



State and Local Perspectives on Harm Reduction Implementation

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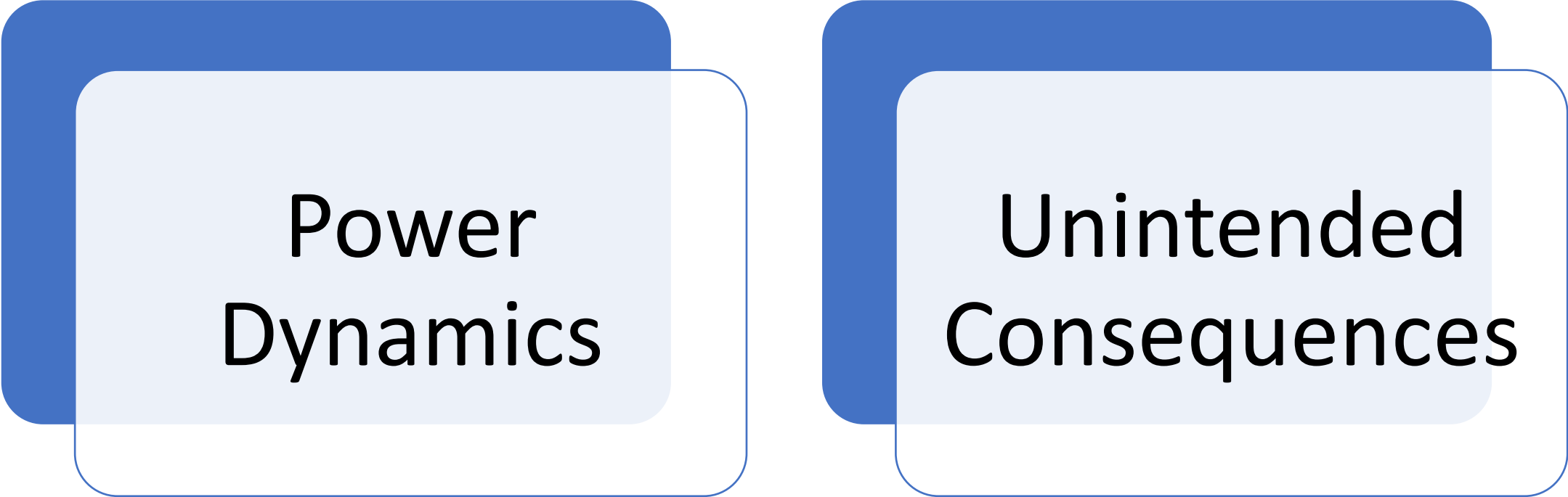
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CONFLICTS/DISCLOSURES

I don't have any conflicts of interest to disclose.

