

2024 Subcommittee Recommendation to HHN for Opioid Settlement Dollar Use

Background on the Overdose Crisis

Since 1999, more than one million people have died of a drug overdose in the United States (U.S). The nature of this crisis has evolved rapidly in recent years, with synthetic opioids, such as fentanyl, now dominating the drug supply. Amid an evolving and increasingly life-threatening substance use environment, harm reduction has become a pillar of America's overdose prevention strategy. Harm reduction is an evidence-based approach to engage and meet the needs of people who use drugs. For America's counties, harm reduction complements prevention, treatment and recovery services to create a more holistic and effective system of care.

Introduction to Harm Reduction

The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) defines harm reduction as "a practical and transformative approach that incorporates community-driven public health strategies – including prevention, risk reduction, and health promotion – to empower people who use drugs and their families with the choice to live healthier, self-directed, and purpose-filled lives. Harm reduction centers the lived and living experience of people who use drugs, especially those in underserved

What Would HR Mean for Dane County?

Harm reduction focuses on, among other things: 1) preventing fatal overdose, 2) preventing the spread

of infectious disease and 3) providing people who use drugs with opportunities to address their needs on their own terms. HR centers the autonomy of people who use drugs by acknowledging their self-determined hierarchy of needs. Strategies include offering low-barrier access to substance use-related services, such as wound care, safer use equipment and medications for opioid use disorder, as well as responding to needs that may have preceded substance use, such as untreated mental health conditions or loss of permanent housing. These strategies provide connections to care and enable people to pursue positive changes that they identify as priorities.

The Research Behind HR

Decades of research demonstrates that harm reduction improves health outcomes for people who use drugs and benefits the environments of surrounding communities. Studies of communities across the U.S. have found that harm reduction programs effectively link people to treatment, reduce the spread of infectious diseases and save lives. Examples of the benefits of harm reduction in communities

include:

-A study in Seattle, Wash. found that people who participate in HR programs are

more than twice as likely to reduce the frequency of their substance use and three and half

times more likely to stop using substances entirely compared to those who do not.

- A study of young adults in Rhode Island found that the distribution and use of fentanyl testing

strips contributed to safer use and reduced overdose risk.

-Prevention Point, a HR organization operating in Tompkins, Broome and Chenango

Counties, N.Y., provides short-term rental assistance as well as Medicaid assistance for individuals with chronic illnesses (including diabetes, hypertension, mental health diagnoses and asthma).

What If There is No Harm Reduction Efforts?

On the other hand, the absence of harm reduction services is associated with negative health outcomes.

In Indiana, Massachusetts and West Virginia, local policy restrictions on the operation of HR Centers resulted in outbreaks of hepatitis C and human immunodeficiency virus (HIV). Such outbreaks harm individuals and create significant societal costs, with hepatitis C treatment costing at least \$24,000 and HIV treatment costing \$350,000 over a lifetime.

2024 Subcommittee Recommendation

The Subcommittee recommends to HHN the creation and execution of a holistic Dane County community approach to a centralized Harm Reduction and Prevention Drop-In Center with Drug Checking.

This Center would serve as a hub for community building and healing, safety, and connection by counteracting the isolation and exclusion faced by individuals who have used and are using drugs. The center would incorporate the existing harm reduction services provided by PHMDC (syringe services, distribution of safe smoking supplies, education and distribution of Narcan, distribution of fentanyl and xylazine test strips), and provide new services in alignment with the national harm reduction framework: drug checking, access to onsite wound care supplies and enhanced overdose education

opportunities through connection to peer services. Some of these services would be provided by PHMDC and others would be provided by community non-profits and shareholders who would be selected through the County’s RFP process which would evaluate their abilities, readiness and expertise to serve these needs.

The Center’s mission would immediately serve moms, babies, older black men, queer individuals and others most impacted by the harm caused by the defendants of the opioid settlement. This center would also serve as a safe space for the dual-stigmatized houseless substance user. These folks are at the most risk in Dane County, statistically, however it would be a center for all.

We propose utilizing the opioid settlement funding to expand the services offered by public health (PHMDC) and to expand the program into a more accessible space that can better uphold the principles of harm reduction. Specifically, we would support a space that allows for the aforementioned services to be conducted while respecting autonomy for the people being served, practices acceptance and hospitality, provides support to individuals on their use and recovery journeys, connects with community, and provides multiple pathways to being well.

