery from both mental health and substance use conditions.

[2] As defined in SAMHSA's Harm Reduction Framework. Harm reduction is centered around people who use drugs (PWUD)—which may or may not include people who meet the criteria for a substance use, mental health, or co-occurring condition/diagnosis.

PATHWAYS

3. **Many Pathways**
   A guiding principle of recovery that describes the recovery process as a highly personal accumulation of clinical and/or nonclinical tools, resources, support systems, and/or strategies. Many pathways (to wellness) is also a supporting principle of harm reduction, is characterized by continuous growth and improvement in one's health and wellness, and acknowledges that setbacks can be a natural part of life and/or the recovery process for some.

   3a. Pathway to Recovery
   A deeply personal accumulation of clinical and/or nonclinical tools, resources, support systems, and/or strategies that a person may use to begin their recovery from a substance use, mental health, or co-occurring condition.

   3b. Pathway of Recovery
   A deeply personal accumulation of clinical and/or nonclinical tools, resources, support systems, and/or strategies that a person may use to sustain their recovery from a substance use, mental health, or co-occurring condition.

PRINCIPLES

4. **Dimensions and Principles of Recovery**
   SAMHSA's Working Definition of Recovery is supported by 4 core dimensions (aka pillars) and guided by 10 principles that give life to recovery processes, community-based organizations, and support services. To learn more about recovery and the dimensions, principles, and services outlined below, visit SAMHSA's Recovery and Recovery Support webpage.

Dimensions of Recovery

Health: Making informed, healthy choices that support physical and emotional well-being.

Home: A safe and stable place to live.

Purpose: Meaningful activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society.

Community: Relationships and social networks that provide support, friendship, love, and hope.

Guiding Principles of Recovery

Recovery...

1. emerges from **HOPE**
2. is **PERSON-DRIVEN**
3. is **HOLISTIC**
4. occurs via **MANY PATHWAYS**
5. is supported by **PEERS** and allies
6. is supported through **RELATIONSHIPS**
7. is based in **CULTURE**
8. addresses **TRAUMA**
9. involves **STRENGTHS & RESPONSIBILITY**
10. is based on **RESPECT**

5. Pillars and Principles of Harm Reduction

SAMHSA's definition of harm reduction contains 6 pillars and 12 supporting principles that give life to harm reduction approaches, initiatives, programs, and services. Visit SAMHSA's *Harm Reduction Framework* to learn more about harm reduction and its accompanying pillars and principles.

Pillars of Harm Reduction

1. Led by **PWUD & WITH LIVED EXPERIENCE OF DRUG USE**
2. Embraces the **INHERENT VALUE OF PEOPLE**
3. Commits to deep **COMMUNITY ENGAGEMENT AND BUILDING**
4. Promotes **EQUITY, RIGHTS, & REPARATIVE SOCIAL JUSTICE**
5. Offers most **ACCESSIBLE AND NONCOERCIVE** support
6. Focuses on **ANY POSITIVE CHANGE,** as defined by the person

Supporting Principles of Harm Reduction

1. Respect **AUTONOMY**
2. Practice **ACCEPTANCE AND HOSPITALITY**
3. Provide **SUPPORT**
4. Connect with **COMMUNITY**
5. Provide **MANY PATHWAYS** to well-being
6. Value **PRACTICE-BASED EVIDENCE AND ON-THE-GROUND EXPERIENCE**
7. Cultivate **RELATIONSHIPS**
8. **ASSIST,** not direct
9. Promote **SAFETY**
10. **ENGAGE** first
11. Prioritize **LISTENING**
12. Work towards **SYSTEMS CHANGE**

SERVICES

6. **Recovery Support Services (RSS)**

   An array of nonclinical services and programs provided by professionals or peers with lived/living experience with a mental health, substance use, or co-occurring condition, which are tailored to assist people who are experiencing similar challenges.

   - RSS adhere to SAMHSA's 10 Guiding Principles of Recovery and SAMHSA's Core Competencies for Peer Workers; and are delivered through a variety of organization types such as RCOs, community and faith-based groups, treatment providers, CHRPs, and others. RSS are based upon the needs in a person's individualized recovery plan.
   - *Examples of RSS*—hosting peer support/mutual support groups or meetings; advocating for policy-related changes that remove barriers or reduce discrimination associated with substance use and recovery; offering individual or community naloxone distribution and overdose prevention education; providing a coordinated system of care that includes referrals to treatment, prevention, and HRS; collegiate recovery programs (CRPs).

7. **Core Practice Areas of Harm Reduction**

   The six core practice areas outlined in SAMHSA's *Harm Reduction Framework* guide the provision of HRS. These core practice areas are centered around education, support, access, connections, and/or resources that enhance access to/directly lead to:

- **Safer Practices.** Education and support describing how to reduce risk; provision of risk reduction supplies and materials.
- **Safer Settings.** Access to safe environments to live, find respite, practice safer use, and receive supports that are trauma-informed and stigma-free.
- **Safer Access to Healthcare.** Ensuring access to person-centered and non-stigmatizing healthcare that is trauma informed, including FDA-approved medications.
- **Safer Transitions to Care.** Connections and access to harm-reduction-informed and trauma-informed care and services.
- **Sustainable Workforce and Field.** Resources for maintaining a skilled, well-supported, and appropriately managed workforce and for sustaining community-based programs.
- **Sustainable Infrastructure.** Resources for building and maintaining a revitalized and community-led infrastructure to support harm reduction best practices and the needs of PWUD.

