



CASE STUDIES

Harm Reduction

**OVERDOSE
DATA2ACTION**



**Centers for Disease
Control and Prevention**
National Center for Injury
Prevention and Control

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Introduction to Case Studies

The purpose of the case studies project is to capture in-depth information from the Centers for Disease Control and Prevention's (CDC) **Overdose Data to Action (OD2A)**-funded jurisdictions about current and emerging practices related to overdose prevention and response.

Each of the highlighted jurisdictions is funded through the multiyear (OD2A) cooperative agreement which focuses on understanding and tracking the complex and changing nature of the drug overdose epidemic and highlights the need for seamless integration of data into prevention strategies. Six key topic areas identified for interviews, analysis, and dissemination are listed here. Within each topic, specific activities and programs from various jurisdictions are captured as case studies. Programs and projects were selected based on a thorough review of current OD2A activities. These case studies illustrate overdose prevention and response efforts that can be shared with practitioners as they consider how to adapt interventions to their local context.

- Adverse Childhood Experiences or ACEs
- **Harm reduction**
- Linkage to care in non-public safety settings
- Public safety-led post-overdose outreach programs
- State and local integration activities
- Stigma reduction

Harm Reduction

How does it work?

Harm reduction is a public health approach that focuses on mitigating the harmful consequences of drug use, including transmission of infectious disease and prevention of overdose, through provision of care that is intended to be free of stigma and centered on the needs of people who use drugs.¹

Harm reduction programs are often managed by community or peer-led organizations, or health departments. Harm reduction activities can include provision of sterile syringes, naloxone distribution, fentanyl testing, overdose prevention and education, including safer drug use education, and other activities that can lessen the risk of adverse outcomes associated with using drugs. For example, [syringe services programs \(SSPs\)](#) can reduce the occurrence of HIV and hepatitis C.² These programs improve public safety through safe needle provision and disposal, and are not associated with an increase in crime.^{3,4} SSPs educate clients and community members about safer drug use, which may include information about how to recognize and reverse an opioid-involved overdose using naloxone.⁵ Harm reduction programs also offer critical linkages to treatment for substance use disorders and other resources for populations with less access to care.¹ The CDC's [Evidence-Based Strategies for Preventing Opioid Overdose](#) resource includes linkage to care and harm reduction strategies such as SSPs and targeted naloxone distribution, and harm reduction is a priority area for the [HHS Overdose Prevention Strategy](#).



The Illinois Harm Reduction Community Linkage Project

CASE STUDY SNAPSHOT

- The Illinois Department of Public Health (IDPH) funds five harm reduction organizations and two county health departments in seven regions of the state with the highest opioid overdose death counts. The project may expand into regions with lower overdose death counts that lack support for harm reduction programs.
- The Harm Reduction Community Linkage Project (HRCLP) aims to:
 - Build the capacity of harm reduction organizations statewide
 - Increase awareness of the role of harm reduction in overdose prevention and response
 - Improve coordination between the harm reduction community and substance use disorder (SUD) treatment providers
 - Connect people to SUD treatment and support services
 - Provide case management
- A state-level coordinator facilitates connections among the funded sites and seven local harm reduction coordinators. Coordinators determine needs through routine interviews with harm reduction clients, work with advisory boards of people who use drugs, and through the use of IDPH surveillance data.
- Key partners include healthcare and SUD treatment providers, local harm reduction advocates, law enforcement, nonprofit organizations, and community members including those who currently use substances or seek support services.

DESCRIPTION OF PROGRAM

In 2019, IDPH first received [Overdose Data to Action \(OD2A\)](#) funds. OD2A recipients are required to allot 20 percent of their prevention budget to local health departments (LHDs), and consequently, IDPH implemented a novel harm reduction program, the

HRCLP. The project funds local organizations for harm reduction beyond providing naloxone and includes linkages to care for SUDs, stigma reduction, and community education.

The HRCLP funds five harm reduction organizations and two county health departments in the seven regions of Illinois with the highest opioid overdose death counts. The organizations selected for funding demonstrated prior success in engaging people with opioid use disorder (OUD), experience in linking people to harm reduction services, and capacity to cover large geographic regions. The funds support capacity building at harm reduction organizations statewide and strengthen partnerships between harm reduction community partners and SUD treatment providers to improve local coordination. They are used to increase awareness of the benefits of harm reduction and to lessen stigma through community education and first responder and healthcare worker training. Funding also facilitates connecting people to support services (e.g., mutual help groups) and treatment for OUD and provides case management to people who use opioids.

