

**PREVENTION
ACROSS THE
CONTINUUM
OF CARE
FOR OPIOID
USE DISORDER
(OUD)**



Introduction

The opioid epidemic continues to challenge public health systems nationwide, demanding a comprehensive and integrated response. Effective prevention must be embedded across the entire continuum of care, from promotion and selective prevention to treatment, recovery, harm reduction, epidemic response, and re-entry support. This approach ensures broader access and community support. Prevention professionals play a critical role at each stage, ensuring that individuals and communities are equipped with the knowledge, resources, and resilience to reduce opioid, stimulant, and other drug misuse and prevent overdose deaths.

This toolkit offers strategic guidance and practical examples to enhance cross-continuum collaboration through data-driven practices, community integration efforts, and evidence-based approaches that foster a unified approach to opioid use disorder.

Our community has been working hard for years to address these issues. By working collaboratively, we can drive sustainable change and improve health outcomes.

Prevention's Role Across the Continuum of Care for Opioid Use Disorder (OUD)



The Institute of Medicine (IOM) Continuum of Care Model was initially developed in 1994 as a framework to organize behavioral health services. The model helps describe how services can work together to **promote health, prevent substance use, and treat and support recovery for people with substance use or mental health disorders.**

The IOM Continuum outlines **three main categories** as noted on the following page.

Category	Focus	Purpose
PROMOTION	Enhance well-being and resilience across the general population.	Focuses on building and enhancing protective factors, not linked to specific risk.
PREVENTION	Reduce risk factors and enhance protective factors before problems occur. Intervene before a disorder occurs or becomes more severe.	Includes: Universal (entire population), Selective (high-risk groups), Indicated (early warning signs).
TREATMENT	Intervene after a disorder has developed or progressed.	Diagnosis, early intervention, and treatment services.
RECOVERY SUPPORT (Added Later)	Recognizing that recurrence is a standard part of the recovery process for many individuals with a substance use disorder (SUD). This understanding allows us to design and deliver more compassionate, realistic, and practical care.	Supports early prevention, intervention, and long-term recovery, enhancing wellness, and preventing and reducing return to use.

The original model helped guide how services should be funded, designed, and evaluated, and has now been modified to integrate the new advances in scientific research and understanding of the neurobiology of substance use disorders.

Sources:

Institute of Medicine, Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research. (Washington, DC: The National Academies Press. 1994)

<https://www.samhsa.gov/resource/sptac/institute-medicines-continuum-care>

Harm Reduction's Role



When the IOM Continuum of Care was developed in 1994, harm reduction was not yet fully recognized as a distinct or essential component within the addiction treatment and recovery landscape. The framework emphasized prevention, treatment, and maintenance (now more commonly referred to as recovery). However, it did not explicitly integrate harm reduction strategies.

Harm reduction approaches—syringe service programs, overdose prevention education, and safer use practices—are not new to healthcare. They have long been used in public health to reduce the negative consequences of behavior without requiring immediate abstinence or behavior change. This is how we approach other chronic conditions, such as diabetes. **When someone doesn't meet their treatment goals, we don't discharge them from care; instead, we increase support, adjust the plan, and continue to engage them.** The same philosophy is now applied to substance use disorders and moves us past punitive, antiquated, and ineffective approaches.

Today, harm reduction is increasingly recognized as a crucial component of a comprehensive continuum of care, helping to engage individuals by supporting their health, dignity, and safety at every stage of recovery. Harm reduction sits between prevention, treatment, and recovery, and it deserves explicit recognition in the continuum.

Category	Focus	Purpose
HARM REDUCTION	Reduce the negative consequences of drug use without requiring abstinence.	Keep people alive, improve health outcomes, and connect individuals to other services when they are ready.

Examples of Harm Reduction Practices



Providing ongoing care to individuals who are using substances and avoiding discharge or punitive responses during returns to use. Instead, treatment plans are adapted to meet individuals where they are, reinforcing engagement, safety, and trust over time.



