

**Children, Youth and Families Behavioral Health System of Care,
Transition Age Youth (TAY) Behavioral Health Services, and
Adult Behavioral Health System of Care
Combined Councils Virtual Meeting**

[ZOOM Link](#)

Monday, October 11, 2021

10:00 – 11:30 AM

CYF Co-Chairs Suzette Southfox Jaime Tate-Symons	TAY Co-Chairs Mark Bartlett Laura Tancredi-Baese	AOA Co-Chairs Marisa Varond Jeffrey Najarian
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Agenda

I.	Welcome and Introductions Piedad Garcia, Adult Older Adult (AOA) Deputy Director Yael Koenig, Children Youth and Families (CYF) Deputy Director	Piedad Garcia 5 minutes
II.	Business Items <ul style="list-style-type: none"> Review of April 12, 2021 Combined Councils Meeting Summary - Handout-Pages 2-3 CYF, AOA, and TAY Council Written Updates-Handout - Pages 4-9 	Yael Koenig 5 minutes
III.	Harm Reduction Context Documents <ul style="list-style-type: none"> June 8, 2021-Item 04: Receive Update on Comprehensive County Substance Use Harm Reduction Strategy, Attachment A, and presentation-Handouts - Pages 10-24 Principles of Harm Reduction by the National Harm Reduction Coalition-Handout - Pages 25-26 Link: https://harmreduction.org/wp-content/uploads/2020/08/NHRC-PDF-Principles_Of_Harm_Reduction.pdf 	Piedad Garcia Yael Koenig 75 minutes
Harm Reduction Overview Nicole Esposito, MD, Michael Krelstein, MD, and Jarrod Ekengren, MPH		
Facilitated Panel Discussion - Piedad Garcia and Yael Koenig		
<ol style="list-style-type: none"> What is beneficial about introducing Harm Reduction? What opportunities does it present? How does the age of the participant impact Harm Reduction strategies? What considerations need to be made when someone is involved with these systems? <ol style="list-style-type: none"> Justice Child Welfare Education Other 		
Laura Vleugels, MD County of San Diego, BHS Supervising Psychiatrist	Youth Perspective	
Micaela Cunningham NAMI San Diego-Community Development Specialist	TAY Perspective	
Aleka Delafield Heinrici, MD San Ysidro Health Clinic, Addiction Medicine Specialist Director of Substance Use Disorder Services	Prescriber Perspective	
Nicole Chapman	Adult Consumer Perspective	
Scott Suckow Liver Coalition of San Diego, Executive Director	Hepatitis Task Force Coalition Representative Education and Resources	
Open Discussion Please unmute yourself to contribute to the discussion Please also feel free to utilize the chat function to ask questions or provide input		
<ol style="list-style-type: none"> How does integrating a Harm Reduction philosophy and practice affect your work? What is the impact on clients by utilizing a Harm Reduction model of service? What challenges are you experiencing/anticipating while moving towards a Harm Reduction approach? <ul style="list-style-type: none"> How are you addressing them? What successes have you experienced by introducing Harm Reduction strategies? What changes do you hope to see in the System of Care as a result of the Harm Reduction Initiative? 		
IV.	Closing Remarks and Announcements <ul style="list-style-type: none"> Poll Question – Harm Reduction Poll Question – Overall relevance of today's meeting November 2021 Councils Meetings <ul style="list-style-type: none"> CYF: Monday, November 8, 2021 from 9:00 to 10:30 AM via Zoom TAY: Wednesday, November 24, 2021 from 3:00 to 4:30 PM via Zoom AOA: Monday, November 8, 2021 from 11:00 AM to 12:30 PM via WebEx 	Piedad Garcia Yael Koenig 5 minutes

**Children, Youth and Families Behavioral Health System of Care,
Transition Age Youth, and
Adult Behavioral Health System of Care
Combined Councils Virtual Meeting Summary**

April 12, 2021
10:00 to 11:30 A.M.

ITEM	SUMMARY
I. Welcome and Introductions <ul style="list-style-type: none"> Piedad Garcia, Adult Older Adult (AOA) Deputy Director Yael Koenig, Children Youth and Families (CYF) Deputy Director 	<ul style="list-style-type: none"> Welcome and introductions provided by Piedad Garcia and Yael Koenig.
II. Business Items <ul style="list-style-type: none"> Review/Approval October 12, 2020 Minutes-Handout -Pages 2-3 CYF, AOA, and TAY Council Written Updates-Handout-Pages 4-9 MHSA Update (Dr. Danyte S. Mockus-Valenzuela)-Handout-Page 	<ul style="list-style-type: none"> Meeting notes were reviewed virtually by attendees. Written councils' updates were included in the meeting packet. Written MHSA update was included in the meeting packet.
III. COVID-19 Impacts on our Systems of Care-Handout-Pages 11-45 <ul style="list-style-type: none"> Panel Moderator: Christine Frey 	
<p align="center">Each panel member discussed items listed below as it relates to COVID-19:</p> <ul style="list-style-type: none"> Provider Challenges Cultural/Ethnicity/Race Factors What adaptations have you/your program made during this time? Success/Positive Story 	
<p align="center">Panel Members</p>	
<p><u>Community Research Foundation (CRF)</u></p> <ul style="list-style-type: none"> Julie McPherson, LMFT -Vice President of Child, Youth, & Family Services Sarah Welsh, LMFT-Service Line Director of Child, Youth, & Family Services, Program Director of Douglas Young Youth & Family Services 	<ul style="list-style-type: none"> Christine Frey facilitated panel discussion and introduced each speaker. Each speaker(s) presented on behalf of the respective sector(s) they represented. Christine Frey facilitated the Discussion, Q&A at the end of all speakers.
<p><u>Pathways Community Services</u></p> <ul style="list-style-type: none"> Joseph Edwards, LMFT -Clinical Supervisor/Assistant Program Director-KickStart Elise Blanton-Hubbard, MOT, OTR/L-Occupational Therapist 	
<p><u>San Diego Youth Services</u></p> <ul style="list-style-type: none"> Melanie Morones, MFT, ATR, ECMHS -Program Manager of Our Safe Place Dung King-Youth Support Partner 	
<p><u>McAlister Institute for Treatment and Education, Inc.</u></p> <ul style="list-style-type: none"> James V. Dunford MD, FACEP-Medical Director 	
IV. Discussion/Questions/Answers <ul style="list-style-type: none"> Discussion Moderator: Christine Frey <ul style="list-style-type: none"> How have you been able to address the racial pandemic during this time? What impact has it had on the engagement, any? Is it inspiring to hear that students have reached out to you even when school is not in session? 	
V. Closing Remarks and announcements <ul style="list-style-type: none"> Piedad Garcia and Yael Koenig provided closing remarks and announcements. 	
<p align="center">Next Combined Meeting: Date: Monday, October 11, 2021 Time: 10:00 to 11:30 A.M.</p>	

Committees/Sectors/Workgroups Meetings Information:

**Due to COVID-19, Councils meetings are occurring virtually
Please reach out to the specific Council staff member or lead or Executive Subcommittee member to obtain
location/link**

Behavioral Health Advisory Board (BHAB) meeting: Meets the first Thursday of the month from 2:30 to 5:00 P.M.

CYF Council: Meets the first Monday of every month from 9:00 to 10:30 A.M.

TAY Council: Meets the fourth Wednesday of the month from 3:00 to 4:30 P.M.

Adult Council: Meets the first Monday from 11:00 A.M. to 12:30 P.M.