8. **Harm Reduction Services (HRS)**

   An array of clinical and nonclinical services and interventions that are led and provided by people with lived and living experience of drug use, and flow from the principles, pillars, and core practice areas of harm reduction noted in the Core Practice Areas of Harm Reduction above.

   - HRS may relate to any part of the continuum of care—including prevention, treatment, recovery support, and health promotion—and may be delivered by organizations, individual harm reductionists, or integrated into a comprehensive, person-centered program of care that meet the specific needs of the community in which the services are housed.

- *Examples of HRS*—distributing risk reduction supplies (e.g., syringes, safer smoking supplies, opioid overdose reversal medications like naloxone, fentanyl test strips) to community members who use drugs; syringe and clean-up services (e.g., picking up/disposing used syringes); low barrier buprenorphine induction; street-based counseling; referrals to treatment or recovery support services/organizations; viral hepatitis and HIV testing and treatment services; distributing other vital supplies, such as blankets, food, and water.

ORGANIZATIONS

9. **Community-Based Harm Reduction Program (CHRP)**
   Organizations where people with lived and living experience lead the planning and oversight, program development and evaluation, and resource/funding allocation for harm reduction initiatives, programs, and services.
   - CHRPs also offer the core practice areas noted above, as permitted by law. 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.
   - In addition to being consistent with all principles and pillars, CHRPs should include 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 or living experience.

10. **Recovery Community Organization (RCO)**
    Also known as *peer-operated services programs/organizations,* RCOs are independent, non-profit, grassroots organizations where people with lived and/or living experience lead the planning and oversight, program development and evaluation, and resource/funding allocation for activities such as recovery support services and initiatives; peer support; community engagement; and recovery advocacy.
    - RCOs provide peer and community-based, person-centered support services that build on the strengths and resiliencies of individuals, families, and communities.
    - RCOs also offer choice-based services that improve health, wellness, and quality of life for those with or at risk of challenges associated with a substance use and/or mental health condition.
    - Although RCOs are inherently nonclinical, some organizations may provide certain clinical (non-RSS) services to meet the needs of their community.

OTHER KEY TERMS

11. **Lived and Living Experience**
    Personal knowledge gained through direct, first-hand involvement in everyday events rather than through representations constructed by other people. In the context of this document, the following assumptions can be made when referring to people with lived and living experience:

    Lived and living experience include direct experience with: (1) the social, health, public health, and other issues and challenges associated with substance use and/or mental health (including as a family member for family relevant services), and (2) strategies that aim to address associated challenges.[3]

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[3] Strategies, services, and programs related to both harm reduction and/or recovery.

Lived experience implies a past connotation involving challenges related to substance use and/or mental health, with or without a diagnosis, and often encompasses people who identify as being in recovery or people who formerly used drugs.

Living experience implies a present connotation involving substance use and/or mental health, with or without a diagnosis, and includes people who currently use drugs.[4]

12. Peer support

The process of offering and receiving help based on shared understanding, respect, and mutual empowerment between people in similar situations.

13. Peer/Peer Specialist/Peer Worker

Interchangeable terms that describe a person with lived or living experience who supports other people experiencing similar challenges in a wide range of nonclinical activities including advocacy, navigation of and linkage to resources, sharing of experience, social support, community and relationship building, group facilitation, skill building, mentoring, goal setting, and more. Peers often complete trainings, certifications, or other types of professional development related to their role/responsibilities and can be embedded across a variety of settings and organizations including RCOs, CHRPs, and more. Peers also often have different lived/living experiences, trainings, and roles/responsibilities depending on the setting, organization, and population they serve.[5] It is important to note that state and national peer certification entities often utilize differing terms and definitions to describe the peer role, and their certification process may limit the accessibility of or even exclude peers with living experience who have experience critical to effective harm reduction program design, implementation, and evaluation. In response, SAMHSA developed the National Model Standards for Peer Support Certification in 2022 to provide recommendations to the peer certification field.

[4] Lived or living experience may include direct experience with a mental health condition when referencing recovery. However, lived or living experience in harm reduction settings for this report is based upon direct experience with substance use and its intersection with other identities and experiences (e.g., mental health, homelessness, legal system).

[5] For example, a CHRP may seek out and hire peers with living experience of drug use and require the completion of specific harm reduction trainings. Similarly, an RCO that offers peer services in their local jail may require lived experience with the criminal legal system and a substance use, mental health, or co-occurring condition, and may have requirements surrounding training and certification set forth by the state or jail in which the services are provided.

About This Document

Originally developed as an appendix within *Advancing Partnerships Across Harm Reduction and Recovery: Resources, Recommendations, and a Report for the Field,* this document was released as a standalone resource due to the important clarifications and information within. While the original document was developed using a collaborative process by SAMHSA's Office of Recovery (OR), Center for Substance Abuse Prevention (CSAP), CSAP's Office of Prevention Innovation (OPI), and local, state, federal, tribal, and territorial partners, this appendix was primarily developed from trusted federal resources including SAMHSA's Working Definition of Recovery and Harm Reduction Framework. David Awadalla, M.S.W, BSHP (OR/SAMHSA) served as the lead author for both documents and as technical lead for the Summit on Harm Reduction and Recovery. Significant technical support and expertise were provided by Chase Holleman, LCSW (OPI/SAMHSA), Paolo del Vecchio, M.S.W (OR/SAMHSA), and Tom Coderre (Office of the Assistant Secretary/SAMHSA).

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SAMHSA's mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes.

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