Fentanyl test strips and drug checking services



Naloxone (Narcan) distribution and training



Overdose prevention education



Low-threshold access to Medication for Opioid Use Disorder (MOUD)

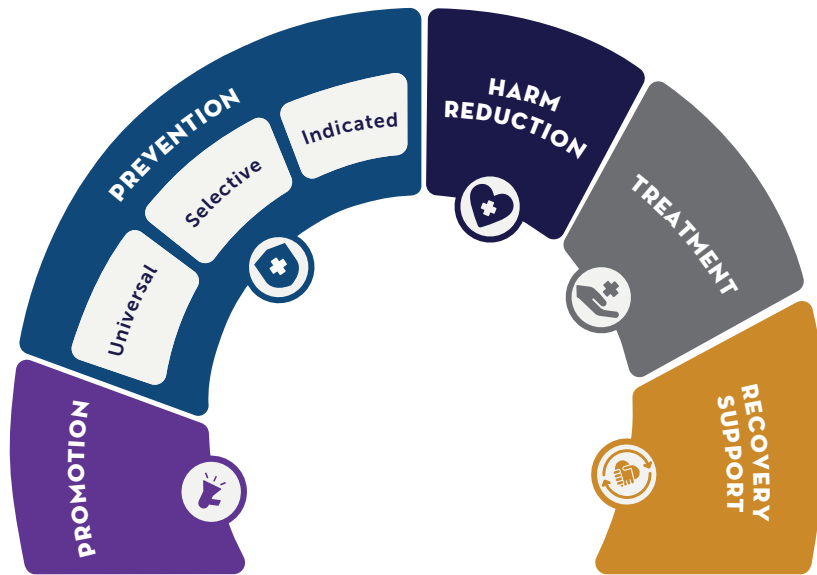


Safe medication disposal



Syringe service programs (SSPs)

Modernized IOM Continuum of Care



Key Points with Harm Reduction Included:



Harm reduction supports the recovery of people with addiction as their brains and bodies heal and repair by enhancing their health and dignity through support and protective factors.



Harm reduction acknowledges that because of the shifting drivers and neurological changes in the brain, not everyone can stop using drugs. It is not because they lack the will or desire to stop using drugs.



Recovery is supported throughout all stages, not just after treatment.



Prevention aims to stop risky behaviors before they start.



Treatment is tailored to each person's needs and does not require the person to change to prove they deserve or are motivated to receive healthcare. Instead, the system remains available whenever a person is ready and able to engage with it, wherever they are.

Why This Matters



Harm reduction builds trust, reconnection, and engagement. “Losing” people who return to use has been a tremendous challenge. Harm reduction helps keep people connected and reduces the impact of challenges by creating more opportunities for engagement in treatment and recovery, wherever a person’s journey may take them.



Harm reduction strategies saves lives as people navigate the complexities and nuances of the recovery process.



We reduce stigma by no longer blaming the people in our community for not engaging in care the way we once thought they should and instead adopting a more realistic, science-based approach. Understanding that people who have addiction are using drugs against their sincere desire and will humanizes them and opens the door to compassion and understanding.

Collaboration Across the Continuum of Care is Essential

Transforming our response to opioid use disorder requires an integrated continuum of community and organizational integration efforts that bridge gaps across prevention, harm reduction, treatment, recovery, and maintenance. **This approach acknowledges that addiction and OUD are complex and chronic health conditions that cannot be changed simply by stopping drug use.** Coordinated, lifelong support departs from the old model of intense, expensive, and resource-heavy isolated interventions. With systems-level collaboration, service gaps are bridged, outcomes improve for all health conditions, and communities thrive. Nurturing a unified continuum of care enhances system performance, promotes equity, reduces stigma, and fosters lasting community resilience.

1. Opioid Use Disorder is Complex and Chronic

- OUD, like other chronic conditions, doesn't occur in a vacuum. It evolves across a person's life, from early risk factors (trauma, stress, exposure to opioids) to addiction, events like overdoses, and recovery journeys.

The neurobiological changes that occur in the brains of persons with addiction compel them to continue to use more and more of the substance:

- while the effects of the drug diminish (tolerance)
- despite the impact of the consequences of their use
- despite their own desire and commitment to stop using
- One factor that makes OUD disorder different than other addictions is the high risk of overdose death.

