Implementing State and Local Overdose Prevention Policies

A Resource for Navigating the Policy Process

ChangeLab Solutions

The Network for Public Health Law

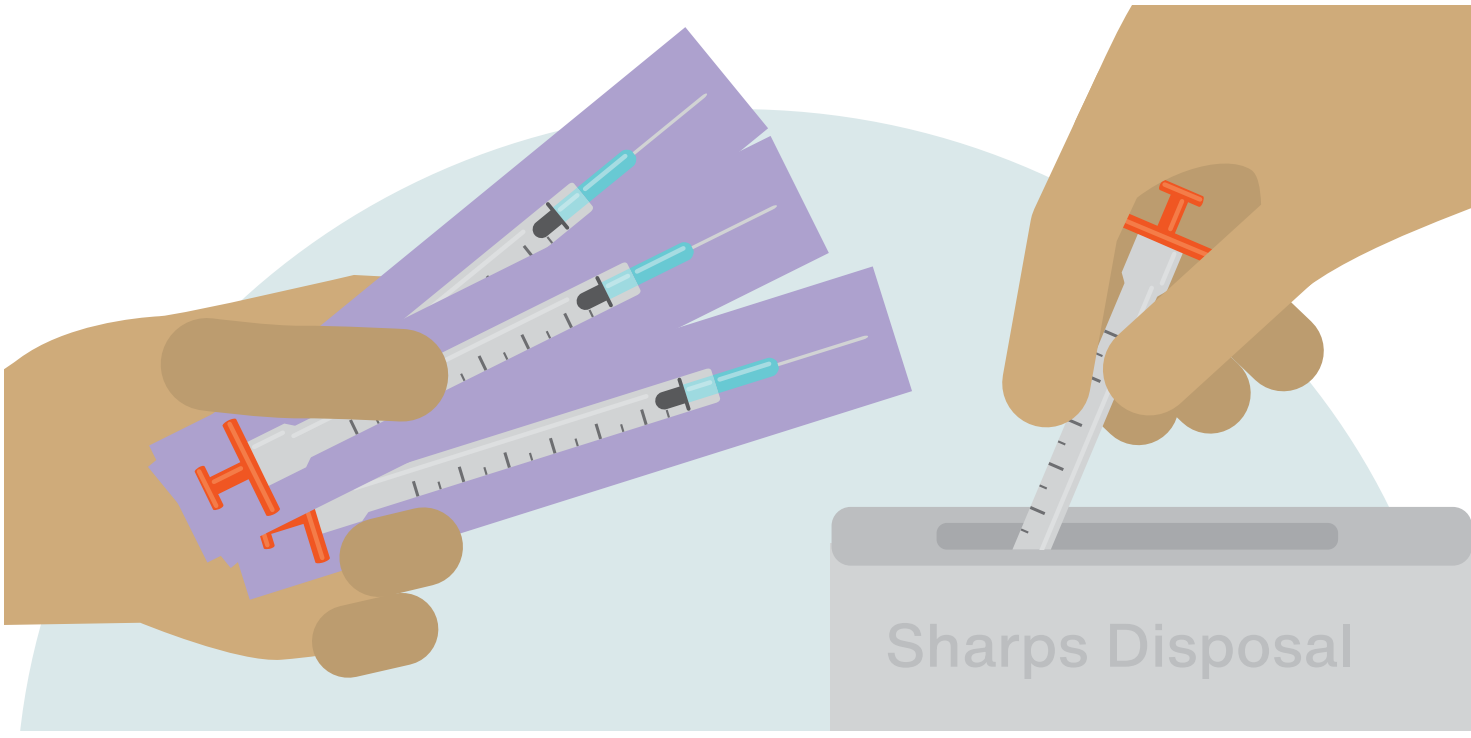
Contents

Purpose

Created in partnership with the Centers for Disease Control and Prevention, this resource was developed to support state and local decision makers, government agencies, public health practitioners, and community members as they consider policies to prevent overdose and reduce other drug-related harms in their communities. This resource accompanies *Preventing Overdose and Reducing Drug-Related Harm: A Policy Guide for State and Local Change*, which highlights 11 overdose prevention policy strategies that are rooted in health equity, backed by evidence, and aligned with the needs and experiences of people who use drugs (PWUD). While the **policy guide** outlines the details of the *policy strategies* themselves, this resource contains information on the *policy process*. It is intended to help readers pursue and implement overdose prevention policies that respond to their communities' needs, providing guidance to translate intention into enacted policy and equitable and effective practice on the ground.

A note on stigmatizing language

Language can contribute to stigma about substance use, addiction, and overdose.[1] It can also evolve rapidly over time. This document aims to use non-stigmatizing, person-first language whenever possible, but may include some language that could be interpreted as stigmatizing. These instances may reflect direct quotes from interviewees or other sources where exact language is critical to understand what was said.



Introduction

Many drug overdose deaths are preventable. In recent years, however, drug overdoses have claimed more lives across the United States than at any point in our nation's history. Provisional data from CDC predict that more than 107,500 Americans died from a drug overdose in the 12-month period ending in December 2023.[2] Just as deaths from overdose have grown, so too have nonfatal overdoses. These carry their own emotional, social, and economic costs and can have lasting health consequences, including brain injury and elevated risk of experiencing a fatal overdose in the future.[3,4,5] Opioids, especially illicitly manufactured fentanyl and other highly potent fentanyl analogs, are largely responsible for the unprecedented increase in overdoses and other drug-related harms.[6] Stimulant-related overdose fatalities are rising rapidly in many communities as well.[7]

State and local decision makers can take powerful action to save lives and reduce harm in their communities. State and local jurisdictions can consider adopting a range of policies to mitigate overdose risk and keep overdose, when it does occur, from becoming fatal. Those policies are outlined in ***Preventing Overdose and Reducing Drug-Related Harm: A Policy Guide for State and Local Change***.

This resource offers guidance to help ensure that overdose prevention policies are implemented equitably and effectively, so that they achieve their intended goals. It draws from interviews with 22 overdose prevention experts — practitioners, researchers, and policymakers across a range of institutional contexts, including health care, the criminal legal system, schools, and community-based settings. Some of their insights are directly quoted in the pages that follow.

How to use this resource

This resource provides guidance to state and local decision makers, government agencies, public health practitioners, and community members who are interested in preventing overdose through law and policy change. Designed as a companion to ***Preventing Overdose and Reducing Drug-Related Harm: A Policy Guide for State and Local Change***, which provides a roadmap of policy strategies, this guide outlines key steps of the policy process to put those policy strategies into action, providing information that addresses the following questions:

- How can jurisdictions identify and prioritize the policies needed to mitigate overdose in their communities?
- What strategies can be employed to move from a proposal to actual policy change?
- What practices can help ensure that policy change, once enacted, translates to lives saved?

It is divided into three parts:

1. **Policy Selection** highlights key steps to consider in selecting which evidence-based, equity-centered strategies to pursue.
2. **Policy Adoption** offers information to support strong policy design and help a proposal move through the adoption process.
3. **Policy Implementation** provides guidance to ensure that once a policy has been enacted, it is implemented and enforced so that it achieves its goals.

What do we mean by "policy"?

Policy refers to both written statements of a public agency's position, decision, or course of action, as well as laws that codify and institutionalize a policy by a government in the form of a statute, regulation, or ordinance. Organizations also adopt policies to memorialize decisions, govern operations, and establish rules for staff or member conduct.

While policies across all levels of government and at the organizational level have the potential to impact overdose, this guide focuses specifically on the policy process for states, localities, and organizations:

- **State policies**, including statutes, regulations, and budget appropriations, as well as the governor's executive orders
- **Local policies**, including ordinances, resolutions, and budgets adopted by county or city governments, executive orders signed by the mayor or similar local official, and policies adopted by school districts and other agencies
- **Organizational policies**, including those adopted by individual government agencies, schools, health care institutions, nonprofits, businesses, or other private entities

Some drug policies flow from the federal government. However, states, localities, and other decision-making bodies have considerable flexibility to enact their own policies to reduce overdose in their communities. For example, states can implement the following laws:

- Overdose Good Samaritan laws that reduce barriers to calling 911 for lifesaving care by providing legal protections for individuals who seek help when witnessing or experiencing a drug overdose
- Laws that facilitate the distribution of fentanyl test strips (FTS)
- Laws that authorize the operation of syringe services programs (SSPs)
- Laws that remove criminal penalties from possession of items considered "drug paraphernalia" (e.g., syringes, FTS, and other drug-checking equipment)
- Laws that remove criminal penalties from the possession of illicit drugs

Depending on state laws, local decision makers and organizational leaders can also implement overdose prevention policies. As examples:

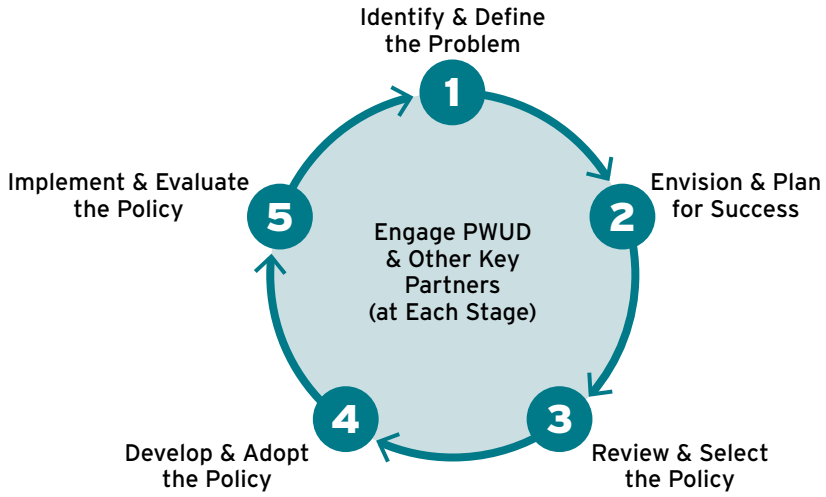
- City or county ordinance requiring all jails within the jurisdiction to distribute naloxone — the medication used to reverse opioid overdose — and provide medications for opioid use disorder (MOUD)
- School board policy requiring evidence-based drug prevention education for all students in the district
- Organizational Housing First policy that reduces barriers to shelter, transitional, and permanent housing for unhoused persons who use drugs (PWUD)

The **Key terms** section provides definitions of "policy" and "law" and other terms used in this document.

