

SHARED FRAMEWORK – OVERDOSE PREVENTION POLICY

Building from the Department of Public Health’s longstanding policy of harm reduction as an effective strategy for overdose prevention and lessons learned during the COVID response, DPH, HSA, DEM, and HSH are committed to a collective and collaborative approach to overdose prevention. All City Departments who interact with persons who use drugs have an equal responsibility to respond to the rise in overdoses in a universal way that will have the most impact.

Shared Principles:

The Department of Public Health, Department of Homelessness and Supportive Housing, Human Services Agency and Department of Emergency Management Commit to the Following Guiding Principles When Developing Department Overdose Prevention Policies per Ordinance [084-21](#):

- Service providers are responsible to the wider community for delivering interventions which aim to reduce the economic, social and physical consequences of drug- and alcohol-related harm and harms associated with other behaviors or practices that put individuals at risk.
- Each program within a system of comprehensive services can be strengthened by working collaboratively with other programs in the system and across the city
- Clients are responsive to culturally competent, non-judgmental services, delivered in a manner that demonstrates respect for individual dignity, personal strength, and self-determination.
- Because those engaged in unsafe health practices are often difficult to reach through traditional service venues, the service continuum must seek creative opportunities and develop new strategies to engage, motivate, and intervene with potential clients.
- Ongoing training, support, and access to naloxone for civil service and contracted staff will help create a space free of judgement for our clients increase opportunities to prevent overdose death.
- Comprehensive care and treatment should include strategies that reduce harm for those clients who are unable or unwilling to modify their unsafe behavior.
- Relapse or periods of return to unsafe health practices should not be equated with or conceptualized as “failure of treatment”.
- People change in incremental ways and must be offered a range of treatment outcomes in a continuum of care from reducing unsafe practices to abstaining from dangerous behavior.
- Acknowledge that in order for programs to be successful, there must be an opportunity for input and feedback from community/consumers.

Department Overdose Prevention Policy Components:

Ordinance [084-21](#) - Administrative Code - Departmental Overdose Prevention Policies.

DPH, HSH, HSA and DEM commit to the following components for inclusion in departmental Overdose Prevention Policies. Due to the variety of functions and services provided by each individual department, certain policy components may not be applicable to all divisions/sections within each department.

- (a) Addressment of how the program/department will incorporate overdose prevention and harm reduction strategies;

- (b) Description of where the department will post the following materials to ensure that they are available and accessible to all clients:
 - (1) Up-to-date information about the location and schedule of syringe access and disposal services; and
 - (2) Up-to-date referral information about naloxone access and the schedule of overdose prevention and naloxone distribution services;
- (c) An onsite overdose response policy that describes the steps the department will take in the event that an individual overdoses on property managed by the department or in the presence of department personnel;
- (d) Assurance that department staff who work with people who use drugs receive training in overdose prevention strategies;
- (e) Description of the process by which the department will ensure that grantees that manage property on behalf of the department and/or provide direct services to people who use drugs implement overdose prevention policies that contain the information required in subsections (a)-(d) of this Section 15.17 as applied to the grantee.