

# HARM REDUCTION IN SAN DIEGO COUNTY: A COMMUNITY READINESS ASSESSMENT

## OVERVIEW OF FINDINGS



December 2022



# INTRODUCTION

In January 2021, the San Diego County Board of Supervisors requested that the County of San Diego Health and Human Services Agency develop a comprehensive harm reduction strategy. Harm reduction encompasses a variety of services including overdose prevention and syringe service programs, among others. In order to gather information crucial to the successful establishment and operation of syringe service programs specifically, the County contracted with the Institute for Public Health at San Diego State University to conduct a community readiness assessment.

The purpose of the community readiness assessment was to gather feedback from staff/stakeholders, community members, and people who inject substance(s) (*the priority population*) in order to assess their knowledge of syringe service programs, identify organizations in support of programs, understand concerns related to program operation, and examine successful practices. Overall, the assessment team collected 158 public opinion surveys, 92 staff/stakeholder interviews, and 61 priority population interviews. The County of San Diego will use these findings to inform further data collection, meet with stakeholders, conduct educational campaigns, develop plans to address concerns, and determine locations for syringe service programs.




## BACKGROUND

People who inject substance(s), *the priority population for this assessment*, are at elevated risk for medical and mental health conditions, including transmissible diseases such as human immunodeficiency virus (HIV) and hepatitis C, and are more likely to die prematurely than persons who do not inject substance(s). Sharing or re-using injection equipment heightens these risks. Interventions, including syringe service programs, reduce morbidity and mortality related to injection of substance(s)<sup>7</sup> and have been shown to provide benefits to the community.


Syringe service programs can incorporate an array of services including, but not limited to:

- Syringe provision or exchange
- Fentanyl test strip distribution (strips to test for the presence of fentanyl)
- Testing of drugs
- Naloxone distribution (medication to reverse an opioid overdose)
- HIV and viral hepatitis testing
- Referrals to or provision of medical care
- Referrals to or delivery of medication-assisted treatment
- Referrals to substance use treatment services
- Support to access services
- Provision of wound care or personal care kits

More than two decades of research have demonstrated that syringe service programs result in beneficial outcomes for the priority population and communities where they are located (see box on right). In addition, research has shown that syringe service programs **do not increase the use of substances or crime in the areas in which they are located**<sup>8</sup> and that they **reduce the presence of syringes in the community**.<sup>6</sup>



### Effectiveness of syringe service programs

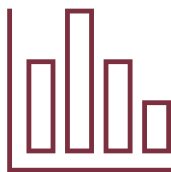
- Facilitate entry into substance use treatment <sup>1</sup>
  - Reduce deaths from overdoses <sup>2</sup>
  - Reduce syringe stick injuries to the public and first responders <sup>2</sup>
  - Increase rates of HIV testing and decrease rates of HIV transmission <sup>3</sup>
  - Reduce rates of hepatitis C infection <sup>4</sup>
  - Increase access to primary health care <sup>5</sup>
  - Reduce the presence of syringes in the community <sup>6</sup>
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# ASSESSMENT LOCATIONS

Because data about the locations of the priority population in the County of San Diego are limited, the San Diego County Health and Human Services Agency's Harm Reduction Planning and Deployment Working Group utilized several types of data to determine areas for further assessment:

*These included overdose death rates, emergency department discharges for opioid-related disorders and overdoses, arrests for substance(s), location of HIV diagnoses, and enrollees in substance use treatment programs, among others (see the Data Reviewed section for details).*

The Working Group reviewed and discussed these data and selected the following four Health and Human Services Agency regions for further assessment:



- **North Central region** (specifically the Kearny Mesa Sub-Regional Area)
- **East region** (specifically the Lakeside Sub-Regional Area)
- **South region** (specifically the South Bay Sub-Regional Area which includes several cities and some unincorporated areas)
- **North inland region** (specifically the Escondido Sub-Regional Area)

*While the number of people from the priority population are likely highest in the Central region of San Diego County, a readiness assessment in this area was deemed a lower priority because services are currently being provided in this area. While the team focused on these four areas for further assessment, some information was gathered from all of the regions in San Diego County.*

## RESULTS

### BEST PRACTICES

*The team reviewed approximately 40 studies, studied several implementation guides, and interviewed staff from eight different syringe service programs to obtain information about effective practices:*

