Policy Toolkit

Purpose of Toolkit

The Coalition for Applied Modeling for Prevention (CAMP) has developed a set of publications offering a more in-depth look at the burden of injection drug use (IDU) in the United States. These publications were led by researchers at CAMP and co-authored by researchers at the Centers for Disease Control and Prevention. This toolkit highlights key findings from these publications and sheds light on IDU policy needs and evidence-based strategies for reducing and preventing overdoses and scaling-up services for people who inject drugs (PWID).

Overview

**The data below are estimated values derived from the most robust surveillance and research data currently available. Findings will continue to be updated as new data become available.*

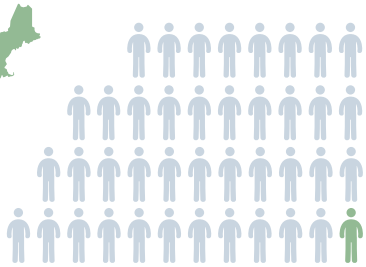
New findings from CAMP researchers shed light on the burden of injection drug use in the United States, estimating the number of people who inject drugs and highlighting dramatic increases in fatal and non-fatal overdoses among this population. Results published in *Clinical Infectious Diseases* suggest that the number of people who injected drugs in the U.S. rose to approximately 4 million people in 2018, a substantial increase compared to the most recent estimate from 2011. Additional findings published in *Drug and Alcohol Dependence* show that injection-involved overdose deaths in the U.S. more than tripled from 2007 to 2018, and results pre-published in *medRx* estimate there are 40 non-fatal overdose events for each fatal overdose among people who inject drugs in the U.S. and other member countries of the Organization for Economic Cooperation and Development (OECD).

Key Findings

**The data below are estimated values derived from the most robust surveillance and research data currently available. Findings will continue to be updated as new data become available.*

In the US, an estimated **3.7 million people injected drugs** in 2018 (1.5% of the adult population)

There are an estimated **40 non-fatal overdose events** for every one fatal overdose among PWID in the US and other OECD countries



Injection-involved **overdose deaths more than tripled** from 2007 to 2018

An estimated **40% of overdose deaths** in 2018 were injection-related

Policy Needs

Findings from these publications highlight the need for new and continued efforts to reduce and prevent overdoses and scale-up services to meet the needs and improve the health of people who inject drugs in the United States. While evidence-based strategies are crucial to addressing these needs, for these strategies to be effective, there are policy-related actions that states and localities must take to ensure their success.

These approaches include:

Reducing barriers to the integrated care, treatment, and essential service needs of people who inject drugs

Policies that support the integration of health care, treatment, and social services are needed to improve outcomes among people who inject drugs. Such policies will help ensure that this population receives life-saving interventions that are coordinated across disciplines and address whole-person care. To be successful, barriers to critical services must be dramatically reduced, including barriers to accessing medications for opioid use disorder, HIV and viral hepatitis testing and treatment, and mental health services. In addition to integrated care, decision-makers and policy leaders must also support the implementation of evidence-based harm reduction strategies that reduce the risk of overdose morbidity and mortality, improve access to care, and aid in efforts to prevent and treat HIV and viral hepatitis. Finally, reducing health disparities among people who inject drugs (PWID) will require removing barriers to housing, employment, and other essential health-related needs, such as eliminating sobriety requirements for hepatitis C treatment.

Supporting harm reduction strategies

Enacting and supporting policies that allow harm reduction services to operate enables communities to meet people who use drugs "where they're at," build trust, address comorbidities through co-located services, and improve the health of communities at large. In addition to syringe services programs (SSPs), harm reduction services encompass a variety of efforts, including the distribution of naloxone and fentanyl testing strips, access to other harm-reducing supplies such as pipes and condoms, and linkage to treatment services for HIV, viral hepatitis, and substance use disorder. It is critical that state and local legislation support the implementation and scaling-up of evidence-based harm reduction services within communities and institutions such as prisons or jails in order to serve the growing number of people in need of harm reduction services. Limiting the use of these strategies impacts communities' ability to meet the needs of people who use drugs, control the spread of infectious diseases such as HIV and hepatitis C, prevent injection-related endocarditis, link persons to treatment and recovery services, and prevent fatal and non-fatal overdoses.

Building representative coalitions

As policies are drafted, considered, and implemented, people who inject drugs and their advocates must be included in these processes, including those at disproportionate risk of overdose, such as folks who have experienced a prior overdose, have been recently incarcerated, and who may be underserved by substance use treatment programs. Decision-makers and public health leaders should prioritize strategies to develop coalitions of people with lived experience and their advocates. This will ensure that policy approaches are well informed and consider the needs and experiences of the people for whom they are intended.

Investing in anti-stigma campaigns and education

Addressing the stigma of substance use is an essential step in building policies to serve the needs of people who inject drugs – as stigma can negatively affect the policies we create, the interventions we invest in, and the willingness of individuals to seek care. Investing in the development of anti-stigma public awareness and education campaigns must be prioritized to address negative attitudes within communities and institutions such as law enforcement and health care. These efforts will build trust among people who use drugs and fuel policy efforts rooted in evidence and compassion.