What steps are involved in the policy process?

Although the policy process can differ depending on the type of policy (e.g., statute, regulation, budget appropriation) and the jurisdiction in which it is being implemented (e.g., state, city, school district), it generally follows the steps depicted in the graphic shown here. In overdose prevention, this process starts with gathering information about the specific drug-related harms community members are experiencing and moves through implementing a policy option and monitoring its impact on those harms. The policy process is iterative; as the circular diagram suggests, evaluations of existing policy can lead to new problem identification and drive additional policy change. Note that "Engage PWUD and Other Key Partners" is located at the center of this process because it is not just one step, but should be integrated across all parts of the policy process.

THE POLICY PROCESS



The steps, described briefly:

1. **Identify and Define the Problem:** Gather information about what's happening in the community and determine the scope and cause of the problem. This may include using data to identify which populations are disproportionately affected.
2. **Envision and Plan for Success:** Imagine a healthy, thriving community and create a plan to make that vision a reality.
3. **Review and Select the Policy:** Identify different policy solutions to address the problem and choose the most effective, efficient, and feasible option for the community.
4. **Develop and Adopt the Policy:** Write, edit, and review the policy and adopt or assist with its adoption.
5. **Implement and Evaluate the Policy:** Put the policy into action; then assess what works and how to improve what doesn't work.

   Engage PWUD and Other Key Partners: Gather input from and share information with PWUD, community members, government partners, and decision makers **at each stage of the policy process**.

Structural racism and economic inequality are key drivers of the overdose crisis

Overdose affects people of all racial and ethnic groups, genders, ages, and levels of income and education, in every region of the country. While no community has been spared from rising drug-related harm, overdose deaths are characterized by deepening inequities, with Black people, American Indian/Alaska Native people, and people with low income experiencing disproportionate amounts of harm.[8,9] This reflects the impact of structural racism, economic inequality, and other **fundamental drivers of health inequity**, which make some communities more vulnerable to drug-related harm and undermine their access to harm reduction, treatment services, and other vital resources that can reduce overdose risk and promote health.[10,11]

Racially disparate trends in overdose also reflect the impact of specific legal and policy interventions enacted to control drugs and the people who use them. Throughout our nation's history, drug policy has been profoundly shaped by racism.[12] Aggressive law enforcement strategies to curtail the distribution and use of some drugs, cumulatively termed the "War on Drugs," target Black communities and other communities of color by over-policing, arrest, and mass incarceration.[13,14] The consequences have been deadly. Evidence shows that involvement in the criminal legal system not only fails to treat addiction but *increases* overdose risk and undermines the ability of PWUD to connect with the resources they need to be healthy, such as health care, housing, and employment.[15]

Just as laws and policies have played a central role in creating these inequities, they can also be leveraged to dismantle drug-related harms. This document is grounded in a commitment to advancing policies that counteract the legacy of the War on Drugs, elevating strategies that invest in systems that prioritize community care over punishment and incarceration.

Centering people who use drugs in the policy process: "Nothing about us without us"

Leaders in harm reduction and other social justice movements, including the movement for disability justice, use the phrase "nothing about us without us" to reflect "the idea that public policies should not be written or put into place (officially or unofficially) without the direction and input of people who will be affected by that policy."[16]

People who use drugs are experts in their lives. They possess significant knowledge as the people most affected by existing drug policy and as consumers of harm reduction, treatment, and prevention programs intended to assist them. Community-based organizations that are led by and/or serve PWUD, as well as the family members and friends of PWUD, also hold valuable insights because they act as support systems that frequently fill in gaps left by public services. Engaging these partners, especially those who experience heightened or fast-growing risk of overdose — including Black, Indigenous, and other people of color (BIPOC) who use drugs,[17] pregnant and postpartum people,[18] people who are unhoused,[19] and people who have been incarcerated[20] — is essential to developing and implementing policies that adequately respond to the needs of people at risk of overdose.

In accordance with "nothing about us without us," community engagement should involve making meaningful space for the power and influence of community members with lived and living experience, which means people who are currently using drugs, not just those who are in recovery. This involves not simply sharing information or soliciting feedback on a single occasion, but centering PWUD as key decision makers throughout the visioning, design, adoption, implementation, and evaluation of a policy or policy change.

Policy Selection

How can practitioners identify the policy strategies best positioned to reduce overdose in their communities?

Practitioners can ask the following high-level questions to help guide policy selection:

1. What is the jurisdictional context?

- What are the local drug trends?
- What is the existing policy landscape?

2. Does the policy meet the most urgent needs of PWUD?

- Does the policy advance health equity? Is it aligned with the expressed needs of PWUD?
- Is the policy evidence based?

3. What partners are collaborating in the process? Whose voices might be missing?

- Are partners across sectors engaged?
- Is there an established coalition? How might coalition efforts be strengthened?

4. How might potential challenges be overcome?

- Who are the policy's supporters and opponents?
- What funding is needed?
- What are the experiences of other jurisdictions?
- What is the legal feasibility of the policy?

No single policy can fully address the overdose crisis on its own. As states and localities work to develop their response, decision makers can keep in mind that a range of complementary policy strategies may be needed to address the complex nature of the crisis. Deciding which policy strategies are a good fit for a particular community requires understanding its governance structure, demographics, geography, and other characteristics, and how those may affect policy adoption and implementation.[21] Choosing policies that are effective within a given community requires a location-specific analysis that takes into account the particulars of the jurisdiction in which its impacts will be felt.

Communities can begin by gathering and analyzing data and meeting with partners, including PWUD, community-based organizations, researchers, policy experts, and government agencies, to contextualize and interpret the data. They can also form key partnerships by building coalitions or developing other mechanisms for collaboration that bring together a variety of perspectives, expertise, and resources. This can support communities in making informed decisions in the policy selection and adoption process.[22]

1. What is the jurisdictional context?

What are the local drug trends?

The overdose crisis presents a combination of challenges that continues to shift across populations, geography, and types of drugs.[23] Changing drug trends, including the rise of fentanyl, fentanyl analogs, and other adulterants (e.g., xylazine and nitazene), have made the drug supply more unpredictable and require innovative harm reduction strategies in response.[24,25]

While national data provide a helpful starting place, every community's experience of drug-related harm is unique. For example, patterns of drug use and overdose can vary by urbanicity; while the rate of overdose deaths overall was higher in urban counties than rural counties in 2020, rural counties had higher rates of overdose involving psychostimulants — like methamphetamine — and natural and semisynthetic opioids, including prescription opioids.[26]

Strategies to reduce overdose can differ depending on the substances involved and the people experiencing the greatest risk. For example, a community where methamphetamine-involved overdoses are rising may benefit from greater access to interventions like safer smoking kits, which often include glass stems, rubber mouthpieces, educational materials, disinfectant wipes, and other supplies,[27] and contingency management, which involves the provision of incentives for treatment adherence or abstinence.[28] Communities should leverage the most current, comprehensive data about recent overdose trends to gain a better understanding of their community context.

A variety of sources offer national, state, and local overdose data:

- **The National Center for Health Statistics (NCHS) at the Centers for Disease Control and Prevention (CDC)** provides national data on drug overdoses that occur within all states and the District of Columbia. Anyone can query the online **CDC WONDER system** for data disaggregated by state and select demographic characteristics, like race, gender, and age. The NCHS also provides **12 month–ending provisional drug overdose death counts** as its most up-to-date data source. Other data dashboards such as the **DOSE (Drug Overdose Surveillance and Epidemiology) Dashboard: Nonfatal Overdose Syndromic Surveillance Data** and **SUDORS (State Unintentional Drug Overdose Reporting System) Dashboard: Fatal Overdose Data** provide interactive data on nonfatal and fatal overdoses, respectively.
- **State and local public health departments** regularly collect data on overdoses that occur within their jurisdiction. Sometimes they make these data available through public dashboards such as the **California Overdose Surveillance Dashboard**, which provides state- and county-level data on overdose deaths and other drug-related outcomes like emergency department visits and hospitalizations. Some jurisdictions may also collect other types of important data. For example, the **Massachusetts Drug Supply Data Stream** is a statewide drug-checking program that collects and analyzes drug samples and aggregates those data to better understand the local drug supply.[29]
- **Law enforcement and other first responders** regularly collect information on overdoses to which they respond, including mortality data, naloxone administration data, and other information drawn from 911 calls. Sometimes these data are not required to be reported to the relevant health department, so first responder entities may hold unique information about drug-related harms in a community. Data from first responders may

also be available through the **Overdose Detection Mapping Application (ODMAP)**, a mapping tool that some law enforcement agencies use to log incidences of fatal and nonfatal overdoses.