- We have lifesaving medications (MAT/MOUD) that, if effectively deployed and readily accessible, would cut the overdose death rate by half.
- No single sector—prevention, treatment, recovery, or harm reduction—can address every stage.
- Systems working together ensures that individuals receive seamless support across life stages and risk levels.

2.

Gaps in Services = Gaps in Lives

- Disconnected systems cause people to fall through cracks:
 - Someone may survive an overdose but is not connected to treatment.
 - A person who has been incarcerated might not know about harm reduction services, and is at the highest risk of overdose death upon re-entry into the community.
 - A young adult never hears a prevention message if schools and prevention providers aren't working together.
- Collaboration and community integration efforts help bridge these gaps, creating a safety net known as a true “no wrong door” system for our community. Wherever a person shows up or ends up, we can engage them then and there.

3.

Collaborating Strengthens Community Resilience

- When different systems and professionals partner from EMS to recovery coaches to educators—communities build a shared culture of care that:
 - Supports one another – no one group, organization, or system is solely responsible.
 - Reduces stigma by increasing public awareness of how to help best and heal our community.
 - Builds trust with people with addiction who often feel isolated and driven to secrecy.
 - Enhances funding opportunities and improves resource utilization by demonstrating collective impact.

Prevention's Role Across the Continuum

Prevention is not a single point— it's a thread woven throughout a continuum.



Continuum Stage	Prevention's Role
PROMOTION	Build protective factors, such as strong families, identify those at risk, establish safe prescribing environments, and create resilient communities before severe symptoms.
SELECTIVE/INDICATED PREVENTION	Identify and address early signs of risk (mental health issues, trauma) as a protective factor against opioid misuse.
HARM REDUCTION	Educate about safer use practices, prevent overdose and overdose death, and empower individuals toward healthier options even before they're ready for treatment.
TREATMENT	Help providers, community organizations, individuals, and families understand treatment options, reduce barriers to accessing care, and prevent recurrence through support, access, and education.
RECOVERY SUPPORT	Normalize and celebrate recovery, prevent discrimination, and promote practices that support wellness and guard against recurrence.
EVENT RESPONSE	Embed prevention messaging in post-event moments (e.g., after overdoses) to reduce the risk of future incidents.
RE-ENTRY SUPPORT	Prevent overdose risk after incarceration (when tolerance is low) and re-engage individuals with protective community supports.

Considerations



Prevention transforms our approach from reactive to proactive.



Prevention is a community effort and investment,
not a solo mission.



Prevention is ongoing, evolving, and flexible to the needs
of the community, occurring over time rather than once.

Prevention starts before substance use and continues through
every stage, helping individuals and communities survive and thrive.

Continuum of Care Components and Collaboration Opportunities

Practical examples for collaboration with professionals at each stage of the Continuum of Care

Continuum Stage	Professional Type	How Prevention Professionals Can Collaborate
PROMOTION	Public Health Educators, School Health Staff	Co-develop universal prevention campaigns targeting youth and families
Example Activities:	<ul style="list-style-type: none"> • Host community health fairs with educational booths • Launch “Medication Safety” school initiatives 	
PREVENTION (Selective/Indicated)	Social Workers, Community-Based Organizations	Partner to identify at-risk populations and deliver early interventions
Example Activities:	<ul style="list-style-type: none"> • Conduct naloxone training workshops for families • Deliver evidence-based youth skill-building programs (e.g., LifeSkills Training) 	
HARM REDUCTION	Syringe Service Program (SSP) Staff, Outreach Workers, and evidence-based care, addressing SUD across the entire care continuum and community	Integrate overdose prevention education and resources into harm reduction activities
Example Activities:	<ul style="list-style-type: none"> • Co-host mobile naloxone distribution days • Provide safe medication disposal info at SSP sites 	