Each funded organization or health department consists of a full-time harm reduction coordinator or two half-time equivalents. These coordinators were selected for their experience providing harm reduction services (at least two years), demonstrated ability in coordinating linkages to care, and experience managing harm reduction-related grants. In this role, they routinely engage with community members and harm reduction clients to determine needs through interviews, work with advisory boards, and use IDPH surveillance data. Harm reduction coordinators also engage with area SUD treatment providers and nonprofit organizations and are bridges between the two. Specifically, they create resource maps; connect clients to harm reduction resources, including safer consumption supplies (e.g., sterile syringes) and naloxone; and design web-based and warm hand-off systems. IDPH has an HRCLP coordinator in the state office who manages and supports the efforts of these local coordinators. The primary role of the state coordinator is to provide administrative oversight and assistance, including budget and reporting guidance and host quarterly grantee meetings; however, they also host a statewide harm reduction summit where the funded jurisdictions can connect with colleagues and share their work.

PARTNERS INVOLVED

The HRCLP has several partners. They fund LHDs and community organizations such as the Phoenix Center, JOLT Foundation, Lake County Health Department, Champaign County Health Department, Healthcare Alternative Systems, Project of the Quad Cities, and Proviso Leyden Council for Community Action. Each of these organizations collaborates at varying levels with others in their respective regions, but key partners frequently include healthcare and SUD treatment providers, local harm reduction advocates, law enforcement, other nonprofit organizations, and community members, including people currently using substances or seeking services. The Illinois Department of Human Services Division of Substance Use Prevention and Recovery and IDPH HIV/AIDS Section are also state-level partners with an interest in improving health and decreasing harmful outcomes of substance use.



DATA USED TO DEVELOP THE PROGRAM

IDPH uses overdose death data to select, and subsequently, fund the seven regions in Illinois with the highest overdose death counts. A base award of \$10,000 per region was provided and the remaining funds were divided among regions based on the count of overdose deaths. However, IDPH may consider changing this method of funding allocation to include additional indicators of overdose burden (e.g., nonfatal overdoses via Drug Overdose Surveillance and Epidemiology data) because overdose death burden alone is not a sufficient proxy for need. Some regions, for example, may have lower overdose deaths but little or no support for harm reduction and, therefore, may have a greater need for additional funding.

The primary programmatic data source is quarterly reports from funded recipients. Quantitative data gathered include number of clients served, linkages to syringe services or naloxone, SUD treatment referrals, naloxone use, and other information relevant to the work of the recipients. Qualitative data from the reports include successes and challenges with implementing the program, a description of capacity-building efforts, and information about funding administration. The HRCLP coordinator at IDPH uses the quarterly reports to monitor recipients' progress and to inform administrative or technical assistance needs (e.g., program implementation guidance, allowable activity guidelines, grant reporting requirements).

BARRIERS AND FACILITATORS TO IMPLEMENTING THE ILLINOIS HARM REDUCTION COMMUNITY LINKAGE PROJECT

Funding and Partnerships

Multiple factors contribute to IDPH successfully implementing this program and to their recipients successfully providing services. The primary barrier to implementation is funding. Current funding only supports up to one full-time staff member per site. Local coordinators organize services offered across large geographical areas, thus additional staff and resources would enable them to improve and expand their capacity for support. Further, harm reduction supplies such as naloxone and sterile syringes, which can be funded through other federal sources of funding, cannot be purchased with OD2A funds. Such supplies are critical for the success of harm reduction efforts.



To overcome these challenges, IDPH used and blended various sources of funding into a unified comprehensive program. IDPH used OD2A dollars to pay for staff time, travel, office supplies, and other costs while utilizing additional funding from the state to purchase harm reduction materials such as syringes and naloxone. Each local jurisdiction has developed invaluable relationships with nonprofit organizations and healthcare providers. Weaving these partnerships and external funding with the staffing and technical support funding from IDPH allows communities across Illinois to access comprehensive harm reduction services.

Policy and Stigma

Syringe services programs (SSPs) face state and local barriers to implementation in many states, as well as a lack of support from leaders and community members, limiting large-scale implementation nationwide. In Illinois, however, state statute supports the creation of SSPs. Additionally, the [Illinois Division of Substance Use Prevention and Recovery](#)^a actively works to combat stigma by using person-centered language, providing services with dignity, and expanding the concept of recovery to recognize the many paths to recovery.

EVALUATION OF THE ILLINOIS HARM REDUCTION COMMUNITY LINKAGE PROJECT

The HRCLP recipients are required to report evaluation data quarterly. These reports help with accountability and track progress. They contain information about partner outreach, services provided, and capacity building.

Reported data indicate increased:

- Local capacity to conduct harm reduction or link individuals to harm reduction partners
- Referrals to SUD treatment and linkages to care^b
- Recipient engagement with SUD treatment

During year one of HRCLP, IDPH sought to answer the following **evaluation questions** to determine whether they successfully laid the groundwork for harm reduction linkages to care across the state:

- Have harm reduction and SUD treatment referral systems and resource maps been completed, deployed, and used?
- Have these referral systems been designed, deployed, and activated to start sending referrals and creating linkages?
- Have data system communications been developed, tested, and implemented?