- CDC's **Youth Risk Behavior Surveillance System (YRBSS)** collects information on middle and high school students' health behaviors, including substance use, at the national and state levels, as well as for a limited number of local school districts. Local school districts and state and local education departments may also collect data on youth substance use and overdose risk. Each of these sources may help inform youth-focused overdose prevention policy.
- **Qualitative assessments** like key informant interviews, focus groups, and surveys can provide meaningful insight at the local level. Some community-based organizations that serve PWUD may already conduct assessments to gauge community needs and may be open to sharing results with potential partners interested in advancing overdose prevention policy.
- **Data-sharing agreements or memoranda of understanding** may be useful or necessary when overdose data are collected or maintained across multiple government agencies or when public health officials do not have access to a relevant database. For example, a data-sharing agreement between a corrections department and health department, state Medicaid agency, and/or community treatment providers could help improve coordination of MOUD for people upon release from incarceration and reduce gaps in care. ChangeLab Solutions' **Leveraging Data Sharing for Overdose Prevention: Leveraging Legal, Health, and Equity Considerations** provides an overview of relevant factors to examine related to sharing overdose data across partners.

Once community members have gathered the relevant data, they can meet with key partners to ensure that those data provide the full picture of a community's experience. This step can be especially important to help address any gaps. For example, data may not be disaggregated by race and ethnicity if population sizes are small within the jurisdiction.[30] This can mask important differences within and across groups, making engagement with community members important to understanding the risks that BIPOC communities face.

What is the existing policy landscape?

To identify the policy changes needed in a jurisdiction, community members should first understand the existing policy landscape. By identifying and evaluating relevant federal, state, and local laws, they can determine whether the change they wish to make is feasible in the current policy framework or if a policy change is required. Furthermore, they can determine which existing policy barriers reduce access to existing resources or contribute to inequitable outcomes. For example, in a community that has removed fentanyl test strips (FTS) from the state drug paraphernalia law, there may still be difficulties in accessing FTS or a lack of understanding among local law enforcement regarding their legality, resulting in continued arrests or harassment for the legal possession of these tools.

2. Does the policy meet the most urgent needs of PWUD?

Does the policy advance health equity? Is it aligned with the expressed needs of PWUD?

While overdose deaths and other drug-related health harms are increasing in every segment of the population and in all parts of the country, they are characterized by deepening inequities across race and socioeconomic status.[31] Given this fact, policy strategies should be assessed for their ability to reach community members who are experiencing growing harm, mitigate disparities, and advance health equity.

To do so, incorporating and centering the experience of individuals and communities most affected by existing or proposed policies into the policy selection and implementation processes is critical. In particular, Black, Indigenous, and other people of color; people who are pregnant; people who are unhoused; and people who are incarcerated or were recently incarcerated should be included in the policy selection process. These community members can not only provide contextual knowledge and important social and cultural perspectives, but also describe the specific needs of individuals facing steep overdose risk. They can also support the policy process by assessing whether and how any policy option being considered may be tailored to undo previous harm done to the group or avoid unintended consequences.

PWUD may also suggest goals beyond simply reducing rates of fatal and nonfatal overdose, such as reducing harmful contact with law enforcement and the child welfare system, or goals related to addressing other determinants of health. One practitioner explained that many PWUD are navigating multiple barriers that may exacerbate their risk for overdose and undermine their health overall. They suggested that policy goals should include addressing those barriers rather than exclusively focus on eliminating drug use:

> *Have people gotten housing or are they stable? Have they been able to address some of their other medical conditions? So many people are dual-diagnosed and are not getting help for their mental health issues, which may make it harder to get help for their substance use disorders.... It's important to identify benchmarks that are representative of the needs of the whole person, because being completely abstinent shouldn't be the one and only goal.*

Practitioners should consider policy strategies that are responsive to the range of needs expressed by PWUD and account for the underlying factors (e.g., lack of safe, stable, and affordable housing)[32] that may be increasing overdose risk among certain groups.

Is the policy evidence based?

As decision makers work to identify policies to mitigate the overdose crisis in their jurisdictions, they should look to evidence-based strategies that have been demonstrated to reduce overdose deaths and other drug-related harms. While advancing strategies that are proven to improve outcomes may seem self-evident, experts shared that, too often, drug policy debates and decision making are only minimally informed by evidence. Instead, misinformation and stigma can be common in public discourse around substance use.[33,34]

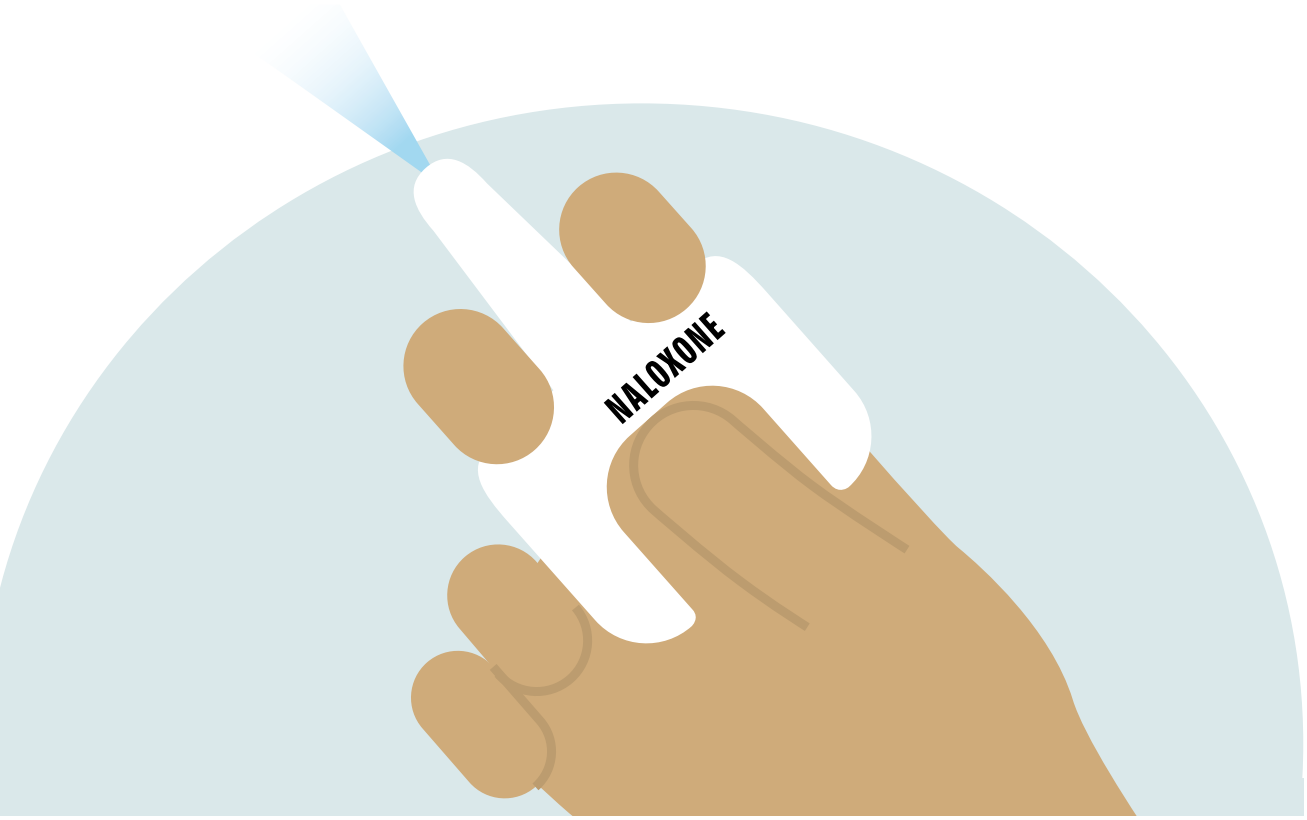
For example, the myth that addiction is a personal or moral failing rather than a medical condition may influence the adoption of punitive policy approaches toward drug use and undermine support for care.[35,36] One practitioner summarized it this way:

> *There are many common tropes that get reinforced by the lay media and in the public perception of addiction issues. For example, the myth that you're enabling someone if you're kind to them, that people need "tough love," or that they need to "hit bottom" before they can recover. We would never rely on these ideas to treat another health condition.*

It is important to note that the evidence base for different policies varies and does not always provide a full picture of community conditions. With this in mind, practitioners can begin assessing the effectiveness of a policy option in relationship to their specific community context by asking the following key questions:

- Has the policy been studied? If yes, what does the research say about its impact on overdose mortality and other drug-related harms (i.e., are results positive, negative, or mixed)?
- How strong is the evidence base? For example, is there robust empirical evidence documented in systematic reviews or meta-analyses, or is evidence limited to isolated case studies or smaller-scale research?
- If the policy is too new to have been studied thoroughly, is there significant evidence of support from community members and practitioners? Is there reason to believe it may positively impact outcomes of interest over time?