In order to fully realize the potential of the recommendation, the sub-committee offers the following generalized budget outline:

Expense	Rationale	Amount
1.0 FTE PH Specialist	This position would support delivering harm reduction services at the drop-in center as well as conduct drug checking. Amount estimate includes Salary, Fringe, and Overhead Cost for Position. NOTE: This position would require lived experience as a prerequisite.	\$95,000

1.0 FTE PH Specialist	This position would support delivering harm reduction services at the drop-in center as well as conduct drug checking. NOTE: This position would require lived experience as a prerequisite.	\$95,000
1.0 FTE Center Administrator	This position will support the day to day operations of the drop in center and will coordinate the activities and services of the center. NOTE: This could be a PH position or be filled through the RFP process. This position would require lived experience as a prerequisite.	\$110,000
1.0 Admin Staff	This position will provide the administrative needs to the center including welcoming those who use the facility, scheduling for the center, and ensuring adequate supplies are kept in stock for the center. NOTE: This could be a PH position or be filled through the RFP process. This position would require lived experience as a prerequisite.	\$75,000
Rent for Facility	A new location for this service would need to be identified. There are some options for rental space. Results from existing assessments done with members of the community would determine the best geographical location for this space to exist. This location would likely be along the East Washington Corridor or on Hayes Road. NOTE: Could be through RFP or PHMDC or Human Services	\$100,000 (estimate based on area cost)
Furniture and Fixtures	Furniture and Fixtures Estimate	\$45,000
Program Supplies	This includes smoking supplies, Narcan, syringes, wound care supplies, and other harm reduction materials.	\$80,000
Funding for Contracts for Peer Support	To ensure that peer support services could be offered on site during hours of operation. NOTE: Could be Human Services or through RFP	TBD- Based on current fee for service schedule EST: \$100,000

Funding for Contracts for organizations that support vulnerable groups who can run programming/services out of the space.	To provide engagement opportunities for individuals using the Center. Could include employment workshops, drop-in counseling, warm hand off services, and/or art and music therapy.	TBD EST: \$100,000
---	---	--------------------------

The Subcommittee strongly encourages and supports PHMDC in pursuing additional funding opportunities to support the drug checking aspect of this proposal.

Decades of research have shown that some harm reduction strategies provide significant individual and public health benefits, including preventing deaths from overdoses and preventing transmission of infectious diseases among people who use drugs and the larger community. Others reduce emergency department visits and costly healthcare services, while in some cases offering people who use drugs opportunities to connect to SUT (substance use treatment) and other healthcare services in settings relatively free of stigma. <https://nida.nih.gov/research-topics/harm-reduction#:~:text=Decades%20of%20research%20have%20shown,drugs%20and%20the%20larger%20community.>

Harm reduction encompasses interventions, programs and policies that seek to reduce the health, social and economic harms of drug use to individuals, communities and societies. Europe has been the leader in these efforts and the recent European Drug Report of 2023 includes key data on opioid treatment, Narcan programs, overdose prevention centers and more.

https://www.emcdda.europa.eu/publications/european-drug-report/2023/harm-reduction_en

Here are some examples of successful county/community drop-in centers that were looked at in the creation of this recommendation:

The Eastern Band of Cherokee Indians established the Tsalagi Public Health SSP in 2018. In addition to providing access to sterile supplies and naloxone, the SSP has linked nearly 1 in 14 participants to treatment for substance use disorders.

Sonoran Prevention Works (SPW) is a nonprofit harm reduction organization founded by PWUD (people who use drugs). In addition to operating three urban service locations, SPW conducts community-informed outreach programs in Arizona's southern and rural Counties. In 2021, SPW trained over 1,000 individuals in harm reduction best practices for overdose prevention and naloxone administration in Cochise, Graham and Santa Cruz counties and distributed nearly 2,500 naloxone kits in these communities.

Prevention Point Philadelphia is a drop-in harm reduction center in Philadelphia's Kensington neighborhood. In addition to other essential public health services, like access to naloxone and sterile supplies for safer substance use, Prevention Point also offers MOUD (medication for opioid use) treatment onsite.

The North Carolina Harm Reduction Coalition offers mobile SSP services in several North Carolina Counties, expanding access to rural areas of the state where community members face long travel times and other barriers to seeking services often clustered in urban areas.

###