In year one, they sought to answer these questions via the following **indicators** contained within the reports:

- Number of web-based referral and warm hand-off systems, communications systems, resource maps, and IT structures developed
- Number of successful data sharing efforts and communications
- Number of SUD treatment facility referrals and rate of referrals per client
- Number of linkages to care (e.g., linkages to SSPs and naloxone distribution programs, and SUD treatment referrals)

Preliminary data demonstrate that the reach of these community linkages is promising. In just one quarter, more than 1,500 linkages were made to safer consumption supplies across three of the funded organizations. In addition, over 500 linkages were made to naloxone and overdose reversal kits, with 85 of those kits reported as used by clients to reverse overdoses and to save lives.

In the future, IDPH hopes to expand their understanding of recipients' ability to connect community members to harm reduction services, retain community members in such services, and to prevent overdose and the transmission of blood-borne diseases.

SUSTAINABILITY

Harm reduction linkages to care for SUDs were provided prior to the creation of HRCLP; however, the coordination of such services enabled by HRCLP/OD2A funding has facilitated its continued growth and success. IDPH noted five additional components that are critical to program sustainability long-term:

1. Local partnerships and champions
2. Harm reduction supply funding
3. Additional funding sources (e.g., state funding)
4. Policies that support harm reduction activities
5. Reduced stigma for SUDs and harm reduction

Going forward, IDPH plans to continue sustainability efforts by increasing education around substance use and harm reduction, and access to harm reduction resources across Illinois.



Evaluation Considerations

Evaluators and harm reduction coordinators can consider the following when developing, implementing, monitoring, and evaluating linkages to and use of harm reduction services in the community.

Partner Engagement and Health Equity Considerations

Linkages to and provision of harm reduction services are community-based collaborative activities. As such, partner engagement and equity are critical to program design and evaluation. See the following resources for how to strategically incorporate both.

- [CDC Evaluation Framework](#)
- [Equitable Evaluation Framework^a](#)

Evaluation Questions and Indicators

Key evaluation questions are critical in the assessment and evaluation of linkages to harm reduction services

Needs assessment and program development:

- **Question:** Which communities are reached by existing harm reduction services and infrastructure? Which communities have the greatest need for such services?
 - Process Indicator: Description of a community's current resource access and usage, and additional needs
- **Question:** What organizations are currently providing linkages to harm reduction services? What services are they providing?
 - Process Indicator: Description of current organizations and services
- **Question:** To what extent are individuals from populations or communities disproportionately affected by overdose being included in the design, implementation, and evaluation of linkages to harm reduction services?
 - Process Indicator: Descriptions of partner engagement and formal/informal agreements

- Process Indicator: Description of the needs of populations disproportionately affected by overdose and barriers/facilitators to accessing and using services

- **Question:** What local resources are available to support linkages to harm reduction services in the community?

- Process Indicator: Description of local leadership and partnerships
- Process Indicator: Description of local data sharing capacities and resources

Monitoring and Evaluation:

- **Question:** To what extent are partners engaging in regular communications and resource sharing?
 - Process Indicator: Frequency of meetings and number of shared datasets, referrals, and resources
 - Process Indicator: Description of changes in accessibility and quality of resources
- **Question:** To what extent are linkages to harm reduction services provided in the community, specifically in communities disproportionately affected by overdose?
 - Process Indicator: Number of referrals and clients receiving services, specifically in communities disproportionately affected by overdose
 - Process Indicator: Number of syringes and naloxone kits distributed by partner organizations
- **Question:** What is the nature of collaborations?
 - Process Indicator: Description of partnerships developed, including community representation
 - Process Indicator: Description of key roles/responsibilities

Impact Evaluation:

- **Question:** How has the capacity to provide linkages to harm reduction services changed year-to-year?
 - Outcome Indicator: Descriptions of changes in program model, community linkages, related trainings and resources, and regional stigma from community members and providers via annual [community assessments](#)^a
- **Question:** How did the program contribute to changes in harm reduction service provision?
 - Outcome Indicators:
 - Changes in the provision of harm reduction services/resources, specifically in communities disproportionately affected by overdose
 - Number/percentage of program recipients who confirmed the first appointment with harm reduction service/resource provider
 - Number/percentage of program recipients who accepted referral to substance use disorder treatment when provided
- **Question:** How have linkages to harm reduction services impacted health?
 - Outcome Indicator: Rates of overdose and blood-borne disease among clients

Resources

- [CDC Evaluation Profiles: Linkage to Care and Naloxone Distribution Programs](#)
- [Harm Reduction Coalition](#)^a
- [Harm Reduction Policy Resources](#)^a
- [Stigma Reduction Resources](#)^a



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Endnotes

- ^a The Centers for Disease Control and Prevention (CDC) cannot attest to the accuracy of a non-federal website. Linking to a non-federal website does not constitute an endorsement by CDC or any of its employees of the sponsors or the information and products presented on the website.
- ^b In this case study, the terms “referral” and “linkage” are often used interchangeably. However, referrals are an opportunity to access care (i.e., a formal recommendation to connect with a specific provider, clinic, institution, or organization); referral systems are mechanisms by which these referrals are shared, accessed, and provided; and linkages to care are the utilization of referrals (i.e., the receipt of services).