Children, Youth and Families Behavioral Health System of Care Council Achievements and Goals Update October 11, 2021

Fiscal Year 2020-21 Achievements

- Addressed transformation of services delivery due to COVID-19 through:
 - Sharing of
 - BHS Director's updates and BHS Director's Reports to the Behavioral Health Advisory Board (BHAB)
 - Board of Supervisors (BOS) Letters
 - SchoolLink updates
 - County website links
 - Facilitating discussions at the CYF Council meetings (January 11, February 8, and March 8, 2021), focused on best practices for Recruitment and Engagement During the Pandemic
- Addressed Equity and Racial Justice through:
 - Sharing of:
 - Board of Supervisors (BOS) Letters
 - Announcement of relevant trainings and conversations
 - An interactive presentation on Personal Commitment to achieve inclusion and equity (March 8, 2021). Input obtained from Council attendees was documented and shared with the Cultural Competence Resource Team.
- Supported the first annual Birth of Brilliance conference held on February 25, 2021
- Facilitated:
 - Annual CYF Council Orientation (July 13, 2020)-59 participants
 - Annual Council Strategic Planning (August 10 and September 14, 2020)
 - Convened the postponed April 13, 2020 Combined Councils meeting focused of Transgender Health Across the Lifespan (October 12, 2020)
 - Live Well San Diego Youth Sector presentation (November 9, 2020)
 - Discussions on Best Practices for Recruitment and Engagement During the Pandemic (January 11, February 8, and March 8, 2021)
 - Live Well Schools-Tools for Schools (March 8, 2021)
 - Virtual "Breakfast with the Director" discussion focused on current priorities and needs for CYF (May 10, 2021)
 - Review of American Rescue Plan Act (ARPA) funding and discussion of needs and priorities (June 14, 2021); final document was delivered to the BHS Director on June 18, 2021
 - Recognitions:
 - Presented the Advancing Principles Award (September 9, 2020)
 - Acknowledged the work of Council Co-Chairs, Members, and Alternates upon their retirement/end of term
 - May 7th day of May 2021 Proclaimed as Children's Mental Health Awareness Day
 - Advanced Youth involvement through collaboration with the Live Well Youth Sector, Brain XP, and California Behavioral Health Council

To view the [Fiscal Year 2020-21 Achievements](#) and Fiscal Year 2021-22 Goals Summary Document, please visit the BHS Council Webpage, specifically, the CYF Council August 2021 meeting:

<https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/CYF/August%209%202021%20CYF%20Council%20Meeting%20Packet-Final.pdf>

Fiscal Year 2021-22 Goals

- Continue to facilitate Council meetings, manage infrastructure that promotes valuable information exchange, deliberation and actions that extend to supporting the Council subcommittees
 - Coordination of the October 11, 2021 Combined Councils meeting
 - Maintain CYF Council website updated
 - Ensure that the meeting format meets the Council needs (virtual or in-person)
 - Added poll questions to gather input and feedback during the monthly meetings
- Consider landscape and other systems priorities to identify opportunities for synergy towards advancement of system of care
 - Work collaboratively with the Live Well Youth Sector and its activities
- Attend to shifting needs associated with the pandemic
 - September 13, 2021 Council meeting Hot topic: Pandemic Impact and School Focus panel
- Address Equity and Racial Justice
- Increase participation in the annual Youth Mental Health Well Being Celebration
- Promote youth engagement and participation
 - Two youth participated as panel members in the September 13, 2021 Council meeting
 - Leverage relationship with Live Well Youth Sector
- Support the County Substance Use Harm Reduction Strategy
 - Harm Reduction is the focus of the October 11, 2021 Combined Councils meeting
- Coordinate the delivery of the annual CYF Council Orientation
 - July 12, 2021 through a virtual format hosting 60 participants, including several youth
- Support the advancement of the CYF System of Care through trainings/conferences:
 - The We Can't Wait Early Childhood Conference (September 23-25, 2021)
 - The Birth of Brilliance conference (February 2022)
 - Critical Issues in Child and Adolescent Mental Health (CICAMH) conference (March 11, 2022)
 - Annual CYF System of Care Training Academy Conference (May 2022)

To view the Fiscal Year 2020-21 Achievements and [Fiscal Year 2021-22 Goals Summary Document](#), please visit the BHS Council Webpage, specifically, the CYF Council August 2021 meeting:

<https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/CYF/August%202021%20CYF%20Council%20Meeting%20Packet-Final.pdf>

Transition Age Youth Behavioral Health System of Care Council Achievements and Goals Update October 11, 2021

Fiscal Year 2020-21 Achievements

- **Social Justice:** Focused on disparities in TAY accessing Mental Health and Substance Use services. Identified specific needs of TAY facing/impacted by inequity.
 - Social Justice subcommittee brainstormed avenues to research how diverse and culturally sensitive our workforce is and how this correlates with TAY engagement and retention in services.

- **Optimal Service Access:** Use of TAY perspectives as well as data to identify blocks to service delivery and the specific needs of TAY affected by COVID related issues.
 - Convened a sub-committee for Optimal Service Access and Engagement which reviewed and discussed access and engagement rates, especially due to the changed service environment and social distancing guidelines in place for TAY due to COVID 19.
 - Requested and reviewed data from the BHS PIT unit from 2020 Q2 and 2021 Q2.
 - ‘Supporting Youth Engagement’ in services presentation provided to TAY Council on 9/23/20 in support of collaboration in increasing Youth Engagement throughout all levels of services.
 - TAY Council devoted a meeting to a roundtable discussion with providers about the impacts of COVID 19 within their programs and services delivery networks regarding what worked and did not work when working with and engaging TAY. This included Best Practices Discussion Regarding TAY Outreach and Engagement During COVID such as use of telehealth as alternative to in-person services, and meeting youth with where they are, building on and maintaining trusting connections for empowering creative expression, while taking precautionary measures for protecting health (accessing open spaces, use of masks, etc.).

- **Website and Orientation Manual for the TAY Council:**
 - The Orientation Manuel has been completed for Council Member review and serves as an engaging overview of Council member responsibilities for new appointees and as a comprehensive view of the form and function of the Council for interested candidates.

- **The TAY Council also hosted numerous subject matter expert presentations, including:**
 - Homeless Response Center (HRC) presentation to educate our TAY focused programs and community members about what the County has to offer to assist the homeless population in our communities
 - Presentation on Youth Engagement Services (YES) Initiative
 - Presentation on Host Homes
 - COVID 19 presentation by Champions for Health in collaboration with HHSA
 - Health Care Disparities discussion with BHS AOA deputy director Piedad Garcia
 - NAMI SD presentation
 - Housing Our Youth (HOY) program presentation
 - Hosted the Coordinated Combined Behavioral Health Services Councils meeting with focus on panel discussion of COVID 19 Impacts on our Systems of Care
 - San Diego Youth Services programs presentation
 - CADRE presentation by BHS CYF

Fiscal Year 2021-22 Goals

- TAY Resource Guide: Will develop an updated TAY Resource Guide with current resources in our County for Transitional Age Youth.
- Housing: Helping to bridge the gap between TAY and accessing/acquiring sustainable housing in the County.
- Employment/Education Services: Focus on the importance of promoting education and employment services for Transitional Age Youth, and how providers can assist and support them through the process.

Adult and Older Adult Behavioral Health System of Care Council

Achievements and Goals Update

October 11, 2021

Fiscal Year 2020-21 Achievements

Director's Report Include:

- Various Request for Procurements including, but not limited to:
 - ✓ Redesigned Biopsychosocial Rehabilitation Mental Health Outpatient Clinics
 - ✓ 5 – Region Mobile Crisis Response Team
 - ✓ Clubhouses
 - ✓ Behavioral Health Support Services at San Diego Housing Commission properties
- Added Assertive Community Treatment (ACT) and Augmented Services Program (ASP) capacity.
- Behavioral Health Services partnered with City of San Diego and San Diego Housing Commission on multiple projects such as services at the Convention Center and Coordinated Homeless Outreach in Downtown San Diego in July 2021.
- Utilizing American Rescue Plan Act (ARPA) funds for housing subsidies.
- Health and Human Services Agency (HHS) undergoing a large revision to better address two priority challenges for the region: equity and homelessness. HHS is establishing a Department of Homeless Solutions and Equitable Communities, which includes Office of Homeless Solutions and an Office of Equitable Communities. HHS is also establishing Office of Immigrant and Refugee Affairs and Office of Equity and Racial Justice.