Continuum Stage	Professional Type	How Prevention Professionals Can Collaborate
<p>TREATMENT</p>	<p>Addiction Medicine Providers, Counselors</p>	<p>Support warm hand-offs (transitioning a patient with addiction from an intercept point, such as an emergency department, to medical treatment, peer support, or other care services) and educate patients on recurrence prevention, evidence-based care, MOUD, and harm reduction strategies</p>
<p>Example Activities:</p> <ul style="list-style-type: none"> • Create referral toolkits for primary care clinics • Co-present webinars on recovery pathways and harm reduction 		
<p>RECOVERY SUPPORT</p>	<p>Peer Recovery Coaches, Recovery Community Organizations (RCOs)</p>	<p>Co-facilitate stigma reduction campaigns and support linkages to services</p>
<p>Example Activities:</p> <ul style="list-style-type: none"> • Host "Recovery Ally" training for the public • Support "Recovery Month" community events 		
<p>EVENT RESPONSE</p>	<p>Emergency Medical Services (EMS), Emergency Departments (EDs)</p>	<p>Equip responders with prevention messaging and post-overdose outreach strategies</p>
<p>Example Activities:</p> <ul style="list-style-type: none"> • Develop "Leave Behind" kits with resources after overdoses • Train EMS staff on motivational interviewing basics 		
<p>RE-ENTRY SUPPORT</p>	<p>Corrections, Re-entry Specialists</p>	<p>Prepare individuals for return to the community with prevention-focused materials and linkages</p>
<p>Example Activities:</p> <ul style="list-style-type: none"> • Host overdose prevention classes pre-release • Collaborate on re-entry resource fairs focused on treatment access 		

Key Strategies for Prevention Professionals Across All Components

Prevention professionals play a critical role not only in reducing initial opioid misuse but also in strengthening every stage of the care continuum. When prevention is fully integrated with treatment, recovery, and harm reduction, our efforts will maximize impact.

Building strong cross-sector partnerships, sharing expertise, and promoting community-centered strategies are essential. The following key strategies can help prevention professionals effectively engage across all system components, advancing the collective goals of reducing overdose and overdose deaths, improving public health, and fostering community resilience.



Build Relationships



Share Data



Train Others



Advocate for Policies



Promote Equity

1. Build Relationships

- Develop, facilitate, and participate in interagency meetings, task forces, and coalition efforts.
- Cultivate trust with partners across healthcare, criminal justice, education, harm reduction, and recovery sectors.
- Present prevention as a collaborative contributor to overall community health and safety.

2. Share Data

- Provide local data and trends on opioid misuse, overdoses, and associated risk factors.
- Use data to inform planning, identify service gaps, identify populations at risk for targeted interventions, and prioritize community needs.
- Offer insights to help partners see the importance of addressing root causes and social determinants of substance misuse before harm occurs.

3. Train Others

- Deliver training sessions on key topics such as reducing stigma, safe opioid prescribing practices, naloxone distribution, and trauma-informed care.
- Empower cross-sector partners with prevention knowledge that can be integrated into their work.
- Promote consistent, evidence-based messaging across all systems.

4. Advocate for Policies

- Champion the development and implementation of cross-sector overdose prevention protocols and referral pathways.
- Support evidence-based policy changes that create sustainable linkages between prevention, treatment, recovery, and harm reduction.
- Help embed prevention priorities into broader community health and safety plans.

5. Promote Equity

- Ensure that all materials, campaigns, and services are culturally and linguistically appropriate for the communities they serve.
- Utilize data to identify specific populations in need and utilize cultural and population-specific interventions to improve effectiveness.
- Center equity in all collaborations, recognizing that systemic barriers contribute to disproportionate impacts of the opioid epidemic.
- Partner with community-based organizations to amplify diverse voices and solutions.

Tips for Effective Engagement



When reaching out to new partners, frame prevention efforts within shared community goals, such as:

- ⊕ Improving public health
- ⊕ Reducing overdose deaths
- ⊕ Building community resilience



Emphasize how prevention strengthens and supports every sector's mission:

- ⊖ Avoid framing prevention as a siloed activity

GET IN TOUCH

For more information on expanding evidence-based practices in Substance Use Disorder (SUD) and overdose prevention, please visit www.prevention.org/leadership-center

For additional information on prevention, treatment, recovery, harm reduction, and systems collaboration, visit Prevention First's Leadership Center. This resource incorporates evidence-informed practices and publicly available information from SAMHSA, CDC, NIDA, CASA, National Academies, and other national organizations dedicated to improving behavioral health outcomes and advancing health equity.

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These services are funded in full or in part through a State Opioid Response Grant (TI085769) to the Illinois Department of Human Services, Division of Substance Use Prevention and Recovery, from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.