Some innovative approaches to overdose prevention may not yet be studied widely in the scientific literature. Practitioners may wish to supplement findings from smaller-scale research by consulting policy experts, researchers, and community-based organizations on



emerging best practices and by gathering anecdotal data from community members about what works, to ensure that the rich insights of community members count as evidence as well. It can also be important to recognize the limitations of existing research. For example, perhaps people with lived and living experiences were not consulted in the research design, or an intervention was studied only in the context of predominantly white communities.[37] Policies can also be designed to help build more knowledge to better inform future decisions by requiring and funding ongoing data collection and analysis.

The following resource provides more on evidence-based policymaking:

- Urban Institute, *Improving Evidence-Based Policymaking: A Review*, 2021. **www.urban.org/sites/default/files/publication/104159/improving-evidence-based-policymaking.pdf**

3. What partners are collaborating in the process? Whose voices might be missing?

Are partners across sectors engaged?

Establishing working relationships with partners across sectors in government, health care, public health, and the community is necessary to identify effective solutions to meet a community's needs. Building relationships with a range of institutions that touch the lives of PWUD (e.g., housing providers, social services agencies, child welfare departments, schools) is also important. While some policies may most directly involve one sector, many affect or require the involvement of several types of institutions. For example, a policy to implement access to MOUD for people who are incarcerated may require collaboration across the department of corrections, the department of health, and local hospitals and clinics. Partnering across these entities can support jails and other carceral facilities in creating appropriate procedures for delivering MOUD and establish systems of referral to community treatment providers to ensure continuity of care for patients upon release.

Cross-sector collaboration early in the policy process allows partners with various perspectives, resources, and capacities to contribute to policy selection and design. This collaboration can identify potential roadblocks, generate greater buy-in, and ultimately facilitate more success in the implementation phase. It also allows for the various partners to leverage their unique strengths and pool resources. For example, a community-based organization that is trusted by PWUD in the community may be better suited to conduct outreach than a public health department, while a public health department may have unique scientific expertise and greater influence with political leadership.

Cross-sector collaboration may not always be easy or straightforward to achieve. In many cases, it may be necessary to conduct outreach to organizations that might appear opposed to relevant change. Importantly, practitioners may need to consider where lack of buy-in, unclear roles or expectations, or disagreement or mistrust among partners may affect the policy process. Other potential obstacles to collaboration may include misaligned organizational goals and priorities and historic distrust between key groups of people, such as between law enforcement and community groups providing direct services to PWUD.

Is there an established coalition? How might coalition efforts be strengthened?

Beyond initiating working relationships across sectors, coalition building can also be an important mechanism to convene partners and invite a range of voices to provide input on the policy changes that should be prioritized in a given community. If there is an established coalition focused on overdose prevention, practitioners can consider joining to bolster its efforts and learn from and engage with the organizations and community members involved. There may also be an existing coalition that is focused more broadly on issues that intersect with drug-related harm (e.g., mental health or housing) that may already be engaged or could become engaged with overdose prevention. These can be valuable sites of cross-sector collaboration and can help emphasize the role of social and structural determinants of health (e.g., access to health care and stable housing) in driving the overdose crisis. If a relevant coalition does not yet exist in the community, practitioners can consider building one. Coalitions can inform policy selection and also continue to work together throughout the policy process to support adoption and successful implementation of the desired approach(es).

Many of the most successful coalitions are broad in membership composition, bringing together people from a range of perspectives and lived experiences. For example, coalition partners may range from business partners who have a stake in improving the health of their workforce to medical professionals who have experience treating people with substance use disorders or people who have experienced overdose. Practitioners have highlighted that public figures like musicians, athletes, and actors can also serve as powerful spokespeople. As well, faith leaders can be important partners who can craft compelling messages as moral authorities and mobilize community support.

Overdose prevention experts have underscored the importance of bringing together a broad base of coalition partners and working to highlight shared interests among unlikely partners. One offered:

> *What we really have to do is identify uncommon allies, [starting with] people with lived experiences really in the driver's seat and building out from there.*

As with cross-sector partnerships, members of a coalition may not always agree on specific strategies or actions. Thus, a strong foundation based on mutual respect, a shared vision, and deft leadership are keys to their success. For more on building and managing a coalition, see the following resources:

- Sheila Sherow and JoAnn Weinberger, *Planning for Change: A Coalition Building Technical Assistance System*, 2002. **www.immunizationcoalitions.org/content/uploads/2019/07/Coalition-Building-Toolkit-Sherow.pdf**
- The Prevention Institute, *Developing Effective Coalitions: An Eight Step Guide*, n.d. **www.preventioninstitute.org/sites/default/files/uploads/8steps_040511_WEB.pdf**
- Community Tool Box, *Coalition Building I: Starting a Coalition & Coalition Building II: Maintaining a Coalition*, n.d. **https://ctb.ku.edu/en/table-of-contents/assessment/promotion-strategies/start-a-coaltion/main**; **https://ctb.ku.edu/en/table-of-contents/assessment/promotion-strategies/maintain-a-coalition/main**
- American Academy of Pediatrics, *AAP Advocacy Guide: Pointing You in the Right Direction to become an Effective Advocate*, 2009. **https://downloads.aap.org/AAP/PDF/aap_advocacy_guide.pdf**

4. How might potential challenges be overcome?

Who are the policy's supporters and opponents?

Every jurisdiction comprises a wide array of community members who hold a diverse range of preferences, values, and beliefs. Consequently, any proposed policy is likely to have supporters, opponents, and undecided parties. As such, an important step in the policy process is understanding who supports which policy strategies, who opposes them (and the reasons for that opposition), who may be undecided, and how much influence each group holds. To increase the likelihood of success, practitioners often put together a strategic plan for gaining buy-in for policy strategies. Such a plan can examine why certain parties may oppose (or be undecided about) a particular approach and identify opportunities to conduct outreach, provide education, or build relationships with those parties to address their concerns and overcome hesitation. (We discuss building support for policies in greater detail in the **Policy Adoption: How can practitioners support equitable and effective overdose prevention policies through the adoption process?** section of this resource.)

What funding is needed?

Funding can often pose a challenge for the adoption and implementation of overdose prevention policies. For example, a state, city, county, or organizational budget or other funding source may not be sufficient to enact a policy, or decision makers may oppose spending on the proposal. While jurisdictions have begun to receive opioid settlement dollars (as a result of lawsuits brought by states, cities, and counties against opioid manufacturers, pharmaceutical distributors, and pharmacy chains), this new funding source will likely not be enough on its own to scale and sustain the harm reduction, treatment, and prevention strategies needed to end the crisis.

Policies may also face certain requirements or limitations related to the funding used to implement them. For example, federal funding for syringe service programs (SSPs) is available if certain criteria are met (e.g., CDC has determined the jurisdiction is experiencing or is at risk for experiencing significant increases in hepatitis or HIV infections related to drug use), but federal law currently prohibits most federal agencies from providing funds to directly purchase syringes for illicit drug use.[38]

In some cases, even when there is funding available, complex applications and administrative processes may create barriers for individuals or organizations to access it. Even where the total dollar amount of funding is adequate and is actively being disbursed, short-term funding cycles may create unsustainable fiscal situations for the organization or agency receiving the funding. Coalition members and decision makers can work together to anticipate and make efforts to address these problems.

Practitioners working on policies to promote overdose prevention should be prepared to face challenges related to securing the funding and other resources required (e.g., staff, workforce training, infrastructure needs) to implement a policy change. Several considerations for identifying alternative funding sources and crafting successful messages about cost savings are included in the **What are the policy's funding needs?** and **What can be done to generate buy-in and support for the policy?** sections of this guide.

What are the experiences of other jurisdictions?

Communities can learn from the experiences of other jurisdictions to plan for potential challenges. Lessons can be gleaned from the aspects of the existing policy that have worked well and the design elements, environmental factors, and other conditions that have facilitated that success, as well as any barriers that may have impeded effective implementation. This information can be brought to bear on the design and implementation of a proposed policy in the current jurisdiction, especially if the community shares demographic, political, or other similarities with the jurisdiction where the policy has already been adopted.

Even if the proposed policy was not successful elsewhere, those experiences can still be helpful. Practitioners can focus on what they could do differently to ensure a positive outcome in their own community. Coalition members should consider incorporating the experiences of other jurisdictions to improve outcomes, anticipate challenges, and help frame messages to decision makers.

What is the legal feasibility of the policy?

The evaluation of the existing policy landscape should include identifying barriers and facilitators in federal, state, or local law that would have an impact on the desired policy.

Legal impediments may not always be immediately apparent. For example, if the policy relates to opening new SSP sites and there are no restrictions on such sites in state or local criminal law, an initial review might suggest that there are no legal impediments to the policy change. However, a more detailed review might uncover zoning or environmental laws that could bear on the ability to establish new SSPs where they are needed. That is, while state and local drug paraphernalia laws may not pose a barrier to SSP operation, a jurisdiction could still face other legal barriers; for example, laws might prohibit opening SSPs near residential neighborhoods, schools, and parks.[39]

There may also be legal concerns around preemption or negative case law that should be explored in addition to a review of relevant statutes and regulations. If the legal landscape is ambiguous, it may be helpful to consult with a public health lawyer to determine whether a proposed policy can exist within the restraints of the current law or if supportive legal changes need to be made.