Adult Council Membership

- Added new members and alternates for the following constituencies:
 - ✓ Prevention and Early Intervention – 1 member added
 - ✓ Person Served – 3 members and 3 alternates added
 - ✓ Community College – 1 member and 1 alternate added

Adult Council Workgroups and Report Out – monthly status reports by the following Workgroups

- ✓ CCRT – CCRT member provides monthly updates
- ✓ Work Well - Employment Workgroup
- ✓ Consumer Workgroup
- ✓ MHSA - MHSA lead provides monthly updates

Health Care and Racial Disparities

- Discussed Health Care and Racial Disparities based on BOS direction across the County, HHS and BHS.
- as an ongoing item Received and reviewed the Mental Health Contractors' Association position paper on healthcare disparities and recommendations to recruit and retain more BIPOC providers, including:
 - ✓ Enhance program funding to increase BIPOC and/or bilingual providers and salaries for existing providers
 - ✓ Redesign contract requirements to increase BIPOC workforce and salaries
 - ✓ Redefine job qualifications and create additional opportunities to utilize BIPOC workforce whose participation may be impacted by systemic barriers
 - ✓ Reduce documentation requirements and administrative burdens that negatively impact the workforce and particularly BIPOC providers
 - ✓ Utilize a bottom-up, community-based approach to engage BIPOC communities, ideally with providers who reflect the community
- Received and reviewed recommendations from the TAY Council on LGBTQ disparities:
 - ✓ Improve data collection of LGBTQ clients
 - ✓ Increase and diversify training opportunities within the system of care
 - ✓ Enhance provider environments to be more welcoming of LGBTQ individuals
 - ✓ Augment existing contract language to ensure affirming, culturally responsive care

Social Determinants of Health, including Housing

- Received a presentation from the County’s Technical Assistance provider, the Corporation for Supportive Housing, on the most recent BHS Housing Council Priorities and various housing initiatives supporting individuals served by BHS
- Participated in the All-Council Listening Session to help inform the goals and priorities for the next BHS Strategic Housing Plan with a particular focus on housing that serves individuals with a Substance Use Disorder
- Presentation about Wakeland Housing Developers permanent supportive housing projects, including the impacts of COVID, the technology needs of residents, and the CARES funding leveraged to support ongoing connections to care.
 - ✓ Made a recommendation to the BHS Director to address information technology needs such as internet access and devices in future permanent supportive housing projects
- Dr. Jennifer Tuteur and Dr. Nicole Esposito presented on the forthcoming Medi-Cal reform called CalAIM, including expanded opportunities to address social determinants of health and support individuals with behavioral health needs.

Continuum of Care

- Deputy Director reported on the progress of implementing the Mental Health Outpatient Redesign Recommendations, including:
 - ✓ Care coordination, with a focus on creating a process for expedited readmission and improving stepdown care
 - ✓ Reducing administrative burdens such as redefining billable activities and peer support productivity
 - ✓ Clinical improvements promoting better access to care and improved tools for reporting data.
- Design and Development meetings are taking place for all levels of services to include outpatient mental health clinics and clubhouses procurements. In addition, AOA staff is working with selected outpatient clinics in the implementation of care coordination for clients discharged for BHU.
- Received important public input about the challenges of getting help for family members who do not want to engage in services. Subsequent meetings included discussions and presentations about In-Home Outreach Team (IHOT) and Assisted Outpatient Treatment (AOT), supports that may become available through CalAIM and other care coordination initiatives, the increased investment in community-based and hospital-based Crisis Stabilization Units (CSUs), ASP bed augmentations, and the Mobile Crisis Response Team (MCRT) rollout.
- The County is in the process of establishing a County-operated Enhanced Care Coordination service line, consistent with CalAIM.

Harm Reduction

- Discussed the Board of Supervisors’ passage of the Comprehensive Harm Reduction Strategy and resulting actions:
 - ✓ Launch of the Community Harm Reduction Team (CHRT) – a multi-disciplinary team of licensed clinicians, substance use counselors, nurses and psychiatrists to address clients in the City of San Diego with substance use conditions, who are homeless and difficult to engage.

Fiscal Year 2021-22 Goals

- **Collaborate with CCRT to examine and address health care disparities and social determinants of health in communities of color, particularly around access to care and workforce goals**
- **Work with the County, system partners, and the Housing Council to address social determinants of health to include technology needs**
- Continue to receive updates on Continuum of Care reforms, providing recommendations to the BHS Director from the Adult Council’s cross-disciplinary membership
- Better understand and make recommendations regarding recent increases in overdose deaths
- Work with system partners to respond to decreases in access to care and to explore new opportunities for collaboration.

* **Bold goals are Fiscal Year 2020-21 priorities**



COUNTY OF SAN DIEGO

AGENDA ITEM

BOARD OF SUPERVISORS

NORA VARGAS
First District

JOEL ANDERSON
Second District

TERRA LAWSON-REMER
Third District

NATHAN FLETCHER
Fourth District

JIM DESMOND
Fifth District

DATE: June 8, 2021

04

TO: Board of Supervisors

SUBJECT

RECEIVE UPDATE ON COMPREHENSIVE COUNTY SUBSTANCE USE HARM REDUCTION STRATEGY (DISTRICTS: ALL)

OVERVIEW

On January 26, 2021 (13), the San Diego County Board of Supervisors (Board) voted to find prior Board direction opposing harm reduction programs, including the December 9, 1997 resolution entitled "Resolution to Oppose Needle Exchange Programs," to no longer be in effect.

The Board further directed the Chief Administrative Officer to create an Action Plan to realize a Syringe Services Program to meet the needs of San Diego County's population, and to return within 90 days with a comprehensive County Substance Use Harm Reduction Strategy including immediate-, intermediate- and long-term actions that broadens the existing "Opioid and Prescription Drug Misuse" strategy to bring a harm reduction approach to all substance use interventions across San Diego County.

Today's update outlines a comprehensive County Substance Use Harm Reduction Strategy which envisions a world where harms related to substance use are seen as concerns of overall health and well-being, where stigma does not impede access to services, and where we realize a community free of substance use-related harms, with efforts concentrated in four specific focus areas: cross-sectoral convening, housing, workforce, and healthcare integration and access. An action plan to realize a Syringe Services Program is included in the update, as part of the healthcare integration and access focus area.

As further engagement of stakeholders in shaping the tactics associated with the Harm Reduction Strategy moves forward, including input from those with lived experience, specific tactics to operationalize a local naloxone distribution effort will be launched immediately to address alarming rates of drug overdose deaths further exacerbated during the course of the COVID-19 pandemic.

Today's action provides a framework for our County's collaboration with community stakeholders to further incorporate a client-centered, data-driven, public health-oriented approach into service delivery and policy. By supporting the reduction of individual and community harms associated with substance use, this item supports the County's *Live Well San Diego* vision.

SUBJECT: RECEIVE UPDATE ON COMPREHENSIVE COUNTY SUBSTANCE USE HARM REDUCTION STRATEGY (DISTRICTS: ALL)

RECOMMENDATION(S)

CHIEF ADMINISTRATIVE OFFICER

Receive an update on the comprehensive County Substance Use Harm Reduction Strategy, inclusive of a Syringe Services Action Plan.

EQUITY IMPACT STATEMENT

Poverty, drug use, and involvement with the justice system are deeply intertwined and the resulting community and individual traumas are disproportionately felt by low-income populations, as well as communities of Black, Indigenous, and people of color (BIPOC) throughout San Diego County. The County Substance Use Harm Reduction Strategy is designed to combat these patterns at a systemic level and to address the most pressing issues at the intersection of behavioral and public health to improve outcomes for people who use drugs (PWUD) and the broader San Diego community.

Today's action advances equity and racial justice through a client-centered, data-driven, population health approach that delivers behavioral health services through a system of care which recognizes the lived experience of people who use drugs and affirms the dignity of all individuals, families, and communities.

FISCAL IMPACT

There is no fiscal impact associated with this item.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

The Behavioral Health Advisory Board unanimously supported the recommendations at its meeting on May 6, 2021. This was presented to the Health Services Advisory Board as an informational item on June 1, 2021.

BACKGROUND

In an action brought forward by Chair Nathan Fletcher on January 26, 2021 (13), the San Diego County Board of Supervisors (Board) voted to find prior Board direction opposing harm reduction programs, including the December 9, 1997 resolution entitled "Resolution to Oppose Needle Exchange Programs," to no longer be in effect.

