

Current and historical landscape of social policies on harm reduction services

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Three eras in the slow and gradual implementation of harm reduction services

1980s to 2012-ish

- Courageous innovators and early adopters of SSP, safer smoking kits, naloxone
- Community-based and activist-driven, HIV/HCV focus
- Cities and coasts

2013-ish to 2020

- Expansion with growth and spread of overdose crisis
- State and local govts increasingly take up implementation roles
- Urban, suburban, rural

2020 to present

- Sharp escalation of overdose crisis demands action, FTS widely adopted
- Federal govt expands role (ONDCP, SAMHSA join CDC)
- We are here today...

1. The war on drugs has always been the backdrop for harm reduction services.

HEIGHTENED DRUG CRIMINALIZATION increases structural vulnerabilities to drug-related health harms.

**Expansion
of criminal
legal system
policies and
tactics
related to
drug use**

MORE POLICING

- Sweeps and crackdowns
- Stop and search

INCREASED DETENTION & INCARCERATION

- Jail for low-level drug-related charges
- Mandatory minimums and truth in sentencing sentences for felony drug convictions

EXPANSION OF PEOPLE ON PROBATION, PAROLE

- Technical violations for drug use resulting in revocation and incarceration

ESTABLISHMENT AND EXPANSION OF DRUG COURTS

- Limited use of evidence-based treatment (eg, MOUD)
- Over-reliance on residential treatment

SYSTEMIC SOCIAL PENALTIES FOR DRUG USE create structural vulnerabilities to drug-related health harms.

LOSS OF HOUSING

- Public housing eviction
- Crime-free ordinances
- Drug-free shelters

FAMILY REGULATION

- Parental drug use as indicator of maltreatment, cause for child removal
- Children in foster care

POLICING IN SCHOOLS

- Police searches, contraband sweeps, student drug testing

SUD TREATMENT SYSTEM

- >50% referrals from criminal legal, family regulation, public benefits systems
- MOUD access limited
- Evidence-based treatment under-utilized

HEALTHCARE STIGMA

- Discrimination and stigma
- Pain management
- Healthcare records of drug use
- Testing and reporting drug use in pregnancy to family regulation

PUBLIC BENEFITS

- Drug screening, mandated drug treatment for food stamps and cash assistance
- Lifetime bans for felony convictions

EMPLOYMENT

- Workplace drug testing
- Criminal background checks

Cohen et al, 2022

RACISM AND POVERTY intersect to exacerbate structural vulnerabilities to drug-related health harms.

Underlying inequities magnify structural vulnerabilities.

- Mass incarceration destabilizes individuals and disrupts neighborhoods.
- Racial segregation creates areas with poor housing, employment, and education opportunities.
- Economic and community distress – low education, high unemployment, housing vacancy – are inversely related to treatment success.
- Racial disparities in healthcare access and coverage reduce use of evidence-based SUD treatment.

Friedman & Hansen, 2022

Harm reduction services have always

- Contended with the structural vulnerabilities produced by a punitive response to drug use.
 - Recognized these as significant drivers of drug-related health harms.
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- **Understood that the positive outcomes produced by harm reduction services are often undermined by criminalization and stigma.**

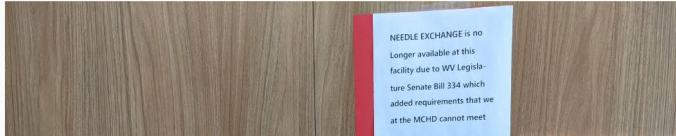
2. Harm reduction services are impeded by criminalization and stigma.

Criminalization and stigma against people who use drugs reinforce a hostile environment for harm reduction services.

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Santa Ana Officials Object to State's Approval of Needle Exchange Program



BY SPENCER CUSTODIO

Aug 21, 2023

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Could harm reduction kits do more damage than good with SF drug treatments? Look at controversy here



By Lyanne Melendez

Sunday, October 29, 2023



Uproar Over 'Crack Pipes' Puts Biden Drug Strategy at Risk

President Biden has made "harm reduction" a central pillar of his plan to fight a record number of drug-related deaths, but a conservative backlash is threatening the effort.



- **Moral outrage**
 - "helping people abuse drugs"
 - "increasing crime and litter"
- **Fierce political opposition**
 - HIV/HCV outbreaks have swayed opponents
 - And then... eg, Scott County, IN
 - Stigma influences policy
 - Escalating attacks signal new and focused opposition
 - Eg, San Francisco, CA

Stigma reinforces the hostile policy environment that threatens adequate or sustainable funding for harm reduction services.