- **Needs-Based Distribution Policies:** Needs-based policies are those in which participants are supplied with the number of syringes they request, without limits or exchange requirements. This is widely considered the best practice in the field in terms of minimizing diseases and health impacts.<sup>9</sup>
- **Secondary Exchange:** Secondary exchange happens when program participants further distribute sterile injection equipment and share health education information with members of their network. This is considered a best practice and can reach persons who may be unable to access services on their own.<sup>10</sup>
- **Multi-Modal Programs:** Programs can operate within specific buildings for program participants, within other organizations, through pharmacies, via mobile medical units or vans, in kiosks, through the mail, or from vending machines to name a few. A multi-modal approach utilizing multiple distribution methods is most likely to increase participation among diverse groups of people and lead to a more effective program.<sup>11</sup>

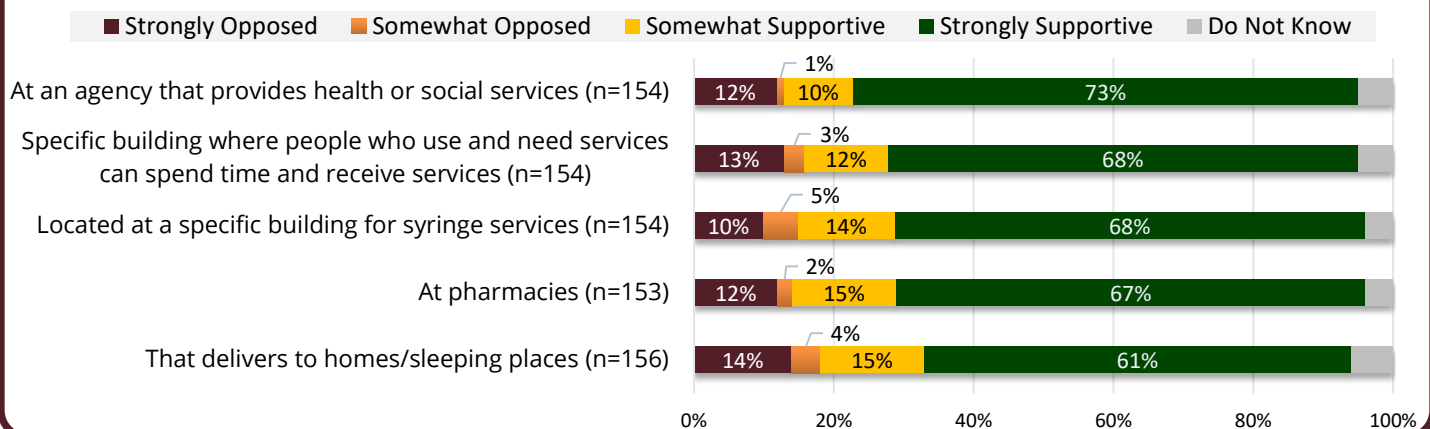
## PUBLIC OPINION

The assessment team gathered 158 intercept interviews/surveys from the four assessment areas in English and Spanish. Surveys were also available in Tagalog and Arabic. Surveys were collected from the following areas:

- 45 from the East region (El Cajon and Santee areas near Lakeside)
- 37 from the South region (San Ysidro, Imperial Beach, and surrounding areas near the border)
- 35 from the North Central region (25 in Kearny Mesa; 10 in Clairmont Mesa)
- 34 from the North Inland region (Escondido)
- 7 from the North Coastal region (Oceanside)

Among the 158 public members interviewed, only 22% had heard of syringe service programs prior to their interview. Respondents were most supportive of syringe service programs located within an agency that provides health or social services, followed by a specific building where people who use can spend time and receive services. Least desired locations were online or through the mail, from kiosks, or from health vending machines.

### Public Opinion: "How much would you support or oppose having the following types of syringe service programs in this community or city (where this interview is being conducted)?..."



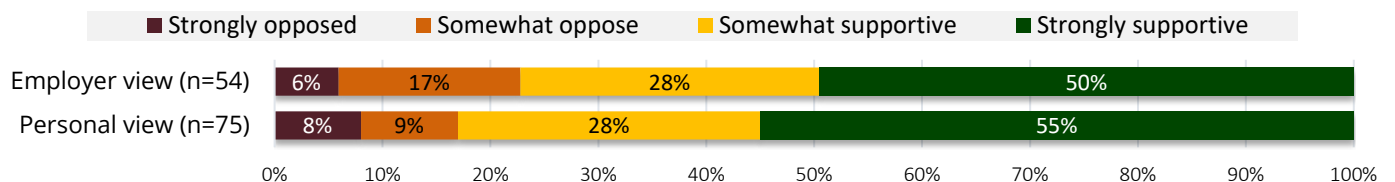
## STAFF/STAKEHOLDERS

The assessment team conducted 92 staff and stakeholder interviews representing 77 different agencies including social service, mental health, health, and substance use disorder treatment organizations; substance use prevention programs; businesses; community/planning groups; city/elected officials; law enforcement; chambers of commerce; and public services staff. Agencies provided information related to the following regions/areas:

- 22 - South region
- 20 - East region
- 13 - North Central region
- 10 - North Coastal region (Oceanside/Encinitas)
- 7 - County-wide
- 5 - North Inland region (Escondido)

When asked about personal support for syringe services programs in their community, most were strongly or somewhat supportive, as were most when responding about their employer. Eight indicated interest in providing a program.

### Staff/Stakeholders: "How opposed or supportive are you/your employer of syringe service programs in your community?"



## PERCEIVED CONCERNS AND BENEFITS

The assessment team gathered information from community members and staff/stakeholders about their perceived concerns with, and benefits related to, syringe service programs. The following is a summary of these findings.

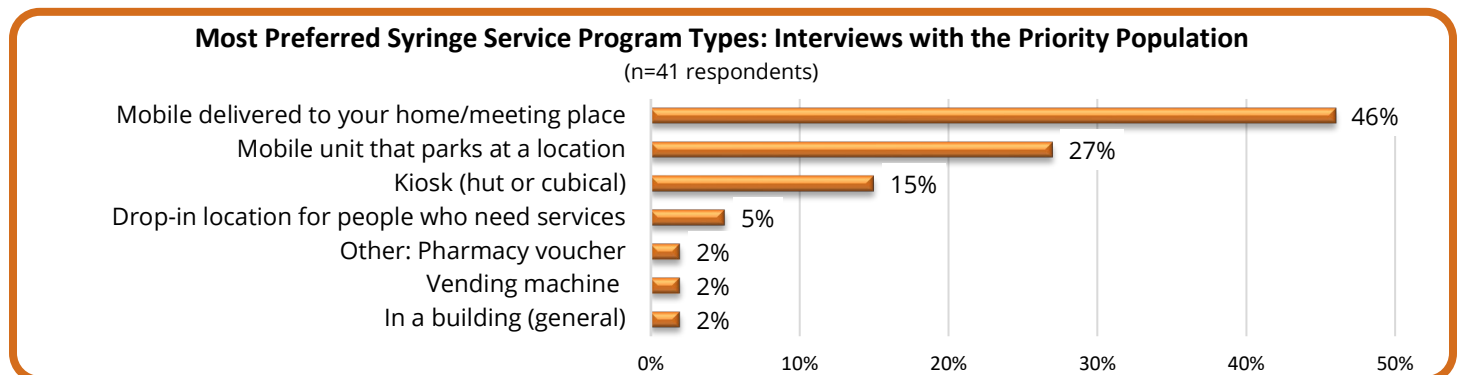
Concerns Raised	Potential Benefits Noted
<ul style="list-style-type: none"> <li><b>Harms the community</b> Attracting the priority population to the area, increases in syringe litter, increases in crime, dangerous</li> </ul>	<ul style="list-style-type: none"> <li><b>Benefits the community</b> Reduces syringe litter and crime, increases public awareness of substance use disorder, adds community resources, reduces mortality and infectious diseases</li> </ul>
<ul style="list-style-type: none"> <li><b>Ineffective for priority population</b> Will not increase willingness to enter substance use disorder treatment or increase access to treatment</li> </ul>	<ul style="list-style-type: none"> <li><b>Programs are effective</b> Reduces morbidity and mortality in the priority population, reduces transmission of infectious diseases</li> </ul>
<ul style="list-style-type: none"> <li><b>Promotes/enables substance use</b> Allows substance use to continue, may attract new users due to visibility and removal of risks associated with use</li> </ul>	<ul style="list-style-type: none"> <li><b>A humanizing approach</b> Represents a new, humanistic approach to substance use disorder, decreases stigma and shame, helps people</li> </ul>
<ul style="list-style-type: none"> <li><b>Poor use of financial resources</b> Funds could be spent on higher priority issues including prevention and substance use disorder treatment</li> </ul>	<ul style="list-style-type: none"> <li><b>Cost-effective</b> Relatively inexpensive and creates long-term health savings</li> </ul>
<ul style="list-style-type: none"> <li><b>Offer only in conjunction with other services</b> Not only syringes, include substance use disorder treatment, health care, and others</li> </ul>	<ul style="list-style-type: none"> <li><b>Increases access to and use of other services</b> Substance use disorder treatment, health care, others</li> </ul>
<ul style="list-style-type: none"> <li><b>Location considerations</b> Not near youth or homes, or certain public areas</li> </ul>	<ul style="list-style-type: none"> <li><b>Location considerations</b> Benefits the priority population if accessible and safe</li> </ul>
<ul style="list-style-type: none"> <li><b>Disapproval of substance use in general</b> Conflicts with the values of some organizations, elected officials, and responders; the operation/philosophy of some abstinence-based programs; and some laws</li> </ul>	<ul style="list-style-type: none"> <li><b>Approval in general</b> Belief in the benefits of harm reduction and a humanizing approach</li> </ul>