The Board further directed the Chief Administrative Officer to:

- Create an Action Plan to realize a Syringe Services Program to meet the needs of San Diego County's population, including identification of necessary resources and program partnerships, and in accordance with findings and recommendations in the January 14, 2021, Health and Human Services Agency (HHSA) memo and accompanied the Family Health Centers of San Diego and San Diego State University's Institute for Public Health study, *Environmental Assessment on People Who Inject Drugs*, and report back to the Board with regular updates; and

SUBJECT: RECEIVE UPDATE ON COMPREHENSIVE COUNTY SUBSTANCE USE HARM REDUCTION STRATEGY (DISTRICTS: ALL)

- Return within 90 days to the Board with a comprehensive County Substance Use Harm Reduction Strategy including immediate, intermediate, and long-term actions that broadens the existing “Opioid and Prescription Drug Misuse” strategy to bring a harm reduction approach to all substance use interventions across the County.

Following this direction, HHSA leadership immediately established an internal Population Health Steering Committee. The Population Health Steering Committee is an interdepartmental body formed to support a broad-reaching, multidisciplinary collaboration across key County of San Diego (County) departments and business groups for the design, planning, and implementation of population health approaches in San Diego County. Co-chaired by Public Health Officer and Public Health Services Director, Dr. Wilma Wooten and Behavioral Health Services Director, Dr. Luke Bergmann, the Steering Committee has led the development of a **comprehensive County Substance Use and Harm Reduction Strategy (Harm Reduction Strategy)**, inclusive of a **Syringe Services Action Plan**, while working swiftly on the immediate, life-saving task of expanding naloxone distribution in San Diego County.

The Harm Reduction Strategy:

- Envisions a world where harms related to substance use are seen as concerns of overall health and well-being, where stigma does not impede access to services, and where we realize a community free of substance use-related harms.
- Strives to respect all people who use drugs, as well as their families and communities, regardless of gender, race, age, sexual orientation, ethnicity, culture, spirituality, health, or socioeconomic status.
- Is driven by a multidisciplinary evidence base and builds upon over a decade of foundational work of local regional stakeholders to mitigate the harms to residents, families and communities related to the misuse of prescribed and illicit opioids and other prescribed medications.

The Harm Reduction Strategy includes four major focus areas listed below, with complete details on Attachment A. Each focus area contains a roadmap of activities rooted in immediate-, intermediate- and long-term tactics.

- *Cross-sectoral Convening,*
- *Housing,*
- *Workforce, and*
- *Healthcare Integration and Access.*

While deeper engagement of stakeholders is in development and implementation of the tactics associated with the Harm Reduction Strategy moves forward, specific tactics within the focus area of *healthcare integration and access* to operationalize a local naloxone distribution effort will be launched immediately to address alarming rates of drug overdose deaths further exacerbated during the course of the COVID-19 pandemic.

SUBJECT: RECEIVE UPDATE ON COMPREHENSIVE COUNTY SUBSTANCE USE HARM REDUCTION STRATEGY (DISTRICTS: ALL)

Local Naloxone Distribution Effort

Naloxone, commonly known by brand name Narcan, is an emergency medication which reduces and reverses the effects of opioid overdoses. In practice, naloxone is a life-saving drug often administered by bystanders to an individual in the midst of an opioid overdose, allowing the overdosing individual’s normal breathing to be restored. Naloxone can be delivered intranasally with the use of a mucosal atomizer device or, intravenously or intramuscularly with a syringe and vial, or auto-injector.

Naloxone is commonly carried by first responders, law enforcement agencies, and community-based organizations that serve people who may be at risk of drug overdose and others who may know people at risk of overdose. Additionally, County Emergency Medical Services developed a partnership with the California Department of Healthcare Services (DHCS) Naloxone Distribution Project (NDP). Through this program, EMS agencies, first responders, and community organizations in California can distribute naloxone to those who would benefit following an emergency patient contact.

Public health research reflects that broad community distribution of naloxone is a proven strategy to reduce overdose deaths. Broad distribution, coupled with training, helps ensure those who are using substances are carrying this life saving medication if needed in the event of an overdose. It also helps ensure people who may witness an overdose, such as family members of a person who uses substances, have naloxone readily available and can render aid. Naloxone success depends on the level of saturation within the community, and ideally should be widely distributed and available at a variety of access points.

While there is already a baseline level of naloxone distribution and access in the community, the rising threat of fentanyl – an ultra-potent opioid found increasingly in opioid and non-opioid drug supplies alike – has precipitated the need for greater naloxone saturation in the community. The onset of COVID-19 coincided with a significant rise in deaths due to drug overdose (50% more overdose deaths in July and August 2020 than in February and March 2020), further increases the urgency for naloxone distribution.

Building on existing efforts, the County’s plan to enhance our naloxone distribution effort includes the implementation of a local Naloxone Standing Order. Naloxone is a prescription medication, requiring a prescribing entity to write individual prescriptions for each person receiving a dose of the medicine. This process can be time-consuming and prohibitive of the ability to quickly and efficiently distribute naloxone into the community. California law provides for the issuance of a local standing order which is a legal document authorizing properly trained individuals within a given jurisdiction to distribute naloxone without needing a specific prescription for each trained community recipient. The standing order for naloxone distribution was recently signed by Dr. Wilma Wooten, the County’s Public Health Officer, which authorizes trained County staff, contracted staff, health organizations, community-based organizations, and other trained community members to distribute naloxone per the standing order. This standing order removes barriers and allows the County to enhance the speed and volume of naloxone distribution into the community.

SUBJECT: RECEIVE UPDATE ON COMPREHENSIVE COUNTY SUBSTANCE USE HARM REDUCTION STRATEGY (DISTRICTS: ALL)

To take the initial steps to enable broader community distribution of naloxone, HHSA has filed an application to receive a free supply of naloxone from the State Department of Health Care Services via its Naloxone Distribution Project. Potential distribution sites and distribution methods are being evaluated in the context of population health data, operational efficiency, and on achieving the greatest success of community saturation. Information from this initial distribution effort will be used to inform any longer-term plans for expanding and sustaining broad community distribution.

Another immediate-term tactic within the *healthcare integration and access* focus area is creation of a Syringe Service Program Action Plan per Board direction. Realizing a County Syringe Services Program (SSP) is a complex effort requiring collaboration with partners and stakeholders across disciplines and communities as well as inputs of resources. Outlined below are action steps to realize a Syringe Service Program.

Syringe Service Program (SSP) Action Plan

In support of those at risk of harm from substance use, HHSA continues to enhance the array of engagement strategies by transforming our care ecosystem toward low-barrier access modes of care and ensuring the process to get health care and social services is easy. Settings that employ harm reduction strategies adopt a supportive, inclusive, stigma-free, “meeting people where they’re at” posture and facilitate easy entry into general health care, social services, and/or treatment.

Based in the community, SSPs are an evidence-based component of low-barrier care that provides clean syringes to people who inject drugs (PWID) and collect used syringes in return. This helps ensure hazardous needles are not discarded into parks, on streets, or elsewhere in the community, and supports a reduction of sharing of needles among PWID which contributes to reductions in transmission and acquisition of the Hepatitis C virus (HCV), the human immunodeficiency virus (HIV), and other diseases. Notably, in 2019, 30% of newly reported chronic Hepatitis C cases in San Diego County were people with a history of intravenous drug use. SSPs are a critical component of working together with other community-wide efforts such as the Eliminate Hepatitis C San Diego County initiative.

Additional services may be offered at SSPs, such as linkages to substance use disorder treatment, mental health services, primary and specialty medical care, social services, HCV and HIV testing, naloxone training and distribution, overdose prevention assistance, and education. SSPs may utilize a workforce consisting of medical, behavioral health, public health, and addiction specialist personnel, as well as peer support specialists and volunteers.

In response to Board direction, a high-level SSP Action Plan was created to meet the needs of San Diego County’s populations and ensure successful deployment and operation of a SSP Action Plan.

