



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

DRAFT

XX

TO: Board of Supervisors

SUBJECT

REPORT BACK 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 the County.

Today’s update outlines a comprehensive County Substance Use Harm Reduction Strategy that features 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, specific tactics to operationalize a local naloxone distribution effort will be launched immediately to address alarming rates of drug overdose deaths 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 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.

RECOMMENDATION(S)

CHIEF ADMINISTRATIVE OFFICER

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

FISCAL IMPACT

There is no fiscal impact associated with this item.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

On May 6, 2021, the Behavioral Health Advisory Board voted to [placeholder for vote].

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 (HHS) memo and accompanied the Family Health Centers of San Diego (FHCS) and San Diego State University’s Institute for Public Health (IPH) study, *Environmental Assessment on People Who Inject Drugs*, and report back to the Board with regular updates; and
- 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, HHS 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 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 PHS Director, Dr. Wilma Wooten and BHS 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 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,

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families and communities related to the misuse of prescribed and illicit opioids and other prescribed medications. It includes four major focus areas:

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

Each focus area contains a roadmap of activities rooted in immediate-, intermediate- and long-term tactics. Attachment A provides definitions and details of the focus areas and tactics.

While further engagement of stakeholders 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 during the course of the COVID-19 pandemic.

Local Naloxone Distribution Effort

Naloxone, commonly known by brand name Narcan, is an emergency medication which reduces 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 administered via several different routes of administration, including intranasal, intramuscular injection, intravenous injection, and through an autoinjector device (for intramuscular and subcutaneous injection).

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.

Public health research reflects that broad community distribution of naloxone is a proven strategy to reduce overdose deaths. Broad distribution helps ensure those who are using substances are carrying naloxone that can be used to help reverse their own overdose or that of another person who uses substances. 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.

A first step in the County's plan to enhance our naloxone distribution effort is to implement a local Naloxone Standing Order. Naloxone is a prescription medication, requiring a prescribing

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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. A local standing order is a legal document which creates a broad authority for properly trained individuals within a given jurisdiction to distribute naloxone without needing a specific prescription for each community recipient. The standing order for distribution will be granted under the authority of Dr. Wilma Wooten as Public Health Officer, and serves as a blanket legal coverage for County staff, contracted staff, health organization, community based organizations, and other community members to distribute naloxone without a prescription. This standing order removes barriers and allows the County to enhance the speed and volume of naloxone distribution into the community.

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

Based in the community, SSPs provide 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 significant reductions in transmission and acquisition of the Hepatitis C virus (HCV) and the human immunodeficiency virus (HIV).

Additional services may be offered at SSPs, such as linkages to substance use disorder (SUD) 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 an SSP Action Plan.

1. Aligning County leadership and groups

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 groups to meet

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over the course of several months to develop consensus on key decisions, policies, procedures, and monitoring and evaluation activities. To guide the discussions of this ad hoc advisory group, staff will develop a work plan describing key activities and decisions required to deploy SSPs along with proposed timelines.

2. *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. Under the direction of the ad hoc advisory group, key activities include identification of staff resources and development of policies, procedures, and criteria to site, implement, and monitor SSPs.
3. *Engaging San Diego County stakeholders and residents*
SSPs are focused on reducing harms associated with injection drug use. As a result, the County will need to engage key stakeholders from a variety of organizations and constituent groups to build a broad coalition of providers to ensure clients receive high-quality care. The County will also need to respond promptly to resident concerns about any sited SSPs, including processes for follow-up, investigation, response and resolution.
4. *Implementing ongoing evaluation*
In support of transparency, 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).

To support development of these activities, HHSA will procure a consultant to conduct a Community Readiness Assessment. As the County identifies geographic areas that could benefit from deployment of an SSP, the Community Readiness Assessment will help us 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, review and assess policy, and develop evaluation criteria to assess the success of future SSPs. Ultimately, information and data from this report will be used to help improve the County's response to our residents impacted by injection drug use and improve the health and safety of all our residents.

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 as needed.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

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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,

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HELEN N. ROBBINS-MEYER
Chief Administrative Officer

ATTACHMENT(S)

Attachment A – Comprehensive Substance Use Harm Reduction Strategy

DRAFT

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AGENDA ITEM INFORMATION SHEET

REQUIRES FOUR VOTES: Yes No

WRITTEN DISCLOSURE PER COUNTY CHARTER SECTION 1000.1 REQUIRED

Yes No

PREVIOUS RELEVANT BOARD ACTIONS:

January 26, 2021 (13) Framework for the Future: Saving Lives and improving Health Outcomes Through Comprehensive Harm Reduction Approach; March 10, 2020 (03) Adopting Best Practices to Promote Recovery and Protect Public Health; July 23, 2019 (05) Receive Prescription Drug Abuse Plan Update; December 9, 1997 (29) Needle Exchange Program.

BOARD POLICIES APPLICABLE:

N/A

BOARD POLICY STATEMENTS:

N/A

MANDATORY COMPLIANCE:

N/A

ORACLE AWARD NUMBER(S) AND CONTRACT AND/OR REQUISITION NUMBER(S):

N/A

ORIGINATING DEPARTMENT: Health and Human Services Agency

OTHER CONCURRENCE(S): N/A

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