## PRIORITY POPULATION

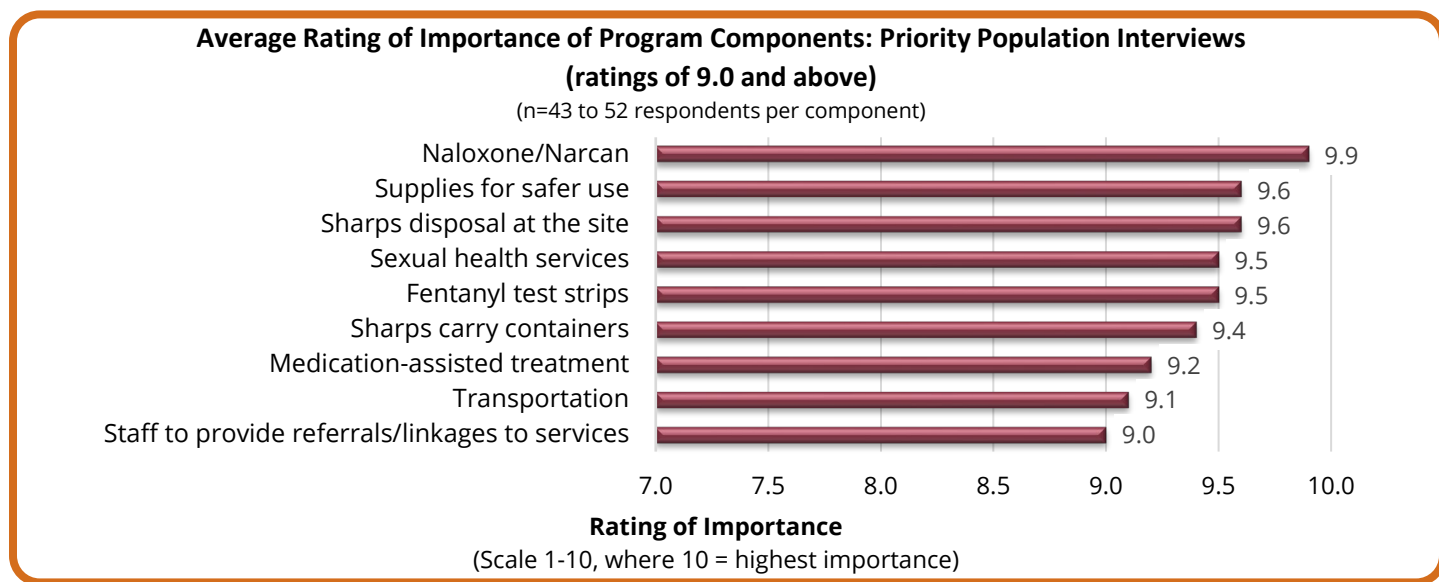
A total of 55 interviews and one focus group (6 participants) with the priority population were conducted in the six different regions of San Diego County.

Members of the priority population interviewed indicated that locations near public transportation were important (although this was not an issue for those with transportation). They also viewed the ability to receive supplies without having to turn in used syringes, and the use of secondary exchange (participants delivering supplies and education to their peers), as important as well.

Interviewees also noted the need for safety and a variety of locations and hours, a preference for staffing by peers or medical personnel, a fear of law enforcement presence, and the negative effects of stigma. *Mobile services delivered to their home or a meeting place* was the most preferred program type, although most also rated the others as acceptable.