1. Engaging San Diego County stakeholders and residents

The County will engage residents and stakeholders from organizations and constituent groups across San Diego County’s communities to receive input that will shape planning and implementation efforts.

SUBJECT: RECEIVE UPDATE ON COMPREHENSIVE COUNTY SUBSTANCE USE HARM REDUCTION STRATEGY (DISTRICTS: ALL)

To support these efforts, HHSA will procure a consultant to conduct a Community Readiness Assessment. The Community Readiness Assessment will help the County better understand resident knowledge of SSPs, identify organizations and groups that support deployment of SSPs, and better understand concerns and objections regarding SSPs, particularly for residents who are located in areas considered for SSPs.

The County will use information and data collected from this assessment to build relationships with organizations and constituent groups and support the action steps outlined below including the reviewing and assessment of policy, and development evaluation criteria to assess the success of future SSPs. Ultimately, information and data from this Community Readiness Assessment will be used to help improve the County’s response to our residents impacted by injection drug use and support the health and safety of all our residents.

2. Convening the County enterprise around planning and implementation

Given that the County has not previously operated SSPs, and given that implementation of SSPs will involve multiple stakeholders across the County enterprise, this set of activities will bring together representatives of County leadership and business groups to meet and collaborate to identify key operational and policy decisions. To guide the discussions, staff and subject matter experts will hear and share community input gathered including from those with lived experience; key population health and other data; and review best practices as identified by technical experts and as informed by the experiences of other jurisdictions. Staff will develop a work plan describing key activities and decisions required to deploy SSPs along with proposed timelines.

3. Developing policies and procedures for siting, implementing, and monitoring SSPs

This set of activities will create the operational blueprint for the establishment, monitoring, and evaluation of SSPs. Key activities will include identification of potential resource needs such as staffing and funding, and development of policies, procedures, and criteria to site, implement, and monitor SSPs. This includes the development of processes to respond promptly to resident concerns about any sited SSPs, including processes for follow-up, investigation, response, and resolution.

4. Implementation and ongoing evaluation

The model for, and timing of, implementation of SSPs will be shaped by the action steps above. In support of transparency with stakeholders and constituents, the County will identify key measures associated with any permitted SSPs and collect data that can be used to assess their effectiveness. These measures will include operational measures (e.g., number of syringes collected, number of syringes distributed, number of naloxone kits distributed, number of fentanyl test strips distributed, number of HIV and HCV tests provided), and outcome measures (e.g., the percentage of clients linked to medical care, number of clients enrolled in substance use treatment and the percentage who complete treatment, reductions in local overdose admissions, reductions in local overdose deaths). Information on development of these measures will be provided in a future update.

SUBJECT: RECEIVE UPDATE ON COMPREHENSIVE COUNTY SUBSTANCE USE
HARM REDUCTION STRATEGY (DISTRICTS: ALL)

As resources are needed to support implementation and operationalization of elements of the Comprehensive Harm Reduction Strategy, including realizing a Syringe Services Program, these will be identified for your Board.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's action supports the County of San Diego's 2021-2026 strategic initiatives of Building Better Health and Living Safely, as well as the County's *Live Well San Diego* vision, by updating a comprehensive and coordinated plan to support people who use drugs through implementation of proven harm reduction strategies.

Respectfully submitted,



HELEN N. ROBBINS-MEYER
Chief Administrative Officer

ATTACHMENT(S)

Attachment A – County of San Diego Comprehensive Harm Reduction Strategy



County of San Diego Comprehensive Harm Reduction Strategy

INTRODUCTION/BACKGROUND

Despite longstanding commitments and efforts by leaders from across sectors including substance use disorder (SUD) treatment providers within San Diego County, high-risk behaviors and harms related to substance use remain at an all-time high.

Overdose deaths in the region jumped from 616 in 2019 to 941 deaths in 2020, including a three-fold increase in fentanyl deaths. Sadly, a higher monthly trend continues in the early part of 2021, on pace for nearly 1,200 overdose deaths for the year if the current trend continues. Overdose deaths are only one indicator of the impact of substance use in our region, as the harms of substance use extend to families, neighborhoods, the healthcare system, and to other intersecting systems.

To make a significant impact on this trend, a broader approach focusing specifically on reducing harms and high-risk behaviors can be integrated across health and social services—one that is cohesive and on a continuum with existing SUD services. Over thirty years of evidence around the world has shown that harm reduction approaches reduce the spread of the Hepatitis C virus (HCV) and the human immunodeficiency virus (HIV), lead to greater engagement with treatment, lead to reductions in crime, and reduce overdose deaths, among other positive outcomes, with no increase in usage rate of substances.

A Comprehensive Harm Reduction Strategy is being put forth in this document, pursuant to Board of Supervisors' direction on January 26, 2021 (13). The Harm Reduction Strategy will guide the County of San Diego, in collaboration with partners and stakeholders, in addressing the most pressing issues at the intersection of behavioral and public health; and will initiate and effect data-driven decision-making and evidence-based solutions to improve outcomes for both the people who use drugs (PWUD) population—a high-need population—and the broader San Diego community.

VISION

Envisioning a community where the impacts related to substance use are seen as a crisis that influences overall health, well-being, and the quality of life of the individual, families, and community, where stigma does not impede access to services, and where we realize a community free of substance use-related harms.

MISSION

To protect San Diegans from the individual, family, and community impact of drug use by enacting a harm reduction approach towards substance use which prioritizes human dignity, saving lives, providing appropriate levels of care for people who use drugs (PWUD), and best practices in addressing substance use, and addiction.

GUIDING PRINCIPLES

Guiding principles of the harm reduction approach in San Diego County are as follows:

page 1 of 5



Human Rights and Dignity

Substance Use and Harm Reduction approaches in San Diego County respect all human beings, meeting them “where they’re at” without judgment and aim to reduce the stigma of people who use drugs (PWUD).

Diversity and Social Inclusivity

The County of San Diego strives to respect all PWUD, as well as their families and communities, regardless of gender, race, age, sexual orientation, ethnicity, culture, spirituality, health, or socioeconomic status.

Health and Well-Being Promotion

The County of San Diego aligns with the *Live Well San Diego* vision of healthy, safe, and thriving communities. Harm reduction efforts are oriented toward improving the health, safety, and capacity to thrive for all PWUD.

Partnerships & Collaborations

Harm reduction approaches are informed by and carried out through partnerships and collaborations across all sectors in the community. Partnerships are built upon the foundation of shared goals and trust in the interest of serving our community.

Participation (“Nothing about us without us”)

The County of San Diego recognizes the right of PWUD to be involved in the efforts to reduce the debilitating impact of drug use in their communities.

Accountability and Improvement

The County of San Diego is committed to continuous improvement in the quality of its harm reduction efforts and intends to use data, community feedback, and input to continually assess current and future individual and community needs.

STRATEGIC APPROACH AND PRIORITIES

Leveraging the expertise of individuals with lived experiences, behavioral health professionals, public health professionals, primary care providers, first responders, clinical experts, housing experts, and other subject matter experts and stakeholders, the Harm Reduction Strategy will inform collaborative efforts, evidence-based programming, and data-informed approaches to realize a physical health and behavioral health landscape which addresses the unique needs of specific populations in San Diego County. The strategy will guide decision-making for population health interventions initiated, designed, and implemented by the County of San Diego.

- Prioritize parity, healthcare integration, and a *harm reduction in all policies and programs* approach across all key areas of work.
- Use an approach that employs equity in the governance of mental health, substance use, and physical health services.
- Utilize a data-driven approach and best practices of harm reduction.
- Work with existing initiatives—such as Getting to Zero, Hep C Elimination Initiative in San Diego County, TB Elimination Initiative, and others—as touchpoints to further the goals of eliminating disease and reducing impact to the focus population.