Policy Adoption

How can practitioners support equitable and effective overdose prevention policies through the adoption process?

Practitioners can ask the following high-level questions to help guide the policy adoption phase:

1. Does the policy design reflect the input of key partners?

- Have PWUD and other key partners been consulted throughout the proposal's development?

2. What are the policy's funding needs?

- Are there existing funding streams that might be leveraged, or is a new funding source required?

3. What can be done to generate buy-in and support for the policy?

- What messaging and outreach strategies might help to spread the word?
- Is there an opportunity to build toward future wins?

After selecting the policy (or policies) best suited to address overdose in a particular jurisdiction, the next few steps address designing a policy proposal and working to get it adopted in the jurisdiction. The adoption process varies, depending on the policy type. For example, if the interest is in strengthening a state overdose Good Samaritan law to ensure that it provides expansive protection against arrest, charge, and prosecution for a broad range of crimes for all community members, the policy would move through a state legislative process and be adopted in state statute. Or, if the focus is on increasing access to naloxone in schools, the work might entail partnering with the local school board to adopt a district-wide policy requiring naloxone to be stocked in all district schools. Although the steps (e.g., introduction, hearings, votes) and decision makers (e.g., elected officials, institutional leaders) in the adoption process will depend on the specific policy option, this section presents a set of questions that can help in navigating moving from a proposal to an enacted policy change.

1. Does the policy design reflect the input of key partners?

Because the written policy serves as the blueprint to guide the actions that will be taken on the ground, overdose prevention policies need to be carefully designed to ensure that they can be implemented equitably and effectively. Consultation and review by key partners (and lawyers, if necessary) throughout the drafting or other development process can ensure strong policy design and promote successful outcomes.

Have PWUD and other key partners been consulted throughout the proposal's development?

While state and local decision makers and their staff, who often lead policy drafting processes, may have broad-based experience and knowledge, people with lived and living experience and other key partners can contribute essential expertise during the design process. Practitioners can return to many of the key partners they consulted in policy selection to solicit input, vet potential unintended consequences, and strengthen design:

People who use drugs must be involved in the design, implementation, and evaluation of overdose prevention policies as equal partners, not just token consultants. Community engagement efforts in the policy design phase must be tailored to best reach them. Because of stigma and other forms of marginalization, traditional forms of public participation like public meetings and hearings may not be accessible to or inclusive of PWUD. Instead, health departments and other decision makers can develop an engagement plan that includes partnering with community-based organizations and other entities that provide services to PWUD to conduct outreach and meet PWUD where they live, in their own contexts and routines. Ongoing engagement throughout a policy's implementation can also be incorporated into a policy's design (e.g., by establishing a community advisory board that provides oversight during implementation) to ensure that feedback loops extend beyond initial planning.

Community-based organizations (CBOs), especially those that directly serve PWUD or are led by people with lived experience of overdose or SUD, can also provide a critical perspective in the design of overdose policies. CBOs are often on the frontlines of the overdose crisis, implementing or playing a key role in the implementation of key harm reduction strategies like naloxone distribution. As such, they can be valuable partners to gauge the feasibility of a policy's implementation and identify additional resources that might be needed for its success. They can also conduct equity reviews, offering insights into how a policy might affect the community they serve and providing suggestions for policy provisions to address any gaps. Because CBOs often have existing relationships with PWUD, they can also play a role in helping to connect decision makers to affected community members.

Government agencies provide many perspectives reflecting the range of their power and purpose. Some agencies may be more closely involved in implementation and should be consulted to ensure that the roles and responsibilities involved in effectuating the policy are appropriately sized and scoped. Others may have related technical expertise or knowledge and can spot potential problems and provide suggestions. Depending on the policy being considered, relevant government agencies can include public health and health departments, human or social services departments, education departments and school boards, equity and civil rights departments, law enforcement agencies, and corrections departments.

Researchers and academics hold expertise in the science of overdose and addiction, data collection, and policy evaluation. Many researchers study overdose prevention policies across jurisdictions and may have insights about what does and does not work, why a specific policy succeeded or failed, and what could have been done differently.

2. What are the policy's funding needs?

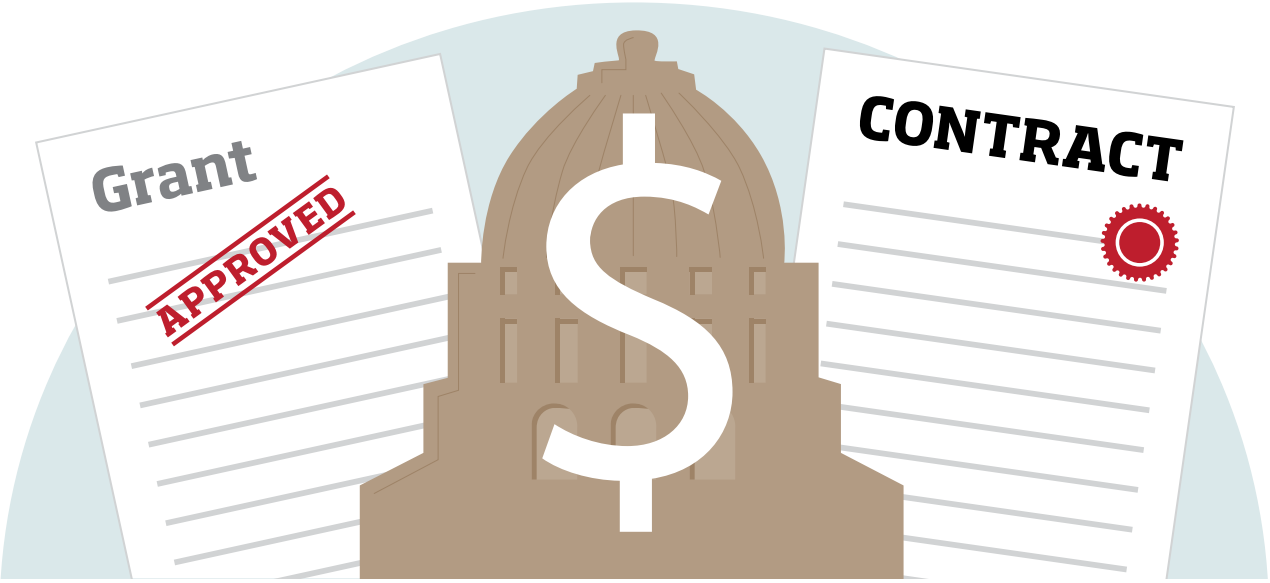
Identifying where funding will come from and whether it is attached to any restrictions or limitations can help support a proposal to move through the adoption process and ensure its future success. Many of these decisions must be made at the policy design stage.

Some key considerations in policy design include ensuring that funding is adequate, accessible, and sustainable. Questions that could be asked as part of this process include: What is the cost of the policy, and how is that cost calculated? Is there enough funding to cover policy and program activities? Have all foreseeable costs, such as salaries and wages, staff training, equipment and other infrastructure, been accounted for? Are there restrictions on the uses of available funding? For how long is funding guaranteed? Can the funding reliably be renewed? Can additional funding sources be identified?

Are there existing funding streams that might be leveraged, or is a new funding source required?

In some cases, a state, municipal, or organizational budget may not contain the resources necessary to adequately fund a certain proposal or may not fund the proposed intervention. In that case, it may be helpful to consider potential funding from another level of government, a different agency or department, or a private funding source. Private foundations or organizations may be more willing to fund overdose prevention policies — especially cutting-edge policies — as they generally have fewer funding constraints and tend to be narrower in their scope and focus. Federal government entities may be able to provide additional funding to support policies and programs aligned with their priorities (e.g., the **Substance Abuse and Mental Health Services Administration** and the **Centers for Disease Control and Prevention**).

As a result of lawsuits brought by states, cities, and counties against opioid manufacturers, pharmaceutical distributors, and pharmacy chains, new financial resources are becoming available to help many jurisdictions fund overdose prevention. These settlement funds represent a vital opportunity to invest in and expand strategies proven to save lives. While settlement agreements outline some requirements for how the funding can be used, states



and localities have considerable discretion to decide where to invest settlement dollars.[40] Practitioners can play a role in ensuring that settlement funds are used to advance evidence-based strategies that are proven to save lives and reduce harm, and that PWUD are meaningfully included in strategic decision making about where and how to invest the funds.