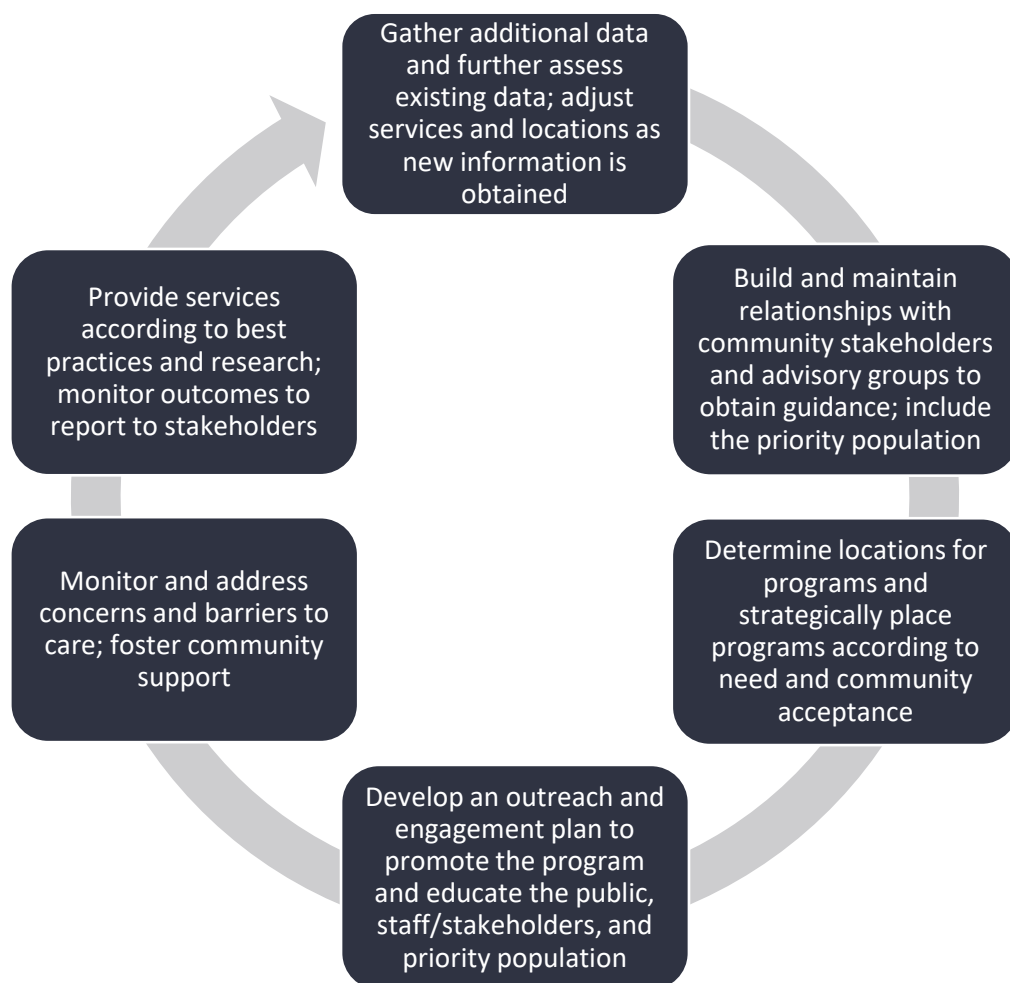


The priority population rated medication to reverse an overdose (naloxone), supplies for safer use, and disposal of used syringes as the most important program components. Many other services were deemed important, such as staff who could help participants access health and other resources, substance use disorder treatment services, and basic needs.



## NEXT STEPS

Findings from this community readiness assessment will be used to inform implementation and improvement processes:







# RECOMMENDATIONS

In summary, the general public had limited knowledge of harm reduction and syringe services programs, and the same was true for some staff/stakeholders. The assessment team also found, however, that many public and staff/stakeholders interviewed supported the establishment of syringe service programs, although they often emphasized conditional support (i.e., based on location, or part of a continuum of services that provided a “pathway to treatment,” for example).

Based on input from stakeholders, a review of programs and literature, and advice from the priority population, the assessment team recommends the following when feasible and relevant (see the full report for more details):



## 1. Build Support

- Create thoughtful messaging when promoting/designing services.
- Build and maintain relationships with community stakeholders.
- Educate community members, stakeholders, and service providers about harm reduction and syringe service programs.
- Monitor and address potential concerns.
- Assess and develop plans to address structural barriers.



## 2. Planning

- Involve the priority population.
- Create coalitions and advisory committees.
- Develop a plan for the implementation of syringe service programs.
- Create an outreach and engagement plan.
- Plan service locations that address community concerns and increase accessibility.
- Establish an emergency response plan.



