Background

- San Francisco Department of Public Health (SFDPH) became first local health department with a harm reduction policy in September 2000

- SFDPH vision: drug user health equity
Harm Reduction Defined

Harm reduction is a public health philosophy, which promotes methods of reducing the physical, social, emotional, and economic harms associated with drug and alcohol use and other harmful behaviors on individuals and their community.

Harm Reduction Meets People
“Where They’re At”
Harm Reduction Principles

- **Health & dignity**: Harm reduction is about the holistic health, wellness, and dignity of communities and individuals.

- **Participant-centered**: There is no “one size fits all.” Harm reduction is about doing what works and **meeting people where they are**.

- **Participant involvement**: Ensures that people with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them.

- **Participant autonomy**: Individuals and communities are the drivers of change!

- **Sociocultural complexity**: 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 dealing with drug-related harm.

- **Pragmatism & realism**: The goal is to figure out what we can do to support people and communities right now, given where they’re at.
Harm Reduction Defined

**Harm reduction is NOT:**
- Anything goes!
- Helping a person who has gotten off drugs to start using again
- Condoning, endorsing, or encouraging drug use
- Anti-abstinence: Abstinence is included as one possible goal across a continuum of possibilities

**Some examples of harm reduction:**
- Syringe Access & Disposal
- Overdose prevention and naloxone distribution
- Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP)
- Condoms
- Seatbelts
- Bicycle and motorcycle helmets
Alignment with Existing Efforts

- Primary Care: Patient Centered Care
- Trauma Informed Care
- Getting to Zero Consortium
- Black/African American Health Initiative
- Supportive Housing
- HCV/HIV Prevention & Care
- Syringe Access & Disposal
- Overdose Prevention
- Harm Reduction Policy
Successful SFDPH Harm Reduction Efforts

- Syringe access & disposal
- Homeless Outreach Team
- HIV & HCV prevention
- Opioid replacement therapy
- HR-based substance use tx
- SFDPH HR policy
- Sex –positive sexual health
- Integrated behavioral health
- Collaboration with City Depts.

Community Engagement
Where We Are Now:

10/2014: HPPC Substance Use Work Group recommendations are approved by the full HPPC

08/13/2015: HPPC Endorsed revised policy & implementation plan

11/23/15: HIV Health Services Planning Council endorsement on revised policy & implementation plan
The Purpose of the Update is to:

• Reinvigorate SFDPH’s commitment to harm reduction

• Explain harm reduction for a new generation of service providers

• Incorporate advances in harm reduction

• Improve accountability for SFDPH and community providers

• Provide a platform from which to build service provider and system capacity to offer harm reduction-based services

• Contribute to improved health outcomes for substance users
Community Engagement Efforts for Updating the Harm Reduction Policy

**Ongoing Monthly Meetings:** Substance Use Leadership Meetings
(Community Health Equity & Promotion Branch (CHEP) and Center for Public Health Research Branch (CFHR) internal group)

- April 04: National Alliance of State and Territorial AIDS Directors (NASTAD) facilitated discussion including Harm Reduction Coalition, DPH staff, Substance Use Work Group co-chairs
- June 09: Behavioral Health Services (BHS) Meeting
- July 22: CHEP Meeting
- July 27: Stakeholder with Expertise Group
- July 27: BHS Substance Use Directors Meeting
- August 06: Consumer Meeting
Community Engagement Efforts for Updating the Harm Reduction Policy

**August 13:** HPPC Endorsement

**September 13:** HPPC Community Engagement Event

**November 23:**
HIV Health Services Planning Council Meeting

**Ongoing:** Engagement and collaboration with SFDPH Behavioral Health system of care

**TBD:** Presentation to Community & Public Health Committee and Full Health Commission to endorse updated resolution
Feedback from community engagement groups

• “Non-clinical” harm reduction definition by consumer group participant:
  • **Harm reduction means that you choose what options are best for you in managing the consequences of your substance use.**

• The provider group emphasized that there needs to be improved integration of mental health support for active substance users.
Feedback from community engagement groups

Both community providers and consumers noted:

• Outstanding leadership San Francisco has shown with regard to harm reduction

• Significant areas still in need of improvement.

• Continued, improved access to naloxone and other biomedical strategies to reduce the harms of substance use is critical.

• Need for outreach and inclusion of non-DPH-funded agencies that are part of the continuum of care for people who use substances.
Feedback from community engagement groups

Three concerns were repeatedly raised in both groups:

1) Lack of affordable housing

2) Need for a supervised injection facility

3) Challenges resulting from policies related to provision of pain medication
   - This mostly came up in the consumer group
Feedback from community engagement groups

Additions to implementation plan:

1) Provide opportunities for consumer education about harm reduction principles, and their opportunities for harm reduction-based care within SFDPH and SFDPH-funded programs.

2) SFDPH will ensure that current/ongoing challenges in harm reduction implementation are routinely identified and addressed.
NOW, THEREFORE, BE IT RESOLVED, that SFDPH recommits to the principles and practice of harm reduction across the system of care; and

RESOLVED that SFDPH programs and SFDPH contractors, which provide services to people who use alcohol and other substances, shall address in their program design and objectives how they will incorporate harm reduction principles; and

FURTHER RESOLVED that SFDPH will provide guidance and capacity building assistance to operationalize harm reduction principles and will develop and implement effective accountability mechanisms; and

FURTHER RESOLVED that SFDPH will address barriers to health care related to stigma for people who use alcohol and other substances to the greatest extent possible; and

FURTHER RESOLVED that SFDPH will continue to partner with other city departments to effectively reduce the harms related to use of alcohol and other substances; and

FURTHER RESOLVED that SFDPH will ensure that effective and accessible harm reduction options are available throughout the continuum of SFDPH-funded care.
Next Steps

DPH is developing a Harm Reduction Policy implementation plan
Acknowledgements

2014 Substance Use Work Group

- Laura Thomas
- Mike Discepola
- Paul Harkin
- Chip Supanich
- David Gonzalez
- Jack Bowman
- David Gonzalez
- Nan O’Connor
- Aja Monet
- Jessie Murphy
- Michael Siever
- Gwen Smith
- Channing Celeste Wayne
- Gabriel Ortega

Feedback Process

- Shanti
- Bayview Hunters Point Foundation
- SFGH Positive Health Program
- St. James Infirmary
- Glide
- Henry Ohloff House
- Conard House
- Alliance Health Project
- SFAF Syringe Access Services
- SFAF Stonewall
- Westside Community Services
- HealthRIGHT 360
Motion

The HIV Health Services Planning Council moves to endorse the revised Harm Reduction Policy Resolution