Funding for a policy can also be blended, braided, or layered by combining multiple public and/or private funding streams to bridge funding gaps toward a common activity. If a local jurisdiction has not allocated sufficient funds to implement a policy in its municipal budget, for example, the remaining funding shortfall could be filled with money from a federal government grant, a local foundation, or another source. For information on how state and local governments can identify and leverage funding (including opioid settlement funds) to advance health equity and reduce overdose, see the following resources:

- Opioid Settlement Tracker and Vital Strategies, *State-Level Guides for Community Advocates on Opioid Settlements*, n.d. **https://www.opioidsettlementtracker.com/settlementspending/#guides**
- National Association of Counties, *Advancing Health Equity Through County Opioid Abatement Strategies*, 2024. **https://www.naco.org/resource/osc-health-equity**
- Safe States, *Blending, Braiding, Layering Funding Sources for Shared Risk and Protective Factor Approaches: A Framework for Injury & Violence Prevention*, 2023. **https://cdn.ymaws.com/www.safestates.org/resource/resmgr/srpf_resources/blending_and_braiding_final_.pdf**

3. What can be done to generate buy-in and support for the policy?

Once a policy is drafted, it needs to be passed, approved, or adopted by the relevant governing entity. Though this can be a daunting aspect of the policy process, especially in the oft-politicized drug policy space, these challenges should not discourage attempts to advance evidence-based policies critical to preventing overdose and other drug-related harm. **Progress can and has been made through sustained, strategic, and collaborative efforts.**

In some cases, policy adoption occurs through a legislative process: a body of elected officials (e.g., a state legislature) passes legislation that becomes newly enacted statutes or ordinances. In others, policies may only need to be adopted by a governing entity with the power to unilaterally implement them; for example, when a school board chooses to implement evidence-based drug education in its district.

There is no one-size-fits-all strategy for building support for a policy's adoption. Generally, however, the best strategies carefully consider who holds decision-making power and account for the local context. Depending on the specific policy and local circumstances, support for a policy change may be generated from the bottom up, with communities making the case to decision makers, or from the top down, with decision makers seeking buy-in for their proposal among their constituents. For example, if some community members are hesitant to accept a new SSP out of concern for potential impacts to the neighborhood, the decision maker proposing the change may work to build support by sharing the evidence that SSPs do not increase illicit drug use and crime and, in fact, promote safety in the surrounding area by reducing improperly discarded syringes and needle stick injuries.[41]

What messaging and outreach strategies might help to spread the word?

Messaging and outreach are important to generating buy-in throughout the policy process. Messaging is how something is framed and delivered to an audience,[42] and outreach is the act of sharing information or otherwise communicating with an intended audience about an issue.[43] They are often developed in concert with each other.

How a message is framed, or what and how something is said, can affect how information is received, what the listener understands, and how the listener might think or act in response. As a general principle, effective messaging considers the audience's level of understanding and awareness of the issue and works to connect with their values.

In the overdose prevention context, effective messaging can also counter harmful stigma and racism that have historically characterized public discourse about people who use drugs.[44] The myths that addiction is a moral failing or that substance use is concentrated among BIPOC communities, for example, have bolstered punitive approaches to drugs (e.g., heightened criminal penalties for drug-related offenses) and undermined support for public health interventions (e.g., harm reduction services).[45,46] Messaging is a critical opportunity to dispel such myths and instead affirm the dignity of PWUD, highlight the scientific evidence around substance use and the structural drivers of health inequity, and articulate a vision of a shared future in which all community members have what they need to be healthy and well.

Table 1 outlines key elements of effective policy messages and provides examples of how they may be leveraged in the overdose prevention context.

Table 1. Key Elements of Effective Policy Messages

Messaging elements	Description	Use in the overdose prevention context
Shared values	Overdose prevention policy messaging can tap into a community's shared values, inviting the audience to see why they should care about the issue and emphasizing that all of us are affected by overdose and drug-related harm, either directly or through ripple effects across our communities and the economy.[47,48]	Frame overdose prevention policy around positive shared values. Depending on the audience, these values may include health, saving lives, racial equity, family stability, and community safety.
Storytelling	Messaging can be framed to center experiences and uplift how an issue or policy affects people's everyday lived experiences. Storytelling can help concretize abstract concepts, make messages more memorable, inspire empathy, and help the audience see the connection between a policy and positive changes in their lives and communities.	Share personal narratives that humanize people who use drugs and concretely demonstrate how the policy at hand can help address the overdose crisis. While individual stories are often crucial, they should also highlight the broader systems and societal conditions that exacerbate risk of SUD and overdose (e.g., economic inequality, structural racism, and trauma).
Intentional language	The words and phrases used affect how messages are received. Overdose prevention policy messages should avoid using language that can elicit bias and negative attitudes toward PWUD.	Avoid use of stigmatizing terms such as "substance abuser" and "addict" and instead use person-first language such as "person who uses drugs" or "person with a substance use disorder."

The following organizations provide additional information on framing messages about substance use, overdose, and overdose prevention policies.

- **Changing the Narrative** is a network of reporters, researchers, academics, and advocates that provides journalists and opinion leaders with accurate, humane, and scientifically grounded information about drug use and substance use disorders. For more on avoiding stigmatizing language and dispelling common misconceptions about substance use and overdose, see **www.changingthenarrative.news**.
- **FrameWorks Institute** is comprised of a multidisciplinary team of social scientists and communications professionals that uses empirical research to investigate patterns in public thinking about social issues and how frames can be used to shift them. For more on constructing effective, science-based messaging frames, see **www.frameworksinstitute.org/issues/substance-use-and-addiction** and **www.frameworksinstitute.org/tools-and-resources/framing-101**.

EXAMPLE MESSAGING FRAME: COST SAVINGS/COST BENEFIT

One potentially effective messaging frame is to elevate the cost savings or cost benefit of a policy or policy change. Though reducing overdose deaths and other drug-related harm is the most important metric of any overdose prevention policy, many government decision makers and other key parties may have reservations about the cost of new policies, their effectiveness, or their efficiency (maximizing effectiveness for the least cost). Being able to demonstrate the benefits, economic or otherwise, of a proposed policy may help ease these concerns.

As an example, a cost analysis may demonstrate that overdose prevention centers (OPCs) — facilities where PWUD can consume drugs they've obtained elsewhere, with trained staff who can intervene in case of an overdose — yield cost savings in a jurisdiction by avoiding the need for emergency services and reducing emergency department visits related to overdose.[49] (Note that while OPCs face federal legal barriers — primarily under the Federal Controlled Substances Act — some state and local jurisdictions have moved to implement them by adopting authorizing state legislation and creating agreements with community-based nonprofits to establish OPCs.)

In general, being able to provide evidence, including data, that demonstrate concrete benefits can help make arguments in support of policies more compelling. That said, although data are useful as support, they are generally not sufficient alone to change beliefs and move people to action. Pairing personal voices and storytelling with information about costs and other data may be especially compelling to decision makers and other partners.

For an example of cost-benefit analysis, see the **Washington State Institute for Public Policy (WSIPP)** Benefit-Cost Results, which includes estimates across a range of issue areas, including substance use disorders. WSIPP's results suggest that many prevention and treatment approaches are likely to generate significant long-term savings.

Outreach is another important component to getting a policy adopted. A well-executed outreach strategy can spread awareness, educate policymakers and members of the public, and galvanize action among partners and supporters. As the time, labor, and other resources needed to conduct outreach are often finite, practitioners can tailor their strategy based on the following questions:

- Which groups and individuals need to be engaged?
- When is the right time in the process to engage those groups and individuals to ensure their support for the policy?
- What message(s) is likely to resonate with those groups and individuals? Who is the best messenger(s) to communicate that information?

To maximize uptake of a message, it is important to keep the audience's experiences and backgrounds in mind to meet people where they are. A policy expert highlighted the importance of tailoring messages to specific audiences and selecting appropriate spokespeople to deliver those messages in this way:

> *Being intentional about your messaging includes understanding there will be different messages that work for different communities. You should not imagine one big community audience that stands in for everybody. I've done a good bit of outreach to law enforcement, for example, and it's important to find a police officer or someone else in that field who can explain how they came to support harm reduction. They can be friendly and engage in back-and-forth cop humor and draw from shared experiences which I don't have.*

Knowing how, when, and where to engage an audience can affect how a message is received. The following resources offer more information on conducting outreach:

- Office of Citizen Involvement, Multnomah County, Oregon, *Global Outreach in Local Communities*, 2015. **https://multco-web7-psh-files-usw2.s3-us-west-2.amazonaws.com/s3fs-public/Global%20Outreach%20in%20Local%20Communities.pdf**
- Community Tool Box, *Communications to Promote Interest*, n.d. **https://ctb.ku.edu/en/table-of-contents/participation/promoting-interest**, and *Encouraging Involvement in Community Work*, n.d., **https://ctb.ku.edu/en/table-of-contents/participation/encouraging-involvement**

Is there an opportunity to build toward future wins?

One potentially effective strategy is to start small and consider policies that lay the groundwork for more robust policy changes later. For example, even if repealing drug paraphernalia laws is not feasible in a jurisdiction's current context, removing criminal penalties from possession of drug-checking equipment like FTS (which may be a less polarizing proposal) might be. Decriminalizing FTS in the jurisdiction would reduce harm compared with the status quo and might build momentum that paves the way for more significant changes to punitive drug laws down the road, such as repealing paraphernalia laws or removing criminal penalties for possession of drugs. Such a change should not necessarily be thought of as a half-measure or compromise, but rather as a scaffold that can be built on *and* a change that is effective on its own, with the potential to be adopted where other policies cannot.