BARRIERS TO IMPLEMENTATION



Power
Dynamics

Unintended
Consequences



RADICAL NEUTRALITY

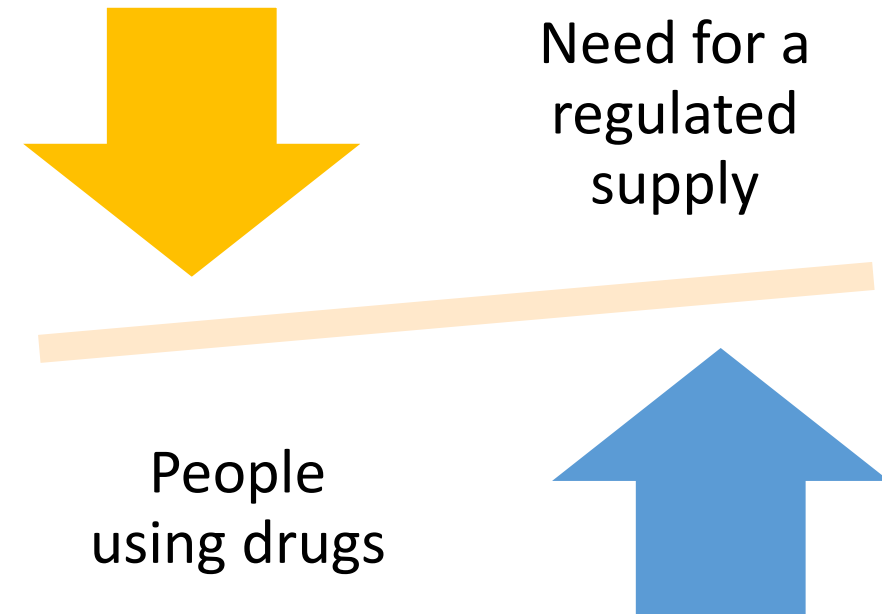
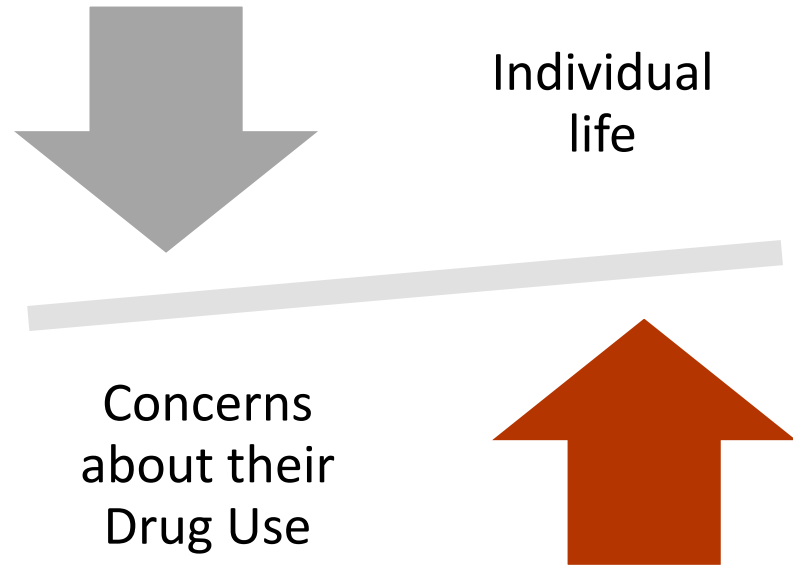
Providing Harm Reduction services requires a willingness to:

“practice radical neutrality; grapple with ethical gray areas; tolerate, accept, and understand difficult behaviors; be taught by our clients; relinquish the role of authority, judge, or expert; [and] partner with clients”.

- Pat Denning and Jeannie Little

Co-Founders of the Center for Harm Reduction Therapy

GRAPPLE WITH GRAY AREAS



POWER DYNAMICS – POLICY DECIDES WHO LIVES AND DIES

1. Punitive treatment policies interrupt access
 1. The federal government controls access to life saving treatment for opioid use disorder (42CFR § 8.12)
2. State governments determine overdose prevention resource allocation
 1. Delays and inability to meet demand, lack of choices of product, and wasted opportunities to get naloxone to people who use drugs
 2. Failure to put politics aside and invest in solutions
 3. Grassroots organizations get left behind

Research implications: evaluate policy impact, monitor and evaluate the flow of resources to effective solutions, decentralized distribution models and evaluate adjustments to resource management for continuous improvement

LAW ENFORCEMENT WORLD

- More information about people who use drugs places them at risk for violence – more attempts at data collection will be futile in this context
- Research shows drug busts contribute to temporal increases in overdose deaths

Ray et al. 2023 APHA



Credit: Dean Hanson/Journal/Albuquerque Journal/ZUMA Wire

Research implications: evaluate police interventions from a health outcomes/impact lens, monitor the impact of data sharing between public health and public safety, measure the impact on people who are experiencing homelessness or transience

DE-IMPLEMENTATION

- » De-implementation: the removal or reduction of practices, programs, or policies that no longer provide benefit to people or are not achieving intended outcomes.
- » Times changes, we can adapt
- » Systems are made of people, if we change ourselves, our practices, our approaches, we change the system
- » Key to achieving health equity
- » Create room for what works

LISTENING TO PEOPLE WHO USE DRUGS AT STATE AND LOCAL LEVEL

Systematic,
compensated input
from people who
use drugs

- Advisory councils
- Drug User Unions
- Program – funder – community feedback loops

Qualitative
Research

- Cross sectional investigation of emerging trends
- Compensated interviews or focus groups
- Quick policy briefs for decision makers

SUMMARY

Make evidence-based treatment available to people who want it, in a convenient and non-judgmental manner

Prioritize health outcomes in evaluation of police interventions, hold them to the same standard as harm reduction

Avoid collecting more data and doing more research until we cultivate trust

Consider “de-implementation” of what is not working, this is a well-defined component of implementation science

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