TACTICAL FOCUS AREAS

The foundation of a successful substance use and harm reduction ecosystem in San Diego County will be worked on and operationalized within four tactical areas. These tactical focus areas are as follows:

- I. *Cross-Sectoral Convening*
The mission of greater health equity and improved health outcomes for the PWUD population in San Diego County requires integrated, cross-sector approaches. Convening and collaboration between County of San Diego business units, as well as health networks, community-based organizations, physical health entities, family and community voices, and other stakeholders is necessary to address the multifactorial challenges facing the PWUD population.
- II. *Housing*
Substance use and homelessness often overlap, with homelessness exacerbating the harmful effects of drug use, and vice versa. Being on the street and pushed to the margins increases the likelihood of risky behaviors and decreases the effectiveness of interventions aimed at reducing the harmful impact of substance use. Housing, therefore, must be a key pillar of a comprehensive harm reduction strategy.
- III. *Workforce*
To carry out the mission and realize the vision of the Harm Reduction Strategy, a workforce that is trained and skilled in the philosophy, approaches, and interventions of harm reduction will be a necessity. Developing and supporting a workforce that employs harm reduction principles across levels and types of service will be prioritized in our strategy.
- IV. *Healthcare Integration and Access*
The health and well-being of individuals do not exist in silos. Integration of care and access to the right services for PWUD is paramount. The effects of substance use impact the mental health and physical health of an individual, and the physical health and mental health of an individual impact the course and outcomes of their substance use. Integration across mental health, SUD, physical health, and community-based services is a key component of addressing the well-being of PWUD and managing care of individuals in a lower-acuity, chronic care context rather than expensive episodic, acute care contexts. For the chronic condition of SUD, harm reduction services and principles help add the necessary bridge for many clients for whom recovery is non-linear. When SUD treatment providers work in conjunction with harm reduction services and with harm reduction principles, service continuity can be optimized. Treating the whole person and ensuring access to best practices in harm reduction guide this focus area.

TACTICAL FOCUS AREAS

(1) Cross-Sectoral Convening	(2) Housing	(3) Workforce	(4) Healthcare Integration and Access
Immediate-term Tactics			
<ul style="list-style-type: none"> • Include public health leadership from government and community in governance of key regional meetings • Deploy County epidemiologists to provide technical assistance to key regional convenings to support development of a harm reduction approach, (i.e., development of data reports and dashboards) 	<ul style="list-style-type: none"> • Collaborate with housing technical expert(s) for review and comparison of needs and/or investments, including recommendations for leveraging national best practices and funding strategies that integrate harm reduction principles in housing settings 	<ul style="list-style-type: none"> • Ensure that harm reduction is a core component of peer service delivery 	<ul style="list-style-type: none"> • Issue Local Standing Order and implement broad local Naloxone distribution sprint to address COVID-19-related patterns of substance use • Optimize Drug Medi-Cal Organized Delivery System provider network naloxone distribution • Implement Syringe Service Action Plan • Pursue care management coordination with primary care for mental health (i.e., mild/moderate) and physical health • Conduct academic detailing to address barriers and expand access to buprenorphine • Collaborate with Federally Qualified Health Centers (FQHCs) and other partners to identify opportunities to further infuse a harm reduction approach into service delivery • Pursue fentanyl-specific testing
Intermediate-term Tactics			
<ul style="list-style-type: none"> • Implement joint annual harm reduction strategy-setting between key regional convenings • Leverage new data reports and dashboards to inform upstream prevention efforts as part of cross-sectoral convenings 	<ul style="list-style-type: none"> • Implement strategies identified via the above review to integrate harm reduction principles in housing settings, including strategies to address people with substance use disorder who are not considered disabled • Develop revised metrics and associated targets related to housing that incorporates a harm reduction approach 	<ul style="list-style-type: none"> • Enhance County and contracted workforce training to include harm reduction principles and strategies 	<ul style="list-style-type: none"> • Identify solutions to address parity in the provision/siting of substance use disorder versus mental health services • Identify policy opportunities to integrate FQHC and substance use disorder care delivery, including enhanced, integration/coordination around Drug Medi-Cal Organized Delivery System (DMC-ODS), and collaboration around CalAIM • Engage health plans, including Medi-Cal plans, to incorporate harm reduction opportunities in policy and practice • Promote buprenorphine access across all sectors; establish centralized quantitative metric for services

(1) Cross-Sectoral Convening	(2) Housing	(3) Workforce	(4) Healthcare Integration and Access
Long-term Tactics			
<ul style="list-style-type: none"> • Develop an integrated, unified, cross-sectoral regional governance structure for harm reduction 	<ul style="list-style-type: none"> • Pursue policy solutions to establish parity in funding for substance use housing resources 	<ul style="list-style-type: none"> • Develop a harm reduction training program for workforce working within the continuum of care for PWUD, including Drug Medi-Cal Organized Delivery System providers • Expand peer specialist workforce trained in employing harm reduction strategies within the County's system of care 	<ul style="list-style-type: none"> • Pursue policy solutions to integrate mental health (i.e., mild/moderate) with substance use disorder programs



ITEM #4: REPORT BACK ON COMPREHENSIVE COUNTY SUBSTANCE USE HARM REDUCTION STRATEGY

Nick Macchione, Agency Director, Health and Human Services Agency

Luke Bergmann, PhD, Director, Behavioral Health Services

Wilma J. Wooten, MD, MPH, Public Health Officer and Director, Public Health Services

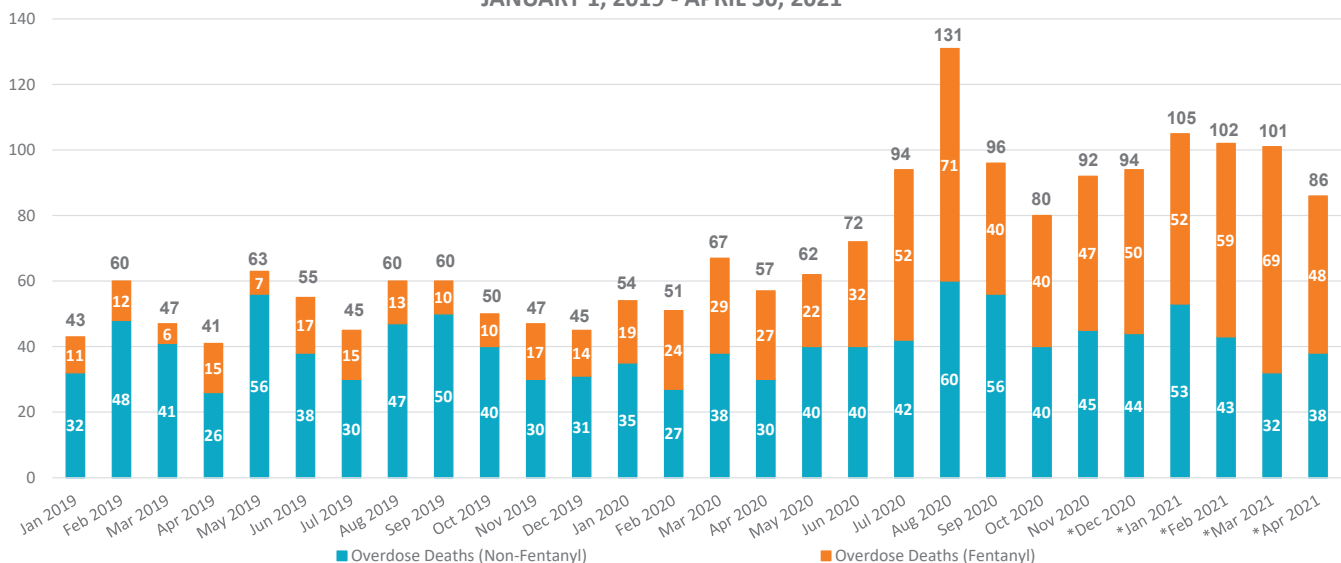
June 8, 2021



REPORT BACK ON COUNTY SUBSTANCE USE & HARM REDUCTION STRATEGY




ACCIDENTAL OVERDOSE DEATHS IN SAN DIEGO COUNTY, JANUARY 1, 2019 - APRIL 30, 2021



*Data for Dec 2020 – April 2021 include probable overdose deaths, pending investigation



Among individuals with a diagnosable substance use disorder...

90% never
enter
treatment 

3x higher
emergency
department visits 

5x higher
hospitalizations 



Minute Order

In an action on January 26, 2021 (13), the San Diego County Board of Supervisors (Board) voted to find prior Board direction opposing harm reduction programs to be no longer in effect.