A related strategy practitioners can consider is to introduce both ambitious and smaller-scale policies simultaneously. This can spread awareness among the public, as more transformational proposed policy changes typically garner more significant attention. In describing the opportunity to socialize a more ambitious idea and lay groundwork for future changes, one key informant shared:

> *I highly recommend the strategy of running targeted legislation and broader legislation at the same time and seeing what's possible. Even if the more ambitious bill does not pass, it can at least open dialogue, get conversation going, and increase awareness among some of members of the public.*

As with any other strategy, there are benefits and risks. Introducing smaller-scale policies may galvanize support and prime partners for larger, future changes, but may also result in complacency or reduced enthusiasm for further change. If a smaller-scale policy will be met with significant opposition, it may be better to pursue the more ambitious proposal instead to start a conversation around a transformative goal and invite audiences to begin to question long-held norms and beliefs. Supporters can discuss how to navigate these risks with their partners, and should continue to involve PWUD, CBOs, public health practitioners, and other key voices at every decision point throughout the policy process.

Policy Implementation

How can practitioners ensure that a policy is implemented effectively?

Practitioners can ask the following high-level questions to help guide policy implementation:

1. Are key partners at the table to design, evaluate, and improve implementation?

- How will the community be engaged?
- Have partner roles been clearly defined? Is there a mechanism for collaboration across entities?

2. How will education and outreach be conducted?

- How will community members learn about the policy and any new services or opportunities it provides?
- What training and support will the workforce responsible for implementation need?

3. How will the policy be enforced?

- What strategies can help ensure that enforcement actions do not worsen harms to BIPOC communities, people with low income, and others most affected by drug-related harm?

4. How will success be measured?

It is important that any policy is implemented so that it produces the desired results and enjoys continued support from partners and the broader community. Proper planning for policy implementation can increase the likelihood that the intended outcomes will be realized, any unintended consequences are minimized, and supporters remain engaged.

To ensure that the policy has its desired impact, practitioners should:

- Have a plan in place to support implementation
- Clarify the metrics by which progress will be evaluated
- Allow flexibility to pivot as needed

A wide range of individuals and organizations should generally be involved in the implementation process. While in some cases the policy itself will be implemented largely by government officials, other key partners, including those described in the preceding sections on policy selection and adoption, play a critical role as well. They can help:

- Educate people affected by the policy, government officials, and the public
- Identify resources that can help with policy implementation
- Ensure that those directly implementing the policy are held accountable for doing so in a way that is both equitable and faithful to the intent of the policy's designers

In many cases, at least part of the goal of policy change is to make it possible or easier for CBOs and other entities to adopt certain activities or programs. The implementation process may therefore include ensuring that partners are empowered and supported in undertaking activities such as obtaining funding that may be necessary to fully implement the policy. Individuals and groups that will benefit from these funding sources should help direct the implementation process and be regularly consulted on implementation as it unfolds.

1. Are key partners at the table to design, evaluate, and improve implementation?

Having solid buy-in from the affected parties prior to implementation and ensuring that they are included in the implementation process in both planning and execution can improve the odds that the policy is implemented equitably and in a way that meets the needs and goals of those it was intended to benefit.

How will the community be engaged?

Equitable community engagement and involvement of both community leaders and individuals directly affected by the policy also encourages ongoing, active support for the policy. For example, in jurisdictions working to establish OPCs, it can be helpful to use qualitative methods like key informant interviews or focus groups to determine how programs should be prioritized and help establish where, when, and in what form OPCs should be created.

As described in the preceding sections of this document (including **Have PWUD and other key partners been consulted throughout the proposal's development?**), equitable community engagement involves more than token representation. When a new harm reduction policy is being implemented, for example, PWUD must be meaningfully consulted and given leadership roles when appropriate. Community members should be leaders on implementation-focused bodies such as task forces and advisory councils.

For more on equitable community engagement, see:

- Kirwan Institute for the Study of Race and Ethnicity, *The Principles for Equitable and Inclusive Civic Engagement: A Guide to Transformative Change*, n.d. **https://eastsideforall.org/wp-content/uploads/2020/01/Principles-for-Equitable-and-Inclusive-Civic-Engagement-1.pdf**
- Sound Transit Office of Civil Rights, Equity & Inclusion, *Equitable Engagement Tool*, n.d. **www.soundtransit.org/sites/default/files/documents/APPENDIX-E4-2022-Equitable-Engagement-Toolkit.pdf**

Have partner roles been clearly defined? Is there a mechanism for collaboration across entities?

Because cross-sector collaboration is important to ensure that all relevant parties are informed about the new policy and are, to the extent possible, working in the same direction to ensure its success, this collaboration should be explicitly planned for in the implementation process. In some cases, this may mean ensuring that different groups that

support the policy are working in tandem to achieve common goals. Being strategic about assigning tasks and making sure each party clearly understands its role in the policy's implementation can maximize impact. Assigning clear leadership roles will also make it easier to navigate the collaborative process and coordinate decision making across entities.

In some cases, successful implementation may involve addressing differences between groups that see themselves as partners, even if those who helped enact the policy might not view them in that light. For example, law enforcement officials and SSP operators and participants may have different ideas about what makes for a successful SSP. It is even possible that they may have different priorities; those running the SSP may prefer that the spirit of the law be followed if the law itself is overly restrictive, whereas other entities (like law enforcement) may be compelled to strictly follow the letter of the law.

For example, a law that provides immunity from drug paraphernalia possession charges only for syringes obtained through SSPs may not decrease the overall likelihood of encounters between PWUD and police and may lead to inequitable outcomes such as disproportionate enforcement against BIPOC individuals.[50] Continuing dialogue and communication between these groups can often improve both health outcomes and support for the policy change.

2. How will education and outreach be conducted?

How will community members learn about the policy and any new services or opportunities it provides?

Education is key in successful policy implementation. Tapping into existing public forums can be helpful, but it's also important to be creative and find new ways to provide information to and receive input from the whole community, especially disproportionately affected people who are often overlooked. Messaging in this sphere is not just a passive process of framing and sharing information, but a dialogue that requires identifying trusted intermediaries in the community. Broader public support and assistance with implementation can be gained by conducting educational programs, issuing public service announcements, and holding community forums. Regardless of the particular mode of communication, individuals and organizations directly affected should be involved in creating and disseminating educational messages that spread the word about changes to existing law and any new resources as they become available.

What training and support will the workforce responsible for implementation need?

People responsible for implementing overdose prevention policies on the ground may also need tailored education and training to learn about the policy, understand their role in its implementation, and build skills to effectively deliver the intervention. For example, school nurses and other personnel newly tasked with conducting universal screening for risky substance use (e.g., in a school district that is implementing **Screening, Brief Intervention, and Referral to Treatment** [SBIRT] in middle and high school settings) will likely need training on how to conduct verbal screening, interpret results, communicate with students and families about overdose risk, and make connections to available treatment and harm reduction supports. Key informants underscored the importance of involving the

practitioners who will be delivering services throughout the policy process to ensure that the policy is feasible, leverage existing infrastructure or processes that might support the intervention, and highlight needs for staffing, training, and other resources. One practitioner offered this experience:

> *When I implemented [universal screening for behavioral health needs], school nursing staff began conducting that screening as part of other existing student health screenings that they're required to conduct by law. It was easy to integrate behavioral health screening into a practice that was already happening, and the other benefit to that is that it normalized behavioral health for our students. Basically, we were saying, "health includes your mental health," and as such we're going to integrate screening for risky substance use and other behavioral health needs into our routine procedures.*

In other cases, members of the workforce may need education about changes in the law that affect the way they work. Law enforcement officials, in particular, may need training on the protections afforded by an overdose Good Samaritan law in order to reduce wrongful arrests of people who call for help in the event of an overdose.

When members of the workforce are reticent to accept a change, modeling buy-in from leadership and identifying friendly messengers may help address concerns and build acceptance of a new policy. Another key informant shared this:

> *I think when the overdose Good Samaritan law works in [my state], it's because it's in a county where somebody in law enforcement leadership is bought in and willing to keep having the conversation with whoever their new hires are. Recently, I was a part of a law enforcement training in a very rural county. There were a bunch of officers there who didn't know about the general statute; they didn't know that it was legal for people to have syringes, didn't know about the Good Samaritan law, and didn't know that they weren't supposed to arrest someone who had just overdosed. I think they truly had just never been told.*

3. How will the policy be enforced?

What strategies can help ensure that enforcement actions do not worsen harms to BIPOC communities, people with low income, and others most affected by drug-related harm?

Equitable enforcement means making sure that the implementation of a law and policy both maximizes the benefits and minimizes possible harms to underserved, stigmatized, and marginalized individuals and communities. Throughout the implementation process, it is important to center equity considerations in the way that a public entity structures harm reduction measures and how individuals within the system interact. For example, some partial decriminalization efforts allow possession of a "personal use amount" of certain drugs. Each person who uses drugs will have a different amount that, for them, may constitute a personal amount. Law enforcement officers may be forced into determining what a "personal amount" of a drug may be at a glance. In the moment of a potential arrest, law enforcement's snap judgment could be clouded by implicit bias, institutional racism, or prior practices that may have a disproportionately negative effect on people from BIPOC communities who use drugs. More information on equitable enforcement is in this resource:

- ChangeLab Solutions, *Equitable Enforcement to Achieve Health Equity: An Introductory Guide for Policymakers and Practitioners*, 2020. **www.changelabsolutions.org/product/equitable-enforcement-achieve-health-equity**

4. How will success be measured?

Finally, evaluation should be part of the implementation plan. The implementation process should include identifying quantifiable goals and objectives to track progress and, if necessary, modifying implementation to ensure that those goals are met. If data not currently collected are needed to evaluate the program, it is critical that a plan for data collection is in place before implementation. Because data collection requires additional staff time and infrastructure and may act as a barrier to participation, it is important that the data collection methods and requirements be informed by on-the-ground staff and PWUD.