## 3. Use Best Practices

- Use a multi-modal approach.
- Use evidence-based distribution methods.
- Provide a variety of services and supplies.
- Be consistent in what, how, and where services are offered to build trust.
- Continue to engage communities, receive ongoing feedback, modify program operation accordingly, and address emergencies.



## 4. Other Recommendations

- Address the wellbeing of staff.
- Ensure that programs align with cultural values.
- Minimize data collection.
- Foster community buy-in.



# DATA REVIEWED

The San Diego County Health and Human Services Agency's Harm Reduction Planning and Deployment Working Group utilized several types of data to determine areas for further assessment (sources of data in parenthesis):

- Overdose death rates for 2020 by sub-regional areas (County of San Diego, see Appendix)
- Rates of opioid overdose deaths, fentanyl overdose deaths, and deaths from all substance(s) by sub-regional area of residence, and by age and race/ethnicity (County of San Diego)
- Emergency department discharge rates for 2019 for opioid-related disorders and overdoses by sub-regional areas (County of San Diego, see Appendix)
- Substance-related arrests from 2018 by city (2018 reports, San Diego Association of Governments, see Appendix)
- Location and number of unhoused from the 2020 We All Count report (Point-in-time Count results, Regional Task Force on the Homelessness, see Appendix)
- Mapping of homeless encampments in 2020 (County of San Diego)
- Chronic (confirmed and probable) cases of hepatitis C in 2020 by ZIP code of residence (County of San Diego)
- Incident HIV cases diagnosed 2016-2020 among the priority population by ZIP code (County of San Diego)
- Enrollees in County of San Diego-funded substance use programs for medication-assisted treatment who reported injecting substance(s) by location from July 2020 – July 2021 (University of California San Diego)
- Persons served in an existing syringe service program in the Central region by ZIP code of residence (Family Health Centers of San Diego)



# FOOTNOTES

<sup>1</sup> Bluthenthal et al., 2001; CDC, 2019b; Reddon et al. 2019; Strike and Miskovic, 2018;

<sup>2</sup> CDC, 2019b

<sup>3</sup> Abdul-Quader, et al., 2013; Aspinall, et al., 2014; Bastos and Strathdee, 2000; Cooley, et al., 2016; Degenhardt et al., 2010; Des Jarlais, 2017; Gibson, Flynn, and Perales, 2001; Hurley, Jolley, and Kandor 1997; Jenkins, et al., 2001; Kwon, et al., 2009; MacArthur et al., 2014; Palmateer et al., 2010; Reddon et al., 2019; Vickerman et al., 2006; Wilson et al., 2015; Wodak 2006)

<sup>4</sup> Apsinall, et al., 2014; Turner et al., 2011; Wright & Tompkins, 2006

<sup>5</sup> Klein et al., 2008

<sup>6</sup> Tookes et al., 2012; Riley, et al., 2010; Klein, et al., 2008; de Montigny, et al., 2010

<sup>7</sup> Macias-Konstantopoulos et al, 2021; Palmateer et al, 2010; Washington County Public Health, 2018

<sup>8</sup> Galea et al., 2001; Marx, et al., 2000

<sup>9</sup> Javed et al., 2020; CDPH, 2017; Winkelstein, 2010

<sup>10</sup> Anderson et al., 2003; Murphy et al., 2004; Valente et al., 1998

<sup>11</sup> Winkelstein, 2010.



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# APPENDIX

**FIGURE A-1. DRUG-RELATED ARRESTS AND UNHOUSED POINT-IN-TIME COUNT (PITC) FROM REGIONAL TASK FORCE ON THE HOMELESSNESS (SOURCES: ONLINE)**

	Drug-Related Arrests by Jurisdiction (SANDAG 2018)		Homelessness 2020 RTFH (PITC)		
	Number	% of arrests	Sheltered	Unsheltered	Total
City of San Diego	6163	19%	2587	2285	4870
Unincorporated*	2888	28%	0	27	27
Chula Vista	1295	31%	118	212	330
Escondido	932	21%	183	264	447
Oceanside	1188	24%	166	242	408
Vista	613	22%	49	51	100
El Cajon	909	21%	465	310	775
San Marcos	381	24%	0	8	8
Carlsbad	413	22%	54	94	148
Encinitas	228	19%	18	47	65
National City	285	17%	0	125	125
Santee	476	27%	0	25	25
La Mesa	1070	44%	0	52	52
Lemon Grove	201	22%	0	18	18
Imperial Beach	227	22%	0	16	16
Poway	114	21%	0	15	15
Coronado	66	21%	0	16	16
Solana Beach	24	14%	Included in Encinitas		
Del Mar	7	6%	Included in Encinitas		