Enacting Good Samaritan Laws

Every overdose death is a preventable tragedy as we have the tools to reverse the effects of an opioid overdose with emergency treatment. Good Samaritan Laws save lives by removing a significant deterrent to calling 911 during an overdose: the possibility of arrest or criminal prosecution. Good Samaritan Laws, which protect against the arrest of the overdose victim or bystanders, increase the rate at which people call 911 after a drug-related overdose and are associated with lower rates of overdose deaths.

Supporting the development and implementation of model legislation

Model legislation informed by experts and people with lived experience can be replicated across states to mitigate the negative health consequences of injection drug use and address the needs of PWID. Legislators and policymakers can use model laws to advance and expand the provision of harm reduction services, redirect funds won from opioid-related lawsuits to highly impacted communities, grow peer recovery support services, and expand medications for opioid use disorder services to people who are incarcerated. Decision-makers and public health leaders must work to ensure that model legislation is implemented where needed and that additional innovative legislative initiatives are developed to address the needs of people who inject drugs.

Share on Social Media

Below you will find several sample social media posts – these have all been developed for twitter but can be adapted for other social platforms (Facebook, LinkedIn). If interested in sharing this work, please feel free to use these premade posts or adjust them how you see fit.

Policy-focused sample posts

- New publications from @CAMPModeling highlight the growing burden of injection drug use in the US. Evidence-based strategies are crucial to addressing the needs of #PWID, but to be effective, states and localities must take on policy action to ensure their success. https://www.campmodeling.org/item.php?i=193
- New publications from @CAMPModeling highlight the burden of injection drug use in the U.S.– finding a substantial increase in the number of #PWID, a growing burden of fatal and non-fatal overdose, and emphasizing the need for state and local policy action. https://www.campmodeling.org/item.php?i=193
- A new publication from @CAMPModeling estimates nearly 4M people injected drugs in 2018, highlighting an urgent need for policy actions focused on the scaling-up services for #PWID and improving access to harm reduction services. https://www.campmodeling.org/item.php?i=193
- New findings from @CAMPModeling highlight the urgent need for drug policy action focused on the integration of care for #PWID, expanding harm reduction services, building representative coalitions, reducing stigma, and supporting model legislation.https://www.campmodeling.org/item.php?i=193

General sample posts

- A new publication from @CAMPModeling estimates nearly 4M people injected drugs in 2018, highlighting an urgent need to scale-up services for #PWID and improve access to harm reduction services. https://academic.oup.com/cid/advance-article-abstract/doi/10.1093/cid/ciac543/6628702?redirectedFrom=fulltext#no-access-message
- A recent publication from @CAMPModeling indicates a growing burden of fatal and non-fatal overdose among #PWID, finding that injection-involved overdose deaths more than tripled from 2007 to 2018. https://www.sciencedirect.com/science/article/abs/pii/S037687162200165X?via%3Dihub
- A pre-print from @CAMPModeling estimates 40 non-fatal overdoses (OD) for every fatal OD among #PWID–highlighting the excess burden of OD associated with injection drug use & the need to address it. https://www. medrxiv.org/content/10.1101/2022.02.18.22271192v1
- New publications from @CAMPModeling highlight the burden of injection drug use in the U.S.–finding a substantial increase in the number of #PWID and a growing burden of fatal and non-fatal overdose among this population. https://www.campmodeling.org/item.php?i=196
- #CAMPresearch fellows from @GeorgiaStateU and @OHSUNews find a growing burden of injection drug use in the U.S. – research suggests more people are injecting drugs and an increase in fatal and non-fatal overdose among #PWID. https://www.campmodeling.org/item.php?i=196

Resources

Below you will find several resources on harm reduction services, other evidence-based interventions, and policy approaches to preventing overdoses and expanding services for people who inject drugs.

Federal Government Resources:

- U.S. Department of Health and Human Services Overdose Prevention Strategy
- Office of National Drug Control Policy
- CDC: Persons Who Inject Drugs (PWID)
- CDC: Syringe Services Programs (SSPs)
- National Harm Reduction Technical Assistance Center

Additional Resources:

- The Network for Public Health Law
- The Policy Surveillance Program

Model Legislation from the Legislative Analysis and Public Policy Association:

- Legislative Analysis and Public Policy Association: Model Expanded Access to emergency Opioid Antagonists Act
- Legislative Analysis and Public Policy Association: Model Syringe Services Program Act
- Legislative Analysis and Public Policy Association: Model Opioid Litigation Proceeds Act
- Legislative Analysis and Public Policy Association: Model Overdose Fatality Review Teams Act
- Legislative Analysis and Public Policy Association: Model Expanding Access to Peer Recovery Support Services Act
- Legislative Analysis and Public Policy Association: Model Access to Medication for Addiction Treatment in Correctional Settings Act

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