Evaluation of a new policy can provide evidence of its effectiveness and can identify issues that need review and modification. Information obtained from the evaluation will likely need to be shared with partners and the broader community. With proper evaluation, both the intended and unintended consequences of a new policy can be examined. Showing that a policy has the intended positive impacts can help build or maintain support for the policy in question and encourage the adoption of related interventions in the future.

The following resources provide more information on policy evaluation:

- Centers for Disease Control and Prevention, Using Evaluation to Inform CDC's Policy Process, 2014. **www.cdc.gov/policy/paeo/process/docs/UsingEvaluationtoInformCDCsPolicyProcess.pdf**
- Centers for Disease Control and Prevention, *Step by Step: Evaluating Violence and Injury Prevention Policies*, n.d. **https://cdn.ymaws.com/www.safestates.org/resource/resmgr/evaluation_resources_webpage/CDC_Policy_Evaluation_Briefs.pdf**

Conclusion

As readers take their next steps in selecting, adopting, and implementing policies to reduce overdose deaths and other drug-related harms in their communities, we hope that this resource, in tandem with ***Preventing Overdose and Reducing Drug-Related Harm: A Policy Guide for State and Local Change***, offers valuable tools for policy action. Importantly, all stages of the policy process require decision makers to center the expressed goals, needs, and lived experiences of PWUD, especially those most affected by drug-related harms, including the harms brought about by stigma attached to drug use and by drug criminalization.

Decision makers can achieve this by ensuring that PWUD and community-based organizations that are led by or serve PWUD are directly involved in the selection, design, adoption, and implementation of any policy, ideally while serving in leadership roles or otherwise empowered to meaningfully participate in decision making. Outreach to and collaboration with a range of other partners across sectors — in health care, education, housing, child welfare, corrections, and others — can also be woven throughout the policy process in order to build a more comprehensive understanding of the larger community context, leverage complementary strengths, and plan for effective, streamlined implementation.

Once a policy has been adopted, equitable enforcement is key to ensuring the policy does not perpetuate harm against PWUD. Decision makers may also wish to design implementation in ways that account for ongoing, equity-focused metrics to evaluate the policy's impact and efficacy and to provide flexibility to revisit and revise the policy if it is not meeting intended objectives.

The policy process is iterative, and state and local jurisdictions will likely need to continue to improve their overdose prevention policies to meet community members' evolving needs. Now and in the future, state and local decision makers, government agencies, public health practitioners, and community members can all play roles in advancing equitable and effective policies that reduce drug-related harm and safeguard the health of people at risk of overdose.

Key terms

Community engagement: A set of activities that government institutions such as local public health departments and other local or state agencies use to engage communities in public discussions or to inform public policy or planning decisions. Common examples are holding public hearings or community workshops, conducting surveys or interviews, and posting notices or flyers in newspapers or other media sources or in public spaces like libraries and post offices.[51] This set of traditional community engagement activities is not always sufficient to engage communities most harmed by health inequities, including those at risk of overdose. Decision makers can pursue more innovative strategies, such as conducting outreach in partnership with community-based harm reduction organizations, to better reach PWUD.

Decision makers: Individuals and governmental bodies comprising government staff, officials, elected representatives, and appointed members who can exercise governmental powers and decision-making authority within a jurisdiction.[52] In state and local overdose prevention, these individuals and governmental bodies often include governors, mayors, city or town council members, state legislators, state and local public health officials, and law enforcement officials.

Health equity: State in which everyone has the opportunity to attain their full health potential, and no one is disadvantaged in achieving this potential because of social or economic position, or any other socially defined circumstance.[53]

Law: Includes ordinances, statutes, and regulations that codify and institutionalize a government policy. Note that all laws are policies, but not all policies are laws.

Medications for opioid use disorder (MOUD): Evidence-based treatment for individuals with OUD that involves the use of medication. Current FDA-approved MOUD include: methadone, buprenorphine, and naltrexone. These medications quell cravings, reduce the use of injection opioids, and lower the risk of opioid-related harms, including the transmission of infectious disease and overdose. MOUD are effective at treating opioid use disorder and sustaining recovery and can be safely used for months, years, or even a lifetime.[54]

Opioid use disorder (OUD): Recurrent use of opioids that causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home. Opioids are a class of drug that includes prescription pain medications available legally (e.g., oxycodone), the illegal drug heroin, and synthetic opioids like fentanyl.[55]

Overdose: Injury to the body (poisoning) that happens when a drug is taken in excessive amounts. An overdose can be fatal or nonfatal.[56]

Overdose prevention centers (OPCs), also called *safe* or *supervised consumption sites*: Facilities in which people can consume drugs that they obtained elsewhere in a monitored setting where trained staff can intervene immediately in the event of an overdose. Like SSPs, OPCs may offer a range of additional services such as overdose prevention education, sterile supplies, naloxone, drug checking, and linkages to care for people seeking substance use disorder treatment or assistance with other health care needs.

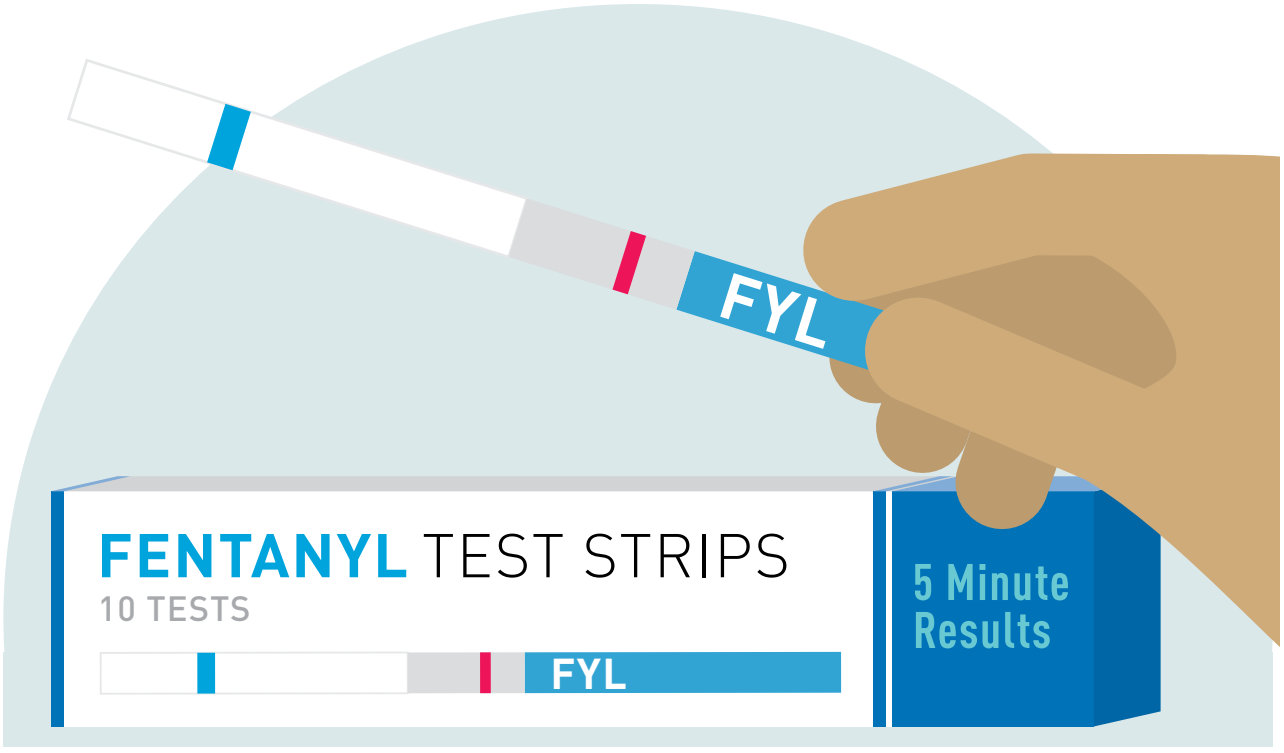
Person(s) who use drugs (PWUD): Refers to person(s) who use drugs for recreational or other, nonmedicinal purposes. As person-first language, this term is generally preferred over more stigmatizing terms such as "drug user" or "addict." It intends to affirm the dignity and humanity of people who use drugs by focusing on the individual first rather than defining them by their drug use.

Policy: Laws, regulations, procedures, administrative actions, incentives, or voluntary practices of governments and other institutions.

Structural racism: "System in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity. It identifies dimensions of our history and culture that have allowed privileges associated with 'whiteness' and disadvantages associated with 'color' to endure and adapt over time. Structural racism is not something that a few people or institutions choose to practice. Instead, it has been a feature of the social, economic and political systems in which we all exist."[57]

Substance use disorders (SUD): Recurrent use of drugs and/or alcohol that causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.[58] OUD (defined above) is one type of substance use disorder.

Syringe services programs (SSPs): Programs that provide a range of services to people who inject drugs and other PWUD, including access to and disposal of sterile syringes, injection equipment, safer smoking supplies, naloxone, wound care, and other basic first aid supplies; testing for infectious diseases; and linkages to care for those seeking SUD treatment and other health care needs.[59]



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