Stigmatizing beliefs about people who use drugs are associated with lack of support for funding harm reduction services

- Current funding schemes rely on a volatile mix
 - State and local health departments, some CDC funds
 - Private philanthropy
 - State and local opioid settlement grants ?
- Sustainable funding streams could include
 - Healthcare financing arrangements
 - Eg, value-based payments
 - Federal block grant allocations
 - Allowable uses that include all safer drug use supplies

Harm reduction services are **cost-effective and cost-saving** in the long term

Lack of harm reduction services increases costs (eg, preventable disease) and criminalization and incarceration are costly.

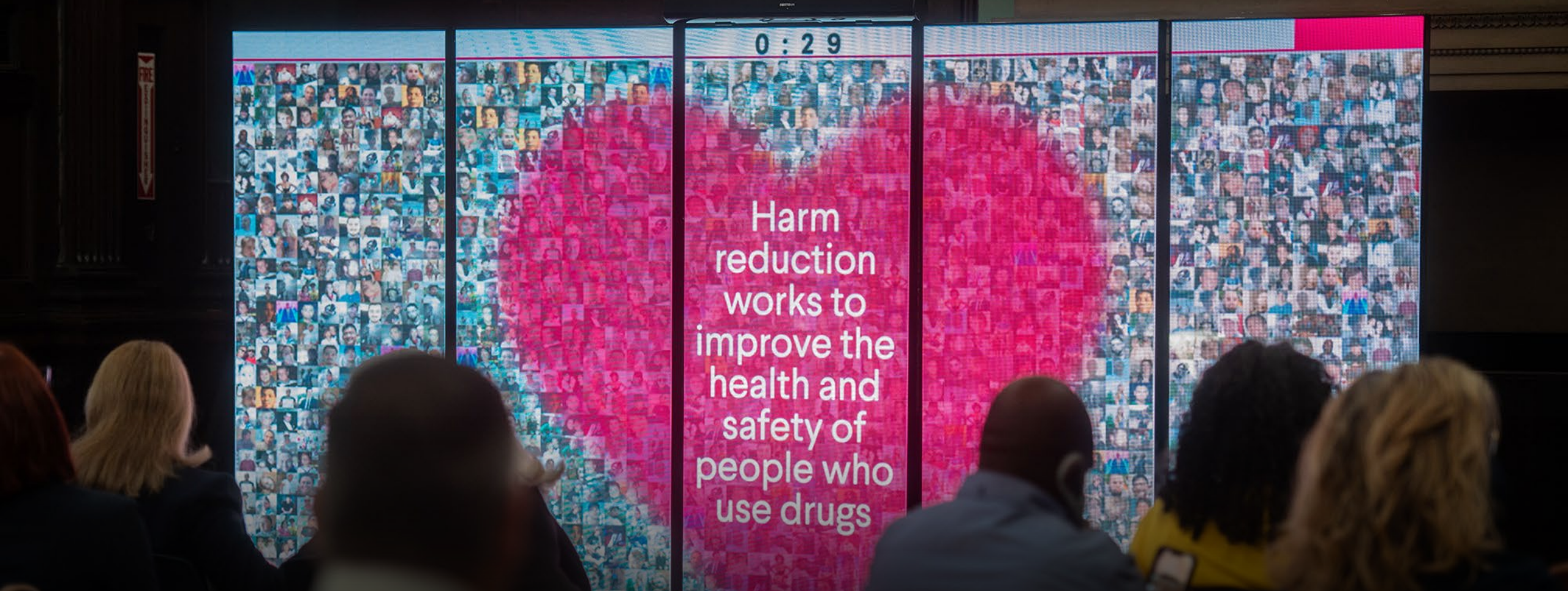
3. Implementation science and messaging research can help guide and strengthen harm reduction services.

Implementation science can help identify and explain how harm reduction services can mitigate structural vulnerabilities.

For example,

- Does **harm reduction housing** for people who are using drugs increase safer drug use practices?
- Do **civilian crisis response programs** increase overdose calls for help and service engagement?
- Do supportive perinatal services increase treatment engagement, improve **maternal health**, and prevent **child welfare reports**?
- Does **community drug checking** influence the content of the local drug supply?

People who use drugs should be involved in the research, design, implementation, and evaluation of harm reduction services.



Messaging research can help to strengthen support for harm reduction services.

Three Takeaways

1. The war on drugs has always been the backdrop for harm reduction services.
2. Harm reduction services are impeded by criminalization and stigma.
3. Implementation science and messaging research can help.

Thank you.

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