\*Not divided into smaller areas (includes Lakeside)

## Sources:

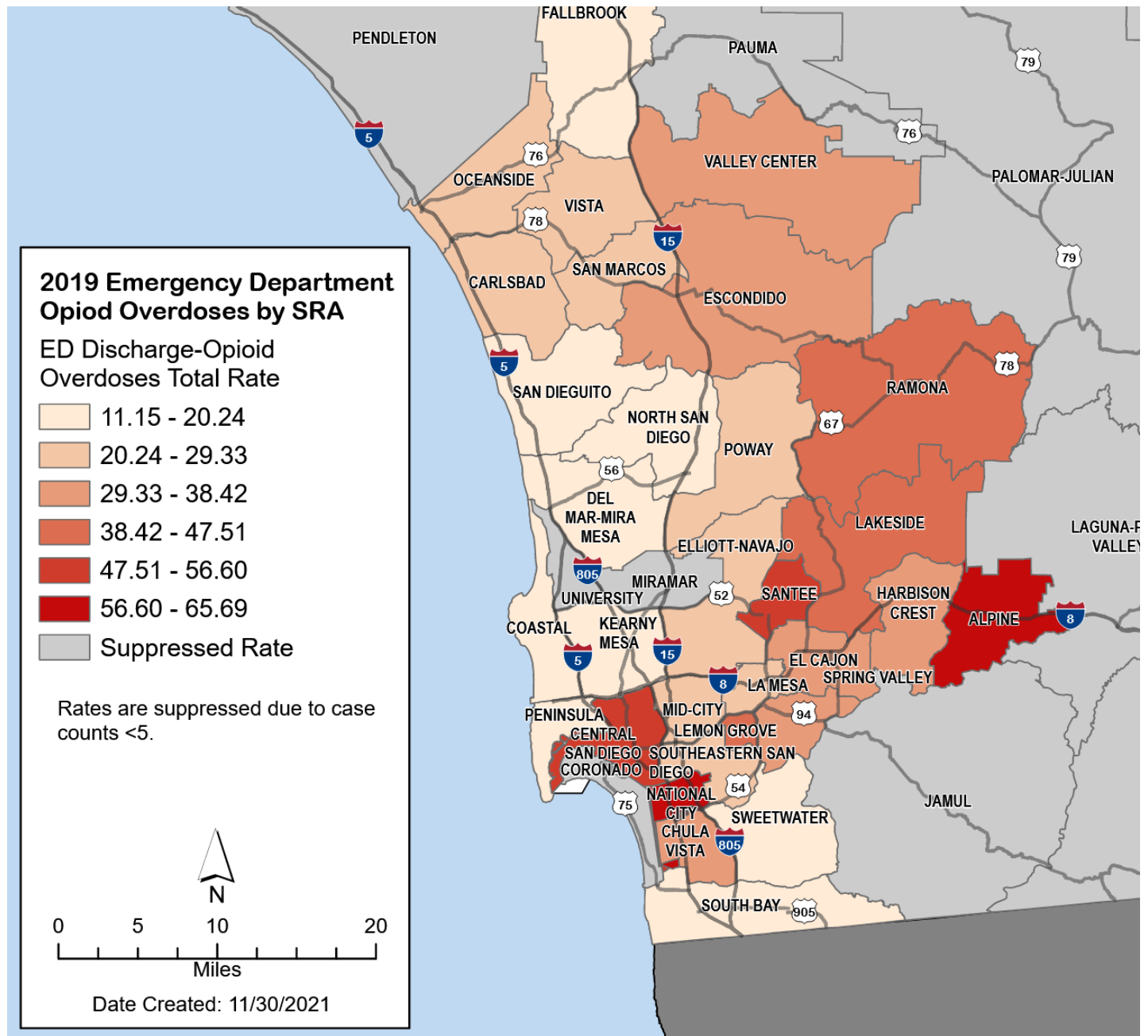
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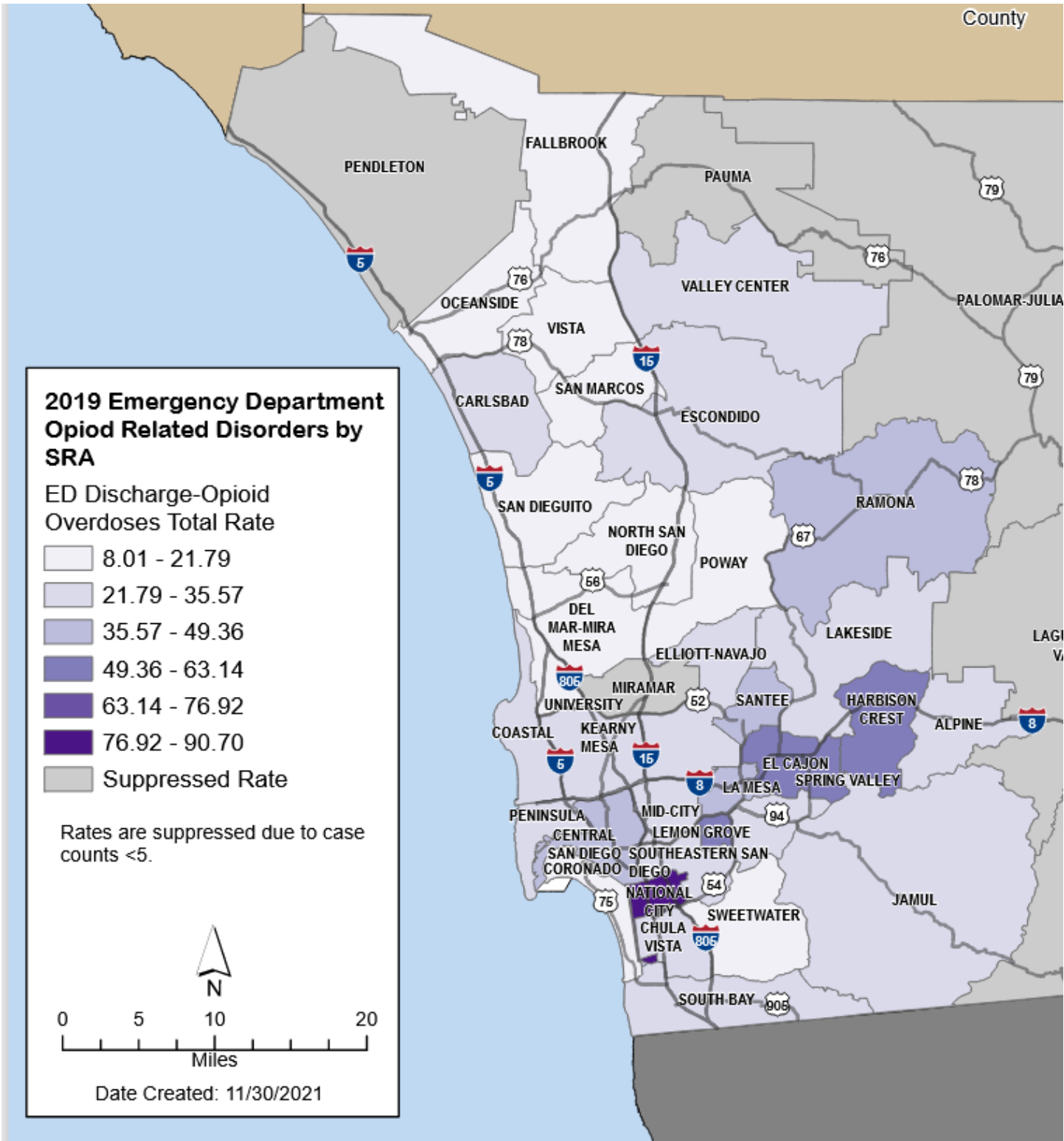
Note: Drug-related arrests also relates to arrest practices and can include any mode of substance use (injection, snort, swallow, etc.).

Note: Persons experiencing homelessness may or may not inject or use substance(s). Various studies suggest only a portion of persons experiencing homelessness use illicit substance(s).

**FIGURE A - 2: 2019 Emergency Department Opioid Overdoses by Sub-Regional Area: Discharge - Opioid Overdoses Total Rate (SOURCE: COUNTY OF SAN DIEGO)**



**FIGURE A-3:** 2019 Emergency Department Opioid Related Disorders by Sub-Regional Area: Discharge - Opioid Overdoses Total Rate (SOURCE: COUNTY OF SAN DIEGO)



**FIGURE A-4: 2020 OPIOID OVERDOSE DEATHS BY SUB-REGIONAL AREA – ANY OPIOID OVERDOSE TOTAL RATE**  
(SOURCE: COUNTY OF SAN DIEGO)