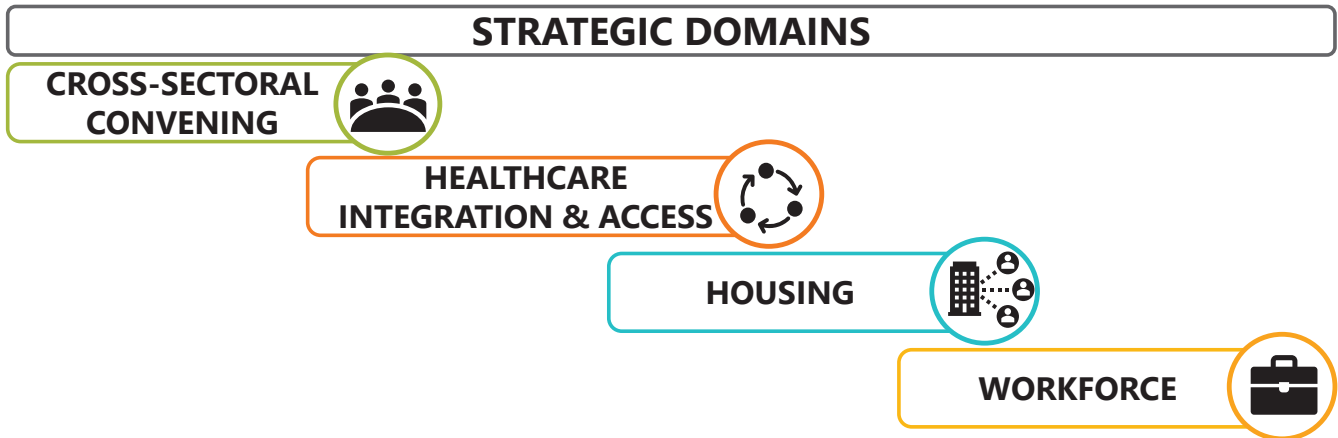
The Board directed the Chief Administrative Officer to:

- Create an Action Plan to realize a Syringe Service Program; and
- Return to the Board with a comprehensive County Substance Use Harm Reduction Strategy.

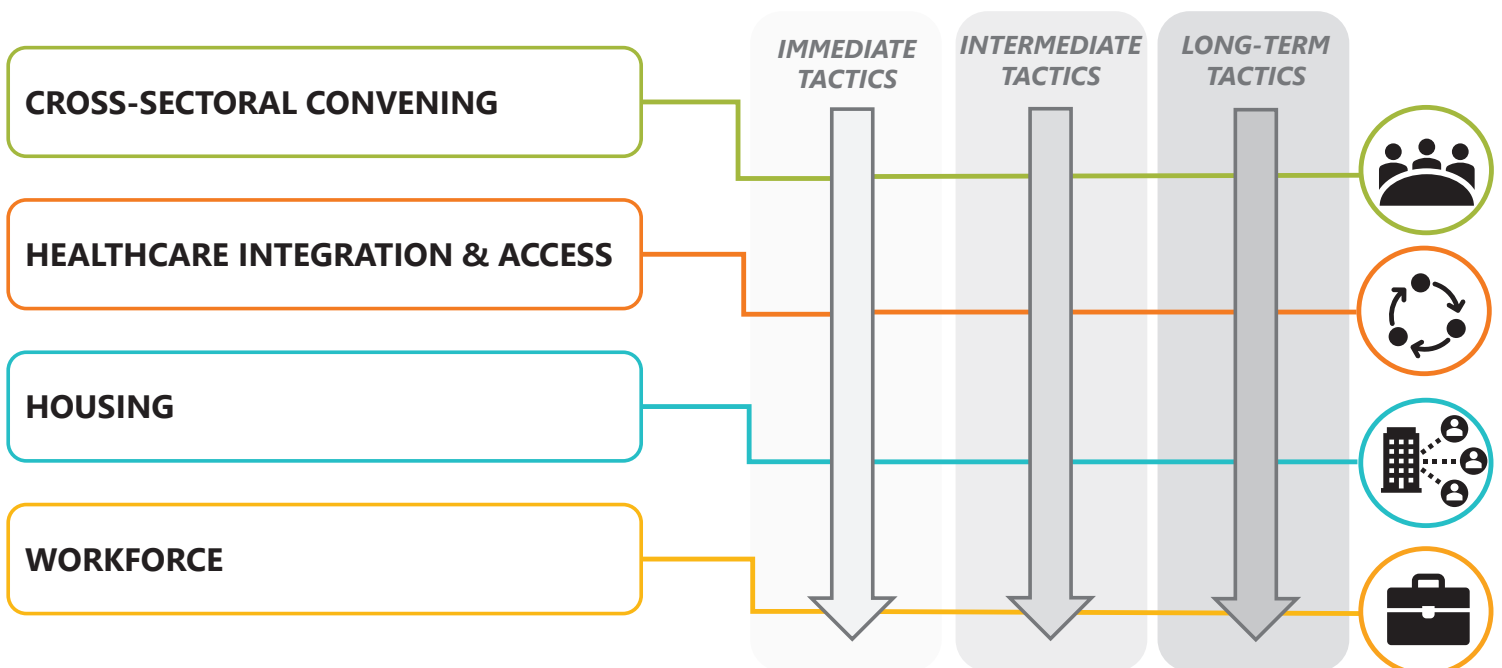
REPORT BACK ON COUNTY SUBSTANCE USE & HARM REDUCTION STRATEGY



- The County Harm Reduction Strategy is based on a multidisciplinary evidence base with systemic efforts concentrated in four strategic domains
- Each focus area is built on a roadmap of immediate, intermediate and long-term tactics



REPORT BACK ON COUNTY SUBSTANCE USE & HARM REDUCTION STRATEGY



REPORT BACK ON COUNTY SUBSTANCE USE & HARM REDUCTION STRATEGY



LIVE WELL
SAN DIEGO



CROSS-SECTORAL CONVENING

Fostering Cross-sectoral Convenings that Facilitate Dynamic Response to Changes in Drug Use

- Unification of the Prescription Drug Abuse Task Force and Meth Strike Force under a broad substance use harm reduction task force
- Evenly shared governance between public safety and public health
- Shared resources and data

SUBSTANCE USE HARM REDUCTION TASK FORCE



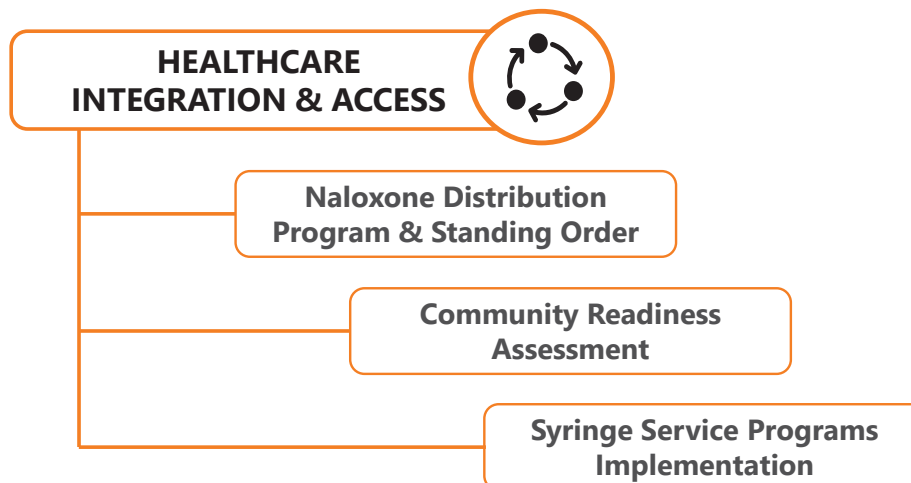
REPORT BACK ON COUNTY SUBSTANCE USE & HARM REDUCTION STRATEGY



LIVE WELL
SAN DIEGO



HEALTHCARE INTEGRATION & ACCESS



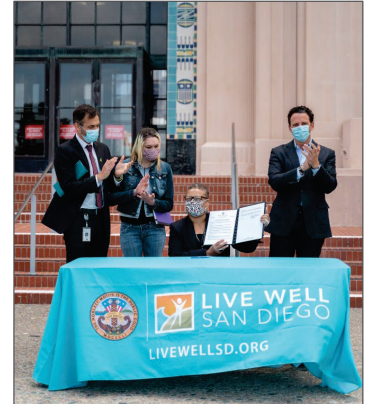
REPORT BACK ON COUNTY SUBSTANCE USE & HARM REDUCTION STRATEGY



HEALTHCARE INTEGRATION & ACCESS

Local Naloxone Distribution Effort

- Naloxone is an emergency medication which reduces and reverses the effects of opioid overdoses, it is also known by the brand name Narcan
- Broad community distribution of naloxone is proven to reduce overdose deaths
- Recent increased threat of fentanyl requires greater naloxone saturation in the community



