Local Government Perspective on Harm Reduction Service Implementation and Data and Evaluation Needs

Harm Reduction Services for People Who Use Drugs: Data Collection, Evidence Gaps, and Research Needs - A Workshop

National Academies of Sciences, Engineering, and Medicine January 30, 2024

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Outline

- Introduction
- What local (County and City) government does / can do in delivery of harm reduction services?
- Barriers to the implementation of evidence-based harm reduction practices at the local level
- State of data collection coverage and gaps; what evidence is needed to guide implementation strategies?
- What effects do laws have at the local level as barriers or facilitators?

Disclosures

- No financial disclosures
- Employed by the San Francisco Department of Public Health

Perspective

- Work/worked in public health departments of two cities (New York City and San Francisco)

- Combined behavioral health and public health agencies
  - Implication: behavioral health services, including substance use disorder treatment and harm reduction services in one department and in single organizational unit

- City and County are the same (5 counties in NYC; 1 county in San Francisco)

What local (City and County) government does/ can in delivery of and evaluation of harm reduction services?

- **Directly fund services that are not funded (or fully funded) via federal or state programs**
  - Overdose response training and naloxone distribution
  - Fentanyl test strip distribution
  - Syringe access and disposal
  - Sobering centers
  - Post-overdose follow up programs

- **Create harm-reduction supportive policies in contracts for all substance use-related services**
  - e.g. all substance use disorder treatment programs required to distribute naloxone to enrollees

- **Evaluate innovative programs via funded or directly conducted programs**

- **Collect and analyze local and hyperlocal surveillance and evaluation data**
  - See SF.gov data dashboard on overdose and treatment trends.

Barriers to Implementing Harm Reduction Services and Evidence-Based Services for People who Use Drugs

- Local pressure to move away from harm reduction approaches, including targeting of staff members
  - Difficult to open new or preserve sites, or to expand hours of operation
  - Not standard practice that harm reduction is part of "continuum of substance use care"

- Workforce recruitment
  - Staffing shortages can limit ability to expand hours of service, increase reach of services

- Rapidly evolving drug use practices can mean absence of scientific studies to support innovative harm reduction practices
  - *EG:* In San Francisco, smoking of fentanyl and other opioids dominant route of administration;

CDC, 2023; Politico, 2023

Data Needs for Local Government to Implement Harm Reduction Services

1. Rapid and hyperlocal data about drug use trends and effective harm reduction strategies
   - Shifting route of administration of fentanyl to smoking
   - Drug supply

2. How best to recruit and retain workforce?
   - Quantity of staff; training of staff; compensation

3. What is the right scale of harm reduction (and other) services to have a population impact on overdose and other health outcomes for people who use drugs?
   - *Questions:* How many naloxone doses per capita? How many fentanyl test strips? How many syringe and drug use equipment access programs

4. What is the impact of harm-reduction policies to achieve reductions in overdose, improve connections to care?
   - EG: What is the impact of requiring substance use treatment program to distribute naloxone?

CDC, 2023; Politico, 2023

What Effects do Laws Have at the Local Level as Barriers or Facilitators

Facilitators:

- Overdose education and naloxone distribution facilitated by standing order laws
  - EG: Standing Order Law in NYS enabled massively increased distribution of naloxone in NYC; single standing order by NYC Health Commissioner

- Non-prescription dispensing of syringes facilitates syringe access in places without syringe access programs; enabled NYC to conduct pharmacy education and provide resources
  - EG: NYS Expanded Syringe Access program (2000)

- Medication treatment in harm reduction settings facilitated by expansion of prescribers of buprenorphine to include pharmacists in California
  - EG: Program enables pharmacy-led buprenorphine delivery in supportive housing in San Francisco

CDC, 2023; Politico, 2023

Thank you