Action Steps

Naloxone Standing Order

Evaluation of potential distribution sites and methods

REPORT BACK ON COUNTY SUBSTANCE USE & HARM REDUCTION STRATEGY



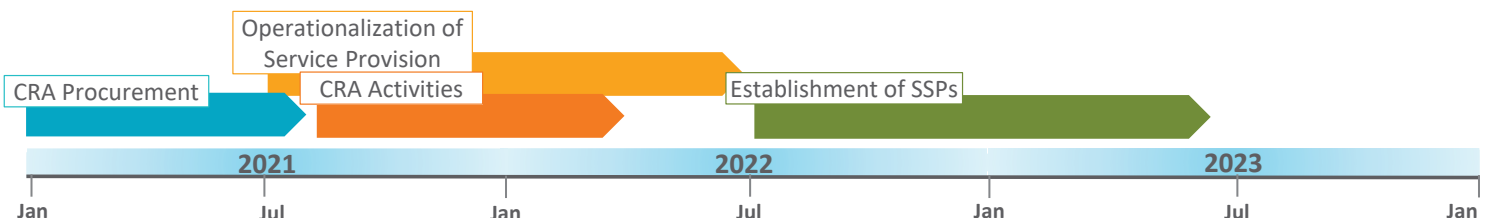
HEALTHCARE INTEGRATION & ACCESS

Syringe Service Program (SSP) Action Plan

- Engage San Diego County stakeholders and residents via the Community Readiness Assessment (CRA)
- Convene the County Enterprise around planning and implementation
- Develop policies and procedures for siting, implementing, and monitoring SSPs
- Implementation and ongoing evaluation

Community Readiness Assessment

- Gather insight into resident knowledge of SSPs
- Identify organizations and groups to support SSP deployment
- Understand community concerns and objections





HOUSING

Housing Support for Chronically Homeless with Severe Substance Use Disorder

- Informed by a *housing first* approach, investing in collaborative, low-barrier bridge housing, permanent housing solutions, and resident support services that are not contingent on treatment status
- Community-Harm Reduction Team (C-HRT) – a specialized harm reduction team that provides outreach and engagement to homeless persons with a substance use or co-occurring conditions in the City of San Diego
- Safe Havens for chronically homeless with harmful substance use



WORKFORCE

What is a Harm Reduction Workforce?

Peer Support Workforce

- Establish capacity for peer support services within mental health, substance use, and other areas of work
- Ensure harm reduction is a core component of peer service delivery
- Enhance County and contracted workforce training to include harm reduction principles and strategies

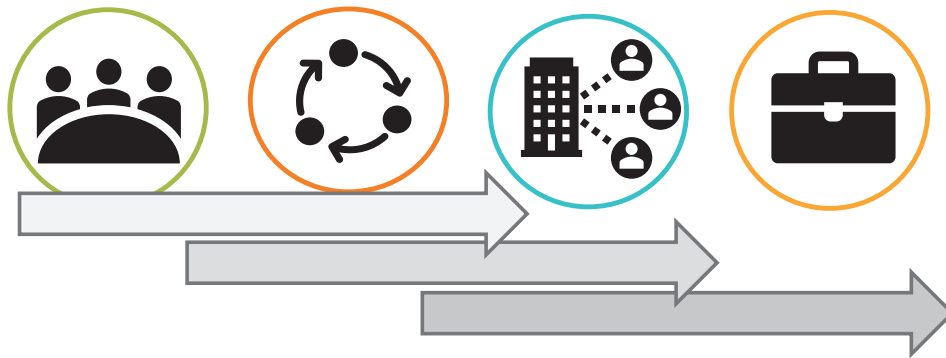
Workforce Conference

- Address the shortage of behavioral health workers and foster a new generation of health professionals



Looking Ahead

- Ongoing, aggressive implementation of immediate-term tactics
- Building out additional intermediate- and long-term tactics across the four strategic domains



TODAY'S ACTION



Recommendation

Receive an update on the comprehensive County Substance Use Harm Reduction Strategy, inclusive of a Syringe Services Action Plan.



ITEM #4: REPORT BACK ON COMPREHENSIVE COUNTY SUBSTANCE USE HARM REDUCTION STRATEGY

Nick Macchione, Agency Director, Health and Human Services Agency

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June 8, 2021



PRINCIPLES OF HARM REDUCTION

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.

Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.

FOUNDATIONAL PRINCIPLES CENTRAL TO HARM REDUCTION

Harm reduction incorporates a spectrum of strategies that includes safer use, managed use, abstinence, meeting people who use drugs “where they’re at,” and addressing conditions of use along with the use itself. Because harm reduction demands that interventions and policies designed to serve people who use drugs reflect specific individual and community needs, there is no universal definition of or formula for implementing harm reduction.

However, National Harm Reduction Coalition considers the following principles central to harm reduction practice:

Accepts, for better or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them

Establishes quality of individual and community life and well-being – not necessarily cessation of all drug use – as the criteria for successful interventions and policies

Ensures that people who use drugs and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them

Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities affect both people’s vulnerability to and capacity for effectively dealing with drug-related harm

Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe use to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others

Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm

Affirms people who use drugs (PWUD) themselves as the primary agents of reducing the harms of their drug use and seeks to empower PWUD to share information and support each other in strategies which meet their actual conditions of use

Does not attempt to minimize or ignore the real and tragic harm and danger that can be associated with illicit drug use

Revised 2020

FOR MORE RESOURCES, VISIT [HARMREDUCTION.ORG](https://harmreduction.org)

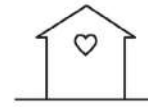
[f](#) /HarmReductionCoalition [v](#) /HarmReductionCoalition [t](#) @harmreduction [i](#) @harmreduction

**NATIONAL
HARM REDUCTION
COALITION**

HARM REDUCTION INTERVENTIONS

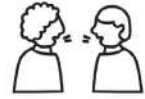
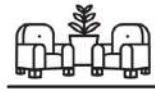
(H)arm (R)eduction:

A philosophical and political movement focused on shifting power and resources to people most vulnerable to structural violence



(h)arm (r)eduction:

The approach and fundamental beliefs in how to provide the services



risk reduction:

Tools and services to reduce potential harm



The “risk itself (e.g. related to drug use or sex work) that you’re discussing

The “mindset” that someone brings to the situation, including thoughts, mood, and expectations



The physical and social environments of where the person is, and their perception of how that can promote/reduce risk

RISK

- What issue is being presented?
- What other possible sources of harm might be connected to the main issue?
- What drug is being used? What is the risk of overdose?

SET

- How are they feeling? Confident? Angry? Anxious?
- Are they physically in pain or hurt? Do they need to get well?
- Can they engage with you fully? Are their basic needs being met?

SETTING

- What is the physical environment where the potential harm is occurring? In a home? At work? On the street?
- Who is around them? Police, bystanders, other participants? How does the person present to these people? How will they react?

Case Study : Jessica

Jessica has been using heroin on and off for the past 10 years. Jessica stopped using for a few months while she was with her ex, but they recently broke up. She is feeling depressed and anxious and is looking to use again. She buys a bag and heads to the syringe exchange for some new points and heads to her encampment in a rush.